

UBRAF INDICATOR SCORECARD




2020 - 2021 PERFORMANCE

MONITORING REPORT

2016-2021 UBRAF Indicator Scorecard

UBRAF INDICATOR REPORTING IN THE PERFORMANCE MONITORING REPORT

1. The 2016-2021 Unified Budget, Results and Accountability Framework (UBRAF) comprises a broad range of monitoring and evaluation tools to measure the performance of the Joint Programme. Quantitative data- using indicators- are combined with narrative descriptions and analyses of progress as well as challenges and bottlenecks.
2. UBRAF indicators were developed and finalized through a consultative process, including independent advice provided by the Programme Coordinating Board (PCB) working group on the UBRAF, established by the PCB at its 36th meeting in June 2015. Every indicator has a baseline, milestones (for 2017 and 2019) and targets (for 2021). For this 2020-2021 Performance Monitoring Report (PMR, for the final biennium of the UBRAF, indicators are measured against the 2021 targets.
3. Indicators capture progress at country level that are plausible results of the actions of the Joint Programme. The indicators for 2016-2021 are relatively simple and practical and do not make excessive demands on data collection. Indicators cover multiple and specific measurements questions. This allows for disaggregated analysis, which can help with a) comparing data and relationships over time for components of the indicator; and b) revising components, if necessary, to ensure the relevance of the indicator over time. Report is aligned with the internal indicator guidance document which describes the method of measurement for each indicator.
4. A web-based tool, the Joint Programme Monitoring System (JPMS), introduced in 2012, enables collection of indicator data as well as qualitative information on progress and challenges analysing performance information. Data entry starts at the country level, by Joint United Nations Teams on AIDS with quality assurance at the global level. The JPMS facilitates collective and individual organizational reporting, which stimulates collaboration, review of progress and gaps.
5. For the Strategy Results Areas, indicators are measured using a traffic light system with the following rating:

Legend					
	UBRAF Target met (% progress is equal or greater than 75% of 2021 targets)		Slow progress towards the UBRAF target (% progress is between 74% – 50% of 2021 targets)		UBRAF target is not met (% progress is less than 50% of 2021 targets)

6. 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.¹ Thus, the traffic lights status of each indicator should not be construed as the status of each area of the global HIV response, for example, the HIV prevention among key populations and young people, and gender and human rights.
7. The UBRAF Indicators themselves are not meant to, do not capture and should not be interpreted as reflecting all elements of the Joint Programme' work and performance monitoring. Indeed, the 2016-2021 UBRAF indicator set presents the Joint Programme's best efforts to capture credible and high-quality data reflecting progress against each of

¹ See GAM guidelines and Frequently Asked Questions at: <https://www.unaids.org/en/global-aids-monitoring>




the UBRAF outputs and Secretariat functions; however, indicators alone cannot provide a full picture of the Joint Programme's multi-faceted contributions. UBRAF comprises a broad range of monitoring and evaluation tools. Quantitative data – using indicators – are combined with narrative descriptions of progress, external assessments, reviews and independent evaluations. Using a mixed methods approach and multiple data sources to assess results allows triangulation of data to verify reported results and obtain a more complete picture of the Joint Programme's achievements than one single method and to capture that in the full Performance Monitoring Report.

8. UBRAF outputs and respective indicators are proxy measures for the work carried out by the Joint Programme at country level. Although full attribution to Joint Programme support is not always possible, efforts were made to ensure that the measurements refer to elements that are plausible results of the work of the Joint Programme at country level. The indicators measure country progress over time in areas of the AIDS response where the Joint Programme focuses its support.
9. For each SRA section in the 2020-2021 PMR SRA and Indicator Report, qualitative reports are complemented with quantitative information derived from the indicator tables which show data from 87 countries with functional Joint Teams on AIDS that consistently reported against these indicators throughout the six years (2016–2021) of implementing the UBRAF². There are, however, indicators whose denominators are less than 87 as they pertain to specific subsets of countries (e.g., Fast-track countries, countries with significant HIV epidemic among people who inject drugs, or countries in humanitarian emergencies). The table below summarizes the 2021 progress status of all UBRAF indicators. The complete information including the data on all the measurement questions for each indicator are on the [2021 PMR SRA and Indicator Report](#).
10. UNAIDS Secretariat indicators measure performance of the UNAIDS Secretariat in the accomplishment of its core roles and functions, using a mix of data sources and methods to monitor performance.







² Nine other countries reported against the indicators but were unable to submit in all the 6 years of the 2016-2021 UBRAF. The majority of these countries do not have UNAIDS Secretariat presence which convenes the Joint UN Team on AIDS and leads the reporting exercise.



2016 – 2021 UBRAF INDICATOR SCORECARD

Legend ³

	UBRAF TARGET MET (% progress is equal or greater than 75% of 2021 targets)		SLOW PROGRESS TOWARDS THE UBRAF TARGET (% progress is between 75% - 50% of 2021 targets)		UBRAF TARGET IS NOT MET (% progress is less than 50% of 2021 targets)
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STRATEGY RESULT AREA 1: TESTING AND TREATMENT

Indicator 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%	
Measurements								
The country offers targeted testing services		97%	95%	97%	99%	98%	99%	
The country offers lay providers testing		86%	86%	86%	84%	87%	87%	
Quality assurance (laboratory) of testing and re-testing before ART initiation		92%	97%	94%	95%	92%	93%	
The country offers HIV partner notification services		64%	70%	69%	78%	82%	82%	
<p>The 2021 UBRAF target has been met, with all reporting countries (except one) offering targeted testing. The number of countries providing lay provider testing was sustained. Quality assurance of (re)testing has been maintained at a high level, as well. The biggest improvement has been in the number of countries offering partner notification, which is important for earlier HIV diagnosis, as well as prevention messages for serodiscordant partners. However, a number of countries are missing 1, 2 or 3 of the components (see different measurement questions), which in turn results in an overall lower achievement rate of 70%. This indicates that more work is needed to expand HIV testing.</p>								

Indicator 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%	





³ Analysis based on the same set of 87 countries (with Joint Programme presence) that have participated in data collection annually between 2016-2021. This allows for each country's progress to be observed and to demonstrate trends.





Measurements							
Treat All policy is adopted	64%	80%	94%	93%	99%	99%	↑
The country has adopted task shifting or task sharing in provision of ART	65%	69%	70%	76%	76%	77%	↑
Policies/strategies for ART retention and adherence in place	91%	94%	90%	95%	97%	98%	↑
A programme for nutritional support to people on ART is in place	74%	75%	69%	76%	83%	80%	↑
<p>The 2021 UBRAF target was met with significant improvements in various areas (see different measurement questions). The adoption of the WHO "treat all" policy has been adopted in all but one of the reporting countries and there is an increased number of countries where policies/strategies for ART retention and adherence are in place. Task-shifting has progressed more slowly. More countries now have a nutritional programme for people on ART. However, a number of countries are missing 1, 2 or 3 of those components, which in turn results in an overall lower achievement rate of 66%. This indicates that more work is needed in these countries to ensure ART access for all.</p>							

Indicator 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%	↑
Measurements								
A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place		74%	78%	79%	82%	80%	83%	↑
Provider-initiated testing and counselling is available in all services for children under five ⁴		78%	79%	80%	86%	87%	87%	↑
Strategies for identification of older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place		61%	62%	64%	63%	66%	69%	↑
<p>The 2021 UBRAF target for this indicator was not met, although more countries now have a strategy/measure in place to address loss-to-follow-up/adherence/retention issues for children/adolescents. There has also been a steady increase in the number of countries implementing provider-initiated testing and counselling for</p>								

⁴ "Not Applicable" is a response option for this indicator measurement. "Not applicable" can be chosen by country respondents if the epidemic is not generalised in their country. "Not applicable" responses are included in the numerator (with "yes" responses) as defined in the [UBRAF Indicator Guidance](#).







children under five. However, little progress was made in terms of strategies to identify older children living with HIV beyond the health sector. With a significant number of countries missing 1, 2 or 3 of those components (see different measurement questions), the overall achievement rate is lower at only 62%.

