

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) WORKPLAN AND BUDGET 2020-2021

Additional document for this item: Regional and Country Priorities and Targets (UNAIDS/PCB (44)/19.18)

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

1. *Recall* its decision at the 38th PCB meeting approving the final, prioritized and more detailed 2016–2021 UBRAF based on the recommendations of the PCB working group (7.23);
2. *Approve* UNAIDS 2020–2021 budget of US\$ 484 million and the proposed allocation between the 11 Cosponsors and the Secretariat based on the revised resource mobilization and allocation model;
3. *Recognize* that the UNAIDS 2016–2021 Strategy, Unified Budget, Results and Accountability Framework and 2020–2021 workplan and budget, as well as the ongoing work to refine the Joint Programme operating model, reflect UNAIDS' engagement in coherent and integrated support as called for in Agenda 2030, and as mandated through the 2016 Quadrennial Comprehensive Policy Review (QCPR) and the UN reform.

Cost implications for implementation of decisions: US\$ 484 million

UNAIDS 2020-2021 Workplan and Budget

Unified Budget, Results and
Accountability Framework
2016-2021

25-27 June 2019 | Geneva, Switzerland
UNAIDS Programme Coordinating Board



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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral medicines
ART	antiretroviral therapy
CSO	civil society organizations
ECOSOC	United Nations Economic and Social Council
EID	early infant diagnosis
eMTCT	elimination of mother-to-child transmission
GIPA	Greater Involvement of People Living with HIV
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IATI	International Aid Transparency Initiative
IATT	Interagency Task Teams
MSM	gay men and other men who have sex with men
NASA	National AIDS Spending Assessments
PCB	Programme Coordinating Board
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
SDGs	Sustainable Development Goals
SRA	strategy result area
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
TB	tuberculosis
UBRAF	Unified Budget, Results and Accountability Framework
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
VMMC	voluntary medical male circumcision

Cosponsors

ILO	International Labour Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization
WB	World Bank

INTRODUCTION

1. The UNAIDS 2020–2021 Unified Budget, Results and Accountability Framework (UBRAF) is the final biennial Workplan and Budget operationalizing the UNAIDS Fast-Track Strategy 2016–2021, approved by the UNAIDS Programme Coordinating Board (PCB) at its 37th meeting in October 2015. This latest biennial Workplan and Budget will see the Joint Programme through the year 2020, when Fast-Track targets come due, and into 2021, when new interim targets will be developed to advance progress towards the ultimate goal of ending the AIDS epidemic by 2030.
2. The UBRAF sets out the expected results, resources and actions of the Joint Programme. It provides a planning and monitoring framework that is aligned with Cosponsors' planning cycles and with the UN (UN) system more broadly, as required by the Quadrennial Comprehensive Policy Review.
3. Development of the Workplan and Budget has taken into account decisions by the PCB, progress to date against Fast-Track targets, challenges and bottlenecks encountered in efforts to achieve Fast-Track targets, lessons learned in implementing the UBRAF and the current financial resource outlook. Key features of the 2020–2021 Workplan and Budget include:
 - Greater emphasis on the contribution to the 2030 Agenda for Sustainable Development. Recognizing the integrated nature of the Sustainable Development Goals (SDGs), the Joint Programme is required to make more explicit contributions to address social and structural issues that are pertinent to AIDS and common to other development areas;
 - Enhanced country focus and tailored support to achieve prioritized national targets and commitments enshrined in the 2016 Political Declaration on Ending AIDS;
 - Responsibility to share lessons learned from the global AIDS response in advancing the SDG agenda; and
 - A pathfinder role in which the Joint Programme acts as a champion and a driver of the UN reform.
4. The 2020–2021 Workplan and Budget retains the structure of the UNAIDS Strategy 2016–2021 and the UBRAF, with 20 joint outputs, five core functions and a theory of change linking UBRAF outputs to higher-level results in the SDGs. The Workplan and Budget outlines how the Joint Programme contributes to outcomes and impact, with success ultimately determined by progress against Fast-Track targets.

Context and imperatives

5. Three major domains will continue to set the standards and determine the priorities and the operating modalities of the UNAIDS Joint Programme: the state of the global AIDS epidemic and response, the integrated 2030 Agenda, and UN reform.
6. As the 2018 flagship UNAIDS report underscored, there are still "miles to go" in the journey to end the AIDS epidemic. While reductions in AIDS-related deaths continue at a pace that puts the 2020 milestone within reach, the global rate of new HIV infections is not falling fast enough to reach the 2020 targets. New HIV infections are rising in around 50 countries and half of all new infections are among key populations and their partners, who are still not getting the services they require. In all countries, gains on HIV, health and development have overlooked the people in greatest need and flat resources are threatening success. Forceful action in countries is crucial for turning this tide.

7. The commitment to end the AIDS epidemic by 2030 is an integral part of the 2030 Agenda for Sustainable Development. This transformative agenda calls for new ways of responding to shared global challenges. It demands integrated responses, new and enhanced skills and knowledge, and coherence of action across diverse stakeholder groups, including governments, parliaments, civil society, the private sector, academia and international organizations, including the UN development system.
8. The UN development system is now well advanced on its path to reposition itself to best support Member States in making the 2030 Agenda a reality. Significant progress has been made in repositioning the UN system where it matters most: at country level. At the heart of the reform is a quest to leverage the unique and diverse expertise of UN entities towards a more integrated and cohesive UN development system that is more effective, efficient and accountable to Member States as they implement the 2030 Agenda.
9. In that context, the UNAIDS Joint Programme will continue to concentrate on achieving results for people at country level. The Cosponsors and the Secretariat will work to deliver on the integrated SDG agenda, supporting Member States in ending AIDS and advancing equitable development for all people, everywhere.
10. As a Cosponsored organization, with decades of experience of coordinating and collaborating with multiple UN agencies, the UNAIDS Joint Programme will bring its experience and lessons learned to the planning and implementation of UN system-wide reform.

"The goal of reform is a 21st-century UN focused more on people and less on process, more on delivery and less on bureaucracy. The true test of reform will be measured in tangible results in the lives of the people we serve – and the trust of those who support our work."

– António Guterres, Secretary-General of the UN

The refined UNAIDS Joint Programme operating model

11. The refined UNAIDS Joint Programme operating model was introduced in 2017 and went into implementation at the beginning of the 2018–2019 biennium. The refined model encourages and enables the Joint Programme to deploy human and financial resources where they are needed most, reinvigorate country-level joint work and collaborative action, and reinforce accountability and results for people. It shapes a more cohesive, integrated and effective partnership among the Joint Programme's 11 Cosponsors and the Secretariat in countries.
12. The updated UNAIDS Division of Labour is aligned with the objectives guiding the refined model and places the achievement of results for people at the centre of the Joint Programme's work at all levels. The revised Division of Labour clarifies responsibilities and directs the Joint Programme's capacities and resources towards achievement of the goals and commitments of the 2030 Agenda and the 2016 Political Declaration. At regional and country levels, the refined Division of Labour is applied as an adaptable framework, aiding UN Country Teams and Joint UN Teams on AIDS to assign roles and responsibilities within the UN development system to enable context-specific, synergistic, impactful responses to country priorities and needs.

13. Development and implementation of differentiated and tailored responses are guided by inclusive in-country dialogue, which informs the priorities of the Joint UN Plan on AIDS and allocation of country envelope resources. Regional-level peer reviews help ensure the quality of tailored country plans. Accountability of the Joint Programme is further enhanced by annual Global Peer Reviews, which involve Cosponsors and the Secretariat and include consultation with multiple key stakeholders. Annual allocations of the country envelope are informed by performance monitoring data, through the revised and strengthened Joint Programme Monitoring System.

Vision and strategy

14. The Joint Programme's work is guided by the shared vision of Zero new HIV infections, Zero discrimination, Zero AIDS-related deaths, with the overall goal of ending AIDS by 2030, as a milestone and a contribution to attainment of the SDGs.
15. The positioning and operational support to countries is shaped by the reality that, while in many contexts AIDS will have less political prominence, the drivers of the epidemic and the allied issues of social injustice, multiple overlapping vulnerabilities, shrinking space for civil society, push-back on human rights and widening inequality have become central concerns across the UN system.
16. UNAIDS Joint Programme has solid expertise and vast experience working with these issues and is positioned to build on and use its accumulated joint capital to contribute visibly to system-wide mandates on human rights, gender, inclusive participation and people-centred equitable development, while maintaining focus on ending AIDS..

Beyond 2021

17. The targets set out in the 2016 Political Declaration on Ending AIDS fall due in 2020. The UNAIDS Joint Programme is leading a process for the development of programmatic 2025 HIV targets and estimates of the resources needed for the global AIDS response up to 2030.
18. Technical inputs are being made through six consultative thematic groups: testing and treatment; primary prevention; social enablers; costs and resources; integration; and longer-term technologies. The outputs from the process will guide the global AIDS response from 2021 to 2030, informing the decision-making of major global partners as well as national target-setting and strategic planning.
19. The 2025 targets will inform the priorities and the targets of the UNAIDS Strategy beyond 2021 and will be at the centre of inclusive strategic discussions in preparation for and during the anticipated UN General Assembly High-Level Meeting on HIV/AIDS.

LESSONS LEARNED FROM IMPLEMENTATION DURING THE 2018–2019 BIENNIUM

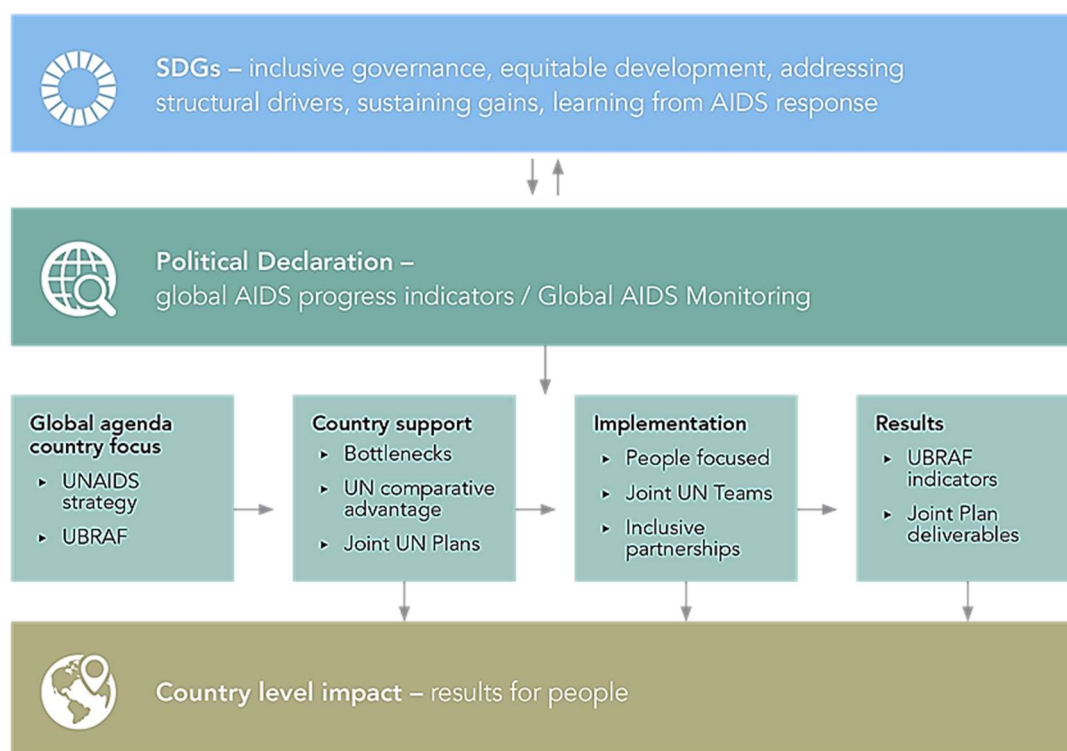
20. Lessons learned during the 2018–2019 biennium are largely derived from the experience of implementing the UNAIDS Joint Programme refined operating model, which came into effect in 2017.
21. The UNAIDS Joint Programme refined operating model was rolled out at country level as an integrated approach that included: country capacity assessments, standardized Joint UN Plans on AIDS and the country envelopes, which is US\$ 22 million of core UBRAF resources allocated annually to 71 Joint UN Teams on AIDS under the revised resource allocation model. The shift has engaged the Joint UN Teams on AIDS at

country and regional levels, the UNAIDS Cosponsor Global Coordinators and Focal Points, and interdepartmental collaboration at the Secretariat headquarters and with the Regional Support Teams. Results to date include:

- in 97 countries, the Joint UN Teams on AIDS are using the standardized Joint UN Plan as a planning, management, monitoring and reporting tool;
- the Joint UN Plan drives the joint UN support to implementation of game changers to remove barriers and bottlenecks standing in the way of country's achieving the few national, people-centred targets prioritized by the Joint Team for most acute need and greatest potential impact;
- 71 eligible countries are using the envelope portion of the UBRAF resource to finance a proportion of the Joint UN Plan priorities;
- quality assurance mechanisms for Joint UN Plans and country envelopes are in place, led by the Regional Support Teams and inclusive of UNAIDS Cosponsor Global Coordinators and Focal Points;
- the UBRAF team that previously operated from the UNAIDS Secretariat headquarters has de facto integrated the Regional Support Team Focal Points and all key processes are designed and implemented jointly;
- a conceptual planning and implementation framework that considers the Joint Programme's work against the backdrop of the epidemic and the response, as well as the SDGs, has been put in use as of December 2018;
- the Joint Programme Planning, Monitoring and Reporting System has integrated a planning module;
- regional priorities and prioritized country targets are institutionalized as a component of the biennial UBRAF Workplan and Budget; and
- the UNAIDS Joint Programme Division of Labour has been updated to reflect linkages to the 2030 Agenda and the UN reform directive.

Figure 1

Joint Programme conceptual planning and implementation framework



“The integrated approach helped the Joint UN Team on AIDS and the National Programme to jointly identify strategic priorities that would benefit from greater investment, which although small compared with the overall national HIV budget and the total budget of the joint programme, has helped Cosponsors scale up existing projects or pilot initiatives with significant downstream potential. One of the chief benefits of the Envelope process is its methodology, which incentivizes joint planning based on objective evidence and in collaboration with national partners. Even if the eventual outcome may require time to manifest itself, the integrated approach has already yielded dividends and it will become even more important in light of the UN reform process, which emphasizes ‘fit-for-purpose’ joint programming.”

– Joint UN Team on AIDS in the Islamic Republic of Iran (country envelope resource of US\$ 300 000 in 2018)

22. Work already underway includes building a systematic process for regional and country-level priority setting, followed by evidence-driven action planning, implementation and monitoring, strengthening of inclusive quality assurance mechanism and ongoing capacity development and hands-on support for the improvement of planning for results for people.
23. Challenges being faced include reducing staff numbers at country and regional levels, which calls for firm strategic prioritization and active use of opportunities offered by the SDG partnerships, and competition for funding and visibility, that may lead to equal distribution and fragmentation of limited funds and result in reduced impact which

requires consistent strategic dialogue within the Joint Programme at HQ, regional and country levels.

“In 2018, the work of the Joint Programme in Brazil was completely reinvigorated with the additional funds from the country envelope. It allowed the Joint UN Team on AIDS to construct a more integrated work plan, with an increased number of joint activities, strengthening the UN support to the national HIV response. The country envelope allocation has been viewed by the UNCT as a good example of funding for joint activities.”

– Joint UN Team on AIDS in Brazil (country envelope of US\$ 400 000 in 2018)

24. On a global scale, the major challenge is that the institutional change unfolding under the UN reform is outpacing the changes in the UN entities' systems and processes. The UN reform's emphasis is on needs-based, context-tailored, flexible support to countries under the leadership of the empowered Resident Coordinator and purpose-driven UN Country Team, and adjustments will need to be made.
25. In summary; The refined operating model has been effective in reinvigorating the joint work and collaborative effort, especially at country and regional levels. The shift to more focused, result-oriented, needs-based and tailored country support has positioned the Joint Programme ahead of the UN reform curve.
26. Deliberate effort will be required to adjust and enable the institutional systems and Joint Programme practices to respond to the enhanced country focus and other core requirements of the UN reform.
27. Part of this effort will involve enhancing the Joint Programme's performance monitoring framework, including the indicators and the tools. The ongoing change requires that the Joint Programme can demonstrate its impact at country level—this is a call on the Joint Programme to initiate a dialogue and review performance indicators as part of the roadmap to the new UNAIDS Strategy and UBRAF.

“The allocation of the country envelope has generated renewed interest in joint action by Cosponsors based on the Division of Labour and demonstrated comparative advantage on the ground. It has ensured consolidated investment, alignment, harmonization, mutual accountability and transparency in our joint work in support of key stakeholders. Our engagement with the Government of Nigeria, PEPFAR and Global Fund is more streamlined and well-coordinated as one UN.”

