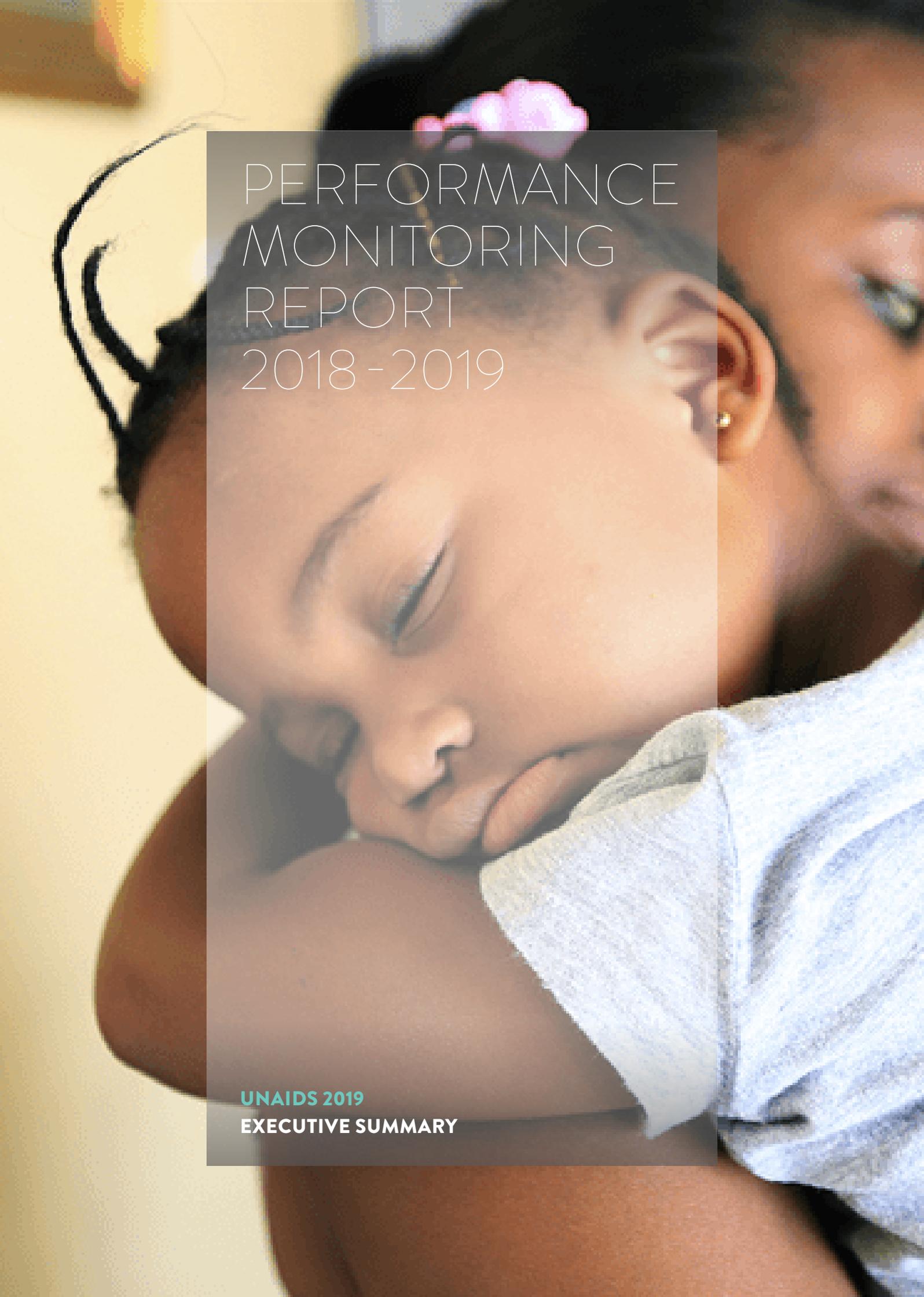


UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK PERFORMANCE MONITORING: EXECUTIVE SUMMARY



PERFORMANCE
MONITORING
REPORT
2018-2019

UNAIDS 2019
EXECUTIVE SUMMARY

Introduction: a unique two years in the HIV response

1. The 2018-2019 biennium was unique in more than one respect. With a stark wake-up call of the UNAIDS' *Miles to go report*, the HIV discourse underwent a sea change, from an optimistic tone focused on achievements to recognition that the pace of progress in the response is not matching global ambitions. The United Nations (UN) reform started a set of far-reaching changes in the way the UN development system works to help countries around the world achieve the Sustainable Development Goals (SDGs). The Joint Programme experienced extensive reflection, a change in leadership and internal transformation.
2. In a fast-changing context, the Joint Programme remained the core catalytic force within the global HIV response, keeping HIV on the political agenda and leveraging global leadership, strong field presence, strategic partnerships, strategic information, and specialized expertise across its 11 Cosponsors and the Secretariat.
3. Supporting countries to fulfil the Fast-Track commitments set out in the 2016 Political Declaration on Ending AIDS remained the Joint Programme's central focus. Globally, many Fast-Track targets remain out of reach, with progress varying among countries. Concentrating on the areas where progress has been too slow, the Joint Programme worked to turn the tide, devoting greater attention to social and structural determinants and critical innovations.
4. Agile and flexible, the Joint Programme's work continued to range from global diplomacy to implementation support in emergency settings. In all contexts and across all levels, achieving results for people and leaving no one behind remained the ultimate purpose of the Joint Programme's engagement.
5. The multisectoral nature of the Joint Programme makes it particularly relevant in the context of the 2030 Agenda for Sustainable Development. With diverse expertise at their disposal, Cosponsors and the Secretariat were able to operate across the SDGs—leveraging the resources and mandates of agencies to integrate HIV across development priorities and building on the lessons of the HIV response to advance goals and targets within and beyond SDG3.
6. Although the financial resources available to the Joint Programme have fallen short of the approved 2016–2021 budget, Cosponsors and the Secretariat have maintained their commitment to the results and accountability framework as set forth in the 2016–2021 UBRAF. Through stronger partnerships, innovation and direct engagement with donors, the Joint Programme has maintained and, in some areas, even expanded its work. However, in other areas, the resource constraints have limited the Joint Programme's ability to deliver entirely on its mandate. A fully funded UBRAF would enable the Joint Programme to further scale up its support to countries to achieve greater, more equitable and more sustainable impact in people's lives.

