

EXECUTIVE SUMMARY

2020–2021 PERFORMANCE MONITORING REPORT

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2020–2021: Strategy Result Area report (*UNAIDS/PCB (50)/22.9*)
- ii. UNAIDS Performance Monitoring Report 2020 - 2021: Regional and country report (*UNAIDS/PCB (50)/22.10*)
- iii. UNAIDS Performance Monitoring Report 2020 - 2021: Organizational report (*UNAIDS/PCB (50)/22.11*)
- iv. 2016-2021 UBRAF Indicator Scorecard (*UNAIDS/PCB (50)/CRP1*)
- v. 2020-2021 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (50)/CRP2*)

Action required at this meeting:

The Programme Coordinating Board is invited to:

take note with appreciation of the 2020–2021 Performance Monitoring Report, including its scope and depth;

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



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INTRODUCTION

1. The 2020–2021 biennium marked the end of one era in the HIV response and the beginning of a new one, moving towards the ultimate goal of ending AIDS as a public health threat by 2030. This pivotal transition in the response occurred at the same time as the realization that, despite much progress in many countries, the 2020 global AIDS targets were not reached. In addition, the COVID-19 pandemic, which upended virtually every aspect of life in every region of the world, had a devastating impact on countries and communities and put at risk hard-won HIV and other Sustainable Development Goals (SDG) gains that are important for effective HIV response.
2. Through leadership provided by the Joint Programme and the active engagement of thousands of AIDS stakeholders across the world, the global HIV response transitioned from the Fast-Track approach towards a focus on ensuring that all populations and settings are on-track to end AIDS. Outlined in the Global AIDS Strategy 2021–2026 and endorsed in the 2021 Political Declaration on HIV and AIDS, this new era demands the use of an inequalities lens across all aspects of the response, including renewed attention to addressing the social and structural factors that increase HIV vulnerability and reduce people's ability to access essential HIV services. Though ending AIDS will not be possible without increased domestic investment and international donor commitments, the effects of past under-investment in HIV have now been magnified by a tightened financing landscape for HIV and development.
3. The Joint Programme and its many partners in the response are now focused on achieving the 95–95–95 service targets for all subpopulations, age groups and settings,¹ and on the 10–10–10 targets to enable countries and empower communities and remove societal and legal barriers to effective responses² by 2025.
4. The Joint Programme continued in 2020–2021 to serve as a catalytic force in the HIV response. It did this through its global leadership and social mobilization; its strong presence in and support to countries and communities; the many partnerships it nurtures and the innovation it galvanizes; the strategic information it collects and leverages for evidence-informed programmes and investments; and the specialized expertise and normative guidance that drive progress and on which diverse actors in the response rely.
5. It is clearer than ever that it is feasible to end AIDS as a public health threat. As of 2020, 44 countries were on-track to achieve at least a 90% reduction in AIDS-related deaths by 2030 and 35 were on-track to reduce new HIV infections by at least 90%.
6. However, progress in the response remains uneven and inadequate. None of the 2020 Fast-Track targets were achieved globally, and the rate at which new HIV infections are declining is too slow, as no region reached the 2020 target of reducing new HIV infections by 75%. While eastern and southern Africa, the region most heavily affected by AIDS, has recorded striking progress in reducing new HIV infections and AIDS-related deaths, gains are less pronounced in other regions, and epidemics continue to expand in eastern Europe and central Asia and the Middle East and North Africa.
7. Overall global and regional advances in the response also obscure the many populations who are not benefiting equitably. Globally, 53% of all people living with HIV were women and girls and they accounted for 50% of all new infections in 2020. There is an HIV crisis among adolescent girls and young women in sub-Saharan Africa, where around 4,200 adolescent girls and young women aged 15–24 years acquired HIV per week in 2020.

¹ 95% of people within the subpopulation who are living with HIV know their HIV status; 95% of people within the subpopulation who are living with HIV and who know their HIV status are on ART; 95% of people within the subpopulation who are on ART have suppressed viral loads.

² Less than 10% of people living with HIV and key populations experience stigma and discrimination; less than 10% of people living with HIV, women and girls and key populations experience gender-based inequalities and gender-based violence; less than 10% of countries have punitive laws and policies.

8. Reflecting a spirit of innovation and a people-centred ethos, aspects of the HIV response proved remarkably resilient and quite innovative in the face of challenges posed by COVID-19. However, the COVID-19 pandemic slowed progress towards global AIDS targets, had a serious socioeconomic impact, and injected new uncertainty into the sustainability of the HIV response. COVID-19 has shown that without a health system that is fit for purpose, hard-fought gains in HIV, immunization, antenatal care, and child and adolescent health are at risk when a global pandemic occurs. Many people living with HIV found themselves unable to access care, treatment refills and other essential services. These devastating outcomes were compounded by the impact of broader health, social and economic developments related to the COVID-19 response, including school closings, travel restrictions, loss of formal and informal income-generating activities, and increased gender inequality and violence against women.
9. COVID-19 has highlighted the vital role of social protection for mitigating the direct and indirect effects of disease. There is increasing emphasis on social protection instruments, such as cash and in-kind transfers, as well as social protection systems, to address systemic vulnerabilities at scale and mitigate the impacts of pandemics and the multiple inequalities they expose. Although the importance of social protection is clearer than ever, efforts to expand it remain insufficient. Making up ground lost due to COVID-19 and reminding the world of the continued urgency of ending AIDS remain key areas of focus for the Joint Programme.
10. As the last report against the UBRAF 2016–2021, this report, while primarily focused on 2020–2021, includes some reflection on progress and lessons learnt since 2016.
11. This UNAIDS Performance Monitoring Report (PMR) is a comprehensive and integrated report package composed of the following components presenting the main achievements and contributions of the Joint Programme through various lenses. (see image below).
12. The PMR is supplemented by information from the UNAIDS Results and Transparency Portal (<https://open.unaids.org>), particularly reports from countries where functional Joint UN Teams on AIDS operated during the biennium.



THE STATE OF EFFORTS TO END AIDS AS A PUBLIC HEALTH THREAT

- 13.** More than 40 years have passed since the first case of HIV was recognized. During this time, the AIDS pandemic has affected every part of the world and given rise to a pioneering worldwide movement. Steadily improving HIV treatment options have converted a disease that was once invariably fatal into one that is serious and chronic, yet manageable. Unprecedented, albeit still inadequate, progress has been made in advancing the health, well-being and human rights of people living with, affected by and at risk of HIV.
- 14.** However, AIDS remains one of the world's most serious health challenges. In 2020, 37 million [30.3 million–45.1 million] people were living with HIV and 1.5 million [1.0–2.0 million] people newly acquired HIV. In 2020, 680 000 [480 000 – 1 000 000] people died of AIDS-related causes. AIDS remains one of the leading causes of death for women of reproductive age, particularly in sub-Saharan Africa. Each of those infections and deaths was preventable.
- 15.** The global HIV response has achieved remarkable gains. New HIV infections fell by 52% between 1997, the pandemic's peak, and 2020, including a 31% decline since 2010. Since peaking in 2004, AIDS-related deaths have fallen by 64%, including a 47% decline since 2010. However, new HIV infections and AIDS-related deaths remain unacceptably high. This also masks still-growing HIV epidemics in some countries and communities where the benefits of science and human rights are not reaching people who are left behind. Inequalities in the HIV response remain stark and persistent.
- 16.** An important factor in the gains thus far has been the steady increase in access to antiretroviral therapy (ART). As of June 2021, 28.2 million people, or 73% of all people living with HIV, were receiving ART. HIV treatment regimens continue to improve and are becoming more durable, affordable and easier to tolerate. In 2020, 84% [67–>98] of people living with HIV knew their HIV status; 90% [70–>98] of people with an HIV diagnosis were receiving HIV treatment; and 90% [70–>98] of people receiving ART and 66% [53–79] of all people living with HIV were virally suppressed. Despite this progress, nearly 10 million people living with HIV are without ART.
- 17.** Less progress has been made in scaling up combination HIV prevention. Progress in preventing new HIV infections among children (0–14 years) has slowed due to several factors, including a stagnation in coverage of ART among pregnant women living with HIV and persistent unmet need for family planning services. Condom social marketing and demand generation programmes have receded and consistent condom use has been difficult to achieve among all populations. HIV prevention programmes that address harmful gender norms and gender inequalities have not been brought to scale.
- 18.** While support for comprehensive sexuality education (CSE) has grown, implementation remains insufficient. Access to combination HIV prevention among key populations is consistently inadequate. There are many challenges related to key populations size estimates. In 2020, 130 countries reported the adoption of pre-exposure prophylaxis (PrEP) in national guidelines and approximately 845 000 people in at least 54 countries received PrEP (a 182% increase since 2018). But coverage was short of the global targets. Voluntary medical male circumcision services reached 18 million people in 2016–2020), short of the 2020 target of 25 million, with COVID-19 disrupting circumcision services in many countries.
- 19.** COVID-19 continues to affect the HIV response. While some HIV services in many countries have recovered from setbacks during national lockdowns in 2020 and 2021, others have not shown similar resilience. The COVID-19 pandemic has slowed progress in the HIV response and

scale-up trajectories for key services. Many national economies are recovering from the economic downturns experienced in 2020, but per capita GDP remains lower than prepandemic levels in many parts of the world. In 2020, 100 million people were pushed into extreme poverty as a result of the COVID-19 pandemic.

20. Profound, persistent inequalities are hold back the response to HIV. Women and girls accounted for half of all new infections globally and 63% of new infections in sub-Saharan Africa, where young women (aged 15–24 years) are twice as likely to be living with HIV compared to young men. Violence against women, which surged during the COVID-19 pandemic, is known to heighten the risk of HIV infection. Unequal gender norms and inequalities continue to hamper women’s ability to prevent HIV and mitigate the impact of living with it. Young people accounted for 27% of new HIV infections in 2020. ART use and the achievement of viral suppression are lower among men than women, among children compared with adults, and among adolescents and young adults compared with older adults.

21. The HIV burden among key populations continues to grow. Sex workers and their clients, gay men and other men who have sex with men, people who inject drugs and transgender people, along with their sexual partners, accounted for an estimated 65% of new HIV infections globally in 2020, including 93% of new infections outside sub-Saharan Africa. Compared to the overall population, the risk of acquiring HIV is 35 times higher among people who inject drugs, 34 times higher for transgender women, 26 times higher among sex workers, and 25 times higher among gay men and other men who have sex with men. Available evidence indicates that HIV prevention, testing and treatment services are not reaching many key populations, including those who are young.

22. Although important gains have been made in removing punitive laws that block effective responses, substantial work remains to ensure an enabling environment for a sound, inclusive and equitable HIV response. Gender inequalities, including gender-based violence and unequal access to educational and economic opportunities, undermine efforts to respond to HIV. Stigma and discrimination remains rampant. In 52 of 58 countries with recent population-based survey data, more than 25% of people (aged 15–49 years) reported having discriminatory attitudes towards people living with HIV, other recent data shows that in 25 of 36 countries, more than 50% of people (aged 15–49 years) displayed discriminatory attitudes towards people living with HIV. In 2020, 96 countries have laws that criminalize HIV transmission, exposure or nondisclosure; 67 countries criminalize the use, consumption and/or possession of drugs for personal use, including 35 that authorize the death penalty for such violations; 69 countries criminalize same-sex relations, including six that authorize the death penalty; 98 criminalize some aspect of sex work; and 13 countries criminalize transgender persons. More than 100 countries require parental consent before an adolescent may be tested for HIV.

23. At the end of 2020, US\$ 21.5 billion (in constant 2019 U.S. dollars) was available for HIV responses in low- and middle-income countries—far short of the US\$ 29 billion that will be needed by 2025 to get on-track to end AIDS. Domestic resources accounted for 61% of available resources in 2020. However, both domestic and international investments in the response have stagnated, leaving a considerable and growing resource gap.