– Joint UN Team on AIDS in Nigeria (country envelope resource of US\$ 1.1 million in 2018)

CURRENT FUNDING ENVIRONMENT

28. The financing environment, for both the Joint Programme and the broader HIV response, remains challenging. At its 41st and 42nd meetings, the PCB called on Member States and other stakeholders to increase their contributions to the UNAIDS Joint Programme to ensure full funding of the UBRAF.
29. In 2018, most of the leading UNAIDS core donors either maintained or slightly increased their funding contributions, reversing the downward trend experienced in 2016 and 2017. However, the overall number of core donors has decreased slightly, as has the number of non-OECD core donors. As emphasized by the ECOSOC in 2017, a fully-funded UBRAF is important for the Joint Programme's effective functioning. This would

require existing donors to maintain or step up their contributions and new donors to join from both the public and the private sectors.

30. For the broader HIV response, resource mobilization to achieve the Fast-Track targets depends on principles of shared responsibility and global solidarity. Challenges are evident on this front. Taking into account year-to-year fluctuations due to disbursement flows, donor contributions for HIV programmes in low- and middle-income countries have remained relatively stable for the past decade.
31. The Joint Programme continues to support countries' efforts to transition towards sustainable financing arrangements that are country-led and -owned. While domestic financing for HIV grew to US\$ 11.6 billion in 2017 in low- and middle-income countries, these countries remain highly dependent on donor financing, which represents 44% of total HIV expenditures. Overall, HIV resources remain approximately 20% below the amounts needed to achieve the Fast-Track targets. Unless new resources are mobilized, the world is likely to fall short of the 2020 targets, which aim to establish a foundation for ending the epidemic by 2030.

Resource mobilization

32. In accordance with the recommendations set out in the Report of the Global Review Panel, the Joint Programme will continue to pursue enhanced joint resource mobilization efforts to carry forward the priorities articulated in the UNAIDS Strategy 2016–2021. At the same time, the 2020–2021 Workplan and Budget aims to be as realistic as possible in light of the continuing challenges and unpredictability of the funding environment.
33. The UNAIDS Joint Programme Strategic Resource Mobilization Plan 2018–2021, endorsed by the PCB at its 41st meeting, is currently being implemented with the aim of diversifying the Joint Programme's donor pool and increasing financial commitments. UNAIDS is also expanding work with corporations, foundations and individuals through the implementation of the comprehensive digital strategy, the development of a Guide for Business, and the provision of support to Country Offices to develop local strategies for engaging the private sector in national responses.

2020–2021 BUDGET AND RESOURCE ALLOCATION

34. In 2015, the UNAIDS Board adopted the most ambitious strategy for the AIDS response and the Joint Programme to date. Its successful implementation relies on adequate financing of the Secretariat, as well as the Cosponsors. The 2020–2021 budget provides an estimate of the resources that the Joint Programme will need in 2020–2021 to achieve the milestones and targets identified in the 2016–2021 UBRAF. The budget has been prepared taking into account the unpredictable funding environment and includes three main categories of funding:
 - **Core funds** provide funding to the Secretariat for implementation of its functions, and to provide catalytic funding for the HIV-related work of 11 Cosponsors, with a particular focus on Fast-Track countries;
 - **Supplemental core funds** are raised through joint resource mobilization for strategic country, regional and global needs. These supplemental core funds are to be mobilized through a Joint Programme effort, in line with the UNAIDS Strategy and the UBRAF; and

- **Non-core funds** represent the HIV-related budgets of the Cosponsors that are mobilized internally, as well as additional funds that Cosponsors and the Secretariat raise at country, regional and global levels. The non-core funds in the UBRAF reflect regular and extra-budgetary resources of the Cosponsors which contribute to the achievement of UBRAF outputs and which are or can be measured through UBRAF indicators. The amounts provided in the 2020–2021 budget represent best estimates and are subject to change as funding is mobilized throughout the biennium.

Principles for resource allocation

35. The new approach for the allocation of core resources introduced in 2018–2019 is maintained for the 2020–2021 biennium, which takes into account the principles of cosponsorship and the fundamental premise that core UBRAF resources must leverage and catalyze the mobilization of complementary non-core resources,.
36. Funding from core UBRAF resources will continue to be provided based on the following principles, in line with the recommendations of the Global Review Panel, to:
 - Adequately resource and protect the Secretariat’s core funding for its leadership, advocacy, strategic information and accountability functions;
 - Provide a minimum, core allocation of two million US Dollars to each Cosponsor per year to further mainstream HIV and sustain leadership on AIDS among the Cosponsors;
 - Drive the work of the Joint Programme based on country-level priorities with resources for Cosponsors above the minimum allocation for joint action at country-level;
 - Focus country-level core allocations on Fast-Track countries and populations in the greatest need, based on contextual priorities and bottom-up approaches; and
 - Base country-level core allocations on (a) capacities and expertise to address priority gaps, and (b) performance against clearly defined deliverables and annual milestones.
37. **Core allocation to Cosponsors.** A minimum allocation of flexible core UBRAF funding for Cosponsors will continue to enable innovative work to be carried out and offer a degree of predictability in fulfilling respective roles in Cosponsor’s engagement with the Joint Programme
38. **Additional core allocation to Cosponsors as country envelopes.** Additional core allocation in the form of country envelopes to Cosponsors is based on specific proposals focusing on gaps and priorities in Fast-Track countries and populations in greatest need in other countries. The 2020–2021 UBRAF budget includes an estimate of these funds, by Strategy Results Areas and region, while the actual amount of core UBRAF funding allocated to each Cosponsor in 2020 and 2021 will depend on the outcomes of the country envelope allocation dialogue among the Joint UN Team and key country stakeholders.
39. **Supplemental core funds.** Additional allocation of funds that are mobilized through a Joint Programme effort for jointly agreed priorities..

Resource outlook and 2020–2021 resource allocation

40. UNAIDS maintains its target of a fully funded UBRAF at US\$ 242 million annually or US\$ 484 million for the biennium. The 2018 core budget was funded to the level of US\$

184 million and the situation for 2019 is expected to be similar. Based on the current trend, similar levels of resource mobilization are forecasted also for 2020–2021. The 2020–2021 resource allocation model remains the same as in 2018–2019.

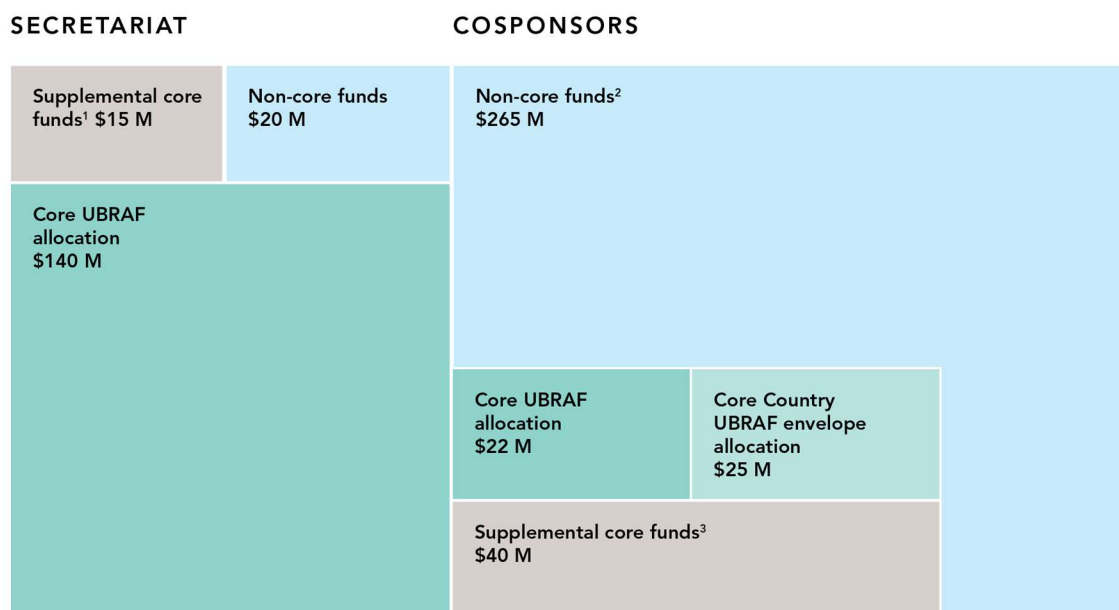
41. The Cosponsor core allocation in the form of country envelopes is to be increased by a proposed US\$ 3 million per year, bringing the annual core allocation to US\$ 187 million. The addition of US\$ 3 million to the Cosponsor's core allocation for country envelopes is in line with the UN development system reform agenda that is aimed at creating a more accountable and effective UN system which delivers tangible results and which uses a needs-based approach that is centred on actions that match country contexts. In summary, the allocations will be comprise:
- an annual allocation of US\$ 140 million to resource the UNAIDS Secretariat and enable continued support in more than 100 countries;
 - an annual allocation of US\$ 2 million to each Cosponsor to offer a degree of predictability for fulfilling its role in relation to the Joint Programme;
 - a further annual allocation of US\$ 25 million to Cosponsors at country level in the form of country envelopes to leverage joint action in 33 Fast-Track countries and to support populations in greatest need in other countries;
 - additional annual resources in the form of supplemental core funds to address particular epidemic and country contexts projected to total US\$ 55 million (US\$ 40 million for the Cosponsors and US\$ 15 million for the Secretariat) bring the total to the level of a fully funded UBRAF of US\$ 242 million annually or US\$ 484 million for the biennium.

Presentation of the 2020–2021 budget

42. The UBRAF 2020–2021 Budget represents the best estimates of resources needed and foreseen to be mobilized to fast-track the response to AIDS during the 2020–2021 biennium. The estimates are subject to change as funding is mobilized throughout the biennium. Figure 2 provides an overview of the core and non-core funds, including supplemental core funds, that the Joint Programme needs each year to be adequately resourced.

Figure 2

Funds to be mobilized for the Joint Programme (per year)



¹Supplemental core funds to strengthen political advocacy, strategic information and support to civil society.

² Non-core funds are for the most part earmarked for very specific purposes and cannot easily replace more flexible core funds.

³ Supplemental core funds raised through joint resource mobilization efforts.

43. The figures and tables below provide a more comprehensive presentation of the allocation of core, supplemental core, and non-core resources over the full biennium. They include a comparison between the 2018–2019 and 2020–2021 budget allocations, structured by Strategy Result Areas and Secretariat functions.
44. The Joint Programme provides further support to countries in securing, planning and implementing loans and grants for health and development. In particular; The World Bank provides loans and grants through the International Development Association and the International Bank for Reconstruction and Development. UNDP is the interim Principal Recipient for the Global Fund in countries that face significant national capacity constraints, complex emergencies or other difficult circumstances and where no other suitable entity could be identified to perform the Principal Recipient role. As of May 2019, UNDP was managing 32 HIV, TB and malaria grants from the Global Fund in 19 countries and three regional programmes that cover an additional 24 countries. Further details are presented in Annex 5.

Table 1
Estimates of core, supplemental core and non-core funds, by Strategy Result Areas and Secretariat Functions (in US\$)

	Core global funds	Country envelopes*	Subtotal Core	Supplemental core funds	Total UBRAF	Non-core funds	Total
SRA 1: HIV testing and treatment	9 790 700	17 608 600	27 399 300		27 399 300	140 002 900	167 402 200
SRA 2: Elimination of mother-to-child transmission	1 571 200	6 212 500	7 783 700		7 783 700	49 251 100	57 034 800
SRA 3: HIV prevention among young people	6 190 900	10 196 000	16 386 900		16 386 900	96 102 400	112 489 300
SRA 4: HIV prevention among key populations	7 885 100	7 405 300	15 290 400		15 290 400	52 176 100	67 466 500
SRA 5: Gender inequality and gender-based violence	6 570 600	1 232 300	7 802 900		7 802 900	45 908 800	53 711 700
SRA 6: Human rights stigma and discrimination	3 756 900	4 036 900	7 793 800		7 793 800	41 142 800	48 936 600
SRA 7: Investment and efficiency	2 759 700	1 816 500	4 576 200		4 576 200	15 425 000	20 001 200
SRA 8: HIV and health services integration	5 474 900	1 491 900	6 966 800		6 966 800	90 877 700	97 844 500
Subtotal – Cosponsors	44 000 000	50 000 000	94 000 000	80 000 000	174 000 000	530 886 800	704 886 800
1. Leadership advocacy and communication	64 298 000		64 298 000		64 298 000	4 971 200	69 269 200
2. Partnerships mobilization and innovation	55 131 000		55 131 000		55 131 000	7 546 200	62 677 200
3. Strategic information	39 985 000		39 985 000		39 985 000	5 462 400	45 447 400
4. Coordination convening and country implementation support	64 282 000		64 282 000		64 282 000	20 961 100	85 243 100
5. Governance and mutual accountability	56 304 000		56 304 000		56 304 000	1 059 100	57 363 100
Subtotal – Secretariat	280 000 000	-	280 000 000	30 000 000	310 000 000	40 000 000	350 000 000
GRAND TOTAL	324 000 000	50 000 000	374 000 000	110 000 000	484 000 000	570 886 800	1 054 886 800

* Estimates based on 2018–2019 allocations

Table 2
Estimates of all funds, by Cosponsor and Secretariat 2020–2021 (in US\$)

Organization	Core global funds (US\$)	Non-core funds (US\$)*	Total (US\$)
UNHCR	4 000 000	51 713 800	55 713 800
UNICEF	4 000 000	137 188 900	141 188 900
WFP	4 000 000	55 514 800	59 514 800
UNDP	4 000 000	10 000 000	14 000 000
UNFPA	4 000 000	103 895 300	107 895 300
UNODC	4 000 000	7 000 000	11 000 000
UN Women	4 000 000	9 500 000	13 500 000
ILO	4 000 000	8 300 000	12 300 000
UNESCO	4 000 000	43 714 000	47 714 000
WHO	4 000 000	95 400 000	99 400 000
World Bank	4 000 000	8 660 000	12 660 000
Sub Total	44 000 000	530 886 800	574 886 800
Country envelopes	50 000 000		50 000 000
Supplemental core funds	80 000 000		80 000 000
Total Cosponsors	174 000 000	530 886 800	704 886 800
Secretariat funds	280 000 000	40 000 000	320 000 000
Supplemental core funds	30 000 000		30 000 000
Total Secretariat	310 000 000	40 000 000	350 000 000
GRAND TOTAL	484 000 000	570 886 800	1 054 886 800

* Excluding projections for the UNDP-Global Fund partnership amounting to-US\$ 520 million for 2020-2021.

