

2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

Additional documents for this item: 2022-2026 UBRAF: 2022-2023 workplan and budget (UNAIDS/PCB (EM)/4.3); 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:

- Express appreciation to the UBRAF Working Group, the Executive Director, and the CCO for their work to develop the UBRAF framework and budget further to the 48th PCB meeting and
- Approve the 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF).

Cost implications for the implementation of the decisions: none

2022–2026
**UNIFIED BUDGET,
RESULTS AND
ACCOUNTABILITY
FRAMEWORK (UBRAF)**

Recalling that all aspects of UNAIDS work are directed by the following guiding principles:¹

- 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 nondiscrimination.

UNAIDS is mandated, by ECOSOC Resolution 1994/24, to:

- a) Provide global leadership in response to the epidemic;
- b) Achieve and promote global consensus on policy and programmatic approaches;
- c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level;
- d) Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level;
- e) Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions;
- f) Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

In fulfilling these objectives, the programme will collaborate with national Governments, intergovernmental organizations, non-governmental organizations, groups of people living with HIV/AIDS, and United Nations system organizations.²

¹ [19th PCB - Decisions, recommendations and conclusions \(unaid.org\)](#)

² [ECOSOC Resolutions Establishing UNAIDS](#)

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EXECUTIVE SUMMARY

UNAIDS is more important than ever in a changing HIV epidemic and context, an unfinished agenda and with new momentum that must be seized

1. The Joint United Nations Programme on HIV and AIDS (UNAIDS), a unique UN partnership composed of 11 Cosponsors and the Secretariat (together, the Joint Programme), leads the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals.
2. The Joint Programme plays a crucial role in addressing the underlying inequalities that impede further progress in the HIV response. It does this in the face of an increasingly challenging and complex global environment, new and emerging global priorities including an ongoing COVID-19 pandemic, an evolving HIV epidemic, an unfinished response agenda and HIV infections rising again in some regions.
3. Despite these challenges, there is now stronger evidence to support renewed action and focus in the HIV response. The year 2021 has seen renewed commitments for a multidimensional HIV response that safeguards the important gains made in the 25 years of UNAIDS' existence and the urgent need to close the HIV response gaps and reduce the inequalities that drive the epidemic.
 - **The Global AIDS Strategy 2021-2026: End Inequalities. End AIDS.** which the UNAIDS Programme Coordinating Board (PCB) endorsed in March 2021, outlines a roadmap to end inequalities driving the HIV epidemic, and to get the response back on-track to end the AIDS epidemic. It reaffirms the role and focus of the Joint Programme in leading the coordination of the global HIV response in accordance with its mandate.
 - The **Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030**, which the United Nations General Assembly adopted in June 2021 which outlines ambitious commitments and achievable global targets to be achieved by 2025.
 - The **Resolution adopted by the United Nations Economic and Social Council (ECOSOC)** in July 2021 reaffirmed the pivotal role of UNAIDS in galvanizing and supporting multisectoral HIV responses within the broader efforts to leave no one behind and reach the Sustainable Development Goals and called upon the Joint Programme to support the effective, evidence-based, timely and multisectoral implementation of the Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on HIV/AIDS.

Delivering for countries' progress towards ending AIDS as a public health threat – the Joint Programme's value proposition through the new UBRAF

4. The Unified Budget, Results, and Accountability Framework (UBRAF) remains the overall and instrumental framework for operationalizing the collective contribution of the Joint Programme to the global HIV response. In particular it is the framework for leveraging the comparative advantages, strengths and mandates of the 11 Cosponsors and the Secretariat for the full and effective implementation of the Global AIDS Strategy in ways that place people and communities at the centre and in strong partnership with other stakeholders.
5. Composed of a high-level strategic framework (2022-2026) and biennial/annual workplans and budgets (all jointly developed and informed by a theory of change)

(UNAIDS/PCB (EM)/4.2), the UBRAF sets out the strategic priorities and results, which the Joint Programme will seek to achieve. It also describes the related, specific actions and resources that are required, with respective responsibilities as per an updated Division of Labour that is aligned with the Global AIDS Strategy (annex 4). It allows for maximizing coherence, coordination, impact and accountability for the Joint Programme to deliver on the Global AIDS Strategy's three strategic priorities.³

What's new: key changes in the Joint Programme's work to close the gaps and accelerate progress in the HIV response

6. In 2022-2026, the Joint Programme will:

- maximize its global leadership and advocacy;
- create and promote distribution of global public goods that are critical to ending AIDS,
- support countries and communities through coordinated technical guidance and support,
- facilitate and support strategic information and knowledge sharing,
- convene and facilitate multistakeholder dialogues to achieve enabling environments and leverage inclusive partnerships and investments to close programmatic and policy gaps for greater accountability, efficiencies and impact.

7. Areas of greatly intensified focus and investment under this UBRAF are to:

- **tackle inequalities to ensure equitable access** to services in prevention, treatment, care, and support
- foster leadership and support for **innovative approaches to achieve more inclusive HIV services so all people living with, at risk of and affected by HIV⁴ benefit from scaled up HIV combination prevention and testing and treatment**, with a focus first and foremost on closing service gaps among those who are the furthest left behind to reach the Global AIDS Strategy's 95-95-95 service targets
- **champion the empowerment and resourcing of communities for stronger community-led responses⁵** that are more inclusive to include people living with, at risk of and affected by HIV (including key populations, women, and young people) that lead scaled up service delivery and respond to needs, and that advocate for their right to health and the removal structural barriers to realizing that right.
- **strengthen societal enablers** through more robust social, institutional and structural capacities of countries and communities for social protection, establishing and strengthening **enabling legal environments, successfully eliminating stigma and discrimination**, and reaching **gender equality in the HIV response**; and

³ Global AIDS Strategy 2021–2026: End inequalities. End AIDS. https://www.unaids.org/sites/default/files/media_asset/global-aids-strategy-2021-2026_en.pdf

⁴ These include women, children, adolescents living with or at risk of HIV, key populations, youth including young key populations, migrants and mobile populations, persons with disability and other groups at risk of HIV such as indigenous populations

⁵ 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.

- **advance the increased availability and financing of sustainable systems** to achieve the 2025 targets.

A framework for Joint Programme's enhanced accountability and transparency

8. The Joint Programme is directly accountable to the Programme Coordinating Board (PCB) and to the broader HIV and global community, including people living with and affected by HIV, civil society actors and other partners. It remains committed to ensuring transparency, accountability, inclusivity, efficiency and effectiveness in its work through the 2022-2026 UBRAF, as part of its broader accountability system.
9. The Joint Programme's work towards the UBRAF results (3 outcomes and 10 outputs, all aligned with the Global AIDS Strategy) will be measured through the UBRAF performance indicators which, among other elements, will inform the annual Performance Monitoring Reports to the PCB. The UBRAF indicators will also enhance the Joint Programme's transparency and accountability, and will enable it to monitor progress, and adapt as needed. The indicators will also be closely linked with the Global AIDS Monitoring system, which tracks countries' progress towards the global AIDS targets to ensure consistency and complementarity.
10. Building on past experiences and PCB recommendations, the Joint Programme's performance monitoring and integrated reporting will be improved further in line with the UN reform and international standards such as the International Aid Transparency Initiative.

Mobilizing and strategically allocating essential resources for impact

11. More than ever, resources will be optimally allocated to maximize impact and optimize efficiencies. This will be done through a revised resource allocation that promotes joint prioritized planning and implementation and that channels resources where they are needed the most.
12. Even as the Joint Programme redoubles its efforts to maximize efficiency and impact, more sustainable funding will be required to enable it to support countries and communities and to get the response on-track. Fully funding the UNAIDS budget represents a critical investment to ensure that the Joint Programme has sufficient capacity to drive necessary changes in the HIV response and to lead and catalyze the successful implementation of the Global AIDS Strategy. To mobilize full funding for the UBRAF, joint resource mobilization and collaborative efforts will be prioritized.

Getting the HIV response on-track: a critical moment for the Joint Programme, and for countries, communities and people

13. Experiences in diverse countries show that it is possible to end AIDS as a public health threat. Yet, the significant challenges in an increasingly complex environment call for a sustained, renewed and refocused approaches that reach populations and settings which do yet benefit from the achievements in the broader HIV response a the rapidly transforming landscape of health and development caused by COVID-19 pandemic.
14. Forty years since the first cases of AIDS were reported and 25 years since the establishment of UNAIDS, this is a critical moment in the global effort to end the AIDS epidemic. Investments in the Joint Programme and its ability to deliver are critical for sustaining the gains made for successful implementation of the Global AIDS Strategy and for the millions of people left behind due to the HIV epidemic. We commit to seize the momentum and deliver on this opportunity.

THE JOINT PROGRAMME: DELIVERING FOR THE GLOBAL AIDS STRATEGY AND REDUCING INEQUALITIES

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;
- promote comprehensive, sustainable responses to AIDS that integrate combination prevention, treatment, care and support; and
- based on the principle of nondiscrimination.

15. The four decades since the AIDS epidemic was first recognized are replete with evidence of the important gains made in preventing new HIV infections and AIDS-related deaths. But competing priorities, global emergencies and instability have seen the HIV response recede as a political priority.
16. Funding for HIV programmes globally, including in low- and middle-income countries, has stagnated and the COVID-19 pandemic has set back progress in the response to HIV. Even before COVID-19, progress towards ending AIDS had slowed, with most countries having missed the AIDS targets set for 2020. Although the requisite knowledge and tools exist, the world is not on-track to end AIDS as a public health threat by 2030. Without a course correction in the HIV response and effective action to address emerging challenges and underlying inequalities that drive the AIDS epidemic, some of the achieved gains are at risk and hopes for ending AIDS could quickly vanish.
17. Evidence demonstrates that HIV services are not accessed by all who need them in large part due to multiple forms and layers of inequalities in the HIV response.⁶ While inequality refers to an imbalance or lack of equality, the term "inequalities" in *the Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS*⁷. encompasses the many inequities (injustice or unfairness that can lead to inequality), disparities and gaps in HIV vulnerability, service uptake and outcomes experienced in diverse settings and among the many populations living with or affected by HIV.⁸
18. The 2021-2026 Global AIDS Strategy (hereafter the Global AIDS Strategy) and the UBRAF recognize that reducing inequalities demands tailoring responses so that people living with, affected by or at risk of HIV receive the services they need and to bring the HIV response back on track and reach the ambitious global AIDS targets of the UN General Assembly 2021 Political Declaration on HIV and AIDS.⁹ The agreed global targets are highly ambitious and require all countries to achieve the 95-95-95 combination prevention, testing and treatment objectives nationally and within each subpopulation of people living with and at risk of HIV (disaggregated by epidemiologically relevant groups, age groups and geographic settings). Within the elevated ambitions set by the Political Declaration, the Joint Programme will focus on the people most in need and work to reduce the inequalities that undermine their

⁶ [Agenda item 8: CRP3: Evidence Review of the UNAIDS Strategy 2016-2021 | UNAIDS](#)

⁷ The [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. \(unaids.org\)](#)

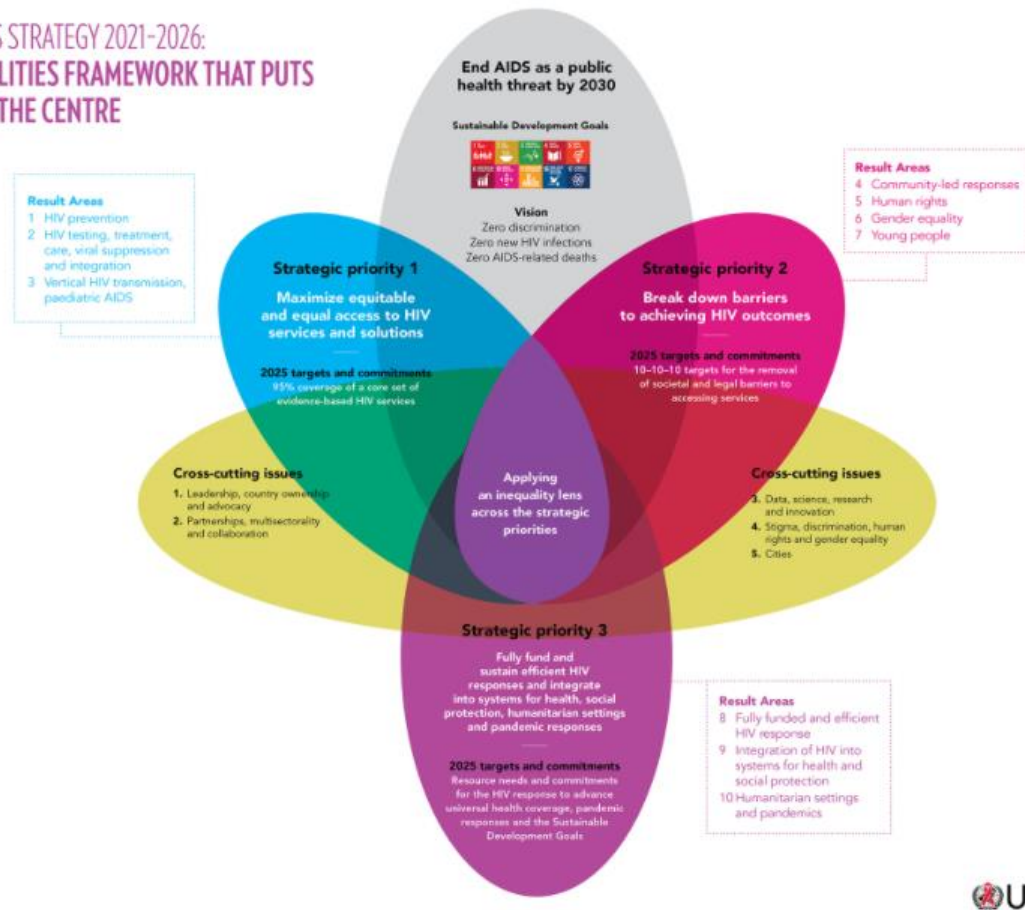
⁸ The [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. \(unaids.org\)](#), adopted by the UNAIDS PCB in March 2021, is an ambitious blueprint for ending the inequalities that are still driving the AIDS epidemic, while putting people at the centre of the response to get the world on-track to end AIDS as a public health threat by 2030. See page 9 of the Strategy for more information.

⁹ [Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 \(unaids.org\)](#)

abilities to access HIV combination prevention, essential health and lifesaving services, social protection and financial support systems, and that hinder their ability to enjoy their human rights. These indeed results in marked disparities in HIV outcomes within and between countries and populations that are urgent to address.

Figure 1: The Global AIDS Strategy at a glance

**GLOBAL AIDS STRATEGY 2021-2026:
AN INEQUALITIES FRAMEWORK THAT PUTS
PEOPLE AT THE CENTRE**



19. Building on experience, the Joint Programme’s new planning cycle is guided by the Global AIDS Strategy and the extensive review of evidence that informed it¹⁰. Under this new cycle, the Joint Programme will further galvanize support and guide the global HIV response and support countries to implement their commitments. The ECOSOC resolution¹¹, adopted in July 2021, further underscores the Joint Programme’s ‘unique and multisectoral approach to end the AIDS epidemic, with a strong focus on ending the underlying challenges and inequalities in order to support countries and communities to get back on-track towards ending AIDS as a public health threat.’

20. The Joint Programme plays a crucial role in leadership, strategic intelligence and convening for the global HIV response. Its role and contributions are widely recognized and reaffirmed in the UN Political Declaration adopted in 2021 by the UN General Assembly¹² and by the UNAIDS Programme Coordinating Board. This role is catalytic in nature, with a budget less than 1 % of the total resources available for the HIV

¹⁰ Evidence review: implementation of the 2016-2021 UNAIDS Strategy on the Fast Track to End AIDS, UNAIDS Strategy beyond 2021, [Agenda item 8: CRP3: Evidence Review of the UNAIDS Strategy 2016-2021 | UNAIDS](#)

¹¹ ECOSOC Resolution E/RES/2021/26: <https://undocs.org/en/E/RES/2021/26>

¹² The UN General Assembly Political Declaration on HIV/AIDS was adopted by vote, with 165 Member States voting in favour and 4 voting against the adoption..

responses in low- and middle-income countries. As recognized in the 2021 ECOSOC resolution¹³, a fully funded budget is crucial for the effective functioning of the Joint Programme. With a fully funded UBRAF, UNAIDS will be able to deliver on its mandate, catalyze the necessary action and effectively provide countries and communities with the critical support and guidance that is required to get the HIV response back on-track. Within a context of limited resources, the Joint Programme will redouble efforts to mobilize resources and use them in an efficient and effective manner.

21. This Unified Budget, Results and Accountability Framework (UBRAF) for 2022-2026 presents how the Joint Programme aims to contribute to successful implementation of the Global AIDS Strategy and the UN General Assembly 2021 Political Declaration on HIV and AIDS, and to achieving the ambitious Global 2025 Targets on the pathway to ending AIDS as a public health threat by 2030 as part of the SDGs.

¹³ ECOSOC Resolution E/RES/2021/26, paragraph 20: <https://undocs.org/en/E/RES/2021/26>

The Joint United Nations Programme on HIV/AIDS (the Joint Programme)

UNAIDS derives its strength from its mandate, as specified in ECOSOC Resolution 1994/24 and subsequent ECOSOC resolutions on the Joint United Nations Programme on HIV/AIDS, bringing together the strategic strengths, capacities and the collective mandates of its 11 Cosponsors and the UNAIDS Secretariat, which together form the Joint Programme.¹⁴ Together they support countries and communities to address the challenges faced on the path to ending AIDS as a public health threat. The 2021 ECOSOC resolution further urged the Joint Programme to continue to leverage the comparative advantages of diverse UN bodies and relevant partners in fast-tracking and strengthening a multisectoral response in line with their respective mandates.

Placing people and communities at the centre, the Joint Programme works to uphold and strengthen its contributions to the three pillars of the UN Charter: human rights, peace and security, and development. The UN General Assembly Political Declaration *Ending Inequalities and Getting on Track to End AIDS by 2030* adopted in June 2021, requested the Joint Programme to “continue to support Member States, within its mandate, in addressing the social, economic, political and structural drivers of the AIDS epidemic, including through the promotion of gender equality and the empowerment of women and girls, and human rights, by strengthening the capacities of Governments to develop comprehensive national strategies to end AIDS and by advocating for greater global political commitment in responding to the epidemic.”

The Joint Programme’s work at global, regional and country levels enables a multisectoral response to the multidimensional nature of the global AIDS epidemic to contribute to progress towards achieving the SDGs. It uses an approach that mobilizes political, technical, innovative and scientific developments and financial resources; guides policy and programmatic changes; empowers change agents; supports inclusive and optimally effective country leadership; convenes dialogues and catalyzes capacities while promoting mutual accountability and a human rights-based approach in the HIV response to progress towards ending AIDS as a public health threat by 2030 and advance the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The Joint programme reinforces the efforts of the UN system with those of communities, civil society, national governments, academia, the private sector, global, regional and national institutions and people living with HIV and key populations¹⁵ and other priority populations to address underlying challenges in the HIV response.

The Joint Programme is composed of the UNAIDS Secretariat and the Cosponsors, which are:

- The Office of the United Nations High Commissioner for Refugees (UNHCR),
- The United Nations Children’s Fund (UNICEF),
- The World Food Programme (WFP),
- The United Nations Development Programme (UNDP),
- The United Nations Population Fund (UNFPA),
- The United Nations Office on Drugs and Crime (UNODC),
- The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women),
- The International Labour Organization (ILO),
- The United Nations Educational, Scientific and Cultural Organizations (UNESCO),
- The World Health Organization (WHO),
- The World Bank.

The Cosponsors contribute their collective mandates, comparative advantages and expertise in a complementary manner articulated through a clear Division of Labour, with each agency leading and contributing to the Joint Programme’s HIV response and the results areas of the Global AIDS Strategy. The UNAIDS Secretariat provides leadership, coordination and support for effective advocacy; strategic information, policy development and knowledge sharing to guide the global HIV response; tracking monitoring and evaluation as the world’s leading resource for HIV-related epidemiological data and analyses; strong engagement with civil society including communities and global partners; and mobilization of financial, human and technical resources to support the Joint Programme’s effective response.

The Joint Programme is guided by and accountable to the PCB, whose unique and inclusive membership includes the voices of people who are most affected by HIV, and to the broader global AIDS community, and specially to people living with HIV and others affected by HIV, through its annual progress reports and other mechanisms. In addition, Cosponsors report to their respective boards on their HIV-related work. More information on the Joint Programme Governance is available at UNAIDS Programme Coordinating Board¹⁶ and on its accountability in the related section in this document.

¹⁴ The terminology "UNAIDS" and "the Joint United Nations Programme on HIV/AIDS" are both used and refer to the Cosponsors and the Secretariat. To highlight the truly joint nature and strength of this cosponsored model, the term "Joint Programme" is mostly used in this document, except when citing official documents that refer to "UNAIDS". When referring to Cosponsors or Secretariat only, this will be specified.

What is the UBRAF?

22. The 2022-2026 UBRAF is the Joint Programme's primary tool for prioritization, strategic and joint planning, implementation, accountability (including performance monitoring and reporting), resource mobilization and allocation, knowledge management and sharing.
23. The UBRAF guides and operationalizes the Joint Programme's contribution to the achievement of the goals and the targets of the Global AIDS Strategy (see Figure 2). It also outlines the nature of the Joint Programme's strategic support to countries, with an emphasis on its comparative advantages in the HIV response, such as tackling inequalities and addressing social and structural barriers. The overall goal is to enable inclusive, sustainable national HIV responses that leave no one behind.
24. The 2022-2026 UBRAF takes into account PCB decisions and feedback¹⁷ as well as recent external assessments¹⁸, and builds on lessons learned from previous versions of the UBRAF. Those lessons include experiences with implementation of the refined operating model following recommendations of the Global Review Panel¹⁹. The 2022-2026 UBRAF therefore demonstrates clearer prioritization and alignment between roles, accountabilities and resource levels across the Joint Programme's work. This is to ensure that the deployed human and financial resources are results-oriented, efficient and effective and that they reflect UNAIDS' mandate and its limited resources. Considering the complex nature of UNAIDS as a joint and cosponsored programme, the UBRAF promotes and plays a key role in the Joint Programme's coherence, synergies, coordination, cross learning (including from future evaluations), transparency and impact.²⁰
25. Through the processes and results outlined in the UBRAF, the Joint Programme will continue to assess its effectiveness, and challenge itself to innovate and adapt as needs change and as opportunities arise to support countries and communities to achieve the targets outlined in the Global AIDS Strategy.

¹⁵ As per the Global AIDS Strategy (pp. 8 & 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 also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population.

¹⁶ [UNAIDS Programme Coordinating Board | UNAIDS](#)


¹⁷ This includes guidance from the 47th PCB meeting, feedback from the PCB Special Session in March 2021 (Update on the UBRAF development) and the 48th PCB Meeting (UBRAF Zero Draft).

¹⁸ These include the Review of management and administration of UNAIDS by the UN Joint Inspection Unit and the Independent Evaluation of the UN System Response to AIDS 2016–2019, and related management responses, as well as PCB feedback.

¹⁹ For more information on the Global Review Panel on the UNAIDS operating model recommendations, see: https://www.unaids.org/sites/default/files/media_asset/fast-forward-refining-operating-model-unaid-2030_en.pdf

²⁰ The five-year UBRAF is synchronized as much as possible with the planning cycles of Cosponsors and other UN funds, programmes and agencies, in line with the Quadrennial Comprehensive Policy Review (QCPR) and PCB request. Additionally, the mid-term review of the new UBRAF, planned for December 2024, further accommodates those QCPR-recommended cycles and will help align with Cosponsors' strategic planning and the inclusion of HIV components.

Figure 2: Four operational-level goals of the new UBRAF



The UBRAF is the central, comprehensive instrument strategically guiding and framing the work of the Joint Programme, setting priorities, creating the top-line guidance and plan to accomplish four operational-level goals:

- i. set and operationalize a consistent, prioritized workplan at different levels that aligns the work of the Joint Programme with the Global AIDS Strategy and the SDGs;
- ii. provide the framework for differentiated approaches at the regional and country levels to reflect differences in the local contexts;
- iii. lay out the processes the Joint Programme will use to provide effective, strategic support to countries; and
- iv. provide the basis for investments in the Joint Programme, its resources allocation, performance monitoring, reporting and accountability.

26. Applying a multisectoral and collaborative approach and informed by the theory of change, the Joint Programme will deliver on 10 output-level results that work together to advance the Joint Programme's outcomes and achieve the three strategic priorities, and the result areas and targets identified in the Global AIDS Strategy, during 2022-2026.^{21,22}
27. The Joint Programme's performance against its expected strategic results and its contribution to implementation of the Global AIDS Strategy will be measured through new UBRAF performance indicators. Its performance reporting uses a broad range of tools and methods, which are described in the UBRAF's accountability section and will be elaborated in detail in the UBRAF performance indicators. The UBRAF indicators will be better aligned with Global AIDS Monitoring (GAM) indicators²³ which monitor progress towards achieving the Global AIDS Strategy, the Political Declaration and the related global targets by 2025.²⁴
28. The 2022-2026 UBRAF focuses on the Joint Programme's actions, expected resources and the results it achieves within its capacities and sphere of influence. It does not capture nor attempt to monitor progress of the global and national HIV responses that is done through other mechanisms and tools for which inputs are

²¹ For more information on the Global AIDS Strategy 2021–2026 Strategic Priority areas, refer to:

<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-aids-strategy>

²² As set out in the Global AIDS Strategy, "services" encompass HIV prevention among key populations and general populations, testing and treatment, eliminating vertical transmission, and paediatric HIV treatment and care. "Societal enablers" include community-led responses, human rights, gender equality and young people. "Health systems and social protection" incorporate funding for the HIV response, systems integration, social protection, humanitarian settings and pandemics.

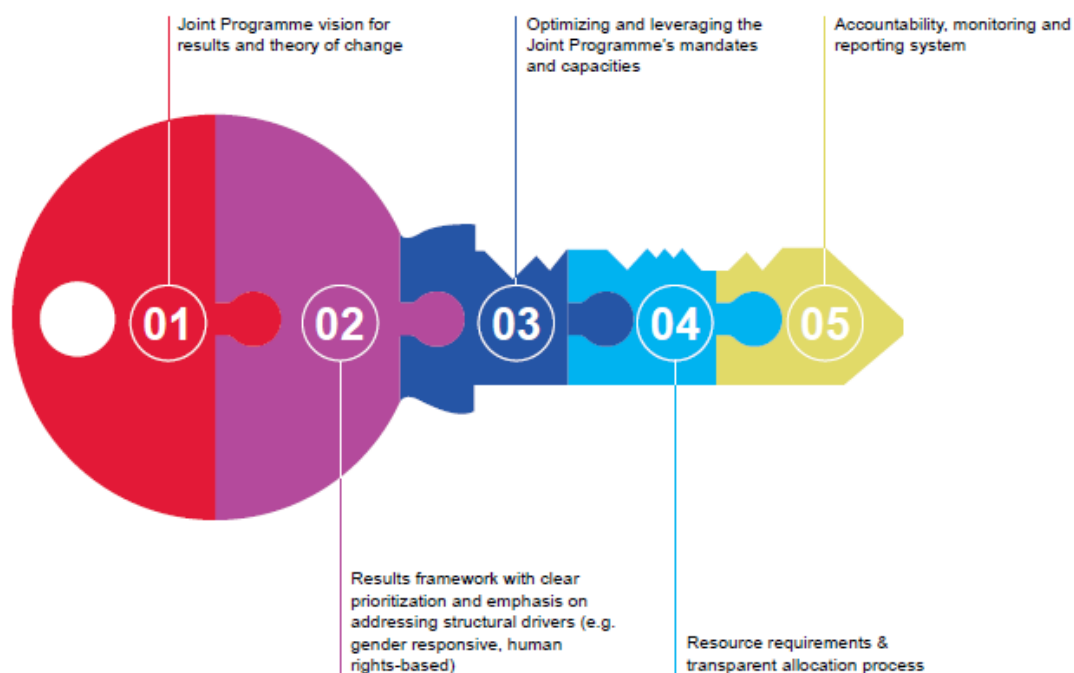
²³ The GAM is informed by advice from a Monitoring Technical Advisory Group and is based on over 15 years of experience in data collection from countries and fostering an inclusive in country dialogue for data collection and analysis. UNAIDS continues to assist countries to compile their HIV data and will publicly disseminate validated global HIV data, including on its AIDSinfo platform. The 2021 GAM Guidance is available at: [Indicators for monitoring the 2016 Political Declaration on Ending AIDS — Global AIDS Monitoring 2021 \(unaids.org\)](#), and in the process of being updated for the new reporting cycle.

