

# **STRATEGY RESULT AREA AND INDICATOR REPORT 2020–2021 PERFORMANCE MONITORING REPORT**

**Additional documents for this item:**

- i. UNAIDS Performance Monitoring Report 2020 - 2021: Executive summary (*UNAIDS/PCB (50)/22.8*)
- ii. UNAIDS Performance Monitoring Report 2020 - 2021: Regional and country report (*UNAIDS/PCB (50)/22.10*)
- iii. UNAIDS Performance Monitoring Report 2020 - 2021: Organizational report (*UNAIDS/PCB (50)/22.11*)
- iv. 2016-2021 UBRAF Indicator Scorecard (*UNAIDS/PCB (50)/CRP1*)
- v. 2020-2021 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (50)/CRP2*)

**Action required at this meeting:**

The Programme Coordinating Board is invited to:

*take note* with appreciation of the 2020–2021 Performance Monitoring Report, including its scope and depth;

*encourage* all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning.

**Cost implications for implementation of decisions: none**



HIV TEST ✓



# STRATEGY RESULT AREA AND INDICATOR REPORT





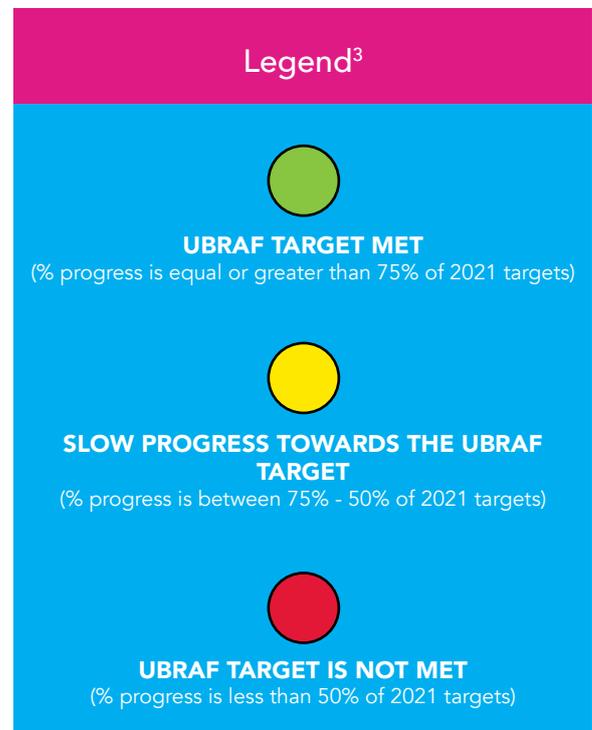
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# NOTE ON UBRAF INDICATOR PROGRESS

1. The Unified Budget, Results and Accountability Framework (UBRAF) indicators capture progress at country level that are plausible results of the actions of the Joint Programme. The indicators for 2016–2021 are relatively simple and practical and do not make excessive demands on data collection. Indicators include multiple and specific measurements<sup>1</sup> questions. This allows for disaggregated analysis, which can help with: (a) comparing data and relationships over time for components of the indicator; and (b) revising components, if necessary, to ensure the relevance of the indicator over time. An internal indicator guidance document describes the method of measurement for each indicator.<sup>2</sup>
2. A web-based tool, the Joint Programme Monitoring System (JPMS) was introduced in 2012 to enable the collection of indicator data, as well as qualitative information on progress and challenges to aid the analysis of performance information. Data entry starts at the country level and is performed by Joint United Nations (UN) Teams on AIDS, with quality assurance occurring at the global level. The JPMS facilitates collective and individual organizational reporting, which stimulates collaboration, review of progress and identification of gaps.
3. UBRAF indicators are limited to capturing the work of the Joint Programme. These data do not measure the global HIV response, which lies within the purview of the Global AIDS Monitoring (GAM) exercise. Thus, the traffic light status of each indicator should not be construed to represent the status of each area of the global HIV response—for example, the HIV prevention among key populations and young people, and gender and human rights. In addition, the indicators were designed to focus mostly on policy changes and thus do not capture nuances such as the scale of implementation or coverage of service, access or quality.

4. Indicators are measured using a traffic light system with the following ratings:



5. For each Strategy Result Area (SRA) section in the 2020-2021 Performance Monitoring Report SRA and Indicator report, qualitative reports are complemented by quantitative information derived from the indicator tables. Those show data from 87 countries with functional Joint Teams on AIDS that consistently reported against these indicators throughout the six years (2016–2021) of implementing the UBRAF. There are, however, indicators whose denominators number less than 87, as they pertain to specific subsets of countries (e.g. Fast-track countries, countries with significant HIV epidemics among people who inject drugs, or countries in humanitarian emergencies.). The complete information, including the data on all the measurement questions for each indicator and the complementary Secretariat functions indicators, are available in the Annex of the 2020–2021 PMR Executive summary.

<sup>1</sup>Multiple measurements for each indicator allow for disaggregated analysis, which can help with comparing data and relationships for components of the indicator; and revising components, if necessary, to ensure the relevance of the indicator over time.

<sup>2</sup>UBRAF Indicator Guidance.

<sup>3</sup>Analysis based on the same set of 87 countries (with Joint Programme presence) that have participated in data collection annually between 2016–2021. This allows for each country's progress to be observed and to demonstrate trends.

# SRA 1: HIV TESTING AND TREATMENT



Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable, quality treatment

## GLOBAL OVERVIEW

6. Eight countries achieved and 20 countries almost achieved the 90–90–90 targets for testing, treatment access and viral suppression of HIV at the end of 2020. While 37.7 million people globally were living with HIV in 2020, 28.2 million people were accessing antiretroviral therapy (ART) by June 2021. Considerable gaps remain and COVID-19 further slowed progress. Important disparities in treatment access persist, as only 54% of children (0–14 years-old) were receiving ART at the end of 2020. While more women than men were on treatment in 2020, AIDS remains one of the leading causes of death for women of reproductive age (15–49 years), particularly in sub-Saharan Africa. To reach the new global 95–95–95 targets, a redoubling of efforts is required to avoid the worst-case scenario of 7.7 million HIV-related deaths over the next 10 years. Legal and societal barriers, unequal gender

norms, gender inequalities, including wide-spread violence against women, continue to undermine the progress.

7. Worldwide efforts continue to ensure that HIV treatment is guided by the best scientific evidence. By the end of 2021, 187 (96%) countries had adopted and were following the “treat all” recommendation. Those countries account for 99% of all people living with HIV. Seventy-two percent of countries had adopted and were implementing rapid ART initiation. Eighty-seven percent of low- and middle-income countries had adopted and were using the WHO preferred first-line treatment for all populations and 81% had adopted longer ART pick-up policies to maintain ART services during the COVID-19 pandemic. Paediatric dolutegravir is now being taken up and implemented in each of the 21 countries with a high burden of paediatric HIV.

## JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 1

### UBRAF indicator progress

STRATEGY RESULT AREA 1: HIV TESTING AND TREATMENT								
Indicator 1.1: Percentage of countries with selected HIV testing services in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	<b>54%</b>	<b>61%</b>	<b>59%</b>	<b>64%</b>	<b>68%</b>	<b>70%</b>	
Measurements								
The country offers targeted testing services		97%	95%	97%	99%	98%	99%	
The country offers lay provider testing		86%	86%	86%	84%	87%	87%	
Quality assurance (laboratory) of testing and retesting before ART initiation		92%	97%	94%	95%	92%	93%	
The country offers HIV partner notification services		64%	70%	69%	78%	82%	82%	

The 2021 UBRAF target has been met, with all reporting countries (except one) offering targeted testing. The number of countries providing lay provider testing was sustained. Quality assurance of (re)testing has been maintained at a high level, as well. The biggest improvement has been in the number of countries offering partner notification, which is important for earlier HIV diagnosis, as well as prevention messages for serodiscordant partners. However, a number of countries are missing 1, 2 or 3 of the components (see different measurement questions), which in turn results in an overall lower achievement rate of 70%. This indicates that more work is needed to expand HIV testing.

Indicator 1.2: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—80%</b>	<b>Status</b> 	<b>38%</b>	<b>53%</b>	<b>54%</b>	<b>61%</b>	<b>66%</b>	<b>66%</b>	
<b>Measurements</b>								
"Treat all" policy is adopted		64%	80%	94%	93%	99%	99%	
The country has adopted task-shifting or task-sharing in the provision of ART		65%	69%	70%	76%	76%	77%	
Policies/strategies for ART retention and adherence in place		91%	94%	90%	95%	97%	98%	
A programme for nutritional support to people on ART is in place		74%	75%	69%	76%	83%	80%	
<p>The 2021 UBRAF target was met with significant improvements in various areas (see different measurement questions). The adoption of the WHO "treat all" policy has been adopted in all but one of the reporting countries and there is an increased number of countries where policies/strategies for ART retention and adherence are in place. Task-shifting has progressed more slowly. More countries now have a nutritional programme for people on ART. However, a number of countries are missing 1, 2 or 3 of those components, which in turn results in an overall lower achievement rate of 66%. This indicates that more work is needed in these countries to ensure ART access for all.</p>								

Indicator 1.3: Percentage of countries adopting quality health-care services for children and adolescents		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	<b>51%</b>	<b>55%</b>	<b>55%</b>	<b>56%</b>	<b>59%</b>	<b>62%</b>	
<b>Measurements</b>								
A strategy/measure to address loss-to-follow-up/adherence/retention issues for children and adolescents is in place		74%	78%	79%	82%	80%	83%	
Provider-initiated testing and counselling is available in all services for children under five <sup>4</sup>		78%	79%	80%	86%	87%	87%	
Strategies for identification of older children living with HIV, beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place		61%	62%	64%	63%	66%	69%	

<sup>4</sup>"Not applicable" is a response option for this indicator measurement. "Not applicable" can be indicated if the epidemic is not generalized in a country. "Not applicable" responses are included in the numerator (with "yes" responses), as defined in the [UBRAF Indicator Guidance](#).

The 2021 UBRAF target for this indicator was not met, although more countries now have a strategy/measure in place to address loss-to-follow-up/adherence/retention issues for children/adolescents. There has also been a steady increase in the number of countries implementing provider-initiated testing and counselling for children under five. However, little progress was made in terms of strategies to identify older children living with HIV beyond the health sector. With a significant number of countries missing 1, 2 or 3 of those components (see different measurement questions), the overall achievement rate is lower at only 62%.

Indicator 1.4: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	21%	30%	33%	37%	45%	42%	
<b>Measurements</b>								
The country has identified high-burden cities		82%	84%	83%	86%	87%	90%	
<b>Countries with high-burden cities</b>								
		2016 [N=71]	2017 [N=73]	2018 [N=72]	2019 [N=75]	2020 [N=76]	2021 [N=78]	
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets		21%	30%	33%	37%	45%	42%	
<p>There was an important increase in the number of countries reporting having identified high-burden cities and of high-burden cities and which have developed a plan and allocated resources for reaching the Fast-Track targets. By end-2021, 380 cities had joined the Fast-Track Cities network since the implementation of the joint UNAIDS–International Association of Providers of AIDS Care Fast-Track cities project began in 2018. The decrease seen for the development of plans and allocation of resources from 2020 to 2021 is primarily due to an increase in the number of high-burden cities.</p>								

Indicator 1.5a: Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	N/A	66%	66%	68%	72%	75%	
<b>Measurements</b>								
The country has a national emergency preparedness and response plan		N/A	68%	77%	78%	78%	79%	
o HIV is integrated in the country's national emergency preparedness and response plans		N/A	66%	66%	68%	72%	75%	
<p>With the 2021 UBRAF target met, the number of countries with national emergency preparedness and response plans has steadily increased, as has the number of countries that integrate HIV in those plans.</p>								

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies <sup>5</sup>		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]	2020 [N=61]	2021 [N=62]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	<b>Refugees and asylum seekers</b>						
		<b>85%</b>	<b>89%</b>	<b>80%</b>	<b>90%</b>	<b>93%</b>	<b>92%</b>	
<b>Measurements</b>								
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N=48/87]	53% [N=46/87]	59% [N=51/87]	68% [N=59/87]	70% [N=61/87]	71% [N=62/87]	
o HIV services for this key population		90%	93%	86%	93%	98%	97%	
o Services (including PEP) for survivors of sexual and gender-based violence		90%	91%	90%	98%	95%	94%	
o Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%	100%	98%	
The 2021 UBRAF target has been met, with the share of countries offering HIV-related services for refugees and asylum seekers increasing from 85% in 2016 to 92% in 2021. The proportion of countries providing HIV-related services for refugees/asylum seekers is high, at 97%. The provision of basic HIV services has also been consistently high during the reporting period, with 98% of countries doing so in 2021.								

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=38]	2018 [N=42]	2019 [N=48]	2020 [N=51]	2021 [N=53]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	<b>Internally displaced persons</b>						
		<b>78%</b>	<b>84%</b>	<b>79%</b>	<b>88%</b>	<b>86%</b>	<b>83%</b>	
<b>Measurements</b>								
Internally displaced persons are relevant in the context of the country epidemic		46% [N= 40/87]	44% [N=38/87]	48% [N=42/87]	55% [N=48/87]	59% [N=51/87]	61% [N=53/87]	
o HIV services for this key population		93%	97%	86%	96%	94%	89%	
o Services (including PEP) for survivors of sexual and gender-based violence		88%	89%	93%	94%	98%	98%	
o Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%	92%	92%	
The 2021 UBRAF target was met and the number of countries providing HIV-related services to internally displaced persons has increased from 2016. The decrease from 2020 to 2021 can be attributed to the fact that, while the number of countries that offer all the services listed has remained the same, the number of countries in which this key population is relevant in the context of the country epidemic has increased (denominator). It is worth highlighting that 98% of reporting countries are providing these services to survivors of sexual and gender-based violence.								

<sup>5</sup>Not applicable" is a response option for this indicator measurement. "Not applicable" refers to the relevance of the population group for the epidemic in the country and to the entire package of services, as defined in the [UBRAF Indicator Guidance](#). "Not applicable" responses were excluded from the calculation.

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]	2020 [N=48]	2021 [N=51]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	<b>People affected by humanitarian emergencies</b>						
		<b>73%</b>	<b>78%</b>	<b>72%</b>	<b>74%</b>	<b>79%</b>	<b>86%</b>	
<b>Measurements</b>								
People affected by emergencies are relevant in the context of the country epidemic		46% [N= 40/87]	43% [N=37/87]	49% [N=43/87]	53% [N=46/87]	55% [N=48/87]	59% [N=51/87]	
o Food and nutrition support (this may include cash transfers) is accessible to this key population		73%	78%	72%	74%	79%	88%	
Consistent progress has been made in making food and nutrition support adequate and accessible for people affected by emergencies, where relevant and based on HIV epidemiology, but global food needs are increasing.								

Indicator 1.6: Percentage of countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities <sup>6</sup>	2016	2017	2018	2019	2020	2021	Progress 2016 to 2021
The logistical health supply chain management information system provides the following elements: - figures on the distribution of modern contraceptives (yes, no); - figures on the distribution of essential life-saving medicines (yes, no); - inventory and monthly consumption data (yes, no); information on stock at all levels of the supply chain (yes, no); - information on the expiry dates of all products (yes, no); - information on number of users of each product (yes, no)	see information below <sup>7</sup>	32	35	41	36 <sup>8</sup>	47	n.a.*
<p>* Past data are not comparable over time. Data are not available for some years due to (1) a revision of the UNFPA indicator, as part of its Strategic Plan 2018–2021 in 2017 to become: “Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities”, which does not allow for comparison; and (2) the timeline of the report and required analysis time.</p> <p>For 2016: 102 of 125 countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities (old indicator). <b>The new indicator applies from 2017 onwards.</b></p> <p>Interpretation of 2021 data: The fact that only 65% of 125 reporting countries have a logistical health supply chain management information system with the critical components indicates that this is an area that requires additional investment.</p>							

<sup>6</sup>This indicator was revised and draws on the UNFPA output indicator 4.2 (Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities), for which data are only available for a fraction of the 87 countries with functioning Joint Teams reporting on the UBRAF indicators.

