



The Joint Programme's roadmap for the next 5 years

THE MOMENTUM OF THE NEW GLOBAL AIDS STRATEGY AND AN AMBITIOUS NEW UN POLITICAL DECLARATION ON HIV/AIDS INSPIRES AND REINVIGORATES THE JOINT PROGRAMME'S CRITICAL WORK IN SUPPORT OF COUNTRIES AND COMMUNITIES TO ACHIEVE THE 2025 TARGETS, WHILE MITIGATING AND RECOVERING FROM THE IMPACTS OF THE COLLIDING PANDEMICS.

— Winnie Byanyima, UNAIDS Executive Director

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UBRAF: the Joint Programme's roadmap for the next 5 years

Since its inception 25 years ago, the Joint Programme on HIV/AIDS (the Joint Programme) has played a unique, leading role in the global efforts to end the AIDS epidemic.

It provides crucial support to countries and communities, with an intensified focus on addressing the underlying inequalities, including human rights and gender inequalities, that impede further progress in the HIV response. Guided by the 2021–2026 Global AIDS Strategy and its 2025 targets, the Joint Programme assists countries and communities with strategic guidance, catalytic support, leveraging partnerships and mobilizing resources – all of which are critical to getting the HIV response back on track and to ensure results for those we serve.

The Joint Programme's collaboration with both donor and affected nations, and with such key partners as the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund, has contributed to decades of progress in the HIV response. Millions of new HIV infections and AIDS-related deaths have been avoided as a result of the Joint Programme's strategic, results-driven collaboration with governments and communities.

However, the work of ending AIDS remains an unfinished agenda. The Joint Programme operates in an increasingly difficult and complex global environment, facing new and emerging challenges, including the COVID-19 pandemic, which threatens the continued progress against HIV. Indeed, after years of either stable or declining rates of HIV infection, 2020 has seen an increase in infections in some regions of the world.

While the overlapping pandemics of HIV and COVID-19 present immense challenges, important new opportunities have emerged as awareness has increased regarding the need for better pandemic preparedness and response, and resilience building. The multiple lessons from four decades of the HIV response and the Joint Programme's work have contributed to institutionalizing and rapidly advancing pandemic and epidemic responses and public and global health as a whole, using a rights-based and inclusive approach. The world's efforts to contain and recover from the impacts of current and future pandemics, will further benefit from continued investments in the Joint Programme for a successful and resilient AIDS response. These include investments for global solidarity, the global health architecture, a multisectoral response, strengthening systems for health, promoting the engagement and leadership of communities, equal and affordable access to lifesaving prevention, care and treatment services and prioritizing gender equality and the realization of human rights as an essential element of health and well-being.

Funding for the Joint Programme is a small, but critical investment in a global future that is healthier, sustainable and more just. Providing sufficient resources to the Joint Programme generates concrete returns in the form of HIV responses that are optimally effective, equitable and efficient.

AIDS is not over yet – but it could be

Despite the monumental progress made in the forty years since the first reported cases of AIDS, and 25 years since UNAIDS was created there were 1.5 million new HIV infections and 680 000 AIDS-related deaths in 2020.

Every minute, a person living with HIV dies of AIDS-related causes. Each of these new infections and deaths is preventable and the latest evidence, including experiences in a diverse set of countries, clearly show that it is possible to end AIDS as a public health threat by 2030.

While we can end AIDS, the work is not over. And as the world tackles an ever expanding and complex global agenda, AIDS remains a global emergency that requires urgent attention.

By meeting the 2025 targets, we can place the world on a path to end the epidemic. Only sustained, renewed and refocused commitment to address the underlying inequalities that still drive the epidemic will enable us to achieve the 2025 targets.

To end AIDS, we must reach all populations and settings, and tackle intersecting inequalities, that impede the success of the HIV response. And we must do so in a health and development environment which is being rapidly transformed by the COVID-19 pandemic.

Highlights of the Joint Programme's recent achievements

- ▶ Catalyzing stronger momentum, enhanced focus, political commitment and global agreement to the urgency of the HIV response:
 - the 2021–2026 Global AIDS Strategy prioritizes urgent action to end the underlying inequalities driving the HIV epidemic;¹
 - the 2021 Political Declaration on HIV and AIDS² demands not only overall progress in the HIV response but the achievement of ambitious targets among all populations most affected by HIV in all settings;
 - the United Nations Economic and Social Council (ECOSOC) Resolution in July 2021³ reaffirms the work of UNAIDS to *leave no one behind* and urges effective, timely implementation of the 2021–2026 Global AIDS Strategy.
- ▶ Mobilizing essential funding for the response and making that money work, including assisting countries throughout the Global Fund grants' application and related monitoring processes and PEPFAR Regional and Country Operational Plans, and successfully advocating for focused funding to sustain and strengthen the HIV response in the face of COVID-19.
- ▶ Helping ensure the effective use of sex- and age-disaggregated data and gender analysis for evidence-informed responses to address gaps and drive impact. The Joint Programme builds national capacity to generate and use strategic information, serving as the primary world's repository of strategic data and analysis on the HIV epidemic and response. The Joint Programme also supports the expansion and strategic use of community-led monitoring, tracking national laws and policies (through the Laws and Policies Analytic web portal) and expanding the evidence base. It promotes the use of data for action to address the needs of key populations and adolescent girls and young women (e.g. through the Key Populations Atlas, support for focused studies in countries and development of new methodology to estimate the size of population at high risk).
- ▶ Stronger partnerships with governments, parliamentarians, communities and faith partners (including through the 13 Million Campaign to engage faith leaders and communities to reach the 13 million people living with HIV who are not on antiretroviral therapy) and effective leveraging of political platforms such as the Inter-Parliamentary Union, the Parliamentary Assembly of the Francophonie and World Economic Forum for HIV advocacy and in support of the SDGs, global health and a people's vaccine.
- ▶ Galvanizing global initiatives and partnerships to intensify focus on key, under-prioritized elements of the HIV response:
 - **HIV prevention:** The Global HIV Prevention Coalition has elevated attention to HIV prevention and supported the development of national prevention roadmaps in 28 countries⁴.
 - **Stigma and discrimination:** 26 countries have now⁵ joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination,

