

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

Performance Monitoring Report 2018

Introduction

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2018: Regional and Country Report
(UNAIDS/PCB (44)/19.12)
- ii. UNAIDS Performance Monitoring Report 2018: Strategy Result Area and indicator report (UNAIDS/PCB (44)/19.13)
- iii. UNAIDS Performance Monitoring Report 2018: Organizational report
(UNAIDS/PCB (44)/19.14)

Action required at this meeting:

The Programme Coordinating Board is invited to:

1. *Take note* of the performance monitoring report and of continued efforts to rationalize and strengthen reporting, in line with decisions of the Programme Coordinating Board, and based on experience and feedback on reporting;
2. *Urge* all constituencies to contribute to efforts to strengthen performance reporting and to use the UNAIDS annual performance monitoring reports to meet their reporting needs;
3. *Request* UNAIDS to continue to strengthen joint and collaborative action at country level, in line with the revised operating model of the Joint Programme and as part of UN reform efforts.

Cost implications of decisions: none

Introduction to the 2018 Performance Monitoring Report

1. In its decision points, the 42nd Programme Coordinating Board (PCB) requested UNAIDS to further strengthen organizational performance reporting and to incorporate updates on the implementation of the refined operating model (see box).

42nd Programme Coordinating Board agenda item 6.1, decision 8.4

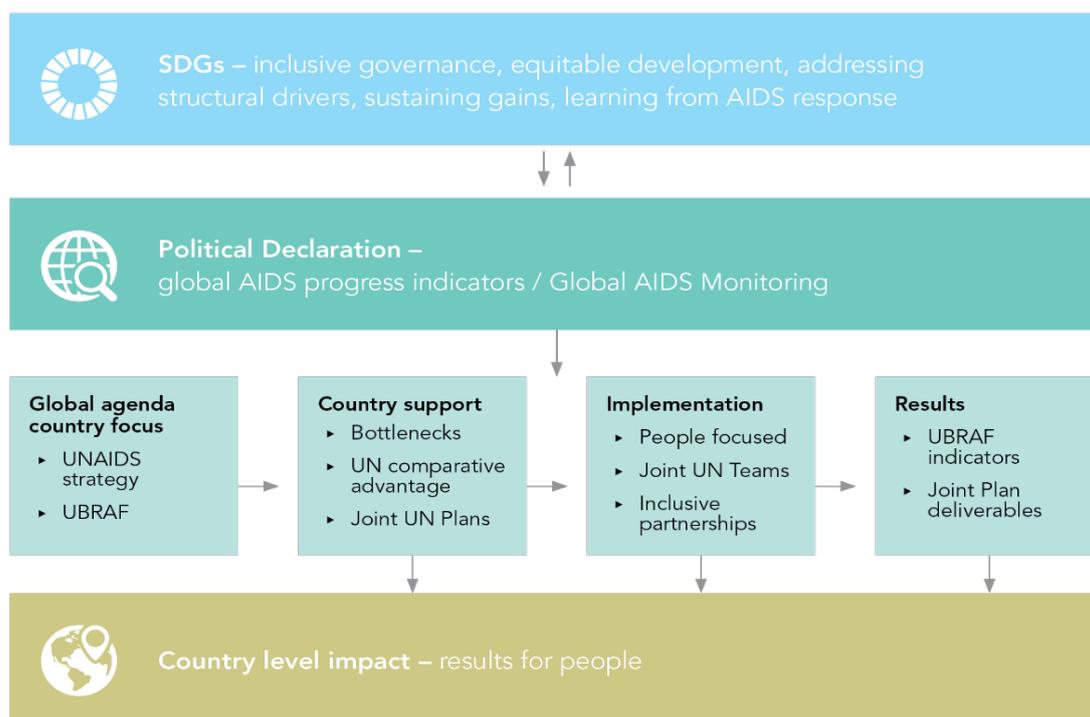
Requests UNAIDS to continue to strengthen qualitative and quantitative analytical performance reporting aligned to prioritized national targets (Fast-Track commitments), including with a focus on: overall impact; disaggregated results; country-specific impact, identification of priority off-track areas and bottlenecks, and actions to address these; clear links between UBRAF core and non-core financing and results including country envelope contributions; and wider links to UN reform consistent with the Sustainable Development Goals, the United Nations Development Assistance Framework and the framework of the 2020 and 2030 goals.

42nd Programme Coordinating Board agenda item 6.3, decision 8.8

Takes note of the report on the implementation of the UNAIDS Joint Programme Action Plan and looks forward to further updates on the implementation of the Action Plan and revised operating model of the Joint Programme as part of regular reporting on the 2016-2021 Unified Budget, Results and Accountability Framework.

2. In response to that decision, the 2018 Unified Budget, Results and Accountability Framework (UBRAF) results reporting is presented this year in a new format that provides a panoramic view of the Joint Programme's work.
3. The format allows for an increased focus on country results (set against prioritized country targets), bottlenecks and challenges, and game changers and deliverables. It also allows for updates on institutional changes that are being introduced under the refined Joint Programme operating model.

