
UNAIDS
Structured
Funding
Dialogue

OBJECTIVES



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1. Build momentum around opportunities, mutual commitments and accountability of the new Global AIDS Strategy and to position UNAIDS to fully and effectively contribute to the timely implementation of the strategy.
2. Improve understanding of the vital role and funding situation of UNAIDS, including resource allocation, priority-setting and the cost of inaction or insufficient funding, to increase transparency and strengthen trust and mutual accountability.
3. Make the case for adequate and predictable yet flexible funding for UNAIDS, preferably through multi-year agreements for core and non-core funding.

**UN Joint
Programme on
HIV/AIDS**

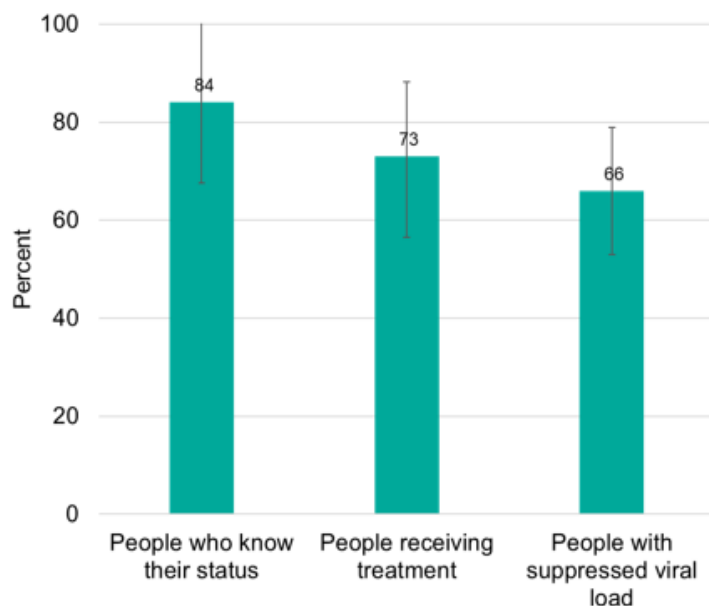
Results & Impact



What's at stake

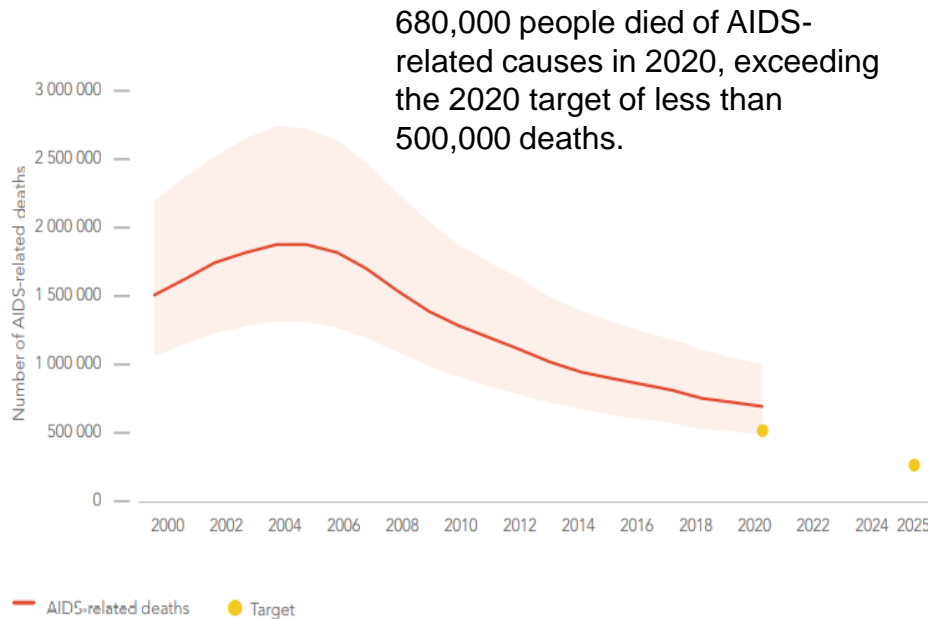
Progress made but not sufficient and uniform

HIV testing and treatment cascade

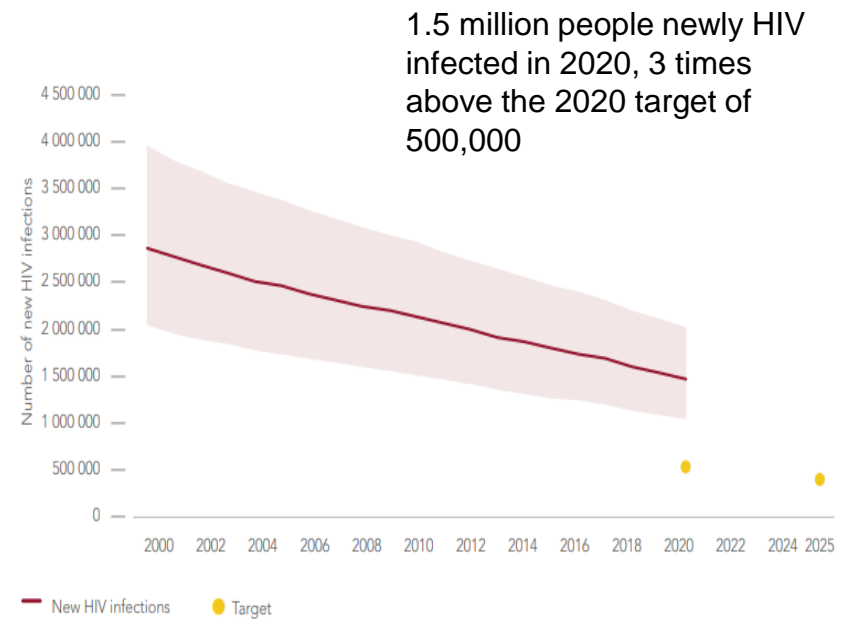


- ❑ At least 8 countries fully reached the 90-90-90 targets by 2020.
- ❑ 11 countries reached an equivalent 73% viral load suppression among people living with HIV.
- ❑ 85% of pregnant women received ARVs for PMTCT.
- ❑ PrEP coverage increased by 182% since 2018.
- ❑ Progress varies by age, sex and geography:
 - Reductions in new infections strongest in Sub-Saharan Africa, epidemics expanded in parts of eastern Europe and Central Asia.
 - 54% of children on treatment compared to 74% of adults living with HIV.
 - Men living with HIV consistently faring worse than women.

AIDS is not over..... The global response missed 2020 targets, and is not on track to reach the 2025 targets



Source: UNAIDS epidemiological estimates, 2021 (<https://aidsinfo.unaids.org/>).



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Global view of progress masks persistent inequalities

- UNAIDS' 2020 comprehensive review of data shows that inequalities are the key reason for missing the 2020 targets:
 - **Young people** represent 17% of the world population, accounted for 28% of new infections in 2019.
 - **AGYW in sub-Saharan Africa** are about 10% of the population but represent 23% of new HIV infections
 - Despite increased coverage of treatment among adults, only 54% of **children living with HIV** are on treatment.
 - **Key populations** represent a small proportion of the world population but accounted for 62% of new infection in 2019.