<sup>7</sup>For 2016: 102 out of 125 countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities (old indicator). The new indicator applies from 2017 onwards.

<sup>8</sup>Reduced due to the functionality of the systems with the pandemic

## Top achievements in 2020–2021

### *Essential HIV and health services sustained, and “Treat all” policy implementation continued throughout the different stages of the COVID-19 pandemic*

8. In 2020–2021, which was marked by the COVID-19 pandemic, the Joint Programme focused on supporting countries to implement the WHO’s “treat all” policy, maintain essential HIV and health services, including HIV testing (including self-testing) and treatment, and scale up the use of point-of-care diagnostic platforms beyond early infant diagnosis and viral load monitoring for HIV. In collaboration with governments, communities and partners, including PEPFAR and the Global Fund, this helped mitigate some of the impact of the COVID-19 pandemic.
9. WHO provided virtual technical assistance and documented country progress on the uptake and implementation of HIV treatment policies across age groups. WHO also launched an updated version of the [Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring](#) in July 2021, which incorporates important treatment and care guidance established since 2016, as well as an expansion of key sections related to service delivery and comorbidities. WHO also developed the *Global Health Sector Strategies on HIV, viral hepatitis and STIs 2022–2030*, which are aligned with the Global AIDS Strategy, for consideration at the 75th World Health Assembly in 2022.
10. WHO continued to support the scale-up of HIV self-testing, with 48% of reporting countries (94/194) having established a self-testing policy as of June 2021 and 51% (48/94) routinely implementing it. WHO’s HIV self-testing work continued through the expanded STAR project in Africa and Asia (together with ILO, Jhpiego PATH and PSI), where a wide range of models have been developed and where information generated shows high acceptability, feasibility and effectiveness, along with linkage to treatment following testing. The ILO flagship VCT@WORK Initiative, implemented in over 20 countries, remains a priority for the ILO until 2030. An HIV self-

testing initiative in 12 countries has enabled 92 000 workers to know their HIV status.

11. In several countries, cities played a leading role in developing new strategies to mitigate the impact of COVID-19 on HIV services. In 15 high-burden cities supported by USAID, communities and networks of people living with HIV were actively engaged in the response and in ensuring that HIV testing, treatment and care services continued to be provided during the COVID-19 pandemic. This included interventions such as multimonth dispensing of drugs, establishment of community ART groups, robust defaulter tracking mechanisms, and the use of digital technologies for communication.
  12. During the COVID-19 pandemic, WHO and the UNAIDS Secretariat partnered with the Global Network of People Living with HIV (GNP+) to support evidence gathering, information sharing and advocacy on COVID-19 and its impact on diverse communities of people living with HIV. This resulted in an initiative called the VOICE+ App. A WHO publication highlighted examples of how to maintain services in the context of COVID-19.
  13. In its role as interim principal recipient for the Global Fund, UNDP worked with national partners to provide 1.5 million people with ART and 8.6 million people with HIV counselling and testing for HIV, including key populations.
- ### *Innovative and targeted HIV testing approaches introduced*
14. WHO, UNICEF and the UNAIDS Secretariat, together with PEPFAR, the Global Fund and other partners, supported countries in establishing enabling policies and scaling up differentiated HIV service delivery, including multimonth dispensing of ARVs and community-based and -initiated ART and HIV testing. During the COVID-19 pandemic, those efforts have helped reduce the burden on affected individuals, communities and health systems, as well as the scaling-up of person-centred and context-specific differentiated service delivery approaches and models, many of which were maintained subsequently.

15. At the ICASA conference in December 2021, the UNAIDS Secretariat together with WHO, Global Fund, International AIDS Society, ICAP/CQUIN and community and other civil society organizations issued a call to action to leave no one behind. They urged countries, donors and implementing partners to invest in and support wider implementation of differentiated service delivery in Africa. They also highlighted the importance of making those approaches community- and people-centred, context-specific and needs-responsive, and of strengthening critical health system enablers and the roles of people living with HIV and other community groups.
16. Examples of innovative approaches supported by the Joint Programme included UNDP's use of mobile teams to test and provide counselling to clients in Djibouti and Kyrgyzstan and support for the use of digital apps/platforms in Panama to engage key populations in HIV testing services. In Nigeria, the Saving One Million Lives Initiative, supported with US\$ 500 million in World Bank financing, included a focus on HIV counselling and testing and prevention of mother-to-child transmission (PMTCT) as part of combined package of services.
17. In Botswana, Burundi, Cameroon, Haiti, Kenya, Malawi, Mozambique, Papua New Guinea, South Africa, South Sudan, Uganda and Zimbabwe, UN Women and various partners worked to transform unequal gender norms and improve access to HIV testing and treatment adherence among women and men. Since 2019, UN Women's HeForShe community-based initiative in South Africa has engaged 148 700 people. Over half the participants accessed HIV testing and those diagnosed with HIV infection were linked to HIV treatment and care. The approach has been replicated in Malawi and Zimbabwe. In Indonesia, UNODC supported the Directorate General of Corrections in developing a prison health information system, including a screening, testing and treatment programme for HIV, TB and sexually transmitted infections in prison settings, which benefitted almost 31 000 people in prison.
18. WHO and UN Women improved the uptake of cervical cancer screening, for example among rural women living with HIV in the United Republic of Tanzania, by mobilizing women community leaders. All women displaying early symptoms were linked to care.
- Renewed focus on service delivery for children*
19. In 2021, the Joint Programme renewed its focus on service delivery for children, notably through expanding the definition of differentiated service delivery models to include all children and the development and roll-out (in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda, with the support of partners) of the Paediatric Service Delivery Framework. The latter enables age-specific data analysis and mapping of specific service delivery gaps so that interventions can be optimized for children at different ages.
20. WHO hosted a joint adult and paediatric conference on ARV drug optimization (CADO-4 and PADO-5) in October 2021, revising the priority lists of antiretroviral (ARV) drugs and formulations to be developed and identifying the key research agenda in treatment optimization for children, adolescents and adults living with HIV. WHO updated the [AIDS Free Toolkit](#) and launched a technical brief, "[Safeguarding the future: giving priority to the needs of adolescent and young mothers living with HIV](#)", to help ensure that young mothers with HIV are not left behind in accessing testing and treatment.
21. UNICEF worked with governments and WHO to develop national guidelines to optimize treatment regimens for children living with HIV and provided ongoing support to procurement and commodity management modifications related to new recommended regimens. In 2020–2021, UNDP supported 55 countries in improving HIV and other health outcomes of adolescents and young people (including young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe).
- Access to medicines and commodities strengthened*
22. UNDP continues to work closely with the UNAIDS Secretariat and WHO on joint strategic approaches to increase access to medicines, including by

serving as a founding and active member of the Working Group on Local Production for Diagnostics. In 2020, the Joint Programme helped countries to reprogramme US\$ 8.4 million from existing Global Fund grants in 10 countries and access US\$ 35.1 million in additional funding through the COVID-19 Response Mechanism, which was channelled through existing grants in 16 countries. UNDP also supported the procurement of essential health products, equipment and supplies for country responses to COVID-19 (worth US\$ 190 million).

- 23.** WHO expanded its [Network of HIV Drug Resistance laboratories](#), with 56 countries implementing HIV drug resistance surveys through 2021. WHO launched the [2021 HIV drug resistance report](#), which showed substantial progress in the implementation of HIV drug resistance surveillance in low- and middle-income countries.

### *Continuation of HIV services in humanitarian and emergency settings*

- 24.** UNHCR supported integrated HIV and viral hepatitis services in refugee operations, in line with national strategies. These reached 19 941 people with hepatitis B testing in 2021 (3.4% of whom tested positive) and 12 248 people with hepatitis C testing (1.4% of whom tested positive). In 2021, UNFPA continued supporting projects for people living with HIV projects that provide positive health peer education service packages for people living with and affected by HIV.
- 25.** During the biennium, UNHCR supported HIV-related activities in humanitarian settings in more than 48 countries. This included critical support to enable the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. It also included support for HIV prevention, treatment and care services and the scaling-up of services for adolescents and young women, improvement of health and protection services for people who sell or exchange sex and strengthening of tuberculosis (TB) programming and linkages with HIV care. UNHCR continued its advocacy with national governments and donors, such as the Global Fund, to make services more inclusive and to provide affected populations access to HIV services on a par with those available to nationals.

- 26.** WFP provided transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV and TB and their families in dozens of humanitarian, refugee and other fragile contexts. In response to the displacement of more than 750 000 people due to conflict in Mozambique's northern province of Cabo Delgado, WFP helped integrate prevention and treatment services with nutrition rehabilitation, food assistance and health services in 10 resettlement centres. The initiative has provided HIV and TB testing services to more than 10 000 people, approximately 2000 of whom tested HIV-positive (18%).

- 27.** The World Bank supported access to essential health services, including HIV in numerous humanitarian settings. This included (e.g., a project in the Central African Republic which reached over 98 000 women with essential services for PMTCT, gender-based violence support and other needs. The World Bank funded major health system-strengthening operations to improve access to and the quality of health services.

## KEY CHALLENGES AND LESSONS LEARNED

- 28.** Based on the current trajectory, the world is not yet on-track to achieve the 2025 (95–95–95) targets. Despite ongoing progress in the uptake of major WHO testing and treatment policies, the implementation rate of these recommendations varies among countries and regions. Rapid treatment initiation; transition to preferred first-line ARV regimens; scaled-up people-centred differentiated service delivery for HIV testing, treatment, and care (including self-testing, multimonth dispensing of ARVs and other medicines for comorbidities, community-based testing and ART); and improved access to viral load testing for treatment monitoring have to be accelerated in some countries, especially for children for whom suitable formulations are available.
- 29.** COVID-19-related disruptions have had a significant impact on access to essential services, especially HIV testing. Challenges emerged or were exacerbated at all levels of HIV service delivery, along with increases in discrimination and human rights violations, resulting in increased inequalities

and exclusion faced by key and vulnerable populations.

these adaptations for use in support of HIV services, including in the long-term.

- 30.** There is an urgent need to address the needs of children living with HIV. Despite global efforts to expand early infant diagnosis, challenges persist with respect to transportation and transmission of results to the point of service, resulting in significant delays in initiation of treatment. In 2021, a survey by the UNAIDS Secretariat, WHO and UNICEF identified the need to convene a new alliance of partners, including communities and partner countries, to end paediatric AIDS.
- 31.** More than 90% of low- and middle-income countries have adopted multimonth dispensing of ARVs to mitigate the impact of treatment disruption. However, modelling studies suggest that the service disruption caused by the pandemic may yet result in an increase in AIDS mortality in next 1–2 years. The promotion of HIV self-testing kits to vulnerable workers in identified economic sectors provided opportunities to increase HIV testing during the pandemic. The expanded use of self-care interventions and digital health strategies helped maintain service access during the pandemic in some countries. WHO is documenting, reviewing and sharing the learning lessons from
- 32.** Violence against women, which surged during the COVID-19 pandemic, and gender inequalities continue to hamper efforts to achieve the 95–95–95 targets. Power dynamics and unequal gender norms should be factored in across HIV prevention, treatment and care continuum to promote men’s health-seeking behaviours and transform harmful social norms that affect women’s access to services.
- 33.** Countries need to adapt and expand access to the advanced HIV disease packages, and implement same-day ART initiation, TB prevention among people living with HIV and enhanced community support.
- 34.** Integrating HIV into preparedness and emergency responses remains a challenge in many contexts, due to competing funding priorities, a lack of HIV and gender indicators in data collection systems, a disconnect between people in affected areas and decision-makers, a lack of agreed thresholds or action triggers, and inadequate coordination and human resources.



# SRA 2: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION



*New HIV infections among children eliminated and their mothers' health and well-being is sustained*

## GLOBAL OVERVIEW

- 35.** New HIV infections among children (aged 0–14 years) declined by 52% from 2010 to 2020 thanks to stepped-up efforts to prevent mother-to-child transmission of HIV (PMTCT). Global coverage of ART among pregnant women rose from 17% in 2010 to 85% in 2020. However, coverage has stalled in the past five years and high global coverage masks deep inequities between and within regions, as well as persistent challenges with respect to retention in care.
- 36.** ART coverage among pregnant women ranges from 95% in eastern and southern Africa to a low 25% in the Middle East and North Africa, with coverage declining from 71% to 56% in South Africa in 2020

due to the impact of COVID-19. Persistent challenges include inadequate prioritization of interventions, lack of community support and engagement and insufficient linkage of HIV with other aspects of sexual and reproductive health (SRH) in policy and planning, health systems and service delivery. ART coverage decreased in South Asia in the past year from 71% to 56%, due to COVID-19.

- 37.** Adolescent and young mothers (pregnant and parenting women 15–24 years old) experience disproportionate risks of acquiring HIV. Adolescent and young mothers (pregnant and parenting women 15–24 years old) living with HIV risk missing out on services and interventions that are designed primarily for adults. This is reflected in their suboptimal access to antenatal care and HIV testing and ART in many

## JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 2

### UBRAF indicator progress

Indicator 2.1: Percentage of countries implementing latest EMTCT guidance		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—100%</b>	<b>Status</b> 	<b>64%</b>	<b>67%</b>	<b>63%</b>	<b>67%</b>	<b>68%</b>	<b>71%</b>	
<b>Measurements</b>								
Life-long treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%	100%	100%	
Repeat testing of HIV-negative pregnant and breastfeeding women is offered <sup>9</sup>		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]	90% [N=39]	100% [N=34]	
Partner testing of HIV-positive pregnant women in antenatal care settings is offered		91%	89%	87%	92%	91%	92%	
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation		76%	76%	74%	74%	74%	77%	

The UBRAF target of 100% was not met, although the shares of countries providing various services (see measurement questions) are quite high—with lifelong testing for HIV-positive women and repeat testing of HIV-negative women available in 100% of reporting countries. However, only 72% of countries provided all those components. This implies that more work is needed, especially with regards to engagement of networks of women, including women living with HIV, in EMTCT strategy development and service implementation.

<sup>9</sup> This indicator measurement is only applicable to generalized epidemic with HIV prevalence of higher than 1%.

countries. These factors result in unacceptably high numbers of new cases of HIV in children. In 2020, an estimated 150 000 children aged 0–14 years were newly infected with HIV, bringing the total number of children living with HIV to 1.7 million; 86% of new infections in children occurred in sub-Saharan Africa.

