2022–2026 UBRAF 2022–2023 WORKPLAN AND BUDGET

6 October 2021 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 23 September 2021

Additional documents for this item:

2022-2026 Unified Budget, Results and Accountability Framework *(UNAIDS/PCB (EM)/4.2);* Report of the Working Group to develop the 2022-2026 UBRAF *(UNAIDS/PCB (EM)/CRP1)*

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

- *approve* US$ 420 million as the core budget for 2022–2023 and the budget allocation of the Cosponsors and the Secretariat;
- *encourage* donor governments to release their annual contributions towards the 2022-2026 UBRAF as soon as possible and make multiyear contributions.

Cost implications for implementation of decisions: US$ 420 million

TABLE OF CONTENTS

INTRODUCTION

1. The 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF), provides the operational framework for the contribution of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to the implementation of the Global AIDS Strategy, endorsed by the Board at its 48th meeting.

2. The 2022–2026 UBRAF sets out the overall strategic directions and expected results of the Joint Programme. It provides a planning and monitoring framework that is aligned with Cosponsors' planning cycles and with the UN system more broadly, as mandated by the Quadrennial Comprehensive Policy Review.

3. This first biennial Workplan and Budget under the 2022–2026 UBRAF covers the years 2022 and 2023. Carrying forward the strategic directions set out in the UBRAF, the 2022–2023 Workplan and Budget provides further detail about the priority actions and deliverables[1] the Joint Programme will undertake and the related budget towards each of the 10 result areas at output level, as outlined in the UBRAF.

4. The central focus of the 2022–2026 UBRAF is the urgent need to further leverage the strengths, capacities and comparative advantages of the Joint Programme to support countries and communities to reduce the inequalities that undermine service access and utilization, leave people living with HIV, at risk or and affected by HIV behind and drive the AIDS epidemic.

5. Under each of the 10 result areas, the Workplan and Budget identifies key inequalities, gaps and challenges which the Joint Programme will focus on. It also outlines how the Joint Programme will apply an inequalities lens to support countries and communities to identify and address the multiple, overlapping inequalities that slow progress in the response in 2022–2023. For each result area output, the priority action, deliverables and associated budget outlined in the Workplan and Budget set out how the Joint Programme will strengthen capacity and catalyze actions to close the gaps for the most left behind and achieve more sustainable national HIV responses that can reach the targets set in the Global AIDS Strategy 2021–2026. While recognizing the interlinkages between inequalities, gaps and challenges and the various results areas, those are not all explicitly listed in the workplan, for the sake of clarity and conciseness.

6. The Workplan and Budget specifies the actions which the Joint Programme will take to address the social and structural factors that drive the AIDS epidemic. These include a dedicated result area on gender equality and gender-based violence, along with specific actions under that area and gender-responsive actions across the other result areas. They also include catalytic actions within the Joint Programme's mandate to strengthen social protection and protect and promote human rights as key elements of the response. The Workplan and Budget provides for specific actions and budget to fully resource, engage and empower communities of people living with, at risk of and affected by HIV, recognizing community leadership and community-led responses[2] as vital for to reducing inequalities in the response.

7. Given the persistent challenges posed by COVID-19, the Workplan and Budget sets out actions to aid countries and communities in sustaining and further strengthening HIV

[1] Joint Programme deliverables are understood here to refer to "Joint Programme areas of interventions".
[2] At its 43rd meeting, in decision point 10.4b, the PCB requested the Joint Programme to "convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, "community-led AIDS response" and "social enablers" and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency based." The work of the Task Team is still ongoing.

responses in the face of the pandemic and to build robust and resilient systems capable of anticipating and mitigating future challenges. The Workplan and Budget outlines how the Joint Programme will expand and deepen its work on sustainable HIV and health financing, as additional resources will be needed to enable national responses to recover ground lost during COVID-19, adapt to new environments and evolving needs, and build on innovations developed during the COVID-19 pandemic.

8. The 2022–2023 Workplan and Budget is the first biennial effort informed by and to put into action the theory of change on which the 2022–2026 UBRAF is based.

9. Through his work, the Joint Programme aims to navigate the causal pathway towards essential programmatic achievements that will support countries and communities to:

   - apply context-specific solutions to get their HIV responses back on-track; build stronger, more inclusive and sustainable health and social systems and emergency responses;
   - effectively leverage United Nations (UN) systems to build on and forge new strategic partnerships and initiatives for impact and accelerate progress towards the Sustainable Development Goals;
   - support the development of innovative, people-centred and local context-specific combination prevention and treatment services and social protection; and
   - refocus investments to reduce inequalities and get the response on-track.

10. The Workplan and Budget serves as the framework for the Joint Programme's planning at all levels during the 2022–2023 biennium. It outlines priorities in each region, guiding regional teams in supporting countries and galvanizing cross-regional action to reduce inequalities in the context of the HIV response. At country level, the Workplan and Budget provides a framework for Joint UN Plans on AIDS, including much closer linkages with the UN Sustainable Development Frameworks.

As recalled in all PCB decisions, all aspects of the Joint Programme's work are directed by the following guiding principles:

- aligned to national stakeholders' priorities;
- based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- based on human rights and gender equality;
- based on the best available scientific evidence and technical knowledge;
- promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
- based on the principle of non-discrimination.

11. As per the 2022-2026 UBRAF (accountability framework section), the Joint Programme's performance monitoring will mostly rely on a new set of UBRAF indicators (to be presented to the Board in June 2022) measuring progress against the 10 UBRAF output and milestones towards achieving those during 2022-2023 biennium. Aligned with the UBRAF and the Workplan and Budget, those indicators will be informed by and closely linked with the Global AIDS Monitoring System, which tracks progress made in countries as part of the broader HIV response. Through UBRAF performance monitoring, the Board and other stakeholders will be able to assess the degree to which the Joint Programme has succeeded in carrying out the actions and deliverables set out in this Workplan provided the estimate resources needed are available.

12. The Workplan and Budget realistically estimates the resources that the Joint Programme will need to achieve the results outlined in the UBRAF. Prepared in a manner that takes account of the unpredictable funding environment, including the persistence of the COVID-19 pandemic, the budget includes two main categories of funding:

    - **Core funds** provide funding to the Secretariat for implementation of its functions, as well as a predictable core catalytic funding for the HIV-related work of the 11 Cosponsors.

    - **Non-core funds** represent the HIV-related funds of Cosponsors that are mobilized within their own organizations, as well as additional funds that Cosponsors and the Secretariat raise at country, regional and global levels. Cosponsors' noncore funds in the UBRAF reflect both regular and extrabudgetary resources mobilized by Cosponsors, which contribute to the achievement of UBRAF outputs, and which are or can be measured through UBRAF indicators.

13. The amounts provided in the 2022–2023 budget represent the most realistic estimates and are subject to changes with disbursement, depending on the funding that is mobilized throughout the biennium.

2022–2023 WORKPLAN

Joint Programme deliverables by Result Areas

UBRAF Result Area 1 output: HIV prevention

Country and community capacities are strengthened to define, prioritize, implement and bring gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV at a scale to drive impact and achieve national HIV prevention targets

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
18 669 800	**136 345 200**	**155 015 000**

Inequalities/gaps/challenges (2022–2023)

- Too many countries are not implementing combination prevention interventions at sufficient scale to achieve impact, and societal barriers—such as punitive laws, and gender inequalities —often remain unaddressed. Rising HIV infections in many of these countries are offsetting progress made in other countries. As a result, the annual number of new HIV infections among adults globally has hardly changed in the past four years; in 2020, it was only 31% lower than in 2010. In eastern Europe and central Asia and in the Middle East and North Africa, new infections have increased by 43% and 7% respectively since 2010.
- Globally in 2020, women constituted 51% of all new HIV infections among adults. Adolescent girls and young women in sub-Saharan Africa are particularly affected. In this region, 6 in 7 new HIV infections among adolescents (15–19 years) were among girls. Yet only 1 in 3 adolescent girls and young women demonstrate accurate knowledge of HIV prevention and transmission.
- Of the 38 countries in sub-Saharan Africa with subnational HIV incidence data, 20 countries had a total of 555 subnational locations with high, very high or extremely high HIV incidence. Only 30% (200) of those subnational locations had dedicated HIV programmes for adolescent girls and young women in 2020.
- Key populations and their sexual partners accounted for 65% of new HIV infections worldwide in 2020, and 93% of infections outside of sub-Saharan Africa. Yet across countries and regions, critical HIV prevention services for key populations are unevenly accessible or entirely absent.
- People who inject drugs are at 35 times greater risk of acquiring HIV infection than people who do not inject drugs. Harm reduction services for people who inject drugs, for example, are seldom provided on a meaningful scale. Less than 1% of the global population of people who inject drugs live in countries with adequate coverage of needle–syringe distribution and opioid substitution.
- Similarly, coverage and quality of prevention programmes for gay men and other men who have sex with men is still uniformly low, including in some high-income countries. Coverage of prevention programmes for transgender people is meagre in all but a handful of countries. In many regions, coverage of prevention programmes among sex workers remains low, and condom use at last higher-risk sex is below the levels required to drastically reduce HIV transmission during paid sex.
- People in prisons and other closed settings are often not provided HIV services, despite their elevated risk of HIV and other communicable diseases.
- Consistent condom use, although possible, has proved difficult to achieve in practice among all populations. Women in many countries, for example, need greater agency and support to negotiate consistent condom use as well as other aspects of their sexual and reproductive health and rights (SRHR). New and affordable female-controlled HIV prevention methods (including the vaginal ring) require scale-up to ensure women have access, information and ability to use these options.
- Other sexually transmitted infections (STIs) remain widespread and uncontrolled, with over one million new STIs occurring each day globally. The presence of STIs—both ulcerative and inflammatory—increase transmission of HIV, and STI diagnosis and management is largely missing from global HIV prevention strategies. STIs and HIV share common behavioural and exposure risks, affect similar populations at elevated risk of HIV, and both lead to adverse reproductive outcomes in parents and

neonates.

- Voluntary medical male circumcision (VMMC) uptake in most priority countries appears to be correlated with household wealth. Programmes in many countries may not be reaching men with low socioeconomic status, many of whom reside in rural areas or work in informal sectors of the economy. Most existing programmes operate in urban areas, and they often focus on workplace and education settings.
- There continue to be substantial gaps in the availability and affordability of pre-exposure prophylaxis (PrEP). The total number of people using this prevention option in 2020 (840 000) was just 28% of the target of 3 million in low- and middle-income countries and only 8% of the new global 2025 target.
- HIV prevention is key to the broader HIV response and requires structural enablers and investments in health and other systems. Structural factors, including gender inequalities, stigma, discrimination, criminalization, restrictions on the age of consent and many others, affect prevention access, drive inequalities and leave certain populations or groups at high risk of HIV.

Joint Programme deliverables for 2022–2023

- Leverage global, regional and national partnerships, platforms and strategic initiatives (such as the Global HIV Prevention Coalition, Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination and Education Plus) for adequate investments and action by governments, communities and other partners, including the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), to accelerate scale-up and reduce inequalities in access to people-centred combination HIV prevention services.
- Provide policy guidance, technical and implementation support (including through tools and strategic information) and foster the use of communities of practice and South-to-South collaboration for peer-to-peer learning. The aim is to enhance country and community capacity for reinvigorated, inclusive and effectively implemented gender-responsive[3] combination HIV prevention programmes and delivery of effective, layered HIV prevention packages, with particular attention to the needs of key populations,[4] including young key populations, as well as adolescent girls and young women and other priority populations.
- Leverage alternative programmes and use of creative approaches (including but not limited to virtual platforms) to reach key and other populations at risk of HIV, with HIV, SRH and related prevention initiatives and services, including scale up of comprehensive harm reduction and HIV services that can be easily, voluntarily and confidentially accessed by all people who use drugs to protect and promote the human rights of people who use drugs, and provide equal access to health and social services.
- Advocate for investment for scaling up HIV combination prevention, treatment and care, and for addressing social and structural barriers, with robust and appropriately differentiated national approaches (e.g. ensuring coherency between funding and programmes, and supporting countries to ensure laws and policies do not increase HIV risk).
- Promote stronger integration and scale-up of SRH services with HIV prevention for women and girls, and men and boys (including VMMC).[5]
- Support STI diagnosis and treatment among key populations, as part of the biomedical components of

[3] Gender-responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and do something about gender inequalities. For example, a gender-responsive PMTCT programme is one where women's lack of decision-making is addressed by reaching out to men and the male partners of women (with the women's permission), to promote joint decision-making regarding safer sex and infant feeding. *[Source: WHO Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs].*

[4] As per the Global AIDS Strategy (pages 8 and 10): Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. The term “key populations” is also used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people are also particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population.

[5] As per the Global AIDS Strategy (page 45): Current HIV services are not always designed or tailored for the populations or age groups who are most affected by HIV, and they often fail to meet the needs of those populations. Stigma, discrimination and persistent gender inequalities leave many key populations and people from priority populations unreached and unserved. In addition, HIV services are often not complemented by broader rights-based, gender-sensitive access to age-tailored health care, sexual and reproductive health services, education (including comprehensive sexuality education both in and out of school), sustainable livelihoods, support systems and social protection.

combination HIV prevention and provision of comprehensive HIV prevention services.

- Promote and practice strong, meaningful engagement of key and other populations at risk of HIV in the planning, budgeting and community-led implementation of combination HIV prevention services and community-led monitoring of service accessibility and quality, including official recognition and valorization of their contribution.
- Continue to improve monitoring of combination HIV prevention, including through dashboards and greater granularity of available data and estimates, for tailored and focused approaches, and support national target-setting for prevention.
- Guide and support expansion and securement of male and female condom programming for prevention of HIV, STIs and unintended pregnancies, through condom promotion, procurement and distribution.
- Support improved accessibility to and affordability of PrEP, as well as new prevention technologies, including long-acting injectable PrEP and vaginal rings for PrEP to expand the choices for HIV prevention available to women at substantial risk of HIV infection.
- In emergency and humanitarian contexts, support disaster risk reduction and shock-responsive social protection to prevent HIV, ensure continued access to treatment and care and increase resilience.
- In the context of COVID-19, continue to facilitate equitable access to services for people living with and at risk of HIV including COVID testing, therapeutics and vaccines, social protection measures and protection from violence, and build on COVID-19 innovations in the delivery of prevention programmes, including harm reduction and community-based, peer-supported treatment for HIV and hepatitis C.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *Reduce new HIV infections to under 370 000 by 2025.*
- *95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options.*
- *Reduce the number of new HIV infections among adolescent girls and young women to below 50 000 by 2025.*
- *Ensure availability of PrEP for people at substantial risk of HIV and post-exposure prophylaxis for people recently exposed to HIV by 2025.*
- *95% of women of reproductive age have their HIV and sexual and reproductive health service needs met.*
- *80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations.*
- *95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people- centred and effective combination prevention options.*

Primary contributing organizations: All Cosponsors and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: Global Prevention Coalition, Global Partnership for Action to eliminate all forms of HIV-related stigma and discrimination, Education Plus, FP2030, Global Financing Facility, PEPFAR and Global Fund.

UBRAF Result Area 2 output: HIV testing and treatment

Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
23 804 200	**437 415 000**	**461 219 200**

Inequalities/gaps/challenges (2022–2023)

- In 2020, an estimated 27.5 million [26.5 million–27.7 million] of the 37.7 million [30.2 million–45.1 million] people living with HIV globally were accessing antiretroviral therapy (ART). This 73% global treatment coverage hides a multitude of inequalities and inequities in access by population and by regions of the world. An estimated 680 000 [480 000 – 1.0 million] people died of AIDS-related illnesses in 2020.
- Antiretroviral therapy continues to be a key driver of progress in the response to HIV and, in the absence of a cure or vaccine, is the critical tool that will ensure that AIDS is ended as a public health threat by 2030. More people living with HIV than ever before know their HIV status, are accessing antiretroviral therapy and are achieving the viral suppression required to stay healthy and prevent onward transmission. However, a third (34%) of all people living with HIV are yet to achieve viral load suppression and an estimated 10 million are not accessing HIV treatment.
- Gaps in testing and treatment are often linked to structural factors, including those related to HIV-related stigma and discrimination and to gender and other inequalities. The treatment gaps among children, young people, migrant and displaced people, men and key populations are particularly notable.
- While outcomes for people who receive antiretroviral therapy are excellent, with 90% [70– >98%] of people accessing treatment in 2020 achieving viral suppression, many people living with HIV do not receive treatment because they are unaware of their HIV status. An estimated 84% [67– >98%] of people living with HIV knew their HIV status in 2020. HIV testing and treatment coverage among women is higher than among men. Yet, AIDS remains one of the leading causes of mortality among women of reproductive age (15–49 years). Women face specific barriers in accessing HIV testing, treatment and care services, deeply rooted in gender inequalities, including violence against women and fear of thereof, economic dependence, gender-based discrimination and care responsibilities.
- In the 2021 UN Political Declaration on AIDS countries committed to reach 95–95–95 testing, treatment and viral suppression targets within all demographics, groups and geographic settings by 2025, including children and adolescents. Reaching the 95–95–95 targets will require strengthened political will, adequate funding and the use of differentiated approaches to fulfil the diverse testing and treatment needs of populations that have yet to experience the full health benefits of HIV treatment and other health-care services, such as tuberculosis (TB) screening, preventive therapy and treatment.
- The interdependencies between Result Area 2 and all other results areas are significant. Success in HIV testing and treatment is reliant on strong links to, and success in all other result areas. Similarly, other result areas will be boosted by success in testing and treatment. HIV testing and treatment coverage continues to be an important indicator of progress towards universal health coverage. Information on barriers to access and uptake for populations yet to be reached offer important insights into the inequalities and inequities that affect the broader response.
- HIV testing and treatment services in many contexts overcame disruptions during the early phases of COVID-19 pandemic, often by drawing on community-driven innovations and introducing self-testing and self-care innovations. Service delivery innovations such as differentiated HIV treatment and testing service delivery that is responsive to local contexts and to the needs of people and communities, including multimonth dispensing of antiretroviral drugs—were important adaptations that need to be continued and expanded to scale. These approaches are especially relevant for hard-to-reach populations and settings where conventional services are not achieving sufficient coverage and uptake.
- Facility-based HIV testing and treatment must be further supplemented by community-based and -led approaches that provide services in ways that are accessible, safe, people-centred and tailored to the populations currently being left behind. Community-led networks and organizations play important roles in finding the people who do not know their HIV status, linking them to care, and supporting retention in

care and adherence to treatment without stigma and discrimination.

- Meeting global HIV testing and treatment targets requires a reliable, uninterrupted supply of assured, affordable and accessible diagnostics, medicines and other HIV-related products. All these efforts are also in the context of supporting the realization of universal health coverage.
- People-centred and local context-specific approaches also entail ensuring that individuals receive holistic services for HIV and other diseases, including coinfections and comorbidities or conditions (e.g., with TB, viral hepatitis, cervical cancer, STIs, noncommunicable diseases, mental health conditions, etc.) in coordinated and integrated manner, and in convenient, respectful and efficient ways across the life-course. The aim is to ensure the best-possible HIV and health outcomes, and to achieve well-being and quality-of-life outcomes for people living with, affected by and at risk of HIV.

