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Joint United Nations Programme on HIV/AIDS

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), prepared pursuant to Council resolution 2015/2.

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Report of the Executive Director of the Joint United Nations Programme on HIV/AIDS

Summary

The present report has been prepared pursuant to Economic and Social Council resolution 2015/2, in which the Council requested the Secretary-General to transmit, at the substantive session of 2017, a report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on progress made in implementing a coordinated response by the United Nations system to AIDS.

The Joint United Nations Programme on HIV/AIDS — an early example of United Nations reform that unites, coordinates and synergizes the efforts of 11 United Nations co-sponsors and the secretariat — has led the global AIDS response and supported countries as they pursued the AIDS targets outlined in the Millennium Development Goals. The Joint Programme's advocacy has kept AIDS high on the global political agenda and contributed to the inclusion of the ambitious target of ending the AIDS epidemic as an integral part of the Sustainable Development Goals. It also led to the setting of bold fast-track targets and milestones in the outcome document entitled "Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030", adopted at the high-level plenary meeting of the General Assembly on HIV and AIDS in June 2016 (see resolution 70/266).

Bringing together the sectoral- and population-specific capacities and expertise of each co-sponsor and the Secretariat, the Joint Programme has played a unique role in strengthening multisectoral HIV responses, ensuring linkages with the broader 2030 Agenda for Sustainable Development.

Normative guidance by the Joint Programme has assisted countries in implementing rights-based and evidence-informed programmes and in leveraging rapidly evolving scientific knowledge. The Joint Programme has remained the central provider of authoritative strategic information on the epidemic and the response at the global, regional and country levels. This information forms the basis for programmes resourced by national Governments and development partners.

The Joint Programme has also served as a consistent and vocal advocate for an inclusive AIDS response, grounded in human rights and gender equality. The Joint Programme has pioneered the principle of leaving no one behind. It is the global leader in galvanizing and supporting the mobilization of communities affected by the epidemic and it supports countries in designing programmes to ensure equitable access to services for key populations and vulnerable groups.

As set out in the UNAIDS 2016-2021 Strategy, entitled "On the Fast-Track to end AIDS" the world faces a historic opportunity. Extraordinary scientific advances, combined with more than three decades of experience in scaling up HIV programmes, have led to remarkable progress against AIDS in many countries and underpinned the global commitment to end the AIDS epidemic by 2030.

Notwithstanding the remarkable progress, the AIDS epidemic is far from over. Prevention remains key to achieving the ambitious 2020 and 2030 targets. However, progress in reducing new HIV infections has stalled since 2010. Continuing high rates of new HIV infections translate into higher future treatment needs. More than 10 million additional people living with HIV will need to access treatment by 2020 in order to reach the agreed treatment targets and to avoid AIDS-related deaths. Yet, access to HIV prevention, testing and treatment services is hindered by the stigma

and discrimination towards people living with HIV, the criminalization of people at higher risk of HIV infection, socioeconomic inequalities and unequal gender relations that especially affect young women.

UNAIDS projections show that such challenges can be overcome by accelerating the AIDS response and focusing interventions on the locations and populations most in need. However, shifting global priorities may undermine progress and hinder the ability of countries to reach the AIDS targets and fulfil their commitments. Although advocacy and technical assistance by the Joint Programme have contributed to an increase in domestic financing for the response in low- and middle-income countries, international donor support to those countries is decreasing faster than the rise in domestic investments.

Additional investment by all countries across the AIDS ecosystem is critical to fulfilling the commitment, reaffirmed in the 2016 Political Declaration, to close the $7 billion investment gap.

In line with the multidimensional nature of the AIDS epidemic, actions to end the epidemic need to be mainstreamed across the relevant Sustainable Development Goals. As recognized by the Economic and Social Council and, more recently, by the General Assembly in 2016, UNAIDS and the broader AIDS response also offer important lessons that can strengthen and help sustain global health and development efforts more broadly.