²⁴ In the Political Declaration on HIV/AIDS, 2021-2026, paragraph 70(d), Member States committed to "annually voluntary reporting to the Joint Programme on progress in the implementation of the commitments contained in the present declaration, using robust monitoring systems and international follow-up and review processes that identify inequality gaps in service coverage and progress in HIV responses, and to inform the General Assembly, the Economic and Social Council and the high level political forum on sustainable development". They further committed (paragraph 71) to "Request the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments contained in the present declaration, and to contribute to the reviews of progress on the 2030 Agenda for Sustainable Development."

primarily owned by national and other stakeholders (e.g. the GAM) and related reporting such as UNAIDS Global AIDS Updates, UN reports on progress on the Political Declaration, and other thematic reports).

29. While the UBRAF describes the catalytic and amplifying nature of the Joint Programme's actions and expected results from its direct efforts and through its key strategic partnerships, the UBRAF is meant to complement rather than replace other planning, monitoring and reporting mechanisms from partners and stakeholders.
30. The 2022–2026 UBRAF comprises five key components, as illustrated in Figure 3.

Figure 3: Key components of the 2022–2026 UBRAF



31. The full UBRAF package is comprised of three strategic documents:
 - the Joint Programme's five-year, high-level strategic framework, which is designed for flexibility for adaptation to rapidly evolving contexts and informed by the Joint Programme's theory of change;
 - the Joint Programme's biennial (2022–2023 and 2024–2025) and annual (2026) workplans and budgets, which provide greater detail on specific programmatic priorities and budgetary allocations; and
 - the Joint Programme's performance indicators (referred to as UBRAF indicators).
32. The Joint Programme's geographic footprint, ways of working and resource allocation are evolving to deploy its resources strategically and optimize implementation of prioritized actions where they are needed most, consistent with the Global AIDS Strategy. This will be further defined in the biennial workplans and budget.

THE JOINT PROGRAMME'S THEORY OF CHANGE

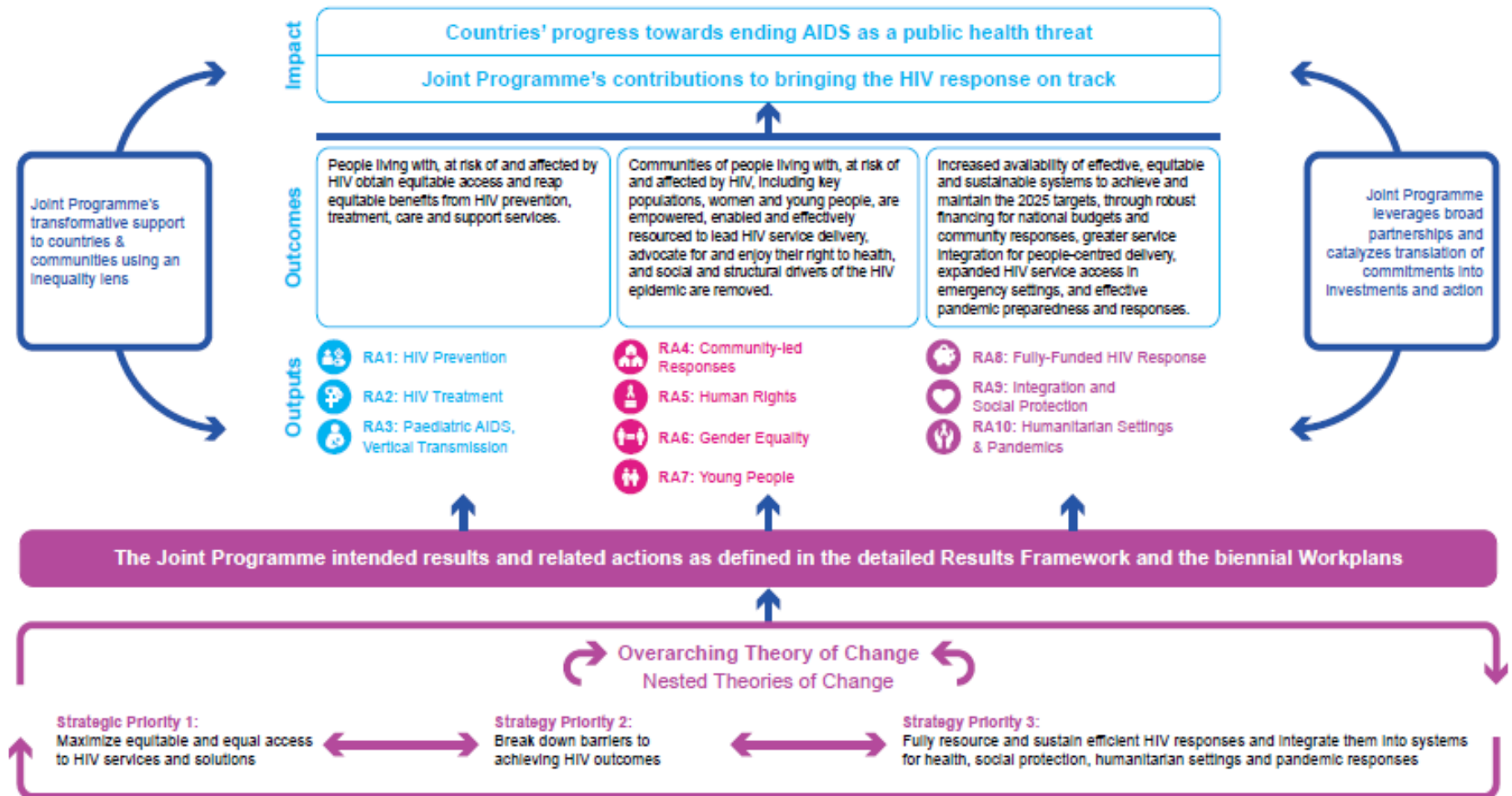
33. The theory of change is comprised of:
- **an overarching theory of change** which highlights higher-level causal pathways which are needed to get the response on-track. They are identified through use of an inequalities lens showing how the Joint Programme will drive change in interconnected areas through its results for the implementation of the Global AIDS Strategy.
 - **three nested theories of change** which provide more detailed narratives that describe how the Joint Programme contributes to drive action for each of the three strategic priorities.
34. Figure 4 presents the theory of change summary. The detailed theory of change narratives (with "IF-THEN-" statements) are presented in Annex 1.
35. The theory of change aims to:
- explain how the Joint Programme's contributions will support countries to achieve the strategic priorities identified in the Global AIDS Strategy and contribute to the SDGs, by detailing how the Joint Programme will drive change for each strategic priority area;
 - provide the causal pathways for effective and targeted Joint Programme interventions within its sphere of influence, making explicit how the Joint Programme will tackle underlying inequalities in the HIV response;
 - clarify the mechanisms for achieving intended outcomes and outputs (as detailed in the Results Framework);
 - inform the biennial workplan, resource allocation methodology, budget and performance indicators;
 - provide the groundwork for a clear and transparent Joint Programme accountability framework; and
 - allow for adjustments in the Joint Programme's work to adapt to changing contexts and challenges, such as through the Joint Programme's evaluations reviewing actual achievements against intended results (please see the section on accountability).
36. As illustrated in Figure 4, the theory of change recognizes inequalities as a central driver of the HIV epidemic as well as the interconnectedness and interlinkages between and within the three strategic priorities of the Global AIDS Strategy. As shown by global evidence, this theory posits that reducing new HIV infections and AIDS-related deaths requires ensuring equitable access to quality, rights-based, people-centred HIV and health services, including community-led services. The Joint Programme also has to intensify and accelerate concerted action to address the social and structural factors that perpetuate inequalities and diminish people's ability to access and benefit from available HIV services and to realize their rights. Furthermore, neither HIV services nor interventions to reduce stigma, discrimination, gender inequalities or other social and structural determinants will succeed without robust, sustainable, resilient systems for health, HIV financing, social protection and responses to humanitarian emergencies and pandemics.
37. The theory of change recognizes that the Joint Programme plays a crucial catalytic role in driving country progress towards achieving the goals of the Global AIDS Strategy. It does so by maximizing its support for partners through global leadership and advocacy, and by providing coordinated technical guidance to optimize the impact of

investments and evidence-informed programmes. It also fills crucial capacity gaps by providing technical support to countries and communities, and strengthening country capacities, while promoting inclusive governance and monitoring of progress. In addition, the Joint Programme convenes and facilitates policy dialogues with key stakeholders, strengthens evidence and data collection and use, and it builds and shares knowledge and capacities for generating, analysing and using strategic information based on country contexts.

38. Figure 4 also illustrates how the theory of change is linked to the Global AIDS Strategy and how it ultimately contributes to the desired impact of ending AIDS by 2030. It also depicts how the theory leads to the results (outputs and outcomes) for which the Joint Programme will be held accountable over five years, including:
 - three Joint Programme outcomes, which are aligned with the Global Strategy's three strategic priorities and the 2025 targets; and
 - ten Joint Programme result areas at the output level, as presented in the Results Framework section.

39. While the theory of change acknowledges the broader HIV partnership and the complex global environment in which the Joint Programme works, it focuses on the mechanisms that are directly within the Joint Programme's sphere of influence. The theory is informed by risk mitigation strategies and is based on contextual assumptions which highlight the "ecosystem" in which the Joint Programme and its partners work. The risks and their mitigation strategies, and the assumptions are further outlined below (please see the section on UBRAF assumptions and risks).

Figure 4: The UBRAF theory of change and the overall results framework



*The theory of change presents a causal pathway to inform, guide and help prioritize or redirect the Joint Programme's actions and contributions so that the intended outputs and outcomes are achieved, in order to catalyze the progress towards ending AIDS by 2030. Figure 4 shows the linkages between the theory of change and the results framework, as well as how the causal pathways lead to the intended impact.

KEY CHANGES FOR THE JOINT PROGRAMME

40. The Global AIDS Strategy, the evidence review which informed its development, and the UBRAF theory of change informs the key changes that determine how the Joint Programme will work differently to help get the global HIV response back on-track. Implementing strategic, programmatic and organizational changes and realizing the causal pathways for implementation of the Global AIDS Strategy, will require the Joint Programme to leverage its capacities, and apply, strengthen and expand its work to reduce intersecting HIV-related inequalities.
41. **Prioritization:** Informed by guidance from the PCB, the Joint Programme will prioritize its work based on:
- country-level gaps identified by using the latest available national strategic plans and strategic information (including GAM, scientific evidence and other data and parameters on social and structural drivers of the HIV epidemic);
 - regular review of the changing landscape, including the availability of other partners' support to countries; and
 - leveraging of opportunities to sustain and catalyse the HIV response.

For instance, strategic information and country understandings will support geographic and programmatic prioritization in countries, by highlighting country response, needs, and the capacity gaps that must be addressed. Prioritization in the biennial workplan and budgeting will be supported through an increasingly granular analysis of the epidemic; and of country political and socioeconomic contexts, inequalities and gaps, especially in the current context of the COVID-19 pandemic; new science and innovations; the generation of evidence and enhanced knowledge management and sharing including through communities of practice, across the Joint Programme.

42. **Use of an inequalities lens:** across all aspects of the Joint Programme's work, the use of an inequalities lens will enable it to strengthen support to countries and communities by identifying crucial gaps in the HIV response or elements of the response that have been less visible or have been under-prioritized. Recognizing the diversity of inequalities in different countries, within countries and communities, this approach includes identifying and better addressing the unique needs of every group of society through the use of strategic information, convening and building political will, supporting inclusive and enhanced legal and policy environments, providing technical capacity to support transformative and priority HIV responses, and strengthening capacities in the era of economics and financing. This involves using a "leaving no one behind approach" to catalyze and guide more tailored and innovative responses to address the intersecting inequalities and systems and service failures that ultimately hinder progress. Appropriate frameworks and tools will be developed and used to guide and enable programme managers to craft evidence-based interventions that reduce or eliminate inequalities that fuel the HIV epidemic, and to use ongoing monitoring of indicators to implement remedial measures.
43. **More inclusive HIV services:** The Strategy's ambitious 95–95–95 service and other 2025 global targets will serve to refocus the Joint Programme's work to catalyze efforts and foster innovations so that all settings and communities, benefit fully from inclusive HIV prevention, testing and treatment services, with particular attention to adherence and quality of care. Improving leadership and action to scale up combination HIV prevention interventions and geographic reach is a priority, which will have a particular

focus on populations most left behind, facing the deepest inequalities and with high or growing HIV incidence or high risk of infection.

44. **Strengthened societal enablers:** Recognizing that biomedical tools cannot succeed without strengthening social, institutional and structural enablers for the HIV response, and in line with the Strategy's new societal enabler targets (10–10–10), the Joint Programme will play a stronger, crucial catalytic role in strengthening inclusive social protection and institutional support to address inequalities in the HIV response. This will include a strong focus on advocacy, building partnerships and supporting countries to significantly scale up efforts to eliminate stigma and discrimination, creating enabling legal and policy environments, including to enable access to justice, advancing human rights, improving gender equality and ending gender-based violence in the HIV response, within the Joint Programme's mandate.
45. **Stronger focus on gender equality:** In accordance with the Global AIDS Strategy and 47th PCB Decision Point 9.7, the Joint Programme commits to an ambitious result area dedicated to gender equality in the context of HIV. It integrates gender-transformative actions, indicators (including the UN Gender Equality Marker, or GEM) and resources across the UBRF to:
 - enable the Joint Programme to advance gender equality and women's empowerment in the HIV response, including by mobilizing political will and efforts to address gender-based violence and deep-rooted inequalities that deny women and girls information, agency and control over their HIV and sexual and reproductive choices; and
 - strengthen related accountability to deliver for women and girls in all their diversity and for all key and vulnerable populations at higher risk of HIV.
46. **Community-led HIV responses:** Evidence demonstrates that for many HIV interventions, communities play a crucial role in reaching people living with and at risk of HIV. Communities are important in advancing the HIV response's strategic information, advocacy, decision and policymaking, innovations, and HIV service delivery, access, continuity and inclusivity.²⁵ In 2022-2026, supporting enhanced community-led HIV responses and meaningful community engagement and leadership will be a more central focus of the Joint Programme. This work includes advocacy for adequate resourcing of community-led responses, integration of community-led responses in national HIV programmes, providing communities with opportunities to actively contribute to the HIV response such as through advocacy and prevention and treatment services, and guiding and supporting countries in establishing a legal, policy and practice environment that promotes and reinforces community-led responses as appropriate. Through these multiple means of support, the Joint Programme aims to ensure that communities living with and affected by HIV have the agency, sustainable resources and tools they need to optimize their contribution to ending the AIDS epidemic.
47. **Building and sharing state-of-the-art evidence, strategic information and knowledge:** The Joint Programme will further invest in leading, building and sharing knowledge and capacities for strategic information and timely use of evidence, including innovative approaches and community led monitoring for data collection and analytics to inform national policies, programmes and targeted investments for most impact.

²⁵ See pages 81-86 of the [Agenda item 8: CRP3: Evidence Review of the UNAIDS Strategy 2016-2021 | UNAIDS](#)

48. **Sustainable, efficient and equitable HIV and HIV-related health and development financing:** Recognizing the urgent need to mobilize sufficient and sustainable domestic and international resources for national HIV responses including community-led responses, the Joint Programme will also prioritize strengthening HIV and health financing and economics. This will include stronger analysis and advocacy for a fully funded response, strategic collaboration with key partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other bilateral donors, and enhanced guidance for better allocative and implementation efficiency for impact alongside improved tracking of financial commitments and spending. The Joint Programme will also foster opportunities for innovative and multisectoral cofinancing of broader interventions which benefit the HIV response as well as universal health coverage and the broader SDG agenda and improve HIV financing-related information systems.
49. **Partnerships and collaboration:** The Joint Programme will play a strategic role in further cultivating and supporting partnerships and actors to drive progress towards achievement of the Strategy's strategic priorities and results. The Joint Programme will reinforce collaborative global, regional, national-level coordination, and strengthen national and local leadership and stewardship capacity to close programmatic and policy gaps and reach greater impact and accountability. In certain areas of the response, such as accelerating HIV service uptake and supporting community-led responses, the Joint Programme will continue to play a more central catalytic role, working directly with national AIDS programmes, health and other sectoral ministries, municipalities, community- and faith-based organizations and networks, the private sector and other partners. In other areas, the Joint Programme will work with actors for whom HIV is not a primary focus but who act upon and/or leverage other work that contributes to the HIV response, reduces HIV-related inequalities and addresses the needs of the communities affected by HIV.
50. In addition, the Joint Programme will introduce key organizational and process optimization changes to enhance its effectiveness. This will include optimizing and leveraging its capacities including a Secretariat better 'fit for purpose'; a Division of Labour aligned with the Global AIDS Strategy and Cosponsors' capacity assessment; enhancing collaboration with stakeholders with greater cohesion and fully embedding UN reform across its work in alignment with the Quadrennial Comprehensive Policy Review (QCPR); improvements in its strategic planning, resources allocation methodology, innovative financing and accountability including performance monitoring and reporting and other tools. These organizational changes are described below (see sections on optimizing and leveraging the Joint Programme's capacities, collaboration with other stakeholders, resources allocation, and accountability, monitoring, evaluation and reporting systems)

RESULTS FRAMEWORK

51. The UBRAF results framework is composed of 3 outcomes and 10 outputs which are explicitly linked to the Global AIDS Strategy and 2025 targets²⁶ and includes indicative high-level priority actions the Joint Programme will take and its strengths and capacities to achieve these outcomes and outputs. The evidence and hypothesized linkages between the outcomes and outputs are derived from the evidence review and Global AIDS Strategy analysis.
52. The Joint Programme will achieve the results shown in Figure 5 by fully leveraging its functions, strengths, capacities and comparative advantages to support countries and

²⁶ For more details, see Annex 1: the Joint Programme's result areas and contributions to the SDGs

communities to tackle inequalities and get the response on-track to reach the 2030 goal. The main strengths summarized below will be at the core of the work planning for results as reflected in the results framework and in the biennial workplans and budgets.

- **Leadership to accelerate action.** The Joint Programme will mobilize political will to reduce inequalities, increase access to HIV services, catalyze action on societal enablers, including championing human rights and gender equality in the context of HIV. It will also support efforts to achieve sustainable HIV financing and maximize efficiencies and the impact of resources, and will optimize the coherence and impact of the UN system's work to reduce vulnerabilities and inequalities that drive the AIDS epidemic, enhance collaboration with key partners, build better synergies between the HIV response and other movements, and contributes to the broader global health architecture and the interlinked SDGs.
- The Joint Programme will, among other actions, engage in advocacy to keep HIV on the agenda, foster dialogue between different sectors, set new targets and priorities, oversee the GAM system, amplify the voices of populations who are left behind, build partnerships for results, document and disseminate good practices and innovations and mobilize essential resources from domestic and international sources.
- **Scaled-up access and equitable distribution of global public goods.** In the context of the global HIV response, the Joint Programme will deliver normative and operational guidance, provide and leverage technical support, promote the use of disaggregated data and other strategic information to identify inequalities in the response, disseminate information, build partnerships for additional research, and support mechanisms for increased accountability by duty bearers to citizens.
- Across all its work the Joint Programme will use approaches that are evidence-informed, gender transformative, people centred and human rights based. Global public health goods and HIV-related UN international guidance will be kept up to date as the science, innovations and evidence and technologies evolve, and they will be disseminated and translated based on country contexts and evidence. The Joint Programme will help convene and facilitate policy dialogues with key stakeholders to accelerate rapid uptake and impact including through coordinated technical expertise and support. The Joint Programme will strengthen data collection and use, including from communities, with a specific focus on ensuring that data are sex-, age-, and population- disaggregated and that they incorporate human rights-based and gender-transformative approaches to the HIV response.
- **Supporting countries and communities to reduce inequalities.** In accordance with its mandate, the Joint Programme will provide leadership, technical assistance and support to define and drive transformative priority actions to reduce inequalities that drive the AIDS epidemic and to mobilize, support and build capacity for inclusive country and community leadership, investments and strategic action.
- Across the three strategic priority areas the Joint Programme will support countries and communities to use an inequalities lens to identify the people who are left behind and to implement prioritized actions to reduce inequalities and address the barriers that exclude and that block equitable outcomes for people living with, at risk of, and affected by HIV. Through its catalytic role, the Joint Programme will help convene and facilitate policy dialogues with key stakeholders and coordinated technical expertise and support, while strengthening data collection and use in the HIV response. It will support and promote the use of health technologies and innovations to address HIV-related inequalities more effectively. Progress on key enabling social and structural determinants (on rights, gender and broader gains across the 2030 Agenda) often depends on action and change beyond the work of

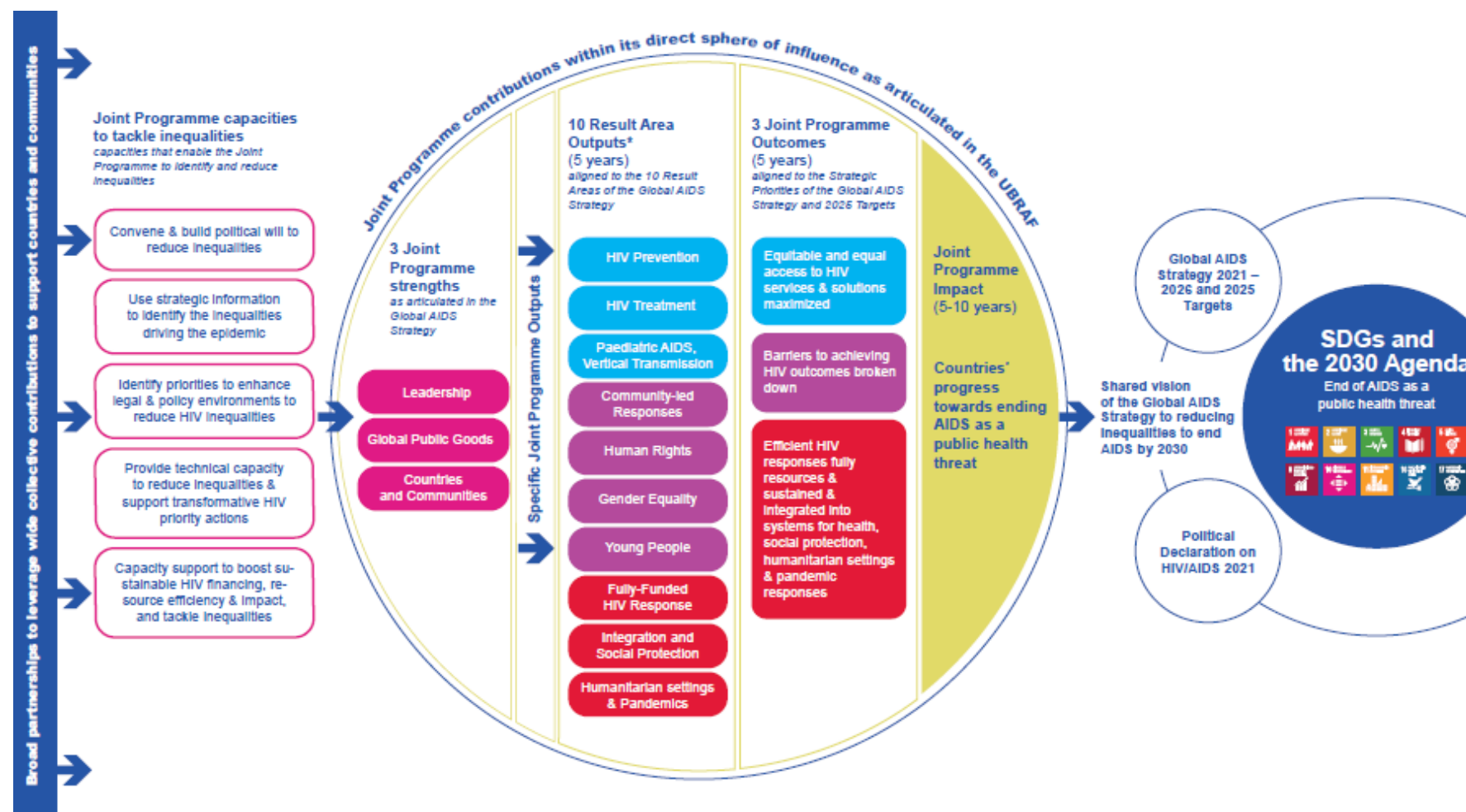
HIV-specific actors. This underscores the need for multisectoral action from the Joint Programme to build and effectively leverage stronger collaborations with diverse sectors and partners. For all result areas the Joint Programme will advocate and leverage domestic and international investments for evidence informed national strategies and implementation, including resolving bottlenecks, particularly through close collaboration and complementarity with the Global Fund, PEPFAR and other partners. The Joint Programme recognizes the applicability of this approach in every country and community and will focus its work particularly on low- and middle-income countries.

53. The outputs outlined in Figure 6 represent the Joint Programme's critical areas of focus to address inequalities in the HIV response and bring it back on-track. The approach focuses on the Joint Programme's catalytic role in reinforcing and facilitating the diverse actions, (including through systematic changes for communities, organizations and society), to introduce, strengthen, adapt and maintain the capacities that will be needed to reach the 2025 targets. "Capacities" are understood to mean the abilities of people, organizations and communities to manage their affairs successfully.²⁷

54. Table 1 presents the results framework for the Joint Programme. The high-level actions indicate how the Joint Programme will focus its strengths, comparative advantages, mandates, and capacities in the next five years to contribute most effectively to countries' progress towards ending the AIDS epidemic. The specific actions which the Joint Programme will undertake to advance progress towards the 10 outputs and three strategic outcomes, and the priorities that are identified based on epidemic and country contexts, will be fully elaborated in biennial/annual workplans and budgets.