Table 3
Estimates of core and non-core funds, by area and by Cosponsors (in US\$)

Strategy Result Area	Core funds* (US\$)	Non-core funds (US\$)**	Total (US\$)
Strategy Result Area 1: HIV testing and treatment			
UNHCR	2 924 000	30 821 400	33 745 400
UNICEF	2 135 000	41 277 600	43 412 600
WFP	1 391 000	17 529 000	18 920 00
UNFPA	139 200	5 657 100	5 796 300
UNODC		196 700	196 700
UN Women	40 000	120 000	160 000
ILO	1 086 100	1 894 000	2 980 100
UNESCO	197 500	3 689 700	3 887 200
WHO	1 877 900	37 917 400	39 795 300
World Bank		900 000	900 000
Subtotal SR Area 1	9 790 700	140 002 900	149 793 600
Strategy Result Area 2: Elimination of mother-to-child transmission			
UNICEF	463 700	29 321 300	29 785 000
WFP	100 000	242 000	342 000
UNFPA	451 100	11 680 200	12 131 300
UNODC	80 000	217 100	297 100

Strategy Result Area	Core funds* (US\$)	Non-core funds (US\$)**	Total (US\$)
WHO	476 400	6 590 500	7 066 900
World Bank		1 200 000	1 200 000
Subtotal SR Area 2	1 571 200	49 251 100	50 822 300
Strategy Result Area 3: HIV prevention among young people			
UNICEF	580 300	27 874 100	28 454 400
WFP	180 000	436 700	616 700
UNDP		500 000	500 000
UNFPA	1 105 200	33 211 700	34 316 900
UN Women	340 000	1 140 000	1 480 000
ILO	974 900	2 174 000	3 148 900
UNESCO	2 200 000	21 257 300	23 457 300
WHO	260 500	8 508 600	8 769 100
World Bank	550 000	1 000 000	1 550 000
Subtotal SR Area 3	6 190 900	96 102 400	102 293 300
Strategy Result Area 4: HIV prevention among key populations			
UNICEF		1 150 300	1 150 300
UNDP	1 000 000	5 000 000	6 000 000
UNFPA	883 300	20 138 800	21 022 100
UNODC	3 840 000	6 060 700	9 900 700
ILO	415 300	874 000	1 289 300
UNESCO	400 000	5 949 400	6 349 400
WHO	696 500	12 102 900	12 799 400
World Bank	650 000	900 000	1 550 000
Subtotal SR Area 4	7 885 100	52 176 100	60 061 200
Strategy Result Area 5: Gender inequality and gender-based violence			
UNHCR	616 000	12 721 600	13 337 600
UNICEF	16 500	910 700	927 200
WFP	35 000	826 100	861 100
UNDP	620 000	420 000	1 040 000
UNFPA	527 330	6 819 500	7 346 800
UN Women	3 330 000	7 220 000	10 550 000
ILO	423 300	880 000	1 303 300
UNESCO	1 002 500	10 843 700	11 846 200
WHO		4 707 200	4 707 200
World Bank		560 000	560 000
Subtotal SR Area 5	6 570 600	45 908 800	52 479 400
Strategy Result Area 6: Human rights stigma and discrimination			
UNHCR	460 000	8 170 800	8 630 800
UNICEF	318 500	12 166 200	12 484 700
WFP	75 000	1 755 500	1 830 500
UNDP	1 360 000	3 280 000	4 640 000
UNFPA	163 400	6 090 100	6 253 500
UNODC	80 000	525 500	605 500
UN Women	290 000	1 020 000	1 310 000
ILO	706 200	1 410 000	2 116 200

Strategy Result Area	Core funds* (US\$)	Non-core funds (US\$)**	Total (US\$)
UNESCO	200 000	1 973 900	2 173 900
WHO	103 800	4 750 800	4 854 600
Subtotal SR Area 6	3 756 900	41 142 800	44 899 700
Strategy Result Area 7: Investment and efficiency			
WFP		1 438 100	1 438 100
UNDP	1 020 000	800 000	1 820 000
UNFPA		2 194 100	2 194 100
WHO	239 700	10 392 800	10 632 500
World Bank	1 500 000	600 000	2 100 000
Subtotal SR Area 7	2 759 700	15 425 000	18 184 700
Strategy Result Area 8: HIV and health services integration			
UNICEF	486 000	24 488 700	24 974 700
WFP	2 219 000	33 287 400	35 506 400
UNFPA	730 500	18 103 800	18 834 300
ILO	394 200	1 068 000	1 462 200
WHO	345 200	10 429 800	10 775 000
World Bank	1 300 000	3 500 000	4 800 000
Subtotal SR Area 8	5 474 900	90 877 700	96 352 600
GRAND TOTAL	44 000 000	530 886 800	574 886 800

* Excluding supplemental core funds

** Excluding projections for the UNDP-Global Fund partnership amounting to-US\$ 520 million for 2020-2021.

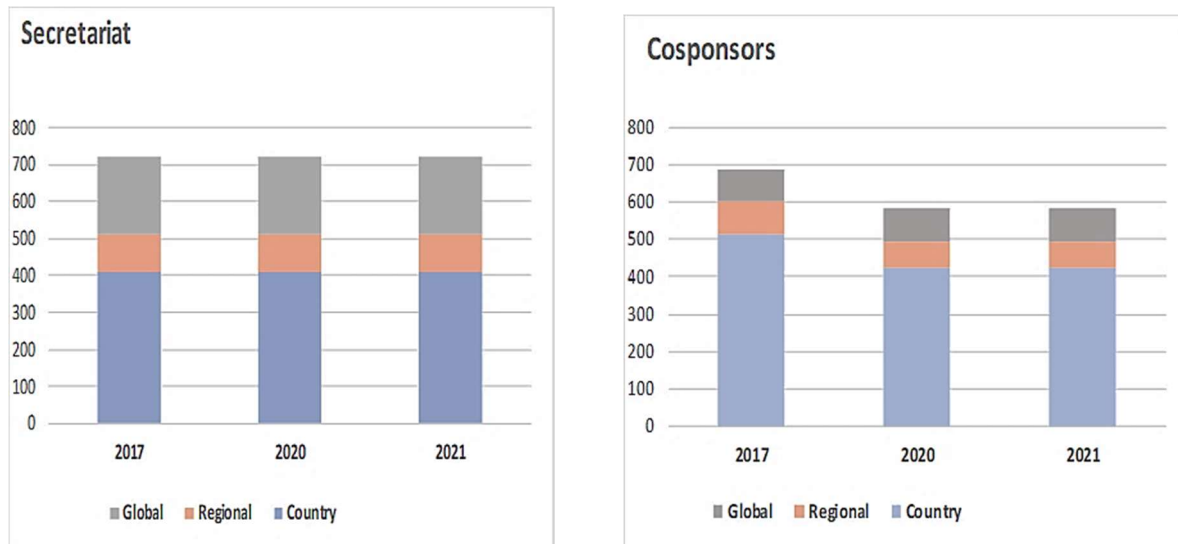
Human resources 2020–2021

45. The existence of a dedicated Secretariat at global, regional and country levels facilitates coherence, coordination and consistency in the UN system's efforts to end AIDS. The current overall number of Secretariat staff posts in 2020 and 2021 is 720, the same as was estimated for the current biennium¹. The current 70:30 ratio of field-to-headquarters staff is maintained. In addition to professional/technical staff tallied in the figures below, Secretariat staff numbers also reflect general service staff (including administrative assistants and drivers).
46. The overall number of Cosponsor staff (full-time equivalent) in 2020 and 2021 is estimated at 584. When comparing with Secretariat staff numbers, it is important to note that Cosponsor staff numbers only include professional/technical staff and long-term consultants (with contracts of more than a six-month duration), and do not account for general service functions. 73% of Cosponsor staff working on HIV are in the field.
47. Cosponsor staff at global and regional levels remain vital for providing countries with normative guidance and technical support, for keeping AIDS on the agenda of their organizations, and for leveraging additional resources for the response.

¹ As of June 2019, the number of Secretariat staff in post stands at 680.

Figure 3

Overall numbers of Secretariat and Cosponsors staff (full-time equivalent) working on HIV, by source of funds and by year (2017 actual, and 2020 and 2021 projections)



“At a time when the UN development system is implementing ambitious reforms to deliver on the 2030 Agenda for Sustainable Development, human resources are deployed strategically to ensure UNAIDS Secretariat is i) aligned with UN reform efforts, and ii) contributing to enhanced coherence, effectiveness and accountability of the UN system. The needs of countries and evolving AIDS landscape are continuously monitored and considered together with not only the role and capacities of UNAIDS Secretariat, but also those of UNAIDS Cosponsors and ongoing efforts to reform the UN development system as part of the 2030 agenda and implementation of the recommendations of the quadrennial comprehensive policy review.”

– UN General Assembly Resolution 71/243

JOINT PROGRAMME PRIORITIES



Strategy Result Area 1: HIV testing and treatment, and HIV/TB integration issues

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>More than 900 000 people die every year due to AIDS-related causes, and AIDS remains a leading cause of death for women of reproductive age. Achieving the 90–90–90 targets requires that an additional 2.8 million people annually initiate and stay on HIV treatment.</p> <p>There are persistent gaps in the HIV response and an urgent need to boost the focus on key populations and on men and young women in settings with a high burden of HIV infection.</p> <p>Three out of four people living with HIV are aware of their HIV status, but young people and men in settings with a high burden of HIV infection and key populations globally are less likely to be tested.</p> <p>75% of people living with HIV knew their HIV status globally in 2017; 79% of those who knew that they were HIV-positive were accessing treatment; and 81% of people receiving treatment had suppressed viral loads.</p> <p>Given that up to one third of people living with HIV present to care with advanced disease, HIV testing services need to prioritize targeted testing approaches. More HIV tests are being performed but the yield of positive diagnoses remains low in many approaches.</p>	<p>Output 1.1: HIV Testing and counselling</p> <p>The Joint Programme will continue to support country implementation of WHO’s latest testing and treatment guidance, which calls for a strategic mix of HIV testing service approaches that include assisted partner notification and self-testing.</p> <p>Prioritized focus will be for key populations and locations and for settings where services lag. The ILO-led VCT@WORK Initiative will be continued. Focus will be on quality of testing to prevent misdiagnosis and expansion of workplace and community-led approaches.</p> <p>The Joint Programme will continue to support PEPFAR, the Global Fund and Member States as the world moves towards epidemic control and further align efforts to address testing innovations that improve focus and yield.</p> <p>Noting that supportive HIV self-testing policies increased ten-fold from 6 countries to 59 between 2015–2018, the focus will shift to support policy implementation. The same approach will be applied in the context of supportive policies for assisted partner notification, which also saw an increase in adoption in countries from 77 countries in 2016 to 111 in 2017.</p> <p>There will be a continued focus on support to strengthen the availability of point-of-care diagnostics, which have shown to improve same day testing and initiation of treatment in children.</p> <p>WHO will address normative and operational gaps in optimizing TB-HIV integration in the context of universal health coverage (UHC) by supporting implementation of TB-HIV collaborative activities and scale up of interventions to increase uptake of TB prevention in addition to diagnosis and successful co-treatment of TB and HIV. This will be done by updating and disseminating relevant normative and operational guidance, through advocacy and partnerships, by monitoring the TB-HIV response and by providing technical support to countries with a high burden of TB-HIV or with focused concentrated epidemics.</p> <p>WHO has a key enabling role to scale up shorter TB preventive treatment regimens, innovative TB diagnostic technologies (such as TB-lipoarabinomannan) and new TB screening approaches. It also plays a key role in the optimal comanagement of TB and HIV, including within differentiated service delivery approaches at facility and community levels, and by targeting the TB-HIV response and engaging effectively with civil society and affected communities.</p> <p>UBRAF Target: By 2021, 90% of countries have selected HIV testing services in place.</p> <p>Primary contributing organizations: WHO, UNICEF, WFP, ILO, World Bank</p>

Significant progress on HIV testing and treatment has been driven by strong commitment from countries to achieving the 90–90–90 targets, in collaboration with funding partners including PEPFAR and the Global Fund.

Indicator data tracking on whether the WHO Treat All approach is adopted in countries, with Joint Programme support, shows that 92% of countries reported policy adoption in 2018 compared to 82% in 2017.

Despite impressive scale-up of ART, TB remains the leading cause of death among people living with HIV, accounting for 32% of the estimated 940 000 AIDS deaths in 2017.

Given the 2020 target of reducing TB deaths among people living with HIV by 75% (compared with 2010), accelerated action is needed to scale up interventions to increase uptake of TB prevention, diagnosis and successful cotreatment of TB and HIV.

Only one half of the people living with HIV-TB were reported to receive TB care in 2017, only 41% were on ART, and less one third of new enrollees in HIV care were reported to receive TB preventive treatment.

In addition, in some settings, implementation of WHO TB-HIV collaborative activities is suboptimal, with vertically managed HIV and TB programmes across the health systems components. The TB-HIV response is also not optimally targeting high-risk settings and populations.

The uptake of novel technologies, such as TB-lipoarabinomannan, and shorter regimens for TB preventive treatment needs to be scaled-up.

Treatment access for children has stalled to such an extent that, at the end of 2018, only half of all children estimated to be living with HIV were accessing ART. The situation is worse for adolescents.

The Joint Programme will work to increase identification of children and adolescents with HIV, ensure linkage to services for treatment and promote viral suppression through community engagement to support retention in care and lab systems strengthening for viral load monitoring.

Output 1.2: HIV Treatment cascade

With 92% of countries reporting Treat All policy adoption in 2018, the Joint Programme will continue to support policy uptake and implementation, including in relation to intensified support for policy updates.

The Joint Programme will continue to support PEPFAR, the Global Fund and Member States as the world moves towards epidemic control and align their efforts to achieve:

- improved treatment coverage with optimal ARVs or tenofovir/lamivudine/dolutegravir access;
- an intensified focus on key populations, children, adolescents, men and people living with HIV with poor access to testing, treatment, retention and viral load monitoring; and
- service delivery models that improve client and system efficiencies and quality.

The Joint Programme will:

- support the generation of new evidence and continue to respond to new evidence;
- meaningfully involve communities in decision-making and guideline development;
- support countries with policies, strategies and programmes for more efficient testing, effective linkage to care and viral load monitoring; and
- facilitate differentiated approaches to reach populations currently not being reached in each country.

UBRAF Target: By 2021, 80% of countries have adopted the WHO HIV treatment guidelines.

Primary contributing organizations: WHO, UNICEF, WFP, UNODC, UN Women.

Output 1.3: 90–90–90 children and adolescents

The Joint Programme will support the introduction of improved diagnostic tools and improved drugs for infants, children and adolescents in the context of *Start Free Stay Free AIDS Free*.

The Joint Programme will support the design and implementation of strategies that promote HIV integration in routine maternal, neonatal and child health services. It will support countries to devise HIV testing strategies outside health facilities to identify older children and adolescents living with HIV, as well as promote strengthened uptake and adherence through formal and non-formal school programmes that reduce stigma and promote treatment literacy and health-seeking behaviours. Specific priority actions include:

- deployment of early infant diagnosis, including point-of-care platforms, for HIV-exposed infants;
- expanding high-impact testing initiatives, including family-based index testing for children with a parent who is living with HIV;
- supporting optimal ARV dosage forms and regimens for paediatric and adolescent treatment;
- identifying ways to engage communities of mothers living with HIV to better support paediatric adherence and retention in care;
- developing systems for adolescent peer support; and
- ensuring viral load monitoring access for children and adolescents receiving ART.

UBRAF Target: By 2021, 90% of countries have adopted quality health care services for children and adolescents.

	<p>Primary contributing organizations: UNICEF, WHO, WFP, UNESCO, World Bank.</p>
<p>Cities face several challenges in responding to HIV and other health and social issues. The challenges include large numbers of people migrating in and out of cities, difficulties in reaching growing numbers of people living in informal settlements and slums, and stigmatization and discrimination of people living with HIV or at high risk of HIV, which can hinder access to services.</p>	<p>Output 1.4: High HIV burden cities</p> <p>The Joint Programme will capitalize on the Fast-Track Cities initiative to promote and deliver rights-based municipal HIV programmes with particular emphasis on key populations and young people. City administrations will be encouraged to partner with local nongovernmental organizations and communities to put into place community-led programmes; and with the private sector to support innovation in service delivery. Services for refugees, migrants, internally displaced persons and other displaced or marginalized groups residing in cities will also be supported and strengthened</p> <p>UBRAF Target: By 2021, 90% of countries have a plan and allocate resources to achieve Fast-Track targets in high burden cities</p> <p>Primary contributing agencies: UNICEF, WHO</p>
<p>The magnitude and frequency of emergencies are increasing. Modelling conducted in 2018 by UNHCR, WFP and UNAIDS indicated that, in 2016:</p> <ul style="list-style-type: none"> ○ 479 million people were affected by emergencies, up from 314 million in 2013; ○ the number of people living with HIV affected by humanitarian emergencies increased from 1.71 million to 2.57 million; and ○ the ratio of people living with HIV affected by a humanitarian emergency increased from 1 in 20 to 1 in 14. <p>Emergency-affected populations are more likely to be food insecure, which increases the risk of exploitation and may put them at greater risk of HIV infection. It also makes it harder for them to adhere to HIV treatment.</p> <p>Despite significant gains, humanitarian responses are not adequately meeting the needs of key populations, who face multiple disadvantages.</p> <p>Ensuring access to quality services for key populations during emergencies is challenging, given high levels of stigma and discrimination, overcrowded facilities and services that are not specifically designed to meet the needs of vulnerable sub-populations. Adolescents, particularly adolescent girls, are among the people most vulnerable to HIV in many contexts and are still not adequately reached with appropriate services.</p> <p>Data relating to HIV vulnerabilities, access, utilization and outcomes in humanitarian settings are fragmented and incomplete. National systems do not collect or report data on HIV and TB outcomes which are disaggregated by refugee nor displacement status. The data for non-camp/settlement situations and for internally displaced persons remains inadequate for sound programming.</p> <p>In terms of access to ART and retention in care, progress has been made on the first two "90s" in refugee situations, though adherence is sub-optimal.</p> <p>Women and girls are disproportionately affected by</p>	<p>Output 1.5: Humanitarian contexts and fragile states</p> <p>The Joint Programme will continue to work to ensure that populations affected by emergencies have access to HIV prevention, treatment and support services.</p> <p>Under the Division of Labour, WFP and UNHCR coconvene HIV in emergencies and they will continue to cochair the Inter-Agency Task Teams (IATT) for HIV in Emergencies. Activities will prioritize the integration of HIV into multiple streams of humanitarian action, while improving evidence and advocating for resources to meet the HIV-related needs of people affected by emergencies. The Joint Programme will prioritize:</p> <ul style="list-style-type: none"> ○ preventing stockouts and ensuring adequate supply chain of HIV prevention, treatment and diagnostics in humanitarian contexts; ○ protection and sexual and reproductive health programming for key populations, including sex workers in humanitarian contexts; ○ providing food and nutrition support and/or social protection to people living with HIV affected by emergencies; ○ the roll out of tools and guidance to humanitarian actors; ○ scaling up services to address sexual and gender-based violence in humanitarian contexts; ○ improving coverage of programmes for PMTCT in humanitarian contexts, including early infant diagnosis, with a focus on western and central Africa; ○ strengthening ART adherence for displaced populations, through improved monitoring and community-based programming; ○ improving the availability, quality and use of key HIV- and TB-related data for refugees and internally displaced persons; ○ increasing support for adolescents and young people, especially in southern Africa; ○ addressing stigma and discrimination relating to people living with HIV and key populations in humanitarian contexts; and

