

ORGANIZATIONAL REPORT

UNAIDS 2020 PERFORMANCE MONITORING REPORT

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2020: Executive Summary (*UNAIDS/PCB (48)/21.8*)
- ii. UNAIDS Performance Monitoring Report 2020: Strategy Result Area and Indicator Report (*UNAIDS/PCB (48)/21.9*)
- iii. UNAIDS Performance Monitoring Report 2020: Regional and Country Report (*UNAIDS/PCB (48)/21.10*)
- iv. Summary overview – how the UNAIDS Joint Programme takes forward the Quadrennial Comprehensive Policy Review (QCPR) mandates in its work and contributes to UN system reform efforts (*UNAIDS/PCB (48)/CRP1*)

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

take note with appreciation of the 2020 Performance Monitoring Report, including its scope and depth;

welcome the accomplishments of the Joint Programme in support to multisectoral HIV response, including people living with HIV, communities and key populations, especially to address the intersecting HIV and COVID-19 pandemics through strengthened joint and collaborative action at country level;

appreciate the further improvements in the qualitative and quantitative analytical performance reporting jointly developed and aligned to prioritized national targets, with a focus on impact and disaggregated results, including on addressing COVID-19, emphasis on priority off-track areas and actions to address these, and wider links to the 2030 Agenda and UN reform; and

encourage all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning.

Cost implications for implementation of decisions: none



UNAIDS

PERFORMANCE
MONITORING
REPORT 2020

A young girl with dark hair tied back, wearing a white school uniform with a red scarf and red shoulder straps, is smiling broadly. She is in the center of a crowd of people, some of whom are also in school uniforms. The background is slightly blurred, showing other students and people. The overall scene is bright and positive.

**ORGANIZATIONAL
REPORT**

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INTRODUCTION

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative partnership of 11 United Nations (UN) Cosponsors and the UNAIDS Secretariat. Its strength derives from the diverse expertise, experience and mandate of its Cosponsors and the added value of the Secretariat in leadership, advocacy, coordination and accountability.
2. As requested by the PCB, the performance monitoring of the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF) enables an understanding of the collective achievements of the Joint Programme as a whole, including through joint work at all levels and the accomplishments of its individual cosponsoring members within their respective mandates.
3. This organizational report forms the fourth part of the 2020 Performance Monitoring Report (PMR) package. Focusing on achievements during the first year of the 2020–2021 biennium, the report describes how each Cosponsor has taken steps to integrate HIV into its individual agency mandates, and how actions taken have contributed to progress in achieving the 2030 Sustainable Development Goals (SDGs). In each of the organizational summaries, case studies describe how the Cosponsor or Secretariat has contributed in specific countries towards the Fast-Track targets established by the 2016 Political Declaration on Ending AIDS. Each summary highlights products created by the Cosponsors and Secretariat, and which have advanced global knowledge and learning in the HIV response. 2020 was an exceptional year requiring equally exceptional action by the Joint Programme to unite efforts to respond to the unprecedented impact of the COVID-19 pandemic. The organizational summaries also include contributions to the COVID-19 response, highlighting the intersections with the HIV response and following the unique multisectoral perspective of the Joint Programme.
4. UNAIDS draws on and effectively leverages the multisectoral experience and strengths of the Cosponsors and the Secretariat. It does so in developing coherent strategies and policies to leave no one behind; providing assistance to build country and community capacity, including of the most vulnerable groups; mobilizing political and social support and sustainable resources for action to prevent and respond to HIV; advancing rights and gender equality; protecting and saving lives; and engaging with a broad range of sectors and institutions at the national level.

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

INTEGRATING HIV INTO THE HUMANITARIAN RESPONSE

5. The United Nations High Commissioner for Refugees (UNHCR), focuses on saving lives, protecting rights, and building a better future for refugees, forcibly displaced communities, and stateless people. The agency works in 135 countries, with 90% of staff based in field locations. It addresses HIV through work with key partners, including governments, humanitarian partners and communities throughout the cycle of humanitarian response.
6. UNHCR's strong field presence allows for direct engagement with communities on HIV as a health and human rights issue. The agency's protection mandate and expertise seek to ensure that HIV does not impact on refugee rights. HIV is integrated into various aspects of protection following a multisectoral approach through interventions that address the structural barriers that increase risk and vulnerability to HIV. This includes in relation to community-based protection, health, nutrition, water, sanitation, and hygiene, education, gender equality and responses to gender-based violence and social protection, among other aspects.

PROVIDING ACCESS TO LIFE SAVING AND ESSENTIAL HEALTH CARE FOR REFUGEES

7. The health and well-being of refugees is undermined by years or decades of forced displacement. UNHCR helps refugees rebuild their lives and supports good health through public health programming, working with governments and partners to provide essential health services, improving local health services and including refugees in national health systems and plans. UNHCR aims to ensure that all refugees can fulfil their rights in accessing life-saving and essential health care, including HIV prevention, treatment, care and support. During 2020, UNHCR supported the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries, building on progress made over the past few years on health-care access to ensure that refugees are included in national health systems.

8. UNHCR's Integrated Refugee Health Information System captures refugee health data to improve humanitarian decision making and integrates HIV and sexual and reproductive health (SRH) to effectively monitor the health status of refugees. That information system guides UNHCR and partner programme objectives and priorities through key HIV and SRH indicators, including coverage of prevention of vertical transmission services, people living with HIV accessing antiretroviral therapy (ART), skilled birth attendance and complete antenatal care, and access to commodities such as condoms. The system covers more than 4 million refugees in 114 sites across 17 countries.
9. Through UNHCR, health staff, community workers and peer educators worldwide, receive training and capacity building to improve the delivery of health-care services for refugees and other persons of concern. This includes addressing the health needs of refugees in different contexts, including SRH and HIV components. Training on other health and protection needs includes SRH and HIV in relation to gender-based violence, services for lesbian, gay, bisexual, transgender plus (LGBTI+) people, and screening and treatment of cervical cancer. During 2020, more than 950 health-care workers and laboratory workers, and more than 1,850 community health workers and peer educators received training on HIV-related topics such as the delivery of effective viral load testing, outreach for tuberculosis (TB) and HIV, improving services for adolescents and young people and improving services for key populations, including sex workers. In Kenya, 65 health workers were sensitized on health and psychosocial needs of LGBTI+ people to enhance access to services. In Uganda, 27 health-care workers were trained on the provision of adolescent-friendly health services, and 128 health-care workers were trained on clinical management for survivors of rape.

PREVENTING AND RESPONDING TO SEXUAL AND GENDER-BASED VIOLENCE

10. Programming and risk mitigation for sexual and gender-based violence saves lives, reduces HIV-related risks, and is an institutional priority. UNHCR works across all sectors with partners, governments, and communities to implement quality programming to prevent, mitigate and respond to sexual and gender-based violence, and in 2020, along with partners, implemented multisectoral gender-based violence prevention and response programmes. Medical, psychosocial, protection and legal services were provided. Culturally sensitive awareness-

raising, capacity building and safe education sessions on gender-based violence prevention and response were conducted with partners at community level.

11. Preventing and responding to sexual and gender-based violence has been vital in the COVID-19 context. Sexual and gender-based violence incidence—particularly intimate partner violence—increased due to COVID-19 movement restrictions, as did the risks of sexual exploitation and abuse. Access to health and other essential services was hampered. Through UNHCR’s commitment to the COVID-19 Global Humanitarian Response Plan, 81% of GHRP countries showed that gender-based violence services were maintained or expanded in response to COVID-19 and 3 million women and girls at risk were reached with gender-based violence support and services.
12. Forcibly displaced women and girls and other vulnerable populations have been impacted by COVID-19. UNHCR established a number of projects to help support and build resilience among vulnerable populations, including young women and girls. In Ecuador, UNHCR together with its partner, Federación de Mujeres de Sucumbios, provided personal protective equipment, which allowed for re-opening of safe spaces for gender-based violence survivors. Gender-based violence and HIV counselling were continued through remote delivery. Through the “Safe from the Start” programme, UNHCR gender-based violence experts were deployed to 36 emergency contexts, contributing towards 1.56 million additional persons of concern having access to gender-based violence programming and services in the last five years.

ENSURING LEGAL AND PHYSICAL PROTECTION FOR DISPLACED OR STATELESS PEOPLE

13. While governments normally ensure basic human rights and physical security of their citizens, this safety net disappears when people become refugees. Refugees fleeing war or persecution often have no protection from their own states in situations of government persecution, and if other countries do not let them in or don’t protect them, their basic rights and security are compromised, their lives may be in danger. In some situations, their HIV risks are increased. During 2020, UNHCR promoted access to asylum procedures and protection from expulsion, arbitrary detention, and unlawful restrictions on freedom of movement—including the right to return (regardless of HIV status)—in the context of voluntary repatriation. This includes ending mandatory testing for asylum seekers, refugees, internally displaced populations and other marginalized groups.
14. UNHCR facilitated the inclusion of emergency affected communities, including refugees and internally displaced persons, into national HIV programmes, plans and

legislation. This involved advocacy for improved services for adolescents, young people, and key populations in humanitarian settings. UNHCR advocated for the continued inclusion of refugees into national HIV responses and into Global Fund to Fight AIDS, TB and Malaria (Global Fund) grants at country level. For example, in Algeria, UNHCR took part in the revision of the national HIV plan, and with the support of UNAIDS Secretariat and UNICEF, advocated for the inclusion of refugees and asylum seekers. This is the first time that mobile populations were mentioned in the national plan and this inclusion ensures that they will have better access to national initiatives involving HIV and other SRH services.

15. UNHCR has worked to improve policy and practices at country level and has promoted improved service delivery for refugees and other persons of concern. This includes a specific focus on improving services for key populations. For example, in Chile, UNHCR conducted a qualitative study to explore knowledge of, and access to, HIV prevention and treatment by asylum seekers and refugees, and policy recommendations to strengthen services for LGBTI+ refugees and migrants were developed as part of the National AIDS Programme.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

16. UNHCR is firmly committed to the 2030 agenda for sustainable development, noting that the SDGs cannot be achieved without taking into account the rights and needs of refugees, internally displaced people and stateless people. The 2030 Agenda and the SDGs are critical frameworks that can help strengthen their protection and support solutions for these populations. While the drive to leave no one behind is a strong advocacy tool to promote the inclusion of refugees and other populations of concern in national, regional, and global policies and programmes, it is only the first step in ensuring that programming and resources address the needs of these populations.
17. In line with SDG10 to reduce inequality within and among countries, UNHCR works with ministries of health and partners to design and monitor health services to promote equal access and utilization of healthcare and to promote equitable health outcomes. This requires health services that respond to the specific needs of refugees, including groups such as people with disabilities, LGBTI+ people, older people and adolescents and young people. UNHCR works to ensure that health services meet the specific needs of refugees and other persons of concern. For example, refugees may require services in languages they understand or interpretation support and adaptations of health services such as scheduling for catch up vaccinations and/or accelerated antenatal care.

It is important that service providers are trained to reduce discrimination against non-nationals. As part of the HIV response, this means ensuring that refugees and other emergency-affected populations are considered in global, regional, and national strategies, as well as partnerships and funding—including ensuring that HIV services are adapted to their specific needs. Throughout 2020, UNHCR continued to advocate for such inclusion and adaptation.

CONTRIBUTION TO THE COVID-19 RESPONSE

18. The COVID-19 pandemic and the related mitigation and prevention activities had a significant impact on healthcare for refugees and other populations of concern. Reports highlighted that the impact of COVID-19 on SRH and HIV was of concern, with projected increases in unintended pregnancies and sexually transmitted infections, as well as increasing risks for people living with HIV, mothers, new-borns and children.
19. In humanitarian settings, healthcare provision and access were negatively influenced by staff redeployments, health facility closures, and interruptions to supply chains. UNHCR and partners supported activities to protect refugees from exposure to COVID-19 and ensured access to medications and treatment—for example, supporting the provision of multimonth refills of ART for people living with HIV and adapting delivery mechanisms for essential HIV and sexually transmitted infection (STI) services. Camp pharmacies in remote settings were advised to increase stock levels of critical drugs such as ART to avoid potential stock-outs. Outreach activities were redesigned to avoid crowds in clinics and through modified house-to-house visits while maintaining appropriate protection measures and using community networks to facilitate distribution to prevent treatment interruption. Prevention communication in communities continued, with messages, including a focus on the need to ensure access to condoms and lubricants.

CASE STUDY: IMPROVING HIV SERVICES FOR REFUGEES, INTERNALLY DISPLACED PERSONS AND OTHER POPULATIONS AFFECTED BY HUMANITARIAN EMERGENCIES

20. Venezuelan migration represents the largest population movement in Latin America's recent history. People continue to leave Venezuela to escape violence, insecurity and shortages of food, medicine, and essential services. This situation has led to the largest

displacement crisis in the world, with more than five million Venezuelans seeking refuge in other countries in Latin America and the Caribbean. Colombia hosts 1.7 million Venezuelans—34% of the regional total. Some 55% of Venezuelans in Colombia have irregular migratory status. They are not insured by the Colombian health system, and only 18% have access to the national health system for essential services, protection, and assistance.

21. Refugees, internally displaced persons and other populations in humanitarian settings need consistent access to SRH services, including for HIV prevention and treatment. During 2020, Venezuelan refugees and migrants living with HIV were not included in national ART programmes. Refugees and migrants were also not considered for Global Fund funded projects because they were not affiliated with the health system, and consequently, HIV prevention and treatment could not be assured. Following advocacy from UNHCR and other partners, Venezuelan refugees and migrants were included in HIV prevention programmes funded by the Global Fund from mid-2020. Their inclusion and funding will be further strengthened in 2021.
22. Due to the gaps in services for refugees and migrants, UNHCR stepped up the provision of SRH services in border areas for those not covered under the Colombian national health system, including the provision of services for sex workers, transgender people, and other populations at increased risk of HIV infection. This was supported as follows:
 - UNHCR worked to build the capacity of two civil society organizations (CSOs) to provide HIV prevention, treatment and care services with refugees who sell or exchange sex and transgender people;
 - UNHCR partnered with organizations led by people living with HIV as implementers, contributing towards strengthening civil society and closer collaboration with LGBTI+ people, sex workers and people living with HIV;
 - Implementing partners provided condoms and lubricants medical services, and access to SRH information and contraceptives across 12 regions of Colombia—Norte de Santander, Santander, Arauca, Boyacá, Cundinamarca, Valle del Cauca, Cauca, Chocó, Nariño, Putumayo, Antioquia, and Atlántico;
 - Due to the high cost of treatment, and not being insured in the National health-care system, refugees living with HIV could not afford to start treatment. UNHCR covered the cost of CD4 and viral load testing and referred people living with HIV to organizations providing free treatment to refugees and migrants. Nearly 3 500 people received HIV counselling and testing and more than 450 received viral load testing;

- Three million condoms were donated to the Ministry of Health for distribution to the departments with the highest concentration of refugees and migrants. More than 65 000 condoms were distributed through CSOs in the field, more than 3 800 people were screened for STIs, and more than 7 300 people were provided with contraceptive services. Of all services

provided, 6.7% were provided to LGBTI+ people and refugees; and

- Comprehensive services were provided to survivors of sexual and gender-based violence, including access to medical services and psychosocial support. Safe spaces were provided for survivors of gender-based violence in two hospitals on the border with Venezuela.



CLINICAL MANAGEMENT OF RAPE AND INTIMATE PARTNER VIOLENCE SURVIVORS: DEVELOPING PROTOCOLS FOR USE IN HUMANITARIAN SETTINGS.

In humanitarian settings, women and children who are refugees, internally displaced persons, or otherwise affected by conflict-related or natural humanitarian crises, are at increased risk. This guide is intended for use by qualified health-care providers who are working in humanitarian emergencies or other similar settings, and who wish to develop specific protocols for the medical care of survivors of sexual violence and intimate partner violence.



COVID-19 AND HIV IN HUMANITARIAN SITUATIONS: CONSIDERATIONS FOR PREPAREDNESS AND RESPONSE .

Guidance from the inter-agency Task Team on Addressing HIV in humanitarian situations on key actions, issues for consideration and additional resources on addressing Covid-19 with refugees, IDPs and other displaced populations living with and affected by HIV.



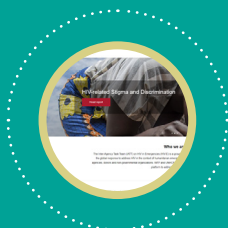
IDENTIFYING AND MITIGATING GBV RISKS WITHIN THE COVID-19 RESPONSE.

The COVID-19 pandemic continues to present an array of challenges, forcing nearly all types of basic service delivery – including, but not limited to, humanitarian response – to drastically adapt. This document presents an initial summary of potential GBV risk mitigation actions, based on established good practice, that are starting points to address GBV risks in this unprecedented situation.



INTEGRATING HIV IN THE CLUSTER RESPONSE.

This document highlights key considerations which affect the HIV response in humanitarian situations. For each cluster (health, nutrition, food security and protection) the guide details the key actions for a minimum initial response which need to take place to ensure the continuum of care as soon as possible following an emergency.



INTER-AGENCY TASK TEAM ON ADDRESSING HIV IN HUMANITARIAN SITUATIONS WEBSITE.

The website contains references, guidance and tools to support HIV, reproductive health and SGBV programming in humanitarian situations. Available [here](#).

UNITED NATIONS CHILDREN’S FUND

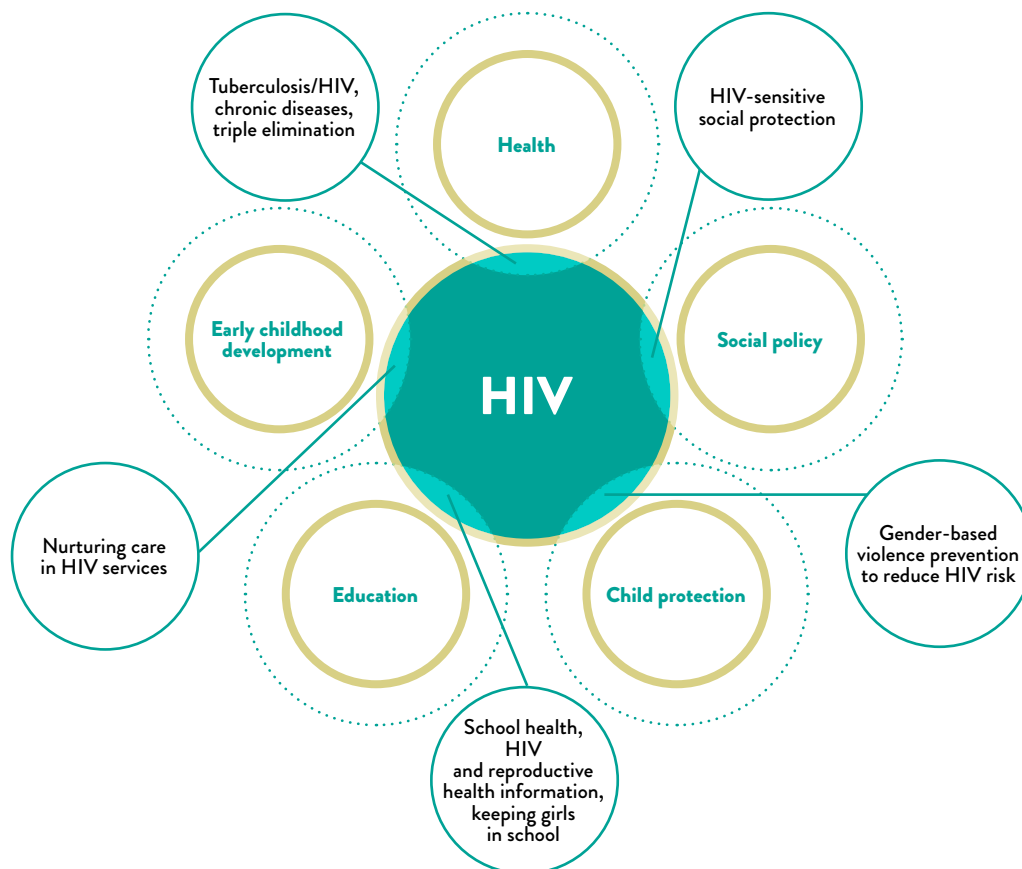
KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

- 23. Integration is a key pillar of the UNICEF HIV Strategic Plan (2018–2021) and is central to the long-term sustainability of HIV services. Yet mainstreaming or integrating HIV programmes across sectors has not always been successful. For example, when earmarked HIV funds become exhausted, HIV technical capacity gets drawn into other organizational areas, too often resulting in the HIV programming focus fading away. This has been a major challenge for many smaller UNICEF country offices over the past two to three years due to limited resources to retain HIV-specific technical leadership.
- 24. Since 2020 UNICEF, has been trying to combine its integration strategy with a “catalytic leveraging” approach

that is multisectoral. This involves a bi-directional leveraging of partnerships and resources for mutual results across sectors. There is intentional alignment of common approaches and outputs, joint indicators are identified, and there is strong commitment and accountability to shared results towards multiple SDGs.

- 25. In 2020, UNICEF worked with Joint Programme partners and networks of young women and girls living with HIV to improve access to effective integrated service delivery models. These improve results for pregnant mothers, infants, children and adolescents, and there is a growing commitment to expand access to integrated HIV testing and ART services for infants and children, and within broader maternal, new-born and child health (MNCH) services. Additional components include expanding or incorporating adult ART clinics, in-service wards, outpatient services for sick children, immunization clinics, nutrition services and community care points. Figure 1 highlights examples of integration through UNICEF activities.

FIGURE 1: EXAMPLES WITHIN UNICEF OF HIV INTEGRATION WITH THE OTHER SECTORS



26. Efforts within the health sector include linking HIV, syphilis and, increasingly, hepatitis B testing and treatment during pregnancy, to move towards the dual and triple elimination agenda in 14 countries.¹ In the paediatric and adolescent treatment space, UNICEF has emphasized integrating HIV screening and TB case management into severe acute malnutrition treatment and care programmes in countries, including Chad, Guinea-Bissau and Zimbabwe. Integrating HIV within early childhood development education materials was prioritized in Malawi and in Zimbabwe early infant diagnosis, paediatric HIV testing, and HIV treatment and care services were integrated into MNCH platforms and the management of childhood illnesses programmes.
27. Multisectoral integration with gender responses, adolescent health and child protection systems was scaled up, including the roll-out of multilayered combination prevention interventions to prevent sexual and gender-based violence and female genital mutation in Djibouti, Egypt, Ethiopia, Kenya, Mali and Somalia. Case management of gender-based violence and school-based sexual abuse prevention programmes were enhanced in Bangladesh, Guatemala, India, South Africa and Uganda.
28. The “Cash Plus” initiative, supported by UNICEF, continued in 2020, promoting inclusive HIV-sensitive social protection programming. The core of this approach includes strengthening the linkages between national cash transfer programmes and HIV services by adding a “plus” component to existing cash transfer programmes to ensure greater numbers of vulnerable children and adolescents have access to and utilize social services. In 2020 the “Cash Plus” element was further expanded in the United Republic of Tanzania, Angola and Lesotho, with additional funding from Irish Aid and the Government of Canada.
29. From 2000 to 2019, 2.2 million HIV infections among children aged 0-14 years were averted globally through global efforts to invest in the prevention of vertical transmission of HIV. This was supported by UNICEF’s collaborative work with WHO at the country level. Since 2010, the benchmark year of the Global Plan to prevent new infections in children and keep their mothers alive, new HIV transmissions from mothers to their children have fallen by 52%. However, since 2015, progress towards the 2020 prevention and treatment targets has slowed, and even stalled in some countries, impeding the goal of ending AIDS as a public health threat in children and adolescents by 2030. With
- almost 1 million children and adolescents living with HIV not on treatment, 160 000 new infections annually among children, and close to 300 000 adolescents acquiring HIV annually, there is a need to streamline and intensify the response.
30. Prevailing social exclusion reflects and reinforces the inequalities that undermine efforts to end AIDS among children and adolescents—especially girls and young women and young key populations—while also impacting a number of SDG outcomes. Within the framework of the broader right to health (SDG 3), UNICEF’s HIV programme to end AIDS in children, adolescents, and pregnant women, is integrated with efforts to end poverty (SDG 1) and hunger (SDG 2) and, through the lens of gender equality, reducing stigma, discrimination and marginalization of those adolescents—especially young women and girls who are being left behind (SDG 5).
31. By promoting comprehensive sexuality education (CSE), including for adolescent and young key populations, UNICEF’s work contributes to SDG 4—fostering inclusive and equitable quality education for all. In 2020, UNICEF worked with governments, including networks of people living with HIV, adolescent girls and young women, and adolescent and young key population networks, to help countries ensure that HIV programmes—especially prevention interventions—contribute to the broader SDG goals.
32. In 24 Fast-Track countries, UNICEF’s intensified HIV support, has mobilized, leveraged, and incentivized political leadership to translate global HIV strategies for the prevention of mother-to-child-transmission, paediatric and adolescent HIV testing and treatment, and prevention, into national evidence-informed commitments and people-centred programmes, thereby amplifying synergies across SDG goals and address multiple overlapping vulnerabilities within communities. UNICEF’s presence and convening capacity in these countries facilitated support to transformative peer-mediated programmes that delivered results for children and adolescents, making communities and networks of girls and young women living with HIV more resilient.
33. Recognizing how inequities, social and structural barriers, and underlying weaknesses of systems affect prevention outcomes, UNICEF’s specific efforts to reinforce and strengthen national capacities for second decade programming in 2020 led to improved coordination among the health, education, and social service sectors. This increased community support for adolescents, girls and young women and young key populations, improving access to combination prevention and empowerment of adolescent and young people while keeping girls in school.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

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¹ Bangladesh, Botswana, China, Dominican Republic, Equatorial Guinea, Eswatini, Kenya, Mozambique, Papua New Guinea, Thailand, Uganda, Ukraine, Uzbekistan and Zambia.

34. Through strategic positioning of limited HIV technical expertise across countries and regions in 2020, UNICEF was able to foster sustainable financing for stronger health systems within national HIV responses through robust domestic investments and external funding, including from the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and Unitaid. Investments were leveraged to support sustainable civil society and community-led responses that target children and adolescents—especially those left behind—in Botswana, Cameroon, Eswatini, Kenya, Lesotho, Mozambique, United Republic of Tanzania, Uganda and Zimbabwe.

CONTRIBUTION TO THE COVID-19 RESPONSE

35. The COVID-19 pandemic has exposed weaknesses in health systems, social protection and public services, underscoring and exacerbating inequalities, including in relation to gender. While COVID-19 impacts children and adolescents everywhere, contexts where HIV prevail involve deepened stigma, contributing to more severe co-morbidities and socioeconomic vulnerabilities for children and their families.
36. In the early phase of the pandemic, UNAIDS HIV Service Disruption data showed declining access to HIV testing, treatment and care among children and pregnant women. Health facility deliveries and maternal treatment were reduced by 20–60% during the second quarter of 2020 and maternal HIV testing and ART initiations decreased by 25–50%. To address disruptions to HIV testing and counselling services in 2020, UNICEF supported the use of digital technologies in Botswana, Chad, Cuba, Ghana, Guatemala, Indonesia, Mozambique, Nepal and the United Republic of Tanzania, and by using multimodal approaches to reach vulnerable adolescents in situ. UNICEF supported home-based services for early infant diagnosis and HIV viral load monitoring for everyone on treatment through mentor mothers in Uganda. The use of multidisease testing platforms and point of care technologies supported early infant diagnosis of HIV and the diagnosis of COVID-19 in remote areas and refugee camps.
37. To improve the continuity of access to ART during pandemic lockdowns for children and pregnant women, UNICEF worked with Ministries of Health and National AIDS Councils to modify guidelines in Namibia, Botswana, and Uganda to make use of multimonth drug dispensing (MMD). Stock assessment of antiretroviral medicines (ARVs), improved forecasting and better procurement and delivery of commodities was supported in Botswana. MMD included community

distribution strategies to ensure treatment continuity during lockdowns and curfews, including assigning new ART distribution points in Namibia and Uganda. Community networks of women living with HIV were empowered in Kenya to promote treatment continuity in hard-to-reach areas.