Indicator 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%	
Measurements								
The country has identified high-burden cities		82%	84%	83%	86%	87%	90%	
Countries with high-burden cities								
		2016 [N=71]	2017 [N=73]	2018 [N=72]	2019 [N=75]	2020 [N=76]	2021 [N=78]	
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets		21%	30%	33%	37%	45%	42%	
<p>There was an important increase in the number of countries reporting having identified high-burden cities and of high-burden cities and which have developed a plan and allocated resources for reaching the Fast-Track targets. By end-2021, 380 cities had joined the Fast-Track Cities network since the implementation of the joint UNAIDS–International Association of Providers of AIDS Care Fast-Track cities project began in 2018. The decrease seen for the development of plans and allocation of resources from 2020 to 2021 is primarily due to an increase in the number of high-burden cities.</p>								

Indicator 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%	
Measurements								
The country has a national emergency preparedness and response plan		N/A	68%	77%	78%	78%	79%	
- HIV is integrated in the country's national emergency		N/A	66%	66%	68%	72%	75%	







preparedness and response plans							
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With the 2021 UBRAF target met, the number of countries with national emergency preparedness and response plans has steadily increased, as has the number of countries that integrate HIV in those plans.


Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies ⁵		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]	2020 [N=61]	2021 [N=62]	Progress 2016 to 2021
2021 UBRAF target— 90%	Status	Refugees and asylum seekers						
		85%	89%	80%	90%	93%	92%	
Measurements								
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N=48/87]	53% [N=46/87]	59% [N=51/87]	68% [N=59/87]	70% [N=61/87]	71% [N=62/87]	
- HIV services for this key populations		90%	93%	86%	93%	98%	97%	
- Services (including PEP) for survivors of sexual and gender-based violence		90%	91%	90%	98%	95%	94%	
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%	100%	98%	

The 2021 UBRAF target has been met, with the share of countries offering HIV-related services for refugees and asylum seekers increasing from 85% in 2016 to 92% in 2021. The proportion of countries providing HIV-related services for refugees/asylum seekers is high, at 97%. The provision of basic HIV services has also been consistently high during the reporting period, with 98% of countries doing so in 2021.

⁵ "Not applicable" is a response option for this indicator measurement. "Not applicable" refers to the relevance of the population group for the epidemic in the country and to the entire package of services, as defined in the [UBRAF Indicator Guidance](#). "Not applicable" responses were excluded from the calculation.

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=38]	2018 [N=42]	2019 [N=48]	2020 [N=51]	2021 [N=53]	Progress 2016 to 2021
2021 UBRAF target—90%	Status 	Internally displaced persons						
		78%	84%	79%	88%	86%	83%	
Measurements								
Internally displaced persons are relevant in the context of the country epidemic		46% [N= 40/87]	44% [N=38/87]	48% [N=42/87]	55% [N=48/87]	59% [N=51/87]	61% [N=53/87]	
- HIV services for this key populations		93%	97%	86%	96%	94%	89%	
- Services (including PEP) for survivors of sexual and gender-based violence		88%	89%	93%	94%	98%	98%	
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%	92%	92%	
<p>The 2021 UBRAF target was met and the number of countries providing HIV-related services to internally displaced persons has increased from 2016. The decrease from 2020 to 2021 can be attributed to the fact that, while the number of countries that offer all the services listed has remained the same, the number of countries in which this key population is relevant in the context of the country epidemic has increased (denominator). It is worth highlighting that 98% of reporting countries are providing these services to survivors of sexual and gender-based violence.</p>								

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]	2020 [N=48]	2021 [N=51]	Progress 2016 to 2021
2021 UBRAF target—90%	Status 	People affected by humanitarian emergencies						
		73%	78%	72%	74%	79%	86%	
Measurements								
People affected by emergencies are		46% [N=40/87]	43% [N=37/87]	49% [N=43/87]	53% [N=46/87]	55% [N=48/87]	59% [N=51/87]	







relevant in the context of the country epidemic							
- Food and nutrition support (this may include cash transfers) is accessible to this key population	73%	78%	72%	74%	79%	88%	
Consistent progress has been made in making food and nutrition support adequate and accessible for people affected by emergencies, where relevant and based on HIV epidemiology, but global food needs are increasing.							





Indicator 1.6: Percentage of countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities ⁶	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
The logistical health supply chain management information system provides the following elements: - figures on the distribution of modern contraceptives (yes, no); - figures on the distribution of essential life-saving medicines (yes, no); - inventory and monthly consumption data (yes, no); information on stock at all levels of the supply chain (yes, no); - Information on the expiry dates of all products (yes, no); - information on number of users of each product (yes, no)	see below	32	35	41	36 ⁷	47	n.a.
Past data are not comparable over time. Data are 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 required analysis time. For 2016: 102 of 125 countries using a functional logistics management information system for forecasting and monitoring reproductive health commodities (old indicator). The new indicator applies from 2017 onwards.							

⁶ This indicator was revised and draws on 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.

⁷ Reduced due to the functionality of the systems with the pandemic.


Interpretation of 2021 data: The fact that only 65% of 125 reporting countries have a logistical health supply chain management information system with the critical components indicates that this is an area that requires additional investment.


STRATEGY RESULT AREA 2: ELIMINATION OF MOTHER-TO-CHILD-TRANSMISSION								
Indicator 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%	
Measurements								
Lifelong treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%	100%	100%	
Repeat testing of HIV-negative pregnant and breastfeeding women is offered ⁸		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]	90% [N=39]	100% [N=34]	
Partner testing of HIV-positive pregnant women in antenatal care settings is offered		91%	89%	87%	92%	91%	92%	
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation		76%	76%	74%	74%	74%	77%	
The UBRAF target of 100% was not met, although the shares of countries providing various services (see measurement questions) are quite high—with lifelong testing for HIV-positive women and repeat testing of HIV-negative women available in 100% of reporting countries. However, only 72% of countries provided all those components. This implies that more work is needed, especially with regards to engagement of networks of women, including women living with HIV, in EMTCT strategy development and service implementation.								













STRATEGY RESULT AREA 3: HIV PREVENTION AMONG YOUNG PEOPLE								
Indicator 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%	
Measurements								
Quality-assured male and female condoms are readily available universally, either free or at low cost		80%	86%	80%	78%	77%	77%	
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	49%	51%	54%	55%	55%	

⁸ This indicator measurement is only applicable to generalised epidemic with HIV prevalence of higher than 1%.


Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools	63%	70%	68%	71%	72%	71%	↑
Young women are engaged in HIV prevention strategy development and service implementation	66%	78%	77%	79%	78%	78%	↑
<p>Measurements under this indicator cover some priority areas of Joint Programme support as part of national combination prevention packages, namely access to male and female condoms and inclusion of life skills-based HIV and comprehensive sexuality education in school curricula. The 2021 UBRAF target of 70% for this indicator was not reached, with only 41% of countries having combination prevention programmes in place. Among the four components of combination prevention programmes, the gender-responsive life skills-based HIV and sexuality education primary schools' curriculum was met by only 55% of countries. Worryingly, universal and affordable access to condoms remains a major challenge in an increasing number of countries. This demands urgent attention.</p>							

Indicator 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%	↑
Measurements								
The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of the IATT on education		58%	61%	61%	61%	64%	70%	↑
<p>This indicator measures the commitment of countries to monitor the education sector's response to HIV and AIDS. Support for the implementation of monitoring systems is a priority area for the Joint Programme. The 2021 UBRAF target of 70% of Fast-Track countries has been reached.</p>								

Indicator 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%	→
Measurements								
Supportive adolescent and youth sexual and reproductive health policies are in place		91%	91%	91%	88%	88%	91%	→
<p>The 2021 UBRAF target of 90% has been reached. This indicator measures whether formal policies that enable and support the provision of reproductive health information and services to youth are in place in Fast-Track countries.</p>								






STRATEGY RESULT AREA 4: KEY POPULATIONS								
Indicator 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%	
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%	
Key population: prisons and closed settings								
2021 UBRAF target—50%	Status 	49%	49%	51%	55%	57%	57%	
Measurements								
The country has size and prevalence estimates for gay men and other men who have sex with men		80%	84%	82%	89%	86%	86%	
The country has size and prevalence estimates for sex workers		87%	87%	90%	95%	86%	92%	
The country has size and prevalence estimates for prisoners and closed settings		56%	57%	56%	60%	63%	63%	
Comprehensive packages of services for gay men and other men who have sex with men in line with international guidance defined and included in national strategies		75%	80%	82%	86%	91%	91%	
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies		84%	87%	91%	93%	90%	91%	
Comprehensive packages of services for prisoners and closed settings in line with international guidance		55%	56%	60%	67%	69%	70%	




defined and included in national strategies							
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery	89%	89%	89%	87%	89%	90%	↑
Sex workers are engaged in HIV strategy/programming and service delivery	90%	90%	89%	87%	90%	91%	↑
<p>There has been a steady increase in the share of countries with size and prevalence estimates for selected key populations and comprehensive packages of services for those populations. Both 2021 UBRAF targets for gay men and other men who have sex with men and for prisoners and people in closed settings were achieved. There is a consistent upward trend in other areas, though coverage is far from sufficient.</p>							

Indicator 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
Countries with epidemic among people who inject drugs, implementing interventions in combination								
2021 UBRAF target—60%	Status 	64%	60%	61%	56%	63%	66%	↑
Measurements								
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%	47%	47%	↑
Countries with significant epidemics among people who inject drugs								
		2016 [N=33/87]	2017 [N=35/87]	2018 [N=36/87]	2019 [N=41/87]	2020 [N=41/87]	2021 [N=41/87]	Progress 2016 to 2021
Opioid substitution therapy		64%	63%	61%	56%	66%	68%	↑
Needle and syringe programmes		79%	74%	78%	76%	83%	85%	↑
HIV testing and counselling		85%	86%	92%	98%	100%	100%	↑
Antiretroviral therapy		88%	86%	94%	98%	100%	100%	↑
Gender-sensitive – people who inject drugs		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021

A gender-sensitive HIV needs assessment is available for people who inject drugs	20%	30%	29%	30%	29%	31%	
<p>The UBRAF target for this indicator has been exceeded, with 66% of countries implementing a combination of the most essential interventions to reduce new HIV infections among people who inject drugs. Worryingly however, the number of countries with significant epidemics among people who inject drugs increased significantly between 2016 and 2021. Nevertheless, all reporting countries now state that they are providing HIV testing and counselling services, as well as ART. Coverage and quality are not measured here.</p>							

STRATEGY RESULT AREA 5: GENDER INEQUALITY AND GENDER-BASED VIOLENCE

Indicator 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	
2021 UBRAF target— 70%	Status 	47%	60%	57%	68%	70%	70%	
Measurements								
Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available	74%	77%	75%	78%	78%	77%		
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting	85%	89%	91%	92%	93%	93%		
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys	62%	72%	71%	80%	80%	82%		
<p>The Joint Programme promotes policies and structural and social change interventions to transform unequal gender norms and systemic gender-related barriers, including through effective sexuality and HIV education programs that address gender and power. There was a significant increase in the percentage of reporting countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms, from 47% in 2016 to 70% in 2021 with thus the UBRAF target achieved.</p>								



Indicator 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	
2021 UBRAF target— 70%	Status 	43%	54%	60%	59%	61%	66%	
Measurements								
Disaggregated data on prevalence and nature of gender-based violence are available and used	63%	70%	72%	78%	80%	82%		






Legislation and/or policies addressing gender-based violence exist	95%	98%	100%	100%	100%	100%	↑
A mechanism to report and address cases of gender-based violence is available, e.g., special counselling centres, ombudsman, special courts, and legal support for victims	94%	95%	95%	95%	93%	97%	↑
HIV, sexual and reproductive health, and gender-based violence services	67%	72%	77%	74%	76%	77%	↑
<p>The elements for this indicator are more directly linked to Joint Programme support, such as availability of relevant data for evidence-based services; existence of laws and policies addressing gender-based violence; mechanisms to report and address cases of gender-based violence and stronger integration. Relatively good progress as achieved with 66% of reporting countries having laws and/or policies and services to prevent and address gender-based violence meaning the 2021 UBRAF target was reached. However, this is clearly insufficient and there were relatively fewer countries that have integrated HIV, SRH and gender-based violence services in their laws and/or policies.</p>							






STRATEGY RESULT AREA 6: HUMAN RIGHTS, STIGMA AND DISCRIMINATION






Indicator 6.1: Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment, and care services ⁹	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
Measurements							
Criminalisation of HIV non-disclosure, exposure, or transmission	47%	48%	54%	51%	54%	55%	↑
Criminalisation of same-sex behaviours, sexual orientation and gender identity	45%	41%	41%	43%	41%	43%	↓
Lack of alternatives to imprisonment for nonviolent minor drug related crimes	54%	53%	55%	51%	55%	55%	↑
Bans or limits on needle and syringe programmes and/or OST for people who inject drugs, including in prisons settings	51%	52%	55%	54%	56%	60%	↑
Ban or limits on distribution of condoms in prison settings	60%	61%	63%	62%	62%	61%	↑
Ban or limits on the distribution of condoms for young people	25%	23%	25%	24%	28%	25%	→
HIV screening for general employment purposes	7%	6%	8%	10%	15%	14%	↑


⁹ This indicator does not allow for precise interpretation given its formulation and as there is a great diversity of laws and policies in countries.






HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence)	8%	7%	6%	7%	7%	6%	
Restrictions to adolescent access to HIV testing or treatment without parental consent	63%	61%	61%	62%	57%	55%	
<p>The Joint Programme is a key player (providing advocacy, technical support and more) in supporting countries to identify and repeal or reform discriminatory laws and policies. In many instances, it enables progress on reforms of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support. During 2016–2021, there was progress against three types of discriminatory laws: criminalization of same-sex behaviours, sexual orientation and gender identity; HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence); and restrictions to adolescents' access to HIV testing or treatment without parental consent. This is seen in the decreasing percentage of the countries where these laws exist. However, in other areas a lack of change or even regression is of great concern.</p>							





Indicator 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
2021 UBRAF target—70%	Status 	53%	57%	61%	64%	66%	64%	
Measurements								
Any mechanisms in place to record and address cases of discrimination in relation to HIV		72%	79%	82%	83%	84%	84%	
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV)		77%	84%	83%	83%	84%	84%	
HIV sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted		70%	72%	76%	78%	75%	76%	
<p>For this indicator, the percentage for each individual mechanism providing access for legal support for people living with HIV all exceeded the 2021 UBRAF target, 70%. The percentage of countries having all these mechanisms at the same time also reached the 2021 UBRAF target. More work is needed to support countries to conduct HIV-sensitive training programmes on human rights and non-discrimination laws.</p>								


Indicator 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
2021 UBRAF target—60%	Status 	28%	30%	30%	32%	33%	40%	
Measurements								
Health care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives		57%	59%	63%	64%	67%	70%	
An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)		49%	49%	49%	52%	48%	56%	
Measures in place for redress in cases of stigma and discrimination in the health-care sector		57%	62%	63%	66%	64%	68%	
<p>The Joint Programme supports the development of improved measurements of scope, nature and impact of stigma and discrimination in the health sector (and beyond), as well as efforts to document them (e.g., People living with HIV Stigma Index and other tools). The 2021 UBRAF target for this indicator was not reached. However, the percentage of countries with measures in place to reduce stigma and discrimination in health-care settings increased from 28% in 2016 to 40% in 2021. To meet the target, more countries need to have available up-to-date assessments on HIV-related discrimination in the health sector.</p>								

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%	
Measurements								
The country has developed an HIV sustainability and/or transition plan		30%	32%	43%	49%	52%	54%	
Countries who have developed an HIV sustainability and/or transition plan								
		2016 [N=26/87]	2017 [N=28/87]	2018 [N=37/87]	2019 [N=43/87]	2020 [N=45/87]	2021 [N=47/87]	Progress 2016 to 2021
- The plan indicates sustainability increasing domestic public investments for HIV over the years		96%	93%	95%	98%	100%	100%	
- The plan has influenced policy and resource generation and allocation in the country		92%	86%	89%	88%	82%	79%	






- The plan covers financial contributions from the private sector in support of the HIV response	35%	36%	35%	42%	49%	45%	
<p>The 2021 UBRAF target of 70% for this indicator was not reached. However, there was a significant increase in the percentage of reporting countries that developed an HIV sustainability plan and/or transition plan, from 30% in 2016 to 54% in 2021. While all these plans indicate increasing domestic public investments for HIV, the instances where plans are reported to have influenced policy and resource generation allocation in the country have fallen from 92% to 79%, and only 45% of plans cover financial contribution from the private sector for the HIV response.</p>							

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%	
Measurements								
A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)		72%	72%	74%	78%	77%	78%	
The country tracks and analyses HIV expenditures per funding source and beneficiary population		66%	64%	66%	69%	72%	74%	
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)		72%	71%	70%	69%	71%	74%	
<p>The Joint Programme is a major provider of technical assistance to countries to develop investment cases or similar exercises to improve allocative efficiency at country level. A significant percentage of countries (ranging from 74–78%) have at least 1 of 3 key elements of the HIV investment cases (computerized monitoring system that provides HIV services delivery data; HIV expenditure tracking and analyses; country allocations based on epidemic priorities and efficiency analyses). Only 54% of 87 countries have all three components of the HIV investment cases.</p>								




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%	
Measurements								
Social media/information and communication technologies		77%	80%	82 %	83%	86%	85%	
e-health and/or m-health tools for priority HIV services		46%	46%	48%	53%	55%	59%	





Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression	60%	70%	75%	74%	72%	77%	
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The Joint Programme promotes innovation in HIV service delivery, including e-health and mobile health for comprehensive sexuality education, HIV testing, ART case monitoring and other priority health services. In 2021, a high percentage of countries that reported using social media and other communication technologies and diagnostics for rapid diagnosis combined HIV/syphilis for monitoring of viral suppression, but a lower percentage of countries (59%) reported having e-health and/or m-health tools for HIV services. Forty-six percent of countries reported using all of these innovative technologies for service delivery, short of the UBRAF target for 2021.

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 target—80%	Status 	64%	66%	68%	68%	68%	71%	
Measurements								
HIV, sexual and reproductive health, and gender-based violence services		67%	70%	71%	74%	76%	77%	
HIV and TB		91%	87%	87%	89%	87%	90%	
HIV and antenatal care		95%	95%	94%	93%	94%	95%	

In 2021, 71% of 87 reporting countries with Joint Programme presence delivered HIV services in an integrated manner such that clients can receive services for multiple interventions at one facility (during one visit). The percentage steadily increased since 2016 as more than 90% of these countries include TB and antenatal care services. The 2021 target was achieved. However, more countries still need to incorporate HIV, SRH and gender-based violence services in their HIV services.

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%	
Measurements								
The country has a national social protection strategy /policy		83%	86%	89%	90%	90%	91%	
Countries with a national social protection strategy/policy								
		2016 [N=72/87]	2017 [N=75/87]	2018 [N=77/87]	2019 [N=78/87]	2020 [N=78/87]	2021 [N=79/87]	Progress 2016 to 2021

The national social protection strategy/policy covers people living with HIV and affected by HIV	85%	87%	88%	87%	88%	87%	
The national social protection strategy/policy covers orphans and vulnerable children	94%	96%	94%	90%	90%	91%	
National health insurance covers people living with HIV	2016 [N=67]	2017 [N=71]	2018 [N=75]	2019 [N=73]	2020 [N=71]	2021 [N=70]	Progress 2016 to 2021
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV	67%	68%	67%	71%	70%	73%	
Social protection programmes are provided to men and women	2016 [N=68]	2017 [N=72]	2018 [N=76]	2019 [N=74]	2020 [N=76]	2021 [N=77]	Progress 2016 to 2021
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV	65%	69%	71%	76%	75%	79%	
The 2021 target, 70% for the percentage of countries with national social protection strategies and systems in place that address HIV has been maintained. These social protection programmes cover men and women living with and affected by HIV. In addition, in 2021, 73% of 69 countries having national health insurance reported that their insurance cover people living with HIV, up from 67% in 2016.							

2016-2021 Secretariat Functions Progress Report

Over the 2016 - 2021 UBRAF cycle, the 5 Secretariat Functions have been measured through 13 indicators that include 26 measurements. By 2021, the Secretariat met 7 indicator requirements, approached 4 indicator requirements, and partially met 2 of them. Progress has been steady with continuous improvements over time and negative impact on some indicators during the 2020-2021 biennium, including due to COVID-19.

The Secretariat Function Indicators are measured using a 5-scale scoring as per the legend below. This follows international standards and allows more nuanced assessment of progress against set targets, which is more adapted to the Secretariat nature of work and indicators that are now always measured in percentages.

Legend for Secretariat Function Indicator Scoring	
Exceeds requirements	Exceeds indicator requirements meaning that indicator has been exceeded in some and met in other cases
Meets requirements	meets indicator requirements, meaning that indicator has been met substantially in majority of cases
Approaches requirements	approaches indicator requirements, meaning that indicator has been met in some cases
Partially meets requirements	partially meets indicator requirements, meaning that basic elements are available for this indicator but without any progress
Does not meet requirements	does not meet indicator requirements, meaning that the indicator remains relevant but is not present/met

Secretariat Function S1a. *Meets requirements*

S1a. Commitment to ending AIDS is reflected in the outcome documents of high-level political meetings for the year	2016	2017	2018	2019	2020	2021
Nr of high-level political meetings outcome documents reflecting HIV-AIDS ¹⁰	15	16	17	20	17	21

2020-2021 biennium: The UNAIDS Secretariat contributed to a total of respectively 21 high-level political meetings in 2021 and 17 in 2020 where a commitment to ending AIDS was reflected in outcome documents. 2021 was primordial for the future of the AIDS response, with the UN General Assembly High-Level Meeting (HLM) on HIV and AIDS and the Programme Coordinating Board (PCB) meeting approving the 2021-2026 End Inequalities End AIDS Global AIDS Strategy. In 2020, the Commission on the Status of Women (CSW) and the UN Human Rights Council (HRC) outcome documents highlighted key intersections between human rights (particularly the rights of women and girls) and the AIDS response which underscored the importance of universal access to HIV and AIDS prevention, treatment, care, and support for women and girls.