1 The Global AIDS Strategy 2021–2026, endorsed by the UNAIDS Programme Coordinating Board (PCB) in March 2021, outlines a roadmap for getting the response on track to achieve the Sustainable Development Goal target of ending the AIDS epidemic as a public health threat by 2030.

2 In June 2021, the United Nations General Assembly endorsed a new set of bold HIV commitments and global targets for 2025. The Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 applies an inequalities lens across all aspects of the response.

3 https://www.unaids.org/en/resources/presscentre/featurestories/2021/july/20210723_ecosoc-resolution-joint-programme-adopted

4 By November 2020. For more information on the Global Prevention Coalition, see: UNAIDS – HIV Prevention Coalition

5 By September 2021. For more information on the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, see: The Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination | UNAIDS

committing to take action to achieve measurable progress in reducing stigma and discrimination in healthcare, education, workplace, the justice system, and community settings.

- **The unique role of cities:** More than 300 cities and municipalities have endorsed and committed to implement the Paris Declaration, to harness the unique power of localities to drive gains against HIV.
 - **Paediatric AIDS:** The Joint Programme served as a key convening partner for the Start Free, Stay Free, AIDS Free initiative which brought renewed attention and energy to efforts to end AIDS among children. UNAIDS is now collaborating with partners to develop a new initiative to accelerate progress towards paediatric AIDS targets for 2025.
 - **HIV crisis among adolescent girls and young women in sub-Saharan Africa and societal enablers:** The Education Plus initiative uses schools as an entry point for actions to empower adolescent girls and young women and to accelerate progress towards gender equality in sub-Saharan Africa.
- ▶ Improving the coordination of efforts of diverse global and country partners and actors, including guiding investments to maximize impact and efficiency, producing essential normative guidance, supporting evidence-informed national planning and accelerated programme implementation including innovations.
 - ▶ Aiding in the preservation of essential HIV services during the COVID-19 pandemic through monitoring of bottlenecks, technical support and dissemination of innovative service delivery strategies.
 - ▶ Consistently advocating for and supporting more meaningful involvement of communities, women and key populations, in decision-making processes and community-led monitoring.

By the numbers by end 2020

33

countries were implementing the Stigma Index 2.0 using a new standardized methodology.

82%

of the HIV and HIV-joint Global Fund applications submitted in Windows 1, 2 and 3 were critically supported by the Joint Programme, with 56 HIV components approved in Windows 1 & 2 (total value of US\$ 5 billion).

10

eastern and southern African countries received advocacy and technical support for the successful mobilization of US\$ 9.6 million from the Global Fund for cervical cancer-HIV service integration activities.

96

Joint UN teams on HIV reported their contributions to national HIV responses and the realization of the SDGs by 2030.

99%

of countries supported by the Joint Programme had adopted the WHO Treat All policy.

70%

of countries supported by the Joint Programme had national HIV policies/strategies promoting gender equality and transformation of unequal gender norms.

72%

of countries supported by the Joint Programme had HIV integrated in national emergency preparedness and response and into national plans.

78%

of joint country envelope funding (total of US\$ 25 million) recipients used a flexible approach of reprogramming (up to US\$12.5 million) to address urgent COVID-19 related needs, with an additional US\$ 9.5 million also committed from the Secretariat's core activity budget.

The Joint Programme: refocused for 2022–2026

Applying an inequalities lens across all of its work, the Joint Programme will focus on three strategic areas which are aligned with the 2021–2026 Global AIDS Strategy:

- ▶ Maximizing equitable access to HIV services;
- ▶ Breaking down barriers to accelerate progress in the HIV response;
- ▶ Fully and effectively integrating HIV responses into robust, sustainable systems for health, social protection, humanitarian settings and pandemic responses.

