50th PCB Meeting
Agenda Item 4

2020-2021 UNAIDS PERFORMANCE MONITORING

Concluding the 2016-2021 UBRAF cycle reporting
Agenda

1. Overview of the 2020-2021 Performance Monitoring Report package

2. Contributions of the Joint Programme towards ending AIDS: main achievements

3. Focus on Eastern and Southern Africa

4. Overview of 2016-2021 UBRAF indicators report

5. Challenges and lessons over the past 6 years and key steps for a more effective Joint Programme
UNAIDS Performance Monitoring Report (PMR) Package – 2020-2021

Executive Summary
- Overview of main collective achievements and lessons over the whole UBRAF cycle
- Annex summary report against indicators for 2016-2021
- Annex Joint Programme 2020-2021 expenditure & encumbrances

Regional & Country Report
- Top achievement for priorities for each of the 6 regions
- Illustrative country results including 6 spotlighted countries and contributions towards the Sustainable Development Goals

Strategy Result Area Report
- Top achievements for 8 Strategy Results Areas, including challenges and lessons learned
- Detailed reporting on SRA indicators and targets

Organizational Report
- Top achievements from Cosponsors and the Secretariat working jointly, leveraging their respective mandate and expertise
- List of select new key knowledge products
- Progress reporting against the Secretariat’s function indicators

Indicator Scorecard
- Reporting on all UBRAF indicators: Strategy Result Area and Secretariat functions for 2016-2021 (summary and details)
Contributions of the Joint Programme towards ending AIDS

Kept AIDS on global, regional and national political agendas and shaped a new vision, commitments and targets towards ending HIV-related inequalities and ending AIDS

• Shaped the development of and launched the new ambitious Global AIDS Strategy 2021–2026
  ✓ Informed by a sound evidence review
  ✓ Global mobilisation and ownership with over 10,000 stakeholders engaged
  ✓ Extensive technical briefings to Member States on lessons learnt and needs

• Adoption of a new 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 including ambitious but realistic 2025 targets by the UN General Assembly
  ✓ Committed to the 10-10-10 targets aiming at removing punitive laws and policies, reducing stigma and discrimination and gender inequalities and violence that affect people’s rights and hamper access to HIV services
  ✓ Shaped by wide consultations and the voices of communities living, affected and at risk of HIV including through participation of over 3000 community representatives

Contributing to SDGs
Contributions of the Joint Programme towards ending AIDS

*Expanded comprehensive, person-centred and inclusive HIV services, including better outreach to those left behind*

- Led efforts to elevate action and investments, expand and intensify better-targeted HIV combination prevention services
  - **Global Prevention coalition**: 28 focus countries with national roadmaps with HIV prevention scale up targets, 27 with prevention strategies in place for key populations and 17 implement service packages for adolescent girls and women
  - **Condom** Needs Estimation Tool used by about 30 countries and 1.5 bn condoms supplied
  - New operational framework to guide HIV prevention scale up for adolescent girls and women in West and Central Africa
  - 130 countries adopted oral PrEP in their national guidelines
  - 15 countries achieved EMTCT including Botswana
  - **Adapted strategies for EMTCT** in 67 countries and supported differentiated delivery model for paediatric AIDS in 6 countries
  - Scaled up initiatives to prevent HIV and violence against women in 12 countries
  - Launched **Global Partnership Forum on Comprehensive Sexuality Education** with 60 partners and landmark report on CSE progress with data from over 150 countries
  - Multiple campaigns, guidance and tools for HIV and Sexual and Reproductive Health prevention and services access including tailored for key populations

**Contributing to SDGs**

**Contributing to SRAs 2, 3 and 4**
Contributions of the Joint Programme towards ending AIDS

**Expanded comprehensive, person-centred and inclusive HIV services, including better outreach to those left behind**

- **Expanded and more equitable access to HIV testing and treatment services**, steady gains across the HIV testing and treatment cascade, and enhanced integration of under-prioritized elements of comprehensive HIV care.
  - 96% of countries follow **Treat all** recommendations, 72% adopted rapid HIV treatment initiation and 87% use preferred first line treatment regimens
  - **Expansion of HIV testing including accelerated roll-out of HIV self-testing** in 48 countries and in workplaces in 12 countries
  - Updated key global normative guidance incl new **Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring** and facilitated alignment of national policies
  - Enhanced guidance and linkages of HIV care with **mental health, cervical cancer screening and treatment and hepatitis**, including through the Go Further public-private partnership with PEPFAR in 12 countries