CONTRIBUTIONS OF THE JOINT PROGRAMME TOWARDS ENDING AIDS

- 24.** The Joint Programme is more than the sum of its parts. It contributes to results through its multisectoral expertise its unique joint architecture and bold voice, its evidence-based and coordinated planning, its people-centered implementation to support countries and communities in close partnership with many other partners, and its monitoring and reporting across 12 UN entities, as per the Division of Labour. In 2020–2021, the Joint Programme made concrete, far-reaching contributions to end AIDS as a public health threat. The lessons and game-changers of 40 years of the HIV response proved useful in the midst of the COVID-19 pandemic, as well. This is especially important given the stark gaps and inequalities which COVID-19 both highlighted and exacerbated, and the urgent need for future pandemic preparedness.
- 25.** During the 2016–2021 UBRAF cycle, the Joint Programme’s performance was continuously monitored through overall narrative reporting and complementary 38 UBRAF indicators.³ The UBRAF indicators provide quantitative information on changes in countries that are the plausible results of the support of the Joint Programme. Progress reported against the UBRAF indicator and their targets represent the Joint programme’s best efforts to capture credible and quality data that reflect results against the UBRAF outputs, but they do not provide a full picture of the Joint Programme’s multifaceted and rich contributions in diverse country contexts. The narrative parts of the performance monitoring provide much more details on Joint Programme’s activities and other qualitative information, describing the contribution to those results.
- 26.** Progress under the 8 Strategy Result Areas has been measured through 25 indicators⁴ that include 110 measurements. By 2021, 15 of these indicators’ targets were met, 7 showed slow progress and 1 remained challenging, with measurements not being met, and 2 indicators changed over time and are not applicable. Among the 25 indicators, certain achievements are noteworthy. For example, by 2021, 15 countries had been validated for the elimination of mother-to-child HIV transmission; 92% of reporting countries offered HIV-related services for refugees and asylum seekers; and there was a significant increase in the percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms from 47% in 2016 to 70% in 2021.
- 27.** Other areas of the response remain more challenging, for example CSE, stigma and discrimination and resource allocation. The integration of HIV, sexual and reproductive health and gender-based violence services in laws and/or policies remains low. The UNAIDS Secretariat’s performance against its 5 functions has been monitored against 13 indicators that include 26 measurements. By 2021, the UNAIDS Secretariat met 7 indicator targets, approached 4 indicator targets, and partially met 2 of them. Overall, progress has been steady with continuous improvements over time, although the effects of COVID-19 and the lack of full UBRAF core funding made progress in 2020–2021 more challenging. For more information, please refer to the overview, below, the comprehensive annex or the detailed score cards.

³ The 38 UBRAF 2016–2021 indicators include 25 Strategy Result Area Indicators and 13 Secretariat Function indicators; see the summary overview report presented in an annex to this document and full detailed reporting in the PMR score card.

⁴ The UBRAF SRA indicator capture progress at country level that is the plausible result of the actions of the Joint Programme (data from 87 countries with functional Joint Teams on AIDS that consistently reported against these indicators throughout the 2016–2020 UBRAF implementation cycle). UBRAF indicators are limited to capturing the work of the Joint Programme. These data do not measure the global HIV response which are within the purview of the Global AIDS Monitoring (GAM) exercise. Thus, the information on the UBRAF indicator and targets in this report should not be construed as the status of each area of the global HIV response.

FIGURE 1. PROGRESS ON THE 25 STRATEGY RESULT AREA INDICATORS



FIGURE 2. PROGRESS ON THE 13 SECRETARIAT FUNCTION INDICATORS



MAIN ACHIEVEMENTS OF THE JOINT PROGRAMME IN 2020–2021

Note: In response to requests from the PCB, the results listed in this section specify the lead and main contributing Cosponsors, where possible. When no entity is mentioned, the results should be understood as the Joint programme’s collective results to which (almost) all Cosponsors and the UNAIDS Secretariat contributed. Most achievements were possible thank to the engagement and support from many other stakeholders, which were not listed here for the sake of conciseness.

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

28. In 2020–2021, the Joint Programme succeeded in keeping AIDS on the political agenda, galvanizing new momentum at global, regional and country levels, with a new specific focus on ending key HIV-related inequalities. It shaped the development of and launched the new ambitious [Global AIDS Strategy 2021–2026](#), which was informed by a sound [evidence review](#) and drew on the

engagement of more than 10 000 stakeholders and extensive technical briefings to Member States on lessons learnt and needs. The 2021 UN General Assembly High-Level Meeting on HIV and AIDS resulted in the adoption of a new [Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030](#), including the ambitious but realistic 2025 goals and targets set out in the Global AIDS Strategy. The 2021 High-Level Meeting events and debates were informed by the experiences of people living with and affected by HIV and the engagement of over 3,000 community representatives. It generated extensive high-level worldwide attention through media.

29. During the biennium, the Joint Programme contributed to nearly 40 high-level global political meetings, such as of the Commission on the Status of Women and the UN Human Rights Council, to advocate for more action on AIDS, human rights and gender inequalities, highlighting the costs of inaction and lessons learned from the HIV response. Building on new momentum from the High-Level Meeting, a 2021 High-Level Regional Summit for HIV/AIDS in West and Central Africa, co-organized

by the UNAIDS Secretariat and the Civil Society Institute for HIV and Health, convened more than 660 participants from 30 countries, including 18 ministers and 25 national AIDS council directors. The resulting [call for action to reinvent the response to the HIV pandemic and end AIDS in western and central Africa](#) urged an increase in national HIV investments, greater support for community-led responses and renewed efforts to place people at the centre of the responses to HIV and COVID-19. Political commitments were also sustained in other regions and countries, such as a renewed eastern and southern Africa Ministerial Commitment on Education, Health and Well-being of Adolescents and Young People, as well as the commitment of Asean cities to protect the gains of the HIV response during the COVID-19 pandemic.

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

30. Closing key gaps to protect and save lives was a central focus of the Joint Programme’s work in 2020–2021. The Joint Programme played a key role in efforts to elevate actions and investments to expand and intensify better-targeted HIV prevention, testing, treatment and diversified care services for those in need. It did so by providing normative guidance and technical support and by facilitating dialogues to ensure timely national policy changes such as the adoption and implementation of the “treat-all” approach and the use of optimized treatment regimens for better health and well-being. The Joint Programme also ensured more inclusive HIV responses through its active engagement with communities of people living with HIV, key populations, women and girls, young people and other priority populations, including support for their meaningful engagement in national strategies, policies and programmes in all settings.

31. The Joint Programme supported targeted HIV combination prevention.



HIV combination prevention

Targeted HIV combination prevention services.

Led efforts to elevate action and investments, expand and intensify better-targeted HIV prevention services for people in need.

- Assisted 28 focus countries of the Global HIV Prevention Coalition to develop national road maps with clear targets and it convened technical working groups for improved and scaled-up HIV prevention services. Twenty-seven of the focus countries had prevention strategies in place for key populations and 17 of them reported implementation of service packages for adolescent girls and young women (co-convened by UNFPA and UNAIDS Secretariat).
- Facilitated development of a global plan to drive the scale-up of HIV prevention and sexual and reproductive health and rights (SRHR) among adolescent girls and young women, and it launched a new operational framework to guide HIV the prevention scale-up for adolescent girls and young women in 10 countries in western and central Africa (UNFPA and UNAIDS Secretariat).
- As of 2020, 130 countries had adopted oral PrEP in their national guidelines, and WHO had approved the Dapivirine ring for HIV prevention and begun the review of long-acting Cabotegravir (WHO, UNHCR, UNDP, UNFPA, and UNAIDS Secretariat).
- Promoted the UNAIDS Condom Needs Estimation Tool, which is used by almost 30 countries to improve access to sexual and reproductive health (SRH) services (UNFPA and UNAIDS Secretariat).
- During the biennium, almost 1.5 billion condoms (male and female) were supplied to low- and middle-income countries (UNFPA and partners).
- Published national SHRH infographics snapshots for 194 countries including available key populations data (UNFPA and WHO)
- Elevated CSE on global, regional and national agendas, including by supporting the convening and renewed endorsement through 2030 of the East and Southern Africa Ministerial Commitment to strengthen CSE and SRH for young people (UNESCO, UNFPA, UNAIDS Secretariat).
- Scaled up initiatives to prevent HIV and prevent violence against women across 12 countries (UN Women).

FOCUS ON YOUNG PEOPLE AND COMPREHENSIVE SEXUALITY EDUCATION



- Continued to provide leadership for engaging and empowering young people in HIV responses to better meet their needs, including support to 11 regional youth and global networks for youth-led advocacy.
- Reached over 30 million learners in 2018–2021 through the [Our Rights, Our Lives, Our Future](#) programme with CSE (UNESCO).
- Launched the Global Partnership Forum on Comprehensive Sexuality Education and leveraged it to strengthen the capacity of 60 partners (including civil society, youth and education networks, donors and UN agencies) to expand access to quality CSE (UNESCO and UNFPA).
- Launched a [landmark 2030 report on the status of comprehensive sexuality education](#), drawing from data from more than 150 countries (UNESCO).
- Supported 55 countries to improve HIV and other health outcomes for adolescents and young people, including specific efforts to meet the HIV needs of young key populations in 5 countries in sub-Saharan Africa (UNDP).
- Increased young people's access to essential information on HIV and SRH through multiple campaigns and tools, such as [CONDOMIZE!](#) (UNFPA) and an online toolkit to improve knowledge which reached nearly 1 million young people in eastern Europe and central Asia (UNESCO).
- Developed 5 HIV prevention programmatic guidance tools to accelerate access to quality HIV prevention among diverse groups of young people at risk of acquiring HIV (UNICEF, UNFPA, UN Women, UNESCO, WHO and UNAIDS Secretariat).
- Piloted the Global Programme on out-of-school CSE in 5 countries including training, development of key resources such as the UN Technical and Programmatic Guidance on out-of-school CSE and the iCan package.

FOCUS ON CHILDREN AND ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION



- Supported elimination of mother-to-child transmission (EMTCT) validation efforts, including revised guidance and assembling data and reviewing progress towards validation, achieved by 15 countries as of November 2021. Botswana became the [first country with severe HIV epidemic to reach key milestone in the elimination of mother-to-child HIV transmission](#), attaining “silver tier” status⁵ on the path to EMTCT (UNICEF, WHO and UNAIDS Secretariat).
- Supported integration of HIV prevention in health, maternal and child policies and systems as part of broader efforts to achieve the “triple elimination” of mother-to-child transmission of HIV, syphilis and hepatitis B (UNICEF, WHO).
- Improved national policies through revised guidance on the use of ART in prepregnancy, pregnancy and postpartum women, and for infant prophylaxis and treatment (WHO).
- Assisted national partners in identifying and mapping specific service delivery gaps through the [Paediatric Service Delivery Framework](#), rolled out in 6 countries to optimize HIV treatment drugs and formulations for children, including through normative guidance, decision-making toolkits and support for commodity procurement and supply management, as well as the use of more granular data to remove service gaps (UNICEF, WHO).
- Published strategic policy guidance on strengthening youth-friendly services for pregnant and young mothers living with HIV (UNICEF, WHO), and supported countries to improve linkages with SRH policies, systems and service delivery (UNFPA).
- Advanced access to PMTCT services for pregnant women who use drugs and those in prisons by providing technical guides, capacity building and monitoring tools (UNODC, UNICEF, UNFPA, UN Women, WHO and UNAIDS Secretariat).
- Conducted gaps analysis for the [Last Mile to EMTCT: A road map for ending the HIV epidemic in children](#) for improved programming, and started wide consultation on a new initiative, building on the Start Free, Stay Free, AIDS Free initiative to close related inequalities and gaps (UNICEF, WHO and UNAIDS Secretariat).

