



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (39)/16.21  
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### **THIRTY- NINTH MEETING**

**Date:** 6 – 8 December 2016

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

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**Agenda item 5**

### **Unified Budget, Result and Accountability Framework (UBRAF)**

**Impact and implications of the budget shortfall on the implementation of the UNAIDS 2016-2021 Strategy**

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**Additional document for this item:**

Interim update in response to decision point 7.21 of the 38<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board (UNAIDS/PCB (39)/16.20).

**Action required at this meeting: the Programme Coordinating Board is invited to:**

1. *take note of* the report and *encourage* the Executive Director and the CCO to continue to mitigate the impact of the budgetary shortfall through further efficiencies and strengthened resource mobilization efforts towards a fully funded UBRAF;
2. *request* the Executive Director and the CCO to continue to work toward greater accountability and clearer reporting that more effectively demonstrates the results achieved by the Cosponsors and Secretariat, while presenting how each organization uses its core UBRAF funds;
3. *agree to* the proposal of the Executive Director to provide the Cosponsors the same level of core UBRAF funds in 2017 as in 2016;
4. *support* the proposal of the Executive Director and the CCO to establish a review panel to make recommendations on strengthening the UNAIDS business model

**Cost implications of the decisions:** None

IMPACT AND IMPLICATIONS  
OF THE BUDGET SHORTFALL  
ON THE IMPLEMENTATION OF  
THE UNAIDS 2016-2021 STRATEGY

Expanded analysis

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## SUMMARY

### Key messages

- Political commitment to the AIDS response is strong, marked by the historically ambitious 2016 UN Political Declaration to End AIDS, the UNAIDS 2016-2021 Fast-Track Strategy and the successful 5th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).
- The UNAIDS Joint Programme occupies a unique place in the global health architecture and the AIDS response, and is recognised as playing multiple critical roles and functions in supporting the efforts of countries, the Global Fund and other partners to end AIDS.
- The 2016-2017 Joint Programme budget shortfall represents a crisis that is severely impacting the capacity of Cosponsors and the Secretariat to deliver on the UNAIDS Strategy; yet despite the crisis, the Joint Programme remains united, and confidence in its critical mission is strong as evidenced by recent financial pledges.
- UNAIDS Cosponsors and the Secretariat have undertaken efforts to mitigate the budget shock, including by scaling back programming while sharpening focus on Fast-Track countries to ensure resources deliver the maximum impact, decreasing and redeploying staff, and reducing funding to partners.
- Maintaining the 2016 level of core resources allocated to Cosponsors for a transitional period in 2017 will be critical to the continuation and intensification of key activities while a review is undertaken in the first quarter of 2017 to inform a more flexible, differentiated and sustainable business model for the Joint Programme.

### Purpose

This paper explores the impact of the budget crisis on the actual and potential activities and operations of the Joint Programme in the present biennium, presents the projected impact of three financing scenarios on programme activities in 2017, discusses how the Joint Programme is responding to the shortfall and presents steps in moving forward. The paper has been developed in response to decision points 7.15, 7.19, 7.20, 7.21 and 7.26 of the 38th meeting of the UNAIDS Programme Coordinating Board (PCB).

### Why we need a Joint United Nations Programme on HIV/AIDS

Since its establishment, UNAIDS has helped galvanise political commitment, mobilize resources and support countries to more effectively use investments in their responses to HIV. The unique, inclusive Joint Programme has contributed to the major scale-up of national HIV programmes and remarkable progress in reducing vulnerability and improvement in the health of people living with, affected by and at risk of HIV.

Core funds--those resources reflected in the Unified Budget, Result and Accountability Framework (UBRAF) and approved by the PCB--have played a catalytic role in mobilizing additional funds for the Joint Programme, and catalysed financing for the AIDS response more broadly. The Joint Programme has played a crucial role in supporting countries to attract resources from the Global Fund and make them work, complementing this global financing mechanism with technical support and community mobilization that brings civil society, people living with and affected by HIV and other people left behind to play a greater role in the response.

The 2030 Agenda for Sustainable Development, the 2016 Political Declaration on Ending

AIDS and the UNAIDS Strategy require the UN and UNAIDS to be fit to deliver on ending the AIDS epidemic by 2030. To ensure the epidemic does not rebound and can be ended as a public health threat, UNAIDS must continue to lead and coordinate the AIDS response, to address social, structural, economic and political drivers of the epidemic--particularly human rights and gender equality-- to leverage the AIDS response to address broader global health challenges, and to ensure no one is left behind.

### **Funding outlook for the Joint Programme**

Almost concurrently with the PCB's adoption in October 2015 of the ambitious UNAIDS 2016-2021 Strategy, and at a time of growing demands for multi-sectoral, multi-stakeholder approaches to health and development, several major donors reduced their contributions to the Joint Programme. As a result, at the time of the 38th PCB in June 2016, revenue for the Joint Programme in 2016 was projected at US\$ 168 million, a shortfall of 31% compared to the approved UBRAF. At the time, the projected funding shortfall for 2017 was even greater. And while the outlook has since improved, much greater efforts are needed to fully fund the budget.

In light of the financial challenges facing the Joint Programme, the PCB encouraged Cosponsors to strengthen their resource mobilization efforts. They are doing so within a challenging funding climate for the UN more generally. Cosponsors report limited capacity to reallocate any non-core HIV funding, since the vast majority of non-core funding is earmarked. Moreover, the capacity of Cosponsors to leverage additional non-core resources is dependent on UBRAF support, in large part because Cosponsor functions--including some resource mobilization efforts--are often financed through core UBRAF funding. As such, resources that Cosponsors are able to raise for HIV can complement the available UBRAF-funds, but cannot replace these.

Pursuant to decision 6.8 of the 37th PCB to ensure a sufficiently funded Secretariat, 50% of the envisaged core UBRAF allocation for 2016 was provided to Cosponsors (US\$ 44 million against US\$ 87 million in the approved budget). Secretariat core funding for 2016 was reduced by 10% compared to the approved UBRAF, and is anticipated to fall by 18% in 2017 unless additional resources are mobilized. The total income for 2017 of US\$ 150 million projected earlier translates to a nearly a 75% reduction in core UBRAF funds available to Cosponsors (and a 19% reduction in Cosponsor non-core resources).

Analysis undertaken on the ability of the Joint Programme to deliver on the UNAIDS 2016-2021 Strategy presented in this paper is therefore based on three funding scenarios:

- A fully-funded UBRAF for the first year of the biennium with a 64/36% allocation ratio between the Secretariat and Cosponsors;
- A 50% reduction in funding for Cosponsors (to ensure a sufficiently funded Secretariat), representing a 76/24% allocation ratio;
- A 75% reduction in funding for Cosponsors based on a projected income in 2017 of US\$ 150 million and an 85/15% allocation ratio (as per the decisions of the 38th PCB). This scenario is contrasted to a situation in which the same amount can be raised next year as this year and Cosponsors receive the same amount of core funds as this year.

### **Efforts to mitigate the impact of reduced funding**

Cosponsors and the Secretariat have taken significant steps to enhance their systems to deliver greater impact in cost-effective ways, focus on Fast-Track countries and refine programmatic efforts to ensure a differentiated approach suitable to specific epidemic

contexts at regional and country level.

This paper outlines the steps Cosponsors have taken to adapt to and mitigate the budget shock, including by reducing staff, reducing funding to partners and scaling back programming as strategically as possible. The UNAIDS Secretariat is repositioning itself for maximum impact, with an organizational design that reflects a coherent structure, cost-effective and efficient systems and business processes, and strong internal capacity to provide quality support.

During times of financial constraint and staff reductions, it will be important to maintain basic functions at country level with flexibility and complementarity within Joint UN Teams on AIDS. In some countries, UNAIDS Secretariat staff may remain the only dedicated UN presence on AIDS, raising the need to tap into broader UN capacity. In more and more countries, the Joint Programme will need to rely on Cosponsor staff who are not working full time on AIDS, and/or rely on support from neighbouring countries or regional offices. Future adjustments to staff allocations will consider overall capacities in a given country, to ensure complementarity between Cosponsors and Secretariat roles and greater differentiation between countries.

At the request of the 38th PCB, work has continued to refine the 2016-2021 UBRAF to ensure alignment with the 2016 Political Declaration. A mapping of UNAIDS strategic result areas against the targets set in the Political Declaration has been carried out. This mapping has highlighted areas for refinement and alignment that will be fully reflected in the UNAIDS 2018-2019 budget.

During 2016, resource mobilization efforts have been intensified across the Joint Programme. UNAIDS executive leadership has engaged with numerous donors to advocate for higher levels of core UBRAF funding. These efforts are starting to deliver results, and signals of support from donors for the work of the Joint Programme remain strong.

### **Impact and implications of different funding scenarios**

Despite efforts to adapt to and mitigate the impact of funding shortfalls across the Joint Programme, the precarious financial situation is seriously affecting its capacity to deliver results against the UNAIDS Strategy.

Delivering on the UNAIDS Strategy is dependent on the mutually reinforcing performance of the Secretariat in its core leadership, advocacy, information, convening, partnerships and accountability functions, and Cosponsor delivery on the strategic result areas. The analysis in this paper therefore suggests that allocating adequate resources to ensure that the core functions of the Secretariat and the vital contributions of the Cosponsors, and the capacity of the Joint Programme as a whole are maintained, will be critical.

The paper provides an in-depth comparison of the impact on the Joint Programme's capacity to deliver on the UNAIDS Strategy of: (i) reducing core allocations to the Cosponsors by 75% in 2017 (as projected in the June PCB); versus (ii) reducing core allocations to the Cosponsors by 50% in 2017, (i.e., providing the Cosponsors the same level of core funding as in 2016). The comparison portrays striking differences in the capacity of the Joint Programme to maintain critical country presence, programmes and partnerships.

Maintaining 2016 levels of allocation of core resources to Cosponsors in 2017 will allow continuation and intensification of key activities. This will facilitate stronger geographic presence and focus on Fast-Track by retaining critical staff in Fast-Track countries. Maintaining the 2016 financing levels will enable more joint work, greater integration of HIV with other programmes, and support to the effective utilisation of Global Fund resources.

Section 3 elaborates in considerable detail the strategic activities that can be carried out by the Joint Programme with the same level of resources in 2017. Illustrative examples include:

#### *Zero new HIV infections*

- Reduced funding to UNICEF, WHO and UNFPA has had a major impact on the capacity of the Joint Programme to provide support to and validation of elimination of mother-to-child HIV transmission (eMTCT). With 2016 levels of core funding, UNICEF will be able to enhance quality of prevention of mother-to-child HIV transmission (PMTCT) services and retention of pregnant women and mothers in care in the 12 Start Free countries while WHO will be able to re-prioritise the validation of the eMTCT of HIV and syphilis and prevent further delays in validation efforts in Africa.
- UNDP, UNFPA, UNODC, WHO, together with UNAIDS Secretariat and the US President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund and key population networks, will have sufficient resources to support the roll-out of programme implementation tools for key populations in all Fast-Track countries and a select number of non-Fast Track countries to ensure comprehensive prevention programmes.

#### *Zero AIDS-related deaths*

- Cuts in core funding in 2016 have impacted the Joint Programme's capacity to provide policy advice and technical support for testing and treatment, and slowed down the pace of scale-up. Additional cuts in 2017 would make it very difficult, if not impossible, to achieve the 90-90-90 and Fast-Track targets by 2020. Receiving the same level of core funding in 2017 will enable WHO to retain 15 specialised regional and country level staff and support an additional five Fast-Track countries to adopt and implement the 2015 treatment guidelines. ILO will be able to continue the VCT@Work initiative in 20 countries and expects to generate demand for HIV testing among 400,000 additional workers (900,000 workers in total) in Fast-Track countries.
- Maintaining 2016 levels of core resources in 2017 will enable the Joint Programme to increase access to testing, advocate for lowering the age of consent for HIV testing, expand community delivery and self-testing as well other joint HIV testing campaigns, including development by UNESCO of educational media materials for young people, and support to teacher training on HIV and health education.
- UNHCR will be able to maintain technical and coordination support to address HIV in humanitarian settings, particularly integrating food and nutrition in the response in Africa, Asia and the Middle East, including to food insecure PLHIV impacted by emergencies in sub-Saharan Africa.

#### *Zero discrimination*

- Funding cuts in 2016 have seriously constrained the work of the Joint Programme related to rights, stigma and discrimination. By maintaining funding, UNDP, with UNICEF, UNFPA, UN Women, WHO, and the Secretariat, will expand follow-up on the recommendations of the Global Commission on HIV and the Law including supporting countries in conducting legal environment assessments, convening national dialogues, promoting community engagement and providing technical support to undertake law and policy review.

#### *Effectiveness, efficiency, integration and sustainability*

- Maintaining core allocations will enable the World Bank to assist up to 15 countries to further increase the efficiency of their HIV responses, thus extracting 20-40% out of existing budget allocations through efficiency gains rather than budget increases. With UNDP, the World Bank can ensure that priority areas inside its lending portfolio, such



as health system strengthening, social protection and infrastructure continue to receive HIV specific technical assistance.

However, if total core funds available to Cosponsors fall in 2017 by 75%--from US\$ 87 million to US\$ 22 million--in 2017, the funding shortage would significantly impact the Joint Programme's capacity to deliver across all strategic result areas.

The Joint Programme's contributions to address HIV among young people, key populations, gender norms and gender-based violence and effectiveness and efficiency of the response would be particularly affected. These result areas are disproportionately affected because these are the most dependent on core UBRAF funding (non-core Cosponsor funds are less affected through the biennium as some of these funds have already been secured).

It is noteworthy that the result areas most heavily impacted by budget reductions are those that are lagging the farthest behind in the HIV response. These are also the areas that tend to be deprioritised by countries when international funding is not available. Considering the existing gap in global HIV prevention funding and the lack of progress in reducing new HIV infections among adults over the last five years, it is of major concern that investments in prevention may be further decreased.

At the regional level, funding shortfalls are resulting in reduced Cosponsor HIV presence, especially in Eastern Europe and Central Asia, Latin America and the Caribbean, the Middle East and North Africa and parts of Asia and the Pacific. A number of countries will have a UNAIDS Secretariat office without any Cosponsor staff dedicated to HIV. At the same time, in the absence of additional funding in 2017, the capacity of the Secretariat to deliver on its core functions will be considerably weakened, particularly in key areas such as the generation of strategic information, empowering and supporting civil society and providing dedicated support to key and other marginalised populations.

Taken together, the impact on result areas and staff presence at regional and country level will severely diminish the Joint Programme's ability to reduce HIV-related vulnerability, ensuring that key populations are able to seek comprehensive information and services without fear, discrimination or persecution, and to ensure that no one is left behind.

### **UNAIDS' partnership with the Global Fund**

Projected budget shortfalls have potentially serious implications for the Joint Programme's partnership with the Global Fund. As a financing mechanism, the Global Fund draws on the contributions of the Joint Programme to ensure the effective development and delivery of the programmes it finances. With reduced UNAIDS presence in the field, the Global Fund will lose a neutral broker and a key partner towards more strategic, effective and efficient use of resources.

The critical nature of the functions performed by the Joint Programme is widely recognised. As a result, there have been calls for the Global Fund to directly finance UNAIDS to ensure that it can continue to perform them. There are concerns however that accepting direct funding could raise real or perceived conflicts of interest, and potentially undermine UNAIDS' capacity to continue to function as an impartial partner and remain fully accountable to the PCB. Nonetheless, it is possible to calculate the actual costs associated with the Joint Programme's support to the Global Fund and its funding recipients. As a core element in establishing a more sustainable business model for the Joint Programme, approaches to financing UN support to ensure optimal use of Global Fund monies need to be explored. This issue is being examined by an independent evaluation of the Global Fund-UNAIDS partnership.

## **Way forward: stabilizing and strengthening the Joint Programme**

Although the outlook for 2017 is still uncertain, raising the same amount in 2017 as in 2016 against the core UBRAF is not inconceivable. Core financing for the Joint Programme for 2017 represents just over 1% of the US\$ 12.9 billion pledged to the Global Fund replenishment this year, and less than 1% of the US\$ 19 billion invested in the AIDS response in low- and middle-income countries last year.

The Executive Director therefore proposes to allocate approximately US\$ 44 million to the Cosponsors in 2017, corresponding to 25% of the core funds expected to be raised in 2017 as bridge funding to enable Cosponsors continue adapting to the decline in UBRAF funding. Providing Cosponsors the same level of core funding in 2017 as in 2016 would stabilise the Joint Programme and ensure that progress against the UNAIDS Strategy remains reasonably on track while a new business model for the Joint Programme is agreed. Further drawing down the fund balance to transitionally fund Joint Programme activities is not a viable option, given that the current fund balance is no longer at a level to effectively absorb further shocks and exigencies.

Moving forward, any sustainable solution to the longer term viability of the Joint Programme will need to focus on revitalising resource mobilization efforts and establishing a more predictable, diversified and sustainable funding model. Financing the UNAIDS budget will rely on both broadening the donor base, including among newly emerging economies and private sector donors, and encouraging current donors to review and increase their existing financial commitments. Cosponsors will also enhance their efforts to mobilize more resources for AIDS while continuing to mainstream and integrate AIDS into their country, regional and global programmes that support the achievement of different Sustainable Development Goals (SDGs).

As part of ongoing efforts to develop consensus on both long- and short-term solutions to challenges facing the Joint Programme, the UNAIDS Committee of Cosponsoring Organizations (CCO) has agreed to establish a technical multi-stakeholder panel to review the joint working, financing, accountability and governance of UNAIDS with a view to strengthening the business model of the Joint Programme.

A time-bound review will result in a number of concrete recommendations on reforms to ensure that the Joint Programme business model adopts a differentiated approach to country circumstances and to Cosponsor funding with higher degrees of transparency and accountability, delivers value-for-money, and is fit for purpose and capable of delivering greater impact. The panel will work closely with the CCO. Recommendations will be reported to the Board in June 2017.

