

UNAIDS 2021

United Nations Population Fund (UNFPA)

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Organizational report 2020

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million (12% of the population).

There are a number of reasons for this increase. One is that the public sector has become a more important part of the economy. Another is that the public sector has become more efficient. A third is that the public sector has become more attractive to workers. A fourth is that the public sector has become more diverse.

The public sector has become a more important part of the economy. In the 1990s, the public sector accounted for 12% of the UK's GDP. This was an increase from 10.5% in 1980.

The public sector has become more efficient. In the 1990s, the public sector's productivity grew at an average rate of 2.5% per year. This was an increase from 1.5% in the 1980s.

The public sector has become more attractive to workers. In the 1990s, the public sector's share of the UK's workforce grew from 10.5% to 12.5%. This was an increase from 9.5% in 1980.

The public sector has become more diverse. In the 1990s, the public sector's workforce became more diverse in terms of age, gender, and ethnicity. This was an increase from 1980.

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Key strategies and approaches to integrate HIV into broader agency mandate

UNFPA strives for a world in which every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled. Responding to HIV is a critical element of a comprehensive SRH package and reaching universal access to SRHR is a key contribution to universal health coverage (UHC).

The intrinsic connections between HIV and SRHR are elaborated in the Comprehensive Package: SRHR: An essential element of UHC, produced by UNFPA for the Nairobi Summit on ICPD25 in 2019. SRHR is a key delivery platform for HIV prevention and is critical for reaching human rights, gender equality, and health targets for the SDGs.

UNFPA works with multiple partners in more than 150 countries to expand the possibilities for women and young people to lead healthy and productive lives, empowering individuals and communities to claim their human rights, and to access the information and services they need without stigma, discrimination or violence. UNFPA supports the most vulnerable and those left furthest behind.

Contributing to progress towards the Sustainable Development Goals (SDGs)

UNFPA works with governments, partners and other UN agencies to directly tackle many of the SDGs—in particular SDG 3 on health, SDG 4 on education and SDG 5 on gender equality. These contributions and higher-level results are highlighted in an online *Decade of Action* report.¹

During the first year of implementation of UNFPA’s new Strategic Plan (2018–2021), the foundation was laid for supporting achievement of the SDGs under the umbrella of universal access to SRH through focusing on three transformative results by 2030: (a) ending preventable maternal deaths; (b) ending unmet need for family planning; and (c) ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. UNFPA in eastern and southern Africa has a fourth transformative result in ending sexual transmission of HIV. UNFPA also co-convenes the Global HIV Prevention Coalition.

¹ <https://www.unfpa.org/sdg>

Key UNFPA results in 2018–2020

	160 000 Maternal deaths averted		58.7 million unintended pregnancies averted		367 000 new HIV infections averted		16 300 000 sexually transmitted infections averted
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HIV evaluation

In 2020, an evaluation of UNFPA's contribution to the HIV response (2016–2019) was completed along with the management response. The need for stronger engagement in the HIV agenda across the organization was highlighted, and the evaluation offered timely insights toward the development of UNFPA's Strategic Plan 2022–2025 and a new HIV strategy. This includes the recognition that linking and integrating SRHR, HIV and gender-based violence services is an effective approach to meeting the needs of the most vulnerable and key populations, including supporting countries to scale integration nationally.

Work with youth and on comprehensive sexuality education

The UNFPA-led report, *International technical and programmatic guidance on out-of-school comprehensive sexuality education*,² provides guidance on delivering out-of-school CSE to specific groups of children and young people. The report recognizes that many children and young people may belong to one or more groups, including: girls and boys separately; young people with disabilities; young people in humanitarian settings; indigenous young people; young LGBTI+ people; young transgender people; young intersex people; young people living with HIV; young people who use drugs; young people who sell sex; and young people who are in detention.