## Top achievements in 2020–2021

### *Continued strengthening of PMTCT through integration in global and national health policies and systems*

- 38.** The Joint Programme continued to strengthen PMTCT programming by promoting the integration of PMTCT services in global and national health policies and in maternal and child health services and systems. This included greater differentiated service delivery for pregnant and post-partum women, children and adolescents along the continuum of care and according to age. WHO led country policy reviews and implementation through revisions to global and country guidance to strengthen the effective integration of HIV into health systems. Countries were encouraged to aim for the triple elimination of mother to child transmission of HIV, syphilis and hepatitis B virus through integrated prevention efforts.
- 39.** WFP provided technical support in several high-burden contexts to integrate PMTCT in maternal and child health and nutrition services, ensuring that mothers and infants obtain growth monitoring, vaccinations, micronutrient supplements, nutrition assessments, education, counselling and complementary foods. UNFPA supported seven countries in sub-Saharan Africa to link HIV with other aspects of SRHR service policy and delivery. Capacity building of service providers and health-care workers was prioritized in areas such as counselling, provision of an expanded range of contraceptive methods, and STI/HIV management and treatment.
- 40.** Enhanced integration and normative guidance for programme implementation helped ensure the continuation of PMTCT services during the COVID-19 pandemic. WHO published and disseminated guidance for breastfeeding in the context of COVID-19 to prevent loss of programme gains due to the pandemic. WHO also offered remote support to countries to revise national guidelines, optimize treatment for children, including the introduction of dolutegravir, and inform the development of Global Fund applications. WHO also supported 12 countries via monthly virtual meetings to adapt and respond to implementation challenges presented by the pandemic.
- 41.** In 2021, WHO held monthly technical paediatric and adolescent webinars, reaching 67 countries, to further support the dissemination and implementation of WHO guidelines and recommendations for children and adolescents living with HIV. A gap analysis for the Last Mile to EMTCT Framework—developed by UNICEF, the UNAIDS Secretariat and WHO—has been used by countries, particularly in Sub-Saharan Africa, to obtain improved data, strengthen strategies, mobilize resources, and strengthen PMTCT programming. WHO revised existing guidelines for use of ART in pre-pregnancy, pregnancy and postpartum women and for infant prophylaxis and treatment, using new evidence to better inform decisions. In addition, WHO published a policy brief for the comprehensive package of care for infants and young children exposed to HIV and a policy brief for transitioning to the 2021 optimal formulary for ARV drugs for children. It also launched the paediatric ARV dosing dashboard. Following the ECHO trials,<sup>10</sup> ministries of health, with the support of WHO, UNFPA and other partners, have reviewed how service integration can be further strengthened to ensure that all women seeking antenatal care obtain HIV prevention and treatment services.
- 42.** Building on past learning regarding HIV-affected adolescent mothers and their children, WHO and UNICEF developed and launched a strategic policy document that sets out strategic actions for contextualizing, planning and delivering youth-friendly health services for pregnant and young mothers living with HIV.

<sup>10</sup>Evidence for Contraceptive Options in HIV Outcomes. See <http://echo-consortium.com/>

## *Validation of 15 countries as having eliminated mother to child transmission of HIV and/or syphilis*

**43.** WHO, UNICEF and UNAIDS Secretariat continued to support countries to apply to be validated as having eliminated mother to child transmission of HIV or being on the “path to elimination”. WHO published revised global guidance on the validation process in November 2021. As of that date, 15 countries had been validated for EMTCT of HIV and/or syphilis. Importantly, Botswana in 2021 became the first high-burden country to achieve the “silver tier” certification status on the path to EMTCT of HIV. An increasing number of countries have strategies to eliminate mother-to-child transmission of HIV and syphilis, and more are being supported to incorporate the EMTCT of hepatitis B.

## *HIV services delivery to pregnant women and children in humanitarian settings*

**44.** Cosponsors, together with other partners, delivered life-saving HIV services to pregnant women and children in humanitarian settings. For example, in the Congo, WFP maintained 90% programme coverage for planned programming in-country for the management of acute malnutrition among pregnant and breastfeeding women, of whom roughly 18–20% are living with HIV. Among children aged 0–5 years, coverage reached 99% in 2021. To mitigate the impact of the COVID-19 pandemic, WFP provided pregnant and lactating women with fortified nutritional supplements, cash transfers and COVID-19 hygiene and prevention kits.

**45.** In refugee settings, UNHCR provided HIV counselling and testing to more than 182 000 pregnant women across 35 countries in 2020–2021 and it initiated ART within 72 hours of delivery for 881 HIV-exposed infants. In response to COVID-19, UNHCR worked with partners such as the Ethiopian Mother to Mother Peer Support Group to strengthen home-based care by creating a hotline to ensure ART, care and follow-up. The Global Financing Facility for Women, Children and Adolescents at the World Bank focused on ensuring continued access to essential services for women and children, including HIV-related services (as of

mid-2021, US\$ 815 million had been committed for 46 projects), and the World Bank addressed women and children’s health and HIV needs through other operational projects and financing, including bond issuances.

## *Access to PMTCT services to pregnant women most at risk of HIV, including women who use drugs and those in prison*

**46.** The Joint Programme also further advanced access to PMTCT services to pregnant women most at risk of HIV, including adolescent girls and young women. In 2021, UNODC—jointly with WHO, UNICEF, UNFPA, UN Women, the UNAIDS Secretariat, and the International Network of People who use Drugs—launched a technical guide, “Addressing the specific needs of women who use drugs: prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis”, to support countries in providing high-quality HIV, PMTCT and SRH services to women who use drugs, and their children.

**47.** At the 64th session of the Commission on Narcotic Drugs 2021, UNODC organized a side event, “Ensuring access to measures for the prevention of mother-to-child transmission of HIV among women who use drugs and women in prison”, with the International Network of People Who Use Drugs, WHO, the Secretariat and other partners. At the High-Level Meeting 2021, UNODC organized the side event, “Addressing the needs of women who use drugs”, with the International AIDS Society, the International Network of People Who Use Drugs and WHO. UNODC also published (in 2020) a technical guide on PMTCT of HIV in prisons, jointly with WHO, UNFPA, UN Women, and the Secretariat, using the guide for capacity building for policy-makers, prison authorities and staff, health-care providers and civil society organizations across 32 countries. In 2021, UNODC and partners developed and field-tested a tool for monitoring epidemiological trends in mother-to-child transmission of HIV, hepatitis B and syphilis in prisons and the availability of prevention services, with further roll-out planned in 2022.

## KEY CHALLENGES AND LESSONS LEARNED

- 48.** Neither the 2018 nor the 2020 targets for EMTCT and sustaining the health and well-being of mothers were met. To accelerate progress, data should be used more effectively to identify gaps and plan effectively to address them. Too many children and adolescents living with HIV remain undiagnosed, despite the existence of effective interventions. There is still insufficient implementation of point-of-care early infant diagnosis, index-case testing and provider-initiated testing and counselling at key entry points. In addition, delays have occurred with transitions to more optimal regimens for children and adolescents, with slow uptake of differentiated service delivery models, compounded by drug shortages. The COVID-19 pandemic has reduced access to facilities and greatly affected uptake of facility-based services, including by children. Human resource deficits persist, and many countries are struggling to continue the prioritization of EMTCT and paediatric care and treatment. The Organization of African First Ladies for Development is actively working to maintain paediatric AIDS on the political agenda.
- 49.** Expanded access to essential HIV services among pregnant and breastfeeding women is vital for ending AIDS by 2030. Introducing interventions such as PrEP and partner testing, as well as retesting women during pregnancy and breastfeeding, can help prevent incident infections and reduce vertical transmission. Further efforts are needed to understand and respond to subnational gaps in PMTCT services, such as those in Kenya, where UNICEF, WHO and the Secretariat are supporting enhanced use of subnational data to inform and guide efforts to close gaps in the five countries with greatest unmet need.
- 50.** PMTCT programmes must be integrated in broader maternal and child health and nutrition services. Additional advocacy and technical support by the Joint Programme are being focused on accelerating the integration of HIV services in health systems, including through enhanced investments and training of health-care providers. Further linkages are still needed between HIV prevention programming for women and girls, family planning, HIV testing for pregnant and breastfeeding women, and referrals (where required) for HIV treatment initiation and retention in care during pregnancy and delivery.
- 51.** Service gaps among the most marginalized pregnant and breastfeeding women and their children undermine efforts to cover the “last mile” towards EMTCT. This requires dedicated programming overcome the stigma, discrimination and other legal and social barriers that increase vulnerability and diminish service access, including among women in prison and women who use drugs. The quality of ante- and postnatal care, including PMTCT services, needs to improve further in humanitarian or refugee settings. Focused efforts are needed in refugee settings to reduce loss-to-follow-up of infants born to women who are living with HIV. Further support from Joint Programme and other partners will be required to address supply chain issues of paediatric formulations of ART in these settings.
- 52.** To reach more pregnant and parenting adolescents, UNICEF and other partners are developing a new integrated package of primary health-care services and developing guidance to enhance programming for pregnant and parenting adolescents. The focus is on self-care, peer support platforms, better access to testing (including HIV self-testing), provision of early childhood development and parenting support, and building the capacity of health-care workers to be more responsive to adolescents. UNICEF and other partners are also working to expand a young mothers’ learning network to include priority countries.

# SRA 3: HIV PREVENTION AMONG YOUNG PEOPLE



Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

## GLOBAL OVERVIEW

**53.** In 2020, an estimated 400 000 young people aged 15–24 years and 150 000 adolescents (10–19 years) newly acquired HIV. In sub-Saharan Africa, 6 in 7 new HIV infections among adolescents aged 15–19 years are in girls. With 4200 new HIV infections occurring weekly, adolescent girls and young women in that region are particularly affected, due to the effects of harmful gender norms and gender inequalities, including violence against women. While 84% of people living with HIV globally knew their HIV status in 2020, only 25% of adolescent girls and 17% of adolescent boys aged 15–19 years in eastern and southern Africa were tested for HIV

in the past 12 months and received the result of the last test. Adolescent girls living with HIV outnumber adolescent boys living with HIV by two to one. Only one third of young people have comprehensive HIV knowledge, with lower levels of knowledge among young women compared to young men.

**54.** Of the estimated 1.7 million children living with HIV globally, only 54% were receiving life-saving ART in 2020. To achieve epidemic control and an AIDS-free generation of adolescents, urgent efforts are needed to strengthen HIV prevention for young people, with a focus on multisectoral initiatives that effectively reach them and address social and structural inequalities, including unequal gender norms and gender inequality.

## JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 3

### UBRAF indicator progress

Indicator 3.1: Percentage of countries with combination prevention programmes in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	<b>Status</b> 	31%	38%	38%	38%	39%	41%	
<b>Measurements</b>								
Quality-assured male and female condoms are readily available universally, free or at low cost		80%	86%	80%	78%	77%	77%	
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	49%	51%	54%	55%	55%	
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools		63%	70%	68%	71%	72%	71%	
Young women are engaged in HIV prevention strategy development and service implementation		66%	78%	77%	79%	78%	78%	

Measurements under this indicator cover some priority areas of Joint Programme support as part of national combination prevention packages, namely access to male and female condoms and inclusion of life skills-based HIV and comprehensive sexuality education in school curricula. The 2021 UBRAF target of 70% for this indicator was not reached, with only 41% of countries having combination prevention programmes in place. Among the four components of combination prevention programmes, the gender-responsive life skills-based HIV and sexuality education primary schools' curriculum was met by only 55% of countries. Worryingly, universal and affordable access to condoms remains a major challenge in an increasing number of countries. This demands urgent attention.

Indicator 3.2a: Percentage of Fast-Track countries that are monitoring the education sector response to HIV		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]	2021 [N=33]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	<b>Status</b> 	58%	61%	61%	61%	64%	70%	
<b>Measurements</b>								
The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with recommendations of the IATT on education		58%	61%	61%	61%	64%	70%	
This indicator measures the commitment of countries to monitor the education sector's response to HIV and AIDS. Support for the implementation of monitoring systems is a priority area for the Joint Programme. The 2021 UBRAF target of 70% of Fast-Track countries has been reached.								

Indicator 3.2b: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]	2021 [N=33]	Progress 2016 to 2021
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	91%	91%	91%	88%	88%	91%	
<b>Measurements</b>								
Supportive adolescent and youth sexual and reproductive health policies are in place		91%	91%	91%	88%	88%	91%	
The 2021 UBRAF target of 90% has been reached. This indicator measures whether formal policies that enable and support the provision of reproductive health information and services to youth are in place in Fast-Track countries.								

## Top achievements in 2020–2021

*Accelerated efforts to build high-level commitments to address HIV among adolescent girls and young women, including the Education Plus initiative*

**55.** The Joint Programme accelerated efforts to build high-level commitment and support country responses to address HIV among adolescent girls and young women in eastern and southern Africa. In June 2021, the UNAIDS Secretariat, UNESCO, UNICEF, UNFPA and UN Women launched a new initiative for the education and empowerment of adolescent girls and young women in sub-Saharan Africa (Education Plus) at the Generation Equality Forum. The five-year advocacy initiative aims to advance accelerated investments in a package of interventions to prevent new HIV infections among adolescent girls and young women, with secondary education as the entry point. UNICEF and UNFPA

co-lead a young women's pillar of the initiative, named the "Nerve Center", which brings together young women leaders from sub-Saharan African countries to take a leading role in co-creating the initiative. To date, Benin, Cameroon, Gabon, Lesotho, and Sierra Leone have committed to the Education Plus agenda, which builds on the Joint Programme's ongoing work to reduce the vulnerability of adolescent girls and young women.

**56.** As part of the Global Prevention Coalition, co-convened by the UNAIDS Secretariat and UNFPA, and under its adolescent girls and young women pillar, a global plan to scale up of HIV prevention and SRHR among adolescent girls and young women was developed. The Joint Programme provided support to the Global Fund's adolescent girls and young women strategic initiative 2020–2022 through technical assistance for Global Fund

grant-making processes and support to countries implementing grants. Cosponsor-led initiatives impacting adolescent girls and young women included UNESCO's "Our Rights, Our Lives, Our Future" initiative; UNFPA's "Safeguarding Young People" initiative; the UNICEF-UNFPA Global Programme to End Child Marriage, and the World Bank's Sahel Women's Empowerment and Demographic Dividend Project.

- 57.** WHO, UNFPA, UNICEF, UNESCO, UN Women, the UNAIDS Secretariat and other partners developed several HIV prevention programmatic guidance tools. These included: programmatic self-assessment tools for countries to review their national programmes across the five main prevention pillars emphasized by the Global HIV Prevention Coalition; a decision-making aide to help HIV prevention programming for adolescent girls and young women, which has been used by several countries in developing their HIV prevention grant applications for the Global Fund; updated guidelines on voluntary medical male circumcision and a framework for accelerating HIV services among men and boys; a condom planning package that provides countries with a step-by-step process to produce national strategic operational plans, and a technical brief on developing effective condom programming; and compact planning and budget guidance to define key populations' trusted access platforms.

#### *Addressed the needs of young people in the context of COVID-19 pandemic*

- 58.** The Joint Programme swiftly adapted to address the needs of young people in the context of the COVID-19 pandemic. Reports show that the pandemic disrupted education for an estimated 1.6 billion students (UNESCO); nearly 400 million children missed out on school meals (WFP); and global youth employment fell by 8.7% (with young women particularly affected), while adults experienced a 3.7% drop (ILO).
- 59.** To address young people's needs, the Joint Programme provided technical guidance and support to countries to mitigate the impact of COVID-19 on young people living with, at risk of and affected by HIV. For example, the ILO released

a policy brief, "COVID-19 and the world of work: ensuring no one is left behind". In September 2021, UNESCO released a global study, "When schools shut", which detailed the immediate and long-term threat that school closures posed for gender equality, including gender-specific effects on health, well-being and social protection. The World Bank supported 180 education projects reaching more than 150 million girls and young women worldwide and WFP helped bolstered school feeding programmes in 65 countries. UNICEF, UNESCO, UNGEI, the Malala Fund and Plan International launched the "building back equal: girls back to school" guide, which was used to inform Liberia's national strategy for girls' education and Nepal's back-to-school planning. In Uganda, UN Women supported the development of guidelines for the retention and re-entry of young mothers in school settings.

#### *Elevated comprehensive sexuality education on global, regional and national agendas*

- 60.** The Joint Programme elevated CSE on global, regional and national agendas. In 2021, Joint Programme support led to the endorsement and renewal through 2030 of the Eastern and Southern Africa (ESA) Ministerial Commitment until 203, with commits to strengthen access to CSE and SRH for young people. Progress has been made towards realizing a similar commitment for western and central Africa in 2022. UNESCO's "Our rights, our lives, our future" (O3) programme reached over 30 million learners between 2018–2021 with support for strengthened CSE programmes and delivery. The CSE Global Partnership Forum, co-convened by UNESCO and UNFPA, strengthened capacity to coordinate and advance efforts among 60 partners (including UN agencies, civil society, donors, youth and education networks) to expand access to quality CSE. UNESCO oversaw the development of a milestone 2020 global status report, which provides a snapshot of progress in the journey towards CSE, drawing on data from more than 150 countries. UNFPA continued to provide leadership on CSE in out-of-school settings, having led the development in 2020 of technical and programmatic guidance in 2020 that is currently being implemented in Colombia, Ethiopia, Ghana, the Islamic Republic of Iran and Malawi.