⁵WHO awards the “silver tier” status certification to countries that have brought the mother-to-child HIV transmission rate to under 5%; provided antenatal care and ART to more than 90% of pregnant women; and achieved an HIV case rate of fewer than 500 per 100 000 live births.

- 32. More equitable access to HIV testing and treatment, and diversified care was achieved.



HIV testing, treatment & care

More equitable access to HIV testing and treatment, and diversified care.

Enabled 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.

- Effectively facilitated the adoption of key normative guidance: as of December 2021, 96% of reporting countries were following the HIV “treat-all” recommendation, 72% had adopted rapid HIV treatment initiation, and 87% were using preferred first-line treatment regimens (WHO, UNAIDS Secretariat).
- Updated key global HIV testing and treatment guidance informed by the best available scientific evidence such as new [consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring](#), including new guidance on service delivery and treatment of comorbidities, and helped ensure alignment of related national policies (WHO, UNAIDS Secretariat).
- Financed US\$ 500 million to support the provision of HIV testing and prevention of mother-to-child transmission as part of a combined package of health services (World Bank).
- Implemented its flagship [VCT@WORK campaign](#) in more than 20 countries and thus enabled 92 000 workers to know their HIV status. HIV self testing was scaled up in many countries across different regions, with a focus on HIV workplace self-testing in 12 countries (ILO, WHO).
- Contributed to joint strategic approaches to increase access to medicines and commodities (UNDP, WHO and UNAIDS Secretariat) and partnered with national stakeholders to provide 1.5 million people with ART and to reach 8.6 million people with HIV testing services (UNDP in its role as principal recipient of the Global Fund).
- Enhanced integration of under-prioritized elements of comprehensive HIV care, such as mental health services and uptake of cervical cancer screening and treatment (WHO, UNICEF, UNDP, UNFPA, UN Women and UNAIDS Secretariat).
- Partnered with PEPFAR, the GW Bush Institute and others through the Go Further public-private partnership, supporting 12 countries in scaling up screening and treatment for cervical cancer, integrated with HIV care services, through community engagement (UNAIDS Secretariat).
- Developed and field-tested a tool for monitoring epidemiological trends and HIV service availability in prisons such as in Indonesia (UNODC).
- Contributed to address unequal gender norms and enhance access to HIV testing and treatment services for both women and men (UN Women).

FOSTERED DIFFERENTIATED HIV SERVICE DELIVERY (DSD) AND THE DESIGN AND ADOPTION OF OTHER INNOVATIONS, NEW TOOLS AND TECHNOLOGIES FOR BETTER ACCESS TO HIV AND HEALTH SERVICES

Innovation has been a hallmark of the HIV response and the Joint programme's work. In 2020–2021, the COVID-19 pandemic added further impetus to this work, as lockdowns and barriers to the use of health facilities prompted a rapid scale-up of innovative differentiated service delivery, the use of new technologies to maintain service HIV access, accelerated uptake of new interventions (e.g. self testing and PrEP), expanded delivery of quality SRH services, and support to community empowerment and community-led responses. It was also an opportunity to promote broader health innovations, funding and partnerships. The Joint Programme:

- supported more than 130 countries to overcome HIV service barriers, including in the context of COVID-19, as well as by leveraging HIV-based services and expertise to advance the COVID-19 response;
- developed, disseminated and supported multiple models to accelerate the roll-out of HIV self-testing, which 48 countries were routinely implementing by June 2021 (WHO and ILO);
- expanded multimonth dispensing of ART policies to maintain services during the COVID-19 pandemic, now adopted by more than 90% of low- and middle-income countries (WHO, UNICEF, UNAIDS Secretariat);
- supported the expansion of community-led differentiated service models in 10 countries and established/sustained community ART groups (UNAIDS Secretariat);
- launched the DSD Taskforce for knowledge-sharing, which conducted a deep "data dive" in 15 countries and developed DSD profiles for 55 countries and five regions;
- catalogued and disseminated innovations to maintain service access during the COVID-19

pandemic, with deep "data dives" in 13 countries to identify key challenges and ways to accelerate the roll-out of innovative HIV policies and products (WHO and UNAIDS Secretariat);

- adapted strategies for prevention of vertical transmission services through virtual technical support to 67 countries and improved delivery of voluntary medical male circumcision programmes in the context of COVID-19 (WHO);
- supported implementation of differentiated service delivery models for paediatric AIDS in 6 high-burden countries in sub-Saharan Africa (UNICEF, WHO); and
- guided and supported expansion of multidose dispensing of methadone (e.g. Viet Nam) and implementation of medication-assisted therapy programmes (e.g. Egypt and Pakistan) (UNODC and UNAIDS Secretariat).

Digital and artificial technology for better outreach & services. The Joint Programme:

- supported 86 countries in using digital solutions and innovation for health (UNDP);
- facilitated the use of mobile teams and digital tools to engage key populations and other people at risk in HIV testing services in Djibouti, Kyrgyzstan and Panama (UNDP);
- developed digital applications to support women living with and affected by HIV in Indonesia, Tajikistan and Uganda (UN Women);
- Supported a digital platform (developed by YouthConnect) for countries to expand delivery of quality SRH services for women, girls and young people (UNFPA);
- supported, through a digital-first approach

(U-Test), scaled-up combination HIV prevention for marginalized adolescents at high risk of HIV in three countries in western and central Africa (UNICEF);

- used artificial intelligence and big data to support national HIV responses in Armenia, Botswana and Zimbabwe, improving allocative and implementation efficiency for HIV and other health programmes (World Bank);
- fostered development of an artificial intelligence chatbot to recruit participants and provide information and peer support for delivering PrEP to young key populations in Brazil (WHO), and developed safe and effective digital tools to address PrEP-related stigma and accelerate PrEP scale-up in Pakistan (UNDP, WHO and UNAIDS Secretariat); and
- collaborated with partners to adapt an artificial intelligence tool for tuberculosis (TB) diagnosis to enable COVID-19 diagnosis (UNAIDS Secretariat).

Health Innovation Fund and other partnerships/initiatives. The Joint Programme:

- created UNAIDS Health Innovation Fund, a virtual marketplace for HIV-related innovations;
- facilitated partnerships with the private sector for more than US\$ 60 million in investments in health-care innovations, as well as US\$ 6 million in sanitation services for key populations and networks of people living with HIV in Africa, Asia and the Middle East and North Africa;
- facilitated and supported the Saving One Million Lives Initiative, including HIV counselling and testing and PMCT in Nigeria; and
- supported the Inter-Faith Health Platform (joined by more than 2,300 individuals and organizations) and the UNAIDS-PEPFAR Faith Initiative (joined by 8 countries) to leverage the influence of national faith partners in the HIV and TB response (UNAIDS Secretariat).

33. Differentiated approaches for population groups were supported.



Differentiated approaches

Differentiated approaches for population groups.

Contributed to more inclusive HIV responses that better address the needs of communities, especially key populations, women and girls, children, young people and populations in humanitarian settings and other mobile and migrants.

- There is clear evidence that progress is uneven geographically and between different populations within countries and that programmes to meet those needs are often underprioritized and underfunded. In 2020–2021, the Joint Programme prioritized advocacy, policy changes and catalytic efforts to support countries to implement

differentiated approaches to accelerate more equitable and better-tailored HIV services for key populations, women and girls, young people and children, and populations in humanitarian settings and other mobile and migrant populations, as highlighted in the focus boxes, below.

FOCUS ON SAVING LIVES, IMPROVED WELL-BEING AND RIGHTS OF KEY POPULATIONS



- Supported capacities and service scale-up for key populations in about 80 countries (UNDP, UNFPA, ILO, WHO and UNAIDS Secretariat).
- Adapted subnational programme planning to strengthen local responses for key populations in 14 countries.
- Established a key populations community of practice among national AIDS control commissions in 28 countries, under the umbrella of the Global HIV Prevention Coalition.
- Tackled discrimination faced by transgender children across the world through the “See me as I am” campaign (UNAIDS Secretariat).
- Supported community-based interventions that reached 662 000 female sex workers, 238 000 gay men and other men who have sex with men, 40 500 transgender people and 140 000 people who inject drug (World Bank).
- Facilitate entrepreneurship and income generation for key populations (UNDP, ILO, UNAIDS Secretariat) such as for transgender people in Indonesia and Brazil (ILO).

Guidance was provided to respond better to the needs of key populations.

- [Technical guidance on out-of-school comprehensive sexuality education](#) (with a specific focus on reaching key populations) (UNFPA, UNICEF, UNESCO, WHO, UNAIDS Secretariat).
- [LGBTI inclusion index](#) that enabled monitoring of economic well-being, civic participation, personal safety, health and education of LGBTI people (UNDP, World Bank), Step-by-step guidance to address the needs of LGBTQI+ people in the context of the world of work (ILO), [Guidance on working with LGBTQI+ people in forced displacement](#) (UNHCR) and supported [GATE Guidelines for governments and communities to strengthen the engagement of trans people in HIV national strategic planning](#).
- [Technical guidance and trainings on HIV and viral hepatitis programmes for people who use stimulant drugs](#) (UNODC, WHO, UNAIDS Secretariat).
- [Operational guidance on responding to health and protection needs of people selling or exchanging sex in humanitarian settings](#) (UNHCR, UNFPA).
- [Technical guidance on the needs of women who use drugs, regarding prevention of MTCT, hepatitis B and C and syphilis](#) (UNODC, UNICEF, UNFPA, WHO).

FOCUS ON WOMEN AND GIRLS



- Promoted the integration of gender equality issues and supported the leadership and empowerment of women living with HIV in the design, implementation and review of national HIV strategies in 35 countries (UN Women).
- Enhanced women and men's access to HIV services and adherence through approaches to transform unequal gender norms and prevent violence against women in over 12 countries (UN Women).
- Supported the Southern African Development Community (SADC) in the development and launch of a gender-responsive oversight tool to monitor the implementation of the Commission on the Status of Women Resolution 60/2 on Women, the Girl Child and HIV and AIDS the SADC region, with Mozambique the first country to adapt and contextualize it (UN Women, UNFPA, UNESCO and UNAIDS Secretariat).
- Promoted gender-sensitized HIV services in prisons in 8 countries, including the establishment of the first women-specific needle and syringe programme in Nepal (UNODC).
- Promoted economic empowerment of women living with and affected by HIV, thereby improving their access to HIV services (UNHCR, WFP, UN Women, ILO and World Bank).
- Supported the implementation of the [Essential Services Package](#) across 60 countries to maintain, adapt and improve services for survivors of violence against women, including access to post-exposure prophylaxis (UN Women, UNDP, UNFPA, UNODC, UNHCR and WHO).

FOCUS ON POPULATIONS IN HUMANITARIAN SETTINGS AND OTHER MOBILE AND MIGRANT POPULATIONS



- Supported the expansion of HIV services for populations in humanitarian settings in more than 48 countries, including providing HIV testing services (to more than 182 000 pregnant women in 35 countries in 2020–2021), hepatitis B testing (19 941 people in 2021) and hepatitis C testing (12 248 people) (UNHCR), and providing pregnant and lactating women with fortified nutritional supplements, cash transfers (WFP) and other health services and gender-based violence support (World Bank).
- Advocated with national governments and partners for more inclusive services increasingly giving humanitarian affected populations access to HIV services under the same conditions as nationals, already ensured for ART access in 39 countries (UNHCR)
- Provided cash transfers, food assistance and other support to the most vulnerable people living with HIV in dozens of humanitarian and fragile settings (WFP).
- Committed US\$ 815 million to support women's and children's health in humanitarian settings (World Bank).
- Commissioned a review of evidence on HIV and migrants in Europe, which led to the formation of a new coalition to address inequities in HIV service access among key populations and vulnerable migrants

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

34. At the heart of all the Joint Programme's work were efforts to improve enabling environments, including legal and regulation reforms; actions to end stigma and discrimination, advance gender equality and end gender-based violence; and initiatives to promote education, empowerment and income-generation for women and girls. Significant steps forward were taken in many countries, despite challenging environments which were being exacerbated by the COVID-19 pandemic. This was done through multiple initiatives, advocacy, technical support and brokering of partnerships and dialogues with many stakeholders from governments, communities, other civil society organizations and other partners.

