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This section presents an overview of achievements, challenges and future actions by the UNAIDS Secretariat, organized against the five functions outlined in the 2016–2021 UBRAF.

S1. Leadership, advocacy and communication: maintaining the AIDS response on the agenda, positioned as an integral part of the SDGs

The UNAIDS Secretariat and all Cosponsors worked to ensure that HIV remains on the global, regional and country-level political agenda, positioned as an integral part of the SDGs.

As a result of the joint effort, issues related to HIV were raised at a number of 2018 high-level meetings and reflected in the related outcome documents, namely the Political Declaration of the High-level Meeting of the General Assembly on the Fight against TB (A/RES/73/3); the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/73/2); the Commission on the Status of Women Resolution 62/2 on Women, the Girl Child and HIV and AIDS; and the Commission on the Status of Women 62 Agreed Conclusions on the Priority Theme on Challenges and Opportunities in Achieving Gender Equality and the Empowerment of Rural Women and Girls.

At the General Assembly AIDS review on 3 June 2018, statements were delivered by the Secretary-General, the President of the General Assembly, and Member States from 3 regional blocs and 32 countries from various regions. World AIDS Day was marked by a statement by the Secretary-General, and tweets by the President of the General Assembly and by the ECOSOC President (the first World AIDS Day message by an ECOSOC president).

The UNAIDS Secretariat and Cosponsors worked to leverage the power and platform of various international and regional processes to ensure that HIV remains visible and that a progressive approach to HIV and key populations prevails.

In June 2018, at the Human Rights Council, the UNAIDS Secretariat worked with five countries (Brazil, Colombia, Mozambique, Portugal, Thailand) to pass a resolution recognizing and reinforcing the importance of human rights in the HIV response and calling for a consultation on promoting human rights in the response with a focus on regional and subregional best practices and strategies.

The joint African Union, United Nations and UNAIDS event on gender-based violence and the H6 Partnership organized at the United Nations General Assembly in September 2018 resulted in recommendations for better HIV integration in the training of troops before field peace and security missions.

The African Commission on Human and Peoples' Rights, with support from the UNAIDS Secretariat, undertook research on HIV and human rights in the African human rights system that resulted in the report HIV, the Law and Human Rights in the African Human Rights System: Key Challenges and Opportunities for Rights-based Responses to HIV. The report provided an overview of human rights barriers to the HIV response in Africa, highlighted best practices for addressing these barriers, and put forward bold recommendations for ensuring rights-based responses to HIV in Africa.

The UNAIDS Secretariat co-led two dialogues between the African Commission on Human and Peoples' Rights, the Inter-American Commission on Human Rights, and the United Nations on Ending Violence and Other Human Rights Violations Based on Sexual Orientation and Gender Identity and launched a joint report.

SADC and the East African Community, with support from the regional Joint United Nations Team on AIDS in eastern and southern Africa, institutionalized accountability frameworks on HIV prevention, sexual and reproductive health, HIV and sexual and gender-based violence, and took steps towards more effective programming towards adolescent girls and young women. The Joint United Nations Team on AIDS also assisted the SADC Parliamentary Forum to develop and endorse in December 2018 minimum standards for protection of key populations in the SADC region, and to develop a gender-responsive oversight model.

The Secretariat partnered with the UN Economic Commission for Africa, and provided support to the development and launch of UNECA Report "Healthcare and Economic Growth in Africa" ensuring that the HIV response sustainable financing, progressing financing for health, including policy actions to remove the user fees and reduce out-of-pocket expenditures feature prominently in the proposed health financing priorities. The Report emphasized the urgent need to increase domestic investments on health to address the needs of the triple transition: demographic, urbanization and epidemiological transitions, acknowledging the dual burden of NCDs and unfinished business of infection diseases, particularly HIV epidemic. Sharing and discussing the report in a round table dialogue between leadership of UNECA, AfDB, UNAIDS, and other partners with the AU Ministers of Finance in a dedicated meeting in Morocco advanced the UNAIDS goal of ensuring that HIV sustainable financing is part of the broader frameworks for health financing in Africa.

The Joint Programme's partnership with the EU focused on analysing and strengthening responses to the expanding HIV epidemic among men who have sex with men in eastern and south-eastern Europe (EU and border countries). The specific support areas included preparing and holding the 1st European Pre-exposure Prophylaxis Summit; modelling of the epidemics; Global AIDS Monitoring reporting; and analytics related to the epidemic among men who have sex with men.

The UNAIDS Secretariat and Cosponsors collaborated to support integration of HIV across health, at policy, programme and service delivery levels.

Engagement of the UNAIDS Secretariat, UNFPA, UNICEF, UN Women, WHO and the World Bank in the Every Woman Every Child movement, under the umbrella of the H6 Partnership, chaired by the UNAIDS Secretariat from 2016 through early 2019, was instrumental in maintaining visibility of HIV as part of sexual, reproductive, maternal, neonatal, child and adolescent health strategies and actions.

The topic of the thematic session of the 42nd PCB meeting was Ending Tuberculosis and AIDS: A Joint Response in the Era of the Sustainable Development Goals. The recommendations from the session fed into the deliberations at the United Nations High-level Meeting on Tuberculosis. The PCB thematic session influenced PEPFAR policy to prioritize the prevention, diagnosis and treatment of TB among people living with HIV.

Linkages between mental health and HIV were at the centre of a dedicated thematic segment at the 43rd PCB meeting. The discussion focused on approaches for addressing mental health and HIV from a human rights perspective, with greater community engagement and a holistic people-centred health care and social protection approach. This was the first time the issues of HIV and mental health were raised at the level of the PCB. One of the immediate outcomes of the thematic segment was the PEPFAR decision to establish a new technical area on mental health and HIV in the 2019 Country Operational Plan Guidance.

The UNAIDS Secretariat joined forces with PEPFAR and the George W. Bush Institute to launch the US\$ 30 million Partnership to End AIDS and Cervical Cancer among women living with HIV in Africa. With the support of the Partnership, cervical cancer screening and care have been integrated with HIV services for women living with HIV on antiretroviral therapy in Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia and Zimbabwe, with services further scaled up in PEPFAR-supported facilities.