²⁷ As per the UNDG definition: <https://unsdg.un.org/sites/default/files/UNDG-UNDAF-Companion-Pieces-8-Capacity-Development.pdf>

Figure 5: Joint Programme's overall results structure to guide and prioritize the Joint Programme's actions toward the intended results and impact



**The Joint Programme Result Areas at output level shown in this figure have been shortened for visual purposes. The full Result Area descriptions and further information on the Joint Programme's high-level actions, can be found in the UBRAF results framework table (Table 1). More detailed Joint Programme actions at global, country and regional levels are included in the biennial workplan.*

Figure 6: UBRAF Results Framework summary and linkages with the biennial workplans and budgets

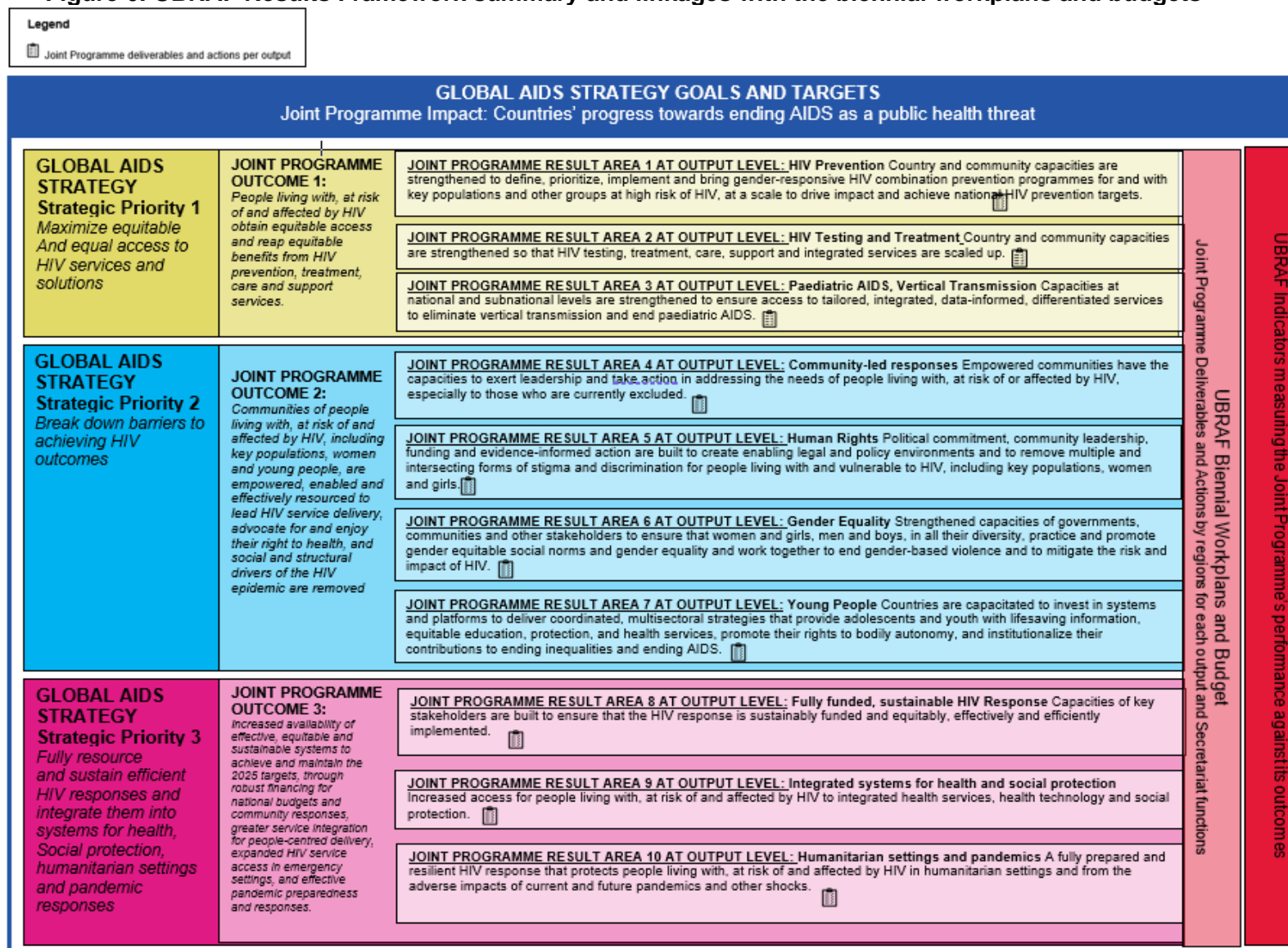


Table 1: UBRAF Results Framework²⁸

<p>Joint Programme Outcome 1, aligned with the Global Strategy's Strategic Priority 1:</p> <p><i>People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services.</i></p>	
<p>Joint Programme Result Area 1 at output level:</p> <p><i>Country and community capacities are strengthened to define, prioritize, implement 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.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>leverage global, regional and national partnerships, platforms and frameworks (such as the Global HIV Prevention Coalition, Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination) and initiatives (such as the Education Plus Initiative) for strategic investments and action by governments, communities and other partners, including the Global Fund and PEPFAR, to scale-up combination prevention, address social and structural barriers and reduce inequalities in access to people-centred combination HIV prevention services for key populations, women and girls, particularly adolescent girls and young women and other groups that are left behind;</i> • <i>advocate for investment for scaling HIV combination prevention and appropriately differentiated national approaches;</i> • <i>develop and support the implementation of policy guidance and enhance knowledge sharing on effective combination HIV prevention, especially for key populations and adolescent girls and young women;</i> • <i>provide support to improve access to new prevention technologies such as long-acting injectable PrEP and vaginal rings for PrEP;</i> • <i>provide technical and implementation support, including through the use of communities of practice and South-to-South collaboration formats for peer-to-peer learning to enhance country and community capacities for reinvented, inclusive and effectively implemented combination HIV prevention programmes, with particular attention to the needs of key populations and adolescent girls and young women in line with agreed and evidence-based implementation tools, toolkits and guidance;</i> • <i>provide technical expertise and strengthen the capacities of countries and communities to generate and use strategic information to inform national target setting for combination HIV prevention and for tailored and gender-responsive combination HIV prevention programmes and actions, especially for key populations and adolescent girls and young women;</i> • <i>engage people living with HIV, key populations and others at higher risk of HIV, in the planning and budgeting and community-led implementation of combination HIV prevention services and community-led monitoring of service accessibility and quality;</i> • <i>promote stronger integration and scale up of sexual and reproductive health services and rights with HIV prevention for women and girls, men and boys in all their diversity (including condoms, PrEP and voluntary medical male circumcision);</i>

²⁸ This table provides an indicative list of high-level actions which the Joint Programme will take to achieve the results, though the measurement of progress will be against the results. The Division of Labour (see Annex 4) outlines the lead and partner agencies for each Result Area. The Joint Programme biennial workplan and budget will provide further details.

	<ul style="list-style-type: none"> • <i>support efforts to scale up comprehensive harm reduction for people who inject drugs; and</i> • <i>in the context of COVID-19 and emerging epidemics, facilitate equitable access to services including COVID-19 testing, therapeutics and vaccines, social protection measures and protection from violence and build on COVID-19 adaptations in the delivery of combination HIV prevention programmes.</i>
<p>Joint Programme Result Area 2 at output level:</p> <p><i>Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>mobilize and support inclusive (including community) leadership to achieve and sustain equal access to HIV services;</i> • <i>develop, promote and support implementation of evidence-based normative guidance to drive and accelerate service scale-up and quality;</i> • <i>generate strategic information to maximize equal and equitable access to services;</i> • <i>support the tailoring of actions to achieve the 95–95–95 targets for all populations, locations and settings;</i> • <i>promote and support integrated, people-centred, context-specific services and service delivery approaches, in line with the Greater Involvement of People Living with HIV and AIDS (GIPA) principle;</i> • <i>promote the development and scale-up of and equitable access to evidence-driven innovations, technologies and science and mobilize effective private sector contributions to increase access to health commodities;</i> • <i>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 treatment and care efforts; and</i> • <i>foster and expand strategic partnerships to accelerate equitable service access to HIV services to all who need them through addressing health systems gaps for more inclusive services and social and structural barriers to HIV treatment and care services.</i>
<p>Joint Programme Result Area 3 at output level:</p> <p><i>Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>promote country leadership and community engagement on eliminating vertical transmission and ending paediatric AIDS;</i> • <i>advocate for continued and prioritized international and domestic investments for ending the AIDS epidemic among children;</i> • <i>support countries to implement innovations in line with evidence-informed normative guidance;</i> • <i>improve the quality and granularity (e.g. disaggregation) of data collection and use at decentralized levels to identify and address programme gaps;</i> • <i>promote effective, impactful integration of maternal and paediatric HIV interventions, including HIV testing and optimal antiretroviral treatment in maternal and child health services;</i> • <i>improve systems for retention in care and integration of prevention interventions, including family planning/contraception, and PrEP for HIV-negative people including those who are pregnant and lactating;</i> • <i>accelerate implementation of interventions that address stigma, discrimination and unequal gender norms which diminish service access and worsen outcomes among pregnant and breastfeeding women, especially adolescent girls, young women and key populations; and</i>

	<ul style="list-style-type: none"> • <i>build partnerships and collaborations with diverse stakeholders, and share knowledge and best practices to amplify success.</i>
<p>Joint Programme Outcome 2, aligned with the Global Strategy's Strategic Priority 2:</p> <p><i>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 the social and structural drivers of the HIV epidemic are removed.</i></p>	
<p>Joint Programme Result Area 4 at output level:</p> <p><i>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.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>advocate at global, regional and country levels for sufficient space and financing for community-led HIV responses, in line with the GIPA principle;</i> • <i>provide normative guidance and capacity-building support for community-led service delivery;</i> • <i>strengthen the genuine participation of community-led organizations in HIV and health governance, planning and decision making;</i> • <i>support and advance community-led monitoring and research and support systems to improve service access, retention and psychosocial support;</i> • <i>advocate for, empower and build the capacity of community-led organizations to advance their roles in strengthening the accountability of HIV and health programmes; and</i> • <i>advocate for, and provide support to, countries to increase sustainable domestic public financing for community-led responses.</i>
<p>Joint Programme Result Area 5 at output level:</p> <p><i>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 vulnerable to HIV, including key populations, women and girls.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>provide technical support and guidance to governments, communities and other stakeholders for the development, implementation, scale-up and monitoring of sustainable, evidence-based human rights programming;</i> • <i>leverage partnerships (such as 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) to promote access to justice, the creation of enabling legal and policy environments, including by removing punitive and discriminatory laws and policies and reducing stigma and discrimination;</i> • <i>convene, advocate for and support the continued development of human rights guidance, as well as political commitment and funding for human rights interventions and approaches;</i> • <i>monitor progress on the removal of human rights barriers and support communities and governments to monitor progress and rights violations; and</i> • <i>promote access to justice for people living with and affected by HIV in all their diversity.</i>
<p>Joint Programme Result Area 6 at output level:</p> <p><i>Strengthened capacities of governments, communities and</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>promote the use of sex- and age-disaggregated data and related analysis in the HIV response;</i>

<p>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 and to mitigate the risk and impact of HIV.</p>	<ul style="list-style-type: none"> • strengthen gender equality expertise among country stakeholders to develop, implement, resource and monitor gender-transformative HIV responses; • create and sustain platforms for the meaningful engagement of women and girls living with HIV in all aspects of HIV responses at regional, national, subnational and community levels; • advocate for increased financing and support for networks, other organizations and mobilization mechanisms for women and girls, including those living with or affected by HIV; • promote the implementation and scale-up of community-led interventions that work with men and boys, and with women and girls, in all their diversity, to transform unequal gender norms, attitudes and behaviours, to reduce gender-based and sexual violence, and to prevent HIV infection or help mitigate its impact; • support partners in identifying and addressing specific barriers which women and girls, and men and boys in all their diversity face in accessing HIV prevention, treatment and care services; • promote the economic empowerment of women, especially those living with and affected by HIV; and • build partnerships and collaborations to catalyze actions across sectors to address the gender dimensions of AIDS epidemic.
<p>Joint Programme Result Area 7 at output level:</p> <p>Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.</p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • support countries to increase access to youth-centred and -led HIV and sexual and reproductive health services; • meaningfully engage, empower and elevate the leadership of young people, particularly adolescent girls and young women and key populations living with and affected by HIV; • increase country capacities to enable all young people to receive a quality education through secondary level, including access to comprehensive sexuality education as defined in the Global AIDS Strategy;²⁹ • work to catalyze the scale-up of efforts to address social and structural drivers of vulnerability among young people; and • enhance the availability and effective use of data and evidence, including support for youth-led monitoring and data collection, regarding the needs of adolescents and young people, to inform advocacy and more tailored interventions.
<p>Joint Programme Outcome 3, aligned with the Global Strategy's Strategic Priority 3:</p> <p><i>Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 AIDS 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.</i></p>	

²⁹ As per definition in the [Global AIDS Strategy \(Annex 4 Glossary\)](#): Comprehensive sexuality education (or CSE) is defined as "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision making, communication and risk reduction skills about many aspects of sexuality." Many different names are used, reflecting an emphasis on various aspects of CSE by different countries. As with all curricula, CSE must be delivered in accordance with national laws and policies

<p>Joint Programme Result Area 8 at output level:</p> <p><i>Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>influence sustainable HIV and HIV-related health and development financing and economics agenda and mobilize political leadership and partners' (including global and regional financing institutions) commitment to sustainable and equitable financing for HIV, health and other related global public goods, including pandemic preparedness and responses;</i> • <i>support countries in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international/donor financing;</i> • <i>enhance capacity, including of systems, to generate and effectively use HIV-related spending and financing strategic information for decision-making to optimize sustainable financing and affordable, equitable service delivery;</i> • <i>strengthen evidence-informed policymaking for targeted investments and quality implementation to fully leverage and enhance the efficient use of available resources, including community-led responses and technological and other innovations, to maximize sustainable impact, efficiency and equity;</i> • <i>support countries to develop and implement context-specific transition preparedness as well as sustainable and equitable financing strategies, including intersectoral cofinancing, in the context of universal health coverage and countries' macroeconomic environments; and</i> • <i>leverage partnerships to ensure progressive inclusion all effective HIV-related health interventions in national universal health coverage essential benefit packages.</i>
<p>Joint Programme Result Area 9 at output level:</p> <p><i>Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.</i></p>	<p>The Joint Programme's high-level actions to achieve results include:</p> <ul style="list-style-type: none"> • <i>support country stakeholders to strengthen inclusive systems for health for integration and linkages of HIV services in testing, treatment and care for other diseases and comorbidities such as TB, viral hepatitis, and sexually transmitted infections, and in mental health, sexual and reproductive health and family planning, noncommunicable diseases, primary health care, community health systems, universal health coverage and social protection;</i> • <i>build high-level support at global, regional and country levels for action to ensure that people living with HIV and key and vulnerable populations have adequate access to social protection services and programmes;</i> • <i>leverage in-country capacity to ensure that HIV is reflected in national universal health coverage and social protection agendas, including building capacity in planning, financing, implementation, monitoring and evaluation;</i> • <i>support and guide health system strengthening to reduce inequalities, eliminate stigma and discrimination, implement integrated and differentiated services, improve health information systems, support and integrate community-led responses, and strengthen consolidated procurement, supply management and multipurpose laboratory systems;</i> • <i>support HIV and social protection equity assessments and advocate for laws, policies and programmes to reduce barriers to housing, education and employment and to protect the rights of workers living with HIV to retain their employment; and</i> • <i>provide tailored support to countries, focusing on identifying and removing barriers to the uptake of social protection services, such as lack of information, documentation challenges, complicated procedures, stigma and discrimination.</i>

Joint Programme Result Area 10 at output level:

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.

The Joint Programme's high-level actions to achieve results include:

- *advocate at all levels for HIV responses that ensure access to comprehensive HIV services for populations in humanitarian settings³⁰ including integration of these populations into national health services;*
- *support the strengthening of sexual and reproductive health services for young people and key populations, as well as survivor-centred responses for gender-based violence, in humanitarian and fragile settings;*
- *support and build capacities of stakeholders to expand access to HIV counselling and testing and TB programming (and bidirectional linkages to HIV care) in humanitarian settings;*
- *strengthen the 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 as well as livelihood, self-reliance and social protection in humanitarian settings including by reinforcing partnerships with relevant stakeholders;*
- *strengthen data and evidence for a more granular approach to HIV in humanitarian settings building upon an evolving evidence base to inform collective action;*
- *in humanitarian settings, expand access to quality combination prevention services that are tailored to the epidemic profile, particularly for key populations and young people;*
- *support the engagement of 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 and in pandemic preparedness plans; and*
- *support countries, in close collaboration with partners such as the Global Fund and PEPFAR, to protect HIV services from disruption due to COVID-19, and other pandemics and shocks, including through preparedness, impact mitigation plans and by advancing work to ensure that related systems are designed and implemented in ways that also support the HIV response.*

³⁰ These include, refugees, asylum seekers, internally displaced persons, returnees, vulnerable migrants and other populations affected by humanitarian emergencies.

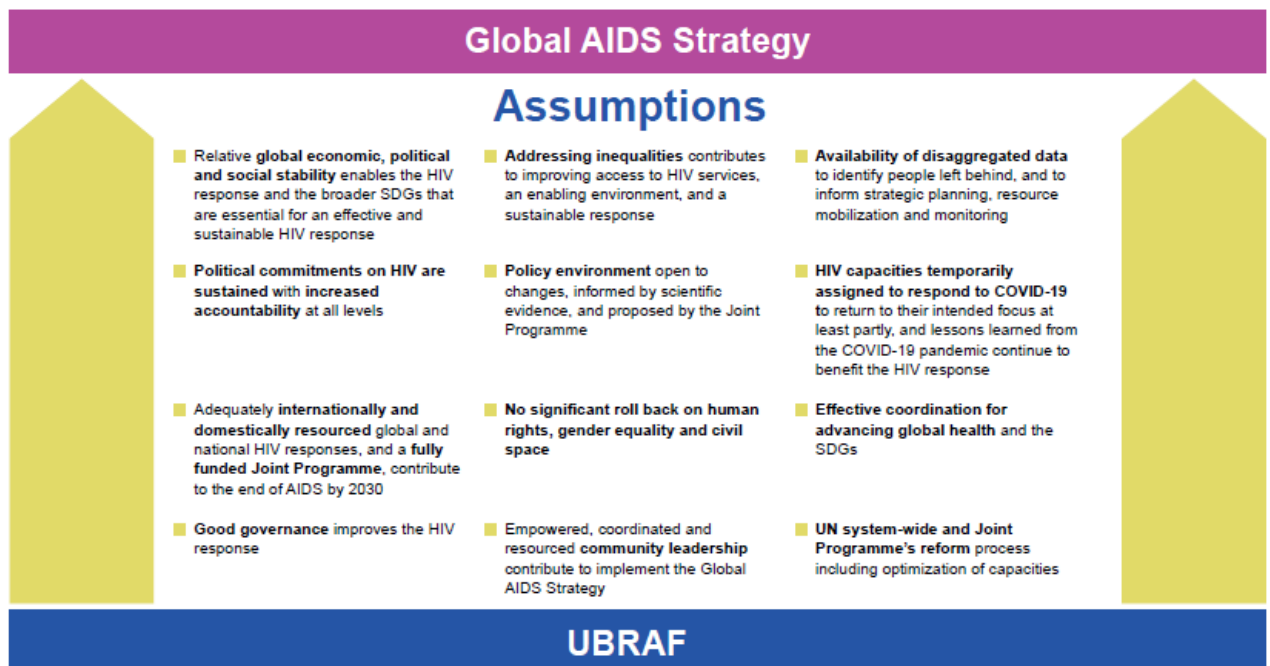
55. The visual in Annex 2 summarizes the Joint Programme's Result Areas and contributions to the SDGs. Annual reporting against UBRAF indicators will enable a transparent assessment of the Joint Programme's performance and inform efforts needed to adapt, overcome bottlenecks and accelerate progress.
56. While the Joint Programme's outcomes and outputs apply to all regions and all levels, local evidence and contexts will ultimately shape its work in each country and align its actions to national stakeholders' priorities. As highlighted in the Global AIDS Strategy's regional profiles (which identify region-specific gaps and priority actions), the clear evidence of different epidemic patterns across regions, provides the rationale for differentiated approaches to accelerate country-level progress.
57. UN Regional Teams on HIV, composed of the Secretariat Regional Support Teams (RSTs) and Cosponsor regional staff, act as regional hubs for effective linkages between global and national levels, foster sustained political leadership of regional institutions and communities along with knowledge-sharing, and provide coordinated technical and financial support to countries.
58. Regional summaries of inequalities, gaps, challenges and of Joint Programme priorities as well as identified selected countries for intensified support are presented in Annex 3. This will inform and be further elaborated in the biennial workplan and budget and UN Joint Plans in countries.

UBRAF assumptions and risks

59. Ongoing monitoring of assumptions (expected to happen), risks (which might happen and could lead to unintended consequences, both positive and negative, and which can be mitigated through risk mitigation strategies), and early results will be essential for the strategic use of the theory of change to drive progress towards the UBRAF's outcomes and outputs. Key assumptions for the UBRAF (outlined in Figure 7) concern the external conditions that will be necessary to achieve the priorities and results of the Global AIDS Strategy.
60. The ability of the Joint Programme to effectively apply the theory of change to achieve the desired outcomes will be shaped by important potential risks and obstacles. A list of key risks is presented in Table 2 and will be revisited as part of each biennial planning cycle.³¹ Managing risks, which could lead to unintended consequences, and remaining vigilant and flexible as new challenges emerge or as old challenges evolve, will be critical for the Joint Programme's success in 2022-2026. Positive unintended consequences can be further amplified alongside risk management practices.

³¹ These key risks were identified during regular risk analysis, as well as through the process of developing the UBRAF theory of change. Identification of key risks remains a work in progress. In a rapidly changing global context, key risks will continue to evolve and need to be revisited during the UBRAF implementation.

Figure 7: Link from UBRAF results to shared global vision—key assumptions



61. As part of the integration of risk management into the biennial planning process, managers at all levels will identify programmatic, operational and other risks that could impact the achievement of their results/objectives, and plan mitigation strategies accordingly. This will be part of the Secretariat's Management Accountability Framework, in place since early 2018, working in tandem with the Risk Management and Internal Control Frameworks, to identify and manage the likelihood or impact of a risk, and improve the probability of achieving the Organization's objectives. Senior Management, including the Committee of Cosponsoring Organizations, will continually review risks and impact mitigation strategies, and initiate dialogue with the PCB and other relevant stakeholders, as needed. The impact of the COVID-19 pandemic on the global HIV response is a good example of how the Joint Programme's work has been monitored closely and included flexibility such as reprogramming of support to countries to respond to emerging needs and reported to the PCB.
62. Through statements to the PCB and annual Statement of Internal Control the UNAIDS Executive Director will report on the major risks and mitigating actions. In addition, following the PCB's decisions at its 47th session in December 2020, an independent, external oversight advisory committee will address the development of recommendations to the PCB on ways to strengthen the Joint Programme's risk management, as a priority in 2022. The oversight advisory committee is charged with making regular reports to the PCB on risk management and other issues pertaining to oversight of the Joint Programme.

Table 2: UBRAF risk matrix

Identified risk area	Details
<p>Political and governance issues</p>	<ul style="list-style-type: none"> • Reduced political support to end AIDS as a public health threat. Human rights and gender equality commitments not honoured, including increases in conservative policies and further shrinking of space for civic and community leadership. This could also include failure to match commitments on gender equality, elimination of gender-based violence and human rights with accountability mechanisms to ensure implementation and enforcement • Complacency among the public and the international community, and diminishing global AIDS solidarity, social mobilization and activism for the HIV response. • Reduced focus among Cosponsors and partners on ending the AIDS epidemic as a result of reduced funding and in the context of other priorities and needs. • Increased international political, social and economic instability. • Decreased international commitment to reach the 2030 SDGs.
<p>Technical and programmatic issues</p>	<ul style="list-style-type: none"> • Changing agendas and priorities of strategic partners and other stakeholders, which limit their work on HIV. • Delayed implementation of the Joint Programme's work, failure to reach targets due to competing priorities and reduced funding at national, regional and global levels. • Limited new scientific and technological developments for HIV, including for prevention, treatment and care, and HIV related commodities and a vaccine, and reduced research capacities, including in social behavioural programmes. • Further erosion of dedicated technical capacities on HIV and gender equality/human rights in the context of HIV at regional, national and local levels due to other pressing needs, more integrated systems and reduced funding. • Limited adoption and integration of community-led responses as a key element of the HIV response. • Low prioritization and decreased funding for addressing social and structural drivers of the HIV epidemic.
<p>COVID-19</p>	<ul style="list-style-type: none"> • Localized and country-level lockdown measures, that disrupt HIV testing, treatment and prevention programmes, including those that are community-led. • Procurement and supply chain disruptions. • Increased pressure on fragile health systems, limiting the quality of HIV services and access to those services. • Inadequate social protection and increased disruptions of livelihood. • Heightened risk of discrimination, stigma, gender inequalities and gender-based violence. • Redirection of national or regional resources to address urgent, emerging health and economic priorities.
<p>Funding levels and/or donor confidence</p>	<ul style="list-style-type: none"> • Potential reductions in Official Development Assistance and reprioritization of national budgets to focus more exclusively on other issues such as COVID 19, pose major threats to funding for the HIV response and to sustaining progress towards national and global AIDS targets • Insufficient, unpredictable and less flexible HIV funding (e.g. for Joint Programme institutional capacity to deliver on its mandate). • Insufficient resources and capacities of national partners to operationalize the Global AIDS Strategy and sustain progress.

	<ul style="list-style-type: none"> • Lack of funding for human rights, gender-transformative investments and other societal enablers, for community-led responses (causing continued reliance on volunteerism) or for populations who are left behind. • Insufficient global and national financing information to generate robust reporting and tracking of HIV expenditures and commitments, especially with HIV responses becoming more integrated with other health and social programmes.
UN system	<ul style="list-style-type: none"> • Challenges in advancing UN reform at all levels and in implementing multisectoral, interconnected approaches. • Changing agendas, priorities or capacities of strategic partners of the UN to leverage expertise and resources to support countries and communities. • Shifts in multilateral and bilateral support for the UN system.

63. Contingency planning, led by senior management and with guidance and in close consultation with the PCB, will prepare and respond to the impact of significant and potential threats to the work and objectives of UNAIDS. This will involve devising actions or steps to be taken by using existing mechanisms and/or innovations including:

- sound internal control systems³² effected by the PCB, Executive Director, senior management and other personnel. These are designed to provide reasonable assurance of the achievements of the effectiveness and efficiency of operations, and to safeguard assets, the reliability of financial reporting and compliance with applicable rules and regulations;
- given the voluntary funding nature of the Joint Programme, a fund balance, decided by the PCB³³ and which serve as working capital to ensure the smooth start-up and implementation of the UBRAF. Consistent with current practice, it will be closely monitored to ensure that it is maintained at a level that enable the effective implementation of the UBRAF as per the PCB decision. Updates will feature in the annual financial report to the PCB;
- intensified mobilization of resources and measures to reduce costs and increase cost-effectiveness and efficiency across the Joint Programme;
- reprogramming of activities through regular dialogue, mid-year reviews and as needed due to contextual, programmatic or financial reasons;
- business continuity plans for all UNAIDS Secretariat field offices, aligned with global UN guidance. These plans will guide and support critical decision-making to facilitate recovery from incidents that could significantly disrupt their operations. They will also enable field offices to function, be more resilient to incidents of lesser impact and protect their core function of supporting countries and communities; and
- Internal management mechanisms to regularly review and mitigate personnel security, safety risk and ensure business continuity.