## 1. INTRODUCTION

### 1.1 Purpose of this document

1. At its 38th meeting in June 2016, the PCB requested that UNAIDS:
  - Inform the PCB how the budgetary shortfall will be managed, bearing in mind decision 6.8 of the 37th PCB urging intensification of resource mobilization efforts and full funding of the 2016- 2021 UBRAF, while noting the necessity to ensure that the UNAIDS Secretariat be sufficiently funded (decision point 7.21);
  - Conduct an analysis of how the 2016 budgetary shortfall and the 2017 projections will affect delivery of the UNAIDS 2016-2021 Strategy, and to develop funding scenarios (decision point 7.20);
  - Enable the PCB to revisit the decision points on the resource allocation based on the analysis done (decision point 7.20);
  - Present how the criteria set out in decision point 7.18 for resource allocation have been applied to support a differentiated approach to Cosponsor funding for 2017<sup>1</sup> (decision point 7.19);
  - Report on the engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to explore a variety of means through which UNAIDS could further benefit from the relationship with the Global Fund (decision point 7.15);
  - Inform the PCB on the continued work to refine the UBRAF taking into account the targets set in the 2016 Political Declaration and to consider using diverse and geographically balanced external expertise as appropriate (decision point 7.26);
2. This paper is prepared in response to these requests and is informed by contributions from the Cosponsors and the Secretariat. It complements and expands the update and interim report provided to the PCB entitled “*Stabilisation of the Joint Programme in light of the budget shortfall: Impact and implications on the implementation of UNAIDS 2016-21 Strategy*” (UNAIDS/PCB (39)/16.26).

### 1.2 Why we need a Joint United Nations Programme on HIV/AIDS

3. The UN Joint Programme on HIV/AIDS (UNAIDS) consists of 11 cosponsoring UN agencies and a Secretariat. The Cosponsors and Secretariat perform functions according to their specific areas of expertise, comparative advantage and mandate to support the achievement of results and targets in the UNAIDS Strategy.
4. Since its establishment, UNAIDS has helped galvanise political commitment, mobilize resources, and support countries to effectively use resources to halt and reverse the

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<sup>1</sup> Decision point 7.18 of the 38th PCB: “Recalling the extraordinary financial situation of UNAIDS and the critical need to find solutions to protect the core competencies of the Joint Programme in the current biennium, decides that if the 2016 budgetary shortfalls were to persist in 2017, requests that the Executive Director, on an exceptional basis, bases the allocation of resources in 2017 on the following criteria:

- a. Decision 6.8 from the 37th Programme Coordinating Board which urged that the Secretariat to be sufficiently funded and encouraged Cosponsors to strengthen their own resource mobilization efforts in support of the Joint Programme;
- b. The amount provided to Cosponsors should amount to a minimum threshold of 15% of funds mobilized against the UBRAF, with a guarantee of no less than US\$1.5 million to each Cosponsor;
- c. Above this minimum threshold, funds should be provided to the Cosponsors, considering the Cosponsors with a high share of HIV spending accounted for by the Joint Programme and who are most at risk of being unable to maintain critical core functions, which would have a disproportionate negative effect on the ability of the Joint Programme to implement the 2016-2021 Strategy”.

spread of HIV. As a result, extraordinary progress has been made in the global response to AIDS over the past 15 years.

5. To ensure the AIDS epidemic does not rebound and can be ended as a public health threat, UNAIDS must continue to lead and coordinate the AIDS response, address social, structural, economic and political drivers of the AIDS epidemic, leverage the AIDS response to address broader global health challenges, and ensure no one is left behind.
6. As the HIV response transitions from a crisis response to a response that is more sustainable and integrated, it requires a carefully calibrated approach: one that is both embedded in health, development and human rights programming, but that also maintains visibility and a dedicated forceful voice. The model therefore of a Joint Programme with Cosponsors that are trusted technical leaders in their fields and a vigorous, outspoken Secretariat is vital.
7. UNAIDS is unique in the United Nations architecture, providing a coordinated and multi-sectoral response to a major global health and development challenge with an inclusive governance mechanism. The Joint Programme has played a critical lead role in advocacy for an effective and adequately funded global response to HIV, contributing to major progress in the scale-up of national HIV programmes and impact on the epidemic, especially over the last 15 years.
8. The 11 cosponsoring organizations and the Secretariat have effectively leveraged their technical expertise across sectors and coordinated their activities through the CCO at the global level and Joint UN Teams on AIDS at country level, based on a division of labour that leverages the comparative advantage of each cosponsor and enables them to work synergistically together<sup>2</sup>.
9. Core UBRAF funds have played a catalytic role in mobilizing other funds for the Joint Programme, but also for the AIDS response more broadly. The Joint Programme has played a crucial role in mobilizing resources for the Global Fund and making them work - complementing a financial instrument with technical support, community mobilization, and bringing civil society, affected people and people left behind to be part of the response.
10. With the Joint Programme now operating for more than 20 years, ECOSOC has emphasised its continued relevance, specifically as an example of “enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact”, and a model for the 2030 Agenda for Sustainable Development. The SDGs call for a stronger multi-sectoral and multi-stakeholder and rights based approach to health and development and the Joint Programme is a tried, tested and proven vehicle for this purpose.
11. The uniqueness and added value of the Joint Programme lies in the fact that it brings together science, innovation and the delivery of health care and addresses the structural drivers and barriers of the HIV epidemic such as human rights, labour rights, education, gender equality, food security and humanitarian emergencies in a comprehensive manner which results in sustainable outcomes.
12. Over the past year, the international community has adopted a set of commitments that together represent the most ambitious global AIDS agenda to date. The UNAIDS 2016-2021 Fast-Track Strategy and the 2016 United Nations General Assembly Political Declaration to End AIDS lay out a path towards ending AIDS as a public health threat by 2030 and contributing to progress across the Sustainable Development Goals.

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<sup>2</sup> UNAIDS (2010). Consolidated Guidance Note 2010. UNAIDS Division of Labour.

13. Countries have begun to implement the Fast-Track agenda based on national strategies and ambitious targets for 2020. The success of the replenishment of the Global Fund in September 2016 further demonstrated the continuing strong global commitment to ending epidemics of the major infectious diseases, within the context of a much broader global health and development agenda.
14. A fully-functional AIDS architecture - including a robust UNAIDS Joint Programme - is essential to achieving the targets in the UNAIDS 2016-2021 Strategy, ensuring optimal investment of international and domestic resources and HIV and health programme integration for increased sustainability.

## 1.2 Definitions and funding scenarios

15. In this paper - and in the context of the 2016-2021 UBRAF - two categories of funding are referred to in the UBRAF:

### *Core funds.*

These are intended to fund the core functions of the Secretariat and provide catalytic funding for the HIV-related work of 11 Cosponsors, which has been essential to enable Cosponsors mobilize and leverage other resources and maintain AIDS as a priority across wider agendas.

Over the past four biennia, UNAIDS has presented zero growth core budgets, which amount to a 10% decrease in real terms. From 2008 to 2015, the core budget allocations of the Cosponsors were maintained and increased as a proportion of the total budget from 29% to 36%, including resources to UN Women as a new Cosponsor

### *Non-core funds.*

These comprise the HIV-related resources that the Cosponsors mobilize themselves. Non-core funds reflect regular and extra-budgetary resources that contribute to the achievement of UBRAF outputs and are or can be measured through UBRAF indicators. As noted below, most non-core funds are raised by the Cosponsors and are earmarked for specific purposes or projects, while the Secretariat has very little non-core funding. Given the limited flexibility of non-core funds, they complement but cannot fully substitute core funds in the context of joint programming.

16. Non-core funds are reflected in the UBRAF to provide a comprehensive view of the funding from the UN System for the AIDS response. By including both core and non-core funds in the UBRAF, the Joint Programme seeks to enhance coherence in utilisation of resources and achievement of results, and reduce duplication of efforts. In a context of a fully funded UBRAF, non-core funds represent approximately four fifths of the total amount of funding that is expected to be raised and managed by the Joint Programme.
17. Analysis undertaken on the ability of the Joint Programme to deliver on the UNAIDS 2016-2021 Strategy presented in this paper is based on three funding scenarios:
  - A fully-funded UBRAF for the first year of the biennium (US\$ 242.5 million) with a 64/36% allocation ratio between the Secretariat and Cosponsors;
  - A 50% reduction in the funding for the Cosponsors (based on US\$ 184 million available in 2016), representing a 76/24% allocation ratio, and;

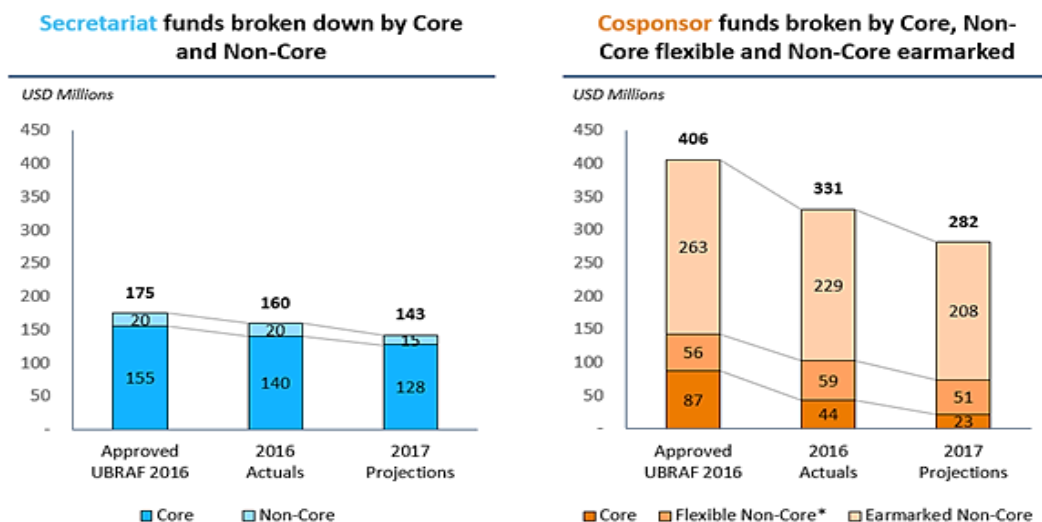
- A 75% reduction in the funding for the Cosponsors (based on a projected income in 2017 of US\$ 150 million at the time of the June 2016 PCB) with an 85/15% allocation ratio and at least 1.5 million for each Cosponsor (as per the decisions of the 38th PCB). The impact of these cuts is contrasted against a situation in which Cosponsors receive the same level of core funding as this year, assuming the same amount can be raised in 2017 as in 2016.<sup>3</sup>

The analysis also presents the impact on the Joint Programme’s presence, by way of staff, and examples of impact on programming provided by Cosponsors and the Secretariat. All figures and tables reflect rounded numbers (which may affect totals).

### 1.3 Funding outlook for the Joint Programme

18. Almost concurrently with the PCB’s adoption in October 2015 of the ambitious UNAIDS 2016-2021 Strategy to fast-track the global AIDS response, and at a time when demands are growing for multi-sectoral, multi-stakeholder approaches to health and development, several major donors reduced - and in some cases ended - their contributions to the Joint Programme. As a result, at the time of the 38th PCB in June 2016, revenue for the Joint Programme in 2016 was projected at US\$ 168 million, a shortfall of 31% compared to the approved UBRAF.
19. Accordingly, and pursuant to decision 6.8 of the 37th PCB to ensure a sufficiently funded Secretariat, only 50% of the envisaged core UBRAF allocation for 2016 was provided to the Cosponsors (US\$ 44 million against US\$ 87 million in the approved budget). Meanwhile, Secretariat core funding for 2016 was reduced by 10% compared to the approved UBRAF. Figure 1 presents the funding of the Cosponsors and Secretariat under different funding scenarios. Income received in 2016 to date and projected to be raised in 2017 against the core UBRAF are presented in Annex I.

**Figure 1: Core, flexible non-core and earmarked non-core funds**



\*UNICEF share of flexible non-core: approved UBRAF (\$41MM), 2016 actuals (\$43MM), 2017 projections (\$39MM)  
Sources: 2016-2021 Unified Budget, Results and Accountability Framework and Cosponsor and Secretariat inputs.

20. Of even greater concern, at the time of the 38th PCB meeting in June 2016, was that the projections of the core resources available to the Joint Programme in 2017 stood at only

<sup>3</sup> The analysis in this paper is based on resource projections for 2017 made at the time of the 38th PCB meeting in June 2016. The actual impact of reduced funding in 2017 will depend on the resources mobilized.

US\$ 150 million, a shortfall of 38% compared to the approved UBRAF. Against this background, the PCB urged “the Secretariat to be sufficiently funded” and decided that “the amount provided to the Cosponsors should amount to a minimum threshold of 15% of funds mobilized against the UBRAF” (compared to 36% of the core UBRAF funds allocated to Cosponsors in 2015 and in the PCB-approved 2016-2017 UBRAF).

21. Accordingly, an estimated US\$127.5 million was envisaged to be available to fund the Secretariat in 2017, down from the PCB-approved budget of US\$ 155 million, a shortfall of 17%. Meanwhile, the core UBRAF resources projected to be available to the 11 Cosponsors in 2017 would be a mere US\$ 22.5 million, representing almost a 75% reduction in the planned budget allocation to Cosponsors of US\$ 87 million.
22. Overall, the budget shortfall in the current biennium and current financial situation represent a crisis that has the potential to destabilise the Joint Programme, severely impacting the capacity of the Joint Programme to deliver on the UNAIDS 2016-2021 Strategy at regional and country levels - and could potentially undermine the model of the Joint Programme itself.
23. In light of concerns about the financial stability of the Joint Programme and the need to maintain sufficient working capital for its operations, the 36th meeting of the PCB took the decision to establish 22% of the biennial budget as the minimum level of the fund balance (i.e. US\$ 107 million).
24. However, to ensure the delivery of Joint Programme activities and the Fast-Track Strategy, the decision was taken to draw down on the fund balance in both 2015 and 2016. It is now projected that the fund balance will stand at US\$ 70-75 million at the end of 2016. As a result, the fund balance is no longer at a level to effectively absorb further shocks and exigencies.

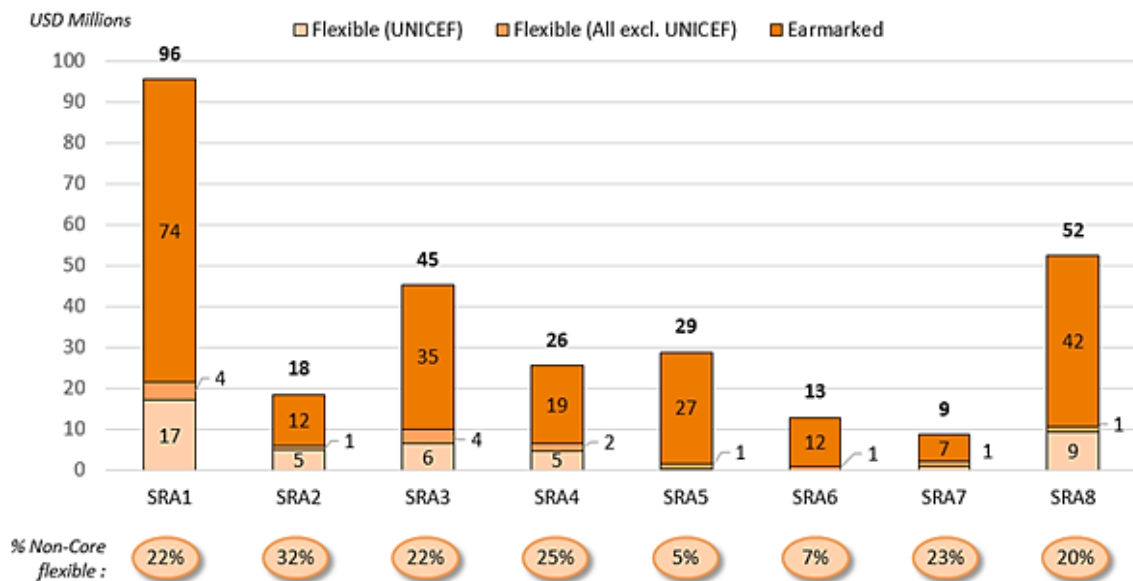
### 1.5 Cosponsors' core and non-core funds: mobilization and use

25. In light of the financial challenges facing the Joint Programme, the PCB has encouraged Cosponsors to strengthen their own resource mobilization efforts, most recently at its 38th meeting in June 2016 (decision point 7.18.a). Against this background, at the 42nd CCO Meeting in November 2016, Executive Heads of the cosponsoring organizations committed to making renewed efforts to increase investments for HIV from their organizations. However, all UN agencies are facing a challenging funding environment. A sluggish global economy, a shifting political landscape, worsening political and humanitarian crises in the Middle East and other regions, and exchange rate fluctuations are likely to undermine current and future investments in international development, in particular core contributions to the UN and other global funds and programmes, a number of which have already been steadily declining.
26. To date Cosponsors have had very limited capacity to reallocate any non-core HIV funding, since the vast majority of non-core funding available to them is earmarked, for example, for the purchase of commodities, such as condoms or medicines, or for activities that are specific to a particular project. For these reasons, earmarked funds cannot readily replace funds for core technical capacity that Cosponsors may have spent years developing, although these (non-core) resources do contribute to the achievement of goals and targets in the UBRAF.
27. The limited capacity of Cosponsors to reallocate restricted non-core funding to replace flexible core funding in 2016 is evident across the eight SRAs of the UNAIDS 2016-2021 Strategy (Figure 2). The proportion of non-core funding in 2016 that is flexible (rather

than earmarked) ranges from only 5% for Gender norms and gender-based violence to 32% for eMTCT/PMTCT, an area which UNICEF and WHO lead on.

28. One Cosponsor - UNICEF - accounts for the vast majority of flexible non-core funds available across all SRAs, while non-core funds for other Cosponsors are largely earmarked for specific activities. UNICEF also provides a good example of the value of the core UBRAF funds, which have enabled funding of staff positions through which UNICEF has been able to attract and mobilize earmarked project funding for countries for the AIDS response.

**Figure 2: Distribution of Cosponsors' flexible and earmarked non-core funds in 2016**



Sources: 2016-2021 Unified Budget, Results and Accountability Framework and Cosponsor and Secretariat inputs.