35. Legal and regulatory reforms were advanced.



Law & regulations reforms

Law & regulations reforms. Supported 90 countries in improving enabling environments, including legal and regulatory frameworks using the recommendations of the Commission on HIV and the Law, and sensitizing judiciary and enforcement officers, for a more effective HIV response and for ensuring that everyone's rights are upheld.

- Contributed to law reforms, including the repeal of laws criminalizing unintentional transmission of HIV in Mozambique and Zimbabwe; decriminalization of consensual same-sex conduct in Bhutan, the Seychelles and Angola; a new law in Chad protecting the rights of people living with HIV and amended law on HIV in Viet Nam; legislation in Ukraine to permit people living with HIV to adopt children; and the development of a strategy for mainstreaming HIV and human rights in Sudan's legal and regulatory framework.
- Actively engaged governments and civil society to develop laws, policies and partnerships to promote social inclusion and protect people of different sexual orientation and gender identity (UNDP-led [Being LGBTI in Asia and the Pacific](#), UNAIDS Secretariat), and assessed laws and regulations affecting sexual and gender minorities in 16 countries (World Bank).

- Reviewed [Legal and Policy Trends - Impacting People Living with HIV and Key Populations in Asia and the Pacific 2014–2019](#), including support for the creation of a database of laws of the 38 member states of Economic and Social Commission for Asia and the Pacific (ESCAP) (UNDP and UNAIDS Secretariat).
- Compiled the first-ever global data on the number of countries with laws and regulations guaranteeing full and equal access to SRHR, as well as a strategy for the inclusion of people with disabilities (UNFPA).
- Intervened in crisis situations to avert violence and other harms among key populations in at least 8 countries (UNAIDS Secretariat).
- Prevented the refoulement of refugees living with HIV in several countries and supported 9 national organizations working with LGBTQI+ refugees and migrants, including successful advocacy to increase migrants' HIV treatment access in Chile (UNHCR).
- Sensitized judges from 9 countries regarding HIV and the law, including the negative aspects of criminalization (UNDP and UNAIDS Secretariat).
- Developed guidance and training material for police officers' interaction with people using drugs on HIV-related risks and alternative for incarceration (UNODC).
- Expanded legal aid to communities of people living with and affected by HIV including key populations in several countries such as Indonesia, Malaysia and Somalia through collaboration and support to civil society organization and legal aid experts (UNDP, UNAIDS Secretariat).

36. Actions for ending stigma and discrimination increased.



Ending stigma & discrimination

Stigma & discrimination. Harnessed the joint efforts of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, as well as for antidiscrimination measures, evidence analysis and monitoring, to inform stronger legal protection, programme and social changes.

- Expanded the [Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination](#) to 29 country partners and its implementation in 6 priority settings (co-convened by UNAIDS Secretariat, UN Women, UNDP, the Global Network of People Living with HIV, the PCB NGO Delegation and the Global Fund).
 - Supported the successful enactment of new antidiscrimination measures in Côte d'Ivoire, Haiti, Indonesia, Kenya, Malawi and Uganda.
 - Engaged communities of people living with HIV and key populations in efforts to strengthen national laws and policies to prevent HIV-related discrimination (e.g. Jamaica and Tajikistan).
 - Expanded interventions to reduce stigma and discrimination to increase HIV service access among key populations (e.g. Colombia) and actively promoted the U=U campaigns in many countries in collaboration with networks of people living with HIV and key populations and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).
 - Contributed to the development and roll-out of [The People Living with HIV Stigma Index 2.0](#), with an updated methodology to better assess how specific populations and their continuum of care are affected by stigma; and achieved (near) completion of the Stigma Index in 17 countries, including a multicountry Stigma Index study in Latin America (UNAIDS Secretariat with GNP+, ICW and national networks of people living with HIV).
 - Collaborated on a [global HIV discrimination in the world of work survey](#), adding new evidence on discrimination to underscore the need for intensified antistigma efforts in the workplace (ILO with Gallup).
- 37.** Advancing gender equality and empowerment of women and girls, and ending gender-based-violence



Gender equality & empowerment of women

Gender equality, empowerment of women and girls, and ending gender-based violence.

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 for women living with or affected by HIV, and advance evidence-based approaches to prevent violence against women.

- Strengthened gender expertise in AIDS coordinating bodies in 16 countries, resulting in more gender-responsive HIV plans, programmes and monitoring and commissioned the [Financing for Gender Equality in the HIV Response](#) expert group meeting that provides cutting-edge evidence and guidance for national HIV programmes (UN Women).
- Supported 13 countries to conduct gender assessments of their HIV response, supporting integration of gender equality issues in national HIV responses and through findings, thus progressively helping to make HIV programmes more gender-responsive (UN Women and UNAIDS Secretariat).
- Expanded spaces for, mobilization and capacities of women living with HIV to identify and reduce gender-based stigma and discrimination and repeal discriminatory laws and practices in at least eight countries (UN Women, UNDP).
- Improved HIV service access and adherence through implementation of initiatives in 12 countries to transform gender norms in the context of HIV, including in South Africa, where the [HeForShe](#) initiative engaged 148 700 participants, over half of whom accessed HIV testing and linkage services (UN Women). Led other complementary initiatives to foster healthy gender norms among men and boys (UNFPA and UNDP).
- Scaled up evidence-based interventions in 15 countries to transform unequal gender norms to prevent violence against women, including through intervention packages and validated community initiatives (UN Women).
- Supported the maintenance and adaptation of services for survivors of gender-based violence in 60 countries, while 71 countries reported implementing WHO guidelines and tools for responding to intimate partner violence and sexual violence (WHO) and facilitated post-exposure HIV prophylaxis to nearly 70 000 women (UNHCR).

- Promoted ratification by governments of the ILO Convention on the elimination of violence and harassment in the world of work (C190) global campaign, which was launched to raise awareness on the reality of violence and harassment at work. To date, 11 countries have ratified C190 and several other countries are at various stages in the process of ratification (ILO).
- Launched the *We've got the power: Women, adolescent girls and the HIV response* report which analyses progress since the 1995 Beijing Declaration and Platform for Action, as well as unfinished work and the need to confront gender equality, stigma and discrimination.
- Launched the [Education Plus Initiative \(2021–2025\) for the empowerment of adolescent girls and young women in Sub-Saharan Africa](#) at the Generation Equality Forum in Paris. Five champion countries have committed at the highest level to a comprehensive package to ensure that every adolescent girl has safe, HIV-free transitions to adulthood (UNAIDS Secretariat, UNESCO, UNFPA, UNICEF, UN Women).
- Advocated and identified key actions to address the needs of adolescent girls, young women and young people in UNESCO's Our Rights, Our Lives, Our Future initiative, the UNICEF-UNFPA Global Programme to End Child Marriage, and the World Bank's Sahel Women's Empowerment and Demographic Dividend project.
- Supported income-generating activities for women living with or affected by HIV in at least 92 countries (WFP, UN Women, ILO, World Bank).
- Provided scholarships to more than 2 million girls in western and central Africa (World Bank).

Sustainable financing and resilient health and social protection systems

- 38. The Joint Programme contributed to mobilize and guide more domestic and international investments for more impactful and sustainable HIV responses, including by strengthening HIV and health financing and resilient health systems, supporting community-led and people-centered responses, expanding HIV-sensitive social protection (especially in the context of COVID-19), and leading HIV financing monitoring and efficiency analysis.

- 39. The Joint Programme facilitated effective coordination with national and other partners, especially the Global Fund and PEPFAR, to promote robust and coordinated country programming and implementation processes, including the complementary alignment of investments and reporting with national priorities and systems as well as resolution of policy implementation bottlenecks. Collective investments were also optimized through the Joint Programme's proactive identification of emerging, country-level programming and policy issues. Complementing that work was the successful promotion of policy changes, including innovations, support for effective regular exchanges of strategic country-level information at regional and global levels, and coordination of timely and quality technical support.

- 40. Social protection was strengthened.



Social protection

Social protection. Strengthened the HIV-sensitivity, adaptability and sustainability of social protection systems, including through inclusion of key and vulnerable populations in national health, education and social protection, plans, strategies and systems.

- Launched a [Global call on governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic](#) and supported immediate measures to mitigate the effects of the pandemic (ILO, UNHCR, UNICEF, WFP, UNODC, UN Women, UNESCO and UNAIDS Secretariat).
- Promoted increased emphasis on social protection instruments, such as cash and in-kind transfers, as well as social protection systems, to address systemic vulnerabilities at scale and mitigate the impacts of the HIV and COVID-19 pandemics.
- Supported over 50 countries in promoting HIV-sensitive social protection and increasing social protection coverage (ILO, UNICEF, UNDP and UNAIDS Secretariat).
- Supported social protection assessments in 12

countries and built the social protection capacity of 80 stakeholders in western and central Africa (ILO, WFP and UNAIDS Secretariat).

- Supported countries in developing a set of policy actions and plans to strengthen social protection schemes for women living with and affected by HIV (UN Women).
- Promoted further inclusion of refugees in national health, education and social protection, plans, strategies and systems (UNHCR).
- Supported implementation of novel cash ("plus") transfer programme and facilitated the enrolment of people living with HIV and key populations (e.g. in Cambodia, Cameroon and Mauritania, (ILO, UNHCR, UNICEF, UNDP and UNAIDS Secretariat).

41. Community-led and people-centered responses were promoted and supported.



Community-led and people-centered

Community-led and people-centered responses.

Advocated for and supported critical investments and innovations to expand and finance community-led responses to enhance the reach and impact of HIV and health responses, especially for the most marginalized populations.

- Championed bold advocacy for community-led responses and their financing, and the documentation of interventions, including in the context of COVID-19. Shared good practices, added-value and lessons learned, e.g. in [Holding the line: communities as first responders to COVID-19 and emerging health threats](#).
- Explored alternative models for sustainable financing of community-led responses and supported them in at least 10 countries. Developed new guidance to promote social contracting, such as a [methodology](#) to calculate the social returns on investment (piloted in 5 countries) and a [policy brief on social returns on investment for HIV services](#) (UNDP, World Bank and UNAIDS Secretariat).
- Provided technical support for implementation of community-led monitoring in 24 countries.

- Built the capacities of 179 organizations in western and central Africa for community-led HIV service delivery.
- Mapped community health workers in Africa, as well as identified achievements and gaps and issued recommendations to accelerate progress towards the African Union's goal of training and deploying 2 million community health workers (WHO and UNAIDS Secretariat).

42. Actions to achieve sufficient HIV and health financing and build resilient health systems increased.



HIV, health financing & resilient health system

HIV and health financing and resilient health systems.

Advocated for and supported sufficient HIV and health financing, as well the strengthening and integration of people-centred health systems, with robust community engagement for better HIV and health outcomes for all.

