

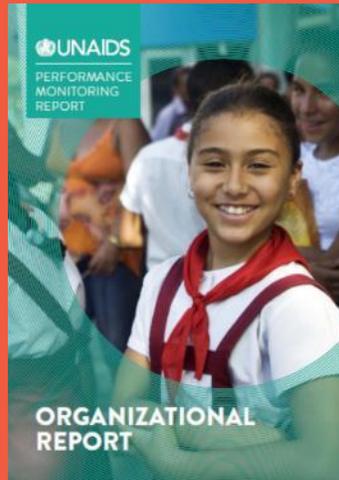
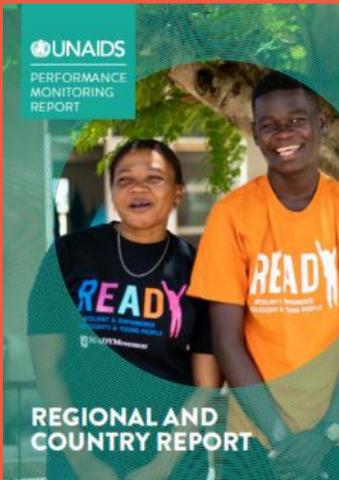
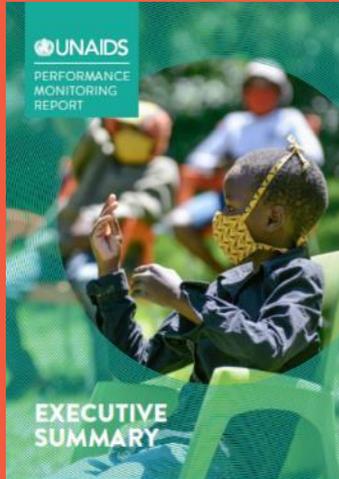
48th PCB Meeting
Agenda 4

**2020 UNAIDS PERFORMANCE
MONITORING**

29 June – 2 July 2021



2020 Performance Monitoring Report

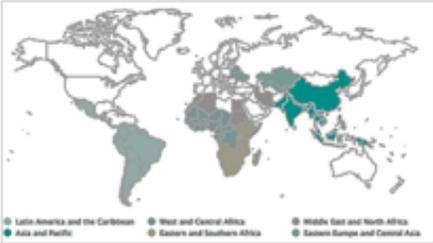


OUTLINE OF PMR PRESENTATION

1. Introduction to the 2020 PMR package
2. Global overview of the HIV response
3. Joint Programme achievements
 - Regional and country highlights
 - Strategy Results Area achievements
 - Broader organizational achievements
4. Conclusion

2020 JOINT PROGRAMME'S PERFORMANCE MONITORING REPORT (PMR)

– a joint & multisectoral results PACKAGE available through various lenses

Executive Summary	Achievements for each Strategy Result Area (SRA) and Indicator Report	Achievements in regions and countries: Regional and Country report	Achievements by each Joint Programme entity: Organizational report
			
<ul style="list-style-type: none"> Overview of HIV response Joint Programme response to the intersecting HIV and COVID-19 responses Joint Programme contribution towards comprehensive, people-centred HIV services and removing societal and legal barriers to effective HIV response Looking ahead: Challenges and key future actions 	<ul style="list-style-type: none"> Global overview of progress towards achieving SRA /FT commitments Joint Programme contribution towards achieving SRA/FT (outcome level results and indicators) Key challenges and key future actions Expenditure and encumbrances 	<ul style="list-style-type: none"> Progress status against regional and country targets Joint Programme contribution towards achievement of regional and country targets Contribution to SDG agenda Contribution to intersecting HIV and COVID-19 responses Challenges / bottlenecks and key future actions 	<ul style="list-style-type: none"> How HIV is integrated into agency broad mandate Contribution to SDG Contribution to intersecting HIV and COVID-19 response Case Studies Knowledge Products
<p>The 2020 PMR package will be supplemented by information on the Joint Programme achievements available on the Results and Transparency Portal</p>			

Key messages from 2020 PMR



Many countries have either reached or exceeded the global targets. But progress has been uneven due to inadequate investments, disparate responses, limited effort to remove societal barriers.



COVID-19 disrupted economic and social development, stretched national health and social protection capacities, exacerbated pre-existing vulnerabilities, and inflicted a setback to the global HIV response.

Amidst the COVID-19 crisis, the Joint Programme has remained a catalytic force within the HIV response and a strong, competent partner promoting an inclusive, people-centred and multisectoral response to the new COVID-19 pandemic.



The Joint Programme contributed to: 1) people-centred and inclusive expanded HIV services; 2) response to intersecting HIV and COVID 19 pandemics; 3) removing barriers to HIV response; and 4) more robust and resilient systems to support communities



The Joint Programme looks forward to the implementation of the 2021-2026 Global AIDS Strategy and using an inequalities lens to close the gaps that are preventing progress towards ending AIDS and leaving people behind.

Programme Monitoring Report

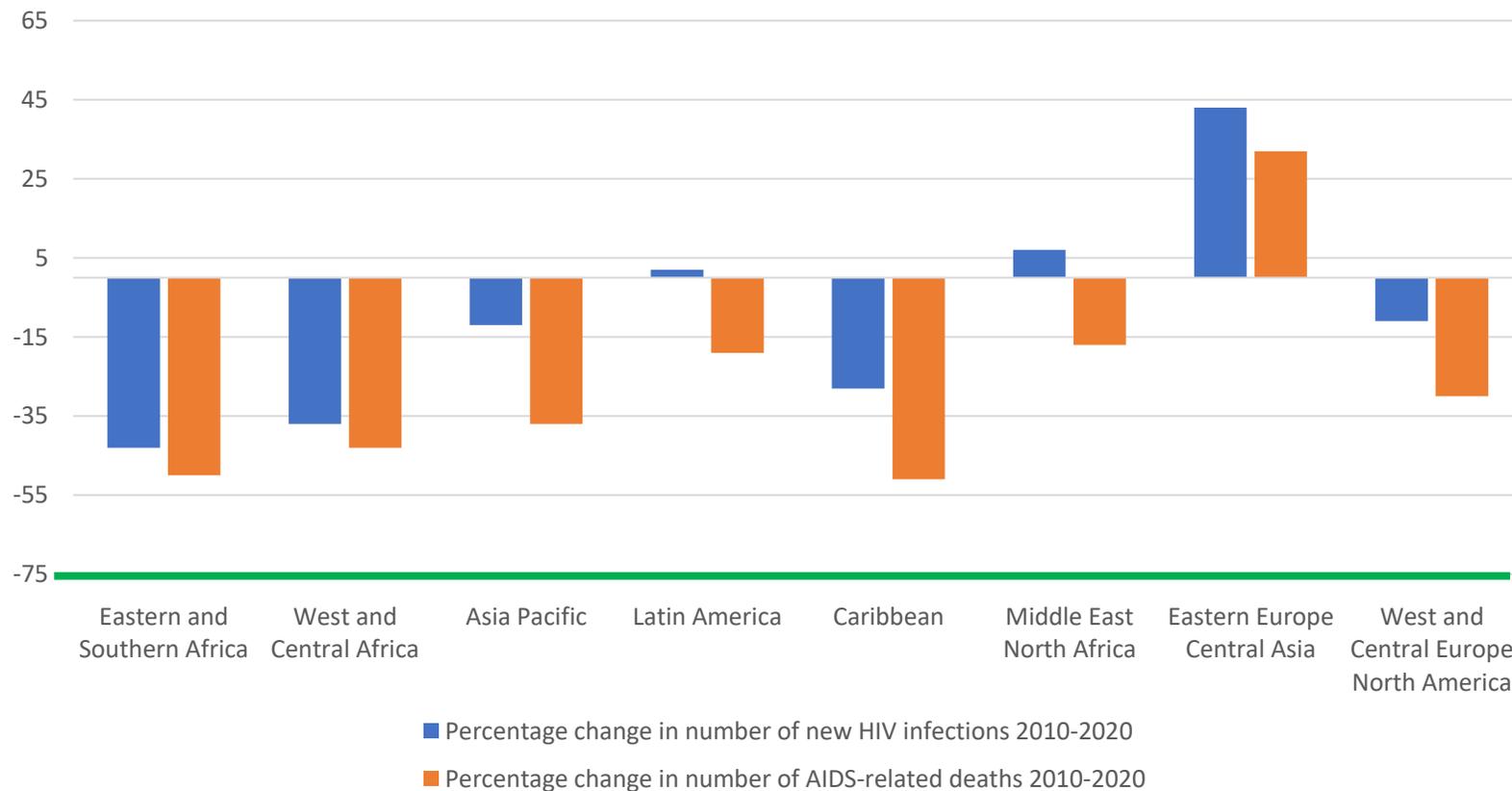
Contextual Overview



Progress Towards the 2020 Targets

No regions achieved the targets of 75% decline in new infections or AIDS-related deaths from 2010

Percentage change in number of HIV infections and AIDS-related deaths by region, 2010-2020



2020 People:
(targets: <500k)

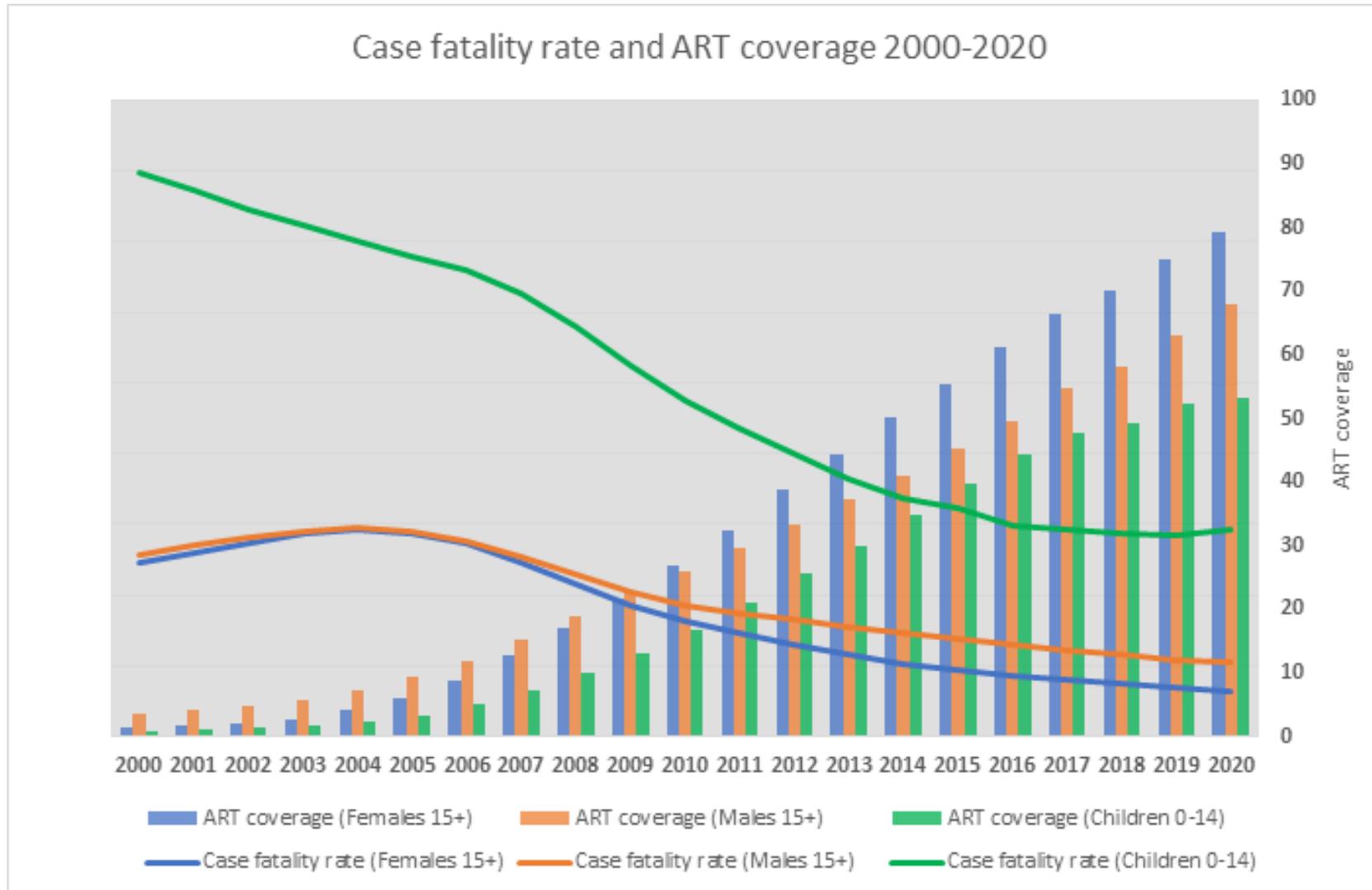
1.5 million people
newly HIV infected

690,000 people
died from HIV/AIDS

Target for 2020

Unpacking Inequalities:

Death rates: Children are 4% of people living w HIV, 14% of deaths

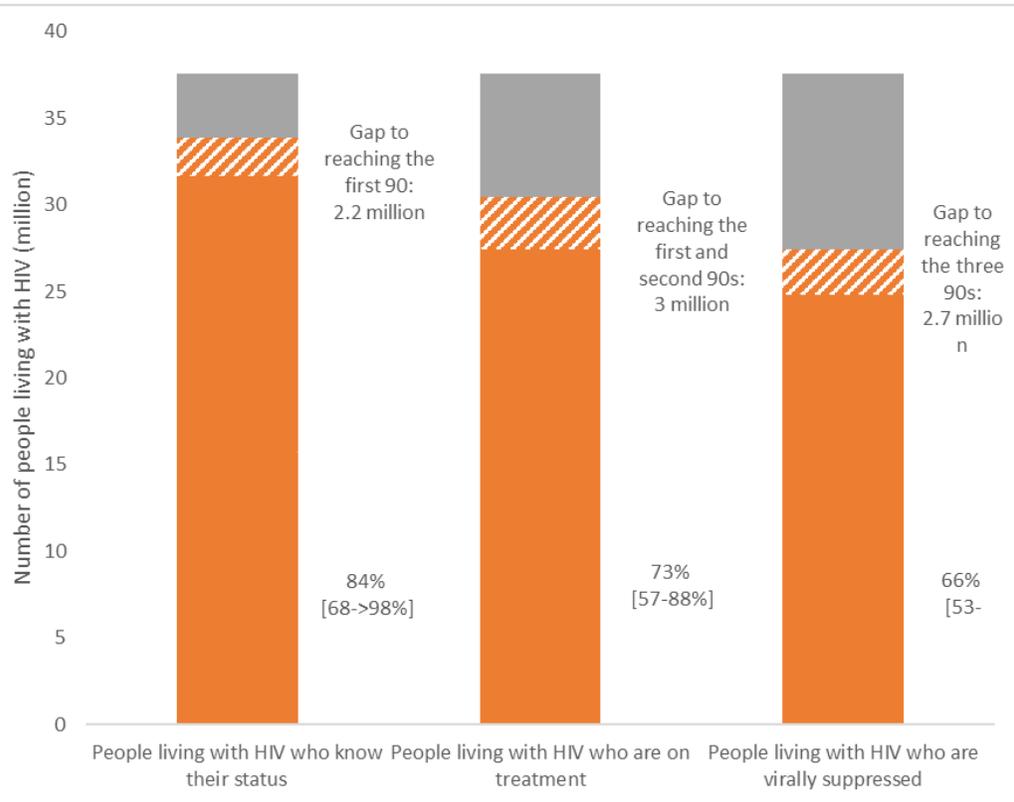


Progress toward 90-90-90 treatment targets

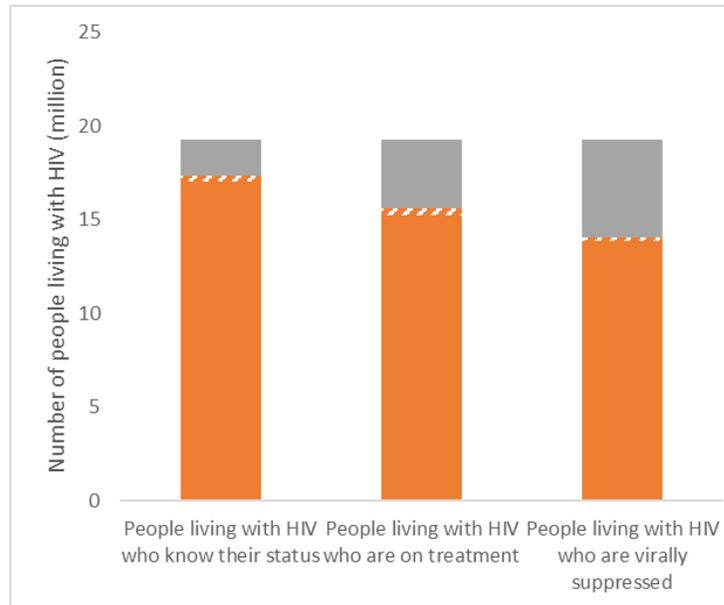
HIV testing and treatment cascade, global, 2020