Joint Programme conceptual planning and implementation framework



2018 Performance Monitoring Report package

Programme Coordinating Board documents

- The *Introduction* highlights the ways in which achieving results for people at country level is central to the operations of the Joint Programme.
- *Regional and country report*. For each region or country, this document describes how the Joint Programme has contributed to progress towards Fast-Track targets, highlighting bottlenecks and priority actions the Joint Programme will take in 2019 to address them. The Joint Programme's expenditure is provided.
- The *Strategy results and indicator report* presents the results of the Joint Programme's collective efforts towards each of the Strategic Result Areas. It provides a global overview, including graphics, progress narrative and progress report against indicators for each of the Strategic Result Areas. The Joint Programme's expenditure is also documented.
- The *Organizational report* summarizes achievements of and contributions by each of the 11 Cosponsors and the UNAIDS Secretariat towards the organizational objectives outlined in the UBRAF, taking into account the UNAIDS Joint Programme Division of Labour.

UNAIDS Transparency Portal: <https://open.unaids.org/>

- 98 country summary reports
- 6 regional reports
- 8 Strategy Result Area reports
- UBRAF indicators scorecard and report

- Financial information (including funding trends & donor profiles)
- 11 Cosponsor organizational reports
- Secretariat functions report

Companion documents

- [Miles to go report: Closing gaps, breaking barriers, righting injustices](#)
- [UNAIDS data 2018](#)

The UNAIDS Joint Programme encompasses the efforts of the Cosponsors and the Secretariat, who work closely together to achieve the Programme's objectives.

The Programme's intrinsic value is its capacity to maximize the comparative strengths of each agency within a single, strategically focused UN system response.

The UN system response is not intended to compete with other international players, nor to prescribe or manage the global response. It adds the leadership and support that enables global collaboration to function and thrive.

The Joint Programme therefore provides strategic management for a coherent and collaborative global response whose main focus is to support effective country responses to the AIDS epidemic.

If you want to go far, go together

4. There are still "miles to go" in the journey to end the AIDS epidemic, as UNAIDS' 2018 flagship report underscored. While reductions in AIDS-related deaths continue at a pace that puts the 2020 milestone of fewer than 500 000 deaths a year within reach, the rate of new HIV infections is not decreasing fast enough globally to reach the 2020 milestone.
5. The annual number of new HIV infections has been rising in about 50 countries. Half of all new infections are among key populations and their partners, who are still not getting the services they need. Gains in HIV, health and development are not reaching the people in greatest need, and stagnant resourcing is threatening further progress. Forceful action from countries is needed.
6. In 2018, achieving results for people at country level remained central to the operations of the UNAIDS Joint Programme. Through the Joint UN Teams on AIDS, UNAIDS worked in close partnerships with Member States to:
 - accelerate achievement of the Fast-Track commitments;
 - ensure sustainability of the response's services, systems and gains;
 - keep HIV visible on national development agendas; and
 - support integration in broader national Sustainable Development Goals strategies and plans of aspects pertinent to ending AIDS.
7. Through upstream policy advice and hands-on expert assistance, the Cosponsors and the Secretariat:
 - advanced human rights based, people-centered, gender-transformative action;
 - promoted inclusion;

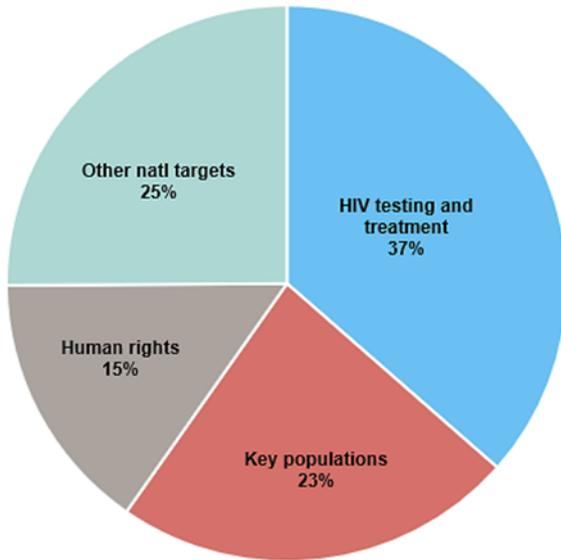
- engaged civil society, communities, people living with HIV and other nongovernment actors as partners and development players; and
 - enhanced mutual accountability for results.
8. The Joint Programme worked to ensure that country realities, priorities and strategic solutions are reflected in the global agenda, platforms and instruments. It assisted in translating global commitments into country-level policies and programmes. It also liaised with regional bodies to facilitate consolidated intelligence, coordinated policy and programme advice and the integration of collaborative solutions to regional and cross-border issues in national development strategies.