- Held 5 regional ministerial meetings on health and finance in Africa and supported the development of a new health financing road map for Africa, the Addis Ababa Commitment toward Shared Responsibility and Global Solidarity for Increased Health Financing Declaration, in order to increase domestic resources for health and to reorient health systems in Africa (WHO, World Bank, UNAIDS Secretariat).
- Supported critical investments and innovations for more robust and sustainable health systems and accelerated progress towards Universal Health Coverage, including through the UHC2030 multistakeholder platform, which is assisting low- and middle-income countries in transitioning towards greater domestic investments in health systems (WHO, UNICEF, UNDP, UNFPA, World Bank and UNAIDS Secretariat).
- Established the new fast-track facility, enabling US\$ 6 billion in World Bank financing to support health systems, as well as US\$ 8 billion in International Finance Corporation private-sector financing for livelihood support (World Bank).
- Supported national efforts to explore health taxes

for sustainable health and HIV financing, in line with the Global Action Plan for Health Lives and Well-being for All (UNDP, WHO, World Bank).

- Provided US\$ 157 billion in support for COVID-19 response and recovery, including US\$ 20 for improved access to COVID-19 vaccines and about US\$ 5 billion as part of the [Debt Service Suspension Initiative](#), to mitigate the pandemic's impact on health and social services in over 40 countries (World Bank).

43. Resource mobilization, effective coordination and prioritization for impact was emphasized.



Resources for AIDS

Resources for AIDS. Leveraged billions of dollars for HIV, supported effective coordination and guided optimized evidence-informed allocation and use of resources for national HIV responses, especially through partnerships with the Global Fund and PEPFAR.

CONTRIBUTING TO MORE THAN MONEY — THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS AND THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA.

- In 2020–2021, supported more than 80% of applications to the Global Fund, guiding US\$ 5 billion in HIV funding and resolving bottlenecks during implementation for effective impact.
- Catalyzed a greater focus on prevention in the Global Fund's grants in 30 countries, which led to the Global Fund's five pillars of HIV prevention investments rising from US\$ 641 million in 2015–2017 to US\$ 845 million in 2021–2023.
- Supported 28 well-prioritized HIV/TB country grants and 12 Global Fund strategic initiatives on HIV, such as condom programming in 4 countries, and on cross-cutting issues such as human rights and gender.
- Aided the resolution of political and technical challenges on HIV/TB implementation through the HIV Situation Rooms in 13 countries.
- Supported the reprogramming of Global Fund grants in over 10 countries to ensure continuation of HIV services in the context of COVID-19.
- Prioritized applications from 22 countries for funding under the Global Fund COVID-19 Response Mechanism (C19RM), including the mobilization of US\$ 237 million for 4 countries in 2021.
- Strengthened inclusion of mental health aspects in Global Fund applications in 15 countries and amplified linkages between HIV and cervical cancer services, leading to related investment of US 9.6 million in 12 countries in eastern and southern Africa.
- Enhanced the inclusion in Global Fund grants of interventions to meet the needs of populations living with, at risk of and or affected by HIV in humanitarian situations.
- Provided logistical and supply chain expertise to the Global Fund to better assess the storage of medications and other supplies, and current stocks of and future needs for medications, and provided nonfood HIV-, TB-, malaria- and COVID-19-related commodities (US\$ 37 million) from 6,698 delivery points in 7 countries (WFP).
- Actively contributed as members in at least 77 Global Fund Country Coordinating Mechanisms.
- Managed 32 Global Fund grants in 22 countries and 2 regional programmes covering an additional 11 countries (UNDP in capacity as interim Principal Recipient).

44. Global and national HIV financing monitoring and efficiency analysis were improved.



HIV financing monitoring & efficiency analysis

Global and national HIV financing monitoring and efficiency analysis.

Generated and promoted the use of key data and analysis of HIV financing, expenditures and other tools to increase impact, return on investments and long-term sustainability.

- Monitored expenditures for the HIV response from domestic and international sources in 118 low- and middle-income countries, available on the [UNAIDS HIV Financial Dashboard](#), including data against more than 85 different indicators on HIV financial resources (UNAIDS Secretariat).
- Analysed HIV-related disbursements by international donors and investments in research and development on key prevention technologies (UNAIDS Secretariat with Henry J. Kaiser Family Foundation and AVAC).
- Supported National AIDS Spending Assessments in 12 countries, enabling them to identify settings, areas and/or populations in need of more investments (UNAIDS Secretariat).
- Improved the impact, efficiency and equity in the use of resources through data-driven, targeted approaches and effective community responses, including through over 20 efficiency and effectiveness studies including allocative efficiency studies in 10 countries.
- Supported 6 countries to either complete or begin HIV investment cases, to project costs and public health impacts associated with differing financing scenarios, and identifying technical and allocative efficiencies. In 2020–2021, 54% of countries where the Joint Programme operates reported having in place and using up-to-date quality HIV investment cases.
- Supported Health Financing System Assessments in 4 countries and across the Asia-Pacific region, which were used with other tools to improve efficiencies (World Bank).

- Monitored average unit price and procurement volumes for first- and second-line antiretroviral (ARV) medicines (WHO).

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

45. Complementing the actions for and achievements in expanding HIV services, human rights and gender equality and financing, the Joint Programme also prioritized equitable access during the COVID-19 pandemic, using its long-standing leadership in identifying and addressing key HIV-related inequalities.

46. People's Vaccine and equitable access to health commodities were promoted.



People's Vaccine & commodities

People's Vaccine and health commodities. 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 for all people everywhere by rallying a wide movement, including by calling on world leaders to act and by highlighting the need to prioritize people over profits.
- Provided advocacy and guidance for expanding access to COVID-19 testing, treatment and vaccination services in sub-Saharan Africa, where service access remains markedly lower than in other regions.
- Supported the Accelerated COVID Testing (ACT) initiative, leading to the deployment of more than 2,000 community health workers.
- Partnered with the African Union on strategies to build regional capacity for the local manufacture of vaccines and other health commodities, including an assessment of manufacturing capacity in Egypt, Nigeria and South Africa

47. Intersections of HIV and COVID-19 were addressed.



Intersections HIV & COVID-19

Intersections of HIV and COVID-19. Monitored and elevated the needs and rights of the most vulnerable in the face of the twin pandemics of AIDS and COVID-19, and heeded the lessons from HIV.

- Led data collection, dissemination and advocacy in partnership with networks of people living with HIV and key populations to monitor the impact of COVID-19, and shared examples on how to maintain HIV services, mitigate the pandemic's impact and save lives.
- Elevated the voices of communities and critical contributions for the continuity of HIV and health services, including HIV and COVID-19 prevention and testing, COVID-19 vaccinations, home delivery of ART, transportation to treatment centres and socioeconomic support.
- Developed and disseminated expert publications and guidance on the intersections of HIV and COVID-19, focusing on maintaining prevention service access, examining human rights, and documenting the many ways in which HIV investments contributed to responses to COVID-19 in diverse country settings.
- Advocated for and mobilized local support to ensure access during the pandemic to services that respond to the surge of violence against women (UN Women, UNFPA).
- Conducted evidence-informed studies and analyses and provided technical guidance to mitigate the impact of COVID-19 on young people, especially in the context of school closures (UNESCO, UNICEF, WFP and UN Women), and bolstered school feeding programmes in many countries (WFP and World Bank).
- Provided new guidance and capacity-building to address the needs of people who use drugs, such as guidance on harm reduction and COVID-19 (UNODC, WHO).

- Issued calls to action to urge countries to protect incarcerated people from COVID-19 by rapidly decongesting prisons and other closed settings, and provided related support, such as the development of information systems on HIV, TB, sexually transmitted infections and other health issues in prison settings (e.g. in Indonesia (UNODC)).
- Advocated for the COVID-19 response to heed the lessons learned from HIV to build back better to achieve universal health care, especially for the most marginalized populations, including through community leadership and engagement, the centrality of human rights and gender equality, the transformative impact of innovations in diagnostic and services delivery, equitable and affordable access to life-saving commodities for all who need them.

- 48.** Updates were presented to the PCB to inform dialogues. Analysis confirmed that the Joint Programme played an important role in people-centred, timely, coordinated and mutually reinforcing HIV and COVID-19 responses.

** The Organizational report and the Regional and Country report highlight multiple other contributions of the Joint Programme to the broader SDGs.*

FROM THE FAST-TRACK TO AN INSPIRING NEW VISION TO REDUCE INEQUALITIES AND GET THE RESPONSE ON-TRACK TO END AIDS THROUGH A STRONGER JOINT PROGRAMME

49. While keeping HIV on the political agenda, the Joint Programme supported countries in ensuring that their HIV responses are optimally strategic, inclusive and evidence-informed. By the end of 2021, 82% of reporting countries had strategies in place that reflected the Fast-Track approach, more than 380 cities had joined the Fast-Track Cities network, and technical assistance from the Joint Programme supported localized action in 15 high-burden Fast-Track cities. The Fast-Track approach in 2016–2020 achieved historic progress, enabling a growing roster of countries on be on-track to achieve the 90–90–90 targets and EMTCT, while many others expanded their HIV services and improved their enabling environment towards ending AIDS by 2030.

50. The Joint Programme’s solid expertise and significant investments in generating and using quality and timely strategic information in collaboration with countries, communities and partners—including PEPFAR and the Global Fund—have been essential for those achievements. They have guided the global and national HIV responses with increasingly granular knowledge of local epidemics, populations living with, affected and at risk of HIV, and relevant gaps. This was highly influential in shaping the next phase of the response, including through an evidence review that informed the Global AIDS Strategy and Political Declaration. The investments that led to the main achievements described below must be sustained, especially to better understand, address and closely monitor HIV-related inequalities towards ending the AIDS epidemic.

THE JOINT PROGRAMME WAS A LEADING FORCE IN GLOBAL EFFORTS TO GENERATE AND EFFECTIVELY USE DATA FOR IMPACT IN COLLABORATION WITH COUNTRIES, COMMUNITIES AND MANY PARTNERS.

Generation of critical HIV data and analysis.

The Joint Programme:

- Enhanced the efficiency of national responses, with the population/location principles reflected in the national HIV strategies of 99% of reporting countries where the Programme is operational.
- Led and managed the [Global AIDS Monitoring System](#), the largest source and reference of HIV strategic information, with countries annually reporting against the internationally agreed common set of approximately 70 HIV indicators to measure progress against the 2016 Political Declaration on HIV and AIDS.
- Collaborated with over 100 national epidemiological teams to produce HIV epidemiological estimates, disaggregated by age and sex, that are critical for understanding the trajectory of the epidemic.
- Enabled more strategic tailoring of local responses, with 33 countries using UNAIDS-recommended models to generate subnational HIV estimates at district-level in 2020.
- Produced UNAIDS flagship reports (including the annual [Global AIDS updates](#), [World AIDS Day reports](#)) and managed platforms and online portals (e.g. the [UNAIDS Data Book \(AIDSinfo\)](#), [Key Population Atlas](#), [Laws and Policies database](#)).

and [Financial Dashboard](#)), which provided updated strategic data on progress, gaps and ways forward.

- Led and completed a comprehensive evidence review, which informed the Global AIDS Strategy and other work, outlining how HIV risk, vulnerability and access to essential services varies by income, wealth, gender, key population status, national income and geography.
- Expanded WHO's network of HIV drug resistance laboratories to encompass 56 countries, providing a growing picture of risks and trends to inform timely actions for preventing and mitigating the impact of drug resistance.

Closing key data gaps. The Joint Programme:

- Designed, piloted and /or implemented less costly and more sustainable methods of behavioural and epidemiological monitoring among key populations.
- Designed a new algorithm that aims to help identify adolescent girls and young women who are at high risk of HIV infection, to inform programme design and focus.
- Supported more advanced analysis of comorbidities such as viral hepatitis and cervical cancer.