- Fostered **differentiated HIV service delivery** and the design and adoption of other innovations for better access to HIV and health services
  - Supported more than 130 countries to overcome **HIV service barriers**
  - Expansion of **multimonth dispensing of ART** now adopted in over 90% of LMIC and multidose dispensing of methadone and medication assisted therapy programmes
  - Supported 86 countries in using **digital solutions and innovations for health** (e.g. digital applications, prevention, HIV, TB and COVID testing, PrEP, peer support)

**Contributing to SDGs**

**Contributing to SRA 1 and 8**
Contributions of the Joint Programme towards ending AIDS

Removal of societal and legal impediments to an enabling environment for HIV services and rights for all

90 countries supported for an improved enabling environments, including their legal and regulatory frameworks

- Contributed to the repeal of laws criminalizing unintentional transmission of HIV, decriminalization of consensual same-sex conduct or new/amended laws on HIV or related to HIV in at least 10 countries
- Reviewed legal and policy trends and actively engaged to develop laws, policies and partnership for SHRH, legal protection and inclusion of sexual and gender minorities
- Responded to crisis situations to avert violence against key populations in 8 countries and prevented refoulement of refugees living with HIV

Better legal protection and social change through the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and other analysis and monitoring

- Expanded the Global partnership to 29 countries
- Supported the successful enactment of new anti-discrimination measures in at least 6 countries
- Contributed to the roll out of the People Living with HIV Stigma Index 2.0 (near completion in 17 countries including a multicountry index in Latin America)
Contributions of the Joint Programme towards ending AIDS

**Removal of societal and legal impediments to an enabling environment for HIV services and gender equality for all**

Empowered women and girls and transformed unequal gender norms, including through the Education Plus initiative, platforms to advance gender equality, and initiatives to end child marriage, work with boys and men on healthy gender norms, promote income-generating activities and advance evidence-based approaches to prevent violence against women.

- Stronger gender expertise in AIDS coordinating bodies in 16 countries
- 13 countries conduct gender assessments of their HIV response and start implementing recommendations
- Promoted integration of gender equality in HIV strategies in 35 countries
- Improved HIV services access and adherence though initiatives to transform gender norms in the context of HIV in 12 countries and related evidence-informed interventions in 15 countries
- Supported income-generation activities for women living with and affected by HIV in at least 92 countries
- Launched the *We’ve got the power: Women, adolescent girls and the HIV response* analyzing progress since 1995 Beijing Declaration and calling for urgent action
- Launched the Education Plus Initiative to champion the empowerment of adolescent girls and young women in Sub Saharan Africa

**Contributing to SDGs**

**Contributing to SRA 5 and others**
Contributions of the Joint Programme towards ending AIDS

**Sustainable financing and resilient health and social protection systems**

- **HIV-sensitive social protection systems** improved in over 50 countries, including through innovative schemes
  - Social protection assessment in 12 countries and capacity building
- Advocated for, shared good practices of and supported critical investments and innovations to expand and finance **community-led HIV responses**
  - Explored and supported alternative models for sustainable financing of community-led responses in 10 countries
  - Provided guidance and technical support for implementation of community-led monitoring in 24 countries
- Generated **HIV financing data** and guided prioritized national HIV strategies (20 countries) and other efforts to increase impact, return on investments and long-term sustainability
- Advocated for and supported **HIV and health financing and strengthening of people-centred integrated health systems** as part of UHC
  - Supported 5 regional ministerial meetings on health and finance, and development of new health financing road map for Africa
  - Established **fast-track facility**, enabling US$ 6 billion to support health systems and US$ 8 billion for livelihood support
- Leveraged domestic and int’l funds, supported coordination, evidence-informed allocation & use, especially with PEPFAR and the Global Fund

Contributing to SDGs
Contributing to SRAs 7 & 8
Contributing to more than money: The Global Fund & UNAIDS Joint Programme

US$ 5 billion of HIV funding evidenced-informed prioritization
Support to 80% of funding requests in 2020-2021