The Joint Programme: global leadership, country focus

7. In 2018–2019, the Joint Programme completed the first full biennial cycle under its refined operating model. Introduced in response to the recommendations of the 2017 Global Review Panel, the model encouraged the Joint Programme to deploy its resources where they are needed most, strengthen collaborative work and joint action at country level and enhance accountability and results for people. The Joint Programme updated its Division of Labour to reflect linkages with the 2030 Agenda and UN reform and support implementation of the refined operating model.
8. Stakeholders in 95 countries¹, with the support of Joint UN Teams on AIDS, implemented strategic solutions to remove barriers and bottlenecks impeding fulfilment of the Fast-Track commitments. Demand-driven, country context-specific, quality-assured Joint UN Plans guided these collaborative efforts, focusing on selected national, people-centred targets prioritized by Joint Teams through inclusive consultations with stakeholders. The country envelopes financed a proportion of the Joint Plan priorities in 71 countries.
9. The Joint Programme worked to ensure that HIV remains high on national agendas; that decision-making and implementation is inclusive; that the needs of all people, including people living with HIV, women, girls and key populations are understood, their voices heard, and their human rights upheld; and that strategic investments from the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency Plan for AIDS Relief (PEPFAR), other bilateral programmes and domestic resources have optimal impact at country and community levels while also contributing to progress across the 2030 Agenda.
10. Implementation of the refined operating model generated a stronger, more cohesive partnership among the 11 Cosponsors and the Secretariat. It enabled the Joint Programme to link country epidemiology, programmatic progress and desired results with resource distribution and utilization. As a result, Joint Programme planning and resource allocation, as well as UBRAF reporting, significantly improved.

1. In two countries, Eritrea and Turkmenistan, the work of the Joint UN Teams on AIDS was interrupted in 2019; steps are being taken to reconfigure the Joint Programme's capacities and resume the country-level support.

Keeping HIV on the political agenda

11. HIV remained on the global political agenda in 2018–2019. The Joint Programme leveraged key global events and initiatives, and engaged with key regional bodies to maintain strong political support for the HIV response. Specifically:
 - in 2019, the UN General Assembly reviewed progress towards Fast-Track targets;
 - high-level meetings on tuberculosis (TB) and on Universal Health Coverage (UHC) reconfirmed the global commitment to end AIDS;
 - strategic aspects of HIV were brought into critical discussions at the High-level Political Forum;
 - the Commission on the Status of Women reaffirmed Resolution 60/2 on women, the girl child and HIV;
 - the Human Rights Council continued to recognize the importance of human rights in the HIV response;
 - the SADC Parliamentary Forum developed and endorsed minimum standards for protection of key populations in the SADC region and developed a gender-responsive oversight model;
 - the Fast-Track Cities initiative, which by 2019 included over 300 participating cities worldwide, continued to serve as a unique platform to build local leadership, commitment and solidarity on HIV and the broader development agenda;
 - efforts begun in 2019 led to the launch at the 2020 World Economic Forum of the Business Alliance to End AIDS by 2030; and
 - UNAIDS global reports—such as *Miles to go* and *Communities at the centre*—stimulated new ways of thinking and paradigm shifts in the response, including greater support to communities.
 12. Many countries maintained HIV as a priority on their national agendas and 90% of countries have aligned their national HIV targets with the Fast-Track targets. Increasingly, HIV is integrated across broader health and development priorities, including TB and viral hepatitis, sexual and reproductive health and rights, UHC, comprehensive sexuality education, social protection, humanitarian responses, inclusive governance and empowering communities. Much more remains to be done, to ensure sustainability of the HIV response, its gains, systems, communities and financing.
 13. The Joint Programme continued to work in close partnership with PEPFAR and the Global Fund to support countries to save lives and advance to the end of the AIDS epidemic. In its annual report to the U.S. Congress, PEPFAR acknowledged the powerful role that UNAIDS plays in the global HIV response. The Global Fund recognizes the UNAIDS’ strategic leadership, and the Global Fund’s strategy for HIV references the UNAIDS strategy. The Joint Programme advocacy helped ensure an unprecedented replenishment for the Global Fund in 2019. The Joint Programme and partners will continue working to maintain HIV on the global health and development agenda.
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Fulfilling the Fast-Track commitments

Upholding rights. Breaking barriers. Making a difference in people's lives.

14. The Fast-Track commitments provide a roadmap for effective action to end AIDS as a public health threat. In 2018–2019, progress towards realizing those commitments was mixed, with gaps related to primary HIV prevention, paediatric HIV treatment, human rights, equity and resource mobilization raising particular concerns. The persistence of the shortcomings highlights the urgent need for more impactful action as we approach the 2020 Fast-Track deadline and advance towards 2030.

Within reach of the 90–90–90 targets

15. The world continued to advance towards the Fast-Track milestones of 90–90–90. As of December 2018, 79% of people living with HIV knew their HIV status (an increase from 76% in 2017), 78% of people with an HIV diagnosis received antiretroviral therapy (compared to 75% in 2017) and 86% of people receiving antiretroviral therapy achieved viral suppression (compared to 85% in 2017).
16. Among women (15 years and older) living with HIV, 84% knew their HIV status, 81% of those with an HIV diagnosis received antiretroviral therapy, and 87% of those receiving antiretroviral therapy achieved viral suppression. Among men in the same age group, the corresponding coverage levels were lower: 75%, 74% and 85%, respectively.
17. Progress towards the 90–90–90 targets had a major, tangible impact: in 2018, antiretroviral therapy averted 1.3 million deaths globally and contributed to continuing reductions in new HIV infections.
18. The Joint Programme made important contributions to these achievements. Normative guidance—developed through an inclusive, science-driven process—catalysed important programmatic and policy changes to improve treatment outcomes. Drawing on the respective

advantage of Cosponsors and the Secretariat, the Joint Programme has helped strengthen the capacities of health systems and programmes, community organizations and systems, and other stakeholders to optimize the preventive and therapeutic benefits of HIV treatment.

