United Nations Population Fund (UNFPA)

Unified Budget Results and Accountability Framework (UBRAF) 2016-2021

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Achievements

Introduction

UNFPA strives for a world in which every pregnancy is wanted, every birth is safe and every young person's potential is fulfilled. Working on the ground in some 150 countries, UNFPA expands the possibilities for women and young people to lead healthy and productive lives.

Addressing HIV is integral to UNFPA's goals of achieving universal access to sexual and reproductive health, and realizing human rights and gender equality. It promotes integrated HIV and SRH services for young people, key populations, and women and girls, including people living with HIV. UNFPA also supports the empowerment of people to claim their human rights and access the information and services they need. UNFPA's work on HIV engages and empowers all the communities it is mandated to serve.

Medicines and commodities

Through improved forecasting and planning, and work with suppliers, UNFPA guarantees the best price for commodities. It manages the prequalification of condoms with WHO, and publishes the list of prequalified manufacturers of male and female condoms, which Member States and procurers use to buy international standard condoms. In 2016, UNFPA prequalified 30 male and 4 female condom manufacturers, compared with 27 male and 2 female in 2015.

UNFPA convened a meeting of heads of national authorities responsible for condom regulation and laboratories responsible for testing in 11 African countries. Quality challenges were discussed and a scientific forum was established to promote the use of personal lubricants to prevent condom breakage and discomfort.

Improving access to condoms and providing technical and financial assistance to countries remain priorities for UNFPA. In 2016, UNFPA supplied 9.7 million female and 403 million male condoms and 13 million sachets of personal lubricant. It is estimated that UNFPA condom procurement and programming averted almost 190 000 new HIV infections and 8.3 million STIs in 2014–2016.

To improve condom availability, UNFPA Johannesburg, with the Botswana Country Office, conducted a tour to a manufacturer in Gaborone, which has since been connected to UNFPA's procurement service branch for possible entry into the prequalification programme. Efforts to prequalify a South African-based manufacturing company are well-advanced.

UNFPA's East and Southern Africa Regional Office commissioned a multicountry, total market approach study to better differentiate commodity supplies, including: free-to-user public sector condoms for socially excluded urban and rural poor; socially marketed and other subsidized condoms for populations who can afford cost-sharing; and commercial condoms for those who can afford higher prices.

In Mozambique, UNFPA remained one of the largest contributors of contraceptives in the country, procuring 56% of contraceptives required, including condoms, in 2016. The contribution of the state budget to contraceptive needs increased from 3% in 2015 to 9.5% in 2016 due to advocacy from UNFPA.

Comprehensive eMTCT services

UNFPA supported a range of interventions to strengthen SRH services within Global Fund proposals and their implementation in 14 priority countries towards eliminating mother-to-child transmission. These interventions address family planning, condom programming and STI management, including eliminating neonatal syphilis. UNFPA provided input to the Global Fund technical brief on reproductive, maternal, newborn, child and adolescent health, ensuring a comprehensive approach that includes eMTCT services. It completed a tool for professionals for delivering comprehensive PMTCT services, covering the four prongs, and helped revise delivery guidance for HIV services.

Midwives are crucial to PMTCT services such as testing, counselling and contraception. As a partner in Uganda's midwifery programme, UNFPA helped recruit 90 midwives in 30 hard-to reach districts, supported training for 50 midwives who were recruited through a district bonding system and for 20 tutors, and developed the capacity of 18 institutions to train midwives to international standards. Skilled birth attendance and numbers of new family planning users have increased in 25 supported districts.

Combination prevention

UNFPA remained on course to increase access to sexual and reproductive health and rights (SRHR), especially for women and young people. An evaluation of its support from 2008 to 2015 found that UNFPA had helped increase the availability of SRH services for adolescents and young people. In 2014–2016, 33.4 million adolescents were provided with integrated SRH services, and more than 16 million women and girls in humanitarian crises were reached with SRH services and services to prevent gender-based violence. Training in health and education sectors, strengthening adolescent and youth-friendly services, empowering young people and engaging communities, including faith-based ones, are common actions in programme countries.