The Joint United Nations Teams on AIDS at the country level supported counterparts in maintaining HIV on the national agenda. In 2018 a total of 173 of 193 countries (90%) came up with a full set of Global AIDS Monitoring data. Of 90 countries covered by the Joint Programme, 98% reported implementing the population–location principle; 82% adopted all Fast-Track targets that apply; and 84% focused on increasing the percentage of domestic funding for the AIDS response.

Challenges and future actions

Persisting and emerging pressing priorities drive attention further away from the unfinished business of ending AIDS, while disintegrating global consensus on many fronts—community, human rights, gender—impedes development progress. However, the integrated SDG

agenda provides multiple opportunities to advance the end of AIDS through other SDGs, and the AIDS response has valuable lessons to offer in delivering results for people and addressing effectively inequities, inequalities and exclusion.

In 2019 plans include a critical focus on maintaining matters related to HIV on the regional and country-level agenda and integrating matters pertinent to ending AIDS in major 2030 Agenda events such as:

- an SDG summit;
- a high-level dialogue on financing for development;
- a United Nations General Assembly high-level meeting on universal health coverage
- a high-level political forum with a focus on SDGs 10, 16 and 17;
- a midterm review of the Samoa pathway.

The UNAIDS Secretariat will continue to work with Cosponsors and partners to leverage political institutions and processes such as:

- the Commission on the Status of Women 2019 in positioning social protection and HIV;
- CND 2019 on a people-centred, human rights-based response to drug use;
- the Human Rights Council as follow-up to consultation on regional approaches to advance rights.

S2. Partnerships, mobilization and innovation: fostering partnerships for effective, equitable, sustainable response

The Joint Programme fulfilled its convening, agenda-setting and mobilizing mandate by leading the Global HIV Prevention Coalition, a major effort to revive the HIV prevention, with the UNAIDS Secretariat and UNFPA as co-conveners. The Coalition has re-established global, regional and national leadership on HIV prevention. In May 2018 during the World Health Assembly, 4 additional countries joined the Coalition, and ministerial commitment was witnessed when 14 ministers made statements on their progress and commitments made in the 2020 Road Map.

Supported by the regional Joint United Nations Team on AIDS in eastern and southern Africa, SADC joined the Global HIV Prevention Coalition and developed a framework for achieving the commitments made in the 2020 Road Map, while the regional Joint United Nations Team on AIDS in the Middle East and North Africa developed a plan for accelerating their commitment to prevention. A leadership panel during the Amsterdam AIDS Conference set the tone for the focus on prevention for the conference, with more than 500 people attending.

National AIDS centre directors from 21 countries met to exchange lessons and identify actions to accelerate national leadership and coordination of HIV prevention.

The Joint Programme, under the direction of the UNAIDS Secretariat, has been actively advocating and leveraging opportunities for health cooperation and south–south cooperation under the Forum on China–Africa Cooperation (FOCAC) and the Belt and Road Initiative (BRI) to advance cooperation on health development and achieving the ending of AIDS, and to ensure increased visibility of AIDS and the work of the UNAIDS Joint Programme in broader health development discussions. Working with partners, language on ending AIDS, access to medicines and local production were included in the outcome documents of the 2019 FOCAC Health Ministers' Conference, the FOCAC 2018 Beijing Summit, and the 2017 BRI Health Forum.

In collaboration with the Africa Centers for Disease Control and Prevention, the Joint Programme succeeded in supporting the installation of a situation room on HIV, which will be extended to other transmitted diseases. In order to ensure better HIV integration in the training of troops before field peace and security missions, recommendations were made as a result of the joint African Union, United Nations and UNAIDS Joint Programme event on gender-based violence and the H6 Partnership organized at the United Nations General Assembly.

The Joint Programme continued to bring about inclusive multistakeholder and multisectoral approaches to transform the AIDS response and address some of the major barriers to ending AIDS: stigma and discrimination, violence, marginalization, laws and policies. Reaching zero HIV-related stigma and discrimination is the goal of the recently launched Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, initiated by the PCB NGO Delegation and reenergizing political commitment. The Global Partnership was launched in late 2018, with the Global Network of People living with HIV, the UNAIDS Secretariat, UNDP and UN Women as co-conveners. The first global community consultation on the Global Partnership was held in June 2018 and the partnership was launched in December 2018. An initial priority is for 20 national governments to join the Global Partnership.

The Joint Programme continued its leading role in the Start Free, Stay Free, AIDS Free framework for ending paediatric AIDS. Working with PEPFAR, Cosponsors and the UNAIDS Secretariat mobilized and supported national efforts in 23 high-priority countries to reach the super-Fast-Track targets of the framework. The Joint Programme also supported the Free to Shine campaign, which the Organisation of African First Ladies Against HIV/AIDS and the African Union launched to accelerate actions to end AIDS among children and keep mothers healthy. Actions in western and central Africa were a high priority in 2018: the UNAIDS Secretariat joined with UNICEF to expand and improve elimination of mother-to-child transmission and paediatric treatment service in 9 countries (Burkina Faso, Central African

Republic, Chad, Côte d'Ivoire, Cameroon, Democratic Republic of the Congo, Equatorial Guinea, Ghana, Nigeria) in the region.

Momentum has continued for the Fast-Track Cities initiative throughout 2018. By the end of 2018, leaders of more than 300 cities and municipalities had signed the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic and committed to accelerating the response. The Paris Declaration was revised in 2018 to more explicitly include TB and viral hepatitis in the declaration. The UNAIDS Secretariat on behalf of the Joint Programme mobilized resources to provide support to 15 high-burden cities, together accounting for about 3 million people living with HIV, to accelerate their HIV responses and to reach the Fast-Track targets.

Direct support will be provided until the end of 2020 and will ensure the sustainability of the activities beyond the study period. Ten cities (Durban, Jakarta, Johannesburg, Kigali, Kinshasa, Lusaka, Maputo, Nairobi, Windhoek, Yaoundé) were successfully included during 2018 and were supported by the UNAIDS Secretariat at the global and country levels to develop strategic workplans and to start with implementation of activities. Results of the work in the first 10 cities in the first year of the project have been encouraging and include strengthened local political leadership and capacity of local stakeholders, identification of innovative interventions to reach marginalized groups, and better use of strategic data for evidence-based decision-making.