Joint Programme deliverables for 2022–2023

- Mobilize and support inclusive (including community) leadership to achieve and sustain equal access to HIV services and health technologies to prevent, diagnose and treat HIV infection and its coinfections and comorbidities.
- Support country and community efforts to increase demand for HIV testing and treatment through a strategic mix of facility- and community-led approaches in partnership and with the meaningful engagement of key populations and affected communities, including adolescent girls and young women, children and men.
- Develop, promote and support implementation of evidence-based normative guidance, standards and quality assurance to drive and accelerate scale-up and quality of HIV testing, treatment, care, support and monitoring, including for services provided by community-led organizations.
- Generate strategic information to inform and support the tailoring of actions to achieve the 95–95–95 targets for all populations, locations and settings.
- Help countries strengthen quality assurance of health products, and provide advocacy, tools, guidance and technical support to expand access to existing and new health technologies, including self-testing.
- Provide and support use of testing-related standards and guidance, including for the procurement and quality assurance of HIV diagnostics and the scale-up of HIV testing services for all groups in need.
- Support countries to set up or strengthen referral systems (including protection for safe disclosure) and promote integration of stigma-free HIV testing in a broad array of health services and health-enabling services.
- Support countries to remove legal and policy barriers, including age-of-consent laws and other structural barriers[6] that prevent adolescents from accessing HIV testing services.
- Guide the use of non-stigmatizing media and targeted communication material to promote HIV testing, including linkage of testing to campaigns on safer sex and comprehensive sexuality education (CSE).
- Promote and facilitate the full and meaningful engagement of people living with HIV in the design and delivery of treatment programmes.
- Encourage and support links to stigma-reduction initiatives, including those linked to the promotion of the notion that undetectable means untransmissible (U=U).[7]
- Promote and support integrated, people-centred, context-specific services and service delivery approaches, including integration with or links to services for TB, viral hepatitis, cervical cancer, noncommunicable diseases, mental health, STI prevention and treatment, contraception and other sexual and reproductive health, CSE and in the context of primary health care and universal health coverage.
- Promote the development and scale-up of and equitable access to evidence-driven innovations, health technologies and science.

[6] As per the Global AIDS Strategy (page 73): Remove legal and policy barriers, including age-of-consent laws and policies, for adolescents and youth to access HIV services, and ensure access to other health and social services, including sexual and reproductive health services, condoms and other contraceptives, and commodities and wider health and social services relating to young people's well-being.

[7] U=U (or Undetectable=Untransmittable is a scientifically proven concept which refers to people living with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking ART daily as prescribed cannot sexually transmit the virus to others.

- Strengthen capacities to address the impact of social and structural drivers of the AIDS epidemic, including unequal gender norms and power dynamics, and human rights violations across HIV testing, treatment and care efforts.
- Foster and expand strategic partnerships to accelerate equitable service access to the continuum of HIV prevention, treatment and care services to all who need them through addressing health systems gaps for more user-friendly services and social and structural barriers.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *Achieve the 95–95–95 testing, treatment and viral suppression targets within all demographics and groups and geographic settings, including children and adolescents living with HIV.*
- *Ensure that 90% of people living with HIV receive preventive treatment for TB by 2025.*
- *90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services for other communicable diseases, noncommunicable diseases, sexual health and gender-based violence, mental health, drug and substance use, and other services they need for their overall health and well-being.*

Primary contributing organizations: UNICEF, UNODC, ILO, UN Women, WHO and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: PEPFAR, Global Fund (including the Strategic Initiatives), Three Frees, Fast Track Cities Initiative.

UBRAF Result Area 3 output: Paediatric AIDS and Vertical transmission

Capacities at national and subnational levels strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
6 772 200	**35 414 000**	**42 186 200**

Inequalities/gaps/challenges (2022—2023)

- An estimated 150 000 children (0–14 years) acquired HIV through vertical transmission, bringing to 1.7 million the number of children living with HIV in 2020. Approximately 99 000 children died of AIDS-related causes in 2020.
- Due to gaps in the testing of infants and children exposed to HIV, more than two fifths of children living with HIV are undiagnosed. There is insufficient access to point-of-care early infant diagnosis with linkage to and retention in HIV treatment and care. Only 40% of children living with HIV had suppressed viral loads in 2020, compared to 67% of adults.
- Only 54% of children living with HIV were receiving HIV treatment in 2020. The number of children on treatment globally has declined since 2019: almost 800 000 children living with HIV were not on antiretroviral therapy in 2020.
- The single biggest paediatric treatment challenge is to rapidly find children living with HIV who were missed at birth or during breastfeeding and to link them to care. Nearly two thirds of children not on treatment are aged 5-14 years. These are children who cannot be found through HIV testing during postnatal care visits. Scale-up of rights-based index, family and household testing and self-testing, and integrating HIV screening with other child health services, can help close this gap.
- An estimated 1.3 million pregnant women were living with HIV in 2020, and an estimated 85% of pregnant women living with HIV were receiving antiretroviral therapy. Almost one quarter of the estimated number of pregnant women living with HIV who are not on treatment are in Nigeria, with a further 33% living elsewhere in western and central Africa.
- Eight countries have the highest burden of pregnant women living with HIV not on HIV treatment, new HIV infections among children and children living with HIV not on HIV treatment: Democratic Republic of Congo, Kenya, Mozambique, Nigeria, South Africa, Uganda, United Republic of Tanzania and Zambia.
- Eliminating vertical HIV transmission requires improvements across the continuum of care services to provide women with HIV testing, treatment and prevention services before and as they become sexually active, plan families and during pregnancy, childbirth, post-partum follow-up care and breastfeeding.
- Programmes need to become better at empowering women, especially adolescent girls and young women, to protect themselves from HIV infection. This requires engaging men and boys and entire communities to transform discriminatory social and gender norms and build supportive environments where women are fully aware of, have full access to and use the prevention, treatment and care interventions that suit them through transforming gender norms, increasing substantive gender equality.

Joint Programme deliverables for 2022—2023

- Advocate for, support and monitor data-driven, evidence-based, prioritized international and domestic investments for the elimination of vertical transmission and ending paediatric AIDS.
- Provide technical support to regional partners that have prioritized the elimination of vertical transmission and ending paediatric AIDS and build capacities and leverage investments in countries with the highest burdens.
- Promote and leverage country leadership, partnerships and commitment, and support community and civil society engagement (particularly with and for networks of women living with HIV), to drive necessary actions to eliminate vertical transmission and end paediatric AIDS. Give enhanced attention to countries with the highest burden of pregnant women living with HIV, new HIV infections among

children and children living with HIV not on treatment.

- Provide technical assistance to countries to implement proven innovations to catalyze progress towards the elimination of vertical transmission and ending paediatric AIDS—in accordance with evidence-informed normative guidance—and for the design of alternative models of service delivery that fit the given circumstances.
- Strengthen systems to effectively integrate prevention services (including PrEP) for HIV-negative pregnant and lactating women and their partners; integrate HIV testing and the use of optimal regimens in maternal and child health programmes and primary health care; improve retention in care and adherence to HIV treatment during pregnancy and breastfeeding; and ensure support for treatment adherence among adolescents, especially those who were born with HIV and are under long-term antiretroviral treatment and their transitioning to adult treatment programme.
- Provide technical assistance to countries to improve the quality and granularity (e.g., disaggregation by age and sex) of data generation, collection and use at decentralized levels to identify and address programme gaps such as through creation of country and regional dashboards that highlight where and when programmatic and resources gaps occur so that the necessary resources can be identified to close them.
- Support actions, including community programmes and training of health-care workers, to address stigma, discrimination and unequal gender norms that diminish HIV services access and worsen outcomes for pregnant and breastfeeding women and their children, especially adolescent girls, young women and key populations.
- Build partnerships and drive collaborations with diverse stakeholders (including PEPFAR, Global Fund EGPAF, ICAP and regional bodies such as M2M, ANNECA, PATA, etc) to support country progress towards the global targets and to share knowledge/best practices to amplify success.
- Convene the Global Validation Advisory Committee and support national, regional and global validation structures to review, validate and maintain elimination of vertical transmission. Review and revise the criteria and processes for country validation of elimination of HIV, congenital syphilis and hepatitis B virus, and support countries and communities, especially women living with HIV, to plan and progress along the pathway to elimination.
- Provide technical support, guidance and advocacy to strengthen the integrated implementation of HIV, maternal and child health, expanded programme on immunization (EPI), sexual and reproductive health and rights (including contraception, prevention and control of sexually transmitted infections), comprehensive sexuality education and other relevant programmes to provide a seamless continuum of care and service delivery that meets the needs of girls and women and their children within primary health-care and universal health coverage frameworks.
- Support countries and programmes to forecast and, where needed, procure adequate varieties and quantities of contraceptive commodities that are best-suited for women and couples who wish to prevent pregnancy.
- Support countries to strengthen legal, policy and service delivery measures to ensure the promotion of women's and adolescent girls' sexual and reproductive health and rights, the elimination of intimate partner violence in programmes to eliminate vertical transmission[8] and transform harmful gender norms for gender equality.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *95% of HIV-exposed infants receive a virologic test and parents provided the results by age two months and again after cessation of breastfeeding (between ages 9 and 18 months). All children diagnosed with HIV are provided with treatment that is optimized for their needs.*
- *Ensure that 75% of all children living with HIV have suppressed viral loads by 2023 and 86% by 2025, in line with the 95–95–95 HIV treatment targets.*
- *The 95–95–95 testing and treatment targets are achieved among people living with HIV within all subpopulations and age groups.*
- *Ensure that all HIV-negative pregnant and breastfeeding women in high HIV burden settings or who have male partners at high risk of HIV in all settings have access to combination prevention, including*

[8] In line with the Global AIDS Strategy Result Area 6 priority actions (page 72): *Repeal discriminatory laws and policies that increase women and girls' vulnerability to HIV and address violations of their sexual and reproductive health and rights.* And (page 99): *Transforming harmful social norms, reducing gender-based discrimination and inequalities, advancing women's empowerment and fulfilling the sexual and reproductive health and rights of women and girls, men and boys in all their diversity (key populations) are crucial for reaching the SDGs and for achieving the targets and commitments in the Strategy.*

PREP, and that 90% of their male partners who are living with HIV are continuously receiving antiretroviral therapy.

- *Ensure that 95% of pregnant and breastfeeding women in high HIV burden settings have access to re-testing during late pregnancy and in the post-partum period by 2025. Ensure that 95% of pregnant women are tested for HIV, syphilis and hepatitis B surface antigen at least once and as early as possible.*
- *All pregnant women living with HIV are diagnosed and on antiretroviral therapy, and 95% achieve viral suppression (to be measured at 6-12 months).*
- *95% of women of reproductive age in high HIV prevalence settings, within key populations and living with HIV have their HIV and sexual and reproductive health service needs met.*
- *80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations.*

Primary contributing organizations: UNICEF, UNFPA, WHO and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: New global partnership and plan (2022–2026) to end paediatric AIDS under-development to replace the Start Free Stay Free AIDS Free framework 2016–2020, proposed to be convened by UNAIDS and PEPFAR, led by UNICEF and WHO in partnership with Elizabeth Glaser Pediatric AIDS Foundation, ICAP, the Vatican Initiative, GAP-f, FP2030.

UBRAF Result Area 4 output: Community-led responses

Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
3 583 800	**53 992 600**	**57 576 400**

Inequalities/gaps/challenges (2022–2023)

- Communities living with and affected by HIV have been the backbone of the HIV response at every level, from global to national to community. They advocate for effective action and campaign to ensure that the HIV response remains relevant; they inform local, national, regional and international responses regarding communities' needs; and they plan, design and deliver services in the context of the HIV response. They also advance the realization of human rights and gender equality, detecting, alerting and preventing human rights crises, and they support the accountability and monitoring of HIV responses. Communities give voice to people who are often excluded from decision-making processes. Effective community-led HIV responses must be adequately resourced and supported to enable communities to play their vital roles as equal, fully integrated partners in national systems for health and social services.
- Progress in recent years demonstrates the essential roles of community-led HIV responses in global efforts to end AIDS as a public health threat. Communities have led efforts to identify and address key inequalities; expanded the evidence base for action to end AIDS as a public health threat; supported the planning and implementation of national HIV responses; identified key issues and gaps for national and multilateral governance and coordination bodies to ensure that no one is left behind; expanded the reach, scale, quality and innovation of HIV services and HIV-related technologies; and played visible roles as defenders of human rights and contributors to improving accountability of HIV programmes.
- Evidence shows that in most cases community and key population-led preventions services are the most effective for reaching groups at highest risk of acquiring HIV, including during and after humanitarian emergencies. As of 2019, in the majority countries that reported to the Global AIDS Monitoring system, 80% or more of HIV prevention programmes were community and key population-led. With acute resource constraints, it is critical to prioritize HIV programmes that deliver optimal results in prevention, testing, linkages to treatment, treatment literacy, adherence support, and to reach the 10–10–10 targets for societally enabling environments that are led by people living with HIV and key populations, including women and young people in these groups.
- Social contracting, whereby governments partner with and procure services from civil society organizations, has emerged as a potentially powerful, though underutilized, option for reaching marginalized or hard-to-reach populations. Although the pivotal roles of communities are recognized in HIV governance, their meaningful engagement in national systems for health as leaders, decision-makers and partners remains limited.
- Some investments have been made to empower, mobilize and build leadership capacity among women and girls, including those living with and affected by HIV. However, support for women-led grassroots and community-led responses remains inadequate, with women-led organizations, especially those led by women living with HIV and women key populations, receiving very limited access to resources.
- As seen during COVID-19 pandemic and recurrent humanitarian emergencies, under-utilization of the potential of communities is compounded by an acute shortage of resources for community-led responses. Shrinking space for civil society in many countries, as well as persistent social and structural factors, exacerbate the pressures on community-led HIV responses and increase the risk of violence against organizations led by or that serve key populations or other marginalized groups.
- Reducing inequalities in the response will require the robust resourcing, engagement, capacity building and leadership of community-led responses. The false dichotomy between government-led health system responses and community-led health system responses must be transcended in national systems for health and social services, with communities of people living with and affected by HIV fully engaged as essential partners in each and every aspect of the HIV response.

Joint Programme deliverables for 2022–2023

- Advocate for sufficient space and financing for people living with HIV and key populations, including young key populations, and women living with and affected by HIV at global, regional and country levels to meaningfully influence the HIV response and realize the Greater Involvement of People Living with HIV and AIDS (GIPA) principle, including through:
  - strengthening the leadership and institutional capacity of organizations of people living with HIV, key populations, and women living with and affected by HIV;
  - advocating for, empowering and capacitating youth-led organizations and networks, including those comprising young key populations, for leadership, information-sharing, programme implementation and service provision;
  - strengthening the genuine and meaningful participation of community-led organizations in HIV and health governance, planning and decision-making through renewed guidance on national AIDS councils and other health governance platforms; and
  - leveraging partnerships with civil society and community-led organizations and networks that work on issues other than HIV for increased reach, political influence and sustainability.
- Provide normative guidance, tools, and capacity-building support for community-led responses, including for combination prevention, differentiated testing and treatment services, and addressing societal enablers for an effective HIV response.
- Advocate for, and provide support to, countries to increase sustainable domestic public financing for community-led responses, including development of guidelines for social contracting.
- Strengthen the capacity of key population-led organizations and networks and related communities to build the resilience of their communities; and to advocate, monitor and respond to HIV-related human rights crises.
- Support and advance community-led monitoring and accountability, data collection and use, and support systems (including through the People Living with HIV Stigma Index 2.0) to improve service access, retention systems, psychosocial support and self-empowerment of communities and to reduce stigma and discrimination.

Global 2025 targets that are most relevant for the Joint Programme deliverables

- *Ensure that community-led organizations deliver 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations by 2025.*
- *Ensure that community-led organizations deliver 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy by 2025.*
- *Ensure that community-led organizations deliver 60% of programmes to support the achievement of societal enablers by 2025.*

Primary contributing organizations: All Cosponsors and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination; International Partnership for the people living with HIV Stigma Index; Strategic Advisory Group on Drug Policy; GNP+, ICW, and the Global Key Population Networks; Faith Initiative; Focal Countries Stigma Initiative with PEPFAR and Global Fund; Global HIV Prevention Coalition, CQUIN Forum, Sex Worker Steering Committee, Robert Carr Fund for Civil Society Networks; Global Fund Community, Rights, and Gender Department.

UBRAF Result Area 5 output: Human rights

Political commitment, community leadership, funding and evidence-informed action built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women, and girls.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
10 546 000	**23 078 200**	**33 624 200**

Inequalities/gaps/challenges (2022–2023)

- Stigma, discrimination and other human rights violations in the context of HIV both reflect and drive the inequalities that undermine HIV responses. Everyone, including people living with and affected by HIV, should enjoy human rights, equality and dignity.
- The goal of zero discrimination still eludes the world. In 52 of 58 countries with recent data more than 25% of people aged 15–49 years displayed discriminatory attitudes towards people living with HIV. In 36 of those countries, more than 50% of adults held discriminatory attitudes. Discriminatory and punitive laws, policies and practices prevent HIV responses from realizing people's rights and meeting their needs. They also fuel stigma and violence, especially against key populations and women living with and affected by HIV. In 19 countries with these data, 1 in 3 women living with HIV report experiencing at least one form of discrimination related to their sexual and reproductive health in a health-care setting in the previous 12 months. Involuntary and coerced sterilization and forced abortion among women living with HIV has been reported in at least 14 countries worldwide.[9]
- Denial of health services to people living with HIV remains distressingly common, and the prevalence and effects of discrimination are often especially acute for members of key populations, who face multiple, overlapping forms of discrimination. Across all key populations, at least 1 in 3 reporting countries stated that more than 10% of respondents avoided health care services. In 3 out of 4 reporting countries, people who inject drugs said they avoided health services.
- In humanitarian settings, people living with HIV, women and girls, migrant, displaced, key populations and survivors of sexual and gender-based violence often experience social exclusion, mandatory HIV testing, stigma, and discrimination, as well as access barriers that are exacerbated by laws that criminalize HIV exposure, nondisclosure or transmission and HIV-related travel restrictions.
- Racial discrimination also affects HIV outcomes. In the United States of America, 41% of new HIV infections were among black Americans though they only represent 13% of the total population. Studies also reported significant racial disparities in HIV outcomes. In many countries, racial and gender minorities are severely marginalized, and are experiencing high rates morbidity and mortality related to COVID-19 due to double stigma and discrimination.
- Key populations, women and girls continue to experience high lifetime risks of physical and/or sexual violence in their lifetime. Many women living with HIV also face important restrictions with regard to property and inheritance rights.
- Punitive laws, the absence of enabling laws and policies, and inadequate access to justice contribute to the inequalities that undermine HIV responses. At least 135 out of 180 countries criminalize HIV exposure, nondisclosure and/or transmission through general or specific laws, while 48 countries or territories continue to block people living with HIV from entry, stay or residence.
- Among countries reporting data to UNAIDS in 2019, 22 out of 168 criminalized and/or prosecuted transgender persons, 72 criminalized same-sex sexual activity, 134 out of 147 criminalized some aspect of sex work, and 65 out of 87 criminalized the use or possession of drugs for personal use. Only 23% of countries had non-discrimination protections for sexual orientation, gender identity and/or HIV status. Thirty-two countries still lack specific laws against domestic violence. The health and well-being of people living in prisons or other closed settings are routinely put at risk by punitive laws and policies, including denial of access to essential health services. To reach the 10–10–10 targets by 2025, the

[9] UNAIDS Evidence update

number of countries with restrictive legal and policy frameworks that lead to denial or limitation of access to services should be reduced to no more than 20.