2020 People:
27.4 million people on HIV Treatment
37.6 million people living with HIV

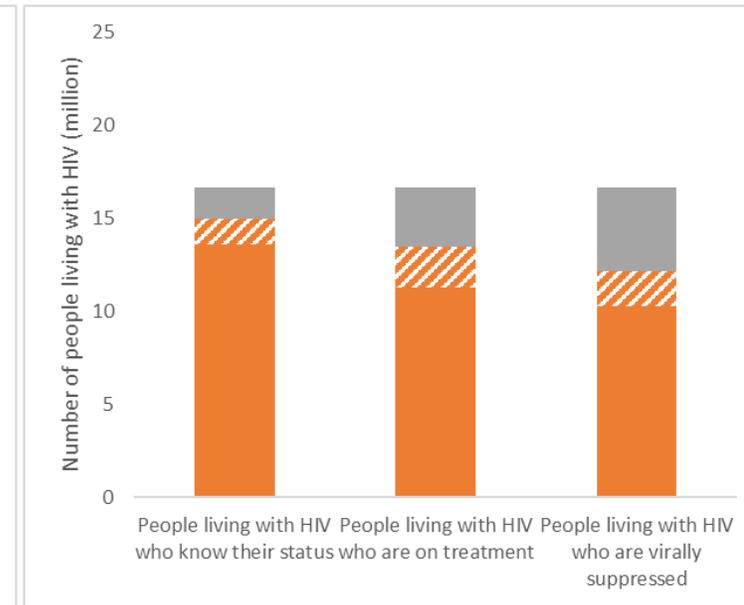
Total population



Women, 15+ years



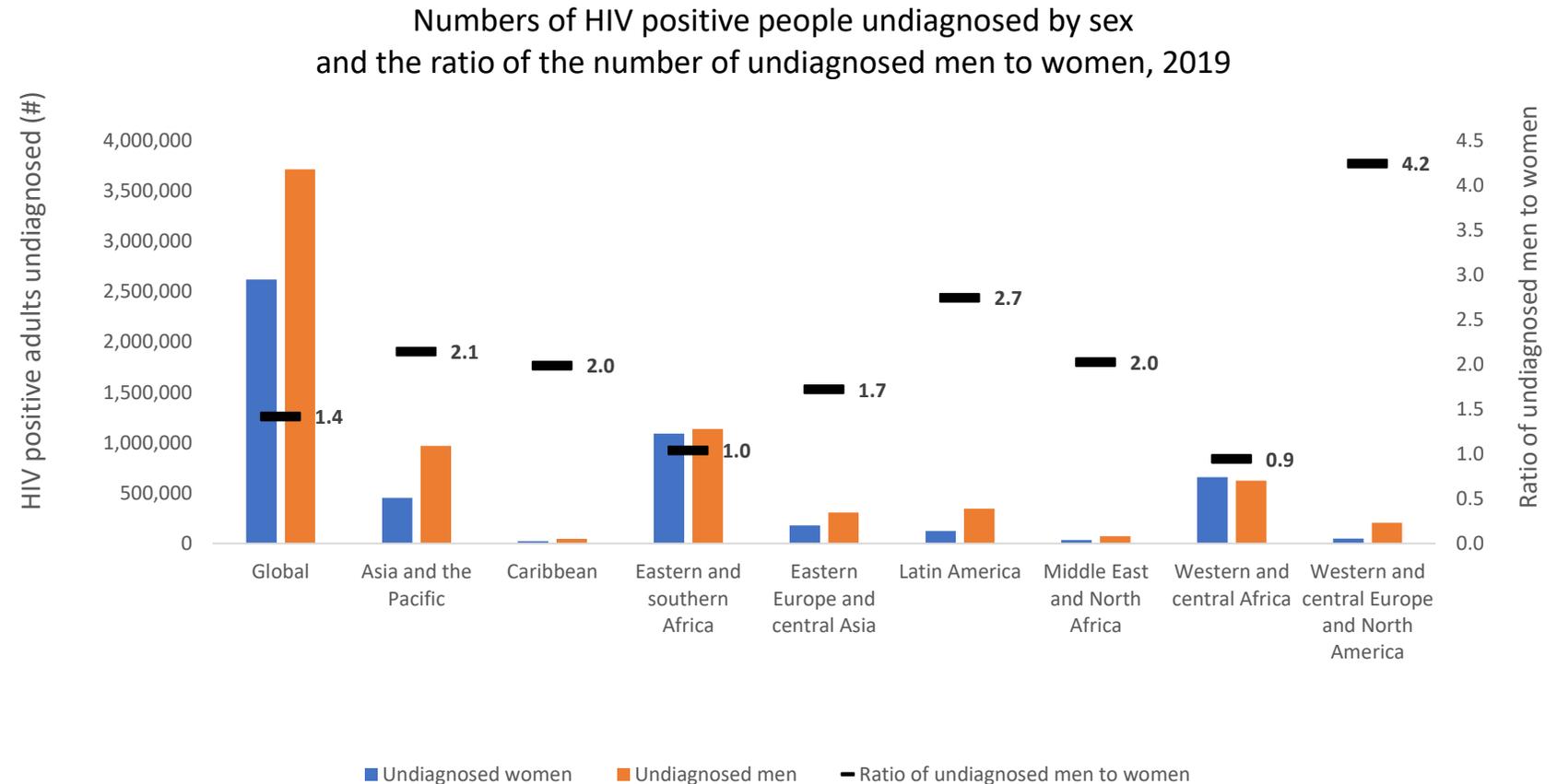
Men, 15+ years



Unpacking Inequalities:

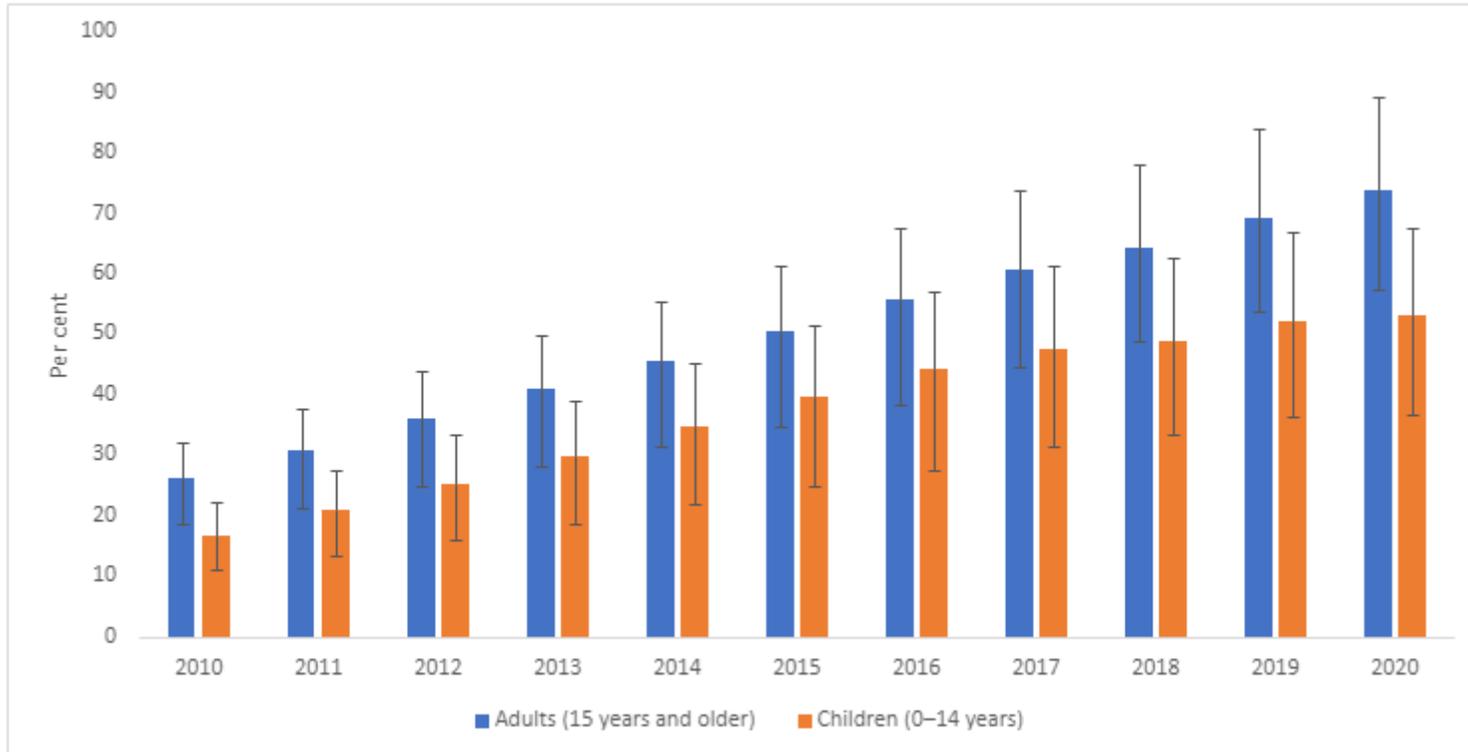
For every 100 undiagnosed women, there are 140 undiagnosed men

- In 130 of 154 countries in 2019, the percentage of women who knew their HIV positive status was higher than the percentage among men
- This difference varies by region, with **Western and Central Africa** having lower proportion of women diagnosed than men
- Absolute numbers of PLHIV are quite different by sex in most regions



Unpacking Inequalities: Children getting further behind on treatment coverage

Coverage of antiretroviral therapy, adults and children, global, 2010–2020

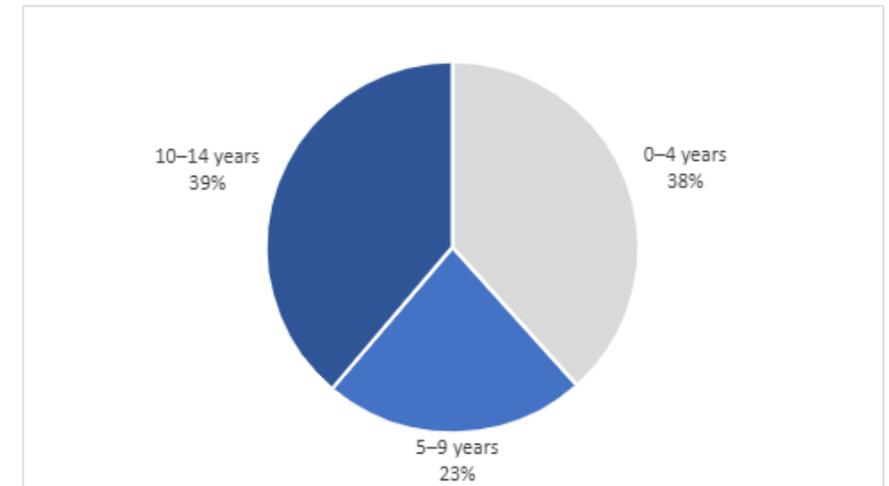


2020 People:

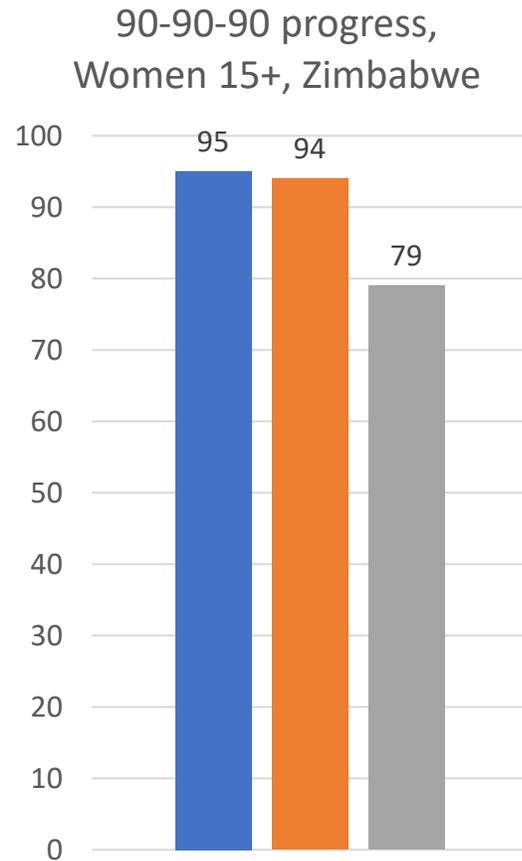
1.7 million children living w HIV

800,000 children NOT on TX

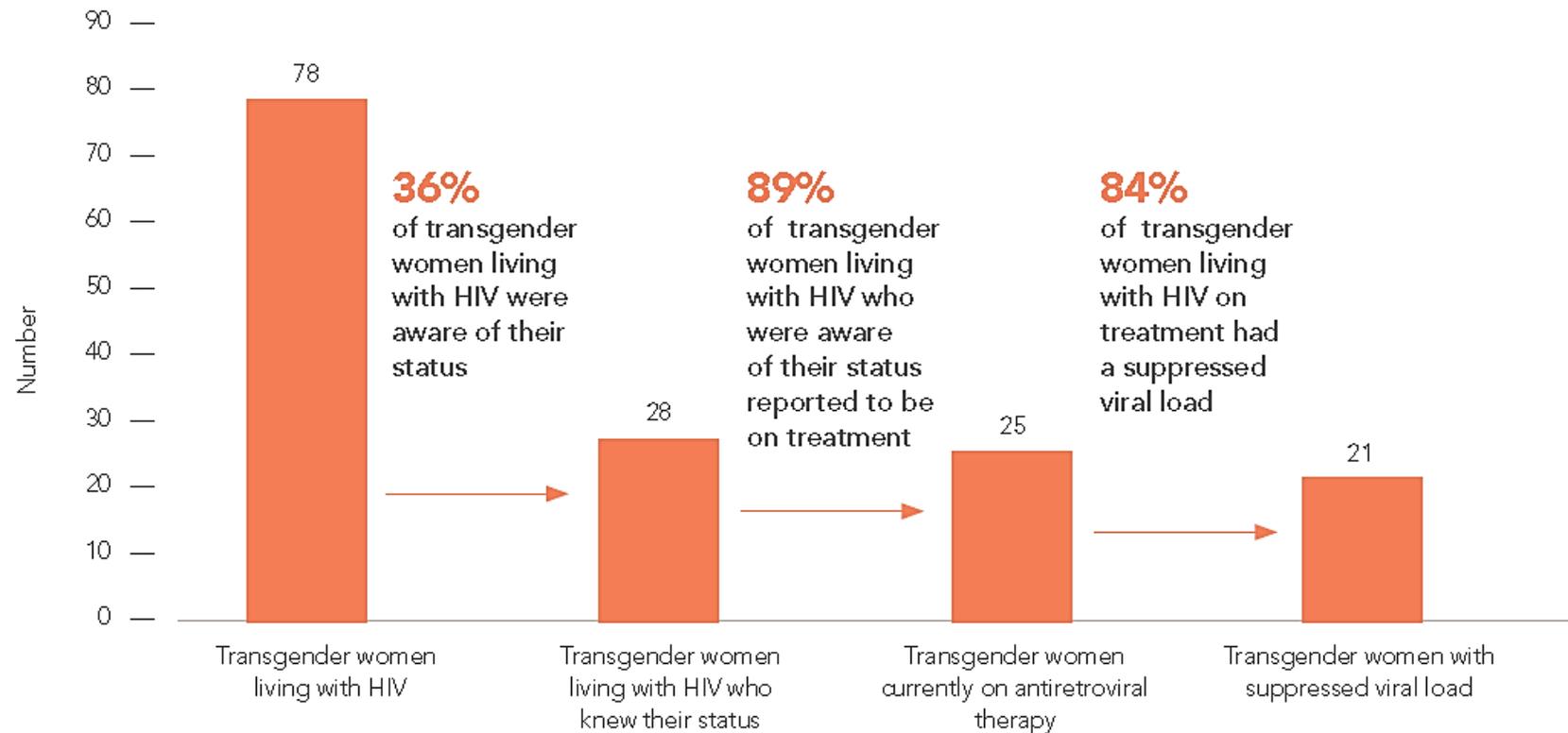
Children living with HIV not receiving treatment, by age group, 2020