Data for decision-making. The Joint Programme:

- Guided decision-making and programming in 8 high-burden countries in sub-Saharan Africa through the Health Situation Room, including dashboards (WHO and UNAIDS Secretariat).
- By using the "stacked bar" tool, enabled countries to understand the reasons why children continue to acquire HIV vertically in settings with high ARV coverage among pregnant women living with HIV. For example, it informed a costed plan to increase coverage of early infant diagnosis in Zimbabwe and adoption of PrEP for pregnant and breast-feeding women in Uganda (UNICEF).
- Supported data triangulation, such as to inform Pakistan's new HIV strategy, which prioritizes the introduction and scale-up of HIV self-testing and PrEP.

The critical importance of collecting regional and country level data, understanding what the data means, and using the data and related technology to achieve the 2025 and 2030 targets was the focus of a lively presentation and debate during the PCB thematic session in December 2021 ([Agenda item 10: Thematic Segment Background Note | UNAIDS](#))

51. While the Fast-Track approach paid off, it was not sufficient. The limited set of global Fast-Track targets risked obscuring other persistent gaps in the response, as well as ongoing challenges in settings and among populations that were not benefitting equitably. Progress remains uneven, and differentiated approaches adapted to local contexts are needed. As the Fast-Track era drew to a close, it became clear that we can end AIDS only if we end HIV-related inequalities, leave no one behind and address the key remaining gaps in our efforts.

52. The Global AIDS Strategy 2021–2026 presents a new vision and offers more promising prospects for ending the AIDS epidemic. Adopted during the Decade of Action to accelerate progress towards the SDGs, the Global AIDS Strategy anchors the HIV response more firmly in broader efforts to make the world more just and sustainable by placing people firmly at the centre of global health and development. It situates the SDGs that relate to the reduction of inequalities at the heart of its approach.

53. The Global AIDS Strategy provides a strategic blueprint and road map, with clear priority actions across 10 result areas and five cross-cutting issues. The more than 10 000 stakeholders around the world who were engaged in developing the Strategy can now help drive its full and effective implementation. Key strategic partners, including the Global Fund and PEPFAR and many countries, have aligned their efforts with the directions outlined in the Global AIDS Strategy. At the 2021 High-Level Meeting, Member States adopted the 2021 Political Declaration on HIV and AIDS, and committed to "urgent action through a coordinated global HIV response based on global solidarity and shared responsibility", and to reach time-bound targets to get the response on-track.

54. These developments have reinvigorated the HIV response, even in the face of the continuing COVID-19 pandemic and important new uncertainties in the global political and funding environment. Redoubling efforts to reach the ambitious but achievable targets in all

subpopulations and settings requires sustained and effective efforts and investments to address the sources of HIV-related inequalities, scale up essential HIV services, remove key social and structural barriers, and ensure an enabling environment for a robust, sustainable, people-centred response.

55. The Joint Programme is well-placed to lead on supporting countries and communities across the world in realizing the vision outlined in the Global AIDS Strategy and the 2021 Political Declaration, by building on its 25 years of experience of joint multisectoral actions, solid expertise and effective coordination, especially at country level. In July 2021, the United Nations Economic and Social Council (ECOSOC) reaffirmed “the pivotal role of [UNAIDS] [...] in galvanizing and supporting multisectoral HIV responses in the context of broader efforts to reach the Sustainable Development Goals and leave no one behind”. ECOSOC called on the Joint Programme to support implementation of the Global AIDS Strategy and the 2021 Political Declaration on HIV and AIDS.

56. The [2022–2026 Unified Budget, Results and Accountability Framework \(UBRAF\)](#) and the [2022–2023 Workplan and Budget](#), approved by the Programme Coordinating Board in 2021, set out clear priorities and results to guide the operationalization of the Joint Programme’s contribution to support countries and communities to achieve the 2025 global targets. Through the UBRAF 3 outcomes and 10 result area outputs, which are fully aligned with the Global AIDS Strategy, the Joint Programme will tackle inequalities to ensure equitable access, promote innovative approaches and integration, champion community-led responses, strengthen social enablers and increase the availability and sustainability of AIDS financing. New performance indicators have been developed to ensure the Joint Programme’s accountability for results.

KEY STEPS WERE TAKEN FOR A MORE EFFECTIVE JOINT PROGRAMME TO SERVE MORE EFFECTIVE GLOBAL, REGIONAL AND COUNTRY HIV RESPONSES

57. The achievements highlighted in this report were made possible by a strong and effective Joint Programme, collaboration with and support to multiple partners, and resources provided by donors.

58. Despite the challenging environment due to COVID-19 and shortfalls of core funding, the Joint Programme's unique model has ensured that the UN and other partners provided well-coordinated support to national HIV responses, constantly brokering dialogues and promoting necessary changes, especially at country level. Continuing with this work will be essential for the implementation of the Global AIDS Strategy 2021–2026.

THE JOINT PROGRAMME ENSURED WELL-COORDINATED UN AND OTHER PARTNERS' SUPPORT TO NATIONAL HIV RESPONSES FOR THE IMPLEMENTATION OF THE NEW GLOBAL AIDS STRATEGY IN SEVERAL WAYS.

- Joint Teams on AIDS were operational in 96 countries and implemented 88 Joint UN Plans on AIDS in 2020–2021, embedded in UN Sustainable Development Cooperation Frameworks towards the SDG, optimizing UN contributions to support national HIV responses. All Joint Programme country reports are available on the [UNAIDS Results & Transparency Portal](#).
- UNAIDS's innovative country envelopes, incentivizing Cosponsors' joint work, partly funded 84 and 83 Joint UN Plans on HIV in 2020 and 2021, respectively (for a total of US\$ 25 million in each year).
- Through the UNAIDS Technical Support Mechanism (TSM), the Joint Programme effectively managed the largest provider of HIV-related technical support to low- and middle-income countries HIV responses.

59. Leading the changes needed for the global and UN response to HIV, UNAIDS's transformation progressed further. Key elements of this transformation include an ongoing UNAIDS Secretariat realignment to achieve a better fit with the Global AIDS Strategy, increase its financial sustainability and cost-effectiveness, make it more diverse and inclusive, enhance its knowledge-driven character, optimize its world-wide expertise and staff, and further align it with UN Reform, principally within its work on pandemic preparedness. A Cosponsors capacity assessment was conducted to provide an understanding of available and needed collective capacities and assets, with the aim of ensuring that the Joint Programme evolves in line with what is needed to catalyze actions that can realize the vision of the Global AIDS Strategy and deliver for countries and communities.

- **Improved governance and accountability.** The PCB held an unprecedented 6 meetings during the biennium, in addition to engaging "virtually". It elaborated its oversight and accountability through a Working Group on the Joint Inspection Unit's review of UNAIDS management and administration, and the Management Action Plan to ensure a healthy, equitable and enabling workplace for all UNAIDS staff is being implemented. To further enhance accountability and expert guidance on oversight issues, the PCB approved the terms of reference of an Independent External Oversight Advisory Committee.
- **Evaluations and lessons.** During the 6 years of the UBRAF cycle, the Joint Programme considerably improved its dedicated investments in independent [evaluations](#). In June 2019, the PCB approved a new UNAIDS evaluation policy, which formalized the establishment of an Evaluation Office. Since then, 15 evaluations and reviews of the Joint

Programme were completed, including over 60 assessments of the work of the Joint Programme at country level, with specific recommendations aimed at informing and improving the work of the Joint Programme. Recommendations and lessons from these evaluations have helped shape and improve planning, programmes, initiatives and interventions.

The evaluation of the UN System Response to AIDS was designed, timed and used to inform the development of the new 2022–2026 UBRAF. At country level, evaluations of the Joint Programme’s work in Brazil, the Democratic Republic of Congo and Gabon formed the evidence base for the development of joint plans and helped remobilize Joint Teams and position the response to HIV in the UN Cooperative Frameworks. Follow-up actions are captured in a management response to each evaluation, and implementation of recommendations is tracked. Details are available on the website UNAIDS Evaluation Office webpage.

- **Showcasing UN reform in action.** Continued efforts ensured further alignment of the Joint Programme with the 2016 and 2020 Quadrennial Comprehensive Policy review (QCPR). A UNAIDS Secretariat’ progress report on the QCPR and Funding Compact was submitted to the PCB, demonstrating good compliance and additional commitment and opportunities for further contributing to UN reform.
- **Calling for a fully-funded UBRAF.** The [Structured Funding Dialogue](#), held at the end of 2021, restored a sense of urgency to the global HIV response and built on the momentum around commitments and accountability in the new Global AIDS Strategy. PCB members participating in the dialogue highlighted the Joint Programme’s unique and critical role in the HIV response and acknowledged that it performed this role with less than 1% of funding for the global HIV response. Over 15 countries that participated in the “deep-dive” discussion

noted the concerns about the continuing UBRAF funding gap and urged members to bring funding to a level commensurate with the ambitions laid out in the Global AIDS Strategy.



“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

- 60.** The past 6 years of UBRAF implementation have yielded many lessons. These have emerged from direct implementation, from various reviews, assessments and evaluations, and from PCB feedback. They have also come from constant dialogues within the Joint Programme and with many stakeholders at the country, regional and global levels; with governments and other authorities/institutions (e.g. parliamentarians and city authorities); with community-led and other civil society organizations; and with multiple other partners (including from the world of work, faith-based areas, academia, the private sector, and bilateral and multilateral organizations). In the global context, the HIV epidemic and response have evolved significantly, especially during the past biennium. This has required the Joint Programme’s constant adaptation to deliver on its mandate to support countries and communities to end AIDS as a public health threat.

MAIN LESSONS FROM THE 2016–2021 UBRAF CYCLE

- Leveraging and sustaining political leadership and commitments for AIDS and related accountability at all levels, such as in the UN General Assembly, Commission the Status of Women, Human Right Council or the Commission on Narcotic Drugs (among over 100 relevant high-level global political meetings that the Joint Programme engaged with in the past 6 years) and with regional and national decision-making bodies, is crucial for mobilizing action, partnerships and resources around a bold common vision.
- The translation of political commitments and the latest scientific knowledge into updated policies and programmatic changes that are adapted to country contexts, as well as support for their implementation, led to significant progress in expanding access to HIV services. But strong, sustained efforts were required. Future success demands further policy changes and their accelerated, scaled-up implementation.
- The Fast-Track approach led to major progress in terms of policy changes, increased access to services, a more enabling environment, financing for HIV, and integration of HIV as part of wider health and social protection systems. As the Fast-Track era drew to a close and the world missed the global 2020 targets, the Joint Programme led efforts towards differentiated approaches, focusing on ending HIV-related inequalities, leaving no one behind and addressing key gaps.
- Partnerships and strategic initiatives convened by the Joint Programme to elevate attention, urgent action and investments for priority areas and rallying stakeholders around tangible actions in countries have been instrumental for achieving progress. Examples include putting prevention back at the centre (the Global Prevention Coalition), the Start Free. Stay Free. AIDS Free initiative to end AIDS among children, adolescents and young women, and the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. These initiatives need to continue.
- Critical steps were taken towards removing discriminatory and punitive laws and improving gender equality, but they are far from sufficient. Improvements are hard-fought and, at times, even reversed, while the “laws on the books” and “laws on the street” do not always match. Social changes to address stigma and discrimination and advance gender equality take time. Continued political and policy engagement with multiple stakeholders are needed, including with governments, parliamentarians, community-led and other civil society organizations.
- The Joint Programme pushed boundaries through advocacy and action, including interventions in crisis situations, showing that much can be done to achieve more equal access to life-saving services and to champion the rights of populations that are left behind, such as for children, key populations, women and girls, in- and out-of-school youth, populations in complex humanitarian settings and people in closed settings. New and strengthened alliances are needed to sustain this work.
- The Joint Programme is driving a progressive shift from treating HIV as a disease towards a more holistic, people-centred approach and towards further integration of strengthened systems for health as part of Universal Health Coverage and HIV-sensitive social protection.
- The power of communities’ voices, leadership and responses, which the Joint Programme elevated, is increasingly recognized, but space remains limited and further empowerment and investments are needed to realize their full potential.
- The coordinated generation and analysis of more granular HIV data, led by the Joint Programme, helps reveal inequalities, renders gaps and people who are left behind more visible, and clarifies their needs. This informed the new Global AIDS Strategy and targets. It also informs the design and implementation of services that are better tailored and more inclusive, and the monitoring of progress, including through community-led monitoring.
- Leveraging and guiding prioritized and well-coordinated domestic and international resources—and increasing the efficiency of their allocation and use—is crucial. Broader HIV and health financing analysis is needed for more sustainable responses.
- It is important to continuously adapt the HIV response to evolving priorities, such as reducing comorbidities, preventing drug resistance, and leveraging more integrated services and

community-led responses. The Joint Programme's country-level knowledge, presence and multisectoral expertise makes it well-placed to lead these processes.