Collaborative action for results for people

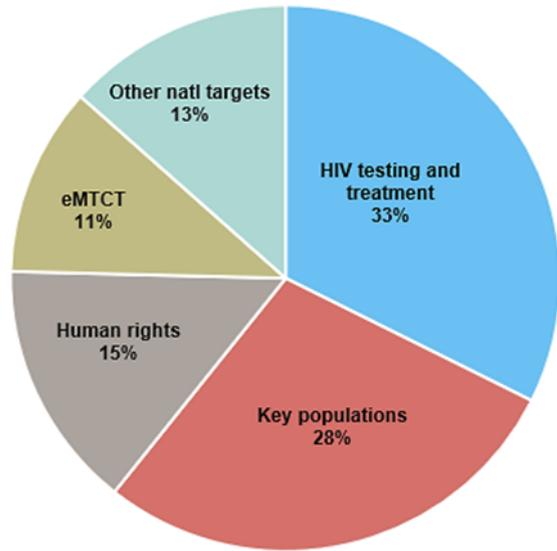
9. In 2018, the Joint Programme completed the first full year of implementing the refined operating model which the 40th Meeting of the PCB had endorsed in June 2017. The model was designed to:
- ensure that the Joint Programme's resources are deployed where they are needed most;
 - strengthen collaborative work and joint action at country level; and
 - enhance accountability and results for people.
10. Cosponsors and the Secretariat worked together to implement the model at country, regional and global levels. The UNAIDS Joint Programme Division of Labour was updated in 2018 to better respond to the 2030 Agenda and to UN reform.
11. In 97 countries where the Joint Programme operates, and in keeping with the refined operating model, the standardized Joint UN Plans on AIDS guided the collaborative UN action to advance the end of AIDS as a public health threat. The Joint UN Plan directed the collective, context-specific UN support that is vital for reaching key national targets and for overcoming barriers that hinder countries' efforts to fulfil the Fast-Track commitments.
12. In the countries of the Asia and the Pacific Region, the Joint Teams supported achievement of specific people-centred targets related to HIV testing and treatment, HIV prevention among key populations, human rights and stigma and discrimination. In eastern and southern Africa, the Joint Teams focused additionally on protecting adolescent girls and young women, gender equality, investment and efficiency, and integration.
13. In western and central Africa, testing, treatment and elimination of mother-to-child transmission, as well as civil society and community engagement, was at the centre of collaborative UN work. In eastern Europe and central Asia, joint UN support focused on HIV prevention among key populations, testing and treatment, elimination of mother-to-child transmission, human rights, stigma and discrimination, and sustainable systems for health.
14. The Joint Teams in Latin America and the Caribbean prioritized support to testing and treatment, prevention among young people and key populations, human rights and stigma and discrimination. In the Middle East and North Africa, joint UN support was focused additionally on the elimination of mother-to-child transmission, gender equality, emergency situations, and sustainability and investment.
15. The country envelope portion (USD 22 million) of UBRAF resources financed a proportion of the priority joint UN work in 71 eligible countries. The graphs below illustrate how the regions allocated the country envelopes to their respective national

HIV targets. Note that the allocation of resources shown here is only indicative, since many activities are crosscutting and contribute to more than one thematic area.

