INDICATOR SCORECARD 2022-2023 Performance Monitoring Report



Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2022-2023: Executive summary (UNAIDS/PCB (54)/24.6)
- ii. UNAIDS Performance Monitoring Report 2022-2023: Results report (UNAIDS/PCB (54/24.7)
- iii. UNAIDS Performance Monitoring Report 2022-2023: Results by region (UNAIDS/PCB (54/24.8)
- iv. UNAIDS Performance Monitoring Report 2022-2023: Results by organizations (UNAIDS/PCB (54/24.9)
- v. UNAIDS Performance Monitoring Report 2022-2023: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (UNAIDS/PCB (54)/CRP2)

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

- Take note, with appreciation, of the 2022-2023 Performance Monitoring Report, including its scope and depth; and
- Encourage all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs

Cost implications for the implementation of the decisions: none



UBRAF Indicator scorecard

2022 2023

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INTRODUCTION

- The Joint Programme's work and results towards the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF) are measured through the UBRAF indicator matrix which, complemented by other quantitative and qualitative information, informs the annual performance monitoring reports to the PCB. The UBRAF indicator matrix was developed and finalized through an intense, collaborative and consultative process, including external advice provided by the Programme Coordinating Board (PCB) and the UBRAF Working Group¹, and it was finalized taking into account the PCB feedback. At its 50th meeting in June 2022, the PCB took note of the indicator matrix for the 2022–2026 UBRAF and the final indicators, milestones, targets and data sources for the 2022–2023 Workplan and Budget. It requested the UNAIDS Executive Director to add the annex to the 2022–2026 UBRAF and the 2022–2023 Workplan and Budget.² The 2024-2025 Workplan and Budget³, approved by the June 2023 PCB included a slight update/ refinement of 2025 milestones and 2026 targets for selected UBRAF indicators, as provisioned in the UBRAF Indicator matrix and with changes duly substantiated and transparently shared in explanatory footnotes. This Indicator Scorecard capture those changes.
- 2. The UBRAF indicators enhance the Joint Programme's transparency and accountability and enable it to monitor progress and adapt as needed. The 2022–2026 UBRAF Indicator Matrix fully describes the monitoring of the Joint Programme's performance through the indicators and it demonstrates its accountability across the results chain. The latter is composed of three outcomes, ten result areas and five Secretariat functions and related specific outputs, all of which are aligned with the 2021–2026 Global AIDS Strategy and highlight the added value of the Joint Programme and Secretariat, respectively. The indicator matrix also includes key definitions and, for each indicator, a baseline, milestones by end-2023 and end-2025, targets by 2026, and data sources noting the slight updates/refinement for some milestones and targets captured in the PCB approved 2024-2025 Workplan & Budget which supersedes it.
- 3. As agreed with the PCB, the UBRAF indicators are selective. They are not meant to capture nor monitor all aspects of the Joint Programme's work but focus on some of the most important areas where progress is needed and measurable. They show the Joint Programme's added value and indicate what will be monitored and reported on systematically throughout the UBRAF cycle. The indicators present the Joint Programme's best efforts to capture credible and high-quality data that reflect progress against each of the UBRAF results. It incorporates the use of multiple data sources and reporting mechanisms to attempt to provide a full picture of the Joint Programme's multifaceted contributions.

¹ For more information on the external UBRAF Working Group,

see: https://www.unaids.org/en/aboutunaids unaidsprogrammecoordinatingboard/pcbsubcommittee

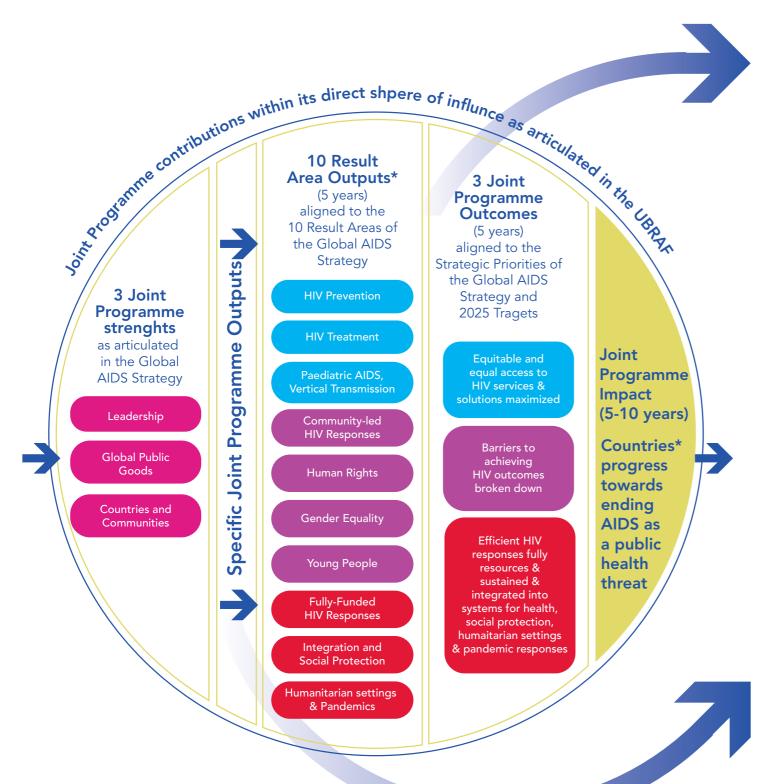
 $^{^2\,} Decision\, from\, PCB\, 50th\, meeting\, available\, at: \\ \underline{https://www.unaids.org/sites/default/files/media\, asset/PCB50\, Decisions\, EN.pdf}$

³ 2024-2025 Workplan and Budget available at: Agenda item 4.3: Workplan and Budget 2024-2025 I UNAIDS

- 4. The diagram shown in Figure 1 provides an overview of the 45 UBRAF indicators, which measure performance for the specific outputs (27 of which measure the Joint Programme's performance, while 18 measure the work of the UNAIDS Secretariat) and 17 outcome-level indicators. Moreover, the internal 2022–2026 UBRAF Indicator Guidelines, jointly developed by the Joint Programme, complement the indicator matrix and guide the monitoring and reporting, at all levels, through more detailed methodological information. They include more specific definitions and methods of measurement to ensure common understanding, as well as consistent reporting and monitoring across the Joint Programme over time, and they may be updated as needed.
- 5. This conference room paper, which accompanies the 2022-2023 Performance Monitoring Report (PMR) package, provides complete information against the 45 UBRAF output level indicators. It includes the indicators' 2022 and 2023 progress data and their respective status in relation to the 2023 milestones. The 2026 targets for each of the indicators are also included for easier reference. Other documents of the 2022-2023 PMR package feature indicator data in varying levels of granularity: Annex 1 of the Executive Summary presents an overview of the 45 indicators; and the Results report highlights the most significant indicator information via text boxes that are inserted into each result area and Secretariat function section thereby complementing the narrative descriptions of progress and the Results by region report includes a few most relevant programmatic indicators for each region.
- 6. Progress data against most of these indicators were collected from across the Joint Programme at all levels through the web-based internal Joint Programme Planning, Monitoring and Reporting System (JPMS) tool during the Joint Programme reporting exercise, as well as through parallel Cosponsors' and Secretariats global reporting. Quality assurance and validation were also duly applied, including through the review of data completeness, consistency, comparison and triangulation, using other data sources where possible in line with the UBRAF Indicators guidelines and its quality assurance steps.
- 7. The UBRAF indicators are distinct from, but complementary to and closely linked with the Global AIDS Monitoring (GAM) system, which tracks countries' progress towards the global AIDS targets. Due to the different reporting timeline for the GAM whose validated data is only validated in end July/ early August every year and noting validated financial data is only available in October due to countries' different fiscal years, in cases where GAM or National Commitments and Policy Instruments (NCPI) are used as data sources for reporting against UBRAF indicators, the previous year's data will only be available after submission of the annual PMR to the PCB. In those cases, the latest available validated data were used, and the indicator status indicates when the 2023 data will be available.
- 8. Indicators' progress status for 2023 which marked the end of the first biennium were rated against the 2023 milestones, using a rating system which simply marks each indicator as being "Reached", 'Partially reached' or showing "Not reached" while for 2022, the rating system was 'On track' or 'Slow progress' towards the same 2023 milestones. For several indicators for which the complete data set was only available after submission of the 2022 Indicator Scorecard to the 2023 June PCB, the previously reported 2022 data were now updated (see respective footnote).

Many indicators refer to "where the Joint Programme operates". While the Joint Programme extends support to countries through various approaches, including in-country presence and regional/global-level assistance (including virtual support), in the context of the UBRAF, this specifically refers to countries where a Joint UN Plan on AIDS, developed by the Joint Programme, exists. According to the 2022-2023 Workplan and Budget, a total of 91 Joint UN Plans on AIDS were developed and implemented, and these were considered for reporting in 2022. However, due to the UBRAF funding shortfall, the Joint Programme's capacities at all levels, including within countries, were impacted in 2023. This erosion included the closure of some UNAIDS Secretariat' offices and significant turnover of important human resources across the Joint Programme. In a few countries, the minimum capacities required for implementing and ensuring quality reporting on the Joint UN Plan fell below a confidence threshold for reporting. As part of the quality assurance process, while 91 countries were initially considered for the 2022 reporting, only 86 countries—where evidence of a minimum level of Joint UN Plan implementation and consistent reporting existed—were ultimately included in the reporting for 2023. For the same reasons, for UNAIDS Secretariat's strategic functions related indicators, the number of countries where it had (multi)country offices and considered for the indicator reporting was 87 in 2022 and 84 in 2023.