Unpacking Inequalities: Services vary dramatically for key populations



Transgender women testing and treatment cascade, Harare, Zimbabwe, 2019

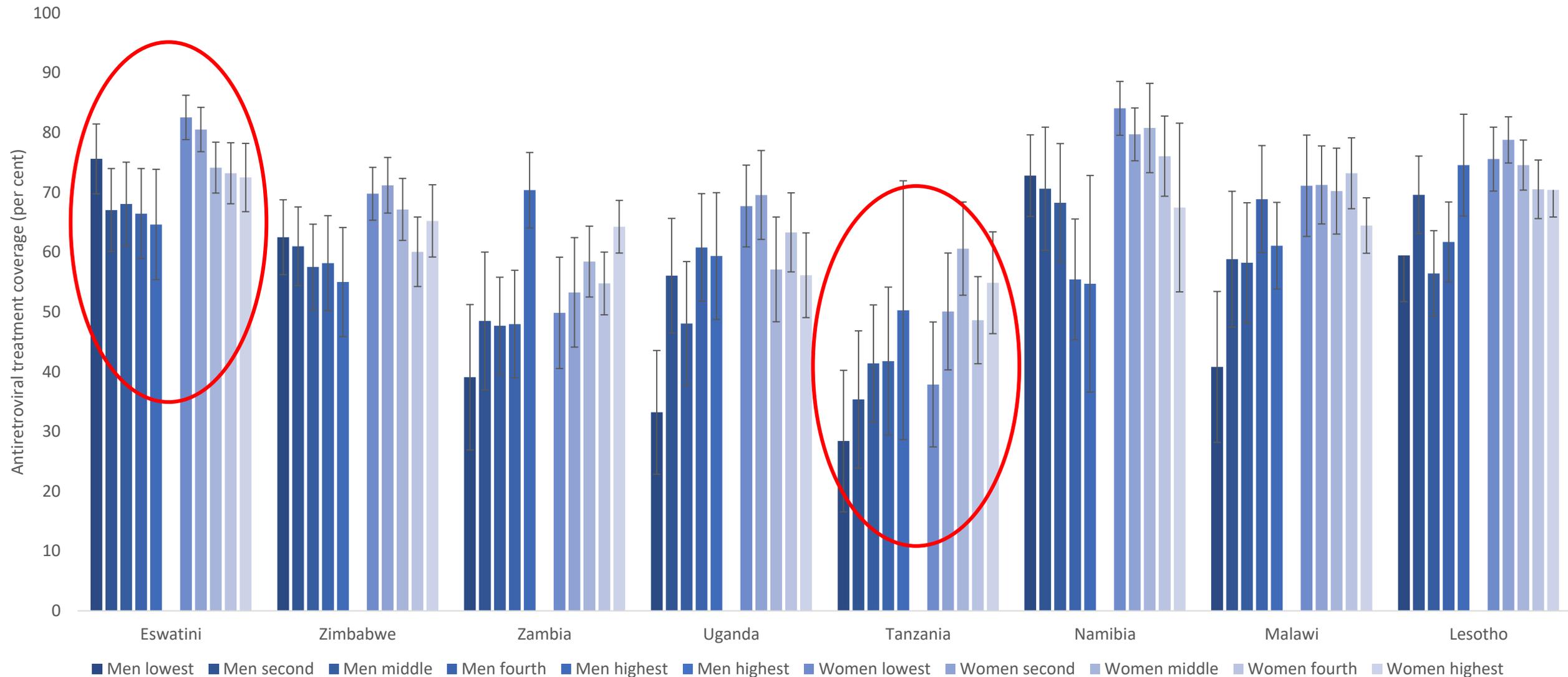


Source: Harris T, Parmley L, Mapingure M, Mugurungi O, Rogers JH, Apollo T et al. HIV care cascade: men who have sex with men & transgender women/genderqueer, Zimbabwe. Conference on Retrovirology and Opportunistic Infections (CROI), Boston (MA), 8–11 March 2020. Abstract 1097.

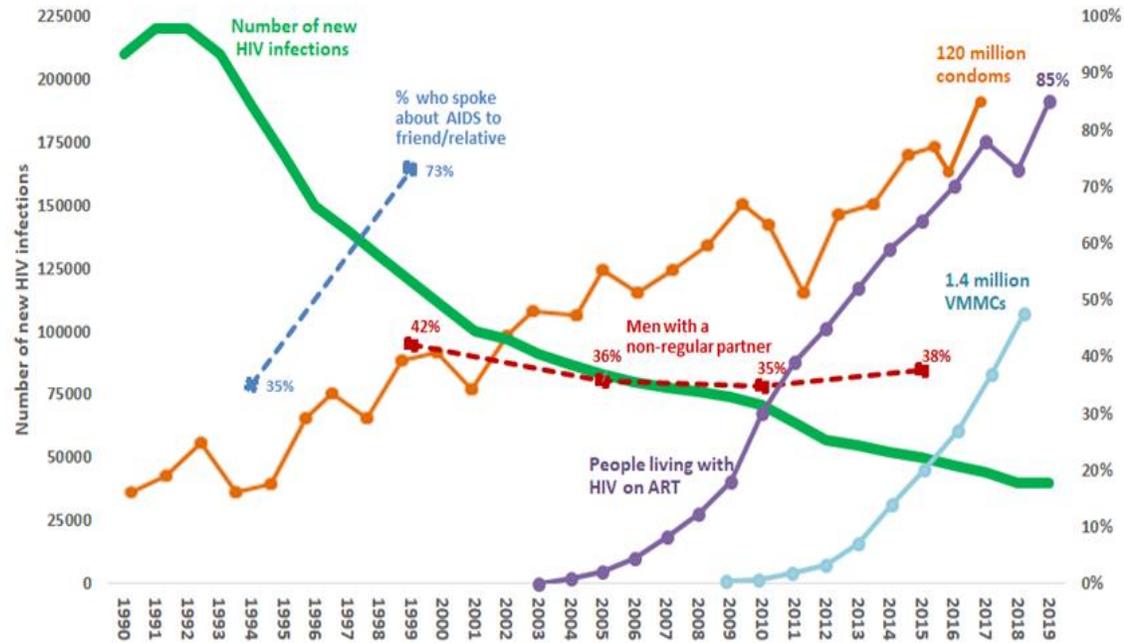
Unpacking Inequalities:

Treatment coverage varies by household wealth, but not always as expected

Antiretroviral treatment coverage by wealth quintile and sex, multiple years, countries that have conducted PHIA surveys, 2016-2018



Combination Prevention



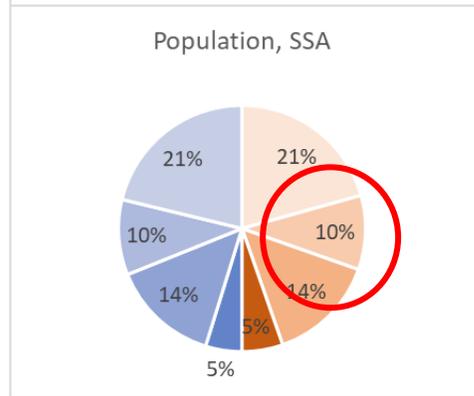
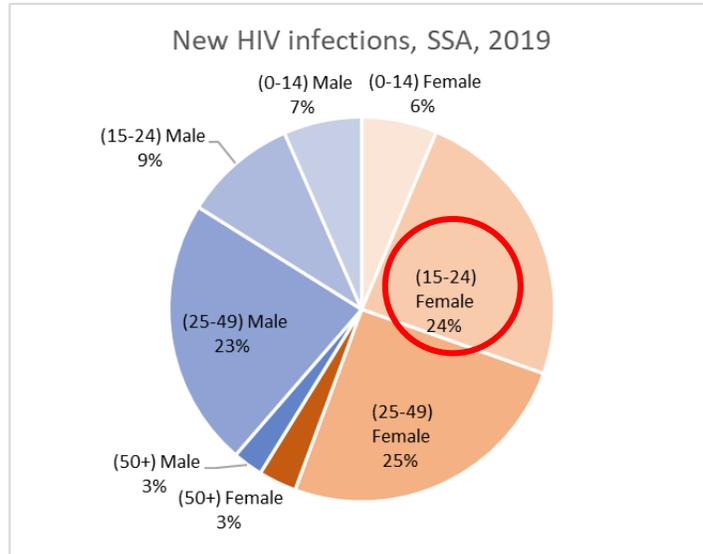
Interpersonal	Peer education programs, school-based HIV education			National behavior change program	DREAMS
Media	TV, radio	Call-in programs, songs	Prime time soap	Campaigns on behaviors/ demand	
HTS	Low coverage			Scale up of voluntary and provider-initiated testing	+Self-testing
ARV-based	Low coverage			Initial scale up	Rapid scale up
Condoms	Public sector distribution		Public sector distribution + scale up of social marketing		
VMMC				Policy	Scale up
Key pop's	Sex worker peer education projects			National SW program	
					+ Other KPs

Cumulative effect of scale-up of combination HIV prevention, Zimbabwe, 1990–2019

- Combination prevention is required and it works BUT:
- Coverage of PrEP is too low.
- AGYW & Youth face age-related barriers and still not enough areas covered w combination services
- In many countries KPs are not able to access prevention services.
- Harm reduction for people who use drugs absent or insufficient.
- Declining condom use among young men and women in some SSA countries.

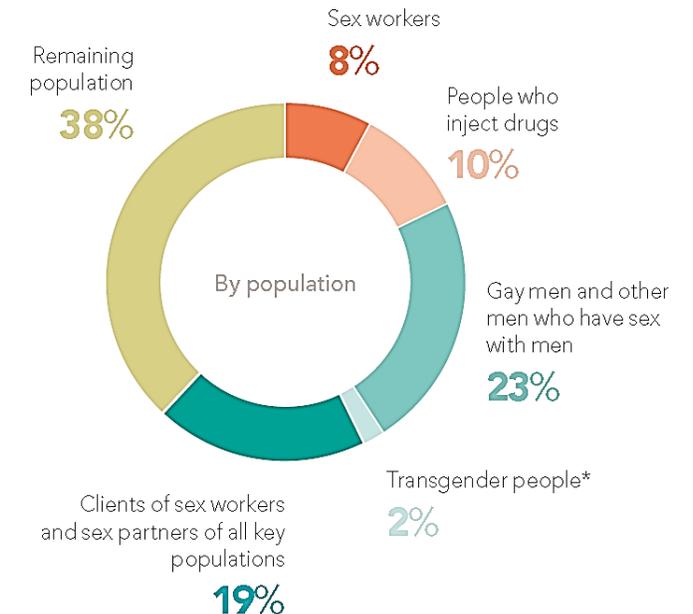
Unpacking Inequalities:

HIV risk varies by age and sex, that relationship differs by region

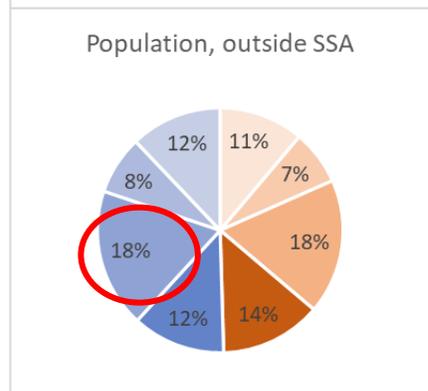
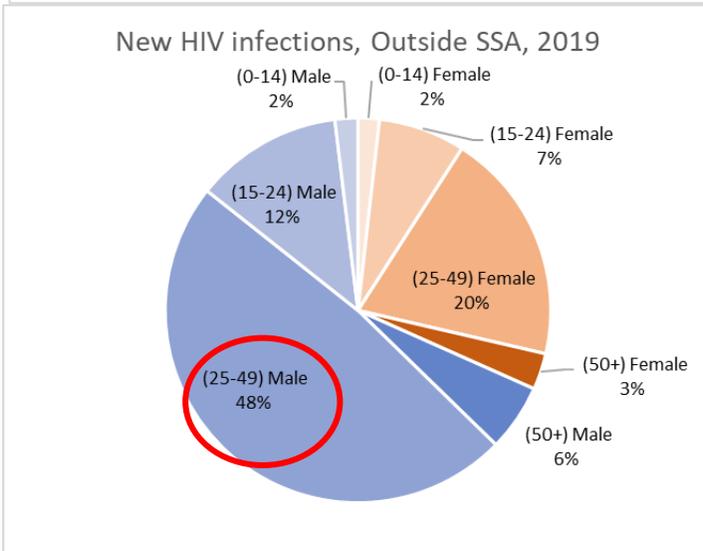