Increasing knowledge of HIV status

19. Testing options expanded in 2018–2019. WHO issued updates on voluntary and confidential partner testing services and social network-based HIV testing approaches for key populations, and updated its guidance on HIV self-testing. The recent policy changes are expanding testing options for people who often are deterred from accessing traditional, facility-based testing services.
20. More than 50 countries are scaling up and improving their testing services as a result of normative guidance and targeted support from the Joint Programme. Seventy-seven countries have adopted the WHO guidelines recommending provision of HIV self-testing. Through the Unitaid-funded STAR programme, WHO supported 5 million people in Africa to access HIV self-test kits.
21. Forty-five countries rolled out harmonized scorecards and dashboards for HIV testing and are using them to inform development of Global Fund funding request applications and PEPFAR Country Operational Plans.
22. The Joint Programme provided extensive direct support for increasingly focused HIV testing and services. Thirteen million people were tested through UNDP's partnership with the Global Fund, while the International Labour Organization's (ILO) VCT@WORK initiative provided HIV testing services to 6.8 million workers (mostly men, whose knowledge of HIV status is consistently lower than that of women).

Scaling up treatment and maximizing treatment success

23. As of December 2019, 95% of countries (including all Fast-Track countries) had adopted the treat-all approach—an increase from 84% in 2018 and 40% in

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2016. Wider adoption of the approach is reflected in the rising number of people accessing treatment worldwide, from 19.1 million at the end of 2016 to 24.5 million in June 2019. Policy advocacy and targeted support from all levels of the Joint Programme were key to these improvements. Widening implementation of the treat-all approach is having an impact on people's lives, accelerating access to care, increasing uptake of and successful adherence to antiretroviral therapy, and reducing the time between diagnosis and viral suppression.
24. Ninety-five countries adopted the updated, consolidated WHO guidelines on antiretroviral therapy, which recommend use of dolutegravir-based regimens as the preferred first-line treatment. After evidence from sentinel HIV drug resistance laboratories detected cases of neural tube defects among children born to women who had become pregnant while taking dolutegravir, the Joint Programme, led by WHO, promptly engaged with diverse experts and communities and analysed data to develop clear guidance on the possible risks involved. Swift intervention with policy makers and communities helped clarify a critical area of uncertainty for the HIV response and enabled countries to continue implementing strategies to improve the impact and sustainability of their treatment programmes.
25. Antiretroviral therapy is increasingly affordable and accessible to the most vulnerable. The Joint Programme successfully advocated for the roll-back of health user fees in western and central Africa. A UNHCR survey of 42 refugee-hosting countries found that 88% reported that refugees living with HIV could access antiretroviral therapy through national health systems. The Joint Programme's emphasis on gender- and age-disaggregated data has revealed important testing and treatment coverage deficits among men and young people, enabling policy and programmatic shifts to address these gaps.
26. WHO recommendations for differentiated service delivery models prompted more than 50 countries to begin scaling up differentiated, community-centred approaches to HIV treatment delivery. Globally, 73% of countries have adopted multi-month dispensing policies for stable patients to simplify patient care and promote more rational use of resources.
27. The multisectoral reach of the Joint Programme enables it to address nonbiomedical issues that have a profound effect on treatment access and outcomes. Alert to the well-documented links between food security and HIV treatment retention and adherence, WFP provided nutritional support for malnourished people receiving antiretroviral therapy and TB-DOTS treatment in 18 countries.
28. The Joint Programme's efforts to expand HIV-sensitive social protection are helping to mitigate the effects of poverty, gender-based violence and exclusion on utilization of testing and treatment services, especially among women and girls. Similarly, the Joint Programme's extensive work to reduce stigma, discrimination, gender inequalities, punitive laws, policies and practices, the overreach of criminalization, and other human rights abuses is facilitating more equitable access to services among people who are often deterred due to stigma, mistreatment or abuse. It is worth noting that increased accessibility of treatment to the most vulnerable and excluded helps reduce stigma and lower barriers to services.
- ## Moving forward
29. Although the 2018–2019 biennium saw ongoing progress towards the 90–90–90 Fast-Track targets, some important gaps and challenges persist. HIV treatment coverage and rates of viral suppression are notably lower among men (compared with women) and among young people (compared with older adults). Data from high burden countries suggest that viral load suppression is considerably lower among young people, and particularly, young men. Key populations continue to encounter obstacles to accessing testing and treatment services, and women and girls continue to face barriers in accessing HIV testing and treatment due to unequal power dynamics and harmful gender norms. There was also considerable variation in the progress made in different regions.
30. In 2020–2021, the Joint Programme will continue to support the scale-up of diversified testing programmes and address the testing and treatment needs of those at risk of being left behind. WHO will undertake a comprehensive revision of its consolidated antiretroviral guidelines. Efforts will also focus on replicating promising approaches that transform harmful norms and lead to improved HIV outcomes. Specific efforts will be focused on fully leveraging the World Bank's lending operations to accelerate scale-up of HIV testing and treatment services.
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Strategic information as a cornerstone of an effective response

Robust and authoritative strategic information serves as the foundation for the Joint Programme's advocacy and targeted support, and is crucial for informing country HIV policy and programme development and implementation. It also guided PEPFAR's Country Operation Plan annual programmes (worth US\$ 5 billion) and allocation of the Global Fund's US\$ 14 billion 2019 replenishment.

In 2019, 173 countries submitted data to the Joint Programme on their national epidemics and responses through the Global AIDS Monitoring system, promoting transparency and accountability in the response.

Epidemiological and financing estimates, produced by 140 countries in 2018–2019, informed national planning and programmatic adaptations. A new metric developed by the Secretariat provided countries with a straightforward way of understanding how close they are to achieving epidemic control.

Disaggregation of data by age and gender, subnational estimates, geospatial mapping, size estimations for key populations and new data visualization techniques (e.g. health situation rooms) are driving decision-making at country level to close gaps, improve outcomes and ensure that no one is left behind.

Monitoring of resource flows also helped country stakeholders identify the most efficient and sustainable strategies for the HIV response.

