Agenda item 7.1

UNAIDS/PCB (44)/19.12.rev2

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

Performance Monitoring Report 2018

Regional and Country report

25-27 June 2019 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 27 June 2019

Additional documents for this item:

i. UNAIDS Performance Monitoring Report 2018: Introduction *(UNAIDS/PCB (44)/19.11)*
ii. UNAIDS Performance Monitoring Report 2018: Strategy Result Area and indicator report *(UNAIDS/PCB (44)/19.13)*
iii. UNAIDS Performance Monitoring Report 2018: Organizational report *(UNAIDS/PCB (44)/19.14)*

Action required at this meeting:

the Programme Coordinating Board is invited to:

1. *Take note* of the performance monitoring report and of 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 to use the 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 of decisions: none

CONTENTS

ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral medicines
ART	antiretroviral therapy
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
eMTCT	elimination of mother-to-child transmission
FAO	Food and Agriculture Organization
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IOM	International Organization for Migration
LGBTI	lesbian, gay, bisexual, transgender and intersex
NGO	nongovernmental organization
PAHO	Pan-American Health Organization
PCB	Programme Coordinating Board
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SRA	strategic result area
STI	sexually transmitted infection
TB	tuberculosis
UBRAF	Unified Budget, Results and Accountability Framework
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on AIDS
Unitaid	UN International Drug Purchasing Facility
USAID	United States Agency for International Development
VMMC	voluntary medical male circumcision

Cosponsors

ILO	International Labour Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization
WB	World Bank

INTRODUCTION

1. This report describes for each region and selected country how the Joint United Nations Programme on HIV/AIDS (UNAIDS) has contributed towards reaching the Fast-Track targets. It highlights challenges and bottlenecks and indicates priority actions the Joint Programme will take to address impediments and weaknesses.

2. Regional and selected country summaries include information (in tabular form) on the Joint Programme's expenditures and encumbrances. Those are disaggregated by type of funding (e.g. core, non-core and total), by individual Cosponsor and the UNAIDS Secretariat, and by Strategy Result Area. Regional summaries also present Joint Programme expenditures among countries in a given region, while national summaries outline Joint Programme expenditures against core resources by cost category (e.g. personnel, travel, equipment, etc.).

3. The regional Joint UN Teams on AIDS selected the country reports that illustrate the focus and achievements of the Joint Programme's activities in 2018. In all cases, the reporting, country-level Joint UN Teams on AIDS were recipients of country envelope funding from the USD 22 million of core UBRAF resources. That funding is allocated annually to 71 Joint UN Teams on AIDS, under the refined resource allocation model.

Table 1
Priority areas (by Strategy Result Area) funded through the country envelopes (all regions)

Strategy Result Area (SRA)	Proportion of total country envelope
SRA 1 – Testing and treatment	32%
SRA 3 – Young people	19%
SRA 4 – Key populations	15%
SRA 2 – Elimination of mother-to-child transmission of HIV, eMTCT	13%
SRA 6 – Human rights	8%
SRA 7 – Investment and efficiency	4%
SRA 5 – Gender and gender-based violence	3%
SRA 8 – Integration	3%
SRA 1 – Humanitarian	2%
SRA 1 – Cities	1%
SRA 8 – Social protection	1%

Table 2

Region	Country envelope allocation by Strategy Result Area
Asia and the Pacific	– Testing and treatment (36.5%) – Key populations (23.2%) – Human rights (15.2%) – Gender and gender-based violence (6.5%)
Eastern Europe and central Asia	– Testing (28.3%) – Human rights (14.7%) – eMTCT (11.2%)
Eastern and southern Africa	– Young people (30.2%) – Testing and treatment (26.8%) – eMTCT (13.6%) – Key populations (9.4%)
Latin America and the Caribbean	– Key populations (24.6%) – Young people (20.1%) – eMTCT (19.2%) – Testing and treatment (10.8%)
Middle East and North Africa	– Testing and treatment (42.8 %) – Key populations (13.7 %) – Young people (12.5%) – eMTCT (8.6 %)
Western and central Africa	– Testing and treatment (43.1%) – eMTCT (17.5%) – Young people (16.1%) – Key populations (8.7%)

Implementation of 2018 country envelope

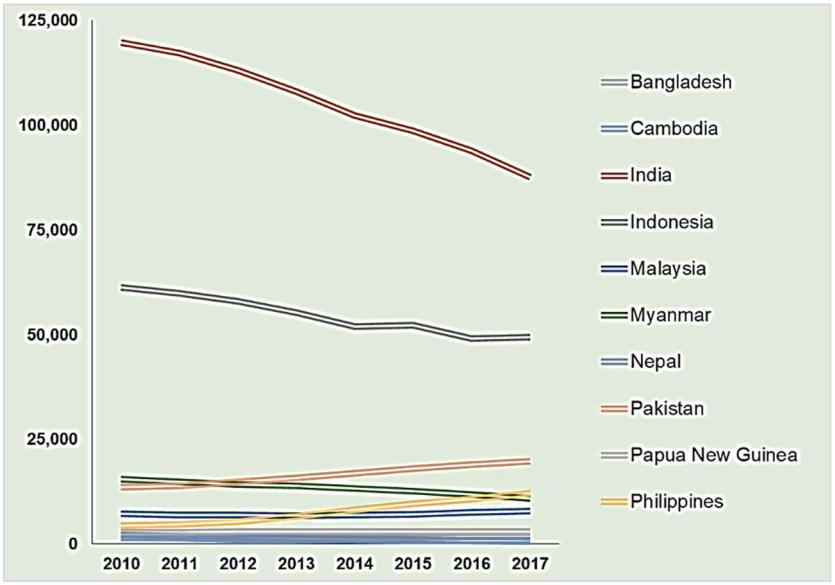
No.	Country	2018 country envelope (USD)	Expenditure and encumbrances (USD)	% implementation
1	Bangladesh	150 000	133 170	89%
2	China	300 000	273 182	91%
3	India	1 000 000	824 461	82%
4	Indonesia	500 000	378 383	76%
5	Malaysia	150 000	141 737	94%
6	Myanmar	300 000	175 874	59%
7	Pakistan	300 000	268 260	89%
8	Papua New Guinea	200 000	139 542	70%
9	Philippines	550 000	395 315	72%
10	Thailand	150 000	109 186	73%
11	Viet Nam	300 000	271 306	90%
	TOTAL	**3 900 000**	**3 110 416**	**80%**
12	Belarus	150 000	130 789	87%
13	Kazakhstan	150 000	124 634	83%
14	Kyrgyzstan	150 000	139 028	93%
15	Moldova	150 000	108 279	72%
16	Tajikistan	150 000	129 919	87%
17	Ukraine	300 000	131 951	44%
18	Uzbekistan	150 000	150 000	100%
	TOTAL	**1 200 000**	**914 600**	**87%**
19	Angola	300 000	160 509	54%
20	Botswana	300 000	253 548	85%
21	Ethiopia	400 000	347 740	87%
22	Eswatini	300 000	186 633	62%
23	Kenya	600 000	432 998	72%
24	Lesotho	300 000	222 949	74%
25	Madagascar	220 000	206 882	94%
26	Malawi	450 000	350 373	78%
27	Mozambique	1 100 000	799 382	73%
28	Namibia	300 000	249 974	83%
29	Rwanda	280 000	206 573	74%
30	South Africa	1 100 000	1 006 272	91%
31	South Sudan	208 000	170 540	82%
32	Tanzania	700 000	551 679	79%
33	Uganda	600 000	323 920	54%
34	Zambia	550 000	383 359	70%
35	Zimbabwe	450 000	331 297	74%
	TOTAL	**8 158 000**	**6 184 628**	**76%**
36	Argentina	180 000	94 653	53%
37	Brazil	400 000	317 616	79%
38	Colombia	180 000	116 563	65%
39	Cuba	150 000	72 442	48%
40	Dominican Republic	170 000	124 485	73%

No.	Country	2018 country envelope (USD)	Expenditure and encumbrances (USD)	% implementation
41	Ecuador	150 000	100 000	67%
42	Guatemala	152 000	96 565	64%
43	Haiti	300 000	174 711	58%
44	Jamaica	300 000	154 809	52%
45	Peru	150 000	116 693	78%
46	Venezuela	250 000	124 794	50%
	TOTAL	**2 382 000**	**1 493 331**	**63%**
47	Egypt	150 000	131,500	88%
48	Iran (Islamic Republic of)	300 000	241 638	81%
49	Somalia	150 000	110 011	73%
50	Sudan	200 000	119 366	60%
	TOTAL	**800 000**	**602 516**	**75%**
51	Benin	150 000	128 518	86%
52	Burkina Faso	176 000	119 227	68%
53	Burundi	150 000	129 727	86%
54	Cameroon	350 000	302 476	86%
55	Central African Republic	264 000	194 500	74%
56	Chad	300 000	271 397	90%
57	Congo, Republic of	176 000	141 447	80%
58	Cote d'Ivoire	300 000	238 634	80%
59	Democratic Republic of Congo	300 000	243 980	81%
60	Equatorial Guinea	150 000	139 679	93%
61	Gabon	150 000	123 175	82%
62	Ghana	300 000	237 629	79%
63	Guinea Conakry	220 000	194 008	88%
64	Liberia	150 000	88 730	59%
65	Mali	300 000	296 446	99%
66	Niger	150 000	49 402	33%
67	Nigeria	1 100 000	918 962	84%
68	Republic of Guinea-Bissau	156 000	106 385	68%
69	Senegal	150 000	123 595	82%
70	Sierra Leone	308 000	258 414	84%
71	Togo	150 000	142 325	95%
	TOTAL	**5 450 000**	**4 448 656**	**82%**
	GRAND TOTAL	**21 890 000[1]**	**16 754 147[2]**	**77%**

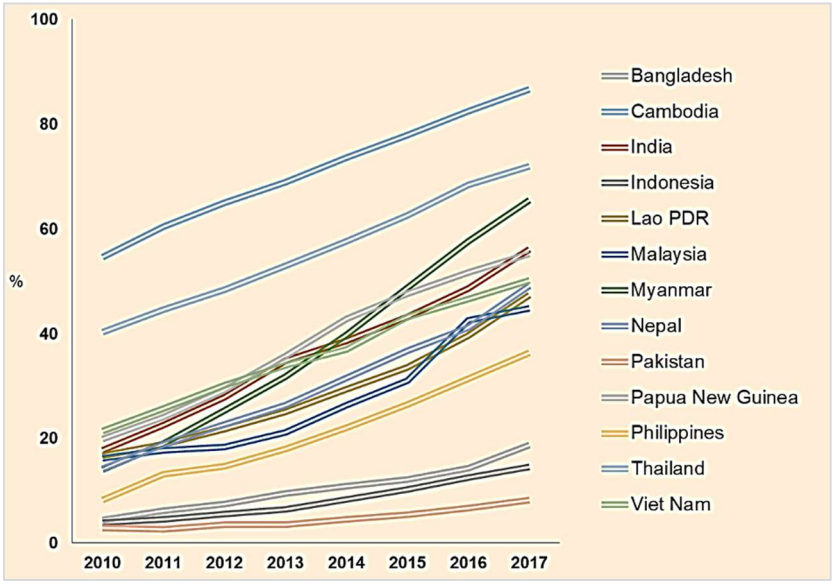
[1] The total 2018 country envelope allocation was USD 22 million. The International Organization for Migration (IOM), a non-cosponsoring organization, received USD 110 000—Guatemala (USD 18 000) and South Sudan (USD 92 000)—due to IOM's specific role in the context of the two countries' Joint UN Team on AIDS.

[2] This total does not include the World Health Organization's (WHO) country envelope total expenditure and encumbrances for Latin America and the Caribbean, amounting to USD 447 760. WHO's financial system at headquarters level can only download the total amount because PAHO, WHO's Regional Office for the Americas,

ASIA AND THE PACIFIC



Rate of new HIV infections in Asia and the Pacific



ART coverage in Asia and the Pacific

uses a different system. WHO received a 2018 country envelope allocation amounting to USD 62 ,250 for the following Latin American and Caribbean countries: Argentina, Colombia, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Jamaica, Peru and Venezuela. Adding this amount to the total CE expenditure and encumbrances increases the implementation rate to 78%.

Progress towards the Fast-Track targets

Indicators prioritized by the Regional Joint Team	Status	Remarks
At least 85% of people with an HIV diagnosis receive antiretroviral therapy (ART).	• WITHIN REACH	Treatment coverage among people with an HIV diagnosis rose from 64% in 2015 to 71% in 2017.
70% coverage of prevention of mother-to-child transmission of HIV (PMTCT) services.	• WITHIN REACH	The percentage of pregnant women living with HIV who received ART increased from 48% in 2015 to 56% in 2017.
Increased regional median of HIV testing among key populations to 60% among people who inject drugs, 70% among female sex workers and 70% among gay men and other men who have sex with men.	• WITHIN REACH	Median values of HIV testing among key populations in 2017 reached 45% among people who inject drugs, 54% among gay men and other men who have sex with men, 45% among female sex workers and 55% among transgender persons.
Increased access for young key populations to HIV prevention and testing services.	• WITHIN REACH	New data expected for more countries from new rounds of surveillance with a specific focus on young key populations.
At least 15 000 gay men and other men who have sex with men on pre-exposure prophylaxis (PrEP) in eight countries.	• WITHIN REACH	Four countries in Asia and the Pacific are rolling out PrEP for key populations on a national scale. Thailand and Viet Nam have announced national rollout based on successful pilots.
70% HIV testing rate among tuberculosis (TB) patients.	• SLOW PROGRESS	In 2017, 49% of diagnosed TB patients were tested for HIV.

Joint Programme contributions

Treatment

4. In 2017, 2.7 million people were currently receiving ART in this region—equivalent to 53% of estimated total number of people living with HIV. All countries have adopted “Treat All” as a policy. Dolutegravir has been included in national HIV treatment guidelines in nearly all countries in the region. Procurement has been initiated in Bangladesh, Cambodia, Fiji, Lao PDR, Malaysia and Myanmar, and a substantial proportion of newly initiated patients are using Dolutegravir. With technical support from the Joint Programme for setting up case-based monitoring, treatment cascade monitoring systems are operational in priority districts in many of the countries.

5. Differentiated service delivery guidelines were developed and implementation began in India and Viet Nam. Rapid progress has been made in providing access to viral load testing to people on ART, using strategies such as public private partnerships. HIV treatment services being rapidly scaled up in Indonesia and Pakistan, which had low treatment coverage.

PMTCT coverage

6. Countries in Asia and the Pacific are committed to eliminating mother-to-child transmission of HIV and syphilis as a public health priority.

7. Thailand became the first country in the region to eliminate mother-to-child transmission of HIV and syphilis in June 2016, followed by Malaysia in October 2018. Maldives submitted the official validation request in 2018 and validation processes are underway.

Sri Lanka aims to submit validation request to WHO by mid-2019. Bhutan, Cambodia and Viet Nam are in the preparatory phase for the validation of eMTCT, while China and India also set elimination targets in selected sub-national locations.

8. Six countries (Cambodia, Malaysia, Myanmar, Sri Lanka, Thailand and Viet Nam) exceeded 70% coverage of PMTCT programmes in 2017.[3] UNAIDS, the UN Children's Fund (UNICEF) and WHO are working closely together at both country and regional levels to provide needed technical and coordination support for achieving and maintaining the elimination validation status. With support from the Joint Programme, additional countries in Asia and the Pacific are aiming for the triple elimination of mother-to-child transmission of HIV, syphilis and Hepatitis B. As of May 2019, Bhutan, Malaysia, Thailand and Viet Nam have expressed interest or committed to achieve triple elimination at the national level.

HIV testing among key populations

9. With support from the Joint Programme, effective strategies are being implemented to facilitate key populations' access to HIV testing. All Fast-Track countries and most of the other priority countries have policies that enable a combination of HIV testing approaches—including community-based testing, lay provider and, for some countries, self-testing.

10. A regional consultation on community-based testing and self-testing, jointly organized by the UNAIDS Secretariat, WHO and the UN International Drug Purchasing Facility (Unitaid), boosted the adoption of these testing methods. More countries are formally introducing those options in their national testing strategies. The International Labour Organization (ILO) voluntary counselling and testing model is being promoted in workplaces in Gujarat, India.

11. Steps are being taken to regulate the quality of HIV self-testing kits that are marketed online. Thailand's Food and Drug Administration has gazetted technical specifications for HIV self-testing kits and has invited manufacturers to register their products. This is expected to improve the quality assurance of testing kits and to stimulate similar actions in other countries.

Youth and young key populations

12. Considerable efforts were made at regional and country levels to promote the revised UN International Technical Guidance on Sexuality Education, released in 2018, and to advocate for strengthening comprehensive sexuality education implementation.

13. UNESCO and the UN Population Fund (UNFPA) jointly published a research report on implementation of comprehensive sexuality education in middle schools and shared the findings at various events. In China, the UN Education, Scientific and Cultural Organization (UNESCO) and the Beijing Normal University conducted a review of national and local policies, curriculum standards and textbooks in the basic education stage of China, to identify strengths and gaps in comprehensive sexuality education. UNESCO, together with UNFPA, UNICEF and Youth Lead, supported regional research and workshop on comprehensive sexuality education in the digital space to identify opportunities for engagement and learning. UNFPA, UNESCO and UNICEF developed a joint UN Blueprint on advocacy and communications for accelerating comprehensive sexuality education in the region (2018–2022).

[3] The most recent available epidemiological estimates and programme data are for 2017. Data for 2018 will be released in mid-2019.

14. The Joint Programme, working through the Interagency Task Team on young key populations, collaborated with national civil society partners and youth organizations to build young key populations' capacities to contribute to national HIV responses that can realize their sexual and reproductive health rights and improve their health and wellbeing.

15. UNAIDS conducted the first Interagency Task Team e-course on young key populations and sexual reproductive health and rights for 60 selected participants. The course was aimed at bridging the gap in the regional discussion on young key populations and sexual reproductive health and rights through greater involvement of youth activists, youth-led and youth-serving organizations. The Joint Programme also worked with Youth LEAD, a youth organization advocating for policy and programming for young key populations, to perform a regional consultation as part of the development of a young key populations toolkit for Asia and the Pacific. The tool kit was adopted in the Philippines and elsewhere as an evidence-based, minimum package to scale up HIV prevention for adolescent and young key populations (10–24 years).

PrEP

16. In 2018–2019, the Joint Programme supported expanded provision of PrEP as an additional prevention tool across the region. A regional advisor was funded to provide technical assistance, advocate for inclusion of PrEP in national HIV responses and support PrEP implementation in countries.

17. Australia, New Zealand, Thailand and Viet Nam are now implementing national or large-scale PrEP programmes. China, Malaysia, Nepal and the Philippines have begun or are continuing studies to generate evidence to support wide-scale PrEP rollout with support from the Joint Programme, the United States Agency for International Development (USAID), civil society and other stakeholders. In addition, Cambodia, Myanmar, Pakistan and Sri Lanka are preparing for the first phase of a PrEP implementation programme in 2019, supported by the UNAIDS Secretariat, WHO and other key stakeholders, including USAID, Global Fund and civil society partners.

18. WHO, the UNAIDS Secretariat and Unitaid convened a consultation on PrEP with 13 countries in October 2018. The UNAIDS Secretariat and WHO also jointly chaired the Asia-Pacific Advisory Group on PrEP, which brought together stakeholders and experts to inform the Joint Programme and WHO’s work on PrEP and strengthen coordination.

HIV testing rate among TB patients

19. Close to half (49%) of diagnosed TB patients in Asia and the Pacific had tested for HIV in 2017, a slight increase from the baseline 45% in 2015 but well short of the 2019 target of 70% testing coverage.

20. The progress varies. In Australia, Malaysia, Singapore, Sri Lanka and Viet Nam, more than 85% of diagnosed TB patients had been tested for HIV, while in Bangladesh and Pakistan, HIV testing rates were 2% and 7%, respectively.

21. Despite challenges, countries in Asia and the Pacific are committed to take AIDS out of isolation and adopting a people-centred approach to move away from discrete, disease-specific responses.

22. In March 2019, a regional joint TB and HIV programme managers’ meeting set out clear recommendations to improve and scale up TB-HIV responses across the region. The recommendations focus on:

- improving access to prevention, screening, diagnosis and treatment for both diseases through co-location or one-stop services and setting up proper referral mechanisms;
- improving treatment adherence through the use of digital technologies and by engaging with communities; strengthening and integrating data systems to accurate information on TB/HIV prevention, screening, diagnosis, care and treatment; and
- leveraging high-level, multistakeholder commitments for the TB/HIV response and ensuring accountability at all levels.

In Asia and the Pacific, the Joint UN Teams on AIDS supported actions to reach specific people-centred targets related to HIV testing and treatment, HIV prevention among key populations, human rights, and stigma and discrimination.

Challenges and bottlenecks

23. A range of challenges have been identified, including:
    - challenges associated with transitions from external funding to greater reliance on domestic resources for the HIV response;
    - challenges in introducing national health insurance coverage for key HIV services, including issues such as out-of-pocket payments and shortages of key commodities;
    - fragile health systems in the Pacific Island States, which face a lack of domestic funding and chronic difficulties in procuring drugs and medical supplies;
    - barriers in some countries associated with the registration and procurement of medicines, which hinders access to ARVs for PrEP;
    - lack of quality data, which impedes the control of STIs, including syphilis and drug-resistant gonorrhoea;
    - difficulties in reaching some people who are at high risk of HIV, syphilis and hepatitis but who do not necessarily identify as members of key populations; and
    - inadequate HIV testing rates in some high-burden countries (even though knowledge of HIV status approaches 90% in some other countries).

Key future actions

24. Enhanced support is required to ensure a smooth transition from external funding to domestic funding mechanisms so that uninterrupted and sustainable access to key essential HIV, STI and hepatitis services can be maintained. Funding to support human resources at regional and country level will be sought to ensure the highest quality of technical support is available to countries.

25. Key activities for support include the roll-out of PrEP, promotion of condom use to reduce the risk of other STIs in PrEP users, scale-up of HIV self-testing and community testing, and development of mechanisms to ensure that partner notification happens in a timely and safe manner. There will be specific focus on finding innovative solution to reach key populations and provide remotely assisted services through digital platforms.

26. Support will be provided to help countries to include the use of Dolutegravir in their HIV treatment guidelines, including guidance regarding the use of Dolutegravir in pregnant women. There will be an increased focus on TB/HIV collaboration, spearheaded by joint TB/HIV programme manager meetings in 2019. Countries will be supported to

develop their triple eMTCT programmes and to move towards validation either at national or subnational levels.

In the Asia and the Pacific region, country envelope resources were devoted primarily to testing and treatment (36.5%), key populations (23.2%), human rights (15.2%), and gender and gender-based violence (6.5%).

