



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (38)/16.7  
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### **THIRTY-EIGHTH MEETING**

**Date:** 28–30 June 2016

**Venue:** Executive Board Room, WHO, Geneva

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**Agenda item 4.1**

**Unified Budget, Results and Accountability Framework (UBRAF)**

**Performance Monitoring Report: Detailed Analysis**

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**Additional document for this item:**

- i. UNAIDS Performance Monitoring Report: Synthesis (*UNAIDS/PCB(38)/16.6*)

**Action required at this meeting:** included in UNAIDS/PCB(38)/16.6

**Cost implications of decisions:** none

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## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANCS	Alliance Nationale Contre le Sida
ANECCA	African Network for Care of Children Affected by AIDS
AP	Asia and Pacific
ARV	Antiretroviral medicines
ASLM	African Society for Laboratory Medicine
ATV	Atazanavir
AU	African Union
CADO	Conference on Antiretroviral Drug Optimization
CAR	Caribbean region
CD4	cluster of differentiation 4
CDC	Centers for Disease Control and Prevention
CEDAW	Committee on the Elimination of Discrimination against Women
CEWG	Cosponsors Evaluation Working Group
CONAVIHSIDA	Dominican Republic National Council for HIV and AIDS
CROI	Conference on Retroviruses and Opportunistic Infections
CSE	comprehensive sexuality education
DAI	Diagnostics Access Initiative
EAC	East African Community
ECOM	Eurasian Coalition on Male Health
ECOWAS	Economic Community of West African States
EECA	Eastern Europe and Central Asia
EID	early infant diagnosis
EMIS	education management information systems
EPRI	Economic Policy Research Institute
ESA	Eastern and Southern Africa
ESIAs	environmental and social impact assessments
EVD	Ebola virus disease
FbP	food-by-prescription
GARPR	Global AIDS Response Progress Report
GBV	gender-based violence
GNP+	Global Network for and by People living with HIV
HAART	highly active antiretroviral therapy
HICs	high impact countries
HIV	human immunodeficiency virus
HTC	HIV Testing and Counselling
IATT	Interagency Task Teams
ICASA	International Conference on AIDS and STIs in Africa
ICT	information and communication technology
ICW	International Community of Women with HIV/AIDS
IDPs	internally displaced persons
IMAGE	Intervention with Microfinance for AIDS and Gender programme
INPUD	International Network of People who Use Drugs
IPPF	International Planned Parenthood Federation
IPSAS	International Public Sector Accounting Standards
JPMS	Joint Programme Monitoring System
LA	Latin America region
LDCs	least developed countries
LGBTI	lesbian, gay, bisexual, transgender and intersex

LPV	lopinavir
MDG	Millennium Development Goals
MENA	Middle East and North Africa
mHealth	mobile health
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Surveys
MODEMU	United Women's Movement
NCDs	noncommunicable diseases
OHTA	Optimizing HIV Treatment Access initiative
OVC	orphans and vulnerable children
PADO	paediatric antiretroviral drug optimization
PAHO	Pan American Health Organization
PALM	Performance and Learning Management
PCB	Programme Coordinating Board
PCCs	police contributing countries
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLOS	Public Library of Science
POC	point of care
PORTIA	performance-oriented resources tracking
PrEP	pre-exposure prophylaxis
SADC	Southern African Development Community
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SDC	serodiscordant couple
SDGs	Sustainable Development Goals
SERAT	sexuality education review and assessment tool
SGBV	sexual and gender-based violence
SIDA	Swedish International Development Cooperation Agency
SOGI	World Bank Sexual Orientation and Gender Identity Task Force
SRGBV	school-related gender-based violence
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STDs	sexually transmitted diseases
STI	sexually transmitted infection
SURE-P	Subsidy Reinvestment and Empowerment Programme
TB	tuberculosis
TB-DOTS	tuberculosis-directly observed treatment
TCCs	troop contributing countries
TEE	tenofovir with efavirenz and emtricitabine treatment regimen
TLE	tenofovir with lamivudine and efavirenz treatment regimen
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
UBRAF	Unified Budget, Results and Accountability Framework
UNAIDS	United Nations Joint Programme on AIDS
UNDAFs	United Nations Development Assistance Frameworks
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNGASS	UN General Assembly Special Session
USAID	United States Agency for International Development
VMMC	voluntary medical male circumcision
WAHO	West African Health Organization
WCA	West and Central Africa

**Cosponsors**

UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
ILO	International Labour Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
WB	World Bank

## INTRODUCTION

1. The Programme Coordinating Board (PCB) has requested UNAIDS to produce an annual consolidated Performance Monitoring Report. This report, presented to the 38th meeting of the Programme Coordinating Board in June 2016, gives the PCB an overview of progress and achievements measured against the Unified Budget, Results and Accountability Framework (UBRAF), challenges and lessons learned. It presents progress against core indicators and expenditures, shows links to outcomes, goals and targets, distinguishes Cosponsors', Secretariat and joint results, and showcases country performance using the UBRAF structure, as requested by the Board at its 34th meeting (decision 7.4).
2. The report presents results at output level, tracking the expenditures and contributions of UNAIDS Cosponsors and the Secretariat. Progress against the 30 UBRAF indicators is presented and where analysis has produced particularly interesting data, this information is included. Thematic, regional and country reports, available online, provide more detailed information.
3. As it is not possible to present all the support provided by the Joint Programme under the UBRAF, this is a selection of the most significant achievements. As far as it has been feasible, they have been presented from contribution to outcome.
4. Reporting is underpinned by annual performance reviews – at global, regional and national levels – conducted by the Cosponsors and the Secretariat. Reviews identify achievements by the Joint Programme, resources budgeted and spent, areas where progress is not being achieved as expected and lessons learned. The reviews influence future actions across the Joint Programme and contribute to the reporting to the PCB, Cosponsor Boards, the Economic and Social Council and the United Nations General Assembly.
5. Supporting the achievement of the global targets within differing national contexts is the foundation of UNAIDS' work. At country level, Joint UN Teams on AIDS are responsible for developing and implementing Joint Programmes of Support, which are aligned to national HIV plans. These form the basis of reporting in the UBRAF. At regional and global levels, UNAIDS focuses on initiating processes and driving results where global public goods and coherence are most relevant.
6. As reported to the 37th PCB in October 2015, UNAIDS has worked to improve the clarity of performance reporting in order to show links between expenditures, outcomes and results. Accountability and transparency have been enhanced by refining and simplifying performance indicators, improving reporting through the Joint Programme Monitoring System, and strengthening dissemination of performance results, including through the use of infographics and a web portal.
7. At its 37th meeting, the Programme Coordinating Board requested UNAIDS to report annually on the implementation of the 2016–2021 UBRAF, demonstrating clearly the link between resources and results, cost and value consciousness, and accountability. The simpler structure, fewer outputs and improved indicators in the 2016-2021 UBRAF will enable this and contribute to a more streamlined reporting.

## A1: Reducing sexual transmission

### Output A1.1.1 Building capacity on HIV prevention programmes for young people

#### Indicators

**Indicator A1.1.1a: UN Joint Team contributed to strengthen national capacity among key stakeholders for the design and implementation of quality, comprehensive age-appropriate sexuality education in policy and curricula**

94% of Joint Teams (N=98) provided support to build national capacity in this area in 2015. This included 97% of HICs (N=37). Types of support provided were mainly advocacy, technical assistance and training of key stakeholders.

**Indicator A1.1.1b: UN Joint Team contributed to strengthen national capacity for the provision of essential sexual and reproductive health (SRH) services to young people**

96% of Joint Teams (N=98) provided support to build national capacity in this area in 2015. In HICs, the percentage rose from 97% in 2014 to 100% in 2015 (N=37). Advocacy and technical assistance represented the most significant types of support provided.

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	UNFPA	ILO	UNESCO	WHO	World Bank	TOTAL
Global	405 700	1 654 400	1 256 500	498 900	924 000	120 700	38 200	4 898 400
HICs	599 100	516 200	1 811 000	666 700	3 086 200	117 700	396 700	7 193 600
AP	116 100	392 300	68 100	5 000	491 100	49 100	22 700	1 144 400
CAR	-	144 500	188 300	-	144 700	12 800	3 000	493 300
EECA	25 500	185 800	252 200	-	380 700	39 200	27 000	910 400
ESA	203 200	582 200	212 700	15 300	600 300	23 500	13 300	1 650 500
LA	38 900	223 000	439 200	6 200	359 900	19 600	17 900	1 104 700
MENA	134 700	144 500	625 100	-	67 700	26 500	3 200	1 001 700
WCA	177 100	392 300	625 000	44 000	382 900	22 600	34 900	1 678 800
<b>TOTAL</b>	<b>1 700 500</b>	<b>4 235 200</b>	<b>5 478 100</b>	<b>1 236 100</b>	<b>6 437 400</b>	<b>431 700</b>	<b>556 700</b>	<b>20 075 700</b>

#### Achievements

Organization	Achievements
UNHCR	<p>UNHCR established the Youth Initiative Fund in 2013 to support projects led by young people addressing protection challenges they identified in their communities. By 2014, 16 operations were supporting projects on sexual and gender-based violence, peaceful coexistence, education, sexual and reproductive health, and HIV and livelihoods. The aim of the initiative is to help young people unlock their potential and build life skills that empower them.</p> <p>In 2014–2015, UNHCR and partners continued to offer reproductive health services tailored to the needs of young people. These included behaviour change communication programmes focused on sexual and reproductive health in refugee camps in countries such as Kenya, South Sudan and the United Republic of Tanzania. In Thailand, free condoms were made available in centres and shelters for unaccompanied minors, while in South Africa programmes focused on supplementing national efforts to improve HIV awareness campaigns for refugees, migrants and other persons of concern about their right to health care, including HIV prevention and treatment.</p>



Organization	Achievements
UNICEF	<p>UNICEF supported a review on mobile health (mHealth) and information and communication technology (ICT) in youth-oriented programmes with the C4D Network, a global community of professionals working in communication for development. It recommended enhancing formative research to ensure relevance, a broader package of integrated services and platform links, and segment information and strategies to respond to diverse ICT interests and profiles. Other recommendations included: considering design elements to maintain privacy/confidentiality in light of stigma; stronger monitoring and evaluation tools; partnering governments and the private sector to ensure scalability and sustainability; addressing the equity gap to guard against neglecting rural communities; and planning to phase out funding to ensure continuity.</p> <p>The MTV Staying Alive Foundation, with UNICEF backing, launched a fourth season of <i>Shuga</i>, the media series focusing on adolescents and youth. UNICEF also worked with countries on partnerships to introduce/improve links with the U-report, a text-message application for young people. These included supporting efforts to create demand, design programmes and monitor uptake.</p> <p>UNICEF helped 25 countries initiate programme assessment and data-driven planning exercises on adolescents. Working alongside stakeholders and adolescents, using a technical guidance document and tool developed with partners, country teams use the assessments to identify priority adolescent populations, locations and interventions. A synthesis report was developed based on the first five assessments.</p>
WFP	<p>WFP's school feeding platform was used to provide sexual and reproductive health education, since educated young people, especially girls, enjoy better health and can make informed choices for themselves, their families and future children. The platform drove school attendance in several countries, including the Republic of Congo, Ethiopia, Ghana, Lesotho, Myanmar, Swaziland and Zambia. For example, pupils at WFP-assisted secondary schools in Swaziland maintained an attendance rate of 97% in 2014, after which the programme was handed over to the Government. By staying in school longer, young people were less exposed to violence, alcohol, substance abuse, unprotected sex, sexual abuse, teenage pregnancies and HIV and sexually transmitted infections.</p> <p>A WFP-commissioned external evaluation in Swaziland confirmed the benefits of school feeding, including protection of adolescent girls from possible sexual exploitation and abuse, through which HIV may be transmitted.</p>
UNDP	<p>The key populations interagency working group developed a series of technical briefs on young key populations. These aim to catalyse and inform discussions about how best to provide health services, programmes and support for young men who have sex with men, young transgender people, young people who inject drugs and those who sell sex.</p> <p>As part of the All In initiative to end adolescent AIDS, UNDP's systematic desk review of age of consent laws has focused on the seven key areas of sexual consent: marriage; medical treatment without parental consent, especially for HIV/sexually transmitted infections; access to contraceptives; HIV testing and counselling; access to harm reduction and drug treatment; and participation in research.</p> <p>UNDP and UNESCO co-convoked the first Asia-Pacific Consultation on School Bullying on the Basis of Sexual Orientation and Gender Identity/Expression in June 2015. It was attended by 102 participants from 13 countries who developed action plans to address bullying.</p>
UNFPA	<p>UNFPA supported 73 countries in their efforts to align national sexuality education programmes with international standards.</p> <p>In 2014–2015 global youth networks were improved, leading to more effective messages on youth sexual and reproductive health and rights (SRHR) and HIV needs.</p> <p>UNFPA is part of the leadership group of All In, an initiative bringing together UN agencies and partners to drive results for adolescents by addressing programme and policy issues with their involvement. Global consultation with adolescents resulted in a roadmap for 2016 on reducing HIV infections among adolescents by 2020.</p> <p>Co-convoked by UNFPA, Have you seen my rights? is a youth movement set up in 2014 to ensure young people's sexual health and rights are not overlooked in the Sustainable Development Goals. In 2015, UNFPA supported 18 youth advocates from 11 countries to take part in high-level meetings pushing for recognition of SRHR priorities in national and global agendas and plans. National youth-led events were held in 25 of the 37 countries (68%) mapped out for lobbying. The events brought together stakeholders pushing for SRHR in implementing the 2030 Agenda for Sustainable Development.</p>

Organization	Achievements
<p><b>UN Women</b></p>	<p>In 2014–2015, UN Women advocated for the empowerment and meaningful engagement of young women and adolescent girls, including those living with HIV, in global and regional decision-making forums. UN Women contributed to an All In consultation on adolescent engagement and the Asia and Pacific Youth LEAD network’s NewGen leadership programme, to ensure that gender equality and adolescent girls’ representation in the HIV response were addressed. In Kenya, Malawi and Uganda, UN Women piloted the Engagement+Empowerment=Equality programme to mitigate the risk and impact of HIV for young women and adolescent girls. In 2015, the programme had mobilized more than 130 young women and girl advocates, including those living with HIV, to participate in designing and validating the All In country assessments</p> <p>UN Women successfully advocated for gender-transformative national HIV strategies that highlight the HIV-specific needs of adolescent girls and young women, and engaged these groups in planning and decision-making in Cambodia, Kenya, Mozambique and Uganda. Also in Kenya, UN Women supported the development of a four-year operational plan for ending AIDS among adolescents, launched by the country’s President, Uhuru Kenyatta in 2015.</p>
<p><b>ILO</b></p>	<p>Integrating HIV services into youth employment and economic empowerment programmes improves the appeal and outcome of youth-oriented HIV programmes. Over the past two biennia, 41 countries received ILO support to implement HIV youth programmes as part of initiatives to generate employment and income.</p> <p>In Zimbabwe, the ILO, civil society organizations and other partners supported an integrated youth programme funded by the Swedish International Development Cooperation Agency (Sida) that combined HIV services and entrepreneurial skills development with innovative microfinance initiatives. The programme led to a 14% decrease in the number of young women engaging in multiple concurrent partnerships and a 30% increase in HIV knowledge over a three-year period.</p> <p>ILO and UNFPA supported Malawi’s Pakachere Institute of Health and Development Communication to establish a Sex Workers Forum that advocates for the rights and better treatment of young sex workers. Integrated economic empowerment initiatives ensure the persistent problem of income security among young girls is addressed.</p>
<p><b>UNESCO</b></p>	<p>An accountability framework was developed to track the progress of the 21 countries involved in the UNESCO-led Eastern and Southern Africa Ministerial Commitment to scale up comprehensive sexuality education (CSE) and access to services for young people. Curricula were piloted in six countries and curriculum developers trained in four. Fifteen lesson plans were developed and an online teacher training course on CSE was rolled out in nine countries. In Zambia, a CSE programme was launched, targeting 1.75 million young people and 12 000 teachers.</p> <p>UNESCO convened a West and Central Africa regional workshop with stakeholders from 17 countries, resulting in a call for action and country roadmaps to better deliver education on HIV, sexual and reproductive health and gender-based violence.</p> <p>UNESCO developed a report on the global status of CSE, drawing on evidence from 48 countries. It will be published in partnership with UNFPA in 2016. The sexuality education review and assessment tool (SERAT) was revised, and the Inside &amp; Out CSE tool for civil society was applied in more than 32 countries in Africa and the Eastern Europe and Central Asia region. CSE assessment tools were also used in Bhutan, China and Thailand, with data collected from more than 15 000 students and teachers.</p> <p>In Africa, 31 countries received help to integrate core HIV indicators in their education management information systems (EMIS), through three workshops in 2015.</p>
<p><b>WHO</b></p>	<p>In 2014, WHO published <i>Health for the world's adolescents, a second chance in the second decade</i>, a report bringing together WHO guidance on adolescents across the full spectrum of health issues, including HIV. A list of interventions recommended by WHO for delivery at primary and referral level has been compiled, including interventions for HIV prevention, management and care.</p> <p>WHO also published <i>Core competencies in adolescent health and development for primary care providers</i>, which includes a tool to assess the adolescent health and development component in pre-service education of health providers. Among key competencies, it features HIV-related knowledge, attitudes and skills necessary to deliver quality services. The goal is to increase the quality of health-care services provided to adolescents by improving the education of primary health-care providers.</p> <p>WHO developed global standards for quality health-care services for adolescents. The guidance aims to support countries in addressing barriers to health care experienced by adolescents worldwide. It contains eight standards and implementation criteria, an implementation guide and a set of quality and coverage measurement tools to help countries assess their progress.</p>
<p><b>World Bank</b></p>	<p>Combination prevention for young people is a cornerstone of the World Bank’s global focus on HIV through its funding and analytical work.</p> <p>With male circumcision, World Bank analytical studies on demand creation, cost-effectiveness and return on investment emphasize age-specific intervention impacts. The Bank also focuses on prevention for young</p>

Organization	Achievements
	<p>people through its social protection research and programmes, which has a significant impact on vulnerable youth. World Bank-supported studies have shown how conditional cash transfers can reduce sexually transmitted infections for young people, potentially reducing HIV risk.</p> <p>The World Bank has modelled the impact of combination prevention on young people in several countries. In Namibia, for example, the Bank collaborated with the Atlanta-based Centers for Disease Control and Prevention to assess trends in new HIV infections in young people and adults using mathematical modelling. Preliminary analysis suggests HIV incidence between 2000 and 2014 was more than 50% lower than it would have been without programme activity.</p> <p>Such evidence and efforts have built the capacity of HIV programmers and policy-makers to make targeted decisions about which combination of HIV prevention programmes to implement for which young people in which areas.</p>
<b>Secretariat and Joint</b>	<p>In Cameroon, ILO and UNDP provided technical support to the Ministry of Employment and Vocational Training to develop a national action plan (2016–2020) to employ young people, integrating HIV prevention/care programmes within youth employment initiatives.</p> <p>ILO, UNDP, UNAIDS Secretariat and the UN Joint Team supported the development of the 2015 Kenya Strategy on ending AIDS among adolescents and young people. The strategy addresses economic empowerment and entrepreneurship, employment-related discrimination and an education sector workplace policy.</p> <p>In Zambia, WFP, UNICEF and UNFPA collaborated to invest in adolescent girls' health and good nutrition, using WFP's school feeding interventions as a delivery platform. Working with civil society, WFP and partners are undertaking research to understand the bottlenecks in accessing HIV and nutrition services. The first results are expected in mid-2016.</p> <p>UNDP and UNESCO launched the #Purple My School online campaign, which aims to create safe spaces for lesbian, gay, bisexual, transgender and intersex youth in educational settings throughout the Asia and Pacific region. National-level working groups to put plans into operation have been established with UNDP and UNESCO support.</p> <p>The World Education Forum 2015, led by UNESCO in collaboration with UNDP, UNFPA, UNHCR, UNICEF, UN Women and the World Bank, resulted in the Incheon Declaration being adopted. Hailed as a vision for education over the next 15 years, it includes comprehensive sexuality education targets. The declaration, <i>Education 2030: Towards inclusive and equitable quality education and lifelong learning for all</i>, will underpin targets in the Sustainable Development Goals.</p>
<b>Supplementary documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Technical brief. HIV and young people who sell sex. WHO, 2015</a></li> <li>• <a href="#">Emerging evidence, lessons and practice in comprehensive sexuality education, a global review. UNESCO, 2015</a></li> </ul>

## Output A1.2.1 Key populations partnerships in combination prevention towards universal access

### Indicator

#### Indicator A1.2.1: UN Joint Team contributed to strengthen municipal level comprehensive HIV prevention, treatment and care programmes for and with key populations

98% of Joint Teams (N=98) provided support to strengthen municipal level HIV programmes in 2015.

77% of Joint Teams engaged with organizations led by gay men and other men who have sex with men in the formulation, implementation and monitoring and evaluation of municipal level programmes addressing comprehensive HIV prevention treatment and care. In the same period, 72% of Joint Teams supported sex workers and 38% engaged with organizations for and with transgender people.

In HICs, the number of Joint Teams that provided support to strengthen municipal level HIV programmes rose from 92% in 2014 to 97% in 2015 (N=37).

**Core resources expenditure in 2014-2015 (US\$)**

Region	UNICEF	UNDP	UNFPA	ILO	UNESCO	WHO	World Bank	TOTAL
Global	172 800	344 700	1 363 600	349 300	196 700	510 200	75 500	3 012 800
HICs	68 800	1 161 800	1 596 000	200 600	257 200	405 200	528 900	4 218 500
AP	52 300	629 900	1 003 800	22 600	127 700	201 100	182 100	2 219 500
CAR	19 300	113 500	146 300	-	-	49 100	3 000	331 200
EECA	24 800	320 900	1 301 100	-	70 400	157 000	151 000	2 025 200
ESA	77 600	186 100	345 800	-	133 400	58 900	23 000	824 800
LA	29 700	275 500	347 700	21 500	-	51 000	30 300	755 700
MENA	19 300	94 200	63 500	-	-	78 500	21 600	277 100
WCA	52 300	103 100	223 000	14 400	20 900	58 900	68 600	541 200
<b>TOTAL</b>	<b>516 900</b>	<b>3 229 600</b>	<b>6 390 700</b>	<b>608 400</b>	<b>806 400</b>	<b>1 569 700</b>	<b>1 084 000</b>	<b>14 205 700</b>

**Achievements**

Organization	Achievements
UNHCR	<p>In 2014, UNHCR trained 80 staff in country operations across Africa and the Middle East. With modules on terminology, international law, operational protection that included health and HIV, and resettlement and refugee status determination, the focus was on practical guidance for UNHCR offices.</p> <p>In 2015, UNHCR released <i>Protecting persons with diverse sexual orientations and gender identities</i>, a global overview of the progress it has made in protecting lesbian, gay, bisexual, transgender and intersex (LGBTI) asylum seekers and refugees. The report suggests ways in which protection can be improved, including expanding engagement with LGBTI persons of concern, stronger technical support to country offices and training on confidential advocacy through human rights bodies.</p> <p>During 2014–2015 a number of UNHCR programmes at regional and country level provided care and assistance to LGBTI refugees, displaced persons and asylum seekers. For example, in Latin America, UNHCR built the capacity of government officials and staff at shelters to provide appropriate help, including protection for LGBTI asylum seekers and refugees, while UNHCR partners offered legal, psychosocial and material assistance.</p>
UNICEF	<p>UNICEF helped develop technical briefs highlighting policy and programme considerations for an effective HIV response in four key populations: adolescents who inject drugs; adolescents who sell sex; gay and bisexual adolescents; and transgender adolescents. UNICEF's contribution led specifically to the particular rights and needs of adolescents under the age of 18 being recognized in the briefs.</p> <p>UNICEF continued to support countries develop and/or revise national policies, strategies and frameworks to better address the needs of vulnerable adolescents, including girls, key populations and networks of adolescents living with HIV (Botswana, Kenya, Namibia). UNICEF supported the development and scale-up of multisectoral programmes (Kenya, Swaziland) addressing vulnerable populations, including adolescent girls (Swaziland) and adolescent key populations (Botswana, Kenya). It promoted HIV testing and counselling (HTC) and voluntary medical male circumcision in Lesotho, where 1300 adolescents were tested, and in Kenya it helped leverage HTC policy change. In Swaziland, it supported the innovative U-Report programme (a free, SMS-based system that allows young people to speak out), linking it to radio programmes and other communication activities.</p> <p>UNICEF, with WHO, supported the development of roadmaps for countries to step up the pace for HIV prevention in adolescents and HIV care and treatment in children and adolescents.</p> <p>UNICEF supported the Dakar Declaration to intensify advocacy efforts and programming for young key populations in West and Central Africa. In collaboration with UN partners and USAID, UNICEF supported the West African Health Organisation (WAHO) host the meeting in Dakar where ministry of health representatives from 13 of the Economic Community Of West African States committed to improving access to HIV and other health services for key populations through policy change and by addressing stigma and discrimination, especially for male adolescents who have sex with men and adolescent girls exploited in sex work.</p>
WFP	<p>WFP continued its partnership with the North Star Alliance to expand services along transport corridors at more than 30 roadside wellness centres in 12 high-prevalence countries in Africa (Botswana, the Gambia,</p>

Organization	Achievements
	<p>Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe). The partnership provides universal access to HIV prevention, treatment, care and support for mobile workers, sex workers and other affected populations. Each wellness centre has trained clinical and outreach teams, and an electronic health passport system that allows patients to access their health records at every clinic within the network.</p> <p>In South Sudan, WFP collaborated with UNAIDS Secretariat to raise awareness of HIV and AIDS among local communities along the roads, highlighting the potential risks they may encounter.</p> <p>In 2014, a food and nutrition component was incorporated into behavioural change communications outreach, which reached more than 139 000 people.</p> <p>In 2014–2015, WFP also provided emergency food assistance in various humanitarian settings to vulnerable, food-insecure and displaced individuals and their households, including those affected by HIV. This helps prevent coping mechanisms, such as transactional sex, that increase the risk of HIV transmission.</p>
UNDP	<p>UNDP worked to ensure the issues facing key populations were integrated into concept notes submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), including those for the Caribbean, sub-Saharan Africa and Asia and Pacific regions.</p> <p>In 2014–2015, UNDP served as interim principal recipient for grants focused on key populations, including a programme covering seven countries in south Asia. UNDP supported the outreach of national and regional Global Fund programmes to key populations; for example, through a grant covering 11 countries in the western Pacific. It helped governments strengthen focus on key populations, promoted use of the human rights component of a UNDP capacity development toolkit, and collaborated with civil society to include key population representatives in country coordinating mechanisms.</p> <p>UNDP and partners supported organizations of key populations in advocating for prevention, diagnosis, treatment and care in all regions; for example, the Asia Pacific Coalition on Male Sexual Health, and African Men for Sexual Health and Rights in sub-Saharan Africa. UNDP, UNFPA, WHO and partners completed new consolidated HIV guidelines for key populations, technical briefs on HIV and young key populations, and implementation tools for men who have sex with men and transgender people.</p> <p>In 2015, UNDP supported by the Office of the High Commissioner for Human Rights, civil society, academia and the private sector, launched the LGBTI Inclusion Index, with a component measuring right to health and access to health-care services.</p>
UNFPA	<p>UNFPA support for community networks enabled them to increase advocacy, policy dialogue and demand for services.</p> <p>UNFPA helped 46 countries engage at least one sex worker-led organization in designing, implementing and monitoring programmes addressing their HIV and sexual and reproductive health (SRH). Organizations of young key populations in nine countries, three networks of men who have sex with men and gay, bisexual, transgender and intersex people, and women living with HIV, received support for institutional development.</p> <p>Through leadership and technical input, UNFPA helped develop normative guidance on HIV and sexually transmitted infection (STI) programming for key populations. This focused on community empowerment and developing people-focused, human rights-based programmes and services, together with creating supportive environments for health-seeking behaviours and preventing the discrimination and violence experienced by people living with HIV and key populations. The sex worker implementation tool was rolled out in 18 countries and during the International Conference on AIDS and STIs in Africa in December 2015.</p> <p>UNFPA helped rights-based services improve their delivery, including through integrated SRH/HIV services and condom/lubricant programming in 18 countries, peer education and mobile outreach in 23, health worker sensitization and training in five, STI/HIV testing and counselling in 16, and social and behaviour change communication in 92 countries.</p>
ILO	<p>ILO worked with 33 countries to implement rights-based programmes that improved access to HIV services for key populations. For example, studies on working conditions, safety and health, and access to health services for sex workers were conducted in Cambodia, India, Thailand and Viet Nam. In Cambodia, advocacy based on study evidence led to Prakas (ministerial order) Guideline 194 being adopted, which ensures sex workers receive occupational safety and health and working conditions similar to those of other workers, a first in the region.</p> <p>In Thailand, ILO, the Thai Business Coalition and Bangkok Rainbow Association partnered with 20 gay saunas and sex clubs to make condoms, lubricants and HIV testing accessible. Of the 500 clients who received HIV testing on-site, 335 tested positive and were referred to treatment services. Going forward, the Bangkok City AIDS Programme, the United States Agency for International Development (USAID), FHI 360 (formerly Family Health International) and ILO will scale up to 40 locations.</p> <p>In Brazil, ILO, UNAIDS Secretariat and UNDP developed a manual on the human rights of lesbian, gay,</p>



Organization	Achievements
	bisexual and transgender workers. The manual was used to train 60 labour judges and is accessible to all Brazil's labour court judges.
UNESCO	<p>UNESCO enhanced country capacity to address the needs of young key populations, supporting the revised NewGen Asia leadership curriculum that was launched at the AIDS 2014 Conference in Melbourne and rolled out in Cambodia, China and Thailand. UNESCO, the UNAIDS Secretariat, Save the Children and the Global Network of People Living with HIV published a regional analysis of young key populations in national strategic plans. UNESCO collaborated with UNICEF on a handbook on understanding data for young people from key populations, and supported an ACT!2015 regional advocacy workshop to give young key populations a voice to influence the Sustainable Development Goals agenda.</p> <p>UNESCO worked with Myanmar's Department of Medical Research on a survey of 400 young people to inform planning for biological and behavioural research on men who have sex with men, and supported the Myanmar Youth Stars network's training module on HIV, sexual and reproductive health and youth leadership.</p> <p>In Thailand, UNESCO worked with ILO and Youth LEAD, the Asia Pacific regional network of young key populations, to support the Service Workers Group (SWING) in the development of an English-teaching training syllabus with sexual health content, which reached more than 300 people in 2015. UNESCO also worked with the Rainbow Sky Association to research sexuality education needs of young deaf men who have sex with men, and transgender people.</p>
WHO	<p>WHO, in collaboration with Measure Evaluation, USAID's flagship monitoring and evaluation project, the Global Fund and UNAIDS, organized a series of programme-mapping workshops for key populations in four regions and a global HIV surveillance consultation. Fifty-three countries participated in the training workshops, held in El Salvador, South Africa and Viet Nam in 2014, and Kazakhstan in April 2015.</p> <p>WHO developed a tool for countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations, including men who have sex with men, people in prisons and other closed settings, people who inject drugs, sex workers and transgender people. Published in 2015, it works as a supplement to the 2014 consolidated guidelines for key populations.</p>
World Bank	<p>The World Bank finances comprehensive HIV prevention programmes for key populations in priority countries such as Nigeria, where the HIV/AIDS Program Development Project funds scaled-up prevention interventions for sex workers and better access to HIV counselling, testing, care and support services. Similar large-scale operations targeting sex workers and men who have sex with men have been funded during the biennium in countries across the globe, such as Burkina Faso, India and Niger.</p> <p>The Bank provided technical assistance to scale up HIV services for female sex workers, helping countries with size estimations and programme mapping, and organizing regional trainings to enhance the capacity of country programme managers and implementers to deliver services to key populations. This programme science approach helped, for example, six countries in West and Central Africa improve the national response for key populations, particularly female sex workers. It conducted additional analysis on the effect of formal versus informal sex work on HIV prevalence among women in west African countries. The Bank advocated for combination prevention for key populations through publications; for example, on the economics of treatment as prevention in key populations. It supported a collection of peer-reviewed manuscripts, <i>Achieving HIV impact with sex workers</i>, published by the PLOS (Public Library of Science).</p>
Secretariat and Joint	<p>The UNDP and UNFPA-led Urban Health and Justice Initiative, operating to reduce HIV among key populations in more than 42 cities, performed strongly. In Mozambique, services for key populations were integrated into the national strategic plan, while in the capital Maputo the city council expanded access to these services and helped develop municipal plans in Matola and Xai-Xai. With technical and financial backing from UNDP and other UN Joint Team members, five Zambian cities (Livingstone, Lusaka, Kitwe, Ndola and Solwezi) developed HIV and AIDS investment plans. UNDP and WHO worked with government health departments and community-based organizations in 12 Asian countries to roll out training package addressing discrimination against key populations in health-care settings. In Guatemala, the initiative was expanded to the municipalities of Mazatenango and Coatepeque. In Dominican Republic, UNDP, with private-sector collaboration, supported a nongovernmental organization providing free legal services for key populations in Boca Chica and Santo Domingo.</p> <p>In 2015, UNFPA, UNDP, the UNAIDS Secretariat, WHO, the World Bank, USAID, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Forum on MSM and HIV produced a document to help implement comprehensive HIV and STI programmes with men who have sex with men. This tool contains practical advice and is designed for public health officers, programme managers, civil society organizations and health staff.</p> <p>ILO, the UNAIDS Secretariat and UNFPA helped the South African National AIDS Council develop the National Sex Worker Plan on HIV prevention services for women and men involved in sex work. To reduce their vulnerability, ILO integrated economic empowerment models into the plan.</p> <p>ILO, with the UNAIDS Secretariat, UNFPA, Southern Africa Development Community, the International Organization for Migration and UNICEF, led a project to reduce HIV vulnerability along transport corridors in</p>

Organization	Achievements
	<p>southern Africa. Based on the belief that positive results flow from interventions targeting vulnerable people, especially women sex workers, the Corridor Economic Empowerment Project increased access to HIV services and entrepreneurial skills with microfinance opportunities. The number of women adopting HIV risk-reduction strategies rose from 48% in 2014 to 81% in 2015.</p> <p>In partnership with the Secretariat, UNDP and other cosponsors, the World Bank conducted a series of allocative efficiency studies over the biennium in the six regions, with recommendations on allocation of resources towards key populations.</p>
Supplementary documents	<a href="#">Protecting persons with diverse sexual orientations and gender identities - a global report on UNHCR's efforts to protect lesbian, gay, bisexual, transgender, and intersex asylum seekers and refugees. UNHCR, 2015</a>

### Output A1.3.1 Technical support to strengthen community systems and HIV services

#### Indicators

#### Indicator A1.3.1: UN Joint Team contributed to strengthen national policy implementation and/or scale-up of new and emerging HIV prevention technologies

90% of Joint Teams (N=88) provided support in this area in 2015. In HICs, 89% of Joint Teams (N=37) contributed to this area. Advocacy and technical assistance were the most significant forms of support provided. The different types of prevention technologies supported included antiretroviral treatment as prevention (63% of Joint Teams), pre-exposure prophylaxis (57%) and voluntary medical male circumcision (19%).

#### Core resources expenditure in 2014–2015(US\$)

Region	UNICEF	WHO	World Bank	TOTAL
Global	170 300	1 932 700	38 200	2 141 200
HICs	160 400	1 079 200	512 000	1 751 600
AP	101 700	284 500	22 700	408 900
CAR	37 400	29 400	7 900	74 700
EECA	48 200	191 300	27 000	266 500
ESA	151 000	171 700	13 100	335 800
LA	57 800	58 900	17 900	134 600
MENA	37 400	157 000	3 100	197 500
WCA	101 700	117 700	34 900	254 300
TOTAL	865 900	4 022 400	676 900	5 565 200

**Achievements**

Organization	Achievements
<p><b>UNHCR</b></p>	<p>UNHCR worked with local and national health authorities and nongovernmental organizations in several countries to ensure a minimum initial response for HIV at the onset of emergencies and an expanded response for protracted situations. In 2014–2015, responses at onset included crises in Côte d'Ivoire, the Democratic Republic of the Congo and South Sudan. UNHCR and partners advocated for these high impact countries to be included in national treatment programmes. Interagency assessments were strengthened and partnerships maintained through coordination meetings on HIV in emergencies.</p> <p>In 2014, UNHCR organized regional and global coordination and training workshops for its technical specialists. New HIV technologies, latest guidance and strategies were reviewed and included in the organizational frameworks.</p> <p>In 2015, safe male circumcision was scaled up in refugee camps in several countries, including South Sudan, Uganda and Zimbabwe, where one-on-one and group discussions, campaigns and training workshops were used to spread information to different population groups. HIV and AIDS specialist organizations were invited regularly to train youth mobilizers, educate people in camps and carry out voluntary counselling and testing and male circumcision programmes.</p>
<p><b>UNICEF</b></p>	<p>UNICEF's efforts on HIV prevention among adolescents were informed by growing evidence on the efficacy of pre-exposure prophylaxis (PrEP), antiretroviral medicines prescribed before exposure or possible exposure to HIV. Guided by new data, UNICEF led a global consultation to consider the clinical, ethical and operational issues associated with implementing oral PrEP among sexually active, high-risk, older adolescents (15–19). The resulting recommendations on clinical, ethical and operational research considerations for delivering PrEP to adolescents will serve as key input to WHO global guidance on implementing PrEP. There was consensus among 58 scientists, researchers, government, community and development partners and youth advocates of the urgent need for countries in various settings to evaluate approaches to effectively deliver PrEP to adolescents at substantially higher risk of infection as part of a prevention package, including through demonstration projects.</p> <p>Following the consultation, UNICEF submitted a successful expression of interest for funding from the global financing mechanism UNITAID for a five-year demonstration project to inform the introduction of PrEP to adolescent girls in South Africa, gay and bisexual adolescent boys in Brazil, and gay and bisexual adolescent boys and transgender adolescents in Thailand.</p> <p>UNICEF provided technical assistance and resources to two countries in the Eastern and Southern Africa region to help them strengthen condom programming for adolescents. It supported Zimbabwe to promote access with an HIV testing and counselling (HTC) and voluntary medical male circumcision linkage, and Zambia to promote condom use and to assess condom access bottlenecks. The HTC Plus regional programming note was updated and disseminated to country office HIV staff. Regional technical assistance and resources were provided to five countries (Malawi, South Africa, Swaziland, Zambia and Zimbabwe) to support their HTC Plus activities.</p>
<p><b>UNFPA</b></p>	<p>UNFPA continued to provide technical assistance to governments and partners for the roll-out of voluntary medical male circumcision (VMMC), mainly in activities to create demand, advocacy and policy dialogue. For example, in Rwanda at Mibilizi hospital, a weekend scale-up campaign on VMMC and condoms education reached 1,500 young people, aged 10–24.</p> <p>One of the drawbacks of condom programming in the public sector is the lack of innovation in condoms. To address this, UNFPA procured more attractively packaged condoms to boost uptake, building on foil designs created for the CONDOMIZE! campaigns. In 2014 and 2015, a UNFPA/WHO programme prequalified three new female condom designs; four quality-assured female condoms are now available for public sector procurement.</p> <p>UNFPA supported the development of a smartphone game offering information on HIV. The game is targeted at young boys and men, who learn about sexually transmitted infections and HIV, and male condom use. The prototype was field-tested in 2015, and is being updated.</p>
<p><b>WHO</b></p>	<p>WHO led the development of guidance for voluntary medical male circumcision (VMMC), focusing on the use of devices that maintain safety and the various clinical risk mitigation strategies, including tetanus immunization. WHO convened the 2015 consultation on tetanus and VMMC, which included the technical advisory group on innovations in male circumcision and tetanus vaccination experts.</p> <p>Prequalification of male circumcision devices was established, with two (collar clamp and elastic collar compression) already cleared.</p> <p>WHO also continued to monitor the safety and progress of VMMC, releasing a communication on reaching the milestone of 10 million male circumcisions performed since 2008. The process for developing VMMC in a framework of combination prevention strategies was begun, and a scoping exercise undertaken on adolescent services and VMMC.</p> <p>WHO made new recommendations on pre-exposure prophylaxis (PrEP), broadening the 2014 advice on</p>



Organization	Achievements
	<p>offering it to men who have sex with men to all people at substantial risk of HIV infection. Work is ongoing to introduce PrEP for men who have sex with men, transgender populations, sex workers and adolescent girls and young women, with technical advice to countries to consider implementing PrEP and support demonstration projects.</p> <p>WHO developed recommendations to stakeholder groups on vaccine-induced seropositivity/seroreactivity and the use of adenoviral vectors in HIV vaccine development.</p>
World Bank	<p>The World Bank is involved in a range of activities that support the scale-up of new technologies in HIV prevention. Through its analytical work and operations, the Bank both evaluates and creates demand to increase uptake of voluntary medical male circumcision (VMMC) and scale up national VMMC programmes. The Bank, for example, is funding large-scale operations to improve VMMC service delivery capacities in countries such as Botswana and Malawi. It also supports studies showing the role of encouraging VMMC demand. In Malawi, a study has shown the importance of national policies in changing perceptions and creating a demand for male circumcision.</p> <p>The Bank remained at the forefront of efforts to generate evidence on the impact on HIV services of incentives, such as conditional and unconditional cash transfers, including through national social protection systems; from the impact of an incentive itself in reducing new HIV infections, to supply-side and demand-side incentives in improving access, demand, uptake and adherence to biomedical interventions, such as HIV testing, prevention of mother-to-child transmission, VMMC, pre-exposure prophylaxis (PrEP) and HIV treatment.</p>
Secretariat and Joint	<p>A multicountry study on factors affecting the uptake and outcomes of voluntary medical male circumcision (VMMC) in adolescents was developed through the technical advisory group for VMMC, which included input from WHO, the UNAIDS Secretariat, the World Bank, PEPFAR and UNICEF. The study, in the United Republic of Tanzania and Zimbabwe, helped improve guidance on in-service communication on VMMC for adolescents. Carried out in collaboration with the United States Agency for International Development (USAID) and Johns Hopkins University, publication by the PLOS (Public Library of Science) was made in May 2014.</p> <p>UNFPA, as part of the WHO technical team, contributed to draft recommendations for countries on pre-exposure prophylaxis (PrEP) as an additional option for those at substantial HIV risk, supplemental to combination prevention choices. PrEP is recommended for men who have sex with men in many settings and for some women and sex workers in high HIV-incidence communities.</p>

## Output A1.3.2 Strengthened capacity for combination prevention programmes

### Indicators

#### Indicator A1.3.2a: UN Joint Team contributed to the development or revision of a national/sectoral HIV and AIDS workplace policy(ies) to implement workplace programmes

*In 2015, 39% of Joint Teams (N=99) reported that their country had developed/ revised a national HIV and AIDS workplace policy/legislation; 85% of these countries were supported by their Joint Teams. The percentage of HICs that received support from Joint Teams increased from 62% in 2014 to 76% in 2015 (N=37).*

#### Indicator A1.3.2b: UN Joint Team contributed to strengthen national capacity in logistics management of HIV-related commodities

*92% of Joint Teams (N=97) provided support to build national capacity in this area. The percentage of HICs that received support from Joint Teams in this area increased significantly from 78% in 2014 to 97% in 2015 (N=37). Advocacy and technical assistance were the most significant types of support provided.*

**Core resources expenditure in 2014–2015 (US\$)**

Region	UNHCR	UNICEF	UNDP	UNFPA	ILO	WHO	World Bank	TOTAL
Global	255 000	241 500	243 800	1 387 900	523 900	117 700	523 700	3 293 500
HICs	376 500	103 200	608 900	1 430 600	541 400	88 300	3 398 300	6 547 200
AP	73 000	78 500	327 700	33 400	4 700	39 200	320 100	876 600
CAR	-	28 900	70 900	89 800	-	9 800	42 100	241 500
EECA	12 000	37 200	66 700	183 700	-	29 400	363 400	692 400
ESA	127 700	116 500	129 900	487 600	-	29 400	183 900	1 075 000
LA	24 400	44 600	114 700	365 900	5 900	19 600	218 300	793 400
MENA	84 700	28 900	58 700	23 900	-	29 400	43 300	268 900
WCA	111 300	78 500	64 400	150 000	46 900	29 400	388 100	868 600
<b>TOTAL</b>	<b>1 064 600</b>	<b>757 700</b>	<b>1 685 600</b>	<b>4 152 800</b>	<b>1 122 800</b>	<b>392 400</b>	<b>5 481 200</b>	<b>14 657 100</b>

**Achievements**

Organization	Achievements
UNHCR	<p>UNHCR promoted voluntary medical male circumcision (VMMC) in several of its operations, especially across Eastern and Southern Africa, and has supported national programmes to extend into refugee settings. Staff have been trained, theatres rehabilitated, material provided and promotion undertaken. UNHCR supplemented efforts to obtain VMMC surgical kits for government clinics in refugee settlements. During 2014–2015 several countries significantly scaled up their VMMC and most refugee programmes were implementing activities or had ensured refugees could easily access the national programme. UNHCR continues to partner with UNFPA to distribute male and female condoms across all its operations.</p>
UNICEF	<p>Findings from country assessments continue to be used to sharpen national HIV programme responses for adolescents. In 2015, UNICEF supported countries to identify priority adolescent populations, intervention areas and locations to Fast-Track HIV prevention, treatment and care. These countries were: Botswana, Cameroon, Kenya, Lesotho, Mozambique, Namibia, Rwanda, Swaziland, the United Republic of Tanzania and Zimbabwe in the Eastern and Southern Africa region; Burkina Faso, Chad, Côte d'Ivoire, the Democratic Republic of the Congo, Gabon and Nigeria in West and Central Africa; Haiti and Jamaica in Latin America and the Caribbean; the Islamic Republic of Iran in the Middle East and North Africa; Ukraine in Eastern Europe and Central Asia; and China, Indonesia, Philippines and Thailand in the Asia and Pacific region.</p> <p>Priorities identified for further assessment to define bottlenecks limiting adolescent programmes included HIV testing and treatment and condom programming, as well as comprehensive sexuality education, economic strengthening and the prevention of pregnancy and gender-based violence. Improvements in these areas will create opportunities to reduce early sexual debut and age-disparate sex, major risk factors for acquiring HIV infection.</p> <p>UNICEF China contributed to improvements in the health system by supporting policies for high-impact interventions in the 13th five-year plan. These included guidelines for maternal and child health, nutrition, immunization, child injury prevention and HIV. In Mongolia, UNICEF contributed to a new national strategy for 2016–2020 to prevent HIV and AIDS and sexually transmitted infections, which is aligned with the global targets to end AIDS by 2030. The strategy focuses on scaling up evidence-based interventions for key populations, such as men who have sex with men and sex workers, and included young people as a target population group. In Thailand, UNICEF successfully advocated for adolescents to be included as a distinct component in the draft national AIDS strategy 2017–2030 and to strengthen evidence-based planning for youth.</p>
WFP	<p>WFP signed a memorandum of understanding with the Global Fund for a logistics partnership to improve access to HIV-related commodities. The memorandum tasks WFP with building the capacity of Global Fund implementers. WFP and the Partnership for Supply Chain Management concluded a global framework agreement to provide bilateral services. WFP also agreed to a framework to provide bilateral logistics services to UNFPA, for whom it provides last-mile delivery services.</p> <p>WFP helped reduce sexual transmission of HIV through safety-net programmes for households affected by HIV, including those with orphans and vulnerable children (OVC). Such programmes discourage coping</p>

Organization	Achievements
	<p>mechanisms that increase transmission risks, such as taking children and adolescents out of school.</p> <p>WFP aligned its programmes with national priorities and strengthened government capacity. In Swaziland, for example, WFP helped develop an OVC Investment Case, which demonstrated that for every 25–30 cents invested in neighbourhood care points, a place where a community can come together to provide care for orphans and vulnerable children, there is a return benefit of US\$ 1 for the children they serve. WFP Swaziland supported the Palms for Life Fund, an initiative to reduce children's vulnerability. Thirty neighbourhood care points in two regions developed plans to improve life skills and build capacity to maintain reliable food systems.</p>
UNDP	<p>UNDP, with the London School of Hygiene &amp; Tropical Medicine and the STRIVE research consortium, developed an innovative approach to cross-sectoral financing of structural interventions and published it in the journal <i>AIDS</i>, and are piloting it in five African countries. The approach, relevant to Sustainable Development Goals financing, shows conventional silo (sector specific) budgeting can lead to underinvestment in addressing social determinants, even though such investments are cost-effective when examining HIV, health and development impacts together. To operationalize the approach at country level, UNDP convened an interagency advisory group and, in partnership with the Economic Policy Research Institute, developed course materials to introduce the approach to policy-makers in Ethiopia, Malawi, South Africa and the United Republic of Tanzania. The four countries developed co-financing demonstration models, organized around HIV, universal health coverage and other national priorities, which UNDP is helping to implement.</p> <p>In June 2014, WHO and UNDP conducted a capacity-building course for policy-makers on health financing for universal health coverage. The 55 participants from 27 countries learned skills that will enable them to better identify and address their financing challenges, adapt global experience to their own contexts and sustain progress towards universal health coverage. The course was delivered again in 2015 and will be run annually.</p>
UNFPA	<p>UNFPA's 10-step strategic approach to scale up comprehensive condom programming in individual countries is a cornerstone of combination prevention. In 2015, 55 countries had reached the implementation stage, up from 52 in 2014.</p> <p>The youth-friendly initiative CONDOMIZE! was implemented in nine countries in 2015. It reached 360 000 people and distributed 2.7 million male condoms and 90 000 female condoms. In Zimbabwe, for example, UNFPA targeted five of the most underserved communities in high-density areas of Harare, a city with a HIV prevalence of 13%. More than 5000 people were taught how to use male and female condoms correctly, and 1000 children received age-appropriate information through games and activities.</p> <p>In 2015, 97 UNFPA-supported countries reported having a functional logistical system for forecasting and monitoring reproductive health commodities. Of these, 71% experienced no stock-outs of contraceptives, including condoms, in the previous six months in at least 60% of service delivery points.</p> <p>In 2014, UNFPA was the largest supplier of female condoms in developing countries and the second largest for male condoms. More than 759 million male condoms and 14.7 million female condoms were donated by UNFPA, as well as US\$ 309 000 worth of lubricants. In 2015, approximately 687 million male condoms and 14.8 million female condoms were donated to countries.</p>
ILO	<p>ILO has over the years supported more than 70 countries to develop non-discriminatory national HIV workplace policies and generate evidence on what works in the private and public sectors.</p> <p>ILO, with South Africa's Human Sciences Research Council, civil society organizations and partners, undertook a 10-country study, <i>Effective responses to HIV and AIDS at work</i>, which focused on 66 workplaces, providing insight into what works and why. It was published in 2015.</p> <p>In Jamaica, thanks to the Ministry of Labour's efforts to promote HIV programmes targeting vulnerable workers, the national HIV workplace policy has inspired more than 120 institutions in the public and private sectors to implement HIV workplace programmes, directly reaching more than 300 000 workers.</p> <p>In Brazil, ILO, the UNAIDS Secretariat, UNDP and civil society organizations provided technical support to the companies BASF, Bloomberg, Fleury group, HSBC, P&amp;G and Whirlpool in 2015 to implement integrated HIV workplace programmes, concurrently addressing trafficking, gender, race, and lesbian, gay, bisexual and transgender (LGBT) rights.</p> <p>In Swaziland, ILO supported the Public Service HIV/AIDS Coordinating Committee to review HIV workplace policies and programmes for the Ministry of Labour and Social Security, and 17 other ministries and offices to launch wellness workplace programmes.</p>
WHO	<p>WHO monitored voluntary medical male circumcision (VMMC), completing a global progress brief and an African regional progress report, and an early release of numbers in 2015 when the 10 million milestone for VMMC was achieved in sub-Saharan Africa. Post-market surveillance, with guidance and technical support for countries, is under way. WHO has reviewed data on safety for two devices, including use among adolescents, and provided guidance on the data needed for safety evaluations.</p>