At the 43rd PCB the UNAIDS Sustainability Framework was endorsed. In a partnership between the UNAIDS Secretariat, UNDP and the World Bank, the People-centred Framework aims to address country needs for sustainable equitable solutions. It combines the objectives of mobilizing political commitment to invest and shift policies to reach those left behind, while sustaining human rights and gender equity; maximizing AIDS response investments combined with system and programme efficiency to reach control of the epidemic; and strengthening long-term sustainability by remobilizing a truly multisectoral response including advancing towards the SDGs and universal health coverage.

A particular focus is being placed on western and central Africa (Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Nigeria) to generate the analytical data and establish a country-driven process to move away from user fees that negatively affect access to HIV-related services and health. There are likely to be interesting developments as the Joint Programme transforms the policy document into country support, partnering with PEPFAR and the Global Fund alongside other stakeholders.

The Secretariat has established a new UNAIDS Technical Support Mechanism to maximise impact of technical support to countries aligned with Country Joint Programmes of Support to accelerate progress towards the Fast Track targets. Increased support to community-led responses, particularly in West and Central Africa, emphasis on addressing the needs of key populations in planning frameworks, generating strategic information to inform and mobilize

GF resources and facilitate access to service, aligning sub-national plans with Fast Track targets, and increasing efficiencies were the predominant results across support provided to more than 40 countries.

The UNAIDS Secretariat continued to support country and regional Global Fund grant applications in 2018 and provided technical and other support to ensure efficient and effective implementation of those grants. The development of a memorandum of understanding between the UNAIDS Joint Programme and the Global Fund, which began in 2018, aims to demonstrate the added value of the UNAIDS Joint Programme–Global Fund partnership by focusing on the results and impact of their collaboration at the country level.

In order to address the barriers that render marginalized populations vulnerable to HIV infection, the UNAIDS Secretariat worked with Cosponsors and civil society organizations to provide technical guidance for implementing a US\$ 36 million Global Fund grant to support essential HIV, TB and malaria services in Middle Eastern countries affected by humanitarian emergencies. Other support for evidence-based programming for marginalized groups included a collaboration with IOM to research HIV and migration in eastern and southern Africa, which informed a call for action by faith-based organizations. Seeking to remove human rights-related barriers to HIV, TB and malaria services, the UNAIDS Secretariat supported the operationalization of the US\$ 77.3 million Breaking Down Barriers initiative of the Global Fund by providing advocacy, coordination, capacity-building and technical guidance in 20 countries.

In partnership with the International AIDS Society, the International Association of Providers of AIDS Care, and the HIV Justice Network, the UNAIDS Secretariat convened a group of 20 leading scientists in the field of HIV to develop a Global Expert Consensus Statement on the Science of HIV in the Context of Criminal Law. The Statement was launched in 2018 and aims to update concepts of HIV-related risks and harms, based on the science of HIV; to improve understanding and use of forensic evidence on HIV transmission; and to ensure a fair and science-based application of criminal law.

The #BeTeamWomen platform was created by the UNAIDS Secretariat to amplify the call for accountability on gender equality and women's empowerment. It includes social media outreach components to promote knowledge about issues such as forced and child marriage, female genital schistosomiasis and cervical cancer.

The UNAIDS Secretariat continued to build on efforts to identify and pursue innovative health and financing solutions for the global AIDS response. Its newly created Office of Innovation conducted an all-staff innovation survey to capture proposals for innovation at UNAIDS and launched three projects in 2018—on fundraising, HIV and sexual and reproductive health and rights education, and using m-health to improve treatment adherence.

Challenges and future actions

Inclusive partnerships are key to effective, equitable, sustainable HIV responses and results for people at the country level. Space for civil society is shrinking in different parts of the world; there is a role for the United Nations development system to support Member States in delivering on the 2030 Agenda commitments (“We are determined to mobilize the means required to implement this Agenda ... with the participation of all countries, all stakeholders and all people”).

In 2019 highlights will include:

- the Global HIV Prevention Coalition, which will focus on sustaining political commitment and scaled-up implementation in 28 countries;
- the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, which will move to a full implementation phase, including securing commitment from 20 governments;
- discussions around universal health coverage, where UNAIDS Secretariat activities will focus on mobilizing community engagement around the right to health and universal health coverage; advocacy for inclusiveness and human rights; community responses; building on the AIDS movement; and working with universal health coverage as an enabler to ending AIDS;
- the UNAIDS Sustainability Framework, which will focus on implementation in 10 countries in particular and will report back to the PCB in December 2019.

S3. Strategic information: strategic information for decision-making and implementation

The UNAIDS Secretariat introduced or developed a range of activities to strengthen the accuracy of HIV-related data to serve programme needs in 2018. An impressive 173 countries reported data through the UNAIDS Global AIDS Monitoring system, including data from health-care facilities, household surveys and special studies of key populations. Countries also reported epidemiological estimates of new HIV infections, AIDS-related deaths and numbers of people living with HIV, HIV-related expenditures and budgets and the price of antiretroviral medicines.

The UNAIDS Secretariat supported 140 countries to produce epidemiological and financing estimates and to report key programme data, including data disaggregated by sex, age, subpopulation and geographical area. Estimates for an additional 31 countries were developed to contribute to regional and global estimates. Country programme data were validated in collaboration with WHO and UNICEF and then made publicly available on the AIDSinfo website (<http://aidsinfo.unaids.org/>).

Detailed analyses of the epidemic and response were presented in the 2018 global AIDS update report Miles to Go, other flagship publications, and reports to the General Assembly and the PCB. These reports documented important achievements while highlighting slow progress and setbacks in some regions.

The UNAIDS Secretariat led or participated in numerous other initiatives to improve country, regional and global generation of strategic information. Data visualization and analytics platforms (health situation rooms) were launched in Côte d'Ivoire, Lesotho, Uganda and Zambia. These innovative digital platforms merge data from multiple national data sources (e.g. District Health Information System, Logistics Management Information System, community data) into one system, allowing decision-makers and programme managers to easily view and analyse a selection of key indicators relevant to the country.

Countries were supported to use their data to identify programmatic gaps (especially for testing and treatment) and adjust their activities. Innovations introduced in 2018 included the use of a geospatial model in 10 countries, and the incorporation of district-level estimates into the District Health Information System 2. The UNAIDS Secretariat commissioned a model to identify the optimal mix of HIV testing modalities in Fast-Track countries to reach the first “90”.