Expenditure information

Table 3
Expenditure and encumbrances in Asia and the Pacific in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	128 400	70 000	1 938 883	2 137 283
UNICEF	896 952	385 646	5 606 683	6 889 281
WFP	-	49 304	650 892	700 196
UNDP	333 769	347 056	535 891	1 216 716
UNDP GF	-	-	7 055 475	7 055 475
UNFPA	365 491	430 000	4 340 657	5 136 148
UNODC	588 195	400 916	212 022	1 201 132
UN WOMEN	206 990	244 824	1 724 353	2 176 167
ILO	282 043	163 084	655 673	1 100 800
UNESCO	509 242	133 534	1 139 851	1 782 627
WHO	1 178 607	856 052	6 377 224	8 411 883
World Bank	763 200	30 000	841 684	1 634 883
Secretariat	10 895 106	-	7 941 093	18 836 198
GRAND TOTAL	**16 147 995**	**3 110 416**	**39 020 379**	**58 278 790**

Table 4

Expenditure and encumbrances in Asia and the Pacific in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Afghanistan	47 180	-	3 394 142	3 441 322
Bangladesh	228 682	133 170	1 916 248	2 278 099
Bhutan	1 022	-	167 484	168 506
Cambodia	630 322	-	157 233	787 555
China	1 425 453	273 182	1 653 270	3 351 905
Dem. Rep. Korea	-	-	11 788	11 788
Fiji	177 254	-	892 498	1 069 752
India	1 400 778	824 461	830 297	3 055 536
Indonesia	1 172 946	378 383	3 068 444	4 619 773
Laos	107 613	-	122 742	230 355
Malaysia	36 822	141 737	209 437	387 996
Maldives	-	-	5 858	5 858
Mongolia	-	-	81 772	81 772
Myanmar	911 385	175 874	8 122 903	9 210 162
Nepal	249 771	-	1 849 492	2 099 263
Pakistan	921 120	268 260	1 903 571	3 092 950
Papua New Guinea	695 236	139 542	656 310	1 491 088
Philippines	428 787	395 315	780 645	1 604 746
Sri Lanka	-	-	40 245	40 245
Thailand	589 403	109 186	76 910	775 499
Timor Leste	53 350	-	46 537	99 887
Viet Nam	1 029 938	271 306	331 925	1 633 169
Asia and the Pacific regional	6 040 934	-	12 700 628	18 741 563
GRAND TOTAL	**16 147 995**	**3 110 416**	**39 020 379**	**58 278 790**

Table 5

Core and non-core expenditure and encumbrances in Asia and the Pacific in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core* (USD)	Non-core (USD)	Total (USD)
SRA 1 – HIV testing and treatment	1 268 070	9 199 485	10 467 555
SRA 2 – eMTCT	11 139	2 426 962	2 438 101
SRA 3 – HIV prevention and young people	1 058 599	3 060 603	4 119 202
SRA 4 – HIV prevention and key populations	1 208 574	2 931 388	4 139 962
SRA 5 – Gender inequalities and gender-based violence	292 938	3 319 131	3 612 069
SRA 6 – Stigma, discrimination and human rights	460 726	2 217 537	2 678 264
SRA 7 – Investment and efficiency	446 041	1 317 876	1 763 917
SRA 8 – HIV and health services integration	506 802	6 606 304	7 113 106
TOTAL	**5 252 889**	**31 079 286**	**36 332 175**

* This does not include expenditures against country envelope funds

Table 6

Core and non-core expenditure and encumbrances in Asia and the Pacific in 2018, by Secretariat function (USD)

Secretariat function	Core (USD)	Non-core (USD)	Total (USD)
S1 – Leadership advocacy and communication	3 262 601	1 596 691	4 859 292
S2 – Partnerships mobilization and innovation	1 881 724	1 353 134	3 234 858
S3 – Strategic information	1 804 612	237 166	2 041 778
S4 – Coordination convening and country implementation support	2 120 274	4 613 194	6 733 469
S5 – Governance and mutual accountability	1 825 894	140 908	1 966 802
TOTAL	**10 895 106**	**7 941 093**	**18 836 198**

INDIA COUNTRY CASE STUDY

Joint Plan prioritized country targets (by 2020)	**Status**	**Remark**
Reduction of new HIV infections in India by 80% in 2024 (India National Strategic Plan 2017–2024). Reduction of new HIV infections by 75% in 2020 (Fast-Track target).	• WITHIN REACH	New HIV infections decreased by 27% in 2010–2017 (NACO estimates, 2017). New strategies are needed to enable key populations to access needed services, offer testing, link people diagnosed with HIV to treatment and enable them to become and remain virally suppressed. Updated key population size estimates and more disaggregated HIV projections are needed to track progress and focus programmes. Cascade analysis capacity has to be strengthened. Discrimination should be addressed more vigorously.
Reduction of annual HIV- related deaths by 75% by 2020 (Fast-Track target; there is no national target).	• ON TRACK	Annual HIV-related deaths declined by an estimated 55% between 2010 and 2017(NACO estimates, 2017). India needs to destigmatize, decentralize, integrate and differentiate HIV care to reduce late diagnosis and retain people in care.
95% of people living with HIV who know their status receiving ART and among them, 95% are retained in treatment and are virally suppressed by 2024 (National Strategic Plan 2017–2024). 90% of all people living with HIV on treatment by 2020 (Fast-Track target).	• ON TRACK	An estimated 79% of people living with HIV know their HIV status. Among them, 82% are receiving ART and 74% are still known to be on treatment 12 months after initiation. An estimated 65% of people living with HIV are receiving HIV treatment (GAM; 2018 data) Accelerate the implementation of "test and start" strategies and closely monitor the treatment cascade.
90% of HIV-positive pregnant women are receiving ART by 2019 (India National Strategic Plan 2017–2024).	• WITHIN REACH	Among HIV-positive pregnant women, 58% were receiving ARVs for PMTCT (GAM; 2018 data). Targeted strategies are needed to increase the testing yield for states with low prevalence and high population. Several states are about to achieve elimination of mother-to-child transmission
Reduction of new HIV infections in Gujarat State by 75% by 2020 (Fast-Track target).	• WITHIN REACH	Estimated reduction of 41% in new HIV infections from 2010 to 2017 (NACO estimates, 2017).

Reduction of annual HIV- related deaths by 75% in Gujarat State by 2020 (Fast-Track target),	• ON TRACK	Estimated reduction of 44% in HIV-related deaths from 2010 to 2017 (NACO estimates, 2017).
90% of people living with HIV know their HIV status (first "90") and 90% of them are receiving ART in Gujarat State by 2020 (second "90").	• ON TRACK	95% of all people living with HIV know their HIV status (GSACS). 78% of all people living with HIV on Treatment (GAM; 2018 data).

Joint Team composition			
UNICEF	UNODC	UNESCO	UNAIDS Secretariat
UNDP	UN Women	WHO	
UNFPA	ILO	World Bank	

Total funding	
Core resources	USD 2 225 239
Non-core resources	USD 830 297

Challenges and bottlenecks	**Game changers**
Generalized lack of awareness of HIV among young people. The first generation of targeted interventions focusing on "hotspots" are partially outdated because key populations increasingly connect and are more difficult to reach with face-to-face interventions. HIV interventions that use social media are scarce. Risk profiles of key populations are changing and are not reflected adequately in strategies. HIV testing is neither targeted nor widely enough accessible for key populations. Late diagnosis is common and large proportions of patients are "lost to follow up'', partly because service options are limited. Key population size estimates have not been adequately reviewed and are probably underestimates. District HIV estimates are not available. Integrated data analysis,	Information and education on sexual and reproductive health and rights (as well as on sexuality, gender-based violence and HIV) should be widely disseminated among adolescents and young people, using modern communication tools and platforms. Targeted intervention prevention models need to be revamped. New communication technologies should be used to understand, educate and reach young people and key populations with HIV information, prevention messages, offers for testing and treatment linkage. Formal and informal workers' access to HIV treatment care must improve. Wide access to quality harm reduction strategies and care for people who inject drugs and people in prisons should be ensured. New testing strategies should be piloted and, if effective, rolled out widely. All people should be able to access integrated sexual and reproductive and HIV services closer to where they live and work is required. Differentiated models of care are needed, including as part of eMTCT services, and for transgender persons and young members of key populations. Integrated and differentiated care models should be supported with

including cascade analysis, is not used systematically to improve programmes. Stigma and discrimination and legal aid remain challenges for key populations. The 2017 HIV Act is being rolled out.	capacity building of health staff and more widely accessible service facilities. New estimates of key population sizes, typology mapping and district-level HIV estimates for high-burden states are needed. Training is needed to improve the use of data to guide programmes and monitor the response. The 2017 HIV Act has to be rolled out. Transgender Welfare Boards should be set up and access to justice and redress must improve. Stigma and discrimination in health-care and work settings should be assessed to inform corrective measures. Tool kits on the elimination of stigma and discrimination should be developed for parliamentarians and communities.
Deliverables	**Status**
Information and education on sexual and reproductive health and rights, including sexuality, gender-based violence and HIV, are disseminated among young people by using modern communication tools.	An adolescent mobile application was developed to raise awareness about HIV. The tool was translated into Gujarati and tailored for local use. Awareness was raised among health-care providers, school teachers and parents about the detection, referral and management of child/adolescent sexual abuse, including among HIV-positive children and adolescents. Working with the Gujarat State AIDS Control Society and the Academy of Paediatrics, the Joint Programme supported the development of a training module and video, trained 636 master trainers, and held 9 district-level workshops. The State Adolescent Health Programme, including its HIV prevention, care and support elements, was strengthened through laboratory capacity building and a situation analysis of the adolescent health programme. An action plan was developed to reinforce adolescent health interventions. An adolescent education needs assessment was done. It highlighted major knowledge gaps about HIV prevention, gender issues and gender-based violence among adolescents. The assessment informed the rollout of a school health programme in local languages. A school health training manual for teachers, was developed and 130 teachers from 33 districts were trained to use the manual. In Gujarat, a poster and training toolkit on school-related gender-based violence (in English and Hindi) was produced and disseminated to teachers and students. The toolkit and the poster are being translated into Gujarati and will be used in 40 000 schools.

	Fifty young people living with HIV from several states were trained to lead, network, develop and implement an action plan to ensure their needs and those of other young people at risk of HIV infection are being met.
New HIV prevention approaches are adopted.	The Global Prevention Road Map was adopted after a National Prevention Summit, paving the way for piloting PrEP among female sex workers. Results from the pilot were used for policy development. Biobehavioural assessments were done in two prisons, in Gujarat and the results were used for advocacy at a state consultation with 60 prison officials. The consultation led to the drafting of a road map for providing screening and HIV/TB comprehensive services in prisons and correctional settings, while establishing referral mechanisms for diagnosis and treatment of viral hepatitis. Capacity building of Gujarat State AIDS Control Society service providers and inter-state learning occurred via exposure visits to Punjab. Opioid substitution therapy linkages were strengthened and a "single-window" model for people who inject drugs was promoted for testing (HIV, hepatitis and STIs), treatment and social protection.
New testing strategies are rolled out widely.	Community-based testing was rolled out in many states including Gujarat. The National AIDS Control Organization set up a technical working group on self-testing to seek policy consensus on self-testing. A feasibility and validation study for self-testing kits is ongoing. Advocacy was conducted and 25 events were held to promote HIV testing and counselling among migrant workers in the diamond, textile and transport sectors in Gujarat. A distance-learning module for 15 000 counsellors on new approaches to HIV testing is being rolled out and 165 master trainers are being trained on HIV viral load testing to train laboratory staff across the country.
All HIV-positive pregnant women are diagnosed and receive ART.	Subnational eMTCT programme assessments and data verification and validation exercises are ongoing in 19 states, including Gujarat. An eMTCT programme monitoring and evaluation review was supported in Gujarat and 160 HIV counsellors and 210 laboratory technicians at primary health-care facilities were trained.
Differentiated service models are developed and health staff are trained.	Gujarat-specific differentiated service delivery models rolled out in 10 sites for the "Salem model", as well as at 10 community support centres for the Community Support Centres model and at 66 Link-ART centres for the Link-ART centre model. Standard operating procedures were developed. Distance-learning modules were developed and used to train health personnel on viral load testing and the

	new national ART guidelines. Some 160 master trainers were trained to support the rapid scale up of viral load testing. A public-private partnership initiative is in place for viral load testing scale up. At national level, a convergence team was set up to develop an action plan for HIV/TB integration.
Access to integrated sexual and reproductive and HIV services improves.	An assessment of competencies and barriers to provide integrated sexual and reproductive health and HIV service was done in three priority districts in Gujarat. Results were presented at a state consultation which provided inputs and suggestions for further planning of services. Educational material on sexual and reproductive health and rights and HIV was developed for training students from medical colleges in three states, including Gujarat. Trainings were organized on sexual and reproductive health and rights and HIV integration for 84 managers, 219 counsellors and 39 key population members of community-based organizations in the 3 priority districts in Gujarat.
New key population sizes estimate and typologies are done; district-level HIV estimates are generated; use of data improves for targetting programmes and closely monitoring results in high-priority states.	HIV estimates were updated nationally and for 35 states in 2017 and HIV response progress reporting and gaps analysis was supported. A national consultation on HIV surveillance and estimations led to the development of a road map for strategic information systems strengthening. Regional and District Progress Reviews and Joint Implementation Review Mission were conducted with the World Bank to strengthen the analysis of strategic information for decision making. Mumbai City developed its Fast-Track City Plan, based on a comprehensive situation analysis and Delhi's plan is in progress. Some 100 people were trained on cascade monitoring and 50 were trained on geographic information system mapping in Gujarat.
The 2017 HIV Act is rolled out with its rules and guidelines; Transgender State Welfare Boards are established; access to justice and redress is improved; stigma and discrimination in health-care and work settings is addressed; parliamentarians and communities are engaged to eliminate stigma and discrimination.	Section 377 (which made consensual homosexual sex between adults illegal) was finally abolished from the Penal Code. The HIV Act, which protects the rights of people living with HIV or affected by HIV, also entered into force. A bill on transgender rights has been presented to Parliament. Sixteen states and union territories supported the formulation of States Rules for the HIV Act. A training Module for the Ombudsman and Complaints Officer, the National Guideline on Stigma and Discrimination in the Health Sector and the HIV policy for private sector establishment were developed. The needs of transgender persons were clarified at three regional consultations and state policy was prepared. National and state-level transgender welfare

	board consultations were held and a new strategy was drafted. A training package on the HIV Act was developed and used in 9 districts in Gujarat. A Knowledge, Attitude, Behaviour and Practices survey was carried out among 250 hospital staff to assess discriminatory practices at two hospitals in Gujarat. The findings showed substantial ignorance about HIV and revealed common discriminatory practices. Recommendations were made and capacity building provided to the hospitals to remedy the situation.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

Several of the interventions undertaken in Gujarat paved the way for national adoption, thereby amplifying the the work of the Joint Programme.

For example, the Gujarat-specific differentiated service delivery models and standard operating procedures have been adopted at national level after piloting in additional states. The School Health Programme, which will be rolled out across India, was piloted in Gujarat state. The poster on school-related gender-based violence prevention developed in Gujarat has been endorsed by the National Commission for Protection of Child Rights.

The Joint Programme is working with Gujarat state HIV stakeholders, civil society organizations and the private sector to strengthen the capacities, quality and scope of HIV interventions in key domains in order to achieve the Gujarat Fast-Track targets by 2020.

Expenditure and encumbrances

Table 7
Expenditures and encumbrances in India in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF	-	198 063	35 806	233 869
UNDP	12 320	108 475	4 206	125 001
UNFPA	-	100 000	250 356	350 356
UNODC	-	123 367	-	123 367
ILO	31 921	49 573	-	81 494
UNESCO	75 514	63 496	-	139 010
WHO	-	181 488	-	181 488
World Bank	393 500	-	224 688	618 188
Secretariat	887 523	-	315 241	1 202 764
GRAND TOTAL	**1 400 778**	**824 461**	**830 297**	**3 055 536**

VIET NAM COUNTRY CASE STUDY

Joint Plan prioritized country targets (by 2019)	**Status**	**Remarks**
Reduce new HIV infections through blood transmission (i.e. needle-sharing) by 20% compared to 2015 level. Reduce new sexually transmitted HIV infections by 16% compared to 2015. Reduce the mother-to-child HIV transmission rate reduced to under 4%.	• ON TRACK	Newly updated estimation and projection data (AEM/Spectrum) are being finalization and approved. Draft AEM data indicate a >50% reduction of new infections due to needle-sharing and a 30% reduction of new sexually transmitted infections between 2018 and 2015.
70 000 people who inject drugs receive methadone maintenance treatment.	• NOT ON TRACK	In December 2018, 52 075 people were receiving methadone maintenance treatment (GAM, 2018). The 10-year review of the methadone maintenance treatment programme was conducted and approved with key recommendations.
85% of people living with HIV know their HIV status and people diagnosed with HIV infection are receiving ART.	• ON TRACK	In December 2018, 64% of people people diagnosed with HIV infection were receiving ART (GAM, 2018).
65% of gay men and other men who have sex with men know their HIV status and 90% of them receive ART in provinces implementing community-based testing, case finding and improved linkage to care and ART.	• NOT ON TRACK	Data from 8 provinces (HSS survey, 2018) show 65% of gay men and other men who have sex with men who tested HIV-positive in the previous 12 months or who knew they were living with HIV and 23% of men who have sex with men living with HIV overall were receiving ART in the previous 12 months (GAM 2018). However, programme data from provinces implementing community-based testing were not available.
Rapid HIV testing and counselling is available in 60% of prisons with a high burden of HIV. ART is available in 100% of prisons, increasing from 54% in 2017.	• NOT ON TRACK	Data were not available for these targets.
Laws on HIV prevention and control and laws on sex work are amended to incorporate the protection of human rights of people living with HIV, key populations and key affected women and girls.	• NOT ON TRACK	An amendment to the Law on HIV was officially tabled in the National Assembly and the first informal consultation was held. A dialogue was held on the legal framework for sex work.

All high-burden provinces effectively address stigma and discrimination in health- care settings.	• ON TRACK	The Ministry of Health approved a directive on strengthening HIV-related stigma and discrimination in health-care settings and disseminated it to all facilities. Trainings of trainers on reducing HIV-related stigma and discrimination in health-care settings conducted for all high-burden provinces.

Joint Team composition		
UNICEF	UNODC	UNESCO
UNFPA	UN Women	WHO
UNDP	ILO	Secretariat

Total funding	
Core resources	USD 1 301 244
Non-core resources	USD 33 925

Challenges and bottlenecks	Game changers
Increasing numbers of new HIV infections among gay men and other men who have sex with men and the female partners of key populations threaten the progress made among key populations. There are insufficient combination prevention, harm reduction and diversified testing services (including community-led services), especially for key populations. These gaps are occurring amid changing behaviours, including the increasing use of amphetamine-type stimulants and Internet-based networking. There is insufficient coverage of and access to methadone maintenance therapy services, especially in remote areas and in closed settings. HIV testing and ART coverage is low in closed settings. Gaps in linkages from testing to ART and in preventing and treating coinfections are causing high mortality rates.	Expand diversified testing options and quality referral with the rollout of new testing guidelines. Implement the triple elimination plan for MTCT of HIV, Hepatis B and Syphilis. Expand evidence-informed, targeted prevention and harm reduction for key populations by using innovative approaches, including PrEP. Expand HIV testing, counselling and treatment and methadone maintenance therapy in closed settings. Improve linkage to quality ART with the rollout of new HIV treatment guidelines and monitor the incorporation of HIV treatment in the Social Health Insurance scheme. Conduct granular HIV surveillance, generate evidence and strengthen analytical capacities to inform policies and programmes. Analyse and expand interventions for reducing stigma and discrimination, and promote and monitor gender equality and human rights. Update the legal framework (related to HIV, drug use and sex work) to create an enabling environment and to promote demand for and access to HIV services. Assess the current national HIV strategy and develop the National HIV/AIDS Strategy 2021–2030 toward ending AIDS by 2030.

Stigma and discrimination remain significant barriers to HIV testing and treatment uptake. Some legislation still mandates a punitive approach remains towards drug use and sex work. Strong political leadership is needed to sustain Fast-Track activities and create an enabling environment. Although a progressive shift is underway to bring HIV treatment within the Social Health Insurance system, challenges remain for sustainable prevention (particularly community-led service provision). Health sector reform towards integrated HIV services should be accompanied by the provision of sustained HIV-skilled human resources.	Strong political commitment, including for financial sustainability, and a progressive transition to bring HIV treatment within the Social Health Insurance system. Mechanisms for sustaining prevention, including through community-led service provision. Effective integration of HIV services into the general health system, while maintaining user-friendly services and ensuring dedicated human resources are available.
Deliverables	**Status**
Advocacy and technical assistance on HIV is provided.	There is sustained political commitment to reach the 90–90–90 targets and end AIDS as a public health threat. The National Plan for the Triple Elimination of MTCT of HIV, Hepatitis B and Syphilis was adopted.
Quality methadone maintenance therapy services in commune-level clinics are available to people who inject drugs following referral from district services.	The methadone maintenance therapy treatment programme, which has more than 52 000 clients, was reviewed and lessons were drawn. Services are increasingly decentralization, new options for treatment (especially for remote areas) are available and tools for programme quality management are being used. A desk review of evidence on amphetamine-type stimulant use was conducted and global guidance on community-based treatment, care and support for people who use drugs was shared.
Strategic information and evidence is generated.	Using recent evidence, a prevention gap analysis was done to review progress against national targets, identify populations and locations that are being left behind and revitalize prevention efforts and investments. New, quality strategic evidence is available to Fast-Track a prioritized response and allocate investments for impact. This includes national and subnational estimates and projections, the GAM report, new population size estimates for key populations, an updated AIDS epidemic model, and investment case scenarios. An analysis of training needs survey, done in 18 prisons and pretrial detention centres, revealed structural barriers to ART expansion in prisons, including a lack of political

	support, coordination and capacity, as well as stigma and discrimination. The Joint Programme supported trainings for selected health-care workers in high-burden provinces.
More options for HIV testing are available, including self-testing, community-based testing and partner notification, as per the updated national HIV testing guidelines.	The rollout of new national HIV testing guidelines started in all provinces. The UN supported the pilot implementation of new guidelines for HIV counselling and testing in prisons and the related training of health-care workers from selected prisons and pretrial detention centres.
Improved access to ART, including through the rollout of national guidelines for HIV care and treatment.	An estimated 60% of all people living with HIV were receiving ART at the end of 2018. A PrEP demonstration pilot was successfully completed; PrEP policies were developed and a national action plan for scaling up of PrEP among key populations was adopted.
Strengthened and sustained financing for HIV prevention and control.	The Prime Minister's decision to transition HIV treatment to the Social Health Insurance scheme is being implemented. Most HIV treatment services have been transitioned. The first domestically funded ART procurement was carried out and the progressive transition of ART from external funding to the Social Health Insurance is ongoing in 2019. Initial discussions were held on social contracting for sustainable financing of HIV prevention. The high performance of Global Fund HIV grants and PEPFAR COP has been noted.
International standards and good practices on human rights are incorporated in the drafting or amendment processes of related laws and policies (e.g. HIV, drug use, sex work, transgender persons, administrative sanctions).	Analysis and preparations were carried out to inform the update of key HIV- and sex work-related legislation, including a workshop with provinces to share global guidance and assessments of sex work-related laws and policies. Analysis, community training and dialogues were arranged to integrate HIV into national and international human rights mechanisms, reduce stigma and discrimination and improve understandings of the needs of transgender people and inform the draft Gender Affirmation Law. The commitment and knowledge of National Assembly members was reinforced through dialogues with community members on HIV- and TB-related policies as part of UHC.

Strategies to address stigma, discrimination and violence against key populations are included in HIV programmes, implemented in service provision in 10 high- burden provinces and documented for Sustainable Development Goal (SDG) reporting and advocacy efforts.	Training on stigma and discrimination in health-care settings was expanded in key provinces. Capacity and knowledge of government and civil society representatives were strengthened, including on HIV and drug use, gender mainstreaming of HIV services for women who use drugs and comprehensive HIV/Hepatitis C programmes for people who inject drugs. Knowledge of human rights, stigma and discrimination and gender equality among key populations was improved and their meaningful participation in policy dialogues and key reporting was strengthened.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

Strong prioritization was achieved through a peer-reviewed process which was informed by national priorities and quality evidence, and which good use of Cosponsors' comparative advantages.

Delineation of joint work and respective responsibilities improved.

Processes were streamlined (one lead agency managing the funds for each area), even though there were some initial delays in receiving funds and despite a need for closer coordination to achieve consensus.

Joint work was encouraged, as was the communication of joint UN work in support of the national HIV response and accountability.

New momentum and additional financial resources were achieved in a country where mobilizing funding for HIV has been challenging.