OPTIMIZING AND LEVERAGING JOINT PROGRAMME CAPACITIES

64. The development of the UBRAF 2022-2026 occurred amid substantial shifts in the HIV response and in the broader global context, including the continuing COVID-19 pandemic. Taking account of this continually changing context demands that the Joint

³² See 2020 Statement of Internal Control (as part of the financial report presented to the 48th PCB) which includes list of significant risk issues and examples of ongoing or planned mitigation activities, [finrep \(unaids.org\)](https://www.unaids.org/finrep)

³³ Maximum level for the UBRAF net fund balance approved by the PCB in 2010 and minimum level net fund balance (equivalent to 22% of the UNAIDS biennial budget) approved by the PCB in 2015

Programme focus and prioritize its work while maintaining a high degree of flexibility in order to adjust and adapt as needed. To maximize the impact of the UN system in accelerating progress towards ending AIDS, the Joint Programme's resources will be fully aligned and its comparative advantages and expertise and the broader UN system will be fully leveraged.

Aligning and optimizing capacities

65. UNAIDS will optimize the collective assets and capacities of the UN system (its HIV-specific and HIV-sensitive expertise) taking into account the opportunities of ongoing UN reform and the broader context of Agenda 2030. The Joint Programme will work to achieve a clearer alignment between roles, accountabilities and resource levels within the Joint Programme to deliver ever-greater value for communities and countries. As outlined in the Management Response to the Independent Evaluation, the Joint Programme will build on the systems and practices of the refined operating model, with a view to:
 - further strengthen the emphasis on joint planning aligned with people-centred targets;
 - enhance the programmatic focus of joint work at the global level;
 - improve the strategic focus and catalytic impact of joint programmes at country and regional levels; and
 - maintain and expand technical partnerships beyond the Joint Programme.
66. The Secretariat's "alignment process" aims to achieve a better "fit for purpose" with a more dynamic organizational model and stronger connections with Cosponsors to truly deliver as a Joint Programme across its work to support the implementation of the new Global AIDS Strategy and the 2021 Political Declaration on AIDS. This will be achieved through more integrated programming and delivery at country, regional and global levels; joint resource mobilization, coalition building and partnerships activation; mutual accountability; and as the use of innovations and creative approaches to tap into the collective power of the UN system.
67. The Secretariat is taking steps to become a more knowledge-driven organization with selected global thematic practice areas, including communities of practice, and knowledge hubs. As part of a networked Joint Programme, the Secretariat and Cosponsors recognize the importance and power of collective knowledge across the Joint Programme and other stakeholders and leverages their wider contributions. The use of an inequalities lens and strengthened connections within the Joint Programme and with the broader UN system will be central anchors in the Secretariat. The Secretariat will strengthen ties with the people it serves and strengthen its country and regional focus through closer collaboration with governments and communities. The Secretariat's presence will be prioritized in regions and countries where its contributions to the HIV response will have the most impact, with staffing based on skillsets, experience and merit. The new Secretariat architecture will also respond to financial realities by seeking greater cost efficiency and effectiveness to ensure greater sustainability into the future and further progress on its organizational culture change.
68. All Cosponsors have committed to align their organizational HIV-related strategies, resources and programming with the Global AIDS Strategy. Consistent with the Joint Programme management response to the Independent Evaluation of the UN system Response to AIDS 2016–2019, an assessment of Cosponsors' capacities to best contribute to the Global AIDS Strategy is being conducted. Coordinated with the

Secretariat's alignment process, this assessment aims to ensure that the Joint Programme continues to evolve in response to an ever-changing epidemic and global context and its collective assets and capacities are optimally harnessed to drive progress towards ending the AIDS epidemic as a public health threat.

69. Together, the Secretariat alignment and the Joint Programme capacity assessment will inform optimal Joint Programme configurations and stronger collaborations, enabling effective responses to the gaps and needs of countries in relation to the priorities and targets of the Global AIDS Strategy. Country analysis and understanding will be used to help inform decisions to optimize assistance to countries and communities through the Secretariat's alignment, Cosponsors' capacity assessment and the Joint Programme's overall planning.
70. Recent and future evaluations of the Joint Programme's and Secretariat's work will inform efforts to promote system-wide organizational learning. Conducted with wide stakeholder engagement and interagency collaboration, the evaluations will contribute to knowledge management, help shape the Joint Programme's work to achieve results in specific areas and enhance its relevance, coherence, effectiveness, efficiency and accountability. It will also promote understanding of the work of UNAIDS and energize key partnerships and collaboration for the global HIV response.
71. The Joint Programme aligns its activities with the recommendations of the 2020 Quadrennial Comprehensive Policy Review (QCPR), including supporting the repositioning of the UN Development System in order to maximize its work across the areas of development, peace, humanitarian affairs and human rights. It also harnesses and shares collective knowledge through communities of practice in key areas, across and beyond the Joint Programme. Further to the refined operating model, country-level joint work has been prioritized and will continue to be reinvigorated for tailored support to countries that considers their contexts, priorities and needs including implementation of country envelopes to fund priority actions of UN Joint Plans on HIV.

Division of Labour

72. The Joint Programme's Division of Labour outlines the roles and responsibilities of Cosponsors and the Secretariat. The purpose is to enable the Joint Programme to collectively and optimally deliver integrated, impactful and catalytic contributions at country, regional and global levels. The Division of Labour fully aligns with the UN Secretary-General's vision of a repositioned UN Development System that leverages comparative advantages and expertise to enable achievement of the SDGs.
73. The updated Division of Labour aligned with the Global AIDS Strategy 2021-2026 clarifies the leadership for the 10 result areas of the 2022-2026 UBRAF Framework and the Secretariat's functions to ensure coordinated strategic focus, effective functioning, and accountability across the Joint Programme's work. It reaffirms joint efforts and reduction of duplication in implementation of the Joint Programme's work (see Annex 4) and embeds ending inequalities as a lens in the Joint Programme's work. It also encourages the optimization of synergies and interdependencies across and between the 10 result areas as the key to unlocking accelerated progress towards ending AIDS by 2030. In line with the recommendations of the Global Review Panel on the future of the UNAIDS Joint Programme Operating Model, regional and country-level adaptations of the Division of Labour, which encourages flexibilities when needed to respond to country contexts, priorities and needs while taking account of Cosponsors' capacities will continue.

74. The principles of UNAIDS cosponsorship, updated in 2020, continue to guide Cosponsors' engagement in supporting implementation of the Global AIDS Strategy.

Leveraging innovation in the Joint Programme

75. The strategic changes reflected in the UBRAF important uncertainties regarding the external environment and the need for urgent action to get the response on-track in the next five-year UBRAF period. Building on lessons learned from the current UBRAF, the Joint Programme will prioritize new ways of operating, in order to optimize its synergies, efficiencies and impact. UNAIDS will strive to continue learning and benefitting from UN reform and from changes in other agencies. It will continue to be a learning organization that disseminates key programmatic and management innovations (e.g. around incentivized budgeting for joint work, leveraging of other resources, implementation models and performance monitoring and accountability).
76. The Secretariat will actively engage with Cosponsors, focusing particularly on reinvigorating HIV-related work in and beyond the health sector, including by exploring and leveraging opportunities for cofinancing of cross-cutting interventions for positive outcomes in the broader development continuum. Ongoing experiences in some regions and countries have shown the transformative value of engaging human and other resources to contribute to various areas (e.g., in addressing violence against LGBTI groups, and meeting the needs of mobile populations), as well as of galvanizing the engagement of other UN entities and diverse partners (e.g., the Office of the UN High Commissioner for Human Rights, International Office for Migration, and Resident Coordinator's offices). The Joint Programme will also explore innovative ways to advance key programmatic opportunities (e.g., exploring cost-sharing options for regional policy adviser on PrEP and HIV testing).
77. Where the Joint Programme lacks the capacity to engage fully on specific areas, it will expand the circle of collaboration to include new partners, either from within or beyond the UN system. An example of an innovative strategic partnership is the Global Fund Middle-East Emergency Grant, in which the Secretariat and WHO partnered with the International Organization for Migration to address HIV prevention and treatment needs of humanitarian populations in the region. Similarly, other UN agencies that are not formal members of the Joint Programme (e.g., UN HABITAT, or the Food and Agriculture Organization) are supporting the Joint Programme's cross-cutting strategic initiatives on HIV in various urban and rural settings.

COLLABORATION WITH OTHER STAKEHOLDERS

78. To catalyze the strategic actions that are required to reduce inequalities and get the world back on-track to end AIDS as a public health threat, the Joint Programme will prioritize collaboration with other stakeholders, as along with actions to further build national capacities and empower communities. As a pioneering partnership within the UN system, it will also emphasize supporting, enabling and facilitating the work of diverse stakeholders during this new UBRAF.

The broader UN system

79. The UBRAF is designed to maximize the impact of the UN and to leverage the resources of the broader UN system. In order to drive country-level progress, the Joint Programme will build on the collective strengths of Joint UN Teams on AIDS. Planning by Joint UN Teams will highlight response and capacity gaps across the Strategy's three core priorities, with attention to HIV-specific issues as well as to a broader set of relevant health and development indicators. Those teams will also mobilize resources

and expertise from across the UN system to support countries to close gaps identified in country profiles.

80. In situating its collaborative efforts within a larger development context, the Joint Programme will work to generate and strengthen synergies between HIV-specific actions and broader development and human rights initiatives. It will support countries and communities to ensure that lessons from and gains in the HIV response— such as inclusive governance and multisectoral platforms, empowerment of key populations, and community-led responses—accelerate progress across the SDGs. Those contributions affect a wide range of areas, including humanitarian responses, social protection, education, efforts to promote socially and environmentally sustainable cities, the protection and realization of human rights and innovative financing for development. Partnerships with academia and the private sector will be actively pursued.
81. Through joint planning for collective results, evidence-based interventions and inclusive approaches, the Joint Teams on AIDS continue to advance the work of the UN Country Teams and support the efforts of the UN Resident Coordinators. Further opportunities to collaborate with other UN entities will be pursued. The Joint Programme will foster alliances to address intersectional vulnerabilities and ensure that matters pertinent to ending AIDS are effectively integrated across the UN Sustainable Development Cooperation Framework. It will continue to strive to ensure that it is effectively positioned within UN reform processes as an example of strategic coherence and that it is visible in results reported for the collective UN system.

Engagement with community and other civil society partners

82. The Global AIDS Strategy includes an emphasis on community-led service delivery³⁴ a result area that is specifically devoted to recognizing, empowering, resourcing and integrating community-led HIV responses. It also emphasizes community-focused priority actions across the three strategic priorities. Borrowing from the HIV response, the response to COVID-19 has highlighted the crucial roles which communities play in organizing education, outreach and support services, and in reaching further into communities than health systems or local authorities are able to do.
83. The Joint Programme will continue to work strategically and in an innovative and evidence-based manner to ensure that people living with HIV and people most affected by HIV, including key populations, women and girls, are at the heart of the response at country, regional and global levels.
84. The Joint Programme remains a global leader in the promotion and engagement of people living with HIV, affected communities and civil society as key partners in the HIV response. It will continue to work at country and regional levels to ensure that differentiated HIV programmes are informed by and responsive to community inputs. Representatives of nongovernmental organizations from all regions serve on the PCB, and UNAIDS has memoranda of understanding in place with community-led and other civil society organizations to pursue joint work to ensure that responses are inclusive and people-centred.

³⁴ Targets for community service delivery in the Global AIDS Strategy include:

- 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; and
- 60% of programmes support the achievement of societal enablers to be delivered by community-led organizations.

85. In collaboration with civil society, the Joint Programme will demonstrate that community engagement and community-led service delivery, monitoring and advocacy are indispensable for reducing inequalities and accelerating progress towards ending the AIDS epidemic. It will advocate for and work to empower local communities of people living with and affected by HIV to lead elements of the HIV response for which communities are uniquely suited.
86. In supporting and empowering community-led responses, the Joint Programme will act as an honest broker, providing strategic support to governments, civil society and other stakeholders to improve community engagement in the response, including community leadership and actions to reduce stigma and discrimination, reach those who are at risk of being left behind, and improve outcomes along the continuum of HIV activities.
87. The Joint Programme recognizes that a changing funding environment for HIV and the progressive digitization of life have the potential to both disrupt and empower communities. Through proactive partnerships, the Joint Programme will foster dialogues and “bridges” between communities, governments, donors and the technology and data sector to accelerate progress towards the goals and targets of the Global AIDS Strategy while protecting privacy and human rights.
88. To help institutionalize community-led responses, the Joint Programme will develop, update and implement normative guidance; broker strategic partnerships and build the capacities of communities and other key actors. Accountability with respect to community engagement and community-led responses will be enhanced through the development and monitoring of core community-focused indicators. The Joint Programme will encourage national governments to integrate community-led monitoring and use the findings to improve the quality and reach of HIV programmes and strengthen the engagement of communities in national HIV responses.
89. Within and beyond systems of health, the Joint Programme will prioritize advocacy and the collection, use and dissemination of strategic information to help translate findings from community-led monitoring into policies and laws that protect the rights of and advance the health and well-being of people most affected by HIV, including people living with HIV, key populations and women and girls.

Global partners

90. The Joint Programme will develop longer-term plans for engaging and collaborating with key global partners (e.g. the Global Fund and PEPFAR, as well as global community groups such as GNP+, ICW, Y+, global key population networks, and the private sector), and for leveraging their assets for important global initiatives (e.g. the Global HIV Prevention Coalition, Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, the Fast-Track Cities Initiative, Education Plus Initiative), advocacy, strategic information, policy development, technical guidance and support to countries and communities, taking into account each partner’s comparative advantage.
91. Improved strategic clarification of its members’ respective roles and responsibilities will enable the Joint Programme to maximize its support for partners by focusing on global leadership and advocacy, coordinated technical guidance to optimize the impact of investments and evidence-informed programmes. It will fill crucial capacity gaps by providing technical support for countries and communities and strengthening their capacities, while promoting inclusive governance and monitoring of progress.

92. The Joint Programme is a critical high-value-for-money partner to the Global Fund, leveraging and optimizing its strategic focus and investments for HIV and HIV/TB as well as efforts to reduce or mitigate the impact of COVID-19 on HIV programmes.
93. In accordance with their Memorandum of Understanding, the UNAIDS Secretariat, Cosponsors and the Global Fund will advocate for each other's work, support each other's processes and activities, and ensure that national responses reach those who need them most by extending strategic information, technical and capacity building support.
94. At the country level, this partnership will include active engagement with and contribution to more than 70 Country Coordinating Mechanisms including active support for effective governance that includes communities of people living with, at risk of and affected by HIV and TB. In addition to mobilizing political leadership and playing its convening and normative roles, the Joint Programme will support evidence-informed national policies, strategic planning and target setting processes developed through multistakeholder dialogues. Those dialogues involve people living with HIV, women and key populations, and form an important basis for Global Fund funding requests. The Joint Programme will coordinate tailored technical support to country partners to address gaps and resolve bottlenecks during implementation and as part of technical review processes, audits and other evaluations.
95. At the global level, the Joint Programme will advocate for robust funding of the Global Fund, and will play an active role in its governance mechanisms³⁵ and serves as the global reference for normative guidance and strategic information on HIV.
96. In implementing the Strategy, the Joint Programme will fully leverage its close collaboration with the United States Government's PEPFAR programme to optimize reach and impact of its investments. This strategic partnership includes joint leadership initiatives on advocacy, strategic information, translating science into programmes, strengthening urban HIV responses, and supporting countries to leave no one behind.
97. The Joint Programme will continue to contribute to the development of PEPFAR Country and Regional Operational Plans, joins with PEPFAR in supporting analysis, advocacy, guidance and facilitating dialogues for innovative approaches and policy reforms to accelerate national progress, build capacities, and support the collection, analysis and use of strategic information., It will also collaborate with PEPFAR to identify and respond to technical support needs in a coordinated and timely manner. The HIV Situation Room, which the UNAIDS Secretariat co-chairs with PEPFAR and WHO, will continue to serve as a forum for identifying and addressing political and technical challenges in programme implementation.
98. In working to implement the Global AIDS Strategy, the Joint Programme will proactively collaborate with a broad array of additional global health partners, including Unitaid, Gavi, the Vaccine Alliance, the Stop TB Partnership, signatories to the Global Action Plan for Healthy Lives and Well-being for All, and the Medicines Patent Pool. To drive progress both on HIV and across the broader development agenda, the Joint Programme will prioritize collaboration with partners beyond the HIV and health sectors, such as the Education Plus Initiative.
99. To ensure that global collaborations are optimally strategic, the Joint Programme assesses the broader operating context on an ongoing basis to identify new

³⁵ UNAIDS Secretariat, WHO and World Bank are nonvoting members.

partnership opportunities. Partnerships will be further developed or strengthened by focusing on specific priorities, such as reducing new HIV infections and achieving the new 10–10–10 societal enabler targets. In addition to global-level partners, the Joint Programme will actively engage with key regional partners to accelerate progress on priority issues, such as HIV combination prevention, strategic actions to address gender inequalities and other structural barriers to effective resourcing and scaling-up of community-led responses and domestic resource mobilization in constrained fiscal environments.

RESOURCE ALLOCATION AND FUNDING SCENARIOS

100. The Joint Programme's biennial budgets take into account the unpredictable funding environment and includes two main categories of funding:
 - **Core funds** provide funding to the Secretariat for implementation of its functions, and to provide catalytic funding for the HIV-related work of 11 Cosponsors in line with the resource allocation methodology outlined below;
 - **Non-core funds** represent the complementary HIV-related budgets of the Cosponsors that are mobilized internally, as well as additional funds that Cosponsors and the Secretariat raise at country, regional and global levels. The non-core funds in the UBRAF reflect regular and extra-budgetary resources of the Cosponsors which contribute to the achievement of UBRAF outputs and which are or can be measured through UBRAF indicators. The amounts provided in the budget represent best estimates and are subject to change as funding is mobilized throughout the biennium.
101. The expected results as per the Joint Programme Result Areas, and the Joint Programme workplans, capture the overall work of the Joint Programme, which is funded through core and non-core resources. The budget is informed by the theory of change and the UBRAF results framework and reflects the respective human and financial resource requirements with 'value for money'. The budget and resource allocations will be provided in biennial/annual Joint Programme Budget & Workplans and include estimated resources (core and non-core) needed, disaggregated by individual Cosponsors and the Secretariat, by Joint Programme results area (output level) and by region.
102. The Joint Programme's resource allocation process aims to catalyze strategic, prioritized action to address urgent and persistent gaps in the HIV response. While the Joint Programme leverages the full power of its collective capacities, the UBRAF resources are meant to be catalytic, to leverage and optimize Joint Programme capacities, and to foster the mobilization of other national and international investments including from Cosponsors. As HIV work is increasingly integrated with other health and development programmes, the Joint Programme will focus on leveraging cross-sectoral funding opportunities that have impact beyond HIV. It will also pursue innovative funding approaches (including but not limited to cofinancing of interventions, to pivot responses to tackle intersecting inequalities that are cross-cutting and multi-dimensional) and investments for focused interventions to achieve targets for services, societal enablers including advancing gender equality and community-led response.
103. The current funding environment is a challenge, compounded by the direct and indirect effects of the COVID-19 pandemic, including the redirection of resources towards the COVID-19 pandemic response. Resource allocation in the 2022-2026 UBRAF takes into account such complexities of the current fiscal space while optimizing the Joint Programme's resources with a view of successfully navigating

both opportunities and challenges associated with COVID-19 and the post-COVID-19 context.

104. The methodology for the UBRAF resources allocation in 2022-2026 intends to prioritize country support while improving transparency, increase effectiveness, enhance efficiencies and strengthen the Joint Programme's coordinated action and resources for achieving more impactful results especially in countries and related accountability, by:
- building on the 2016-2021 UBRAF resource allocations and the Joint Programme's Refined Operating Model operational since 2018 (informed by recommendations from the Global Review Panel endorsed by the PCB) including dedicated innovative country envelop allocation
 - addressing the recommendations from the Independent Evaluation of the UN system response to AIDS 2016-2019, the related management response and guidance from the PCB.

Methodology

105. The methodology for resource allocation, combining a principles-based approach and a more evidence, results based and incentivizing approach, consists of:
- A set of clear principles for the Joint Programme management of resources and related accountability;
 - An evidence-based approach for allocations for evidence-informed interventions using various sources (e.g., UN Secretary-General (SG) Report: Addressing inequalities and getting back on track to end AIDS by 2030 and other HIV-relevant UN SG reports, Evidence Review of the implementation of the 2016-2021 UNAIDS Strategy: on the Fast-Track to end AIDS, Global AIDS Monitoring, evaluations conducted by the Joint Programme, other regional and country data, SDG reporting, country configuration analyses);
 - An aligned Division of Labour, reflecting the new Global Strategy's strategic priorities and results areas, and new UBRAF results framework and providing a clear delineation of roles and responsibilities for the Secretariat and Cosponsors; and
 - Past performance review (programmatic and financial).

Key principles

106. Resources allocated to the Secretariat and Cosponsors are intended to promote the three overarching objectives of the Refined Operating Model, approved by the PCB in 2017.

<p style="text-align: center;">Overarching objectives</p> <ul style="list-style-type: none">• To deploy human and financial resources where they are needed most.• To reinvigorate country-level joint work and collaborative action.• To reinforce accountability and results for people.

107. Towards these objectives and in furtherance of the programmatic prioritization highlighted above (and reflected in the results framework), the Joint Programme will apply the following principles in allocating resources:

- Prioritizing and incentivizing collaborative joint work for better integration;

- Prioritizing evidence-informed interventions;
 - Catalytic, meant to leverage other funding from different sources;
 - Focusing on promoting and supporting innovations and incentivizing catalytic solutions, including some risk taking;
 - Clearly tied to actions with agreed and measurable results and sound programming;
 - Reducing transaction costs including fragmentation (in terms of programmatic focus and funds management) and ensuring more effective synergies with other stakeholders;
 - Tying resources to strong accountability, including timely and quality reporting;
 - Clearly indicating how resources contribute, in meaningful and concrete ways, to the 2030 Agenda and the SDGs and related quality reporting;
 - Aligning at least 75% of funds for Joint UN Plans to country UNSDCF;
 - Maximising delegated decision making.
108. Overall, the allocation between the Cosponsors and the Secretariat and within each entity will be based on epidemic priorities, clear contribution to results and their comparative advantages. The overall proportion of the allocation between the Cosponsors and Secretariat will stay within the same range as under the UBRAF 2016-2021. As progress is urgent in countries, we will seek to increase allocations for country level work compared to global level work. This builds on the UBRAF 2016-2021 principle of having Cosponsors strive for a minimum 30:70 ratio³⁶ between global and regional/country level resources and current practice for most Cosponsors towards a higher proportion of core and non-core funding towards country level resources to accelerate results.
109. In line with the Refined Operating Model, adequate resources will be made available to protect the Secretariat's core funding for its leadership, advocacy, strategic information and accountability functions. Complementing their respective core and noncore resources, a predictable core allocation to all Cosponsors to protect core institutional HIV capacity will facilitate their essential role in the Joint Programme, such as coordination/convening in their respective areas as per the aligned Division of Labour, delivering on agreed joint priorities against the three strategic priorities of the Strategy (as reflected in the UBRAF including for regional and country levels), global advocacy, ensuring HIV is well integrated into their own organizations and maintaining their ability to mobilize additional HIV resources.
110. The UBRAF resource allocation also builds on the implementation of the Refined Operating Model's country envelope allocation for Cosponsors' actions for specific results as part of jointly developed and agreed Joint UN Plans on HIV/AIDS. Envelopes will be allocated based on submission by Joint UN Teams on HIV/AIDS of quality, realistic yet ambitious jointly agreed proposals (plans) for intended results, ideally including technological and scientific innovations, catalytic resource mobilization and consideration of the HIV epidemiology, HIV-related inequalities, and economic, social, structural and other parameters. Within countries, the allocation will be designed to address major response gaps against defined deliverables³⁷ as part of UN Joint Plans, to drive measurable change on a critical or priority areas aligned with the UNSDCF and within a specified timeframe and milestones.

³⁶ This principle was introduced since 2012-2015 UBRAF, reaffirmed for 2016-2021 and remains valid. Though never evaluated per se, analysis of all expenditures (Cosponsors and Secretariat) since 2016 shows it is broadly applied.

³⁷ Joint Programme deliverables are understood here to refer to "Joint Programme areas of interventions".

ACCOUNTABILITY, MONITORING AND EVALUATION, AND REPORTING SYSTEMS

As a leading actor for the global HIV response and in the spirit of the UN Charter, the Joint Programme commits to being accountable to its multiple stakeholders: people living with, affected by and at risk of HIV, governments, other civil society actors working on HIV, donors and other partners and the broader multilateral system. Through its multisectoral, collaborative and evidence-based approaches, the Joint Programme is committed to transparency, accountability, inclusivity, and efficiency and effectiveness in its work to uphold the health, well-being and rights of people living with, affected by and at risk of HIV.

In leading the coordination efforts of the global HIV response, the Joint Programme is directly accountable to the Programme Coordinating Board (PCB). It is also accountable to the broader HIV and global community, including people living with and affected by HIV who are at the center of its work, civil society actors and other partners. It is also fully accountable to the donors that make its work and achievements possible,

The PCB acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. Its governance structure is uniquely inclusive. It comprises of representatives from Member States, Cosponsors and civil society, and specifically people living with and affected by HIV, and is open to granting observer status to other pertinent entities. The cosponsor and governance model of UNAIDS has been recognized by ECOSOC as a useful example of strategic coherence, reflecting national contexts and priorities, through its coordinated, results-based focus, inclusive governance and country level impact.

The PCB is responsible for establishing the broad policies and priorities for the Joint Programme, reviewing and deciding on planning and execution, reviewing and approving plans of action and budgets for each financial period, reviewing proposals of the Executive Director and approving arrangements for the financing of the Joint Programme. It also reviews longer-term plans of action and their financial implications; as well as the audited financial statements which the Joint Programme submits. It makes recommendations to the Cosponsors regarding their activities in support of the Joint Programme, and it reviews periodic reports that evaluate progress towards achievement of the Joint Programme's goals.

A standing committee of the PCB, the Committee of Cosponsoring Organizations (CCO), is composed of Cosponsors' Heads of Agencies, and serves as the forum for the Cosponsoring Organizations to provide inputs into the strategy, policies and operations of the Joint Programme. The CCO is also tasked with ensuring that relevant PCB decisions are discussed by Cosponsors' respective boards and that relevant objectives in UNAIDS' global-level results frameworks are incorporated into Cosponsors' results frameworks.³⁸

Within the Joint Programme, there is mutual accountability to deliver in accordance with the Cosponsors' and Secretariat's individual mandates, strengths and comparative advantages and as defined in the Division of Labour. The Secretariat plays the leading role for governance and mutual accountability, especially to support the Joint Programme's inclusive governance model, reinforce accountability; and continue to spearhead efforts to demonstrate the Joint Programme's contribution to system-wide UN reform.

