

UNAIDS 2024

Result Area 9: Integrated systems for health and social protection

2022-2023 Results report

the 1990s, the number of people with diabetes has increased in all industrialized countries, and this increase is continuing to rise.

Diabetes is a chronic disease, and the consequences of the disease are often severe. The most common complications of diabetes are cardiovascular disease, kidney disease, eye disease, and nerve damage. These complications can lead to disability and even death. Therefore, it is important to have good control of blood sugar levels to prevent or delay the onset of these complications.

There are two main types of diabetes: type 1 and type 2. Type 1 diabetes is an autoimmune disease in which the body's immune system attacks and destroys the insulin-producing cells in the pancreas. Type 2 diabetes is a metabolic disease in which the body's cells become resistant to the action of insulin, and the pancreas cannot produce enough insulin to overcome this resistance.

Diabetes is a complex disease, and its management requires a multidisciplinary approach. This approach involves the collaboration of the patient, the primary care physician, the endocrinologist, the dietitian, the exercise specialist, and the diabetes educator. Each of these professionals plays a role in helping the patient to achieve good control of blood sugar levels and to prevent or delay the onset of complications.

The goal of diabetes management is to keep blood sugar levels as close to normal as possible. This can be achieved by following a healthy diet, getting regular exercise, and taking medication as prescribed. It is also important to monitor blood sugar levels regularly and to see the doctor if there are any changes in the way the diabetes is managed.

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Result Area 9: Integrated systems for health and social protection

Budget and expenditures and encumbrances for all Cosponsors 2022-2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
9 522 900	6 444 777	35 101 800	28 857 960	44 624 700	35 302 737

Joint Programme 2022-2023 results

Better integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of, and affected by HIV through policy guidance, advocacy, technical support and knowledge products.

In 2022–2023, the UNAIDS Secretariat, ILO, WFP, UNICEF, the World Bank and other Joint Programme partners undertook an external evaluation to assess the relevance, coherence, effectiveness and equity of the Joint Programme’s initiatives on HIV-sensitive social protection. The evaluation resulted in recommendations for the future planning of HIV-sensitive social protection initiatives, which increasingly include people living with, at risk of or affected by HIV, including key populations. Implementation of recommendations is underway.

UNDP and ILO launched a checklist titled “How to make social protection inclusive of people living with HIV and key populations”. With UNAIDS Secretariat’s support, the checklist, which is available in three languages, was piloted in Benin, the Central African Republic and Côte d’Ivoire. It was used to assess national social protection systems in Georgia, India and Serbia and make recommendations for making them more inclusive.

UNFPA led regional-level sex worker partners and other Cosponsors to publish an advocacy framework titled “Advancing sex workers’ health and welfare programming

Indicator progress on integrated systems for health and social protection (RA 9)

- **70 countries** have ART services for both treatment and prevention purposes, organized and financed as **part of overall health systems**, including through primary health care.
- **52 countries** included **cervical cancer screening and treatment** for women living with HIV in their national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.
- **44 countries** were supported by the Joint Programme to generate data and evidence or revise **social protection policies or programmes** to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

in East and Southern Africa” at ICASA in December 2023. The framework rests on six pillars: advocacy for enabling policy and legal environments; access to differentiated health services; sex worker inclusion in food security and social protection services; gender-responsive economic transformation programming; vocational and financial skills training; and stronger relationship between sex workers and organized labour.

A WFP, UNAIDS Secretariat, UNICEF and ILO partnership studied how to extend HIV-sensitive social protection in 12 countries in western and central Africa. Key recommendations included: strengthen coordination between the promotion of social protection and ending AIDS; promote the engagement of key populations and HIV advocates in social protection policy processes; raise awareness of social protection programmes among key populations; build institutional capacities of social protection policy makers on HIV issues; build the capacity of HIV advocates on social protection processes and benefits; combat stigma and discrimination; facilitate dialogues on HIV-sensitive social protection; build the evidence base on social protection and HIV; and generate resources for HIV-sensitive social protection.

To guide integrated programming, UNICEF led the first systematic review of bundled interventions targeting adolescents to reduce HIV and SRH risk. It found that combined health and economic strengthening interventions can improve economic outcomes, mental health and psychosocial outcomes, SRH knowledge, and HIV prevention knowledge and HIV testing among adolescents and young people.

With UNAIDS Secretariat support, the ILO launched a publication titled “Making social protection a reality for people living with, at risk of and affected by HIV or TB”. The publication recommended better documentation of practices adopted by social protection institutions to respond to HIV and TB; stronger efforts to integrate social protection schemes and benefits for people living with HIV or TB; and increased collaboration between social protection institutions HIV services provider organizations.