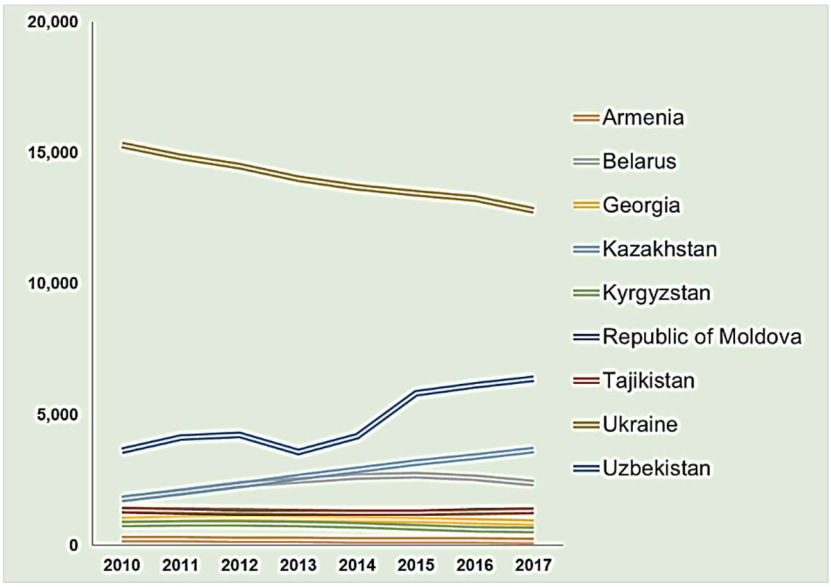
A strong example of innovative "pooled funding" for UN reform was created.

Expenditure and encumbrances

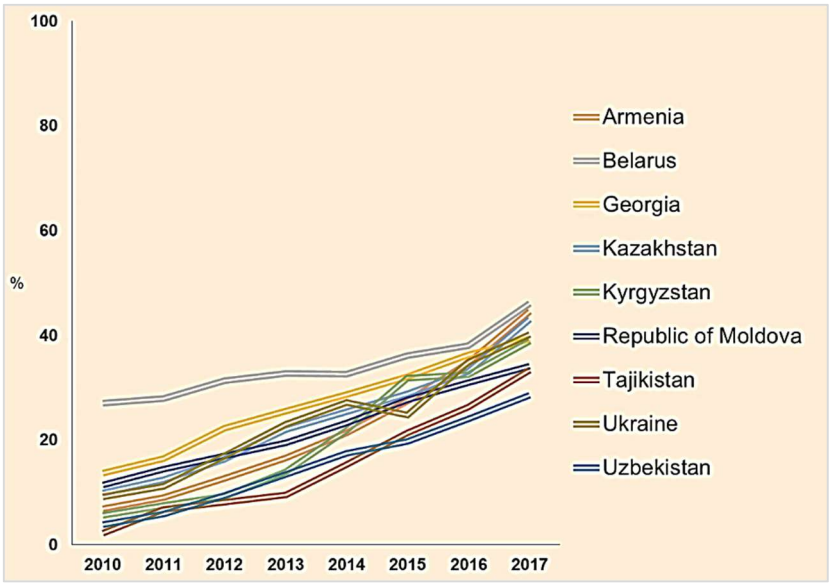
Table 8
Expenditures and encumbrances in Viet Nam in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF	-	29 095	-	29 095
UNDP	57 277	-	-	57 277
UNFPA	18 461	-	63 814	82 275
UNODC	150 566	50 929	-	201 495
UN WOMEN	76 131	73 647	80 001	229 779
UNESCO	15 650	-	5 759	21 409
WHO	-	117 635	-	117 635
World Bank	-	-	89 875	89 875
Secretariat	711 853	-	92 476	804 328
GRAND TOTAL	**1 029 938**	**271 306**	**331 925**	**1 633 169**

EASTERN EUROPE AND CENTRAL ASIA



Rate of new HIV infections in Eastern Europe and Central Asia



ART coverage in Eastern Europe and Central Asia

Progress towards Fast-Track targets

Indicators prioritized by Regional Joint Team	Status	Remarks
90% of people living with HIV know their status.	• ON TRACK	An estimated 73% of people living with HIV knew their status in 2017 (up from 69% in 2016).
81% of people diagnosed with HIV infection are receiving ART.	• NOT ON TRACK	An estimated 36% people living with HIV were receiving ART in 2017 (small increase since 2016).
74% of people receiving ART are virally suppressed.	• NOT ON TRACK	An estimated 26% of people living receiving ART were virally supressed in 2017 (small increase since 2016).
Increased coverage of HIV comprehensive prevention programmes among key populations.	• ON TRACK	Coverage of prevention programmes for sex workers and people who inject drugs coverage is at least 60%, but is lower for gay men and other men who have sex with men.
Ten countries in the region provide universal access to early and rapid HIV diagnosis, including self-testing.	• ON TRACK	Access to HIV self-testing has been scaled up in 3 countries and is available to a limited extent in 7 other countries.
Ten countries in the region adopt the WHO-recommended “Treat All” approach.	• REACHED	All countries have adopted "Treat All".
Three additional countries in the region achieve validation of eMTCT.	• ON TRACK	Two countries have achieved validation of eMTCT.
All forms of HIV-related stigma and discrimination, gender inequalities and gender-based violence are reduced in 10 countries in the region. HIV-related travel restrictions are lifted in 1 of the 2 countries that still had these restrictions.	• ON TRACK	All countries have moved towards the removal of HIV-related travel restrictions since 2015. Residual dose possession is still criminalized in majority of the countries.
A transition to domestic funding and sustainability plans is implemented in 6 countries in the region.	• ON TRACK	Domestic funding increased in 2017.

Joint Programme contributions

27. The Joint Programme in 2018 prioritized efforts to accelerate progress of the countries towards the 90–90–90 targets, including through chairing the sixth Eastern Europe and Central Asia AIDS Conference, which brought together more than 3100 participants from 63 countries.
28. The UNAIDS Secretariat, WHO and partners hosted a regional consultation on expanding access to quality-assured medicines and diagnostics. This led to a joint statement which affirmed the commitment of 11 countries to a "test-and-treat approach" and set targets for price reductions for medicines.

29. Through the use of international procurement platforms (including those managed by UNDP and UNICEF) and direct negotiations with local generics manufacturers, several countries in the region successfully achieved lower prices for key HIV commodities. UNDP strengthened the capacity of 45 national experts in 7 countries to improve access to affordable medicines. WHO assisted 8 countries with HIV drug surveillance.

30. In partnership with Ministries of Labour, the ILO provided support for HIV prevention workplace programmes in the Russian Federation and Ukraine, while UNFPA supported integration of the minimum initial service package for reproductive health in national preparedness and emergency response systems. Advocacy by the UNAIDS Secretariat supported the decisions of Minsk, Tblisi and Yekaterinburg to join the Paris Declaration on Fast-Track cities and incorporate PrEP in their Fast-Track agendas. HIV awareness social media campaigns supported by the Secretariat and UNESCO reached 3.7 million people across the region. The Joint Programme supported 8 countries' efforts to advance to prepare for the eMTCT validation process.

31. UNESCO provided training on HIV and life skills education to 750 teachers in 4 countries, developed teacher guides for 1500 schools in Armenia, and supported youth-led web resources that reached over 2 million young people in their local languages. Support for the Teenergizer movement enabled the creation of new youth-friendly HIV testing and peer counselling services. UNFPA joined with the International Planned Parenthood Federation to develop a new regional tool on HIV and sexual and reproductive health and rights among young people.

32. The Joint Programme supported the drafting of a regional joint strategy and action plan to end the AIDS epidemic among gay men and other men who have sex with men and transgender people in the region. UNDP built the capacity of the Eurasian Coalition on Male Health to implement Global Fund grants in 5 countries and UNFPA developed the capacity of 4 regional networks of key populations. UNODC hosted a regional technical consultation on programmes for people using stimulant drugs and strengthened capacities for community management of opioid overdose.

33. UNFPA supported health system efforts to respond effectively to gender-based violence, while UN Women, the Secretariat and UNFPA provided technical support and capacity building to civil society organizations and women living with HIV in the Republic of Moldova, Tajikistan and Ukraine. UNESCO provided gender-based violence-related capacity-building support to more than 3000 educators, psychologists, youth workers and parents across the region.

34. UNDP initiated three HIV/TB legal environment assessments and it completed and implemented an action plan for Ukraine. UNODC trained 1000 HIV service providers in six countries on normative guidance and gender mainstreaming in HIV services for women using drugs and also assisted in a legislative and programme review for people who use drugs in prisons and closed settings in Kyrgyzstan, Ukraine and Uzbekistan). Referral schemes involving police, health providers and civil society organizations were developed in 15 cities, and HIV training reached 1770 law enforcement personnel, 200 members of community organizations, 30 parliamentarians and representatives of health, education and social sectors.

35. Support was provided for the transition of integrated programmes for key populations. UNDP validated the NGO social contracting guidance note for countries and provided technical support to three Balkan countries to sustain rights-based and gender-sensitive HIV/TB/Hepatitis C services.

36. The Secretariat supported the Russian Ministry of Health in conducting HIV estimations in high-burden regions in the Russian Federation. The Secretariat organized a workshop on federal HIV estimates in Moscow in partnership with the Russian Ministry of Health, and supported the submission of HIV estimates and a GAM report from the Russian Federation for 2017 to UNAIDS. The Secretariat continued implementation of the Russian Government-funded Regional Cooperation Programme in Armenia, Belarus, Kyrgyzstan and Tajikistan, and secured a 15% increase in funding to enhance the initiative for 2019–2021.

37. The Joint Programme supported the development and rollout of a new regional Global Fund grant for sustainability of HIV services for key populations, as well as the development of Global Fund proposals and implementation of Global Fund grants in Eastern Europe and Central Asia. A United Nations Common Position on Ending HIV, TB, and viral hepatitis through Intersectoral Collaboration in Europe and Central Asia was endorsed by 14 UN agencies, including UNAIDS and eight cosponsors.

In eastern Europe and central Asia, the Joint UN Teams on AIDS supported the achievement of targets related to testing, treatment and eMTCT, key populations and sustainability.

Challenges and bottlenecks

38. A range of challenges have been identified, including:

- Donor funding to eastern European and central Asian countries is decreasing at a time when new HIV infections are increasing (up 29% between 2010 and 2017);
- Inadequate domestic funding to achieve the 90–90–90 targets. In 2017, an estimated 73% of people living with HIV in the region knew their HIV status, 50% of them were receiving HIV treatment, and 72% of those on ART achieved viral suppression;
- Political and financial support for prevention programmes for key populations is declining across the region;
- There is limited capacity to fully utilize flexibilities in intellectual property laws which can be used to reduce the prices of ARVs. This is contributing to sub-optimal ART coverage;
- Continued reliance on outdated HIV laboratory systems for HIV diagnosis is contributing to sub-optimal HIV testing and high rates of late diagnosis;
- The scale-up of PrEP is slow and is limited mainly to pilot programmes in 5 Fast-Track cities;
- Legal and policy barriers continue to block access to non-discriminatory, quality services for key populations;
- There is continued reliance on criminal justice approaches to drug-related offenses;
- Political will and societal support for HIV and sexual and reproductive health education is lacking; and
- Programmatic approaches are needed to address HIV risks among non-opiate users.

Key future actions

39. The regional Joint UN Team on AIDS will broker expertise and follow up on key recommendations and findings published in the Global Commission on HIV and the Law Supplement 2018.

40. Capacity will be increased to make greater use of intellectual property flexibilities and to sustainable health procurement strategies to increase access to affordable medicines.

41. Countries will be supported to effectively transition to increase domestic funding for HIV, TB and Hepatitis C programmes.

42. The Joint Programme will intensify efforts to mobilize civil society organizations to advance and monitor the rights of key populations, and will also mobilize and enhance capacities of relevant constituencies to eliminate HIV-related stigma and discrimination in health-care and educational settings and to prevent and address gender-based violence.

43. Support will be provided to align national policies and practices with WHO guidelines and UNAIDS strategic frameworks, to strengthen capacity to address the HIV-related health and education needs of adolescents and young people, and to enable full and effective implementation of Global Fund grants.

44. The Joint Programme will broker technical expertise to enable the integration of human rights and gender-sensitive approaches in national drug control policies and to counter punitive policies and approaches that deter service uptake among key populations. Alternatives to incarceration will be promoted, and technical guidelines will be developed to address HIV prevention among people who use amphetamines or other stimulant drugs.

In eastern Europe and central Asia, country envelope resources were invested primarily for activities related to testing and treatment (32.4%), key populations (28.3%), human rights (14.7%) and eMTCT (11.2%).

Expenditure information

Table 9

Expenditure and encumbrances in eastern Europe and central Asia in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF	329 585	314 295	4 312 337	4 956 216
UNDP	356 582	15 190	326 844	698 616
UNDP GF	-	-	12 695 584	12 695 584
UNFPA	471 287	213 500	1 991 823	2 676 609
UNODC	477 944	235 860	638 573	1 352 377
UN WOMEN	90 317	-	547 665	637 983
ILO	191 098	-	329 464	520 562
UNESCO	411 713	39 674	124 961	576 348
WHO	538 342	96 082	1 140 233	1 774 657
World Bank	591 370	-	257 063	848 433
Secretariat	4 183 294	-	4 431 282	8 614 576
GRAND TOTAL	**7 641 532**	**914 600**	**26 795 828**	**35 351 960**

Table 10

Expenditure and encumbrances in eastern Europe and central Asia in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Albania	-	-	62 470	62 470
Armenia	109 256	-	56 914	166 170
Azerbaijan	-	-	15 356	15 356
Belarus	356 605	130 789	274 820	762 214
Bosnia and Herzegovina	-	-	24 008	24 008
Georgia	51 537	-	88 548	140 084
Kazakhstan	835 131	124 634	441 953	1 401 719
Kosovo – Pristina	-	-	77 262	77 262
Kyrgyzstan	245 469	139 028	6 891 450	7 275 947
Macedonia	-	-	19 051	19 051
Moldova Republic of	246 829	108 279	374 733	729 842
Serbia	-	-	15 668	15 668
Tajikistan	353 297	129 919	6 295 087	6 778 302
Turkey	-	-	958 912	958 912
Turkmenistan	-	-	32 003	32 003
Ukraine	1 295 807	131 951	4 042 761	5 470 519
Uzbekistan	113 821	150 000	153 504	417 326
EECA regional	4 033 781	-	6 971 327	11 005 108
GRAND TOTAL	**7 641 532**	**914 600**	**26 795 828**	**35 351 960**

Table 11

Core and non-core expenditure and encumbrances in eastern Europe and central Asia in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core* (USD)	Non-core (USD)	Total (USD)
SRA 1 – HIV testing and treatment	632 462	10 989 042	11 621 504
SRA 2 – eMTCT	768	277 436	278 204
SRA 3 – HIV prevention and young people	438 289	793 858	1 232 147
SRA 4 – HIV prevention and key populations	1 068 626	2 775 039	3 843 665
SRA 5 – Gender inequalities and gender-based violence	183 189	1 000 118	1 183 307
SRA 6 – Stigma, discrimination and human rights	295 619	503 455	799 074
SRA 7 – Investment and efficiency	592 812	810 311	1 403 124
SRA 8 – HIV and health services integration	246 474	5 215 285	5 461 758
TOTAL	**3 458 238**	**22 364 544**	**25 822 783**

* This does not include expenditures against country envelope funds

Table 12

Core and non-core expenditure and encumbrances in eastern Europe and central Asia in 2018, by Secretariat function (USD)

Secretariat function	Core (USD)	Non-core (USD)	Total (USD)
S1 – Leadership, advocacy and communication	990 551	58 112	1 048 663
S2 – Partnerships mobilization and innovation	1 466 246	3 010 898	4 477 143
S3 – Strategic information	668 875	927 943	1 596 818
S4 – Coordination convening and country implementation support	737 092	362 890	1 099 982
S5 – Governance and mutual accountability	320 531	71 440	391 970
TOTAL	**4 183 294**	**4 431 282**	**8 614 576**

UKRAINE COUNTRY CASE STUDY

Joint Plan prioritized country targets (by end of 2019)	Status	Remarks
80% of key populations have access to prevention, treatment and care programmes.	• NOT ON TRACK	In 2018, 204 291 people who inject drugs (58%), 39 832 (46%) female and male sex workers, 45 278 (25%) gay men and other men who have sex with other men, and 1049 transgender persons accessed prevention, treatment and care programmes.
167 000 people living with HIV are receiving ART.	• NOT ON TRACK	In 2018, an estimated 169 000 (70%) people living with HIV knew their HIV status, of whom 123 000 (72%) received ART. Among the people on ART 93% had a suppressed viral load. Overall, 51% of all people living with HIV in Ukraine were receiving ART and 47% had a suppressed viral load.
eMTCT has been certified.	• ON TRACK	A national submission for certification of eMTCT of HIV is likely to be delayed until 2020.
16 000 people living with HIV, including key populations, in the non-Government controlled areas have access to ART.	• NOT ON TRACK	In the non-government-controlled areas, 12 358 people living with HIV received ART in 2018.
50% of a basic HIV prevention package, including community service delivery, is domestically funded.	• ON TRACK	The Public Health Centre of Ukraine has secured funding and will begin procuring 50% of HIV prevention services from July 2019. It intends to procure 80% of HIV prevention services by 2020.
15 000 people who inject drugs receive opioid substitution therapy that is funded domestically.	• ON TRACK	In 2018, 11 385 patients received domestically funded opioid substitution therapy and the number is expected to rise to 13 250 by the end of 2019.

Joint Team composition			
UNHCR	UNFPA	ILO	World Bank
UNICEF	UNODC	UNESCO	UNAIDS Secretariat
UNDP	UN Women	WHO	

Total funding	
Core resources	USD 1 427 758
Non-core resources	USD 4 042 761

Challenges and bottlenecks	Game changers
The Ministry of Health no longer supports single-disease programmes, a stance that	The country has committed itself to a public health approach to ART. The new National AIDS Strategy for 2019–2030 will be based on the Fast-Track ART

hinders the development of a common national AIDS policy reference document. Slow approval from Ministry of Health for the revamped national HIV treatment and testing guidelines has prevented the formal introduction of several innovations. The Public Health Centre faces numerous challenges, particularly in obtaining clearances, to ensure that all necessary pieces of legislation are in place to enable it to become a national purchaser of HIV prevention. HIV prevention services that that rely on funding from the Global Fund face new challenges: the de facto authorities of Luhansk have prohibited HIV prevention programmes for key populations, as of 1 January 2019. De facto authorities lack the capacities to intensify the search for undiagnosed people who are living with HIV, offer them ART without delay and ensure effective monitoring.	strategy, the Prevention Road Map, the Transition Plan, the new testing strategy, and will incorporate various innovations. Ukraine increased its state budget for ART by almost threefold and entirely funded opioid substitution therapy services in 2017 (to the value of USD 500 000). A cost reduction for ARVs was achieved through international (UN) procurement and negotiations involving networks of people living with HIV. The Global Fund will finance ART for in the non-government-controlled areas until 2020. PEPFAR finances programmes in the 12 most-affected regions. Ukraine is a member of the Global Prevention Coalition and has committed to the 10-Point Action Plan. A national human rights strategy is available. Legal barriers to HIV services were assessed in 2018.

Deliverables	Status
Optimized HIV treatment cascade.	The national HIV protocol was revised to include a reduced number of optimized ARV regimens, PrEP, community HIV testing and self-testing, and other innovations. UNICEF continues to procure ARVs on behalf of Ukraine's Ministry of Health.
People living with HIV and affected populations in non-government-controlled areas have access HIV treatment and support.	12 358 people living with HIV received ART in non-government-controlled areas. 378 people living with HIV and survivors of sexual and gender-based violence received individual in-kind assistance, psychological support, protection counselling and safe shelter was provided for survivors of gender-based violence. The Community Centre in Luhansk provided space for communication, focus group discussions and the provision of targeted services to approximately 5000 returnees and affected persons, including people living with HIV.
Certification of eMTCT.	Ukraine's readiness to apply for certification of eMTCT was assessed and a eMTCT road map developed. A retroactive study on eMTCT effectiveness will inform implementation.
HIV is integrated in gender-based violence response mechanisms, including in the	National guidelines on provision of health services (including HIV) to gender-based violence survivors developed and under implementation. 216 health workers were trained and are using the newly acquired skills to provide reproductive health services in cases of gender-based violence, prevention and treatment of STIs, comprehensive health care to women

context of post-conflict situation	subjected to sexual violence, and emergency post-rape assistance to gender-based violence survivors. Sixty health-care professionals from primary care units and health-care personnel from selected hospitals in HIV, sexually transmitted infection and sexual and reproductive health services.
Human rights and gender-sensitive inputs are made into national policy and programme development and implementation.	Implementation in Ukraine of the recommendations of the Global Commission on HIV and Law relating to gay men and other men who have sex with men and transgender persons was reviewed. The findings will inform further policy dialogue. A national conference of Positive Women launched the information campaign "Be aware—be protected" which is being implemented in 10 oblasts through various communication channels. A national conference on drug policy in Ukraine reviewed policy provisions and implementation in relation to HIV and people who inject drugs. An advocacy and policy dialogue continued on amendments to the Ministry of Health Order No. 188 to relax the threshold for drug possession that incurs criminal liability.
Access to justice for key populations is improved and mechanisms to address HIV-related stigma and discrimination are promoted at service delivery points and in workplaces.	A communication platform for judges on HIV, TB, human rights and the role of judges in reducing stigma and discrimination has been initiated. The National Tripartite Socio-Economic Council updated the Tripartite Cooperation Strategy on HIV and AIDS in the World of Work for 2018–2020. The Maritime Transport Workers' Trade Union of Ukraine engaged 5000 workers in awareness raising activities and 450 workers voluntarily took an HIV test.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

A standardized Joint UN Plan, built around prioritized people-centred targets and supported by a country envelope, has boosted the work of the Joint Programme's work at country level.

The country envelope supports implementation of the UNAIDS Division of Labour, providing a seed resource to facilitate action when a Country Office of a Cosponsor has a mandate to act but lacks the funding to do so.

The Joint Plan prioritized and the country envelope supported strengthened cooperation between local law enforcement structures, health-care facilities, NGOs and HIV service providers to scale up service access for people who inject drugs to HIV prevention and care services in Kherson, Kriviy Rig, Mykolayiv, Odessa and Sumy. The pilot police referral initiative (to HIV services) has been effective, and 650 regional police officers received training on HIV and harm reduction.

The Joint Plan highlighted and the country envelope financed WHO pre-assessment missions, monitoring visits, eMTCT self-assessments and thematic meeting led by Ukraine's Ministry of Health.