- Since 2012, over 90 countries have reviewed and/or reformed punitive and discriminatory laws and policies in line with the recommendations of the Global Commission on HIV and the Law. The Global Fund's Breaking Down Barriers initiative has channelled important new funding for initiatives to reduce human rights barriers to HIV, TB and malaria services. In a sign of important commitment to a human rights-based response, 25 countries have joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. They have pledged to address HIV-related stigma and discrimination in health care, education, workplace, justice, individuals and communities and emergency and humanitarian settings.
- There is a constant need to intensify collective efforts to promote access to affordable and effective health technologies to address not only HIV, but its co-infections and comorbidities, especially considering that people living with HIV are getting older. National legislations that contain provisions and obligations that go beyond those established by international trade agreements, therefore generating excessive intellectual property protections, are creating hurdles in the ability of countries to access affordable health technologies. They are also impeding production and distribution of generic medicines, and creating artificial barriers to research and development of innovative health technologies to prevent, diagnose and treat HIV, its coinfections and comorbidities.

Joint Programme deliverables for 2022—2023

- Provide technical support and guidance to governments, communities and other stakeholders for the creation or improvement of enabling legal and policy environments, and for the development, implementation, scale-up and monitoring of sustainable, evidence-based human rights programming.
- Leverage and invest in partnerships, in particular the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, and other platforms (such as the Global Commission on HIV and the Law).
- Convene, advocate for and support the continued development of human rights guidance, the development of norms and standards, as well as political commitment and sustainable funding for human rights interventions and approaches.
- Advocate for and support increased and sustained political will, action and financing to remove HIV-related human rights barriers, including stigma, discrimination and violence experienced by people living with and affected by HIV, key populations, women and girls, including through:
  - convening and supporting the implementation of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination;
  - working with key stakeholders to reduce stigma and discrimination across the six settings where they mostly occur[10], including with law enforcement, judiciary, prison authorities, education, community, law and policy makers and faith-based organizations; and
  - supporting community-led organizations to lead on the design, development, implementation and monitoring of stigma and discrimination programmes.
- Meaningfully engage with governments, parliamentarians, policy makers, judiciary and law enforcement and community-led organizations, and provide technical support and guidance to create an enabling legal environment. This includes:
  - the removal of punitive and discriminatory laws and policies, including laws that criminalize or penalize sex work, sex workers, transgender people, drug use or possession for personal use and consensual same-sex sexual relations, or that criminalize HIV exposure, nondisclosure or transmission;
  - the removal of laws that hamper women and girls' ability to prevent HIV infection and mitigate its impact and limit women's access to HIV services; and
  - the enactment and enforcement of protective and enabling legislation and policies.
- Provide technical support and advocate to strengthen the capacity of law enforcement, in collaboration with community-led organizations, to support national HIV responses, including the removal of discriminatory, arbitrary, or violent practices and compulsory testing, treatment or detention.
- Promote and support accountability for HIV-related human rights violations by providing technical support and guidance to increase meaningful access to justice for people living with and affected by HIV (including

[10] As per the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, the settings where stigma and discrimination occur go beyond the health sector to include education, the workplace, the justice system, families and communities, and emergency and humanitarian settings, Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (unaids.org)

key populations, women and girls), for example through legal literacy programmes, access to legal support and representation, and community-led monitoring of HIV-related human rights violations.

- Convene, advocate for and support the development of guidance, and advocate for the development of norms and standards at international, regional and national levels to ensure that all elements of the HIV response—from provision of HIV services to research and monitoring—are rights-affirming, conform to public health principles, contribute to reducing inequalities and engage people living with HIV, key populations, women and girls, young people and their communities.
- Advocate and provide technical support for the establishment of public health-driven policy and legal frameworks on access to HIV-related health technologies (or HIV-related products and other health technologies) that allow the management of mechanisms, systems and policies in this regard, including those in relation to intellectual property rights and research and development within the health sector.
- Support governments, civil society and other stakeholders to ensure the rights-based and ethical use of digital technologies and innovations in HIV and health.
- Facilitate a coordinated response to HIV-related human rights crises by governments, civil society, community-led organizations, donors and other stakeholders.
- Strengthen the capacities of community-led organizations, including key population-led organizations and networks and youth-led organizations to deliver programmes that support societal enablers, including monitoring and responding to HIV-related human rights crises.
- Support governments and civil society to monitor progress on the removal of human rights barriers, including through leveraging the use of international and human rights mechanisms in response to human rights violations.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *Ensure that, by 2025, less than 10% of countries have restrictive legal and policy frameworks that unfairly target people living with, at risk of and affected by HIV, such as age-of-consent laws and laws related to HIV nondisclosure, exposure and transmission, laws that impose HIV-related travel restrictions and mandatory testing, and laws that lead to the denial or limitation of access to services.*
- *Ensure that, by 2025, less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination, including by leveraging the potential of U = U (undetectable = untransmittable).*
- *Reduce to no more than 10% the number of women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.*

Primary contributing organizations: UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: Global Partnership to eliminate all forms of HIV-related stigma and discrimination, Global HIV Prevention Coalition, Focal Countries Initiative with PEPFAR and Global Fund, Sex Worker Steering Committee, UNAIDS Reference Group on HIV and Human Rights, Education Plus Joint Initiative

UBRAF Result Area 6 output: Gender equality

Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality and work together to end gender-based violence in order to mitigate the risk and impact of HIV.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
7 703 200	**55 005 400**	**62 708 600**

Inequalities/gaps/challenges (2022–2023)

- Unequal gender norms, structural gender inequalities, violations of women's human rights, gender-based stigma and discrimination, and violence against women and girls continue to undermine efforts to prevent HIV and improve access to HIV testing, treatment, and care services.
- Globally, there were more women living with HIV (15+ years) than men: they comprised 54% of adults living with HIV in 2020. HIV testing and treatment coverage among women has more than doubled and is higher than among men. However, AIDS remains one of the top causes of mortality among women of reproductive age (15–49 years).
- In 2020, globally, women accounted for a little more than half (51%) of new HIV infections among adults. While new HIV infections among women are declining globally, they are on the rise in eastern Europe and central Asia and in the Middle East and North Africa.
- Violence against women and girls in all their diversity continues to be a global pandemic and a risk factor for acquiring HIV; it has surged in the context of the COVID-19 pandemic. In times of civil conflict, there are often reported cases of conflict-related sexual violence creating greater exposure to HIV.
- Adolescent girls and young women in sub-Saharan Africa are particularly affected: 6 in 7 new HIV infections among adolescents (15–19 years) are among girls. Yet only 1 in 3 adolescent girls and young women demonstrate accurate knowledge of HIV prevention and transmission.
- Gaps remain in ensuring that strategies, approaches and interventions to address unequal gender power dynamics and norms and other structural drivers of HIV are implemented at scale to complement biomedical interventions. Recent data[11] from 57 countries reveal that one quarter of women are not able to make their own decisions about accessing health care services. One quarter of women in these countries do not feel empowered to say no to sex with their husband or partner. And nearly 1 in 10 women are not able to make their own choices about using contraception. Only 55% of women are able to make their own decisions over all three those areas.
- Use of sex- and age-disaggregated data and gender analysis is inconsistent and does not adequately inform policies, investments and practice in the HIV response. National AIDS coordinating bodies and HIV programmes generally lack gender expertise and resources, and national HIV policies, strategies, programmes, monitoring frameworks and budgets are often blind to gender issues. Further work is needed to integrate gender-responsive actions and indicators in national HIV programmes, strategies and plans and ensure that these actions are costed and adequately resourced.
- While there is growing acknowledgement of the importance of meaningful involvement and leadership by networks of women and girls living with or at high risk of HIV in decision-making for HIV responses, this engagement remains inconsistent and is not institutionalized, monitored or adequately funded.

Joint Programme deliverables for 2022–2023

[11] Data source: UNFPA 2020, Ensure universal access to sexual and reproductive health and reproductive rights MEASURING SDG TARGET 5.6

- Strengthen gender equality expertise among country stakeholders to develop, implement, resource and monitor HIV national strategies and responses, and address the specific barriers women and girls face across the continuum of HIV prevention, treatment and care services.
- Support countries/regions to use sex- and age-disaggregated data and gender analysis to identify and address the intersecting forms of gender-based discrimination and gender inequalities that fuel the HIV epidemic.
- Advocate for increased financing of and support for the networks, organizations and mobilization of women and girls, particularly those living with and affected by HIV, and actively promote their leadership in the design, implementation and monitoring of the HIV responses at regional, national, subnational and community levels.
- Promote the implementation and scale-up of community-led interventions that work with men and boys, and women and girls, in all their diversity, to transform unequal gender norms, attitudes and behaviours, to eliminate gender-based and sexual violence, and to prevent HIV or help mitigate its impact.
- Promote and leverage support for the education and economic empowerment of women, especially those living with and affected by HIV, including through increasing support for women-led networks and organizations to advocate, deliver services and monitor progress in HIV responses.
- Guide and support accelerated efforts to prevent and respond to violence against women living with and affected by HIV, in all their diversity, including through access to integrated HIV, SRHR and gender-based violence services, and by transforming unequal gender and social norms.
- Build partnerships and collaborations to catalyze action across sectors to address the gender dimensions of the AIDS epidemic, including as part of the global joint initiatives, such as the Education Plus initiative, the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and the EU/UN Spotlight Initiative to End Violence Against Women.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *Reduce to no more than 10% the number of women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.*
- *Ensure that, by 2025, less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination, including by leveraging the potential of U = U (undetectable = untransmittable).*
- *Ensure that, by 2025, less than 10% of countries have restrictive legal and policy frameworks that unfairly target people living with, at risk of and affected by HIV—such as age-of-consent laws and laws related to HIV nondisclosure, exposure and transmission, laws that impose HIV-related travel restrictions and mandatory testing, and laws that lead to the denial or limitation of access to services.*
- *Ensure that 95% of women and girls of reproductive age have their HIV and sexual reproductive health service needs met, including antenatal and maternal care, information and counselling, and that 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads.*
- *80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations.*
- *80% services for women, including prevention services for women at increased risk to acquire HIV, as well as programmes and services for access to HIV testing, linkage to antiretroviral therapy, adherence and retention support, reduction/elimination of violence against women, reduction/elimination of HIV-related stigma and discrimination among women, legal literacy and legal services specific for women-related issues, to be delivered by community-led organizations that are women-led.*

Primary contributing organizations: All Cosponsors and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination; Education Plus Joint Initiative; Global HIV Prevention Coalition; International Network of Women Living with HIV (ICW); and PEPFAR DREAMS; Spotlight Initiative.

UBRAF Result Area 7 output: Young people

Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with lifesaving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
13 101 800	**45 313 400**	**58 415 200**

Inequalities/gaps/challenges (2022–2023)

- Despite the progress made in the past 10 years, with a 46% decline in new HIV infections among young people (15–24 years), the world is still behind on achieving targets set for young people. Progress is uneven. There are steep reductions in new HIV infections among young people in some countries, particularly in eastern and southern Africa, but there is limited progress in reducing HIV incidence among young key populations in most countries.
- Young people are disproportionately affected by HIV. Although they represent about 17% of the global population, young people account for an estimated 28% of new HIV infections (2 in 7 seven new HIV infections globally). This impact is especially pronounced in sub-Saharan Africa, where adolescent girls and young women accounted for 25% of HIV infections in 2020, despite representing just 10% of the population.
- Six in 7 new HIV infections among adolescents (15–19 years) in sub-Saharan Africa are among girls, and young women (aged 15 to 24 years) are twice as likely to be living with HIV as men. Globally, only 27% of countries report having a national prevention strategy to reduce new HIV infections among adolescent girls, young women and their male partners in communities with high HIV incidence.
- Outside of sub-Saharan Africa, young key populations are most heavily affected by HIV. Although HIV prevalence is 0.3% among young people globally, the prevalence among key populations younger than 25 years is 4% among sex workers, 6% among gay men and other men who have sex with men, 5% among people who inject drugs, 10% among transgender people and 1% among people in prisons. Stigma, discrimination, criminalization and lack of investment have blocked or stunted targeted efforts in HIV service delivery to these groups.
- Adolescent boys and young men in sub-Saharan Africa continue to have low access to HIV testing and antiretroviral therapy and have low rates of viral suppression. Coverage of voluntary medical male circumcision fell short of the 2020 target of 25 million circumcisions after COVID-19 lockdowns led to the widespread suspension of services (although many have restarted).
- Effective HIV prevention involves more than just tools and technologies (e.g. condoms, PrEP, VMMC, and post-exposure prophylaxis). It also encompasses behavioural and structural HIV prevention programmes at school and at community level, including tailored programmes for young key populations and peer-led outreach. Prevention programmes for young people should be linked to a holistic approach to adolescent well-being, which includes adequate mental health services, SRH services, education that includes comprehensive sexuality education, economic empowerment and social protection. As most mobile and migrant populations are young, innovative approaches are needed to reach these growing numbers of people on the move.
- Although 55% of the countries with available data report having policies on life skills-based HIV and sexuality education in secondary schools, knowledge of HIV prevention among young people remains alarmingly low. Globally, 1 one in 3 young people demonstrate accurate knowledge of HIV prevention. Levels of knowledge are lower for young women than young men and are even lower among those in poverty or rural areas and those with lower levels of education. Completing secondary education can help protect girls against acquiring HIV infection in places where HIV is widespread, in addition to its broader social and economic benefits. In many countries, however, girls are less likely to complete secondary education than boys, and the quality of their education suffers due to discrimination in schools.
- In 2020, around 54% of countries had laws requiring parental consent for adolescents to access HIV

testing and around 40% in the case of SRH services.

- Although programmes that focus on young people are most effective when they have opportunities to engage and lead, in 2020 only 51% of countries reported having young people participating in policy/guidelines/strategy development related to their health.
- The COVID-19 pandemic is increasing inequality for young people around the world. The increase in youth unemployment as a result of COVID-19 is exceeding the rates of unemployment in the aftermath of the 2009 global financial crisis and the loss of income and livelihood are putting more young people in need of social protection measures. More than 191 countries have implemented nationwide or localized school closures, resulting in over 91% of enrolled students, or 1.5 billion people, not being able to go to school. The pandemic and ensuing economic recession may further fuel stigma, inability to enjoy sexual and reproductive rights, discrimination and violence against adolescent girls and young women and young key populations. Furthermore, the loss of livelihood, isolation, and movement restrictions, are severely affecting young people's psychosocial health.
- Despite the challenges, youth-led organizations are showing resilience and initiative to respond and mitigate the impacts of the HIV and the COVID-19 pandemics, but youth-led responses remain underfunded.

Joint Programme deliverables for 2022–2023

- Support the development of global guidance and regional frameworks to mobilize political commitment and leadership for and with young people. This includes support for leveraging resources and domestic budgets, with a focus on young women and young key populations, supporting regions and countries with high incidence of HIV, and improving the coordination of different actors, including in civil society.
- Support countries to strengthen access to holistic, evidence-based, youth-friendly, and gender-responsive HIV and SRH services, prioritizing youth-led service delivery and peer-led approaches. This includes support for : the expansion of testing, including self-testing; condom procurement and distribution for adolescents and youth at risk of HIV; innovations, including use of digital technology aimed at improving service uptake; VMMC in priority countries; improving referral to antiretroviral therapy and ensuring transition from paediatric care; increased access to mental health services; enhanced access to PrEP for young people; and harm reduction programmes, including for young people.
- Advocate for removing legal barriers to adolescents' use of SRH and HIV services, including lowering the age of consent for access to HIV testing and prevention services. Promote young people's reproductive rights literacy to empower them to make autonomous decisions about their bodies.
- In tandem with the promotion of youth-friendly services, support countries to scale-up good-quality comprehensive sexuality education in and out of school, through technical guidance and innovations; continued support for teacher training and curriculum development, alongside efforts to expand evidence-based approaches to CSE in the digital space; support for targeted, inclusive CSE programming that addresses the specific and intersecting needs of adolescent and young key populations, young people living with HIV, young migrant populations, young people with disabilities and other left-behind populations; and engaging parents, communities and religious/faith leaders to build support and counter misperceptions of CSE.
- Address the social and structural drivers that leave youth at high risk of HIV by supporting initiatives that promote the retention and completion of secondary education for young women and young men, especially for those at risk of HIV, support a targeted focus on ending child marriage, supporting pregnant and parenting learners to continue their education, and preventing and addressing gender-based violence by engaging adolescent boys and young men.
- Promote linkages to broader efforts that benefit prevention of HIV such as prevention and addressing school violence and bullying and provide young people with information regarding safety and privacy to prevent online abuse, cyberbullying and digital harm. Support for social protection and support services that reach those most in need, including through school feeding programmes, cash transfers, mental health support, and economic empowerment programmes that help young people transition to the world of work and reduce their risk of HIV.[12]
- Support actions to increase the meaningful engagement and empowerment of young people, including by strengthening and recognizing the leadership, voice and right to participate of young people living with HIV, adolescent girls and young women and young key populations. Build the capacity of

[12] Consistent with 2018 UN international technical guidance on sexuality education, co-published by UNESCO, UNFPA, WHO, UNICEF, UN Women and UNAIDS. International technical guidance on sexuality education: an evidence-informed approach. https://unesdoc.unesco.org/ark:/48223/pf0000260770

young people's networks, support the scale up youth-led responses and community outreach to young people at higher risk. Convene and facilitate dialogue with parents, community, government authorities, cooperation partners and religious leaders to leverage structural policy changes and evidence-based programme development.

- Strengthen data and evidence to better reflect young people in all their diversity, particularly adolescents and youth at risk of HIV, including actions to improve data granularity (e.g., age bands, populations sizes, geographic location and risk stratification, including considering intersectional vulnerabilities). Strengthen country and community capacity, including youth capacities to develop, monitor and analyse key indicators for youth health and well-being, through technical support, such as for the integration and use of HIV indicators in education monitoring and information systems or support for analysis of data from Global School-based Student Health and other surveys.

Global 2025 targets that are the most relevant for the Joint Programme deliverables:

- *95% of people at risk of HIV use appropriate, prioritized, person-centred and effective combination HIV prevention options.*
- *95–95–95 testing and treatment targets achieved within all subpopulations and age groups.*
- *95% of women of reproductive age have their HIV and sexual and reproductive health service needs met.*
- *Less than 10% of people living with HIV and key populations experience stigma and discrimination.*
- *Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.*
- *Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.*
- *30% of testing and treatment services to be delivered by community-led organizations.*
- *80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations.*
- *60% of the programmes support the achievement of societal enablers to be delivered by community-led organizations.*
- *90% provision of comprehensive sexuality education in schools, in line with UN international technical guidance.*
- *50% of HIV investments for adolescent girls and young women will be on economic empowerment by 2025.*

Primary contributing organizations: UNICEF, UNDP, UNFPA, UN Women, UNESCO, WHO and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: Education Plus Joint Initiative; PEPFAR DREAMS, Global HIV Prevention Coalition, Global Partnership Forum on Comprehensive Sexuality Education (CSE), global regional and country youth networks and organizations.

