UNAIDS 2021

UNAIDS Secretariat

Unified Budget Results and Accountability Framework (UBRAF) 2016-2021

Organizational report 2020

Contents

The UNAIDS Secretariat drives the global AIDS agenda and mobilizes political commitment and resources for the response to AIDS. The Secretariat's core roles and functions encompass UNAIDS' recognized strengths: leadership, advocacy, partnerships, convening power, strategic information, including global monitoring of progress, community mobilization, UN coordination including through Joint UN Teams on HIV/AIDS for country implementation, and inclusive governance and mutual accountability.

The UNAIDS governance structure comprises Member States, UNAIDS Cosponsors and representatives of nongovernmental organizations, uniquely positioning UNAIDS to assemble and leverage a diverse set of stakeholders for transformative and inclusive dialogues and action at global, regional and national-level action. The Secretariat works across all result areas in collaboration with convening Cosponsors, according to the UNAIDS Division of Labour and many other stakeholders. Secretariat functions at all levels, extend across the 20 UBRAF outputs and supports overall Joint Programme achievements.

Despite limited resources, the Joint Programme, led and facilitated by the Secretariat, reached a broad scope in 2020, with 96 functional Joint Teams on AIDS in six regions (their reports are available in the UNAIDS Results and Transparency Portal).[1]

In the context of the COVID-19 pandemic, the Secretariat ensured an agile response to both HIV and COVID-19, introducing flexibility in funding through reprogramming, and employing its architecture, including Cosponsors and partners and decades-long experience in the HIV response, to ensure rapid transfer of vital skills towards the new pandemic, while ensuring that HIV remained at the centre. In the context of the ongoing threat of COVID-19, emphasis has been placed on mitigating impacts on HIV programmes and most affected populations, improving capabilities and preparedness in advance of high intensity epidemic waves that particularly impact fragile health systems.

S1. Leadership, advocacy, and communication

Sustaining global, regional and national commitments to AIDS as an integral part of the SDGs

The Joint Programme ensured continuous leadership of the HIV response strategically and regularly engaging with key leaders and stakeholders, including Heads of State and Heads of Government to sustain political commitment and action on HIV. Political commitment for HIV was sustained through the Joint Programme's prominent advocacy and contributions at the UN General Assembly, the World Health Summit, AFRAVIH 2020, HIV 2020, AIDS 2020, the

[1] https://open.unaids.org

2020 Interfaith HIV Conference, and through Executive Director's missions to South Africa and Papua New Guinea in 2020.

By the end of November 2020, the UNAIDS Secretariat had led a series of high-level advocacy engagements with governments and other stakeholders and, despite the COVID-19 pandemic, the virtual launch of the World AIDS Day report and World AIDS Day commemoration in many countries, brought global, regional and national attention on interlinkages between HIV, health, inequalities including human rights and gender-related, social protection and economic growth. The integration of HIV was prominent at the 2020 African Union general assembly and other bilateral events, sustaining momentum as a priority within the Africa Centre for Disease Control, NEPAD, Africa Peer-Review Mechanism, UN Economic Commission for Africa, Pan African Parliament, Organization of African First Ladies, and the United Nations Office to the African Union.

The outline and result areas of the new Global AIDS Strategy 2021–2026 were adopted as a decision point by AIDS Watch Africa experts in November 2020, paving the way for the Strategy to be endorsed at the African Union Heads of States Summit in February 2021, and in preparation of a Common Africa Position ahead of the negotiations for the June 2021 United Nations General Assembly High-Level Meeting and updating of the *African Union Catalytic Framework on HIV, TB and Malaria*.

Advocacy efforts during 2020 focused on the intersections of the HIV and COVID-19 pandemics, leveraging lessons learned from the HIV response for COVID-19 and for pandemic preparedness—particularly around human rights, inequality and community-led responses. Comprehensive, people-centred and inclusive services were sustained by adopting and/or accelerating innovative approaches, fast-tracking financing mechanisms, resolving bottlenecks, promoting equitable access to COVID-19 vaccines, diagnostics and therapeutics and emphasizing community-led and human rights-based approaches.

In support of the urgent need for access to vaccines by all countries, the UNAIDS Secretariat co-leads the People's Vaccine Alliance, a coalition of more than 50 organizations, advocating for COVID-19 vaccines as a global public good. Currently, high-income countries have benefited most from access to vaccines and therapeutics for COVID-19. The Alliance includes a focus on temporary waiver of intellectual property rights to the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights. This follows the successes achieved in overcoming patent barriers for HIV treatment, which continue to save the lives of millions of people. UNAIDS is well-positioned to support this initiative.

Diverse communication activities and outputs have supported UNAIDS Secretariat's advocacy global outreach on key progress, needs and gaps placing people at the centre, including for example, reports, advocacy documents, brochures, infographics, press releases,

op-eds, dedicated web pages, social media posts, videos and other communication products that highlight key data, important discussion points and themes. This response builds on decades of strategic communication, which has also been relevant in the COVID-19 context where misinformation and disinformation have prevailed in many instances. Significant coverage was achieved in leading global and many national news outlets, and support was provided to leaders through briefings and summaries to assist with consistency of messages and preparation for impactful interviews.

Strategic storytelling on progress and gaps in the global and national HIV responses in many countries highlights the voices, needs, successes and challenges of countries and communities. These are regularly featured on UNAIDS websites, recently including eight cases studies on UNAIDS achievements through the Results and Transparency Portal, support to bilateral discussions with donors through PCB members, and through dialogues at country and regional level.

Boosting prevention including through the Global Prevention Coalition

The Global Prevention Coalition has reframed the HIV prevention response around priority populations and higher impact interventions and has brought HIV prevention back to the global agenda. This shift is reflected in the prioritization of HIV prevention by the Global Fund and the political commitment of 28 coalition countries. This orientation follows the boosting of the profile and leadership role of the Secretariat on prevention through an external review commissioned by the Coalition Secretariat in 2020, which found that the Coalition has succeeded in elevating primary HIV prevention at the global level—including among international donors—and has strengthened primary HIV prevention leadership and management at country level.

The Secretariat has actively supported the work of the Coalition. Countries have made impressive progress in strategic planning design and monitoring of HIV prevention programmes. Of the 28 countries that had completed a needs assessment, all but one had a prevention strategy in place, and all had developed prevention targets or were busy preparing them. Financial gap analysis relative to needs of HIV prevention programming was achieved in more than two-thirds of Coalition countries. Key elements of combination HIV prevention across the five pillars have been strengthened.