Organization	Achievements
	<p>The Clearinghouse on Male Circumcision for HIV Prevention, a collaborative effort initiated by WHO and partners, was enhanced with a more user-friendly format. It has become a respected source of information on male circumcision.</p> <p>WHO helped countries develop pre-exposure prophylaxis (PrEP) proposals for demonstration projects, including those involving female sex workers, men who have sex with men, young women, serodiscordant couple (SDC) and wives of migrant workers. PrEP refers to antiretroviral medicines prescribed before exposure or possible exposure to HIV. WHO also supported feasibility studies to evaluate interest and potential implementation of PrEP in different contexts and populations, and convened a stakeholder consultation to identify issues in programme implementation to inform WHO guidance on PrEP.</p> <p>WHO worked with partners on guidance and country support for combination prevention for adolescent girls and young women, including backing for the Global Fund and DREAMS, an initiative of PEPFAR and the Bill &amp; Melinda Gates Foundation to reduce new HIV infections among this key group.</p>
World Bank	<p>The World Bank's funding continued to support combination prevention in multiple countries; for example, through its infrastructure and transport operations, with projects such as the Southern Africa Trade and Transport Facilitation Project. This project, which covers Botswana, the Democratic Republic of the Congo, Malawi, Mozambique, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe, incorporates financing for scaling up HIV services.</p> <p>The Bank also provided direct technical assistance to help countries better implement combination prevention. In the West and Central Africa region, for example, such assistance enabled six countries to plan and target sex workers HIV programmes. The assistance included: improved mapping of sex-work hotspots and service providers that will serve as a basis for improving programme coverage; support for planning programme roll-out to scale up comprehensive combination HIV prevention; and building capacities of local staff through regional training, which enables national stakeholders to plan and implement targeted interventions.</p> <p>The Bank helped build capacity for improved HIV resource allocations and in the use of mathematical modelling to improve estimates of the impact of combination programmes.</p>
Secretariat and Joint	<p>ILO and UNDP advocacy during construction of Cameroon's Memve'ele hydroelectric dam led to the national AIDS council and the Ministry of Mines, Industry and Technological Development agreeing to a HIV workplace programme. Implemented through 45 peer educators, it provides HIV prevention and care services, and testing, for 3000 construction workers and 7500 residents. To date, 17 workers have tested positive and been referred to care services.</p> <p>UNICEF, with the United States National Institutes for Health, published a journal supplement of 11 peer-reviewed articles on adolescents. The 2014 supplement highlights evidence on what works for adolescent girls and young women, and was developed in collaboration with UNFPA, the UNAIDS Secretariat, PEPFAR, the London School of Hygiene &amp; Tropical Medicine, Futures Institute, Pathfinder, PATH, the Global Alliance for Vaccines and Immunization, Together for Girls, Futures Group and the Population Council.</p> <p>The World Bank partnered with WHO to study the effectiveness of male circumcision and return on investment, with a focus on age-specific interventions. It found circumcising males under age 25 is most cost-effective. Through its activities in financing and conducting allocative efficiency analyses in 15 countries, including with the UNAIDS Secretariat, UNDP and Global Fund partners, the Bank provided evidence for the potential impact and cost-effectiveness of targeted prevention programmes, including for young people.</p> <p>A study by the World Bank, the UNAIDS Secretariat, WHO, UNFPA, the Global Fund, Imperial College London and national governments is investigating the effect of interventions on the HIV epidemic, including how incidence declines may be associated with changes in sexual behaviour and which programmes are responsible. Pilot studies in Botswana, Malawi and Zambia will help prioritize limited HIV resources.</p> <p>WHO has worked with UN partners, including UNICEF and the UNAIDS Secretariat, to provide guidance on HIV testing. This included a technical update on self-testing, and recommendations for appropriate strategies, including an information note reminding national programmes to retest those newly diagnosed with HIV to avoid antiretroviral therapy being started inappropriately.</p>
Supplementary documents	<p><a href="#">Orphans and vulnerable children investment case in Swaziland 2014–2018. WFP</a></p>

## A2: Eliminating vertical transmission

### Output A2.1.1 Global plan and monitoring framework for elimination of new HIV infections among children/keeping mothers alive

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNFPA	WHO	TOTAL
Global	129 600	78 400	412 100	620 100
HICs	70 900	-	196 200	267 100
AP	26 600	-	127 500	154 100
CAR	14 100	28 900	24 500	67 500
EECA	17 700	-	98 100	115 800
ESA	46 400	-	98 100	144 500
LA	20 900	20 700	49 100	90 700
MENA	16 000	-	83 400	99 400
WCA	35 400	-	88 300	123 700
<b>TOTAL</b>	<b>377 700</b>	<b>127 900</b>	<b>1 177 300</b>	<b>1 682 900</b>

#### Achievements

Organization	Achievements
UNICEF	<p>UNICEF provided technical assistance and programme guidance and tools to the 22 countries prioritized under the Global Plan as having the highest estimated number of pregnant women living with HIV to accelerate roll-out of Option B+ (to initiate all HIV-positive pregnant and breastfeeding women on antiretroviral therapy for life) and improve tracking and testing of HIV-exposed infants and children for early identification of HIV. Other aims were to: increase case-finding of children not picked up through prevention of mother-to-child transmission services via the Double Dividend approach of integrating paediatric HIV and child health platforms; improve retention in care of mothers and infants until the end of the breastfeeding period; and improve data systems to include retention, cohort and subnational programme information to better focus activities.</p> <p>By the end of 2015, 21 of the 22 Global Plan countries were implementing Option B+, 77% of pregnant women in the 22 countries received antiretroviral medicines (ARVs) in pregnancy and 65% received antiretroviral therapy, bringing the estimated mother-to-child-transmission rate at six weeks down to 5% from 12% in 2009. Nearly 50% of infants exposed to HIV received an early HIV test, and five of the highest-burden sub-Saharan African countries were treating all children aged under 15.</p>
WFP	<p>To build evidence and advocacy for integrated approaches to prevention of mother-to-child transmission (PMTCT), WFP published a paper as part of an <i>AIDS and Behavior</i> supplement on how economic and social factors are some of the most common barriers preventing women from accessing maternal, newborn and child health and PMTCT services. Food assistance was identified as a factor that may enable better access and adherence to care.</p> <p>WFP provided technical support to national PMTCT programmes to include food and nutrition support in maternal, newborn and child health services provided to pregnant malnourished women. WFP helped develop guidelines and educational materials to improve the nutritional knowledge of health-care providers and people living with HIV, targeting pregnant and lactating women, and HIV-exposed and HIV-positive children. In Cambodia, WFP supported a revised good food toolkit for counselling people living with HIV in hospital settings that was disseminated to 500 practitioners, while in Guatemala, WFP assisted the Ministry of Health in updating infant feeding guidelines. In the Democratic Republic of the Congo, WFP helped elaborate tools for nutritional counselling for women attending PMTCT services and conducted a survey to assess the reasons for defaulting from care. In Malawi, WFP continued to treat moderate acute malnutrition in all children and people living with HIV. The nutrition recovery rates for this programme were above 75%.</p>

Organization	Achievements
<b>UNDP</b>	<p>Since 2003, UNDP has managed Global Fund HIV grants in Cuba, which in 2015 became the first country to eliminate mother-to-child transmission of HIV, a landmark achievement. Specially trained community-based health professionals throughout the country worked to ensure all pregnant women were tested for HIV in their first prenatal consultation, and that they received treatment if necessary.</p> <p>UNDP helped rehabilitate the health infrastructure, including laboratories, surgery rooms, hospitals and warehouses, and provided trucks and cold-chain cars to improve the transport of drugs and other supplies. The UNDP-managed grant also purchased specialized equipment for HIV treatment and diagnostic work, reducing testing times and improving follow-up and quality of treatment.</p>
<b>UNFPA</b>	<p>UNFPA co-led Interagency Task Team working groups on maternal health, family planning and Option B+, and on sexual and reproductive health (SRH) and HIV linkages, coordinating the respective workplans and helping develop and update tools on integrated service delivery.</p> <p>Work included: a toolkit on integrating sexual and reproductive health and rights and maternal, newborn and child health with services for eliminating mother-to-child transmission of HIV; job aid for health workers on elimination of mother-to-child transmission services, including guidance on antiretroviral therapy and pre-exposure prophylaxis (PreP); an integrated commodities package for delivering the services in the context of broader maternal and child health programmes; an electronic toolkit on sexual and reproductive health and rights, and HIV linkages and integration; and a global package of sexual and reproductive health services for men and adolescent boys.</p> <p>In one district of Malawi, UNFPA helped increase uptake of elimination of mother-to-child transmission services by women and their partners, and strengthened the capacity of 136 health workers to deliver integrated sexual and reproductive health and HIV services.</p> <p>To strengthen monitoring of elimination of mother-to-child transmission efforts within sexual and reproductive health services, UNFPA co-developed the <i>SRH and HIV linkages compendium: indicators and related assessment tools</i>, including two pilot-tested integrated service delivery indicators included in the UNAIDS Registry of Indicators. A composite index of sexual and reproductive health and rights and HIV indicators was developed for 60 countries.</p>
<b>WHO</b>	<p>WHO helped develop the Option B+ monitoring and evaluation framework, a set of tools and practical instruments aligned with the broader guidance in WHO's 2015 consolidated strategic information guidelines. Taken together, the documents provide practical information on how best to track performance relating to scaling up treatment for mothers living with HIV and the prevention of transmission to their infants.</p> <p>The centrepiece of WHO efforts to eliminate new paediatric infections was the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. WHO was a member of the Global Steering Group that directed the plan and is involved in identifying the next phase of activities.</p> <p>During this biennium, countries have received validation that they have eliminated mother-to-child transmission of HIV, an effort spearheaded by WHO and its regional offices.</p> <p>In 2015, WHO published guidelines on antiretroviral therapy that formally endorsed treatment for all pregnant and breastfeeding women with HIV as the only approach that offers optimum benefit for maternal health and prevention of mother-to-child transmission. With its treat-all recommendation, WHO removes all limitations on eligibility for antiretroviral therapy among people living with HIV.</p>
<b>Secretariat and Joint</b>	<p>The Global Plan and the Interagency Task Team (IATT) on HIV prevention and treatment for pregnant women, mothers and children are the most important mechanisms for collaborative work by UN agencies in this focus area.</p> <p>Co-convened by WHO and UNICEF, the IATT has been the operational arm of the Global Plan, ensuring policies are implemented by supporting countries in national plans, clinical guidelines and operational tools. Work is largely undertaken within IATT's constituent working groups. The maternal health, family planning and Option B+ working group is co-chaired by UNFPA and has been responsible for generating materials, documents and tools. WFP is an active member of the child survival working group, which has developed tools for paediatric diagnosis and antiretroviral drug formulary rationalization. IATT technical assistance has ensured countries develop and implement national plans and targets for the elimination of mother-to-child transmission in line with clinical recommendations and best practices.</p> <p>In Cameroon, WHO, UNICEF, UNFPA, WFP, UN Women and the UNAIDS Secretariat worked to better integrate sexual and reproductive health services with maternal, newborn and child health and prevention of mother-to-child transmission activities by helping validate the 2014–2020 strategic plan on reproductive, maternal, neonatal and child health.</p>



Organization	Achievements
	During 2015, Cuba became the first country to be certified as having eliminated mother-to-child transmission of HIV and syphilis, an extraordinary accomplishment. WHO validated elimination in Cuba but it was the combined work of WHO, the UNAIDS Secretariat, UNICEF and UNDP, the prime recipient of the Global Fund in the country, that enabled the Government to scale up services. In particular, training community-based health promoters countrywide helped ensure all pregnant women were tested for HIV in their first prenatal consultation and received the treatment that was the linchpin of Cuba's success in controlling mother-to-child transmission.
Supplementary documents	<ul style="list-style-type: none"> <li>• <a href="#">Consolidated strategic information guidelines for HIV in the health sector. WHO, 2015</a></li> <li>• <a href="#">Guidelines on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. WHO, 2015</a></li> </ul>

## Output A2.1.2 Maternal and child health systems with PMTCT integration into SRH

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WFP	UNFPA	WHO	TOTAL
Global	107 300	42 200	117 500	225 600	492 600
HICs	70 900	163 500	487 300	122 600	844 300
AP	26 600	-	47 400	54 000	128 000
CAR	14 100	-	9 300	9 800	33 200
EECA	17 700	-	116 400	11 800	145 900
ESA	46 400	53 600	32 400	38 300	170 700
LA	20 900	-	65 100	19 600	105 600
MENA	16 000	-	-	30 400	46 400
WCA	35 400	-	4 200	47 100	86 700
<b>TOTAL</b>	<b>355 400</b>	<b>259 300</b>	<b>879 600</b>	<b>559 200</b>	<b>2 053 500</b>

### Achievements

Organization	Achievements
UNHCR	<p>In 2015, 95% of UNHCR operations ensured prevention of mother-to-child transmission (PMTCT) services for refugees were on a par with those for nationals. UNHCR advocates and works with partners to ensure a panoply of elimination of mother-to-child services, including: universal access to counselling and testing for all pregnant women; access to appropriate antiretroviral regimens for pregnant women and exposed babies, including counselling on adherence; counselling on infant feeding practices; and early infant diagnosis and follow-up testing at 18 months. The full range of PMTCT services are firmly integrated within strengthened maternal and child health systems, including focused antenatal care and skilled birth attendance at delivery.</p> <p>In 2015, UNHCR worked with UNICEF and Save the Children to finalize guidance on PMTCT in humanitarian settings. The document includes two parts: a review of lessons learned and a guidance note of key considerations for integrating PMTCT services in emergencies.</p>

Organization	Achievements
UNICEF	<p>UNICEF supported an integrated elimination of mother-to-child transmission commodities package to deliver services in the context of broader maternal and child health programmes.</p> <p>Through the Interagency Task Team's working group on maternal health, family planning and Option B+, UNICEF supported the development of tools to help countries deliver integrated services and retain women in care. These included: a toolkit on integrating sexual and reproductive health and rights and maternal, newborn and child health with elimination of mother-to-child transmission services; updated job aid for health workers, including guidance on antiretroviral therapy and pre-exposure prophylaxis (PreP); an electronic toolkit on sexual and reproductive health and rights and HIV linkages and integration; and a global package of sexual and reproductive health services for men and boys..</p> <p>UNICEF memoranda of understanding with the Global Fund and a partnership agreement with WHO have led to better inclusion of reproductive, maternal, newborn, child and adolescent health needs in Global Fund grants, supporting delivery of elimination of mother-to-child transmission services through a range of health services.</p>
WFP	<p>WFP used maternal and child health nutrition programmes as an entry point to target prevention of mother-to child transmission clients with a set of integrated interventions, including food and nutrition support.</p> <p>WFP initiated situational analyses with Johns Hopkins University in Baltimore and Aga Khan University in Karachi to assess the burden of malnutrition, HIV and AIDS and reproductive health, and educational outcomes among adolescent girls in six countries (Afghanistan, Burkina Faso, Indonesia, Kenya, Pakistan and Zambia). These analyses collected information on the demographic characteristics of the girls (e.g. urban versus rural, in or out of school, split by income quintiles) to estimate the impacts of different interventions, and describe country-specific delivery platforms for reaching adolescent girls. WFP will use these findings to shape programming to improve access to a range of health services for adolescent girls, including sexual and reproductive health, and antenatal care and prevention of mother-to-child transmission, and to provide combination interventions aimed at preventing malnutrition, HIV transmission, early pregnancies and other health challenges.</p>
UNFPA	<p>UNFPA signed two memoranda of understanding with the Global Fund on commodities, focusing on 13 countries (Bangladesh, Chad, Côte d'Ivoire, Ethiopia, Eritrea, Indonesia, Mozambique, Nigeria, South Africa, Togo, Uganda, the United Republic of Tanzania and Zambia) to realize equitable access to integrated sexual and reproductive health services that are anchored in human rights and gender responsive. UNFPA held a workshop to help countries implement the memoranda, and issued a joint UNICEF/UNFPA/Global Fund communique on propensity score matching.</p> <p>UNFPA contributed to WHO operational guidance on how countries can validate successful elimination of mother-to-child transmission of HIV and syphilis, and a Global Fund technical note for integrating reproductive, maternal, newborn, child and adolescent health with HIV services. UNFPA then helped ministries of health integrate all such services. For example, in Mozambique, guidelines for integrating HIV and family planning services were developed, and in Uganda, a costed implementation plan was developed emphasizing family planning and HIV integration; this plan was backed by presidential support for Family Planning 2020, a global initiative promoting the right of women to make their own choices on having children, and first lady endorsement for campaigns linked to maternal health and teen pregnancy, targeted in high-burden districts.</p>
WHO	<p>In its 2015 revised guidelines for antiretroviral therapy, WHO provided further impetus to push integration of HIV services for women and children into maternal child health settings. The success of Option B+ (to initiate all HIV-positive pregnant and breastfeeding women on antiretroviral therapy for life) in Malawi was documented through a WHO-supported programme review and this was critical in demonstrating that integrated service delivery models could achieve a remarkable impact; more than 90% coverage of antiretroviral therapy among pregnant women with HIV and a fourfold reduction in the number of new infections among children.</p> <p>In this biennium, WHO continued to back two implementation research projects, in Nigeria and Zimbabwe, which are testing the extent to which integration can improve outcomes for mothers and children.</p> <p>Increased attention to elimination of mother-to-child transmission of HIV has also renewed focus on the need to eliminate congenital syphilis, a disease that causes a high burden of stillbirths and congenital defects. The Pan American Health Organization has been a strong supporter of dual elimination and with the recent success of Cuba, WHO has increased efforts to promote dual elimination of syphilis and hepatitis B infection in infants using the prevention of mother-to-child transmission platform.</p>



Organization	Achievements
<b>World Bank</b>	<p>In the 2014–2015 biennium, the World Bank funded and coordinated more than 50 maternal and child health projects around the world, aimed at integrating prevention of mother-to-child transmission services with sexual and reproductive health, and encouraging the use of primary maternal and child health services, including HIV and AIDS. In the Democratic Republic of the Congo, for example, the Health Sector Rehabilitation Support Project works to ensure the target population has access to and uses a package of integrated health services, including sexual and reproductive health and HIV prevention services.</p> <p>The Bank is helping governments identify funding priorities through its allocative efficiency studies, including analyses of prevention of mother-to-child transmission services. It is evaluating the costs and quality of integrated HIV and sexual and reproductive health services, which should expand coverage of elimination of mother-to-child transmission to more remote locations, and improve HIV testing and counselling in pregnant women and family planning and antenatal care in people living with HIV.</p>
<b>Secretariat and Joint</b>	<p>UN partners and the Interagency Task team (IATT) on HIV prevention and treatment for pregnant women, mothers and children developed several tools, materials and documents to promote service integration, including: case studies offering examples of integrated maternal, newborn and child health and HIV service delivery models; standard care protocols for newborns; and the adapted WHO training manual on newborns to include HIV-related care.</p> <p>UNFPA led the development of a compendium of indicators to track sexual and reproductive health and HIV linkages as well as a country snapshot template to document them. The resulting composite index compiled information from 50 countries on sexual and reproductive health and HIV linkages, including legal/policy, health systems and service delivery. UNFPA in partnership with the IATT maternal health, family planning and Option B+ working group developed a document bringing together the full scope of health commodities required to deliver comprehensive prevention of mother-to-child transmission services through an integrated sexual and reproductive health, family planning and maternal, newborn and child health platform.</p> <p>During 2014, UNFPA, WHO and the UNAIDS Secretariat supported the Global Network of People Living with HIV, the International Community of Women Living with HIV and other partners to develop surveys on women living with HIV, and the discrimination they face in accessing family planning programmes, plus a scoping document and a human rights framework for updating WHO guidelines for women living with HIV and AIDS.</p> <p>UNICEF signed a memorandum of understanding with the Global Fund focusing on 25 priority countries to help governments secure additional basic maternal and child health commodities, to complement the Global Fund's HIV and malaria commodity investments.</p> <p>UN partners and the Global Fund conducted workshops to help countries develop robust, technically sound concept notes, as well as to implement grants to ensure better integration of HIV with maternal, newborn and child health and other sexual and reproductive health services.</p> <p>An important additional resource supporting integrated care for women with HIV was the 2015 guidance document prepared by the Interagency Task Team on HIV in emergencies and titled <i>PMTCT in humanitarian settings</i>.</p>
<b>Supplementary documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">PMTCT in humanitarian settings part i: lessons learned and recommendations. IATT, 2015</a></li> </ul>

### Output A2.1.3 PMTCT in low and concentrated epidemics

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WHO	TOTAL
Global	107 300	260 000	367 300
HICs	70 800	245 300	316 100
AP	26 600	83 400	110 000
CAR	14 100	9 800	23 900
EECA	17 700	29 400	47 100
ESA	46 400	44 100	90 500
LA	20 900	19 600	40 500

Region	UNICEF	WHO	TOTAL
MENA	16 000	54 000	70 000
WCA	35 400	68 700	104 100
TOTAL	355 300	814 300	1 169 600

## Achievements

Organization	Achievements
UNICEF	<p>In the biennium, UNICEF conducted planning exercises in nine Global Plan countries, driven by data highlighting the unmet needs of hard-to-reach populations of pregnant women with HIV. These populations exist in both rural and urban areas; for example, informal settlements and refugee camps where services infrastructure and access to medical care is limited. All districts where work was undertaken have incorporated data-driven gap analysis into their planning process.</p> <p>Liberia and Mali, low HIV-prevalence countries, developed national elimination of mother-to-child transmission plans with technical support and tools developed by the UNICEF regional office, which also conducted a bottleneck analysis of their elimination of mother-to-child transmission and maternal, newborn and child health programmes. This analysis informed the development of the national elimination of mother-to-child transmission plan that integrated HIV, sexual and reproductive health and maternal neonatal and child health interventions. The process succeeded thanks to collaboration between HIV and maternal, newborn and child health departments.</p> <p>In the Latin and Central America region, UNICEF strengthened collaboration with global and regional strategic partners, UNAIDS, Pan American Health Organization (PAHO) and the Global Fund to accelerate the validation process, which was instrumental to reaching elimination of mother-to-child transmission goals. Two regional meetings, co-chaired with PAHO, took place in 2015 to define strategies for the implementation of the 90-90-90 treatment targets. Both institutions shared the secretariat of the Regional Validation Committee (RVC), created two years ago to provide effective oversight for the validation process and guidance on the implementation of the Regional Monitoring Strategy. UNICEF provided support and guidance to priority countries to adopt a comprehensive planning approach to reduce mother-to-child transmission by enhancing the capacity of maternal, neonatal and child health for early detection, care and treatment of HIV and syphilis in pregnant women, their partners and infants.</p>
WHO	<p>WHO commissioned a series of systematic reviews when revising its guidelines on antiretroviral therapy. These included reviews of integrated service delivery and decentralized care, including task-shifting. Evidence suggests lower cadres of health workers, including nurses and nursing assistants, are able to undertake a broad range of tasks that traditionally have been the responsibility of doctors.</p> <p>In the revised guidance, WHO continued to promote task-shifting and decentralized care, but expanded the scope to include collecting blood samples for testing (e.g. infant dried blood spots).</p> <p>The concept of equity is central to WHO guidelines and the notion of treatment for all pregnant and breastfeeding women applies to both urban and rural communities of women with living with HIV.</p>
Joint	<p>In the biennium, UNICEF conducted planning exercises in nine Global Plan countries, driven by data highlighting the unmet needs of hard-to-reach populations of pregnant women with HIV. These populations exist in both rural and urban areas; for example, informal settlements and refugee camps where services infrastructure and access to medical care is limited. All districts where work was undertaken have incorporated data-driven gap analysis into their planning process.</p> <p>Liberia and Mali, low HIV-prevalence countries, developed national elimination of mother-to-child transmission plans with technical support and tools developed by the UNICEF regional office, which also conducted a bottleneck analysis of their elimination of mother-to-child transmission and maternal, newborn and child health programmes. This analysis informed the development of the national elimination of mother-to-child transmission plan that integrated HIV, sexual and reproductive health and maternal, neonatal and child health interventions. The process succeeded thanks to collaboration between HIV and maternal, newborn and child health departments.</p> <p>One of the central mandates of the Interagency Task Team (IATT) on HIV prevention and treatment for pregnant women, mothers and children is to generate operational guidance to support the uptake of WHO normative recommendations. Over the past two years several documents were produced that have directly impacted on services for the prevention of mother-to-child transmission of HIV and the uptake of paediatric HIV treatment.</p>

Organization	Achievements
	<p>In most countries, children with HIV are the least well served of all people living with HIV. The IATT Option B/B+ toolkit was updated in 2015 with new modules to improve HIV services for children through a readiness assessment checklist and discussion guide. This provides step-by-step guidance to strengthen and scale up infant diagnosis and paediatric HIV care, treatment and support programmes. A further update is under way to make the toolkit more responsive to WHO's global "treat all" recommendations.</p> <p>To complement the toolkit, the IATT designed a rapid test quality assurance checklist for HIV to help countries improve rapid testing in maternal, newborn and child-health settings. This is important in light of the treat all recommendation to ensure test results are accurate before treatment is initiated.</p>

## Output A2.1.4 PMTCT M&E systems in place

### Indicators

**Indicator A2.1.4: UN Joint Team contributed to an effective national measuring and evaluation (M&E) system for the elimination of mother-to-child transmission programme for the collection, analysis, dissemination and use of data**

*86% of Joint Teams (N=98) contributed to the development of the M&E system for the elimination of mother-to-child transmission in 2015. The percentage of HICs that received support from Joint Teams in this area increased from 89% in 2014 to 95% in 2015 (N=37).*

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WHO	TOTAL
Global	107 300	215 800	323 100
HICs	70 800	196 200	267 000
AP	26 600	71 600	98 200
CAR	14 100	14 700	28 800
EECA	17 700	21 600	39 300
ESA	46 400	44 100	90 500
LA	20 900	29 400	50 300
MENA	16 000	49 100	65 100
WCA	35 400	44 100	79 500
<b>TOTAL</b>	<b>355 300</b>	<b>686 800</b>	<b>1 042 100</b>

## Achievements

Organization	Achievements
UNICEF	<p>The Interagency Task Team (IATT) on HIV prevention and treatment for pregnant women, mothers and children, co-chaired by UNICEF, helped disseminate the Option B+ monitoring and evaluation framework and WHO's 2015 strategic information guidelines to its 32 members via a webinar and communities of practice. Option B+ initiates all HIV-positive pregnant and breastfeeding women on antiretroviral therapy for life. A technical workshop also brought together ministries of health from 15 countries with implementing partners to learn how to support the development of country plans updating old registers to integrated cohort and longitudinal data systems.</p> <p>UNICEF provided technical assistance through the IATT to nine countries on improving data systems for cohort/retention monitoring, to seven countries for national assessments/reviews of their prevention of mother-to-child transmission services, and to five countries for situational analyses on paediatric HIV and developing acceleration plans. UNICEF also helped develop six IATT publications/guidance documents.</p>
WHO	<p>The biennium coincided with the end of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (Global Plan), which galvanized the drive to eliminate mother-to-child transmission of HIV, and emphasized the importance of monitoring and evaluation to track the response.</p> <p>Much of this monitoring and evaluation data are collected through the annual Global AIDS Response Progress Report (GARPR) supported by WHO and partners. One of the big challenges for measuring and evaluation systems is to find the balance between the number of indicators reported on and data quality. WHO's 2015 consolidated strategic information guidelines streamline measuring and evaluation of HIV and prevention of mother-to-child transmission programmes to the critical elements essential for accurate data reporting.</p> <p>WHO, together with UNICEF, hosted a five-day meeting to support uptake of the Option B+ measuring and evaluation framework, developed through the participation of all IATT partners, particularly WHO, UNICEF and PEPFAR. The framework complements WHO's consolidated strategic information guidance and promotes new concepts, such as cohort monitoring to track outcomes of pregnant women and their infants longitudinally.</p>

### A2.2.1 PMTCT service delivery integrated into maternal health care and SRH services

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WFP	UNFPA	WHO	TOTAL
Global	407 400	42 200	52 500	264 900	767 000
HICs	235 800	508 700	5 200	333 600	1 083 300
AP	87 300	43 500	-	142 300	273 100
CAR	46 500	-	-	9 800	56 300
EECA	58 200	-	-	98 100	156 300
ESA	152 300	53 600	-	78 500	284 400
LA	68 600	36 000	-	39 200	143 800
MENA	52 300	43 500	-	83 400	179 200
WCA	116 400	138 600	-	78 500	333 500
TOTAL	1 224 700	866 100	57 700	1 128 200	3 276 700

**Achievements**

Organization	Achievements
<p><b>UNICEF</b></p>	<p>The Optimizing HIV Treatment Access Initiative (OHTA), funded through UNICEF, helped Côte d'Ivoire, the Democratic Republic of the Congo, Malawi and Uganda accelerate the transition to Option B+ (to initiate all HIV-positive pregnant and breastfeeding women on antiretroviral therapy for life) and improve programme effectiveness, including community-facility linkages for better uptake and retention in care.</p> <p>UNICEF published a review on the initiative, proposing a conceptual framework with four domains promising community-based strategies to improve access and retention. These were: empowering clients; providing longitudinal follow-up; improving the care-seeking environment; and facilitating better access. The review was used to conduct country consultations in the Democratic Republic of the Congo and Malawi. It was also shared with partners through an elimination of mother-to-child transmission webinar and consultation with the consultative expert working group on research and development, a presentation at the annual meeting of the CORE group of health professionals committed to advancing community health worldwide, and a satellite session at the 2015 International Conference on AIDS and STIs in Africa.</p> <p>UNICEF helped build district capacity to use data for planning and course correction. Quarterly data-driven progress reviews are supported in 49 districts and health zones across four countries. In addition, UNICEF supported community-facility data review sessions in Malawi.</p>
<p><b>WFP</b></p>	<p>WFP contributed to the prevention of mother-to-child transmission (PMTCT) of HIV by providing food and nutrition support to pregnant and lactating women, including PMTCT clients and children who may have been exposed to HIV. WFP continued to integrate its PMTCT activities with comprehensive mother and child health and nutrition services to prevent HIV transmission and ensure mothers and infants have access to growth monitoring, vaccinations, micronutrient supplementation, nutrition assessment, education and counselling, and complementary foods.</p> <p>With PEPFAR, WFP supported a PMTCT project in Ethiopia, linking community-level nutrition assessment and counselling and food assistance or nutritional support to peer support and economic strengthening activities. Data from 2014 indicated more than 99% of exposed infants of these PMTCT clients on food assistance were born HIV-free and at health facilities. In 2015, outcome data indicated the prevalence of poverty was reduced to 24.4% from 70%, and the prevalence of severe hunger to 8.6% from 69% within 30 months of engaging in economic strengthening activities.</p> <p>In the broader Eastern and Southern Africa region, WFP supported ministries of health in Ethiopia, Lesotho, Mozambique, Swaziland, Zambia and Zimbabwe to mainstream nutritional assessment and counselling into antenatal care.</p>
<p><b>UNFPA</b></p>	<p>UNFPA supported seven countries in southern Africa to integrate elimination of mother-to-child health transmission services into sexual and reproductive health. The project, funded by the European Union, the Swedish International Development Cooperation Agency and the Norwegian Agency for Development Cooperation, increased the uptake of critical HIV and sexual and reproductive health care thanks to improved infrastructures, patient flow and human resources capacity building. Botswana and Swaziland have begun scaling up integration nationally; Malawi, Namibia and Zimbabwe are preparing for district-level scale-up; and Lesotho and Zambia are working on strengthening their pilot sites. Task-shifting has enhanced the provision of integrated services, and community mobilization has also been central to success.</p>
<p><b>World Bank</b></p>	<p>The World Bank provided financing to scale up and improve access to prevention of mother-to-child services in multiple countries, most notably Nigeria, which carries 30% of the global gap. Nigeria seeks to reduce deaths from preventable diseases by improving the uptake and quality of health-care services available for women and children through its Subsidy Reinvestment and Empowerment Programme (SURE-P) Maternal and Child Health Initiative. As part of the roll-out of SURE-P, the Bank's researchers are evaluating the following interventions: use of monetary and non-monetary incentives to reduce midwife attrition; a community monitoring scheme to reduce stock-outs of drugs and other key commodities at health-care facilities; a conditional cash transfer programme to encourage pregnant women to seek care before and after birth, and give birth with a skilled health worker; and the impact of the Maternal and Child Health Initiative as a whole.</p> <p>Through its results-based financing programme, the Bank has financed services to improve the uptake of antenatal and prevention of mother-to-child transmission services in several countries in Africa to ensure pregnant women access quality antenatal clinic services, are tested for HIV and deliver at a health facility, all important building blocks in eliminating mother-to-child transmission.</p>

Organization	Achievements
Joint	<p>WFP partnered with UNICEF in Lesotho to provide nutrition support in waiting homes for pregnant women. Waiting homes are residential facilities where women who live remotely can wait before giving birth at a hospital or health centre. WFP provided food for pregnant women in the nine hard-to-reach clinics in Thaba Tseka district as a contribution to the United Nations Delivering as One initiative, which aims to capitalize on the strengths of the different members of the UN family. On average, 80 mothers were reached a month. This pilot encourages women to deliver in health centres to reduce the risks associated with home deliveries, contributing to the reduction of maternal mortality and mother-to-child HIV transmission.</p> <p>UNFPA, with UNICEF, WHO and the Interagency Task Team (IATT) on HIV prevention and treatment for pregnant women, mothers and children, conducted a global webinar to build the capacity of programme managers to deliver elimination of mother-to-child transmission services through the maternal health and family planning platform, showcasing UNFPA's experiences and related guidance, including one-stop services in Namibia and a case study and film of Rwanda's integration efforts, titled <i>A glimpse of the future</i>.</p>

## Output A2.2.2 Paediatric HIV treatment and child health care integrated

### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	WFP	WHO	TOTAL
Global	207 700	347 000	42 200	176 600	773 500
HICs	306 700	235 800	40 100	210 900	793 500
AP	59 500	87 300	-	83 400	230 200
CAR	-	46 500	-	9 800	56 300
EECA	12 200	58 200	-	47 100	117 500
ESA	104 000	152 300	53 600	47 100	357 000
LA	19 900	68 600	-	29 400	117 900
MENA	69 000	52 300	-	39 200	160 500
WCA	90 700	116 400	12 000	43 200	262 300
TOTAL	869 700	1 164 400	148 000	686 800	2 868 900

### Achievements

Organization	Achievements
UNHCR	<p>UNHCR ensured in all its operations that female refugees and asylum seekers living with HIV were integrated into national prevention of mother-to-child programmes.</p> <p>UNHCR promoted institutional delivery and supported highly active antiretroviral therapy (HAART) and delivery costs for pregnant refugee women with HIV. It also provided interpreters to overcome any language barriers in maternal and child health clinics, ensuring effective delivery of services by the health-care provider. Steps were taken to ensure pregnant women and children living with HIV were linked to the existing nutrition programmes.</p> <p>Most operations followed ministry of health protocols and transitioned to Option B+ (to initiate all HIV-positive pregnant and breastfeeding women on antiretroviral therapy for life) in all refugee sites. UNHCR ensured the provisions of Prong 1 and 2 of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (the Global Plan) were provided alongside adolescent sexual and reproductive health services and family planning services at static sites and through outreach.</p>

Organization	Achievements
	<p>UNHCR promoted institutional delivery and supported highly active antiretroviral therapy (HAART) and delivery costs for pregnant refugee women with HIV.</p> <p>Government maternal and child health clinics provide comprehensive treatment and care, comprising antenatal and postnatal care, prevention of mother-to-child services, full immunization and family planning programmes. UNHCR provided interpreters to overcome any language barriers in clinics ensuring effective delivery of services by the health-care provider.</p> <p>Steps were taken to ensure pregnant women and children living with HIV were linked to the existing nutrition programmes. Most operations followed ministry of health protocols and transitioned Option B+ (to initiate all HIV-positive pregnant and breastfeeding women on antiretroviral therapy for life) in all the refugee sites. UNHCR ensured the provisions of Prong 1 and 2 of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (the Global Plan) were provided alongside adolescent sexual and reproductive health services and family planning services at static sites and through outreach.</p> <p>Health-workers under UNHCR operations continued to be trained on prevention of mother-to-child transmission and neonatal care.</p>
<p><b>UNICEF</b></p>	<p>UNICEF supported Chad and Togo to model the acceleration of paediatric HIV case-finding in routine health-care settings. Both case studies were highlighted at continental conferences and forums for evidence-based advocacy to influence policy in other countries. The findings of the pilot phase guided the adoption of case-finding in routine health-care settings as a national strategy to fast-track the HIV paediatric treatment in Togo. Within three years in Togo, the number of children aged under 15 tested for HIV increased threefold, from 7373 in 2012 to 22 656 in 2015.</p> <p>UNICEF, in 2015, supported the African Network for Care of Children Affected by AIDS (ANECCA) in the preparation of its regional concept note submission to the Global Fund to scale up paediatric HIV care and treatment in seven high-burden countries, and continues to support its implementation. ANECCA, through its network of professionals and technical support to national governments, including through its Global Fund-supported efforts, presents opportunities to scale up paediatric and adolescent HIV care and treatment in the region.</p> <p>UNICEF provided technical support for the integration of HIV within maternal and child health services for strengthening prevention of mother-to-child transmission (PMTCT) services in Cambodia, India, Indonesia, Nepal, Myanmar and Pakistan. Indonesia was also been supported to document the service delivery models for scaling up HIV testing and treatment among key populations and for PMTCT services. India was supported to pilot a telemedicine initiative, which links established centres of excellence with other health facilities, allowing specialized care providers to build capacity of staff in other health facilities.</p> <p>UNICEF, with the Interagency Task Team (IATT) on HIV prevention and treatment for pregnant women, mothers and children, helped develop a draft operational guide to support the integration of paediatric HIV care and treatment into child survival platforms in country programmes. The guide will be disseminated in 2016.</p> <p>Together with the IATT, UNICEF supported the development of a manuscript now under review documenting Nigeria's experience of integrating paediatric testing within Maternal Newborn Child Health Weeks.</p> <p>An assessment of values and preferences for infant feeding practices was carried out with UNICEF and IATT support, involving a series of surveys of 21 of the 22 Global Plan countries (Angola did not respond to the survey). The results were shared at a WHO meeting to revise infant feeding guidelines at the end of October 2015.</p>
<p><b>WFP</b></p>	<p>The WFP-led Interagency Task Team (IATT) on food and nutrition highlighted the potential of linking HIV testing, health and nutrition services, including growth monitoring for children, to enable earlier case detection and referral. Linking maternal newborn and child health, nutrition and HIV was also identified as one of the 2016 priority areas.</p> <p>WFP's interventions in 2014–2015, which included providing specialized nutritious foods through prevention of mother-to-child transmission programmes and support for broader maternal and child health nutrition programmes, helped improve the nutritional status and treatment access and adherence of mothers, reducing the risk that their children would become HIV-positive.</p> <p>In several countries, WFP provided complementary feeding support for infants and young children up to two years (by providing specialized nutritious food and communicating the need for behaviour change to their mothers) and treated malnourished children aged 6–59 months.</p> <p>WFP also built the capacity of government and health-care providers in HIV and nutrition through a paediatric lens. In Bolivia, for example, WFP trained health-care professionals in paediatric hospitals in four cities on nutrition and HIV and AIDS.</p>



Organization	Achievements
WHO	In the past biennium, WHO has placed greater emphasis on the challenges of identifying and treating children with HIV. WHO remains committed to closing the treatment gap for children and adolescents and to reaching the 90-90-90 treatment targets by 2020. The 2015 revised antiretroviral therapy guidelines promote simplified approaches to paediatric treatment, expanded opportunities for paediatric diagnosis through birth testing and paediatric point-of-care testing, and a range of adolescent service delivery recommendations to improve the ways in which health services are provided to adolescents with HIV. These recommendations will help build momentum for the greater integration of HIV services into a broader platform for child survival, but also into existing services for women, including pregnant women with HIV. Many new paediatric global initiatives provide further impetus to achieve universal access to antiretroviral therapy for children; in particular the Call to Action and the Paediatric HIV Treatment Initiative, both of which are focused on the need to provide smarter HIV treatment formulations, and ACT and All In, which are supporting implementing partners in the field.

### Output A2.2.3 PMTCT policies and programmes expanded, including SRH and antiretroviral therapy

#### Indicators

#### Indicator A2.2.3: UN Joint Team contributed to strengthen a costed integrated national sexual and reproductive health action plan

96% of Joint Teams (N=99) provided support in this area in 2015. In the same year, 95% of HICs (N=37) were supported by Joint Teams in this area. Advocacy, normative guidance and technical assistance were the most significant types of support provided.

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNFPA	WHO	TOTAL
Global	347 000	91 600	157 000	595 600
HICs	235 800	213 900	245 300	695 000
AP	87 300	-	68 700	156 000
CAR	46 500	-	9 800	56 300
EECA	58 200	29 000	39 200	126 400
ESA	152 300	-	39 200	191 500
LA	68 600	94 000	19 600	182 200
MENA	52 300	-	49 100	101 400
WCA	116 400	11 300	39 200	166 900
TOTAL	1 164 400	439 800	667 100	2 271 300

#### Achievements

Organization	Achievements
UNICEF	UNICEF supported the child survival working group of the Interagency Task Team (IATT) on HIV prevention and treatment for pregnant women, mothers and children to disseminate the revised <i>IATT Optimal list of paediatric ARV formulations</i> . In November 2015, the working group hosted a webinar on paediatric treatment optimization. A policy brief detailing the revisions made to the formularies was developed and published online in March 2015. The list serves as guidance for national programmes, procurement agencies, funders and manufacturers.



Organization	Achievements
	<p>To promote uptake of the critical new paediatric LPV/r oral pellets (easy to administer formulation of ritonavir boosted lopinavir), UNICEF supported the development of two policy briefs. One provides instructions for health-care workers and caregivers on how to administer the oral pellets, and the second focuses on supply planning for programme managers and policy-makers. The briefs were completed in July 2015 and are available on the IATT and WHO websites.</p>
WFP	<p>WFP has integrated many of the nutrition programmes for prevention of mother-to-child transmission clients (children and pregnant and lactating women) into curative nutrition programmes (for preventing and treating moderate acute malnutrition) provided to all pregnant and lactating women and children, regardless of their serological status.</p> <p>In Cameroon, for example, WFP continued to support the treatment of moderate acute malnutrition as part of maternal, child health and nutrition activities. An estimated 5% of the children and 6% of the pregnant and lactating women admitted to the programmes were HIV-positive. In all four priority regions where WFP supported the treatment of moderate acute malnutrition, health-centre staff reported that the programme significantly contributed to increasing prenatal consultation, providing a vital platform for linkages to prevention of mother-to-child transmission services.</p>
UNFPA	<p>UNFPA co-led the integration working group of the Interagency Task Team on HIV prevention and treatment for pregnant women, mothers and children, to develop a joint commodities framework linked to the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.</p> <p>The document <i>Job aid for health-care workers</i>, updated to reflect new guidance on antiretroviral therapy, aims to support programmes to deliver a full range of commodities for effective integrated elimination of mother-to-child transmission services, including antiretroviral medicines, contraceptives, sexually transmitted infection and tuberculosis drugs, and others related to gender-based violence, pregnancy, delivery, infants and children.</p> <p>UNFPA contributed to including elimination of mother-to-child transmission in the H4+ Roadmap to Accelerate Achievement of Maternal and Newborn Survival and Reach Millennium Development Goals 4 and 5. It also provided technical guidance for the survey by the Global Network of People Living with HIV and the International Community of Women Living with HIV, titled <i>Quality of family planning services and integration in prevention of vertical transmission context; perspectives and experiences of women living with HIV and service providers in Cameroon, Nigeria and Zambia</i>.</p>
WHO	<p>Low-prevalence epidemics have made significant progress in their prevention of mother-to-child transmission (PMTCT) policies and programming. With technical assistance from WHO, India has announced an unprecedented level of domestic spending for HIV to support HIV testing for all pregnant women, linked to a universal treat-all policy. In China, testing levels in many provinces are in excess of 90% and the country is poised to become one of the countries in Asia to achieve elimination of mother-to-child transmission of HIV. With support from WHO, almost all countries in the Asia and Pacific region have now taken up Option B or B+ within their national programmes and antiretroviral therapy has been harmonized around the preferred regimen of tenofovir, efavirenz and either lamivudine or emtricitabine. Some have adopted a linked sexual and reproductive health/HIV approach from the start of their PMTCT programmes and have formalized the dual elimination approach.</p>
World Bank	<p>Over the biennium, the World Bank financed more than 50 maternal and child health projects around the world to increase coverage and access to services, including those for prevention of mother-to-child transmission. In Uganda, for example, the Reproductive Health Voucher Project increases access to skilled care during pregnancy and delivery for poor women living in rural and disadvantaged areas. Those resident within the catchment areas of the contracted health facilities are the primary beneficiaries, as the women are expected to be able to reach the facilities in less than two hours. Contracted service providers and surrounding communities are the secondary beneficiaries. The project comprises two components: the package of safe delivery services to poor pregnant women; and capacity building and project management. In addition to the primary reproductive health services, women will get access to nutrition, and prevention of mother-to-child transmission and HIV and AIDS counselling services.</p>
Joint	<p>UNICEF, WHO and UNFPA contributed to drafting <i>A compendium of case studies. HIV and sexual and reproductive health programming: innovative approaches to integrated service delivery, aimed at strengthening the capacity of programme managers and health providers to provide integrated HIV and sexual and reproductive health services, using innovative methods from sharing between developing countries</i>.</p>

## A3: Preventing HIV among people who use drugs

### Output A3.1.1 National legislation on HIV and drugs review

#### Indicators

#### Indicator A3.1.1: UN Joint Team contributed to universal access to HIV prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings

54% of Joint Teams (N= 94) provided support in 2015 for people who inject drugs, and 71% for people living in prisons or other closed settings.

The top four areas in which responding Joint Teams provided support were:

People who inject drugs:

- HIV testing and counselling - 92%
- Prevention and treatment of sexually transmitted infections - 86%
- Antiretroviral therapy - 84%
- Condom programmes for PWID and their sexual partners - 80%
- Targeted information, education and communication for PWID and their sexual partners - 80%

People living in prisons or other closed settings:

- HIV counselling and testing - 87%
- Antiretroviral therapy - 82%
- Prevention, diagnosis and treatment of tuberculosis - 79%
- Prevention and treatment of sexually transmitted infections - 78%

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNDP	UNODC	TOTAL
Global	82 600	60 100	448 400	591 100
HICs	69 300	101 400	376 500	547 200
AP	79 900	76 500	222 000	378 400
CAR	19 300	5 900	1 400	26 600
EECA	79 900	66 700	240 300	386 900
ESA	22 700	12 900	75 300	110 900
LA	29 700	19 100	129 500	178 300
MENA	19 300	9 900	256 900	286 100
WCA	24 800	5 400	48 600	78 800
<b>TOTAL</b>	<b>427 500</b>	<b>357 900</b>	<b>1 799 000</b>	<b>2 584 400</b>

**Achievements**

Organization	Achievements
<p><b>UNICEF</b></p>	<p>In 2015, UNICEF partnered with the Southern Africa AIDS Trust to review the experiences of 22 countries in addressing age of consent laws that restrict access to services. The objective was to improve equity in outcomes for adolescents through timely access to HIV testing and essential services. Partnership with the Southern Africa AIDS Trust leveraged the collaboration of a network of legal scholars in all 22 countries, and adolescents linked through social media. This global network will continue to work with the Trust and UNICEF to document lessons learned from country processes in addressing restrictive laws and formulating policies.</p> <p>In addition to examining legal processes, the review will consider the ethical, socioeconomic and cultural factors impacting on the reform processes. A resource kit will be developed to guide countries on process models and the keys to removing age of consent restrictions on access to services. Countries included in this review with legislative experience relevant to services for adolescents who use drugs include: Brazil, Canada, France, India, Indonesia, the Philippines, Thailand, Ukraine, the United Kingdom and Viet Nam.</p>
<p><b>UNDP</b></p>	<p>UNDP furthered its work on the impact of drugs and drug control on sustainable development with a position paper, <i>Perspectives on the development dimensions of drug policy</i>, plus a detailed discussion paper, <i>Addressing the development dimensions of drug policy</i>. Both have been cited by UN Member States and institutions, civil society and academics in debates on human rights, drugs and sustainable development, and to highlight human development as a central concern of drug policy in deliberations at the Commission on Narcotic Drugs in the lead-up to the UN General Assembly Special Session (UNGASS) on Drugs 2016.</p> <p>In the Islamic Republic of Iran, a UNDP-managed Global Fund grant helped scale up HIV prevention programmes towards universal access. Efforts have focused on services for people who inject drugs, vulnerable women, people in prisons, those who use amphetamine-type stimulants and pregnant women living with HIV. By the end of 2015, 17 900 people who use drugs had received harm reduction training; 48 700 people who use drugs received testing and counselling services; 5095 people who use drugs received regular services through 119 facilities; and harm reduction programmes and voluntary counselling and testing activities were established in prisons.</p>
<p><b>UNODC</b></p>	<p>UNODC increased the capacity of its high-priority countries to conduct legal and policy reviews to develop and implement human-rights and public health-focused policies and programmes for HIV prevention, treatment and care for people who use drugs and those in prisons and other closed settings. UNODC better involved people who use drugs and other key partners in multisectoral, evidence-informed and open dialogue on HIV, drug policies, criminal justice and human rights, and helped ensure the rights of people who use drugs for health are protected and respected in the context of HIV.</p> <p>In 2015, UNODC continued to support preparations for the UN General Assembly Special Session (UNGASS) on Drugs 2016, organizing an informal interactive discussion on HIV and people who inject drugs for Member States, and engaging national policy-makers, drug control agencies, civil society and community-based organizations in seven regional dialogues on drug policy and HIV.</p> <p>In 2014, UNODC organized the first global consultation on HIV prevention, treatment and care in prison settings, which supported the review of national laws and policies on illicit drugs, criminal justice, prisons and HIV in several high-priority countries.</p>
<p><b>WHO</b></p>	<p>WHO continued to be involved in policy and advocacy for harm reduction; for example, it participated in the Strategic Advisory Group on injecting drug use and HIV.</p> <p>To support preparations for the UN General Assembly Special Session (UNGASS) on Drugs 2016, WHO prepared a paper summarizing its role and mandate in addressing the world drug problem.</p> <p>During the biennium, WHO supported data collection and analysis in several areas, including: estimates of the size of the population of people who inject drugs; the prevalence of HIV, hepatitis B virus (coinfection with hepatitis and HIV is common), hepatitis C virus and tuberculosis; and coverage of essential services of the comprehensive package.</p> <p>As a supplement to its 2014 consolidated guidelines, in 2015 WHO developed a tool for countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for all key populations.</p>

Organization	Achievements
<b>Secretariat and Joint</b>	<p>In the 24 UNODC high-priority countries for injecting drug use and HIV, UNODC engaged people who use drugs and other key partners in multisectorial, evidence-informed dialogue on HIV, drug policies and human rights. The aim was to share best practices and identify how policies could be strengthened to ensure the rights of people who use drugs for health are protected and respected in the context of HIV.</p> <p>UNODC led the development of UNAIDS guidance notes for the Global Fund and other fund applicants on <i>HIV services for people who inject drugs, and for people in prison and other closed settings</i>.</p> <p>In partnership with WHO, UN Women and the International Network of People who Use Drugs (INPUD), UNODC produced a policy brief, <i>Women who inject drugs and HIV: addressing specific needs</i>. The document promotes gender equality and human rights as part of an effective harm reduction response to HIV for women who inject drugs in community and prison settings. It was launched at the International AIDS Conference in Melbourne in 2014.</p> <p>WHO led development of a technical brief, <i>HIV and young people who inject drugs</i>, to promote discussions about how best to provide health services for this population group. The interagency working group on key populations guided the work, with representations from the Asia Pacific Transgender Network, Global Network of Sex Work Projects, HIV Young Leaders Fund, ILO, INPUD, the UNAIDS Secretariat, the Global Forum on MSM and HIV, UNICEF, UNDP, UNODC, UNESCO, UNFPA, UNHCR, the World Bank and WFP.</p>
<b>Supplementary documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Guidance note. Services for people who inject drugs. UNAIDS, 2014</a></li> <li>• <a href="#">Guidance note. Services for people in prisons and other closed settings. UNAIDS, 2014</a></li> <li>• <a href="#">Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. WHO, 2014</a></li> <li>• <a href="#">Technical brief. HIV and young people who inject drugs. WHO, 2015</a></li> <li>• <a href="#">Addressing the development dimensions of drug policy. UNDP, 2015</a></li> </ul>

### Output A3.1.2 Evidence on HIV, people who use drugs and prison settings

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNODC	WHO	World Bank	TOTAL
Global	896 800	196 200	146 700	1 239 700
HICs	564 700	98 100	872 400	1 535 200
AP	111 000	73 600	204 900	389 500
CAR	2 100	-	10 900	13 000
EECA	119 800	68 700	54 100	242 600
ESA	25 100	19 600	6 500	51 200
LA	129 500	-	70 200	199 700
MENA	64 200	34 300	8 700	107 200
WCA	16 200	19 600	74 000	109 800
<b>TOTAL</b>	<b>1 929 500</b>	<b>510 200</b>	<b>1 448 400</b>	<b>3 888 100</b>

#### Achievements

Organization	Achievements
<b>UNODC</b>	<p>UNODC worked to enhance the technical skills of government and civil society staff, strengthened national monitoring and evaluation of harm reduction systems, and improved and harmonized the availability and quality of data on injecting drug use and HIV. UNODC supported studies and assessments that promoted policy and programme development and advocacy, and helped prioritize and cost harm reduction activities in partnership with civil society.</p>