UBRAF Result Area 8 output: Fully-funded HIV response

Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively, and efficiently implemented.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
5 237 600	**15 697 000**	**20 934 600**

Inequalities/gaps/challenges (2022–2023)

- Effective and efficient use of HIV response funding and other resources have saved lives. Achieving the Global AIDS Response Targets in the next five years will require additional funding to put the world on-track to end AIDS by 2030. Funding the gap will be pursued as part of the broader efforts to establish sustainable financing for the HIV response.
- The most pronounced gaps in the current spending patterns concern HIV prevention programmes, addressing structural drivers and barriers in the continuum of the HIV response, and support for community-led responses. [13]
- Failure to close the funding gap will lead to increased new infections and inequalities, with the impact greater for key populations, adolescent girls and young women, and other populations at high risk of HIV . Failure will increase the budgetary demands, as every new HIV infection will result in sustained treatment needs for several decades.
- Before COVID-19, domestic resources accounted for approximately 56% of available financing for the global HIV response.[14] The COVID-19 pandemic has led to economies contracting, domestic fiscal space narrowing, and had increased demand on health and social spending[15]. High-burden countries now face the dual challenge of AIDS and COVID-19, heightened by macroeconomic vulnerabilities. Thirty-two lower-income countries face severe health financing constraints, significantly reducing their ability to invest in HIV and health priorities.[16]
- Maintaining international funding will be critical to enable countries that face fiscal constraints to expand the HIV response and progress towards targets, maintain and expand the programmes for key populations and for reducing structural barriers.
- Domestic funding is mainly allocated to treatment services, while prevention programmes for key populations, adolescent girls and young women and programmes that address human rights barriers and structural inequalities are often predominantly funded from international sources, if at all.[17]
- The issues concerning domestic funding are particularly concerning in upper-middle income countries, where the HIV response is funded predominantly through domestic resources. Lack of investments to address the epidemic and structural barriers among key populations will results in increased inequalities. Stigma and other structural barriers will hinder access to HIV-related services and other health and social services, as well as hamper progress towards SDGs and social inclusion.
- Integration of the HIV response financing in the national budgets and financing frameworks reflect similar patterns as domestic resource allocations. A few countries (e.g., Kenya, Namibia, South Africa, Thailand and Viet Nam) are setting examples for including programmes for key populations, adolescent girls and young women and community-led responses in national health financing schemes.
- Existing regressive financing, human rights and other relevant policies reduce the ability of the current systems to uphold the right to health for people living with, at risk of and affected by HIV, undermining the sustainable financing of the HIV response and contributing to expanding inequalities.

[13] UNAIDS:. *AIDSinfo*. https://aidsinfo.unaids.org/; https://hivfinancial.unaids.org/hivfinancialdashboards.html#
[14] UNAIDS Report, 2021
[15] Kurowski C, Evans B.D, et al. From Double Shock to Double Recovery –Implications and Options for Health Financing in the Time of COVID-19. Health, Nutrition and Population Discussion Paper. Washington DC: World Bank; March 2021.
[16] Global spending on health 2020: weathering the storm. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
[17] [17]UNAIDS:. *AIDSinfo*. https://aidsinfo.unaids.org/; https://hivfinancial.unaids.org/hivfinancialdashboards.html#

- For example, 36 of 46 countries in Africa charge user fees as a mechanism to finance health care[18]. User fees limit access to HIV testing and other medical services for people living with HIV, reduce adherence have a negative impact on health outcomes, and increase inequalities.[19]
- There is urgent need to assess the impact of COVID-19 on countries' domestic resource financing cascade and financing policies to determine their ability to invest in HIV programmes, understand their financing vulnerabilities and identify priority actions for establishing sustainable financing.

Joint Programme deliverables for 2022–2023

- Provide impetus to spur high-level political engagement, country leadership, community mobilization and donor commitment and expand partnerships with international financing institutions to elevate the financing agenda for HIV, health and social inclusion and secure the resources needed to get the response on-track to reduce new HIV infections, end AIDS as a public health threat, and strengthen people-centred systems that realize the right to health and contribute to universal health coverage.
- Bolster the HIV response efficiency and financing agenda by supporting countries to incorporate the inequalities lens to measure the impact of financing-related decisions on addressing structural barriers. Advise and support countries to take corrective actions to increase allocations and sustainable financing, particularly for interventions for key populations, HIV prevention and transformative stigma reduction, and gender and human rights to unlock the societal enablers.
- Drawing on lessons from the HIV response, promote an architecture and governance for decision-making regarding international and domestic financing that ensures civil society participation and transparency in decision-making with respect to fiscal policies and priorities and budget allocations.
- Advocate for and guide a multisectoral focus in the post-COVID-19 period that allows for a joint approach to HIV, universal health coverage, pandemic preparedness, education and social protection financing, moving towards a strong concept of “green and human COVID-19 recovery” that is planned and implemented in ways that support the HIV response and address the needs of communities facing multiple challenges including HIV.
- Leverage the UN reform process to ensure that the need for sustainable HIV response results is reflected in long-term sustainable UN frameworks to maintain equity, human rights and transparency at the centre. Engage in broad advocacy efforts towards increased disaster risk management and additional international financing.
- Support tracking, reporting and accountability of international and domestic resources, actual programme spending at granular level (at intervention- and population-specific, and subnational levels), including for community-led responses. Guide and support improved consistency with national health accounts and other donor funding data and monitoring of the affordability of market prices of HIV-related products and market dynamics for HIV-related products, including for coinfections and comorbidities.
- Support country-owned, people-centred multi-sectorial national HIV strategies and investment cases that maximize domestic and donor resource targeting; increase sustained funding for those left behind, including key populations and adolescent girls and young women; and optimize integrated delivery platforms and spending at decentralized level.
- Provide technical advice, capacity building and analytical work to support countries to get more value from their existing resources and better integrate HIV and related COVID-19 services into essential primary health care—including expanding country and regional allocative and implementation efficiency assessments, cascade analytics, inclusion of HIV in health benefits packages towards UHC and improved support in primary health care—leveraging Artificial Intelligence, other data tools and innovations, including costs estimates.
- Support countries in adapting to shifting financing and fiscal environments including fiscal impacts of COVID-19 on both domestic and international/donor financing. This includes supporting countries in costing and budgeting for alternative scenarios (reflecting the uncertainty of the funding landscape) to assist with strategic prioritization of investment where available funds are below the estimated resources needed.
- Guide and support prioritization for a focus on funding people-centred programmes for key populations and those left behind, addressing structural barriers and securing diversified and increased funding of institutionalized community-led responses, including through social contracting.

[18] Cotlear D & Rosemberg M. Going Universal in Africa: How 46 African Countries Reformed User Fees and Implemented Health Care Priorities. Universal Health Coverage Study Series No. 26. Washington DC: World Bank; 2018.
[19] Asghari S, Hurd J, Marshall Z, Maybank A, Hesselbarth L, Hurley O et al. Challenges with access to healthcare from the perspective of patients living with HIV: a scoping review & framework synthesis. AIDS Care. 2018;30(8):963-972.

- Provide technical support to countries, as requested, to support Global Fund grant applications, and provide updated information and data for the funding landscape, including domestic, donor funding and Cosponsors contributions.
- Contribute to strengthening country ownership to increase domestic and international funding. This includes supporting country-led sustainable multisectoral financing frameworks, transition plans and scenario-based approaches that reflect the uncertainties of the financing landscape as well as tracking of implementation for accountability and course corrections for all funding sources.
- Support countries with tools, methods and a wide array of analytical and advisory services to empower country partners to strengthen country ownership and resource management, and better manage financing dialogue and donor relations.
- Promote progressive health financing by generating evidence on the implications of country-level health and other financing policies, including user fees, on the sustained quality and coverage of HIV programmes, the right to health, community responses, and equity and social inclusion, especially for people living with, at high risk of and/or affected by HIV, such as key populations, women and girls.
- Develop and promote the application of country-tailored approaches to guide the progressive integration of the HIV response financing in universal health coverage implementation, including prevention tools, financing community-led programmes, the needs of key populations and of hard-to-reach populations.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *Fully fund the HIV response by increasing annual HIV investments in low- and middle-income countries to US$ 29 billion by 2025.*

Primary contributing organizations: UNICEF, WFP, UNDP, UNFPA, WHO, World Bank and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: International Financial Institutions, Global Fund, PEPFAR, Regional Development Banks, Inter-Parliamentary Union, IMF, COVAX, African Union, UN Economic Commission for Africa.

UBRAF Result Area 9 output: Integration and social protection

Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
8 604 800	**187 016 800**	**195 621 600**

Inequalities/gaps/challenges (2022–2023)

- The HIV response does not exist in isolation. People living with, at risk of and affected by HIV have broader needs. They require health services, education, employment, sustainable livelihoods and social safety nets—hence the importance of a multisectoral response that includes integrated systems for health and social protection schemes. Social protection is a cornerstone for a human-centred agenda. It contributes to preventing poverty, reducing inequalities, enhancing human capabilities and productivity, fostering dignity, and strengthening the social contract.
- Equity, quality and access are among the building blocks of universal health coverage. Key health system functions—including governance, service delivery, health information, procurement and supply chain management, human resources and financing—should be strengthened to support the effective delivery of HIV and integrated services, including at the primary health-care level and through access to quality medicines and other health commodities, technologies and innovations. At least half the world's population still does not have full coverage of essential health services, and over 800 million people spend at least 10% of their household budgets to pay for health. COVID-19 is widening these gaps.
- Delivering a broad range of health services to people living with, affected by and at risk of HIV and other key populations throughout their lives requires attention to stigma and discrimination, gender inequality and other impediments to services. These include criminalization of certain behaviours, sexual and gender-based violence, poverty, lack of protection of sexual and reproductive health and rights, inadequate living conditions and insufficient investments in education, livelihoods, mental health and social protection. COVID-19 and its socioeconomic consequences have exposed and exacerbated underlying HIV-related inequalities that have left populations not adequately protected at high risk of HIV. It has laid bare the intersecting inequalities that people living with, at risk of and affected by HIV and other key populations face, highlighting the relevance and importance of national social protection systems and their critical role in responding to large-scale crisis and in providing support to the ever-growing numbers of people who are falling into poverty, hunger and other situation which make them susceptible to the effects of HIV and potentially at high risk of HIV.
- Globally only 47% of the global population are effectively covered by at least one social protection benefit, while the remaining 53%—as many as 4.14 billion people—are left unprotected. Only 31% of the global population are covered by comprehensive social security systems that include the full range of benefits. Approximately 5.4 billion people are not protected or only partially protected.
- Social protection coverage for people living with, at risk of or affected by HIV remains low. Among countries with available data, the population covered by at least one social protection benefit ranged from an estimated 5.2% in Ethiopia to 42% in Eswatini, and from 7.3% in Zambia to 46% in Namibia among women living with HIV. While women living with HIV in Namibia, and orphans and vulnerable children and adolescents in Eswatini have coverage equal to the 2025 target, coverage of sex workers is uniformly low among the 12 sub-Saharan countries with these data. UNAIDS country data since 2016 indicate point to progress on 4 of the 5 sub-indicators regarding HIV-sensitive social protection. However, progress in addressing unpaid care work in the context of HIV has been slow.
- Key populations also face barriers to the uptake of social protection services. They include stigma and discrimination, lack of information on available programmes, complicated programme procedures, lack of documentation that confers eligibility (e.g., national identity cards), high out-of-pocket expenses, and laws or policies that present obstacles to access services.
- Women continue to undertake the bulk of unpaid care work, including in the context of HIV, a burden exacerbated by COVID-19. It is estimated that fewer than 20% of social protection interventions related to COVID-19 are gender-sensitive and focus on improving women's economic security and/or addressing unpaid care work needs.

- Access to health technologies is a key challenge for all countries, including high-income and upper-middle-income countries, contributing to persisting structural gaps in addressing infectious diseases such as HIV, TB, and malaria, and other diseases of concern for people living with HIV, such as noncommunicable diseases, coinfections (viral hepatitis and sexually transmitted infectious) and COVID-19. Actions are needed to meet the health product-related needs of people living with HIV, including those related to HIV as a chronic health condition, and to resume efforts to develop an HIV vaccine and cure, as part of a growing demand for universal access to health technologies and an effort to achieve universal health coverage and AIDS-related SDG targets.

Joint Programme deliverables for 2022–2023

- Provide normative and technical guidance for identifying and addressing health inequities; capacity building for integrating HIV, health and social protection programmes; continued support to countries to monitor who is being left behind in the provision of HIV services; and remove barriers to HIV services.
- Support and guide the strengthening of the building blocks of strong health systems. This includes integrated and differentiated health services delivered through primary health-care facilities and/or community-led organizations; improved health information and procurement management system to ensure efficient HIV and other health service delivery; investments in HIV prevention and treatment interventions as part of overall health financing, as enablers for broader development and as key contributors to universal health coverage; and capacity building to improve consolidated effective procurement supply management and to optimize a multipurpose laboratory systems.
- Provide normative and technical guidance and capacity building in planning, financing and monitoring of social protection and contribute to people-centred, rights-based and integrated health services (e.g. HIV, TB, viral hepatitis, STIs, SRH, cervical cancer, noncommunicable diseases, gender-based violence, mental health at primary health-care level, and linkages to social protection and economic support) for the health and well-being of people living with, at risk of and affected by HIV and other key populations.
- Promote, guide and monitor system-wide training for the elimination of the multiple, intersecting forms of stigma and discrimination in health care systems.
- Strengthen country capacity and sensitize decision-makers so that the needs of people living with and affected by HIV are reflected in national social protection agenda, including facilitating linkage to existing national social protection systems and other development interventions that have a significant impact on HIV outcomes.
- Guide and support the alignment and harmonization of social protection programmes by adopting eligibility criteria and transfer values with the national guidelines.
- Facilitate the fostering of trust and incentivizing people living with HIV to enrol in national social registries; build the capacity and catalyze the mobilization of resources for community-led groups to lead in advocacy, monitoring and service delivery; and strengthen consolidated procurement and supply management and multipurpose laboratory systems.
- Using an inequalities lens, guide and support focus on priority actions to address the needs of those left behind, including through the development of a high-level coalition to promote and spearhead integrated social protection which will contribute to universal health coverage.
- Advocate and raise awareness for universal social protection that includes people living with HIV and compensates for unpaid work in the context of HIV.
- Support equity assessments and advocate for laws, policies and programmes to reduce barriers to housing and employment and to protect the rights of workers living with HIV to retain their employment.
- Leverage findings from existing global mappings and assessments to target country-specific actions and tailored support for people living with HIV.
- Harness the COVID-19 social protection momentum to support mobilization of additional funds for social protection coverage for key and those are high risk of HIV.
- Support the scale-up of social protection interventions for girls and young women.
- Support and advocate for country efforts to ensure unrestricted availability, accessibility and affordability of assured-quality health technologies to prevent, diagnose and treat HIV, its coinfections and comorbidities, and their fair and equitable allocation among and within countries. This includes support for the full use of flexibilities provided within the World Trade Organization's TRIPS agreement and public health-oriented voluntary licensing agreements; for ensuring generic competition and promoting local production of affordable and quality-assured generic products; for enhancing market transparency of HIV-related products and strengthening procurement and supply management capacities, including pooled procurement mechanisms and strengthening of local regulatory capacities; for exploring new models for financing and coordination of research and development in the health sector; and for

renewing efforts towards and ensuring investments in research and development for needed health innovations to advance the HIV response.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *Invest in robust, resilient, equitable and publicly-funded systems for health and social protection systems that provide 90% of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, noncommunicable diseases, sexual and reproductive health care, gender-based violence, mental health, palliative care, treatment of alcohol dependence, drug use legal services, and other services they need for their overall health and well-being.*
- *Ensure that by 2025, 45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits.*

Primary contributing organizations: UNICEF. WFP, UNDP, UNFPA, UNODC, ILO, WHO, World Bank and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: UHC2030, Global Action Plan Partner agencies, Inter Agency Task Team on Social Protection

UBRAF Result Area 10 output: Humanitarian settings and pandemics

A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.

Budget (2022 – 2023)		
Core funds (US$)	**Non-core funds (US$)**	**TOTAL (US$)**
7 976 600	**118 409 400**	**126 386 000**

Inequalities/gaps/challenges (2022–2023)

- In humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can exacerbate inequalities that lead to disruptions or lower access to HIV services, leaving these populations susceptible to higher risk of HIV infection. Meeting the needs of people at high risk of HIV in these situations is critical to ending AIDS as a public health threat.
- With over 240 million people worldwide requiring humanitarian assistance important progress has been made in integrating HIV services in these settings, including among refugees and internally displaced people. A survey of 48 refugee-hosting countries found that in 90% of countries refugees living with HIV have the right to access antiretroviral therapy through national health systems, while refugees are receiving certain HIV services through Global Fund grants in 82% of countries. Despite these important achievements, groups at high risk of HIV and those who are most susceptible to the effects of HIV based on specific contextual challenges (these include irregular migrants, key populations, unaccompanied minors, adolescents and children) often struggle to obtain meaningful access to HIV services in humanitarian settings, particularly during the early phases of emergencies.
- There is suboptimal access to services including prevention, access to treatment and other sexual and reproductive health services. Key populations are most likely to be excluded, marginalized and discriminated against in humanitarian settings. Specific measures are required to address those vulnerabilities. Although HIV services are made available in many humanitarian settings, services are not always available, accessible, or responsive to the needs of people living with HIV and key populations and are provided in an environment that is often stigmatizing and discriminatory.
- In humanitarian settings, people living with HIV often experience social exclusion, mandatory HIV testing, stigma, and discrimination, as well as access barriers that are exacerbated by laws that criminalize HIV exposure, nondisclosure, transmission and HIV-related travel restrictions. A number of countries still require refugees, asylum seekers and migrants to undergo HIV testing, and some deport people who test HIV-positive.
- Greater attention needs to be given to the collection, analysis and reporting of disaggregated data in humanitarian settings to ensure equitable access for children, adolescents, key populations, women and men. Valuable information already exists, but data gaps remain, such as lack of disaggregation in national reporting systems and exclusion of some migrants in humanitarian settings.
- Women and girls are disproportionally affected by humanitarian emergencies. Their sexual and reproductive health needs do not end during emergencies and may increase when humanitarian crises become protracted. They are disproportionately exposed to the risk of gender-based violence, which is further increased in forced displacement, with severe and often long-term negative health, economic and social implications.
- The disparities of HIV service utilization among males noted in many countries are also found in humanitarian settings. In many refugee populations, men are far less likely than women to access antiretroviral treatment: 2019 data on new antiretroviral therapy enrolments for refugee women and men older than 18 years showed that males comprised only 34% of new enrolments.
- Too few adolescents and young people in humanitarian situations have access to information and counselling and to integrated, adolescent and young people-responsive services (especially sexual and reproductive health services) without facing discrimination or other obstacles.
- COVID-19 has negatively affected HIV programmes in all settings, including humanitarian settings, with lockdowns limiting opportunities for testing, linkage to treatment, continued adherence to HIV treatment and viral suppression. In some instances, humanitarian emergencies combined with COVID-19 have led

to limited functioning or closing of clinics and shortages of community health workers.

