Agenda item 7.1

UNAIDS/PCB (44)/19.13

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

Performance Monitoring Report 2018

Strategy Result Area and Indicator Report

25-27 June 2019 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 11 June 2019

Additional document for this item:

i. UNAIDS Performance Monitoring Report 2018: Introduction *(UNAIDS/PCB (44)/19.11)*
ii. UNAIDS Performance Monitoring Report 2018: Regional and Country report *(UNAIDS/PCB (44)/19.12)*
iii. UNAIDS Performance Monitoring Report 2018: 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 continued efforts to rationalize and strengthen reporting, in line with decisions of the Programme Coordinating Board, and based on experience and feedback on reporting;

2. *Urge* all constituencies to contribute to efforts to strengthen performance reporting and use UNAIDS annual performance monitoring reports to meet their reporting needs;

3. *Request* UNAIDS to continue to strengthen joint and collaborative action at country level in line with the revised operating model of the Joint Programme and as part of UN Reform efforts.

Cost implications for implementation of decisions: none

CONTENTS

ACRONYMS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral medicines
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSE	comprehensive sexuality education
eMTCT	elimination of mother-to-child transmission
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	human immunodeficiency virus
IOM	International Organization for Migration
LGBTI	lesbian, gay, bisexual, transgender and intersex
NACS	Nutrition Assessment and Counselling Support
OHCHR	Office of the High Commissioner for Human Rights
PCB	Programme Coordinating Board
PEPFAR	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
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
TB	tuberculosis
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
Unitaid	UN International Drug Purchasing Facility
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

SRA 1: HIV TESTING AND TREATMENT

Fast-Track target: 90-90-90

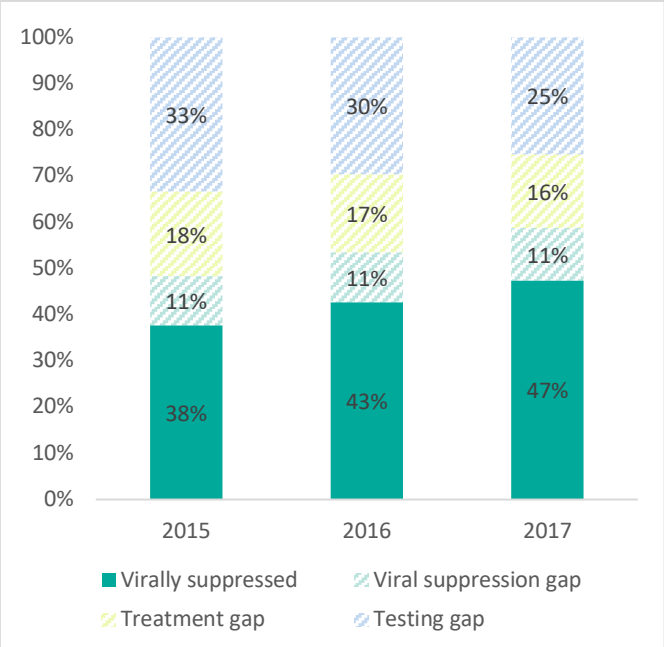
SRA 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

Global overview

1. Globally, more than three quarters of people living with HIV knew their HIV status and an estimated 21.7 million people were receiving antiretroviral therapy (ART) in 2017[1]—more than half of all people living with HIV. These achievements were driven by strong political commitment and action in countries, working with the normative guidance and technical support of the Joint Programme and other key partners, including the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund).

2. Data for 2017 showed 24 countries had achieved or were on track to achieve the first "90", and 26 countries had done so for the second "90". Progress towards the end goal—viral suppression—was slower[2]. Overall, however, gaps along the HIV testing and treatment cascade meant that one in four people living with HIV globally in 2017 did not know their HIV status, and more than half of all people living with HIV had unsuppressed viral loads[3].

Figure 1
Change in gaps, HIV testing and treatment cascade, global, 2015-2017



Source: UNAIDS special analysis, 2018.

[1] The latest available HIV estimates are for 2017; estimates for 2018 will be released later in 2019.

[2] Achievement of the first 90 is defined as 90% of people living with HIV know their HIV status, and on track is defined as 85–89% at the end of 2017. Full achievement of the second 90 is defined as 81% of people living with HIV accessing treatment, and on track is defined as 75–80% at the end of 2017. Full achievement of the third 90 is defined as 73% of all people living with HIV have suppressed viral loads, and on track is defined as 65–72% at the end of 2017.

[3] Knowledge is power: World AIDS Day report 2018. Geneva: UNAIDS; 2018.

3. Rates of knowledge of HIV status, treatment coverage and viral suppression remained consistently lower among children, young people and men. Among key populations, trends differed widely from country to country, though most evidence pointed to weaker treatment adherence and lower viral suppression for those populations. Young women and girls continued to face gender-related barriers to services, including gender-based violence and denial of sexual and reproductive health and rights (SRHR). Barriers hindered access for migrants, refugees, people living with disabilities and other vulnerable groups.

Joint Programme progress

4. The remarkable progress made in expanding access to quality HIV testing and treatment services shows the impact of collaborative efforts across the Joint Programme. However, an annual increase of 2.8 million people receiving HIV treatment is still needed to reach the 2020 target of 30 million people receiving ART. In 2017, an additional 2.3 million people were receiving treatment and there are signs of a slow-down in treatment scale up.

Legend

🟢	**Average of 2016-2018 meets or exceeds 2019 milestone**	🟡	**Average of 2016-2018 is equal to or greater than 50% of 2019 milestone**	🔴	**Average of 2016-2018 is less than 50% of 2019 milestone**

Indicator 1.1: Innovative and targeted HIV testing and counselling programmes introduced[4]	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
The country offers targeted HIV testing services	96%	94%	97%	**80%**	🟢
The country offers lay providers testing	84%	83%	84%	**80%**	🟢
Quality assurance of testing and retesting before ART initiation exists	91%	94%	91%	**80%**	🟢
The country offers HIV partner notification services	64%	71%	73%	**80%**	🟡
Indicator 1.2: Percentage of countries adopting WHO HIV treatment guidelines	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
Treat All policy is adopted	64%	83%	93%	**60%**	🟢
The country has adopted task shifting or task sharing in provision of ART	66%	69%	69%	**60%**	🟢
Policies/strategies for ART retention and adherence in place	91%	93%	89%	**60%**	🟢
A programme for nutritional support to people on ART is in place	74%	74%	51%	**60%**	🟢
Indicator 1.3: Percentage of countries adopting quality health care services for children and adolescents	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
A strategy/measure to address loss to follow-up/adherence/retention issues for children/adolescents is in place	74%	81%	78%	**80%**	🟡

[4] Analysis based on the same set of 90 countries (with Joint Programme presence) that have participated in data collection annually between 2016-2018.This allows for each country's progress to be observed and to demonstrate a trend.

Provider-initiated testing and counselling is available in all services for children under five	79%	83%	87%	**80%**	•
Strategies for identification of older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place	62%	66%	67%	**80%**	•
Indicator 1.4: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
The country has identified high-burden cities	80%	83%	82%	80%	-
	Countries with high-burden cities				
	2016 [N=72]	2017 [N=75]	2018 [N=74]		
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets	21%	29%	32%	80%	•

Indicator 1.5a: Percentage of countries where HIV is integrated in national emergency preparedness and response	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
The country has a national emergency preparedness and response plan	N/A	69%	71%	**85%**	•
	Countries with national emergency preparedness and response plans				
	2016 [N=N/A]	2017 [N=62]	2018 [N=64]		
HIV is integrated in the country's national emergency preparedness and response plans	N/A	66%	67%	**85%**	•
Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
Refugees/Asylum Seekers					
Refugees/asylum seekers are relevant in the context of the country epidemic	54%	50%	56%	-	-
	Refugees/Asylum Seekers are relevant				
	2016 [N=49]	2017 [N=45]	2018 [N=50]		
HIV services for key populations	90%	89%	88%	**85%**	•
Services for sexual or gender-based violence survivors, including post-exposure prophylaxis	90%	89%	86%	**85%**	•
Basic HIV services: testing, prevention of mother-to-child HIV transmission (PMTCT), treatment (ART, tuberculosis (TB), sexually transmitted infections)	92%	98%	98%	**85%**	•
Internally Displaced Persons					
Internally displaced persons are relevant in the context of the country epidemic	44%	43%	50%	-	-
	Internally Displaced Persons are Relevant				

	2016 [N=40]	2017 [N=39]	2018 [N=45]		
HIV services for key populations	93%	90%	87%	**85%**	•
Services for sexual or gender-based violence survivors, including post-exposure prophylaxis	88%	95%	100%	**85%**	•
Basic HIV services: testing, PMTCT, treatment (ART, TB, sexually transmitted infections)	95%	97%	100%	**85%**	•
People Affected by Emergencies					
People affected by emergencies are relevant in the context of the country epidemic	44%	40%	51%	-	-
	People Affected by Emergencies are Relevant				
	2016 [N=40]	2017 [N=36]	2018 [N=46]		
Food and nutrition support (this may include cash transfers) is accessible to this key population	73%	78%	72%	**85%**	•

HIV testing

5. All but one of the 2019 milestones for HIV testing have been reached. Targeted HIV testing services were available in almost all countries with a Joint Programme presence, quality assurance was widely available, and countries continued to add new testing approaches to their strategies.

6. The Joint Programme successfully promoted exciting new approaches for reaching populations who are not testing through clinical and community testing: HIV self-testing and assisted partner notification. WHO prequalified two HIV self-testing kits and others are in the pipeline. It also assisted countries in adopting self-testing guidelines and supported UNITAID-funded HIV self-testing projects across sub-Saharan Africa and Latin America. Supplementary technologies were also introduced, including WHO's testing guidelines app and its “HIV Testing Services Dashboard”, an interactive data tool that maps services and policy indicators for HIV testing services. WHO provided direct technical assistance to more than 50 countries in all regions to improve their testing services.

7. Although the percentage of countries offering partner notification services increased steadily, it was a little below the 2019 milestone. WHO provided countries with tools for implementing these services, which are effective for testing of undiagnosed people who are at high risk of HIV infection, and linking them to ART.

8. The ILO, the UNAIDS Secretariat, UNDP, UNESCO, UNICEF, WHO and other partners continued to implement the flagship VCT@WORK Initiative to improve testing and treatment access for workers and their families and communities. This broad partnership using diverse testing approaches has encouraged 5.8 million people (32% women and 68% men) in 25 countries to take an HIV test, since the launch of the initiative, with linkages to treatment and care services. In Nigeria, for example, more than 218 000 workers took an HIV test, and those who tested HIV-positive were linked to treatment. The ILO and WHO supplemented this work by rolling out the Healthwise Toolkit for preventing HIV and TB infections among health workers (including in China, Lesotho, Mozambique and South Africa). To scale up HIV testing further, the ILO and

WHO launched a policy brief on HIV self-testing in the workplace and are jointly rolling out self-testing initiatives in Kenya, South Africa and Zambia.

9. Through the UNDP-Global Fund partnership 6.3 million people were counselled and tested for HIV. A UNDP-managed Global Fund HIV grant for the Western Pacific financed the roll-out of an affordable new diagnostic test for HIV and syphilis to facilitate the use of point-of care-testing, which can speed up turnaround times and improve linkage to treatment and care. UN Women supported community interventions that address unequal social norms and enhance access to HIV testing and treatment, such as the HeForShe, which reached almost 40 000 people at community venues in three districts of South Africa, almost half of whom took an HIV test.

10. Overarching support came from the World Bank, which used its concessional financing portfolios to fund health system strengthening operations, including in Nigeria, where the multiyear, US$ 500 million Saving One Million Lives Initiative focused on HIV testing services among women attending antenatal care.

HIV self-testing in Zambia

In Zambia, HIV self-testing was adopted as another approach to enhance HIV testing services uptake and contribute to attainment of first 90 of the Fast Track targets.

In 2018, the first HIV self-testing campaign was implemented in four cities (Lusaka, Ndola, Livingstone, Kitwe), under the theme “Know Your HIV Status, Test Yourself Today” and specifically targeting men and young people. The campaign was organised by the Ministry of Health and National AIDS Council with support from all the partners including the PEPFAR implementing partners, Society for Family Health, WHO and UNAIDS Secretariat.

Activities included providing information and distributing 33 622 test kits at workplaces, institutions of higher learning and food markets. Awareness sessions on HIV self-testing were conducted in 16 secondary schools in the four cities, focusing on how and when to use self-testing and where to access the HIV self-testing kit.

Access to HIV treatment

11. Joint Programme support enabled almost all the reporting countries to adopt the WHO Treat All policy by the end of 2018, well above the 2019 milestone and up from 64% in 2016, with Cosponsors supporting implementation across all regions. Strategies to strengthen retention in care and adherence to ART were also pervasive. A concern is the apparent drop in the percentage of countries with nutrition support programmes for people on ART.

12. WHO updated its *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection* with new recommendations in 2018, including the use of dolutegravir-based ARV drug regimens as the preferred first-line treatment, as well as

changes in preferred second-line regimens and for HIV testing in early infancy. Eswatini is one of the many countries which has been supported to adopt dolutegravir as the recommended first-line regimen.

13. As interim principal recipient of Global Fund grants, UNDP partnered with other Cosponsors to support HIV testing and treatment scale-up in 25 countries, which led to 1.4 million people receiving treatment, including 1.1 million people in Zimbabwe. UNDP also provided procurement and supply chain management support to 10 countries for HIV medicines and tests. In South Sudan, UNDP's support for training health-care workers and for the procurement and distribution of ARV drugs and HIV-related commodities helped increase the number of people receiving ART by almost 50% in under two years.[5] In Kazakhstan and Ukraine, UNDP supported procurement changes that led to price reductions of 89% for ARV drugs and medicines for TB and hepatitis C (resulting in savings of about US$ 4.7 million). UNDP also assisted countries in putting into effect the *African Union Model Law on Medical Product Regulation* (adopted in 2016) in countries. The Model Law is aimed at facilitating quicker and more consistent regulation of medical products such as ARVs.

14. A data quality tool launched by WHO in 2018 is enabling countries to harmonize the methods they use to review, assess and validate HIV treatment data, thereby helping countries meet PEPFAR's and the Global Fund's requirement that countries have a data quality strategy in place. To strengthen data quality WHO and partners provided technical support to dozens of countries. An example was Nigeria, which has now validated its routine HIV testing and treatment data and is developing national and subnational HIV cascades, dashboards and scorecards. Other WHO support focused on assessing national HIV guidelines and enhancing service delivery models (including through developing a differentiated service delivery protocol). Differentiated service delivery protocols have been developed across eastern and southern Africa with strong uptake in western and central Africa, notably in Cameroon, the Democratic Republic of Congo and Ghana.

15. The Joint Programme also supported interventions that can strengthen treatment adherence, such as nutrition programmes. WFP provided nutrition support to more than 160 000 people living with HIV and/or TB in 18 countries in Africa and Asia.[6] The World Bank's Saving One Million Lives Project in Nigeria, which includes nutrition support, has reached almost 8.7 million women. Country data showed major improvements in treatment adherence among people receiving both treatment and nutritional support.

[5] From 19 679 in 2016 to 28 674 by mid-2018, an increase of 46%.
[6] Burundi, Cameroon, the Central African Republic, the Democratic Republic of Congo, Djibouti, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Malawi, Myanmar, Rwanda, Sierra Leone, Somalia, South Sudan, Uganda and the United Republic of Tanzania.

Access to life-saving medicines in Kazakhstan

The UN Joint Team on AIDS is playing an important role in the scale up of access to life-saving medicines in Kazakhstan, maintaining dialogue between the government, the people living with HIV community and technical partners, and providing a platform for international drug procurement.

In 2018, based on the positive experience of international procurement of ARV drugs, the Ministry of Health of Kazakhstan extended the list of drugs procured through international platforms (UNICEF, UNDP and Stop TB). International procurement in 2018 resulted in a reduction of the price of ARV drugs per patient per year from US$ 1202 in 2017 to US$ 83 in 2019, and for Hepatitis C drugs from US$ 5 757 to US$ 87 in 2019, allowing the country to approve a national programme on elimination of Hepatitis C. For TB drugs, the drop was from US$ 12228 in 2017 to US$ 6740 in 2019.

This has positively affected the lives of people living with HIV: 18 000 people are accessing ARV drugs in 2019, compared to 11 482 in 2017. Results are even more significant as it relates to Hepatitis C and TB: 18 000 people with Hepatitis C are receiving treatment in 2019, compared to 1200 in 2017, and 2554 TB patients are receiving TB drugs in 2019, compared to 627 in 2017.

Adolescents and children

16. The 2019 milestones for actions to improve adherence and retention among children and adolescents living with HIV and for providing HIV testing services for children under five have been reached. The proportion of countries with strategies to identify older children living with HIV needs to improve further to reach the milestone. However, the uptake of index testing for HIV-exposed children has increased despite ongoing barriers such as stigma.

17. UNICEF, UNESCO and WHO were especially involved in prioritizing HIV testing and treatment for children and adolescents. UNICEF worked with a range of partners, including Unitaid and the Elizabeth Glaser Paediatric AIDS Foundation, to introduce and scale up point-of-care early infant diagnosis in 15 countries.[7] Point-of-care early infant diagnosis is being introduced in a further 10 countries, with support from UNICEF.[8]

18. In Cameroon, UNICEF's capacity building support for health-care providers helped decentralize paediatric treatment services and contributed to an increase in the numbers of HIV-positive children and adolescents receiving treatment. Home visits organized through UNICEF-supported teen clubs in Eswatini helped reduce "loss to follow-up" (from 2.7% to less than 1%), with viral load suppression levels rising to almost 90% among participating adolescents. In Namibia, similar teen clubs helped

[7] Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Senegal, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.
[8] Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Senegal, Uganda, the United Republic of Tanzania and Zimbabwe.

improve viral load testing rates and treatment adherence among adolescents, as did “community adolescents treatment supporters” in Zimbabwe.

19. Over 2 million people in the Russian Federation were reached through the UNESCO-supported "OK.RU\TEST" online initiative to promote HIV testing and treatment. UNESCO also partnered with Brazil's Health Ministry and civil society organizations around the “Viva Melhor Sabendo” peer education initiative to promote HIV testing.

20. Important advances were made towards developing and supplying optimal ARV formulations for children. The Joint Programme was active in the breakthrough 2017 Rome Action Plan, in which drug manufacturers committed to make ARV formulations for children available in low-income countries at the cost of production and to speed up the development of certain long-anticipated formulations. It was also active in the follow-up high-level meeting in December 2018 where stakeholders agreed to an additional set of commitments on diagnostics, case-finding and treatment.

21. In addition, WHO's work to improve paediatric ARV drugs led to the drafting of a list of priority products that will be targeted for development. WHO revised the ARV optimal formulary and organized country missions to support countries' transition to the new recommended regimens. The Joint Programme also supported the "Global Accelerator for Paediatric formulations" process, which was launched in July 2018 as a collaborative framework[9] for developing HIV medicines for children and for speeding up the development and availability of new HIV drug formulations (and for hepatitis C and TB) for children by 2020.