Organization	Achievements
<b>UNODC</b>	<p>UNODC identified country-level gaps in the quality of size estimates of injecting drug use and HIV, resulting in improved global data and analysis in the <i>World drug report</i> in both 2014 and 2015. Data were used by partners for policy and programme planning, implementation, and monitoring and evaluation, ensuring a more evidence-based development of the UNAIDS Strategy 2016–2021 and enhanced preparations for the UN General Assembly Special Session (UNGASS) on Drugs in 2016.</p> <p>UNODC helped bridge the gap between policy and science; for example, through a scientific consultation (Science addressing drugs and HIV: state of the art of harm reduction) at the margins of 57th session of the Commission on Narcotic Drugs held in Vienna in March 2014. The statement of the consultation was presented at the high-level segment of the Commission.</p>
<b>WHO</b>	<p>WHO continued to contribute to policy and advocacy for harm reduction, taking part in the UN Strategic Advisory Group on Injecting Drug Use and HIV, for example.</p> <p>In preparation for the UN General Assembly Special Session (UNGASS) on Drugs in 2016, WHO published a paper on its role and mandate in addressing the world drug problem. The document summarizes WHO's activities to help prevent drug use and treat disorders, prevent and manage drug-related blood borne infections, and provide access to controlled medicines.</p> <p>It supported data collection and analysis in several areas, including: estimates of the size of the population of people who inject drugs; the prevalence of HIV, hepatitis B virus (coinfection with hepatitis and HIV is common), hepatitis C virus and tuberculosis; and coverage of essential services of the comprehensive package.</p> <p>WHO also developed a tool for countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for all key populations.</p>
<b>World Bank</b>	<p>The World Bank has supported several studies investigating the cost–effectiveness and impact of harm reduction services for people who use drugs. This includes providing evidence on the estimated return on investment of the Government of Malaysia's needle and syringe and methadone therapy programmes, and evaluating the United Kingdom Department for International Development's HIV and AIDS harm reduction programmes for female sex workers and people who inject drugs in Viet Nam, specifically looking at implementation, management, estimated population impacts and cost–effectiveness. Based on these studies, the Bank made recommendations for future sustainability and improvement, facilitating the continued scale-up of harm reduction programmes.</p> <p>The Bank supported and financed allocative efficiency analyses in several countries, providing evidence of the potential impact and cost–effectiveness of targeted prevention programmes, including those for harm reduction. The Bank collaborated with UNODC to review size estimates of people who inject drugs in priority countries, and to conduct training on the best methods for size estimations in different contexts for people who inject drugs.</p>
<b>Secretariat and Joint</b>	<p>UNODC led joint efforts with the UNAIDS Secretariat, WHO and the World Bank to establish a global collaboration mechanism to generate strategic information on people who inject drugs and HIV to guide policy and programme development. This improved global, regional and country-level understanding through enhanced data analysis and in-depth information on the quality and methodology of current estimates. It resulted in the first joint global estimates of injecting drug use and HIV among people who inject drugs, which were published in the 2014 and 2015 editions of the <i>World drug report</i>.</p> <p>UNODC and the World Bank implemented a project to estimate the population sizes of people who inject drugs in 10 selected high-priority countries, with financial help from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The project reviewed existing estimates and their methodology, and in consultation with country stakeholders, civil society organizations and other partners, made recommendations on how to improve them. Joint efforts with the UNAIDS Secretariat, WHO, the Global Fund and other partners ensured monitoring and evaluation activities complemented each other.</p> <p>UNODC led work on a workshop to improve the quality of population size estimates of people who inject drugs, and implemented it with the World Bank and the International Network of People who Use Drugs at the International AIDS Conference in Melbourne in 2014. It was attended by more than 400 delegates including some from several high-priority countries for injecting drug use and HIV.</p> <p>In 2015, WHO led production of a tool that enables countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations. It provides guidance on how to monitor and evaluate interventions that address HIV among key populations, including people in prisons and other closed settings, and people who inject drugs. The document is a companion to other publications developed by WHO, together with the UNAIDS Secretariat, UNFPA, UNODC and UNDP, that provide evidence-based recommendations on how to address HIV among key populations.</p>

Organization	Achievements
Supplementary documents	<ul style="list-style-type: none"> <li>▪ <i>UNODC scientific consultation. Science addressing drugs and HIV: state of the art. 2014</i></li> <li>▪ <i>World drug report. UNODC, 2015</i></li> <li>▪ <i>WHO supplement. Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations. WHO, 2015</i></li> </ul>

## Output A3.2.1 HIV programmes for people who use drugs and in prison and closed settings

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNFPA	UNODC	UNESCO	WHO	TOTAL
Global	36 700	19 400	1 345 200	232 300	421 900	2 055 500
HICs	69 200	30 100	2 823 700	102 900	441 500	3 467 400
AP	79 900	-	971 400	88 400	245 300	1 385 000
CAR	19 300	-	5 000	-	-	24 300
EECA	79 900	10 000	1 121 500	50 800	294 300	1 556 500
ESA	22 700	-	263 700	53 300	19 600	359 300
LA	29 700	-	453 300	-	-	483 000
MENA	19 300	-	674 400	-	29 400	723 100
WCA	24 800	-	113 400	7 000	19 600	164 800
<b>TOTAL</b>	<b>381 500</b>	<b>59 500</b>	<b>7 771 500</b>	<b>534 600</b>	<b>1 471 600</b>	<b>10 218 700</b>

### Achievements

Organization	Achievements
UNICEF	See A121
UNODC	<p>UNODC facilitated the review and adaptation of national legislation and policies on narcotic drugs, criminal justice, prison management and HIV, and provided training and produced guidelines and tools for improving equitable access to HIV prevention, treatment and care services, including commodities for people who inject drugs and people in prisons and other closed settings. For example, UNODC reinforced coordination among national authorities, including health, criminal justice and law enforcement departments, and civil society, with a training manual for law enforcement officials on HIV services for people who inject drugs. UNODC also produced a handbook on how to start and manage needle and syringe programmes in prisons and other closed settings.</p> <p>Partnerships between law enforcement sectors and civil society organizations were enhanced through a global training programme, reaching more than 2100 law enforcement officers, representatives of civil society and community-based organizations, and the health, social and justice sectors in 21 countries. UNODC provided financial and technical support to more than 350 civil society organizations for strategic initiatives in HIV prevention, treatment, care and support for people who inject drugs.</p> <p>UNODC, through its civil society grants programme, supported the Asian Network of People who Use Drugs to scale up harm reduction measures in response to increasing HIV and hepatitis C coinfections among people who inject drugs in India, Indonesia, Nepal and Viet Nam.</p>

Organization	Achievements
<p><b>UNESCO</b></p>	<p>UNESCO, in partnership with UNODC, WHO and the Government of Turkey, convened a meeting in Istanbul in October 2015 at which experts from 23 countries discussed the education sector's response to substance use among young people.</p> <p>A guide to collecting data at the country-level on education-sector responses to substance use among young people was developed and used to support data collection in three regions. In 2014, UNESCO assessed school-based interventions to prevent substance use in 10 countries in the Eastern Europe and Central Asia region. In the Latin America and the Caribbean region, a regional report was developed on the basis of data and information collected from eight countries. In five Eastern and Southern Africa countries, data on the nature, scope and educational impacts of substance use among young people was pooled for a regional study, which contributed to a global background report, <i>Education sector responses to substance use among young people</i>. The report will be launched jointly with WHO and UNODC at the UN General Assembly Special Session (UNGASS) on Drugs in 2016.</p> <p>UNESCO worked with the Government of Indonesia to better provide comprehensive sexuality education for young people in prisons and other closed settings. This included distributing information materials and a symposium organized with the National AIDS Commission on empowering young people in closed settings, which was attended by more than 2500 people.</p>
<p><b>WHO</b></p>	<p>WHO consolidated its guidelines for HIV prevention, diagnosis, treatment and care for key populations, including people who inject drugs and people in prisons. These bring together existing guidance and update selected guidance and recommendations. WHO also developed new guidelines on community management of opioid overdoses, including recommendations on the use of naloxone.</p> <p>Key population guidelines and a tool for setting targets were rolled out at regional level, with several meetings taking place, including a bi-regional WHO Western Pacific and South-East Asia event and another in Eastern Europe and Central Asia.</p> <p>WHO provided technical support to countries and regions on Global Fund concept notes and for implementing harm reduction interventions.</p>
<p><b>World Bank</b></p>	<p>The World Bank supported a study to generate evidence on the health, HIV and social outcomes of two drug rehabilitation approaches: compulsory detention centres for drug users; and voluntary-based Cure and Care clinics in Malaysia. The Bank also backed a study on HIV, hepatitis B, hepatitis C and syphilis among inmates in Cebu City jails in the Philippines. Results from the studies will help policy-makers shape future drug rehabilitation programmes and support the development of harm reduction services, and drug dependence treatment, in prison settings.</p> <p>The Bank continued to finance a comprehensive HIV programme for people who inject drugs in Cebu and the evaluation of its impact, and another in Viet Nam, which includes needle and syringe and methadone maintenance treatment.</p> <p>The Bank has conducted several studies in countries where injecting drug use is the primary HIV transmission mechanism to show that more funds need to be allocated to such programmes for a population-based reduction in new HIV infections. Working with the UNAIDS Secretariat, the Bank has undertaken a programme efficiency study in Ukraine to show how HIV programmes for people who inject drugs could be implemented at lower cost.</p>
<p><b>Secretariat and Joint</b></p>	<p>In 2014–2015, UNODC, with its agency partners, assisted Member States and civil society organizations to develop strategies and programmes on HIV and AIDS and drug use, particularly for people who inject drugs. Such efforts were in line with the WHO, UNODC and UNAIDS target-setting guide on universal access to HIV prevention, treatment and care for injecting drug users, and the UNODC, ILO, UNDP, WHO and UNAIDS policy brief on HIV prevention, treatment and care in prisons and other closed settings.</p> <p>UNODC enhanced the delivery of evidence-informed, gender-sensitive services for women who inject drugs and HIV, producing a policy brief addressing their specific needs in partnership with WHO, UN Women and the International Network of People who Use Drugs. In order to mainstream the approach in national HIV responses, UNODC, the International Network of Women who Use Drugs, the Women and Harm Reduction International Network and the Eurasian Harm Reduction Network developed a practical guide for HIV service providers on gender-sensitive services.</p> <p>UNODC led the development of UNAIDS guidance notes for applications to the Global Fund and other funds to finance HIV services for people who inject drugs in prison and other closed settings, with UNAIDS, WHO and UNDP providing practical guidance on relevant services.</p>



Organization	Achievements
	<p>Jointly with UNAIDS Secretariat, UNDP, UNFPA, WHO and other partners, UNODC contributed to a global consultation convened by the Law Enforcement and HIV Network in association with the Centre for Law Enforcement and Public Health, the International Development Law Organization and Birkbeck School of Law at the University of London. The consultation was a significant step in recognizing the need to develop partnerships between police forces and people living with and affected by HIV, service providers and health professionals.</p> <p>UNODC, the Law Enforcement and HIV Network and the International Network of People who Use Drugs also developed a guide for those in civil society who provide services for people who use drugs on how best to engage police in harm reduction for HIV prevention.</p> <p>UNODC, working with the Swiss Federal Office for Public Health, the International Committee of the Red Cross and the Pompidou Group of the Council of Europe, supported a publication aimed at facilitating better prison health practices. Led by the WHO Regional Office for Europe, <i>Prisons and health</i> provides guidance for health professionals and policy-makers on improving the health of people in prison and reducing their health risks, including for HIV, hepatitis B virus, hepatitis C virus and tuberculosis.</p> <p>In partnership with the Secretariat and other cosponsors such as UNDP, the World Bank conducted several allocative efficiency studies in countries with injecting drug use as the primary HIV transmission mechanism that showed that more funding needed to be allocated to these programmes in order to reduce new HIV infections. It also undertook a program efficiency study in the Ukraine to show how HIV programmes for PWID could be implemented at lower cost</p>
<p><b>Supplementary documents</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Practical guide for civil society HIV service providers among people who use drugs: improving cooperation and interaction with law enforcement officials. UNODC, INPUD and LEAHN, 2015</a></li> <li>• <a href="#">A handbook for starting and managing needle and syringe programmes in prisons and other closed settings. UNODC, 2014</a></li> <li>• <a href="#">Training manual for law enforcement officials on HIV service provision for people who inject drugs. UNODC, 2014</a></li> <li>• <a href="#">Addressing the specific needs of women who inject drugs: practical guide for service providers on gender responsive HIV services. UNODC and INPUD, 2015</a></li> </ul>



## B1: Accessing treatment

### Output B1.1.1 Global guidance for treatment implemented

#### Indicators

#### Indicator B1.1.1: UN Joint Team contributed to the simplification and expansion of access to treatment for children and adults, including key populations

100% of Joint Teams (N=99) provided support in this area in 2014. In HICs, the percentage rose from 92% in 2014 to 97% in 2015 (N=37). Technical assistance, advocacy, normative guidance and technical assistance represented the most significant types of support.

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	WFP	WHO	TOTAL
Global	274 200	166 600	286 500	1 177 300	1 904 600
HICs	405 000	133 300	666 800	2 119 100	3 324 200
AP	78 500	57 500	-	470 900	606 900
CAR	-	30 700	3 900	29 400	64 000
EECA	22 500	38 400	-	412 100	473 000
ESA	137 400	99 800	-	333 600	570 800
LA	26 300	26 900	76 900	127 500	257 600
MENA	91 100	34 500	-	294 300	419 900
WCA	119 700	95 900	197 700	333 600	746 900
<b>TOTAL</b>	<b>1 154 700</b>	<b>683 600</b>	<b>1 231 800</b>	<b>5 297 800</b>	<b>8 367 900</b>

#### Achievements

Organization	Achievements
UNHCR	<p>To support point-of-care diagnosis and follow-up, UNHCR ensured HIV testing capacity at health-facility level and provided portable CD4 counters in selected countries in the West and Central Africa region (Côte d'Ivoire, Gambia, Liberia, Mali, Sierra Leone and Togo) and in the East and Horn of Africa subregion (Ethiopia, Kenya, Uganda and the United Republic of Tanzania). The benefit of this strategy extended to the general population when national health programmes built on the experience to consign point-of-care equipment throughout the country, Côte d'Ivoire being one such example.</p> <p>Following a session at the International Conference on AIDS and STIs in Africa in 2013, which focused on improving access and adherence to antiretroviral therapy for emergency affected populations, UNHCR co-convened a satellite session at which UNITAID presented on point-of-care diagnostics in emergencies. This presentation has fuelled discussions on how to increase these diagnostics in such settings.</p> <p>In 2015, a modelling exercise by UNCHR, UNICEF and the UNAIDS Secretariat indicated the number of people living with HIV affected by emergencies, including the treatment gap, was more than 1.3 million.</p> <p>The thematic segment on HIV in emergency contexts at the 36th PCB featured a session on the continuation of antiretroviral therapy in emergency settings.</p>
UNICEF	<p>By end of 2015, 21 of the 22 priority countries of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive were implementing Option B+, 77% of pregnant women in the 22 countries received antiretroviral medicines (ARVs) and 65% received antiretroviral therapy, bringing the estimated mother-to-child transmission rate at six weeks down to 5% from 12% in 2009. Almost 50% of infants exposed to HIV received an early HIV test and five of the highest-burden sub-Saharan Africa countries had adopted treating all children under 15 (before changes by WHO).</p>

Organization	Achievements
	<p>UNICEF, with the Interagency Task Team (IATT), helped disseminate the Option B+ monitoring and evaluation framework and WHO strategic information guidelines across the 32-member partnership. This was done via a webinar, the community of practice and a technical workshop bringing together 15 countries, including representatives from ministries of health and maternal, newborn and child health. At these workshops, UNICEF and its implementing partners learned from early adopters of cohort and integrated data systems and received instruction on how to update old registers to innovative integrated cohort and longitudinal data systems.</p>
<p><b>UNDP</b></p>	<p>UNDP serves as an interim principal recipient of HIV grants from the Global Fund in 24 countries and manages three regional grants for seven countries in south Asia, 12 countries in sub-Saharan Africa and 11 countries in the western Pacific.</p> <p>About 1.8 million people are receiving life-saving antiretroviral therapy via programmes supported by UNDP, enabling them to live longer, healthier lives, stay in work and continue to support their families, and reduce the spread of HIV to others.</p> <p>In this role, UNDP implements Global Fund programmes in selected countries, particularly those facing significant capacity constraints, complex emergencies or other difficult circumstances. Despite the challenging, high-risk environments, 94% of the grants managed by UNDP and evaluated by the Global Fund were positively rated (A1, A2 or B1) as of 31 December 2015. Since the start of the partnership, UNDP has transitioned out of 25 countries, in most cases transferring responsibility for managing grants to national entities. In total, UNDP's partnership with the Global Fund has supported countries in saving 2.2 million lives.</p> <p>UNDP organized a training session in Cape Town in October 2015 to strengthen the capacities of government representatives from Brazil, China, India, Indonesia, the Philippines, Russia, South Africa and Thailand to use underutilized competition law to increase access to health technologies.</p>
<p><b>WFP</b></p>	<p>In 2014, WFP published evidence on the role of food security and nutrition in adherence to HIV/tuberculosis (TB) treatment and care in an <i>AIDS and Behavior</i> supplement.</p> <p>It launched new HIV/TB programme and monitoring and evaluation guidelines to help WFP staff and partners design and implement food security and nutrition programmes in the context of HIV/TB.</p> <p>WFP and PEPFAR, in collaboration with the Global Fund, WHO and UNAIDS, developed a document <i>Thinking strategically about nutrition to assist countries integrate food and nutrition support in their HIV national strategic plan and responses</i>.</p> <p>In 2015, WFP and UNAIDS co-convened a global consultation on HIV and nutrition, which led to substantial inputs to the UNAIDS Strategy 2016–2021. Also in 2015, WFP and New York University initiated a course on nutrition and HIV for country directors and heads of programmes to build the capacity of senior staff on nutrition and HIV.</p> <p>WFP contributed substantially to a UNAIDS guidance note on food security and nutrition, and collaborated with partners to develop a drinkable, fermented maize-based product to treat malnutrition among adults, in particular those living with HIV and TB.</p>
<p><b>WHO</b></p>	<p>In 2014, activities focused on supporting the adoption of WHO's consolidated guidelines on the use of antiretroviral drugs, which were released the previous year, and generating technical updates to support specific recommendations. These guidelines were adapted and implemented in more than 70 countries.</p> <p>In 2015, following the release of new evidence to support earlier and improved treatment, and improved laboratory monitoring and service delivery, WHO developed and released updated guidelines. Key new recommendations relating to Treatment 2.0 objectives include: treating all HIV-positive individuals irrespective of disease status; introducing new drugs into first- and second-line antiretroviral therapy; introducing more efficient laboratory monitoring; and adapting service delivery models for stable patients.</p> <p>The key recommendations contained within these guidelines were highlighted at the International Conference on AIDS &amp; STIs in Africa (ICASA) in Zimbabwe in November 2015, with the full guidelines published in 2016.</p> <p>In the last quarter of 2015, WHO began to develop a plan for country support in implementing the new guidelines, which will be the key focus of work for 2016.</p>

Organization	Achievements
<b>World Bank</b>	<p>The World Bank's activities aim to promote better access to treatment, care and support for people living with HIV. In Brazil, mathematical modelling is assessing the impact of treatment as prevention. In Ukraine, a study on antiretroviral therapy will help policy-makers improve the efficiency of service delivery when expanding antiretroviral therapy coverage. The Bank is also using modelling in Zimbabwe to estimate access to and quality of services during antiretroviral therapy expansions to inform the Government where improvements might be needed.</p> <p>In South Africa, the Bank continued to engage in several activities to support improved access and adherence to antiretroviral therapy. These included providing information and evaluations on the treatment cascade, clinical markers of adherence and treatment success, and mobile health approaches to improving antiretroviral therapy adherence and retention in care of people living with HIV.</p> <p>World Bank-financed allocative efficiency studies showed that more investment in antiretroviral therapy programmes must be prioritized, along with a recommended investment strategy to avert more new infections, disability-adjusted life years and future financial commitments associated with HIV infections.</p>
<b>Secretariat and Joint</b>	<p>In Zimbabwe, where UNDP works with the Government as part of the Global Fund, the uptake of HIV prevention and treatment services has increased, and there has been a decline in AIDS-related deaths from 160 000 in 2001 to 39 000 in 2014. Zimbabwe has a 90% rate of retention on antiretroviral therapy after 12 months for adults and children (2014) and has had one of the sharpest declines in HIV prevalence in southern Africa, from 27% in 1997 to 16.7% in 2014. Through UNDP-managed Global Fund grants, Zambia achieved a 25% reduction in the incidence of HIV and 50% fewer AIDS-related deaths.</p> <p>In 2015, Cuba became the first country to eliminate mother-to-child transmission of HIV. This milestone was achieved with the support of UNDP, which has managed Global Fund HIV grants there since 2003. The grants have been used to train community-based health promoters throughout the country and ensure all pregnant women are tested for HIV in their first prenatal consultation and receive treatment.</p> <p>UNDP also helped to rehabilitate health infrastructure, including laboratories, surgery rooms, hospitals, and warehouses, and provided trucks and cold-chain cars to improve the transport of drugs and other supplies. The UNDP-managed grant was used also to buy specialized equipment for HIV treatment and diagnostics, diminishing testing times and improving follow-up and quality of treatment.</p> <p>Working with WHO, the UNAIDS Secretariat and PEPFAR, WFP released a nutrition assessment, counselling and support (NACS) programming guide for people living with HIV, which was translated into French in 2015.</p> <p>The Joint Programme, through the regional network EVA (Children Living with HIV), supported by Expertise France, built the capacity of a pool of trainers of 50 paediatric HIV experts from 12 French-speaking countries in the West and Central Africa region to support the scale-up and quality of care for paediatric antiretroviral therapy. This pool has conducted decentralized training and roll-out of the 2013 WHO guidelines and mentorship for effective task-shifting of paediatric HIV case management in 10 of the 12 countries. A total of 445 health professionals involved in paediatric HIV care and treatment have been trained and mentoring programmes implemented to increase the capacity of health-care providers. Advocacy initiatives have sought to convince health ministry officials and parliamentarians to allocate more domestic resources for paediatric HIV programmes, and Country Coordinating Mechanism members to integrate paediatric HIV programmes in their proposals to the Global Fund.</p>
<b>Supplementary documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. WHO, 2015</a></li> <li>• <a href="#">Report on the nutrition and HIV stakeholder consultation. UNAIDS and WFP, 2015</a></li> <li>• <a href="#">WFP HIV and TB programme and M&amp;E guide, 2014</a></li> <li>• <a href="#">UNDP Global Fund partnership annual report 2014–2015</a></li> <li>• <a href="#">UNICEF statistical update</a></li> <li>• <a href="#">UNAIDS Global Plan progress report</a></li> </ul>

## Output B1.1.2 Drug regimens optimized (Treatment 2.0 Pillar 1)

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WHO	TOTAL
Global	33 300	637 700	671 000
HICs	-	412 100	412 100
AP	6 100	147 200	153 300
CAR	3 200	9 800	13 000
EECA	4 000	78 500	82 500
ESA	10 600	88 300	98 900
LA	2 800	29 400	32 200
MENA	3 700	78 500	82 200
WCA	10 200	88 300	98 500
<b>TOTAL</b>	<b>74 100</b>	<b>1 569 700</b>	<b>1 643 800</b>

### Achievements

Organization	Achievements
UNICEF	<p>UNICEF, through the Interagency Task Team (IATT) working group on child survival, focused on disseminating the revised IATT optimal and limited-use paediatric antiretroviral formularies. In November 2015, a civil society working group on AIDS hosted a webinar on paediatric treatment optimization. A policy brief detailing revisions to the formularies was developed and published online in March 2015.</p> <p>To support the uptake of critical new paediatric ritonavir-boosted lopinavir (LPV/r) oral pellets, two policy briefs were completed in July 2015 and are available on the IATT and WHO websites. One brief instructs health-care workers and caregivers on how to administer the oral pellets while the second focuses on supply planning for programme managers and policy-makers.</p>
UNDP	<p>UNDP in 2015 achieved significant reductions in the price of the HIV medicines it procures, bringing down the cost of the most common treatment combination to an unprecedented US\$ 100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and Zimbabwe. Through these price reductions, UNDP is saving US\$ 25 million, which is being used to put an additional 250 000 people on life-saving HIV treatment, the equivalent of all HIV patients in France, Germany and the United Kingdom combined.</p> <p>The environment is also benefiting from these cost savings; more than 200 medicine shipments were made in 2015 through a new mechanism that optimizes transport costs, including using sea and/or overland freight in lieu of air shipments. This is a double win, with more people on life-saving treatment because of reduced costs of treatment and a reduction in carbon dioxide emissions.</p>
WHO	<p>WHO continues to lead normative work on optimizing HIV treatment. Building on the evidence reviews and consultations conducted in 2014, WHO commissioned comprehensive systematic reviews and meta-analyses to assess the comparative efficacy and safety of adult and paediatric antiretroviral drugs for first- and second-line therapy.</p> <p>WHO also continues to lead the global efforts of conferences on antiretroviral drug optimization (CADO) and paediatric antiretroviral drug optimization (PADO). It held a think-tank at the annual conference on retroviruses and opportunistic infections (CROI) in Seattle in 2015 to assess new treatment optimization opportunities. This work formed the basis for new recommendations contained within its updated consolidated antiretroviral drug guidelines, notably the inclusion of dolutegravir and low-dose efavirenz as alternative first-line drugs for adults, the inclusion of darunavir/r as a second-line drug for adults, and raltegravir as a second-line drug for children.</p> <p>Several barriers remain before these newer adult antiretroviral drugs can be adopted on a large scale, including price, formulation and unanswered clinical questions, such as their efficacy in pregnancy and tuberculosis co-treatment. WHO has been engaging with academic groups, donors and industry to help remove these barriers.</p>

Organization	Achievements
	<p>To ensure a sufficient supply of antiretroviral drugs (ARVs) to cover demand until 2018, WHO produced annual forecasts in collaboration with the UNAIDS Secretariat, the Clinton Health Access Initiative, UNICEF, the Global Fund, the Office of the US Global AIDS Coordinator, USAID, the Partnership for Supply Chain Management and Avenir Health. These forecasts are presented to manufacturers and form the basis of future development and production, helping to ensure an adequate supply of ARVs globally and reduce stock-outs.</p> <p>WHO, with the Partnership for Supply Chain Management, the Global Fund and UNITAID, provided guidance on how to transition from previous WHO regimens to those recommended in its updated consolidated guidelines on ARVs. These documents proved useful for countries when developing procurement plans and Global Fund concept notes.</p> <p>Since 2014, WHO, via its Department of HIV and Hepatitis, has worked closely with the Medicines Patent Pool on a project to better forecast the demand for new ARVs until 2030, including first- and second-line regimens for adults and children. These estimates and models will help to accelerate registration of new ARV formulations and reduce delays in access for patients.</p>

### Output B1.1.3 POC and simplified platforms for diagnosis and treatment monitoring (Treatment 2.0 Pillar 1)

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WHO	TOTAL
Global	66 600	608 300	674 900
HICs	22 100	407 100	429 200
AP	8 100	122 600	130 700
CAR	4 300	9 800	14 100
EECA	5 400	44 100	49 500
ESA	13 900	93 200	107 100
LA	3 800	24 500	28 300
MENA	4 900	68 700	73 600
WCA	13 400	93 200	106 600
<b>TOTAL</b>	<b>142 500</b>	<b>1 471 600</b>	<b>1 614 100</b>

#### Achievements

Organization	Achievements
UNICEF	<p>UNICEF, with funding from UNITAID and in close collaboration with the Clinton Health Access Initiative, supported the establishment of regulatory pathways and policies to enable point-of-care diagnosis (CD4, early infant diagnosis and viral load testing) to be introduced or scaled up in seven countries (Ethiopia, Kenya, Malawi, Mozambique, the United Republic of Tanzania, Zimbabwe). UNICEF also facilitated product evaluations for point-of-care devices in five countries (Ethiopia, Kenya, Mozambique, the United Republic of Tanzania and Zimbabwe).</p>

Organization	Achievements
UNICEF	<p>In 2015, UNICEF conducted ongoing evaluations to support birth testing using early infant diagnosis point-of-care devices in Mozambique, initiated implementation pilots for such devices in Malawi and Mozambique, and supported the early infant diagnosis consortium to harmonize evaluations of these devices.</p> <p>UNICEF led the community of practice comprising 397 members across 44 countries, hosting five webinars on updates to point-of-care technologies and sharing country experience.</p> <p>UNICEF in the West and Central Africa region supported countries to generate evidence for programming to Fast-Track HIV paediatric care. As a result, 11 (Cameroon, Chad, Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Gabon, Ghana, Guinea-Bissau, Liberia, Nigeria and Togo) completed a situation analysis of their national paediatric HIV programme and are using the findings to inform their treatment acceleration plans, with strategic shifts to Fast-Track paediatric antiretroviral therapy coverage. Five (Cameroon, Gabon, Ghana, Liberia, Nigeria) completed the design of their paediatric antiretroviral therapy acceleration before December 2015 and the others will do so in 2016.</p>
WHO	<p>WHO continued to develop normative guidance for HIV self-testing, including evidence mapping and data clearinghouses, and produced a WHO/UNAIDS short technical update on self-testing. It coordinated a special issue on the subject in the <i>AIDS and Behavior</i> journal in July 2014.</p> <p>In response to testing misclassification, WHO issued an information note on the importance of re-testing prior to initiating antiretroviral therapy, conducted a review of misclassification of HIV status and reviewed the uptake of WHO testing strategies.</p> <p>WHO worked on CD4, viral load and early infant diagnostics and developed technical guidance for its March 2014 supplement (to the 2013 consolidated guidelines on antiretroviral drugs) on infant testing and scaling down CD4 for monitoring. It also conducted a review of the benefits of point-of-care CD4 and its linkage to care.</p> <p>In its lead role on the Diagnostics Access Initiative, WHO is forecasting global diagnostics demand and has produced a technical document <i>Specifications and quantities for efficient procurement for diagnostics platforms</i>.</p>
Secretariat and Joint	<p>To support the increase in the number of people testing for HIV and ensure those found to be HIV-positive receive treatment in displaced situations, UNHCR, WHO and the UNAIDS Secretariat updated <i>the Policy statement on HIV counselling and testing for refugees and other persons of concern to UNHCR</i>. This statement on provider-initiated testing and counselling stresses the importance of adhering to the five Cs: informed consent, confidentiality, counselling, correct test results and connections to prevention, care and treatment services. UNHCR, WHO and the UNAIDS Secretariat do not support compulsory or mandatory HIV testing of individuals on public health grounds or for any other purposes.</p> <p>WHO, the UNAIDS Secretariat, the African Society for Laboratory Medicine (ASLM), the United States Centers for Disease Control and Prevention, USAID, PEPFAR, UNITAID and the Global Fund have all endorsed the Diagnostics Access Initiative (DAI) as an advocacy platform to increase access to viral load and early infant diagnosis (EID) in low- and middle-income countries. WHO leads the technical working group of DAI and is a member of the steering committee. In 2014, DAI convened a meeting at ASLM and launched a <i>Handbook on the quality assurance of point-of-care tests</i>, presented a review on the status of EID platforms and supported the agreement for lower-cost points for viral load tests and reagents. WHO continues to support countries to scale up their viral load testing through training materials and technical documents.</p> <p>WHO, working with PEPFAR, the United States Centers for Disease Control and Prevention, USAID and the Global Fund, launched a <i>Technical update on operational considerations for implementing HIV viral load testing</i> at the 2014 International AIDS Conference in Melbourne and the <i>Handbook on quality assurance for point of care tests</i> at the African Society for Laboratory Medicine meeting.</p>

## Output B1.2.1 National drug and procurement systems strengthened

### Indicators

#### Indicator B1.2.1: UN Joint Team supported the national health system and plan to address the HIV epidemic

*Joint Teams' support to incorporate HIV medicines, diagnostics, HIV commodities in countries' national health systems and plans reached 91% in 2015 compared to 86% in 2014 (N=97). They also facilitated the use of intellectual property policy and law in 39 countries, including TRIPS flexibilities. In HICS, UNAIDS' support in this area rose from 86% in 2014 to 95% in 2015 (N=37), mainly on the introduction of HIV medicines and diagnostics in the national health plans.*

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNDP	WHO	TOTAL
Global	-	237 100	510 200	747 300
HICs	22 100	351 000	363 000	736 100
AP	8 100	65 500	73 600	147 200
CAR	4 300	11 800	-	16 100
EECA	5 400	89 100	44 100	138 600
ESA	13 900	77 500	58 900	150 300
LA	3 800	57 300	19 600	80 700
MENA	4 900	39 200	49 100	93 200
WCA	13 400	10 700	58 900	83 000
<b>TOTAL</b>	<b>75 900</b>	<b>939 100</b>	<b>1 177 300</b>	<b>2 192 300</b>

### Achievements

Organization	Achievements
<b>UNICEF</b>	<p>UNICEF, in collaboration with the Clinton Health Access Initiative, helped accelerate the market entry of innovative point-of-care HIV diagnostic technologies, including CD4 and viral load testing, and early infant diagnosis (EID) in project countries Ethiopia, Kenya, Malawi, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe.</p> <p>Progress was made in overcoming barriers to market entry in these countries through advocacy to ministries of health, operational guidance and technical support for scaling up CD4 point-of-care devices and tests, and evaluating new products. The project continued to provide operational support to evaluate EID point-of-care testing at birth in Mozambique.</p> <p>Extensive programmatic work is continuing to prepare project countries for wide-scale implementation of point-of-care CD4, EID and viral load testing.</p>
<b>WFP</b>	<p>Given WFP's logistics expertise, deep field presence and history of providing logistics support as sub-recipient of grants from the Global Fund, the two organizations signed a memorandum of understanding for a logistics partnership. This partnership will improve access to HIV-related commodities, especially during emergencies, through the use of WFP's supply chain networks. One key component of the memorandum makes WFP responsible for building the capacity of governments and other Global Fund implementers to strengthen distribution systems to prevent stock-outs and ensure timely, cost-effective delivery.</p> <p>WFP and the Partnership for Supply Chain Management, the Global Fund's supply chain partner, concluded a global framework agreement in October 2015 to provide bilateral services.</p>



Organization	Achievements
<b>WFP</b>	<p>WFP continues to provide logistics and last-mile delivery services (i.e. from transport hub to final destination) to UNFPA in multiple countries, and in September 2015 concluded a framework agreement to provide bilateral logistics services with UNFPA. In Zimbabwe, for example, as sub-recipient of a UNDP-managed Global Fund grant for HIV, WFP logistics support helped strengthen the government's capacity in supply chain management. WFP provided technical support for food and nutrition or logistics components in national strategic plans and protocols, and for Global Fund grants, in several countries, including Burundi, the Central African Republic, Guinea-Bissau, Lesotho, Madagascar and Sierra Leone.</p>
<b>UNDP</b>	<p>UNDP in 2014 and 2015 helped build capacity in several lower- and middle-income countries, including Cambodia, China, Ghana, Indonesia, Kyrgyzstan, Lesotho, Malaysia, Myanmar, the Republic of Moldova, Swaziland, Thailand, Ukraine, Viet Nam and Zambia, to improve treatment access by providing policy and technical support to incorporate public health-related TRIPS flexibilities into national laws.</p> <p>UNDP bolstered an initiative led by the New Partnership for Africa's Development to ensure the safety, efficacy and availability of medicines in Africa by providing expert legal and policy advice to the African Medicines Regulatory Harmonization project.</p> <p>UNDP supported other initiatives in Africa to strengthen the policy and legal frameworks that promote affordable access to health technologies. It provided technical expertise to the African Union Commission for the implementation of the Pharmaceutical Manufacturing Plan for Africa and helped build pharmaceutical manufacturing capacity in the Economic Community of West African States (ECOWAS) region. It also supported pooled procurement in the Southern African Development Community (SADC) region and a workshop in 2015 to make laws and policies affecting health technology innovation and access in 12 African countries more coherent. UNDP provided training on using competition law – an under-recognized but effective tool – to promote access to health technologies.</p> <p>In 2015, UNDP was central to global debate on health technology innovation and access by acting as secretariat for the UN Secretary-General's High-Level Panel on Access to Medicines.</p>
<b>WHO</b>	<p>WHO's HIV department continued to play a key role in ensuring an uninterrupted supply of antiretroviral medicines (ARVs) and diagnostics. Global demand forecasts for ARVs and diagnostics are produced every year to ensure they take into account the updated number of people on antiretroviral therapy. This has enabled WHO to successfully forecast three years in advance that the world would reach the target of providing antiretroviral therapy to 15 million people living with HIV by 2015.</p> <p>WHO developed its diagnostic forecasts in the context of 90-90-90 (i.e. by 2020, 90% of people living with HIV know their HIV status, 90% of people with diagnosed HIV infection receive sustained antiretroviral therapy, and 90% of people receiving antiretroviral therapy have viral suppression). To achieve this ambitious target requires strong advocacy, and to this end, WHO continued to discuss ARV and diagnostic quantities with pharmaceutical and diagnostic companies, who have committed to meeting the forecast demand. Thanks to generic competition, prices of the most-used fixed-dose combinations, TLE and TEE, continued to decrease in 2014–2015, from US\$ 124 to US\$ 112, and from US\$ 134 to US\$ 112 per treatment/person/year respectively. However, the prices of ATV/r and LPV/r remain high compared with first-line regimens, with a slight decrease, from US\$ 233 to US\$ 212 and US\$ 229 to US\$ 224 respectively.</p>
<b>World Bank</b>	<p>The World Bank is helping to analyse how pharmaceutical supply systems in Africa are performing. The aim of this work is to objectively evaluate performance across countries and commodities, and identify supply chain interventions and designs that consistently improve such systems. HIV commodities will be integrated into the analysis to shape recommendations for ensuring effective supply chains and improved access to HIV medicines.</p> <p>The Bank is supporting efforts to improve supply chain management and laboratory operations in various African countries through major operations, such as the East Africa Health Laboratories Network project. This project aims to establish a network of efficient, high quality and accessible public health laboratories for the diagnosis and surveillance of tuberculosis, HIV and AIDS and other communicable diseases.</p>
<b>Supplementary document</b>	<ul style="list-style-type: none"> <li>• <a href="#">Memorandum of understanding between WFP and the Global Fund on exploring logistics partnerships. WFP and the Global Fund, 2014</a></li> </ul>

## Output B1.2.2 Service delivery decentralized and better integrated for access and sustainability

### Indicator

**Indicator B1.2.2: UNAIDS guidance on health service delivery was used with UN Joint Team support to develop and/or review country policies, strategies and budgets or implement key actions without a formal, written national policy**

*92% of Joint Teams (N=99) supported the use of WHO guidance on health service delivery in 2015 to review country policies, strategies and budgets or to implement key actions. The percentage of HICs supported by Joint Teams in this area increased from 89% in 2014 to 97% in 2015 (N=37).*

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WFP	WHO	TOTAL
Global	224 800	286 500	608 300	1 119 600
HICs	149 900	682 600	657 300	1 489 800
AP	54 500	39 600	186 400	280 500
CAR	29 000	-	19 600	48 600
EECA	36 300	-	78 500	114 800
ESA	94 400	53 600	107 900	255 900
LA	25 400	-	39 200	64 600
MENA	32 700	-	117 700	150 400
WCA	90 800	21 700	147 200	259 700
<b>TOTAL</b>	<b>737 900</b>	<b>1 084 000</b>	<b>1 962 100</b>	<b>3 784 000</b>

### Achievements

Organization	Achievements
UNICEF	<p>UNICEF, with the M*A*C AIDS Fund, completed an innovative pilot programme to decentralize paediatric HIV services through a video-linked interface (telemedicine) in the Maharashtra state in India. The programme linked 32 of 86 peripheral antiretroviral therapy facilities to the Paediatric Antiretroviral Therapy Centre of Excellence at the Sion hospital in Mumbai. Services provided included antiretroviral therapy initiation, follow-up and adherence counselling.</p> <p>Preliminary findings presented during the mHealth summit showed that children and adolescents living with HIV receiving care through telemedicine were more likely to initiate antiretroviral therapy early, to be alive and on treatment, and less likely to be lost to follow-up. Based on these initial findings, India has requested further support to roll out paediatric HIV telemedicine in all priority states.</p>
WFP	<p>In 2014–2015, WFP provided food security and nutrition support to malnourished people living with HIV on antiretroviral therapy in about 23 countries. This support addressed nutritional rehabilitation and improved treatment outcomes through greater adherence and retention in care.</p> <p>In many countries, including Ghana, Guinea, Kenya, Lesotho, Myanmar, South Sudan and Swaziland, WFP's food security and nutrition interventions for malnourished people living with HIV contributed to high antiretroviral therapy adherence rates. In about 10 countries, a ration was granted to food-insecure households of malnourished antiretroviral therapy clients to minimize rations being shared by family members.</p> <p>In 2014–2015, WFP provided technical support to advocate for a food security and nutrition or logistics component in national strategic plans, national protocols and grants by the Global Fund in 17 countries in Africa.</p>

Organization	Achievements
	WFP joined the working group on HIV treatment, care and support chaired by the Swaziland National AIDS Programme, and worked to ensure the national food-by-prescription protocols were integrated into the new national comprehensive antiretroviral therapy guidelines. It also supported the Ministry of Health in assessing malnutrition prevalence among HIV/tuberculosis patients to inform their planning beyond 2015.
WHO	<p>In 2014–2015, WHO convened various expert scoping consultations and meetings of the guidelines development group to update service delivery recommendations across the cascade of care. The <i>2015 WHO consolidated antiretroviral guidelines</i> incorporate service delivery and operational recommendations, expanding on earlier guidance for service integration and decentralization.</p> <p>WHO reviewed evidence and programme experience on interventions in order to: strengthen linkages to HIV care following diagnosis, retention in care and treatment adherence; reduce the frequency of clinical and medicine pick-up visits of stable patients on antiretroviral therapy; enhance the distribution of antiretroviral medicines by lay people; and further integrate HIV with family planning and sexually transmitted infections, mental health and noncommunicable diseases.</p> <p>WHO provided technical assistance to countries to adapt and operationalize its consolidated ARV guidelines. It will continue to provide such technical assistance to help countries decentralize and integrate antiretroviral therapy and deliver differentiated care.</p>
World Bank	<p>Through its analytical work, the World Bank continued to study and support efforts to better integrate HIV services in country health sectors. To this end, it is leading an impact evaluation in Zimbabwe, has looked at cost savings through improved integration in Ukraine and is supporting several countries to improve the delivery of HIV services in decentralized primary health-care settings.</p> <p>The Bank is funding major operations to strengthen health systems to increase access to services. For example, the Basic Health Services Project in the United Republic of Tanzania aims to help the Government make access to and use of basic health services, including those for HIV and AIDS, geographically equitable across all districts while at the same time enhancing the quality of those services. This would be achieved by introducing innovative financing mechanisms to encourage effective and efficient management and delivery of health services at the local level and a focus on quality improvement.</p>
Joint	<p>UNICEF and WHO convened an Africa regional paediatric and adolescent HIV meeting that developed country roadmaps to scale up services. Following this meeting, Nigeria was the first country to be supported in developing its national paediatric HIV acceleration plan in line with the 90-90-90 targets.</p> <p>In partnership with USAID, UNICEF piloted a family-centred approach using index parents to identify HIV-positive children and adolescents in the Democratic Republic of the Congo and Zimbabwe, and supported the roll-out of HIV/tuberculosis-adapted community case management of newborns and children.</p>
Supplementary document	<ul style="list-style-type: none"> <li><a href="#">WHO supplement to the 2013 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach. WHO, 2014</a></li> </ul>

### Output B1.2.3 Demand for treatment increased through community mobilization (Treatment 2.0 Pillar 5)

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WFP	ILO	UNESCO	WHO	TOTAL
Global	133 200	286 500	748 400	94 400	186 400	1 448 900
HICs	100 900	569 500	987 000	46 300	88 300	1 792 000
AP	24 200	16 000	8 600	49 100	24 500	122 400
CAR	12 900	-	-	-	-	12 900
EECA	16 200	-	-	-	19 600	35 800
ESA	41 900	53 600	10 200	40 000	19 600	165 300
LA	11 300	-	8 200	-	-	19 500
MENA	14 500	-	-	-	-	14 500

Region	UNICEF	WFP	ILO	UNESCO	WHO	TOTAL
WCA	40 400	-	58 700	13 900	24 500	137 500
TOTAL	395 500	925 600	1 821 000	243 700	363 000	3 748 800

## Achievements

Organization	Achievements
UNICEF	<p>Through the Interagency Task Team (IATT) on HIV in women and children, UNICEF helped develop a human rights, gender and community engagement tool as part of the national validation process for the elimination of mother-to-child transmission of HIV. The tool was successfully incorporated into WHO's global validation of elimination of mother-to-child transmission and congenital syphilis process.</p> <p>WHO, supported by the IATT's working group on community engagement, commissioned a report to explore the values and preferences of women living with HIV on early infant diagnosis (EID). <i>Early infant diagnosis: understanding the perceptions, values and preferences of women living with HIV in Kenya, Namibia and Nigeria</i> highlighted the need for peer support networks to facilitate access to information on EID. The report's research was conducted by the International Community of Women Living with HIV and the Global Network of People Living with HIV to inform the development of new WHO guidelines on EID and was presented at the 8th International AIDS Society Conference (IAS 2015) in Vancouver.</p> <p>A subgroup of members from the community engagement and monitoring and evaluation working groups finalized the language for two community engagement indicators. Planning is under way to pilot both indicators in Côte d'Ivoire.</p> <p>In Côte d'Ivoire, the Democratic Republic of the Congo, Malawi and Uganda, UNICEF continued to strengthen linkages between community social service delivery mechanisms and facility-based treatment services to maximize the impact of community-based social services on lifelong treatment uptake and retention through the Optimizing HIV Treatment Access project. The 2015 mid-term evaluation concluded that project funding at facility and community levels had closed service delivery gaps, catalysed community involvement and increased demand for services.</p>
WFP	<p>WFP formalized a partnership with a South African nongovernmental organization, Kheth'Impilo, to enhance the knowledge base for community-based approaches to improving HIV treatment and health outcomes that integrate health and food systems with education and social protection. Through a joint mission with Kheth'Impilo, WFP documented best practices for linking communities, health systems and social protection services to overcome access barriers (e.g. food insecurity).</p> <p>In the Latin America and Caribbean region, WFP increased the profile of HIV/nutrition issues through developing country cooperation mechanisms and knowledge-sharing, encouraging local community actors and people living with HIV to participate in capacity-building workshops and trainings.</p> <p>Communities are actively engaged in WFP's HIV-specific and HIV-sensitive support. In Rwanda, for example, WFP worked with a nongovernmental consortium to strengthen nutrition education and counselling for refugees, including people living with HIV, across six camps. A reduction in stigma and an increase in people living with HIV coming to the antiretroviral therapy centre was attributed to WFP's food assistance. WFP and almost 1400 civil society partners distributed several million tonnes of WFP food in 2014–2015. WFP continued to engage communities to design and deliver services for HIV-affected children, young people and families.</p>
ILO	<p>The VCT@WORK Initiative was launched in June 2013 by the ILO Director General and UNAIDS Executive Director to help close the treatment gap and achieve the 90-90-90 targets by generating demand for HIV testing and linking vulnerable workers who test positive to treatment and care services. The initiative was implemented during the 2014–2015 period in 36 countries in collaboration with ministries of labour, employer and worker organizations, UNAIDS Secretariat, WHO, UNESCO, UNDP, the ILO Interagency Task Team (IATT) on workplace HIV, networks of people living with HIV, civil society organizations and more than 200 country partners.</p> <p><i>Respecting human rights in the implementation of the VCT@WORK initiative: an operational guideline</i> was developed by the Global Network of People Living with HIV and the IATT on the workplace to facilitate a rights-based approach to HIV testing. Over the period under review, 2.5 million workers (1 532 859 men, 843 791 women and 24 020 others) from different sectors were mobilized to test for HIV. A total of 66 715 tested positive (39 268 men, 19 872 women and 594 others) and referrals to treatment and care services were reported for 65 156 workers (38 761 men, 19 345 women and 594 others). HIV testing was conducted within multi-disease screening events to reduce stigma levels and increase the testing appeal for workers.</p>

Organization	Achievements
UNESCO	<p>UNESCO, with the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), developed an adolescent HIV prevention and treatment literacy toolkit that aims to reduce stigma and discrimination, strengthen referral systems for young people living with HIV at school level and build a supportive environment for adolescent uptake and adherence to antiretroviral therapy. The toolkit and the <i>My big story book</i>, another UNESCO-SAfAIDS collaboration that tells the stories of learners and teachers living positively with HIV, have been disseminated to at least 10 countries in Eastern and Southern Africa. Teachers in Botswana, Kenya, Namibia, Swaziland, Uganda and Zimbabwe were trained to use the toolkit to build their capacity to support learners living with HIV. In Uganda, UNESCO worked with young people living with HIV to develop capacity and provide training in the new antiretroviral drugs regimen to promote access to and demand for treatment.</p> <p>In Brazil, UNESCO and national authorities collaborated on prevention, health education and expanding access to treatment and services for sexually transmitted infections, AIDS and viral hepatitis.</p> <p>In the Congo and Gabon, UNESCO supported the training of trainers from sociomedical and paramedical schools in comprehensive sexuality education. In Haiti, UNESCO organized HIV training with the Institut Haitien de Santé Communautaire for 600 medical school graduates.</p>
WHO	<p>In 2014–2015, WHO promoted community delivery of antiretroviral therapy and community engagement for quality HIV care and treatment services.</p> <p>In 2014, WHO organized a subregional consultation on models of community antiretroviral therapy delivery with a focus on Eastern and Southern Africa where HIV burden is highest. Output from this consultation was published in the March 2014 supplement to its 2013 consolidated guidelines on the use of antiretroviral drugs (ARVs) for treating and preventing HIV infection. In 2015, WHO updated the guidelines to include recommendations for community and peer support, models of differentiated community antiretroviral therapy and distribution of ARVs by lay providers in community care settings to strengthen the cascade of HIV care.</p> <p>WHO convened meetings of its civil society reference group, which provides guidance on community acceptability and the feasibility of new recommendations. Members of the community were engaged in the 2015 update to the ARV guidelines and have contributed significantly to various community consultations. WHO continues to provide technical assistance for integrating community service delivery into national HIV health-sector plans.</p>
Secretariat and Joint	<p>WFP chaired a UNAIDS Cosponsors Evaluation Working Group (CEWG) subgroup on civil society, which developed a new indicator to measure civil society engagement in the UBRAF 2016–2021.</p> <p>An adolescent HIV toolkit and the <i>My big story book</i>, which tells the stories of learners and teachers living positively with HIV, were jointly produced by UNESCO and the Southern Africa HIV and AIDS Information Dissemination Service and disseminated to at least 10 countries in Eastern and Southern Africa. Teachers in Botswana, Kenya, Namibia, Swaziland, Uganda and Zimbabwe were trained to use the toolkit to build their capacity to support learners living with HIV on issues relating to disclosure, access to treatment and adherence.</p> <p>The UNAIDS Secretariat and WHO developed a communication brief on the 2015 WHO consolidated guidelines on the use of antiretroviral drugs, highlighting recommendations targeting communities and community organizations. The brief was disseminated at the 2015 International Conference on AIDS and STIs In Africa, which was held in Harare, Zimbabwe. More detailed guidance for community actors will be released in 2016.</p>

### Output B1.3.1 Equitable access to treatment for key populations

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	WHO	TOTAL
Global	189 800	99 900	127 500	417 200
HICs	280 300	66 600	117 700	464 600
AP	54 300	23 100	34 300	111 700
CAR		12 400		12 400
EECA	17 900	15 400	29 400	62 700

Region	UNHCR	UNICEF	WHO	TOTAL
ESA	95 100	40 200	24 500	159 800
LA	18 200	10 800	9 800	38 800
MENA	63 000	13 900	24 500	101 400
WCA	82 900	38 600	24 500	146 000
<b>TOTAL</b>	<b>801 400</b>	<b>321 000</b>	<b>392 400</b>	<b>1 514 800</b>

## Achievements

Organization	Achievements
<b>UNHCR</b>	<p>By the end of 2015, refugees globally had 100% parity with surrounding nationals in their access to antiretroviral therapy, an increase from 97% at the end of 2014 and 93% at the end of 2012. This was largely due to sustained UNHCR advocacy with national governments to include refugees in national HIV programmes. UNHCR continued to provide treatment in countries where refugees and other persons of concern do not have access to antiretroviral therapy while continuing to advocate for their inclusion in national programmes. UNHCR also continued to advocate, work with and support ministries of health and national AIDS councils to ensure refugees benefit from newly adopted national protocols. When treatment and prevention programmes are well established, UNHCR will focus on scaling up testing services, early detection of HIV and rapid enrolment in care and treatment.</p>
<b>UNICEF</b>	<p>UNICEF, in collaboration with WHO, convened a regional workshop attended by representatives from 14 countries to identify key opportunities to accelerate primary prevention in adolescents, identification, linkage to treatment and retention for adolescents living with HIV. These opportunities were used to craft acceleration roadmaps for country-level advocacy, partnerships, strategic information gathering and use, and programming.</p> <p>Priorities identified in the country roadmaps that are not being addressed through ongoing initiatives, such as All In (ending the epidemic among adolescents), DREAMS for adolescent girls and young women in South Africa (determined, resilient, empowered, AIDS-free, mentored and safe) and ACT (accelerating children's HIV/AIDS treatment) will be targeted for further technical and financial assistance to strengthen prevention, testing and treatment programmes for adolescents. Countries that participated in the regional workshop were Botswana, Cameroon, Ethiopia, Ghana, Kenya, Malawi, Namibia, Nigeria, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.</p>
<b>WFP</b>	<p>WFP provided food assistance in humanitarian settings, including the Central African Republic, the Democratic Republic of Congo, Haiti and Sierra Leone, to vulnerable individuals and households affected by HIV, through HIV-sensitive and HIV-specific interventions. WFP works with governments, Interagency Task Team partners and the Global Fund to ensure HIV and the continuity of antiretroviral therapy is considered in emergencies.</p> <p>In El Salvador, WFP supported national efforts to raise awareness of the need to include HIV in emergencies by participating in Ministry of Health emergency teams and devising a protocol for addressing HIV in emergencies.</p> <p>At the 36th PCB meeting, WFP and partners implemented a thematic segment that highlighted HIV in emergencies and access barriers faced by key populations. Decision points from this thematic segment were adopted at the 37th PCB. WFP and partners played a key role in drafting these decision points to ensure the importance of strategic information, funding, food security and nutrition, access to services and sexual and gender-based violence were recognized.</p> <p>WFP and the Global Fund signed a memorandum of understanding to use WFP's logistics powerhouse during emergencies to procure, transport and preposition items other than food (e.g. antiretroviral medicines). WFP was shortlisted as a prequalified implementing agency for the Global Fund Emergency Fund. WFP continues to advocate for food security and nutrition interventions to be integrated into the Emergency Fund.</p>
<b>UNDP</b>	<p>UNDP is the principal recipient of the Multi-Country South Asia Global Fund HIV Programme grant, which promotes and protects the rights of key populations of men who have sex with men and transgender people. The programme continued to build a foundation to ensure regional and country-level community networks continue to be essential partners in the HIV response. The programme has had a particularly strong impact in Afghanistan and Pakistan where service provision reached more than 55 000 people and almost 10 000 were tested for HIV and knew their results in 2015.</p>



Organization	Achievements
<b>UNFPA</b>	<p>UNFPA in 2015 provided technical input in the development of the WHO guideline, a tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations, and for a guidance note on HIV and transgender people.</p> <p>UNFPA helped finance a 24-hour clinic in Harare, Zimbabwe, to comprehensively address the needs of key populations for sexual and reproductive health, HIV and sexually transmitted infections, including responses to violence and sexual assault.</p> <p>Under UNICEF's leadership, UNFPA and partners made technical inputs to a policy agenda to provide pre-exposure prophylaxis (PrEP) to at-risk young people. Delivery of PrEP was promoted within a broader framework addressing young people's sexual and reproductive health needs, including condoms and lubricant.</p> <p>WHO, UNFPA, FHI360 (formerly Family Health International) and the Centre for Excellence in Transgender Health co-hosted a session at the International AIDS Society annual conference on HIV in Vancouver in 2015 promoting transgender health via tailored, community-led services. The diverse needs of transgender people were identified, together with the cultural, legal and institutional barriers to accessing services.</p>
<b>UN Women</b>	<p>In 2014, UN Women commissioned a global review of women's access to HIV treatment, care and support to identify gender-related and structural barriers. This community-based, user-led study included a literature review, quantitative and qualitative data collection and analysis through community dialogues and country case studies. It engaged more than 200 women living with HIV from 17 countries and was guided by 14 women living with HIV acting as a reference group. Preliminary findings from the review were presented at the International AIDS Society conference in Vancouver, July 2015, and published in a four-page summary.</p> <p>The findings revealed persistent gender-related barriers to women's access to treatment and treatment adherence across their life-cycle, and gaps in sex-disaggregated data collection. Conversely, some enablers were identified, including peer support to enhance access. Frequently cited barriers at the micro level included fear of violence, stigma and discrimination, and low treatment literacy; at the meso level, lack of access or control over resources and care responsibilities, and fear of disclosure and HIV-related employment refusal or dismissal; and at macro level, the impact of punitive laws.</p> <p>Early findings were presented at the 8th International AIDS Society annual conference on HIV in Vancouver in 2015. The UNAIDS Secretariat committed to co-convene a high-level presentation of the findings in 2016.</p>
<b>WHO</b>	<p>WHO produced global guidelines on an effective public health response and defined the following as key populations: people who inject drugs, people in prisons, sex workers, men who have sex with men and transgender people.</p> <p>Key populations globally have lower levels of access to and coverage with HIV care and antiretroviral therapy. WHO recognizes this and, in July 2014, launched a comprehensive package of evidence-based recommendations for prevention, diagnosis and treatment for key populations (the <i>WHO consolidated key population guidelines</i>). This normative package includes health-care interventions and critical enablers that address the structural barriers that prevent key populations accessing health services. WHO has worked with partners and stakeholders to disseminate the key populations guidelines and supported the implementation of recommendations within updated national HIV treatment and prevention guidelines in 58 focus countries.</p> <p>In July 2015, WHO produced a <i>policy brief on transgender people and HIV</i>, highlighting the need to improve access to HIV prevention and treatment. This has been shown to apply to other key populations.</p>
<b>World Bank</b>	<p>The World Bank, through its analytical work, has helped several countries improve their HIV resource allocations to programmes that include HIV treatment for key populations. The Bank has also worked with the Bill &amp; Melinda Gates Foundation and USAID to publish the Public Library of Science collection on HIV services for sex workers, including HIV treatment.</p> <p>In countries where the World Bank finances programmes for key populations, it ensures HIV testing and links to HIV treatment programmes are integral components. One such example is Niger, where the objectives of the HIV/AIDS Support Project are to increase access for high-risk groups to services related to HIV, AIDS and sexually transmitted infections.</p>
	<p>WHO and its UN partners are in the process of further developing practical tools to implement the comprehensive packages for various key population groups and programme an effective response for the various groups and monitor progress at country level.</p>



Organization	Achievements
Secretariat and Joint	<p>In October 2014, the UNODC and its partners organized the first global consultation on HIV prevention, treatment, care and support in prison settings. The consultation convened representatives of national HIV programmes and prison authorities from 27 countries, civil society experts, Vienna-based permanent missions, staff from UN agencies and programmes, experts from international organizations and donor agency representatives to review progress in addressing HIV in prison settings and to share experiences. The objective of the consultation was to mobilize countries and donors to intensify efforts to address HIV in prison settings.</p> <p>UNICEF and WHO have worked with 14 African countries to establish roadmaps to accelerate primary prevention and improve treatment and care retention for adolescents living with HIV.</p> <p>UNFPA, UNICEF and partners made technical inputs to a policy agenda to provide pre-exposure prophylaxis (PrEP) to at-risk young people. Delivery of PrEP was promoted within a broader framework addressing young people's sexual and reproductive health needs, including condoms and lubricant.</p> <p>At the 36th UNAIDS PCB meeting, WFP and partners implemented a thematic segment that highlighted HIV in emergencies and access barriers faced by key populations. Subsequent decision points were adopted at the 37th PCB.</p> <p>The World Bank, in collaboration with the UNAIDS Secretariat and other Cosponsors, has helped several countries improve their HIV resource allocations to programmes that include HIV treatment for key populations. The Bank has also worked with the Bill &amp; Melinda Gates Foundation and USAID to publish the Public Library of Science collection on HIV services for sex workers, including HIV treatment.</p>
Supplementary documents	<ul style="list-style-type: none"> <li>• <a href="#">Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. WHO, 2014</a></li> <li>• <a href="#">Policy brief on HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. UNODC, UNDP, ILO, WHO and UNAIDS, 2013</a></li> </ul>

## Output B1.3.2 Country-specific strategic information on treatment access for key populations

### Indicator

#### Indicator B1.3.2: UN Joint Team advocated for and/or supported administration of national disaggregated data on treatment

97% of Joint Teams (N=100) advocated for and/or supported administration of sex or age disaggregated data on treatment while 74% provided support for administration of disaggregated data by key population.