Working with Regional Support Team for eastern and southern Africa, the Coalition Secretariat conducted regional consultations on best practices for engaging men and boys and developed a *Framework on acceleration of HIV services among men and boys*. It created a platform for best practices exchanges through a Webinar Series on engaging men and boys working with key partners including the MenStar Coalition and its partners, government programme managers, donors and CSOs.

Advancing gender equality and empowerment of women

UNAIDS has been a consistent, clear voice and advocate within and outside the UN system for an inclusive, rights-based, nonbinary approach to gender and development and for the rights and needs of people living with HIV. To mark Beijing+25, which commemorated the 25th anniversary of the Beijing Declaration and Platform for Action of 1995, the UNAIDS Secretariat published *We've got the power—Women, adolescent girls, and the HIV response*. Dedicated to the women leaders and allied community mobilizers, it highlights that no country has achieved gender equality to date and paths to gender equality and equity. The UNAIDS Secretariat, similarly, completed its forward-looking internal assessment on its work on gender-based violence and addressed the inter-linkages with HIV in the framework of Beijing+25 and accountability for these commitments. The mid-term evaluation of the UNAIDS Secretariat Gender Action Plan 2018–2023 will also be conducted this year. It will assess the progress and trends in key targets and what needs to be changed in the remaining period up to 2023.

A series of campaigns highlighting intersecting elements of the HIV response and calling for global solidarity and shared responsibility, resonated globally. World AIDS Day, International Women's Day and Zero Discrimination Day were all used to deliver key messaging on the importance of zero discrimination against women and girls and other vulnerable or marginalized communities facing inequalities and to call for ending discrimination, stigmatization and criminalization. The World AIDS Day Report 2020 shed particular light on key gaps and inequities, leadership and policy bottlenecks, and opportunities for strengthening commitment to ending AIDS in every region.

Advancing inclusion and human rights

The Secretariat, with many Cosponsors, continued its advocacy at the global, regional and country level on removing HIV-related human rights barriers, including for human rights-based approaches to sex work in human rights norms and standards and in domestic law reform. International webinars were organized during the High-Level Political Forum on the SDGs and for International Human Rights Day on the need for action on criminal law.

The UNAIDS Secretariat supported the 2019–2020 UN Disability Inclusion Strategy and contributing to Secretariat-wide efforts in enhancing disability inclusion in UNAIDS structures and programmes. A focus group with key stakeholders generated recommendations for the new UNAIDS strategy to improve HIV programmes for people with disabilities. A question to assess disability was included in a UNAIDS staff survey for the first time. A focus group discussion with 40 experts on prisons and closed settings, including formerly incarcerated people, provided inputs into the new UNAIDS Strategy in 2020.

UNAIDS framed its global humanitarian action on the objectives of the "Grand Bargain" agreement as the means to reach the SDGs and emphasized location and community action. Examples of action taken include the response in Mozambique, where 42% of people who had been cut-off from essential health care due to successive crises were able to resume treatment and access local-level protection services, thereby averting new HIV infections. UNAIDS support also helped establish a call centre for people living with HIV caught up in heavy flooding in Zimbabwe, to ensure links to resources and services were maintained.

S2. Partnerships, mobilization and innovation

Fostering partnerships for effective, equitable, sustainable response

Strategic partnerships supported action and innovation that allowed sustained response to HIV priorities while also being adaptive to the needs imposed by the emerging COVID-19 pandemic. The Secretariat's support to community-led responses saw rapid acceleration and culminated in the development of a new Result Area in the new Global AIDS Strategy 2021–2026, including diverse core work to strengthen community-led responses. Through technical support, community systems strengthening modules were included in country funding requests to the Global Fund, and partnerships supported capacity building for community-led technical assistance to expand the reach of the Stigma Index across regions.

The UNAIDS Secretariat strengthened its partnership with parliamentarians and parliamentary networks and leveraged political platforms such as the Inter-Parliamentary Union and World Economic forum for advocacy and greater HIV visibility and in support of the SDGs, global health and a people's vaccine. The Secretariat managed several cooperation agreements with external partners such as the African Union and International Development Law Organization.

Faith partners—including religious leaders, faith communities, and faith-based organizations—are key actors in all areas of the HIV response. To leverage their global and country leadership and maximize their potential for sustainable involvement, the 2020 HIV Interfaith Conference on Resilience and Renewal approved the Commitments to Action by individual and group partners. A 13 Million Campaign was launched to promote access to services for the 13 million children, women and men living with HIV who are not yet on ART. The Conference established the Interfaith Health Platform to support capacity building, awareness raising and joint advocacy among faith partners engaged in HIV. The Platform will include best practices models for a more effective HIV response.

The Secretariat has engaged the private sector to support the COVID-19 response. Through its Regional Support Team in eastern and southern Africa, it partnered with Reckitt Benckiser and facilitated distribution of sanitation packages for networks of people living with HIV across

Africa, Asia and the Middle East. The total contribution was valued at around US$ 4 million. The Secretariat also facilitated a partnership with Reckitt Benckiser to engage youth-led solutions for sexual health.

To implement the UN Common Position on Drugs, the Secretariat fostered partnerships through the Inter Agency Task Team on the Common Position, the Global Strategic Advisory Group on Drugs, UNODC, networks of people using drugs and CSOs. The partnerships bring visibility and scale up efforts on the provision of integrated health, human rights-based approaches to decriminalization, harm reduction and stigma reduction for people who inject drugs in all settings. The Secretariat also led advocacy on and regional partnerships with experts on tackling drug dependence issues and fostering a more people-centred and human rights-based approach, including a transition from compulsory centres for drug users towards voluntary, evidence-based treatment and care services that are aligned with international standards.

Community engagement and civil society support

UNAIDS has consistently advocated for more meaningful involvement of communities in decision-making processes in countries, and which the Secretariat has actively pursued at all levels (e.g. in Global Fund Country Coordination Mechanisms). Cosponsors influenced discussions on global health architecture and support to aid effectiveness, which is exemplified in the unique Joint Programme's model, and the Secretariat further promoted effective coordination and mutual accountability. UNAIDS provided technical guidance and leadership to ensure the inclusion and positioning of civil society engagement, and an emphasis on the seven accelerators and overall commitment to gender equality.

To support the operationalization of the community-led monitoring principle, the UNAIDS Secretariat produced a set of tools for generating information at community level, which led, for example, to the empowerment of affected people at Kigoma Refugee Camp in the United Republic of Tanzania. A collaborative partnership between the Civil Society Institute for HIV and Health in West and Central Africa and UNAIDS Secretariat contributed to advance the engagement of civil society actors in western and central Africa.