<p>the humanitarian emergencies and they are often subjected to sexual and gender-based violence.</p> <p>Many of the biggest barriers to ending the AIDS epidemic are structural. Geopolitical conflicts, food insecurity, gender inequality, sexual and gender-based violence, lack of access to services and commodities due to emergency-related shocks and sexual violence in conflict all represent serious obstacles to achieving the targets set out in the SDGs and the UNAIDS 2016–2021 Strategy.</p>	<ul style="list-style-type: none"> ○ working with governments to improve health systems to make them more resilient to disasters and emergencies. <p>The IATT for HIV in Emergencies will continue to prioritize:</p> <ul style="list-style-type: none"> ○ providing technical support and guidance in disaster and emergency situations where HIV prevalence and/or incidence is either high or increasing or where there is inadequate access to services (for example, Venezuela, Yemen and Cyclone Idai-affected countries); ○ coordinating HIV preparedness, response and recovery efforts pertaining to HIV, linking with other clusters and platforms where applicable; and ○ building on and supporting advocacy and fundraising efforts to support HIV programming in emergency contexts. <p>UBRAF Target: By 2021, 90% of countries have integrated HIV in national emergency preparedness and response plans, and 90% of countries are offering HIV-related services for populations affected by humanitarian emergencies.</p> <p>Primary contributing agencies: UNHCR, WFP, UNICEF, UNFPA, WHO, World Bank.</p>
	<p>Output 1.6: Access to medicines and commodities</p> <p>The Joint Programme will focus on strengthening and harmonizing supply chain management, including logistics management information systems for prevention and treatment commodities.</p> <p>UBRAF Target: By 2021, 93% of countries are using functional logistics management information systems for forecasting and monitoring reproductive health and HIV related commodities.</p> <p>Primary contributing agencies: WHO, WFP, World Bank.</p>



Strategy Result Area 2: Elimination of mother-to-child transmission

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>Globally, coverage of ART among pregnant and breastfeeding women exceeds 80%, but this accomplishment obscures significant differences between regions and among countries.</p> <p>In eastern and southern Africa, coverage is as high as 93%, while in western and central Africa it is only 54%. In all settings, coverage has begun to level off.</p> <p>Averaging at 13% globally, mother-to-child transmission rates are still high, which suggests that factors besides coverage—such as timing of ART initiation, retention in care and incident HIV in women during pregnancy and breastfeeding—are driving high transmission rates.</p> <p>A differentiated response is needed. It should take into account regional, national and subnational differences and deliver data-informed programming that accelerates progress towards the elimination of new HIV infections in children and pays attention to the vital importance of community-level support and services.</p>	<p>Output 2.1: Elimination of mother-to-child transmission (eMTCT)</p> <p>In order to achieve this ambitious target, the Cosponsors will work together under the UNAIDS Division of Labour and through the multistakeholder <i>Start Free</i> partnership. The strategic focus of the work will be on addressing the primary UBRAF target and the related goal of reducing the rate of mother-to-child transmission through a multipronged effort. That effort will span HIV prevention among pregnant and breastfeeding women, increased access to family planning for women living with HIV, and improved ART coverage and retention during pregnancy and breastfeeding.</p> <p>The work will leverage the specific strengths of the Cosponsors across the domains of normative guidance, advocacy, policy development, implementation and community engagement. Priorities will include:</p> <ul style="list-style-type: none"> ○ developing a framework for differentiated programming that includes cyclical data review and programme enhancement; ○ enhanced data collection, including for subnational data gathering and analysis;

	<ul style="list-style-type: none"> ○ supporting country-level prioritization; and ○ geographically targeted action to address the largest coverage gaps first. <p>Specific focus on marginalized and vulnerable populations including pregnant adolescents, migrants and key populations living with HIV.</p> <p>UBRAF Target: By 2021, 100% of countries are implementing the latest eMTCT guidance.</p> <p>Primary contributing agencies: UNICEF, WHO, WFP, UNFPA, UNODC, World Bank.</p>
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Strategy Result Area 3: Combination prevention and young people, especially young women and adolescent girls

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>The evidence indicates that the global community will miss the global 2020 targets for HIV prevention among young people (reduce new infections by 75% compared to 2015).</p> <p>HIV remains among the top 10 leading causes of death among adolescents (10–19 years). In sub-Saharan Africa, adolescent girls and young women (15–24 years) accounted for 1 in 4 new HIV infections in 2017, despite comprising only 10% of the population. Without accelerated prevention efforts for young people, an estimated 50 million more adolescents will become infected with HIV between 2018 and 2030.</p> <p>Despite gains in securing political commitment for the prevention agenda, significant programming and funding gaps remain. Available data suggest that young people's levels of HIV knowledge are declining over time, and the proportions of young people living in key affected regions are projected to grow, which threatens to reverse modest prevention achievements in the global AIDS response.</p> <p>Key challenges limiting the response include:</p> <ul style="list-style-type: none"> ○ systems and programmes that are poorly differentiated to the values, choices, preferences and needs of the most at-risk adolescents and youth; ○ poor integration of biomedical prevention and adolescent-responsive sexual and reproductive health services in primary health-care systems; ○ weak capacity and funding to scale up known effective programme models and intervention packages; ○ limited coverage of key structural interventions, including quality comprehensive sexuality education, social protection/cash transfers, girls' education, gender-based violence prevention and responses; ○ weak referrals, linkages and integration across the key sectors, hampering the multisectoral response that is needed to deliver combination prevention effectively; ○ conflicting legal and policy frameworks, and weak implementation of existing tools, including those pertaining to age of consent, domestic violence, universal primary and secondary education; 	<p>Output 3.1: Targeted combination prevention</p> <p>In 2020–2021, the Joint Programme will continue to focus on reinvigorating the combination prevention agenda, including behavioural, structural and biomedical interventions. It will also enhance the availability of improved and more granular data for tailored and focused approaches.</p> <p>The Joint Programme will promote stronger integration and scale up of sexual and reproductive health and rights with HIV prevention, including comprehensive condom programming, prevention, screening and treatment of cervical cancer.</p> <p>It will also promote expansion of structural interventions such as social protection/cash transfers, interventions to address gender-based violence, greater access to education (particularly for girls), information and services for adolescents and young people. This will be done by supporting countries to improve access to new prevention technologies for young people and by leveraging existing investments in adolescents and youth, including initiatives such as FP2020, the Global Fund's HER Strategic Investment, the Global Child Marriage programme, the Global Financing Facility, GEF, and the World Bank's evolving portfolio on Human Capital.</p> <p>The Joint Programme will build on partnerships and advocacy platforms to deliver enhanced results to meet the needs of adolescents and youth, with a specific focus on those from key and vulnerable populations.</p> <p>It will continue to improve monitoring of combination prevention, the granularity of available data and estimates, and support for national target setting for prevention. The Joint Programme will promote the availability of granular/subnational disaggregated data on young people's outcomes to inform targeted programmes.</p> <p>In 2020–2021, a key focus will be on supporting countries to implement the 2020 Prevention Coalition roadmap, through enhanced support and engagement with national AIDS programme managers. Results will also be pursued through support to countries for implementation of evidence-based normative guidance, such as the revised UN International Technical Guidance on Sexuality Education, the UN guidance on HIV prevention for adolescent girls and young women, and the VMMC 2021 Agenda, among others.</p> <p>UBRAF Target: By 2021, 70% of countries have targeted combination prevention programmes in place.</p>

<ul style="list-style-type: none"> ○ inadequate engagement of young people in the national policy dialogues and processes; ○ entrenched stigma, discrimination and criminalization, affecting the most vulnerable and marginalized young people from key and priority populations, including those who inject drugs, are exploited or engage in sex work, young males who have sex with males, and transgender populations; and ○ inadequate data for effectively differentiating responses according to local epidemic typologies. <p>Greater efforts are needed to support countries to enact commitments made in the 2016 Political Declaration on Ending AIDS and to implement the Prevention 2020 Roadmap and other international commitments. Strengthened political will be crucial for ensuring that sufficient funding is available to support combination prevention programming.</p>	<p>Primary contributing agencies: UNFPA, World Bank, UNICEF, ILO, UNESCO, WHO.</p> <p>Output 3.2: HIV-related health and education needs of young people and adolescents</p> <p>In line with the SDG approach, a strong focus on cross-sectoral dimensions and structural barriers will be reinforced. This will include:</p> <ul style="list-style-type: none"> ○ efforts to redress legal barriers to health services and education for adolescents and young people; ○ initiatives to promote retention in secondary education, such as cash transfers and school feeding programmes; and ○ support for young people in their transition to a world of work. <p>In addition, the Global Partnership to end HIV-related stigma and discrimination will engage in efforts to address discrimination in health and education.</p> <p>Leveraging the World Bank concessional financing portfolio and working with countries to enhance the effectiveness and efficiency of their combination prevention programmes will also be pursued. A specific focus on the health and education needs of adolescent girls and young women will cut across all initiatives, along with programmes to enhance and expand the meaningful participation and engagement of adolescent girls and young women in general, and those living with HIV in particular.</p> <p>Sex- and age-disaggregated data collection mechanisms will be strengthened and gaps regarding evidence on young people's health, education and rights will be filled. That will include ensuring that systems are in place to collect disaggregated data, in addition to improving the use of existing data collection mechanisms in other sectors by integrating HIV.</p> <p>There will be continued support to countries to provide training and capacity building so education sector staff can integrate HIV-sensitive indicators with national education monitoring and information systems, and to support enhanced analysis of data. Other activities will focus on school health strengthening and linkages with sexual and reproductive health services.</p> <p>UBRAF Target: By 2021, 70% of Fast-Track countries are monitoring the education sector response to HIV and AIDS and 90% of Fast-Track countries have supportive adolescent and youth sexual and reproductive health policies in place.</p> <p>Primary contributing agencies: UNESCO, UNICEF, UNFPA, WFP, UN Women, WHO, World Bank.</p>
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Strategy Result Area 4: Combination prevention for key populations

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>Criminalization and other penalties used against gay men and other men who have sex with men, transgender people, sex workers and people who use drugs continue to be handicap national HIV responses.</p> <p>While efforts to decriminalize have been successful in some countries, punitive measures are still pervasive. In addition, some legislative and policy changes may be well-intended, but could have the effect of marginalizing and further exposing key and vulnerable populations to HIV risk. These include the use of “end demand” legislation that criminalizes the clients of sex workers, and FOSTA-SESTA legislation, which targets human trafficking but, by preventing online advertising of sexual services, also leads to riskier, street-based sex work.</p> <p>There is a need to increase the quality of data and collection of disaggregated data for key populations, while ensuring that these efforts do not expose key and vulnerable populations and people living with HIV to stigma, discrimination or punitive measures. This is also relevant in the context of new technologies for data collection, such as use of biometrics, online databases or blockchains.</p> <p>According to 2018 UNAIDS data, only 41 out of 110 reporting countries (37%) provided condoms and lubricants in prisons and other closed settings, despite this being a simple, feasible, inexpensive and necessary measure. Very few countries globally provide ART in prisons, despite evidence of its high efficacy when provided.</p> <p>Globally, there is an unprecedented increase in migration, resulting in over 258 million migrants worldwide, the majority of which are hosted in the world’s poorest countries. Yet even in countries with well-financed asylum and migration systems, new laws exclude undocumented migrants from services, including for HIV.</p> <p>While domestic funding for HIV responses has increased, globally countries are not sufficiently preparing to fund and partner with civil society on HIV services, especially for services for key populations. Investing in partnerships with civil society is important for achieving effective and cost-efficient services that leave no one behind.</p> <p>Risk behaviours such as sharing of used needles and syringes, unprotected sex and sexual violence place people in prisons at heightened risk for HIV and viral hepatitis infection, while overcrowded and poorly ventilated living conditions heighten the risk of TB transmission. In addition, key populations tend to be overrepresented in incarcerated populations.</p> <p>The lack of HIV services in prisons and of health-care provision and social support services after release from prisons and other closed setting can further contribute to the increased risk of HIV infection. A major concern is the fact that about one third of countries lack of HIV-related data for prison populations. Data on Hepatitis B and C infections and TB infections in prisons are also scarce. Technically sound, country-adapted M&E methods and tools for</p>	<p>Output 4.1: HIV services for key populations</p> <p>In partnership with civil society, the Joint Programme will promote the use of key population HIV implementation tools (sex worker implementation tool, gay men and other men who have sex with men implementation tool, transgender people implementation tool, and implementing comprehensive HIV and HCV programmes with people who inject drugs) to improve comprehensive and integrated HIV services for key populations. The Joint Programme will advocate for and expand partnerships, including for municipal approaches, to meet the needs of key populations. The Joint Programme will continue to support legal and policy reform. It will also provide the strategic information and analytical support necessary to improve the efficiency of key populations programmes and ensure appropriate allocation of resources to key populations.</p> <p>The Joint Programme will continue to provide support to countries on reforming laws and policies that harm HIV responses and foster the adoption of enabling laws and policies with focus on key and most vulnerable populations. The Joint programme will also focus on capacitating stakeholders such as legislature, the executive branch and the judiciary to understand and address rights and access to services issues of key populations and provide platforms for dialogue and joint actions together with communities of key populations and civil society, with particular focus on prevention.</p> <p>The Joint Programme will address emerging rights and service access challenges, such as the need to collect, store and use data responsibly and need for responsible use and safeguards against misuse of achievements of science and technology vis-à-vis key populations.</p> <p>The joint Programme will strive to fully operationalize and use platforms such as the Global Partnership for Action to eliminate all forms of HIV related stigma and discrimination and the Prevention Coalition to address rights and access challenges of key and most vulnerable populations.</p> <p>The Joint Programme will promote occupational safety and health in entertainment establishments in the Asia and the Pacific region to increase access to HIV services for key populations. It will introduce comprehensive HIV and sexual and reproductive health and rights packages for young key populations in Eastern Europe and central Asia.</p> <p>UNODC will continue to support the adoption and implementation of evidence-based, human rights-based and gender-sensitive HIV services in prisons, and promote effective coordination between health services and the criminal justice system to help ensure the continuity of HIV services in prisons. UNODC and the World Bank will continue to support the generation of strategic information on the HIV epidemiological situations and monitoring of service coverage in prisons. Priorities for 2020–2021 to be implemented by the Joint Programme in partnership with stakeholders:</p> <ul style="list-style-type: none"> ○ support key population networks to further enable community-led responses to HIV and violence against key populations; ○ support delivery of people-centred and tailored SRH/HIV/STI services for key populations;