The Joint Programme's core budget had been fully resourced each year since its inception, but a funding gap left 28 per cent of the 2016 core budget unfunded. This situation has prompted discussions in the UNAIDS governing body, the Programme Coordinating Board, on the Joint Programme's activities in the light of the funding available. Member States are supporting the efforts of UNAIDS to reposition and reinforce its Joint Programme model, in part through a multi-stakeholder global review panel. This exercise will see UNAIDS remain a pathfinder for United Nations reform and enable the AIDS response to contribute even more substantively to the broader 2030 Agenda.

I. Sustainable Development Goals and the evolving political context of the AIDS response

1. The Millennium Development Goal target of halting and reversing the spread of HIV/AIDS by 2015 was ultimately achieved. Dramatic expansion of antiretroviral therapy has continued to reduce the annual number of AIDS-related deaths, and the scaling up of services to prevent mother-to-child transmission of HIV has halved new HIV infections in children in just five years, between 2010 and 2015. While recognizing that the Millennium Development Goals remain unfinished business, that progress emboldened optimism with regard to setting the ambitious Sustainable Development Goal target of ending the AIDS epidemic by 2030. As recommended by the Economic and Social Council in its resolution 2015/2, this target fits squarely within the 2030 Agenda for Sustainable Development and the global commitment to leave no one behind.

2. The adoption of the Sustainable Development Goals in September 2015 provided an opportunity to revisit many of our approaches to development. The universal and indivisible nature of the Goals calls for all stakeholders to collaborate, and the AIDS response in many ways serves as a pathfinder for the multisectoral, people-centred actions envisaged in the Goals.

3. The UNAIDS Programme Coordinating Board, in October 2015, adopted the UNAIDS 2016-2021 Strategy to guide the global AIDS response. The Strategy, the first in the United Nations system to be aligned with the Sustainable Development Goals, is organized around the five Goals (Goals 3, 5, 10, 16 and 17) that represent the most strategic areas for enhanced collaboration to maximize impact. The targets and principles of the Strategy formed the foundation for the recommendations in the 2016 report of the Secretary General to the General Assembly entitled “On the fast track to ending the AIDS epidemic” (A/70/811 and Corr.1). They were subsequently used as the basis for the commitments agreed by Member States and were articulated in the outcome document entitled “Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030”, adopted at the high-level plenary meeting of the General Assembly on HIV and AIDS in June 2016 (see resolution 70/266). The 2016 Declaration rests on the foundation of the 2030 Agenda and contains a comprehensive set of commitments and measurable targets to fast track the AIDS response and achieve three strategic milestones by 2020: (a) to reduce new HIV infections to fewer than 500,000 per year; (b) to reduce the number of people dying from AIDS-related causes to fewer than 500,000 per year; and (c) to eliminate HIV-related stigma and discrimination.

4. In its resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, adopted by the General Assembly in December 2016, Member States called for a United Nations development system that was more strategic, integrated, coherent, nimble, accountable and results-oriented. The resolution stressed the need for greater coordination among United Nations system agencies, more joint programming and more integrated action at the country level. It also emphasized the value of more transparent governance that engaged civil society more fully, further harmonization of United Nations systems and processes, the more effective use of resources, strengthened results-based management and greater accountability. Many of the

attributes called for by Member States in the resolution are traditional strengths of the Joint Programme[1] (see table below).

Quadrennial comprehensive policy review resolution (resolution 71/243) and the Joint Programme