Fast-Track cities

22. The Joint Programme continued its leading role in the Fast-Track Cities Initiative, with over 300 cities worldwide participating. The 2019 milestone for this indicator has been reached, although a great deal of work is needed to ensure that high-burden cities allocate the necessary resources to achieve the Fast-Track targets. In 2018, technical and other support from the Joint Programme, PEPFAR and other partners enabled 10 additional cities[10] to develop strategic workplans and begin implementing activities. For, example, Johannesburg, South Africa, has established an AIDS Council within the city health department to coordinate the city response, while Durban conducted several mapping exercises to assess service delivery and identify service gaps, and to identify priority locations and populations in the response. As part of the Fast-Track Cities initiative, UNICEF and the UNAIDS Secretariat supported the development of Kigali's 2018–2023 HIV Strategic Plan, while Ho Chi Minh City, Viet Nam, introduced new approaches to provide prevention services for gay and other men who have sex with men and improve access to HIV testing and rapid referral for HIV treatment in environments that are free of stigma and discrimination. These models are now being rolled out in other provinces.

HIV in humanitarian emergencies

23. In 2018, Cosponsors continued their successful work to ensure that refugees living with HIV can access the health care they need. In a survey by UNHCR, 93% of the 37 refugee-hosting countries surveyed (almost all in sub-Saharan Africa) reported that refugees could access ARV medicines, 100% reported that first- and second-line TB

[9] Between normative structures, regulatory agencies, research networks, the pharmaceutical industry, funders and procurement agencies.
[10] Durban, Jakarta, Johannesburg, Kigali, Kinshasa, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé.

drugs were available for free through the national health systems, and 96% stated that they provided access to early infant diagnosis.

24. However, the proportion of countries that have integrated HIV in their national emergency responses needs to increase further. Modelling commissioned by UNHCR,[11] with WFP input, indicates that there were about 2.6 million people living with HIV affected by a humanitarian emergency in 2016 (compared with an estimated 1.7 million in 2013).[12]

South Sudan – Delivering integrated services in humanitarian settings

The Joint Team and partners scaled up integrated HIV, STI and gender-based violence services (HIV testing services, PMTCT, ART) in the refugee camps and sites for internally displaced populations. All these services, including referral systems, are now available in all 10 refugee camps and the three main sites for protection of civilians. Extensive awareness raising was conducted, reaching over 58 537 persons sensitized on comprehension HIV prevention and availability of voluntary counselling and testing, PMTCT and ART services in the country. In addition, 11 453 mothers were sensitized on PMTCT during antenatal care visits. Regarding HIV testing services, 16 297 persons were counselled, tested and received their HIV test results. Of these, 489 (58.8% are from the host communities) tested HIV-positive, with 483 enrolled in ART and 98.9% retained in care.

25. In 2018, UNHCR provided HIV testing to nearly 500 000 refugees or displaced persons[13] and almost 14 000 camp-based refugees were accessing treatment (a four-fold increase since 2014). In South Sudan, UNICEF worked with international and local partners tp accelerat a 100-day emergency HIV response plan that reached 90 000 people with HIV testing and treatment information and more than 3000 pregnant women in refugee camps were able to use HIV testing services. WFP provided vital additional support such as social protection and food and nutrition supplements to people vulnerable to HIV, people living with HIV (PLHIV) and TB clients in humanitarian contexts in at least 12 African countries.[14] UNICEF supported the Government of Bangladesh in providing PMTCT services to displaced persons from Myanmar, which reached 43 000 pregnant women.

[11] UNHCR and WFP co-convene the Inter-Agency Task Team on HIV in Humanitarian Emergencies, which comprises 76 members from 29 organizations (including UNICEF, UNFPA, UNODC, WHO, the UNAIDS Secretariat and IOM as other UN members).
[12] UNHCR, WFP, UNAIDS. Estimation of people living with HIV affected by humanitarian disasters in 2016 (2018, unpublished).
[13] In Burkina Faso, the Central African Republic, Congo, the Democratic Republic of Congo, Egypt, Islamic Republic of Iran, Jordan, Malaysia, Nepal, Niger, Pakistan, Rwanda, South Sudan, Thailand, Uganda, Ukraine, the United Republic of Tanzania and Venezuela.
[14] The Democratic Republic of Congo, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Uganda, the United Republic of Tanzania and Zimbabwe.

Access to medicines and commodities

26. The Joint Programme continued to advocate for sustainable and affordable access to quality HIV medicines. An important step forward was the adoption at the 2018 World Health Assembly of Decision 71(8), which requested WHO to develop a comprehensive roadmap on access to medicines and vaccines for 2019–2013, including consideration of the recommendations of the UN Secretary General's High-Level Panel on Access to Medicines.

27. UNDP's ongoing support for the implementation of the High-Level Panel's recommendations contributed to the South African government's approval in May 2018 of a new intellectual property policy that aims to enhance both access to and innovation of health technologies. UNDP and WHO also supported the reform of Ukraine's Law on Inventions to increase access to affordable quality medicines.

28. Support for supply chain management included WHO's convening of a forecasting working group for HIV and hepatitis medicines and diagnostics, the preparation of size estimates for the pre-exposure prophylaxis (PrEP) market, and forecasts of the global demand for HIV diagnostic tests. The World Bank's Global Financing Facility, working with philanthropic partners, launched a campaign to strengthen supply chains for life-saving medicines, including ART. Country-level support included WFP's assistance to the Tanzanian government to identify and deal with supply chain challenges for HIV and other health commodities.

Access to treatment in Venezuela

Marked political instability persists in Venezuela. The quality and accessibility of health care in Venezuela has sharply deterioriated due to shortages of medicines and health commodities, as well as the migration of doctors and health workers, with one-fifth of the country's medical personnel having left the country in the past four years.

According to the Ministry of Health, the number of child deaths under one year of age increased by 30.12% from 2015 to 2016 while maternal deaths rose by 65.79%. Venezuela also has one of the highest rates of adolescent pregnancy in Latin America. Despite these challenges, the Venezuelan health system continues to have significant capacity in place, with a network of 288 hospitals, 421 specialized ambulatories and 17 986 community-based centres.

In response to these profound health-care challenges, UCO Venezuela, with support of RST-LAC, coordinated donations of goods with non-profit organizations such as AIDFORAIDS International. The office served as a channel to receive ARV medicines. Altogether, 60 tons of ARV medicines, amounting in value to nearly US$ 10 million, were brought in Venezuela. These donations supported at least 25% of people on treatment (18 000 people) during the first 8 months and 85% of the people (51 000 people) in the last four months of 2018.

In 2018 the Ministry of Health, the Joint Team and civil society organizations developed and adopted the "Master Plan for AIDS, TB and malaria", which outlines a roadmap for responding to these three diseases over the next three

years. This document facilitated US$ 5 million in support support from the Global Fund with US$ 5 million dollars and acquisition through the Strategic Fund of the Pan-American Health Organization (PAHO), the new co-formulation of DLT (Dolutegravir-Lamivudine-Tenofovir), sufficient to cover 85% of the population (55 400 people) for the next 11 months. The first delivery of DLT arrived in January 2019, with PAHO and UNAIDS assisting in distribution of the ARVs across the country. Although this action has aided in preserving access to good-quality HIV treatment in the midst of chaotic circumstances, additional joint work is needed to meet the challenge posed by the country's economic and political situation.

Key challenges and future actions

29. Reaching the 2020 target (of reducing AIDS-related deaths by 50%) requires that an additional 2.8 million people initiate and remain on ART each year. More effective case finding and linkage to treatment and care services, and improved retention in care are key priorities. Achieving them demands additional resources and the ability to take full advantage of trade and intellectual property-related options to broaden access to affordable health technologies. An appropriate balance between biomedical and structural interventions is also vital.

30. Urgent improvements are needed to scale up treatment for key populations and other vulnerable populations (including children and adolescents, adolescent girls and young women, and unreached men) and in specific regions (notably western and central Africa and eastern Europe and central Asia).

31. WHO will continue to review implementation experiences and support increased provision of differentiated service delivery. It will also analyse new data to update and consolidate guidance on HIV testing services and treatment, and it will continue to roll out a data quality tool launched in 2018 to harmonize the review, assessment and validation of HIV treatment data.

32. The World Bank will focus on the inclusion of HIV testing and treatment services in health benefits packages and wider health sector initiatives. UNHCR and WFP will strengthen monitoring support and community-based programming to improve ART treatment adherence for displaced populations, while ILO (working with WHO) will introduce HIV self-testing into its flagship VCT@WORK Initiative to reach more first-time testers and men in the world of work. The initial focus will be on Kenya, South Africa and Zambia with possibilities of extending to other high-burden countries.

33. More efficient testing and effective linkages are needed. More HIV tests are being performed, but the services often do not reach the persons who are most at risk of HIV infection. The Joint Programme will provide countries with consistent support to implement a strategic mix of testing approaches that increase efficiency and impact and support linkage to treatment, including strengthening supply chains and referral and monitoring systems, and capacity building for health workers.

34. Children are still underserved. In 2018, only 52% of children (0-4 years) and 37% of adolescents (15–19 years) living with HIV received ART, compared with 59% of adults and 80% of pregnant women. Challenges include access to HIV testing (including early infant diagnosis), insufficient treatment service delivery points, poor referral mechanisms and linking of infants and children who test HIV-positive to ongoing treatment services.

35. Quickening the roll-out of early infant diagnosis technologies will be prioritized, along with realizing the commitments made in the Rome Action Plan to improve paediatric ARV formulations and enhance treatment services for children. The Joint Programme will also focus on the wider introduction of differentiated service delivery to extend paediatric care to community level. Additional elements will be added to the AIDS FREE toolkit to support countries in designing testing strategies and conducting ARV demand forecasting.

36. A UNICEF analysis predicts that a "youth bulge" could eclipse the recent, modest reductions in new HIV infections and AIDS-related deaths among adolescents. Assisting countries to make HIV and health services generally more youth-friendly will be emphasized in 2019, along with the introduction of age-disaggregated monitoring.

37. Advanced HIV disease remains a significant challenge. Up to half of people living with HIV present to care with advanced disease, and many of them die from HIV-related opportunistic infections. The Joint Programme will push ahead with the integration of services for HIV, HIV coinfections and other pertinent health issues.

38. Dolutegravir safety is still a concern. WHO in May 2018 warned of a potential risk of neural tube defects in infants born to women taking the ARV dolutegravir at the time of conception. WHO will continue paying special attention to new evidence relating to the use of dolutegravir, in the context of wider sexual and reproductive health (SRH) challenges. WHO is revisiting this evidence in June 2019.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNHCR	1,462,000	15,410,731	16,872,731
UNICEF	1,335,067	27,518,373	28,853,440
WFP	893,451	9,351,333	10,244,784
UNDP	205,098	602,312	807,409
UNDP GF		143,344,963	143,344,963
UNFPA	348,151	2,649,401	2,997,552
UNODC	-	181,468	181,468
UN Women	43,425	156,980	200,405
ILO	690,244	1,048,990	1,739,234
UNESCO	44,903	625,284	670,187
WHO	4,447,739	17,160,523	21,608,262
World Bank	251,900	458,105	710,005
Grand Total	**9,721,977**	**218,508,463**	**228,230,440**

Table 2
Expenditure and encumbrances by region (US$)

Organization	Global	AP	EECA	ESA	LAC	MENA	WCA	Grand Total
UNHCR	686,804	1,249,434		7,459,850	432,763	3,088,235	3,955,645	16,872,731
UNICEF	4,599,567	2,088,131	3,722,334	7,293,111	425,386	298,150	10,426,761	28,853,440
WFP	439,083	529,854		6,233,795	96,115	292,587	2,653,349	10,244,784
UNDP	230,195	-	-	574,177	3,037	-	-	807,409
UNDP GF	-	2,433,094	6,612,947	117,928,339	2,522,901	6,353,260	7,494,422	143,344,963
UNFPA	72,993	215,290	120,676	1,749,327	133,247	170,816	535,202	2,997,552
UNODC	-	-	-	104,521	-	76,946	-	181,468
ILO	409,571	194,678	161,978	624,915	60,770	-	287,322	1,739,234
UN Women	66,881	91,935	-	28,132	-	-	13,458	200,405
UNESCO	32,150	4,062	12,489	114,954	488,668	-	17,864	670,187
WHO	8,730,792	3,584,568	977,763	4,665,105	149,753	1,143,412	2,356,869	21,608,262
World Bank	-	76,509	13,317	383,143	69,790	4,543	162,703	710,005
Grand Total	**15,268,037**	**10,467,555**	**11,621,504**	**147,159,370**	**4,382,430**	**11,427,949**	**27,903,595**	**228,230,440**

SRA 2: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION

Fast-Track target: Zero new infections among children, and mothers are alive and well.

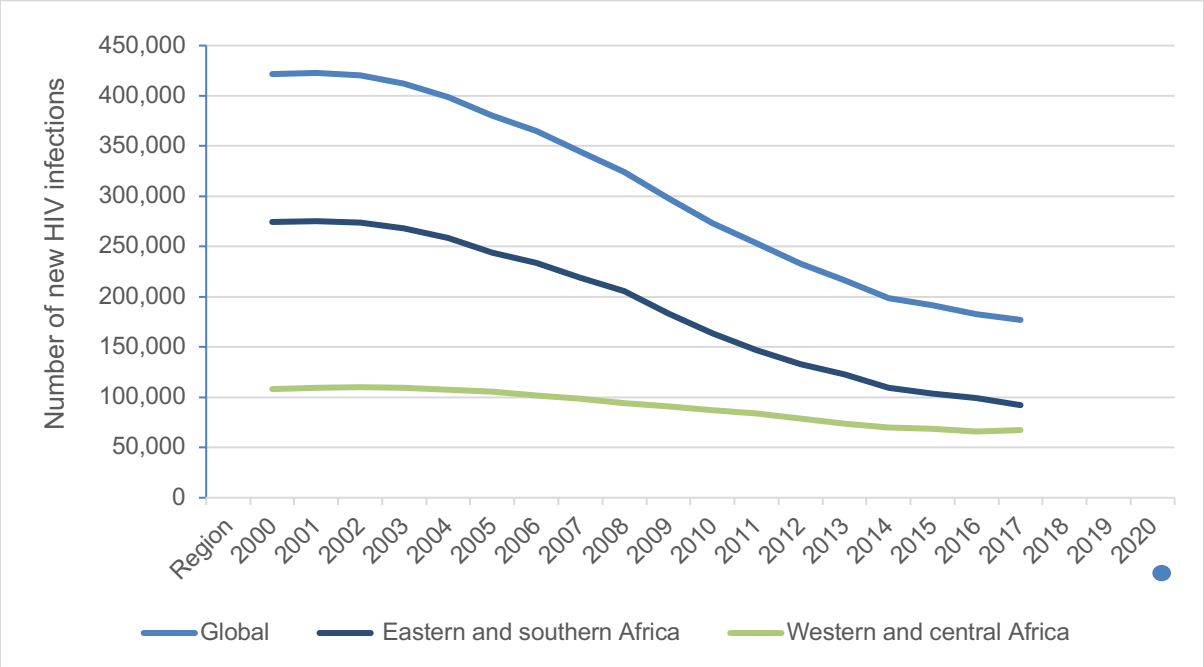
SRA 2: New HIV infections among children eliminated and their mother's health and well-being is sustained.

Global Overview

39. Fewer new HIV infections in children and better protection for mothers living with HIV are among the stand-out achievements of the global AIDS response.

40. About 1.4 million new infections among children child (0–14 years) were averted between 2010 and 2017 as national programmes, supported by the Joint Programme and other partners, achieved massive increases in the percentages of pregnant women living with HIV receiving ARV medicines. In eastern and southern Africa in 2017, an estimated 93% [73– >95%] of women living with HIV were started on ART or were already on treatment during their pregnancies. Twelve countries have received WHO certification of the elimination of mother-to-child transmission (eMTCT) of HIV and/or syphilis, and all regions have established validation systems. A major challenge now is to achieve WHO certification of the elimination of mother-to-child transmission of HIV in a high-prevalence country in Africa.

Figure 2. New HIV infections among children (aged 0–14 years), global, Eastern and southern Africa, Western and central Africa, 2000-2017 and 2020 target



Source: UNAIDS 2018 estimates

41. Progress overall, however, has slowed and it seems unlikely that the target set by the UN General Assembly—a 95% reduction in new HIV infections among children by 2020—will be met. Salient gaps include shortfalls in treatment coverage in some countries with large HIV epidemics, inconsistent treatment adherence (especially during breastfeeding) and the significant numbers of women who acquire HIV infection during pregnancy or the breastfeeding period but go undiagnosed. Western and central Africa presents a specific challenge: coverage of eMTCT services in the region lags badly and

the mother-to-child HIV transmission rate in 2017 was 20.2% (compared to 9.9% in eastern and southern Africa), a result of service gaps, limited human resources, procurement and supply management systems and the deterrent effect of user fees.

Joint Programme progress

Indicator 2.1: Percentage of countries implementing latest eMTCT guidance	2016 [N=90]	2017 [N=90]	2018 [N=90]	2019 milestone	Status
Lifelong treatment is offered to all HIV-positive pregnant women	99%	73%	92%	**80%**	•
Repeat testing of HIV-negative pregnant and breastfeeding women is offered	50%	46%	49%	**80%**	•
Partner testing of HIV-positive pregnant women in antenatal care settings is offered	91%	68%	82%	**80%**	•
Networks of women, including of women living with HIV, are engaged in eMTCT strategy development and service implementation	74%	60%	68%	**80%**	•

42. A majority of countries—and the vast majority of Fast-Track countries—have adopted WHO's guidance for eliminating mother-to-child HIV transmission (MTCT); Joint Programme efforts therefore have focused on supporting implementation of the relevant services. As the table shows, extensive access to lifelong ARV treatment for HIV-positive pregnant women has been achieved, exceeding the 2019 milestone. While partner testing is also extensively available (due to strengthened community engagements with women living with HIV), repeat testing of HIV-negative pregnant or breastfeeding women lags. There is room for additional investment and support for retention in care and to strengthen the involvement of women's networks in developing and implementing eMTCT strategies.

43. In 2018, Joint Programme support emphasized evidence-driven advocacy (led by UNICEF, UNFPA and UNAIDS Secretariat); updated normative guidance (WHO); generation of and analysis of subnational data to inform decentralized planning for equitable access and impact (UNAIDS Secretariat, UNICEF and WHO); greater integration of eMTCT services with maternal child health services; country-level support for community/facility linkages that increase ART uptake and retention, cohort monitoring and improved partner coordination at country and regional levels (especially via UN Joint Teams).

PMTCT in the Islamic Republic of Iran

The Joint UN Team on AIDS, with the Global Fund on board, has supported the national PMTCT programme in Iran from its inception and piloting through to its current nationwide implementation. The Joint Team has most recently provided technical support in the formative evaluation of the PMTCT pilot programme, the findings of which informed scale-up; assisted with improving linkages between the private and public sectors; reinforced linkages between key population and PMTCT services; and assisted the procurement of ARVs and rapid diagnostic kits via the Global Fund grant, in spite of significant bottlenecks created by the current sanctions regime. The PMTCT programme is currently being implemented in around 11 000 public health facilities across the country, with 577 078 pregnant women receiving at least one HIV test during their pregnancy in 2018. Of these, 128 had a positive first test and 67 were already known to be living with HIV, and were referred for confirmatory testing and/or ART initiation/consultation. The next phase of the Joint Team support to the national PMTCT programme, within the framework of the 2020-21 Joint UN Work Plan, will focus on preparing the country for eMTCT certification over the medium term.

