

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

Performance Monitoring Report 2018 Organizational Report

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2018: Introduction (*UNAIDS/PCB (44)/19.11*)
- ii. UNAIDS Performance Monitoring Report 2018: Regional and Country Report (*UNAIDS/PCB (44)/19.12*)
- iii. UNAIDS Performance Monitoring Report 2018: Strategy Result Area and Indicator Report (*UNAIDS/PCB (44)/19.13*)

Action required at this meeting: the Programme Coordinating Board is invited to:

1. *Take note* of the performance monitoring report and continued efforts to rationalize and strengthen reporting, in line with decisions of the Programme Coordinating Board, and based on experience and feedback on reporting;
2. *Urge* all constituencies to contribute to efforts to strengthen performance reporting and use UNAIDS annual performance monitoring reports to meet their reporting needs;
3. *Request* UNAIDS to continue to strengthen joint and collaborative action at country level, in line with the revised operating model of the Joint Programme and as part of UN reform efforts.

Cost implications for implementation of decisions: none

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INTRODUCTION

1. This report summarizes achievements and contributions by each of the 11 Cosponsors and the UNAIDS Secretariat towards the results outlined in the Unified Budget, Results and Accountability Framework (UBRAF). The following summaries identify key strategies and approaches used by each organizational member of the Joint Programme and achievements in each strategy result area (SRA) in which the UBRAF specifies roles and activities for the organization.
2. Each organizational summary provides budgetary and financial information for the Cosponsor or Secretariat, in order to enable stakeholders to link organizational achievements with the UBRAF budget. Expenditure information for 2018 for each Joint Programme member is disaggregated by UBRAF SRA, region and cost category (e.g. personnel, contractual services).
3. Case studies provide more granular information on how the work of each organization has contributed to the global HIV response and towards achieving the strategy results set forth in the UBRAF.
4. Each organizational summary identifies the products each organization generated in 2018 that contributed to improving the knowledge base for strategic action in the HIV response.
5. Although the ultimate test of the Joint Programme's work is the degree to which the UNAIDS Cosponsors and Secretariat work together synergistically to drive progress towards ending the AIDS epidemic as a public health threat, the impact of the Joint Programme's work depends on the contributions of each Cosponsor and the Secretariat, and the alignment of these contributions within a coherent plan of work. This report aims to enable the Programme Coordinating Board (PCB) and other UNAIDS stakeholders to understand and assess how each organizational member contributed to the Joint Programme's success in 2018.

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

Key strategies and approaches

6. UNHCR leads and coordinates global action in humanitarian contexts to protect the rights and well-being of tens of millions of refugees, internally displaced people, and other people of concern, including stateless people, asylum seekers, returnees, and people living in surrounding host communities. UNHCR strives to ensure that refugees are able to access life-saving and essential health care. UNHCR is active in more than 120 countries and makes a unique contribution to the international HIV response. UNHCR reaches people who may have become more vulnerable to HIV as a result of displacement or exposure to conflict situations. Using HIV-related competence and expertise it has developed over decades, UNHCR implements interventions and programmes in a wide array of HIV-related areas, including HIV prevention, protection and treatment; reproductive health services; food security and nutrition; and water, sanitation and hygiene services.
7. UNHCR has been a UNAIDS Cosponsor since 2004. With the World Food Programme (WFP), it co-convenes the Division of Labour area of HIV services in humanitarian emergencies. UNHCR is also a partner of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in delivering HIV services in humanitarian contexts. UNHCR supports substantial HIV and related programmes in Africa, Asia, the Americas, the Middle East and parts of Europe.
8. UNHCR's HIV and reproductive health programmes are delivered within a framework of public health, protection and community development. The UNHCR Global Strategy for Public Health 2014–2018 outlines the key UNHCR priorities for HIV and reproductive health programming at global, regional and country levels. These priorities include:
 - reducing transmission of HIV using a protection and rights-based approach;
 - facilitating universal access to antiretroviral therapy;
 - facilitating the elimination of mother-to-child transmission of HIV;
 - improving access to comprehensive reproductive, maternal and newborn health services.
9. Significant progress has been made in improving access to comprehensive HIV and reproductive health services in the past five years, particularly in terms of integrating refugees, internally displaced people, and other people affected by humanitarian emergencies into national health systems in order to improve access to HIV and reproductive health services. UNHCR teams at global, regional and country levels continue to work with communities to ensure populations affected by humanitarian emergencies are not left behind as the agency contributes towards achieving the targets set out in the Sustainable Development Goals (SDGs) and the UNAIDS 2016–2021 Strategy.

Highlights of results

10. Considerable progress has been achieved towards ensuring that refugees living with HIV are able to obtain the health care they need. A UNHCR survey in 37 countries hosting refugees, all but 2 of which were in sub-Saharan Africa, found that refugees in 93% of settings could access antiretroviral medicines and 100% could access free first- and second-line tuberculosis (TB) medicines provided through the national health systems. A total of 96% of settings said they provide access to early infant diagnosis to refugees. All 9 of the countries surveyed among the 14 World Health Organization

(WHO) high-priority countries in eastern and southern Africa for voluntary medical male circumcision provided such services for refugees through their health services.

11. The number of refugees receiving antiretroviral therapy increased nearly four-fold between 2014 and 2018.
12. In December 2018 the United Nations General Assembly adopted the Global Compacts on Refugees, and for Safe, Orderly and Regular Migration. These endorsements follow the September 2016 New York Declaration for Refugees and Migrants, and extensive and sustained high-level advocacy by UNHCR, the International Organization for Migration (IOM) and other organizations. Although the Compacts are non-binding, they clearly highlight the need for increased cooperation between nations to manage and support refugee and migrant movements more effectively.
13. The Global Compact on Refugees extends beyond the 1951 Refugee Convention and the existing international legal system for refugees, specifying how to share the burden and responsibility. It is designed to provide a robust and systemic model to improve the lives of refugees and their host communities, noting the importance of states and relevant stakeholders in contributing resources and expertise to expand and enhance the quality of national health systems. The compact refers specifically to improving national health systems for people with chronic illnesses, including HIV, and the importance of combating all forms of discrimination.
14. Between 2014 and 2018 UNHCR deployed senior protection officers focusing on sexual and gender-based violence to 25 operations, typically at the onset of a new emergency. These experts play a critical hands-on role to ensure sexual and gender-based violence is prioritized and addressed properly from the outset of every emergency. Over the past 4 years, it is estimated that 1.3 million additional people of concern to UNHCR have been reached through expanded sexual and gender-based violence-relevant medical referral systems; 1.2 million people have gained access to mental health and psychosocial support; 1.1 million people have been reached through sexual and gender-based violence awareness campaigns; and over 450 training sessions have strengthened community-based protection mechanisms.
15. In 2018 UNHCR promoted access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement, including the right to return (regardless of HIV status) in the context of voluntary repatriation, and an end to mandatory testing for asylum seekers, refugees, internally displaced people, and people from other marginalized groups. UNHCR also facilitated the inclusion of emergency-affected communities, including refugees and internally displaced people, into national HIV programmes, plans and legislation.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

16. Across its operations, in 2018 UNHCR provided HIV counselling and testing, including testing for pregnant women, to over 440 000 people of concern to UNHCR. Training was provided to more than 1700 health-care workers and laboratory workers and more than 800 outreach workers and peer educators to help them offer counselling, treatment, care and support, including ensuring more effective viral load testing.
17. UNHCR worked with various partners to scale up and mainstream regional and country-level responses to addressing HIV in 2018. For instance, UNHCR continued as the

subgrantee of a 21-month US\$ 2.8 million regional grant with the Intergovernmental Authority for Development on HIV and TB in Djibouti, South Sudan, Sudan and Uganda. This grant is focused on scaling up HIV and TB services in 13 refugee camps and aims to improve the availability and use of HIV and TB services through complementing existing programmes funded by UNHCR. Key achievements of the grant include improved coordination mechanisms with refugee stakeholders and improved linkages with national HIV and TB programmes and supply chain management. For the TB component, nearly 1000 health-care workers were trained in active case-finding and management, assuring adherence, and helping to raise awareness regarding HIV and TB.

18. UNHCR provided voluntary counselling and testing in Bangladesh, Burkina Faso, Burundi, Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Egypt, Ethiopia, Iran (Islamic Republic of), Jordan, Kenya, Malaysia, Nepal, Pakistan, Rwanda, South Sudan, Sudan, Thailand, Uganda, Ukraine, the United Republic of Tanzania and Venezuela (Bolivarian Republic of). More than 25 000 people were referred for antiretroviral therapy or prevention of mother-to-child HIV transmission services. The majority of the people reached were in Uganda (over 300 000 people received HIV counselling and testing; 73 809 of those tested were women), South Sudan (16 297 people received HIV counselling and testing; 8566 of those tested were women) and Rwanda (16 274 people received HIV counselling and testing; 6246 women were tested). Nearly 150 000 people in 6 camps were sensitized by community health workers and peer educators and through HIV clubs.
19. More than 832 UNHCR staff, outreach and community workers and peer educators received training in Cameroon, Côte d'Ivoire, Djibouti, Malawi, Malaysia, South Sudan, Sudan and Venezuela (Bolivarian Republic of). In South Sudan, this included training community leaders on the basics of HIV, stigma and discrimination, and concurrent multiple sexual partnerships. In the Bolivarian Republic of Venezuela, training focused on efforts by community promoters to reach sex workers in the capital and border areas, providing a comprehensive package including condom distribution and promotion and syphilis and HIV testing.
20. UNHCR supported training for 1758 health-care and laboratory workers in Burkina Faso, Cameroon, the Democratic Republic of the Congo, Djibouti, Nepal, South Sudan, Sudan, the United Republic of Tanzania, Uganda and Venezuela (Bolivarian Republic of). In Uganda, training reached 180 village health teams on intensified case-finding for TB; 30 laboratory staff on TB diagnosis, sample management and laboratory quality; and 201 health-care workers on new guidelines for management of TB/HIV coinfection, management of drug-resistant TB, TB screening and intensified case-finding, and TB health management information systems. In Sudan, in collaboration with the Sudanese Red Crescent and the State Ministry of Health, 205 health workers in the Shagarab, Wadsharifey and Umugargour camps were trained in a wide variety of interventions, including information, education and communication materials and dissemination, antenatal care, sexually transmitted infections, family planning, HIV testing and prevention of mother-to-child transmission.
21. In Rwanda UNHCR continued to manage a US\$ 2.09 million Global Fund grant, which enabled continuous access to HIV screening, care and treatment, malaria prevention, and TB screening and management for Burundian refugees in the Mahama camp, reception centres and urban settings.
22. UNHCR launched a short online training course on prevention of mother-to-child transmission at www.disasterready.org. The course describes the main causes and consequences of disruption to prevention of mother-to-child transmission services

during a humanitarian crisis; strategies to ensure the continuation of activities; and how to develop an emergency preparedness plan. The course is designed for managers, clinicians and programme managers in risk-prone, emergency-affected and fragile settings.

23. For World AIDS Day 2018, a message on the theme Know Your Status was sent to all staff, inviting them to join the #knowyourstatus campaign and stand up for the rights of refugees, displaced and stateless people, and other vulnerable people to access free, voluntary and confidential HIV testing. A range of activities took place at the country level in Bangladesh, Chad, Congo, Egypt, Pakistan, Rwanda, South Sudan and Sudan.
24. The Inter-Agency Task Team on HIV in Humanitarian Emergencies is co-convened by UNHCR and WFP and has 76 members from 29 organizations, including IOM, the UNAIDS Secretariat, the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the United Nations Population Fund (UNFPA) and WHO. In July 2018 the Inter-Agency Task Team brought together 28 participants from 15 organizations at its annual meeting in Amsterdam, considering themes of integration, collaboration, technical support and guidance, and resource mobilization. A teleconference of the Inter-Agency Task Team addressed the response to the refugee and migrant crisis in the Bolivarian Republic of Venezuela and other countries in the region, providing a platform for information exchange and coordination. Inter-Agency Task Team members also contributed to HIV crisis group coordination calls in Yemen, providing technical support to government staff and colleagues as the situation for people living with HIV deteriorated. At the beginning of the year, the Inter-Agency Task Team provided technical advice to develop the HIV action plan in South Sudan.
25. At the end of 2018, at the annual training for country-level health cluster coordinators, UNHCR and WFP led a pilot session on HIV and the health cluster. It is envisioned that this session will be added to the annual health cluster coordinator training package. Further, a survey was circulated to all 28 health cluster coordinators to identify their in-country HIV-related experience and potential support required.
26. UNHCR, with input from WFP, commissioned modelling of the trends of populations affected by humanitarian emergencies between 2013 and 2016. As the number of people affected by humanitarian emergencies rose from 314 million to 479 million, the number of people living with HIV affected by humanitarian emergencies increased from 1.71 million to 2.57 million; and the ratio of people living with HIV affected by a humanitarian emergency increased from 1 in 20 to 1 in 14. This modelling will be important in advocacy to demonstrate the rising numbers and levels of vulnerability of people living with HIV in humanitarian emergencies.
27. In December 2018, the Inter-Agency Task Team ensured emergency contexts were included in the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. The associated working group will ensure effective linkages between the Inter-Agency Task Team and the Global Partnership to better address stigma and discrimination in emergency contexts. Finally, in addition to developing a shared 2018–2019 workplan, the Inter-Agency Task Team revised and streamlined its terms of reference.

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

28. In 2018, UNHCR distributed over 7.6 million condoms, including over 120 000 female condoms to people of concern, including 3.7 million condoms in Uganda, over 1 million condoms in Ethiopia, and nearly 1 million condoms in Rwanda.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

29. In the first half of 2018 UNHCR undertook a needs assessment of access to health and protection services for refugees engaging in sex work in Bangladesh. The assessment provided important insights into the dynamics and vulnerabilities of sex workers from both host and refugee populations, including access to services, knowledge on HIV and sexually transmitted infections, testing, family planning and protection. Recommendations from the needs assessment include providing a comprehensive package of services both inside and outside camps; strengthening referral mechanisms between implementing partners and local health services providers to provide a service continuum for refugees engaging in sex work; and strengthening the capacity of and collaboration between relevant stakeholders to better understand and respond to the needs of refugees engaging in sex work. Planning has started to respond to the recommendations.
30. UNHCR began working with UNFPA to draft guidelines on responding to the health and protection needs of people engaged in selling sex in humanitarian settings. The guidelines aim to support the tailored provision of health and protection needs of this population in all contexts (e.g. camp, urban, acute, recovery, with restrictive national laws), with relevance to a wider audience such as people responsible for camp management and food security. The guidelines will be completed in 2019.

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

31. In all operations, UNHCR supports services for the clinical management of rape and other forms of sexual violence in humanitarian emergencies. UNHCR promotes access to sexual and gender-based violence prevention and redress mechanisms, and sexual and reproductive health services, including through the Minimum Initial Service Package for Reproductive Health in Emergencies. This includes the provision of post-exposure prophylaxis, pregnancy prevention and prophylaxis for sexually transmitted infections for survivors, psychosocial support and mental health services, and referral for legal and protection services.
32. Across UNHCR's operations in 2018, sexual and gender-based violence services (including referrals for clinical services, mental health and psychosocial support, and community-based protection) were provided to over 27 000 refugees and other displaced people. Training of trainers, principally in community-based organizations, was provided to 5800 people.
33. The sustained American Government initiative Safe from the Start has led to marked achievements by UNHCR in 2018, most notably towards institutionalizing prevention of and response to sexual and gender-based violence. This includes the development of the first UNHCR policy on the prevention of, mitigation of and response to sexual and gender-based violence, the drafting and dissemination of a number of tools, protocols and policies, and impressive headway made in building the capacity of UNHCR staff and partners to mainstream prevention, mitigation and response in the operations and across sectors. Eight Safe from the Start multisectoral projects in seven countries have allowed UNHCR and partners to identify key learning and to apply more effective approaches for improving the protection of women and girls in different settings.

34. MADE51, an artisan model for survivors of sexual and gender-based violence, has helped link refugees with safe value chains that offer a source of income without risk to their safety or well-being. One of the objectives of expanding the basic structure of MADE51 is to facilitate access to essential services such as health and counselling. This helps promote healthy gender norms to end gender-based violence and mitigate the risk of HIV.
35. Using a multisectoral response across all operations, UNHCR supports community-based activities to promote sexual and gender-based violence awareness and prevention both in camps and in out-of-camp settings. Work is regularly undertaken with partner organizations, for which a training package on sexual and gender-based violence prevention and response was launched.
36. Given the operational work of UNHCR, and the fact that many staff and contractors are often in touch with vulnerable populations, the organization has in place a robust approach to address sexual abuse and exploitation and harassment in all its forms. UNHCR implements mandatory sexual and gender-based violence prevention and response internet-based learning for all staff. An information note, Tackling Sexual Exploitation and Abuse, and Sexual Harassment at UNHCR, was sent to all Executive Committee members and staff in March 2018, outlining the steps already undertaken by the organization and presenting a number of accelerated actions. Separately, a duty of care instruction for staff working at high-risk duty stations has been developed, reflecting lessons learnt from previous deployments. Six operations (Ethiopia, Iraq, Kenya, Lebanon, Uganda, United Republic of Tanzania) undertook targeted workshops on mainstreaming.
37. Sexual and gender-based violence services (including information) were provided to over 27 000 people in Angola, Burkina Faso, the Central African Republic, the Democratic Republic of the Congo, Egypt, Iran (Islamic Republic of), Malaysia, South Sudan, Uganda, the United Republic of Tanzania and Zambia. In Lebanon posters and leaflets publicizing services and telephone hotlines were distributed to 300 health facilities.
38. In Uganda incidents were identified, managed and documented from 13 districts hosting refugees. Of the incidents reported, 26% were sexual violence (rape and sexual assault), and 89% of survivors were female; reporting for male survivors remains low due to cultural taboos. Intimate partners perpetrated the majority of incidents reported. The number of reported incidents of sexual and gender-based violence increased during and after food distribution or harvest. Survivors received psychosocial support and other services, such as medical services (631 people; 12% of incidents), legal services (1993 people; 37% of incidents), safe houses (136 people; 3% of incidents), livelihood services (486 people; 9% of incidents), and safety and security services (319 people; 6% of incidents). Survivors of sexual and gender-based violence with mental or psychosocial symptoms were referred to specialized mental health partners for psychological and clinical mental health assistance.
39. Over 5800 people were trained in various aspects of sexual and gender-based violence in Angola, Cameroon, the Democratic Republic of the Congo, Malaysia, Nepal, Pakistan, Rwanda, Uganda and the United Republic of Tanzania. In the United Republic of Tanzania, training for staff from UNHCR and partners (including government) and community volunteers included case management, referral pathways, protection from sexual exploitation and abuse, and sexual and gender-based violence.
40. In Ukraine, where there are approximately 1.8 million internally displaced people, UNHCR provided services to people living with HIV and key populations, including

raising awareness of and reaching out to survivors of sexual and gender-based violence.

41. UNHCR continued its support to activities of Marie Stopes International in delivering information, commodities and services on sexual and reproductive health through clinic-based interventions, including sexual and gender-based violence response services, in areas of internally displaced people.
42. UNHCR also undertakes advocacy to increase awareness of issues regarding sexual and gender-based violence in humanitarian settings. For instance, under the 16 Days of Activism against Gender-Based Violence campaign in 2018, UNHCR and its partners organized a number of awareness-raising events, seminars, flash mobs and training sessions targeting students, young adults, and women from different ethnic groups and origins in its operations around the world.
43. UNHCR is actively engaged in an interagency rollout of the gender-based violence information management system jointly with IMC, the International Rescue Committee, UNFPA, UNICEF and other partners across 32 humanitarian operations.
44. In the Islamic Republic of Iran, working with the Joint United Nations Team, UNHCR supported sexual and gender-based violence prevention and management initiatives in refugee communities in the cities of Qom, Semnan and Mashhad. In 2018 more than 6100 refugees received psychological counselling, legal counselling, social work services, life-skills training, and prevention of domestic violence under this scheme through partnership with the Association for Protection of Refugee Women and Children, a national nongovernmental organization. In addition, two experts were recruited to upgrade data collection and programme surveillance.

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

45. In 2018 UNHCR advocated for the inclusion of refugees in national responses in Bangladesh, Burkina Faso, Chad, Colombia, the Democratic Republic of the Congo, Egypt, Ghana, Lebanon, Malaysia, Morocco, Nigeria, Rwanda, Senegal, South Sudan, Syria, Uganda and the United Republic of Tanzania.
46. Examples of UNHCR work to ensure that refugees were considered in national responses include:
 - advocacy in Bangladesh with government authorities and local nongovernmental organizations;
 - collaboration in Chad with Conseil National de Lutte contre le SIDA and health partners, raising awareness about the needs of adolescents and pregnant women;
 - assurance that a wide range of HIV services for refugees are sustained in partnership with Refuge Egypt and under Egypt's National Strategic Plan and Ministry of Health;
 - continued advocacy to stop mandatory testing of Syrian refugees in Jordan, and for direct and confidential reporting mechanisms for cases from testing centres in order to establish timely protection interventions and linkage to treatment;
 - work towards refugees having free access to general medical consultations in local health services and being included in the National Strategy for Immigration and Asylum in Morocco;

- promotion of access to treat-all strategies and 90–90–90 interventions for refugees at the same level as nationals in Rwanda;
 - integration of the Refugee Response Plan (a tool for advocacy and resource mobilization and a strategy document to guide the refugee health response in the country) into the National Health Plan in Uganda.
47. As a result of work by UNHCR, 68 radio broadcasts in South Sudan, Sudan and Uganda addressed common myths and misconceptions about HIV and TB. In total, over 68 000 information, education and communication materials were distributed to people of concern¹
48. UNHCR worked with members of the Joint United Nations Team in:
- Democratic Republic of the Congo—the results of a rapid needs assessment on the needs of internally displaced people living with HIV and other affected communities were widely disseminated and used as an opportunity for integrating HIV into the emergency humanitarian response in the Kasai region. UNHCR brought together the Government, other United Nations agencies and other technical partners in the region and other parts of the Democratic Republic of the Congo;
 - Lebanon—with support from the Global Fund, UNHCR and other organizations, including IOM and WHO, are working to close the gap in the HIV response for refugee and migrant key populations from Syria and the occupied Palestinian territory;
 - Malaysia—advocacy with the Ministry of Health with other Cosponsors focused on ensuring the integration of refugees and asylum seekers living with HIV into the National Strategic Plan for Ending AIDS 2016–2030;
 - Senegal—work was undertaken to address the social protection and health needs for refugees in the Programme National de Lutte contre le SIDA, and advocacy was undertaken for inclusion in other United Nations agencies and Senegalese partners;
 - South Sudan—UNHCR worked to sensitize Parliamentarians and relevant South Sudanese Government ministries on key protection issues for people living with HIV, and to ensure HIV is not criminalized and testing is voluntary. UNHCR participated in various working groups to advocate for refugees and to ensure that all related issues are included in health policies, programmes and funding proposals;
 - United Republic of Tanzania—UNHCR worked to address the restricted policy environment, including closed borders, forced returns and a strict encampment policy that provided minimal livelihood opportunities, leaving refugees vulnerable to various protection risks, including sexual and gender-based violence.
49. UNHCR participated in the IOM-led HIV Crisis Group for Yemen, which also included the Global Fund, the UNAIDS Secretariat, WFP and WHO. The Crisis Group provided support and guidance to government and United Nations staff working in the country, including advocacy to seek to avoid stigmatizing legislation for people living with HIV.

¹ People of concern to UNHCR are as follows: refugees, persons in refugee-like situations and returnees; internally displaced persons or returnees, asylum-seekers and stateless persons

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	-
Sub-total	2,000,000
2018 country envelope	559,700
TOTAL	2,559,700

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

Strategy Result Area (SRA)	Core*	Non-core	TOTAL
SRA 1: HIV testing and treatment	1,462,000	15,410,731	16,872,731
SRA 5: Gender inequalities and gender-based violence	308,000	6,360,805	6,668,805
SRA 6: Stigma, discrimination and human rights	230,000	4,085,395	4,315,395
TOTAL	2,000,000	25,856,931	27,856,931

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

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

Region	Core *		Non-core	TOTAL
	Global	Country envelope		
Asia and the Pacific	128,400	70,000	1,938,883	2,137,283
Eastern and southern Africa	688,944	158,350	11,671,530	12,518,824
Latin America and the Caribbean	-	44,000	726,112	770,112
Middle East and North Africa	374,500	50,650	4,722,274	5,147,424
Western and central Africa	449,400	166,885	6,085,794	6,702,079
Global	358,756	-	712,338	1,071,094
TOTAL	2,000,000	489,885	25,856,931	28,346,817

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

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

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	308,665	31,917	340,582
Contractual services	816,424	44,056	860,480
General operating expenses	5,729	21,384	27,113
Transfers and grants to counterparts	582,016	287,397	869,413
Equipment, furniture and vehicles	14,014	29,233	43,247
Travel	142,311	43,849	186,160
Programme Support cost	130,841	32,049	162,890
Total Expenditure	2,000,000	489,885	2,489,885
Encumbrances	-	-	-
TOTAL	2,000,000	489,885	2,489,885

Case study: strengthening the HIV response in South Sudan

50. In South Sudan, a country with just over 12 million people, 2.2 million refugees have fled the country and another 2.2 million people of concern to UNHCR reside inside the country, including 1.9 million internally displaced people. To address this humanitarian emergency, UNHCR is active in neighbouring countries (Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Sudan, Uganda) and in South Sudan itself.
51. A persistent state of conflict has engulfed the country since July 2016, generating complex patterns of displacement and famine. The Inter-Agency Task Team on HIV in Humanitarian Emergencies published a South Sudan brief in 2017, and the work of the Joint Programme in the country was profiled in the Committee of Cosponsoring Organizations report at the 42nd PCB meeting in June 2018.
52. South Sudan was one of 37 countries surveyed by the Public Health Section of UNHCR in 2018 across a range of indices. The survey found that refugees are well integrated in the national health system, having access to rapid test kits, antiretroviral therapy and early infant diagnosis. TB services are also quite well integrated, with first- and second-line medicines being free of charge. However, the survey showed that refugees living with TB do not receive additional support (nutrition support and cash-based interventions) through the national system, and TB outcome data are not disaggregated by refugee and national populations.
53. Of a total expenditure of US\$ 115.3 million, UNHCR spent US\$ 1.78 million in South Sudan on reproductive health and HIV services in 2018. Expenditure in this area was divided between care and treatment of people of concern living with HIV (24%); comprehensive safe motherhood services (40%); and services to prevent mother-to-child HIV transmission (36%). Expenditure included a US\$ 15 000 country envelope grant used to train 9 health professionals in task-shifting for HIV testing services and provider-initiated testing and counselling. It also includes US\$ 107 000 from UNHCR's US\$ 2 million core contribution to UNAIDS.
54. UNHCR support contributed to specific achievements for people of concern in South Sudan in 2018, including the following:
 - HIV testing services and prevention of mother-to-child transmission services were available in all 10 refugee camps and 2 referral hospitals, and antiretroviral therapy services were available in 6 refugee camps and 2 referral hospitals. In addition, broader HIV prevention, condom promotion and distribution, and prevention and treatment of sexually transmitted infections were provided.
 - Prevention of mother-to-child transmission coverage was 85%, with 99% of mothers and partners receiving post-test counselling.
 - Only 19% of newborns were given antiretroviral therapy within 72 hours, underscoring the need to strengthen early infant diagnosis and treatment.
 - UNHCR trained 180 health-care workers to provide HIV, TB and reproductive health services, and 171 health workers were trained in the development of information, education and communication and behaviour-change materials.
 - A range of multimedia activities were conducted, including 6 radio talk shows addressing myths and misconceptions around HIV and AIDS; installation of 13 message boards at health posts and schools; and performances by drama groups.
 - 94% of survivors of rape received post-exposure prophylaxis within 72 hours; 58% of women survivors received emergency contraception within 120 hours; and 67% of survivors received presumptive treatment for sexually transmitted infections.

55. Many implementation issues persist in the challenging operating environment, among them periodic stockouts, insecurity and stigma, and limitations of virological monitoring.

Knowledge products



UNHCR Public Health 2017 Annual Global Overview

Key global and country-level results in public health, HIV and reproductive health, nutrition, and water, sanitation and hygiene



2016 Toolkit on HIV and Emergencies in West Africa

Practical guidance on preparedness, contingency planning and response



UNHCR SGBV Prevention and Response Training Package

Training package designed to help facilitators deliver introductory interactive training on the prevention of and response to sexual and gender-based violence



Cash-based Interventions for Health Programmes in Refugee Settings: A Review

Review of existing evidence and recommendations on cash interventions for health



Improving Newborn and Neonatal Care

Provides key recommendations from a baseline assessment in newborn and neonatal care in humanitarian settings in Jordan, Kenya and South Sudan



PMTCT in Humanitarian Settings: Part I—Lessons Learned and Recommendations

Provides recommendations to staff implementing prevention of mother-to-child transmission services in humanitarian settings



PMTCT in Humanitarian Settings: Part II—Implementation Guide

Provides guidance on the implementation of prevention of mother-to-child transmission services in humanitarian settings, synthesized in an online course on www.disasterready.org



Global Strategy for Public Health

The UNHCR Global Strategy for Public Health encompassing four major related sectors (public health; HIV and reproductive health; food security and nutrition; water, sanitation and hygiene) that are of vital importance in providing protection and services to refugees and other people of concern

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Key strategies and approaches

56. Ending AIDS as a global public health threat is a longstanding priority that has been at the centre of UNICEF work for more than three decades. Although the level and extent of the risks vary, HIV is a threat to the health and well-being of children and adolescents wherever they live. Eliminating this threat continues to be an essential part of UNICEF efforts to improve children's ability and opportunity to survive and thrive, the object of goal area 1 in the UNICEF 2018–2021 Strategic Plan.
57. In 2018 the UNICEF strategic approach in programming towards the eight SRAs has been to act as a convener with partners further upstream from direct service delivery. As a promoter of innovative approaches that are tailored to national and subnational contexts, UNICEF has worked in collaboration with a range of United Nations agencies and implementers, including governmental, academic and nongovernmental organization actors, to design and implement interventions in three broad categories: expanding and strengthening community-based demand and service delivery, building stronger institutions, and leveraging collective action.
58. In each of these, UNICEF engagement typically includes technical assistance and guidance on systems strengthening; assessment and quality improvement of programmes; support for policy-making and planning, including target-setting, data collection and analysis at national and subnational levels; data-driven advocacy; and holding countries to account and leveraging resources, such as working to convince governments, funders and other partners to redirect investment to where needs are greatest.
59. The holistic approach of UNICEF to ending AIDS among pregnant women, mothers, children and adolescents through integrated and intersectoral engagement models has been the foundation of its influence in a range of areas affecting HIV outcomes. Significant approaches adopted by UNICEF in 2018 relate to adolescent development and participation, a longstanding programme to create conditions for adolescents to be involved directly and extensively in all phases of the adolescent-targeted HIV initiatives it supports; the UNICEF communication for development strategy, which emphasizes changing attitudes, behaviours and norms that contribute to, and thus perpetuate, the conditions that drive vulnerability to HIV among all adolescents and among girls in particular; early childhood development and good parenting approaches that mitigate the detrimental effects of neurocognitive and developmental delays experienced by infants and children exposed to, living with or affected by HIV; and gender-responsive analysis to better understand and respond to gender drivers of HIV epidemics, including early and forced marriage, gender-based violence, unequal access to information (including sexual health knowledge), and lack of negotiating power and economic autonomy, which affect girls and women in many countries.
60. HIV is a fundamental component of UNICEF work to improve health and well-being from pregnancy to adolescence. UNICEF in 2018 played a crucial role in promoting, supporting and sustaining progress in the HIV response among pregnant women, mothers, children and adolescents. It has also continued to raise awareness about and energize action in response to results and trends that indicate waning progress, setbacks and shortcomings in the HIV response.

Highlights of results

61. To accelerate testing and treatment for children living with HIV, UNICEF, in partnership with national governments, the Clinton Health Access Initiative (CHAI), Unitaaid, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and United Nations partners, prioritized work on family-based index testing in 2018. This approach prioritizes the testing of all children and adolescents in the family of an adult living with HIV. In addition, UNICEF emphasized scale-up of early infant diagnosis of HIV in infants exposed to HIV in sub-Saharan Africa, including through the use of point-of-care technologies. Both of these interventions help to identify children and adolescents living with HIV who can then be provided with antiretroviral therapy.
62. To eliminate new HIV infections among children and sustain their mothers' health, UNICEF in 2018 promoted a more differentiated approach to addressing critical gaps in the prevention of mother-to-child transmission based on data analysis regarding the specific causes and contributors of new infections among children. This differentiated approach addresses critical failings in the response, including poor prevention service coverage, low antenatal care access, suboptimal antiretroviral therapy coverage for all populations, high rates of loss to follow-up during pregnancy and breastfeeding, and inadequate prevention of maternal HIV acquisition during pregnancy and breastfeeding.
63. In 2018 UNICEF advanced targeted and tailored behavioural, structural and biomedical interventions for HIV prevention. In eastern and southern Africa, UNICEF led the adolescent component of a Swedish-funded joint United Nations programme, 2gether 4 SRHR, to reduce unintended pregnancies, sexually transmitted infections, new HIV infections, maternal mortality, and sexual and gender-based violence across the region. In western and central Africa, UNICEF mobilized resources to develop an integrated approach to adolescent girls' vulnerability to HIV through a joint package of services on HIV, sexual and reproductive health, anaemia, menstrual health and hygiene, and gender-based violence.
64. Since 2014 UNICEF has provided technical assistance to expand and scale up HIV-sensitive social protection services within national social protection programmes to link adolescents at risk of HIV in eligible households to social and health services. Specific approaches include promoting comprehensive information on health and HIV; supporting HIV and broader sexual and reproductive health education and referrals; collaborating on efforts to provide educational assistance and financial literacy; identifying pathways to jobs; and supporting improvements in access to other protective social assets. Across these approaches, adolescent- and gender-sensitive case management has been a central coordinating approach. This work has entailed linkages across various sectors, including health, social welfare, justice, child protection and social development, to effectively implement overlapping interventions.
65. Through a systems-strengthening approach, UNICEF supported integrated HIV prevention, care and treatment services in schools and health clinics. Under the All In initiative, for example, assessments in a subset of countries where HIV incidence among adolescents is high were used to inform the adolescent components of national HIV plans and programmes and health training packages. This work is part of a larger effort by UNICEF and other partners to find entry points to address the structural factors that make all adolescents, especially girls, more vulnerable to HIV.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

66. In 2018 UNICEF facilitated the introduction of innovative and targeted HIV testing and counselling programmes. In a number of countries (China, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Haiti, Jamaica, Lesotho, Namibia, South Sudan, Uganda, Ukraine, Zambia), UNICEF supported development of different web-based platforms for adolescent risk assessment with linkages to online and offline counselling and testing tools; aided national level campaigns; and enabled scale-up of adolescent-responsive HIV testing and counselling services through health facilities or teen hubs, including peer support outreach programmes. In addition, investments by CHAI, UNICEF and Unitaid enabled introduction of new point-of-care technology for testing of infants in Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Senegal, Uganda, the United Republic of Tanzania and Zimbabwe, improving understanding of how best to roll out these technologies at different service delivery points. Point-of-care platforms for early infant diagnosis are resulting in more timely testing for HIV in infants, rapid delivery of results, and timely initiation of antiretroviral therapy, ultimately saving infants' lives.
67. In 2018 UNICEF increased national capacity, including policies and systems, to improve access to HIV treatment and results across the treatment cascade. In the Philippines, UNICEF support to the revision of the policies on the minimum age of consent resulted in the country's AIDS Policy Law of 2018, which allows minor children aged 15–17 years to obtain HIV testing without parental consent.
68. The UNICEF strategic investment linking high-impact child health interventions, such as community management of acute malnutrition, with screening for HIV in Malawi contributed to a 14% increase in HIV treatment coverage for children living with HIV (from a baseline of 54% in 2017 to 68% in 2018).
69. In Eswatini training of doctors and nurses on second- and third-line HIV treatment and genotype testing led to initiation of third-line treatment among children failing first- and second-line treatment.
70. In Mozambique enhancing capacities of health providers resulted in improved HIV person-centred management, increased retention in care, and better antiretroviral therapy adherence. Also in Mozambique, the exchange of learning through the adoption of a one-stop model for youth-friendly health services was documented as a best practice.
71. In Côte d'Ivoire UNICEF supported and disseminated the National Guide for Family-centred HIV Testing.
72. UNICEF strengthened the systems that enable children and adolescents to meet the 90–90–90 targets. In Eswatini, UNICEF-supported teen clubs enabled home visits by counsellors for adolescents living with HIV, reducing loss to follow-up from 2.7% in 2017 to less than 1%, and increasing the viral load suppression rate from 81% in females and 79% in males in 2017 to 90% in females and 89% in males. Similarly, in Namibia the rollout of teen clubs offering antiretroviral therapy refills and viral load testing, combined with the UNICEF support to policy revision and development of national guidelines incorporating tracking of viral load and transition to adult care for adolescents living with HIV, led to improved viral load testing and treatment adherence.