<p>prisons are urgently required.</p> <p>Very few countries have decriminalized all aspects of sex work. There is increasing focus of some Member States on the “end demand” model, even though the criminalization of any aspect of sex work makes it more hidden and therefore dangerous for sex workers.</p> <p>Some anti-trafficking programmes continue to have negative consequences for sex workers who are frequently detained during anti-trafficking raids. This happens despite good examples of government-sex worker partnerships for identifying and referring under-age people who sell sex and people who are forced or coerced into selling sex.</p> <p>Sex workers continue to lack access to SRH/HIV/STI services, especially uninterrupted supply of condoms and lubricant. Condoms are still used as evidence of sex work by law enforcement officers in many countries. Sex workers are still subjected to violence, discrimination and other human rights abuses. Humanitarian disasters increase the prevalence of sex work. There is a lack of tailored health and protection services for people selling sex in humanitarian settings.</p> <p>Among some key populations, pre-exposure prophylaxis (PrEP) has proven to be an effective and efficient prevention tool. However, it is still available largely in the global North and numerous regulatory and funding challenges hinder its wider availability to key populations in many countries.</p>	<ul style="list-style-type: none"> ○ catalyze engagement on prevention and access to other services among migrants, as per the 2018 division of labor; ○ roll out the Human Rights and Drug Policy Guidelines to improve rights and HIV service access of people who inject drugs and other affected populations; ○ continue follow up on the recommendations of the Global Commission on HIV and the Law on key and vulnerable populations, as supplemented in 2018; ○ support efforts to decriminalize the behaviours of key populations and build synergies across decriminalization efforts; ○ further support efforts to sensitize, capacitate and empower stakeholders in rights and treatment access of key populations to adopt enabling and inclusive approaches; ○ support the Global Partnership on ending HIV-related stigma and discrimination and its implementation at national level to improve service access for key populations, including within health-care settings; ○ invest in efforts to improve data collection for key populations by focusing on data safety and security including by using innovative technologies; ○ invest in preventing the misuse of technology to target and harm the rights and health of key populations and in approaches to address such misuse; ○ based on work done in 2017–2018, promote inclusive national HIV responses that leave no one behind, including through social contracting. Build partnerships between governments, key populations communities and NGO allies; ○ further develop synergies between responses focusing on young key populations and adult key populations; ○ in the context of HIV and ageing, address challenges experienced by key populations; ○ develop and implement guidance for addressing health and protection needs of people selling sex in humanitarian settings; ○ continue efforts to differentiate sex work and trafficking; and ○ update guidance on HIV and sex work. <p>UBRAF Target: By 2021, 90% of countries have defined comprehensive packages of services for men who have sex with men and for sex workers, and include them in national strategies (35% of countries for prisons and other closed settings).</p> <p>Primary contributing agencies: UNFPA, UNDP, UNODC, UNICEF, ILO, UNESCO, WHO, World Bank.</p>
<p>Globally among people who inject drugs, HIV and hepatitis C prevalence is high. Yet, in many countries where unsafe injection drug use is a driving factor of the HIV epidemic, coverage of evidence-based HIV and Hepatitis C prevention interventions for people who inject drugs, particularly needle and syringe programmes and opioid substitution therapy, remain scarce or absent.</p> <p>Stimulant drug use (cocaine, amphetamines and new psychoactive substances) is increasing worldwide. The use of these drugs correlates with high risks for HIV transmission, particularly through unsafe sexual practices or sharing of drug injection equipment. Effective dissemination of evidence-based guidance on how to address risks for HIV transmission associated with stimulant drug use is urgently required.</p> <p>International funding for harm reduction programmes</p>	<p>Output 4.2: Harm reduction</p> <p>The Joint Programme will focus on <i>advocacy</i> for adoption of evidence-based and human rights-based and gender-sensitive drug policies, including towards decriminalization of personal use and possession. It will provide <i>technical assistance and capacity building</i> to support the adoption and implementation of evidence-based, human rights-based and gender-sensitive HIV and HCV (and TB and SRH for people who use drugs) services for people who use drugs in high-priority countries, in line with the internationally adopted recommendations. UNODC with its agency partners will disseminate and support the use of the HIV programming tools and guides for people who inject drugs (IDUIT); people who use stimulant drugs; women who inject drugs; and civil society HIV harm reduction service providers in working with law enforcement.</p> <p>The Joint Programme will support community-based organizations to engage in the development and implementation of HIV programmes for people who inject</p>

<p>has declined and domestic funding remains low. Allocative and implementation efficiency studies show there is a need to improve efficiency of use of available country resources.</p>	<p>drugs. It will focus on the generation of strategic information on injecting drug use and HIV; technical support for monitoring coverage of harm reduction and for improving the efficiency of resource allocation to people who inject drugs.</p> <p>UBRAF Target: By 2021, 60% of countries are implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs.</p> <p>Primary contributions: UNODC, UNICEF, UNDP, WHO, World Bank</p>
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Strategy Result Area 5: Gender equality and gender-based violence

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>Globally, in 2017, there were an estimated 18.2 million women living with HIV (15 years and older), constituting 52% of all adults living with HIV. An estimated 2.4 million adolescent girls and young women (15–24 years) were living with HIV, comprising 61% of all young people living with HIV.¹</p> <p>Since 2010, ART coverage among women has more than doubled, largely due to successful PMTCT programmes.² Despite the increased availability of ARV medicines, AIDS-related illnesses remain a leading cause of death among women and girls (15–49 years) globally.³</p> <p>Globally in 2017, 48% of new HIV infections in adults (15 years and older) were among women and 58% of new infections in young people (15–24 years) were among adolescent girls and young women. The prevention gaps are especially notable among adolescent girls and young women in sub-Saharan Africa, the Caribbean and eastern Europe and central Asia.⁴</p> <p>Knowledge of HIV prevention among adolescent girls and young women has remained low in the past two decades.⁵ Longitudinal surveys reveal that only 30% of young women (15–24 years) from 35 countries in sub-Saharan Africa and 13.6% of young women from 23 countries outside of sub-Saharan Africa had correct and comprehensive knowledge about HIV.⁶</p> <p>Unequal gender norms and gender-based violence continue to drive the HIV epidemic and impede HIV responses. Studies show that women who experience or fear intimate partner violence are 50% more likely to acquire HIV.⁷</p> <p>Limited dedicated gender expertise in national AIDS coordinating bodies prevent HIV responses from using gender analysis to the full and addressing the intersection of gender inequality and the AIDS epidemic.</p> <p>Community-led HIV responses that challenge harmful gender norms and increase demand for HIV testing, treatment, care and support are not sufficiently prioritized and financed in national HIV responses.</p> <p>The Joint Programme has to further strengthen its monitoring of gender equality and gender-based violence responses in the context of HIV. More nuanced indicators for the UBRAF Outputs 5.1 and 5.2 are required to capture evidence around gender-</p>	<p>Output 5.1: Integration of gender issues in the HIV response</p> <p>The Joint Programme will continue efforts to integrate gender dimensions into national HIV policies, funding proposals, programmes, budgets and monitoring frameworks including through the implementation of the Gender Assessment Tool. UN Women will lead efforts to define gender-responsive interventions and approaches that transform unequal norms while achieving HIV results and will help to strengthen gender expertise in national AIDS coordinating bodies.</p> <p>The Joint Programme will facilitate costing and resource estimations to ensure adequate budget allocations for financing gender equality within the HIV response and in Global Fund funding applications. Efforts will include improving tracking tools (i.e. GAM and National AIDS Spending Assessments).</p> <p>The Joint Programme will continue to promote the leadership and meaningful participation of networks of women living with HIV and of adolescent girls and young women in the HIV response. UN Women will document successful experiences of women’s leadership in the HIV response as well as lessons from women’s mobilization at community level. The Joint Programme will support the scale-up of community-based and community-led gender-responsive interventions to transform unequal gender norms, to increase HIV and SRHR knowledge and awareness among young women and men and adolescents, and to prevent violence and HIV in order to enhance access to HIV testing, treatment and care.</p> <p>Legal and economic empowerment of women and girls will be further promoted to reduce the burden of unpaid care work and economic vulnerability of women in the context of HIV. Within the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, the Joint Programme, in collaboration with civil society and other partners will work to secure government commitments in joining the partnership and to offer a menu of evidence-based interventions to address gender-based discrimination in the context of HIV.</p> <p>UBRAF Target: By 2021, 70% of countries have national HIV policies and strategies that promote gender equality and transform unequal gender norms.</p> <p>Primary contributions: UN Women, UNDP, UNFPA, ILO, UNESCO, WHO, World Bank.</p>

<p>responsive HIV efforts.</p>	<p>Output 5.2: Actions to address and prevent gender-based violence</p> <p>The Joint Programme will support countries' efforts to repeal discriminatory laws and practices, including those related to early marriage, parental and spousal consent, criminalization of HIV transmission, and discrimination at the workplace.</p> <p>The Joint Programme will support governments and ensure meaningful engagement of networks of women living with HIV to advocate for state action and accountability to address gender-based violence and to integrate actions, budgets and indicators on preventing and responding to gender-based violence into national HIV responses.</p> <p>The Joint Programme will work to scale-up implementation of evidence-based interventions, including in the humanitarian context. UN Women, UNDP, UNICEF, UNFPA will implement the UN/EU Spotlight Initiative to address the intersection of violence against women, HIV and sexual and reproductive health and rights. UNESCO will strengthen the capacity of the educational sector to address school-related gender-based violence.</p> <p>UBRAF Target: By 2021, 70% of countries have laws and/or policies and services to prevent and address gender-based violence.</p> <p>Primary contributing agencies: UN Women, UNDP, UNFPA, ILO UNESCO, WHO, World Bank.</p>
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Strategy Result Area 6: Rights, stigma and discrimination

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>Shrinking civic space remains a challenge. Civil society is at the heart of the response to HIV. In recent years, about 60 countries have passed laws restricting the activities of NGOs, particularly in relation to their funding.</p> <p>States are also imposing more restrictions on organizations that provide sexual and reproductive health and rights services to women, and organizations working on sexual orientation and gender identity issues, as well as sex worker-led organizations. A conservative political backlash against human rights is evident in some countries. It is leading to regressive changes to policies and laws and is facilitating discriminatory behaviours, harassment and violence.</p> <p>People who inject drugs and people in prisons continue to experience stigma and discrimination as well as human rights violations, which undermine effective implementation of and access to HIV prevention, treatment and care interventions for these two key populations.</p> <p>Punitive laws, policies and law enforcement practices block the provision of and access to evidence-based HIV interventions for people who inject drugs (in particular needle and syringe programmes and opioid substitution therapy) and people in prisons. Funding for harm reduction services is inadequate. In many countries, HIV and other relevant health services in prisons are of poor quality or entirely lacking.</p>	<p>Output 6.1: HIV-related legal and policy reforms</p> <p>The Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination is expected to catalyze action among countries, UN entities, civil society and other stakeholders.</p> <p>The Global Partnership will prioritize in six areas: household/family, educational, workplace, justice, healthcare and humanitarian/emergency. It will draw together the expertise of the Cosponsors that coconvene actions on each area.</p> <p>The Global Partnership will work to increase country commitment and to develop key indicators for measuring the impact of countries' interventions. There is also an opportunity to collaborate with the Global HIV Prevention Coalition to strengthen legal, policy and rights environments for a rights-based HIV response.</p> <p>The Joint Programme will continue to work towards the reform of discriminatory laws, including criminal laws targeting people living with HIV and key populations, providing technical support, guidance, evidence gathering and supporting the development of principles, along with Cosponsors, including UNDP, UNFPA and UNODC.</p> <p>UBRAF Target: By 2021, 20% of additional countries (compared to 2019) are positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services.</p> <p>Primary contributions: UNDP, UNHCR, UNODC, ILO, WHO.</p>
<p>There are significant human rights and ethical concerns related to the growing use of biometric information such as facial recognition or fingerprints, concerns about proprietary right to health records, the proliferation of third-party digital health apps, the capture of users' personal data by governments and third-party vendors and recent incidents of medical data breaches. These concerns pertain especially to people living with HIV, key populations and criminalized populations.</p> <p>Sustainability of funding is becoming an issue in countries that are transitioning to middle-income status. Funding for key populations and human rights programmes is often sourced from external donors and is unlikely to be replaced in full or, in some cases, at all by state funding once donors leave.</p> <p>Human rights programming and specific programmes for key populations are therefore at risk due to lack of funding. A significant amount of work will be required to ensure that human rights are at the heart of UHC and that the resources and focus on human rights-related barriers and stigma and discrimination in the new UHC era are retained.</p>	<p>Output 6.2: Legal literacy, access to justice and enforcement of rights</p> <p>The Joint Programme will continue to:</p> <ul style="list-style-type: none"> ○ work to strengthen data protection for people living with HIV and for criminalized populations; ○ support civil engagement and the meaningful participation of civil society and law enforcement in the HIV responses; and ○ collaborate with Member States to improve human rights protection, redress mechanisms and rights-based interventions. <p>The Joint Programme will collaborate to ensure that the justice sector upholds the rights of people living with HIV and key populations, including by working with the Global Fund in countries receiving catalytic funding to introduce and scale up human rights programming.</p> <p>The Joint Programme will continue to engage with regional and UN human rights mechanisms that report on human rights violations and it will support the engagement of people living with HIV and key populations.</p> <p>UBRAF Target: By 2021, 70% of countries have mechanisms in place providing access to legal support for people living with HIV.</p> <p>Primary contributing agencies: UNDP, UNODC, UN Women, UNESCO, WHO.</p>
	<p>Output 6.3: HIV-related stigma and discrimination in health care</p>

	<p>The Joint Programme will continue to support Member States to address structural barriers that perpetuate discrimination in health-care settings, in particular through the Global Partnership, and to ensure that national priority-setting in the context of UHC implementation does not perpetuate exclusion, stigma and discrimination of people living with HIV and key populations.</p> <p>UBRAF Target: By 2021, 60% of countries have measures in place to reduce stigma and discrimination in health settings.</p> <p>Primary contributing agencies: UNDP, WHO, UNFPA, World Bank.</p>
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Strategy Result Area 7: Investment and efficiency

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>Transitions in the funding and thematic landscapes will require that countries significantly revise their work approaches in order to strengthen sustainability, efficiency, innovation and integration in the HIV response at all levels. Especially important are:</p> <ul style="list-style-type: none"> o the need to shift funding structures and transition to greater domestic resource mobilization, and o improved efficiency in the use of available funds. <p>Both those challenges are a recognized as a priority in the UBRAF and will be essential for advancing the broader 2030 SDG agenda. However, they often are not been reflected in country- and regional-level priorities.</p> <p>Ensuring that these changes in the funding landscape do not undermine the ability of countries to meet people’s real needs will require renewed attention to equitable increases in domestic resource mobilization, improved efficiency in using the available funds, and identifying and leveraging the most effective, appropriate and cost-efficient developments in technology.</p> <p>Since approaches for achieving HIV-related results, people-centred health programmes and the broader development goals of the 2030 Agenda are addressed in a more integrated manner, the work under SRA 7 should be carried out in concert with efforts to address the integration targets in SRA 8.1.</p>	<p>Output 7.1: AIDS response sustainability, efficiency, effectiveness and transitions strengthened</p> <p>Only one of the 7 indicators for SRA 7 showed a positive change between 2016 and 2018, as countries often struggled to deal with decreased external funding.</p> <p>In response, a partnership that includes the Secretariat, World Bank, UNDP, WHO and other Cosponsors will increased the emphasis on sustainability, efficiency and effectiveness of the HIV response and support governments as they scale up programmes and increase equitable domestic financing.</p> <p>Much of the emphasis will be at the country level—ensuring that relevant priorities are set and actions are taken to help countries address these needs and use incremental planning for funding transitions, as appropriate. The Secretariat and the World Bank will provide analytical support to improve the allocative efficiency of resources and to update investment cases and HIV strategic planning.</p> <p>The Joint Programme will continue to provide strategic evidence for improved implementation through technical efficiency studies and it will support impact evaluations on the use of innovative tools and approaches. Using new funding mechanisms to "crowd in" private sector investment and other resources is also a priority.</p> <p>It is vital that countries monitor their HIV epidemics with mechanisms capable of generating up-to-date, granular data. Developing sustainable, routine monitoring systems, including the ability to measure the SDG target on HIV incidence, is vital for an effective and efficient response.</p> <p>The UNAIDS Secretariat and partners will continue supporting countries to develop such systems and strengthen routine data systems to compile the information necessary to identify and response to programmatic gaps.</p> <p>UBRAF Target: By 2021, 70% of countries have a HIV sustainability plan developed and 80% of countries have up-to-date HIV investment cases (or similar assessing allocative efficiency) that are being used.</p> <p>Primary contributions: World Bank, UNDP, UNESCO, WHO.</p>

	<p>Output 7.2: Technological, service delivery and e-health innovations fostered</p> <p>The Joint Programme will promote innovation in HIV service delivery, including e–health, mobile health and telehealth. By fostering partnerships among communities, government agencies, health providers and the private sector, the Joint Programme will encourage countries to develop and use innovative prevention technologies (including new PrEP, voluntary medical male circumcision practices), promote community awareness of and support for innovations, support research to optimize antiretroviral regimens (including for children) and examine broader HIV testing methods. The Joint Programme will expand its work and advocacy for the continued innovation and refinement of HIV-related medicines and technologies, aiming to ensure their availability, quality and affordability.</p> <p>UBRAF Target: By 2021, 60% of countries have scaled up use of new and emerging technologies or service delivery models.</p> <p>Primary contributing agencies: WHO, World Bank, WFP, UNESCO.</p>
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Strategy Result Area 8: HIV integration