Tracking resources

As part of the 2018 Global AIDS Monitoring process, the UNAIDS Secretariat collected data on HIV programme expenditure from countries and donors, and estimated funding gaps for low- and middle-income countries in all regions. These and other financial data are publicly available on a financial dashboard (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>), which can be accessed via AIDSinfo. The data show that an estimated US\$ 20.6 billion was available in 2017—about 80% of the 2020 target set by the United Nations General Assembly.

UNAIDS provided training and support to national staff and international and national consultants working in 40 countries for in-depth HIV resource tracking through national AIDS spending assessments. These expenditure analyses were used as inputs for national investment and sustainability plans, efficiency and sustainability analyses, and budgeting of national strategic and annual operational plans, as well as for the global and regional estimates and projections of resource availability and funding gaps that support advocacy and resource mobilization efforts.

Improvements to data and epidemiological estimates

Working with technical partners, the UNAIDS Secretariat refined a range of models for generating estimates on the basis of case surveillance and vital registration data, generating more geographically specific estimates and key population size estimates.

A new model integrated into the Spectrum estimation package more accurately captures recent trends in incidence for countries with generalized epidemics. The refined results were used for the PEPFAR country operational plans, which guide the programming of about US\$ 1.2 billion of United States funding to the AIDS responses of low- and middle-income countries.

New metrics for the epidemic transition were finalized in 2018, and country, regional and global values were published on AIDSinfo and in the Miles to Go report. A special collection of articles was prepared for PLOS Medicine, describing the background and functions of the measures used.

The introduction of new statistical methods and models should permit publication of sex-disaggregated data for the three “90s”. UNAIDS and WHO began a process to improve the use of data in the rollout of pre-exposure prophylaxis programmes in countries.

The Secretariat also calculated the economic returns of ending the AIDS epidemic as a public health threat. This analysis found that the incremental costs of achieving the Fast-Track targets in 2017–2030 were an estimated US\$ 13.69 per capita, while the incremental benefits of the resulting additional decreases in mortality amounted to US\$ 88.14 per capita (a return 6.4 times bigger than the resources invested).

Challenges and future actions

Deadlines for the current set of 2020 global programme targets and impact milestones agreed by the United Nations General Assembly will soon arrive. Looking ahead, the UNAIDS Secretariat has convened a diverse group of stakeholders to begin the process of developing a proposed set of programmatic targets for 2025. This process will also develop estimates of 2021–2030 resource needs. A major challenge for this process is devising clear and compelling global targets that also capture the need for a granular approach to target-setting, programme planning and implementation at national and local levels so that interventions can focus on the locations and populations of greatest need.

Other challenges to be overcome include a possibility that key populations are currently underrepresented in data collection, insufficient political will to finance robust surveys of these highly stigmatized populations, and the need to avoid human rights violations when data are collected for these populations.

The fields of epidemiology and health information systems are changing rapidly, including through the use of phylogenetic data and mobile technologies that provide increasingly granular understanding of national and subnational epidemics. Maintaining the leadership role of UNAIDS in HIV-related strategic information will require additional human resources and training.

Another challenge is global leadership in the HIV resource-tracking area needed given donor initiatives (Global Fund, PEPFAR), the momentum of universal health coverage, and the focus on health resource tracking at the health systems level. Discerning HIV programme specificities within integrated responses and services requires further and separate emphasis in addition to the system level. Thus, the need for strengthened capacities to collect, analyse and report spending data at country, regional and global levels.

2019 will witness the rollout of improved methods and tools such as:

online tool integrated with Spectrum estimates for calculating the percentage of people living with HIV who know their status in selected sub-Saharan African countries with national population surveys.

improved usability of tools to create estimates at the district level;

innovative models to improve key population size estimates and key population HIV estimates.

Other highlights in 2019 include the Global AIDS Update in July, the World AIDS Day report in November, launching of the Policy Visualization platform, rollout of health situation rooms in seven additional countries and the regional strategic information hubs.

S4. Coordination, convening and country implementation support: accelerating the momentum, closing the major response gaps, and advancing inclusion, gender equality and human rights

Making an impact at country level remained key to the operations of the UNAIDS Joint Programme. The Secretariat and Cosponsors worked together to support Member States to accelerate action to meet the Fast-Track commitments and reach the targets, placing an emphasis on ensuring sustainability of the response, its results, systems, services, civil society and financing. The Secretariat and Cosponsors collaborated to advance an inclusive, people-centred, human rights-based, gender-transformative agenda, supporting governments and non-government stakeholders to achieve the Fast-Track targets and position the AIDS response so that it contributes to country context-specific linkages within the spectrum of the SDGs.

Working together for results for people (with all Cosponsors)

In 2018, the Joint Programme completed the first full year of implementing its refined operating model that was developed in response to the recommendations of the 2017 Global Review Panel and endorsed by the PCB at its 40th Meeting. The model was designed to

achieve three overarching objectives: (i) ensure that the Joint Programme's resources are deployed where they are needed most; (ii) strengthen collaborative work and joint action at country level; and (iii) enhance accountability and results for people. The Secretariat and Cosponsors worked together to implement the model at country, regional and global levels.

Under the refined operating model, a standardised Joint UN Plan on AIDS was institutionalised as the main planning, management and monitoring tools enabling the Joint UN Teams on AIDS at country level to articulate their priorities and their added value in the national HIV response, and to position HIV-related work as a contribution to deliver on the broader UNDAF commitments. Joint UN Plans on AIDS focus on key people-centred country targets prioritised to address the most acute country needs and to achieve the greatest potential impact from collaborative UN support. In 2018, Joint UN Plans were implemented in 97 countries where the Joint Programme operates. In 71 countries, the Joint UN Teams on AIDS received additional funding in the form of a country envelope and used it to finance a proportion of the priority collaborative work under the Joint UN Plan. The Regional Joint UN Teams on AIDS provided quality assurance for country plans and use of the country envelopes and also facilitated support for country-level work. The UNAIDS Secretariat facilitated and supported the Joint UN Teams on AIDS at country and regional levels.

Implementation of the refined operating model reinvigorated the Joint UN Teams on AIDS at country and regional levels; helped operationalise stronger focus on results for people; advanced the Joint Programme in its consistent efforts to demonstrate a link between the UN effort and the results on the ground; and supported stronger linkages among the Secretariat and Cosponsors at country, regional and global levels.