73. Community antiretroviral therapy support in the United Republic of Tanzania enhanced HIV treatment literacy, and community adolescent treatment supporters in Zimbabwe led to increased antiretroviral therapy adherence. In both of these countries, these initiatives increased access to integrated HIV and sexual and reproductive health services, improved viral load monitoring, and led to better overall treatment outcomes. In collaboration with CHAI and the Elizabeth Glaser Pediatric Aids Foundation, UNICEF played a key role in strengthening coordination and scale-up of early infant diagnosis and viral load monitoring in younger children in Zimbabwe.
74. UNICEF supported action to address the needs of children and adolescents in high-burden Fast-Track cities. In the United Republic of Tanzania, UNICEF helped peer support groups for youth newly diagnosed with HIV link with other youth networks in poor urban areas of Dar es Salaam to create a safer space to engage and discuss issues around HIV, sexuality, safer sex, gender, relationships, self-esteem and gender-based violence.
75. UNICEF developed mechanisms to provide HIV-related services in humanitarian emergencies. In Uganda in 2018, UNICEF reached 4500 emergency-affected children living with HIV with antiretroviral therapy, exceeding the planned targets. In addition, more than 1.2 million people were reached in humanitarian settings with key life-saving behaviour-change messages on public health risks, including HIV.

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

76. In 2018 UNICEF improved the accessibility and quality of comprehensive services for elimination of mother-to-child transmission. In six countries in eastern Europe and central Asia (Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Ukraine, Uzbekistan), UNICEF country technical consultations supported development of road maps for validation of elimination of mother-to-child transmission of HIV or syphilis.
77. Together with partners, UNICEF developed and implemented a peer-based, facility-linked and household-linked psychosocial and health education support system in South Africa targeting adolescent girls and young women to improve their access to prevention of mother-to-child transmission services and maternal, newborn, child and women's health and nutrition services. This South African pilot project improved retention in care, early antenatal HIV testing, antiretroviral therapy initiation and exclusive breastfeeding. Similar results were also observed in Lesotho, where peer support throughout pregnancy and breastfeeding led to increased comprehensive HIV knowledge, demand for sexual and reproductive health and HIV services, and access to and use of condoms among pregnant adolescents in two districts. At a subnational level in Uganda, UNICEF strategically strengthened district health systems to improve coverage and quality of HIV care, in both development and humanitarian settings, increasing the number of facilities providing elimination of mother-to-child transmission services and reaching 94% of targeted pregnant women living with HIV with antiretroviral therapy.

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

78. In 2018 UNICEF defined and implemented targeted combination prevention programmes. In addition to the 2gether 4 SRHR programme, UNICEF supported six countries (Botswana, Cambodia, Cameroon, Namibia, the Philippines, Uganda) to expand their work in integrating comprehensive sexuality education models based on national priorities and local settings. In western and central Africa, the All In! framework influenced adolescent HIV programming in 11 countries (Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Guinea Bissau, Liberia, Nigeria, Senegal), exceeding the impact seen in 2017 (8 countries). Three countries (Cameroon, Côte d'Ivoire, Nigeria) designed adolescent HIV prevention and risk-reduction integrated packages for adolescent girls and boys. Cameroon and the Democratic Republic of the Congo modelled a specific package for HIV prevention for adolescent girls and young women. Use of the RapidPro-based U-Report platform enabled young people to increase comprehensive knowledge on HIV and sexual and reproductive health, including sexual and gender-based violence, and resulted in increased demand for combination prevention services in Brazil, Cameroon, Côte d'Ivoire, Eswatini, Jamaica, Mozambique, Uganda, Viet Nam, Zambia and Zimbabwe. In Côte d'Ivoire, this was achieved through an innovative digital interface that allowed for geolocalization of service uptake.
79. UNICEF strengthened country capacity to meet the HIV-related health and education needs of adolescents. UNICEF undertook interventions relating to adolescent health and education in three areas: awareness-raising and counselling services; development of guidelines, policy documents and models for services provision; and capacity development of service providers. In 2018 millions of adolescents were reached through awareness-raising activities by different UNICEF-supported programmes, such as adolescent-responsive health services, teen clubs and U-report in Botswana, Burundi, Cameroon, China, Eswatini, India, Indonesia, Iran (Islamic Republic of), Lesotho, Mozambique, Zambia and Zimbabwe. In addition, UNICEF supported national responses to develop new service delivery models and relevant guidance and protocols in Eswatini, Jamaica and the Philippines. To enhance the quality of HIV services for adolescents, UNICEF supported capacity-development interventions for youth-friendly approaches for service providers in Eswatini, India, Jamaica and Ukraine.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

80. UNICEF contributed to the availability of reliable data on adolescent key populations and advocated for the rights and services for these populations in many countries, including China, Indonesia and the Philippines. In the first respondent-driven sampling of its kind globally among men who have sex with men, UNICEF conducted a survey among adolescents aged 15–19 years in China by using the WeChat platform. Study findings provided the national programme with valuable information about HIV risk and protective factors among this key population and will enhance public health surveillance. In the Philippines, UNICEF contributed to wider and easier access of adolescents from key populations to HIV services through the Protocol on Proxy Consent. UNICEF also supported different interventions for improving the knowledge and testing coverage in adolescent key populations in Brazil, Indonesia, Kenya and the Philippines. In Indonesia a social media campaign targeting young men who have sex with men resulted in an increase in HIV testing of 62.05%.

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

81. UNICEF undertook strategic action to advance gender equality and include and sufficiently resource women and girls in HIV responses. In Ethiopia and Namibia, UNICEF supported the national response in planning, designing and monitoring and evaluating programmes for girls and young women. UNICEF also supported projects for knowledge improvement of girls and young women in Botswana, Brazil and Eswatini. Shuga Radio in Botswana reached approximately 25 000 young people, improving their knowledge about sexual health, enabling them to make informed decisions on sexual matters and reducing their risks of contracting HIV. In Brazil UNICEF ran an empowerment life-skills workshop for 500 adolescent girls, who successfully advocated for the adoption of gender-responsive municipal health policies in 3 urban centres.
82. UNICEF applied various approaches to prevent and address gender-based violence based on the contextual situation in different countries. These approaches included mapping of available services for referral (Zimbabwe), helpline services (Burundi), and adolescent empowerment on gender-based violence (United Republic of Tanzania). In Zimbabwe the mapping exercise identified cases, coverage and capacity of service provision for survivors of gender-based violence, enhancing service availability by facilitating linkages from different services providers and sites to referral centres. Burundi's Government Child Help Line, supported by UNICEF, continued to play an important role in documenting trends of violence, abuse and exploitation of children, and reporting and referral of child protection and survivors of gender-based violence to appropriate services. In poor urban areas of Dar es Salaam, adolescent peer educators trained in community-based HIV treatment services were also trained in gender-based violence, equipping them with the skills to provide a safe space to engage and discuss issues pertaining to HIV, sexuality, safer sex, gender, relationships, self-esteem and violence.

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

83. Leveraging increased availability of electronic devices, especially for adolescents, UNICEF supported national programmes to develop innovative e-health approaches to reach target populations through various social media and messaging platforms. UNICEF supported innovations in China (Secret Client mobile app), India (mobile-based interactive application) and Kenya (online-integrated-digital-platform) to help national programmes reach adolescents with key messages on HIV prevention. Use of e-health has gone beyond providing information to target populations. In Indonesia UNICEF expanded this innovation to health facilities and services providers to facilitate the sharing of HIV indicators (e.g. viral load) through a text-based model to help health authorities closely monitor progress towards the 90–90–90 targets. In addition, UNICEF used new technology-driven models to improve data management systems (e.g. collection of disaggregated data, improved data quality, assessment of impact and effectiveness in elimination of mother-to-child transmission, adolescent prevention, care and treatment) in Angola, Botswana, China, Eswatini, Malawi, Myanmar, the Philippines, Rwanda, South Africa, Uganda and Zambia. These innovations have improved service equality, service access for target populations, and planning of HIV country responses.

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

84. In 2018 UNICEF provided technical and financial support for social policy interventions for adolescents living with HIV and adolescent key populations in Botswana, Malawi, Nigeria, the Philippines, Uganda, the United Republic of Tanzania and Zimbabwe. The type of social protection support by UNICEF varied based on the needs and context. In Botswana and the United Republic of Tanzania, UNICEF provided technical support for data collection on social protection for adolescents living with HIV. In Malawi, Uganda and Zimbabwe, UNICEF supported national programmes in cash plus and cash transfer initiatives. In the Philippines, UNICEF provided technical support for creating the Outpatient HIV/AIDS Treatment Package to improve financial risk protection of people living with HIV and their access to services through PhilHealth. The Tanzania Social Action Fund was supported by UNICEF to continue implementation and evaluation of the cash plus programme model, reaching 100% of target coverage in intervention sites. In Malawi UNICEF established peer support groups and facilitated access to information, condoms, lubricants and HIV testing services to reach people from marginalized populations, including adolescents in cash-transfer households, men who have sex with men, and adolescents living with HIV.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	3,755,950
Sub-total	5,755,950
2018 country envelope	4,924,100
TOTAL	10,680,050

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

Strategy Result Area (SRA)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	1,335,067	27,518,373	28,853,440
SRA 2: eMTCT	44,236	11,220,887	11,265,123
SRA 3: HIV prevention and young people	2,118,600	10,497,156	12,615,756
SRA 4: HIV prevention and key populations	-	575,179	575,179
SRA 5: Gender inequalities and gender-based violence	-	455,367	455,367
SRA 6: Stigma, discrimination and human rights	-	6,083,100	6,083,100
SRA 7: Investment and efficiency	111,228	-	111,228
SRA 8: HIV and health services integration	517,977	12,244,353	12,762,331
TOTAL	4,127,108	68,594,415	72,721,524

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

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

Region	Core *		Non-core	TOTAL
	Core global	Core- country envelope		
Asia and Pacific	896,952	385,646	5,606,683	6,889,281
Eastern Europe and central Asia	329,585	314,295	4,312,337	4,956,216
Eastern and southern Africa	855,126	1,058,733	23,246,564	25,160,423
Latin America and the Caribbean	266,729	356,850	1,476,409	2,099,988
Middle East and North Africa	124,610	91,756	651,114	867,480
Western and central Africa	454,095	1,409,232	28,897,178	30,760,505
Global	1,200,011	-	4,404,132	5,604,143
TOTAL	4,127,108	3,616,511	68,594,415	76,338,035

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

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

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	1,981,331	65,297	2,046,628
Contractual services	694,946	136,005	830,951
General operating expenses	150,401	204,616	355,017
Transfers and grants to counterparts	515,672	2,218,066	2,733,738
Equipment, furniture and vehicles	21,969	135,077	157,046
Travel	348,301	136,517	484,818
Programme Support cost	297,010	229,493	526,502
Total Expenditure	4,009,630	3,125,070	7,134,700
Encumbrances	117,478	491,441	608,920
TOTAL	4,127,108	3,616,511	7,743,619

Case study: pooling expertise on behalf of adolescent girls and young women in Africa

85. Several UNICEF Strategic Plan priorities are addressed in 2gether 4 SRHR, a new Swedish-funded joint United Nations programme to reduce unintended pregnancies, sexually transmitted infections, new HIV infections, maternal mortality, and sexual and gender-based violence across eastern and southern Africa. The initiative is a collaboration involving UNAIDS, UNFPA and WHO, pooling the collective expertise of the Joint Programme to ensure United Nations partners deliver as one for adolescents.
86. Through the 2gether 4 SRHR initiative, UNICEF works to make it easy and convenient for adolescents to obtain the full range of support and services they need. The package of services offered at each clinic might include counselling and information on family planning options; prevention, screening and treatment of sexually transmitted infections; HIV counselling and testing; HIV treatment initiation, monitoring and follow-up; maternal health services, including antenatal care, prevention of mother-to-child transmission, and management of obstetric and neonatal complications and emergencies; safe abortion services, where legal, and access to post-abortion care; counselling and post-exposure prophylaxis for sexual violence; and active discouragement of harmful practices such as female genital mutilation. Through such comprehensive work, UNICEF is contributing to accelerated action on two SDGs—SDG 3 (Ensure healthy lives and promote well-being for all at all ages) and SDG 5 (Achieve gender equality and empower all women and girls).
87. The ambitious four-year initiative was launched in 2018. UNICEF is using different approaches in each country, as determined by context and needs. Because the project is new, it is too early to obtain a full picture of the impact, but preliminary results indicate where and how the initiative is making a difference. In Lesotho, for example, 2gether 4 SRHR is working directly with the Ministry of Health to institutionalize community health and community facility linkages through the Village Health Worker programme. This pilot peer support programme operates in two districts to increase uptake of timely antenatal care and prevention of mother-to-child transmission services among

adolescent girls and young women. More than 150 pregnant adolescents have been reached in the 2 target districts through 15 village support groups established in different communities. Improvements have been documented in comprehensive knowledge of HIV (increase from 36% to 87%) and access to and use of condoms (increase from 37% to 83%).

88. In Zimbabwe, UNICEF's work in 2gether 4 SRHR is supporting a Young Mentor Mother initiative in five districts. By December 2018, 195 young mothers aged 15–24 years living with HIV and their babies had been recruited. The mentorship approach is also a key component of the initiative in Malawi, where it is supporting the expansion of a partnership with Mothers to Mothers to provide tailored support from young mentors to pregnant and breastfeeding adolescents and young women.

Knowledge products



Strengthening Point-of-care Early Infant Diagnosis Towards The Elimination Of Paediatric AIDS



Expanding Access to Point-of-care Early Infant Diagnosis: Implementation Approaches and Testing Strategies



Sensitizing Health Workers to Providing Responsive Care for Adolescents and Young People Living with HIV



A Child-centered Approach for HIV Programs



Providing Peer Support for Adolescents and Young People Living with HIV



Providing Differentiated Delivery to Children and Adolescents



Family-based Index Case Testing to Identify Children with HIV



Point-of-care Testing as a Solution for Timely Early Infant Diagnosis



Meaningful Engagement of Adolescents and Young People in National and Local HIV Programming



Addressing Service Delivery Needs of Children of Key Populations



Complementary and Connected: Engaging Community and Faith-based Organizations to Deliver PMTCT and Pediatric HIV Services



Innovative Approaches for Eliminating Mother-to-child Transmission of HIV



Breastfeeding and HIV: Global Breastfeeding Collective



HIV-sensitive Social Protection: With Focus on Creating Linkages Between Social Cash Transfer Programmes and HIV Services



All In in Eastern and Southern Africa: Catalysing the HIV Response for Adolescents



HIV and Infant Feeding in Emergencies: Operational Guidance



Innovative Approaches for Eliminating Mother-to-child Transmission of HIV: Engaging Men as Change Agents to Prevent Mother-to-child Transmission of HIV: Experiences from Côte d'Ivoire, Democratic Republic of the Congo, Malawi, and Uganda



Toolkit for Scaling up HIV Prevention Programmes for and with Adolescent and Young Key Populations

WORLD FOOD PROGRAMME (WFP)

Key strategies and approaches

89. WFP assisted 91.4 million people in 83 countries in 2018. WFP is the leading humanitarian agency saving lives and changing lives by delivering food assistance in emergencies and working with communities to improve nutrition and build resilience. WFP supports national and regional efforts to ensure food security for all, including the poorest and most vulnerable children, women and men, focusing efforts to reach those left behind. WFP works with a range of partners, such as governments, United Nations agencies, nongovernmental and international organizations, civil society and the private sector, to reach the goals of Agenda 2030.
90. As a UNAIDS Cosponsor, WFP has contributed to joint responses to HIV for over a decade. WFP works with governments and partners to address the HIV epidemic, using a nutritionally integrated, multisectoral approach that places nutrition at the centre of integrated, people-centred programme implementation, relief and rehabilitation. WFP ensures that food and nutrition support are provided to people living with HIV or TB and their households to support treatment adherence, improve nutrient uptake, and meet complex nutritional needs. WFP also promotes HIV prevention by engaging with vulnerable groups to reduce high-risk behaviours and thus prevent HIV transmission. WFP leverages multiple context-appropriate entry points, including food and nutrition support, social safety nets, emergency preparedness and response, opportunities afforded by the delivery of technical support to governments and national partners, school meals, economic strengthening, livelihood generation, and supply chain and logistics support services. WFP also uses a number of modalities for service delivery, including cash transfers and in-kind assistance.
91. The HIV-related work of WFP has a strong focus on linking food and health systems through the provision of social protection and food and nutrition assistance, with the aim of improving testing and treatment outcomes. Facilitating nutritional recovery for malnourished people living with HIV or TB and improving adherence to treatment and treatment success are the pillars of WFP's integrated HIV programming. Under the updated 2018 UNAIDS Division of Labour, WFP is responsible for ensuring food and nutrition issues are integrated into all systemwide responses to HIV. WFP also co-convenes work on HIV-sensitive social protection along with the International Labour Organization (ILO), and on addressing HIV in humanitarian contexts with UNHCR.

Highlights of results

92. In 2018 WFP reached 205 081 beneficiaries in 35 countries and 5 regions with HIV and TB programmes. Not included in this report are results relating to the many more vulnerable people living with or affected by HIV who were assisted through WFP general food assistance. In 2018 WFP continued to pursue an holistic, gender-responsive approach to HIV. WFP reached additional beneficiaries through its HIV- and TB-sensitive programming, including school meals and other activities that address the needs of children and adolescents while promoting school attendance and reducing risk-taking behaviour; support for HIV-sensitive social safety nets in several regions; technical support to governments and national partners; and support for supply chains to prevent shortages of HIV treatment and prevention supplies, working with partners such as the Global Fund and WHO.
93. WFP provided technical assistance to 21 governments (Benin, Burkina Faso, Burundi, the Central African Republic, Chad, Eswatini, Ethiopia, Ghana, Guinea, Lesotho,

Malawi, Mali, Mozambique, Myanmar, Rwanda, Senegal, Somalia, South Sudan, Togo, Uganda, Zimbabwe) in 4 regions to integrate food and nutrition services into the national HIV response through the development of national guidelines on nutrition assessment counselling and support, analysis of nutrition and food security vulnerability assessments among people living with HIV, and training on nutrition assessment counselling and support to health personnel.

94. Supply chain and logistics support was provided to eleven countries (Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Guinea, Liberia, Mali, Niger, Nigeria, Sierra Leone) in four regions, supporting respective governments, humanitarian partners, the Global Fund, the French Red Cross, the Burundi Red Cross and WHO. The provision of supply chain services to health actors such as the Bill & Melinda Gates Foundation and the Global Fund exemplifies the contributions of WFP to SDG 17 and leverages innovative approaches to tackling chronic constraints in supply chains. Health actors increasingly look to WFP to support them in reaching the most vulnerable populations in the most unstable and hard-to-reach locations, leveraging WFP's extensive fleet of trucks, vessels and aircraft for last-mile deliveries in the toughest terrain and leave no one behind.
95. In 2018 WFP provided direct nutrition support or social protection to malnourished or food-insecure people on antiretroviral therapy and their household members in 14 humanitarian, refugee and other food-insecure countries (Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Kenya, Lesotho, Malawi, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zimbabwe) across 3 regions. WFP also worked with governments to integrate food and nutrition support into programmes for the prevention of mother-to-child transmission and into maternal, newborn and child services for malnourished pregnant and breastfeeding women in 17 countries (Burundi, Central African Republic, Congo, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Kenya, Malawi, Mozambique, Rwanda, Sierra Leone, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zimbabwe) in 3 regions.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

96. WFP advocates for the integration of HIV testing in food and nutrition support services. In many contexts, improved food security can increase attendance to HIV testing and counselling and adherence to treatment. WFP implemented nutrition assessment counselling and support (formerly known as "food by prescription", whereby food is provided to address nutritional recovery, treatment success and survival rates and to improve consumption within targeted households) in 12 countries (Cameroon, Central African Republic, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Malawi, Myanmar, Sierra Leone, Somalia, South Sudan, United Republic of Tanzania) across 3 regions. In Rwanda responsibility for nutrition assessment counselling and support was transitioned to the Government, with WFP being responsible for capacity-strengthening, including training of health-care workers and supporting the supply chain and commodity system. Throughout the El Niño response in Eswatini, WFP worked with Save the Children and Mothers2Mothers to promote HIV testing for food-insecure people and strengthened referral pathways to existing health facilities, contributing to knowledge of status among 91% of beneficiaries.
97. WFP supported national authorities in undertaking nutrition and food security vulnerability assessments among people living with HIV in three countries (Burkina

Faso, Ghana, Uganda). In Burkina Faso the study focused on and gathered baseline data, which the Government, WFP and partners used to strengthen advocacy and resource mobilization efforts. Gender disaggregation revealed undernutrition in 16% of people living with HIV (20% in men, 14% in women) and anaemia in 56% of people living with HIV. Only 39% of women of reproductive age living with HIV were found to have a minimum acceptable diet.

98. WFP co-convenes the Inter-Agency Task Team on HIV in Humanitarian Emergencies with UNHCR. In 2018 the Inter-Agency Task Team developed a module on HIV in emergencies that was included under the Global Health Cluster Coordinator training hosted in France; included guidance on treatment in the Inter-Agency Task Team annual face-to-face meeting; and participated in the Yemen Crisis Group calls, helping to identify mitigation measures (e.g. grab bags with six months' supply of antiretroviral medicines) to prevent disruption of services.
99. In 2017 WFP became an enabling partner in a multistakeholder partnership funded by the Bill & Melinda Gates Foundation. The partnership, Supply Chain Optimization through Logistics Visibility and Evolution, along with UNFPA, improves supply chains and accelerates availability of HIV and other health commodities in 17 countries. In the United Republic of Tanzania in 2018, WFP assisted the Government in identifying and addressing supply-chain challenges.

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

100. In its provision of technical support for the integration of food and nutrition services into programmes to prevent mother-to-child HIV transmission and maternal in 17 countries in 2018, WFP primarily provided support to governments, including support for the development of guidelines and educational materials. This work aims to improve adherence to prevention of mother-to-child transmission protocols and secure better health outcomes for newborns.
101. In Zimbabwe, WFP partnered with UNFPA and the Ministry of Health and Child Care to provide a monthly food basket consisting of cereals, pulses, vegetable oil and specialized nutritious foods to over 2000 women every month at maternity waiting homes and sites for the treatment of obstetric fistulas nationwide. The project has seen improved attendance among pregnant women and better treatment adherence among those living with HIV. The programme ensures that women receive skilled assistance in the final stages of pregnancy, during delivery and during treatment for fistula, along with health and nutrition messaging.

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

102. WFP strengthens country capacity to meet the HIV-related health and education needs of young people and adolescents. In partnership with UNFPA and UNICEF, HIV-sensitive school meals reached 17 million people in 60 countries. In Malawi WFP feeding programmes in 879 schools reached over 1 million children. Certain school meal programmes are tailored to target specific groups, such as adolescent girls and young women, which can prevent early child marriage, early pregnancy, and high-risk behaviours that can result in HIV acquisition.
103. In partnership with UNFPA, in 2018 WFP conducted a study in the Democratic Republic of the Congo to explore the knowledge, attitudes and practices of young people,

including adolescents and pregnant and lactating women, regarding nutrition, family planning and HIV. The results of the study will assist the Government in designing effective programmes that meet the needs of young people, including adolescents.

104. In 2018 WFP joined with Anthrologica and Unilever to conduct a qualitative study in Cambodia, Guatemala, Kenya and Uganda that engaged adolescents on issues of nutrition, health and sustainable development, with the aim of developing effective ways to reach adolescents with nutrition programming. In Kenya national stakeholders identified pregnant adolescents, adolescent mothers, and adolescents living with HIV as groups at high risk of malnutrition. In Kenya and Uganda, adolescents were reticent to attend health facilities because of their negative associations with HIV and mandatory testing. Girls specifically emphasized they did not attend for antenatal care because of the stigma associated with HIV, suggesting that HIV testing within integrated service delivery is actually a barrier to care for adolescent girls.

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

105. The annual WFP Orange Campaign took place during the 16 Days of Activism Against Gender-based Violence. WFP provides guidance on gender-based violence prevention and response, working to ensure that efforts to combat gender-based violence are embedded firmly in the context of food assistance. For example, the WFP-sponsored Safe Access to Fuel and Energy initiative provides fuel-efficient stoves to food-insecure households, reducing their dependence on firewood and reducing women's need to undertake risky forays out of the house. Over 6 million people have benefited from this initiative in Ethiopia, Haiti, Kenya, Sri Lanka, Sudan and Uganda. In the Democratic Republic of the Congo, WFP helps survivors of sexual violence by fighting the stigma of rape. WFP provides specialized services at treatment centres beyond medication, by offering psychological counselling and advice on socioeconomic and legal matters.

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

106. WFP co-leads the Stigma and Discrimination in Emergencies Working Group under the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. In 2018 WFP HIV sensitization activities in 3 health zones of the Democratic Republic of the Congo reached 18 061 women (including 3365 pregnant women) and 16 672 men.

107. In the United Republic of Tanzania, in partnership with the University of Dar es Salaam, WFP trained and sensitized nearly 400 commercial truck drivers on topics related to HIV, nutrition, gender and child protection. Following the initial training and education campaign, private logistics and retail companies have approached the University of Dar es Salaam to collaborate on and lead additional training and education courses.

108. In Ethiopia WFP partnered with NEP+ to host several workshops on stigma and discrimination experienced by people living with HIV in health-care settings. In the Gambella and Somali regions, HIV stakeholders were sensitized to the bottlenecks and challenges that people living with HIV regularly face when attempting to obtain care. Participants came from various regional offices of Government agencies such as the Health Bureau, the Labour and Social Affairs Bureau, and the HIV/AIDS Prevention and Control Office. Community representatives including people living with HIV also attended.

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

109. WFP is committed to a fully funded and efficiently implemented HIV response based on reliable strategic information. WFP continues to leverage its expertise in technology and innovation to enhance information-sharing and improve data dissemination among partners to enable effective joint implementation and targeting of programmes. These improved methods of information-sharing have resulted in better outcomes for beneficiaries, particularly in terms of programme delivery.
110. In line with its ongoing digital transformation and new nutrition policy, WFP in 2018 expanded its SCOPE digital beneficiary and transfer management system, a cloud-based solution for beneficiaries, specifically for the electronic registration, tracking and management of beneficiaries of community-based management of acute malnutrition programmes. The newly expanded system, SCOPE CODA (Conditional On-Demand Assistance), is used for registration, intervention setup, distribution planning, entitlement transfers and distribution reporting and has been rolled out to over 15 000 beneficiaries in South Sudan, Tajikistan and Uganda. SCOPE CODA allows frontline workers to record information, track a person's nutrition and health status, identify when a person has recovered, indicate whether treatment has been successful, and provide updates for global stakeholders with the most up-to-date information for decision-making to improve programmes in near real time. SCOPE has been used in Congo, Sierra Leone, Somalia, South Sudan and Uganda to provide nutrition and HIV technical support to staff in the ministries. For example, in Somalia, SCOPE training was conducted as part of the nutrition assessment counselling and support in four regions, improving understanding of the tool and capacity for mobilization among networks of people living with HIV and peer educators. In each of these networks, which are implementing activities with a Global Fund programme under UNICEF, peer educators sensitize members on, for example, good health and nutrition practices, treatment adherence, care and support.
111. In El Salvador WFP helped link the national programme on sexually transmitted infections, HIV and AIDS with the Social Policies Directorate of the Technical Secretariat of the Presidency in order to connect people living with HIV to the poverty eradication strategy. A database of people living with HIV residing in 60 high-priority municipalities was created. With the support of the Directorate single registry of participants, the database was cross-referenced with a national database to gauge the underreporting of people living with HIV.

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

112. Social protection programmes are increasingly recognized as facilitators of improved HIV prevention and treatment outcomes. WFP provided technical assistance and support to the Government of Lesotho for an HIV-sensitive social protection assessment in 2018. With UNAIDS, UNICEF and WHO, WFP plans to continue working with the Government of Lesotho in 2019 on assessment planning, analysis and recommendations.
113. WFP worked with a PEPFAR-funded emergency drought relief project in Eswatini. The project provided nutrition assessment, counselling and specialized nutritious food to malnourished people living with HIV, orphans and other vulnerable children in 86 clinics in the country's most food-insecure areas, as identified by the Eswatini Vulnerability Assessment Committee.

114. In 2018 WFP staff working in western and southern Africa conducted two regional workshops on HIV with an emphasis on social protection. Workshops were organized by WFP in collaboration with members of the Joint United Nations Team on AIDS for western and southern Africa as part of a capacity-strengthening process to ensure social protection programming meets the needs of people living with, affected by or exposed to HIV.
115. In Cameroon, Congo and Sierra Leone, WFP worked closely with governments to provide safety nets for vulnerable people living with HIV and beneficiaries leaving nutrition support programmes and worked to strengthen their economic status. WFP used cash-based transfers to improve livelihood options, avoid relapse into malnutrition, and encourage better adherence to treatment and improve health outcomes, while preserving people's dignity and offering comprehensive social protection. In the Democratic Republic of the Congo, WFP provided cash-based transfers once a month for 8 months to 217 households with members living with HIV or TB, which improved short-term nutrition and HIV treatment adherence of beneficiaries.
116. In Sierra Leone WFP used vulnerability profiling to select 200 malnourished people on antiretroviral therapy participating in the nutrition support programme to receive direct cash transfers for 3 months. The project was implemented by WFP in collaboration with the national AIDS control programme and the national AIDS secretariat, along with the network of people living with HIV. Each beneficiary received US\$ 51–60, depending on their level of vulnerability. Beneficiaries also received training and learnt management strategies to help them engage in small-business entrepreneurship, contributing to improved treatment retention, self-esteem and resilience-building, and reduced likelihood of relapse into malnutrition.
117. WFP continues to strengthen its partnership with governments and the greater United Nations system. For example, in Ethiopia WFP supported the Ministry of Labour and Social Affairs in 2018 by employing a technical assistant, who provided direct support to the Social Welfare Development Promotion Directorate. This improved the targeting of people living with HIV by the urban productive safety net programme. It also fostered the sharing of information and documentation among stakeholders and increased engagement with UNICEF and the Joint Team on further collaboration and programming related to social protection. These collective actions led to the signing of a new memorandum of understanding in Ethiopia for 2019 by the Ministry of Labour and Social Affairs and WFP.
118. Following the revision of the UNAIDS Division of Labour in 2018, ILO and WFP became co-conveners of the SRA on HIV-sensitive social protection. Inter-Agency Task Team membership was reviewed and additional members from academia, research institutions and UNAIDS Cosponsors were invited to join. The TB constituency in the Inter-Agency Task Team was also increased. The Inter-Agency Task Team drafted a concept note providing a framework for its work on HIV-sensitive social protection, along with a workplan.
119. In 2018 WFP attended a business meeting focused on advocacy on HIV-sensitive social protection and adolescents organized by the Coalition for Children Affected by AIDS to mobilize partners and stakeholders. The meeting provided an opportunity to present the Inter-Agency Task Team and WFP activities as part of a roundtable discussion—The Bidirectional Benefits of Holistic Support for Children Affected by HIV/AIDS: The Win–Win for HIV and Broader Social and Economic Development Sectors. The Coalition agreed to attend the next face-to-face meeting of the Inter-Agency Task Team to present innovative social protection programmatic solutions focused on early childhood development throughout the lifecycle.

120. WFP organized a meeting with the London School of Hygiene and Tropical Medicine, the University of California and Oxford University to discuss research aimed at filling gaps in the evidence base needed for cost-effective HIV- and TB-sensitive social protection that helps prevent HIV and TB and improve treatment adherence for people living with HIV or TB. A research agenda and proposal have been developed and will be submitted jointly by WFP and the London School of Hygiene and Tropical Medicine for consideration by an academic peer-reviewed journal in 2019.

Financial information

Table 1

Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,242,500
Sub-total	3,242,500
2018 country envelope	1,039,300
TOTAL	4,281,800

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

Strategy Result Area (SRA)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	893,451	9,351,333	10,244,784
SRA 2: eMTCT	34,913	938,946	973,859
SRA 3: HIV prevention and young people	48,666	2,154,139	2,202,805
SRA 4: HIV prevention and key populations	-	6,962	6,962
SRA 7: Investment and efficiency	-	26,151	26,151
SRA 8: HIV and health services integration	1,149,105	5,313,075	6,462,180
TOTAL	2,126,135	17,790,606	19,916,741

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

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

Region	Core *		Non-core	TOTAL
	Core global	Core- country envelope		
Asia and Pacific	-	49,304	650,892	700,196
Eastern and southern Africa	731,018	209,284	11,652,480	12,592,781
Latin America and the Caribbean	212,633	33,282	100,360	346,276
Middle East and North Africa	59,698	36,284	267,500	363,482
Western and central Africa	102,653	190,061	4,871,902	5,164,616
Global	1,020,133	-	247,472	1,267,605
TOTAL	2,126,135	518,216	17,790,606	20,434,957

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

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

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	1,230,097	128,544	1,358,641
Contractual services	48,907	84,973	133,880
General operating expenses	229,430	202,326	431,756
Transfers and grants to counterparts	89,232	-	89,232
Travel	389,376	70,745	460,121
Programme Support cost	139,093	31,628	170,721
Total Expenditure	2,126,135	518,216	2,644,351
Encumbrances	-	-	-
TOTAL	2,126,135	518,216	2,644,351

Case study: empowering women living with HIV in Djibouti to live a fulfilling and dignified life

121. WFP, in collaboration with the United Nations Development Programme (UNDP), UNAIDS and the National Network of People living with HIV in Djibouti (RNDP+), has established an income-generating activity programme to support the long-term empowerment of and provide regular incomes to the most vulnerable women living with HIV enrolled on antiretroviral therapy. The project's overarching objective is to help women in the city of Djibouti achieve financial security, sustain their food and nutrition security, and improve access to health-care services. Ultimately, income-generating activity programmes have a powerful potential to help people living with HIV to adhere to antiretroviral regimens and optimize health outcomes.

122. The provided loans, ranging from US\$ 141 to US\$ 438 per person, targeted retail businesses that did not require complex structural installations and were further complemented by training on business entrepreneurship. The beneficiaries were selected from among two networks of people living with HIV, ARREY and Oui à la Vie, affiliated to RNDP+. Government enactment of favourable policy and legislation coupled with political goodwill catalysed successful implementation of the project activities.

123. Among the beneficiaries, Fatouma remembers how things changed for the better. "In 2014, I received a 40 000 DJF [US\$ 250] loan that I used to develop and improve my retail garments business. I also benefited a lot from business entrepreneurship training that impacted me with critical business skills, including marketing, customer satisfaction, savings and investments. From a struggling retail business, I now import my clothes directly from Dubai and Somaliland and I now earn a decent income from the business that helps me support my 25-year-old son, my 16-year-old daughter in secondary school and my 3-year-old adopted son. I am able to pay my rent, electricity and water and have decent meals."

124. Ibado Abdillahi Ainan now lives a positive and fulfilling life after the introduction of the income-generating activities programme. Ibado, who lost her husband to AIDS, lives with six orphans. As she lost her job in the hospitality sector due to deteriorating health,

stigma and discrimination, she started her own clothing business and received a 50 000 DJF (US\$ 313) loan to expand her business. The loan was repaid within 10 months, and her business has since expanded into furniture and electronics. She now has an employee who she pays 15 000 DJF (US\$ 94) per month. As she puts it: “I am no longer a desperate woman. I make enough to take care of my family and dependants.”

125. The income-generating activities programme has improved the quality of life of many Djiboutian women, allowing them to regain dignity in their communities, ensuring financial security and reducing gender disparities. Building on the belief that empowering women living with HIV and their households to be financially independent strengthens adherence to treatment and leads to more fulfilling and dignified lives, the income-generating activities programme contributes to the broader strategic contribution of WFP towards ending AIDS as a public health threat by 2030. It empowers women and girls to protect themselves from HIV, to make decisions about their own health, to live free of violence, and to be financially independent.

Knowledge products



Impact of the Nutritional Programme on HIV Treatment Retention



Lessons Learned Study: PEPFAR & WFP Emergency Drought Relief Programme



Etude sur le statut nutritionnel, les connaissances, les attitudes et les pratiques des adolescents, jeunes, femmes enceintes et allaitantes sur la nutrition, la planification familiale et le VIH en RD Congo



Global Report on Food Crises 2018



Rapid Assessment of the Impact of Drought on HIV Response in Arid and Semi-arid Lands in Kenya



HIV/TB Country Profiles in the Context of WFP Programming in East and Central Africa

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

Key strategies and approaches

126. The 2030 Agenda, the SDGs and the pledge to leave no one behind drive the work of UNDP and inspire a focus on innovation, partnerships and scale. The UNDP Strategic Plan 2018–2021 reaffirms the commitment to the principles of universality, equality and leaving no one behind, while responding to a dynamic development landscape.
127. The commitment of UNDP to HIV and other major health challenges is based on the principle that health is an outcome, contributor and indicator of development. HIV and health continue to be an important aspect of the work of UNDP, focusing on three interlinked action areas: reducing inequalities and social exclusion, which drive HIV and poor health; promoting effective and inclusive governance for health; and building resilient and sustainable systems for health.
128. Partnerships play a pivotal role in UNDP work. Working with national and local governments, academia, civil society, multilaterals, the private sector and the United Nations family, UNDP focuses on assisting countries to address the complex web of social, economic and environmental determinants of HIV and health and provide people with vital HIV and health services. For example, UNDP partnered with Colombia, Germany and Switzerland, the Office of the United Nations High Commission for Human Rights, UNAIDS Secretariat, UNODC and WHO and the International Centre for Human Rights and Drug Policy at the University of Essex, to develop international guidelines on human rights and drug policy to support efforts to advocate for human rights-based drug policies, development planning and poverty-reduction efforts.
129. UNDP prioritizes innovation in its efforts. UNDP invested in connecting global HIV and health issues, start-up thinking, technology and partnerships to turn innovations into scalable and sustainable solutions. In 2018 the UNDP-managed Global Fund HIV grant for the western Pacific rolled out 30 000 kits in 11 countries of a new rapid diagnostic test for HIV and syphilis that uses fingerprick blood or serum.
130. UNDP continues to advocate for people who too often go unheard because of stigma, discrimination or violence. Recognizing that health for all means all, UNDP is working with 53 countries worldwide to counter discrimination and protect the rights of lesbian, gay, bisexual, transsexual and intersex people.
131. The 2030 Agenda is an important opportunity to address HIV and health, human rights, humanitarian and other development challenges in a more integrated and comprehensive manner. As the integrator of the United Nations Development System, UNDP helps countries through its SDG integration function in four areas: integrated policy and programming solutions; SDG metrics, data and analysis; knowledge and innovation; and financing. For example, UNDP has worked to support cross-sectoral co-financing for HIV, health and development in Malawi to determine the optimum budgetary contribution from different sectors (education, health, nutrition, poverty-alleviation programmes, employment) to advance combination HIV prevention.
132. UNDP remains one of the world's most transparent aid organizations, with a score of 95.4% on the 2018 Aid Transparency Index, a rise of 2.1 percentage points over the previous index in 2016. More than 93 000 users have visited the UNDP Transparency Portal (open.undp.org) since its launch in June. By opening its books in this way, UNDP has increased its accountability to donors and partners.