- More than ever, work around the COVID-19 pandemic and humanitarian settings shows the power of innovations, new service delivery systems and pandemic preparedness and responses, all of which will continue to be critically important. The Joint programme is well-placed to further contribute to the design of these interventions and to support countries and communities in implementing them.
- Within the 2016–2021 UBRAF cycle, the Refined Operating Model of the Joint Programme was adopted, based on the recommendations of the Global Review Panel in 2017. This included reconfiguring the resource allocation model and it led to the establishment in 2018 of country envelope funds to leverage joint action and support populations in greatest need in countries. The implementation of the new model has reinvigorated the Joint UN Teams on AIDS at country level. An evaluation of the country envelopes as part of the Joint Plans is underway to assess these funds as a mechanism to allocate and disburse funding to incentivize joint planning and action at country level. This evaluation is also a learning exercise that could provide forward-looking recommendations to optimize the use of country envelopes to intensify the Joint Programme's work at country level as part of the UN Sustainable Development Cooperation Framework and other UN reform initiatives.
- During the past UBRAF cycle, lessons from evaluations and the implementation of management responses, along with sound governance, have made the Joint Programme more effective. Agility and flexibility, including for reprogramming activities and funds as needed, have proven essential to adapt and respond to an evolving epidemic, response and broader context.
- It is crucial to ensure that the UBRAF is fully funded, with timely and more predictable resources for the Joint Programme to fully deliver on its mandate for countries and communities. While significant achievements have been made throughout the 2016–2021 UBRAF cycle and needs remains high, the Joint Programme's capacities have eroded during the recent years of an under-funded UBRAF. Unless the UBRAF is fully funded, progress will suffer.

More analysis of challenges and lessons can be found in the Strategy Result Area report.



















“The momentum of the new Global AIDS Strategy and ambitious new UN Political Declaration on HIV and AIDS inspires and reinvigorates the Joint Programme’s critical work in support of countries and communities to achieve the 2025 targets, while mitigating and recovering from the impacts of the colliding pandemics.”

Winnie Byanyima, UNAIDS Executive Director

ANNEX 1: 2016–2021 UBRAF INDICATORS OVERVIEW


The indicator overview shown below provides a condensed and overarching view of reporting against the 38 UBRAF indicators; a detailed analysis can be found in the score card, as well as in the Strategy Result Area report and in the Organizational report. The score card document also includes explanations on the methodology, details on each indicator and its list of measurements, and a short narrative to complement the quantitative information.

Strategy Result Area indicators




STRATEGY RESULT AREA 1: TESTING AND TREATMENT								
1.1: Percentage of countries with selected HIV testing services in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—90%	Status 	54%	61%	59%	64%	68%	70%	
1.2: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—80%	Status 	38%	53%	54%	61%	66%	66%	
1.3: Percentage of countries adopting quality health-care services for children and adolescents		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—90%	Status 	51%	55%	55%	56%	59%	62%	
1.4: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—90%	Status 	21%	30%	33%	37%	45%	42%	
1.5a: Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—90%	Status 	N/A	66%	66%	68%	72%	75%	
1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
Refugees and asylum seekers								
2021 UBRAF target—90%	Status 	85%	89%	80%	90%	93%	92%	
Internally displaced persons								
2021 UBRAF target—90%	Status 	78%	84%	79%	88%	86%	83%	
People affected by humanitarian emergencies								
2021 UBRAF target—90%	Status 	78%	84%	79%	88%	86%	83%	

1.6: Percentage of countries using a functional logistics management information system for forecasting and monitoring health commodities. ⁶	2016	2017	2018	2019	2020	2021	Progress 2016 to 2021
2021 UBRAF target—93%	See info below⁷	45	35	41	36⁸	47	n.a.⁹


STRATEGY RESULT AREA 2: ELIMINATION OF MOTHER-TO-CHILD-TRANSMISSION

2.1: Percentage of countries implementing latest EMTCT guidance	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021	
2021 UBRAF target—100%	Status 	64%	67%	63%	67%	68%	71%	↑

STRATEGY RESULT AREA 3: HIV PREVENTION AMONG YOUNG PEOPLE

3.1: Percentage of countries with combination prevention programmes in place	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021	
2021 UBRAF target—70%	Status 	31%	38%	38%	38%	39%	41%	↑
3.2a: Percentage of Fast-Track countries that are monitoring the education sector response to HIV	2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]	2021 [N=33]	Progress 2016 to 2021	
2021 UBRAF target—70%	Status 	58%	61%	61%	61%	64%	70%	↑
3.2b: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place	2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]	2021 [N=33]	Progress 2016 to 2021	
2021 UBRAF target—90%	Status 	91%	91%	91%	88%	88%	91%	→

STRATEGY RESULT AREA 4: KEY POPULATIONS

4.1: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021	
2021 UBRAF target—70%	Status 	31%	38%	38%	38%	39%	41%	↑

⁶This indicator was revised and draws from the UNFPA output indicator 4.2 (Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities), for which data are only available for a fraction of the 87 countries with functioning Joint Teams reporting on the UBRAF indicators.

⁷For 2016: 102 countries out of 125 using a functional logistics management information system for forecasting and monitoring reproductive health commodities (old indicator). **The new indicator applies from 2017 onwards.**

⁸Reduced due to the functionality of the systems with the pandemic.

⁹Past data is not comparable over time and data is not available for some years due to (1) a revision of the UNFPA indicator as part of its Strategic Plan 2018–2021 in 2017 to become: “Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities”, which does not allow for comparison; and (2) the timeline of the report and the required analysis time.

Key population: gay men and other men who have sex with men, sex workers

2021 UBRAF target—90%	Status	66%	71%	67%	74%	74%	74%	
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Key population: prisons and closed settings

2021 UBRAF target—50%	Status	49%	49%	51%	55%	57%	57%	
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4.2: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs	2016 [N=33]	2017 [N=35]	2018 [N=36]	2019 [N=41]	2020 [N=41]	2021 [N=41]	Progress 2016 to 2021
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2021 UBRAF target—60%	Status	64%	60%	61%	56%	63%	66%	
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STRATEGY RESULT AREA 5: GENDER INEQUALITY AND GENDER-BASED VIOLENCE

5.1: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
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2021 UBRAF target—70%	Status	47%	60%	57%	68%	70%	70%	
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5.2: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
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2021 UBRAF target—70%	Status	43%	54%	60%	59%	61%	66%	
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STRATEGY RESULT AREA 6: HUMAN RIGHTS, STIGMA AND DISCRIMINATION

6.1: Percentage of countries positively addressing laws and policies presenting barriers to HIV prevention, treatment, and care services	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
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2021 UBRAF target—progress in 20% of countries	This indicator does not allow for precise interpretation, given its formulation and due to a great diversity of laws and policies in countries. From 2016 to 2021, there has been progress with respect to three discriminatory laws. For more details on this indicator and its 9 measurements, consult the score card.						
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6.2: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
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2021 UBRAF target—70%	Status	53%	57%	61%	64%	66%	64%	
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6.3: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
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2021 UBRAF target—60%	Status	28%	30%	30%	32%	33%	40%	
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STRATEGY RESULT AREA 7: INVESTMENT AND EFFICIENCY

Indicator 7.1a: Percentage of countries with a HIV sustainability plan developed		2016 [N=26]	2017 [N=28]	2018 [N=37]	2019 [N=43]	2020 [N=45]	2021 [N=47]	Progress 2016 to 2021
2021 UBRAF target—70%	Status 	30%	29%	32%	37%	40%	36%	
Indicator 7.1b: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—80%	Status 	48%	47%	47%	51%	54%	54%	
Indicator 7.2: Percentage of countries with scale-up of new and emerging technologies or service delivery models		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—60%	Status 	32%	34%	36%	40%	41%	46%	

STRATEGY RESULT AREA 8: HIV AND HEALTH SERVICE INTEGRATION

Indicator 8.1: Percentage of countries delivering HIV services in an integrated manner		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target—80%	Status 	64%	66%	68%	68%	68%	71%	
Indicator 8.2: Percentage of countries with social protection strategies and systems in place that address HIV		2016 [N=72]	2017 [N=75]	2018 [N=77]	2019 [N=78]	2020 [N=78]	2021 [N=79]	Progress 2016 to 2021
2021 UBRAF target—70%	Status 	81%	84%	86%	82%	83%	84%	

Secretariat Functions indicators

S1: LEADERSHIP, ADVOCACY AND COMMUNICATION

S1a. Commitment to ending AIDS is reflected in the outcome documents of high-level political meetings for the year	Meets requirements
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The UNAIDS Secretariat and the Joint Programme have influenced and shaped global commitments toward ending AIDS, with continued strong engagement in over 100 relevant high-level political meetings over the past 6 years.

S1b. Percentage of stakeholders rating the work of the UNAIDS Secretariat at least "good" (4/5)	Meets requirements
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86% rating the work as "good" in 2019, 2020–2021 evaluations show the UNAIDS Secretariat's strengths in communication, thought leadership, defending human rights, promoting gender equality, and strengthening inclusive country leadership.

S1c. Percentage of countries with HIV strategies that reflect the Fast-Track approach	Approaches requirements
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98% of reporting countries adopted 2 of the 3 indicators that measure reflection of the Fast-Track approach in strategies, including 99% containing the population/location principle in their strategies or adopting the 10 targets that apply.

S2: PARTNERSHIPS, MOBILIZATION AND INNOVATION

S2a. Percentage of stakeholders believing that the UNAIDS Secretariat enhances partnerships (rating at least "good")	Approaches requirements
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Rating at 78% as good in 2019, findings from 10 evaluations in 2020–2021 mentioned partnerships such as for better effectiveness, capacity building and advocacy for civil society as strengths of the UNAIDS Secretariat.

2b. The UNAIDS Secretariat mobilizes financial resources to support civil society action	Meets requirements
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Despite the challenging funding context, the UNAIDS Secretariat continuously made financial resources available to civil society, US\$ 22.3 million in 2021 (this includes only direct financial contributions and does not capture all country-level resources dedicated to civil society or staff time dedicated to mobilize resources for civil society).

2c. The UNAIDS Secretariat provides high-quality technical inputs into the preparation of Global Fund funding applications	Meets requirements
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The UNAIDS Secretariat ensures evidence-informed Global Fund applications and resolves bottlenecks during implementation. In the past two Global Fund funding cycles, the Secretariat supported over 140 applications, representing approximately US\$ 9.9 billion.

S3: STRATEGIC INFORMATION

3. Percentage of countries with a complete set of GAM data	Partially meets requirements
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90% of countries submitted a GAM report between 2016–2019. However, a decrease started in 2020 and further deepened to 51% in 2021, mainly due to reduced Joint Programme's resources, as well as the significant impact of COVID-19 on national HIV responses.

