

RESULTS BY REGION

2022 PERFORMANCE MONITORING REPORT

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2022: Executive summary (UNAIDS/PCB (52)/23.7)
- ii. UNAIDS Performance Monitoring Report 2022: Results report (UNAIDS/PCB (52)/23.8)
- iii. UNAIDS Performance Monitoring Report 2022: Results by organization (UNAIDS/PCB (52)/23.10)
- iv. 2022 UBRAF Indicator Scorecard (UNAIDS/PCB (52)/CRP1)
- v. 2022 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (UNAIDS/PCB (52)/CRP2)

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

- *take note*, with appreciation, of the 2022 Performance Monitoring Report, including its scope and depth;
- *encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs

Cost implications for implementation of decisions: *none*



RESULTS BY REGION

PERFORMANCE MONITORING REPORT

2022

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INTRODUCTION

- 1.** *The Results by region* report is a component of the UNAIDS 2022 Performance Monitoring Report. It summarizes the Joint Programme's key results implementing the Global AIDS Strategy as well as progress towards reaching the global AIDS targets by 2025 to save lives across six regions. The results of the Joint Programme described in this report were achieved through the collective efforts of 11 Cosponsors and the UNAIDS Secretariat. They are presented in accordance with the three Joint Programme Outcomes, as outlined in the Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026.
- 2.** In 2022, the global HIV response was affected by fragile economic and health system recoveries from the COVID-19 pandemic, the global impact of the war in Ukraine, and major political, security and natural crises in various countries. Despite these challenges, and a funding shortfall, the Joint Programme, through six regional and over 90 country Joint UN Teams on AIDS made significant progress. It did so by working in close collaboration with governments, civil society organizations, networks of people living with HIV, key populations, women and young people, development partners including PEPFAR and the Global Fund, academia and the private sector to scale up people-centred, equitable and integrated HIV services.
- 3.** Multiple country, regional and global partnerships led by the Joint Programme were instrumental for mobilizing and translating political commitment into sound programmes and investments, policy and legal changes, knowledge transfer and capacity empowerment to remove barriers to services (including stigma and discrimination, and punitive laws and policies) and scale up innovations for impact. The Joint Programme's advocacy, expertise and convening power also led to more effective, efficient and sustainable HIV responses that seek to leave no one behind.
- 4.** The report highlights the significant progress made in expanding prevention, including through increased access to pre-exposure prophylaxis (PrEP) and HIV self-testing services, particularly in Asia and the Pacific, and Latin America and the Caribbean. Expansion of HIV prevention and sexual and reproductive health (SRH) services and education among adolescent and young people that are critical for reducing new HIV infections were central in the Joint Programme support across the world. Access to quality HIV treatment advanced across the globe including more people living with HIV stable on treatment, benefiting from multi-month dispensing and reaching viral load suppression. Eastern and southern Africa is accelerating the transition of eligible people living with HIV to improved dolutegravir-based antiretroviral therapy (ART). In the eastern Europe and central Asia region, while access to HIV prevention, treatment and support services expanded among key populations in some countries, efforts shifted in others to sustain continued access to HIV services for people living with, and/or at risk of HIV affected by the war in Ukraine. The Middle East and North Africa and western and central Africa progressed in expanding HIV and harm reduction services among young people, sex workers, people in prison, and people who use drugs.
- 5.** A major contribution of the Joint Programme is the expansion of community-led HIV responses, monitoring and advocacy to ensure gender-sensitive, rights-based and differentiated HIV services thanks to the leadership of networks of people living with HIV, women, young people and key populations, civil society organizations and religious and community leaders—all despite challenging legal, human rights, security and civic space contexts in many countries.
- 6.** Thanks to the Joint Programme multisectoral outreach and expertise, the HIV response has substantial impact across the breadth of the 2030 Agenda for Sustainable Development. UNAIDS leverages the broader power of the whole United Nations (UN) system through the UN Sustainable Development Cooperation Frameworks at country level and through UN regional and global cooperation fora to directly contribute to reaching the Sustainable Development Goal (SDG) 3 on good health and well-being, while advancing progress to uphold human rights (SDG 16) and gender equality (SDG 5), end poverty, hunger and inequalities (SDGs 1, 2 and 10), expand quality education (SDG 4) and decent work (SDG 8) for vulnerable and key populations, as well as promote sustainable communities (SDG 11)—all through effective partnerships focused on the goals (SDG 17).

3 GOOD HEALTH AND WELL-BEING



1 NO POVERTY



2 ZERO HUNGER



4 QUALITY EDUCATION



5 GENDER EQUALITY



8 DECENT WORK AND ECONOMIC GROWTH



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



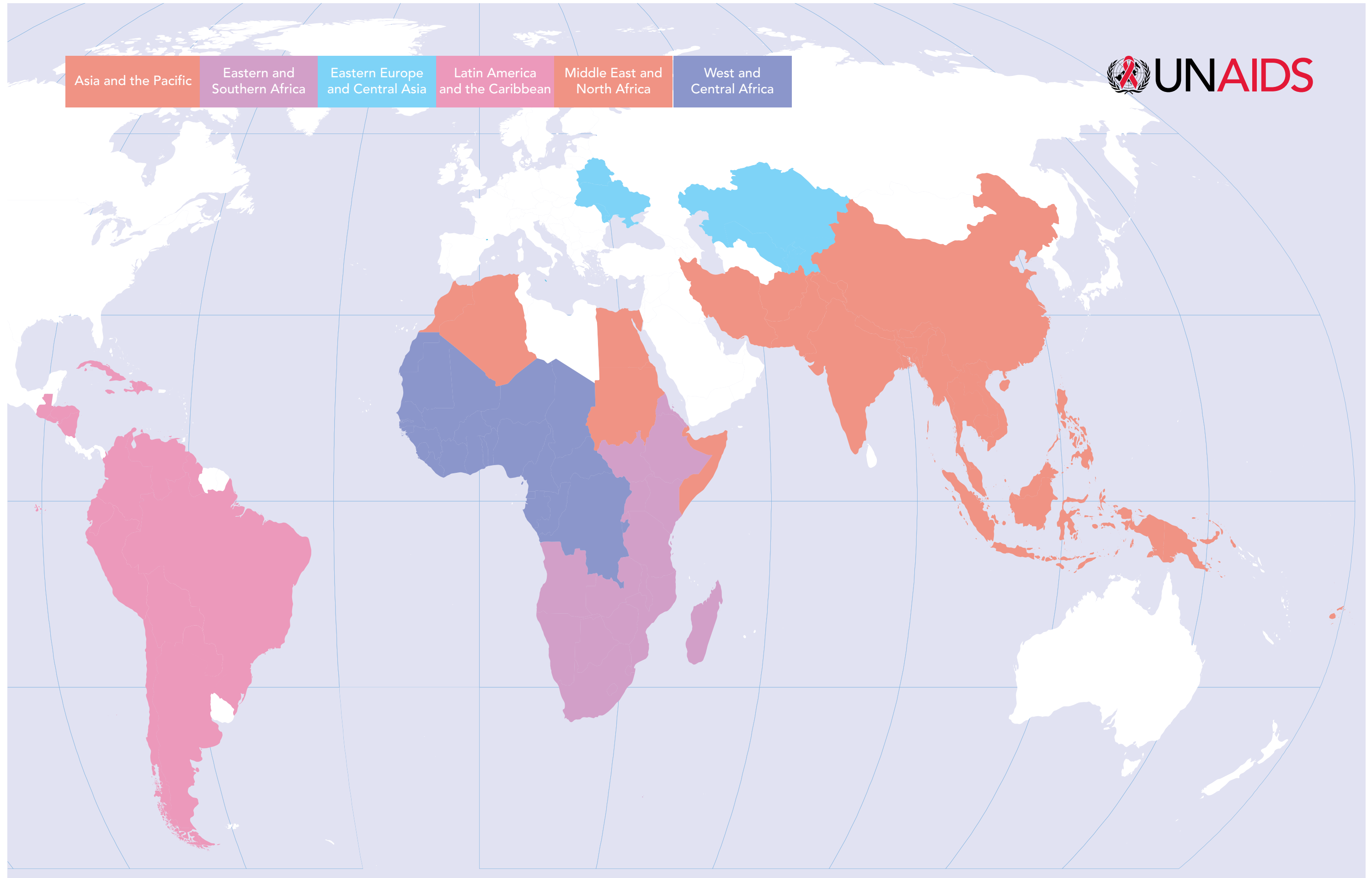
16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



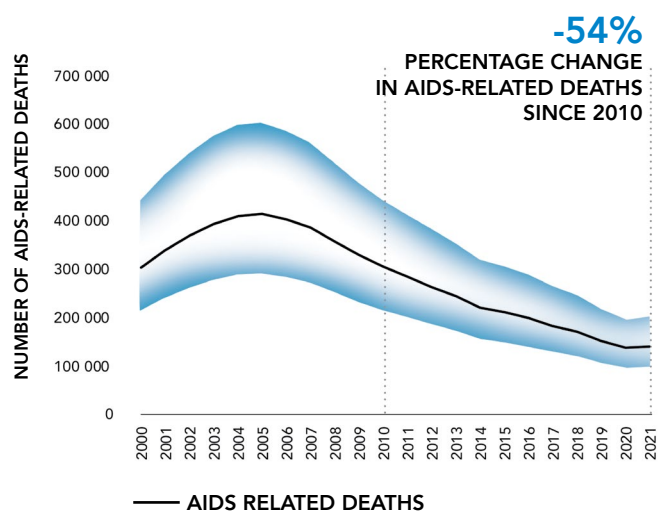
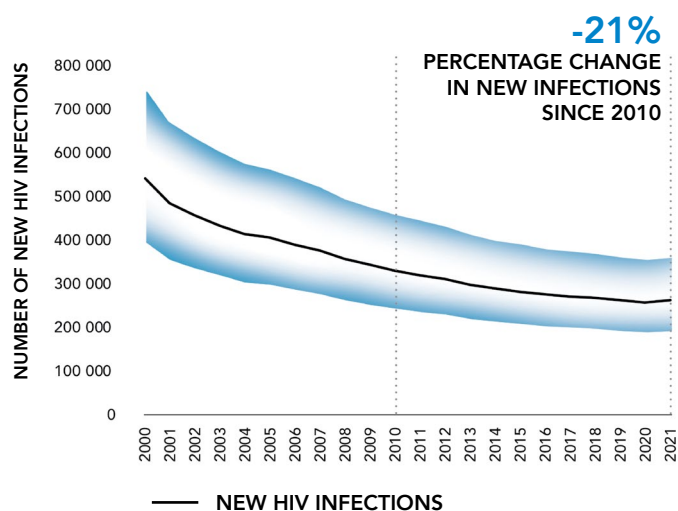
MAP OF REGIONS AND COUNTRIES WHERE THE JOINT PROGRAMME OPERATED IN 2022¹



¹Beyond the 91 countries where the Joint Programme officially operated in 2022 through implementation of country-level Joint UN Plans on AIDS, support from UNAIDS Cosponsors and Secretariat to national HIV responses extended to many other countries, as shown in this report.

RESULTS IN ASIA AND THE PACIFIC

PROGRESS TOWARDS BENDING THE CURVES AND SAVING LIVES



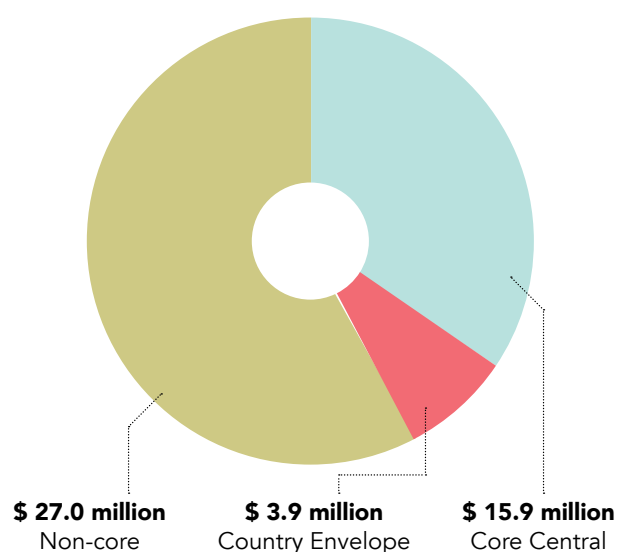
Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>

Key results in the region thanks to support from the Joint Programme:

- 37,552 people used PrEP
- 66% [54-79] of all people living with HIV in the region are accessing antiretroviral therapy
- **17 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **16 countries** have stronger community-led HIV responses
- **17 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **5 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **5 countries** implemented measures advancing full and sustainable HIV financing

18 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

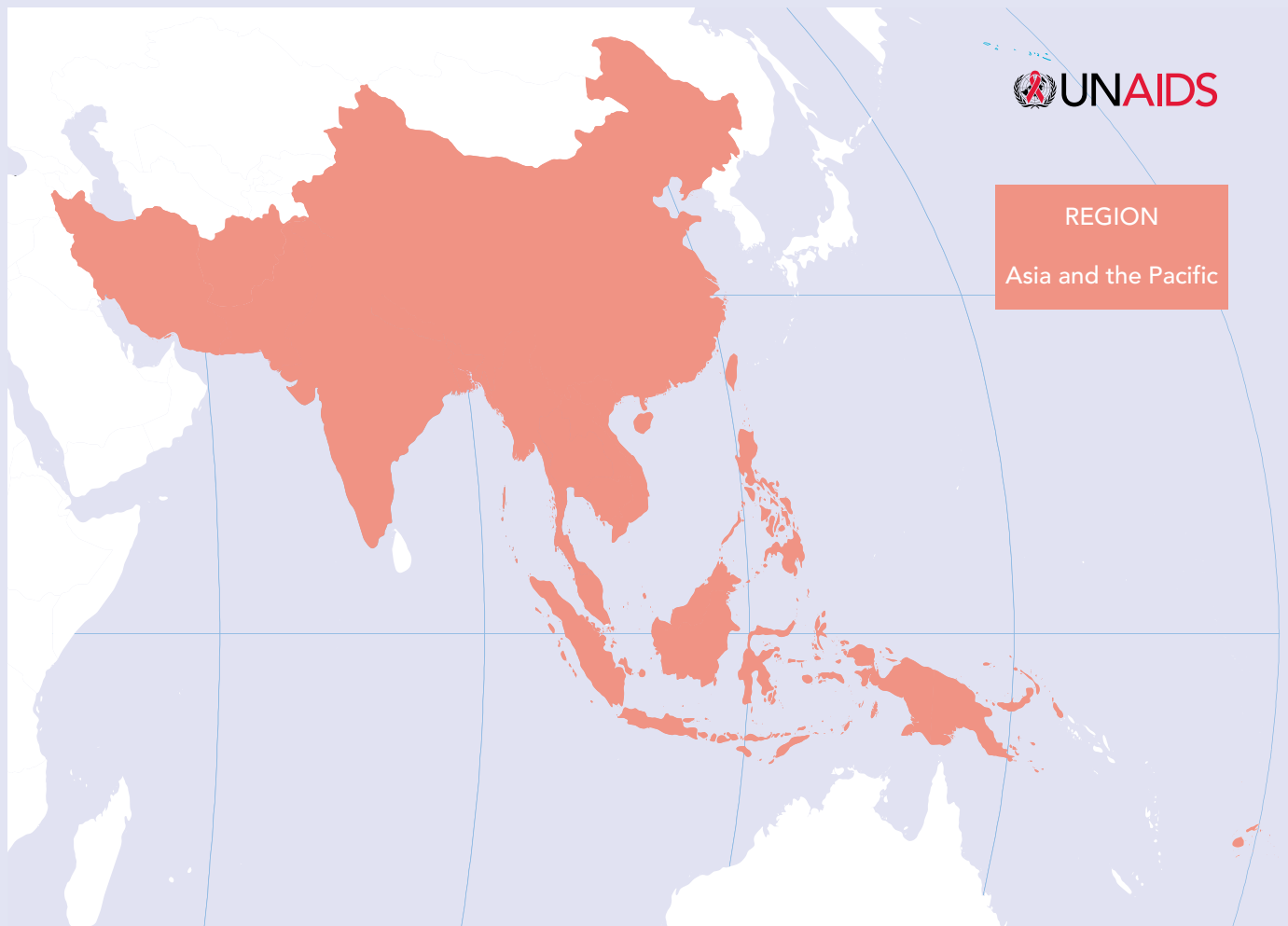
Asia Pacific: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$)
Cosponsors and Secretariat total of **US\$ 46.8 million**



Several countries in the Asia and Pacific region made considerable progress in scaling up HIV prevention, testing, treatment and care services. In November 2022, the Association of Southeast Asian Nations adopted a Leaders' Declaration on ending inequalities and getting on track to end AIDS by 2030, in which 10 Member States reaffirmed their determination to achieve that target. The commitment includes strengthening community responses, ending inequalities and increasing financing to ensure the sustainability of national HIV responses.