Highlights of results

133. In 2018 UNDP worked with partners to address the development dimensions of health in 129 countries. UNDP supported 89 countries in addressing HIV, TB and health rights; aided 32 countries with respect to HIV-sensitive social protection; supported 28 countries in strengthening health procurement and supply management; assisted 28 countries in expanding access to medicines; and aided 30 countries in issues pertaining to prevention and control of noncommunicable diseases.
134. The UNDP partnership with the Global Fund contributes to the 2030 Agenda and the commitment to leave no one behind, supporting the response to HIV, TB and malaria in some of the most challenging contexts. Since 2003 the partnership has saved an estimated 3.1 million lives.
135. As of November 2018, UNDP has been managing 31 HIV, TB and malaria grants from the Global Fund in 18 countries and 3 regional programmes that cover an additional 27 countries. UNDP work involves implementing large-scale programmes, building capacity of health systems to make them more resilient and sustainable, and supporting countries to strengthen laws and policies to ensure no one is left behind. This integrated, end-to-end approach is undertaken in partnership with, and leverages the expertise of, other UNAIDS Cosponsors such as UNFPA, UNHCR, UNICEF, WFP and WHO, civil society and the private sector.
136. In support of national partners, UNDP is currently providing 1.4 million people with antiretroviral therapy. Other key results in 2018 include:
- 97.3 million people have been counselled and tested for HIV (14% increase since 2017);
 - 97 000 pregnant women are on antiretroviral therapy (7% increase since 2017);
 - 54 000 new people with smear-positive TB have been detected and treated (7% increase since 2017);
 - 1600 people have been treated for multidrug-resistant TB (9% increase since 2017).
137. Leveraging the UNDP partnership with the Global Fund, a growing number of countries are requesting UNDP support to strengthen the resilience and sustainability of systems for health. In 2018 UNDP supported countries to procure HIV medicines and diagnostics with Global Fund or other funding amounting to US\$ 160 million. Other input included supporting the functioning of country coordinating mechanisms in 18 countries. UNDP is working with the Global Fund on expanding work to strengthen the capacity of country coordinating mechanisms on gender dimensions of HIV, TB and malaria. In South Sudan, the capacity-building support of UNDP led to national AIDS bodies recommending that a portion of a Global Fund grant be allocated to gender-responsive interventions.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

138. UNDP supported the development of the African Union Model Law on Medical Product Regulation, adopted in January 2016 in recognition of the need to promote and protect the public health of Africa's citizens. The Model Law aims to harmonize medicine regulations and facilitate work-sharing among countries in Africa to ensure faster, more predictable and transparent approval of medical products, with the ultimate goal of

enhancing access to life-saving medical products. Although at least 14 Member States have initiated steps to implement the Model Law, critical gaps persist, underscoring the need to support countries' efforts in national implementation processes.

139. Through the Access and Delivery Partnership, UNDP supports low- and middle-income countries to strengthen their laws, policies and capacities to deliver health technologies. The Partnership is supported by the Government of Japan and is a collaboration between UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases, and the non-profit-making organization PATH. The Access and Delivery Partnership is now supporting the process of domesticating the Model Law into national legislation to help countries meet the African Union target of 25 Member States adopting the Model Law by 2020. Cooperation between countries will be crucial in achieving this target, and UNDP is working with the African Union and the New Partnership for Africa's Development to promote cross-regional learning. The Access and Delivery Partnership worked with the New Partnership for Africa's Development to support 13 African countries to begin the domestication process. The Access and Delivery Partnership is also providing technical support to establish the African Medicines Agency, which will coordinate initiatives to harmonize medical product regulation and provide guidance to improve access to medicines and health technologies across the continent.
140. UNDP has worked with UNAIDS Cosponsors and other relevant stakeholders in supporting countries to promote innovation and access to medicines and other health technologies. In May 2018, after three years of multisectoral consultations supported by UNDP, the United Nations Conference on Trade and Development and others, the Government of South Africa approved a new intellectual property policy that aims to increase policy coherence and improve access and innovation to health technologies and other 2030 Agenda goals and targets. UNDP and WHO advised the Ministry of Health of the Republic of Moldova on the likely public health implications of provisions in the amendment of the Law on Medicines. In addition, UNDP and WHO supported the Ministry of Health of Ukraine to reform the Ukrainian Law on Inventions to increase access to affordable good-quality medicines by providing analysis of the draft provisions and advising on opportunities for optimization.

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

141. Strengthening Legal and Policy Environments for Reducing HIV Risk and Improving SRH for Young Key Populations in Southern Africa is a regional programme seeking to improve sexual and reproductive health outcomes for young key populations in five Southern African Development Community (SADC) countries (Angola, Madagascar, Mozambique, Zambia, Zimbabwe). The programme works to strengthen the HIV- and sexual and reproductive health-related rights of young key people in law, policy and strategy. Multistakeholder and participatory legal environment assessments were finalized in Angola, Madagascar, Zambia and Zimbabwe, and Mozambique is initiating its legal environment assessment. Legal environment assessment recommendations are informing national action on the protection of young people in prison in Madagascar; integration of lesbian, gay, bisexual, transsexual and intersex issues in comprehensive sexuality education in Zambia; the review of age-of-consent laws in Zimbabwe; and a change of name and gender marker for transgender and intersex people in Angola. As a result of joint advocacy by UNDP, the African Men for Sexual Health and Rights and the Health Economics and HIV/AIDS Research Division of the University of KwaZulu-Natal, issues pertaining to young key population were integrated into the SADC sexual and reproductive health scorecard.

142. Thirteen countries (Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe) have been prioritized to receive Global Fund catalytic funds for programmes to support adolescent girls and young women. As the principle recipient in Zimbabwe, UNDP was instrumental in the development of the programme for adolescent girls and young women and is currently implementing the programme in partnership with nongovernmental organizations. In Mozambique and Namibia, UNDP supported development of the funding request with a focus on programming for adolescent girls and young women.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

143. 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 faced by lesbian, gay, bisexual, transsexual and intersex people, 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 in 53 countries worldwide.

144. The Sexual Orientation and Gender Identity and Rights Africa project was launched in Botswana, Cameroon, Liberia, Nigeria, Senegal, the United Republic of Tanzania and Zambia in 2018, in a region where punitive laws and widespread social stigma and discrimination often block efforts to address the high incidence of HIV among key populations. UNDP helped all seven countries conduct national assessments, established national steering committees of government and civil society organizations, and provided financial and technical support to lesbian, gay, bisexual, transsexual and intersex organizations. National roundtables were organized in Botswana, Liberia and Nigeria and have led to calls for legal reform to advance the inclusion and rights of sexual and gender minorities.

145. The Being LGBTI in Asia programme completed 6 multicountry research projects across 19 countries. These projects are informing legal and policy reform in China, India, Pakistan, the Philippines, Thailand and Viet Nam. In 2018 Pakistan enacted the Transgender Persons (Protection of Rights) Act and began formulating transgender welfare policies with input from UNDP. These measures will increase transgender people's access to medical care and counselling, and outlaw harassment and discrimination by employers and business owners. UNDP also supported the development of transgender inclusion laws in Thailand and Viet Nam.

146. UNDP organized a south–south exchange for countries to share experiences on advancing human rights and social and economic inclusion for transgender people. The consultation brought together national and local governments and civil society organizations from 12 countries (Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Panama, Peru, Uruguay). These countries have developed action plans and south–south exchanges focusing on employment, social protection, health and education, which UNDP will support in 2019.

147. UNDP has supported the completion of the SADC key population strategy for the region. The strategy builds on a key population model framework developed by the UNDP-supported Africa Key Populations Expert Group and includes key interventions for key populations, including transgender people. Once validated and adopted, the

SADC strategy will inform national policies for key populations in SADC member countries.

148. Key population organizations and national-level actors are also using the framework to inform the planning, implementation and monitoring of HIV and health programmes. In South Africa, Expert Group representatives influenced the language used in the South African National Strategic Plan and facilitated the development of the National Sex Work HIV Plan. In Senegal, Expert Group representatives helped design a project on managing and sensitizing the risks related to drug use and adopting practices to lower the risks for people who are actively using drugs.
149. UNDP supported MPact Global Action in developing voluntary national reviews and launched this document at AIDS 2018. UNDP further supported the launch of the MPact Technical Brief on HIV and other Sexual Health Considerations for Young Men who Have Sex with Men (Out with It), together with UNFPA and WHO.

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

150. UNDP is supporting 41 countries on improving gender equality and empowering women and girls in the context of HIV and health. UNDP efforts in this context range from challenging the legal barriers and social norms that impede access to health care, to improving integrated support for survivors of gender-based violence, to developing policies that address the links between HIV, violence against women and alcohol use.
151. In eastern Europe and central Asia, UNDP supported 15 000 women and adolescent girls living with HIV to exercise their rights and access services. This work included promoting gender equality in HIV service provision in Bosnia and Herzegovina; improving access to antiretroviral therapy, HIV testing and counselling, and legal aid services in Tajikistan; and improving access to TB-related services in Turkmenistan; and raising awareness of women's rights in Ukraine.
152. In Latin America UNDP is promoting regional cooperation to improve services and uphold the rights of young women and adolescents with HIV. Along with UNICEF and the UNAIDS Secretariat, UNDP supported the International Community of Women Living with HIV to establish a network of young women living with HIV in Latin America. UNDP advocated for greater visibility for young women in national AIDS programmes, and supported civil society partners from Argentina, Chile, Honduras, Nicaragua, Panama, Peru and Uruguay to plan advocacy actions on health rights in their respective countries.
153. In South Africa UNDP supported the Gauteng Province Department of Social Services, Statistics South Africa and the Centre for Public Service Integration with the study Applying Behavioural Insights to Encourage Bystander Actions against Intimate Partner Violence. The findings of this study will inform broader interventions by Gauteng Province to encourage more bystanders to intervene in cases of intimate partner violence.
154. UNDP, UNFPA, UNICEF, WHO and the World Bank, under the auspices of the Special Programme on Research in Human Reproduction, published a policy brief on routine elective caesarean section for women living with HIV. The policy brief promotes a rights-based approach, emphasizing the need to embed human rights in all health-care policies and the rights of women living with HIV in decision-making regarding choice of delivery mode.

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

155. The Global Commission on HIV and the Law, convened by UNDP on behalf of the Joint Programme, produced in 2018 an important update to its 2012 report. The 2018 supplement highlighted the impact on the HIV response of shrinking space for civil society, persisting criminalization, the “war on drugs”, restrictive immigration policies and limited health-care access for migrants, and provided a list of clear, actionable recommendations for governments, civil society and other partners.
156. UNDP helps countries strengthen legal and policy environments for HIV and health. UNDP and partners have supported legal environment assessments and related action plans, dialogues and training sessions in 89 countries since the launch of the 2012 report of the Global Commission on HIV and the Law. In 2018 legal environment assessments and action planning were undertaken in Angola, Belarus, Côte d’Ivoire, Haiti, Madagascar, Mozambique, Senegal, Suriname, Tajikistan, Trinidad and Tobago, Ukraine, Zambia and Zimbabwe. UNDP, in collaboration with the Stop TB Partnership, also supported legal environment assessments for TB in Kenya, Nigeria and Ukraine and a joint HIV/TB legal environment assessment in Botswana. As a result of UNDP support, the Democratic Republic of the Congo amended its HIV law, repealing the criminalization of HIV transmission. Gabon is drawing on recommendations from legal environment assessments to draft a new national policy on gender and sexual violence.
157. In collaboration with the Secretariat and other Cosponsors, UNDP supported the Global Fund initiative Breaking Down Barriers, which provides resources, including US\$45 million in additional funds, to 20 countries to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services. Countries include Benin, Botswana, Cameroon, the Democratic Republic of the Congo (at the province level), Côte d’Ivoire, Ghana, Honduras, Indonesia (in selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, the Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine. The Global Fund has completed baseline assessments in most of these countries to determine the interventions to be implemented to address human rights barriers and to identify gaps. Several countries have held formal multisectoral validations of the assessment and are developing five-year costed plans.
158. Through several regional and multicountry human rights projects, UNDP and its partners have supported national partners to remove legal, policy and human rights barriers to effective efforts to address HIV and TB coinfection. Many of the projects led to positive jurisprudence and precedents that advanced the rights of people living with HIV and coinfections. Examples include an order of the Kenyan High Court against the detention of people with TB in prison for failure to adhere to treatment, resulting in the publication of a rights-based policy to TB case management by the Government of Kenya in 2018; a Supreme Court directive for rights-based, social inclusion policies for transgender people in Pakistan; and legal gender recognition and an order to issue identity documents to a transgender man in Botswana.
159. UNDP supported the establishment of a regional legal aid network in eastern Europe and central Asia that aims to protect and promote the rights of key populations and people living with HIV. To date, over 10 000 people in 10 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Ukraine) have received legal services in HIV-related cases. Similarly, the newly formed Middle East Network on AIDS and the Law is providing legal

support to member organizations in eight countries (Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan, Tunisia).

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

160. As a technical partner to the Global Fund, UNDP explored innovative methods for effective and cost-efficient service delivery to key populations, to secure transition to domestically funded HIV responses through such means as social contracting and other effective and cost-efficient measures for HIV service delivery that leave no one behind. UNDP support to develop sustainable financing approaches for HIV and health extended to 10 countries in eastern Europe and central Asia. UNDP has supported governments and civil society to develop road maps for social contracting to facilitate implementation of jointly prioritized interventions by civil society, governments and other partners.
161. Social contracting models for service delivery with a specific focus on key populations were explored in an eight-country study (Bosnia and Herzegovina, Brazil, Croatia, Guyana, Montenegro, Namibia, North Macedonia, Serbia) commissioned by UNDP as a follow-up to the 2017 global consultation on social contracting organized by UNDP, the Global Fund and the Open Society Foundations. Regulatory frameworks, good practices and lessons learnt were identified and will be used in 2019 to scale up social contracting.
162. UNDP's co-financing work assists policy-makers in identifying areas for action with benefits across multiple sectors and SDGs, enabling different ministries and donors to come together and share resources to roll out solutions at scale. Cash transfers, for example, can lead to multiple benefits in education access for adolescent girls, health, gender equality, reduced numbers of teen pregnancies, and HIV prevention. UNDP has pioneered co-financing in the health sector in Malawi, providing a model to determine optimal allocation of budgets to accelerate progress towards the health-related SDG targets. UNDP is now extending this approach in Ghana, South Africa and the United Republic of Tanzania. Modelling is under way for South Africa to expand its cash plus care programme for adolescent girls in KwaZulu-Natal, and the intervention has been included in the Global Fund HIV funding request.

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

163. With support from the Government of Sweden, UNDP is partnering with Health Care Without Harm to improve sustainable procurement in the health sector in 10 countries. In 2018 UNDP and Health Care Without Harm, together with the Asian Development Bank, brought together policy-makers, technical experts on environmental and social issues related to global health supply chains, and United Nations suppliers and manufacturers to discuss improving environmental and social sustainability in the production of health commodities and the delivery of health-care services.
164. In Equatorial Guinea, South Sudan and Zimbabwe, UNDP has worked with regulators and manufacturers to reduce packaging for antiretroviral medication. New packaging has resulted in a 55% increase in shipping capacity per container, 29% less packaging waste, and a 57% reduction in carbon dioxide emissions. Together with other measures to improve procurement planning, the reduced packaging initiative has generated a saving of US\$ 8.2 million since 2016, which can be reinvested in health care. UNDP is now working to expand this initiative to other countries and a wider range of products.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,795,058
Sub-total	3,795,058
2018 country envelope	2,151,900
Total	5,946,958

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

Strategy Result Area (SRA)	Core	Non-core	Non-core (GF Grant)	TOTAL
SRA 1: HIV testing and treatment	205,098	602,312	143,344,963	144,152,372
SRA 2: eMTCT	-	674,169	1,404,806	2,078,975
SRA 3: HIV prevention and young people	245,465	1,904,922	5,489,481	7,639,868
SRA 4: HIV prevention and key populations	1,081,971	2,416,430	6,099,056	9,597,457
SRA 5: Gender inequalities and gender-based violence	562,210	1,367,059	163,709	2,092,978
SRA 6: Stigma, discrimination and human rights	1,012,743	2,859,431	6,388,680	10,260,854
SRA 7: Investment and efficiency	305,293	838,778	7,736,575	8,880,647
SRA 8: HIV and health services integration	191,147	-	26,864,256	27,055,403
TOTAL	3,603,926	10,663,102	197,491,526	211,758,554

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

Region	Core		Non-core	Non-core (GF grant)	Grand Total
	Core global	Core- country envelope			
Asia and Pacific	333,769	347,056	535,891	7,055,475	8,272,191
Eastern Europe and central Asia	356,582	15,190	326,844	12,695,584	13,394,200
Eastern and southern Africa	295,888	637,749	6,376,837	142,438,670	149,749,145
Latin America and the Caribbean	272,955	219,379	503,039	11,080,762	12,076,134
Middle East and North Africa	117,462	18,728	195,083	11,011,517	11,342,791
Western and central Africa	168,000	292,807	1,924,455	13,209,517	15,594,779
Global	2,059,270	-	800,953	-	2,860,223
Grand Total	3,603,926	1,530,909	10,663,102	197,491,525	213,289,462

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

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	1,491,741	249,121	1,740,862
Contractual services	828,654	288,753	1,117,408
General operating expenses	162,032	50,956	212,989
Transfers and grants to counterparts	51,830	288,753	340,584
Equipment, furniture and vehicles	16,697	11,324	28,021
Travel	698,669	243,459	942,128
Programme Support cost	259,970	90,589	350,559
Total Expenditure	3,509,594	1,222,956	4,732,550
Encumbrances	94,332	307,953	402,285
TOTAL	3,603,926	1,530,909	5,134,835

Case study: investing in innovation

165. UNDP is investing in innovation and scaling up for better HIV and health outcomes. This includes using technology, testing new solutions to address health system challenges, and making health systems more resilient in terms of access to reliable and renewable energy. The need for innovative thinking in resource-limited areas is apparent with respect to energy generation for the provision of essential health services. One in four health facilities in sub-Saharan Africa has no electricity, and many more suffer frequent power outages.
166. The UNDP Solar for Health initiative supports governments in installing solar panels at hospitals, rural clinics and medical warehouses, providing a reliable, low-carbon power supply for essential services. In Namibia a feasibility study is under way to examine strategies for leveraging private investment to accelerate the transition to clean, reliable solar power in the health sector. As of October 2018, solar systems are in operation at 652 facilities in 8 countries, ensuring better access to health services.
167. UNDP is also investigating innovative approaches to improve delivery of health services and use resources more efficiently. For example, tobacco and alcohol use have a negative impact on TB incidence and outcomes, and yet health systems usually treat these issues separately. UNDP Zimbabwe is testing behaviourally informed strategies to reduce alcohol and cigarette use among people living with TB, which aim to both improve TB treatment outcomes and reduce the incidence of noncommunicable diseases.
168. In 2018 a new diagnostic test for HIV and syphilis was fully rolled out in the Pacific region, under the UNDP-managed Global Fund HIV grant for the western Pacific. The rapid diagnostic test can detect HIV and syphilis infection using fingerprick blood or serum. The test is a cost-effective intervention, at under US\$ 2 per test. Thus far, over 30 000 test kits have been supplied to 17 implementing partners in the 11 countries, including ministries of health, community organizations and nongovernmental organizations. The test kits allow health-care providers to conduct point-of-care testing and reach key populations and people living on remote islands who lack access to health-care facilities.
169. Innovation outside the health sector can improve health outcomes. Towards this end, UNDP and the Government of Serbia are piloting universal basic income payments to determine whether they can make the Serbian welfare system more effective and efficient, including by looking at health outcomes. In Bangladesh, UNDP is supporting the Access to Information programme, which has launched a telemedicine service connecting people in remote areas to doctors via virtual consultations.

Knowledge products



HIV, Health and Development Annual Report 2017–2018



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



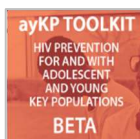
What Does It Mean To Leave No-one Behind



The Sustainable Development Goals: Sexual and Gender Minorities



A Set of Proposed Indicators for the LGBTI Inclusion Index



ayKP Toolkit



Paediatric and Adolescent HIV and the Sustainable Development Goals: The Road Ahead to 2030



Integrating Tobacco Control into Tuberculosis and HIV Responses

UNITED NATIONS POPULATION FUND (UNFPA)

Key strategies and approaches

170. 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 sexual and reproductive health and rights is a key contribution to universal health coverage.
171. The intrinsic connections between HIV and sexual and reproductive health and rights are well established, and addressing HIV has numerous benefits in terms of improving and protecting sexual and reproductive health. HIV is predominantly sexually transmitted, which subsequently increases the risk of vertical transmission from mother to child. Linking HIV and sexual and reproductive health and rights is also a key delivery platform for HIV prevention and critical for achieving human rights, gender equality and health targets for the SDGs. During the first year of implementation of its 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: ending preventable maternal deaths; ending unmet need for family planning; and ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.
172. UNFPA works with multiple partners at the country level to support Member States in removing financial hardship faced by girls and women in accessing sexual and reproductive health and rights. Working in over 150 countries, UNFPA expands the possibilities for women and young people to lead healthy and productive lives, empowering individuals and communities to claim their human rights and to access the information and services they need without stigma, discrimination or violence. Through promotion of integrated HIV and sexual and reproductive health services for young people, key populations, women and girls, and people living with HIV, UNFPA focuses support on the most vulnerable and those left furthest behind. In many countries, women, especially those living with HIV or who are highly marginalized, do not have equitable access to good-quality health services and face multiple and intersecting forms of stigma and discrimination. They are also disproportionately vulnerable to violence, including violations of their sexual and reproductive rights.
173. UNFPA further supports equitable access to good-quality sexual and reproductive health and rights services for all, overcoming financial, social and cultural barriers through several key partnerships, including Family Planning 2020 (FP2020), Global Accelerated Action for the Health of Adolescents (AA-HA!), the Global HIV Prevention Coalition, the H6 Partnership,² the Spotlight Initiative, universal health coverage, and regional integration initiatives such as 2gether 4 SRHR.

Highlights of results

174. During 2018, within the UNFPA high-priority countries, 24 million women and young people used integrated sexual and reproductive health services, including within some fragile states and countries experiencing humanitarian crises. The work of UNFPA in 2018 averted 73 500 maternal deaths, 30.1 million unintended pregnancies, 140 000

² The H6 Partnership is the technical arm of the Secretary-General's Strategy on Every Woman, Every Child and Every Adolescent and comprises UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank.

new HIV infections and 6.3 million sexually transmitted infections (see www.unfpa.org/data/results).

175. UNFPA, together with the United States Agency for International Development (USAID) and the Bill & Melinda Gates Foundation, commissioned market research that provided valuable insights into condom use and access, consumer willingness to pay,³ and barriers and opportunities to market entry and expansion⁴ in high-priority countries.
176. Countries leveraged global and regional landmarks to propel forward country-level sexual and reproductive health and rights results. In 2018 these landmarks included inclusion of sexual and reproductive health in the Astana Declaration on Primary Health Care, endorsed at the global conference, which also presented a timely and unique opportunity to intensify efforts to address the many barriers that certain populations face in accessing HIV and primary health-care services; establishment of the African Coalition for Menstrual Health Management, which addresses menstrual health management issues of vulnerable and marginalized populations, including young people, disabled people, people living with HIV, transgender people and sex workers; and approval by SADC of a 2019–2030 regional strategy for sexual and reproductive health and rights, which seeks to align regional efforts to improve the sexual and reproductive health of all people and to promote an integrated and comprehensive response, including the Minimum Standards for Integration of HIV and Sexual and Reproductive Health in the SADC Region and the SADC HIV Prevention Scorecard.
177. In October 2018 the seventh International Parliamentarians' Conference on Implementation of the International Conference on Population and Development (ICPD) Programme of Action adopted the Ottawa Statement of Commitment to advance the Programme of Action. This includes a commitment to advocate for at least 10% of national development budgets and development assistance budgets allocated for sexual and reproductive health programmes, including family planning and reproductive health commodities, and the prevention of sexually transmitted infections, including HIV. In addition, UNFPA developed a monitoring framework to track progress in implementing the Programme of Action, including HIV-related indicators. At the ICPD25 summit in Nairobi in November 2019, UNFPA will lead a number of activities to define, consolidate and build consensus on an essential sexual and reproductive health and rights package of interventions, including prevention and treatment of HIV and other sexually transmitted infections, using a person-centred life-course approach.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

178. During 2017 UNFPA Supplies sharpened its focus on supporting countries to strengthen their national reproductive health commodity supply-chain management systems, efficient and transparent use of domestic resources, and ensuring adequate national funding for reproductive health commodities. By 2018, 11 countries had supply-chain management strategies in place, with costed implementation plans that address all elements of commodity availability and accessibility. These country strategies are

³ Evans W, Kadirov K, Thior I, Ganesan R, Ulasevich A, Deperthes B. Willingness to pay for condoms among men in sub-Saharan Africa. *Int J Environ Res Public Health*. 2018;16(1):34. <https://doi.org/10.3390/ijerph16010034>.

⁴ Barriers to entering the African condom market. Poster presentation AIDS 2018.

aligned with UNFPA and WHO recommendations for ensuring human rights-based contraceptive service delivery.

179. UNFPA manages the prequalification programme for male and female condoms on behalf of and in conjunction with WHO to ensure all procured condoms meet internationally acceptable quality standards. In 2018 overall commodity procurement had tripled since 2016. In 2018 UNFPA supplied:

- 1.24 billion male condoms at a cost of US\$ 27.3 million;
- 12.9 million female condoms at a cost of US\$ 6.0 million;
- 49.8 million sachets of personal lubricant at a cost of US\$ 1.7 million.

180. UNFPA sexual and reproductive health and gender-based violence-related services, supplies and information reached an estimated 15 million women, girls and young people affected by crises during 2018. A total of 12 000 emergency reproductive health kits were delivered to 55 countries, with the capacity for targeted services for:

- 3.4 million people to access post-rape kits for clinical management of rape;
- 5.5 million people to access treatment for sexually transmitted infections;
- 3 million people to receive voluntary family planning services;
- 3.2 million women and girls to receive basic and comprehensive emergency obstetric care.

181. In 2018 UNFPA updated preloaded data for the Minimum Initial Service Package for Reproductive Health in Emergencies calculator to better estimate the reproductive commodity requirements when assessing humanitarian situations. More than 12 000 health service providers and managers were trained in 2018 in using the Package. With respect to humanitarian settings, UNFPA provided 68.2 million couple-years of contraceptive protection. As of 2018, 51 countries had logistics management information systems in place to reach the last mile, and 28 countries had integrated sexual and reproductive health into emergency preparedness and responses.

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

182. In partnership with UNICEF and WHO, the UNFPA Eastern Europe and Central Asia Regional Office provided technical assistance to strengthen elimination of mother-to-child transmission efforts. In Georgia UNFPA supported development of the elimination of mother-to-child transmission 2018–2019 national plan, the monitoring and evaluation plan, and self-assessment indicators with passports and data sources. In Ukraine, as part of the Joint United Nations Team efforts to eliminate mother-to-child transmission, UNFPA strengthened capacity of primary health-care providers and contributed to reaching the most vulnerable women living with HIV to ensure access to sexual and reproductive health and family planning services, including early HIV testing and counselling.

183. In 2018 in Sudan, projects for people living with HIV included provision of a positive health peer education service package, including prevention of mother-to-child transmission services, in the country's high-priority states.

184. UNFPA continues to work with partners under the leadership of WHO to ensure that countries are prepared for the results of the Evidence for Contraceptive Options and

HIV Outcomes study, including through strengthening family planning and HIV integration.

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

185. The first progress report for the Global HIV Prevention Coalition, led by UNFPA and the UNAIDS Secretariat, was launched in May 2018 at the 71st World Health Assembly. The report showed clear signs of renewed political commitment and strengthened institutional arrangements for planning and managing prevention programmes. Expanding on an important pillar of the HIV Prevention 2020 Road Map, UNFPA in 2018 organized the third Africa Beyond Condom Donation meeting, with a bold target to increase the number of condoms in low- and middle-income countries to 20 billion by 2020 by expanding the commercial sector of condoms. In 2018 the number of Global HIV Prevention Coalition members swelled from 70 to 120, with new partners from ministries of health and finance, distribution and import companies, Africa's regional economic communities, and international and African condom manufacturers.
186. As a lead United Nations agency in promoting adolescent sexual and reproductive health, UNFPA has continued to support Member States in the provision of adolescent and youth sexual and reproductive health and rights services, including contraception, testing for HIV and sexually transmitted infections, management and referrals, counselling, and other sexual and reproductive health support. In 2018 UNFPA work reached 2.7 million marginalized girls with life-skills programmes and supported 29 countries in operationalizing school-based curricula for comprehensive sexuality education. As of 2018, 27 countries delivered out-of-school comprehensive sexuality education; 72 countries had strategies in at least 2 sectors (in addition to health) that integrated adolescent sexual and reproductive health and youth programming; and 70 countries had institutional mechanisms for the participation of young people in policy dialogue and programming. Among countries responding to humanitarian crises, 58% included young people in decision-making mechanisms.
187. HIV prevention is an integral part of UNFPA work on sexual and reproductive health and rights of adolescents and youth through the revised UNFPA Adolescent and Youth Strategy. The new strategy, developed in 2018, puts young people, their development phase and their perspective of the world at the centre. UNFPA also contributed to the development of Youth 2030, the United Nations youth strategy. UNFPA has advocated with ministries of health to ease guardian consent requirements for adolescents accessing sexual and reproductive health services.
188. In late 2018 Norway provided funding for a three-year UNFPA-led project on reaching those most left behind through comprehensive sexuality education for out-of-school young people, which emphasizes the fact that sexuality education, in or out of schools, does not increase sexual activity or sexual risk-taking behaviours. In Nepal, 27 advocacy meetings and workshops on comprehensive sexuality education were held in 2018, reaching 1751 people; and through 23 orientation meetings, 1679 teachers, parents, students and health workers better understood what comprehensive sexuality education entails and its importance.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

189. Working with key population networks, UNFPA supported development programmes for key populations in an additional 18 countries in 2018. Rollout of the key population HIV implementation tools occurred in Bangladesh, Indonesia (for sex workers), Jamaica, Kenya, Kyrgyzstan, Pakistan, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe. The implementation tool for transgender people was translated into Portuguese and Russian, and community development workshops were supported in the Caribbean, Latin America and India. Technical briefs for guiding rollout of the implementation tools for sex workers and men who have sex with men were tailored for and published in eastern and southern Africa, and technical review was conducted of Pan-American Health Organization guidance on HIV and sexual and reproductive health services for lesbian, gay, bisexual, transsexual and intersex people. UNFPA also supported capacity-building workshops at AIDS2018 for sex workers, men who have sex with men, and transgender people, facilitating community development, networking and empowerment within these communities. In Latin America and the Caribbean, UNFPA conducted four workshops to train community educators in comprehensive programmes as defined in normative implementation tools for these three groups.
190. To empower communities in Tajikistan, a three-day training-of-trainers session was conducted for young people aged 18–24 years from key populations. Seventy-two representatives of young sex workers and men who have sex with men attended and were able to review all components of implementation tools for these populations and how to use them. Special attention was paid to components on health (prevention of sexually transmitted infections and access to sexual and reproductive health services), stigma and violence. Pre-test and post-test results indicated an increase in overall knowledge from 23% to 42%.

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

191. UNFPA continued to mainstream across all its programmes policies and strategies in support of gender equality, through implementation of the UNFPA gender equality and women and adolescent girls strategies. In 2018 UNFPA provided essential services to 893 000 female survivors of violence, including 48 065 disabled women and girls; reached 1.84 million girls with prevention and protection services related to child, early and forced marriage; supported the development of advocacy platforms in 4907 communities to eliminate discriminatory gender and sociocultural norms; and provided prevention and protection services relating to female genital mutilation to 470 000 girls. As of 2018, 68 countries had dialogue platforms for reproductive rights; 25 countries had costed national action plans to address harmful practices; and 50 countries had national mechanisms to engage men and boys. Among countries in humanitarian crisis, 69.5% had a functioning interagency body under the leadership of UNFPA to address gender-based violence. Nearly 3000 communities made public declarations in 2018 to eliminate harmful practices.
192. UNFPA is currently leading or co-leading 3 key global initiatives on gender-based violence: the Essential Services Package, which has been rolled out in 38 countries; the Spotlight Initiative, with 2 regional programmes and 13 country programmes in Latin America and Africa developed to date, and an intensive ongoing process of developing regional or country programmes for Asia, the Pacific and the Caribbean; and the gender-based violence continuum (humanitarian–development–peace nexus) approach, which has been rolled out in 23 countries. In addition, the ongoing UNFPA co-led global programme on child marriage in eight countries in Asia and Africa includes a component on adolescent sexual reproductive health. UNFPA also prepared an

analysis of gender and sexual and reproductive health and rights issues emanating from the second cycle of universal periodic reviews, which, in the context of HIV, included highlighting the 177 recommendations on HIV and additional recommendations on sexuality education and sex work.

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

193. UNFPA has mainstreamed human rights across its 2018–2021 strategic plan, building capacity of all staff to ensure all UNFPA programming has a firm grounding in human rights principles, including ensuring gender equality, no discrimination, universal access to sexual and reproductive health services, and that no group is marginalized or left behind. In 2018 UNFPA prioritized “leaving no one behind” and “reaching the furthest behind first” in its work. In 2018, 45 UNFPA country offices implemented programmes with a focus on key populations, and 45 country offices implemented programmes with a focus on people with disabilities as prioritized furthest-behind populations.

194. UNFPA began rollout of a methodology for assessing progress of SDG indicator 5.6.2—the number of countries with legal frameworks guaranteeing full and equal access to sexual and reproductive health care, information and education. The survey for SDG indicator 5.6.2 is being introduced in 2019, through the United Nations Department of Economic and Social Affairs enquiry, and will establish the first global database in this area by the end of 2019. The meta-data include information on laws and regulations relating to HIV.

195. UNFPA engaged in the United Nations Permanent Forum on Indigenous Issues to promote sexual and reproductive health of indigenous people, especially women. UNFPA published a fact sheet on indigenous women’s maternal health, including prevention of mother-to-child transmission, and reviewed the Forum’s recommendations on sexual and reproductive health and rights, including on addressing the rising impact of HIV within indigenous communities. UNFPA supported the sexual and reproductive health and rights of other minority groups, including people with disabilities and migrants, through publication of sexual and reproductive health and rights guidelines for people with disabilities, compilation of the sexual and reproductive health chapter of the United Nations Secretary-General’s report on disability, and publication of a paper on migrant women’s sexual and reproductive health.

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

196. UNFPA continued supporting development and use of youth-led technology and innovative approaches in sexual and reproductive health and rights, including HIV prevention, such as the I-Design tool in Thailand, and TuneMe, which provides HIV and sexual and reproductive health information through mobile telephones in multiple countries. UNFPA and WHO are also developing starter kits for digital client-level information systems for family planning and adolescent sexual and reproductive health services to help implementers more easily undertake the requirements process and repurpose existing digital tools.

197. Several countries introduced innovative platforms. In Mozambique, UNFPA and UNICEF provided HIV prevention and sexual and reproductive health information to 681 633 young people in 2018 through the digital platform SMS BIZ. In Burkina Faso a total of 1 587 000 young people and adolescents had access to the sexually transmitted infections, HIV and AIDS course posted on QG Jeune, an interactive platform dedicated

to young people with online counselling and a learning environment that encourages interaction with specialists in adolescent sexual and reproductive health.