FIGURE 1. OVERVIEW OF THE UBRAF 2022-2026 INDICATORS



At Joint Programme outcome level

3 outcomes

17 outcome indicators from the Global AIDS Monitoring

Measure key areas of the Global AIDS response's progress towards 2026 where the Joint Programme will contribute the most

At Joint Programme outco	me level	3
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2020-2026		Description		
10 Joint Programme	20 specific outputs	Highlight the added value of Joint Programme		
outputs at results area level	27 indicators*	Measure Joint Programme performance		
5 Secretariat	13 specific outputs	Highlight the added value of the Secretariat's work		
functions	18 indicators*	Measure Secretariat performance		

*for each indicator, there are milestones by end 2023 and end 2025, and targets by end 2026 defined

OUTCOME 1: Equitable and equal access to HIV services and solutions maximized

Result Area 1: HIV prevention

Indicator 1.1.1 Number of countries supported by the Joint Programme in improving national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of **HIV** infections

2022-2023 Prog	ress	2023 Milestone	2026 Target
Reached: 86 countries (2023)	On track: 88 countries (2022)	40 countries	80 countries ⁴

In 2023, 86 countries received support from the Joint Programme in improving national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infections. In most of these countries, the Joint Programme's support focused primarily on the following populations: sex workers (80 countries); gay men and other men who have sex with men (79 countries); adolescent girls and young women (69 countries).

Indicator 1.2.1. Number of countries where the Joint Programme provided technical and/or implementation support to scale up combination HIV prevention programmes

2022-2023 Prog	ress	2023 Milestone	2026 Target
Reached: 83 countries (2023)	On track: 89 countries (2022)	40 countries	80 countries ⁵

In <u>83 countries</u>, the Joint Programme provided specific technical or implementation support to scale up combination HIV prevention programmes. This included support provided to community-based organizations for the promotion of access to or delivery of HIV prevention or testing services, development of standard operating procedures, mapping of prevention services and gaps, capacity building to better organize services delivery or their access for key populations or piloting of innovative prevention services.

This support was aimed at scaling up HIV prevention for the following population groups: gay men and other men who have sex with men (in <u>77 countries</u>); sex workers (<u>75 countries</u>); adolescent girls and young women (<u>68 countries</u>); adolescent boys and young men (<u>64 countries</u>); transgender people (<u>55 countries</u>); people in prisons and other closed settings (<u>58 countries</u>); and people who inject drugs (48 countries).

Result Area 2: HIV prevention

Indicator 2.1.1. Number of countries supported by the Joint Programme that have implemented innovations to optimize access to integrated HIV and comorbidity / coinfection services (i.e. adopted at least two key recommendations from the guidance for integrated service delivery of HIV and comorbidities)

Comorbiality					
2022-2023 Progress		2023 Milestone	2026 Target		
2022-2023 Progress Reached: Guidance on differentiated and integrated service delivery and comorbidities developed Stronger collaborative work on TB and TB related	On track: WHO is developing the guidance for integrated service delivery and framework for collaborative action (2022)	Guidance developed to support integrated service delivery of HIV and comorbidities by 2023. Framework for collaborative action on TB and comorbidities developed, and guidelines and operational handbook for TB/HIV and other TB comorbidities updated through review of	50 countries adopt at least 2 key recommendations from the guidance by 2026.		
recommendations integrated in the guidelines (2023)		evidence and consultation with experts by 2023.			

The guidance for integrated service delivery of HIV and comorbidities is available, with additional guidance on differentiated and integrated service delivery and dedicated documents on late-stage disease related to co-morbidities.

The collaborative work with TB has also been strengthened and TB related recommendations have been integrated throughout the guidelines, including measurement sections on HIV/TB in the person-centred data guidelines which has supported a shift from disease specific to person-centred health services throughout their lifetime.

⁴ Informed by 2022 data, the 2025 milestone and 2026 target were changed from 40 countries to 80 countries. ⁵ Informed by 2022 data, the 2025 milestone and 2026 target were increased to 80 countries, including an additional qualifier of 40 countries for implementing and monitoring national prevention road maps, highlighting this more specific support.

Indicator 2.2.1. Number of countries supported by the Joint Programme that have updated and implemented the following three components as part of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: (a) first- and second-line antiretroviral therapy (ART); (b) differentiated service delivery; (c) advanced HIV disease.

2022-2023	Progress	2023 Milestone	2026 Target
2023 Data will only be available in July 20246	On track: 29 (34%) of countries supported by the Joint Programme fully updated and implemented their national recommendations on all 3 policy components (HIV testing, treatment and service delivery) ⁷ (2022)	30 countries supported by the Joint Programme update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring by 2023.	60 countries have update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring by 2026.

In 2022, <u>29 (34%) countries</u> supported by the Joint Programme fully updated and implemented their national recommendations on all 3 policy components: a) first- and second-line antiretroviral therapy, b) differentiated service delivery (multi-month ART dispensing) and c) advanced HIV disease, in alignment with the 2021 WHO Consolidated guidelines. The treatment approach has been significantly simplified over time with Dolutegravir (DTG) and this has supported delivery of treatment guidelines, though advanced HIV disease remains an issue of concern.

Data on implementation of the 2021 Guidelines is measured, collected and validated as part of the GAM at the time of this reporting and will only be available in July of the next year.

Indicator 2.2.2. Number of countries that implement recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring for: (a) adults and adolescents; (b) women of child-bearing age; (c) pregnant and/or breast-feeding women

pregnant and/or breast-reeding women				
2022-2023 Progress		2023 Milestone	2026 Target	
2023 data will only be available in July 2024 ⁸	On track: 78 (91%) of countries supported by the Joint Programme adopted the WHO-preferred first-line antiretroviral combination for treatment initiation in national guidelines in alignment with the 2021 WHO consolidated guidelines ⁹ (2022)	40 countries supported by the Joint Programme implement recommended WHO-preferred first-line antiretroviral (ARV) regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring for adults and adolescents, women of child-bearing age and pregnant and/or breast-feeding women by 2023.	At least 60 countries supported by the Joint Programme implement recommended WHO-preferred first-line ARV regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring for adults and adolescents, women of child-bearing age and pregnant and/ or breast-feeding women by 2026.	

In 2022, <u>78 (91%) countries</u> supported by the Joint Programme adopted TDF + 3TC (or FTC) + DTG as the preferred first-line antiretroviral combination for treatment initiation in national guidelines for all adults and adolescents, women of child-bearing age, and pregnant and breastfeeding women in alignment with the 2021 WHO consolidated guidelines. The milestone is on track as it builds on strong and accelerating dissemination of WHO guidelines over several years and recent strengthening with regional dissemination meetings. Most countries have implemented the major recommendations at a faster rate than previously due to enhanced three level WHO support. WHO is now focusing on strengthening service delivery as well as specified gaps, e.g. advanced HIV disease and mortality reduction.

New 2022 data which became available after the submission of the Indicator Scorecard to the June 2023 PCB.

⁶ As stated in the UBRAF Indicators matrix and guidelines, due to the different reporting timeline for the Global AIDS Monitoring (GAM), in cases where GAM or National Commitments and Policy Instruments (NCPI) are used as data sources for reporting against UBRAF indicators, the previous year's data will only be available after submission of the annual PMR to the PCB (when the validated GAM data is published in July-August. In those cases, the latest available validated data is used for this PMR

⁷ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2023 PCB

⁸ As stated in the UBRAF Indicators matrix and guidelines, due to the different reporting timeline for the Global AIDS Monitoring (GAM), in cases where GAM or National Commitments and Policy Instruments (NCPI) are used as data sources for reporting against UBRAF indicators, the previous year's data will only be available after submission of the annual PMR to the PCB when the validated GAM data is published in July-August. In those cases, the latest available validated data is used for this PMR.

Indicator 2.2.3. Number of countries where the Joint Programme operates, which have adopted shorter rifamycin-based regimens for TB preventive treatment (TPT) for people living with HIV

2022-2023 Progress		2023 Milestone	2026 Target
2023 data will only be available in July 2024 ¹⁰	On track: 33 (38%) countries supported by the Joint Programme included three months of weekly rifapentine plus isoniazid (3HP) in national guidelines ¹¹ (2022)	At least 15 countries supported by the Joint Programme adopt shorter rifamycin-based regimens for TPT for people living with HIV by 2023.	40 countries supported by the Joint Programme adopt shorter rifamycin-based regimens for TPT for people living with HIV by 2026.

In 2022, 33 (38%) countries supported by the Joint Programme included three months of weekly rifapentine plus isoniazid (3HP) as one of the recommended regimens for tuberculosis (TB) preventive treatment in national guidelines. This has shown progress due to improved HIV and TB collaboration in implementation of WHO recommendations.

Result Area 3: Paediatric AIDS, vertical transmission

Indicator 3.1.1 Number of countries supported by the Joint Programme that have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breastfeeding women

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 75 countries (87% of countries supported by the Joint Programme) (2023)	On track: 79 countries (87% of countries supported by the Joint Programme) (2022)	80% ¹² of countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV (EMTCT) and implement the "treat- all" policy for pregnant and breast-feeding women by 2023.	95%* of countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the "treat-all" policy for pregnant and breast-feeding women by 2026.

In 2023, the number of countries with a national plan for EMTCT of HIV was 75, while the number of countries implementing a "treat-all" policy for pregnant and breast-feeding women living with HIV was 86, and the number of countries with both was at **75**, or 87%—exceeding the 2023 milestone.

Among the countries supported by the Joint Programme that are rolling out their national EMTCT plans and "treat-all" policies, many are shifting from vertical programming to integrated programming such as in primary health care or maternal, newborn child and adolescent health or prevention of mother-to-child transmission of HIV, syphilis and hepatitis B

¹⁰ As stated in the UBRAF Indicators matrix and guidelines, due to the different reporting timeline for the Global AIDS Monitoring (GAM), in cases where GAM or National Commitments and Policy Instruments (NCPI) are used as data sources for reporting against UBRAF indicators, the previous year's data will only be available after submission of the annual PMR to the PCB (when the validated GAM data is published in July-August. In those cases, the latest available validated data is used for this PMR.