Joint Programme deliverables for 2022–2023

- Advocate at all levels and in all operational contexts, for HIV responses that ensure access to comprehensive HIV services for populations in humanitarian settings, including integration of refugees, asylum seekers, internally displaced persons, returnees, migrants and other populations affected by humanitarian emergencies into national health and HIV services.
- Support implementation of the Minimum Initial Service Package for sexual and reproductive health in the early phases of humanitarian settings and expand that to comprehensive services as soon as possible.
- Support strengthening of sexual and reproductive health services for adolescents, young people and key populations, as well as survivor-centred responses to gender-based violence including intimate partner violence, in humanitarian settings.
- Support and build capacity of stakeholders to expand access to HIV counselling and testing, TB programming (and bidirectional linkages with HIV care) in humanitarian settings.
- Guide and support the strengthened integration of HIV with services for sexual and reproductive health including cervical cancer prevention, screening and treatment; prevention and management of sexually transmitted infections mental health and psychosocial support; nutrition and food security services; and livelihood, self-reliance and social protection, including by reinforcing partnerships with relevant stakeholders.
- Support the strengthening of services to prevent vertical HIV transmission where needed, including improved follow-up of infants born to women living with HIV, early infant diagnosis, and access to treatment and care for infants and children in humanitarian settings.
- Support full and meaningful engagement of and leadership by communities and civil society, including people living with HIV, key populations and their networks, in planning, decision-making, service delivery and monitoring in humanitarian settings.
- Support the scale-up and institutionalization of community-led adaptive innovations for HIV services under COVID-19.
- Strengthen data and evidence for a more granular approach to HIV in humanitarian settings and build on an evolving evidence base to inform collective action.
- Advocate for and support expansion of access to quality combination HIV prevention in humanitarian settings, tailored to the epidemic profile, particularly for key populations, adolescent and young people.
- Advocate for and support the implementation of gender-transformative solutions that enhance the power of women and girls to, among others, make decisions about their health and health care; contribute to actions that integrate specific needs of men/boys; women/girls and address the needs of transgender and gender identities based on their sex and gender requirements in humanitarian settings.
- Guide and support measures that expand access to HIV counselling and testing in humanitarian settings, including self-testing where relevant, linkages to treatment, care, and viral load testing and adherence support including for key populations, adolescents and young people, children, women and men.
- Support the strengthening of HIV care in humanitarian settings with TB programming, including diagnosis, treatment support, monitoring and bidirectional linkages.
- Advocate with national authorities to remove mandatory requirements for HIV testing and subsequent rights restrictions for refugees, asylum seekers and migrants.
- Provide guidance and support to countries to build on notable advances in the use of technology and innovations in service delivery during COVID-19, to secure and strengthen those that improve HIV outcomes and benefit people living with, at risk or and affected by HIV.
- Document and share knowledge on the lessons and investments from the HIV response and ensure that the HIV response contributes to resilient systems for health and pandemic preparedness, and that efforts to boost health systems and pandemic preparedness are designed and implemented in ways that support HIV response platforms.

Global 2025 targets that are the most relevant for the Joint Programme deliverables

- *95% of people within humanitarian setting at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options.*
- *90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programmes to address gender-based violence (including intimate-partner violence), including HIV post-exposure prophylaxis, emergency contraception and psychological first aid.*
- *Ensure the systematic engagement of HIV responses in pandemic response infrastructure and arrangements, leveraging national HIV strategic plans to guide key elements of pandemic preparedness planning and ensuring that 95% of people living with, at risk of and affected by HIV are protected against pandemics, including COVID-19.*

Primary contributing organizations: UNHCR, WFP, World Bank and UNAIDS Secretariat

The Joint Programme will work with countries, communities including networks of people living with HIV, key populations, youth, women, civil society, partners and other key stakeholders.

Other key partnerships: Interagency Task Team on HIV in Humanitarian Settings, Interagency Working Group on Sexual and Reproductive Health in Crisis

Priority actions under UNAIDS Secretariat functions and Evaluations for 2022–2023

14. The UNAIDS Secretariat provides support and leadership, strategic intelligence and convening capacity for countries and communities to advance progress towards ending AIDS as a public health threat by 2030 and towards realizing the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

15. The UNAIDS Secretariat has overall responsibility for ensuring coordinated strategic focus, effective functioning and accountability across the Joint Programme's work to support the implementation of the Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV/AIDS (2021 Political Declaration). Using an inequalities lens, the Secretariat focuses within the Joint Programme on the following functions, complemented by the contributions of and in concert and collaboration with the Cosponsors:

    - S1: Leadership, advocacy and communication;
    - S2: Partnerships, mobilization and innovation;
    - S3: Strategic information;
    - S4: Coordination, convening and country implementation support; and
    - S5: Governance and mutual accountability (including evaluation).

16. In 2022–2023, the UNAIDS Secretariat will strengthen collaboration, especially at the country level, with governments, communities and partners. As a knowledge-driven, networked organization, the Secretariat, together with Cosponsors, will harness and share collective knowledge through communities of practices, across and beyond the Joint Programme, to leverage wide contributions in the following critical areas:

    - strategic information,
    - HIV services and systems for all,
    - human rights, gender equality, communities and key populations, and
    - sustainable financing for HIV, epidemics and health.

Budget (2022 – 2023)			
Secretariat Functions	**Core funds**	**Non-core funds**	**Total**
S1 Leadership, advocacy and communications	64 824 000	21 714 000	86 538 000
S2 Partnerships, mobilization and innovation	60 512 000	27 020 000	87 532 000
S3 Strategic information	41 784 000	8 322 000	50 106 000
S4 Coordination, convening and country implementation support	68 754 000	40 676 000	109 430 000
S5 Governance and mutual accountability	56 126 000	2 268 000	58 394 000
Grand Total	**292 000 000**	**100 000 000**	**392 000 000**

S1 – Leadership, advocacy and communication

Engage political leaders, high level platforms, activists, champions and other key stakeholders to maintain and enhance the multisectoral response, in order to address the multidimensional nature of the global AIDS epidemic and in support of ending AIDS, reducing inequalities and accelerating progress towards the Sustainable Development Goals.

Deliverables

- An inequalities lens at the core of the Global AIDS Strategy is promoted and increasingly used within and among countries and communities to identify and reduce inequalities, HIV-related human rights violations, injustice and exclusion to achieve more equitable outcomes for people living with, at risk of, and affected by HIV through advocacy and leadership support for the Global AIDS Strategy.
- Progress in the implementation of the Global AIDS Strategy and towards achievement of the 2025 targets, accelerated by strengthened links between governments, communities and other partners, including research institutions, to translate political commitments into national, people-centred targets, investments and implementation to address the needs of all people living with HIV.
- Momentum and commitment for the global HIV response, including for reaching the 2025 targets and the commitments in the 2021 Political Declaration, bolstered by highlighting the rights and needs of affected communities (including people living with HIV, key populations and adolescent girls and boys) through evocative and impactful storytelling, using traditional and new multimedia that amplify their voices and facilitate their increased engagement and leadership.
- Increased political will and action to place human rights at the centre of the HIV response and to remove human rights barriers (including stigma, discrimination, punitive and discriminatory laws and violence), reflecting increased political recognition of the importance of human rights and societal enablers to ending inequalities and ending AIDS as a public health threat by 2030, through high-level advocacy, leadership and engagement at the global, regional and national levels.
- Increased political will, action, resources and accountability to eliminate gender inequalities that drive the HIV epidemic in all contexts including in conflict and humanitarian settings —especially violence against women and girls, and other forms of gender-based violence.
- Critical issues of social justice, gender equality and human rights that are central to progress in the HIV response are visible in political agendas and commitments, demonstrating and amplifying their relevance across the wider global health and development agenda as a result of effective leadership and political advocacy.
- The vision of ending AIDS as a public health threat and intersecting inequalities approach is clearly communicated, adequately resourced and is supported by the development and roll-out of a collaborative knowledge management strategy that is rooted in the voices, experiences, monitoring and learning of people living with HIV, key populations, women and girls, strategically positioning efforts to end AIDS as contributions to SDGs 10 and 16.
- HIV and health are maintained at the highest level on the international agenda to underline the importance of investing in HIV, health and social issues, including for community-led responses that help ensure resilience against future outbreaks and pandemics, by establishing a Panel on Sustainable Financing of HIV, Health and Pandemics to provide strategic analysis and advice to catalyze political leadership, expand partnerships and enhance coherence with governments, partners, donors and communities.
- Structural reforms and innovations for ending inequalities are leveraged to promote the work and added value of the Joint Programme positioning it at the forefront of catalyzing investments for scaling up HIV programmes and addressing social and structural barriers for differentiated national responses through leadership, advocacy and influencing.

S2 – Partnerships, mobilization and innovation

Enhance political will, convene strategic initiatives and partnerships, and foster mobilization of sustainable resources. Provide thought leadership, advocacy, knowledge management and communities of practice, and normative and operational guidance, tools and implementation support for a rights-based, gender transformative response—including through innovative, community- and youth-led approaches. The aim is to achieve expanded access to HIV services, catalyze action on societal enablers, engender increasingly competent and resilient communities, including in the face of human rights and health crises, and increase accountability from duty bearers to rights holders.

Deliverables

- The Global Prevention Coalition and other global, regional and national partnerships, platforms and strategic initiatives are leveraged for adequate investments and action by governments, communities and other partners, including the Global Fund and PEPFAR, to accelerate scale-up and reduce inequalities in access to and use of combination HIV prevention services.
- UNAIDS partnerships with governments, regional institutions, Global Fund, PEPFAR, other bilateral and multilateral actors, affected communities and wider civil society (including academic, faith-based and private sector actors) to build collective leadership and align actions and resources at country, regional, and international levels are fostered and expanded.
- Increased and accelerated action and funding are leveraged at country, regional and international levels to reduce HIV-related stigma and discrimination, and to create enabling legal and policy environments. This is done by convening and supporting members of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and through implementation of the People Living with HIV Stigma Index 2.0 and related follow-up.
- The Education Plus partnership is well-resourced and well-managed with the Secretariat playing an active leadership role, supporting adolescent girls to complete their secondary education, be safe from gender-based violence, exercise their sexual and reproductive health and rights and access economic opportunities, all of which can also help reduce the incidence of new HIV infections among adolescent girls and young women in all their diversity.
- Equitable access to affordable, acceptable and quality-assured health technologies is promoted and enhanced through guidance and support for the development of policy and legal frameworks on public health management of access to health technologies-related mechanisms and policies, including those pertaining to intellectual property rights, local production of pharmaceutical products, essential medicines and health technologies for public health needs and technology transfer initiatives. Strategic and innovative partnerships are forged with governments, international organizations, the private sector, and civil society.
- A new global plan to eliminate vertical HIV transmission and end paediatric AIDS by 2025 is developed by convening partners at global, regional, country and community levels through a mutual accountability framework that ensures timely progress towards its targets.
- Innovations for taking high-impact practices to scale are identified, shared and promoted.

S3 – Strategic information

In accordance with its mandate to collect pertinent data from countries and report progress towards global HIV response targets, lead the HIV response tracking and reporting, support the identification of inequalities in the HIV response and enhance countries' strategic information capacities on the HIV epidemic and response with regards to: epidemiological status; demographic impact; HIV financial flows and expenditures; prevention, treatment and care gaps; laws and policies and the scale-up and implementation of monitoring and evaluation efforts.

Deliverables

- Relevant and timely updates to the UN General Assembly, with transparency to governments, nongovernmental partners and the wider public, on progress towards the commitments and targets in the UNGA 2021 Political Declaration on AIDS and the Global AIDS Strategy, through the refinement and analysis of country data submitted through the Global AIDS Monitoring system and by using a wide range of media, including the AIDSinfo data portal and the UNAIDS Global AIDS Update report.
- Countries and communities have enhanced capacities to generate, interrogate and use strategic information (epidemiological surveillance and estimates, programmatic data, financial resources) to: recognize and measure the impact of the HIV response and of HIV-related inequalities; and to better prioritize target-setting, programming and tailored service delivery to address unmet needs and gaps, with a particular emphasis on reaching key populations at increased risk to HIV and the furthest left behind.
- Technical guidance and support provided to countries to improve the quality and granularity of data generation (e.g. disaggregation by age, sex, key population and location, where possible), collection and use at national and decentralized levels to identify and address programme gaps.
- Strengthened community monitoring platforms and tools are available for rapid community assessments with people living with HIV, key populations and others at high risk of and/or who are affected by HIV to inform policies and programmes, including in (post) humanitarian settings.
- Tools and mechanisms for improved HIV responses and services continuity during evolving health and

humanitarian emergencies, including HIV products supply chain and other market issues that are affected by health emergencies.

S4 – Coordination, convening and country implementation support

Building on the accumulated expertise, systems and partnerships of the HIV response and on broader health and development efforts, work with countries and communities to strengthen national mechanisms for effective coordination and coherence. UN Joint Teams on AIDS in countries and other regional interagency mechanisms support inclusive and sustainable national HIV responses that promote a whole-of-government and whole-of-society efforts to end inequalities and end AIDS as a public health threat. Together with communities and duty bearers, use an inequalities lens to identify people who are being left behind and to urgently reduce the inequalities, inequities and exclusion experienced by people living with, affected by and at risk of HIV, including in humanitarian or other extreme circumstances.

Deliverables

- The Joint UN Teams on AIDS at regional and country levels are strengthened to: implement Joint UN Plans on AIDS, including through country envelopes; deliver quality support to national HIV responses as part of the SDG agenda; contribute to the effective functioning of the UN Resident Coordinator system; and integrate priorities for ending inequalities and AIDS as a public health threat across the UN Sustainable Development Cooperation Frameworks and across national and regional SDG platforms.
- Political will is translated into people-centered targets, investment and coordinated implementation towards more equitable, sustainable HIV responses that are resilient to shocks, crises and future pandemic threats. This is done by supporting the leadership capacity of governments, communities and other partners to strengthen societal enablers, resolve bottlenecks and recognize and reduce inequalities that underlie current gaps and shortcomings of the HIV response.
- Countries and communities are supported to identify and address, in partnership with communities living with and affected by HIV, HIV-related inequalities (including gender inequalities), human rights and societal barriers, and emergencies. This is done through the development and sharing of normative and operational guidance, frameworks, tools, research and thought leadership, including for supporting community-led monitoring, advocacy and responses. It also involves increased accountability from duty bearers to rights holders and linked technical support to apply, adapt, implement and learn from guidance and tools.
- Tailored service delivery models that prioritize people who are currently left behind, at high risk and/or under-served are developed and support for their enhancement is provided to countries and by communities to implement impactful, innovative and context-appropriate approaches that respond to challenges, unblock systems bottlenecks and remove stigma, discrimination and other social and structural barriers.
- Increased advocacy and guidance for evidence-informed policies, resource mobilization and allocation for strengthening rights-based, gender transformative policies, interventions, monitoring systems and learning.
- Community leadership is more prominently established, and the capacities of communities are built to lead and engage effectively in decision-making and implementation of HIV responses and to enhance community-led responses. The meaningful involvement of people living with HIV is championed and capacities to implement inclusive governance platforms are enhanced and reinforced.
- Community and country efforts for pandemic preparedness and responses that reflect and support HIV-related needs are enhanced by coordinating and steering discussions with global partners to ensure the continuity of HIV services, as well as access to other available critical services, and to strengthen impact mitigation and response mechanisms.
- Political will and knowledge of countries and communities is strengthened around the importance to prioritize and implement national legal, regulatory and policy frameworks and environments, including for the removal of punitive and discriminatory laws, in order to accelerate and maximize the impact of HIV responses.
- Lessons learnt from HIV for COVID-19 responses and COVID-19 lessons that can improve the HIV response are compiled, and a clearinghouse on selected themes on HIV and COVID-19 is established.
- Countries and communities are guided and supported to prioritize and implement people-centered HIV combination prevention services for populations who are at high risk of HIV. Innovative approaches are used at an appropriate scale to drive impact and achieve the global AIDS targets.

S5 – Governance and mutual accountability

Mobilize, facilitate and support Member States' and other PCB stakeholders' equal and effective engagement in the work and governance of the Joint Programme and in its contribution to deliver on the Global AIDS Strategy and the 2030 Agenda for Sustainable Development. Lead the Joint Programme's mutual accountability mechanisms for results and resources, including quality reporting.

Deliverables

- The 2022–2026 UBRAF is planned, efficiently managed and its implementation at global, regional, and country levels is monitored and reported to the PCB, donors and other stakeholders.
- The UBRAF core resources and other funds for the UN contribution to the Global AIDS Strategy are fully mobilized, in collaboration with Cosponsors.
- Effective accountability mechanisms are applied for results, process and resources, reporting to ECOSOC, the PCB, the UN General Assembly, the Human Rights Council, donors, country-level stakeholders and the broader public. This is done with the support of the Committee of Cosponsoring Organizations and in accordance with other reporting requirements, such as for the QCPR, UN Funding Compact, IATI and UN SWAP and related lessons learning thanks to Secretariat's leadership for their development, knowledge sharing, implementation, facilitation and follow up.
- Effective engagement of stakeholders in the work and governance of the Joint Programme is achieved, thanks to the Joint Programme's contribution to UN commitments to multilingualism.

S5 – Evaluation

Building on the experience of evaluations conducted in recent years, robust biennial evaluation plans will be developed, presented for approval to the PCB,[20] and effectively implemented. The evaluation plan covers the work of the Secretariat and the HIV-related activities of the Cosponsors under the 2022–2026 UBRAF.

The evaluation plan is based on the guiding principles in the UNAIDS evaluation policy, which was approved by the PCB in June 2019 (UNAIDS/PCB (44)/19.7). To identify the most relevant evaluations to be conducted, the plan is developed through a consultative process involving staff of the UNAIDS Secretariat and Cosponsors. An annual report on the implementation of the plan is presented to the PCB and a semi-annual update is shared with the PCB Bureau. Evaluations included in the plan aim to strengthen evidence-informed decision-making, organizational learning, accountability, transparency and governance and thereby enhance the relevance, coherence, efficiency, effectiveness and impact of the Joint Programme. The evaluation plan also seeks to promote UN system-wide and joint evaluations related to HIV, as well as UN reform more broadly.

Deliverables

- The UNAIDS evaluation plan implemented, and systematic follow-up to evaluations occurs.

[20] First biennial evaluation plan for 2022–2023 to be presented in December 2021.