## *Innovative HIV prevention, education and information approaches for young people*

- 61.** The Joint Programme has made pioneering efforts to make prevention innovations accessible to young people in all their diversity. In 2020, 130 (67%) of countries had adopted oral PrEP and more than 800 000 people had received it. WHO continued to develop its simplified and differentiated PrEP guidance to make delivery of this prevention method more acceptable and effective.
- 62.** New game-changing, longer-acting HIV prevention methods have been recommended (e.g. the Dapivirine ring) or are under review (e.g. long-acting Cabotegravir) at WHO. PrEP introduction or scale-up is often combined with other interventions for easier access, uptake and adherence for impact. For example, UNDP, the Pan American Health Organization, UNFPA, UNHCR, the UNAIDS Secretariat and other UN stakeholders jointly supported the government of Colombia to increase key populations' access to HIV services by reducing stigma and discrimination, addressing legal barriers, and promoting self-testing and the use of PrEP (in Bogota and across 15 territorial entities). In Pakistan, UNDP partnered with WHO and the UNAIDS Secretariat in developing safe and acceptable community digital tools to address PrEP-related stigma and encourage PrEP uptake. They also supported the development of Pakistan's national PrEP roll-out, which is to be operationalized in 2022.
- 63.** UNICEF collaborated with Johns Hopkins University and Avenir Health to develop a first-of-its-kind operational framework to guide a coherent approach to HIV prevention for young women and girls across 10 countries in western and central Africa. Following a successful pilot in Côte d'Ivoire, UNICEF in 2021 also supported the governments of Cameroon and Nigeria to scale up combination HIV prevention for marginalized adolescents who are at high risk of acquiring HIV. This work used an innovative, digital-first approach (U-Test) that leverages digital and social network-based outreach and recruitment to optimize HIV self-testing and PrEP use among at-risk adolescents. In collaboration with the UKRI GCRF Accelerating Achievements for Africa's Adolescents (Accelerate) Hub, UNDP, UN Women and other Cosponsors translated evidence from the Hub into adolescent-sensitive policies and practices, such as in South Sudan, where the partnership delivered vocational and financial literacy training to out-of-school adolescents.
- 64.** UNFPA and WHO published national SRHR infographic snapshots in 4 languages for 194 countries, including available key population data. To enhance the evidence on the role of teachers in ensuring safe learning environments, UNESCO completed a global study surveying 34 877 teachers in 148 countries and focus group discussions with teachers in 4 countries (Nepal, Thailand, United Republic of Tanzania and Zambia), with publication expected in 2022. UNHCR developed and launched [operational guidance on working with LGBTIQ+ persons in forced displacement](#).
- 65.** The Joint Programme strengthened young people's ability to access education and information through media and the digital space. UNFPA, through the CONDOMIZE! campaign, supported young people's access to an online educational platform that provides evidence-based information on SRH (including HIV, STIs, and contraception). UNESCO is launching a community of practice for digital content creators on CSE. In October 2021, it sponsored Youth Tech Health Live Global 2021, a global virtual conference focusing on the potential of digital technology to support youth health outcomes. UNICEF, UNDP, UNFPA and the UNAIDS Secretariat initiated plans to evolve the online AYKP toolkit into a Global AYKP Movement.
- 66.** Nearly 1 million young people in eastern Europe and central Asia improved their knowledge of HIV/SRH issues through various digital platforms supported by the UNESCO Institute for Information Technologies in Education, including the artificial intelligence-powered chatbot "ELI". In western and central Africa, UNESCO and partners supported the use of the "Hello Ado" app, which was launched in May 2020. It provides information on health, puberty, gender and other issues, while also informing users of nearby health services that are available to young people. In Uganda, UN Women developed a digital application with and for young women living with and affected by HIV for accessing accurate SRH information, including HIV. UNESCO and partners mapped nearly 3000 SRH, protection and legal support services in Burkina Faso, Burundi, Cameroun, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Mali and Senegal.

## *Strengthened efforts to leverage the power of communities to promote youth empowerment*

- 67.** The Joint Programme strengthened efforts to leverage the power of communities to promote youth empowerment, particularly for adolescent girls and young women. In Angola, UNDP, UNFPA, the Global Fund and other partners supported the “bancadas femininas” project, which reached 84 800 adolescent girls and young women with HIV prevention information in welcoming spaces and provided HIV testing services to more than 24 000 adolescent girls and young women.
- 68.** UN Women engaged with faith-based and traditional leaders to increase their knowledge about HIV prevention and SRH and to strengthen commitments to eliminate harmful practices such as child marriage and female genital mutilation practices. In the United Republic of Tanzania, ILO, UNICEF and the UNAIDS Secretariat expanded HIV testing with linkages to care and treatment for vulnerable adolescents and youth in informal workplaces. In Uganda, UN Women supported the development of guidelines for the retention and re-entry of young mothers in school settings, and focused on enabling young women to avoid from HIV infection and unintended pregnancy.

## **KEY CHALLENGES AND LESSONS LEARNED**

- 69.** PrEP scale-up has been slow and the lack of effective condom programming has led to poor uptake by the adolescent boys and young men at greatest risk of acquiring HIV. Moreover, COVID-19 seriously affected voluntary medical male services in several countries in eastern and southern Africa. Stronger efforts are needed to identify good practices for providing HIV services that address harmful masculinities and transform unequal gender norms, reach men and boys for their own health and reduce HIV transmission to adolescent girls and young women.
- 70.** To effectively respond to the HIV crisis among adolescent girls and young women in sub-Saharan Africa, the HIV response must prioritize funding for initiatives that address the social and structural factors, including gender inequalities, that drive HIV infections. Greater synergies are needed between
- sectors such as health, justice, education, gender and economic empowerment. However, structural approaches to address HIV prevention are prone to being overlooked, as they can take longer to demonstrate results and may be more difficult to measure and quantify. Structural interventions around social protection, human rights, gender equality and women’s empowerment, employment and livelihoods build resilience and ensure sustainable prevention outcomes and social benefits for young people. Addressing legal barriers is also key, especially those related to the availability and access to evidence-based HIV services for adolescent girls and young women in closed settings, as well as those related to sex work and drug use.
- 71.** While momentum for CSE continues to increase, limited domestic funding for CSE is a challenge, alongside a lack of standardized data collection methods that would enable comparisons between countries. Resistance to CSE is rising in some circles. To address this, the Joint Programme works closely with national counterparts to support a strategic, evidence-based response to such opposition, emphasizing national leadership and the strong rationale for CSE from both a rights and public health perspective.
- 72.** Adolescent girls and young women, particularly those living with and affected by HIV, remain largely on the margins of decision-making in the HIV response. More concerted efforts are required to facilitate engagement of young women’s organizations and networks of young women living with HIV in the HIV response, including through the provision of longer-term funding for internal capacity-building, leadership skills-building, advocacy and the establishment of enabling environments for their engagement, including through intergenerational dialogues and collaborations.
- 73.** Reaching young people requires meeting them where they are: in schools, at their places of employment, in community settings, and through digital media, in addition to health-care and other settings.

# SRA 4: PREVENTION AMONG KEY POPULATIONS



*Tailored HIV combination prevention services are accessible to key populations including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants.*

## GLOBAL OVERVIEW

**74.** In 2020, key populations and their sexual partners accounted for 65% of new HIV infections worldwide and over 93% of new infections outside sub-Saharan Africa. Key populations continue to be marginalized and criminalized for their gender identities and expression, sexual orientation, livelihoods and behaviours. Where same-sex sexual relationships, sex work and drug use are criminalized, levels of HIV status knowledge and viral suppression among people living with HIV are significantly lower than in countries without criminalization. Conversely, laws that advance nondiscrimination, the existence of human rights institutions and responses to gender-based violence are associated with improved HIV outcomes.

**75.** HIV prevention services for key populations are unevenly accessible or entirely absent in many regions. Prevention coverage remains low for gay men and other men who have sex with men, including in some high-income countries; for sex workers in eastern and southern Africa and eastern Europe and central Asia; and for transgender people in all but a few countries. Harm reduction services for people who inject drugs are rarely provided on a meaningful scale. People in prisons and other closed settings are often not provided HIV services, despite the relative ease of doing so. COVID-19 further reduced the limited access of key populations to HIV and TB services. Community organizations have also noted that key populations have less access to social protection, including programmes to mitigate the impact of COVID-19.



# JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 4

## UBRAF indicator progress

Indicator 4.1: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021	
<b>Key population: gay men and other men who have sex with men, sex workers</b>								
<b>2021 UBRAF target—90%</b>	<b>Status</b> 	<b>66%</b>	<b>71%</b>	<b>67%</b>	<b>74%</b>	<b>74%</b>	<b>74%</b>	
<b>Key population: prisons and closed settings</b>								
<b>2021 UBRAF target—50%</b>	<b>Status</b> 	<b>49%</b>	<b>49%</b>	<b>51%</b>	<b>55%</b>	<b>57%</b>	<b>57%</b>	
<b>Measurements</b>								
The country has size and prevalence estimates for gay men and other men who have sex with men	80%	84%	82%	89%	86%	86%		
The country has size and prevalence estimates for sex workers	87%	87%	90%	95%	86%	92%		
The country has size and prevalence estimates for prisoners and closed settings	56%	57%	56%	60%	63%	63%		
Comprehensive packages of services for gay men and other men who have sex with men, in line with international guidance defined and included in national strategies	75%	80%	82%	86%	91%	91%		
Comprehensive packages of services for sex workers, in line with international guidance defined and included in national strategies	84%	87%	91%	93%	90%	91%		
Comprehensive packages of services for prisoners and closed settings, in line with international guidance defined and included in national strategies	55%	56%	60%	67%	69%	70%		
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery	89%	89%	89%	87%	89%	90%		
Sex workers are engaged in HIV strategy/programming and service delivery	90%	90%	89%	87%	90%	91%		
There has been a steady increase in the share of countries with size and prevalence estimates for selected key populations and comprehensive packages of services for those populations. Both 2021 UBRAF targets for gay men and other men who have sex with men and for prisoners and people in closed settings were achieved. There is a consistent upward trend in other areas, though coverage is far from sufficient.								

Indicator 4.2: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs		2016 [N=33]	2017 [N=35]	2018 [N=36]	2019 [N=41]	2020 [N=41]	2021 [N=41]	Progress 2016 to 2021
Countries with epidemics among people who inject drugs, implementing interventions in combination								
<b>2021 UBRAF target—60%</b>	<b>Status</b> 	64%	60%	61%	56%	63%	66%	
<b>Measurements</b>								
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%	47%	47%	
<b>Countries with significant epidemics among people who inject drugs</b>								
		2016 [N=33/87]	2017 [N=35/87]	2018 [N=36/87]	2019 [N=41/87]	2020 [N=41/87]	2021 [N=41/87]	Progress 2016 to 2021
Opioid substitution therapy		64%	63%	61%	56%	66%	68%	
Needle and syringe programmes		79%	74%	78%	76%	83%	85%	
HIV testing and counselling		85%	86%	92%	98%	100%	100%	
Antiretroviral therapy		88%	86%	94%	98%	100%	100%	
Gender-sensitive – people who inject drugs		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
A gender-sensitive HIV needs assessment is available for people who inject drugs		20%	30%	29%	30%	29%	31%	
<p>The UBRAF target for this indicator has been exceeded, with 66% of countries implementing a combination of the most essential interventions to reduce new HIV infections among people who inject drugs. Worryingly however, the number of countries with significant epidemics among people who inject drugs increased significantly between 2016 and 2021. Nevertheless, all reporting countries now state that they are providing HIV testing and counselling services, as well as ART. Coverage and quality are not measured here.</p>								

## Top achievements in 2020–2021

*The Joint Programme supported more than 130 countries to overcome barriers in access to prevention and treatment services due to COVID-19—including reforms in service delivery, multimonth dispensing of ART and opioid agonist therapy—and leveraged communities' knowledge and their organizations as effective outreach and service providers.*

- 76.** UNDP supported 78 countries on advancing access to HIV services and rights for key populations and 67 countries on LGBTI inclusion. The UNDP-Global Fund partnership supported countries in reaching key populations with tailored combination prevention, including 335 800 people who use drugs who received services in 5 countries; 585 500 gay men and other men who have sex with men who received services in 12 countries; 519 250 sex workers who received services in 12 countries; and 10 000 transgender people who received services in Cuba, Panama and the Oceania subregion.
- 77.** The World Bank continued to integrate HIV in nonhealth-sector Bank projects that affect key populations. Examples include the multiyear US\$ 18.3 million [Lesotho Infrastructure and Connectivity Project](#) (which includes awareness-raising campaigns on HIV and gender-based violence) and the [Southern Africa Trade and Transport Facilitation Project](#) (which includes a component to strengthen HIV services). In India, the World Bank supported community-based prevention interventions in targeted areas, which reached 662 000 female sex workers, 238 000 gay men and other men who have sex with men, 40 550 transgender persons and 140 000 people who inject drugs.
- 78.** The Fast-Track Cities Initiative provided important examples of key population engagement in the HIV response. Through the joint UNAIDS-IAPAC Fast-Track Cities project, supported by the United States Agency for International Development, civil society organizations and networks of people living with HIV and key populations have been actively engaged in the HIV response in 15 high-burden cities. They have been consulted in the development and implementation of programmes and in finding ways to overcome barriers in the HIV response. As a result, uptake of HIV prevention and treatment services has improved substantially since the start of

the project. In Nairobi, Kenya, the number of health facilities offering integrated and friendly services to young people and key populations increased from zero in 2018 to 30 in 2021, and the number of members of key populations newly tested for HIV increased from 417 in 2018 to 12 264 by the end of 2021.

- 79.** The UNAIDS Secretariat and UNFPA, with the participation of all other Cosponsors, spearheaded the launch of the “key populations community of practice” among the 28 focus countries of the Global HIV Prevention Coalition. They also collaborated with the South-South Learning Network to build capacity for condom programmes and programmes for key populations, reaching more than 1200 country-level stakeholders.
- 80.** In Mozambique, WFP partnered with the North Star Alliance and the UNAIDS Secretariat to support HIV and TB services to mobile populations via: [roadside wellness clinics](#); health services designed for their specific needs (including check-ups and treatment for STIs, malaria, HIV and TB); PMTCT services; free condoms; counselling; messaging on HIV transmission and risk reduction strategies; positive gender relationships; and screening for COVID-19. In 2021, 19 UNHCR country operations reported that specific health and protection services were available to refugees who engage in the sale of sex, while drop-in centres providing a range of services for key populations in refugee and other humanitarian settings were available in 11 UNHCR country operations, including Chile, Colombia and Kenya.

*The Joint Programme developed and disseminated tools and guidance to facilitate access to services for key populations and to improve countries' capacities to improve strategic information on key populations.*

- 81.** In 2020, the Economic Community of West African States—with support from UNDP, WHO, the UNAIDS Secretariat and members of the UNDP-supported Africa Key Populations Expert Group—launched a regional strategy on HIV, TB, SRH and rights for key populations. In 2021, WHO initiated a technical needs assessment related to key populations and worked with UNDP and the UNAIDS regional office to support the West

Africa Health Organisation to collect baseline data, while supporting the implementation of the strategy. UNDP and UNFPA continued providing support for implementation of the Southern African Development Community's regional strategy for key populations.