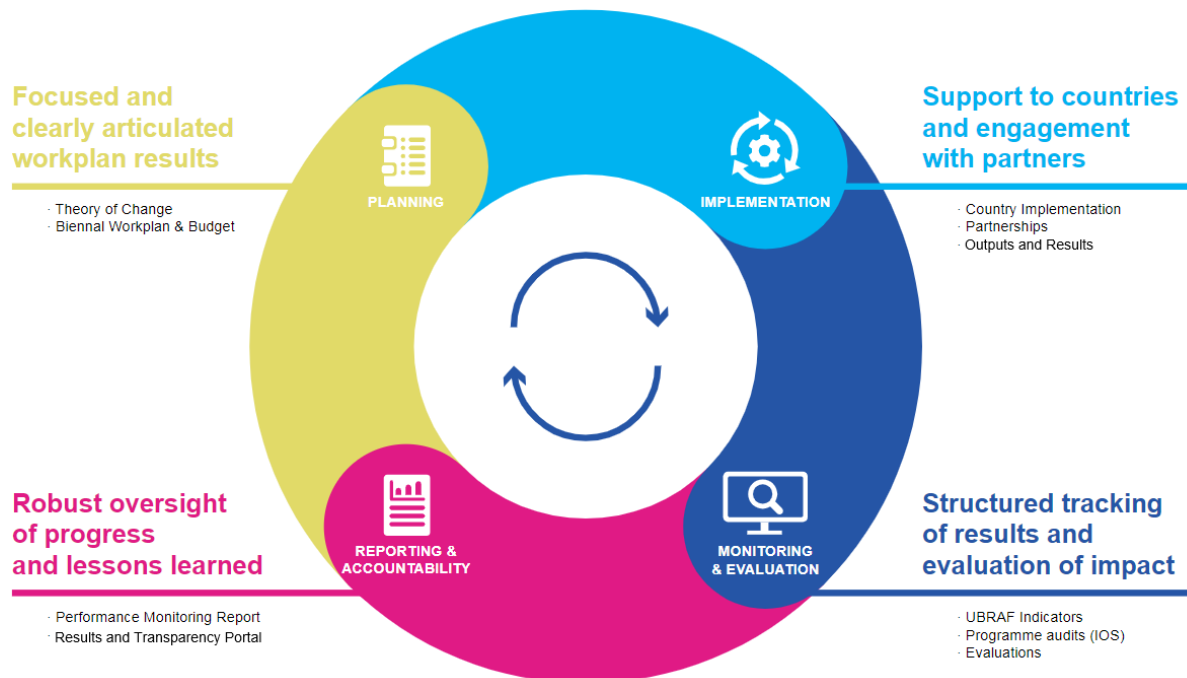
Separately, Cosponsors report to their respective governing boards on their HIV-related work. They have separate accountability mechanisms for their individual mandates and their HIV-related work through annual reporting mechanisms that can be found on their respective websites.

111. The Joint Programme will ensure continuous, sound, timely and quality processes and mechanisms as well as learning and knowledge management throughout the UBRAF cycle of planning, implementation, monitoring and evaluation, and accountability (see Figure 8). In its ability to structure innovative joint and multisectoral planning, implementation monitoring and reporting across 12 UN entities at all levels, the UBRAF remains unique in the UN system. During the 2016-2021 cycle, numerous innovative tools for joint work, monitoring and reporting were

³⁸ More information can be found on the UNAIDS Governance webpage: <https://www.unaids.org/en/whoware/governance>

designed and implemented, improving accountability and yielding important lessons learned.

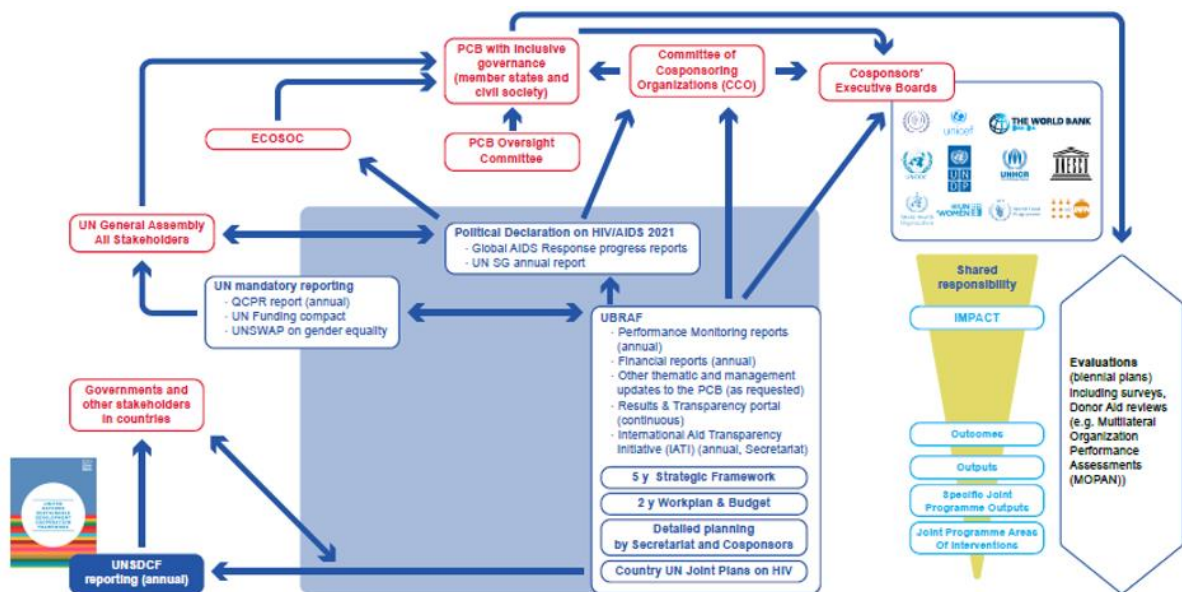
Figure 8: the UBRAF planning, implementation, monitoring and evaluation, and reporting and accountability cycle



112. The Joint Programme will actively pursue organizational learning from its Cosponsors and other UN entities regarding good practices for strategic planning and monitoring and evaluation. It will also seek to fully leverage new opportunities in UN reform efforts to further harmonize or design more integrated UN standards, tools, systems as well as new platforms for coworking.
113. Increasingly, the Joint Programme applies UN standards for planning and reporting requirements for improved tracking of the Joint Programme’s contribution to the UN system-wide efforts and to reduce duplication (e.g., the QCPR, UN Funding Compact, and UN SWAP). There are continuing efforts to further increase synergies with UN system-wide strategic planning, implementation and reporting processes as part of the UN reform agenda. The overall aim is to ensure coherent and integrated support for the implementation of the 2030 Agenda and greater efficiencies.
114. The Joint Programme’s workplans and budgets are progressively integrating more detailed operational aspects of the 2020 QCPR resolutions (as well as subsequent QCPR resolutions) such as prioritization of data-driven approaches, transparency of funding flows and harmonization, simplification of business practices and monitoring and evaluation to enhance coordination, coherence, effectiveness and efficiencies. Figure 9 illustrates how the UBRAF is part of the broader Joint Programme’s governance and accountability system. Further information, is available in the UNAIDS Governance Handbook.³⁹

³⁹ The UNAIDS Governance Handbook: https://www.unaids.org/sites/default/files/media_asset/JC2984_Governance-Handbook-2020-EN.pdf

Figure 9: overview of the Joint Programme’s accountability systems, including the UBRAF



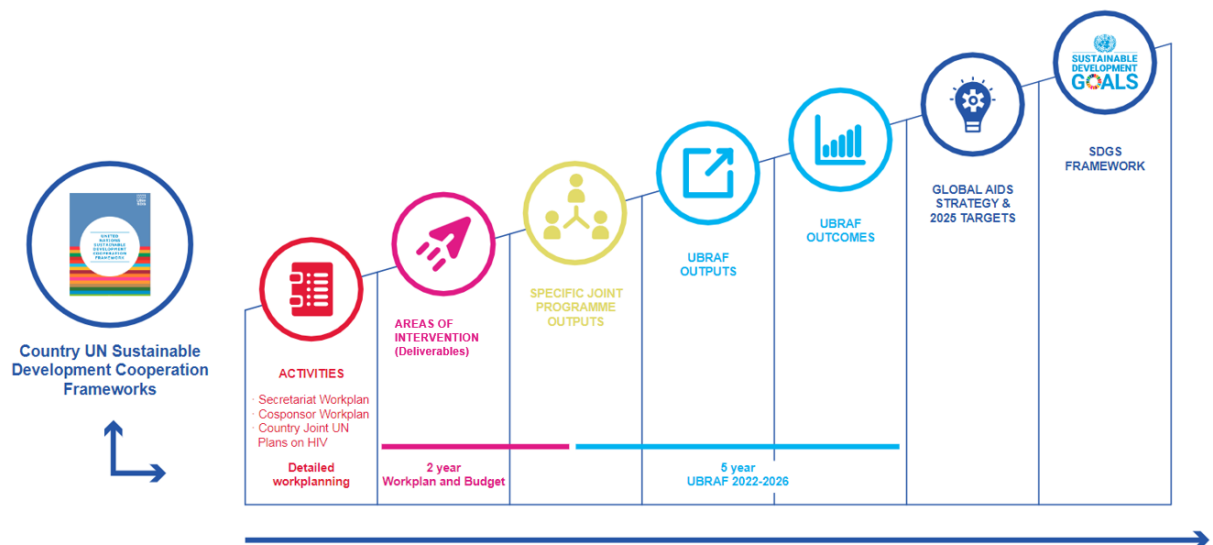
Planning and implementation

115. The biennial and annual workplans and budgets are aligned with the 2022-2026 UBRAF which provides the high-level strategic framework and are informed by the theory of change. The workplans and budgets define the Joint Programme’s more detailed strategic planning and implementation at all levels, based on available resources. They include specific information on the inequalities, gaps and challenges on which the Joint Programme will focus to address priority UBRAF outputs and its high-level deliverables for countries in each of the 6 regions and by the Joint Programme’s results areas.
116. Experience across regions has shown that "one size fits all" approaches are not suitable for the Joint Programme’s support for national responses. Therefore, adjustments in planning, implementation and budget allocations at global, regional and country levels, including course corrections where needed, will be informed by regular evidence reviews and by dialogues on the Joint Programme’s achievements, progress and gaps, and by identifying areas in need of intensified action, using the inequalities lens and assumptions and risk management analysis.
 - **Regional level.** The UN Regional Teams on HIV are led by UNAIDS RSTs and composed of regional staff from Cosponsors and other UN entities as available and useful. They serve as a crucial and constant facilitator for synergies between the global and country levels (and vice-versa). UN Regional Teams will help translate the Global Strategy and the global-level vision and framework into country UN Joint Plans on HIV that are context-specific and that address the unique contextual challenges and inequalities present in different regions. In addition to maximizing country-level impact, the UN Regional Teams will foster regional synergistic work and cross-country knowledge sharing and learning as well as strategic partnership with regional stakeholders. Thematic Interagency Task Teams and other similar forums facilitated by the UNAIDS Secretariat with Cosponsors at the regional level

(e.g., the Interagency Task Team on Young Key Populations in the Asia-Pacific region) will help to facilitate the translation and implementation of the Global AIDS Strategy into context-specific, country-level collaboration and actions.

- Country level.** UN Joint Plans on HIV are developed by the Joint UN Teams on AIDS, which are usually chaired by UNAIDS Country Directors, under the overall leadership of the UN Resident Coordinator. The Joint Plans are developed for the same biennial cycle as the workplans and budgets and are reviewed and updated annually as needed. Aligned with the UBRAF and evidence-informed national frameworks and priorities, the plans are developed in consultation with key HIV stakeholders including governments, civil society communities of people living with, and affected by, HIV) and partners. The UN Joint Plans on HIV in 2022-2026 will capture the Joint Programme’s strategic, prioritized and catalytic contribution to the national HIV response. They will include Cosponsors’ and the Secretariat’s planned core and noncore resources for the country. The UBRAF is also an important reference for incorporating HIV-related results and interventions in other planning and implementation instruments (e.g., the UN Sustainable Development Cooperation Frameworks and related UN Country Teams’ Workplans) for increased coherence, and synergies as well as for documenting lessons learned and the Joint’s Programme’s contribution to SDG achievements.

Figure 10: the UBRAF results chain and corresponding planning mechanisms



117. In response to QCPR recommendations and UN system-wide suggestions on aligning planning cycles, the Joint Programme will undertake an evidence/mid-term review by December 2024. This review will occur when most of the Cosponsoring agencies are starting the development of their 2026–2029 four-year strategic plans. This synchronicity will enable the systematic and meaningful integration of HIV components in Cosponsors’ agency-specific plans, thus enhancing Joint Programme planning as a whole.

Performance monitoring

118. Consistent with the Management Response to the Independent Evaluation of the UN System Response to AIDS 2016–2019 and building on lessons learned from the 2016–2021 UBRAF, the Joint Programme’s performance monitoring under the 2022–2026 UBRAF will rely on a new set of the most relevant and meaningful indicators. Those indicators will capture and assess the Joint Programme’s performance against its results (at output level) as its contribution to advancing progress towards the global AIDS targets. They will also enable improved understanding of the relative performances of the Cosponsors and Secretariat at all levels. The set of indicators will include both programmatic and organizational performance. The latter will be aligned, to the extent possible, with the relevant standard UN indicators (including operation and financial ones) that are already mandatory for the QCPR and UN Funding Compact.
119. These clear, tangible, timebound indicators will track the Joint Programme’s progress against its intended results (output), with set milestones (by biennial cycle) towards set targets (by 2026), and they will show linkages to the SDGs. Monitoring and evaluation tools will be clearly aligned to the SDGs. The UBRAF indicator set, accompanied by a guidance for the detailed methodology including quality assurance, will measure the performance of the Joint Programme from 2022. This approach will capture the Joint Programme’s contribution to the broader Agenda 2030 more clearly and will reduce reporting burdens and duplication of processes.
120. The Joint Programme’s performance monitoring will be based on the UBRAF indicators and will incorporate a number of monitoring and evaluation approaches⁴⁰. It will draw on quantitative data for defined indicators, a mixed methods approach, external validation of data, and the development of narrative descriptions and analyses from multiple data sources.
121. Beyond the UBRAF performance indicators, a broad range of tools and methods will be used for monitoring performance and accountability throughout the UBRAF cycle. This includes programmatic and financial reporting (to the PCB and also publicly available on the UNAIDS website) covering Cosponsors’ and Secretariat’s collective and individual performance, including through the annual report of the CCO to the PCB. This will allow for the PCB’s official review and endorsement when required as per the PCB Modus Operandi. Reports of the PCB meeting and its decisions will, as always, be public available. Informal feedback will also be shared with national stakeholders, through various channels.
122. A new generation of the Joint Programme Monitoring System will be available. It will be adapted and aligned to the new UBRAF and its indicators and will be informed by lessons learned and by the UN reporting standards and requirements. This will allow for streamlined and higher-quality monitoring and reporting that can better inform adaptations in the Joint Programme’s work. It will also be important for strengthening Joint Programme accountability, which rests with the PCB and the broader global AIDS community.
123. The improvements in the Joint Programme Monitoring System will further support alignment to UN-wide planning and reporting tools, as well as future needs for reprogramming in response to changing conditions. Additional updates will be made

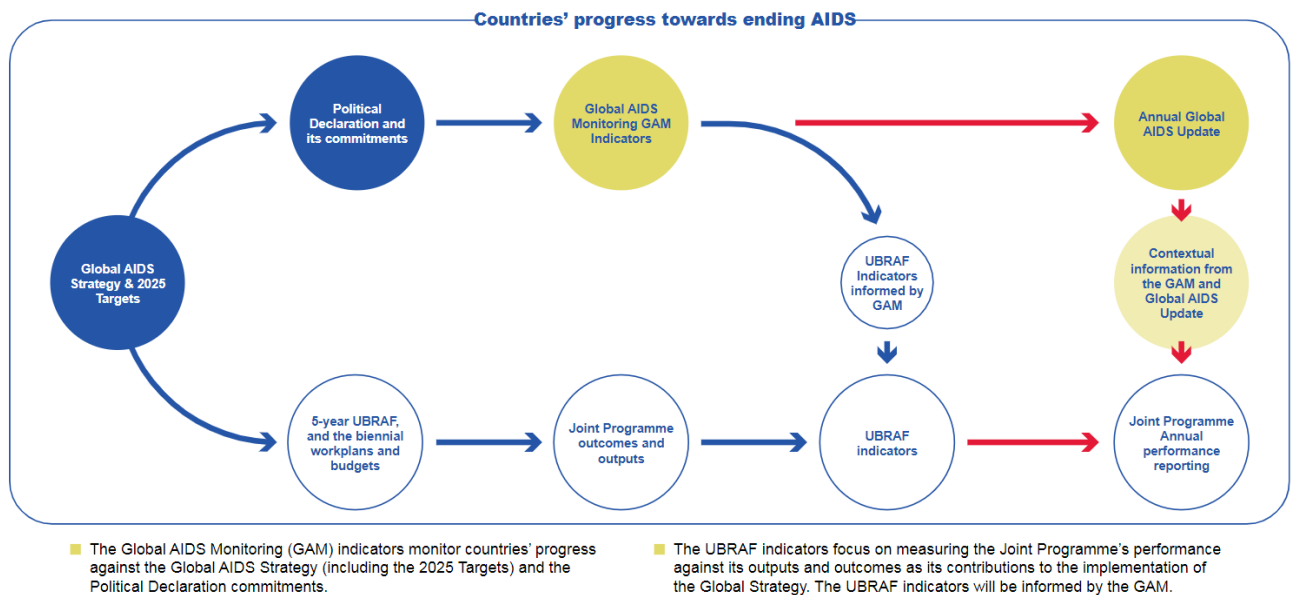
⁴⁰ UNAIDS Results & Transparency Portal available at [Transparency Portal \(unaids.org\)](https://www.unaids.org/en/transparency) includes all the Joint Programme Performance reports including financial reports, sources of funding and resources flows by results areas and regions. Financial report and update are also available on UNAIDS Governance page (e.g. latest financial update is available at : [PCB48 Interim Financial Update EN.pdf \(unaids.org\)](https://www.unaids.org/en/governance/PCB48-Interim-Financial-Update-EN.pdf)).

to the UNAIDS Results and Transparency Portal including explicit reporting on compliance with the International AIDS Transparency Initiative.

124. The UBRAF accountability framework encompasses short-term milestones (e.g., catalytic work to achieve service coverage targets), as well as progress in addressing longer-term challenges, such as transformative action on societal enablers and the Joint Programme's contribution to reducing inequalities. In addition to a dedicated result area on gender equality and women's empowerment, specific gender-responsive indicators will be integrated across the framework to strengthen the Joint Programme's accountability for contributing towards transforming unequal gender norms and eliminating gender inequality. The capacity of the Joint Teams on AIDS will be further strengthened to use the UN Gender Equality Marker to analyze pertinent data to inform planning, implementation, monitoring and reporting. UBRAF monitoring demonstrates the results and effectiveness of the Joint Programme and helps identify where adjustments to plans and activities are required.
125. The GAM indicators, which track progress in the broader HIV response, will also inform the development of the UBRAF indicators, which only monitor the performance of the Joint Programme (Figure 11 shows the important linkages between the GAM and the UBRAF indicators). This will help ensure consistency and integration, while minimizing the reporting burden for countries and the Joint Programme at country level. Efforts will be made and PCB guidance will be sought to align the timeframes for country GAM data reporting with Joint Programme data collection to the greatest extent possible, so that the Performance Monitoring Report can reflect the latest available data (while noting that GAM reporting depends on country capacities and remains at their discretion).⁴¹
126. Community-led responses constitute a key component of the new Global AIDS Strategy. Recognizing the pivotal contributions of community-led monitoring, UNAIDS will actively engage with civil society and communities for national reporting on AIDS, guided by the GAM guidance, and support community-led monitoring across regions. The Joint Programme's support for community-led monitoring (i.e. measurement of investments in and engagement of civil society and key populations groups in the response at country level as plausible results of the Joint Programme's efforts) will be reflected in the UBRAF.

⁴¹ The UBRAF indicators will be presented to the PCB to ensure alignment with GAM indicators which will be developed by October 2021. While aiming to optimizing synergies and coordination between the two distinct but complementary processes, the GAM indicators are more comprehensive and programmatic, allowing all countries to monitor progress towards achieving the Global AIDS Strategy, the global targets and the 2021 Political Declaration, whereas the UBRAF Indicators monitor the Joint Programme's performance including organizational performance indicators.

Figure 11: Joint Programme performance indicator (UBRAF indicators) linkages to the Global AIDS Strategy, the Political Declaration on HIV and AIDS commitments and related GAM indicators



Reporting

127. Through the annual reporting process, the Performance Monitoring Report and its accompanying documents provide the PCB and the broader public with a clear, strategic and integrated overview of progress and achievements against the UBRAF at the Joint Programme's result areas at output level.
128. The Performance Monitoring Report also highlights joint progress at country level; demonstrates the catalytic role, added value and effectiveness of the Joint Programme; and identifies specific challenges and lessons learned from HIV programme implementation. It also documents the contributions of the Joint Programme to the development and implementation of wider UN-led initiatives towards the achievement of the SDGs and the 2030 Agenda and UN Reform. As part of its core function, the Secretariat is responsible for monitoring the Joint Programme's performance and coordinates the development of its reporting jointly with Cosponsors.
129. The Annual Performance Monitoring Report to the PCB, which is made publicly available, is being further streamlined and integrated as per the PCB request to include:
 - a narrative report, which highlights the progress and achievements of the Joint Programme and its individual entities against the results framework. It also highlights challenges faced and planned actions moving forward at the global, regional and country levels, while showcasing selected countries;
 - a performance score card as per the UBRAF indicators; and
 - annual financial reporting, including reports on expenditures (core and noncore)
130. The Joint Programme Results and Transparency portal, which supplements the qualitative and quantitative data presented in the Performance

Monitoring Report package, will continue to serve as the main platform for timely and quality comprehensive reporting and features:

- UNAIDS revenue and spending (since 2012);
- flow of Joint Programme resources mobilized by the Joint Programme according to result area and geographical region;
- donors' profiles and contributions and funding trends;
- country-by-country UN Joint Teams' reports including annual Joint Programme spending (core and noncore resources);
- Cosponsors' annual spending by result area;
- the Secretariat's annual spending by core function;
- International Aid Transparency Initiative financial data including access to the UNAIDS IATI registry (Secretariat only); and
- case studies and infographics.

131. Guided by the PCB and UN standards and requirements for programmatic and financial reporting (including clear linkages to the SDG), further and continuous improvements to ensure integrated, streamlined, quality reporting. These improvements more clearly demonstrate linkages between investments and results and efficiencies. They also ensure that the reporting reflects the catalytic nature of the Joint Programme's work, is proportionate to investments, reduces duplication and enhances synergies with other mandatory UN system-wide reporting (e.g., QCPR, UN Funding Compact, UN SWAP, and UN INFO).
132. The UNAIDS Secretariat will remain compliant with the International Aid Transparency Initiative (IATI), a voluntary, multistakeholder initiative that seeks to improve the transparency of aid, development and humanitarian resources and develop related international standards for reporting. The Secretariat will use updated guidance to further improve its rating in relation to IATI compliance.
133. Implementation of the UBRAF 2022-2026 begins in January 2022. The first annual performance monitoring and reporting on the UBRAF 2022-2026 will be submitted to the PCB in 2023 (Performance Monitoring Reports to the PCB in 2022 will focus on the Joint Programme's performance during the previous biennium of the UBRAF 2016-2021). Reporting timelines remain the same in order to ensure that the Performance Monitoring Reports are submitted to the PCB every June.

Evaluation

134. Evaluations, which have been elevated as a priority for the Joint Programme in recent years, are critical to inform accountability and performance improvement as part of the continuous planning and learning cycle.
135. The 44th meeting of the PCB approved a new evaluation policy,⁴² which formalized the establishment of an independent evaluation function in UNAIDS, with reporting occurring directly to the Board. The policy applies to the work of the Secretariat and to the collective efforts of the Joint Programme. Where relevant, evaluations are conducted jointly with Cosponsors and/or other partners. To ensure independence, evaluations are contracted to external consultants or companies.

⁴² PCB (44) 19.7; Decision Point 6.6. Available from:
https://www.unaids.org/sites/default/files/media_asset/UNAIDS_PCB44_Decisions_EN.pdf

136. The UNAIDS Evaluation Office is supported by an Evaluation Expert Advisory Committee and an independent, external body that reports to the Board which provides advice and guidance on the implementation of the UNAIDS evaluation policy and plan. Additional support to the UNAIDS Evaluation Office is provided by a UNAIDS Cosponsor Evaluation Group, which discusses system-wide and joint evaluations to be included in the UNAIDS evaluation plan. It also leverages Cosponsor capacities and resources for evaluation, and shares knowledge and experience.
137. Using the Global AIDS Strategy and UBRAF as reference frameworks, the UNAIDS Evaluation Office each biennium leads the development of a biennial evaluation plan through a consultative process with Cosponsors, Secretariat staff and key stakeholders. That plan is submitted to the PCB. Evaluations vary in scope, themes and geographical coverage. They use and complement evidence from the Joint Programme monitoring system and are carried out with engagement of stakeholders, including communities. An annual progress report on evaluation is presented to the PCB and a semi-annual update is presented to the PCB Bureau. Final evaluation reports, along with the corresponding management responses, are shared with the PCB and are published on the UNAIDS Evaluation Office webpage.
138. Evaluations serve an accountability purpose, but they are primarily intended to bring about meaningful change and improvements in the Joint Programme's activities, as part of a broader and continuous knowledge management strategy. Findings including lessons learned from ongoing/planned evaluations in the coming years⁴³ will be progressively taken into account as part of the UBRAF cycle. The Evaluation Office tracks implementation of management responses and promotes an evaluation culture towards accountability and learning, beyond specific evaluation products.

PCB AND OTHER EXTERNAL ENGAGEMENTS

139. The PCB will review and be asked to approve the UBRAF framework, its biennial/annual workplan and budget, as well as the annual Performance Monitoring Report. Beyond this regular involvement, the PCB will have additional opportunities to engage and provide feedback on accountability, monitoring and evaluation and reporting systems, including:
- participation and inputs through the UBRAF Working Group into the development and finalization of the UBRAF 2022–2026 Framework, 2022–2023 Workplan and Budget, and the UBRAF indicators;
 - regular external participation that is built into the planning and implementation cycle of the UBRAF, especially at country level with national governments and civil society;
 - field visits and other means using virtual or innovative formats by PCB members to obtain insights into the work of the Joint Programme at country level and to inform discussions at PCB meetings;
 - bilateral and multistakeholder consultations and ad hoc working groups on specific issues;

⁴³ For example, at the time of finalization of this UBRAF, the following evaluations are ongoing: Independent Evaluation of the Work of the Joint Programme on HIV/AIDS on Preventing and Responding to Violence Against Women and Girls and Evaluation of the Joint Programme's work with key populations.

- other external assessments of the Joint Programme, such as the multilateral participation in the funding dialogue, aimed at ensuring predictable and full funding for implementation of the 2022–2026 UBRAF; and
- the Organizations Performance Assessment Network, which provides important independent perspectives to complement UNAIDS' own independent evaluations, reviews and performance monitoring.

DECISION POINTS

140. The PCB is invited to:

- express appreciation to the UBRAF Working Group, the Executive Director, and the CCO for their work to develop the UBRAF framework and budget further to the 48th PCB meeting and
- approve the 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF).