The Unified Budget, Results and Accountability Framework (UBRAF) is the primary framework for operationalizing the Joint Programme's work at global, regional and country levels. It is composed of a high-level strategic framework (2022–2026) and two biennial and one annual workplan and budget, which are evidence-based and developed through a joint process. A *Division of Labour* aligned with the Global AIDS Strategy and UN reform, strategically channels the comparative advantages of the Joint Programme and guides the expertise and efforts of Cosponsors and the UNAIDS Secretariat so that countries and communities receive the support they need.

Over the next five years, the Joint Programme will:

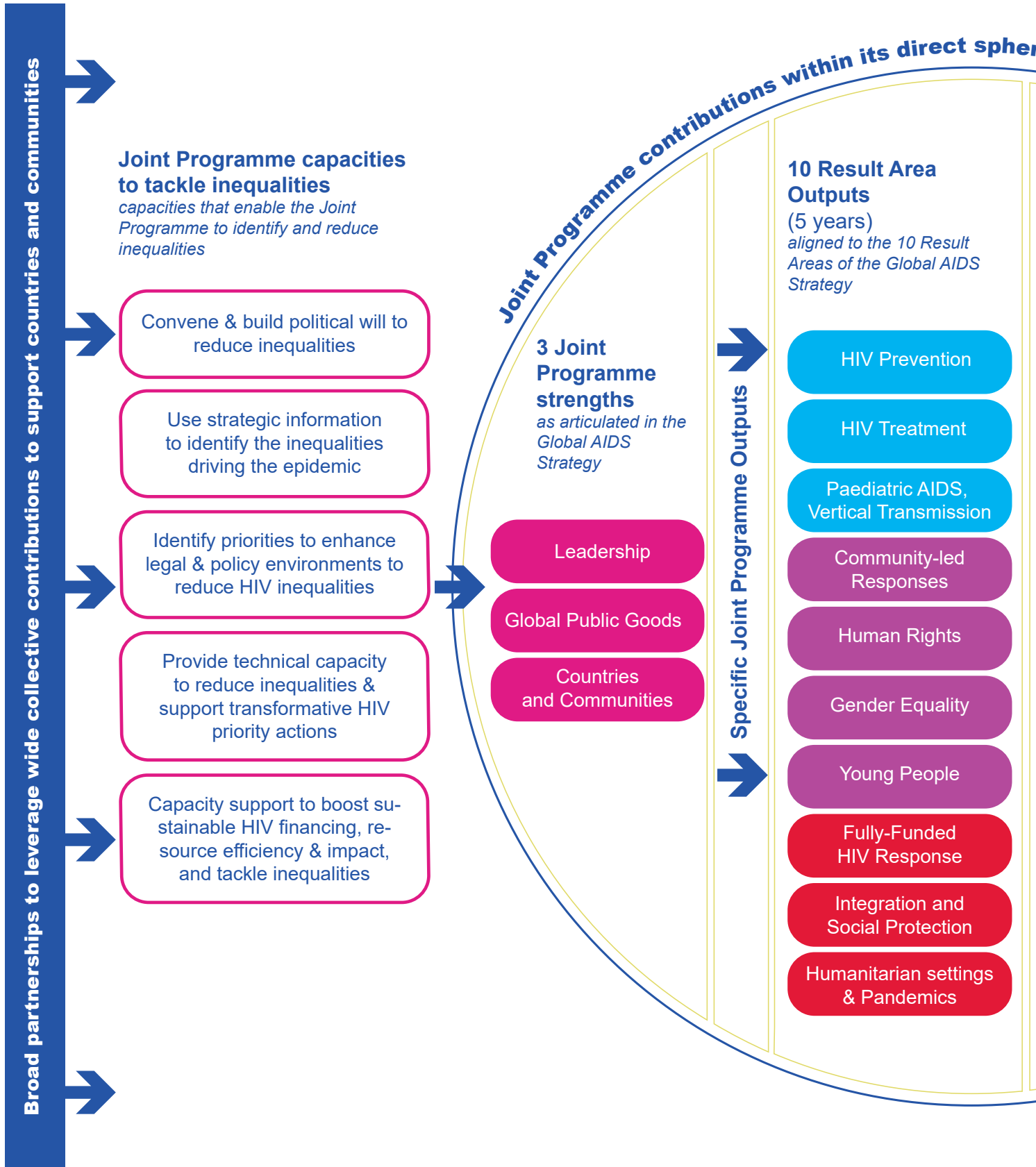
- ▶ build **leadership and political** will through advocacy and convene strategic and inclusive partnerships to accelerate and sustain progress in the HIV response;
- ▶ support countries, communities and partners to **tackle inequalities**, including gender inequality, to ensure equitable service access and outcomes for HIV prevention, treatment, care, and support;
- ▶ foster leadership and support for **innovative approaches** to achieve more inclusive HIV services so that all people living with, at risk of and affected by HIV⁶ benefit from scaled up HIV combination prevention and testing and treatment;
- ▶ progressively scale-up programming including through societal enablers to **address social and structural drivers** of the HIV epidemic. This will strengthen social, institutional and structural capacities and link people living with, affected by or at risk of HIV to national social protection systems and more inclusive legal and policy environments in order for more community-centred, gender-transformative, human rights-based HIV responses that also accelerate progress for the elimination of stigma and discrimination;