The risk for key populations to acquire HIV infection in 2020 was:

Gay men and other men who have sex with men: **25 times greater risk** than heterosexual men.

Female sex workers: **26 times greater risk** than women in the general population.

Transgender women: **34 times greater risk** than other adults.

People who inject drugs: **35 times greater risk** than people who do not inject drugs.

Right mix of targeted evidence-based interventions needed to reach bold 2025 targets

PrEP

Oral PrEP
Injectable PrEP

Thailand:

Quick adaptations to keep PrEP services for key populations during COVID-19:

- Extended PrEP prescriptions from 3 to 6 months.
- Introduced courier services for PrEP prescriptions

Telehealth

Uganda:

Toll-free hotlines setup to advise people how and where they could access their medications.

Myanmar:

Online consultations helped retain people in care during COVID-19 lockdowns.

Rights-based Index testing

Benin:

Number of children and adolescents diagnosed with HIV doubled during six months of family-based index testing.

D.R Congo:

Family-based index testing resulted in a fourfold increase in the number of children receiving treatment.

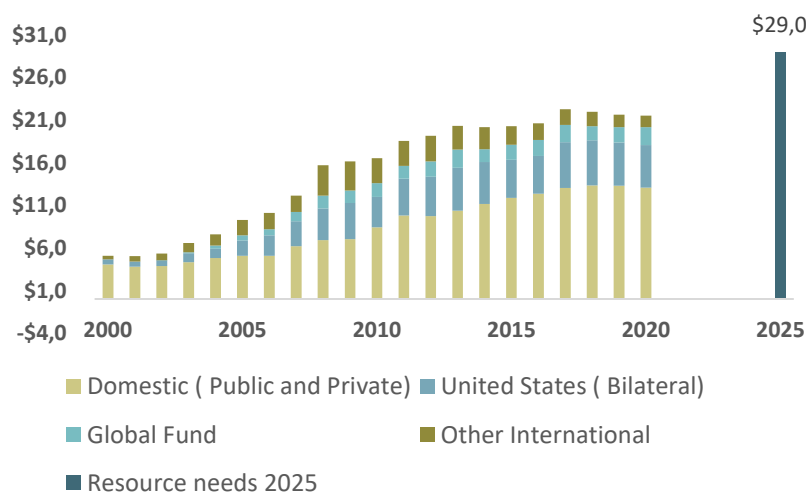
PMTCT

Eswatini:

PMTCT progress sustained through the Community Mentor Mothers initiative; achieved 95% coverage of Prevention of Mother to Child Transmission resulting in lowering MTCT rate down to 2.5%.

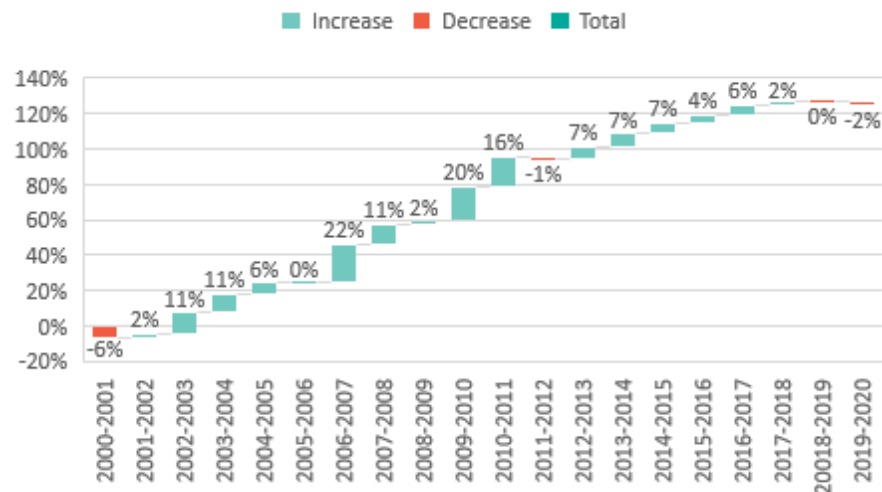
Failure to fully fund the HIV response translates into higher level of resources needed in the future.

Annual resource availability



- Combined domestic and external resources have combined declined over the past 3 years.
- Annual investments of about \$29 billion required to reach the 2025 targets

Year to year change on HIV domestic resource availability



Domestic resources, main source of investment growth for HIV responses in low- and middle-income countries, declining due to fiscal pressure imposed by COVID-19 responses.

The UN Joint Programme's mobilization and engagement is important

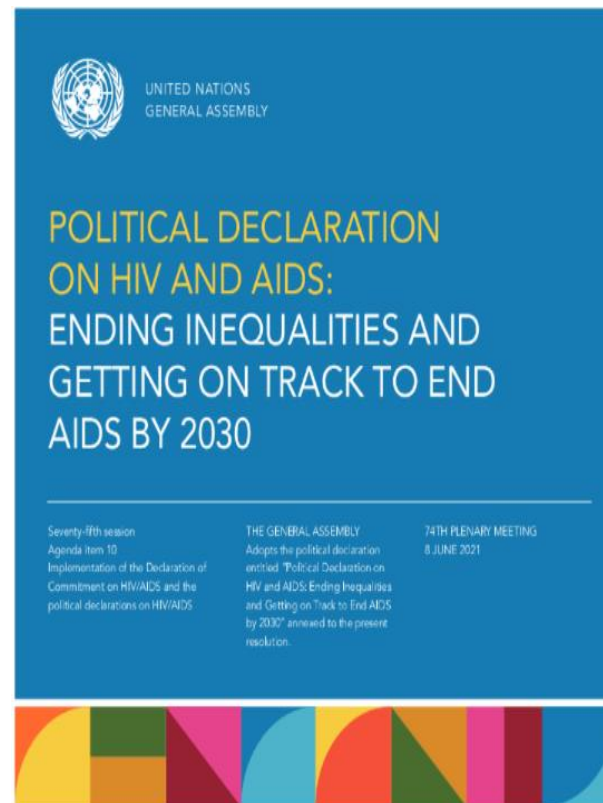
The Joint UN Programme on HIV/AIDS

- ❑ Leverages the political influence of the UN to galvanize urgent action to end AIDS by 2030.
- ❑ Strategic, data driven, results oriented.
- ❑ Delivers demand-driven assistance to countries and communities.
- ❑ Uses inequality lens to address growing inequalities in health care access, gender and race.
- ❑ Protects human and gender rights to reach everyone in need of HIV services.
- ❑ Brings together expertise, capacities and mandates of 11 UN cosponsoring agencies to holistically address HIV



Leadership and Vision to end AIDS by 2030

- The 2021 Political Declaration on HIV and AIDS:
 - Ambitious commitments and targets to drive accountability and track success towards global efforts to end AIDS.
 - Global AIDS Strategy 2021-2026, using inequality lens, translates the PD commitments into actions to get every country and every community to end AIDS by 2030.
 - Joint Programme's mobilization and engagement to support countries in meeting their commitments.