¹ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2023 PCB.

¹² Based on the 2022 data, 91 countries are supported by the Joint Programme in 2022, therefore at the start of the UBRAF this milestone refers to approximately 73 countries.

Indicator 3.2.1 Number of countries supported by the Joint Programme to develop a national validation
report to be submitted to the Global Validation Advisory Committee (GVAC)

2022-2023 Progress		2023 Milestone	2026 Target
Not reached: 1 additional country granted full EMTCT for HIV but not member of the Global Alliance (2023)	Slow progress: 1 additional country reached full EMTCT for HIV and 1 reached the Path to Elimination for HIV but are not part of the Global Alliance ¹³ (2022)	Two additional partner countries who joined the Global Alliance to End AIDS in Children submit their validation report to GVAC by 2023.	Five additional partner countries who joined the Global Alliance to End AIDS in Children develop a national validation report to be submitted to the GVAC by 2026.

Despite some progress, none of the 12 Global Alliance partner countries submitted a validation report for the full EMTCT to the Global Validation Advisory Committee in 2023. These are all countries with high HIV prevalence with some of the largest gaps and need of support for EMCT. In line with WHO recommendations and criteria, it is thus recommended for all countries which have an HIV prevalence of over 1% to be rather considered for The Path to elimination (PTE)¹⁴ and related WHO defined criteria for PTE recognizing three tiers of progress towards elimination to track progress. It is then suggested to align in this reporting hence differentiating and considering the Path to Elimination for these countries (and regardless of their membership in the Global Alliance) instead of the full Elimination which would be for other countries.

Highlights of progress in several countries' pathway to EMTCT, with some supported by the Joint Programme, include:

- Belize was granted full EMTCT for HIV and Syphilis (2023).
- Oman was validated as the first country in the WHO Eastern Mediterranean Region to have successfully EMTCT of HIV and syphilis (2022).
- Namibia was granted a "bronze tier" for EMTCT of HIV on the Path to Elimination for HIV and Hepatitis (2022).
- Malaysia and Thailand maintained their EMTCT validation status (2023).
- Bhutan, Cambodia and Indonesia completed the EMTCT pre-validation assessment. China completed a subnational validation exercise in six provinces.

Indicator 3.2.2 Number of countries supported by the Joint Programme which have HIV services for children integrated into at least 50% of primary health care sites

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 64 countries (2023)	On track: 63 countries (2022)	15 partner countries join the Global Alliance to end AIDS in children and provide services for children with HIV that are integrated into primary health care by 2023. ¹⁵	An additional 15 partner countries join the Global Alliance to end AIDS in children and provide services for children with HIV that are integrated into primary health care by 2026

In 2023, 66 countries had HIV services for children integrated into facilities providing primary health care and the Joint Programme supported the integration of these services in primary health care sites in <u>64</u> of these.

Of those, the following 12 were part of the Global Alliance to end AIDS in children at the end of 2023: Angola, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

^{13 2022} progress status revised to slow progress as Oman is not part of the Global Alliance.¹¹ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress status revised to slow progress as Oman is not part of the Global Alliance.¹¹ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress status revised to slow progress as Oman is not part of the Global Alliance.¹¹ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress status revised to slow progress as Oman is not part of the Global Alliance.¹¹ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress as Oman is not part of the Global Alliance.¹¹ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress as Oman is not part of the Global Alliance.¹² New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress as Oman is not part of the Global Alliance.¹³ New 2022 data which became available after the submission of the Indicator Scorecard to the June 2022 progress as Oman is not part of the Global Alliance.¹⁴ New 2022 data which became available after the Scorecard to the Indicator Scorecard to the I

[&]quot;If he Path to elimination (who.int) was defined as an option to track progress for countries with high prevalence of HIV, syphilis and hepatitis B virus (HBV) among pregnant women which may find it difficult to achieve elimination of mother-to-child transmission (EMTCT) validation targets, even if they have made considerable efforts to reduce MTCT. To track achievements for such countries' progress along the Path to Elimination (PTE). WHO developed a set of defining criteria for PTE which recognizes three tiers of progress towards elimination, each with its own set of process and impact target (Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus). The processes for validating path to elimination and full elimination by the Global Validation Advisory Committee are exactly the same in terms of the procedures to follow, assessment tools and documentation, data, etc.

15 For clarification and given the difference between the indicator and milestones framing, this reporting differentiates between all countries where the Joint Programme operated that have HIV services for children integrated for which support was provided and the specific subset of countries that are member of the Global Alliance to end AIDS in Children.

OUTCOME 2: Barriers to achieving HIV outcomes broken down

Result Area 4: Community-led responses

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 4 normative guidance documents developed Documentation and wide promotion of community-led HIV response's evidence and lessons learned (2023)	On track: 2 guidance documents on the new definition of community-led HIV responses and community-led organizations developed 77 countries where Joint Programme provided technical support and guidance for community-led organizations from at least 3 of the most significantly affected	At least 2 normative guidance documents developed and promoted.	In at least 65 countries Joint Programme provided technical support and guidance for community-led organizations from at least 3 of the most significantly affected communities in the country. ¹⁶

Further to the approved definitions of community-led HIV responses and community-led organization, the following guidance are available:

- a draft community-led response guidance in consultation with the global networks of people living with HIV and key populations and other partners (expected to be published in early 2024)
- a community-led monitoring (CLM) Progression Matrix to support the development of minimum standards and progress tracking for community-led monitoring of HIV services
- a draft guideline document on resource tracking for community-led responses informed by a pilot in 6 countries
- a draft costing guideline for community-led response due to be piloted.

Promotion of and knowledge on community led-response also actively took place such as through UNAIDS <u>Community-led monitoring in action: Emerging evidence and good practice</u> report and through convened 7 global community-led monitoring community of practice webinars averaging 150 participants to share lessons learned, tools, challenges, and experiences among implementing partners, governments and donors. Other technical fora supported included a meeting of CLM Technical Assistance Providers' to share experiences in data collection and analysis and support for the Global Fund-led global CLM convening with implementers, donors, technical agencies and others.to consolidate learnings to date and prioritize strategic investments.

In 86 countries, the Joint Programme provided technical support to community-led organizations in the HIV responses. Among them, in 74 countries it provided support to 3 or more affected communities through community-led organizations. Most commonly these were organizations led by: people living with HIV (77 countries); women living with HIV or women from key populations (71 countries); young people living with HIV or young key populations (66 countries); sex workers (66 countries), gay men and other men who have sex with men (63 countries); adolescent girls and young women (52 countries); transgender people (50 countries); people who use drugs (43 countries). Support to other community-led organizations was reported to be directed towards people with disabilities, communities of indigenous people, people in prisons, or refugees and migrants living with HIV.

75 countries received support through the Joint Programme for community-led monitoring.

¹⁶ Informed by 2022 data, the 2025 milestone and 2026 target were changed to 65 countries.

Indicator 4.2.1 Number of countries where the Joint Programme provides support to national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
83 countries (2023)	84 countries (2022)	20 countries	65 countries ¹⁷

In **83 countries**, the Joint Programme provided support to national and/or subnational governments and/or other stakeholders for the incorporation and expansion of community-led HIV responses.

This included different areas but was most commonly for the incorporation and expansion of community-led HIV advocacy (72 countries); the incorporation and expansion of community-led HIV service delivery (70 countries); engagement in HIV-related decision-making (62 countries); and community-led HIV monitoring and research (62 countries). Fifty countries received support in all 4 areas covered by the reporting categories.

Result Area 5: Human rights

Indicator 5.1.1 Number of countries supported by the Joint Programme in activities to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response.

2022-2023 Prog	ress	2023 Milestone	2026 Target
Reached: 60 countries	On track: 60 countries	At least 30 countries	At least 50 countries ¹⁸

In 2023, **69 countries** were supported by the Joint Programme to amend or remove punitive and discriminatory laws and policies and/or to develop protective ones.

The types of support provided included: technical assistance (56 countries); advocacy and communications (57 countries); policy guidance (46 countries); capacity building (45 countries); strategic information generation and use (41 countries); sharing of good practices and facilitating cross-country cooperation (34 countries) and financial support (28 countries).

The Joint Programme supported the removal of the following laws and policies: criminalization of exposure and/or transmission to HIV and non-disclosure of HIV status (31 countries); criminalization of an aspect of sex work (20 countries); policies relating to the age of consent for access to health services (24 countries); criminalization of same-sex sexual activity (17 countries); criminalization of drug use (20 countries); criminal laws targeting trans-and other gender diverse persons (12 countries); and travel restrictions for people living with HIV (in 9 countries).

Beyond those, the Joint Programme provided support to the development of protective policies for: gender identity laws and anti-discriminatory laws (e.g. in health-care settings) (28 countries); adolescent girls and young women (24 countries); and other protective laws and policies (27 countries).

Indicator 5.2.1 Number of countries supported by the Joint Programme for actions to reduce stigma and discrimination in any of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
69 countries supported in at least 2 of 6 settings (2023)	77 countries supported in at least 2 of 6 settings (2022)	At least 25 countries supported in at least 2 of the 6 settings	At least 60 countries supported in at least 3 of the 6 settings ¹⁹

In 2023, **69 countries** were supported by the Joint Programme to reduce stigma and discrimination in at least 2 of the 6 settings defined under the Global Partnerships for action to end all forms of HIV-related stigma and discrimination. The Joint Programme supported these countries in the following settings: health care (69 countries); education (50 countries); workplace (43 countries); legal and justice systems (46 countries); individual households and communities (60 countries); and emergency and humanitarian settings (38 countries).

The most common types of support provided were advocacy (<u>66 countries</u>); capacity building (<u>62 countries</u>); technical assistance (<u>60 countries</u>); and strategic information (<u>53 countries</u>).