With Joint Programme support, PrEP and HIV self-testing services are expanding, though too slowly. Virtual HIV and sexual and reproductive health and rights (SRHR) programmes are

more widely available and are empowering and engaging young key populations. Following advocacy, guidance and knowledge sharing with lawmakers, several new pieces of approved legislation and policies improved the enabling environment, and communities are more empowered to reduce stigma and discrimination. The economic impact of the COVID-19 pandemic and other global challenges affected external and domestic investments in the HIV response and social protection programmes. Hence, the Joint Programme led efforts to strengthen the sustainability of the HIV response and improve the inclusion of key populations, people living with HIV and people in humanitarian settings in social protection and emergency assistance programmes.



UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

7. The Joint Programme supported the expansion of HIV prevention, including PrEP and harm reduction programmes, and the scale up of HIV self-testing and dolutegravir-based treatment regimens.
8. Highly effective PrEP is available for people who are at high risk of HIV infection, as part of the comprehensive HIV prevention package in 15 countries (WHO, UNAIDS Secretariat). Preliminary data showed a 34% increase in the number of people accessing PrEP services in this region in 2022, with notable gains in Viet Nam (about 30 500 new clients). Thailand also rolled out a key populations-led PrEP programme for people who inject drugs.
9. Young people, including from key populations, accessed HIV, sexually transmitted infections (STIs), and gender-based violence prevention information and services. Through the railway cities programme, which was linked to the extension of Pan-Asia Railway Network from China to southern Asia, awareness activities were organized with active participation from 5500 adolescents and young people to advance the 2030 Agenda, with a focus on HIV prevention, climate change, the protection of vulnerable young people and the promotion of gender equality. Over 1 million young people were also reached through social media. In Indonesia and Timor Leste, key and mobile populations received HIV testing services and condoms through national HIV and STI prevention programmes implemented in border areas (UNFPA).
10. Virtual interventions that are critical for reaching key populations, especially young people, also expanded. A regional policy brief to guide countries on these virtual programmes was disseminated worldwide (WHO, UNAIDS Secretariat). Joint Programme support enabled Bhutan, Cambodia, China, the Philippines and Sri Lanka to develop new national strategic plans or guidelines for virtual HIV, STI and hepatitis programmes.
11. Health services, including HIV and harm reduction programmes, expanded in prisons in Indonesia, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, reflecting new standard operating procedures on prison health and the training of prison healthcare providers. Healthcare providers and peer outreach workers from Cambodia, Thailand and Viet Nam were trained on effective HIV prevention and harm reduction services for people who use stimulant drugs. Advocacy continued to ensure the inclusion in Global Fund grant proposals of healthcare programmes, including HIV and other communicable disease and harm reduction services, for people who use stimulant drugs (UNODC).
12. By the end of 2022, HIV self-testing was being implemented in 18 countries in the region. Indonesia, Pakistan, the Philippines, Sri Lanka, Thailand and Viet Nam included HIV self-testing in their respective national HIV testing guidelines, following joint advocacy and technical support by the Joint Programme. India and Indonesia also rolled out an HIV self-testing pilot programme, including capacity building on HIV self-testing kits registration and orientation of manufacturers (WHO, UNAIDS Secretariat).
13. In 2022, all countries in the region transitioned to dolutegravir as the preferred first-line HIV treatment regimen, with most countries aiming to transition all eligible people living with HIV to that regimen by 2023 (WHO, UNAIDS Secretariat). The “Prevent HIV, Test, and Treat All” strategy has been incorporated in refugee operations in nine countries following sustained advocacy and support from the Joint Programme (UNHCR, WHO).
14. A regional validation team for triple elimination of mother-to-child transmission of HIV, syphilis, and hepatitis (EMTCT) is operational and the milestones have been set to support countries in the validation process (UNICEF, UNFPA, WHO, UNAIDS Secretariat). Stakeholders in China, India and Indonesia benefited from cross-country exchange of experience to advance their elimination agenda. Key data analyses and information related to triple elimination are available on a [regional webpage](#) to support countries. Sri Lanka received HIV/syphilis dual test kits to prevent disruption of prevention of services to mother-to-child transmission of HIV and syphilis and maintain its EMTCT validation status. Following a Global Validation Advisory Committee (GVAC) mission, Malaysia is awaiting

the reconfirmation of its EMTCT validation status of HIV and syphilis in 2023. Thailand addressed the GVAC recommendations to maintain its EMTCT validation. Indonesia completed the EMTCT pre-validation assessment (UNICEF, WHO, UNAIDS Secretariat)

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

15. The Joint Programme boosted community-led programme implementation and monitoring; supported data collection and analysis and delivery of HIV and SRH services among young people; and made efforts to reduce stigma, discrimination and human rights violations of key populations through revision of discriminatory laws and capacity building of lawmakers.
16. Cambodia, Indonesia, Papua New Guinea and the Philippines strengthened community-led monitoring to enhance the quality of and access to virtual and in-person HIV prevention services, under the Indo-Pacific HIV Prevention Programme and with technical support from the Joint Programme.
17. A new analytical report on the status of compulsory drug detention centres in Asia showed that seven countries have a total of at least 886 compulsory drug detention facilities, contrary to international public health evidence and human rights guidance. Promising examples of evidence-based treatment of drug dependence in China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam were documented in a discussion paper developed by academic, government and civil society experts comprising the Asia-Pacific Expert Advisory Group on compulsory facilities for People Who Use Drugs (UNODC, UNAIDS Secretariat). In Thailand, a national harm reduction working group ensured the formal inclusion of harm reduction package of services offered within the national community-based treatment model (UNDP, UNODC, UNAIDS Secretariat).
18. Youth delegates from 14 countries developed a nine-point action plan for the Inter-Agency Task Team on Young Key Populations during the 2022 Asia-Pacific Youth Forum on "putting young key populations first". The action plan will guide the 2023 priorities and activities of the UN and the youth networks in the region (UNICEF, UNDP, UNESCO, UNFPA, UNAIDS Secretariat). Publication of an [advocacy report](#) equipped youth-led organizations with key data, case studies and recommendations, and further informed young key populations programming in the region (UNICEF, UNFPA, UNAIDS Secretariat).
19. The Asian Population and Development Association improved parliamentarians' understanding of challenges faced by people from the lesbian, gay, bisexual, trans and intersex (LGBTI+) community across the region, and empowered them to advocate for their rights, advance inclusion and stop discrimination (UNDP, UNFPA). The new [Asia and Pacific HIV-related Stigma and Discrimination Community of Practice platform](#) captures and disseminates experience, knowledge and innovative approaches to foster South-South dialogue and collaboration to overcome HIV-related stigma and discrimination in the region (UNDP, UNFPA, ILO, UNESCO, UNAIDS Secretariat).
20. In the Lao People's Democratic Republic, a total of 806 500 students received comprehensive sexuality education (CSE) following the training of 554 teachers working in secondary, technical vocational education training, teacher training colleges and nonformal education training programmes (UNFPA). In the Lao People's Democratic Republic, Thailand and Viet Nam, nine videos on CSE and lesson plans for teachers and peer educators were published online, following cross-country collaboration with young people, educators and civil society. A study on the training needs of teachers delivering disability-inclusive CSE gathered evidence from 3921 teachers across the region, as well as qualitative data from Mongolia, Nepal and the Philippines, and will inform an online course on disability-inclusive CSE (UNFPA, UNESCO).
21. People from the LGBTI+ community and women living with HIV in six countries were increasingly empowered to voice their concerns about stigma

and discrimination as part of advocacy and public engagement efforts. The first gender affirmation law in Viet Nam was developed through substantial technical support from the Joint Programme and other stakeholders.

22. Women living with HIV and vulnerable women, including migrants, accessed gender-based violence prevention services in China, Indonesia, Nepal and Viet Nam. For instance, 325 women living with HIV and members of the LGBTI+ community who faced gender-based violence accessed legal and essential services in China (UN Women).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

23. The Joint Programme's support improved the financial sustainability of national HIV programmes, the integration of communicable and noncommunicable disease services, and social protection and empowerment programmes for vulnerable and key populations, including people in humanitarian settings.
24. Across the region, services for key populations, such as PrEP, remain highly dependent on external resources. Promotion of sustainable financing and emphasis on sufficient and well-managed public revenues, oriented governments in the development of their national plans and budgets. This helped protect spending on education, health and social protection, and helped support programmes serving vulnerable people, including people living with or affected by HIV (World Bank).
25. Integration of HIV services under national health insurance schemes is progressing, although too slowly. A good example is Thailand's pilot PrEP project for people who inject drugs, which is partially embedded in the national health insurance coverage scheme. Lessons learned from this

pilot project will inform advocacy on sustainable financing for PrEP across the region (UNODC, WHO, UNAIDS Secretariat).

26. The Integrated Regional Action Plan for Viral Hepatitis, HIV, and STIs in South-East Asia for 2022–2026 was finalized through an extensive consultative process with national programme managers and communities and disseminated across the region. Additionally, healthcare providers from 11 Pacific Island countries improved their capacity to deliver integrated HIV, viral hepatitis, STI, tuberculosis (TB), and noncommunicable disease services in primary health-care facilities, in line with the latest global guidelines (WHO).
27. The Asia-Pacific Network of Sex Workers published a regional report on community-led HIV responses during the COVID-19 outbreak. The report highlights the critical roles that sex workers-led initiatives played in mobilizing humanitarian support and linking sex workers affected by the pandemic to social protection mechanisms, despite their exclusion from public and private support systems. Report findings are being used to guide advocacy and implementation of social protection schemes (UNFPA, UNAIDS Secretariat).
28. Case studies in Cambodia, India and Pakistan highlighted good practices, lessons learned, challenges and opportunities for the implementation and scale up of social protection programmes with and for people living with HIV, and key populations (UNDP, UNAIDS Secretariat).
29. Vulnerable groups were supported with direct cash and voucher assistance to sustain access to SRH and HIV services following the acute phase of the COVID-19 pandemic. In 2022, 84 000 people living with HIV, women, girls, survivors of gender-based violence, sex workers and people from key populations in eight countries received US\$ 2.2 million through mobile and bank transfers, cash in-hand and block-chain vouchers (UNFPA). In Nepal, 500 female sex workers improved their livelihood skills, 280 of whom have already started their own businesses and have achieved improved access to social protection schemes (UN Women).
30. More than 1.26 million families affected by the conflict in Pakistan made use of the "early recovery package and child wellness package", which includes HIV testing and treatment services (World Bank). In Myanmar, vulnerable women, including female sex workers and internally displaced

women, received livelihood and leadership trainings, referrals to gender-based violence services and psychosocial support. Communities in Rohingya refugee camps in Bangladesh were sensitized on the rights of gender-diverse people and informed about how to respond to violence against transgender people (UN Women). In Bangladesh, 98 facilities were also established to provide integrated HIV, SRH and family planning services to the Rohingya population (UNFPA, World Bank).

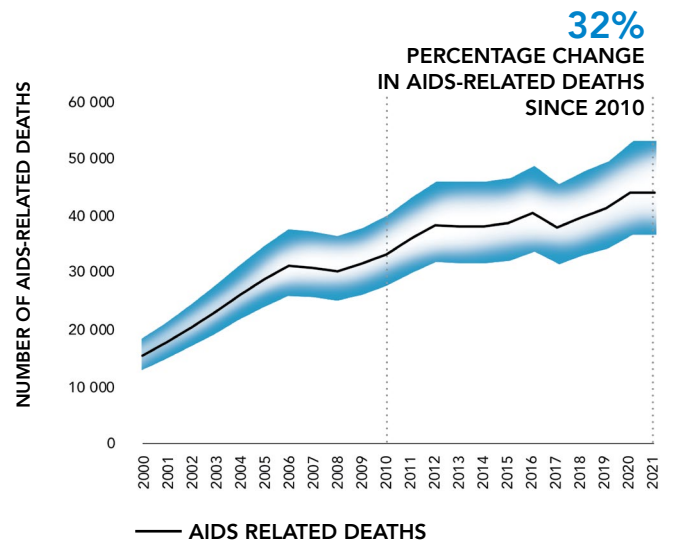
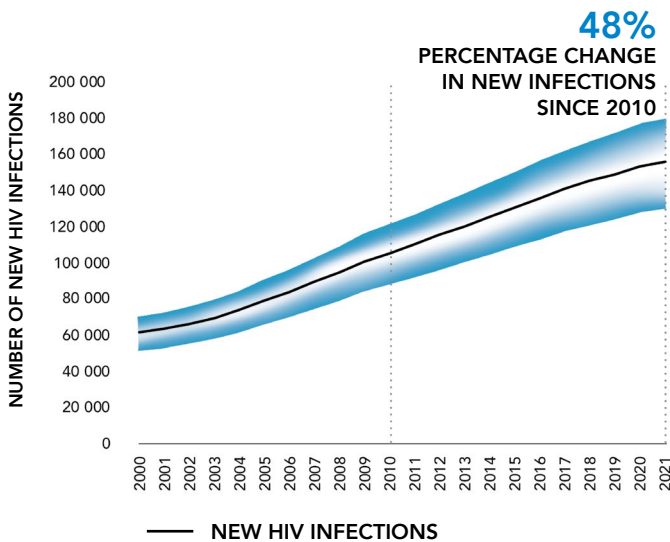
31. Under the World Bank's COVID-19 preparedness and response projects, 15 countries strengthened their national systems for public health emergency preparedness, including through urgent social, financial and safety net support to affected households of vulnerable populations, such as people living with HIV, while maintaining essential healthcare services.

LESSONS LEARNED

32. Virtual HIV services and other innovations, including community-led and inclusive social protection schemes introduced during the COVID-19 pandemic, supported the continuity of HIV services and established new ways to reach key populations, especially young people. Further improving, expanding and integrating those changes into national programmes holds great potential.