2016-2020 UBRAF: Over the course of the past 6 years, 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. Cornerstones were the UN General Assembly HLM on HIV and AIDS in 2016 and 2021, as well as the PCB meetings approving the respective AIDS Strategy in 2016 and in 2021. Its continued important contribution to CSW and HRC, as well as toward the Commission on Narcotic

¹⁰ Reported number is for year of reporting. Example: from January 2020 to December 2020, 17 High-Level political meetings outcome documents reflecting HIV-AIDS. High-level political meeting refers to global UN meetings/events/conference as well as other international events including HIV such as international AIDS conferences.

Drugs resulted in systematic and critical inclusion of AIDS related evidence-based approaches, such as mentioned above regarding the CSW and HRC, or the Commission on Narcotic Drugs, where the Joint Programme's leadership in tackling HIV and co-morbidities in prison settings was recognized.

Secretariat Function S1b. *Meets requirements*

S1b. Percentage of stakeholders rating the work of the UNAIDS Secretariat at least "good" (4/5)	2016	2017	2018	2019	2020	2021
2021 target: more than 80%	76% (2014 data) ¹¹	-	-	86% ¹²	6 evaluations with positive mention of Secretariat /Joint Programme work ¹³	5 evaluations with positive mention of Secretariat /Joint Programme work ¹⁴

2020-2021 biennium: Various evaluations looked at how stakeholders, from Governments to international partners to civil society, saw the work of the UNAIDS Secretariat and the Joint Programme. Of the 11 evaluations conducted in 2020 and 2021 (including 7 focusing on Secretariat), all collected diverse feedback on the joint work in specific countries, regions or at global level and on specific thematic areas¹⁵. While no assessment in terms of percentage was provided, the evaluations show strengths of the UNAIDS Secretariat specifically in terms of communication, thought leadership, defending human rights, promoting gender equality and empowerment of women and girls, as well as strengthening inclusive country leadership. Referring to the measurement of resource mobilization, evaluations noted that there was room for improvement, specifically referring to contributions to the national and civil society response. Finally, especially during the COVID19 response impacting this biennium, UN agencies, governments and civil society felt that the Joint Programme was delivering well and held up the lessons from the HIV response.

2016-2021 UBRAF: A survey conducted in 2014 provided the baseline and reference for Secretariat Function indicators 1b and 2c as reflected in the 2016-2021 UBRAF Indicator guidance. This survey was a considerable investment of resources and therefore not continued the following years. In 2019, this indicator was fully met, based on data from the independent evaluation of the UN system response to AIDS in 2016-2019 with findings in its report, where 86% of the interviewed stakeholders saw the actions of the Joint Programme as relevant. In 2017, the MOPAN assessment highly recommended the UNAIDS Secretariat establish an independent evaluation function to improve systematic and rigorous assessments of its results. With the establishment of the independent evaluation function in 2019, this indicator evolved, as it was felt more strategic to assess stakeholders' views on specific areas, relating them to actionable recommendations. This was also done based on the understanding that assessments based on perceptions were considered useful, while evaluations were preferred, as they further triangulate perceptions with evidence. The measurement for this Secretariat Function therewith moved from percentage on perceptions into a more narrative form of thematic triangulation.

¹¹ This data refers to the survey that provided the baseline for this indicator, conducted in 2014

¹² Exact data as given in measurement does not exist, however survey findings are presented in the Independent evaluation of the UN system response to AIDS in 2016-2019. Here specifically referring to the response to the question on 'how relevant the actions of the Joint Programme were, the vast majority (86%) considered these to be relevant or very relevant (total number of responses 1,023). Among the different categories of respondents, over half of all national and local government representatives as well as international and national NGO/CSOs, donors and development partners thought the Joint Programme actions were very relevant and more than a quarter of them thought the actions were relevant.

¹³ 2020 Evaluations include: (1) UNAIDS-CDC collaboration on strengthening public health capacity and strategic information systems (2) Independent evaluation of the UNAIDS technical support mechanism (3) Independent evaluation of the UN system response to AIDS in 2016-2019 (4) Health situation room evaluation report (5) Rapid review to take stock of the joint UNAIDS-IAPAC Fast-Track Cities project (6) Evaluation of the UN Joint Programme on HIV in Mozambique

¹⁴ 2021 Evaluations include: (1) UNAIDS contribution to resilient and sustainable systems for health (RSSH), (2) Evaluation of the UNAIDS Secretariat Gender Action Plan, (3) Evaluation of the UN Joint Programme on HIV in Viet Nam, (4) Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls, (5) Evaluation of the UN Joint Programme on AIDS in the Democratic Republic of the Congo (2018-2021)

¹⁵ All evaluations are publicly available at <https://www.unaids.org/en/whoweare/evaluation>

Secretariat Function S1c. Approaches requirements						
S1c. Percentage of countries with HIV strategies that reflect fast-track approach	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]
The country strategy reflects the population/location principle	87%	90%	98%	98%	99%	99%
The country strategy adopts all 10 fast-track targets that apply	74%	80%	83%	85%	90%	90%
The country strategy focuses on increasing the percentage of domestic funding on the AIDS response	83%	86%	86%	89%	89%	90%
<i>Countries responding yes to all three measurement questions - 2021 target: 100%</i>	62%	71%	74%	76%	82%	82%

Secretariat Function S2a. Approaches requirements						
S2a. Percentage of stakeholders believing that the UNAIDS Secretariat enhances partnerships (rating at least "good")	2016	2017	2018	2019	2020	2021
2021 target: 80%	69% (2014 data)			78% ¹⁶	6 evaluations with positive mention of Secretariat/Joint Programme enhancing partnerships ¹⁷	4 evaluations with positive mention of Secretariat/Joint Programme enhancing partnerships ¹⁸
<p>2020-2021 Biennium: Of the 11 external evaluations conducted in 2020 and 2021, 10 include findings on the Secretariats approach/role in enhancing partnerships¹⁹ such as for better effectiveness, capacity building and advocacy for civil society. Flagship initiatives led by the Secretariat with Cosponsors and other actors that focus on the importance of enhanced partnership for specific goals, were furthermore core to UNAIDS Secretariat work over the past biennium. These include the Global HIV Prevention Coalition, the Global Partnership to Eliminate Stigma and Discrimination, as well as the Education Plus Initiative. All these flagship initiatives strengthen evidence-based approaches and ensure meaningful global goals towards ending AIDS. The 2020 and 2020-2021 PMR highlight multiple examples of other global, regional and country partnerships the Secretariat has designed, fostered or enhanced such as with communities, faith-based organization, the private sector and other international bodies/organizations. Another data shows meaningful UNAIDS</p>						

¹⁶ The survey findings are presented in the Independent evaluation of the UN system response to AIDS in 2016-2019. Here specifically referring to the response to the question on 'how well stakeholders have been engaged in activities of the Joint Programme, respondents across various population groups expressed satisfaction regarding their engagement. Out of the total (395+ external stakeholder responses), more than three quarters (78%) indicated good or very good engagement by communities in prioritizing activities of the Joint Programme.