In 2016, more than 150 000 young people benefited from UNFPA-supported mobile health clinics in Myanmar, Nigeria, South Africa and Uganda. In eastern and southern Africa, through the Safeguard Young People programme, UNFPA reached half a million young people in eight countries with social and behaviour change communication and comprehensive sexuality education (CSE) programmes, including 811 000 out-of-school

young people. Almost 350 000 received adolescent SRH services and 37 million condoms were distributed. Seven countries now have maps identifying clinics, schools and hot spots of young populations. UNFPA supported the youth programme for the 2016 International AIDS Conference. More than 200 young people from 26 countries attended the pre-conference, where they received information on CSE and SRH laws and policies. UNFPA, working with the University of Pretoria, analysed laws and policies affecting adolescent SRHR, with the aim to harmonize legislation in 23 eastern and southern African countries.

In 2016, TuneMe, a youth engagement platform that helps young people access adolescent SRHR information, was launched in Botswana, Malawi, Namibia, Swaziland and Zimbabwe. In Swaziland, UNFPA supported community-based SRH clubs under the Girls Leading Our World and Brothers Reaching Out initiatives to reach greater numbers of adolescents and youth. In Viet Nam, UNFPA and the Youth Union supported six youth-led initiatives to deliver information on SRH and HIV.

UNFPA supported the inclusion of a range of interventions to strengthen SRH services within Global Fund proposals, including condom programming and managing STIs, and provided technical inputs to the Global Fund Adolescent Action Plan, ensuring a comprehensive approach to adolescent SRH services.

To increase the number of male and female condoms in low- and middle income countries to 20 billion by 2020 and meet the High-Level Meeting target, UNFPA and the Reproductive Health Supplies Coalition continued work with more than 70 condom manufacturers, public sector donors, representatives of government, NGOs and multilateral organizations, which together formed a multisector coalition, the Africa Beyond Condom Donation. Progress included market and willingness-to-pay studies and country high-level consultations. Support for condom programming continued in 59 countries via assessments, updated national strategies, coordination mechanisms, procurement and awareness campaigns such as “CONDOMIZE!”

Youth health and education needs

In Asia and the Pacific, Youth LEAD, founded with UNFPA support but now an independent organization, operates in 19 countries, with a focus on young populations that are at risk of or affected by HIV. The organization is an important example of improved regional capacity to advocate for adolescent and youth priorities as part of development frameworks.

UNFPA, the International Planned Parenthood Federation (IPPF) and the key populations project LINKAGES, brought together young panellists from eight countries to discuss their specific needs and challenges. Discussions led to agreed actions to address the unmet needs of young key populations, including: funding for “wraparound” services (e.g. transportation, food, clothing and health education services); organizing UN partners and youth networks to

help document best practices; fostering engagement with young key populations, including as researchers on projects; integrating best practices into LINKAGES; and developing a global strategy. UNFPA and LINKAGES will co-convene a technical advisory group to coordinate work. 134. In Botswana, UNFPA advocated for adolescents, young people and key populations such as female sex workers and men who have sex with men to be included as candidates for PrEP in HIV clinical care guidelines.

Building on the 2015 results and updated global guidance for adolescent SRH services, a draft programming document on HIV and SRHR of young key populations in eastern Europe and central Asia was developed to aid programming in nine countries and stimulate similar activities in the region and beyond. The Y-PEER youth education network continued to be an important vehicle to share information with youth and bring together communities, fostering open discussions on CSE.

CSE was supported across programme countries, with the goal to safeguard the health and well-being of adolescents and youth. At global level, a CSE Advocacy Hub shares online tools and promotes inclusion of young people, especially those who are most marginalized, in social movements and high-level platforms. In ESA, iCAN CSE resources were finalized with the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), for young people living with HIV and out-of-school youth. The resources were adapted in Lesotho, Namibia and Zambia. In Cambodia, a draft health education syllabus that includes CSE is undergoing ministerial review, and the multimedia initiative Love9 reached 1.7 million youth, increasing knowledge on HIV/STIs, contraceptives and on where to access health services.