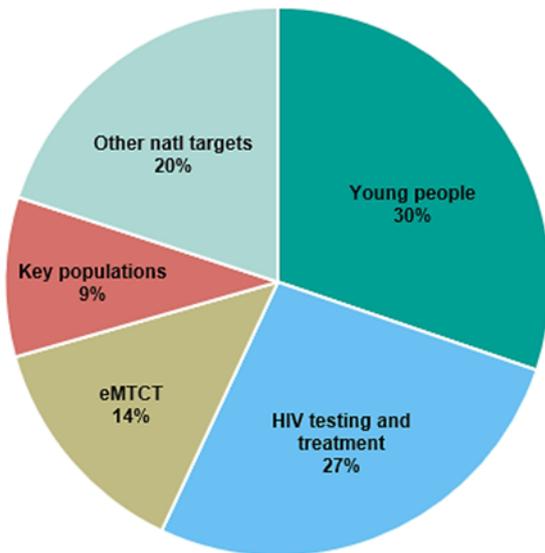
Asia and the Pacific



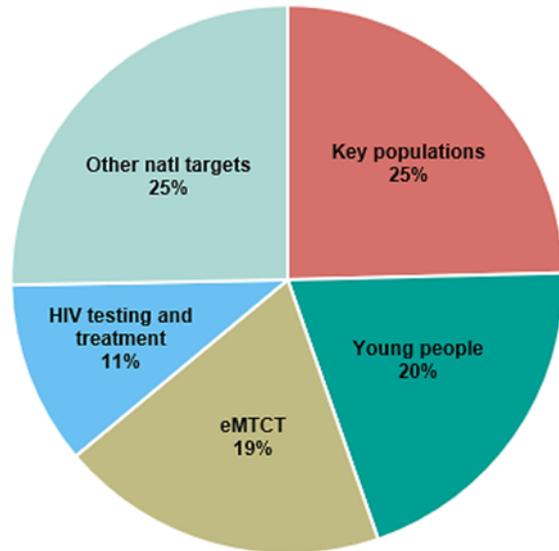
Eastern Europe and central Asia



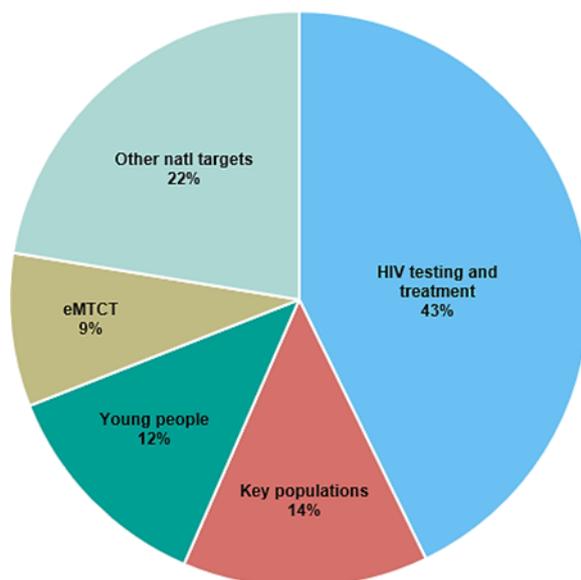
Eastern and southern Africa



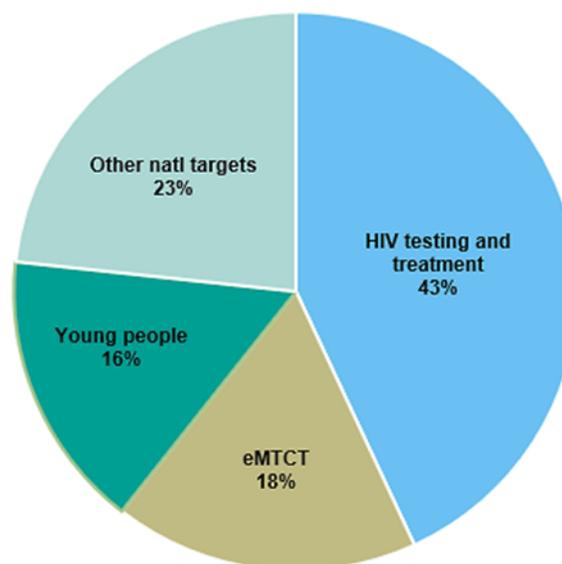
Latin America and the Caribbean



Middle East and North Africa



Western and central Africa



16. The Regional Joint UN Teams on AIDS engaged with regional bodies. For example, the Regional Joint UN Team on AIDS for eastern and southern Africa collaborated with the Southern African Development Community and the East African Community, while the Regional Joint UN Team on AIDS for Asia and the Pacific engaged with the Association of South East Asian Nations). The Regional Joint Teams also supported the country-level Joint UN Teams on AIDS and facilitated substantive support to the country- and regional-level work of UNAIDS Cosponsor Global Coordinators and Focal Points. During 2018, the country-regional-headquarters linkages were made systematic.
17. Specific examples of the Joint UN Teams on AIDS context-specific support to countries are highlighted below.

Towards zero AIDS-related deaths: accelerating the momentum

18. Support to countries for achieving the 90–90–90 targets continued to be a priority for the Joint UN Teams on AIDS in all regions. Fully 31.7%, the largest proportion of country envelope funding, was allocated to this area of work. Cosponsors and the Secretariat worked together to ensure that:
- necessary policies and guidelines were developed, adopted and implemented;
 - service delivery models were differentiated and diversified to better respond to clients' needs;
 - approaches were in place to reach neglected people and communities;
 - steps were taken to eliminate stigma and discrimination in health-care settings; and
 - space existed for communities and civil society to engage in policy and programme work, to link people to services and to support retention.
19. For example, the UN Joint Teams on AIDS were instrumental in the endorsement and scale-up of innovative testing approaches in several countries, including:
- Belarus, where HIV self-testing was approved and made available countrywide;
 - Lesotho, which introduced HIV self-testing and partner notification and updated its national HIV testing guidelines;
 - Rwanda, which adopted HIV self-testing as an additional testing approach;

- Zambia, which implemented a national strategic framework for self-testing;
 - Eswatini, which integrated self-testing and index testing and it introduced genotyping for paediatric and adolescent patients who are failing on second- or third-line treatment; and
 - Viet Nam, where self-testing, community-based testing and partner notification are now available, as per updated HIV testing guidelines.
20. The Joint UN Teams on AIDS provided strong support to continued efforts to eliminate stigma and discrimination in health-care settings. For example:
- in Egypt, the Joint UN Team worked with the national AIDS programme to build the capacity of health-care providers. It advocated at top levels for a national policy on stigma-free health care and it entered into partnerships with medical students' organizations and the Medical Syndicate to roll out destigmatizing messages;
 - in Morocco, the Joint Team created a partnership with the branch of the International Federation of Medical Students' Associations and initiated an action plan to reduce stigma in health-care settings; and
 - in Thailand, a system-wide stigma and discrimination reduction package of interventions in health-care settings is successfully being expanded from pilot sites to national scale, with E-learning prototype modules for health and non-health personnel ready to be rolled out in 2019.
21. Optimal pricing and uninterrupted availability of antiretroviral (ARV) drugs were a priority for the Joint UN Teams.
22. In Papua New Guinea, the Joint UN Team S helped avert a national ARV stock-out by supporting civil society partners to lobby the national Government to fulfil its HIV treatment procurement commitments. This led to the Government purchasing USD 1.3 million worth of ARVs and opportunistic infection drugs, equal to a six-month national supply. The advocacy efforts also contributed to PEPFAR providing an emergency drug order for USD 331 000.
23. In Ukraine, price negotiations resulted in savings of more than USD 3.6 million and an increase in the numbers of people receiving antiretroviral therapy (ART). The Joint Team also responded to the humanitarian crisis in Venezuela. Cosponsors contributed regular core-budget resources to procure diagnostic test kits and ARV medicines for children and adults, giving priority to pregnant women and refugees. The UNAIDS Secretariat partnered with civil society organizations and imported 60 000 kilograms of ARVs, enough to cover the treatment needs for 2018 of about 28 000 of the estimated 62 000 people living with HIV on treatment in Venezuela.
24. The Joint Teams on AIDS focused also on accelerating progress towards the elimination of mother-to-child transmission of HIV (eMTCT) and achievement of paediatric treatment targets. Their support is enabling countries to develop roadmaps and step up actions to achieve eMTCT, including Botswana, Cambodia, Cameroon, Ecuador, Eswatini, Kazakhstan, Kenya, Madagascar, Morocco, Mozambique, Namibia, Nigeria, Panama, South Africa, Togo, Ukraine and Zimbabwe. In 2018, Malaysia received official validation of eMTCT of HIV and Syphilis, and Belarus and Thailand had their certification reconfirmed.
25. In 2018, Joint Team activities facilitated, among other actions:
- an analysis of prevention of mother-to-child transmission (PMTCT) services to identify gaps and barriers in Angola;
 - provision of PMTCT services to 700 female sex workers in Bangladesh;
 - assessments of data quality in Botswana's national PMTCT and ART programmes to inform remedial actions;