62% of new HIV infections are among KPs and their partners

Distribution of new HIV infections by gender and population, global, 2019



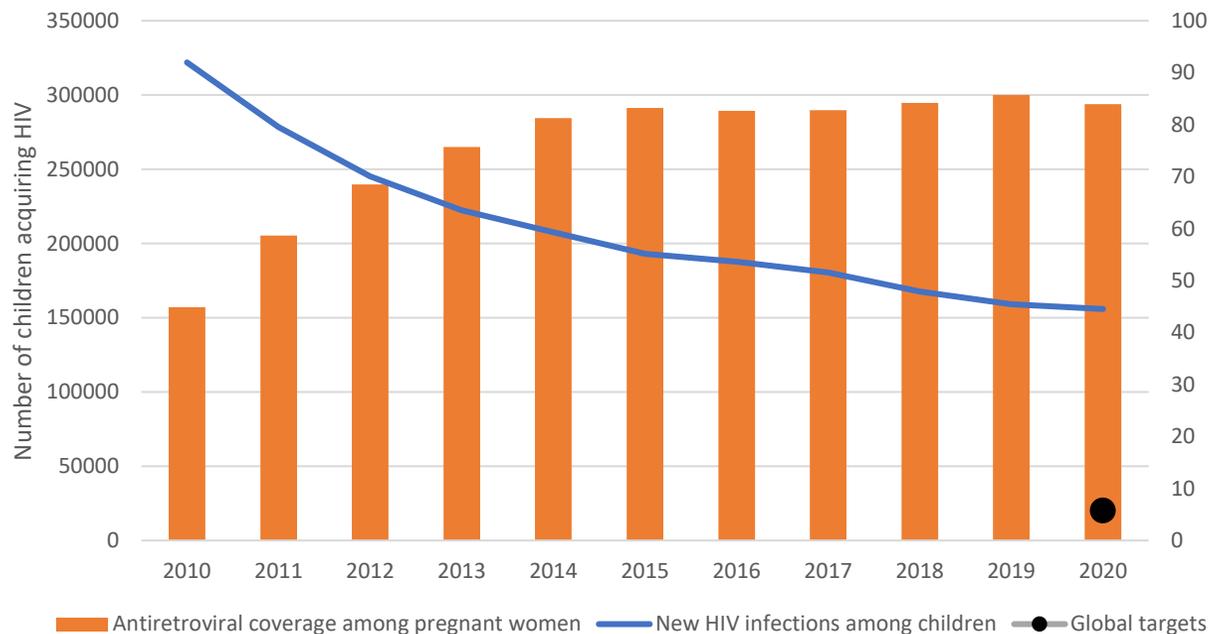
Source: UNAIDS 2019 epidemiological estimates



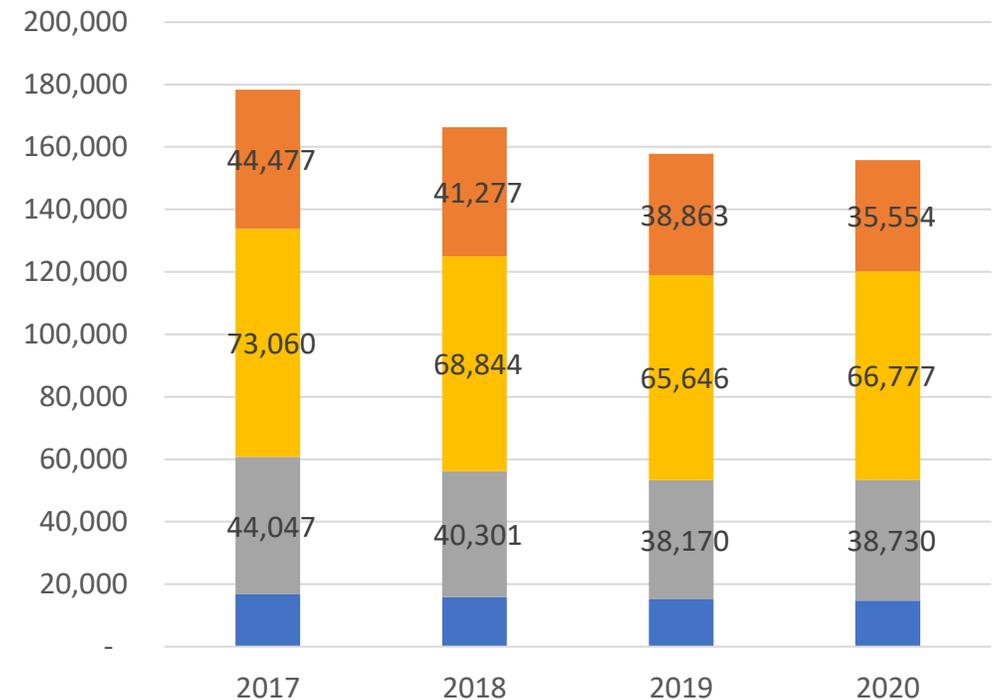
Preventing Vertical Transmission:

Reduction in new pediatric infections has stalled, several different reasons

New HIV infections and antiretroviral coverage among pregnant women and targets, Global, 2010-2020



New vertical infections by cause, 2017-2020, globally



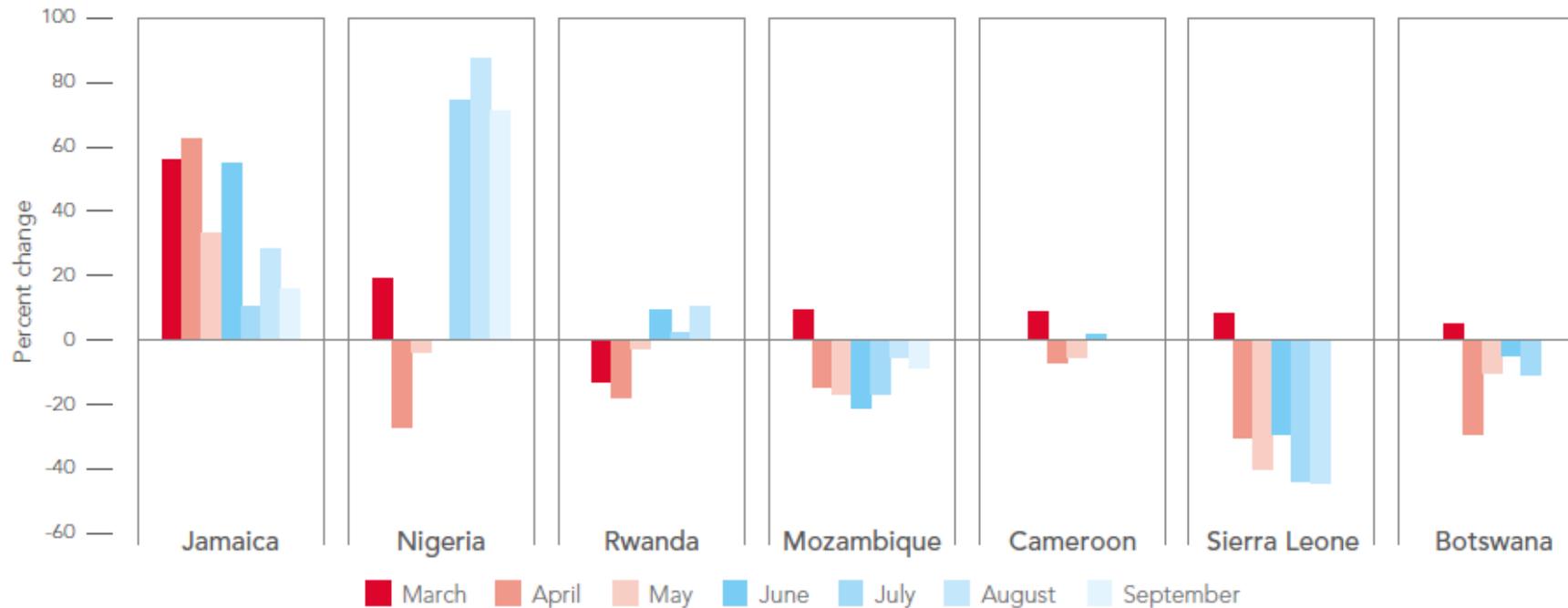
- Mother infected during pregnancy or breastfeeding
- Mother did not receive ART during pregnancy or breastfeeding
- Mother did not continue with treatment during pregnancy or breastfeeding
- Mother was on ART but not virally suppressed

Source: UNAIDS epidemiological estimates 2021.

Dual pandemics of HIV and COVID-19

COVID-19 & HIV services continuation: New Treatment Initiation

Change in the number of people newly initiating antiretroviral therapy per month, compared to baseline, selected countries, 2020



28 countries reported sufficient monthly data to analyze trends	1 country did not experience disruptions	6 countries experienced disruptions and then fully rebounded	21 countries experienced more sustained disruptions
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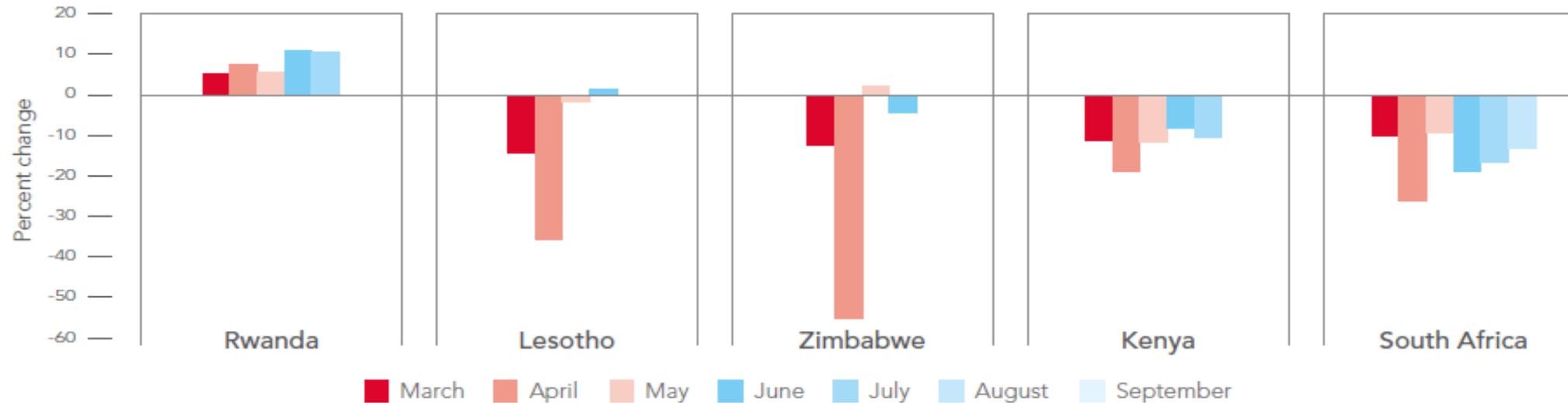
Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

Note: The baseline is the average of January and February reports.

Note: Selected countries fulfilled the following criteria: (a) provided data for January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had a least 50% of services reporting in January; and (d) had at least six months of data.

COVID-19 & HIV services continuation: Vertical Transmission Programs/Treatment coverage of pregnant women

Change in the number of pregnant women receiving antiretroviral therapy during pregnancy per month, compared to baseline, selected countries, 2020



10 countries reported sufficient monthly data analyze trends	1 country did not experience disruptions	3 countries experienced disruptions and then fully rebounded by September	6 countries experienced sustained disruptions.
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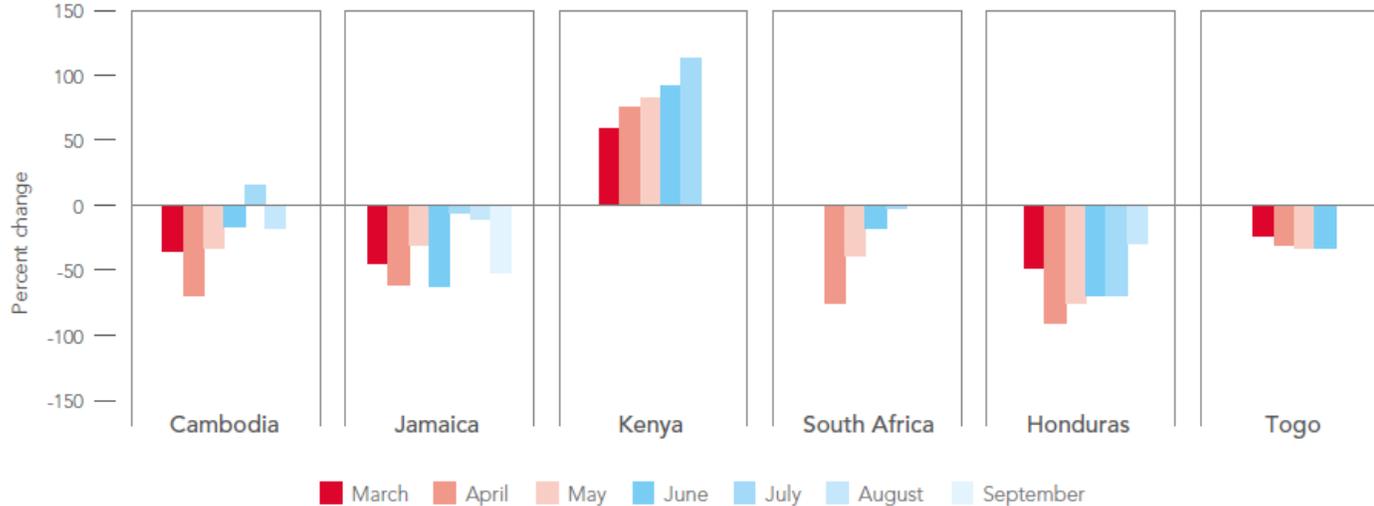
Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

Note: The baseline is the average of January and February reports.

Note: Selected countries fulfilled the following criteria: (a) provided data for January 2020; (b) reported on at least 50 pregnant women living with HIV in January; (c) had a least 50% of facilities reporting reporting, or data from 50% of pregnant women living with HIV; and (d) had at least six months of data.

HIV PREVENTION AND KEY POPULATIONS

Change in the number of gay men and other men who have sex with men reached by HIV interventions per month, compared to baseline, selected countries, 2020



Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

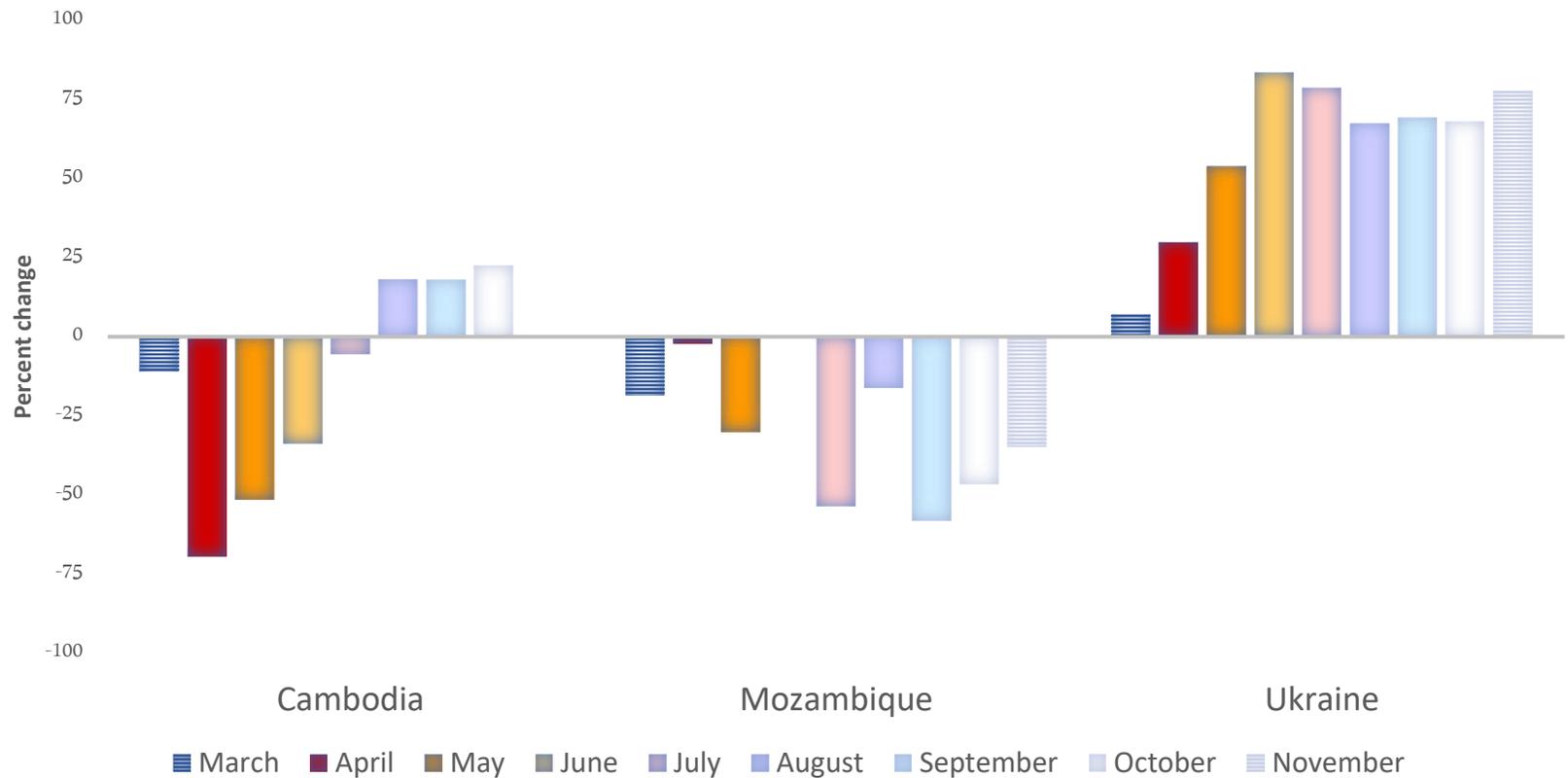
Note: The baseline is the average of January and February reports.