Significant contribution to management across the globe
Member of 77 Country Coordinating Mechanisms, and managing 32 grants logistic and supply chain expertise to GF in 7 countries

Over 30 countries with prioritized contributions to COVID-19
Contributed to leverage, reprogramme and guide Global Fund investments for HIV services continuity and response to colliding COVID-19 and HIV pandemic

30 countries with more and prioritized HIV prevention
Over US$ 200 million increase in 6 years

12 countries with GF Strategic Initiatives on HIV well prioritized
Condom programming for 4 countries, and expanded funding for human rights and gender equality programmes

13 countries removed bottlenecks
Smother implementation of HIV and HIV/TB grants through HV situation room

27 countries with GF investments in under-prioritized elements of comprehensive HIV care
Better linkages between HIV and mental health, and HIV and cervical cancer
Contributions of the Joint Programme towards ending AIDS

Tackling inequalities in the colliding HIV and COVID-19 pandemic responses and building back better

• Took a bold, high-level and leading role in urging equitable access to vaccines for all people everywhere.
  ✓ Actively promoted the People’s Vaccine, urging equitable access to vaccines and commodities for all people everywhere by rallying a wide movement; Supported the Accelerated COVID Testing (ACT) initiative

• Monitored and elevated the needs and rights of the most vulnerable and heeded the lessons from HIV including guiding the community resilience pillar of the UN socio-economic response to COVID-19
  ✓ Led data collection, dissemination and advocacy in partnership with governments and community networks to monitor and mitigate the impact of COVID-19 and ensure essential HIV and other services continuity including through innovations;
  ✓ Conducted and shared evidence-informed analyses and technical guidance to mitigate COVID-19 impact on people living with, young people, women and girls, key and other priority populations such as people in closed settings and migrants
  ✓ Promoted the voices, critical engagement of and contributions of communities for the HIV and COVID response and investment for building their resilience

Contributing to SDGs
Cross-cutting contribution to SRAs
**Spotlight: Results with and for people**

**The Joint Programme...**

<table>
<thead>
<tr>
<th><strong>Young people</strong> and comprehensive sexuality education</th>
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<tbody>
<tr>
<td>✓ Supported 11 regional youth and global networks for youth-led advocacy</td>
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<tr>
<td>✓ Reached 30 million learners with CSE - Our Rights, Our Lives, Our Future</td>
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<tr>
<th><strong>Children</strong> and elimination of mother-to-child transmission</th>
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<tr>
<td>✓ Improved national policies for better ART in (pre)pregnancy, postpartum and infants</td>
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<tr>
<td>✓ Rolled out Paediatric Service Delivery Framework in 6 countries</td>
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<tr>
<th><strong>Saving lives, improved well-being and rights of key populations</strong></th>
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<tbody>
<tr>
<td>✓ Supported capacities and scale up of services for key population in 80 countries</td>
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<tr>
<td>✓ Established key population communities of practice in 28 countries</td>
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<tr>
<th><strong>Women and girls</strong></th>
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<tbody>
<tr>
<td>✓ Supported leadership and empowerment of women living with HIV</td>
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<tr>
<td>✓ Supported implementation of service package for survivors of GBV in 60 countries</td>
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<tr>
<th><strong>Populations in humanitarian settings &amp; other mobile &amp; migrant populations</strong></th>
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<tbody>
<tr>
<td>✓ Supported expansion of HIV services for populations in humanitarian settings in 48 countries, and commissioned evidence review on HIV and migrants in Europe</td>
</tr>
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</table>
Ending AIDS as a public health threat: focus on Eastern and Southern Africa

Situation of the HIV epidemic

HIV testing and treatment cascade, 2020

- Percentage of people living with HIV who know their status: 89%
- Coverage of people living with HIV receiving ART: 77%
- Percentage of people living with HIV who have suppressed viral loads: 70%


Important decrease in new HIV infections (38% since 2020). Eswatini shows a 64% decrease from 2010 and achieved 98-98-95 in treatment cascade in 2021.

However, the region faces high new HIV infections among adolescent girls and young women (15-24 years).