[Annexes follow]

ANNEX 1: UBRAF THEORY OF CHANGE

Overarching theory of change highlighting causal pathways for the Joint Programme's contributions to bring the HIV response on-track through application of an inequalities lens

IF the Joint Programme promotes and supports global, regional, national solidarity, political leadership and commitment with multisectoral partnership and ownership of the response; convenes coordinated action, inclusive dialogue and builds political will and capacities to address inequalities, including gender inequalities in the HIV response and meets the HIV-related needs of all people living with HIV, at risk or and affected by HIV,

AND IF the Joint Programme advocates for and guides evidence-based programmes and policies, improvements for effective services, legal, policy and social environments and enhances capacities for sustainable financing to secure the services, systems and supports needed to reduce inequalities in the HIV response,

AND IF stakeholders unite for an effective response which includes the meaningful involvement of people living with and affected by HIV,

AND IF it demonstrates strengthened UN coordination and collaboration to address national HIV-related priorities with strategic, integrated multisectoral action and inclusive governance,

THEN countries and communities will be better equipped to ensure an enabling environment and strengthen tailored HIV responses to address context-specific HIV related inequalities, in order for the HIV response to be brought back on-track.

IF the Joint Programme enables countries to develop innovative, responsive and relevant combination prevention and treatment services and social protection that also empower and engage people living with and at risk of HIV while protecting and promoting gender equality and human rights in the response,

AND IF the Joint Programme catalyzes strong, two-way working linkages between the HIV response and systems for health and helps to strengthen inclusive social protection systems more effectively,

AND IF it effectively strengthens advocacy, guidance and support to countries to apply an inequalities lens in their HIV response to understand and address inequalities and causes of HIV-related exclusion and vulnerabilities through policy and programmatic changes,

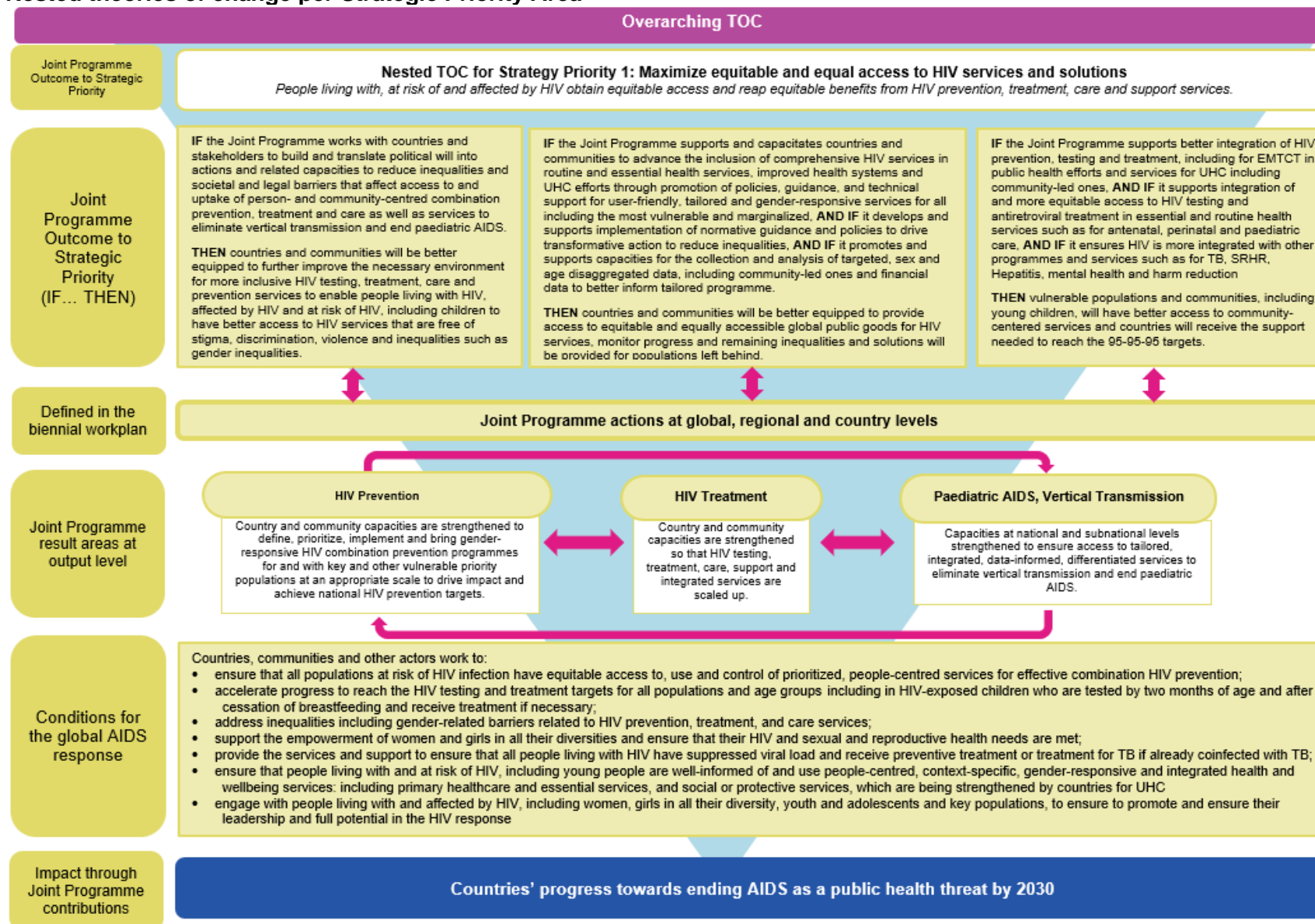
THEN HIV services, and health and social systems, and emergency responses will be more sustainable and capable of addressing the needs of people at risk of and living with HIV.

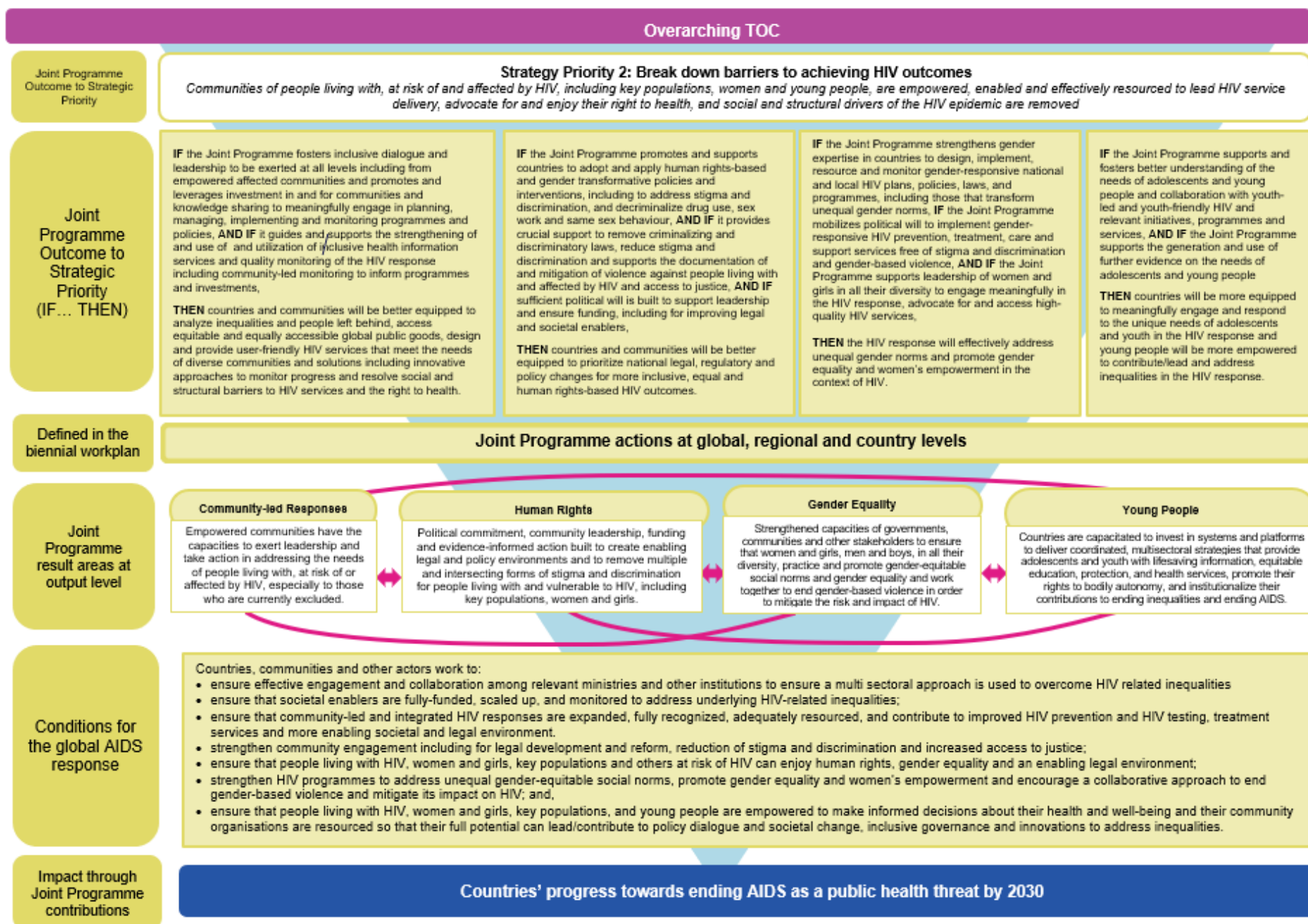
IF political leadership, commitments for HIV and related accountability are sustained and all actors, including the Joint Programme, countries, partners and stakeholders learn from, share knowledge, engage and empower those left behind and reduce their vulnerabilities; mainstream the HIV response across universal health coverage, primary healthcare and health systems strengthening efforts, human rights, gender equality and the broader development continuum as part of national strategies; and sustain and support translation of political commitment at all levels to advance sustainable financing for HIV and health systems and support needed to reduce inequalities, and drive a more sustainable HIV response,

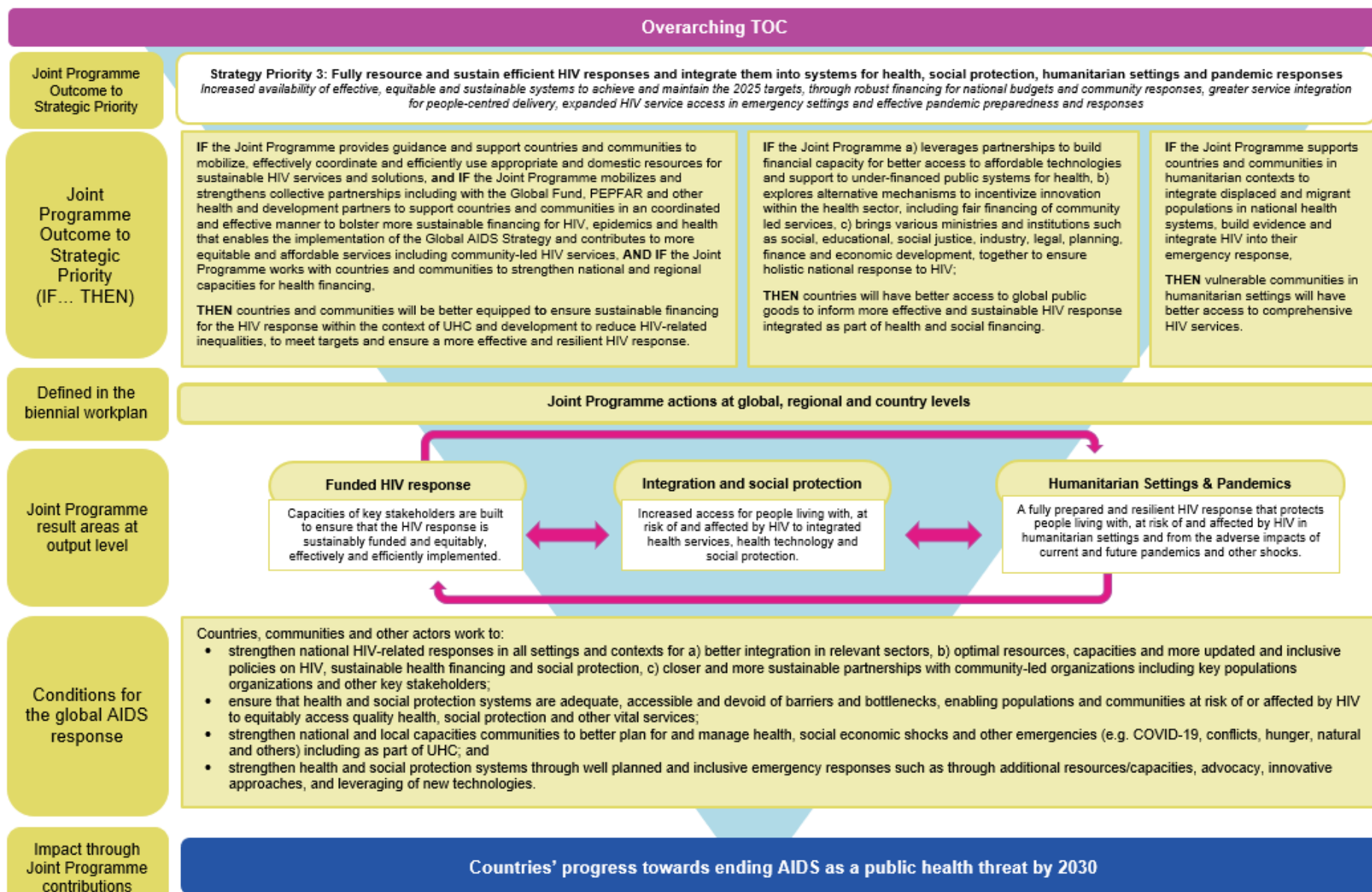
THEN the HIV investments and response will better focus on and effectively reduce inequalities driving the HIV epidemic, get the response back on-track and successfully contribute to progress towards achieving the SDGs.

These are achievable only **AS LONG AS** the Joint Programme is fully funded to ensure it has the requisite capacity and flexibility to effectively address the challenges and underlying inequalities in the HIV response **AND AS LONG AS** duty bearers translate their commitments into action including further improving enabling legal and social environments with active engagement of rights holders.

Nested theories of change per Strategic Priority Area




















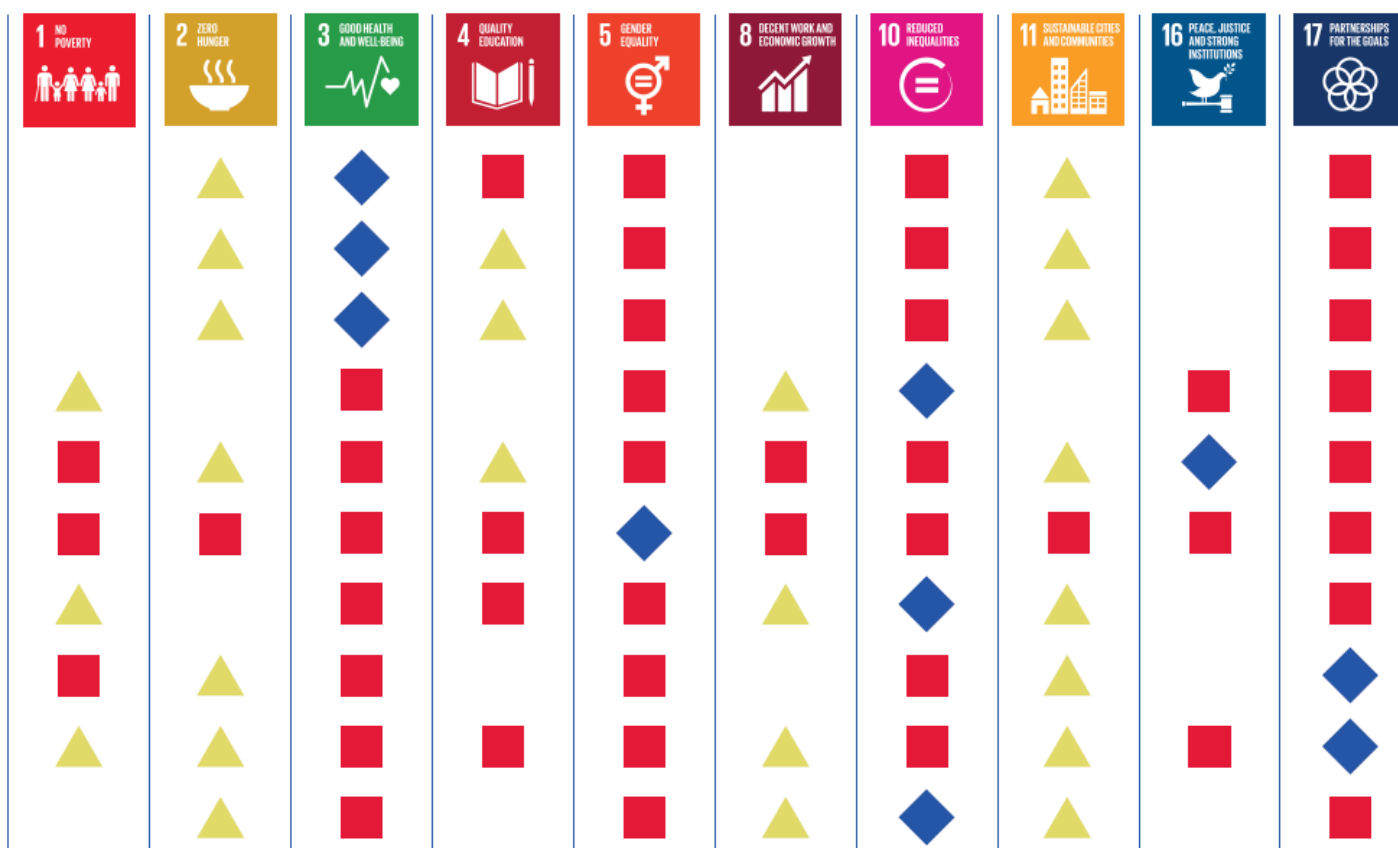
ANNEX 2: OVERVIEW OF THE JOINT PROGRAMME'S RESULT AREAS AND INDICATIVE HIGH-LEVEL CONTRIBUTIONS TO THE SDGS

Note: This high-level visual aims to highlight the indicative and main contributions of the Joint Programme Result Areas to specific SDGs for the purposes of the 2022-2026 UBRAF. This visual only provides a general overview while recognizing the intersectionality and multidimensional nature of the HIV response and the Joint Programme's scope of work on HIV and beyond which it is not meant and cannot capture. This visual is based on mapping that is aligned with the SDG linkages in the Global AIDS Strategy

Note: Mapping aligned with the SDG Linkages in the Global AIDS Strategy

- Legend**
-  Key SDG contribution
 -  Strong contribution
 -  Indirect contribution

-  RA1: HIV Prevention
-  RA2: HIV Treatment
-  RA3: Paediatric AIDS, Vertical Transmission
-  RA4: Community-led Responses
-  RA5: Human Rights
-  RA6: Gender Equality
-  RA7: Young People
-  RA8: Funded HIV response
-  RA9: Integration and Social Protection
-  RA10: Humanitarian settings & Pandemics





ANNEX 3: REGIONAL PRIORITIES FOR JOINT PROGRAMME SUPPORT

In all regions, the Joint Programme will support countries and communities in applying an inequalities lens to interrogate, analyse, address and reduce the intersecting inequalities that increase the HIV vulnerability of certain groups and reduce their access to services. Towards this end, all regions will work to capture and fully leverage the synergies and interdependence of services, systems and societal enablers in order to leave no one behind. The Joint Programme will draw on its core capacities and strengths to build leadership and commitment, ground responses in disaggregated data, provide technical support to reduce inequalities, enhance legal and policy environments, and support the mobilization of sufficient resources while eliminating trade-offs that fuel HIV-related inequalities. In all regions, all aspects of the Joint Programme's work will continue to align to national stakeholders' priorities.

Across regions, the Joint Programme will engage in multisectoral partnerships to unlock and accelerate achievement of the 10-10-10 targets, with the aim of ensuring inclusive, quality access to the continuum of care across the life course, in alignment with the 95-95-95 targets and without stigma and discrimination.

The Joint Programme will invest in and support communities - especially people living with HIV, adolescent girls and young women, key populations and young people - to lead and monitor the response, in line with the 30-60-80 targets. It will advocate for the creation of an enabling legal environment by removing punitive and discriminatory laws and policies, including laws that criminalize sex work, drug use or possession for personal use and consensual same-sex sexual relations, or that criminalize HIV exposure, nondisclosure or transmission, as well as policies and structural barriers for HIV prevention, treatment and care. The Joint Programme will also support communities and duty bearers to implement existing national, regional and global commitments on human rights, including the right to health, gender equality, community leadership and elimination of discriminatory laws and policies.

Progress in all result areas will be accelerated through focused attention on key cross-cutting issues. In all regions, the Joint Programme will advocate to build leadership and country ownership, such as through regional roadmaps with targets, indicators and strategies that are geared to the regional and country contexts.

Partnerships, multisectorality and collaboration will define the Joint Programme's support to countries and communities in all settings. To help ensure that data, science and innovation guide and inform responses, the Joint Programme will support countries to implement harmonized and innovative data systems and to effectively use data to maximize impact at the national and facility levels.

Across regions, the Joint Programme's support to countries and communities will prioritize human rights, gender equality and actions to reduce stigma and discrimination. Specific efforts will focus on strengthening and effectively leveraging the unique roles that cities play in addressing complex, multidimensional challenges through inclusive participation of diverse stakeholders.

For conciseness, the headings for the areas of focus below have been shortened from the full Joint Programme's results areas.

The regional priorities will be further discussed as part of and inform the more detailed workplanning and especially the development of the country UN Joint Plans on HIV in consultation with countries and other stakeholders.



ASIA AND THE PACIFIC

Inequalities, gaps, and challenges

- Progress towards HIV targets in the Asia and Pacific region is varied, and the rate of decline in new infections has stagnated. Rapidly growing HIV epidemics are underway among key populations in several countries in the region. Combination HIV prevention has largely failed to reach adequate scale and coverage, owing to disease-focused, stigmatizing messaging, as opposed to encouraging integrated, evidence and rights-based, non-stigmatizing, sex and identity-affirmative approaches. As of December 2020, an estimated 76% of people living with HIV knew their HIV status regionally, 64% were receiving antiretroviral therapy and 61% were virally suppressed. In a departure from global trends, outcomes across the HIV treatment cascade are superior for children in Asia and the Pacific, compared to adults.
- HIV prevention efforts have been slow to address harmful alcohol or noninjecting drug use, such as “chem-sex” and the use of other stimulant drugs that affect sexual behaviours and increase risks of HIV acquisition. Young people, especially young key populations, are increasingly vulnerable to HIV and sexually transmitted infections (STIs). However, adolescent-friendly health facilities that provide comprehensive sexual health services are lacking (especially outside urban areas) and access to appropriate sexual and reproductive health information and education is suboptimal, particularly for adolescent girls.
- Rejection and denial of sexual and reproductive rights exacerbates HIV transmission and inhibits access to health promoting services. The identities and activities of key populations remain criminalized in many parts of the region, contributing to poor health service access and low retention to care. Stigma, discrimination, and other barriers prevent testing coverage even among key populations from reaching target levels. Scale up of innovations such as PrEP, self-testing, multimonth dispensing of treatment, harm reduction interventions and U=U (undetectable=untransmissible) messaging has been introduced too slowly and on too small a scale to make the required impact.
- Some countries increasingly have laws, policies and practices that negatively impact people living with HIV (PLHIV) and key populations, and which can significantly increase their risks and marginalization, such as exclusion from national social protection programmes and livelihood assistance. In some countries and communities, patriarchal systems and gender-based discrimination and violence make it difficult for women living with HIV to demand their rights and access services. The trend towards a more punitive environment pertaining to key populations, has in some countries, wide-scale use of extrajudicial measures and has increasingly placed civic space under pressure.
- Though some countries are expanding health insurance coverage for key HIV services, inequalities in access remain due to high out-of-pocket payments, shortages of key commodities and advanced medication, competing public health priorities, rising costs of medical care and for some key populations persistently high levels of stigma and discrimination. Serious challenges regarding procurement and supply chain management persist in many countries, increasing risks of stock outs, which have been exacerbated by the COVID-19 pandemic.
- The transition from a reliance on external funding to domestic financing of services for HIV, sexually transmitted infections, TB and viral hepatitis (HBV and HCV) is proving to be challenges for many countries, especially in the context of economic



setbacks caused by the COVID-19 pandemic. Despite a steady increase in domestic investments, the total amount of resources available for HIV responses in Asia and the Pacific has stagnated in the past five years and over-reliance on vertical, donor-funded HIV interventions continues.

Areas of focus for the Joint Programme: The Joint Programme will work with countries, communities, partners and other key stakeholders to support the following key areas.

HIV prevention

- Support scale up of combination HIV prevention, including PrEP, post-exposure prophylaxis, condoms and lubricants, harm reduction services (including opioid substitution therapy and needle/syringe exchange programmes), prevention in prisons and detention settings and comprehensive sexuality education (CSE).
- Explore the feasibility and support adoption of new biomedical preventive innovations, such as long-acting PrEP options including the vaginal ring, sexually transmitted infection management, HCV treatment, human papilloma virus (HPV) vaccines.
- Support subnational and local capacities for combination HIV prevention (e.g. via the Fast-Track Cities initiative and national HIV prevention coalitions) and mobilize HIV prevention within communities via sex- and identity-affirmative interventions, and by using positive rights-based messaging, as opposed to disease-focused, stigmatizing approaches.
- Promote risk behaviour change messaging including reducing male demand for unprotected sex and unprotected paid sex, reducing gender-based violence, increasing uptake of harm reduction services and of sexual health services.

HIV testing and treatment

- Support countries to scale up targeted and differentiated forms of HIV testing including HIV self-testing and index, family and community testing and strengthen implementation of interventions to ensure that partner notification occurs in a timely and safe manner.
- Support countries to improve linkages to care and retention on treatment for people living with HIV through ensuring universal access to differentiated service delivery, including scale-up of PrEP, harm reduction interventions, TB prevention and treatment, multimonth dispensing, same-day initiation of antiretroviral therapy, access to testing and treatment for HBV and HCV, transition to dolutegravir based first line treatment regimen (including for children living with HIV) and maximizing the benefits of U=U.
- Support countries to institutionalize good practices and innovations that have been used during the COVID-19 pandemic, such as telehealth, virtual intervention, HIV self-testing, task-shifting, opioid substitution therapy and multi-month dispensing and HCV self-testing
- Support countries in adopting and implementing new global guidelines and recommendations for eliminating vertical transmission of HIV (e.g., EMTCT), syphilis, viral hepatitis, including the with integrated approaches such as development of country triple elimination strategies and their validation and comprehensive programmes for prisons



Community-led response

- Support countries to reframe HIV responses to address inequalities through increased engagement with civil society and communities including establishment of community-led monitoring systems.
- Support key population civil society organizations to enable delivery of sustainable community-led and key-population-led (especially gay men and other men who have sex with men (MSM) HIV prevention interventions that are integrated into health systems through advocacy and capacity-building.
- Support civil society organizations to identify better mechanisms for community-based and -led responses, including exploring virtual interventions
- Support the participation of civil society organizations and community-led organizations in planning and monitoring of HIV prevention and care services

Human rights and gender equality

- Emphasize evidence-informed and rights-based approaches in policies and programmes and tackle harmful social and gender norms, including through the expansion of the Global Partnership to end all forms of HIV-related stigma and discrimination
- Advocate and build initiatives to address structural barriers, including laws and policies preventing harm reduction services for people who use drugs, age-of-consent restrictions for HIV testing and access to sexual and reproductive health (SRH) services, gender-based violence, gender inequality, stigma and discrimination.
- Tackle stigma and discrimination against key populations and other at-risk groups, in diverse settings, including health care, education, law enforcement, justice, occupational, community and humanitarian contexts.
- Support data-driven advocacy to decriminalize key populations and associated behaviours; same-sex unions and sexual behaviours; non-binary gender identities (beyond policies, laws and acts to operational levels through issuance of identity documents); adult sex work; and the use of injecting and other drugs.
- Support the strengthening of linkages and provision of social protection, financial services and livelihood opportunities for key populations and people living with HIV.