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

198. UNFPA played a key role in creating awareness and commitment to increasing use of integrated sexual and reproductive health services. At the global level, UNFPA and WHO, as co-chairs of the Inter-Agency Working Group on SRH and HIV Linkages, launched a renewed call to action on linkages at AIDS2018, with co-endorsement by nearly 40 development organizations. Through the Linkages programme 2gether 4 SRHR in eastern and southern Africa, UNFPA, together with UNAIDS, UNICEF and WHO, supported inputs to an SADC sexual and reproductive health and rights strategy, sexual and reproductive health and rights scorecard, and SADC efforts to create an enabling environment for key populations, including a regional values clarification workshop on key populations. In 2018, 37 countries had a national sexual and reproductive health plan prioritizing services for marginalized populations.
199. With support from UNFPA, 30 million women and young people were reached with integrated sexual and reproductive health services in 2018. Numerous countries, including Botswana, Burkina Faso, India, Kyrgyzstan, South Africa, South Sudan, Zambia and Zimbabwe, continue their efforts to train health-care providers in integrated sexual and reproductive health, HIV and gender-based violence services. In Zambia 202 health-care providers acquired knowledge and skills in the provision of adolescent-friendly integrated sexual and reproductive health, HIV and gender-based violence services. As a result, 157 212 young people in Zambia accessed adolescent health services and information across 418 facilities, representing 57% of public health facilities in UNFPA-supported provinces.
200. Strategic partnerships helped increase the use of integrated sexual and reproductive health services. Among the key partnerships on integration in 2018, the membership in the Global HIV Prevention Coalition, in which sexual and reproductive health and rights and HIV integration form a foundation platform for delivering on the 5 prevention pillars, expanded to include Botswana, Iran (Islamic Republic of), Myanmar, Norway and SADC, and brought the total number of focus countries to 28. In addition, the FP2020 partnership, whose reference group was co-chaired by UNFPA, enabled more than 309 million women and adolescent girls to use modern contraception in 2018, an increase of 38.8 million from its launch in 2012.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	3,043,145
Sub-total	5,043,145
2018 country envelope	3,692,050
Total	8,735,195

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

Strategy Result Area (SRA)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	348,151	2,649,401	2,997,552
SRA 2: eMTCT	8,693	5,452,560	5,461,253
SRA 3: HIV prevention and young people	2,090,075	15,859,846	17,949,921
SRA 4: HIV prevention and key populations	1,148,796	9,456,823	10,605,618
SRA 5: Gender inequalities and gender-based violence	30,320	3,271,369	3,301,689
SRA 6: Stigma, discrimination and human rights	83,738	2,853,289	2,937,027
SRA 7: Investment and efficiency	77,692	1,043,031	1,120,723
SRA 8: HIV and health services integration	436,022	8,483,084	8,919,107
TOTAL	4,223,487	49,069,404	53,292,891

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

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

Region	Core *		Non-core	TOTAL
	Core global	Core- country envelope		
Asia and Pacific	365,491	430,000	4,340,657	5,136,148
Eastern Europe and central Asia	471,287	213,500	1,991,823	2,676,609
Eastern and southern Africa	927,147	1,420,200	22,235,994	24,583,342
Latin America and the Caribbean	429,704	594,000	2,782,784	3,806,487
Middle East and North Africa	189,252	114,150	2,783,084	3,086,487
Western and central Africa	716,101	920,200	7,947,790	9,584,091
Global	1,124,506	-	6,987,271	8,111,777
TOTAL	4,223,487	3,692,050	49,069,404	56,984,941

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

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

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	841,655	8,734	850,389
Contractual services	686,073	826,679	1,512,751
General operating expenses	1,534,781	1,233,548	2,768,329
Transfers and grants to counterparts	62,149	39,460	101,609
Equipment, furniture and vehicles	45,034	88,893	133,927
Travel	741,896	291,043	1,032,940
Programme Support cost	311,899	199,069	510,968
Total Expenditure	4,223,487	2,687,425	6,910,912
Encumbrances	-	1,004,625	1,004,625
TOTAL	4,223,487	3,692,050	7,915,537

Case study: enhancing services for key populations in Namibia

201. In response to the limited access to sexual and reproductive health services among lesbian, gay, bisexual, transsexual and intersex people in Namibia, UNFPA in 2018 supported the Namibia Planned Parenthood Association (NAPPA) to advocate for and develop a drop-in centre for people from the lesbian, gay, bisexual, transsexual and intersex community. The centre is housed at Out-Right Namibia, a Namibian organization that works to advance the rights, interests and expectations of lesbian, gay, bisexual, transsexual and intersex people in Namibia. The drop-in centre and NAPPA Okuryangava clinic have trained staff to deal with people sensitively. The centre's flexible working hours allow people to easily access sexual and reproductive health and HIV services without fear of stigma and discrimination. In 2018, 523 people were reached with sexual and reproductive health services at the project's two sites, including 233 sex workers, 188 men who have sex with men, 70 truck drivers, and 32 women who have sex with women. Additionally, 10 outreach events were held targeting key populations in Windhoek in 2018.
202. The comprehensive service package provided at the two sites includes HIV testing and counselling, with immediate enrolment for treatment; pre-exposure prophylaxis services; family planning services, including condoms; sexually transmitted infection screening and treatment; and information education related to sexual and reproductive health, HIV and gender-based violence. The availability of sites adapted to the needs of key populations has increased service uptake.
203. Cinton Njoyen (not his real name), a 29-year-old man who has sex with men, receives care and treatment in NAPPA Okuryangava clinic. Njoyen commended the excellent health services and his experience at the clinic, especially the privacy and friendly relationships between patients and health providers. Before visiting NAPPA, Njoyen experienced emotional and mental difficulties associated with being newly diagnosed with HIV. As a result, he often missed appointments as he found it difficult to accept the reality of living with HIV. "If it had not been for the friendly staff at the NAPPA clinic and their constant support and encouragement, I would not have visited the clinic as recommended by the nurse," said Njoyen. The encouragement of the staff made it easy for Njoyen to develop a personal relationship with them, helping him achieve major improvements not only in his health but also in his personal confidence.
204. Njoyen's sentiments are shared by Gideon Markus (not his real name), who also receives services at the NAPPA clinic: "Since the very first time my partner and I went to the NAPPA clinic, we have been treated very well and the staff have gone out of their way to make us feel safe. I have had counselling sessions to make sure that I am doing all right and also check-ups to make sure the medication is not having side-effects on my body and that I remain healthy. The staff of the clinics has also regularly checked that we understand how to look after ourselves and that we practise sound sexual health guidelines.
205. "Each time we visited the clinic at Okuryangava, Sister Behra would first make time to chat to us about how we have been. This might sound like a small thing to others, but to me it means the world as I know she cares about us and that I am taken care of in safe hands. There are still a lot of lesbian, gay, bisexual, transsexual and intersex people that get discriminated against and live in fear of their communities as we do not enjoy the same legal rights. Hence we live very secretive lives, sometimes even double lives. I think it is these secret lives that make it easy for lesbian, gay, bisexual, transsexual and intersex people in Namibia to land in situations where they are highly vulnerable to being infected with HIV and other sexually transmitted infections."

Case study: Young Moms Clinic in Nigeria

206. In Lagos, a densely populated area with high teenage pregnancy rates, UNFPA supported the state government to establish the Hello Lagos Young Moms Clinic to provide specialized care for adolescent girls during pregnancy and after delivery. In 2018, 215 girls received sexual and reproductive health and HIV information and education; of these, 83 girls received elimination of mother-to-child transmission services.
207. Ola (not her real name) is a 20-year-old mother. When she was five weeks' pregnant, she tested positive for HIV in the Young Moms introductory antenatal and HIV counselling and testing session. She was immediately referred to the prevention of mother-to-child transmission clinic at Lagos Island General Hospital for treatment, care and support. She started receiving antiretroviral therapy, was given information and counselling on childcare and family planning, and joined a support group of people living with HIV. Her baby was delivered healthy, tested negative for HIV at six months, and is being exclusively breastfed following WHO recommendations. Her baby will have a confirmatory HIV test after one year. Ola is very grateful for the support she has received. She is currently working as a trader, but she hopes to further her academic studies towards her dream career in computer engineering.

Knowledge products



Call to Action to Attain Universal Health Coverage through Linked Sexual and Reproductive Health and Rights and HIV Interventions



The Maternal and Newborn Health Thematic Fund: Business Plan Phase III (2018–2022)



20 by 20: Moving Africa Beyond Condom Donation



Accelerating Commercial Engagement in Sub-Saharan Africa



An Innovative Model Anti-Trafficking Program With The Inclusion Of Survivors of Trafficking



Indigenous Women's Maternal Health and Maternal Mortality



Women and Young Persons with Disabilities: Guidelines for Providing Rights-based and Gender-responsive Services to Address Gender-based Violence and Sexual and Reproductive Health and Rights



From Commitment to Action on Sexual and Reproductive Health and Rights: Lessons from the Second Cycle of the Universal Periodic Review



Out with It : HIV and other Sexual Health Considerations for Young Men Who Have Sex with Men

UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

Key strategies and approaches

208. 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. UNODC delivers technical assistance to Member States, civil society organizations and other partners in developing, adopting and implementing strategies and programmes on HIV related to drug use, in particular for people who inject drugs, and policies and programmes for HIV prevention, treatment, care and support in prisons and other closed settings. HIV-related technical assistance provided by UNODC is fully aligned with the UNAIDS strategy for 2016–2021 seeking to achieve a set of ambitious, focused and people-centred goals and targets by 2020 in order to accelerate the delivery of results against the 2030 Agenda for Sustainable Development and reach the SDG target 3.3 of ending AIDS as a public health threat by 2030, leaving no one behind.
209. UNODC implements the recommendations related to prevention, treatment and care of HIV contained in the outcome document of the special session of the General Assembly on the world drug problem, held in 2016, entitled Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem; and in the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030. 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 people who inject drugs and people in prison.
210. UNODC is the convening Cosponsor for the UNAIDS Division of Labour area of harm reduction for people who use drugs and HIV in prisons. The UNAIDS Division of Labour is a critically important framework for UNODC work around HIV in accentuating the comparative advantages of UNODC and helping to leverage organizational mandates and resources to work collectively with other UNAIDS Cosponsors to deliver results, including by strengthening joint work and maximizing partnerships.
211. With significantly reduced financial resources available through the UBRAF to UNODC compared with pre-2016, UNODC strategically works to focus efforts and programme delivery in high-priority countries. Selection of high-priority countries is made in consultation with national stakeholders, including civil society organizations, following an analysis of epidemiological data, country readiness regarding the policy and legislative environments for essential services (e.g. needle–syringe programmes, opioid substitution therapy, condom programmes, antiretroviral therapy), and the resource environment, including international and domestic funding and human resources.
212. In 2018 UNODC supported 24 high-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 and UNAIDS comprehensive package of HIV prevention, treatment and care services. UNODC also supported 34 high-priority countries in developing, adopting and implementing strategies and programmes on HIV prevention, treatment and care in prisons, and in improving linkages of prison health facilities with community health-care centres, based on the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) and in line with the UNODC, ILO, UNDP, WHO and UNAIDS Policy Brief on HIV Prevention, Treatment and Care in Prisons and Other Closed Settings: A Comprehensive Package of Interventions.

Highlights of results

213. UNODC disseminated guidance on HIV prevention, treatment and care among women who use drugs and provided training on gender mainstreaming of HIV services, including monitoring and evaluation, to over 1000 HIV service providers in Afghanistan, Belarus, Egypt, Indonesia, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Morocco, Myanmar, Nepal, the Republic of Moldova, Tajikistan, Thailand, Uzbekistan and Viet Nam.
214. UNODC continued to roll out the guide *Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance* at the country level and developed a training package to facilitate the introduction and uptake of this guide at the country level. UNODC finalized an implementation guide on HIV prevention, treatment, care and support for people who use stimulant drugs; rolled out a training module on gender mainstreaming the monitoring and evaluation of HIV services for women who use drugs; and prepared a technical guide on prevention of mother-to-child transmission of HIV in prisons in consultation with experts nominated by Member States and jointly with UNAIDS, UNFPA, UNICEF, UN Women and WHO.
215. UNODC strengthened partnerships between law enforcement, civil society and health sectors, and built capacity of over 2100 law enforcement officers, 200 members of civil society and community-based organizations, and 120 parliamentarians and representatives of health, education and social sectors in Belarus, Kazakhstan, Morocco, the Philippines, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.
216. UNODC advocated for the alignment of prison health-sector plans with a comprehensive package of HIV prevention, treatment and care services. UNODC built capacity of senior government officials in Egypt, Morocco and Tunisia on HIV, viral hepatitis, sexually transmitted infections, and TB prevention, treatment and care; and supported, jointly with UNFPA, UNICEF and WHO, delivery of HIV and related health services in prisons in Angola, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe.

Key achievements by SRA

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

217. In response to the Commission on Crime Prevention and Criminal Justice Resolution 26/2, UNODC developed the *Technical Guide on Prevention of Mother-to-child Transmission of HIV in Prisons* in consultation with experts nominated by Member States and jointly with UNAIDS, UNFPA, UNICEF, UN Women and WHO. The purpose of the guide is to support countries in providing high-quality HIV and sexual and reproductive health services to women in prisons to ensure elimination of new HIV infections among women and their children in prisons. The guide provides operational guidance for implementation of prevention of mother-to-child transmission services for women and their children in prisons. The guide focuses on overcoming the specific challenges in providing services to prevent vertical transmission in prisons by providing recommendations from a public health perspective that prison services should strive to achieve, especially in countries with a high burden of coinfection with TB, HIV, hepatitis B and C, syphilis and other sexually transmitted infections. The intended audiences for this guide are policy-makers, prison commissioners, prison senior management and staff, health-care providers, practitioners, peer workers, communities and women in prisons.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

218. UNODC developed a training package for rolling out the guide *Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance at the country level*. UNODC strengthened partnerships between law enforcement, civil society and health sectors, and built capacity of over 2100 law enforcement officers, 200 members of civil society and community-based organizations, and 120 parliamentarians and representatives of health, education and social sectors in addressing HIV among people who inject drugs in Belarus, Kazakhstan, Morocco, the Philippines, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.
219. UNODC and its partners engaged national policy-makers, drug control agencies, public health organizations, justice organizations, civil society organizations (including the scientific community), and organizations of people who use drugs in evidence-informed dialogues on HIV, drug policies and human rights. Over 800 representatives from civil society organizations, community-based organizations and government and policy-makers participated in UNODC training workshops and policy dialogues on the engagement of the community of people who inject drugs in the HIV response in Afghanistan, Belarus, Egypt, Kenya, Pakistan, South Africa, Thailand, the United Republic of Tanzania and Viet Nam.
220. UNODC and its partners continued to advance global dialogue on and advocacy for gender-responsive HIV programmes and equitable access to HIV prevention, treatment and care services for women who use drugs, women in prisons, and female sexual partners of men who inject drugs. UNODC introduced a practical guide on the implementation of gender-responsive services, built capacity of country programme managers, and provided services for women who inject drugs in community-based sites, including in prisons, in Afghanistan, Belarus, Egypt, Indonesia, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Morocco, Myanmar, Nepal, the Republic of Moldova, South Africa, Tajikistan, Thailand, Uzbekistan and Viet Nam. Workshops on mainstreaming gender in monitoring and evaluation of HIV services for women who use drugs were delivered in 12 countries. The outcomes of these capacity-building efforts are expected to improve development, implementation, monitoring and evaluation of HIV harm-reduction services for an estimated 50 000 women who use drugs.
221. UNODC trained prison authorities and law enforcement agencies, strengthened their partnerships with civil society for scaling up HIV prevention, treatment and care in communities and prisons, and supported institutionalizing HIV training, including by mainstreaming gender, as part of the curricula of national police academies. For example, in eastern Europe and central Asia UNODC supported development of innovative police referral schemes to increase access to HIV harm-reduction services in 15 cities in Belarus, Kazakhstan, the Republic of Moldova and Ukraine. As a result of the strengthened partnerships between police, health and civil society organizations in Ukraine, the national police authority has requested UNODC to scale up rollout of the referral schemes in other cities.
222. UNODC strengthened collaboration between public health, criminal justice and prison administration, and civil society organizations, with the goal of increasing investments in public health and human rights-based responses to HIV in prisons. For example, in the Middle East and North Africa, advocacy and technical support by UNODC increased accessibility to and quality of HIV and TB services for over 10 000 people in prison in

Egypt; for over 18 000 people (female and male) in prison in Morocco; and for over 10 000 people (female and male) in prison in Tunisia. Moreover, UNODC supported compliance with HIV, health and human rights principles for people in prison in sub-Saharan Africa and contributed to the alignment of HIV and sexual and reproductive health services with the United Nations standard minimum rules in prisons in Angola, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. In addition, UNODC initiated assessments on the availability of comprehensive HIV services in 44 prisons and 10 pre-trial detention centres in Ghana, India, Nigeria, the Philippines and the United Republic of Tanzania.

223. UNODC, jointly with national and international partners, supported Member States in effectively addressing HIV and helped bridge the gap between policy and science with regard to harm reduction for HIV prevention in the context of the 61st session of the Commission on Narcotic Drugs, and the 27th session of the Commission on Crime Prevention and Criminal Justice.
224. In collaboration with UNAIDS, WHO and the World Bank, UNODC generated and published strategic information on people who inject drugs and HIV among people who inject drugs, and enhanced coordination in global data collection, review, analysis and reporting on HIV and injecting drug use, with involvement of civil society and expert networks. Interagency collaboration has improved global understanding of the quality of current estimates on the prevalence of injecting drug use and the prevalence of HIV among people who inject drugs and helped to identify country-specific technical assistance needs. The joint estimates were published in the UNODC World Drug Report 2018. A global review commissioned and technically supported by UNODC—HIV, Viral Hepatitis and TB in Prison Populations: A Global Systematic Review and Survey of Infections and Mortality, and Provision of HIV Services in Prisons—was completed and its results disseminated at the 22nd International AIDS Conference in Amsterdam. In addition, the Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV, involving the UNAIDS Secretariat, UNODC, WHO and the World Bank, contributed to the review and improvement of strategic information regarding the situation and responses to injecting drug use and HIV.

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

225. UNODC provided targeted training and technical assistance for the review, adaptation, development and implementation of relevant legislation, national AIDS strategies, policies and programmes that are evidence-informed and human rights-focused and that more effectively support public health approaches to HIV prevention, treatment and care for people who use drugs, and for people in prisons and other closed settings, in the Dominican Republic, Indonesia, Kyrgyzstan, Myanmar, the Philippines, Ukraine and Uzbekistan.
226. UNODC advocated for the removal of legal barriers hindering access to HIV services, including needle–syringe programmes, opioid substitution therapy and condom programmes in prisons, and supported adaptation of national standard operating procedures for HIV testing services in prison settings. UNODC trained prison health staff and community-based HIV service providers in HIV testing services in prison settings and in establishing linkages to care after release in India, Kenya and Viet Nam. Over 100 health-care providers were trained in these 3 countries on standard operating procedures and related medical ethics.

227. On Nelson Mandela International Day, UNODC facilitated the African Correctional Services Association Executive Committee meeting with the participation of the heads of the African Correctional Services. The meeting issued a call for action to foster the practical application of the Nelson Mandela Rules, including compliance with HIV, health and human rights principles for people in prisons in Africa, prioritizing prison populations as part of the national HIV and health strategies and responses, and with the goal of ensuring people in prisons have access to the same standards of human rights-based, evidence-informed and gender-responsive health-care services and support that are available in the community.
228. In May 2018 UNODC supported the African Correctional Services Association constitutional review in Kigali, Rwanda in setting up national legal and policy instruments that adhere to United Nations normative guidelines for HIV and sexual and reproductive health and rights for prison populations, and in developing and disseminating normative HIV and sexual and reproductive health and rights standards, tools and guidelines for prison settings. In addition, UNODC supported the organization of an extraordinary high-level session of African Correctional Services Association Member States and its Executive Committee in July 2018. The session generated a communiqué expressing the Association’s full commitment to implementation of the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules). The communiqué called for improved coordination among all relevant stakeholders, including civil society, to support the development and implementation of HIV and sexual and reproductive health and rights services tailored to meet the needs of people in prisons, including women and adolescents.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	381,653
Sub-total	2,381,653
2018 country envelope	1,404,250
Total	3,785,903

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

Strategy Result Area (SRA)	Core *	Non-core	Total
SRA 1: HIV testing and treatment	-	181,468	181,468
SRA 2: eMTCT	50,665	191,060	241,725
SRA 4: HIV prevention and key populations	2,285,501	5,121,479	7,406,980
SRA 6: Stigma, discrimination and human rights	36,190	384,227	420,417
TOTAL	2,372,356	5,878,234	8,250,590

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

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

Region	Core *		Non-core	TOTAL
	Core	Core- country envelope		
Asia and Pacific	588,195	400,916	212,022	1,201,132
Eastern Europe and central Asia	477,944	235,860	638,573	1,352,377
Eastern and southern Africa	362,126	267,843	3,735,310	4,365,279
Latin America and the Caribbean	-	27,600	21,451	49,051
Middle East and North Africa	184,497	133,316	779,269	1,097,082
Western and central Africa	35,802	49,881	-	85,683
Global	723,792	-	491,610	1,215,402
TOTAL	2,372,356	1,115,416	5,878,234	9,366,006

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

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

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	1,583,195	254,584	1,837,779
Contractual services	107,419	173,725	281,144
General operating expenses	132,169	211,894	344,063
Transfers and grants to counterparts	24,430	-	24,430
Equipment, furniture and vehicles	5,902	6,363	12,266
Travel	177,421	129,786	307,206
Programme Support cost	142,138	54,345	196,482
Total Expenditure	2,172,674	830,696	3,003,370
Encumbrances	199,682	284,720	484,402
TOTAL	2,372,356	1,115,416	3,487,772

Case study: enhancing partnerships between law enforcement agencies and community-based organizations in the Philippines to improve access to comprehensive HIV services for people who inject drugs

229. HIV prevalence among the adult population in the Philippines is estimated to be 0.1%, but an estimated 29% of all people who inject drugs in the country are living with HIV. In an effort to improve access to HIV combination prevention and treatment for people who inject drugs, UNODC provided training to law enforcement agencies and supported community-based organizations providing comprehensive HIV services to people who inject drugs through the 2018 UNAIDS country envelope in the Philippines. Specifically, 281 law enforcement specialists participated in interactive training on enhancing partnerships between law enforcement agencies and community-based organizations to establish effective referral mechanisms to comprehensive HIV services for people who inject drugs.

230. The training is estimated to have benefited 48 000 law enforcement officers in local community settings. The national authorities have requested that the training become institutionalized as a component of standard police academy training and the national HIV and AIDS plan of action.

231. UNODC supported a nongovernmental organization to develop a practical guide for community-based organizations to identify barriers, including root causes of stigma and discrimination, that prevent people who use drugs from accessing HIV services. The guide was developed through a series of collaborative workshop discussions with over 50 participants from community-based organizations and government agencies to address barriers preventing people who use drugs from accessing comprehensive HIV services. The guide was disseminated at workshops aimed at strengthening partnerships with law enforcement and other government agencies and community-based organizations.

232. UNODC will continue to provide technical assistance and training for law enforcement agencies with the support of the 2019 country envelope in the Philippines.

Knowledge products

- **Training Package to Facilitate the Rolling Out of the “I-DUIT” Guide at Country Level**
- **Implementation Guide on HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs**
- **Technical guide on Prevention of Mother-to-Child Transmission of HIV in prisons**
- **Training Module on Gender Mainstreaming Monitoring and Evaluation of HIV Services for Women Who Use Drugs**

UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE EMPOWERMENT ON WOMEN (UN WOMEN)

Key strategies and approaches

233. UN Women was created in July 2010 to promote gender equality not only as an inalienable human right but also as a central tenet of social, economic and cultural development. UN Women provides a consistent and resonant voice for women and girls at local, regional and global levels and stands behind women's equal participation in all aspects of life, focusing on five high-priority areas: increasing women's leadership and participation; ending violence against women; engaging women in peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting.

234. UN Women is a Cosponsor of UNAIDS. Its strategic approach to HIV addresses 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 national HIV strategies are informed by sex- and age-disaggregated data and gender analyses and are inclusive of gender-responsive actions, budgets and monitoring and evaluation frameworks;
- amplify the voice and leadership of women and girls in all their diversity to meaningfully engage in decision-making in HIV responses at all levels;
- scale up what works in tackling the root causes of gender inequalities, including addressing the intersections between HIV and violence against women and promoting women's economic empowerment to prevent HIV and mitigate its impact.

235. Civil society is a key constituency for UN Women, playing 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 of women living with HIV and to promote their leadership and meaningful participation in all decisions and actions in the response to the epidemic.

Highlights of results

236. UN Women has strengthened gender expertise in national AIDS coordinating bodies, enabling more gender-sensitive HIV responses. In China, Ethiopia, Indonesia, Malawi, Uganda, Ukraine, the United Republic of Tanzania, Viet Nam and Zimbabwe, UN Women enhanced the capacity of national AIDS coordinating bodies to integrate gender equality into national HIV responses. For example, enhanced gender expertise in the Tanzanian Commission for AIDS ensured the new National Multisectoral Strategic Framework for HIV and AIDS 2019–2023 addresses unequal gender norms and eliminating violence and discrimination against young women. As a result of UN Women's technical support, the Uganda AIDS Commission piloted a centralized gender dashboard to ensure rigorous tracking of gender-responsive indicators in the National HIV and AIDS Strategic Plan 2016–2020.

237. UN Women's targeted advocacy enabled women living with HIV in 27 countries (Cambodia, Cameroon, Chile, China, Colombia, Democratic Republic of the Congo,

Guatemala, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Mali, Mozambique, Nepal, Nigeria, Papua New Guinea, Rwanda, Sierra Leone, Tajikistan, United Republic of Tanzania, Tunisia, Uganda, Ukraine, Viet Nam, Zimbabwe) to engage in decision-making processes relating to the HIV response. In Uganda women living with HIV increased their leadership skills through the mentorship programme, led by the International Community of Women Living with HIV Eastern Africa, with support from UN Women. Women in Uganda successfully engaged in the integration of their priorities in the 2018 PEPFAR Country Operational Plan, the Adolescent Girls Agenda Framework, the National Community Systems Strengthening Plan, and the mid-term review of the National HIV Strategic Plan 2016–2020. In Ukraine, women living with HIV successfully advocated for the inclusion of eight gender-specific recommendations in the draft National Programme on HIV Prevention 2019–2023.

238. UN Women supports Women's Networking Zones at the International AIDS Conferences. Using an interactive approach, the Women's Networking Zones at the 2018 International AIDS Conference raised the visibility of women and girls in all their diversity and provided a platform for cross-community exchanges among community members, researchers, donors and policy-makers to drive innovation and strengthen local and global partnerships. UN Women's social media messages promoted the gender-equality dimensions of HIV on Twitter, Instagram and Facebook, reaching over 50 000 people during the conference.
239. In 2018 UN Women continued to prioritize the implementation of evidence-based community interventions that transform unequal social norms to prevent violence and HIV and enhance access to HIV testing and treatment. For example, the UN Women HeForShe community-based initiative on engaging men and transforming harmful norms to prevent violence and HIV involved 39 577 people in 206 taverns, soup kitchens and churches in 3 districts of South Africa, resulting in improved attitudes and behaviours and increased uptake of HIV testing. In only 8 months, 22 579 of the beneficiaries (46% women, 54% men) accessed HIV testing. With support from the United Nations Trust Fund to End Violence against Women, managed by UN Women, Raising Voices conducted research on an adaptation of the community mobilization approach SASA! (developed by Raising Voices for preventing violence against women and HIV by addressing the imbalance of power between men and women and boys and girls) in Haiti, Kenya and the United Republic of Tanzania, concluding that SASA! can be adapted successfully in various contexts. In Haiti, 90 000 people in 5 communities were engaged in the adaptation, resulting in 96% of women and 90% of men recognizing that violence increases a woman's risk of contracting HIV.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

240. Efforts from UN Women to address unequal gender norms and work towards eliminating gender inequalities in 2018 increased the access of men and women to HIV testing services. In Cameroon, the Democratic Republic of the Congo, Kenya, Kyrgyzstan, Liberia, Papua New Guinea, Rwanda, Sierra Leone, South Africa, Tunisia and Uganda, community-based UN Women initiatives challenging unequal gender norms and preventing violence against women and HIV engaged over 50 500 participants (53% women, 47% men) to increase their HIV knowledge and access HIV testing services. For example, in South Africa 57% of beneficiaries (46% women, 54% men) of the HeForShe community-based initiative accessed HIV testing. As a result of UN Women collaboration with Anglicare on preventing violence against women in public

spaces, 351 vendors in 3 street markets in Port Moresby, Papua New Guinea accessed mobile voluntary HIV counselling and testing services, including post-exposure prophylaxis and diagnosis and treatment of sexually transmitted infections. In 4 districts in the Democratic Republic of the Congo, 7482 adolescent girls and boys improved their knowledge on preventing HIV and sexually transmitted infections as part of a community-based women's rights awareness initiative; of these, 315 boys and girls reported accessing voluntary HIV counselling and testing services.

241. UN Women invested in the dissemination of research findings on women's experiences of treatment availability and their decision-making regarding treatment uptake. Key Barriers to Women's Access to HIV Treatment: A Global Review, commissioned by UN Women and undertaken by the Athena Network, AVAC and the Salamander Trust, identified gender-related barriers and facilitators for women's access to HIV treatment and adherence. UN Women supported women living with HIV involved in the Global Review to present the findings at the RTI International conference Ending Gender Inequalities: Evidence to Impact. UN Women advocates amplified a global call to address the specific needs and priorities faced by women in accessing and adhering to HIV treatment and shared examples of replicating and localizing the Global Review in the Republic of Moldova and Ukraine.

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

242. In 2018 the work of UN Women increased the knowledge of young women and men to prevent HIV, violence and harmful practices, and improve their sexual and reproductive health. In Cameroon, the Central African Republic, the Democratic Republic of the Congo, Jamaica, Kenya, Liberia, Mozambique and Uganda, over 21 000 young women and men and adolescent girls and boys (76% females, 24% males) increased their HIV knowledge through UN Women-supported awareness-raising campaigns, peer-to-peer counselling, competitions and vocational training. Over 1300 young women living with HIV enhanced their treatment literacy and adherence. In Cameroon 5000 young people (70% females, 30% males) collaborated with a journalists' network to produce articles and community-based radio programmes on HIV and violence prevention.

243. In Mozambique 98 083 girls and young women aged 10–24 years strengthened their knowledge and skills on their sexual and reproductive health and rights, including HIV prevention, within the Rapariga Biz joint programme led by UNESCO, UNFPA, UNICEF and UN Women. As a result of outreach through mobile health clinics run by community health workers in 2 provinces, 47 755 girls and young women received family planning counselling and accessed HIV testing and counselling. More than 200 religious leaders were mobilized to promote sexual and reproductive health and rights of adolescent girls and young women, including prevention of violence and HIV.

244. In 2018 UN Women worked to reduce social vulnerabilities, including violence, particularly in the context of HIV, and to improve health and economic outcomes by promoting young women's access to economic resources and HIV treatment, care and support. In Jamaica young women living with HIV increased their financial literacy in starting a small business, including start-up, preparing business plans, marketing products and services, financing and managing cash flow. Young women reported increased self-esteem and confidence, mobilized for social change at the community level, and were linked to HIV care and support. With support from the United Nations Trust Fund to End Violence Against Women, 524 young women aged 20–24 years living with HIV in Cameroon and Kenya accessed health, legal and psychosocial

services and were informed about violence as a human rights violation through community awareness-raising campaigns, peer-to-peer discussions, radio and television programmes, and training sessions.

245. UN Women contributed to the revision of the International Technical Guidance on Sexuality Education, led by UNESCO and launched at a side-event co-hosted by Bulgaria, Denmark, Ghana, UNESCO, UNFPA and UN Women at the 62nd session of the Commission on the Status of Women. The updated guidance promotes health and well-being, respect for human rights, gender equality, and the empowerment of children and young people to lead healthy, safe and productive lives. UNESCO, UNFPA and UN Women jointly produced a short video on the basis of this event.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

246. Interventions by UN Women helped women who use drugs increase their leadership capacity to advocate for gender-responsive HIV services and to overcome stigma and discrimination in the context of drug use and HIV. In Indonesia women who use drugs from five provinces strengthened their knowledge and advocacy skills and now have a better understanding of the gender dynamics of women's access to services in the context of drug use and HIV, including institutional violence, and how to advocate for their rights, as a result of training by UN Women and UNODC, based on the UNODC Practical Guide for Service Providers on Gender-responsive HIV Services. In Tunisia women who use drugs and are affected by or living with HIV increased their HIV knowledge and access to HIV counselling and treatment with the help of support from UN Women to a local women's organization. Women were also able to reintegrate within their families and communities, improve their self-esteem, and overcome self-stigma.
247. With support from the United Nations Trust Fund to End Violence Against Women, the Asia Pacific Network of Sex Workers reached out to 2176 female and 331 transgender sex workers in four cities in Myanmar on protecting human rights, challenging stigma and discrimination, and taking collective action to prevent HIV and address violence against sex workers. To date, 40 sex workers have been trained to provide peer-to-peer legal support, and 60 violence-related cases have been submitted to court. All sex worker survivors of violence have been referred to HIV testing and treatment services.

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

248. Leadership and policy support from UN Women and the UNAIDS Secretariat to SADC in preparations for the 62nd session of the Commission on the Status of Women resulted in the unanimous reaffirmation of the Commission's 2016 60/2 Resolution on Women, the Girl Child and HIV and AIDS (E/CN.6/2018/L.5) by Member States. The Resolution reaffirms the Beijing Declaration and Platform for Action and its review outcomes and acknowledges women's and girls' vulnerabilities in the context of HIV. Specifically, it notes the importance of securing women's and girls' sexual and reproductive health and rights; ending all forms of violence and discrimination against women and girls; reducing the burden of care work; facilitating the economic and political empowerment of women; implementing scientifically accurate, age-appropriate comprehensive sexuality education; reducing new HIV infections among women at higher risk; and removing barriers to women's active and meaningful participation and leadership.

249. In China, Ethiopia, Indonesia, Malawi, Uganda, Ukraine, the United Republic of Tanzania, Viet Nam and Zimbabwe, civil servants of the national AIDS coordinating bodies improved their capacity to integrate gender equality into national HIV strategies and monitoring frameworks as a result of policy advice from UN Women. For example, enhanced gender expertise in the Tanzanian Commission for AIDS ensured the new National Multisectoral Strategic Framework for HIV and AIDS 2019–2023 prioritizes actions to address unequal gender norms and eliminate violence and discrimination against young women. At the local level, three districts reviewed their HIV budgets to include allocations for gender equality and HIV. The Uganda AIDS Commission established a centralized gender dashboard to ensure regular and rigorous tracking and analysis of gender-responsive indicators in the National HIV and AIDS Strategic Plan 2016–2020. Using this dashboard, the Uganda AIDS Commission’s monitoring and evaluation staff and data analysts increased their knowledge and capacity to conduct gender-sensitive data analysis and reporting.
250. UN Women contributed to the knowledge base on financing for gender equality and HIV. A series of background papers were produced, bringing together regionally diverse evidence and innovative examples relating to financing for gender equality in the HIV response and financing for women’s organizations to engage in the HIV response. The papers highlighted key issues, challenges, best practices and approaches that informed policy discussions during the UN Women Expert Group Meeting in February 2019, bringing together valuable perspectives of development actors, women’s organizations, including young women and women living with HIV, and academia.
251. Women living with HIV engaged in decision-making processes for the HIV response in 27 countries with advocacy support from UN Women. In Ukraine women living with HIV successfully advocated for the inclusion of eight gender-specific recommendations in the draft National Programme on HIV Prevention 2019–2023. In Uganda women living with HIV increased their leadership skills and successfully engaged in the development and review of the 2018 PEPFAR Country Operational Plan, the Adolescent Girls Agenda Framework, the National Community Systems Strengthening Plan, and the mid-term review of the National HIV Strategic Plan 2016–2020.
252. In Cameroon, Chile, Haiti, Kenya, Myanmar, the United Republic of Tanzania and Zimbabwe, UN Women supported implementation of evidence-based initiatives to prevent violence and HIV, and to end violence against women living with HIV. In Zimbabwe, for example, the National AIDS Council, three women’s organizations and a subrecipient of the Global Fund grant increased their capacity on and commenced the implementation of the SASA! community-based approach to prevent HIV and violence among young women. In the Democratic Republic of the Congo, Malawi and Zimbabwe, over 100 religious and traditional leaders actively supported the implementation of national laws and by-laws to eliminate child marriage and female genital mutilation and to reduce the risk of HIV among adolescent girls and young women. In Chile, with support from the United Nations Trust Fund to End Violence Against Women, women living with HIV enhanced their skills to identify and report institutional violence and advocated for a more effective state mechanism to prevent and respond to violence against women living with HIV. In Cameroon, Gender Call Centers in four districts provided hands-on support to survivors of violence, referring them to HIV testing and treatment services. With support from UN Women, the Indonesian Network of Women Living with HIV, the Coalition to Stop Gender-Based Violence in Papua Province and service providers drafted a joint civil society and government strategy for integrated services on health and gender-based violence to improve access to violence and HIV services for survivors of violence.