¹⁷ Informed by 2022 data 2022, the 2025 milestone and 2026 target were changed to 65 countries.

¹⁸ Informed by 2022 data, the 2025 milestone and 2026 target were changed to 60 countries.

¹⁹ Informed by 2022 data, the 2025 milestone and 2026 target were changed to 60 countries in at least 2 settings and 3 settings, respectively.

Result Area 6: Gender equality

Indicator 6.1.1 Number of countries where the Joint Programme contributed to strengthened gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men.

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
50 countries (2023)	41 countries (2022)	30 countries	54 countries

In **50 countries**, the Joint Programme contributed to strengthening gender expertise and capacity to further integrate gender equality into the national HIV response and meaningfully engage women in all their diversity, together with men. In these countries, the Joint Programme contributed to at least 3 of the following 5 areas of support:

- (i) Conducting gender assessment of HIV response to distil gender equality issues hindering the HIV response (30 countries);
- (ii) Applying the findings of gender assessment or other similar analyses to include gender-transformative actions that address unequal gender norms into the national HIV plan, programme or strategy or the Global Fund funding request (41 countries);
- (iii) Costing and allocating budgets for gender-transformative actions that address unequal gender norms in the national HIV plan, programme or strategy or the Global Fund funding request (35 countries);
- (iv) Including gender-responsive indicators to measure progress in implementing gender-transformative actions into the monitoring and evaluation framework of the national HIV plan, programme or strategy or the Global Fund funding request (45 countries);
- (v) Facilitating participation of women's organizations, including networks of women living with HIV, organizations of young women and adolescent girls (48 countries).

Indicator 6.2.1 Number of countries where the Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
30 countries (2023)	33 countries (2022)	27 countries	53 countries

In <u>30 countries</u>, the Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence. This included:

- (i) Supporting advocacy for understanding and addressing the impact of unequal gender norms for HIV services that are free of gender-based discrimination and violence;
- (ii) Supporting advocacy for increased financing for gender-transformative actions towards HIV services that are free of gender-based discrimination and violence;
- (iii) Mobilizing strategic partners, including creating space for the meaningful participation of women in all their diversity, to address unequal gender norms for an HIV response that is free of gender-based discrimination and violence.

Result Area 7: Young people

Indicator 7.1.1. Number of countries supported to scale-up multisectoral interventions that align with ministerial commitments to increase access to youth-friendly sexual and reproductive health (SRH) services, including comprehensive sexuality education (CSE), to improve young people's well-being

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
50 countries (2023)	51 countries (2022)	At least 35 countries	60 countries ²⁰

In 2023, the Joint Programme supported **50 countries** in scaling up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly sexual and reproductive health services, including Comprehensive Sexuality Education to improve young people's well-being.

Types of support provided by the Joint Programme included: technical support (<u>59 countries</u>); capacity building (<u>56 countries</u>); policy guidance (<u>52 countries</u>); advocacy / communication support (<u>52 countries</u>); strategic information / evidence generation and use (<u>46 countries</u>); financial support (<u>41 countries</u>); and sharing good practices and facilitating cross-country cooperation (<u>37 countries</u>).

Indicator 7.2.1. Number of countries where the Joint Programme provided support to develop and implement costed plans to expand and institutionalize youth-led HIV responses.

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
32 countries (2023)	26 countries (2022)	At least 10 countries	At least 35 countries ²¹

In 2023, the Joint Programme supported **32 countries** in developing and implementing costed plans to expand and institutionalize youth-led HIV responses.

Types of support provided by the Joint Programme included: policy guidance (27 countries); capacity building (27 countries); strategic information / evidence generation and use (20 countries); technical support (31 countries); advocacy / communication support (28 countries); financial support (21 countries); and sharing good practices and facilitating cross-country cooperation (16 countries).

 $^{^{20}}$ Informed by 2022 data, the 2025 milestone and 2026 target were changed respectively to 55 and 60 countries.

²¹ Informed by 2022 data, the 2025 milestone and 2026 target were changed respectively to 30 and 35 countries.

OUTCOME 3: Efficient HIV response fully resourced and sustained

Result Area 8: Fully funded, sustainable HIV response

Indicator 8.1.1. Number of countries supported by the Joint Programme that have developed and report implementation of measures advancing full and sustainable HIV financing

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
45 countries (2023)	36 countries (2022)	37 countries ²²	44 countries

The Joint Programme provided support and guidance to **45 countries** to identify/ assess HIV financing trends (such as National AIDS Spending Assessments or national health accounts), as well as HIV financing gaps and opportunities. The support and/or guidance provided by the Joint Programme included: HIV sustainability and/or transition plans (30 countries); HIV financing assessments, i.e. financing vulnerabilities, funding landscape assessments (32 countries); HIV financing integration into domestic budgets (31 countries); and community-led response financing and/or social contracting (35 countries).

Indicator 8.1.2 Number of countries where the Joint Programme operates that submit their reports via GAM on government earmarked budgets and expenditures on HIV to UNAIDS.²³

2022-2023 Progress		2023 Milestone	2026 Target
Not reached: 21 countries (2023)	Slow progress: 20 countries ²⁴ (2022)	5 additional countries report to GAM on the indicators 8.1 and 8.3.	2 additional countries report to GAM on the indicators 8.1 and 8.3.

For the GAM 2023 data reporting round, as of 29 April 2023, 21 of 86 countries where the Joint Programme operates submitted both, domestic HIV budgets (GAM Indicator 8.1) and expenditures (GAM Indicator 8.3) to UNAIDS. Individually, 29 countries reported on Indicator 8.1 – Government Public budget for HIV and, 21 countries reported on Indicator 8.3 – HIV expenditure by source. The 2023 milestones was not reached mainly due to limited national capacities as such GAM reporting requires detailed tracking assessment which demands resources and typically take 6-8 months to complete, there is a time lag between a country initiating resource tracking efforts and reporting for the Global AIDS Monitoring, which can span approximately 1 to 1.5 years, some countries may have health budget but not specific Hiv ones. Given a notable increase in interest among countries to conduct resource tracking assessments, it is expected that the next rounds of reporting will see increase.

It is important to stress that this preliminary and data does not reflect the complete reporting by all countries on those GAM indicators as in the UBRAF context, this UBRAF indicator only focuses on data for countries where the Joint Programme operates and this is preliminary data for PCB reporting by an advanced cut-off date and related timeline as the complete data set for all countries is only available in Sept/Oct due to different countries' fiscal years. For more information, see UNAIDS HIV Financial Dashboard

²² The indicator was updated for readability and informed by the verified baseline (32 countries) using actual numbers so the 2023 milestone is the baseline plus 5 additional countries and 2026 target is baseline plus 12 additional countries.

²³ This UBRAF indicator is a combination of two GAM indicators. As stated in the UBRAF Indicators matrix and guidelines, due to different fiscal years across countries, normal reporting cycle differs for GAM financial indicators with complete country reporting only available in September/October of the next year. Preliminary indicative data is provided for the June PCB reporting but more complete country 2023 data reporting against these GAM indicators is thus expected after June 2024.

²⁴ The 2021 baseline by a cut of date of May 2021 was 24. This 2022 data was by the cut of date of 25 April 2023 for submission of the Scorecard to the June 2023 PCB. For consistent reporting, the preliminary data is considered here. However, it should be noted that this does not reflect the complete number of countries that submitted reporting against these GAM indicators.

Indicator 8.2.1 Number of countries having conducted studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multisectoral financing, impact and equity; and/or with recent HIV Investment cases (in the past three years) that are being used

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 49 countries	On track: 48 countries (2022)	45 countries	45 countries

In 2023, **49 countries** were supported by the Joint Programme to conduct / develop/ studies to improve allocative efficiency (18 countries); address implementation bottlenecks (24 countries); or recent HIV investment cases (last 3 years) that are currently being used (24 countries).

Indicator 8.2.2 Number of countries supported by the Joint Programme for evidence-informed HIV investments across their Global Fund to Fight AIDS, TB and Malaria grant cycle

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 80 countries (2023)	On track: 79 countries ²⁵ (2022)	At least 50 countries benefit from Joint Programme's support for evidence-informed HIV investments across their Global Fund grant cycle.	At least 50 countries benefit from Joint Programme's support for evidence-informed HIV investments across their Global Fund grant cycle.

81 countries benefitted from Global Fund investments for HIV, TB/HIV or other grants with HIV components (such as COVID-19 and other special initiatives that include some HIV components). The Joint Programme supported **80 of these countries** for evidence-informed HIV investments across their Global Fund grant cycle.

Types of support provided by the Joint Programme included: guidance and technical support (<u>78 countries</u>); coordination and facilitation (e.g. for effective and inclusive country dialogue, country coordinating mechanisms or other fora to optimize Global Fund investments) (<u>75 countries</u>); strategic information generation and use, including for national strategic plans, investment cases, costing, transition and sustainability (<u>73 countries</u>); support through UNDP serving as interim "principal recipient" for the Global Fund (<u>17 countries</u>).

Result Area 9: Integrated systems for health and social protection

Indicator 9.1.1 Number of countries supported by the Joint Programme to have HIV antiretroviral services, for both treatment and prevention purposes, organized and financed as part of overall health systems, including through primary health care

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
70 countries (2023)	67 countries (2022)	46 countries	65 countries ²⁶

In 2023, the Joint Programme supported **70 countries** to establish HIV ART services organized and financed as part of the overall systems. The following services are included in the primary health care services in these countries:

- (i) pre-exposure prophylaxis for HIV (PrEP) (63 countries);
- (ii) post-exposure prophylaxis for HIV (50 countries);
- (iii) combination ART for line treatment of HIV. One of the following combinations individually for concomitant use or in fixed-dose combination: efavirenz + emtricitabine + tenofovir disoproxil fumarate or efavirenz + lamivudine + tenofovir disoproxil fumarate (48 countries);
- (iv) HIV drug sensitivity testing (23 countries).