General Assembly resolution 71/243	*UNAIDS*
The Assembly underscored that there was no "one-size-fits-all" approach to development, and called upon the United Nations development system to enhance its efforts in a flexible, timely, coherent, coordinated and integrated manner.	UNAIDS is a joint programme of 11 United Nations agencies and the secretariat that the Economic and Social Council, in its resolutions 2013/11 and 2015/2, described as an example "of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities".
The Assembly stressed that the governance architecture of the United Nations development system must be more efficient, transparent, accountable and responsive to Member States and able to enhance coordination, coherence, effectiveness and efficiency of the operational activities for development.	UNAIDS has a unique and inclusive governance model that includes Member States, United Nations co-sponsoring agencies and civil society, which has been described by the Council as a lesson-learned for the United Nations system in the post-2015 era.
The Assembly further stressed the need to enhance system-wide coherence and efficiency, reduce duplication and build synergy across governing bodies of the entities of the United Nations development system.	The Committee of Cosponsoring Organizations facilitates the input of co-sponsors into the strategy, policies and operations of the Joint Programme. There is potential to further reinvigorate the strategic policy focus of the Committee and to pursue greater coherence across the boards of UNAIDS and its co-sponsors, as recommended by a global review panel.
The Assembly called upon the entities of the United Nations development system to mainstream the Sustainable Development Goals in their strategic planning documents and in their work at all levels.	The UNAIDS 2016-2021 Strategy is aligned with the 2030 Agenda for Sustainable Development and is organized in relation to the Sustainable Development Goals, focusing in particular on achieving target 3.3 on ending the AIDS epidemic by 2030 and contributing to the achievement of the broader health, development, human rights and gender outcomes of the Goals.
The Assembly stressed that improvement of coordination and coherence at all levels of the United Nations development system should be undertaken in a manner that recognizes the respective mandates and roles, and enhances the effective utilization of resources and expertise.	UNAIDS has a formal division of labour that recognizes the mandates, roles and comparative advantages of the co-sponsors and the secretariat and that strives to enhance the effective utilization of resources.

[1] The Joint Programme draws on the experience and expertise of its 11 co-sponsors namely, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank, and the secretariat.

General Assembly resolution 71/243	*UNAIDS*
The Assembly underscored the importance of results-based management, within and across entities and at all levels of the United Nations development system, as an essential element of accountability. It requested that the United Nations funds, programmes and specialized agencies, as appropriate, that had not already done so should implement integrated results and resource frameworks that were aligned to their strategic plans in order to strengthen results-based budgeting.	UNAIDS has a unique unified budget, workplan and results framework that includes the core and non-core resources of all 11 co-sponsors and the secretariat. Challenged by its Board to ensure a clear link between resources and results at the country level, UNAIDS developed a more detailed and prioritized results framework for the period 2016-2021 that provides a complete results chain, from inputs to impact.
The Assembly noted the importance of the United Nations development system's contribution in supporting government efforts to achieve the Sustainable Development Goals, based on full respect for human rights, and stressed in this regard that all human rights were universal, indivisible, interdependent and interrelated.	UNAIDS consistently amplifies the voice of vulnerable and marginalized communities and works to advance broader health, development and human rights agendas in order to ensure that no one is left behind.
The Assembly calls upon all entities of the United Nations development system to continue to promote women's empowerment and gender equality.	UNAIDS has made significant contributions to addressing the gender dimensions of the AIDS epidemic and the wider gender equality issues by improving the integration of gender into national AIDS strategies and plans and by strengthening policy frameworks in support of women's rights. The secretariat and the co-sponsors also promote women's empowerment by supporting greater leadership by women, especially women living with HIV and women among key populations.
The Assembly encouraged the United Nations development system to intensify its collaboration with relevant stakeholders in results-oriented and innovative national, regional and global partnerships.	UNAIDS convenes transformative and inclusive partnerships to unite the United Nations system, Governments, people living with HIV, civil society, the private sector, major financing institutions, the academic and scientific communities, the media and influential public figures. These partnerships aim to change the critical drivers of the epidemic in systemic and positive ways.
The Assembly urged the United Nations development system to mobilize multiple funding sources and deepen partnerships with other relevant stakeholders, with a view to diversifying potential sources of funding. It also urged the entities of the United Nations development system to further explore innovative funding approaches to catalyse additional resources.	UNAIDS is receiving core contributions from a number of non-traditional donors, including African Member States, as well as funding from the private sector and foundations.

5. The Secretary-General of the United Nations, António Guterres, upon taking the oath of office, told the General Assembly the following: "We will reposition development at the centre of our work, and engage in a comprehensive reform of the United Nations development system, at Headquarters and country levels. This must involve leadership, coordination, delivery and accountability [...] The United Nations needs to be nimble, efficient and effective. It must focus more on delivery and less on process; more on people and less on bureaucracy."

6. The progress documented in the present report should be viewed in the context of the rapidly evolving environment, to which the Joint Programme is adapting while maintaining its place at the vanguard of United Nations reform.