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

253. To articulate, advocate and monitor women's rights, UN Women facilitated inputs from and participation of networks and organizations of women living with HIV in country reporting processes on implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and in the Universal Periodic Review. For instance, in Tajikistan 20 members of the national network of women living with HIV submitted an alternative report to the CEDAW Committee; engaged in a dialogue with the Government during a mock CEDAW session; and presented its shadow report during the CEDAW Committee session. As a result, the concluding comments of the CEDAW Committee called for the decriminalization of HIV transmission, promotion of comprehensive sexuality education, and elimination of discrimination against female sex workers accessing HIV services.
254. Women living with HIV successfully informed the third Universal Periodic Review in Viet Nam, with technical support and advocacy from the UNAIDS Secretariat, UNDP and UN Women. Fifteen advocates developed a policy brief on HIV and human rights, highlighting rights violations faced by women in the community, workplace and health facilities, including when seeking HIV and sexual and reproductive health services. The policy brief also provided a road map for action and recommendations, which were further presented by a woman living with HIV at the Universal Periodic Review session.
255. UN Women collaborated with women living with HIV to repeal discriminatory laws and increase their legal literacy. For example, Members of Parliament and the Zimbabwe Women Living with HIV/AIDS National Forum advocated for repealing the section in the Criminal Law Act on deliberate transmission of HIV. In Viet Nam, together with the UNAIDS Secretariat and WHO, UN Women created a space for a dialogue between women in key populations, women living with HIV and Members of Parliament to advocate for more gender-responsive implementation of the laws on HIV prevention and control, the civil code, the social insurance law and the labour code.
256. Targeted support from UN Women helped the health sector increase its knowledge and capacity to identify and reduce gender-based stigma and discrimination towards women in the context of HIV. In Tajikistan 20 health professionals from 7 health facilities gained knowledge and skills to provide HIV testing and treatment services free of discrimination against women and girls and self-reported a 30% increase in knowledge. Thirty health workers from the Chinese Center for Disease Control and Prevention and hospitals improved their understanding of the specific types of discrimination faced by women in accessing HIV and gender-based violence services.

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

257. UN Women helped improve sustainable livelihoods for women affected by or living with HIV by increasing their access to financial literacy education and economic resources. In 2018, with support from UN Women in the Democratic Republic of the Congo, Jamaica, Kenya, Kyrgyzstan, Mali, Mozambique, Nepal, Nigeria and Uganda, 7100 women at high risk of HIV and 1400 women living with HIV benefited from income-generation activities, access to decent employment, and access to HIV prevention, treatment and care services. In Nepal over 2000 women, including women living with HIV, strengthened their vocational and entrepreneurial skills and benefited from support in starting up a business, employment placement assistance and leadership capacity development.
258. The Fund for Gender Equality, managed by UN Women, reached 310 women from key populations, including women living with HIV in Kyrgyzstan. Participants increased their knowledge about medical services, and had greater access to employment and legal services, peer-to-peer counselling, psychosocial support and humanitarian aid.
259. As a result of support from UN Women, 762 young women and girls living with HIV in 4 rural districts of Uganda improved their knowledge in entrepreneurship, small and medium business management, and financial literacy. A total of 328 beneficiaries have organized themselves into small business associations and grown their businesses and are using the profits to run small savings and loan schemes to benefit their households.

Financial information

Table 1

Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,863,732
Sub-total	3,863,732
2018 country envelope	901,300
Total	4,765,032

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

Strategy Result Area (US\$)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	43,425	156,980	200,405
SRA 2: eMTCT	-	-	-
SRA 3: HIV prevention and young people	468,829	807,656	1,276,485
SRA 4: HIV prevention and key populations	-	-	-
SRA 5: Gender inequalities and gender-based violence	1,638,461	5,977,763	7,616,225
SRA 6: Stigma, discrimination and human rights	417,055	450,322	867,377
SRA 7: Investment and efficiency	-	-	-
SRA 8: HIV and health services integration	-	-	-
TOTAL	2,567,770	7,392,722	9,960,492

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

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

Region	Core		Non-core	TOTAL
	Core	Core- country envelope		
Asia and Pacific	206,990	244,824	1,724,353	2,176,167
Eastern Europe and central Asia	90,317	-	547,665	637,983
Eastern and southern Africa	914,384	250,068	1,935,243	3,099,695
Latin America and the Caribbean	701,783	-	375,746	1,077,528
Middle East and North Africa	125,630	69,704	561,027	756,361
Western and central Africa	31,353	-	281,168	312,521
Global	497,314	138,638	1,967,520	2,603,471
TOTAL	2,567,770	703,234	7,392,722	10,663,726

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

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

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	344,238	2,457	346,695
Contractual services	727,326	196,913	924,240
Supplies, commodities and materials	63,844	198,432	262,277
General operating expenses	795,734	-	795,734
Transfers and grants to counterparts	-	3,222	3,222
Equipment, furniture and vehicles	33,576	84,837	118,413
Travel	340,782	66,763	407,545
Programme Support cost	148,148	150,609	298,757
Encumbrances	114,120		114,120
TOTAL	2,567,770	703,234	3,271,004

Case study: addressing gender-based violence and enhancing HIV resilience in South Africa

260. In 2018 a UN Women HeForShe community-based initiative engaged 39 577 men and women in 3 districts of South Africa, resulting in improved male attitudes and behaviours to preventing gender-based violence and HIV. In addition to transforming unequal gender norms and behaviours, the initiative has had a profound impact on health-seeking behaviours and increased uptake of HIV testing, particularly among men.

261. The HeForShe initiative included regular community dialogues with men and women focused on prevention of gender-based violence and HIV, with the aim of transforming harmful social norms, encouraging responsible health-seeking behaviours in men, and enhancing access to local HIV counselling and testing services. The dialogues were led by trained changemakers—mainly tavern owners and faith leaders—in 206 sites (159 taverns, 23 churches, 24 soup kitchens). Through regular community discussions, the changemakers, equipped with knowledge and skills on HIV and violence prevention, explained the link between violence and HIV, the impact of unequal gender norms on women’s ability to prevent HIV, the importance of knowing HIV status and adherence to HIV treatment, the need for responsible sexual behaviours, and the role of various socioeconomic factors in the context of HIV for men and women.

262. The changemakers partnered with 10 local HIV counselling and testing clinics in three districts. To make HIV counselling and testing more accessible, less stigmatizing and less intimidating for men and women, the changemakers facilitated outreach HIV testing at community and church events and developed a referral system to encourage HIV testing. Additionally, given that existing local testing facilities were not able to fully meet the demand for HIV counselling, 20 changemakers increased their knowledge and skills in counselling and testing in order to assist health workers in the project areas.

263. As a result, after only 8 months, 22 579 beneficiaries (46% women, 54% men) reported accessing HIV testing and were linked to care, representing 57% of the participants involved in the initiative. Participating men also demonstrated positive changes in attitudes and behaviour relating to HIV and violence prevention, and increased engagement in community-level advocacy to promote HIV awareness and to condemn violence against women.

Knowledge products



Gender Equality and HIV/AIDS: Comprehensive Web Portal **for Gender Equality Dimensions of the HIV/AIDS Epidemic**

COMPREHENSIVE | UP-TO-DATE | EVIDENCE-BASED
Discover the latest HIV-related evidence, including research and monitoring tools on the gender equality dimensions of the HIV/AIDS epidemic.



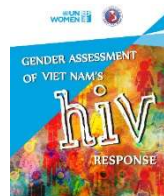
International Technical Guidance on Sexuality Education: **An Evidence-informed Approach**



Advocacy video on CSE, based on the side-event launching the revised International Technical Guidance on Sexuality Education at the 62nd Session of the Commission on the Status of Women



Leaving No One Behind in HIV response in Eastern Europe and Central Asia



Gender Assessment of Viet Nam's HIV Response

INTERNATIONAL LABOUR ORGANIZATION (ILO)

Key strategies and approaches

264. In 2018 ILO built upon work undertaken during the previous two years. The work of ILO around HIV is framed and guided by the ILO Programme and Budget 2018–2019, the ILO 2010 recommendation no. 200 concerning HIV and AIDS, the UNAIDS Strategy 2016–2021, UBRAF 2016–2021, and the United Nations 2016 Political Declaration on HIV and AIDS. The UNAIDS Strategy 2016–2021 explicitly includes a target to reduce discrimination in workplace settings (target 8) and promotes actions aligned to the ILO mandate, such as inclusive national HIV-sensitive social protection; access to HIV services for migrants, including labour migrants; combination prevention programmes for women and young women; and gender equality. The 2016 Political Declaration makes specific reference to the principles of the ILO 2010 recommendation no. 200 concerning HIV.

265. The ILO strategy and response to HIV has advanced along with the evolving HIV epidemic, the transition from the Millennium Development Goals to the SDGs, and the changing financial landscape for HIV programmes. The guiding principles include human rights and non-discrimination, gender equality, generation of strategic evidence, mainstreaming and integration, and strategic partnerships. The response also effectively combines HIV-specific and HIV-sensitive approaches.

266. The ILO strategy for HIV reflects and responds to the increasing need to take HIV out of isolation and the interconnectedness between health and development. ILO has positioned HIV as a cross-cutting policy driver linked to many outcomes in the ILO programme and budget 2018–2019, especially outcomes 3, 7, 8 and 9 on extending social protection floors, promoting safe workplaces, protecting workers from unacceptable forms of work, and labour migration and mobility. Within the context of UNAIDS and UBRAF 2018–2019, ILO contributes to six outputs—on HIV testing, combination prevention programmes, HIV services for key populations, transforming unequal gender norms, legal and policy reforms, and strengthening HIV-sensitive social protection.

267. ILO uses a data-driven, rights-based, gender-responsive, country-focused and people-centred approach, devoting a critical mass of resources towards initiatives benefiting key and vulnerable populations in identified economic sectors, primarily in UNAIDS Fast-Track countries. This approach is used to deliver HIV programmes that address both HIV-specific needs and the underlying structural drivers of the epidemic. This ensures a comprehensive and integrated HIV response across different development areas. The overarching objective is to maximize the ILO promotion of decent work opportunities for all and to bring health, dignity and social justice to all.

Highlights of results

268. ILO joined with UNAIDS and other partners to launch the VCT@WORK initiative to help close the HIV testing gap, particularly among men. ILO supported 16 countries in 2018 to adopt the initiative. In 2018 ILO work in partnership with Cosponsors and other organizations reached 5.8 million people with HIV testing services. Through the VCT@WORK initiative, more than 950 000 people were enrolled in social protection initiatives. Reflecting the high organizational priority placed on HIV testing, ILO integrated HIV testing as a central element of the organization's three main training programmes.

269. To provide combination prevention to young and older people vulnerable to HIV, ILO adopted a three-pronged strategy: mainstreaming HIV prevention initiatives into the work of regional bodies; supporting the private sector to scale up its HIV prevention response; and extensive country support to scale up HIV prevention actions. ILO signed a memorandum of understanding with the New Partnership for Africa's Development to assist in integrating employment concerns of vulnerable populations in programmes for development in Africa. New global estimates of HIV in the workplace, published in 2018, highlighted the breadth of HIV in workplace settings. ILO worked to scale up HIV prevention programmes for young people in 18 countries.
270. In 2018 ILO scaled up its work in reaching key populations in the workplace with HIV services. The focus of ILO programmes over the year were on lesbian, gay, bisexual, transsexual and intersex people, migrant populations and sex workers. In 2018 ILO initiated a phased process to develop an lesbian, gay, bisexual, transsexual and intersex toolbox for the workplace, worked with partners to design a multicountry HIV-sensitive migration project, and scaled up implementation of programmes for key populations in numerous countries in three regions.
271. ILO implemented HIV programmes addressing the structural and social dimensions of the HIV epidemic to facilitate the transformation of unequal gender norms and eliminate violence, including intimate partner violence. Work continued in 2018 towards development of international labour standards on violence and harassment. ILO and UNICEF launched a joint publication on skills education and training for girls. ILO in 2018 scaled up implementation of programmes to transform gender norms in 30 countries.
272. As a standard-setting organization, ILO actively promoted the rights and dignity of workers, in all their diversities, at the global, regional and country levels. ILO collaborated with the UNAIDS Secretariat and the Global Network of People Living with HIV to carry out surveys of more than 100 000 people living with HIV in 13 countries. ILO programmes in 30 countries helped reduce stigma and discrimination.
273. ILO and WFP are the co-conveners for the UNAIDS Division of Labour area on HIV-sensitive social protection. ILO continued in 2018 to support Member States to scale up social protection schemes including floors, guided by ILO recommendation no. 202 on social protection floors. ILO helped sponsor the international conference on HIV-sensitive social protection; undertook HIV-sensitivity regional assessments in 13 countries; and provided concrete support for the scale-up of HIV-sensitive social protection programmes in countries such as Kenya, the United Republic of Tanzania and Zimbabwe.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

274. By the end of 2018 ILO had forged strategic partnerships with national AIDS authorities, ministries of labour, employers' organizations, workers' organizations, civil society organizations and United Nations agencies to deliver HIV testing to 5.8 million people (31% women, 68% men) in 25 countries. ILO and WHO developed and launched a policy brief and guidance on HIV self-testing in the workplace, addressing issues such as confidentiality, integration, human rights, referral and follow-up, monitoring and sustainability. ILO, the UNAIDS Secretariat, WHO and partners collaborated with Sibanye-Stillwater, a mining company in South Africa, to promote HIV self-testing in the

workplace. ILO, WHO and partners have begun rolling out HIV self-testing in workplaces in Kenya, South Africa and Zambia.

275. In 2018 ILO supported Botswana, Cameroon, China, Guatemala, India, Indonesia, Kenya, Lesotho, Mozambique, Nigeria, the Russian Federation, South Africa, Ukraine, the United Republic of Tanzania, Zambia and Zimbabwe to implement the VCT@WORK initiative. Activities in support of the initiative included targeted support to the trade union leadership to champion HIV testing among their membership in Ukraine; situating HIV testing within the context of multi-disease screening exercises in Mozambique; packaging HIV testing in the context of wellness and well-being programmes in Nigeria; advocating with women's groups and supporting their leadership to mobilize for HIV testing in Cameroon; mainstreaming HIV in national plans in Zambia; and mobilizing large private-sector companies, such as the Siberian Coal Energy Company in the Russian Federation and Coal India Limited in India, to lead the private sector's HIV testing efforts. In 2018 over 200 senior-level staff from many countries and regions received comprehensive training at the ILO International Training Centre on HIV testing through the workplace and its contribution to the well-being and productivity of the workforce. Strong country advocacy for HIV testing within the Joint United Nations Team on AIDS led ILO to be recognized for its role in HIV testing and to be allocated resources to scale up VCT@WORK and HIV self-testing initiatives in 70% of the countries where country envelope funds were received.
276. To build synergies between HIV testing and social protection initiatives, ILO used the VCT@WORK initiative in some countries as an opportunity to mobilize workers to register for national social protection programmes, particularly within the informal economy. In 2018 a total of 951 112 workers in the informal economy registered to become members of social protection schemes and received education on the benefits of membership.
277. To promote the prevention of infectious diseases, including HIV and TB, among health workers in hospital settings, ILO, WHO and partners implemented the ILO and WHO HealthWISE tool in a number of countries in the Africa and Asia regions. ILO supported capacity-building efforts of health workers in 20 hospitals in Asia and Africa to improve working conditions, reduce the likelihood of acquiring infections in hospitals, and reduce levels of stigma and discrimination.

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

278. ILO signed a memorandum of understanding with the New Partnership for Africa's Development in 2018 to leverage infrastructure development projects in Africa to integrate the unemployment concerns of vulnerable populations, including people living with HIV, into infrastructural initiatives on the continent. The memorandum of understanding, which is being implemented in 2019, is expected to facilitate the employment of vulnerable unemployed people during infrastructure construction in Africa.
279. ILO, with support from the UNAIDS Secretariat, published *The Impact of HIV and AIDS on the World of Work: Global Estimates*. This study estimated that 29.9 million people living with HIV would be in the workforce by 2020, a figure that is likely to increase as HIV treatment keeps workers living with HIV alive. Approximately 500 000 AIDS-related deaths in the labour force are projected by 2020, a sign that HIV testing and treatment programmes are still not reaching many workers. In 2020 loss of earnings due to HIV is

projected to be US\$ 7.2 billion; the number of workers providing HIV-related unpaid care work to be 50 000; and the number of children in HIV-affected households facing diminished educational opportunities to be 84 000.

280. ILO, working through employers' organizations, business coalitions and chambers of commerce, continued to support private-sector engagement in the HIV prevention response in 20 countries. For example, in Indonesia, ILO, PT Angkasa Pura II and APINDO organized high-level meetings to promote the rollout of HIV prevention and non-discrimination policies. In Kenya support was provided for a shift from private-sector prevention workplace programmes to broader HIV and wellness programmes in partnership with the Swedish Workplace HIV and AIDS Programme, the Federation of Kenya Employers, the Kenyan National AIDS Control Council, and the Kenyan Central Organization of Trade Unions.
281. In Cameroon a concrete product of the collaboration between ILO, UNAIDS, UNESCO, UNFPA, UNICEF and the National Council for the Fight Against AIDS was the development and validation of a national road map for the prevention of HIV and sexually transmitted infections by 2020. Adolescent girls and young women in the United Republic of Tanzania accessed the ILO integrated income-generation and HIV prevention programmes that promoted livelihood and impact mitigation. In Nigeria ILO and UNFPA joined with the federation of informal workers, Nigerian Labour Congress and Apo Mechanic Association to reach 18 000 young people with the VCT@WORK initiative and the UNAIDS-led ProTest Campaign. In Ukraine technical and financial support was provided to the maritime workers' union to build capacity in its leadership and membership in combination prevention and gender-based violence programming. In the Russian Federation, ILO provided normative support to the Ministry of Labour and Social Protection to draft a national action plan outlining a road map for scaling up HIV prevention programmes. In Malawi ILO, UNAIDS and partners provided technical support to the public sector to strengthen the capacity of labour inspectors in mainstreaming HIV into labour inspections.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

282. In 2018, building on the ILO PRIDE research (funded by the Government of Norway), ILO initiated a four-phase process to develop a lesbian, gay, bisexual, transsexual and intersex toolbox for the workplace. Phase 1—a comprehensive review of literature pertaining to lesbian, gay, bisexual, transsexual and intersex rights in the world of work—was undertaken in 2018 to address lesbian, gay, bisexual, transsexual and intersex-related international labour standards, international human rights norms and standards, existing tools and guides on rights in employment, challenges in protecting workers, and lessons learnt and best practices on ways to protect workers. Phases 2, 3 and 4, focusing on drafting, field-testing and finalizing the toolbox, are occurring in 2019.
283. ILO launched the Code of Practice for Safety and Health in Opencast Mines in 2018, which addresses a range of HIV-related issues. In 2018 ILO, in partnership with COMENSA, IOM, SADC, UNHCR and UNODC, designed an HIV-sensitive project on migration management covering Angola, Botswana, Comoros, the Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. The European Union (EU) awarded €22 million for the project, which will commence in 2019.

284. In Brazil and Indonesia, ILO provided transsexual people with professional training to enhance their ability to work and engage in economic activity. In Brazil ILO support focused on labour rights, sexuality, preparation of work resumé, and HIV prevention. In Indonesia ILO work supported income generation and the acquisition of entrepreneurial skills.
285. In the United Republic of Tanzania, ILO and partners supported the drafting and adoption of the National Key and Vulnerable Population guideline. In Kenya sex workers were reached with HIV services through a partnership involving ILO, the Swedish Workplace HIV and AIDS Programme, the Federation of Kenya Employers, the Kenyan National AIDS Control Council, the Kenyan Central Organization of Trade Unions, the Kenya Long Distance Truck Drivers Union, and the Highway Community Health Resource Centre.
286. In Cameroon, ILO, UNAIDS, UNESCO, UNFPA, UNICEF and other partners provided inputs to the National Road Map on Prevention of HIV and Sexually Transmitted Infections by 2020, led by the National Council for the Fight Against AIDS-led and which prioritizes actions to address the needs of key populations.

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

287. The ILO governing body in 2019 initiated a process towards adoption of international labour standards in violence and harassment in the world of work and an international treaty on the topic. It is anticipated that the convention will provide a framework for strengthened national legal and policy frameworks to protect women and men workers, in all their diversity, from violence and harassment in the world of work.
288. ILO undertook the study *The Impact of HIV on Care Work and the Care Workforce*, covering Liberia, Namibia, South Africa, Uganda, the United Republic of Tanzania and Zambia. The draft study findings demonstrated a correlation between HIV treatment uptake, reduced need for unpaid care work, and the likelihood that carers can engage in productive employment. The study included several recommendations for promoting gender equality in care work. Findings of the study were included in the major ILO publication *Care Work and Care Jobs for the Future of Decent Work*, which was produced in the context of the ILO Women at Work Centenary Initiative.
289. ILO and UNICEF jointly developed and published *Girlforce Skills Education and Training for Girls Now*. This publication concludes that a generation of girls risk being left outside the labour force or trapped in vulnerable or low-quality employment due to a lack of skills, absence of good-quality jobs, and gendered expectations of their roles as caregivers. The publication includes concrete recommendations for empowering adolescent girls and women and reducing their vulnerability.
290. In the United Republic of Tanzania, to close the HIV testing gender gap for men, ILO and partners provided technical inputs into the development, launch and rollout of the National Male Involvement HIV Testing Campaign in 28 regions. To complement this initiative, the VCT@WORK initiative partnered with FHI 360 and the Ministry of Health national AIDS programme to develop the 2018–2022 Tulonga Afya project to expand HIV testing to populations left behind.

291. In Mozambique ILO, the UNAIDS Secretariat and partners used radio to broadcast integrated comprehensive programmes that addressed sexual and reproductive health, gender-based violence and HIV, complemented by community campaigns in the Gaza, Maputo and Sofala provinces. Over 150 000 male and female condoms were distributed in partnership with ECoSIDA, the National AIDS Council and UNFPA; and more than 100 000 people were reached through the mass media initiatives.
292. In Zimbabwe ILO, UNAIDS and partners supported a national campaign to raise awareness on gender-based violence, strengthen the provision of services to address gender-based violence, and provide a platform to enable stakeholders working on gender-based violence issues to share new and effective strategies. ILO and UN Women partnered to bring together 50 private-sector leaders to raise the profile of gender-based violence issues in the context of the world of work.

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

293. Surveys of people living with HIV in 13 countries found that a large proportion of people living with HIV are unemployed, ranging from 7% of those surveyed in Uganda to 61% in Honduras, with especially high unemployment among young people, ranging from 11% in the Republic of Korea to 61% in Greece, and among women and transgender people. The evidence brief summarizing the surveys included a call to governments and international agencies to increase efforts to deliver human rights based on the 2010 ILO recommendation no. 200 on HIV and AIDS and the world of work, and to enable access to full and productive employment and decent work for people living with HIV.
294. The launch of the Employment Non-Discrimination Regulations by the Ministry of Gender, Labour and Social Development was one concrete output from the support of ILO, UNAIDS and partners provided in Uganda. In Mozambique, ILO, UNAIDS and UNDP supported development of a national regulation on the implementation of the HIV law. In the United Republic of Tanzania, ILO and the UNAIDS family supported the Ministry of Labour, Employment, Youth and Disability to develop and adopt the National HIV and AIDS Workplace Policy Guideline for Employers, the Guideline to Promote Equal Employment Opportunity for Men and Women in the Workplace, and the National Training Guideline for Labour Officers on Labour Inspection and HIV and AIDS.
295. In Kenya ILO supported the Ministry of Labour and Social Protection to update the non-discrimination national HIV and AIDS policy at work, with a Cabinet memo on the policy drafted and forwarded to the Cabinet Secretary for tabling at the Cabinet for approval.
296. In China the focus was on giving people who have been discriminated against an avenue to report and seek remedies for their complaints; in this regard, ILO and partners supported He'rbutong Training and Education Centre to provide legal counselling and support to approximately 100 people living with HIV, with respect to discrimination in employment. Based on the key findings of the legal aid hotline in recent years, the He'rbutong Training and Education Centre updated the Handbook on 100 Frequently Asked Questions and Answers and added 50 additional questions.
297. In Nigeria, ILO and UNAIDS, in partnership with the Federal Ministry of Labour and Employment and the National Agency for the Control of AIDS, provided technical support to build the human resource capacity on the provisions of the Anti-Stigma Law and its implications for the elimination of stigma and discrimination in the workplace.

298. To determine its implementation effectiveness, ILO, UNAIDS and partners supported research into the application of the ministerial decree no. 68/2004 in Indonesia on HIV prevention at the workplace.

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

299. ILO collaborated with Aidsfonds, the Global Fund, Housing Works, UNAIDS, UNDP, UNICEF, WFP, WHO and other partners to organize an international social protection conference in 2018, on the theme Fast-Tracking social protection to end AIDS. The outcome note of the conference included recommendations to strengthen the basic functioning of social protection programmes so that people living with, at risk of, or affected by HIV benefit from these programmes; to link, layer and localize the social protection approaches for expanding access to primary, secondary and tertiary education, with pathways to employment and empowerment; to strengthen the active engagement of civil society organizations working on HIV and social protection to help extend the reach to populations that are likely to be left behind; and to prioritize countries, geographical areas and populations where interventions should be focused to enhance access to HIV and social benefits.

300. A number of key publications were launched in 2018. The publication *Social Protection: A Fast-Track Commitment to End AIDS—Guidance for Policy-makers, and People Living with, at Risk of or Affected by HIV* was drafted by ILO, UNAIDS, UNICEF, WFP, the World Bank and partners and launched in Washington, DC, United States of America by Gunilla Carlsson, Deputy Executive Director of UNAIDS.

301. ILO, the UNAIDS Secretariat and WFP co-organized a training-of-trainers session in November 2018 in Latin America and the Caribbean to introduce the tool for HIV and social protection assessments for 13 countries. The training helped countries conduct HIV and social protection assessments, increase HIV sensitivity of social protection programming, increase engagement with civil society (including people living with HIV, at-risk and affected populations, and adolescent girls), and establish HIV-sensitive social protection portals.

302. In July 2018 ILO and WFP became co-conveners of the SRA on HIV-sensitive social protection within the context of the revised UNAIDS Division of Labour. Membership of the Inter-Agency Task Team was revamped, with new members invited from academia, research and UNAIDS Cosponsors. The TB constituency in the Inter-Agency Task Team was also increased. A concept note providing a framework for the Inter-Agency Task Team on HIV-sensitive Social Protection was drafted, along with a workplan for the Inter-Agency Task Team.

303. In the United Republic of Tanzania, ILO collaborated with the UNAIDS Secretariat to support national partners to assess social protection policies and examine their sensitivity to HIV. In Kenya, ILO engaged in the United Nations outcome group on social protection, which supports government through the United Nations Development Assistance Framework mechanism to roll out social protection programmes. ILO was part of the organization of the second National Social Protection Conference in partnership with the Ministry of Labour and Social Protection, UNICEF, the United Kingdom Department for International Development, WFP, the World Bank and other partners. Also in Kenya, ILO, in partnership with UNICEF (the funder) and other partners, designed and developed the community of practice on social protection to enhance knowledge and information exchange among social protection practitioners.

304. In Zimbabwe ILO provided technical support to the national social protection sector review under way in collaboration with other United Nations agencies, which aims to advise on specific policy, institutional and investment scenarios to guide the development of the country's social protection system over the next five years.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,024,277
Sub-total	3,024,277
2018 country envelope	800,900
Total	3,825,177

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

Strategy Result Area (US\$)	Core	Non-core	Total
SRA 1: HIV testing and treatment	690,244	1,048,990	1,739,234
SRA 3: HIV prevention and young people	649,193	1,322,350	1,971,543
SRA 4: HIV prevention and key populations	235,812	334,602	570,414
SRA 5: Gender inequalities and gender-based violence	247,241	499,413	746,654
SRA 6: Stigma, discrimination and human rights	444,980	825,972	1,270,952
SRA 8: HIV and health services integration	242,668	566,257	808,925
TOTAL	2,510,138	4,597,584	7,107,722

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

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

Region	Core *		Non-core	Grand Total
	Core	Core- country envelope		
Asia and Pacific	282,043	163,084	655,673	1,100,800
Eastern Europe and central Asia	191,098	-	329,464	520,562
Eastern and southern Africa	839,466	321,541	1,524,000	2,685,007
Latin America and the Caribbean	12,620	6,807	241,428	260,855
Middle East and North Africa	-	-	44,251	44,251
Western and central Africa	301,920	142,911	814,412	1,259,243
Global	882,991	-	988,356	1,871,347
Grand Total	2,510,138	634,343	4,597,584	7,742,065

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

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

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	1,720,585	51,194	1,771,779
Contractual services	276,157	385,770	661,926
General operating expenses	435	17,232	17,667
Transfers and grants to counterparts	104,506	102,029	206,535
Equipment, furniture and vehicles	2,580	1,908	4,488
Travel	117,216	34,712	151,928
Programme Support cost	288,659	41,499	330,158
Total Expenditures	2,510,138	634,343	3,144,481
Encumbrances	-	-	-
TOTAL	2,510,138	634,343	3,144,481

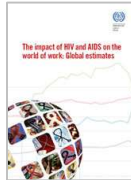
Case study: equipping people from lesbian, gay, bisexual, transsexual and intersex populations with the requisite skills to earn income in Indonesia

305. Recognizing the relatively higher unemployment rates of transsexual people in Indonesia, ILO organized a specialized training course to improve transsexual people's financial management skills with a view to supporting their employability and increasing their entrepreneurial opportunities. The 5-day training programme was designed as a training-of-trainers session for 26 male and female transsexual people. The training was designed to help transsexual people and their organizations develop the necessary skills to more effectively manage their incomes and expenses, avoid debts, and save part of their income for future plans; to support participants to assess employment opportunities more critically and look for jobs likely to provide more stable income; to inspire participants to further develop their entrepreneurial skills; and to promote initiatives aimed at HIV prevention among key populations, including transsexual people. Trained transsexual people returned after a year to assess and evaluate the impact of the training on their lives.
306. Based on personal testimonials from training participants, participation in the initiative generated concrete improvements in personal financial management skills. For example, Setya, aged 44 years, reported managing finances much better, leading to increased savings and an ability to purchase a motorcycle and a house on credit. "I never imagined that I would be able to have my own house," he said. "I always rented a house because I thought I could not afford one with my current income. Yet by better managing my finances, I realized I do have sufficient income to take up a mortgage to buy a house."
307. Sam, aged 27 years, made a drastic choice to change jobs. After reviewing the way he managed his finances, he was able to re-evaluate his previous job and summon the courage to look for a more satisfying position. "I was so stressed out with the long working hours that I had to endure," he said. "At the time, I thought I had no choice and I needed to work. After reviewing my financial situation with the knowledge I had acquired, I realized that I did not have to keep my exhausting job. I had enough resources to take time off and look for another job. I now have a much better work-life balance."
308. Anggun, aged 32 years, now uses an application on her smartphone to record her income, expenditure and savings. As a result, she is able to spend her money more carefully. In her words: "I used to loosely spend money when I went shopping but now, since I have my daily and future planning, I take my time to think about it."
309. As an immediate follow-up for the project, ILO organized a Start-Your-Business training session, aimed at developing and strengthening the entrepreneurial skills for people who really wish to pursue their own business. This should consolidate and expand the trainees' skills and increase their options for work. With improved livelihoods, participating transsexual people will be in a better position to prevent HIV and disseminate the acquired knowledge to their communities.

Knowledge products



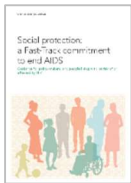
HIV Self-testing at the Workplace



The Impact of HIV and AIDS on the World of Work: Global Estimates



HIV Stigma and Discrimination in the World of Work: Findings from the People Living with HIV Stigma Index



Social Protection: A Fast-Track Commitment to End AIDS—Guidance for Policy-makers



Safety and Health in Opencast Mines



Ending Violence and Harassment in the World of Work



GirlForce: Skills, Education and Training for Girls Now

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

310. UNESCO is a specialized agency of the United Nations. It was 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 is responsible for supporting the contribution of national education sectors to ending AIDS and promoting better health and well-being for all children and young people.
311. UNESCO uses its comparative advantage with the education sector to support Member States to advance young people's health and well-being. In 2016 UNESCO launched its new Strategy on Education for Health and Well-Being, which 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), SDG 3 (health) and SDG 5 (gender equality).
312. The Strategy establishes two strategic priorities for UNESCO work over the period 2016–2021. The first aims to ensure that all children and young people benefit from good-quality comprehensive sexuality education. Within this strategic priority, UNESCO undertakes efforts to prevent HIV and other sexually transmitted diseases; to promote awareness of HIV testing, knowing one's status, and HIV treatment; to strengthen puberty education; to prevent early and unintended pregnancy; and to develop attitudes, values and skills for healthy and respectful relationships.
313. The second strategic priority for UNESCO is to ensure that all young people have access to safe, inclusive, health-promoting learning environments. Within this strategic priority, UNESCO works to eliminate school-related violence and bullying, including based on gender, gender identity and sexual orientation; to prevent health- and gender-related discrimination towards learners and educators; to increase awareness of the importance of good nutrition and good-quality physical education; and to prevent use of harmful substances.

Highlights of results

314. UNESCO supported 63 countries to strengthen delivery of good-quality comprehensive sexuality education through support for orientation to, and use of, the revised United Nations International Technical Guidance on Sexuality Education, published in January 2018 in partnership with the UNAIDS Secretariat, UNFPA, UNICEF, UN Women and WHO. The revised guidance has been translated into six languages, with eight other translations under way. The majority of these translations are undertaken at the explicit request of Member States, which is a sign of the strong interest in the guidance and its relevance to country needs.
315. As a result of concerted advocacy efforts, UNESCO has succeeded in positioning comprehensive sexuality education as a key issue at the intersection of education, health, gender equality and human rights. Comprehensive sexuality education was referenced explicitly as a part of good-quality education within the Brussels Declaration, the outcome statement of the 2019 Global Education Meeting, and is included in the report of the SDG 4 Steering Committee to the High-level Political Forum. A key achievement has been the endorsement of SDG thematic indicator 4.7.2, developed and validated by UNESCO, to measure countries' progress in providing comprehensive

sexuality education. Work is ongoing to support strengthened country capacity to collect and analyse data on this indicator.

316. UNESCO is leading the Our Rights, Our Lives, Our Future programme, which aims to strengthen access to good-quality comprehensive sexuality education and youth-friendly services across sub-Saharan Africa. The programme aims to reach over 20 million young people by 2022. Among the projected impact and outcomes of the programme are a decrease in the number of new HIV infections, increased comprehensive HIV and sexual and reproductive health and rights knowledge, and reduced stigma and discrimination towards young people living with HIV and young key populations.

Key achievements by SRA

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

317. In 2018 a key achievement has been the endorsement of SDG thematic indicator 4.7.2, developed and validated by UNESCO, to measure countries' progress in providing comprehensive sexuality education. Work is ongoing to support strengthened country capacity to collect and analyse data on this indicator. This will be informed by an evaluation study being prepared by the UNESCO International Institute for Educational Planning to assess the outcome and impact of its regional e-training courses on monitoring and evaluating the delivery of comprehensive sexuality education. The UNESCO Institute of Statistics also included an indicator on the delivery of life-skills HIV and sexuality education in its annual survey of formal education, which is aligned with indicator 4.7.2.
318. In order to increase understanding of the rationale and importance of delivering comprehensive sexuality education as part of a good-quality education, UNESCO developed a policy paper on comprehensive sexuality education in SDG 4 in collaboration with the Global Education Monitoring Report, for publication in June 2019. UNESCO supported the Guttmacher Institute to facilitate secondary analysis of data on barriers to implementation of comprehensive sexuality education curricula in Ghana, Guatemala, Kenya and Peru. One article has been published in PLOS ONE using this new analysis, and a joint UNESCO and Guttmacher policy paper will be published in 2019. UNESCO also co-published with WHO a commentary in the Journal of Reproductive Health on the revised guidance.
319. Advocacy has been strengthened through a global communications campaign on comprehensive sexuality education, A Foundation for Life and Love, unveiled in September 2018. Exploring discussions between young people and their parents in four countries (Chile, Ghana, Thailand, United Kingdom of Great Britain and Northern Ireland), viewers watch videos, browse photos and engage in online conversations. The videos touch on a number of themes, including the role that comprehensive sexuality education plays in preventing and addressing HIV-related stigma and discrimination. It was released through a series of events including an Asia-Pacific regional multistakeholder dialogue on comprehensive sexuality education in Thailand, a conference on comprehensive sexuality education and sexual and reproductive health services in Côte d'Ivoire, and a global release at UNESCO headquarters to mark World AIDS Day 2018.