38. To address impacts on HIV prevention exacerbated by increases in sexual and gender-based violence, early and unintended pregnancies, disruptions to SRHR service delivery and education, UNICEF introduced innovative ways to continue its critical peer-led programmes supporting adolescents and young people. Text messages were used to raise awareness and health adherence reminders were sent to clients on ART in Eswatini. In Lesotho, person-to-person phone calls provided counselling and support while WhatsApp groups enabled peer sharing, care and support in many other countries, including South Africa, United Republic of Tanzania and Zimbabwe. Crowd-sourced health education was provided, including combined HIV and COVID-19 information, through UNICEF's U-Report and tele-peer support groups. In Botswana, UNICEF and the MTV Staying Alive Foundation adapted peer education sessions into COVID-19 prevention audio visual materials for use through WhatsApp groups and on social media platforms such as Facebook.
39. Actions to build better and more resilient health programmes in settings with high burdens of HIV in sub-Saharan Africa, especially those with poor health infrastructure and remote rural clinics, have focused on community-based health workers—many of whom continue to be poorly paid or are facing the double burden of fighting HIV while also tackling COVID-19. This ongoing work requires more effort and investment, including from other sectors.

CASE STUDY: COLLABORATIVE SUPPORT FOR JOINT MONITORING AND ADVOCACY-- ASSESSING THE IMPACT OF COVID-19 ON THE WELL-BEING OF ADOLESCENTS LIVING WITH HIV AND YOUNG KEY POPULATIONS IN ASIA AND THE PACIFIC

40. Young key populations are often marginalized due to stigma, discrimination, punitive laws, prohibitive policies and lack of livelihood opportunities—all of which contribute to constrained access to health and social services. COVID-19 exacerbates these factors.

41. In partnership with the Inter-Agency Task Team on Young Key Populations² in Asia Pacific, UNICEF co-lead a rapid assessment in collaboration with the Asia Pacific Council of AIDS Service organizations and “Youth Lead” to better understand challenges, gaps, and barriers among youth communities during the pandemic and to develop recommendations for mitigation. Assessment themes were shared between UN agencies, and UNICEF led the mental health component.
42. COVID-19 contributed to anxiety among young key populations in the region. Worries about physical and mental health, the health of family members, and loss of income were prominent concerns. Almost half of the respondents had lost jobs or income during the pandemic and 45% did not have adequate access to food. Half of the participants who were LGBTI+ people reported stigma and discrimination and two in five reported experiences

of violence. Among young people who reported needing mental health services, 34% had experienced delays or disruption in access to mental health medications due to COVID-19, and 47% had experienced delays or disruption in accessing psychosocial support.

43. The assessment findings, along with thematic blogs, were published by UNAIDS in April 2020.³ UNICEF used the findings to advocate with governments and civil society to support targeted programming and policy changes in support of young key populations. Together with Youth LEAD, UNICEF developed a regional website for the Inter-Agency Task Team on COVID-19 and young key populations, providing a regular updated repository of available information and guidance on COVID-19 for young key populations and young people living with HIV from Asia and the Pacific through a creative, interactive and youth-friendly interfaces.⁴

² The IATT for YKP was established in 2009 as a joint platform composed of UN agencies and civil society partners to meet the HIV prevention and treatment needs of young key populations, including young gay men and other men who have sex with men, young transgender people, young people who use drugs, young sex workers and young people living with HIV.

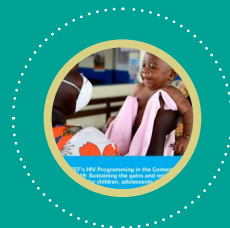
³ <https://unaids-ap.org/2020/04/30/assessing-the-needs-of-young-key-populations-during-covid-19-outbreak-in-asia-and-the-pacific/>

⁴ <https://www.ykptaskteam.org>

KNOWLEDGE PRODUCTS



INTERNATIONAL TECHNICAL AND PROGRAMMATIC GUIDANCE ON OUT-OF-SCHOOL COMPREHENSIVE SEXUALITY EDUCATION (CSE)



UNICEF'S HIV PROGRAMMING IN THE CONTEXT OF COVID-19



UNICEF MENTAL HEALTH DURING COVID-19 IN EAST ASIA AND THE PACIFIC



NURTURING CARE FOR CHILDREN AFFECTED BY HIV



ADDRESSING THE NEEDS OF ADOLESCENT AND YOUNG MOTHERS AFFECTED BY HIV IN EASTERN AND SOUTHERN AFRICA



TIPS FOR ENGAGING COMMUNITIES DURING COVID-19 IN LOW-RESOURCE SETTINGS, REMOTELY AND IN-PERSON_0.PDF



NO TIME TO WAIT STRATEGIC FRAMEWORK - ENGLISH



NEW EVIDENCE AND PROGRAMMING: IMPLICATIONS FOR ADOLESCENT PATHWAYS IN HIV CARE IN SUB-SAHARAN AFRICA

WORLD FOOD PROGRAMME

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

44. As the world's largest humanitarian agency, the World Food Programme (WFP) uses its last-mile expertise to reach the people who are most vulnerable and furthest left behind. This includes working with partners to ensure that people living with, at risk of, and affected by HIV, have access to food and nutrition support. In 2020, WFP supported 43 countries by integrating food and nutrition into national HIV and TB responses.
45. WFP assisted 500 000 people living with HIV and TB and their families to meet their basic nutritional needs through direct support in the form of food, cash, or voucher transfers in 17 countries through life saving and life-changing support across all regions, including in conflict-affected and emergency contexts. WFP reached additional beneficiaries through HIV and TB-sensitive programming that included general food distribution and school feeding, as well as capacity strengthening through activities such as social behavioural change communication.
46. WFP support improves socioeconomic, food and nutrition security at household level, contributing to improved HIV treatment access and adherence for people living with HIV, while reducing behaviours that put people at high risk, thus helping reduce the transmission of HIV and TB.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

47. The *WFP Strategic Plan for 2017–2021*⁵ aligns the organization's work to the 2030 Sustainable Development Agenda's global call to action, which prioritizes efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian, as well as development efforts through the humanitarian development nexus.
48. WFP's Strategic Plan is guided by SDG2 on ending hunger, and SDG17 on revitalizing global partnerships for implementation. Progress towards SDG2 contributes to, and

depends on, many other SDGs, including SDG3 on ensuring healthy lives and well-being. In order to sustain the progress made by the HIV response in the final decade of the 2030 Agenda, food security and nutrition support will need to be continually integrated in the HIV multisectoral response—especially in emergency and crisis-affected contexts. In an era of competing priorities, WFP follows an integrated, systems-based approach towards HIV with interventions at all levels, including from people and households directly affected by HIV to national governments.

EMERGENCY AND CRISIS-AFFECTED SETTINGS

49. During humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services, and health system collapse, can lead to increased vulnerability to HIV infection or interruption of HIV treatment. In 2020, 239 million people in 57 countries⁶ required humanitarian assistance. In humanitarian contexts, WFP ensures that food and nutrition needs are adequately addressed among displaced, refugee and other emergency and crisis-affected populations, including those living with and affected by HIV and TB.
50. WFP leverages its last-mile supply chain and logistics capacity to deliver HIV lifesaving commodities in fragile and conflict impacted states. By providing logistical and supply chain expertise to the Global Fund, WFP helps to better assess current stocks, future needs, and storing medications and other supplies.
51. In 2020, WFP provided food transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV and TB and their families in 15 humanitarian, refugee, and other fragile contexts worldwide.⁷
52. In South Sudan, where the secondary effects of the COVID-19 pandemic are causing food insecurity and declining crop production due to extreme seasonal flooding, a total of 55 790 malnourished people living with HIV and TB and their families were provided with counselling, food, and nutrition support through implementing partners. The programme was implemented at 147 health and nutrition facilities across South Sudan in 2020. In refugee settings in Cameroon, Kenya, Rwanda and the United Republic of Tanzania, WFP ensured that malnourished ART clients were supported with food and nutrition assistance.

⁵ <https://www.wfp.org/publications/wfp-strategic-plan-2017-2021>

⁶ <https://reliefweb.int/report/world/global-humanitarian-overview-2021-january-update-enar>

⁷ Burkina Faso, Bolivia, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Kenya, Madagascar, Mali, Niger, Rwanda, Somalia, South Sudan, United Republic of Tanzania and Togo

SOCIAL PROTECTION AND LIVELIHOODS SUPPORT

53. WFP's social protection interventions address the root causes of poverty and hunger by tackling structural drivers and vulnerabilities at-scale across the life course. WFP works with governments to strengthen national systems. Social protection instruments like school feeding, food-for-assets, and general food assistance are used. Through a HIV-sensitive approach, people living with HIV and other key populations are served together, to ensure that no one is left behind.
54. In Eswatini, an estimated 58% of children under the age of seventeen are orphaned due to HIV. For more than a decade, WFP, together with national stakeholders, has helped young orphans and children through Neighbourhood Care Points—an innovative model that mobilizes community services and provides a minimum package, including food support. School closures and a sharp rise in household food insecurity-related to COVID-19 led to attendance more than doubling in 2020.
55. In Gambia, the lean season is a particularly difficult period, as food stores are depleted, food prices increase, and energy requirements for farming increase. The country office established the Lean Season Response Transfer Program to support 380 vulnerable households by providing people living with HIV with monthly cash assistance.

VULNERABILITY AND RAPID ASSESSMENTS

56. Without WFP's targeted assessments, governments would be unaware of the unique vulnerability status of HIV-affected households. Using rapid assessments, WFP and other stakeholders collect timely and critical information on the food insecurity profile of people living with HIV to adequately meet their essential needs. Vulnerability and rapid assessments were conducted in nine countries across five regions.
57. In Lesotho, WFP supported the Government in conducting annual crop and vulnerability assessments to ascertain the food and nutrition security of vulnerable households, including those with one member living with HIV. In Côte d'Ivoire, WFP provided financial and technical support to the National Nutrition Programme to carry out the *Survey on food and nutrition security of people living with HIV*. The study assessed the prevalence of malnutrition and food insecurity among people living with HIV and evaluated existing support services and interventions.

58. In the Democratic Republic of Congo, large-scale complex crises, including political instability, seasonal drought, and Ebola have led to food insecurity for twenty million people—the second highest number of food insecure people globally. In the South Kivu province, WFP, together with the Ministry of Public Health, developed a study on food and nutritional vulnerability among people living with HIV. Through the study, WFP successfully re-enrolled 80% of beneficiaries who had been lost to follow-up.

ADOLESCENTS

59. Adolescents are estimated to represent around 27% of all WFP's beneficiaries. WFP leverages school-based programmes, general food distributions and treatment and prevention nutrition programmes to better serve adolescents living with HIV.
60. To generate evidence and build new research collaborations related to adolescents, HIV, nutrition and food security, WFP's regional bureaus in eastern and southern Africa are working closely with the University of Oxford and the University of Cape Town and the Accelerate Hub. The research focuses on southern Africa and highlights the bidirectional and multifaceted linkages between food and nutrition security and HIV, and the role of social protection, with a specific focus on adolescents.
61. In Niger, WFP developed kits with picture boards, illustrated flip-charts and data collection tools for peer educators. The kits, which included health sensitization and education on HIV, were disseminated in middle schools, secondary schools, and colleges. A total of 1,980 sensitization sessions were organized by peer educators reaching 30 757 people, with 19 community radio programmes reaching an estimated 350 000 people.

PARTNERSHIPS

62. In 2020, WFP provided enhanced supply chain and logistics support for the Global Fund as part of the COVID-19 response. Through more than 7,000 delivery points in eight countries⁸ across four regions, US\$ 102 million in commodities for HIV, TB, and malaria were delivered.
63. Working closely with Joint Programme partners, WFP co-convened the Inter-Agency Task Teams for HIV in emergencies with UNHCR, and for HIV sensitive social protection with ILO. WFP helped to develop global guidance and advocacy materials and rapidly shared COVID-19-related materials.⁹ Together with the ILO, UNICEF, the United Nations Development Programme (UNDP) and UNAIDS Secretariat, WFP developed a government-focused social protection call to action¹⁰ and a subsequent global webinar. Regionally, WFP, the ILO,

⁸ Burundi, Cameroon, Central African Republic, Chad, Djibouti, Mali, Pakistan, and Zimbabwe

⁹ https://library.unaids.org/wp-content/uploads/2020/06/IATT-Brief-HIV-COVID-in-Emergency-Contexts_May-2020.pdf

¹⁰ https://www.unaids.org/sites/default/files/media_asset/call-to-action-social-protection-covid19_en.pdf

UNICEF and UNAIDS Secretariat hosted a multiday, multilingual training, building capacity on social protection focused on western and central Africa.

64. WFP hosted and took part in several panels and webinars at major international fora and meetings, showcasing work on HIV and TB at AIDS 2020, the World Bank Fragility Forum 2020, and the SPARKS Conference 2020.
65. WFP partners with PEPFAR to deliver programmes which focus on food insecure people living with and affected by HIV. In Namibia, for example, WFP provided food and nutrition support to more than 100 000 people on ART in the eight highest HIV prevalence regions of the country that were worst hit by years of consecutive drought.¹¹

CONTRIBUTION TO THE COVID-19 RESPONSE

66. COVID-19 compounds food security needs in conjunction with overlapping drivers of vulnerability such as conflict, socioeconomic downturns, natural hazards, and climate change. To mitigate risk and respond to the growing number of malnourished people during COVID-19, WFP supported the Ministry of Health in Uganda to develop guidelines and standard operating procedures for continuity of essential health services. Based on the integrated management of acute malnutrition approach and WHO guidance, WFP further supported the Ministry to build health workers' capacity to engage in the delivery of nutrition and HIV services in refugee hosting districts.
67. WFP, UNICEF, UNESCO, and the World Bank advocated for the safe reopening of schools due to COVID-19. School feeding and health programmes must be in place, together with proper distancing procedures, and WASH measures when schools reopen. These considerations are addressed in the new joint framework for safe re-opening of schools¹² and in the guidance for nutrition in schools¹³ produced by WFP, FAO and UNICEF.
68. To address the needs of people living with HIV exacerbated by COVID-19, dedicated support was put in place such as in Colombia where WFP's food bags provided hundreds of women living with HIV with food, training in food handling and preparation and on the importance of an adequate nutrition.
69. In response to the socioeconomic impacts of COVID-19 and other compounding risks in West Africa, WFP leveraged its extensive cash transfer operations to urgently

support people living with HIV. Together with UNAIDS Secretariat, WFP designed and implemented a rapid response initiative in four priority countries: Burkina Faso, Cameroon, Côte d'Ivoire, and Niger. In less than two months, nearly 4,000 households received support to mitigate the socioeconomic impacts of the pandemic.

70. In Eswatini, an estimated 302 000 people—more than a quarter of the population—are at risk of food insecurity. In response to COVID-19, UNDP and WFP have provided cash-based transfers to meet the essential needs for 1,995 HIV-affected households in rural and urban areas of Eswatini over five months. The assistance improved food security, enabled resilience to drought, and alleviated strain on fragile safety nets.

CASE STUDY: ENHANCING ACCESS TO SOCIAL PROTECTION AND REDUCING STIGMA IN DJIBOUTI

71. Djibouti has a generalized HIV epidemic with an HIV prevalence of 1.5%. Women and girls are more likely to be affected in comparison to boys and men. Social protection is guided by the National Strategy for Social Protection and reinforced by the social and solidarity economy law.
72. There are two main social protection programmes in the country: The Programme National de Solidarité Famille (PNSF), an unconditional cash transfer programme for the most vulnerable people, and the Programme d'Assistance Sociale de Santé (PASS), a subsidized health insurance scheme. Both utilize a social registry to ensure efficiency and reduce duplications in benefit delivery. PNSF beneficiaries are automatically eligible for health insurance under PASS. The PNSF supports households in Djibouti Ville living in extreme poverty, or with members who have a disability, or who are elderly, children under five years, or orphaned and vulnerable children. Cash transfers are distributed to eligible households quarterly.
73. To mitigate the socioeconomic impacts of COVID-19 on the most vulnerable and marginalized populations, WFP complements PNSF with a cash-based transfer programme for households affected by HIV. Simultaneously, WFP advises national counterparts and advocates for the inclusion of these households into the PNSF, thereby meeting the essential needs of HIV-affected households, strengthening national social protection systems, and enabling the Government's capacity to transition to reliable national social assistance that includes people living with HIV.

¹¹ World Aids Day: How WFP is partnering to assist people living with HIV in Namibia | by World Food Programme | World Food Programme Insight | Medium

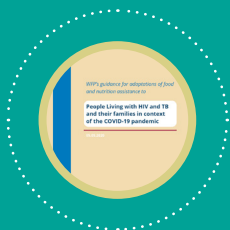
¹² UNICEF: framework for reopening schools

¹³ Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren

74. Working closely with two local NGOs, Le Réseau and Solidarité Féminine, and in close collaboration with the Ministry of Health and Ministry of Social Affairs and Solidarity (MASS), WFP delivered cash transfers to households affected by HIV for nine months. Beneficiaries were enrolled in the national social registry managed by MASS, like the other PSNF beneficiaries.

75. By involving nongovernmental organizations, the programme has helped foster trust and incentivize people living with HIV and their families to register to the national social registry. By aligning and harmonizing the programme through equal eligibility criteria and transfer values with the national social protection programme, stigma was reduced.

KNOWLEDGE PRODUCTS



PEOPLE LIVING WITH HIV AND TB AND THEIR FAMILIES IN THE CONTEXT OF THE COVID-19 PANDEMIC.

This brief is developed for WFP staff and cooperating partner's staff responsible for providing food and nutrition assistance to people living with HIV and TB and their families to implement adaptations in context of the COVID-19 pandemic. 2020



Q&A: COVID-19, HIV AND WFP PROGRAMMING.

This document features answers to key questions about HIV/TB programming in the context of COVID-19. 2020.



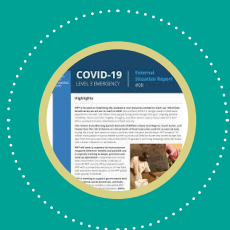
COVID-19 AND HIV IN HUMANITARIAN SITUATIONS.

This brief summarizes HIV in humanitarian situations, gathers key facts for HIV in emergencies during the COVID pandemic, including challenges and impacts on people living with HIV in humanitarian situations. It also outlines key considerations and provides recommendations to maintain essential HIV services during the pandemic, as well as for the provision of services for co-infected individuals living with HIV and TB. 2020.



HIV IN EMERGENCIES: THE ROLE OF FOOD AND NUTRITION SUPPORT IN REFUGEE HIV AND TB RESPONSES ACROSS EAST AND SOUTHERN AFRICA.

WFP Regional Bureaus Johannesburg and Nairobi. With support from UNHCR, this study was commissioned to assess the role of food and nutrition in HIV and TB programmes in refugee settings across the East and Southern Africa regions. 2020.



THE ROLE OF FOOD AND NUTRITION SUPPORT IN REFUGEE HIV AND TB RESPONSES ACROSS EAST AND SOUTHERN AFRICA.

WFP Regional Bureaus Johannesburg and Nairobi. The role of food and nutrition support in refugee HIV and TB responses across East and Southern Africa. 2020.

UNITED NATIONS DEVELOPMENT PROGRAMME

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

76. As the world's blueprint for action to end extreme poverty, fight inequality and injustice, and protect the planet, the SDGs and the pledge to leave no one behind continue to drive all of UNDP's work.
77. In 2020, UNDP supported 146 countries on HIV, health, and development issues, including collaborating with partners across the 2030 Agenda on integrated approaches in line with role envisaged by the United Nations Development System reform. 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.
78. During the COVID-19 pandemic, UNDP's efforts focused on urgently delivering concrete results on the ground—helping governments, communities and systems for health to keep functioning, transferring cash, food and basic services to those in need, and protecting jobs and livelihoods, especially for the most marginalized—while also helping to create local and global conditions for countries to build forward better in line with Agenda 2030. UNDP's Offer 2.0 'Beyond Recovery – Towards 2030' is designed to help decision-makers make choices and manage complexity and uncertainty in four main areas: governance, social protection, green economy, and digital disruption. It encompasses UNDP's role in technically leading the UN's socioeconomic response and supporting our COVID-19 health-response work under the leadership of WHO.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

79. In line with its integrator role, UNDP focuses on all SDGs and the pledge to leave no one behind, including the HIV and health-related goals and targets.
80. In 2020, UNDP managed 31 Global Fund grants as interim Principal Recipient in 19 countries and two regional programmes covering an additional 12 countries. UNDP's work in the partnership involves supporting governments to

implement large-scale health programmes in challenging operating environments, making health and community systems more resilient and helping countries strengthen laws and policies to make sure that healthcare reaches the people who need it most so that no one is left behind.

81. UNDP strengthens the capacities of local organizations within countries so they can successfully take over full management and responsibility of grants. In addition to the role of Principal Recipient, UNDP managed Global Fund resources for Country Coordinating Mechanisms in 16 countries at a total of US\$ 4 million in signed agreements.
82. Through its partnership with the Global Fund, UNDP has saved an estimated 4.5 million lives, and in support of national partners, UNDP is currently providing 1.4 million people with ART. Other key achievements in 2020 include supporting HIV counselling and testing for 5 million people (including key populations in 25 countries), ART to prevent vertical transmission for 84 000 pregnant women, and successfully treating 32 500 cases of TB.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

83. UNDP has supported 71 countries in improving gender equality, addressing gender-based violence and empowering women and girls in the context of HIV and health. Support to countries in this area ranged from challenging the human rights barriers and social norms that hinder equal access to quality health care to improving support for gender-based violence survivors. For example, with support from UNDP and other UN partners, Eswatini passed a comprehensive law on sexual offenses and domestic violence. In the Maldives, UNDP and the Ministry of Gender, Family and Social Services have set up a call centre to provide uninterrupted services and support to victims of domestic violence and gender-based violence, persons with disabilities, the elderly and people dealing with mental health issues. Through the UNDP–Global Fund partnership, peer educators reached over 90 000 young women with HIV prevention services in Angola. UNDP also supported the creation of the Network of Vulnerable Women in the Middle East and North Africa.
84. UNDP and UNFPA participated in the "Spotlight" initiative—a global partnership between the European Union (EU) and the UN to eliminate all forms of violence against women and girls by 2030. The initiative helped 17 countries establish frameworks to prevent and respond

to sexual and gender-based violence. UNDP developed tools such as a gender checklist to support the integration of gender-responsive components into HIV programmes supported by the Global Fund.

85. UNDP, UNICEF, UNFPA, the UN Entity for Gender Equality and the Empowerment of Women (UN Women) and WHO collaborated with the UN University International Institute for Global Health on a study drawing from the work of the agencies, to understand what has worked in efforts to address gender disparity in health. A programme of work was developed, with four priority areas: (a) developing an action and research agenda for gender mainstreaming; (b) building the evidence base of what works in gender and health, why, and how it can be applied to other areas or contexts; (c) generating new evidence in emerging areas, and (d) investing in gender expertise, data and independent, transparent accountability mechanisms. A gender and health hub has been established to take this work forward.

KEY POPULATIONS AND LGBTI+ INCLUSION

86. In 2020, UNDP supported 78 countries to advance access to HIV services for key populations, including through the UNDP Global Fund partnership. Under Global Fund programmes, UNDP supported countries in reaching key populations with tailored combination prevention packages, including 162 000 people who use drugs reached in five countries; 352 500 gay men and other men who have sex with men reached in 22 countries; 272 600 sex workers reached in 22 countries; and 5,900 transgender people reached in 13 countries.
87. In July 2020, the Economic Community of West African States (ECOWAS) launched a regional strategy on HIV, TB and SRHR for key populations in the region that was developed with the support from UNDP, UNAIDS Secretariat, WHO and members of the Africa Key Populations Expert Group which has been supported by UNDP for over five years. The strategy aims to better consider key populations in the response to HIV in the ECOWAS region, including by strengthening strategic information, health systems and community services and addressing stigma and discrimination.
88. UNDP engaged in supporting data collection to assess the needs of key populations and improve access to prevention services, for instance in Kazakhstan, Kyrgyzstan, Uzbekistan, through young key populations micro-narratives in partnership with UNFPA and civil society in Georgia, through digital data collection to improve access to pre-exposure prophylaxis (PrEP) in Colombia, and at the regional levels, through a regional survey in Latin America and the Caribbean, and partnerships with AMShER in Africa, the Interagency Task Team on young

key populations in Asia and the Pacific (in partnership with UNICEF and UNAIDS Secretariat), and the Eurasian Key Populations Health Network with a focus on trans health.

89. UNDP in coordination with UNFPA, UNODC, UNESCO, UNICEF, UN Women, WHO and the UNAIDS Secretariat organized a global focus group discussion on adolescent and young key populations to provide input to the new Global AIDS Strategy. UNDP also organized discussions on the opportunities and threats of digital technologies for young key populations at AIDS 2020 and the 2020 High-Level Political Forum on Sustainable Development.
90. UNDP has found that regional programming can be particularly powerful as a tool for LGBTI+ inclusion, facilitating learning across countries—with an emphasis on supporting and promoting good practice. In 72 countries, UNDP has been partnering with governments, LGBTI+ people, civil society, private sector and academia in combating violence and discrimination against LGBTI+ people and promoting equality and inclusive development. All regional UNDP LGBTI+ programmes have health components. Through *Being LGBTI in Asia and the Pacific*, UNDP successfully contributed to law reform and the development of transgender welfare policies in India, Pakistan and Thailand, as well as in the reform of gender identity law in Thailand. More than 400 human rights defenders have benefitted from capacity building sessions implemented through *Being LGBTI in the Caribbean*.¹⁴
91. In 2020, UNDP expanded its LGBTI+ work in the African region, launching the Inclusive Governance Initiative, designed to support countries in the region to become increasingly accountable to, and inclusive of, their entire populations, including sexual and gender minorities. This, in turn, will contribute to better laws and more responsive public sector services, including advancing health and social norms that affirm rights and inclusion for all. The initiative is based on African values of dignity, fairness, acceptance of diversity, and respect for privacy, underpinned by the concept of Ubuntu.

HUMAN RIGHTS

92. UNDP supported governments, civil society, and UN partners in 89 countries in reforming discriminatory laws and policies on HIV, TB and broader health issues that perpetuate exclusion and marginalization and contribute to poor health outcomes. In Belarus, for example, the Government created a working group to propose legislative changes related to HIV criminalization, and in Sudan, a punitive “public order law” was repealed. This work has contributed to the repeal of a law criminalizing unintentional transmission of HIV in Mozambique, decriminalization of consensual

¹⁴ Barbados, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica and St. Lucia.

same-sex conduct in the Seychelles, an amendment of the health regulations on *in vitro* fertilization in Moldova to ensure access of women living with HIV to this procedure, and the inclusion of the recommendations of the UNDP-led legal environment assessment in the revised National Strategic Plan and their prioritization in the Global Fund approved grant in Somalia.