Worldwide data on HIV

- ❑ The Joint Programme is the only source of trusted, complete worldwide data on HIV compiled from multiple sources.
 - Countries use the data to monitor national HIV responses, identify gaps and redeploy resources for impact.
 - Supports accountability, sustainability, domestic resource mobilization and allocation.
 - PEPFAR uses the HIV estimates during the annual Country Operational Process to set service coverage targets.
 - The Global Fund relies on UNAIDS data for the work of the Grants Approval Committee, the preparation of funding requests at country level, and the situation room



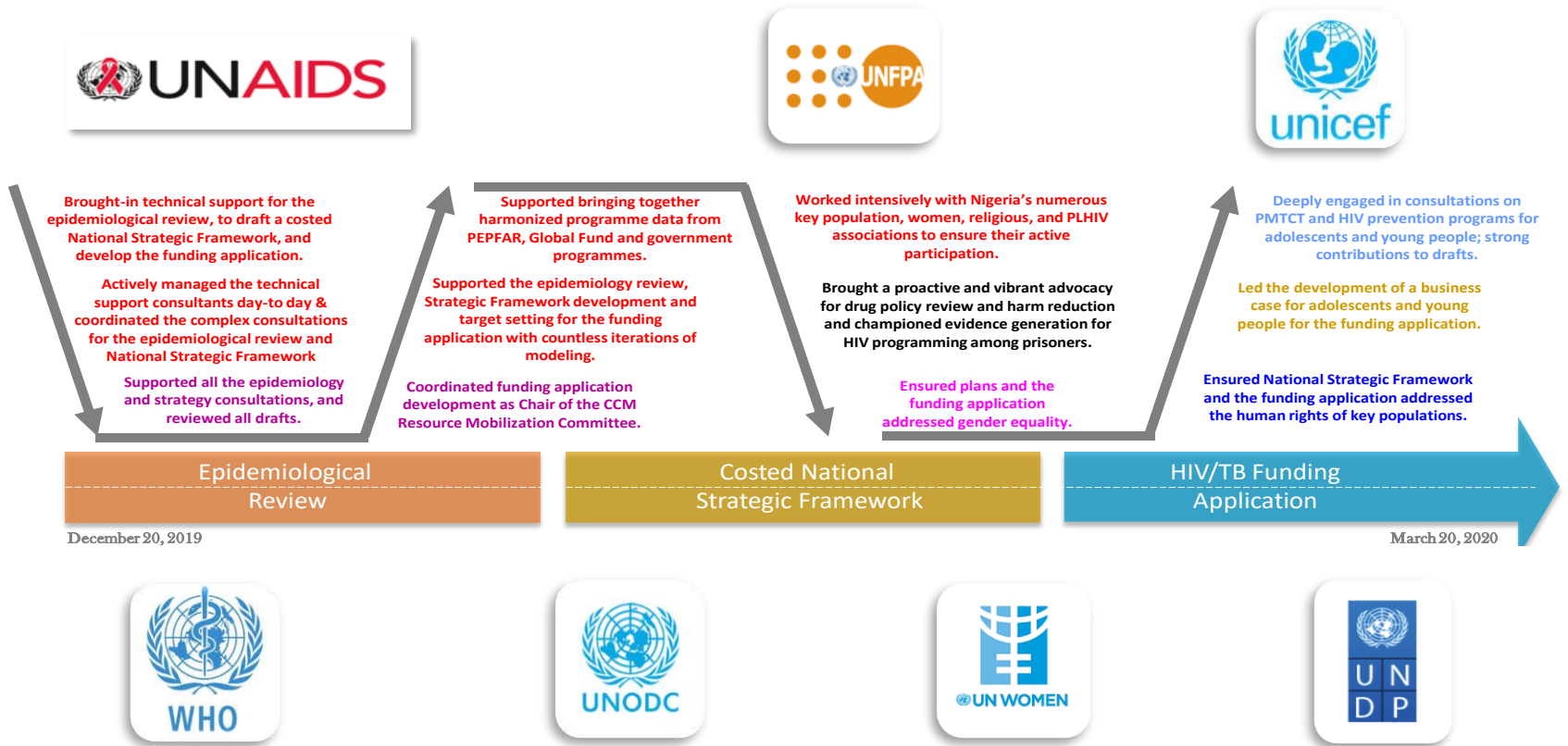
Leveraging resources & partnerships

- ❑ High level advocacy with Governments to increase domestic resources.
- ❑ Supports countries with analytics to improve return on HIV investments and inform resource allocation.
- ❑ JP engaged in technical support for application, troubleshooting implementation, oversight and tracking of result for Global Fund grants.
- ❑ Empowers and works with communities to amplify the voices during the PEPFAR and Global Fund processes at country level.



Since 2002, the JP has supported over 100 countries to attract more than \$18 Billion in Global Fund grants

Engagement of the Joint Team in Nigeria's funding application



Putting people at the center

The Joint Programme amplifies voices of affected individuals and communities and ensures that:

- They have a seat at decision-making tables.
- They fully participate in design, implementation and monitoring of the HIV response and other pandemics.
- Community-led monitoring guidelines published to empower communities tools and data to improve accountability for HIV programmes.



A woman living with HIV speaks at an advocacy event in South Africa.