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WFP	WHO	TOTAL
Global	66 600	286 500	147 200	500 300
HICs	44 400	13 800	343 400	401 600
AP	16 200	-	73 600	89 800
CAR	8 600	-	-	8 600
EECA	10 700	-	58 900	69 600
ESA	28 000	53 600	49 100	130 700
LA	7 500	16 700	14 700	38 900
MENA	9 700	-	58 900	68 600
WCA	26 900	-	39 200	66 100
TOTAL	218 700	370 600	784 900	1 374 200

### Achievements

Organization	Achievements
UNHCR	refer to B1.3.1
UNICEF	<p>Country assessments on adolescents have highlighted gaps in strategic information on key populations and in access to key services and commodities. The country assessments are informing plans to Fast-Track the response for adolescents and target priority adolescent populations according to country contexts. The assessments are also helping to determine key interventions and pinpoint priority geographic locations to achieve Fast-Track targets. The assessments will identify bottlenecks affecting the supply, demand, quality and enabling environment. A synthesis report presents preliminary lessons from the first countries to complete the rapid assessments.</p> <p>UNICEF support, provided through its engagement with WHO and UNAIDS, has resulted in adolescents being included in UNAIDS and WHO country reporting guidelines for HIV testing, counselling and care. Age disaggregation is prominently included in the recently launched 2015 WHO strategic information guidance. Two workshops were conducted in Anglophone and Francophone Africa to disseminate the strategic information guidance. As a result, at least 55 countries presented data on testing and treatment coverage specifically among adolescent boys and girls in 2015. This represents a critical step to gradual and targeted improvements in strategy development and programme implementation for adolescents.</p>
WFP	<p>WFP provided technical assistance to support the development and implementation of country-specific strategic information, such as surveys that assess the level of food insecurity and/or malnutrition of people living with HIV. These surveys are used to design context-appropriate interventions that increase access, uptake and adherence to treatment. For example, in 2014–2015, WFP supported nutrition and vulnerability assessments for people living with HIV in several countries, including Benin, Congo, the Democratic Republic of the Congo, Ethiopia, Gambia, Guinea, Kenya, Lesotho, Swaziland, Togo and Zimbabwe to determine the prevalence of malnutrition among antiretroviral therapy, prevention of mother-to-child transmission of HIV and tuberculosis clients and to establish the degree and causes of their households' vulnerability (food insecurity).</p> <p>In collaboration with RAND Corporation, WFP published academic articles in the journals <i>AIDS and Behavior</i> (Tailored nutrition education and food assistance improve adherence to HIV antiretroviral therapy: evidence from Honduras) and <i>AIDS Care</i> (Impact of food support on food security and body weight among HIV antiretroviral therapy recipients in Honduras: a pilot intervention). The results of these studies indicate food insecurity and under-nutrition in the Latin America and Caribbean region are closely linked to adherence to antiretroviral therapy and quality of life, health status and access to services.</p>
UNDP	Refer to B1.3.1
UNFPA	Refer to B1.3.1
WHO	<p>In 2014, WHO published a global update report on the health sector response to HIV, with a specific chapter on the need to provide comprehensive services for key populations, and included preliminary data on treatment access of key populations in selected countries.</p> <p>In July 2015, WHO launched a tool for countries to set and monitor HIV prevention, diagnosis, treatment and care for key populations. The tool helps countries programme their national HIV response for key populations with a framework of new indicators for the availability, coverage, impact and quality of HIV programmes, including access to treatment and care.</p> <p>WHO supported Cambodia, Ukraine and the United Republic of Tanzania to programme their HIV response and get better strategic information on access to treatment for key populations. WHO is also documenting the implementation of immediate treatment for sex workers in Rwanda, for people who inject drugs and HIV serodiscordant couples in China and Viet Nam, and for men who have sex with men in Thailand. It is supporting South Africa as it reviews options to provide early treatment to all sex workers.</p> <p>The WHO Regional Office for the Eastern Mediterranean conducted a systematic review of the cascade analysis for people who inject drugs and found a severe lack of data, and coverage rates, where they are available, that were well below effective.</p>
World Bank	<p>The World Bank through its country-specific epidemic and response analysis, allocative efficiency and effectiveness studies contributed to efforts to strengthen treatment, care and support for key populations. The Bank provided the necessary epidemiological data to adapt treatment strategies and ensure comprehensive programmes for key populations were integrated and efficiently addressed in country HIV responses.</p>

Organization	Achievements
Secretariat and Joint	<p>Joint efforts in 2014–2015 included the regional and national roll-out of three key population documents: the consolidated key population guidelines, the implementation tools and the target-setting guide for key populations. Partners plan to continue making follow-up visits to selected countries to help implement and adapt existing guidance, particularly for planning and setting targets for an effective HIV response in key populations. They will also continue to support advocacy to ministries of health and key donors, such as the Global Fund, for an appropriate focus on key populations in HIV programmes.</p> <p>The UNAIDS Secretariat, UNFPA and UNDP have all endorsed a tool for countries to set and monitor HIV prevention, diagnosis, treatment and care for key populations. WHO and partners, including the UNAIDS Secretariat, the Monitoring and Evaluation Reference Group, PEPFAR and UNICEF, have also endorsed the new consolidated strategic information guidance launched in 2015. These guidelines bring together 10 global core indicators and about 50 national indicators that are harmonized across partners.</p> <p>WHO, the UNAIDS Secretariat, UNFPA and UNDP supported the development of consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations and the tool to set and monitor targets in each of these areas.</p> <p>The World Bank, in partnership with the UNAIDS Secretariat and other Cosponsors, completed a series of allocative efficiency studies that provided strategic information on the impact of access to treatment for key populations and modelling on the various scenarios affecting decisions and investment choices.</p>
Supplementary documents	<ul style="list-style-type: none"> <li>• <a href="#">WHO supplement: Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations. WHO, 2015</a></li> <li>• <a href="#">HIV reporting: Global update on the health sector response to HIV. WHO, 2014</a></li> </ul>

## B2: Avoiding TB deaths among people living with HIV

### Output B2.1.1 Strengthened country systems for HIV/TB collaborative activities

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WHO	TOTAL
Global	49 500	127 500	177 000
HICs	44 000	147 200	191 200
AP	-	39 200	39 200
CAR	-	-	-
EECA	50 800	29 400	80 200
ESA	56 300	21 600	77 900
LA	-	19 600	19 600
MENA	-	31 400	31 400
WCA	-	25 500	25 500
<b>TOTAL</b>	<b>200 500</b>	<b>441 500</b>	<b>642 000</b>

#### Achievements

Organization	Achievements
UNICEF	<p>In 2015, UNICEF partnered with TB Alliance, a not-for-profit organization dedicated to discovering and developing better tuberculosis (TB) drugs, to further advocate for childhood TB to be included in the global HIV agenda and to support the scale-up of new paediatric TB formulations.</p> <p>UNICEF leveraged USAID funding to roll out TB/HIV-adapted community health management of newborns and sick children in Nigeria and Uganda. The feasibility and impact of these adapted management approaches on early infant diagnosis of HIV and TB screening is expected to be known by early 2017.</p> <p>UNICEF continued to generate evidence on the burden and outcomes of childhood TB/HIV in four countries, with some of the findings published in the <i>Journal of the International AIDS Society</i>.</p>
WHO	<p>WHO continued to lead the development, impact measurement and distribution of global policy and guidance for high tuberculosis TB/HIV burden countries, emphasizing joint TB and HIV programming to scale up collaborative activities.</p> <p>Strategic direction was provided through a Global Fund interagency working group on TB/HIV; the development of an information note for a single TB/HIV concept note; technical assistance in national strategic planning, including joint programme reviews; and technical assistance in the development and review of Global Fund single TB/HIV concept notes, resulting in the submission of 42 single concept notes.</p> <p>WHO established a global HIV/TB task force and initiated a country-level review to identify interventions to reduce TB incidence and end TB deaths among people living with HIV in high-burden countries.</p> <p>WHO guidance and support helped expand diagnostic capacity during the roll-out of the automated TB test, Xpert MTB/RIF, resulting in 4672 GeneXpert instruments being procured in 122 eligible countries by the end of 2015. Algorithms to expedite diagnosis of HIV-associated TB and Fast-Track patients to life-saving treatment were developed. A facility-level checklist was developed to strengthen implementation and routine monitoring of TB infection control.</p>

Organization	Achievements
World Bank	<p>The World Bank initiated action on the Southern African Development Community memorandum of understanding on tuberculosis (TB) in the southern Africa mining sector, bringing focus to the serious epidemic in this sector. The unfolding initiative, involving four countries (Lesotho, Mozambique, South Africa and Swaziland), is bringing together many diverse stakeholders to develop an enabling environment. World Bank, Stop TB and Global Fund resources are being mobilized to address this century-old problem. The scope of work includes data gathering, mineworker mapping, testing and devising innovative solutions, research and piloting a service delivery model in labour-sending and labour-receiving hotspots. This technical assistance is intended to help develop a results framework, indicators and baseline data, as well as a routine monitoring system that covers regional enabling activities and service delivery piloting.</p> <p>The Bank explored the relationship between the structural determinants of TB and options to intervene via social transfer interventions. Several World Bank-financed studies, including allocative efficiency analyses, have stressed the importance of linking HIV and TB programming, including testing, treatment and care.</p>
Secretariat and Joint	<p>WHO and the UNAIDS Secretariat continued to work together to ensure reconciled, consolidated data on tuberculosis (TB) and HIV for WHO and UNAIDS reports. Improvements in recording data resulted in 140 countries reporting outcomes disaggregated by HIV status in 2014, up from 96 who reported in 2012.</p> <p>To further strengthen monitoring and evaluation, and to improve the cascade of HIV/TB care, WHO, in collaboration with the UNAIDS Secretariat, PEPFAR and the Global Fund, revised the <i>Guide to monitoring and evaluation for collaborative TB/HIV activities</i>. This revision aims to consolidate gains and renew the focus on quality data and its utility for the programmatic response. It will also help countries identify gaps in TB/HIV care to ensure a seamless continuum that reduces preventable deaths. Core global and national indicators were mainstreamed throughout WHO's <i>Consolidated strategic information guidelines for HIV in the health sector</i>.</p> <p>Peer reviews and regional workshops on joint TB and HIV programming and concept note development were convened for more than 30 countries in the African region by WHO headquarters and regional and country offices, in collaboration with the UNAIDS Secretariat and country offices, and other key partners.</p> <p>In collaboration with the Stop TB partnership and the Global Fund, the World Bank is studying the TB epidemic in the mining sector in southern Africa and piloting a new service delivery model in key hotspots.</p>
Supplementary documents	<ul style="list-style-type: none"> <li>• <a href="#">Scaling up of collaborative TB/HIV activities in concentrated HIV epidemic settings: a case study from India</a></li> <li>• <a href="#">Global tuberculosis report 2015</a></li> <li>• <a href="#">Global update on the health sector response to HIV, 2014</a></li> <li>• <a href="#">Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations</a></li> <li>• <a href="#">Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs</a></li> <li>• <a href="#">Guidelines on the management of latent tuberculosis infection</a></li> </ul>

## Output B2.2.1 Access to antiretroviral therapy for TB patients and isoniazid preventive therapy for people living with HIV

### Indicators

#### Indicator B2.2.1: UN Joint Team contributed to TB screening and Isoniazid Preventive Therapy as part of the national health system, plan and budget

70% of Joint Teams (N=98) reported that a policy on Isoniazid Preventive Treatment Therapy and TB screening was already in place in 2015. In 17% of countries, such policy was established in 2015, and 75% of these were supported by the Joint Teams through Joint Programme reviews; scientific advocacy; and/or convening national meetings to focus and implement the 3Is.

In 2015, 86% Joint Teams in HICs (N=37) contributed to the implementation of TB screening and Isoniazid Preventive Therapy as part of the national health system and plan, compared to 78% in 2014.

**Core resources expenditure in 2014–2015 (US\$)**

Region	WFP	WHO	TOTAL
Global	6 600	529 800	536 400
HICs	5 100	520 000	525 100
AP	-	142 300	142 300
CAR	-	9 800	9 800
EECA	51 500	63 800	115 300
ESA	121 800	82 400	204 200
LA	-	45 100	45 100
MENA	-	78 500	78 500
WCA	-	98 100	98 100
<b>TOTAL</b>	<b>185 100</b>	<b>1 569 700</b>	<b>1 754 800</b>

**Achievements**

Organization	Achievements
<b>WFP</b>	<p>WFP strengthened the evidence base on the role of food and nutrition in HIV and tuberculosis (TB) treatment and developed programmatic guidance for integrated approaches (see B1.1.1). In Tajikistan, for example, WFP collaborated with the National Tuberculosis Centre and other partners to develop national guidelines on nutritional assessment, counselling and support for patients with TB and HIV. This document is expected to be finalized and endorsed by the relevant authorities in 2016.</p> <p>WFP provided technical support to generate strategic information to shape integrated HIV/TB national programmes on behalf of people living with HIV and TB. In Madagascar, for example, an analysis from WFP's food-by-prescription programme for TB clients, including HIV/TB coinfecting individuals, showed that more than half of the TB clients were malnourished when treatment started. In Tajikistan, WFP has been asked to collect in-country evidence on the impact of food support on treatment adherence and increase the awareness and commitment of key stakeholders for food/cash assistance within the TB response.</p>
<b>WHO</b>	<p>WHO continues to support countries in rolling out the latest policies that address HIV-associated tuberculosis (TB). This has helped increase antiretroviral therapy coverage among detected HIV-positive TB patients from 60% in 2012 to 77% in 2014, both globally and in the African region. However, in the Americas, Eastern Mediterranean and Western Pacific regions, about a third of patients in care do not receive antiretroviral therapy. The uptake of isoniazid preventive therapy has continued to rise, with 49 countries (more than 60% of the global burden) reporting 933 000 eligible people living with HIV in 2014, up from about 500 000 in 2012.</p> <p>High-level consultations, such as Eliminating TB deaths: time to step up the HIV response, which was held in 2014 during the 20th International AIDS Conference in Melbourne, helped to expose the treatment and prevention gaps, share scale-up success stories and galvanize political commitment to address the shortfalls.</p> <p>At the Conference on Retroviruses and Opportunistic Infections (CROI) held in Seattle in February 2015, a scientific meeting was held on the use of rifamycins in preventive therapy in resource-limited settings. Guidelines on managing latent TB infection were developed to include shorter regimens. Evidence on the optimal timing of antiretroviral therapy for HIV/TB was reviewed as part of the update to the consolidated guidelines on the use of antiretrovirals for treating and preventing HIV infection.</p>
<b>World Bank</b>	<p>The World Bank is helping to expand access to antiretroviral therapy for tuberculosis (TB) patients through its health system strengthening operations. In Swaziland, for example, the objective of the Health, HIV/AIDS and TB Project is to improve access to and quality of health services, with a focus on primary health care, maternal health, HIV treatment and prevention services, and TB.</p>
<b>Secretariat and Joint</b>	<p>To increase the access of key populations to integrated tuberculosis (TB) and HIV services, including early antiretroviral therapy for all HIV-positive TB patients and isoniazid preventive therapy for all eligible people living with HIV, related recommendations were mainstreamed into the <i>Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations</i> and <i>Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs. Consolidated</i></p>

Organization	Achievements
	<p><i>guidelines</i>. Both sets of guidelines were coordinated by WHO, with input from UNAIDS Secretariat and UNODC.</p> <p>UNODC, in collaboration with WHO, continued to develop a tool to provide the comprehensive package of harm reduction for people who inject drugs, which also includes services for preventing, diagnosing and treating HIV-associated TB.</p> <p>The Fourth Eastern Europe and Central Asia AIDS Conference in Moscow in 2014 provided an ideal platform for UNAIDS Secretariat and WHO to promote integrated TB/HIV services as part of the comprehensive package of harm reduction for people who inject drugs. Their presentation included a successful case study of integration from Belarus.</p> <p>In 2015, WHO convened a consultation, with participation from WFP, on an operational framework to provide effective TB patient social protection. The framework aims to support effective design, delivery, monitoring and evaluation of social protection schemes for TB patients, whether they are specific to TB or embedded within national social protection policies. In producing such a framework, WHO aims to help national TB programmes, affected communities and partners seize the opportunities offered, with increased movement on national universal health coverage, social protection policies and programmes in many countries.</p>

### Output B2.3.1 HIV testing and counselling for TB patients

#### Indicators

#### Indicator B2.3.1: UN Joint Team contributed to strengthen national capacity among key stakeholders for the implementation of TB or dual HIV/TB policies and programmes

*93% of Joint Teams (N= 89) provided support to build national capacity in this area in 2015. Advocacy, normative guidance and technical assistance were the most significant types of support provided.*

*In HICs, more Joint Teams provided normative guidance on the implementation of TB or HIV/TB programmes in 2015 ( 81%) compared to 59% in 2014 (N=37).*

#### Core resources expenditure in 2014–2015 (US\$)

Region	WFP	ILO	WHO	TOTAL
Global	324 700	249 500	412 100	986 300
HICs	770 700	215 200	220 700	1 206 600
AP	16 000	-	83 400	99 400
CAR	89 700	-	14 700	104 400
EECA	-	-	56 900	56 900
ESA	504 600	-	54 900	559 500
LA	201 000	-	32 400	233 400
MENA	135 900	-	49 100	185 000
WCA	319 300	11 700	56 900	387 900
<b>TOTAL</b>	<b>2 362 000</b>	<b>476 400</b>	<b>981 100</b>	<b>3 819 500</b>



**Achievements**

Organization	Achievements
WFP	<p>In 2014–2015, WFP provided food and nutrition assistance to tuberculosis (TB) patients, including those coinfecting with HIV and TB, in about 16 countries, including Congo, the Democratic Republic of Congo, Djibouti, Haiti, Lesotho, Madagascar, Malawi, Myanmar, Swaziland, Tajikistan and Zimbabwe. A household ration was provided in about eight countries to minimize sharing of individual rations by family members.</p> <p>In the Eastern and Southern Africa region, WFP collaborated with the ministries of health in several countries, including the Democratic Republic of Congo, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe, to support malnourished TB clients, including individuals coinfecting with HIV and TB. A comprehensive nutrition programme, which included nutritional assessment, counselling and specialized food, was provided, along with training for health professionals in nutritional management.</p> <p>Providing food and nutrition support with TB treatment not only increases treatment success, adherence to antiretroviral therapy/directly observed therapy and nutritional recovery, but also encourages people to seek out TB services, which are increasingly integrated with HIV testing and counselling. In Tajikistan, where WFP assisted TB clients and their families with food baskets during the six-month course of treatment, interviews conducted during post-distribution monitoring confirmed that WFP's household assistance was an important reason for people with TB to register for and complete the treatment.</p>
ILO	<p>The ILO supported the implementation of dual tuberculosis (TB) and HIV workplace programmes in the health and mining sectors in 21 countries.</p> <p>To improve the quality assurance of HIV/TB workplace programmes, ILO supported the Swaziland Standards Authority to develop a wellness management systems standard to guide companies when implementing such programmes.</p> <p>In Southern and Eastern Africa, the ILO, UNAIDS Secretariat, the Southern African Development Community (SADC) and the International Organization for Migration provided support to draft a code of conduct for TB in the mining sector. The code has been approved by the SADC Council of Ministers and signed by heads of state. It addresses the need of mining workers and is aligned to the ILO Recommendation on HIV/AIDS (No. 200) and other ILO conventions</p> <p>In Kenya, the ILO's VCT@WORK Initiative (voluntary, confidential HIV counselling and testing for workers) enabled workers to have HIV and TB screening. More than 530 workers were referred after TB screening for further diagnosis and TB management. The initiative is carried out in partnership with the Federation of Kenya Employers, private sector companies, the Central Organization of Trade Unions, Kenya HIV and AIDS Business Council, AIDS Healthcare Foundation and the USAID-supported APhiAPlus (AIDS, Population and Health Integrated Assistance Program).</p>
WHO	<p>Known HIV status among patients with diagnosed tuberculosis (TB) rose from 46% in 2012 to 51% in 2014. The most notable advances were seen in Africa where 79% of TB patients knew their HIV status. Progress, however, in countries with concentrated HIV epidemics has been slow. The importance of universal access to HIV testing for TB patients, regardless of the nature of the HIV epidemic, was highlighted and case studies were promoted at high-level events, such as the Core Group meeting of the Global TB/HIV Working Group in Washington in February 2014 and at the AIDS 2014 conference in Melbourne. To further promote scale-up in these settings, WHO published a case study from India in 2015, <i>Scaling up of collaborative TB/HIV activities in concentrated HIV epidemic settings</i>, which emphasizes the role of joint programming and integrating services to expand access.</p> <p>To help integrate services and increase TB infection control, a <i>Checklist for periodic evaluation of TB infection control in health-care facilities</i> was developed.</p> <p>The <i>Consolidated guidelines on HIV testing services</i>, published in 2015, mainstreamed recommendations for HIV testing of patients with diagnosed or presumptive TB and to screen for TB among those attending HIV care, including during pre-test counselling.</p>
Secretariat and Joint	<p>WHO convened an expert consultation in May 2014 on tuberculosis (TB) infection control measures at which ILO provided input based on the updated 2010 international occupational diseases list and occupational safety and health-related conventions.</p> <p>In Southern and Eastern Africa, ILO, the UNAIDS Secretariat, the Southern African Development Community (SADC) and the International Organization for Migration provided support to draft a code of conduct for TB in the mining sector. The code has been approved by the SADC Council of Ministers and signed by heads of state. It addresses the need of mining workers and reaffirms several ILO conventions (No.155, 161, 176) and recommendations (No.171, 200). The code is being implemented with the</p>

Organization	Achievements
	<p>support of the World Bank and the Global Fund.</p> <p>At the global level, ILO, WHO and partners developed the <i>HealthWISE action manual</i> and the <i>Trainer's guide</i> companion document devoted to occupational safety and health for health workers. The manual and guide cover TB and HIV. <i>HealthWISE</i> has been implemented in Brazil, China, India, Peru, Senegal, South Africa, Sri Lanka, Thailand and the United Republic of Tanzania.</p>

## B3: Protecting the vulnerable

### Output B3.1.1 HIV-sensitive transfers in social protection programmes

#### Indicator

#### Indicator B3.1.1: UN Joint Team contributed to strengthen national capacity to implement and scale up HIV-sensitive social protection and HIV and child sensitive social protection

91% of Joint Teams (N=87) provided support to build national capacity in this area in 2015. Advocacy, normative guidance and technical assistance represented the most significant types of support. In HICs, 86% of Joint Teams (N=37) provided support in this area in 2015.

56% of Joint Teams reported that the support they provided reached orphan and vulnerable children.

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	WFP	ILO	World Bank	TOTAL
Global	137 900	202 300	286 500	349 300	117 800	1 093 800
HICs	203 700	219 800	140 200	338 400	619 300	1 521 400
AP	39 500	82 400	16 000	27 800	36 400	202 100
CAR	-	44 000	-	-	6 000	50 000
EECA	-	55 000	-	-	6 000	61 000
ESA	69 100	199 400	53 600	-	20 700	342 800
LA	13 200	36 800	-	19 300	18 700	88 000
MENA	45 800	49 500	-	-	6 300	101 600
WCA	60 200	82 400	62 000	15 000	57 500	277 100
<b>TOTAL</b>	<b>569 500</b>	<b>971 600</b>	<b>558 200</b>	<b>749 700</b>	<b>888 600</b>	<b>3 737 600</b>

#### Achievements

Organization	Achievements
UNHCR	<p>UNHCR took forward the High Commissioner's call for the expanded and more systematic use of cash-based interventions in the organization's operations. The movement to cash and cash alternatives, particularly multipurpose, unconditional cash grants, requires fundamental change in the way UNHCR delivers humanitarian assistance.</p> <p>UNHCR has established a dedicated section to coordinate institution-wide efforts to ensure policies, procedures, guidelines, support, capacities and partnerships are in place to scale up cash programming in a responsible and effective way. Special funding from the Swiss Agency for Development Cooperation has allowed the UNHCR to reinforce its technical expertise in this area.</p> <p>Supported by an ECHO grant (environmental influences on child health outcomes), UNHCR has gathered a consortium of partners, including WFP, UNICEF, Oxfam, the Norwegian Refugee Council and the Cash Learning Partnership, to develop common approaches to key challenges, such as vulnerability assessment, targeting and data privacy in delivering cash-based interventions, including for HIV programmes.</p> <p>In 2015, UNHCR published a review of cash-based interventions for health programmes in refugee settings, which explores the use of cash and vouchers to achieve health outcomes and their applicability to refugee settings.</p>
UNICEF	<p>UNICEF supported the scale-up of sustainable social protection programmes that enhance HIV prevention, treatment, care and support for vulnerable families and individuals. This included providing resources for programme scale-up and strengthening multisectoral coordination and integration, and community systems</p>

Organization	Achievements
<p><b>UNICEF</b></p>	<p>UNICEF set the pace globally in scaling up social protection programmes in sub-Saharan Africa. It continued to provide technical and financial support to national programmes in Malawi, Mozambique, Zambia, and Zimbabwe, strengthening targeting measures to ensure their reach included HIV-affected populations, subnational and district-level implementation, and monitoring and evaluation frameworks.</p> <p>In Côte d'Ivoire, the Democratic Republic of the Congo, Malawi and Uganda, UNICEF is strengthening links between community social service delivery and facility-based treatment services to maximize the impact of community-based social services on lifelong treatment uptake and retention through the Optimizing HIV Treatment Access project. The 2015 mid-term evaluation concluded that the project's funding at facility and community levels had closed service delivery gaps, accelerated community involvement and increased demand for services.</p> <p>UNICEF provided technical and financial support to implementing partners in Kenya, Malawi, Mozambique, the United Republic of Tanzania and Zambia to ensure early childhood development services, implemented through community-based protection, care and support services, reach children affected by AIDS.</p>
<p><b>WFP</b></p>	<p>WFP reaches HIV/TB-affected individuals and households through a variety of HIV-sensitive interventions, such as school feeding programmes, which keep girls in school longer and delay sexual debut, thereby helping to reduce HIV incidence. In Zambia, where more than 1.4 million children are orphaned, WFP rolled out the Home Grown School Feeding programme in 22 districts, providing hot nutritious meals in 2308 primary schools. The Government has plans to scale this up to reach 2 million children in 2020.</p> <p>WFP is also providing support to governments to link HIV/TB patients to long-term strategies. In Djibouti, for example, WFP, in collaboration with two local associations, implemented a microcredit programme to empower patients living with HIV and AIDS, and improve food security.</p> <p>Through general food distributions, WFP reached vulnerable individuals and households affected by HIV in emergencies to prevent negative coping mechanisms (e.g. transactional sex) that increase the risk of HIV transmission.</p> <p>WFP met the basic food security and nutrition needs of Ebola-affected families and communities, including people living with HIV in West Africa. WFP also supported vulnerable individuals and households in Cameroon, the Central African Republic, the Democratic Republic of the Congo, Malawi, Nepal, South Sudan, and El Niño-impacted countries.</p>
<p><b>UN Women</b></p>	<p>In 2014–2015, through the Fund for Gender Equality, UN Women awarded more than US\$ 2 million in grants to civil society organizations in Ethiopia, Malawi, South Africa, Uganda, the United Republic of Tanzania and Zimbabwe. The funding targeted women's groups in marginalized and impoverished communities, including women living with HIV, with the aim of bolstering their livelihoods and economic security. Through a mix of strategies and approaches that included training and capacity development, rights-awareness, mobilizing and organizing self-help groups, addressing structural causes of gender inequalities and advocacy with community leaders and policy-makers, the projects worked to increase household incomes and improve women's role in decision-making and access to economic resources.</p> <p>The support also helped pilot powerful models of transformational change for women living with HIV and their communities. In Zimbabwe, one grant recipient's advocacy resulted in the needs of rural women living with and/or affected by HIV being addressed in local development planning and budgeting.</p>
<p><b>ILO</b></p>	<p>ILO supported 30 countries to expand coverage of social protection programmes to communities affected by HIV in the knowledge that the <i>90-90-90 treatment targets</i> cannot be achieved if HIV-sensitive programmes are not scaled up.</p> <p>In Indonesia, ILO, the UNAIDS Secretariat and the World Bank collaborated to support government partners to ensure people living with HIV and key populations are covered in existing social protection schemes to advance universal access to prevention, treatment and care services.</p> <p>In Mozambique, ILO and UNICEF provided technical support during the revision of the National Strategy on Basic Social Protection to ensure the needs of people living with HIV are included.</p> <p>In Sri Lanka, ILO and partners met with key social protection service providers to advocate for people living with HIV to be included under existing schemes. This advocacy directly led to three social protection companies revising their policies to include coverage for this group.</p>
<p><b>World Bank</b></p>	<p>The World Bank increased the evidence base for HIV-sensitive social transfers by supporting studies investigating how conditional cash transfers can reduce sexually transmitted infections and potentially, HIV risk. Such transfers have been used effectively in several countries, including Lesotho, Malawi and the United Republic of Tanzania. The World Bank also supported a Tanzanian study showing how negative shock due to food insecurity led to riskier sexual behavior, encouraging further investigation into how social protection programmes can reduce this HIV epidemic driver.</p>

Organization	Achievements
<b>Secretariat and Joint</b>	<p>The 34th PCB thematic meeting in July 2014 on addressing the social economic drivers of HIV elevated social protection as a key HIV response area through the five decision points the board made. As a result, social protections, including cash transfers, are included in programme response options, particularly for HIV prevention and treatment. The UNAIDS Secretariat contributed to the development of the DREAMS programme that seeks to prevent HIV infections among adolescent girls and young women in sub-Saharan Africa through interventions that include social protection. The Secretariat included social protection as a stand-alone target in the UNAIDS Strategy 2016–2021.</p> <p>The World Bank worked with UNICEF to lead activities to bring social protection, including cash transfers, into global policy dialogue.</p> <p>The UNAIDS Secretariat and the World Bank convened a two-day high-level consultation in Johannesburg on scaling up proven social and structural interventions to prevent HIV transmission. The objective was to discuss current research and how to translate it into practice in the Eastern and Southern Africa region, in particular, cash transfers. The meeting concluded with recommendations to strengthen social protection programmes, including cash transfers, for the health, education, and employment of young women and girls.</p> <p>Following up on this, the World Bank, UNICEF and the UNAIDS Secretariat launched a global research network, supported by Interagency Task Team’s social protection working group that includes the ILO, UNDP, UN Women and other Cosponsors, to exchange research and innovation, provide evidence for scaling up social protection programming and accelerate implementation in this field.</p> <p>In Kenya, ILO, UNICEF, the World Bank, the Swedish International Development Cooperation Agency and the United Kingdom Department for International Development supported the first National Social Protection Conference, which focused on improving social protection systems. ILO and partners advocated for programmes that integrate HIV and social protection through the UN Joint Group on social protection.</p> <p>In Cambodia, ILO, UNDP, UNICEF and the UNAIDS Secretariat continued to advocate for people living with HIV and key affected populations to be covered by social protection schemes</p> <p>In 2015, ILO, UNAIDS Secretariat, UNICEF, the World Bank, UNDP, WFP and other Cosponsors provided technical support for the UNAIDS HIV and Social Protection Assessment Tool to assess the extent to which country social protection schemes address the needs of people living with HIV.</p> <p>ILO, the UNAIDS Secretariat, UNICEF, the World Bank, WFP and partners undertook a multicountry study (Guatemala, Indonesia, Rwanda and Ukraine) on the access to and effects of social protection for workers living with HIV and their households.</p>
<b>Supplementary documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">A review: cash-based interventions for health programmes in refugee settings. UNHCR, 2015</a></li> </ul>

### Output B3.1.2 Guidance on HIV-sensitive social transfers and effective communication strategies

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	WFP	UNDP	ILO	World Bank	TOTAL
<b>Global</b>	205 300	400 200	286 500	180 300	374 200	103 400	<b>1 549 900</b>
<b>HICs</b>	303 200	87 900	505 100	304 500	327 300	365 000	<b>1 893 000</b>
<b>AP</b>	58 800	32 900	16 000	163 800	31 200	36 400	<b>339 100</b>
<b>CAR</b>	-	17 600	-	35 500	-	6 000	<b>59 100</b>
<b>EECA</b>	-	22 000	-	33 400	-	6 000	<b>61 400</b>
<b>ESA</b>	102 900	79 700	227 900	135 500	-	29 900	<b>575 900</b>
<b>LA</b>	19 700	14 700	-	28 700	16 300	56 000	<b>135 400</b>
<b>MENA</b>	68 200	19 800	-	29 400	-	11 300	<b>128 700</b>
<b>WCA</b>	89 600	33 000	-	48 300	15 300	29 800	<b>216 000</b>
<b>TOTAL</b>	<b>847 700</b>	<b>707 800</b>	<b>1 035 500</b>	<b>959 500</b>	<b>764 300</b>	<b>643 800</b>	<b>4 958 600</b>

**Achievements**

Organization	Achievements
<p><b>UNHCR</b></p>	<p>UNHCR continued to roll out HIV-sensitive cash-based interventions in its various operations and to address important protection risks, particularly by minimizing the need to resort to negative coping mechanisms. Having the means to satisfy basic needs through cash based-interventions can minimize survival sex (that puts girls and women at higher risk of contracting HIV), child labour and neglect, family separation, forced marriage and other types of exploitation and abuse. Cash-based interventions also enable refugees to determine with a sense of dignity their own priority needs and how best to address them.</p> <p>Cash is often a less visible form of assistance than in-kind aid, reducing the risk of extortion or theft. Such programmes exist in Burundi, Jordan, Lebanon and Syria. Cash also plays a large part in normalizing a refugee's life in their new environment, empowering them economically and easing access to financial services (e.g. banking).</p>
<p><b>UNICEF</b></p>	<p>UNICEF, UNAIDS Secretariat, and the World Bank convened a meeting on the social and structural drivers of HIV research to review the evidence, identify research gaps and support joint research efforts to strengthen the evidence base underlying HIV-sensitive social protection programming.</p> <p>UNICEF published/disseminated a policy brief on HIV-sensitive social protection, <i>Social protection programmes contribute to HIV prevention</i> and partnered with Oxford University to prepare and disseminate six additional papers on the impact of social protection programming on HIV and AIDS programme outcomes.</p> <p>It also published/disseminated an evidence review from Africa on social cash transfers and children's outcomes. UNICEF through Innocenti, its Florence-based global research centre for children, is working with The Transfer Project to evaluate social protection programmes in seven countries, providing additional evidence on the impact of social protection programmes on HIV and AIDS programme outcomes.</p> <p>UNICEF piloted a social protection module in Kenya, Viet Nam and Zimbabwe for its Multiple Indicator Cluster Surveys (MICS). Including this module in future MICS will enable countries to report on key social protection indicators in the joint programme's reporting system.</p> <p>UNICEF reviewed National Composite Policy Index data on national efforts to address the social protection, care and support of children affected by AIDS.</p>
<p><b>WFP</b></p>	<p>WFP published in the <i>AIDS and Behavior</i> journal a supplement that overviews evidence on the barriers to HIV and TB treatment uptake and retention in care, and demonstrates how social transfers (in-kind, cash or voucher) can help overcome these barriers.</p> <p>WFP's HIV operation in Ethiopia supports people living with HIV through economic strengthening activities to prevent food insecurity and ensure long-term benefits. An evaluation of the operation indicated engagement in economic strengthening is a predictor of improved retention in HIV care, adherence to antiretroviral therapy, access to health services and health-related quality of life.</p> <p>WFP created a sub-working group of the Interagency Task Team on food and nutrition to gather lessons learned from South Africa's experience linking HIV and nutrition programmes to social protection schemes.</p> <p>During the nutrition and HIV consultation convened by WFP and the UNAIDS in 2015, evidence was presented on how different forms of cash and social support together can be effective in preventing risk behavior and promoting adherence to treatment in adolescents.</p> <p>Through its role in the UNAIDS working group on social protection, care and support, WFP submitted a case study to showcase Ethiopia as "best practice" at the 34<sup>th</sup> PCB thematic segment on social protection.</p>
<p><b>UNDP</b></p>	<p>UNDP supports 54 countries in social protection. In 35 of these countries, UNDP has worked with governments, development partners, civil society and other stakeholders to make social protection policies and programmes HIV-sensitive, including through operational research, policy guidance and by convening national consultations and workshops.</p> <p>In November 2015, UNDP teamed with the Economic Policy Research Institute (EPRI) to sensitize senior government officials on how to increase coverage of Malawi's social cash transfer scheme by increasing allocative efficiencies, with attendant HIV-related benefits. UNDP published a discussion paper on cash transfers and HIV prevention that: analyses the evidence on cash transfers and HIV prevention; explores key issues; and offers a set of strategies for policy and programmes as well as research. The paper was used to develop a UNDP-endorsed multi-stakeholder policy brief, coauthored by UNICEF and EPRI, on how social protection programmes contribute to HIV prevention.</p>

Organization	Achievements
ILO	<p>ILO and partners supported the development of guidance and tools on social protection and their dissemination across a broad range of national stakeholders.</p> <p>In Uganda, to enhance social protection communication, factsheets on HIV-sensitive social protection were developed by ILO and the country's Development Research and Training organization. The factsheets are being translated into four local languages and will be disseminated in 2016 to all stakeholders.</p> <p>In Indonesia, ILO and UNAIDS assisted the National AIDS Commission to revise communication materials to improve access to social protection for people living with HIV and key populations.</p> <p>In Zimbabwe, ILO and UNAIDS developed a publication of 10 stories demonstrating the significant changes experienced by vulnerable populations who gained access to social protection and income-generation initiatives. This advocacy tool is being disseminated to national stakeholders to highlight the impact of HIV-sensitive social protection and economic empowerment.</p>
World Bank	<p>The World Bank provided funding to support the development of social protection systems in more than 70 countries. Those programmes include policy guidance, workshops and capacity building to ensure governments, civil society and key stakeholders are provided with the relevant knowledge and tools for implementation, including guidance on HIV-sensitive social transfers.</p>
Secretariat and Joint	<p>ILO, the UNAIDS Secretariat, UNICEF, the World Bank, WFP and partners, undertook a multicountry study to investigate the access to and effects of social protection on workers living with HIV and their households in Guatemala, Indonesia, Rwanda and Ukraine. The study, which highlighted gaps in social protection coverage, has been disseminated globally.</p> <p>UNDP, with the UNAIDS Secretariat, civil society and other partners, has supported: national consultations and interventions on HIV-sensitive social protection in the Asia and Pacific region; training for social counsellors, analysis and recommendations on social inclusion policies in the Latin America and Caribbean region; and calls for governments and civil society to use environmental and social impact assessment regulations and practice to allocate funding from capital projects to HIV prevention, care and treatment in the West and Central Africa, and Eastern and Southern Africa regions.</p> <p>UNDP's work with interagency partners to push for HIV-sensitive social protection is grounded in studies it conducts on the socioeconomic impacts of HIV at the household level. In 2015, for example, through advocacy and technical support from UNDP and the UNAIDS Secretariat, HIV-sensitive considerations were incorporated into a national survey instrument to identify poor households. The instrument is being piloted in several locations in Cambodia.</p>
Supplementary documents	<ul style="list-style-type: none"> <li>• <a href="#">Discussion paper: cash transfers and HIV prevention. UNDP, 2014</a></li> </ul>

## Output B3.2.1 National social protection and health financing aligned with best practice

### Indicator

#### Indicator B3.2.1: UN Joint Team contributed to the development of written national health financing and/or social protection strategies which explicitly address(es) HIV

In 2015, 47% of Joint Teams (N=93) supported the development of a written national health financial and/or social protection strategy by:

- Undertaking a situation analysis of social protection and HIV (34% of Joint Teams);
- Holding a consultation on a national social protection floor (30% of Joint Teams)



**Core resources expenditure in 2014–2015 (US\$)**

Region	UNICEF	World Bank	TOTAL
Global	116 300	14 200	130 500
HICs	89 700	581 800	671 500
AP	30 100	54 600	84 700
CAR	16 100	9 000	25 100
EECA	20 100	40 400	60 500
ESA	73 000	31 100	104 100
LA	13 500	40 400	53 900
MENA	18 100	3 700	21 800
WCA	30 200	44 600	74 800
<b>TOTAL</b>	<b>406 900</b>	<b>819 900</b>	<b>1 226 800</b>

**Achievements**

Organization	Achievements
<b>UNHCR</b>	<p>UNHCR views sustainability and cost-effectiveness as essential to the success of its programmes. For example, the Global Public Health Strategy 2014–2018 places an important focus on mainstreaming refugees in the programmes and service delivery mechanisms of national line ministries.</p> <p>In Ghana, UNHCR is working with the Ministry of Health on a three-year plan to enrol refugees in the national health insurance programme, while in the Islamic Republic of Iran, there are plans to provide public health insurance for about 1 million Afghan refugees.</p>
<b>UNICEF</b>	<p>UNICEF supported the accelerated elaboration of paediatric plans in Ghana and Nigeria to ensure comprehensive care and support to families. As a result, these plans include important community components based on the family-centered approach. Part of UNICEF's recommendation was to use the network of people living with HIV and child protection systems, which have been underutilized despite their effectiveness in identifying children living with HIV and retaining them in the health-care system. Other components of the family-centered approach in the national acceleration plan include family testing, male support to the health of their families and disclosure to children. The Ghana and Nigeria acceleration plans for paediatric HIV services are due to be adopted in 2016.</p> <p>In the Philippines, UNICEF supported advocacy and guidance for the inclusion of the HIV care package within the PhilHealth Social Protection Scheme, including social protection for minors without guardian support. The universal health insurance system under the Department of Health (known as PhilHealth) implemented an outpatient HIV treatment package in 2010, but it does not have specific provisions for minors. As a result, UNICEF partnered with the department to conduct an ongoing review of the package's effectiveness, equity and cost.</p>
<b>World Bank</b>	<p>The World Bank continued to be a major source of financing in more than 70 countries for national social protection floors and systems, which increase safety nets for those orphaned or impoverished by AIDS. Social protection, which for the World Bank comprises social assistance and social insurance programmes, is a powerful tool to reduce poverty and vulnerability. Programmes supported by the Bank include those for income transfers, social safety nets, developing the skills of poor, high-risk youth, conditional cash transfers, improving nutrition and health services, and promoting childhood education. For example, a project in Cameroon is helping to establish a basic national safety net system that includes targeted cash transfers and public works programmes for the poorest and most vulnerable people, including people living with HIV. In Malawi, a World Bank project is setting up social safety net delivery systems and coordination across programmes for the vulnerable and people living with HIV.</p>
<b>Secretariat and Joint</b>	<p>Through the Interagency Task Team social protection working group, the UNAIDS Secretariat, UNICEF, the World Bank, UNDP and ILO jointly developed a tool for key stakeholders to assess the reach and coverage of national and subnational social protection, care and support services</p>

Organization	Achievements
Secretariat and Joint	<p>The draft of the assessment tool and related skills-building workshops were presented and conducted at regional HIV and AIDS conferences in 2015, and piloting was completed in Kenya and Zambia in early 2016.</p> <p>The tool enables key stakeholders to map the range of social protection, health financing and care and support interventions, their reach and coverage, and to identify critical gaps and underserved populations. This assessment effort is expected to facilitate the development of national plans to ensure social protection, health financing and protection, care and support services reach the most vulnerable HIV-affected populations.</p>

## Output B3.2.2 Sustainable HIV health-care financing

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	World Bank	TOTAL
Global	131 900	74 700	206 600
HICs	44 000	581 800	625 800
AP	16 400	54 600	71 000
CAR	8 800	9 000	17 800
EECA	11 000	40 400	51 400
ESA	39 800	31 500	71 300
LA	7 300	28 000	35 300
MENA	9 900	3 700	13 600
WCA	16 500	104 800	121 300
TOTAL	285 700	928 500	1 214 200

### Achievements

Organization	Achievements
UNDP	<p>UNDP supported the development of allocative efficiency reports in eight countries in Eastern Europe and Central Asia to promote the sustainability of AIDS financing. The work was carried out within the framework of regional partnership with the World Bank, UNAIDS and Global Fund. Specifically, the HIV allocative efficiency studies helped to identify the optimal mix of programmes to maximize health impact.</p> <p>In 2014–2015 UNDP Africa, as a member of a Southern African Development Community (SADC) think tank, helped conduct a situation analysis and develop a framework of action on sustainable financing for health and HIV. A policy and dissemination plan was also developed to assist the SADC secretariat to support technocrats advocate for policy shifts in member states.</p> <p>In 2015, UNDP, as a member of the East African Community (EAC) technical working group, supported the EAC secretariat in conducting a sustainable financing analysis of universal HIV and health coverage. The analysis will assist member states in designing country-specific sustainable financing mechanisms for health and HIV, including leveraging or raising domestic finances.</p> <p>In June 2015, UNDP, working with the African Development Bank, convened a second regional technical meeting that brought together 88 people from 17 African Countries. Delegates discussed leveraging health and HIV financing through capital investment projects. As a result, the African Union Commission has been advocating for innovative methods to raise financing through various platforms, emphasizing that comprehensive environmental impact assessments (EIAs) can be one of the strategies to bring about improved health outcomes.</p>

Organization	Achievements
UNICEF	UNICEF collaborated with a working group of the Interagency Task Team to form a partnership agreement with the Global Network of People Living with HIV for a costing study of effective community engagement activities that improve retention of pregnant women living with HIV. The ultimate aim of the study was to influence national policies
World Bank	<p>The World Bank is committed to sustainable HIV health-care financing, as it recognizes the greatest priorities in the global response today are financing and economics. The Bank is leading a major programme to improve HIV efficiency and sustainability, through completed and ongoing HIV allocative efficiency analyses in several countries and developing an HIV financial sustainability diagnostic tool.</p> <p>The Bank completed financial sustainability studies in four countries. It is working on integrating HIV and universal health care in one country as a blueprint for how HIV could be integrated into existing or new universal health care schemes, and the cost implications of doing so.</p> <p>The Bank participated in discussions and presentations on innovative HIV financing at several meetings and through different publications. These provided opportunities to give an overview and specific examples illustrating the current state of HIV programme financing at global, regional and national levels, and to discuss the challenges that lie ahead in financing the HIV response.</p> <p>The Bank continued to emphasize greater domestic financing of national HIV programmes, better integration and the use of innovative financing.</p>

### Output B3.3.1 Review of National HIV/AIDS strategies for comprehensive response to care and support

#### Indicator

#### Indicator B3.3.1: UN Joint Team contributed to universal access to HIV prevention, treatment and care for emergency affected populations

77% of Joint Teams (N=96) contributed to Universal Access through at least one of the following areas in 2015, outlined in the IASC Guidance for Addressing HIV in Humanitarian Settings:

- HIV testing and counselling (70% of Joint teams)
- Condom programmes (66%)
- Antiretroviral therapy (63%)
- PMTCT programmes (60%)
- Targeted information, education and communication (58% of Joint Teams)
- Prevention and treatment of sexually transmitted infections (57%)
- Prevention, diagnosis and treatment of tuberculosis (50%)
- Support to Key populations in the emergency affected area (42%)

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	TOTAL
Global	191 300	309 500	500 800
HICs	282 500	265 500	548 000
AP	54 800	96 100	150 900
CAR	-	51 200	51 200
EECA	-	64 100	64 100
ESA	95 800	232 500	328 300
LA	18 300	42 900	61 200
MENA	63 500	57 600	121 100

Region	UNHCR	UNICEF	TOTAL
WCA	83 500	96 100	179 600
TOTAL	789 800	1 215 600	2 005 400

## Achievements

Organization	Achievements
UNHCR	<p>In 2014 and 2015, UNHCR continued to advocate for the inclusion of refugees, migrants and other populations of concern in national HIV strategic plans and Global Fund grant proposals at global, regional and country levels. During 2015, a global review was completed on the inclusion of such groups in plans and proposals and an abstract of this paper was scheduled to be presented at the International AIDS conference in Durban in July 2016. This review found that there have been improvements in the inclusion of refugees and internally displaced persons in national strategic plans and approved Global Fund proposals in recent years, particularly in African countries, although continued strong advocacy in pursuance of such is essential.</p> <p>In 2015, UNHCR advocated for the inclusion of populations affected by humanitarian emergencies in the updated 2016–2021 UNAIDS Strategy. During the 36th and 37th PCB meetings, UNHCR presented key data on HIV in humanitarian emergencies and worked with Members States and nongovernmental organizations to ensure decision points for the thematic session on HIV in emergencies reflected key priorities in the HIV response in emergency settings. These included: integrating HIV into contingency planning and disaster risk-reduction strategies; addressing treatment disruption; promoting cross-border collaboration; addressing gender-based violence in conflict settings; and the importance of improving strategic information on HIV in emergency contexts.</p>
UNICEF	<p>UNICEF participated in joint reviews and assessments of national HIV and AIDS strategies, and developed resources for use in future reviews to ensure comprehensive responses to protection, care and support.</p> <p>UNICEF published a conceptual framework and compendium of best practices to help strengthen links between community social service delivery networks and facility-based services in the health sector to optimize treatment uptake and retention.</p> <p>Working with the Atlanta-based Centers for Disease Control and Prevention (CDC) and Together for Girls, the global partnership to end violence against children that focuses on sexual violence against girls, UNICEF continued to support revisions to CDC's Violence Against Children Surveys to ensure the data collected strengthens the evidence base underpinning the relationship between violence against children and HIV. Proposed modifications include revising the questionnaire on adolescent sexual history and risk-taking behaviour.</p> <p>UNICEF also disseminated a paper on HIV and child protection synergies that provided guidance on how to strengthen critical child protection and HIV linkages.</p> <p>The All In tool was updated to include social protection, care and support reviews to ensure the best available evidence is used to develop social protection programmes to end AIDS in adolescents.</p>
WFP	<p>WFP provided technical assistance to integrate food and nutrition into national strategy plans for HIV and/or tuberculosis (TB) in a number of countries, including in the Eastern and Southern Africa, Asia and Pacific, and Eastern Europe and Central Asia regions.</p> <p>As part of its 2014–2017 strategic plan, WFP introduced a framework to strengthen national capacity and measurement.</p> <p>In 2014–2015, WFP committed to develop its corporate and interagency approaches to measure and strengthen national nutrition governance, including in the area of HIV/TB.</p> <p>Regional WFP workshops in 2015 were attended by WFP country offices and government counterparts to identify priorities, such as for national HIV/nutrition strategies and other national plans. Multiregional workshops were also held in 2014 and 2015, attended by all WFP regional bureaux, to seek inputs on methodology and discuss the potential for interagency alignment.</p> <p>WFP provided substantial inputs to the UNAIDS Strategy 2016-2021 to ensure the inclusion of food and</p>

Organization	Achievements
WFP	nutrition and humanitarian emergencies. At the 35th and 37th UNAIDS PCBs, WFP worked closely with other agencies, nongovernmental organization delegations and Member States on the decision points for thematic segments on social protection and emergencies, to specifically call for food security and nutrition interventions to be included.
Secretariat and Joint	<p>The 34th PCB UNAIDS Thematic meeting on addressing the social economic drivers of HIV through social protection strongly elevated social protection as a key HIV response area through the five Decision Points the board made. As a result, social protection including cash transfers are included in the program response options, particularly for HIV prevention and treatment. We further contributed towards the Development of the US\$200 Million DREAMS, PEPFAR and Partners led program that seeks to prevent the alarmingly new HIV infections among adolescent girls and young women through intervention that include social protection. UNAIDS has further included Social Protection as a standalone target in the UNAIDS Strategy 2016-2021.</p> <p>The UNAIDS Secretariat, with support from Cosponsors and partners, published the HIV and Social Protection Guidance Note and Social Protection Advancing the AIDS response, a compilation of 10 case studies showing how social protection advances the AIDS response. The Secretariat also organized a number of events, for example with the ILO and the World Bank at the International AIDS Conferences in Africa and Asia Pacific, to create awareness on the new evidence on HIV and social protection;</p>

### Output B3.3.2 Strengthened national care and support systems

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	WFP	UNESCO	TOTAL
Global	263 700	-	96 400	360 100
HICs	263 700	10 100	41 200	315 000
AP	98 900	16 000	9 900	124 800
CAR	52 800	-	-	52 800
EECA	65 900	20 000	-	85 900
ESA	239 300	53 600	93 300	386 200
LA	44 100	-	-	44 100
MENA	59 300	-	-	59 300
WCA	98 900	-	7 000	105 900
TOTAL	1 186 700	99 700	247 700	1 534 100

#### Achievements

Organization	Achievements
UNICEF	UNICEF supported the accelerated elaboration of paediatric plans in Ghana and Nigeria to ensure comprehensive care and support to families. As a result, these plans include important community components based on the family-centred approach. Part of UNICEF's recommendation was to use the network of people living with HIV and child protection systems, which have been underutilized despite their effectiveness in identifying children living with HIV and retaining them in the health-care system. Other components of the family-centred approach in the national acceleration plan include family testing, male support to the health of their families and disclosure to children. The Ghana and Nigeria acceleration plans for paediatric HIV services are due to be adopted in 2016.