- 82.** UNHCR and UNFPA developed new operational guidance on responding to the health and protection needs of people who sell or exchange sex in humanitarian settings. UNFPA, UNESCO, UNICEF, WHO and the UNAIDS Secretariat launched international technical guidance on out-of-school CSE, specifically focused on young key populations. UNDP, UNFPA, WHO, UNODC and the UNAIDS Secretariat promoted implementation tools for key population services and supported community representatives to engage in implementation. This included updating the toolkit on HIV prevention for and with adolescent and young key populations led by UNICEF. The UNAIDS Secretariat and WHO, together with other partners including the Global Fund, developed a planning and budget guidance for key population-trusted access platforms that deliver quality HIV prevention and treatment services, and for addressing critical enablers.
- 83.** UN Women and the UN Trust Fund to End Violence Against Women enhanced access to HIV information, testing, treatment and care services and gender-based violence services to women living with and affected by HIV and who are using drugs, live in prison or engage in sex work in 16 countries. In Côte d'Ivoire and Guatemala, UN Women partnered during the COVID-19 pandemic with national networks of women living with HIV, improving the access of female sex workers to SRH services, including HIV testing, treatment and care, as well as and gender-based violence services. In Uruguay, women in prisons accessed HIV and SRH information and menstrual hygiene kits through UN Women's support.
- 84.** UNDP and the University of Massachusetts, Amherst (USA), developed a training package for piloting the LGBTI Inclusion Index, which is accompanied by a code of ethics on responsible data collection, storage and use. The World Bank published the

[Equality of opportunity for sexual and gender minorities \(EQOSOGI\)](#) report, a study assessing laws and regulations that affect the lives of sexual and gender minorities in an initial set of 16 countries.

- 85.** UNODC developed [guidance documents](#) for people who use drugs and people in prison and other closed settings during the COVID-19 pandemic. These were accompanied by a series of webinars organized by UNODC, WHO and the UNAIDS Secretariat in five regions. UNODC, WHO and the UNAIDS Secretariat published a technical guide on implementing HIV, hepatitis B and C programmes for people who use stimulant drugs. UNODC developed online access to HIV and other health and social services to better reach people who use stimulant drugs during the COVID-19 pandemic. It also adapted training packages in response to the pandemic and provided workshops in nine countries. UN Women contributed to a global advocacy brief on women who use drugs and various intersecting injustices. In Uganda, UN Women partnered to launch a sex worker feminist advocacy agenda in collaboration with the UNAIDS Secretariat and PEPFAR.

*The Joint Programme supported countries to reduce legal and policy barriers, enhance key populations' access to services and combat stigma and discrimination.*

- 86.** UNDP worked with governments, civil society organizations, other Cosponsors, the UNAIDS Secretariat and other partners to support 90 countries in advancing the decriminalization of HIV transmission, exposure and nondisclosure, and the creation of enabling legal and policy environments for key populations. For example, UNDP, UNFPA, UNODC, UN Women, WHO and UNAIDS Secretariat partnered with the government of Nigeria on multiple initiatives to increase access to prevention services for key populations.
- 87.** ILO provided targeted key population support in 15 countries to deliver entrepreneurship trainings for transgender people, including equipping 220 transgender people in Brazil and Indonesia with skills and business coaching to start and scale up their own business, thus increasing their self-reliance and strengthening their livelihoods.

**88.** UNODC and the Secretariat supported 10 countries to address legal and structural barriers, and supported the trial implementation of multidose dispensing of methadone in Viet Nam and the implementation of medication-assisted therapy programmes in Egypt and Pakistan.

## KEY CHALLENGES AND LESSONS LEARNED

**89.** Punitive legal and policy environments and stigma and discrimination continue to be barriers for key populations. Countries will only reach the targets in the 2021–2026 Global AIDS Strategy and the 2021 Political Declaration with stronger political will and targeted investments for scaling up HIV prevention, treatment and care. To address discrimination and other rights violations faced by key populations, it is also vital to address social and structural barriers and increase their meaningful access to justice.

**90.** More than 15 million people who would benefit from HIV prevention, care and treatment services are estimated to be unaccounted for in key population size estimates of reporting countries. Closing data gaps for key populations is essential for reaching them with the services they need.

**91.** Another major challenge is the need for differentiated responses for key populations. In 2021, the UNAIDS Secretariat commissioned an external evaluation of the work of the Joint Programme with and for key populations, which

will be used to strengthen programming. The Joint Programme will continue to support countries and communities in scaling up programming for key populations, including through:

- developing and implementing innovative solutions (including new technologies and service delivery methods, such as safe use of digital technologies) and addressing new forms of violence against key populations, including in virtual spaces;
- redoubling efforts to address legal and structural barriers, in particular criminalization;
- supporting meaningful engagement of community organizations in decision-making and programme implementation and monitoring, including through community-led responses such as (but not limited to) social contracting;
- supporting efforts to develop and scale up HIV- and key populations-sensitive and inclusive social protection schemes, and linking the efforts to Universal Health Coverage (UHC);
- ensuring that COVID-19 adaptations in the delivery of harm reduction, particularly the expansion of take-home opioid agonist therapy and community-based, peer-supported treatment for HIV and hepatitis C, remain in place;
- strengthening the system for joint responses to human rights-related HIV crises; and
- further refining strategic information on, with and for key populations to better address gaps and implemented evidence-informed, targeted programmes that are adapted to their needs.

# SRA 5: GENDER INEQUALITIES AND GENDER-BASED VIOLENCE



*Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV*

## GLOBAL OVERVIEW

- 92.** Unequal gender norms and power dynamics, further exacerbated by the COVID-19 pandemic, continue to put women in all their diversity at increased risk of HIV infection and reduce their access to and uptake of HIV services. In 2020, 53% of all people living with HIV were women and girls. They accounted for 51% of new infections globally and 63% of all new HIV infections in Sub-Saharan Africa.
- 93.** The number of new HIV infections among women is still increasing in eastern Europe and central Asia and in the Middle East and North Africa. In sub-Saharan Africa, six out of seven new HIV infections among adolescents aged 15–19 occurred in girls, and young women aged 15–24 years are twice as likely to be living with HIV than men.
- 94.** Violence against women increases women’s risk to HIV by 50%.<sup>11</sup> Women living with HIV are often subjected to violence because of their HIV status. COVID-19 has had a profound impact on women’s vulnerability, with violence against women surging during the pandemic and HIV, SRH and social services often unavailable.
- 95.** A myriad health and structural issues contribute to women’s HIV-related vulnerabilities. Women living with HIV have a six-fold increased risk of cervical cancer compared to women without HIV. One third of young women are still not receiving education, employment or training, and only<sup>12</sup> 1 in 3 young women in sub-Saharan Africa has comprehensive HIV knowledge. In 2021, only 48 countries reported inclusion of gender- transformative interventions in their national HIV strategies and even fewer (33 countries) reported having a dedicated budget for such interventions.<sup>13</sup>



<sup>11</sup> STRIVE Research Consortium, 2016.

<sup>12</sup> [E/CN.6/2020/3](#).

<sup>13</sup> UNAIDS [AIDSInfo](#).

# JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 5

## UBRAF indicator progress

Indicator 5.1: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	<b>Status</b> 	<b>47%</b>	<b>60%</b>	<b>57%</b>	<b>68%</b>	<b>70%</b>	<b>70%</b>	
<b>Measurements</b>								
Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available		74%	77%	75%	78%	78%	77%	
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting		85%	89%	91%	92%	93%	93%	
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys		62%	72%	71%	80%	80%	82%	
<p>The Joint Programme promotes policies and structural and social change interventions to transform unequal gender norms and systemic gender-related barriers, including through effective sexuality and HIV education programs that address gender and power. There was a significant increase in the percentage of reporting countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms, from 47% in 2016 to 70% in 2021 with thus the UBRAF target achieved.</p>								

Indicator 5.2: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	<b>Status</b> 	<b>43%</b>	<b>54%</b>	<b>60%</b>	<b>59%</b>	<b>61%</b>	<b>66%</b>	
<b>Measurements</b>								
Disaggregated data on prevalence and nature of gender-based violence are available and used		63%	70%	72%	78%	80%	82%	
Legislation and/or policies addressing gender-based violence exist		95%	98%	100%	100%	100%	100%	
A mechanism to report and address cases of gender-based violence is available (e.g. special counselling centres, ombudsmen, special courts, and legal support for victims)		94%	95%	95%	95%	93%	97%	
HIV, sexual and reproductive health, and gender-based violence services		67%	72%	77%	74%	76%	77%	
<p>The elements for this indicator are more directly linked to Joint Programme support, such as availability of relevant data for evidence-based services; existence of laws and policies addressing gender-based violence; mechanisms to report and address cases of gender-based violence and stronger integration. Relatively good progress as achieved with 66% of reporting countries having laws and/or policies and services to prevent and address gender-based violence meaning the 2021 UBRAF target was reached. However, this is clearly insufficient and there were relatively fewer countries that have integrated HIV, SRH and gender-based violence services in their laws and/or policies.</p>								

## Top achievements in 2020–2021

*Increased availability and use of knowledge and tools to promote gender equality in national HIV responses, including gender assessments, gender-responsive actions, budgets and indicators*

- 96.** The Joint Programme increased the availability and use of knowledge and tools to promote gender equality in national HIV responses. UN Women, the UNAIDS Secretariat and other cosponsors supported the national AIDS coordinating bodies in China, Central African Republic, Côte D'Ivoire, Ethiopia, Ghana, Kazakhstan, Malawi, Morocco, Sierra Leone, South Africa, Tajikistan, Uganda and United Republic of Tanzania to conduct gender assessments of their national HIV responses and to use the findings to integrate gender equality issues into HIV strategies. In Ethiopia, findings of the gender assessment informed the national HIV strategic plan, which prioritized and costed actions to address gender- and age-related barriers and inequalities in access to HIV services.
- 97.** UNODC promoted gender-sensitive HIV services in prisons for women who inject drugs, those living with and affected by HIV, and survivors of violence in Afghanistan, Egypt, Kazakhstan, Malaysia, Moldova, Nepal, Sudan and South Africa. In Nepal, UNODC's advocacy resulted in the establishment and implementation of the first women-specific needle and syringe programme to prevent HIV and mitigate its impact. In Moldova, under the programme on gender-sensitive services, crisis rooms for women who use drugs, and their children, were piloted in 2021, as existing community and maternal centres do not accept women who use drugs.
- 98.** The Joint Programme facilitated the inclusion of gender-responsive indicators and budgets in national HIV responses. In collaboration with the UNAIDS Secretariat, UNFPA and UN Women, the Southern African Development Community launched a gender-responsive oversight tool for the region, with Mozambique becoming the first country to adapt and contextualize the tool. Technical support from UNDP, UNICEF, UN Women, WHO and the UNAIDS Secretariat led increased allocations for programmes targeting young women and gender-based violence in Global Fund funding requests in sub-Saharan Africa.

*Strengthened women's leadership in the HIV response, including in the development, review and implementation of national HIV strategies*

- 99.** The Joint Programme promoted women's leadership in the HIV response. Across 35 countries, UN Women supported the engagement of women living with HIV in the design and review of the national HIV strategies. UNDP supported the International Community of Women Living with HIV-Latina in Mexico to mobilize women living with HIV to report and follow up on cases of violence and discrimination in accessing HIV services. UNDP, UNFPA, and the UNAIDS Secretariat supported the Eurasian Women's Network on AIDS to conduct a community-led assessment on the impacts of the COVID-19 pandemic on women living with HIV across 10 countries.

*Scaled-up evidence-based interventions that transform unequal gender norms to enhance access to HIV prevention, treatment and care services for both women and men*

- 100.** With the aim of enhancing access to HIV prevention, treatment and care through the transformation of unequal gender norms, the Joint Programme promoted the power of girls' education to prevent HIV and mitigate its impact. The UNAIDS Secretariat, UN Women, UNFPA, UNESCO and UNICEF supported the global launch of the Education Plus initiative at the [Generation Equality Forum](#), with Benin, Cameroon, Gabon, Lesotho, Malawi, Sierra Leone and South Africa making commitments to promote free and quality universal secondary education for girls. The World Bank provided scholarships and other support to more than 2 million girls in western and central Africa to ensure that they could return to and remain in school. UNFPA, UNESCO and UN Women supported efforts in sub-Saharan Africa and Asia and the Pacific to expand the availability of CSE programmes that include a focus on unequal power dynamics and gender norms.
- 101.** The Joint Programme supported the scale-up of evidence-based interventions to transform unequal gender norms, improve access to and uptake of HIV services for both women and men, and promote better health-seeking behaviour among men. In Kyrgyzstan, the International Men and Gender Equality survey was conducted in 12

pilot communities, with support from UNFPA. It generated policy recommendations for a draft curriculum on transforming harmful masculinities. Across 12 countries, UN Women's efforts on transforming unequal gender norms contributed to better outcomes in HIV testing and treatment. UNDP's Targeting Men, Transforming Masculinities (TMx2) initiative was implemented in the Bolivarian Republic of Venezuela, Costa Rica, Côte d'Ivoire, Lebanon, Thailand, Ukraine and Zambia. For example, in Thailand, it has resulted in revisiting standard operating procedures for transgender prisoners to enhance their access to HIV and health services.

**102.** Women living with and affected by HIV benefitted from income-generating activities supported by ILO, UN Women, UNHCR, World Bank and WFP. World Bank activities across 92 countries included livelihood packages supporting women living with and affected by HIV. UN Women increased the access of women living with and affected by HIV to financial literacy education, income-generation opportunities and economic resources in over 20 countries. WFP supported thousands of women living with HIV and their families in Latin America and western and central Africa, providing COVID-19 commodities and support, food and trainings to enhance nutritional recovery and access to HIV treatment.

### *Strengthened implementation of evidence-based approaches to prevent violence against women and prevent HIV*

**103.** The Joint Programme invested in guiding and supporting the implementation of evidence-based approaches to prevent violence against women, prevent HIV and enhance access to HIV services. WHO and UN Women rolled out the [implementation package for the RESPECT Women: Preventing violence against women framework](#) to support effective programming, including in the context of HIV. Through the European Union and UN Spotlight Initiative to eliminate all forms of violence against women and girls, UNFPA, UNICEF, UN Women, UNDP, and others scaled up "SASA!", an evidence-based community initiative, in eastern and southern Africa to prevent gender-based violence and HIV. UNESCO piloted its "Connect with Respect" toolkit for preventing school-related violence in seven countries in sub-Saharan Africa and Asia. In 2019, ILO, UN Women

and other partners supported ratification in 11 countries of new global standards aimed at ending violence and harassment in the world of work: [Convention No. 190](#).

### *Support provided to effective response to violence against women and availability of services for survivors, including in humanitarian settings*

**104.** The Joint Programme supported the availability of services to prevent and respond to violence against women during the COVID-19 pandemic. UN Women led global advocacy to ensure services that respond to violence against women were deemed "essential" and advanced efforts to secure assurances of safe passage for survivors of violence to access services, particularly during lockdowns. UNHCR adapted programming to prevent and respond to gender-based violence including through shifting to remote service provision and strengthening collaboration with community-based groups and displaced women-led organizations. UNFPA, UN Women, WHO and others used the lessons from implementation of the [Essential Services Package](#) across 60 countries to maintain, adapt and improve services for survivors of gender-based violence, including access to post-exposure prophylaxis.

**105.** WHO guidelines and tools for responding to intimate partner violence and sexual violence were implemented in 71 countries, including in 31 countries in sub-Saharan Africa. In Namibia, the WHO guidelines have been operationalized into a clinical handbook and a pool of trainers, including those from HIV programmes, was established. World Bank projects in the Democratic Republic of Congo supported over 450 000 women survivors of violence and ensured that all reported eligible GBV cases who needed post-exposure prophylaxis were receiving it within 72 hours. ILO invested in economic empowerment of young women survivors of gender-based violence in Malawi and Zambia and promoted their access to HIV prevention services. UNESCO studies provided policy recommendations on addressing the impact of school closures on girls and their vulnerability to HIV, and informed Liberia and Nepal's policies on returning to school. UNODC, together with the International AIDS Society, International Network of People Who use Drugs, WHO and the UNAIDS Secretariat, highlighted the needs of women

who use drugs. At a side event at the High-Level Meeting on AIDS in 2021, they urged for the elimination of barriers frequently faced by women who use drugs and women in prisons in accessing services related to HIV, hepatitis and prevention of mother-to-child-transmission.