— Credit UNAIDS

Human rights and enabling environment

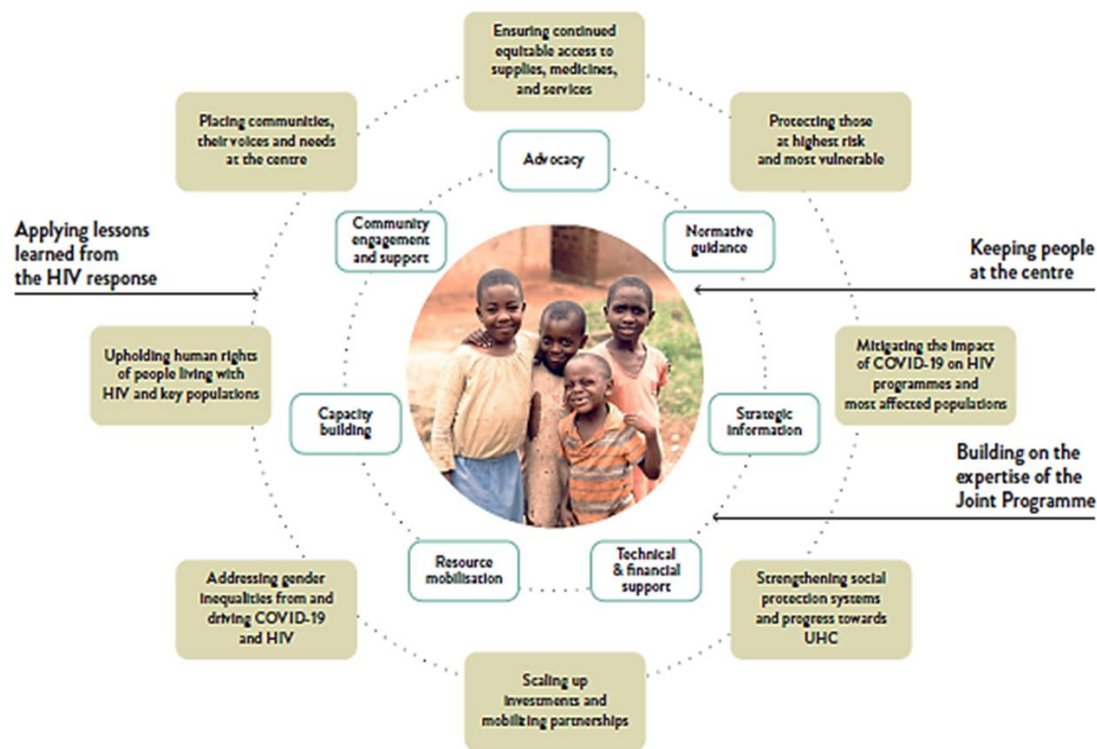


- ❑ Reaching the 2025 targets and ending AIDS by 2030 requires addressing human rights and gender barriers including stigma and discrimination.
- ❑ Joint Programme’s flagship initiatives on human rights:
 - Education Plus – Advocacy initiative for the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa—with secondary education as the strategic entry point.
 - Global partnership for action to eliminate all forms of HIV-related stigma and discrimination.
 - Work with communities of people Living with HIV to monitor stigma through implementation Stigma Index 2.0 tool.
- ❑ In the Political Declaration, countries have committed to attain the 2025 targets on the societal enablers.

Highlights from Eastern and Southern Africa Region

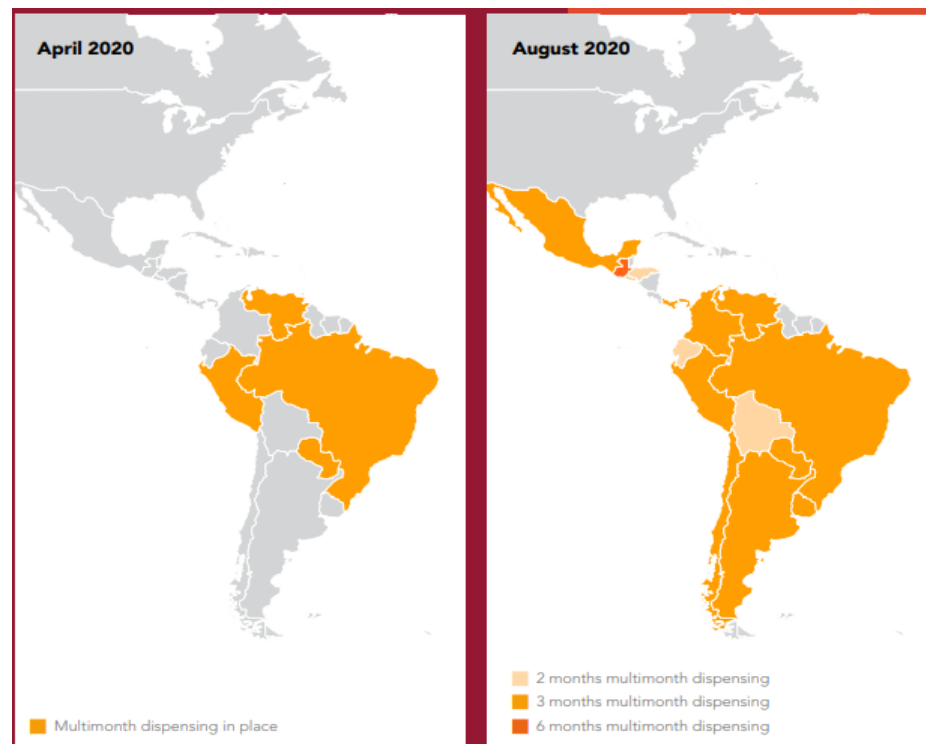
Joint Programme response to intersecting HIV and COVID-19 Pandemics

- ❑ Reprogrammed \$9 million of JP funds to support COVID-19 response in 2020.
- ❑ In 2021, support for applications for Global Fund's COVID-19 resulted in successful proposals amounting to \$883 Million



Maintaining HIV treatment and care during the COVID-19 pandemic in Latin America and the Caribbean.

- ❑ In early 2020, evidence emerged that HIV testing and treatment services were being disrupted due to lockdowns, curfews, economic restriction and self isolation associated with COVID-19.
- ❑ UNAIDS, PAHO and WHO aggressively promoted multi month dispensing and distribution to ease the problem of access to antiretroviral medicines.
- ❑ By August 2020, the proportion of people with more than 2 months of antiretroviral medicines had doubled from 30% to 60% in the region.
- ❑ Between March 2020 and April 2020, the number of countries providing two-to-six months of Antiretroviral prescriptions increased from 8 to 21.



Conclusion

Time to take bold actions to bring the HIV response back on track

The Political Declaration and the Global AIDS Strategy 2021-2026 provide an opportunity to re-energize the world to:

- Reduce inequalities
- Prioritize prevention
- Close gaps in services
- Eliminate vertical transmission of HIV and pediatric AIDS
- Promote gender equality and rights of women and girls
- Empower communities to play critical roles in HIV response
- Respect and protect human rights of all people
- Close the funding gap
- Build stronger systems for health