Challenges (2020–2021)	Joint Programme priorities for 2020–2021
<p>The achievement of the HIV goals and UHC goals are mutually supportive, even though the paths towards those achievements will differ between countries.</p> <p>For some countries, a focus on concomitantly achieving UHC and HIV goals might not be sustainable yet and might strain fiscal space, especially if economic growth is slow. Countries should not have to choose between achieving HIV goals and achieving UHC goals.</p> <p>Overcoming current challenges will require differentiated planning that is sensitive to country contexts, the use of incremental approaches and, in line with SRA 7, heightened use of allocative efficiency improvement to streamline and strengthen service delivery and health outcomes.</p> <p>Throughout this work, the focus must be on creating integrated, people-centred systems that are participatory, predictive, personalized and pre-emptive.</p> <p>However, some sexual and reproductive health programmes—and some HIV programmes—continue to be implemented separately, as service providers seek to ensure continuity of services. Some donors also prefer vertical programming to improve attribution monitoring and evaluation.</p>	<p>Output 8.1: HIV services decentralization and integration</p> <p>The Joint Programme will promote collaboration across national health programmes for delivery of integrated services, promote enabling environments and systems strengthening, and champion policies that support such linkages.</p> <p>The work will include strengthening people-centred comprehensive systems for health through the integration of community service delivery with formal health systems, including in the context of UHC. It will also aim to ensure that people receive services which are tailored to and delivered in ways that meet their needs.</p> <p>The World Bank will provide financing for the integration and decentralization of services through its health system strengthening portfolio. UNFPA will continue to promote the integration of sexual and reproductive health and rights services and HIV services by strengthening policy, systems and service delivery linkages. Work will include building on the sexual and reproductive health/HIV multi-country Linkages Project in eastern and southern Africa to strengthen access to integrated sexual and reproductive health/HIV care, especially for young people, women and key populations, including for people living with HIV.</p> <p>UBRAF Target: By 2021, 80% of countries are delivering HIV services in an integrated manner.</p> <p>Primary contributions: UNFPA, WHO, WFP, World Bank.</p>
<p>A common understanding of UHC is crucial for providing coverage for persons living with, and affected by HIV and vulnerable communities.</p> <p>The HIV movement has to forge stronger linkages and partnerships with the UHC movement at global, regional, country and community levels.</p>	<p>Output 8.2: HIV-sensitive social protection</p> <p>The Joint Programme will continue to develop evidence on HIV-sensitive social protection through social protection assessments in identified countries, followed by evidence-informed advocacy. Attention will be paid to ensure that</p>

<p>Transcending operational silos is a challenge which has to be overcome.</p> <p>Data from the NCPI (2018) indicate that people living with and affected by HIV, including key populations, are still being left behind in HIV-sensitive social protection schemes, for several reasons.</p> <p>Legal barriers, stigma and discrimination, complicated procedures, documentary requirements are among the barriers. It is necessary to create greater awareness of existing social protection services and to reduce or remove the out-of-pocket expenses that prevent many people, including key populations, from accessing HIV-sensitive social protection. Building capacity of HIV-inclusive social protection programmes that are sustainably cross-financed in a systematic manner will be important for rolling out HIV-sensitive social protection programmes.</p> <p>The access of civil society organizations (CSOs) to key populations is also important for increase the uptake of HIV-sensitive social protection programmes.</p>	<p>UHC initiatives and “national social protection floors” are HIV-sensitive and to support governments’ HIV sensitive social protection programmes.</p> <p>The Joint Programme will promote collaboration and linkages across national health programmes delivering UHC, Social Protection Floors and HIV to ensure they cater to the needs of people living with HIV or by affected and vulnerable populations. Policies and programmes will be promoted to support such linkages. Special attention will be paid to working with CSOs to reach key populations.</p> <p>Programmatic actions will continue to include conducting HIV and social protection assessments to generate country-tailored evidence for joint work on HIV and social protection, and improve CSOs’ knowledge of social protection. Initiatives to increase school enrolment and economically empower women and girls, particularly those living with HIV and those from affected communities, will be pursued.</p> <p>UBRAF Target: By 2021, 70% of countries have social protection strategies and systems in place that address HIV.</p> <p>Primary contributing agencies: UNICEF, World Bank, WFP, ILO, UNESCO, WHO.</p>
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SECRETARIAT FUNCTIONS

48. The Secretariat works across all Strategy Result Areas in collaboration with Cosponsors and accordance with UNAIDS’ Division of Labour. The Secretariat’s functions at global, regional and country levels extend across the 20 UBRAF outputs and support overall Joint Programme achievements, as described in the section above. In 2018–2019, the Secretariat, together with Cosponsors:
 - worked to maintain the visibility of the AIDS response on the political agenda, as an integral part of the Sustainable Development Goals;
 - played a vital role in accelerating progress around HIV testing and treatment and eMTCT;
 - supported bold actions to address major response gaps in prevention and stigma and discrimination reduction; and
 - provided targeted assistance to countries facing greatest challenges, e.g. western and central Africa.
49. The Secretariat facilitated and supported implementation of the refined Joint Programme operating model, placing particular emphasis on country-level joint work and cohesive support to country action from across the Joint Programme.
50. In 2020–2021, the Secretariat will continue to leverage the strengths of the Joint Programme to deliver needs-based, country context-tailored support to accelerate implementation of the 2016 Political Declaration on Ending AIDS, achieve the Fast-Track targets and contribute to the integrated SDG agenda.
51. The Secretariat, in collaboration with the Cosponsors, and under the guidance of the Board Chair and Vice-Chair, will undertake the consultative process of developing the UNAIDS Strategy beyond 2021. This Strategy will consolidate the complementary and mutually reinforcing efforts of people living and affected by HIV, communities, countries, partners and the Joint Programme to achieve the 2025 milestone targets towards the end of AIDS as a public health threat. Broad based consultations will lay the foundations

for an envisaged UN General Assembly High-Level Meeting on HIV/AIDS² and the joint UN General Assembly High-Level Meeting proposed for SDG3 in 2023.

S.1 Leadership, advocacy and communication

52. The Secretariat will work to sustain political leadership and space for the HIV response as an important part of the integrated SDG agenda, by engaging Heads of State, parliamentarians and religious, civil society and community leaders. It will identify gaps and lead the way for the HIV response, promoting equitable access to services and evidence-based interventions, along with sustainable financing.
53. The Secretariat will work to expand the impact of the Global Prevention Coalition, with a focus on equity, adolescent girls and young women, and key populations. It will pursue the agenda for zero discrimination in health-care settings and catalyze action by the Global Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination. It will also support leadership capacity within communities for effective advocacy, demand creation and service delivery; and engage movements working for social justice and inclusion and scientific innovation.
54. The Secretariat intends to leverage the unique platform of “AIDS 2020,” the International AIDS Conference scheduled for San Francisco and Oakland in July 2020, to highlight the progress made to date as well as the scope of unmet needs in research, prevention, treatment. It will emphasize the urgency for action and the resources required to address the unmet needs. The conference occurs at an important juncture, prior to 2020 US presidential election, and presents a major opportunity to call for redoubled efforts to end AIDS, including from the world’s largest donor to the response.
55. Working with Cosponsors, the Secretariat will continue to advance an inclusive, people-centred, human rights-based and gender-responsive agenda and to promote the rights of people living with HIV and the Greater Involvement of People Living with HIV (GIPA) principles. In coordination with Cosponsors, the Secretariat will provide technical support to assess the impact of laws and consider reforms. The Secretariat and Cosponsors will:
 - leverage global and regional accountability mechanisms for the rights of people, such as the Human Rights Council, African Commission on Human and People’s Rights;
 - mobilize youth, women and key population groups for accountability on the targets in the 2016 Political Declaration on Ending AIDS; and
 - track and address HIV-related human rights crises and respond to *amicus curiae* requests to leverage public health evidence and human rights standards in courts and human rights bodies.
56. The Secretariat will continue to develop innovations for a sustainable human rights response, for example by strengthening partnerships to expand *pro bono* legal support, encouraging law schools to provide legal services for marginalized populations, and engaging stakeholders to address the shrinking civic space and its impact on the HIV response.

² UNGA decision in the 2016 Political Declaration: 79. Decide to convene a high-level meeting on HIV and AIDS to review progress on the commitments made in the present Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the next high-level meeting on HIV and AIDS no later than at the seventy-fifth session of the General Assembly

57. Together with Cosponsors, the Secretariat will continue to promote strong political ownership, effective governance and policies and activism to increase implementation and transparency of shared responsibility and global solidarity agenda. In coordination with Cosponsors, it will make use of global fora and platforms to advance commitments and coherence around actions pertinent to ending AIDS.

2021 UBRAF targets	100% of countries have strategies that reflect the population/ location principle
	100% of countries have strategies that adopt all applicable Fast-Track targets
	100% of countries have strategies that focus on increasing the proportion of domestic funding for the AIDS response
	Commitment to ending AIDS is reflected in the outcome documents of high-level political meetings for the year

S.2 Partnerships, mobilization and innovation

58. The Secretariat, in collaboration with Cosponsors, will work to strengthen country partners' capacities to enhance data-driven decision-making for smart, efficient investments with granular epidemic, policy, programmatic and financing data informing investment cases, national strategies and implementation design. The Secretariat and Cosponsors will support country-level implementation of the 2018 UNAIDS Sustainability Framework to guide country-tailored assessments and roadmaps.
59. The Secretariat will increase coordination with the Global Fund and PEPFAR to ascertain and increase the alignment and coherence of vision, policy priorities and funding allocation criteria for maximizing engagement with political leadership at all levels towards tangible and sustainable country results. The relationship between the Secretariat and the Global Fund will be anchored in a new Strategic Framework Agreement. The Secretariat and Cosponsors will continue to engage in the PEPFAR COP processes and provide support at country level to resolve key implementation challenges.
60. The Secretariat and Cosponsors will continue to fulfil the convening, agenda-setting and mobilizing mandates by leading the Global HIV Prevention Coalition (co-convened by UNFPA and the UNAIDS Secretariat) and the Global Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination (co-convened by UNDP, UN Women, GNP+ and the UNAIDS Secretariat). Momentum will continue for the Fast-Track Cities Initiative and direct support will be provided to selected cities until the end of 2020 and steps will be taken to ensure sustainability of activities beyond that date.
61. The Secretariat together with Cosponsors will support implementation of the ambitious AIDS initiatives, such as Start Free Stay Free AIDS Free and All In!, and work in close partnership with OAFLAD and the African Union around the Free to Shine Campaign.
62. The Secretariat will continue its active engagement in H6 partnership, working together with UNICEF, UNFPA, UN Women, WHO and the World Bank. This collaboration will pursue increasing the volume and coherence of technical support, policy engagement, advocacy and investments to improve sexual, reproductive, maternal, newborn, child and adolescent health outcomes in high-burden countries, including eMTCT, paediatric

HIV treatment, HIV prevention and treatment for adolescents and women, and HIV in humanitarian and fragile settings, supporting meaningful engagement of civil society and communities and addressing human rights, gender and other social determinants of health.

63. The Secretariat will continue its engagement with 11 co-signatory agencies (including Cosponsors and other multilateral agencies) on the Global Health Action Plan for Healthy Lives and Well-Being for All, including its leadership together with WHO on an "accelerator" for more meaningful engagement of communities and civil society with the 12 organizations. The Secretariat will work with Cosponsors to facilitate progress towards UHC, making sure that HIV is integrated into national systems for health for all, and that civil society and communities are meaningfully included in dialogues and decision-making around UHC.
64. The Secretariat, together with cosponsors will continue to track and respond to the shrinking political and financial space in which civil society operates. The Joint Programme will remain a partnership platform for convening civil society and communities with governments, donors, and decision-makers, and for supporting leadership by communities of people living with HIV, key populations, and others that are left behind.

**2021
UBRAF
targets**

Amounts mobilized by the UNAIDS Secretariat to support civil society action are maintained or increased (2018–2019 levels)

S.3 Strategic information

65. The Secretariat and Cosponsors will continue to support countries to collect epidemiological, behavioural, programmatic and financial data, and to use those data for improving the effectiveness of HIV responses and for tracking progress towards national, regional and global targets. Delivering the right services to the right people at the right times requires granular data collection and analysis. Support to countries in this regard will include:
 - strengthening countries' ability to more effectively use real-time datasets for HIV programme improvement and analytics by using tools such as the country Health Situation Rooms;
 - providing technical assistance to countries to implement periodical National AIDS Spending Assessments that can be used for investment frameworks, planning, resource mobilization, and efficiency and sustainability analyses;
 - improving the collection and use of data on key populations at high risk of HIV infection and communities affected by HIV, in order to strengthen rights-based and human-centered HIV interventions;
 - developing and refining epidemiological models that reflect the distribution of new HIV infections across different populations; and
 - improving the ability of countries to project programme coverage into the near future and set targets against those projections.
66. Country progress reporting will be improved through:
 - continued refinement of the Global AIDS Monitoring mechanism, including improved HIV epidemiological and financing estimates models; and

- collection of more detailed information on HIV domestic public budgets (approval and execution), expenditures by core programmes and funding sources, and procurement of volume and prices of antiretroviral drugs.
67. The Secretariat, in partnership with Cosponsors, will enhance its analyses of country data and reporting of progress towards global targets by:
- estimating annual resource availability for the HIV response from donors via bi- and multilateral channels and domestic resources from low- and middle-income countries, based on direct reports, estimations and projections as appropriate;
 - estimating the prices per unit of ARV drugs in generic-accessible countries, using both traditional and innovative methods;
 - estimating funding gaps by comparison between resource needs and actual expenditures, globally and by country;
 - improving public access and use of HIV data—including new HIV policy analytics and finance data—through the AIDSinfo website and regional datahubs; and
 - providing detailed analytical reports on the state of the HIV epidemic and the HIV response to the PCB, the UN General Assembly and the general public.
68. Finally, as the deadline approaches for the 2020 Fast-Track targets and milestones agreed by the UN General Assembly, UNAIDS is working with a wide range of partners to develop a set of HIV programmatic targets for 2025, as well as impact and resource needs estimates for 2021–2030. A multistakeholder Steering Group is guiding this process, and technical expert inputs are being made within six consultative thematic groups.

**2021
UBRAF
targets**

>95% of countries report a complete set of Global AIDS Monitoring data

S.4 Coordination, convening and country implementation support

69. The Secretariat will collaborate with Cosponsors to support country stakeholders—including government, civil society and communities most affected by HIV—to identify and effectively address gaps, barriers, bottlenecks and implementation challenges impeding attainment of the Fast-Track targets.
70. Recognizing that the same barriers may be slowing down progress in other health and development areas, the Secretariat and Cosponsors will assist countries to devise and implement integrated, country context-specific, human rights-based, gender-transformative and people-centred solutions, primarily under the umbrella of UN Sustainable Development Cooperation Framework. The Secretariat and Cosponsors will ensure that matters pertinent to ending AIDS are reflected in the Development Cooperation Framework and will build on the AIDS response as an entry point and a springboard for advancing equitable development.
71. The Secretariat, together with Cosponsors, will promote inclusive policy-making and programme implementation and assist countries in introducing innovative, differentiated service delivery models that fully engage civil society, networks of people living with HIV, key populations, adolescent girls and young women, and other affected communities.

72. The Secretariat will collaborate with Cosponsors to intensify the focus on closing the gap between strategies and quality implementation throughout the continuum of programme implementation cascade, enabling country partners to rapidly undertake policy, programme design and implementation analysis and adjustments to maximize resource utilization in a highly dynamic HIV response environment. A coherent approach will be developed in collaboration with the Global Fund and PEPFAR, drawing on combined expertise at country, regional and global levels enabling focused programme implementation, funding alignment and quality of delivery.
73. The Secretariat and Cosponsors will assist countries to ensure sustainability of the response gains, systems and services, and support transition from external funding. Depending on country contexts, the Secretariat will assist with optimizing the AIDS coordination function, building on existing country structures.
74. The Secretariat will collaborate with Cosponsors to jointly define the Joint Programme's value proposition in the context of the UN Development System's support to country efforts to implement the 2030 Agenda. It will also recommend the optimal configuration of UN capacity to respond to specific epidemics at country level. The Secretariat will facilitate effective joint work planning and implementation, support quality assurance and ensure effective functioning of accountability mechanisms.

**2021
UBRAF
targets**

Joint UN Teams on AIDS in 90% of countries with UNAIDS Joint Programme presence are implementing a Joint UN Programme of Support on HIV and AIDS

S.5 Governance and mutual accountability

75. Implementation of the UN reform will be a principal area of action. The Joint Programme will continue implementing the refined operating model, learning by doing and making necessary adjustments to ensure that operating systems and modalities are in line with the UN Development System's strategic intent to best support Member States in achieving their nationally-defined priorities, centred around the 2030 Agenda and ensuring that no one is left behind. The paradigm shift to strategically focused, needs-based, integrated and tailored country support will be fulfilled, allowing the unique value of the Joint Programme to be truly realized.
76. The inclusive governance model of the UNAIDS PCB will continue to serve as the global policy setting forum for HIV. It will bring together key HIV policy- and decision- makers across governments, civil society, communities and the UN to regularly review progress, agree on priorities and set direction for the HIV response. Importantly, at a time of shrinking civic space, the PCB will continue to provide a platform for networks of people living with HIV and key populations to directly engage with governments and to contribute to reaffirming positioning of the AIDS response in political agendas and in the broader development context.
77. The UNAIDS Secretariat Management Action Plan for a healthy, equitable and enabling workplace for all UNAIDS staff will continue to be implemented to enhance a positive organizational culture. Internal policies, systems and processes will be strengthened and improved to drive behaviours that are in line with UNAIDS Secretariat values and competencies. Notable activities include:
 - the development and implementation of a UNAIDS staff mental health and wellbeing strategy;

- the design and implementation of a new model of operational support that supports compliance of organizational policy and procedure;
 - expanded investment in staff development; and
 - an annual staff perception survey.
78. The UNAIDS Management Accountability Framework will continue to provide an overarching framework for accountability in the organization, defining what it entails and reinforcing UNAIDS commitments to foster a culture of accountability and transparency. The UNAIDS Management Accountability Framework incorporates the Risk Management Framework designed to identify and manage the likelihood or impact of risks, and the Internal Control Framework, which provides the key systems and structures necessary to ensure that UNAIDS' evolving operational, compliance and reporting objectives are met.
79. The centrality of advancing gender equality, including through the achievement of gender parity, is increasingly prioritized in the UN system, under the leadership of the UN Secretary-General. The UNAIDS Secretariat Gender Action Plan 2018–2023 will therefore continue to be a top priority. A mid-term evaluation of the Gender Action Plan is planned as an independent assessment of progress and will inform subsequent revisions.