93. In 2020, UNDP continued to support sensitization of judges and judicial officers on HIV, TB, human rights and the law. Building on the experience of the Africa Judges Forum supported by UNDP, the Judges' Forum for Eastern Europe and Central Asia was convened by UNDP in collaboration with the Supreme Court of Tajikistan and brought together over 100 participants. As a direct result, courts in Tajikistan and Ukraine have institutionalized national judges' fora to strengthening the rule of law and protecting the rights of key populations, people living with HIV and people affected by TB. UNDP also developed the first ever regional compendium of HIV-related cases.
94. UNDP, in partnership with the Office of the High Commissioner for Human Rights (OHCHR), supported various national human rights institutions to continue implementing their mandates of monitoring and addressing human rights violations during the COVID-19 pandemic. Countries supported included Nepal, Sierra Leone and Zimbabwe.
95. UNDP, in collaboration with the Secretariat and other Cosponsors, provided policy and programme support to the implementation of the Global Fund strategy objective on removing human rights barriers, including support to the Global Fund 20-country Breaking Down Barriers initiative. This was done by supporting country-led Legal Environment Assessments of laws and policies related to HIV and TB, audits, national dialogues, research, ongoing monitoring, and policy papers and guidance notes for rights-based HIV and TB programmes.
96. The co-conveners of the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, working with civil society, supported stakeholders to apply lessons from the HIV response to efforts addressing the COVID-19 pandemic and to ensure that such responses do not adversely affect people living with HIV and key populations.

INVESTMENTS AND EFFICIENCIES

97. Through the SDG 3 Global Action Plan for healthy lives and well-being for all, UNDP better positioned itself and other global health organizations to fund and efficiently implement their HIV response. UNDP is co-leading the plan's accelerator on determinants of health with UN Women and participating in the Equity Cluster and sustainable financing accelerator. UNDP has advanced

partnerships and defined programmatic support on health taxes, defined focus areas of support for gender, inclusion and rights, including in relation to COVID-19 vaccine equity. Analysis of determinants of health has also been advanced in national socioeconomic responses, as have recovery plans to strengthen COVID-19 response and recovery efforts—including through innovative health financing strategies.

98. There are concerns about corruption in health services, procurement processes and the management of funds in both the emergency response and recovery phases of the COVID-19 pandemic. Prior to the COVID-19 pandemic, research showed that corruption in the health sector causes global losses of over US\$ 500 billion per year. The Organization for Economic Co-operation and Development estimates that up to US\$ 2 trillion of procurement costs could be lost to corruption. To help build global consensus and spur governments to take appropriate anti-corruption measures in the health sector, UNDP, WHO, the Global Fund and the World Bank, are working together under the Alliance for Anti-Corruption, Transparency and Accountability in Health. The Alliance is working with governments and communities globally to institutionalize appropriate anticorruption mechanisms in the COVID-19 health response.

CONTRIBUTION TO THE COVID-19 RESPONSE

99. The swiftness and scale of its response to COVID-19 demonstrated UNDP's agility. By providing digital support, UNDP helped the governments of 82 countries to keep functioning remotely. It mobilized or repurposed nearly US\$ 1 billion to assist partners in over 140 countries and territories and leveraged its Global Fund partnership, its crisis management expertise, and its strong ties with local governments and community-level organizations to get help where it was most needed.
100. Since the start of the COVID-19 pandemic, the Global Fund has introduced various flexibilities and funding streams to support the response, making up to US\$ 1 billion available. At the end of 2020, UNDP, together with other agencies, helped countries reprogramme US\$ 8.4 million from existing grants in 10 countries and access US\$ 35.1 million in additional funding through the COVID-19 Response Mechanism to be channelled through existing grants in 16 countries. UNDP also supported the procurement of essential health products, equipment and supplies in support of country responses to COVID-19 for a total of US\$ 190 million. The additional funding has enabled UNDP to support COVID-19 responses, ensure the continuity of essential services, and provide critical support to communities and the most vulnerable people.

101. UNDP is an active steering committee member of the COVID-19 Technology Access Pool, led by the WHO and the Government of Costa Rica, and co-sponsored by over 40 countries. UNDP and WHO partnered with the United Nations Technology Bank, and the United Nations Conference on Trade and Development on the Tech Access Partnership to increase local production of essential health technologies, like masks and ventilators, in low- and middle-income countries.
102. There are many examples highlighting UNDP's work with partners to minimize COVID-19-related disruptions and ensure continuity of HIV testing and treatment services at country level.
- In Djibouti, working with community-led organizations and volunteers to deliver treatment at home for patients unable to leave their homes.
 - In Sudan, working with WFP and the Ministry of Health to provide larger stocks of ARVs and laboratory supplies to certain hard to reach areas in anticipation of disruptions to national supply chains and transportation. Using WFP trucks, 17 containers of HIV and TB medicines and laboratory supplies were delivered to provide five-months of supplies to Sudan's eight most in-need states: Kassala, Gedarif, South, North and West Kordofan, Blue Nile, Sennar and East Darfur.
 - In Egypt, using digital technology to conduct a survey among people living with HIV to assess stigma in health-care settings and the socioeconomic impact of COVID-19. The assessment is part of a regional exercise to shed light on special vulnerabilities among key populations and people living with HIV.
 - In Kyrgyzstan, opening of shelters for people living with HIV and key populations to ensure social support as well as a continuation of treatment in collaboration with UNAIDS Secretariat.
- Providing networks of people living with HIV with IT equipment and dedicated resources for legal support to report human rights violations (Djibouti); creating an online platform to report rights violations (Kyrgyzstan).
 - Deploying mobile clinics and teams of doctors and peers to bring services to clients, including medicines, testing and food support (Kyrgyzstan and Iran).
 - Further strengthening of diagnostic capacity of countries at central and regional level, which also proved critical in the COVID-19 response.
103. UNDP addressed the challenges of COVID-19 by supporting the adaptation of service delivery—for example, new and mobile testing points, digital tools and home tests in countries, including Cuba, Iran, Kyrgyzstan, Uzbekistan; provided safe spaces for accessing prevention for gay and other men who have sex with men and trans people in challenging operational environments; training and education of service delivery personnel on COVID-19 safety protocols and distribution of personal protective equipment among key population users of prevention services. UNDP also partnered with the UNAIDS Secretariat in ensuring that in the Dominican Republic, Guyana and Haiti COVID-19 relief actions include LGBTI+ communities and supported studies on COVID-19 on LGBTI+ persons in Barbados, Grenada, the Dominican Republic, Guyana, and St. Lucia.
104. In July 2020, leveraging their HIV experience, UNDP, WHO, UNAIDS Secretariat and the O'Neill Institute for National and Global Health Law at Georgetown University launched the COVID-19 Law Lab. This initiative gathers and shares law and policy documents from over 190 countries to support the establishment and implementation of evidence- and rights-based legal frameworks for COVID-19 responses. It includes state-of-emergency declarations, quarantine measures, disease surveillance, other public health measures, such as wearing masks and physical distancing, and access to health technologies.

KNOWLEDGE PRODUCTS

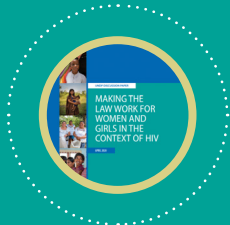


HIV, HEALTH AND DEVELOPMENT GROUP ANNUAL REPORT 2019–2020.

The report includes an overview of UNDP's HIV and health portfolio



GENDER-BASED VIOLENCE AND COVID-19.



MAKING THE LAW WORK FOR WOMEN AND GIRLS IN THE CONTEXT OF HIV.

This publication proposes steps which governments, civil society, UN entities and other stakeholders can take to make the law work for women and girls' empowerment and gender equality in the context of HIV.



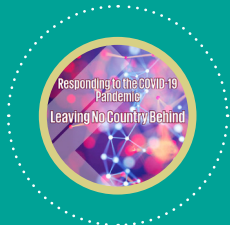
RESPONDING TO NONCOMMUNICABLE DISEASES DURING AND BEYOND THE COVID-19 PANDEMIC.

This brief provides guidance for governments, policymakers, UN agencies and development partners to address noncommunicable diseases (NCDs) as an integral part of the COVID-19 response.



RIGHTS IN A PANDEMIC – LOCKDOWNS, RIGHTS, AND LESSONS FROM HIV IN THE EARLY RESPONSE TO COVID-19.

This document outlines 10 immediate areas for action for governments towards building effective, rights-based COVID-19 responses.



RESPONDING TO THE COVID-19 PANDEMIC: LEAVING NO COUNTRY BEHIND.

This report highlights that in addition to the risk of leaving behind vulnerable groups within countries, vulnerable countries, too, face the risk of being left behind.



COVID 19 AND HEALTH SYSTEM VULNERABILITIES IN THE POOREST DEVELOPING COUNTRIES.

This brief sketches the possible dimensions of the COVID-19 pandemic crisis and the challenges it represents to the health and socioeconomic response.

UNITED NATIONS POPULATION FUND

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

105. UNFPA strives for a world in which every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. Responding to HIV is a critical element of a comprehensive SRH package and reaching universal access to SRHR is a key contribution to universal health coverage (UHC).
106. The intrinsic connections between HIV and SRHR are elaborated in the Comprehensive Package: SRHR: An essential element of UHC, produced by UNFPA for the Nairobi Summit on ICPD25 in 2019. SRHR is a key delivery platform for HIV prevention and is critical for reaching human rights, gender equality, and health targets for the SDGs.
107. UNFPA works with multiple partners in more than 150 countries to expand the possibilities for women and young people to lead healthy and productive lives, empowering individuals and communities to claim their human rights, and to access the information and services they need without stigma, discrimination or violence. UNFPA supports the most vulnerable and those left furthest behind.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

108. UNFPA works with governments, partners and other UN agencies to directly tackle many of the SDGs—in particular SDG 3 on health, SDG 4 on education and SDG 5 on gender equality. These contributions and higher-level results are highlighted in an online *Decade of Action report*.¹⁵
109. During the first year of implementation of UNFPA's new Strategic Plan (2018–2021), the foundation was laid for supporting achievement of the SDGs under the umbrella of universal access to SRH through focusing on three transformative results by 2030: (a) ending preventable maternal deaths; (b) ending unmet need for family planning; and (c) ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. UNFPA in eastern and southern Africa has a fourth transformative result in ending sexual transmission of HIV. UNFPA also co-convenes the Global HIV Prevention Coalition.

¹⁵ <https://www.unfpa.org/sdg>

KEY UNFPA RESULTS IN 2018–2020



160 000
maternal deaths averted



367 000
new HIV infections averted



58.7 MILLION
unintended pregnancies averted



16 300 000
sexually transmitted infections averted

KEY UNFPA ACHIEVEMENTS FOR ADOLESCENT AND YOUTH EMPOWERMENT, 2020



LOGISTIC INFORMATION SYSTEM
52 countries had a logistic management system reaching the last mile



MARGINALIZED GIRLS
2.2 million marginalized girls reached by life skills programmes



IN-SCHOOL SEXUALITY EDUCATION
41 countries operationalized school-based comprehensive sexuality education curriculum



OUT-OF-SCHOOL SEXUALITY EDUCATION
35 countries delivered out-of-school comprehensive sexuality education



POLICY
In 76 countries, at least two sectors apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth



PARTICIPATION
83 countries had institutional mechanisms for the participation of young people in policy dialogue and programming

HIV EVALUATION

110. In 2020, an evaluation of UNFPA's contribution to the HIV response (2016–2019) was completed along with the management response. The need for stronger engagement in the HIV agenda across the organization was highlighted, and the evaluation offered timely insights toward the development of UNFPA's Strategic Plan 2022–2025 and a new HIV strategy. This includes the recognition that linking and integrating SRHR, HIV and gender-based violence services is an effective approach to meeting the needs of the most vulnerable and key populations, including supporting countries to scale integration nationally.

WORK WITH YOUTH AND ON COMPREHENSIVE SEXUALITY EDUCATION

111. The UNFPA-led report, *International technical and programmatic guidance on out-of-school comprehensive sexuality education*,¹⁶ provides guidance on delivering

out-of-school CSE to specific groups of children and young people. The report recognizes that many children and young people may belong to one or more groups, including: girls and boys separately; young people with disabilities; young people in humanitarian settings; indigenous young people; young LGBTI+ people; young transgender people; young intersex people; young people living with HIV; young people who use drugs; young people who sell sex; and young people who are in detention.

112. UNFPA Tunisia, in partnership with the Arab Institute for Human Rights and The Tunisian Association of Reproductive Health, set up an experts' committee on CSE to develop a reference that aligned with internationally agreed standards. In Zambia, UNFPA, working in close collaboration with the Ministry of General Education and implementing partners, supported the capacity of 618 teachers to effectively deliver CSE at classroom level, including CSE training in UNFPA supported provinces.

¹⁶ <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>

KEY POPULATIONS

113. A total of 49 UNFPA Country Offices worked with key populations to support community-based and led programming, with 25, including work with sex worker communities, and 19 with LGBTI+ people. Well-established programmes had wide reach. For example: 120 000 people from key populations were reached in Uganda, 57 532 people from young key populations were reached in Ethiopia, and 44 162 were reached in Sudan. In Zimbabwe, 2,171 sex workers were reached, as were 5,557 in Kenya and 5,000 in Malawi, while in Zambia, 2,384 people from key populations were reached.
114. The implementation of key population programmes was disrupted due to COVID-19. Innovative programmes were developed using online, digital, and electronic media to continue to spread messages for key populations and in-person community visits were suspended. In eastern Europe and central Asia, a regional hotline was set up to provide information and services to people living with HIV and key populations affected by COVID-19. Livelihood support in the form of novel income generating schemes and direct food assistance was trialled in Argentina, Bangladesh, Indonesia and Myanmar. Some country offices were able to continue their strategic initiatives. For example, assistance was provided to the Jamaica Ministry of Health to develop a comprehensive health strategy for transgender persons. In Viet Nam, guidance was provided on sex work legislation. Countries such as Georgia and Kazakhstan undertook research to tailor and adapt programmes for specific key populations.
115. UNFPA continued working closely with global key population networks, including the Global Network of Sex Worker Projects, Global Action for Gay Men's Health and Rights (MPact), and Innovative Response Globally for Trans Women and HIV. Collaboration included advocacy support for sex workers' rights, including sexual health and well-being webinars, and during international AIDS and other conferences. UNFPA also hosted dialogues with LGBTI+ youth advocates and scholars to highlight their work, including challenges and partnerships.

CONDOMS AND OTHER REPRODUCTIVE HEALTH COMMODITIES

116. In 2020, the number of countries receiving condoms from UNFPA decreased. There were 13 fewer countries receiving male condoms and eight fewer countries receiving lubricants. The number of condoms procured by UNFPA in 2020 dropped by 44%. Factors influencing this decline included funds available from Global Fund grants expiring in 2019, which were used to secure large volumes of condoms, as well as effects on condom production and shipping due to COVID-19. Nonetheless, condom distribution potentially averted around 3.6 million STIs, more than 82 000 HIV infections and more than 2.3 million unintended pregnancies.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN HUMANITARIAN SETTINGS

117. In 2020, UNFPA approved emergency fund proposals from country offices to respond to the SRHR and gender-based violence needs of people living in fragile settings or affected by humanitarian crises. UNFPA procured and delivered supplies worth of US\$ 19.4 million to 53 countries to support life-saving emergency obstetric and new-born care, clinical management of rape, voluntary family planning, prevention of HIV and the treatment of STIs. Most approved emergency fund proposals included procurement of inter-agency reproductive health kits for crisis situations that meet HIV-related objectives.

ENDING GENDER-BASED VIOLENCE AND ALL HARMFUL PRACTICES

118. Through UNFPA work, integrated quality SRHR and gender-based violence essential services for survivors and vulnerable groups were scaled up, referral pathways were mapped and a directory of community-based gender-based violence services was developed to support community outreach campaigns—for example, in Malawi and Uganda. Standard operating procedures for gender-based violence prevention and response were clarified for various actors and coordination structures, and referral mechanisms were put in place, including in Malawi, Niger and Nigeria. In the context of increasing gender-based violence due to COVID-19, UNFPA supported adaptations to ensure ongoing service access, including virtual referrals, multidisciplinary mobile teams, telehealth and remote services. Guidance was provided to global joint programmes addressing gender-based violence and harmful practices, including the European Union (EU)-UN Spotlight Initiative, the essential services package for women and girls subject to violence, and programmes on the elimination of female genital mutilation and gender-biased sex selection.

HUMAN RIGHTS

119. UNFPA published the global data for SDG 5.6.1 and 5.6.2 for the first time, showing that, on average, countries have achieved 87% of enabling laws and regulations for HIV counselling and testing services, 91% for HIV treatment and care services, and 96% for HIV confidentiality. The data indicate that increasing levels of education have the greatest effect on women's decision-making on sexual and reproductive and rights.

HIV INTEGRATION

120. UNFPA supported the development of integrated SRHR services that were tailored for different populations and community groups. For example, in India community-based service providers were assisted to deliver SRHR services for sex workers. In Iran, UNFPA supported the establishment and

KEY UNFPA ACHIEVEMENTS IN GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN, 2020



ACCESS TO SERVICES

930 351 women and girls subjected to violence accessed essential services



DISABILITY

13 166 disabled women and girls subjected to violence accessed essential services



CHILD MARRIAGE

1.7 million girls who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage



REPRODUCTIVE RIGHTS

63 countries had a platform of dialogue for reproductive rights



SOCIAL NORMS

3 244 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms



MEN AND BOYS

36 countries have a national mechanism to engage men and boys in advancing gender equality and reproductive rights



HARMFUL PRACTICES

12 949 communities made public declarations to eliminate harmful practices



GENDER-BASED VIOLENCE

51% of countries in humanitarian crisis has a functioning inter-agency gender-based violence coordination body under the leadership of UNFPA



HARMFUL PRACTICES

31 countries had costed national action plan to address harmful practices

operation of “Women’s Centres” to provide integrated SRH services for sex workers and other vulnerable and marginalized women. In Cuba, adolescent SRH services were tailored for different young key population groups. In several countries, UNFPA supported the roll-out of cervical cancer services, including for women living with HIV. For example, in Nigeria,

integrated cervical cancer and HIV services were showcased as part of a broader integrated noncommunicable disease programme. In Botswana, human papillomavirus self-sampling was launched for improved detection of women at high risk for cervical cancer, leading to improved referral for women diagnosed with human papillomavirus.

KEY UNFPA ACHIEVEMENTS IN UTILIZING INTEGRATED SRH SERVICES IN 2020



SEXUAL AND REPRODUCTIVE HEALTH PLAN

53 countries have a national and reproductive health plan prioritizing services for marginalized people



INTEGRATED SERVICES

109.5 million women and young people reached with integrated sexual and reproductive health services

CONTRIBUTION TO THE COVID-19 RESPONSE

121. At the global and regional levels, UNFPA is part of the coordinated UN response under the Inter-Agency Standing Committee COVID-19 Global Humanitarian Response Plan. The Plan assists development and humanitarian actors, youth-led organizations, and young people themselves across sectors. Technical briefs and a series of Webinars were developed on the continuity of SRH services in the context of COVID-19, which included HIV prevention.
122. Around a third of UNFPA Country Offices re-programmed to respond to COVID-19. Activities included key population assessments such as in Georgia (in partnership with the Global Fund/NCDC and Tanadgoma), strategies to care for returnees in Venezuela (with UNAIDS Secretariat), and integration of Risk Communication and Community Engagement (RCCE) on COVID-19 into SBCC activities in Zimbabwe. In Nicaragua, UNFPA contributed to the continuity of SRH services, including HIV prevention, care and mobilization leading to a US\$ 440 000 donation to the Nicaraguan Ministry of Health. In partnership with regional youth-led movement, Teenergizer, UNFPA addressed the impact of COVID-19 on youth health, well-being, and agency within their own families.

CASE STUDY: THE UGANDA CONDOM PROGRAMME

123. The Government of Uganda endorsed the National Comprehensive Condom Programming Strategy and operational plan 2020–2024. It aligns with UNFPA and UNAIDS global guidance focusing on people-centred condom programming. The strategy defines clear target audiences for triple protection, identifies strategic shifts from focusing on commodity distribution to rights-

based access, from public free condoms to total-market approaches, and from population-based forecasting estimates to data-driven commodity quantification and programme management.

124. Uganda, with UNFPA support, prepared and submitted a successful new Global Fund funding request for HIV and TB. The proposal featured several catalytic grants, including one on condom programming amounting to US\$ 2.5 million to support noncommodity procurement programming anticipated to boost condom use outcomes. A total of 196 million male and 1.4 million female free-to-user condoms were procured and received at national level.
125. Uganda launched the second national condom demand generation campaign in 2020 that was led by and targeting young people through the Uganda Network of Young People living with HIV/AIDS. More than 1,000 young people shaped the campaign strategy, communication materials and led implementation. The campaign reached up to 4 million people, including 1.9 million young people who were reached through face-to-face interactions.
126. The Uganda Ministry of Health introduced the One-Warehouse, One-Health Facility policy, which disrupted the condom alternative distribution mechanism and ultimately the expansion of the Condom Logistics Information Management System. Nonetheless, the latter system's protocol was repackaged to track condom last-mile distribution from health facilities to the end-users, with a focus on targeted population groups.
127. UNFPA and partners developed innovative approaches for improving access to condoms during the COVID-19 lockdown. Working with a private sector motorcycle taxi organization, Safe Boda, up to two million condoms were delivered to community peer distributors. In addition, an e-shop for reproductive health commodities, including condoms was designed into the Safe Boda app, allowing their clients to order and receive condoms.



478 000
health workers trained in 61
countries to respond to the
COVID-19 pandemic



2.5 MILLION
migrants/internally displaced
persons/refugees accessed
sexual and reproductive
health services



506 000
women and girls subjected
to violence accessed mental
health and psychosocial
support services



640 422
women benefited from
sexual and reproductive health
services in humanitarian
settings



71%
of countries included the
health needs of older persons
into their national COVID-19
response plans



\$ 29 MILLION
worth of personal protective
equipment was delivered to
102 countries



86%
of countries included
gender-based violence in
their national COVID-19
response plans



83%
of countries included sexual
and reproductive health in
their national COVID-19
response plans



3 350
women's organizations were
empowered in 70 countries
to respond to the COVID-19
pandemic



1 503
youth organizations were
empowered in 66 countries
to respond to the COVID-19
pandemic

KNOWLEDGE PRODUCTS



CONDOMS AND LUBRICANTS IN THE TIME OF COVID-19:

This brief for country condom programme managers and experts provides a summary of relevant actions to sustain supplies of male condoms, female condoms and lubricants, and to adjust approaches for condom promotion during the time of COVID-19.



GUIDANCE NOTE FOR APPLYING A HUMAN RIGHTS-BASED APPROACH TO PROGRAMMING:

This publication provides the organization with a clear and comprehensive direction for its human rights-based work to support efforts in elevating the centrality of rights and choices. The Guidance is built around three key components for action by countries with the support of UNFPA: Equality & Non-discrimination, Quality and Accountability.



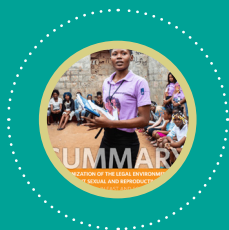
INTERNATIONAL TECHNICAL AND PROGRAMMATIC GUIDANCE ON OUT-OF-SCHOOL COMPREHENSIVE SEXUALITY EDUCATION: AN EVIDENCE-INFORMED APPROACH FOR NONFORMAL, OUT OF SCHOOL PROGRAMMES:

This Guidance builds upon and complements the International Technical Guidance on Sexuality Education (ITGSE) by providing evidence- and practice-informed guidance specifically for programmes that deliver CSE out of school, and programmes that seek to address the needs of specific groups that are unlikely to be addressed in CSE programmes for children and young people generally.



COVID-19: WORKING WITH AND FOR YOUNG PEOPLE:

This guidance note is meant to assist humanitarian actors, youth-led organizations, and young people themselves across sectors, working at local, country, regional, and global levels in their response to the novel coronavirus pandemic. Youth living with HIV may be at heightened risk due to weakened immune systems and disruptions of their treatment regimens, while deprivations caused by the COVID-19 virus may increase the risk of HIV transmission, especially for girls.



HARMONIZATION OF THE LEGAL ENVIRONMENT ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN EAST AND SOUTHERN AFRICA:

The study reviews the laws, policies and related frameworks in 23 countries in East and Southern Africa (ESA) that create either impediments to, or an enabling environment for, adolescent sexual and reproductive health and rights.