RESULTS IN EASTERN EUROPE AND CENTRAL ASIA

PROGRESS TOWARDS BENDING THE CURVES AND SAVING LIVES



Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>

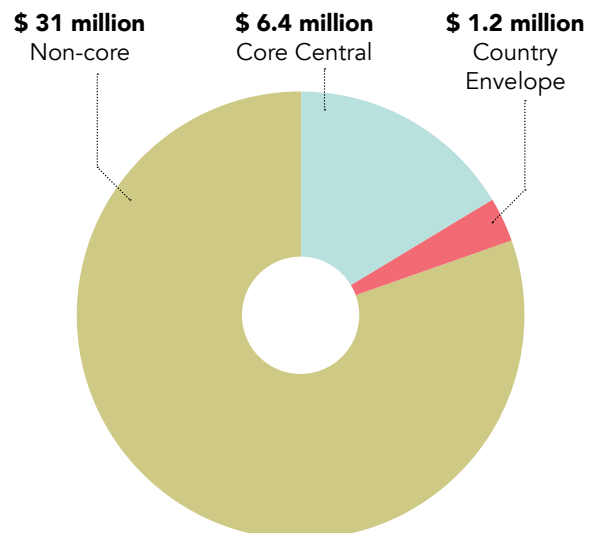
Key results in the region thanks to support from the Joint Programme:

- 9833 people used PrEP
- 51% [46-56] of all people living with HIV in the region are accessing antiretroviral therapy
- **7 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **5 countries** have stronger community-led HIV responses
- **7 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **3 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **3 countries** implemented measures advancing full and sustainable HIV financing

7 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

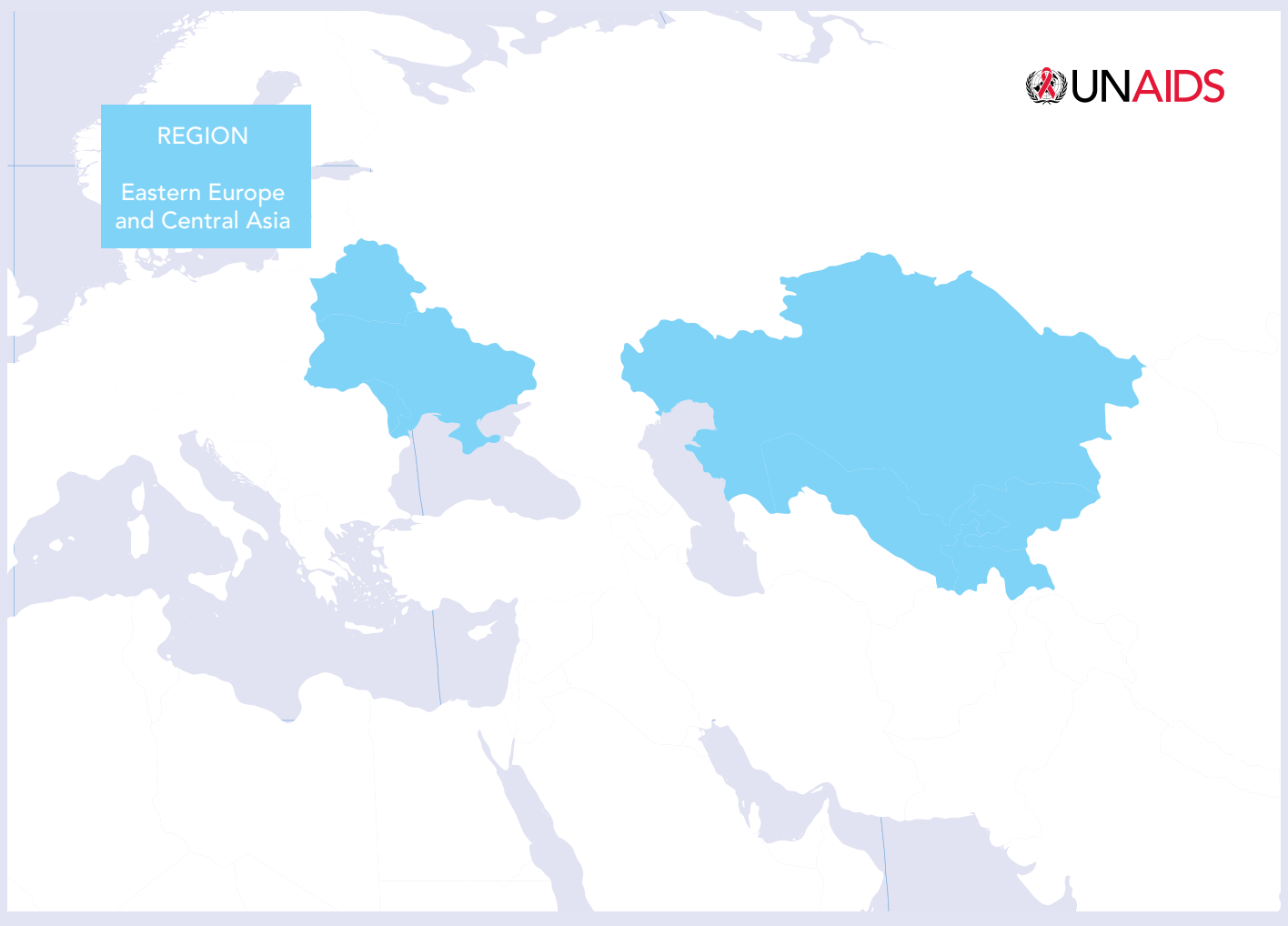
Europe and central Asia: 2022 Core and non-core expenditures and encumbrances by funding source
(in millions of US\$)

Cosponsors and Secretariat total of **US\$ 38.6 million**



While sustaining political commitment to end AIDS and helping expand HIV services in some countries of the eastern Europe and central Asia region, the Joint Programme's work and results in 2022 focused predominantly on maintaining HIV services for vulnerable populations affected by the war in Ukraine and mitigating the war's impact on them. Millions of refugees—including people living with HIV, prisoners and people who use drugs—from Ukraine benefited from HIV prevention, testing, treatment and support services in Ukraine and neighbouring countries. This was achieved through hundreds of partnerships with governments, civil society

and nongovernmental institutions and with resources mobilized and coordinated by the Joint Programme. In the region overall, civil society organizations are better enabled and resourced, due to technical and financial support provided by the Joint Programme and its many partners, including the Global Fund and PEPFAR. This is enabling them to deliver quality, stigma-free, gender-sensitive and rights-based services for key populations, including people from the LGBTI+ community, especially those affected by forced migration, the interruption of services and gender-based violence.



UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

- 33.** The Joint Programme made critical contributions to strengthen and scale up HIV prevention, treatment, care and support services across the region, especially for vulnerable and key populations, including migrants and people who use drugs. Catalytic efforts by the Joint Programme and partners spanned development of stronger national programme strategies and clinical procedures, capacity building and the decentralization of services.
- 34.** During the 72nd Session of the WHO Regional Committee and following advocacy and technical support by the Joint Programme, Member States adopted the Regional Action Plan for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030, thereby renewing their commitment to end the AIDS epidemic as a public health threat by 2030. The comprehensive HIV programme reviews completed in Kyrgyzstan, Ukraine and Uzbekistan led to further strengthening of national HIV responses (WHO). In Uzbekistan, the review guided the newly approved national HIV programme for 2023–2027, while findings from the reviews in Kyrgyzstan and Ukraine shaped the priorities of Global Fund funding proposals.
- 35.** Countries in eastern Europe and central Asia are improving national HIV testing approaches thanks to reviews of HIV testing strategies and programmes; verification of HIV testing algorithms; and a subregional dialogue organized in Almaty, Kazakhstan, around progress on HIV testing. Armenia and Kazakhstan are conducting HIV testing algorithm studies while Belarus, Tajikistan, Ukraine and Uzbekistan revised their national HIV testing guidelines. With support from the Joint Programme, six countries are simplifying HIV testing algorithms to ensure decentralization of HIV testing services, as well as quicker and earlier diagnosis (WHO).
- 36.** Technical support from the Joint Programme has led to further progress towards EMTCT in the region. Armenia and Belarus strengthened EMTCT services and maintained their EMTCT certification. Validation readiness was assessed in Kazakhstan and improved compliance with validation requirements was achieved in Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Uzbekistan (UNICEF, UNFPA, WHO, UNAIDS Secretariat).
- 37.** Coverage of harm reduction services increased across eastern Europe and central Asia. Innovative digital support programmes improved adherence to opioid agonist therapy services in the Republic of Moldova and engaged people who use new psychoactive substances in Kyrgyzstan. Tajikistan opened its first opioid agonist therapy site in a pretrial facility in Dushanbe, and two opioid agonist therapy sites are now also available in prisons, ensuring continuity of care among people in prisons and closed settings (UNDP). Kazakhstan conducted parliamentary and public hearings on “the right for harm reduction”, which mobilized more than 200 decision-makers and civil society organizations to support the sustainability of the opioid agonist therapy programme and its subsequent expansion across the country. In Belarus, Kazakhstan, Kyrgyzstan and Tajikistan, 60 representatives of civil society organizations trained 280 heads of police divisions, prison departments, local administration on the benefits of harm reduction programmes (UNODC).
- 38.** Collaboration with the Health Advocacy Coalition, the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, the Eurasian Harm Reduction Association, the Sex Workers Rights Advocacy Network and the Global Network Of People Living with HIV (GNP+) led to the development of the “dostup.health” community-led monitoring tool. It is being used to identify barriers to health services, including ART and opioid agonist therapy, among Ukrainian refugees in host countries. In addition, HIV services for Ukrainian refugees were assessed in 32 host countries, generating evidence for advocacy and improving coordination between community and institutional health systems (UNAIDS Secretariat).
- 39.** Through the Joint Programme’s partnership with the AIDS Foundation East West, 250 representatives of community-based organisations and healthcare professionals from seven countries were trained on web-based HIV service delivery. As a result, some 3000 people who use new psychoactive substances accessed consultations and HIV, hepatitis C, STI and TB testing services (UNDP, UNAIDS Secretariat).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

40. In 2022, the Joint Programme's support advanced access to HIV prevention and SRH services among young people through community-led digital and in-person campaigns, out-of-school CSE, youth-led programme monitoring and capacity-building initiatives.
41. Community-led organizations are better equipped to monitor services thanks to the Joint Programme's support. For instance, an assessment of related legal and structural barriers and an evaluation of the capacity and experience of 51 civil society organizations and communities in Kazakhstan, Kyrgyzstan and Tajikistan yielded evidence to further strengthen and scale up community-led HIV responses (UNAIDS Secretariat).
42. With the Joint Programme's support, Teenergizer Union, a regional network of young people, strengthened community-based youth engagement, scaled up peer online learning and counselling services, and promoted healthy lifestyles and awareness of HIV prevention and services, including through out-of-school CSE (UNFPA, UNAIDS Secretariat). Teenergizer also led an online youth-friendly campaign on HIV prevention and SRH, which reached 582 534 young people across the region. A total of 11 783 young people (including from key populations) in eastern Europe and central Asia accessed HIV, SRH, mental health and referral services through peer-counselling and online counselling sessions. Peer-led out-of-school CSE was also provided to 1652 young people at high risk of HIV infection in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine (UNFPA).
43. Tartyntba Festival, the first digital sexuality education festival in central Asia, gave voice to the concerns of young people, especially adolescent girls, and enabled 250 young people to launch an online HIV and sexuality education campaign that is tailored for young key populations (UNFPA, UNESCO, UNAIDS Secretariat). Additionally, one million people were sensitized on HIV and SRH, through the landmark regional HIV awareness-raising platform "OK.RU\TEST" (UNESCO, UNAIDS Secretariat). Under the "Journey 4 Life" knowledge and skills-building project, more than 2000 young people in Belarus, Kazakhstan and Kyrgyzstan were empowered to protect their sexual and reproductive health and rights (UNFPA, UNESCO, UNAIDS Secretariat). After trainings, a total of 8500 teachers are now better equipped to deliver CSE, including HIV, to some 200 000 students across the region (UNESCO).
44. A youth-led digital media initiative reached over four million young people in five languages, improving their knowledge of HIV, SRHR, gender equality, stigma and discrimination, and empowering them to assert their rights (UNESCO).
45. In 2022, the Regional Judges Forum advocated for the removal of HIV criminalization laws in Kyrgyzstan and Tajikistan and for the removal of legislation prohibiting couples living with HIV from adopting children or accessing in vitro fertilization services in Belarus and the Republic of Moldova (UNDP). Under the Global Fund-supported REAct system, 569 cases of human rights violation against people living with HIV were documented, with technical support from the Joint Programme enabling the resolution of some of the cases.
46. Trade unions in the Kyiv region in Ukraine were supported in uniting 100 000 workers from over 10 sectors to adopt a policy against violence and harassment that is aligned with the ILO Convention on Violence and Harassment. It includes the promotion of HIV testing and the prohibition of HIV-related stigma and discrimination. A policy implementation action plan was developed, and 100 union members were trained on violence and harassment (ILO).
47. With the Joint Programme's support, gender-transformative HIV programmes led by adolescent girls and women organizations reached 12 848 people in nine countries. The collection of gender-disaggregated data was supported in Armenia and Uzbekistan, and a needs assessment among women living with HIV was completed in Kazakhstan (UNAIDS Secretariat).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

48. The Joint Programme supported the optimization of available HIV resources for impact, including for community responses, as well as the expansion of access to HIV and other essential health-care services in emergency settings, including harm reduction and social protection programmes.

49. The Optima Allocative Efficiency study, which was conducted in 13 countries, informed priority-setting for the mobilization and allocation of domestic funding; Global Fund grant proposals and transition plans; and advocacy efforts aimed at achieving more sustainable national HIV responses (UNAIDS Secretariat in partnership with the Burnet University and the Global Fund).

50. A study conducted in Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine assessed the benefit of the roll-out of social-

return-on-investment methodology when applied in the context of HIV and financed through social contracting (UNDP). Preliminary results showed a US\$ 6.5 return for each US\$ 1 invested in Kazakhstan and a US\$ 5 return in Kyrgyzstan for HIV testing and referral to treatment and social support services provided by social-contracted nongovernmental organizations.

51. The new Health Enhancement and Lifesaving project is helping Ukraine repair primary health care infrastructure, as well as restore and expand essential health services, with a strong focus on addressing women's vulnerabilities. Under this project, 500 health-care workers were trained on management of rape and other gender-based violence cases. In addition, emergency financing for health systems ensured the continuity of essential health-care services, including HIV and social protection services for vulnerable populations across the region. For example, over 214 000 vulnerable households received cash transfers in Tajikistan (World Bank).

52. In Kazakhstan and the Republic of Moldova, 250 women who use drugs, and their children, accessed food, hygiene kits, clothing, psychosocial and legal services, and job opportunities, all of which empowered them to support themselves and their families. A total of 912 former prisoners who had been evacuated from Ukraine accessed community-led comprehensive HIV harm reduction, psychosocial and shelter services (UNODC).