2021 UBRAF targets	Women and men each represent 50% of staff at each level across each category (50% of the senior management team and 50% of Country Directors and Country Managers)
	Full implementation of 2020 the Quadrennial Comprehensive Policy Review recommendations
	100% Secretariat core UBRAF expenditure/implementation
	Auditors issue a clean audit opinion on the UNAIDS annual financial statements
	Staff and budget overall distribution is in line with the target 70:30 field-to-headquarters ratio.
	Secretariat reported as meeting or exceeding all performance indicators of the UN-SWAP 2.0 Framework
	Implementation of evaluation plan, with three strategic evaluations commissioned per year
	UNAIDS is IATI compliant and meeting transparency requirements
	Rollout and use of risk mitigation tools across the Secretariat

EVALUATION

80. In 2018–2019, the Joint Programme has strengthened its focus on evaluation in response to calls from the Programme Coordinating Board and recommendations from the DFID Multilateral Development Review, MOPAN and other external reviews of UNAIDS.
81. A revised evaluation policy is being presented to the PCB for approval at its 44th session in June 2019. The policy applies to the evaluation of the work of UNAIDS Secretariat and the UN Joint Programme on AIDS—i.e. the HIV-related activities of the 11 Cosponsors and the UNAIDS Secretariat. With an increased emphasis on coordination, coherence, effectiveness and accountability as part of UN reform efforts, the policy promotes system-wide and joint evaluations related to HIV.

82. The evaluation policy and its implementation are guided by internationally accepted norms and standards, notably those of the UN Evaluation Group and the principles for the evaluation of development cooperation used by the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC).
83. As per the 2019 policy, the UNAIDS Evaluation Office is a structurally and functionally independent unit of the UNAIDS Secretariat. It is headed by a Director who submits reports directly to the UNAIDS Board. An independent Expert Advisory Committee provides guidance and advice on evaluation. A UNAIDS Cosponsor Evaluation Group brings together representatives of the Cosponsor Evaluation Offices as a sub-group of the UNEG. A key role of the group is to leverage Cosponsor capacities and resources on evaluation and share knowledge and experiences.
84. The UNAIDS Workplan and Budget for 2020–2021 includes an allocation for evaluation which represents 1% of UBRAF resources mobilized by UNAIDS Secretariat. This is in line with the recommendations of the UN Joint Inspection Unit (JIU/REP/2014/6) that between 0.5% and 3% of organizational expenditures be allocated to evaluation.
85. The amount allocated to evaluation covers the evaluations that are to be conducted during the biennium, as well as staff costs of the Evaluation Office and activities that are required to strengthen the evaluation culture and the professionalization of evaluations across UNAIDS. System-wide and joint evaluations, covering the Joint Programme, are jointly managed and funded by UNAIDS Secretariat and Cosponsors.
86. The 2020–2021 plan of evaluation activities, indicating the purpose, nature and scope of evaluations for the biennium, will be presented to the PCB in December 2019. The plan is based on a set of criteria to identify areas most in need of evaluation, as well as consultations and inputs from the UNAIDS Secretariat, Cosponsors and key stakeholders.
87. The evaluation plan specifies the resources needed to conduct the evaluations and has two main components: Secretariat-specific evaluations, and system-wide and joint evaluations with the Cosponsors. It also includes information on the HIV-related evaluations that are planned by the Cosponsors.
88. Management responses are established as mandatory for all evaluations in order to stimulate strategic consideration of evaluation results, ensure appropriate follow-up actions and strengthen the use of evaluation findings and recommendations. Evaluation reports and the corresponding management responses are made publicly available.

REGIONAL FOCUS, COUNTRY PRIORITIES AND TARGETS

89. This section is presented as UNAIDS 2020–2021 Workplan and Budget: Regional and country priorities and targets for the Joint Programme (UNAIDS/PCB (44)/19.18). The report identifies the priorities and the targets that the Joint Programme has prioritized for 2020–2021 in each region and for countries where the Joint Programme operates, including all countries receiving the country envelope funds and all Fast-Track countries.
90. The identification of the priorities and targets was made by each Joint UN Team on AIDS, based on internal dialogue and consultations with stakeholders, with strategic support from regional teams. Global Cosponsors and Focal Points, through a collaborative online exercise, provided strategic inputs on glaring gaps and issues that should be considered. The priorities identified below become the basis for detailed planning moving forward.
91. The priorities presented are an aggregation of agreed strategic targets to which the Joint Programme contributes significantly; they do not cover the entirety of the Joint Programme engagement at regional and country levels.

Table 4
Estimates of core, supplemental core and non-core funds, by geographical area (in US\$)

Region	Core global (US\$)	Country envelopes* (US\$)	Total core funds (US\$)	Supplemental funds (US\$)	Non-core funds (US\$)	Grand total (US\$)
Global	150 647 400		150 647 400		85 112 000	235 759 400
Asia and the Pacific	30 427 500	8 863 600	39 291 100		51 948 900	91 240 000
Eastern Europe and central Asia	13 377 100	2 727 300	16 104 400		29 058 200	45 162 600
Eastern and southern Africa	55 588 000	18 750 000	74 338 000		208 599 300	282 937 300
Latin America and the Caribbean	19 939 400	5 454 500	25 393 900		32 142 600	57 536 500
Middle East and North Africa	8 385 200	1 818 200	10 203 400		27 777 900	37 981 300
Western and central Africa	45 635 400	12 386 400	58 021 800		136 247 900	194 269 700
Grand total	324 000 000	50 000 000	374 000 000	110 000 000	570 886 800	1 054 886 800

* Estimates based on 2018–2019 allocations

PERFORMANCE INDICATORS

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Output	Indicator measurements	2018 ⁸	Status
Output 1.1 Innovative and targeted HIV testing and counselling programmes introduced Indicator: Percentage of countries with selected HIV testing services in place. Milestones (2019): 80% Target (2021): 90%	The country offers targeted HIV testing and services.	97%	• ON TRACK
	The country offers lay provider testing.	84%	• ON TRACK
	Quality assurance (laboratory) of testing and re-testing before ART initiation.	91%	• ON TRACK
	The country offers HIV partner notification services.	73%	• IN PROGRESS
Output 1.2 Country capacity, policies and systems for access to HIV treatment cascade enhanced Indicator: Percentage of countries adopting WHO HIV treatment guidelines. Milestones (2019): 60% Target (2021): 80%	The Treat All approach is adopted.	93%	• ON TRACK
	The country has adopted task shifting or task sharing for the provision of ART.	69%	• ON TRACK
	Policies or strategies for ART retention and adherence are in place.	89%	• ON TRACK
	A programme for nutritional support to people on ART is in place.	51%	• IN PROGRESS
Output 1.3 Systems that enable children and adolescents to meet 90–90–90 targets strengthened Indicator: Percentage of countries adopting quality health care services for children and adolescents. Milestones (2019): 80% Target (2021): 90%	A strategy or measures to address loss-to-follow up, adherence and retention issues for children and adolescents are in place.	78%	• IN PROGRESS
	Provider-initiated testing and counselling is available in all services for children under five. [1]	87%	• ON TRACK
	Strategies for diagnosing older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place.	67%	• IN PROGRESS
Output 1.4 High-burden cities Fast-Track HIV services Indicator: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities. Milestones (2019): 80% Target (2021): 90%	The country has identified high-burden cities.	81%	-
	- All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets.	32%	• IN PROGRESS
Output 1.5 Mechanisms developed to provide HIV-related services in humanitarian emergencies Indicator: Percentage of countries where HIV is integrated in national emergency preparedness and response plans. Milestones (2019): 85%	The country has a national emergency preparedness and response plan.	71%	• IN PROGRESS
	- HIV is integrated in the country's national emergency preparedness and response plans.	67%	• IN PROGRESS

Output	Indicator measurements	2018 ⁸	Status
Target (2021): 90%			
Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies. Milestones (2019): 85% Target (2021): 90%	Refugees and asylum seekers are relevant in the context of the country epidemic.	56%	-
	- HIV services for key populations.	88%	• ON TRACK
	- Services for sexual and gender-based violence survivors, including PEP.	86%	• ON TRACK
	- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs).	98%	• ON TRACK
Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies. Milestones (2019): 85% Target (2021): 90%	Internally displaced persons are relevant in the context of the country epidemic.	50%	-
	- HIV services for key populations.	87%	• ON TRACK
	- Services for sexual and gender-based violence survivors, including PEP.	100%	• ON TRACK
	- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs).	100%	• ON TRACK
Indicator: Percentage of countries offering HIV related services for populations affected by humanitarian emergencies. Milestones (2019): 85% Target (2021): 90%	People affected by emergencies are relevant in the context of the country epidemic.	51%	-
	- Food and nutrition support (this may include cash transfers) is accessible to this key population.	72%	• IN PROGRESS
Output 1.6 Mechanisms to ensure access to medicines and commodities strengthened			
Indicator: Percentage of countries using a functional logistics management information system for forecasting and monitoring reproductive health and HIV-related commodities. Milestones (2019): 90% Target (2021): 93%			

Strategy Result Area 2: New HIV infections among children eliminated and their mother's health and well-being is sustained

Output	Indicator measurements	2018	Status
Output 2.1 Access and quality of comprehensive eMTCT services improved Indicator: Percentage of countries implementing latest eMTCT guidance. Milestones (2019): 95% Target (2021): 100%	Lifelong treatment is offered to all HIV-positive pregnant women.	92%	• ON TRACK
	Repeat testing of HIV-negative pregnant and breastfeeding women is offered. [1]	49%	• IN PROGRESS
	Partner testing of HIV-positive pregnant women in antenatal care settings is offered.	82%	• ON TRACK
	Networks of women, including of women living with HIV, are engaged in eMTCT strategy development and service implementation.	68%	• IN PROGRESS

Strategy Result Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Output	Indicator measurements	2018	Status
Output 3.1 Targeted combination prevention programmes defined and implemented Indicator: Percentage of countries with targeted combination prevention programmes in place. Milestones (2019): 60% Target (2021): 70%	Quality-assured male and female condoms are readily available universally [1], either free or at low cost .	79%	• ON TRACK
	Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools.	51%	• IN PROGRESS
	Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools.	71%	• ON TRACK
	Young women are engaged in HIV prevention strategy development and service implementation.	74%	• ON TRACK
Output 3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened Indicator: Percentage of Fast-Track countries that are monitoring the education sector response to HIV. Milestones (2019): 60% Target (2021): 70%	The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of the IATT on education.	67%	• ON TRACK
		Indicator: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place. Milestones (2019): 90% Target (2021): 90%	85%

Strategy Result Area 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners and migrants

Output	Indicator measurements	2018	Status
Output 4.1 Evidence-based HIV services for key populations implemented Indicator: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies. Milestones (2019): For gay men and other men who have sex with men, sex workers: 80% For prisons and people in closed settings: 35% Target (2021): For gay men and other men who have sex with men and sex workers: 90%	The country has size and prevalence estimates for gay men and other men who have sex with men.	79%	• IN PROGRESS
	The country has size and prevalence estimates for sex workers.	89%	• ON TRACK
	The country has size and prevalence estimates for prisoners and other people in closed settings.	58%	• ON TRACK
	Comprehensive packages of services for gay men and other men who have sex with men, in line with international guidance defined and included in national strategies.	80%	• ON TRACK
	Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies.	91%	• ON TRACK
	Comprehensive packages of services for prisoners and people in closed settings in line with international guidance defined and included in national strategies.	61%	• ON TRACK

For prisons and closed settings: 50%	Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery.	86%	• ON TRACK
	Sex workers are engaged in HIV strategy/programming and service delivery.	86%	• ON TRACK
Output 4.2 Comprehensive packages of harm reduction services established for people who inject drugs Indicator: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs. Milestones (2019): 50% Target (2021): 60%	A gender-sensitive HIV needs assessment is available for people who inject drugs.	28%	• IN PROGRESS
	The country has a significant epidemic among people who inject drugs.	40%	-
	- Opioid substitution therapy	61%	• ON TRACK
	- Needle and syringe programmes	78%	• ON TRACK
	- HIV testing and counselling	92%	• ON TRACK
- ART	94%	• ON TRACK	

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Output	Indicator measurements	2018	Status
Output 5.1 Strategic actions for gender equality and women and girls included and resourced in AIDS responses Indicator: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms. Milestones (2019): 60% Target (2021): 70%	Assessments of social, economic and legal factors that put women and girls at risk of HIV are available	73%	• ON TRACK
	Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting.	91%	• ON TRACK
	Structural and social change interventions to transform unequal gender norms and systemic barriers are implemented, including gender-sensitive education curricula and initiatives to engage men and boys.	73%	• ON TRACK
Output 5.2 Actions to address and prevent all forms of gender-based violence implemented Indicator: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence. Milestones (2019): 60% Target (2021): 70%	Disaggregated data on prevalence and nature of gender-based violence are available and used.	76%	• ON TRACK
	Legislation and/or policies addressing gender-based violence exist.	100%	• ON TRACK
	A mechanism to report and address cases of gender-based violence is available, e.g. special counselling centres, ombudsman, special courts and legal support for victims.	96%	• ON TRACK
	HIV, sexual and reproductive health, and gender-based violence services exist.	72%	• ON TRACK

Strategy Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Output	Indicator measurements	2018	Status
<p>Output 6.1 HIV-related legal and policy reforms catalysed and supported</p> <p>Indicator: Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services.</p> <p>Milestones (2019): progress by 20% from 2017 Target (2021): progress by 20% from 2019</p> <p>[INDICATOR UNDER REVIEW]</p>	Criminalization of HIV non-disclosure, exposure or transmission.		
	Criminalization of same-sex behaviours, sexual orientation and gender identity.	-	-
	Lack of alternatives to imprisonment for nonviolent minor drug related crimes.		
	Bans or limits on needle and syringe programmes and/or opioid substitution therapy for people who inject drugs, including in prisons settings.	-	-
	Ban or limits on distribution of condoms in prison settings.		
	Ban or limits on the distribution of condoms for young people.		
	HIV screening for general employment purposes.	-	-
	HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence).		
	Restrictions to adolescent access to HIV testing or treatment without parental consent.		
<p>Output 6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded</p> <p>Indicator: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV.</p> <p>Milestones (2019): 65% Target (2021): 70%</p>	Any mechanisms in place to record and address cases of discrimination in relation to HIV.	84%	• ON TRACK
	Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV).	80%	• ON TRACK
	HIV-sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted.	72%	• ON TRACK
<p>Output 6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care</p> <p>Indicator: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings.</p> <p>Milestones (2019): 50% Target (2021): 60%</p>	Health-care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the sexual and reproductive health and rights of women living with HIV.	59%	• ON TRACK
	An up-to-date assessment on HIV-related discrimination in the health sector is available (through the Stigma Index or another tool).	46%	• IN PROGRESS
	Measures in place for redress in cases of stigma and discrimination in the health sector.	66%	• ON TRACK

Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information

Output	Indicator measurements	2018	Status
Output 7.1 AIDS response sustainability, efficiency, effectiveness and transitions strengthened Indicator: Percentage of countries with a HIV sustainability plan. Milestones (2019): 60% Target (2021): 70%	The country has developed an HIV sustainability and/or transition plan.	44%	• IN PROGRESS
	- The plan shows sustainability-increasing domestic public investment for HIV over the years.	90%	• ON TRACK
	- The plan has influenced policy and resource generation and allocation.	88%	• ON TRACK
	- The plan covers financial contributions from the private sector in support of the HIV response.	33%	• IN PROGRESS
Indicator: Percentage of countries with up-to-date HIV investment cases (or similar assessing allocative efficiency) that are being used. Milestones (2019): 70% Target (2021): 80%	A computerized monitoring system provides district-level data on a routine basis, including key HIV service delivery variables (ART and PMTCT).	74%	• ON TRACK
	The country tracks and analyses HIV expenditures per funding source and beneficiary population.	64%	• IN PROGRESS
	Country allocations based on epidemic priorities and efficiency analysis (investment case or similar).	73%	• ON TRACK
Output 7.2 Technological, service delivery and e-health innovations fostered Indicator: Percentage of countries with scale-up of new and emerging technologies or service delivery models. Milestones (2019): 50% Target (2021): 60%	Social media/information and communication technologies.	79%	• ON TRACK
	e-health and/or m-health tools for priority HIV services.	47%	• IN PROGRESS
	Diagnostics for rapid diagnosis (combined HIV/syphilis) and for monitoring viral load.	73%	• ON TRACK