Organization	Achievements
<b>WFP</b>	<p>WFP provided food assistance through safety nets, including cash or vouchers, to food-insecure households of people living with HIV, TB-DOTS (tuberculosis-directly observed treatment) and prevention of mother-to-child transfer of HIV clients, as well as households hosting orphans and vulnerable children, to mitigate the impact of illness on individuals and families and increase treatment uptake and outcomes.</p> <p>WFP worked with governments in eight countries, including Congo, Ethiopia, Lesotho and Mozambique, to provide social transfers to households affected by HIV/TB. These transfers help to compensate for lost income and increased illness-related expenses, and prevent negative coping mechanisms, including withdrawing children from school and missing medical visits.</p> <p>WFP support via its safety nets programme enabled households to be referred to other programmes providing psychological support, training to acquire new skills, microfinance and other forms of livelihood support.</p> <p>In Lesotho, WFP partnered with two local nongovernmental organizations to strengthen the livelihoods of vulnerable HIV-infected and affected households in two districts by supporting the establishment of five community vegetable gardens run by four support groups, including orphans and vulnerable children.</p> <p>In Ethiopia and Swaziland, where WFP provided food assistance to orphans and vulnerable children, their school attendance rate improved.</p>
<b>UNESCO</b>	<p>In 2014–2015, UNESCO expanded its focus on health literacy and school health, which are key frameworks of the education sector response to the needs of people living with HIV and households affected by HIV. A situation analysis of school health in Malawi, Namibia and Zimbabwe was undertaken, resulting in 20 key recommendations and action plans to address health education, healthy school environments, linkages to health services and school health policies, including for HIV and people living with HIV.</p> <p>In the Latin America and the Caribbean region, a workshop on the health literacy model was organized at a regional school health promotion conference in Cuba in April 2014. Collaboration with five Latin American universities is under way to develop a health literacy conceptual framework and measurement instrument.</p> <p>In West and Central Africa, UNESCO participated in a working group initiated by UNICEF on HIV-sensitive social protection systems in the region, and in Eastern and Southern Africa, UNESCO supported the roll out the Adolescent Prevention and Treatment Literacy Toolkit in six countries, which addresses the rights of young people living with HIV.</p> <p>In Kazakhstan, UNESCO trained school deputy directors in reducing stigma and discrimination against people living with HIV and violence against children in schools.</p>
<b>World Bank</b>	<p>The World Bank contributes to ensuring people and households affected by HIV have care, protection and support by providing technical assistance to review national HIV and AIDS strategies and by funding health and social protection systems.</p> <p>In this biennium, the Bank continued to provide technical assistance to 29 of the high priority countries, from impact evaluation to allocative efficiency and effectiveness projects. This technical assistance plays a key role in the review of national HIV and AIDS strategies for comprehensive responses to care and support.</p> <p>The World Bank also directly finances national care and support systems with more than US\$ 5 billion for active health system strengthening projects, and almost US\$ 12 billion for social protection across 70 countries.</p>

## C1: Reducing punitive laws and practices

### Output C1.1.1 Movements for HIV-related law reform

#### Indicator

**Indicator C1.1.1: UN Joint Team contributed to building national capacity among policy-makers, lawmakers, key populations and communities affected to advocate for reforms in country laws and practices**

*98% of Joint Teams (N=91) supported building national capacity in this area in 2015. Advocacy, normative guidance and technical assistance represented the most significant types of support. In HICs, 89% of Joint Teams (N=37) provided support in this area in 2015.*

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	UNDP	UNFPA	ILO	TOTAL
Global	89 400	33 000	240 500	38 700	449 000	850 600
HICs	132 000	15 400	405 900	9 800	403 100	966 200
AP	25 600	17 800	131 100	284 600	5 500	464 600
CAR	-	4 300	47 300	-	-	51 600
EECA	10 700	17 900	89 100	-	-	117 700
ESA	44 800	5 000	154 900	54 800		259 500
LA	8 600	6 700	38 200	24 400	6 700	84 600
MENA	29 700	4 300	78 500	-	-	112 500
WCA	39 000	5 500	85 800	31 800	12 000	174 100
<b>TOTAL</b>	<b>379 700</b>	<b>110 000</b>	<b>1 271 200</b>	<b>444 200</b>	<b>876 300</b>	<b>3 081 400</b>

#### Achievements

Organization	Achievements
UNHCR	<p>In 2014, UNHCR, with the United States-based Organization for Refugee, Asylum and Migration, provided asylum-seeker and refugee protection training for lesbian, gay, bisexual, transgender and intersex (LGBTI) persons on claims to refugee status based on sexual orientation and/or gender identity. The training, conducted with UNHCR offices and partners in Cameroon, Chad, Ethiopia, India, Jordan, Kenya, Malaysia, Senegal and Uganda, focused on sensitization to LGBTI issues, day-to-day protection challenges experienced by displaced LGBTI persons and the sensitive adjudication of asylum claims based on sexual orientation and/or gender identity.</p> <p>In 2015, training and sensitization activities continued. In Latin America, for example, workshops were held on the prevention of HIV and AIDS and other sexually transmitted diseases (STDs), sexual diversity and human rights, and training sessions addressed asylum-seekers and refugees, including LGBTI persons. The goal was to raise awareness of sexual and reproductive health, strengthen knowledge of HIV prevention measures and other STDs, and increase awareness of sexual diversity issues.</p> <p>UNHCR provided other advice and support to its operations around the world where UNHCR advocates for the end to mandatory testing and access to asylum procedures, and protection from expulsion and refoulement for asylum-seekers living with and affected by HIV.</p>



Organization	Achievements
<p><b>UNICEF</b></p>	<p>In Viet Nam, UNICEF worked with UNODC and UNAIDS Secretariat to improve court procedures for people who use drugs facing compulsory detention. The new procedures call for accused persons to be presented at their court hearing and to have legal representation.</p> <p>Due process for people who use drugs was also improved through human rights-based training programmes that were developed and delivered for law enforcement officials, and by supporting the Supreme People's Court to develop a judge's bench book on the new court procedures.</p>
<p><b>UNDP</b></p>	<p>UNDP continued to work with governments, civil society, donors and other UN agencies to support initiatives to implement the recommendations of the Global Commission on HIV and the Law. Such initiatives have been launched in at least 86 countries since the report was released in July 2012.</p> <p>UNDP convened four strategy meetings to advance the recommendations of the Global Commission on HIV and the Law. The meetings touched on the themes of drug law and policy; lesbian, gay, bisexual, transgender and intersex people; women and girls; and sex work.</p> <p>In Africa, UNDP partnered with civil society to develop regional human rights grants issued by the Global Fund, including one related to HIV and tuberculosis human rights and law for which UNDP is the principal recipient.</p> <p>UNDP supported law review and reform in Lesotho, Namibia, Swaziland and the United Republic of Tanzania. It also supported successful efforts in the Democratic Republic of the Congo to prevent anti-homosexuality legislation being passed; in Chad, to amend laws to include protections for people living with HIV; in Mozambique, to approve a new HIV law free of criminalization of HIV transmission; and in Nigeria, to pass an anti-stigma bill.</p> <p>Advocacy by UNDP led the Government of Djibouti to ratify the Arab Convention for HIV Prevention and Protection of the Rights of People Living with HIV.</p> <p>In Asia, UNDP supported China, Indonesia, Malaysia, Myanmar and Pakistan to undertake analytical studies on HIV and the law. In Pakistan, this process led to Sindh Province in Pakistan passing South Asia's first protective AIDS law.</p>
<p><b>UNFPA</b></p>	<p>UNFPA brought police and the sex worker community together in China and Ghana to increase rights-based policing to reduce arbitrary arrest, violence, discrimination and confiscation of condoms, and to reduce barriers to HIV services.</p> <p>UNFPA assisted the review of regulatory frameworks affecting key populations in several countries. Occupational health and safety standards for sex workers were improved in China and Columbia, Viet Nam's sex work ordinance was amended to include harm reduction programming and human rights protection, and legal support was provided to people living with HIV and key populations in Georgia. In Thailand, parental consent requirements were removed for adolescent HIV testing and counselling.</p> <p>A series of legal/policy reviews occurred across Eastern and Southern Africa on adolescent sexual and reproductive health and rights, and gender-based violence, including for lesbian, gay, bisexual, transsexual, transgender, and intersex youth within school environments. Zimbabwe undertook a study tour to India to begin improving the legal and human rights of sex workers.</p> <p>In the Philippines, UNFPA supported regional policy consultations that have resulted in recommendations to remove criminal liability for health workers, social workers and service providers of HIV education while delivering HIV and AIDS services.</p> <p>In the Eastern Europe and Central Africa region, the partnership between the Sex Workers' Rights Advocacy Network (SWAN) and the HIV Legal Network was strengthened.</p>
<p><b>ILO</b></p>	<p>During the biennium, ILO directly supported 47 countries to reform laws and review HIV legislation.</p> <p>In Nigeria, the ILO, UNODC, UNDP, UNAIDS Secretariat and UN Women provided normative guidance to develop the HIV anti-discrimination bill, now passed into law. As a direct result of ILO support, the law prohibits employers, individuals or organizations from requiring people living with HIV to take an HIV test as a precondition for employment.</p> <p>ILO collaborated with UNAIDS Secretariat and other UN agencies to have a non-discrimination article included in Ukraine's labour code, which was amended in November 2015 and now prohibits discrimination based on real or perceived HIV status. It also supported amendments to the Mongolian Labour Code to provide protections against mandatory HIV testing for employment purposes.</p> <p>In Honduras, the ILO and the UNAIDS Joint Team provided technical inputs into revised national HIV legislation. The new law, approved in November 2015, places worker representatives as permanent members of the national AIDS commission and provides the Ministry of Labour with a mandate to implement the HIV and AIDS national workplace policy</p> <p>In Jamaica, ILO successfully advocated for the approval and adoption of the Occupational Safety and</p>

Organization	Achievements
	<p>Health Act, which includes the mandatory implementation of the national workplace policy on HIV and AIDS.</p>
<p><b>Secretariat and Joint</b></p>	<p>In 2014 and 2015, the Joint Programme continued to collaborate at global and country levels to advocate for legal reviews and reforms in laws and practices to promote access to HIV information and services.</p> <p>The UNAIDS Secretariat secured the adoption by the Human Rights Council of Resolution 30/8 on the Council's contribution to the 2016 high-level meeting (HLM) on HIV and AIDS. The resolution was led by Brazil and cosponsored by more than 80 countries. Subsequently, a panel discussion took place as part of the regular agenda of the Council's 31st session in February-March 2016 to mark 20 years of providing international guidelines on HIV and human rights. The panel provided a platform for experts and affected populations to review progress and challenges in addressing human rights as part of efforts to end the AIDS epidemic by 2030. A summary report of the discussion was prepared for the attention of the General Assembly ahead of the HLM on HIV/AIDS in June 2016 and for submission to the 32<sup>nd</sup> session of the Human Rights Council 2017.</p> <p>In Asia and Pacific, to implement the recommendations of the Global Commission on HIV and the Law, the Regional Interagency Team on AIDS, led by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), UNDP and the UNAIDS Secretariat, organized national dialogues in 19 countries to review legal and policy barriers to access to services for people living with HIV and key populations.</p> <p>In Pakistan, this led to Sindh Province passing south Asia's first protective AIDS law, while the Government of Bangladesh issued a policy recognizing transgender persons.</p> <p>In the Dominican Republic, the UNAIDS Secretariat, in coordination with the United Women's Movement (MODEMU), the National Council for HIV and AIDS (CONAVIHSIDA) and partners, supported the development of a bill to recognize sex work as work and to provide for comprehensive care for sex workers. Legal analysis and arguments provided by the UN and civil society against proposals to criminalize same sex relations were successful in deferring approval of such bill. The Joint Programme supported authorities in Nigeria to pass an anti-stigma bill, while interventions by the joint team ensured a homophobic bill was removed from the Ukrainian parliament. The Joint Programme also supported community-led advocacy against homophobic legislation in Kyrgyzstan, and sex worker compulsory testing and detention in Tajikistan.</p> <p>In Cambodia, the ILO and UNFPA supported the development of regulations on the working conditions, occupational safety and health for entertainment service enterprises, including entertainment workers, to prevent coercion, violence and sexual abuse.</p> <p>UNDP worked with UNFPA on a technical experts global consultation to advance the Global Commission's recommendations on sex work. The consultation set the agenda for the UNAIDS Sex Work Steering Committee, including prioritizing the removal of punitive laws and decriminalization of sex work.</p> <p>In Chad, interventions by the UNAIDS Secretariat resulted in a draft penal code provision to criminalize same-sex sexual relations being shelved. In the Comoros and Côte d'Ivoire, the Secretariat supported the successful adoption of HIV legislation with protective provisions for people living with HIV.</p>
<p><b>Supplementary documents</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people, Joint Statement – Cosponsors and UNAIDS Secretariat, 2015</a></li> <li>• <a href="#">Policy brief, transgender people &amp; HIV. WHO, 2015</a></li> <li>• <a href="#">Inception report, stigma beyond HIV. UN Cares, 2015</a></li> <li>• <a href="#">Publication on sustaining human rights programmes, UNAIDS 2015</a></li> <li>• <a href="#">Fast-Tracking HIV treatment: parliamentary action and policy options, UNAIDS 2015</a></li> </ul>

## Output C1.1.2 National coalitions for the removal of legal barriers to HIV programmes

### Indicator

#### Indicator C1.1.2: UN Joint Team contributed to advocacy and reporting on removal of legal barriers to HIV prevention, treatment, care and support

*In 2015, 92% of Joint Teams (N=88) reported that national coalitions have, with UNAIDS support, actively advocated for the removal of legal barriers hindering the following key populations' access to HIV prevention, treatment and support:*

- Sex workers – 85% of Joint Teams
- People living with HIV – 82 %
- Men who have sex with men – 82%
- Young people – 77%
- People who inject drugs – 57%
- Prison inmates – 57%
- Transgendered people – 56%
- Migrant/Mobile populations – 49%
- Orphans and vulnerable children (OVC)- 48%
- People with disabilities – 38%

*92% of Joint Teams (N=88) provided support in at least one of the following areas in 2015*

- National dialogues on HIV and the law
- Legal environment assessments
- Advisory support to law development and law reform processes

### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNDP	UNFPA	ILO	UNESCO	TOTAL
Global	98 700	60 100	38 700	299 400	-	496 900
HICs	87 200	170 500	57 500	247 000	66 900	629 100
AP	-	32 800	121 300	14 000	58 900	227 000
CAR	-	11 800	-	-	-	11 800
EECA	-	22 200	49 800	-	-	72 000
ESA	110 400	38 700	-	-	13 300	162 400
LA	-	9 600	29 000	13 400	-	52 000
MENA	-	19 600	-	-	-	19 600
WCA	110 500	21 400	-	12 300	-	144 200
<b>TOTAL</b>	<b>406 700</b>	<b>386 700</b>	<b>296 400</b>	<b>586 100</b>	<b>139 100</b>	<b>1 815 000</b>

**Achievements**

Organization	Achievements
UNICEF	<p>In 2015, UNICEF partnered with the Southern Africa AIDS Trust to review the experiences of 22 countries in addressing age of consent laws that restrict access to services. The objective was to improve equity in outcomes for adolescents through timely access to HIV testing and essential services. The partnership has leveraged the collaboration of a global network of legal scholars in each of the 22 countries as well as adolescents linked through social media. This network will work with the Trust and UNICEF to document lessons learned from country processes in addressing restrictive laws and formulating policies. In addition to examining the legal processes, the review will consider the ethical, socioeconomic and cultural factors impacting on the reform process. A resource kit will be developed to guide countries on process models and the keys to removing age of consent restrictions on access to services.</p> <p>In Myanmar, UNICEF prioritized policy reform to remove barriers preventing those under the age of 18 from accessing HIV testing and treatment services.</p>
UNDP	<p>UNDP supported the East African Community (EAC) in the development and validation of an analysis of how Partner States' HIV laws align with the new EAC HIV bill, and the Economic Community of West African States to draft a minimum HIV law package for adoption by Member States.</p> <p>UNDP also supported the establishment of the Africa Regional Judges' Forum on HIV, Human Rights and the Law. The forum comprises judges from Botswana, Kenya, Malawi, Namibia, South Africa, Swaziland, the United Republic of Tanzania and Zimbabwe. Discussions focus on the challenges posed by the criminalizing provisions of laws that prevent access to HIV, health and other social services for women and girls, people living with HIV and at higher risk of HIV and key populations that include men who have sex with men and transgender persons, sex workers, people who use drugs and incarcerated populations. The forum's mission is to be an expert group for judicial excellence in the context of HIV, human rights and the law. UNDP helped the forum develop a repository of documents containing rulings on HIV-related human rights issues, scientific information, guidance and tools, and international treaties.</p> <p>UNDP supported judicial training on HIV and the law in Jamaica and on human rights issues related to men who sex with men and transgender persons in Sri Lanka.</p>
UNFPA	<p>UNFPA continued to advocate and provide policy advice through technical support in several countries.</p> <p>In the Philippines, UNFPA supported regional policy consultations that have resulted in recommendations to remove criminal liability for health workers, social workers and service providers of HIV education while delivering HIV services. UNFPA also provided support to the National AIDS Council to implement HIV programmes in the country and to revise the penal code to prevent police harassment of sex workers based on condom possession.</p> <p>UNFPA convened consultations involving police and key populations in China and Ghana to promote rights-based policing and reduce arbitrary arrest, discrimination and barriers that impede sex workers from accessing HIV services.</p>
UNESCO	<p>UNESCO continued to support the removal of legal and political barriers that restrict young people's rights to HIV and sexual and reproductive health information and services. As part of advocacy efforts to remove such barriers, two infographics on parental consent restrictions were produced, and six events were organized at international, regional and country levels, reaching more than 35 countries. A key success has been the reduction of HIV testing-age restrictions in Thailand.</p> <p>In 2015, UNESCO contributed to a side event at the United Nations Economic and Social Commission for Asia and the Pacific meeting on HIV, titled: How Old Are You? Engaging young people to create an enabling legal environment for access to HIV and sexual and reproductive health services.</p> <p>UNESCO is also coordinating the development of an Asia and Pacific regional toolkit that will be used for legal/policy advocacy trainings and to support youth involvement in documenting barriers to information on sexual and reproductive health and HIV. In India, UNESCO supported the development of an interactive mobile app that addresses school-related gender-based violence and provides information on the country's legal framework.</p>
	<p>In 2014, the UNAIDS Secretariat and UNDP collaborated with the United Nations Economic and Social Commission for Asia and the Pacific to convene a regional expert group meeting attended by representatives of 13 countries. The aim of the meeting was to support intercountry exchanges on legal reviews, national consultations and mechanisms for implementing recommendations.</p>

Organization	Achievements
<p><b>Secretariat and Joint</b></p>	<p>In Malawi, the Secretariat and UN Women technical support in response to concerns about the Marriage, Divorce and Family Relations Bill, and advocacy to eliminate child marriage and teenage pregnancy, resulted in a legal change to the age of marriage from 15 to 18 years. The guidance also deterred an overly broad criminalization of HIV transmission being introduced. In Myanmar, UNAIDS helped the Government revise drug laws. In the Gambia and Nigeria, UNAIDS worked closely with civil society activists to help secure the release of more than 20 individuals detained for homosexuality under new laws. Continuation of HIV services has also been ensured thanks to joint actions with the Global Fund and national stakeholders.</p> <p>The Secretariat, working with the Inter-Parliamentary Union, successfully advocated in the Czech Republic against a bill on mandatory HIV testing, resulting in the Ministry of Health withdrawing the contentious provision and testing remaining voluntary. In Kazakhstan, the UN Country Team reviewed a bill to limit information, including so-called gay propaganda. The review informed advocacy that resulted in the country's Constitutional Panel withdrawing the bill. Following concerted engagement by the Joint Programme with members of parliament in Kyrgyzstan, a discriminatory bill prohibiting 'gay propaganda' has been successfully deferred since April 2014.</p> <p>In 2015, in collaboration with UNDP and UNHCR, ILO trained 36 resident magistrates in Jamaica, and judges from all Community of Portuguese Language Countries in Lisbon.</p> <p>Abusive police actions targeting sex workers in Kyrgyzstan and Tajikistan have been discontinued due to the advocacy of UNDP, UNFPA and the UNAIDS Secretariat.</p> <p>Mindful of the proliferation in recent years of punitive laws, policies and practices that threaten to undermine hard-won gains in the HIV response, UNDP, in partnership with UNFPA, UNODC, ILO, UNHCR, UNICEF, UNAIDS Secretariat and the Global Fund, developed a guidance document for UN staff, <i>Preventing and responding to HIV-related human rights crises</i>. Launched in October 2014, the guidance details the advance steps that can be taken to prepare for a human rights crisis and emphasizes the importance of coordinated country action.</p> <p>WHO, UNODC, UNDP, UNFPA and the UNAIDS Secretariat cosponsored a meeting in Amsterdam in October 2014 on police and HIV convened by the Law Enforcement And HIV Network and the International Development Law Organization.</p> <p>At the International AIDS Conference in Melbourne in July 2014, the UNAIDS Secretariat, UNDP and the Inter-Parliamentary Union convened a global meeting for 70 parliamentarians to share best parliamentary practices in responding to HIV.</p> <p>In 2014, UNESCO co-hosted a satellite session with UNFPA at the Asia Pacific Conference on Reproductive and Sexual Health and Rights, titled: What's the law got to do with it? Examining legal and policy barriers affecting young people's access to sexual and reproductive health information and services. More than 60 youth, government, and civil society staff participated, and recommendations were reflected in the Manila Challenge outcome document.</p>
<p><b>Supplementary documents</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Technical brief. HIV and young men who have sex with men. WHO, 2015</a></li> <li>• <a href="#">Technical brief. HIV and young people who inject drugs. WHO, 2015</a></li> <li>• <a href="#">Technical brief. HIV and young people who sell sex. WHO, 2015</a></li> </ul>

## Output C1.2.1 Evidence on stigma and discrimination in support of legal reform

### Indicator

#### Indicator C1.2.1: UN Joint Team contributed to Stigma Index implementation

56% of Joint Teams (N=98) contributed to the implementation of the people living with HIV Stigma Index through the national people living with HIV network in 2015.

Since 2008, 65 countries have published a Stigma Index Report; the process is supported by IPPF, UNAIDS, GNP+ and ICW.

**Core resources expenditure in 2014–2015 (US\$)**

Region	UNHCR	UNDP	UNFPA	ILO	UNESCO	TOTAL
Global	64 700	150 300	97 200	349 300	196 700	<b>858 200</b>
HICs	95 500	253 800	32 600	472 800	308 600	<b>1 163 300</b>
AP	18 500	81 900	-	9 400	19 600	<b>129 400</b>
CAR	-	29 600	21 400	-	-	<b>51 000</b>
EECA	-	55 800	92 000	-	126 900	<b>274 700</b>
ESA	32 400	96 900	-	-	93 300	<b>222 600</b>
LA	6 200	24 000	41 800	8 900	-	<b>80 900</b>
MENA	21 500	49 200	-	-	-	<b>70 700</b>
WCA	28 200	53 600	-	13 200	69 700	<b>164 700</b>
<b>TOTAL</b>	<b>267 000</b>	<b>795 200</b>	<b>285 000</b>	<b>853 500</b>	<b>814 800</b>	<b>3 015 500</b>

**Achievements**

Organization	Achievements
UNHCR	<p>UNHCR continued in 2014–2015 to address the stigma and discrimination that undermine effective HIV and AIDS prevention and care efforts, particularly for refugees and host communities. Measures included outreach campaigns to tackle discrimination against refugees in urban areas, advocacy at global, regional and national levels to promote the inclusion of refugees and other populations of concern in national health and HIV programmes, and support and shelter to populations of concern facing xenophobic attacks in Southern Africa.</p> <p>UNHCR updated research on the inclusion of refugees and migrants in national HIV strategic plans and Global Fund proposals during 2015. In 2015, UNHCR presented evidence on discrimination faced by refugees during the thematic session on HIV in humanitarian emergencies at the 37th PCB meeting in Geneva.</p>
UNDP	<p>UNDP developed two guidance documents on how to conduct legal environment assessments and national dialogues to advance the findings and recommendations of the Global Commission on HIV and the Law. These have been used to support 49 countries in the removal of punitive laws, policies and practices. For example, during 2015, UNDP finalized assessments in Burkina Faso, Gabon, Lesotho, Namibia and Nigeria, and initiated new assessments in Angola and Sierra Leone. Follow-up to assessments completed in 2014 resulted in Chad's revised HIV law being adopted by the Government and going before the parliament for approval, and the Democratic Republic of the Congo's revision to remove criminalization of HIV transmission being approved in the parliamentary session in the last quarter of 2015. UNDP Kenya supported the development and national roll-out of the strategic plan of the HIV and AIDS Equity Tribunal, the only one of its kind in the world.</p> <p>UNDP updated the checklist for integrating gender into the Global Fund's New Funding Model to include tuberculosis and malaria.</p> <p>Working with UNFPA, the Asia Pacific Network of Sex Workers and the India-based nongovernmental organization Sampada Grameen Mahila Sanstha (SANGRAM), UNDP released <i>The right(s) evidence: sex work, violence and HIV in Asia</i>, a multicountry study focusing on violence against female, male and transgender sex workers.</p> <p>It again partnered with UNFPA on a technical experts global consultation to advance the Global Commission's recommendations on sex work. The consultation set the agenda for the UNAIDS Sex Work Steering Committee, including prioritizing the removal of punitive laws and decriminalizing sex work, and addressing stigma and discrimination.</p> <p>UNDP, working with WHO and the Stop TB Partnership, updated its <i>Legal environment assessment for HIV operational guide</i> to include tuberculosis.</p>



Organization	Achievements
<b>UNFPA</b>	<p>UNFPA contributed to a UN statement on ending violence and discrimination against lesbian, gay, bisexual, transgender, and intersex people in September 2015, setting a common UN position in support of all persons based on their gender identity or sexual orientation.</p> <p>UNFPA supported several countries in reducing stigma and discrimination against people living with HIV and key populations.</p> <p>In Ghana, with UNFPA support, the findings of a stigma index survey guided advocacy efforts by the Society for Women and AIDS in Africa and partners to establish stigma-free HIV services.</p> <p>In Kenya, 130 health-care workers were sensitized to deliver non-judgmental, stigma-free sexual and reproductive health and HIV services for key populations, and 26 were trained in managing sexual and gender-based violence, and will in turn build the knowledge and skills of other health-care workers</p> <p>UNFPA, together with UNAIDS Secretariat, UNICEF and UNDP, developed the UN Stigma Beyond HIV workshop to sensitize UN staff and promote accepting and non-stigmatizing attitudes to persons of diverse sexual orientation and gender identity.</p>
<b>ILO</b>	<p>Getting to zero discrimination remains one of the most difficult UNAIDS goals to reach. The ILO supported countries to generate evidence on stigma and discrimination to facilitate legal reform.</p> <p>In Haiti, 90% of respondents to an ILO survey on stigma and discrimination levels in factories said they would not share office space with people living with HIV. The study findings are being used for advocacy purposes among workplace stakeholders. This study will be complemented by a stigma index study in 2016.</p> <p>In Kenya, The ILO disseminated the outcomes of HIV tribunal cases, 90% of which involve employment discrimination. The ILO, the Federation of Kenyan Employers and the Central Organization of Trade Unions met with the tribunal to agree on actions to mitigate workplace discrimination. Workplaces have been mobilized to help disseminate the HIV tribunal strategic plan.</p> <p>In the United Republic of Tanzania, the ILO commissioned a study to examine the presence, magnitude and impact of HIV-related stigma and discrimination in selected public and private sectors in mainland Tanzania and Zanzibar. The study findings were disseminated.</p>
<b>UNESCO</b>	<p>UNESCO supported the development of 20 classroom activities to strengthen the education sector response to stigma/discrimination and violence in the West and Central Africa region. The tools have been assessed for cultural appropriateness by ministries in Côte d'Ivoire, Ghana, Nigeria and Togo, and work is ongoing to further adapt them to sociocultural norms.</p> <p>UNESCO produced the Teaching Respect for All toolkit and implementation guide offering practical advice for reviewing educational policy and practice to create safe and tolerant learning environments, including for people living with HIV and young key populations. Pilot projects were implemented in Brazil, Côte d'Ivoire, Guatemala, Indonesia and Kenya.</p> <p>UNESCO supported initiatives to reduce discrimination against people living with HIV in 50 schools in Kazakhstan, Kyrgyzstan and Tajikistan, and helped produce a regional guide for educators, <i>Violence prevention in educational settings</i>. In 2014, UNESCO also led the #iminred campaign to promote solidarity with people living with HIV in the Eastern Europe and Central Asia region.</p> <p>In Brazil, UNESCO continued to work with the Marubo, Mayoruna, Matis and Kanamari peoples to produce HIV education materials in indigenous languages.</p> <p>In Guatemala, UNESCO continued to assist the Ministry of Education Committee on AIDS Prevention on integrated sexual and reproductive health education, with special modules devoted to reducing stigma and discrimination against key populations.</p> <p>In Côte d'Ivoire, UNESCO worked with local nongovernmental organizations on an anti-stigma and discrimination campaign that led to enhanced awareness among more than 2250 teachers and school officials.</p>
<b>World Bank</b>	<p>The World Bank continued to support efforts to reduce stigma and discrimination for people living with HIV and key populations through its analytical work and by financing projects addressing these groups. For example, the Bank supported a study in Uganda on how information relates to greater beneficiary engagement and may lead to better quality health care and outcomes. As part of this study, the role of health education in HIV and AIDS stigmatization was investigated, and found to have a significant impact on reducing it. This information confirms the importance of health education in the HIV response, particularly as a means to change social views on the disease. The World Bank also collects evidence on effective treatments and approaches to influence legal reform issues.</p> <p>The World Bank Sexual Orientation and Gender Identity (SOGI) Task Force coordinates research with other Cosponsors, such as UNDP, the Office of the High Commissioner for Human Rights and UNESCO,</p>



Organization	Achievements
	<p>on the legal discrimination against identity-based minority groups, including sexual minorities.</p>
<p><b>Secretariat and Joint</b></p>	<p>Mindful of the proliferation in recent years of punitive laws, policies and practices that threaten to undermine hard-won gains in the HIV response, UNDP developed and released a guidance document for UN staff, titled <i>Preventing and responding to HIV related human rights crises</i> in partnership with UNFPA, UNODC, ILO, UNHCR, UNICEF, UNAIDS Secretariat and the Global Fund. Launched in October 2014, the guidance details the advance steps that can be taken to prepare for a human rights crisis and emphasizes the importance of coordinated country action.</p> <p>The UNAIDS Secretariat led the development of the 2014 Gap report, the first UNAIDS flagship report focusing on key populations left behind in the HIV epidemic. The report addressed, among others, the legal and social reasons why these populations are left behind, and suggested responses to these.</p> <p>In collaboration with UNAIDS Secretariat and UNDP, the ILO supported the development of a manual on the rights of lesbian, gay, bisexual and transgender (LGBT) workers, published in 2014. The manual highlights the principles of international law that protect the workplace rights of LGBT workers, particularly the key principles of ILO Recommendation No. 200.</p> <p>The ILO and UNAIDS Secretariat continued their collaboration with the Africa Union (AU) in relation to the preparation of a Protocol to be used by Troop Contributing Countries (TCCs), Police Contributing Countries (PCCs) and the Africa Union to guide HIV-related actions in support of peacekeepers, other military personnel and the civilian populations they serve.</p> <p>UNFPA, UNDP and UNAIDS Secretariat co-led a study of violence against sex workers in Indonesia, Myanmar, Nepal and Sri Lanka, illustrating how police violence and lack of protection negatively impact on HIV responses and sex worker access to services. Policy recommendations were developed to address the issues raised.</p> <p>UNAIDS and its Cosponsors (ILO, UNODC, UNHCR, UNDP, UN Women, UNESCO, UNFPA, WFP, WHO, UNICEF) contributed to a UN statement on ending violence and discrimination against lesbian, gay, bisexual, transgender, and intersex people in September 2015, setting a common UN position in support of all persons based on their gender identity or sexual orientation.</p> <p>ILO, UNAIDS Secretariat and other UN agencies advocated for the Cambodian People Living with HIV/AIDS Network to disseminate cases of discrimination towards people living with HIV, men who have sex with men and transgender populations to increase awareness and advocate for change. ILO supported the Ministry of Labour in introducing awards recognizing enterprises that implement effective nondiscriminatory HIV workplace programmes.</p> <p>The Joint Programme supported cooperation among developing countries on advancing human rights. This included through the first dialogue between the Office of the High Commissioner for Human Rights, the Inter-American and African commissions on human rights and the UNAIDS Secretariat on protecting lesbian, gay, bisexual, transgender and intersex (LGBTI) rights, which was held in Banjul, Gambia, in November 2015.</p> <p>The Secretariat, working with the Global Health Workforce Alliance, a partnership hosted by WHO, held a global multi-stakeholder consultation on eliminating discrimination in health care. The discussion on political impact, accountability and implementation lasted 100 days, and informed an agenda for zero discrimination in health care that was launched in March 2016.</p> <p>The Secretariat, in partnership with WHO, the Global Network of People Living with HIV and the International Community of Women living with HIV, helped develop a tool that takes into account human rights, gender equality and community engagement when certifying countries' elimination of mother-to-child transmission of HIV and syphilis. It is the first time human rights have been considered as a precondition in a public health process to certify the elimination of a disease.</p> <p>More than 50 government, civil society and technical support representatives and UN staff from 10 countries in the West and Central Africa region attended a workshop to strengthen their capacities to develop rights-based national strategic plans, investment cases and Global Fund concept notes.</p> <p>With Joint Programme support, a regional declaration setting targets for zero discrimination in Latin America and the Caribbean was adopted in Brazil in August, 2015. The Joint Programme also supported the development of an Inter-American Commission on Human Rights report on violence affecting LGBTI people in the Americas.</p>

## Output C1.2.2 Access to HIV-related legal services and legal literacy increased

### Core resources expenditure in 2014–2015 (US\$)

Region	UNDP	TOTAL
Global	180 300	180 300
HICs	304 400	304 400
AP	98 300	98 300
CAR	35 400	35 400
EECA	66 700	66 700
ESA	116 100	116 100
LA	28 700	28 700
MENA	58 700	58 700
WCA	64 400	64 400
<b>TOTAL</b>	<b>953 100</b>	<b>953 100</b>

### Achievements

Organization	Achievements
UNICEF	During the biennium, UNICEF developed a policy that outlines its commitment to uphold the rights of all children, irrespective of their actual or perceived sexual orientation or gender identity, and to promote all children's rights to a safe and healthy childhood free from discrimination.
UNDP	<p>UNDP supported 50 countries to reduce stigma and discrimination and increase access to justice for people living with HIV and other key populations. For example, it organized a meeting with representatives from Bolivia, Colombia, Ecuador, Peru and Venezuela to strengthen those countries' capacity on legal services for people living with HIV and key affected populations. Participants included the deans of faculties of law, directors of legal clinics, civil society groups, litigation officials and representatives of ombudsmen.</p> <p>UNDP co-created and supported a regional HIV legal network providing people living with HIV and key populations most at risk of HIV with access to quality free legal aid. Countries in the network include Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Russia and Ukraine. From January to September 2014 more than 1200 requests for legal assistance in the context of HIV were processed, including 24 online through a new secure system.</p> <p>In Chad, UNDP strengthened the capacities of organizations of people living with HIV to address discrimination and stigmatization. In Malawi, civil society organizations have strengthened their technical capacity to act as <i>amicus curiae</i> (friend of the court) in the High Court case against sodomy laws.</p> <p>In the Democratic Republic of the Congo, UNDP supported training for men who have sex with men, sex workers, prosecutors, prison wardens, civil servants and provincial members of parliament in human rights and HIV. Also in the Democratic Republic of the Congo, UNDP helped key population groups successfully advocate for lubricants to be included on the national list of health commodities and to be made available for prevention initiatives with key populations under the Global Fund grant. In Uganda paralegals conducted mobile outreach clinics that sensitized 753 people in four districts. As a result of UNDP's support for the paralegals, more than 346 legal cases were mediated and more than 92 cases involving people living with HIV resolved, including the return of inherited properties and land to dispossessed widows and orphans. Zambia used the 2012 Global Commission on HIV and the Law report <i>Risks, rights and health</i> to revitalize the mandate of the National Human Rights Commission. This resulted in a working arrangement between the Commission and the National AIDS Council to ensure the former expands its engagement to address violations faced by key populations.</p>

Organization	Achievements
UNFPA	<p>UNFPA contributed to four young key population technical briefs published by WHO in 2015, highlighting the specific needs of each young key population group, including empowerment, protection from violence, ensuring the right to access services and to live free of persecution and violence. These briefs were titled: <i>HIV and young people who inject drugs</i>; <i>HIV and young transgender people</i>; <i>HIV and young people who sell sex</i>; and <i>HIV and young men who have sex with men</i>.</p> <p>By 2015, UNFPA had advocated for allowing adolescents and youth to have legal access to quality sexual and reproductive health counselling and HIV services in 46 countries.</p>
UN Women	<p>Building on its nine-country initiative in Africa supporting women's access to property and inheritance rights in the context of HIV, in 2014–2015 UN Women continued to strengthen alternative dispute resolution mechanisms and community justice systems (Kenya, Nigeria, Uganda); increase women's legal awareness and literacy (Kenya, Nigeria, Uganda, United Republic of Tanzania, Zimbabwe); and develop the capacity of community-based organizations, grassroots networks and paralegals to respond and/or refer women living with HIV to appropriate legal and social services (Nigeria, Uganda, United Republic of Tanzania, Zimbabwe). For example, in the United Republic of Tanzania, after increasing the capacity of local paralegals to address the needs of Maasai women living with HIV, 60 women secured their land plots and 20 others submitted applications to obtain their land titles.</p> <p>UN Women produced and disseminated a 10-minute video capturing key lessons and the work of one of the grant recipients in Zimbabwe. The video highlighted the positive impacts for women living with HIV upon securing property and inheritance rights.</p> <p>In Malawi, UN Women advocacy resulted in the marriage, divorce and family relations bill being adopted, increasing the marriage age from 15 to 18 years, and by-laws and/or action plans by paramount chiefs to enforce the law.</p> <p>In Nigeria, UN Women's support resulted in the adoption of the Violence Against Persons (Prohibition) Act that prosecutes various forms of violence, including female genital mutilation, and establishes a protection mechanism for survivors.</p>
Secretariat and Joint	<p>In an effort to assist courts make important decisions relating to HIV, the UNAIDS Secretariat engaged as a 'friend of the court' or amicus curiae in two cases in 2014: before the High Court of Malawi in the certification case of the Republic versus Mussa Chiwisi, the Republic versus Mathew Bello and the Republic versus Amon Champyuni on the legality under the constitution of laws criminalizing homosexuality (case still pending); and in the European Court of Human Rights in the case of Kurmanayevskiy and others versus Russia in which the ban on opioid substitution therapy in Russia has been challenged (case still pending). In 2015, the Secretariat requested leave to intervene in 2 high-level cases: the East African Court of Justice case on impacts of Anti-Homosexuality Act in Uganda, and a case in Kenya on forced sterilization of women living with HIV.</p> <p>In November 2013, the UNAIDS Secretariat supported the adoption by the African Commission on Human and Peoples' Rights of resolution 260 on involuntary sterilization and protecting human rights in access to HIV services. The resolution was used as persuasive evidence in the successful challenge in 2014 to the Supreme Court of Namibia, which held that involuntary sterilization is a violation of human rights.</p> <p>In Jamaica, UN Women and other Cosponsor support resulted in revisions to the Sexual Offences Act to ensure women living with HIV and from key affected populations receive adequate legal protection and access to services.</p>
Supplementary documents	<ul style="list-style-type: none"> <li>• <a href="#">Technical brief. HIV and young men who have sex with men. WHO, 2015</a></li> <li>• <a href="#">Technical brief. HIV and young people who inject drugs. WHO, 2015</a></li> <li>• <a href="#">Technical brief. HIV and young people who sell sex. WHO, 2015</a></li> <li>• <a href="#">Technical brief. HIV and young transgender people. WHO, 2015</a></li> </ul>

## C2: Addressing HIV-related restrictions

### Output C2.1.1 National coalitions for removal of discriminatory HIV-related travel restrictions

#### Indicator

**Indicator C2.1.1: UN Joint Teams contributed to national advocacy for the removal of discriminatory HIV-related travel restrictions**

**Reference: ten targets: 2011 United Nations Political Declaration on HIV and AIDS. Global progress and lessons learned, 2011–2015**

*In 2015, Belarus and Lithuania confirmed they do not apply restrictions on entry, stay and residence for people living with HIV. In addition, Belarus confirmed foreign nationals have equal access to health-care services, including antiretroviral therapy for people living with HIV.*

*Since 2011, 14 countries have either repealed HIV-related travel restrictions or officially clarified their national travel policies do not discriminate based on HIV status, reducing the number of countries with such restrictions to 35 as of December 2015.*

*16 Joint Teams in countries where HIV-related travel restrictions exist indicated they had contributed to national advocacy for their removal.*

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNDP	ILO	TOTAL
Global	52 200	12 500	199 600	264 300
HICs	77 200	21 100	63 200	161 500
AP	15 000	16 400	17 200	48 600
CAR		5 900		5 900
EECA		11 200		11 200
ESA	26 200	10 000		36 200
LA	5 000	4 700	16 300	26 000
MENA	17 400	9 900		27 300
WCA	22 800	10 700		33 500
<b>TOTAL</b>	<b>215 700</b>	<b>102 500</b>	<b>296 300</b>	<b>614 500</b>

#### Achievements

Organization	Achievements
UNHCR	<p>In 2014 and 2015 UNHCR continued to advocate for the removal of travel restrictions and mandatory testing, access to asylum procedures and freedom from expulsion and refoulement on the basis of HIV status for refugees, migrants, asylum seekers and other populations of concern at both country and regional level.</p> <p>For example, during regional meetings in the Middle East and North Africa (MENA) region, UNHCR continued to advocate for the removal of mandatory testing, protection from expulsion and refoulement, and improved access to HIV services for persons affected by humanitarian emergencies. Such principles are rooted in international humanitarian and human rights laws, policies and medical ethics.</p>

Organization	Achievements
<p><b>UNHCR</b></p>	<p>As part of its ongoing efforts to monitor the protection space for humanitarian populations, UNHCR carried out a survey in MENA countries to map key HIV-related protection concerns for refugees, internally displaced persons and other persons of concern. UNHCR also continued its work to ensure humanitarian populations are integrated in national HIV programmes.</p> <p>Detentions and deportations of HIV-positive refugees and asylum seekers are rare occurrences overall, but in Libya, they are common practice. In response, UNHCR continued to advocate in collaboration with other Cosponsors and partners for governments to respect universal human rights.</p>
<p><b>UNDP</b></p>	<p>The Joint Programme continued to support efforts to ratify the Arab Convention for HIV Prevention and Protection of the Rights of People Living with HIV, which was adopted by the Arab Parliament in 2012. Article 13/4 of this convention calls for free movement of people living with HIV, and more specifically, the right to maintain their residency and work in host countries. Djibouti was the first country to ratify the convention in 2015, after a year-long of UNDP-led advocacy and engagement with various Government ministries, civil society and the national parliament.</p>
<p><b>ILO</b></p>	<p>ILO has put migration and health on the agenda of its 16<sup>th</sup> Asia Pacific Regional Meeting to be held in Bali, Indonesia in December, which will set the ILO development agenda of the region and nine Arab states over the next five years.</p> <p>in 2014, ILO completed research on health screening and labour rights for outgoing migrants in Middle East and North Africa countries. In 2015, the recommendations of the assessment were used to shape current programmes to improve recruitment processes and reduce labour violations for outgoing migrants from Southeast Asia countries to the Arab States.</p> <p>ILO also provided technical assistance for the development and adoption of HIV and AIDS workplace policies in Botswana, Côte d'Ivoire, Guinea, Haiti, Namibia and Trinidad and Tobago that include specific protections from stigma and discrimination in employment on the basis of migrant status, as called for under ILO Recommendation No. 200.</p>
<p><b>Secretariat and Joint</b></p>	<p>In 2015, Joint Programme technical and advocacy support was critical to the removal of HIV-related travel restrictions or clarification that there are no such restrictions in Belarus, Chinese Taipei and Lithuania.</p> <p>Repeated advocacy with Russia to remove HIV-related restrictions yielded the first results. Based on the Constitutional Court decision and relevant European Court of Human Rights precedents, immigration law has been amended to grant stays to foreign citizens with HIV who have family residing legally in Russia.</p> <p>There has been progress in some Pacific Islands states. In the Marshall Islands, Samoa and Solomon Islands, legal reviews and policy notes on travel-related restrictions were developed. In Solomon Islands, approval is pending for a new medical form for long-term entry, stay and employment that excludes mandatory HIV testing.</p> <p>The UNAIDS Regional Support Team in Asia Pacific analysed laws, regulations and policies in Singapore on HIV-related restrictions on entry, stay and residence. UNAIDS also engaged in dialogue with the Government of the Republic of Korea and civil society over concerns for policies and practices that constitute HIV-related restrictions on entry, stay and residence. UNAIDS provided technical opinions to the Committee on the Elimination of Racial Discrimination in the case of a foreign language teacher who was subjected to mandatory HIV testing for residency purposes. The Committee's decision in May 2015 found such testing violated rights.</p> <p>The Joint UN Initiative on Migration and Health took several actions to eliminate travel restrictions for migrant workers in the Middle East and North Africa (MENA) region. Members of the Initiative include the International Organization for Migration, which hosts the Secretariat, the UNAIDS Secretariat, ILO, UNDP, civil society groups, regional intergovernmental associations and governments. To support the removal of travel restrictions, the Joint Programme developed a roadmap, a meeting paper and an agenda for a proposed interregional dialogue on such restrictions and universal access to health and HIV services between Asia and MENA countries. The ILO developed a supporting strategy document for the meeting and circulated it to labour-sector partners in both regions. The result of this work included an agreement between Joint HIV Teams in both regions for an initial technical work group meeting in collaboration with the Arab League in 2016. The International Organization for Migration has stepped up measures to keep health within the major interregional forums, including the Colombo Process and the Abu Dhabi Dialogue.</p> <p>In Iraq, Jordan, Syria and Yemen, refugees, migrants and asylum seekers are subject to mandatory testing upon arrival as well as upon renewal of identity cards, while in Lebanon, only migrants are subject to mandatory testing. During 2014 and 2015, UNHCR and the Joint Programme continued to work with governments to advocate for the lifting of mandatory testing for refugees, asylum seekers, migrants and other populations of concern within affected countries. In 2014, in collaboration with the UNAIDS Secretariat, ILO developed a position paper on mandatory HIV testing in the Arab States, advocating for increased access to health services and for ending the practice of mandatory HIV testing of migrant</p>