National HIV strategy: inclusive dialogue, consolidated action (with all Cosponsors)

The national HIV strategy is a proven instrument allowing countries to strategically plan their HIV response and effectively position it in broader health and development agenda. In 2018, national HIV strategies and plans were reviewed or newly developed in a number of countries, including Botswana, Burkina Faso, Dominican Republic, Ecuador, Eswatini, Gabon, Georgia, Tunisia, Uganda and United Republic of Tanzania. The Secretariat and Cosponsors supported country stakeholders in maintaining an inclusive dialogue and jointly defining national priorities, setting targets and agreeing on the strategic approaches to accelerate action to Fast-Track the response and advance the end of the AIDS epidemic, as a contribution to attaining the SDGs.

Global HIV Prevention Coalition – new momentum around primary prevention (with UNFPA)

In 2018, the Secretariat and Cosponsors worked with 28 countries in across regions to fully operationalize the Global HIV Prevention Coalition and implement the HIV Prevention 2020

Roadmap. The Coalition, which is co-convened by the Secretariat and UNFPA, created new momentum on primary prevention. In the Coalition countries with high HIV prevalence, national prevention responses are now consolidated around five priority prevention pillars. In countries with concentrated epidemics, the emphasis is on the pillar for key populations.

Of the 28 coalition member countries, 24 have established or reinvigorated national HIV prevention coalitions or working groups; 23 countries developed or updated national prevention strategies, with national prevention targets aligned to the global Fast-Track commitments. All 28 Coalition countries reviewed and validated their prevention scorecards and the gaps that they face.

In 19 countries, including Ghana, India, Kenya, Malawi and Pakistan, steps are being taken to remove barriers to prevention service access. Packages for key populations are being developed in 21 countries, including Côte d'Ivoire, Eswatini and Morocco. In 16 countries with high HIV incidence settings, including Botswana, Eswatini and Zimbabwe, service packages are being developed that focus on adolescent girls and young women.

Despite this progress, major gaps persist, especially as relates to national capacity, systems for implementation at scale, and HIV prevention financing.

Testing and treatment (with WHO and UNICEF)

There has been remarkable progress globally in advancing towards the 90-90-90 targets: in 2017, the world had achieved 75-79-81. However, substantial challenges persisted, and progress varied by region and by population. The Secretariat and Cosponsors continued to jointly support countries in addressing these challenges.

In 2018, the Secretariat and Cosponsors played an important role in introducing and taking to scale innovative testing approaches, such as self-testing, partner notification and index testing, including in Belarus, Eswatini, Lesotho, Rwanda, Viet Nam and Zambia. UN support was instrumental in the scale up of differentiated service models, tailored to country context and designed to reach the unreached in Cameroon, Ethiopia, Lesotho, Nigeria, Pakistan, South Africa and Ukraine, among other countries. The Secretariat and Cosponsors assisted governments and partners in Egypt, Indonesia, Madagascar, Thailand, Viet Nam and other countries to take decisive steps to address stigma and discrimination in healthcare settings. In Belarus, Kazakhstan and Ukraine, the Secretariat and Cosponsors were instrumental in achieving significant reductions in ARV prices, and in Papua New Guinea and Venezuela, in preventing ARV stockouts and ensuring an uninterrupted supply of medicines.

eMTCT and paediatric treatment (with WHO and UNICEF)

Support to countries to achieve the eMTCT and paediatric treatment commitments and targets remained a priority for the Joint Programme.

In 2018, Malaysia received its certificate of elimination of mother-to child transmission. Belarus and Thailand reconfirmed their eMTCT certification. With the support from the Secretariat and Cosponsors, a number of countries were implementing or preparing the elimination roadmaps, including Cambodia, Ecuador, Eswatini, Kazakhstan, Kenya, Madagascar, Republic of Moldova, Morocco, Mozambique, Namibia, Panama, Togo, Ukraine and Zimbabwe.

With joint UN assistance, countries continued to scale up, further decentralise and increasingly integrate eMTCT services, bringing them closer to clients and expanding service coverage, including in Afghanistan, Equatorial Guinea, Islamic Republic of Iran, Liberia, Sierra Leone and South Africa. The Secretariat and Cosponsors assisted in building capacity of service providers, including in Angola, Guatemala, Nigeria and Papua New Guinea.

In the western and central Africa region, the Secretariat and Cosponsors jointly mobilised leadership of the countries facing the greatest challenges for the High-level Meeting on Elimination of Mother-to-Child Transmission of HIV (eMTCT) and Universal Health Coverage of Paediatric HIV Testing and Treatment in West and Central Africa (WCA) Region; and provided hands-on technical support in the development of priority action and support plans in nine priority countries in the region (Cameroon, Chad, Côte d'Ivoire, Central African Republic, Democratic Republic of Congo, Equatorial Guinea, Ghana, and Mali and Nigeria).

The Secretariat and Cosponsors made significant contributions to scaling up paediatric treatment, including in Equatorial Guinea, Namibia, Zimbabwe and other countries. Joint Teams assisted with strengthening case-finding and early infant diagnosis, including in Cameroon, Mozambique, Nigeria, Papua New Guinea and South Africa. The Secretariat and Cosponsors played an important role in enhancing community support in linking and retaining pregnant women, mothers and children in care in Cameroon, Liberia, Mozambique, Nigeria and South Africa, among other countries.

The Secretariat and Cosponsors helped design and implement action under the Start Free, Stay Free, AIDS Free, including in Equatorial Guinea and Togo. Support was provided for the roll-out of the Free to Shine campaign, which is led by the Organization of African First Ladies for Development (OAFLAD) and the African Union, including in Angola, Chad, Lesotho and Mozambique.

Empowering communities (with all Cosponsors)

The PLHIV Stigma Index version 2.0 was launched in January 2018, after an extensive review. The revised Stigma Index is based on the same methodology as the previous version, placing people living with HIV at the centre, with the new version providing more focused information on barriers to HIV testing and treatment and a more in-depth examination for each key population of stigma and discrimination based on their key population status. In 2018, the new index was implemented in Latvia and Lithuania. Argentina, Brazil, Canada and Philippines initiated implementation, which continues into 2019. Several countries, including Argentina, Belarus, Botswana, Burundi and Ethiopia, started planning for implementation in 2019 with the support from the Secretariat and Cosponsors.

