

Result Area 8: Fully funded, sustainable HIV response

2022 Results report

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Result Area 8: Fully funded, sustainable HIV response

Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$2,618,800	\$1,685,326	\$6,516,000	\$6,796,153	\$9,134,800	\$8,481,480

Joint Programme 2022 results

Countries supported in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international financing.

Ending the AIDS epidemic as a public health threat requires sound planning to ensure the HIV response is sustainable. In 2022, the Joint Programme contributed on two fronts to advance that goal: by helping build sustainable financing structures, including national budgets that are well-positioned for investment in the well-being of people; and by prioritizing efficiency and effectiveness. This is helping countries do "better for less" by using available resources wisely and by leveraging tools and analytics to redesign their HIV programming in ways that maximize resource allocation and service delivery.

Global funding for impact. The Joint Programme actively advocated for a fully funded Global Fund 7th replenishment, while also fully funding the Joint Programme. Through influencing the Global Fund Board and facilitating and guiding technical discussion at global and country levels (especially for quality country funding requests), the Joint Programme leveraged more sustained evidence-informed funding for key priority areas and populations that are being left behind. For example, WHO collaborated with PEPFAR to ensure strong alignment between the five-year PEPFAR strategy and the global health sector strategies on HIV, viral hepatitis and STIs, both of which support investments in primary health care to boost service delivery. Advocacy for increased resources for HIV prevention intensified as part of the work of the GPC and donors, while UNHCR sought to increase the inclusion of refugees in Global Fund HIV proposals. WHO and the Global Fund helped countries scale up interventions and strengthen health systems in ways that support the rapid uptake of procurement and supply chain management innovations and increase sustainability. In addition to its role as interim Principal Recipient of

Indicator progress on a fully funded, sustainable HIV response (RA 8)

- **36 countries** developed and reported implementation of measures advancing **full and sustainable HIV financing**.¹
- **20 countries** where the Joint Programme operates, submitted **information on government earmarked budgets and expenditures on HIV** through GAM.
- **48 countries** conducted studies to **improve allocative efficiency and address implementation bottlenecks** to improve resource use efficiency, multisectoral financing, impact and equity.
- The Joint Programme supported **79 countries** to make evidence-informed HIV investments across their Global Fund grant cycle.²

¹ Support or guidance from the Joint Programme primarily included HIV sustainability and/or transition plans (26 countries); community-led response financing and/or social contracting activities (23 countries) and HIV financing assessments (21 countries).

² This included guidance and technical support (71 countries), strategic information generation (67 countries) and coordination and facilitation (68 countries).

Global Fund grants, UNDP provided support to Global Fund Country Coordinating Mechanisms in 16 countries.

Knowledge on financing also improved thanks to capacity development for over 100 learners on SRHR and SDG financing, as well as the annual reporting on the flow of financial resources for implementing the programme of action of the International Conference on Population and Development agenda, led by UNFPA. In a bid to spur private sector interest in investing in areas that improve HIV outcomes, the World Bank issued Sustainable Development Bonds highlighting relevant areas. In addition, the US\$ 93 billion 20th replenishment of the World Bank's International Development Association started its operations, supporting the poorest countries and prioritizing investments in areas that are important to the HIV response, such as health, education, gender, safety nets and jobs.

Data for results. The strategic information on HIV financing featured in UNAIDS flagship reports informed advocacy for increased HIV funding, including for prevention and areas not funded equitably. The information was used by high-level stakeholders for decision-making on HIV, health and broader financing for development. For example, financing data on funding for human rights programmes and key populations, collected from low- and middle-income countries and carefully analysed by the UNAIDS Secretariat, is now a primary source of the Global Fund's key performance indicators on the monitoring of funding for human rights and key population programmes.

Monitoring of domestic financing for HIV and HIV/TB in 64 countries improved further thanks to the UNAIDS Secretariat's collection of data on expenditures, government budgets and ARV prices through the Global AIDS Monitoring (GAM) system. Using these data, UNAIDS advanced resource alignment and financial data exchange across PEPFAR, the Global Fund and the GAM. The [Population Data Portal](#), launched by UNFPA, provides up-to-date geospatial SRH data, with indicators on HIV prevalence (sex-disaggregated), comprehensive knowledge of HIV, and condom use.

Support for increased domestic financing. The Joint Programme's expertise and support to countries on innovative, sustainable financing for health to support shifts toward domestically funded HIV responses is highly valued. UNDP modelled a new health tax model in Bahrain, Cabo Verde and Thailand, focusing on levies on alcohol, tobacco and sugar-sweetened beverages. It also demonstrated how excise tax increases could generate significant revenue while improving health. UNDP is supporting nine countries on health tax analyses, working to incorporate them into Integrating National Financing Frameworks for the SDGs. As part of investment cases for noncommunicable diseases and health, UNDP, WHO and partners advanced data analytics to expand domestic resources for health and to tackle co-morbidities. The World Bank produced the *Innovations in tax compliance* report, which outlines a novel, integrated framework to improve tax systems.