Note: Selected countries fulfilled the following criteria: (a) provided data for January 2020; (b) had no significant change in the number of facilities reporting; (c) provided monthly, not cumulative, data; and (d) had at least six months of data.

- A Global Network of Sex Worker Projects survey across 55 countries found that a majority of respondents in every region except Europe reported reduced access to condoms, lubricants and services for screening and treating sexually transmitted infections.
- A global survey among gay men and other men who have sex with men using a social networking app in April and May 2020 found that many reported interruptions to HIV prevention services, including condoms and PrEP.
- Voluntary medical male circumcision services have also faced major disruptions.

Harm reduction services have fallen in several countries but are recovering

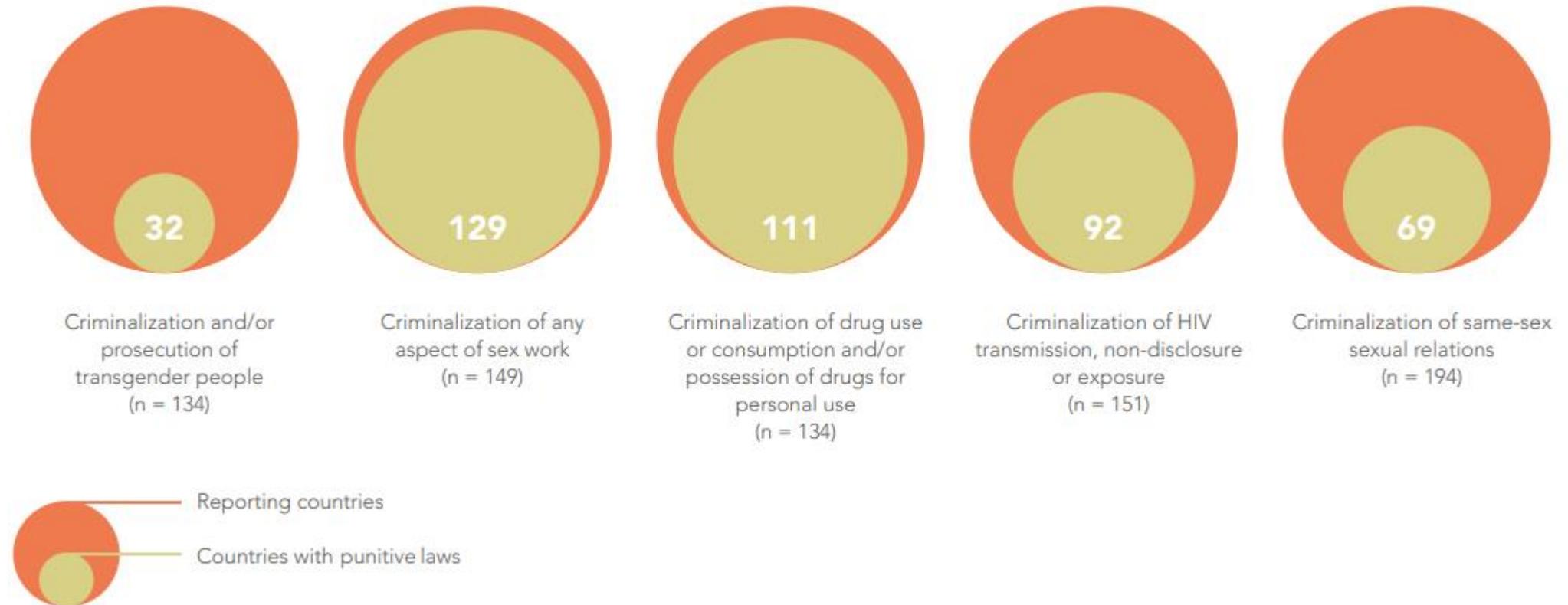
PERCENT CHANGE IN THE NUMBER OF PEOPLE WHO INJECT DRUGS RECEIVING INTERVENTIONS COMPARED TO BASELINE (AVERAGE OF JANUARY AND FEBRUARY), BY MONTH, 2020



Progress on Societal Enablers

While there has been progress in some countries, globally MANY more than 10% of countries still retain punitive laws that deny or limit access to services for people living with HIV and key populations

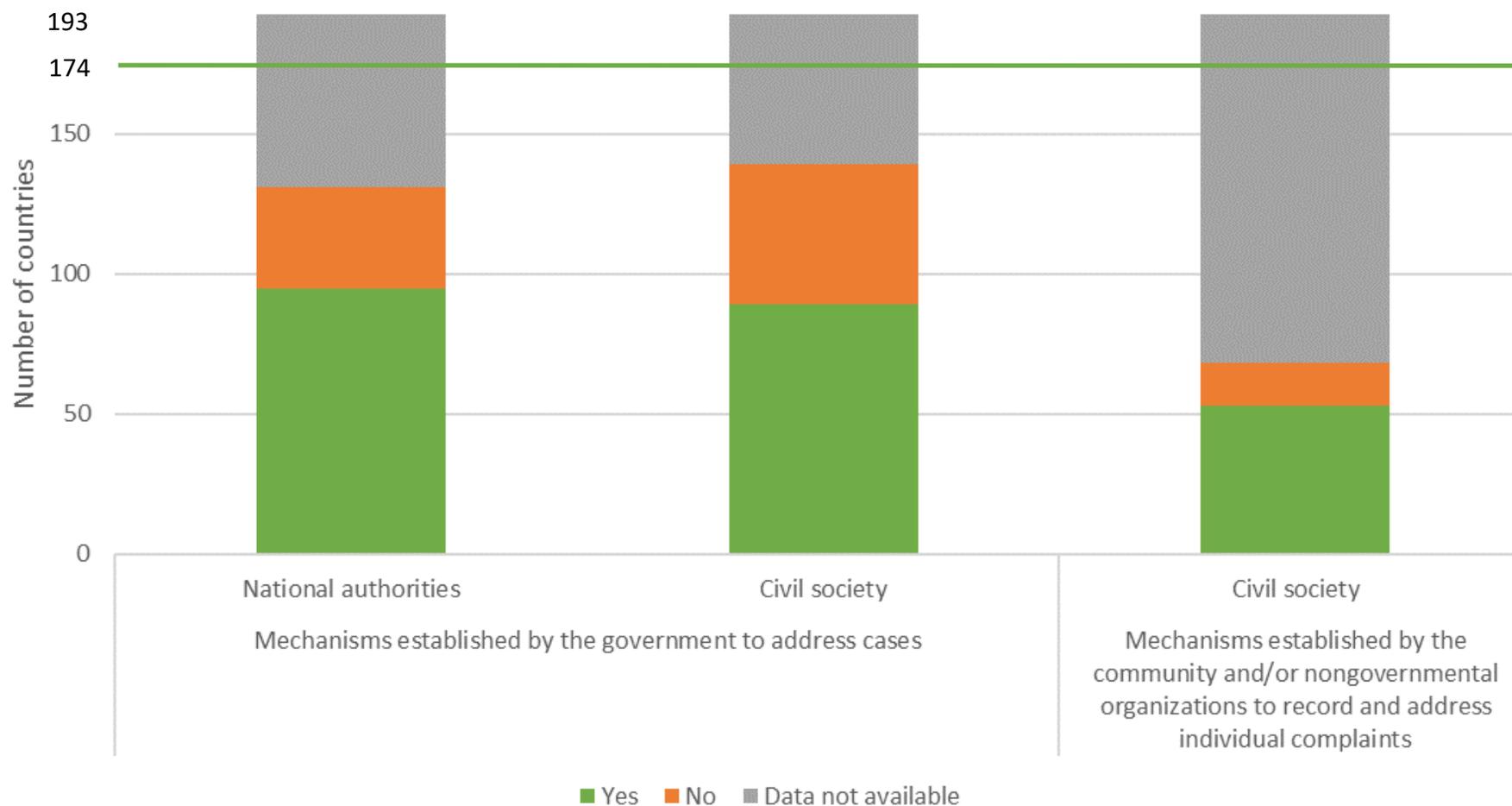
Countries with discriminatory and punitive laws, global, 2019



Sources: UNAIDS National Commitments and Policy Instrument, 2017 and 2019 (see <http://lawsandpolicies.unaids.org/>); supplemented by additional sources (see references in Annex).

Almost half of countries report having formal mechanisms established by the government to address cases of HIV-related discrimination

Countries reporting having mechanisms in place to address cases or individual complaints of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population), countries with available data, 2021

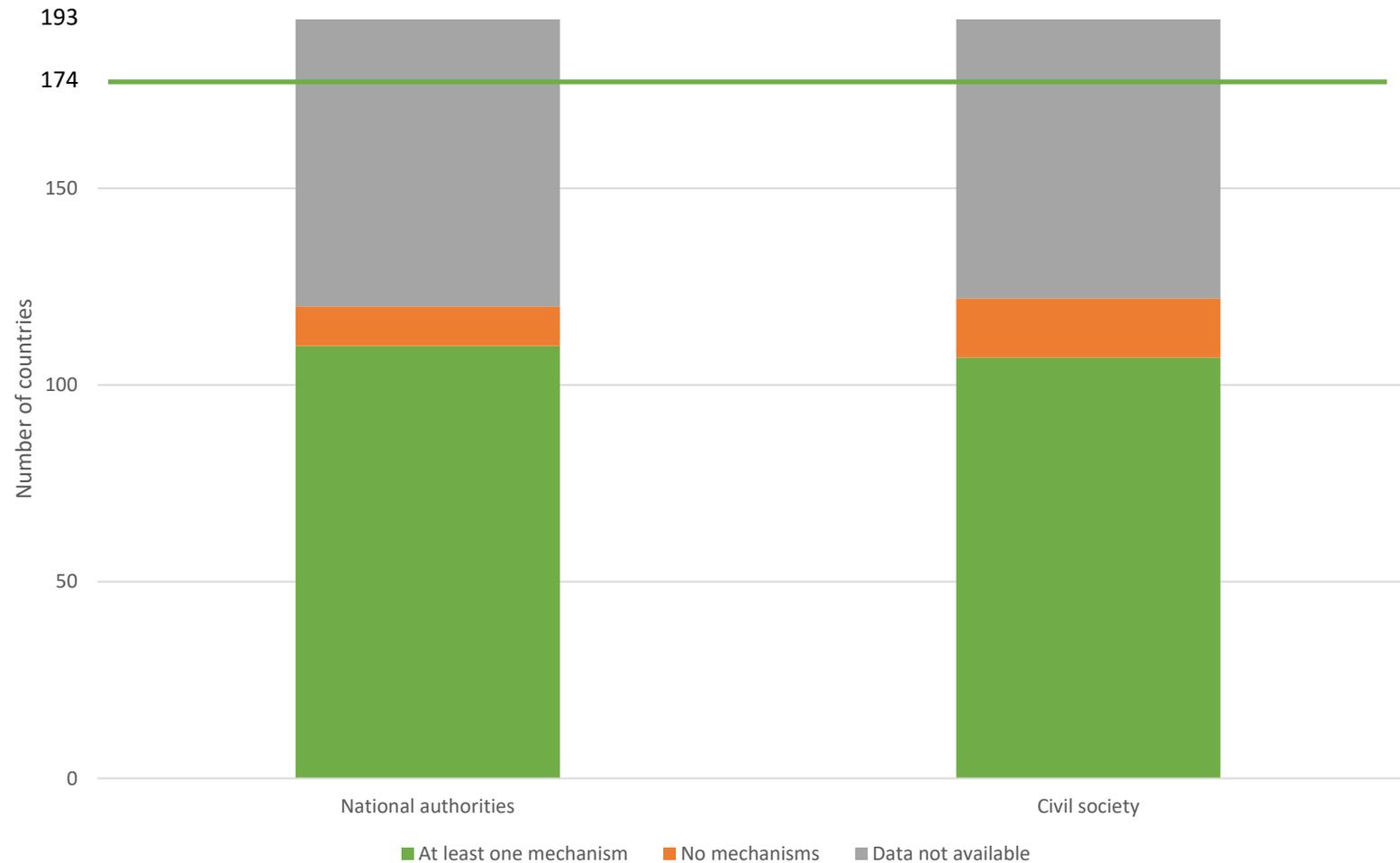


Source: National Commitments and Policy Instrument, 2017–2021.

Note: The National Commitments and Policy Instrument consists of two parts, the first completed by national authorities and the second by civil society and other nongovernmental partners engaged in the national response.

Half of countries report at least one mechanism is in place to promote access to affordable legal services

Countries with mechanisms in place to promote access to affordable legal services, 2017–2021

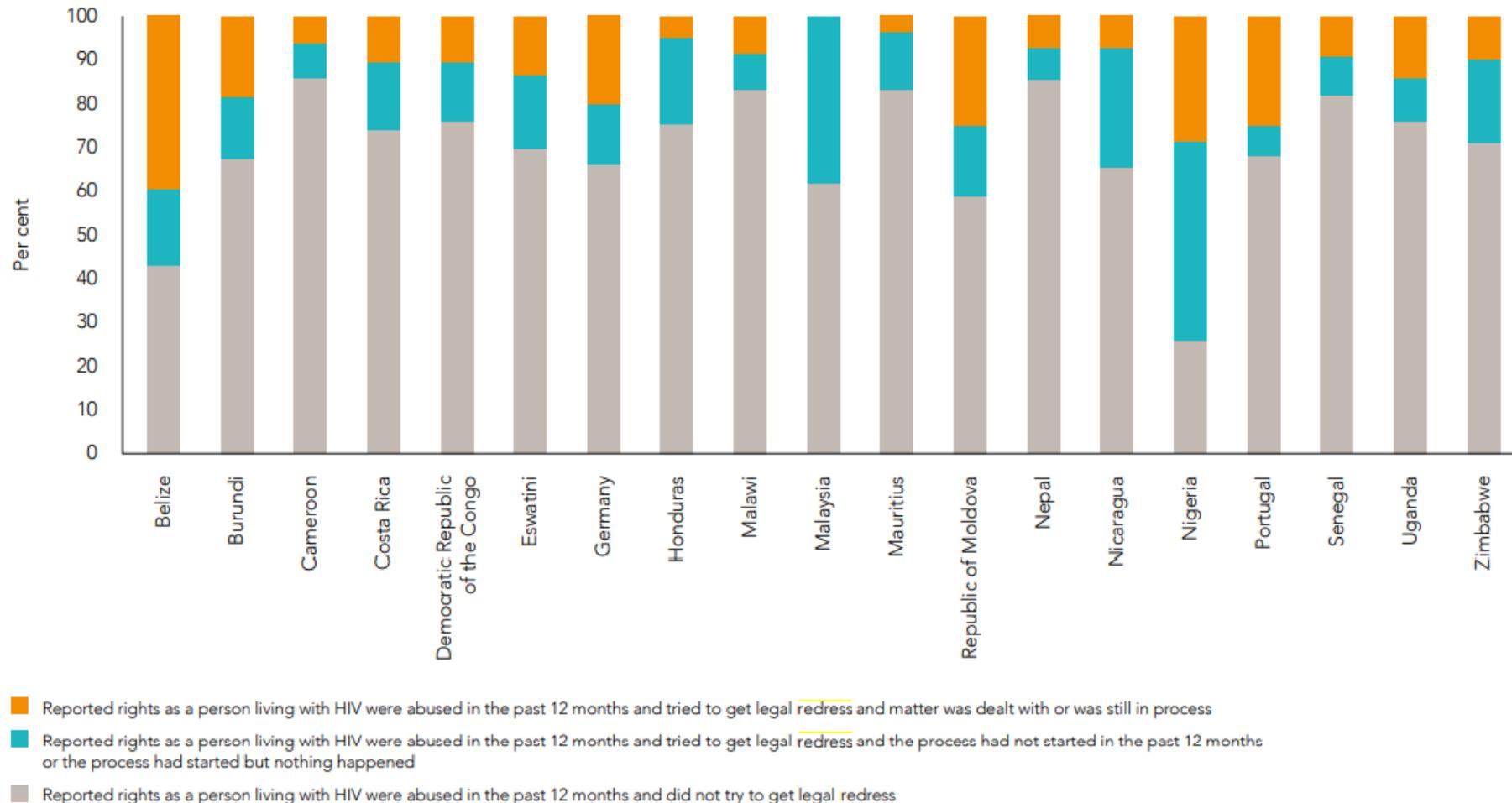


Source: National Commitments and Policy Instrument, 2017–2021.