Progress on addressing children's HIV prevention and treatment needs has flattened

31. In 2018, an estimated 160 000 children were newly infected with HIV—a 41% reduction since 2010, but well short of the 90% reduction needed to reach the Fast-Track elimination target. Increases in coverage of antiretroviral therapy among pregnant women have slowed, with 82% of pregnant women receiving HIV treatment in 2018 (compared to 80% in 2015), and loss to follow-up among pregnant women who initiate HIV treatment is high. To date, 13 countries and territories have been validated for elimination of vertical transmission², although none in sub-Saharan Africa, which in 2018 accounted for 86% of children newly infected with HIV.
32. In response to the slower progress towards the elimination target, and to help countries recognize

and close key gaps, the Joint Programme developed a new analytical and programming framework in collaboration with PEPFAR. Using the Spectrum model, the framework generates a stacked bar chart that highlights the factors that may be driving the remaining infant infections, such as HIV positive pregnant women not accessing the HIV services, falling out of care or getting newly infected during pregnancy or breastfeeding, and attributes new HIV infections in children to particular gaps in programmes. This is enabling decision-makers to determine where efforts should be focused to have the biggest impact. All countries in sub-Saharan Africa have access to these data.

33. The Joint Programme continued to provide context-specific support to the elimination efforts:
 - led by the UN Office on Drugs and Crime, the Joint Programme developed a technical guide on prevention of vertical transmission in prisons;

2. Mother-to-child transmission.

- the UN High Commission for Refugees (UNHCR) provided HIV testing services to more than 250 000 pregnant women in 35 countries;
 - through the UNDP-Global Fund partnership, 172 000 pregnant women received antiretroviral drugs to prevent vertical transmission of HIV;
 - the World Food Programme (WFP) provided food and nutrition support to nearly 6 million pregnant and breastfeeding women who were vulnerable to HIV infection; and
 - the Joint Programme supported the Free to Shine campaign of the Organization of African First Ladies, which has increased the visibility of actions to end AIDS among children and keep mothers healthy.
34. In 2018, HIV treatment coverage among children (54%) remained markedly lower than among pregnant women (82%). Since insufficient diagnosis among exposed infants remains a major barrier to improved treatment uptake and outcomes in children living with HIV, countries are adopting WHO's updated 2018 guidelines on early infant diagnosis. In 2019, 14 countries in sub-Saharan Africa leveraged the Joint Programme's support to initiate or expand early infant point-of-care diagnostic technologies.
35. In 2020–2021, the Joint Programme will roll out its “last mile” framework for eliminating vertical transmission, developed by UNICEF in collaboration with the Secretariat, WHO and other partners, focusing particular attention on mobilizing and supporting networks of pregnant women living with HIV. Revised guidance from WHO will clarify processes and criteria for “triple elimination” of vertical transmission of HIV, syphilis and hepatitis B. The Joint Programme will also intensify its work to strengthen primary HIV prevention for women and girls, further prioritize the integration of prevention services in humanitarian settings and prisons, as well as address food insecurity, nutrition support, human rights and other issues that affect service uptake and outcomes for pregnant women and children. Particular emphasis will be placed on identifying, including through family testing from indexed parents, and linking to treatment children aged 5 years and older with undiagnosed HIV infection.

Rejuvenating HIV prevention

36. In 2018, 1.7 million people were newly infected with HIV, more than three times the Fast-Track target of no more than 500 000 new infections in 2020. Among adults (15

years and older), women accounted for 47% of newly acquired HIV infections globally and 59% of new infections in sub-Saharan Africa. Key populations (including sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men) and their sexual partners accounted for 54% of new HIV infections globally in 2018.

37. The Fast-Track agenda has a target of 90% coverage with combination prevention programmes for young women (15–24 years) and key populations by 2020. However, in 2018, only 31% of subnational locations with high HIV incidence among adolescent girls and young women had dedicated prevention programmes for this vulnerable group. Similarly, in the 28 countries with a high burden of HIV reporting to the Global HIV Prevention Coalition in 2018, programme coverage was an average of 33% for gay men and other men who have sex with men, 32% among people who inject drugs and 47% among sex workers³. HIV knowledge levels among young people remained stagnant for the past 20 years—with only 30% of young women and slightly more young men demonstrating accurate knowledge about HIV prevention and transmission, well shy of the 90% coverage envisaged by the Fast-Track agenda.
38. The Joint Programme undertook intensive efforts in 2018–2019 to increase political commitment for HIV prevention and to mobilize new resources for prevention services. It supported countries to develop prioritized, tailored prevention roadmaps and to implement evidence-based prevention strategies. Encouraging progress was made in building strong political support for comprehensive sexuality education, a key component of effective HIV prevention.
39. The Joint Programme also contributed to the greater access to and uptake of key prevention services, such as condom provision, voluntary medical male circumcision and pre-exposure prophylaxis. Technical support provided or facilitated by the Joint Programme has enabled improved location and population targeting of HIV prevention services, which is maximizing the ability of finite prevention funding to achieve real results for people.

The Global HIV Prevention Coalition

40. The political profile of the prevention agenda was elevated considerably in 2018–2019 as a result of the Global HIV Prevention Coalition, convened by the UN Population Fund (UNFPA) and the Secretariat, with participation across the Joint Programme and among key strategic partners.

3. Implementation of the HIV Prevention 2020 Road Map. 3rd Progress Report, Global HIV Prevention Coalition, October 2019.

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41. Twenty-eight focus countries, accounting for almost 75% of new HIV infections globally, have joined the Coalition. Each of those countries have implemented action plans towards the 10 priority actions of the Coalition's HIV Prevention Roadmap. They have developed national HIV prevention targets for relevant priority pillars of HIV prevention (that are aligned to global targets) and have reportedly revitalized their national HIV prevention and leadership structures.
 42. Much of the focus now is on translating the political commitment and preparations into scaled-up programmes on the ground. Preliminary data suggest that coverage of HIV prevention programmes is gradually increasing, contributing to declines in new HIV infections. Ministers from 27 Coalition countries recommitted to accelerate the pace of implementation of their commitments on HIV prevention and sexual and reproductive health and rights at a high-level ministerial meeting at the 2019 ICPD25 Nairobi Summit.

Resources for HIV prevention

43. The renewed momentum of HIV prevention generated through the Coalition appears to have halted a decline in financing for prevention observed during 2012–2017. The Global Fund indicated that investment during 2017–2019 for the five priority pillars of HIV prevention increased substantially, both in absolute terms and relative to other prevention activities. PEPFAR and the Global Fund are planning for increased investment in HIV prevention for adolescent girls and young women, based on subnational HIV incidence estimates produced by the Joint Programme. The momentum generated by the Coalition also translated into a strong focus on HIV prevention in the Global Fund's 2020–2022 funding cycle.

