48th PCB Meeting
Agenda 4

2020 UNAIDS PERFORMANCE MONITORING

29 June – 2 July 2021
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
### Executive Summary

- 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

### Achievements for each Strategy Result Area (SRA) and Indicator Report

- 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 encouragements

### Achievements in regions and countries: Regional and Country report

- 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

### Achievements by each Joint Programme entity: Organizational report

- How HIV is integrated into agency broad mandate
- Contribution to SDG
- Contribution to intersecting HIV and COVID-19 response
- Case Studies
- Knowledge Products

The 2020 PMR package will be supplemented by information on the Joint Programme achievements available on the [Results and Transparency Portal](#).
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.

Key messages from 2020 PMR
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.

- **2020 People:**
  - (targets: <500k)
  - 1.5 million people newly HIV infected
  - 690,000 people died from HIV/AIDS

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

- **Eastern and Southern Africa**
- **West and Central Africa**
- **Asia Pacific**
- **Latin America**
- **Caribbean**
- **Middle East North Africa**
- **Eastern Europe Central Asia**
- **West and Central Europe North America**

- **Target for 2020**

- **Percentage change in number of new HIV infections 2010-2020**
- **Percentage change in number of AIDS-related deaths 2010-2020**
Unpacking Inequalities:
Death rates: Children are 4% of people living with 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
**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

**Numbers of HIV positive people undiagnosed by sex and the ratio of the number of undiagnosed men to women, 2019**

![Diagram showing the numbers of HIV positive people undiagnosed by sex and the ratio of the number of undiagnosed men to women, 2019.](source)

Source: UNAIDS 2020 epidemiological estimates
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

- 10–14 years: 39%
- 0–4 years: 38%
- 5–9 years: 23%
Unpacking Inequalities:
Services vary dramatically for key populations

90-90-90 progress, Women 15+, Zimbabwe

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

36% of transgender women living with HIV were aware of their status
89% of transgender women living with HIV who were aware of their status reported to be on treatment
84% of transgender women living with HIV on treatment had a suppressed viral load

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

Source: PHIA surveys 2015-2017
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.

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

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

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 at 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

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.
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.
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**

- Criminalization and/or prosecution of transgender people (n = 134)
- Criminalization of any aspect of sex work (n = 149)
- Criminalization of drug use or consumption and/or possession of drugs for personal use (n = 134)
- Criminalization of HIV transmission, non-disclosure or exposure (n = 151)
- Criminalization of same-sex sexual relations (n = 194)

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


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


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.

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

*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?

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

* p < 0.05.

Source: Angelo Brandelli Costa, Jair B. de Moura Filho, Josineide M. Silva, Jorge A. Beloqui, Yura Espindola, Cleonice F. de Araujo, Silvia Andrea V. Aloia & Cleiton Euzébio de Lima (2021): Key and general population HIV-related stigma and discrimination in HIV-specific health care settings: results from the Stigma Index Brazil, AIDS Care, DOI: 10.1080/09540121.2021.1876836
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*

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

Source: Population-based surveys, 2015–2020
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

Leadership
- Political will
- Partnerships
- Collective leadership
- Aligned action and resources

Protecting people
- Continuity of services
- Protecting human rights
- Inclusive social protection
- Empowering communities
- Leaving no one behind

Countries and communities

Global public goods
- Normative guidance
- Strategic information
- Inclusion
- Science, technology & innovation
- Knowledge sharing

2030 | Ending the AIDS epidemic
Snapshots of the 2020 country level response to the intersecting HIV and COVID-19 pandemics

Leaving no one behind

Balancing ensuring safe and rights-based access to quality HIV services for those most vulnerable during the COVID-19 pandemic, the "Stop TB Movement" initiative provided basic medical and social care to homeless people, and increased their access to HIV prevention, testing and treatment services.

Protecting people living with and at risk of HIV

Iran

Over USD 100,000 were mobilized in emergency funds to support community engagement, develop COVID-19 awareness material, and procure personal protective equipment for 400 community-based organisations serving 15,000 key populations and people living with HIV across the country.

Access to treatment for all people living with HIV

China

Foreigners living with HIV stranded in China during the COVID-19 pandemic were linked to local health systems for HIV treatment.

Maintaining HIV services continuity

Cambodia

During COVID-19, multi-month dispensing coverage increased from 32% of people living with HIV (PLHIV) in Dec 2019 to 49% (n=28,000) in Sep 2020.

Integrating HIV/COVID services

Sierra Leone

As part of a newly developed COVID-19 contingency plan, integrated HIV/COVID services were delivered by 85% of COVID treatment centers, with 22 HIV/COVID co-infections detected – 18 of which were new HIV cases.

Protecting human rights

Côte d'Ivoire

Civil society organizations were empowered to stop flare-up social protection needs and human rights violations during the COVID-19 pandemic, especially for women and vulnerable populations.

Strategic information

Botswana

A rapid risk assessment rollout during COVID-19 lockdown revealed that 52% of people living with HIV on treatment were able to reach a clinic for ART refill, and 74% of participants on ART had been dispensed 2, 3 or 6 months ART. However, 41% were not able to refill ART. Some did not manage to reach a clinic, and 39% of participants had to change drug regimens due to drug stock out. 4% of participants experienced abuse and violence at home.

Prevention and social behaviour change communication

Malawi

Mass community engagement on HIV. SRHR family planning and COVID-19 in the Dzaleka refugee camp reached thousands of refugees and members of the local community with prevention and testing services.
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
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
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

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.
### 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.**

### Additional Achievements

- **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 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.
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
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.
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.

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.

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.

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.
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
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.
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.

<table>
<thead>
<tr>
<th>Legend *</th>
<th>On track (% progress is equal or greater than 75% of 2021 targets)</th>
<th>Slow progress (% progress is between 75% - 50% of 2021 targets)</th>
<th>Not on track (% progress is less than 50% of 2021 targets)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Green Circle" /></td>
<td><img src="image" alt="Yellow Circle" /></td>
<td><img src="image" alt="Red Circle" /></td>
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</table>
### 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.

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.

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.

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.
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 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

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Partnerships and leveraging for impact

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.
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)