Note: Data correspond to reporting by national authorities from 120 countries and by civil society representatives from 122 countries. The National Commitments and Policy Instrument consists of two parts, the first completed by national authorities and the second by civil society and other nongovernmental partners engaged in the national response.

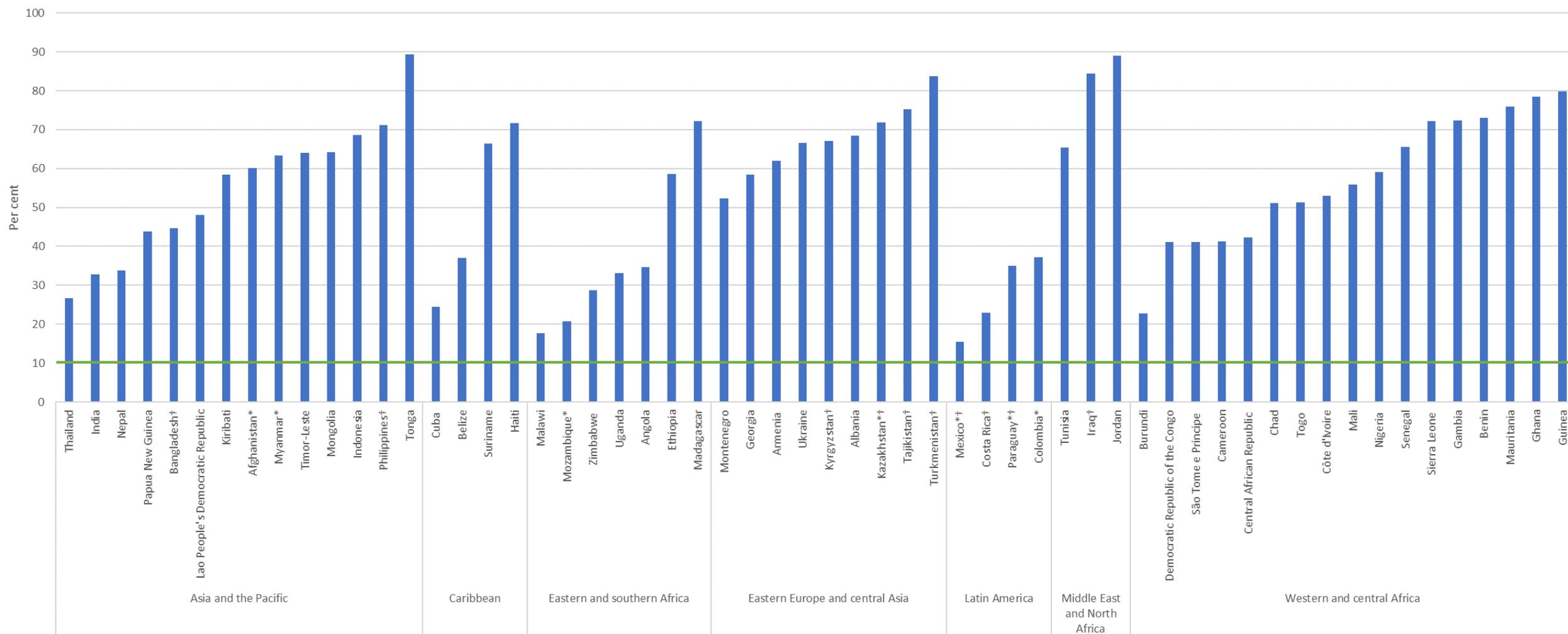
Across 19 countries, more than half of people living with HIV who had experienced a violations of their human rights **did not** seek legal redress

Percentage of people living with HIV who reported their rights were abused in the past 12 months who sought legal redress, countries with available data, 2011–2016



Discriminatory attitudes towards people living with HIV persist and are above the 10% target in all countries

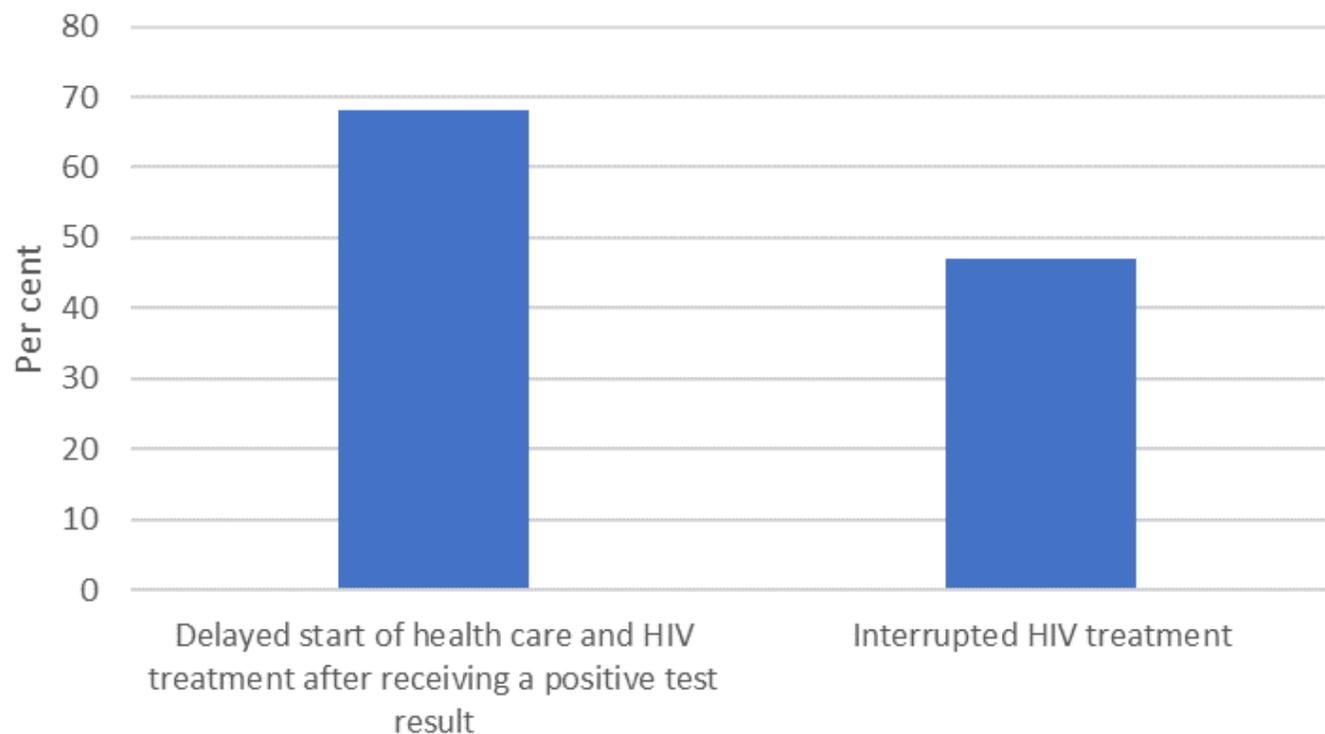
Percentage of people aged 15–49 years who report discriminatory attitudes towards people living with HIV, countries with available data, 2015–2020



Sources: Population-based surveys, 2015–2020, countries with available data. Note: *Data correspond only to question (1) to construct the indicator; †Data are for women aged 15–49 years only.

**In Ukraine, fear of stigma and discrimination led to:
Delayed care in 2 of 3 people living with HIV and
Delays in retreatment after interruption in 40% of people living with HIV who interrupted
treatment**

Percentage of people living with HIV* who delayed healthcare and HIV treatment and interrupted HIV treatment, Ukraine, 2020



*Excluding those born with HIV/infected with HIV in childhood

Source: Ukraine People Living with HIV Stigma Index 2020.

In Brazil, 15% of people living with HIV experienced healthcare discrimination in the previous 12 months

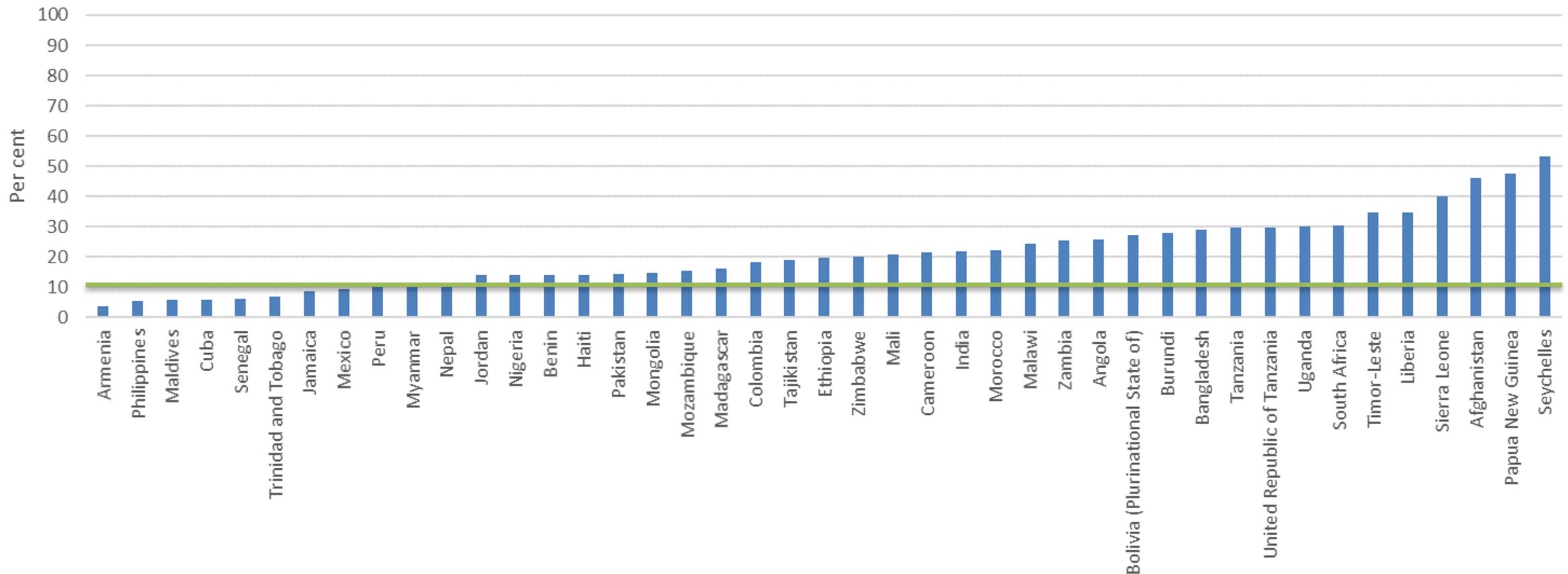
Table 1. In the past 12 months, when seeking HIV-specific health care, have you experienced any of the following from health facility staff working in the place you receive your HIV care because of your HIV-status?

	Total N=1768 n (%)	Key populations N=1227 n (%)	General population N=541 n (%)	OR	95% CI
Avoidance of physical contact with you/taking extra precautions (such as wearing double gloves)	19 (6.83)	95 (7.74)	24 (4.44)	1.67	1.07–2.61
Being talked badly about or gossiped about	119 (6.73)	96 (7.82)	23 (4.25)	1.81*	1.14–2.86
Telling other people about your HIV status without your consent	103 (5.82)	84 (6.84)	19 (3.51)	2.02*	1.21–3.36
Being advised not to have sex	74 (4.18)	52 (4.24)	22 (4.07)	1.04	0.63–1.74
Verbal abuse (yelling, scolding, or being otherwise verbally abusive)	67 (3.79)	56 (4.56)	11 (2.03)	2.30*	1.20–4.43
Denial of health services	37 (2.09)	30 (2.44)	7 (1.29)	1.91	0.83–4.38
Physical abuse (pushing, hitting, or being otherwise physically abusive)	3 (0.17)	2 (0.18)	1 (0.16)	0.88	0.08–9.74
Any HIV-specific health care discrimination	269 (15.21)	212 (17.28)	57 (10.54)	1.77*	1.30–2.42

* $p < 0.05$.