- strengthened case finding, diagnosis, linkage to treatment and retention of HIV-positive children and adolescents in Cameroon, as well as the provision point-of-care technologies to support early infant diagnosis and paediatric care;
 - provision of PMTCT services in eight prioritized governorates in Egypt;
 - the optimization of paediatric treatment regimens in Ethiopia;
 - the installation of point-of-care platforms for early infant diagnosis at 130 sites in Mozambique, servicing 50% of the population and increasing by 25% the number of children achieving early initiation of paediatric ART; and
 - improvements for ensuring consistent provision of ARV prophylaxis for HIV-exposed infants in Zimbabwe, which resulted in an 80% increase in ART coverage among children.
26. The Joint Teams paid particular attention to supporting community engagement in linking people to care and adherence support, with an emphasis on including women living with HIV. For example:
- in Mozambique, the national Network of Women Living with HIV was supported to improve the linkage, retention and adherence of pregnant and breastfeeding women living with HIV and their children and partners to HIV services in Maputo province;
 - in Nigeria, the Joint Team worked with the National AIDS and Sexually Transmitted Infections Control Programme and the Association of Women Living with HIV to train and support mentor mothers. In addition to their other tasks, the women are assisting in tracing pregnant women and mothers living with HIV who are not yet receiving ART and in providing HIV testing to pregnant women and family members in communities where testing coverage is low.

Zero new HIV infections: the Global HIV Prevention Coalition is energizing primary prevention

27. As members of the Global HIV Prevention Coalition, the UNAIDS worked with 28 priority countries in 2018 to fully operationalize the Coalition and implement the HIV Prevention 2020 Roadmap. The UNAIDS Secretariat and UNFPA convene the Coalition.
28. The Coalition is transforming national HIV prevention responses. They are now more consistently aligned with five priority pillars of HIV prevention (in countries with high HIV prevalence) and with a focus on key populations (in countries with concentrated epidemics). Among the 28 priority countries:
- 26 countries have developed 100-day action plans,
 - 24 countries have established or reinvigorated national HIV prevention coalitions or working groups,
 - 23 countries have national prevention strategies in place, with prevention targets aligned to global targets, and
 - all 28 countries have reviewed and validated their prevention scorecards.
29. The Coalition has stimulated actions in 19 of the priority countries to address barriers that hinder prevention access. It has also accelerated the development of service packages for key populations in 21 countries and for adolescent girls and young women in 16 of the 19 countries with high HIV incidence in those populations. The guidance and support (including hands-on support for planning and implementation) have regenerated national prevention programmes:
- Botswana developed national packages that now include standard operating procedures for prevention services for adolescent girls and young women;
 - Côte d'Ivoire set national and subnational targets for key populations programmes;
 - Namibia continues having the highest rates of condom use at last sex with a non-regular partner in the region (80% among men and 66% among women);

- Uganda is on-track to achieve its 2020 voluntary medical male circumcision targets;
 - Kenya became a best practice for pre-exposure prophylaxis (PrEP) programming, with the number of people receiving PrEP increasing by 90% within a year (from 10 000 in October 2017 to 19 000 in October 2018); and
 - Zimbabwe expanded interventions similar to the PEPFAR DREAMS initiative to districts prioritized for Global Fund funding, which almost doubled the proportion of districts with dedicated prevention programmes for adolescent girls and young women.
30. Actions have been mobilized beyond the priority countries, as well. For example, Morocco is proceeding to rollout PrEP to key populations (sex workers and gay men and other men who have sex with men) in Agadir, Marrakech and Casablanca.