Implementing key pillars of the HIV prevention roadmap

44. Progress has been mixed across the programme pillars of the Prevention Roadmap. Globally, the supply of condoms available for distribution has diminished since 2016, with sub-Saharan Africa having access to less than half its estimated condom needs. In 2018–2019, the Joint Programme supported more detailed condom needs estimation through a refined methodology disaggregating between different subpopulations and played a leading role in supporting access to condoms – with 2.53 billion male condoms and 28.8 million female condoms supplied by UNFPA and more than 10 million condoms provided by UNHCR.

45. Although progress in scaling up pre-exposure antiretroviral prophylaxis (PrEP) has been slower than needed, at least 40 countries have adopted WHO's oral PrEP recommendation, and countries in eastern and southern Africa and the Asia-Pacific regions leveraged UNAIDS technical support to expand PrEP access. More than 4 million men underwent voluntary medical circumcision in 2018 in the 15 priority countries where this intervention is likely to have the biggest impact on preventing HIV infections.

Key populations

46. The HIV response is not on-track to achieve 90% coverage of combination prevention for key populations. Less than 50% of key populations were reached with combination HIV prevention services in more than half the countries that reported those data. In 28 countries with large HIV epidemics, prevention programme coverage among key populations remained low, at an average of 33% for gay men and other men who have sex with men, 32% among people who inject drugs and 47% among sex workers.
47. The Joint Programme supported countries to translate normative guidance into effective, human rights based, community-centred programmes to prevent new infections among key populations; strengthened strategic information to guide national decision-making and resource allocation on programming for key populations; and collaborated with networks of key populations at global, regional and national levels. The Joint Programme supported the Southern African Development Community and countries in western and central Africa to develop regional key population strategies that set out regionally-owned norms for key population programmes. Six countries in sub-Saharan Africa developed prevention targets for key populations.
48. The Joint Programme actively worked for the removal of punitive laws that deter service uptake and vocally opposed new discriminatory criminalizing provisions or legislative proposals. The ILO in 2019 issued an information paper that analysed the laws and practices of ILO Member States in relation to discrimination in employment on the basis of sexual orientation, gender identity and expression, or sexual characteristics. UNDP worked in 89 countries to reform discriminatory laws and policies on HIV, TB and broader health issues that perpetuate exclusion and marginalization.
49. The four comprehensive HIV implementation tools for key populations continued to be rolled out, with active engagement of key population global networks. The Global Fund has endorsed the implementation tools as core guidance for the key population programmes

it supports, and social contracting arrangements have been incorporated in countries that are transitioning out of Global Fund support. Community empowerment remains central to HIV prevention efforts through community-led HIV programming. Ten countries developed and implemented HIV and sexual and reproductive health service models in prisons, with the support from UNODC.

50. In 2020–2021, the Joint Programme will continue to support countries to engage key population-led civil society organizations in the HIV responses, including in the preparation of Global Fund funding request applications. WHO will update consolidated guidelines for key populations. UNHCR and UNFPA will finalize guidance on meeting the health and protection needs of people who sell sex in humanitarian settings. UNDP, together with other Cosponsors and the Secretariat, will support countries on law and policy reform. UNICEF, UNESCO and UNFPA will roll out the programming toolkit for young key populations.

Adolescent girls and young women, and their male partners

51. In 2018, an estimated 310 000 adolescent girls and young women (aged 15–24 years) acquired HIV—three times more than the target of having no more than 100 000 new HIV infections in this population group by 2020. The world is not on-track to reach the global target of 90% coverage of combination HIV prevention among adolescent girls and young women: prevention services reached only 30% of adolescent girls and young women in 2019.
52. The Joint Programme supported countries to address this issue comprehensively, collaborating with strategic partners to engage and empower adolescent girls and young women; scale up prevention service implementation; ensure ready access to sexual and reproductive health and rights; accelerate progress towards universal girls' schooling for girls; and combat violence and all forms of gender inequality that increase the vulnerability of young women.
53. The Joint Programme further developed the population-location approach to HIV prevention programming among young women. Detailed analysis of subnational HIV incidence estimates in eastern and southern Africa identified 692 locations (districts or equivalent) with very high HIV incidence. This information was shared with the PEPFAR DREAMS programme and the Global Fund for geographical prioritization of programmes. Based on the findings of the Evidence for Contraceptive Options and HIV Outcomes, (ECHO) Study, the Joint Programme developed operational guidance to strengthen HIV prevention in the context of contraceptive service and a related implementation proposal. Both will inform the Global Fund support in this area.
54. In 2018–2019, 65 countries made progress towards increasing access to comprehensive sexuality education. Almost 15 million learners received life-skills-based HIV and sexuality education through UNESCO's "Our Rights, Our Lives, Our Future" initiative. UNFPA developed technical guidance on comprehensive sexuality education for out-of-school youth as part of operationalizing its "My Body, My Life, My World" Adolescent and Youth Strategy. UNHCR issued guidelines on adolescent sexual and reproductive health in refugee situations and worked to integrate comprehensive sexuality education in its work in humanitarian situations.
55. The Joint Programme continued to explore strategies to increase HIV-related awareness and knowledge among young people using digital communications and social media. The Joint Programme is collaborating with the UK Research and Innovation Council-Global Challenges Research Fund's "Accelerating Achievements for Adolescents Hub", which is working on a combination of policies and programmes that can deliver improved health outcomes for adolescents in Africa.
56. Among the eye-catching activities that augmented the evidence base for strategic action was the Sitakhela Likusasa Impact Evaluation in Eswatini. This three-year randomized controlled trial was co-financed by the Joint Programme and conducted with technical support from the World Bank. The trial found that girls who received two types of education grants were 37% less likely to acquire HIV. The Joint Programme also supported risk and vulnerability reduction for adolescent girls and young women through coverage of school fees, support for implementation of cash transfers and school feeding programmes.
57. To put the world on-track to meet the HIV-related needs of adolescent girls and young women, the Joint Programme will launch an initiative to accelerate action for adolescent girls and young women in Africa, with a specific focus on completion of secondary education. There will be a concerted focus on HIV prevention programmes for adolescent girls and young women in Global Fund funding requests, as well. Countries will be supported to strengthen HIV prevention in the context of sexual and reproductive health services. Efforts to close the treatment coverage and viral load suppression gap among men aged 20–35 years will contribute to reducing HIV incidence among adolescent girls and young women. Led by UNESCO

and UNFPA, the Joint Programme will report on the status of comprehensive sexuality education, disseminate region-specific guidance and work towards a high-level commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in western and central Africa.