Regional priorities for 2022–2023 and linkages to the global AIDS targets

17. To advance towards the 2025 targets and in line with the regional profiles and priority actions identified in the Global AIDS Strategy, the Joint Programme will tailor its support for countries and communities to the priorities, needs and circumstances of each setting. Across all regions, the Joint Programme will draw on its core strengths to customize its work in order to address the most pressing regional and country needs and priorities

18. In all regions, the Joint Programme will support countries and communities and work with partners and other key stakeholders to take actions that can reduce inequalities driving the epidemic and get national HIV responses back on-track. The Joint Programme will emphasize leadership, country ownership and accountability; political will; strengthened engagement with communities, governments, other key national and regional partners; and catalyzing progress towards regionally-agreed targets and strategic roadmaps.

19. At regional and country levels, the Joint Programme's work will be guided and informed by data, science and innovation suitable to and to meet the needs in the local contexts. Its work will support countries to maximize the use of harmonized, timely, granular data and to explore non-traditional financing options for technical support. Across regions, the Joint Programme will prioritize support to create enabling legal and policy environments, and to ensure sustainable HIV financing and the most efficient use of finite resources. Specific efforts will focus on supporting and effectively leveraging the unique roles of cities and human settlements in addressing the complex, multidimensional factors that increase underlying HIV-related inequalities and the risk of HIV and slow progress in responding effectively to the epidemic.

20. In all regions, the Joint Programme will:

- work on the synergies and interdependence of services, systems and societal enablers in order to leave no one behind;
- adopt an inequalities lens to interrogate, analyse, address and eliminate the intersecting inequalities that deny access of some groups of people to services and render them at high risk of HIV;
- invest in and support communities, especially people living with HIV, adolescent girls and young women, key populations and young people to play an increasing role in leading and monitoring the response (in line with the 30–60–80 targets);
- engage in multisectoral partnerships and collaboration to unlock and accelerate achievement of the 10–10–10 targets across all result areas as key determinants for inclusive, quality access to the continuum of care across the life course without violence, stigma and discrimination;
- support communities and duty bearers to implement existing national, regional and global commitments on human rights, including the rights to health and gender equality, on community leadership and on removing discriminatory laws and policies; and
- promote and support disaggregated data to inform policies and actions to reach people who are left behind.

The Joint Programme will focus its support in 2022–2023 on the focus countries listed in each regional section below.

ASIA-PACIFIC

Budget (2022 – 2023)				
Core central funds (US$)	**Country Envelopes (US$)**	**Total Core funds (US$)**	**Non-core funds (US$)**	**TOTAL (US$)**
32 027 000	**10 912 000**	**42 939 000**	**107 495 800**	**150 434 800**

Regional priorities (2022 – 2023)	
UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.	**UBRAF Result Area 1:** Prevention **UBRAF Result Area 2:** Testing and treatment
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options. • 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV. • 90% of people living with HIV receive preventive treatment for TB. • 90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services for other communicable diseases, noncommunicable diseases, sexual health and gender-based violence, mental health, drug and substance use, and other services they need for their overall health and well-being.	**Deliverables** • Countries supported for the scale-up of combination HIV prevention, including PrEP, harm reduction interventions, multimonth dispensing, same-day initiation of antiretroviral therapy, promotion and access to condoms and lubricants, sexual and reproductive health and right interventions, sexually transmitted infection management, HIV testing services and antiretroviral therapy, human papilloma virus vaccination, TB/HIV integration, and sexually transmitted infection screening and treatment. • Increased scale-up of targeted and differentiated forms of HIV testing, including HIV self-testing, community testing, HIV/syphilis dual tests, and timely and safe partner notification promoted and supported through policy and technical guidance. • Strengthened management of advanced and complicated HIV, optimizing the use of multiplex testing platforms and including the use of newer tests such as CrAg and TB-LAM thanks to policy and technical guidance. • Countries supported to develop their triple elimination of vertical transmission of HIV, syphilis and hepatitis B virus programmes, with some countries in a position to pursue validation, either at national or subnational levels. • Strengthened local support for HIV prevention, including via the Fast-Track Cities initiative and national HIV prevention coalitions. **Focus countries** *Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, Viet Nam* **Contributing organizations** ***UNICEF, UNFPA, UNODC, WHO, UNAIDS Secretariat***

Regional priorities (2022 – 2023)	
UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed	**UBRAF Result Area 4:** Community-led response **UBRAF Result Area 5:** Human rights **UBRAF Result Area 6:** Gender equality **UBRAF Result Area 7:** Young people
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • 30% of testing and treatment services to be delivered by community-led organizations. • 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. • 60% of the programmes support the achievement of societal enablers to be delivered by community-led organizations. • Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services. • Less than 10% of people living with HIV and key populations experience stigma and discrimination.	**Deliverables** • The Global Partnership to end all forms of HIV-related stigma and discrimination is expanded to other countries and early adopters implement it. • Increased advocacy and capacity for rights-based approaches in policies and programmes, including tackling harmful social and gender norms. • Strengthened partnerships with civil society organizations (including community organizations and key populations networks, especially networks of gay men and other men who have sex with men) to increase sustainable, community- led service delivery, including virtual interventions. • Community leaders (including parliamentarians, civic leaders, leaders of faith and community leaders) are sensitized on the gender dimensions of health and equality, • Strengthened focus on young key populations, including young key populations and youth at high risk of HIV, to ensure that they are provided with comprehensive and tailored HIV and SRH programmes, education and information and services, including via school-based and out-of-school CSE, and non-judgmental adolescent SRH services. • Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth (particularly youth at high risk of HIV) with lifesaving information, equitable education, protection and health services, promote their promote their autonomy with regards to their health and institutionalize their contributions to ending inequalities and ending AIDS. • Increased engagement and leadership of young key populations in all their diversity, in regional and national HIV responses. • Countries are supported to address structural barriers to HIV prevention and care services, including gender-based discrimination and violence, stigma and discrimination. • Support provided for the revision of laws, policies hindering access to health services for key population, to make them gender-responsive, including by supporting the capacity of people and entities that enact, interpret and enforce laws to create enabling more legal and policy environments for the response to HIV and sensitivity to key populations and people living with HIV. **Focus countries**

Regional priorities (2022 – 2023)	
	Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, Viet Nam **Contributing organizations** ***UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, UNAIDS Secretariat***
UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses	**UBRAF Result Area 8:** Fully-funded HIV response
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • Increase global HIV investments to US$ 29 billion per year by 2025. • 45% of people living with, at risk of and affected by HIV have access to one or more social protection benefit. • 95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics including COVID-19.	**Deliverables** • Continued support is provided for resources mobilization and grant implementation of key donors such as Global Fund, PEPFAR and bilateral donors. • Use of social contracting for adequate domestic resourcing of community- led responses, especially for key populations, is promoted and technically supported and lessons shared. • More diversified and sustainable funding sources for the HIV response including increased domestic financing and decreased reliance on donor funding is promoted and guided. • Support is provided to countries on pandemic preparedness and responses (especially for people living with HIV and key populations) to ensure availability of effective, equitable and sustainable systems. • Guidance and support are provided to countries to adapt to changing financing and fiscal environments, including fiscal impacts of COVID-19 on domestic and international/donor financing. • Countries and communities are supported in the promotion, advancement of and integration of HIV in universal health coverage. **Focus countries** *Cambodia, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, Viet Nam* **Contributing organizations** ***UNDP, UNFPA, UN Women, WHO, World Bank, UNAIDS Secretariat***

EASTERN EUROPE AND CENTRAL ASIA

Budget (2022 – 2023)				
Core central funds (US$)	**Country Envelopes (US$)**	**Total Core funds (US$)**	**Non-core funds (US$)**	**TOTAL (US$)**
13 223 100	**4 216 000**	**17 439 100**	**61 056 400**	**78 495 500**

Regional priorities (2022 -2023)	
UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.	**UBRAF Result Area 1:** Prevention **UBRAF Result Area 2:** Testing and treatment
Global 2025 targets most relevant to regional Joint Programme priorities *(milestones and targets to be defined)* • 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options. • 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV.	**Deliverables** • Strengthened capacity of countries and key population communities to programme and implement people-centered HIV combination prevention services (including PrEP, self-testing, gender-affirming and differentiated service delivery, including for nonopioid drug users), including in prison settings, at an appropriate scale to drive impact and achieve the Global Strategy targets. • Global Prevention Coalition partnerships are leveraged for strategic investments and action by governments, communities and other partners to end inequalities in access to prevention. • Scale up of differentiated service delivery for HIV testing, treatment and retention to address inequalities in the continuum of care for key populations is promoted and supported with technical guidance and support (e.g., immediate ART initiation, 6-month dispensing, HIV/syphilis rapid testing, TB diagnosis, mental health support, take-home dosage for opioid substitution therapy for people who inject drugs, antiretroviral therapy adherence support integrated with key population services). • Eastern Europe and central Asia countries participate in global multi-partner initiatives, e.g. the joint inter-agency initiative on Prevention and Treatment of Drug Use and Drug Use Disorders, ensuring regional relevance. • Countries institutionalize new HIV testing policy (elimination of western blot and scale-up of recency testing) and apply HIV recent infections testing in HIV case reporting. • Equitable access to affordable, acceptable and quality-assured antiretroviral therapy and health technologies is promoted, including to enable access of labour migrants to treatment upon harmonized services delivery regulations • Countries supported in applying for certification of elimination of vertical transmission or maintenance of certification. Eastern Europe and central Asia countries participate in renewed Three Frees initiatives that are adapted to the needs of women at high risk of HIV , including through establishing inclusive prevention and care systems and strengthening linkages between HIV, health and human rights. • Strengthened local engagement and support for HIV prevention, treatment, care and support services, including via the Fast-Track Cities Initiative. **Focus countries** *Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan,*

Regional priorities (2022 -2023)	
	Ukraine, Uzbekistan **Contributing organizations** ***UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, UNAIDS Secretariat***
UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed	**UBRAF Result Area 4:** Community-led response **UBRAF Result Area 5:** Human rights **UBRAF Result Area 6:** Gender equality **UBRAF Result Area 7:** Young people
Global 2025 targets most relevant to regional Joint Programme priorities *(milestones and targets to be defined)* • 30% of testing and treatment services to be delivered by community-led organizations. • 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. • Less than 10% of people living with HIV and key populations experience stigma and discrimination. • Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and all forms of gender-based violence.	**Deliverables** • Communities and networks of people living with HIV and key populations, including youth-led organizations/networks, are well-capacitated, resourced and empowered to design and implement community-led responses and monitoring. • Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination is promoted and used to implement related interventions in priority countries. • Regional and national mechanisms are in place to monitor, document and empower civil society organizations, communities and institutions, and respond to human rights violations, including access to justice, legal aid and national recourse mechanisms. • Gender analysis and gender-disaggregated data are supported and their use promoted to inform, implement and monitor national gender-transformative HIV policies, strategies, programmes and budgets. • Countries benefit from guidance and support to HIV integration in SRH programmes, national gender-based violence prevention and responses plans, policy and legal frameworks, and services package to survivors of gender-based violence. • Networks of women, adolescents, young people and girls living with HIV, as well as women in key populations, are empowered and involved in the design, budgeting, implementation and monitoring of the HIV response. • A Joint Action Plan is developed and implemented by the Secretariat and Cosponsors to address HIV-related travel restrictions and ensure access of refugees and migrant populations to HIV services. **Focus countries** *Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine, Uzbekistan* **Contributing organizations** ***UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat,***

Regional priorities (2022 -2023)	
UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses	**UBRAF Result Area 8:** Fully-funded HIV response **UBRAF Result Area 9:** Integration and social protection **UBRAF Result Area 10:** Humanitarian setting and pandemics
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • Increase global HIV investments to US$ 29 billion per year by 2025. • 45% of people living with, at risk of and affected by HIV and AIDS have access to one or more social protection benefit. • 90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programmes to address gender-based violence (including intimate-partner violence) that include HIV post-exposure prophylaxis, emergency contraception and psychological first aid. • 95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics including COVID-19.	**Deliverables** • Financial sustainability, investment cases and transition plans are developed and their implementation promoted in priority countries, including partnership with and support to communities and civil society programmes. • Mobilization of domestic and external resources for the HIV response is advocated for, guided and supported in priority countries. • Integration of HIV services into primary health care, SRH, national health system strengthening, and universal health coverage plans is supported as well as the inclusion of the needs of people living with HIV, at risk of and affected by HIV including key populations and other groups at higher risk of HIV, in social protection schemes. • Integration of an essential package of HIV services in the national response plans for all people affected by humanitarian emergencies and who are living with HIV or at risk of HIV is advocated for and supported. • Better access of key populations in humanitarian settings to comprehensive health and protection services, including integrated TB, hepatitis C and HIV services, and services to prevent and respond to gender-based violence is advocated for and support. • Granular data and strategic information (including improved surveillance, assessment of risks and vulnerabilities and community-based monitoring systems) are used to inform HIV programmes in humanitarian settings. • Inclusion of the needs of people living with HIV and key populations in rights-based health emergency responses and COVID-19 pandemic prevention, diagnosis, treatment and care responses is supported. Guidance and facilitation are provided to countries for inclusion of people living with HIV as priority population groups in COVID-19 national vaccination programmes. **Focus countries** *Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine, Uzbekistan* **Contributing organizations** ***UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, World Bank, UNAIDS Secretariat***

EASTERN AND SOUTHERN AFRICA

Budget (2022 – 2023)				
Core central funds (US$)	**Country Envelopes (US$)**	**Total Core funds (US$)**	**Non-core funds (US$)**	**TOTAL (US$)**
60 486 100	**21 700 000**	**82 186 100**	**609 761 400**	**691 947 500**

Regional priorities (2022 – 2023)	
UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.	**UBRAF Result Area 1:** Prevention **UBRAF Result Area 2:** Testing and treatment **UBRAF Result Area 3:** Paediatric AIDS and vertical transmission
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options. • 95% of women of reproductive age have their HIV and SRH service needs met. • 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads. • 95% of HIV-exposed children are tested by two months of age and again after cessation of breastfeeding • 75% of all children living with HIV have suppressed viral loads by 2023 (interim target). • 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV. • 90% of people living with HIV receive preventive treatment for TB. • 90% reduction in TB deaths among people living with HIV by 2025 (from a 2010 baseline). • 90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services for other communicable diseases, noncommunicable diseases,	**Deliverables** • Country capacities are strengthened in strategic information, in particular increasing access to age-, sex- and subnational-disaggregation to better inform HIV prevention and treatment programming. Early diagnosis, optimized treatment and viral load suppression for all children living with HIV are scaled up. • Countries' awareness and capacities are strengthened to scale up proven strategies to close the treatment and viral suppression gap for children and adolescents, including through point-of-care technology, family-centred and human-rights informed index testing, community-led (peer-driven) adherence models, support, digital innovations, and others. • Increased evidence, awareness and programming to address incident infections among pregnant and breastfeeding mothers and to diagnose, start and retain mothers living with HIV on ART throughout pregnancy and breastfeeding, especially adolescent girls and young women. • Strengthened capacity of countries to sustain gains made in the elimination of vertical transmission in the context of COVID-19 and in frontrunner countries, and to advance towards validation on the path to elimination of vertical transmission of HIV, syphilis and hepatitis B virus. • Scaled up evidence-based, people-centred combination HIV prevention with tailored approaches, including integrated HIV/TB services for key populations in all their diversity (including comprehensive harm reduction programmes for people who inject and/or use drugs). • Scaled up HIV and SRH services to meet the needs of adolescent girls and young women. • Comprehensive sexuality education for in- and out-of-school young people strengthened and expanded. • Countries have strengthened capacity to scale up evidence-based, tailored approaches to combination HIV prevention and sexually reproductive health for adolescent girls and young women (15–24 years) in all their diversity, that address biomedical, structural and social factors through a multisectoral approach, including social and gender norms and economic empowerment. • Combination HIV prevention programmes, PrEP, condoms

<table>
<tr><th colspan="2">Regional priorities (2022 – 2023)</th></tr>
<tr><td>sexual health and gender-based violence, mental health, drug and substance use, and other services they need for their overall health and well-being.
• 80% of services for women, including prevention services for women at increased risk to acquire HIV, as well as programmes and services for access to HIV testing, linkage to antiretroviral therapy, adherence and retention support, reduction/elimination of violence against women, reduction/elimination of HIV-related stigma and discrimination among women, legal literacy, and legal services specific for women-related issues, to be delivered by community-led organizations that are women-led.
• 80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations.</td><td>and VMMC for HIV prevention are strengthened and scaled up, and DPV ring and long acting injectables introduced.
• Integrated services for HIV, syphilis, viral hepatitis, sexually transmitted Infections, TB, and other noncommunicable diseases are scaled up.
• The Global HIV Prevention Coalition and HIV Prevention Road Map approach fosters joint commitments on and support countries in accelerating scale-up and reduce inequalities in access to people-centred combination HIV prevention services and to inform advocacy to increase regional support for HIV prevention.
• Strengthened local engagement and support for HIV prevention, treatment, care and support services, including in cities with high HIV burdens.

<u>Focus countries</u>
Angola, Botswana, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

<u>Contributing organizations</u>
UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, World Bank</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</td><td>UBRAF Result Area 4: Community-led response
UBRAF Result Area 5: Human rights
UBRAF Result Area 6: Gender equality
UBRAF Result Area 7: Young people</td></tr>
<tr><td><u>Global 2025 targets most relevant to regional Joint Programme priorities</u> (milestones and targets to be defined)
• 30% of testing and treatment services to be delivered by community-led organizations.
• 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations.
• 60% of the programmes support the achievement of societal enablers to be delivered by community-led organizations.
• Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services.</td><td><u>Deliverables</u>
• Age, sex-, gender- and population-disaggregated data and real-time evidence systems strengthened, and capacities to develop, monitor and analyse HIV specific indicators across sectors are enhanced.
• Communities empowered to identify and address social, cultural, traditional, gender and economic harmful norms that fuel inequalities and increased risk of and vulnerability to the effects of HIV.
• Networks of people living with HIV, women, youth, and key populations are capacitated for representation, participation and leadership to contribute to the design, implementation and monitoring of HIV and gender equality programme.
• Guidance and support provided to countries to revise or repeal legislation/policies/programmes to address the barriers, and foster effective implementation of laws and policies that promote gender equality, human rights and improve access to services for key populations, women and adolescents.
• Stigma and discrimination against women and girls, key populations, LGBTI persons and young people are reduced as part of the Global Partnership for Action to Eliminate all forms of HIV related stigma and discrimination.</td></tr>
</table>

<table>
<tr><th colspan="2">Regional priorities (2022 – 2023)</th></tr>
<tr><td>

- Less than 10% of people living with HIV and key populations experience stigma and discrimination.
- Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and all forms of gender-based violence.

</td><td>

- Systems and policies are strengthened to ensure they are accessible, sustainable, inclusive and can deliver for those at high risk of HIV, particularly key populations, women and girls (e.g., improving capacities of health workers, accessibility of health services, social protection systems, education systems, etc.).
- Evidence-based community-led (peer-driven) approaches to support people living with HIV, key populations and women, including for adolescents and caregivers of children and adolescents are scaled up.
- Community-led service delivery is fully resourced and scaled up, based on results-based policy, stakeholder analysis and review of social contracting among civil society organizations.
- Increased differentiated interventions addressing gender, social and economic barriers to ensure that the needs of women, men, including those that are adolescent and young, boys and girls are met.