HIV prevalence among key populations, 2016-2020

The median HIV prevalence among countries that reported these data in eastern and southern Africa was:
- 30.6% among sex workers
- 12.7% among gay men and other men who have sex with men
- 19.4% among people who inject drugs
- 28.0% among transgender people
- 11.1% among prisoners

New HIV infections by sex and age, 2020

- Adolescent girls and young women 15-24 years old
- Women 25-49 years old
- Women 50 years old and above
- Men 50 years old and above
- Men 25-49 years old
- Adolescent boys and young men 15-24 years old

Source: Prepared by RST ESA SI Hub based on UNAIDS 2021 estimates

Sex workers (n=14) Gay men and other men who have sex with men (n=11) People who inject drugs (n=6) Transgender people (n=6) Prisoners (n=9)

All countries are implementing Test and Treat policy and have transitioned to DTG for adults (except for Madagascar).

Significantly scaled up MMD as part of DSD & 3-6 months dispensing of ARV for around 70% of clients.

Botswana certified Path to Elimination (PTE) of mother-to-child transmission. More countries (Namibia, Rwanda, Malawi and Zimbabwe) are frontrunner for PTE.

Accelaration plan for EID & pediatric AIDS treatment informed by evidence generated from a multicountry study.

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SADC & EAC leadership reinvigorated prevention agenda & institutionalized annual scorecard accountability mechanism.

All ESA countries: 1) Strengthened National prevention coalition 2) national package of services for KPs & AGYW; 3) SOPs for scaling and combination prevention.

SADC Ministers approved Lilongwe Declaration 2021 aligned with GAS.


HIV-TB TESTING TREATMENT & EMTCT

Ending AIDS as a public health threat: focus on Eastern and Southern Africa

Results in ESA against the 2020-2021 regional priorities
Legal reforms in 15 countries: Decriminalized 1) same sex Angola; 2) HIV transmission Zimbabwe; 3) Termination of Pregnancy Act in Zimbabwe; 4) Ethiopia recognizes people who inject drugs as key populations.

Tools and models: SADC Model Law on GBV; SADC GROM; ESA Male Engagement Framework; recommitment of the SADC-sponsored CSW resolution 60/2

SASA! Reached 50,000 & 30,000 people in Uganda and Zimbabwe with GBV info and services

15 Countries Social Protection Schemes assessed for their HIV sensitivity & planning

Innovative financing models: SDG ASRHR Impact bond Kenya ($7M), 1% initiative Uganda, Community-based Health Insurance Rwanda

SADC Road Map for Sustained Health, HIV and AIDS Response towards the 90–90–90 targets

US$ 6 million mobilized for SRHR services during the COVID-19 pandemic

CLM initiative accelerated in 7 countries

12 countries implemented Go-Further partnership for ending AIDS and cervical cancer in SS Africa

Regional Knowledge Hub established, successful cases on HIV documented and disseminated.
Challenges that hinder the HIV response

- Insufficient scale up of HIV prevention and care services for adolescent girls and young women and key populations
- Structural inequalities, particularly economic and gender inequalities persist and drive higher levels of sexual violence, unintended pregnancies, child marriage & school dropouts
- Limited capacities of communities to scale community-led response
- While shifting the focus to HIV prevention, this area remains largely underfunded
- Paediatric ART coverage lagging behind in the region, and sustainability of MMD is challenged by supply chain issues
- Humanitarian & pandemic shocks make service delivery fragile
Political commitment will need stronger investments and supportive legal environment

Financing to sustain and expand the response to include the stubborn structural prevention agenda requires investments beyond health

Consolidate, rationalize and align regional initiatives for adolescent girls and young women in a single framework

Scaling up successful initiatives through knowledge management & South-South learning across countries

Prevention is key beyond current combination strategies. Multi-sectoral; move beyond traditional HIV networks to address the structural, social norms and gender inequalities

Improving decentralised, granular and intersectional data synthesis, packaging & presentation to close the gaps
Secretariat top achievements on HIV in 2020-2021

**S1: Leadership, advocacy and communication**
- Shaped a new and ambitious vision through the adoption of the Global AIDS Strategy
- Inspired renewed political commitment-endorsement of the Political Declaration
- Championed HIV prevention, human rights and gender equalities
- Bold call for vaccine equity for all