Moving forward

58. The Joint Programme will continue to drive the global HIV prevention agenda. In countries, the Joint Programme will focus on translating new political commitment into increased provision and uptake of essential prevention services, safer behaviours and fewer new infections. UNFPA will work to build demand for condoms and liaise with partners to align and harmonize supplies of male and female condoms. WHO will update recommendations for the implementation of PrEP and post-exposure prophylaxis (PEP), and will continue to support voluntary medical male circumcision programmes in the priority countries in eastern and southern Africa. UNHCR will strengthen the integration of voluntary medical male circumcision in humanitarian settings. An external review of the Global HIV Prevention Coalition will chart an agenda for the future.

Human rights and gender equality for an effective response

59. Stigma and discrimination persist as major barriers to a more effective HIV response. In 26 countries with recent surveys, more than half the respondents exhibited discriminatory attitudes towards people living with HIV. In 2019, 83% of countries reported having mechanisms in place to record and address cases of HIV-related discrimination, an increase over the 80% reported in 2018, and 83% of countries reported having mechanisms in place to promote access to legal support for HIV-related issues, including gender-based discrimination in the context of HIV.

60. In 2018-2019, the Joint Programme remained a leading voice for an HIV response grounded in principles of human rights and gender equality. The Joint Programme continued upstream advocacy, provided normative guidance, supported reviews of laws and policies, assisted in strategic litigation, and worked in all regions to engage and empower communities, including women living with HIV. The Joint Programme facilitated implementation of strategies to increase access to justice services, anti-stigma programming and interventions to promote equal gender norms and eliminate violence against women.

Combating stigma, discrimination and human rights violations

61. The profile of the anti-discrimination agenda grew during the 2018–2019 biennium, with the establishment of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, which was convened by UN Women, UNDP, the Secretariat and GNP+. Sixteen countries have joined the partnership, committing to address HIV-related stigma across six domains: health care, education, workplace, justice, individuals and communities, and emergency and humanitarian settings. As of March 2020, 16 countries have officially signed onto the Global Partnership, committing to measurable progress on these six domains.

62. Normative guidance for a rights-based response was strengthened with the release of the 2018 supplement of the Report of the Global Commission on HIV and the Law. The Joint Programme partnered with Member States and other stakeholders to develop the International Guidelines on Human Rights and Drug Policy.

63. The Joint Programme supported legal reform efforts and provided hands-on support to responses to human rights crises in more than 30 countries in Africa, Asia and the Pacific, and Latin America. The Joint Programme worked with civil society and other stakeholders to oppose arrests related to people's sexual orientation or gender identity; provided expert advice in law reform processes on HIV criminalization, criminalization of same-sex sexual activity, travel restrictions, mandatory testing, and access to medicines; and successfully supported strategic litigation efforts against discriminatory laws. The *Expert consensus statement on the science of HIV in the context of criminal law*, based on robust evidence and authored by 20 of the world's leading scientists, encouraged the use of science by criminal justice system, and offered guidance to those providing expert opinion evidence in individual criminal cases.

64. Another area of work involved supporting stakeholders in removing human rights barriers at country level. Twenty countries received assistance to operationalize the Global Fund's US\$ 77.3 million Breaking Down Barriers initiative, which aims to remove human rights barriers to HIV, TB and malaria services. Judges from more than 50 countries from Africa, the Caribbean and eastern Europe and central Asia were sensitized to the needs of key populations and people living with HIV. More than 12 000 clients, primarily sex workers and people who use drugs, obtained access to free legal aid through UNDP's legal network in Eastern Europe and Central Asia; a similar network covering eight countries in the Middle East and North Africa was also launched.

65. Major human rights obstacles continue to impede an effective response, as 86 countries criminalize HIV non-disclosure, exposure or unintentional transmission; 98 outlaw sex work; 68 criminalise same-sex conduct; and most countries criminalise some aspect of drug use. In 2020-2021, the Joint Programme will:

- leverage the Global Partnership to develop national action plans to eliminate HIV-related stigma and discrimination;
- develop normative guidance on rights-based responses for key populations;
- support communities of people living with HIV and key populations to challenge discriminatory and punitive laws;
- leverage high-level political advocacy and global networks to advance rights-based approaches;
- support the Global Fund to scale up human rights programmes;
- support country-level policy and legal reform; and
- develop prosecutorial guidance on HIV-related cases.

Gender equality and the empowerment of women and girls

66. The world is far from reaching the aspirational Fast-Track target of eliminating gender inequalities. Globally, women accounted for 52% of all people living with HIV in 2018, and 61% of all people living with HIV in sub-Saharan Africa. New HIV infections among women are increasing in eastern Europe and central Asia, the Middle East and North Africa, and Latin America. Only 68% of countries reported that their national HIV policies and strategies integrate gender equality and transformation of unequal gender norms, with implementation lagging behind and data on costing and financing gender-transformative interventions in the national HIV response remaining scarce. Only 59% of countries reported in 2019 having a law or policy in place that addresses gender-based violence.

67. In 2018–2019, the Joint Programme supported country and regional stakeholders to integrate gender-responsive priorities and actions in HIV strategies and monitoring frameworks. The stakeholders received evidence-based tools to advance gender equality and women's empowerment, such as the updated Gender Assessment

Tool; the checklist on the sexual and reproductive rights of women living with HIV, and the ALIVHE Framework to address violence against women and girls.

68. The #BeTeamWomen initiative serves as a global platform to mobilize and unify diverse stakeholders on the empowerment of women and girls and gender equality; its bimonthly live digital discussions have engaged more than 150 000 people. National AIDS coordinating bodies in 17 countries improved their knowledge, skills and capacities on gender issues with the support from UN Women. The Southern African Development Community developed a tool for monitoring and driving implementation of the Commission on the Status of Women Resolution 60/2 on Women, the Girl Child, and HIV, with the Joint Programme's support.