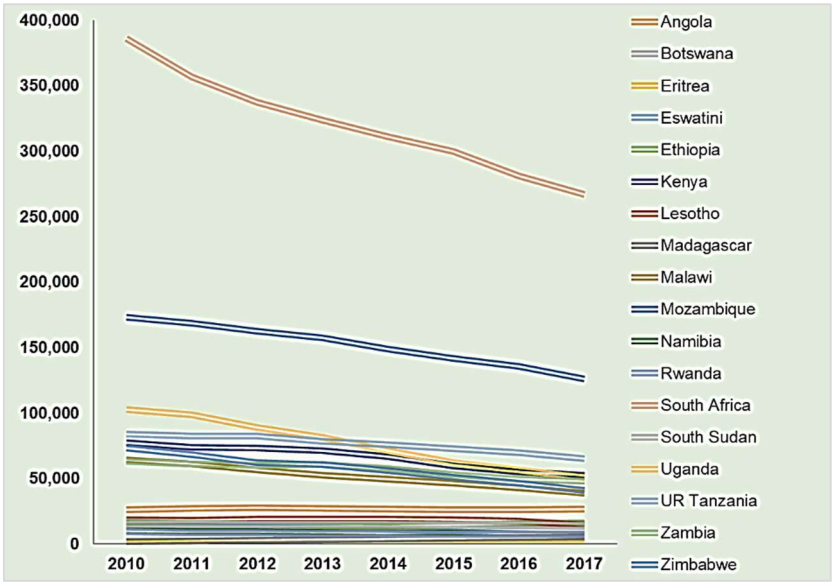
Expenditure and encumbrances

Table 13

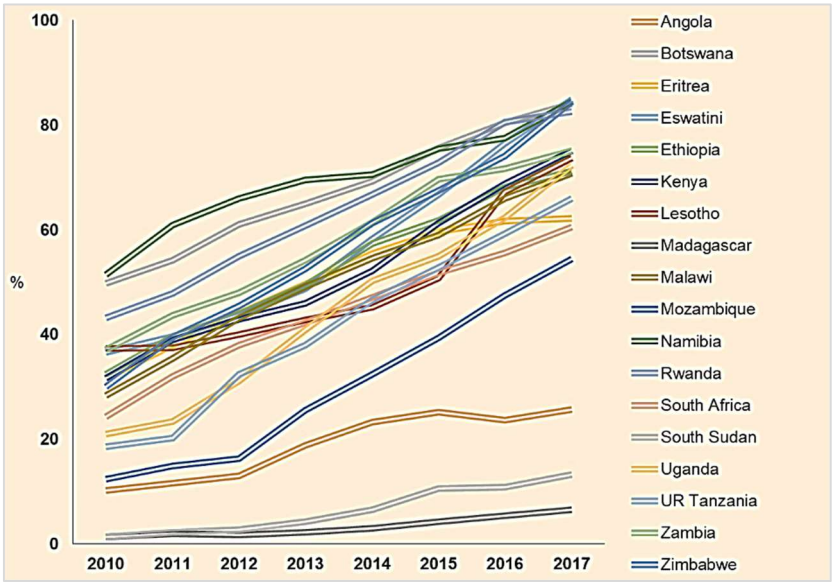
Expenditures and encumbrances in Ukraine in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF	-	40 123	3 547 402	3 587 524
UNDP	61 515	-	6 381	67 896
UNDP GF	-	-	83 787	83 787
UNFPA	59 075	45 000	89 833	193 908
UNODC	167 981	29 960	147 389	345 330
UN WOMEN	-	-	148 093	148 093
ILO	74 450	-	-	74 450
UNESCO	48 713	-	-	48 713
WHO	-	16 869	-	16 869
World Bank	75 900	-	19 876	95 776
UNAIDS Secretariat	808 173	-	-	808 173
GRAND TOTAL	**1 295 807**	**131 951**	**4 042 761**	**5 470 519**

EASTERN AND SOUTHERN AFRICA



Rate of new HIV infections in Eastern and Southern Africa



ART coverage in Eastern and Southern Africa

Progress towards the 2020 Fast-Track targets

Indicators prioritized by Regional Joint Team	Status	Remarks
85% of people with an HIV diagnosis receive ART.	• ON TRACK	The proportion of people with an HIV diagnosis who received ART increased from 53% in 2015 to 66% in 2017.
85% of children living with HIV receive ART.	• NOT ON TRACK	Treatment coverage among children increased from 52% in 2015 to 59% in 2017.
At least 8 Fast-Track countries reach and sustain at least 90% ART coverage among pregnant women.	• ON TRACK	Ten countries achieved at least 90% ART coverage among pregnant women during 2017 (Botswana, Eswatini, Lesotho, Malawi, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe).

Joint Programme contributions

45. The Joint UN Regional AIDS Team in eastern and southern Africa spearheaded UNAIDS' contributions to the progress made in this region. The Regional Team has established technical working groups in key thematic areas and supports all country-level Joint UN Teams on AIDS to seek maximum impact with the allocations in country envelopes.

46. UNAIDS prioritized regional and country-level support in the region to accelerate HIV prevention and sexual and reproductive health and rights activities, as well as actions that address the needs of adolescent girls and young women and key populations. The Joint Regional Team's support to the Southern African Development Community (SADC) and the East African Community facilitated two stock-taking meetings to review progress towards Fast-Track targets. The support also helped institutionalize accountability scorecards and frameworks for HIV prevention, sexual and reproductive health and rights, and sexual and gender-based violence. In addition, it enabled the SADC Parliamentary Forum's to develop (and eventually adopt) minimum standards for the protection of key populations.

47. The Joint Regional Team convened Ministries of Education and Ministries of Health from 20 countries to review progress in implementing the regional Ministerial Commitment on comprehensive sexuality education. The Team:
    - assisted 4 countries to identify technical support needs related to programming for adolescent girls and young women;
    - supported 6 countries to address communities affected by migration (including priority setting to ensure continuity of HIV treatment for populations on the move):;
    - supported the integration and scale-up of sexual and reproductive health and rights services and HIV services in 5 countries;
    - provided a status update on comprehensive sexuality education programming and access to sexual and reproductive health services;
    - supported regional trainings on condom estimation tools;
    - provided training for medical and non-medical prison staff in 7 countries; and
    - supported the adoption of a communiqué on meeting the needs of people in prisons at a high-level regional conference.

48. The Joint Team built the capacity and sharpened the focus of front-runner countries (Botswana, Eswatini, Uganda and Zimbabwe) on eMTCT. It also supported the launch and rollout of the “Free to Shine” campaign of 22 First Ladies in Africa, which has strengthened momentum towards eMTCT.

49. The Team increased the capacity of 12 countries to prioritize investments for Universal Health Coverage (UHC) and took part in national reviews and provided technical inputs to key national documents, including four National Strategic Plans, Global Fund concept notes, eMTCT plans and updates of national clinical guidelines, to leverage smarter results-oriented investments and programmes. The Joint Regional Team also generated evidence on HIV in humanitarian settings, postnatal retention of mother-infant pairs in PMTCT programmes, and HIV programming for adolescents.

50. With the support of Joint Regional Team, 19 of 21 countries in the region updated and finalized their 2018 HIV and treatment coverage estimates, with all countries reporting to the 2018 GAM online system, which UNAIDS manages.

51. The Team provided support to the United Republic of Tanzania and Zimbabwe to implement patient monitoring and case surveillance, and for the drafting of guidelines in Uganda and the United Republic of Tanzania. The Joint Team facilitated the creation of HIV situation rooms in 8 countries to enable real-time monitoring, and the Team's Strategic Information Technical Working Group developed infographics for visualizing key data and trends.

52. Progress towards social justice remained at the heart of the Joint Programme’s assistance in eastern and southern Africa in 2018.

53. The Regional Team provided guidance and technical support to the SADC Parliamentary Forum to develop the Gender Responsive Oversight Model, which was endorsed for implementation in 2018. The Team's guidance and technical support was used to carry out HIV-sensitive social protection assessments in Lesotho, Namibia, Uganda and the United Republic of Tanzania, with results shared both globally and regionally.

54. The Regional Team supported training of the East African Legal Aid Regional Network on HIV-related human rights and programming for key populations. It also strengthened the capacity of lawmakers, law enforcement officers, policymakers and human rights commissions in Rwanda, South Sudan and Zambia to create enabling environments for HIV programmes serving key populations. Throughout 2018, the Regional Team continued to provide legal advice regarding HIV legislation and advocacy for decriminalizing HIV transmission, sex work, drug use, same-sex relationships, among other issues.

In the countries of eastern and southern Africa, the Joint UN Teams on AIDS supported the achievement of specific, people-centred targets related to protecting adolescent girls and young women, gender equality, investment and efficiency, and integration.

Challenges and bottlenecks

55. Diminishing resources are a key challenge in the region and there is inadequate focus on integrating HIV within UHC and on improving efficiency and sustainability. In particular, without alternative, additional investments, recent dramatic budget cuts by

PEPFAR in high-burden settings (e.g. in Mozambique and South Africa) could threaten epidemic control.

56. Gender inequity, stigma and discrimination continue to impede an effective HIV response, especially for adolescent girls and young women and key populations. The first 90, HIV testing, continues to be a significant challenge in the region, especially for priority population groups such as adolescents and key populations. Inadequate retention in care and high rates of incident infections during pregnancy and breastfeeding also challenge the goal of eMTCT validation in this region.

57. Coordination remains a challenge. Insufficient communication and tight deadlines further hinder optimal management of activities. The engagement of regional bodies by the Regional Team has improved notably but could be more systematic and strategic. On the programme side, coordination of adolescent girls and young women programming is suboptimal amid a crowded and still-growing array of partners and initiatives.

58. There are persistent gaps in the collection, analysis and use of data for key populations, adolescent girls and young women, migrant and refugee populations, and on critical enablers. Challenges associated with the continual updating of estimation methods for key indicators (e.g. ART, PMTCT and HIV incidence among children) persist and result in changing estimates, which can confuse and frustrate governments and their partners. At the same, routine health information systems remain weak. Regional Team partners who are most involved in the generation, analysis and use of data do not have a focal point that is dedicated to strategic information. Staff turnover presents an additional challenge.

Key future actions

59. The Regional Team will continue to prioritize advocacy to achieve the Super-Fast Track targets[4] for combination prevention and treatment. It will follow the principle of ongoing UN reform across its work and will deliver its support by adopting the focused work modalities outlined below.

60. Advocacy. The Regional Team will support relevant regional and continent-wide initiatives such as:
    - the “Free to Shine” campaign,
    - domestication and rollout of guidelines on paediatric and adolescent HIV treatment,
    - advocate for innovative high-impact testing strategies,
    - address stigma and discrimination,
    - advocate on HIV/sexual and reproductive health and rights-responsive UHC, and
    - support the EAC and SADC to implement and monitor key regional frameworks on prevention, sexual and reproductive health and rights and sustainable financing in the countries for health.

61. At regional and country levels, advocacy for actions to achieve the Super-Fast Track targets for combination prevention and treatment—particularly for key populations, adolescent girls and young women and other priority populations—will continue.

[4] In June 2016, an ambitious Super-Fast-Track framework—Start Free, Stay Free, AIDS Free—was launched by UNAIDS, the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners. It outlines a set of time-bound targets for ending new HIV infections among ART treatment.

62. Country support**.** Through joint missions and remote engagement, the Regional Team will provide technical support to countries and partners in planning, managing, monitoring and reporting the HIV response. Technical support strategies will be differentiated according to epidemiology and performance.

63. The Regional Team will strengthen the capacities and work with regional economic bodies to improve Member states' accountability for achieving the Fast-Track targets. It will prioritize support to operationalize evidence-based programming for adolescent girls and young women and prevention. Support will be provided for the rollout of the Gender Responsive Oversight Model, for work on preventing and responding to school-related gender-based violence, for HIV-sensitive social protection assessments, and for setting up situation rooms in the selected countries. The Team will also focus on working with communities to strengthen demand for and use of services.

64. Quality assurance**.** The Regional Team will continue to improve and sustain quality and strategic focus through joint reviews of UBRAF country envelopes and their implementation, key country documents and processes, and working with teams at country and regional levels,

65. Documentation and knowledge management. The Regional Team will continue to generate, consolidate and disseminate evidence and develop recommendations. It will promote evidence-based practices for achieving the 90–90–90 targets and it will support countries to document and share their experiences.

In eastern and southern Africa, the country envelope resources were allocated mainly for activities related to young people (30.2%), testing and treatment (26.8%), eMTCT (13.6%) and key populations (9.4%).

Expenditure information

Table 14

Expenditure and encumbrances in eastern and southern Africa in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	688 944	158 350	11 671 530	12 518 824
UNICEF	855 126	1 058 733	23 246 564	25 160 423
WFP	731 018	209 284	11 652 480	12 592 781
UNDP	295 888	637 749	6 376 837	7 310 474
UNDP GF	-	-	142 438 670	142 438 670
UNFPA	927 147	1 420 200	22 235 994	24 583 342
UNODC	362 126	267 843	3 735 310	4 365 279
UN WOMEN	914 384	250 068	1 935 243	3 099 695
ILO	839 466	321 541	1 524 000	2 685 007
UNESCO	354 090	484 553	3 107 515	3 946 158
WHO	1 232 705	1 266 305	9 094 245	11 593 255
World Bank	1 583 370	110 000	1 465 399	3 158 769
Secretariat	19 987 836	-	4 858 301	24 846 137
GRAND TOTAL	**28 772 099**	**6 184 628**	**243 342 087**	**278 298 814**

Table 15

Expenditure and encumbrances in eastern and southern Africa in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Angola	1 318 140	160 509	11 684 787	13 163 435
Botswana	706 518	253 548	1 358 738	2 318 804
Comoros	-	-	19 849	19 849
Eswatini	872 174	186 633	4 468 816	5 527 623
Eritrea	70 501	-	132 843	203 344
Ethiopia	1 097 949	347 740	5 996 729	7 442 418
Kenya	2 120 999	432 998	8 220 528	10 774 524
Lesotho	841 358	222 949	1 539 025	2 603 333
Madagascar	319 977	206 882	697 265	1 224 124
Malawi	1 116 503	350 373	6 961 845	8 428 721
Mauritius	-	-	4 977	4 977
Mozambique	1 095 356	799 382	13 183 132	15 077 870
Namibia	824 858	249 974	1 371 702	2 446 534
Rwanda	742 784	206 573	2 146 214	3 095 571
South Africa	3 000 532	1 006 272	3 583 615	7 590 418
South Sudan	913 686	170 540	15 521 242	16 605 468
Uganda	1 422 600	323 920	7 375 661	9 122 181
United Republic of Tanzania	2 163 015	551 679	6 925 788	9 640 482
Zambia	1 354 744	383 359	7 500 843	9 238 946
Zimbabwe	2 436 369	331 297	123 608 699	126 376 364
ESA regional	6 354 036	-	21 039 791	27 393 827
GRAND TOTAL	**28 772 099**	**6 184 628**	**243 342 087**	**278 298 814**

Table 16

Core and non-core expenditure and encumbrances in eastern and southern Africa in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core*	Non-core	Total
SRA 1 – HIV testing and treatment	2 767 165	144 392 206	147 159 370
SRA 2 – eMTCT	31 543	8 850 765	8 882 308
SRA 3 – HIV prevention and young people	1 976 636	20 731 244	22 707 880
SRA 4 – HIV prevention and key populations	679 480	12 669 548	13 349 028
SRA 5 – Gender inequalities and gender-based violence	1 103 575	8 521 760	9 625 335
SRA 6 – Stigma, discrimination and human rights	315 546	10 806 639	11 122 185
SRA 7 – Investment and efficiency	919 787	6 726 274	7 646 060
SRA 8 – HIV and health services integration	990 532	25 785 353	26 775 885
TOTAL	**8 784 263**	**238 483 787**	**247 268 050**

* This does not include expenditures against country envelope funds.

Table 17

Core and non-core expenditure and encumbrances in eastern and southern Africa in 2018, by Secretariat Function (USD)

Secretariat Function	Core	Non-core	Total
S1 – Leadership, advocacy and communication	4 008 329	1 259 289	5 267 617
S2 – Partnerships, mobilization and innovation	8 684 471	1 560 414	10 244 885
S3 – Strategic information	3 141 012	637 070	3 778 082
S4 – Coordination, convening and country implementation support	2 529 293	984 782	3 514 075
S5 – Governance and mutual accountability	1 624 731	416 746	2 041 477
TOTAL	**19 987 836**	**4 858 301**	**24 846 137**

LESOTHO COUNTRY CASE STUDY

Joint Plan prioritized country targets (by March 2023)	**Status**	**Remarks**
Reduce new HIV infections by at least 50% (from 13 300 in 2017) and ensure that 90% of people aged 15 years and older at risk for HIV have accessed combination HIV prevention.	• NOT ON TRACK	The number of annual new HIV infections was reduced to an estimated 11 400 (the 2018 target was 8700).[5]
Reduced mother-to-child transmission of HIV to less than 5% and ensure that 95% of children living with HIV are receiving ART.	• NOT ON TRACK	Mother-to-child transmission was reduced to 10.3%[1] in 2018, and 79%[6] children living with HIV were receiving ART in 2017.
Fast-Track the testing and treatment cascade to reach the 95–95–95 targets.	• ON TRACK	The testing and treatment cascade stood at 81–92–88 in 2017.
Remove structural barriers (e.g. gender and human rights) and related barriers to service delivery, accessibility and utilization.	• NOT ON TRACK	The percentage of adults (15–59 years) with discriminatory attitudes towards people living with HIV was 17.4%,[2] and 12.4%[2] of women (in the same age range) reported that they had been raped in the previous 12 months.
Joint Team composition		
UNICEF	UNDP	WFP
UNFPA	IOM	UNAIDS Secretariat
WHO	UNESCO	
Total funding	**USD**	
Core resources	1 064 307	
Non-core resources	1 539 025	
Challenges and bottlenecks	**Game changers**	

[5] Lesotho HIV Estimates and Projections, 2018.
[6] Preliminary Findings: Lesotho Population-Based HIV Impact Assessment, 2016–2017.

The appropriate mix of interventions was not always provided as a comprehensive combination prevention package that can address the major biological, behavioural and structural drivers of the epidemic. The was especially the case for adolescent girls and young women, gay men and other men who have sex with men, and female sex workers. The VMMC programme remains reliant on donor funding; "ownership" by the Ministry of Health is inadequate. Gaps continued in condom management and coordination, with challenges related to forecasting, stockouts, stockpiling and stock-tracking, as well as insufficient in-country quality assurance. Gaps in the treatment cascade also persisted. HIV testing and ART services were not optimally differentiated for various population groups or ages, resulting in low uptake of services. Suboptimal laboratory capacity for diagnostics and patient monitoring was a problem, with few patients accessing CD4 tests at baseline due to non-functioning CD4 machines and a lack of reagents. There is persistent gender-based violence, including intimate partner violence. Few cases of sexual violence are successfully prosecuted and many cases go unreported. Lesotho ranks 132th of 188 countries on the Gender Inequality Index (UNDP, 2017), a ranking that reflects economic inequities, harmful gender and cultural norms and inadequate access to reproductive health services.	Tailored HIV combination prevention packages, ensuring that adolescent girls and young women and their male counterparts are reached with appropriate knowledge and skills for safer sex (including risk perception, protective sexual behaviours and integrated service uptake). Redesign, fund and scale up a sustainable national VMMC programme as part of overall sexual and reproductive health and rights for men, boys and male infants. This would include accelerating the integration and decentralization of VMMC services. Strengthen condom supply chain management, including through mapping, coordination, quality assurance, distribution and M&E frameworks. Establish multiple channels for condom distribution, including through community sites, to meett the needs of diverse users. Optimize facility and community-based HIV testing and prioritize people at high risk of HIV infection. Scale up index partner testing. Strengthen linkages to HIV treatment and care services, as well as adherence support. Strengthen patient-centred tracking at facility and community levels and expand differentiated models of care. Strengthen laboratory systems to scale up viral load monitoring coverage from 45% to 95% of all individuals receiving ART. Establish tailored programmes to change harmful cultural norms, values, beliefs and practices by using approaches that address harmful norms and power imbalances. Identify the most suitable delivery modalities for the targeted populations.
Deliverables	**Status**
Implementation of the HIV prevention programme with a focus on young women in institutions of higher learning.	The National HIV Prevention Roadmap was launched with UN support. It features critical milestones for effective prevention programmes, as well as mechanisms to strengthen accountability. The Joint Programme continued to support provision of a harmonized package of interventions for

	adolescent girls and young women (adolescent girls and young women. For in-school youth, Joint Programme support led to increased coverage, with 151 450 learners (aged 10–12 years) reached. Comprehensive sexuality education was incorporated in the standard curriculum for grades 5, 6, and 7, and teachers were trained. Comprehensive sexuality education radio lessons for grades 11 and 12 (ages 16–17 years) were developed and broadcast. EMIS data show over 70% of primary and secondary schools now offer comprehensive sexuality education. The UN supported development of Adolescent Friendly Health Guidelines with training of 264 service providers in all 10 districts, increasing access to over 400 000 adolescents and young people (15–24 years). The Joint Programme contributed to improved coordination around condom programming, which reduced stock outs and increased demand. Male condoms distributed increased from about 10 million in 2013 to over 30 million in 2018.
A comprehensive “HIV and the Law” national action plan is developed to adapt the HIV Prevention 2020 Roadmap to the local context and the implementation of the Lesotho Environmental Assessment recommendations is started.	The rollout of provider-initiated HIV testing and counselling at well-baby clinics also supported. In collaboration with the Elizabeth Glaser Pediatric AIDS Fund, the UN strengthened the capacities of health workers to deliver adolescent-friendly PMTCT services. Also strengthened were linkages between health facility services and community-based interventions for increase uptake of and adherence to HIV treatment, e.g. by piloting a male champions initiative and the scale-up of the mentor mother programme. The First Lady of Lesotho launched the “Free to Shine” Campaign to support the “Start Free, Stay Free and AIDS Free” framework, as part of Organization of African First Ladies of Africa Initiative.
Country capacity, policies and systems for access to HIV treatment cascade are enhanced.	The introduction of new HIV testing models was supported, included HIV self-testing and partner notification and testing. The UN provided technical guidance and facilitated technical assistance for the development of an HIV testing strategy and operational plan. Since its adoption in 2016, the "test and treat" strategy has facilitated timely initiation of ART, with services fully decentralized and integrated in many facilities. Differentiated service delivery models are being scaled-up. The UN continued playing its strong advocacy role, including on policy decisions regarding the adoption and use of Dolutegravir.

	The Joint Programme supported the establishment of 12 district-level ART committees to oversee and monitor the management of patients failing on ART.
Strategic information and evidence is generated.	The UN supported the provision of strategic information and the generation of evidence through technical support to the Ministry of Health. The work included: o field data verification and audit exercises; o annual HIV estimates based on Spectrum modelling (strengthened leadership capacity of the Ministry of Health also resulted in a functional technical working group); o technical guidance for IBBSS for key populations and a comprehensive HIV epidemiological analysis of Lesotho which was used in the Global Fund programme continuation grant-making and national HIV strategic plan development; o improvement of data visualization and use by creating a national HIV and Health Situation Room; and o support for several national research activities, including first HIV and syphilis surveillance to be based on routine data.
National stakeholders are empowered to coordinate the HIV response.	The Joint Team supported capacity strengthening of the National AIDS Commission to reposition itself as the national coordinating entity and lead in non-health HIV prevention. Specific support included development of an evidence-informed National Strategic Plan (2018–2023) aligned to the Fast-Track Targets, the drafting of a National Operational Plan and a National M&E Plan, informed by consultative M&E systems assessment. The UN played a key oversight role as member of the Lesotho Country Coordinating Mechanism and of key committees (oversight, proposal development and executive committees). The UN supported religious leaders to revitalize and strengthen their role in the HIV response through the development of a Lesotho Faith Sector Implementation Framework and a Faith Leaders Statement of Commitment to end AIDS.
The sustainability of the response is supported through technical assistance and guidance for grant implementation.	The UN proactively helped addressed grant implementation bottlenecks by providing technical guidance to Global Fund principal recipients and by sharing good practices. The UN helped address Global Fund conditionalities and fast-tracked grant implementation by providing quality technical assistance (e.g. for HIV testing strategy development, Joint HIV and TB programmes reviews; Comprehensive HIV Epidemiological Analysis of Lesotho, HIV and TB National Strategic

	Plan, National Operating Plan and M&E plan development; and health labour market assessment).

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

The Joint UN Plan and country envelope has enhanced UN coordination and collaboration in the national HIV response.

Consultations on priorities for the Joint UN Plan and the allocation of resources within the country envelope assisted in refocusing UN support on critical national gaps.

The country envelope facilitated implementation of the UNAIDS Division of Labour, with catalytic funding enabling Cosponsors to carry out their mandates where core resources were limited.

Duplication of work among Cosponsors and the Secretariat was reduced. The Joint Programme presented a joined-up and united UN to national partners and stakeholders, which increased the impact and credibility of the UN.

The Joint Programme enhanced national capacities, policies and systems for increased access to ART, which also narrowed the treatment gap, especially for populations with low coverage (e.g. children, young people and men).

HIV prevention was reinvigorated by accelerating a comprehensive response to meet global commitments to end AIDS as a public health threat by 2030, including by reducing new HIV infections by 75%.