320. As part of its work to scale up good-quality comprehensive sexuality education, UNESCO is exploring a variety of innovative media and information and communication technology approaches. In the Asia and Pacific region, UNESCO collaborated with UNFPA, UNICEF, Youth LEAD and partners to co-organize a workshop, Turned On: Sexuality Education in the Digital Space. This workshop brought together various initiatives that provide comprehensive sexuality education to young people throughout the Asia-Pacific region, including social media influencers, digital content producers and marketers, and representatives from various civil society organizations.
321. In western and central Africa, UNESCO developed a smartphone application on comprehensive sexuality education for adolescents and young people, particularly those most at risk of HIV infection or teenage pregnancy in French-speaking countries. The application gives access to a variety of content through short articles, podcasts, videos, sharing of personal experiences, and games. It links users to health, social and legal services, and connects them through a chat function that provides a safe environment to talk about sexuality. At the end of 2018 UNESCO engaged in a partnership with a research team to collect in-depth information with potential users from six western and central African countries to further develop the application.
322. In Armenia and Kyrgyzstan, young people can access correct, age-appropriate information about sexual and reproductive health, HIV and relationships in Russian and national languages through the upgraded websites www.teenslive.am and www.teens.kg, Facebook and Instagram. Eight short videos on healthy behaviour were produced and published on www.teens.kg, and the Instagram account was viewed by more than 200 000 people.
323. UNESCO supported teacher training in Armenia and Kyrgyzstan. A total of 647 teachers were trained in delivery of lessons on healthy lifestyles and prevention of HIV. HIV and health education was integrated into the curricula of teacher training institutions in Armenia, Belarus and Kyrgyzstan. On average, the level of educators' knowledge about HIV and sexual and reproductive health increased by 20–25%. All 1500 schools in Armenia were supplied with a revised teacher guide on healthy lifestyle lessons for grades 8–11. Comparative analysis of students' knowledge of HIV and healthy lifestyle-related issues conducted in Kyrgyzstan revealed students who had health education lessons demonstrated much better knowledge than those who did not.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

324. UNESCO contributed to strengthening the capacity of Member States to prevent, address and monitor school violence and bullying, including on the basis of sexual orientation and gender identity and expression. Lesbian, gay, bisexual, transgender and intersex students report a higher prevalence of violence at school than their heterosexual peers, with the proportion affected ranging from 16% in Nepal to 85% cent in the United States. Students who experience school violence and bullying are more likely to miss classes or drop out of school as a result. Education has a proven protective effect against HIV infection; combating sexual orientation and gender identity and expression-related stigma and discrimination in schools helps to dispel myths about HIV and to combat HIV-related stigma and discrimination.
325. Lesbian, gay, bisexual, transsexual and intersex youth voices were better represented in the 2030 Agenda through UNESCO support for a global online consultation. The consultation informed the Equal Rights Conference in Vancouver, Canada in August

2018 and will also inform the update of the Salamanca Statement on Inclusive Education.

326. Recognizing that the lack of data on lesbian, gay, bisexual, transsexual and intersex young people is a significant barrier to addressing their needs, in 2018 UNESCO developed a technical brief to strengthen the routine monitoring of this form of school violence. The brief, *Bringing It Out in the Open: How to Increase and Improve the Routine Monitoring of School Violence Based on Sexual Orientation, Gender Identity or Gender Expression in International and National Surveys*, was developed throughout 2018 and published in March 2019. UNESCO also contributed to enhancing the evidence base on inclusion of lesbian, gay, bisexual, transsexual and intersex people in the education sector through work with an international youth organization to launch the LGBTQI-inclusive Education Index to measure the progress of 47 European countries in the implementation of the ministerial commitment to ensuring safe and inclusive learning environments for lesbian, gay, bisexual, transsexual and intersex learners.
327. The LGBTQI-inclusive Education Index and Report were reviewed at a January 2018 meeting at the European Parliament in Brussels, convened by IGLYO, and bringing together representatives from European countries that have affirmed the UNESCO call for action to prevent and address homophobic and transphobic bullying in schools. Together, they reviewed progress towards the implementation of inclusive and equitable education for all learners, identified good practice, and planned future actions, including the release of a joint publication by UNESCO and the Council of Europe on education-sector responses to violence based on sexual orientation and gender identity and expression in the region. The research showed that less than half (21) of Council of Europe Member States have national or regional action plans to explicitly prevent and address school-based bullying based on sexual orientation and gender identity and expression.
328. Efforts are under way to ensure an inclusive approach to the prevention of school-based violence and bullying. In October 2018 UNESCO published an infographic report summarizing the latest available evidence on school-based violence and bullying. It was presented at the United Nations General Assembly during a side-event organized by the Special Representative of the Secretary-General on Violence Against Children. Following this, a full report, *Behind the Numbers: Ending School Violence and Bullying*, was published in January 2019 and presented at the Education World Forum in London. The infographic report and the full report address the prevalence of school-based violence and bullying linked to sexual orientation and gender identity and expression.
329. With Education International, UNESCO supported training of teachers in Fiji, Nepal and the Philippines on the rights of lesbian, gay, bisexual, transsexual and intersex people, and education-sector responses to address sexual orientation and gender identity and expression-based school violence. UNESCO also conducted a survey, with Education International and Curtin University, on the attitudes of teaching personnel towards the rights of lesbian, gay, bisexual, transsexual and intersex people. Findings will be finalized in early 2019. A report was also published entitled *School-related Violence and Bullying on the Basis of Sexual Orientation and Gender Identity and Expression: Synthesis Report on China, the Philippines, Thailand and Viet Nam*.

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

330. UNESCO continues to provide global leadership, standard-setting and strategic vision on gender equality in education. The 2018 Global Education Monitoring Report Gender Review, published by UNESCO with support from the United Nations Girls' Education Initiative, revealed that only 44% of countries have made legal commitments through international treaties to gender parity in education, and highlighted issues such as early marriage, early or unintended pregnancy, and school-related gender-based violence as major barriers to girls' education. At the country level, UNESCO improved access of marginalized girls and women to good-quality learning opportunities, including supporting the enrolment of more than 55 250 girls in formal education. More than 15 000 teachers, teacher educators and non-formal literacy providers from over 25 countries were trained in gender-responsive pedagogy and gained skills in the delivery of education content that promotes gender equality and respectful relationships, builds knowledge for healthy sexuality and well-being, and teaches skills for life and work.
331. Efforts are ongoing to support countries to implement guidance from the technical brief on strengthening the education sector response to early and unintended pregnancy. The guidance seeks to help education sector stakeholders identify ways to prevent early and unintended pregnancy and ensure that pregnant and parenting girls can continue their education in a safe and supportive school environment. Keeping girls in school is a key approach to preventing HIV in adolescent girls and young women. The brief contains a summary of the evidence and a set of key recommendations for the education sector based on the global review of evidence.
332. UNESCO commissioned a situation analysis on early and unintended pregnancy in 10 countries in eastern and southern Africa to assess the magnitude of the problem in the region. The study revealed that early and unintended pregnancy in the region is very high, with at least 15% of girls aged 15–19 years ever having been pregnant. The recommendations informed and inspired a regional campaign that will be formally launched in early 2019 and was previewed in June 2018 during the SADC Ministers of Education Meeting in Durban, South Africa. The global team is exploring ways to provide technical backstopping and support to address early and unintended pregnancy in other regions.
333. The capacity of national education sectors to prevent and address gender-based violence was strengthened through support for implementation of global guidance on school-related gender-based violence. UNESCO organized a consultation workshop in Eswatini in March 2018 with 40 education sector officials and partners from 7 eastern and southern African countries, with the aim of adapting the content of a lower secondary classroom tool, Connect with Respect, for use in the region. This curriculum tool, published by UNESCO, the United Nations Girls' Education Initiative and other partners, was developed for teachers in Asia and the Pacific to help them deal with school-related gender-based violence in their local context. A follow-up workshop for training of master trainers was carried out in June 2018 in Zimbabwe involving ministry of education teams from Eswatini, the United Republic of Tanzania, Zambia and Zimbabwe.
334. UNESCO rolled out the Connect with Respect tool in Thailand and Viet Nam through national orientations, capacity-building workshops for teachers, and training workshops for school counsellors and ministry representatives. UNESCO is working with UNICEF and Plan International on a programme funded by France to support governments to

address school-related gender-based violence in Cameroon, Senegal and Togo, with a focus on strengthening curriculum content and building teachers' skills.

335. At the global level, UNESCO continues to co-chair, with the United Nations Girls' Education Initiative, the Global Working Group to End School-related Gender-based Violence. The Working Group of more than 40 partners continues to share research and support national-level policy, programming and technical assistance alongside global advocacy, including in key education fora in 2018 such as the Comparative and International Education Society, EducAid, EU Development Days, the Gender 360 Summit, and the Pan-African High-level Conference on Education.

336. As a member and part of the steering committee of the United Nations Girls' Education Initiative, UNESCO was represented at the Initiative's Global Advisory Committee meeting in Ottawa, Canada in December 2018. This meeting brought together participants from more than 25 organizations. At the request of members who have noted an increased interest in comprehensive sexuality education in recent years, especially in relation to girls' education, the Initiative invited UNESCO to deliver a special session on comprehensive sexuality education. There is increasing understanding from within this community about the value of comprehensive sexuality education and its importance for many key issues in girls' education and gender equality.

Financial information

Table 1

Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,730,673
Sub-total	3,730,673
2018 country envelope	1,300,450
TOTAL	5,031,123

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

Strategy Result Area (US\$)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	44,903	625,284	670,187
SRA 3: HIV prevention and young people	1,687,444	5,193,697	6,881,141
SRA 4: HIV prevention and key populations	217,402	1,483,683	1,701,085
SRA 5: Gender inequalities and gender-based violence	624,922	3,223,212	3,848,134
SRA 6: Stigma, discrimination and human rights	84,171	292,528	376,699
SRA 7: Investment and efficiency	74,659	141,268	215,927
SRA 8: HIV and health services integration	37,508	-	37,508
TOTAL	2,771,009	10,959,672	13,730,682

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

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

Region	Core *		Non-core	TOTAL
	Core	Core- country envelope		
Asia and Pacific	509,242	133,534	1,139,851	1,782,627
Eastern Europe and central Asia	411,713	39,674	124,961	576,348
Eastern and southern Africa	354,090	484,553	3,107,515	3,946,158
Latin America and the Caribbean	316,108	141,709	3,392,454	3,850,271
Western and central Africa	108,200	202,737	1,974,409	2,285,345
Global	1,071,657	-	1,220,483	2,292,140
TOTAL	2,771,009	1,002,207	10,959,672	14,732,889

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

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

Cost Category	Core Global	Core country envelope	TOTAL
Staff and other personnel costs	1,975,087	86,865	2,061,952
Contractual services	229,518	360,736	590,253
General operating expenses	42,242	13,843	56,085
Transfers and grants to counterparts	56,266	174,776	231,041
Equipment, furniture and vehicles	26,122	4,907	31,029
Travel	166,136	156,911	323,047
Programme Support cost	149,722	47,882	197,604
Total Expenditure	2,645,093	845,919	3,491,011
Encumbrances	125,917	156,288	282,205
TOTAL	2,771,009	1,002,207	3,773,216

Case study: promoting positive health, education and gender equality outcomes for young people in Myanmar

337. Young people in Myanmar make up more than half of the national population, with people aged 5–14 years making up the largest group. This youthful population brings incredible potential for sustaining Myanmar’s recent development momentum, but only if investments are made to address the challenges that prevent them from making informed decisions about their health and well-being.
338. Research shows that young people in Myanmar have a limited understanding of sexual and reproductive health, with 38% of adolescents stating they did not know a woman could become pregnant if she has sex only once, and only 16.67% of young people aged 15–24 years having accurate HIV prevention knowledge.
339. To address these issues, UNESCO has been collaborating with the Myanmar Ministry of Education in Yangon to introduce the International Technical Guidance on Sexuality Education, which has been translated into the Myanmar language. The revised United Nations International Technical Guidance on Sexuality Education was presented during a policy seminar that brought together more than 50 representatives from governmental and nongovernmental organizations to share good practices and to identify opportunities for strengthening sexuality education policy, curriculum and teaching.
340. The National Life Skills Education curriculum in Myanmar, developed by the Ministry of Education in collaboration with UNICEF, has been part of the core curriculum in primary schools since 2006, and in middle schools as a compulsory co-curricular subject since 2008. The lower secondary curriculum (grades 5–8) covers seven themes, including reproductive health, HIV and sexually transmitted infections, substance use, disease prevention and nutrition.

341. A 2012 assessment of life skills education in middle schools found that knowledge around reproductive health was low, with the study suggesting that cultural sensitivity and lack of teacher training may be contributing factors. A recent UNICEF U-Report, a free SMS social monitoring tool for youth participation in Myanmar, found that most survey respondents learnt about sexuality education through social media, a source that is often not scientifically accurate or age-appropriate.
342. At the UNESCO-led policy seminar, representatives from the Government of Myanmar agreed to review life skills education in the context of the United Nations technical guidance, ensuring that the sexuality education being delivered is comprehensive and age-appropriate. Representatives also indicated that comprehensive sexuality education should be strengthened as part of current education reforms to the basic education curriculum and pre-service teacher education curriculum.
343. Delegates at the policy seminar discussed ways in which to introduce comprehensive sexuality knowledge and related life skills to current and future generations of children and young people in Myanmar. The seminar provided a platform that bridged key stakeholders such as public service providers, development partners and nongovernmental organizations, with a view to starting a dialogue on comprehensive sexuality education, understanding the gaps and identifying the best.

Knowledge products



[UN International Technical Guidance on Sexuality Education: An Evidence-informed Approach](#)



[Bringing It Out in the Open: Monitoring School Violence Based on Sexual Orientation, Gender Identity or Gender Expression in National and International Surveys](#)



[Behind the Numbers: Ending School Violence and Bullying](#)



[A Foundation for Life and Love Campaign](#)



[Challenges To Implementing National CSE Curricula In Low- And Middle-Income Countries](#)

WORLD HEALTH ORGANIZATION (WHO)

Key strategies and approaches

344. WHO works worldwide to promote health, keep the world safe, and serve vulnerable people. WHO aims to ensure that a billion more people have universal health coverage, a billion more people are protected from health emergencies, and a billion more people have better health and well-being. Through offices in more than 150 countries, WHO staff work with governments and other partners to ensure the highest attainable level of health for all people. WHO also ensures the safety of medicines and health-sector commodities required for an effective response to HIV. As a Cosponsor of UNAIDS, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines, and HIV/TB coinfection. WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission of HIV and paediatric AIDS. WHO works with UNFPA on sexual and reproductive health and rights and HIV. WHO convenes with the World Bank on driving progress towards achieving universal health coverage. Through a bilateral memorandum of understanding, WHO partners with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.
345. In 2018 WHO continued to lead and support the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries; and supporting implementation of the Global Health Sector Strategy on HIV for 2016–2021. These efforts secured broad policy uptake and implementation in many countries, particularly for HIV prevention, testing and treatment. Throughout 2018 WHO supported countries and partners to strengthen HIV services within the framework of universal health coverage, with a focus on expanding the reach of good-quality and sustainable people-centred health services to all in need, including people from key populations and unreached communities.
346. At the mid-point of implementation of the Global Health Sector Strategy in 2018, a short report was presented to the 71st World Health Assembly, which described the progress achieved in implementing the strategy. The report highlighted adaptation of the Global Health Sector Strategy through regional action plans and provided examples of how the Strategy is promoting synergies across different diseases and other health areas. WHO also finalized its Thirteenth General Programme of Work 2019–2023, which is aligned with Joint Programme goals and aims to strengthen sustainable action.

Highlights of results

347. In 2018 WHO updated the 2016 consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV. The number of countries with supportive HIV self-testing policies grew 10-fold, from 6 countries in 2015 to 59 countries in 2018. The number of countries implementing HIV self-testing doubled from 14 to 28 between 2017 and 2018. A total of 92% of low- and middle-income countries and 100% of Fast-Track countries adopted a Treat All policy in 2018. Dolutegravir is now available at a lower price point as a fixed-dose combination with tenofovir and lamivudine.
348. The successes of WHO in 2018 were bolstered by strengthened partnerships within and across the Joint Programme and with other key partners, including PEPFAR and the Global Fund, with a focus on implementation and impact; and with Unitaid and the Bill & Melinda Gates Foundation, with a focus on innovation. WHO provided leadership on biomedical prevention as a key member of the Prevention Coalition. Strengthened

engagement with communities and civil society underpinned all the WHO work and helped address policy and implementation challenges linked to safety concerns with dolutegravir, challenges in encouraging greater uptake of pre-exposure prophylaxis, and adoption and implementation of evidence-based policies and approaches for key populations.

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

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

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

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

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

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

354. In 2018 WHO prequalified two HIV self-testing kits (one for blood, one for oral fluid), and others are in the pipeline. WHO continues to support Unitaid-funded HIV self-testing projects across eastern and southern Africa, western and central Africa, and Latin

America. The Unitaid-funded Self-Testing Africa initiative, of which WHO is a key partner, is the largest evaluation of HIV self-testing, having by November 2018 distributed 2.3 million HIV self-test kits in Eswatini, Lesotho, Malawi, South Africa, Zambia and Zimbabwe. WHO produced the HIV Self-testing Strategic Framework: A Guide for Planning, Introducing and Scaling Up HIVST to help countries introduce and effectively focus HIV self-testing programmes.

355. In 2018 WHO developed HIV testing services dashboards, an interactive progress-tracking tool providing an overview of the latest available data from countries. The dashboards include mapping of current services and policy indicators for HIV testing services. WHO provided direct technical assistance to more than 50 countries in all regions to improve their testing services and also convened multiple webinars on HIV testing issues. In July 2018 the first WHO guidelines application related to HIV was launched, providing mobile access to the current WHO HIV testing services guidelines and information.
356. The WHO 2018 update to the 2016 consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV made a number of new recommendations, including using dolutegravir-based antiretroviral regimens as the preferred first-line treatment for people living with HIV; changes in preferred second-line antiretroviral regimens; changes in the preferred antiretroviral regimens for HIV post-exposure prophylaxis; and changes in testing for HIV in early infancy.
357. In 2018 WHO issued a statement signalling a potential risk of neural tube defects in infants born to women who were taking dolutegravir at the time of conception. Since issuing the statement, WHO has engaged in active community, country and partner outreach and communication to address policy and programmatic implications of these findings for national HIV programmes.
358. WHO published Cascade Data Use Manual: To Identify Gaps in HIV and Health Services for Programme Improvement to support the use of data to identify and fill gaps in services to improve HIV and broader health programmes. WHO also launched the Data Quality Assessment of National and Partner HIV Treatment and Patient Monitoring Data and Systems Implementation Tool to harmonize review, assessment and validation of treatment data.
359. WHO continued to support the 90–90–90 impact at the country level through 2018. Botswana and Eswatini have nearly achieved the 90–90–90 targets with WHO support. In Nigeria, WHO and partners provided technical support for the validation of routine HIV data and the development of national and state-level HIV cascades, profiles, dashboards and scorecards, and supported an assessment of national HIV guidelines and HIV differentiated service delivery models. In Pakistan WHO supported national and provincial AIDS control programmes in improving access to key populations and developing linkages with HIV testing and treatment services. In the United Republic of Tanzania, the WHO Treat All approach was adopted, and antiretroviral provision was scaled up to reach over 1 million people living with HIV by mid-2018. In Indonesia WHO supported key partners with cascade monitoring and case-finding in 4 cities, finding that 22–64% of the partners of people living with HIV in those cities tested positive for HIV.
360. In 2018 WHO worked to strengthen systems to enable children and adolescents to meet the 90–90–90 targets. In 2018 WHO co-led, with the Elizabeth Glaser Pediatric AIDS Foundation, the work of the AIDS Free Working Group to scale up testing and treatment services for children and adolescents living with HIV and reach the super-Fast-Track targets. This collaboration led to the development of the AIDS Free toolkit,

which gathers and disseminates documents, tools and policy briefs to support countries in providing treatment services for children. WHO continued and expanded the work on paediatric drug optimization by convening the Paediatric ARV Working Group and its activities and by holding the Paediatric Antiretroviral Drug Optimization meeting 4 in December 2018, which resulted in a more focused list of high-priority products that will be targeted for development. Several country missions were organized to support countries in this transition to optimal regimens. WHO also led the development of the Global Accelerator for Paediatric Formulations, a collaborating platform to enable more rapid, efficient and sustainable action to research, develop and introduce better antiretroviral regimens for children. This work included the development of a toolkit to support accelerated research and development for new antiretroviral medicines, which was disseminated via a satellite session at the 2018 International AIDS Conference and a dedicated webinar series.

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

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

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

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

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

effective contraception in the context of scaling up dolutegravir was developed and will be finalized in consultation with civil society.

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

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

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

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

SRA 4: Tailored HIV combination prevention services accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

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

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

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

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

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

372. A World Health Assembly-endorsed global plan of action to strengthen health systems to address violence, particularly violence against women, girls and children, guides WHO work to address and prevent all forms of gender-based violence. In 2018, 12 countries in eastern and southern Africa benefited from the dissemination of the clinical guidelines for responding to child and adolescent sexual abuse and from a package of implementation tools to address gender-based violence. A global pool of trainers was developed to support countries in implementing and building capacity for a health systems response to violence against women and against children based on the WHO guidelines and implementation tools. Botswana and Namibia started to implement national protocols or guidelines through training-of-trainers sessions to develop a cadre of national trainers to support rollout of a national protocol on responding to violence against women and child and adolescent sexual abuse.

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

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

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

of-trainers programmes on stigma and discrimination reduction in health-care settings, reaching 46 health-care providers from across the country.

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

375. In 2018 WHO supported the application of a systemwide approach to analysing efficiency across health programmes in Estonia, Ghana, Nigeria, South Africa, Sri Lanka and the United Republic of Tanzania, among other countries. HIV was included as a high-priority programme for analysis in all countries where analyses of health systems were undertaken. Recognizing that maintaining an array of programmes with distinct, separate organizational arrangements is unlikely to be affordable as health funding shifts to greater reliance on domestic sources, this analytical approach brings together an array of stakeholders across the health system to build consensus around high-priority functions for integration and coordination. This analytical exercise has led to important strides towards efficiency and coordination of health systems in a number of countries, such as the clarification of arrangements between programmes within the Ghanaian Health Service and Ministry of Health, supply chains, procurement systems, and health insurance benefit packages, and the development of financial flows and purchasing mechanisms between public health institutes and the health insurance fund in Estonia. In South Africa, the planning process changed to enable joint planning between HIV and the rest of the health system.
376. In 2018 WHO undertook extensive work focused on fostering technological, service delivery and e-health innovations. WHO has a major workstream on innovations for long-acting pre-exposure prophylaxis products, broadly neutralizing antibodies and HIV prevention vaccines. WHO provided technical and public health rationale input into the European Medicines Agency article 58 process for the dapivirine ring. WHO also held two major meetings on long-acting cabotegravir: one with regulators (United States, European, and regional and country regulators), and one with researchers, trialists and countries on interpreting the long-acting cabotegravir trial results (HPTN 083 and 084).
377. WHO held a meeting with all major stakeholders on policy decision, access and use of products for passive and active immunization to prevent HIV infection. This meeting discussed a target product profile investment case and reviewed current and planned trials and steps needed to respond to the trial results.
378. WHO continues to work on innovations in testing, including support for development and introduction of new self-testing products and review data related to the use of recency assays focusing on its potential use for geographical prioritization, case management, and benefit to people living with HIV.

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

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

isoniazid preventive therapy in people attending for HIV care. In the 59 countries for which it could be calculated, TB preventive treatment coverage was 36%.

380. WHO published an implementation tool for the monitoring of toxicity of new HIV, TB and viral hepatitis medicines. The tool describes the recommended approaches for routine monitoring of toxicity integrated with the national monitoring and evaluation system and targeted approaches to monitoring toxicity. This tool also highlights the recommended toxicity monitoring approaches and existing tools across these disease areas. WHO updated its guidance on latent TB infection in 2018 and published guidelines for the management of physical health conditions in people with severe mental disorders in October 2018, which included HIV-related guidance. The UNFPA- and WHO-led call to action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions noted that special attention should be given to people living with HIV, sex workers, transgender people, men who have sex with men, people who use drugs, and people in prisons and other closed settings, with additional attention paid to adolescents and young key populations.

Financial information

Table 1
Funds available in 2018 (US\$)

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

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

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

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

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

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

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

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

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

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

381. Getting life-saving harm-reduction services to people who use drugs in Burundi was the aim of a 2018 learning trip to Kenya supported by WHO. WHO supported a team of Burundian physicians and health advocates to travel to Mombasa county, Kenya to learn from one of the pioneers of harm reduction on the African continent. Led by the Burundian non-profit-making organization Jeunesse au Clair Medical, the team is advocating for a comprehensive package of harm-reduction interventions in Burundi. Like many other countries in Africa, injecting drug use is not often acknowledged and a public health response therefore not implemented.
382. Drug use is widely criminalized and stigmatized and its complexities misunderstood. WHO defines harm reduction as an evidence-based public health response that includes the provision of needle–syringe programmes, opioid substitution therapy, and access to testing and treatment of HIV, TB and viral hepatitis B and C.
383. Keen to gain insight into the Kenyan experience and inform the development of a programme in Burundi, the Burundian team of doctors, a counsellor and a national coordinator of a network of people who use drugs visited the Reachout Centre Trust in Mombasa. They observed the delivery of opioid substitution therapy programmes and learnt about advocacy with local influencers in an excellent example of south–south learning.
384. In addition to police buy-in, identifying other key influencers such as spiritual and village leaders, other government officials, and people who use drugs can ensure that harm-reduction programmes are effective and sustainable.
385. The team from Burundi saw in practice how the Kenyan clinics function and how methadone is dispensed. They spoke with peer educators and outreach officers, and were trained in data collection for programme monitoring, an important aspect if they want to persuade the Government and donors to support scale-up of harm reduction in Burundi. Although Kenya is several years ahead in its harm-reduction journey, with local input the lessons from the Kenya experience can be adapted to other contexts.

Knowledge products

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

HIV/AIDS

Publications on HIV



Key populations

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

Strategic information

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

Coinfections

- Tuberculosis
- Hepatitis

Prevention

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

Testing

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

Treatment

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

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Key strategies and approaches

386. 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. With respect to health, the World Bank aims to ensure that everyone has access to essential services, regardless of ability to pay. The World Bank has put health in the heart of its new flagship Human Capital Project and is committed to making HIV a core component of effective and equitable health systems. It is also committed to realizing the goal of ending the AIDS epidemic by 2030 and leveraging the opportunities to realize that goal through the framework of the SDGs, including the universal health coverage component of SDG 3.
387. The World Bank has long recognized the threat HIV poses to progress and development. As a UNAIDS Cosponsor, and under the UNAIDS Division of Labour, it co-leads with UNDP efforts to support the planning, efficiency, effectiveness and sustainability of the global AIDS response, including the effort to ensure the AIDS response is fully funded and efficiently implemented based on reliable strategic information. The World Bank and WHO co-lead the work programme on integrating people-centred HIV and health services in the context of stronger systems for health, and particularly on strengthening the decentralization and integration of HIV-related services. Within the Division of Labour, the World Bank also contributes to a number of other areas, including prevention among key populations and youth, addressing gender inequality and gender-based violence, HIV-sensitive social protection, and the decentralization and integration of sexual and reproductive health and rights and HIV services.
388. The World Bank places a strong emphasis on sustainability, efficiency and effectiveness in the fight to combat HIV—helping countries do “better for less” by using available resources wisely and redesigning their HIV programming to maximize resource allocation and service delivery and to transition to new funding approaches in light of a rapidly shifting funding landscape. Towards this end, the World Bank works with partners to maximize impact and efficiency; uses performance-based financing to improve outcomes; provides evidence for strategic planning; and undertakes studies that analyse efficiency, effectiveness, financing and sustainability. At the same time, the World Bank works to drive more and better investments in people and uses innovative financing mechanisms, including groundbreaking bond issuances, to leverage private investment to increase the amount of funding available for HIV in particular and health more generally as a human capital investment.
389. The world’s commitment to provide access to good-quality, integrated and people-centred health services—embodied in the commitment to universal health coverage—offers unprecedented opportunity to simultaneously expand, personalize and improve the efficiency and effectiveness of all health services, including HIV services. As countries have made inroads towards achievement of the 90–90–90 targets and deliver comprehensive HIV prevention services, these accomplishments have, in the process, also helped countries achieve universal health coverage goals for their own population.

Highlights of results

390. As of October 2018, the World Bank’s active health, nutrition and population portfolio totalled US\$ 14.5 billion in net commitments. Through this lending portfolio, the World

Bank funds major health system-strengthening operations that aim to improve the access, quality and affordable efficacy of services, including HIV testing and treatment.

391. World Bank work in 2018 included numerous maternal and child health projects around the world, many of which contained components specifically addressing HIV-related needs. This work took many forms, including direct project support through mechanisms such as the Global Financing Facility, which is specifically dedicated to maternal and child health; developing and leveraging financing mechanisms such as Sustainable Development Bonds to raise private-sector investor awareness of and investment in the health of women and children, including efforts to combat HIV; and developing analytical products and country-driven case studies to assist decision-makers in determining how to most effectively, efficiently and equitably invest available resources to meet these goals.
392. The 18th International Development Association (IDA18) replenishment period (1 July 2017–30 June 2020) is supporting numerous efforts to provide, among other things, essential health and nutrition services for up to 400 million people and safe childbirth for 16–20 million women through provision of skilled health personnel.
393. In 2018 the World Bank met its commitment to double its results-based financing in education 2 years early, with US\$ 7.1 billion committed as of 30 June (from US\$ 2.5 billion in 2015). World Bank lending for education in the fiscal year 2018 surpassed US\$ 4.5 billion, and by 30 June (3 years early) the World Bank fulfilled its commitment to invest US\$ 2.5 billion over 5 years in education projects directly benefiting adolescent girls, with more than US\$ 4 billion invested. The World Bank also used its analytical expertise to highlight needs and spotlight solutions and worked with partners to chart paths for better outcomes.
394. The World Bank continued to push for gender equality and empowering women in development through numerous initiatives, many highlighting issues of women's health, education and empowerment—all factors critical for the fight against HIV. The World Bank used innovative financing to raise funds for gender work and to tap into private-sector investors' growing interest in this field, attracting over US\$ 1 billion in private funds in 2018 alone. Guided by the World Bank Group's 2016–2023 gender strategy, the World Bank used its resources to expand the knowledge base through flagship reports and other products highlighting a broad range of key issues. For example, since 2012 over 200 World Bank projects have included work on gender-based violence, and it has produced over 800 reports and papers addressing this issue. In 2018 the World Bank continued implementing its integrated action plan to reduce gender-based violence throughout its work, including infrastructure operations.
395. The World Bank's strong emphasis on sustainability, efficiency and effectiveness in the fight against AIDS was reflected in multiple workstreams. The World Bank used its analytical expertise to launch 20 allocative efficiency studies in 18 countries, support key databases, and conduct training sessions around the globe, including a series of regional workshops on artificial intelligence for core health concerns, including HIV.
396. The Human Capital Project, launched in late 2018, is premised on the belief that investing in people through fundamentals, including nutrition and health care, is key to ending extreme poverty and will provide a powerful rallying point in the World Bank's work on health, including HIV, and its integration in universal health coverage. Over 50 countries have signed up for the Human Capital Project, including many HIV Fast-Track countries. This will help to ensure that HIV is embedded in human capital developments

and that HIV is addressed alongside broader efforts to accelerate progress towards universal health coverage.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

397. World Bank programming continued to address the need to make access to HIV testing and counselling an integrated part of health services. In Nigeria, the multiyear Saving One Million Lives initiative focused on HIV counselling and testing services among women attending antenatal care. With a view to a longer-term solution, the World Bank worked with the International AIDS Vaccine Initiative on the terms of a new grant to the HIV Vaccine Research and Development Project.
398. The World Bank is building evidence on innovative testing and counselling programmes to improve targeting, adherence and linkages to care. For example, a World Bank-led effort in South Africa evaluated the impact of a series of interventions as part of an effort to improve HIV care (including Fast-Track initiation counselling, adherence clubs, decentralized medication delivery, enhanced adherence counselling, and early patient tracing) and continuously shared the findings with government actors and other key partners. In Malaysia the World Bank conducted a study pilot to test an intervention using motivational interviewing principles to increase HIV testing among men who have sex with men; the findings, also shared in a published report, highlighted the need to improve access to relevant HIV prevention and treatment services.
399. Through its health, nutrition and population lending portfolio (with active projects totalling US\$ 14.5 billion in net commitments as of October 2018), the World Bank is funding major health system-strengthening operations to improve access to and the quality of health services, including HIV testing and treatment. Recognizing the importance of linking HIV and TB services, the World Bank is working to strengthen health systems in four countries in southern Africa to improve the availability and use of TB and HIV services. The World Bank also supported efforts to improve the number of women living with HIV and receiving antiretroviral therapy in the Central African Republic. The World Bank conducted an impact evaluation on using smart technology to improve linkages to HIV care in Johannesburg, South Africa and demonstrated that the tested application could significantly increase linkage to care for people living with HIV aged 18–30 years. Working with partners including UNAIDS, the World Bank supported an ongoing HIV care cascade optimization analysis in South Africa to determine effective options to yield greater clinical outcomes towards attaining the 90–90–90–targets in the most allocatively efficient way.
400. The World Bank, the Bill & Melinda Gates Foundation, WHO and other partners launched the Vital Signs Profile to provide a more complete picture of the strength of primary health care in low- and middle-income countries. The effort specifically analyses primary care facilities as a critical entry point for HIV prevention and testing.
401. The World Bank announced a new US\$ 110 million health system-strengthening project in Angola targeting 21 municipalities in 7 provinces. The project includes work to improve maternal and child health, family planning services for adolescent girls and women, and antenatal care, and to provide a broader package of essential health, nutrition and population services in targeted areas.

402. Working with partners, World Bank staff published research concerning an allocative efficiency study for Johannesburg that also provided epidemic and programmatic predictions to 2020 and 2030. The study was conducted in partnership with the UNAIDS Secretariat and other Cosponsors.
403. The World Bank Group has doubled resources for countries affected by fragility, conflict and violence to more than US\$ 14 billion under the IDA18 replenishment, with an understanding that health, including HIV-related services, must be a central part of the portfolio. Efforts in fiscal year 2018 focused on quickly operationalizing these new windows. For the Refugee Sub-window, Cameroon received the first grant, of US\$ 130 million, to provide refugees and host communities with access to health care, education and social safety nets. Other examples include a new three-year project in Afghanistan including a component to deliver a package of basic health services, including contraceptives and access to essential medicines, and another to strengthen demand and community accountability; and the Somalia Inclusive Community Resilience and Gender-based Violence Pilot programme, which provides critical services for survivors of gender-based violence.
404. A newly announced US\$ 53 million World Bank grant for the Health System Support and Strengthening Project in the Central African Republic mainly targets pregnant women, children aged under five years, and women survivors of gender-based violence. The project includes a package of essential health services, access to deliveries attended by skilled health personnel, family planning and antenatal care, and gender-based violence-related services. Such work is set to continue and expand in the future with the opportunity created by the strong focus in the IDA19 on settings affected by fragility, conflict and violence and particularly the needs of migrants.
405. With World Bank support for the Rapid Results Health Project, IMA World Health worked with local partners to provide essential medicines and supplies for a population of 3.1 million people in South Sudan. The new World Bank Health System Support Project for Mauritania also includes a component targeting health facilities with essential medicine stockouts and basic equipment availability needs.
406. Recognizing the critical need for in-country research capacity, the International Vaccines Task Force, the World Bank Group and the Coalition for Epidemic Preparedness convened the new International Vaccines Task Force in October of 2017. In 2018 the Task Force released its report *Money and Microbes: Strengthening Research Capacity to Prevent Epidemics*, shining a global spotlight on this need and detailing how to develop the political support, financing and coordination required to build this clinical capacity.

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

407. The World Bank's 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 27 countries (including 11 newly added countries), a major replenishment begun in late 2018 has raised US\$ 1.05 billion in new commitments to help expand its coverage to 50 countries. As a result of the Global Financing Facility, Cameroon more than doubled its budget for maternal and child health and nutrition, and also saw a doubling of family planning and antenatal care visits in facilities using performance-based financing. The Global Financing Facility made a US\$ 55 million grant for the Guinea Health Service and Capacity Strengthening Project, with a focus on women and children in two of Guinea's poorest regions.

408. The World Bank launched Sustainable Development Bonds to raise investor awareness of the benefits of investing in the health and nutrition of women, children and adolescents, including to prevent mother-to-child transmission. They have raised over US\$ 935 million since June 2018. In Afghanistan, the Sehatmandi Project is increasing the use and quality of health, nutrition and family planning services.
409. The World Bank conducted studies to improve maternal and child services, helping Benin and Senegal move to near-real-time service monitoring, improving outcomes in Eswatini, and using big data analytics to improve planning and delivery in Bangladesh. The Global Financing Facility, Merck for Mothers, the Bill & Melinda Gates Foundation and the UPS Foundation launched a partnership to improve supply chains to increase access of women, children and adolescents to life-saving medicines, including antiretroviral therapy. The World Bank supported the multiyear Malawi Nutrition and HIV/AIDS Project to reduce stunting and maternal and child anaemia and to bolster HIV prevention in children and adults.
410. The World Bank continued its work to address access to treatment cascades in humanitarian settings. For example, in 2018 World Bank programming specifically targeted improving the number of women living with HIV receiving prevention of mother-to-child transmission care in the Central African Republic.