Organization	Achievements
	<p>workers in Gulf Cooperation Council countries.</p> <p>The UNAIDS Secretariat, in collaboration with UNHCR, the Regional/Arab AIDS Network against AIDS (RANAA) and the General Secretariat of the League of Arab States, organized a regional consultation in Cairo in October 2015 to strengthen national capacities for a resilient HIV response in MENA countries.</p> <p>In 2014, the ILO, in partnership with the UNAIDS Secretariat, developed a survey on HIV-related travel restrictions in the Middle East and North Africa (MENA) region with the ultimate aim to eliminate such restrictions. As part of this ongoing work, in September 2014, the ILO, together with UNAIDS and WHO, participated in a workshop for government representatives from 10 migrant-receiving countries in the MENA region.</p>

### C3: Addressing HIV-specific needs of women and girls

#### Output C3.1.1 Action and budget for women and girls in national AIDS plans

##### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNDP	UNFPA	UN Women	TOTAL
Global	128 100	120 200	74 300	480 600	803 200
HICs	100 800	203 000	16 100	1 058 200	1 378 100
AP	70 800	65 500	5 800	149 100	291 200
CAR		23 600		58 400	82 000
EECA		44 500	34 600	287 000	366 100
ESA	84 600	77 500		299 500	461 600
LA		38 200		190 000	228 200
MENA		39 200		89 300	128 500
WCA	73 000	32 100		31 400	136 500
<b>TOTAL</b>	<b>457 400</b>	<b>643 700</b>	<b>130 800</b>	<b>2 643 400</b>	<b>3 875 300</b>

##### Achievements

Organization	Achievements
UNICEF	In Kenya and Lesotho, UNICEF worked with PEPFAR to provide technical support for programmes to prevent HIV among adolescent girls and young women.
WFP	<p>WFP updated its gender policy for 2015–2020. The policy highlights HIV and AIDS as an important social dimension that intersects with gender in food and nutrition programming.</p> <p>Gender-sensitive approaches have already been incorporated into WFP's activities at the regional and country levels.</p> <p>In West and Central Africa, WFP continued to work towards ensuring that food distributions take into account the specific needs of women. In Cameroon, the Central African Republic, Côte d'Ivoire and Ghana, nongovernmental organization partners at distribution points were trained to prioritize the needs of women, including those affected by HIV and AIDS.</p> <p>In Congo, all shops where e-vouchers can be exchanged for food have been selected according to their convenient locations, making it easier for women to access and transport food.</p>

Organization	Achievements
WFP	<p>In Swaziland, training for food-by-prescription (FbP) included gender-sensitive food distribution modalities and guidance on the nutrition counselling and support provided by FbP assistants to clients to ensure it is tailored to the different needs and household roles of men and women.</p>
UNDP	<p>UNDP supported gender-responsive and human rights-based HIV responses in more than 20 countries and promoted sex disaggregation of data as a key component of gender-responsive public investments and budget frameworks. It also supported 27 countries in the development and implementation of policies or actions addressing gender equality in national HIV and AIDS plans.</p> <p>UNDP helped integrate Nigeria's gender-based violence and HIV readiness assessment into the country's UN Development Assistance Framework. With the UNAIDS Secretariat, it helped Nicaragua conduct a gender assessment of the national HIV response, helped integrate HIV into Somalia's and Jamaica's draft sexual offences bills, and supported the integration of HIV prevention, treatment and care into antenatal facilities in Papua New Guinea.</p> <p>UNDP assisted national partners' environmental and social impact assessments (ESIAs), increasing funding from capital projects for gender-responsive HIV programming in at least eight countries. Lesotho, for example, improved the analysis of HIV and gender in its ESIA reports, and Mozambique included HIV and gender integration in its ESIAs in the new HIV national strategic plan.</p> <p>UNDP developed technical guidance to help countries integrate gender into national strategic plans and Global Fund concept notes and programming. For example, in 2015, Cameroon developed guidance on how to mainstream HIV, gender, human rights and the needs of vulnerable groups into national and local policies and strategies. The Democratic Republic of the Congo integrated alcohol and gender-based violence interventions into the joint concept note for HIV/TB to the Global Fund. Kenya audited laws and policies that address sexual and gender-based violence and HIV, and integrated the findings in government-led strategic documents. Kenya also carried out a ground-breaking study on violence against women living with HIV, which highlighted gaps in services and recommended actions to support the new Kenya AIDS Strategic Framework 2014/15–2018.</p> <p>In Mozambique, UNDP brokered a relationship between the police and the Ministry of Gender that resulted in human rights and gender-based violence being mainstreamed in training curricula.</p>
UNFPA	<p>Through its memorandum of understanding with the Global Fund, UNFPA supported 13 countries to include sexual and reproductive health and rights (SRHR) for adolescent girls and women in Global Fund concept notes and grants, addressing comprehensive sexuality, gender-based violence, youth-friendly services and SRHR for people living with HIV and key populations.</p> <p>Infographic snapshots were completed for 24 countries, providing an overview of national data on the linkages and integration of SRHR and HIV, and enabling countries to identify gaps, set priorities and highlight results.</p> <p>UNFPA supported the development of country-specific plans for HIV and SRHR linkages in Lebanon, Somalia, Sudan and Tunisia.</p> <p>The International Planned Parenthood Federation, in partnership with UNFPA, developed a global sexual and reproductive health package for men and adolescent boys to improve their health and promote gender equality.</p> <p>UNFPA provided funding and technical support for the WHO-led update to the 2006 guidance on the SRHR of women living with HIV, and engaged with the WHO-led technical review of the potential implications for HIV acquisition and drug-drug interactions of hormonal contraception.</p> <p>UNFPA provided inputs for the final evaluation of the UNAIDS Agenda on Women and Girls, and for the UN Secretary-General's strategy for and report on women's, children's and adolescents' health.</p>
UN Women	<p>In 2014, UN Women co-convened a technical working group with the Global Fund comprised of Cosponsor, donor and civil society representatives that produced a quick guide to gender-responsive HIV programming. UN Women's advocacy kit, which champions gender equality and women's leadership in the HIV response, documents strategies for integrating gender equality into policies, programmes and budgets, and shares approaches for advancing the leadership of women living with HIV. These tools and others were instrumental in UN Women's support and advocacy of integrating gender interventions into national HIV strategic plans in 17 countries, and strengthened monitoring and evaluation frameworks in five countries and Global Fund concept notes in seven countries.</p> <p>In 2015, UN Women, WHO and PAHO, in partnership with the UNAIDS Secretariat, convened a global workshop to increase the capacities of staff from HIV programmes in 15 countries on gender-sensitive monitoring and evaluation for HIV and AIDS and to roll out the UN Women/MEASURE Evaluation <i>Compendium of gender equality and HIV indicators</i>, and the WHO/UNAIDS Secretariat tool on gender-sensitive monitoring and evaluation of sexual and reproductive health/HIV programmes. Since then, four participating countries have integrated gender equality into their monitoring and evaluation frameworks.</p>



Organization	Achievements
	<p>The UNAIDS Secretariat replicated the workshop for 22 countries in the East and Southern Africa region.</p> <p>UN Women invested in localizing Kenya's national HIV strategy in six counties, which have begun prioritizing the HIV-specific needs of women. In Uganda, a similar effort has resulted in the HIV national strategic plan 2016–2021 and the Global Fund concept note prioritizing efforts to end gender-based violence and remove discriminatory laws and practices that make women and girls vulnerable to HIV, with a total budget of US\$ 2.3 million allocated for this work in 2015–2017. In Mozambique, UN Women advocated for the fourth national HIV strategic plan to include gender-responsive actions and allocate 4% of the total budget for these actions. In China, UN Women's support resulted in US\$ 125 000 being allocated by the local AIDS committees to ensure women living with HIV were engaged in decision-making.</p>
UNESCO	<p>At the 2015 session of the Commission on the Status of Women, UNESCO, UNFPA and UN Women launched a new programme to empower adolescent girls and women through education. The programme will address a range of HIV-related issues, including curbing child marriage and early pregnancy, and improving health outcomes. It will focus on Mali, Nepal, Niger, Pakistan, South Sudan and the United Republic of Tanzania.</p> <p>UNESCO continued to advance the Global Partnership for Girls' and Women's Education, known as Better Life, Better Future, which focuses on improving the quality of secondary education for girls and women by providing life skills and sexuality education. UNESCO has been partnering with the Packard Foundation to improve comprehensive sexuality education and gender-sensitive teacher training material, with the key objective to reduce drop-out rates from secondary schools.</p> <p>UNESCO supported countries to mainstream gender equality in teacher training institutions through the <i>A guide for gender equality in teacher education policy and practices</i>, which was pilot-tested in 10 countries. It addresses the need for gender-sensitive support services for staff and students, including people living with HIV.</p>
World Bank	<p>The World Bank continued to provide technical assistance to help governments improve their national AIDS plans, producing key evidence to support gender-transformative HIV strategies.</p> <p>The Bank has financed and conducted studies in several African countries to examine the social drivers of transmission in young women, including a trial of different incentives (conditional and unconditional cash transfers, and/or a lottery system) provided to adolescent girls and their families to determine the impact on retention in school and risk of HIV infection.</p> <p>It is developing tools to examine the drivers of sexual risk for vulnerable girls, focusing on intergenerational and transactional sex, experiences with education and family influences. The female sex worker programme in West and Central Africa brings focus and resources to a group traditionally underserved in HIV and AIDS programmes.</p> <p>In Zambia, the Bank is financing a project to empower women and adolescent girls, and increase their access to quality reproductive, child and maternal health services, including those for HIV.</p> <p>The Bank enhanced its gender data portal housing current and historical data on a range of topics. By providing easy access to data from a variety of sources, the portal empowers women to become agents of change. The Bank launched its <i>Little data book on gender 2016</i> alongside new online tables linked to the latest world development indicators, making it easier to see how women are faring across a range of global indicators.</p>
Secretariat and Joint	<p>In 2014–2015, the Joint UN Programme on AIDS (UNAIDS) invested considerable effort in developing and rolling out a variety of tools and guides to ensure gender equality and women's human rights were integrated into national HIV responses.</p> <p>These included: a gender assessment tool, which was implemented in 40 countries, and other tools to guide HIV and tuberculosis (TB) gender assessment, and gender programming and costing; the <i>Compendium of gender equality and HIV indicators</i> published by Measure Evaluation in collaboration with, among others, UN Women, the UNAIDS Secretariat and WHO; the <i>Sexual and reproductive health and HIV linkages compendium: indicators &amp; related assessment tools</i>, a product of the interagency working group on sexual and reproductive health and HIV linkages; UNODC, UN Women and WHO's policy brief on HIV-related needs of women injecting drugs; and a UNAIDS and WHO programming tool for addressing violence against women in the context of HIV.</p> <p>UN Women co-convened with the Global Fund, and with the participation of the UNAIDS Secretariat, UNDP, UNFPA, WHO, donors and civil society organizations, a technical working group to assist countries integrate gender equality priorities into the Global Fund concept notes.</p> <p>In 2014–2015, the Joint Programme supported integration of gender equality into national HIV strategic plans in 30 countries and in Global Fund concept notes in 13 countries. For example, in Cambodia, UNAIDS Secretariat, UNDP, UNFPA and UN Women provided technical support for the reformulation of the National Policy on Women, the Girl Child and HIV/AIDS/STIs and for the integration of gender equality issues into the National HIV Strategic Plan IV (2015-2020 NSP) and its monitoring and</p>

Organization	Achievements
	<p>evaluation framework.</p> <p>The Joint Programme also developed the capacities of the national AIDS councils, ministries of health, gender and others to integrate gender into HIV policies and programmes. For example, in Kenya, the UN Joint Team on HIV and AIDS led by UNFPA, UNAIDS Secretariat, UNDP, WHO and UNICEF, including other partners, provided technical support to the Ministry of Health to develop a National Prevention Revolution Road Map, to optimize efficiency in managing HIV and to prevent up to 75% of new HIV infections by 2019. With human rights and gender at its centre, the Road Map prioritizes women and girls and an enabling environment for key populations to access HIV services. Its recommendations were adopted in the new Kenya AIDS Strategic Framework.</p>
Supporting documents	<ul style="list-style-type: none"> <li>• <i>Championing gender equality in the HIV response: the experience of five programme countries. Global Programme Overview, UN Women, 2015</i></li> <li>• <i>Guidance note. Gender-responsive HIV programming for women and girls. UNAIDS and UN Women, 2014</i></li> <li>• <i>MEASURE Evaluation, UN Women, UNAIDS Secretariat, USAID, WHO, Compendium of gender equality and HIV indicators, 2014</i></li> <li>• <i>SRH and HIV linkages compendium: indicators and related assessment tools. IPPF, UNFPA and WHO, 2014</i></li> <li>• <i>A programming tool: 16 ideas for addressing violence against women in the context of the HIV epidemic. UNAIDS and WHO, 2013</i></li> <li>• <i>Policy brief. Women who inject drugs and HIV: addressing specific needs. UNODC, UN Women, WHO and INPUD, 2014</i></li> </ul>

### Output C3.1.2 HIV in national gender plans and women's human rights frameworks

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNDP	UNFPA	UN Women	UNESCO	WHO	TOTAL
Global	74 000	120 200	39 100	129 400	196 700	117 700	<b>677 100</b>
HICs	109 300	203 000	6 500	498 800	514 300	147 200	<b>1 479 100</b>
AP	21 200	65 500	-	125 300	39 300	19 600	<b>270 900</b>
CAR	-	23 600	-	49 400	48 200		<b>121 200</b>
EECA	-	44 500	-	152 600	-	26 500	<b>223 600</b>
ESA	37 100	77 500	-	105 600	13 300	29 400	<b>262 900</b>
LA	7 100	38 200	-	98 700	120 000	9 800	<b>273 800</b>
MENA	24 600	39 200	-	27 800	13 500	12 800	<b>117 900</b>
WCA	32 300	32 100	800	31 400	104 400	29 400	<b>230 400</b>
<b>TOTAL</b>	<b>305 600</b>	<b>643 700</b>	<b>46 500</b>	<b>1 218 800</b>	<b>1 049 800</b>	392 400	<b>3 656 800</b>

#### Achievements

Organization	Achievements
UNHCR	<p>UNHCR and its partners continued to provide assistance to counter sexual and gender-based violence, adopting a five-year, multisectoral approach and using its 2011 <i>Action against sexual and gender-based violence: an updated strategy</i>, which highlights linkages with HIV, as its key operational reference.</p>

Organization	Achievements
<p><b>UNHCR</b></p>	<p>The strategy integrates an age, gender and diversity approach. Twenty-five UNHCR operations had developed five-year strategies by the end of 2014, with staff and partners in 41 countries receiving support to develop and monitor such strategies via six regional workshops.</p> <p>UNHCR funded multisectoral projects in support of sexual and gender-based violence (SGBV) prevention and response. This contributed to better quality services for those who have experienced SGBV and strengthened preventive measures, including: educational and recreational activities for youth in refugee camps in Chad; engaging internally displaced persons (IDPs), especially men, in South Kivu in the Democratic Republic of the Congo to prevent SGBV; improving interagency data collection and monitoring of SGBV activities for IDPs in Colombia; and providing safe spaces in the Bolivarian Republic of Venezuela, Ecuador, Georgia and Haiti. These projects delivered quality counselling and recreational activities to those who have experienced SGBV and women and girls at risk in 15 countries, with new approaches, such as art therapy, being introduced for refugees in Ecuador and Georgia.</p>
<p><b>UNDP</b></p>	<p>UNDP provided leadership in defining a course of action to remove the barriers to effective HIV responses for young women and adolescent girls. Such barriers include: flawed and contradictory age-of-consent laws; child, early and forced marriage; and plural legal contexts of traditional, religious and cultural laws, norms and practices.</p> <p>This work was done with UNFPA, UN Women, UNICEF and a diverse group of gender, sexual and reproductive health and rights and HIV stakeholders, including civil society advocates, academia, foundations and Member State gender, health and justice experts. This process culminated in a UNDP strategy meeting in November 2015 to advance the findings and recommendations of Global Commission on HIV and the Law on young women and adolescent girls, and the resultant commitment from key stakeholders to address these policy and programme priorities.</p> <p>In 2014, UNDP, UN Women and UNAIDS Secretariat jointly supported eight senior chiefs in Malawi to sign a declaration of commitment in support to protecting women and girls, including ending child marriages. As a result, an increasing number of chiefs in Malawi are using their traditional authority and leadership to end or annul child marriages.</p> <p>UNDP has assisted networks of women living with HIV and key populations to engage in national reviews for the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW). Building on lessons learned from this CEDAW initiative, support was expanded to include the universal periodic review (UPR). For instance, in Nepal, the Human Rights Commission conducted dialogues with marginalized women, including women living with HIV, female sex workers, women who use drugs, victims of sexual violence during the conflict and lesbian, gay, bisexual, transgender and intersex women). The process brought together more than 300 civil society representatives and local and national government officials, and provided inputs to the nongovernmental organization report by the Commission for Nepal's UPR.</p>
<p><b>UNFPA</b></p>	<p>UNFPA contributed to Commission on the Status of Women lobbying for a resolution on women, the girl child and HIV, agreed on the challenges and achievements in implementing the Millennium Development Goals, and provided input on a joint statement by the UNAIDS Secretariat emphasizing the sexual and reproductive health and rights and gender equality aspects of the HIV epidemic.</p> <p>UNFPA provided technical support to Ukraine's Ministry of Social Policy in the preparation of its report to the Committee on the Elimination of Discrimination against Women (CEDAW), highlighting its progress in implementing the Convention on the Elimination of All Forms of Discrimination against Women. Such progress included mainstreaming the country's HIV response and providing access to sexual and reproductive health and HIV services for women living with HIV, key populations and women who use drugs.</p> <p>UNFPA helped develop an operational plan and budget for integrating interventions to end gender inequality and reduce stigma as part of a study in Gabon on the sexual and reproductive health and human rights of women living with HIV.</p> <p>Other technical support was provided to Botswana's Gender Affairs Department to mobilize the community on gender-based violence, HIV and gender equality, and to produce infographic snapshots on sexual and reproductive health and rights and HIV linkages for 24 countries.</p>
<p><b>UN Women</b></p>	<p>In 2014–2015, UN Women worked to integrate HIV into gender equality laws and/or national action plans on violence against women in 11 countries. In South Sudan, an agenda for action on women, girls, gender equality and HIV was adopted to identify actions for the country's national HIV strategy for 2013–2017. In Mexico, UN Women supported a political agenda on women, girls and HIV and AIDS that prioritizes actions and budgets for HIV prevention and HIV and sexual and reproductive health services for women.</p> <p>UN Women leveraged the Committee on the Elimination of Discrimination against Women (CEDAW) to enhance advocacy for women's rights in the context of HIV and to strengthen engagement with women living with HIV. In Indonesia, Thailand and Ukraine, this helped mobilize networks of women living with</p>

Organization	Achievements
	<p>HIV to submit alternative reports to CEDAW and increase their participation in nationwide dialogues. In China, Kazakhstan, Malawi, Tajikistan and Viet Nam, similar engagement and reporting influenced CEDAW concluding observations and actions to address the HIV-specific needs of women and girls.</p> <p>UN Women continued to support access to property and inheritance rights and gender-based violence services to increase protection and opportunities for women living with and/or affected by HIV in Kenya, Malawi, Mozambique, Nigeria, Uganda, the United Republic of Tanzania and Zimbabwe. A 10-minute video was produced in 2015 showing the improved circumstances of a woman living with HIV after she regained her property and inheritance rights.</p> <p>Through the Fund for Gender Equality, UN Women awarded more than US\$ 2 million in grants to civil society organizations in Ethiopia, Malawi, South Africa, Uganda, the United Republic of Tanzania, and Zimbabwe. The funding targeted women's groups in marginalized and impoverished communities, including women living with HIV, to bolster their livelihoods and economic security.</p> <p>UN Women contributed to ensuring gender equality was a key principle in the new Global Strategy for Women's, Children's, and Adolescents' Health.</p>
UNESCO	<p>UNESCO supported education ministries in eight countries to increase their awareness of the effects of early and unintended pregnancy on girls' education and life chances via a global consultation held in Johannesburg in 2014.</p> <p>UNESCO also supported education and health ministries and their partners in six countries in the Eastern and Southern Africa region to commit to further action to reduce adolescent pregnancy. In Kenya, the adolescent sexual and reproductive health policy is being revised to include education re-entry for teenage mothers. Global guidance on early and unintended pregnancy will be published in early 2016.</p> <p>Recognizing a lack of sanitary facilities in schools and information on menstruation also affects the right of women and girls to education, UNESCO partnered with UNICEF, WHO, Procter &amp; Gamble and academia to produce a good policy and practice booklet on puberty education and menstrual hygiene management, which was launched at the 2014 session of the Commission on the Status of Women. The event was extensively covered by media, including Al Jazeera, Reuters and Time magazine, in 39 countries, and had 5.6 million social media hits.</p>
WHO	<p>WHO held capacity-building workshops in partnership with UN Women and the UNAIDS Secretariat to strengthen gender-sensitive HIV and sexual and reproductive health monitoring and evaluation. Twelve country teams, comprising UNAIDS strategic information officers, national monitoring and evaluation officers, women living with HIV and representatives of women's organizations, participated in the workshops. The workshops were based on the WHO and UNAIDS tools for gender-sensitive sexual and reproductive health and HIV, and monitoring and evaluation, and the <i>Compendium on gender-sensitive HIV indicators</i> that was produced with the support of UNAIDS and UN Women.</p> <p>As part of the 2015 update to its consolidated guidelines on antiretroviral medicines, WHO performed a systematic review of gender differentials in accessing HIV treatment and mortality on antiretroviral therapy.</p>
World Bank	<p>The World Bank, working with the UNAIDS Secretariat, commissioned studies in several African countries to examine the social dimensions of transmission in young women, including a trial of different incentives, such as conditional and unconditional cash transfers, and/or a lottery system, provided to adolescent girls and their families to determine the impact on retention in school and risk of HIV.</p> <p>The Bank is also developing tools to examine the drivers of sexual risk for vulnerable girls, focusing on intergenerational and transactional sex, experiences with education, barriers to attendance, and family influences.</p>
Secretariat and Joint	<p>In 2014–2015, the UNAIDS family supported HIV integration into gender equality strategies and laws and/or national action plans on violence against women in 12 countries.</p> <p>UN Women, UNDP, UNFPA and the UNAIDS Secretariat strengthened evidence, advocacy, partnerships and accountability in support of women's human rights in the context of HIV. Networks of women living with HIV were engaged in the reporting process for the Convention on Elimination of All Forms of Discrimination against Women to highlight the HIV-specific needs of women and girls (Indonesia, Thailand, Ukraine), and to advocate for follow-up and implementation of the concluding observations (China, Kazakhstan, Malawi, Tajikistan and Viet Nam).</p> <p>UN Women, the UNAIDS Secretariat, UNESCO and UNFPA provided extensive policy support to the Southern African Development Community on a draft resolution, titled Women, the girl child and HIV and AIDS, that was presented by Botswana at the 60th session of the Commission on the Status of Women. The resolution was adopted on March 24 2016 after Member State negotiations.</p> <p>In Malawi, UN Women, working with the Coalition of Women Living with HIV and UNFPA, supported traditional leaders in banning child marriages. As a result, a marriage, divorce and family relations bill</p>

Organization	Achievements
	<p>was adopted, increasing the marriage age from 15 to 18 years. UNFPA also launched campaigns to end child marriage in Ethiopia, Malawi, Mozambique, Zambia and Zimbabwe.</p> <p>In Viet Nam, the UNAIDS Secretariat, UNDP, UNICEF and UN Women supported inclusive consultations to revise laws on family and marriage, social insurance and civil status to better reflect gender equality and to remove discriminatory provisions against children, women, lesbian, gay, bisexual and transgender people, people living with HIV and key populations at risk of HIV.</p> <p>In Mozambique, UNDP, UNAIDS Secretariat and the Joint UN Team on AIDS supported government and civil society to pass an HIV law that decriminalizes HIV transmission and to revise the civil code and other relevant legislation to ensure greater protection for women.</p> <p>In Jamaica, the Joint UN Team on HIV, in particular UNESCO, UNFPA, UNICEF and UNDP, supported the Adolescent Policy Working Group and Ministry of Health in efforts to increase young people's access to sexual and reproductive health information and services without requiring parental consent.</p> <p>UNAIDS Secretariat and the Inter-American Commission of Women published the report <i>Human rights of women living with HIV in the Americas</i>, which provides recommendations to Member States on ways to advance such rights.</p> <p>In total, the UNAIDS family supported the revision of discriminatory age and consent laws and policies pertaining to adolescent HIV testing and counselling, domestic and sexual violence, and HIV decriminalization in 11 countries.</p> <p>Women and girls in Malawi, Mozambique, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe received support from ILO, the UNAIDS Secretariat, UNFPA, the International Organization for Migration and UNICEF, in partnership with the Southern African Development Community, to implement a corridor economic empowerment project and HIV vulnerability reduction programme. Focusing on young women in the informal economy, the programme delivered HIV services and entrepreneurial skills, and helped increase the proportion of women practicing safer sex.</p>

### Output C3.1.3 Social movements for HIV-specific needs of women and girls

#### Indicator

#### Indicator C3.1.3: UN Joint Team contributed to strengthening national capacity among civil society organizations and networks in promoting gender equality including to engage men and boys

*97% of Joint Teams (N=94) provided support to strengthen national capacity among civil society organizations and networks in this area in 2015. Advocacy and technical assistance represented the most significant types of support provided. In HICs, the percentage of UN Joint Teams rose to 86% in 2014 to 89% in 2015 with notable increases in Joint Teams providing technical assistance and training.*

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNICEF	UNDP	UNFPA	UN Women	ILO	UNESCO	TOTAL
Global	132 800	180 300	226 300	460 700	324 300	98 400	<b>1 422 800</b>
HICs	100 700	304 400	6 500	823 400	393 800	154 300	<b>1 783 100</b>
AP	70 800	98 300	63 200	123 400	4 800	39 300	<b>399 800</b>
CAR	-	35 400	-	22 400	-	-	<b>57 800</b>
EECA	-	66 700	-	164 500	-	-	<b>231 200</b>
ESA	84 600	116 100	-	188 000	-	133 400	<b>522 100</b>
LA	-	57 300	-	130 900	12 500	-	<b>200 700</b>
MENA	-	58 700	-	60 700	-	4 500	<b>123 900</b>
WCA	73 100	48 300	800	47 500	23 500	34 800	<b>228 000</b>
<b>TOTAL</b>	<b>462 100</b>	<b>965 500</b>	<b>296 800</b>	<b>2 021 500</b>	<b>758 800</b>	<b>464 800</b>	<b>4 969 500</b>

**Achievements**

Organization	Achievements
<p><b>UNICEF</b></p>	<p>UNICEF advocacy and communication efforts facilitated the global All In initiative that aims to ensure adolescents infected and affected by HIV are not left behind. Collaborating with the Government of Kenya, the Global Fund, PEPFAR and UNAIDS, UNICEF supported the launch of global portal to profile HIV among adolescents, including adolescent girls, as a platform to mobilize partners to support action.</p> <p>With support from the M*A*C AIDS Fund to seven All In countries (Brazil, China, India, Indonesia, South Africa, Thailand and Ukraine), UNICEF applied innovative technologies and programmes to improve access to HIV testing and to link adolescents living with HIV to follow-up treatment and support services. Interventions focus specifically on adolescents living with HIV and at highest risk for HIV infection, including adolescent girls in generalized epidemics.</p> <p>In collaboration with the United States Centers for Disease Control and Prevention, and Together for Girls, UNICEF continued in 2015 to support revisions to the Violence Against Children Surveys to ensure collected data strengthens the evidence base underpinning the relationship between violence against children and HIV. (See C4.1.1 for more).</p>
<p><b>WFP</b></p>	<p>WFP's food security and nutrition programmes ensured assistance reached women directly, that women were considered in the intervention design and that they took on leadership roles. In Congo, women living with HIV prepared and distributed food to malnourished antiretroviral therapy clients and gave cooking demonstrations. To promote gender equality, tutors received training in WFP's gender objectives, and sensitized beneficiaries on gender issues.</p> <p>In Lesotho, the Ministry of Health, WFP and partners organized health and nutrition campaigns, during which the nongovernmental organization, Women and Law in Southern Africa, disseminated messages on gender-based violence and human trafficking, with a focus on tackling gender stereotypes that often put women at increased risk of HIV infection, violence and malnutrition, and raise the burden of child care and household maintenance.</p> <p>The WFP regional bureau for Latin America and the Caribbean coordinated a workshop for its staff, community actors and government representatives that included a visit to a local WFP-supported project, Women Friends, which aims to generate a self-sustaining microbusiness that benefits women living with HIV in Guatemala.</p> <p>WFP updated its gender policy 2015–2020 to highlight HIV and AIDS intersections with gender issues in food and nutrition programming. WFP engaged women beneficiaries to help design and implement prevention of mother-to-child transmission (PMTCT), antiretroviral therapy and tuberculosis services to ensure they respond to their needs. WFP continued to work with partners to promote men's involvement in increasing women's utilization of PMTCT services.</p>
<p><b>UNDP</b></p>	<p>UNDP endorsed the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 and committed to the Every Women, Every Child initiative to improve HIV, health and development outcomes for women and girls in 80 low- and middle-income countries by 2020.</p> <p>In Nepal, UNDP supported the universal periodic review by convening dialogues with marginalized women, including those living with HIV, female sex workers, women who use drugs and victims of sexual violence during conflict.</p> <p>UNDP, in collaboration with networks of women living with HIV, led research on the violation of the rights of HIV-affected women in health-care settings. This work resulted in such violations being addressed in policy and programme documents, including regional reviews of the International Conference on Population and Development Beyond 2014 and the Asia-Pacific Conference on Gender Equality and Women's Empowerment (Beijing+20 Review).</p> <p><i>The right(s) process: documenting a collaborative research initiative</i> was prepared by UNDP and UNFPA in 2015 to list the lessons learned in implementing a rights-based approach to collecting data on sex workers, including guidance on training and employing sex worker peer researchers and support actions taken in sensitive political environments.</p>
<p><b>UNFPA</b></p>	<p>UNFPA continued to provide financial and technical support to activist networks and organizations to engage in policy dialogue, agenda-setting on sexual and reproductive health and rights and HIV, and ending stigma and discrimination.</p> <p>Support to sex work networks, the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV (ICW), helped women living with HIV and key populations shape policy.</p>



Organization	Achievements
UNFPA	<p>The GNP+/ICW survey, <i>Quality of family planning services and integration in prevention of vertical transmission context – perspectives of women living with HIV and service providers in Cameroon, Nigeria and Zambia</i>, influenced rights-based elimination of mother to child transmission and family planning programming.</p> <p>UNFPA helped strengthen men's involvement in efforts to improve gender equality and prevent gender-based violence in Botswana and South Africa using the One Man Can toolkit and modalities. In Botswana, UNFPA supported a 12-episode radio series and eight call-in radio programmes that addressed sexual and reproductive health and HIV, gender-based violence, condoms and gender equality.</p> <p>An integrated package of HIV and sexual and reproductive health and gender-based violence services for entertainers and female sex workers was implemented with UNFPA's assistance during a sex worker-led pilot project in the Philippines. Thirty-five male heads of family from groups of internally displaced persons were sensitized on the consequences of early marriage.</p>
UN Women	<p>In 2014–2015, UN Women secured spaces for women living with HIV, including leadership roles, in national AIDS responses in more than 35 countries. It also ensured women were meaningfully engaged in the national and regional reviews of the implementation of the Beijing Platform for Action to empower women through civil society organization forums, interministerial meetings and Commission on the Status of Women sessions. In 2015 UN Women prepared the UN Secretary-General's report <i>Women, the girl child and HIV and AIDS</i>, and supported, with other Cosponsors and the UNAIDS Secretariat, the Southern African Development Community as it drafted and reviewed a related resolution with Member States that was adopted in March 2016.</p> <p>Following the adoption of Agenda 2030 for sustainable development, UN Women and the International Community of Women Living with HIV strengthened the capacity of these women to participate in the localizing of the Sustainable Development Goals (SDGs). A related toolkit to promote the same is being piloted in Mozambique, Namibia and Ukraine in 2016. In Indonesia, Rwanda and Ukraine, UN Women helped women living with HIV communicate their needs to the Government as it embarks on its SDG plans.</p> <p>Through its programme Engage+Empower=Equality, UN Women mobilized more than 130 young women and adolescent girl advocates, including those living with HIV, in Kenya, Malawi and Uganda to contribute to country assessments as part of the All In to ensure adolescents infected and affected by HIV are not left behind.</p>
ILO	<p>The ILO provided tailored support to countries to mainstream gender equality across HIV and other structural interventions and promoted specific programmes that address the vulnerability of women and girls.</p> <p>In Malawi, the ILO, in collaboration with UNFPA, supported a review of transport sector policy and strategy. Gender issues were integrated and guidelines for mainstreaming gender developed.</p> <p>In the United Republic of Tanzania, the ILO, in a joint programme on youth employment under the United Nations Development Assistance Framework, partnered with UNICEF and Sauti Ya Wanawake-Pwani (the Voice of Women) to implement a programme to empower adolescent girls and women economically and provide tailored, high-quality, client- and community-centred combination prevention services. Through this partnership, 1250 girls in 50 adolescent youth groups in six villages in Kyela and two support structures supported by UNICEF were reached.</p> <p>In Zimbabwe, an integrated programme comprising HIV services, including HIV testing, entrepreneurial skills and innovative microfinance resources for young women and girls led to enhanced income security and the number of young women engaging in multiple concurrent partnerships decreasing from 14% to 0%, while knowledge of HIV status rose from 64% to 94%.</p>
UNESCO	<p>UNESCO continued to help young people access information on HIV, gender and health through peer education initiatives that target women and girls while also engaging young men and boys.</p> <p>In Jamaica, UNESCO worked with national officials on Teen 360, a virtual platform that engages young women and men as advocates and promotes information exchange through television, radio, Facebook, Twitter and Instagram.</p> <p>UNESCO also supported the first dedicated website in the Eastern Europe and Central Asia (EECA) region for adolescents on comprehensive sexuality education and sexual and reproductive health. The teenslive.info website provides young people with information in Romanian, Russian and Ukrainian, offers counselling and a navigator to youth-friendly services in Ukraine and other EECA countries. More than 100 000 young people benefited from this resource.</p> <p>UNESCO worked with the Joint UN teams on HIV and gender-based violence to support a campaign in Jamaica to eliminate sexual violence against girls, involving community dialogues, a school tour and capacity-building for school staff and training of trainers.</p> <p>In the Democratic Republic of Congo, UNESCO trained peer educators on gender-based violence, reaching more than 3200 school and university students across four provinces, and aired 48 television and 24 radio</p>



Organization	Achievements
	programmes addressing HIV, gender and gender-based violence.
<b>Secretariat and Joint</b>	<p>In 2014–2015, the Joint Programme supported 65 countries in engaging women living with HIV in the decision-making processes, including national HIV responses and Global Fund concept notes.</p> <p>UN Women, the UNAIDS Secretariat, UNFPA and UNESCO helped the Southern African Development Community prepare a draft resolution titled Women, the girl child and HIV and AIDS that was tabled at the 60th session of the Commission on the Status of Women in March 2016 and subsequently adopted following the Member State negotiations.</p> <p>In Ukraine, UN Women, UNDP, UNFPA, UNODC and the UNAIDS Secretariat facilitated a national forum on women living with HIV that triggered a civil society organization action plan to integrate gender and HIV into the localizing of Agenda 2030 for sustainable development.</p> <p>To help mobilize resources for women’s organizations, the UNAIDS Secretariat, UNDP, UNFPA and UN Women provided technical support to networks of women living with HIV and sex worker organizations to develop Global Fund concept notes in about 15 countries. UNDP, UNFPA and other partners worked with the Sex Workers’ Rights Advocacy Network in Kyrgyzstan and Tajikistan to ensure sex workers and organizations providing services to them were meaningfully engaged in developing Global Fund concept notes.</p> <p>The UNAIDS family continued to invest in strengthening the leadership and institutional capacity of networks and organizations of women living with HIV. The UNAIDS Secretariat helped establish national networks in Rwanda and South Sudan, and partnered with UN Women to form a regional network in Central Asia.</p> <p>UN Women, UNDP and the UNAIDS Secretariat helped establish the International Community of Women Living with HIV in the Asia Pacific region, the first autonomous women-led network of women living with HIV in the region.</p> <p>In the Arab States, UN Women and the UNAIDS Secretariat continued to invest in strengthening the capacity of MENARosa, the regional network of women living with HIV, and helped develop its action plan for the next biennium. Collaborating with the Africa Centre for Inclusive and Transformational Leadership, UN Women invested in the leadership of more than 40 women living with HIV from seven Eastern and Southern Africa countries.</p> <p>Under the All-In agenda, UNICEF, the UNAIDS Secretariat, UNDP, UN Women, UNFPA, UNESCO and WHO helped several countries conduct assessments and mobilize stakeholders, including adolescent girls and young women, to take part in the response. A synthesis report of these assessments highlighted gaps in sex- and age-disaggregated data, the need for gender-specific strategies to combat adolescent HIV, the importance of engaging adolescent girls and young women in the HIV response, and the need to create an enabling environment to end child marriage and sexual violence.</p> <p>Together with the Asia Pacific Transgender Network and the Being LGBT in Asia regional initiative, UNDP, the UNAIDS Secretariat, UN Women, UNFPA, WHO and USAID convened the first transgender community consultation to raise awareness of transgender rights and to develop actions to prioritize the human rights and health needs of transgender women and men.</p>
<b>Supplementary documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Report of the 58th session of the Commission on the Status of Women, resolution on Women, the girl child and HIV and AIDS. UN Women, 2014</a></li> <li>• <a href="#">Report of the 60th session of the Commission on the Status of Women, resolution on Women, the girl child and HIV and AIDS. UN Women, 2016</a></li> </ul>

## C4: Stopping gender-based violence

### Output C4.1.1 Evidence on GBV and HIV linkages for action

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	UNDP	UNFPA	UN Women	UNESCO	WHO	TOTAL
Global	72 900	263 900	169 300	71 100	161 700	218 300	117 700	1 074 900
HICs	107 700	146 500	161 500	39 600	726 200	462 900	117 700	1 762 100
AP	20 900	112 700	55 400	-	47 400	58 900	-	295 300
CAR	-	-	20 000	-	40 300	48 200	-	108 500
EECA	9 400	-	37 700	2 700	45 100	12 600	-	107 500
ESA	36 500	134 500	65 600	49 100	99 600	80 000	-	465 300
LA	7 000	-	32 300	62 900	173 500	120 000	-	395 700
MENA	24 200	-	33 200	-	27 000	4 500	-	88 900
WCA	31 800	116 300	27 200	800	23 900	20 900	-	220 900
TOTAL	310 400	773 900	602 200	226 200	1 344 600	1 026 400	235 500	4 519 200

#### Achievements

Organization	Achievements
UNHCR	<p>Noting the lack of quantifiable impact assessment data and tools to help shape prevention and response programmes in humanitarian emergencies, UNHCR's Safe from the Start initiative began the process of developing sound assessment tools and methodologies to strengthen evidence-based child protection, HIV and sexual and gender-based violence prevention and response interventions.</p> <p>In 2014, the methodological approach and tools were refined, based on the pilot assessment conducted in Rwanda in December 2013, and field-tested in baseline assessments in Ethiopia and Iraq. In 2015, data analysis, baseline assessment reporting and the refinement and dissemination of measurement tools were completed. In 2016, end line/impact assessments will be conducted, culminating in a final assessment report.</p> <p>During the thematic segment on HIV in emergencies at the 36th PCB in 2015, UNHCR contributed to a special session on gender-based violence in conflict that focused on sexual violence and HIV and safe spaces for survivors.</p>
UNICEF	<p>In collaboration with the United States Centers for Disease Control and Prevention, and Together for Girls, the global public-private partnership dedicated to ending violence against children, UNICEF continued in 2015 to support revisions to the Violence Against Children Surveys to ensure the data collected strengthens the evidence base underpinning the relationship between violence against children and HIV.</p> <p>Proposed modifications include revisions to the questionnaire on adolescent sexual history and risk-taking behaviour, revisions to the sampling supporting an oversampling of adolescent girls to ensure sufficient power for subsequent data analysis, and revisions to the protocol to include HIV testing, counselling and referral; adding this component adds a biomarker to the survey instrument and ensures vulnerable at-risk children and adolescents are able to access critical HIV testing and counselling services.</p>

Organization	Achievements
UNICEF	<p>UNICEF also participated in the experts meeting convened by Together for Girls in October 2015 to review lessons learned from the surveys and identify critical research priorities and the next steps in addressing violence against children in the context of the sustainable development goals.</p>
UNDP	<p>UNDP strengthened evidence and action on gender-based violence and HIV in 24 countries. It launched a regional initiative with the Caribbean Vulnerable Communities Coalition, the International Community of Women with HIV/AIDS Latina and others to gather evidence of violence against HIV-affected women and girls in health-care settings.</p> <p>UNDP collaborated with UNFPA, the Asia Pacific Network of Sex Workers, the Centre for Advocacy on Stigma and Marginalization and the UNAIDS Regional Support Team for Asia and the Pacific on a study to address violence against sex workers, who acted as peer interviewers, supported by qualitative researchers, in the four country studies (Indonesia, Myanmar, Nepal and Sri Lanka).</p> <p>During 2015, UNDP influenced the policies of the Global Fund by producing a gender policy tool box for the three diseases, comprising an updated gender checklist and new policy guidance. These tools aim to provide the evidence necessary to link inequality violations, such as gender-based violence, with poor health outcomes to increase investments in gender-responsive programming.</p> <p>In Swaziland, UNDP supported a national conference on gender-based violence (GBV) that aimed to provide a platform for sharing information and experiences, and to create a multisectoral forum for national GBV prevention and response.</p> <p>UNDP and WHO initiated a global programme to integrate and strengthen national policies for GBV, the harmful use of alcohol and infectious diseases. As part of this programme, evidence on national GBV and HIV policy frameworks were collected and examined.</p>
UNFPA	<p>UNFPA co-led the development of monitoring tools that include gender-based violence indicators. These tools also included country infographic snapshots to illustrate the links between sexual and reproductive health and rights and HIV; the SRH and HIV linkages compendium: indicators and related assessment tools; and the composite index of SRHR and HIV linkages indicators.</p> <p>UNFPA supported a regional project, titled Sex work and violence: understanding factors for safety and protection in Indonesia, Myanmar, Nepal and Sri Lanka. As a result of this study, UNFPA is assisting the National Advisory Committee (NAC) in the development of technical guidelines on gender-based violence in Indonesia, which will be integrated into the National Response on HIV Prevention Through Sexual Transmission programme.</p> <p>In Angola, a pilot helpline for cases of domestic violence was launched following a joint gender-based violence prevention initiative between UNFPA, WHO, the UNAIDS Secretariat, UNICEF and UNDP. The prevention campaign was aired on radio and TV, raising awareness on pregnancy, early/childhood marriage and HIV, especially for adolescents and young people.</p> <p>In Uganda, UNFPA helped expand gender equality and gender-based violence programming that focused on integrating HIV, especially for sexual violence. With technical and financial support from UNFPA, the Ministry of Gender, Labour and Social Development launched a national gender-based violence database. It has been rolled out to 40 districts, with 7800 entries made from July–November 2015.</p>
UN Women	<p>In 2014–2015, UN Women continued to support national and community efforts to generate data on gender-based violence and HIV. Through the UN Trust Fund to End Violence Against Women, grantees received support to generate evidence of the effectiveness of the Stepping Stones (Malawi) and SASA! (Ethiopia, Haiti, United Republic of Tanzania) methodologies in preventing violence and HIV among women. Evidence will be used to improve guidance on how to effectively adapt and replicate the methodologies.</p> <p>In Latin America, UN Women rolled out a guide for monitoring the inclusion of gender-based violence in national AIDS responses in Argentina, Brazil, Colombia, Peru and Uruguay. Five country reports were prepared and will be used by networks of women living with HIV to advocate for stronger integration of gender-based violence and HIV in national HIV responses in 2016.</p> <p>In the Caribbean, UN Women facilitated the mapping of legislation, policies and actions taken in response to international commitments for ending violence against women, which will help to identify key gaps and areas for future advocacy. In Bangladesh, Cambodia, Kazakhstan, Rwanda, Tajikistan and Uganda, UN Women successfully advocated to have gender-based violence data included in various national HIV surveys and assessments.</p>
UNESCO	<p>UNESCO is leading efforts to address gender-based violence in schools due to perceived sexual orientation or gender identity. A high-level ministerial meeting is planned for May 2016 to address homophobic and transphobic bullying in schools and to launch the global report, <i>Out in the open: education sector responses to violence based on sexual orientation and gender identity/expression</i>.</p>

Organization	Achievements
	<p>UNESCO supported the first Asia and Pacific region review of violence in schools related to sexual orientation or gender identity and supported the creation of national working groups in China, Indonesia, Philippines and Thailand. Research in India, Indonesia, Thailand and Viet Nam elicited data from more than 6500 students and teachers.</p> <p>UNESCO published a regional report on inclusion and safety in schools in Latin America, and a teacher manual on addressing homophobic/transphobic violence in schools was produced with partners in Chile, Guatemala, and Mexico.</p> <p>A study on sexuality, gender and diversity was launched in Botswana, Lesotho, Namibia, South Africa and Swaziland. In the West and Central Africa region, classroom activity modules on gender and diversity were developed and assessed for cultural appropriateness by ministries in Côte d'Ivoire, Ghana, Nigeria and Togo.</p> <p>A desk review of the scope and nature of school-related gender-based violence and homophobic bullying in countries in the Eastern Europe and Central Asia region was conducted, and country briefs produced.</p>
<p><b>WHO</b></p>	<p>WHO held capacity-building workshops in partnership with UN Women and the UNAIDS Secretariat to strengthen gender-sensitive HIV and sexual and reproductive health monitoring and evaluation. The workshops were attended by 12 country teams comprising UNAIDS strategic information officers, national monitoring and evaluation officers, women living with HIV and representatives of women's organizations.</p> <p>The workshops were based on the WHO and UNAIDS tool on gender-sensitive sexual and reproductive health, HIV monitoring and evaluation, and the UN Women compendium on gender-sensitive HIV indicators.</p> <p>WHO and partner organizations published several evidence-based documents focusing on violence against women and girls, including violence faced by key populations, such as sex workers. The evidence gathered is being disseminated to governments to increase awareness and strengthen capacity for evidence-based programming to prevent and respond to violence against women, including through Global Fund concept notes.</p>
<p><b>World Bank</b></p>	<p>The World Bank continued to provide significant investment in gender-transformative HIV strategies, both in knowledge building and tools for evaluating gender-based HIV risks.</p> <p>The Bank conducted various studies, including one in Zimbabwe on the integration of gender-based violence (GBV) into HIV care services to determine the impact of the programme on the coverage of GBV services.</p> <p>The Bank also has a comprehensive gender programme that addresses this social driver of HIV. It has set up a sexual orientation and gender identity (SOGI) task force to lead a coherent response to exclusion. The multisectoral task force identifies opportunities to expand knowledge on exclusion based on sexual orientation and gender identity and to leverage operational work. The Bank's research department, for example, is conducting a study on the legal discrimination against identity-based minority groups, including sexual minorities. The Bank is working towards coordinating research with other international agencies, including UNDP, OHCHR and UNESCO.</p>
<p><b>Secretariat and Joint</b></p>	<p>The UNAIDS Secretariat helped generate and disseminate strategic information on HIV in the context of gender inequalities, and included violence against women and girls and transgender people in its MDG 6 report, <i>How AIDS changed everything</i>, and also in <i>On the Fast-Track to end AIDS by 2030: focus on location and population</i>.</p> <p>To respond to the widespread forced sterilization of women, especially those living with HIV and transgender and intersex persons, OHCHR, UN Women, the UNAIDS Secretariat, UNDP, UNFPA, UNICEF and WHO published a joint statement, <i>Eliminating forced, coercive and otherwise involuntary sterilization</i>. It identifies guiding principles for preventing and eliminating coercive sterilization and gives recommendations for legal, policy and service-delivery actions.</p> <p>WHO, in collaboration with UNFPA and UN Women, published a clinical handbook on health care for women subjected to intimate partner violence or sexual violence. The handbook was rolled out in Cambodia, where WHO trained health providers and assessed changes in knowledge, attitudes and practices after three months. In Uganda, national gender-based violence guidelines and training curricula were updated in line with the handbook and a national training of trainers was conducted, focusing on comprehensive post-rape care, including sexually transmitted infection and HIV prophylaxis.</p> <p>UNESCO co-chairs the global partners working group on school-related gender-based violence (SRGBV) with the United Nations Girls' Education Initiative, and has collaborated with UN Women to develop global guidance on SRGBV. UNESCO, UNICEF and UN Women advanced action on SRGBV in the Asia and Pacific region through a social media campaign on International Women's Day, and more than 35 000 people in 10 countries were reached by advocacy efforts linked to the first regional review of SRGBV, including via infographic tools in 13 languages.</p>

Organization	Achievements
	<i>The Right(s) process: documenting a collaborative research initiative</i> was prepared by UNDP and UNFPA in 2015, detailing the lessons from implementing a rights-based approach, including experiences in training and employing sex worker peer researchers, and evidence on support actions taken in sensitive political environments. This research was recognized for its excellence with the Robert Carr Award at the International AIDS Conference in Melbourne in 2014.
Supplementary documents	<ul style="list-style-type: none"> <li>• <i>Eliminating forced coercive and otherwise involuntary sterilization. OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF, WHO joint inter-agency statement</i></li> <li>• <i>Healthcare for women subjected to intimate partner violence or sexual violence: a clinical handbook. WHO, UN Women, UNFPA</i></li> <li>• <i>The right(s) evidence: sex work, violence and HIV in Asia - a multi-country qualitative study. UNFPA and UNDP, 2015</i></li> <li>• <i>The right(s) process: documenting a collaborative research initiative. UNDP and UNFPA, 2015</i></li> <li>• <i>UNDP press release. Ground breaking research on sex worker safety and security receives award at International AIDS Conference. 2014</i></li> <li>• <i>Policy brief. Sex work, violence and HIV in Asia. From evidence to safety. UNFPA, 2015</i></li> </ul>

## Output C4.2.1 GBV addressed in multisectoral HIV strategies and plans

### Indicator

#### Indicator C4.2.1: UN Joint Team contributed to the review or development of legislation and/or policies addressing gender-based violence against women and gender equality

84% of Joint Teams (N=98) reported that policies and/or legislation addressing violence against women and gender equality were in place.