⁶ These include women, children, adolescents living with or at risk of HIV, key populations, youth including young key populations, migrants and mobile populations, persons with disability and other groups at risk of HIV such as indigenous populations

- ▶ effectively empower communities and leverage resources for stronger, more inclusive **community-led responses** including through normative guidance and coordinated technical support;
- ▶ facilitate and **support knowledge-sharing** and the collection and effective use of sex- and age-disaggregated strategic information and gender analysis to drive and accelerate progress towards the 2025 global AIDS targets;
- ▶ leverage and track adequate and more **sustainable domestic and international investments** and guide their efficient use for the response to maximize for impact;
- ▶ maximize the Joint Programme's impact and optimize efficiencies by allocating resources to prioritize **joint planning and implementation** focusing on where they are needed the most.

Figure 1.

The 2022–2026 UBRAF Results Framework providing the basis for the Joint Programme’s work and its contributions to the Global AIDS Strategy and SDGs.



Through its capacities to tackle HIV-related inequalities, and its strengths, it will drive actions towards achieving the Joint Programme's outputs, while contributing to its outcomes and overall intended impact of countries' progress towards ending AIDS as a public health threat.

Area of influence as articulated in the UBRAF

3 Joint Programme Outcomes (5 years)
aligned to the Strategic Priorities of the Global AIDS Strategy and 2025 Targets

Equitable and equal access to HIV services & solutions maximized

Barriers to achieving HIV outcomes broken down

Efficient HIV responses fully resources & sustained & integrated into systems for health, social protection, humanitarian settings & pandemic responses

Joint Programme Impact (5-10 years)

Countries' progress towards ending AIDS as a public health threat



Shared vision of the Global AIDS Strategy to reducing inequalities to end AIDS by 2030

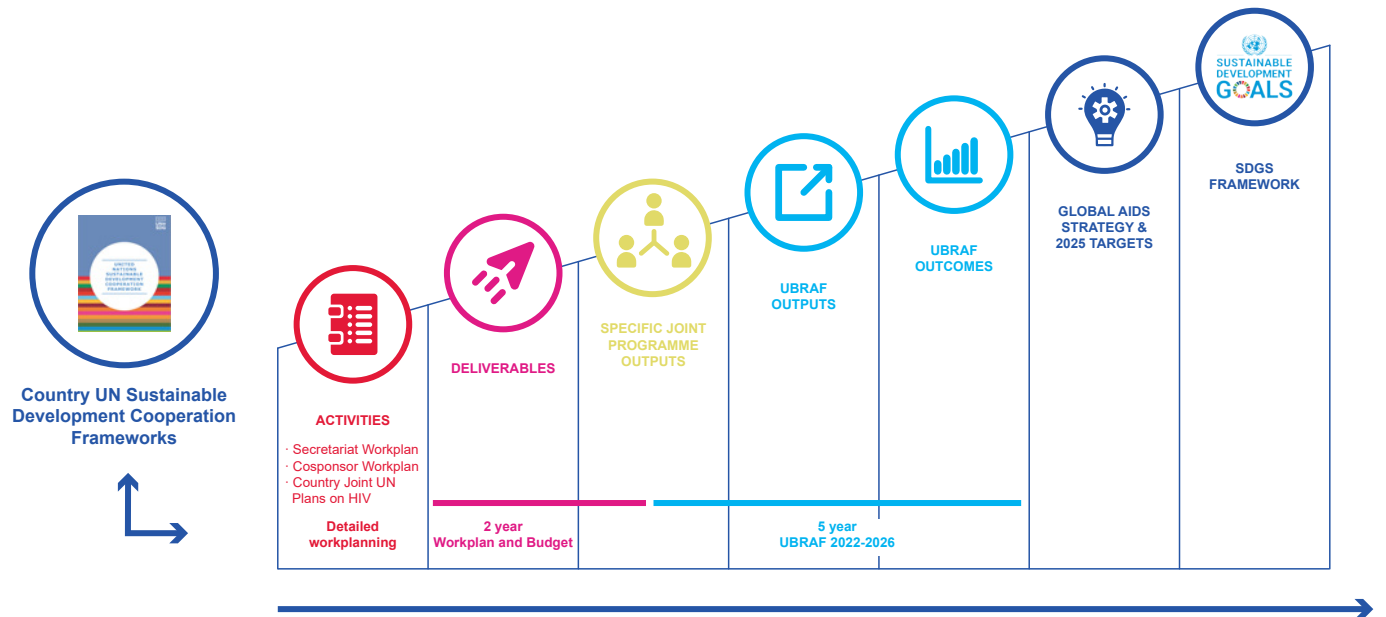
Global AIDS Strategy 2021 – 2026 and 2025 Targets

Political Declaration on HIV/AIDS 2021

SDGs and the 2030 Agenda
End of AIDS as a public health threat

The UBRAF’s results framework, which is informed by a new theory of change, guides the Joint Programme’s work at all levels. The results framework describes how the Joint Programme’s activities and deliverables will contribute to the implementation of the Global AIDS Strategy and achievement of the SDGs.