In 2020, the UNAIDS Secretariat mobilized US$ 10 million to support civil society action. Recipients of this amount were AIDS Infoshare, the Robert Carr Fund, Venezuelan Civil Society and faith-based organizations. In addition, the Secretariat spent US$ 1.43 million to support the work of civil society organizations (CSOs) from its core resources. This amount represents 7% of the Secretariat's core activity budget.

Achieving UHC is one of the targets in the SDGs. In support of this initiative, the voice of the HIV community has been reflected through community and civil society consultations on the *UHC state of commitment report* in Kazakhstan and Viet Nam, supported by UNAIDS

Secretariat offices in partnership with International Federation of Red Cross and Red Crescent Societies (IFRC), UHC2030 and the Civil Society Engagement Mechanism. Translations of the *UHC state of commitment report global survey* helped civil society from Chinese and Arabic-speaking countries to voice their concerns.

Optimizing Global Fund and PEPFAR investments

The UNAIDS Secretariat and Cosponsors are key partners in Global Fund and PEPFAR strategic planning for investments at all levels and supporting effective implementation of those in countries. In 2020, the Secretariat's leadership and coordination with Cosponsors ensured engagement of the Global Fund and PEPFAR to align evidence-informed actions and resources for impact in countries and optimize these partnerships to ensure equitable distribution of global public goods critical for ending AIDS. The Secretariat coordinated the Joint Programme's strategic input during the development of the Global Fund post-2022 strategy.

The Secretariat continued to play a critical role in optimizing Global Fund investments through active engagement in its governance and strategy committees as well as through active engagement and contribution to country coordinating mechanisms in about 70 countries to deliver on their responsibilities to develop quality funding requests for impact, monitor grant implementation and resolve barriers impeding scale-up of services. Similarly, the Secretariat actively collaborated with PEPFAR and contributed to the development of its Country and Regional Operational Plan guidance for PEPFAR country teams and the related planning process—including by providing HIV strategic information and estimates, specific strategic policy and technical inputs, and by supporting community engagement.

The Secretariat, together with Cosponsors, facilitated inclusive and effective country dialogue (including active community engagement and participation) during the preparation of funding requests for the Global Fund funding period 2020–2023. In many cases, this included the provision of technical assistance for the incorporation of systems to enhance service delivery and accountability. They also brought comprehensive and in-depth knowledge of data-driven national HIV responses; political advocacy; integrated policy guidance including for innovative approaches; coordinated technical support for evidence-informed strategic planning for impactful funding requests; facilitation and resolution of bottlenecks; promotion of sustainable financing through domestic resources mobilization; promotion of social contracting and gaining implementation efficiencies; development and implementation of sound monitoring and evaluation; and community engagement and support for community-led responses.

The Secretariat also proactively identified country-level emerging programme and policy issues of importance for Global Fund and PEPFAR policies and programmes, successfully promoting specific policy changes and supporting effective mechanisms for regular exchange of strategic country-level information at regional and global levels to inform policy

development, advocacy, and coordination of technical support. UNAIDS and cosponsors supported 21 out of 23 funding Global Fund funding requests for HIV in Window 1 (91%), and 29 out of 38 in Window 2. For Window 1, 96% of funding ($2.01 billion out of US$ 2.1 billion) went to countries that received support from UNAIDS and cosponsors.

The Secretariat facilitated effective coordination with other stakeholders to promote robust country planning and implementation processes with efficient and effective complementary alignment of Global Fund and PEPFAR investments, advance joint and coordinated programming, implementation addressing policy implementation bottlenecks, and reporting aligned with national priorities, systems and processes.

HIV prevention was a key programmatic area of collaboration. In response to declining condom use, the UNAIDS Secretariat provided extensive support to countries in strengthening condom components of Global Fund grants and reviewed proposals of 30 priority countries. In parallel, the Global HIV Prevention Coalition Secretariat continued its advocacy with the Global Fund to push for investments in quality condom programmes and strengthening the management of these programmes at country level. A key result was the Global Fund's decision to add condom programming among the strategic initiatives for the 2020–2022 cycle. Four countries (Malawi, Mozambique, Uganda and Zambia) are receiving US$ 10 million as part of this initiative for systematic change in their condom programming.

Education plus initiative—empowerment of adolescent girls and young women in sub-Saharan Africa

In 2020, the UNAIDS Secretariat worked with agency co-leads to develop the inception phase and partnerships for the Education Plus Initiative for the Empowerment of Adolescent Girls and Young Women in sub-Saharan Africa. This initiative, first announced by the UNAIDS Executive Director at the Nairobi Summit in November 2019, is spearheaded by the UNAIDS Secretariat and UNESCO, UNICEF, UNFPA and UN Women. This new initiative responds to the urgency of effectively addressing the alarming numbers of adolescent girls and young women acquiring HIV and dying from AIDS, among other threats to their survival, well-being, human rights and fundamental freedoms. In 2019, every week, around 5,500 young women aged 15–24 years acquired HIV. In sub-Saharan Africa, five in six new infections among adolescents aged 15–19 years occur among girls.

The Education Plus initiative is a rights-based, gender-responsive action agenda to ensure adolescent girls and young women have equal opportunities to access quality secondary education, alongside key education and health services and supports for their economic autonomy and empowerment. It will foster an enabling environment for adolescent girls and young women to enjoy safe and fruitful learning experiences, and to thrive while paving their way to vibrant futures. It challenges government decision-makers at the highest levels to model leadership and fulfil their essential duties to realize every girl's rights to health and

education. It brings added pressure to persuade governments to roll out universal secondary education, free for girls and boys.

Technological innovations for health equity

To successfully leverage the potential of technologies and innovation at scale to achieve health equity, the Secretariat fostered ownership and investment by global policy makers, governments, and global agencies. The Health Innovation Exchange provided a niche space connecting implementers, decision makers, investors and cutting-edge innovations in health. An “Accelerator Platform” was launched in India as a market shaping catalyst to position health-care products and services to the world. Attention on innovation was encouraged at diverse global events.

The UNAIDS Secretariat initiated the development and testing of a new app and platform called, VOICE+ that aims to develop an online community of People living with HIV. Working closely with the Global Network of People Living with HIV, Aidsfonds, Global Fund and WHO, the Secretariat helped conceptualize this project, mobilize resources and build partnership for this unique platform. This digital app is currently piloted in Uganda and Nigeria. This enables the gathering of up-to-date information from people living with HIV on the challenges they face in accessing health services and protecting their human rights. The information can also be used to inform advocacy and decision-making, ensuring it is based on the latest situation on the ground. After the evaluation of the pilot phase (March/April 2020), the tool will be made available in additional language versions in several countries in 2021.