Focus countries

Angola, Botswana, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, United Republic of Tanzania, Uganda, Zambia, Zimbabwe

Contributing organizations

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO

</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses

</td><td>

UBRAF Result Area 8: Fully-funded HIV response

UBRAF Result Area 9: Integration and social protection

UBRAF Result Area 10: Humanitarian setting and pandemics

</td></tr>
<tr><td>

Global 2025 targets most relevant to regional Joint Programme priorities

(milestones and targets to be defined)

- Increase global HIV investments to US$ 29 billion per year by 2025.
- 45% of people living with, at risk of and affected by HIV have access to one or more social protection benefits.
- 95% of people in humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options.

</td><td>

Deliverables

- Key population and other people at risk and affected by HIV have increased access to one or more social protection benefits.
- 70% of people in humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options.
- Strengthened financing and fiscal environments, including responses to the fiscal impacts of COVID-19 on domestic and international/donor financing towards sustainable, efficient and equitable HIV and health services.
- Key populations and priority populations have access to social protection to reduce gender and income inequalities and eliminate social exclusion.
- Social protection mechanism and instruments are strengthened to build resilience and stabilize livelihoods in conflict-affected countries.

</td></tr>
</table>

Regional priorities (2022 – 2023)	
• 90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programmes to address gender-based violence (including intimate partner violence) that include HIV post-exposure prophylaxis, emergency contraception and psychological first aid. • 95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics, including COVID-19.	• Strengthened integration and analysis of HIV indicators in food and nutrition security, vulnerability assessments to inform programmatic responses. • Strengthened health system capacity to deliver services to address the continuum of care needs of people living with HIV across their life course. • Integration of HIV and COVID-19 in emergency preparedness and response plans, and continued access to essential health services without disruption. **Focus countries** *Ethiopia, Eswatini, Kenya, Lesotho, Madagascar, Mozambique, Namibia, South Sudan, Rwanda, Uganda, United Republic of Tanzania, Zambia, Zimbabwe* **Contributing organizations** ***UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, World Bank***

LATIN AMERICA AND THE CARIBBEAN

Budget (2022 – 2023)				
Core central funds (US$)	**Country Envelopes (US$)**	**Total Core funds (US$)**	**Non-core funds (US$)**	**TOTAL (US$)**
21 839 500	**7 192 000**	**29 031 500**	**35 792 600**	**64 824 100**

Regional priorities (2022 – 2023)	
UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.	**UBRAF Result Area 1:** Prevention **UBRAF Result Area 2:** Testing and treatment **UBRAF Result Area 3:** Paediatric AIDS and vertical transmission
Global 2025 targets most relevant to regional Joint Programme priorities *(milestones and targets to be defined)* • 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options. • 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV. • 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads. • 75% of all children living with HIV have suppressed viral loads by 2023 (interim target). • 90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services for other communicable diseases, noncommunicable diseases, sexual health and gender-based violence, mental health, drug and substance use, and other services they need for their overall health and well-being.	**Deliverables** • Countries are supported to provide targeted and differentiated prevention services, including self-testing, PrEP, promotion and access to condoms and lubricants, assisted partner notification, comprehensive sexuality education, and youth and migrant-friendly services. • Countries supported to advocate for and participate in the Global HIV Prevention Coalition and Fast-Track Cities initiatives increasing civil society, government, and other local actor collaborations to implement targeted combination HIV prevention services. • Technical support provided to countries to expand targeted and differentiated treatment services that include: multimonth dispensing; integrated and differentiated services for key populations, people on the move and displaced people; SRH services; nutritional support; STI management; same-day ART initiation; and STI screening and treatment. • Countries are supported for the elimination of vertical transmission of HIV and syphilis through expanded dual-testing and increased access to PMTCT services, with the aim of increasing the number of countries obtaining validation. **Focus countries** ***Latin America:*** *Argentina, Bolivia, Brasil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Panama, Perú, Venezuela* ***Caribbean:*** Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago **Contributing organizations** ***UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, PAHO/WHO***
UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for	**UBRAF Result Area 4:** Community-led response **UBRAF Result Area 5:** Human rights **UBRAF Result Area 6:** Gender equality **UBRAF Result Area 7:** Young people

Regional priorities (2022 – 2023)	
and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed	
<u>Global 2025 targets most relevant to regional Joint Programme priorities</u> *(milestones and targets to be defined)* • 30% of testing and treatment services to be delivered by community-led organizations. • 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. • 60% of the programmes support the achievement of societal enablers to be delivered by community-led organizations. • Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services. • Less than 10% of people living with HIV and key populations experience stigma and discrimination.	**Deliverables** • Advocacy and technical support provided to countries to use social contracting to support community-based and -led HIV responses. • Countries and regional coordinating bodies benefit from normative guidance and technical support for the development and implementation of targeted community-led responses. • Community-led organizations conduct HIV-related service delivery monitoring and generate, synthesize and analyze disaggregated data to provide an evidence base for improved HIV-related programming, with technical support. • Integrated and differentiated HIV prevention and treatment services (including CSE for in- and out-of-school youth, PrEP, self-testing, assisted partner notification, multimonth dispensing and adherence support) are community-led and meet the needs of populations at high risk of HIV such as key populations, and others who face context-specific challenges rendering them susceptible to the effects of HIV (including refugees, asylum seekers, migrants and other mobile populations, youth and adolescents and youth and adolescent members of key populations). • Adoption and implementation of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination promoted and supported. • Normative guidance and technical assistance provided to scaling up of community-led interventions that work with men, boys, women and girls, in all their diversity, to transform unequal gender norms and reduce gender-based, homophobic, transphobic and sexual violence. • Countries are supported to create and strengthen enabling legal and policy environments for key populations, such as by removing laws that criminalize exposure to HIV, nondisclosure and transmission of HIV, and/or revise in state laws or policies that are protective and enabling for people living with HIV and key populations. • Civil society and community-led organizations benefit from technical support to review the legal environment that impacts the HIV response and advocate for laws, policies and regulations that promote human rights, improve delivery of and access to HIV services. **<u>Focus countries</u>** ***Latin America:*** *Argentina, Bolivia, Brasil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Panama, Perú, Uruguay, Venezuela* ***Caribbean:*** *Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago* **<u>Contributing organizations</u>** ***UNHCR, WFP, UNDP, UNFPA, UNODC, ILO, WHO/PAHO***

Regional priorities (2022 – 2023)	
UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses	**UBRAF Result Area 8:** Fully-funded HIV response **UBRAF Result Area 9:** Integration and social protection **UBRAF Result Area 10:** Humanitarian setting and pandemics
Global 2025 targets most relevant to regional Joint Programme priorities *(milestones and targets to be defined)* • Increase global HIV investments to US$ 29 billion per year by 2025. • 95% of people within humanitarian setting at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options. • 45% of people living with, at risk of and affected by HIV have access to one or more social protection benefits. • 95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics including COVID-19.	**Deliverables** • Countries supported to develop evidence-based transition and sustainability plans based on in-depth analysis of current funding contexts, modelling of possible future contexts, and identification of efficiencies in targeted service delivery. • Advocacy, policy and guidance for the integration of HIV into SRH, TB, and primary care services. • Guidance for inclusion of people living with, at risk of and affected by HIV and key and other populations at high risk of HIV in social protection plans and programmes promoted. • Advocacy and support to countries to include refugees and migrants living with HIV in their health systems, expanding access to prevention of vertical transmission services; testing and linkage to care; ART; viral load monitoring and adherence support; strengthened links with nutrition, food security and livelihoods; and providing integrated prevention and treatment services for key populations. • Technical support provided to countries to enable involvement of actors in the humanitarian response (including governments, NGOs, civil society and migrant and refugee organizations) in providing care and protection for migrants and other mobile populations living with HIV, and key and populations at high risk of HIV (members of the LGBTI communities, women, youth and adolescents. • A regional framework of collaboration, including communities, national and local governments, and international agencies to implement HIV services during emergencies or humanitarian situations, is established, thanks to guidance provided. **Focus countries** ***Latin America***: *Argentina, Bolivia, Brasil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Panama, Perú, Venezuela* ***Caribbean:*** *Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago* **Contributing organizations** ***UNHCR, UNICEF, WFP, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO/PAHO***

MIDDLE EAST AND NORTH AFRICA

Budget (2022 – 2023)				
Core central funds (US$)	**Country Envelopes (US$)**	**Total Core funds (US$)**	**Non-core funds (US$)**	**TOTAL (US$)**
8 731 000	**3 224 000**	**11 955 000**	**105 068 600**	**117 023 600**

Regional priorities (2022 – 2023)	
UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.	**UBRAF Result Area 1:** Prevention **UBRAF Result Area 2:** Testing and treatment **UBRAF Result Area 3:** Paediatric AIDS and vertical transmission
Global 2025 targets most relevant to regional Joint Programme priorities *(milestones and targets to be defined)* • 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options. • 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV. • 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads. • 75% of all children living with HIV have suppressed viral loads by 2023 (interim target).	**Deliverables** • Countries supported to develop, implement and scale up comprehensive combination prevention plans and service packages including PrEP, self-testing, condom programming and harm reduction in priority countries with a focus on key populations (especially gay men and other men who have sex with men, people who inject drugs, female sex workers, and people in closed settings). • Priority countries have enhanced surveillance, monitoring and evaluation systems to generate and use strategic information to inform policy development, as well as key populations programme design and monitoring with a focus on populations and locations. • Advocacy increased for sustained and increased investments in HIV combination programmes for key populations from both domestic and external resources through sustainable and innovative financing mechanisms. • Differentiated service delivery for HIV testing, treatment and retention is adopted and scaled up to address inequalities in the continuum of care. • Priority countries are supported in developing and implementing prevention/elimination of vertical transmission services integration and paediatric testing and treatment scale-up plans, including preparation for validation for selected countries. • Global HIV Prevention Coalition and HIV Prevention Road Map approaches are used to build joint commitments on and support countries in accelerating scale-up and reduce inequalities in access to people-centred combination HIV prevention services and in informing advocacy for increased regional support for HIV prevention. • Strengthened local engagement and support for HIV prevention, treatment, care and support services, including via the Fast-Track Cities Initiative. **Focus countries** *Algeria, Djibouti, Egypt, Iran, Morocco, Somalia, Sudan, Tunisia* **Contributing organizations** ***UNICEF, WFP, UNFPA, UN Women, UNODC, WHO, UNAIDS***

Regional priorities (2022 – 2023)	
	Secretariat
UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed	**UBRAF Result Area 4:** Community-led response **UBRAF Result Area 5:** Human rights **UBRAF Result Area 6:** Gender equality **UBRAF Result Area 7:** Young people
Global 2025 targets most relevant to regional Joint Programme priorities *(milestones and targets to be defined)* • 30% of testing and treatment services to be delivered by community-led organizations. • 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. • Less than 10% of people living with HIV and key populations experience stigma and discrimination. • Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and all forms of gender-based violence.	**Deliverables** • Communities and networks of people living with HIV and key populations, including youth-led organizations/networks, are well-capacitated, resourced and empowered to design and implement community-led responses and monitoring. • Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination is implemented in priority countries. • Regional and national mechanisms are in place to monitor, document and empower civil society organizations, communities and institutions, and respond to human rights violations, including through access to justice, legal aid and national recourse mechanisms. • Gender analysis and gender-disaggregated data are developed and effectively used to inform, implement and monitor national gender-transformative HIV policies, strategies, programmes and budgets. • Advocacy, strategic information and technical support provided for the integration of HIV in sexual and reproductive health and right programmes, national gender-based violence prevention and responses plans, policy and legal frameworks, and services package for survivors of gender-based violence. • Networks of women, adolescents, young people and girls living with HIV, as well as women in key populations, are empowered and involved in the design, budgeting, implementation and monitoring of the HIV response. • A Joint Action Plan is developed and implemented by the UNAIDS Secretariat and Cosponsors to address HIV-related travel restrictions and ensure access of refugees and migrant populations to HIV services. **Focus countries** *Algeria, Djibouti, Egypt, Iran, Morocco, Somalia, Sudan, Tunisia* **Contributing organizations** ***UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, WHO, UNAIDS Secretariat***

<table>
<tr><th colspan="2">Regional priorities (2022 – 2023)</th></tr>
<tr><td>UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses</td><td>UBRAF Result Area 8: Fully-funded HIV response
UBRAF Result Area 9: Integration and social
UBRAF Result Area 10: Humanitarian setting and pandemics</td></tr>
<tr><td><u>Global 2025 targets most relevant to regional Joint Programme priorities</u> (milestones and targets to be defined)
Increase global HIV investments to US$ 29 billion per year by 2025.
45% of people living with, at risk of and affected by HIV and AIDS have access to one or more social protection benefits.
90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programmes to address gender-based violence (including intimate partner violence) that include HIV post-exposure prophylaxis, emergency contraception and psychological first aid.
95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics including COVID-19.</td><td><u>Deliverables</u>
Financial sustainability, investment cases and transition plans are developed and implemented in priority countries, including partnerships with and support to communities and civil society programmes.
Advocacy, guidance and support for increased and more sustainable resources for the HIV response from domestic and external sources in priority countries.
Promotion and support for the integration of HIV services into primary health care, SRH services, national health system strengthening and universal health coverage plans, and inclusion of the needs of people living with HIV, and key and vulnerable populations in social protection schemes.
Guidance and support are provided to countries to integrate essential package of HIV services in national response plans for all people affected by humanitarian emergencies who are living with HIV or at risk of HIV.
Advocacy, guidance and leveraging of resources to ensure access of key populations in humanitarian settings to comprehensive health and protection services, including integrated TB, hepatitis C and HIV services, and services for preventing and responding to gender-based violence.
Granular data and strategic information (including improved surveillance, assessment of risks and vulnerabilities and community-led monitoring systems) are used to inform HIV programmes in humanitarian settings.
The needs of people living with HIV and key populations are included in rights-based health emergency responses and COVID-19 pandemic prevention, diagnosis, treatment and care responses are promoted
Guidance and support provided to countries in promoting for the inclusion of people living with HIV as priority population groups in COVID-19 national vaccination programmes.
<u>Focus countries</u>

Algeria, Djibouti, Egypt, Iran, Morocco, Somalia, Sudan, Tunisia, Yemen, Syria

<u>Contributing organizations</u>

UNHCR, UNICEF; WFP, UNDP, UNODC, WHO, World Bank, UNAIDS Secretariat</td></tr>
</table>

WEST AND CENTRAL AFRICA

Budget (2022 – 2023)				
Core central funds (US$)	**Country Envelopes (US$)**	**Total Core funds (US$)**	**Non-core funds (US$)**	**TOTAL (US$)**
48 704 600	**14 756 000**	**63 460 600**	**153 902 800**	**217 363 400**

Regional priorities (2022 – 2023)	
UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.	**UBRAF Result Area 1:** Prevention **UBRAF Result Area 2:** Testing and treatment **UBRAF Result Area 3:** Paediatric AIDS and vertical transmission
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options. • 95% of women of reproductive age have their HIV and SRH service needs are met. • 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads. • 95% of HIV-exposed children are tested by two months of age and again after cessation of breastfeeding. • 75% of all children living with HIV have suppressed viral loads by 2023 (interim target). • 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV. • 90% of people living with HIV receive preventive treatment for TB. • 90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services for other communicable diseases, non-communicable diseases, sexual health, mental health, drug and substance use, gender-based violence and other services for overall health and well-being.	**Deliverables** • Countries and communities supported to define, prioritize and implement gender-responsive HIV combination prevention programmes, including innovative approaches for and with key and other priority populations at an appropriate scale to reduce inequalities and progress towards prevention. • The Global HIV Prevention Coalition and HIV Prevention Road Map approaches are used to build joint commitments on and support countries in accelerating scale-up and reduce inequalities in access to people-centred combination HIV prevention services and to inform advocacy to increase regional support for HIV prevention. • Countries and communities benefit from updated policy guidance, technical support, strategic gap analysis and sharing of innovative approaches to inform the scale-up of tailored HIV testing, treatment, care, support and integrated services. • Capacities at national and subnational levels are strengthened through advocacy, strategic information analysis, policy and technical guidance, and monitoring to design and promote uptake of and better access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS. **Focus countries** *Benin, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone* **Contributing organizations** ***UNICEF, UNFPA, UNODC, UN Women, WHO, UNAIDS Secretariat***

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed	**UBRAF Result Area 4:** Community-led response **UBRAF Result Area 5:** Human rights **UBRAF Result Area 6:** Gender equality **UBRAF Result Area 7:** Young people
Global 2025 targets most relevant to regional Joint Programme priorities (*milestones and targets to be defined)* • 30% of testing and treatment services to be delivered by community-led organizations. • 80% of service delivery of HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. • Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services. • Less than 10% of people living with HIV and key populations experience stigma and discrimination. • Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and any forms of gender-based violence. • 60% of the programmes support the achievement of societal enablers to be delivered by community-led organizations.	**Deliverables** • Empowered communities have the capacities to exert leadership and act to address the needs of people living with, at risk of or affected by HIV, especially those who are excluded. • Political commitment, community leadership, funding and evidence-informed action are built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and at high risk of HIV, including key populations, women and girls. • Countries and communities are supported to promote gender equality, including more equal gender and other social norms, and address gender-based discrimination and violence in and through policies and programme to mitigate the risk and impact of HIV for women and girls, men and boys, in all their diversity through advocacy, policy and guidance. • Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with lifesaving information, equitable education, protection and health services, promote their rights to bodily autonomy and institutionalize their contributions to ending inequalities and ending AIDS. • The Global Partnership to end all forms of HIV-related stigma and discrimination is expanded to other countries and the early adopters implement it. • Accountability for HIV-related human rights violations is ensured by increasing meaningful access to justice and accountability for people living with or affected by HIV and key populations. • Social protection interventions are scaled up to enroll and retain adolescent girls and young women in schools and to provide pathways for economic empowerment (Education Plus). **Focus countries** *Burundi, Côte d'Ivoire, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Gabon, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone* **Contributing organizations** ***UNICEF, UNDP, UNFPA, UNODC, UN Women, UNAIDS Secretariat***
UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service	**UBRAF Result Area 8:** Fully-funded HIV response **UBRAF Result Area 9:** Integration and social protection **UBRAF Result Area 10:** Humanitarian setting and pandemics

access in emergency settings, and effective pandemic preparedness and responses	
• 60% of the programmes support the achievement of societal enablers to be delivered by community-led organizations. • Increase global HIV investments to US$ 29 billion per year by 2025 • 45% of people living with, at risk of and affected by HIV and AIDS have access to one or more social protection benefits. • 90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programmes to address gender-based violence (including intimate-partner violence) that include HIV post-exposure prophylaxis, emergency contraception and psychological first aid. • 95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics including COVID-19.	**Deliverables** • Mobilization and strategic use of Global Fund, PEPFAR, bilateral and domestic resources are supported for scaling up services, especially reaching those furthest behind. • Alignment of regional strategic processes of the Global Fund (in particular, its post-2022 Strategy), PEPFAR and bilateral donors with the western and central Africa regional priorities of the Global AIDS Strategy to optimize impact. • Community-led HIV responses are adequately resourced and supported to enable communities to play their vital roles, especially for outreach to harder-to-reach, at-risk and left-behind populations, including increased implementation of social contracting. • Community-led monitoring and research are supported and community-generated data are used to tailor responses to the needs of people living with HIV and key populations. • Refugees, internally displaced and other humanitarian affected populations are integrated into national HIV policy frameworks, programmes and resources mobilization efforts, including to protect them from adverse impacts of current and future pandemics and other shocks/humanitarian contexts. • National HIV strategic plans are leveraged to guide key components of pandemic preparedness planning. • Countries and communities are supported for more integrated HIV and health services in the context of primary health care, universal health coverage and social protection. **Focus countries** *Benin, Burkina Faso, Burundi, Chad, Côte d'Ivoire, Cameroon, Cape Verde, Central African Republic, Democratic Republic of Congo, Equatorial Guinea, Gabon, Ghana, Mali, Niger, Nigeria, Liberia, Senegal, Sierra Leone* **Contributing organizations** ***UNHCR, WHO, World Bank, UNAIDS Secretariat***