²⁵ The large number of countries supported by the Joint Programme resulted from high demand during the development of funding proposals for the Global Fund grant cycle, including RG7 in 2022 and 2023 after the successful replenishment conference. It is expected that demands for support will decrease in coming years which is why the 2026 target is lower.

²⁶ Informed by the 2022 data, the 2025 milestone and 2026 target were changed to 60 and 65 countries.

Indicator 9.1.2. Number of countries supported by the Joint Programme, that have included cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
52 countries (2023)	48 countries (2022)	40 countries	At least 80 countries

In 2023, **52 countries** received support from the Joint Programme to include cervical cancer screening and treatment for women living with HIV in national strategies, policies, guidelines and/or plans for HIV, cervical cancer, noncommunicable diseases or other health areas.

For countries supported by the Joint Programme, cervical cancer is included into one or more of the following:

- (i) the national strategy, policy, plan or guidelines for cancer (including any cervical cancer specific ones) (55 countries);
- (ii) the broader response to noncommunicable diseases (in 43 countries);
- (iii) the national strategic plan governing the HIV response (in 41 countries);
- (iv) the national HIV treatment and/or testing guidelines (in 44 countries).

Indicator 9.2.1 Number of countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 44 countries (2023)	On track: 44 countries (2022)	10 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.	At least 25 countries supported by the Joint Programme should have social protection systems which adequately cover people living with, at risk of, and affected by HIV.

44 countries were supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance the comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

Overall, in <u>62 countries</u> the support provided by the Joint Programme focused on generating data and/or evidence on barriers of people living with, at risk of, and affected by HIV in accessing social protection services. In <u>46 countries</u>, the support focused on revising social protection policies or programmes to ensure their comprehensiveness and adequacy for the inclusion of people living with, at risk of, and affected by HIV.

Result Area 10: Humanitarian settings and pandemics

Indicator 10.1.1. Number of countries where the Joint Programme operates, that implement interventions/services for key populations in humanitarian settings

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
46 countries (2023)	42 countries (2022)	25 countries	25 countries

In 2023, **49 countries** where the Joint Programme operated were considered to have a humanitarian setting, having met one or more of the following criteria: more than 30 000 refugees or asylum seekers or internally displaced population; more than 30 000 nondisplaced conflict affected populations; or a natural or climate-induced disaster affecting at least 30 000 people within the past 2 years.

Of those, **46 countries** received support from the Joint Programme for implementing at least 5 of the following services for key populations: HIV testing services (<u>48 countries</u>); HIV treatment and care (<u>46 countries</u>); condoms and water-based lubricants (<u>41 countries</u>); gender-based violence referral pathways (<u>39 countries</u>); nutritional support (<u>38 countries</u>); treatment of STIs (<u>38 countries</u>); contraceptive services (<u>38 countries</u>).

Indicator 10.1.2 Number of countries supported by the Joint Programme with specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security.

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 39 countries	On track: 35 countries (2022)	10 countries	20 countries

The Joint Programme supported <u>39 of the 49 countries where it operates with a humanitarian setting(s)</u> to have specific measures in place for vulnerable persons living with HIV and HIV/TB to promote health and well-being, including food and nutrition security.

These measures included at least one of the following: cash-based transfers (<u>32 countries</u>); in-kind, food assistance (<u>29 countries</u>); integration into national social safety nets (<u>28 countries</u>); and support for livelihoods and/or economic empowerment (<u>26 countries</u>).

Indicator 10.2.1 Number of countries supported by the Joint Programme that report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks.

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:		
55 countries (2023)	53 countries (2022)	30 countries	At least 60 countries

In 2023, 64 reporting countries where the Joint Programme operates included priority HIV services in the country context in national pandemic preparedness and response plans or frameworks.

The top priority HIV services overall were: condoms distribution (<u>63 countries</u>); ART for adults and children (<u>62 countries</u>); HIV prevention among key populations (<u>57 countries</u>); multimonth dispensing of ARV medicines (<u>56 countries</u>); and HIV testing in pregnant women (<u>55 countries</u>).

Of these 64 countries, <u>55 countries</u> received support from the Joint Programme for inclusion of these HIV priority services in their pandemic preparedness and response plans or frameworks.

SECRETARIAT FUNCTIONS

SF1: Leadership, advocacy and communications

Indicator S1.1.1 Number of high-level political meetings related to HIV and AIDS where the Secretariat
informed/influenced the outcome documents

Informed/Influenced the outcome documents			
2022-2023 Prog	ress	2023 Milestone ²⁷	2026 Target
Reached: 20 high-level political meeting outcome documents reflecting HIV and AIDS Process to	On track: 18 high-level political meeting outcome documents reflecting HIV and AIDS (2022)	At least 15 high-level political meeting outcome documents reflecting HIV and AIDS. Development of the next Global AIDS Strategy commenced.	Next Global AIDS Strategy developed and adopted by PCB. UN General Assembly High-Level Meeting on HIV/AIDS convened in 2026, with adoption of new Political Declaration on HIV and AIDS. Lessons from the HIV response to reduce inequalities including human rights and gender
inform next Global AIDS Strategy commenced (2023)			and community leadership approaches inform new Political Declaration on HIV and AIDS and broader SDG learning and global commitments by 2030.

The UNAIDS Secretariat, together with Cosponsors, contributed to a total of **20 high-level political meeting outcome documents** in 2023, and **18 in 2022** to support the ending of AIDS by 2030 and the implementation of the Global AIDS Strategy.

The Secretariat leveraged the work of the Joint Programme and the discussions at the PCB meetings to inform the <u>General Assembly's Annual Review of HIV/AIDS</u> and <u>report</u>, the <u>High-Level Political Forum on Sustainable Development</u> and the UNGA Transforming Education Summit, its outcome document and Youth Declaration, spotlighting evidence on the intersections of HIV, health, education and other SDGs.

In 2023 and 2022, the outcome documents for the 67th 66th Commission on the Status of Women, the UN Human Rights Council, and the General Assembly Omnibus Resolution on Drugs, as well as the 66th and 65th Commission on Narcotic Drugs, highlighted the need to tackle human rights issues, including stigma and discrimination, as well as disparities in treatment access or the need for robust public health policies including drug policies. Participating in the 76th and 75th World Health Assembly, the Secretariat advocated for accelerating HIV prevention and preparing for future pandemics, including through informing the pandemic treaty in 2022 and organizing a high-level dialogue by the Global Prevention Coalition on this topic in 2023. At the margins of the Human Rights Council, contributed in 2022 to the Human rights and HIV AIDS report, and in 2023 to the dialogue on human rights challenges in addressing and countering all aspects of the world drug problem. During the 78th session of the General Assembly, three high-level meetings on health were convened; tuberculosis, pandemic prevention, preparedness and response, and universal health coverage. The Secretariat informed the respective declarations, reaffirming the Political Declaration on ending AIDS, highlighting needs of people living with HIV, multisectorality, and integration of lessons from the HIV response. The Secretariat also helped guide African Union's discussions, during its 36th ordinary session on that secured a decision on sustaining the AIDS response and convening an Extraordinary Session on Ending AIDS by 2030.

It also served as a primary partner for the <u>ICASA</u> held in Zimbabwe in 2023 and <u>International AIDS Conference</u> held in Canada in 2022, including shaping its agenda, facilitating participation of high-level participants, such as Africain First Ladies, nongovernmental organizations and advocated strongly for community engagement, against stigma and discrimination, for gender equality and women empowerment, as well as efforts to reform criminal laws.

Decisions of the <u>PCB</u> in 2023 focused on tailored HIV services, resources and programmes as a way to reduce health inequities, and on resource mobilization, as well as the improvement of the risk management and oversight. In 2022, decisions of the PCB focused on education as an access point for addressing HIV-related stigma and discrimination, strategies to scale-up and support community-led HIV responses, and the accountability and sustainability of the Joint Programme.

Initial steps were taken to inform the development of the next Global AIDS Strategy including a series of meetings convened to identify the epidemiological characteristics of the epidemic in high burden countries and implications for the future response, planning for the mid-term review of the current Global AIDS Strategy (2021-2026), based on the 2023 Global AIDS Monitoring (GAM) data and other sources, initial plan for the global AIDS targets setting process as well as leadership for HIV response sustainability agenda.

²⁷ The milestone 'Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026' milestone was moved to 2025 as the commitments of the 2021 UN Political Declaration and related global AIDS targets are until 2025 and UN General Assembly usually only takes decision for such a High-Level Meeting a year in advance hence this 2023 milestone is not possible and is thus not relevant and cannot be reported on by end 2023.

Indicator S1.1.2 Number of countries where the Joint Programme operates, that are supported to review, assess and/or update the country's National Strategic Plan (NSP) on HIV (or equivalent plans or frameworks)

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 81 countries (including 34 countries with dedicated multidisciplinary technical expertise and peer review) (2023)	On track: 83 countries (including 30 countries with dedicated multidisciplinary technical expertise and peer review) (2022)	40 countries per year where the Joint Programme operates receive support to review, assess and/or update their NSPs on HIV (or equivalent plans or frameworks) by 2023.	50 countries, where the Joint Programme operates, receive support to review, assess and/ or update the country's NSP on HIV (or equivalent plans or frameworks), including 25 countries receive intensified support. ²⁸

In 2023, **81 countries**, where the Joint Programme operated, were supported to review, assess and/or update their NSPs on HIV (or equivalent plans or frameworks). NSPs are critical and served as a basis for shaping national HIV responses and leveraging sustainable domestic, Global Fund and PEPFAR investments for most impact. Many NSPs included integrated systems and services, including to address interlinks and comorbidities and coinfections between HIV and other diseases - STIs, viral hepatitis, NCDs, cervical cancer, mental health, resilient and sustainable systems for health (RSSH) and primary health care (PHC) for more sustainable HIV response planning.