Young people

- Strengthen focus on young key populations, inclusive of all vulnerable youth, to ensure that they are provided with comprehensive and tailored HIV and sexual and reproductive health and rights (SRHR) programmes, education/information and services, including via school-based and out-of-school CSE, and non-judgmental gender-sensitive adolescent (SRH) services.
- Support countries to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with appropriate and targeted HIV and SRHR interventions, including through digital and virtual space interventions to reach unreached key populations.
- Support increased engagement of young key populations, especially intersections of gay men and other men who have sex with men who use drug networks, in the regional and national HIV responses.



Fully funded, sustainable HIV response and pandemic preparedness

- Support the mobilization of sustainable domestic financing for prevention and treatment, including ensuring the sustainability of the key essential HIV, TB, sexually transmitted infection and hepatitis services within wider health systems through innovative financing mechanisms including social contracting for community-led responses.
- Support and build linkages and synergies between key donors, such as the Global Fund, PEPFAR, and Australia.
- Support countries in adapting to shifting financing and fiscal environments, including the fiscal impacts of COVID-19 on both domestic and international/donor financing.
- Support humanitarian responses that are inclusive of diverse populations including people living with HIV, key populations and others at high risk of HIV.
- Support countries to include people living with HIV, key populations, people in prisons, people in impoverished and remote areas, and others operating within the informal economy within social protection programmes.
- Support countries and communities in the progressive integration of the continuum of prevention, treatment, care and support services in their health systems as part of universal health coverage.

EASTERN EUROPE AND CENTRAL ASIA

Inequalities, gaps, and challenges

- Eastern Europe and central Asia is home to the fastest growing epidemic in the world, with new infections having risen by 43% since 2010. Key populations and their sex partners account for 91% of new infections in the region, with an estimated 43% of new adult HIV infections occurring among people who inject drugs. The HIV burden is growing also among gay men and other men who have sex with men (with an average HIV prevalence of 5.4%), among women and girls (with new infections rising by 71% in 2010–2019), and among middle-aged people. AIDS-related deaths increased by 32% from 2010 to 2020, primarily due to gaps in HIV testing and poor linkages to treatment.⁴⁴ TB morbidity and mortality remain high.⁴⁵
- HIV services have not achieved sufficient scale in the region. As of December 2020, an estimated 70% of people living with HIV knew their HIV status in 2020, 53% were receiving antiretroviral therapy and 50% had achieved viral suppression.⁴⁶ Prices for antiretroviral medicines and unit costs for other HIV services remain high in some countries of the region, slowing scale-up and the transition to superior regimens. HIV services in prisons are typically lacking, with only two countries in the region having brought to scale a comprehensive HIV response in prison settings. Services provided by civil society and community-led organizations are rare and not institutionalized, and the space for civil society organizations is shrinking in many countries.⁴⁷

⁴⁴The 2021 UNAIDS Global AIDS Update: Confronting Inequalities for more information, pages 336-345 accessible at: https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf

⁴⁵Global AIDS Strategy 2021-2026, page 110

⁴⁶ The 2021 UNAIDS Global AIDS Update: Confronting Inequalities, page 336-341

⁴⁷ Global AIDS Strategy 2021-2026, page 110: "The withdrawal or reduction of external donor financing for HIV programmes in the region has challenged efforts to preserve and expand access to essential HIV services. Services provided by civil society and community-led organizations



- Social and structural factors increase HIV vulnerability and impede HIV service access. All countries in the region criminalize HIV transmission and nearly all of them criminalize HIV exposure and nondisclosure of HIV status. Many countries criminalize key populations, especially people who inject drugs, gay men and other men who have sex with men, and sex workers. In some countries, the evidence-based effective interventions for HIV prevention for people who use drugs, particularly people who inject drugs, are not being implemented or are being implemented at low scale. Stigma and discrimination towards key populations and people living with HIV, including in healthcare settings, persist. Unequal power dynamics, gender-based discrimination and violence against women, especially among key populations and young women, threatens their ability to access HIV prevention, treatment and care services. It is important to strengthen the capacity of the judiciary to promote and protect human rights in the context of HIV and reduce stigma in medical settings, legislative and education institutions, and law enforcements practices. As young people, including key populations, face double-stigma and discrimination that creates additional barriers for accessing quality services, it is important to target adolescents and young people with a complete package of combination HIV prevention services that is tailored to their evolving needs and is integrated with comprehensive sexuality education.⁴⁸
- In some countries, prevention programmes are heavily dependent on donor financing. Declining donor financing for HIV programmes in the region has challenged efforts to preserve and expand access to essential HIV services for key populations.

Areas of focus for the Joint Programme: The Joint Programme will work with countries, communities, partners and other key stakeholders to support the following key areas.

HIV Prevention

- Support countries to urgently expand access to combination HIV prevention, including PrEP and harm reduction, and maintain service delivery innovations rolled out during COVID-19 pandemic.
- Provide technical expertise and build capacities of countries and communities to generate and use strategic information for tailored and gender-responsive combination HIV prevention programmes and actions for key populations.
- Support countries to introduce and scale up gender-responsive harm reduction programmes for people in prison settings and people (including adolescents and young people) who use drugs, including stimulant drugs or other new psychoactive substances (also Result Area 7: Young people).
- Continue strengthening the Global HIV Prevention Coalition to accelerate scale-up and reduce inequalities in access to people-centred combination HIV prevention services.⁴⁹

are rare. HIV services in prisons are typically lacking, with only two countries in the region having brought to scale a comprehensive HIV response in prison settings. Persons released from prisons where services are provided often experience service disruptions when they integrate into the community”

⁴⁸ Global AIDS Strategy 2021-2026, page 112-113

⁴⁹ Launched in 2017, the Global HIV Prevention Coalition aims to bring fresh momentum and clarity to HIV prevention programmes in 28 focus countries who joined it worldwide, which have the greatest burden of new HIV infections. In 26 coalition countries, new HIV infections have declined, however, progress per country is varied. In Eswatini, for example, new HIV infections declined by 64% between 2010 and 2019. In Pakistan, on the other hand, there was a 74% increase. But in 26 coalition countries new HIV infections declined. More information can be found in [the Fourth Annual Progress report of the Global HIV Prevention Coalition](#)



HIV testing and treatment

- Support countries and communities to end inequalities in access to services and close gaps in the testing and treatment cascade by fully rolling out the treat-all approach, with particular attention to simplified and decentralized testing, linkages to care, and rapid initiation of optimized treatment for all people with new or previous HIV diagnosis (also Result Area 4: Community-led responses).
- In close collaboration with communities, mobilize, promote and support inclusive, integrated, people-centred, and context-specific service delivery approaches and services that also address unequal gender norms and include innovations used during COVID-19. Prioritize testing and treatment scale-up for key populations, including management of coinfections and comorbidities.
- Support countries to improve the quality and granularity of HIV cascade data collection to identify and address programme gaps, and promote and support implementation of evidence-based normative guidance to drive and accelerate service scale-up and quality.
- Support national capacity building to use intellectual property flexibility and international procurement mechanisms for antiretrovirals, and support community-led monitoring practices and antiretroviral treatment access monitoring.

Community-led response

- Support countries and communities to institutionalize community-led services in national health care and HIV prevention systems, ensuring that community-led services account for at least 30% of HIV service delivery as appropriate (Result Area 8: Funded response).
- Advocate for, empower and strengthen the capacity of community-led organizations to advance their roles in achieving accountable HIV and health programme.
- Support and advance community-led monitoring and research.
- Strengthen the participation of community-led organizations in line with the GIPA principle in HIV and health governance, planning and decision-making.

Human rights

- Advocate for an enabling legal environment by removing discriminatory and punitive laws, policies and structural barriers for HIV prevention, treatment and care (e.g., criminalization of HIV transmission and exposure, barriers to treatment for migrants, and refugees, laws criminalizing key populations, including adolescents and young people, travel restrictions).
- Support the strengthening of the capacity of the judiciary to promote and protect human rights in the context of HIV, and reduce stigma in different contexts, including in medical settings, legislative and educational institutions, and law enforcement practices.
- Support country members of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination to implement action plans to address social and structural barriers in access to HIV prevention for key populations and other groups left behind, including in health care settings.
- Support capacity building and mobilization of civil society organizations, national bodies and the legal community and other stakeholders to protect the rights of key populations and people living with HIV, including through the monitoring of human



rights violations and the implementation of key recommendations of HIV and TB Legal environment assessments.

Gender equality

- Catalyze strategic actions to eliminate gender-based discrimination, transform harmful gender norms and reduce gender-based violence, including by using innovative digital technologies to improve access to services for all in need, and by ensuring men's engagement in transforming unequal norms and promoting positive masculinity.
- Support countries to respond to increased HIV infections among adolescent girls and women and promote actions to ensure their access to services and their engagement.
- Support countries and communities to design HIV strategies that are gender-sensitive and based on sex-disaggregated data, analyses and recommendations from gender assessments, including those developed through the gender assessment tool for national HIV responses (GAT).⁵⁰
- Support the increased engagement of women living with HIV and representatives of women's organization as key decision-makers in the HIV response, and support their advocacy and institutional capacities as mobilizers and providers of services

Young people

- Mobilize young key populations and women networks to implement and bring to scale innovations in behaviour change to achieve gender equality and eliminate gender-based violence
- Engage with youth, media and other stakeholders to support the scale-up of in- and out-of-school comprehensive sexuality education and youth-led and youth-empowering gender-responsive behaviour impact communication

Fully funded, sustainable HIV response

- Support countries to take steps to ensure sound and sustainable transitions of prevention programmes from reliance on donor to domestic funding and ensure the efficient allocation of available resources.
- Advocate for and provide support to countries to increase sustainable domestic public financing for community-led responses.

EASTERN AND SOUTHERN AFRICA

Inequalities, gaps, and challenges

- Eastern and southern Africa remains the region most heavily affected by HIV, accounting for approximately 55% of all people living with HIV and for more than two-thirds of all children and adolescents (0-19 years) living with HIV. The region also provides the clearest evidence of the feasibility of achieving sharp, sustained

⁵⁰ The gender assessment tool for national HIV responses (GAT) assists countries in assessing the HIV epidemic, context and response from a gender perspective and in making the responses gender transformative, equitable and rights based. The GAT supports the development or review of national strategic plans and informs submissions to country investment cases and the Global Fund. The GAT also enables gender equality to be integrated into other strategic, planning and implementing processes, such as United Nations Development Assistance Frameworks to address the gender-related barriers and challenges in the HIV response, and it serves as a tool for technical capacity-building for stakeholders. More information can be found in [the GAT Guidance](#)



reductions in new HIV infections and AIDS-related deaths. Compared to a decade earlier, eastern and southern Africa had 43% fewer new HIV infections in 2020 (including a 64% reduction among children) and 50% fewer AIDS-related deaths. As of December 2020, an estimated 90% of people living with HIV in eastern and southern Africa knew their HIV status, 78% were receiving antiretroviral therapy and 72% had achieved viral suppression.

- Despite strong political commitment in most countries, inequalities exist within and between countries in the HIV response. Although the region as a whole has made steady progress in reducing new HIV infections and AIDS-related deaths, progress continues to lag in a number of countries.
- The region has among the highest burdens of HIV-related TB disease and TB-related AIDS deaths in the world. Some populations (including children, adolescent girls and young women, young and adult female sex workers (aged 18 years and older), people who inject drugs, gay men and other men who have sex with men, and transgender people) are not benefiting equally. Women comprised three in five new HIV infections among adults in the region in 2020, and adolescent girls and young women (aged 15–24 years) are 2.6 times more likely to acquire HIV than their male peers. HIV treatment cascade outcomes are much poorer for children compared to adults, for men compared to women and for young people compared to older adults. Social and structural barriers – including unequal gender norms, stigma in health care settings and a lack of community involvement – increase vulnerability to HIV and block HIV service access.
- Ensuring that HIV responses in the region are sustainable to reach the 2030 goal of ending AIDS as a public health threat is a major challenge. Although domestic investment has gradually increased in the region, with some countries now largely self-financing their response (e.g., Botswana and South Africa), the HIV response in most countries remains highly dependent on external resources. This dependency, combined with ongoing challenges posed by COVID-19, recurrent humanitarian crises and other risks, poses a threat to the long-term sustainability of the response. The COVID-19 pandemic has adversely affected national HIV programmes, including through service disruptions and deepening poverty. Community-led responses are critical to long-term sustainability of HIV responses, but the space for civil society organizations remains limited in many countries in the region, thus limiting their roles in HIV programmes.

Areas of focus for the Joint Programme: The Joint Programme will work with countries, communities, partners and other key stakeholders to support the following key areas.

HIV prevention

- Support countries and communities to scale up high-impact, evidence-based, people-centred combination HIV prevention interventions that include tailored approaches for adolescent girls and young women and their partners as well as for key populations in all their diversity. Interventions must address biomedical, social and structural factors and deprivations through a multisectoral approach, including social and gender norms and economic empowerment.
- Strengthen strategic information, with age, sex, and subnational disaggregation of data to better inform HIV prevention programming.



- Provide support for improved targeting of HIV, sexual and reproductive health and rights and prevention and for sexual and gender-based Violence) programmes to enhance prevention impact and improve efficiencies.
- Promote and support comprehensive sexuality education programming, support strengthening of gender equality and positive masculinity in and out of schools including through digital platforms; support the expansion of condom programming; and promote prevention among men and boys especially through voluntary medical male circumcision as part of a wider sexual and reproductive health service provision.

HIV testing and treatment

- Support countries and communities to increase testing and treatment, especially among the populations and countries that lag behind, strengthen the linkage of people who access testing services to HIV treatment services and maintain retention in care.
- Provide support to institutionalize differentiated testing and treatment service delivery as well as monitoring models in facilities and communities.
- Support optimization of treatment regimens and the scale-up of integrated services for HIV, viral hepatitis, syphilis and other sexually transmitted infections, TB and noncommunicable diseases.
- Catalyze actions to preserve and continue the gains in testing, treatment and care in the COVID-19 context and scale up services, especially for prevention of vertical transmission and for improved paediatric and adolescent HIV treatment coverage.

Paediatric and adolescent AIDS and vertical transmission

- Support efforts of countries and communities to reduce incident HIV infections among pregnant and breastfeeding women, especially adolescent girls and young women, through scaled-up, tailored, multisectoral combination prevention
- Catalyze HIV outcomes for women and children through retention of mother-infant pairs in treatment and care; by achieving and sustaining viral load suppression (through peer driven models, increased viral load monitoring and other proven interventions); and through expanded use of point-of-care early infant diagnosis, family index testing and other proven strategies to ensure timely diagnosis and treatment of children living with HIV
- Promote the use of tailored service packages and peer-driven, digital and other proven approaches to support the scale-up of optimized treatment and care of children and adolescents living with HIV as well as the achievement of sustained viral load suppression including among people in emergency/humanitarian contexts.
- Support the Regional Validation Secretariat in service quality, data, community engagement, laboratory and other assessments, and by providing capacity-building support to advance validation of the elimination of vertical transmission of HIV, viral hepatitis and congenital syphilis.
- Expand and improve use of granular data to support effective programming at national and sub-national levels.

Community-led response

- Strengthen community-led responses through capacity building and empowerment, and by supporting countries to create enabling environments for communities to seek and achieve access to services and live dignified lives. Support the effective



implementation and documentation of community-led responses in selected countries

- Advocate for community-based vulnerability assessments and other assessments to specify the needs for informing support for community-led responses.
- Advocate for and support the engagement of key populations, young people and communities of women in all their diversity in the formulation and planning of policies and programming, including expanding partnerships with service provision and advocacy partners.

Human rights

- Advocate for and support countries to remove legal and social barriers and to create enabling environments for priority and key populations based on human rights frameworks.
- Support the development and effective implementation of laws and policies that promote gender equality, promote human rights and improve access to services for key populations, women and adolescents.
- Catalyze actions to create enabling environments for communities affected by exclusion, stigma and discrimination—such as gay men and other men who have sex with men, sex workers, transgender people, people who use drugs, prisoners, refugees, migrants, internally displaced people and people in closed settings.
- Support countries and communities to strengthen programmes that address stigma and discrimination against women and girls, key populations, LGBTI and young people.

Gender equality

- Support gender analysis to inform interventions, policies, and laws that can address gender inequality and gender-based violence.
- Support gender assessments with strong implementation and monitoring and evaluation.
- Advocate for empowerment of women and girls for their full rights to health and other social services as a central priority in the region, including through support to policy or legal reform, such as addressing age- of- consent constraints which affect the ability of young girls to access SRH services.
- Support gender -responsive planning and programming to incorporate sex- and- age disaggregated data to clarify key issues and inform the response.

Young people

- Support the participation of young people in all their diversity in policy and programming decisions that affect health and social and economic development, through capacity building and technical assistance to improve understanding of and responses to young people's needs.
- Advocate for actions to empower men and boys to address harmful masculinities.
- Support the scale-up of community-led access-to-justice initiatives for the prevention of gender-based violence and for institutional gender transformation to ensure gender sensitive HIV and gender-based violence responses (including in school), at community, district, national and regional levels.



Fully funded, sustainable HIV response

- Promote the sustainability of the HIV response with built-in resilience, leveraging system integration, tapping efficiency gains, leveraging technologies and increasing domestic funding, in order to fully fund the HIV response that is positioned within universal health coverage and national social protection systems.
- Support countries in adapting to changing financing and fiscal environments, including fiscal impacts of COVID-19 on both domestic and international/donor financing.
- Support the development and implementation of financing plans that are sustainable, efficient and equitable in countries transitioning to reduced levels of international HIV funding for HIV programming.
- Provide technical advice, capacity building and analytical work to help countries get greater value from existing resources and better integrate HIV and COVID-19 services into essential primary health-care services (e.g. through allocative efficiency, cascade analytics, inclusion of HIV in health benefits packages and improved support in primary health care).

Integration and social protection

- Support health systems strengthening, social protection and integration to deliver services that address the continuum of needs of people living with HIV across their life course.
- Support strengthened integrated service delivery (TB and HIV; HIV and sexual and reproductive health, including cervical cancer; HIV and maternal and child health, including elimination of vertical transmission and ending paediatric AIDS; HIV, TB and nutrition; and viral hepatitis services).
- Advocate for and support countries to implement social protection instruments that can support the most vulnerable people living in fragile and conflict settings.
- Support country capacities and policy development to integrate HIV into systems for health and into social protection systems through people-centred and gender transformative approaches to address fundamental economic, health and livelihood needs of vulnerable and marginalized populations, including key populations, food insecure people living with HIV and other vulnerable populations.

Humanitarian setting and pandemics preparedness

- Support the integration of pandemic-preparedness and responses in all interventions for HIV, COVID-19 and future pandemics in order to respond to the limited delivery of HIV services in humanitarian settings, compounded by the magnitude, frequency and complexity of humanitarian emergencies and pandemics.
- Conduct assessments to identify challenges and barriers affecting service continuity including during state responses to pandemics (e.g. lockdowns and movement restrictions).
- Advocate for and support planning for social protection, food security, livelihoods and personal protection of vulnerable populations in pandemics including people living with HIV in all their diversity, sex workers, migrant labourers, women and girls, LGBTI people, indigenous communities and impoverished households.
- Advocate for and support the achievements of the 95-95-95 targets for people living with HIV in humanitarian settings through expanded access to testing (including



self-testing), linkages to care, access to viral load monitoring and adherence support, linkages to food and livelihood security and programmes.

- Promote and support integrated delivery of services for HIV, coinfections and comorbidities with services for sexual and reproductive health, family planning, noncommunicable diseases in humanitarian settings and in pandemic preparedness.
- Promote and support adolescent sexual and reproductive health and their empowerment and engagement in humanitarian settings (including retention in school; access to PrEP in accordance with national protocols).
- Support countries to expand the health and protection needs of people who sell or exchange sex, including by providing a full package of health services to promote health and well-being and prevent HIV, other sexually transmitted infections, unwanted pregnancies.
- Support community-led responses and community empowerment.

LATIN AMERICA AND THE CARIBBEAN

Inequalities, gaps, and challenges

- Very little progress was made in Latin America from 2000 to 2020 in reducing the number of new HIV infections, while in the Caribbean new infections fell by 28%. Neither Latin America nor the Caribbean achieved the 90–90–90 targets by the 2020 deadline, with HIV cascade outcomes somewhat better in Latin America than in the Caribbean.
- Strengthening and sustaining HIV responses in the region face numerous challenges. Latin America is experiencing one of the greatest humanitarian crises in recent history due to political/economic challenges in Haiti, Venezuela, and the northern triangle of Central America. As of July 2021, approximately 6.6 million Venezuelans had left their country due to political and economic crisis with nearly 3.3 million of them remaining in Latin America. On average, about 311,000 people, on average left the northern triangle region of Central America each year between 2014 and 2020, most of them bound for the United States of America. The Migration Policy Institute estimates that there are approximately 1.6 million Haitian migrants around the world, nearly 500,000 of them in neighbouring Dominican Republic. In many settings, migrants, especially women, young people, and key populations, lack access to employment opportunities, health care and education. Migration is straining health systems in a context of rising xenophobia.
- The COVID-19 pandemic exposed the limited capacity of governments to respond to the needs of the most vulnerable populations, including the health– care systems, while disruptions in HIV services highlighted the added vulnerabilities of people living with HIV. During the pandemic, the gross domestic product of Latin America declined by 8.5%. Although Latin America represents only 8% of the world's population, the region accounts for 29% of COVID-related deaths.
- Conservative movements are spreading across the region and threaten to reverse advances made in upholding the human rights of key and vulnerable populations. Several countries in the Caribbean still have laws and/or policies that criminalize same–sex sexual relationships, sex work or HIV transmission, exposure to or non-



disclosure of HIV status. Key populations and their sex partners account for 92% of new infections in Latin America and 68% of new HIV infections in the Caribbean.

- The region faces major challenges in financing a robust and sustainable HIV response, compounded by the economic effects of COVID-19. External debt in the region is high, and many countries have been reclassified as upper middle-income countries, resulting in a withdrawal of donor support. Domestic resources finance 31% of national responses in the Caribbean and 98% of those in Latin America, but programmes for key populations throughout the region remain dependent on international sources.
- With few exceptions, obtaining, validating and utilizing robust strategic information on the AIDS epidemic is a challenge, mainly due to weak governance for quality, robust and granular information systems. Few countries have integrated their HIV information systems into their national health information systems and HIV-related service data are seldom linked, such as laboratory, distribution, elimination of vertical transmission and other programme information systems.

Areas of focus for the Joint Programme: The Joint Programme will work with countries, communities, partners and other key stakeholders to support the following key areas.

HIV prevention

- Support the development and implementation of innovative, efficient and evidence-based HIV prevention strategies, including PrEP with a focus on key populations and populations at high risk of HIV, including migrants, refugees, indigenous populations, adolescent and youth (see further details in the subsection on young people), through engagement and coordination with civil society, the private sector and governments and including through social contracting initiatives.
- Promote and support better integration of HIV and maternal, neonatal and child health services, increasing availability and access to services to eliminate the vertical transmission of HIV, viral hepatitis and syphilis and supporting countries to prepare for and sustain validation of elimination.
- Promote the inclusion of civil society in all areas of national responses, including service delivery and monitoring, generation of strategic information, resource mobilization, and policy and programme development.

HIV testing and treatment

- Support national efforts to improve adherence and viral suppression among people living with HIV by reducing the number of antiretroviral treatment regimens, increasing access to optimal paediatric HIV treatment, transitioning to fixed-dose, first-line treatments with dolutegravir and adopting multi-month dispensing.
- Support the updating of national policies and protocols to implement differentiated service delivery, multimonth dispensing, transition to fixed-dose dolutegravir-based regimens, self-testing and assisted partner notification/index testing.
- Support efforts to expand key population and community-led health services to improve service availability and access, tackle inequalities, and reduce stigma and discrimination among key and vulnerable populations.



Human rights

- Leverage the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination within and beyond the health sector, including education, employment, legal/judicial system, communities, and emergency and humanitarian settings.
- Work with civil society and governments to create and strengthen supportive policies and legal/judicial environments, including by removing punitive laws and policies that promote intersecting forms of stigma and discrimination. Monitor progress on the removal of human rights barriers and reported cases of violations.
- Advocate for policies and programmes that ensure that populations at high risk of HIV such as key populations and populations affected by humanitarian emergencies (including refugees, asylum seekers and other displaced persons), have access to comprehensive HIV services, know their rights, where to report violations and obtain resources to pursue resolution of cases of rights violations.

Gender equality

- Guide and support the strengthened implementation and monitoring of gender-transformative HIV responses including the generation, analysis and use of sex-, gender- and age-disaggregated data.
- Support the increased participation of women, girls and key populations in policy and programme development to eliminate barriers faced by women, girls and key populations in accessing HIV prevention, treatment and care services.
- Promote the implementation and scale-up of community-led interventions that work with men, boys, women and girls, in all their diversity, to transform unequal gender norms, reduce gender-based and sexual violence, and prevent and mitigate the impact of HIV.

Young people

- Support access to HIV combination prevention, sexual and reproductive health knowledge, and comprehensive sexuality education and services for adolescents and youth including young people living with HIV and members of the LGBTI population.
- Support networks, organizations, youth programs, and national HIV programmes to address stigma, discrimination and legal and policy barriers such as age-of-consent laws.

Integration and social protection integration

- Support gender-sensitive, innovative community-led responses for a transformative and sustainable sexual and reproductive health and HIV response.
- Support national efforts to include key populations and those at high risk of HIV in social protection programmes.

Fully funded, sustainable HIV response

- Support the development and implementation of financing plans that are sustainable, efficient and equitable in countries transitioning to reduced levels of international HIV funding.
- Support countries to navigate the fiscal impacts of COVID-19 and other macroeconomic factors on HIV and HIV-related financing. Continue to support



countries to utilize allocative efficiency and cascade analytics to include HIV in health benefits packages and primary health-care services.

- Support the use of pooled procurement mechanisms and price negotiation of medicines and commodities through the PAHO strategic fund as well as the development of innovative financing options and credit lines to procure medicines and health commodities and avoid stock-outs.