UNITED NATIONS OFFICE ON DRUGS AND CRIME

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO THE BROADER AGENCY MANDATE

128. The United Nations Office on Drugs and Crime (UNODC) promotes human rights-based, public health-focused and gender-responsive HIV prevention, treatment and care services for people who use drugs and people in prisons. It provides technical assistance to Member States on HIV in full compliance with the relevant declarations, resolutions and decisions adopted by the General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and the Criminal Justice and the PCB of UNAIDS.
129. 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 for people in prisons and other closed settings. The strategic approach of UNODC is based on focusing efforts and programme delivery in high-priority countries selected in consultation with national stakeholders, including civil society and community-based organizations. The selection process takes into consideration several criteria, including epidemiological data and country readiness to support policy and legislative environments. This allows for essential services, including needle and syringe programmes, opioid substitution therapy (OST), condom programmes and ART, and addresses the resource environment, including international and domestic funding and human resources.
130. In 2020, UNODC supported 24 high-priority countries in the development and implementation of comprehensive evidence-informed, and gender- and age-responsive strategies and programmes among people who inject drugs based on the WHO, UNODC and UNAIDS comprehensive package of HIV prevention, treatment and care services. UNODC also supported 35 high-priority countries in developing, adopting and implementing strategies and programmes on HIV prevention, treatment and care in prisons, as well as in improving linkages of prison health facilities with community health-care centres. The approach is based on the UN Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and in line with the UNODC, ILO, UNDP, WHO, UNAIDS and UNFPA *Technical brief on HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions*, which was updated in 2020.
131. In 2020, UNODC and its partners continued to engage national policymakers, drug control agencies, prison administrations, public health authorities, justice authorities, CSOs (including representatives of people who use drugs), and the scientific community in an evidence-informed dialogue on HIV, drug policies and human rights. This multistakeholder dialogue helps to identify ways in which drug policies can be strengthened to protect the right of people who use drugs for HIV-related health care, including in prisons and other closed settings. UNODC advocated for the removal of legal barriers hindering access to HIV services, including needle and syringe programmes, OST and condom distribution programmes in prisons, and supported the adaptation of national standard operating procedures for HIV testing services in prison settings. Targeted training and technical assistance for the review, adaptation, development and implementation of relevant legislation, AIDS strategies, policies and programmes was also provided.
132. Jointly with national and international partners, UNODC supported Member States in effectively addressing HIV at the sixty-third sessions of the Commission on Narcotic Drugs, and the twenty-ninth session of the Commission on Crime Prevention and Criminal Justice. During these sessions and intersessional meetings, efforts were focused on removing legal and COVID-19-related barriers hindering access to key HIV harm reduction services—particularly needle and syringe programmes and OST, as well as condom programmes in prisons.
133. In 2020, UNODC continued to contribute to the work of the Global HIV Prevention Coalition, contributing to organizing and participating in the “HIV Prevention with Key Populations, Deep Dives Series”, and chairing the session on “Planning for sustainable HIV prevention responses with Key Populations”.
134. As the Joint Programme's convening agency for HIV among people who use drugs and people in prison, UNODC engaged in the development of the *Global AIDS strategy 2021–2026*. In this context, UNODC organized a focus group discussion on HIV in prisons and, jointly with UNDP, WHO, UNFPA and UN Women, a focus group discussion on justice and law enforcement responses.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

135. UNODC supports the development and implementation of public health-centred, nondiscriminatory HIV programmes for people who use drugs and people in prisons. This is achieved through the promotion of regional and international cooperation towards more equitable drug policies and a concerted, evidence-based response to HIV prevention, treatment and care.
136. UNODC aligns with the objectives outlined within the SDGs, particularly SDG 3 and its target 3.3, which focuses on ending the AIDS epidemic as a public health threat by 2030. In 2020, UNODC continued to fast-track its global HIV responses across a number of SDG areas, including: implementing HIV services which are gender responsive (SDG 5); advocating for equal access to HIV services for people who use drugs and people in prisons that are human rights and public health-based (SDG 10); promoting the elimination of all forms of discrimination against people who use drugs and people in prisons (SDG 16); and, teaming up with governments and communities to achieve major reductions in new HIV infections and AIDS-related deaths among the key populations (SDG 17).
137. UNODC and its partners continued to advance global dialogue on, and advocacy for, gender-responsive HIV programmes and equitable access to HIV prevention, treatment and care services for women who use drugs, women in prisons, and for female sexual partners of men who inject drugs. In 2020, UNODC, in collaboration with its partners, initiated the development of measures for monitoring epidemiological trends in vertical transmission in prisons as well as the availability of services provided to prevent such transmission. These joint efforts contribute to improving country capacity for the implementation and provision of the prevention of mother to child transmission (PMTCT) services for women and their children in prisons, and allowing women in prison settings to get access to essential preventative and care services.
138. UNODC developed the *Technical guide on prevention of mother-to-child transmission of HIV in prisons* jointly with WHO, UNFPA, UN Women, and the UNAIDS Secretariat, and supported its dissemination through the implementation of Train the Trainer workshops in 21 countries from July 2019 to November 2020—including prison populations in their efforts to eliminate vertical transmission of HIV. The training activities strengthened national commitments to identifying and addressing gaps in health-care provision for women in prisons, including PMTCT, and improved collaboration between prisons and public health systems.
139. UNODC, jointly with WHO, UNICEF, UNFPA, UN Women, UNAIDS Secretariat, and the International Network of People who use Drugs, developed a technical brief entitled *HIV Prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs*¹⁷. This technical guide supports countries in providing high quality HIV and sexual and reproductive health services to women who use drugs and to ensure the elimination of new HIV infections among women and their children.
140. UNODC, in partnership with ILO, WHO, UNFPA, UNAIDS Secretariat and UNDP, published a 2020 updated technical brief—*HIV prevention, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions*—which is designed to support countries in mounting an effective response to HIV in prisons and other closed settings. The brief features updated interventions, including sexual and reproductive health and prevention and the management of drug-related overdose among people in prison and upon release. It was launched at a global virtual event organized jointly with co-sponsors, on “Promoting the Right to Health for People in Prison”, which was held to commemorate World AIDS Day 2020.
141. Jointly with WHO and UNAIDS Secretariat, UNODC published a Technical Guide entitled *HIV prevention treatment care and support among people who use stimulant drugs* to provide guidance on implementing HIV, hepatitis C and hepatitis B programmes for people who use stimulant drugs. To support the rollout of the guide in 2020, UNODC adapted training packages to provide workshops virtually in Viet Nam, Afghanistan and central Asia.
142. UNODC studied the area of new psychoactive stimulant use in six countries of eastern Europe and central Asia to develop a comprehensive HIV response that respects the health needs of this population and that improves reach of HIV testing and ART services. A needs assessment study and an e-guide on HIV prevention were developed on treatment targeting people who use NPS and service providers, to increase awareness and extend their capacity.
143. UNODC continued to provide technical support to Member States and civil society in implementing comprehensive human rights-based, public-health focused and gender-responsive HIV services for people who use drugs. In Pakistan and Egypt, after years of sustained UNODC advocacy with government agencies, implementation of OST was approved in 2020. This led to the development of an implementing action plan and the design of OST pilot interventions. In Viet Nam, UNODC in cooperation with UNAIDS Secretariat, successfully advocated for the initiation of the take-home OST programme (methadone) after securing Ministry of Justice approval in April 2020. Subsequently, further joint support to the Ministry of Health led to the development of standard operating procedures and training materials to guide the implementation

¹⁷ https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/21-01324_PMTC_ebook_rev.pdf

of take-home dose methadone in three provinces. It is anticipated that other provinces will follow.

144. Jointly with WHO, UNAIDS Secretariat, World Bank, the Global Fund, PEPFAR, and other partners, UNODC contributed to strengthening the existing database on people who inject drugs, including further harmonizing methodological guidance for data collection, monitoring and evaluation of HIV services for this population. The established interagency collaboration in strategic information and production of jointly reviewed estimates have improved global understanding of the quality of current prevalence estimates of injecting drug use and prevalence of HIV among people who inject drugs. This collaboration further helped to identify country-specific technical assistance needs. The joint estimates were published in the UNODC world drug report 2020.
145. Across all sectors of the HIV response, community empowerment and ownership have resulted in a greater uptake of HIV prevention and treatment services, as well as a reduction in stigma and discrimination and the protection of human rights. Communities are central to ending AIDS, and community-led successes must be sustained and extended in most parts of the world, based on assessments of needs and gaps. With the objective of cultivating a mutually supportive network of CSOs devoted to HIV prevention, treatment and care among people who use drugs and for prison populations, UNODC Global Programme continued to support the long-standing civil society groups on drug use and HIV and established the first-ever informal global network of CSOs working on HIV in prisons in 2020.
146. To empower CSOs, including community-based organizations, to develop and implement quality HIV prevention, treatment and care services for people who use drugs and people in prison, UNODC initiated a grants programme in 2020. Through this programme, UNODC provided funding support to nine proposals from organizations worldwide, to implement projects in three thematic areas: HIV among people in prison; HIV among people who use drugs; and HIV and law enforcement. Activities funded by these grants will be implemented in 2021.

CONTRIBUTION TO THE COVID-19 RESPONSE

147. People who use drugs are vulnerable to COVID-19 due to underlying health issues, stigma, social marginalization and increased economic and social vulnerabilities—including a lack of access to housing and health care. Prison environments are highly conducive to the transmission of certain diseases. COVID-19 transmission risk is heightened in overcrowding settings with poor ventilation. Despite international standards stating that people in prison have the right to health following the same standards as other members of society—and access to health-care services without discrimination on the grounds

of their legal status—infection control measures and health services in prisons in some countries are inadequate.

148. UNODC, in consultation with WHO, UNAIDS Secretariat and civil society, developed technical guidance documents and infographics on prevention and care for HIV, TB, viral hepatitis and COVID-19, for people who use drugs and people in prison. These materials are publicly available and have been translated and adapted to the national contexts of all UNODC high-priority countries for drug use and HIV and people in prisons.
149. In collaboration with WHO and UNAIDS Secretariat, UNODC conducted five regional webinars for decision makers and stakeholders to share their experiences and best practices on providing continued access to life saving HIV services for people who use drugs and people in prison, while also implementing COVID-19 prevention and control measures. In collaboration with WHO and Medicines du Monde, UNODC organized five thematic webinars for service providers to support their efforts to operate the HIV services for people who use drugs in the context of the COVID-19 pandemic.
150. UNODC supported countries in their efforts to prevent and control COVID-19 in prisons and other closed settings through the procurement of hygiene materials and personal protective equipment for people living and working in prisons—for example, in Moldova, Mozambique, Myanmar, Nigeria, Pakistan, Uganda and Zambia. In addition, to mitigate the risk of COVID-19 transmission in prison settings, UNODC advocated for reducing overcrowding and promoted alternatives to incarceration measures—for example, in Malawi, Moldova, Myanmar and Zambia—in line with the national policies governing public health and safety.
151. Jointly with WHO, UNAIDS and the OHCHR, UNODC issued a Joint Statement on COVID-19 in prisons and other closed settings. This called on Member States to ensure at all times the security as well as the health, safety and human dignity of people deprived of their liberty and of people working in places of detention.
152. UNODC assisted countries to ensure continued access to harm reduction services, including OST, through the implementation of innovative alternatives to traditional harm reduction services—for example, in Belarus, Kenya, Nigeria, Ukraine and Viet Nam—and the implementation of OST take-home dosages—for example, in Kenya, Moldova, and Viet Nam.
153. UNODC provided technical assistance to law enforcement agencies and respective ministries in the context of COVID-19, emphasizing the necessity to continue providing services and commodities for people with specialized needs. Efforts were made to sensitize lawmakers and law enforcement officials to human rights-related barriers associated with accessing HIV services, for example in Myanmar and Tajikistan.

KNOWLEDGE PRODUCTS



TECHNICAL GUIDE ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV IN PRISONS.

UNODC developed this technical guide jointly with WHO, UNFPA, UN Women and the UNAIDS Secretariat which provides guidance on implementation of HIV services for women and their children in prisons towards ensuring access to high-quality HIV and SRHR services in prisons.



TECHNICAL BRIEF 2020 UPDATE. HIV PREVENTION, TREATMENT, CARE AND SUPPORT IN PRISONS AND OTHER CLOSED SETTINGS: A COMPREHENSIVE PACKAGE OF INTERVENTIONS.

This technical brief is designed to support countries in mounting an effective response to HIV and related infections in prisons and other closed settings.



UNODC, WHO, UNAIDS AND OHCHR JOINT STATEMENT ON COVID-19 IN PRISONS AND OTHER CLOSED SETTINGS.

The leaders of global health, human rights, and development institutions, come together to urgently draw the attention of political leaders to the heightened vulnerability of prisoners and other people deprived of liberty to the COVID-19 pandemic, and urge them to take all appropriate public health measures in respect of this vulnerable population that is part of our communities



COVID RESPONSE:

Technical guidance materials developed by UNODC are available on UNODC web site and are translated and adapted in all UNODC High Priority Countries for drug use and HIV



ADDRESSING THE SPECIFIC NEEDS OF WOMEN WHO USE DRUGS: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, HEPATITIS B AND C AND SYPHILIS:

The purpose of this technical brief is to provide guidance for the provision of equitable, evidence-informed and human-rights-based services for PMTCT of HIV, hepatitis B and C and syphilis among women who use drugs, and to support countries in their efforts towards EMTCT.

UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

154. The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), responds to HIV is through transforming unequal power relations between women and men and influencing the governance of the HIV response to:

- ensure national HIV policies, strategies, budgets and monitoring and evaluation frameworks are informed by sex- and age-disaggregated data and gender analysis;
- support the leadership of women and girls in all their diversity, living with and affected by HIV, to meaningfully engage in decision-making at all levels; and
- scale up what works to tackle the root causes of gender inequality, including by mainstreaming HIV in efforts to end violence against women, promote women's economic and legal empowerment, and eliminate stigma and discrimination that deter women from seeking and accessing life-saving HIV services.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

155. UN Women was established to accelerate progress on meeting the needs of women and girls. SGD 5, achieving gender equality and the empowerment of all women and girls, is fundamental to delivering on the promise of Agenda 2030 for Sustainable Development and other SDGs. UN Women's work is fully aligned and anchored in the Agenda's principles and the SDGs framework. And while UN Women invests heavily in achieving SDG 5 and all its targets, achievement is intrinsically linked to progress towards all other SDGs,

including the SDG target of ending AIDS by 2030, which reinforces the need for a multisectoral HIV response. While SDG 5 is a goal in its own right, it is also a vehicle for upholding a key principle of the Agenda 2030, which is to leave no one behind.

156. Both the the *UNAIDS Strategy 2016–2021 and the new Global AIDS strategy 2021–2026*, acknowledge SDG 5 as central to the HIV response and to ensuring that women and girls meaningfully engage and are empowered to prevent HIV and mitigate its impact. In its work on HIV, UN Women supports Member States in accelerating progress towards achieving SDG 5 as a critical enabler and contributor to achieving SDG 3—especially the target of ending AIDS by 2030—as well as other SDGs critical for the HIV response. Reaching those furthest behind first, particularly women living with HIV and young women and girls, is emphasized.

ENSURING GENDER-RESPONSIVE NATIONAL HIV/AIDS POLICIES, STRATEGIES AND PROGRAMMES

157. UN Women supported Member States to set global standards for achieving gender equality in the context of HIV. Based on the review of the 2020 *Secretary-General's report on women, the girl child and HIV/AIDS*,¹⁸ which was prepared by UN Women, Member States under the leadership of the Southern African Development Community (SADC), unanimously re-affirmed the *CSW 60/2 Resolution on women, the girl child and HIV and AIDS*.¹⁹ UN Women's policy support to SADC in implementing the resolution resulted in piloting of the gender responsive oversight model—a regional framework and programme of action to monitor and oversee the implementation of the Resolution. The model prioritizes tracking efforts to address the root causes that increase the vulnerability of adolescent girls and young women to HIV. To enhance government accountability, it was piloted and locally adapted in Angola, Lesotho, Malawi, Namibia and Zimbabwe.

158. With UN Women's support in 2020, 13 AIDS coordinating bodies increased their knowledge and understanding of the gender dimensions of the HIV epidemic and implemented gender-responsive actions.²⁰ At the global level, UN Women launched a new toolkit

¹⁸ <https://undocs.org/E/CN.6/2020/6>

¹⁹ <http://undocs.org/E/2016/27>

²⁰ Ethiopia, Guatemala, Indonesia, Malawi, Moldova, Mozambique, Nigeria, Rwanda, Tajikistan, United Republic of Tanzania, Uganda, Ukraine and Zimbabwe.

based on award-winning feature film “Pili”, about a woman living with HIV from the United Republic of Tanzania. The film was led by a female director, female producer, and predominantly female cast.²¹ The toolkit is designed to enhance the knowledge of policy makers and programme implementers on issues faced by women living with HIV, existing HIV response gaps, and actions required to address the gaps and challenges.

159. In Zimbabwe, UN Women created and sustained a platform for dialogue between duty-bearers and rights-holders, which helped women living with HIV to influence the country’s new *HIV/AIDS Strategic Plan for 2021–2025*. Financing for gender issues within the HIV response was increased with an allocation of US\$ 20 million being provided through the Government’s grant from the Global Fund for programming to meet the needs of young women and girls in the context of HIV. UN Women also increased the capacity and expertise of the national AIDS council to implement SASA!, to prevent violence against women and HIV as part of the Global Fund grant.²² Across 15 districts, more than 30 000 women and men were reached with information and services on preventing and responding to HIV and violence against women.

PROMOTING LEADERSHIP OF WOMEN, PARTICULARLY YOUNG WOMEN AND GIRLS, LIVING WITH HIV

160. UN Women promoted the leadership and empowerment of women living with HIV across 34 countries²³ with more than 28 000 women living with HIV directly benefiting. This support resulted in increased advocacy skills and opportunities, expanded access to decision-making spaces, and improved uptake of HIV treatment and care services and livelihood support. In Indonesia, UN Women facilitated women’s engagement with the Ministry of Health, which led to the new National AIDS Strategy prioritizing actions to end discrimination against women living with and affected by HIV. In Tajikistan, UN Women advocated for a woman living with HIV to chair a working group to develop the new National HIV Programme for 2021–2025. The Programme included actions to address the prevention of cervical cancer and violence against women living with HIV.



©UN Women. Social media launch of the UN Women’s Making the HIV response work for women through film: Toolkit for Action

161. To address the HIV crisis among young women and adolescent girls, UN Women supported the engagement and empowerment of young women and girls as an HIV prevention strategy and to support their abilities to mitigate its impact. In South Africa, with UN Women’s support, young women organized themselves into the Young Women for Life Movement²⁴ which has grown to 2,035 members and reached thousands of other young women with information about HIV prevention, treatment and care services.
162. At the global and regional level, together with UNAIDS Secretariat, UNFPA, UNESCO and UNICEF, UN Women co-convenes the “Education Plus” joint initiative.²⁵ The initiative, an intergenerational dialogue with young women that is co-hosted by the co-conveners, helped shape the collaboration and developed a set of policy recommendations by young feminists for a mechanism for young women’s engagement in the initiative’s design.

SHIFTING UNEQUAL GENDER NORMS TO IMPROVE ACCESS TO HIV SERVICES FOR ALL

163. UN Women scaled up evidence-based interventions to transform unequal gender norms across 15 countries²⁶, supporting the prevention of violence against women, as well as enhancing women and men’s access to HIV prevention, treatment, and care services, and reducing gender-based stigma and discrimination. UN Women’s “HeForShe” community-based initiative engaged 115 000 women and men in South Africa in dialogues around unequal gender norms, violence against women, and HIV prevention. In two years, 62%

²¹ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/making-hiv-response-work-for-women-through-film.pdf?la=en&vs=2122>

²² SASA! is a community mobilization approach developed by Raising Voices to prevent violence against women and HIV by addressing imbalance of power between men and women, boys and girls.

²³ Argentina, Bolivia, Burundi, Cambodia, Cameroon, Central African Republic, Côte D’Ivoire, Egypt, Ethiopia, Ghana, Guatemala, Haiti, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Moldova, Mozambique, Myanmar, Nepal, Nigeria, Papua New Guinea, Rwanda, Senegal, South Africa, South Sudan, Tajikistan, United Republic of Tanzania, Uganda, Ukraine, Viet Nam and Zimbabwe.

²⁴ <https://www.unwomen.org/en/news/stories/2020/11/feature-south-africa-young-women-lead-hiv-and-violence-prevention>

²⁵ <https://www.unwomen.org/en/news/stories/2020/10/op-ed-joint-support-african-girl-leaders-to-beat-aids>

²⁶ Botswana, Burundi, Ethiopia, Fiji, Ghana, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Papua New Guinea, Sierra Leone, South Africa, Uganda, Zimbabwe.

of those who were engaged in the dialogues opted for HIV testing and were linked to HIV treatment and care as needed. SASA! Faith²⁷, which was piloted in Kenya with support from the UN Trust Fund to End Violence Against Women, led to improved women and men's access to HIV testing and couples counselling, access to HIV treatment and care, and a 59% reduction in HIV-related stigma and discrimination towards women living with HIV. In Tajikistan and Uganda, UN Women developed digital apps together with, and for, women living with and affected by HIV. In Uganda, a new app²⁸ helps young women and girls access accurate information to help them make informed choices about their sexual and reproductive health, including HIV prevention and accessing HIV testing and treatment services.

164. As a co-convenor of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, UN Women partnered with the International Community of Women Living with HIV-Eastern Africa. Approaches to addressing HIV-related stigma and discrimination against women within the context of the COVID-19 pandemic were piloted in Senegal, South Africa and Uganda. As a member of the Government technical working group on human rights in Uganda, ICW-EA influenced the development of the national plan on human rights, including a strong focus on reducing gender-based stigma and discrimination. Actions prioritized in the national plan have informed Uganda's funding request to the Global Fund and the U.S. Government's PEPFAR Regional Planning meeting. ICW-EA piloted a community-led scorecard in 56 districts in Uganda, and the findings have been relayed to district leaders to accelerate elimination of HIV-related stigma and discrimination against women.

CONTRIBUTION TO THE COVID-19 RESPONSE

165. Due to the rise of violence against women and girls in the context of COVID-19, UN Women has been advocating for domestic violence services and shelters to be regarded as 'essential' to ensure safe passage for women survivors of violence to access such services. In Côte D'Ivoire, UN Women's partnership with the national network of women living with HIV ensured that female sex workers could access gender-based violence services, with links to HIV testing, treatment and care services. In Sierra Leone, UN Women

helped the Ministry of Health to establish five additional district-level "One Stop Centres" where survivors can access health, legal and psychosocial counselling, including HIV testing and post-exposure prophylaxis.

166. UN Women empowered women living with HIV across 26 countries to access and disseminate personal protective equipment and reliable and accurate information about COVID-19. Through the initiative, 10 000 women living with HIV and members of their households in Mozambique benefited from safety kits. Women living with HIV in Tajikistan responded to the COVID-19 crisis and absence of basic personal protective equipment by manufacturing face masks and managed to supply more than 23 000 masks in a short period of time²⁹.

167. In the context of continuous disruption to HIV prevention and treatment services due to COVID-19, together with other UN partners, UN Women advocated for uninterrupted access to HIV treatment for women living with HIV. As a result, in Thailand, safer access to ART was achieved through dispensing three-to-six-month doses, reducing the need to visit health facilities. In Malawi and Uganda, people living with HIV in many marginalized communities could not adhere to their treatment due to fear of stigma. UN Women procured bicycles for networks of women living with HIV and young people living with HIV, to deliver life-saving HIV treatment to the remote communities.



©UN Women. Sarah Baloyi, one of the leaders of the Young Women for Life Movement group in Mamelodi Township

²⁷ SASA! Faith, developed jointly by Troicare and Raising Voices, is an adaptation of the SASA! community-based initiative for use by religious communities.

²⁸ <https://play.google.com/store/apps/details?id=com.ESolutionsUG.UNYPA.quiz>

²⁹ <https://www.unwomen.org/en/news/stories/2020/6/feature-tajik-businesses-run-by-women-living-with-hiv-supply-key-protective-gear>

CASE STUDY: YOUNG WOMEN LEADING HIV AND VIOLENCE PREVENTION

168. Almost one-fifth of people living with HIV globally, reside in South Africa. In 2019, women accounted for the majority of new HIV infections in the country, with adolescent girls and young women aged 15–24 comprising 78% of all new HIV infections among young people. Unequal gender norms, discrimination, and violence against women and girls, undermine efforts to prevent HIV and access HIV services.
169. Karabo Chabalala (28) and Sarah Baloyi (26), two young women from a township in Gauteng, South Africa—became involved in UN Women’s “HeforShe” community-based initiative in 2019. The initiative aims to improve attitudes and behaviours around gender-based violence and HIV, and through their involvement, they became “changemakers” in their community.
170. Led by the Southern Africa Catholic Bishops Conference, in partnership with UN Women, the “HeforShe” dialogues have engaged 115 000 men and women across seven districts of five South African provinces since 2018. The dialogues are coordinated by 151 trained women and men “changemakers”, including young women. They are equipped with knowledge on HIV and violence prevention, the importance of HIV testing and adhering to treatment, responsible sexual behaviour, and on how socioeconomic factors drive HIV infections among men and women.
171. To increase the uptake of HIV testing, the changemakers partnered with 20 local HIV counselling and testing clinics across participating districts. They also facilitated outreach for HIV testing at community and church events and developed a referral system. In two years, the “HeforShe” dialogues have resulted in 62% of those engaged getting an HIV test (47% women and 53% men), and all who needed treatment were linked to HIV treatment and care.
172. Due to COVID-19, people living with HIV and people at higher risk of HIV infection are facing life-threatening disruptions to health services. Inspired by the positive impact of UN Women initiative in communities, young women like Chabalala and Baloyi founded the national Young Women for Life Movement. With more than 2 000 members, and support from the SACBC, the group monitoring the proceedings of 30 cases of sexual and gender-based violence and 17 cases of femicide in the justice system, as well as supporting the families of survivors. The group also play a crucial role in organizing food supply drives and delivery of ARVs to the most vulnerable households in their communities during COVID-19 lockdown periods.

KNOWLEDGE PRODUCTS



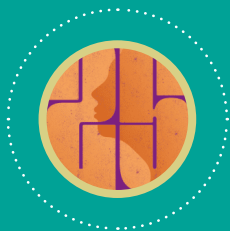
GENDER EQUALITY AND HIV/AIDS WEB-PORTAL.

UN Women continues to update its Gender Equality and HIV/AIDS web-portal. The web portal contains cutting-edge research, training materials, advocacy tools, current news, personal stories, and campaign actions on the gender equality dimensions of the HIV epidemic.



A TOOLKIT FOR ACTION: MAKING THE HIV RESPONSE WORK FOR WOMEN THROUGH FILM.

UN Women partnered with the producer of the feature film 'Pili' to develop A Toolkit for Action: Making the HIV response work for women through film. Based on the film, which is about a woman living with HIV from The United Republic of Tanzania, the Toolkit aims to support national efforts in identifying key issues women living with and affected by HIV face and actions that are required to address these challenges and existing gaps in the HIV response.



REVIEW OF THE UN SYSTEM'S SUPPORT FOR IMPLEMENTATION OF THE BEIJING PLATFORM FOR ACTION AND THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT.

UN Women supported the United Nations Inter-Agency Network on Women and Gender Equality in its Review of the UN system's support for implementation of the Beijing Platform for Action and the 2030 Agenda for Sustainable Development. The report showcases key actions systematically undertaken by 51 UN entities in support of the achievement of gender equality and the empowerment of women and girls, identifying entities' priority areas for the next five years, and providing recommendations for the way forward, including in the context of HIV/AIDS.



SPOTLIGHT ON GENDER, COVID-19 AND THE SDGS.

UN Women's Spotlight on gender, COVID-19 and the SDGs brings together the evidence on the gendered impact of the pandemic, highlights potential and emerging trends, and reflects on the long-term impact of the crisis on the achievement of the 2030 Agenda for Sustainable Development, including in relation to the SDG 3 and its target on ending AIDS.



VOICES OF WOMEN'S ORGANIZATIONS ON COVID-19.

UN Women's Voices of Women's Organizations on COVID-19 highlights the specific risks and challenges that women and girls, including those living with and affected by HIV, face as a result of the COVID-19 pandemic in Europe and Central Asia, and offers the solutions to adjust COVID-19 measures in a gender-responsive manner to reflect women's differentiated experience.



GENDER ASSESSMENT OF THE NATIONAL HIV/AIDS RESPONSE.

UN Women and the UNAIDS Secretariat supported the Tanzania Commission for AIDS in conducting the Gender Assessment of the National HIV/AIDS Response that provides a solid basis for designing solutions to address the HIV epidemic using a gender lens in order to achieve epidemic control with zero discrimination, zero new HIV infections and zero AIDS-related deaths.

INTERNATIONAL LABOUR ORGANIZATION

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

173. The International Labour Organization (ILO) is devoted to promoting social justice and internationally-recognized human and labour rights, and to pursuing its founding mission that social justice is essential for universal and lasting peace. Its mandate is to promote decent work for all workers, regardless of where they work.
174. HIV is an aspect the ILO's focus on the health and well-being of workers. Within the context of HIV, the ILO supports Member States to scale up comprehensive HIV programmes that address prevention, treatment, care and support through a wide range of actions and across several development areas.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

175. The importance of decent work in achieving sustainable development is highlighted in SDG 8 which aims to “promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”. SDG 8 will not be achieved without a healthy workforce. Promoting the health and safety of workers has been part of the ILO's mandate since its foundation.
176. As a result of the inclusion of significant components of the ILO's Decent Work Agenda in the integrated and transformative framework of the 2030 Agenda, the ILO plays a full and active role in the implementation of the SDGs. An ILO-wide effort ensures that it plays a strong role through the UN team at country, regional and global levels to provide well-integrated policy advice and effective development cooperation programmes that are built on a normative system and on tripartite working methods.