69. The Joint Programme successfully promoted the leadership of women living with HIV in national governance mechanisms and decision-making platforms. UN Women ensured meaningful engagement of women living with HIV in national-level and regional-level reviews of progress and challenges encountered in the implementation of the Beijing Declaration and Platform for Action,⁴ and facilitated the participation of women living with HIV in the country reporting processes on implementation of the Convention on the Elimination of all forms of Discrimination Against Women.

70. The Joint Programme invested in scaling-up evidence-based interventions to prevent violence against women and enhance survivors' access to services, and assisted countries to ensure that national action plans and policies on violence against women also prioritize HIV prevention. Sixty countries adapted and rolled out the essential service package to improve services for survivors of violence, including access to PEP, drawing on support from UN Women and UNFPA. UNDP assisted in the establishment of a Network of Vulnerable Women in the Middle East and North Africa, which advocates for the prevention of HIV and violence against women in the region. The Joint Programme supported a policy review on the links between violence, HIV and alcohol abuse in more than 70 countries.

71. In 2020–2021, the Joint Programme will fully leverage opportunities presented by the Anniversary of the Beijing Platform of Action, effectively utilizing the six action coalitions of the Generation Equality Campaign. The Joint Programme will capitalize on the UN/EU Spotlight Initiative to address the intersection of violence against women, HIV and sexual and reproductive health and rights and will support scaling up of interventions that transform unequal gender norms and prevent violence and HIV.

4. At the Fourth World Conference on Women: Action for Equality, Development and Peace held during 4–15 September 1995 in Beijing, China the governments from around the world agreed on a Declaration and Platform for Action aimed at achieving greater equality and opportunity for women, known as the Beijing Platform for Action.

Support will be provided to engage women living with HIV in the monitoring of women's human rights and to catalyse the scale-up of community-based and -led gender-responsive interventions.

72. The Joint Programme will continue to promote the leadership and meaningful participation of network of women living with HIV and adolescent girls and young women in the HIV response. To address the gap in data on financing for gender equality and women's empowerment interventions, the Joint Programme will integrate gender equality dimensions into the target setting for social enablers.

HIV-sensitive social protection

73. In 2019, 87% of countries reported that their national strategy on social protection covered people living with or affected by HIV, although a smaller proportion (68%) reported that social protection programmes were reaching people living with or affected by the epidemic (less than the Fast-Track target of 75% coverage of social protection, but an increase over the 63% figure reported in 2017).
74. The Joint Programme, led by WFP and the ILO, has been building the evidence base for HIV-sensitive social protection and collaborating with partners across the Agenda for Sustainable Development to fully leverage social protection for people living with or affected by HIV. The Joint Programme also advocated for and provided technical support to facilitate the provision of HIV-sensitive social protection measures.
75. More than 90 countries strengthened their social protection systems with support from the Joint Programme. Twenty countries implemented HIV-sensitive social protection following HIV sensitivity assessments and 18 countries integrated food and nutrition services in their national HIV responses. The 2019 ILO Violence and Harassment Convention specifically includes people living with HIV as a vulnerable group who requires protection from workplace violence. Uruguay became the first Member State to ratify the Convention.
76. The latest evidence strongly supports the case for HIV-sensitive social protection. A recent study by WFP indicated that achieving SDG2 (zero hunger) would reduce global HIV incidence by 67% and global TB incidence by 47%. The Joint Programme collaborated with the Global Fund and leading nongovernmental organizations to organize an international conference on HIV-sensitive social protection and prepared a publication for policy makers, summarizing the latest evidence on HIV-sensitive social protection.

77. In 2020–2021, the Joint Programme will continue to support countries in scaling-up HIV-sensitive social protection for people who are living with, vulnerable to, or affected by HIV.

Putting communities at the centre of the HIV response

78. Engaging and empowering civil society and communities remained a top priority for the Joint Programme. In 50 countries, community-led responses and community monitoring gained greater prominence. Communities in at least 53 countries were engaged in the Stigma Index. Civil society consultations held in 12 countries helped amplify civil society and community voices in the 2019 High-Level Meeting on UHC.
79. In western and central Africa, a newly established Civil Society Institute provided a platform for meaningful engagement and leadership of civil society in the HIV response. Within a year, the Institute has become a key interlocutor of the Global Fund, PEPFAR, the Government of France and the Grand Duchy of Luxembourg.
80. The Joint Programme continued to engage religious leaders and faith-based organizations. A roadmap to expand the religious leaders' and faith-based organisations' role in the response to HIV guides the effort on the ground. The religious leaders and faith-based organizations received tools to support their engagement, including advocacy briefs on gender, evidence, paediatrics, and key populations; stigma and discrimination curriculum for faith leaders and health workers; manuals on "positive masculinities and femininities", and HIV counselling guide for religious leaders.
81. Building the evidence base for greater inclusion, UNDP, the World Bank, ILO and UNESCO developed the LGBTI Inclusion Index, which outlines a set of 51 indicators related to health, education, civil and political participation, economic empowerment, security and violence. Ten countries implemented youth-led scorecards on national progress. The Joint Programme organized the Asia-Pacific Youth Forum to disseminate knowledge and address the 90–90–90 targets in the region, with a specific focus on the needs of young key populations.
82. In 2020–2021, the Joint Programme will continue working in close partnership with civil society, communities and networks of women, young people, key populations, and people living with HIV. Special emphasis will be placed on engaging and empowering people and communities who are left behind or at risk of being left behind. Actions to remove structural barriers and undo inequities, inequalities and social injustice will be prioritized.