Expenditure and encumbrances

Table 18
Expenditures and encumbrances in Lesotho in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF		37 611	613 303	650 914
WFP	64 936	25 586	314 260	404 783
UNDP	2 567	26 986	24 369	53 922
UNFPA	12 009	55 100	261 761	328 870
UNODC	22 650		111 006	133 656
UNESCO	26 285	20 466	30 456	77 207
WHO		57 200		57 200
World Bank			112 344	112 344
Secretariat	712 912		71 526	784 438
GRAND TOTAL	**841 358**	**222 949**	**1 539 025**	**2 603 333**

RWANDA COUNTRY CASE STUDY

Joint Plan prioritized country targets (by [illegible])	Status	Remarks
Achieve the 90–90–90 targets by end-2019. Achieve the first "90" in Kigali by end-2019.	• ON TRACK	An estimated 228 000 people were living with HIV in Rwanda (UNAIDS EPP Spectrum, 2018), of whom 89% knew their HIV status. Of those diagnosed with HIV infection, 92.3% received ART and among the latter, 91% had a suppressed viral load (HMIS, 2018). An estimated 57 500 people were living with HIV in Kigali. There were a 7500 new HIV infections in the city in the previous year. HIV prevalence among adults (15–49 years) was an estimated 6.3%. Among female sex workers, HIV prevalence was 55% and among gay men and other men who have sex with men it was 4%. Kigali has made very good progress towards the 90–90–90 cascade: 91–94–89.
New strategies (e.g. index HIV testing for children and adolescents, and early initiation and retention in care) are being implemented to improve access to HIV testing, treatment and retention in care programmes for at least 80% of clients at 30 selected sites. Key population (female sex workers) size estimate reports are available.	• ON TRACK	Rwanda has adopted HIV self-testing as an additional testing approach. The country prioritizes innovative interventions (such as index testing) for populations and locations where the risk of HIV infection is high. More than 2.5 million people received HIV testing and counselling in 2018, of whom 14,996 tested HIV-positive (yielding a positivity rate of 0.58%). Nationwide retention on ART was 91.5% in 2018. Population size estimates for female sex workers indicate a population of between 8300 and 23 000. This evidence will inform strategic interventions to advance the Fast-Track agenda.
HIV nutrition guidelines for people living with HIV are available.	• ON TRACK	An HIV nutrition guideline for people living with HIV is available. It will be reviewed based on the current context of “Treat All” activities.

Joint Team composition		
UNHCR	UNFPA	UNAIDS Secretariat
UNICEF	UN Women	
WFP	WHO	

Total funding	USD

Core resources	949 357
Non-core resources	2 146 214

Challenges and bottlenecks	Game changers
Rwanda relies heavily on donor funding for its HIV response. While domestic contributions have been increasing, domestic funding comprised only 15% of the overall HIV response in the 2019 financial year. Donor funding has been declining steadily. The Global Fund is likely to begin transition planning once Rwanda attains lower-middle-income status. There is a risk of a resource gap, unless Rwanda can increase contributions through domestic funding and/or private investment.	The Rwanda Health Financing Strategic Plan lays out strategies to improve financing for the health sector overall. The Strategy highlights the need for revenue-raising strategies and outlines specific, innovative financing mechanisms. Rwanda plans to develop a roadmap for domestic resource mobilization for HIV, which will evaluate and prioritize potential domestic revenue-raising strategies based on their feasibility and potential for impact.

Deliverables	Status
Fast-Track Cities HIV prevention.	A 5-year citywide HIV strategic plan (2018–2023) and specific action plans for adolescent HIV and sexual and reproductive health were developed. Twenty-six comprehensive sexuality education master trainers from the Rwanda education board were trained. The teacher's tool kit was developed and over 500 copies printed. Rollout of the tool kit occurs in 2019 in selected Kigali schools.
Improved knowledge and skills of 30 health-care providers in the City of Kigali.	Seventy-two nurses and data managers from 23 health facilities are engaged in HIV case-based surveillance in Kigali. The health facilities are piloting an HIV CBS and a scaling-up plan will be developed, based on the outcome of an ongoing research project. Forty-four pharmacists from referral, provincial and districts hospitals were trained on the revised HIV guidelines to improve patient care and supply chain management.
Peer educators trained to deliver user-friendly services to advance the Fast-Track agenda.	More than 252 000 youth were reached with adolescent sexual reproductive health and HIV prevention messages. More than 111 000 youth used adolescent sexual reproductive health services, including HIV prevention services. This helped catalyze the reduction of new HIV and other sexually transmitted infections, as well as unplanned pregnancies. Almost 130 health-care providers were mentored and received skills training on adolescent sexual and reproductive health services in 5 districts of the Western Province.
HIV integration into gender-based violence response mechanisms, including in the	National guidelines for the provision of health services (including HIV) to gender-based violence survivors were developed and are being implemented. Some 216 health workers were trained and are using their newly-acquired skills to provide reproductive health services in cases of

context of post-conflict situations.	gender-based violence, prevention and treatment of STIs, comprehensive health care to women subjected to sexual violence, and emergency post-rape assistance to gender-based violence survivors.
Implementation of innovative strategies.	At 29 health facilities, all children in need of HIV testing were identified through the use of adult index methods. Paediatric counselling tools were developed and 140 health-care providers were trained on age-appropriate counselling to children aged 7–19 years. Almost 350 female sex workers were trained to promote HIV testing of children and almost 8000 female sex workers received enhanced counselling and encouragement to have their children tested for HIV. More than 3100 children were tested. Newly diagnosed children were linked to ART while those already on treatment received adherence counselling and support. Rwanda initiated a new channel to access free condoms 24/7 via a network of “condom kiosks” in areas frequented by key populations. The distribution scheme is known as the 24/7 Condom Distribution Kiosks Initiative". The move is part of a broad Government effort to curb new infections, especially among female sex workers.
Strengthened coordination and access to VMMC services.	Technical support was provided to the Ministry of Health to improve access to VMMC, with a focus on adolescent boys. UNICEF provided VMMC consumables and logistics for service delivery to 17 underserved health facilities. The Ministry of Health trained 34 health-care providers from 17 health facilities as part of the national VMMC scale-up plan. More than 6000 adolescents were circumcised.
HIV nutrition guidelines for people living with HIV are available.	HIV nutrition guidelines for people living with HIV are available. WFP provided support to Rwanda Biomedical Centre for strengthening the ART and opportunistic infection drugs and nutrition commodities supply chain. Health workers from 36 district hospitals were trained on nutrition guidelines for people living with HIV.
Fast-Track HIV prevention and improve adherence to ART.	UNFPA and other Cosponsors provided catalytic support to improve the skills of peer educators to address stigma and discrimination associated with HIV. More than 70 peer educators were trained and an action plan was developed to advance the Fast-Track agenda and achieve a society free of HIV-related stigma. Led by UNFPA and other Cosponsors, high-level advocacy on positive prevention was conducted during the Transform Africa international conference in Kigali. The focus was on using digital platforms used by young people to advance the HIV response.
Male partner engagement in PMTCT.	UNICEF and other Cosponsors, in collaboration with the Ministry of Health, designed an HIV self-testing model to increase uptake of HIV testing among hard-to-reach male partners of women attending antenatal clinics and PMTCT services. Some 8000 HIV self-testing kits were procured for distribution to 35 pilot sites. Technical and financial support was provided to develop job aids for health-care workers. To date, 35 of 120 health-care providers have

	been trained to use the job aids and the implementation process is ongoing at selected sites in Kigali.
Key population (female sex workers) size estimates are developed.	Draft population size estimates indicate there are between 8300 and 30 000 female sex workers. These estimates will inform strategic interventions to advance the Fast-Track agenda.
Prevention of HIV and sexual and gender-based violence in humanitarian settings.	About 140 first-time young mothers were identified in Mahama refugee camp, of whom 30 were trained to become trainer-of-trainers on adolescent sexual and reproductive health. Community dialogue sessions reached more than 3500 adolescents and young people with key messages on adolescent sexual and reproductive health services. At least 140 000 refugees received a prevention information from community health workers. Almost 1.5 million condoms were distributed in refugee camps. Trained peer educators conducted community mobilization sessions on HIV prevention, including condom use demonstrations. HIV testing and counselling services reached almost 16 300 people in all six refugee camps in the country. Everyone who tested HIV positive was linked to HIV care and treatment services.
The National Strategic Plan is developed.	Rwanda's National Strategic Plan for 2018–2024 to Fast-Track the HIV response was finalized and disseminated. Civil society was engaged to provide inputs to the National Strategic Plan Operational Plan 2018–2024. Successful Global Fund grant proposals for the next three years and for the PEPFAR COP18 were developed.
The Stigma Index survey is conducted.	The process for conducting HIV Stigma Index survey is ongoing. A consultant was recruited to support the exercise. However, financial shortfalls hinder completion of the exercise.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

The UBRAF country envelope allocation reinforced the functioning of the Joint Programme at country level.

In keeping with the Delivering-as-One-UN approach, the country envelope positioned the HIV programme as a model of delivering results together. The mechanism contributed to:

- increasing Cosponsor commitment to the UNAIDS' Division of Labour in order reach national targets,
- greater engagement of national stakeholders to provide inputs to UN planning processes,
- identifying national gaps and setting priorities for UN catalytic support,
- strategically positioning the UN's contribution towards the attainment of national targets,

- leveraging additional resources to close the gaps in the HIV response for key populations and high-risk locations, and
- Cosponsors planning for stronger engagement of civil society organizations and regarding them as essential partners in the quest to end the AIDS epidemic.

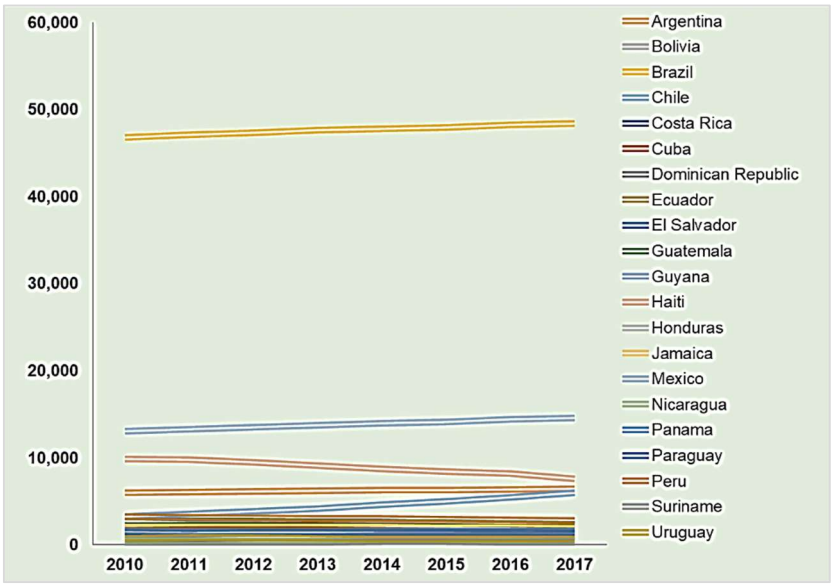
Expenditure and encumbrances

Table 19

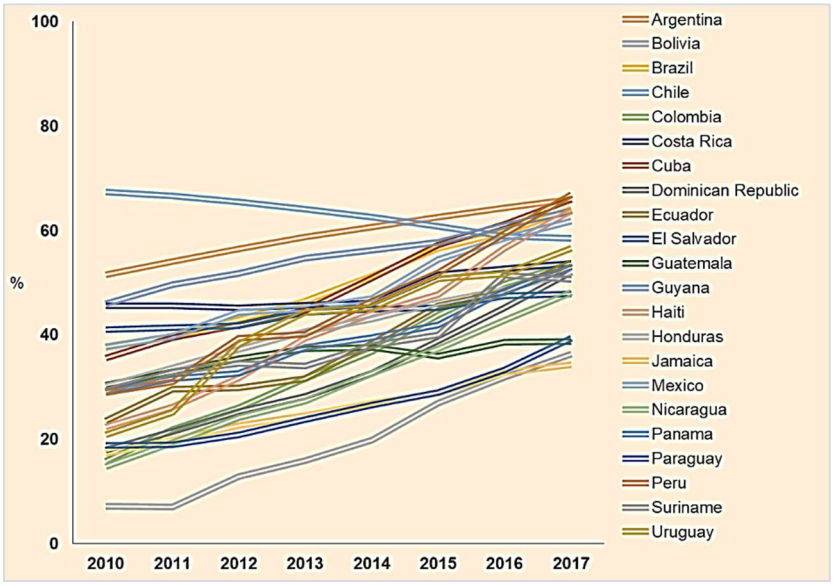
Expenditures and encumbrances in Rwanda in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	149 800	-	1 093 349	1 243 149
UNICEF	-	86 081	404 515	490 596
WFP	38 207	-	157 290	195 497
UNDP	800	-	-	800
UNFPA	63 112	97 000	312 854	472 967
UN WOMEN	19 484	-	70 436	89 920
UNESCO	-	-	8 781	8 781
WHO	-	23 493	-	23 493
World Bank	-	-	45 987	45 987
Secretariat	471 381	-	53 001	524 382
GRAND TOTAL	**742 784**	**206 573**	**2 146 214**	**3 095 571**

LATIN AMERICA AND THE CARIBBEAN



Rate of new HIV infections in Latin America and the Caribbean



ART coverage in Latin America and the Caribbean

Progress towards the Fast-Track targets

Indicators prioritized by Regional Joint Team	Status	Remarks
90% of people living with HIV know their HIV status.	• WITHIN REACH	77% of people living with HIV know their HIV status.
75% of people living with HIV are receiving ART.	• WITHIN REACH	Treatment coverage in 2017 was 57% in the Caribbean (compared with 45% in 2015) and 61% in Latin America (compared with 54% in 2015).
60% of people living with HIV are virally suppressed.	• ON TRACK	In Latin America, viral suppression levels increased from 42% in 2015 to 52% in 2017.
	• NOT ON TRACK	In the Caribbean, viral suppression increased from 31% in 2015 to 40% in 2017.

Joint Programme contributions

66. The Joint Programme addressed several emerging challenges in Latin America and the Caribbean. They included issues associated with the substantial and growing exodus of people from Venezuela, which is stretching national capacities in host countries.

67. With coordinated support from the Pan American Health Organization (PAHO), the UNAIDS Secretariat and national offices in Venezuela, as well as the participation of UNDP, UNFPA, UNICEF and WFP, a master plan was developed to ensure continued access to HIV, TB and malaria care and services. In October 2018, the Global Fund, PAHO and UNAIDS convened a meeting in Washington DC to advocate for full implementation of the master plan.

68. The Secretariat supported UNFPA in responding to gender-based violence and sexual and reproductive health issues among refugees, migrants and other vulnerable populations from Venezuela. UNFPA focused actions particularly on Brazil, Colombia, Ecuador, Peru and Venezuela, and is working with national and regional partners to implement the minimum initial service package for sexual and reproductive health, provide survivor-centred gender-based violence services, and support gender-based violence prevention along migratory routes.

69. Technical support from the Joint Programme increased the capacity of governments and civil society organizations in 11 Caribbean countries to increase access for adolescents and other vulnerable groups to youth-friendly, client-centred, relevant and responsive sexual and reproductive health programmes. A regional, high-level meeting on comprehensive sexuality education focused on strategies to improve access to sexual and reproductive health services for young people.

70. The Joint Programme co-hosted a train-the-trainer workshop on HIV and social protection, with HIV networks and government officials from 13 countries participating. The training introduced an assessment tool on HIV, social protection and key populations, which countries can use to increase the HIV-sensitivity of social protection programmes and engage civil society.

71. Together with the UNAIDS Secretariat and the Central American Network of People Living with HIV, UNDP organized a conference on documenting human rights violations against people living with HIV and key populations. The Central American Council of Ombudspersons pledged to strengthen partnerships between national HIV programmes, national human rights institutions, civil society and development partners, with the aim of defending the rights of key populations and people living with HIV. With leadership from UNICEF and the National Institute of Public Health in Mexico, the Joint Programme finalized a report on adolescents and HIV in the region and presented the findings at the 2018 International AIDS Conference in Amsterdam.

72. A South-South consultation brought together 12 Latin American countries to share experiences on advancing human rights and social and economic inclusion for transgender people. Sensitization and capacity building workshops were attended by regional programme leaders, 96 programme managers, health-care providers and community peer advocates in the Caribbean.

73. The World Bank continued to provide financing for health systems-strengthening projects that include HIV components. In Brazil, for example, World Bank technical support enabled an assessment of the integration and continuity of care in the public health system. Overall, the World Bank approved USD 4.3 billion in lending to the region in Fiscal Year 2018, including USD 3.9 billion in loans and USD 428 million in International Development Association commitments.

74. The World Bank and UNDP supported skills-building training in five countries, with a focus on improving the use of data in health policytdecision-making and implementation, specifically for HIV, TB and access to UHC.

In the countries of the Latin America and the Caribbean Region, the Joint UN Teams on AIDS supported the achievement of specific targets related to testing and treatment, sustainability, as well as civil society engagement.

Challenges and bottlenecks

75. Several challenges and hindrances have been encountered, including:
    - Insufficient mobilization of resources to fully implement the Venezuela master plan.
    - Persistent gaps in viral load monitoring and access to optimal antiretroviral regimens, HIV tests and prevention commodities.
    - Stagnating progress in reducing the eMTCT rate (currently at 12%, with little change since 2015), in part due to declining ART among pregnant women in the Caribbean.
    - Barriers to programmes for adolescent health, including age of consent laws in many Caribbean countries and sociopolitical resistance to sexuality education.
    - Complexities of political and bureaucratic processes in some countries, which cause extensive delays in reaching consensus on key activities.
    - Growing number of countries that have achieved middle-income status, which reduces their access to donor funding.
    - Insufficient funding for the collection and use of strategic information about the positive impact social protection programmes and other interventions that reduce vulnerability.

Key future actions

76. The Joint Programme will support and monitor the distribution of donor-funded ARV medicines to ensure uninterrupted access to treatment for people living with HIV in Venezuela. Close attention will be paid to ongoing coordination with stakeholders and partnership building in Venezuela and the international community to mobilize resources and remove implementation gaps. Efforts will continue to strengthen maternal and neonatal health services, including HIV, in Venezuela.

77. Work in the Caribbean will prioritize implementation strategies and actions to improve adolescent and youth health and wellbeing. This will include strengthening strategic information and supporting youth-led organizations to engage fully in the development, implementation and monitoring of programmes for improving young people's health and wellbeing. Across the region, national responses to address adolescent health needs will be strengthened, with particular focus on providing comprehensive HIV prevention and treatment packages for adolescents. Coordination will be improved to accelerate progress towards the eMTCT of HIV and syphilis.

78. The Joint Programme will support the development of national action plans to achieve social and economic inclusion of trans populations. It will provide support to REDTRASEX to develop a system for monitoring human rights violations against sex workers. The assessment tool on social protection, HIV and vulnerable populations will be adapted and rolled out, and good practices will be documented and shared.

In Latin America and the Caribbean, the country envelope resources were directed mainly at activities related to key populations (24.6%), young people (20.1%), eMTCT (19.2%) and testing and treatment (10.8%).

Expenditure information

Table 20

Expenditure and encumbrances in Latin America and the Caribbean in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	-	44 000	726 112	770 112
UNICEF	266 729	356 850	1 476 409	2 099 988
WFP	212 633	33 282	100 360	346 276
UNDP	272 955	219 379	503 039	995 372
UNDP GF	-	-	11 080 762	11 080 762
UNFPA	429 704	594 000	2 782 784	3 806 487
UNODC	-	27 600	21 451	49 051
UN WOMEN	125 630	69 704	561 027	756 361
ILO	12 620	6 807	241 428	260 855
UNESCO	316 108	141 709	3 392 454	3 850 271
WHO	214 933	-	111 285	326 218
World Bank	277 280	-	389 625	666 905
Secretariat	8 170 757	-	596 742	8 767 499
GRAND TOTAL	**10 299 350**	**1 493 331**	**21 983 477**	**33 776 158**

Table 21

Expenditure and encumbrances in Latin America and the Caribbean in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Argentina	664 142	94 653	196 612	955 407
Bolivia	-	-	513 703	513 703
Brazil	794 493	317 616	3 982 675	5 094 784
Chile	43 849	-	178 933	222 783
Colombia	20 864	116 563	256 196	393 623
Costa Rica	1 005	-	195 670	196 674
Cuba	17 407	72 442	3 755 232	3 845 082
Dominican Republic	384 635	124 485	338 371	847 491
Ecuador	13 744	100 000	77 276	191 020
El Salvador	143 329	-	101 978	245 307
Guatemala	665,994	96,565	610,501	1,373,060
Guyana	405 448	-		405 448

Haiti	836 360	174 711	482 998	1 494 069
Honduras	24 836	-	166 943	191 779
Jamaica	1 743 414	154 809	3 536 926	5 435 149
Mexico	53 181	-	1 100 036	1 153 217
Nicaragua	27 744	-	122 654	150 398
Panama	4 137	-	3 096 580	3 100 718
Paraguay	-	-	89 153	89 153
Peru	796 016	116 693	50 386	963 094
Uruguay	-	-	193 016	193 016
Venezuela, Bolivarian Republic of	153 959	124 794	162 075	440 828
LAC Regional	3 504 793	-	2 775 562	6 280 356
GRAND TOTAL	**10 299 350**	**1 493 331**	**21 983 477**	**33 776 158**

Table 22

Core and non-core expenditure and encumbrances in Latin America and the Caribbean in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core* (USD)	Non-core (USD)	Total (USD)
SRA 1 – HIV testing and treatment	194 671	4 187 759	4 382 430
SRA 2 – eMTCT	21 095	377 982	399 077
SRA 3 – HIV prevention and young people	956 419	3 299 695	4 256 114
SRA 4 – HIV prevention and key populations	221 573	2 122 844	2 344 417
SRA 5 – Gender inequalities and gender-based violence	180 431	1 385 328	1 565 759
SRA 6 – Stigma, discrimination and human rights	103 873	5 243 179	5 347 052
SRA 7 – Investment and efficiency	280 670	524 176	804 846
SRA 8 – HIV and health services integration	169 860	4 245 774	4 415 634
TOTAL	**2 128 592**	**21 386 737**	**23 515 329**

* This does not include expenditures against country envelope funds

Table 23

Core and non-core expenditure and encumbrances in Latin America and the Caribbean in 2018, by Secretariat Function (USD)

Secretariat Function	Core (USD)	Non-core (USD)	Total (USD)
S1 – Leadership, advocacy and communication	1 991 543	271 253	2 262 796
S2 – Partnerships, mobilization and innovation	204 463	41 525	245 988
S3 – Strategic information	1 041 159	15 031	1 056 190
S4 – Coordination, convening and country implementation support	3 972 185	268 230	4 240 415
S5 – Governance and mutual accountability	961 408	703	962 111
TOTAL	**8 170 757**	**596 742**	**8 767 499**

BRAZIL COUNTRY CASE STUDY

Joint Plan prioritized country targets (by 2019)	Status	Remarks
85% of people diagnosed with HIV are on treatment (compared with 64% in 2015).	• ON TRACK	In 2018, 594 000 people were receiving ART (75% of people diagnosed with HIV infection). Approximately 70 000 people initiated ART in 2018.
Increased access to combination prevention services (including condoms, post-exposure prophylaxis, PrEP, PMTCT, diagnosis and treatment of STIs) for key populations, including adolescents and young key populations, with a focus on the 25 cities and states that have signed the Paris Declaration.	• ON TRACK	The Strategic Agenda to Scale up Access and Integral Care of Key and Priority Populations was launched. In 2018, PrEP was available in 109 health services in 22 states and in the Federal District. More than 8100 people received at least one dispensing of PrEP.
A strengthened legal framework to protect the rights of people living with HIV and of vulnerable populations, and to reduce stigma and discrimination in healt- care facilities, workplaces and communities.	• ON TRACK	A definition of the standards of a zero-discrimination health service was developed. Legal framework guideline for gender and comprehensive sexuality education were developed.
UN Joint Team Workplan monitored and evaluated for promoting strengthened public policies. Joint results and best practices disseminated through a joint communication strategy.	• ON TRACK	A joint communication strategy was developed and implemented. A baseline for evaluating the workplan was devised.