QCPR and Funding Compact

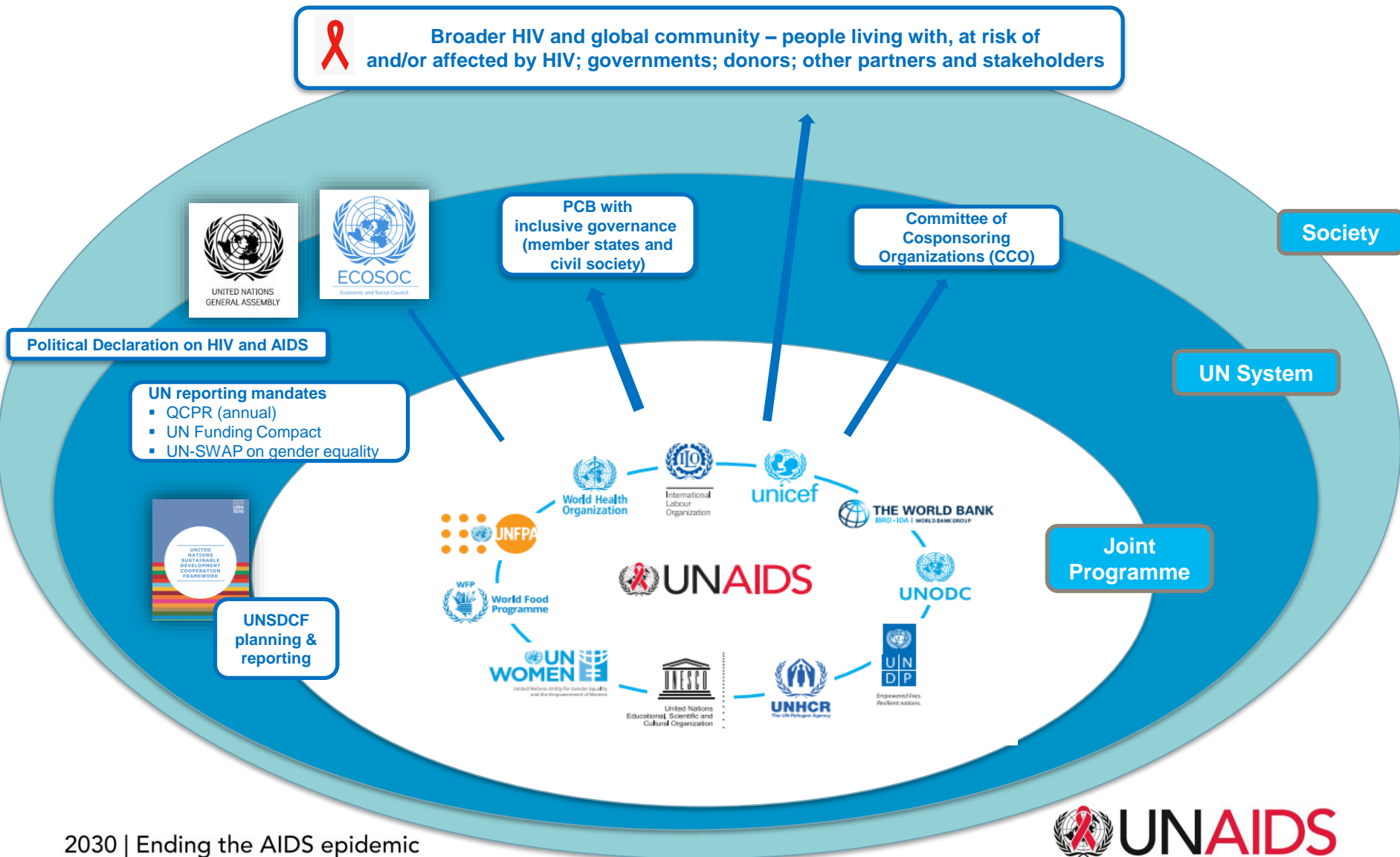
STRUCTURED FUNDING DIALOGUE

15 NOVEMBER 2021



UNITED TO
REFORM

The UNAIDS Joint Programme – 25 years of experience advancing inclusive governance as part of the UN system and its reform



Ongoing alignment to QCPR mandates – the new UBRAF cycle and opportunities



* For a summary overview of the Joint Programme's alignment to QCPR mandates, see PCB Conference Room Paper (UNAIDS/PCB(48)/CRP1), June 2021. [Agenda item 4.1: CRP1: Joint Programme and QCPR | UNAIDS](#)

UNAIDS alignment with QCPR – some specific examples



Alignment with Agenda 2030, with a focus on leaving no one behind



- More **equal** and **sustainable access** to HIV services as part of advancing **Universal Health Coverage**, health systems strengthening.
- Sharing **lessons learned** from the AIDS response for pandemic response and addressing other global health issues.



- **Addressing gender-based violence, transforming unequal gender norms** that increase vulnerability to HIV infection.
- **Strengthening accountability** to deliver for women and girls in all their diversity.



- Applying an **'inequalities lens'** in supporting countries and communities to identify and overcome inequalities that drive the epidemic, stand in the way of access to HIV and related services.
- Publishing authoritative, up-to-date **strategic information** to monitor progress and track gaps, informing national responses.



- Supporting countries to **strengthen societal enablers** for effective HIV responses, including legal and policy environments, and eliminating stigma and discrimination.
- Brokering **meaningful engagement of empowered communities** and **supporting community-led responses**.



- Promoting **effective coordination and inclusive partnerships** with governments, municipalities, communities, faith-based organizations, private sector and other partners for impact.



Strengthened joint programming and alignment to UN Sustainable Development Cooperation Frameworks

Country-level Joint UN Plans on AIDS are aligned with, derived from and contributing to the UN Sustainable Development Cooperation Framework (UNSDCF).

- UNAIDS participated in **87 UNSDCF/UNDAFs** in 2020 (out of 116 locations covered by the 2019 UN DESA survey).
- Alignment with and contribution toward the SDG agenda is made explicit in the 2020 Guidance for the development of Joint UN Plans on AIDS, as well as Secretariat workplans.
- Joint UN Plans and joint country envelope resource allocations from the UBRAF are endorsed by the UN Country Team. Country envelopes support careful tailoring of Joint Team action, incentivizing collaboration and alignment with national strategic priorities and needs.
- UNAIDS Regional Support Teams provide assistance to countries in the CCA/UNSDCF processes and engage in quality assurance of the UNSDCF.

Contributions to the Resident Coordinator System:

- UNAIDS Country Offices support the UN Resident Coordinator and the UN Country Team in all steps related to planning, designing, implementing, monitoring and reporting on the CCA and UNSDCF.
- Despite the small size of UNAIDS' offices, many UNAIDS Country Directors (UCDs) play a very active part in country-level coordination systems, including leadership roles (e.g. thematic and results groups; serving as COVID-19 Coordinator; serving as Resident Coordinator a.i. when needed.)
- The Resident Coordinator participates in the UCD's annual performance appraisal, and the UCD contributes to the UN Country Team and Resident Coordinator appraisal mechanisms.

Funding Compact performance – selection of indicators (UNAIDS Secretariat)

| Category | | Relevant Funding Compact Indicators | UNAIDS Progress 2020 | Status |
|-----------------------------------|--|--|---|--------|
| Member States Commitments | Aligning funding to entity requirements | 1.1. Core share of voluntary funding for development-related activities (30% for all UN entities by 2023) | 72% | ● |
| | | 1.2. Core share of funding for development-related activities (30% for all UN entities by 2023) | 100% | ● |
| | | 2.1. % of non-core resources for development related activities channeled through inter-agency pooled funds (10% for all UN entities by 2023) | 8% | ● |
| | Providing stability | 3.2. Number of Member State contributors to development related inter-agency pooled funds and to single agency thematic funds (100 and 50 for all UN entities by 2021) | Participation in pooled/parallel funds (MPTF) | ● |
| UN Development System Commitments | Accelerating results on the ground | 1.3 Fraction of UNSDG entities reporting at least 15% of development related expenditures on joint activities (75% for all UN entities by 2020) | 100% | ● |
| | | 2.1 % of UNSDG Evaluation Offices engaging in joint or Independent System Wide Evaluations | Yes | ● |
| | Improving transparency and accountability | 4.2 Number of programme countries with UN INFO operational (100 for all UN entities by 2021) | 55 | ● |
| | | 7.1 Fraction of UNDS entities individually submitting financial data to CEB | Yes | ● |
| | | 7.2 Fraction of UNDS entities publishing data as per the highest international transparency standards | Yes | ● |
| | | 7.3 Fraction of UNDS entities with ongoing activities at country level that report expenditures disaggregated by country to the CEB | Yes | ● |
| | | 7.4 Fraction of UNDS entities that report on expenditures disaggregated by SDG (100% for all UN entities by 2021) | No but will apply from 2022 implementation | ● |
| | | 9.1 % of UNDS entities authorized within disclosure provisions and policies who have made their corporate evaluations available on the UNEG website | Yes | ● |
| | | 9.2 % of internal audit reports issued in line with the disclosure provisions and policies set by the relevant governing bodies | Yes | ● |
| | | 10.1 Specific mention of voluntary core fund contributors pooled and thematic fund contributors, and programme country contributions in UNCT annual results reporting and entity specific country and global reporting (Y/N) | Yes | ● |
| | | Increasing efficiencies | 11.1 Consolidation of common premises (50% for all UN entities by 2021) | 60% |
| | 11.2 % of UN Country Teams that have an approved business operations strategy in place, to enable common back offices where appropriate (100% for all UN entities by 2021) | | 77% of UNAIDS offices contribute | ● |
| | 11.3 % of UNSDG entities that report to their respective governing bodies on efficiency gains | | No | ● |