¹⁷ 2020 Evaluations include: (1) UNAIDS-CDC collaboration on strengthening public health capacity and strategic information systems (2) Independent evaluation of the UNAIDS technical support mechanism (3) Independent evaluation of the UN system response to AIDS in 2016-2019 (4) Health situation room evaluation report (5) Rapid review to take stock of the joint UNAIDS-IAPAC Fast-Track Cities project (6) Evaluation of the UN Joint Programme on HIV in Mozambique.

¹⁸ 2021 Evaluations include: (1) UNAIDS contribution to resilient and sustainable systems for health (RSSH), (2) Evaluation of the UNAIDS Secretariat Gender Action Plan, (3) Evaluation of the UN Joint Programme on HIV in Viet Nam, (4) Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls, (5) Evaluation of the UN Joint Programme on AIDS in the Democratic Republic of the Congo (2018-2021).

¹⁹ All evaluations' reports are publicly available on: [UNAIDS Evaluation office | UNAIDS](#). Note that the assessment of the Gender Action Plan did not look at outward partnership aspects and therefore not included any feedback on that area.

partnerships such as the 2020 survey that informed the 2021-2026 Global AIDS Strategy: over 8'300 people from 163 countries participated, most of them from civil society (39%) and governments (12%), showing both the Secretariat's wide outreach and 'partnership' with a very large network of organizations and individuals engaged in HIV as well as how much government and people feel connected to the organization and its mandate and vision.

2016-2021 UBRAF: A survey conducted in 2014 provided the baseline and reference for Secretariat Function indicators 1b and 2c. This survey was a considerable investment of resources and therefore not continued the following years. In 2019, this indicator was almost met, based on data from the independent evaluation of the UN system response to AIDS in 2016-2019 (which can serve as a proxy), where 78%, more than three quarters, indicated satisfaction with the important engagement of stakeholders in Joint Programme's activities. Similar to the Secretariat's function indicator measurement of 1b, this indicator evolved after the establishment of the independent evaluation function in 2019, as it was felt more strategic to assess stakeholder views on specific areas, triangulating perceptions with evidence.

Secretariat Function 2b. *Meets requirements*

2b. The UNAIDS Secretariat mobilizes financial resources to support civil society action	2016	2017	2018	2019	2020	2021
2021 target—Maintain and increase amounts mobilised in previous years	13.742.963 US\$	18.268.702 US\$	4.289.776 US\$	10.067.347 US\$	11.456.027 US\$	22.313.520 US\$

2020-2021 Biennium: The 2016-2021 UBRAF explicitly put civil society at the centre of the UNAIDS work and stated the critical role of the UNAIDS Secretariat. This commitment shows across all the result areas and functions where leadership/participation of civil society is made explicit and measurable. Quantifying the financial contribution towards civil society from UNAIDS Secretariat is more complex than above figures may indicate. The above figure cannot be taken as actual representative financial figure of all the contributions that the UNAIDS Secretariat helped mobilize for civil society. Indeed, this does not include the contribution of UNAIDS Secretariat staff working closely with civil society, advocating for their funding at international and national level including through active support for funding requests to the Global Fund or other donors that fund civil society and communities' contribution to the response, or promoting and providing technical support for social contracting and strengthening civil society organizations fundraising, implementation and reporting skills in general. The significant increase in 2021 reflects more investment for COVID-19 related support.

2016-2021 UBRAF: Over the 2016-2021 UBRAF cycle, UNAIDS Secretariat continuously made financial resources available to civil society action such as a variety of civil society networks providing services to underserved populations through the Robert Car Fund, or towards AIDS Inforshare and faith-based organizations. Financial resources to civil society have been fully depended on the overall contributions to Joint Programme and especially the Secretariat. Significant funding gaps against the approved UBRAF core budget and reduction in non-core resources (which partially compensated for this gap) have greatly impacted the possibility to continue that financial support to civil society.

Secretariat Function 2c. *Meets requirements*

2c. The UNAIDS Secretariat provides high-quality technical inputs into the preparation of Global Fund funding applications	2016	2017	2018	2019	2020	2021
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Number of Global Fund funding applications supported by UNAIDS Secretariat (in each funding cycle)	2002-2016: More than 100 over 14 years representing approximately US\$ 16 billion	2017-2019 Global Fund funding cycle: More than 80 representing approximately US\$ 2.5 billion	2020-2022 Global Fund funding cycle: 64 representing approximately US\$ 7.4 billion ²⁰
Qualitative aspects UNAIDS brought into Global Fund applications	<p>2016: Enabled the integration of measurable and time-bound targets into Global Fund applications through data on key populations</p> <p>2017: Improved the return on investment of Global Fund grants by strengthening the focus on populations and locations</p> <p>2018: Leveraged the Breaking Down Barriers initiative of the Global Fund by providing advocacy, coordination, capacity-building and technical guidance (<i>20 countries</i>)</p> <p>2019: Facilitated removal of country implementation bottlenecks through the HIV Situation Rooms, co-chaired by the Global Fund and PEPFAR (<i>21 countries</i>)</p> <p>2020-2021:</p> <ul style="list-style-type: none"> • Engaged as member of the Country Coordinating Mechanism (CCM) (<i>77 countries</i>) • Elevated and reframed HIV prevention around priority populations through the Global Prevention Coalition (<i>28 countries</i>) • Supported applications to Global Fund's COVID 19 Response Mechanism (<i>22 countries</i>) • Introduced systematic changes for condom use programming (<i>4 countries</i>) • Reviewed Technical national strategies (<i>More than 20 countries</i>) • Supported inclusion of mental health aspects in Global Fund applications (<i>15 countries</i>) • Addressed links between HIV and cervical cancer and mobilized US 9.6 million (<i>12 countries</i>) • Addressed political and technical challenges on HIV/TB implementation through the HIV Situation Rooms (<i>13 countries</i>) 		
<p>2020-2021 Biennium: The biennium falls into the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) funding cycle of 2020-2022 with 9 different application opportunities ('windows') throughout the cycle. Additionally, the biennium included exceptionally the opportunity to apply to the Global Fund COVID 19 Response Mechanism. The UNAIDS Technical Support Mechanism (TSM) is the largest provider of technical support to low- and middle-income countries for global HIV programmes with most support channelled towards Global Fund funding applications, grant implementation, monitoring, and oversight. Furthermore, UNAIDS contributed to the development of the Global Fund Strategy for the period 2023-2028, including to drive ambitious investments to scale up human rights and gender equality programmes. Two important publications provide detailed information about the partnership between Global Fund and UNAIDS: 'More than money' (2021) and the independent evaluation of the UNAIDS technical support mechanism (2020).</p>			
<p>2016-2021 UBRAF: UNAIDS partnership with the Global Fund works at every level of the Global Fund's business model, from advocacy for a fully funded Global Fund to supporting strategy, allocation, funding applications and catalytic investments. UNAIDS Secretariat ensures the most evidence-informed quality applications, but also coordinated approaches and resolving bottlenecks during implementation. Global Fund works through three-years funding cycle. In each funding period, the Global Fund allocates donor funds to eligible countries, after which the application process starts. For the UBRAF timeframe, the 2017-2019 and 2020-2022 funding cycles are therefore critical, with 6 different opportunities to apply for funding throughout the first cycle and 9 different opportunities to apply throughout the second cycle. Beyond the HIV and TB/HIV applications, the Global Fund also started additional thematic/special initiatives opportunities including new applications for COVID-19 response in recent years. Mid 2019, UNAIDS Secretariat and the Global Fund signed a new strategic framework to strengthen collaboration to optimize Global Fund investments including support to countries for quality funding request UNADS Cosponsors also play an important role to optimize the Global Fund investment Including UNDP acting interim Principal Recipient for several grants in selected countries and regional programmes.</p>			

²⁰ UNAIDS, through TSM, supported 15 countries for Window 1, 25 countries for window 2, 10 countries for window 3, 3 countries for window 4, 7 countries for window 5 and 4 countries for window 6. This accounts for 64 countries being supported with approved allocation of combined over 7.4 billion USD. The reduced number compared to the previous funding cycle, is also due to the fact that the current funding cycle is still ongoing and includes another opportunity through funding window 7 (February 2022) which would increase this number further.