In Nigeria, the web-based Global Mobile Project, “DaSubjectMatter”, is being implemented by Planned Parenthood Federation Global and with support from UNFPA. It uses mobile technology and social media to reach adolescents and youth with SRH information, linking them to trained providers for friendly, high-quality services in public and private facilities across 12 states.

HIV services for key populations

Since 2014, UNFPA has supported and built the capacity of sex worker-led civil civil society organizations in 47 countries around governance, project management, advocacy and the provision of HIV and STI services for sex workers. Examples in 2016 included technical help to train trainers from 8 African countries on condom programming with the Sex Worker Academy Africa, and a similar model in Indonesia for sex worker trainers. UNFPA supported HIV/STI programmes working with migrant and cross-border sex workers, and mobile clients in China, Kenya and Ukraine, among others. In 2016, 54 UNFPA Country Offices reported applying the implementation phase (working group, situation analysis, national integrated strategy, costed operational plan) of condom programming.

Capacity to use implementation tools for sex workers and for gay and other men who have sex with men was strengthened in 15 UNFPA field offices in eastern and southern Africa. In Kenya, an integrated package of HIV and SRH care for sex workers and their clients enabled more than 4,500 female sex workers and 500 clients to access services in Kilifi County. More than 1 million male condoms, 10 000 female condoms and 14 000 lubricant sachets were distributed. In Uganda, key population HIV and SRH services were developed through the Fast-Track Cities initiative, with 60 000 members of key population groups accessing them. Reduced harassment enabled sex workers to access HIV services more easily. Sensitization of police officers in Malawi reduced wrongful arrests of sex workers by 80% in 2016 compared with 2015 levels. In Harare, a 24-hour clinic provides integrated services for sex workers and other key populations who have experienced sexual assault and other violence. UNFPA's partnership with CSO LeGaBiBo (Lesbians, Gays and Bisexuals of Botswana) linked key populations to care through friendly health facilities.

In eastern Europe and central Asia, UNFPA continued to strengthen capacities of key population organizations, including sex worker and gay and other men who have sex with men network organizations, SWAN and ECOM, as well as the Eurasian Women's Network on AIDS. UNFPA supported ECOM's successful Global Fund regional proposal. It also helped translate the gay and other men who have sex with men implementation tool (MSMIT) into Russian and (along with the sex worker tool, SWIT) into Georgian, Kyrgyz, Tajik, Turkish and Macedonian. Copies were circulated to in-country partners and training was provided to enable organizations to use the tools. Simplified versions are increasing the training of service providers in Georgia and Kyrgyzstan. In Latin America, UNFPA Ecuador built the capacity of six sex worker organizations.

In Sudan, UNFPA helped train 150 NGO staff members in SWIT and MSMIT. These outreach and peer educators reached 62 000 sex workers and 47 650 gay and other men who have sex with men, of who 10 556 and 6,337 received HIV testing services, respectively. UNFPA helped Sierra Leone distribute condoms for sex workers and for gay and other men who have sex with men, and undertook an economic empowerment programme for sex workers to increase their livelihood options. In Togo, peer educators and mobile outreach staff delivered SRHR to sex workers. In Asia and the Pacific, an online information-sharing resource for key populations (Connect Effect) was introduced. Several countries empowered sex worker organizations and provided HIV/SRH services. In the Philippines, 3,100 female entertainment workers were reached with family planning services and 1,700 were provided with information on HIV, family planning and gender-based violence. In Pakistan, UNFPA supported HIV-family planning services for sex workers with information for more than 1,000 sex workers and 576 attending SRH clinics. Bangladesh developed HIV/SRH programmes, and in Mongolia, 58 000 mobile persons and 3,000 sex workers were reached with HIV/STI services, activities that contributed to reducing syphilis in sex workers from 30 per 10 000 in 2012 to 10

per 10 000 in 2016. In November 2016, UNFPA, WHO, USAID and IPPF convened the first consultation on personal lubricants. The meeting brought together more than 80 manufacturers, researchers and technical experts, sexual health advocates and educators, and international organizations that procure lubricants. They outlined the broad technical specifications and guidelines for non-toxic, long-lasting, condom-compatible lubricants that are safe and acceptable for all users and sexual practices.