II. Update on the global AIDS epidemic

7. Substantial advances continue to be made in the global AIDS response. The most remarkable successes are in areas where broad consensus has been forged, for example, between the South and North and among communities and national Governments. The history of antiretroviral therapy is emblematic of the power of a unified international agenda. In the late 1990s and early 2000s, opinion was divided over whether the health systems of low-income countries could deliver antiretroviral therapy to large numbers of patients. There was also great concern about the unaffordability of antiretroviral drugs. By the end of 2002, only about 50,000 people were receiving antiretroviral therapy in sub-Saharan Africa.

8. However, a massive paradigm shift was achieved. Driving the changes were civil society activism led by people living with HIV, ambitious target-setting by the international community (inspired by the Joint Programme), a global effort to greatly reduce the costs and increase the availability of antiretroviral drugs and the mobilization of unprecedented amounts of financial resources. Widening access to HIV treatment became one of the great public health successes of the past century.

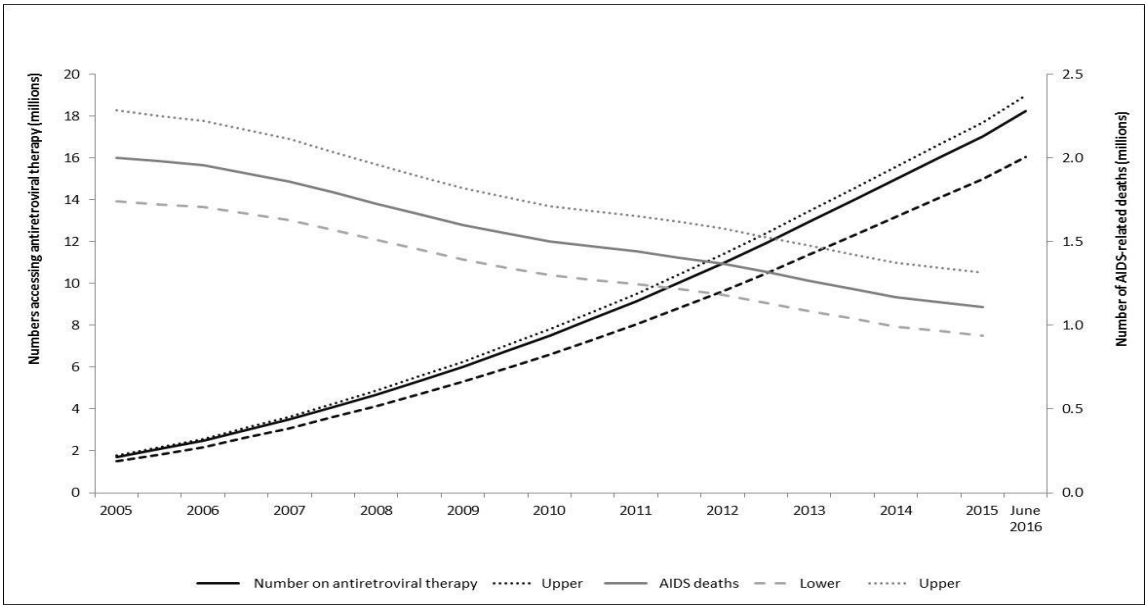
9. The number of people of all ages living with HIV who accessed antiretroviral therapy increased sharply after 2005 and reached 18.2 million by mid-2016. This surpassed the 15 million target set in the outcome document entitled the "Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV and AIDS", adopted in 2011 and which, at the time, had been criticized for being "overambitious". The number of AIDS-related deaths fell by 45 per cent, from a peak of 2 million in 2005 to 1.1 million in 2015 (see figure 1).[2]

10. There has also been steady progress in the reduction of HIV infections among children, a feat inspired by the Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive: 2011-2015, launched in June 2011 by UNAIDS and the President's Emergency Plan for AIDS Relief. The Global Plan focused on the 22 priority countries that accounted for 90 per cent of the global number of pregnant women living with HIV in 2010. The Global Plan has galvanized global and national political will and action. Global coverage of services to prevent mother-to-child transmission of HIV has increased dramatically, from 50 per cent in 2010 to 77 per cent in 2015. As a result, the number of new HIV infections among children aged 0-14 years has declined by 51 per cent, from 290,000 in 2010 to 150,000 in 2015. In addition, the number of children aged 0-14 years on antiretroviral therapy globally has doubled over the past five years, from nearly 452,000 children in 2010 to 910,000 children by mid-2016, nearly cutting in half the number of AIDS-related deaths among children. There was also a 45 per cent decline in the number of AIDS-related deaths among women of