S3. Strategic information

As the global repository of data on HIV, UNAIDS houses the most extensive and disaggregated data collection available on the HIV epidemic and the response to AIDS. The Secretariat, in coordination with Cosponsors and other key stakeholders, supports countries, synthesizes and actively promotes the use of key data on the epidemic and response to track and evaluate progress towards ending the AIDS epidemic by 2030.

Global AIDS data collection

The Global AIDS Monitoring system, informed by country reports on progress in implementing the UN Political Declaration on HIV, compiled and analysed by the Secretariat, publicly shares information through AIDSInfo continues to be used by many global, regional and country stakeholders as a key reference. The website including its component websites—the Key Population Atlas, the Laws and Policy analytics, and the Financial Dashboard—was accessed by 338 000 individuals in 2020. The Laws and Policy analytics website was complemented with an analysis by Georgetown University and the O'Neill Institute, with input

from the Secretariat and other Cosponsors. It included a ranking of countries by level of implementation of laws and policies. The ranking gained the attention of heads of UN agencies and PEPFAR, who are using the data to inform country operational plan reviews. The *Global AIDS update: seizing the moment—tackling entrenched inequalities to end epidemics* report, which was released at the time of the International AIDS Conference in July 2020, obtained high visibility and media attention. The subsequent release of the *World AIDS Day report: prevailing against the epidemics*, provided an opportunity to share analysis on COVID-19 and intersection with HIV and outline the new targets for 2025, as part of the new Global AIDS Strategy development.

The rapid in-country monitoring and global collation of data on HIV service disruptions due to COVID-19 included monthly updates on the number of people receiving HIV services from national programmes and provided vital information for the work of Cosponsors, the Global Fund and PEPFAR. The data were also presented in the 2020 World AIDS Day Report and they informed a progress report on COVID-19 and HIV for the 47th PCB meeting in December 2020.

Tools available through UNAIDS for resource tracking include National AIDS Spending Assessments, the excel-based Data Consolidation Tool and a new update of the Resource Tracking Tool. The Assessments were supported through the Technical Support Mechanism and completed in 11 countries[2] with a further six countries near submission of final reports after quality assurance procedures[3].

To support testing and treatment commodities and generic ARV market dynamics, volumes, and prices of ARVs by regimen are collected annually through Global AIDS Monitoring reporting. The results of the 2019 baseline consumption landscape were presented at the annual demand forecast consultations with pharmaceuticals and members of the technical working group—WHO, USAID, the Medicines Patent Pool, Unitaid and Avenir Health. Expenditure tracking through innovative and nontraditional sources like procurement, shipment, and export data of generic ARVs, has also been developed.

To support the need for HIV financing data by different audiences—for example, decision-makers, donors, development organizations, the Secretariat, broader UNAIDS stakeholders and the public—HIV financing data are published in all UNAIDS flagship publications and briefings and are frequently presented to the PCB. At country level, the data are applied to various strategic, monitoring and evaluation and funding request processes, and are also used by CSOs to support advocacy. Data, validated information and analysis are also disseminated on the UNAIDS web page and through AIDSInfo.

[2] Bhutan, Cambodia, Cameroon, Central African Republic, Congo Brazzaville, eSwatini, Ethiopia, Pakistan, South Sudan, Zambia and Zanzibar

[3] Mozambique, Lesotho, Senegal, Malawi, PNG, and Zimbabwe

Despite the competing priorities of epidemiologists across the world in 2020 due to the COVID-19 pandemic,120 national epidemiological teams worked with UNAIDS and partners to produce epidemiological estimates of HIV. These estimates provide critical data for understanding the trajectory of the HIV epidemic at country-level by age and sex, and in many sub-Saharan African countries also by geographic area. Countries use these data to monitor progress, identify gaps, refocus efforts, strategic planning and identify future targets and report to donors. The modelled estimates are also used to estimate progress toward the 90–90–90 treatment targets.

The Secretariat contributed to the dissemination of evidence-based data on HIV with strategic partners—the African Union and Economic Commission for Africa—to strengthened advocacy to keep HIV high on AU continental agenda including on promotion of community-led response during COVID-19 through collaboration with the African Centre for Disease Control. HIV was integrated into the agenda of the first appointed African Union Youth Envoy through the elaboration of a joint publication on Youth initiatives on HIV in Africa for increased visibility and support to youth-led organizations, and a knowledge product on the intersectionality of gender and HIV in Africa was agreed upon between UNAIDS, UN Women and the Women and the Gender Development Department of the African Union Commission.

Strategic information actions in the HIV and COVID-19 pandemic response

The Secretariat implemented four strategic information actions to address COVID-19 including: (a) sharing lessons of past global financial and economic crises to inform an understanding of HIV funding; (b) providing alerts and analysis on ARV bottlenecks, including manufacturing and distribution, through a UNAIDS policy brief that was widely cited; (c) developing a community-led COVID-19 service package costed specifically for slums; (d) analysis of three prototypical countries to assess scenarios of post-COVID-19 fiscal space for health and HIV. The Secretariat facilitated channels for community feedback on issues they faced due to COVID-19 and related public health restrictions, supported local surveys among people living with HIV and other key populations, such as sex workers in many countries, to better understand their needs and identify short- and medium-term action for support. The Secretariat is also helping to conduct surveys among women and women's organizations in specific countries to assess the impact of COVID-19 on women.

2025 Target setting that informed Global AIDS Strategy development

Target setting for 2025 and impact and low- and middle-income countries resource deeds estimates have informed the Global AIDS Strategy 2021–2026 and are expected to inform the 2021 High-Level Meeting Political Declaration. The targets setting process involved technical consultations, literature reviews, assessment of evaluations, clarifications of societal

enablers, statistical analyses, and estimations of normative costs. Estimates of resource needs address the 2021–2030 period and are conditional on 2025 and 2030 targets being achieved across 118 low- and middle-income countries. HIV resource-tracking at global, regional, and country levels was implemented to estimate the annual update of HIV resource availability from all sources, supplemented by country reports through the Global AIDS Monitoring system for budgets and expenditures by key core programmes and funding sources.

S4. Coordination, convening and country implementation support

The Secretariat ensured the overall effective coordination of the Joint Programme at global, regional and country level, including joint work with Cosponsors to support country stakeholders including governments, civil society and communities and other partners to identify and address gaps, in particular people left behind, and implement solutions to further accelerate progress for inclusive access to HIV services, improve the enabling environment, mobilize and guide resources for more effective and sustainable HIV response as part of the SDGs.