S4: COORDINATION, CONVENING & COUNTRY IMPLEMENTATION SUPPORT	
4a. Percentage of countries that have a functioning Joint Team	Meets requirements
Around 90% of Joint Teams developed Joint Plans during the UBRAF cycle. At least 93 country reports were received annually, showing the UNAIDS Secretariat and Cosponsors' contributions to national HIV responses.	
4b. Percentage of Fast-Track countries that have undertaken a Joint Team and Joint Programme assessment with a high score	Meets requirements
By end-2021, the work of the Joint Programme was assessed in 70% of the 33 Fast-Track countries as part of evaluations, led by the Independent Evaluation Office. Reports provided information about strengths and recommendations for improvement.	

S5: GOVERNANCE AND MUTUAL ACCOUNTABILITY	
S5a. Degree of UNAIDS Secretariat compliance with efficiency criteria	Approaches requirements
6 of 7 measurements, including on audit, cost control and QCPR were met under this indicator. In 2021, the expenditure rate of UBRAF core resources was at 96% and the compliance for performance evaluation reports was 95%.	
S5b. Gender balance at P5 and above levels and among UNAIDS Country Directors achieved and maintained	Approaches requirements
The proportion of female staff at P5 and UCD levels increased during the UBRAF cycle, to 46% and 48% respectively. The UNAIDS Secretariat continuously meets or exceeds most indicators of the UN SWAP on gender equality and the empowerment of women.	
S5c. Degree of implementation of the risk mitigation plan	Partially meets requirements
Effective risk assessment and mitigation tools have been rolled out across the UNAIDS Secretariat, though the tracking system is not fully operational. 100% of noncommercial contracts require a complete risk-assessment by 2021.	
S5d. Degree of implementation of the evaluation plan	Meets requirements
80% of the evaluations planned for the year have been implemented since the establishment of the independent evaluation function, and an appropriate management response is available for all evaluations.	

Annex 2: Financial information

Table 1
Expenditure and encumbrances against total core funds by organization (in US\$)

Organization	BUDGET				2020-2021 Core expenditures and encumbrances	% Implementation
	Balance from 2018-2019 allocation	2020-2021 Core Global allocation	2020-2021 Country Envelope	TOTAL BUDGET		
UNHCR	-	4 000 000	1 846 400	5 846 400	5 434 714	93%
UNICEF	2 166 302	4 000 000	9 040 200	15 206 502	1 2 690 721	83%
WFP	455 839	4 000 000	2 787 200	7 243 039	6 098 213	84%
UNDP	870 726	4 000 000	5 800 800	10 671 526	9 508 117	89%
UNFPA	1 850 745	4 000 000	7 979 000	13 829 745	13 393 467	97%
UNODC	678 721	4 000 000	4 186 000	8 864 721	7 901 836	89%
UN Women	823 772	4 000 000	2 429 800	7 253 572	6 362 858	88%
ILO	401 027	4 000 000	1 927 700	6 328 727	5 801 172	92%
UNESCO	1 028 775	4 000 000	3 019 300	8 048 075	7 077 453	88%
WHO	1 333 871	4 000 000	10 501 100	15 834 971	14 117 200	89%
World Bank	83 096	4 000 000	482 500	4 565 596	3 458 192	76%
Secretariat	-	280 000 000	-	280 000 000	272 351 263	97%
Grand Total	9 692 873	324 000 000	50 000 000	383 692 873	364 195 206	95%

Table 2
Expenditure and encumbrances against 2020-2021 country envelope available funds by organization (in US\$)

Organization	2018-2019 Carry-Forward	2020 Country Envelope	2021 Country Envelope	2020-2021 Funds available	2020-2021 Country Envelopes expenditures and encumbrances	% Implementation
UNHCR		952 700	893 700	1 846 400	1 846 400	100%
UNICEF	1 115 965	4 456 000	4 584 200	10 156 165	8 954 910	88%
WFP	455 839	1 335 200	1 452 000	3 243 039	2 099 434	65%
UNDP	796 360	2 960 100	2 840 700	6 597 160	5 433 751	82%
UNFPA	1 071 178	3 824 100	4 154 900	9 050 178	8 778 747	97%
UNODC	678 721	2 155 900	2 030 100	4 864 721	3 901 836	80%
UN Women	284 131	1 112 000	1 317 800	2 713 931	2 026 796	75%
ILO	248 064	977 800	949 900	2 175 764	1 763 965	81%
UNESCO	658 318	1 434 900	1 584 400	3 677 618	3 045 466	83%
WHO	1 333 871	5 524 000	4 977 100	11 834 971	10 154 021	86%
World Bank	250	267 300	215 200	482 750	482 747	100%
Grand Total	6 642 697	25 000 000	25 000 000	56 642 697	48 488 074	86%

Table 3
Expenditure and encumbrances vs. 2020-2021 estimated non-core funds by organization (in US\$)

Organization	Estimated 2020-2021 non-core funds	2020-2021 Non-core expenditures and encumbrances
UNHCR	51 713 800	48 680 287
UNICEF	137 188 900	128 380 600
WFP	55 514 800	28 850 638
UNDP	10 000 000	19 704 180
UNDP (Global Fund)	520 075 000	491 934 612
UNFPA	103 895 300	100 303 240
UNODC	7 000 000	5 584 576
UN Women	9 500 000	30 565 115
ILO	8 300 000	8 234 017
UNESCO	43 714 006	32 745 912
WHO	95 400 000	95 400 000
World Bank	8 660 000	10 752 414
Secretariat	40 000 000	121 314 913
Grand Total	1 090 961 806	1 122 450 505

Table 4
2020-2021 core and non-core expenditures and encumbrances against budget, by region (in US\$)

Region	Core budget	Core expenditures	Country Envelopes budget	Country Envelope expenditures	Non-core budget	Non-core expenditures	Total budget	Total expenditures
AP	30 851 281	30 188 303	9 931 931	8 244 622	74 707 922	103 376 913	115 491 134	141 809 839
EECA	13 706 325	12 538 352	3 620 912	3 133 972	61 156 194	63 355 102	78 483 431	79 027 427
ESA	55 716 641	52 877 018	20 820 703	17 272 350	593 545 348	561 527 328	670 082 692	631 676 697
LAC	20 137 178	21 238 022	6 443 290	5 846 578	48 720 796	54 595 598	75 301 264	81 680 198
MENA	8 335 200	8 080 581	2 871 307	2 409 792	59 133 839	65 669 567	70 340 346	76 159 940
WCA	45 497 483	44 768 305	12 954 554	11 580 759	167 586 071	152 683 568	226 038 107	209 032 632
Global	152 806 069	146 016 551	-	-	86 111 636	121 242 428	238 917 705	267 258 979
Total	327 050 176	315 707 133	56 642 697	48 488 074	1 090 961 806	1 122 450 505	1 474 654 679	1 486 645 711

Table 5
2020-2021 core and non-core expenditures and encumbrances against budget, by Strategy Result Area (in US\$)

Strategy Result Area	Core budget	Core expenditures	Country Envelopes budget	Country Envelope expenditures	Non-core budget	Non-core expenditures	Total budget	Total expenditures
SRA 1: HIV testing and treatment	10 443 667	9 742 514	20 283 948	17 249 330	563 277 900	380 825 138	594 005 515	407 816 982
SRA 2: Elimination of mother-to-child transmission	1 780 876	3 550 303	3 678 362	3 162 601	52 737 100	110 130 551	58 196 338	116 843 455
SRA 3: HIV prevention and young people	6 856 965	7 362 628	9 869 852	8 602 000	107 377 400	107 485 811	124 104 217	123 450 439
SRA 4: HIV prevention and key populations	8 142 229	6 386 147	9 726 030	8 493 241	74 969 100	49 066 694	92 837 359	63 946 082
SRA 5: Gender inequalities and gender-based violence	7 247 510	4 973 882	687 971	548 307	46 158 800	65 612 171	54 094 281	71 134 360
SRA 6: Stigma, discrimination and human rights	3 982 315	4 075 588	7 031 205	5 843 107	42 609 800	28 368 680	53 623 320	38 287 374
SRA 7: Investment and efficiency	2 809 731	2 333 828	2 758 835	2 357 230	28 914 000	138 140 751	34 482 566	142 831 808
SRA 8: HIV and health services integration	5 786 884	4 930 980	2 606 494	2 232 257	134 917 700	121 505 796	143 311 078	128 669 034
Grand Total	47 050 176	43 355 870	56 642 697	48 488 074	1 050 961 800	1 001 135 592	1 154 654 673	1 092 979 535

Table 6
2020-2021 Core expenditures and encumbrances by Secretariat Function (in US\$)

Secretariat Function	Budget	Expenditures and encumbrances	% implementation
S1: Leadership, advocacy, and communication	64 298 000	62 879 418	98%
S2: Partnerships, mobilization, and innovation	55 131 000	54 249 492	98%
S3: Strategic information	39 985 000	37 772 479	94%
S4: Coordination, convening and country implementation support	64 282 000	63 318 373	99%
S5: Governance and mutual accountability	56 304 000	54 131 501	96%
Grand Total	280 000 000	272 351 263	97%

Table 7
Expenditures and encumbrances vs. 2020-2021 estimated non-core funds by Secretariat Function (in US\$)

Secretariat Function	Estimated 2020-2021 non-core funds	Expenditures and encumbrances
S1: Leadership, advocacy, and communication	4 971 200	30 526 020
S2: Partnerships, mobilization, and innovation	7 546 200	30 639 760
S3: Strategic information	5 462 400	9 291 255
S4: Coordination, convening and country implementation support	20 961 100	45 634 045
S5: Governance and mutual accountability	1 059 100	5 223 834
Grand Total	40 000 000	121 314 913

Table 8
2020-2021 core expenditures and encumbrances by cost category (US\$)

2020-2021 EXPENDITURES AND ENCUMBRANCES										
Cost Category by Cosponsor	2020-2021 available funds	Staff and other personnel costs	Contractual services	General operating expenses	Transfers and grants to counterparts	Equipment, furniture, and vehicles	Travel	Programme Support cost	Encumbrances	TOTAL
UNHCR	5 846 400	283 072	417 495	296 383	3 675 448	391 189	77 264	293 863	0	5 434 714
UNICEF	15 206 502	2 954 293	1 156 788	496 837	6 220 584	550 842	186 508	907 443	217 426	12 690 721
WFP	7 243 039	1 755 377	588 571	1 568 893	999 760	89 916	564 293	531 403	0	6 098 213
UNDP	10 671 526	2 470 082	3 065 971	1 870 920	380 645	104 428	299 296	654 887	661 888	9 508 117
UNFPA	13 829 745	2 138 018	3 313 351	3 717 213	168 183	810 554	640 891	864 542	1 740 715	13 393 467
UNODC	8 864 721	4 446 250	774 728	1 104 564	412 360	408 125	247 810	501 141	06 857	7 901 836
UN Women	7 253 572	1 213 744	2 226 811	986 032	153 183	274 893	583 274	476 281	448 639	6 362 858
ILO	6 328 727	3 063 593	1 560 938	87 139	434 559	26 383	48 639	579 922	0	5 801 173
UNESCO	8 048 075	2 268 040	3 562 413	91 539	03 192	67 878	172 923	423 262	488 204	7 077 453
WHO	15 834 971	5 861 098	5 291 535	206 348	330 918	930 810	617 547	878 945	0	14 117 200
WORLD BANK	4 565 596	1 970 237	1 313 450	18 959	0	0	-160	155 706	0	3 458 192
Secretariat	280 000 000	213 435 386	20 828 606	19 817 022	11 891 053	1 720 438	2 316 001	0	2 342 757	272 351 263
Total	383 692 873	241 859 191	44 100 657	30 261 848	24 669 886	5 375 456	5 754 287	6 267 396	5 906 487	364 195 207