**S2: Partnerships, mobilization and innovation**
- Led catalytic partnerships and strategic initiatives to accelerate progress
- Leveraged domestic & int'l investments for communities – more than money

**S3: Strategic information**
- Generated strategic data/analyses and use for more impact.
- Guided, tracked and shared prevention, social enablers and community innovations

**S4: Coordination, convening and country implementation support**
- Elevated the voices of communities and community-led response
- Boosted national capacities and promoted & shared innovations for better impact
- 91 UN Joint Plans
- Signatories to 92 UNSDCF/UNDAFs

**S5: Governance and mutual accountability**
- Stronger governance and accountability
- Funding dialogue
- Improved accountability and solid evaluations
- Championing UN Reform in action
2016 – 2021 UBRAF Indicator Overview: Strategy Results Areas Indicators

- Quantitative information to monitor the performance of the Joint Programme and its contribution to results (country level changes)

- Every indicator has: baseline, 2017 milestone, 2019 milestone and 2021 UBRAF target

- Reporting since 2016 and for this final 2020-2021 biennium report, report against the UBRAF 2021 targets following a clear traffic light system

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Status (2021 UBRAF target)</th>
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</thead>
<tbody>
<tr>
<td>The country offers targeted testing services</td>
<td>54%</td>
</tr>
<tr>
<td>The country offers lay providers testing</td>
<td>61%</td>
</tr>
<tr>
<td>Quality assurance (laboratory) of testing and re-testing before ART initiation</td>
<td>59%</td>
</tr>
<tr>
<td>The country offers HIV partner notification services</td>
<td>64%</td>
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</table>

- The 2021 UBRAF target has been met, with all reporting countries (except one) offering targeted testing. The number of countries providing lay provider testing was sustained. Quality assurance of re-testing has been maintained at a high level, as well. The biggest improvement has been in the number of countries offering partner notification, which is important for earlier HIV diagnosis, as well as prevention messages for serodiscordant partners. However, a number of countries are missing 1, 2 or 3 of the components (see different measurement questions), which in turn results in an overall lower achievement rate of 70%. This indicates that more work is needed to expand HIV testing.
## Progress against the 25* UBRAF Strategy Results Area indicator targets by 2021 (with underlying 110 measurements over 6 years)

<table>
<thead>
<tr>
<th>Indicator Area</th>
<th>15 met</th>
<th>7 slow progress</th>
<th>1 not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and treatment</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Elimination of mother-to-child transmission</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>HIV prevention among young people</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>HIV prevention among key populations</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Gender equality and gender-based violence</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Human rights, stigma and discrimination</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investment and efficiency</td>
<td>1</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>HIV and health service integration</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*2 indicators: consolidated data against target not available, due to methodological reasons

### Examples for indicator data, comparing progression from 2016 to 2021:

- **Indicator 1.2 (met):** “Treat All” policy has been adopted in all but one of the reporting countries, from 64% to 99%, and there is an increased number of countries with policies/strategies for ART retention and adherence in place, from 91% - 99%

- **Indicator 5.1 (met):** A significant increase in the % of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms – from 47% to 70%

- **Indicator 7.1 (slow progress):** A steady however slow increase of countries with up-to-date quality HIV investment cases – from 48% to 54%
UNAIDS Secretariat indicators measure performance of the UNAIDS Secretariat in the accomplishment of its five core functions.

- Mix of data sources and methods to monitor performance, including quantitative and qualitative information.

- 5-scale scoring, allows nuanced assessment of progress and is adapted to nature of work and indicators that are not always measured in percentages.

**Example: Strategic Function Indicator 1a**

<table>
<thead>
<tr>
<th>Secretariat Function S1a. Meets requirements</th>
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**2016 – 2021 UBRAF Indicator Overview: Secretariat Function Indicators**

- **Exceeds requirements**: indicator has been exceeded in some and met in other cases
- **Meets requirements**: indicator has been met substantially in majority of cases
- **Approaches requirements**: indicator has been met in some cases
- **Partially meets requirements**: basic elements are available for this indicator but without any progress
- **Does not meet requirements**: indicator remains relevant but is not present/met
Progress against the 13 Secretariat Functions indicator targets by 2021 (with underlying 26 measurements over 6 years)

SF 1: Leadership, advocacy and communication
- 2 met
- 1 approaching
- 0 partially met
- 0 not met