87% Joint Teams (N=98) provided support in the areas listed below in 2015:

- Empowering women to participate in decision-making processes (including Global Fund proposals and revision of legislation) - 68% of Joint Teams,
- Providing new evidence and analysis on the situation of violence against women through gender assessment processes - 63% of Joint Teams,
- Advocacy to ensure a protective environment; for example, towards developing gender identity laws or integrating gender and violence against women in national HIV plans - 71% of Joint Teams,
- Integrating HIV into national gender plans - 53% of Joint Teams

### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	UNDP	UNFPA	UN Women	ILO	UNESCO	WHO	TOTAL
Global	61 300	59 600	71 100	71 100	78 000	274 400	27 500	68 700	711 700
HICs	90 600	36 600	362 800	6 500	65 100	243 100	102 900	78 500	986 100
AP	17 600	28 400	75 500	-	21 300	5 300	-	-	148 100
CAR	-	-	27 200	-	-	-	-	-	27 200
EECA	-	-	51 300	4 000	-	-	-	-	55 300
ESA	30 700	33 900	89 300	-	-	-	80 000	-	233 900
LA	5 900	-	44 000	-	-	13 200	-	-	63 100
MENA	20 400	-	45 200	-	-	-	-	-	65 600
WCA	26 800	29 300	37 100	800	-	26 400	34 800	-	155 200
TOTAL	253 300	187 800	803 500	82 500	164 400	562 500	245 200	147 200	2 446 400

**Achievements**

Organization	Achievements
<p><b>UNHCR</b></p>	<p>The initial commitment of US\$10 million from the United States initiative, Safe from the Start, (2014–2016) enabled UNHCR, the International Committee of the Red Cross and other humanitarian agencies and organizations to hire specialized staff, launch new programmes and develop innovative methods to protect women and girls at the onset of emergencies around the world.</p> <p>UNHCR in 2014 created six roving senior-level (P-4) sexual and gender-based violence (SGBV) protection officer positions to complement the four existing senior regional SGBV positions, based in Dakar, Nairobi, Panama and Amman. These officers will work closely with other HIV experts in various countries to provide technical support to develop and strengthen multisectoral gender-based violence and HIV plans.</p>
<p><b>UNICEF</b></p>	<p>As a result of research into promising practices on child protection and HIV synergies in Nigeria, UNICEF and World Vision were able to make a series of recommendations to address HIV-related vulnerabilities at national levels. HIV in emergency and reconstruction interventions is not well documented and often neglected. Specific recommendations were made to include gender-based violence (GBV) responses in national action plans and to develop linkages between GBV specialized services, child-protection case management and HIV prevention and care services. The research will be disseminated across the region by UNICEF in 2016 to influence national interventions on AIDS, including those by crisis and post-crisis countries to address sexual and GBV issues.</p>
<p><b>WFP</b></p>	<p>As part of the UN Secretary-General's campaign UNiTE to end violence against women, WFP participated in the Orange Your Neighbourhood campaign and organized activities for the 16 Days of Activism Against Gender Violence.</p> <p>In 2014–2015, WFP focused on increasing awareness of the links between gender-based violence and food insecurity in Eastern and Southern Africa. The WFP regional office produced three films, with support from UNHCR and UN Women, to explore the impact of food insecurity on sexual and gender-based violence. Testimonies from refugees, internally displaced persons and those who have experienced sexual violence highlighted the links between food insecurity and violence and sexual exploitation, and the importance of providing food to reduce sexual risk-taking. The films have helped WFP staff consider these and other protection issues when designing programmes.</p> <p>In 2015, WFP provided inputs to the UNAIDS Strategy 2016–2021 to address sexual and gender-based violence in emergencies. WFP and partners highlighted the importance of addressing such violence in emergencies at the thematic segment on HIV in emergency contexts at the 36th PCB, and lobbied the Board to include a decision point on sexual and gender-based violence in emergencies. This decision point (8.5C) was adopted at the 37th PCB.</p>
<p><b>UNDP</b></p>	<p>UNDP and WHO organized two regional consultations in Eastern Europe and Southern Africa, with nine countries at each, on the need for policy reform to account for the linkages between the harmful use of alcohol, gender-based violence (GBV) and HIV. To date, national HIV and GBV strategies are generally strong, but alcohol strategies are weak or non-existent, with little coherence between the three. Participating countries identified priorities, agreed on national roadmaps and validated them for implementation. For example, in the Democratic Republic of the Congo, participants among a multi-stakeholder delegation adopted the roadmap on actions to address HIV, GBV and alcohol-use disorders, and revised the national HIV strategy to account for alcohol and GBV. Zimbabwe, meanwhile, identified people living with or affected by HIV as a priority group for alcohol interventions. Subsequent country-level results included research, policy reform and multisectoral coordination.</p>
<p><b>UNFPA</b></p>	<p>UNFPA supported the integration of gender-based violence in HIV strategies through its extensive work on linking HIV and sexual and reproductive health and rights.</p> <p>In 2014 UNFPA South Africa supported a study on violence against women, the first national effort to gather and analyse data on the scale, determinants, consequences and responses to such violence. UNFPA promoted gender equality and gender-based violence prevention in South Africa and Botswana using its One Man Can toolkit.</p>



Organization	Achievements
UNFPA	<p>UNFPA Zambia supported the Government to incorporate gender-based violence (GBV) in the revised national HIV and AIDS strategic framework 2014–2016 and to roll out anti-GBV legislation offering HIV and sexual and reproductive health services to an estimated 1 000 survivors of GBV.</p> <p>In Uganda, 3 250 police officers, health-care workers, paralegals, cultural leaders and community members were trained in applying laws related to gender-based violence. In addition, services were provided to 6 000 GBV survivors: 441 were given legal support; 251 were given medical services, 531 had psychological counselling, 116 received temporary shelter; and 187 female genital mutilation survivors received attention. The Good Men Campaign in Cambodia trained 1 050 police and armed forces personnel, government officers and teachers on ending violence against women.</p> <p>With the help of UNFPA, campaigns to end child marriage were launched in Ethiopia, Malawi, Mozambique, Zambia and Zimbabwe.</p>
UNODC	<p>UNODC and the Eurasian Harm Reduction Network organized a consultation on law enforcement and civil society partnership in combatting police violence against women who use drugs. A study visit to Austria organized by UNODC in 2015 for law enforcement representatives from Belarus, Kazakhstan, Moldova and Ukraine reviewed national response systems to intimate partner violence, gender-responsive harm reduction services and community policing practices.</p>
UN Women	<p>In 2014–2015, UN Women helped integrate gender-based (GBV) violence into the national HIV strategic plans of 12 countries. In Nigeria, UN Women supported the adoption of the National Plan of Action on GBV/HIV 2015–2017 and of the Violence Against Persons (Prohibition) Act that prosecutes various forms of violence, including female genital mutilation, and provides protection for survivors. In Kenya, UN Women increased the capacity of AIDS commissions to integrate GBV into local HIV plans in four counties and to improve integration of GBV and HIV services at the local level.</p> <p>In partnership with Gestos and Family Care International, UN Women increased the capacities of women living with HIV, including indigenous women, to advocate for comprehensive, integrated responses to HIV and GBV in several Latin American countries (Argentina, Brazil, Colombia, Ecuador, Guatemala, Peru, and Uruguay).</p> <p>UN Women strengthened the capacity of the Caribbean Vulnerable Communities Coalition in promoting a rights-based and gender approach to address GBV and HIV. Within the UN Trust Fund to End Violence Against Women, UN Women awarded more than US\$ 1.5 million in grants to support civil society organizations in 10 countries implementing promising approaches to expand access to GBV services and promote legal reform.</p>
ILO	<p>During the biennium, 23 countries received ILO support on gender-based violence.</p> <p>In Nigeria, ILO and UN partners supported the development of a comprehensive community action plan that covers gender-based violence for the communities in Chibok terrorized by boko haram. The action plan, developed for the Chibok Local Government Authority, identified the contributors to the spread of sexual and gender-based violence and HIV infection in conflict conditions and outlined steps to address them.</p> <p>In Mozambique, ILO, its constituents and other UN partners supported the development of the new National HIV Strategic Plan (2015–2019), which addresses gender-based violence.</p> <p>ILO, working with UNFPA, the Swaziland Business Coalition on Health and AIDS, and partners supported a campaign to mobilize men to engage in activities that address gender-based violence.</p> <p>With ILO, UNAIDS Secretariat and Joint Team support, the United Republic of Tanzania conducted a gender assessment of the national AIDS response in 2015. The assessment recommended cultural norms and other structural drivers be addressed as a complement to HIV programmes</p>
UNESCO	<p>UNESCO organized the first global partners meeting to address school-related gender-based violence (SRGBV) with the United Nations Girls' Education Initiative and the Government of France, and co-chairs the global partners' working group on SRGBV. UNESCO led development of global guidance on SRGBV with UN Women and co-authored a policy paper on linkages between SRGBV and the Education for All global commitment to provide quality basic education for all children, youth and adults. The guidance was launched during the 2015 session of the Commission on the Status of Women. Nearly 3 million people were reached by online advocacy efforts during the 16 Days of Activism against Violence Against Women in 2015.</p> <p>The Interagency Task Team on education conducted a research project on school-related gender-based violence, which included focus group discussions with teachers in Bolivia, the Middle East and North Africa region, the Philippines, Senegal, South Africa, and Ukraine, and resulted in a report, <i>Empowering the school community to prevent and respond to school-related gender-based violence</i>.</p> <p>UNESCO and UNICEF published the first review of school-related gender-based violence (SRGBV) in</p>



Organization	Achievements
	<p>the Asia and Pacific region and worked with UN Women to develop infographics in 13 languages for national and regional advocacy. An Eastern Europe and Central Africa regional guide for educators was developed on preventing SRGBV in educational settings, which fed into teacher manuals in Kyrgyzstan and Russia. A study on SRGBV in nine Middle East and North Africa countries resulted in policy recommendations that will be included in UNESCO's Teacher Policy Framework and Resource Pack for the Arab States.</p>
<b>WHO</b>	<p>WHO's global plan of action on health systems' response to violence, in particular against women and girls and against children, was developed and approved by the WHO executive board.</p> <p>Uganda completed a national training of trainers based on updated national gender-based violence guidelines and training curricula in line with the WHO clinical handbook on intimate partner violence and sexual violence, and a medico-legal toolkit for sexual violence. The provision of comprehensive post-rape care that addresses sexually transmitted infections and HIV prevention is a central component of this training.</p> <p>Cambodia introduced the WHO clinical handbook on violence against women to train health-care providers and assessed changes in knowledge, attitudes and practices after three months.</p> <p>India implemented national sexual assault guidelines and protocol in 12 states. WHO provided technical support to implement the guidelines, using the clinical handbook and other training tools such as its eLearning course on the clinical management of rape. Participants included health providers from districts and other tertiary-care hospitals, including obstetricians and gynaecologists, forensic doctors and psychiatrists.</p>
<b>World Bank</b>	<p>The World Bank contributed directly to gender-based violence prevention programmes through operations such as the Great Lakes Emergency Sexual and Gender Based Violence &amp; Women's Health Project. The objectives of this project are to expand services to mitigate the short- and medium-term impact of sexual and gender-based violence, and to deliver a package of health interventions targeted at poor and vulnerable females, including those at high risk of acquiring HIV or already HIV-positive. This particular operation provides support to Burundi, the Democratic Republic of Congo and Rwanda. Such regional operations typically involve additional support for cross-country knowledge sharing, regional training and advocacy.</p> <p>The Bank also helps countries address gender-based violence in their HIV strategies through the Umbrella Facility for Gender Equality, which is a multi-donor trust fund dedicated to strengthening awareness, knowledge and capacity for gender-informed policy-making. The facility invests in priority areas critical to closing gaps between what we know and what we do to advance gender equality. It supports more than 70 activities in more than 50 countries.</p>
<b>Secretariat and Joint</b>	<p>In 2014–2015, the UNAIDS Secretariat, UNFPA, UNICEF, UN Women and WHO continued to support the integration of gender-based violence (GBV) into the national HIV strategic plans in at least 16 countries.</p> <p>Joint advocacy and technical assistance from the UNAIDS Secretariat, UN Women and UNDP helped ensure HIV and GBV linkages were integrated into Cambodia's second National Action Plan on Ending Violence against Women, signed in January 2015. The plan includes a sub-chapter on women and girls at increased risk of violence. Led by WHO, the Joint Programme provided support to the Ministry of Health to develop national guidelines for managing violence against women and children in the health sector.</p> <p>UNICEF, UNDP, the UNAIDS Secretariat, UNESCO and UNFPA collaborated in Jamaica through a joint Nuh Guh Deh (Don't Go There) campaign with local nongovernmental organization Eve for Life to prevent sexual violence, particularly against young women and adolescents, and supported the development of a national action plan on GBV and a revised Sexual Offences Act.</p> <p>UNFPA partnered with the Wits Health Consortium to implement the Intervention with Microfinance for AIDS and Gender (IMAGE) programme in South Africa, which focuses on empowering women and preventing intimate partner violence by providing microfinance and gender/HIV training.</p> <p>In Angola, UNFPA, WHO, the UNAIDS Secretariat, UNICEF and UNDP launched a pilot helpline for cases of domestic violence. A prevention campaign on radio and TV raised awareness on pregnancy, early and childhood marriage, and HIV, especially for adolescents and young people.</p> <p>UNDP and WHO partnered on a global initiative to support 20 countries strengthen and integrate policies on gender-based violence, infectious diseases and the harmful use of alcohol into national strategic alcohol plans.</p> <p>In Cameroon, UNDP worked with ILO to support HIV and gender components in environmental impact assessment action plans developed for two large-scale capital projects, resulting in a multisectoral plan to address gender equality and prevent GBV and discrimination.</p> <p>In West Africa, the UNAIDS Secretariat and UN Women, in collaboration with African ministries of</p>

Organization	Achievements
	<p>women, worked to raise awareness and increase men's engagement in protecting the rights of women and girls and in mitigating the risk and impact of HIV.</p> <p>In Cameroon, UNESCO, UNFPA, UN Women, UNDP and the UNAIDS Secretariat supported the establishment of a national committee of 40 experts on gender, HIV and GBV, that is actively involved in implementing the national action plan.</p>

## Output C4.2.2 GBV and HIV addressed in conflict prevention and resolution efforts

### Core resources expenditure in 2014–2015 (US\$)

Region	UNHCR	UNICEF	UNDP	UNFPA	TOTAL
Global	65 500	64 700	55 100	80 800	266 100
HICs	96 800	36 600	122 600	74 700	330 700
AP	18 800	28 400	32 800	-	80 000
CAR	-	-	17 700	-	17 700
EECA	-	-	-	127 200	127 200
ESA	32 800	33 900	29 800	30 200	126 700
LA	6 300	-	-	-	6 300
MENA	21 800	-	58 700	57 300	137 800
WCA	28 600	29 300	48 300	800	107 000
<b>TOTAL</b>	<b>270 600</b>	<b>192 900</b>	<b>365 200</b>	<b>371 100</b>	<b>1 199 800</b>

### Achievements

Organization	Achievements
<b>UNHCR</b>	<p>In 2014–2015, UNHCR worked to ensure the needs and concerns of women, men, girls and boys are reflected in all programming. UNHCR is attentive to the specific protection concerns of women and girls. Recommendations from regional dialogues held with women in seven countries were implemented in 2014 and 2015 to reduce statelessness, increase participation in leadership, improve education for girls and strengthen self-reliance- factors that safeguard the lives of women and girls and have positive correlations with reducing new HIV infections.</p> <p>UNHCR continued to disseminate <i>Working with men and boy survivors of sexual and gender-based violence in forced displacement</i> in its operations around the world. Following long-term advocacy, more countries are legislating against sexual and gender-based violence (SGBV) against women and girls, particularly in displacement contexts. By contrast, SGBV against men and boys is less understood. Efforts continue to address this by engaging men and boys as service users, equal partners and agents of change in combating SGBV. In the United Republic of Tanzania, for example, UNHCR in 2015 worked in refugee communities through the "he for she" campaign to promote quick and timely responses to incidents of SGBV.</p> <p>In 2015, UNHCR continued to work with communities to address SGBV. In Burundi, Congo, Jordan, Kazakhstan, Malawi, Morocco, Poland, Syria, the United Republic of Tanzania and several other countries,</p>

Organization	Achievements
UNHCR	<p>a 16-day campaign of activism sought to raise awareness of GBV, stop early marriages and empower survivors to protect themselves against further such violence and sexual exploitation. Community participation was encouraged through songs, drama and sporting events.</p>
UNICEF	<p>Through the Global Fund emergency fund, UNICEF provided optimized and simplified treatment for more than 8000 people living with HIV in nongovernment controlled areas of eastern Ukraine.</p> <p>In the West and Central Africa region, UNICEF helped develop a toolkit for HIV in emergencies, collaborating on documentation for prevention of mother-to-child transmission in humanitarian settings and translating into French a compilation of lessons learned and an implementation guide. UNICEF developed a checklist for determining HIV status for children 0–59 months with severe acute malnutrition.</p> <p>UNICEF continued the Communities Care pilot in Somalia and South Sudan to transform social norms on gender, power and violence to build sustainable peace within families and communities and increase women’s and girls’ agency: 542 service providers were trained; 945 people participated in community discussions and 42 918 in community action events; and 17 096 were reached through radio. Preliminary findings show reductions in the acceptability of protecting family honour when a women/girl has experienced sexual violence, intimate partner violence, and husbands possessing the right to use violence against wives.</p> <p>In the Philippines, UNICEF undertook several gender-focused initiatives in the aftermath of Typhoon Haiyan in 2013. Comprehensive life-skills education addressed sexual orientation and gender identity and the role of young men in violence prevention.</p>
WFP	<p>In 2015 WFP introduced a new regional gender policy in West Africa for staff working to reduce nutritional risks and challenges. In Cameroon, the Central African Republic, Cote d'Ivoire, Ghana and Guinea-Bissau, WFP and its partners strengthened the capacity of civil society partners to address the specific needs of women, including those affected by HIV, within food distribution initiatives.</p> <p>Efforts continue to engage and strengthen the leadership role of women in food management committees. In the Eastern and Southern Africa region, WFP, UNHCR and UN Women produced three films to explore the impact of food security on sexual and gender-based violence (SGBV) that influenced WFP programming in food security, SGBV and HIV.</p>
UNDP	<p>UNDP supported gender-based violence (GBV) programming by developing and implementing HIV-related policies or actions addressing GBV in national AIDS/HIV strategies in more than 30 countries, focusing specifically on access to justice for women, girls and sexual minorities. This has been bolstered by UNDP’s work to develop an evidence base on the stigma, discrimination and violence encountered by these groups, and to conduct legal and policy gaps analyses. In order to facilitate this work, UNDP continues to use its toolkit for mainstreaming gender into national HIV strategies and plans.</p> <p>UNDP and WHO partnered on a global initiative to support 20 countries to strengthen and integrate policies on gender-based violence (GBV), infectious diseases and the harmful use of alcohol into national strategic alcohol plans. These countries are implementing national roadmaps focused on strengthening alcohol policies and protecting health policies from industry interference. In the Democratic Republic of the Congo, for example, participants in a multisectoral consultation officially adopted the roadmap on actions to address HIV, GBV and alcoholism, and UNDP has supported the country to integrate alcohol and GBV interventions into the joint national concept note for HIV and tuberculosis to the Global Fund to Fight Aids, Malaria and Tuberculosis.</p>
UNFPA	<p>In eastern parts of Ukraine (Donetsk and Lugansk), UNFPA supplied 2.5 million condoms and 40 000 pregnancy tests to the conflict-affected population. Other resources were used to supply 65 emergency kits to diagnose and treat sexually transmitted infections, serving a population of 650 000 people in that region.</p> <p>In South Sudan, UNFPA sensitized 6 492 community stakeholders, religious leaders, men and boys on gender-based violence (GBV) and HIV, supported the training of 302 health-care workers in the clinical management of rape cases and supplied post-exposure prophylaxis in rape case kits. Nineteen women centres that provide services to GBV survivors were established.</p> <p>In the Republic of the Congo, 25 health-care workers and 39 community workers were trained in the management of gender-based violence and rape.</p> <p>UNFPA provided technical and financial support to the humanitarian response for Syrian refugees in Europe, including reproductive health kits for HIV and the prevention and management of other sexually transmitted infections.</p>
UN Women	<p>To assess and accelerate action on the implementation of UN Security Council resolution 1325, a high-level review was held at the Security Council’s open debate on women, peace and security. The Secretary-General’s global study on progress in implementing resolution 1325 was presented in 2015, with UN Women acting as secretariat for the review. The study underscored that gender inequality,</p>

Organization	Achievements
	<p>exacerbated by conflict, contributes to an increased risk of HIV among women and girls; that they have less access to prevention information; face greater barriers to negotiate safer sex due to unequal power dynamics; and represent the overwhelming majority of survivors of sexual gender-based violence (SGBV), requiring greater intervention and care.</p> <p>UN Women worked to decrease the risk of SGBV in conflict and post-conflict settings in 14 countries. In the Central African Republic and South Sudan, a SGBV prevention and response programme was implemented in refugee camps to increase the capacity of health-care workers to provide support to survivors and prevent HIV transmission. UN Women also worked to strengthen the capacity of South Sudan's security sector on SGBV/HIV. In Mali, more than 5 500 security-sector personnel received support to improve awareness on gender equality and women's empowerment during conflict, including on SGBV/HIV.</p>
<p><b>Secretariat and Joint</b></p>	<p>The UNAIDS family provided extensive country support in 2014–2015 on the response to sexual and gender-based violence in humanitarian emergencies, conflict situations and/or post-conflict recovery to ensure women survivors, including those living with HIV, have access to gender-based violence and HIV services and are able to protect themselves against HIV infection and mitigate its impact.</p> <p>UNHCR, the International Committee of the Red Cross and other humanitarian agencies launched a new roster of protection officers and experts to supplement existing capacity to provide rapid assistance on programming to protect women and girls in emergencies. These experts will link closely with HIV experts in various countries to provide technical support to develop and strengthen multisectoral gender-based violence and HIV responses.</p> <p>In response to the natural disaster in Dominica, UNFPA and UN Women delivered primary assistance to affected women and girls, including hygiene kits, and supported the Bureau of Gender Affairs to integrate prevention of sexual and gender-based violence into its emergency preparedness, response and recovery plan.</p> <p>Responding to another emergency in the Arab States, UN Women and partners strengthened the capacities of key stakeholders on gender-based violence, early marriages, intersections of sexual violence with HIV and other specific needs and vulnerabilities of Syrian women refugees in Egypt, Iraq, Jordan and Lebanon. In 2015, a dialogue was held between Zainab Hawa Bangura, the Special Representative on Sexual Violence in Conflict, and women refugees, who openly discussed sexual and gender-based violence within refugee camps and in conflict settings generally.</p> <p>In West Africa, the UNAIDS family assembled a toolkit on advocacy and coordinating HIV in crises and post-crisis humanitarian situations to support programming and effectively integrate HIV into humanitarian interventions, including those addressing sexual and gender-based violence.</p> <p>In South Sudan, the Joint Programme worked with the International Organization for Migration, International Medical Corps, Health Link South Sudan and the South Sudan Network of People Living with HIV to establish camp-based facilities to provide basic HIV prevention and treatment services and access to post-exposure prophylaxis for survivors of sexual violence in some camp locations for internally displaced persons.</p> <p>WFP and the UNAIDS family highlighted the importance of addressing sexual and gender-based violence (SGVB) in emergencies at the thematic segment on HIV in emergency contexts at the 36th UNAIDS PCB, and successfully advocated for the Board to include a decision point (8.5C) on SGVB in emergencies.</p>
<p><b>Supplementary documents</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Preventing conflict, transforming justice, securing the peace. A global study on the implementation of United Nations Security Council resolution 1325. UN Women, 2015</a></li> </ul>

## D1: Leadership and advocacy

### Output D1.1.1 Positive health, dignity and prevention programmes for people living with HIV

#### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	5 717 000	5 717 000
HICs	1 676 200	1 676 200
AP	-	-
CAR	-	-
EECA	200 400	200 400
ESA	781 500	781 500
LA	252 500	252 500
MENA	830 000	830 000
WCA	1 829 000	1 829 000
<b>TOTAL</b>	<b>11 286 500</b>	<b>11 286 500</b>

#### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Secretariat advanced efforts to protect the human rights of people living with and affected by HIV and eliminate HIV-related discrimination. In a number of countries across UNAIDS regions, it challenged mandatory HIV testing, overly broad criminalization of HIV, criminalization of same-sex sexual relations, drug use and sex work and it advocated and provided guidance on rights-based prevention and treatment programmes and civil society engagement. To focus future action on AIDS, a UNAIDS global map of lesbian, gay, bisexual and transgender criminalization (Infographic, 2015) listed countries with punitive laws on same-sex sexual relations. The Secretariat also maintained up-to-date evidence of countries, territories and areas that maintain HIV-related travel restrictions.</p> <p>Stigma Index research, including follow-up actions, are now part of several PEPFAR country operational plans. Working with the Global Network of People Living with HIV, the Secretariat developed an online tool for analysing Stigma Index data, allowing for disaggregation of data and comparison across countries.</p> <p>UNAIDS Secretariat established partnerships with two large global law firms for pro bono support to address legal and policy barriers to eliminating punitive laws and to enhance access to justice for people living with HIV.</p> <p>The Joint Programme supported cooperation among developing countries on advancing human rights. This included through the first dialogue between the Office of the United Nations High Commissioner for Human Rights, the Inter-American and African commissions on human rights and the UNAIDS Secretariat on protecting lesbian, gay, bisexual, transgender and intersex rights, which was held in Banjul, Gambia, in November 2015.</p> <p>In collaboration with the Inter-Parliamentary Union, the Secretariat advocated with the Czech Republic parliament to preclude an amendment to public health legislation for mandatory antiretroviral therapy.</p> <p>The UNAIDS Secretariat provided catalytic funding to empower women living with HIV to advocate on human rights in sexual, reproductive, maternal and child health programmes. It also defined baselines and new targets for HIV among people who inject drugs and generated strategic information to support advocacy and programming guidance for Fast-Tracking HIV prevention responses among key populations.</p> <p>Advocacy efforts by the UNAIDS Regional Support Team (RST) for Eastern and Southern Africa were instrumental in facilitating a key statement on the HIV response from the head of the Roman Catholic church. During a visit to Uganda in November 2015, Pope Francis heard the testimony of a young woman, identified by the RST, who had been born with HIV. After listening to her life story, the pontiff reminded</p>

Organization	Achievements
	<p>Uganda's leaders of their moral responsibility to care for all people living with HIV.</p> <p>The Joint Programme, collaborating with governments, civil society and other stakeholders, played a key role in creating an enabling environment and reducing HIV-related stigma and discrimination in a number of countries. In Gambia and Nigeria, for example, UNAIDS Secretariat worked closely with civil society activists to secure the release of more than 20 individuals detained for homosexuality.</p> <p>The UNAIDS Secretariat continued advocating on travel restrictions, presenting evidence on their ineffectiveness and the fact they violate the right to freedom of movement and non-discrimination. In 2015, Belarus, Chinese Taipei and Lithuania confirmed they had removed HIV-related travel restrictions and/or clarified they had no restrictions. As of September 2015, however, 35 countries, territories and areas were still imposing some form of restriction on entry, stay and residence based on a person's HIV status, highlighting the need for further action to eliminate restrictions globally.</p> <p>The Secretariat, working with the Global Health Workforce Alliance, a partnership hosted by WHO, held a global multi-stakeholder consultation on eliminating discrimination in health care. Consultations on political impact, accountability and implementation lasted 100 days and informed an Agenda for zero discrimination in health care, which was launched in March 2016.</p> <p>In collaboration with UNICEF, WHO and other stakeholders, the UNAIDS Secretariat developed the first HIV-related social protection assessment tool. Due for roll-out in 2016, it will help countries generate data on advocating for the inclusion in social protection programmes of people living with, at risk of and most affected by HIV.</p> <p>A United Nations-wide report on combating discrimination and violence based on sexual orientation and gender identity provided a programmatic overview to support alignment and development of joint UN activities. A snapshot of the work of the Office of the United Nations High Commissioner for Human Rights, UNDP, UNFPA, UNHCR, UNICEF, UN Women, ILO, UNESCO, WHO, the World Bank and UNAIDS Secretariat, it also included a contact list of focal points, and links to materials for further information.</p>

## Output D1.1.2 Capacities to work with key populations strengthened

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	509 900	509 900
HICs	2 413 700	2 413 700
AP	725 300	725 300
CAR	1 026 300	1 026 300
EECA	1 579 300	1 579 300
ESA	-	-
LA	-	-
MENA	348 100	348 100
WCA	514 000	514 000
TOTAL	7 116 600	7 116 600

**Achievements**

Organization	Achievements
<p><b>Secretariat</b></p>	<p>The UNAIDS Secretariat’s evidence-informed Millennium Development Goal 6, and World AIDS Day reports on key populations brought their high infection rates into sharp focus and started a major push to address their needs. A resource package was prepared, and training was started in the West and Central Africa region.</p> <p>A World Health Assembly side event, Ensuring Universal Health Coverage for marginalized and key populations, was organized in May 2015 by the International HIV/AIDS Alliance, co-hosted by Ecuador, Luxembourg and Morocco and supported by the UNAIDS Secretariat. A high-level panel called on health ministers to pledge to remove structural barriers to accessing HIV services and health care for all. The UNAIDS Executive Director stressed the need for political commitment to ensure marginalized populations are not excluded from the universal health coverage target of the Sustainable Development Goals.</p> <p>UNAIDS has worked tirelessly to empower and promote adolescent voices, to make them feel they have a seat at the table and that their contributions matter. UNAIDS advocacy at country and regional level was crucial to youth being heard in the HIV response. For example, Levi Singh, a 21-year-old from Durban, was selected by UNAIDS to attend the ACT!2015 global meeting in New York to present priorities for South African youth and their sexual and reproductive health and rights. UNAIDS support was also instrumental in the ACT!2015 South African National Youth Alliance successfully advocating for the inclusion of youth delegates on South Africa’s national delegation to the United Nations Commission on Population and Development in April 2015. At 20, Singh was the first youth delegate from the Eastern and Southern African region on an official national delegation to the United Nations in 21 years, since the end of apartheid.</p> <p>The UNAIDS Secretariat advanced the prevention agenda for men who have sex with men by documenting best practices, creating a global advocacy platform and mobilizing private sector dating apps. It pushed the agenda on pre-exposure prophylaxis (PrEP), antiretroviral medicines prescribed before exposure or possible exposure to HIV, by supporting engagement with men who have sex with men in the South-East Asia region, and PrEP scale-up in Latin America and the Caribbean in partnership with the global health initiative, UNITAID</p> <p>UNAIDS Secretariat built political partnerships to advance action on HIV and key populations. For example, under the Tripartite Dutch-UNAIDS collaboration, the Netherlands Government will fund new programmes for 2016–2021, starting in Indonesia, Kenya and Ukraine.</p> <p>UNAIDS Secretariat engaged with the Global Fund to develop indicators for gender equality and key populations. Countries and regions were supported to develop HIV and HIV/tuberculosis concept notes and regional expressions of interest, and to implement robust and balanced Global Fund grants in line with the Fast-Track approach, using data to fine-tune delivery of HIV services to reach people being left behind and with a focus on key populations, gender and human rights.</p> <p>Several initiatives to mobilize action on AIDS for lesbian, gay, bisexual, transgender and intersex (LGBTI) persons were undertaken. In September 2015, 12 UN agencies released a joint statement calling for the rights of lesbian, gay, bisexual, transgender and intersex adults, adolescents and children to be upheld. The UNAIDS Secretariat launched Equal Eyes (<a href="http://equal-eyes.org/">http://equal-eyes.org/</a>), a twice-monthly digest of news and stories promoting sexual and gender equality, and highlighting health, violence and culture issues, and legal and human rights.</p> <p>A United Nations-wide report provides a snapshot of the work of UN organizations in combating discrimination and violence against individuals based on sexual orientation and gender identity, and related work in support of lesbian, gay, bisexual, transgender and intersex persons. It also provides a contact list of focal points in each UN entity and links to further information.</p> <p>An assessment of sex work during the Ebola crisis in Sierra Leone was used to advocate for a scale-up of services for sex workers and to inform future Ebola response strategies.</p>



## Output D1.1.3 Civil society leadership and advocacy

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	1 594 600	1 594 600
HICs	1 763 700	1 763 700
AP	2 237 100	2 237 100
CAR	14 000	14 000
EECA	-	-
ESA	-	-
LA	1 288 400	1 288 400
MENA	1 009 200	1 009 200
WCA	924 200	924 200
<b>TOTAL</b>	<b>8 831 200</b>	<b>8 831 200</b>

### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Secretariat ensured continuous engagement and dialogue with civil society on the Fast-Track strategy to end the AIDS epidemic by 2030 and other emerging issues, sharing policy and advocacy updates with more than 1300 members via Facebook and email.</p> <p>In partnership with civil society organizations, a series of reports were developed to support integrating community HIV responses with national AIDS plans, including budgeting. They collated evidence on the impact of community responses, and models of community service delivery. The Secretariat, with Cosponsors, also helped elevate what works at local level to national level. For example, in Malawi the impact of community-based antiretroviral therapy delivery models from Médecins Sans Frontières (MSF) were documented. UNAIDS brought together civil society, including MSF, donors and governments to learn from the experience and plan how to take such programmes to scale. In India, the UNAIDS Country Office gathered civil society from Asia and Pacific and Africa to swap knowledge on their service delivery interventions and what it takes to adapt community-based programmes from one context to another.</p> <p>In the roll-out of the Fast-Track Cities Initiative, UNAIDS brought together representatives in Mumbai civil society from 13 high-prevalence cities in low- and middle-income countries to develop plans to convert commitments into actions. In Bangkok, 65 advocates agreed upon civil society Fast-Track priorities for action.</p> <p>The UNAIDS Community Village at the 18th International Conference on AIDS and Sexually Transmitted Infections in Africa provided a space for grass-roots and community-based organizations to present innovative local HIV responses and share information on programmes working best in their communities.</p> <p>The UNAIDS Secretariat, as a member of the Robert Carr Networks Fund steering group, researched and reviewed funding trends and mechanisms for civil society. The Secretariat also helped mobilize US\$ 21 million from the United States Government for civil society through the Robert Carr civil society networks Fund, faith –based organisations and the Elton John AIDS Foundation. Robert Carr was a Jamaican AIDS activist and the fund was developed to ensure national responses match local needs.</p> <p>The UNAIDS-PEPFAR two-year Faith Initiative was developed in response to recommendations by faith leaders from Kenya, Rwanda, Uganda and the United Republic of Tanzania at a consultation in April 2015. In September 2015, at the United Nations General Assembly, UNAIDS and PEPFAR released a report based on the recommendations, <i>Building on firm foundations</i>, exploring the scale and scope of faith-based responses in the four countries. The UNAIDS Secretariat also steered the process that led to a <i>Lancet</i> landmark series that called for more research into the work of faith-based health-care providers.</p> <p>The UNAIDS Secretariat made available for civil society partners a summary of WHO's consolidated guidelines on the use of antiretroviral drugs. The document, <i>What communities need to know about WHO ARV guidelines</i>, was developed by the Southern Africa AIDS Trust, with WHO and UNAIDS support.</p> <p>In 2015, the Secretariat and Switzerland organized high-level events in Geneva and Vienna on a people-</p>

Organization	Achievements
	<p>centred approach to drug control. In Geneva, the event raised awareness among missions, civil society and other partners on the importance of the public health and human rights dimension in the context of the drug problem, and the link with human rights. Forty-six countries were represented, along with the European Union, the Council of Europe, the Global Fund and civil society.</p> <p>The Secretariat, with partners and civil society, supported campaigns and released publications to enhance the youth movement for the AIDS response. In Switzerland, 1.9 million Swiss francs were mobilized for youth-led accountability, particularly the roll-out of ACT!2015; technical briefs were produced for youth organizations during negotiations on the post-2015 development agenda, and the Have you seen my rights? campaign; and there was further support for the All In initiative to end adolescent AIDS, and the Every Women Every Child campaign, addressing the health challenges facing women, children and adolescents.</p>

### Output D1.2.1 Know Your Epidemic – Know Your Response for resource allocation

#### Core resources expenditure in 2014–2015 (US\$)

Region	UNDP	World Bank	Secretariat	TOTAL
Global	139 200	59 700	1 443 200	1 642 100
HICs	110 800	387 800	11 889 100	12 387 700
AP	52 100	98 400	1 683 500	1 834 000
CAR	14 100	4 800	766 000	784 900
EECA	26 600	9 500	2 408 900	2 445 000
ESA	53 900	14 500	843 300	911 700
LA	11 400	25 000	1 458 800	1 495 200
MENA	11 700	5 000	994 900	1 011 600
WCA	32 400	41 900	2 588 300	2 662 600
<b>TOTAL</b>	<b>452 300</b>	<b>646 500</b>	<b>24 075 800</b>	<b>25 174 600</b>

#### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Secretariat worked extensively to provide strategic information for partners, helping them drive a more focused, evidence-based approach to action. It published <i>Focus on location and population</i>, which identified 35 Fast-Track countries and suggested concentrating on programmes with the greatest impact, and a report on MDG 6 that provided an up-to-date picture of the HIV epidemic and response, including global resource needs for ending AIDS by 2030.</p> <p>The Secretariat also helped to create a Kenya 'situation room', a tool to track progress, identify gaps and streamline communications between policy-makers and implementers to reach national health targets; developed guidelines to measure HIV prevalence and incidence, and a homophobia index; and published <i>HIV this month</i>, a selection of relevant literature on HIV that reached 4000 readers monthly.</p> <p>The UNAIDS Secretariat provided advice for major studies, such as PopART (HPTN071), STATIS, RIFASHORT, the Canadian network of preventive therapy trials, the updated International Compilation of Human Research Standards, FACTS, social protection in South Africa, START and ECHO. The Secretariat helped build capacity for biomedical and implementation science, focusing on African scientists through their participation in workshops and meetings. It leads the scientific agenda on HIV and reflects recent advances in science in UNAIDS publications, strategies and initiatives.</p> <p>The UNAIDS Secretariat is active in scientific forums, including the International AIDS Society, the International Conference on AIDS and Sexually Transmitted Infections in Africa, and the Conference on Retroviruses and Opportunistic Infections. It advises the scientific boards of research projects and</p>

Organization	Achievements
	<p>groups, including the HIV Cure Initiative, the Vaccine Funder's Forum, the scientific advisory board of the Centre for the AIDS Programme of Research in South Africa, and the French National Agency for AIDS Research, on their treatment-as-prevention studies in Africa.</p> <p>The UNAIDS Secretariat steered the main reference bodies on strategic information, including the Reference Group on Estimates and Projections, the Monitoring and Evaluation Reference Group, the Indicator Working Group and the Economics Reference Group, resulting in consensus among stakeholders on measurement and accountability.</p> <p>The Joint Programme supported national reviews of HIV strategic plans, and the development of investment cases and country concept notes, crucially mobilizing financial resources from the Global Fund under the New Funding Model. For example, UNAIDS provided strategic information, including EpiData and antiretroviral coverage data, and gap analysis or modelling to complement investment cases and national plans.</p> <p>A guidance note identifies 10 core indicators for all HIV programmes to track. Such indicators can be used to monitor the HIV response regionally and globally. It is envisioned these indicators will be a core part of the indicator set designated for global HIV monitoring and reporting in the post-2015 era. The HIV care cascade is highlighted as the framework to review and analyse HIV programme data.</p>
<p><b>UNDP</b></p>	<p>UNDP developed a checklist for integrating gender into the Global Fund's New Funding Model. Each stage of the model requires incorporating the gender dimensions of HIV when developing and implementing grants. The checklist sets out steps and examples. Four webinars, attracting more than 100 participants globally, were conducted in English and Spanish to introduce the checklist to the UN and its partners. UNDP revised the checklist in 2015 to provide guidance on addressing the gender dimensions of tuberculosis and malaria, and their coinfection with HIV.</p> <p>In sub-Saharan Africa, UNDP continued to help governments and civil society use environmental and social impact assessment regulations and guidelines to release funding from capital projects for HIV prevention, care and treatment. Seven countries adapted the guidelines across ministries and through public-private partnerships, and Mozambique integrated the guidelines in its national strategic plan. UNDP guided six countries to this regional initiative while the African Development Bank is using the guidance notes for their capital projects. Botswana, Namibia, Zambia and Zimbabwe jointly developed a five-year plan to support the environmental and social impact (ESAI) review process and to monitor the ESAI management plan for the Kazungula Bridge over the Zambesi River.</p> <p>In 2015, UNDP integrated HIV, health and gender into the environmental impact assessment (EIA) process in 17 countries that reported results (Angola, Burkina Faso, Cameroon, Côte D'Ivoire, Ethiopia, Ghana, Lesotho, Malawi, Mozambique, Namibia, Sierra Leone, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe). In Cameroon UNDP worked with ILO to support the implementation of HIV and gender components of EIA Action Plans that were developed for two large-scale capital projects. In South Africa, a first-of-kind agreement was reached with the Government to turn the Centre for Environmental Management at the University of the North West into a Centre of Excellence for training on health, HIV and capital projects.</p> <p>In 2014–2015, UNDP continued its work with ILO and the International Organization for Migration to integrate HIV, health and gender into environmental and social impact assessments, with 17 African countries reporting results. With UNDP support, Ethiopia, Lesotho, Malawi, Seychelles, Swaziland and the United Republic of Tanzania revised national equality impact assessment policies and guidelines, bringing them into line with UNDP guidance. These countries are primed for results like those in Cameroon where, in 2015, UNDP and ILO helped implement the HIV and gender components of equality impact assessment action plans in two large-scale capital projects.</p>
<p><b>World Bank</b></p>	<p>The World Bank has played a leading role in economic and financial aspects of the HIV response by generating strategic information and evaluating the impact of the epidemic. Through its financing and allocative efficiency analyses, impact evaluation studies, operations research and use of an HIV programme science approach, the Bank has: enhanced national strategic planning; used epidemic evidence for global dialogue to improve focus, quality and scale of programmes; developed a handbook on the effectiveness of impact evaluations and supported the conduct of such evaluations to ensure funding is allocated strategically; and provided detailed evidence on the size, typology and locations of most-at-risk populations for targeted programme planning.</p> <p>The Bank has developed regional capacity through training workshops in the Eastern Europe and Central Asia, Latin America, and West and Central Africa, enabling countries to conduct their own epidemic appraisals and analyses on the allocation of funds. An analysis comparing HIV incidence and prevalence trends with projected trends since 1990, and in relation to antiretroviral therapy scale-up in 20 sub-Saharan countries, has shown the historical effectiveness of national HIV responses.</p>

## Output D1.2.2 Stakeholders' commitment to the UNAIDS Strategy

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	10 369 200	10 369 200
HICs	10 349 400	10 349 400
AP	2 538 500	2 538 500
CAR	-	-
EECA	339 400	339 400
ESA	2 468 600	2 468 600
LA	875 800	875 800
MENA	147 600	147 600
WCA	1 240 800	1 240 800
<b>TOTAL</b>	<b>28 329 200</b>	<b>28 329 200</b>

### Achievements

Organization	Achievements
<b>Secretariat</b>	<p>The UNAIDS Secretariat supported priority countries to develop its 2030 Fast-Track strategy, and set milestones for 2020. A network of 15 000 professional HIV communications practitioners were engaged to promote this Fast-Track approach. The Paris Declaration on Fast-Track Cities, pledging to achieve the 90-90-90 targets by 2020, is being rolled out. The Global Fund's new strategic framework for 2017–2022 is aligned to the strategy, and its ambitious targets towards 2020 and 2030.</p> <p>Health ministers from the BRICS countries (Brazil, Russia, India, China and South Africa) reinforced their commitment to 90-90-90 at a meeting in Moscow in October 2015.</p> <p>The UNAIDS Secretariat carried out advocacy for secure and affordable supplies of essential medicines. For example, it helped the African Union to implement the Pharmaceutical Plan for Africa, and with the German Healthcare Partnership, co-convened a high-level session on African pharmaceutical and health commodity security at the World Health Summit in Berlin. It supported a high-level event on health commodity security at the Third India-Africa Forum Summit in New Delhi and is promoting a joint India-Africa cooperation framework, and co-organized a session at the World Trade Organization's public forum on the impact of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement on access to medicines and the leading role the HIV and AIDS community can play in overcoming trade barriers.</p> <p>The UNAIDS Secretariat, working with a reinvigorated consortium of partners including WHO, UNDP, the United Nations Industrial Development Organization, UNFPA, the Africa Union Commission and the African Union's technical body NEPAD, provided strategic inputs, advocacy and seed capital to launch an African Union Commission technical committee on the Pharmaceutical Manufacturing Plan for Africa.</p> <p>In collaboration with UNDP, the Secretariat supported the United Nations Secretary-General high-level panel to recommend intellectual property paradigms to enhance access to new health technologies. The panel organized a stakeholder workshop with the African Intellectual Property Organization to discuss amending the Bangui Protocol to follow the TRIPS council decision on access to medicines for least-developed countries (LDCs), and advocated to extend the TRIPS waiver on pharmaceuticals for LDCs until 2033, therefore allowing greater access to affordable essential medicines and paving the way for local pharmaceutical capacities.</p> <p>The UNAIDS Secretariat continued to leverage external partners on the Fast-Track strategy, including the Global Fund, PEPFAR, the United States Centers for Disease Control and Prevention, the Centre for the AIDS Programme of Research in South Africa and the International Association of Providers of AIDS Care. For example, it influenced Global Fund decisions on: coinfection and comorbidities, including hepatitis C, giving countries the flexibility to request funding based on impact evidence; market-shaping strategy taking better account of intellectual property; and including community system strengthening and emphasizing the importance of community responses/community engagement in service delivery.</p> <p>The UNAIDS Secretariat is part of the Ebola Virus Disease (EVD) Task Force and supported faith-based organizations combat EVD in the community and secure safe burial and care areas.</p>

## Output D1.3.1 Transformative leadership and commitment for sustainable AIDS response

### Core resources expenditure in 2014–2015 (US\$)

Region	UNDP	Secretariat	TOTAL
Global	139 200	10 937 200	11 076 400
HICs	110 800	5 207 100	5 317 900
AP	52 100	3 527 500	3 579 600
CAR	14 100	2 002 600	2 016 700
EECA	26 600	39 200	65 800
ESA	53 900	26 500	80 400
LA	11 400	1 358 800	1 370 200
MENA	11 700	650 200	661 900
WCA	19 200	1 697 000	1 716 200
<b>TOTAL</b>	<b>439 200</b>	<b>25 446 100</b>	<b>25 885 300</b>

### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Secretariat continued efforts to engage leaders and influencers for the push to end AIDS as a global public health threat by 2030.</p> <p>In 2015, actress Charlize Theron, Kweku Mandela, the grandson of Nelson Mandela, and musicians Nico and Vinz, were part of a group of artists, musicians, social activists, corporate leaders and marketing visionaries who launched #GenEndIt. With traction in social media, the initiative aims to engage and empower youth to be the generation to end AIDS in the next 15 years.</p> <p>Fashion model Behati Prinsloo, artist Dustin Yellin, Scott Campbell of the Elton John AIDS Foundation, and American singer Zendaya were involved in #proTESTHIV, a campaign curated by the UNAIDS Secretariat that encourages young people to be tested and know their HIV status. UNAIDS produced printed T-shirts, creating significant media coverage for the HIV and AIDS response.</p> <p>Strong partnerships were built with: the 30/30 project to improve access to comprehensive health care in communities impacted by HIV and AIDS; PTTOW!, which stands for Plan To Take On The World, a network connecting influential companies and innovators; and the Social Good Summit, where ending HIV and AIDS are part of the agenda.</p> <p>UNAIDS Goodwill Ambassador Victoria Beckham campaigned on eliminating mother-to-child transmission of HIV, with high-level advocacy in China, Ethiopia, South Africa and at the United Nations General Assembly in New York.</p> <p>Political and strategic support and advice helped the Champions for an AIDS-Free Generation develop a five-point priority action plan in Johannesburg in 2015. The UNAIDS Secretariat also facilitated leadership dialogue between the Champions and the private sector and the Southern African Development Community Parliamentary Forum.</p>
UNDP	See UNDP results under A121, C1 and C3/4

## Output D1.3.2 Gender equality and rights-based AIDS response

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	5 331 400	5 331 400
HICs	6 612 100	6 612 100
AP	330 000	330 000
CAR	124 400	124 400
EECA	622 100	622 100
ESA	806 800	806 800
LA	672 700	672 700
MENA	694 000	694 000
WCA	1 214 500	1 214 500
<b>TOTAL</b>	<b>16 408 000</b>	<b>16 408 000</b>

## Achievements

Organization	Achievements
<b>Secretariat</b>	<p>The UNAIDS Secretariat, building on Sustainable Development Goal 5 on gender equality, engaged organizations of women living with HIV, the women's movement and youth on sexual and reproductive health and rights and HIV ahead of the 2016 session of the Commission on the Status of Women and the high-level meeting.</p> <p>An end review of the 2010–2014 UNAIDS Agenda for accelerated country action for women, girls, gender equality and HIV, which was implemented in almost 100 countries, provided recommendations for the way forward.</p> <p>In 2015, UNAIDS brought together women leaders – these included African First Ladies, the high-level taskforce for women, girls, gender equality and AIDS, and the African Queens and Women Cultural Leaders Network – with ministers, young people and traditional chiefs to agree on a leadership agenda for women and girls for 2016–2020.</p> <p>The UNAIDS Secretariat produced strategic information on HIV in the context of gender inequalities and violence against women and girls and transgender people. Data on HIV and country progress towards gender equality are collected and analysed annually through the Global AIDS Response Progress Reporting (GARPR) process; data on the development and implementation of national HIV policies, strategies and laws, including those that impact on women and girls and empowerment, are collected and analysed every two years.</p> <p>The Joint Programme supported cooperation among developing countries on advancing human rights. This included through the first dialogue between the Office of the United Nations High Commissioner for Human Rights, the Inter-American and African commissions on human rights and the UNAIDS Secretariat on protecting lesbian, gay, bisexual, transgender and intersex rights (LGBTI), which was held in Banjul, Gambia, in November 2015.</p> <p>The Secretariat, working with the Global Health Workforce Alliance, a partnership hosted by WHO, held a global multi-stakeholder consultation on eliminating discrimination in health care. The discussion on political impact, accountability and implementation lasted 100 days, and informed an agenda for zero discrimination in health care that was launched in March 2016.</p> <p>The Secretariat, in partnership with WHO, the Global Network of People Living with HIV and the International Community of Women living with HIV, helped develop a tool that takes into account human rights, gender equality and community engagement when certifying countries' elimination of mother-to-child transmission of HIV and syphilis. It is the first time human rights have been considered as a precondition in a public health process to certify the elimination of a disease.</p> <p>More than 50 government, civil society and technical support representatives and UN staff from 10 countries in the West and Central Africa region attended a workshop to strengthen their capacities to develop rights-based national strategic plans, investment cases and Global Fund concept notes.</p> <p>With Joint Programme support, a regional declaration setting targets for zero discrimination in Latin America and the Caribbean was adopted in Brazil in August 2015. The Joint Programme also supported the development of an Inter-American Commission on Human Rights report on violence affecting LGBTI</p>

Organization	Achievements
	<p>people in the Americas.</p> <p>Recognizing the need for more systematic data collection on gender equality, the UNAIDS Secretariat and partners developed the HIV and HIV/TB gender assessment tools for national responses, and a costing and programming tool that was piloted in Honduras and Malawi. Between 2013 and 2015, 40 countries implemented HIV assessments, and two countries implemented assessments for HIV and tuberculosis.</p> <p>The Secretariat partnered with the Health Economics and HIV and AIDS Research Division based at the University of KwaZulu-Natal in South Africa to identify and implement community practices addressing gender-based violence in the context of HIV.</p> <p>To ensure the results of gender assessments shaped Global Fund concept notes and national strategic plans, UNAIDS and partners provided specific, evidence-informed guidance on programming and budgeting. The Global Fund reported an increase in expenditure benefiting women and girls, up from 42% of its total portfolio in 2013 to 60% in 2015.</p> <p>The UNAIDS Secretariat partnered with WHO and UN Women to develop gender-sensitive monitoring and evaluation for HIV and sexual and reproductive health and rights programmes. In 2015, 29 countries received training.</p> <p>The UNAIDS Secretariat expanded partnerships to enhance the gender agenda. A global memorandum of understanding with the International Planned Parenthood Federation in December 2015 will engage the UNAIDS Secretariat in a yearly operational plan, and a partnership with Together for Girls will help disseminate advocacy messages on ending violence against children. Other partnerships included: support for an International Community of Women Living with HIV project against forced and coercive sterilization throughout Africa; better AIDS programming for women and girls through the Global Coalition on Women and AIDS, a global alliance hosted by the Secretariat; collaboration with WHO on cervical cancer, since the Fast-Track approach depends on integrated approaches to addressing the health of women and girls; support to PEPFAR's DREAMS initiative to reduce new HIV infections among adolescent girls and young women; and partnership with Dialogai, the Geneva AIDS and lesbian, gay, bisexual and transgender organization.</p>



## Output D1.4.1 Links between HIV responses and the broader MDG agenda are visible

### Indicator

#### Indicator D1.4.1: With UN Joint Team support, UNAIDS policy guidance documents provided and used to develop and/or review country policies and strategies or implement key actions

Joint Teams listed the top three UNAIDS policy guidance documents that countries referenced in 2015 when developing and/or reviewing policies and strategies or implementing key actions with JT support:

1. *Fast-Track: ending the AIDS epidemic by 2030*
2. *90-90-90: an ambitious treatment target to help end the AIDS epidemic*
3. *UNAIDS 2016–2021 Strategy*

The main stakeholders using the documents were governments, civil society, legal experts and parliament.