Humanitarian settings and pandemic responses

- Advocate for and support the achievement of the 95-95-95 in persons living with HIV in humanitarian settings by expanding access to testing, linkages with care, access to viral load monitoring and adherence support, and strengthened links with nutrition, food security and livelihoods.
- Advocate for and support the expansion of access to health and protection services including quality combination prevention for refugees and migrants in humanitarian settings tailored to epidemic profiles especially for people who sell sex, other key populations and young people.
- Support the engagement of communities and civil society, including people living with HIV, key populations and their networks, in planning, decision making, service delivery and monitoring in humanitarian setting

MIDDLE EAST AND NORTH AFRICA

Inequalities, gaps, and challenges

- The Middle East and North Africa has one of the world's fastest growing epidemics. New HIV infections have increased by 7% since 2010, with 95% of new infections concentrated among key populations (gay men and other men who have sex with men, people who inject drugs and female sex workers) and their sexual partners. AIDS-related deaths have declined by 17% since 2010, though the decrease is much faster among women (24%) than men (12%). The region has insufficient HIV programmes in prison settings despite evidence of high HIV transmission risks.
- The region failed to attain the 2020 Fast-Track Targets. Gaps in knowledge of HIV status are acute and viral suppression and treatment coverage levels are lower than in any other region. Only 61% of people living with HIV knew their status in 2020, 43% were receiving antiretroviral therapy and only 37% were virally suppressed. Services to prevent vertical transmission also lag, with only 25% of pregnant women living with HIV receiving antiretroviral therapy and only 47% of children (aged 0–14 years) living with HIV receiving treatment in 2020.
- The HIV epidemic in the region is fuelled by deep-rooted social and gender inequalities resulting in major gaps in service provision for key and affected populations. The HIV response is challenged by structural barriers including punitive laws and restrictive policy environments, gender inequality, limited HIV investments, shrinking civic space for community-led action and protracted humanitarian emergencies in many countries in the region.
- Resource availability from both domestic and external sources in the Middle East and North Africa has fluctuated over the past decade. One constant feature has been the large gap between available and needed resources. HIV funding in 2020 was less than 20% of what is required to achieve the 2025 targets.



Areas of focus for the Joint Programme: The Joint Programme will work with countries, communities, partners and other key stakeholders to support the following key areas.

HIV prevention

- Support countries and communities (including through policy development, legal reviews and collaborations with law enforcement agencies and political leaderships) to design and scale up combination rights-based, community-led, gender-responsive and evidence-informed HIV prevention programmes for key populations, young people, women and girls. The programmes should include harm reduction, PrEP, self-testing, condom programming and community-led outreach for HIV in confined settings, as well as psychosocial and legal support.
- Support countries and civil society to generate and use strategic information to inform target setting, programme design and policy development, with a focus on inequalities and key populations and locations, as well as on enhanced access to quality, gender-responsive, age-appropriate HIV information and services, for adolescents, young people, women, and girls in all their diversity. This needs to include integration of HIV in sexual and reproductive health and rights programmes and gender-based violence programmes.
- Support country resource mobilization for HIV prevention through advocacy for increased domestic investment, the development of costed national prevention plans, social contracting, and access to resources through global financing mechanisms.
- Expand the Global HIV Prevention Coalition to more countries in the region to accelerate scale-up and reduce inequalities in access to people-centred combination HIV prevention services.

HIV testing and treatment

- Support countries to use granular data to implement cascade analysis and community monitoring to identify and address inequalities and barriers to HIV services, with a focus on key populations.
- Support countries to design, implement and scale up simplified, affordable and effective HIV testing and treatment guidelines, technologies, and practices in community and closed settings.
- Support countries to strengthen systems for equitable, affordable access to high-quality medicines, health commodities and technologies, and to safeguard against stock-out crises.
- Support countries to scale up integrated services for HIV within programmes for syphilis, viral hepatitis, sexually transmitted infections, TB, maternal and child health and other relevant settings, as well as integrated nutrition, treatment, care and support packages for people living with HIV.
- Promote the innovation and use of digital platforms to ensure that people living with HIV and key populations can access HIV testing and treatment services remotely, including during times of pandemics and crises.



Paediatric and adolescent AIDS and vertical transmission

- Support countries to implement innovative strategies to find and diagnose all children and adolescents living with HIV, including through point-of-care early infant diagnostic platforms.
- Support countries to introduce and scale-up access to the latest WHO-recommended, optimized, child-friendly HIV treatment and achieve sustained viral load suppression.
- Support countries in providing high-quality HIV and sexual and reproductive health services to women in prison to ensure the elimination of new HIV, TB, hepatitis B and C and syphilis infections.
- Provide technical support to countries to develop comprehensive and integrated elimination of vertical transmission services within maternal and child health programmes, including through differentiated and community-led services for women in all their diversity. Promote and empower community engagement, leadership, and capacity to address stigma, discrimination and unequal gender norms that prevent pregnant and breastfeeding women from accessing HIV services.

Community-led response

- Support, facilitate and advocate for capacity development and greater involvement of communities and civil society organizations to scale up community-led service delivery of HIV prevention, treatment and care programmes to key populations, women, and young people.
- Mobilize resources and support for countries to implement and integrate community-led HIV responses into all national HIV strategic plans and programmes.
- Support countries and civil society organizations to design and implement community-led monitoring and research and use of community-generated data to align responses with the needs of key affected populations.

Human rights

- Support countries and communities to reduce inequalities by accelerating and resourcing stigma and discrimination reduction programmes including through the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination.
- Support the development country capacities for community-led research and monitoring of human rights and advocacy including through the HIV Stigma Index.
- Promote an enabling legal and policy environment by supporting countries to develop national HIV and human rights strategies; enforce protective and enabling legislation and policies; collaborate with legislators and law enforcement agencies, human right institutions, civil society organizations and communities; and reform laws in support of stronger HIV responses.
- Support civil society organizations and communities to address HIV-related human rights violations by increasing access to justice, legal support, recourse mechanisms and legal representation for people living with HIV and key populations.
- Promote the use of technologies and innovations to enhance secure service access and without violating human rights.



Gender Equality

- Support countries, communities and women-led civil society organizations to scale up gender-transformative, community-led innovations including by women and for women to remove social and structural barriers that impede gender equality.
- Support countries in providing gender-balanced service delivery to key populations, including women inmates, women who use drugs and spouses of key populations.
- Support countries to implement gender analysis and effectively use age-, and sex-disaggregated data, to develop, implement and monitor national gender-transformative HIV policies, strategies, programmes, and budgets, including integration of HIV in gender-based violence prevention and response plans, policy and legal frameworks.
- Promote and support women-led responses particularly networks of women and girls living with HIV, and women in key populations—in the design, budgeting, implementation, and monitoring of HIV programmes, as well as supporting the engagement of men and boys.
- Support countries to review discriminatory laws and policies that increase women and girls' vulnerability to HIV and address violations of their sexual and reproductive health and rights.

Young people

- Support (including through capacity building and skills development) youth-led organizations in order to scale up the meaningful engagement and leadership of young people, especially young key populations and young women, in the design, implementation, and monitoring of HIV-related programmes.
- Promote partnerships between youth-led organizations and governments, the private sector and faith-based organizations and promote those sectors' investments in community-led programmes.
- Support the development of country capacities across sectors (e.g. health, education, social welfare) to use differentiated service delivery models (including on- and off-line approaches) to increase access to high-quality, gender-responsive, age-appropriate HIV information, comprehensive sexuality education, and in- and out-of- school services, particularly for adolescent girls, young women and young key populations.
- Support countries to review and address legal and policy barriers to address stigma and discrimination, including age-of-consent laws and policies.

Fully funded, sustainable HIV response

- Support countries and communities to develop and implement sustainable HIV financing strategies and transition plans, including through social contracting, as well as the integration of HIV in universal health coverage and in social protection and other development systems.
- Provide technical advice, capacity and analytical work to support countries to get more value from their existing resources and to better integrate HIV and COVID-19 services into essential primary health-care services (allocative efficiency, cascade analytics, inclusion of HIV in health benefits packages towards universal health coverage and improved support in primary health care).



- Support countries in adapting to changing financing and fiscal environments, including the fiscal impacts of COVID-19 on both domestic and international/donor financing.
- Mobilize political leaderships and regional solidarity for increased regional resources and domestic investment to secure the resources needed to close the prevention gap and to get the response on-track to end AIDS as a public health threat by 2030.
- Promote increased international investments in the HIV response including through enhanced partnerships and technical support to apply for and implement global financing mechanisms grants (e.g. from the Global Fund).
- Develop and implement regional resource mobilization and solidarity strategies and promote joint resources mobilization among Cosponsors.

Integration and Social Protection

- Support country capacities and policy development to integrate HIV into systems for health and social protection through people-centred and gender transformative approaches to address the fundamental economic, health and livelihood needs of vulnerable HIV populations.
- Promote community involvement in service provision and support community-led responses as part of strengthening health and social protection systems.
- Promote a whole-of-government and whole-of-society HIV response, including by positioning HIV within health, sustainable development, social protection, education, justice, and labour programmes.
- Support the inclusion of people living with, at risk of and affected by HIV in existing social protection initiatives, including initiatives to address COVID-19.

Humanitarian settings and pandemic preparedness

- Promote the integration of an essential package of HIV services in national response plans for all people affected by humanitarian emergencies. Expand comprehensive HIV services as soon as possible, to ensure key populations, women and girls have comprehensive access to integrated services for HIV, TB and hepatitis C, as well as gender-based violence services.
- Support countries to address the needs of refugees, internally displaced and other humanitarian crisis- affected populations by including them in national HIV programmes and funding proposals, including support for community-led services.
- Support countries to strengthen actions to prevent and respond to gender-based violence and conflict-related sexual violence by adopting a multisectoral and survivor-centred approaches, including through scaling-up support to women-led civil society and community organizations
- Support the generation and use of granular data and strategic information for evidence informed HIV programmes and enhanced resource mobilization in humanitarian settings, including improved surveillance, stronger assessment of risks and vulnerabilities, and enhanced community-based monitoring systems.
- Support the inclusion of HIV in pandemic response plans, leveraging lessons learned from the HIV response to guide key elements of pandemic preparedness planning.
- Support campaigns by communities and civil society including women-led organizations for the inclusion of people living with HIV as priority populations for



vaccination against COVID-19; to protect and promote gender equality and human rights; and to prevent and respond to gender-based violence, in the context of COVID-19.

WESTERN AND CENTRAL AFRICA

Inequalities, gaps, and challenges

- The Western and central Africa region missed the 2020 Fast-Track targets. From 2010 to 2020, new HIV infections and AIDS-related deaths declined by 37% and 43%, respectively. As of December 2020, approximately 81% of adults living with HIV knew their HIV status, 77% were receiving antiretroviral therapy and 62% had achieved viral suppression. Compared to adults living with HIV, testing and treatment cascade outcomes were markedly lower for children living with HIV. In 2020, key populations and their partners accounted for about 68% of new HIV infections, and women and girls comprised 65% of all persons newly infected with HIV.
- Efforts to respond effectively to HIV in the region confront considerable and persistent challenges, including insecurity linked to armed conflicts in Burkina Faso, Mali, Cameroon, Chad and Central Africa Republic, which has led to considerable population displacement. HIV service delivery and patient monitoring must be adapted to the needs of migrant and mobile populations including nomadic groups, as well as refugees and crisis-affected populations.
- COVID-19 has posed important and continuing challenges for the region, including profound effects on the socioeconomic conditions, but has also accelerated the uptake of innovative health and other service delivery modalities. Most health systems in the region are weak and struggle to meet the needs of populations, and adequate social protection platforms for people living with or at risk of HIV in the region are rare. Systemic barriers of HIV stigma and user fees in health services seriously limit progress in the region.
- HIV responses are not effectively meeting the needs of young people, underscoring the need to establish counselling and education centres for young people and to leverage community radio,
- Because of pervasive hostile legal and social environments, people in key populations are often wary of standard testing and treatment services. But programmes targeting them are also insufficient to meet the need. In the Western and central Africa region, funding available for programmes targeting key populations accounted for only 2.4% of the region's overall HIV funding between 2016-2018.
- Competing and evolving priorities, particularly in security-challenged countries, have led to decreased financial and political capital investment by partners (and related commitment by national partners and governments) in the HIV response. These financing deficits have been greatly exacerbated by the health and economic impacts of COVID-19.



Areas of focus for the Joint Programme: The Joint Programme will work with countries, communities, partners and other key stakeholders to support the following key areas.

HIV Prevention

- Support countries in scaling up high-impact combination HIV prevention for key populations and adolescent girls and young people
- In humanitarian settings, promote and support integrated sexual and reproductive health and HIV prevention services including access to PrEP; prevention of unintended pregnancies, family planning and access to contraception; information, education and communications materials and community awareness of available contraceptive services
- Expand the Global HIV Prevention Coalition to more countries in the region to accelerate scale-up and reduce inequalities in access to people-centred combination HIV prevention services.

HIV Treatment

- Support countries and communities to ensure preparedness for comprehensive HIV service delivery, universal implementation of the test-and-treat approach, with particular attention to humanitarian emergencies and pandemic preparedness.
- Catalyze actions to achieve the 95-95-95 targets, including through continuous advocacy and support for systematic inclusion of forcibly displaced persons in relevant national programmes and projects and with particular attention to expanded testing, linkage to care, access to viral load monitoring and adherence support, and linkages to nutrition, food security and livelihoods, with emphasis on reaching men, adolescents and, children as well as key populations.
- Support adoption, adaptation and implementation of the latest WHO policies and guidelines, as well as performance improvements for HIV testing, treatment, and viral load monitoring to improve the continuum of care for key populations and those at high risk of HIV.
- Catalyze strengthened analysis and use of routine programme data, including HIV data for key populations, at health facility and health district levels to improve programme performance.

Paediatric and adolescent AIDS and vertical transmission

- Support countries and communities to close gaps in availability of services to prevent vertical transmission and diagnose and treat paediatric AIDS. Support the scale-up of early infant diagnosis for HIV-exposed infants, using multidisease point-of-care platforms and index family testing to find older children living with HIV who are not on treatment. Ensure early initiation of antiretroviral therapy with optimized paediatric antiretroviral formulations.

Community-led responses

- Support countries and communities to strengthen people-centred health systems, including community systems, to deliver results for the most vulnerable.
- Advocate for and support the expansion of services to meet the health and protection needs of people selling or exchanging sex, LGBTI persons and persons living with a disability in humanitarian settings. This includes a full package of health



services to promote health and wellbeing and prevent HIV, sexually transmitted infections, and unwanted pregnancies and support community-led responses.

- Strengthen collaboration and alignment between the health systems and community systems to improve access to quality, people-centred, and integrated HIV services (SRH/TB/sexually transmitted infections/non-communicable diseases) at the primary health care, within the health sector in order to achieve universal health coverage.

Human rights

- Advocate for actions to improve health, well-being and security for key populations, LGBTI persons, and persons with disabilities in all contexts including humanitarian settings, including through continuous access to SRH and HIV care related to their needs, by reducing stigma and discrimination against sex workers, as well as against their families and by enhancing their community empowerment.
- Support the prevention of sexual violence and clinical management to prevent or mitigate the consequences of sexual violence. This support will be notably through preventive measures at community, local and district levels including health facilities to protect forcibly displaced populations, particularly women and girls, from sexual violence. Support timely access to clinical management for survivors of rape and intimate partner violence.

Gender Equality

- Advocate for, guide and support tackling of gender-based violence by transforming harmful gender and other discriminatory social norms, and by creating an enabling environment for health.
- Support health systems strengthening to ensure comprehensive support, including supportive communication for survivors of gender-based violence. Support improved access to stigma-free HIV services for key populations and those at high risk of HIV.

Young people

- Support high-impact combination HIV prevention interventions for adolescent girls, young women and young people generally, including particular attention to access to SRH, by keeping girls in school and supporting adolescent empowerment and engagement, the provision of CSE, community awareness of available prevention tools and services and access to information, education, and communications materials.
- Catalyze actions to improve access to youth-friendly health services for priority populations.

Fully funded, sustainable HIV response

- Mobilize political leadership and regional solidarity for increased regional resources; support the leveraging of resources from the Global Fund, PEPFAR, and the French 5% Initiative/Expertise France as well as domestic investment to secure the resources needed to close the prevention gap and to get the response on-track to end AIDS as a public health threat.

Integration and social protection

- Promote an accountable, inclusive, and sustainable HIV response through multisectoral partnerships, including for issues beyond HIV (integration of services, extension of HIV sensitive social protection; COVID-19 and universal health coverage).



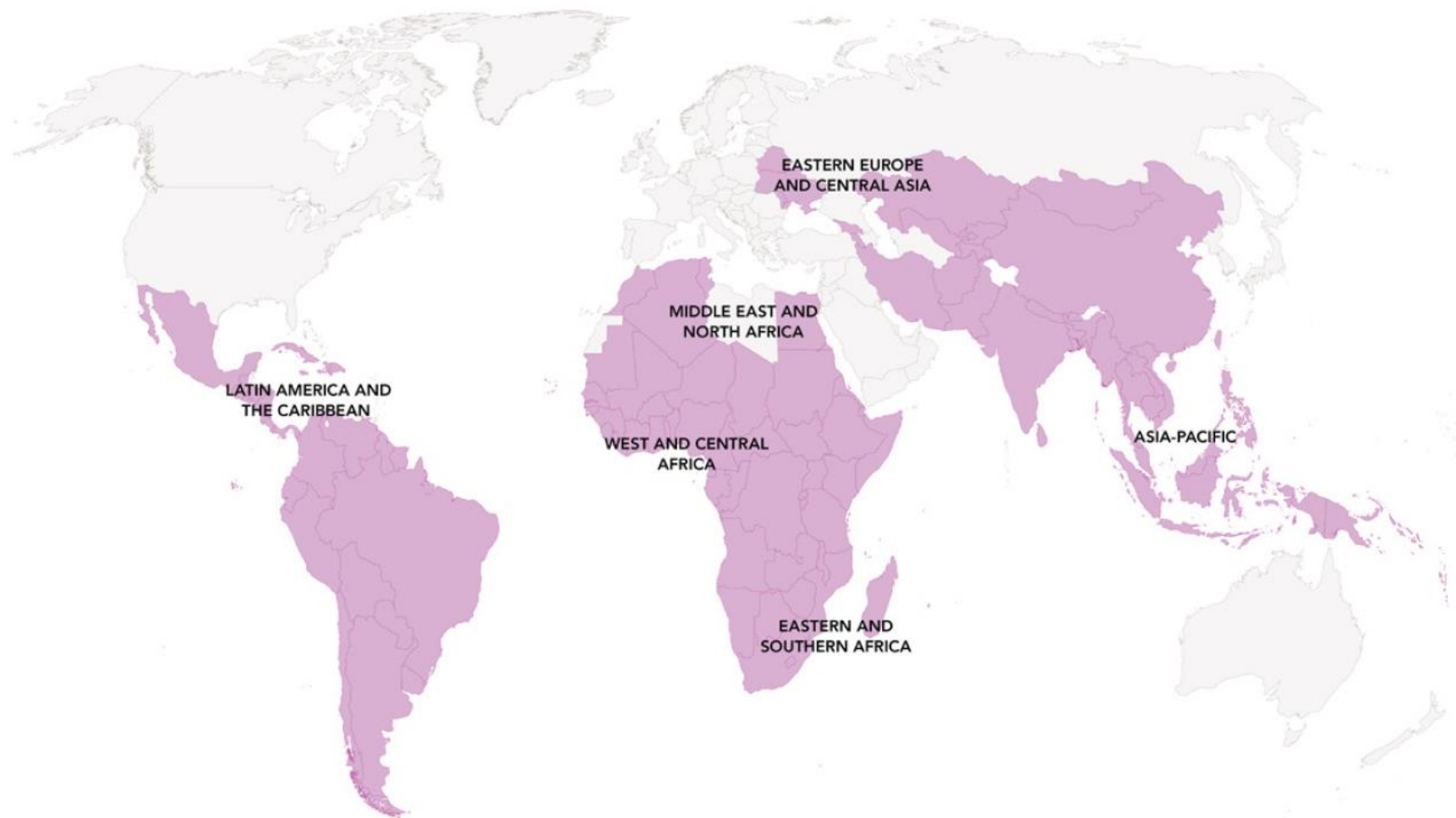
- Implement and support the use of health situation rooms, improve resource tracking and develop new analytics for epidemiological estimates, including analysis of the contributions of key populations to specific epidemics.
- Support strengthened integrated service delivery in humanitarian settings (TB and HIV, HIV and SRH including cervical cancer, HIV and maternal health including elimination of vertical transmission: HIV, TB and nutrition, viral hepatitis services).
- Promote the removal of user fees and integration of HIV in social protection policies and programmes.

Humanitarian settings and pandemics preparedness

- Support countries to address the needs of refugees, internally displaced people and other humanitarian crisis- affected populations by including them in national HIV programmes and funding proposals, including support for community-led services.
- Support capacity building of countries at risk of or facing humanitarian emergencies to mainstream HIV in related preparedness and responses processes, through training, technical advice, and guidance to ensure that HIV is integrated in national emergency preparedness and responses plans.
- Support responses to the COVID-19 pandemic in humanitarian settings, including by focusing on the vulnerable, supporting continuity of HIV and other essential services during movement restrictions, and advocacy for inclusion of forcibly displaced persons in social protection programmes.
- Support countries to develop and integrate contingency plans in HIV national strategic plans to ensure continuity of essential services during humanitarian emergency.
- Promote the integration of HIV services in the context of COVID-19 and universal health coverage.



Figure 12: The Joint Programme's projected support to countries in 2022-2026





ANNEX 4: OVERVIEW OF THE UPDATED JOINT PROGRAMME DIVISION OF LABOUR

The Division of Labour, last reviewed in 2018,⁵¹ is a living document that outlines the roles and responsibilities of the Cosponsors and the UNAIDS Secretariat so as to enable the Joint Programme to optimally deliver integrated, impactful and catalytic contributions so countries can achieve the goal of ending the AIDS epidemic by 2030 as a target to achieve the Sustainable Development Goals.

Responsibilities for the Secretariat and responsibilities for the Cosponsors will continue to follow the guidance outlined in 2018. The 12 Division of Labour areas are now mapped to the Joint Programme's outcomes and results areas at output level, which are also aligned with the Global AIDS Strategy. Furthermore, and in line with the Global AIDS Strategy, the imperative of *ending inequalities* is embedded as a lens and applied to Joint Programme work.

The UNAIDS Secretariat maintains overall responsibility for ensuring coordinated strategic focus, effective functioning and accountability across all Joint Programme work, especially on the following:

- leadership, advocacy and communication,
- partnerships, mobilization and innovation,
- strategic information,
- coordination, convening and country implementation support, and
- governance and mutual accountability

The Secretariat will strengthen collaboration, especially at the country level, with both governments and communities. The Joint Programme 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.

The Joint Programme will remain an incubator of UN reform, with a networked organizational model and inclusive multilateralism, in line with the UN Secretary-General's vision for the next five years: *"a more integrated, cohesive and joined up UN that builds and participates in networks outside is the way of the future"*.

The mapping of Division of Labour areas to the Joint Programme's result will guide actions and help ensure that the Joint Programme delivers the UN's full comparative advantage in supporting countries and best addressing the priorities and needs of people living with, affected by and vulnerable to HIV. It emphasizes the identification and elimination of HIV-related inequalities and encourages strategic focus on the synergies and interdependencies across and between the result areas as the key to accelerate progress towards ending the AIDS epidemic by 2030. Regional and country-level application of the Division of Labour will continue in line with the principles set out in the 2018 guidance, enabling context-specific adaptations in response to country priorities and needs.

⁵¹ [UNAIDS Joint Programme Division of Labour — Guidance Note 2018 | UNAIDS](#)



Joint Programme Outcomes	Joint Programme Result Areas at output level	Division of Labour areas 2018	DoL 2018 Convenors	DoL 2018 Agency partners	
<p>Joint Programme Outcome 1: Equitable and equal access to HIV services & solutions maximized</p> <p><i>People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services</i></p>	<p>Result Area 1: 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 an appropriate scale to drive impact and achieve national HIV prevention targets.</p>	4. HIV prevention among key populations	UNFPA, UNDP	UNICEF, UNODC, ILO, UNESCO, WHO, World Bank	
		5. Harm reduction for people who use drugs and HIV in prisons	UNODC	UNICEF, UNDP, WHO	
		7. HIV prevention among young people	UNICEF, UNFPA, UNESCO	All Cosponsors	
		12. Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA, WHO	UNICEF, WFP, UNDP, World Bank	
	<p>Result Area 2: HIV Treatment Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</p>	1. HIV testing and treatment	WHO	UNHCR, UNICEF, UNFPA, WFP, UNDP, UNODC, UN Women, ILO	
		12. Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA, WHO	UNICEF, WFP, UNDP, World Bank	
	<p>Result Area 3: Paediatric AIDS, Vertical Transmission Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	3. Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well	UNICEF, WHO	WFP, UNFPA, UNODC	
		12. Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA, WHO	UNICEF, WFP, UNDP, World Bank	
	<p>Joint Programme Outcome 2: Barriers to achieving HIV outcomes broken down</p> <p><i>Communities of people living with, at risk of and</i></p>	<p>Result Area 4: Community-led responses Empowered communities have the capacities to exert leadership and take action in addressing the needs of</p>	<p>NEW Integral to all Division of Labor areas and Secretariat functions</p>	All Cosponsors*	All Cosponsors



<p><i>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</i></p>	<p>people living with, at risk of or affected by HIV, especially to those who are currently excluded.</p>			
	<p>Result Area 5: Human Rights 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 vulnerable to HIV, including key populations, women and girls.</p>	<p>11. Human rights, stigma and discrimination</p>	<p>UNDP</p>	<p>UNHCR, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO</p>
	<p>Result Area 6: 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 and to mitigate the risk and impact of HIV.</p>	<p>6. Gender inequality and gender-based violence</p>	<p>UN Women</p>	<p>All other Cosponsors</p>
	<p>Result Area 7: Young people Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.</p>	<p>7. HIV prevention among young people</p>	<p>UNICEF, UNFPA, UNESCO</p>	<p>All other Cosponsors</p>
<p>Joint Programme Outcome 3: Efficient HIV responses fully resourced, sustained and integrated into systems for health, social protection, humanitarian settings and pandemic</p>	<p>Result Area 8: Funded HIV response Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.</p>	<p>10. Investment and efficiency</p>	<p>UNDP, World Bank*</p>	<p>UNICEF, WFP, UNFPA, WHO</p>



<p>responses</p> <p><i>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.</i></p>	<p>Result Area 9: Integration and social protection</p> <p>Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.</p>	8. HIV-sensitive social protection	WFP, ILO	UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank
		9. HIV and universal health coverage, tuberculosis/HIV, other comorbidities and nutrition	WHO, World Bank	UNICEF, WFP, UNDP, UNFPA
	<p>Result Area 10: Humanitarian Settings & Pandemics</p> <p>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.</p>	2. HIV services in humanitarian emergencies	UNHCR, WFP**	UNICEF, UNPFA, WHO
		9. HIV and universal health coverage, TB/HIV, other comorbidities and nutrition	WHO, World Bank,	UNICEF, WFP, UNDP, UNFPA
		10. Investment and efficiency	UNDP, World Bank*	UNICEF, WFP, UNFPA, WHO
	<p>* Areas requiring an elevated focus and contribution from the Secretariat</p> <p>** Due to the impact of COVID-19 and increasing humanitarian situations all Cosponsors are involved</p>			