Zero discrimination: human rights: advancing law reform and responding to crises

31. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination was launched in late 2018. UNDP, UN Women, the UNAIDS Secretariat and the Global Network of People Living with HIV are co-conveners.
32. The partnership is prioritizing actions in six settings (household/ family, educational, workplace, justice, health care, and humanitarian crises and emergencies) and shifting the focus to countries by linking with the Global Fund's 20-country Breaking Down Barriers initiative.
33. In more than 20 countries that experienced human rights crises or were undergoing law reform in 2018, the Joint Programme offered advice and hands-on support to national stakeholders, particularly civil society. The Secretariat and Cosponsors worked with civil society when arrests related to sexual orientation and gender identity were carried out in Cameroon, Nigeria and the United Republic of Tanzania in 2018. They also provided expert advice and inputs for law reform processes pertaining to:
- HIV criminalization in Belarus, Chile, Estonia, Kenya, Malawi, Palau and Panama; criminalization of same-sex sexual activity in Indonesia and Uganda;
 - travel restrictions in Mauritius and Turkey;
 - mandatory testing in Zambia; and
 - access to medicines in the Republic of Moldova.
34. Success included the historic signing of the Philippine HIV and AIDS Policy Act of 2018, which repealed the 20-year old Republic Act (RA) 8504. The new law has a comprehensive provision on primary prevention, guarantees access to HIV treatment and ensures free ARVs, integrates HIV services into the country's Universal Health Coverage framework, and features expansive language on human rights.
35. In Panama, a new HIV Bill (*Ley 40 de 14 de Agosto de 2018*) was enacted after lengthy negotiations. Advocacy by and support from the Joint UN Team on AIDS contributed to the country's Ministry of Health adopting Resolution 1316, which establishes guidelines allowing foreign nationals, irrespective of their migratory status, to access all public and private facilities for the diagnosis, prevention, care, prophylaxis and treatment of infectious diseases. Health-care providers can no longer report migrants who have been newly diagnosed with HIV infection to immigration services for deportation.

Advancing gender equality and women's empowerment, ending gender-based violence

36. The Joint Programme facilitated the refinement of tools to help countries measure and strengthen the gender sensitivity of their national AIDS plans and strategies. The

Gender Assessment Tool (first introduced in 2014) was updated to reflect the 2016 Political Declaration commitments and integrate new science and knowledge on ensuring a gender-responsive approach to HIV.

37. Joint UN Teams on AIDS continued to support the use of those tools and other practical actions. In Indonesia, for example, the Joint Team supported a gender assessment of the HIV response. The assessment identified several policy, programming and financing factors that inhibit or support the integration of gender in national and subnational activities. The findings will inform the development of a national AIDS action plan for 2019–2022. In Kazakhstan, the Joint Team supported the Kazakhstan Union of People Living with HIV to participate in developing the Convention on the Elimination of All Forms of Discrimination against Women's shadow report. As a result, the report included an in-depth analysis of the violations of the rights of women living with HIV.
38. In many other countries, the Joint Teams supported efforts to better understand, prevent and respond to gender-based violence, including in Botswana, Cambodia, Cameroon, Central African Republic, Dominican Republic, Ethiopia, Liberia, Mozambique, Nepal, South Africa, South Sudan and elsewhere. For example, the support enabled:
 - Lesotho to develop a manual for preventing and mitigating school-related gender-based violence, which is being used to train school boards, (which include chiefs, community councilors, parents, priests and principals);
 - Mozambique to develop a national action plan on gender-based violence for the health sector; and
 - Eswatini to reach more than 31 000 young people with sexual and reproductive health, HIV and gender-based violence information during traditional events (e.g. the reed dance and *lusekwane*).
39. In Papua New Guinea, the Joint UN Team sponsored the 2018 Media Awards for excellence in journalism on HIV and gender-based violence reporting. The "Tune Me" app on sexual and reproductive health, HIV and gender-based violence was also launched in 2018. It attracted 38 600 registered users and 100 000 page views.

Key populations

40. Key populations remain marginalized, excluded and left behind in the HIV response. The Joint UN Teams on AIDS paid special attention in 2018 to facilitate context-specific improvements, particularly the development and implementation of policies and programmes that can reach, engage and empower key populations and deliver HIV-related services that are tailored to their needs. The impact of those efforts can be seen in:
 - Egypt, where the Joint UN Team helped develop a Government-civil society partnership model that connects government HIV counselling and testing services for key populations with civil society-managed outreach teams. The model has been rolled out in the governorates of Alexandria, Cairo and Gharbya);
 - Fiji, where the Joint Team was involved in the development of a standard service delivery package for HIV and sexually transmitted infections for vulnerable and key populations, which a regional civil society health professional group managed;
 - Indonesia, where the Secretariat and a national network of female sex workers, completed a mobility study and needs assessment of sex workers after brothels were shut down in two cities. The findings informed recommendations for changing to HIV response and strategy that can reduce violence against key populations;
 - Eswatini, where stepped-up community outreach activities helped increase uptake of HIV services by 125% among female sex workers and almost 280% among gay men and other men who have sex with men. The efforts reached more than 8200

female sex workers and almost 3200 gay and other men who have sex with men, who received almost 650 000 male condoms and 80 000 female condoms, and more than 330 000 packets of lubricant;

- In Kazakhstan, where advocacy by the Joint UN Team on AIDS resulted in the development of a national protocol to provide PrEP to key populations. Procurement is already underway. The Government also approved the integration of HIV and sexually transmitted infections services as part of a "one-stop-shop" approach to deliver prevention, treatment and care for key populations;
- In Viet Nam, where the Ministry of Health has adopted a national action plan to scale up PrEP for key populations; and
- the United Republic of Tanzania, where the Joint UN Team supported the development of a five-year Prisons Health Service HIV/AIDS/Tuberculosis Strategic Plan (2019–2023).