² <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>

Key UNFPA achievements for adolescent and youth empowerment, 2020

	<p>Logistic information system</p> <p>52 countries had a logistic management system reaching the last mile</p>		<p>Marginalized girls</p> <p>2.2 million marginalized girls reached by life skills programmes</p>		<p>In-school sexuality education</p> <p>41 countries operationalized school-based comprehensive sexuality education curriculum</p>
	<p>Out-of-school sexuality education</p> <p>35 countries delivered out-of-school comprehensive sexuality education</p>		<p>Policy</p> <p>In 76 countries, at least two sectors apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth</p>		<p>Participation</p> <p>83 countries had institutional mechanisms for the participation of young people in policy dialogue and programming</p>

UNFPA Tunisia, in partnership with the Arab Institute for Human Rights and The Tunisian Association of Reproductive Health, set up an experts' committee on CSE to develop a reference that aligned with internationally agreed standards. In Zambia, UNFPA, working in close collaboration with the Ministry of General Education and implementing partners, supported the capacity of 618 teachers to effectively deliver CSE at classroom level, including CSE training in UNFPA supported provinces.

Key populations

A total of 49 UNFPA Country Offices worked with key populations to support community-based and led programming, with 25, including work with sex worker communities, and 19 with LGBTI+ people. Well-established programmes had wide reach. For example: 120 000 people from key populations were reached in Uganda, 57 532 people from young key populations were reached in Ethiopia, and 44 162 were reached in Sudan. In Zimbabwe, 2,171 sex workers were reached, as were 5,557 in Kenya and 5,000 in Malawi, while in Zambia, 2,384 people from key populations were reached.

The implementation of key population programmes was disrupted due to COVID-19. Innovative programmes were developed using online, digital, and electronic media to continue to spread messages for key populations and in-person community visits were suspended. In eastern Europe and central Asia, a regional hotline was set up to provide information and services to people living with HIV and key populations affected by COVID-19. Livelihood support in the form of novel income generating schemes and direct food assistance was trialled in Argentina, Bangladesh, Indonesia and Myanmar. Some country offices were able to continue their strategic initiatives. For example, assistance was provided to the Jamaica Ministry of Health to develop a comprehensive health strategy for transgender persons. In Viet Nam, guidance was provided on sex work legislation. Countries such as Georgia and Kazakhstan undertook research to tailor and adapt programmes for specific key populations.

UNFPA continued working closely with global key population networks, including the Global Network of Sex Worker Projects, Global Action for Gay Men's Health and Rights (MPact), and Innovative Response Globally for Trans Women and HIV. Collaboration included advocacy support for sex workers' rights, including sexual health and well-being webinars, and during international AIDS and other conferences. UNFPA also hosted dialogues with LGBTI+ youth advocates and scholars to highlight their work, including challenges and partnerships.

Condoms and other reproductive health commodities

In 2020, the number of countries receiving condoms from UNFPA decreased. There were 13 fewer countries receiving male condoms and eight fewer countries receiving lubricants. The number of condoms procured by UNFPA in 2020 dropped by 44%. Factors influencing this decline included funds available from Global Fund grants expiring in 2019, which were used to secure large volumes of condoms, as well as effects on condom production and shipping due to COVID-19. Nonetheless, condom distribution potentially averted around 3.6 million STIs, more than 82 000 HIV infections and more than 2.3 million unintended pregnancies.

Sexual and reproductive health services in humanitarian settings

In 2020, UNFPA approved emergency fund proposals from country offices to respond to the SRHR and gender-based violence needs of people living in fragile settings or affected by humanitarian crises. UNFPA procured and delivered supplies worth of US\$ 19.4 million to 53 countries to support life-saving emergency obstetric and new-born care, clinical management of rape, voluntary family planning, prevention of HIV and the treatment of STIs. Most approved emergency fund proposals included procurement of inter-agency reproductive health kits for crisis situations that meet HIV-related objectives.

Ending gender-based violence and all harmful practices

Through UNFPA work, integrated quality SRHR and gender-based violence essential services for survivors and vulnerable groups were scaled up, referral pathways were mapped and a directory of community-based gender-based violence services was developed to support community outreach campaigns—for example, in Malawi and Uganda. Standard operating procedures for gender-based violence prevention and response were clarified for various actors and coordination structures, and referral mechanisms were put in place, including in Malawi, Niger and Nigeria. In the context of increasing gender-based violence due to COVID-19, UNFPA supported adaptations to ensure ongoing service access, including virtual referrals, multidisciplinary mobile teams, telehealth and remote services. Guidance was provided to global joint programmes addressing gender-based violence and harmful practices, including the European Union (EU)-UN Spotlight Initiative, the essential services

package for women and girls subject to Violence, and programmes on the elimination of female genital mutilation and gender-biased sex selection.