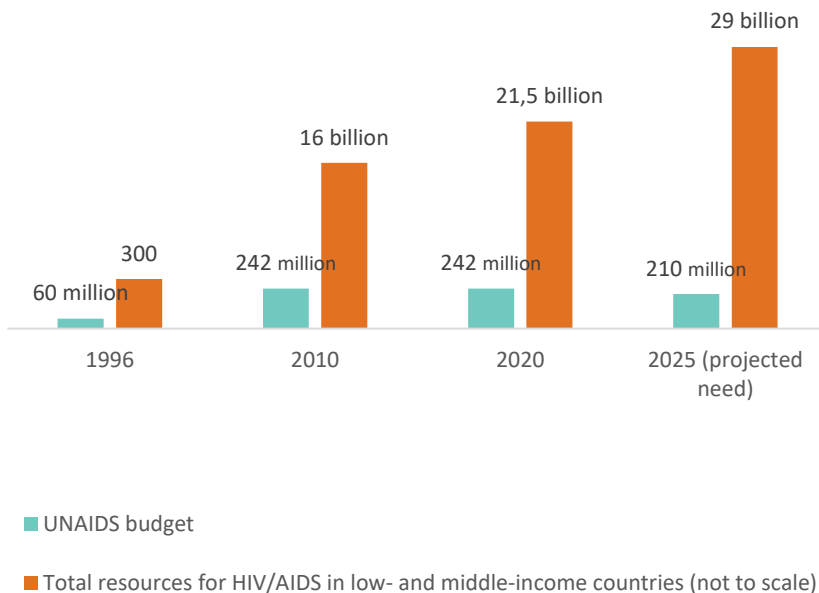
Financing UNAIDS



Financing UNAIDS

UNAIDS fully relies on voluntary contributions from donors

Resources leveraged by UNAIDS for the HIV response in low- and middle-income countries (millions of US dollars)

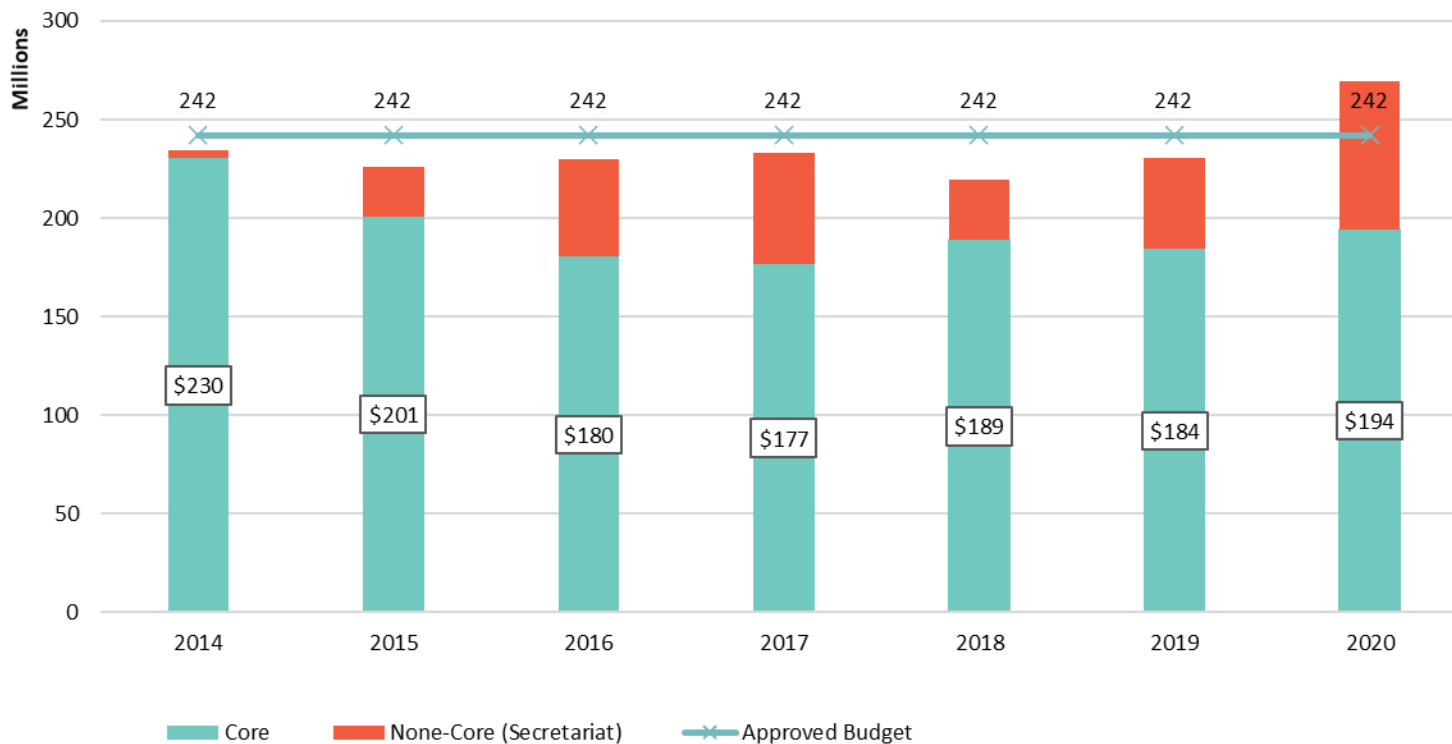


Core and predictable funding lets UNAIDS:

- drive the global HIV response in the right direction
- mobilize political commitments and resources to advance the implementation Global AIDS Strategy
- allocate fixed flexible funding to each Cosponsor
- Allocate country envelopes to leverage joint action in countries and in support of the populations with the greatest needs