29. About 20% of total Cosponsor non-core funds is estimated to be flexible in 2016, with variations across Cosponsors, e.g., 0% for World Bank, less than 1% for UNESCO, less than 3% for UNODC, 5% for UNDP, 19% for WHO and 46% for UNICEF (Table 1). Moreover, the capacity of Cosponsors to leverage additional non-core resources is highly dependent on a fully-funded UBRAF, in large part because Cosponsor AIDS functions – including some resource mobilization efforts – are often supported through core UBRAF funding. In short, the analysis undertaken by Cosponsors shows that the non-core resources that they are able to raise for HIV can complement the available UBRAF-funded programming, but cannot replace it.



**Table 1: Percentage of flexible funding of Cosponsor non-core resources**

	Fully-funded UBRAF (one year of biennium)	2016 actuals	2017 projection
UNHCR	1.8%	1.7%	1.6%
UNICEF	43.2%	45.6%	43.1%
WFP	4.0%	3.6%	3.6%
UNDP	8.0%	5.0%	5.0%
UNFPA	2.0%	6.6%	1.1%
UNODC	0.0%	2.8%	0.0%
UN Women	13.0%	13.0%	13.0%
ILO	4.0%	3.0%	2.0%
UNESCO	0.4%	0.4%	0.7%
WHO	18.6%	18.6%	18.6%
World Bank	0.0%	0.0%	0.0%
<b>Total</b>	<b>17.6%</b>	<b>20.5%</b>	<b>19.7%</b>

Table reflects data provided by the Cosponsors following the 38<sup>th</sup> PCB in June 2016. ILO and WHO have since been able to reallocate some of their internal flexible funding to HIV (additional 1-4%).

## 2. EFFORTS TO MITIGATE THE IMPACT OF REDUCED FUNDING

30. Challenges imposed by the changing development aid environment also provide an opportunity for Cosponsors and the Secretariat to ensure that the Joint Programme is best positioned to deliver on the Fast-Track Strategy. In face of the changing aid and development environment, the Cosponsors and the Secretariat have made significant efforts to deal with the funding shortfall, guided by a strategic vision for the future.
31. The 2030 Agenda for Sustainable Development, the 2016 Political Declaration on AIDS and the UNAIDS 2016-2021 Strategy, require the United Nations and UNAIDS to be fit to deliver on the target of ending the AIDS epidemic by 2030. The 2016 Political Declaration on AIDS calls on UNAIDS to support member states in addressing the social, economic, political and structural barriers, including the promotion of gender equality, empowerment of women and human rights, to achieve multiple development outcomes. Likewise intergovernmental discussions leading up to the Quadrennial Comprehensive Policy Review and system-wide work on fit for purpose are focusing on issue-based coalitions, integrated approaches, and the broadest partnerships.
32. The 2016 Political Declaration also recognises the new face of the AIDS epidemic — success in saving lives but failing to stop new infections among adults and young people — and called for fast-tracking the AIDS response in the next five years through decisive, inclusive and accountable leadership, failing which the epidemic could rebound in many countries and not meet the ultimate target of ending AIDS by 2030.

### 2.1 Cosponsors

33. Cosponsors have taken a range of steps to adapt to and mitigate the budget shock, including by reducing staff, reducing funding to partners and scaling back programming as strategically as possible, as described in Section 2.
34. Some Cosponsors have developed short-term solutions within their organization to partially offset the 50 per cent core UBRAF reduction of core UBRAF funds for 2016. For example, ILO has funded regional HIV advisor functions in 2016 complementing reduced core UBRAF funds with contributions from the organization's regional budgets. However,

two regional advisor positions have been lost due to reduced funding. UNHCR, UNDP, UNESCO, WHO, UNODC and UNICEF have made similar arrangements for 2016, drawing on non-core and other organizational resources for their HIV work, but will also struggle do so in 2017.

35. UNFPA and ILO have maximised cost sharing across regional and country offices in 2016, but this arrangement will not be sustainable in 2017. UNICEF has undertaken a review and consultations to develop a new HIV global vision and strategic direction for the next strategic plan (2018-2021), focused on a differentiated response to guide country and programme prioritisation. UN Women will no longer be able to expand, replicate and deepen its work, and is working to reduce the number of countries and networks of women living with HIV that it can support by up to 60%. A number of Cosponsors have de-prioritised gender equality work as part of their response to the UBRAF shortfall.
36. Several Cosponsors, such as UNDP and WHO, have reallocated available core resources to priority areas and/or in the case of WHO, the World Bank and UNESCO reallocated all of their remaining core resources to Fast-Track countries. Most Cosponsors have invested in national staff for HIV, maintaining only a small number of international staff.
37. As noted earlier, Cosponsors have very limited - and in many cases no - capacity to compensate for loss of core UBRAF funds using non-core funds, because non-core funds are in most cases highly earmarked and non-discretionary, and because of the pressure on their own budgets in the present global funding environment. WHO has been successful in raising some additional resources to partially compensate for the reduced core UBRAF, but these funds are earmarked for global normative work and cannot be easily shifted to regions and countries, where they are needed most.

## 2.2 UNAIDS Secretariat

### Repositioning

38. The UNAIDS Secretariat ensures coherence and accountability of the Joint Programme to deliver on the UNAIDS Strategy and the Political Declaration. The UNAIDS Secretariat is repositioning itself for maximum impact in the new political and financial environment, with an organizational design that reflects a coherent structure, cost-effective and efficient systems and business processes, and strong internal capacity to provide quality support to the AIDS response. The overall objective is to create the right UNAIDS Secretariat for the future capable of delivering quality results with a realigned structure responding to heightened expectations and within the new funding reality.
39. Through the repositioning exercise the Secretariat will:
  - *Ensure optimal deployment of staff and expertise at all levels:* through a fact-based, comprehensive prioritisation of what the Secretariat needs to deliver in each country, region, and globally to drive the new Strategy and targets/actions adopted in the Political Declaration, and the related, prioritised resourcing requirements;
  - *Maximise cost efficiencies:* with options for improving cross-cutting areas, such as, communication and work culture across and within headquarters, regions and country offices, to ensure a more coordinated approach to the sharing of information and better, cost-conscious ways of working; and
  - *Lower operating costs:* through structural options for modifying the existing country footprint, and/or engaging host countries to participate in staffing and

operating costs; and, for refocusing and reorganizing Regional Support Teams, Liaison Offices and headquarters functions.

### Focus on Fast-Track at all levels

40. The Secretariat will deliver by focusing on Fast-Track, leveraging the strengths of the Joint Programme, and continuously situating the AIDS response within the SDGs. The Fast-Track approach relies on granular understanding of the epidemic, a differentiated response and footprint, and varied ways of providing support to countries. In addition, delivering results will require innovative solutions that leverage and strengthen existing institutions and structures, and promote accountability for results.

#### At country level

A differentiated footprint that recognises and best responds to specific country needs, leveraging the strengths of the Joint Programme. This includes varied ways of providing support to countries including support from a neighbouring country or RST, as well as the greater use of national staff - where feasible. Changes in staff distribution at country level will be introduced to better reflect what UNAIDS Secretariat presence is needed for and in what format: presence is strengthened in the most affected parts of Africa.

#### At regional level

Smaller regional support teams that provide seamless integration of work between countries and headquarters. A new regional office model that is flatter and more country focused, covering core skills on information, inclusion and implementation. Flexibility remains for regional offices to align their staffing to the specific profile of the epidemic - this is not a one-size-fits-all approach. To ensure a comprehensive package of support to country offices, functions related to community mobilization and support will be brought together, and global outreach will be centralised in headquarters - where such competence already exists.

#### At headquarters level

A streamlined headquarters will provide more focused leadership and strengthen coherence across the Secretariat, eliminating silos, duplication and overlap of tasks and responsibilities. It will allow for a more flexible, dynamic task team approach, with programmatic and management innovations to deliver results, reduce costs, and improve productivity. Simpler and faster business processes, and strengthened accountability and evaluation mechanisms, will drive the delivery of results.

41. The repositioning will enable a sharpened focus on functions and deliverables against the UNAIDS Strategy and Political Declaration and a realigned structure - fewer units, flatter hierarchy - and a focus on risk and change management. Enhanced partnerships will link stakeholders across the SDGs, and build strategic alliances for collaborative efforts in supporting both national and global responses.

### Results of the Secretariat's repositioning

42. The repositioning of the Secretariat will result in increased focus on Fast-Track countries and refined programmatic efforts to ensure a differentiated approach suitable to specific epidemic contexts at regional and country level. Support will be provided through a streamlined, field-oriented organization, a 70:30 ratio for field to HQ staff, and redeployment of staff from HQ and regional support teams to Fast-Track countries.
43. During the repositioning process the Secretariat has been able to mitigate the impact of repositioning on staff by supporting colleagues wishing to pursue other options through a voluntary separation programme, and through strict adherence to ongoing cost efficiency measures, such as, mandatory retirement, reduction in short-term contracts, etc. The Secretariat aims to reduce its overall headcount by 100 (from 830 to 730), or 12%, in 2016. Cuts in activities and operational budgets combined with reductions in staff have resulted in overall savings of US\$15 million, or 10% of the core budget, pursued in parallel with intensified advocacy in support of the Joint Programme with existing and new donors

### 2.3 Ensuring alignment with Agenda 2030 and the 2016 Political Declaration

44. The SDGs and the AIDS response are indivisible and inseparable. Success in both is only possible when there is joint and parallel progress across the SDGs. While AIDS is a health issue, progress against the disease transcends the health sector. UNAIDS provides a framework for integration and cross fertilisation to foster social transformation for AIDS and across the other SDGs.
45. UNAIDS will continue to position the AIDS response as a pathfinder for the SDGs. While the 2016-2021 UNAIDS Strategy and UBRAF indicate obvious linkages to SDG 3 (good health and well-being), SDG 5 (gender equality), SDG 10 (reduced inequalities), SDG 16 (peace, justice and strong institutions) and SDG 17 (partnerships for the goals), the Strategy and UBRAF are also linked to others SDGs. Engagement with the education sector (SDG 4) will ensure that young people, especially girls, have access to secondary and higher levels of education including HIV prevention and comprehensive sexuality education - a cornerstone of the efforts of creating an AIDS-free generation. In promoting sustained inclusive and sustainable economic growth, full productive employment and decent work for all, women and men become less vulnerable to HIV and AIDS (SDG 8).
46. The success of the Joint Programme hinges on leveraging the wide expertise, capacity, relationships and networks available with the Cosponsors, the Secretariat and the wider UN system. For example, by promoting synergies with UN initiatives such as the H6 and every woman, every child initiative, an AIDS free generation can be realised within the next five years alongside stopping preventable maternal deaths and empowering women through employment and decent work. Another example will be to tap the vast influence of UN organizations leading on human rights to broaden UNAIDS outreach on law and policy reform and situate AIDS-related law reform as part of a wider package of social transformation. In addition, UNAIDS will continue to work together to reach the most vulnerable in humanitarian contexts.
47. By linking the capacities of the Joint Programme at global, regional and national level, UNAIDS will provide a powerful force and voice across the health and development agenda. UNAIDS will build on the complementarities and shared purpose of its bodies and will deliver on a more cohesive and coherent development agenda, be a model for aid effectiveness and global partnership for sustainable development to end the AIDS epidemic, as provided in the SDGs.

48. At times of financial constraints and staff reductions across the board, it will be important to maintain basic functions of country level support with flexibility and complementarity within Joint Teams on AIDS. In some countries UNAIDS Secretariat staff may remain the only United Nations AIDS dedicated presence - with need to tap into broader UN mainstream capacity.
49. In other countries, the Joint Programme will need to rely on Cosponsor staff who are not be working full time on AIDS, and rely on support from neighbouring countries or regional support teams. Future adjustments to staff allocations will consider overall capacities of Secretariat and Cosponsors in a given country, with no duplication between Cosponsors and Secretariat and more differentiation in terms of countries.
50. At the request of the 38th PCB (decision 7.26), work has also continued to refine the 2016-2021 UBRAF to ensure alignment with the targets in the 2016 Political Declaration. A mapping of UNAIDS Strategic Result Areas and UBRAF against the targets set in the 2016 Political Declaration has been carried out.
51. The mapping shows close alignment between the UBRAF and the Political Declaration, confirming that the implementation of the UBRAF will directly contribute across the commitments in the Political Declaration. Annual performance reporting will reflect this alignment and capture contributions towards commitments in the Political Declaration.
52. The exercise highlighted a few areas for refinement and alignment that will be fully reflected in the UNAIDS 2018-2019 budget to be presented to the PCB at its 40th meeting in June 2017. For instance, under Strategic Result Area 8 - more specific focus should be provided to ensure an increasing proportion of service delivery that is community-led. Although the Joint Programme is already committed to strengthen comprehensive systems for health through the integration of community service delivery with formal health systems, stronger attention will be given to measure and report on this.
53. The 2016-2021 UBRAF indicator guidance has been finalised and the Joint Programme Monitoring System, now in its fifth annual rollout, has been updated to align to the 2016-2021 UBRAF structure. Quality assurance guidance has been prepared, the objective of which is to ensure that all data presented in the annual Performance Monitoring Report and other related documents, as well as on the web portal, will be of highest quality.
54. Finally, the analysis of the impact of the funding shortfall on the Joint Programme, which is described in this paper, provides the basis for the refinement of the UBRAF, which will be reflected in the 2018-2019 budget to be presented to the 40th PCB in June 2017. Diverse and geographically balanced expertise has been tapped into for the preparation of the analysis and the refinement of the UBRAF as requested by the PCB in decision 7.26 of the 38th PCB (through the engagement of external experts from South Africa and Germany).

### 3. IMPACT AND IMPLICATIONS OF DIFFERENT FUNDING SCENARIOS

55. The implementation of the UNAIDS Strategy is dependent on the Secretariat performing its core functions and the Cosponsors delivering according to their respective mandates and the UNAIDS division of labour. The analysis in this paper concludes that it is necessary to allocate adequate resources for the core functions of the Secretariat as well as for the vital contributions of the Cosponsors to ensure the capacity of the Joint Programme as a whole to deliver on the UNAIDS Strategy is maintained.
56. The sections below describe the impact on the Joint Programme of a 50% reduction in the core UBRAF allocations of the Cosponsors in 2016. The impact of a 75% reduction in the core allocations of the Cosponsors in 2017 is also presented and contrasted to a situation in which the core allocations of the Cosponsors are reduced by 50%, i.e., the Cosponsors receive the same level of core funding in 2017 as in 2016.
57. An increased allocation of core resources to the Cosponsors in 2017 (US\$ 44 million) will allow continuation and intensification of key activities of the Joint Programme. This will also allow maintaining a stronger geographic presence and focus on Fast-Track by retaining critical staff in Fast-Track countries. Increased resources for 2017 will enable more joint work, more integration of HIV with other programmes, and support to the effective utilisation of Global Fund resources.

#### 3.1 HIV testing and treatment

58. In support of the 90-90-90 target – a key component of the Fast-Track approach - consolidated guidelines on HIV testing as well as updated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection have been launched. The 2015 integrated Antiretroviral Therapy (ART) guidelines recommend a “treat all” approach, according to which nearly 37 million people require treatment immediately. The Secretariat has been at the forefront of advocacy for treatment access, while the WHO has led the provision of technical support in implementation of the new testing and treatment guidelines. Various members of the Joint Programme have contributed in increasing uptake of HIV testing, ensuring access to quality and affordable medicines, innovation, service delivery and treatment adherence. Collectively, the Joint Programme has created momentum for a rapid scale up of HIV testing and ART initiation.
59. Cuts in core funding in 2016 have already impacted the Joint Programme’s capacity to provide policy advice and technical support for testing and treatment, and slowed down the pace of scale-up. In mid-2016, HIV treatment uptake was already 8% less than the Fast-Track target for the period. Additional cuts in 2017 would make it very difficult, if not impossible, to achieve the 90-90-90 and Fast-Track targets by 2020. Receiving the same level of core funding in 2017 as in 2016 will enable WHO retain 15 regional and country level staff who provide critical support to these efforts. An additional five Fast-Track countries can receive support to adopt and implement the WHO treatment guidelines on HIV testing and “treat all”.
60. Maintaining current level of core UBRAF funding in 2017 will enable UNICEF to deliver on paediatric HIV treatment in 21 AIDS Free countries (of the 3 Frees Framework), with a focus on expanding opportunities for targeted integration of HIV with child health. UNICEF will accelerate scale up of early infant diagnosis and linkage to treatment for enhanced child survival. UNICEF will leverage its work on point of care diagnostics to bridge service delivery gaps in access to diagnostic services for children. The organization will support

countries in implementing differentiated service delivery models to optimise identification and linkage of children to treatment. In addition, support for availability and use of sex and age disaggregated data will inform more targeted national paediatric HIV responses. Finally, UNICEF will support countries to operationalise the new WHO infant feeding recommendations.

61. Led by ILO and supported by WHO, UNESCO, UNICEF, UNDP and the Secretariat, the VCT@Work initiative tested almost 3 million workers in 36 countries between in 2013-2015. The 85,000 workers who tested positive were referred to treatment services for follow up. In 2016, the VCT@Work initiative has been limited to 20 countries as a result of the budget cuts. Receiving the same level of core UBRAF funding in 2017 as in 2016 will enable ILO to continue to the testing in 20 countries. With the support of the other Cosponsors and the Secretariat, ILO consequently expects to be able to generate demand for HIV testing for approximately 400,000 additional workers (900,000 workers in total) in Fast-Track countries.
62. Increased core resources in 2017 (to the level of 2016) will also enable the Joint Programme to increase access to testing, advocate for lowering the age of consent for HIV testing, expand community delivery and self-testing as well other joint HIV testing campaigns, including development of educational media materials for young people, and support to teacher training on HIV and health education. In Eastern Europe and Central Asia, for instance, UNESCO and the Secretariat will explore ways to expand beneficiary countries of a large HIV testing campaign from four to eight. For its part, WFP will continue to address food security and nutrition interventions across the entire HIV treatment cascade, including through vulnerability assessments, capacity building initiatives and technical support to integrate food and nutrition into HIV services.