Examples for indicator data, comparing progression from 2016 to 2021:

- **Indicator S1c:** % of countries that reflect fast-track approach in their HIV strategies increased from 62% to 82%
- **Indicator S3:** Only partially meeting the requirements, 90% of countries submitted a GAM report between 2016–2019, while a decrease started in 2020 and further deepened in 2021, mainly due to constrained resources and COVID-19 impact
- **Indicator S5d:** 80% of the evaluations planned for the year implemented since the establishment of the independent evaluation function
UNAIDS Results and Transparency Portal
https://open.unaids.org

2020-2021 Performance Monitoring Report package

All 2020-2021 regional and country reports

Dedicated page for 2022-2026 UBRAF

Updated financial information (budget and expenditures)

Donors’ contributions and profiles

Access to UNAIDS International Aid Transparency Initiative (IATI) registry

Infographics and case studies

…and much more!

96 country reports soon to be published
Some of the main challenges

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>HIV Strategy and approaches</th>
<th>Structural barriers</th>
<th>Sustainability of the HIV response and a fully funded UNAIDS</th>
</tr>
</thead>
</table>
| COVID-19 significant impact on communities, national HIV response and systems –  
  • limiting access to HIV and other essential services,  
  • surge in gender-based violence, human rights violations and socio-economic impact  
  • pressure on health and social financing and already limited capabilities  
  • full medium/long term impact still unfolding…  
| ▪ Fast track led to major progress but not sufficient. Global AIDS targets by 2020 were missed and the world is not yet on track to achieve 95-95-95 targets  
  ▪ Differentiated approaches and bringing innovations to scale are urgent to close the gaps but require dedicated capacities and better data  
  ▪ While closing gaps, also need to stay upfront of emerging priorities (e.g. drug resistance, comorbidities, drug resistance, integration into social health insurance)  
| ▪ New HIV infections and delayed access to treatment are fed by the lack of comprehensive and friendly services and structural barriers (gender inequalities, stigma and discrimination, punitive laws and policies)  
  ▪ Advancing integration without compromising the social and structural components of HIV response require greater support to strengthen health and social service systems and community-led response  
| ▪ Insufficient domestic and international resources and high risks for sustainability.  
  ▪ An underfunded UBRAF has limited and eroded the Joint Programme capacities, exacerbated by additional urgent needs to support countries and communities in the context of COVID-19 |
We have learned and demonstrated the power of:

- Sustaining global, regional and national political commitments on AIDS and related accountability
- Elevating attention, action and investments for concrete progress in specific areas lagging behind and through partnerships and specific initiatives
- Shifting towards a more holistic people-centered approach and integration of health (UHC) and social protection systems
- Innovations and communities’ leadership, voices and led responses
- Investing in epidemic preparedness and health and social protection infrastructure, as well as systems with a people centered approach
- Pushing boundaries to ‘reach the unreached’ – only way to reach the end of AIDS
- Championing bold advocacy and action to protect human rights and advance gender equality
- Removing legal barriers and ensuring protecting laws while pursuing social changes to address stigma and discrimination and improve inclusion
- Translating scientific knowledge into national policies and programmes at scale and for all in need
- Pursuing innovative service delivery systems, digital technologies for better health and community led response
- Leveraging and ensuring well prioritized & coordinated domestic and int’l investments for impact
As the UN Joint Programme on HIV/AIDS, we have...

A unique strong UN mandate, voice and multisectoral expertise critical for past progress and to end HIV related inequalities and effective and sustainable response.

Served as a catalytic force, contributing through leadership, policy change, expert guidance and support, capacity building, social mobilization, country & community support, partnerships, strategic information...

Implemented the 2016-2021 UBRAF with progress and gaps with continuous learning and adaptation to responds to needs and already taken many steps for a more effective Joint Programme for impact.

BUT our capacities have eroded due to an under-funded UBRAF and extra needs related to COVID-19. A fully funded UBRAF is essential.
"The world has no time to waste: a fully-funded Joint Programme is vital for collective progress."

– Mrs Julia Imene-Chanduru, Chair of the PCB and Structured Funding Dialogue and Ambassador and permanent representative of Namibia to the UN Office at Geneva