Leveraging technical support to deliver quality assistance to countries and communities

In 2020, the Secretariat leveraged and managed the Technical Support Mechanism to provide fast-response and high-quality technical assistance to priority countries and remained on-track for delivering on its three core results areas: (a) harnessing data to accelerate policy and programme implementation in priority areas; (b) accelerating effective and efficient implementation to close gaps; and (c) efficiency and HIV response financing. Support was provided through more than 400 consultancies, including more than half that were supported by in-country consultants—a marker for investing in national expertise, capacities, and ownership of the HIV response. The Technical Support Mechanism contributed to raising a combined total of US$ 5.66 billion across 38 countries for HIV and TB response through the provision of technical support, culminating in robust Global Fund funding applications for Windows 1 and 2. The Stigma Index 2.0, with an updated methodology, was initiated in 28 countries, including 11 in eastern and southern Africa and 9 in western and central Africa. Findings will support, inform, and improve programme implementation to further reduce stigma and discrimination of the response, particularly for people living with HIV.

Over 28 countries were supported in completing national strategic plans, which paved the way for the development of well-informed costed workplans and analysis of implementation gaps. The national strategic plans supported the application of Global Fund funding requests.

The Secretariat has been fully mobilized to support countries in community-led monitoring as a concrete way of empowering communities to improve the quality of HIV services and programme accountability, including through support to countries, by clarifying concepts and road maps, and sharing of experiences and lessons learnt. Technical support for community-led monitoring was provided through the Technical Support Mechanism to community groups and civil society organizations in nine countries.

In partnership with the International Treatment Preparedness Coalition West Africa and Global, respectively, the Secretariat provided technical support for empowering leadership by community groups on community-led monitoring in countries in western and central Africa, eastern and southern Africa and Latin America and the Caribbean region. UNAIDS is also implementing a community-led monitoring technical assistance strategy to improve knowledge and social capital for community-led monitoring implementation.

Securing HIV services in humanitarian and fragile settings

Drawing on the experience from 2016, the Secretariat supported UNHCR and WFP in compiling HIV and disaster data to strengthen the evidence base on service delivery in protracted crises. This information now forms the basis for all HIV-in-disaster reporting, including the global Disaster Risk Reduction Framework.

Through collaborative efforts from Cosponsors and strategic partners, significant gains were made in securing HIV services in humanitarian and fragile settings and in environments with diminished security for the UN and the general population. This collective approach was underpinned by an adapted strategy of advancing the humanitarian-development-peace triple nexus, promoting multisectoral discourse across clusters and development partners for ending the HIV epidemic. In framing the UNAIDS response on the triple nexus and those most at risk, the last were put first, and all steps were taken to leave no one behind. This was achieved by adopting a Disaster Risk Reduction perspective focused on addressing root causes of recurring crises. HIV serves as a benchmark of vulnerability for most vulnerable populations in rural and urban centres.

Providing social protection for western and central Africa

As part of the UNAIDS efforts to adapt and respond to the challenges posed by the COVID-19 pandemic, a large proportion of funds from a Luxembourg grant—US$ 600 000—were reprogrammed to go towards urgent social protection mechanisms and individual cash transfers to avoid disruptions to HIV services. This was implemented in partnership with WFP and directly benefitted close to 5,000 people living with HIV and key populations in Burkina Faso, Cameroon, Côte d’Ivoire and Niger. The Civil Society Institute for Health in West and Central Africa was supported to document and strengthen the role of community actors in

COVID-19 responses across six western and central African countries, ensuring maintenance of essential HIV services.

Sustaining the commitment of and fast-tracking progress in cities

Recognizing the critical role that cities and urban settings play in accelerating the HIV response, continued support has been provided through the Fast-Track Cities Initiative led by the Secretariat. To date, more than 350 cities and municipal leaders have signed the Paris Declaration on Cities ending the AIDS Epidemic and have committed to achieving Fast-Track targets and addressing inequalities in access to health and social services. Expanded and strategic support has been provided to 15 priority cities through the Joint UNAIDS and International Association of Providers of AIDS Care (IAPAC) Fast-Track Cities project. The project focuses on creating and strengthening an enabling environment for the implementation of agreed city strategic plans, using innovation to reach key and vulnerable populations, strengthening strategic information at city level, and building capacity of city stakeholders. The project, which started in 2018 with support from USAID, has been extended until April 2022. A mid-term assessment confirmed that good progress has been made, and feedback was provided for the way forward, including in the COVID-19 context.

S5. Governance and mutual accountability

The Secretariat facilitated and supported work of the UNAIDS PCB and other governance mechanisms, assisting Board members to lead and engage in several strategic processes including challenging and innovative adaptation due to the new virtual format and a wide scope of regular and new substantive areas and debates.

Integrated and tailored country support through the refined operating model

In 2020, the Secretariat led the continuing implementation of the Joint Programme's refined operating model, resulting in improved planning and resource allocation for results since its adoption in 2017.

From September 2019 to January 2020, 91 Joint UN Plans on AIDS for 2020–2021 (developed by Joint UN teams on HIV, led by the Secretariat and approved by UN Country Team), were developed using the Joint Programme Planning, Monitoring and Reporting System online platform. This remains a unique example of multisectoral UN joint work and reform in action. The Joint Plans reflected the full UN support to prioritized strategic areas and targets of national response and serve as instruments to allocate core country envelope funds among Cosponsors for priority work. In 2020, the country envelope funds included a regular country envelope of US$ 22 million and a Business Unusual Fund of US$ 3 million. These were allocated to country-level UN Joint Teams to finance catalytic, intense, time-

limited and potentially risk-taking approaches for country-level initiatives to accelerate achievement of the 2020 Fast-Track targets. A total of 84 Joint Teams received country envelope and/or Business Unusual Fund support for joint work for key deliverables that are aligned with national and UBRAF priorities and targets.

Demonstrating accountability for results and transparency

In 2020, the Secretariat mobilized US$ 192 million in core funds from governments and US$ 76 million in noncore funds to support global, regional and country activities, designated for specific countries and purposes.

The Secretariat spearheaded the 2018–2019 Joint Programme Reporting exercise in January, culminating in the submission to and endorsement of the PMR by the PCB in June 2020. The full UNAIDS PMR, including reports of 94 Joint UN Teams on AIDS, were made public in the revamped UNAIDS Results and Accountability Portal.[4]

Progress on most of the Secretariat performance indicators are included in the various reporting components of the PMR package (Regional and Country report, Indicators score card, SRA report) and other key reports at the request of other UN entities and bodies (with specific other format requirements) and/or the PCB. This includes:

- a report on countries submitting a complete set of GAM data as part of the Global AIDS Monitoring Report;
- a report on alignment with the Quadrennial Comprehensive Policy Review (QCPR) and the SDG Funding compact: report to annual survey through a UN online UN platform for the QCPR and in 2020, as a separate conference room paper on progress to meeting QCPR and the SDG Funding Compact requirements for the 48th meeting of the PCB in June 2021 PCB;
- the UN SWAP on Gender Equality and Women Empowerment—annual submission to UN Women as required through their online platform;
- implementation of the Evaluation plan reported by the Evaluation Office to the PCB.