INTEGRATION OF HIV INTO ALL ASPECTS OF ILO'S WORK

177. The framework for the ILO's work around HIV integration explicitly calls for measures to address HIV as part of national development policies and programmes, including policies related to labour, education, social protection, poverty

reduction strategies, income-generation strategies, social security systems, private insurance and other schemes, occupational safety and health structures and programmes, among others.

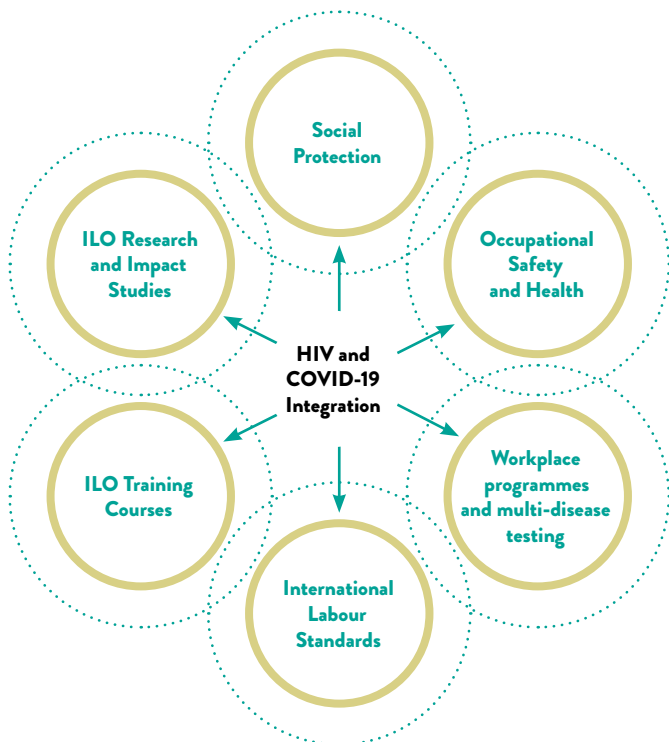
178. The updated ILO Strategy on HIV and AIDS—*ILO's response to HIV and AIDS: Accelerating progress for 2030*—was adopted by the ILO governing body in 2019, embracing a twin-track approach which synergistically combines HIV-specific actions with HIV integration into the broader development mandate of the ILO. The Strategy commits to promote HIV integration across the wider scope of the ILO's work with special emphasis on areas such as social protection, multidisease HIV testing, labour standards, labour migration, gender equality, occupational safety and health, wellness workplace programmes, LGBTI+ issues and ILO training courses among others.
179. The ILO Programme and Budget 2020–2021 comprises eight mutually reinforcing policy outcomes, with HIV issues integrated into outcome six on *gender equality and equal opportunities and treatment for all in the world of work* with the inclusion of two indicators that explicitly mention HIV. The integrated nature of the indicators facilitates HIV integration across several areas of work, including but not limited to programmes addressing the needs of adolescent girls and young women, LGBTI+ people, indigenous and tribal people, and people with disabilities. The crosscutting nature of outcome six also means that HIV is integrated into other outcomes.
180. In western and central Africa, capacity development webinars on HIV-sensitive social protection were conducted for 240 national partners from diverse groups, including civil society, academia, networks of people living with HIV and international development partners by UNAIDS Secretariat, ILO, WFP, UNICEF and World Bank. As a direct result of the tailored webinars, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Nigeria, Senegal and Togo were prioritized for focused action in 2021.
181. A study on medical insurance coverage for people living with HIV in selected multinational insurance companies in Malaysia explored the reasons for and consequences of a lack of coverage of people living with HIV in private health insurance. The report identified good practices for private health insurance coverage for people living with HIV and highlighted policy recommendations regarding people living with HIV.
182. The ILO strategically shifted the focus of HIV workplace programmes to wellness and well-being programmes which address a broader range of health-related issues. Similarly, the

VCT@WORK Initiative has been situated within the context of multidisease testing initiatives which provide workers with opportunities to screen for TB, blood pressure, cholesterol levels, body mass index and blood sugar, among others. The integration of HIV programmes into health programmes, provides the added value of reducing the stigma often associated with standalone HIV programmes, while increasing appeal for workers.

- 183. The ILO has supported HIV integration into work on improving occupational safety and health in hospitals and health facilities in some HIV Fast-Track countries. Capacity has been built in more than 200 hospitals in Africa and Asia.
- 184. The ILO integrates HIV into ILO Courses at the global, regional and country levels. For example: Decent Work and the 2030 Agenda for Sustainable Development; the International Academy on the transition to the formal economy; the International Labour Standards Academy for Judges; the Global Gender Academy; and SDGs and Decent Work.

CONTRIBUTION TO THE COVID-19 RESPONSE

- 185. The COVID-19 pandemic in 2020 prompted the ILO to find opportunities and synergies for HIV and COVID-19 integration across a wide range of health and development programmes—particularly focusing on protecting the gains in the HIV response and mitigating the impact of COVID-19 on vulnerable workers. There are six focal areas where HIV and COVID-19 are integrated: social protection; occupational safety and health; HIV workplace programmes and multidisease testing; international labour standards, ILO training courses and research and impact studies.



SOCIAL PROTECTION SCHEMES

- 186. Social protection is an indispensable part of the coordinated policy response to the COVID-19 crisis. The ILO intensified its efforts to support Member States in their efforts to design and implement and adapt flexible social protection measures to address the social and economic effects of the COVID-19 pandemic. In 2020, at the global level, the ILO and partners issued global guidance and calls to countries to ensure that ongoing social protection initiatives meet the needs of people living with HIV. Tailored support was provided to 63 countries to scale up social protection coverage for vulnerable populations, including, in some cases, people living with HIV and affected by HIV.
- 187. UNAIDS, ILO, WFP, UNICEF, UNESCO, UNODC, UNHCR and UN Women issued a call to Governments to strengthen HIV-sensitive social protection in response to the COVID-19 pandemic. Countries were requested to enhance the responsiveness of their social protection systems to address basic and changing needs and vulnerabilities, with specific mention of people living with at risk of and affected by HIV, including key populations, young people, women and girls, people with disabilities, refugees, asylum seekers, migrants, and populations in a state of food insecurity, malnourishment and in humanitarian settings. A *Joint Statement on the role of social protection in responding to the COVID-19* was issued by the ILO and World Bank-led Social Protection Interagency Cooperation Board, calling on governments to support vulnerable populations, including people living with HIV.
- 188. In Malawi, the ILO conducted transformational leadership in social protection trainings for 300 policy makers from Government, civil society and media to enhance the capacity of the Ministry of Gender, Community Development and Social Welfare to develop a strategy for social cash transfer targeted at orphans and other vulnerable children. Working with other UN agencies, ILO in Zambia supported the provision of emergency cash transfers to informal and low-income workers (including persons with disabilities and people living with HIV) who have lost income and employment or been forced on leave due to the financial impact of COVID-19.

MULTIDISEASE TESTING PROGRAMMES

- 189. To better protect workers and preserve the hard-won gains in the HIV response, the ILO provided COVID-19 prevention support to workplaces. To facilitate the implementation of wellness programmes, ILO guidelines published in 2020 included: *Health & Wellness@Work guidelines for an integrated health testing approach to the VCT@WORK initiative*; *ILO COVID-19 Action checklist for the construction industry*; *ILO COVID-19 Checklist for health facilities*; and *ILO checklist on prevention of COVID-19 in the mining sector*, among others.

190. Partnerships with national actors and trade unions in Kenya enabled the UNAIDS Secretariat, WHO and ILO to reach more than 3,000 workers and key populations with HIV testing services and commodities. The STAR initiative enabled the ILO and UNAIDS Secretariat to partner with the Ministry of Health, Population Services International and national nongovernmental organization partners in Mozambique to promote HIV testing in four provinces and to support training and distribution of HIV self-test kits through the Business Coalition Associations Against AIDS. The VCT@WORK initiative in the Russia Federation prioritized seminars on strengthening HIV workplace programmes for health experts. Materials and guidelines were developed to support VCT@WORK campaigns. In 2020, a total of 190 467 took the HIV test and a total of 33 611 HIV self-testing kits were distributed as part of the broader VCT@WORK Initiative.

STUDIES ON THE IMPACT OF COVID-19 ON POPULATIONS AFFECTED BY HIV

191. The ILO undertook a global study, *Youth & COVID-19: Impacts on jobs, education, rights and mental well-being*, in 112 countries in partnership with the Global Initiative on Decent Jobs for Youth to better understand the impact of COVID-19 on young people aged 18–29 years. One in six youth reported having stopped work since the COVID-19 pandemic, with half experiencing anxiety and depression over their job situations. In China, the ILO, UNAIDS Secretariat, UNFPA, WHO, other UN agencies and the Women’s Network against AIDS, conducted a joint study on HIV and poverty, including in relation to HIV. In India, an online socioeconomic impact study on COVID-19 and key populations was undertaken by ILO, UNAIDS Secretariat and partners.

INTEGRATION INTO INTERNATIONAL LABOUR STANDARDS

192. HIV is integrated into the ILO Recommendation concerning HIV in the world of work. In 2019, the Member States of the ILO adopted the ILO Convention on the elimination of violence and harassment in the world of work, including protection against violence and harassment for people living with HIV, LGBTI+ people, sex workers, migrant workers and other vulnerable and marginalized people. In 2020, the ILO provided support to around 40 countries to support the process of ratification of the *Convention on eliminating violence and harassment in the world of work*. In 2021, the ILO issued policy guidelines on *12 ways in which the Convention on violence and harassment can support the COVID-19 response* and additional guidelines were issued on *addressing stigma and discrimination in the COVID-19 response, key lessons from the response to HIV and AIDS*.

INTEGRATION AND OCCUPATIONAL SAFETY AND HEALTH PROGRAMMES

193. In 2020, to make the health-facility focused WHO and ILO HealthWISE tool more relevant, an additional checklist on protecting health personnel during the COVID-19 pandemic was compiled in consultation with WHO and with support from the Multi-Partner Trust Fund of the joint ILO, OECD and WHO programme working group for Health. The tool now addresses HIV, COVID-19 and other health issues.

INTEGRATION AND ILO TRAINING COURSES

194. In 2020, the ILO started developing two online courses on eliminating violence and harassment in the world of work and a self-learning online course on VCT@WORK, which integrate HIV and will be launched in 2021. The ILO and the Pandemic Resilience Accelerator for African Health-Related Businesses—founded by the African Union Development Agency—established an expert advisory group to facilitate webinars on occupational safety and health, COVID-19, HIV and TB. The group delivered 12 online courses between April and July 2020 for more than 1,000 senior officials from all 55-Member States in the Africa region.

CASE STUDY: HIV INTEGRATION INTO ECONOMIC EMPOWERING PROGRAMMES WITH NETWORKS OF PEOPLE LIVING WITH HIV TO MITIGATE THE IMPACT OF THE COVID-19 PANDEMIC

195. The majority of people living with HIV are of working age and most are engaged in the informal economy, which has been severely disrupted by the COVID-19 pandemic. The ensuing economic malaise has disproportionately affected informal economy workers and has disrupted their livelihoods. People living with HIV are at risk of being left further behind.

196. To mitigate the devastating impact of COVID-19 on people living with HIV in Zambia, the ILO provided financial and technical support to the Network of Zambian People living with HIV to start a hand sanitizer income generation project, following WHO guidelines for the local production of hand sanitizer. To establish market linkages for the product, the ILO involved the Zambia Federation of Employers in marketing the sanitizer to its members, with other marketing strategies also being undertaken by the network. A proportion of sales revenues were targeted towards households of people living with HIV. This includes nearly two-thirds of households (60%) that are female-headed. Beneficiaries who wanted to start small businesses were trained in entrepreneurship skills using the ILO GET Ahead Module.

197. The initiative has created jobs for people living with HIV and supported the distribution of some income to households of people living with HIV who were negatively affected by disruptions in informal work due to COVID-19. Part of the profit was re-invested into the income-generation activity. An initial 210 households and 1,260 beneficiaries received an emergency cash transfer. Through this initiative, the Network of Zambia People living with HIV + has built its capacity in business management and marketing skills.

198. Through the initiative, participants developed and improved skills transferable to other entrepreneurial activities, improving capacity for independence through business activities. The desire of the network to remain self-sufficient provides inspiration and impetus to engage in other income-generating activities. The main challenge was the costs of reagents and availability of packing materials, while the fluctuating Zambian currency was a limitation.

KNOWLEDGE PRODUCTS



COVID-19 AND THE WORLD OF WORK: ENSURING NO ONE IS LEFT BEHIND IN THE RESPONSE AND RECOVERY.

This brief is part of a series on leaving no one behind in the context of COVID-19 and the world of work. It provides an overview of specific groups that risk being left behind: people with disabilities, indigenous and tribal peoples, people living with HIV, and migrant workers.



COVID-19 AND THE WORLD OF WORK: A FOCUS ON PEOPLE LIVING WITH HIV.

Part of the ILO series on leaving no one behind in COVID-19 and the world of work, this brief describes the impact of the pandemic on people living with HIV and makes recommendations for a COVID-19 response and recovery in the world of work that is inclusive of people living with HIV.



ADDRESSING STIGMA AND DISCRIMINATION IN THE COVID-19 RESPONSE: KEY LESSONS FROM THE RESPONSE TO HIV AND AIDS.

Stigma and discrimination manifest differently in different contexts and for different populations, yet some aspects remain constant. Useful lessons have been learned in the HIV response that could be applied to the COVID-19 response.



ILO VIOLENCE AND HARASSMENT CONVENTION, 2019 (NO. 190): 12 WAYS IT CAN SUPPORT THE COVID-19 RESPONSE AND RECOVERY.

This note highlights the relevance of the ILO Violence and Harassment Convention, 2019 (No. 190) to the current COVID-19 pandemic. It provides examples of work-related violence and harassment that have been reported across countries in the context of Covid-19 and mentions specific provisions of Convention No. 190 and its accompanying Recommendation No. 206 that can help prevent and address those situations.

KNOWLEDGE PRODUCTS



FAMILY-FRIENDLY POLICIES AND OTHER GOOD WORKPLACE PRACTICES IN THE CONTEXT OF COVID-19: KEY STEPS EMPLOYERS CAN TAKE.

This interim guidance note, developed in a fast-evolving situation, builds on material developed by UNICEF and the ILO. It provides general recommendations that aim to help employers strengthen support for workers and their families.



UNAIDS, ILO, UNICEF AND COSPONSORS CALL ON GOVERNMENTS TO STRENGTHEN HIV-SENSITIVE SOCIAL PROTECTION RESPONSES TO THE COVID-19 PANDEMIC.

This document is a call to action for governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic. It highlights the need for integrated and targeted measures to support vulnerable populations.



GUIDELINES FOR AN INTEGRATED HEALTH TESTING APPROACH UNDER VCT@WORK.

These guidelines, developed as part of the ILO's ongoing Voluntary Counseling and HIV Testing for Workers (VCT@WORK), will help in adopting a more integrated approach to health, as recommended by the Sustainable Development Goal 3. An integrated approach will help in reducing stigma associated with HIV testing; and will enable workplaces to implement an overall health and wellness approach.



COVID-19 AND MINING: PREVENTION AND CONTROL CHECKLIST.

This checklist is a tool to help implement and continuously improve practical actions to prevent and mitigate the spread of COVID-19 in mining Source:



COVID-19 AND HEALTH FACILITIES: CHECKLIST OF MEASURES TO BE TAKEN IN HEALTH FACILITIES.

This checklist applies the ILO-WHO HealthWISE participatory, action-orientated approach to prevent COVID-19 infection in health facilities and protect health personnel.

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

199. As one of the six founding UNAIDS Cosponsors, the United Nations Educational, Scientific and Cultural Organization (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 Member States to advance young people's health and well-being, including HIV.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

200. In 2016, UNESCO launched its *Strategy on education for health and well-being*, which is aligned to the UNAIDS Fast-Track Strategy and to the SDGs, with a specific focus on the mutually reinforcing linkages between SDG 4 on education, SDG 3 on health, and SDG 5 on gender equality. Priorities for UNESCO's work over the 2016–2021 period include:

STRATEGIC PRIORITY 1: ALL CHILDREN AND YOUNG PEOPLE BENEFIT FROM GOOD QUALITY COMPREHENSIVE SEXUALITY EDUCATION

- Preventing HIV and other sexually transmitted diseases
- Promoting awareness of HIV testing, knowing one's status, and HIV treatment
- Strengthening puberty education
- Preventing early and unintended pregnancy
- Developing attitudes, values and skills for healthy and respectful relationships

STRATEGIC PRIORITY 2: ALL YOUNG PEOPLE HAVE ACCESS TO SAFE, INCLUSIVE, HEALTH-PROMOTING LEARNING ENVIRONMENTS

- Eliminating school-related violence and bullying, including based on gender, gender identity and sexual orientation
- Preventing health- and gender- related discrimination towards learners and educators
- Increasing awareness of the importance of good nutrition and quality physical education
- Preventing use of harmful substances

COMBINATION PREVENTION AND YOUNG PEOPLE

201. In 2020, UNESCO supported more than 80 countries in their efforts to implement and scale-up good quality HIV and CSE, reaching more than 28 million learners in sub-Saharan Africa with strengthened access to CSE through the landmark "Our Rights, Our Lives, Our Future" programme.
202. UNESCO worked with ministries of education and other partners to support the uptake of the *UN international technical guidance on sexuality education*, which it had produced with UNFPA, WHO, UNAIDS Secretariat, UN Women and UNICEF in 2018.
203. To further CSE implementation, in 2020, UNESCO launched an online toolkit on CSE programme implementation—a regional CSE Learning Platform to facilitate knowledge exchange and learning across countries in Africa—and an updated version of the *Sexuality Education Review and Analysis Tool*. UNESCO also contributed to the development of an important companion piece to the technical guidance, the *International technical and programmatic guidance on out-of-school comprehensive sexuality education*, led by UNFPA.
204. Building on the historic 2013 commitment to CSE by Ministers of Health and Education in eastern and southern Africa, UNESCO is leading a process to develop a post-2020 commitment. UNESCO, UNFPA and partners are supporting countries to develop a similar regional commitment for educated, healthy and thriving adolescents and young people in western and central Africa. Another key development in 2020 was the launch of a new companion project to the "Our Rights,

Our Lives, Our Future” programme, “O3 Plus,” which is focused on scaling up efforts to meet the unmet needs for CSE and access to SRH services in higher and tertiary education institutions in Zambia and Zimbabwe.

205. In eastern and southern Africa, UNESCO developed a regional coaching and mentorship strategy to facilitate ongoing teacher support, and in western and central Africa, it supported the development of an online teaching and learning platform in Cameroon, an online teacher training module in Nigeria, the development of CSE competency frameworks in Côte d’Ivoire, and validation of 12 student manuals and three teacher’s guides in the Democratic Republic of the Congo. In China, UNESCO worked with the Ministry of Education to integrate CSE and strengthen the national health education curriculum framework. In Armenia, UNESCO provided technical assistance to develop new educational standards for HIV and health, including sexuality education, and through UNESCO, UNFPA and WFP joint advocacy, the government retained HIV and health education in the new school curriculum and expanded it across all grades.
206. To advance understanding of the state of sexuality education globally, UNESCO developed a milestone 2020 Global Review through a survey tool implemented in 60 countries and involving interviews with stakeholders to inform country case studies. The review builds on a regional status review of school-based CSE conducted in 2019–2020. UNESCO also conducted a situational analysis on CSE and SRH services covering 24 countries in western and central Africa, developing 24 country fact sheets.
207. An international symposium exploring sexuality education in the digital space entitled “Switched on”, was organized by UNESCO and UNFPA in Istanbul in 2020, in partnership with the International Planned Parenthood Federation and the Federal Centre for Health Education. Youth engagement supported strong social media results, with a potential reach of 2.1 million people on Twitter and including 143 000 views of social media graphics on Weibo.
208. UNESCO’s Institute for Information Technologies in Education has been at the forefront of innovative multimedia approaches to HIV and sexuality education. About 2 million young people in eastern Europe and central Asia improved their knowledge on HIV and SRH issues through various digital platforms, including through a new artificial intelligence (AI)-powered chatbot “ELI”. With UNESCO support, the regional youth network “Teenergizer” rolled out a new online sexuality education programme comprising five sessions on topics such as HIV, STIs, contraception, violence and relationships.
209. To reach young people, especially during times of school closures, UNESCO supported the development of a series of “edutainment” videos and in China, with Marie

Stopes International, UNESCO supported the translation and adaptation of 62 short videos on CSE for Chinese adolescents to support an online learning project. UNESCO also provided technical support to a pilot CSE programme for students with disabilities and is adapting 24 videos into sign language. In Kyrgyzstan, 50 videos on HIV and healthy lifestyle education were developed for the national educational platform and a YouTube channel for teachers to organize distance or classroom-based lessons.

210. In 2020, in western and central Africa, UNESCO and partners launched the “Hello Ado” app. In addition to providing information on health, puberty, gender and other issues, the app lists health services available to young people that are closest to their location. UNESCO and partners have already mapped nearly 3,000 SRH, protection and legal support services in Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, the Democratic Republic of the Congo, Gabon, Mali, and Senegal. “Hello Ado” also contributed to the COVID-19 response with school-related and health tips, including on HIV prevention.

HIV PREVENTION AMONG KEY POPULATIONS

211. UNESCO supported Member States to provide more inclusive education for all learners, including to prevent, address, and monitor school violence and bullying, inclusive of sexual orientation and gender identity and expression. The UNESCO report, *Out in the open*, notes that school violence and bullying is experienced in some countries by up to 85% of LGBTI+ learners, as well as non-LGBTI+ identifying learners perceived to be not conforming to gender norms. Without responsive action, this leads to school drop-out and loss of protective impacts on health, including HIV.
212. On 5 November 2020, UNESCO commemorated the first International Day against Violence and Bullying at School, including Cyberbullying. A virtual conference in partnership with the French Ministry of Education, Youth and Sport marked the occasion. Featuring youth testimonials, a UNESCO animated video, commitments from policy makers, and a statement by the First Lady of France, it attracted more than 75 000 views. In Mexico, UNESCO held an event to raise awareness of harassment and violence in the lives of students before and during the COVID-19 pandemic. In China, the launch of a bullying prevention program was supported by Tsinghua University and a company promoting holistic development of adolescents, Talent Cradle Edu. A posting on the *People’s Daily* at Sina Weibo attracted more than 45 million views and 25 000 comments.
213. In Kazakhstan, Kyrgyzstan and Ukraine, UNESCO and UNAIDS Secretariat supported the youth empowerment programme, Journey4Life’s move to online training sessions, reaching more than 1 000 young people.

Through the UNESCO Institute for Information Technologies in Education and UNAIDS, in cooperation with AIDS Foundation East-West country offices, more than 70 trained champions for peer education and more than 1,000 young people were reached.

214. To strengthen knowledge and evidence on school violence and bullying, and its drivers, UNESCO continued to support the use of the SDG Thematic Indicator 4.a.2 through its Institute for Statistics to measure safe, nonviolent, inclusive, and effective learning environments using data from existing school-based surveys to determine the “Percentage of students who experienced bullying during the past 12 months, by sex”.

GENDER EQUALITY AND GENDER-BASED VIOLENCE

215. In 2020, UNESCO supported the inception of the “Education Plus” initiative, which is co-convened with UNAIDS, UNFPA, UNICEF and UN Women. The initiative seeks to address the unacceptably high and disproportionate rate of HIV among adolescent girls and young women in sub-Saharan Africa through high-level advocacy to promote universal access to quality secondary education, including CSE, and a “plus” package of empowerment interventions that young women need to build healthy, vibrant futures.
216. UNESCO co-chairs the Global Working Group to End School-Related UN Nations Girls’ Education Initiative. Work on sexual and gender-based violence includes the “Connect with Respect” curriculum, which supports teachers to prevent and address sexual and gender-based violence. The curriculum was piloted in seven countries in Africa and Asia. In Eswatini, “Connect with Respect” increased knowledge and understanding of gender and social norms, and positively influencing gender attitudes and behaviours of learners. The programme also positively influenced teachers’ professional practices, with some reporting deeper introspection, and abandoning practices such as corporal punishment, threatening and name calling. In Zambia, “Connect with Respect” had a significant impact on teacher confidence and competence, with more than 87% of the teachers reporting a new and dynamic view of discipline. Students’ attitudes, behaviours and experiences of gender-based violence and help-seeking improved as they gained knowledge about gender-based violence and help-seeking services.
217. In Viet Nam, UNESCO collaborated with the Ministry of Education and Training to develop a gender-responsive counselling training e-course targeting teachers. More than 700 teachers and educational administrators completed the course in the months following its launch. In Togo, UNESCO supported teacher training for nearly 400 teachers in 100 schools to prevent and address sexual and gender-based violence.

CONTRIBUTION TO THE COVID-19 RESPONSE

218. In 2020, UNESCO leveraged its experience to support the education sector response to the COVID-19, co-convening a Technical Advisory Group with WHO and UNICEF, and a research network working group with WHO and Educational Institutions. Technical briefings were developed on learner health and well-being during home learning, and contributions were made to enhanced accessibility of accurate COVID-19 and SRH information through distance learning, radio and TV lessons, videos, podcasts and infographics.
219. UNESCO advanced understanding of the gender dimensions of COVID-19 and preventing and addressing the negative impact of school closures on girls’ health and education, including through international media coverage. A global study on the gender dimensions of COVID-19 was commissioned for publication in 2021.
220. A strategic guidance on gender-responsive COVID-19 planning—Building back equal—was produced through the Global Education Coalition’s Gender Flagship. The guidance was released with the African Union, informed Liberia’s national strategy for girls’ education and Nepal’s back to school planning. A large advocacy campaign, “Keeping girls in the picture”, reached more than 360 million people in 2020, calling for attention to ensuring girls’ continuity of learning through return to school, and that #LearningNeverStops. A special Back to School issue of Gulli MAG, an African weekly magazine, informed by material from the campaign, reached 1.5 million subscribers, and 25 countries in French-speaking Africa. Policy dialogues were also supported.
221. UNESCO launched the “Let’s Talk!” campaign to respond to the high and increasing rates of early and unintended pregnancies, in the eastern and southern Africa region where having ever been pregnant reported by young women aged 15–19 years extends to 25% in Malawi, Uganda, the United Republic of Tanzania and Zambia. Against the backdrop of school closures, UNESCO adapted the campaign to ensure continuous communication on SRHR with young people in their home environments, including through web campaigns encouraging dialogue between parents and adolescents. In Kenya, UNESCO supported the Ministry of Education in the development of *National guidelines for school re-entry in early learning and basic education* and signed a memorandum of understanding with Kenya’s National Council of Population and Development, Plan International and UN Women, to implement a media campaign on the underlying causes of teenage pregnancy and increased gender-based violence due to COVID-19.