This included support for:

- new NSP development (48 countries)
- for modelling impact and setting new targets (47 countries)
- NSP monitoring and evaluation frameworks (50 countries)
- NSP costing (42 countries 2023)
- NSP mid-term reviews (41 countries).

Among those, in over 30 countries, the Secretariat provided dedicated multidisciplinary technical expertise and peer review support. This led to better-quality NSPs that are closely aligned to the Global AIDS Strategy, informed by latest evidence and data and focus on innovative and multisectoral approaches.

The updated UNAIDS <u>Checklist and reference list for developing and reviewing a national strategic plan for HIV</u> in line with the Global AIDS Strategy is available.

²⁸ Informed by 2022 data, the 2025 milestone was slightly adapted because most countries that benefited from Global Fund and/or PEPFAR support updated their national strategic plans for their new cycle during this biennium, national strategic plans are usually developed for five years (and reviewed and/or assessed only at mid-term and at the end) expected to generate less need and demand for such support in 2024–2025, though demand might grow again in 2026.

Indicator S1.2.1 Number of countries that have received Secretariat support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information-sharing and decision-making on HIV priorities

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 100% (2023)	On track: 99% (2022)	At least 90% of countries where the Secretariat operates report having advocated for and supported meaningful engagement between networks of people living with HIV, key populations, affected women and girls, and young people, and government institutions and other stakeholders, as relevant in the country HIV epidemic context, in information-sharing and decision-making.	At least 90% of countries where the Secretariat operates, report having advocated for and supported meaningful engagement between networks of people living with HIV, key populations, affected women and girls, and young people, and government institutions and other stakeholders, as relevant in the country HIV epidemic context, in information-sharing and decision-making. Annual key global events convened by the Secretariat systematically include and promote meaningful engagement and leadership of communities ²⁹

In 2023, **84 of 84 countries where the Secretariat operated (100%)**, received support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people and government institutions for information-sharing and decision-making on HIV priorities. In 2023, those networks of populations include in almost all those countries people living with HIV (<u>83 countries</u>), as well as key populations (<u>83 countries</u>). Young people at risk of and affected by HIV were supported in <u>69 countries</u> respectively; women and girls at risk of and affected by HIV in <u>67 countries</u>; and people living with disabilities in <u>27 countries</u>. Other groups were mentioned to be refugees, migrants, as well as people living in closed settings or indigenous people.

In 2023, most of the support was in the form of advocacy support (80 countries) and convening of stakeholders and/or facilitating dialogues (72 countries). Other support included organizing consultations or capacity building workshops or activities (68 countries) or financial support (58 countries). Such direct, in-country support was complemented by a large variety of support to strengthen the meaningful engagement of community networks at global and regional levels.

²⁹ The 2025 milestone and 2026 target text on annual global events was updated to include "systematically" to clarify that this is a systematic approach of inclusion and promotion of meaningful engagement and leadership of communities.

SF2: Partnership, mobilization and innovation

Indicator S2.1.1. Number of countries in sub-Saharan Africa that join the Education Plus initiative and have an implementation plan

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 15 countries joined 10 countries have an implementation plan (2023)	On track: 13 countries joined 7 countries have an implementation plan (2022)	At least 5 countries that joined Education Plus are implementing operational plans by end-2023.	10 countries that previously joined Education Plus initiative continue implementing operational plans for the Education Plus package. Final report of Education Plus initiative available by end of 2026.

By end 2023, the Education Plus initiative included <u>15 countries</u>, including 2 new members in 2023 and 8 new members in 2022. <u>10 countries</u> of these had an implementation plan in 2023.

In 2023, the initiative supported 16 policy changes and 33 programmatic initiatives in 10 countries, including on SRHR, CSE and HIV in 4 countries, addressing various aspects of school-related gender-based violence in 3 countries. Meaningful engagement of adolescent girls and young women (AGYW) as well as young people in championing the initiative and participating in implementation as rights' bearers took place in 9 countries, engaging over 240,000 young people, including AGYW. Advocacy campaigns on the Initiative's multi-sectoral package and key "asks" through digital platforms, community radio and other media platforms in 2 countries reached a total of over 18.5 million people.

Through the initiative, 9 countries developed Education Plus Investment Cases, further strengthened through a knowledge sharing workshop held in 2023, help build evidence and support resource mobilization.

Indicator S2.1.2. Number of countries that com	plete a People Livin	g with HIV Stigma Index 2.0
marcator 52.1.2. Hamber of countries that com	picte a reopic Living	g with the stigma mack 2.0

2022-2023 Progress		2023 Milestone	2026 Target
Not reached: 6 countries (2023)	On track: 11 countries (2022) ³⁰	10 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year.	12 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year ³¹

6 countries in 2023 (Botswana, El Salvador, Eswatini, Moldova, Panama, Zambia) **and 11 countries in 2022** (Belarus, Burkina Faso, Côte d'Ivoire, Iran, Kazakhstan, Kyrgyzstan, Liberia, Mauritania, Morocco, Nepal, Zimbabwe), where the Secretariate operated, have completed a new PLHIV Stigma Index 2.0 (https://www.stigmaindex.org/).

The Index provides critical information for advocacy, policies/legal frameworks and programmes to end HIV-related stigma and discrimination as part of efforts to reach the 10–10–10 targets. Indeed, in 2023, over 30 countries reported using the Index for advocacy for legal and policy change and programmatic interventions and in over 25, also for capacity building or for resource mobilization, such as for domestic funding, Global Fund or PEPFAR grants.

The UNAIDS Secretariat supported the research through technical support, quality assurance, contribution to the steering committee leading the Stigma Index implementation, capacity building, and support for engaging government and other national stakeholders. The Secretariat, through its technical support mechanism, supported furthermore collaboration among GNP+, ICW and Johns Hopkins University to provide technical support to PLHIV-led Stigma Index implementations.

Although in 2022, the milestone was slightly exceeded, in 2023, several planned Stigma Index were delayed mostly due to insufficient funding for both technical assistance and quality assurance and for country-level implementations requiring additional months of resource mobilization efforts. While the 2023 milestone was missed, there are 7 additional countries that were finalizing their implementations at the end of 2023 that will be reported in 2024 along with newly implementing countries.

³⁰ This data was updated after the PCB in June 2023 to add three countries, which also completed Stigma Index in 2022.

³¹ Informed the 2022 data and in light of the specific methodology for Stigma Index and this is an indicator for yearly reporting, the 2026 target was slightly updated.

Indicator S2.1.3. Number of countries that join the Global Partnership for action to eliminate all forms of
HIV-related stigma and discrimination (Global Partnership) and implement operational plans

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 38 countries joined the Global Partnership 20 countries implementing operational plans (2023)	On track: 34 countries joined the Global Partnership 16 countries implementing operational plans (2022)	5 additional countries join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, and 16 countries are implementing operational plans.	40 countries join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. ³² At least 20 of the total number of countries having joined the Global Partnership, implement action plans, jointly developed with strong community leadership on addressing stigma and discrimination in at least two of the six settings.

By end 2023, **38 countries** were part of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. Five countries joined the Partnership in 2023 and six in 2022, adding to the 28 members in 2021. They included Spain and Luxembourg, the first European Union countries to join. 20 countries have developed and are implementing costed action plans, while 4 are finalizing their plans. The action plans are being operationalized with key interventions also integrated into Global Fund funding proposals and PEPFAR operational plans.

Indicator S2.2.1 Number of communities of practice supported by UNAIDS Secretariat for the sharing of information, knowledge, experiences, with increased engagement of governments, communities and partners, as part of the UNAIDS Knowledge Management Strategy

2022-2023 Progres	s	2023 Milestone	2026 Target
Reached: Knowledge management strategy in place and implementation advanced 19 communities of practice (2023)	On track: Knowledge management strategy in place and started implementation 7 communities of practice (2022)	Knowledge management strategy in place and started implementation by end-2023. Community of practice initiated by the Secretariat in each of the 4 UNAIDS practice areas by end-2023.	External stakeholders from 25 countries, including governments, communities and partners, participate and/or engage in at least one of the 4 communities of practice.

UNAIDS Secretariat Knowledge Management Strategy 2022–2026 launched at the end of 2022 defines 9 priority areas for action, and implementation has started, with 7 priority actions well underway or completed by end of 2023. Four communities of practice have been initiated in each of the 4 UNAIDS practice areas, 9 additional internal communities operational in 2023. Knowledge sharing increased across key stakeholders through 5 external communities of practice including on: the Global Prevention Coalition HIV Leadership Forum, and digital platforms on issues such as gender-based violence in eastern and southern Africa (#Whatwomenwant), the Global Men and HIV Technical Working Group (MENHT), which coordinates global efforts, galvanize action and share knowledge and good practices to address the men's HIV services gap and 3 in Asia Pacific on stigma and discrimination (SparkBlue), community-led monitoring, and Learning Network (APLN) on sustainable financing for community-led responses. Finally, the Global HIV Prevention Coalition community of practice with national AIDS commission managers continued to facilitate learning, knowledge exchange and peer mentoring for effective HIV prevention and evolved into the HIV Multisector Leadership Forum in 2023.

³² Informed by recent experience and importance to focus on providing more support on implementation and driving results in member countries, the 2026 target was changed to 40 countries

SF3: Strategic information

Indicator S3.1.1 Monitoring framework corresponding to the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration on HIV/AIDS developed, shared with countries and partners, and updated by the Monitoring Technical Advisory Group (MTAG)

2022-2023 Progr	ess	2023 Milestone	2026 Target
Reached: Developed and shared GAM Framework 2021–2026 and GAM	On track: Developed and shared GAM Framework 2021–2026 and GAM	UNAIDS GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS developed and shared with all countries and partners. GAM indicator guidance for 2023	Updated GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS shared with all countries and partners. Draft of Global AIDS Framework
indicator guidance for 2022, 2023 & 2024 (2023)	indicator guidance for 2022 and 2023 (2022)	and 2024 reporting developed, guided by the MTAG, and shared with all countries and partners.	for the post 2026 Global AIDS Strategy and Political Declaration on HIV and AIDS.