Aiming to strengthen the linkages among networks and amplify the voices of community advocates from people living with HIV, key populations, TB and other activists in the HIV, health and human rights space, UNAIDS re-launched the Community Advocacy Update. The first issue of the new Community Advocacy Update was dedicated to follow up to the High-level meeting on TB and giving voice to TB activists, reaching more than 6,000 people in all regions.

The Secretariat and Cosponsors continued to engage with faith communities, religious leaders and faith-based organizations, supporting them with practical, tailored, country-context-adaptable tools. As a result of this work, the faith-based organizations in the Democratic Republic of Congo, United Republic of Tanzania and Zambia put in place action plans in support of the national AIDS programmes. A manual on faith healing and HIV adherence was developed and pilot tested in Kenya and Zambia (English version) and Rwanda (French version). Supported by multi-stakeholder consultations in the Democratic Republic of Congo and Nigeria, manuals on positive masculinities and femininities went into implementation. In Nigeria, steps were taken to address stigma and discrimination in health care settings managed by or belonging to religious congregations.

The Secretariat and Cosponsors supported youth in implementing youth-led scorecards on national progress in implementing the 2016 Political Declaration on HIV, as perceived by young people. The youth-led score cards were implemented in Cameroon, Egypt, Fiji, Ghana, Mexico, Nigeria, Panama, Russian Federation, Ukraine and Zambia. The results confirmed that countries still face challenges to ensure and implement protective legal and policy frameworks, and youth participation remains an important challenge, especially as relates to budgetary decision-making. Young people were also engaged in creating specific country-level programming tools: (i) an online prevention compendium of tools for programmers, focused on adolescent and young key populations, was developed and pilot tested in Georgia and the Philippines, with the joint support from the Secretariat and Cosponsors; (ii) a mentorship module built on three regional inter-generational dialogues was developed and launched in partnership with PACT.

Human rights: advancing law reform, responding to crises (with UNDP and UN Women)

In 2018, the Secretariat and Cosponsors offered advice and hands-on support to national stakeholders, and specifically civil society, in more than 20 countries that experienced human rights crises or were undergoing law reform. The Secretariat, together with Cosponsors, engaged in resolving situations that affected communities of people living with HIV, key populations or advocates directly, such as through arrests, violence, disappearances, heightened harassment or changes in laws or policies that affect the AIDS response. Specifically, the Secretariat, in partnership with Cosponsors, worked together with civil society during arrests relating to sexual orientation and gender identity in Cameroon, Nigeria and the United Republic of Tanzania; provided expert advice and input in law reform processes on HIV criminalisation in Belarus, Chile, Estonia, Kenya, Malawi, Palau and Panama; criminalisation of same-sex sexual activity in Indonesia and Uganda; travel restrictions in China, Mauritius and Turkey; mandatory testing in Zambia; and access to medicines in the Republic of Moldova. The Secretariat and Cosponsors supported 20 countries engaged in the Global Fund's Breaking Down Barriers initiative to put in place comprehensive programmes aimed at reducing human rights-related barriers.

Advancing gender equality (with UN Women)

The Secretariat facilitated refinement of the tools to help countries measure and strengthen gender sensitivity of the national HIV-related action plans and strategies. The Gender Assessment Tool (first introduced in 2014) was updated to reflect the 2016 Political Declaration commitments and integrate new science and knowledge on ensuring a gender sensitive approach to HIV. The tool will assist countries in assessing the HIV epidemic, context and response from a gender perspective and in making the responses gender-transformative, equitable and rights-based. The application of this tool can inform the development or review of national strategic plans, country investment cases and submissions to the Global Fund. In 2018, with the support from the Secretariat and Cosponsor, a gender assessment of HIV response was carried out in Indonesia, identifying various factors, policies, programmes and financing at national and sub-national levels that inhibit, as well as support gender integration into existing HIV intervention programmes, and generating recommendations to inform the new national HIV action plan.

In many countries, the Secretariat and Cosponsors worked to ensure that national and local HIV responses are gender-responsive and contribute to advancing gender equality, and supported communities in developing gender-related solutions, including in Cambodia, Democratic Republic of Congo, Ecuador, Eritrea, India, Jamaica and Mozambique, among other countries.

The Secretariat and Cosponsors supported action on HIV and gender-based violence, assisting with development and implementation of action plans and building capacity of governments, civil society organizations and communities to prevent and respond to gender-based violence, including in Brazil, Cambodia, Cameroon, Central African Republic, Eswatini, Ethiopia, Papua New Guinea, Peru, South Sudan, Uganda and other countries.

Social protection (with ILO and the World Bank)

To meet the goal of ensuring increased HIV sensitivity of countries' social protection programmes, UNAIDS monitored the status of social protection as reported by countries and took steps to help countries understand and address country-specific gaps. Of the 113 countries with an approved social protection strategy, 72% are HIV-sensitive with respect to at least one of the six measures of HIV sensitivity; 83 countries recognize adolescent girls and young women as key beneficiaries; key populations are recognized as beneficiaries in 44 countries; and unpaid care work in the context of HIV is recognized in only 35 countries' strategies. With the Secretariat and Cosponsors providing technical advice and hands-on engagement, HIV and Social Protection Assessments were carried out in 2018 in Namibia, Lesotho, Uganda and United Republic of Tanzania, bringing HIV and social protection stakeholders and resources together to better understand the context and determine how to more effectively connect people living with, at risk and affected by HIV to social protection services.

Humanitarian settings (with UNHCR and WFP)

The Secretariat, together with Cosponsors, worked to ensure that national HIV strategies integrate and respond to the specific needs of people in humanitarian settings, and that the crisis response incorporates action to protect and support people living with and affected by HIV.

With the support from the Joint UN Teams on AIDS, HIV prevention, testing and treatment services were delivered to migrants, refugees and internally displaced populations in Bangladesh, Cameroon, Ecuador, Rwanda and other countries; food aid and nutrition support to people living with HIV was added in humanitarian crisis settings in Cameroon and South Sudan. Through collaboration with the national army and police, HIV awareness and test-and-treat campaigns were launched in Central African Republic and South Sudan focused on service men and women, their families and communities. In Kenya, following operational research, an alternative HIV service delivery model involving civil society was established for drought-stricken areas, enabling services to reach high-risk groups in largely inaccessible areas. In the response to weather events in southern Africa, the Joint Programme emphasized tracing and linking displaced populations to HIV services, inclusive of sexual and reproductive health, principally through local government and civil society, building on the GIPA principle and engaging further with networks of people living with HIV to reach hidden

populations migrating and residing in remote and inaccessible locations. HIV-related interventions were integrated in the UN system-wide Inter-Agency Action Plan on Sexual Exploitation and Abuse, with HIV messages disseminated through local radio programmes, sensitization campaigns and other channels. Integration of gender-based violence awareness, prevention and response was ensured in collaboration with the GBV sub-cluster under the humanitarian response programme for South Sudan.