**106.** The Joint Programme responded to gender-based violence in humanitarian contexts. UNHCR, UNFPA and UNICEF provided protection, as well as legal, medical and psychosocial services, to survivors of violence, including post-exposure prophylaxis in cases of sexual assault and rape. UNHCR's new safety audit toolkit facilitated the ability to proactively identify and address risks of gender-based violence in humanitarian settings. Through its Safe from the Start programme, UNHCR facilitated survivors' access to quality gender-based violence prevention and response services, with nearly 70 000 women accessing post exposure prophylaxis for HIV and 382 health-care providers reporting strengthened capacity on clinical management of rape and intimate partner violence.

**107.** The Joint Programme conducted a [Joint Evaluation of its work on preventing and responding to violence against women and girls](#), which resulted in a strong set of recommendations which informed the Global AIDS Strategy and were followed by a forward-looking Joint Programme management response to key recommendations.

## KEY CHALLENGES AND LESSONS LEARNED

**108.** Increased political will, resources and concerted efforts are required to collect sex- and age-disaggregated data, conduct gender analyses, use the findings of the analyses to inform programming and planning, as well as develop gender-responsive monitoring frameworks, costings, allocation of budgets and expenditure tracking of national HIV responses.

**109.** The COVID-19 pandemic exacerbated existing inequalities, particularly gender inequalities, and hampered access to HIV prevention, treatment and care services. Unequal power dynamics and gender norms have a detrimental impact on the ability of women to access life-saving HIV services, as well as on male health-seeking behaviours; both should be addressed to expand access to effective HIV prevention, treatment and care.

**110.** The HIV crisis among adolescent girls and young women in sub-Saharan Africa remains severe. Millions of girls and young women globally are at risk of not returning to schools or universities due to COVID-19 disruptions, increasing their chances of child marriage, early pregnancies and acquiring HIV. While biomedical approaches for preventing HIV among adolescent girls and young women are crucial, the HIV response must intensify the prioritization and funding of initiatives that address social and structural factors which drive HIV infections, including unequal gender norms, gender inequalities and gender-based violence.

**111.** Violence against women and girls in all their diversity has been surging during the COVID-19 pandemic, affecting women's ability to prevent HIV and mitigate its impact. The above-noted Joint Evaluation urges an intensified focus on gender-transformative approaches to addressing the twin pandemic of violence against women and HIV.

**112.** Increasing push-back on rights, particularly SRHR, and shrinking spaces for civil society continue to disrupt women's engagement in national HIV responses. The voice and participation of women in the HIV response remains inconsistent, insufficiently institutionalized, inadequately monitored and poorly funded. The inclusion of women and girls as integral partners in country coordinating bodies, national dialogues, and community-led processes will uphold human rights and improve HIV outcomes.

# SRA 6: HUMAN RIGHTS, STIGMA AND DISCRIMINATION



*Punitive laws, policies, practices, stigma, and discrimination that block effective responses to HIV are removed*

## GLOBAL OVERVIEW

- 113.** In 2020, ninety-six countries had laws that criminalize the nondisclosure, exposure and transmission of HIV and an additional 39 countries had prosecuted such cases based on general criminal law provisions. Thirty-five countries maintained the death penalty for drug offences and 67 criminalized the consumption and/or possession of certain drugs for personal use. Sixty-nine countries criminalized consensual same-sex relations, including 6 that authorized the death penalty for such violations; 98 countries criminalized some aspect of sex work; and 13 countries criminalized transgender persons.
- 114.** In 25 of 36 countries with recent data, more than 50% of people aged 15–49 years displayed discriminatory attitudes towards people living with HIV.<sup>14</sup> The proportion of people living with HIV who reported being denied health services at least once

in the past 12 months ranged from 1.7% in Malawi to 21% in Peru and Tajikistan.

- 115.** Decriminalization strengthens HIV responses and save lives. The percentages of people knowing their HIV status and viral suppression among people living with HIV were significantly lower in countries that criminalize people living with HIV and key populations than in countries without criminalization. Conversely, countries with laws that advance nondiscrimination, the existence of human rights institutions and responses to gender-based violence had more effective HIV outcomes.
- 116.** The ILO and Gallup conducted a 50-country study on HIV-related stigma and discrimination in the world of work, which showed a need for stronger actions to address HIV-related stigma and discrimination. Almost 40% of respondents said people living with HIV should not be allowed to work directly with people who do not have HIV.



<sup>14</sup> End Inequalities. End AIDS Global AIDS Strategy 2021–2026, page 42, para. 139.

# JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 6

## UBRAF indicator progress

STRATEGY RESULT AREA 6: HUMAN RIGHTS, STIGMA AND DISCRIMINATION							
Indicator 6.1: Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services <sup>15</sup>	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
Measurements							
Criminalization of HIV nondisclosure, exposure or transmission	47%	48%	54%	51%	54%	55%	↑
Criminalization of same-sex behaviours, sexual orientation and gender identity	45%	41%	41%	43%	41%	43%	↓
Lack of alternatives to imprisonment for nonviolent minor drug-related crimes	54%	53%	55%	51%	55%	55%	↑
Bans or limits on needle and syringe programmes and/or opioid substitution therapy for people who inject drugs, including in prisons settings	51%	52%	55%	54%	56%	60%	↑
Ban or limits on distribution of condoms in prison settings	60%	61%	63%	62%	62%	61%	↑
Ban or limits on the distribution of condoms for young people	25%	23%	25%	24%	28%	25%	→
HIV screening for general employment purposes	7%	6%	8%	10%	15%	14%	↑
HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence)	8%	7%	6%	7%	7%	6%	↓
Restrictions to adolescent access to HIV testing or treatment without parental consent	63%	61%	61%	62%	57%	55%	↓
<p>The Joint Programme is a key player (providing advocacy, technical support and more) in supporting countries to identify and repeal or reform discriminatory laws and policies. In many instances, it enables progress on reforms of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support. During 2016–2021, there was progress against three types of discriminatory laws: criminalization of same-sex behaviours, sexual orientation and gender identity; HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence); and restrictions to adolescents’ access to HIV testing or treatment without parental consent. This is seen in the decreasing percentage of the countries where these laws exist. However, in other areas a lack of change or even regression is of great concern.</p>							

<sup>15</sup> This indicator does not allow for precise interpretation, due to its formulation and the great diversity of laws and policies in countries.

Indicator 6.2: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	<b>Status</b> 	53%	57%	61%	64%	66%	64%	
<b>Measurements</b>								
Any mechanisms in place to record and address cases of discrimination in relation to HIV		72%	79%	82%	83%	84%	84%	
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues including gender-based discrimination (e.g. dispossession due to loss of property and/or inheritance rights in the context of HIV)		77%	84%	83%	83%	84%	84%	
HIV-sensitive training programmes on human rights and nondiscrimination laws for law enforcement personnel, members of the judiciary and members of national human rights institutions conducted		70%	72%	76%	78%	75%	76%	
<p>For this indicator, the percentage for each individual mechanism providing access for legal support for people living with HIV all exceeded the 2021 UBRAF target, 70%. The percentage of countries having all these mechanisms at the same time also reached the 2021 UBRAF target. More work is needed to support countries to conduct HIV-sensitive training programmes on human rights and nondiscrimination laws.</p>								

Indicator 6.3: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—60%</b>	<b>Status</b> 	28%	30%	30%	32%	33%	40%	
<b>Measurements</b>								
Health care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives		57%	59%	63%	64%	67%	70%	
An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)		49%	49%	49%	52%	48%	56%	
Measures in place for redress in cases of stigma and discrimination in the health-care sector		57%	62%	63%	66%	64%	68%	
<p>The Joint Programme supports the development of improved measurements of scope, nature and impact of stigma and discrimination in the health sector (and beyond), as well as efforts to document them (e.g., People living with HIV Stigma Index and other tools). The 2021 UBRAF target for this indicator was not reached. However, the percentage of countries with measures in place to reduce stigma and discrimination in health-care settings increased from 28% in 2016 to 40% in 2021. To meet the target, more countries need to have available up-to-date assessments on HIV-related discrimination in the health sector.</p>								

## Top achievements in 2020–2021

*Countries supported in creating enabling environments that included the repeal of discriminatory laws and/or the creation of new laws protecting the rights of people living with HIV.*

- 117.** UNDP, the UNAIDS Secretariat and other Cosponsors supported 90 countries in creating enabling environments, including through advocacy, policy and programme support, and HIV legal environment assessments. This work contributed to the repeal of laws criminalizing unintentional transmission of HIV in Mozambique and Zimbabwe; decriminalization of consensual same-sex conduct in Angola and Bhutan; a new law in Chad protecting the rights of people living with HIV; two new legislative amendments in Ukraine that allow people living with HIV to adopt children, access assisted reproductive technologies and have improved access to reproductive and other health services; and the development of a strategy for mainstreaming HIV and human rights in the legal and regulatory framework in Sudan.
- 118.** ILO, the UNAIDS Secretariat and other partners supported several countries to enact HIV antidiscrimination laws and policies at national and provincial levels, including a new national nondiscriminatory HIV workplace policy in Côte d'Ivoire; the revision of the labour code in Haiti; an antidiscrimination bill in Indonesia; a workplace HIV/TB strategy for Kilifi County in Kenya; and HIV workplace policies in Malawi and Uganda. UNESCO, in partnership with GNP+ and the Global Network of young people living with HIV (Y+ Global) updated the 2012 "Positive Learning" recommendations on meeting the needs of young people living with HIV in the education sector. UN Women, together with various Cosponsors and women's organizations and networks of women living with HIV, worked towards the repeal of discriminatory HIV-related laws in Guatemala, Philippines, Rwanda, South Africa, Tajikistan, Ukraine, Viet Nam and Zimbabwe.
- 119.** In line with the new Global AIDS Strategy, cities were supported through the USAID-funded Joint UNAIDS-IAPAC Fast-Track Cities project, are addressing societal enablers such as stigma and discrimination, gender-based violence and human rights-related issues and are integrating HIV and other services. In eThekweni, South Africa, collaboration with the South African Human Rights Council helped bring young people living with HIV back into care through the Inanda project. The success of the project led to additional funds being raised to support the integration of HIV and COVID-19 services, and to address community-level stigma and discrimination.
- 120.** UNHCR intervened to stop the refoulement (or forced return) of refugees living with HIV from several countries. UNHCR also documented the troubling persistence of mandatory HIV testing in many settings, with 47 refugee operations in five countries implementing this discriminatory and counterproductive approach.
- 121.** UNFPA published the first-ever global data on the number of countries with laws and regulations that guarantee full and equal access to SRHR (SDG 5.6.2), including a dedicated section on HIV. In 2021, UNFPA also published a 2022–2025 Disability Inclusion Strategy.
- 122.** UNDP and the UNAIDS Secretariat undertook a review of legal and policy trends affecting people living with HIV and key populations in Asia and the Pacific from 2014–2019 to inform law and policy reform initiatives in the coming years. A database of laws of the 38 Member States of Economic and Social Commission for Asia and the Pacific (ESCAP) was created as part of this review. Despite some positive legal developments in a number of countries (such as in China, India, Pakistan and the Philippines), numerous legal and policy obstacles continue to limit access to prevention, testing, treatment and care services. Stigma and discrimination often remain embedded in laws and policies.
- 123.** The overly broad application of criminal law to HIV nondisclosure, exposure and transmission raises both serious human rights and public health concerns. In at least 11 other countries, HIV tests are mandatory for some entry, residence and travel permits. At least 14 countries require compulsory HIV testing for some groups. There has been a resurgence of harsh laws and policies for drug control in some Asian countries, with

the use of criminal punishments rather than public health approaches. The review reaffirmed the recommendations from the expert group, convened by ESCAP and UNAIDS, which conducted a 2018 mid-term review of progress in implementing the Regional Framework for Action to End AIDS by 2030.

- 124.** UNDP, working with the UNAIDS Secretariat, the International Association of Prosecutors and civil society organizations, published guidance for prosecutors on HIV-related criminal cases, which presents ten principles that prosecutors and other actors involved in criminal justice administration can use to limit the overly broad use of punitive laws against people living with HIV

*Continued sensitization of judiciary law and enforcement officers on HIV and the law, including the negative impact of discriminatory laws*

- 125.** The Joint Programme continued to sensitize the judiciary through regional Judges Forums in Africa, the Caribbean and eastern Europe and central Asia as well as country-level actions. For example, judges from nine countries (Albania, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan) were sensitized on HIV and the law, including the negative impacts of criminalization, and the Ukraine National School of Justices was supported to develop an HIV-specific curriculum for the continuous learning of judges.

- 126.** In Burkina Faso, UNDP and the UNAIDS Secretariat supported sensitization on HIV and human rights for regional and national stakeholders, including customary and religious leaders, correctional officers, law enforcement officials and magistrates. In Algeria, UNDP and UN partners, in consultation with government and civil society stakeholders, supported the development of an HIV and human rights strategy. In Ghana, UNDP, the UNAIDS Secretariat and other UN partners supported national stakeholders in advocating against an anti-homosexuality bill which had been introduced in the Ghanaian Parliament. In collaboration with Egypt's National AIDS Programme and its Ministry of Health and Population, UNAIDS launched the

first series of engagements with religious leaders from Ministry of Endowment, El Azhar University and Coptic Orthodox Church to pave the way for policy changes.

- 127.** In eastern Europe, UNODC—jointly with national academies of Ministries of Interior and civil society organization—developed guidance material for police officers when interacting with people using drugs, including e-training courses and videos on HIV-related risks and alternatives to incarceration. Together with WHO, UNAIDS, UNDP, OHCHR and the International AIDS Society, UNODC supported the organization of a side event at the High-Level Meeting on AIDS 2021. Organized by the International Network of People Who use Drugs, the event raised awareness about the human rights barriers faced by people who use drugs and the effects of punishment and intervention on their lives.

*Convened the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and supported the participation of communities and networks of people living with HIV and key populations and civil societies.*

- 128.** The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination membership grew to 29 countries. The co-convenors of the Global Partnership (UNDP, UN Women, the UNAIDS Secretariat, GNP+ and the Global Fund) supported communities of people living with HIV and key populations to engage in the drafting of national antidiscrimination legislation in Jamaica; supported communities to engage with national ministries in Tajikistan, resulting in the decriminalization of unintentional transmission of HIV in a draft revision of the new criminal code; and supported networks of people living with HIV in Kenya and Lesotho to conduct or plan for the HIV Stigma Index.

- 129.** In partnership with the International Community of Women Living with HIV—Eastern Africa (ICW-EA), UN Women piloted approaches to address HIV-related stigma and discrimination against women in the context of the COVID-19 pandemic in Senegal, South Africa and Uganda. In Uganda,

ICW-EA provided inputs to the national plan on human rights, which has a strong focus on reducing gender-based stigma and discrimination.

**130.** UN Women facilitated the participation of women living with and affected by HIV in the reporting to the Committee on the Elimination of Discrimination against Women and implementation of its concluding comments. In Indonesia, UN Women mobilized 500 representatives of women's organizations, including organizations of women living with HIV and women in key populations, to prepare a joint shadow report for the Committee on the Elimination of Discrimination against Women to review in 2021, highlighting instances of discrimination and violence against women in all their diversity. In Chile, UNHCR collaborated with the national network of LGBTQI+ refugees and migrants to strengthen a network of nine national organizations working with LGBTQI+ refugees and migrants, and undertaking successful advocacy to persuade the national AIDS programme to develop guidelines for improving access to HIV treatment among refugees and migrants.

**131.** The Joint Programme supported civil society organizations to strengthen rights awareness and provide legal aid to communities of people living with and affected by HIV, including key populations. In Somalia, UNDP supported COVID-19, HIV and human rights training for networks of people living with HIV, representatives from the Ministry of Justice, and legal aid clinics.