The updated Global AIDS Strategy 2021–2026 Monitoring framework (GAM), developed with guidance from the Monitoring Technical Advisory Group, was widely shared, together with the related guidance (available in 4 UN languages for 2022, 2023 and 2024 reporting) and an online reporting tool. It includes 99 quantitative GAM indicators and a questionnaire on laws and policies, of around 250 questions (National Commitments and Policy Instrument, NCPI). To further align to the Global AIDS Strategy, and identify and improve understanding of inequalities, the framework disaggregates indicators by geographic locations, age, gender and key populations, as well as service delivery source (where relevant). Indicators have been developed and added to the GAM framework for 2024 reporting to address gaps in measurement of progress towards Political Declaration targets, in particular on societal enablers of the HIV response.

Indicator S3.2.1 Number of countries supported by the Secretariat to provide quality and timely reporting against new GAM indicators and to complete the HIV estimates process

2022-2023 Progress		2023 Milestone	2026 Target
Partially reached: HIV estimates were developed in 174 countries, including 124 which were supported directly	On track: HIV estimates were developed in 172 countries, including 139 which were supported directly	150 countries supported for developing HIV estimates.	140 countries supported for developing HIV estimates. ³⁴
37 countries were supported in community-led monitoring, with dedicated technical support from the Secretariat	39 countries were supported in community-led monitoring, with dedicated technical support from the Secretariat	Community-led monitoring supported in 15 countries.	Community-led monitoring supported in 35 countries.
191 countries received support for preparing GAM reports, of which 156 submitted (2023)	191 countries received support for preparing GAM reports, of which 146 submitted ³³	n/a	n/a

The UNAIDS Secretariat, with support from its partners, provided direct support to 139 countries in 2022 and 124 countries in 2023 to develop their national HIV estimates. Overall HIV estimates were produced in 172 countries in 2022 and 174 countries in 2023, representing 99% of the world's population. Of these 141 countries in 2022 and 153 countries in 2023 agreed to publish the results. Thirty-nine countries also developed subnational HIV estimates that allow for granular target-setting and monitoring by geographic location, as well as age and sex subpopulations. In-person workshops in 2023 provided opportunity to review estimates in depth with country teams and strengthen capacities of national technical leaders and their partners to identify inequalities and consider the impact of societal enablers on the response

In 2022 and 2023, 191 countries were supported to provide quality and timely reporting against GAM indicators through the related updated online reporting tool, with 146 countries submitting GAM reports in 2022 and 156 in 2023.

In 74 countries, the Joint Programme provided support towards community-led monitoring (see indicator 4.1.1). Among those, the Secretariat, through noncore funding support, strengthened community-led monitoring in <u>over 35 countries</u>. This dedicated technical support included areas such as planning, data-collection, programme management and data-related queries, as well as coordination, tracking progress and problem-solving, all done with communities.

While the above attests to the significant results in securing GAM data and HIV estimates and overreaching the milestones for the support to community-led monitoring, technically, the 2023 milestones is considered partially reached for 2023 as less than 150 countries were supported. This is mainly because they do have sufficient national capacities and no longer need such support to produce HIV estimates while focus has shifted to more support to community-led monitoring for which needs are growing.

³³ Data updated as more complete and final data became available after the June 2023 PCB

³⁴ Informed by 2022 data, the 2025 milestone and 2026 target were changed to 140 to allow for continuity throughout the years for this indicator, which reflects support provided in each year (not cumulative).

Indicator S3.3.1 Global AIDS update reports, other flagship reports and annual updates to AIDSinfo produced and disseminated, highlighting progress and inequality gaps, and giving examples of data use by countries, communities and partners to improve programmes

2022-2023 Progress		2023 Milestone	2026 Target
Reached: reports available and highlighting progress and inequalities gaps including through AIDSinfo HIV Inequalities platform (2023)	On track: reports available (2022)	Global AIDS update reports and annual updates to AIDSinfo produced.	Global AIDS update reports and annual updates to AIDSinfo produced.

Analysing data provided through global AIDS reporting and HIV estimates from countries and other sources, the Secretariat contributed to the 2023 report and 2022 report of the UN Secretary-General on the Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV and AIDS (76th and 77th sessions of the General Assembly) and published The Path that Ends AIDS: Global AIDS Update 2023 and Let Communities Lead: World AIDS Day report 2023, In Danger: Global AIDS Update 2022, and the Dangerous inequalities: World AIDS Day report 2022. UNAIDS also shared the report A Triple Dividend: The health, social and economic gains from financing the HIV response in Africa, that demonstrates that failing to mobilise the required funding to end AIDS as a public health threat by 2030 has substantial health, social and economic. All reports were disseminated widely, including through high-level meetings, missions and among UN-wide communication groups and stakeholders.

Comprehensive databooks and analyses were also published in 2022 and 2023 and were available through the UNAIDS AIDSInfo platform <u>AIDSinfo I UNAIDS</u>. The sections of the platform include: Epidemic and Response, Inequalities, the Key Populations Atlas, the HIV Financial Dashboard, and Laws and Policies Analytics. These data have been used widely globally, regionally and in countries for resource mobilization and advocacy, as well as for setting targets and monitoring progress.

SF4: Coordination, convening and country implementation support

Indicator S4.1.1. Number of countries where the Secretariat operates which have a UN Sustainable Development Cooperation Framework (UNSDCF) that integrate priorities on ending HIV-related inequalities and ending AIDS

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 81 countries (2023)	On track: 87 countries (2022)	80 countries where the Secretariat operates with the UNSDCF or equivalent that integrate priorities on ending HIV-related inequalities and ending AIDS.	In all countries where the Secretariat operates, the UNSDCF or equivalent integrate priorities on ending HIV-related inequalities and ending AIDS.

In 2023, **81 countries**, where the Secretariat operates, had a UN Sustainable Development Cooperation Framework (UNSDCF) that integrates priorities on ending HIV-related inequalities and ending AIDS. In 2023, priorities on ending HIV-related inequalities and ending AIDS are captured at results output level in <u>69 countries</u> and at results outcome level in <u>49 countries</u>. Furthermore, UNSDCFs also captured priorities on ending HIV-related inequalities at the indicator level (69 countries) and target level in (<u>49 countries</u>). HIV indicators were also included in the new UNSDG Output Indicator Framework for measuring the UN contribution towards the SDGs in all countries. The UNAIDS Secretariat is signatory to the UNSCDF or equivalent in <u>79 countries</u>.

Indicator S4.1.2 Number of country-level UN Joint Teams on HIV and AIDS implementing a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UN Sustainable Development Cooperation Frameworks (UNSDCF) or equivalent.

2022-2023 Prog	ress	2023 Milestone	2026 Target
Reached: 86 countries (2023)	On track: 91 countries (2022)	At least 85 country-level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent.	At least 80 country-level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent ³⁵

In <u>86 countries in 2023</u>, UN Joint Teams on AIDS, led by the Secretariat with Cosponsors³⁶ at the country level, developed and implemented a Joint UN Plan on HIV that effectively supports the national HIV response in a well-coordinated manner and as part of and contributing to the UNSDCF, thereby further leveraging broader UN system support for HIV and fostering synergies between HIV and other SDGs. The slight decrease is 2023 is due to the impact of the UBRAF funding shortfall results which led to reduced presence in selected countries (closed or multicountry offices).

Indicator S4.2.1 Number of countries where Joint Programme support is provided to promote and apply an inequalities lens to the HIV response, including through a new HIV inequalities framework and toolkit and other available tools.

2022-2023 Progress		2023 Milestone	2026 Target
Partially reached: Normative guide to address Inequalities for ending AIDS (framework and toolkit on HIV-related inequalities) developed and disseminated in 4 languages	Slow Progress: Framework	Normative guide to address Inequalities for ending AIDS (framework and toolkit on HIV-related inequalities) developed and disseminated.	At least 10 countries supported by the Joint Programme to apply an inequalities lens to the HIV response, guided by the HIV inequalities framework and toolkit and other available tools.
HIV-related inequalities framework and toolkit piloted in 5 countries, and refined in 2023 with emphasis on efficiency, alignment	and toolkit on HIV-related inequalities developed and disseminated and piloted in 5	HIV-related inequalities framework and toolkit piloted in 12 countries with lessons from gender assessments and Stigma	Toolkit and framework refined and published and disseminated as an updated version in several languages.
with country processes including national strategic planning, Global Fund and PEPFAR cycles.	countries (2022)	Index surveys which inform the refinement of the documents and are incorporated in the roll-out.	Consultation(s) undertaken by the Joint Programme in 2025 to identify high- level indicators for tracking progress on HIV-related inequalities based on the
HIV/AIDS Inequality Visualization platform is available (2023)			lessons learned (2025–2026).

The framework for understanding and addressing HIV-related inequalities, including a toolkit, was developed by the Joint Programme and launched in 2022. The new, related toolkit is also available and, pilot use began in 5 countries (Brazil, Cambodia, Ghana, Moldova and South Africa) in late 2022 which was considered sufficient and could not be expanded to more due to funding constraints. Based on these pilots, the toolkit was refined in 2023 with an emphasis on efficiency, alignment with country processes including national strategic planning, Global Fund and PEPFAR cycles and other priorities. The final toolkit recommends reviewing all assessments conducted to date in country including the Stigma Index surveys, gender assessments, legal environment assessments and together with GAM and other data, to identify, interrogate and highlight key inequalities that are driving the epidemic, and formulate recommendations to reduce or eliminate those inequalities based on the country context. The framework and toolkit which are available in English, French, Spanish and Russian, are now mainstreamed for use in all countries.