COUNTRY CASE STUDY: REACHING YOUNG PEOPLE DURING SCHOOL CLOSURES THROUGH THE POWER OF COMMUNITY RADIO

222. The COVID pandemic has an unprecedented impact on adolescent and young people's sexual and reproductive health, including increased early and unintended pregnancies, HIV and other STI incidence, child marriage and gender-based violence, with lockdowns and school closures removing protective effects. Outside of school, young people can be reached through digital media, though the digital divide remains stark. Many of the hardest-to-reach young people cannot easily engage through digital platforms. Community radio therefore remains a powerful tool to disseminate information, raise awareness and facilitate dialogue within households.
223. UNESCO and other "Let's Talk" campaign partners supported a six-episode radio mini-drama also entitled "Say it Loud", which touched on issues ranging from "The Pressures of Being a Teen: Economic stressors due to COVID-19 leading to increased rates of early and unintended pregnancies, and child marriage," to "Condoms, Come-ons and Complications: Access to sexual and reproductive health services, including contraception," and "Nowhere to Run: Youth mental health". The radio drama was aired on national radio stations in the campaign focus countries, reaching at least 18 million listeners.



224. In Kenya, the campaign was broadcast through 42 community radio stations countrywide, using skits in Kiswahili and other local languages, reaching an estimated 10 million listeners. In the United Republic of Tanzania, broadcasts were made on 46 radio channels, and in Namibia, 4 radio jingles were disseminated through radio programmes reaching the Omusati and Ohangwena regions, where there are high levels of school dropout due to pregnancy. In South Sudan, radio and social media dissemination reached at least 10.9 million people, and in Zimbabwe, an estimated 1.7 million people were reached.

KNOWLEDGE PRODUCTS



SWITCHED ON: SEXUALITY EDUCATION IN THE DIGITAL SPACE, UNESCO 2020.



COMPREHENSIVE SEXUALITY EDUCATION IMPLEMENTATION TOOLKIT.



COVID-19: POLICY BRIEF AND RECOMMENDATIONS "STRENGTHENING EFFORTS TO PREVENT AND RESPOND TO SCHOOL-RELATED GENDER-BASED VIOLENCE AS SCHOOLS REOPEN," SRGENDER-BASED VIOLENCE WORKING GROUP, JULY 2020.



A REPORT INFORMING APPROACHES TO THE PREVENTION OF SCHOOL-RELATED GENDER-BASED VIOLENCE IN EASTERN AND SOUTHERN AFRICA, UNESCO, JULY 2020.



ELI, THE FIRST RUSSIAN-LANGUAGE CHATBOT FOR HEALTH AND WELL-BEING.



UNESCO AND UNAIDS INFORMATION CARDS ON COVID-19.

WORLD HEALTH ORGANIZATION

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

225. The World Health Organization (WHO) aims to ensure that a billion more people access UHC, a billion more people are protected from health emergencies, and a billion more people achieve better health and well-being. As a founding Cosponsor of the Joint Programme, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines, and HIV and TB coinfection.
226. WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission and paediatric AIDS, works with UNFPA on sexual and reproductive health and rights and HIV, and convenes with the World Bank on driving progress towards achieving UHC, including through primary health care. WHO also partners with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.
227. Throughout 2020—with unprecedented and extraordinary challenges due to the COVID-19 pandemic—WHO continued to lead and support the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries; and supporting implementation of the Global Health Sector Strategy on HIV for 2016–2021.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

228. The 2030 Agenda for Sustainable Development views health as vital for the future of the world. With a commitment to achieve SDG 3, which calls on all stakeholders to “ensure healthy lives and promote well-being for all at all ages,” WHO is leading a transformative agenda that supports countries in reaching all health-related SDG targets. By basing WHO’s 13th General Programme of Work on the SDGs, WHO commits to leave no-one behind. The right

to the highest attainable standard of health as expressed in the WHO’s Constitution underpins all WHO’s work, and multisectoral action is the pathway through which WHO contributes to health in all 17 SDGs.

229. WHO leads much of the work towards achieving the health goals and targets of SDG 3: Good health and well-being. In the context of HIV, WHO continued to provide global leadership in driving progress towards the 90–90–90 Fast-Track targets through country support informed by updated WHO normative policies and guidelines, including those on the use of ARVs for HIV treatment and prevention; monitoring and case surveillance; HIV drug resistance; key populations; HIV self-testing and partner notification; differentiated service delivery and managing advanced HIV disease.
230. WHO provided virtual technical assistance and tracked country progress on the implementation of HIV prevention, testing, and treatment policies across age-groups. Progress remains strong and by June 2020, 96% of 137 low- and middle-income countries were following HIV “treat all” guidance, 72% had fully implemented routine viral load testing, 78% had included dolutegravir in first-line ARV combinations and 63% had either implemented or were developing a policy on HIV self-testing.
231. Since 2007, WHO and UNAIDS Secretariat have recommended voluntary medical male circumcision (VMMC) as an important strategy for the prevention of heterosexually acquired HIV in men in settings where the prevalence of heterosexually transmitted HIV is high. More than 25 million men and adolescent boys in eastern and southern Africa have been reached with VMMC services. Even though VMMC services were suspended on the advice of WHO during COVID-19 restrictions, WHO updated earlier recommendations to maximize the HIV prevention impact of safe VMMC services in August 2020.
232. WHO continues to be a key partner in the Global HIV Prevention Coalition, defining the overarching prevention framework and working through 2020 and 2021 on COVID-19 adaptations and ways to ensure that HIV prevention services are maintained. Technical assistance and virtual support, including to the Global Fund, strengthened uptake of PrEP. In 2020, the WHO actively promoted the impact and importance of studies undertaken by the HIV Prevention Trials Network (HPTN 083) on the safety and efficacy of the long-acting injectable ARV cabotegravir (CAB LA), for PrEP in HIV-

uninfected cisgender men who have sex with men and transgender women who have sex with men and later in the year, the HPTN 084 study on the safety and efficacy of CAB LA for PrEP in HIV-negative women.

233. With UNAIDS Secretariat and UNDP, WHO supported the West Africa Health Organization to develop and adopt the 2020–2025 Regional strategy for HIV, TB, Hepatitis B and C and SRHR among key populations in the economic community of West African States, which was approved by the West Africa Assembly of Health Ministers.
234. WHO continues to support efforts to increase the uptake of HIV testing services and expand the use of self-testing, including through the STAR project in Africa and Asia, where a wide range of models have been developed and have demonstrated high acceptability, feasibility and effectiveness, including post-test linkage to care and other services. WHO supported the scale-up of self-testing (following WHO recommendations): more than 90 countries now have a self-testing policy and more than 10 million self-testing kits have been distributed.
235. In April 2020, WHO published the updated *Consolidated HIV strategic information guidelines* which provide essential aggregate indicators and guidance on choosing, collecting and systematically analysing strategic information to manage and monitor the national health sector response to HIV. The guidelines seek to optimize and align national reporting used to assess countries' progress toward the 95–95–95 HIV Fast-Track goals.

INTEGRATING COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND HIV

236. The *Global Strategy to accelerate the elimination of cervical cancer* was launched by WHO in 2020, along with the release of the first estimates of the contribution of HIV to the global cervical cancer burden. Undertaking a public health approach with comprehensive, woman-centred care can help girls and women living with HIV and at risk of human papillomavirus infection, live long, healthy lives. It is vital to engage women and advocate for their care by providing choices and improving access to human papilloma virus vaccination for girls and screening and treatment for women. A WHO Advisory Group of Women Living with HIV, established in 2019, has continued to meet and offer its advice to WHO. A virtual consultation with communities and CSOs was also held prior to a meeting of the WHO Strategic and Technical Advisory Committee on HIV and viral hepatitis and STI experts in 2020.
237. Virtual support was provided to more than 70 countries for developing and submitting funding requests to the Global Fund, and to at least 10 countries for developing their national strategic plans for HIV. With regard to triple elimination, several countries in WHO's Africa Region were supported with the Path to Elimination of HIV and Syphilis initiative. There

was continued and intensive collaboration with PEPFAR and Global Fund on Country Operational Plans and collaborative country support included supporting 46 countries to submit high-quality Global Fund funding requests in 2020.

238. WHO worked on the integration of existing services for noncommunicable diseases and communicable diseases, including in national HIV, TB and sexual reproductive health programmes, coordinating across the health system as a whole. A multidepartmental working group was established and is developing guidance and toolkits to assist countries on which strategic approaches to adopt and how to implement and measure the impact of noncommunicable disease integration in health systems.
239. WHO worked with UNAIDS Secretariat to develop *Considerations for the integration of mental health and HIV programmes and interventions*, to improve adherence to ART and retention in programmes in support of maintaining efficacy of the current treatment regimens and to reduce global HIV drug resistance (HIVDR). WHO has also expanded its network of HIVDR laboratories. As of December 2020, the network includes 34 laboratories globally designated by WHO for HIVDR testing to support surveillance activities in low- and middle-income countries.

THE GLOBAL HEALTH SECTOR STRATEGY ON HIV

240. In January 2021, Executive Board of WHO requested the development of new Global Health Sector Strategies to bridge the gap between 2022 and 2030 and to ensure WHO and Member States meet 2030 commitments on eliminating AIDS and viral hepatitis and controlling STIs as public health threats by 2030. The current Strategy for 2016–2021 promotes synergies, linkages and integration across HIV and with other programme and functional areas of health, and considerable progress has been made in the prioritized areas.
241. Strengthened intersectoral collaboration on tackling HIV has been fostered in the context of the Joint Programme by ensuring links with, and contributions to, a number of WHO-led intersectoral initiatives, including the UHC 2030 Partnership, the Global Action Plan for healthy lives and well-being for all, and more recently, multisectoral efforts focused on the COVID-19 pandemic and its impact.

CONTRIBUTION TO THE COVID-19 RESPONSE

242. Throughout 2020, WHO played a central role in steering the global response to COVID-19 and in mitigating its impact on broader areas of health, including HIV.
243. WHO joined UNAIDS Secretariat, CSOs and others to analyse and track the extent and impacts of COVID-19 on HIV prevention, testing, treatment and care services—

particularly in countries with fragile health systems. Pulse surveys with WHO country offices were undertaken and partnerships, including with the International AIDS Society, were mobilized to share knowledge and evidence on impacts in real time. During the early stages of this new pandemic, it was clear that essential HIV services were disrupted, threatening lives. WHO voiced concerns that any slowing down in provision of essential services would leave many vulnerable populations at greater risk of HIV infection and AIDS-related deaths, also paying tribute to health workers and community representatives who worked tirelessly to keep services going.

244. Reductions in HIV testing compared to the previous reporting period were noted across WHO priority countries. Services relying on community outreach—for example, community testing and VMMC campaigns—were either reduced or suspended for safety reasons. Similarly, access to TB services was compromised due to the reassignment in many countries of TB and HIV human resources and diagnostics for the COVID-19 response, impacting negatively on the diagnosis and care of HIV-associated TB. WHO collected regular data on service disruptions to support these countries, and highlighted flexibilities and innovations supporting more direct delivery.
245. Staff and consultants from the Global HIV Programme dedicated time and provided inputs to WHO’s overall COVID-19 response, with several staff being temporarily deployed to COVID-19 hotspots to work on the ground. WHO continues to work with other departments and partners to monitor COVID-19 service disruptions via the Pulse Survey and WHO and UNAIDS Global AIDS Monitoring data. WHO also convened an HIV Modelling consortium that has modelled the impact of COVID-19 on excess HIV-related deaths and new infections.
246. The modelling group convened by the WHO and UNAIDS estimated in May 2020 that if efforts were not made to mitigate and overcome interruptions in health services and supplies during the COVID-19 pandemic, a six-month disruption of ART could lead to more than 500 000 extra deaths from AIDS-related illnesses, including from TB, in sub-Saharan Africa in 2020–2021. Following this modelling exercise, 73 countries warned WHO in July that they were at risk of stock-outs of ARVs as a result of the COVID-19 pandemic. Twenty-four countries reported having either a critically low stock of ARVs or disruptions in the supply of these life-saving medicines. WHO developed guidance for countries on how to safely maintain access to essential health services during the pandemic, including for all people living with or affected by HIV. The guidance encourages countries to limit disruptions in access to HIV treatment through MMD, whereby medicines are prescribed for longer periods of time—for example, up to six months. To date, 129 countries have adopted this policy.

247. Countries mitigated the impact of COVID-19 disruptions by working to maintain procurement and supply chains, engaging communities in the delivery of HIV medicines, and working with manufacturers to overcome logistics challenges. WHO provided technical support and guidance to countries as they worked to overcome these challenges. These disruptions highlight the need for robust and flexible health systems that are able to cope with outbreaks while also ensuring the delivery of essential health services such as HIV.
248. The WHO Director General made an inspirational speech at the opening of the virtual International AIDS Society COVID-19 Conference highlighting importance of prioritizing HIV prevention and people living with HIV.³⁰ On World AIDS Day 2020, WHO joined partners in paying tribute to all those working to provide HIV services, and in calling on global leaders and citizens to rally for “global solidarity” to maintain essential HIV services during COVID-19 and beyond, focusing on vulnerable groups who are already at risk and emphasizing the need to expand coverage to children and adolescents.

CASE STUDY: THE WHO SOUTH-EAST ASIA EXPERIENCE

249. The COVID-19 pandemic had a major impact on the continuity of essential HIV services in several regions, putting at risk the benefits accrued over the last two decades. In response, WHO issued guidance on maintaining essential health services, including specific measures such as MMD of ARVs to those who are clinically stable on current treatment and take-home doses of OST for people who inject drugs.
250. Based on this guidance, countries in WHO’s South-East Asia Region were quick to work with communities to put in place measures to allow for continuation of essential HIV services. Results included:
- national programmes in eight out of 10 countries in the region issued guidelines for MMD of ARVs and take-away doses of OST, enhancing ARV stocks and supply chains;
 - ART distribution was successfully decentralized from ART centres to primary health care and community facilities;
 - training was provided to the ART teams on COVID-19-related issues;
 - WhatsApp and Google Hangout meetings took place with programme managers and community leaders to support coordination issues and to facilitate cross

³⁰ <https://www.who.int/director-general/speeches/detail/who-director-general-remarks-at-the-ias-press-conference>

learning. Real time information about clients, treatment requirement, good practices, and handling of emergency situations are also shared through these groups;

- home delivery of ARVs for patients unable to reach facilities was undertaken by community outreach workers, often using their own motorcycles, by foot or via donated ambulances;

- the police were mobilized and sensitized to allow peer workers to deliver ARV drugs; and
- nutrition support was also provided to people living with HIV in some countries.

KNOWLEDGE PRODUCTS



GLOBAL HEALTH SECTOR STRATEGY ON HIV, 2016–2021.



MAINTAINING ESSENTIAL HEALTH SERVICES: OPERATIONAL GUIDANCE FOR THE COVID-19 CONTEXT INTERIM GUIDANCE.



CONSOLIDATED HIV STRATEGIC INFORMATION GUIDELINES.



WORLD HEALTH ORGANIZATION 13TH GENERAL PROGRAMME OF WORK 2019–2023.



GOVERNANCE GUIDANCE FOR THE VALIDATION OF ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS.



GLOBAL STRATEGY TO ACCELERATE THE ELIMINATION OF CERVICAL CANCER.



CONSIDERATIONS FOR INTRODUCING NEW ANTIRETROVIRAL DRUG FORMULATIONS FOR CHILDREN.



RECOMMENDED POPULATION SIZE ESTIMATES OF MEN WHO HAVE SEX WITH MEN.



PREVENTING HIV AND OTHER STIS AMONG WOMEN AND GIRLS USING CONTRACEPTIVE SERVICES IN CONTEXTS WITH HIGH HIV INCIDENCE.



PREVENTING HIV THROUGH SAFE VOLUNTARY MEDICAL MALE CIRCUMCISION FOR ADOLESCENT BOYS AND MEN IN GENERALIZED HIV EPIDEMICS: RECOMMENDATIONS AND KEY CONSIDERATIONS.

THE WORLD BANK

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO BROADER AGENCY MANDATE

251. The World Bank provides financial and technical support to developing countries with the overarching aim of ending poverty and promoting shared prosperity. Ensuring everyone has access to essential services regardless of ability to pay is a critical part of this drive. 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.
252. The World Bank has long recognized the threat that HIV poses to progress and development and was a founding Cosponsor of UNAIDS. Under the UNAIDS Division of Labour, the World Bank co-leads with UNDP the support for efficiency, effectiveness, innovation and sustainability of the global HIV response. This supports the effort to ensure the HIV response is fully funded and efficiently implemented, based on reliable strategic information and by leveraging technology to maximize the impact of available resources. In collaboration with WHO, the World Bank co-leads the work programme on integrating people-centred HIV and health services in the context of stronger systems for health, particularly the decentralization and integration of HIV-related services. Contribution is also made to other areas, including prevention among key populations and youth; advancing gender inequality and combatting gender-based violence; HIV-sensitive social protection; education, with a particular focus on girls; serviced in situations affected by fragility, conflict and violence.

CONTRIBUTING TO PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS

253. The World Bank is dedicated to ending the AIDS epidemic by 2030 and leveraging opportunities to realize that goal through the framework of the SDGs, including the UHC component of SDG3 and through progress on other

key contributors to success such as social protection, education with a particular focus on girls, and empowering women, girls and youth.

254. The World Bank places a strong emphasis on sustainability, efficiency, and effectiveness in the fight against HIV, helping countries do “better for less” by using available resources wisely and redesigning their HIV and broader health programming to maximize resource allocation and service delivery and to transition to new funding approaches in the context of a rapidly shifting funding landscape. The World Bank uses innovative financing mechanisms and investment to increase the funding available for critical needs across the fight to end AIDS and achieve the SDGs.
255. The global commitment to provide access to quality, integrated, and people-centred health services—embodied in the commitment to UHC—offers unprecedented opportunity to expand, personalize, and improve the efficiency and effectiveness of all health services, including HIV services.
256. The World Bank’s flagship global Human Capital Project is built on the understanding that investing in people through fundamentals, including health and nutrition, is the most effective way to end extreme poverty and boost prosperity for all. With over 80 countries participating, including many HIV Fast-Track countries, the Project provides a powerful rallying point for health interventions, including HIV and its integration in UHC and health system strengthening, including for pandemic preparedness and response. At the same time, the World Bank’s Africa Human Capital plan supports a strong set of goals by 2023, including drastically reducing child mortality to save four million lives; increasing learning outcomes by 20%; providing social protection to 13 million more people; and reducing adolescent fertility rates by empowering women.
257. The Advance UHC Multi-Donor Trust Fund supported lower-middle-income countries transitioning from external financing to spending more of their national budget on health, while also sustaining progress towards UHC, including essential HIV-related services. Impacts included numerous health financing systems assessments and in-country technical assistance. A project in Indonesia, with US\$ 150 million in Bank financing and additional support from the Global Fund, supported primary care reform, including key service delivery, HIV-related services and support for a social health insurance programme.

258. The Global Financing Facility for Women, Children and Adolescents supported country-led efforts to improve outcomes in health, including HIV programming and boost domestic financing for key services. Operating in 36 countries, a major replenishment raised over US\$ 1 billion in commitments to expand support to the 50 highest-burdened countries.
259. To strengthen coordination and maximize impact, the World Bank and the Global Fund have signed a cofinancing framework agreement to accelerate efforts by countries to end HIV, TB, and malaria and build sustainable systems for health and the first cofinancing investment—a US\$ 36 million Health and Nutrition Services Access Project in Laos—was announced in November 2020.
260. The World Bank worked with partners to conduct over 20 allocative and implementation efficiency studies (also including service cascade and prioritization analytics), supporting key databases and knowledge sharing and capacity building. For example, a ground-breaking analytics exercise in Kenya improved HIV resource allocations to and within counties. With local partners, UNDP and the UNAIDS Secretariat, the World Bank published *Tackling the world's fastest-growing HIV epidemic: More efficient HIV responses in eastern Europe and central Asia*, highlighting case studies and efficiency interventions in 11 countries to spotlight the region's growing epidemic.
261. Country studies on the financial sustainability of HIV interventions in the context of UHC were conducted. These included working with partners to produce Health Financing System Assessments in countries such as Côte d'Ivoire and (public expenditure review); Viet Nam (assessing readiness for care integration, including HIV-related services); Colombia (using primary health care to reduce inequities); the Philippines (transitioning to UHC); Malawi (targeting specific districts to close coverage gaps); and a global paper on reimagining primary care, including HIV-related services, in rural and underserved settings.
262. The World Bank Group is in the midst of a major push to better leverage data and disruptive technology and digital health. For example, building on earlier success in Brazil and India, the International Finance Corporation, launched TechEmerge East Africa, attracting over 50 innovators and healthcare leaders from Kenya, Ethiopia, and Uganda who serve more than 6.5 million patients annually. Seventeen technology companies were selected to partner with East African health-care providers to pilot their solutions in the local market.
263. By 2030, up to two-thirds of the world's extreme poor will live in settings marked by fragility, conflict, and violence, including many people affected by HIV. The current (19th) replenishment for the International Development Association—the Bank institution dedicated to supporting the poorest nations—includes a record US\$ 25 billion for countries affected by fragility, conflict and violence, incorporating an understanding that health, including HIV-related services, must be a central part of the portfolio.
264. To strengthen collaboration in key areas, including humanitarian response, the UN and the World Bank, working together under a Strategic Partnership Agreement, enables the Bank to provide additional funding for implementation capacity to achieve the SDGs, including health and other objectives critical to the fight against HIV. The World Bank and UNHCR have established the Joint Data Center on Forced Displacement to collect, analyse and share primary microdata, including health status.
265. UNHCR, the UK Department for International Development, and the World Bank established a forced displacement partnership generating evidence on what works in areas central to the HIV response such as health, education and social protection to ensure investments are targeted, prioritized and efficient. The World Bank also hosted the Fragility Forum 2020, joining with government, community and UN partners (including UNCHR, UNDP, WFP and the UNAIDS Secretariat) to use sessions to tackle key issues, including addressing HIV in emergency contexts.
266. The World Bank prioritizes gender equality and empowering women and girls in development through numerous initiatives—many highlighting issues of health, education, and empowerment, which are all factors critical for the fight against HIV. Operationally, 60% of operations target gender gaps and the full incorporation of women in economies and societies, including multiple projects addressing gender equality issues, health and HIV.
267. Through the Umbrella Facility for Gender Equality, the World Bank-funded projects to help close the gap between knowledge and action to advance gender equality. As of 2020, the Facility portfolio included grants for 208 activities in 92 countries. Examples in 2020 included the US\$ 675 million Sahel Women's Empowerment project, which has reached over 2 million girls, creating more than 3,400 safe spaces and giving a second chance to over 120 000 vulnerable and out-of-school girls, and a US\$ 53-million grant for health system strengthening in the Central African Republic, which targets pregnant women, children under five, and victims of violence against women. As of December 2020, 98 032 women and adolescents had received family planning services and over 312 000 were receiving health services free of charge.
268. The World Bank has ramped up its efforts to more effectively address gender-based violence risks and needs in its operations. For example, a project in Nepal created

a national, integrated service platform for survivors that provided 9,801 integrated services to 15 404 clients, and information and referral services to 12 578. The World Bank also collaborated with UNICEF, WHO, UNFPA and others in the Sexual Violence Research Initiative to foster innovations to prevent and respond to gender-based violence through the Development Marketplace Awards.

269. Recognizing the critical role of education and social protection in the HIV response, both as a prevention tool and as vital support for people living with HIV, the World Bank has over 100 active social protection and labour projects, representing investments of US\$ 20 billion. Examples include continued support for the Takaful and Karama cash transfer programmes in Egypt, a multiyear project involving US\$ 900 million in World Bank financing. As of late 2020, it had covered more than 3.4 million direct beneficiaries, with COVID-19-related interventions expanding access to 160 000 more households. In Côte d'Ivoire, using tech innovation to expand social protection, about 762 000 beneficiaries received cash transfers and digital payments, accelerating the government's pro-poor spending.
270. The World Bank is the largest financier of education in the developing world, and as of September 2020, its educational portfolio totalled US\$ 20.6 billion, with programmes in over 80 countries. The investments are largely concentrated across sub-Saharan Africa and South Asia and help to provide adolescent girls with access to quality education at the secondary level and ensure they remain in school, by using scholarships and conditional cash transfers.
271. As of 2020, as part of the Sahel Women's Empowerment and Demographic Dividend Project, which empowers girls and young women in nine countries with key life skills and improved access to quality health services, including integrated HIV services, more than 160 000 girls and adolescents had received scholarships or other material support to go to school and stay there. As of November 2020, a World Bank project in Zambia had over 100 000 women with and girls beneficiaries from extremely poor households. The project covered school fees for 28 000 girls and over 75 000 women have received livelihoods packages. In Punjab in Pakistan, Bangladesh and the Sahel, Bank-supported projects provided stipends benefitting almost 500 000 girls and worked to shift social norms around girls' education.

CONTRIBUTION TO THE COVID-19 RESPONSE

272. In the context of COVID-19, the World Bank Group leverages resources to help countries mitigate health and development impacts, maintain essential services, and rebuild better in ways to benefit people affected by

HIV. In 2020, the World Bank worked consistently and creatively to realize strategies to end the AIDS epidemic and integrate the response into the broader development agenda, including the SDGs, and support effective responses to the twin pandemics of HIV and COVID-19.

273. To help countries address COVID-19, maintain essential services, including those critical to people affected by HIV, and build back better, the WBG worked on multiple fronts, including an initial US\$ 6 billion, fast-track health-centred response facility later supplemented with US\$ 12 billion in additional funding to support countries' access and delivery of COVID-19 vaccines— all part of a WBG commitment to make up to US\$ 160 billion in financing available over a 15-month period to help countries mitigate impacts and maintain essential services. By the end of 2020, the Bank was supporting related projects in over 110 countries.
274. With the WHO, the World Bank co-convenes UHC 2030—a multistakeholder platform focused on strengthening health systems. In 2020, the World Bank and the United States Agency for International Development co-hosted the fifth-annual UHC Financing Forum, this year exploring financing resilience in the face of COVID-19.
275. The Identification for Development initiative supports digital development, social protection, health, and gender to reach the estimated one billion people who lack an effective identity document, including many affected by HIV. Results in 2020 included supporting the launch of Philippines Identification System to redesign registration processes to reduce COVID-19-related public health risks and toprioritize low-income households for access to financial services.
276. To address the negative impacts of COVID-19 on learning, including girls' access to and completion of education, the World Bank supports 80 projects, totalling US\$ 2.6 billion in 54 countries, providing targeted support to mitigate impacts, including support for remote learning at scale and systematic education reform to prepare schools to meet students' needs upon return.
277. COVID-19 created additional stresses on financing for HIV, health systems, and social support critical to the HIV response more broadly. Gross Domestic Product (GDP) declined 3.5% in 2020, and the pandemic threatens to push 150 million people into extreme poverty. The WBG mobilized a fast-track facility, including US\$ 6 million to support health systems and US\$8 billion in International Finance Corporation (IFC) private-sector financing to support livelihoods and the economies on which domestic spending on health and social supports, including HIV-related services rely. This was later supplemented by US\$12 billion more to help countries acquire and distribute COVID-19 vaccines,

which is all part of a WBG commitment to make available up to US\$ 160 billion in financing to help countries mitigate impacts, maintain essential services, and rebuild better. As part of this effort, to support the poorest countries, the International Development Association (IDA) is mobilizing up to US\$ 55 billion between April 2020 and June 2021 to empower countries to prepare for a resilient and inclusive recovery.