44. The Joint Programme kept the elimination goal on the agenda, globally and nationally. Working with PEPFAR, it mobilized and supported national efforts in 23 priority countries to reach the super-Fast-Track targets of the Start Free Stay Free AIDS Free framework for ending paediatric AIDS. UNAIDS, UNICEF and WHO (partnering with PEPFAR and others) also stepped up their political engagements in western and central Africa to promote much-needed improvements in eMTCT programmes, including via the “Free to Shine” campaign of the Organization of African First Ladies against HIV/AIDS and the African Union (launched in 2018).

45. Seventeen countries have launched Free to Shine or Start Free Stay Free AIDS Free national plans, four have updated existing plans and several others (included Ghana) have launched acceleration plans for paediatric treatment. The Start Free Stay Free AIDS Free partners were instrumental in the Rome Action Plan process, which promises to accelerate the development and introduction of new paediatric ARV formulations (See SRA 1). Cosponsors also participated in PEPFAR-supported country consultations in the Democratic Republic of Congo, Nigeria, the United Republic of Tanzania and Zimbabwe that reinvigorated several faith-based action plans to reach the eMTCT targets.

46. The World Bank made maternal and child health a core component of its support for effective and equitable health systems in 2018. Through its Global Financing Facility, the Bank in 2018 supported country-led efforts in 27 countries (including 11 new additions) and raised US$ 1.05 billion in new commitments to help expand this support to 50 countries. Through the UNDP-Global Fund partnership 97 000 pregnant women received ARVs for prevention of MTCT.

47. Only about half of infants who are exposed to HIV are tested before eight weeks of age. Increased access to point-of-care technologies for early infant diagnosis would substantially aid in closing this gap,[15] especially if balanced with strengthened conventional laboratory systems. WHO, UNICEF and Unitaid supported projects involving the Elizabeth Glaser Paediatric AIDS Foundation and the Clinton Health Access Initiative to introduce or expand point-of-care technologies in 15 countries in 2018 and this work will continue to be a priority. [16] For example, Mozambique's Ministry of Health, with support from UNFPA and UNICEF, installed point-of-care platforms for early infant diagnosis at 130 sites in 2018, servicing 50% of the country's population. By October 2018, more than 66 000 HIV-exposed infants had been tested and preliminary results showed a 25% increase in early paediatric ART initiation at these sites.

48. UNICEF, WHO and UNAIDS helped achieve the successful validation of the eMTCT of HIV and syphilis in Malaysia and Cuba, while Thailand's elimination achievement was recertified. Cosponsors jointly supported the upgrading of action plans to eliminate mother-to-child transmission of HIV, syphilis and hepatitis B in Myanmar and Viet Nam, and provided the technical and financial support that enabled Namibia to draft its 2019–2023 Roadmap for the elimination of mother-to-child transmission of HIV and syphilis. At least 28 countries (18 in sub-Saharan Africa) have added the elimination of syphilis and/or hepatitis B to their eMTCT strategies.

49. WFP continued to work with other Cosponsors and national partners to link countries' eMTCT programmes and maternal and child health services with food and nutrition support for pregnant malnourished women—including in Zimbabwe, where the intervention has contributed to improved adherence to ART.

Key challenges and future actions

50. Achieving the elimination targets will require greater investments to improve the quality of maternal, newborn and child health systems in countries where eMTCT progress lags. Remaining challenges include inadequate testing and case finding among pregnant and breastfeeding women (mainly due to poor integration of services), late initiation of ART, high maternal incident HIV infection during pregnancy or breastfeeding (in eastern and southern Africa especially), inadequate adherence to ART due to poor retention in care, and gaps in the early diagnosis of HIV infection in infants. Countries also need practical guidance to streamline their current eMTCT investments. UNICEF, WHO and other Cosponsors and partners will finalize a key considerations document to facilitate such improvements.

51. UNICEF, WHO and the UNAIDS Secretariat will continue expanding the reporting of eMTCT data to include subnational data and the generation of disaggregated estimates of new sources of HIV infections in children. These data enable countries to identify service gaps more clearly and to develop differentiated strategies that can close those gaps.

52. For instance, in countries with high rates of coverage and strong community systems to support pregnant and breastfeeding women with HIV, the focus is on “last mile” interventions. Those include the prevention of new HIV infections during pregnancy and breastfeeding and the analysis of sub-national or sub-population data to identify, diagnose and address hotspots of ongoing transmission. By contrast, in countries

[15] This technology helps ensure that infants are tested onsite and that their caregivers receive the results very quickly (often on the same day). By reducing turnaround times and speeding up clinical decisions regarding ART, the technology substantially increases ART initiation rates among HIV-positive infants.
[16] Cameroon, Côte d’Ivoire, the Democratic Republic of the Congo, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Senegal, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

where coverage is high but retention is poor, the focus shifts to include interventions to identify pregnant and breastfeeding women who are not virologically suppressed and promote retention in care, especially for clients who are at higher risk for loss to follow up such as pregnant adolescents. Cosponsors and their partners will continue prioritizing activities to support such improvements

53. The special needs of adolescent mothers require greater attention, as these mothers generally have less access to antenatal care services, HIV testing and treatment, which results in poor maternal and child outcomes.

54. Significant numbers of women acquire HIV during pregnancy or while breastfeeding, and many of them are not diagnosed until considerably later. WHO will continue supporting national programmes to expand access to partner testing (including self-testing) and retesting (in high-prevalence settings) during the ante- and postnatal periods to counter this trend. Mentoring and other community-led approaches will also be scaled up to support retention of women living with HIV in treatment and care.

55. Reaching pregnant women within key populations with eMTCT services is challenging, partly due to hostile policy environments, stigma and discrimination in health-care settings and gender and other forms of inequality. UNODC has finalized a technical guide on Prevention of Mother-to-Child Transmission of HIV in prisons.

56. Cosponsors will continue supporting the introduction and use of point-of-care technologies for early infant diagnosis, including through "hub-and-spoke" systems that can increase access in low-volume, underserved areas.

57. Through its concessional financing portfolios and other assistance the World Bank will continue to support programming that addresses key aspects of eMTCT, with an emphasis on promoting integration with broader health and social protection efforts.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNICEF	44,236	11,220,887	11,265,123
WFP	34,913	938,946	973,859
UNDP	-	674,169	674,169
UNDP GF	-	1,404,806	1,404,806
UNFPA	8,693	5,452,560	5,461,253
UNODC	50,665	191,060	241,725
WHO	277,134	3,063,479	3,340,613
World Bank	42,570	763,139	805,709
Grand Total	**458,210**	**23,709,046**	**24,167,257**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNICEF	1,367,298	-	3,044,309	101,249	48,319	6,492,076	211,872	11,265,123
WFP	3,946		662,004	3,492	980	286,686	16,751	973,859
UNDP	-	-	674,169	-	-	-	-	674,169
UNDP GF	13,938	207	515,013	-	264,305	611,343		1,404,806
UNFPA	442,933	198,498	2,956,776	271,502	351,840	1,093,718	145,987	5,461,253
UNODC	-	10,317	146,330	-	-	-	85,078	241,725
WHO	457,544	69,181	656,136	22,835	180,951	388,530	1,565,436	3,340,613
World Bank	152,443	-	227,571	-	35,890	389,805	-	805,709
Grand Total	**2,438,101**	**278,204**	**8,882,308**	**399,077**	**882,286**	**9,262,158**	**2,025,124**	**24,167,257**

SRA 3: HIV PREVENTION AND YOUNG PEOPLE

Fast-Track targets:

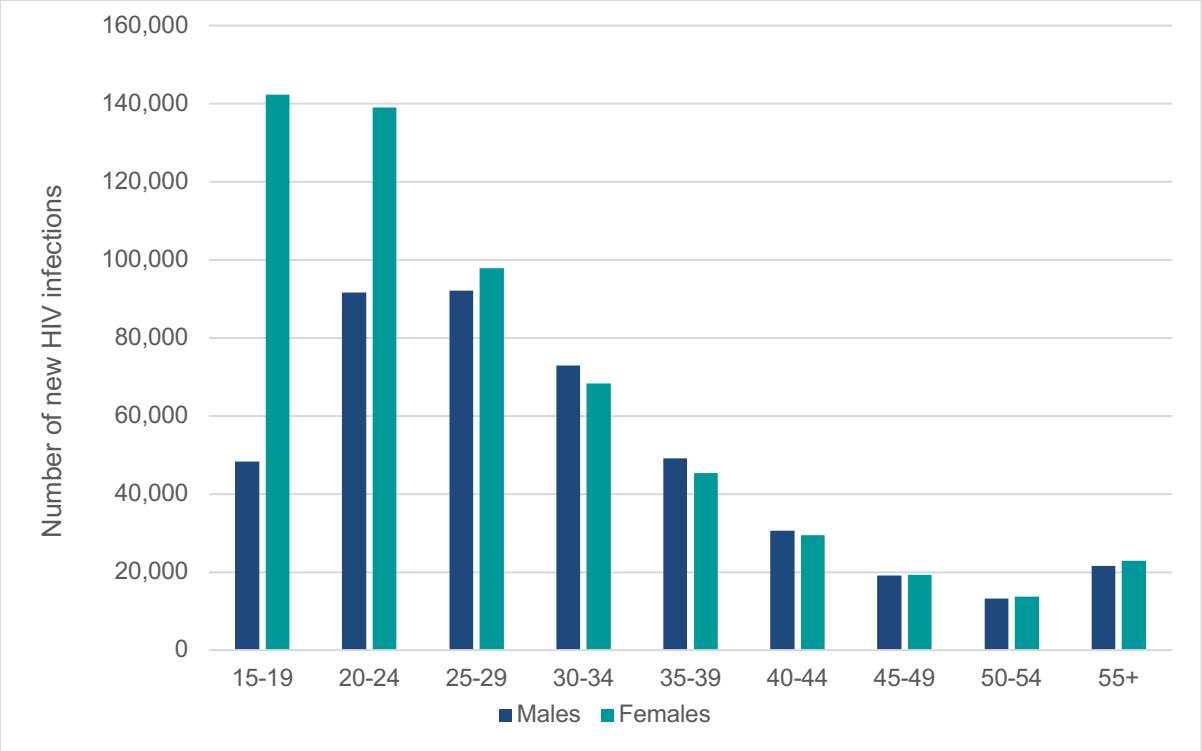
- 90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV
- 90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and SRH
- 27 million additional men in high-prevalence settings are voluntarily medically circumcised as part of integrated SRH services for men

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

Global overview

58. HIV infections are not declining quickly enough, especially among young people. More than one third (36%) of the estimated 1.7 million new HIV infections globally in 2017 in people 15 years and older occurred in the 15–24-year age group. In sub-Saharan Africa, young women are at inordinate risk: they accounted for one in four HIV infections in 2017 despite accounting for just 10% of the region's population.

Figure 3. Number of new HIV infections among adults, by age and sex, sub-Saharan Africa, 2017



Source: UNAIDS 2018 estimates

Joint Programme progress

59. In 2018, the Joint Programme, working with PEPFAR, the Global Fund and other partners, continued its efforts to reinvigorate combination prevention, including scaling up access to adolescent and youth SRH services and comprehensive sexuality education (CSE), along with interventions that promote retention in school and a healthy transition to the world of work.

Indicator 3.1: Percentage of countries with combination prevention programmes in place	2016 [N=90]	2017 [N=90]	2018 [N=90]	2019 milestone	Status
Quality-assured male and female condoms are readily available universally, either free or at low cost	81%	84%	79%	**60%**	•
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools	44%	52%	51%	**60%**	•
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools	64%	76%	71%	**60%**	•
Young women are engaged in HIV prevention strategy development and service implementation	67%	76%	74%	**60%**	•
Indicator 3.2: Percentage of Fast-Track countries with supportive adolescent and youth SRH policies in place	**2016 [N=33]**	**2017 [N=33]**	**2018 [N=33]**	**2019 milestone**	**Status**
The country has integrated the core indicators for measuring the education sector response to HIV and AIDS in national education monitoring systems, in line with the recommendations of the Inter-Agency Task Team on Education	58%	61%	67%	**60%**	•
Supportive adolescent and youth SRH policies are in place	91%	91%	85%	**60%**	•

60. Led by UNFPA and the UNAIDS Secretariat, the Global HIV Prevention Coalition reinvigorated political commitment and action for HIV prevention in 2018. A common primary prevention agenda has been elevated to the centre of the global HIV response and an accountability process has been created, with scorecards for tracking progress across a range of high-priority prevention programme areas. Twenty-six countries have adopted the Coalition's HIV Prevention 2020 Road Map and developed 100-day action plans.

61. Cosponsors supported 24 countries to establish HIV prevention coalitions or working groups, and 23 countries have national HIV prevention targets in place. Namibia, Pakistan and the United Republic of Tanzania were the among the countries that strengthened technical capacities for specific programme components. Target setting at sub-national level is now underway in Fast-Track countries.

62. The Joint Programme also supported implementation of enhanced national prevention programmes. However, the 2020 milestones are still quite distant. This is partly due to a considerable prevention funding gap which persists despite the recommendation that countries devote about one quarter of national HIV resources to prevention.

63. In western and central Africa, several countries (including Cameroon, Cote d'Ivoire and Nigeria) used the UNICEF/UNAIDS Secretariat-led All IN framework to design integrated HIV prevention packages for adolescents. UNAIDS facilitated a dialogue regarding differentiated prevention packages for adolescent girls, young women and their male partners. The discussions yielded a scalable programme model for integrating HIV prevention into existing health and education programmes.

64. Condom programming continues to be a cornerstone of combination prevention, but major condom supply and demand gaps persist, including in many African countries. Funding for condom procurement has declined and condom social marketing volumes have decreased, though recent UNAIDS analysis inadequate demand is also a hurdle in some high-burden countries.

65. Cosponsors supported a range of multilateral initiatives to remedy the situation, including analyses of condom programmes in several countries. UNFPA supplied more than 1.2 billion male condoms, 12.9 million female condoms and almost 50 million sachets of lubricant globally in 2018. UNHCR distributed over 3.7 million condoms in Uganda and 650 000 in the Democratic Republic of Congo.

66. The Africa Beyond Condom Donation initiative (or “ABCD”, previously the “20 by 20 coalition”), led by UNFPA, has set the stage for further progress by bringing together condom manufacturers, international donors and NGOs to increase the supply of male and female condoms in low- and middle-income countries to 20 billion by 2020. In 2018, the initiative developed draft country plans which will be taken back to national governments to become part of a continent-wide initiative involving African Heads of State and global partners.

67. Voluntary medical male circumcision (VMMC), which is one of the five pillars of the Prevention Road Map, was another area of continued focus. Uptake accelerated in the 14 priority countries in eastern and southern Africa—momentum that must be maintained to reach the 25 million target by 2020.

68. UNAIDS Country Offices helped ensure that VMMC features in all relevant national strategic plans, country roadmaps and prevention targets in the 14 priority countries. Cosponsors supported the use of geographic information systems mapping to match staff capacity with demand (e.g. in Mozambique and the United Republic of Tanzania) and to link VMMC services with other health services (e.g. in Lesotho). The World Bank also provided modelling evidence on the cost-effectiveness of scaling-up VMMC which is being used to advocate for programme scale-up.

69. Oral PrEP was another important work area for the Joint Programme. Cosponsor guidance, evidence-sharing and advocacy has led to at least 40 countries including PrEP (as part of combination prevention) in their national HIV policies. Several of those countries are in eastern and southern Africa, where PrEP is also being prioritized for young women. In 2018, PrEP was being rolled out nationally in 10 countries and smaller-scale projects were underway in 30 other countries. WHO developed a modular tool for including PrEP in combination prevention programmes, along with a mobile phone application for easy access to the tool, and released a module on PrEP for adolescents and young adults (to address concerns about providing young people with this prevention method).

70. In addition to biomedical components, activities in 2018 were also directed at addressing behavioural and structural issues. CSE featured in the policies of most countries, but greater efforts are needed to strengthen the quality of CSE programmes, including through curricula review and revision and teacher training initiatives to ensure that teachers are supported and empowered to deliver CSE content. To address this, UNESCO supported over 60 countries to strengthen their capacity to deliver quality CSE, guided by the revised UN International Technical Guidelines on Sexuality Education.

71. UNFPA developed international guidance on CSE in out-of-school settings to complement those guidelines. Working with Cosponsors and the UNAIDS Secretariat,

UNESCO also launched the “Our Rights, Our Lives, Our Future” (O3) programme to strengthen adolescents' knowledge of SRH and HIV and to reduce stigma and discrimination against young key populations and people living with HIV. The O3 programme will benefit over 20 million young people in sub-Saharan Africa by 2022 and will reach over 30 million people through community outreach with parents, religious leaders and other groups.

72. The Joint Programme mobilized high-level commitment from 22 western and central African countries in 2018 to improve CSE and SRH services for adolescents and young people. UNICEF assisted in developing new service delivery models as well as guidance and protocols in Eswatini, Jamaica and the Philippines, while the Secretariat developed and launched country scorecards in 15 countries to track the roll-out of services.

73. To harmonize technical assistance to countries, UNDP, UNFPA and UNICEF led the development of a programming toolkit on HIV prevention for young members of key populations. UNFPA and the International Planned Parenthood Federation introduced a new tool for designing and providing, with community participation, packages of HIV and SRHR services for young key populations in eastern Europe and central Asia. The World Bank integrated combination prevention programming into several of its large-scale transportation projects in Africa, enabling it to provide condoms, information and other HIV services to young key populations (including in Lesotho, Malawi and the United Republic of Tanzania).

74. To address structural aspects of the HIV epidemic, the ILO signed a Memorandum of Understanding with the Africa Union to review existing infrastructure development programmes, with a view to improving job opportunities for vulnerable youth, including young people living with HIV. The ILO, UNAIDS Secretariat and other partners also supported countries to integrate income generation and HIV prevention programmes for adolescent girls and young women (e.g. in Indonesia, Kenya and the United Republic of Tanzania). In the United Republic of Tanzania, the ILO established a strategic partnership with Tanzania Social Assistance Fund, identifying about 617 youth (117 males, 500 females) youth HIV risk groups, girls, low-income women and young boys from the poor household families aged between 19 to 25 in Singida and Chamwino District, empowering them on HIV prevention and facilitating the formation of groups to start income generating activities as a means to promote livelihood and HIV impact mitigation. UN Women promoted young women’s access to economic resources, including in Jamaica, where it mentored young women living with HIV to start small businesses.