Challenges and future actions

Community engagement is crucial in both maintaining the momentum and closing the response gaps in terms of HIV testing, prevention, treatment and addressing stigma and discrimination. While space for civil society is shrinking worldwide, the Joint Programme will continue to promote the meaningful empowerment and involvement of civil society in the HIV response to better identify the people left behind, connect people to services, and improve retention in treatment and care.

Joint efforts will be strengthened to support implementation of targeted and evidence-based programmes towards youth and key populations. This will be achieved through the generation of good-quality, up-to-date and disaggregated data on the HIV epidemic and response, to better answer data gaps worldwide and leave no one behind.

Structural barriers, systems failures and implementation bottlenecks are behind the slow progress and suboptimal health and development outcomes. These are likely to be common for a range of development areas and could be addressed more effectively through integrated SDG approaches.

Actions in 2019 will focus on the Joint Programme's joint engagement and country support as part of the United Nations Sustainable Development Cooperation Framework processes; rollout of country tools in 15 countries in sub-Saharan Africa to advance gender equality; development of concrete sustainability actions plans in at least 10 countries; conducting of Stigma Index Surveys in numerous countries; intensification of the Global HIV Prevention Coalition's actions, with a focus on key populations; and validation of elimination of mother-to-child transmission for 4 additional countries, aiming for a first African high-burden country to achieve validation on the path to elimination.

S5. Governance and mutual accountability: effectively responding to fast-changing context and evolving demands

The Joint Programme continued the implementation of the refined Joint Programme operating model, strengthening its effectiveness in countries, demonstrating value for money, and improving accountability through the refined Joint Programme Monitoring System. To increase transparency and accountability and to better communicate results, UNAIDS launched the updated Transparency Portal in 2018 (<https://open.unaids.org/>). This interactive platform provides information on UNAIDS country, regional and global level results (against Joint Programme priorities) and displays how UNAIDS raises and spends resources, along with funding trends. On the same platform the UNAIDS Secretariat continued to publish according to the standards of the International Aid Transparency Initiative.

Responding to the fast-changing contexts and evolving demands, the UNAIDS Joint Programme updated its Division of Labour to better align the Joint Programme's priorities and operating modalities with the 2030 Agenda for Sustainable Development and United Nations reform. The UNAIDS Division of Labour 2018 reaffirmed the unique nature and the value of the innovative UNAIDS partnership; reasserted the Joint Programme as a champion and forerunner of United Nations reform; and reconfirmed the centrality of achieving results for people to the Joint Programme work at all levels.

Thanks to the continuing commitment of major donors and intensified fundraising activities by the UNAIDS Secretariat, the Joint Programme mobilized core income totalling US\$ 189 million in 2018 (exceeding the target by US\$ 5 million), compared with US\$ 177 million mobilized in 2017 and US\$ 180 million mobilized in 2016. Most top UNAIDS donors maintained or increased their funding contributions. The donor pool extended, including several lower- and upper-middle-income countries in sub-Saharan Africa, central Asia and South-East Asia. In 2018 the UNAIDS Secretariat increased support for in-country resource mobilization and strengthened relationships with Cosponsor resource mobilization teams with the operationalization of a resource mobilization group.

In early 2018 the UNAIDS Secretariat launched its Management Accountability Framework, which operates in tandem with the Risk Management Framework (designed to identify and manage the likelihood or impact of a risk) and the Internal Control Framework (which provides the critical systems and structures necessary to ensure that UNAIDS operational, compliance and reporting objectives are met). A systematic risk management approach was introduced in May 2018 to identify, assess and manage risks and opportunities. These risk assessments are feeding into a 2019 planning exercise for all UNAIDS country and liaison offices and headquarters.

The UNAIDS Secretariat provided impartial support to the UNAIDS PCB Bureau to facilitate modelling of new ways to effectively address harassment in the United Nations, including for the operation of the Independent Expert Panel. The UNAIDS Secretariat successfully managed highly complex sessions of the PCB in June and December 2018 and provided intensive support between sessions to the PCB Bureau to prepare and organize the work of the PCB. The quality of this governance work was noted by the United Kingdom Department for International Development.

The 5-Point+ Plan launched in February 2018 is being implemented through inclusive, rights-based and sustainable change-management efforts, and contributing to positive working environment in the UNAIDS Secretariat. The aim of the Plan is to ensure that all forms of harassment and abuse of authority are identified early and dealt with swiftly and effectively with due process. The Dignity at Work Task Force and Integrity Hotline were established.

Work began on a more encompassing management action plan in response to the report of the Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat, with inputs from the UNAIDS Secretariat Staff Association. The process has been highly consultative and inclusive, and the action plan features far-reaching changes that will serve as good practice in the rest of the United Nations system.

The UNAIDS Secretariat launched its Gender Action Plan 2018–2023 to advance gender equality and empower women across the Secretariat. 54% staff are women as are 48% of UNAIDS country directors and gender parity has been reached at P4 level and above. The UNAIDS Secretariat ran the fourth cohort of its unique Women’s Leadership Programme and launched applications for the 5th round of its Mentoring Programme which has been opened up for men and women staff. Since its launch in 2014, 124 women staff have benefited from UNAIDS Leadership Programme

Evaluation

A review of the implementation of the Joint Programme Action Plan was undertaken in 2018. The review focused on the country processes of the Action Plan. The review was designed as a formative evaluation. It covered the period from June 2017, when the Action Plan was approved by the PCB, to May 2018. The review presents achievements, challenges and lessons learnt and provides recommendations for further implementation of the Action Plan.

Overall, the review showed good progress in the implementation of the Action Plan. In line with the objectives of the Action Plan, financial resources were being deployed where most needed; country-level joint work and collaborative action was being reinvigorated; and accountability was reinforced. However, the review highlighted several challenges, notably shrinking financial resources and limited human resources at the country level, which affect the Joint Programme's ability to deliver. The findings informed discussions at the 42nd PCB and helped shape the 2019 guidance on joint plans on AIDS and country envelopes, as part of the refined operating model.