Joint Team composition			
UNHCR	UNFPA	ILO	The World Bank
UNICEF	UNODC	UNESCO	UNAIDS Secretariat
UNDP	UN Women	PAHO/WHO	

Total funding	
Core resources	USD 1 112 109
Non-core resources	USD 3 982 675

Challenges and bottlenecks	Game changers
New HIV infections have increased substantially among young men, especially young gay men and other men who have sex with men. Stigma and discrimination remain major barriers for accessing HIV-related services. The presentation of bills in the National Congress, calling for the criminalization of HIV transmission, is a setback. Poor access to PrEP for some of the most vulnerable groups (e.g. transgender persons, low-income and non-white gay men and other men who have sex with men, etc.) In northern Brazil, the influx of Venezuelan refugees and migrants continued to pose challenges to local health and social protection systems.	Brazil is active in the Global Prevention Coalition 42 Brazilian cities and 3 states have signed the Paris Declaration and are committed to Fast-Track local HIV responses. New HIV prevalence and programme data are available for key populations. Provision of PrEP has expanded to 45 municipalities in all 27 states. The People Living with HIV Stigma Index has been implemented for the first time. The Agenda for Zero Discrimination in Health Settings was launched in Brazil. Increased resources for the UN Joint Team, through the country envelope, improved UN support to the national response. The UN Expanded Thematic Group on HIV is active, with more than 30 members from government, civil society, academia and international partners.

Deliverables	Status
Ensured access to voluntary and confidential testing services, counselling and immediate ART, with an emphasis on key populations, especially young people among them.	Access to high-quality HIV services has expanded. Among the estimated 866 000 Brazilians living with HIV in 2018, 85% (731 000) had been diagnosed, of whom 75% (594 000) were receiving ART, and 93% (503 000) of the latter had achieved viral suppression The Strategic Agenda for Key Populations was launched. This multistakeholder plan was developed to improve access to comprehensive health care, including biomedical interventions, and to remove structural and social barriers to health-care access. The Agenda is a major component of Brazil's implementation plan for the Global Prevention Coalition. Acess to combination prevention information and services was expanded via several community-based initiatives, with a focus on priority locations and populations. An HIV testing project focusing on youth from vulnerable populations was implemented in 4 cities.
Work with public health systems and government to ensure discrimination-free health services.	The Agenda for Zero Discrimination in Health-Care Settings was launched in Brazil. Seven dialogues were held to promote zero discrimination against key populations in health-care settings. Standards for a zero-discrimination health service were developed.

	90 health students and professionals received trained on HIV, stigma and discrimination, and other issues affecting key populations.
Optimized health information dissemination.	The Internet platform *Deu Positivo e Agora* ("I tested positive—And now?") was launched. The website provides accurate and easy-to-understand HIV information with a focus on young people who have recently tested HIV-positive. The social media campaign *#ÉbomSaber* ("It's Good to Know") on prevention and sexuality was launched during Carnival.
Comprehensive HIV response exists for transgender persons, gay men and other men who have sex with men, migrants and refugees, and indigenous communities.	The Trans Dialogues was implemented in Porto Alegre to improve health care for transgender people: 432 health professionals were trained at 31 health facilities. A national meeting of Pride Parade organizers was organized to discuss HIV prevention strategies for gay men and other men who have sex with men, and for transgender people. About 100 000 condoms were distributed to civil society organizations working with key populations. A needs assessment on refugees' and migrants' access to health services in Roraima was conducted. Three national networks of people living with HIV received financial and technical support to strengthen advocacy.
Evidence is generated on stigma and discrimination and the impact on access to health-care.	Preparation began for implementing HIV Stigma Index, which will involve interviewing 2100 people living with HIV in seven capital cities. The legal framework guideline for gender and comprehensive sexuality education was developed.
Capacities to meet the HIV-related health and education needs of young people and key populations are strengthened.	Twenty youth leaders from key populations were trained on Public health budgets, advocacy and negotiating skills. Twenty young Brazilian activists attended the Amsterdam AIDS Conference, thanks to support from the Embassy of Netherlands in Brazil and Youth Against AIDS.
Awareness is increased about the rights of vulnerable populations, and about the importance of gender and race equality.	The Portuguese version of the Equal Eyes newsletter was launched, expanding access to information about LGBTI issues around the world for Brazilians and other Portuguese - speaking people. Twenty transgender people were trained in audio-visual techniques, including script writing, lighting and filming techniques.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

In 2018, the work of the Joint Programme in Brazil was revigorated with the additional funds from the country envelope. It allowed the Joint Team to develop a more integrated workplan, with an increased number of joint activities, which strengthened the support provided by the UN to the national HIV response. The country envelope:

- ensured implementation of several strategic projects that had been on hold for years, such as the People Living with HIV Stigma Index;
- enabled the Joint UN Team to provide additional technical and financial support for civil society organizations, including women living with HIV, young people and transgender people;
- catalyzed innovative joint projects such as the Internet-based *Deu Positivo e Agora* ("I tested positive. And now?"), a website that provides accurate and clear HIV information and that is targeted at young people who recently tested HIV-positive;
- allowed the Joint Team to directly support two priority Fast-Track cities (Porto Alegre and Salvador) to implement activities on HIV testing and zero discrimination; and
- enabled the Joint Team to develop a joint communication strategy, which it implemented with the support of UNIC, to increase the visibility and accountability of joint work.

Expenditure and encumbrances

Table 24
Expenditures and encumbrances in Brazil in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	-	-	50 207	50 207
UNICEF	-	86 816	194 240	281 056
UNDP	3 752	49 266	-	53 018
UNFPA	-	115 000	46 215	161 215
UNODC	-	-	21 451	21 451
UNESCO	13 744	66 534	3 257 786	3 338 064
World Bank	89 580	-	114 567	204 147
Secretariat	687 417	-	298 209	985 626
GRAND TOTAL	**794 493**	**317 616**	**3 982 675**	**5 094 784**

JAMAICA COUNTRY CASE STUDY

Joint Plan prioritized country targets (by 2019)	**Status**	**Remarks**
75% of diagnosed people living with HIV receive treatment.	• NOT ON TRACK	In 2018, 46% of people living with HIV had been diagnosed and were receiving ART (compared with 37% in 2015). The Ministry of Health reported that More than 6000 people who had been diagnosed with HIV were lost to follow-up. Stigma and discrimination in health-care settings and communities were singled out as contributing factors.
81% of people receiving ART are virally suppressed.	• ON TRACK	In 2018, 66% of people receiving ART were virally suppressed (compared with 51% in 2017).
eMTCT of HIV and Syphilis is achieved.	• NOT ON TRACK	The proportion of infants born to HIV-positive mothers remained stable at 2% in 2018. Slow implementation of eMTCT guidelines, weak accountability mechanism, and limited supportive supervision meant that eMTCT was not achieved.

Joint Team composition		
UNHCR	UNFPA	UNESCO
UNICEF	UN Women	World Bank
UNDP	ILO	WHO
UNODC	Secretariat	

Total funding	
Core resources	USD 1 898 223
Non-core resources	USD 3 536 926

Challenges and bottlenecks	**Game changers**
The high crime rate and high prevalence of noncommunicable diseases were political priorities, making its difficult to gain the strong political commitment that is needed to accelerated eMTCT efforts and other aspects of the HIV response. Bureaucratic constraints delayed implementation of key initiatives, including development of the 2020–2025 National Strategic Plan and the Transition and Sustainability Plan.	The Government of Jamaica has pledged to absorb HIV treatment costs. USD 12 million was accessed from the Global Fund to accelerate prevention and treatment programmes for 2019–2021, including USD 2 million to address human rights barriers affecting key populations. The Government agreed to implement the 10 minimum programme requirements of

Sex work and male-to-male sexual relations are criminalized. Gay men and other men who have sex with men and transgender persons face discrimination and marginalization and ostracized and marginalization. This sometimes undermines efforts to consistently provide the minimum package of services to reduce new HIV infections. There was a recommendation from the Joint Select Committee of Parliament that the Offences against the Person's Act include criminalization of HIV transmission. A fragmented approach to coordination slowed down programme planning and implementation. For example, the Ministry of Health manages ART and some M&E tasks, while the National Family Planning Board manages prevention, human rights and other aspects of M&E.	PEPFAR, which are aligned with international policies and guidelines. A Joint Select Committee of Parliament made recommendations for legislative and policy reforms that could improve the administration of justice and the promotion and protection of human rights, especially for vulnerable groups (including children, women, the elderly and persons with disabilities). The Fast-Track City initiative was fully endorsed by the Ministry of Health, Mayor of Kingston and civil society.

Deliverables	Status
20 000 adolescents and youth (10–24 years) are able to access youth-friendly, integrated sexual and reproductive health services, HIV/STI services and family planning services.	More than 7000 adolescents and young people, including gay men who have sex with men and transgender persons, were empowered to access youth-friendly services. Twenty-six health-care facilities introduced youth-friendly standards after receiving training. Innovative, non-traditional methods were used to increase service access for young people, including on weekends and after school. More than 5 000 adolescents and young people accessed sexual and reproductive health and mental health services at the Teen Hub, a non-traditional service delivery facility located at Kingston city transportation centre. Sixteen young women were trained and certified, enabling them to start their own businesses. To improve adolescents' access to sexual and reproductive health services, a Joint Select Committee of Parliament recommended that legislation be updated to reflect the removal of criminal charges against health workers who provide certain health services to adolescents without parental consent.
HIV strategic plan developed in alignment with UNAIDS Fast Track strategy.	The Ministry of Health agreed to develop the 2020–2025 National HIV Strategic Plan and sustainability strategy, based on the UNAIDS Fast Track Strategy. It will draw on data and other from the recently completed IBBS surveys among general and key populations. The process will be completed in 2019. An assessment to inform the National Strategic Plan was completed.
The Government has an updated plan for eMTCT of HIV and Syphilis.	An eMTCT field coordinator was employed to conduct an assessment of the implementation of eMTCT guidelines. A case review of all babies born with HIV was completed and will inform the elimination plan.

The capacity of national institutions to reduce stigma and discrimination and increase access to justice for people living with HIV and other key populations is strengthened.	The Sexual Offences Act, Offences Against the Person Act, Domestic Violence Act and the Child Care and Protection Act were reviewed by a Parliamentary Committee. It recommended legislative and policy reforms to improve the administration of justice and the promotion and protection of human rights of Jamaicans. An advocacy strategy was developed to address unfavourable proposals, such as the recommendation to criminalize HIV transmission. A strategic plan was developed with the Jamaica Network of Seropositive Network of Seropositive to advance positive health, dignity and prevention in the national response. The network of transgender persons hosted the first transgender health and wellness conference as part of a commemoration of the International Day against Homophobia and Transphobia. The Joint UN Team's work with faith-based organizations led to the allocation of Global Fund resources for interventions to address stigma and discrimination among faith leaders.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

The Joint UN Team was able to focus on young people, a vulnerable group which receives limited funding support.

The country envelope strengthened the Joint Team's influence in decision-making table priority-setting, thereby boosting the impact of UN work.

The country envelope made it possible to reinforce the Division of Labour within the Delivering-As-One framework.

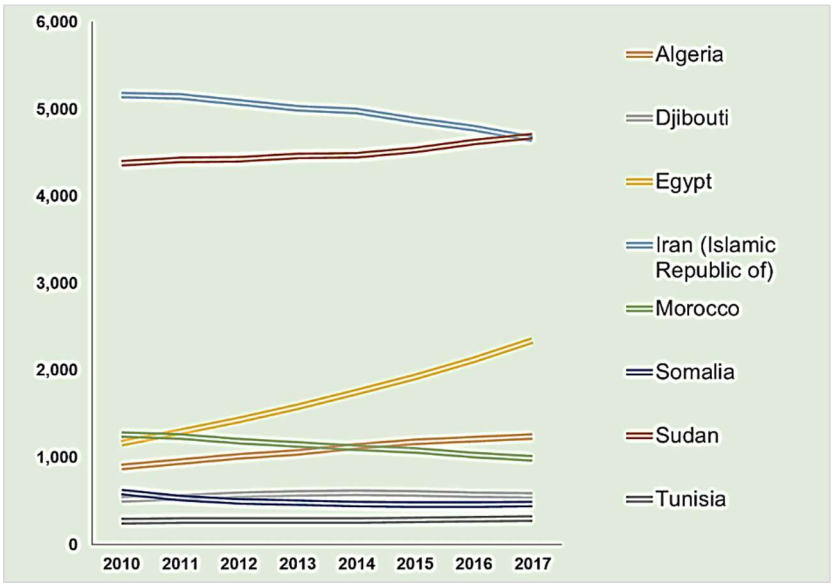
The reporting mechanism within the Joint Team and the Country Team improved, partly due to the emphasis on accountability for the country envelope allocations.

Expenditure and encumbrances

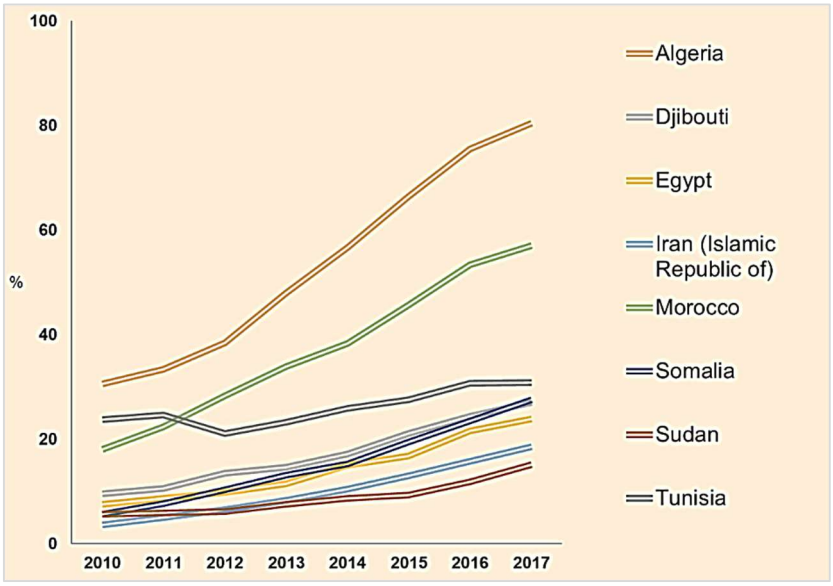
Table 25
Expenditures and encumbrances in Jamaica in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF	-	33 188	343 415	376 602
UNDP	2 718	29 286	44 368	76 372
UNDP GF	-	-	2 840 485	2 840 485
UNFPA	193 863	55 000	56 156	305 019
UN WOMEN	125 630	37 335	208 589	371 554
World Bank	-	-	43 914	43 914
Secretariat	1 421 202	-	-	1 421 202
GRAND TOTAL	**1 743 414**	**154 809**	**3 536 926**	**5 435 149**

MIDDLE EAST AND NORTH AFRICA



Rate of new HIV infections in Middle East and North Africa



ART coverage in Middle East and North Africa

Progress towards Fast-Track targets

Indicators prioritized by Regional Joint Team	Status	Remarks
70% of people living with HIV know their HIV status.	• NOT ON TRACK	In 2017, an estimated 50% of people living with HIV knew their HIV status (up from 48% in 2015).
50% of people living with HIV are receiving ART.	• NOT ON TRACK	An estimated 29% of people living with HIV received ART (up from 22% in 2015).
At least 80% of people receiving ART achieve viral suppression.	• ON TRACK	The percentage of people receiving ART who achieved viral suppression increased from 67% in 2015 to 76% in 2017.
Reduce the annual number of new HIV infections to fewer than 12 000.	• NOT ON TRACK	There were an estimated 18 000 new HIV infections (all ages) in 2017.

79. The Middle East and North Africa is one of two regions where new HIV infections have increased since 2010. The region's HIV epidemic is heavily concentrated among key populations and their sexual partners.

80. Results across the 90–90–90 cascade are well below global averages. Only half the people living with HIV knew their HIV status in 2017, only 29% of people living with HIV were receiving ART, and only 22% achieved viral suppression.

Joint Programme contributions

81. Collaboration within the Joint Programme has improved in the Middle East and North Africa. This is due largely to the new UNAIDS operating model and UBRAF's integrated approach, as well as the development of regional priorities and UN Joint Plans.

82. The Joint Programme strengthened its partnership with the Global Fund for grant development and implementation. This facilitated a new national grant (2019-–2021) in Egypt, where UNDP, WHO and the UNAIDS Secretariat supported the funding application and the grant making process.

83. The Yemen HIV Crisis Group (which includes several Cosponsors) devoted special attention to human rights violations in the context of military actions and unrest in that country. It successfully advocated for the release of all people living with HIV and HIV workers and for the restoration of treatment and diagnostic services in the North of Yemen. The Yemen HIV Crisis Group also responded collectively to the proposed discriminatory amendments to the national HIV law in Yemen, drawing on a legal analysis drafted by UNDP.

84. The UNODC and the General Secretariat of the League of Arab States signed a Memorandum of Understanding in 2018 to promote evidence-based HIV and drug use prevention, treatment and care services.

85. The Joint Programme led the development of the funding request for the second phase of the Global Fund’s Middle East Response (2019-–2021)—with the IOM, as Principal

Recipient, working with national AIDS programmes in Jordan, Lebanon, Syria and Yemen. The Global Fund's Middle East Response now includes a Technical Support Group which is co-chaired by the WHO 's Eastern Mediterranean Office and UNAIDS, with the IOM support coordination of grant implementation.

86. The Joint Programme devoted substantial effort to assist countries in closing gaps in the 90–90–90 continuum. For example, WHO supported the Islamic Republic of Iran and Sudan to perform HIV treatment cascade assessments. It also supported the integration of HIV and harm reduction in the Islamic Republic of Iran and assisted Afghanistan and Morocco in updating their treatment guidelines.

87. The IOM supported the National AIDS Programme of Lebanon in conducting an IBBS study, with technical support from UNAIDS and WHO. UNDP carried out a national socioeconomic profiling exercise among people living with HIV in Sudan and mapped social protection schemes in the country. Sustained UN advocacy led to the Government decreeing that people receiving ART should be covered under the national social health insurance system, which the Ministry of Social Welfare manages.

88. UNODC introduced voluntary counselling and testing services in prisons in Egypt, Morocco and Tunisia, and reached almost 40 000 prisoners and staff in the region with HIV prevention, treatment and care services.

89. UNHCR provided HIV voluntary counselling and testing to more than 12 000 refugees in Egypt, the Islamic Republic of Iran, Jordan and Sudan, and provided ART training and services in Djibouti and Sudan. Working with the IOM, the Joint Programme supported HIV treatment services at all five ART sites in Yemen. WFP provided food and nutrition support to more than 5000 people Djibouti and Somalia.

90. The Joint Programme promoted policy changes for the integration of HIV prevention in maternal and child health services. UNAIDS, UNICEF and WHO set up a regional validation team for eMTCT, provided PMTCT-related technical guidance to the Islamic Republic of Iran, developed a certification process for Kuwait, and trained 48 health-care workers in PMTCT-related services in Yemen. UNICEF and WHO supported Algeria's and the Islamic Republic of Iran's review of PMTCT services and assisted Libya in developing a PMTCT strategy.

91. The Joint Programme organized a consultation on fast-tracking combination prevention programmes in the region. The UNAIDS Secretariat and WHO developed a multicountry Global Fund grant programme for key populations across the region. UNFPA supported the integration of HIV in national life skills and citizenship education programmes. WHO supported a national consultation in Pakistan on PrEP, while UNODC assisted Iraq in introducing evidence-based HIV and drug services, and assisted in piloting opioid substitution therapy in Jordan.

92. UNODC also provided capacity-building support to prison service providers in Egypt and Morocco, assisted in drafting a drug control strategy in Kuwait, and participated in the establishment of the first national drug rehabilitation centre in Palestine. In Morocco, UNODC trained 30 law enforcement officials and representatives of civil society organizations on HIV, stigma and discrimination, and arranged a workshop on gender-responsive HIV services for women who inject drugs.

93. The Joint Programme put considerable effort into integrating human rights principles and gender-responsive approaches into HIV and related programmes. WHO and the UNAIDS Secretariat helped ensure that surveillance and programmatic data from the region are disaggregated by age and sex. The Joint Programme implemented the first

regional programme on HIV and gender-based violence, covering nine countries. It worked with medical student associations and other stakeholders as part of a campaign to eliminate stigma and discrimination in health-care settings.

94. UNAIDS supported the implementation of a regional initiative to increase treatment literacy and strengthen the capacity of community organizations and national programmes to address the needs of women living with HIV. Working with the IOM, the Joint Programme assessed and advocated against a proposed clause in Yemen's HIV patient law, which might violate human rights.

95. UNDP supported four regional networks and 24 civil society organizations in 6 countries to develop Global Fund grant applications. UNDP also rolled out legal environment assessments in Somalia and Sudan as follow-up to the report of the Global Commission on HIV and the Law.

96. UN Women supported integrated HIV and gender-based violence interventions in Palestine and mapped laws and services related to HIV and gender-based in Kuwait. WFP assisted in integrating nutrition programming in all HIV and TB services in Somalia, where it deployed the service delivery management tool, SCOPE, in all nutrition programmes. The tool enhances data sharing among partners and enables effective joint targeting and implementation of programmes, leading to better outcomes.

In the Middle East and North Africa, the Joint UN Teams on AIDS supported the achievement of specific people-centred targets related to testing and treatment, key populations, and stigma and discrimination, as well as sustainability.

Challenges and bottlenecks

97. There has been an increase in new HIV infections in the Middle East and North Africa region particularly among key populations. There were an estimated 18 000 new HIV infections in 2017, 12% more than in 2010. Almost two thirds of new HIV infections in 2017 occurred in Egypt, the Islamic Republic of Iran and Sudan. There were an estimated 10 000 deaths from HIV-related illnesses in 2017, an 11% increase since 2010.

98. Progress towards the 90–90–90 targets is well behind the global average. Only half of the estimated 222 000 people living with HIV at the end of 2017 knew their HIV status, and a mere 29% of people living with HIV were receiving ART.

99. The resources currently available for HIV fall well short of the estimated needs for achieving the 2020 Fast-Track Targets, although almost three quarters (72%) of the USD 242 million available in 2017 was domestically sourced. Declining donor resources (a 30% drop in the past decade) means there will be continued pressure on countries to fund their own HIV responses. Countries also will need to allocate larger shares of their HIV budgets to prevention programmes, especially for key populations.

100. Millions of people are affected by humanitarian emergencies across the region, with numbers of refugees and displaced people rising to unprecedented levels. Jordan, Lebanon and Turkey host more than 5 million Syrian refugees, for example. An alarming 22 million people in Yemen need humanitarian or protection assistance. The destruction of health-care facilities and high turnover of health service providers in many countries places great stress on health systems and communities.

101. Punitive laws, stigma and discrimination add to the overall deterioration of human rights situations in the region and greatly limit key populations' access to HIV and other health services.

102. Despite recent improvements, greater investment in strategic information systems is needed to guide effective programme planning, implementation and monitoring.

Key future actions

103. The Joint Programme will work to improve access to HIV testing and counselling services, medicines and other essential health technologies and to promote uptake of differentiated service delivery models. WHO will focus on improving access to the continuum of HIV diagnosis, care and treatment through new integrated and differentiated service delivery and by supporting countries to continue their transitions from donor to domestic funding. Specific efforts will be made to increase service access for people who inject drugs or who are incarcerated.

104. UNAIDS will strengthen regional efforts to expand HIV prevention and it will continue supporting the eMTCT certification processes in the Islamic Republic of Iran, Kuwait, Morocco and Oman. It will actively support the IOM initiative to expand HIV services in humanitarian settings.

105. The Joint Programme will mobilize resources and arrange dialogues on legal reform and legal literacy to strengthen civil society organizations' legal aid capacities in order to improve HIV services for key populations. To enhance coordination and accountability, it will organize a regional Cosponsors meeting on advancing UN reform. It will also implement the UN Joint Plan's partnership with the Global Fund. UNAIDS' focus on the linkages between HIV and violence against women in the region will continue.