75. Joint Programme activities also supported the integration of HIV in the education sector, especially in Fast-Track countries (also see SRA8). In 2018, the World Bank doubled its results-based financing for education (to US$ 7.1 billion) and met its commitment to invest US$ 2.5 billion over five years in education projects directly benefitting adolescent girls. Its US$ 205 million Sahel Women’s Empowerment and Demographic Dividend Project helped 87 000 girls stay in school and provided 210 000 young women with life skills and livelihood support. Other Cosponsor activities included WFP's school meals programmes, which reached 17 million children in 2018, including in countries with a high prevalence of HIV, such as Malawi, where over 1 million children benefited.

Reaching out to adolescents and young people in Botswana

The Joint UN Team has been instrumental in introducing innovative approaches to reach adolescents and young people with HIV-related information and services.

The Joint Team provided normative guidance for the development of a standard national combination prevention package for adolescents and young people which has been endorsed and disseminated by the Government of Botswana.

Support continued to high-prevalence districts, Selebi-Phikwe and Gantsi. In Gantsi, UNFPA focused on delivering CSE for out of school adolescents and on linking adolescents girls and young women with health and social services. A total of 245 girls were enrolled in the weekly CSE sessions to enhance their knowledge and skills to negotiate safer sex, including adopting positive sexual behaviours. A total of 29 375 condoms (28 700 male condoms and 675 female condoms) were distributed through implementation of the CONDOMIZE campaigns in five villages.

To reach young people with information and skills using innovative platforms, UNFPA supported the mobisite “TuneMe” that allows young people to receive information on HIV and SRH through mobile phones. 4000 young users were registered in the platform. Furthermore, young people were reached through a youth radio show (Don’t get it twisted) led by and presented by young volunteers. Among others the topics included; contraceptives, sexually transmitted infections, gender-based violence, HIV prevention and risky sexual behaviours.

UNICEF, in close collaboration with partners, provided technical and financial support for the production and airing of the Shuga radio programme, which focuses on HIV prevention and behaviour change communication. Twelve episodes have been aired on one of the popular youth-friendly radio stations, with an estimated reach of 25 000 young people. The show’s Facebook page is popular and interactive with over 4000 followers to date.

Key challenges and future actions

76. The Global Prevention Coalition is strengthening political commitment and action for prevention, but major programmatic and funding gaps still separate countries from the 2020 milestones. The Joint Programme will support implementation of the Prevention 2020 Roadmap and accelerated action in the 28 countries that are the focus of the Coalition, such as enhancing target setting, national strategic planning, civil society engagement, and efforts to address policy and legal barriers and close financial gaps. The Coalition Secretariat will continue working on these issues at the global level, while UNFPA and the UNAIDS Secretariat will engage at country level to support progress.

77. Prevention programmes for adolescents continue to be limited in scale, impact and efficiency. Effective action is needed to ensure that all young people have the correct

knowledge and appropriate skills in the context of HIV and have full access to youth-friendly SRH services.

78. There is increasing acceptance among parents and in communities for age-appropriate sexuality education. But this is encountering strong resistance from well-resourced conservative lobby groups, which often also oppose prevention services for adolescent and young key populations. Several Cosponsors and the Secretariat are devising ways to respond to this opposition, including by countering misinformation and by publicizing scientific evidence and analysis more effectively.

79. The Joint Programme will also support countries to act on the international technical guidance on sexuality education,[17] using UNESCO guidance for country-level implementation. UNFPA will field-test the guidance on CSE for out-of-school settings (including in Colombia, Ethiopia, Ghana, Islamic Republic of Iran and Malawi). Together with UNESCO, it will use the "Our Rights, Our Lives, Our Future" programme to achieve high-level political commitment for CSE and access to sexual and reproductive services for adolescents and young people in western and central Africa.

80. In western and central Africa, a process has been launched to achieve a region-wide commitment from ministries of education and health to increase access to youth-friendly sexuality education and SRH services. The process is being modelled on the 2013 Commitment that was achieved in eastern and southern Africa, and will include time-bound targets.

81. The collection and use of high-quality, disaggregated and granular data must expand and improve to guide interventions at sub-national level and to adapt them for specific target populations. UNICEF and the UNAIDS Secretariat will continue to support national efforts to enhance data collection and analysis for adolescents via the Stay Free component of the 3Frees framework, the "All IN to end adolescent AIDS" platform and ongoing work to support young key populations.

82. Through the Africa Beyond Condom Donation initiative, UNFPA will pursue a more holistic market development approach to maximize the roles of the main actors in condom markets. It will also pinpoint interventions for reaching priority populations such as young people.

83. The Joint Programme will place a special emphasis on supporting wider use of innovations such as HIV self-testing and PrEP, with UNESCO and WHO providing practical guidance for expanded use. Ideally, PrEP provision should be aligned to the risk of HIV infection. However, in some countries the PrEP roll-out is proceeding without being informed by sufficiently strong data. The Joint Programme will collaboratively support modelling to align national PrEP programmes with the distribution of HIV risk geographically and in populations.

84. Greater engagement of adolescents and young people (including those belonging to key populations) will be sought to achieve prevention services that are youth-friendly. Mentorship and leadership development programmes will continue to be supported, especially for young women. Cosponsors will also advocate for the reform of obstructive age-of-consent laws.

85. Structural interventions will be expanded to support retention of pupils in secondary education and to strengthen social protection. UN Women and other Cosponsors will

[17] https://unesdoc.unesco.org/ark:/48223/pf0000260770http

focus especially on empowering girls and young women, particularly those living with and affected by HIV. UNESCO will continue to be deeply engaged in promoting education for girls and young women.

86. UNICEF will proceed with developing programming and operational tools and guidance, such as HIV prevention tool kits for young key populations and for adolescent girls and young women. The World Bank will continue to channel support for combination prevention programmes through its health portfolio and integration of these programmes into projects in its education, social protection and transport concessional financing portfolios, as well as strengthening the evidence base and lessons for greater provision and uptake of effective prevention programmes.

87. The mainstreaming of HIV prevention programmes into broader ILO initiatives around social protection, labour migration, employment, economic empowerment and labour legislation, will be intensified in line with the continued push to “take AIDS out of isolation”. In Africa, for example, HIV will be integrated more deeply in infrastructure projects of the African Union and the New Partnership for Africa’s Development.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNICEF	2,118,600	10,497,156	12,615,756
WFP	48,666	2,154,139	2,202,805
UNDP	245,465	1,904,922	2,150,387
UNDP GF	-	5,489,481	5,489,481
UNFPA	2,090,075	15,859,846	17,949,921
UN Women	468,829	807,656	1,276,485
ILO	649,193	1,322,350	1,971,543
UNESCO	1,687,444	5,193,697	6,881,141
WHO	289,402	3,955,070	4,244,472
World Bank	25,800	201,198	226,998
Grand Total	**7,623,474**	**47,385,516**	**55,008,990**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNICEF	932,679	122,177	5,934,329	1,018,504	150,776	3,849,382	607,909	12,615,756
WFP	5,522		698,717	4,867	1,366	1,468,983	23,350	2,202,805
UNDP	-	1,265	1,927,753	-	-	-	221,369	2,150,387
UNDP GF	181,973	-	3,950,220	-	157,218	1,200,070		5,489,481
UNFPA	1,168,661	533,830	6,163,824	1,257,926	814,939	2,305,558	5,705,183	17,949,921
UN Women	33,961	13,456	480,472	85,591	-	408,914	254,091	1,276,485
ILO	300,033	162,930	892,637	81,326	-	235,280	299,337	1,971,543
UNESCO	882,894	363,542	1,734,187	1,779,575		1,094,489	1,026,454	6,881,141
WHO	586,687	34,946	809,757	28,324	231,274	597,419	1,956,065	4,244,472
World Bank	26,793	-	115,984	-	-	84,222	-	226,998
Grand Total	**4,119,202**	**1,232,147**	**22,707,880**	**4,256,114**	**1,355,573**	**11,244,317**	**10,093,757**	**55,008,990**

SRA 4: HIV PREVENTION AND KEY POPULATIONS

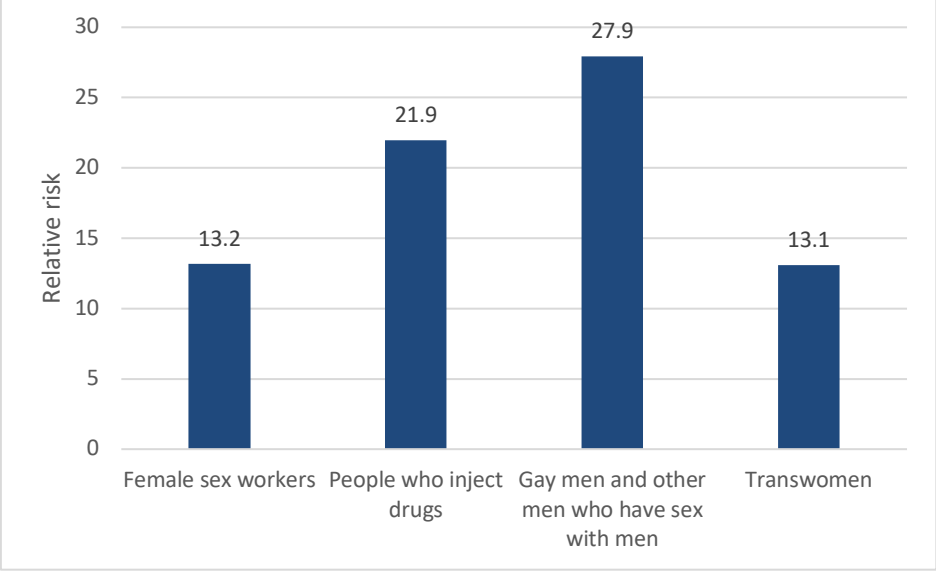
Fast-Track target: 90% of key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners as well as migrants, have access to HIV combination prevention services

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

Global overview

88. Very high HIV infection rates continue to be reported among key populations in countries of all income levels and in all regions. UNAIDS estimates that people in key populations and their sex partners accounted for 47% of new HIV infections in 2017.

Figure 4. Relative risk of HIV acquisition, by population group compared to the general population, global, 2017



Source: UNAIDS special analysis, 2018

89. Sex workers continue to bear a disproportionate burden of HIV in virtually all epidemic settings: in Eswatini, Lesotho, Malawi, South Africa and Zimbabwe it is estimated that at least half of all female sex workers are living with HIV.[18] The scale-up of prevention services for sex workers, including additional options such as pre-exposure prophylaxis (PrEP), should be a bigger priority for countries. In Africa, the Middle East, eastern Europe and central Asia especially, government-sponsored HIV prevention services for gay men and other men who have sex with men remain scarce, with limited funding and discriminatory laws and practices impeding improvements.

90. People who inject drugs and their sexual partners account for about 25% of people newly infected with HIV outside of sub-Saharan Africa. A combination of harm reduction services has been shown consistently to prevent HIV and achieve other major public health benefits, yet many politicians and governments continue to prefer punitive approaches to drug use. Prevention services in prisons continued to be a "blind spot" in many national HIV programmes, though some improvements are visible.

[18] Miles to go: closing gaps, breaking barriers, righting injustices. Geneva: UNAIDS; 2018.

91. Recent years have seen important progress in reaching key populations with HIV services, but a great deal of work lies ahead to reach the Fast-Track targets. Combination prevention for key populations is therefore an important element of the Prevention 2020 Road Map, along with involving civil society organizations in those efforts and reforming or removing obstructive laws and policies.

Joint Programme progress

92. Almost all the 2019 milestones pertaining to the inclusion of key populations in national HIV strategies have been met or surpassed. Progress was strongest for actions affecting sex workers and gay and other men who have sex with men. Working across all regions and in a range of partnerships, Cosponsors and the Secretariat collected, analysed and shared data-driven evidence, developed and supported the use of policy guidelines and implementation tools (including community-led evaluation frameworks), and supported trainings for community-based networks, law enforcement agencies and the judiciary.

Indicator 4.1: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
The country has size and prevalence estimates for gay and other men who have sex with men	79%	81%	79%	**80%**	•
The country has size and prevalence estimates for sex workers	88%	87%	89%	**80%**	•
The country has size and prevalence estimates for prisoners and other people in closed settings	57%	61%	58%	**35%**	•
Comprehensive packages of services for gay and other men who have sex with men, in line with international guidance, defined and included in national strategies	74%	81%	80%	**80%**	•
Comprehensive packages of services for sex workers, in line with international guidance, defined and included in national strategies	84%	88%	91%	**80%**	•
Comprehensive packages of services for prisoners and closed settings, in line with international guidance, defined and included in national strategies	56%	57%	61%	**35%**	•
Gay and other men who have sex with men are engaged in HIV strategy/programming and service delivery	88%	87%	86%	**80%**	•
Sex workers are engaged in HIV strategy/programming and service delivery	88%	87%	86%	**80%**	•
Indicator 4.2: Percentage of countries implementing the most essential interventions for people who inject drugs	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
A gender-sensitive HIV needs assessment is available for people who inject drugs	19%	29%	28%	**50%**	•
Does the country have a significant epidemic among people who inject drugs?	33%	38%	40%	-	-
	Countries with significant epidemic among people who inject drugs				
	2016 [N=30]	2017 [N=34]	2018 [N=36]		

Opioid substitution therapy	73%	62%	61%	**50%**	•
Needle and syringe programmes	87%	76%	78%	**50%**	•
HIV testing and counselling	100%	91%	92%	**50%**	•
Antiretroviral therapy	100%	91%	94%	**50%**	•

Comprehensive services for key populations in national HIV strategies and plans

93. The Global Prevention Coalition prioritized HIV prevention for key populations, including in countries' 100-day Action Plans, while WHO commissioned a review of national HIV strategic plans in 47 African countries to assess the strengths and gaps in key population programmes.

94. Engagement with key populations was an important part of the Joint Programme's work in 2018. UNFPA worked with key population networks in 18 countries in Africa, Asia and eastern Europe to promote prevention programmes, including the provision of integrated HIV, SRHR and gender-based violence services for sex workers. An example was Zimbabwe, where UNFPA supported a 24-hour clinic that supplements community-based services for the sex worker community in Harare. In Indonesia, UNFPA built the capacity of local sex worker networks to take the lead in community-led prevention programmes. UNODC's promotion of HIV services included training more than 100 prison staff and community-based service providers in India, Kenya and Viet Nam on providing HIV testing in prison settings and linking prisoners to HIV care services after release.

95. WHO and the UNAIDS Secretariat stepped up their support for the provision of PrEP to key populations at high risk of HIV infection. In the Asia-Pacific region, they supported regional and country-level roll-out of PrEP by publicizing the intervention, advising on regulatory matters and on the preparation of country guidelines, and facilitating PrEP demonstration projects. To guide the cost-effective use of PrEP, a trial of tool for local size estimations of people who are substantial risk of HIV infection is being conducted in Thailand. In South Africa, the Joint Programme reviewed and advised on the National Sex Worker Plan, which makes provision for the use of PrEP in that key population.

Support to female sex workers in Bangladesh

In May 2018, UNICEF and UNFPA initiated a new partnership with a national civil society organization named Light House to facilitate access to PMTCT and SRH services for 620 female sex workers residing in the brothels of Mymensingh and Tangail. The project targeted most-at-risk adolescents ages 10-19 years, adult and active sex workers ages 20-45 years old, as well as inactive sex workers ages 45+ years and their children. A Comprehensive Service Center was established in each brothel staffed with a Project Manager and a Medical Assistant. Also, the Joint Team supported capacity building of the Change Agents (peer female sex workers) for them to be engaged in awareness building and information sharing activities. In total, 10 Change Agents conducted 237 health education and awareness building sessions; 548 female sex workers received HIV counselling and testing; 132 received cervical cancer screening; 16 pregnant women received antenatal care; and 24 cases of gender-based violence were addressed.

Separately, during Jan – Nov 2018, UNICEF supported partners to reach 3500 adolescent sex workers, drug user living in the street, men who have sex with men and transgender people in Dhaka, Chittagong, Sylhet and Khulna. Among those reached, 41% received STI management, 52% received HIV counselling and testing, 33% were screened for TB and treated, and 26% received life skill education.

96. Cosponsors also prioritized lesbian, gay, bisexual, transgender and intersex (LGBTI) people's rights, including as part of health and access to HIV services. UNDP-led regional awareness programmes were active in 53 countries across five regions. In a significant step towards operationalizing the LGBTI Inclusion Index, UNDP and the World Bank developed a proposed set of indicators for tracking LGBTI inclusion, including access to HIV and other health services. The ILO began a four-phased process to develop a comprehensive LGBTI "toolbox" for protecting the rights and dignity of LGBTI populations in the workplace, with the final phases of that project due for completion in 2019. Phase 1, which comprised an extensive literature review, was completed in 2018. The LGBTI Toolbox will be rolled out at the country level to protect the rights of key populations in the workplace. Tailored country support was provided to many countries, including Brazil, India, Indonesia, Kenya and Zimbabwe to reach key populations such as LGBTI and sex workers with HIV services.

97. The Secretariat updated the Key Populations Atlas in 2018 to include additional HIV-related data, while UNICEF provided data extraction and analytical support to improve size estimates and target-setting for adolescent key populations in national HIV plans. Cosponsors[19] also developed a programming tool kit for scaling up HIV prevention for young key populations, which will be launched in 2019.

[19] UNICEF, UNFPA, UNDP, UNAIDS Secretariat, UN Women and WHO.

98. The World Bank also financed combination prevention services for key populations in several regions. It has been integrating those activities in its SRH concessional financing operations and across its large infrastructure and transportation portfolio. Recent examples of the latter include the multiyear Lesotho Infrastructure and Connectivity Project, which includes awareness-raising campaigns on HIV and gender-based violence, and the Southern Africa Trade and Transport Facilitation Project, which includes an HIV combination prevention package for key populations.

99. Equally important was the reform or removal of obstructive policies and laws. UNDP and partners have supported legal environment assessments and related action plans, as well as dialogues and trainings in 89 countries since the launch of the 2012 report of the Global Commission on HIV and the Law, and it supported the collecting of evidence which informed the 2018 supplement of the Commission on HIV and the Law (see SRA6). These efforts brought tangible change—for example, in Pakistan, where advocacy and other support from the Joint Programme and the Secretariat contributed to the passing of legislation to protect transgender people, and in South Africa, where national service provision plans for sex workers and LGBTI people were revised.

100. UNDP has supported the completion of the Southern African Development Community (SADC) key population strategy for the region. The strategy builds on a key populations model framework developed by the UNDP-supported Africa Key Populations Expert Group and include key intervention, including for transgender persons. Once validated and adopted, the SADC strategy will inform national policies for key populations in SADC member countries.

101. The reported data indicate the 2019 milestones were met for most of the key HIV services for people who inject drugs. It must be noted, though, that these services often operate in the context of punitive drug laws, aggressive law enforcement and severe stigma that limits access and use.[20]

102. Although punitive approaches to drug use still predominate, the work of UNODC and other Cosponsors did make inroads. Backed by the advocacy work of the UNAIDS Secretariat, UNODC led the establishment of seven opioid substitution therapy (OST) clinics in Kenya, the management of which are being transferred to the government. This was an important step towards sustaining OST clinics in that country. In North Africa, UNODC launched a regional project that will provide approximately 38 000 prisoners in 14 major prisons or detention facilities in Egypt, Morocco and Tunisia with TB and HIV prevention and control services. In Kyrgyzstan, scaled-up harm reduction services were provided to almost 18 000 people who inject drugs (including 1500 in prisons), and over 8000 people who inject drugs and 3500 prisoners took an HIV test in 2018.