Response to the humanitarian crisis in Ukraine and neighbouring countries

The war in Ukraine, home to the second-largest HIV epidemic in the region, forced nearly one-third of Ukrainians to flee their homes and has greatly affected the HIV response. The Joint Programme focused on maintaining access to HIV, healthcare and lifesaving services for people living with HIV, vulnerable and key populations in close collaboration with governments, local authorities, communities, civil society organizations and other partners including PEPFAR and the Global Fund. Key results include:

- Joint calls for international support for civil society organisations played a critical role in maintaining essential HIV support services in Ukraine and in countries hosting refugees, together with media coverage on the risks and impact of the war on the HIV epidemic and response, as well as broader humanitarian needs, including interviews with people living with HIV.
- Civil society organizations providing HIV services maintained 23 temporary shelters with 700 beds in Ukraine, as well as humanitarian and HIV prevention services for people living with HIV and people from the LGBTI+ communities and key populations in 11 cities in Ukraine. Emergency programmes led by the Joint Programme supported 14 community-based and 15 government-based HIV service providers in Ukraine, as well as 8 civil society service providers in Poland and the Republic of Moldova (UNDP). Five civil society organizations reached more than 5000 Ukrainian refugees with HIV prevention, SRH, gender-based violence, and mental health services, while 200 people living with HIV were able to access state-funded ART (UNAIDS Secretariat). One million HIV testing kits and 200 000 viral load testing kits were procured, using the Global Fund emergency grant (UNICEF).
- ART and drug-resistant TB medicines were donated to Poland, which hosts the largest number of refugees from Ukraine and which has passed legislation to provide HIV treatment to this population based on Ukraine's treatment protocols (WHO). Refugees, including people living with HIV, were linked to HIV and other health-care services through the Blue Dot Safe Space, internet portals, hotlines and children and family support hubs (UNHCR, UNICEF).
- HIV prevention and testing services and information reached users of new psychoactive substances thanks to web-based initiatives piloted in Dnipro, Kyiv and Odesa cities. A total of 745 people accessed services including in-person counselling, HIV testing and treatment, opioid agonist therapy and mental health services. Findings from this pilot demonstrated the value of digital interventions as part of harm and drug demand reduction strategies (UNODC).
- Over 838 000 Ukrainian people, including people living with or affected by HIV and TB and key populations, received food packages and vouchers with support from networks of people living with HIV (WFP).
- Rapid assessment of the war's impact on women's civil society organizations underscored their vulnerability and a lack of focus on women living with HIV, people from the LGBTI+ community, and women from ethnic minorities (Roma), and informed advocacy and further support (UN Women). Coordination of shelters, crisis rooms, day-care centres and service delivery points made it possible to scale up medical, psychosocial and legal support, as well as the delivery of essential commodities for survivors of gender-based violence. In the Kyiv and Lviv regions, three mobile SRH teams were deployed, while 178 000 people received gender-based violence prevention and response services through 27 civil society partnering organizations (UNFPA). Additionally, gender-based violence referral pathways were introduced in the Republic of Moldova and other countries hosting Ukrainian refugees (UNHCR). In Ukraine, about 7.5 million people received SRH emergency kits, including HIV post-exposure prophylaxis (UNFPA).
- Access to health and social support service for vulnerable groups, including people living with or affected by HIV, improved thanks to US\$ 12 billion channelled under the Public Expenditures for Administrative Capacity Endurance in Ukraine (PEACE) (World Bank).

LESSONS LEARNED

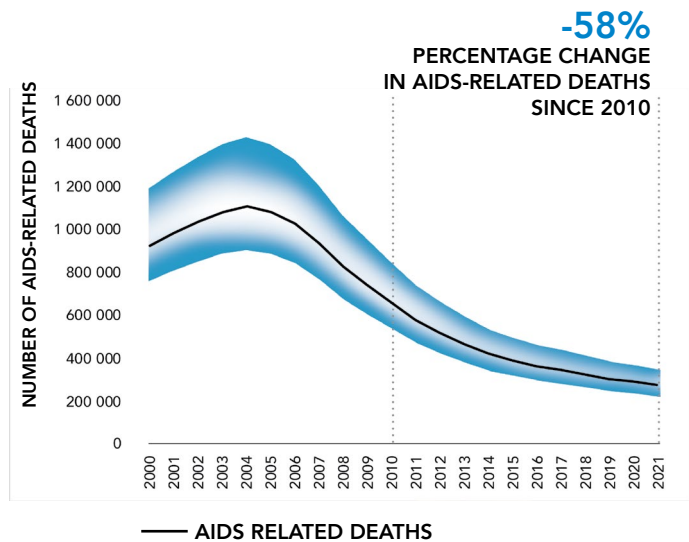
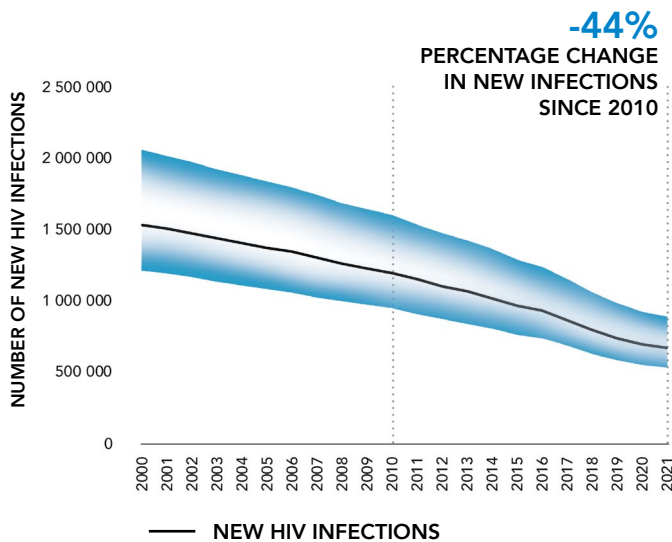
- 53.** The war in Ukraine required a major shift in the Joint Programme's focus and special flexibilities for a rapid emergency response. Close monitoring of the war's impact, the forging of a coalition of local, national and international stakeholders, and the mobilization of additional resources were all key in protecting HIV services for the populations most affected or at risk in Ukraine and neighbouring countries. Strong partnerships with communities have been vital in maintaining and adapting critical HIV prevention, treatment and social support services.
- 54.** Large scale movements of people posed a significant challenge in collecting timely and

accurate data on the needs of displaced persons across Ukraine and abroad. They are also affecting the planning, implementation and effectiveness of humanitarian assistance: eight million people have left Ukraine, leading to a massive inflow into neighbouring countries.

- 55.** The humanitarian context and the post-COVID-19 economic slowdown have exacerbated risks for the HIV response in eastern Europe and central Asia, creating an increased need for urgent and major efforts to respond to people's HIV and other health needs. Domestic funding for the HIV response in the region is at risk, and countries that still depend on international resources will struggle to ensure the sustainability of their national HIV programmes.

RESULTS IN EASTERN AND SOUTHERN AFRICA

PROGRESS TOWARDS BENDING THE CURVES AND SAVING LIVES



Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>

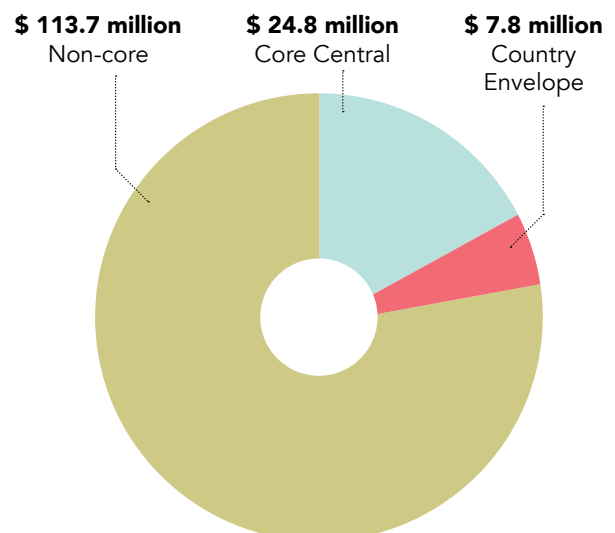
Key results in the region thanks to support from the Joint Programme:

- 90% [68->98] of pregnant women living with HIV in the region receive ARV for PMTCT
- 78% [72-87] of all people living with HIV in the region are accessing antiretroviral therapy
- **18 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **17 countries** have stronger community-led HIV responses
- **17 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **3 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **11 countries** implemented measures advancing full and sustainable HIV financing

18 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

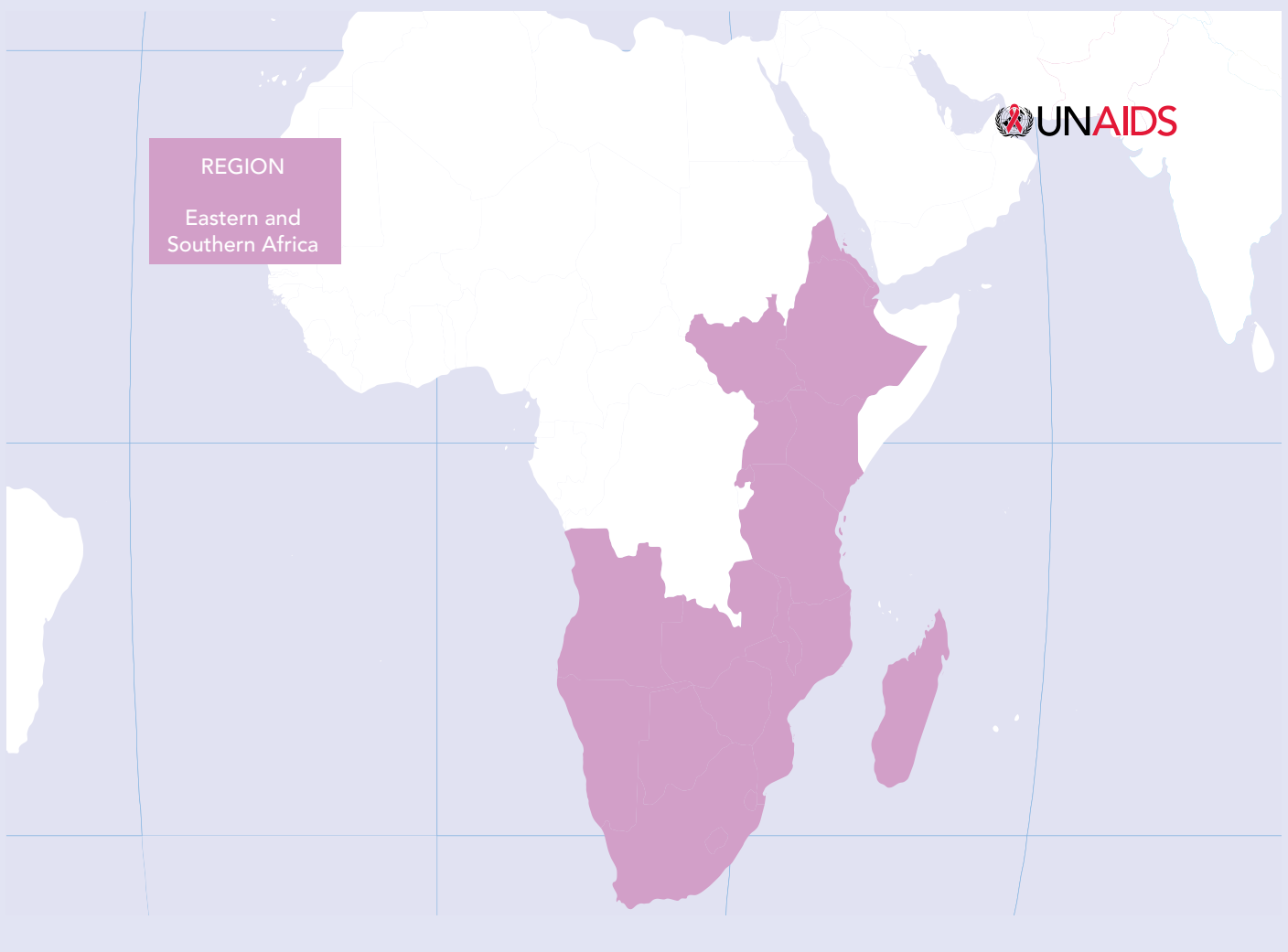
Eastern and Southern Africa: 2022 Core and non-core expenditures and encumbrances by funding source
(in millions of US\$)

Cosponsors and Secretariat total of **US\$ 146.3 million**



In 2022, in the eastern and southern Africa region, coverage of HIV testing and treatment programmes continued to increase to high levels including notable progress in the implementation of dolutegravir-based treatment in 20 countries and the annual number of new HIV infections continued to decrease significantly, including among adolescent girls and young women. Five countries reduced the rate of vertical transmission of HIV and syphilis below 5%. The Joint Programme also improved access to HIV, SRH and social protection services among vulnerable and key populations through strategic advocacy, high-level

political engagement, capacity building and technical assistance. Various countries, backed with technical and financial support from the Joint Programme, implemented the Stigma Index 2.0, improved legal and policy frameworks and reduced criminalisation of key populations to uphold the right of all people to health and social services and pave the way to reaching AIDS-related targets. Twenty countries improved the quality of programme data, delivery of differentiated services, linkages, referrals, social and behavioural change communication strategies, national coordination and programme monitoring for adolescent girls and young women.



UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

- 56.** The Joint Programme boosted combination prevention and treatment programmes, including through strategic and technical guidance, and promotion of cooperation and innovations. The new HIV prevention guidelines of the Southern African Development Community (SADC) support better-targeted prevention programmes among key populations. An HIV prevention scorecard analysis of progress and bottlenecks was undertaken, and accelerated actions were adopted by SADC Ministers of Health for HIV prevention (UNAIDS Secretariat).
- 57.** In Malawi, Mozambique, Uganda and Zambia, the Strategic Initiative for Condom Program Stewardship 2021–2023 stressed the importance of condom use as a key HIV prevention and contraception method. Commodity forecasting and quantification, “last-mile” distribution, demand creation, total market approaches, and monitoring and evaluation activities were supported in those four countries. South-South exchanges also strengthened knowledge and experience-sharing around condom distribution (UNFPA, UNAIDS Secretariat). In South Africa and Zimbabwe, the dapivirine vaginal ring was approved as a new choice of HIV prevention for women who are at risk of HIV infection—implementation of a pilot programme is underway in those countries.
- 58.** In Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, over 600 representatives of government and civil society organisations improved their knowledge of harm reduction among people who inject drugs in prisons (UNODC, WHO).
- 59.** All but one of the countries in this region implemented dolutegravir-based treatment, thereby improving access to quality medicines for people living with HIV. Several countries also maintained programmes for 3–6 months multimonth dispensing (MMD) of antiretrovirals (ARVs), with most countries adopting three-month MMD.
- 60.** Botswana, Eswatini, Mauritius, Namibia and South Africa achieved the target of reducing the rate of

mother-to-child transmission of HIV below 5% by 2021. Botswana maintained its status as being on the path to EMTCT of HIV, syphilis and hepatitis B, while Malawi, Namibia and Rwanda became front-runners to achieve the EMTCT targets. In 2022, Namibia completed a national assessment for the path to elimination, using WHO certification tools, and preparations are well underway to submit a “silver tier” certification application to the regional validation committee in 2023. Countries with slower progress towards the 90–90–90 targets developed catch-up plans and leveraged reproductive, maternal, newborn, child and adolescent health programmes to improve health outcomes (UNICEF, WHO, UNFPA, UNAIDS Secretariat).

- 61.** To drive evidence-based programming, government institutions in eight countries have strengthened their strategic information capacities. A total of 160 experts from across the region are now better equipped to use data models to identify gaps and improve quality of data, including inequalities by age, sex and geographic location. Currently, nine countries are operating “health situation rooms” that generate improved visualization of data (UNAIDS Secretariat). Madagascar and Mauritius also improved size estimations and HIV data for key populations, through technical and financial support of the Joint Programme.

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

- 62.** Equitable access to services for all was advanced in 10 countries through reinforced community-led HIV responses. A study on the impact of community-led HIV service delivery beyond HIV was completed, and results showed the positive impact of community-led programmes in expanding access to broader health, social protection and economic empowerment programmes to achieving Universal Health Coverage (UNAIDS

Secretariat). Community-led monitoring also expanded significantly in most countries in the region, strengthening evidence for policy and programmatic changes as well as Global Fund and PEPFAR grant implementation. Four regional networks of young people living with HIV, sex workers and transgender people developed community-led evidence gathering tools to monitor the level and quality of access to HIV, sexual and reproductive health and other essential health-care services (UNAIDS Secretariat).