In the Middle East and North Africa, country envelope resources were allocated primarily for testing and treatment (42.8%), key populations (13.7%), young people (12.5%) and eMTCT (8.6%) activities.

Expenditure information

Table 26
Expenditure and encumbrances in Middle East and North Africa in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	374 500	50 650	4 722 274	5 147 424
UNICEF	124 610	91 756	651 114	867 480
WFP	59 698	36 284	267 500	363 482
UNDP	117 462	18 728	195 083	331 273
UNDP GF	-	-	11 011 517	11 011 517
UNFPA	189 252	114 150	2 783 084	3 086 487
UNODC	184 497	133 316	779 269	1 097 082

UN WOMEN	31 353		281 168	312 521
ILO			44 251	44 251
WHO	259 101	157 632	2 447 409	2 864 142
World Bank	27800		70 402	98 202
Secretariat	2 499 010		747 325	3 246 336
GRAND TOTAL	**3 867 284**	**602 516**	**24 000 397**	**28 470 197**

Table 27
Expenditure and encumbrances in the Middle East and North Africa in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Algeria	220 020	-	129 699	349 719
Djibouti	218 908	-	3 461 973	3 680 880
Egypt	212 591	131 500	563 012	907 103
Iran (Islamic Republic of)	397 412	241 638	5 882 428	6 521 478
Iraq	-	-	264 039	264 039
Israel	53 500	-	46 589	100 089
Jordan	125 659	-	1 592 852	1 718 510
Lebanon	-	-	52 419	52 419
Libya – Tripoli	-	-	2 426	2 426
Morocco	551 273	-	379 353	930 626
Occupied Palestine Territories	-	-	44 565	44 565
Oman – Muscat	-	-	11 222	11 222
Republic of Yemen - Sana'a	-	-	14 714	14 714
Somalia	59 698	110 011	1 387 978	1 557 688
Sudan (Republic of)	235 408	119 366	5 090 898	5 445 671
Tunisia	124 053	-	458 020	582 073
Yemen	107 000	-	1 067 396	1 174 396
MENA regional	1 561 764	-	3 550 814	5 112 578
GRAND TOTAL	**3 867 284**	**602 516**	**24 000 397**	**28 470 197**

Table 28

Core and non-core expenditure and encumbrances in Middle East and North Africa in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core*	Non-core	Total
SRA 1 – HIV testing and treatment	487 889	10 940 059	11 427 949
SRA 2 – eMTCT	10 612	871 673	882 286
SRA 3 – HIV prevention and young people	271 404	1 084 169	1 355 573
SRA 4 – HIV prevention and key populations	239 574	2 894 781	3 134 355
SRA 5 – Gender inequalities and gender-based violence	90 569	1 868 974	1 959 543
SRA 6 – Stigma discrimination and human rights	86 809	1 428 521	1 515 330
SRA 7 – Investment and efficiency	82 390	1 224 502	1 306 891
SRA 8 – HIV and health services integration	99 027	2 940 393	3 039 420
TOTAL	**1 368 274**	**23 253 073**	**24 621 346**

* This does not include expenditures against country envelope funds

Table 29

Core and non-core expenditure and encumbrances in Middle East and North Africa in 2018, by Secretariat Function (USD)

Secretariat Function	Core	Non-core	Total
S1 – Leadership, advocacy and communication	553 014	341 948	894 962
S2 – Partnerships, mobilization and innovation	453 064	102 864	555 928
S3 – Strategic information	485 213	-	485 213
S4 – Coordination, convening and country implementation support	526 933	302 514	829 447
S5 – Governance and mutual accountability	480 787	-	480 787
TOTAL	**2 499 010**	**747 325**	**3 246 336**

EGYPT COUNTRY CASE STUDY

Joint Plan prioritized country targets (by 2019)	**Status**	**Remarks** [7]
Increased coverage of prevention programmes focused on key populations in three Egyptian governorates (districts) by end-2019.	• ON TRACK	Through country envelope funds, a new model for public-civil society partnership was rolled out to key populations in three Egyptian governorates. Resources were mobilized through the Global Fund (USD 2 million), the 5% French initiative (400 000 Euros) and the Kingdom of Netherlands (USD 1.7 million) to scale up populations outreach programmes in 2019.
Scale up testing and treatment coverage so that 70% of people living with HIV know their HIV status, 60% of HIV-positive persons are receiving ART, and 85% of people on ART are virally suppressed.	• ON TRACK	Treatment procurement has been funded with domestic resources. Although new HIV cases are increasing at a slower rate, there were 10% more HIV cases confirmed in 2018 compared with 2017. Local manufacturing and registration of first-line ARV drugs has begun.
Reduce stigma and discrimination, especially in health-care settings, and address punitive laws and policies to reduce the numbers of people living with HIV reporting discriminatory practices from 55% to 35%.	• ON TRACK	Stigma and discrimination in health-care settings remain a challenge. However, a ministerial decision was conveyed to all public hospitals, requiring them to provide care to all people living with HIV without discrimination. Enforcement measures are in place.
The National AIDS strategy is funded and implemented, and national mechanisms are in place to monitor and evaluate the response, including a revised M&E plan.	• ON TRACK	There was a substantial funding gap in 2018. However, through UNAIDS support, Egypt secured a new grant from the Global Fund to support HIV and TB programmes. It will also benefit from a multicountry grant UNAIDS supported civil society organizations to receive a grant from the 5% French initiative, which was introduced it as a new donor for the national response.
Joint Team composition		
UNODC	UN Women	IOM

[7] Original targets were based on 2016 Spectrum projections and should be revised in light of the latest (2018) figures. In order to reduce any confusion from year-on-year adjustments, we propose reporting against relative % decrease in each indicator, as given in the table itself.

UNICEF	UNFPA	UNHCR
WHO	UNDP	Secretariat

Total funding	
Core resources	USD 344 091
Non-core resources	USD 563 012

Challenges and bottlenecks	Game changers
Resource limitations—due to the lack of the Global Fund grant—have affected the national HIV response. Civil society faces operating challenges in the country. Community testing interventions remain under-supported despite the Government's pledge to fund ART. Stigma also continues to hinder HIV testing activities. HIV-related social stigma remains strong, despite advocacy and awareness-raising efforts. Resource limitations are holding back more effective actions.	UNAIDS advocacy contributed to the Global Fund's decision to renew its support to Egypt, with UNDP as interim Principal Recipient. Implementation of the prevention model (which calls for partnerships between the Government- and civil society organizations) includes outreach services (managed by civil society organizations) and referral of key population members to Government-run voluntary counselling and testing services. The approach reached almost 600 people within 3 months of being implemented. The UNAIDS partnership with the Ministry of Health to enhance sexual and reproductive health care services for women living with HIV in three key governorates was successful and exceeded its target by 100%. UNAIDS released a music video by the band Cairokee, which got one million views in a single week. The song deals with stigma and discrimination issues and promotes HIV awareness. A ministerial decision calling for non-discriminatory care was conveyed to all public hospitals. UNAIDS supported its Egyptian partners to revise the National AIDS Strategy and develop a new strategy for 2018–2022 NSP, which informed the new concept note for the Global Fund grant application. M&E systems are improving. A standardized electronic data collection system and database was developed and piloted, and the IBBS was prepared.

Deliverables	Status

Combination prevention services are capacitated and sustained in three key Egyptian governorates.	Domestic government resources were used to operate voluntary counselling and testing services, combined with the outreach work of civil society organizations. A national voluntary counselling and testing assessment was done to identify gaps in the quality of services and staffing (technical capacity and attitudes towards key populations) and to propose a capacity development plan that can improve key populations' access to services. Civil society organizations received capacity development support to participate in the project (with a strong referral pathway between government voluntary counselling and testing services and those of civil society organizations. A mentoring programme strengthened the capacities of voluntary counselling and testing staff .
People who inject drugs can access clean needles and syringes, as well as opioid substitution therapy.	First voluntary testing and counselling services established in three prisons. More than 1300 prisoners received HIV voluntary counselling and testing services in 2018. More than 1500 prisoners attended communicable diseases awareness-raising seminars.
National capacity to meet the HIV-related health and education needs of young people and adolescents are strengthened.	A university campaign was organized in partnership with three youth-led organizations. Activities were held at 22 universities in 18 governorates, including (with peer education and awareness-raising sessions. A four-month social media campaign was conducted, reaching 1.3 million young people with accurate, youth-friendly HIV information.
Migrants, Refugees and crisis affected populations have access to HIV-related services.	Refugees and other persons of concern have been included in national ART programmes since 2008. More than 60 awareness sessions on HIV, TB and reproductive health were conducted in 2018. Access to post-exposure prophylaxis for HIV, emergency contraceptives and presumptive STIs therapy for survivors of sexual violence was increased among refugees.
Scaled-up testing and treatment (90–90–90).	Integrated and targeted HIV testing and counselling programmes were introduced in three key governorates, leading to the diagnosis of 63 new HIV cases in the final quarter of 2018. Country capacity, policies and systems to increase access to the HIV treatment cascade were enhanced. In 2018, 2,363 new HIV diagnoses were confirmed through targeted and routine testing. Over 13 000 women took an HIV test at 31 antenatal clinics.

Mechanisms to ensure access to medicines and commodities are strengthened.	Clinicians were trained to bring their HIV knowledge up to date (including on the latest WHO treatment guidelines). Service packages to support treatment adherence were provided for both patients and health-care practitioners. More than 6600 people were reached through these interventions and treatment literacy sessions were provided in 28 hospitals in Cairo.
Stigma, discrimination and punitive laws are addressed.	Constituencies were mobilized to work towards the elimination of HIV-related stigma and discrimination in health-care settings. Cosponsors lobbied high-level officials to develop a national policy for stigma-free health-care services. An enabling environment was supported through political engagement, a rights- and gender-sensitive approach and resource mobilization. Access to sexual and reproductive health services was improved for women living with HIV in three governorates. The project expanded to the Mansoura governorate.
The national AIDS strategy is funded and implemented.	Sustainability of the national AIDS response was strengthened. The national HIV programme uses timely and reliable strategic information to prioritize resource allocation. Decentralization and integration of HIV services was strengthened. UN agencies in the UNAIDS Joint Team included HIV as part of their integral programming and focus areas when engaging with the Egyptian Government.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

The structure and processes of the Joint Programme allows for mutual accountability between different agencies, which allows for linked and timely reporting based on clear objectives.

In response to the UN reform process, UN agencies were able to identify strategic priorities and collectively respond to interventions that require greater investments and combined efforts.

By setting clear and measurable targets in operational scope and budget allocation, the country envelope has encouraged UN agencies to focus on clear strategic targets and to streamline regular and transparent reporting.

Expenditure and encumbrances

Table 30

Expenditures and encumbrances in Egypt in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	-	-	50 000	50 000
UNICEF	-	17 708	109 546	127 254
UNDP	17 198	-	2 871	20 069
UNFPA	-	-	162 699	162 699
UNODC	94 228	93 792	138 303	326 324
UN WOMEN	-	-	19 450	19 450
WHO	-	20 000	-	20 000
Secretariat	101 165	-	80 142	181 308
GRAND TOTAL	**212 591**	**131 500**	**563 012**	**907 103**

ISLAMIC REPUBLIC OF IRAN COUNTRY CASE STUDY

Joint Plan prioritized country targets (by 2019)	**Status**	**Remarks** [8]
The HIV testing gap reduced from 62% in 2016 to less than 25%.	• NOT ON TRACK	The testing gap decreased from 68% (end-2016) to 64% (end-2018). Widespread access to HIV testing and counselling remains a challenge. The target was revised to "60% reduction between 2016 and 2019" to mitigate the effect of year-on-year variation in Spectrum projections.
The ART gap (between those knowing their HIV status and those on treatment) reduced from more than 65% in 2016 to less than 30%.	• ON TRACK	The treatment gap decreased by 16%. The target was revised to "54% reduction between 2016 and 2019" to mitigate the effect of year-on-year variation in Spectrum projections.
Number of new child infections due to mother-to-child transmission reduced from 76% in 2016 to less than 50%.	• ON TRACK	This number decreased by 28% since 2016. The target was revised to "34% reduction between 2016 and 2019" to mitigate the effect of year-on-year variation in Spectrum projections.
The annual number of new infections in adults is reduced from 4930 in 2016 to fewer than 2500.	• NOT ON TRACK	New HIV infections in adults decreased by 3% between 2016 and 2018. Coverage and quality of prevention programmes are a persistent challenge. Membership of the HIV Prevention Coalition is expected to lead to marked improvement. The target was revised to "49% reduction between 2016 and 2019" to mitigate the effect of year-on-year variation in Spectrum projections.
National and subnational stakeholders have access to quality data for policy setting and programme management.	• ON TRACK	None

Joint Team composition			
UNHCR	UNFPA	WHO	IOM

[8] The Islamic Republic of Iran's country targets were set in March/April 2017, based on the 2016 Spectrum projections and case registration data available at the time. Both have changed, which complicates the measuring of performance against absolute targets. We therefore recommend that performance be measured in terms of relative pecentage decline, as set out above, in order to reduce confusion from year-on-year adjustments.

UNDP	UN Women	UNAIDS Secretariat	

Total funding	
Core resources	USD 639 050
Non-core resources	USD 5 882 428

Challenges and bottlenecks	Game changers
Issues affecting the treatment cascade need to be addressed, such as gaps in linkage to care, initiation of ART, retention in care, low ART adherence, and poor access to viral load monitoring. The scale-up of PMTCT services is hindered by low availability of rapid diagnostics, a lack of coherence with the private sector response and weak monitoring of progress towards elimination. Limited and difficult access to key populations (insufficient mapping and data, low demand for and/or acceptability of services, inadequate engagement in response planning, implementation, M&E). Weak M&E capacities of national partners, with multiple data gaps at national and subnational level and poor integration of multiple monitoring and reporting data sources. Inadequate investment in new technologies to improve programme efficiency.	Work towards providing a wider choice of rapid testing approaches (e.g. self-testing, partner notification, new diagnostics) and support the rapid scale-up of ART coverage. Scale up the "Test and Treat" approach and introduce task shifting. Promote quality and comprehensive health services for eMTCT clients from key populations and their families, and strengthen family planning programmes for women living with HIV. Integrate PMTCT into national surveillance and case registry systems, ensuring linkage to private-sector data. Scale up combination prevention for key populations and empower community- and peer-led organizations to engage in policy setting, delineation and implementation of HIV programmes. Optimize performance of static and mobile services (tailored to evidence, groups and needs) and promote protective legal and policy environments. Invest in real-time monitoring systems that generate timely, granular, quality information, and scale-up use of mobile technology, big data, E-health and telehealth options to improve HIV service access and HIV-related outcomes. Conduct regular reviews and country cascade analysis to evaluate progress toward 2020 and 2030 HIV targets.

Deliverables	Status
Expansion of testing services.	The Joint Team provided technical assistance to national partners to develop simplified testing algorithms and facilitate the provision of HIV testing service by lay-providers and outside health services. Knowledge of HIV status increased by 22% between 2015 and 2018—but was still low, at 17% for adult men, 31% for children and 40% for adult women.

Improved HIV treatment cascade, including among key populations.	Simplified and streamlined national care and treatment guidelines were developed in line with international guidance. Data quality of routine monitoring (case/ART, e-registries) at national and subnational levels is expected to improve. ARV coverage increased by 62% between end-2015 and end-2018 (56% among men and 76% among women). By September 2018, 12 030 HIV-positive people had access to ARV medicines.
Full integration of eMTCT and other sexual and reproductive health services into primary health care and linkage with private practitioners nationwide.	Integration of high-quality prevention of PMTCT programmes into primary health-care facilities is being promoted. A monitoring and evaluation system for the PMTCT programme was developed, as was a national referral system HIV-positive mothers and children. More than 577 000 pregnant women received at least one HIV test in antenatal clinics settings in 2018.
Quality services for prevention, treatment and care of STI among key populations are scaled up within the sexual and reproductive and HIV framework.	Access barriers to HIV prevention, testing, treatment and care for key populations and people living with HIV were addressed, including through capacity building and community empowerment initiatives. Support was provided to scale up services and integrate sexual and reproductive health and HIV frameworks, as well as develop combination prevention services for underserved key populations. More than 63 000 people who inject drugs took an HIV test, as did almost 67 000 prisoners.
Improved efficiency of programmes is achieved through data generation, collection and analysis.	The quality and efficiency of key populations routine data collection was strengthened, as well as its linkage with integrated HIV surveillance. The Joint Team also supported evaluations of key programme components to improve the HIV response. Allocative efficiency studies were conducted and a National Investment Case was completed, including cost-effectiveness modelling for adult and paediatric ART and for PMTCT.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

A major benefit of the country envelope process is its methodology, which incentivizes joint planning in collaboration with national partners.

Even though this more integrated approach may take time to show full results, it has already yielded dividends and will become even more important in light of the UN Reform process, which emphasizes “fit-for-purpose” joint programming.

The country envelope helped the Joint Team and national programme jointly identify strategic priorities that would benefit from greater investment. The amounts may be small in relation to the overall national HIV budget but the funding has helped Cosponsors scale up existing projects or pilot initiatives with significant downstream potential.

Implementation was slow at first, however, and in some instances required the mediation from the UNAIDS Secretariat between programme partners to clarify operational issues.

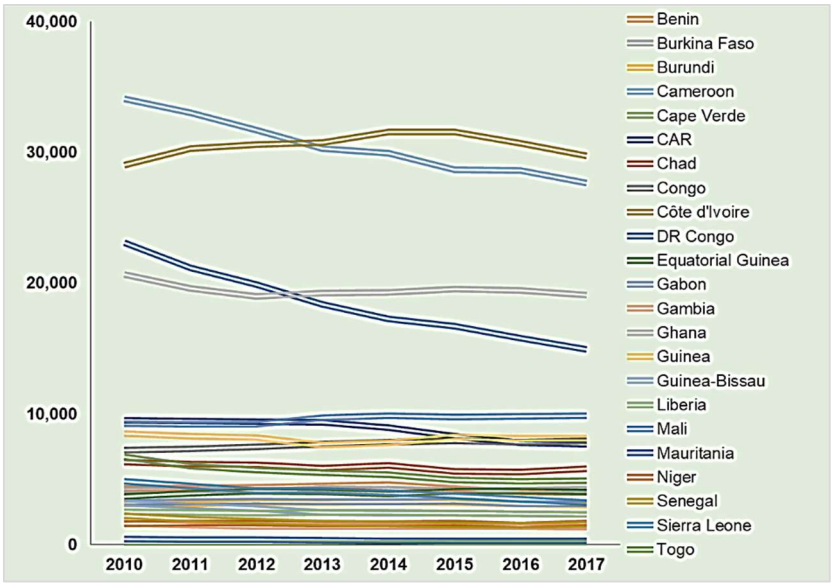
Expenditure and encumbrances

Table 31

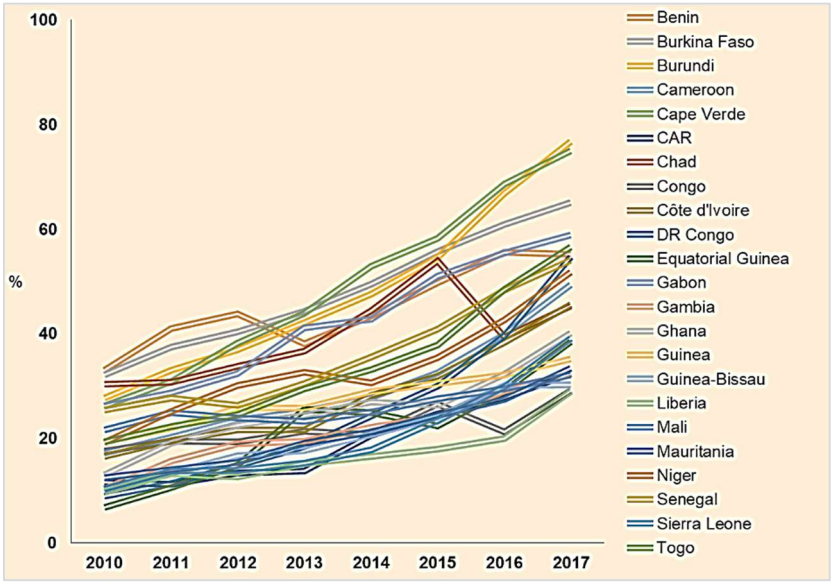
Expenditures and encumbrances in the Islamic Republic of Iran in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	-	50 650	-	50 650
UNICEF	-	26 075	520 782	546 856
UNDP GF	-	-	5 296 615	5 296 615
UNFPA	-	59 150	65 031	124 181
UNODC	38 139	39 524	-	77 663
WHO	-	66 239	-	66 239
Secretariat	359 273	-	-	359 273
GRAND TOTAL	**397 412**	**241 638**	**5 882 428**	**6 521 478**

WESTERN AND CENTRAL AFRICA



Rate of new HIV infections in West and Central Africa



ART coverage in West and Central Africa

Progress towards Fast-Track targets

Indicators prioritized by Regional Joint Team	Status	Remarks
Achieve at least 75% HIV treatment coverage.	• NOT ON TRACK	The percentage of people receiving ART rose from 30% in 2015 to 40% in 2017.
Achieve 70% viral suppression among people living with HIV in at least 7 Fast-Track countries.	• NOT ON TRACK	Viral suppression levels rose from 13% in 2015 to 29% in 2017.
Achieve at least 90% coverage for PMTCT.	• NOT ON TRACK	The percentage of pregnant women living with HIV who received ART in 2017 was 48%, unchanged from 2015.

Joint Programme contributions

106. The western and central Africa Joint UN Regional Team on AIDS intensified its work in 2018 to accelerate progress towards the 90–90–90 targets.

107. Regional exchange meetings and trainings were held to build capacity for implementing differentiated services, strengthening laboratory systems and introducing innovative testing strategies. Missions to improve treatment outcomes were undertaken in 10 countries, including nine countries that benefited from efforts to increase PMTCT and paediatric treatment. Assistance from the Joint Regional Team led to creation of the Civil Society Institute for Health and HIV.

Treatment adherence across the region was improved through food support managed WFP. Vulnerability studies on nutritional status and food insecurity among people living with HIV were undertaken in Burkina Faso and Ghana. National nutrition guidelines were developed in 3 countries and more than 1100 health workers and community agents were trained in 9 countries to support the integration of nutritional assessments, counselling and support in HIV care.

108. UNHCR facilitated the inclusion of refugees' health assistance in national health and health insurance systems in 5 countries, including fully funding the enrolment of 10 000 Cameroonian refugees in the national health insurance scheme. UNHCR also worked with UNFPA and Médecins Sans Frontières to conduct a needs assessment on health systems strengthening in refugee settings, and it undertook protection monitoring to ensure refugee's continuous access to essential services, including HIV programmes.

109. Addressing the HIV-related needs of adolescents and young people was a priority for the Joint Regional Team. With support from UNESCO and UNFPA, representatives from health and education ministries in 22 countries in the region agreed on a roadmap to guide the development of a high-level accountability framework for comprehensive sexuality education and sexual and reproductive health services for adolescents and young people. Training was provided to 150 national programme directors from health, education and youth ministries in 23 countries on implementing the Global Strategy on Women's, Children's and Adolescents' Health (2016–2030).

110. The Joint Regional Team directed efforts at strengthening HIV prevention, treatment and care among key populations. The West Africa Health Organization, UNAIDS and USAID commissioned a review of implementation of the 2015 Dakar Declaration, which

calls for strengthened strategic information, health and community systems, and for reduced stigma and discrimination to improve HIV responses for key populations.

111. The West Africa Health Organization, UNDP and ENDA Santè brought together national AIDS coordinators from countries in the Economic Community of West African States and representatives of civil society to agree on a process for developing a regional strategy on HIV/TB and sexual and reproductive health and rights for key populations.