103. Supplementing these activities was the development of an e-learning tool for incorporating harm reduction into HIV programmes, which UNODC used to train more than 2 000 law enforcement officials and 120 parliamentarians in in Belarus, Kazakhstan, Morocco, the Philippines, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan. UNODC also assisted in the development of Uzbekistan's National Strategy Programme, which includes the government's commitment to fully finance (from 2022 onward) 173 "trust points" that provide confidential information and access to needle and syringe programmes (NSP).

[20] Benoit C, McCarthy B, Jansson M. Stigma, sex work, and substance use: a comparative analysis. Sociol Health Illn. 2015;37(3):437–51.

104. The HIV and related health needs of refugees and other displaced persons was an important focus for the Joint Programme in 2018. In the Kasai region of the Democratic Republic of Congo, for example, UNHCR worked closely with the government and the UN Joint Team on HIV to conduct a rapid needs assessment of internally displaced people living with HIV and other affected communities. The findings were used to strengthen the integration of HIV into the emergency humanitarian response.

105. UNHCR, UNFPA and UNAIDS have been working to improve the health and protection of male, female and transgender refugees and host community sex workers in Bangladesh following an assessment in 2018. Referral mechanisms have been strengthened, and drop-in centres were created to serve at least 1 900 sex workers. UNHCR also supported services for the clinical management of rape and other forms of sexual violence against refugees in 11 countries in Africa, Asia and western and central Africa and the Middle East.[21]

Key challenges and future actions

106. Cosponsors and the Secretariat will continue to support countries to adopt and implement more extensive HIV programmes for key populations and to create more supportive and enabling environments. Hostile social and political climates are also restricting the operating space and funding options for civil society organizations that work with key populations. The Joint Programme will enhance their advocacy activities and political engagements to counter those trends.

107. Cosponsors (especially UNDP and UNFPA) and the Secretariat will continue to convene and partner with stakeholders to expand access to HIV prevention and related services for key populations, including incarcerated persons, migrants and indigenous peoples. UNDP will lead follow-up activities on the updated recommendations of the Global Commission on HIV and the Law about key populations (see SRA6). UNDP will also invest in exploring innovative methods for effective and cost-efficient service delivery to key populations and to secure transition to domestically funded HIV responses – for instance through social contracting.

108. More granular, disaggregated data for key populations would help focus interventions where they can have the greatest impact, although care is needed to avoid exposing people to further discrimination and punitive actions. The Joint Programme is monitoring global progress through ongoing refinement and use of the Global AIDS Monitoring system. Working with partners, it will develop recommendations or guidelines for improved data collection and reporting on HIV prevention for key populations, and it will sharpen the guidance for monitoring activities in different settings. It will also support community engagement in collecting disaggregated data, for instance through social contracting, while striving to ensure that the privacy, safety and security of key populations are protected.

109. Harm reduction services, including NSP and OST, must be implemented more widely. UNODC and other Cosponsors will continue to engage in evidence-informed dialogues on HIV, drug policies and human rights with national policymakers, public health authorities, law enforcement agencies and judiciaries, and civil society organizations. The focus will be on finding ways to ensure adoption and implementation of drug use policies that protect people's right to HIV-related health care, including in prisons and other closed settings. UNDP, WHO, the UNAIDS Secretariat and partners will launch

[21] Angola, Burkina Faso, Central African Republic, Democratic Republic of Congo, Egypt, Islamic Republic of Iran, Malaysia, South Sudan, Uganda, United Republic of Tanzania and Zambia.

international guidelines on human rights and drug policy, which will be rolled out in 2019.

110. UNODC will monitor changes in drug use and provide training and technical assistance to introduce HIV and hepatitis B and C interventions for people who use amphetamines and other stimulant drugs. It will also provide technical assistance, working with WHO, to promote the WHO guidance on prevention of hepatitis B and C among people who inject drugs.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNICEF	-	575,179	575,179
WFP	-	6,962	6,962
UNDP	1,081,971	2,416,430	3,498,401
UNDP GF		6,099,056	6,099,056
UNFPA	1,148,796	9,456,823	10,605,618
UNODC	2,285,501	5,121,479	7,406,980
ILO	235,812	334,602	570,414
UNESCO	217,402	1,483,683	1,701,085
WHO	446,725	5,672,343	6,119,068
World Bank	126,600	274,560	401,160
Grand Total	**5,542,807**	**31,441,117**	**36,983,924**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNICEF	-	75,203	146,067	-	-	353,909	-	575,179
WFP	-		-	6,962	-	-	-	6,962
UNDP	451,209	233,212	1,355,352	251,948	30,291	316,019	860,370	3,498,401
UNDP GF	708,512	1,292,136	2,009,953	552,909	1,442,146	93,400		6,099,056
UNFPA	1,079,822	838,743	4,420,283	602,317	516,975	1,491,308	1,656,171	10,605,618
UNODC	768,745	1,023,185	3,679,350	21,451	808,893	35,802	1,069,554	7,406,980
ILO	76,365	-	185,965	15,916	-	30,198	261,970	570,414
UNESCO	79,013	22,164	230,968	850,034		57,874	461,033	1,701,085
WHO	849,697	211,035	1,218,538	42,880	336,050	621,556	2,839,312	6,119,068
World Bank	126,600	147,987	102,551	-	-	24,022	-	401,160
Grand Total	**4,139,962**	**3,843,665**	**13,349,028**	**2,344,417**	**3,134,355**	**3,024,086**	**7,148,411**	**36,983,924**

SRA 5: GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

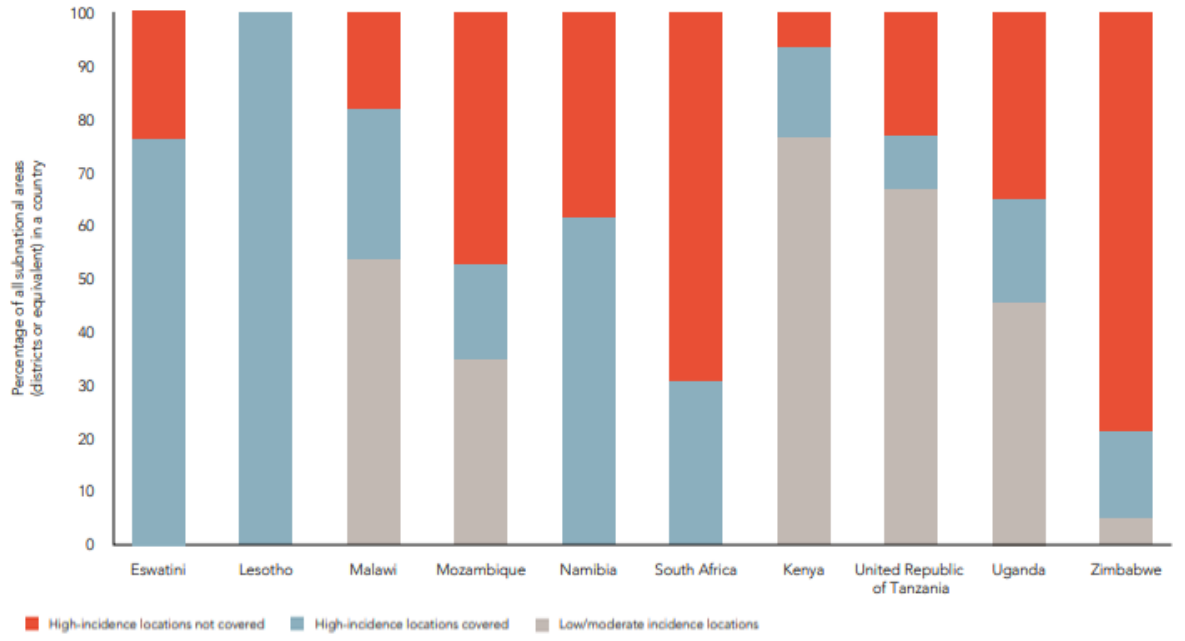
Fast-Track target: 90% of women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV

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

Global overview

111. Deep-set gender inequalities and widespread gender-based violence continue to place women at risk of HIV infection and are major barriers to progress in the global AIDS response. AIDS-related illnesses are still a leading cause of death among women and girls of reproductive age globally.[22] Almost 60% of new HIV infections in young people (15-24 years) in 2017 were among adolescent girls and young women, with the prevention gaps particularly notable in sub-Saharan Africa, the Caribbean and eastern Europe and central Asia.

Figure 5. Estimated coverage of dedicated HIV prevention programmes for adolescent girls and young women in areas with high HIV incidence in 10 countries, 2016–2018



Notes: Low and moderate HIV incidence means fewer than 0.3 new HIV infections per 100 person-years. High-incidence locations are locations with extremely high HIV incidence (> 2 new infections per 100 person-years), very high incidence (> 1 per 100 person-years) and high incidence (> 0.3 per 100 person-years) among young women aged 15–24. A subnational area was considered to be covered if the DREAMS package of services is provided and a modified package of services is provided with Global Fund support. It should be noted that there is variation in the intensity of packages and the level of coverage within subnational areas. The fact that a subnational area is covered does not mean that all young women in need of programmes are reached.

Source: UNAIDS subnational estimates of HIV incidence; meeting reports of coverage of subnational areas by PEPFAR, the Global Fund and other partners, and country reporting to the Global HIV Prevention Coalition.

112. Knowledge of HIV prevention among adolescent girls and young women also remained alarmingly low. Longitudinal surveys show that only 30% of young women (15-24 years) from 35 countries in sub-Saharan Africa and 14% of young women from 23 countries outside that region had correct and comprehensive knowledge about HIV. The Joint

[22] Health statistics and information systems: estimates for 2000–2015. Geneva: WHO; 2017.

Programme has increased efforts to address the gender-related dynamics that endanger the health and lives of women and girls.

Joint Programme progress

113. There was steady progress in 2016–2018 across the main indicators for SRA 5, and most of the milestones have been met. The Joint Programme's efforts in 2018 focused especially on integrating gender equality priorities in national HIV strategies and in monitoring and evaluation frameworks; changing harmful gender norms; reducing gender-based violence; and promoting the involvement of women living with HIV in national AIDS responses.

Indicator 5.1: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	2016 [N=90]	2017 [N=90]	2018 [N=90]	2019 milestone	Status
Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available	74%	74%	73%	**60%**	•
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting	86%	89%	91%	**60%**	•
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys	63%	71%	73%	**60%**	•
Indicator 5.2: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
Disaggregated data on prevalence and nature of gender-based violence are available and used	64%	69%	76%	**60%**	•
Legislation and/or policies addressing gender-based violence exist	96%	98%	100%	**60%**	•
A mechanism to report and address cases of gender-based violence is available (e.g. special counselling centres, ombudsperson, special courts and legal support for victims)	94%	94%	96%	**60%**	•
HIV, SRH, and gender-based violence services	68%	69%	72%	**60%**	•

Integrating gender equality in national HIV strategies

114. UN Women worked with partners in at least 10 countries in 2018 to integrate gender-responsive components in national HIV strategies, including in the United Republic of Tanzania, where the national AIDS commission prioritized gender-responsive actions in its National Multisectoral Strategic Framework for HIV and AIDS (2019–2023), including actions to address unequal gender norms, and reduce violence and discrimination against young women. As a result of UNDP's capacity-building support in South Sudan, national AIDS bodies recommended that a portion of a Global Fund grant be allocated to gender-responsive interventions. UNODC trained over 1,000 government and community-based service providers to incorporate gender equality issues into their HIV activities in 15 countries (Afghanistan, Belarus, Egypt, Indonesia, Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Morocco, Myanmar, Nepal, the Republic of Moldova, Tajikistan, Thailand, Uzbekistan and Viet Nam).

115. The ILO worked towards the adoption of the first International Labour Standard on violence and harassment against women and men in the world of work. Countries will be able to use this new International Standard to strengthen their relevant national legal and policy frameworks and enhance the protection of all workers in employment against violence and harassment. ILO also worked with several governments (including Botswana, China, Lesotho, Uganda and Zimbabwe) to integrate gender and the world of work in national HIV plans. For example, in Lesotho, the ILO and partners provided technical and normative inputs into the national HIV and AIDS Strategic Plan 2018/19 – 2022/23 in the area of world of work and the gender dimensions of the world of work.

116. Tracking and assessing these efforts and their impact is vital. The UNAIDS Secretariat and Cosponsors (including UNDP, UNFPA and UN Women) updated the Gender Assessment Tool, which national AIDS coordinating bodies will use to assess and strengthen the gender equality elements in their HIV strategies.

117. The Uganda AIDS Commission established a centralized gender dashboard to ensure regular tracking and analysis of gender-responsive indicators in the National HIV and AIDS Strategic Plan 2016–2020, with UN Women's technical assistance. The Commission's staff are using the dashboard to conduct gender-sensitive data analysis and reporting.

118. UN Women and other Cosponsors strengthened the capacity of networks of women living with HIV to engage in their national HIV responses, including in Uganda, where capacity-building support enabled local networks to successfully participate in the development and review of the 2018 PEPFAR Country Operational Plan, the National HIV Strategic Plan 2016–2020 and other national frameworks and plans. In Ukraine, with the UNAIDS Secretariat and UN Women's support, women living with HIV successfully advocated for the inclusion of gender-specific recommendations into the draft National Programme on HIV Prevention 2019–2023.

Strengthening the justice system to address gender-based violence in Uganda

Uganda has introduced a range of services to provide redress to survivors of gender-based violence, helping to address harmful norms and women's and girls' ability to prevent HIV and mitigate its impact. UNFPA Uganda supported Government of Uganda through the Ministry of Justice and Constitutional Affairs and the Justice Law and Order Sector (JLOS) actors to conduct 14 gender-based violence Special Court Sessions at both High Court and Chief Magistrate's level. A total of 875 cases were listed, 788 were disposed, while 37 cases were adjourned to the most convenient sessions in 2019. Among the cases disposed by the High Court and Chief Magistrate's courts, 344 were defilement cases, 60 rape cases, 13 murder cases, 28 assault cases, 11 attempted murder and 13 domestic violence cases, among others.

Partners of UN Women provided free legal aid services to 20 232 (15 056 females and 5 176 males) rural and marginalized people in 7 districts. Of these, 32% i.e. 6,398 (4,538 females and 1,860 males) received legal representation in courts of law, mediation, legal advice and counselling by lawyers and paralegals; 39% of the cases handled involved land and ownership of property and 20% violence. Of the cases reported to FIDA (Uganda Association of Women Lawyers) and Uganda Law Society (ULS), 13% (815 out of 6 398) were taken to the courts of law, with 36% (294) concluded and 64% (521) still pending in court. Forty percent (40%) of the reported cases (2 845/6 398) were handled through the alternative dispute resolution/ non-formal justice system. Forty-seven (47%) received legal advice and mediation from Uganda Law Society and FIDA Uganda. While it is important to strengthen the formal justice system, this data also shows the need to invest resources as well in strengthening the non-formal justice system which is clearly where the largest share of cases are reported because of the persistent challenges of accessing formal justice in Uganda.

Preventing and addressing gender-based violence

119. The 2019 milestones pertaining to laws, policies and services for preventing and addressing gender-based violence were met, and almost all the reporting countries stated having formal mechanisms for reporting and addressing such violence. However, other evidence (including survey data) suggests that actual enforcement continued to be challenging.

120. Joint Programme activities in 2018 included support[23] for implementing evidence-based interventions to address the links between violence and HIV in Indonesia, Lebanon, Peru and Uganda. UNDP supported 41 countries in improving gender equality and empowering women and girls in the context of HIV and health, ranging from challenging the legal barriers and social norms that prevent equal access to health care to improving integrated support for victims of gender-based violence. UN Women

[23] From UN Women, UNDP, UNESCO and UNICEF.

partnered with women living with HIV in Cambodia and Guatemala to include HIV prevention and care in national action plans on violence. Hundreds of teachers and national education officials in Cameroon, Senegal and Togo were trained to take appropriate actions when students are affected by gender-based violence.

121. Cosponsors also supported the *SASA!* community mobilization approach, which is being used in 20 countries in Africa and beyond. New research evidence from Haiti, Kenya and the United Republic of Tanzania (undertaken with support from the UN Trust Fund to End Violence Against Women) provided striking evidence of the impact and adaptability of the approach. In Haiti, for example, 90 000 people across five communities participated in an adapted version of *SASA!*, with 96% of women and 90% of men recognizing that violence increases a woman's risk of contracting HIV.

122. The Joint Programme also finalized the Action Linking Initiatives on Violence Against Women and HIV Everywhere (ALIVHE) framework to guide national programming on gender-based violence. The Secretariat and Cosponsors continued to support efforts to engage men in promoting gender equality, with special focus in eastern and southern Africa. Some of these projects are yielding promising results (including for reducing gender-based violence), though most are still small-scale.

123. Other Joint Programme activities focused on improving access to HIV services for survivors of violence, including in humanitarian settings. UNFPA and UN Women worked with authorities in 10 countries to implement the Essential Services Package for women who have survived violence, with several more countries due to follow suit in 2019. UNESCO continues to lead work on preventing and addressing school-related gender-based violence, building on global guidance developed in partnership with UN Women, and is piloting the "Connect with Respect" tool in five eastern and southern African countries. The "2gether4 SRHR" programme[24] boosted the uptake of HIV treatment and prevention services among survivors of violence in Lesotho, Malawi, Uganda, Zambia and Zimbabwe, and a World Bank project in the Great Lakes region provided holistic support to survivors, including post-exposure prophylaxis kits and improving sensitisation.

Key challenges and future actions

124. A political backlash against gender equality and women's rights threatens further progress towards SRA 5 and AIDS responses generally. The Joint Programme will work with partners to counter this trend and publicize and advocate against the damaging impact of gender inequality and gender-based violence.

125. Cosponsors will continue to work at all levels to bring about the repeal of laws that sanction gender-based discrimination and violate women's rights, including via the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination and similar initiatives. The ILO expects to adopt the new International Labour Standard on Violence and Harassment in the world of work in 2019 and promote its ratification at the country level.

126. Countries will be supported to more clearly cost and budget gender-responsive HIV interventions in their national AIDS plans, and to track those allocations and their impact (e.g. National AIDS Spending Assessments and the Global AIDS Monitoring system).

127. The Joint Programme will continue to support the integration of gender dimensions in national HIV policies, programmes, budgets and monitoring frameworks. UN Women

[24] Managed by UNICEF, UNFPA, WHO and the UNAIDS Secretariat.

will lead efforts to define gender-responsive interventions and approaches that transform unequal norms while assisting in strengthening gender expertise in national AIDS coordinating bodies. Support will continue for the scale-up of community-based and -led interventions to transform unequal gender norms and enhance equitable access to HIV testing, treatment and care services. UN Women will promote and document the leadership and participation of networks of women living with HIV and adolescent girls and young women in the HIV response, especially at community level.