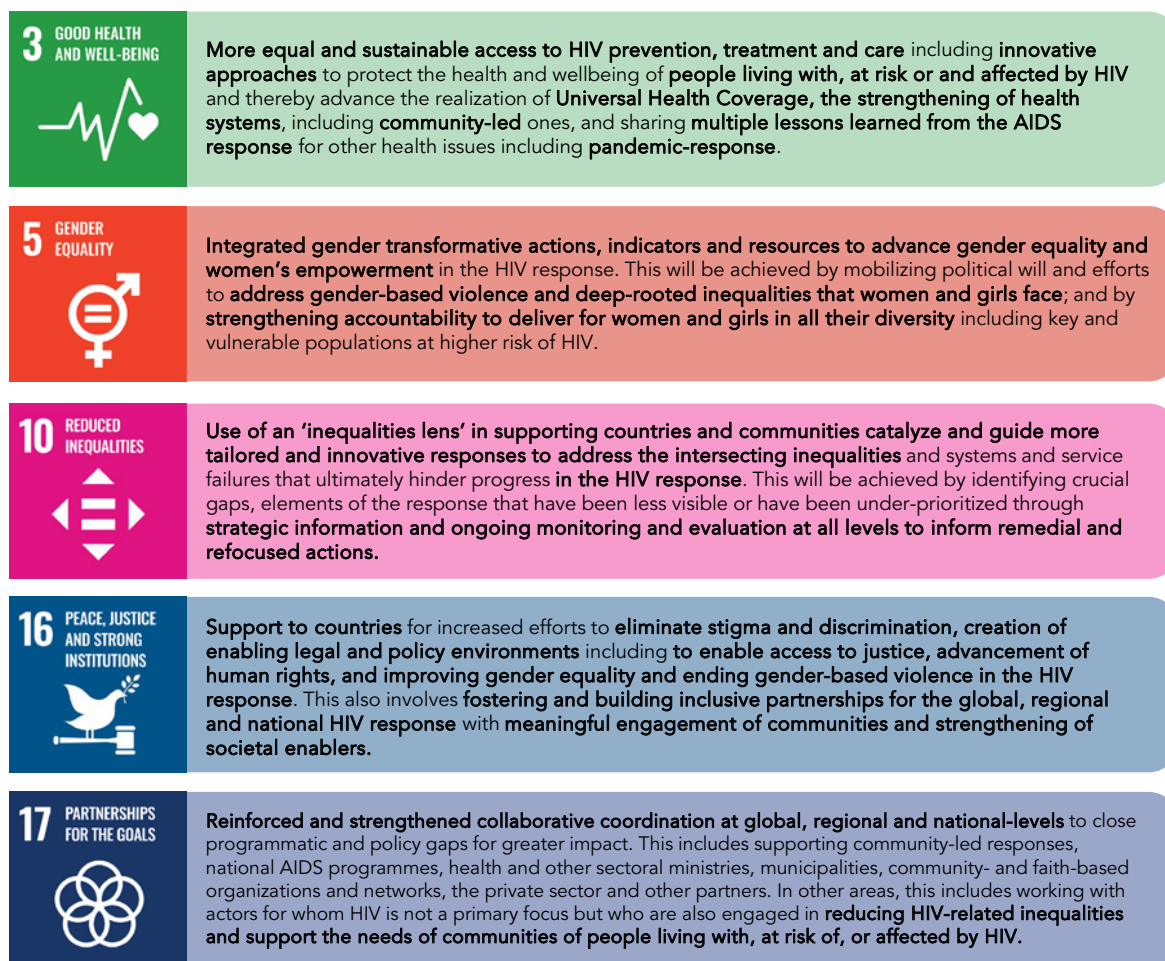
Figure 2.
UBRAF Results chain



Over the next five years, the Joint Programme will accelerate gains and further build the foundation to achieve the SDG target of ending AIDS as a public health threat by 2030, leveraging partnerships and placing communities at the center. The multi-sectoral work of the Joint Programme will also yield dividends across the breadth of the 2030 Agenda for Sustainable Development (Figure 3).

Figure 3.