112. Working with the Joint Regional Team, Ending AIDS in West Africa (a five-year USAID-funded cooperative arrangement), organized an inclusive regional meeting to share lessons and promising practices for key population programming. Participants drafted country action plans to improve the quality, efficiency and scale of HIV programmes for key populations. A model drug law for West Africa was launched in Dakar to guide policymakers.

113. The Joint Regional Team supported an assessment of comprehensive condom programming in 23 countries in the region and developed a roadmap to strengthen condom programming. Fast-Track countries received guidance on strengthening the procurement and supply chain management of reproductive health commodities at a UNFPA regional workshop. The Regional Team also provided 21 countries with quality assurance for joint country plans and the 2018 country envelopes.

In western and central Africa, the Joint UN Teams on AIDS supported the achievement of specific people-centred targets related to testing, treatment, eMTCT, as well as the strengthening of civil society engagement.

Challenges and bottlenecks

114. Challenges and issues affecting the HIV response in western and central Africa included:

- Diminishing funding to implement nutritional assessments, counselling and support for people living with HIV;
- Incomplete integration of HIV in humanitarian preparedness and contingency planning in several countries, and difficulties achieving continuous service access for forcibly displaced persons;
- Inadequate uptake of innovations to achieve the 90–90–90 targets, including sub-optimal knowledge and implementation of differentiated service delivery (partly due to reluctance in the formal health sector and difficulties engaging civil participation);
- Enduring barriers associated with stigma and discrimination, including the persistent effects of poverty, inequality, violence, harmful norms (e.g. early or forced marriages), punitive laws and age-of-consent rules;
- Weak integration of sexual and reproductive health and HIV services at country level and inadequate use of the 10-step approach to implement a comprehensive condom programme; and
- Inadequate priority given to HIV in the region, especially in emergency situations.

Key future actions

115. Efforts will focus on prioritizing nutritional support as a key element of HIV care, increasing the capacity of Joint UN Teams to employ the HIV toolkit for humanitarian situations (with specific attention to address HIV in the context of emergencies in Cameroon and Nigeria), and assisting countries to introduce HIV-sensitive social protection schemes. The Joint Regional Team will conduct a stocktaking exercise and document good practices for accelerating progress towards the 90–90–90 targets.

116. A new generation of Fast-Track plans (the Accelerated Plan for 2019–2020) will be developed, taking account of knowledge gained from the catch-up plans, formal trainings and workshops. Efforts will intensify to build the capacity of civil society to engage in and lead the regional HIV response.

117. The Joint Regional Team will promote efforts to strengthen the collection and use of granular strategic information. The Team will advocate for ministerial-level commitment to the provision of comprehensive sexuality education and sexual and reproductive health services. It will also push for full implementation of ALL IN! and similar initiatives to improve HIV responses for adolescents and young people. Support will be provided to finalize the development of a smartphone application with service geomapping capabilities, for adolescents and young people.

118. The regional platform for key populations will be revived and a regional strategy for key populations will be developed. The Regional Team will support a comprehensive package for Universal Health Coverage and HIV in the region.

In western and central Africa, the country envelope resources were allocated mainly for activities related to testing and treatment (43.1%), eMTCT (17.5%), young people (16.1%) and key populations (8.7%).

Expenditure information

Table 32
Expenditure and encumbrances in western and central Africa in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	449 400	166 885	6 085 794	6 702 079
UNICEF	454 095	1 409 232	28 897 178	30 760 505
WFP	102 653	190 061	4 871 902	5 164 616
UNDP	168 000	292 807	1 924 455	2 385 262
UNDP GF	-	-	13 209 517	13 209 517
UNFPA	716 101	920 200	7 947 790	9 584 091
UNODC	35 802	49 881	-	85 683
UN WOMEN	497 314	138 638	1 967 520	2 603 471
ILO	301 920	142 911	814 412	1 259 243
UNESCO	108 200	202 737	1 974 409	2 285 345
WHO	383 001	935 304	5 338 437	6 656 742
World Bank	361 750	-	1 338 374	1 700 124
Secretariat	18 162 049	-	821 532	18 983 581
GRAND TOTAL	**21 740 283**	**4 448 656**	**75 191 321**	**101 380 260**

Table 33
Expenditure and encumbrances in western and central Africa in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Benin	533 748	128 518	808 698	1 470 964
Burkina Faso	604 892	119 227	1 654 965	2 379 084
Burundi	482 772	129 727	7 821 284	8 433 784
Cameroon	1 609 632	302 476	4 394 335	6 306 443
Cape Verde	-	-	53 202	53 202
Central African Republic	1 031 195	194 500	1 387 723	2 613 417
Chad	888 208	271 397	6 401 098	7 560 704
Congo Republic of	442 171	141 447	437 067	1 020 685
Cote d'Ivoire	1 256 452	238 634	4 412 001	5 907 087
Democratic Republic of Congo	2 045 351	243 980	7 664 251	9 953 581
Equatorial Guinea	270 405	139 679	745 749	1 155 833
Gabon	496 036	123 175	137 053	756 264

Gambia	86 867	-	79 516	166 383
Ghana	824 459	237 629	519 801	1 581 890
Guinea (Conakry)	503 047	194 008	3 472 992	4 170 046
Liberia	510 274	88 730	978 612	1 577 616
Mali	876 535	296 446	7 319 790	8 492 771
Mauritania	158 841	-	1 130 221	1 289 062
Niger	468 938	49 402	1 112 746	1 631 085
Nigeria	2 797 176	918 962	8 199 735	11 915 873
Republic of Guinea-Bissau	886	106 385	449 566	556 837
Sao Tome & Principe	-	-	23 979	23 979
Senegal	244 913	123 595	577 030	945 538
Sierra Leone	461 225	258 414	2 607 908	3 327 546
Togo	564 149	142 325	661 092	1 367 566
WCA regional	4 582 111	-	12 140 909	16 723 020
GRAND TOTAL	**21 740 283**	**4 448 656**	**75 191 321**	**101 380 260**

Table 34

Core and non-core expenditure and encumbrances in western and central Africa in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core* (USD)	Non-core (USD)	Total (USD)
SRA 1 – HIV testing and treatment	1 156 512	26 747 083	27 903 595
SRA 2 – eMTCT	77 655	9 184 502	9 262 158
SRA 3 – HIV prevention and young people	619 823	10 624 493	11 244 317
SRA 4 – HIV prevention and key populations	124 439	2 899 648	3 024 086
SRA 5 – Gender inequalities and gender-based violence	516 101	5 478 700	5 994 801
SRA 6 – Stigma, discrimination and human rights	201 915	4 496 500	4 698 415
SRA 7 – Investment and efficiency	252 227	1 854 490	2 106 717
SRA 8 – HIV and health services integration	629 562	13 084 371	13 713 934
TOTAL	**3 578 234**	**74 369 788**	**77 948 022**

* This does not include expenditures against country envelope funds

Table 35

Core and non-core expenditure and encumbrances in western and central Africa in 2018, by Secretariat Function (USD)

Secretariat Function	Core (USD)	Non-core (USD)	Total (USD)
S1 – Leadership, advocacy and communication	5 198 465	116 745	5 315 210
S2 – Partnerships mobilization and innovation	695 187	213 078	908 265
S3 – Strategic information	2 406 383	392 422	2 798 806
S4 – Coordination, convening and country implementation support	8 113 667	98 638	8 212 305
S5 – Governance and mutual accountability	1 748 346	649	1 748 995
TOTAL	**18 162 049**	**821 532**	**18 983 581**

CÔTE D'IVOIRE COUNTRY CASE STUDY

Joint Plan prioritized country targets (by end-2019)	**Status**	**Remarks**
ART coverage increased from 41% in 2016 to 85% in 2018.	• NOT ON TRACK	59% of people living with HIV knew their status in 2018. 52% of people living with HIV were receiving ART at the end of 2018.
50% increase in testing coverage among young people.	• NOT ON TRACK	The national information system does not have an indicator on testing coverage among young people . The 2016 MICS study shows that among young people (15–24 years), 11.7% of males and 22.4% of females had been tested in the previous 12 months and knew their HIV status.
90% testing coverage among sex workers (81% in 2014), 86% among gay men and other men who have sex with men (59% in 2012), and 83% among people who use drugs (47% in 2014).	• ON TRACK	Based on the National Strategic Plan mid-term review, 78% of sex workers received HIV testing (8% tested HIV-positive); 87% of gay men and other men who have sex with men took an HIV (10% were HIV-positive); and 60% of people who use drugs were tested (2% were HIV-positive.
90% PMTCT coverage (72% in 2015).	• NOT ON TRACK	Indicators were calculated based on women seen attending antenatal care (the rate of attendance was 40%, according to the MICS 2016). 74% of deliveries occurred in health facilities (MICS 2016), and PMTCT coverage was 72% (the third semester of 2018). 68% of pregnant/lactating women living with HIV were receiving ART.

Joint Team composition			
UNHCR	UNDP	UNFPA	ILO
UNICEF	WFP	WHO	UNESCO

Total funding	
Core resources	USD 1 495 086
Non-core resources	USD 4 412 001

Challenges and bottlenecks	**Game changers**

PMTCT coverage is insufficient, with 78% of health facilities delivering PMTCT services and weak integration of those services in private clinics. ART adherence is low and rates of lost to follow-up are high. As a result, viral suppression is a challenge. Uptake of HIV prevention and testing services among adolescents and young people is low. Targeted services for key populations are lacking. Stigma and discrimination persist and a lack of national estimates on key populations complicates programming. The national HIV response remains highly dependent on external funding.	Continue paediatric and PMTCT training for health workers to identify pregnant women and HIV-positive children and scale up the index testing / family-centred approach to enhance identification of children aged 0–14 years who have been exposed to HIV infection. Remove barriers hindering access to health services (including user fees) and improve retention in treatment and care, with a stronger involvement of communities. Support demand creation among adolescents and young people for health services. Continue to carry out awareness activities and deliver integrated combination prevention packages. Support implementation of comprehensive sexuality education for youth, both in and out of school. Advocate for an enabling legal environment, free from stigma and discrimination (including in health-care settings), and support national surveys on key populations. Continue to advocate for increased domestic funding for the HIV response in Côte d'Ivoire.
Deliverables	**Status**
Development and implementation of the 2018 HIV Acceleration Plan to reach national 2018 targets.	As part of the acceleration plan, 24 districts were prioritized. Through coordinated action, tools were developed and monthly joint missions were organized to monitor implementation HIV self-testing has been adopted. A national technical guide has been endorsed and is available for implementation. Three projects are underway in the 2018–2019 period. More than 1500 workers were tested for HIV in three banking and telecommunications firms and all those who tested HIV-positive were initiated on ART. Almost 31 000 young people in 14 districts were tested for HIV and the 401 who tested HIV-positive were initiated on ART.
Optimization of PMTCT services and paediatric care.	The national guide for a family-centered PMTCT approach has been disseminated among partners. It promotes the full continuum of HIV interventions. Almost 900 HIV-exposed children were identified in the community in 14 districts. The 29 children who tested HIV-positive were initiated on ART. More than 140 health workers from 14 health centres were trained in paediatric care to improve the provision of HIV testing in the family PMTCT approach. Advocacy work of the First Lady of Côte d'Ivoire, UNAIDS Special Ambassador, for countrywide extension of point-of-care early infant diagnosis technology led to POC platforms being made available.

Young people have increased access to sexual and reproductive health information and services.	A manual on comprehensive sexuality education for out-of-school youth and a guide to help health-care providers standardize and improve medical consultations for adolescents were developed. Twenty-five counselling centre facilitators were trained in combination prevention, reproductive health for adolescents and young people, and results-based management. The reproductive health, family planning and HIV capacities of 34 counsellors in youth counselling centres and 14 youth leaders were strengthened. Through peer educators, more than 3300 vulnerable adolescents and young people with high-risk sexual behaviours in the cities of Korhogo and Bouak received information on HIV, reproductive health and gender-based violence, and were offered related services. Sexual and reproductive health and HIV testing services were offered to almost 103 000 adolescents and young people (10–24) years. Behaviour change communication interventions reached more than 180 000 adolescents and young people. In school settings, HIV awareness was improved among 3.7 million pupils through comprehensive education courses. School and adolescent health centres are currently monitoring 3092 young people who are receiving ART (1977 girls and 1115 boys), and more than 9200 STI cases infections were treated. Sixty health clubs in 60 secondary schools received support to organize sensitization programmes that reached 43 500 pupils.
Key populations have increased access to user-friendly services and combination prevention services.	Platforms were developed for reporting gender-based violence and human rights violations against people living with HIV and key populations, indexing the cases and providing counselling and legal support to survivors who opt for legal action. Thirty-five people, including 32 police officers and noncommissioned officers in charge of gender desks, as well as representatives from civil society and the Ministry of Family, Women and Children Protection, were trained in HIV and human rights.
The nutritional needs of people living with HIV are addressed.	The prevalence of malnutrition among people living with HIV was of 25% (RASS 2015, 2016) and 8% among orphans and vulnerable children. The capacities of implementing agents were strengthened, leading to improvements in the quality of nutrition activities at the 11 targeted treatment and care sites. Technical and logistical support were provided to the Government and the Alliance NGO to purchase 491 000 tons of nutritional products for malnourished people living with HIV.

How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme

The Joint UN Plan and country envelope played a catalytic role in strengthening strategic planning including better alignment with national priorities, and more cohesive and coordinated support to the national response. The process further galvanized the Joint Team and the work of the Secretariat, which already had been working in the spirit of "delivering as ONE". The funds triggered greater commitment or recommitment from UN agencies that had less active or involved in the HIV response.

Several agencies provided their own, additional resources to complement that of the country envelope in order to support the HIV interventions, including in the workplace (e.g. targeting the cocoa industry and the transport sectors) and for key populations. The relatively small size of the country envelope encouraged more focused and strategic planning for 2019, with a stronger focus on joint, high-impact interventions.

Expenditure and encumbrances

Table 36
Expenditures and encumbrances in Côte d'Ivoire in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	-	20 000	27 504	47 504
UNICEF	-	23 567	3 063 868	3 087 434
WFP	-	15 731	433 543	449 274
UNDP	5 954	15 086	18 284	39 323
UNFPA	80 390	85 000	483 165	648 556
UN WOMEN	-	-	24 495	24 495
ILO	38 590	9 895	-	48 485
UNESCO	-	20 140	100 245	120 385
WHO	-	49 216	-	49 216
World Bank	179 000	-	91 812	270 812
Secretariat	952 518	-	169 086	1 121 604
GRAND TOTAL	**1 256 452**	**238 634**	**4 412 001**	**5 907 087**

NIGERIA COUNTRY CASE STUDY

Joint Plan prioritized country targets (by end-2019)	**Status**	**Remarks**
2.4 million people living with HIV receiving ART.	• ON TRACK	The Nigeria AIDS Indicator and Impact Survey was conducted with funding from PEPFAR and the Global Fund. The survey found HIV prevalence of 1.4% among adults (15-49 years) and estimated that 1.9 million people were living with HIV (the previous estimate had been 3.1 million). This has led to the adjustment of denominators based on the new Spectrum data. A little more than 1 million people were receiving ART in 2018.
95% antenatal clinic attendance in 7+1 states (82% in 2015).	• ON TRACK	62% in 2018. The target is expected to be achieved by end-2019.
95% of pregnant women tested for HIV in 7+1 states (68% in 2015).	• ON TRACK	61% in 2018. The target is expected to be achieved by end-2019.
95% of HIV-positive pregnant women receiving ART in 7+1 states (62% in 2015).	• NOT ON TRACK	44% in 2018. HIV-related stigma and discrimination is causing high rates of loss to follow-up. Linkage to care for HIV-positive pregnant women is poor.
50% early infant diagnosis coverage (16% in 2015).	• ON TRACK	27% in 2018. UNICEF and WHO are partnering with the Ministry of health to improve sample collection and transportation and speed up the turnaround of results.
90% of key populations have access to combination prevention in the 7+1 states.	NOT AVAILABLE	The indicator could not be measured because key population size estimates were not finalized.
90% of adolescents and young people at risk of HIV infection have access to comprehensive HIV prevention services.	NOT AVAILABLE	The indicator is difficult to measure. The national prevention technical working group will review the indicator.
50% reduction in new infections in the 7+1 states.	• NOT ON TRACK	There was a 2.5% increase in new HIV infections in the 7+1 states. Following the Nigeria AIDS Indicator and Impact survey, there will be careful scrutiny of ways to enhance HIV prevention strategies in Nigeria for greater impact.
95% of people living with HIV (including key populations) have access to legal support services (52% in 2015).	NOT AVAILABLE	This indicator is difficult to measure at this stage. A stigma index survey is planned for 2019 to help measure status of this indicator.
Joint Team composition		

UNICEF	UNFPA	ILO	UNAIDS Secretariat
WFP	UNODC	UNESCO	
UNDP	UN Women	WHO	

Total funding	
Core resources	USD 3 716 138
Non-core resources	USD 8 199 735

Challenges and bottlenecks	Game changers
Persistent stigma and discrimination towards people living with HIV and key populations, along with high user fees, pose major barriers. The treatment cascade is compromised by low viral load testing rates and high rates of loss to follow-up (at least 10% across programmes). User fees are an important barrier preventing women from accessing PMTCT services: more than 50% of pregnant women do not attend antenatal clinic services. There are inadequate supplies of rapid HIV test kits, and not all HIV-positive pregnant women are able to access ARV drugs. Inadequate investment in HIV prevention programmes, especially for adolescent and young people. The programmes are hampered by restrictive policies on HIV testing and by age-of-consent laws. Harmful cultural norms entrench gender inequalities in Nigeria and contribute to high rates of gender-based violence. Punitive laws, especially affecting key populations, and a lack of comprehensive services handicap HIV prevention programming.	Advocate for the removal of user fees and support the implementation of the “Treat All” approach. Support the optimization of logistics and supply chain management across the "three 90s" and adopt task-shifting to provide efficient and quality treatment services to all people living with HIV. Support routine testing for all pregnant women at antenatal clinics and promote community HIV testing in high-burden states. Engage networks of people living with HIV to mentor mothers to improve treatment adherence. Promote male involvement in PMTCT, couples testing and joint disclosure of HIV status so that women living with HIV can safely access ART. Support the rollout of Family Life HIV & AIDS Education to promote behaviour change and increase access to HIV testing among youth. Use both traditional and social media to increase the awareness of youth about HIV and how to access HIV prevention commodities (e.g. condoms). Support efforts to reduce stigma and discrimination. Leverage the Spotlight Initiative to promote gender equality and women's empowerment, address gender-based violence issues and provide psychological, medical and legal services to rape survivors. Generate strategic information on HIV in prisons.

Deliverables	Status
HIV testing approaches are optimized and differentiated care and treatment models are implemented.	Index/partner testing, provider-initiated testing and self-testing have been prioritized, based on the findings of a review of testing approaches used in Nigeria. As part of the implementation of the National HIV Prevention Campaign targeted at reaching young people, a campaign was staged to mobilize young workers to access HIV testing during the 2018 World AIDS Day and Labour Day commemorations. Over 18 000 Nigerian men and women workers—including 8400 young people—took an HIV test. People who tested positive for HIV were referred to appropriate health services for follow-up.

	Following a review of national guidelines and of implementation of the "Treat All" approach, several differentiated service delivery methods were identified and recommended for nationwide implementation (including multimonth ARV scripting and adolescent ART adherence support). Rapid advice for transitioning to tenofovir + lamuvidine + dolutagrivir as the preferred first-line ART regimen has been developed and disseminated nationwide. The ARV forecast and quantification plan was updated accordingly and procurement of a one-year supply of required ARVs was accomplished. Steps are being taken to expedite the transitioning of patients to the preferred regimen.
Increased access to integrated antenatal clnic and PMTCT services, and expansion of early infant diagnosis to make progress towards eMTCT	User fees are a sensitive issue for services providers who rely on the revenue stream to finance activities. Serious dialogue is underway at the Federal Ministry of Health and National Agency for the Control of AIDS, the UN and PEPFAR and in communities to consider practical approaches for removing user fees. Development of a national costed plan for accelerated eMTCT activities and for improved early infant diagnosis. The Association of Women Living with HIV supported the engagement of mentor mothers to trace pregnant mothers living with HIV who were not receiving ART. Collaboration with Caritas Nigeria as part of a PEPFAR/UNAIDS/FBO Initiative involved religious leaders in efforts to expand and improve paediatric ART services. More than 150 health workers and religious leaders were trained as champions for stigma reduction and for meeting the HIV-related needs of children.
Adolescents and young people have access to HIV prevention services, including comprehensive sexuality education, to reduce their vulnerability to HIV infection.	Following the Nigeria AIDS Indicator and Impact Survey, improvements to HIV prevention strategies will be developed. An Adolescent- and Youth-Friendly Services guideline was developed to guide the delivery of youth-friendly HIV services. More than 5200 adolescents and young people were reached with sexual and reproductive health and HIV information and services. More than 6700 young people were tested for HIV including 558 with eMTCT services and 14 000 condoms were distributed to adolescents and young people.
HIV response for vulnerable populations is facilitated by an enabling environment, the generation of data and reduced economic vulnerability.	Human rights focal points have been created to report and human rights violations and stigma and discrimination cases in 6+1 states. Size estimation studies were done among key populations (sex workers, gay men and other men who have sex with men, and people who inject drugs). UNODC conducted a biomarker survey (on HIV, TB, Hepatitis B and C, drug use and risk factors) at 12 selected prisons. Findings will be published in 2019 and technical guidance and protocols will be developed to support HIV programming in prisons settings.
How the Joint UN Plan and country envelope catalyzed the work of the Joint Programme	

The Joint UN Team on AIDS, with the support of the country envelope from UBRAF, contributed to the HIV response's progress in Nigeria within the context of UN Sustainable Development Partnership Framework 2018–2022.

The Joint Team provided technical and financial assistance for the re-establishment of the National Treatment and PMTCT Programme in 7+1 states to enable the Federal Ministry of Health to provide overall coordination of the national HIV response.

The UN partnered with PEPFAR and the Global Fund to catalyze the National Treatment and PMTCT Programme, which is the main mechanism for bringing about the presidential commitment to start an additional 50 000 people on ART each year. High-level UN advocacy contributed to the allocation of 2.6 billion naira (US$ 7.2 million) for HIV programming in the 2018 budget. If continued, this domestic investment will lay a foundation for longer-term sustainability of the ART programme in Nigeria.

The Joint Team, with technical support from the UNAIDS Technical Support Mechanism, successfully resubmitted the HIV, TB and RSSH funding requests, all of which were approved by the Technical Review Panel of the Global Fund. This resulted in the mobilization of US$ 121 million for HIV, USD 72 million for TB and USD 42 million for RSSH for the final 18-month period of the 2017–2020 funding cycle (starting in July 2019). Cosponsors provided technical support to the proposal writing teams and hosting a high-level mission from Geneva to help strengthen Nigeria’s funding request submissions. The Joint Team was also part of the in-country consultation on the PEPFAR COP19 and participated in the regional meeting to negotiate about US$ 380 million in funding for Nigeria.

The country envelope has led to renewed joint action among Cosponsors, based on the Division of Labour. It has improved the alignment, harmonization, mutual accountability and transparency of joint UN work and is helping streamline and better-coordinate engagements with the Government of Nigeria.

Expenditure and encumbrances

Table 37
Expenditures and encumbrances in Nigeria in 2018, by funding source (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNICEF	-	259 264	7 023 949	7 283 213
UNDP	16 259	45 116	64 353	125 729
UNFPA	100 272	165 000	768 734	1 034 006
UNODC	35 802	49 881	-	85 683
UN WOMEN	53 010	49 167	28 248	130 425
ILO	126 207	105 630	-	231 837
UNESCO	-	-	60 561	60 561
WHO	-	244 904	-	244 904
World Bank	-	-	253 890	253 890
Secretariat	2 465 626	-	-	2 465 626
GRAND TOTAL	**2 797 176**	**918 962**	**8 199 735**	**11 915 873**

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