278. Public debt affects the ability of governments to allocate funding to meet HIV-related needs—an even more pressing concern in the context of the advent of COVID-19. The World Bank worked to help countries better understand and manage debt, and with the International Monetary Fund, implemented the revised Debt Sustainability Framework following a collaborative approach.
279. In response to COVID-19, the World Bank advanced debt relief and used its data resources to spotlight the fiscal impacts and to provide timely analysis and

forecasting to help countries and partners better understand and intervene to protect essential services and fiscal space. For example, the June and December editions of the Bank's Global Economic Prospects report identified key impacts and trends, providing essential insights to help countries and donors make the informed investments now to support financing sustainability and preserve fiscal space going forward. A real-time COVID-19 database provided essential, granular data to help decision-makers better understand the impacts and implications for sustainable health and development financing, including HIV-related spending.

280. The World Bank and the IMF urged G20 countries to establish the Debt Service Suspension Initiative to help countries preserve precious resources to safeguard the lives and livelihoods of millions of the most vulnerable people. Since taking effect in May 2020, the initiative has delivered about US\$5 billion in relief to over 40 countries.

UNAIDS SECRETARIAT

281. The UNAIDS Secretariat drives the global AIDS agenda and mobilizes political commitment and resources for the response to AIDS. The Secretariat's core roles and functions encompass UNAIDS' recognized strengths: leadership, advocacy, partnerships, convening power, strategic information, including global monitoring of progress, community mobilization, UN coordination including through Joint UN Teams on HIV/AIDS for country implementation, and inclusive governance and mutual accountability.
282. The UNAIDS governance structure comprises Member States, UNAIDS Cosponsors and representatives of nongovernmental organizations, uniquely positioning UNAIDS to assemble and leverage a diverse set of stakeholders for transformative and inclusive dialogues and action at global, regional and national-level action. The Secretariat works across all result areas in collaboration with convening Cosponsors, according to the UNAIDS Division of Labour and many other stakeholders. Secretariat functions at all levels, extend across the 20 UBRAF outputs and supports overall Joint Programme achievements.
283. Despite limited resources, the Joint Programme, led and facilitated by the Secretariat, reached a broad scope in 2020, with 96 functional Joint Teams on AIDS in six regions (their reports are available in the UNAIDS Results and Transparency Portal).³¹
284. In the context of the COVID-19 pandemic, the Secretariat ensured an agile response to both HIV and COVID-19, introducing flexibility in funding through reprogramming, and employing its architecture, including Cosponsors and partners and decades-long experience in the HIV response, to ensure rapid transfer of vital skills towards the new pandemic, while ensuring that HIV remained at the centre. In the context of the ongoing threat of COVID-19, emphasis has been placed on mitigating impacts on HIV programmes and most affected populations, improving capabilities and preparedness in advance of high intensity epidemic waves that particularly impact fragile health systems.

S1. LEADERSHIP, ADVOCACY, AND COMMUNICATION

SUSTAINING GLOBAL, REGIONAL AND NATIONAL COMMITMENTS TO AIDS AS AN INTEGRAL PART OF THE SDGS

285. The Joint Programme ensured continuous leadership of the HIV response strategically and regularly engaging with key leaders and stakeholders, including Heads of State and Heads of Government to sustain political commitment and action on HIV. Political commitment for HIV was sustained through the Joint Programme's prominent advocacy and contributions at the UN General Assembly, the World Health Summit, AFRAVIH 2020, HIV 2020, AIDS 2020, the 2020 Interfaith HIV Conference, and through Executive Director's missions to South Africa and Papua New Guinea in 2020.
286. By the end of November 2020, the UNAIDS Secretariat had led a series of high-level advocacy engagements with governments and other stakeholders and, despite the COVID-19 pandemic, the virtual launch of the World AIDS Day report and World AIDS Day commemoration in many countries, brought global, regional and national attention on interlinkages between HIV, health, inequalities including human rights and gender-related, social protection and economic growth. The integration of HIV was prominent at the 2020 African Union general assembly and other bilateral events, sustaining momentum as a priority within the Africa Centre for Disease Control, NEPAD, Africa Peer-Review Mechanism, UN Economic Commission for Africa, Pan African Parliament, Organization of African First Ladies, and the United Nations Office to the African Union.
287. The outline and result areas of the new Global AIDS Strategy 2021–2026 were adopted as a decision point by AIDS Watch Africa experts in November 2020, paving the way for the Strategy to be endorsed at the African Union Heads of States Summit in February 2021, and in preparation of a Common Africa Position ahead of the negotiations for the June 2021 United Nations General Assembly High-Level Meeting and updating of the *African Union Catalytic Framework on HIV, TB and Malaria*.

³¹ <https://open.unaids.org>

288. Advocacy efforts during 2020 focused on the intersections of the HIV and COVID-19 pandemics, leveraging lessons learned from the HIV response for COVID-19 and for pandemic preparedness—particularly around human rights, inequality and community-led responses. Comprehensive, people-centred and inclusive services were sustained by adopting and/or accelerating innovative approaches, fast-tracking financing mechanisms, resolving bottlenecks, promoting equitable access to COVID-19 vaccines, diagnostics and therapeutics and emphasizing community-led and human rights-based approaches.
289. In support of the urgent need for access to vaccines by all countries, the UNAIDS Secretariat co-leads the People’s Vaccine Alliance, a coalition of more than 50 organizations, advocating for COVID-19 vaccines as a global public good. Currently, high-income countries have benefited most from access to vaccines and therapeutics for COVID-19. The Alliance includes a focus on temporary waiver of intellectual property rights to the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights. This follows the successes achieved in overcoming patent barriers for HIV treatment, which continue to save the lives of millions of people. UNAIDS is well-positioned to support this initiative.
290. Diverse communication activities and outputs have supported UNAIDS Secretariat’s advocacy global outreach on key progress, needs and gaps placing people at the centre, including for example, reports, advocacy documents, brochures, infographics, press releases, op-eds, dedicated web pages, social media posts, videos and other communication products that highlight key data, important discussion points and themes. This response builds on decades of strategic communication, which has also been relevant in the COVID-19 context where misinformation and disinformation have prevailed in many instances. Significant coverage was achieved in leading global and many national news outlets, and support was provided to leaders through briefings and summaries to assist with consistency of messages and preparation for impactful interviews.
291. Strategic storytelling on progress and gaps in the global and national HIV responses in many countries highlights the voices, needs, successes and challenges of countries and communities. These are regularly featured on UNAIDS websites, recently including eight cases studies on UNAIDS achievements through the Results and Transparency Portal, support to bilateral discussions with donors through PCB members, and through dialogues at country and regional level.

BOOSTING PREVENTION INCLUDING THROUGH THE GLOBAL PREVENTION COALITION

292. The Global Prevention Coalition has reframed the HIV prevention response around priority populations and higher impact interventions and has brought HIV prevention back to the global agenda. This shift

is reflected in the prioritization of HIV prevention by the Global Fund and the political commitment of 28 coalition countries. This orientation follows the boosting of the profile and leadership role of the Secretariat on prevention through an external review commissioned by the Coalition Secretariat in 2020, which found that the Coalition has succeeded in elevating primary HIV prevention at the global level—including among international donors—and has strengthened primary HIV prevention leadership and management at country level.

293. The Secretariat has actively supported the work of the Coalition. Countries have made impressive progress in strategic planning design and monitoring of HIV prevention programmes. Of the 28 countries that had completed a needs assessment, all but one had a prevention strategy in place, and all had developed prevention targets or were busy preparing them. Financial gap analysis relative to needs of HIV prevention programming was achieved in more than two-thirds of Coalition countries. Key elements of combination HIV prevention across the five pillars have been strengthened.
294. Working with Regional Support Team for eastern and southern Africa, the Coalition Secretariat conducted regional consultations on best practices for engaging men and boys and developed a *Framework on acceleration of HIV services among men and boys*. It created a platform for best practices exchanges through a Webinar Series on engaging men and boys working with key partners including the MenStar Coalition and its partners, government programme managers, donors and CSOs.

ADVANCING GENDER EQUALITY AND EMPOWERMENT OF WOMEN

295. UNAIDS has been a consistent, clear voice and advocate within and outside the UN system for an inclusive, rights-based, nonbinary approach to gender and development and for the rights and needs of people living with HIV. To mark Beijing+25, which commemorated the 25th anniversary of the Beijing Declaration and Platform for Action of 1995, the UNAIDS Secretariat published *We’ve got the power – Women, adolescent girls, and the HIV response*. Dedicated to the women leaders and allied community mobilizers, it highlights that no country has achieved gender equality to date and paths to gender equality and equity. The UNAIDS Secretariat, similarly, completed its forward-looking internal assessment on its work on gender-based violence and addressed the inter-linkages with HIV in the framework of Beijing+25 and accountability for these commitments. The mid-term evaluation of the UNAIDS Secretariat Gender Action Plan 2018–2023 will also be conducted this year. It will assess the progress and trends in key targets and what needs to be changed in the remaining period up to 2023.

296. A series of campaigns highlighting intersecting elements of the HIV response and calling for global solidarity and shared responsibility, resonated globally. World AIDS Day, International Women's Day and Zero Discrimination Day were all used to deliver key messaging on the importance of zero discrimination against women and girls and other vulnerable or marginalized communities facing inequalities and to call for ending discrimination, stigmatization and criminalization. The World AIDS Day Report 2020 shed particular light on key gaps and inequities, leadership and policy bottlenecks, and opportunities for strengthening commitment to ending AIDS in every region.

ADVANCING INCLUSION AND HUMAN RIGHTS

297. The Secretariat, with many Cosponsors, continued its advocacy at the global, regional and country level on removing HIV-related human rights barriers, including for human rights-based approaches to sex work in human rights norms and standards and in domestic law reform. International webinars were organized during the High-Level Political Forum on the SDGs and for International Human Rights Day on the need for action on criminal law.

298. The UNAIDS Secretariat supported the 2019–2020 UN Disability Inclusion Strategy and contributing to Secretariat-wide efforts in enhancing disability inclusion in UNAIDS structures and programmes. A focus group with key stakeholders generated recommendations for the new UNAIDS strategy to improve HIV programmes for people with disabilities. A question to assess disability was included in a UNAIDS staff survey for the first time. A focus group discussion with 40 experts on prisons and closed settings, including formerly incarcerated people, provided inputs into the new UNAIDS Strategy in 2020.

299. UNAIDS framed its global humanitarian action on the objectives of the "Grand Bargain" agreement as the means to reach the SDGs and emphasized location and community action. Examples of action taken include the response in Mozambique, where 42% of people who had been cut-off from essential health care due to successive crises were able to resume treatment and access local-level protection services, thereby averting new HIV infections. UNAIDS support also helped establish a call centre for people living with HIV caught up in heavy flooding in Zimbabwe, to ensure links to resources and services were maintained.

S2. PARTNERSHIPS, MOBILIZATION AND INNOVATION

FOSTERING PARTNERSHIPS FOR EFFECTIVE, EQUITABLE, SUSTAINABLE RESPONSE

300. Strategic partnerships supported action and innovation that allowed sustained response to HIV priorities while also being adaptive to the needs imposed by the emerging COVID-19 pandemic. The Secretariat's support to community-led responses saw rapid acceleration and culminated in the development of a new Result Area in the new Global AIDS Strategy 2021–2026, including diverse core work to strengthen community-led responses. Through technical support, community systems strengthening modules were included in country funding requests to the Global Fund, and partnerships supported capacity building for community-led technical assistance to expand the reach of the Stigma Index across regions.

301. The UNAIDS Secretariat strengthened its partnership with parliamentarians and parliamentary networks and leveraged political platforms such as the Inter-Parliamentary Union and World Economic forum for advocacy and greater HIV visibility and in support of the SDGs, global health and a people's vaccine. The Secretariat managed several cooperation agreements with external partners such as the African Union and International Development Law Organization.

302. Faith partners—including religious leaders, faith communities, and faith-based organizations—are key actors in all areas of the HIV response. To leverage their global and country leadership and maximize their potential for sustainable involvement, the 2020 HIV Interfaith Conference on Resilience and Renewal approved the Commitments to Action by individual and group partners. A 13 Million Campaign was launched to promote access to services for the 13 million children, women and men living with HIV who are not yet on ART. The Conference established the Interfaith Health Platform to support capacity building, awareness raising and joint advocacy among faith partners engaged in HIV. The Platform will include best practices models for a more effective HIV response.

303. The Secretariat has engaged the private sector to support the COVID-19 response. Through its Regional Support Team in eastern and southern Africa, it partnered with Reckitt Benckiser and facilitated distribution of sanitation packages for networks of people living with HIV across Africa, Asia and the Middle East. The total contribution was valued at around US\$ 4 million. The Secretariat also facilitated a partnership with Reckitt Benckiser to engage youth-led solutions for sexual health.

304. To implement the UN Common Position on Drugs, the Secretariat fostered partnerships through the Inter Agency Task Team on the Common Position, the Global Strategic Advisory Group on Drugs, UNODC, networks of people using drugs and CSOs. The partnerships bring visibility and scale up efforts on the provision of integrated health, human rights-based approaches to decriminalization, harm reduction and stigma reduction for people who inject drugs in all settings. The Secretariat also led advocacy on and regional partnerships with experts on tackling drug dependence issues and fostering a more people-centred and human rights-based approach, including a transition from compulsory centres for drug users towards voluntary, evidence-based treatment and care services that are aligned with international standards.

COMMUNITY ENGAGEMENT AND CIVIL SOCIETY SUPPORT

305. UNAIDS has consistently advocated for more meaningful involvement of communities in decision-making processes in countries, and which the Secretariat has actively pursued at all levels (e.g. in Global Fund Country Coordination Mechanisms). Cosponsors influenced discussions on global health architecture and support to aid effectiveness, which is exemplified in the unique Joint Programme's model, and the Secretariat further promoted effective coordination and mutual accountability. UNAIDS provided technical guidance and leadership to ensure the inclusion and positioning of civil society engagement, and an emphasis on the seven accelerators and overall commitment to gender equality.
306. To support the operationalization of the community-led monitoring principle, the UNAIDS Secretariat produced a set of tools for generating information at community level, which led, for example, to the empowerment of affected people at Kigoma Refugee Camp in the United Republic of Tanzania. A collaborative partnership between the Civil Society Institute for HIV and Health in West and Central Africa and UNAIDS Secretariat contributed to advance the engagement of civil society actors in western and central Africa.
307. In 2020, the UNAIDS Secretariat mobilized US\$ 10 million to support civil society action. Recipients of this amount were AIDS Infoshare, the Robert Carr Fund, Venezuelan Civil Society and faith-based organizations. In addition, the Secretariat spent US\$ 1.43 million to support the work of civil society organizations (CSOs) from its core resources. This amount represents 7% of the Secretariat's core activity budget.
308. Achieving UHC is one of the targets in the SDGs. In support of this initiative, the voice of the HIV

community has been reflected through community and civil society consultations on the *UHC state of commitment report* in Kazakhstan and Viet Nam, supported by UNAIDS Secretariat offices in partnership with International Federation of Red Cross and Red Crescent Societies (IFRC), UHC2030 and the Civil Society Engagement Mechanism. Translations of the *UHC state of commitment report global survey* helped civil society from Chinese and Arabic-speaking countries to voice their concerns.

OPTIMIZING GLOBAL FUND AND PEPFAR INVESTMENTS

309. The UNAIDS Secretariat and Cosponsors are key partners in Global Fund and PEPFAR strategic planning for investments at all levels and supporting effective implementation of those in countries. In 2020, the Secretariat's leadership and coordination with Cosponsors ensured engagement of the Global Fund and PEPFAR to align evidence-informed actions and resources for impact in countries and optimize these partnerships to ensure equitable distribution of global public goods critical for ending AIDS. The Secretariat coordinated the Joint Programme's strategic input during the development of the Global Fund post-2022 strategy.
310. The Secretariat continued to play a critical role in optimizing Global Fund investments through active engagement in its governance and strategy committees as well as through active engagement and contribution to country coordinating mechanisms in about 70 countries to deliver on their responsibilities to develop quality funding requests for impact, monitor grant implementation and resolve barriers impeding scale-up of services. Similarly, the Secretariat actively collaborated with PEPFAR and contributed to the development of its Country and Regional Operational Plan guidance for PEPFAR country teams and the related planning process—including by providing HIV strategic information and estimates, specific strategic policy and technical inputs, and by supporting community engagement.
311. The Secretariat, together with Cosponsors, facilitated inclusive and effective country dialogue (including active community engagement and participation) during the preparation of funding requests for the Global Fund funding period 2020–2023. In many cases, this included the provision of technical assistance for the incorporation of systems to enhance service delivery and accountability. They also brought comprehensive and in-depth knowledge of data-driven national HIV responses; political advocacy; integrated policy guidance including for innovative approaches; coordinated technical support for evidence-informed strategic planning for impactful funding requests; facilitation and resolution of

bottlenecks; promotion of sustainable financing through domestic resources mobilization; promotion of social contracting and gaining implementation efficiencies; development and implementation of sound monitoring and evaluation; and community engagement and support for community-led responses.

312. The Secretariat also proactively identified country-level emerging programme and policy issues of importance for Global Fund and PEPFAR policies and programmes, successfully promoting specific policy changes and supporting effective mechanisms for regular exchange of strategic country-level information at regional and global levels to inform policy development, advocacy, and coordination of technical support. UNAIDS and cosponsors supported 21 out of 23 funding Global Fund 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 US\$ 2.1 billion) went to countries that received support from UNAIDS and cosponsors.
313. The Secretariat facilitated effective coordination with other stakeholders to promote robust country planning and implementation processes with efficient and effective complementary alignment of Global Fund and PEPFAR investments, advance joint and coordinated programming, implementation addressing policy implementation bottlenecks, and reporting aligned with national priorities, systems and processes.
314. HIV prevention was a key programmatic area of collaboration. In response to declining condom use, the UNAIDS Secretariat provided extensive support to countries in strengthening condom components of Global Fund grants and reviewed proposals of 30 priority countries. In parallel, the Global HIV Prevention Coalition Secretariat continued its advocacy with the Global Fund to push for investments in quality condom programmes and strengthening the management of these programmes at country level. A key result was the Global Fund's decision to add condom programming among the strategic initiatives for the 2020–2022 cycle. Four countries (Malawi, Mozambique, Uganda and Zambia) are receiving US\$ 10 million as part of this initiative for systematic change in their condom programming.

EDUCATION PLUS INITIATIVE—EMPOWERMENT OF ADOLESCENT GIRLS AND YOUNG WOMEN IN SUB-SAHARAN AFRICA

315. In 2020, the UNAIDS Secretariat worked with agency co-leads to develop the inception phase and partnerships for the Education Plus Initiative for the Empowerment of Adolescent Girls and Young Women in sub-Saharan Africa. This initiative, first announced by the UNAIDS Executive Director at the Nairobi Summit in November 2019, is spearheaded by the UNAIDS

Secretariat and UNESCO, UNICEF, UNFPA and UN Women. This new initiative responds to the urgency of effectively addressing the alarming numbers of adolescent girls and young women acquiring HIV and dying from AIDS, among other threats to their survival, well-being, human rights and fundamental freedoms. In 2019, every week, around 5,500 young women aged 15–24 years acquired HIV. In sub-Saharan Africa, five in six new infections among adolescents aged 15–19 years occur among girls.

316. The Education Plus initiative is a rights-based, gender-responsive action agenda to ensure adolescent girls and young women have equal opportunities to access quality secondary education, alongside key education and health services and supports for their economic autonomy and empowerment. It will foster an enabling environment for adolescent girls and young women to enjoy safe and fruitful learning experiences, and to thrive while paving their way to vibrant futures. It challenges government decision-makers at the highest levels to model leadership and fulfil their essential duties to realize every girl's rights to health and education. It brings added pressure to persuade governments to roll out universal secondary education, free for girls and boys.

TECHNOLOGICAL INNOVATIONS FOR HEALTH EQUITY

317. To successfully leverage the potential of technologies and innovation at scale to achieve health equity, the Secretariat fostered ownership and investment by global policy makers, governments, and global agencies. The Health Innovation Exchange provided a niche space connecting implementers, decision makers, investors and cutting-edge innovations in health. An “Accelerator Platform” was launched in India as a market shaping catalyst to position health-care products and services to the world. Attention on innovation was encouraged at diverse global events.
318. The UNAIDS Secretariat initiated the development and testing of a new app and platform called, VOICE+ that aims to develop an online community of People living with HIV. Working closely with the Global Network of People Living with HIV, Aidsfonds, Global Fund and WHO, the Secretariat helped conceptualize this project, mobilize resources and build partnership for this unique platform. This digital app is currently piloted in Uganda and Nigeria. This enables the gathering of up-to-date information from people living with HIV on the challenges they face in accessing health services and protecting their human rights. The information can also be used to inform advocacy and decision-making, ensuring it is based on the latest situation on the ground. After the evaluation of the pilot phase (March/April 2020), the tool will be made available in additional language versions in several countries in 2021.

S3. STRATEGIC INFORMATION

319. As the global repository of data on HIV, UNAIDS houses the most extensive and disaggregated data collection available on the HIV epidemic and the response to AIDS. The Secretariat, in coordination with Cosponsors and other key stakeholders, supports countries, synthesizes and actively promotes the use of key data on the epidemic and response to track and evaluate progress towards ending the AIDS epidemic by 2030.

GLOBAL AIDS DATA COLLECTION

320. The Global AIDS Monitoring system, informed by country reports on progress in implementing the UN Political Declaration on HIV, compiled and analysed by the Secretariat, publicly shares information through AIDSInfo continues to be used by many global, regional and country stakeholders as a key reference. The website including its component websites—the Key Population Atlas, the Laws and Policy analytics, and the Financial Dashboard—was accessed by 338 000 individuals in 2020. The Laws and Policy analytics website was complemented with an analysis by Georgetown University and the O’Neill Institute, with input from the Secretariat and other Cosponsors. It included a ranking of countries by level of implementation of laws and policies. The ranking gained the attention of heads of UN agencies and PEPFAR, who are using the data to inform country operational plan reviews. The *Global AIDS update: seizing the moment – tackling entrenched inequalities to end epidemics* report, which was released at the time of the International AIDS Conference in July 2020, obtained high visibility and media attention. The subsequent release of the *World AIDS Day report: prevailing against the epidemics*, provided an opportunity to share analysis on COVID-19 and intersection with HIV and outline the new targets for 2025, as part of the new Global AIDS Strategy development.

321. The rapid in-country monitoring and global collation of data on HIV service disruptions due to COVID-19 included monthly updates on the number of people receiving HIV services from national programmes and provided vital information for the work of Cosponsors, the Global Fund and PEPFAR. The data were also presented in the 2020 World AIDS Day Report and they informed a progress report on COVID-19 and HIV for the 47th PCB meeting in December 2020.

322. Tools available through UNAIDS for resource tracking include National AIDS Spending Assessments, the excel-based Data Consolidation Tool and a new update of the Resource Tracking Tool. The Assessments were

supported through the Technical Support Mechanism and completed in 11 countries³² with a further six countries near submission of final reports after quality assurance procedures³³.

323. To support testing and treatment commodities and generic ARV market dynamics, volumes, and prices of ARVs by regimen are collected annually through Global AIDS Monitoring reporting. The results of the 2019 baseline consumption landscape were presented at the annual demand forecast consultations with pharmaceuticals and members of the technical working group—WHO, USAID, the Medicines Patent Pool, Unitaid and Avenir Health. Expenditure tracking through innovative and nontraditional sources like procurement, shipment, and export data of generic ARVs, has also been developed.

324. To support the need for HIV financing data by different audiences—for example, decision-makers, donors, development organizations, the Secretariat, broader UNAIDS stakeholders and the public—HIV financing data are published in all UNAIDS flagship publications and briefings and are frequently presented to the PCB. At country level, the data are applied to various strategic, monitoring and evaluation and funding request processes, and are also used by CSOs to support advocacy. Data, validated information and analysis are also disseminated on the UNAIDS web page and through AIDSInfo.

325. Despite the competing priorities of epidemiologists across the world in 2020 due to the COVID-19 pandemic, 120 national epidemiological teams worked with UNAIDS and partners to produce epidemiological estimates of HIV. These estimates provide critical data for understanding the trajectory of the HIV epidemic at country-level by age and sex, and in many sub-Saharan African countries also by geographic area. Countries use these data to monitor progress, identify gaps, refocus efforts, strategic planning and identify future targets and report to donors. The modelled estimates are also used to estimate progress toward the 90–90–90 treatment targets.

326. The Secretariat contributed to the dissemination of evidence-based data on HIV with strategic partners—the African Union and Economic Commission for Africa—to strengthened advocacy to keep HIV high on AU continental agenda including on promotion of community-led response during COVID-19 through collaboration with the African Centre for Disease Control. HIV was integrated into the agenda of the first appointed African Union Youth Envoy through the elaboration of a joint publication on Youth initiatives

³² Bhutan, Cambodia, Cameroon, Central African Republic, Congo Brazzaville, eSwatini, Ethiopia, Pakistan, South Sudan, Zambia and Zanzibar

³³ Mozambique, Lesotho, Senegal, Malawi, PNG, and Zimbabwe

on HIV in Africa for increased visibility and support to youth-led organizations, and a knowledge product on the intersectionality of gender and HIV in Africa was agreed upon between UNAIDS, UN Women and the Women and the Gender Development Department of the African Union Commission.

STRATEGIC INFORMATION ACTIONS IN THE HIV AND COVID-19 PANDEMIC RESPONSE

327. The Secretariat implemented four strategic information actions to address COVID-19 including: (a) sharing lessons of past global financial and economic crises to inform an understanding of HIV funding; (b) providing alerts and analysis on ARV bottlenecks, including manufacturing and distribution, through a UNAIDS policy brief that was widely cited; (c) developing a community-led COVID-19 service package costed specifically for slums; (d) analysis of three prototypical countries to assess scenarios of post-COVID-19 fiscal space for health and HIV. The Secretariat facilitated channels for community feedback on issues they faced due to COVID-19 and related public health restrictions, supported local surveys among people living with HIV and other key populations, such as sex workers in many countries, to better understand their needs and identify short- and medium-term action for support. The Secretariat is also helping to conduct surveys among women and women's organizations in specific countries to assess the impact of COVID-19 on women.

2025 TARGET SETTING THAT INFORMED GLOBAL AIDS STRATEGY DEVELOPMENT

328. Target setting for 2025 and impact and low- and middle-income countries resource needs estimates have informed the Global AIDS Strategy 2021–2026 and are expected to inform the 2021 High-Level Meeting Political Declaration. The target setting process involved technical consultations, literature reviews, assessment of evaluations, clarifications of societal enablers, statistical analyses, and estimations of normative costs. Estimates of resource needs address the 2021–2030 period and are conditional on 2025 and 2030 targets being achieved across 118 low- and middle-income countries. HIV resource-tracking at global, regional, and country levels was implemented to estimate the annual update of HIV resource availability from all sources, supplemented by country reports through the Global AIDS Monitoring system for budgets and expenditures by key core programmes and funding sources.