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

411. The World Bank has integrated combination prevention programming into its large-scale transportation projects. Through these projects, the World Bank has provided young people in key populations with robust service packages, including condom distribution, awareness-raising and strengthened HIV service delivery, in countries such as Lesotho, Malawi and the United Republic of Tanzania.
412. The World Bank used its analytical expertise to highlight needs and spotlight solutions, working with partners to chart paths to better outcomes. For example, the Johannesburg Allocative Efficiency Analysis showed that scale-up of voluntary medical male circumcision alongside other proven interventions could reduce the number of new HIV infections by as much as 15%. World Bank technical assistance also continued to support a major four-year impact evaluation of the effect of cash transfers on protecting young women from HIV.
413. Ensuring young people, especially girls, attend and stay in school is critical and has a demonstrated positive impact on reducing their risk of acquiring and transmitting HIV. In 2018 the World Bank met its commitment to double its results-based financing in education 2 years early, with US\$ 7.1 billion committed as of 30 June, and its lending for education in 2018 exceeded US\$ 4.5 billion by 30 June. The World Bank fulfilled its commitment to invest US\$ 2.5 billion over 5 years in education projects directly benefiting adolescent girls, with more than US\$ 4 billion invested, a commitment met 3 years ahead of schedule. As an example, the Sahel Women's Empowerment and Demographic Dividend Project provided 210 000 young women with life skills and livelihood interventions and helped 87 000 girls stay in school. As of November 2018, a World Bank project in Zambia had benefited 49 865 women and girls from extremely poor households, with payment of secondary school fees for 16 239 girls and over 16 000 people reached with conditional cash transfers.

414. The Great Lakes Emergency Sexual and Gender Based Violence and Women's Health Project provided holistic support to survivors of gender-based violence and expanded the use of a package of health interventions targeted to poor and vulnerable families. It also saw an increase in the use of its one-stop centres, with 2075 survivor visits in the 18 months ending in July 2018.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

415. The World Bank continued its work financing combination prevention services for key populations and working to ensure such programmes are integrated into its sexual and reproductive health lending operations and across its large infrastructure and transportation portfolio. Recent examples include the multiyear US\$ 18.3 million Lesotho Infrastructure and Connectivity Project, which includes 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. World Bank technical assistance helped scale up services for vulnerable groups, such as the Health, HIV/AIDS and TB Project in Eswatini, which included a component targeting orphans and other vulnerable children. World Bank technical assistance also supported efforts in India to ensure that by 2019, 90% of people in high-risk groups who need antiretroviral therapy will be receiving it.

416. In Malaysia a pilot study tested an intervention using motivational interviewing principles to increase HIV testing among men who have sex with men and trained case workers in client-centred counselling. The completed pilot and accompanying report highlighted existing challenges, such as stigma and discrimination, and emphasized the need to improve access to HIV testing and treatment services for men who have sex with men.

417. The World Bank used its analytical expertise to support country response. It conducted more than 10 allocative efficiency studies in 2018, in partnership with the Global Fund, the UNAIDS Secretariat and other Cosponsors. In various countries, including Bulgaria, Peru and Zimbabwe, such studies provided governments with the evidence needed to appropriately reallocate budgets to key populations and highlighted the particular needs of these communities. The World Bank continued strengthening the knowledge base on HIV prevention, studying, for example, the effectiveness of an intensive HIV prevention programme on behavioural change among female sex workers in Nairobi.

418. The World Bank focused attention on effectiveness in harm-reduction programming and a rights-based approach to drug treatment. Of particular note were efforts in Malaysia to further disseminate findings and lessons learnt. The study Making Drug Treatment Work: Opportunities and Challenges Towards an Evidence- and Rights-based Approach found that people dependent on opioids and treated in voluntary drug treatment centres had significantly lower relapse rates than their counterparts given compulsory treatment. The World Bank worked to ensure the study's findings and those of a related study on the return on investment in harm-reduction programming were shared with decision-makers in other Association of Southeast Asian Nations (ASEAN) countries through the ASEAN Regional Advocacy Workshop on HIV Prevention in People Who Inject Drugs, which the World Bank co-hosted with UNAIDS and the India HIV/AIDS Alliance.

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

419. The World Bank used innovating financing to raise funds for gender work and tap into private investors' growing interest in this field, attracting over US\$ 1 billion in private funds in 2018 alone. Through its Umbrella Facility for Gender Equality, the World Bank funded investments that strengthen knowledge and capacity for gender-informed policy-making, targeting areas critical to closing gaps between knowledge and execution. The Umbrella Facility for Gender Equality significantly expanded its activities and now supports 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. The World Bank's Nigeria for Women project reached 324 000 beneficiaries, including women living with HIV, through interventions to improve their livelihoods.
420. A World Bank project in the African Great Lakes area provided holistic support to survivors of gender-based violence, including post-exposure prophylaxis kits and support for nongovernmental organization activities to increase sensitization and condom use. In the United Republic of Tanzania, a World Bank programme worked to reduce the time and distance girls must travel to school and provided teachers with training on reducing gender-based violence. Other newly approved projects with a gender-based violence focus included work in Bangladesh, Mozambique and Zimbabwe. In 2018 the World Bank's Global Marketplace Awards awarded US\$ 1.1 million to 11 research teams from around the world to catalyse innovation to address gender-based violence.

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

421. Working with partners, World Bank teams launched 20 allocative efficiency studies for more than 18 countries, underscoring the need for continued investment in programmes for key populations. Examples include studies addressing HIV programming in Colombia, Mexico and Peru; studies analysing spending trends across Kiribati, the Solomon Islands and Vanuatu, including for HIV; optimizing investments in Bulgaria's HIV response; and a regional assessment of the financial sustainability of HIV and universal health coverage programmes in sub-Saharan Africa.
422. In 2018 the World Bank continued its work towards greater health integration. WHO, the World Bank and other partners supported numerous sessions sharing lessons learnt with policy-makers and programme implementers, such as World Bank health security financing workshops in Kiribati and Viet Nam. A World Bank-led course on health sector reform and sustainable financing helped participants think systematically and worked with partners such as Gavi, the Global Fund and WHO to conduct four regionally based sessions. The World Bank continued its work with the Joint Learning Network's Collaborative on Leveraging Existing Resources, with the Network holding its third in-person meeting and participating countries agreeing to undertake self-pilots. Results from work in Zimbabwe highlighted economic evidence for making integration work.
423. Through its flagship Human Capital Project, the World Bank used new financing mechanisms to leverage private investment to increase the funding available for HIV and health more broadly. Orders for the first-ever IDA bonds reached US\$ 4.6 billion, while International Bank for Reconstruction and Development issuances generated more than US\$ 350 million in additional private investment for SDGs, including health.
424. The World Bank Group launched a major push to better understand and leverage disruptive technology. For example, in 2018 it launched TechEmerge for the health-care market in Brazil, which produced 27 pilot partnerships between health-care providers

and technology developers, covering needs such as rapid diagnosis blood testing equipment. The Global Partnership for Sustainable Development Data, supported by the World Bank's Trust Fund for Statistical Capacity Building, is fostering innovative projects to improve the way development data are produced and used in contexts such as social protection and health, with current projects including an initiative using machine learning technology to help frontline health workers in Africa identify people unlikely to return for HIV treatment. The World Bank conducted 3 regional training courses on using artificial intelligence and other disruptive technologies for health, with over 350 participants from 53 countries. The sessions were designed to strengthen in-country health responses, specifically for HIV, TB and access to universal health coverage, by building capacity to improve the use of data for decision-making and implementation, and to apply big data and cognitive analytical approaches to address complex problems.

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

425. Ensuring universal access to HIV services is a critical component of universal health coverage, and the World Bank is working to help countries make this a reality. This work is aligned with the World Bank's Human Capital Project, launched in late 2018, which is built on the belief that investing in people through nutrition, health care, good-quality education, jobs and skills is key to ending extreme poverty and creating more inclusive societies.
426. The World Bank moved strongly to help countries meet the 2030 universal health coverage target, including integrating HIV services. As of June 2018, 20 projects totalling US\$ 3.3 billion in World Bank financing supported by US\$ 452 million in Global Financing Facility funds had been approved by the World Bank. The World Bank's Multi-Donor Trust Fund for Integrating Health Programs supported lower-middle-income countries working towards universal health coverage and transitioning to domestic funding. For example, the Multi-Donor Trust Fund conducted health financing system assessments in countries such as Myanmar and Nigeria; and in the Lao People's Democratic Republic, it leveraged US\$ 41.4 million from other sources to strengthen health systems, including HIV and TB services. Under the Universal Health Coverage in Africa plan, the World Bank Group and the Global Fund are in the midst of a 5-year commitment to contribute a combined total of US\$ 24 billion to universal health coverage in Africa, with US\$ 15 billion of that commitment resting with the World Bank Group.
427. An impact evaluation in Zimbabwe highlighted HIV efficiency gains in integration efforts. The World Bank published a universal health coverage action agenda for policy-makers, emphasizing the role of quality in health service delivery, including for HIV services. The World Bank's Universal Health Coverage Study Series produced case studies and technical papers documenting how countries are driving universal health coverage, and examining the current health financing policies for expanding health coverage in 46 African countries, including a majority of Fast-Track countries with high HIV prevalence.
428. Redoubling the World Bank's work on integrated social protection was also a focus in 2018 and will remain so in the years ahead. By the end fiscal year 2018, the World Bank had 87 active social protection and labour projects, representing investments of US\$ 15 billion. The World Bank Group is also doubling resources for countries affected by fragility, violence and conflict to more than US\$ 14 billion under the IDA18. New financing mechanisms include US\$ 2 billion to support refugees and host communities

and a risk-mitigation regime to help countries mitigate fragility risks. New World Bank publications in 2018 included *The State of Social Safety Nets*, examining results of safety net benefits programmes in 79 countries and key performance indicators; and *Measuring the Effectiveness of Social Protection*.

429. The World Bank continued its work with the UNAIDS Inter-Agency Task Team for Social Protection, including support for the 2018 International Conference on Fast-Tracking Social Protection to End AIDS. The World Bank collaborated with UNICEF and the Government of Uganda on a 5-day conference, *Making Social Protection Systems in Africa More Responsive to Crisis*, which brought together almost 100 practitioners from a wide variety of sectors for a meeting of the Community of Practice of Cash Transfers in Africa.

Financial information

Table 1

Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,924,102
Sub-total	3,924,102
2018 country envelope	140,000
Total	4,064,102

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

Strategy Result Area (SRA)	Core *	Non-core	Total
SRA 1: HIV testing and treatment	251,900	458,105	710,005
SRA 2: eMTCT	42,570	763,139	805,709
SRA 3: HIV prevention and young people	25,800	201,198	226,998
SRA 4: HIV prevention and key populations	126,600	274,560	401,160
SRA 5: Gender inequalities and gender-based violence	-	225,875	225,875
SRA 6: Stigma, discrimination and human rights	-	-	-
SRA 7: Investment and efficiency	2,517,359	3,128	2,520,487
SRA 8: HIV and health services integration	874,541	2,436,541	3,311,082
TOTAL	3,838,770	4,362,545	8,201,315

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

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

Region	Core *		Non-core	TOTAL
	Core	Core- country envelope		
Asia and Pacific	763,200	30,000	841,684	1,634,883
Eastern Europe and central Asia	591,370	-	257,063	848,433
Eastern and southern Africa	1,583,370	110,000	1,465,399	3,158,769
Latin America and the Caribbean	277,280	-	389,625	666,905
Middle East and North Africa	27,800	-	70,402	98,202
Western and central Africa	361,750	-	1,338,374	1,700,124
Global	234,000	-	-	234,000
TOTAL	3,838,770	140,000	4,362,545	8,341,315

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

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

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	\$754,841	36,337	\$791,178
Contractual services	\$1,859,259	55,499	\$1,914,758
General operating expenses	\$50,730	465	\$51,195
Transfers and grants to counterparts	-	-	-
Equipment, furniture and vehicles	\$1,488	-	\$1,488
Travel	\$505,284	19,848	\$525,132
Programme Support cost	\$203,250	7,850	\$211,100
Total Expenditure	\$3,374,851	\$120,000	\$3,494,851
Encumbrances	\$463,919	20,000	\$483,919
TOTAL	\$3,838,770	\$140,000	\$3,978,770

Case study: improving service delivery efficiency through integrated care— insights from a ground-breaking assessment of HIV and sexual reproductive health services integration in Zimbabwe

430. Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.

431. After an assessment of the state of integration of HIV services in 2010, Zimbabwe made concerted efforts to improve the integration of HIV and sexual reproductive health services. National guidelines were developed and training took place nationwide.

432. A partnership with the World Bank and the United Kingdom Department for International Development resulted in a first-of-its-kind, three-year impact evaluation of the effect of integration on the quality of service delivery and on efficiency gains made through integrating HIV and sexual and reproductive health services. The evaluation results were released in 2018 and show that between 2013 and 2016, Zimbabwe's HIV and sexual and reproductive health response became more integrated at a time when there was also task-shifting to primary health-care sites.

Key impacts of integration in Zimbabwe:

Government efforts to improve integration of HIV and sexual and reproductive health services resulted in:

- More sexual and reproductive health services delivered.
- Lower average and total costs for service delivery:
 - 9% drop in average cost at district hospitals.
 - Over 20% decline in average cost at primary health-care sites.
- Better patient satisfaction.
- No reductions in quality of services.


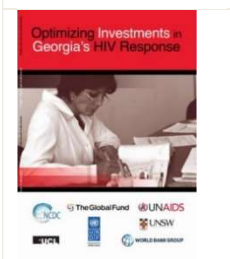
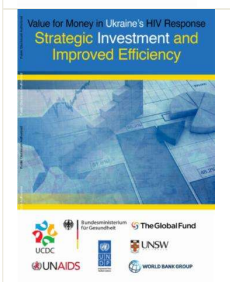
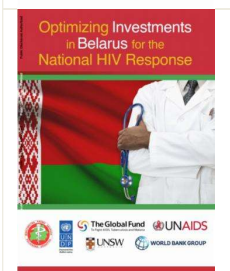
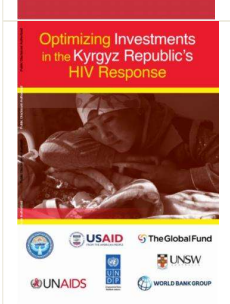
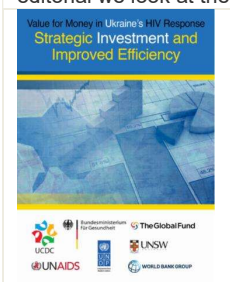
Source: World Bank



433. The evaluation showed that Zimbabwe could deliver—for the same amount of funding—more sexual and reproductive health services. Integration resulted in a 9% decrease in the average cost of delivering HIV and sexual and reproductive health services at district hospitals in Zimbabwe, and a more than 20% drop in the average cost of delivering services at primary health-care sites. In the context of universal health coverage with its focus on people-centred and integrated care, Zimbabwe's efforts to integrate not only within the HIV and sexual and reproductive health programme but also across different programmes and to put people first are essential.

434. From a health-care perspective, these savings resulting from the way, where and how services are delivered are critical to freeing up funds to reallocate to other areas of HIV, TB and other related health services. In this era of increased demands to do more with the available money and changing patterns of health financing, efforts such as these are more important than ever and offer a promising example to countries working to rise to the challenge.

Knowledge products

 <p>WITS-RHI WORLD BANK GROUP SMART LINKAGE TO CARE EVALUATION REPORT</p> <p>In collaboration with: health UNITED REPUBLIC OF SOUTH AFRICA UNITED KINGDOM UK DFID</p>	<p>Smart Linkage to Care: Evaluation Report</p> <p>This report summarizes a proof-of-concept evaluation of an health intervention that aims to improve linkage of people newly diagnosed with HIV to care. The design was a randomized controlled multicentre trial enrolling consenting patients in clinics in inner-city Johannesburg. The trial developed and tested the SmartLink application, which is designed to make laboratory data directly available to patients via a secure account and send them appointment reminders and notifications on their smartphones. The report provides the key findings on telephone ownership of the target group, and which demographics can best be reached via applications and data-based communication. The application worked best in people aged under 30 years, who had their linkage to HIV care improved by 20% through the application. This younger age group is difficult to reach with traditional interventions and reacted positively to a technology solution. The unique feature of this custom-made application (sending real-time CD4/VL test data from the laboratory database to people living with HIV) is that it is highly scalable among people who use smartphones.</p>
 <p>IMPACT EVALUATION ON IMPROVING VMC DEMAND IN MALAWI THROUGH THE USE OF INCENTIVES</p> <p>IMPACT EVALUATION RESULTS</p> <p>WORLD BANK GROUP UNITED KINGDOM UK DFID</p>	<p>Impact Evaluation on Improving Voluntary Medical Male Circumcision Demand in Malawi through the Use of Incentives</p> <p>This report presents an impact evaluation assessing the effect of incentives on improving the uptake of voluntary medical male circumcision in two districts in Malawi. The primary research question was whether incentives can increase uptake of voluntary medical male circumcision among in-school and out-of-school males aged 10–34 years. Collective incentives (e.g. whiteboards, football equipment) to schools and mothers' groups, and individual incentives (in the form of vouchers) were tested. The evaluation found that incentives in the form of vouchers for voluntary medical male circumcision work. The vouchers had a significant positive impact on voluntary medical male circumcision demand by increasing the odds of getting circumcised by over seven times. The evaluation also found that community involvement, especially in the form of mothers' groups, was essential to motivate young men to seek voluntary medical male circumcision. The report discusses the policy implications of this positive finding of incentives.</p>
 <p>WORLD BANK GROUP Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa HEALTHCARE PROVIDER PERSPECTIVES ON DIFFERENTIATED CARE MODELS</p> <p>UK DFID HEALTHCARE HERO</p>	<p>Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa: Healthcare Provider Perspectives on Different Care Models</p> <p>This report presents the result of the qualitative evaluation to understand the implementation of five adherence interventions from the provider perspective in four South African provinces. The research is part of the evaluation of the new adherence guidelines for HIV, TB and other chronic diseases. The report presents the thematic analysis of the qualitative interview transcripts under each of the four questions. Emerging themes are illustrated with quotes from respondents at intervention and control clinics. The results show that providers were generally positive about all the interventions, although they had mixed comments about the direct medicine delivery and tracing and retention-in-care models. Additionally, providers' views were mixed on their perceived effectiveness of adherence clubs.</p>
 <p>WORLD BANK GROUP Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa PATIENT PERSPECTIVES ON DIFFERENTIATED CARE MODELS</p> <p>UK DFID HEALTHCARE HERO</p>	<p>Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa: Patient Perspectives on Differentiated Care Models.</p> <p>This report presents the result of the qualitative evaluation to understand the implementation of five adherence interventions from the patient perspective in four South African provinces. The research is part of the evaluation of the new adherence guidelines for HIV, TB and other chronic diseases. The report presents the triangulated qualitative and quantitative data from patient surveys and focus group discussions. The results show that from the patient perspective, each intervention has promise and supported either antiretroviral therapy initiation or adherence; however, each could be improved.</p>
 <p>WORLD BANK GROUP Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa THE IMPACT OF DIFFERENTIATED CARE MODELS ON SHORT-TERM INDICATORS IN HIV PATIENTS</p> <p>UK DFID HEALTHCARE HERO</p>	<p>Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa: The Impact of Differentiated Care Models on Short-term Indicators in HIV Patients</p> <p>This report describes the short-term outcomes of an evaluation study for five different HIV cohorts using routinely collected data. The overall aims of the evaluation are to assess the impact of South Africa's adherence guideline interventions on treatment outcomes of people living with HIV; to estimate the costs of the interventions; and to describe the cascade of care for TB, hypertension and diabetes at the same clinics. The short-term endpoints reported on concern antiretroviral therapy initiation among people eligible for FTIC; antiretroviral medicine pick-up among people eligible for AC and DMD; retention in care among people eligible for TRIC; and viral load suppression among people eligible for enhanced adherence counselling.</p>

	<p>Ending AIDS in Johannesburg: An Analysis of the Status and Scale-up Towards HIV Treatment and Prevention Targets</p> <p>Johannesburg, 1 of South Africa’s metropolitan municipalities and 1 of the 52 health districts, has more people living with HIV than any other city worldwide, at about 600 000. This brief provides the key results of a modelling analysis estimating what it would take in terms of programmatic targets and costs for Johannesburg to meet the Fast-Track targets and demonstrate the impact that this would have.</p>
	<p>Optimizing Investments in Georgia’s HIV Response</p> <p>Georgia has a concentrated but growing HIV epidemic. Over the past decade, HIV prevalence has increased among all population groups, particularly among men who have sex with men. If current conditions (behaviours and service coverage) are sustained up to 2030, the epidemic is expected to stabilize among female sex workers.</p>
	<p>Value for Money in Ukraine’s HIV Response: Strategic Investment and Improved Efficiency</p> <p>Ukraine experiences one of the most severe HIV epidemics in Europe. An HIV allocative efficiency analysis has been carried out, which revealed there are several key opportunities to change the course of Ukraine’s HIV epidemic: Ukraine’s current HIV response already makes strategic use of available resources (around US\$ 80 million in 2013), prioritizing antiretroviral therapy and prevention programmes for people who inject drugs, men who have sex with men, and female sex workers.</p>
	<p>Optimizing Investments in Belarus for the National HIV Response</p> <p>This report summarizes the findings of an allocative efficiency analysis on Belarus’s national HIV epidemic and response conducted in 2014–2015. The report addresses core questions for resource allocation such as “How can HIV funding be optimally allocated to the combination of HIV response interventions that will yield the highest impact?” and “What level of investment is required to achieve national targets, if we allocate resources optimally?”</p>
	<p>Optimizing Investments in the Kyrgyz Republic’s HIV Response</p> <p>This report summarizes the findings of an allocative efficiency analysis on Kyrgyzstan’s national HIV epidemic and response conducted in 2014–2015. The report addresses core questions for resource allocation such as “How can HIV funding be optimally allocated to the combination of HIV response interventions that will yield the highest impact?” and “What level of investment is required to achieve national targets, if we allocate resources optimally?”</p>
<p>AIDS at 35: A Midlife Crisis</p> <p>This year marks the 35th since AIDS was first identified, and the epidemic faces a “mid-life crisis”. It seems it is time to take stock of both the successes we have met and the challenges we face. In this editorial for the final issue of AJAR in 2016 we do this. We warned of the potential devastation AIDS would wreak across Africa, but this went unheard. We watched with dismay as colleagues and friends sickened and died, and the political leaders initially ignored what was to come. In this editorial we look at the best of times—where things went well; and the worst of times—where the challenges lie.</p>	
	<p>Value for Money in Ukraine’s HIV Response: Strategic Investment and Improved Efficiency</p> <p>Ukraine experiences one of the most severe HIV epidemics in Europe. This policy brief is a result of a team effort involving the State Institution Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine, and international partners. The study was part of the regional initiatives on HIV allocative efficiency analysis and funded and technically supported by the World Bank and UNAIDS.</p>

 <p>EVALUATING THE EVIDENCE FOR HISTORICAL INTERVENTIONS HAVING REDUCED HIV INCIDENCE A RETROSPECTIVE PROGRAMMATIC MAPPING MODELLING ANALYSIS SYNOPSIS REPORT 2016</p> <p>UNAIDS, The Global Fund, WHO, UNFPA, Imperial College London, World Bank Group</p>	<p>Evaluating the Evidence for Historical Interventions Having Reduced HIV Incidence</p> <p>This multicountry study focuses on evaluating whether antiretroviral therapy scale-up and changes in sexual risk behaviours have contributed to the declining trends of HIV incidence and prevalence. The World Bank, UNAIDS, UNFPA, WHO, the Global Fund and Imperial College London agreed upon specific criteria used to identify Botswana, the Dominican Republic, Kenya, Malawi and Zambia as the five countries engaged in this study.</p>
 <p>Optimizing Investments in Kazakhstan's HIV Response</p> <p>UNAIDS, USAID, The Global Fund, UNFPA, UN Women, UNICEF, UNDP, UNHCR, UNWFP, UNWOMEN, UNICEF, UNDP, UNHCR, UNWFP, UNWOMEN</p>	<p>Optimizing Investments in Kazakhstan's HIV Response</p> <p>As part of a regional initiative, Kazakhstan conducted an HIV allocative efficiency analysis to inform more strategic investment in HIV programmes. Kazakhstan continues to experience a concentrated HIV epidemic in which the majority of new infections occur among key populations, particularly people who inject drugs, men who have sex with men, people in prison, and female sex workers and their clients.</p>
<p>A Set of Proposed Indicators: The LGBTI Inclusion Index</p> <p>This publication, produced in collaboration with UNDP, provides the background for a set of proposed indicators for a global index to measure the inclusion of lesbian, gay, bisexual, transsexual and intersex people. These indicators represent the most recent step in the development of the LGBTI Inclusion Index. Inclusion of lesbian, gay, bisexual, transsexual and intersex people is imperative if we are to deliver on the pledge of the 2030 Agenda for Sustainable Development.</p>	
<p>Funding of Community-based Interventions for HIV Prevention</p> <p>Since the start of the HIV epidemic, community responses have been at the forefront of the response. Following the extraordinary expansion of global resources, the funding of community responses rose to reach at least US\$ 690 million per year in the period 2005–2009. Since then, many civil society organizations have reported a drop in funding. Yet, the need for strong community responses is even more urgent, as shown by their role in reaching the UNAIDS Fast-Track targets. In the case of antiretroviral therapy, interventions need to be adopted by most people at risk of HIV in order to have a substantial effect on the prevention of HIV at the population level. This paper reviews the published literature on community responses, funding and effectiveness</p>	
<p>How Should HIV Resources be Allocated? Lessons Learnt from Applying Optima HIV in 23 Countries</p> <p>With limited funds available, meeting global health targets requires countries to both mobilize and prioritize their health spending. Within this context, countries have recognized the importance of allocating funds for HIV as efficiently as possible to maximize impact. Over the past 6 years, the governments of 23 countries in Africa, Asia, eastern Europe and Latin American have used the Optima HIV tool to estimate the optimal allocation of HIV resources</p>	
<p>Assessing HIV, TB, Malaria and Childhood Immunization Supply-side Readiness in Indonesia</p> <p>The Indonesian health sector is currently experiencing a financing transition that will have a profound impact on the country's efforts to achieve universal health coverage and national health goals. The transition is marked, on the one hand, by increasing per capita expenditure on health and, on the other, by declining of out-of-pocket payments and a significant reduction of external funding for health as a source of health financing. Assuming steady economic growth, Indonesia is soon projected to greatly reduce or transition from its reliance on external financing for the national AIDS, TB, malaria and childhood immunization programmes. While varying somewhat from programme to programme, the extent of financial transition required will be substantial for all four programmes.</p>	
<p>The City of Johannesburg Can End AIDS by 2030: Modelling the Impact of Achieving the Fast-Track Targets and What it will Take to Get There</p> <p>In 2014 city leaders from around the world endorsed the Paris Declaration on Fast-Track Cities, pledging to achieve the 2020 and 2030 HIV targets championed by UNAIDS. The City of Johannesburg—one of South Africa's metropolitan municipalities and also a health district—has over 600 000 people living with HIV, more than any other city worldwide. The authors estimate what it would take in terms of programmatic targets and costs for the city of Johannesburg to meet the Fast-Track targets and demonstrate the impact that this would have.</p>	

UNAIDS SECRETARIAT

This section presents an overview of achievements, challenges and future actions by the UNAIDS Secretariat, organized against the five functions outlined in the 2016–2021 UBRAF.

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

436. The UNAIDS Secretariat and all Cosponsors worked to ensure that HIV remains on the global, regional and country-level political agenda, positioned as an integral part of the SDGs.
437. As a result of the joint effort, issues related to HIV were raised at a number of 2018 high-level meetings and reflected in the related outcome documents, namely the Political Declaration of the High-level Meeting of the General Assembly on the Fight against TB (A/RES/73/3); the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/73/2); the Commission on the Status of Women Resolution 62/2 on Women, the Girl Child and HIV and AIDS; and the Commission on the Status of Women 62 Agreed Conclusions on the Priority Theme on Challenges and Opportunities in Achieving Gender Equality and the Empowerment of Rural Women and Girls.
438. At the General Assembly AIDS review on 3 June 2018, statements were delivered by the Secretary-General, the President of the General Assembly, and Member States from 3 regional blocs and 32 countries from various regions. World AIDS Day was marked by a statement by the Secretary-General, and tweets by the President of the General Assembly and by the ECOSOC President (the first World AIDS Day message by an ECOSOC president).
439. The UNAIDS Secretariat and Cosponsors worked to leverage the power and platform of various international and regional processes to ensure that HIV remains visible and that a progressive approach to HIV and key populations prevails.
440. In June 2018, at the Human Rights Council, the UNAIDS Secretariat worked with five countries (Brazil, Colombia, Mozambique, Portugal, Thailand) to pass a resolution recognizing and reinforcing the importance of human rights in the HIV response and calling for a consultation on promoting human rights in the response with a focus on regional and subregional best practices and strategies.
441. The joint African Union, United Nations and UNAIDS event on gender-based violence and the H6 Partnership organized at the United Nations General Assembly in September 2018 resulted in recommendations for better HIV integration in the training of troops before field peace and security missions.
442. The African Commission on Human and Peoples' Rights, with support from the UNAIDS Secretariat, undertook research on HIV and human rights in the African human rights system that resulted in the report HIV, the Law and Human Rights in the African Human Rights System: Key Challenges and Opportunities for Rights-based Responses to HIV. The report provided an overview of human rights barriers to the HIV response in Africa, highlighted best practices for addressing these barriers, and put forward bold recommendations for ensuring rights-based responses to HIV in Africa.
443. The UNAIDS Secretariat co-led two dialogues between the African Commission on Human and Peoples' Rights, the Inter-American Commission on Human Rights, and the

United Nations on Ending Violence and Other Human Rights Violations Based on Sexual Orientation and Gender Identity and launched a joint report.

444. SADC and the East African Community, with support from the regional Joint United Nations Team on AIDS in eastern and southern Africa, institutionalized accountability frameworks on HIV prevention, sexual and reproductive health, HIV and sexual and gender-based violence, and took steps towards more effective programming towards adolescent girls and young women. The Joint United Nations Team on AIDS also assisted the SADC Parliamentary Forum to develop and endorse in December 2018 minimum standards for protection of key populations in the SADC region, and to develop a gender-responsive oversight model.
445. The Secretariat partnered with the UN Economic Commission for Africa, and provided support to the development and launch of UNECA Report “Healthcare and Economic Growth in Africa” ensuring that the HIV response sustainable financing, progressing financing for health, including policy actions to remove the user fees and reduce out-of-pocket expenditures feature prominently in the proposed health financing priorities. The Report emphasized the urgent need to increase domestic investments on health to address the needs of the triple transition: demographic, urbanization and epidemiological transitions, acknowledging the dual burden of NCDs and unfinished business of infection diseases, particularly HIV epidemic. Sharing and discussing the report in a round table dialogue between leadership of UNECA, AfDB, UNAIDS, and other partners with the AU Ministers of Finance in a dedicated meeting in Morocco advanced the UNAIDS goal of ensuring that HIV sustainable financing is part of the broader frameworks for health financing in Africa.
446. The Joint Programme’s partnership with the EU focused on analysing and strengthening responses to the expanding HIV epidemic among men who have sex with men in eastern and south-eastern Europe (EU and border countries). The specific support areas included preparing and holding the 1st European Pre-exposure Prophylaxis Summit; modelling of the epidemics; Global AIDS Monitoring reporting; and analytics related to the epidemic among men who have sex with men.
447. The UNAIDS Secretariat and Cosponsors collaborated to support integration of HIV across health, at policy, programme and service delivery levels.
448. Engagement of the UNAIDS Secretariat, UNFPA, UNICEF, UN Women, WHO and the World Bank in the Every Woman Every Child movement, under the umbrella of the H6 Partnership, chaired by the UNAIDS Secretariat from 2016 through early 2019, was instrumental in maintaining visibility of HIV as part of sexual, reproductive, maternal, neonatal, child and adolescent health strategies and actions.
449. The topic of the thematic session of the 42nd PCB meeting was Ending Tuberculosis and AIDS: A Joint Response in the Era of the Sustainable Development Goals. The recommendations from the session fed into the deliberations at the United Nations High-level Meeting on Tuberculosis. The PCB thematic session influenced PEPFAR policy to prioritize the prevention, diagnosis and treatment of TB among people living with HIV.
450. Linkages between mental health and HIV were at the centre of a dedicated thematic segment at the 43rd PCB meeting. The discussion focused on approaches for addressing mental health and HIV from a human rights perspective, with greater community engagement and a holistic people-centred health care and social protection approach. This was the first time the issues of HIV and mental health were raised at the

level of the PCB. One of the immediate outcomes of the thematic segment was the PEPFAR decision to establish a new technical area on mental health and HIV in the 2019 Country Operational Plan Guidance.

451. The UNAIDS Secretariat joined forces with PEPFAR and the George W. Bush Institute to launch the US\$ 30 million Partnership to End AIDS and Cervical Cancer among women living with HIV in Africa. With the support of the Partnership, cervical cancer screening and care have been integrated with HIV services for women living with HIV on antiretroviral therapy in Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia and Zimbabwe, with services further scaled up in PEPFAR-supported facilities.
452. The Joint United Nations Teams on AIDS at the country level supported counterparts in maintaining HIV on the national agenda. In 2018 a total of 173 of 193 countries (90%) came up with a full set of Global AIDS Monitoring data. Of 90 countries covered by the Joint Programme, 98% reported implementing the population–location principle; 82% adopted all Fast-Track targets that apply; and 84% focused on increasing the percentage of domestic funding for the AIDS response.

Challenges and future actions

453. Persisting and emerging pressing priorities drive attention further away from the unfinished business of ending AIDS, while disintegrating global consensus on many fronts—community, human rights, gender—impedes development progress. However, the integrated SDG agenda provides multiple opportunities to advance the end of AIDS through other SDGs, and the AIDS response has valuable lessons to offer in delivering results for people and addressing effectively inequities, inequalities and exclusion.
454. In 2019 plans include a critical focus on maintaining matters related to HIV on the regional and country-level agenda and integrating matters pertinent to ending AIDS in major 2030 Agenda events such as:
- an SDG summit;
 - a high-level dialogue on financing for development;
 - a United Nations General Assembly high-level meeting on universal health coverage
 - a high-level political forum with a focus on SDGs 10, 16 and 17;
 - a midterm review of the Samoa pathway.
455. The UNAIDS Secretariat will continue to work with Cosponsors and partners to leverage political institutions and processes such as:
- the Commission on the Status of Women 2019 in positioning social protection and HIV;
 - CND 2019 on a people-centred, human rights-based response to drug use;
 - the Human Rights Council as follow-up to consultation on regional approaches to advance rights.

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

456. The Joint Programme fulfilled its convening, agenda-setting and mobilizing mandate by leading the Global HIV Prevention Coalition, a major effort to revive the HIV prevention, with the UNAIDS Secretariat and UNFPA as co-conveners. The Coalition has re-established global, regional and national leadership on HIV prevention. In May 2018 during the World Health Assembly, 4 additional countries joined the Coalition, and ministerial commitment was witnessed when 14 ministers made statements on their progress and commitments made in the 2020 Road Map.
457. Supported by the regional Joint United Nations Team on AIDS in eastern and southern Africa, SADC joined the Global HIV Prevention Coalition and developed a framework for achieving the commitments made in the 2020 Road Map, while the regional Joint United Nations Team on AIDS in the Middle East and North Africa developed a plan for accelerating their commitment to prevention. A leadership panel during the Amsterdam AIDS Conference set the tone for the focus on prevention for the conference, with more than 500 people attending. National AIDS centre directors from 21 countries met to exchange lessons and identify actions to accelerate national leadership and coordination of HIV prevention.
458. The Joint Programme, under the direction of the UNAIDS Secretariat, has been actively advocating and leveraging opportunities for health cooperation and south–south cooperation under the Forum on China–Africa Cooperation (FOCAC) and the Belt and Road Initiative (BRI) to advance cooperation on health development and achieving the ending of AIDS, and to ensure increased visibility of AIDS and the work of the UNAIDS Joint Programme in broader health development discussions. Working with partners, language on ending AIDS, access to medicines and local production were included in the outcome documents of the 2019 FOCAC Health Ministers’ Conference, the FOCAC 2018 Beijing Summit, and the 2017 BRI Health Forum.
459. In collaboration with the Africa Centers for Disease Control and Prevention, the Joint Programme succeeded in supporting the installation of a situation room on HIV, which will be extended to other transmitted diseases. In order to ensure better HIV integration in the training of troops before field peace and security missions, recommendations were made as a result of the joint African Union, United Nations and UNAIDS Joint Programme event on gender-based violence and the H6 Partnership organized at the United Nations General Assembly.
460. The Joint Programme continued to bring about inclusive multistakeholder and multisectoral approaches to transform the AIDS response and address some of the major barriers to ending AIDS: stigma and discrimination, violence, marginalization, laws and policies. Reaching zero HIV-related stigma and discrimination is the goal of the recently launched Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, initiated by the PCB NGO Delegation and reenergizing political commitment. The Global Partnership was launched in late 2018, with the Global Network of People living with HIV, the UNAIDS Secretariat, UNDP and UN Women as co-conveners. The first global community consultation on the Global Partnership was held in June 2018 and the partnership was launched in December 2018. An initial priority is for 20 national governments to join the Global Partnership.
461. The Joint Programme continued its leading role in the Start Free, Stay Free, AIDS Free framework for ending paediatric AIDS. Working with PEPFAR, Cosponsors and the UNAIDS Secretariat mobilized and supported national efforts in 23 high-priority

countries to reach the super-Fast-Track targets of the framework. The Joint Programme also supported the Free to Shine campaign, which the Organisation of African First Ladies Against HIV/AIDS and the African Union launched to accelerate actions to end AIDS among children and keep mothers healthy. Actions in western and central Africa were a high priority in 2018: the UNAIDS Secretariat joined with UNICEF to expand and improve elimination of mother-to-child transmission and paediatric treatment service in 9 countries (Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Cameroon, Democratic Republic of the Congo, Equatorial Guinea, Ghana, Nigeria) in the region.