Key UNFPA achievements in gender equality and the empowerment of women, 2020

	Access to services 930 351 million women and girls subjected to violence accessed essential services		Disability 13 166 disabled women and girls subjected to violence accessed essential services		Child marriage 1.7 million girls who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage
	Reproductive rights 63 countries had a platform of dialogue for reproductive rights		Social norms 3 244 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms		Men and boys 36 countries have a national mechanism to engage men and boys in advancing gender equality and reproductive rights
	Harmful practices 12 949 communities made public declarations to eliminate harmful practices		Gender-based violence 51% of countries in humanitarian crisis has a functioning inter-agency gender-based violence coordination body under the leadership of UNFPA		Harmful practices 31 countries had costed national action plan to address harmful practices

Human rights

UNFPA published the global data for SDG 5.6.1 and 5.6.2 for the first time, showing that, on average, countries have achieved 87% of enabling laws and regulations for HIV counselling and testing services, 91% for HIV treatment and care services, and 96% for HIV confidentiality. The data indicate that increasing levels of education have the greatest effect on women’s decision-making on sexual and reproductive and rights.

HIV integration

UNFPA supported the development of integrated SRHR services that were tailored for different populations and community groups. For example, in India community-based service providers were assisted to deliver SRHR services for sex workers. In Iran, UNFPA supported the establishment and operation of “Women’s Centres” to provide integrated SRH services for sex workers and other vulnerable and marginalized women. In Cuba, adolescent SRH services were tailored for different young key population groups. In several countries, UNFPA supported the roll-out of cervical cancer services, including for women living with HIV. For example, in Nigeria, integrated cervical cancer and HIV services were showcased as part of a broader integrated noncommunicable disease programme. In Botswana, human

papillomavirus self-sampling was launched for improved detection of women at high risk for cervical cancer, leading to improved referral for women diagnosed with human papillomavirus.

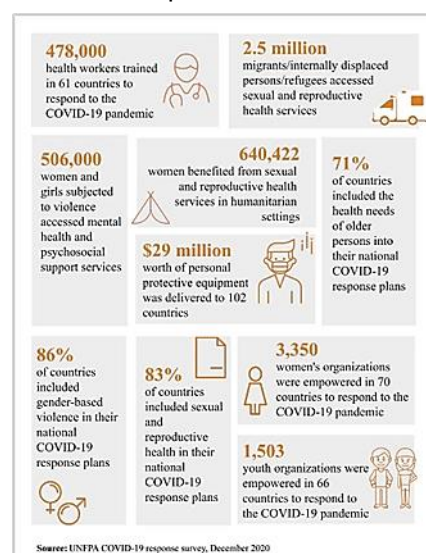
Key UNFPA achievements in utilizing integrated SRH services in 2020

	<p>Sexual and reproductive health plan 53 countries have a national and reproductive health plan prioritizing services for marginalized people</p>		<p>Integrated services 109.5 million women and young people reached with integrated sexual and reproductive health services</p>
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Contribution to the COVID-19 response

At the global and regional levels, UNFPA is part of the coordinated UN response under the Inter-Agency Standing Committee COVID-19 Global Humanitarian Response Plan. The Plan assists development and humanitarian actors, youth-led organizations, and young people themselves across sectors. Technical briefs and a series of Webinars were developed on the continuity of SRH services in the context of COVID-19, which included HIV prevention.