## KEY CHALLENGES AND LESSONS LEARNED

**132.** The COVID-19 pandemic affected ongoing work with national stakeholders to address HIV-related stigma and discrimination, including legislative responses that limit freedom of movement, assembly, association and expression, as well as compulsory testing and treatment. Law and policies have a critical role to play in pandemic preparedness and responses. The [COVID-19 Law Lab](#) - a joint initiative of UNDP, WHO, UNAIDS

Secretariat, the O'Neill Institute for National and Global Health Law at Georgetown University, the Inter-Parliamentary Union and the International Development Law Organization—provides vital human rights information, including over 6,000 law and policy documents from over 190 countries, to 6,500 monthly users. The Joint Programme will continue to support countries to ensure that pandemic response measures are rights-based and strengthen national HIV responses.

**133.** Lack of adequate investment in programmes that address legal and structural barriers continues to undermine efforts to end AIDS by 2030. Limited data and inadequate use of available data to inform policy-making and programmatic actions also persist.

**134.** In line with the 10–10–10 targets, UNDP, in partnership with the UNAIDS Secretariat and key Cosponsors, is undertaking an evidence review of approaches, strategies and tactics used to reform and/or mitigate the impact of discriminatory laws, policies and practices that hinder access to services for people living with HIV and key populations. The evidence review will be available as an online compendium to support countries in their work towards reaching the 10–10–10 targets.

**135.** While digital technologies have the potential to improve access to services, especially for those left behind, and overcome barriers such as stigma, they can also present ethical and human rights challenges, including regarding privacy and non-discrimination. To share practical strategies to mitigate these risks, UNDP published guidance on the rights-based and ethical use of digital technologies in HIV and health programmes. UNDP is working with governments, other Cosponsors and civil society partners (including the Graduate Institute of Geneva's Digital Health and Rights Project and the UN University International Institute for Global Health) to advance rights-based digital health policies for HIV and health, as well as with populations of people living with HIV and key populations to advance rights-based digital health policies.

# SRA 7: INVESTMENT AND EFFICIENCY



AIDS response is fully funded and efficiently implemented based on reliable strategic information

## GLOBAL OVERVIEW

**136.** The funding gap for HIV responses is widening, with stark gaps in lower middle-income and upper middle-income countries. At the end of 2020, US\$ 21.5 billion (in constant 2019 United States dollars) was available for the HIV response in low- and middle-income countries, about 61% of it from domestic sources. Several funding commitments by donors for HIV were cancelled or drastically reduced in 2021. Some countries have made significant efforts to boost domestic AIDS financing, but most are unable or unwilling to allocate funding at the levels needed.

**137.** Inefficiencies, including failure to allocate limited resources to the most effective interventions or to focus resources strategically by location or population, diminish the impact of HIV investments and allow inequalities to persist. Declines in tax

revenues and higher fiscal deficit levels add to already unsustainable levels of debt in over 30 low-income countries. COVID-19 has compounded financial stress and is leaving high-burden countries dangerously unprepared for tackling current and future pandemics. Resources dedicated to rebuilding health and social systems through the COVID-19 recovery present opportunities for strengthening HIV responses.

**138.** Total HIV investments of US\$ 29 billion per year will be needed by 2025 to implement the Global AIDS Strategy and get on-track to end AIDS as a public health threat by 2030. However, the socioeconomic impact of the COVID-19 pandemic could also affect spending levels on HIV, health and other critical HIV-related development areas at a time of increasing need. In 2020 alone, an additional 100 million people were pushed into extreme poverty.

## JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 7

### UBRAF indicator progress

Indicator 7.1a: Percentage of countries with a HIV sustainability plan developed		2016 [N=26]	2017 [N=28]	2018 [N=37]	2019 [N=43]	2020 [N=45]	2021 [N=47]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	<b>Status</b> 	30%	29%	32%	37%	40%	36%	
<b>Measurements</b>								
The country has developed an HIV sustainability and/or transition plan		30%	32%	43%	49%	52%	54%	
<b>Countries who have developed an HIV sustainability and/or transition plan</b>								
		2016 [N=26/87]	2017 [N=28/87]	2018 [N=37/87]	2019 [N=43/87]	2020 [N=45/87]	2021 [N=47/87]	Progress 2016 to 2021
o The plan indicates sustainability and increasing domestic public investments for HIV over the years		96%	93%	95%	98%	100%	100%	
o The plan has influenced policy and resource generation and allocation in the country		92%	86%	89%	88%	82%	79%	

o The plan covers financial contributions from the private sector in support of the HIV response	35%	36%	35%	42%	49%	45%	
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The 2021 UBRAF target of 70% for this indicator was not reached. However, there was a significant increase in the percentage of reporting countries that developed an HIV sustainability plan and/or transition plan, from 30% in 2016 to 54% in 2021. While all these plans indicate increasing domestic public investments for HIV, the instances where plans are reported to have influenced policy and resource generation allocation in the country have fallen from 92% to 79%, and only 45% of plans cover financial contribution from the private sector for the HIV response.

Indicator 7.1b: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—80%</b>	<b>Status</b> 	<b>48%</b>	<b>47%</b>	<b>47%</b>	<b>51%</b>	<b>54%</b>	<b>54%</b>	

#### Measurements

A computerized monitoring system that provides district level data on a routine basis, including key HIV service delivery variables (ART and PMTCT)	72%	72%	74%	78%	77%	78%	
The country tracks and analyses HIV expenditures per funding source and beneficiary population	66%	64%	66%	69%	72%	74%	
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)	72%	71%	70%	69%	71%	74%	

The Joint Programme is a major provider of technical assistance to countries to develop investment cases or similar exercises to improve allocative efficiency at country level. A significant percentage of countries (ranging from 74–78%) have at least 1 of 3 key elements of the HIV investment cases (computerized monitoring system that provides HIV services delivery data; HIV expenditure tracking and analyses; country allocations based on epidemic priorities and efficiency analyses). Only 54% of 87 countries have all three components of the HIV investment cases.

Indicator 7.2: Percentage of countries with scale-up of new and emerging technologies or service delivery models		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 UBRAF target—60%</b>	<b>Status</b> 	<b>32%</b>	<b>34%</b>	<b>36%</b>	<b>40%</b>	<b>41%</b>	<b>46%</b>	

#### Measurements

Social media/information and communication technologies	77%	80%	82%	83%	86%	85%	
e-health and/or m-health tools for priority HIV services	46%	46%	48%	53%	55%	59%	
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression	60%	70%	75%	74%	72%	77%	

The Joint Programme promotes innovation in HIV service delivery, including e-health and mobile health for comprehensive sexuality education, HIV testing, ART case monitoring and other priority health services. In 2021, a high percentage of countries that reported using social media and other communication technologies and diagnostics for rapid diagnosis combined HIV/syphilis for monitoring of viral suppression, but a lower percentage of countries (59%) reported having e-health and/or m-health tools for HIV services. Forty-six percent of countries reported using all of these innovative technologies for service delivery, short of the UBRAF target for 2021.

## Top achievements in 2020–2021

*Support countries to improve sustainability through the mobilization of domestic resources, service integration and financing for prevention, and to address COVID-19 impacts, including direct support for greater evidence-informed focus for impact of Global Fund grants in over 77 countries.*

**139.** The Joint Programme emphasized mobilization of domestic resources and service integration as key strategies for strengthening the sustainability of the HIV response. Priority was given to high-impact locations, populations and programmes in countries' HIV responses and budgeting. In 2020–2021, 54% of countries where the Joint Programme operates reported having in place and using up-to-date quality HIV investment cases. In addition, UNFPA supported SRH investment cases in several countries, including Botswana, Nigeria, Uganda and the United Republic of Tanzania. The World Bank, UNAIDS Secretariat and partners conducted over 20 efficiency and effectiveness studies (including service cascade and prioritization). Modelling in Kenya targeted improving county-level HIV resource allocations. Allocative efficiency studies in over 10 countries (e.g. Botswana, Indonesia and Malawi) addressed HIV and comorbidities, while work in South Africa focused on optimizing outcomes along the HIV care cascade. The Joint Programme also supported a quality review of national HIV strategies in more than 20 countries.

**140.** The Joint Programme guided and supported evidence-informed Global Fund requests, grant implementation and the resolution of bottlenecks, including through contributions to at least 77 country coordination mechanisms. In 2020–2021, results of this critical partnership included: over 80% of HIV applications to the Global Fund, guiding US\$ 5 billion in HIV funding for impact; well-prioritized 28 HIV/TB country grants and 12 Global Fund strategic initiatives on HIV, such as condom programming in 4 countries and cross-cutting issues such as human rights and gender; greater focus on prevention programmes in Global Fund grants in 30 countries; grant reprogramming to ensure continuation of HIV services in the context of COVID-19 in over 10 countries; prioritized applications from 22 countries

for funding under the Global Fund COVID-19 Response Mechanism (C19RM), including the mobilization of US\$ 237 million for 4 countries in 2021; and inclusion of populations living with, at risk of and or affected by HIV in humanitarian situation in Global Fund's grants. In its capacity as interim principal recipient, UNDP managed 32 Global Fund grants in 22 countries and 2 regional programmes covering an additional 11 countries.

**141.** Responses to COVID-19 have demonstrated the importance of financing for health systems and social support. The World Bank Group created an initial fast-track facility of US\$ 14 billion including US\$ 6 billion to support health systems. It later added US\$ 20 billion to help countries acquire and distribute COVID-19 vaccines, as part of US\$ 157 billion in response and recovery financing.

**142.** The Joint Programme also focused on financial sustainability of HIV interventions in the context of UHC and COVID-19. The World Bank developed Health Financing System Assessments in Colombia, Côte d'Ivoire, Malawi, Viet Nam and elsewhere in Asia and the Pacific. The assessments in Indonesia informed a US\$ 150 million Primary Health Care Reform project to strengthen financing for health, including HIV-related services. In Egypt, UNDP assessed the sustainability of HIV prevention, care and treatment services for people living with HIV and key populations during the COVID-19 crisis, leading to innovative service delivery strategies (e.g. telehealth and postal dispatching of treatment).

*Improving impact, efficiency and equity in the use of resources through data-driven, targeted approaches and effective community responses, including through over 20 efficiency and allocation studies, health financing and HIV service sustainability assessments.*

**143.** The Joint Programme supported more than 10 countries with community-led responses and their financing to advance sustainability. Building on the NGO social contracting guidance, UNDP developed a [methodology](#) to calculate the social return on investment of social contracting through NGOs for HIV service provision, piloting the methodology in Belarus, Bosnia and Herzegovina, Morocco, North Macedonia and South Africa. This

work informed a [policy brief on social return on investment for HIV services](#). UNICEF, WHO, UNFPA and the UNAIDS Secretariat provided technical assistance and leveraged funding to community-based partners to close treatment access gaps by adapting service delivery to mitigate COVID-19-related disruptions.

**144.** To ensure that essential health financing reaches its intended beneficiaries, UNDP, WHO, the World Bank and the Global Fund formed the steering committee for the Coalition for Anti-Corruption, Transparency and Accountability (CATCH), working with governments and communities to institutionalize anticorruption mechanisms in the COVID-19 health response.

*Leveraging big data, artificial intelligence and technology to increase impact with available resources, including through community-based data collection and the development and deployment of digital service delivery tools in countries such as Lesotho, Panama and Tajikistan.*

**145.** The Joint Programme worked to leverage digital innovations to improve health service delivery and generate strategic information to guide health decision-making. For example, in Nigeria, UNDP worked with partners to develop a set of indicators focused on key populations to inform health programming. In Sierra Leone, UNDP supported community members to collect data related to HIV services as part of a national community-led monitoring system. The World Bank used artificial intelligence and big data to support the national HIV responses (e.g. in Armenia, Botswana and Zimbabwe), improving allocative and implementation efficiencies, and helping countries better leverage digital health tools. Strategic information guidelines aligned WHO, the UNAIDS Secretariat, Global Fund and PEPFAR indicators, strengthening unique identifiers, data systems' interoperability, security and confidentiality.

**146.** UNFPA, working with IITSO and UN Country Teams, accelerated digital health service delivery across countries through YouthCONNECT, a global digital platform for countries to expand delivery of quality SRH for women, girls and young people. The UNICEF-supported WhatsApp-based U-report

platform polled adolescents and young people to help tailor HIV programmes to their needs. In Lesotho, through the 2gether 4SRHR joint UN programme, UNICEF conducted client-centred WhatsApp and phone consultations to provide remote teleconsultation services for adolescent mothers and U-Report engagement to reduce barriers to service use, in partnership with UNFPA, WHO and the UNAIDS Secretariat.

**147.** In Indonesia, Tajikistan and Uganda, UN Women developed digital applications with and for women living with and affected by HIV. "DeLila" in Indonesia provides peer legal and psychosocial counselling to survivors of violence and facilitates referral to health services and police. In Uganda, with support from the Uganda network of young people living with HIV, a new [UNFPA SRHR App](#) helps young women and girls access accurate information and access services. The World Bank strengthened national digital health capacities to support the use of technology to improve the impact of and access to services for marginalized communities, including through digital health assessments. UNDP supported 86 countries in digital solutions and innovation for health, including an assessment of HIV-related stigma in Egypt, provision of health and psychosocial information to young people living with HIV in Ghana, and HIV testing and prevention services key populations in Panama.

## KEY CHALLENGES AND LESSONS LEARNED

**148.** Many countries have not realized their commitment to dedicate 25% of their HIV budgets to prevention. Programmes for key populations, adolescent girls and young women and programmes focused on human rights, social and structural inequalities are financed largely through international channels, if at all. Community-led responses remain under-funded. The economic impact of the COVID-19 pandemic and growing fiscal, food and energy crises may undermine the ability of some countries to protect health and social spending levels or mobilize external financing for the HIV response.

**149.** Insufficient domestic funding is compounded by inefficiencies. In many countries, efficiency and effectiveness analytics are still not consistently conducted and results are not always fully leveraged to improve targeting of resources and guide programming decisions.

**150.** More granular data collection and analysis are needed so decision-makers can better target limited resources to reduce inequalities and improve results. Particular gaps include: sex- and age-disaggregated data and gender analysis; individual-level data, especially on key populations and vulnerable groups (e.g. refugees); publicly available budget data; guidance on measuring incidence; tracking ineffective use of PrEP and cessation; and data on HIV self-testing results.

**151.** Leveraging technological innovations in digital health, big data, artificial intelligence and other technologies for reducing health inequities at scale, beyond the confines of discrete uses of individual applications in pilot initiatives remains a major challenge. Ensuring that vulnerable groups, especially rural women and girls, benefit from innovations must be a priority.

**152.** Key lessons to accelerate progress towards the 2025 targets include:

- ensure a broader HIV-related financing vision; a person-centred, multisectoral approach

addressing social and structural drivers of inequalities, progressive financing, UHC and social spending;

- increase domestic financing efficiencies and mobilize additional resources, mitigate COVID-19 impacts and leverage opportunities to build forward in ways that benefit the HIV response;
- improve the equality and strategic impact of resource allocations to achieve sustainable solutions for under-served populations;
- improve data quality and transparency to focus resources on settings, populations and approaches for greatest impact;
- enhance country-specific planning and increased use of allocative efficiency to strengthen service delivery and health outcomes, as well as programme tailoring based on data-driven analysis of needs and impact; and
- pursue initiatives to better leverage digital and other technological innovations to reduce inequalities and improve outcomes and access to innovations and digital resources for key populations, women and girls and other vulnerable groups.