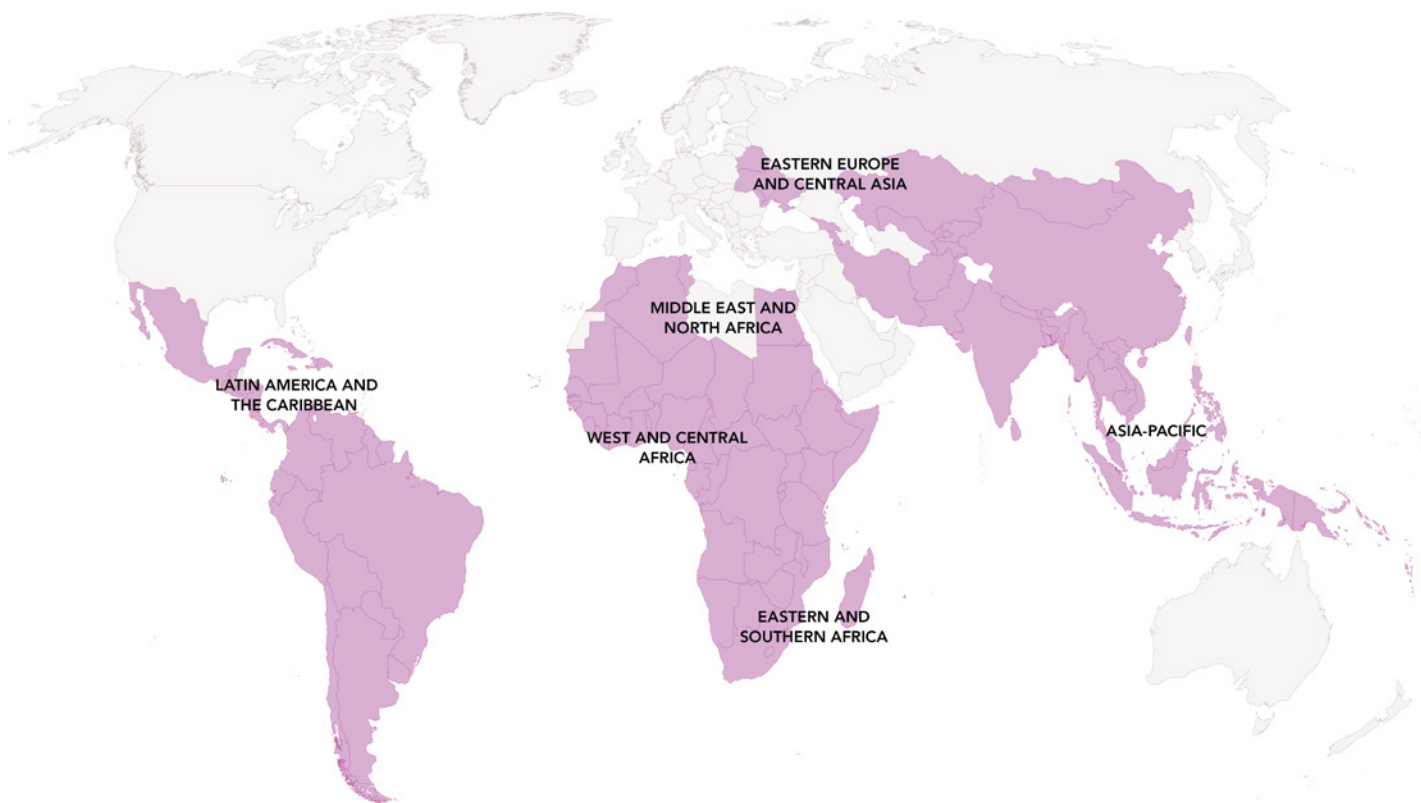
The Joint Programme’s main contributions to the SDGs within the context of the 2022–2026 UBRAF



The Joint Programme supports about 90 countries in six regions respond better to the AIDS pandemic. This work is informed by the latest strategic information including on inequalities, the gaps in the response and country and regional contexts, while leveraging key partnerships as outlined in the UBRAF. Through UBRAF performance monitoring and reporting processes, the Joint Programme identifies gaps, and lessons learned, and performance findings inform adaptation and prioritization in the Joint Programme’s workplans and budgets, to address the unique needs of countries and communities.

Figure 4.

Joint Programme's presence in over 90 countries within six geographical regions



Budget and Resource Allocation for 2022–2026

The Joint Programme will optimize its resources by promoting joint prioritized plans and programme implementation, channeling resources where they are needed most. Resource allocation within the Joint Programme draws on the latest evidence, including regular monitoring of the epidemic and country contexts, and is guided by the Global AIDS Strategy.

The Joint Programme resource allocation methodology builds on the UNAIDS 2018 refined operating model⁷ and will continue to be guided by the three overarching objectives:

- ▶ Deploy human and financial resources where they are needed most;
- ▶ Reinvigorate country-level joint work and collaborative action;
- ▶ Reinforce accountability and results for people.

⁷ The UNAIDS refined operating model has been operational since 2018 and is based on the recommendations of the Global Review Panel and was approved by the PCB. For more information on the Global Review Panel on the UNAIDS operating model recommendations, see: https://www.unaids.org/sites/default/files/media_asset/fast-forward-refining-operating-model-unaid-2030_en.pdf