S4. COORDINATION, CONVENING AND COUNTRY IMPLEMENTATION SUPPORT

329. The Secretariat ensured the overall effective coordination of the Joint Programme at global, regional and country level, including joint work with Cosponsors to support country stakeholders including governments, civil society and communities and other partners to identify and address gaps, in particular people left behind, and implement solutions to further accelerate progress for inclusive access to HIV services, improve the enabling environment, mobilize and guide resources for more effective and sustainable HIV response as part of the SDGs.

LEVERAGING TECHNICAL SUPPORT TO DELIVER QUALITY ASSISTANCE TO COUNTRIES AND COMMUNITIES

330. In 2020, the Secretariat leveraged and managed the Technical Support Mechanism to provide fast-response and high-quality technical assistance to priority countries and remained on-track for delivering on its three core results areas: (a) harnessing data to accelerate policy and programme implementation in priority areas; (b) accelerating effective and efficient implementation to close gaps; and (c) efficiency and HIV response financing. Support was provided through more than 400 consultancies, including more than half that were supported by in-country consultants—a marker for investing in national expertise, capacities, and ownership of the HIV response. The Technical Support Mechanism contributed to raising a combined total of US\$ 5.66 billion across 38 countries for HIV and TB response through the provision of technical support, culminating in robust Global Fund funding applications for Windows 1 and 2. The Stigma Index 2.0, with an updated methodology, was initiated in 28 countries, including 11 in eastern and southern Africa and 9 in western and central Africa. Findings will support, inform, and improve programme implementation to further reduce stigma and discrimination of the response, particularly for people living with HIV.

331. Over 28 countries were supported in completing national strategic plans, which paved the way for the development of well-informed costed workplans and analysis of implementation gaps. The national strategic plans supported the application of Global Fund funding requests.

332. The Secretariat has been fully mobilized to support countries in community-led monitoring as a concrete way of empowering communities to improve the quality of HIV services and programme accountability, including through support to countries, by clarifying concepts and road maps, and sharing of experiences and lessons learnt. Technical support for community-led monitoring was provided through the Technical Support Mechanism to community groups and civil society organizations in nine countries.

333. In partnership with the International Treatment Preparedness Coalition West Africa and Global, respectively, the Secretariat provided technical support for empowering leadership by community groups on community-led monitoring in countries in western and central Africa, eastern and southern Africa and Latin America and the Caribbean region. UNAIDS is also implementing a community-led monitoring technical assistance strategy to improve knowledge and social capital for community-led monitoring implementation.

SECURING HIV SERVICES IN HUMANITARIAN AND FRAGILE SETTINGS

334. Drawing on the experience from 2016, the Secretariat supported UNHCR and WFP in compiling HIV and disaster data to strengthen the evidence base on service delivery in protracted crises. This information now forms the basis for all HIV-in-disaster reporting, including the global Disaster Risk Reduction Framework

335. Through collaborative efforts from Cosponsors and strategic partners, significant gains were made in securing HIV services in humanitarian and fragile settings and in environments with diminished security for the UN and the general population. This collective approach was underpinned by an adapted strategy of advancing the humanitarian-development-peace triple nexus, promoting multisectoral discourse across clusters and development partners for ending the HIV epidemic. In framing the UNAIDS response on the triple nexus and those most at risk, the last were put first, and all steps were taken to leave no one behind. This was achieved by adopting a Disaster Risk Reduction perspective focused on addressing root causes of recurring crises. HIV serves as a benchmark of vulnerability for most vulnerable populations in rural and urban centres.

PROVIDING SOCIAL PROTECTION FOR WESTERN AND CENTRAL AFRICA

336. As part of the UNAIDS efforts to adapt and respond to the challenges posed by the COVID-19 pandemic, a large proportion of funds from a Luxembourg grant—US\$ 600 000—were reprogrammed to go towards urgent social protection mechanisms and individual cash transfers to avoid disruptions to HIV services. This was implemented in partnership with WFP and directly benefitted close to 5,000 people living with HIV and key populations in Burkina Faso, Cameroon, Côte d'Ivoire and Niger. The Civil Society Institute for Health in West and Central Africa was supported to document and strengthen the role of community actors in COVID-19 responses across six western and central African countries, ensuring maintenance of essential HIV services.

SUSTAINING THE COMMITMENT OF AND FAST-TRACKING PROGRESS IN CITIES

337. Recognizing the critical role that cities and urban settings play in accelerating the HIV response, continued support has been provided through the Fast-Track Cities Initiative

led by the Secretariat. To date, more than 350 cities and municipal leaders have signed the Paris Declaration on Cities ending the AIDS Epidemic and have committed to achieving Fast-Track targets and addressing inequalities in access to health and social services. Expanded and strategic support has been provided to 15 priority cities through the Joint UNAIDS and International Association of Providers of AIDS Care (IAPAC) Fast-Track Cities project. The project focuses on creating and strengthening an enabling environment for the implementation of agreed city strategic plans, using innovation to reach key and vulnerable populations, strengthening strategic information at city level, and building capacity of city stakeholders. The project, which started in 2018 with support from USAID, has been extended until April 2022. A mid-term assessment confirmed that good progress has been made, and feedback was provided for the way forward, including in the COVID-19 context.

S5. GOVERNANCE AND MUTUAL ACCOUNTABILITY

338. The Secretariat facilitated and supported work of the UNAIDS PCB and other governance mechanisms, assisting Board members to lead and engage in several strategic processes including challenging and innovative adaptation due to the new virtual format and a wide scope of regular and new substantive areas and debates.

INTEGRATED AND TAILORED COUNTRY SUPPORT THROUGH THE REFINED OPERATING MODEL

339. In 2020, the Secretariat led the continuing implementation of the Joint Programme's refined operating model, resulting in improved planning and resource allocation for results since its adoption in 2017.

340. From September 2019 to January 2020, 91 Joint UN Plans on AIDS for 2020–2021 (developed by Joint UN teams on HIV, led by the Secretariat and approved by UN Country Team), were developed using the Joint Programme Planning, Monitoring and Reporting System online platform. This remains a unique example of multisectoral UN joint work and reform in action. The Joint Plans reflected the full UN support to prioritized strategic areas and targets of national response and serve as instruments to allocate core country envelope funds among Cosponsors for priority work. In 2020, the country envelope funds included a regular country envelope of US\$ 22 million and a Business Unusual Fund of US\$ 3 million. These were allocated to country-level UN Joint Teams to finance catalytic, intense, time-limited and potentially risk-taking approaches for country-level initiatives to accelerate achievement of the 2020 Fast-Track targets. A total of 84 Joint Teams received country envelope and/or Business Unusual Fund support for joint work for key deliverables that are aligned with national and UBRAF priorities and targets.

DEMONSTRATING ACCOUNTABILITY FOR RESULTS AND TRANSPARENCY

341. In 2020, the Secretariat mobilized US\$ 192 million in core funds from governments and US\$ 76 million in noncore funds to support global, regional and country activities, designated for specific countries and purposes.
342. The Secretariat spearheaded the 2018–2019 Joint Programme Reporting exercise in January, culminating in the submission to and endorsement of the PMR by the PCB in June 2020. The full UNAIDS PMR, including reports of 94 Joint UN Teams on AIDS, were made public in the revamped UNAIDS Results and Accountability Portal.³⁴
343. Progress on most of the Secretariat performance indicators are included in the various reporting components of the PMR package (Regional and Country report, Indicators score card, SRA report) and other key reports at the request of other UN entities and bodies (with specific other format requirements) and/or the PCB. This includes:
- a report on countries submitting a complete set of GAM data as part of the Global AIDS Monitoring Report;
 - a report on alignment with the Quadrennial Comprehensive Policy Review (QCPR) and the SDG Funding compact: report to annual survey through a UN online UN platform for the QCPR and in 2020, as a separate conference room paper on progress to meeting QCPR and the SDG Funding Compact requirements for the 48th meeting of the PCB in June 2021 PCB;
 - the UN SWAP on Gender Equality and Women Empowerment—annual submission to UN Women as required through their online platform;
 - implementation of the Evaluation plan reported by the Evaluation Office to the PCB.
344. The Secretariat continues to sustain its commitment to report country-level budget and expenditure in the International Aid Transparency Initiative (IATI) twice a year, having been IATI-compliant since 2016.
345. Managerial accountability, transparency and risk management are key aspects of the reform agenda. Examples of the Secretariat's commitment to continuous improvement include successful implementation of all 2019 external audit recommendations, achievement of an unmodified audit for the eighth consecutive year, the first-time inclusion of the Statement of Internal Control in the Financial

Statements, and significant progress on the closure of WHO Internal Oversight audit recommendations.

STRENGTHENING EVALUATIONS

346. The Secretariat continued to strengthen its focus on evaluation in response to calls from the PCB and recommendations from various external reviews of UNAIDS.
347. The *Annual report on evaluation* was presented to the 47th PCB meeting in December 2020, highlighting the following:
- an independent evaluation of the UN system response to AIDS to assess the role and contributions of UNAIDS towards the achievement of the goals and targets in the UNAIDS 2016–2021 Strategy and UBRAF;
 - an evaluation of the collaboration between the UNAIDS Secretariat and the US Centers for Disease Control to collect and analyse data on the HIV epidemic and response, and to use those data to improve HIV programmes;
 - an evaluation of the UNAIDS Secretariat Technical Support Mechanism to identify areas requiring strengthening, such as knowledge management and improving the pool of consultants, and to strengthen the governance and management of the Mechanism;
 - an evaluation of the UNAIDS Secretariat health situation rooms to assess the support provided to countries in collating, analysing, visualizing and using data obtained from different sources;
 - a rapid review of the Joint UNAIDS-IAPAC Fast-Track cities project to take stock of progress and challenges in responding to HIV in 15 Fast-Track cities; and
 - evaluations of the work of the Joint Programme in Mozambique and Viet Nam to assess the contributions and role of the UN system in the country-level HIV responses.
348. The Secretariat led, in close consultation with Cosponsors, the formulation of the Joint Programme's management response to the Independent Evaluation of the UN System response to AIDS 2016–2019, which was presented to the 47th meeting of the PCB in December 2020. The actions and processes outlined in the management response will strengthen planning, resource allocation, results and accountability of the Joint Programme as UNAIDS operationalizes the Global AIDS Strategy 2021–2026 and develops the new UBRAF.

³⁴ <https://open.unaids.org/>

349. The UNAIDS Evaluation Office also engaged actively with Cosponsor evaluation offices to ensure sharing of lessons and continuous engagement in joint evaluations.

CONTRIBUTION TO COVID-19 RESPONSE

350. The Secretariat has focused on managing, leveraging and rethinking the COVID-19 response, at the same time ensuring that HIV remains prioritized, that disruptions and impacts on HIV services and programmes are mitigated, and that the Fast-Track targets remain in focus. High-level global advocacy, led by the Secretariat with many other global partners, has called for protecting the health and rights of communities and especially the most vulnerable, equitable access to COVID-19 health technologies and Vaccine as part of the People's Vaccine Alliance.

351. To support rapid action, strategic leadership, coordination, and urgently taking stock of impacts and disruptions to HIV services and other relevant social and economic impact of the pandemic, an internal interactive portal was established to enable field staff to share information on the impacts of the COVID-19 pandemic and response on people living with and affected by HIV, as well as innovations to service delivery.

352. In April 2020, an exceptional approval was made for up to 50% of the 2020 country envelope funds of Cosponsors at country level and up to 50% of the Secretariat core activity budget to be used for COVID-19-related activities. A special fund for Secretariat headquarters activities amounting to US\$1 million was also established. Reprogramming was made possible due to UNAIDS core funding, which represents 80% of the Joint Programme's overall funding, a sign of donors' strong confidence in the impact of their investments and a vital approach to support agility in the response to public health threats such as COVID-19.

353. Options for reprogramming included: innovative activities to maintain the delivery of services for people living with HIV and those at risk of acquiring HIV; protection from COVID-19 for those at highest risk and least able to cope with the new pandemic; supporting communities at the centre of both the HIV and COVID-19 responses; a focus on human rights, gender and equity, as well as macroeconomics, health financing and public provision of UHC. A review of programming conducted end 2020 confirmed that flexibility in the use of this core funding in countries allowed UN Joint Teams to provide critical and rapid responses to mitigate the impact of COVID-19 on communities, and to leverage other actions and resources in various countries.

354. UNAIDS joined with MPact and the Global Network of Sex Work Projects in urgent calls to protect and support the human rights of LGBTI+ people and sex workers. Social protection systems were emphasized to support people living

with HIV and other vulnerable people in fragile settings in Asia and sub-Saharan Africa, and guidance was provided in partnership with the WHO and UNODC for harm reduction. Packages were developed to support community-led responses in the COVID-19 context. The UNAIDS Secretariat launched the Solidarity Fund for Key Populations and supported the launch of the Y+ COVID-19 Social Aid Fund for young people living with HIV. A pilot emergency support fund was implemented to respond to human rights crises related to criminalization and violence affecting LGBTI+ persons, sex workers and people living with HIV in eastern and southern African settings.

355. UNODC, WHO, UNAIDS and OHCHR developed a joint statement on COVID-19 in prisons and other closed settings, with signatories including UNODC, WHO, UNAIDS and the UNHCR. The statement drew political leaders' attention to the heightened vulnerability of prisoners and other people deprived of liberty in the context of the COVID-19 pandemic. It urged them to take all appropriate public health measures to protect prisoners and people incarcerated.

356. The UNAIDS Secretariat played a leadership role in leveraging lessons learned from HIV for the global COVID-19 response. This included shaping the *UN framework for the immediate socioeconomic response to COVID-19*, which explicitly included a pillar on community-led responses for strengthening social cohesion and resilience. Many UNAIDS Secretariat teams and Joint UN Teams contributed to ensuring HIV-related needs are reflected in the UN Strategic Preparedness and Response Plans and UN socioeconomic impact and recovery plans in countries. Lessons from HIV relevant to COVID-19 were further shared through reports on human rights and gender, thereby clarifying key actions. Robust technical assistance to secure effective utilization of Global Fund matching fund grants in 20 eligible countries supported those focal areas.

357. The work of the Global HIV Prevention Coalition continues to be guided by the Global HIV Prevention Working Group. Immediate actions were taken to ensure continuity of HIV prevention service delivery and commodities and monitoring of disruptions continues.

358. UNAIDS coordinated the development and issuing of a UN high-level Joint Call to Action to strengthen HIV sensitive social protection responses in the COVID-19 contexts signed by UNAIDS, ILO and UNICEF. UNAIDS shared the Call with countries to support their efforts in engaging ministries of social protection and others in linking people living with HIV and key populations to social protection programmes.

359. Throughout the COVID-19 pandemic, and especially during the initial waves of the pandemic, assistance was provided to people living with HIV stranded in foreign territories and needed access to ARVs. Such interventions resulted in systemic changes in ARV provisions to foreigners and highlighted the need for longer-term solutions.

CHALLENGES

360. The COVID-19 pandemic posed the biggest challenge to the work of the Secretariat at all levels in 2020. It tested the resilience of the Secretariat and overall Joint programme to pursue its plans as well as its capacity to respond to evolving needs and adapt quickly to ensure continuity of its services.

- COVID-19 was an obstacle to achieving some key objectives, requiring partial reformulation of plans at all levels due to human and financial resource considerations. For the humanitarian space, travel restrictions diminished the possibility of technical support, and there was a deficit of reliable data. Although communities were given greater authority for dealing with different aspects of disaster preparedness and response, in many cases this led to transferring of risk and insufficient focus on the continuum of HIV treatment and care. Disruptions of services and activities were also experienced because of restricted movement and shifting priorities for all health staff to COVID-19-related activities. Development of contingency plans and the use of virtual platforms to engage stakeholders and communities helped ensure continued progress, while noting the risks of unequal access to those technologies. However, governments and communities, supported by the Secretariat, Cosponsors and other partners, often took the lead in scaling up and/or developing innovative delivery models and ways of working to prevent prevention, treatment and care service interruptions. This included MMD of ART and OST, community support in the provision of ARVs, and expanded use of HIV self-testing and of virtual platforms.

- Despite progress in some areas and countries, achievements against the 2020 targets are insufficient. COVID-19 has added complexity—including in Global HIV Prevention Coalition countries where good progress had occurred. Serious gaps exist in the key population response. Knowledge of HIV status globally is low among sex workers and gay men and other men who have sex with men. Condom procurement and uptake has declined, harm reduction remains constrained, and PrEP is only offered at scale in a few countries. Although there is a 30% target for HIV services to be community-led by 2020, the systems for building such trusted community platforms do not yet exist in a majority of countries.

361. The COVID-19 pandemic prevented country Joint Teams from implementing many 2020 activities or required regular adaptation to the virtual space and evolving needs and constraints to COVID-19-related priorities. The COVID-19 pandemic exposed the need to strengthen the capacity of Joint Teams for preparedness, contingency planning, and early warning response to ensure continuation of HIV services in fragile countries and settings, as well as improve strategic information to support evidence-informed programming at global and country levels. Priority actions have been identified

to strengthen response in western and central Africa, following established support and processes. Tools, strategic analysis, coordination and civil society and community empowerment will address multiple concerns.

362. International funding for HIV has declined through successive financial crises and is under threat in the COVID-19 context. While many commitments remain in place, COVID-19 has impacted donor and recipient countries alike, the economic and fiscal impacts on donor countries have led to revisions on funding commitments. For example, the Government of the United Kingdom has announced that funding for UNAIDS for 2021 is confirmed at GBP 2.5 million, compared to the GBP 15 million received for 2020.

363. Service delivery often remained vertically organized, with separate silos that do not mirror the realities of people's lives. While integration has been prioritized, there are few examples of integrated SRH, HIV and TB services at scale. Despite obvious efficiencies in resources, training, reach, access and use for providers and clients of services alike, delivery has not matched commitments. In the COVID-19 context, however, attention to innovative approaches increased and some were feasibly scaled-up when they were previously deemed too complex to implement.

364. Despite encouraging improvements in national commitment to rights- and gender-affirmative policies and actions in many countries, inadequate financing and skilled human resources, and lack of urgency remain, posing challenges for translating commitments into meaningful actions. Despite the Joint Programme's and other efforts, worrying setbacks are also occurring in some contexts. COVID-19 has exacerbated inequalities and risks such as domestic, gender-based and sexual violence. Overseas development assistance for gender equality seems to have peaked a few years ago and only a small proportion of this funding was for programmes with gender equality as its main objective. There is a major lack of funding for women's rights and feminist organizations, and integration has been under-emphasized.

KEY FUTURE ACTIONS

365. The new Global AIDS Strategy 2021–2026 serves as an ambitious road map to intensify response and overcome shortfalls to get the world back on-track to end AIDS as a public health threat and end inequalities by 2030. The UN Secretary-General Report on HIV, the UN General Assembly High-Level Meeting on AIDS, and the Political Declaration in June 2021 are critical opportunities for the UNAIDS Secretariat to promote reinvigorated and sustained global leadership, political commitments on HIV and related accountability and monitoring mechanisms. UNAIDS will further strengthen the Joint Programme's evidence-informed based advocacy and collective action to empower communities, in order to ensure the right to health as a key component for reaching the SDGs.

366. The new Strategy identifies intersecting inequalities as the key challenge driving the global HIV epidemic and obstructing effective responses. COVID-19 has deepened inequalities and disrupted key services and programmes for people living with HIV and TB. Adequately and consistently resourced multisectoral partnerships that combine biomedical innovations with transformative societal enablers at scale are crucial for getting the response back on-track to achieve the ambitious targets.
367. Following estimation of the return on investment of the new Strategy during the first quarter of 2021, further dissemination of technical material related to the 2025 targets will be carried out. A monitoring framework for the new Strategy is being developed and is expected to specifically address new elements such as granularity, prioritization and societal enablers, as well as the overarching inequalities lens.
368. Evidence and strategic intelligence for global advocacy for a fully-funded HIV response, evidence-informed programmatic allocations, monitoring of financing flows and expenditures, and market dynamics of HIV commodities will be produced to support global, regional and country needs. HIV and other resources were rapidly mobilized to support the response to COVID-19. While commitments to sustain HIV funding have not been overlooked, the fiscal space and resources for HIV are projected to decline. In this context, there is a need to ensure that current resources are mobilized most effectively, including through scaling-up and entrenching cost-saving measures and innovations and by prioritizing efficiencies when aligning the HIV response with the Global AIDS Strategy 2021–2026 and its targets.
369. The Secretariat will further build partnerships, support social mobilization and promote innovation, especially for strategic support to government and communities and conducive multistakeholder dialogues. This will include devoting more attention to evolving human rights issues, promoting social enablers to remove legal barriers, addressing the gendered and discriminatory impact of HIV and COVID-19, and sharing lessons from HIV.
370. UNAIDS will continue to strengthen its leadership and accountability roles within the humanitarian-development-peace nexus, promoting the critical roles of collaboration, partnerships, and information generation. The Secretariat will work with and draw on the expertise and mandates of Cosponsors and other partners to create tailored approaches that ensure uninterrupted HIV services in fragile settings—particularly those affected by climate disaster and violent conflict. Preventing all forms of sexual and gender-based violence remains a priority.
371. UNAIDS will use its substantial experience to address the negative impacts of COVID-19 for national HIV responses and in humanitarian emergencies and fragile contexts, promote more inclusive social protection and livelihoods schemes to reduce vulnerability, and strengthen national HIV response and community resilience. Social protection systems will continue to be expanded to support progress towards UHC.
372. The Secretariat will further support community-led monitoring to help mobilize and empower communities impacted by emergencies, with special attention paid to issues relating to women, girls and HIV. This will include strengthening the role of UNAIDS as a watchdog in crisis settings and addressing HIV prevention and other needs in responses to sexual and gender-based violence—including conflict-related sexual violence within peacekeeping operations. Mobile and displaced populations will be included in national and regional HIV strategies and in plans to improve the integration of HIV responses into emergency responses, thus ensuring that HIV is better integrated into the work of humanitarian clusters—including preparedness and contingency plans and needs and risk assessments.
373. The Secretariat is currently leading the development of the new 2022–2026 UBRAF, which will operationalize UNAIDS’ contribution to the new Global AIDS Strategy 2021–2026 and the SDG Agenda. To optimize its impact, effectiveness and efficiency, as well as meet Board and donor requirements and evaluation recommendations, the new UBRAF will include an elaborated theory of change. This will provide a new results framework with clear prioritization focusing on reducing inequalities, closing the gaps to leave no one behind, addressing structural drivers of the HIV epidemic, optimizing and leveraging the Joint Programme’s capacities, ensuring transparent allocation of resources and providing an updated accountability, monitoring and reporting system.
374. As outlined in the management response to the Independent Evaluation, the Joint Programme will continue to build on the systems and practices of the refined operating model, with a view to further strengthening joint planning to achieve people-centred targets, fully leveraging its catalytic power and its partnership for results and optimizing its resources, investing for countries and communities to leave no one behind and address the inequalities that drive the HIV epidemic.
375. The mutually reinforcing processes of the new UBRAF development, the Secretariat’s alignment in tandem with the cosponsor capacity assessment will lead to a better fit for purpose Joint Programme’s with clear roles, resource and accountabilities aligned with the new Global AIDS Strategy and will deliver ever-greater value for communities and countries as they pursue their 2030 goals.

KNOWLEDGE PRODUCTS



PREVAILING AGAINST PANDEMICS BY PUTTING PEOPLE AT THE CENTRE — WORLD AIDS DAY REPORT 2020.

The need for decisive action against deadly pandemics has never been clearer. Humanity must heed this latest warning to pay much greater attention to building global pandemic response capacity and fulfilling the right to health. Collective global efforts that prioritize people can transform the COVID-19 crisis into an opportunity to accelerate the HIV response and efforts to achieve UHC and the SDGs.



2020 GLOBAL AIDS UPDATE — SEIZING THE MOMENT — TACKLING ENTRENCHED INEQUALITIES TO END EPIDEMICS.

UNAIDS report on the global AIDS epidemic shows that 2020 targets will not be met because of deeply unequal success; COVID-19 risks blowing HIV progress way off course. Missed targets have resulted in 3.5 million more HIV infections and 820 000 more AIDS-related deaths since 2015 than if the world was on-track to meet the 2020 targets. In addition, the response could be set back further, by 10 years or more, if the COVID-19 pandemic results in severe disruptions to HIV services.



UNAIDS DATA 2020.

This edition of UNAIDS data documented key achievements in the HIV response, as well as remaining challenges. It featured the latest data on the world's response to HIV, consolidating a small part of the huge volume of data collected, analysed, and refined by UNAIDS over the years.



EVERY ADOLESCENT GIRL IN AFRICA COMPLETING SECONDARY SCHOOL, SAFE, STRONG, EMPOWERED: TIME FOR EDUCATION PLUS.

A new advocacy initiative for adolescent girls' education and empowerment in sub-Saharan Africa, backed by an unstoppable coalition for change led by adolescent girls and young women, is being launched in 2021



ESTABLISHING COMMUNITY-LED MONITORING OF HIV SERVICES — PRINCIPLES AND PROCESS.

The goal of this document is to describe the principles of community-led monitoring, outline an approach to establishing community-led monitoring activities and explore the factors that facilitate and hinder their effectiveness. It should contribute to establishing in-country platforms whereby community-led monitoring can provide data principally related to HIV service provision. The framework outlined also gives structure to facilitate engagement by external partners.


KNOWLEDGE PRODUCTS



What people living with HIV need to know about HIV and COVID-19

WHAT PEOPLE LIVING WITH HIV NEED TO KNOW ABOUT HIV AND COVID-19.

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19. As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.



Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs

STRATEGIC CONSIDERATIONS FOR MITIGATING THE IMPACT OF COVID-19 ON KEY-POPULATION-FOCUSED HIV PROGRAMMES.


This strategy is intended to support key populations-focused HIV programmes mitigate the impact of COVID-19. Developed for key populations-focused HIV programmes implemented or supported by FHI 360 in the Caribbean, Asia, and Africa, it may be used and adapted more broadly. Mitigation strategies refer to efforts to reduce exposure to and impact of COVID-19 on HIV programme beneficiaries and staff and safely maintain HIV services within key populations-focused HIV programmes.



Fourth Annual Progress Report of the HIV Prevention 2020 Road Map Implementation

FOURTH ANNUAL PROGRESS REPORT OF THE HIV PREVENTION 2020 ROAD MAP IMPLEMENTATION.

This fourth progress report of the Global HIV Prevention Coalition reviews the progress in the 28 focus countries and complements the three previous progress reports. This report describes key developments in 2019–2020, identifies challenges and opportunities (including those associated with the COVID-19 pandemic) and outlines priorities for the years ahead. It is divided into two main sections.



RIGHTS IN A PANDEMIC

RIGHTS IN A PANDEMIC—LOCKDOWNS, RIGHTS, AND LESSONS FROM HIV IN THE EARLY RESPONSE TO COVID-19.

This publication outlines 10 immediate areas for action for governments towards building effective, rights-based COVID-19 responses. These include taking proactive measures to ensure that people, particularly people in vulnerable groups, can access HIV treatment and prevention services, designating and supporting essential workers, including community-led organizations, and implementing measures to prevent and address gender-based violence.



COMMUNITY INNOVATIONS

COMMUNITY INNOVATIONS.

This publication is intended to spark interest, inquiry, and discussion around community innovations. It draws on the response to the AIDS epidemic—a prime example of disruptive community innovations, not only in the health sector, but with far reaching implications for nearly every aspect of people’s lives—to show that innovation is about enabling communities to have the space, freedom, and support to initiate and make changes for themselves.