Through the Global Action Plan for healthy lives and well-being for all, UNAIDS Cosponsor worked with partners to reduce inefficiencies and support country efforts to deliver on their commitments on health including HIV. In the United Republic of Tanzania, networks of people living with HIV, aided by the ILO, integrated HIV and economic empowerment in 19 HIV business development plans. With ILO support, the South African National AIDS Council and the South African Business Coalition on HIV and AIDS mobilized US\$ 600 000 for HIV programmes.

Mitigating the impact of COVID-19. COVID-19 continued to strain financing for HIV, health systems and social support critical to the HIV response. The Joint Programme responded on multiple fronts. Using the "[Impact40.org](#)" toolkit developed by UNFPA, researchers analysed COVID-19's effects on family planning and used the findings to inform country-level investment cases. A support mechanism developed by the UNAIDS Secretariat helped over

18 countries mitigate the pandemic's impact by leveraging additional financial resources made available through the Global Fund's COVID-19 Response Mechanism. The World Bank Group continued its support through a fast-track COVID-19 facility, which included over US\$ 30 billion for health systems, livelihoods and economies. The World Bank also published an update to the [From double shock to double recovery](#) publication, drawing attention to COVID-19's serious macroeconomic impact on the fiscal space for health financing, which fundamentally affects the HIV response. The insights have been used widely for policy planning.

Improving debt management. As the COVID-19 pandemic drove total debt levels to a 50-year high, the World Bank provided data and analytic insights and helped countries improve debt management and bolster their fiscal positions by improving tax compliance, the effectiveness of public expenditures, and domestic resource mobilization. Examples included coordination with the International Monetary Fund to strengthen the Common Framework for Debt Treatments Beyond the Debt Service Suspension initiative, and steps to improve data and transparency through the 2022 International Debt Statistics and the Global Economic Prospects.

Policy-making strengthened for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.

Analytical support. Thanks to Joint Programme support, HIV investments are more data-driven to boost the impact of available resources and tackle inequities. UNDP supported analysis and simplification of the social security system for people living with HIV in Tajikistan, improving budgeting and benefits for children and mothers living with HIV. UNDP and the UNAIDS Secretariat supported the Philippines to optimize HIV spending and HIV policies for more impactful national and subnational HIV programmes, particularly for people living with HIV and key populations. UNDP also developed a model for assessing the social return on investment from social contracting and used it to develop guidance for contracting NGOs to provide services for key populations and vulnerable groups (in Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine).

UNAIDS Secretariat, through the Technical Support Mechanism, provided technical assistance to countries through over 160 assignments across a range of priority areas. The work included reviewing national strategic plans, the Global Fund's quality proposals with inclusive engagement and sound prioritization, and data-driven assessments for evidence-informed HIV responses, with a special focus on prevention and programming for priority populations. With Secretariat support and capacity-building, technical reviews of National AIDS Spending Assessments were achieved in 13 countries. Resource monitoring trials for community-led response were also launched in six countries, including monitoring of finance flows and expenditures to show the value of contributions made through non-monetary and non-exchange transactions.

The World Bank conducted efficiency and effectiveness studies, supported key databases, knowledge sharing and capacity building, and developed tools to enable more practitioners to conduct analytics on their own. Examples included a how-to-manual on cascade analysis that can be used to improve HIV outcomes, and an inventory of health information system platforms, disease modelling, health planning, budgeting, and costing and resource allocation tools, which allows for a rapid review of open-access tools that can be used for HIV programme planning and for boosting allocative efficiency. Also conducted was an impact assessment review of recommendations from HIV and TB allocative efficiency studies across 11 countries, while other efforts supported the use of performance-based-financing to improve health outcomes, including for HIV.

Leveraging innovation. The Joint Programme used digital health to reduce the digital divide and promote inclusion. By the end of 2022, UNDP had invested US\$ 183 million in 122 digital health projects across 62 countries, with 14% of the projects focused on HIV, 10% on TB, and 8% on EMTCT of HIV and syphilis. Similarly, over 30 World Bank operations had significant digital health components. The World Bank also conducted digital health assessments to strengthen effective delivery of key health services, including HIV services (in Burundi, Lesotho and Senegal); developed the Digital Health Intervention Economic Evaluation Framework; and provided the Digital Health Applied Leadership Programme in partnership with WHO and others (in Cameroon, Democratic Republic of Congo, Guinea, Malawi and Zimbabwe). The World Bank Identification for Development initiative helped reach some of the estimated 850 million people who lack an effective ID, including many who are affected by HIV.

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