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

Output	Indicator measurements	2018	Status
Output 8.1 Decentralization and integration of HIV-related services strengthened Indicator: Percentage of countries delivering HIV services in an integrated manner. Milestones (2019): 70% Target (2021): 80%	HIV, sexual and reproductive health, and gender-based violence services. ⁹	72%	• ON TRACK
	HIV and TB.	87%	• ON TRACK
	HIV and antenatal care.	93%	• ON TRACK
Output 8.2 HIV-sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children, strengthened	The country has a national social protection strategy or policy.	82%	• ON TRACK
	The national social protection strategy or policy covers people living with HIV or affected by HIV.	86%	• ON TRACK
	The national social protection strategy or policy covers orphans and vulnerable children.	93%	• ON TRACK

<p>Indicator: Percentage of countries with social protection strategies and systems in place that address HIV.</p>	<p>The national health insurance (and social health insurance if it is distinct), life insurance or critical illness insurance cover people living with HIV.</p>	<p>68%</p>	<p>• ON TRACK</p>
<p>Milestones (2019): 60% Target (2021): 70%</p>	<p>Social protection programmes, such as safety nets and livelihood interventions, are provided to people living with or affected by HIV.</p>	<p>75%</p>	<p>• ON TRACK</p>

Annex 1

Estimates of core and non-core funds by region and organization (in US\$)

Asia and the Pacific

Organization	Core funds (US\$)	Non-core funds (US\$)	Total (US\$)
UNHCR	256 700	3 877 700	4 134 400
UNICEF	632 800	11 213 300	11 846 100
WFP	-	2 286 200	2 286 200
UNDP	530 000	560 000	1 090 000
UNFPA	563 600	8 318 100	8 881 700
UNODC	1 000 000	1 252 000	2 252 000
UN Women	1 080 000	1 500 000	2 580 000
ILO	491 600	1 122 000	1 613 600
UNESCO	880 000	1 843 300	2 723 300
WHO	270 800	7 500 900	7 771 700
World Bank	1 050 000	2 060 000	3 110 000
Secretariat	23 672 000	10 415 400	34 087 400
Total	30 427 500	51 948 900	82 376 400

Eastern Europe and central Asia

Organization	Core funds (US\$)	Non-core funds (US\$)	Total (US\$)
UNHCR	-	896 200	896 200
UNICEF	327 800	8 624 700	8 952 500
WFP	295 300	2 065 800	2 361 100
UNDP	540 000	600 000	1 140 000
UNFPA	533 700	4 881 000	5 414 700
UNODC	840 000	1 210 000	2 050 000
UN Women	200 000	900 000	1 100 000
ILO	328 900	610 000	938 900
UNESCO	880 000	383 000	1 263 000
WHO	172 400	3 991 700	4 164 100
World Bank	450 000	800 000	1 250 000
Secretariat	8 809 000	4 095 800	12 904 800
Total	13 377 100	29 058 200	42 435 300

Eastern and southern Africa

Organization	Core funds (US\$)	Non-core funds (US\$)	Total (US\$)
UNHCR	1 377 800	22 446 800	23 824 600
UNICEF	841 300	46 493 200	47 334 500
WFP	1 192 800	26 819 100	28 011 900
UNDP	430 000	4 160 000	4 590 000
UNFPA	1 143 100	46 368 500	47 511 600
UNODC	520 000	2 133 000	2 653 000
UN Women	840 000	2 650 000	3 490 000
ILO	1 475 500	2 650 000	4 125 500
UNESCO	200 000	13 504 900	13 704 900
WHO	645 500	32 582 700	33 228 200
World Bank	1 400 000	2 950 000	4 350 000
Secretariat	45 522 000	5 841 100	51 363 100
Total	55 588 000	208 599 300	264 187 300

Latin America and the Caribbean

Organization	Core funds (US\$)	Non-core funds (US\$)	Total (US\$)
UNHCR	299 900	1 452 200	1 752 100
UNICEF	338 300	2 952 800	3 291 100
WFP	489 900	205 100	695 000
UNDP	500 000	525 000	1 025 000
UNFPA	393 300	7 111 100	7 504 400
UNODC	-	-	-
UN Women	200 000	1 200 000	1 400 000
ILO	35 400	508 000	543 400
UNESCO	640 000	10 954 800	11 594 800
WHO	159 600	6 231 400	6 391 000
World Bank	-	200 000	200 000
Secretariat	16 883 000	802 200	17 685 200
Total	19 939 400	32 142 600	52 082 000

Middle East and North Africa

Organization	Core funds (US\$)	Non-core funds (US\$)	Total (US\$)
UNHCR	449 300	9 444 600	9 893 900
UNICEF	144 700	1 302 300	1 447 000
WFP	147 600	3 559 800	3 707 400
UNDP	380 000	370 000	750 000
UNFPA	212 000	4 750 500	4 962 500
UNODC	320 000	1 077 000	1 397 000
UN Women	200 000	300 000	500 000
ILO	-	100 000	100 000
UNESCO	50 000	53 600	103 600
WHO	174 600	5 615 400	5 790 000
World Bank	-	200 000	200 000
Secretariat	6 307 000	1 004 700	7 311 700
Total	8 385 200	27 777 900	36 163 100

Western and central Africa

Organization	Core funds (US\$)	Non-core funds (US\$)	Total (US\$)
UNHCR	898 800	12 171 600	13 070 400
UNICEF	519 300	57 794 300	58 313 600
WFP	809 300	17 395 300	18 204 600
UNDP	410 000	3 260 000	3 670 000
UNFPA	634 600	17 171 900	17 806 500
UNODC	120 000	328 000	448 000
UN Women	640 000	1 750 000	2 390 000
ILO	448 100	1 330 000	1 778 100
UNESCO	150 000	11 460 500	11 610 500
WHO	546 300	10 511 200	11 057 500
World Bank	900 000	2 200 000	3 100 000
Secretariat	39 559 000	875 100	40 434 100
Total	45 635 400	136 247 900	181 883 300

Annex 2

Comparison of 2020–2021 core budget with past two biennia, by SRAs and Secretariat Functions (excluding supplemental core funds)

By SRA	Core total funds		
	2016–2017 (US\$)	2018–2019 (US\$)	2020–2021 (US\$)
I. Cosponsors Strategy Result Area			
SRA 1: HIV testing and treatment	51.25 million	24.35 million	27.40 million
SRA 2: Elimination of mother-to-child transmission	9.26 million	7.32 million	7.78 million
SRA 3: HIV prevention among young people	27.41 million	15.07 million	16.39 million
SRA 4: HIV prevention among key populations	26.80 million	14.50 million	15.29 million
SRA 5: Gender inequality and gender-based violence	18.21 million	9.32 million	7.80 million
SRA 6: Human rights, stigma and discrimination	13.05 million	7.42 million	7.79 million
SRA 7: Investment and efficiency	10.91 million	4.13 million	4.58 million
SRA 8: HIV and health services integration	17.71 million	5.89 million	6.97 million
Subtotal – Cosponsors	174.60 million	88.00 million	94.00 million
II. Secretariat Functions			
1. Leadership, advocacy and communication	84.22 million	67.66 million	64.30 million
2. Partnerships, mobilization and innovation	54.22 million	60.16 million	55.13 million
3. Strategic information	47.09 million	31.78 million	39.99 million
4. Coordination, convening and country implementation support	57.14 million	64.84 million	64.28 million
5. Governance and mutual accountability	67.56 million	55.56 million	56.30 million
Subtotal – Secretariat	310.22 million	280.00 million	280.00 million
Grand total	484.82 million	368.00 million	374.00 million

Annex 3

Comparison of 2020–2021 non-core budget with past two biennia, by SRAs and Secretariat Functions

By SRA	Non-core *		
	2016–2017 (US\$)	2018–2019 (US\$)	2020–2021 (US\$)
I. Cosponsors Strategy Result Area			
SRA 1: HIV testing and treatment	197.53 million	169.65 million	140.00 million
SRA 2: Elimination of mother-to-child transmission	57.52 million	68.81 million	49.25 million
SRA 3: HIV prevention among young people	113.07 million	125.63 million	96.10 million
SRA 4: HIV prevention among key populations	59.12 million	51.66 million	52.18 million
SRA 5: Gender inequality and gender-based violence	76.03 million	47.17 million	45.91 million
SRA 6: Human rights, stigma and discrimination	22.63 million	31.83 million	41.14 million
SRA 7: Investment and efficiency	20.37 million	20.37 million	15.43 million
SRA 8: HIV and health services integration	93.03 million	82.20 million	90.88 million
Subtotal – Cosponsors	639.30 million	597.31 million	530.89 million
II. Secretariat Functions			
1. Leadership, advocacy and communication	10.84 million	14.03 million	4.97 million
2. Partnerships, mobilization and innovation	8.60 million	6.68 million	7.55 million
3. Strategic information	6.73 million	6.89 million	5.46 million
4. Coordination, convening and country implementation support	10.87 million	11.11 million	20.96 million
5. Governance and mutual accountability	2.96 million	1.30 million	1.06 million
Subtotal – Secretariat	40.00 million	40.00 million	40.00 million
Grand total	679.30 million	637.31 million	570.89 million

* Excluding expenditures and projections of the UNDP-Global Fund partnership (US\$ 425.5 million for 2016-2017, US\$ 467.5 million for 2018-2019 and US\$ 520 million for 2020-2021) as well as the World Bank loans and grants provided through IDA and IBRD (US\$ 2.1 billion for 2016-2017)

Annex 4

Comparison of 2020–2021 budgets with past two biennia, by organization

Organization	Core global funds			Non-core funds*			Grand total		
	2016–2017	2018–2019	2020–2021	2016–2017	2018–2019	2020–2021	2016–2017	2018–2019	2020–2021
UNHCR	9 800 000	4 000 000	4 000 000	60 481 000	51 741 300	51 713 800	70 281 000	55 741 300	55 713 800
UNICEF	24 000 000	4 000 000	4 000 000	200 000 000	191 400 000	137 188 900	224 000 000	195 400 000	141 188 900
WFP	9 800 000	4 000 000	4 000 000	55 514 000	55 514 800	55 514 800	65 314 000	59 514 800	59 514 800
UNDP	17 200 000	4 000 000	4 000 000	23 300 000	15 500 000	10 000 000	40 500 000	19 500 000	14 000 000
UNFPA	21 000 000	4 000 000	4 000 000	110 707 000	100 972 800	103 895 300	131 707 000	104 972 800	107 895 300
UNODC	11 500 000	4 000 000	4 000 000	11 600 000	7 651 800	7 000 000	23 100 000	11 651 800	11 000 000
UN Women	7 600 000	4 000 000	4 000 000	26 709 000	5 400 000	9 500 000	34 309 000	9 400 000	13 500 000
ILO	10 900 000	4 000 000	4 000 000	15 000 000	8 700 000	8 300 000	25 900 000	12 700 000	12 300 000
UNESCO	12 400 000	4 000 000	4 000 000	26 320 000	11 232 400	43 714 000	38 720 000	15 232 400	47 714 000
WHO	35 000 000	4 000 000	4 000 000	98 468 000	140 700 000	95 400 000	133 468 000	144 700 000	99 400 000
World Bank	15 400 000	4 000 000	4 000 000	11 200 000	8 500 000	8 660 000	26 600 000	12 500 000	12 660 000
Subtotal	174 600 000	44 000 000	44 000 000	639 299 000	597 313 100	530 886 800	813 899 000	641 313 100	574 886 800
Country envelopes	-	44 000 000	50 000 000	-	-	-	-	44 000 000	50 000 000
Supplemental funds	-	86 000 000	80 000 000	-	-	-	-	86 000 000	80 000 000
Total Cosponsors	174 600 000	174 000 000	174 000 000	639 299 000	597 313 100	530 886 800	813 899 000	771 313 100	704 886 800
Secretariat funds	310 220 000	280 000 000	280 000 000	40 000 000	40 000 000	40 000 000	350 220 000	320 000 000	320 000 000
Supplemental funds	-	30 000 000	30 000 000	-	-	-	-	30 000 000	30 000 000
Total – Secretariat	310 220 000	310 000 000	310 000 000	40 000 000	40 000 000	40 000 000	350 220 000	350 000 000	350 000 000
Grand total	484 820 000	484 000 000	484 000 000	679 299 000	637 313 100	570 886 800	1 164 119 000	1 121 313 100	1 054 886 800

* Excluding expenditures and projections of the UNDP-Global Fund partnership (US\$ 425.5 million for 2016-2017, US\$ 467.5 million for 2018-2019 and US\$ 520 million for 2020-2021) as well as the World Bank loans and grants provided through IDA and IBRD (US\$ 2.1 billion for 2016-2017)

Annex 5

UNDP – Global Fund partnership for 2020- 2021

UNDP is a key partner of the Global Fund, having acted as interim Principal Recipient of Global Fund financing in 45 countries since 2003. UNDP undertakes this role in countries that face significant national capacity constraints, complex emergencies or other difficult circumstances and where no other suitable entity could be identified to perform the Principal Recipient role. In all countries where UNDP plays this role, it is envisaged as an interim arrangement, with the longer-term objective of handing responsibility for grant management over to national entities. Capacity building for government and civil society are therefore key components of UNDP's work in these countries.

UNDP's work involves implementing large-scale programmes, building capacity of health systems so that they are more resilient and sustainable, and supporting countries to strengthen laws and policies to ensure that no one is left behind. This integrated, end-to-end approach is done in partnership with, and leveraging the expertise of, other UNAIDS Cosponsors such as UNFPA, UNICEF, UNHCR, WFP, and WHO, as well as civil society and the private sector.

The projections for the UNDP-Global Fund partnership for 2020-2021 are US\$ 518 825 000. The table below shows the distribution by Strategic Result Area.

Strategy Result Area	Global (US\$)	AP (US\$)	EECA (US\$)	ESA (US\$)	LAC (US\$)	MENA (US\$)	WCA (US\$)	TOTAL (US\$)
SRA 1: HIV testing and treatment	-	14 420 000	21 485 000	328 790 000	11 654 000	22 943 000	23 983 000	423 275 000
SRA 2: Elimination of mother-to-child transmission	-	38 000	8 000	2 728 000	-	245 000	467 000	3 486 000
SRA 3: HIV prevention among young people	-	656 000	-	8 489 000	-	890 000	1 240 000	11 275 000
SRA 4: HIV prevention among key populations	250 000	2 945 000	4 695 000	6 670 000	1 272 000	4 578 000	2 383 000	22 793 000
SRA 5: Gender inequality and gender-based violence	250 000	-	-	-	-	-	-	250 000
SRA 6: Human rights stigma and discrimination	250 000	-	975 000	-	172 000	70 000	-	1 467 000
SRA 7: Investment and efficiency	250 000	2 460 000	1 000 000	5 634 000	1 025 000	1 310 000	1 810 000	13 489 000
SRA 8: HIV and health services integration	-	2, 240 000	3 935 000	32 635 000	2 455 000	1 320 000	1 455 000	44 040 000
TOTAL	1 000 000	22 759 000	32 098 000	384 946 000	16 578 000	31 356 000	31 338 000	520 075 000

¹ UNAIDS, 2018 estimates for the year 2017 from the [AIDSinfo online database](#). Additional disaggregations correspond to unpublished estimates for 2017 provided by UNAIDS, obtained from country-specific models of their AIDS epidemics.

² UNAIDS 2018, "[Miles to Go](#)".

³ WHO 2017, "[Health statistics and information systems: estimates for 2000–2015](#)".

⁴ UNAIDS, 2018 estimates for the year 2017 from the [AIDSinfo online database](#). Additional disaggregations correspond to unpublished estimates for 2017 provided by UNAIDS, obtained from country-specific models of their AIDS epidemics.

⁵ UNAID 2019, "[Women and HIV – A spotlight on adolescent girls and young women](#)".

⁶ UNAIDS 2016, "[Start Free, Stay Free, AIDS Free: a super-fast-track framework for ending AIDS among children, adolescents and young women by 2020](#)".

⁷ L. Heise and E. McGrory, "[Greentree II: violence against women and girls, and HIV](#)", STRIVE Research Consortium, 2016.

⁸ N= Same set of 90 countries with Joint Programme presence from 2016–2018.

⁹ Cross reference indicator measurement with Output 5.2.

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