Globally an estimated 13% of ever-married or partnered women have experienced physical and/or sexual violence by an intimate partner in the past 12 months*

Ever-married or partnered women aged 15–49 years who experienced physical and/or sexual violence by an intimate partner in the past 12 months, countries with available data, 2015–2020



Source: Population-based surveys, 2015–2020

*WHO Violence against women prevalence estimates 2018 (<https://www.who.int/publications/i/item/9789240022256>)

Key Joint Programme Headliners

2020 – a very unusual year

End year for Fast-Track targets

- Uneven progress among and within countries and communities
- Significant advancement in sub-Saharan Africa and the Caribbean
- Growing epidemics in parts of Latin America, EECA, and MENA

Development of the Global AIDS Strategy

- Inclusive
- Evidence informed
- A roadmap to end inequalities and end AIDS

COVID-19 crisis

- Disrupted economic and social development
- Stretched national systems
- Exacerbated vulnerabilities
- Deepened inequalities
- A setback to global HIV response
- A push to innovate

Humanitarian situations

- Conflict and post-conflict situations in WCA, MENA and EECA
- Climate change effects in ESA and AP
- Venezuela humanitarian and refugee crisis
- Migration

Joint Programme - catalytic force and competent partner in response to intersecting pandemics



2020: Joint Programme COVID-19 Responses

Snapshots of the 2020 country level response to the intersecting HIV and COVID-19 pandemics



Concluding 2020

HIV response sustained

Lessons from the AIDS response informed COVID-19 responses

Joint Programme remains a catalytic force and a competent partner

Inequalities fuel the pandemics and impede development

The Global AIDS Strategy and the 2021 Political Declaration will guide action

Moving ahead – supporting countries and communities in whole-of-society responses

Applying the inequalities lens to identify, reach and include people who are marginalized, excluded and left behind

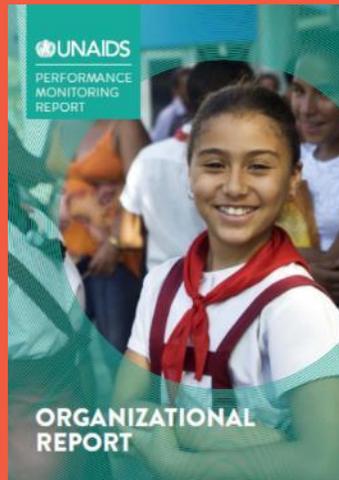
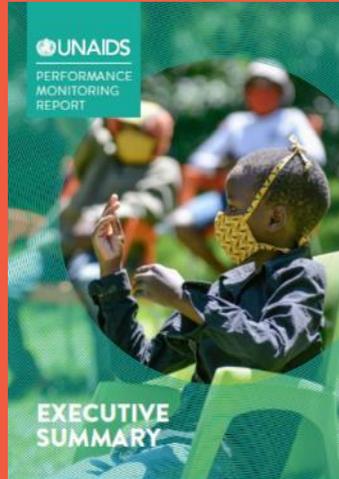
Addressing social and structural barriers that stand in the way of equal and equitable health and development outcomes

Empowering communities in all their diversity for community leadership and community-led responses

Closing persisting response gaps in pediatric treatment; continuum of services for key populations; protection and empowerment of adolescent girls and young women, and young people at large; working across all settings; responding to country and regional specificities; and advancing impactful approaches, including the innovations proven effective in the COVID-19 context

Ensuring sustainability of the HIV response through contribution to global health architecture and sustainable health financing; investing in integration within health and across the SDGs

2020 Performance Monitoring Report



REGIONAL AND COUNTRY ACHIEVEMENTS

- a. Regional highlights
- b. Spotlight: Eastern and Southern Africa
- c. Progress towards ending AIDS by 2030
- d. Achieving breakthrough in areas of slow progress
- e. Addressing the intersecting HIV and COVID-19 pandemics at country level

Regional highlights

KEY ACHIEVEMENTS

- Best practices such as **Differentiated Service Delivery (DSD)**, **ARV multi-month dispensing (MMD)** and **Opioid substitution therapy (OST)** are being scaled up to increase adherence to treatment, reduce new HIV infections, and leave no one behind
- **PrEP** programmes were scaled up and **community responses** supported to reach key populations, young people, women and girls with prevention and testing services
- **Integration of family HIV testing** to increase identification of undiagnosed children, and **scale up of community programmes** to reach mothers
- **Socioeconomic support** was provided to people living with HIV, key populations and other people affected by HIV, COVID-19 and/or humanitarian emergencies
- Strong advocacy for the **protection** of people living with HIV, key populations, youth and displaced people's **rights**, and their **inclusion in national social protection** systems
- Improving **sustainability** by strengthening health systems, mobilizing external resources and engaging with networks of key populations and people living with HIV

2030 | Ending the AIDS epidemic

MAIN CHALLENGES

Impact of **COVID-19** and extended 'lockdowns' on the implementation of programmes and sustaining comprehensive HIV services.

High levels of **stigma and discrimination**, **criminalisation** of HIV transmission and/or exposure, and the **lack of comprehensive and friendly services** still hinder the HIV response in several regions.

New HIV infections are fed by **persisting structural barriers**, including gender inequalities and violence against women.

Sustainability of national HIV responses is at risk in regions affected by **large displacements of people**, **systemic inequalities**, and **political instability**.



Spotlight : Eastern and Southern Africa



Major Achievements

- 38% decrease in new HIV infections since 2020. 15 countries have taken important steps to address legal and policy barriers towards reducing new HIV infections
- 8 countries have achieved Fast Track target on treatment (90-90-90).
- 8 Global Prevention Coalition member countries are scaling up key populations programme including through south-south network for Condom.
- 12 countries have reached 90% ART coverage among pregnant women living with HIV.
- East African Community 'Resource Mobilization Strategy for Universal Health and HIV Coverage'.
- Resources mobilized at regional level to respond to COVID-19 and HIV/SRHR. USD 6 Million from SIDA.
- USD 4 Million worth hygiene kits distributed among PLHIVs in 19 countries, in partnership with Reckitt Benckiser.
- "Building networks behind the prison walls" a virtual knowledge sharing platform for the prison staff and other stakeholders helped continue HIV services to the inmates in the Southern Africa region.
- More than half a million refugees were reached with HIV services in South Sudan. All those tested positive enrolled and maintained in ART. Also increased knowledge, skills and capacity of nearly half a million young people on protecting them from HIV.
- Regional Conference of LGBTI activists from SADC member states identified key opportunities on collaboration for advocacy to mitigate social, economic and political impact of COVID-19.

Spotlight : Eastern and Southern Africa



Factors of success

- The Joint Teams at Regional and Country Levels are actively leading the AIDS response in the region. Contributing agencies are: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, World Bank and UNAIDS Secretariat.
- The Joint Teams are leading advocacy, technical support, country support and documentation and south-south learning.
- Regional Joint Team played a bridging role between the HQ and Countries in domesticating regional/global guidelines to regional and country context.
- UNAIDS Country Directors led the Joint Teams on AIDS at Country Level and ensured the UN Joint Programme is aligned with and contribute to the broader UN agenda.



Key challenges

- Colliding HIV and COVID-19 pandemics challenged our response by imposing restrictions in direct support and services to the populations, who were already left behind.
- Continue challenge in supporting, tracking, and documenting models of HIV, SRHR, GBV integration due to longstanding COVID-19 pandemic.
- Poor quality and lack of disaggregated data on sex, age, locations, and populations create consistent challenge in identifying inequalities in access to services to the focus populations.
- Political barriers in fully implementing the SRHR agenda including Comprehensive Sexuality Education.



Key future priorities

- Supporting countries to fulfil the Fast-Track commitments
- Scale up of successful/innovative approaches and models for preventing new infections among adults and children.
- Strengthen Universal Health Coverage planning and implementation ensuring integration of HIV and SRHR services.
- Address gender issues across the programme areas through policy, programme and funding specially to address the issues of the young women and adolescent girls, and key populations.
- Strengthen data quality and disaggregation for people-centered programming.
- Ensuring sustainability of the response, by ringfencing gains and diversifying resource base.
- Domestication of High-Level Political Declaration 2021 and global AIDS targets at the country level.

Progress made towards ending AIDS by 2030 –selected countries

ESWATINI

- 95-95-95 targets achieved
- 49% reduction in AIDS related deaths from the figure in 2020.
- 72% reduction in new HIV infections from its 2010 level.
- People living with HIV kept on ART during COVID-19
- PMTCT progress sustained through the Community Mentor Mothers initiative; achieved 95% coverage of Prevention of Mother to Child Transmission resulting in lowering MTCT rate down to 2.5%.
- HIV prevention accelerated for adolescents and young people in school and health settings

GHANA

- Scale up of differentiated service delivery and integration of people living with HIV in social protection system
- Key populations linked to combination prevention services
- Stigma and discrimination against people living with HIV reduced, through training of civil society and law enforcement agencies



Communities make the difference

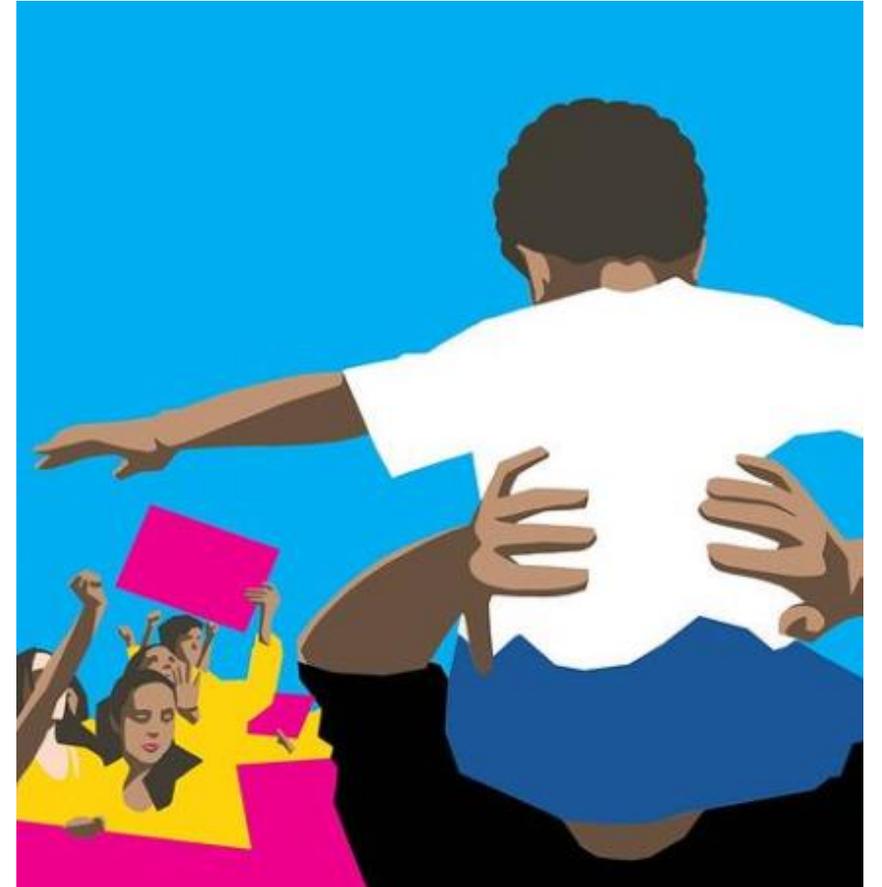
Achieving breakthrough in areas of slow progress – selected countries

PAKISTAN

- Preparation of the OST roll-out to complement harm reduction service for people who use drugs
- Tackling stigma and discrimination against the transgender community
- In response to the HIV outbreak in Larkana, increase access to treatment despite service disruptions due to COVID-19
- Assessment of the rising HIV drug resistance

TUNISIA

- Introduction of PrEP supported, and HIV services strengthened in prison settings
- Assessment of social protection and food security among people living with HIV, as well as the impacts of stigma and discrimination in accessing health and employment.



Addressing the intersecting HIV and COVID-19 pandemic at country level

In nine health zones of the **Democratic Republic of the Congo**, combined HIV/COVID-19 awareness reached 1,675 629 people (544 605 refugees, 1 091 732 internally displaced people, and 39 292 local population).

Food kits, commodity vouchers or cash transfers were distributed to mitigate COVID-19 related risks in **Bolivia**, **Colombia**, **Dominican Republic**, **El Salvador**, **Guatemala**, **Haiti** and **Peru**, reaching nearly 400 000 people living with or affected by HIV.

Mobile clinics in **Armenia**, **Kyrgyzstan** and **Tajikistan** were mobilised as COVID-19 medical centres, servicing 87 000 hard to reach populations, including labour migrants.

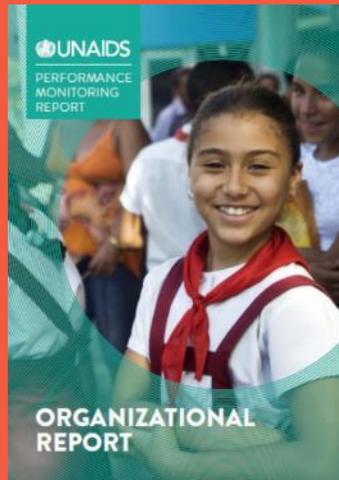
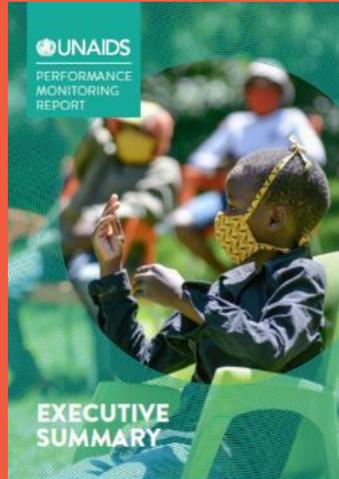
In **Djibouti**, two isolation centres have been set up in Ali Addeh and Holl-Holl refugee villages, and COVID-19 mass screening was carried out covering around 900 people in the area.

US\$ 899 457 were mobilised from the Global Fund to mitigate the impact of COVID-19 on vulnerable populations in **Kazakhstan** by providing PPE to health care workers and around 30 CSOs delivering harm-reduction services.

Support was provided to more than 13 000 people living with HIV, and home-delivered ARVs to 6561 people living with HIV by peer educators throughout **Thailand**, as well as by post, both within and outside the country.

In **South Sudan**, 92 697 out-of-school youths were reached with COVID-19 and HIV information through the Condomize! campaign and World AIDS Day campaigns in Juba and Torit.

2020 Performance Monitoring Report



JOINT PROGRAMME ACHIEVEMENTS IN 2020

- a. Contribution to the Strategy Result Areas
- b. How agencies integrate HIV in their core mandate
- c. Joint Programme contribution to the SDGs

Strategy Result Area and Indicator Report / Overview



The Strategy Result Area and Indicator Report presents **the accomplishments of the Joint Programme** against the **8 result areas** in the UNAIDS 2016-2021 Strategy and is structured by SRAs and includes the following:

- a **global overview** of the HIV response in each result area,
- **Joint Programme's achievements** towards achieving the UBRAF targets and the related Fast-Track commitments,
- **challenges** that hindered the implementation of the Joint Programme's plans for the year
- **key future actions** to address these challenges and the new initiatives in the coming year

Each section of this report was prepared by **the SRA lead agencies** in collaboration with their respective agency partners based on the 2018 UNAIDS Division of Labour.

Strategy Result Area and Indicator Report / Indicator Tables

Each SRA section includes quantitative information coming from the **UBRAF indicator tables** and used to **monitor the performance** of the Joint Programme and its contribution to results.

They show data from **87 countries with functional Joint Teams on AIDS** that **consistently** reported against these indicators throughout the five years (2016-2020) of implementing the current Unified Budget, Results and Accountability Framework (UBRAF).

Every indicator has a baseline and milestones for each biennium of the current UBRAF (for 2017 and 2019) or **UBRAF targets for 2021** respectively, which were established in 2016 and approved by the PCB.

Since this year's PMR is the first report in the 2020-2021 biennium, indicators **are measured against the UBRAF 2021 targets** and follow the below traffic light system.