41. UN system negotiation and advocacy contributed to Malawi softening its stance on key population issues and allowing six community-led organizations to register. The Joint Team supported assessments of the organizations' capacities and the training of 20 programme staff in project management and finance. A Human Rights Committee for Key Populations was set up in Panama and it is expected to become a national mechanism, linked to the Ombudsman's Office, to support the rights' key populations' rights. In Papua New Guinea, the Joint Team leveraged pro-bono support through the Human Dignity Trust in the United Kingdom to examine legal options for civil society to challenge laws that stigmatize same-sex relations and sex work.
42. Efforts to ensure that key populations are not left behind also led to progress in Benin, Burundi, Dominican Republic, Ecuador, Gabon, Georgia, Islamic Republic of Iran, Kyrgyzstan, Liberia, Mexico, Myanmar, Pakistan, Thailand, Togo, Uganda, Ukraine, Zambia and Zimbabwe, among other countries.

Empowering communities

43. The People living with HIV Stigma Index version 2.0 was launched In January 2018, after an extensive review supported by PEPFAR and the US Agency for International Development. The revised Stigma Index will provide more focused information on barriers to HIV testing and treatment and facilitate more in-depth examinations of the experiences of different key populations.
44. The revised HIV Stigma Index has been implemented in Latvia and Lithuania, and implementation is underway in Argentina, Brazil, Canada and the Philippines. Around the world, several more countries started have begun planning for implementation in 2019. Cosponsors and the Secretariat have been supporting planning and implementation of the Stigma Index 2.0, as well as effective use of the findings.
45. UN engagement of faith communities, religious leaders and faith-based organizations focused on strengthening understandings of and commitment to the Fast-Track approach and equipping these partners with practical and adaptable tools that fit their contexts. In 2018, this led to the:
 - introduction of faith-based organization Action Plans in support of national AIDS programmes in the Democratic Republic of Congo, United Republic of Tanzania and Zambia;
 - development and piloting of faith healing and HIV adherence in Kenya, Rwanda and Zambia;
 - use of manuals on positive masculinities and femininities in the Democratic Republic of Congo and Nigeria, guided by multi-stakeholder consultations; and

- training-of-trainers to reduce stigma and discrimination in health-care settings managed by or belonging to religious congregations in Nigeria, with Cosponsors and the Secretariat jointly supporting those efforts.
46. The engagement and empowerment of young people was another area of focus and progress for the Joint Programme in 2018. It supported young people in implementing youth-led scorecards tracking progress towards the goals and targets of the 2016 Political Declaration on ending AIDS in Cameroon, Egypt, Fiji, Ghana, Mexico, Nigeria, Panama, Russian Federation, Ukraine and Zambia. The youth scorecards confirmed that youth participation remains an important challenge, especially in decision-making related to budget allocations in national HIV responses. Young people were also involved in creating and putting to use:
- a compendium of online prevention tools for programmers, focused on adolescent and young key populations (developed and pilot-tested in Georgia and Philippine, with UNAIDS support); and
 - a mentorship module, developed through regional inter-generational dialogues and launched in partnership a global coalition of youth organizations working on HIV and sexual and reproductive health and rights.

Partnerships for effective, equitable, sustainable response

47. Resources made available to countries by the Global Fund and PEPFAR are crucial for achieving the Fast-Track targets. The Joint UN Teams on AIDS prioritized facilitating and supporting partnerships for mobilizing and effectively utilizing those. In all countries receiving Global Fund grants, the Joint Teams continued to directly engage and contribute to the Country Coordinating Mechanism and its Oversight Committee work. UNAIDS also continued to support the development of Global Fund concept notes, grant making, negotiations, implementation and management.
48. Through the UNAIDS Technical Support Mechanism, high-quality technical assistance was provided to countries to support effective implementation of Global Fund grants. In 2018, 46 countries and 7 regional projects received support to:
- submit regional and country Global Fund applications;
 - overcome hindrances to service effectiveness, including stigma and legal barriers;
 - improve management systems and implementer capacity;
 - increase monitoring and evaluation and strategic information to track and measure the impact of Global Fund investments on Fast-Track targets;
 - expand effective delivery models for greatest impact; and ensure effective responses for key populations.
49. Joint UN Teams on AIDS provided countries with hands-on support to prepare their transitions from Global Fund assistance. For example, in the Philippines, the UN successfully supported the Government in developing its 2019–2021 HIV Programme Transition and Sustainability Plan, which set out strategies to ensure a smooth transition from Global Fund support and to sustain AIDS response results. In Cambodia, a Transition Readiness Assessment was conducted under the leadership of the Sustainability Working Group, which the national AIDS authority and UNAIDS Secretariat co-chaired. The findings shaped a sustainability roadmap, which the national AIDS authority has adopted.
50. Partnerships and integration of HIV across non-health sectors remained an important component of UNAIDS' collaborative work. For example, the Joint Programme continued to monitor the HIV-sensitivity of social protection schemes and assisted countries in understand and removing coverage and other gaps. HIV and social protection assessments were initiated in 10 countries and completed in 4 of them

(Lesotho, Namibia, Uganda and the United Republic of Tanzania). This helped bring HIV and social protection stakeholders and resources together to connect people living with, at risk and affected by HIV to social protection services.