128. The use of the Gender Equality Marker (GEM) in UN Joint Plans has underscored the importance of gender equality for the AIDS response. Further capacity development will be provided to ensure that the tool accurately captures activities that promote gender equality.

129. Also on the agenda for 2019 is implementation of the UN/European Union Spotlight Initiative, which addresses the intersection of violence against women, HIV and SRH. The Joint Programme will also assist in the scale-up of other evidence-based interventions that address the links between violence and HIV, including in the humanitarian context.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNHCR	308,000	6,360,805	6,668,805
UNICEF	-	455,367	455,367
UNDP	562,210	1,367,059	1,929,269
UNDP GF		163,709	163,709
UNFPA	30,320	3,271,369	3,301,689
UN Women	1,638,461	5,977,763	7,616,225
ILO	247,241	499,413	746,654
UNESCO	624,922	3,223,212	3,848,134
WHO	-	2,188,091	2,188,091
World Bank	-	225,875	225,875
Grand Total	**3,411,154**	**23,732,664**	**27,143,818**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNHCR	496,739		2,977,294	178,624	1,219,352	1,566,313	230,484	6,668,805
UNICEF	-	-	454,569	798	-	-	-	455,367
UNDP	74,539	61,768	704,513	113,085	57,775	482,511	435,079	1,929,269
UNDP GF	-	163,709	-	-	-	-		163,709
UNFPA	483,060	214,216	1,487,835	205,749	247,525	549,419	113,886	3,301,689
UN Women	1,482,628	444,926	2,217,411	601,066	312,521	2,042,461	515,211	7,616,225
ILO	56,300	147,727	112,353	18,360	-	129,093	282,821	746,654
UNESCO	654,995	99,291	1,142,049	420,524		876,653	654,621	3,848,134
WHO	318,870	51,670	452,711	4,640	122,370	266,927	970,903	2,188,091
World Bank	44,938	-	76,600	22,913	-	81,424	-	225,875
Grand Total	**3,612,069**	**1,183,307**	**9,625,335**	**1,565,759**	**1,959,543**	**5,994,801**	**3,203,005**	**27,143,818**

SRA 6: STIGMA AND DISCRIMINATION AND HUMAN RIGHTS

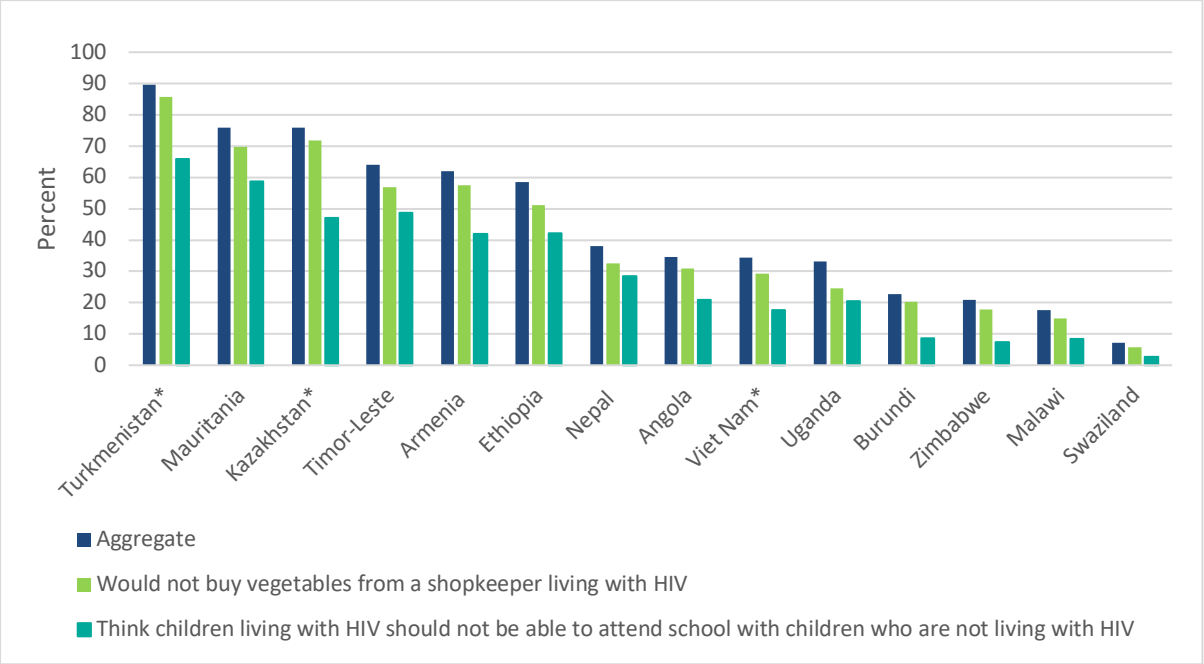
Fast-Track target: 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, educational and workplace settings

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

Global overview

130. A human rights-based approach is a top priority and guiding principle for the Joint Programme. Reinforced by punitive and discriminatory laws,[25] stigma and discrimination towards people living with HIV and key populations[26] are major barriers that prevent people from accessing and using the services they need. In the early days of the HIV epidemic, pervasive stigma and discrimination against people at high risk of HIV infection and people living with HIV nearly paralyzed the AIDS response. Years of work to dispel the stigma and discrimination surrounding the epidemic have had a measurable positive effect, but much remains to be done.

Figure 6. Percentage of men and women aged 15–49 years with discriminatory attitudes towards people living with HIV, countries with available data, 2013–2016

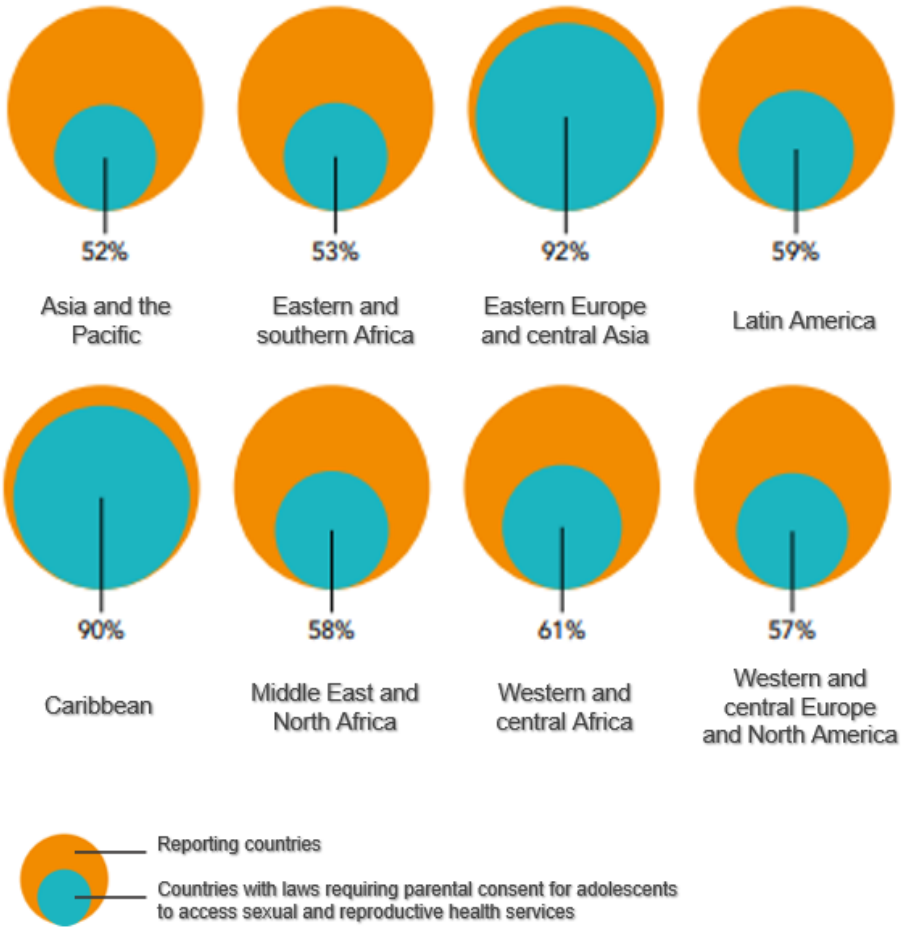


Source: Population-based surveys, 2013–2016. *Female respondents only.

131. Punitive homophobic legislation, the adoption of anti-sex work laws, the ongoing "war on drugs", and funding and other restrictions against civil society organizations are making it even more difficult to create or sustain the enabling environments that are needed for successful AIDS responses.

[25] Including laws that criminalize unintentional HIV transmission, nondisclosure and exposure, consensual same sex relations between adults, gender expression, sex work and drug use, as well as parental consent laws.
[26] Gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people and migrants.

Figure 6. Countries with age of consent laws to access SRH services, 2018



Source: 2017 and 2018 National Commitments and Policy Instrument

Joint Programme progress

132. The Joint Programme continued to promote evidence-informed and human rights-based laws and policies and to confront stigma and discrimination. It did so by providing technical support and national capacity development, preparing and advocating for policy recommendations, sharing evidence, sensitizing journalists and facilitating public debate. Throughout, it has emphasized the value of inclusive partnerships and the participation of civil society and affected communities.

Indicator 6.1: Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services- UNDER REVIEW	-	-	-	-	-
Indicator 6.2: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
Any mechanisms in place to record and address cases of discrimination in relation to HIV	73%	80%	84%	**65%**	•
Mechanisms in place to provide/promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues, including gender-based discrimination (e.g. dispossession due to loss of property and/or inheritance rights in the context of HIV)	77%	82%	80%	**65%**	•
HIV-sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and of national human rights institutions conducted	71%	71%	72%	**65%**	•
Indicator 6.3: Percentage of countries with measures in place to reduce stigma and discrimination in health settings	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
Health-care workers pre-and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives	59%	60%	60%	**50%**	•
An up-to-date assessment on HIV-related discrimination in the health sector is available (through the Stigma Index or another tool)	50%	49%	47%	**50%**	•
Measures in place for redress in cases of stigma and discrimination in the health sector	58%	62%	66%	**50%**	•

HIV-related legal and policy reforms

133. Despite recent progress, the 2019 milestones for HIV-related legal and policy reforms have not yet been reached. This possibly reflects backtracking on rights-based commitments in some countries and it heightens the potential importance of the *Global Partnership for action to eliminate all forms of stigma and discrimination*, which was launched in late 2018 with UNDP, UN Women, the UNAIDS Secretariat and the Global Network of People Living with HIV (GNP+) as co-conveners. The Partnership is prioritizing actions in six settings (household/family, educational, workplace, justice, health care and humanitarian crises and emergencies), with various Cosponsors taking the lead in the different areas. By linking with the Global Fund's 20 country initiative to scale up human rights programmes, the partnership is shifting focus to countries.

134. The Global Commission on HIV and the Law, convened by UNDP on behalf of the Joint Programme, produced an important update to its 2012 report. The 2018 Supplement highlighted the impact on the AIDS response of shrinking civic space, persisting criminalization, the "war on drugs", restrictive immigration policies and limited health-care access for migrants, and provided a list of clear actionable recommendations for

governments, civil society and other partners.[27] The Joint Programme and partners in mid-2018 also facilitated a powerful peer-reviewed statement from global scientific experts, urging national criminal justice systems to ensure that their application of criminal law in cases related to HIV is based on sound scientific evidence.[28]

135. These efforts had an impact at country level. During 2018, UNDP supported legal environment assessments in 25 countries to review laws and policies that impede rights-based AIDS responses and to develop action plans to remove those barriers. This already has prompted the Democratic Republic of the Congo to amend its HIV Law and abandon the criminalization of HIV transmission, while Gabon is currently drafting a new national policy on gender and sexual violence, based on its assessment.

Working towards providing an enabling legal environment in Belarus

Human rights and addressing stigma and discrimination were at the core of HIV response in 2018. The Joint Programme supported government and civil society to address human rights and confront stigma and discrimination in legislative and policy frameworks through technical support, advocacy and collection of evidence.

Joint UN (UNAIDS, UNDP, WHO) and civil society efforts resulted in amendment of the Article 157 of the country's Criminal Code. Making changes in this article was one of the recommendations of the global validation committee on elimination of HIV MTCT. The work started in 2017 jointly with the civil society organization "People plus". While the Joint Team provided continuous advocacy on the UN position regarding HIV criminalization and provided technical support and assistance in the process of revision of the article, "People plus" worked directly with parliamentarians, sharing stories of people living with HIV involved in criminal cases based on article 157 and providing support to the 'victims'. In addition, consultations with GNP+ and Canadian HIV/AIDS legal network focused on improving the revised article.

As a result of these joint efforts, an amendment to Article 157 Criminal Code of the Republic of Belarus was approved. The revised article exempts people living with HIV from criminal responsibility for unintentional HIV transmission or putting someone at risk of HIV transmission if his/her partner was aware of his/her HIV positive status in advance.

[27] See https://hivlawcommission.org/wp-content/uploads/2018/09/Hiv-and-the-Law-Supplement-Exec-Summary-2018_Final.pdf.
[28] Including the International Association of Providers of AIDS Care, the International AIDS Society and the HIV Justice Network. See http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/july/science-application-law-criminal-cases-hiv

136. In Mozambique, UNDP, ILO and the UNAIDS Secretariat used the recommendations of the Global Commission on HIV and the Law to train more than 600 lawmakers, law enforcement officials and representatives of civil society organizations on the legal aspects of HIV and on the impact of stigma and discrimination on people living with HIV and key populations.

137. UN Women and other Cosponsors joined with parliamentarians in Zimbabwe and the Zimbabwe Women Living with HIV/AIDS National Forum to advocate for the repeal of provisions in the Criminal Law Act that criminalize the deliberate transmission of HIV. UN Women facilitated the participation of networks of women living with HIV in country reporting processes on implementation of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and in the Universal Periodic Review. The Concluding Comments of the CEDAW Committee called for the decriminalization of HIV transmission, promotion of CSE and the elimination of discrimination against female sex workers accessing HIV services. In China, submissions from ILO, WHO and the UNAIDS Secretariat to the National People's Congress of China contributed to changes in travel and residence regulations for people living with HIV that bring them closer in line with current best practice.

138. ILO together with the UNAIDS and WHO jointly sent a letter to the Standing Committee of the People's Congress to review the national policy on medical standards for recruitment of civil servants in China, and the joint letter was also sent to the Ministry of Health and the Ministry of Human Resources and Social Security for their reference.

139. The Joint Programme increased its advocacy and technical support for removing legal barriers and establishing positive legal and policy precedents. In Pakistan, this led to the Supreme Court ruling in favour of rights-based policies for transgender persons, and in Kenya it resulted in the government adopting a rights-based policy on TB case management in prisons. The Joint Programme supported a group of Kenyans living with HIV to petition the Nairobi High Court to strike down as unconstitutional a highly punitive section of the Sexual Offences Act. In Trinidad and Tobago, the High Court ruled in April 2018 that sexual activity between consenting adults should not be criminalized.

140. In Myanmar, the work of UNODC and its partners contributed to a revision of the country's Drugs Law and the adoption of a new policy which includes the provision of harm reduction services. UNDP, WHO, the UNAIDS Secretariat, the Office of the High Commissioner for Human Rights (OHCHR) and other partners developed the International Guidelines on Human Rights & Drug Policy, an evidence-based catalogue of international legal standards for reshaping responses to drug use, which will be released in 2019.

141. These were welcome developments, but they were shadowed by a revival of punitive HIV-related laws and discriminatory practices (especially aimed at key populations) in countries (including Uganda, which introduced anti-homosexuality legislation, and the United Republic of Tanzania, where clinics providing HIV services to key populations were closed). In several regions UNDP joined with regional and national human rights entities in Asia (including in Afghanistan, Bangladesh, India, Nepal and Sri Lanka) to counter such developments by drafting an action plan to protect the rights of sexual minorities. The number of countries providing NSP and/or OST has more or less stagnated since 2014. Between 2016 and 2018 three new countries have adopted NSPs: Mali, Mozambique and Uganda. In 2016-2018, the countries that have introduced or re-introduced OST are: Côte d'Ivoire and United Republic of Tanzania in sub-Saharan Africa; Bahrain, Kuwait and Palestine in the Middle East; and Argentina

and Costa Rica in Latin America[29]. Most notably, the progress made in introducing OST in the United Republic of Tanzania (but also Argentina) can be attributed to efforts (advocacy, technical assistance) made by UNODC in those countries over several years.

Promoting legal redress and access to justice

142. The milestones pertaining to legal support for people living with HIV have been reached. The monitoring of country actions received a boost when the African Commission on Human and Peoples' Rights released its report, titled HIV, the law and human rights in the African human rights system, which the UNAIDS Secretariat facilitated. The report will provide a basis for assessing the compliance of African states with respect to HIV and human rights via country review processes. Human rights structures in Bangladesh and Nepal created dedicated positions to address rights violations against key populations, a first for the Asia region.

143. UNDP supported the creation of a regional legal aid network in eastern Europe and central Asia to promote the rights of key populations and people living with HIV. This has facilitated legal services in HIV-related cases for more than 10 000 people in 10 countries.[30] Similarly, the newly-formed Middle East Network on AIDS and the Law is providing legal support to member organizations in eight countries in that region.[31]

Measures to reduce stigma and discrimination in health-care settings

144. More than half of the countries with a Joint Programme presence reported taking steps to reduce stigma and discrimination in health-care settings, which meant this 2019 milestone was also reached.

145. Training of health-care workers is important to improve their behaviour towards key and other marginalized populations and to provide services free of stigma and discrimination—as UNAIDS and government and civil society partners did in Viet Nam, for example.[32] The "Time Has Come" training package, which was developed by UNDP and WHO with the aim of reducing stigma and discrimination in health-care settings, has been adopted in national HIV training programmes in Bhutan, India, Indonesia, Nepal, the Philippines and Timor-Leste. Through a system of national Trainings of Trainers workshops and local follow-up trainings in 12 countries, more than 1 500 health-care providers have been trained since 2014 using the package.

146. Working with organizations of people living with HIV, Cosponsors organized workshops and training of government officials to prevent and address HIV-related stigma and discrimination in their work environments. The ILO, for example, participated in capacity building for health workers in hospitals in China, Lesotho, Mozambique and South Africa to improve working conditions and reduce the levels of stigma and discrimination.

[29] Source: HRI Global State of Harm Reduction 2018
[30] Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, The Republic of Moldova, the Russian Federation, Tajikistan Ukraine.
[31] Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan, and Tunisia.
[32] Miles to Go: global AIDS update. Geneva: UNAIDS; 2018.

Key challenges and future actions

147. While progress has been made toward the SRA 6 targets, stronger action is needed to remove discriminatory laws and policies and curtail discriminatory practices. The space for civil society is shrinking, with security and public health rationales being used to encroach on rights and freedoms. The Global Commission on HIV and the Law estimates that up to 60 countries have passed laws restricting funding access and operating space for civil society organizations in the past few years.[33] Ongoing advocacy and political engagement, as well as technical support, will be needed.