A framework for an evaluation of the UNAIDS 2016–2021 UBRAF was developed. The evaluation is designed primarily for organizational learning but also for accountability purposes. It will assess the work of the Joint Programme in the first three years of the UNAIDS 2016–2021 Strategy and the UBRAF at country, regional and global levels. The evaluation should identify what the Joint Programme needs to—and can—do in the future, and how the UNAIDS Secretariat and Cosponsors will need to evolve to end the AIDS epidemic by 2030, given the changing AIDS context, shifting priorities and availability of resources.

There was increased engagement with evaluations of other United Nations entities through the United Nations Evaluation Group, with a view to carrying out robust systemwide and joint evaluations, strengthening ongoing quality assurance and assimilating guidance (e.g. on human rights and gender-responsive evaluations).

Challenges and future actions

The financing environment, both for the Joint Programme and for the broader HIV response, remains challenging. The resource mobilization group will actively engage to mobilize a fully funded UBRAF.

A major opportunity in 2019 will be ongoing alignment to United Nations reform. In this respect, the Joint Programme will continue to reaffirm ongoing implementation of the refined operating model with its orientation to the strategic focus and capacities of Joint Teams. Due attention will be given to the ongoing paradigm shift to a needs-based and country-focused

model aligned to supporting a set of national priorities where the United Nations has a clear comparative advantage to address specific bottlenecks.

Operating systems will need to be aligned and strengthened for a county-focused implementation, with attention paid to transaction costs. As well as continued effort to improve and strengthen performance reporting to the PCB, following the 42nd PCB decision points it will be necessary to improve planning in order to strengthen focus on the Joint Programme's results for people and impact on people's lives.

2019 will see the midterm review of the 2016–2021 UNAIDS Strategy and UBRAF, a road map for a consultative process on the next UNAIDS strategy and UBRAF after 2021, and work between UNAIDS partners on a possible United Nations General Assembly High-level Meeting on AIDS.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	140,000,000
Total	140,000,000

Table 2
Expenditure and encumbrances by UNAIDS Secretariat function (US\$)

UNAIDS Secretariat function	Core	Non-core	TOTAL
S1: Leadership, advocacy and communication	31,994,945	4,142,715	36,137,660
S2: Partnerships, mobilization and innovation	27,881,548	12,894,031	40,775,579
S3: Strategic information	14,192,545	4,280,528	18,473,073
S4: Coordination, convening and country implementation support	30,053,338	17,533,990	47,587,328
S5: Governance and mutual accountability	27,583,441	1,084,3299	38,426,740
TOTAL	131,705,815	39,935,593	171,641,408

Table 3
Expenditure and encumbrances by region (US\$)

Region	Core	Non-core	TOTAL
Asia and the Pacific	10,895,106	7,941,093	18,836,198
Eastern Europe and central Asia	4,183,294	4,431,282	8,614,576
Eastern and southern Africa	19,987,836	4,858,301	24,846,137
Latin America and the Caribbean	8,170,757	596,742	8,767,499
Middle East and North Africa	2,499,010	747,325	3,246,336
West and central Africa	18,162,049	821,532	18,983,581
Global	67,807,764	20,539,317	88,347,081
TOTAL	131,705,815	39,935,593	171,641,408

Table 4
Core expenditure by cost category (US\$)

Cost category	Expenditure and encumbrances
Staff and other personnel costs	101,005,188
Contractual services	5,887,184
General operating expenses	12,666,100
Transfers and grants to counterparts	3,333,859
Equipment, furniture and vehicles	776,461
Travel	4,462,428
Programme support cost	1463
Encumbrances	3,573,132
Total expenditure and encumbrances	131,705,815

Annex 1: UNAIDS Evaluation Plan 2019

UNAIDS 2016-2021 SRA	UBRAF 2016-2021 outputs	Evaluation title	Purpose of the evaluation	UN Partners	Type of evaluation	Planned completion date	Estimated cost	Source of funding
All	All	Evaluation of the 2016-2021 Unified Budget, Results and Accountability Framework (UBRAF)	The evaluation will assess the work of the Joint Programme in the first three years of the UNAIDS 2016-2021 Strategy and the UBRAF at country, regional and global levels. It is expected to provide actionable recommendations for the last biennium of the UBRAF and inform the development of UNAIDS next Strategy and UBRAF and the future positioning of the Joint Programme. The evaluation should identify what the Joint Programme needs to and can do in the future, and how the UNAIDS Secretariat and Cosponsors will need to evolve to end the AIDS epidemic by 2030, given the changing AIDS context, shifting priorities, availability of resources and UN reform.	All Cosponsors are engaged as members of the management and/or reference group of the evaluation	System-wide/joint evaluation	March 2020 (Draft report December 2019)	\$480,000	UNAIDS Secretariat core funds and \$50,000 contribution from UNICEF and UNFPA evaluation offices
Cross-cutting	Secretariat function 3: Strategic information	Strengthening Public Health Capacity and Strategic Information Systems	The evaluation focuses on the work of UNAIDS Secretariat on strategic information under a cooperative agreement with the US Centers for Disease Control. It will cover HIV estimates, health information system strengthening and data on key populations. The findings, conclusions and recommendations of the evaluation are expected to strengthen the collaboration between the UNAIDS Secretariat and CDC on strategic information. It is also expected to inform UNAIDS' work on strategic information at global, regional and country level more broadly and benefit stakeholders, including HIV and health information systems managers.	All Cosponsors will have an opportunity to provide input to the evaluation	Programme evaluation (global/regional/country focus)	December 2019	\$100,000	UNAIDS Secretariat non-core funds
Strategic result area 1	UBRAF output 1.4: High-burden cities fast-track HIV services	Evaluation of the UNAIDS Fast-Track Cities project	The evaluation will assess the relevance, effectiveness, efficiency and coherence of the USAID funded UNAIDS project in 15 cities. The aim of the evaluation is to inform the UNAIDS continued work in cities. It will also assess UNAIDS collaboration with the International Association of Providers of AIDS Care as part of the project.	All Cosponsors will have an opportunity to provide input to the evaluation	Programme evaluation	March 2020	\$70,000	UNAIDS Secretariat non-core funds

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