# SRA 8: HIV AND HEALTH SERVICES INTEGRATION



People-centred HIV and health services are integrated in the context of stronger system for health

## GLOBAL OVERVIEW

**153.** Better integration takes numerous forms—from TB-HIV, HIV-SRHR and HIV-Reproductive, maternal, new-born, child and adolescent health integration to integration of services for HIV and noncommunicable diseases (NCDs). It involves including HIV-related services in UHC packages and integrating HIV-related needs in pandemic preparedness and response, as well as considering the links with nonmedical interventions that can affect HIV outcomes. Ever-increasing evidence points to the importance of tackling other comorbidities such as STIs, cervical cancer and other NCDs, and integrated provision of HIV services with SRHR and mental health services.

**154.** Also relevant is integration of critical functions, including those related to data and strategic information, the health workforce, health governance, financing and policy frameworks, which can enhance efficiencies and synergies. Integration and access to social protection services are critical to a sustainable, successful response to end the AIDS epidemic. Progress has been made, including new integration targets in the 2025 AIDS targets, but this transition takes time and a lot of work remains. COVID-19 has highlighted the fragility of some gains.

**155.** The 2016 UN Political Declaration included a target to strengthen national social and child protection systems to ensure that by 2020, 75% of people living with, at risk of or affected by HIV benefit from HIV-sensitive social protection. COVID-19 has highlighted the vital importance of robust social protection systems to mitigate the impact of pandemics. HIV-sensitive social protection increases the use of HIV prevention, treatment and care services by reducing financial burdens and other hindrances. However, key populations who face an increased risk of COVID-19 and associated adverse socioeconomic impacts that increase their vulnerabilities are often excluded from current social protection mechanisms, since they tend to work in the informal economy, lack requisite documentation, and experience stigma, discrimination and marginalization. In 2021, approximately 55% of the world's population had no social protection coverage, although social protection measures did increase in the response to the COVID-19 pandemic. By end 2021, 195 countries and territories had introduced and/or adapted a variety of social protection measures, with over 1 000 new and adjusted social protection measures recorded world-wide by June 2020). Many of those interventions were temporary, however.

## JOINT PROGRAMME CONTRIBUTION TOWARDS ACHIEVING SRA 8

### UBRAF indicator progress

Indicator 8.1: Percentage of countries delivering HIV services in an integrated manner		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
<b>2021 target—80%</b>	<b>Status</b> 	64%	66%	68%	68%	68%	71%	
<b>Measurements</b>								
HIV, sexual and reproductive health, and gender-based violence services		67%	70%	71%	74%	76%	77%	

HIV and TB	91%	87%	87%	89%	87%	90%	
HIV and antenatal care	95%	95%	94%	93%	94%	95%	

In 2021, 71% of 87 reporting countries with Joint Programme presence delivered HIV services in an integrated manner such that clients can receive services for multiple interventions at one facility (during one visit). The percentage steadily increased since 2016 as more than 90% of these countries include TB and antenatal care services. The 2021 target was achieved. However, more countries still need to incorporate HIV, SRH and gender-based violence services in their HIV services.

Indicator 8.2: Percentage of countries with social protection strategies and systems in place that address HIV The country has a national social protection strategy/policy with all UBRAF components		2016 [N=72]	2017 [N=75]	2018 [N=77]	2019 [N=78]	2020 [N=78]	2021 [N=79]	Progress 2016 to 2021
<b>2021 UBRAF target—70%</b>	Status 	81%	84%	86%	82%	83%	84%	
<b>Measurements</b>								
The country has a national social protection strategy/policy		83%	86%	89%	90%	90%	91%	
<b>Countries with a national social protection strategy/policy</b>								
		2016 [N=72/87]	2017 [N=75/87]	2018 [N=77/87]	2019 [N=78/87]	2020 [N=78/87]	2021 [N=79/87]	Progress 2016 to 2021
The national social protection strategy/policy covers people living with and affected by HIV		85%	87%	88%	87%	88%	87%	
The national social protection strategy/policy covers orphans and vulnerable children		94%	96%	94%	90%	90%	91%	
National health insurance covers people living with HIV		2016 [N=67]	2017 [N=71]	2018 [N=75]	2019 [N=73]	2020 [N=71]	2021 [N=70]	Progress 2016 to 2021
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV		67%	68%	67%	71%	70%	73%	
Social protection programmes are provided to men and women		2016 [N=68]	2017 [N=72]	2018 [N=76]	2019 [N=74]	2020 [N=76]	2021 [N=77]	Progress 2016 to 2021
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV		65%	69%	71%	76%	75%	79%	
<p>The 2021 target, 70% for the percentage of countries with national social protection strategies and systems in place that address HIV has been maintained. These social protection programmes cover men and women living with and affected by HIV. In addition, in 2021, 73% of 69 countries having national health insurance reported that their insurance cover people living with HIV, up from 67% in 2016.</p>								

## Top achievements in 2020–2021

### *Leveraged Universal Health Coverage momentum to strengthen health systems and advance integration of HIV-related services*

**156.** The Joint Programme used momentum around UHC efforts to strengthen health systems, improve outcomes and enhance HIV response sustainability, working in the COVID-19 context to protect gains and advance integration of HIV-related services.

**157.** WHO and the World Bank co-convened UHC2030, a multistakeholder platform to strengthen health systems. UNICEF, the World Bank and WHO supported the Primary Health Care Performance Initiative to achieve UHC. UNFPA and WHO worked on a comprehensive SRHR handbook and toolkit, as part of their UHC work. UNFPA launched its new strategic plan, including expanded provision of high-quality SRH as part of UHC, and began to roll out a comprehensive SRH package. WHO and the World Bank released a global monitoring report on tracking UHC, documenting COVID-related affects on health services, including HIV, and produced another report spotlighting the impact of financial hardship on access to services, equity and UHC.

**158.** The Global Fund and the World Bank launched the first project under their [cofinancing framework](#), a joint-investment in Laos advancing UHC by increasing access to integrated essential services (including HIV and TB). The World Bank's Advance UHC Multi-Donor Trust Fund assisted low- and middle-income countries around UHC and transitioning towards increased domestic funding. The World Bank worked with country partners to define or revisit their health benefits packages, providing analytical support to define the most effective packages, including HIV services, and addressing service integration for HIV.

### *Advanced better and more accessible integrated HIV, TB and other services and strengthened health system capacity to respond to comorbidities (including TB, cervical cancer and COVID-19)*

**159.** The Joint Programme's efforts to advance better and more accessible integrated HIV, TB and other services, including for COVID-19, and strengthen health system capacity to respond to comorbidities

through policy changes, new tools and innovative approaches that are adapted to the country needs. UNFPA and WHO led the Inter-Agency Working Group on SRHR/HIV and advanced SRHR-HIV elements for the global HIV 2025 targets. They also developed [SRHR Infographic Snapshots](#) for 194 countries, monitoring SRHR integration. Building on the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial, WHO and the UNAIDS Secretariat developed integration guidance to support countries and donors.

**160.** Working with other Joint Programme members and other partners, WHO completed validation of EMTCT of HIV and/or syphilis in 10 countries or areas; adopted a regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific (with UNICEF, UNFPA and the UNAIDS Secretariat); and published treatment guidelines for HIV infection, hepatitis C and key STIs. Joint Programme efforts also advanced procurement of dual rapid tests for HIV and syphilis. A new series of WHO global health sector strategies addresses the decentralized delivery of HIV and related services, and a UNICEF series of country-costing analyses supports enhanced primary health care. In western and central Africa, UNICEF and WHO worked with partners to improve access to integrated service delivery models. In South-East Asia, UNICEF, UNDP, UN Women and the UNAIDS Secretariat worked to integrate HIV with mental health. The UNAIDS Secretariat supported community-based mental health services and psychosocial support for people living with HIV in Uganda. The UNAIDS Secretariat and WHO supported mental health integration in Global Fund grants.

**161.** Under Global Fund grants managed by UNDP, 854 000 people receiving HIV care were screened for TB in HIV care or treatment settings in six countries. The national TB programme in Moldova, in partnership with UNDP, is scaling up a mobile application for TB patients to video themselves taking required medicines, an approach that has almost doubled treatment adherence compared to the DOTS approach (Directly Observed Therapy Short course). UNODC and UNDP developed and piloted a digital tool to ensure continuous clinical, psychosocial support and rights-based monitoring

for people receiving opioid substitution therapy. In Djibouti, UNDP adapted HIV mobile clinics to conduct COVID-19 tests.

**162.** WHO, with the active engagement and contribution from the UNAIDS Secretariat, UNFPA, UNICEF and other global partners developed and released the Global Strategy for the elimination of cervical cancer, which includes special emphasis on HIV-cervical cancer linkages and comorbidity. WHO developed and published new guidelines for screening and treatment of cervical cancer to prevent cervical cancer with the inclusion of specific recommendations for women living with HIV. The UNAIDS Secretariat—as part of the Go Further public-private partnership with PEPFAR, the GW Bush Institute and other partners—continued supporting 12 eastern and southern African countries with active community engagement in scaling up screening and treatment for cervical cancer integrated with HIV care services. The UNAIDS Secretariat and partners supported the mobilization of over US\$ 9 million from the Global Fund for 12 sub-Saharan African countries. The UNAIDS Secretariat, WHO and the International Atomic Energy Agency supported Kenya’s Ministry of Health, First Ladies at national and county levels, networks of women living with HIV and other community groups with advocacy, resource mobilization and scaling up of integrated cervical cancer and HIV services for women living with HIV. In the United Republic of Tanzania, the UNAIDS Secretariat and WHO, together with partners, have supported resource mobilization, public-private partnerships, community engagement and scaling up cervical cancer services for women and adolescent girls living with HIV.

**163.** UNFPA, WHO and UNDP supported the PCB special session and report on cervical cancer and HIV, building on the WHO Cervical Cancer Elimination Strategy. UNFPA supported the roll-out of cervical cancer services, including for women living with HIV in several countries, including Botswana and Nigeria, where human papilloma virus self-sampling was launched for better detection of women and girls who are at high risk for cervical cancer.

**164.** The Joint Programme supported the integration of health and education. UNESCO, WHO and UNICEF partnered on the “Make every school a health promoting school” initiative, developing the Global Standards for Health Promoting Schools and various implementation guidance. Botswana, Egypt and Paraguay are working to adopt the standards. UNESCO trained over 2,000 education staff in China, India, Myanmar and Pakistan on health education, including HIV and sexuality education. UNESCO also convened a new school health and nutrition partnership with FAO, the Global Partnership for Education, UNICEF, the World Bank, WFP and WHO.

*Contribution to the expansion of social protection system and national social health insurance schemes in the HIV and COVID-19 responses*

**165.** The Joint Programme contributed to expand social protection systems, which served as an indispensable policy response to the COVID-19 pandemic and improved their inclusion of people living with, affected and at risk of HIV. UNDP supported 52 countries in promoting HIV-sensitive social protection including in the context of the pandemic and the recovery. UN Women promoted the economic rights of women affected by and living with HIV in over 20 countries by increasing their access to financial literacy education, income-generation opportunities and economic resources. The ILO programme on building Social Protection Floors extended support to 50 focus countries to increase access to social protection coverage for 130 million. UNHCR delivered approximately US\$ 670 million to some 8.5 million people in 100 countries, including in challenging contexts such as Afghanistan, Democratic Republic of Congo, the Islamic Republic of Iran and Yemen. WFP supported thousands of the most vulnerable households affected by HIV and COVID-19 to meet their essential nutritional needs through food, cash and voucher transfers with also supporting socioeconomic status.

**166.** In response to COVID-19, the Joint Programme issued a Global Call to Action on HIV-sensitive social protection urging countries to enhance the responsiveness of their social protection systems

to also address the needs of people living with HIV, including key populations, young people, women and girls, people with disabilities, refugees, asylum seekers, migrants, and populations in a state of food insecurity, malnourishment and in humanitarian settings. UNDP and ILO hosted a global dialogue on social protection for people living with HIV and key populations, convening participants from 52 countries to share strategies and good practices regarding more inclusive social protection schemes and informing development of a social protection checklist. The ILO released a working paper on making universal social protection a reality for people living with, at the risk of, and affected by HIV or TB.

**167.** WFP and the UNAIDS Secretariat collaborated with the Cameroon National Planning Association for Family Welfare, as well as the network of people living with HIV, in a cash transfer initiative to meet beneficiaries' needs for food, transportation, clothing, school fees and health services. In Mauritania, the World Bank and UNHCR worked with the Ministry for Social and Family Affairs to cover the majority of the refugee population, supporting the enrolment of 14 000 refugee households in the national social registry and 6000 households for social assistance cash transfers.

**168.** In Cambodia, UNDP and the Secretariat supported transgender people to identify poor households and determine their eligibility for various social protection programmes. That initiative has been expanded to include people who use drugs, entertainment workers, people living with HIV and persons with disabilities. In Ethiopia, UN Women facilitated a national dialogue between national ministries and the network of women living with HIV, which resulted in agreement on a set of policy actions and actions plans with multiple ministries to strengthen social protection schemes for women living with and affected by HIV. UNICEF collaborated with the Tanzania Social Action Fund, the Tanzania Commission for AIDS and other key stakeholders to implement and evaluate a "Cash Plus" model. It involves combining social protection and economic empowerment interventions with SRH education and services as part of the Government's cash transfer and livelihood enhancement programme.

**169.** In 2021, UNDP and ILO co-hosted a Global Dialogue on Social Protection for People Living with HIV and Key Populations most at Risk of HIV. The Joint Programme is already using the outcomes of the dialogue to inform policy and programming. For example, UNDP supported countries to consider including social protection for people living with HIV and key populations in the Global Fund COVID-19 Response Mechanism proposals. In Latin America and the Caribbean, a regional consultation organized with UNAIDS shared examples of good practice for greater inclusion of key populations and supported the development of a roadmap with recommendations to scale up interventions. ILO released a Working Paper on Making universal social protection a reality for people living with and affected by HIV or TB.

**170.** UNHCR advanced refugee inclusion in national social health insurance schemes. In Burundi, more than 600 refugee households were enrolled in the mutual health insurance scheme (which includes HIV-related care). An ILO study on medical insurance coverage for people living with HIV in Malaysia spotlighted the value of including HIV in public and private health. Leveraging links between nonmedical interventions and health outcomes, in a UN Women-supported program in Rwanda providing financial empowerment skills to women living with HIV, participants' attitudes on HIV treatment adherence improved and levels of stigmatization experienced dropped.

## KEY CHALLENGES AND LESSONS LEARNED

**171.** Although progress has been made in integrating HIV in health and social protection services, the track record is uneven and it remains poor in some areas. Siloed service delivery remains the reality in too many settings. For example, a review by the Global HIV Prevention Coalition highlighted the need to strengthen HIV prevention links with other health and development programmes, as well as for countries to better link and integrate HIV interventions with other health-care platforms and programmes.

**172.** As integration progresses, monitoring will be important to ensure the right mix and balance of HIV services, both through integrated packages and through stand-alone service provision options to meet the needs of particular individuals and populations and improve their access. This can be challenging, especially for key populations due to legal and social barriers (e.g. criminalization, stigmatization and a lack of required documentation). Limited domestic capacity and inadequate legal, policy and regulatory frameworks also remain an issue and will require additional support and advocacy going forward.

**173.** It is important that integration not compromise the (specific) social and structural components of the HIV response, including those that tackle legal barriers, stigma, discrimination, human rights protections and gender and other inequalities. Successful integration will require even greater support to strengthen the capacity

and performance of the health and social service systems on which delivery depends, particularly at the primary care level. It also requires community engagement for awareness raising, service demand generation and ensuring continuum of care and other services. Linking and integrating nonmedical services that have a significant impact on HIV outcomes, such as social protection, also remains a challenge. As the COVID-19 pandemic grew, many of those systems became stressed and fragile.

**174.** Despite an increasing number of countries investing in social protection and the intensified action and investment during the COVID-19 pandemic, social protection systems remain patchy in many countries, face multiple challenges (including a lack of human and financial resources) and do not systematically include people living with HIV, affected and at risk of HIV, especially key populations. Here, too, much remains to be done.