Around a third of UNPFA Country Offices re-programmed to respond to COVID-19. Activities included key population assessments such as in Georgia (in partnership with the Global Fund/NCDC and Tanadgoma), strategies to care for returnees in Venezuela (with UNAIDS Secretariat), and integration of Risk Communication and Community Engagement (RCCE) on COVID-19 into SBCC activities in Zimbabwe. In Nicaragua, UNFPA contributed to the continuity of SRH services, including HIV prevention, care and mobilization leading to a US\$ 440 000 donation to the Nicaraguan Ministry of Health. In partnership with regional youth-led movement, Teenergizer, UNFPA addressed the impact of COVID-19 on youth health, well-being, and agency within their own families.



Case study: The Uganda condom programme

The Government of Uganda endorsed the National Comprehensive Condom Programming Strategy and operational plan 2020–2024. It aligns with UNFPA and UNAIDS global guidance focusing on people-centred condom programming. The strategy defines clear target audiences for triple protection, identifies strategic shifts from focusing on commodity distribution to rights-based access, from public free condoms to total-market approaches, and from population-based forecasting estimates to data-driven commodity quantification and programme management.


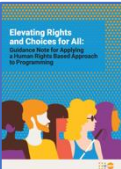



Uganda, with UNFPA support, prepared and submitted a successful new Global Fund funding request for HIV and TB. The proposal featured several catalytic grants, including one on condom programming amounting to US\$ 2.5 million to support noncommodity procurement programming anticipated to boost condom use outcomes. A total of 196 million male and 1.4 million female free-to-user condoms were procured and received at national level.

Uganda launched the second national condom demand generation campaign in 2020 that was led by and targeting young people through the Uganda Network of Young People living with HIV/AIDS. More than 1,000 young people shaped the campaign strategy, communication materials and led implementation. The campaign reached up to 4 million people, including 1.9 million young people who were reached through face-to-face interactions.

The Uganda Ministry of Health introduced the One-Warehouse, One-Health Facility policy, which disrupted the condom alternative distribution mechanism and ultimately the expansion of the Condom Logistics Information Management System. Nonetheless, the latter system's protocol was repackaged to track condom last-mile distribution from health facilities to the end-users, with a focus on targeted population groups.

UNFPA and partners developed innovative approaches for improving access to condoms during the COVID-19 lockdown. Working with a private sector motorcycle taxi organization, Safe Boda, up to two million condoms were delivered to community peer distributors. In addition, an e-shop for reproductive health commodities, including condoms was designed into the Safe Boda app, allowing their clients to order and receive condoms.

Knowledge products

	<p><u>Condoms and lubricants in the time of COVID-19:</u> This brief for country condom programme managers and experts provides a summary of relevant actions to sustain supplies of male condoms, female condoms and lubricants, and to adjust approaches for condom promotion during the time of COVID-19.</p>
	<p><u>Guidance Note for Applying a Human Rights-based Approach to Programming:</u> This publication provides the organization with a clear and comprehensive direction for its human rights-based work to support efforts in elevating the centrality of rights and choices. The Guidance is built around three key components for action by countries with the support of UNFPA: Equality & Non-discrimination, Quality and Accountability.</p>
	<p><u>International technical and programmatic guidance on Out-of-school comprehensive sexuality education: An evidence-informed approach for nonformal, out of school programmes:</u> This Guidance builds upon and complements the International Technical Guidance on Sexuality Education (ITGSE) by providing evidence- and practice-informed guidance specifically for programmes that deliver CSE out of school, and programmes that seek to address the needs of specific groups that are unlikely to be addressed in CSE programmes for children and young people generally.</p>
	<p><u>COVID-19: Working with and for young people:</u> This guidance note is meant to assist humanitarian actors, youth-led organizations, and young people themselves across sectors, working at local, country, regional, and global levels in their response to the novel coronavirus pandemic. Youth living with HIV may be at heightened risk due to weakened immune systems and disruptions of their treatment regimens, while deprivations caused by the COVID-19 virus may increase the risk of HIV transmission, especially for girls.</p>
	<p><u>Harmonization of The Legal Environment on Adolescent Sexual And Reproductive Health in East and Southern Africa:</u> The study reviews the laws, policies and related frameworks in 23 countries in East and Southern Africa (ESA) that create either impediments to, or an enabling environment for, adolescent sexual and reproductive health and rights.</p>

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