The Secretariat continues to sustain its commitment to report country-level budget and expenditure in the International Aid Transparency Initiative (IATI) twice a year, having been IATI-compliant since 2016.

[4] https://open.unaids.org/

Managerial accountability, transparency and risk management are key aspects of the reform agenda. Examples of the Secretariat's commitment to continuous improvement include successful implementation of all 2019 external audit recommendations, achievement of an unmodified audit for the eighth consecutive year, the first-time inclusion of the Statement of Internal Control in the Financial Statements, and significant progress on the closure of WHO Internal Oversight audit recommendations.

Strengthening evaluations

The Secretariat continued to strengthen its focus on evaluation in response to calls from the PCB and recommendations from various external reviews of UNAIDS.

The *Annual report* on evaluation was presented to the 47th PCB meeting in December 2020, highlighting the following:

- an independent evaluation of the UN system response to AIDS to assess the role and contributions of UNAIDS towards the achievement of the goals and targets in the UNAIDS 2016–2021 Strategy and UBRAF;

- an evaluation of the collaboration between the UNAIDS Secretariat and the US Centers for Disease Control to collect and analyse data on the HIV epidemic and response, and to use those data to improve HIV programmes;

- an evaluation of the UNAIDS Secretariat Technical Support Mechanism to identify areas requiring strengthening, such as knowledge management and improving the pool of consultants, and to strengthen the governance and management of the Mechanism;

- an evaluation of the UNAIDS Secretariat health situation rooms to assess the support provided to countries in collating, analysing, visualizing and using data obtained from different sources;

- a rapid review of the Joint UNAIDS-IAPAC Fast-Track cities project to take stock of progress and challenges in responding to HIV in 15 Fast-Track cities; and

- evaluations of the work of the Joint Programme in Mozambique and Viet Nam to assess the contributions and role of the UN system in the country-level HIV responses.

The Secretariat led, in close consultation with Cosponsors, the formulation of the Joint Programme's management response to the Independent Evaluation of the UN System response to AIDS 2016–2019, which was presented to the 47th meeting of the PCB in

December 2020. The actions and processes outlined in the management response will strengthen planning, resource allocation, results and accountability of the Joint Programme as UNAIDS operationalizes the Global AIDS Strategy 2021–2026 and develops the new UBRAF.

The UNAIDS Evaluation Office also engaged actively with Cosponsor evaluation offices to ensure sharing of lessons and continuous engagement in joint evaluations.

Contribution to the COVID-19 response

The Secretariat has focused on managing, leveraging and rethinking the COVID-19 response, at the same time ensuring that HIV remains prioritized, that disruptions and impacts on HIV services and programmes are mitigated, and that the Fast-Track targets remain in focus. High-level global advocacy, led by the Secretariat with many other global partners, has called for protecting the health and rights of communities and especially the most vulnerable, equitable access to COVID-19 health technologies and Vaccine as part of the People's Vaccine Alliance.

To support rapid action, strategic leadership, coordination, and urgently taking stock of impacts and disruptions to HIV services and other relevant social and economic impact of the pandemic, an internal interactive portal was established to enable field staff to share information on the impacts of the COVID-19 pandemic and response on people living with and affected by HIV, as well as innovations to service delivery.

In April 2020, an exceptional approval was made for up to 50% of the 2020 country envelope funds of Cosponsors at country level and up to 50% of the Secretariat core activity budget to be used for COVID-19-related activities. A special fund for Secretariat headquarters activities amounting to US$ 1 million was also established. Reprogramming was made possible due to UNAIDS core funding, which represents 80% of the Joint Programme's overall funding, a sign of donors' strong confidence in the impact of their investments and a vital approach to support agility in the response to public health threats such as COVID-19.

Options for reprogramming included: innovative activities to maintain the delivery of services for people living with HIV and those at risk of acquiring HIV; protection from COVID-19 for those at highest risk and least able to cope with the new pandemic; supporting communities at the centre of both the HIV and COVID-19 responses; a focus on human rights, gender and equity, as well as macroeconomics, health financing and public provision of UHC. A review of programming conducted end 2020 confirmed that flexibility in the use of this core funding in countries allowed UN Joint Teams to provide critical and rapid responses to mitigate the impact of COVID-19 on communities, and to leverage other actions and resources in various countries.

UNAIDS joined with MPact and the Global Network of Sex Work Projects in urgent calls to protect and support the human rights of LGBTI+ people and sex workers. Social protection systems were emphasized to support people living with HIV and other vulnerable people in fragile settings in Asia and sub-Saharan Africa, and guidance was provided in partnership with the WHO and UNODC for harm reduction. Packages were developed to support community-led responses in the COVID-19 context. The UNAIDS Secretariat launched the Solidarity Fund for Key Populations and supported the launch of the Y+ COVID-19 Social Aid Fund for young people living with HIV. A pilot emergency support fund was implemented to respond to human rights crises related to criminalization and violence affecting LGBTI+ persons, sex workers and people living with HIV in eastern and southern African settings.

UNODC, WHO, UNAIDS and OHCHR developed a joint statement on COVID-19 in prisons and other closed settings, with signatories including UNODC, WHO, UNAIDS and the UNHCR. The statement drew political leaders' attention to the heightened vulnerability of prisoners and other people deprived of liberty in the context of the COVID-19 pandemic. It urged them to take all appropriate public health measures to protect prisoners and people incarcerated.

The UNAIDS Secretariat played a leadership role in leveraging lessons learned from HIV for the global COVID-19 response. This included shaping the *UN framework for the immediate socioeconomic response to COVID-19*, which explicitly included a pillar on community-led responses for strengthening social cohesion and resilience. Many UNAIDS Secretariat teams and Joint UN Teams contributed to ensuring HIV-related needs are reflected in the UN Strategic Preparedness and Response Plans and UN socioeconomic impact and recovery plans in countries. Lessons from HIV relevant to COVID-19 were further shared through reports on human rights and gender, thereby clarifying key actions. Robust technical assistance to secure effective utilization of Global Fund matching fund grants in 20 eligible countries supported those focal areas.