148. The Joint Programme will strengthen its support for reforming or removing obstructive laws and policies and will continue actions to mitigate the negative human rights and health impact of such measures. Cosponsors and other partners will strengthen their internal coordination to prevent or rapidly respond, at regional and country levels, to rights violations or the adoption of discriminatory laws and policies. Enabling the Global Partnership for action to eliminate all forms of stigma and discrimination to make an impact in countries will be an important part of the Joint Programme agenda in 2019. The Partnership will form technical working groups, refine its work plan and campaign to have at least 20 countries commit to measurable actions against an agreed set of indicators across priority areas.

149. UNDP and other Cosponsors will support countries and civil society to implement the recommendations of the 2018 Supplement prepared by the Global Commission on HIV and the Law. A Prosecutorial Guidance on HIV-related Criminal Cases will be developed to help bring relevant criminal prosecutions in line with the latest evidence. Working with the UNAIDS Secretariat, it will also familiarize UN Joint Teams with the Inter-Agency Guidance on Preventing and Responding to HIV-Related Human Rights Crises. UNDP will work with the UNAIDS Secretariat to assess and address growing concerns about data protection and confidentiality in the collection and use of HIV and other health-related data, including through "big data" systems, with a special focus on key populations.

33 Global Commission on HIV and the Law, *Risks, rights and health: Supplement,* 2018. Available at www.hivlawcommission.org/supplement.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNHCR	230,000	4,085,395	4,315,395
UNICEF	-	6,083,100	6,083,100
UNDP	1,012,743	2,859,431	3,872,174
UNDP GF	-	6,388,680	6,388,680
UNFPA	83,738	2,853,289	2,937,027
UNODC	36,190	384,227	420,417
UN Women	417,055	450,322	867,377
ILO	444,980	825,972	1,270,952
UNESCO	84,171	292,528	376,699
WHO	12,399	2,208,335	2,220,734
Grand Total	**2,321,276**	**26,431,279**	**28,752,556**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNHCR	321,109		1,923,330	114,726	789,187	1,013,236	153,806	4,315,395
UNICEF	597,714	-	3,361,786	196,596	242,342	1,684,662	-	6,083,100
UNDP	343,912	223,504	1,146,695	407,924	29,876	1,019,203	701,060	3,872,174
UNDP GF	1,851	12,312	2,202,809	4,171,708	-	-		6,388,680
UNFPA	460,904	186,414	1,327,468	216,926	208,000	437,432	99,883	2,937,027
UNODC	31,471	83,014	167,234	-	77,927	-	60,770	420,417
UN Women	322,820	179,601	123,611	-	-	-	241,345	867,377
ILO	263,436	47,927	282,675	61,710	44,251	256,976	313,977	1,270,952
UNESCO	14,590	9,186	117,074	169,761		17,864	48,225	376,699
WHO	320,456	57,116	469,503	7,702	123,746	269,041	973,170	2,220,734
Grand Total	**2,678,264**	**799,074**	**11,122,185**	**5,347,052**	**1,515,330**	**4,698,415**	**2,592,236**	**28,752,556**

SRA 7: INVESTMENT AND EFFICIENCY

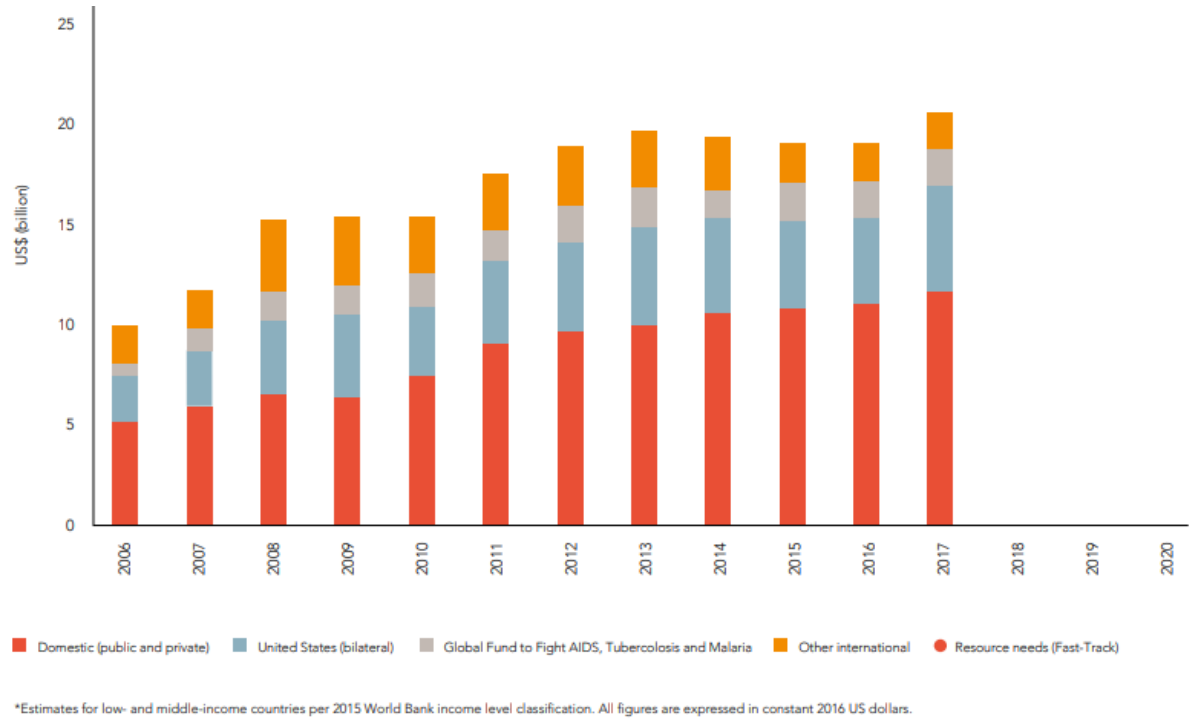
Fast-Track target: Overall financial investments for the AIDS response in low- and middle-Income countries reach at least US$ 26 billion with continued increase from the current levels of domestic public sources

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

Global overview

151. Efforts to achieve results for sustainable financing for the AIDS response continued to encounter substantial challenges. Funding levels have been stagnant, with HIV spending totalling US$ 20.6 billion (in constant 2016 US dollars) in 2017, in large part due to increased domestic investments. UNAIDS has estimated that the Fast-Track AIDS response will cost US$ 26.2 billion in 2020.

Figure 7. HIV resource availability in low- and middle-income countries (constant 2016 US dollars) by source of funding, 2000–2017 and 2020 target



Source: UNAIDS resource availability and needs estimates, 2018

Figure 8. Annual percentage change in HIV resource availability from international sources, constant 2016 US dollars, low- and middle-income countries, 2000–2017.

Source: UNAIDS resource availability and needs estimate, 2018

152. Investment trends vary significantly by region, however. HIV investment levels in eastern and southern Africa are already at the 2020 target levels and the region is nearly on track to reach the 2020 Fast-Track targets. But total HIV resources are well short of the 2020 investment targets in the Caribbean, eastern Europe and central Asia, the Middle East and North Africa, and western and central Africa.

153. Countries will need to become even more strategic and innovative in how they prioritize their investments for HIV, health and development, and the UN system will need to provide appropriate, targeted support. Greater integration among programmes will be important and there remains room to increase allocative and technical efficiencies that can boost the impact and sustainability of the AIDS response.

Joint Programme progress

154. The Joint Programme worked on multiple fronts in 2018 to strengthen sustainability, efficiency, innovation and integration in the AIDS response at global, regional and country levels. Funding transitions were a common concern. UNAIDS worked with the Global Fund and PEPFAR to address these challenges in countries and at the global level.

Indicator 7.1a: Percentage of countries with a HIV sustainability plan developed	2016 [N=90]	2017 [N=90]	2018 [N=90]	2019 milestone	Status
7.1a: The country has developed an HIV sustainability and/or transition plan	30%	34%	44%	**60%**	
	Countries that have developed an HIV sustainability and/or transition plan				
	2016 [N=27]	2017 [N=31]	2018 [N=40]		
The plan indicates sustainability-increasing domestic public investments for HIV over the years	96%	90%	90%	**60%**	
The plan has influenced policy and resource generation and allocation in the country	93%	87%	88%	**60%**	
The plan covers financial contributions from the private sector in support of the AIDS response	33%	39%	33%	**60%**	
Indicator 7.1b: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
A computerized monitoring system that provides district-level data on a routine basis, including key HIV service delivery variables (ART and PMTCT)	72%	74%	74%	**70%**	
The country tracks and analyses HIV expenditures per funding source and beneficiary population	64%	62%	64%	**70%**	
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)	73%	71%	73%	**70%**	
Indicator 7.2: Percentage of countries with scale-up of new and emerging technologies or service delivery models	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
Social media/information and communication technologies	77%	82%	79%	**50%**	
e-Health and/or m-Health tools for priority HIV services	46%	46%	47%	**50%**	
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression	60%	66%	73%	**50%**	

155. The proportion of countries with a completed HIV sustainability and/or transition plan continued to increase but was still well short of the 2019 milestone of 60%. When such plans are in place, they make a difference: in 87% of countries with HIV sustainability plans, the plans influenced policy and resource generation and allocation, and in 92% of the countries the plans were associated with increases in domestic public investment in HIV. The 2019 milestones for developing and using quality HIV investment cases were also met. The other indicator trends either held steady or declined slightly, reflecting the effect of reductions in external funding.

Securing sufficient funding for AIDS response

156. The World Bank used new financing mechanisms to leverage private investment for HIV and health more broadly. Orders for the first-ever International Development Association bonds reached US$ 4.6 billion, while International Bank for Reconstruction

and Development issuances generated more than US$ 350 million in additional private investment for the Sustainable Development Goals (SDGs), including health. Through its Multi-Donor Trust-Fund for Integrating Health Programs, the Bank also supported lower-middle-income countries to transition away from external funding for health and progress towards Universal Health Coverage (UHC). For example, through the trust fund, Health Financing System Assessments were conducted in countries including Kiribati, Myanmar, Nigeria and the Solomon Islands. In the Lao People's Democratic Republic, it leveraged US$41.4 million from other sources including IDA and the governments of Australia and Japan to strengthen health systems including HIV and TB services.

Transition readiness in Cambodia

A Transition Readiness Assessment was conducted under the leadership of the Sustainability Working Group, co-chaired by the National AIDS Authority and UNAIDS, with both technical and financial support from UNAIDS. The assessment identified major transition risks with respect to service delivery, roles of civil society, and costs and financing, wth salient evidence presented to support its findings.

Based on the findings from the Transition Readiness Assessment, a Sustainability Roadmap was developed which presented 13 transition risks and key actions and implementation steps to mitigate these risks. Cambodia is the first country in the region to conduct the Transition Readiness Assessment and develop a Roadmap for Sustainability of the national AIDS response. The Sustainability Roadmap was adopted by the Policy Board of the National AIDS Authority in December 2018 and will provide operational guidance for the development of the new national HIV multi-sectorial plan.

157. The integration of programmes and services is an important and challenging aspect of UHC, which the World Bank, among others, continued to support via its Multi-Donor Trust-Fund for Integrating Health Programmes and other schemes. As part of the Universal Health Coverage Africa plan, the World Bank and the Global Fund moved ahead with a five-year commitment to contribute US$ 24 billion to UHC in Africa. As funding transitions continue and more countries move towards UHC, the importance and the impact of the Joint Programme's support for service and programme integration will grow.

158. In addition, three global programmes led by UNDP supported 38 countries to boost their domestic investments for health and development, including for HIV, TB and noncommunicable diseases. In Uganda, for example, UNDP support for cross-sectoral co-financing and increased taxation of health-harming products contributed to a decision in 2018 to impose a 2% levy on alcohol sales, with the proceeds used to help finance increased domestic funding for the national AIDS programme.

Efficiency and effectiveness

159. The UNAIDS Secretariat and Cosponsors maintained a strong emphasis on supporting countries to prioritize high-impact locations, populations and programmes in their AIDS responses, which can help put resources to more effective and efficient use. Working with national partners, World Bank teams launched 20 allocative efficiency studies in 18 countries (including Bulgaria, Colombia, Mexico and Peru). In South Africa, the World Bank supported an HIV care cascade optimization analysis to increase allocative efficiencies. UNDP's policy and technical support to 10 countries in eastern Europe and central Asia brought results, including Montenegro's decision to earmark domestic funds for NGO-provided HIV-related services and Serbia's development of minimum services packages for HIV services to key populations.

160. The Joint Programme also pursued several innovative mobile and eHealth strategies to improve the efficiency and effectiveness of HIV interventions. UNICEF supported the introduction of eHealth tools such as the "Secret Client" mobile app in China, as well as a mobile phone app in India that provides HIV prevention information to adolescents. Indonesia began using a text-based model that is providing health services with HIV treatment data such as viral load counts. In South Africa, an impact evaluation by the World Bank found that a new smartphone app could significantly strengthen linkage to care for young people living with HIV if used widely enough.

Key challenges and future actions

161. Laser-like, country-driven focus on improving efficiency is essential and is slowly developing. However, much remains to be done. At present, efficiency and effectiveness is not a priority in most country plans and efforts to include it are challenging. There also is a continued challenge in supporting investment analyses due to limitations in data availability. In addition, especially in countries with high HIV disease burden, efficiency gains will need to come through innovative, technology-driven, streamlined implementation modalities.

162. Moreover, achieving HIV and UHC goals will require innovative, client-centred health systems and services that are participatory, predictive, personalized and pre-emptive. This entails concerted, aligned investments in innovations and digital health to 'connect the service-delivery dots.' Integration can also bring economic benefits, but further work is required to improve analytic understanding of what form and scope those benefits may take.

163. In generalized epidemics with low HIV incidence, addressing the 'long' epidemiological tail will take extraordinary effort and sustained resources. In many cases, even countries that have made exceptional progress towards the 2020 Fast-Track goals, will find covering the 'last-mile' to reach the 2030 targets much more difficult and will require a redoubling of efforts and increased use of innovation.

164. Success in domestic resource mobilization differs by country context. Overcoming current challenges will require differentiated planning sensitive to country context, use of incremental approaches, and heightened use of allocative efficiency improvements to streamline and strengthen service delivery and health outcomes.

165. The following cross-cutting themes will be areas of particular attention for the Joint Programme going forward, as the Secretariat and Cosponsors ramp up their support for efficiency-boosting activities:

- Advancing a sustainability framework. At the global level, this will require consistent,

clear global messaging on HIV/UHC integration as well as HIV and SRHR and attention in both settings to social drivers. At the country level, this entails support for differentiated approaches to domestic resource mobilization and incremental transitions.

- Re-invigorated leadership through the newly established thematic working group on efficiency, sustainability and effectiveness—with these efforts also replicated at the Regional Support Team level.
- Renewed and expanded focus on integration. This will include HIV-SRHR integration, but must also expand to creating integrated, client-centred health systems.
- Fostering understanding of and demand for efficiency, and providing help to support reallocation of funding and reach full-scale implementation.
- Measuring the differential cost-effectiveness of service delivery modalities in country contexts, and developing and implementing innovative service delivery modalities.
- Tapping into the untapped power of big data, artificial intelligence and technological innovations in health.

166. In addition, the Interagency Task Team on HIV in Humanitarian Contexts, which is co-convened by WFP and UNHCR, will also address issues pertaining to integration, collaboration, technical support and guidance and resource mobilization.

167. WHO will continue supporting countries to use its system-wide analysis approach and will synthesize key findings from an initial round of country experiences. UNICEF is working towards a three-tier programming and partnership framework that will include geographic and population prioritization, real-time monitoring, and intersectoral management information systems and digital social accountability elements. The World Bank will continue working with countries to make the best evidence-informed decisions about financing priorities so that comprehensive and multisectoral AIDS responses are equipped to meet the needs of diverse populations. UNDP will ensure HIV financing and programming opportunities are integrated in its broader global programmes for low- and middle-income countries. Examples include the programmes on cross-sectoral co-financing for the SDGs, strengthening national responses to non-communicable diseases (with WHO), and strengthening implementation of the WHO Framework Convention on Tobacco Control (FCTC) to achieve the SDGs (with the WHO FCTC Secretariat).

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNICEF	111,228	-	111,228
WFP	-	26,151	26,151
UNDP	305,293	838,778	1,144,072
UNDP GF	-	7,736,575	7,736,575
UNFPA	77,692	1,043,031	1,120,723
UNESCO	74,659	141,268	215,927
WHO	173,520	4,830,924	5,004,444
World Bank	2,283,359	3,128	2,286,487
Grand Total	**3,025,752**	**14,619,855**	**17,645,607**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNICEF	-	-	-	-	-	-	111,228	111,228
WFP	-		10,700	15,451	-	-	-	26,151
UNDP	-	163,678	290,065	-	138,851	274,722	276,755	1,144,072
UNDP GF	525,631	500,750	4,757,357	445,262	746,706	760,869		7,736,575
UNESCO	13,540	30,001	122,372	-		17,864	32,150	215,927
UNFPA	87,624	35,268	558,432	51,935	105,052	256,173	26,239	1,120,723
WHO	723,775	126,537	1,039,444	41,618	288,482	616,908	2,167,680	5,004,444
World Bank	413,348	546,889	867,690	250,580	27,800	180,180	-	2,286,487
Grand Total	**1,763,917**	**1,403,124**	**7,646,060**	**804,846**	**1,306,891**	**2,106,717**	**2,614,052**	**17,645,607**

SRA 8: HIV AND HEALTH SERVICES INTEGRATION

Fast-Track target:

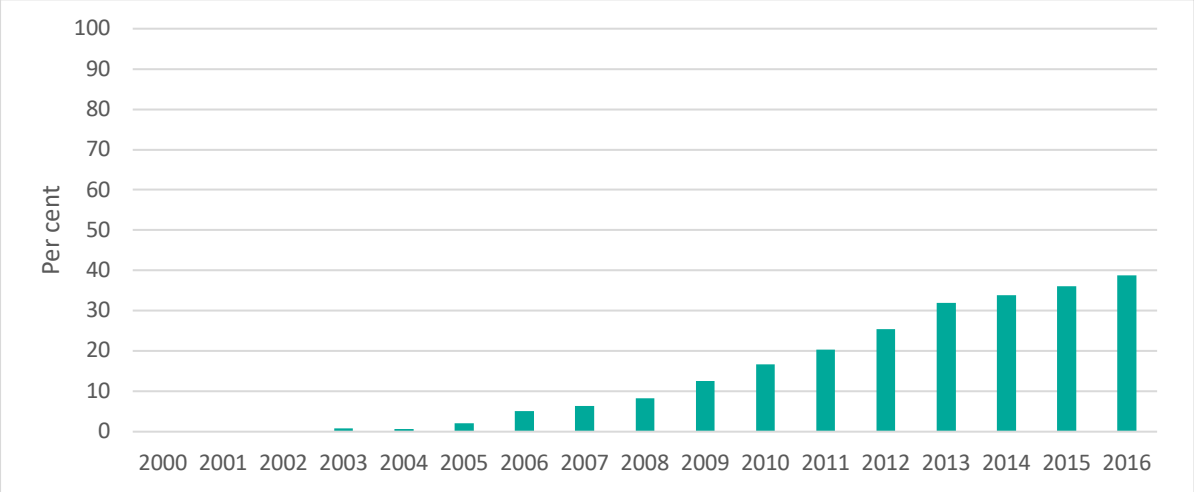
Strengthen national social and child protection systems to ensure that by 2020, 75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection

SRA 8: People-centred HIV and health services are integrated in the context of stronger systems for health.