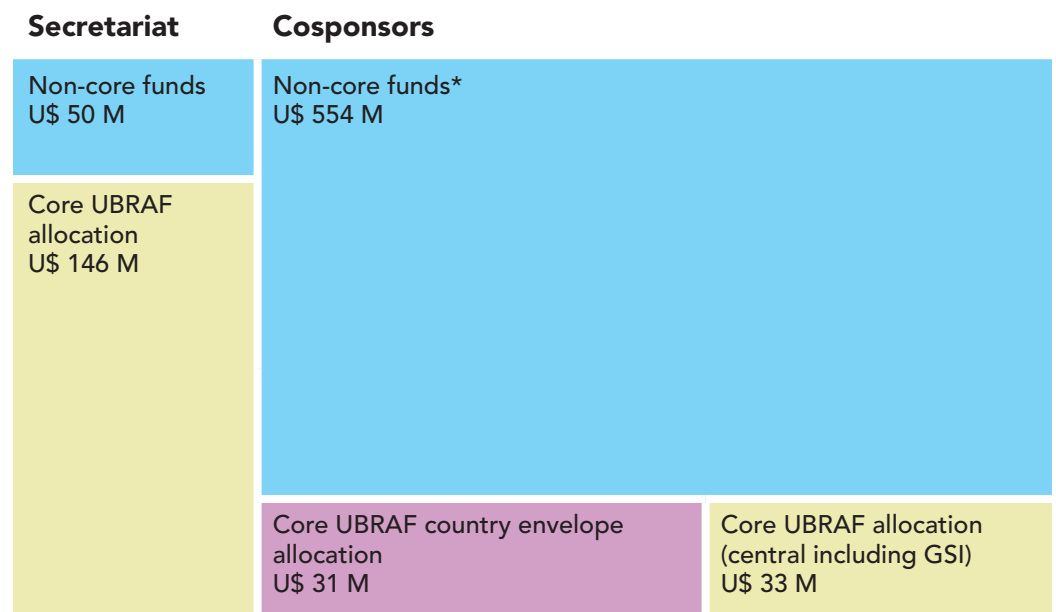
Resource allocation in 2022–2026 will also navigate the challenges and opportunities associated with the current COVID-19 context and will take into account the evolution of the environment in the post-COVID-19 era to sustain gains made over the last 25 years and to build back better and fairer HIV responses.

The Joint Programme asks for an annual budget of US\$210 million in core contributions, which will:

- ▶ adequately resource the UNAIDS Secretariat to continue its global role and enable continued support to countries; and
- ▶ allocate fixed flexible core funding to each Cosponsor and allocate country envelopes as a priority to leverage joint action in countries and in support of populations in greatest needs.

Figure 5.

UBRAF annual budget allocation for 2022–2023



*Includes projections for the UNDP-Global Fund partnership amount.

Table 1.

Annual Core and Non-Core Budget estimates by Result Area and Secretariat Core functions, comparing US\$ 210 million and US\$187 million budget

Results Areas / Core Functions	Core budget - US\$ 210 million			Core budget - US\$ 187 million		
	Core central funds	Country envelopes	Total US\$	Core central funds	Country envelopes	Total US\$
I. Results Areas						
1 HIV prevention	4 509 000	4 826 000	9 335 000	4 283 550	3 891 900	8 175 450
2 HIV testing and treatment	1 606 500	10 295 600	11 902 100	1 526 175	8 303 000	9 829 175
3 Paediatric AIDS and vertical transmission	1 364 000	2 022 100	3 386 100	1 295 800	1 630 700	2 926 500
4 Community-led response	929 500	862 400	1 791 900	883 025	695 500	1 578 525
5 Human rights	1 845 000	3 427 900	5 272 900	1 752 750	2 764 400	4 517 150
6 Gender Equality	2 238 500	1 613 100	3 851 600	2 126 575	1 301 000	3 427 575
7 Young people	2 519 000	4 031 900	6 550 900	2 393 050	3 251 500	5 644 550
8 Fully-funded HIV Response	1 265 000	1 353 800	2 618 800	1 201 750	1 091 700	2 293 450
9 Integration and social protection	2 428 500	1 873 900	4 302 400	2 307 075	1 511 200	3 818 275
10 Humanitarian setting and pandemic	3 295 000	693 300	3 988 300	3 130 250	559 100	3 689 350
Global Strategic Initiatives	11 000 000		11 000 000	1 100 000		1 100 000
Total Cosponsors	33 000 000	31 000 000	64 000 000	22 000 000	25 000 000	47 000 000
II. Core Functions						
1 Leadership, advocacy and communications	32 412 000		32 412 000	31 030 000		31 030 000
2 Partnerships, mobilization and innovation	30 256 000		30 256 000	29 054 000		29 054 000
3 Strategic information	20 892 000		20 892 000	20 083 000		20 083 000
4 Coordination, convening and country implementation support	34 377 000		34 377 000	32 925 000		32 925 000
5 Governance and mutual accountability	28 063 000		28 063 000	26 908 000		26 908 000
Total Secretariat	146 000 000		146 000 000	140 000 000		140 000 000
Grand Total	179 000 000	31 000 000	210 000 000	162 000 000	25 000 000	187 000 000

Fully funding the UNAIDS budget represents a critical investment to ensure that the Joint Programme can successfully deliver on its mandate and has sufficient capacity to lead and catalyze the successful implementation of the Global AIDS Strategy to drive the changes critical to the sustainability of the HIV response.

Conversely, not achieving a fully funded Joint Programme at this pivotal moment will have a detrimental impact on its work, stalling momentum in the response and diminishing access to life-saving HIV prevention and treatment services in many countries. It would also have broader ramifications by undermining progress in other related areas of the Joint Programme's work, such as gender equality, sexual and reproductive health and rights, human rights, and empowerment of adolescent girls and young women.