The work of the Global HIV Prevention Coalition continues to be guided by the Global HIV Prevention Working Group. Immediate actions were taken to ensure continuity of HIV prevention service delivery and commodities and monitoring of disruptions continues.

UNAIDS coordinated the development and issuing of a UN high-level Joint Call to Action to strengthen HIV sensitive social protection responses in the COVID-19 contexts signed by UNAIDS, ILO and UNICEF. UNAIDS shared the Call with countries to support their efforts in engaging ministries of social protection and others in linking people living with HIV and key populations to social protection programmes.

Throughout the COVID-19 pandemic, and especially during the initial waves of the pandemic, assistance was provided to people living with HIV stranded in foreign territories and needed

access to ARVs. Such interventions resulted in systemic changes in ARV provisions to foreigners and highlighted the need for longer-term solutions.

Challenges

The COVID-19 pandemic posed the biggest challenge to the work of the Secretariat at all levels in 2020. It tested the resilience of the Secretariat and overall Joint programme to pursue its plans as well as its capacity to respond to evolving needs and adapt quickly to ensure continuity of its services.

- COVID-19 was an obstacle to achieving some key objectives, requiring partial reformulation of plans at all levels due to human and financial resource considerations. For the humanitarian space, travel restrictions diminished the possibility of technical support, and there was a deficit of reliable data. Although communities were given greater authority for dealing with different aspects of disaster preparedness and response, in many cases this led to transferring of risk and insufficient focus on the continuum of HIV treatment and care. Disruptions of services and activities were also experienced because of restricted movement and shifting priorities for all health staff to COVID-19-related activities. Development of contingency plans and the use of virtual platforms to engage stakeholders and communities helped ensure continued progress, while noting the risks of unequal access to those technologies. However, governments and communities, supported by the Secretariat, Cosponsors and other partners, often took the lead in scaling up and/or developing innovative delivery models and ways of working to prevent prevention, treatment and care service interruptions. This included MMD of ART and OST, community support in the provision of ARVs, and expanded use of HIV self-testing and of virtual platforms.

- Despite progress in some areas and countries, achievements against the 2020 targets are insufficient. COVID-19 has added complexity—including in Global HIV Prevention Coalition countries where good progress had occurred. Serious gaps exist in the key population response. Knowledge of HIV status globally is low among sex workers and gay men and other men who have sex with men. Condom procurement and uptake has declined, harm reduction remains constrained, and PrEP is only offered at scale in a few countries. Although there is a 30% target for HIV services to be community-led by 2020, the systems for building such trusted community platforms do not yet exist in a majority of countries.

The COVID-19 pandemic prevented country Joint Teams from implementing many 2020 activities or required regular adaptation to the virtual space and evolving needs and constraints to COVID-19-related priorities. The COVID-19 pandemic exposed the need to

strengthen the capacity of Joint Teams for preparedness, contingency planning, and early warning response to ensure continuation of HIV services in fragile countries and settings, as well as improve strategic information to support evidence-informed programming at global and country levels. Priority actions have been identified to strengthen response in western and central Africa, following established support and processes. Tools, strategic analysis, coordination and civil society and community empowerment will address multiple concerns.

International funding for HIV has declined through successive financial crises and is under threat in the COVID-19 context. While many commitments remain in place, COVID-19 has impacted donor and recipient countries alike, the economic and fiscal impacts on donor countries have led to revisions on funding commitments. For example, the Government of the United Kingdom has announced that funding for UNAIDS for 2021 is confirmed at GBP 2.5 million, compared to the GBP 15 million received for 2020.

Service delivery often remained vertically organized, with separate silos that do not mirror the realities of people's lives. While integration has been prioritized, there are few examples of integrated SRH, HIV and TB services at scale. Despite obvious efficiencies in resources, training, reach, access and use for providers and clients of services alike, delivery has not matched commitments. In the COVID-19 context, however, attention to innovative approaches increased and some were feasibly scaled-up when they were previously deemed too complex to implement.

Despite encouraging improvements in national commitment to rights- and gender-affirmative policies and actions in many countries, inadequate financing and skilled human resources, and lack of urgency remain, posing challenges for translating commitments into meaningful actions. Despite the Joint Programme's and other efforts, worrying setbacks are also occurring in some contexts. COVID-19 has exacerbated inequalities and risks such as domestic, gender-based and sexual violence. Overseas development assistance for gender equality seems to have peaked a few years ago and only a small proportion of this funding was for programmes with gender equality as its main objective. There is a major lack of funding for women's rights and feminist organizations, and integration has been under-emphasized.

Key future actions

The new Global AIDS Strategy 2021–2026 serves as an ambitious road map to intensify response and overcome shortfalls to get the world back on-track to end AIDS as a public health threat and end inequalities by 2030. The UN Secretary-General Report on HIV, the UN General Assembly High-Level Meeting on AIDS, and the Political Declaration in June 2021 are critical opportunities for the UNAIDS Secretariat to promote reinvigorated and sustained global leadership, political commitments on HIV and related accountability and monitoring

mechanisms. UNAIDS will further strengthen the Joint Programme's evidence-informed based advocacy and collective action to empower communities, in order to ensure the right to health as a key component for reaching the SDGs.

The new Strategy identifies intersecting inequalities as the key challenge driving the global HIV epidemic and obstructing effective responses. COVID-19 has deepened inequalities and disrupted key services and programmes for people living with HIV and TB. Adequately and consistently resourced multisectoral partnerships that combine biomedical innovations with transformative societal enablers at scale are crucial for getting the response back on-track to achieve the ambitious targets.

Following estimation of the return on investment of the new Strategy during the first quarter of 2021, further dissemination of technical material related to the 2025 targets will be carried out. A monitoring framework for the new Strategy is being developed and is expected to specifically address new elements such as granularity, prioritization and societal enablers, as well as the overarching inequalities lens.

Evidence and strategic intelligence for global advocacy for a fully-funded HIV response, evidence-informed programmatic allocations, monitoring of financing flows and expenditures, and market dynamics of HIV commodities will be produced to support global, regional and country needs. HIV and other resources were rapidly mobilized to support the response to COVID-19. While commitments to sustain HIV funding have not been overlooked, the fiscal space and resources for HIV are projected to decline. In this context, there is a need to ensure that current resources are mobilized most effectively, including through scaling-up and entrenching cost-saving measures and innovations and by prioritizing efficiencies when aligning the HIV response with the Global AIDS Strategy 2021–2026 and its targets.