By the end of 2016, UNFPA trained and assessed more than 80 personnel to deploy to humanitarian crises as GBV programme specialists, coordinators and information management officers. This investment in surge capacity means UNFPA will be among the first responders to deploy to any crisis.

Gender-based violence

With partners, UNFPA continued to roll out the essential services package for responding to gender-based violence and supporting victims through counselling, HIV/STI prophylaxis and testing services. An implementation toolkit was developed, with training in eastern Europe and the Middle East. Global mapping on gender-based violence was published, reviewing the extent of advocacy and policy guidelines, capacity development, knowledge management and service delivery. In Uganda, UNFPA supported social mobilization for preventing and responding to gender-based violence, reaching 2.5 million stakeholders and community members through the SASA! (anti-violence against women) approach, community activists, male action groups, peer educators, cultural and religious leaders and a media campaign.

UNFPA strengthened responses to Universal Periodic Review recommendations on gender and SRHR, ensuring protective systems for gender-based violence and protecting victims' rights. In Belarus, UNFPA supported a multisectoral task group to draft a comprehensive law to prevent domestic violence. In Haiti, UNFPA supported the Ministry of Women Affairs create a clearing house for gender-based violence related data.

UNFPA worked with civil society organizations in 47 countries to support programmes that engage men and boys on gender equality, and to promote SRHR. An online tool was published for engaging men and boys in SRH and family planning.

UNFPA provided technical inputs to mainstream gender equality in the new Global Fund strategic plan, ensuring a comprehensive approach to gender inequalities and reducing the vulnerability of women and girls to HIV. UNFPA also supported the inclusion of interventions to strengthen SRH services within Global Fund proposals, including those that aim to prevent and respond to gender-based violence.

HIV healthcare discrimination eliminated

UNFPA provided inputs to the United Nations Development Group (UNDG) Frontier Dialogue on ending HIV-related discrimination in health-care settings led by the UNAIDS Secretariat and WHO. The dialogue led to recommendations for UN agencies to work together to sensitize health-care providers and increase acceptance within health settings of people living with HIV and key populations.

UNFPA updated In Reach training materials to sensitize UN country teams to support and work with key populations at risk of HIV. Updates included normative guidance and adaptation for national level roll-out planned for 2017.

Efficiency and effectiveness of the HIV response

In 2016, a UNFPA-commissioned study on male condom use to prevent unwanted pregnancy and transmission of STIs, including HIV, examined the health impact of investment in condoms, scale-up costs and cost-effectiveness based on three scenarios for 81 countries during 2015–2030. An annual gap between current and desired use of 10.9 billion condoms was identified. The research found that meeting all demand for condom use would have a large health impact by preventing unintended pregnancy, HIV and other STIs: 90% condom use among high-risk groups over 15 years could avert 17 million HIV infections, 420 million unintended pregnancies and 700 million STIs.

Decentralization and integration

In 2016, UNFPA continued to provide technical and financial support to regions and countries to integrate and link policy, programmes, services and advocacy between SRH and HIV. The goal is to join SRH and HIV services or operational programmes to maximize collective outcomes. UNFPA expanded work with 10 eastern and southern African countries to provide integrated SRH, gender-based violence, HIV and STI services, including HIV test and treat referral.

UNFPA supported 13 countries compile infographic snapshots that detail SRH and HIV links through 150 indicators, nine of which have been endorsed thus far by countries. Another 25 snapshots are being drafted, mostly in sub-Saharan Africa.

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