### 3.2 Elimination of mother to child transmission

63. Significant progress has been made in reducing new HIV infections among children, keeping their mothers alive, and increasing the number of children living with HIV accessing paediatric HIV treatment. Still major gaps remain in several countries and locations in reaching women and children with timely and effective HIV prevention, treatment as well care and support services, maintaining adherence and providing support for retention in treatment. The UNAIDS Secretariat, together with PEPFAR, has led the global movement to eliminate new HIV infections among children and keeping mothers alive.
64. WHO, UNICEF, UNFPA as well as the Secretariat have provided high level advocacy, technical leadership and support to galvanise action by multiple partners to develop and implement quality guidance and successful programmes. Work by the Joint Programme to prevent and eliminate mother-to-child transmission of HIV (PMTCT/eMTCT), is an excellent example of a coordinated effort with a clear mandate to provide technical assistance, track progress and develop and disseminate operational guidance to catalyse country level action. Supported by UNICEF, UNFPA and the UNAIDS Secretariat, WHO spearheads the effort to validate the elimination of mother-to-child transmission of HIV and syphilis.
65. Elimination of new HIV infections in children depends critically on continued core UBRAF funding. The reduced funding to UNICEF, WHO and UNFPA in 2016 has had a major impact on the capacity of the Joint Programme to provide support to eMTCT and validation of eMTCT. A further reduction in WHO regional and country capacity would slow down the validation process considerably and be most keenly felt in Africa – the most critical region for eMTCT, which has yet to field a candidate country for validation,

and where validation of the first country would now be delayed by at least one year. However, with increased core funding in 2017, WHO will be able to re-prioritise the validation of the eMTCT of HIV and syphilis and prevent further delays in validation efforts in Africa.

66. Together with partners, UNAIDS Secretariat, has launched a new framework—Start Free, Stay Free, AIDS Free—which bring together the global, regional and national efforts to reach the goal of eliminating new HIV infections among children by 2020 and ensuring that at least 1.6 million children are on treatment by 2018. These efforts will be seriously undermined without adequate funding. The ability of the Secretariat to convene essential partners at country and regional level will be severely curtailed without sustained funding in 2017 and beyond.
67. The increased allocation for 2017 will enable UNICEF to enhance quality of PMTCT services and retention of pregnant women and mothers in care, in the 12 Start Free countries (of the 3 Frees Framework). UNICEF will leverage its work on optimising HIV treatment access and retention for pregnant and breastfeeding women in transforming service delivery platforms for early treatment initiation and monitoring of retention, as well as facilitating community-facility linkages to further optimise treatment access and retention. UNICEF will apply an equity lens in its programming, leveraging its work on monitoring results for equity, to ensure vulnerable at-risk populations are served.

### 3.3 Adolescents and young people

68. The UNAIDS Strategy highlights the importance of ensuring that adolescents and young people receive the HIV education and services they need to protect their health and rights. It also stresses the need to ensure that a new generation of youth leadership is positioned to take the world towards the end of the AIDS epidemic.
69. Recognising the diversity of adolescents – from girls in sub-Saharan Africa, to adolescent migrants, to unemployed youth, to adolescent key populations – and their vulnerability to HIV, the Joint Programme provides a comprehensive response to complex challenges and opportunities. This is done through partnerships, evidence generation, technical support, guidance development to support countries to scale-up access to quality, youth-friendly combination prevention services, and strengthening education programmes for young people in and out-of-school to provide them with crucial life-skills. The Joint Programme prioritises young people at greatest risk of exclusion, infection, illness and death.
70. The analysis conducted shows that support to address HIV among young people and key populations were amongst the most affected areas due to the funding shortfall. This is of concern since these are particular challenges in the HIV response and dependent on flexible core UBRAF funding for the Cosponsors. Already, the 50% reduction in the funding of the Cosponsors in 2016 has impacted the ability of the Joint Programme, notably UNESCO, UNICEF and UNFPA, to support countries and civil society. The Secretariat is also feeling the pressure to maintain its core capacity related to young people. Considering the gap in access to treatment, and the overall lack of progress in reducing new infections over the last five years, further reductions in investments in support to programmes for and with young people could be devastating.
71. With the same level of funding in 2017 as in 2016, Cosponsors will be able to maintain a bare minimum of resources related to programming for adolescents and young people and reduce HIV-related vulnerability, so that those most at risk are able to seek comprehensive information and services without fear or discrimination.



72. The successful UNESCO adolescent HIV prevention and literacy toolkit will be adapted for dissemination in other Fast-Track countries beyond Eastern and Southern Africa. Additional core funds will enable UNESCO to continue supporting non Fast-Track countries to scale up the education sector response to HIV. UNESCO will support the roll-out of the UN international technical guidance on sexuality education, and ensure that countries and regions receive support for customisation.
73. As part of its work with youth-serving civil society organizations, UNESCO will be able to support their participation in events and the production of advocacy and communication materials to engage communities in dialogue about the health and education needs of young people. Additional funds will allow follow-up by UNESCO and UNFPA on a call for action signed by 17 countries in West and Central Africa to strengthen young people's access to comprehensive sexuality education as well as sexual and reproductive health services through the development of country road maps and support to at least 5 countries in the region.
74. In 25 All In! countries, UNICEF will be able strength data collection and analysis to drive decision making; invest in high-impact interventions to reach adolescents most at risk of HIV infection, illness and death; analyse and respond to the needs of adolescent key populations; apply implementation science to investigate effective operational approaches bringing innovations to scale; and prioritise efforts to address forced sex, sexual exploitation and loss of sexual agency among adolescent girls. Together with UNDP, UNFPA and the Secretariat, systematic reviews of age of consent laws and policies in the All In! countries will be carried out along with a review of available data on stigma and discrimination against adolescents living with HIV.
75. In 2016, UNFPA's support for comprehensive condom programming to prevent HIV, other sexually transmitted diseases and unintended pregnancies had to be scaled down dramatically. Plans for 2017 were to reduce programmes even further. For example, in Latin America and the Caribbean plans were to reduce support from 13 countries in 2016 to only three in 2017. UNFPA's work on social marketing of condoms in Eastern Europe and Central Asia was discontinued in 2016 and expansion of the CONDOMIZE! Campaign into new countries in Africa has been stopped. The increased 2017 allocation will enable UNFPA to main its current condom programming efforts and revitalise support in several the Fast-Track countries.
76. The increased 2017 allocation will enable WFP to maintain its country activities to meet the HIV-related needs of young people and adolescents through one of its major HIV-sensitive interventions, school meals, and through joint work with UNFPA and UNICEF on the initiative "Action for adolescent girls in sub-Saharan Africa". WFP will explore ways to leverage its school meals platform to introduce sexual and reproductive health education in schools.
77. The Secretariat has been at the forefront of fostering youth leadership through innovative strategies including crowdsourcing, youth participation in AIDS responses at global, regional and national level, as well as in changing laws and policies to make access to service adolescent and youth friendly. The work of the Joint Programme informs the overall youth engagement strategy of the United Nations and maintaining at a minimum the current level of funding is critical to sustain the minimum level of engagement required.

### 3.4 Key populations

78. Reaching a higher proportion of key populations with effective HIV responses is a critical element of the Fast-Track Strategy. The Joint Programme strongly advocates for an inclusive AIDS response and support countries to engage and respond to the needs of key populations with evidence and rights-based approaches. The Secretariat, together with the Cosponsors, have been instrumental in re-orienting national AIDS responses from relatively un-targeted 'catch-all' approaches to much more tailored and higher impact approaches that focus on most vulnerable populations and locations. The emphasis across the Joint Programme has been on meaningful participation of key populations at global, regional and country levels to influence national responses through normative guidance, strategic information, capacity development, programming, monitoring and evaluation.
79. The 2016 funding shortfall has reduced Joint Programme capacity to provide continued technical assistance. This is particularly significant when it comes to key populations who, by definition, cannot easily be mainstreamed into regular health and development programmes. If core resources for 2017 were to be reduced by 75% for Cosponsors, the impact of the cuts would be particularly severe on key populations. With earlier funding projections for 2017, UNODC's extensive harm reduction work was in jeopardy. UNODC was at risk of cutting support to half of the 26 high priority countries, including policy advocacy, technical assistance for harm reduction, work in prisons, and work to develop linkages between law enforcement, health, prison services, drug control agencies, justice and civil society organizations.
80. Increased core funds available for 2017 (equivalent to 2016 levels) will enable UNDP, UNFPA, UNODC, WHO, together with UNAIDS Secretariat and PEPFAR, the Global Fund and key population networks to support the roll-out of the programme implementation tools for sex workers, gay men and other men who have sex with men, people who use drugs and transgender people in all Fast-Track countries and a select number of non-Fast Track countries to ensure comprehensive programmes to prevent HIV among key populations. The leadership, advocacy, convening, mobilization, country support and strategic information functions of UNAIDS Secretariat will continue to prioritise the rights and needs of key populations, with the aim to leave no one behind.
81. Providing the Cosponsors the same level of funding in 2017 as in 2016 will allow the Joint Programme to conduct a global review on preventing and addressing violence against key populations; create the data platforms and provide evidence to advance policy and practice for LGBTI inclusion. UNESCO will be able to continue efforts in at least three countries in Asia-Pacific, partnering with UNDP to support the "Being LGBT in Asia" initiative, which aims to address inequality, violence and discrimination on the basis of sexual orientation and gender identity.
82. With increased 2017 funds, UNODC will provide support for comprehensive packages of services for prisoners and of harm reduction services in a larger number of countries (up to 19 affected countries). Notably, UNODC will increase access to and improve the quality of HIV testing and treatment cascade in prisons; conduct policy advocacy, technical assistance and coordination support for harm reduction; roll out technical tools; build capacity of and partnerships law enforcement agencies and civil society organizations, particularly on gender based violence; and generate strategic information and global reviews on the state of harm reduction, and on the epidemiological situation of HIV in prisons. A more impactful roll-out of the UNESCO, UNODC and WHO guidance on education sector responses to substance use will be possible, with capacity-building in three regions that are expected to benefit over 50 countries.

### 3.5 Rights, stigma and discrimination

83. The 2030 Agenda for Sustainable Development provides an unprecedented opportunity to promote and expand rights-based HIV responses across the Sustainable Development Goals. The Joint Programme has been at the forefront of supporting countries in translating existing legal obligations and political commitments to human rights and gender equality – especially the rights to access health-related information and services, autonomy in decision-making and non-discrimination – into concrete strategies, programmes and actions at global, regional and country levels. The Joint Programme has been supporting all stakeholders, including governments and civil society, to follow up on the commitments in the 2016 Political Declaration on HIV and AIDS as well the recommendations of the Global Commission on HIV and the Law.
84. The funding cuts in 2016 have seriously constrained the work of the Joint Programme related to rights, stigma and discrimination. Moreover, stigma and discrimination impacts men and women differently. Funding shortages which limit work in this area will mean that there will not be a nuanced approach taken in addressing gender-based discrimination in the context of HIV.
85. However, with core UBRAF funding in 2017 expected to match the level of funding in 2016, UNDP, jointly with UNICEF, UNFPA, UN Women, WHO, and supported by the Secretariat, will expand follow up on the recommendations of the Global Commission on HIV and the Law for a coordinated, rights-based and gender-sensitive HIV response that focuses on creating and supporting enabling legal environments. This will include supporting countries in conducting legal environment assessments, convening national dialogues, promoting community engagement on human rights and legal issues and providing technical support to undertake law and policy review to address gender and other socio-economic or legal inequalities.
86. Key activities include support to 20 countries to address violence against women in health care settings and strengthen access to justice for women and girls living with and affected by HIV. Support will be provided to countries, including civil society, to increase human rights programmes for HIV/TB in order to reduce stigma and discrimination and increase access to justice for people living with HIV and other key populations with a focus on cities. UNHCR will prioritise the protection of refugees and other persons of concern through advocacy and human rights promotion. Renewed focus will be to end mandatory HIV testing and restrictions on the freedom of movement for people living with and affected by HIV. Together with the UN, civil society, governments and private sector partners, the Joint Programme will follow up on the UN Secretary-General's High-Level Panel on Access to Medicines to improve health technology innovation and access.

### 3.6 Gender equality and gender-based violence

87. Gender inequality remains pervasive and hinders women's and girls' ability to prevent HIV and mitigate its impact. Women and girls continue to face a disproportionate burden of HIV due to persistent gender inequalities, discrimination, and harmful practices that increase the risk of infection for many young women. In sub-Saharan Africa, women make up 56% of new infections in adults and 66% of new infections among young people are among young women. In the new era of SDGs, the Joint Programme role and multi-sectoral approach is indispensable in ensuring the HIV response prioritises the empowerment of women and girls.
88. In 2014-2015, the Joint Programme has provided technical support to over 30 countries to integrate gender equality issues, including gender-based violence, into the national HIV

plans, budgets and M&E frameworks as well as Global Fund concept notes in 13 countries. UN Women and WHO have worked to strengthen capacities of staff on gender-sensitive monitoring and evaluation in national AIDS councils and HIV programmes in 15 countries.

89. The continuation of past support will not be possible with reduced funding and the budget cuts in 2016 are already making it more difficult to achieve the targets in the UNAIDS Strategy pertaining to gender equality and gender-based violence. At country level, with particular focus on Fast-Track countries, the Secretariat will attempt to bridge the gap through the work of its Community Support Officers who will leverage other gender expertise available within countries to advance the gender agenda.
90. With the same level of core funding in 2017 as in 2016, UN Women will maintain technical support to countries through two gender equality and HIV regional advisors (one in sub-Saharan Africa, one in Asia and the Pacific). UN Women will integrate gender equality into the governance of the HIV responses, including supporting governments to develop Global Fund concept notes, and implement evidence-based interventions to ensure women live a life free of violence in the context of HIV in 14 countries. Although the funding for women's networks remains far from the levels it needs to be, UN Women will continue to prioritise supporting the networks of women living with HIV and organizations of young women and adolescent girls to engage in the HIV responses at national and local levels.
91. UNHCR will be able to expand joint work with UNFPA to provide training and country level monitoring and support services for clinical management of sexual violence and links with the multisectoral response to sexual and gender based violence in Eastern, Central and West Africa. An organizational restructuring in ILO provides opportunities for HIV issues to be better mainstreamed. Additional UBRAF resources will facilitate in mainstreaming HIV into the work of ILO in countries in Latin America, Africa and the Middle East. ILO will specifically use any additional resources to scale up business and skills training programmes for vulnerable women in Africa. In South Africa, Mozambique and Tanzania ILO will work to reduce vulnerabilities among women and young girls in hot spots along the transport corridors.

### 3.7 Humanitarian contexts and fragile states

92. The Joint Programme supports vulnerable and fragile communities in order to strengthen resilience and ensure systematic integration and delivery of HIV prevention, treatment, care and support in emergencies. Cross-regional strategies are encouraged for maximum impact and coverage of people. WFP and UNHCR are co-conveners of an inter-agency task team on HIV in emergencies, the only global and multilateral platform to address the issue. This platform plays a key role in providing technical guidance, undertaking data collection, fostering coordination between stakeholders and mobilizing critical resources. In 2014-2015, the task team developed guidance on the prevention of mother to child transmission in humanitarian settings. However, the planned roll out of the guidance and training of field staff have been scaled back due to the funding shortfall in 2016.
93. In 2016 UNHCR and UNICEF have supported WFP to advocate for humanitarian action in order to mitigate the impact of El Niño on PLHIV. Task team members have supported WFP core-funded staff to mobilize resources to scale-up the response. As a result, WFP expects US\$ 18 million from PEPFAR/USAID to provide emergency food/nutrition support to malnourished PLHIV in 2017 (funding pending approval). This would not have been possible without actions taken by core-funded staff and support from the task team.

Despite this positive outcome, such funds are earmarked and cannot substitute core funding.

94. Key issues to consider in humanitarian contexts include gender inequality and sexual violence. UNHCR has been working with UNFPA to build capacity relating to clinical management of sexual violence in refugee settings in Asia, Africa, and the Middle East. Work on this continues but the efforts have had to be scaled down due to the funding shortfall in 2016. Also, in 2016, joint work with UNFPA on prevention and care for key populations amongst populations affected by humanitarian emergencies has been scaled back in Asia, Middle East and North Africa, and Eastern and Southern Africa.
95. With the initial funding projections for 2017 (a 75% reduction in core UBRAF funds), UNHCR's capacity to provide technical support and coordination activities for HIV in humanitarian emergencies was to be substantially reduced in several countries. UNHCR was to drastically scale down prevention programmes, including those for key populations in all regions. With the initial 2017 projections, community- and facility-level support, for people on antiretroviral therapy and TB treatment and eMTCT programmes as well as access to viral load and CD4 testing in humanitarian settings, were seriously underfunded.
96. The revised projected 2017 core funding will allow UNHCR to continue a number of crucial HIV programmes for refugees, internally displaced persons and other populations affected by humanitarian emergencies who are living with, affected by or vulnerable to HIV. UNHCR's capacity to provide technical support and coordination to address HIV in humanitarian settings will be maintained at global level and regional level in Africa, Asia and the Middle East. Innovative measures to ensure the continuation of treatment in humanitarian and conflict settings, such as a health travel card will continue. Country support for treatment and care will also be strengthened including funding ART for refugees in three countries; and community and facility level support for people on ART and TB treatment in refugee settings and operational research.
97. With the increased funding for 2017, WFP will prioritise countries and regions affected by food security and emergencies. WFP's capacity to provide support and coordination to integrate food and nutrition in the HIV response as well as to address HIV in humanitarian settings will be maintained. WFP will continue to provide food and nutrition support to food insecure and malnourished PLHIV impacted by emergencies in Eastern and Southern Africa and food-by-prescription to malnourished PLHIV in West and Central Africa. WFP will also continue to provide supply-chain/logistics services to prevent stock-outs.
98. The Secretariat, UNHCR, WFP, UNICEF, WHO will continue support to eMTCT through the task team on HIV in emergencies, including dissemination of guidelines on eMTCT in humanitarian settings and on-site support to reach health providers in isolated and under-resourced humanitarian settings. WFP will continue to lead the task team on food, nutrition and HIV.