Secretariat Function 3. Partially meets requirements

3. Percentage of countries with a complete ²¹ set of GAM data ²²	2016	2017	2018	2019	2020	2021
2021 target >95%	90% [173/193]	90% [174/193]	90% [173/193]	90% [174/193]	73% [140/193]	51% [100/194] as per estimated data available by 20 May 2021

2020-2021 Biennium: After a continuously sustained 90% of countries reporting, a decrease started in 2020 and further deepened in 2021. This is due to significantly strained resources during the COVID-19 pandemic. Most countries experienced challenges to collect, validate, analyse and report national data for the GAM. Many experts from the national AIDS programme/authorities, who would traditionally lead and/or contribute to the GAM report submission, were requested to focus on the COVID-19 response including to mitigate the impact of COVID-19 on the national HIV response and respond to urgent needs of communities. During the biennium, over 100 national epidemiological teams worked with UNAIDS and partners to produce epidemiological estimates of HIV. These estimates provide critical data for understanding the trajectory of the HIV epidemic at country-level by age and sex, and in many sub-Saharan African countries also by geographic area. Countries use these data to monitor progress, identify gaps, refocus efforts, strategic planning and identify future targets and report to donors.

2016-2021 UBRAF: UNAIDS has a critical mandate to monitor the global HIV response through the Global AIDS Monitoring (GAM) system, at the beginning of the UBRAF known as Global AIDS Response Progress Reporting (GARPR). While UNAIDS Secretariat guides and supports countries for the yearly process of national data collection, verification, reporting, and submission of national GAM data to UNAIDS, final submission and publication is a decision by UN Member States hence beyond UNAIDS control. The % of countries is thus a proxy to measure results from contributions of the UNAIDS Secretariat to improve generation of strategic information at country level and monitoring of global progress towards achievement of high-level commitments and targets. The GAM process has often been referenced as a benchmark for successful international accountability mechanisms. Data can be accessed anytime by the public through the AIDSinfo website. Challenges in sustaining a high % of countries submitting data and achieving complete sets of GAM data from countries were recurrent and included over the 5 years of the UBRAF: 1) increasingly constrained national human and financial resources due to competing priorities; 2) impact of COVID-19; 3) efforts towards more integrated systems implying less specific HIV data availability.

Secretariat Function 4a. Meets requirements

4a. Percentage of countries that have a functioning Joint Team	2016	2017	2018	2019	2020	2021
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²¹ The reporting is against the % of countries which submitted GAM report to UNAIDS and not countries with a complete set of data as it is impossible to report here on the completeness of the GAM report submitted by countries which greatly varies across countries and depends on national data availability, related disaggregation level and reporting capacities. The full data set reported by countries is available on <https://aidsinfo.unaids.org/>

²² Measures number of countries with GAM report submission. It is not possible to capture the completion rate, knowing this is different for every country, given the large GAM indicator list. More detail is available in the GAM reports

The Joint Team developed and is implementing the Joint UN Plan on HIV/AIDS ²³ [N=87 for consistency throughout the reporting period]	87%	89%	89%	89%	92%	91%
Number of countries where Joint Programme operates (counted as number of country-level reports received) [Actual number]	95	96	98	94	93	96
All Cosponsors present in country are represented in the Joint Team (with exception of World Bank who has a different working model) [N=87 for consistency throughout the reporting period]	62%	69%	61%	62%	59%	56%

2020-2021 Biennium & 2016-2021 UBRAF cycle: A critical component for the UN Joint Team on HIV/AIDS (Joint Team), led by the Secretariat, to function most efficiently and effectively, is the Joint UN Plan on AIDS (earlier named Joint UN Programme of Support on HIV and AIDS) which capture joint and individual work of the Joint Teams and serve as a joint strategic planning, implementation and monitoring tool.

Beyond the planning, the Joint Programme reported on its joint and individual contributions towards the AIDS response in various countries with at least 93 country reports throughout the UBRAF cycle. Country reports summarize Joint Programme's contributions to the national AIDS responses, as well as results attained, and challenges faced at country level. As such they are a good reference to where the Joint Programme – jointly or individually – is contributing to the national AIDS response. Country reports are made publicly available through the Results and Transparency Portal.

Representation of Cosponsors remains specific to each country's HIV epidemic's and response's needs and capacities. The more significant drop in 2020 and 2021 are mostly explained by COVID-19 impact, other competing priorities, reduced funding/capacity in some areas of work and new ways of working in supporting countries. This is why more meaningful data to measure the number of functioning Joint Teams was included in above indicator measurements.

Secretariat Function 4b. *Meets requirements*

4b. Percentage of Fast-Track countries that have undertaken a Joint Team and Joint Programme assessment with a high score	2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]	2021 [N=33]
2021 target, 60%²⁴	-	-	-	18% 6 Fast-track countries	58% 19 Fast-track countries	70% 23 Fast-track countries

2016-2021 UBRAF: This indicator is assessing Joint Teams and Joint Programme in a number of Fast Track countries per year. The aim was to look at different aspects, such as the well-functioning of the Joint Teams, mechanisms of joint planning, use of existing interagency mechanisms, implementation of Joint Plan on HIV (earlier named Programme of support) at country-level or perceived performance from a stakeholder-perspective. Such systematic assessments were not possible to conduct every year due to a lack of financial and human resource to carry out such a heavy review. However, this was taken over by the independent evaluation functions, established in 2019. Based on the PCB-approved evaluation-plan, selected countries went through an evaluation rather than an assessment and this provided a much more meaningful and in-depth analysis, linked to relevant findings and recommendations. Reporting on this indicator thus shows the number of those evaluations by year, noting there were no perceived scoring attached as this could not offer sufficient nuanced analysis, but rather focused on where there are gaps and where there are strengths in the response. Report on evaluations were submitted to the PCB as per the evaluation policy and are publicly available at <https://www.unaids.org/en/whoweare/evaluation>. In addition, country level evaluations of UNDAF/UNSCDF cover UN contribution to HIV articulated through UN Joint Plans on HIV/AIDS.

²³ Formerly referred to as Programme of Support on HIV and AIDS, Joint Plans were introduced in 2018/2019, based on recommendations of the Global Peer Review 2017/2018

²⁴ The 2021 target of 60% of Fast-Track countries that have undertaken a Joint Programme/Joint Team assessment is understood as a scoring of cumulative number of countries each year and not as a yearly measurement. This has evolved from the original indicator and was revised as more realistic and yet meaningful indicator and target for 2021.