### Core resources expenditure in 2014–2015 (US\$)

Region	UNDP	WHO	Secretariat	TOTAL
Global	248 500	230 600	6 173 700	6 652 800
HICs	170 800	225 600	1 271 400	1 667 800
AP	95 900	24 500	-	120 400
CAR	25 900	-	-	25 900
EECA	48 900	24 500	-	73 400
ESA	99 100	24 500	6 400	130 000
LA	20 900	14 700	220 300	255 900
MENA	21 400	19 600	-	41 000
WCA	35 300	24 500	259 700	319 500
<b>TOTAL</b>	<b>766 700</b>	<b>588 600</b>	<b>7 931 400</b>	<b>9 286 700</b>

### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS 2015 publication, <i>How AIDS changed everything – MDG 6: 15 years, 15 lessons of hope from the AIDS response</i>, describes the impact of the AIDS response on global health and development over the past 15 years, and outlines important lessons for ending the epidemic by 2030 as part of the Sustainable Development Goals.</p> <p>A major report from a UNAIDS-Lancet Commission, <i>Defeating AIDS – advancing global health</i>, states that innovation in the AIDS response should be exploited to meet future health challenges, and emphasizes the need for substantial global solidarity to increase and front-load investments. The new UNAIDS strategy is influenced by the results of the report, which was released in June 2015.</p> <p>UNAIDS Secretariat strategically engaged in the United Nations Sustainable Development Summit. The 2015 Economic and Social Council resolution on the Joint Programme was also successfully negotiated and adopted, a strong endorsement for the UNAIDS model and vision for the post-2015 era.</p> <p>The Secretariat also supported member states at the Human Rights Council consider the Council's contributions to the 2016 high-level meeting on HIV and AIDS, leading to a resolution (30/3), put forward by Brazil and cosponsored by more than 80 countries</p> <p>Engagement in the United Nations Chief Executives Board (CEB) and its three subsidiary bodies, the High-Level Committee on Programmes, the United Nations Development Group and the High-Level Committee on Management, and in the interagency and intergovernmental bodies, helped leverage the AIDS response and the Joint Programme, and UNAIDS' positioning for the post-2015 era and the 2030 agenda.</p>

Organization	Achievements
	<p>The thematic segment of the 36th meeting of the UNAIDS PCB was devoted to HIV and AIDS in emergency contexts, focusing on delivering health and HIV services within the context of protection (vulnerability to HIV due to sexual violence, human rights violations, restrictions, punitive laws and policies), resilience, community building and preparedness. The purpose was to illustrate the high priority that needs to be placed on populations affected by humanitarian emergencies. The 37th PCB thematic segment was devoted to shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda. UNAIDS promotes shared responsibility and global solidarity for financial and programmatic sustainability, new governance models with more space for civil society and local capacity development.</p>
<p><b>UNDP</b></p>	<p>UNDP, leveraging experiences in social protection and responding to HIV, provided cash payments to 50 000 Ebola response workers in West Africa. It published an issue brief on the payments programme, with lessons and recommendations for health crisis responses, and helped reprogramme existing Global Fund grants in West Africa to ensure the Ebola outbreak did not disrupt essential HIV services, including access to antiretroviral drugs and prevention of mother-to-child transmission services, and retention of people on treatment.</p> <p>UNDP relied on its experiences in HIV governance and multisectoral programming, and its portfolio as principal recipient of grants from the Global Fund, which recently approved a framework for financing co-morbidities, to move forward on the prevention and control of noncommunicable diseases (NCDs). UNDP helped develop the terms of reference for a UN interagency task force on NCDs and assisted countries to assess the adaptability of multisectoral AIDS bodies to NCD responses through eight interagency task force country missions. It published two guidance notes with WHO, one on tobacco control and development planning, and the other on integrating NCDs into UN Development Assistance Frameworks (UNDAFs). In 2014–2015, 35 countries prioritized noncommunicable diseases in their UNDAFs, up from 15 during 2012–2013, and surpassing the World Health Organization target of a 100% increase.</p>
<p><b>WHO</b></p>	<p>WHO promoted synergy between the HIV response and the Millennium Development Goals by bringing together the Chief Executives Board, the United Nations Development Group and the Committee of Cosponsoring Organizations for discussions, along with intergovernmental forums such as the United Nations Economic and Social Council and the United Nations General Assembly. Synergies were also pursued through dialogue and participation in the governing bodies of international health organizations, such as the Global Fund and the Global Alliance for Vaccines and Immunization.</p> <p>As part of this effort, WHO developed a guidance note for all staff on how to maximize synergies across Millennium Development Goals 4, 5, and 6. The guidance was intended to inform programming and resource mobilization efforts, especially from the Global Fund and the Global Alliance for Vaccines and Immunization. An internal WHO working group has been active to ensure effective coordination between relevant departments to improve maternal and child health by using prevention of mother-to-child transmission as the entry point.</p>

## D2: Coordination, coherence and partnerships

### Output D2.1.1 National capacity to address prevention, treatment, care and support

#### Indicator

**Indicator D2.1.1: UN Joint Team contributed to strengthen national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response**

*In 2015, 91% of Joint Teams (N=94) contributed to strengthen national capacity to adapt and use policy advocacy for the implementation of priority areas of the AIDS response; 86% supported the use of technical support; 74% strengthened national capacity to use normative guidance.*

#### Core resources expenditure in 2014–2015 (US\$)

Region	World Bank	Secretariat	TOTAL
Global	31 600	12 961 200	12 992 800
HICs	194 300	8 654 300	8 848 600
AP	45 500	2 889 900	2 935 400
CAR	6 000	876 900	882 900
EECA	11 900	1 538 400	1 550 300
ESA	26 300	755 600	781 900
LA	31 200	1 367 000	1 398 200
MENA	4 900	554 800	559 700
WCA	30 800	982 500	1 013 300
<b>TOTAL</b>	<b>382 500</b>	<b>30 580 700</b>	<b>30 963 200</b>

#### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Strategy has continued efforts to reinvigorate and reposition HIV prevention. The global prevention focal points group, under UNAIDS Secretariat leadership, was able to strategize prevention priorities and enhance global targets, including the <i>2015 Quarter for HIV Prevention</i>, which lays out the case for investing 25% of global AIDS funding in prevention. It also provided a space for dialogue about needs, targets and investments.</p> <p>The UNAIDS Secretariat led a global condom push, preparing a position statement on condoms and HIV prevention with UNFPA and WHO, setting targets and indicators, supporting a regional consultation in Eastern and Southern Africa, and pursuing advocacy with the Global Fund. It promoted pre-exposure prophylaxis (PrEP), antiretroviral medicines prescribed before exposure or possible exposure to HIV, with community mobilization to improve pharmaceutical management and access to services. It engaged with men who have sex with men in the South East Asia region, supported scale up of PrEP in Latin America and the Caribbean in partnership with the global health initiative UNITAID, and made resource materials available in different languages.</p> <p>Other progress on the prevention agenda included private-sector dating apps for men who have sex with men, the roll-out of a tool on WHO's guidelines on sexually transmitted infections and HIV prevention and treatment, best practices documentation, and a men who have sex with men advocacy platform. The UNAIDS Secretariat also supported DREAMS, an initiative by PEPFAR to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries, and led the documentation of best</p>

Organization	Achievements
	<p>practices, guidance on cash transfers, and a consultation exploring the potential of new media for young people.</p> <p>Key technical products to accelerate prevention efforts were developed by the UNAIDS Secretariat in collaboration with Cosponsors and other partners, including the 2015 reference document, <i>Fast-Tracking combination prevention: towards reducing new HIV infections to fewer than 500 000 by 2020</i>. It calls on countries to recommit to combination prevention, examine the focus, scale, mix and intensity of their programmes, improve performance and increase coverage.</p> <p>The UNAIDS Secretariat supported joint regional processes, including a Latin America and Caribbean consultation on enhancing combination prevention to strengthen the continuum of HIV services. It resulted in a Call to Action endorsing a set of ambitious Fast-Track targets. With USAID/Linkages (a project to reduce HIV transmission among key populations) and the World Bank, the UNAIDS Secretariat organized a four-day regional HIV and sex work programming and training meeting for 15 countries in Dakar, worked with the Bill &amp; Melinda Gates Foundation in collaboration with the Mexico School of Public Health to analyse the cost and efficiency of HIV prevention services in Zambia and Kenya, and, with the Swiss Tropical and Public Health Institute, developed a tool to assess a programme's technical efficiency when detailed facility-level output and costing are not available.</p>
World Bank	<p>The World Bank, through its analytical work and technical assistance, nurtures close partnerships with governments, domestic and international nongovernmental organizations, civil society organizations and academic partners, supporting national capacities to address prevention, treatment and care. The Bank has worked in several high-priority countries through a joint regional initiative with the UNAIDS Secretariat and the United States Agency for International Development (USAID) for scaling up services for female sex workers and also via regional training sessions to enhance the capacity of country programme managers and civil society organizations to deliver services.</p> <p>The Bank has built national capacity to conduct multi-country epidemic and allocative efficiency analyses through regional workshops. These analyses will facilitate strategic planning of national HIV response and resource allocation. Additionally, the Bank, with UNAIDS, UNDP and its partners, supported countries in the Eastern Europe and Central Asia region to develop investment cases, bringing together cost-effectiveness and implementation science data to help them make informed cases for sustaining investments in HIV and AIDS.</p>

## Output D2.1.2 Partnerships for the elimination of new child infections

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	762 400	762 400
HICs	3 852 100	3 852 100
AP	-	-
CAR	143 700	143 700
EECA	248 800	248 800
ESA	2 432 900	2 432 900
LA	1 061 200	1 061 200
MENA	-	-
WCA	2 595 100	2 595 100
TOTAL	11 096 300	11 096 300

## Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Secretariat continued to leverage the Champions for an AIDS-free Generation, political actors, technical experts, government officials and community voices. It facilitated high-level political and technical collaboration on the elimination of mother-to-child transmission of HIV with PEPFAR, and also worked to increase access to and use of prevention of mother-to-child transmission services with other partners, including UNICEF, WHO, the Elizabeth Glaser Pediatric AIDS Foundation, mothers2mothers, the International Community of Women Living with HIV, the M*A*C AIDS Fund, the Business Leadership Coalition for a Generation Born HIV Free, the Catholic confederation Caritas, the Children's Investment Fund Foundation and UNFPA.</p> <p>The African Ministers of Health and the Organization of Africa First Ladies Against HIV/AIDS recommitted to accelerating the elimination of mother-to-child transmission in their respective countries. At the end 2015, all 22 Global Plan priority countries had adopted WHO's 2013 consolidated guidelines, which include recommendations to provide lifelong antiretroviral therapy for all HIV-positive pregnant and breastfeeding women, also known as Option B+.</p> <p>Strategic investments were made in 21 Global Plan priority countries with finance from Luxembourg, where the Government has been a long-standing champion of the HIV and AIDS response, especially investing in community engagement for the elimination of mother-to-child transmission of HIV, including mobilization of traditional and religious leaders.</p> <p>The 2015 progress report on the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive was released. The fourth annual report of the Global Plan, it summarized the progress made through to December 2014. Snapshots of Africa were also developed.</p> <p>WHO and the UNAIDS Secretariat partnered in the initiative to formally certify countries achieving elimination of mother-to-child transmission of HIV and syphilis. Cuba, in 2015, was the first country to be validated. With the support of the International Community of Women Living with HIV and the Global Network of People living with HIV, human rights and community engagement indicators and tools were included for the first time in a disease elimination validation process.</p> <p>The UNAIDS Secretariat is a core member of the global health partnership H6 (formerly H4+) for discussions around the post-2015 agenda, and country-level planning in reproductive, maternal, newborn, child and adolescent health. It also participated in updating the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030.</p>

## Output D2.2.1 Community data influencing HIV policies and plans

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL D2.2.1
Global	74 400	74 400
HICs	891 400	891 400
AP	-	-
CAR	-	-
EECA	-	-
ESA	-	-
LA	906 200	906 200
MENA	-	-
WCA	842 900	842 900
<b>TOTAL</b>	<b>2 714 900</b>	<b>2 714 900</b>

## Achievements

Organization	Achievements
<b>Secretariat</b>	<p>The UNAIDS Secretariat led technical guidance and analyses to promote community-level HIV responses. In 2015, with the Stop AIDS Alliance, it published <i>Communities deliver</i>, which documents the ways communities are advancing the response and evidence of how effective they are. Other examples of Secretariat work in this area included: evaluating evidence of community impact; classifying community responses to support planning; devising community-based antiretroviral therapy delivery models with Médecins Sans Frontières; and sustaining HIV-related human rights programmes.</p> <p>In the 21 Global Plan countries, the UNAIDS Secretariat demonstrated the value of community-driven models of support in engaging and retaining pregnant and breastfeeding women in prevention of mother-to-child transmission services. Community-driven models are designed to build the capacity of communities to address health disparities through mobilization. The goal is to provide communities with the framework needed to acquire the skills and resources to plan, implement and evaluate health-related actions and policies.</p> <p>The UNAIDS Secretariat held a global consultation in December 2015 on the rights, roles and responsibilities of men and boys in Fast-Tracking the response to HIV in partnership with the International Planned Parenthood Association and the South African nongovernmental organization, Sonke Gender Justice. The meeting, which agreed on the core elements required to Fast-Track the response among men and adolescent boys, resulted in a platform for action.</p> <p>UNAIDS continues to support the implementation of the People Living with HIV Stigma Index, through technical support at country level and guidance for global-level coordination.</p> <p>Consultations in Geneva in February 2015 between more than 100 stakeholders on the ambitious 90-90-90 UNAIDS treatment targets to help end the AIDS epidemic led to agreement on a global action agenda to accelerate access to rights-based services for key populations and eliminate structural barriers.</p>

## Output D2.2.2 Civil society in national planning and programmes

### Indicators

#### Indicator D2.2.2a: UN Joint Team contributed to strengthen civil society engagement in the national response

*All Joint Teams (N=99) provided support to strengthen civil society engagement in the national response in 2015. Advocacy, normative guidance, technical assistance and training were the most significant forms of support provided by Joint Teams.*

#### Indicator D2.2.2b: National strategic plans benefited from a UN quality assurance/peer review

*69% of Joint Teams (N=97) were involved in the development of their country's NSP in 2015.*

*The Joint Teams further reported that these NSP development processes benefited from external quality assurance/peer review by the following entities:*

- ASAP
- Other UN
- Bilateral

### Core resources expenditure in 2014–2015 (US\$)

Region	World Bank	Secretariat	TOTAL
Global	89 600	11 243 400	<b>11 333 000</b>
HICs	383 700	262 100	<b>645 800</b>
AP	91 900	-	<b>91 900</b>

Region	World Bank	Secretariat	TOTAL
CAR	3 500	-	3 500
EECA	30 400	-	30 400
ESA	13 100	-	13 100
LA	18 500	253 500	272 000
MENA	3 600	189 000	192 600
WCA	36 800	660 600	697 400
<b>TOTAL</b>	<b>671 000</b>	<b>12 608 700</b>	<b>13 279 700</b>

### Achievements

Organization	Achievements
<b>Secretariat</b>	<p>The UNAIDS Secretariat strengthened community participation in elimination of mother-to-child transmission programmes by developing tools and guidelines to engage women living with HIV.</p> <p>The Secretariat was proactive in the planning process for PEPFAR Country Operational Plans, engaging in more than 20 countries. The process included performance reviews, consultation and analysis. It also continued to help countries improve the implementation process for Global Fund grants, and on transition and sustainability joint planning.</p> <p>The UNAIDS Secretariat increased its support for human rights programming in national HIV responses. A regional workshop in the West and Central Africa region, for example, trained more than 50 participants from governments, civil society organizations and technical support facilities in 10 countries on how to integrate human rights planning. The Secretariat's backing of inclusive country dialogues and Global Fund concept note development resulted in increased investments in human rights-based programmes. The UNAIDS 2015 publication, <i>Sustaining the human rights response to HIV</i>, was used to inform advocacy for funding civil society organizations in their efforts to have human rights included in HIV responses.</p> <p>Countries were encouraged to include civil society in national planning. In China, for example, comprehensive policy recommendations to establish and manage funding and engage civil society organizations in the national AIDS response were submitted to the Ministry of Finance. In Fiji, 10 nongovernmental organizations for transgender people and men who have sex with men took part in planning meetings for the National Strategic Plan 2016–2020 that were facilitated by the UNAIDS Secretariat.</p> <p>The Secretariat in partnership with Cosponsors also continued to help civil society engage in Global Fund concept note development and grant implementation, advocating for community involvement and dialogue with government and country stakeholders.</p> <p>To improve national programming through strategic investments that utilize community responses to HIV, UNAIDS investment models have been improved. This has been achieved by estimating the investment required to mobilize communities and to deliver community-based services such as antiretroviral therapy.</p> <p>Three case studies highlighting UNAIDS engagement with civil society in Cambodia, the Middle East and North Africa region and in Zambia were presented to the PCB in July 2015. They illustrated Joint Programme support for a stronger civil society at national level, including engagement for programming and planning.</p>
<b>World Bank</b>	<p>Community-level results have not always been systematically and rigorously evaluated. To address this, the World Bank, with partners UNAIDS, the Bill &amp; Melinda Gates Foundation, the United Kingdom Department for International Development and StopAIDS, conducted 17 studies, including evaluations in Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa and Zimbabwe, to build a robust pool of evidence on the effects of community responses to HIV and AIDS. The findings suggest communities have produced significant results, such as improving HIV knowledge, changing behaviours, increasing the use of HIV/health services and decreasing sexually transmitted infections among sex workers. These advances show the benefit of having multisectoral AIDS plans that engage communities and civil society for lasting social change. World Bank-financed HIV programmes for key populations are typically delivered through nongovernmental organizations with local experience and expertise.</p>



## Output D2.2.3 Skills built on gender, greater involvement of people living with HIV and human rights

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	61 400	61 400
HICs	2 378 500	2 378 500
AP	356 100	356 100
CAR	319 900	319 900
EECA	266 500	266 500
ESA	73 900	73 900
LA	27 000	27 000
MENA	-	-
WCA	24 500	24 500
<b>TOTAL</b>	<b>3 507 900</b>	<b>3 507 900</b>

### Achievements

Organization	Achievements
Secretariat	<p>An internal initiative for UNAIDS Secretariat staff, titled We are all human rights defenders, was launched to foster and reward increased action to protect and promote human rights, and received more than 30 submissions from country, regional and global levels. Five awards recognizing outstanding contributions to human rights were made.</p> <p>To increase human rights programming, and eliminate barriers to Fast-Track targets, UNAIDS and the Alliance Nationale Contre le Sida (ANCS) held a regional workshop in Senegal in June 2015, attended by more than 50 participants from 10 countries. They endorsed the Dakar Declaration on scaling up the HIV response, realizing human rights and full access to services for everyone in West and Central Africa. Participants committed to specific actions in their respective countries to advance evidence-informed and rights-based programmes in national HIV responses.</p> <p>The UNAIDS Secretariat, through the Technical Support Facilities (TSFs), delivered concrete results in 2014-2015, particularly, in terms of helping countries meet resource mobilization needs. Across three regions (Asia Pacific, East and Southern Africa and West and Central Africa) the TSFs provided technical support for the development of 56 global Fund Concept Notes. UNAIDS Secretariat supplied the necessary strategic information to form the evidence base for Concept Notes, and in many countries provided technical support to assist in developing and writing them. More importantly, over 90% of the Concept Notes have been successful and these have helped over US\$5 billion of funding for an investment of a little under US\$4 million from the UNAIDS Technical Assistance Funds (TAF).</p> <p>The Secretariat continued to support the implementation of the People Living with HIV Stigma Index, guiding global coordination with the Global Network of People Living with HIV and the International Community of Women living with HIV, helping mobilize resources and working with leaders of networks of people living with HIV to provide technical support at country level. UNAIDS supports the Stigma Index methodology as a practical way of applying the GIPA principle of involving people living with HIV and AIDS to measure progress in achieving Fast-Track targets.</p> <p>The global group UN Plus supported United Nations staff living with HIV. By understanding and respecting different levels of HIV disclosure, it raises awareness and negotiates a positive way of living within the UN system. The biannual meeting of the UN Plus advisory group was held in December 2015, and a qualitative study carried out on the challenges and experiences of staff living with HIV.</p>

**Output D2.3.1 HIV plans aligned and integrated into health and development plans****Core resources expenditure in 2014–2015 (US\$)**

Region	WHO	World Bank	Secretariat	TOTAL
Global	363 000	62 000	1 355 900	<b>1 780 900</b>
HICs	220 700	383 700	1 379 900	<b>1 984 300</b>
AP	78 500	14 600	964 400	<b>1 057 500</b>
CAR	9 800	4 500	155 300	<b>169 600</b>
EECA	49 100	19 000	1 211 800	<b>1 279 900</b>
ESA	98 100	6 500	-	<b>104 600</b>
LA	19 600	5 200	512 100	<b>536 900</b>
MENA	49 100	3 500	132 500	<b>185 100</b>
WCA	93 200	8 000	1 527 200	<b>1 628 400</b>
<b>TOTAL</b>	<b>981 100</b>	<b>506 900</b>	<b>7 239 100</b>	<b>8 727 100</b>

**Achievements**

Organization	Achievements
<b>Secretariat</b>	<p>In 2015, the UNAIDS Secretariat, to increase awareness of a broad, integrated approach and better track results at country level, reviewed existing indicators to measure integration and recommended necessary changes to the monitoring evaluation reference group (MERG). A guidance note is being prepared for national programme managers on pursuing integration at country level. In addition, a methodological note for sustainable financing and a guide on the value for money of national programmes and proposals to donors have been developed and shared in regional meetings.</p> <p>The UNAIDS Secretariat took part in panel discussions on integration, education, global health governance, public-private partnerships, financing for development and global health security. At a strategic level, it discussed the reform agenda with ambassadors from United Nations Member States and at interagency high-level meetings convened by Chatham House, an independent policy institute based in London, Global Health and Diplomacy and the Global Health Council.</p> <p>Working with Cosponsors and external partners, the UNAIDS Secretariat mobilized and supported priority countries to integrate HIV planning in wider health and development systems. It fostered political engagement ahead of the 60th session of the Commission on the Status of Women in March 2016, and the 2016 high-level meeting on HIV/AIDS to ensure HIV planning is integrated in sexual and reproductive health and rights, with an inclusive human rights perspective, including women and girls in conflict and post-conflict settings.</p> <p>UNAIDS and the International Planned Parenthood Federation signed a memorandum of understanding to Fast-Track access to HIV services by 2020. Under this partnership, they will support the delivery of high-impact HIV advocacy, prevention and treatment services, particularly in sub-Saharan Africa.</p> <p>Through the Interagency Task Team (IATT) on education, the UNAIDS Secretariat advocated for HIV to remain high on the education agenda, to be integrated in a broader school health approach and reflected in sector plans and budgets.</p>
<b>WHO</b>	WHO supported 23 countries in carrying out epidemiological analysis and 29 countries in conducting reviews as prelude to developing new national AIDS strategies. In addition, WHO helped 16 countries revise or update their national ADS strategies.
<b>World Bank</b>	Working with UN partners, Global Fund and the United States Government, the World Bank used HIV analysis and optimization tools to support HIV allocative efficiency (AE) analysis, epidemic scenario and financial commitment analyses. These studies led to improved national HIV strategies focusing on high-impact programmes to minimize new infections and deaths; for example, in Sudan where the AE study led to almost doubling HIV resource allocations, including treatment, to high priority programmes for key populations.

## Output D2.3.2 Strategic information tools for decision-making

### Indicator

#### Indicator D2.3.2: Standardized and recognized strategic information tools for NSP reviews are used with UN Joint Team support

In 2015, the following standardized and recognized strategic information tools were used by countries for National Strategic Plan (NSP) reviews, with Joint Teams' support (N=98):

- Spectrum: 98%
- AIDS Info: 86%
- Modes of transmission: 73%
- Gender Audit: 73%
- National AIDS Spending Assessment: 60%
- Stigma Index: 59%

#### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	WHO	World Bank	TOTAL
Global	9 438 700	726 000	31 600	10 196 300
HICs	5 021 100	392 400	288 300	5 701 800
AP	64 300	58 900	14 700	137 900
CAR	83 400	9 800	4 600	97 800
EECA	51 900	34 300	11 900	98 100
ESA	335 600	66 700	26 100	428 400
LA	68 200	12 800	2 600	83 600
MENA	271 800	19 600	2 300	293 700
WCA	789 200	53 000	13 100	855 300
<b>TOTAL</b>	<b>16 124 300</b>	<b>1 373 500</b>	<b>395 300</b>	<b>17 893 100</b>

#### Achievements

Organization	Achievements
Secretariat	<p>The UNAIDS Secretariat played a key role in producing strategic information, including estimates of HIV among people who inject drugs, sex workers and men who have sex with men, to support programming guidance for Fast-Tracking, an approach adopted by UNAIDS to accelerate the implementation of essential HIV prevention and treatment and human rights approaches that will enable the response to outpace the epidemic. A condom needs estimate and gap analysis tool are being developed, and an analysis of global procurement trends is under way.</p> <p>The performance-oriented resource tracking (PORTIA) was piloted. The PORTIA software promotes country applications leading to efficiency analysis of the Fast-Track approach.</p> <p>The UNAIDS Secretariat developed an economic model and regional estimates of return on HIV investments for the adoption of the Fast-Track approach. It also produced data on: fiscal space analysis and options for financing Fast-Track strategies and estimating the return on HIV investments; non-financial implications of integrating HIV into universal health-care efforts and a related financial scheme; and times series for AIDS spending by major service category.</p> <p>An annual scientific symposium, organized by the UNAIDS Secretariat with the New York Academy of Sciences, brought together policy-makers, funders, including PEPFAR and the Global Fund, scientists and community activists.</p> <p>In 2015, more than 100 country teams were trained on the HIV estimates software to improve the</p>

Organization	Achievements
	<p>generation and use of data. Fifteen countries developed subnational HIV estimates.</p> <p>The UNAIDS Secretariat and partners developed evidence-based technical documents and guidance to help countries implement Fast-Track. These include: a reference document, <i>Understanding Fast-Track</i>, describing the principles and change agenda; an analysis of programme coverage gaps in 16 countries; a concept paper on addressing gaps in national responses and defining the next steps to implement a Fast-Track agenda; and a Fast-Track implementation rapid assessment checklist and tool.</p> <p>The UNAIDS Secretariat provided technical support to the global tuberculosis estimates process in collaboration with WHO and modellers and epidemiologists from Europe and Africa.</p>
WHO	<p>In 2015, WHO published details of the progress in national responses to HIV and AIDS, with a particular emphasis on Africa. The report reviews the advances made globally since 2000, highlights the major breakthroughs in the African regions and elsewhere, analyses gaps and deficiencies and identifies the improvements needed.</p> <p>WHO also published guidance to help countries better understand their HIV epidemic, track the progress in the health sector response and, crucially, identify bottlenecks and opportunities for optimizing resources invested in HIV programmes. The document, <i>Global AIDS response progress reporting</i>, proposes a core of 10 global indicators and 50 national indicators, with definitions on how to build them. It was presented at the third global consultation meeting on HIV surveillance in Bangkok in May 2015, organized by the UNAIDS Secretariat and the Global Fund and attended by 200 participants from all regions.</p>
World Bank	<p>The World Bank, working with the UNAIDS Secretariat, used its economic and technical expertise and links with finance and planning ministries to help countries prioritize and fine-tune their HIV responses to maximize resources through allocative and implementation efficiencies, and programme effectiveness. Allocative efficiency analyses in several high-priority countries have provided financial and epidemiologic projections that will shape national HIV investments. Technical efficiency studies to improve HIV service and intervention delivery have been carried out, and programme effectiveness studied through impact evaluation, modelling and desk reviews. Adherence to antiretroviral therapy has been evaluated in South Africa, while efforts to create demand for voluntary medical male circumcision are continuing in Malawi. An open-access desk review of global HIV incidence trends in 20 sub-Saharan countries since 1990 provides information on the historical effectiveness of national HIV responses. The Bank has developed a financial diagnostic tool for assessing the sustainability of national HIV programmes and helped governments develop strategies for financial sustainability, including integrating HIV and universal health coverage.</p>

### Output D2.4.1 Technical support to strengthen community systems and HIV services

#### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	6 681 900	6 681 900
HICs	2 229 100	2 229 100
AP	434 300	434 300
CAR	-	-
EECA	61 700	61 700
ESA	79 200	79 200
LA	130 100	130 100
MENA	1 087 800	1 087 800
WCA	759 600	759 600
<b>TOTAL</b>	<b>11 463 700</b>	<b>11 463 700</b>

**Achievements**

Organization	Achievements
<p><b>Secretariat</b></p>	<p>The UNAIDS Secretariat, through political and technical engagement on the committees and board of the Global Fund, was able to influence key Global Fund strategies and alignment to Fast-Track, the UNAIDS initiative to accelerate essential HIV prevention and treatment and human rights approaches that will enable the response to outpace the epidemic. UNAIDS worked closely with partners to roll out the Global Fund New Funding Model, communicating the new guidelines and requirements. The UNAIDS Secretariat provided technical assistance to address bottlenecks in grant disbursements through the Implementation Through Partnership (ITP) project. This support included a confidence-building mission for approval of the largest ever grant to Malawi, and technical and political troubleshooting through the establishment of a situation room in Kenya and prioritization of antiretroviral therapy coverage goals in Lesotho. .</p> <p>The Secretariat also assisted 18 countries finalize their investment cases in 2015. Direct technical support covered modelling for decision-making, using tools such as Goals and Optima, analyses of allocative and technical efficiencies and implementation science.</p> <p>UNAIDS delivered tailored training and technical support to take account of shifting patterns and priorities in the HIV response. In Uganda, for example, significant differences in population dynamics, regional priorities and an increased focus on subnational targeting mandated by PEPFAR’s 2014 Country Operational Plan prompted the UNAIDS’ country office to refine its training and support. In February 2015, five participants from Uganda attended the subnational estimates training facilitated by UNAIDS. In response to country demand, experts from Avenir Health, the UNAIDS Regional Support Team (RST) for Eastern and Southern Africa and the US Census Bureau followed up with five days of intensive training in October for 21 members of Uganda’s national monitoring and evaluation team. The in-country team utilized UNAIDS’ estimation models to quantify and map regional variations in HIV prevalence, incidence trends, antiretroviral therapy and prevention of mother-to-child transmission needs. From Uganda’s training and estimation exercise, funding partners such as PEPFAR approved shifts in 2016 resource allocation to promote antiretroviral scale-up in regions with low coverage.</p> <p>UNAIDS Secretariat promoted coordination between partners who provide technical assistance, including the Governments of France and the United States, the Global Fund and the German BACKUP initiative, to ensure harmonized support to countries. A joint quality study was carried out in 2014.</p> <p>Collaboration with PEPFAR and the United States Centers for Disease Control (CDC) was strengthened further in 2015 under the UNAIDS-CDC Cooperative Agreement. The UNAIDS Secretariat received funds to support activities at country and global levels. Strong technical back-up from the UNAIDS Secretariat, working with PEPFAR and the United States Agency for International Development, helped countries mobilize resources and implement robust national HIV and AIDS strategies under the Global Fund’s New Funding Model.</p>

## D3: Mutual accountability

### Output D3.1.1 Mutual accountability frameworks

#### Indicator

#### Indicator D3.1.1a: Assessment of Joint UN Teams and Joint Programmes of Support on AIDS (JPS)

##### Joint UN Team on AIDS in 2015

- 84% of responding countries (N=100), including 37 high impact countries, have a functioning Joint Team that met at least two times in 2015
- Average Joint Team membership is ranging from 5 to 16
- 53% of Joint Teams conducted an annual multi-stakeholder review, of which 77% included the participation of national authorities
- 66% of Joint Teams had adopted the UNAIDS Division of Labour

##### Joint Programme of Support in 2015

- 83% of Joint Teams have a Joint UN Programme of Support on AIDS that includes an annual workplan
- 75% of Joint Teams have a Joint Programme of Support adopted and/or endorsed by the UN theme group and/or UNCT
- 86% of Joint Teams have a Joint Programme of Support derived from the UNDAF (85%)
- 94% of Joint Teams have a Joint Programme of Support aligned to the National Strategic Plan Indicator.

#### Indicator D3.1.1b: Financial expenditure of UN Joint Teams on AIDS by strategic goal/ function, country and geographical area

Financial data for all high impact countries were provided by Cosponsors and the Secretariat globally for the 2014–2015 biennium, using the same method as 2012–2013. These are reflected in this Performing Monitoring Report and its accompanying Executive Summary as well as in the country snapshots. <http://results.unaids.org>

#### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	28 133 200	28 133 200
HICs	1 182 900	1 182 900
AP	21 100	21 100
CAR	-	-
EECA	-	-
ESA	407 900	407 900
LA	318 700	318 700
MENA	-	-
WCA	-	-
<b>TOTAL</b>	<b>30 063 800</b>	<b>30 063 800</b>

**Achievements**

Organizations	Achievements
<b>Secretariat</b>	<p>The PCB in October 2015 endorsed the UNAIDS 2016–2021 Strategy and the UBRAF. UNAIDS is one of the first United Nations organizations to align its strategy with the Sustainable Development Goals, and its timeline with the quadrennial comprehensive policy review cycle, as requested by the United Nations General Assembly. The UNAIDS Secretariat led an extensive consultative process via global, regional and virtual dialogues on the strategy and UBRAF with Member States, civil society, Cosponsors and other partners. As the Joint Programme’s accountability framework, the UBRAF remains an instrument to catalyse country-level action. Compared with the previous UBRAF, the 2016–2021 UBRAF has a clearer, simpler structure, with a stronger link between resources and results, and improved reflection of priorities and regional differences.</p> <p>The web portal of the investing for results tool (<a href="https://results.unaids.org">https://results.unaids.org</a>) was refined to provide programme and financial information. In 2015, three infographics were prepared showcasing the key Joint Programme achievements: eliminating new HIV infections among children; lifting HIV-related travel restrictions; and the UNAIDS-Global Fund partnership.</p> <p>UNAIDS dialogue with Cosponsors on planning and reporting continued. Annual performance peer reviews of the Joint Programme implementation considered achievements, challenges and lessons from all thematic areas. This is a key internal accountability mechanism that directly influences future actions across the Joint Programme.</p> <p>The UNAIDS 2016–2021 Strategy is a bold call to action to get on the Fast-Track to end the AIDS epidemic by 2030 and reach people being left behind. It is a call to front-load investments. A call to reach the 90-90-90 treatment targets, that by 2020, 90% of people living with HIV know their HIV status, 90% of people with diagnosed HIV infection are receiving sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy have viral suppression. A call to close the testing gap and protect the health of the 22 million people living with HIV who are still not accessing treatment.</p> <p>The UBRAF is the UNAIDS instrument to operationalize the strategy. As mandated by the UNAIDS PCB, a working group was established to review and develop the results and accountability matrix of the UBRAF 2016–2021 to be presented to the 38th meeting in June 2016. The working group comprised Secretariat staff, technical experts nominated by member states, civil society, Cosponsor representatives and Secretariat staff.</p> <p>A joint UNAIDS and UN-Habitat report, <i>Ending the AIDS epidemic: the advantage of cities</i>, was launched during a special session at the Africities Summit in Johannesburg in November 2015. An overview of the HIV epidemic in urban contexts, the reports says cities have a primary role to play to Fast-Track the end of the AIDS epidemic by 2030.</p> <p>The UNAIDS Secretariat, in collaboration with the World Bank, the Global Fund and PEPFAR, convened a first joint meeting on sustainability and transition planning in 2015.</p>

**Output D3.1.2 UNAIDS Division of Labour operational at all levels and monitored**

**Core resources expenditure in 2014–2015 (US\$)**

Region	WHO	World Bank	Secretariat	TOTAL
Global	294 300	29 900	9 861 600	<b>10 185 800</b>
HICs	98 100	192 800	2 431 700	<b>2 722 600</b>
AP	19 600	15 900	1 224 700	<b>1 260 200</b>
CAR	7 800	2 300	-	<b>10 100</b>
EECA	13 700	4 800	-	<b>18 500</b>
ESA	14 700	7 300	608 000	<b>630 000</b>
LA	9 800	2 600	29 900	<b>42 300</b>
MENA	17 700	2 500	643 300	<b>663 500</b>
WCA	14 700	11 800	1 036 200	<b>1 062 700</b>
<b>TOTAL</b>	<b>490 500</b>	<b>269 800</b>	<b>15 835 300</b>	<b>16 595 600</b>



## Achievements

Organization	Achievements
<b>Secretariat</b>	<p>The Joint Programme submitted its report to the UN Economic and Social Council (ECOSOC) Secretariat in January 2015, highlighting the post-2015 AIDS response, and subsequently, the 2015 resolution confirming the end of AIDS as a target for the Sustainable Development Goals agenda and setting the stage for the 2016–2021 strategy.</p> <p>Throughout the biennium, governance mechanisms, interagency bodies and key platforms were leveraged to enable the Joint Programme to meet high-level meeting (HLM) targets and position AIDS in the post-2015 development agenda. In 2014–2015, the Secretariat organized four PCB and four Committee of Cosponsoring Organizations (CCO) meetings to deliver post-2015 decisions</p> <p>At its April 2015 meeting, the UNAIDS Committee of Cosponsoring Organizations, with heads of agency participating, discussed the linkages between AIDS and the other Sustainable Development Goals, targets to move common agendas forward, and how to best work together to support the Fast-Track strategy.</p> <p>All Cosponsors actively promoted the Division of Labour at all levels, took a lead role in the areas where they are a convening agency and ensured the development of new tools and methods, organized strategic thinking at global level and provided country technical assistance to help implementation (see sections A B and C).</p> <p>The UNAIDS Secretariat continued to coordinate and facilitate implementation of the Joint Programme to maximize synergies across Cosponsors and the Secretariat at global, regional and country levels. At global level, the UNAIDS Secretariat maintained close collaboration with Cosponsor global coordinators and focal points, including through the Cosponsor Evaluation Working Group (CEWG).</p> <p>From 2012-2015, the UNAIDS Secretariat has administered the Joint Programme Monitoring System (JPMS) to record and track progress on UBRAF results. The JPMS has been continuously improved and used to annually collect data at country, regional and global levels. The data are analysed and reports are prepared to assess performance and to meet the needs of stakeholders.</p>

### Output D3.1.3 Cosponsors' HIV and AIDS results frameworks harmonization and alignment

#### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	1 664 300	1 664 300
HICs	115 600	115 600
AP	15 900	15 900
CAR	-	-
EECA	24 300	24 300
ESA	29 600	29 600
LA	7 700	7 700
MENA	-	-
WCA	39 100	39 100
<b>TOTAL</b>	<b>1 896 400</b>	<b>1 896 400</b>

## Achievements

Organization	Achievements
<b>Secretariat</b>	<p>The UNAIDS Secretariat continued to engage in the Chief Executive Board (CEB) and, at the board's request and as chair of the UN Development Group Assistant Secretary-General's advisory group, will continue to develop guidance on implementing system-wide integration, mainstreaming, joint programming, business operations, partnerships and joint funding approaches and leadership. Deliberations will feed into broader UN 'fit for purpose' discussions for the next quadrennial comprehensive policy review resolution on operational activities, to be adopted at the end of 2016. The review is the primary policy instrument of the General Assembly to define the way the UN system operates to support countries in their development efforts.</p> <p>The Secretariat institutionalized UN SWAP, a system-wide accountability framework to accelerate mainstreaming gender equality and women's empowerment in response to UN Economic and Social Council (ECOSOC) conclusions 1997/2. UN SWAP reporting in 2014 noted that UNAIDS Secretariat had met or exceeded requirements in 80% of the performance ratings. UNAIDS' efforts on gender balance in the workplace and its emphasis on career development opportunities for women continue to receive significant recognition through the UN SWAP report and in the Report of the Secretary-General on the Improvement in the Status of Women in the UN System. With the gains made in 2015, including the establishment of a gender equality marker against all 2016-2017 workplans across the Secretariat and a financial target for expenditures in support of actions that address gender equality and women's empowerment as a principal objective, UNAIDS Secretariat continues to be one of the leaders in the UN system on this issue.</p> <p>The Secretariat and the Global Fund highlighted their strong partnership to respond to HIV and tuberculosis by signing a renewed cooperation agreement to help countries achieve the Fast-Track targets to end the AIDS epidemic as a global health threat by 2030. The Global Fund strategic framework 2017–2020 is aligned to the UNAIDS Fast-Track Strategy and targets towards 2020 and 2030. Through technical, programmatic and political engagement with Global Fund committees, including the Grant Approval Committee, the Strategy, Investment and Impact Committee and the Global Fund board, the UNAIDS Secretariat was able to influence key Fast-Track decisions. The new agreement will leverage the strengths of both organizations in providing technical support to countries and coordination throughout the grant cycle. Emphasis will be placed on data collection, analysis and identifying gaps in a country's epidemic and the response, including enabling environments, equity in access to services and their approach to human rights, gender and key populations at higher risk.</p>

## Output D3.2.1 UBRAF management and monitoring

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	18 901 600	18 901 600
HICs	676 700	676 700
AP	-	-
CAR	379 900	379 900
EECA	-	-
ESA	3 300	3 300
LA	-	-
MENA	-	-
WCA	451 500	451 500
<b>TOTAL</b>	<b>20 413 000</b>	<b>20 413 000</b>

## Achievements

Organization	Achievements
<b>Secretariat</b>	<p>In 2015, UBRAF completed its four-year cycle. The UNAIDS Secretariat prepared annual performance monitoring reports, which analyse data collected through the Joint Programme Monitoring System (JPMS) and Enterprise Resource Planning (ERP) system. The reports for the UNAIDS PCB capture the progress of Joint Programme work in narrative form against core indicators and expenditures, showing links to outcomes, goals and targets, and are supplemented by case studies, in-depth assessments and reviews.</p> <p>Each UNAIDS Secretariat office at global, regional and country level prepared rolling annual workplans, with detailed actions linked to UBRAF results in ERP, and submitted progress reports twice a year.</p> <p>The Secretariat led the process to prepare the UBRAF 2012–2015 mid-term review, which considered the work of UNAIDS towards achieving the vision of the three zeros and the key principles and recommendations of the quadrennial comprehensive policy review and other intergovernmental mandates.</p> <p>The mid-term review provided an opportunity to take stock and adjust workplans for 2014–2015, based on epidemic priorities, performance and lessons from implementing the UBRAF, and to consider overall planning in the post-2015 period. The review drew on many sources of information, including external and internal reviews, assessments and evaluations of the Joint Programme and presented progress and challenges in the AIDS response and key contributions of the Joint Programme. Undertaken in collaboration with Cosponsors, it was an important preliminary step to preparing the UNAIDS 2016–2021 Strategy and UBRAF.</p> <p>A PCB delegation visited Zimbabwe in June 2015. It included members from Morocco, Poland, Switzerland, Ukraine, the United Kingdom and Zimbabwe, and representatives of PCB nongovernmental organizations and Cosponsors. It met with stakeholders engaged in Zimbabwe's multisectoral response to HIV, senior officials from several ministries (health, education, gender and social welfare), parliamentarians, development partners, the UN Country Team and civil society, with a focus on youth and affected populations and the private sector in urban and rural settings in Victoria Falls and Harare. The delegation interacted with children in a life-skills and sexuality education class, adolescents living with HIV and community groups, and sex workers, truck drivers, medical personnel and peer educators in workplace programmes at a power station and a colliery hospital. The visit was an opportunity for Board representatives to observe the AIDS epidemic and response in a country with a generalized epidemic, and which, despite remarkable achievements, has 15% of its population living with HIV.</p>

## Output D3.2.2: Effective and efficient management of UNAIDS resources

### Core resources expenditure in 2014–2015 (US\$)

Region	Secretariat	TOTAL
Global	6 505 000	6 505 000
HICs	5 413 400	5 413 400
AP	611 600	611 600
CAR	176 400	176 400
EECA	589 400	589 400
ESA	845 000	845 000
LA	270 700	270 700
MENA	93 600	93 600
WCA	1 016 300	1 016 300
<b>TOTAL</b>	<b>15 521 400</b>	<b>15 521 400</b>

**Achievements**

Organization	Achievements
<p><b>Secretariat</b></p>	<p>The UNAIDS Secretariat remains vigilant in its use of resources and applying business models for greater effectiveness, efficiency and accountability. In 2015, continued cost-saving and cost-deferral actions were pursued to align resources with organizational priorities. The Human Resource Strategy has been updated to deliver on the 2016–2021 Strategy and respond to the challenges of the next five years.</p> <p>The Secretariat continues to implement the best-practice International Public Sector Accounting Standards (IPSAS). A Risk Management Committee was established and internal monitoring of expenditures improved. The iTrack electronic workflow system was deployed in country offices and an annual consolidated procurement plan launched. Travel ceilings continue to be regularly monitored.</p> <p>Innovative and cost-effective ways of working with technology were introduced, including the move to the Google Cloud system in May 2015, a single global contact system and a global service provider for country connectivity. Distance learning and webex meetings were encouraged.</p> <p>Staff improvement initiatives included: the Performance and Learning Management (PALM) platform; an induction programme for new heads of country offices; a partnership with the UN System Staff College for skills and management courses; and leadership and mentoring programmes for women that promote a gender-responsive approach.</p>

## Summary: Joint Programme 2014–2015 Expenditure

Strategic goal/function	Core (US\$)	Other AIDS fund (US\$)	Grand total (US\$)
<b>A1: Reducing sexual transmission</b>			
UNHCR	2 765 100	14 331 800	17 096 900
UNICEF	6 375 700	56 166 400	62 542 100
UNDP	4 915 200	208 961 400	213 876 600
UNFPA	16 021 600	68 758 000	84 779 600
UNODC		2 115 400	2 115 400
ILO	2 967 300	2 217 700	5 185 000
UNESCO	7 243 800	11 993 200	19 237 000
WHO	6 416 200	25 570 000	31 986 200
World Bank	7 798 800	1 305 985 100	1 313 783 900
<b>Subtotal A1</b>	<b>54 503 700</b>	<b>1 696 099 000</b>	<b>1 750 602 700</b>
<b>A2: Eliminating vertical transmission</b>			
UNHCR	869 700	6 548 300	7 418 000
UNICEF	4 997 200	45 124 900	50 122 100
WFP	1 273 400	2 279 100	3 552 500
UNDP		9 345 600	9 345 600
UNFPA	1 505 000	38 500 900	40 005 900
UNODC		453 300	453 300
WHO	5 719 700	25 611 500	31 331 200
<b>Subtotal A2</b>	<b>14 365 000</b>	<b>127 863 600</b>	<b>142 228 600</b>
<b>A3: Preventing HIV among people who use drugs</b>			
UNICEF	809 000	6 856 600	7 665 600
UNDP	357 900	36 992 300	37 350 200
UNFPA	59 500	107 700	167 200
UNODC	11 500 000	12 541 300	24 041 300
UNESCO	534 600	264 100	798 700
WHO	1 981 800	8 213 400	10 195 200
World Bank	1 448 800	49 865 600	51 314 000
<b>Subtotal A3</b>	<b>16 691 600</b>	<b>114 841 000</b>	<b>131 532 200</b>
<b>TOTAL (PREVENTION)</b>	<b>85 559 900</b>	<b>1 938 803 600</b>	<b>2 024 363 500</b>

Strategic goal/function	Core (US\$)	Other AIDS fund (US\$)	Grand total (US\$)
<b>B1: Accessing treatment</b>			
UNHCR	1 956 100	7 562 600	9 518 700
UNICEF	2 649 200	23 150 800	25 800 000
WFP	3 612 000	34 363 500	37 975 500
UNDP	939 100	129 542 900	130 482 000
UNODC		820 900	820 900
ILO	1 821 000	1 557 900	3 378 900
UNESCO	243 700	362 700	606 400
WHO	12 744 100	54 333 700	67 077 800
<b>Subtotal B1</b>	<b>23 965 200</b>	<b>251 695 000</b>	<b>275 660 200</b>
<b>B2: Avoiding TB deaths among people living with HIV</b>			
UNICEF	200 500	1 812 300	2 012 800
WFP	2 547 100	13 062 800	15 609 900
UNDP		94 898 400	94 898 400
UNODC		1 094 500	1 094 500
ILO	476 400	973 300	1 449 700
WHO	2 992 300	14 526 600	17 518 900
<b>Subtotal B2</b>	<b>6 216 300</b>	<b>126 367 900</b>	<b>132 584 200</b>
<b>B3: Protecting the vulnerable</b>			
UNHCR	2 207 000	6 139 900	8 346 900
UNICEF	4 774 300	41 405 700	46 180 000
WFP	1 693 400	29 367 100	31 060 500
UNDP	959 500	24 416 700	25 376 200
UNODC		572 200	572 200
ILO	1 514 000	2 209 200	3 723 200
UNESCO	247 700	372 000	619 700
WHO	274 700	3 721 300	3 996 000
World Bank	3 280 800	204 194 800	207 475 600
<b>Subtotal B3</b>	<b>14 951 400</b>	<b>312 398 900</b>	<b>327 350 300</b>
<b>TOTAL (TREATMENT, CARE AND SUPPORT)</b>	<b>45 132 900</b>	<b>690 461 800</b>	<b>735 594 700</b>

Strategic goal/function	Core (US\$)	Other AIDS fund (US\$)	Grand total (US\$)
<b>C1: Reducing punitive laws</b>			
UNHCR	646 700	1 771 400	2 418 100
UNICEF	516 700	3 401 100	3 917 800
UNDP	3 406 200	34 210 500	37 616 700
UNFPA	1 025 600	1 306 400	2 332 000
UNODC		1 910 600	1 910 600
ILO	2 315 900	2 209 300	4 525 200
UNESCO	953 900	1 211 300	2 165 200
WHO		1 606 700	1 606 700
<b>Subtotal C1</b>	<b>8 865 000</b>	<b>47 627 300</b>	<b>56 492 300</b>
<b>C2: Eliminating HIV-related travel restrictions</b>			
UNHCR	215 700	1 341 100	1 341 100
UNDP	102 500		102 500
ILO	296 300	339 500	635 800
<b>Subtotal C2</b>	<b>614 500</b>	<b>1 464 900</b>	<b>2 079 400</b>
<b>C3: Addressing HIV needs of women and girls</b>			
UNHCR	305 600	2 850 600	3 156 200
UNICEF	919 500	6 535 300	7 454 800
WFP		55 000	55 000
UNDP	2 252 900	44 933 200	47 186 100
UNFPA	474 100	1 725 200	2 199 300
UNODC		2 653 700	2 653 700
UN Women	5 883 700	12 759 800	18 643 500
ILO	758 800	1 652 400	2 411 200
UNESCO	1 514 600	2 877 200	4 391 800
WHO	392 400	2 973 300	3 365 700
World Bank		19 986 000	19 986 000
<b>Subtotal C3</b>	<b>12 501 600</b>	<b>99,001,700</b>	<b>111,503,300</b>
<b>C4: Stopping gender-based violence</b>			
UNHCR	834 300	1 372 900	2 207 200
UNICEF	1 154 600	7 374 600	8 529 200
WFP		55 000	55 000
UNDP	1 770 900	15 950 200	17 721 100
UNFPA	679 800	7 231 500	7 911 300
UNODC		743 100	743 100
UN Women	1 509 000	15 847 300	17 356 300
ILO	562 500	1 514 500	2 077 000
UNESCO	1 271 600	3 747 700	5 019 300
WHO	382 700	2 077 100	2 459 800
World Bank		69 275 000	69 275 000
<b>Subtotal C4</b>	<b>8 165 400</b>	<b>125 188 900</b>	<b>133 354 300</b>
<b>TOTAL (HUMAN RIGHTS)</b>	<b>30 146 500</b>	<b>273 282 800</b>	<b>303 429 300</b>



Strategic goal/function	Core (US\$)	Other AIDS fund (US\$)	Grand total (US\$)
<b>D1: Leadership and advocacy</b>			
<b>UNDP</b>	1 658 200	38 627 700	40 285 900
<b>WHO</b>	588 600	3 497 000	4 085 600
<b>World Bank</b>	646 500	658 555 300	659 201 800
<b>Secretariat</b>	129 424 800	17 357 000	146 781 800
<b>Subtotal D1</b>	<b>132 318 100</b>	<b>718 037 000</b>	<b>850 355 100</b>
<b>D2: Coordination, coherence and partnerships</b>			
<b>WHO</b>	2 354 600	20 907 000	23 261 600
<b>World Bank</b>	1 955 700		1 955 700
<b>Secretariat</b>	95 335 600	39 172 200	134 507 800
<b>Subtotal D2</b>	<b>99 645 900</b>	<b>60 079 200</b>	<b>159 725 100</b>
<b>D3: Mutual accountability</b>			
<b>WHO</b>	490 500	3 986 100	4 476 600
<b>World Bank</b>	269 800		269 800
<b>Secretariat</b>	83 729 900	3 434 700	87 164 600
<b>Subtotal D3</b>	<b>84 490 200</b>	<b>7 420 800</b>	<b>91 911 000</b>
<b>TOTAL (STRATEGIC FUNCTIONS)</b>	<b>316 454 200</b>	<b>785 537 000</b>	<b>1 101 991 200</b>
<b>GRAND TOTAL</b>	<b>477 293 500</b>	<b>3 688 085 200</b>	<b>4 165 378 700</b>

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