- 63.** The regional Joint United Nations Sex Workers and Civil Society Advocacy Framework was developed to scale up HIV programmes for sex workers, strengthen partnerships and mobilize resources to close gaps exacerbated by the COVID-19 pandemic (UNHCR, WFP, UNDP, UNFPA, UN Women, ILO, UNAIDS Secretariat). The Africa Key Population Experts group developed and rolled out a renewed advocacy agenda with and for key populations, and Uganda completed a mapping of national emergency resources for key populations.
- 64.** Angola, Zanzibar (in the United Republic of Tanzania) and Zimbabwe implemented the Stigma Index 2.0 among people living with HIV, and the Joint Programme established a strategic partnership with the International Community of Women Living with HIV in eastern Africa to conduct a regional analysis of the Stigma Index 2.0 findings from the last three years (UNAIDS Secretariat).
- 65.** The [Advancing the human rights and inclusion of LGBTI people: a handbook for parliamentarians](#) publication was developed and disseminated to 1500 delegates at the 145th Inter-Parliamentary Union Assembly in Rwanda, thanks to support from the Joint Programme. Following capacity-building trainings, over 213 parliamentarians from 12 countries have increased their knowledge on the revision process of abortion laws, elimination of gender-based violence and decriminalization of consensual same-sex relationships, and have been further familiarized with sexual orientation and gender identity and expression concepts. The first African Parliamentary Forum on Gender and Sexual Diversity was established to advance inclusion of the rights of LGBTI+ people in policies, laws, and practices across the region (UNDP).
- 66.** Ministries of Justice in 11 SADC countries convened to discuss their role in improving the legal environment and deepening their engagement on the urgency of law reform to achieve inclusive justice systems and ensure no one is left behind. The African Regional Judges' Forum strengthened the role of the judiciary in advancing the human rights of marginalized populations, particularly the LGBTI+ community. Eighty-one judges and prosecutors from 22 countries were sensitized on progressive national legal systems to address the criminalization of same-sex relationships and the inclusion of LGBTI+ community in health-care programmes. National human rights institutions from six countries also received support from the Joint Programme to strengthen their capacity to protect and promote inclusion of LGBTI+ rights, and 78 commissioners expanded their understanding of sexual orientation, gender identity and expression, and of Resolution 275² on the protection against violence and other human rights violations on the basis on real or imputed sexual orientation or gender identity (UNDP).
- 67.** Young people established networks and received technical and financial assistance to implement youth-led HIV responses in 10 countries. In the United Republic of Tanzania, they were empowered to promote and defend the rights of adolescent girls and young women during a historic young women's regional leadership summit hosted by the country's President (UN Women, UNAIDS Secretariat). In addition, 50 young people from eight countries issued a statement calling on governments, parliamentarians, intergovernmental agencies, civil society, academia and private sector to ensure access to quality HIV and SRH services and remove legal barriers preventing young people from accessing these services (UNAIDS Secretariat).
- 68.** Edu+, a digital education tool, was launched in Eswatini, Lesotho, Uganda, the United Republic of Tanzania and Zambia to strengthen young women leadership. The Girls' Education and Women's Empowerment and Livelihood programme was implemented in Zambia, with financial and technical support from the Joint Programme. Organizations of women living with HIV improved their leadership capacity and maintained an active role in amplifying efforts to meet the needs of adolescent, young women and women living with HIV in Kenya, South Africa, the United Republic of Tanzania, Uganda and Zimbabwe.
- 69.** Advocacy strategies engaged regional and national decision-makers for more equitable access to SRH services and CSE among vulnerable young

²Resolution 275 entitled "Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity" adopted by the African Commission on Human and Peoples' Rights (ACHPR) in 2014.

people. One hundred education professionals from 15 countries, including teachers, curriculum developers, educators and civil society representatives serving learners with disabilities were trained on CSE and are expected to disseminate knowledge and skills learned in their respective countries (UNFPA, UNESCO).

70. As part of the 2gether 4 SRHR regional programme, 10 countries made encouraging progress in creating an enabling policy and legal environment for adolescents, sharing knowledge, empowering communities and delivering SRH and rights services, thanks to the Joint Programme's sustained support. In addition, Kenya and Malawi adapted the HIV and SRH and rights social and behavioural communication toolkit for young people. In Kenya, young people led the entire process (UNICEF, UNFPA, WHO, UNAIDS Secretariat)

71. SADC reviewed its Resolution 60/2, which calls for actions to address the underlying causes of high levels of HIV infections among adolescent girls and young women, thus reinforcing the importance of HIV and gender in SADC Member States (UNFPA, UN Women, UNAIDS Secretariat). Malawi, Namibia, South Africa, Uganda and Zambia documented national experiences on sexual and gender-based violence, which were used to improve point-of-care service delivery and inform national strategies.

72. Religious and traditional institutions, as well as community and opinion leaders from nine countries were sensitized and engaged to address social norms, harmful practices and gender-based violence, particularly among adolescent girls and young women and key populations (UNDP, UN Women). For example, institutional changes were begun in Eswatini, Lesotho, Malawi, Namibia and South Africa to address unequal gender norms within traditional courts. South Africa and the United Republic of Tanzania used the recommendations of the gender assessment on the integration of HIV and gender-based violence programmes in their respective national HIV strategic plans. Zambia developed a male engagement strategy, while Botswana galvanized effective male engagement thanks to the support from a new Joint Programme-supported regional technical advisory group on male engagement. Support from the Joint Programme also led to the launch of a regional framework for engaging men and boys.

73. In the United Republic of Tanzania, collaboration with the Public Procurement Regulatory Authority contributed to the development of effective policies, strategies and tools that enhance service delivery. It also facilitated local, women-led and women-owned private sector investment in production and manufacturing of goods and services, and promotes digital and innovative solutions for sustainable public procurement across the region (UNDP).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

74. Several countries in the region took notable steps to improve the access, robustness and integration of healthcare services; expand existing social protection mechanisms; and strengthen country readiness for emergency and humanitarian crisis with significant contributions from the Joint Programme.

75. With the Joint Programme's support, all but two countries in the region are providing better-integrated services to address HIV and TB coinfection in accordance with WHO guidelines. The services include TB preventive treatment, HIV screening among people with TB, TB screening among people living with HIV, and treatment for coinfecting patients.

76. South Sudan built on the COVID-19 pandemic response and related Global Fund grants for longer-term investments to build a more resilient health system, with significant contributions from the Joint Programme. For instance, laboratory equipment and commodities were procured and installed in healthcare facilities across the country and sexual and gender-based violence programmes are now available.

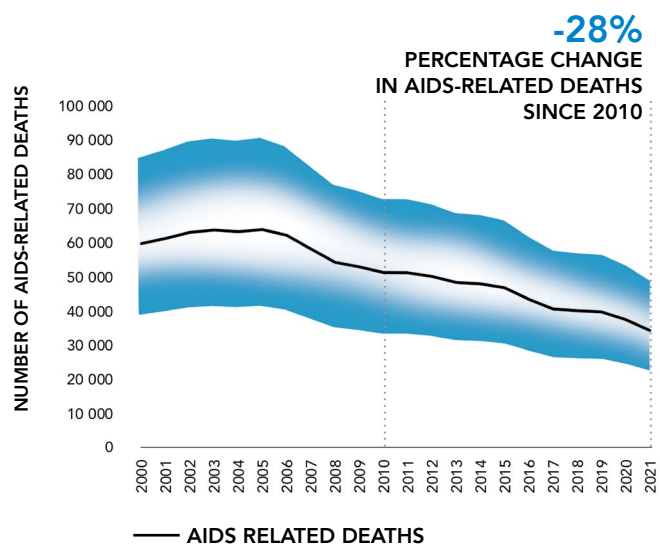
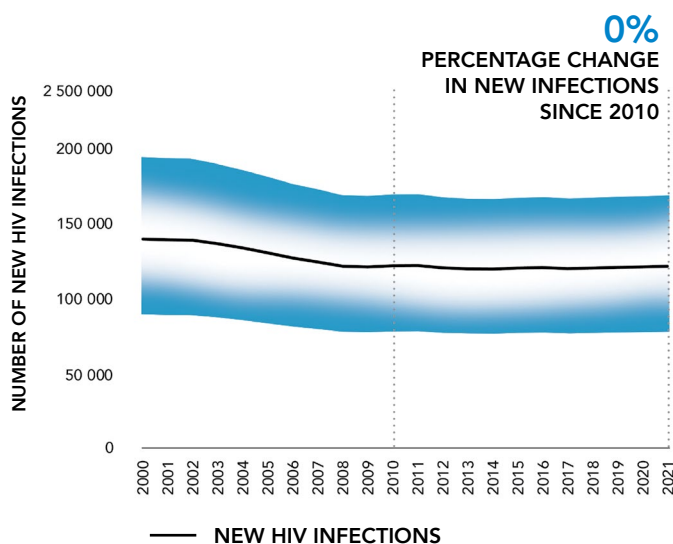
- 77.** In Kenya, Mozambique and South Sudan, people in humanitarian settings and hard-to-reach areas accessed primary health-care services, including for SRH and HIV, as well as services for survivors of gender-based violence. This was achieved through government-operated mobile clinics and IOM-operated mobile and temporary clinics, and was made possible by the Joint Team's partnerships with local authorities and development partners.
- 78.** All countries in eastern and southern Africa developed action plans to enhance their preparedness to implement the Minimum Initial Service Package for Humanitarian Settings, following the regional readiness assessment conducted under the 2gether 4 SRHR regional programme. (UNICEF, UNFPA, WHO, UNAIDS Secretariat). In Mozambique, key officials from the Ministry of Health were also trained on HIV in emergency and humanitarian preparedness.
- 79.** A repository of Inter-Agency Toolkits for HIV in Emergencies and Humanitarian Settings was established to expand access to HIV prevention, treatment, care and support services in humanitarian crisis in the region. Additionally, 16 SADC Member States completed the Migrants Right to Health a Legislative and Policy Review, which outlines the extent to which legal and policy frameworks in each country enable migrants to access public health-care services. These findings are used for advocacy with SADC Member States to realize the rights of migrants to access those services (IOM, OHCHR).
- 80.** Ministries of Health in 11 countries expanded SRHR and HIV prevention, testing and treatment services among asylum seekers and refugees, and representatives from Ministries of Health and UN agencies in seven countries were oriented on the global operational guidelines for addressing the healthcare needs and protection of people who exchange sex for money or other goods and services in humanitarian settings. This was done with technical support from the Joint Programme (UNHCR, UNICEF, UNFPA, WHO).
- 81.** Rwanda completed the HIV and Social Protection Assessment to improve the HIV sensitivity of its social protection programmes. In addition, extensive social protection programming, which included the provision of cash transfers to vulnerable households, was rolled out in Zambia. Other programmes were operating across the region in 2022 to protect vulnerable girls and women and reduce their vulnerability to HIV infection, including a newly launched project in South Sudan.
- 82.** The Joint Programme actively supported the new Global Fund Cycle 7 in eastern and southern Africa. A hybrid workshop organized in Kenya, in October 2022 convened participants from 19 countries to ensure evidence-based funding request which also follow the latest guidance and integrate innovations on HIV, community-led HIV responses, human rights and gender, as well as more integrated and resilient systems for health (UNFPA, WHO, UNAIDS Secretariat).

LESSONS LEARNED

- 83.** Lessons learned showed the need for multisectoral programming, including around issues of gender, social services, justice and education, and for establishing an operational mechanism to address structural and social barriers that hold back the HIV response. Also important are diverse, innovative approaches for working with the regional economic communities, and ensuring the active involvement of the gender, legal and health sectors.
- 84.** Expanded community-led responses and monitoring are crucial for continuing and accelerating progress towards ending AIDS, through partnerships with communities and service providers. Also vital are disaggregated data and evidence on programme/policy implementation for addressing gaps, and informing advocacy, improving programming and sustaining the HIV response.
- 85.** The COVID-19 pandemic showed that digital technologies and platforms offer multiple pathways towards greater resilience of HIV and other essential health service. For example, virtual mentoring and supervision of health workers, client follow-up and communication and psychosocial support should be combined with offline platforms to reach vulnerable and populations.

RESULTS IN LATIN AMERICA AND THE CARIBBEAN

PROGRESS TOWARDS BENDING THE CURVES AND SAVING LIVES



Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>

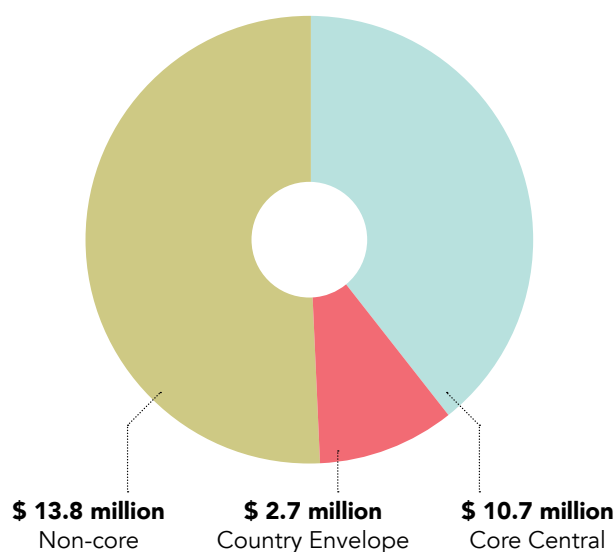
Key results in the region thanks to support from the Joint Programme:

- 49 336 people used PrEP
- 70% [61-80] of all people living with HIV in the region are accessing antiretroviral therapy
- **17 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **15 countries** have stronger community-led HIV responses
- **14 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **5 countries** implemented measures advancing full and sustainable HIV financing

18 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

Latin America and the Caribbean: 2022 Core and non-core expenditures and encumbrances by funding source
(in millions of US\$)

Cosponsors and Secretariat total of **US\$ 27.2 million**



In 2022, Latin America and Caribbean countries continued to expand and improve the quality of their HIV programmes, with the Joint Programme’s support. New testing algorithms strengthened the accuracy of HIV diagnosis, and coverage of combination HIV prevention services, including PrEP, increased among young people and key populations. Dolutegravir and opportunistic infection management programmes also improved the health outcomes of people living with HIV. Analysis of the HIV and social protection

programmes and implementation of revitalized strategies strengthened both the evidence and impact of the overall response in many countries. Intensive advocacy and technical support resulted in the adoption by some countries of laws and policies decriminalizing HIV transmission and addressing stigma and discrimination towards people from the LGBTI+ community. Capacity building and CSE deepened knowledge of HIV and SRH prevention and services among adolescents and young people.



UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

- 86.** With the Joint Programme's support, national HIV response assessments in 10 countries gathered evidence to better guide programming. Colombia, Cuba, the Dominican Republic, Ecuador, Guatemala and Jamaica developed roadmaps to strengthen their national HIV responses, with a focus on HIV prevention and care services for key populations and people living with HIV. An analysis of barriers hindering adolescents and young people aged 13–18 years from accessing combination HIV prevention programmes was completed in Argentina, Costa Rica, the Dominican Republic, Honduras and Peru, informing efforts to improve legal frameworks. In addition, 10 countries expanded PrEP services for people at high risk of HIV infection.
- 87.** In Brazil, recommendations from national and regional dialogues on HIV prevention and treatment services for women who use drugs (including on the need to expand HIV, SRH, hepatitis C, mental health and social protection services) informed the new National Strategy on Women in Drug Policy for implementation by multisectoral ministries (UNODC, UNAIDS Secretariat).
- 88.** Awareness creation and outreach initiatives improved knowledge of HIV prevention among young people and key populations. In Peru, 700 adolescents from Afro-Peruvian, Amazonian and Andean communities received information on the prevention of HIV and STI, gender-based violence, unintended pregnancy and early marriage (UNFPA). In Chile, information, education and communication materials on HIV prevention and other essential health services were distributed to 15 support centres for refugees and migrants and refugee housing units in a region with high levels of migration (UNHCR). Collaboration with community-based organizations on outreach initiatives further improved access to HIV self-testing in Chile and expanded PrEP services in Ecuador (WHO).
- 89.** Cuba's elimination of mother-to-child transmission of HIV and syphilis, first confirmed in 2016, was

revalidated by WHO, thanks to sustained technical support from the Joint Programme. Belize, Jamaica and Saint Vincent and the Grenadines have reached the EMTCT pre-validation stage and received recommendations to reach validation.