2022–2023 BUDGET AND RESOURCE ALLOCATION

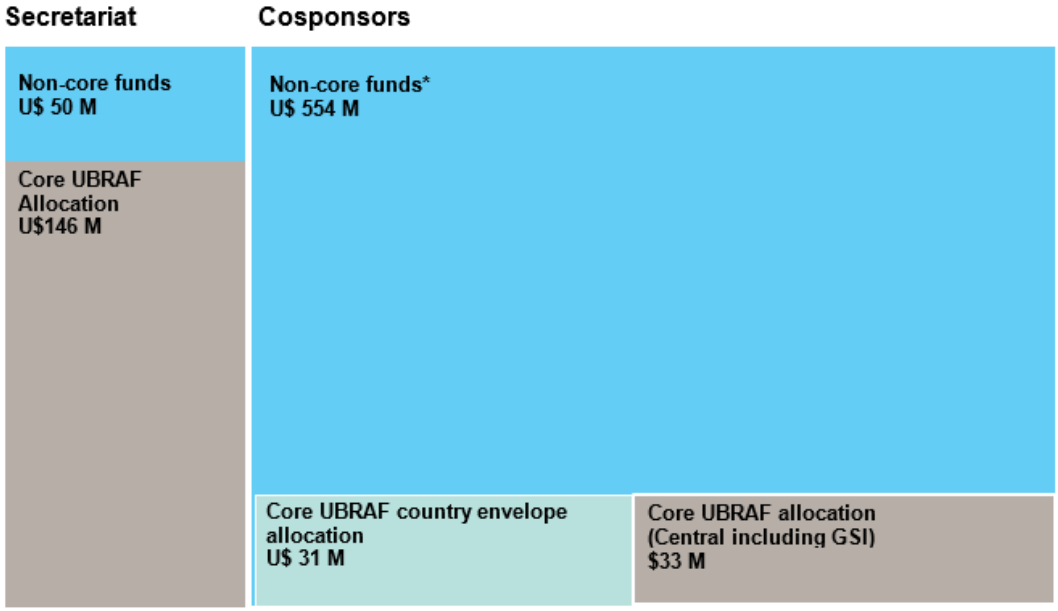
21. In March 2021, the UNAIDS Programme Coordinating Board adopted the most ambitious strategy for the global HIV response and the Joint Programme to date. Its successful implementation relies on adequate financing of the Joint Programme. The 2022–2023 budget provides an estimate of the resources that the Joint Programme will need to achieve the results, milestones and targets identified in the 2022–2026 UBRAF.

22. The budget and resources allocation for the 2022-2023 are guided by the overall methodology and key principles for resources allocation defined in the 2022-2026 UBRAF Given the ambitions of the Global AIDS Strategy and income projections in the current context, UNAIDS proposes a core budget of US$ 210 million annually or US$ 420 million for the biennium. In summary, the core allocations will comprise:

    - an annual allocation of US$ 146 million to resource the UNAIDS Secretariat to deliver on its functions and enable continued support in about 100 countries; and
    - an annual allocation of US$ 64 million for Cosponsors for core functions, global strategic initiatives and country envelopes:
        - a total of US$ 33 million to all Cosponsors (US$ 3 million to each) to offer a degree of predictability for fulfilling their respective role in relation to the Joint Programme including funds for Global Strategic Initiatives.
        - US$ 31 million to Cosponsors at country level in the form of country envelopes to support populations in greatest need.

23. In addition to the estimated core resources, the Joint Programme likewise presents the noncore resources for the full biennium amounting to US$ 1 208 million, which consists of i) total Cosponsors regular and extra-budgetary resources that they mobilized which contribute to the achievements of UBRAF Result Area outputs; and ii) the extra-budgetary resources mobilized by the UNAIDS Secretariat. Figure 1 provides an overview of the core and non-core funding that the Joint Programme needs each year to be adequately resourced.

Figure 1: Overview of the annual core and non-core funds for 2022 and 2023



** Includes projections for the UNDP- Global Fund partnership amounting to US$ 305 million for 2022 and US$ 305 million for2023*

24. The Joint Programme provides further support to countries in securing, planning and implementing loans and grants for health and development. In particular, the World Bank provides loans and grants through the International Development Association and the International Bank for Reconstruction and Development. Similarly, UNDP serves as interim 'Principal Recipient' of the Global Fund in countries where no suitable local entity has been identified, and in countries facing capacity constraints, complex emergencies and other development issues. Resilience building is a key element of UNDP's work in these countries. Implementation support services are complemented by longer-term capacity building that includes strengthening financial management, procurement systems, monitoring and evaluation, health governance and support to civil society organizations. Furthermore, UNDP leverages in-country policy capacity to improve the quality of Global Fund-financed programmes and provides technical assistance to anchor Global Fund applications not only in national disease and health strategies, but also in development and poverty reduction strategies, and national budget processes and expenditure frameworks.

25. The tables in this section provide a more comprehensive presentation of the allocation of core and non-core resources over the full biennium[21]. The 2022–2023 budget estimates are presented in various disaggregation, namely: by funding sources, by organization, by result area output, by region and by Sustainable Development Goal (SDG). The Secretariat budget estimate is also presented according to its functions. The estimated budget distribution by SDG is added in compliance to the new UN Data Standards for UN System-wide reporting of financial data. Reporting by SDG will be mandatory starting 1 January 2022.

Table 1: 2022–2023 budget by funding source and by year

Funding source	2022 (US$)	2023 (US$)	Total
I. Core funds			
Cosponsors Core central (including Global Strategic Initiatives)	33 000 000	33 000 000	66 000 000
Cosponsors Country envelope	31 000 000	31 000 000	62 000 000
Sub-total Cosponsors core	64 000 000	64 000 000	128 000 000
Secretariat Core	146 000 000	146 000 000	292 000 000
Total core funds	**210 000 000**	**210 000 000**	**420 000 000**
II. Non-core funds			
Cosponsors Non-core *	553 843 500	553 843 500	1 107 687 000
Secretariat Non-core	50 000 000	50 000 000	100 000 000
Total Non-core funds	603 843 500	603 843 500	1 207 687 000
GRAND TOTAL - all funds	**813 843 500**	**813 843 500**	**1 627 687 000**

** Includes projections for the UNDP- Global Fund partnership amounting to US$ 610 million for 2022-2023*

[21] For easier reference, budget of the 2020-2021 Workplan and Budget under the 2016-2021 UBRAF is available at: Agenda item 7.3 UNAIDS 2020–2021 WORKPLAN AND BUDGET | UNAIDS. The expenditure report of 2020 is available at (from p 49): PCB48_UBRAF_2016-2021_PMR_SRA_Report_EN.pdf (unaids.org) and PCB48_Interim_Financial_Update_EN.pdf (unaids.org). The Performance Monitoring Reports are available at: Results | Portal (unaids.org)

Table 2: 2022-2023 Budget estimates of core and non-core funds by organization

Organization	Core central funds including Global Strategic Initiatives (US$)	Non-core funds (US$)	TOTAL BUDGET
UNHCR	6 000 000	75 100 000	81 100 000
UNICEF	6 000 000	85 255 800	91 255 800
WFP	6 000 000	30 348 000	36 348 000
UNDP	6 000 000	12 200 000	18 200 000
UNDP GF		610 270 000	610 270 000
UNFPA	6 000 000	68 600 000	74 600 000
UNODC	6 000 000	30 292 200	36 292 200
UN WOMEN	6 000 000	30 000 000	36 000 000
ILO	6 000 000	8 000 000	14 000 000
UNESCO	6 000 000	34 781 000	40 781 000
WHO	6 000 000	110 000 000	116 000 000
WB	6 000 000	12 840 000	18 840 000
Subtotal	66 000 000	1 107 687 000	1 173 687 000
Country envelope	62 000 000		62 000 000
TOTAL COSPONSORS	128 000 000	1 107 687 000	1 235 687 000
Secretariat Funds	292 000 000	100 000 000	392 000 000
Grand Total	**420 000 000**	**1 207 687 000**	**1 627 687 000**

Table 3: 2022-2023 Budget estimates of core and non-core funds by results area and by organization

Strategy Result Area	Core funds (US$)	Non-core funds (US$)	Total
UBRAF Result Area (Output) 1: Prevention			
UNHCR	400 000		400 000
UNICEF	1 034 200	8 943 000	9 977 200
WFP	249 600	600 000	849 600
UNDP	2 171 800	3 400 000	5 571 800
UNDP GF		43 450 000	43 450 000
UNFPA	3 261 400	23 360 800	26 622 200
UNODC	4 958 000	17 532 200	22 490 200
UN Women	694 800	2 100 000	2 794 800
ILO	956 000	2 164 000	3 120 000
UNESCO	1 761 400	8 695 200	10 456 600
WHO	2 276 400	25 000 000	27 276 400
World Bank	906 200	1 100 000	2 006 200
Subtotal UBRAF Result Area 1	**18 669 800**	**136 345 200**	**155 015 000**
UBRAF Result Area (Output) 2: Testing and Treatment			
UNHCR	936 600		936 600
UNICEF	5 970 800	33 239 000	39 209 800
WFP	1 804 800	460 000	2 264 800
UNDP	1 003 600		1 003 600
UNDP GF		344 245 000	344 245 000
UNFPA	386 200	1 582 200	1 968 400
UNODC	1 269 800	4 640 000	5 909 800
UN Women	355 800	1 200 000	1 555 800
ILO	1 939 400	1 353 200	3 292 600
UNESCO	554 800	695 600	1 250 400
WHO	9 582 400	50 000 000	59 582 400
Subtotal UBRAF Result Area 2	**23 804 200**	**437 415 000**	**461 219 200**
UBRAF Result Area (Output) 3: Paediatric AIDS and vertical transmission			
UNHCR	57 800		57 800
UNICEF	3 798 800	8 023 800	11 822 600
WFP	239 400	500 000	739 400
UNDP	106 800		106 800
UNDP GF		7 485 000	7 485 000
UNFPA	1 173 000	4 805 200	5 978 200
UNODC	448 000	1 160 000	1 608 000
ILO	124 000		124 000

WHO	824 400	12 500 000	13 324 400
World Bank		940 000	940 000
Subtotal UBRAF Result Area 3	**6 772 200**	**35 414 000**	**42 186 200**
UBRAF Result Area (Output) 4: Community-led response			
UNDP	400 000	700 000	1 100 000
UNDP GF		37 765 000	37 765 000
UNFPA	1 373 200	5 625 600	6 998 800
UNODC	372 000	2 320 000	2 692 000
UN Women	883 600	1 900 000	2 783 600
ILO	255 000	334 200	589 200
UNESCO	100 000	347 800	447 800
WHO	200 000	5 000 000	5 200 000
Subtotal UBRAF Result Area 4	**3 583 800**	**53 992 600**	**57 576 400**
UBRAF Result Area (Output) 5: Human rights			
UNHCR	231 400		231 400
UNICEF	537 200	2 549 000	3 086 200
WFP	210 600		210 600
UNDP	3 583 600	3 400 000	6 983 600
UNDP GF		2 545 000	2 545 000
UNFPA	958 400	3 926 200	4 884 600
UNODC	1 379 000	3 480 000	4 859 000
UN Women	791 800	1 800 000	2 591 800
ILO	1 440 800	1 030 400	2 471 200
UNESCO	935 400	4 347 600	5 283 000
WHO	477 800		477 800
Subtotal UBRAF Result Area 5	**10 546 000**	**23 078 200**	**33 624 200**
UBRAF Result Area (Output) 6: Gender equality			
UNHCR	400 000	21 200 000	21 600 000
UNICEF	102 800	1 054 600	1 157 400
UNDP	669 600	1 000 000	1 669 600
UNDP GF		200 000	200 000
UNFPA	829 600	3 398 800	4 228 400
UNODC	144 600	1 160 000	1 304 600
UN Women	3 558 000	18 900 000	22 458 000
ILO	563 000	788 000	1 351 000
UNESCO	1 377 800	7 304 000	8 681 800
WHO	57 800		57 800
Subtotal UBRAF Result Area 6	**7 703 200**	**55 005 400**	**62 708 600**
UBRAF Result Area (Output) 7: Young people			

UNHCR	449 200		449 200
UNICEF	3 368 800	8 943 000	12 311 800
WFP	304 200		304 200
UNDP	797 800		797 800
UNFPA	3 175 600	13 009 200	16 184 800
UNODC	199 200		199 200
UN Women	697 400	3 000 000	3 697 400
ILO	260 800		260 800
UNESCO	2 888 000	12 521 200	15 409 200
WHO	683 200	7 500 000	8 183 200
World Bank	277 600	340 000	617 600
Subtotal UBRAF Result Area 7	**13 101 800**	**45 313 400**	**58 415 200**
UBRAF Result Area (Output) 8: Fully funded HIV response			
UNHCR	141 400		141 400
UNICEF	99 200		99 200
WFP	198 200		198 200
UNDP	1 894 600	1 300 000	3 194 600
UNDP GF		2 665 000	2 665 000
UNFPA	286 000	1 172 000	1 458 000
UNODC	24 000		24 000
ILO	37 200		37 200
WHO	1 541 200	10 000 000	11 541 200
World Bank	1 015 800	560 000	1 575 800
Subtotal UBRAF Result Area 8	**5 237 600**	**15 697 000**	**20 934 600**
UBRAF Result Area (Output) 9: Integration and social protection			
UNICEF	457 000	2 549 000	3 006 000
WFP	2 150 200	15 318 000	17 468 200
UNDP	417 200	2 400 000	2 817 200
UNDP GF		151 915 000	151 915 000
UNFPA	2 360 200	9 669 000	12 029 200
UNODC	240 200		240 200
ILO	779 400	1 896 200	2 675 600
UNESCO	311 800	869 600	1 181 400
WHO	699 800		699 800
World Bank	1 189 000	2 400 000	3 589 000
Subtotal UBRAF Result Area 9	**8 604 800**	**187 016 800**	**195 621 600**
UBRAF Result Area (Output) 10: Humanitarian settings and pandemics			
UNHCR	3 600 000	53 900 000	57 500 000
UNICEF		19 954 400	19 954 400

WFP	2 444 000	13 470 000	15 914 000
UNDP GF		20 000 000	20 000 000
UNFPA	500 600	2 051 000	2 551 600
UN Women	286 800	1 100 000	1 386 800
ILO		434 000	434 000
World Bank	1 145 200	7 500 000	8 645 200
Subtotal UBRAF Result Area 10	**7 976 600**	**118 409 400**	**126 386 000**
Subtotal UBRAF Result Areas	**106 000 000**	**1 107 687 000**	**1 213 687 000**
Additional Central Core (including Global Strategic Initiatives)	**22 000 000**		**22 000 000**
Total	**128 000 000**	**1 107 687 000**	**1 235 687 000**

Table 4: 2022-2023 Budget estimates of core and non-core funds by Secretariat Function

Secretariat Functions	Core funds	Non-core funds	Total
S1 Leadership, advocacy and communications	64 720 000	21 714 000	86 434 000
S2 Partnerships, mobilization and innovation	60 598 200	27 020 000	87 618 200
S3 Strategic information	41 887 400	8 322 000	50 209 400
S4 Coordination, convening and country implementation support	68 672 000	40 676 000	109 348 000
S5 Governance and mutual accountability	56 122 400	2 268 000	58 390 400
Grand Total	**292 000 000**	**100 000 000**	**392 000 000**

Table 5: 2022-2023 Budget estimates of core and non-core funds by region

Region	Core central funds (US$)	Country Envelope (US$)	Total core funds (US$)	Non-core funds (US$)	TOTAL (US$)
AP	32 027 000	10 912 000	42 939 000	107 495 800	150 434 800
EECA	13 223 100	4 216 000	17 439 100	61 056 400	78 495 500
ESA	60 486 100	21 700 000	82 186 100	609 761 400	691 947 500
LAC	21 839 500	7 192 000	29 031 500	35 792 600	64 824 100
MENA	8 731 000	3 224 000	11 955 000	105 068 600	117 023 600
WCA	48 704 600	14 756 000	63 460 600	153 902 800	217 363 400
Global	150 988 700		150 988 700	134 609 400	285 598 100
Additional Central Core (including Global Strategic Initiatives)	22 000 000		22 000 000		22 000 000
Grand Total	**358 000 000**	**62 000 000**	**420 000 000**	**1 207 687 000**	**1 627 687 000**

Table 6: 2022-2023 Budget estimates of core and non-core funds by Sustainable Development Goals[22]

SDGs	Core central funds (US$)	Country Envelope (US$) *	Total core funds (US$)	Non-core funds (US$)	TOTAL (US$)
SDG1: No poverty	478 800	437 000	915 800	4 964 600	5 880 400
SDG 2: No hunger	3 000 000	2 480 000	5 480 000	18 208 800	23 688 800
SDG 3: Good health and well being	99 476 100	37 684 400	137 160 500	900 306 800	1 037 467 300
SDG 4: Quality education	3 016 000	3 944 400	6 960 400	32 832 000	39 792 400
SDG 5: Gender equality	39 698 000	7 556 000	47 254 000	93 245 600	140 499 600
SDG 8: Decent work and economic growth	1 123 500	661 700	1 785 200	2 613 800	4 399 000
SDG 9: Industry, innovation and infrastructure	496 000	300 900	796 900	2 206 400	3 003 300
SDG 10: Reduced inequalities	60 465 100	4 444 600	64 909 700	86 391 800	151 301 500
SDG 11: Sustainable cities and communities	23 360 000	0 0	23 360 000	8 108 000	31 468 000
SDG 16: Peace, justice and strong institutions	23 844 500	832 600	24 677 100	12 770 000	37 447 100
SDG 17: Partnerships for the Goals	81 042 000	3 658 400	84 700 400	46 039 200	130 739 600
Additional Central Core (including Global Strategic Initiatives)	22 000 000		22 000 000		22 000 000
Grand Total	**358 000 000**	**62 000 000**	**420 000 000**	**1 207 687 000**	**1 627 687 000**

[End of document]

[22] This is one of the UN Data Standards for UN System wide reporting of financial data. Reporting by SDG will be mandatory starting 1 January 2022.