### 3.8 Sustainability, effectiveness, efficiency and integration

99. To fast-track and sustain national AIDS responses requires sufficient and sustained funding. Increasing domestic financing will be essential to long-term sustainability. At the same time efforts should be redoubled to ensure that funding is used as strategically and efficiently as possible. Given the increasing pressure on governments to improve the sustainability, efficiency and effectiveness of their HIV response and find ways to reduce dependency on external funding, the Joint Programme – through initiatives such as global solidarity and shared responsibility – has put a strong emphasis on helping

governments allocate their funds as efficiently as possible. This includes partnerships between the Secretariat, the World Bank, UNDP, WHO and the Global Fund to support countries develop HIV investment cases. These studies have provided evidence necessary to ground national strategic planning in data and optimise resource allocation.

100. The 2016 funding shortfall has resulted in a reduction in the number of countries supported to develop investment cases, allocative efficiency and financial sustainability studies, transition plans, and integration of HIV financing into broader universal health coverage and health financing efforts. The funding shortfall has also severely affected the work of the World Bank to integrate HIV interventions into other sectors, and the number of countries receiving support to develop more efficient and effective AIDS responses and to develop sustainable HIV financing approaches.
101. If the 2017 core allocations of the Cosponsors were to be halved from the 2016 levels, promoting and advancing sustainability, effectiveness, efficiency and integration would be limited to a handful of countries. With core funding at the same level as in 2016, the World Bank, UNDP and the Secretariat will be able to support 20 countries develop sustainable financing approaches for HIV responses, including modelling optimised investment approaches, reviewing legal and regulatory frameworks for antiretroviral medicines, developing case studies on the experience of NGOs transitioning to domestic funding and providing recommendations on how social contracting approaches can be used to sustain civil society engagement. The Joint Programme will also take forward recommendations of the UN Secretary-General's High-Level Panel on Access to Medicines to improve health technology innovation and access.
102. With the increased 2017 allocation, the World Bank will assist up to 15 countries to further increase the efficiency of their HIV responses, thus extracting 20-40% out of existing budget allocations through efficiency gains rather than budget increases. In concert with UNDP, the World Bank can ensure that priority areas inside its lending portfolio, such as health system strengthening, social protection and infrastructure continue to receive HIV specific technical assistance. Under previous projections, the World Bank would be forced to focus on the health sector, to the detriment of a multi-sectoral response. The World Bank will be able to maintain part of its research agenda and keep assisting a number of countries in improving the sustainability of their response and, at global level, to maintain HIV integration into the universal health coverage agenda.
103. The Joint Programme also promotes integration of HIV services within other sectors. This includes strengthening comprehensive systems for health through the integration of community service delivery with formal health systems. In absence of an increased 2017 allocation, WHO would have cut support to effective prevention, control and management of TB/HIV co-infection WHO will now seek to maintain some TB/HIV activities supported through core UBRAF funds. With 2017 funding maintained at 2016 levels, UNESCO will be able to continue to work with countries to support school health system strengthening and referral mechanisms for HIV and sexual and reproductive health services, and to encourage enhanced collaboration and dialogue between the health and education sectors. UNESCO will dedicate increasing efforts to mainstreaming work and identifying new opportunities for HIV integration. This is expected to generate an additional US\$ 2-5 million in non-core resources.
104. ILO will maximise opportunities of integrating HIV with the gender, equality and diversity work at global, regional and country level. WFP will continue its HIV-sensitive social protection activities in different contexts through food and nutrition related projects as well as support to national governments and will continue to target the specific needs of

PLHIV, PMTCT clients as well as orphans and vulnerable children in Fast-Track and food insecure countries.

### 3.9 Partnership with the Global Fund

105. As a financing mechanism, the Global Fund draws on the contributions of the entire Joint Programme to ensure the effective delivery of programmes and the optimal use of funds. The funding shortfall experienced by UNAIDS in 2016 is impacting the ability of the Joint Programme to support countries access and implement Global Fund resources.
106. Any further budget cuts would have serious implications for the Joint Programme's important partnership with the Global Fund. With reduced UNAIDS presence in the field, the Global Fund will lose a neutral broker and a key partner towards more strategic, effective and efficient use of resources. A strengthened partnership with the Global Fund in ways that are mutually beneficial and maximise impact of invested resources is therefore a priority.
107. The Joint Programme has assisted more than 100 countries in mobilizing and effectively using US\$ 16 billion disbursed by the Global Fund since 2002. In 2014-2015 alone the Joint Programme helped develop 88 HIV and HIV/TB concept notes for countries to access Global Fund resources. To help countries access and optimally use Global Fund grants, UNAIDS has provided a broad range of support in addition to concept notes, which includes programme reviews, financial and programmatic gap analyses, development of national strategic plans, design of interventions and delivery of services, preparation of Global Fund applications, grant-making and implementation plans, monitoring, evaluation and reporting.
108. The Joint Programme also provides support on state-of-the-art epidemic modelling, contributing to the design of HIV prevention, testing and treatment programmes, gender and human rights assessments, negotiating lower prices for diagnostics and medicines, convening civil society, and building country capacity to generate strategic information and monitor the epidemic and response. UNAIDS field presence allows advocacy, policy and technical advice to countries - underpinned by extensive knowledge of local contexts and needs.
109. Providing the same level of funding to the Cosponsors in 2017 as in 2016 will enable more effective support to Global Fund grantees to scale up human rights programmes that reduce barriers to access and services. The Joint Programme will also engage more effectively with the Global Fund and other partners to support the roll-out of programme implementation tools for sex workers, gay men and other men who have sex with men, people who use drugs and transgender people in all the Fast-Track countries plus a select number of non-Fast Track countries to ensure comprehensive programmes that can reduce HIV incidence among key populations.
110. The core UBRAF funding will enable UNDP to support a range of countries to access and optimally use Global Fund grants, including Global Fund related management and technical support, in countries where another entity has been designated as Principal Recipient but where a partnership with UNDP is important for effective implementation or longer-term capacity development for sustainable HIV responses.
111. WHO has received funding from the Global Fund for technical support related to Global Fund processes at country level, but this arrangement is coming to an end. Core UBRAF funds will help secure some level of Global Fund related work in 2017. WFP will

continue to support the Global Fund and Principal Recipients build supply chain capacity and deliver HIV commodities in challenging operating environments.

## 4. WAY FORWARD

### 4.1 Effective partnerships and resource mobilization

112. A robust partnership between the Joint Programme and the Global Fund will continue to be critical to ensure that progress is maintained, and that the Global Fund can deliver even greater results in the coming years.
113. An independent evaluation of the partnership between UNAIDS Secretariat and the Global Fund is currently ongoing. Recommendations will be presented to the 40th PCB (as part of the reporting on the implementation of the UNAIDS evaluation plan). The evaluation covers global, regional and country levels, uses mixed methods and focuses on the outcomes and impact of the partnership, and assesses key organizational and contextual factors to sustain effective partnerships. Among other elements, the evaluation considers the impact of the partnership in supporting countries to effectively expand access and accelerate delivery of quality services; the strategic and operational ways of working between the two organizations; and the influence both organizations have in setting ambitious targets, shaping national policies and prioritising the utilisation of resources.
114. The critical nature of the functions performed by the Joint Programme is widely recognised. As a result, there have been calls for the Global Fund to directly finance UNAIDS to ensure that it can continue to perform them. The UNAIDS Executive Director has chosen not to accept such funding for the UNAIDS Secretariat (some Cosponsors accept support, for example from the Global Fund, or its donors, for technical support). The Executive Director has taken this position to avoid potential or perceived conflicts of interest, ensuring that UNAIDS can continue to function as an impartial broker and remain fully accountable to the PCB. Nonetheless, it is possible to calculate the actual costs associated with the Joint Programme's support to the Global Fund and its funding recipients, and identify ways to finance this support in addition to its core functions.
115. More donors to the Global Fund could be encouraged to increase their funding of the Joint Programme. If key donors to the Global Fund - such as France, Germany, Japan, Canada, Italy, and the European Union would increase their contributions to UNAIDS to the equivalent of 4% of their pledges to the Global Fund<sup>4</sup>- this would increase UNAIDS annual income by approximately US\$ 50 million and significantly narrow UNAIDS budget gap, while leveraging and maximising the impact of funds already provided to the Global Fund and averting negative impacts on the AIDS epidemic and response as presented in this paper. To facilitate this, the Joint Programme will need to explore new mechanisms for donors to contribute to UNAIDS.
116. In total core financing for the Joint Programme for 2017 represents just over 1% of the US\$12.9 billion pledged to the Global Fund replenishment in September this year, and less than 1% of the US\$ 19 billion invested in the AIDS response in low- and middle-income countries last year. UNAIDS income in 2016 and projected income in 2017 against the core UBRAF is presented in Annex I.

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<sup>4</sup> Calculations based on pledges for 5th Global Fund Replenishment Round (2017-2019). For the donors mentioned in the text, current contribution to UNAIDS as a % of their pledged contributions to the Global Fund correspond to: Canada (1.7%), Germany (0.9%), Japan (0.8%), France (0.1%), Italy and the European Union (0%).



117. During 2016, resource mobilization efforts have been intensified across the Joint Programme and UNAIDS executive leadership has engaged with more than 40 donors to ensure higher levels of core UBRAF funding. These efforts are starting to deliver results and support from donors for the work of the Joint Programme remains strong.
118. The United Kingdom and the United States have indicated their intention to maintain their level of support with long-term commitments. Cote d'Ivoire, Kenya, Sweden and Switzerland have advised that they will be providing additional funds in 2016, in some cases to help mitigate the current financial crisis. In addition, promising indications have been received from China, Denmark, Namibia and Norway. These contributions are highly welcome but are insufficient to fully implement the Joint Programme's activities in this biennium.
119. Renewed efforts and approaches to resource mobilization are also needed. Fully financing the UNAIDS budget will rely on both broadening the donor base, including among newly emerging economies and private sector donors, and encouraging current donors to review and increase their existing financial commitments.
120. Going forward, the Joint Programme will continue to mobilize more resources for HIV and work differently to contribute to Fast-Track, including through scaling-up efforts to mainstream and integrate HIV into Cosponsors' country, regional and global programmes that support progress on a range of SDGs. At the CCO Meeting on November 8, 2016, Executive Heads of cosponsoring agencies indicated their willingness to seek additional resources for HIV-related activities from within their organizations.

#### 4.2 Short-term bridge funding and longer term solutions

121. As a result of resource mobilization efforts, revenue for 2016 is now projected at US\$ 175 million (including a contribution from the UK not yet received). Income received to date in 2016 and projected in 2017 against the core UBRAF is presented in Annex I. Although the outlook for 2017 is still uncertain, raising the same amount in 2017 as in 2016 against the core UBRAF is not inconceivable. The Executive Director is therefore envisaging allocating approximately US\$ 44 million to the Cosponsors in 2017 - corresponding to 25% of the core funds expected to be raised in 2017 - as bridge funding to enable Cosponsors to continue adapting to the decline in UBRAF funding.
122. The analysis presented in the previous sections shows that limiting the allocation to the Cosponsors to 15% of UBRAF core funds would have serious consequences for the Joint Programme and negatively impact the implementation of the UNAIDS Strategy. Providing Cosponsors the same level of core funding in 2017 as in 2016 would stabilise the Joint Programme and ensure that progress against the UNAIDS Strategy remains on track while a new business model for the Joint Programme is being developed and agreed.
123. Findings from the impact analysis made clear the urgent need to revitalise resource mobilization efforts across the Joint Programme towards a more predictable, sustainable, longer term funding model. Financing the UNAIDS budget will need to rely on both broadening the donor base, including among newly emerging economies and private sector donors, and encouraging current donors to review and increase their existing financial commitments.
124. There is agreement among Cosponsors and the Secretariat that any sustainable solution to the longer term viability of the Joint Programme will need to focus on

increased resource mobilization - towards full replenishment of the total costed budget, and this can only be achieved as a joint effort and shared responsibility.

125. Going forward, the Cosponsors will also continue efforts to mobilize more resources for AIDS and think differently about how to contribute to Fast-Track, not necessarily increasing the funding managed by dedicated AIDS units. Cosponsors will also continue mainstreaming and integrating AIDS into their country, regional and global programmes which support the achievement of different SDGs.

### 4.3 Strengthening the UNAIDS business model

126. The Joint Programme is widely recognised as occupying a unique place in the history of UN reform and the global health architecture. And while the model is held up by many, including ECOSOC, as relevant to addressing the Sustainable Development Goals, the opportunities of Agenda 2030 and the recent budget crisis raise the question of whether and how the model can be refined to best deliver results, ensure value-added and ensure its longer-term sustainability.
127. To assess strengths, opportunities and provide recommendations on updating and reinforcing the Joint Programme, the UNAIDS Executive Director (EXD) will convene a review panel. The panel will gather a limited number of highly experienced members, representing the key stakeholders of the PCB and AIDS response, including civil society. Joint Programme leadership will be closely engaged in the process to produce well-informed and broadly-owned recommendations.
128. The panel will explore three areas to reflect emerging priorities and epidemic realities, namely governance, joint working and financing and accountability. A time-bound process will result in a number of concrete recommendations on reforms to ensure that the Joint Programme business model adopts a differentiated approach to country circumstances; delivers value-for-money and is fit for purpose and capable of delivery of greater impact with strengthened accountability. The panel's recommendations will be reported to the Board in June 2017.

### 4.4 Next steps

129. At the meeting of the Committee of Cosponsoring Organizations on November 8, 2016, Executive Heads of the cosponsoring agencies and the Executive Director of UNAIDS affirmed their commitment to work together to address the challenges facing the Joint Programme. The Heads of agencies emphasised the importance of a fully funded UBRAF and the need to:
1. Provide Cosponsors the same level of funding in 2017 as in 2016 (US\$44 million) to ensure implementation of a bare minimum of the ambitious programme of work;
  2. Continue to refine global, regional and country efforts to ensure a differentiated approach which is suitable to specific epidemic contexts;
  3. Enhance systems to deliver greater impact in cost-effective ways and strengthen identification and management of risks, particularly financial uncertainties;
  4. Work closely together and in partnership with others, including PEPFAR and the Global Fund, to effectively mobilize, plan and implement resources for HIV;

5. Emphasise the importance of funding for the Joint Programme to ensure that the Global Fund resources are used to deliver the best possible impact and results;
6. Strengthen the accountability of the Joint Programme as well as the accountability of each of the Cosponsors to the Joint Programme;
7. Capture and report better on the added value of the Joint Programme collectively as well as with respect to each Cosponsor in the global AIDS response;
8. Review the joint work, financing, accountability and governance of UNAIDS with a view to strengthen the business model of the Joint Programme.

130. Since its inception, the Joint Programme has been a pioneer in inclusive partnerships, cross-sectoral collaboration and results-based leadership. By proactively addressing the challenges of a shifting development and budgetary environment, and embracing the opportunity and obligation to work even more effectively and efficiently across priorities and sectors, UNAIDS can remain at the forefront of UN reform while continuing to lead the global movement to end AIDS.

## ANNEXES

### Annex I: Income and projected income against the 2016-2021 UBRAF

#### Details of revenue against the 2016-2021 UBRAF from 1 January to 15 November 2016

Donor	Pledge in local currency		Amount in US dollars
	Currency	Amount in local currency	
Andorra	EUR	30 000	33 296
Australia	AUD	4 500 000	3 427 266
Belgium	EUR	4 000 000	4 424 779
Belgium (Flanders)	EUR	750 000	843 645
Canada	CAD	4 860 000	3 869 427
China	USD	150 000	150 000
Czech Republic	CZK	1 000 000	41 237
Denmark	DKK	19 000 000	2 848 576
France	EUR	400 000	445 931
Germany	EUR	2 000 000	2 192 331
Ireland	EUR	2 500 000	2 631 579
Israel	USD	10 000	10 000
Japan	USD	600 000	650 000
Liechtenstein	CHF	25 000	25 907
Luxembourg	EUR	4 450 000	4 960 981
Mali	USD	84 644	84 007
Monaco	EUR	150 000	167 598
Netherlands	EUR	20 000 000	22 346 369
New Zealand	NZD	1 500 000	1 038 781
Norway	NOK	120 000 000	14 558 399
Russian Federation	USD	500 000	500 000
Sweden	SEK	258 750 000	31 645 525
Switzerland	CHF	11 500 000	11 847 412
Thailand	USD	100 014	100 014
United Kingdom	GBP	15 000 000	18 939 394 <sup>(1)</sup>
United States of America	USD	45 000 000	45 000 000
<b>Total</b>			<b>172 782 454</b>

\* Estimated amount based on last year's contribution.

**Details of estimated contributions in 2017 against the UBRAF as at 15 November 2016**

Donor	Estimated contribution in local currency		November 2016 UN exchange rate
	Currency	Amount in local currency	Amount in US dollars
Andorra	EUR	30 000	32 609
Australia	AUD	4 500 000	3 393 665
Belgium	EUR	4 000 000	4 347 826
Belgium (Flanders)	EUR	750 000	843 645
Canada	CAD	4 860 000	3 592 018
China	USD	150 000	150 000
Czech Republic	CZK	1 000 000	40 420
Denmark	DKK	30 000 000	4 382 761
France	EUR	400 000	434 783
Germany	EUR	2 500 000	2 776 700
Ireland	EUR	2 500 000	2 717 391
Israel	USD	10 000	10 000
Japan	USD	600 000	600 000
Liechtenstein	CHF	25 000	25 355
Luxembourg	EUR	3 650 000	3 967 391
Mali	USD	84 644	84 644
Monaco	EUR	150 000	163 043
Netherlands	EUR	18 000 000	19 565 217
New Zealand	NZD	1 000 000	713 776
Norway	NOK	120 000 000	14 284 014
Russian Federation	USD	500 000	500 000
Sweden	SEK	230 000 000	25 375 110
Switzerland	CHF	10 000 000	10 141 988
Thailand	USD	100 000	100 000
United Kingdom	GBP	15 000 000	18 939 394
United States of America	USD	45 000 000	45 000 000
<b>Total</b>			<b>162 181 751</b>

\* Estimated amount is based on last year's contribution.