- 90.** Brazil, Paraguay and Trinidad and Tobago rolled out a pilot programme on the use of combined rapid antigen testing for opportunistic infections (histoplasmosis, cryptococcosis and TB) to improve management of advanced HIV infection. This was coupled with a cost-effectiveness analysis for histoplasmosis testing in the management of people living with advanced HIV, with support from the Joint Programme. In Guatemala, a prophylactic guide on the care and treatment of opportunistic infections has been developed to improve the health outcomes of people living with HIV (WHO).
- 91.** Accelerated transition to dolutegravir-based treatment regimens in 10 countries led to increased viral suppression rates. Dolutegravir-based paediatric treatment was also scaled up in 11 countries, through technical support and donation of medicines from the Joint Programme. In the Dominican Republic, the "Undetectable = Untransmittable" campaign to increase adherence to treatment reached 4640 people living with HIV in health services and over one million people via digital media. The Peru National Laboratory joined the HIV Drug Resistance Network, a global network that advises WHO on the control and surveillance of HIV drug resistance. Belize, Cuba and Ecuador conducted an HIV drug resistance survey, and national laboratories in Brazil, Cuba, Martinique, Mexico and Peru are now accredited to perform HIV resistance testing, thanks to technical contributions made by the Joint Programme (WHO).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

92. In collaboration with civil society and key stakeholders, support from the Joint Programme led to more conducive legal and service delivery environments for key populations and to the expansion of SRH services for young people. [Argentina passed a new law](#) that shifts the country's current, heavily biomedical approach to the national response to HIV, viral hepatitis, TB and STI to an approach that is more focused on gender and human rights. The new law further calls for an end to stigma and discrimination against people living with HIV or STIs and a prohibition of the criminalization of HIV exposure or transmission. Additionally, in 2021, one year after the enactment of a labour law in Argentina that established a 1% labour quota for transgender people, the public sector hired 409 transgender people—a 348% increase from the previous year. Staff members of the Mocha Celis, the first transgender school in the region, were also trained to better equip transgender persons with appropriate skills for these jobs (UNDP, UNAIDS Secretariat).
93. Other progress in establishing protective laws and policies in the region included HIV legislation in Guatemala, the Family Violence Bill and stigma and discrimination policy in Guyana, and the [striking down of a law](#) criminalizing sexual acts between consenting same-sex adults by Antigua and Barbuda's High Court. In addition, the St. Kitts and Nevis and Barbados High Courts [ruled](#) that provisions which criminalize private sexual acts between same-sex partners were unconstitutional. The latter legal result stemmed from a collaboration with the Eastern Caribbean Alliance for Diversity and Equality, a consortium of attorneys, civil society groups and human rights trusts. A transgender organization in Peru drafted a gender identity bill and developed an advocacy strategy to support the participation of civil society organizations in the process, with support from the Joint Programme. In Venezuela, the High Court agreed to hear arguments for nullifying a law that criminalizes consensual same-sex relations within the military. In addition, 10 Caribbean countries completed an analysis of national laws that affect people living with HIV, key populations and people from the LGBTI+ community, with results presented at the Fourth Caribbean Judges Forum on HIV, Human Rights and the Law (UNDP, UNAIDS Secretariat).
94. The Dominican Republic became a member of the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, joining 33 countries across the region, including Argentina, Costa Rica, Ecuador, Guyana and Jamaica. In addition, civil society organizations engaged the private sector to create stigma- and discrimination-free workplaces for people living with HIV. A total of 28 private companies in nine countries signed the Labour Positiva declaration to create stigma-free workplaces and took actions to eliminate stigma and discrimination against employees living with HIV.
95. In five cities in Brazil, some 3000 vulnerable people from key populations, predominantly young pregnant women, people from the LGBTI+ community and people experiencing homelessness accessed combination HIV prevention, testing, treatment and CSE services, thanks to financial support provided to five civil society organizations as part of the Fast-Track Cities initiative (UNAIDS Secretariat). In Jamaica, following the adoption of the Comprehensive National Health Strategy for Trans and Gender Non-Confirming Persons (2021-2025) and an accompanying advocacy strategy, the Joint Programme continued to support TransWave Jamaica, a transgender-led civil society organization, to advocate for and deliver comprehensive health services for transgender persons (UNFPA).
96. In 2022, more than 100 participants from 19 countries completed the sixth edition of the course on CSE by the Latin American Faculty of Social Sciences (FLACSO) in Argentina. Over 1000 specialists have completed the course, which has strengthened national capacities to design, implement and monitor CSE and empower adolescents and young people to make healthy and safe decisions (UNFPA, UNESCO). Costa Rica, Cuba, the Dominican Republic and Ecuador also integrated new combination HIV prevention education materials in their respective out-of-school CSE curricula. Additionally, more than 4.7 million people from 15 countries followed two podcasts (on HIV and STI prevention, and aimed at teachers) and the "Let's talk about HIV and STIs" podcast (aimed at young people), which FLACSO developed with technical and financial support from the Joint Programme (UNFPA, UNESCO, UNAIDS Secretariat).
97. In Argentina, El Salvador, Panama and Peru, 610 people were trained on the "Four steps to prevent gender-based violence in and out-of-school"

toolkit (UNFPA). Thirteen civil society organizations working with people living with HIV and key populations received technical and financial support from the Joint Programme to implement gender-transformative actions in more than 15 countries across the region. The actions focussed on empowering women's networks, implementing gender assessment tools and providing technical assistance to transform legal and policy frameworks (UN Women, UNAIDS Secretariat).

for people with chronic illnesses, including HIV treatment and follow-up services for refugees and migrants living with HIV.

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

98. Following advocacy and technical support from the Joint Programme, 11 countries mobilized resources from the Global Fund to expand integrated and differentiated HIV services, including community-led services for people living with HIV and key populations (WHO, UNAIDS Secretariat). Governments and civil society organizations in those countries further committed to produce evidence, tools, guidance and advocacy for accelerating the scale up of HIV services for key populations.

99. With the Joint Programme's support, HIV services and social protection programmes for refugees, asylum seekers and other populations affected by humanitarian emergencies expanded, with a focus on adolescent and young women, people from the LGBTI+ community and persons who sell or exchange sex. Argentina, Costa Rica and the Dominican Republic completed the HIV and Social Protection Assessment to better understand the HIV-sensitivity of existing social protection mechanisms and identify barriers preventing key populations from accessing social protection programmes, drawing on support from the Joint Programme. Also, Costa Rica signed a third agreement with the Social Security Agency to increase access to the public health system

100. National partners, civil society organizations and communities were engaged in regional discussions on the delivery of HIV and SRH services tailored for refugees and migrants from the LGBTI+ community. For example, Peru implemented HIV screening and case management programmes, including referrals to legal services for migration status among Venezuelan refugees and migrants from the LGBTI+ community. Over 150 migrants in Guatemala benefited from HIV prevention, testing and adherence services, and Venezuelan migrants in Brazil received information materials on HIV self-testing (UNESCO, UNAIDS Secretariat).

101. In the Bolivarian Republic of Venezuela, HIV treatment services among refugees and migrant populations improved due to improved ARV treatment management and community-led monitoring; the inclusion of adult and paediatric dolutegravir-based treatment regimens; and improved viral load monitoring thanks to Global Fund Emergency Funds and technical support from the Joint Programme.

102. In response to a growing concern for the health and well-being of refugees and migrants living with HIV, several countries are moving ahead with implementing the Cross-Border Action Plan. It includes delivery of comprehensive HIV service packages, ARV standardization and transitioning to dolutegravir-based regimens, capacity building and awareness-raising activities. The Plan is implemented through existing frameworks such as the Quito Process for managing regional coordination of the Venezuelan refugee crisis and the Interagency Coordinated Platform for Refugees and Migrants, which includes 24 partner organizations, including all Cosponsors and UNAIDS Secretariat.

103. The Brasilia Declaration, a high-level political declaration of the Quito Process, introduced for the first time a specific pledge to allocate resources for combination HIV services, including rapid HIV testing among migrant and refugee populations. Country-level actions include implementation of a drug monitoring and supply system to guarantee timely ARV supplies in the Darién region in Panama, and protocols for swift linkage to services in Colombia, Guatemala, Mexico, Panama and Peru. In addition, 250 border patrol staff improved

their knowledge of basic human rights and access to HIV prevention, testing, and treatment services among people living with HIV and people from the LGBTI+ community in humanitarian contexts.

104. In Peru, which had the world's highest Mpox rate per million people, the Joint Programme supported development of an inclusive strategy that was rapidly implemented under the leadership of the national HIV strategy team and with community engagement (WHO, UNAIDS Secretariat)

broadly, to more equitable access to integrated HIV, gender-based violence and SRHR services, and CSE, modern contraception for vulnerable women, including women living with HIV and scaled-up maternal and new-born health care.

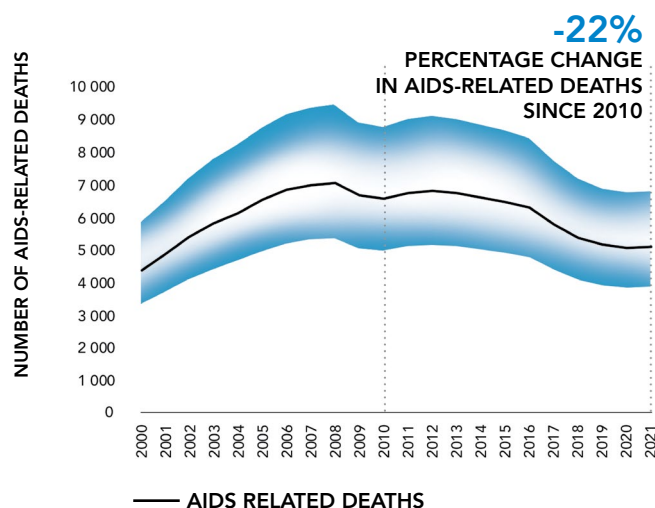
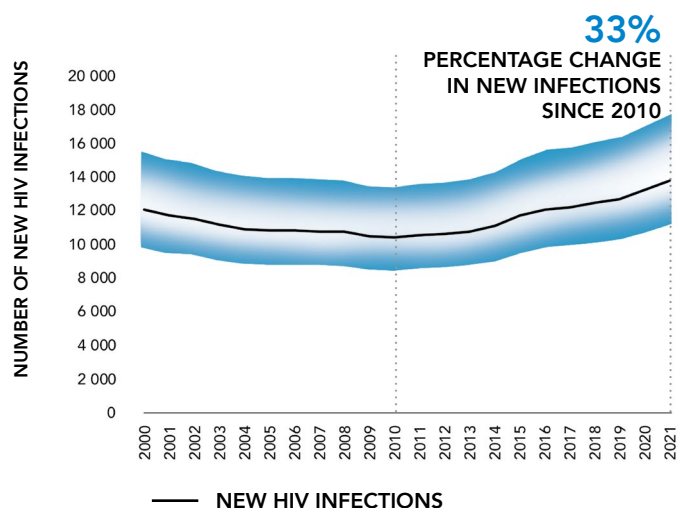
106. Lessons learned showed the need to strengthen advocacy, policy dialogues, quality data and programme evidence, partnerships and coordination with regional and national governments and civil society in order to scale up access to quality HIV prevention and SRH services among young people. New operational research in HIV prevention care and treatment programmes remains vital for improving the quality of services. Participatory processes that involve communities are essential throughout the planning and implementation of projects to achieve sustainability of the HIV response.

LESSONS LEARNED

105. Joint actions with national governments, territorial entities and civil society organizations contributed to improved access to HIV services and, more

RESULTS IN THE MIDDLE EAST AND NORTH AFRICA

PROGRESS TOWARDS BENDING THE CURVES AND SAVING LIVES



Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>

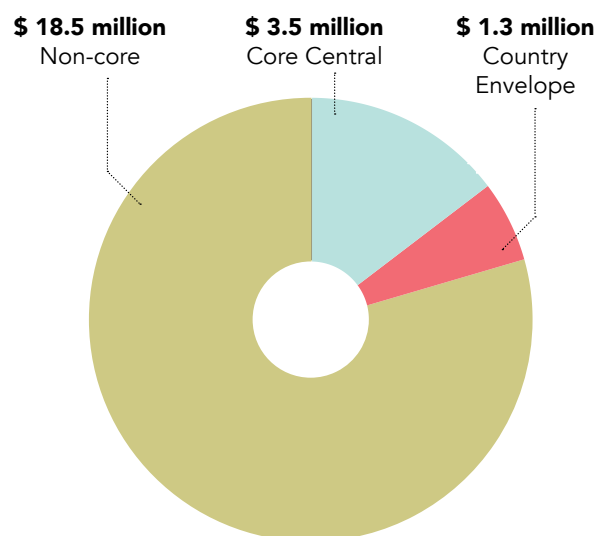
Key results in the region thanks to support from the Joint Programme:

- 21% [18-24] of pregnant women living with HIV in the region receive ARV for PMTCT
- 50% [43-58] of all people living with HIV in the region are accessing antiretroviral therapy
- **7 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **4 countries** have stronger community-led HIV responses
- **6 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **1 country** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **2 countries** implemented measures advancing full and sustainable HIV financing

7 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

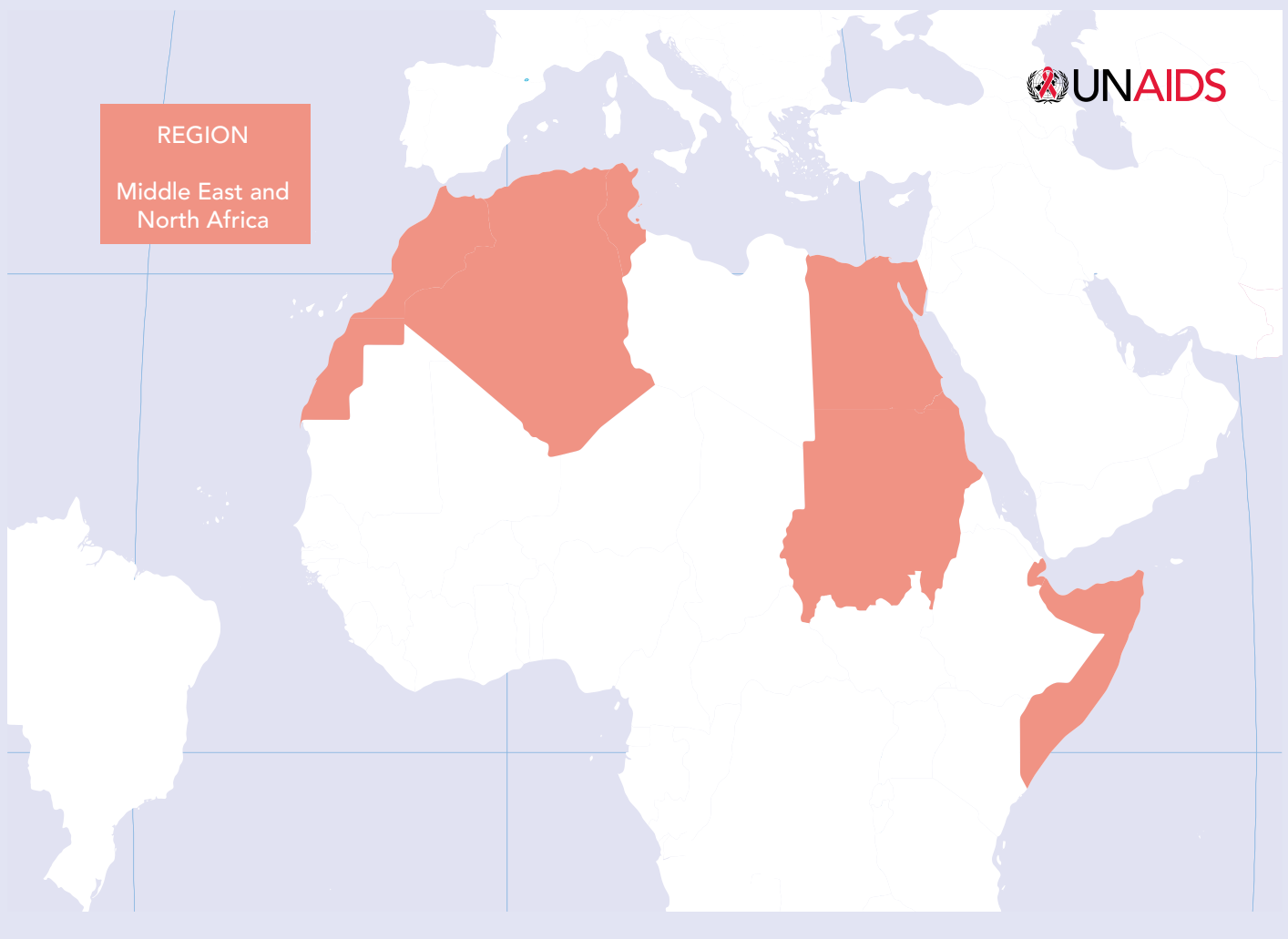
Middle East and North Africa: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$)

Cosponsors and Secretariat total of **US\$ 23.3 million**



In the Middle East and North Africa region, thanks to the Joint Programme's capacity building and strategic information to scale up HIV and other essential health-care and social protection services, health facilities, health-care workers and civil society are now better equipped to deliver those services to people living with HIV, women, (former) prisoners, refugees and key populations. In particular, people in prisons and other closed settings have greater access to health care, including HIV and STI prevention and treatment services. Algeria rolled out its first opioid agonist therapy programme, thus

further expanding the availability of quality harm reduction programmes in the region. Oman became the first country in the region to receive validation of EMTCT of HIV and syphilis, thanks to support from the Joint Programme. Intense advocacy and technical support allowed thousands of people living with HIV to register and benefit from social protection programmes. Partnership with the Global Fund, social contracting guidelines and investment assessments improved resource mobilization for HIV programmes and delivery of services.



UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

- 107.** Revised national HIV/AIDS strategic plans in five countries sharpened the focus on reducing HIV-related inequalities and aligning programmes with the Global AIDS Strategy, while updated HIV prevention, testing, and treatment guidelines in six countries enhanced the quality and access to services. Strategic evidence for the HIV response—including updated HIV estimates and Global AIDS Monitoring reports in 18 countries, as well as 22 country profiles—contributed to improved understandings of national epidemics and helped inform better-targeted responses (WHO, UNAIDS Secretariat).
- 108.** With technical and financial assistance from the Joint Programme, HIV and harm reduction services expanded for key populations, including people in prison, refugees and people who use drugs. An assessment of the needs of people in closed settings focused on the access to HIV treatment and continuity of care after incarceration. It informed procurement of medical equipment and essential medicines as well as training of 70 healthcare providers and counsellors leading to expanded access to comprehensive prison-based health-care services, including HIV, hepatitis B and C and syphilis prevention and treatment in prisons in Egypt, Morocco, the Sudan and Tunisia (UNODC, UNAIDS Secretariat). As a result, more than 21 000 people in prisons (including 1200 women) and other people at high risk of HIV (including former prisoners) accessed HIV, TB, and hepatitis B and C screening and information. An estimated 97 000 people at high risk of HIV and former inmates were also immunized against hepatitis C, and 16 000 people were sensitized on HIV prevention, treatment and care, as well as on other communicable and noncommunicable diseases.
- 109.** With support from the Joint Programme, Algeria rolled out an opioid agonist therapy programme for the first time, joining Egypt, Lebanon and Morocco as countries providing this service in the region. In Egypt, Libya, Morocco, the Sudan and Tunisia, the training of 550 health-care professionals

and procurement of medical equipment further strengthened harm reduction services among former inmates and people from key populations who use drugs (UNODC). Twenty-four drop-in-centres in Algeria and Morocco are now better equipped to provide tailored and integrated services, including referrals to mental, psychosocial and social protection for refugees from key populations (UNHCR).

- 110.** Under the Global Fund's Middle East Response multicountry project on HIV, TB and malaria services, 58 140 internally displaced persons, refugees, migrants and hard-to-reach populations were tested for HIV and 6130 people living with HIV accessed ART in Jordan, Lebanon, Palestinian Territories, the Syrian Arab Republic and Yemen (WHO, UNAIDS Secretariat, IOM).
- 111.** A regional testing campaign rolled out in December 2022 for World AIDS Day promoted network-based HIV testing and showed the effectiveness of social networks for improving diagnosis coverage and closing the gap towards the first "95" target (WHO).
- 112.** Oman became the first country in the region to receive validation of EMTCT of HIV and syphilis (UNICEF, WHO, UNAIDS Secretariat). In Yemen, almost 7000 pregnant women were tested for HIV through a Joint Programme collaboration with Yemen's National Action Plan on Women, Peace, and Security (UNICEF, UNAIDS Secretariat, IOM). In Algeria, the integration of PMTCT services into primary health-care expanded access to those services, including among refugees. As a result, more than 4200 pregnant women who were refugees or affected by humanitarian emergencies were tested for HIV during their antenatal care consultations.

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

- 113.** The Joint Programme's support enabled community-led HIV services to expand their efforts to achieve more equitable access to quality services and information across the region. For instance, thanks to partnerships with community networks, the new regional community leadership toolkit in Arabic is expected to strengthen community-led responses and monitoring, as well as community coordination, advocacy and leadership in the region (UNAIDS Secretariat).
- 114.** Following technical support from the Joint Programme, 25 civil society organizations in seven countries have developed a better understanding of the Global Fund Cycle 7 requirements and improved their capacities to define key priorities, such as human rights and gender equality, in the grant proposals (UNDP, WHO, UNAIDS Secretariat).
- 115.** A situational analysis of people living with HIV and their networks in the region identified challenges, including inequalities to health services, and lessons learned from the response to COVID-19. The knowledge is important to further advance the rights of people living with HIV and to empower them to play an even more active role in the HIV response (UNAIDS Secretariat).
- 116.** Algeria, Egypt and Morocco implemented gender-based violence services, including clinical management of rape survivors among refugees, thanks to the support from the Joint Programme (UNHCR). In Sudan, community outreach workers and gender activists from 22 civil society organizations are also better equipped to address gender-based violence; advocate for the rights of people who survived gender-based violence; and improve access to essential services (UNDP, UNFPA).
- 117.** A new situational analysis on adolescents and young key populations, informed by the Integrated Biological and Behavioural Surveillance study, was conducted in Jordan and Lebanon in collaboration with ministries of health and the Eastern Mediterranean Public Health Network. It generated up-to-date evidence on the HIV knowledge of young people aged 18–24 years. In Jordan, analysis of knowledge, attitudes and perceptions of HIV among refugees and migrants further strengthened HIV prevention programmes among vulnerable young people (UNICEF, UNAIDS Secretariat, IOM). A situational analysis on HIV among adolescents and young key populations (18–24 years) was also completed in Tunisia and yielded much-needed information about the epidemic among young people at higher risk of HIV infection (UNICEF, UNAIDS Secretariat).
- 118.** A new advocacy brief on HIV among adolescents and young people in the Middle East and North Africa highlights key challenges for HIV prevention, including behaviours that place adolescents and young people at risk of infection, stigma, inequalities and suboptimal HIV testing and treatment coverage (UNICEF).
- 119.** A regional consultation held in Tunisia brought together youth focal points from nine countries and territories, regional partners and experts from other regions to discuss implementation of CSE in the region and the adaptation of international and regional technical guidance to national contexts, with a focus on innovative and digital approaches (UNFPA).
- UBRAF OUTCOME 3:** Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.
- 120.** The Joint Programme made significant contributions to the mobilizing of external and domestic funding and the scaling up of integrated health and social protection services for key populations, including people affected by humanitarian crisis.
- 121.** During the 69th Session of the WHO Regional Committee, Member States adopted the Regional Action Plan for the implementation of the Global Health Sector Strategies on HIV, Hepatitis and Sexually Transmitted Infections 2022–2030. It focuses on leveraging and optimizing primary health care and integration of those services, with advocacy and technical support provided by the Joint Programme. In addition, after a review of progress, Djibouti, the Sudan and Tunisia developed roadmaps to accelerate action

towards the targets set in the Global AIDS Strategy and the 2021 Political Declaration, with a focus on the integration of HIV in public health and development programmes (UNAIDS Secretariat).

122.An HIV and social protection assessment in Somalia led to strengthened HIV sensitivity in the national social protection mechanism, thanks to advocacy and support from the Joint Programme. As a result, the 2144 people living with HIV who were registered at treatment centres were enrolled on the Baxnaano Project, a social protection programme that provides regular cash transfers for vulnerable people in Somalia (World Bank). In Egypt, community sensitization on social protection programmes and partnerships with government and nongovernmental organizations registered 65 people living with HIV in the national social protection programme; and resulted in the inclusion of women living with HIV as a priority target group for these benefits (UNDP).

123.In 2022, a cascade analysis in Jordan, Lebanon, Palestinian Territories, the Syrian Arab Republic and Yemen was launched to identify bottlenecks preventing vulnerable and key populations affected by humanitarian emergencies from accessing HIV services (WHO, UNAIDS Secretariat, IOM). Results will help prioritize these populations in the upcoming Global Fund grant request.

124.In partnership with the Global Fund, a technical collaboration framework with mutually agreed priorities, including data for impact, enabling environment and sustainable financing accelerates and guides funding requests for the implementation of the Global AIDS Strategy 2021–2026 and the Global Fund Strategy Framework 2023–2028 (UNAIDS Secretariat). In 2022, more than US\$ 2.6 million was also mobilized from the Global Fund to maintain community-led HIV programmes and strengthen integrated and people-centred services in emergency settings in the region. The Joint Programme also mobilized

US\$ 71 million from the Middle East Response Initiative 2022–2024 to sustain the HIV, TB responses in humanitarian settings (WHO, UNAIDS Secretariat, IOM).

125.Social contracting guidelines and HIV social return-on-investment case studies in Algeria, Morocco and Tunisia were developed. They contributed to stronger domestic and international resource mobilization for the HIV response; the integration of HIV into national development plans; and the fostering of government and civil society partnerships to scale up HIV services among key populations. For instance, the case studies highlighted a US\$ 7 return for every dollar invested in Morocco for specific HIV interventions (UNDP).

LESSONS LEARNED

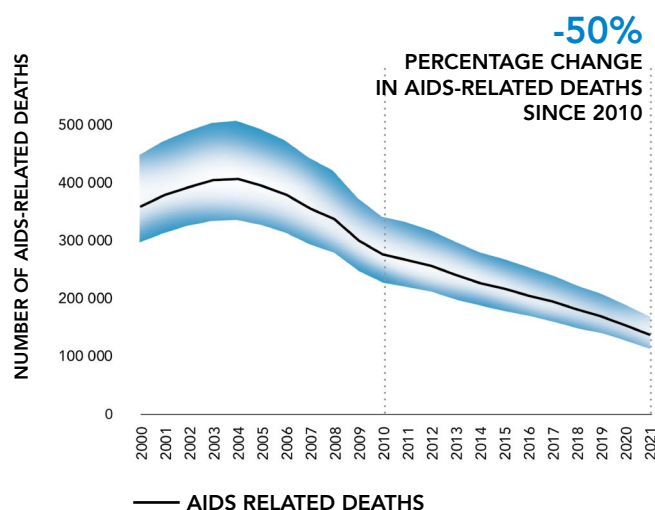
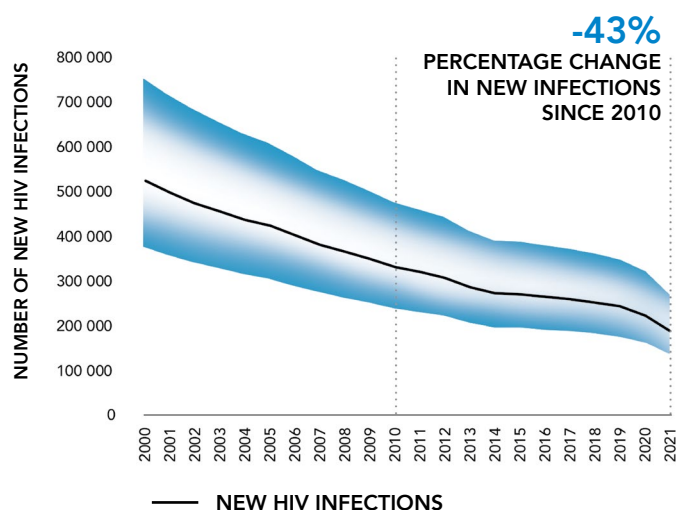
126.Lessons learned from the HIV response in the region underscored the benefit of community-led interventions and of scaling up HIV programmes, including HIV self-testing, PrEP and treatment services among key populations.

127.The Joint Programme's partnership with the Global Fund and its Middle East Response multicountry project for the provision of essential HIV, TB and malaria services in countries affected by humanitarian emergencies has proven to be effective in sustaining the HIV response despite competing needs in the region. This partnership could be replicated to other countries to further support the HIV response in humanitarian settings.

128.While initiatives have been launched at country level to improve the generation and use of strategic information, greater investments are needed in several countries across the region to address critical information gaps and improve country capacity to disseminate and use the newly generated data.