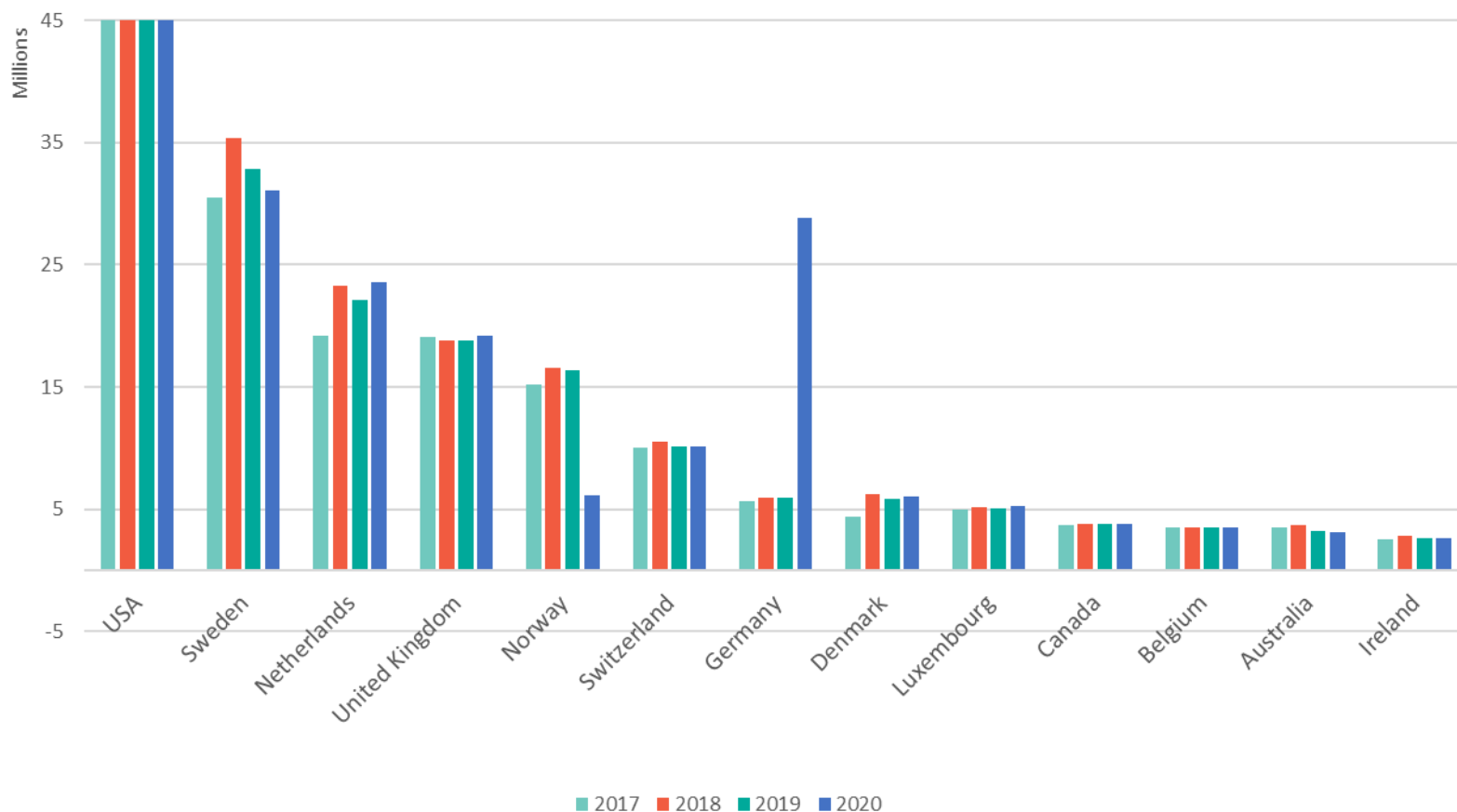
Financing UNAIDS

UNAIDS Revenue 2014-2020 (core and non-core) USD



Financing UNAIDS

UNAIDS Top 13 Core donors 2017-2020 USD



Financing UNAIDS

Key Priorities for resource mobilization for UNAIDS:

1. Increasing growth in core funding from its existing donors,
 - including through with multi-year agreements for core funding
2. Diversifying the UNAIDS donor base:
 - new and emerging government donors
 - Foundations
3. Continue to strengthen internal systems, guidance and capacities of staff
4. Further strengthen joint resource mobilization with co-sponsors
5. Leverage Partnerships

2021 Budget

- Final biennial workplan and budget of 2016-2021 UNAIDS Strategy and UBRAF
- UNAIDS maintains its target of a fully funded UBRAF of **US\$ 242 million** (core budget of US\$ 187 million and supplemental funds of US\$ 55 million)
- Annual core budget of US\$ 187 million; (US\$ 47 million for Cosponsors and US\$ 140 million for the Secretariat)
- Supplemental core funds to address particular epidemic and country context of US\$ 55 million



Developments in 2021 – Income and Expenditure

- The net fund balance 2020 enabled the Secretariat to fully fund the 2021 Cosponsors core allocation of US\$ 47 million (including the country envelopes) as per the approved budget.
- So far in 2021, **US\$ 163 million** has been recorded as core income. It is estimated that **US\$167 million** core will be raised in 2021
- ***US\$ 20 million below the resource mobilization target of US\$ 187 million.***
- Projected total core expenditure and encumbrance till end 2021 is **US\$ 185 million** (Cosponsors US\$ 47 million and Secretariat US\$ 138 million).