Sustaining national responses, strengthening systems and preserving gains

83. The world will almost certainly not reach the Fast-Track target of mobilizing at least US\$ 26 billion by 2020, given that approximately US\$ 19 billion was available for the global HIV response in 2018. Since the earlier stagnation in HIV expenditure was followed by a decline in resource availability in 2018, the Joint Programme prioritized support to mobilize essential resources, improve the efficiency of national programmes, and support countries in putting in place plans to ensure the long-term sustainability of HIV responses. In December 2018, the PCB approved the Joint Programme’s “Way forward to achieving sustainable AIDS results” to guide countries in implementing effective and efficient HIV responses and in establishing sustainable strategies as they strive to end AIDS as a public health threat.
84. As the biennium drew to a close, optimism regarding resource mobilization rose, particularly after the successful sixth replenishment of the Global Fund brought the prospect of injecting new resources in national HIV responses in 2020–2021. Sixteen countries took steps to transition to greater sustainability on a domestic funding (and increased use of social contracting). Twenty countries developed or updated their national HIV strategic plans. Seven countries developed or updated the investment cases.
85. Seventy-five countries in eastern and southern Africa, western and central Africa, and Asia and the Pacific benefited from technical support provided through the UNAIDS Technical Support Mechanism (TSM). The TSM was launched in 2018 to maximize the timeliness and strategic impact of technical support. During the biennium, the TSM delivered technical assistance worth US\$ 10.45 million in response to 296 country requests. The World Bank conducted 35 studies on allocative and technical efficiencies in 18 countries to support decision-making that maximizes the use of available funding.
86. The evidence base for sound decision-making on HIV investments continued to expand. The Joint Programme continued to collaborate closely with the Global Fund and PEPFAR to obtain more granular, accurate understanding of actual unit costs of key services, with an eye towards identifying efficiency-enhancing strategies. UNDP, with the STRIVE Research Consortium, supported modelling and planning for cross-sectoral co-financing for HIV and the broader SDGs. Analysis done by the Secretariat found that achieving the Fast-Track targets would generate a 6:1 return on investments. The Secretariat partnered with the UN Economic Commission for Africa in developing a major report focused on strategies for leveraging economic growth to generate new domestic funding for HIV.
87. Health continued to figure prominently in financing mobilized through the World Bank (including orders for the first-ever International Development Association Bonds of US\$ 4.6 billion and the more than US\$ 350 million in additional private investment generated through the International Bank for Reconstruction and Development issuances). The World Bank and the Global Fund are contributing US\$24 billion towards UHC in Africa. The UNAIDS Secretariat has led the Joint Programme’s work to leverage opportunities for enhanced south-south cooperation and resource mobilization under the Forum on China-Africa Cooperation and the Belt and Road Initiative.
88. The integration agenda also advanced in 2018–2019. The Joint Programme, with WHO and the World Bank leadership, provided technical assistance to embed HIV services in essential benefit packages for UHC. Ten eastern and southern African countries took steps to improve the integration of HIV and sexual and reproductive health services under the umbrella of UNFPA’s “2gether 4 SRHR” initiative. Thirty-nine countries strengthened integrated services for prevention of vertical transmission through the maternal Health Thematic Fund of UNFPA. Under the leadership of UNFPA and WHO, the Inter-Agency Working Group on SRH/HIV Linkages rolled out the consolidated guideline on the sexual and reproductive health and rights of women living with HIV as well as an associated checklist for community engagement on service integration.
89. The UNAIDS PCB continued to serve as a platform for global programmatic leadership. Linkages between mental health and HIV were at the centre of the thematic segment at the 43rd PCB meeting; the discussions triggered the PEPFAR decision to establish a new technical area on mental health and HIV in the

2019 Country Operational Plan Guidance. The UHC Thematic Segment at the 44th PCB placed the UHC in the context of the Joint Programme work and promoted cohesion between ending AIDS and UHC. The thematic segment on children and youth at the 45th PCB identified game changers to close key the prevention and treatment gaps within and between countries.

90. In 2020–2021, the Joint Programme will continue to work across the sustainability pillars, leveraging opportunities and responding to country-specific needs. Support to national HIV plans will continue, and methods for HIV investment case analyses will be updated.

91. The Joint Programme will work with governments, using cutting-edge analytics to identify and enhance allocative and other efficiencies, and boost data generation and use to improve outcomes. The Joint Programme will expand measures to achieve sustainable outcomes through further integrating HIV programmes with broader health and other systems. Recognizing that effective and sustainable financing for the HIV response cannot be addressed in isolation, the Joint Programme will leverage innovative financing mechanisms to increase available funds and work in coordination with broader efforts to strengthen health system financing.

The potential impact of a fully funded UBRAF

92. Funding constraints have prompted the Joint Programme to further prioritize action, devise new and innovative strategies to optimize impact, and increase efforts to mobilize additional resources. Some Cosponsors have reallocated their limited staff resources to focus primarily on high-burden settings. The revitalized Joint UN Teams on AIDS have renewed the Joint Programme's spirit of joint, collective work for results for people.

93. However, declines in funding for the Joint Programme have inevitably limited the ability of Cosponsors and the Secretariat to fully leverage their expertise to support countries in scaling-up and accelerating their responses.

The funding trend has also made certain critical areas of work more episodic than systematic.

94. The funding shortfall is likely to continue. Dealing with such an outlook requires strategic thinking about positioning, integrating and mainstreaming HIV programming within broader development and humanitarian responses, with a strong focus on social and structural determinants. The next UNAIDS Strategy will benefit from an integrated focus, where HIV is further taken out of isolation and HIV programmes are transformed into integrated, people-centred and community-led responses.

Sustaining the Joint Programme's efforts towards ending AIDS

95. This report was prepared while the world confronted the unprecedented health, social and economic challenges posed by the COVID-19 pandemic, a crisis severely affecting countries and communities and that will have a long-lasting impact.

96. The Joint Programme is highly active in the efforts to respond to this new situation. Cosponsors and the Secretariat are consolidating resources to support countries in their response to the coronavirus. The immediate emphasis is on mitigating the impact of the COVID-19 pandemic on people living with HIV and those vulnerable to HIV infection, safeguarding access to HIV prevention, testing and treatment services, and protecting people against all any form of discrimination.

97. Ensuring resilience of the HIV responses in the face of the COVID-19 pandemic and beyond will be the Joint Programme's core priority in the months to come. The Joint Programme will work to assist countries to mobilize political will and coordinate actions; build and sustain strong and equitable systems for health; strengthen and maintain multisectoral, rights-based, people-centred, gender-responsive policies and services; link HIV across the SDGs; engage and empower communities; and ensure full implementation of human rights. The new UNAIDS Strategy will build on and integrate these experiences to effectively guide the Joint Programme in its journey to the end of AIDS in the post-COVID-19 era.