51. The revised UN International Technical Guidance on Sexuality Education, published in January 2018, was adopted by 63 countries across the world. At the request of Member States, the revised guidance has been translated into 6 languages and will be translated into a further 8 languages. The Joint UN Teams are supporting implementation of the guidance.
52. In 2018, an additional 16 countries adopted the VCT@WORK Initiative which is helping close the HIV testing gap, particularly among men. In total, 5.8 million people were reached with HIV testing services. Through the VCT@WORK, over 950 000 people were enrolled in social protection initiatives.

Supporting countries facing the greatest challenges

Western and central Africa: from catch-up to acceleration

53. Responses in the western and central Africa continued to lag behind the rest of sub-Saharan Africa. Major humanitarian challenges added to the strain. The Joint Programme exerted considerable effort to address gaps in the response in the region.
54. The Joint Programme worked to revitalize political momentum and the sense of urgency in the countries of western and central Africa. The Catch-Up Plan, operational since mid-2016, was transformed into an Acceleration Plan to achieve the 2020 targets. In 14 countries, the Joint Programme supported national counterparts to design country-specific Acceleration Plan. Those plans feature differentiated service delivery and provide space for civil society to participate in demand creation and service delivery, as well as play a watchdog role in the response.
55. Using support from the Joint Programme, 82 civil society organizations from 18 countries created a regional civil society organization platform—the West and Central Africa Civil Society Organizations Health Institute—that will support AIDS responses and facilitate the participation of civil society organizations in those responses.
56. Those and other efforts to solidify partnerships in western and central Africa are helping reposition HIV on national political agendas, reinvigorate civil society commitment and engagement, and support governments to increase civic space and address health system challenges and implementation barriers.

Humanitarian settings

57. In 2018, the Joint Programme worked to ensure that national HIV strategies address the specific needs of people in humanitarian settings and that crisis responses incorporate actions to protecting people living with and affected by HIV. Among other achievements, these activities led to:
 - the launch of HIV awareness and "Test and Treat" campaigns in the Central African Republic and South Sudan for men and women in the national army and police, and their families and communities;
 - the establishment in Kenya of an alternative model of HIV service delivery for drought-stricken areas, involving civil society and affording access to high-risk groups;

- the tracing of populations that have been displaced by weather events in southern Africa and linking them to HIV and sexual and reproductive health services, principally through local government structures and civil society networks;
- engaging with networks of people living with HIV to reach populations that are hidden, migrating or residing in remote locations in southern Africa;
- the integration of HIV-related interventions in the UN system-wide Inter-Agency Action Plan on Sexual Exploitation and Abuse in the Central African Republic, Kenya and South Sudan, with HIV messages disseminated through local radio programmes, sensitization campaigns and other communication channels; and
- the integration of gender-based violence awareness, prevention and response activities in the humanitarian response programme for South Sudan.

Looking ahead

58. In 2018, the Joint Programme directed its combined efforts at keeping the AIDS response on global and national agendas and on ensuring that it is an integral part of the Sustainable Development Goals. Those efforts were indispensable for accelerating the momentum of AIDS responses, closing major response gaps, advancing inclusiveness, gender equality and human rights, and strengthening the sustainability of the organizations, structures and systems of the AIDS response.
59. In 2019, the Joint Programme will continue this work, in partnership with global, national and local organizations, including civil society, communities, young people, key populations, networks of people living with HIV and the private sector. Particular effort will be directed at reaching, engaging and empowering people and communities whom the AIDS response is not yet reaching—those who are most vulnerable, most at risk, excluded and left behind. It will promote, inform and support actions to remove structural barriers and to reform systems that reinforce and exacerbate inequities, inequalities and social injustice.
60. At all levels, the Joint Programme will ensure that it remains fit for purpose and it will support countries to deliver people-centered, human rights-based, gender-transformative, data-driven and results-focused HIV responses. Cosponsors and the Secretariat will work together to advance the integrated Sustainable Development Goals agenda and to capitalize on opportunities for UN reform. Specific high-level areas for action in 2019 will include:
- preparation of the 2025 AIDS Targets;
 - the mid-term review of the 2016–2021 UBRAF;
 - formulation of a roadmap for a consultative process on the next UNAIDS Strategy and UBRAF, post-2021; and
 - working with partners towards a UN General Assembly High-Level Meeting on AIDS.
61. In addition, the Joint Programme will ensure that issues pertinent to ending AIDS are reflected in major 2030 Agenda activities, including: the Sustainable Development Goals Summit; the High-Level Dialogue on Financing for Development; the UN General Assembly High-Level Meeting on Universal Health Coverage; and the High-Level Political Forum with a focus on Sustainable Development Goals 10, 16 and 17.
62. In these and other ways, UNAIDS will continue to advocate for, mobilize and support commitments and actions at the global level to ensure that the world stays on track to end AIDS and advance equitable development.

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