## Annex II: Impact of reduced funding on the UNAIDS 2016-2021 Strategy

### Roles and responsibilities under the UBRAF

Under the UNAIDS UBRAF, Cosponsors focus on programming, implementation and achievement of the UBRAF outputs in the following eight Strategic Results Areas (SRAs), based on the UNAIDS Division of Labour:

- 1:** Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable, quality treatment
- 2:** New HIV infections among children eliminated and their mother's health and well-being are sustained
- 3:** Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV
- 4:** Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants
- 5:** Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV
- 6:** Punitive laws, policies, practice, stigma and discrimination that block effective responses to HIV are removed
- 7:** The AIDS response is fully funded and effectively implemented based on reliable strategic information
- 8:** People-centred HIV and health services are integrated in the context of stronger systems for health.

The roles and functions of UNAIDS Secretariat encompass its recognised strengths: leadership, partnerships, global advocacy, convening ability, data, community mobilization, support for country implementation, and inclusive governance and mutual accountability. The Secretariat works across all eight result areas in collaboration with convening Cosponsors. Secretariat functions – at global, regional and country level – underpin and allow effective functioning of the Joint Programme and its achievements towards implementation of the UNAIDS Strategy. These are:

- 1:** Leadership, advocacy and communication
- 2:** Partnerships, mobilization and innovation
- 3:** Strategic information
- 4:** Coordination, convening and country implementation support
- 5:** Governance and mutual accountability.

Both core and non-core UBRAF funds contribute to achieving the UBRAF outputs under the UNAIDS Strategy 2016-2021.

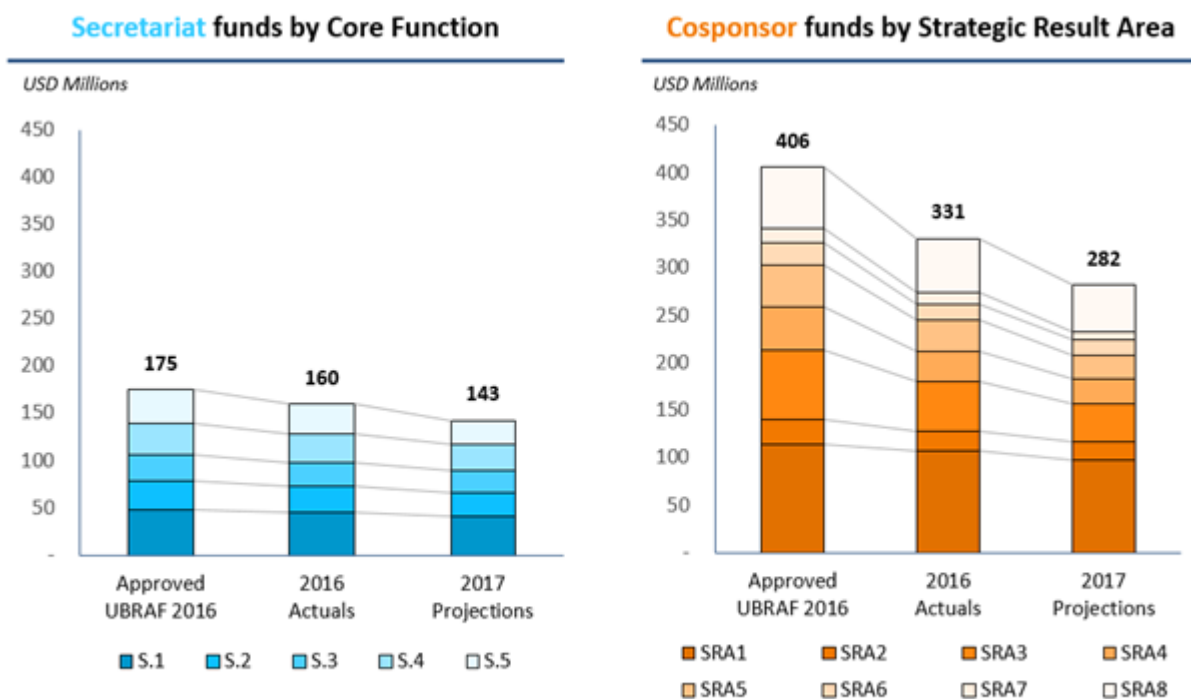
## Impact on strategic result areas and core functions

Figure A shows the impact of the budget shortfall in 2016 and 2017 on Secretariat funds by core functions in the UNAIDS 2016-2021 Strategy and on Cosponsor funds by strategic result area (SRA) compared to the approved UBRAF.

Funding of the Secretariat for its core functions under the Strategy is anticipated to fall by almost 10% (from US\$ 175 million to US\$ 160 million) in 2016 and around 18% (to US\$ 143 million) in 2017 compared to the approved UBRAF budget, unless additional resources are mobilized. As can be seen from the figure below, non-core funds account for a very small proportion of the Secretariat funding (approximately 10-12% over the last four biennia).

It is important to note that the Secretariat's administrative and operational costs as well as central support services need to be covered from core funds. These costs and services enable the Secretariat to maintain its field presence as well as core capacities and functions to support the Joint Programme. Cosponsors, in turn, have Finance, Human Resource Management, IT, Resource Mobilization and other departments and offices within their organizations to support their HIV work, with some of the associated costs funded through programme support costs charged on the UBRAF funding received from the Secretariat.

**Figure A: Impact of budget shortfall on core and non-core funds**



Sources: 2016-2021 Unified Budget, Results and Accountability Framework and Cosponsor and Secretariat inputs.

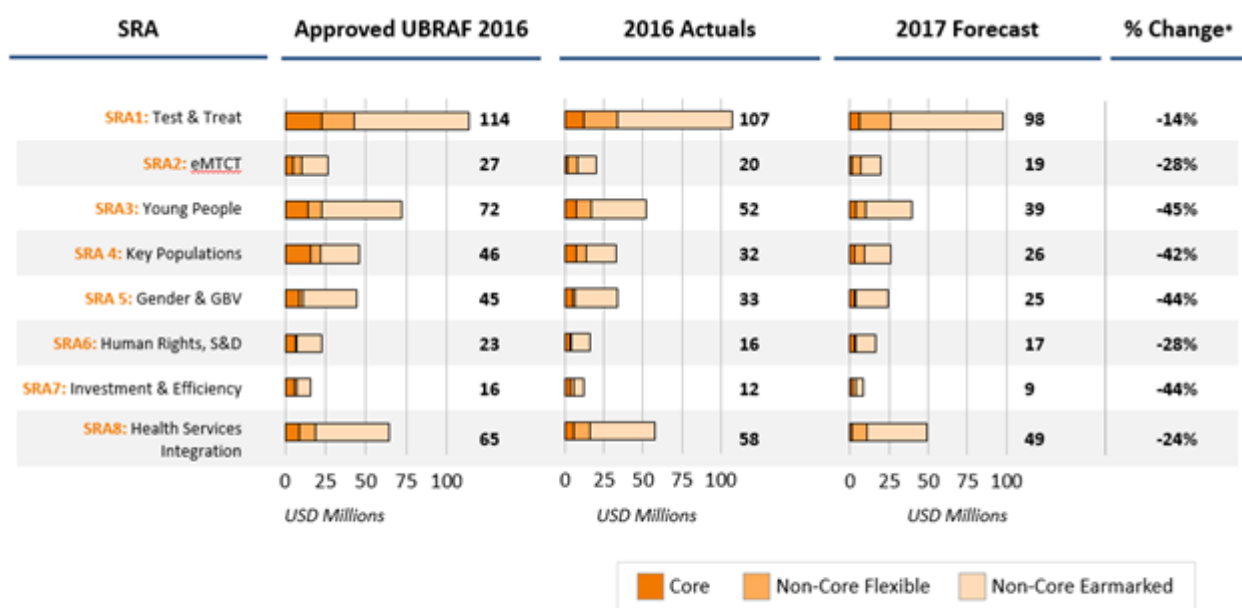
As figure A above shows, total funds for Cosponsor activities across the eight SRAs have fallen by nearly 20% in 2016 from US\$ 406 million under the approved UBRAF to US\$ 331 million, and are projected to be US\$ 282 million in 2017 or around 31% lower than the approved UBRAF.

As there is a clear interdependency in the UNAIDS Strategy between the performance of the Secretariat in its core leadership, advocacy, information, convening, partnerships and accountability functions, and Cosponsor delivery on the strategic result areas, the analysis

suggests that it is necessary to allocate resources so as to ensure that the core functions of the Secretariat and the vital contributions of the Cosponsors, and the capacity of the Joint Programme as a whole to deliver on the UNAIDS Strategy, are maintained.

If total core funds available to Cosponsors fall 75% - from US\$ 87 million to US\$ 22 million - in 2017, each of the eight SRAs will on average be allocated less than US\$ 2.8 million in 2017 (Figure B). SRA2 (eMTCT/PMTCT), SRA 7 (effectiveness and efficiency) and SRA8 (health systems integration) will each receive less than US\$ 2 million in core funding in 2017. Non-core Cosponsor funds are less affected through the biennium because some of these funds have already been secured, for example, through multi-year grants. Cosponsors anticipate that the impact on non-core funding will be more severe after 2018 when some of these grants expire, while at the same time there will be reduced core capacity within cosponsoring agencies to secure additional funds.

**Figure B: Cosponsor core and non-core funds by strategic results areas (SRA)**



\*% Change from Approved UBRAF 2016 to 2017 Forecast  
Sources: 2016-2021 Unified Budget, Results and Accountability Framework and Cosponsor and Secretariat inputs.

While the scenarios reflect significant impact across all SRAs, work performed by the Joint Programme to address HIV among young people (SRA 3) and key populations (SRA 4) will be particularly affected, with these areas projected to experience budget shortfalls in 2017 of 45% and 42% respectively, compared to a fully-funded UBRAF. At the same time, the shortfall in projected 2017 funding compared to a fully-funded UBRAF is 44% for both SRA 5 (gender norms and gender-based violence) and SRA 7 (effectiveness and efficiency of the response).

It is noteworthy that the SRAs most heavily impacted by budget reductions are those that are lagging the farthest behind in the HIV response and are also the most dependent on flexible core UBRAF funding, especially work on key populations, gender equality and human rights-based approaches. These are also the areas that tend to be deprioritised by countries when international funding is not available. Considering the already identified gap in prevention and no reduction in new infections among adults over the last five years, it is of major concern that investments in prevention efforts would be even further decreased.



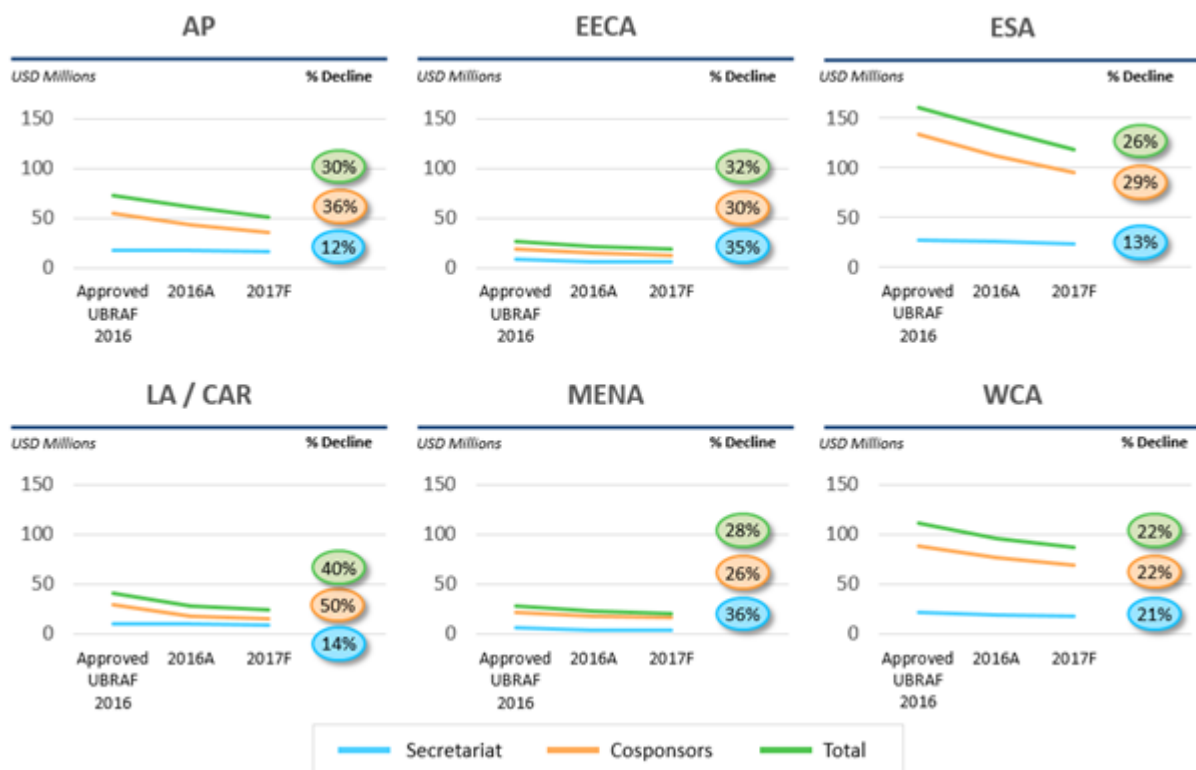
Taken together, the impacts on key SRAs will severely diminish the ability of the Joint Programme to reduce HIV-related vulnerability, ensure that those most at risk are able to seek comprehensive information, advice and services without fear, discrimination or persecution, and ensure that no one is left behind.

Due to a projected dramatic fall in flexible core UBRAF budget allocations to Cosponsors in 2016 and 2017, 18 of 20 SRA outputs will each receive US\$ 2 million or less in core funds and 9 of 20 SRA outputs will each be allocated US\$ 1 million or less (Annex III), making it increasingly difficult for Cosponsors to undertake significant activities in these areas through the course of the biennium. For example, flexible core UBRAF funding for output 1.5 (strengthened mechanisms to ensure access to medicines and commodities) would be reduced by 93% and amount to a mere US\$ 200,000 in 2017, while flexible core UBRAF funding for output 6.3 (mobilized constituencies to eliminate HIV-related stigma and discrimination) would drop by 71% compared to the approved UBRAF, and amount to just US\$ 500,000.

### Impact at regional and country levels

Core and non-core funding cuts in 2016 and projected shortfalls in 2017 will have significant impacts across regions (Figure C). Declines in total projected core and non-core funding to 2017 for the Joint Programme as a whole compared to a fully-funded UBRAF range from 40% in Latin America and the Caribbean to 32% in Eastern Europe and Central Asia to 22% in West and Central Africa, bringing anticipated resource levels in these three regions to perilously low levels for the Joint Programme to function meaningfully. A major budget reduction of 26% compared to a fully-funded UBRAF is anticipated in 2017 for the Joint Programme as a whole in Eastern and Southern Africa, the region most affected by HIV.

**Figure C: Secretariat and Cosponsor core and non-core funds by region**



Total core and non-core funds available to the Secretariat and Cosponsors by region under the three funding scenarios are shown in Table A.

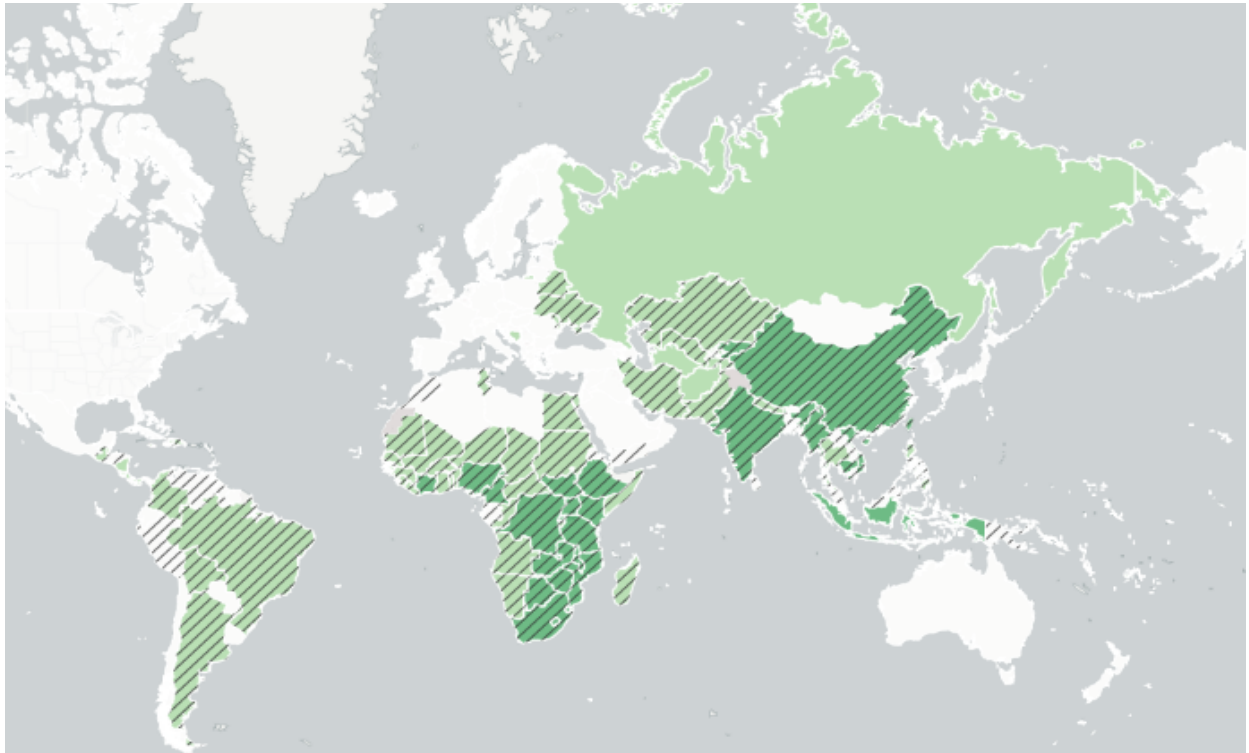
**Table A: Total core and non-core funds by region (USD millions)**