A part of UNAIDS <u>AIDSinfo</u> platform, the HIV/AIDS Inequality Visualization Platform brings key data on HIV related inequalities such as on differentiate impact of HIV between populations groups arising from the social conditions in which people are born, grow, live, work and age to inform programmes, investments and research.

³⁵ Given reduced Joint Programme capacities, the milestone by 2025 and target by 2026 were changed to 80 countries.

³⁶ The Joint Teams on AIDS are led mostly by the UNAIDS Secretariat with a few exceptions where the teams are led Cosponsors and UNAIDS Secretariat is not present.

SF5: Governance and mutual accountability

Indicator S5.1.1 Number of meetings with constituency inclusive engagement facilitated to support the governance of the Joint Programme, including by transparent and effective decision-making per the PCB modus operandi

2022-2023 Prog	ress	2023 Milestone	2026 Target
Reached: 29 meetings (2023)	On track: 27 meetings (2022)	A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.	A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.

UNAIDS delivered on its commitment to effective governance and inclusive stakeholder engagement by holding 29 meetings with its primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) in 2023. Among others, the PCB Bureau reviewed the Evaluation Plan and the work of the Independent External Oversight Advisory Committee The Committee of Cosponsoring Organizations (CCO) of UNAIDS committed to revitalize the Joint Programme, by leveraging its multisectoral and inclusive model as a pathfinder for UN reform and called for a focus on the sustainability of the HIV response, while recognizing the wider and challenging context marked by threats such as climate change, conflicts, forced displacement, pandemics, pushbacks on human rights and gender equality and political polarization. The dedicated support, opportunities and space for PCB stakeholders to engage have increased the Joint Programme's accountability.

In response to the PCB's request, an informal Multistakeholder Task Team was convened and provided recommendations informing a PCB Bureau report on solutions to mitigate the risk of the UBRAF funding shortfall. An ambitious Joint Programme 2022–2026 Resource Mobilization Strategy was launched and discussed at the 51th PCB meeting in December 2022. In 2023, all recommendations from the Multistakeholder Task Team were implemented, noting that the PCB may make further recommendations.

Indicator S5.2.1 Annual performance monitoring, financial and organizational oversight reports (i.e. reports of the auditors, Ethics Office, and UNAIDS Independent External Oversight Advisory Committee) submitted to the PCB for consideration and Results and Transparency Portal updated.

2022-2023 Progress		2023 Milestone	2026 Target
Reached: Reports submitted. Portal updated (2023)	On track: Reports submitted. Portal updated (2022)	Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB. Results and Transparency Portal updated with latest information	Performance monitoring reporting and Transparency Portal demonstrate effective and transparent accountability of the Joint Programme. Oversight reports, management responses and the related PCB decisions demonstrate effective and transparent accountability and compliance by the Secretariat.

At its annual June sessions, the PCB reviewed and considered the Performance Monitoring Report package for 2020–2021 (including data for all UBRAF indicators 2016-2021), 2022 and 2022-2023, financial reports, human resources management reports, ethics reports of internal oversight and external auditors and related management responses, as well as the annual reports of the Independent External Oversight Advisory Committee.

Transparency mechanisms were therefore strong, including through the constantly updated Results and Transparency Portal, with a dedicated page on the UBRAF 2022–2026; UNAIDS results, including over 80 country report; and other UN System-wide reports and information on donor contributions and UNAIDS's submission to the International Aid Transparency Initiative.

The Multilateral Organization Performance Network (MOPAN), which brings together Member States that fund the multilateral system, published its assessment of the UNAIDS Secretariat in August 2023. This fourth MOPAN assessment, which specifically focused on the Secretariat, reaffirmed the critical importance of UNAIDS and offered useful suggestions for further strengthening the Joint Programme's catalytic role in the HIV response. In response to MOPAN findings, the UNAIDS Secretariat committed to articulate a vision for UNAIDS to lead the multilateral response to HIV to 2030 and beyond. A mid-term review of the Global AIDS Strategy will be provided to the UNAIDS Programme Coordinating Board (PCB) in December 2024

Indicator S5.2.2 Number of meetings of the Independent External Oversight Advisory Committee (IEOAC) held and the submission of its annual oversight report to the PCB, that are effectively supported by the Secretariat in order for the IEOAC to fulfil its role as per its final terms of reference/mandate

2022-2023 Progress		2023 Milestone	2026 Target
Reached: 5 meetings Annual report submitted (2023)	On track: 7 meetings Annual report submitted (2022)	IEOAC supported by the Secretariat to fulfil its terms of reference, measured by a minimum of 4 meetings per year and submission of its annual report to the PCB.	IEOAC supported by the Secretariat to fulfil its terms of reference, measured by a minimum of 4 meetings per year and submission of its annual report to the PCB. ³⁷

The IEOAC was formally established and held a total of 7 meetings during 2022 and 5 in 2023. These sessions included dialogue with senior management, as well as with the PCB Bureau. In accordance with past PCB decisions, the IEOAC prioritized risk management and UNAIDS's current financial situation in its initial plan of work. Through dialogue and its 2022 report and 2023 report to the PCB in June, the IEOAC provided expert advice to the PCB and the UNAIDS Executive Director to further strengthen governance and oversight. The Board took 32 decisions related to oversight and governance during its PCB sessions in 2022, and 38 decisions during its PCB sessions in 2023.

Indicator S5.3.1 Mandatory UNAIDS reporting relating to Quadrennial Comprehensive Policy Report (QCPR), UN Funding Compact and UN System-Wide Action Plan on gender equality and women empowerment, completed indicating progress towards compliance with recommendations and integration with UN system-wide tools.

2022-2023 Progress		2023 Milestone	2026 Target
Reached:	On track:	Annual QCPR, UN Funding	Annual QCPR, UN Funding
Reports completed (2023)	Reports completed (2022)	Compact and UN SWAP report completed.	Compact and UN SWAP report completed.

In 2022 and 2023, UNAIDS Secretariat submitted UN System-wide reports that showed a very high commitment and compliance with the SDG and UN Reform priorities, recommendations, and requirements, as well as integration with UN System-wide tools. These included submission of annual survey for the UN Quadrennial Comprehensive Policy Review (QCPR) (2021, 2022 and 2023), as well as progress reports against the QCPR, the UN Funding Compact commitments to the PCB (conference room papers, 2021, 2022 and 2023). In 2023, this also included UNAIDS Secretariat report on the UN Checklist on oversight of the implementation of the repositioning of the United Nations development system. The progress report was also presented during the PCB Structured Funding Dialogue in 2022 and 2023. The UN-System-Wide Action Plan 2.0 on gender equality and women's empowerment holds UN agencies accountable for promoting gender equality and women's empowerment in all aspects of their work. The UNAIDS Secretariat's 2022 and 2023 reports shows high compliance with and ranking against the UN's ambitious targets for gender equality and women empowerment with, among the 16 applicable indicators, 9 met, 5 exceeded and 2 approached in both years. The UNAIDS Secretariat contributed to other UN-wide reports, such as the Youth 2030 progress report (2022 and 2023), the Greening the Blue report (2022 and 2023), and The Sustainable Development Goals report (2022 and 2023), as well as other system-wide surveys, such as the UN Disability and Inclusion Strategy, the 2021 UNAIDS report and the Survey on Civil Society Engagement in the Work of the UN (reports can be found on the Results and Transparency Portal, under UN-wide reporting).

³⁷ Informed by experience and the planned schedule of Independent External Oversight Advisory Committee meetings, the 2025 milestone and 2026 target were changed to four meetings.

Indicator S5.4.1 Percentage of UNAIDS evaluations, as per the PCB-approved Evaluation Plan,
implemented, and tracking of the follow-up on related recommendations

implemented, and tracking of the follow up on related recommendations					
2022-2023 Progress		2023 Milestone	2026 Target		
Reached: 80% Follow-up on recommendations from evaluations in 2021 and 2022 tracked Evaluation plan for 2024–2025 approved by the PCB in December 2023 (2023)	On track: 83% of 2021 and 2022 recommendations tracked 2024–2025 evaluation plan to be developed in the second half of 2023. (2022)	At least 80% of the evaluations (as per the evaluation plan for 2022–2023) implemented. Follow-up on recommendations from evaluations in 2021 and 2022 tracked. Evaluation plan for 2024–2025 approved by the PCB.	At least 80% of the evaluation (as per the evaluation plan for 2026–2027) implemented. Follow-up on recommendations from evaluations in 2024 and 2025 tracked.		

In 2022-2023, five comprehensive global Joint Programme evaluations were completed – on the UBRAF country envelopes, HIV and social protection, HIV and primary health care, key populations, and efficient and sustainable financing. Two evaluations of the work of the Joint Programme at country level, in Mali and Lesotho, were carried out and one Secretariat evaluation – on UNAIDS regional data hubs – was conducted. All evaluations were externally assessed to assure their quality and are available on the UNAIDS Evaluation office website along with the related management responses.

The implementation of evaluation recommendations was tracked and five meetings of the UNAIDS Expert Advisory Committee on evaluation were held, focusing on improving the value, credibility, independence and resourcing of the evaluation function. The <u>Evaluation Office</u> participated actively in the UN Evaluation Group, to exchange experiences and learn from a professional network of more than 50 UN evaluation offices.

An annual report on evaluation was presented to the UNAIDS Board in December 2022 (UNAIDS/PCB (51)/22.34) and in December 2023 (UNAIDS/PCB (53)/23.29) where the evaluation plan for 2024-2025 was presented and approved. The Evaluation Office was commended for promoting accountability and evidence-based decision-making and for strengthening the evaluation culture and noted that evaluations were vital for demonstrating the impact of the Joint Programme's work and showing how resources and capacities could be used optimally. The MOPAN assessment of UNAIDS reaffirmed the important work of the Evaluation Office