The Secretariat will further build partnerships, support social mobilization and promote innovation, especially for strategic support to government and communities and conducive multistakeholder dialogues. This will include devoting more attention to evolving human rights issues, promoting social enablers to remove legal barriers, addressing the gendered and discriminatory impact of HIV and COVID-19, and sharing lessons from HIV.

UNAIDS will continue to strengthen its leadership and accountability roles within the humanitarian-development-peace nexus, promoting the critical roles of collaboration, partnerships, and information generation. The Secretariat will work with and draw on the expertise and mandates of Cosponsors and other partners to create tailored approaches that ensure uninterrupted HIV services in fragile settings—particularly those affected by climate disaster and violent conflict. Preventing all forms of sexual and gender-based violence remains a priority.

UNAIDS will use its substantial experience to address the negative impacts of COVID-19 for national HIV responses and in humanitarian emergencies and fragile contexts, promote more inclusive social protection and livelihoods schemes to reduce vulnerability, and strengthen national HIV response and community resilience. Social protection systems will continue to be expanded to support progress towards UHC.

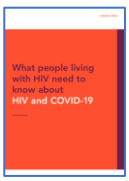
The Secretariat will further support community-led monitoring to help mobilize and empower communities impacted by emergencies, with special attention paid to issues relating to women, girls and HIV. This will include strengthening the role of UNAIDS as a watchdog in crisis settings and addressing HIV prevention and other needs in responses to sexual and gender-based violence—including conflict-related sexual violence within peacekeeping operations. Mobile and displaced populations will be included in national and regional HIV strategies and in plans to improve the integration of HIV responses into emergency responses, thus ensuring that HIV is better integrated into the work of humanitarian clusters—including preparedness and contingency plans and needs and risk assessments.

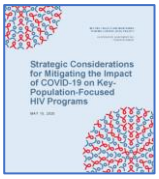
The Secretariat is currently leading the development of the new 2022–2026 UBRAF, which will operationalize UNAIDS' contribution to the new Global AIDS Strategy 2021–2026 and the SDG Agenda. To optimize its impact, effectiveness and efficiency, as well as meet Board and donor requirements and evaluation recommendations, the new UBRAF will include an elaborated theory of change. This will provide a new results framework with clear prioritization focusing on reducing inequalities, closing the gaps to leave no one behind, addressing structural drivers of the HIV epidemic, optimizing and leveraging the Joint Programme's capacities, ensuring transparent allocation of resources and providing an updated accountability, monitoring and reporting system.

As outlined in the management response to the Independent Evaluation, the Joint Programme will continue to build on the systems and practices of the refined operating model, with a view to further strengthening joint planning to achieve people-centred targets, fully leveraging its catalytic power and its partnership for results and optimizing its resources, investing for countries and communities to leave no one behind and address the inequalities that drive the HIV epidemic.

The mutually reinforcing processes of the new UBRAF development, the Secretariat's alignment in tandem with the cosponsor capacity assessment will lead to a better fit for purpose Joint Programme's with clear roles, resource and accountabilities aligned with the new Global AIDS Strategy and will deliver ever-greater value for communities and countries as they pursue their 2030 goals.

Knowledge products

	**Prevailing against pandemics by putting people at the centre — World AIDS Day report 2020.** The need for decisive action against deadly pandemics has never been clearer. Humanity must heed this latest warning to pay much greater attention to building global pandemic response capacity and fulfilling the right to health. Collective global efforts that prioritize people can transform the COVID-19 crisis into an opportunity to accelerate the HIV response and efforts to achieve UHC and the SDGs.
	**2020 Global AIDS Update — Seizing the moment — Tackling entrenched inequalities to end epidemics.** UNAIDS report on the global AIDS epidemic shows that 2020 targets will not be met because of deeply unequal success; COVID-19 risks blowing HIV progress way off course. Missed targets have resulted in 3.5 million more HIV infections and 820 000 more AIDS-related deaths since 2015 than if the world was on-track to meet the 2020 targets. In addition, the response could be set back further, by 10 years or more, if the COVID-19 pandemic results in severe disruptions to HIV services.
	**UNAIDS data 2020.** This edition of UNAIDS data documented key achievements in the HIV response, as well as remaining challenges. It featured the latest data on the world's response to HIV, consolidating a small part of the huge volume of data collected, analysed, and refined by UNAIDS over the years.
	**Every adolescent girl in Africa completing secondary school, safe, strong, empowered: time for Education Plus.** A new advocacy initiative for adolescent girls' education and empowerment in sub-Saharan Africa, backed by an unstoppable coalition for change led by adolescent girls and young women, is being launched in 2021
	**Establishing community-led monitoring of HIV services — Principles and process.** The goal of this document is to describe the principles of community-led monitoring, outline an approach to establishing community-led monitoring activities and explore the factors that facilitate and hinder their effectiveness. It should contribute to establishing in-country platforms whereby community-led monitoring can provide data principally related to HIV service provision. The framework outlined also gives structure to facilitate engagement by external partners.
	**What people living with HIV need to know about HIV and COVID-19.** COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19. As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.

	**Strategic considerations for mitigating the impact of COVID-19 on key-population-focused HIV programmes.** This strategy is intended to support key populations-focused HIV programmes mitigate the impact of COVID-19. Developed for key populations-focused HIV programmes implemented or supported by FHI 360 in the Caribbean, Asia, and Africa, it may be used and adapted more broadly. Mitigation strategies refer to efforts to reduce exposure to and impact of COVID-19 on HIV programme beneficiaries and staff and safely maintain HIV services within key populations-focused HIV programmes.
	**Fourth annual progress report of the HIV Prevention 2020 Road Map implementation.** This fourth progress report of the Global HIV Prevention Coalition reviews the progress in the 28 focus countries and complements the three previous progress reports. This report describes key developments in 2019–2020, identifies challenges and opportunities (including those associated with the COVID-19 pandemic) and outlines priorities for the years ahead. It is divided into two main sections.
	**Rights in a pandemic—Lockdowns, rights, and lessons from HIV in the early response to COVID-19.** This publication outlines 10 immediate areas for action for governments towards building effective, rights-based COVID-19 responses. These include taking proactive measures to ensure that people, particularly people in vulnerable groups, can access HIV treatment and prevention services, designating and supporting essential workers, including community-led organizations, and implementing measures to prevent and address gender-based violence.
	**Community innovations.** This publication is intended to spark interest, inquiry, and discussion around community innovations. It draws on the response to the AIDS epidemic—a prime example of disruptive community innovations, not only in the health sector, but with far reaching implications for nearly every aspect of people's lives—to show that innovation is about enabling communities to have the space, freedom, and support to initiate and make changes for themselves.

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org