Global overview

168. Many of the factors fuelling the HIV epidemic and affecting country responses lie outside the immediate reach of HIV and other health services. The long-term planning and sustainability of national AIDS responses is therefore increasingly linked to broader health programming (including UHC) and the Sustainable Development agenda. At the same time there is wide recognition that integration of HIV interventions with programmes for other sexually transmitted infections, TB, SRHR, viral hepatitis, mental health, food and nutrition, social protection, decent work and humanitarian programmes, among others, is vital if the AIDS response is to achieve a lasting impact.

Figure 9. Percentage of people living with HIV with incident TB who received treatment for both TB and HIV, global, 2000–2016



Source: 2017 Global AIDS Monitoring; Global tuberculosis report, 2017. Geneva: World Health Organization; 2017.

Joint Programme progress

169. The Joint Programme played a central role on multiple fronts during 2018 as countries integrated HIV services more fully with other health and developmental services, with people-centred approaches a priority. As a result, 2019 milestones for each of the integration indicators have been met or surpassed. By working with partners and stakeholders, performing assessments and providing tailored country support, UNAIDS also advanced the integration of HIV with other programmes and thematic areas, with a focus on humanitarian contexts, education, social protection, nutrition and access to decent work, among others.

Indicator 8.1: Percentage of countries delivering HIV services in an integrated manner	2016 [N=90]	2017 [N=90]	2018 [N=90]	2019 milestone	Status
HIV, SRH and gender-based violence services	68%	69%	72%	**70%**	•
HIV and TB	91%	86%	87%	**70%**	•
HIV and antenatal care	96%	96%	93%	**70%**	•
Indicator 8.2: Percentage of countries with social protection strategies and systems in place that address HIV	**2016 [N=90]**	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
The country has a national social protection strategy or policy	82%	81%	82%	**60%**	•
	Countries with a national social protection strategy/policy				
	2016 [74]	2017 [73]	2018 [74]		
The national social protection strategy or policy covers people living with HIV and affected by HIV	85%	85%	86%	**60%**	•
The national social protection strategy or policy covers orphans and vulnerable children	95%	93%	93%	**60%**	•
	2016 [N=90]	**2017 [N=90]**	**2018 [N=90]**	**2019 milestone**	**Status**
The national health insurance (and social health insurance where distinct), life or critical illness insurance cover people living with HIV	67%	69%	68%	**60%**	•
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV	65%	70%	75%	**60%**	•

Delivering integrated services

170. Integration of HIV services is strongest with TB services and antenatal care services. The Joint Programme ensured that the importance of integrated services for TB, HIV and related health issues was on the agenda at the first-ever UN High-Level Meeting on TB in September 2018. Global Fund Multi-Country Western Pacific Integrated HIV/TB Programme worked to increase access to the diagnosis and treatment of TB (including multidrug resistant TB) and HIV and TB co-infection.

171. Indonesia was one of several countries where Cosponsors systematically supported the integrated provision of HIV and SRH services. There the World Bank's Supporting Primary Health Care Reform Project trained and deployed 499 special health worker teams to ensure that pregnant women seeking antenatal care also receive HIV screening and family planning services.

172. The integration of HIV and cervical cancer services also expanded. Globally, 74% of 120 reporting countries now include cervical cancer screening in their national HIV-treatment guidelines. Linking cervical cancer screening and HIV services is cost-effective and can be done at scale. Although this form of integration is still most

common in high-income countries, it is increasing in eastern and southern Africa, the Caribbean and Latin America.

Nutrition in Cameroon

In 2018, WFP Cameroon continued the implementation of its Nutrition Assessment and Counselling Support (NACS) for malnourished people living with HIV on ART/TB treatment in crisis-affected regions. WFP Cameroon, via its Bertoua and Meiganga sub-offices, used health centres and district hospitals to provide nutrition support to 1 737 malnourished people living with HIV from both refugee and host populations living in the East and Adamawa regions – main hosting areas for refugees from the Central African Republic (224 children aged 6-59 months). A total of 137 088 tons of supercereal with sugar, enriched vegetable oil and supercereal plus were distributed to adults and children as monthly nutritional supplements. Average performance indicators recorded an annual nutritional recovery rate of 95.5%; death rate of 2.4%; and non-response rate of 2.1%. Defaulter rates declined from 14% in 2016 to 1.08% in 2017 and 0% in 2018. In 2018, the programme was extended to three more HIV treatment and care units, bringing the total to nine. These improvements are largely thanks to the positive effects of the continuous provision of food supplements without pipeline breaks, as testified by clients.

In addition, WFP organized capacity building workshops on community NACS, targeting 21 associations of people living with HIV to improve the provision of malnutrition prevention activities in the community. Associations were trained on key messages for counselling on good nutrition and hygiene practices.

Over 29 000 young people, adolescents and adults living with HIV on treatment (ART/TB/PMTCT clients) benefitted from monthly nutrition education sessions to prevent acute malnutrition and to support those already malnourished with messages to overcome their situation.

173. WFP worked with governments in 18 African countries to integrate food and nutrition programmes with HIV/TB programmes to improve household health and strengthen treatment adherence. In Malawi, WFP screened more than one million adolescents and adults for malnutrition; 10% were found to be either moderately or severely malnourished. Working with the Malawian Government, WFP provided more than 100 000 undernourished adolescents and adults (90% of who were receiving ART and/or TB treatment) with nutritious food and conducted NACS throughout the year.

174. In Eswatini, WFP, in collaboration with the Government of South Africa, provided nearly 54 500 pre-school orphans and other vulnerable children with meals, and then partnered with the PEPFAR-funded Emergency Drought Relief project to provide nutrition support to HIV-affected people at 86 clinics in the most food-insecure areas. In Ethiopia, it added recommendations related to key populations and refugees to its national Fresh Food Vouchers programme, and in Djibouti and Kenya, it carried out

assessments to identify opportunities for improving the social integration of people living with HIV.

Social protection strategies that address HIV

175. A majority of countries with a Joint Programme presence reported having national social protection strategies, with most of the strategies covering people living with or affected by HIV. But national health or life insurance that covers people living with HIV was much less common.

176. In addition to improving people's wellbeing, social protection programmes have been shown to reduce HIV risk and make it easier for people to use HIV and other health services, while improving HIV prevention, treatment and care for beneficiaries.[34] [35] The Joint Programme supported the integration of HIV services and social protection schemes and the assessment of their impact, including in Lesotho, Namibia, Uganda and the United Republic of Tanzania.

177. The ILO and other Cosponsors provided targeted support to 94 countries to develop their social protection systems (including 24 in sub-Saharan Africa, and 17 in each of Asia and Latin America), using tools and guidance prepared by the Secretariat. The ILO worked with the UNAIDS Secretariat and national partners in the United Republic of Tanzania to assess whether social protection policies take account of the HIV epidemic. This yielded recommendations that are being used to revise the national social protection policy. Zimbabwe was able to draw on the findings of an ILO-supported social protection sector review to guide the development of its social protection system over the next five years. In Kenya, the ILO and other UN agencies, working through an United Nations Development Assistance Framework mechanism, supported the government's expansion of social protection programmes.

178. The Joint Programme continued its collaboration with the PEPFAR DREAMS initiative, which combines social protection interventions with “conventional” HIV activities to protect and support adolescent girls and young women in 15 countries.[36] HIV diagnoses among adolescent girls and young women have declined in the vast majority of the highest HIV burden communities/districts that are participating in the DREAMS partnership.[37]

179. In addition, the Inter-Agency Task Team on Social Protection, which is co-convened by the ILO and WFP, served as a global multi-stakeholder platform for gathering evidence and making policy recommendations to link people affected by HIV with social protection programmes. Several key publications were launched in 2018 to support that work, including Social protection: A Fast-Track commitment to end AIDS guidance for policy-makers, and people living with, at risk or affected by HIV.

180. The World Bank's financing and other support resulted in cash transfers reaching more than 500 000 people in Rwanda (with a focus on improving early childhood development). It also enabled increased funding for social protection programmes in

[34] Bastagli F, Hagen-Zanker J, Harman L, Barca V, Sturge G, Schmidt T. Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features. London: Overseas Development Institute; 2016.
[35] Food and Agriculture Organization of the United Nations, United Nations Children’s Fund. From evidence to action: the story of cash transfers and impact evaluation in sub-Saharan Africa. Oxford: Oxford University Press; 2016.
[36] Botswana, Côte d'Ivoire, Eswatini, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. Together those countries account for over half of all HIV infections among adolescent girls and young women globally.
[37] PEPFAR latest global results. Fact Sheet. Washington DC: PEPFAR; November 2018.

Bangladesh (with a target of reaching 6 million people by 2023) and the expansion of Egypt's Takaful and Karama cash transfer programme (which in 2018 reached 9.4 million people in 2.3 million households).

181. UNESCO, UNICEF and the World Bank supported programmes to enable girls to enrol and remain in school (which has been shown to significantly reduce their HIV risks) or to receive information technology-based or non-formal education. In Zambia, World Bank support reached 50 000 girls and young women from very poor households and enabled 16 000 to cover their school fees. The UNAIDS Secretariat, UNFPA and UNICEF's support to the Global Fund grant implementation in Namibia resulted in the development of a minimum package of care, including access to conditional cash transfers.

182. UN Women helped improve sustainable livelihoods for women affected by and living with HIV through financial literacy education and economic resources.[38] In Uganda, for example, young women and girls living with HIV in four targeted rural districts were organized into small business associations; they are now using their incomes to run small savings and loan schemes to support other households. UNICEF's activities included the provision of technical and financial support for social policy interventions focusing on adolescents living with HIV and key populations in Botswana, Malawi, Nigeria, the Philippines, Uganda, the United Republic of Tanzania and Zimbabwe. In Cameroon, the livelihoods of 500 vulnerable people living with HIV graduating from nutrition support strengthened their households and improved resiliency using the Village Saving Loan Associations model implemented by WFP.

Key challenges and future actions

183. Integration efforts can broaden further across systems and sectors. Along with adequate funding, expanded integration requires embedding HIV expertise in a range of other health and development programmes. Limited funding for HIV is hindering agencies' capacities to implement new HIV-sensitive programmes and make social protection programmes more inclusive. Experience is showing that integration of HIV services often falters once HIV funding and staffing support diminishes.

184. The Joint Programme will continue to foster high-level support for integration and for HIV-responsive social protection programmes—through generating evidence, advocacy, coordination support and via the Inter-Agency Task Team for Social Projection. Expanding the HIV-sensitive social protection programmes at country level to be inclusive, particularly of key populations and unpaid care work in the context of HIV, will be a priority, with Joint UN Teams playing key roles. UNAIDS will continue to explore the synergies between the social protection floors and UHC at the global, regional and country levels. UNAIDS will also continue collaborating with the Global Fund and PEPFAR to integrate social protection in the AIDS response. Evidence of the long-term savings and multifaceted returns on investments in social protection programme will be shared.

[38] Including in the Democratic Republic of Congo, Jamaica, Kenya, Kyrgyzstan, Mali, Mozambique, Nepal, Nigeria and Uganda.

Expenditure and encumbrances

Table 1
Expenditure and encumbrances by funding source (US$)

Organization	Core	Non-core	Grand Total
UNICEF	517,977	12,244,353	12,762,331
WFP	1,149,105	5,313,075	6,462,180
UNDP	191,147	-	191,147
UNDP GF		26,864,256	26,864,256
UNFPA	436,022	8,483,084	8,919,107
ILO	242,668	566,257	808,925
UNESCO	37,508	-	37,508
WHO	289,485	4,848,142	5,137,627
World Bank	874,541	2,436,541	3,311,082
Grand Total	**3,738,453**	**60,755,709**	**64,494,162**

Table 2
Expenditure and encumbrances by region (US$)

Organization	AP	EECA	ESA	LAC	MENA	WCA	Global	Grand Total
UNICEF	1,517,812	722,207	3,867,519	605	36,137	6,544,484	73,566	12,762,331
WFP	111,570		4,778,282	186,106	32,265	565,537	788,420	6,462,180
UNDP	-	-	-	-	55,752	-	135,395	191,147
UNDP GF	3,190,475	4,113,521	11,074,980	3,387,984	2,047,883	3,049,413		26,864,256
ILO	46,904	-	264,921	15,966	-	177,463	303,671	808,925
UNESCO	-	-	-	-		-	37,508	37,508
UNFPA	767,856	335,464	4,499,197	472,885	557,189	1,995,080	291,435	8,919,107
WHO	714,234	150,327	1,015,756	28,466	280,225	604,188	2,344,431	5,137,627
World Bank	764,254	140,240	1,275,230	323,621	29,968	777,769	-	3,311,082
Grand Total	**7,113,106**	**5,461,758**	**26,775,885**	**4,415,634**	**3,039,420**	**13,713,934**	**3,974,426**	**64,494,162**

FINANCIAL INFORMATION

Table 1
Expenditure and encumbrances against total core funds by organization (in US$)

Organization	Budget				2018 Core expenditure & encumbrances	% Implementation
	Balance from 2016-2017 allocation	2018 Core Global allocation	2018 Country Envelope	TOTAL BUDGET		
UNHCR	-	2,000,000	559,700	2,559,700	2,489,885	97%
UNICEF	3,755,950	2,000,000	4,924,100	10,680,050	7,743,619	73%
WFP	1,242,500	2,000,000	1,039,300	4,281,800	2,644,351	62%
UNDP	1,795,058	2,000,000	2,151,900	5,946,958	5,134,835	86%
UNFPA	3,043,145	2,000,000	3,692,050	8,735,195	7,915,537	91%
UNODC	381,653	2,000,000	1,404,250	3,785,903	3,487,772	92%
UN Women	1,863,732	2,000,000	901,300	4,765,032	3,271,004	69%
ILO	1,024,277	2,000,000	800,900	3,825,177	3,144,481	82%
UNESCO	1,730,673	2,000,000	1,300,450	5,031,123	3,773,216	75%
WHO	4,696,693	2,000,000	4,976,050	11,672,743	9,695,539	83%
World Bank	1,924,102	2,000,000	140,000	4,064,102	3,978,770	98%
Secretariat	-	140,000,000	-	140,000,000	131,705,816	94%
Grand Total	**21,457,783**	**162,000,000**	**21,890,000**	**205,347,783**	**184,984,827**	**90%**

Table 2
Expenditure and encumbrances against 2018 country envelope funds by organization (in US$)

Organization	2018 Country envelope budget	2018 Expenditure and encumbrances	% implementation
UNHCR	559,700	489,885	88%
UNICEF	4,924,100	3,616,511	73%
WFP	1,039,300	518,216	50%
UNDP	2,151,900	1,530,909	71%
UNFPA	3,692,050	3,692,050	100%
UNODC	1,404,250	1,115,416	79%
UN WOMEN	901,300	703,234	78%
ILO	800,900	634,343	79%
UNESCO	1,300,450	1,002,207	77%
WHO	4,976,050	3,311,376	67%
World Bank	140,000	140,000	100%
Grand Total	**21,890,000***	**16,754,147**	77%

* The total 2018 country envelope allocation was US$ 22 million. The International Organization for Migration (IOM), a non-Cosponsoring organization, received US$ 110,000 for Guatemala (US$ 18,000) and South Sudan (US$ 92,000) due to IOM's specific role within the context of the two countries' Joint UN Team on AIDS.

Table 3
Expenditure and encumbrances vs. 2018 estimated non-core funds by organization (in US$)

Organization	Estimated 2018 non-core funds	2018 Non-core expenditure and encumbrances
UNHCR	25,870,650	25,856,932
UNICEF	95,700,000	68,594,416
WFP	27,757,400	17,790,606
UNDP	7,750,000	10,663,102
UNDP (Global Fund)	-	197,491,525
UNFPA	50,486,400	49,069,404
UNODC	3,825,900	5,878,234
UN WOMEN	2,700,000	7,392,722
ILO	4,350,000	4,597,584
UNESCO	5,616,200	10,959,672
WHO	70,350,000	43,926,907
World Bank	4,250,000	4,362,545
Secretariat	20,000,000	39,935,593
Grand Total	**318,656,550**	**486,519,241**

Table 4
Expenditures and encumbrances against core and non-core funds by region (in US$)

Region	Core	Country envelope	Non-core	Grand Total
AP	16,147,995	3,110,416	39,020,379	58,278,790
EECA	7,641,532	914,600	26,795,828	35,351,960
ESA	28,772,099	6,184,628	243,342,087	278,298,814
LAC	10,299,350	1,493,331	21,983,477	33,776,158
MENA	3,867,284	602,516	24,000,397	28,470,197
WCA	21,740,283	4,448,656	75,191,321	101,380,260
Global	79,314,378	-	56,185,751	135,500,129
Grand Total	**167,782,920**	**16,754,147**	**486,519,241**	**671,056,308**

Table 5
Expenditure and encumbrances against core and non-core funds by Strategy Result Area (in US$)

Strategy Result Area	Core *	Non-core	Total
SRA 1: HIV testing and treatment	9,721,977	218,508,463	228,230,440
SRA 2: Elimination of mother-to-child transmission	458,210	23,709,046	24,167,257
SRA 3: HIV prevention and young people	7,623,474	47,385,516	55,008,990
SRA 4: HIV prevention and key populations	5,542,807	31,441,117	36,983,924
SRA 5: Gender inequalities and gender-based violence	3,411,154	23,732,664	27,143,818
SRA 6: Stigma, discrimination and human rights	2,321,276	26,431,279	28,752,556
SRA 7: Investment and efficiency	3,025,752	14,619,855	17,645,607
SRA 8: HIV and health services integration	3,738,453	60,755,709	64,494,162
Grand Total	**35,843,104**	**446,583,649**	**482,426,753**

* This does not include expenditures against country envelope funds

Table 6
Core Expenditures and encumbrances by Secretariat Function (in US$)

Secretariat Function	Budget	Expenditures and encumbrances	% implementation
S1: Leadership, advocacy and communication	33,830,500	31,994,945	95%
S2: Partnerships, mobilization and innovation	30,079,000	27,881,548	93%
S3: Strategic information	15,887,500	14,192,545	89%
S4: Coordination, convening and country implementation support	32,422,000	30,053,338	93%
S5: Governance and mutual accountability	27,781,000	27,583,441	99%
GRAND TOTAL	**140,000,000**	**131,705,816**	**94%**

Table 7
Expenditures and encumbrances vs. 2018 estimated non-core funds by Secretariat Function (in US$)

Secretariat Function	Estimated 2018 non-core funds	Expenditures and encumbrances
S1: Leadership, advocacy and communication	7,015,000	4,142,715
S2: Partnerships, mobilization and innovation	3,337,500	12,894,031
S3: Strategic information	3,442,500	4,280,528
S4: Coordination, convening and country implementation support	5,555,000	17,533,990
S5: Governance and mutual accountability	650,000	1,084,329
GRAND TOTAL	**20,000,000**	**39,935,593**

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