	Global	ESA	WCA	AP	LAC	MENA	EECA
<b>Scenario 1</b>							
Secretariat	82.1	26.9	22.4	17.9	11.0	6.1	8.6
Cosponsors	58.4	133.7	88.5	55.0	30.1	22.0	18.4
<b>Total</b>	<b>140.5</b>	<b>160.6</b>	<b>110.9</b>	<b>72.9</b>	<b>41.1</b>	<b>28.2</b>	<b>27.0</b>
<b>Scenario 2</b>							
Secretariat	75.7	26.3	19.4	17.5	10.3	4.5	6.4
Cosponsors	46.7	112.6	76.8	43.5	17.9	18.4	15.3
<b>Total</b>	<b>122.4</b>	<b>138.8</b>	<b>96.2</b>	<b>61.0</b>	<b>28.2</b>	<b>22.8</b>	<b>21.6</b>
<b>Scenario 3</b>							
Secretariat	66.5	23.5	17.8	15.8	9.4	3.9	5.6
Cosponsors	38.1	95.5	68.8	35.3	15.1	16.3	12.9
<b>Total</b>	<b>104.6</b>	<b>119.0</b>	<b>86.6</b>	<b>51.1</b>	<b>24.5</b>	<b>20.2</b>	<b>18.5</b>

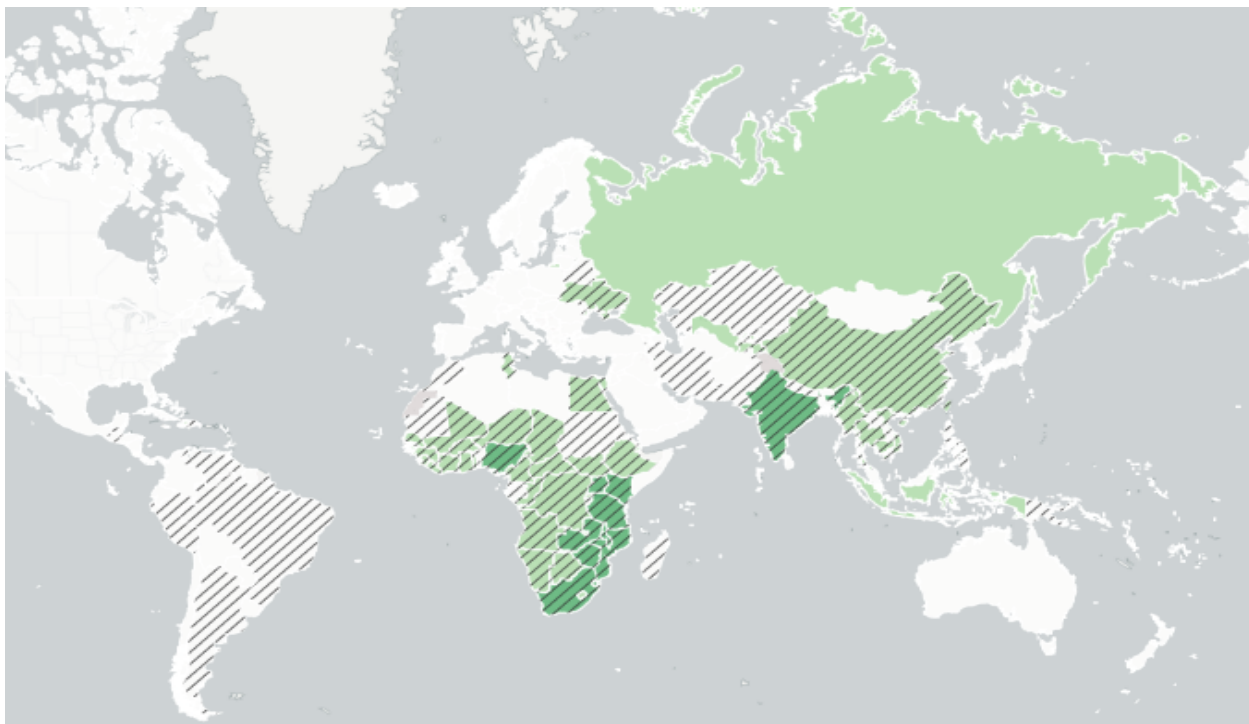
Across the six regions, core funds available to Cosponsors are estimated to be on average nearly 74% lower than the fully-funded UBRAF in 2017. Projected core UBRAF funds available to the 11 Cosponsors in 2017 will fall to only around US\$ 3 million in both Asia and the Pacific and West/Central Africa, and to below US\$ 2 million in Eastern Europe and Central Asia, Latin America and the Caribbean and the Middle East and North Africa.

Despite the efforts made across the Joint Programme to mitigate the impact of budget shortfalls, including efforts to fund staff with flexible, non-core resources, Joint Programme HIV-dedicated staff presence at regional and country levels will be severely reduced (Figures D and E).

**Figure D: Joint Programme HIV-dedicated country staff presence (fully-funded UBRAF)**



**Figure E: Joint Programme HIV-dedicated country staff presence (2017 projection)**



- 2-5 Cosponsors present (with at least 0.5 time HIV-dedicated staff)
- 2-5 Cosponsors and UNAIDS Secretariat present
- More than 5 Cosponsors and UNAIDS Secretariat present
- ▨ Only UNAIDS Secretariat present

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.*

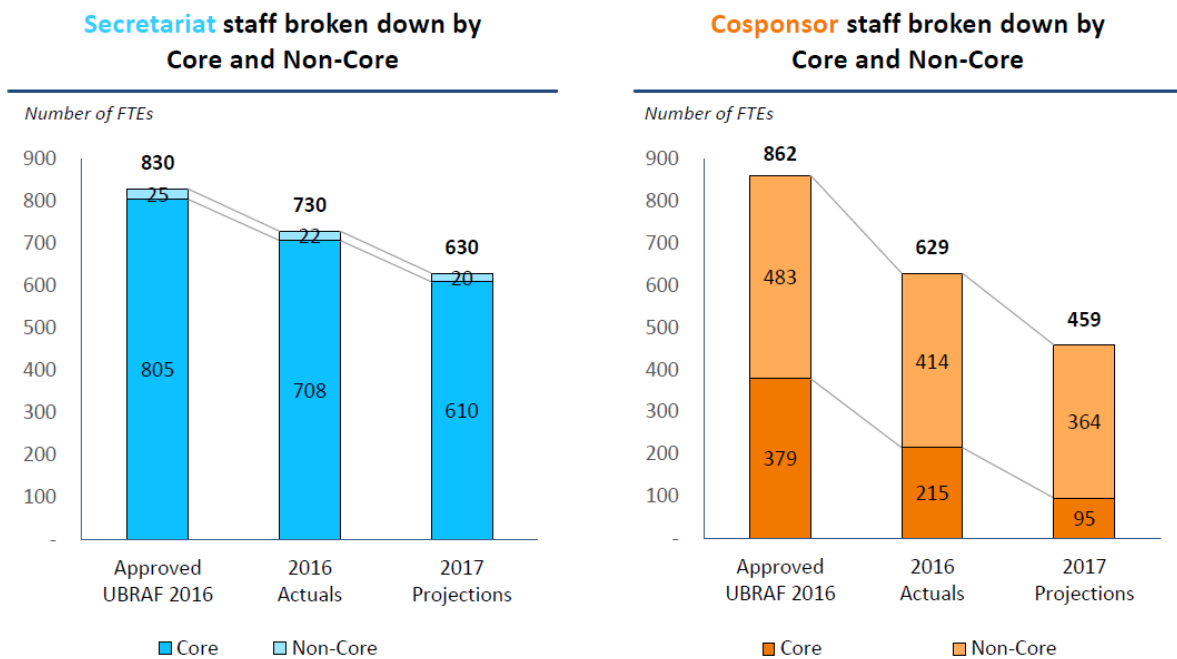
As reported in the October update and interim report to the PCB, the budgetary shortfall will have major implications for the work of Cosponsors and joint teams in this biennium, including work to empower and support civil society and provide dedicated support to key and other marginalised populations. The impact on Cosponsor dedicated HIV presence (defined as at least two Cosponsors, each with at least 0.5 HIV-dedicated staff) in 2017 will include:

- Reductions in dedicated Cosponsor HIV presence in several African countries:
  - Reductions to fewer than five Cosponsors with HIV dedicated staff in Fast-Track countries of Botswana, Cameroon, Democratic Republic of Congo, Ethiopia, Lesotho and South Sudan, as well as Rwanda and Côte d'Ivoire (non Fast-Track);
  - Withdrawal of Cosponsor HIV dedicated staff in Benin, Burundi, Madagascar, Mauritania, Somalia and Sudan;
- Near complete withdrawal of dedicated Cosponsor HIV-dedicated presence in Central and South America, including Fast-Track countries Brazil and Jamaica, with the exception of Haiti, leaving only UNAIDS Secretariat, UN Women and ILO presence in the region;
- Major reductions in dedicated Cosponsor HIV-dedicated presence in East and Southern Asia, including withdrawal of that presence in Pakistan (Fast-Track country), as well as Afghanistan, Fiji, Nepal and the Philippines; and reduced presence in Cambodia, China, Indonesia, Myanmar and Vietnam; The ILO is present in Ukraine and the Russian Federation
- Withdrawal of dedicated Cosponsor HIV presence in Eastern Europe and Central Asia, including from Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Moldova and Turkmenistan;
- Withdrawal of dedicated Cosponsor HIV presence in Iran (Fast-Track country); the MENA region will only retain two dedicated Cosponsor HIV staff in Djibouti, Egypt and Tunisia.

Overall, the number of dedicated Cosponsor HIV staff supported by both core and non-core funds has been reduced by 27% - from 862 to 629 - in 2016 (Figure F). In 2017, Cosponsors are anticipating further reductions in their HIV staff to 459, for an overall reduction of 46% compared to the approved UBRAF. The impact of these cuts is being particularly felt in non-Fast-Track countries and in the LAC, MENA and EECA regions, but significant reductions will also be necessary in Fast-Track countries in sub-Saharan Africa, including in West and Central Africa, which suffers from serious national capacity and absorptive constraints.

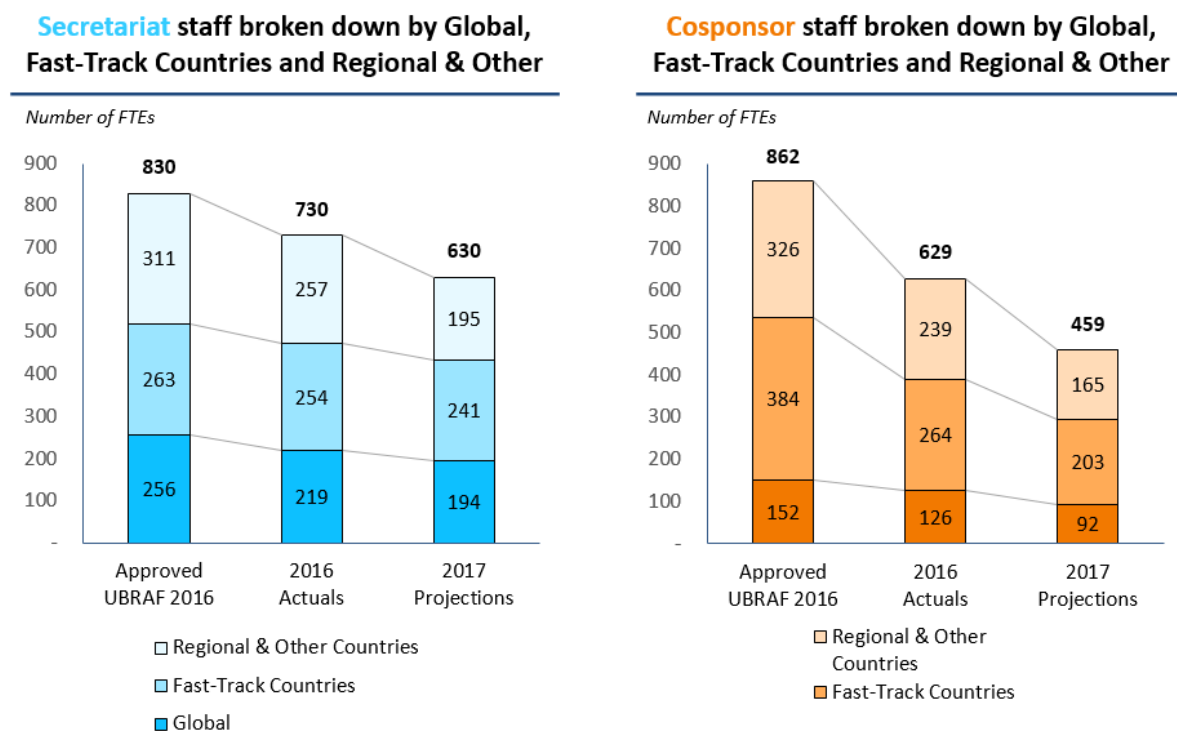
Regional HIV policy and programme advisory functions are also at severe risk. UNODC is likely to lose all its regional HIV advisors by 2016. UNHCR is funding some of these positions from non-core resources in 2016, but will not be able to do so in 2017 with a further reduction of core UBRAF funds. As a new Cosponsor UN Women receives the smallest allocation of UBRAF of all Cosponsors and as such has only been able to establish two gender equality and HIV regional advisors: one in sub-Saharan Africa and one in Asia and the Pacific. Due to the financial shortfall, UN Women is not able to put in place gender equality and HIV regional advisors in other regions. The existing gender equality and HIV advisors will be co-financed from other sources of funds, but this will not be possible beyond 2017.

**Figure F: Reductions in Secretariat and Cosponsor staffing**



WHO, the World Bank and UNESCO have allocated all their remaining resources to Fast-Track countries and other Cosponsors are also likely to do so (Figure F). It should be noted that the proportion of funds allocated to Fast-Track countries is not envisaged to change, corresponding to decreasing overall allocations.

**Figure G: Secretariat and Cosponsors' Global, Regional and Fast-Track country staff**



Sources: 2016-2021 Unified Budget, Results and Accountability Framework and Cosponsor and Secretariat inputs.

Figures F and G and Table B show Cosponsor and Secretariat staff. It is important to note that Secretariat numbers include all staff, i.e., professional staff as well as general service staff, who are needed to perform important administrative and operational support functions, representing approximately 38% of all Secretariat staff. The Cosponsor numbers, on the other hand, primarily include (full-time equivalent) professional staff dedicated to HIV work.

By the end of 2016, the Secretariat headcount is projected to be 730 or 12% lower than in 2015 under a fully funded UBRAF. By the end of 2017, this number could fall to 630 in 2017, or 24% fewer positions than under a fully funded UBRAF, if sufficient resources are not mobilized.

In the absence of additional funding in 2017, the capacity of the Secretariat to deliver on its core functions will be considerably weakened, particularly in key areas such as the generation of strategic information, empowering and supporting civil society and providing dedicated support to key and other marginalised populations. Senior positions in the field outside of Fast-Track countries will have to be reduced, particularly impairing UNAIDS political leadership in those countries and reducing its ability to conduct high level policy dialogue and advocacy. The budget shortfall is also likely to weaken Secretariat support to countries to build long-term and sustainable capacity to manage their HIV responses, develop and implement investment cases and to help countries to access and implement Global Fund resources.

Reduced Secretariat and Cosponsor capacity will also diminish UNAIDS' leadership in promoting the response to HIV as a catalyst for progress on other health and development challenges across the Sustainable Development Goals.

Total staff counts (sums of staff time) for individual Cosponsors and for the Secretariat by scenario are shown in Table.

**Table B: Staff counts for Cosponsors and Secretariat, by funding source and scenario**

	Fully funded UBRAF	2016	2017	Fully funded UBRAF	2016	2017	Fully funded UBRAF	2016	2017
	Core			Non-core			Total (core + non-core)		
UNHCR	12	7	5	29	23	15	41	30	20
UNICEF	40	20	11	133	91	88	173	111	98
WFP	28	19	17	39	41	33	67	60	50
UNDP	54	25	7	34	32	31	88	56	38
UNFPA	49	27	12	55	61	55	104	88	67
UNODC	26	16	6	29	25	22	55	40	28
UNW	13	8	6	13	10	10	26	18	16
ILO	29	26	9	16	5	7	45	31	15
UNESCO	44	17	11	12	23	21	56	40	31
WHO	55	36	6	93	85	75	147	121	81
WB	30	14	6	31	20	8	61	34	14
<b>Total Cosponsors</b>	<b>379</b>	<b>214</b>	<b>95</b>	<b>483</b>	<b>415</b>	<b>364</b>	<b>862</b>	<b>629</b>	<b>459</b>
Secretariat	805	708	610	25	22	20	830	730	630
<b>Total</b>	<b>1184</b>	<b>922</b>	<b>705</b>	<b>508</b>	<b>437</b>	<b>384</b>	<b>1692</b>	<b>1359</b>	<b>1089</b>

### Annex III: Cosponsors' core funds by output and funding scenario

Output	Approved UBRAF 2016	2016 Actuals	2017	% change - approved UBRAF to 2017
1.1 Innovative and targeted HIV testing and counselling programmes introduced	3.8	2.6	1.6	-59%
1.2 Country capacity, policies and systems for access to HIV treatment cascade enhanced	5.0	3.1	1.6	-68%
1.3 Systems that enable children and adolescents to meet 90-90-90 targets strengthened	4.3	2.2	0.8	-82%
1.4 High-burden cities fast-track HIV services	2.1	0.6	0.4	-83%
1.5 Mechanisms developed to provide HIV-related services in humanitarian emergencies	4.5	2.3	1.5	-67%
1.6 Mechanisms to ensure access to medicines and commodities strengthened	2.9	1.2	0.2	-94%
2.1 Access and quality of comprehensive eMTCT services improved	4.6	1.7	1.0	-79%
3.1 Targeted combination prevention programmes defined and implemented	10.1	4.7	2.2	-78%
3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened	4.5	2.3	1.3	-70%
4.1 Evidence-based HIV services for key populations implemented	11.4	5.1	2.4	-79%
4.2 Comprehensive package of harm reduction services established for people who inject drugs	4.1	1.8	0.9	-79%
5.1 Strategic actions for gender equality and women and girls included and resourced in AIDS responses	4.9	2.5	1.7	-66%
5.2 Actions to address and prevent all forms of gender-based violence implemented	4.2	2.0	1.1	-74%
6.1 HIV-related legal and policy reforms catalysed and supported	2.7	1.4	1.2	-55%
6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded	2.1	1.4	1.1	-48%
6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care	1.7	0.5	0.5	-71%
7.1 AIDS response sustainability, efficiency, effectiveness and transitions strengthened	2.9	1.7	1.2	-58%
7.2 Technological, service delivery and e-health innovations fostered	2.6	1.5	0.3	-89%
8.1 Decentralisation and integration of HIV related services strengthened	5.2	3.7	1.0	-81%
8.2 HIV sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children strengthened	3.6	1.5	0.7	-81%
<b>Total</b>	<b>87.3</b>	<b>43.7</b>	<b>22.5</b>	<b>-74%</b>

## Annex IV: Impact of reduced UBRAF funding by Strategic Result Area

This annex contains examples of joint and individual work that Cosponsors will not be able to undertake because of the projected budget cuts.