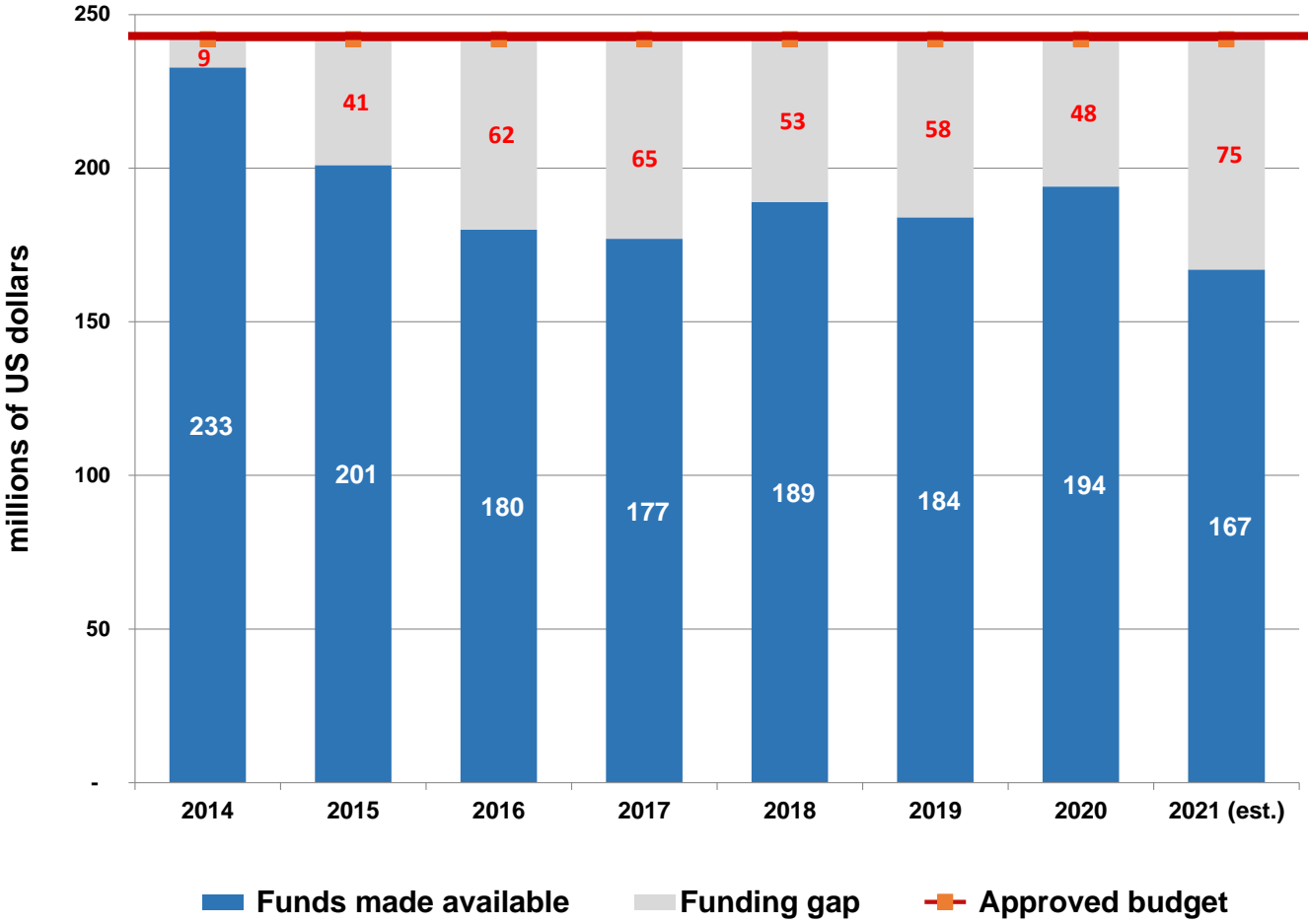


REVENUE



EXPENDITURE

Core Funds mobilized and funding gap



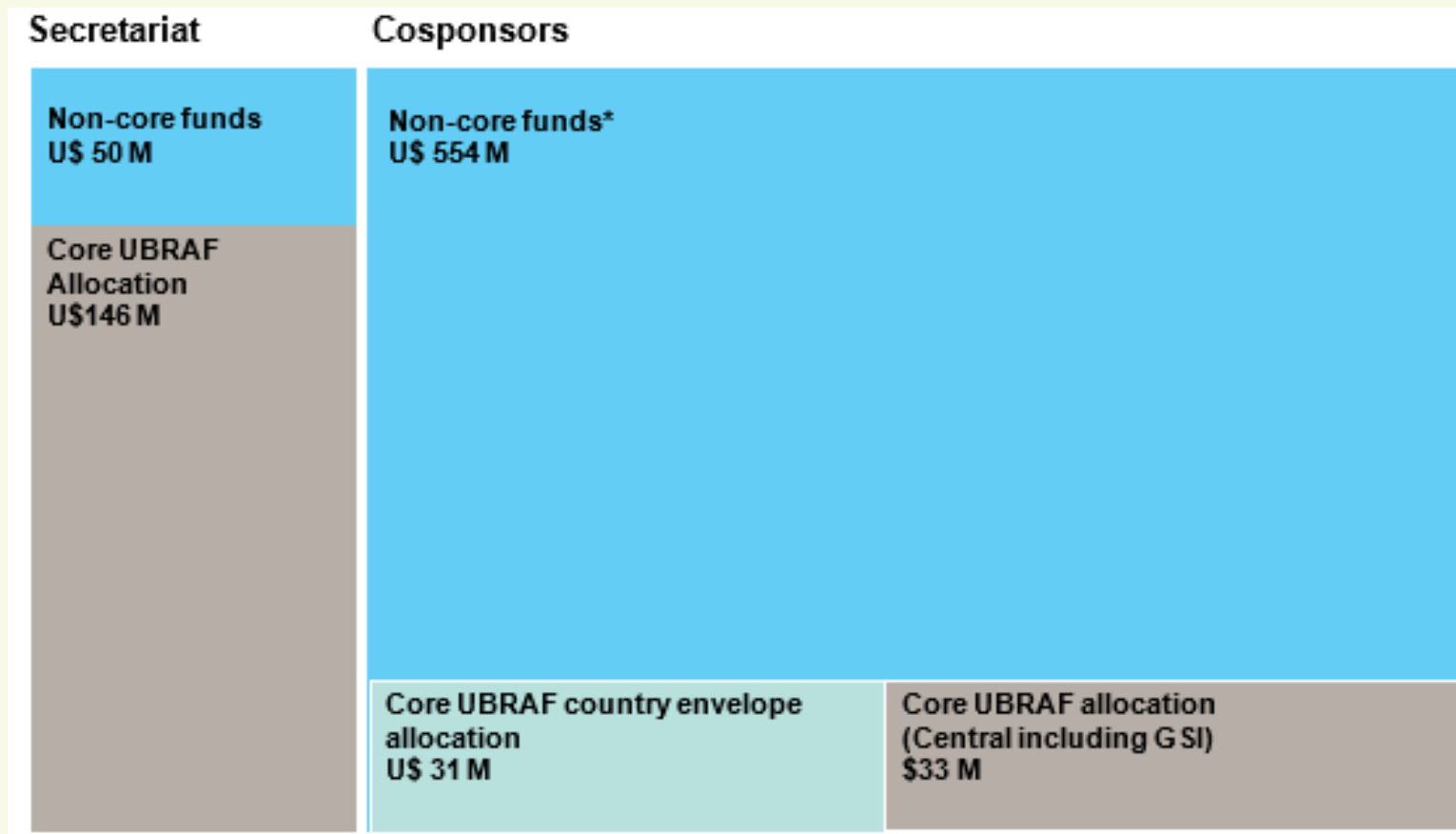
2022-2023 Budget and resource allocation

GLOBAL AIDS STRATEGY 2021-2026
END INEQUALITIES.
END AIDS.

- The PCB adopted the most ambitious strategy for the global HIV response and the Joint Programme to date.
- Its successful implementation relies on adequate financing of the Joint Programme
- The 2022 -2203 budget provides an estimate of the resources needed to achieve the results, milestone and targets of the 2022-2026 UBRAF



Annual allocation for 2022-2023 Budget



- Includes projections for the UNDP-Global Fund partnership amounting to US\$305 million for 2022 and US\$ 305 million for 2023

Financial Outlook for 2022

- 2022 Resource mobilization target of **US\$ 210 million** to fully fund the core approved budget.
- It is estimated that **US\$ 175 million** will be raised in 2022
- Below the resource mobilization target of US\$ 35 million.
- The 2022 core expenditure is projected to be higher than the funds mobilized.
- Additional efforts needed to achieve the resource mobilization target of US\$ 210 million.



THANK YOU