An underfunded UBRAF will also severely limit the Joint Programme's catalytic role in leveraging strategic partnerships, initiatives and investments that are essential for global and national responses and highly depend on the Joint Programme's advocacy, strategic information, policy guidance and coordination role. A failure to mobilize the resources needed for full implementation of the UBRAF will imperil gains made to date, slow the recovery of the HIV response from the effects of COVID-19, blunt efforts to address inequalities in the response and leave more people behind and endanger the sustainability of many national HIV responses. At precisely time when the visibility of the global AIDS epidemic needs attention, underfunding of the UBRAF would lead to further major challenges at for AIDS in global, regional and national agendas.

The direct impacts of an underfunded UBRAF include:

- ▶ Less Joint Programme capacities for advocacy, policy guidance, tailored technical guidance and support for key areas of the Global AIDS Strategy such as inequalities, human rights, gender equality, community led response and the other social determinants of HIV;
- ▶ Less space for the Joint Programme's global strategic initiatives and strategic partnerships;
- ▶ Less strategic information such as the availability of disaggregated data to monitor and analyze progress and gaps which inform targeted programmes for impact;
- ▶ Less Joint Programme country presence, which would likely lead to a decrease in political leadership and commitment to HIV; decreased national capacities to adopt or implement updated key policies and innovative approaches for priority populations; decreased generation of and use of strategic information; decreased support and assistance for removal of punitive and discriminatory laws; decreased capacities to strategically guide Global Fund and PEPFAR investments and resolve bottlenecks; less opportunities for meaningful engagement of community and civil society organizations.

Even as the Joint Programme redoubles its efforts to maximize efficiency and impact, more sustainable funding will be required to enable it to support countries and communities and to get the response back on-track. Closing gaps in the response, reaching those who have been left behind and prioritizing work areas that have been under-prioritized in the past, will demand a fully funded UBRAF for 2022–2026.

Investments in the Joint Programme are investments in delivering transformative and life-saving work towards the goals in the Global AIDS Strategy 2021–2026 and a world that is safer, healthier and more just, in alignment with the vision of the SDGs.

A framework for Joint Programme's enhanced accountability and transparency

The Joint Programme is accountable:

directly to the UNAIDS PCB, which is composed of representatives from Member States, Cosponsors and civil society, and people living with and affected by HIV – a unique inclusive governance recognized as a model for UN reform.

- ▶ to the broader HIV and global community, including people living with, at risk of and affected by HIV who are at the centre of its work, civil society actors and other partners
- ▶ to the donors that make its work and achievements possible
- ▶ complementarily, with Cosponsors' reporting to their respective governing boards on their HIV-related work

Within the unique UNAIDS Joint Programme, mutual accountability to deliver is ensured in accordance with the Cosponsors' and Secretariat's individual mandates, strengths and comparative advantages and as defined in the Division of Labour.

Transparent mechanisms exist to enable all stakeholders to assess the Joint Programme's work and the achievement of its results (outputs and outcomes), in alignment with the Global AIDS Strategy. These include the 2022–2026 UBRAF Results Framework, the new UBRAF indicators⁸ and annual Performance Monitoring Reports, which include both qualitative and quantitative information.

These mechanisms are supplemented by the Joint Programme Results and Transparency portal⁹, which will continue to serve as the primary platform for timely and quality comprehensive reporting on key aspects of the Joint Programme's work, such as detailed and transparent financial reporting and country-by-country UN Joint Teams' reports.

Drawing lessons from past experiences and guidance from PCB recommendations, the Joint Programme is taking steps to further improve its performance monitoring and integrated reporting. For this, it is also aligned with, will maintain high standards and further optimize the opportunities of the UN reform such as already high level of compliance with the recommendations of the UN Quadrennial Comprehensive Policy Review (QCPR), the UN Funding Compact, the UN System-wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women and other international standards for transparency and accountability, such as the International Aid Transparency Initiative.¹⁰

Since its inception, UNAIDS has challenged the conventional approach and status quo, striving for more inclusive and equitable health and wellbeing in the HIV response. At this pivotal moment, investing in UNAIDS is a critical opportunity to deliver for the millions of people who are still left behind to access lifesaving HIV services and enjoy equal rights.

Let us seize this opportunity!

⁸ Updates on the UBRAF indicators to be provided in due time.

⁹ <https://open.unaids.org/>

¹⁰ <https://open.unaids.org/iati>

IT IS IMPERATIVE TO BREAK OUT OF AN INCREASINGLY COSTLY AND UNSUSTAINABLE CYCLE OF ACHIEVING SOME PROGRESS AGAINST HIV BUT ULTIMATELY NOT ENOUGH TO BRING ABOUT AN END TO THE PANDEMIC. INEQUALITIES ARE THE KEY REASON WHY THE 2020 GLOBAL TARGETS WERE MISSED. BY ENDING INEQUALITIES, TRANSFORMATIVE OUTCOMES CAN BE ACHIEVED FOR PEOPLE LIVING WITH HIV, COMMUNITIES AND COUNTRIES.

— Antonio Guterres, United Nations Secretary-General

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