RESULTS IN WESTERN AND CENTRAL AFRICA

PROGRESS TOWARDS BENDING THE CURVES AND SAVING LIVES



Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>

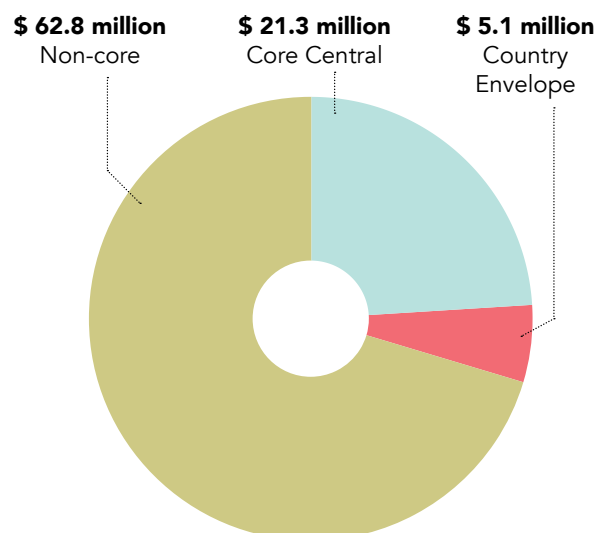
Key results in the region thanks to support from the Joint Programme:

- 60% [48-70] of pregnant women living with HIV in the region receive ARV for PMTCT
- 78% [70-89] of all people living with HIV in the region are accessing antiretroviral therapy
- **22 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **20 countries** have stronger community-led HIV responses
- **19 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **14 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **10 countries** implemented measures advancing full and sustainable HIV financing

23 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

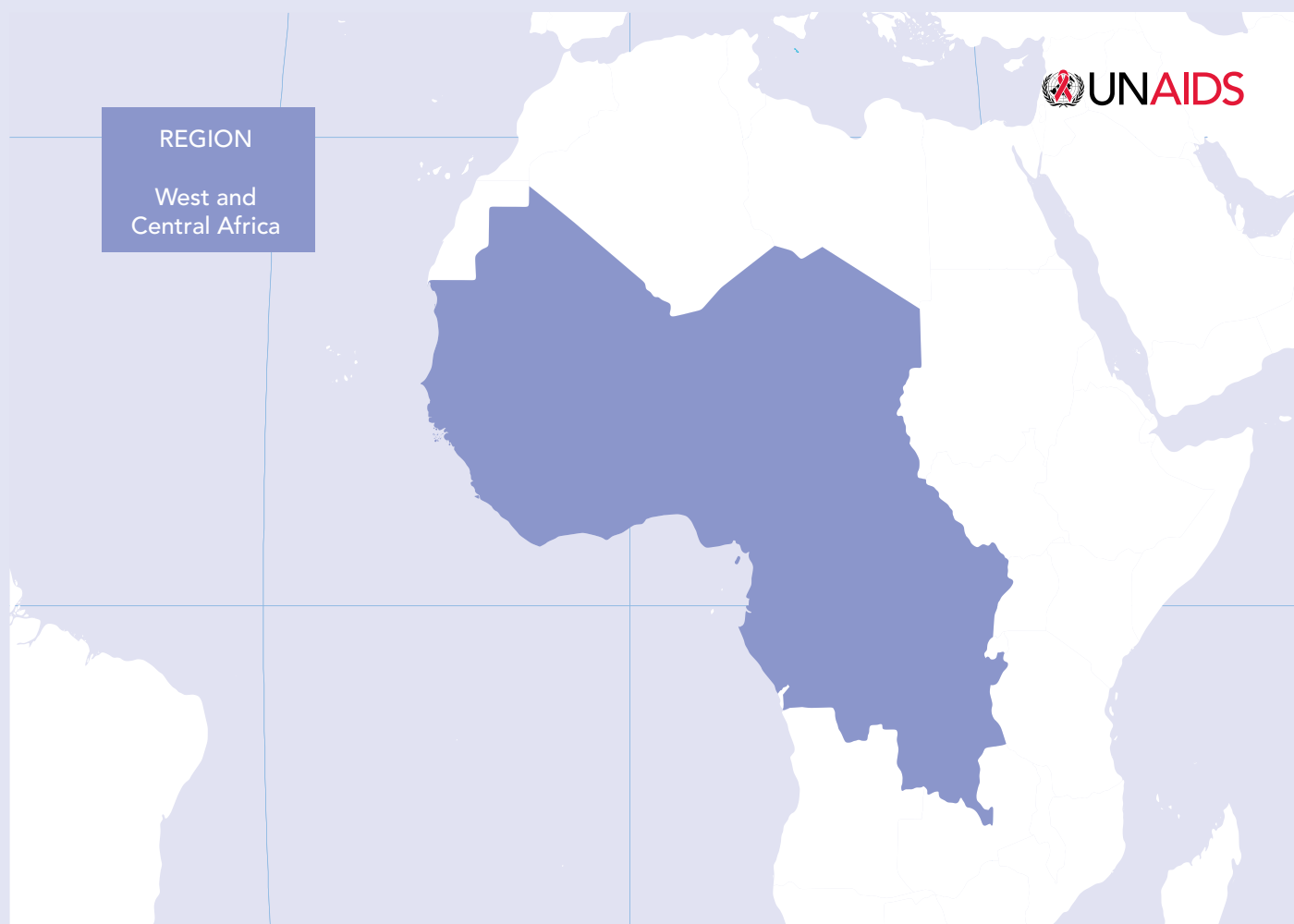
Western and central Africa: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$)

Cosponsors and Secretariat total of **US\$ 89.2 million**



In the west and central Africa region, the Joint Programme accelerated progress towards the 95–95–95 testing and treatment targets through strategic collaborations with regional and national partners. HIV prevention, testing and treatment services became better at reaching vulnerable and key populations, including refugees and female sex workers. Integration of PMTCT and reproductive, maternal, newborn, child and adolescent health services boosted access to HIV services among pregnant women and children. Community-led programming and monitoring continued to generate evidence and strengthen access to quality HIV and

social protection services among vulnerable and key populations, with support from the Joint Programme. Throughout the region, community leaders, peer educators, legal professionals, government officials and people at high risk of HIV infection, including young people, were empowered to promote sexual and reproductive health and rights as well as address gender inequalities, human rights violations and gender-based violence. 2022 marked the entry into force of the recommendations of the Dakar High Level Summit held in 2021, translating political commitments at country level and further advancing national HIV responses.



UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

- 129.** Support from the Joint Programme enabled the wider adoption of innovative approaches to provide HIV prevention services to populations in need. For example, in Côte d'Ivoire, digital HIV prevention initiatives, including the "Hello Ado" app, reached close to 1.9 million adolescents and young people, and 37 163 HIV self-testing kits were distributed to this group (UNICEF). A visual communication package on HIV prevention and access to SRH and HIV services was developed and successfully rolled out in Liberia and Nigeria to support peer-to-peer communication on behaviour change among adolescents and young people (UNAIDS Secretariat).
- 130.** A youth programme enhanced HIV prevention and testing, SRH and referral services among adolescents and young people in Cameroon through the use of integrated platforms: health facilities, education institutes, community platforms and social media (UNICEF). In addition, a total of 26 635 adolescents and young people in Cameroon were sensitized on HIV and SRH services in schools and through youth networks and platforms (UNFPA).
- 131.** During the 2022 International Adolescent Health Week, over 5.5 million adolescents and young people in Nigeria were sensitized on HIV and SRH via in-person and virtual initiatives, with support from the Joint Programme. Additionally, 14 024 adolescents and young people took the HIV risk assessment test of whom 11 184 were found to be at high risk of HIV infection and were offered HIV testing. More than one million condoms were also distributed during these events (UNICEF).
- 132.** Guidance (in French, Portuguese, Spanish and English) was disseminated to 23 countries in the region to support people living with disabilities to access integrated SRH services (UNFPA).
- 133.** In the Democratic Republic of Congo, 211 746 refugees and people from host communities improved their knowledge of HIV prevention, testing, treatment and SRH services via community sensitization sessions (UNHCR). In Nigeria, more than 20 female sex worker support groups were established, and female sex workers were trained as peer educators to improve access to quality HIV, SRH and referral services among this group (UNFPA).
- 134.** In Togo, PrEP programmes were rolled out at selected pilot sites, and 580 people, including serodiscordant couples, sex workers and people who inject drugs, were initiated on PrEP by the end of 2022. In Sierra Leone, over 7000 people from key populations have accessed PrEP services cumulatively since its roll out (WHO, UNAIDS Secretariat). In Nigeria, the Drug Harm Reduction Advocacy Network informs harm reduction services and increased the meaningful involvement in decision-making of people who use drugs (UNODC, UNAIDS Secretariat).
- 135.** Countries in western and central Africa are implementing the "treat-all" strategy, although there are still important gaps in access to HIV testing and treatment services, especially among groups at high risk and for children who are left behind. In Nigeria, over 12 million people were tested for HIV and those who tested HIV positive were referred to treatment services. This was done with support from the Joint Programme and collaborations with national partners, including networks of people living with HIV. Community-led family testing initiatives are expanding in Côte d'Ivoire, the Democratic Republic of Congo and Liberia, thanks to partnerships with people living with HIV support groups. Implementation of self-testing and index testing strategies also improved HIV testing coverage across Togo, including through a campaign that reached 7788 children (WHO, UNAIDS Secretariat).
- 136.** Expansion of paediatric and community-led differentiated service delivery improved access to, and uptake of PMTCT and paediatric HIV services in 14 countries in the region (UNICEF, WHO). For example, in Burkina Faso and Chad, an index testing and treatment programme was rolled out and 21 297 internally displaced women were sensitized on these services (UNHCR, UNAIDS Secretariat).
- 137.** In addition to Cameroon, the Democratic Republic of the Congo and Nigeria, Côte d'Ivoire reaffirmed its commitment to scale up EMTCT and paediatric HIV services by joining the newly created

Global Alliance to end AIDS in children, and by developing an action plan (UNICEF, WHO, UNAIDS Secretariat). In 2022, Joint Programme enhanced the capacities of 260 midwives to apply the latest ART protocol for adolescents and children, while 6494 pregnant women were tested for HIV, including through community-based HIV testing (UNICEF).

138. In Sierra Leone, the latest operational plan for EMTCT of HIV and standard operating procedures led to improved integration of EMTCT and reproductive, maternal, newborn, child and adolescent health services. In Liberia, integration of the latter services with EMTCT services increased access among pregnant women, while Burundi further reinforced its EMTCT coverage by integrating HIV testing and antenatal care services (UNICEF). In Cameroon, more than 7000 pregnant women were tested for HIV during their antenatal care visits and health-care providers were trained on the delivery of integrated EMTCT and reproductive, maternal, newborn, child and adolescent health services among mothers and their infants in 11 refugee camps (UNHCR).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

139. A collaboration with the Civil Society Institute for HIV and Health in West and Central Africa, which convenes 149 civil society organizations from 21 countries, improved the capacity of civil society organizations, including networks of people living with HIV and key populations, for effective coordination of community-led responses in the region. More than one third of countries in the region now have a national civil society platform supported by the Institute. For example, in 2022, the provision of harmonized guidance and tools, capacity-building and horizontal learning opportunities improved civil society organizations'

abilities to undertake resource mobilization and community-led monitoring. This improved the delivery of HIV services in several countries, including Burundi, Cameroon, the Democratic Republic of Congo, Mali and Nigeria (UNAIDS Secretariat).

140. A synthesis report on legal framework assessments led to improved strategic evidence for the protection of the human rights of people living with HIV in five countries, which resulted from collaborations with civil society organizations in those countries. In the Democratic Republic of Congo, under the Global Fund's Breaking Down Barriers initiative, a five-year strategic plan now guides community-led programmes that are aimed at reducing human rights violations among vulnerable and key populations and at removing barriers to HIV, TB and malaria services. In addition, Togo developed a three-year gender and human rights action plan, and the Central African Republic revised its HIV law and Family Code with improvements for protecting the rights of women and people living with HIV. Sustained technical support from the Joint Programme enabled those changes (UNDP, UNAIDS Secretariat).

141. Following the results of the Stigma Index 2.0 on violence against disabled women living with HIV, the Nigerian People Living with HIV Network accelerated advocacy for a law addressing gender-based violence. Similarly, the Stigma Index findings in Burkina Faso are spurring advocacy to amend a law that criminalizes HIV transmission and nondisclosure. In Côte d'Ivoire, the study findings led to the scale-up of education and psychosocial support programmes to reduce stigma and discrimination against people living with or affected by HIV. Findings from the Stigma Index 2.0 also informed advocacy campaigns in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Nigeria and Togo (UNAIDS Secretariat).

142. Faith-based organizations contributed to reduce HIV-related stigma and gender-based violence in Cameroon, Côte d'Ivoire and Nigeria through various initiatives that were included in national HIV strategies. HIV risk self-assessments among adolescent girls and young women informed the scale up of tailored HIV prevention, care and treatment programme among this group in Côte d'Ivoire, the Democratic Republic of Congo, Ghana and Nigeria (UNAIDS Secretariat).

143. The #UPROOT scorecard generated strong evidence to advance HIV and SRHR programmes and drive youth leadership in Burundi, Ghana and Nigeria, building on a partnership with the Program for Assertive Community Treatment and the Global Network of Young People Living With HIV (Y+ Global). In Nigeria, more than 2,150 teachers and teacher educators are now better equipped to deliver life, health and HIV education for adolescent and young people, and almost 150 000 adolescents and young people have better skills for adopting safe behaviours and pursuing healthy and productive lives (UNESCO).

guidance workshop in Senegal in December 2022. The meeting was instrumental in ensuring evidence-based funding requests that follow the latest guidance and integrate innovations on HIV, community-led responses, human rights and gender, as well as integrated and resilient systems for health (WHO, UNAIDS Secretariat).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

144. To reduce persistent high dependence on external funding, national, regional and global partnerships were consolidated with support from the Joint Programme, securing domestic and external investments for increased sustainability of the HIV response in the region. During the Praia Process in Cabo Verde, more than 200 delegates from 23 countries proposed innovative designs and funding mechanisms for a new generation of high-impact HIV programmes for key populations in western and central Africa. Recommendations informed Global Fund grant country proposals, including an increased focus on key populations. In addition, new HIV estimates and the Global AIDS Monitoring reports reinforced strategic evidence to further support resource mobilization efforts. Across the region, 17 countries now have HIV estimates at decentralized level for improved decision-making, thanks to strengthened national information systems (UNAIDS Secretariat).

145. To maximize the impact of Global Fund Cycle 7 in 15 countries in western and central Africa, the Joint Programme convened a hybrid technical

146. In Togo, an HIV and social protection assessment identified 16 institutions currently providing social protection programmes (including 18 related schemes that are accessible to people living with HIV or TB). This informed a social protection national policy that was developed in collaboration with key and vulnerable populations. Similar social protection assessments were conducted in Benin, the Central African Republic and Côte d'Ivoire (ILO).

147. The region still faces unstable political, security and humanitarian situations, reinforced by food insecurity, epidemics (including COVID-19) and the effects of climate change. All this has affected access to and, in some cases, led to serious disruptions of HIV services. The Joint Programme's expertise and strong partnerships with civil society and other humanitarian actors focused on sustaining access to HIV services in diverse humanitarian settings, along with efforts to reach key populations with integrated services (UNHCR, UNICEF, WFP, UNFPA). In the Central African Republic, close to 80 000 people from vulnerable populations, including adolescent and young people, pregnant women and displaced and marginalized people, accessed tailored HIV screening, nutrition and treatment referral services, while 10 000 people living with HIV received nutrition support (WFP). In partnership with the Red Cross, 73 719 condoms were distributed in three refugee camps and host communities in Liberia, targeting vulnerable and key populations, including young women. In Cameroon, 47 538 refugees increased their awareness on HIV and other STIs (UNHCR).

148. Across the region, more than 136 000 people living with or affected by HIV received food, nutrition and livelihood assistance in 2022. In Cameroon, the Central African Republic and Guinea, almost 23 000 malnourished people living with HIV on treatment received specialized nutrition and food, and 50 000 family members obtained food assistance. This helped improve household food security, treatment adherence and health outcomes.

Assessments of food and nutrition vulnerability of people living with HIV informed advocacy and programming in the Central African Republic and in north-eastern Nigeria (WFP).

149. Small-scale pilot cash transfer programmes targeting people living with HIV were launched in Chad, Mali and the Niger to improve treatment adherence and retention (WFP). In Benin, Cameroon, Guinea and Ghana, 20 835 vulnerable people living with HIV made use of skills-building training, equipment and seed funding to establish income-generating activities, and technical support was provided to newly established farmer's groups and cooperatives. [Lessons learned from joint cash transfer programmes for people living with HIV and key populations in the context of COVID-19](#) were published to support future programming in Burkina Faso, Cameroon, Côte d'Ivoire and the Niger (WFP, UNAIDS Secretariat). Twelve countries finalized a regional mapping of HIV and social protection, which guides a joint UN project aimed at scaling up social protection schemes for people living with HIV in the region (UNICEF, WFP, ILO, UNAIDS Secretariat).

LESSONS LEARNED

- 150.** Engagement of youth is essential to sustain the HIV response in the region, as demonstrated in several countries. The introduction of community-led monitoring of HIV programmes across the region has strengthened equity and access to quality services, strategic evidence and community-led advocacy. It has also helped bring about policy changes and improve sustainability in the HIV response.
- 151.** Recognizing that the SDGs (including SDG 3) cannot be achieved if humanitarian and crisis-affected populations are left behind, the Joint Programme prioritized and operationalized inclusive, rights-based, gender-sensitive and community empowerment approaches to address their specific needs. This included taking swift, coordinated, multisectoral and evidence-based action to enable refugees, forcibly displaced and crisis-affected persons to access health services, food and nutrition assistance, protection and economic empowerment. Meanwhile, strengthening health systems and advocating for visibility, inclusion, protection and increased resources for these populations contributed to saving lives and improving well-being among people living with, affected by or at risk of HIV.