Legend *					
	On track (% progress is equal or greater than 75% of 2021 targets)		Slow progress (% progress is between 75% - 50% of 2021 targets)		Not on track (% progress is less than 50% of 2021 targets)

HIV Testing and Treatment (SRA 1)

Achievements:

- Slight overall **increases in the share of countries with selected HIV testing services** in place (68% of countries in 2020) and wide promotion of testing including HIV self testing and dual HIV-syphilis testing
- **99% of countries** have now adopted the **WHO Treat All policy**
- Inter-Agency Task Team (IATT) on HIV in Humanitarian Emergencies developed guidance on considerations for preparedness and response to HIV in humanitarian settings; integration of HIV in the Cluster Response finalized in 2020 and disseminated in different platforms
- On track to reaching 2021 target, with **72% of countries now having HIV integrated in national emergency preparedness** and response and into national plans

Challenges:

- Fast-Track target of HIV treatment for 1.6 million children in 2020 was not achieved
- Only 59% of countries have adopted quality health-care services for children and adolescents
- Integrating HIV into preparedness and emergency responses remains a challenge due to e.g., **competing funding priorities** and **data collection systems do not include HIV and gender indicators**
- Unwillingness and/or capacities to provide same level of care to refugees as is provided to nationals

HIV Prevention (SRA s 2, 3 and 4)

Achievements:

- Share of **countries implementing latest EMTCT guidance** has increased slightly to **68% in 2020**
- Through the **Three Frees Framework**, prioritized actions in the 21 countries where more than 80% of pregnant women and children living with HIV reside
- Elevation of and reframing of **HIV prevention around priority populations through the Global Prevention Coalition** including commitment of 28 countries and prioritized Global Fund investments
- **88% of countries** now have supportive adolescent and youth SRH policies
- **Education Plus** initiative to realize quality secondary education for all young people, while also ensuring additional access to interventions crucial for empowerment, equality and economic autonomy
- **Increasing share** of countries with comprehensive **packages of services for key populations** defined and included in national strategies in 2020

Challenges:

- **Poor retention of pregnant women on ART** during pregnancy and the breastfeeding period
- **Slow progress in share of countries with combination prevention programmes** (39% in 2020)
- Many girls **at risk of not returning to schools or universities after the pandemic**
- COVID-19 pandemic is having a **disproportionate impact on key populations and LGBTIQ+ people**

Gender, Stigma, Discrimination and Human Rights (SRAs 5 and 6)

Achievements:

- 70% of countries now have national HIV policies and strategies that promote gender equality and transform unequal gender norms
- Steady increase in share of countries that reported on **the existence of laws or policies and services** to prevent and address GBV (43% in 2016 to 61% in 2020)
- Publication of guide ***Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic*** providing recommendations to governments
- **Evidence review of key programmes to reduce stigma and discrimination** and increase access to justice within the Global Partnership to Eliminate all forms of HIV-related Stigma and Discrimination
- 33 countries implementing **Stigma Index 2.0** using a new standardized methodology
- Steady increases in the number of countries with mechanisms in place providing **access to legal support** for people living with HIV to **66% in 2020**

Challenges:

- Due to **COVID-19**, a **surge in cases of violence against women** and **services to respond to GBV** were limited in scope or completely lacking, thereby **exacerbating the risk of HIV** for many women
- Only 33% of countries with measures in place to reduce stigma and discrimination in health-care settings
- COVID-19 **pandemic impacted on-going work with national stakeholders** to address HIV-related stigma and discrimination and establish enabling legal and policy environments
- **Compulsory testing and treatment, lockdowns, curfews and broad use of criminal laws** impacted people living with HIV and key populations in particular

Investment, Efficiency and Health Services Integration (SRAs 7 and 8)

Achievements:

- Support for 21 out of 23 Global Fund funding requests for HIV in Window 1 (91%), and 29 out of 38 in Window 2
- Increasing share of countries scaled-up **new and emerging technologies or service delivery models** (41%)
- 86% made use of social media/information and communication technologies
- Support for **The Global Action Plan for Healthy Lives and Well-being for All** to help countries accelerate progress on the health-related SDGs
- Progress has stagnated with **68% of countries delivering HIV services in an integrated manner** (same as in 2018 and 2019) and, as impact of pandemic has demonstrated, some previous gains are fragile
- One 2021 target is already achieved with **83% of countries with social protection strategies and systems in place that address HIV**

Challenges and Opportunities:

- Economic effects of Covid-19 resulting in higher (and unsustainable) debt and deficit levels
- With COVID-19 pandemic, already integrated **systems are stressed and fragile** and now face even greater pressure concerning pandemic capabilities and overall service delivery
- But **COVID-19** also highlighted the value of investing in epidemic preparedness and health and social protection infrastructure and system with a people centered approach

How agencies integrate HIV in their core mandate

UNHCR works with key partners to ensure HIV is integrated throughout the cycle of humanitarian response, including through aspects of protection that address the structural barriers that increase risk and vulnerability to HIV. This includes community-based protection, health, nutrition, water, sanitation, and hygiene (WASH), education, gender equality and responses to GBV and social protection.



Integration is a key pillar of the UNICEF HIV Strategic Plan and is central to the long-term sustainability of HIV services. HIV programmes are mainstreamed across sectors of UNICEF work – Health, Social Policy Child Protection, Education and Early Childhood Development.



Food security and nutrition are prerequisites for full and healthy lives. Through social protection support (e.g. food, cash and voucher transfer), WFP provides life-saving and life-changing assistance and helps to improve households' food security and nutrition and enhance their socioeconomic and health status. WFP uses its last-mile expertise to reach the people who are most vulnerable and furthest left behind- especially in emergency and fragile contexts, contributing to improved treatment access and adherence for vulnerable groups while reducing behaviors that people at risk of HIV and tuberculosis.



HIV is integrated in UNDP's six Signature Solutions work across sectors, digital transformation and in all three development settings—poverty eradication, structural transformation, and resilience in crisis. In 2020, UNDP supported 146 countries on HIV, health, and development issues



UNFPA responds to HIV as a critical element of the comprehensive SRHR package and reaching universal access to SRHR as an integral part of universal health coverage (UHC). SRHR is a key delivery platform for HIV prevention and is critical for reaching human rights, gender equality, and the health targets of the SDGs.



UNODC is the Joint Programme's convening agency for HIV prevention, treatment and care for people who use drugs and for ensuring access to comprehensive HIV services (OST, NSP, condom programmes and ART) for people in prisons and other closed settings



How agencies integrate HIV in their core mandate

UN Women responds to HIV and AIDS by

- 1) ensuring national HIV policies, strategies are informed by sex-disaggregated data and gender analysis;
- 2) support leadership of women and girls, living with or affected by HIV;
- 3) tackle root causes of gender equality including mainstreaming of HIV.



HIV and AIDS is an aspect of ILO's focus on the health and wellbeing of workers. Within the context of HIV and AIDS, ILO supports member States to scale up comprehensive HIV and AIDS programmes that address prevention, treatment, care and support.



UNESCO is responsible for supporting the contribution of national education sectors to end AIDS and promoting better health and well-being for all children and young people. UNESCO uses its comparative advantage with the education sector to support countries to advance young people's health and wellbeing, including HIV.



WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines, and HIV and TB co-infection, through development and dissemination of guidelines, norms and standards and supporting implementation of Global Health Sector Strategy for HIV.



The World Bank has placed health in the heart of its flagship Human Capital Project to drive more and better investments in people. This includes making HIV a core component of effective and equitable health systems and our broader efforts to advance sustainable development for all.



Joint Programme's contribution to SDGs



Joint Programme's efforts to end AIDS and leave no one behind are fully integrated into the pursuit to end poverty and reduce inequalities



Food and nutrition support integrated into HIV multisectoral response especially in emergency and crisis-affected contexts.



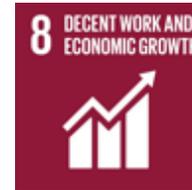
Global leadership in driving progress towards Fast-Track targets through country support, including Universal Health Coverage (UHC)



Supporting the contribution of national education sectors to end AIDS and promoting better health and well being for all children and young people, including Comprehensive Sexuality Education.



Accelerating progress in achieving gender equality and empowerment of women as critical enabler and contributor to achieving SDG3



Supporting countries to scale up HIV and health programmes in pursuing the goal to promote decent work for all workers.



Promoting the reduction of inequalities and expand the rights-based collaborative approach to end AIDS and deliver health for all as a global public good

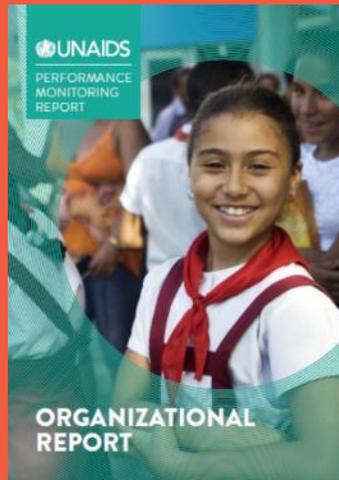
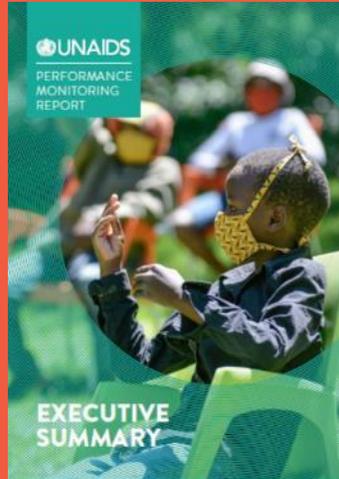


Promoting the elimination of all forms of discrimination against people living with HIV and all key populations including people in closed settings



Partnerships with governments, communities and many stakeholders to implement at scale multisectoral HIV programmes and reduce new HIV infections and AIDS-related deaths.

2020 Performance Monitoring Report



- a. Secretariat Functions achievements
- b. Partnership and leveraging for impact
- c. Joint Programme response to intersecting HIV and COVID-19 pandemics
- d. Results & Transparency Portal

Secretariat Functions achievements

S1: Leadership, advocacy and communication

- Sustaining global, regional and national political commitment to AIDS
- Advancing gender equality and empowerment of women
- Boosting prevention including through GPC
- Advancing inclusion and human rights



S2: Partnerships, mobilization and innovation

- Fostering partnerships for effective, equitable and sustainable response
- Community engagement and civil society support
- Optimizing Global Fund and PEPFAR investments
- Education plus initiative- empowerment of AGYW
- Technological innovations for health equity



S3: Strategic information

- Global AIDS data collection, analysis & sharing
- Strategic information in the intersecting HIV and COVID-19 response
- Target setting that informed the Global AIDS Strategy development



S4: Coordination, convening and country implementation support

- Leveraging technical support for countries and communities
- Promoting HIV services in humanitarian & fragile settings
- Sustaining commitment and fast-tracking progress in cities
- Promoting HIV-sensitive social protection



S5: Governance and mutual accountability

- Integrated & tailored country support through refined operating model and Joint UN Teams on HIV
- Demonstrating accountability for results and transparency
- Strengthening evaluations



Partnerships and leveraging for impact



The Joint Programme remains a critical partner of Global Fund and PEPFAR strategic planning for investments.

- The Joint Programme supported: 21 out of 23 Global Fund funding requests for HIV in Window 1 (91%), and 29 out of 38 in Window 2.
 - For Window 1, 96% of funding (\$2.01 billion out of \$2.1 billion) went to countries that received support from the Joint Programme.
 - Through UNAIDS support in strengthening condom components of GF grants, Malawi, Mozambique, Uganda and Zambia received US\$10 million as part of GF's initiative for systematic change in countries' condom programming.
-
- UNAIDS contributed to the development of PEPFAR Country/Regional Operational Plan (COP/ROP) guidance and evidence informed related planning process with country teams.

Partnerships and leveraging for impact

Communities and civil society



UNAIDS has consistently advocated for and supported more meaningful involvement of communities in decision making processes and provided leadership to ensure civil society engagement

Faith partners



Faith partners remain key in HIV response. A 13 Million Campaign is underway to engage faith leaders and communities for 13 million children, women and men living with HIV who are not yet on ART

Private sector



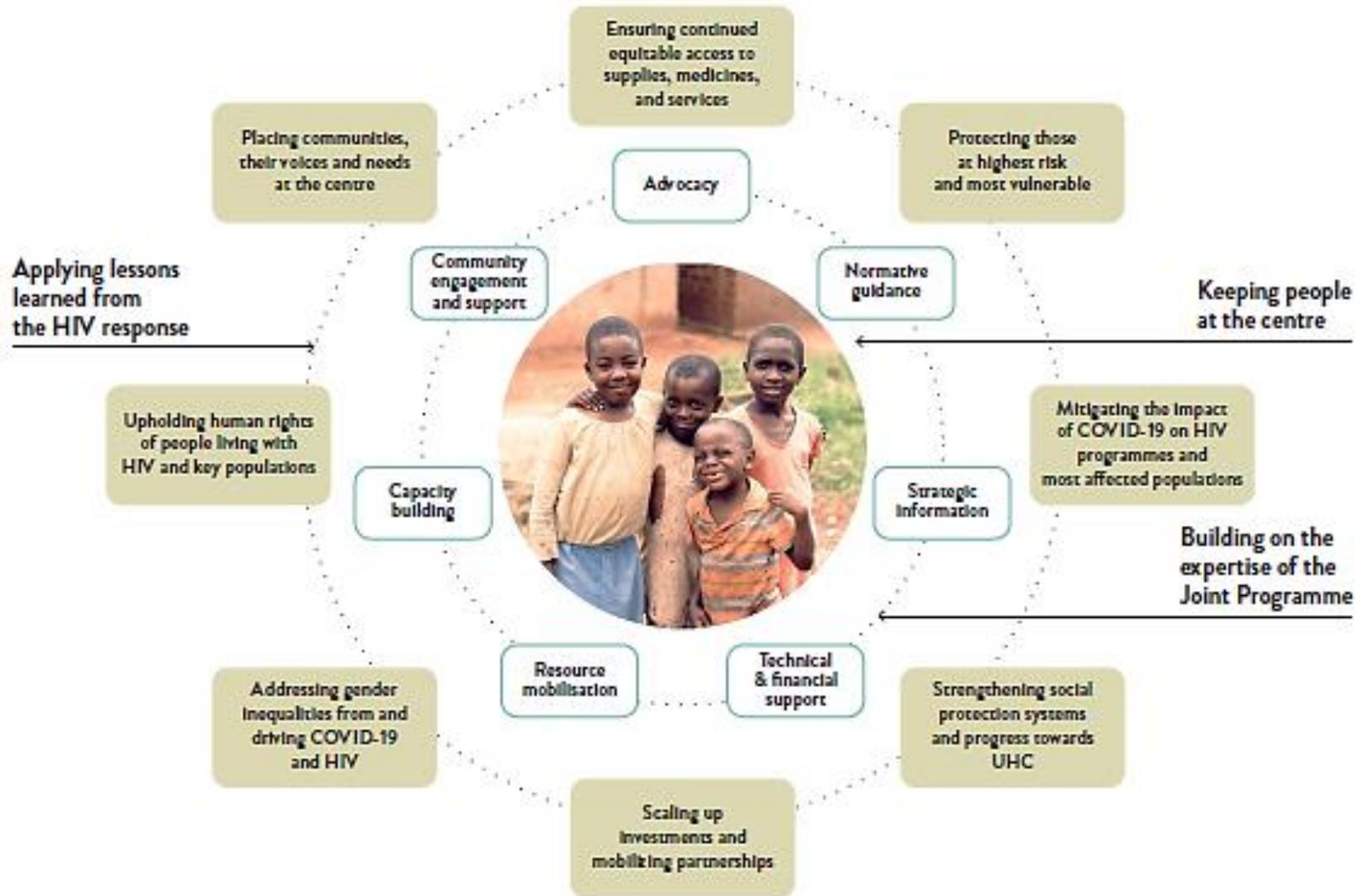
UNAIDS leverages the power of private sectors through partnerships. In Uganda, for example, UNAIDS engaged 73 companies in mobilizing resources for HIV/AIDS

Parliamentarians



UNAIDS strengthened its partnership with parliamentarians and leveraged political platforms such as the IPU and WEF for HIV advocacy and in support of the SDGs, global health and people's vaccine

Joint Programme response to intersecting HIV and COVID-19 pandemics



Reprogrammed to support the COVID-19 response:

- A total of US\$ 4.5 million 2020 Joint Programme country allocation (36% of total US\$ 12.5 million available for reprogramming).
- US\$ 3.7 million from the UNAIDS Secretariat 2020 core budget at HQ, regional and country levels

Additional US\$ 803 800 expended from the special fund for UNAIDS Headquarters COVID-19 related activities.

UNAIDS Results and Transparency Portal

<https://open.unaids.org>



- 2020 Performance Monitoring Report package
 - Executive Summary
 - Regional and Country report
 - Strategy Result Area and UBRAF indicator report
 - Organizational report (including Secretariat functions)
- All 2020 country reports (96 reports to be published by end of July 2021!)
- New UBRAF page
- Financial information (budget and expenditures)
- Donors' contributions and profiles
- UNAIDS Int'l Aid Transparency Initiative (IATI) registry
- Additional resources (case studies, infographics)