Promotion of people-centered, rights-based, integrated services for ending AIDS in the Universal Health Coverage (UHC) and global health agenda was sustained by UNAIDS Secretariat and WHO as part of the Coalition of Partnership for UHC and Global Health. This work included contributions to the revision of the HIV and relevant modules of the WHO’s UHC compendium and of the “One Health” tool which countries can use for their national integrated health programming and costing. The Secretariat guided and supported a UHC civil society consultation in eight countries to promote HIV in UHC at the UHC High-Level Meeting in 2023. The UNICEF-led global partner network on the Community Health Roadmap helped advance sustainable community health worker programmes, including those that promote HIV community groups as contributors to community health systems.

The UNAIDS Secretariat, WHO, the Global Fund and other partners developed, disseminated and supported the implementation of practical guides and tools on integrated people-centred systems and services, including for common HIV comorbidities and for building resilient and sustainable systems for health to guide countries’ strategic planning, programming and resource mobilization. Guidance and

support, led by the UNAIDS Secretariat, for national AIDS strategic planning processes in 80 countries covered the inclusion of integrated systems and services, including for addressing HIV coinfections and comorbidities with STIs, viral hepatitis and noncommunicable diseases. In a majority of those countries, the national strategic plans informed their funding requests to the Global Fund for 2023–2025.

Within the “Go Further” partnership for ending AIDS and cervical cancer in Africa, UNAIDS Secretariat continued its effective partnership with PEPFAR, the GW Bush Institute, Roche and Merck. The partnership supports 12 countries in eastern and southern Africa on integrated national HIV strategies and policies, resource mobilization, community engagement, demand creation and referrals for cervical cancer screening and treatment among women living with HIV. Between 2018 and end 2023, over eight million cervical cancer screenings were performed for women living with HIV in those countries.

Following the decision points agreed to at PCB meetings in 2019, the UNAIDS Secretariat and WHO developed and shared the mental health and HIV integration guide. The Secretariat and WHO supported Pakistan, South Africa, Uganda and other countries to integrate mental health and psychosocial support in their national AIDS strategies, programming and resource mobilization efforts.

The UNAIDS Secretariat, WHO and other partners developed a new set of cervical cancer and HIV integration indicators and guidance for data collection as part of the Global AIDS Monitoring. Eighty countries reported on these integration indicators in 2022 which helped set a baseline for tracking progress towards achieving the 2025 global HIV integration targets, 2030 Global Cervical Elimination targets and UHC.

Service integration and access to social protection services for people living with, at risk of, and affected by HIV and TB through data generation and better use of evidence.

In 2022–2023, UNICEF collaborated with the Tanzania Social Action Fund, the Tanzania Commission for AIDS and other key stakeholders to continue implementing and evaluating a “Cash Plus” model for adolescents. The model combines household-level social protection and economic empowerment with a multicomponent package of adolescent-focused interventions, including SRHR and HIV. Findings from the impact evaluation showed increases in contraceptive, HIV knowledge and testing, adolescent-friendly services, gender-equitable attitudes, mental health and psychosocial outcomes and reduction in experiences of sexual violence.

A UN joint study on HIV, poverty and vulnerabilities in 2021 in China (undertaken by ILO, WHO, UNFPA and UN Women) linked HIV infection to poverty among low-income people. Findings informed a two-year strategy, led by the Women’s Network Against AIDS with ILO support, to improve the income generation capacities among people living with HIV in China. Capacities of women living with HIV were built on social protection, its benefits and access.

UNDP, WFP and civil society organizations supported the social protection programme in Dominican Republic to ensure greater inclusion of key populations, including through official representation and an agreement to modify the social protection registry to include categories for sexual orientation and gender identity in the personal classification and to include sex work among the occupation categories. The UNDP/ILO social protection programme worked with Zambia's National AIDS Council and partners to mainstream social protection in HIV programmes to reduce gaps for key populations in accessing HIV and other SRHR services.

In Cameroon, Liberia and Uganda, UN Women built the capacity of organizations of sex workers and facilitated their access to financial services. In Botswana, Eswatini and Liberia, it built the skills of young women living with and affected by HIV in digital literacy, knowledge of HIV and SRH services, business development and financial literacy. Informed by an analysis of income security among people living with HIV in Jamaica, UN Women supported local women's organizations to develop information materials on available services for people living with HIV, including young women.

In Haiti, WFP partnered with a local organization to implement a pilot cash transfer project to enhance treatment outcomes and the nutritional, social and economic well-being of nearly 1,500 households affected by HIV, which led to reduced treatment drop-out rates and increased viral load suppression.

UNDP organized income-generating activities for economic recovery in the Democratic Republic of Congo, including for people living with HIV, key populations and survivors of sexual violence. UNDP supported Cambodia's national social protection scheme with digital tools to help ensure that impoverished populations and key populations can access social protection. It also provided support for a digital stakeholder feedback and accountability mechanism. In Zambia, the ILO, UNHCR and the National Social Security Fund developed a roadmap for the integration of refugees and host communities, including people with disabilities and people living with HIV, into the Fund. UNFPA collaborated with the Georgian government and UNDP to develop and widely share a case study on HIV-sensitive social protection systems.

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