Strategy	Agency	Time frame	Outputs expected to be affected by reduced funding	Tar get	Exp.	% Cut	
<b>Strategy Result Area 1:</b> Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment	WHO	<i>By 2021:</i>	Countries with HTS services in place	92	35	38 %	
			Fast Track countries adopting & effectively implementing WHO treatment guidelines	28	15	46 %	
			Fast Track countries adopting quality health care services for children & adolescents	32	18	44 %	
			Fast Track countries with a functional system for tracking reproductive health & HIV commodities	33	15	55 %	
	UNICEF	<i>By 2021</i>	Countries supported to innovate on targeted HIV testing to locate pregnant women, children and adolescents living with HIV	34	20	41 %	
			UNESCO	<i>By 2016-2017:</i>	Countries with Adolescent Treatment Literacy Toolkit	15	5
	<b>Output 1.1:</b> Innovative and targeted HIV testing and counselling programmes introduced	ILO	<i>By 2017:</i>	Countries supported to build evidence on and address age of consent laws and other structural barriers preventing adolescents from accessing HIV testing services	8	0	100 %
				UNODC	<i>By 2017:</i>	Countries implementing VCT@WORK Initiative	34
	<b>Output 1.2:</b> Country capacity, policies and systems for access to HIV treatment cascade enhanced	UNODC	<i>By 2017:</i>	Countries with implementation science on effectiveness of HIV self-testing to increase uptake and link to ARV services among people who use drugs	4	0	100 %
				Countries with technical assistance to increase access to and improve quality of HIV testing and treatment cascade in prisons	10	0	100 %
	<b>Output 1.3:</b> Systems that enable children and adolescents to meet 90-90-90 targets strengthened	UN Women	<i>By 2017:</i>	Implementation guidance developed on overcoming the gender barriers in access to treatment	1	0	100 %
				UNICEF	<i>By 2020</i>	Countries supported to develop inclusive policies and strategies and systems for delivery of HIV treatment services to children and adolescents, including age disaggregated monitoring of treatment access and responses	34
		WB	<i>BY 2017</i>	Support for WB analytical work and operations to support young people, skills development, job creation and the demographic dividend in high HIV disease burden countries sharply reduced	-	Scaled down	75 %
		WFP	<i>By 2017</i>	Technical support to government to integrate food and nutrition in HIV including development and review of guidelines on Nutritional and HIV/TB	21	8	62 %
				Capacity development support for health workers on NACS and nutritional support implementation for PLHIV	18	4	78 %
<b>Output 1.4:</b> High-burden cities fast-track HIV services	UNDP & UNFPA	<i>By 2017:</i>	Cities operating Urban Health and Justice Initiative, supporting HIV action plans for key populations	42	0	100 %	
	UNESCO	<i>By 2017</i>	Fast Track cities implementing municipal programmes on HIV prevention and sexuality education for young people	5	0	100 %	
<b>Output 1.5:</b> Mechanisms developed to provide HIV-related services in humanitarian emergencies	UNHCR	<i>By 2017:</i>	Countries with prevention programmes and access to care for MSM and sex workers amongst populations affected by humanitarian emergencies in MENA (scaled up in 2015-16)	-	0	100 %	
			Countries with prevention programmes for MSM and sex workers amongst refugees and other populations affected by humanitarian emergencies in ESA and WCA	15	Scaled down	-	
			Countries in MENA with community level prevention and care programmes for sex workers and MSM amongst refugee populations	3	0	100 %	



			Countries in Southern Africa with community level preventive reproductive health and HIV services for refugees and populations affected by humanitarian emergencies	6	0	100%
			Countries in Southern Africa with HIV prevention programmes, psychosocial counselling for survivors of SGBV, and HTC for refugees in urban contexts, including among sex workers, unaccompanied minors and others at risk	6	0	100 %
			Countries which receive community level and facility support for persons on ART, TB and PMTCT in 67 refugee camps will be scaled down		Scaled down	
<b>Output 1.6:</b> Mechanisms to ensure access to medicines and commodities strengthened	UNICEF	By 2021	Countries supported to develop mechanisms to provide HIV related services in humanitarian emergencies	34	0	100 %
	WFP	By 2017:	Supporting HIV in emergencies	13	3	77 %
	UNFPA	By 2017:	Countries in LAC with condom programming implementation	13	3	77 %
			Countries in EECA with social marketing of condoms	-	0	100 %
			Countries with reinvigorated condom programming for key populations	5	0	100 %
			Countries in WCA running CONDOMIZE! Campaigns on HIV, STIs and prevention of teenage pregnancy and distributing condoms	2	0	100 %
	UNICEF	By 2021	Countries supported to develop mechanisms to ensure access to medicines and commodities strengthened	34	10	71 %
UNDP	By 2017	Countries supported to reduce cost through appropriate use of market mechanisms, TRIPS flexibilities & innovation policy	20	5	75 %	
<b>Strategy Result Area 2:</b> New HIV infections among children eliminated and their mother's health and wellbeing sustained	UNICEF	By 2020	Countries supported to improve access to PMTCT ART services and systems for retention in care of pregnant women and mothers on ART	34	17	50 %
<b>Strategy Result Area 3:</b> Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV	UNESCO, UNFPA	In 2017	CSE:			
			Countries supported to integrate HIV core indicators in national education management information systems (EMIS)	60	15	75%
			Countries in LAC with intensified political dialogue on implementation of CSE, institutional capacity building and strengthening for delivery of CSE	4	0	100 %
			Young people supported to participate in HIV and CSE related conferences and events	40	10	75%
UNFPA, UNICEF, UN Women, World Bank, WHO		In 2017	Combination prevention:			
			Countries supported to implement combination prevention agenda, including peer education, behaviour change promotion and testing for adolescents,	35	16	54 %
			Countries receiving UNFPA catalytic funding to support the prevention agenda.	17	2	28%
			Countries in WCA running CONDOMIZE! Campaigns to raise awareness on HIV, STI and pregnancy prevention and distribute condoms	2	0	100%
			Countries in MENA with Y-PEER programmes to support young people access combination prevention HIV services	6	0	100%
			Countries supported to implement comprehensive harm reduction programmes inclusive of adolescents	34	5	85%
UNICEF, UNFPA, WHO		In 2017	Countries supported to implement targeted adolescent combination prevention interventions	34	23	32%
			All In initiative to end adolescent AIDS : By 2020, 25 countries supported to develop and implement national and subnational plans for targeted action to accelerate adolescent response to achieve three targets: reduce new infections by 75%; reduce	25	12	52%

			AIDS related deaths by 65% and end stigma and discrimination.			
ILO		<i>By 2017:</i>	Countries with services, under the Corridor Economic Empowerment Project (CEEP), to develop capacity to empower vulnerable women and men to start their businesses	6	0	100 %
			Countries with services, under the CEEP, to develop capacity to save and access capital	6	0	100 %
			Countries with services, under the CEEP, to develop capacity to monitor changes in access to health services	6	0	100 %
			Countries with services, under the CEEP, to develop capacity to conduct research into the adoption of risk reduction strategies resulting from economic empowerment	6	0	100 %
			Countries with combination prevention programmes defined and implemented	35	16	54 %
UN Women		<i>By 2017:</i>	Countries in ESA implementing 'Engagement + Empowerment = Equality' programme to support organizing, leadership and participation of young women and adolescent girls, in the HIV response	10	3	70 %
WHO		<i>By 2017:</i>	Technical support to address HIV prevention among young people	-	-	50 %
WFP		<i>By 2017:</i>	Exploration of ways to leverage the WFP school meals platform to introduce sexual and reproductive health education in schools where WFP delivers school meals	-	Scaled down	-
WB		<i>By 2017:</i>	Capacities to provide HIV-specific Technical Assistance to the USD\$ 2.5 billion Secondary Education, skills and jobs development, result-based health service delivery and integrated combination HIV prevention portfolio sharply reduced	-	Scaled down	75%
UNESCO		<i>By 2017</i>	WCA countries developing road maps and action plans to follow-up on the 2015 Call to Action	17	3	82 %
<b>Strategy Result Area 4:</b> Tailored HIV combination prevention services are accessible to key populations including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants	WB, UNDP, UNFPA, UNODC, WHO		Countries supported with size estimations and programmatic mapping of key populations for better tailored national and city-level responses (in collaboration with the Global Fund, PEPFAR, USAID and MEASURE).	42	0	100%
	UNDP, UNFPA, UNODC, WHO		Countries with roll out of tools for service providers on comprehensive HIV and STI programmes for sex workers, men who have sex with men, people who inject drugs, transgender people and HIV and SRHR for young key populations (developed jointly by UNFPA, UNDP, WHO, MSMGF, NSWP, IRTG, USAID, CDC, PEPFAR)	60	20	66 %
	UNODC	<i>By 2017:</i>	Countries with roll out of tool for service providers on gender-responsive HIV services (developed jointly by UNODC, INWUD, WHRIN, EHRN) addressing the specific needs of women who inject drugs	13	0	100 %
			Countries with capacity building of law enforcement agencies, jointly with CSOs, to prevent and respond to gender-based violence against women who use drugs	4	0	100 %
			Countries receiving technical assistance to implement the comprehensive package for HIV prevention, treatment and care in prisons and other closed setting	10	0	100 %
<b>Output 1:</b> Evidence-based HIV services for key populations implemented	UNESCO	<i>By 2017</i>	Countries that have developed national plans to roll-out guidance on education sector responses to substance use	30	0	100 %
<b>Output 2:</b> Comprehensive package of harm reduction services established for people who inject drugs	UN Women	<i>By 2017:</i>	Countries receiving support for women's organizations, advocates, and networks of WLHIV	23	10	57 %
	WB	<i>By 2017:</i>	Capacities to provide HIV-specific Technical Assistance to the USD\$ 1.4 billion key population and gender operations portfolio sharply reduced	-	Scaled down	75 %
	UNFPA	<i>By 2017:</i>	Countries with UNFPA implementing capacity development plans to strengthen capacities of sex workers, men who have sex with men, transgender people and young key populations to improve access to justice and GBV services, and improve access and uptake of triple protection from HIV, STIs and unintended pregnancies	15	0	100 %
			Countries in WCA receiving training for ex-military, prevention efforts for MSM and sex workers outside of capital cities	-	0	100 %
			Countries in EECA(15), MENA (4), WCA (4) with policy and advocacy support and training with communities and health service providers for key populations	23	0	100 %
	UNICEF	<i>By 2021</i>	Countries and or civil society groups supported to implement a comprehensive package of services for	34	5	85 %

	ILO	By 2017	adolescents who inject drugs Countries in the Asia and Africa Regions supported to implement evidence-based HIV services for key populations	15	5	67 %
	UNDP	By 2017	Countries supported to enhance human rights protection and service access for sex workers and clients; men who have sex with men; transgender people	50	20	60 %
<b>Strategy result Area 5: Women and men practice and promote health gender norms and work together to end gender based sexual and intimate partner violence to mitigate risk and impact of HIV</b>	UN Women		Countries that receive support to integrate gender equality in the governance of the HIV response (plans, programmes, budgets, M&E frameworks)	23	10	57 %
			Countries receiving support for women's organizations, advocates, and networks of WLHIV	23	10	57 %
			Countries that benefit from replication of UN Women and ICW support for WLHIV to engage with localization of SDGs in ESA, AP and ECA	6	0	100 %
			Countries that receive support in upscaling implementation of the evidence-based initiatives that work to address intersections of violence and HIV	23	10	57 %
	UNICEF	By 2020	Countries supported to implement actions to mitigate violence against adolescent girls and women	34	23	32 %
	UNHCR		Countries that receive support for the clinical management of rape in humanitarian emergencies will be reduced in ESA, WCA and AP		Scaled down	
	UNFPA		Support to approximately 1.75 million women and girls in 3 states in north-east Nigeria who are at risk of GBV and in need of HIV services: rapid assessment of HIV services; community engagement and mobilization; capacity building of 60 health care workers on HIV testing, delivery of integrated HIV and GBV services	-	0	100 %
	UNESCO	By 2017	Countries in MENA with UNESCO-supported research to build the evidence base on the scope of school-related gender-based violence	9	0	100 %
			Countries receiving technical assistance to strengthen the education sector response to harmful practices such as child exploitation, early marriage and FGM	30	12	60 % (ESA)
			Countries receiving technical assistance to address SOGIE-related violence in schools	40	6	85 %
UNDP	By 2017	Countries supported to develop and/or implement HIV-related policies or actions addressing gender equality in national AIDS programmes or HIV in national gender programmes	27	15	45%	
		Countries supported to develop and/or implement HIV-related policies or actions addressing gender-based violence in national AIDS programmes and addressing HIV in GBV programmes	24	10	58%	
UNDP WHO	By 2017:	Countries supported to addressing the intersection of HIV, gender-based violence and alcohol through implementing national roadmaps with a focus on strengthening alcohol policies and protecting health policies from industry interference	20	0	100%	
WHO	By 2017:	WHO engagement with gender equality & gender based violence in the context of HIV, under Strategy Result Area 4	-	-	100 %	
<b>Strategy Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed</b>	UNDP	By 2017:	Countries receiving support to follow up on the recommendations of the Global Commission on HIV and the Law including legal environment assessments, national dialogues and law and policy review	88	20	77 %
			Countries supported to reduce stigma and discrimination and increase access to justice for people living with HIV and other key populations	50	20	60 %
<b>Output 1: HIV-related legal and policy reforms catalysed and supported</b>	WHO	By 2021:	Countries (%) supported to put measures in place to reduce stigma and discrimination in health care settings	60	10	83 %
	UNODC	By 2017:	Countries receiving technical assistance to develop alternatives to imprisonment, including for women and for minor drug related offences	10	0	100 %
<b>Output 2: National capacity to promote legal literacy, access to justice and enforcement of rights</b>	UNESCO	By 2017:	Countries supported to assess and address laws and policies affecting young people's access to sexual and reproductive health services	-	(6 cut)	-
	UNHCR	By 2017:	Advocacy activities and support for the promotion of human rights and protection for refugees and asylum seekers in 4 countries in MENA	-	Scaled	-

expanded									down	
	UN Women	By 2017:	Countries in SSA benefiting from replication of UN Women's programme on women's property and inheritance rights in the context of HIV	7	0	100 %				
	UNFPA	By 2017:	Countries supported in advocacy work addressing law enforcement of confiscation of condoms and criminalization of sex workers	2	0	100 %				
	ILO	By 2017	Countries supported to undertake HIV-related legal and policy reforms	20	10	50 %				
	WB	By 2017:	Countries benefiting from WB allocative efficiency studies and supported to develop financial sustainability studies or transition plans	-	Scaled down	50 %				
<b>Strategy Results Area 7:</b> AIDS response is fully funded and efficiently implemented based on reliable strategic information	WB		Number of new HIV/UHC integration studies launched and technical assistance in UHC provided to Governments		Scaled down	75 %				
	UNDP		Countries receiving financial and technical support for HIV investment case follow-up and integration of HIV financing into broader UHC and health financing efforts	-	Scaled down	75 %				
<b>Output 1:</b> AIDS response sustainability, efficiency, effectiveness and transitions strengthened										
<b>Strategy Results Area 8:</b> People-centred HIV and health services are integrated in the context of stronger systems for health	UNDP	By 2017:	Countries supported to make social protection policies and programmes HIV-sensitive	35	0	100 %				
			Countries supported to integrate HIV, health and gender into environmental and social impact assessments (ESIAs)	17	0	100 %				
	WHO	By 2017:	Countries supported to develop decentralized and integrated service delivery models for the health sector	-	Scaled down	-				
<b>Output 1:</b> Decentralization and integration of HIV related services strengthened	WB		Capacities to provide HIV-specific Technical Assistance to the USD\$ 12 billion Social Protection portfolio reduced	-	Scaled down	75 %				
<b>Output 2:</b> HIV sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children strengthened			Capacities to support HIV-specific technical assistance for \$5 billion portfolio of health system strengthening operations sharply reduced	-	Scaled down	75%				
			Evaluation and building evidence for multi-sectoral HIV response, such as cash transfers	-	Scaled down	75 %				
	WFP	By 2017:	Number of HIV-sensitive WFP social protection programmes	-	Scaled down	-				
			Engaging in HIV/TB-related task teams and working groups with Nutrition and HIV/TB stakeholders	13	3	77 %				
			Sensitization of community based groups and other key stakeholders on HIV sensitive social protection interventions and targeting of food insecure PLHIV	11	3	73 %				
	UNFPA	By 2017:	Countries in EECA receiving support to deliver HIV and SRH linkage and integration into primary health care settings for key populations and young key populations, including through local level approaches	-	-	100 %				
	UNICEF	By 2021	Countries supported to develop decentralized and integrated service delivery models for children and adolescents to prevent and treat HIV	34	21	38 %				
	ILO	By 2017	Countries supported to implement HIV-sensitive social protection programmes for vulnerable populations, including orphans and vulnerable children	14	7	50 %				
	UNESCO	By 2017	LAC countries supported to strengthen school health systems, including through school referral mechanisms and on-site services	12	0	100 %				

[END]