462. Momentum has continued for the Fast-Track Cities initiative throughout 2018. By the end of 2018, leaders of more than 300 cities and municipalities had signed the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic and committed to accelerating the response. The Paris Declaration was revised in 2018 to more explicitly include TB and viral hepatitis in the declaration. The UNAIDS Secretariat on behalf of the Joint Programme mobilized resources to provide support to 15 high-burden cities, together accounting for about 3 million people living with HIV, to accelerate their HIV responses and to reach the Fast-Track targets.
463. Direct support will be provided until the end of 2020 and will ensure the sustainability of the activities beyond the study period. Ten cities (Durban, Jakarta, Johannesburg, Kigali, Kinshasa, Lusaka, Maputo, Nairobi, Windhoek, Yaoundé) were successfully included during 2018 and were supported by the UNAIDS Secretariat at the global and country levels to develop strategic workplans and to start with implementation of activities. Results of the work in the first 10 cities in the first year of the project have been encouraging and include strengthened local political leadership and capacity of local stakeholders, identification of innovative interventions to reach marginalized groups, and better use of strategic data for evidence-based decision-making.
464. At the 43rd PCB the UNAIDS Sustainability Framework was endorsed. In a partnership between the UNAIDS Secretariat, UNDP and the World Bank, the People-centred Framework aims to address country needs for sustainable equitable solutions. It combines the objectives of mobilizing political commitment to invest and shift policies to reach those left behind, while sustaining human rights and gender equity; maximizing AIDS response investments combined with system and programme efficiency to reach control of the epidemic; and strengthening long-term sustainability by remobilizing a truly multisectoral response including advancing towards the SDGs and universal health coverage.
465. A particular focus is being placed on western and central Africa (Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Nigeria) to generate the analytical data and establish a country-driven process to move away from user fees that negatively affect access to HIV-related services and health. There are likely to be interesting developments as the Joint Programme transforms the policy document into country support, partnering with PEPFAR and the Global Fund alongside other stakeholders.
466. The Secretariat has established a new UNAIDS Technical Support Mechanism maximise impact of technical support to countries aligned with Country Joint Programmes of Support to accelerate progress towards the Fast Track targets. Increased support to community-led responses, particularly in West and Central Africa, emphasis on addressing the needs of key populations in planning frameworks, generating strategic information to inform and mobilize GF resources and facilitate access to service, aligning sub-national plans with Fast Track targets, and increasing efficiencies were the predominant results across support provided to more than 40 countries.

467. The UNAIDS Secretariat continued to support country and regional Global Fund grant applications in 2018 and provided technical and other support to ensure efficient and effective implementation of those grants. The development of a memorandum of understanding between the UNAIDS Joint Programme and the Global Fund, which began in 2018, aims to demonstrate the added value of the UNAIDS Joint Programme–Global Fund partnership by focusing on the results and impact of their collaboration at the country level.
468. In order to address the barriers that render marginalized populations vulnerable to HIV infection, the UNAIDS Secretariat worked with Cosponsors and civil society organizations to provide technical guidance for implementing a US\$ 36 million Global Fund grant to support essential HIV, TB and malaria services in Middle Eastern countries affected by humanitarian emergencies. Other support for evidence-based programming for marginalized groups included a collaboration with IOM to research HIV and migration in eastern and southern Africa, which informed a call for action by faith-based organizations. Seeking to remove human rights-related barriers to HIV, TB and malaria services, the UNAIDS Secretariat supported the operationalization of the US\$ 77.3 million Breaking Down Barriers initiative of the Global Fund by providing advocacy, coordination, capacity-building and technical guidance in 20 countries.
469. In partnership with the International AIDS Society, the International Association of Providers of AIDS Care, and the HIV Justice Network, the UNAIDS Secretariat convened a group of 20 leading scientists in the field of HIV to develop a Global Expert Consensus Statement on the Science of HIV in the Context of Criminal Law. The Statement was launched in 2018 and aims to update concepts of HIV-related risks and harms, based on the science of HIV; to improve understanding and use of forensic evidence on HIV transmission; and to ensure a fair and science-based application of criminal law.
470. The #BeTeamWomen platform was created by the UNAIDS Secretariat to amplify the call for accountability on gender equality and women’s empowerment. It includes social media outreach components to promote knowledge about issues such as forced and child marriage, female genital schistosomiasis and cervical cancer.
471. The UNAIDS Secretariat continued to build on efforts to identify and pursue innovative health and financing solutions for the global AIDS response. Its newly created Office of Innovation conducted an all-staff innovation survey to capture proposals for innovation at UNAIDS and launched three projects in 2018—on fundraising, HIV and sexual and reproductive health and rights education, and using m-health to improve treatment adherence.

Challenges and future actions

472. Inclusive partnerships are key to effective, equitable, sustainable HIV responses and results for people at the country level. Space for civil society is shrinking in different parts of the world; there is a role for the United Nations development system to support Member States in delivering on the 2030 Agenda commitments (“We are determined to mobilize the means required to implement this Agenda ... with the participation of all countries, all stakeholders and all people”).

473. In 2019 highlights will include:

- the Global HIV Prevention Coalition, which will focus on sustaining political commitment and scaled-up implementation in 28 countries;
- the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, which will move to a full implementation phase, including securing commitment from 20 governments;
- discussions around universal health coverage, where UNAIDS Secretariat activities will focus on mobilizing community engagement around the right to health and universal health coverage; advocacy for inclusiveness and human rights; community responses; building on the AIDS movement; and working with universal health coverage as an enabler to ending AIDS;
- the UNAIDS Sustainability Framework, which will focus on implementation in 10 countries in particular and will report back to the PCB in December 2019.

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

474. The UNAIDS Secretariat introduced or developed a range of activities to strengthen the accuracy of HIV-related data to serve programme needs in 2018. 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 price of antiretroviral medicines.

475. The UNAIDS Secretariat supported 140 countries to produce epidemiological and financing estimates and to report key programme data, including data disaggregated by sex, age, subpopulation and geographical 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/>).

476. Detailed analyses of the epidemic and response were presented in the 2018 global AIDS update report *Miles to Go*, other flagship publications, and reports to the General Assembly and the PCB. These reports documented important achievements while highlighting slow progress and setbacks in some regions.

477. The UNAIDS Secretariat led or participated in numerous other initiatives to improve country, regional and global generation of strategic information. Data visualization and analytics platforms (health situation rooms) were launched in Côte d'Ivoire, Lesotho, Uganda and Zambia. These innovative digital platforms merge data from multiple national data sources (e.g. District Health Information System, Logistics Management Information System, community data) into one system, allowing decision-makers and programme managers to easily view and analyse a selection of key indicators relevant to the country.

478. Countries were supported to use their data to identify 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, and the incorporation of district-level estimates into the District Health Information System 2. The UNAIDS Secretariat commissioned a model to identify the optimal mix of HIV testing modalities in Fast-Track countries to reach the first "90".

Tracking resources

479. As part of the 2018 Global AIDS Monitoring process, the UNAIDS 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>), which can be accessed via AIDSinfo. The data show that an estimated US\$ 20.6 billion was available in 2017—about 80% of the 2020 target set by the United Nations General Assembly.
480. UNAIDS provided training and support to 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 were used as inputs for national investment and sustainability plans, efficiency and sustainability analyses, and budgeting of national strategic and annual operational plans, as well as for the global and regional estimates and projections of resource availability and funding gaps that support advocacy and resource mobilization efforts.

Improvements to data and epidemiological estimates

481. Working with technical partners, the UNAIDS Secretariat refined a range of models for generating estimates on the basis of case surveillance and vital registration data, generating more geographically specific estimates and key population size estimates.
482. A new model integrated into the Spectrum estimation 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 of United States funding to the AIDS responses of low- and middle-income countries.
483. New metrics for the epidemic transition were finalized in 2018, and country, regional and global values were published on AIDSinfo and in the Miles to Go report. A special collection of articles was prepared for PLOS Medicine, describing the background and functions of the measures used.
484. The introduction of new statistical methods and models should permit publication of sex-disaggregated data for the three “90s”. UNAIDS and WHO began a process to improve the use of data in the rollout of pre-exposure prophylaxis programmes in countries.
485. The Secretariat also calculated the economic returns of ending the AIDS epidemic as a public health threat. This analysis found that the incremental costs of achieving the Fast-Track targets in 2017–2030 were an estimated US\$ 13.69 per capita, while the incremental benefits of the resulting additional decreases in mortality amounted to US\$ 88.14 per capita (a return 6.4 times bigger than the resources invested).

Challenges and future actions

486. Deadlines for the current set of 2020 global programme targets and impact milestones agreed by the United Nations General Assembly will soon arrive. Looking ahead, the UNAIDS Secretariat has convened a diverse group of stakeholders to begin the process of developing a proposed set of programmatic targets for 2025. This process will also develop estimates of 2021–2030 resource needs. A major challenge for this process is devising clear and compelling global targets that also capture the need for a granular approach to target-setting, programme planning and implementation at national and

local levels so that interventions can focus on the locations and populations of greatest need.

487. Other challenges to be overcome include a possibility that key populations are currently underrepresented in data collection, insufficient political will to finance robust surveys of these highly stigmatized populations, and the need to avoid human rights violations when data are collected for these populations.

488. The fields of epidemiology and health information systems are changing rapidly, including through the use of phylogenetic data and mobile technologies that provide increasingly granular understanding of national and subnational epidemics. Maintaining the leadership role of UNAIDS in HIV-related strategic information will require additional human resources and training.

489. Another challenge is global leadership in the HIV resource-tracking area needed given donor initiatives (Global Fund, PEPFAR), the momentum of universal health coverage, and the focus on health resource tracking at the health systems level. Discerning HIV programme specificities within integrated responses and services requires further and separate emphasis in addition to the system level. Thus, the need for strengthened capacities to collect, analyse and report spending data at country, regional and global levels.

490. 2019 will witness the rollout of improved methods and tools such as:

- online tool integrated with Spectrum estimates for calculating the percentage of people living with HIV who know their status in selected sub-Saharan African countries with national population surveys.
- improved usability of tools to create estimates at the district level;
- innovative models to improve key population size estimates and key population HIV estimates.

491. Other highlights in 2019 include the Global AIDS Update in July, the World AIDS Day report in November, launching of the Policy Visualization platform, rollout of health situation rooms in seven additional countries and the regional strategic information hubs.

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

492. Making an impact at country level remained key to the operations of the UNAIDS Joint Programme. The Secretariat and Cosponsors worked together to support Member States to accelerate action to meet the Fast-Track commitments and reach the targets, placing an emphasis on ensuring sustainability of the response, its results, systems, services, civil society and financing. The Secretariat and Cosponsors collaborated to advance an inclusive, people-centred, human rights-based, gender-transformative agenda, supporting governments and non-government stakeholders to achieve the Fast-Track targets and position the AIDS response so that it contributes to country context-specific linkages within the spectrum of the SDGs.

Working together for results for people (with all Cosponsors)

493. In 2018, the Joint Programme completed the first full year of implementing its refined operating model that was developed in response to the recommendations of the 2017

Global Review Panel and endorsed by the PCB at its 40th Meeting. The model was designed to achieve three overarching objectives: (i) ensure that the Joint Programme's resources are deployed where they are needed most; (ii) strengthen collaborative work and joint action at country level; and (iii) enhance accountability and results for people. The Secretariat and Cosponsors worked together to implement the model at country, regional and global levels.

494. Under the refined operating model, a standardised Joint UN Plan on AIDS was institutionalised as the main planning, management and monitoring tools enabling the Joint UN Teams on AIDS at country level to articulate their priorities and their added value in the national HIV response, and to position HIV-related work as a contribution to deliver on the broader UNDAF commitments. Joint UN Plans on AIDS focus on key people-centred country targets prioritised to address the most acute country needs and to achieve the greatest potential impact from collaborative UN support. In 2018, Joint UN Plans were implemented in 97 countries where the Joint Programme operates. In 71 countries, the Joint UN Teams on AIDS received additional funding in the form of a country envelope and used it to finance a proportion of the priority collaborative work under the Joint UN Plan. The Regional Joint UN Teams on AIDS provided quality assurance for country plans and use of the country envelopes and also facilitated support for country-level work. The UNAIDS Secretariat facilitated and supported the Joint UN Teams on AIDS at country and regional levels.
495. Implementation of the refined operating model reinvigorated the Joint UN Teams on AIDS at country and regional levels; helped operationalise stronger focus on results for people; advanced the Joint Programme in its consistent efforts to demonstrate a link between the UN effort and the results on the ground; and supported stronger linkages among the Secretariat and Cosponsors at country, regional and global levels.

National HIV strategy: inclusive dialogue, consolidated action (with all Cosponsors)

496. The national HIV strategy is a proven instrument allowing countries to strategically plan their HIV response and effectively position it in broader health and development agenda. In 2018, national HIV strategies and plans were reviewed or newly developed in a number of countries, including Botswana, Burkina Faso, Dominican Republic, Ecuador, Eswatini, Gabon, Georgia, Tunisia, Uganda and United Republic of Tanzania. The Secretariat and Cosponsors supported country stakeholders in maintaining an inclusive dialogue and jointly defining national priorities, setting targets and agreeing on the strategic approaches to accelerate action to Fast-Track the response and advance the end of the AIDS epidemic, as a contribution to attaining the SDGs.

Global HIV Prevention Coalition – new momentum around primary prevention (with UNFPA)

497. In 2018, the Secretariat and Cosponsors worked with 28 countries in across regions to fully operationalize the Global HIV Prevention Coalition and implement the HIV Prevention 2020 Roadmap. The Coalition, which is co-convened by the Secretariat and UNFPA, created new momentum on primary prevention. In the Coalition countries with high HIV prevalence, national prevention responses are now consolidated around five priority prevention pillars. In countries with concentrated epidemics, the emphasis is on the pillar for key populations.
498. Of the 28 coalition member countries, 24 have established or reinvigorated national HIV prevention coalitions or working groups; 23 countries developed or updated national prevention strategies, with national prevention targets aligned to the global Fast-Track commitments. All 28 Coalition countries reviewed and validated their prevention scorecards and the gaps that they face.

499. In 19 countries, including Ghana, India, Kenya, Malawi and Pakistan, steps are being taken to remove barriers to prevention service access. Packages for key populations are being developed in 21 countries, including Côte d'Ivoire, Eswatini and Morocco. In 16 countries with high HIV incidence settings, including Botswana, Eswatini and Zimbabwe, service packages are being developed that focus on adolescent girls and young women.

500. Despite this progress, major gaps persist, especially as relates to national capacity, systems for implementation at scale, and HIV prevention financing.

Testing and treatment (with WHO and UNICEF)

501. There has been remarkable progress globally in advancing towards the 90-90-90 targets: in 2017, the world had achieved 75-79-81. However, substantial challenges persisted, and progress varied by region and by population. The Secretariat and Cosponsors continued to jointly support countries in addressing these challenges.

502. In 2018, the Secretariat and Cosponsors played an important role in introducing and taking to scale innovative testing approaches, such as self-testing, partner notification and index testing, including in Belarus, Eswatini, Lesotho, Rwanda, Viet Nam and Zambia. UN support was instrumental in the scale up of differentiated service models, tailored to country context and designed to reach the unreached in Cameroon, Ethiopia, Lesotho, Nigeria, Pakistan, South Africa and Ukraine, among other countries. The Secretariat and Cosponsors assisted governments and partners in Egypt, Indonesia, Madagascar, Thailand, Viet Nam and other countries to take decisive steps to address stigma and discrimination in healthcare settings. In Belarus, Kazakhstan and Ukraine, the Secretariat and Cosponsors were instrumental in achieving significant reductions in ARV prices, and in Papua New Guinea and Venezuela, in preventing ARV stockouts and ensuring an uninterrupted supply of medicines.

eMTCT and paediatric treatment (with WHO and UNICEF)

503. Support to countries to achieve the eMTCT and paediatric treatment commitments and targets remained a priority for the Joint Programme.

504. In 2018, Malaysia received its certificate of elimination of mother-to child transmission. Belarus and Thailand reconfirmed their eMTCT certification. With the support from the Secretariat and Cosponsors, a number of countries were implementing or preparing the elimination roadmaps, including Cambodia, Ecuador, Eswatini, Kazakhstan, Kenya, Madagascar, Republic of Moldova, Morocco, Mozambique, Namibia, Panama, Togo, Ukraine and Zimbabwe.

505. With joint UN assistance, countries continued to scale up, further decentralise and increasingly integrate eMTCT services, bringing them closer to clients and expanding service coverage, including in Afghanistan, Equatorial Guinea, Islamic Republic of Iran, Liberia, Sierra Leone and South Africa. The Secretariat and Cosponsors assisted in building capacity of service providers, including in Angola, Guatemala, Nigeria and Papua New Guinea.

506. In the western and central Africa region, the Secretariat and Cosponsors jointly mobilised leadership of the countries facing the greatest challenges for the High-level Meeting on Elimination of Mother-to-Child Transmission of HIV (eMTCT) and Universal Health Coverage of Paediatric HIV Testing and Treatment in West and Central Africa (WCA) Region; and provided hands-on technical support in the development of priority action and support plans in nine priority countries in the region (Cameroon, Chad, Côte

d'Ivoire, Central African Republic, Democratic Republic of Congo, Equatorial Guinea, Ghana, and Mali and Nigeria).

507. The Secretariat and Cosponsors made significant contributions to scaling up paediatric treatment, including in Equatorial Guinea, Namibia, Zimbabwe and other countries. Joint Teams assisted with strengthening case-finding and early infant diagnosis, including in Cameroon, Mozambique, Nigeria, Papua New Guinea and South Africa. The Secretariat and Cosponsors played an important role in enhancing community support in linking and retaining pregnant women, mothers and children in care in Cameroon, Liberia, Mozambique, Nigeria and South Africa, among other countries.
508. The Secretariat and Cosponsors helped design and implement action under the Start Free, Stay Free, AIDS Free, including in Equatorial Guinea and Togo. Support was provided for the roll-out of the Free to Shine campaign, which is led by the Organization of African First Ladies for Development (OAFLAD) and the African Union, including in Angola, Chad, Lesotho and Mozambique.

Empowering communities (with all Cosponsors)

509. The PLHIV Stigma Index version 2.0 was launched In January 2018, after an extensive review. The revised Stigma Index is based on the same methodology as the previous version, placing people living with HIV at the centre, with the new version providing more focused information on barriers to HIV testing and treatment and a more in-depth examination for each key population of stigma and discrimination based on their key population status. In 2018, the new index was implemented in Latvia and Lithuania. Argentina, Brazil, Canada and Philippines initiated implementation, which continues into 2019. Several countries, including Argentina, Belarus, Botswana, Burundi and Ethiopia, started planning for implementation in 2019 with the support from the Secretariat and Cosponsors.
510. Aiming to strengthen the linkages among networks and amplify the voices of community advocates from people living with HIV, key populations, TB and other activists in the HIV, health and human rights space, UNAIDS re-launched the Community Advocacy Update. The first issue of the new Community Advocacy Update was dedicated to follow up to the High-level meeting on TB and giving voice to TB activists, reaching more than 6,000 people in all regions.
511. The Secretariat and Cosponsors continued to engage with faith communities, religious leaders and faith-based organizations, supporting them with practical, tailored, country-context-adaptable tools. As a result of this work, the faith-based organizations in the Democratic Republic of Congo, United Republic of Tanzania and Zambia put in place action plans in support of the national AIDS programmes. A manual on faith healing and HIV adherence was developed and pilot tested in Kenya and Zambia (English version) and Rwanda (French version). Supported by multi-stakeholder consultations in the Democratic Republic of Congo and Nigeria, manuals on positive masculinities and femininities went into implementation. In Nigeria, steps were taken to address stigma and discrimination in health care settings managed by or belonging to religious congregations.
512. The Secretariat and Cosponsors supported youth in implementing youth-led scorecards on national progress in implementing the 2016 Political Declaration on HIV, as perceived by young people. The youth-led score cards were implemented in Cameroon, Egypt, Fiji, Ghana, Mexico, Nigeria, Panama, Russian Federation, Ukraine and Zambia. The results confirmed that countries still face challenges to ensure and implement protective legal and policy frameworks, and youth participation remains an important

challenge, especially as relates to budgetary decision-making. Young people were also engaged in creating specific country-level programming tools: (i) an online prevention compendium of tools for programmers, focused on adolescent and young key populations, was developed and pilot tested in Georgia and the Philippines, with the joint support from the Secretariat and Cosponsors; (ii) a mentorship module built on three regional inter-generational dialogues was developed and launched in partnership with PACT.

Human rights: advancing law reform, responding to crises (with UNDP and UN Women)

513. In 2018, the Secretariat and Cosponsors offered advice and hands-on support to national stakeholders, and specifically civil society, in more than 20 countries that experienced human rights crises or were undergoing law reform. The Secretariat, together with Cosponsors, engaged in resolving situations that affected communities of people living with HIV, key populations or advocates directly, such as through arrests, violence, disappearances, heightened harassment or changes in laws or policies that affect the AIDS response. Specifically, the Secretariat, in partnership with Cosponsors, worked together with civil society during arrests relating to sexual orientation and gender identity in Cameroon, Nigeria and the United Republic of Tanzania; provided expert advice and input in law reform processes on HIV criminalisation in Belarus, Chile, Estonia, Kenya, Malawi, Palau and Panama; criminalisation of same-sex sexual activity in Indonesia and Uganda; travel restrictions in China, Mauritius and Turkey; mandatory testing in Zambia; and access to medicines in the Republic of Moldova. The Secretariat and Cosponsors supported 20 countries engaged in the Global Fund's Breaking Down Barriers initiative to put in place comprehensive programmes aimed at reducing human rights-related barriers.

Advancing gender equality (with UN Women)

514. The Secretariat facilitated refinement of the tools to help countries measure and strengthen gender sensitivity of the national HIV-related action plans and strategies. The Gender Assessment Tool (first introduced in 2014) was updated to reflect the 2016 Political Declaration commitments and integrate new science and knowledge on ensuring a gender sensitive approach to HIV. The tool will assist countries in assessing the HIV epidemic, context and response from a gender perspective and in making the responses gender-transformative, equitable and rights-based. The application of this tool can inform the development or review of national strategic plans, country investment cases and submissions to the Global Fund. In 2018, with the support from the Secretariat and Cosponsor, a gender assessment of HIV response was carried out in Indonesia, identifying various factors, policies, programmes and financing at national and sub-national levels that inhibit, as well as support gender integration into existing HIV intervention programmes, and generating recommendations to inform the new national HIV action plan.

515. In many countries, the Secretariat and Cosponsors worked to ensure that national and local HIV responses are gender-responsive and contribute to advancing gender equality, and supported communities in developing gender-related solutions, including in Cambodia, Democratic Republic of Congo, Ecuador, Eritrea, India, Jamaica and Mozambique, among other countries.

516. The Secretariat and Cosponsors supported action on HIV and gender-based violence, assisting with development and implementation of action plans and building capacity of governments, civil society organizations and communities to prevent and respond to gender-based violence, including in Brazil, Cambodia, Cameroon, Central African Republic, Eswatini, Ethiopia, Papua New Guinea, Peru, South Sudan, Uganda and other countries.

Social protection (with ILO and the World Bank)

517. To meet the goal of ensuring increased HIV sensitivity of countries' social protection programmes, UNAIDS monitored the status of social protection as reported by countries and took steps to help countries understand and address country-specific gaps. Of the 113 countries with an approved social protection strategy, 72% are HIV-sensitive with respect to at least one of the six measures of HIV sensitivity; 83 countries recognize adolescent girls and young women as key beneficiaries; key populations are recognized as beneficiaries in 44 countries; and unpaid care work in the context of HIV is recognized in only 35 countries' strategies. With the Secretariat and Cosponsors providing technical advice and hands-on engagement, HIV and Social Protection Assessments were carried out in 2018 in Namibia, Lesotho, Uganda and United Republic of Tanzania, bringing HIV and social protection stakeholders and resources together to better understand the context and determine how to more effectively connect people living with, at risk and affected by HIV to social protection services.

Humanitarian settings (with UNHCR and WFP)

518. The Secretariat, together with Cosponsors, worked to ensure that national HIV strategies integrate and respond to the specific needs of people in humanitarian settings, and that the crisis response incorporates action to protect and support people living with and affected by HIV.

519. With the support from the Joint UN Teams on AIDS, HIV prevention, testing and treatment services were delivered to migrants, refugees and internally displaced populations in Bangladesh, Cameroon, Ecuador, Rwanda and other countries; food aid and nutrition support to people living with HIV was added in humanitarian crisis settings in Cameroon and South Sudan. Through collaboration with the national army and police, HIV awareness and test-and-treat campaigns were launched in Central African Republic and South Sudan focused on service men and women, their families and communities. In Kenya, following operational research, an alternative HIV service delivery model involving civil society was established for drought-stricken areas, enabling services to reach high-risk groups in largely inaccessible areas. In the response to weather events in southern Africa, the Joint Programme emphasized tracing and linking displaced populations to HIV services, inclusive of sexual and reproductive health, principally through local government and civil society, building on the GIPA principle and engaging further with networks of people living with HIV to reach hidden populations migrating and residing in remote and inaccessible locations. HIV-related interventions were integrated in the UN system-wide Inter-Agency Action Plan on Sexual Exploitation and Abuse, with HIV messages disseminated through local radio programmes, sensitization campaigns and other channels. Integration of gender-based violence awareness, prevention and response was ensured in collaboration with the GBV sub-cluster under the humanitarian response programme for South Sudan.

Challenges and future actions

520. Community engagement is crucial in both maintaining the momentum and closing the response gaps in terms of HIV testing, prevention, treatment and addressing stigma and discrimination. While space for civil society is shrinking worldwide, the Joint Programme will continue to promote the meaningful empowerment and involvement of civil society in the HIV response to better identify the people left behind, connect people to services, and improve retention in treatment and care.

521. Joint efforts will be strengthened to support implementation of targeted and evidence-based programmes towards youth and key populations. This will be achieved through

the generation of good-quality, up-to-date and disaggregated data on the HIV epidemic and response, to better answer data gaps worldwide and leave no one behind.

522. Structural barriers, systems failures and implementation bottlenecks are behind the slow progress and suboptimal health and development outcomes. These are likely to be common for a range of development areas and could be addressed more effectively through integrated SDG approaches.
523. Actions in 2019 will focus on the Joint Programme's joint engagement and country support as part of the United Nations Sustainable Development Cooperation Framework processes; rollout of country tools in 15 countries in sub-Saharan Africa to advance gender equality; development of concrete sustainability actions plans in at least 10 countries; conducting of Stigma Index Surveys in numerous countries; intensification of the Global HIV Prevention Coalition's actions, with a focus on key populations; and validation of elimination of mother-to-child transmission for 4 additional countries, aiming for a first African high-burden country to achieve validation on the path to elimination.

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

524. The Joint Programme continued the implementation of the refined Joint Programme operating model, strengthening its effectiveness in countries, demonstrating value for money, and improving accountability through the refined Joint Programme Monitoring System. To increase transparency and accountability and to better communicate results, UNAIDS launched the updated Transparency Portal in 2018 (<https://open.unaids.org/>). This interactive platform provides information on UNAIDS country, regional and global level results (against Joint Programme priorities) and displays how UNAIDS raises and spends resources, along with funding trends. On the same platform the UNAIDS Secretariat continued to publish according to the standards of the International Aid Transparency Initiative.
525. Responding to the fast-changing contexts and evolving demands, the UNAIDS Joint Programme updated its Division of Labour to better align the Joint Programme's priorities and operating modalities with the 2030 Agenda for Sustainable Development and United Nations reform. The UNAIDS Division of Labour 2018 reaffirmed the unique nature and the value of the innovative UNAIDS partnership; reasserted the Joint Programme as a champion and forerunner of United Nations reform; and reconfirmed the centrality of achieving results for people to the Joint Programme work at all levels.
526. Thanks to the continuing commitment of major donors and intensified fundraising activities by the UNAIDS Secretariat, the Joint Programme mobilized core income totalling US\$ 189 million in 2018 (exceeding the target by US\$ 5 million), compared with US\$ 177 million mobilized in 2017 and US\$ 180 million mobilized in 2016. Most top UNAIDS donors maintained or increased their funding contributions. The donor pool extended, including several lower- and upper-middle-income countries in sub-Saharan Africa, central Asia and South-East Asia. In 2018 the UNAIDS Secretariat increased support for in-country resource mobilization and strengthened relationships with Cosponsor resource mobilization teams with the operationalization of a resource mobilization group.
527. In early 2018 the UNAIDS Secretariat launched its Management Accountability Framework, which operates in tandem with the Risk Management Framework (designed

to identify and manage the likelihood or impact of a risk) and the Internal Control Framework (which provides the critical systems and structures necessary to ensure that UNAIDS operational, compliance and reporting objectives are met). A systematic risk management approach was introduced in May 2018 to identify, assess and manage risks and opportunities. These risk assessments are feeding into a 2019 planning exercise for all UNAIDS country and liaison offices and headquarters.

528. The UNAIDS Secretariat provided impartial support to the UNAIDS PCB Bureau to facilitate modelling of new ways to effectively address harassment in the United Nations, including for the operation of the Independent Expert Panel. The UNAIDS Secretariat successfully managed highly complex sessions of the PCB in June and December 2018 and provided intensive support between sessions to the PCB Bureau to prepare and organize the work of the PCB. The quality of this governance work was noted by the United Kingdom Department for International Development.
529. The 5-Point+ Plan launched in February 2018 is being implemented through inclusive, rights-based and sustainable change-management efforts, and contributing to positive working environment in the UNAIDS Secretariat. The aim of the Plan is to ensure that all forms of harassment and abuse of authority are identified early and dealt with swiftly and effectively with due process. The Dignity at Work Task Force and Integrity Hotline were established.
530. Work began on a more encompassing management action plan in response to the report of the Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat, with inputs from the UNAIDS Secretariat Staff Association. The process has been highly consultative and inclusive, and the Plan features far-reaching changes that will serve the changing endeavour in the UNAIDS Secretariat.
531. The Secretariat launched its Gender Action Plan for 2018–2023 to advance gender equality and empower women across the Secretariat. 54% staff are women as are 48% of UNAIDS Country Directors and gender parity has been reached at P4 level and above. The Secretariat ran the fourth cohort of its unique Women's Leadership Programme and launched applications for the 5th round of its Mentoring Programme which has been opened up for men and women staff. Since its launch in 2014, 124 women staff have benefited from UNAIDS Leadership Programme.

Evaluation

532. A review of the implementation of the Joint Programme Action Plan was undertaken in 2018. The review focused on the country processes of the Action Plan. The review was designed as a formative evaluation. It covered the period from June 2017, when the Action Plan was approved by the PCB, to May 2018. The review presents achievements, challenges and lessons learnt and provides recommendations for further implementation of the Action Plan.
533. Overall, the review showed good progress in the implementation of the Action Plan. In line with the objectives of the Action Plan, financial resources were being deployed where most needed; country-level joint work and collaborative action was being reinvigorated; and accountability was reinforced. However, the review highlighted several challenges, notably shrinking financial resources and limited human resources at the country level, which affect the Joint Programme's ability to deliver. The findings informed discussions at the 42nd PCB and helped shape the 2019 guidance on joint plans on AIDS and country envelopes, as part of the refined operating model.

534. A framework for an evaluation of the UNAIDS 2016–2021 UBRAF was developed. The evaluation is designed primarily for organizational learning but also for accountability purposes. It will assess the work of the Joint Programme in the first three years of the UNAIDS 2016–2021 Strategy and the UBRAF at country, regional and global levels. The evaluation should identify what the Joint Programme needs to—and can—do in the future, and how the UNAIDS Secretariat and Cosponsors will need to evolve to end the AIDS epidemic by 2030, given the changing AIDS context, shifting priorities and availability of resources.

535. There was increased engagement with evaluations of other United Nations entities through the United Nations Evaluation Group, with a view to carrying out robust systemwide and joint evaluations, strengthening ongoing quality assurance and assimilating guidance (e.g. on human rights and gender-responsive evaluations).

Challenges and future actions

536. The financing environment, both for the Joint Programme and for the broader HIV response, remains challenging. The resource mobilization group will actively engage to mobilize a fully funded UBRAF.

537. A major opportunity in 2019 will be ongoing alignment to United Nations reform. In this respect, the Joint Programme will continue to reaffirm ongoing implementation of the refined operating model with its orientation to the strategic focus and capacities of Joint Teams. Due attention will be given to the ongoing paradigm shift to a needs-based and country-focused model aligned to supporting a set of national priorities where the United Nations has a clear comparative advantage to address specific bottlenecks.

538. Operating systems will need to be aligned and strengthened for a county-focused implementation, with attention paid to transaction costs. As well as continued effort to improve and strengthen performance reporting to the PCB, following the 42nd PCB decision points it will be necessary to improve planning in order to strengthen focus on the Joint Programme’s results for people and impact on people’s lives.

539. 2019 will see the midterm review of the 2016–2021 UNAIDS Strategy and UBRAF, a road map for a consultative process on the next UNAIDS strategy and UBRAF after 2021, and work between UNAIDS partners on a possible United Nations General Assembly High-level Meeting on AIDS.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	140,000,000
Total	140,000,000

Table 2
Expenditure and encumbrances by UNAIDS Secretariat function (US\$)

UNAIDS Secretariat function	Core	Non-core	TOTAL
S1: Leadership, advocacy and communication	31,994,945	4,142,715	36,137,660

S2: Partnerships, mobilization and innovation	27,881,548	12,894,031	40,775,579
S3: Strategic information	14,192,545	4,280,528	18,473,073
S4: Coordination, convening and country implementation support	30,053,338	17,533,990	47,587,328
S5: Governance and mutual accountability	27,583,441	1,084,3299	38,426,740
TOTAL	131,705,815	39,935593	171,641,408

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

Region	Core	Non-core	TOTAL
Asia and the Pacific	10,895,106	7,941,093	18,836,198
Eastern Europe and central Asia	4,183,294	4,431,282	8,614,576
Eastern and southern Africa	19,987,836	4,858,301	24,846,137
Latin America and the Caribbean	8,170,757	596,742	8,767,499
Middle East and North Africa	2,499,010	747,325	3,246,336
West and central Africa	18,162,049	821,532	18,983,581
Global	67,807,764	20,539,317	88,347,081
TOTAL	131,705,815	39,935,593	171,641,408

Table 4
Core expenditure by cost category (US\$)

Cost category	Expenditure and encumbrances
Staff and other personnel costs	101,005,188
Contractual services	5,887,184
General operating expenses	12,666,100
Transfers and grants to counterparts	3,333,859
Equipment, furniture and vehicles	776,461
Travel	4,462,428
Programme support cost	1463
Encumbrances	3,573,132
Total expenditure and encumbrances	131,705,815

[Annex follows]

Annex 1: UNAIDS Evaluation Plan 2019

UNAIDS 2016-2021 SRA	UBRAF 2016-2021 outputs	Evaluation title	Purpose of the evaluation	UN Partners	Type of evaluation	Planned completion date	Estimated cost	Source of funding
All	All	Evaluation of the 2016-2021 Unified Budget, Results and Accountability Framework (UBRAF)	The evaluation will assess the work of the Joint Programme in the first three years of the UNAIDS 2016-2021 Strategy and the UBRAF at country, regional and global levels. It is expected to provide actionable recommendations for the last biennium of the UBRAF and inform the development of UNAIDS next Strategy and UBRAF and the future positioning of the Joint Programme. The evaluation should identify what the Joint Programme needs to and can do in the future, and how the UNAIDS Secretariat and Cosponsors will need to evolve to end the AIDS epidemic by 2030, given the changing AIDS context, shifting priorities, availability of resources and UN reform.	All Cosponsors are engaged as members of the management and/or reference group of the evaluation	System-wide/joint evaluation	March 2020 (Draft report December 2019)	\$480,000	UNAIDS Secretariat core funds and \$50,000 contribution from UNICEF and UNFPA evaluation offices
Cross-cutting	Secretariat function 3: Strategic information	Strengthening Public Health Capacity and Strategic Information Systems	The evaluation focuses on the work of UNAIDS Secretariat on strategic information under a cooperative agreement with the US Centers for Disease Control. It will cover HIV estimates, health information system strengthening and data on key populations. The findings, conclusions and recommendations of the evaluation are expected to strengthen the collaboration between the UNAIDS Secretariat and CDC on strategic information. It is also expected to inform UNAIDS' work on strategic information at global, regional and country level more broadly and benefit stakeholders, including HIV and health information systems managers.	All Cosponsors will have an opportunity to provide input to the evaluation	Programme evaluation (global/regional/country focus)	December 2019	\$100,000	UNAIDS Secretariat non-core funds

Strategic result area 1	UBRAF output 1.4: High-burden cities fast-track HIV services	Evaluation of the UNAIDS Fast-Track Cities project	The evaluation will assess the relevance, effectiveness, efficiency and coherence of the USAID funded UNAIDS project in 15 cities. The aim of the evaluation is to inform the UNAIDS continued work in cities. It will also assess UNAIDS collaboration with the International Association of Providers of AIDS Care as part of the project.	All Cosponsors will have an opportunity to provide input to the evaluation	Programme evaluation	March 2020	\$70,000	UNAIDS Secretariat non-core funds
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