Secretariat Function 5a. Approaches requirements						
S5a. Degree of UNAIDS Secretariat compliance with efficiency criteria	2016	2017	2018	2019	2020	2021
UBRAF expenditure/implementation: Rate of implementation of core UBRAF resources (Secretariat and Cosponsors) at 99% (actual spending against allocation for the biennium) (Percentage reported against annual or biannual expenditure, depending on financial reporting year) ²⁵	88%	85%	90%	95%	92%	96%
Audit: Unqualified audited financial statements (Auditors issue a clean audit opinion on the financial statements every year)	Yes	Yes	Yes	Yes	Yes	Yes
Cost control measures: Travel expenditure kept below the annual ceiling for staff	Yes	Yes	Yes	Yes	Yes	Yes
Human resources: Staff and budget overall distribution in line with regulations (decentralised/country Secretariat model: 70/30 country versus global allocation)	71:29	71:29	70:30	70:30	70:30	71:29
Human resources: High level of compliance for performance evaluation reports (PER) maintained (Performance and Learning Management (PALM) reports) (completed by at least 95% of fixed-term staff members)	99%	99%	97%	97%	95%	95%
Human resources: Time to hire kept at less than 3 months	No	No	No	No	No	No
Quadrennial Comprehensive Policy Review (QCPR): Full implementation of QCPR recommendations. ²⁶ (Yes = implementing relevant requirements)	Yes	Yes	Yes	Yes	Yes	Yes

Secretariat Function 5b. Approaches requirements						
S5b. Gender balance at P5 and above levels and among UNAIDS Country Directors achieved and maintained	2016	2017	2018	2019	2020	2021
Increased percentage of female staff at P5 and above levels and in UCD positions annually until gender parity is achieved and subsequently maintain at parity (2021 target 50%)	P5 and above: 44% UCD:41%	P5 and above: 43% UCD: 43%	P5 and above: 43% UCD:48%	P5 and above: 46% UCD: 48%	P5 and above: 46% UCD: 48%	P5 and above: 46% UCD: 48%
UNAIDS reported as “meeting” or “exceeding” all requirements of the related UN-SWAP annual report	Meets or exceeds the 15 indicators	Meets or exceeds the 15 indicators	Meets or exceeds the 16 indicators	Meets or exceeds 14 of 16 indicators	Meets or exceeds 13 of 16 indicators	Meets or exceeds 14 of 16 indicators
The Gender Action Plan 2018-2023 has contributed to several achievements, including sustaining sex parity in UCD positions, increasing the number of women in UNAIDS in senior positions, promoting learning on gender, introducing a single parental leave policy (2018), launching an updated Policy on Preventing and Addressing Abusive Conduct (2021), and continuing to pursue full compliance with the UN SWAP 2.0 Framework for Gender Equality and Women’s Empowerment. An external and independent evaluation of the Plan was conducted in 2021 and a management response is being prepared and will shape the way for greater gender equality, diversity and inclusion for the Secretariat.						

²⁵ This indicator reports against annual for first year of a biennium and biennial at the end of the biennium. Therefore 2016 is reported against 2016 available core funds, 2017 against 2016-2017 Biennium, 2018 against 2018, 2019 against 2018-2019 Biennium, 2020 against 2020 and 2021 against 2020-2021 Biennium.

²⁶ See latest report to PCB: [Agenda item 4.1: CRP1: Joint Programme and QCPR | UNAIDS](#)

Secretariat Function 5c. <i>Partially meets requirements</i>						
S5c. Degree of implementation of the risk mitigation plan	2016	2017	2018	2019	2020	2021
% of Risk Mitigation measures implemented for the top risks identified for the Secretariat (2021 target 100%)	n/a	Risk assessment mitigation tool designed	Risk assessment mitigation tool launched & started to collate data. Tracking system not fully operational	Effective risk assessment & mitigation tools rolled out across Secretariat & evidence of use. Tracking system not fully operational ²⁷	Effective risk assessment & mitigation tools rolled out across Secretariat and evidence of use. Tracking system not fully operational	Tracking will be made possible through the implementation in 2022 of the new WHO System for Programme Management
Increased number of projects carrying out risk assessment (project proposals with value more than US\$ 50,000 to include a section on risk assessments)	n/a	n/a	n/a	n/a	100% All proposals (non-commercial) > USD 25k require a risk assessment	100%. All justification memos for non commercial contracts require a completed risk assessment

Secretariat Function 5d. <i>Meets requirements</i>						
S5d. Degree of implementation of the evaluation plan	2016	2017	2018	2019	2020	2021
At least 80% of the evaluations planned for the year implemented (2021 target 80%)	-	-	-	-	80%	80%
An appropriate management response to evaluation recommendations	-	-	-	-	Management response available for all evaluations	Management response available for all evaluations

At its 44th meeting in June 2019, the PCB approved UNAIDS new evaluation policy, which formalized the establishment of an Evaluation Office.

At its 45th meeting in December 2019 the PCB approved UNAIDS first biennial evaluation plan (for 2020-2021). Accordingly, reporting on this indicator only covers 2020 and 2021 of the 2016–2021 UBRAF cycle. All evaluations which were planned for 2020 and 2021 were completed with minimal delays and implementation of evaluation recommendations is tracked. All evaluations and management responses are publicly available through a dedicated website of UNAIDS Evaluation Office.

In accordance with the evaluation policy and evaluation plan, a semi-annual update on progress in implementing the 2020-2021 evaluation plan was presented to the PCB Bureau in June 2020 and an annual report was presented to the PCB in December 2020. In June 2021, a semi-annual update was presented to

²⁷ Top risks and examples of mitigation measures have been continuously reported through the annual statement of internal control as part of the audited financial statements, starting with the year ended 31 December 2019.

the PCB Bureau and in December 2021 and [annual report and evaluation plan](#) for 2022-2023 was presented to the PCB.

Annex 1:

87 countries were used as the basis for indicator analysis²⁸.

1. Algeria
2. Angola
3. Argentina
4. Bangladesh
5. Belarus
6. Benin
7. Bolivia
8. Botswana
9. Brazil
10. Burkina Faso
11. Burundi
12. Cambodia
13. Cameroon
14. Central African Republic
15. Chad
16. Chile
17. China
18. Colombia
19. Congo, Republic of the
20. Cote d'Ivoire
21. Cuba
22. Democratic Republic of Congo
23. Djibouti
24. Dominican Republic
25. Ecuador
26. Egypt
27. El Salvador
28. Ethiopia
29. Gabon
30. Gambia
31. Georgia
32. Ghana
33. Guatemala
34. Guinea (Conakry)
35. Guyana
36. Haiti
37. India
38. Indonesia
39. Iran
40. Jamaica
41. Kazakhstan
42. Kenya
43. Kyrgyzstan
44. Lao PDR
45. Lesotho
46. Liberia
47. Madagascar
48. Malawi
49. Mali
50. Mauritania
51. Morocco
52. Mozambique
53. Myanmar
54. Namibia
55. Nepal
56. Nicaragua
57. Niger
58. Nigeria
59. Pakistan
60. Panama
61. Papua New Guinea
62. Paraguay
63. Peru
64. Philippines
65. Moldova, Republic of
66. Rwanda
67. Senegal
68. Sierra Leone
69. Somalia
70. South Africa
71. South Sudan
72. Sudan (Republic of)
73. Suriname
74. Swaziland
75. Tajikistan
76. Thailand
77. Togo
78. Tunisia
79. Uganda
80. Ukraine
81. United Republic of Tanzania
82. Uruguay
83. Uzbekistan
84. Venezuela, Bolivarian Republic of
85. Viet Nam
86. Zambia
87. Zimbabwe

[End of Document]

²⁸ Nine other countries (Afghanistan, Costa Rica, Equatorial Guinea, Eritrea, Fiji, Guinea-Bissau, Turkmenistan, Mexico and Malaysia) also reported against the indicators but were unable to submit in all six years of the 2016-2021 UBRAF. The majority of these countries do not have UNAIDS Secretariat presence which convenes the Joint UN Team on AIDS and leads the reporting exercise.