[2] UNAIDS 2016 estimates.

reproductive age in the Global Plan priority countries between 2009 and 2014, and the proportion of pregnant women living with HIV who were already on treatment before pregnancy to protect their own health increased from 11 per cent in 2009 to 66 per cent in 2014.

Number of people accessing antiretroviral therapy and number of AIDS-related deaths worldwide, 2005-2016



11. Nevertheless, AIDS is the thirteenth leading cause of death globally, the second top cause of death in Africa and the leading cause of death worldwide among women of reproductive age.

12. As of 2015, an estimated 36.7 million people were living with HIV, and 2.1 million people were newly infected that year. Sub-Saharan Africa remains the most heavily affected region, accounting for 69 per cent of people living with HIV and 66 per cent of new HIV infections. According to estimates, by the end of 2015, just 60 per cent of people living with HIV worldwide knew their HIV status.

13. Women represent 51 per cent of all people worldwide living with HIV and 59 per cent of those living in sub-Saharan Africa. In some countries, young women aged 15-19 years are up to five times more likely to be living with HIV than their male counterparts. The 2016 Political Declaration includes a commitment to reduce the number of new HIV infections among adolescent girls and young women to fewer than 100,000 per year by 2020. Between 2010 and 2015, new infections among females aged 15-24 years declined by only 6 per cent, from 420,000 to 390,000. Reducing new HIV infections in young women to the target of 100,000 per year will require a 74 per cent decrease between 2015 and 2020. Gender equality and empowerment of all women is a critical enabling factor for achieving that target.

14. Several populations are disproportionately affected by the epidemic and continue to be left behind. Studies have found that men who have sex with men to be 24 times more likely to acquire HIV than the general population; sex workers are 10 times more likely to acquire HIV than the population as a whole; transgender people are 49 times more likely to be living with HIV; and people who inject drugs are 24 times more likely to acquire HIV than adults in the general population. The

available data are sparse and difficult to aggregate, but they indicate that new HIV infections worldwide among people who inject drugs rose from an estimated 114,000 in 2011 to 152,000 in 2015. Over the same period, the number of new HIV infections among sex workers remained steady at about 125,000 a year, while among men who have sex with men, new HIV infections increased by about 12 per cent, from an estimated 210,000 in 2011 to 235,000 in 2015. The rate of new HIV infections among transgender people is believed to have remained stable during that period.

15. Gender inequality, stigma and discrimination, other human rights violations, criminalization, poverty, food insecurity and humanitarian emergencies remain profound barriers to progress in reducing new infections and ensuring equitable access to HIV services. One in eight people living with HIV report having been denied health care. Stigmatizing attitudes and outright discrimination on the part of health workers have been widely documented and found to constitute an important barrier to seeking, using and adhering to HIV prevention services and treatment and to the disclosure of HIV status.

16. Punitive laws, policies and practices continue to discriminate against people living with HIV and key populations and hinder their access to services. As of September 2015, 35 countries, territories and areas had imposed some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status. At least four countries required refugees and asylum seekers to undergo mandatory HIV testing as a condition of stay. According to data from 2015, 72 countries had laws that specifically allowed for the criminalization of HIV transmission, while prosecutions for HIV non-disclosure, potential or perceived exposure and/or unintentional transmission had been reported in 61 countries, an increase from at least 49 countries in 2014. Such overly broad criminalization of HIV non-disclosure, exposure or transmission deters people from accessing HIV prevention and testing services.

III. The Joint United Nations Programme on HIV/AIDS

17. As the only co-sponsored Joint Programme in the United Nations system, UNAIDS is a tangible example of a collaborative, multisectoral response to a complex and multifaceted issue. In its resolution 2015/2, the Economic and Social Council specifically recognized the value of the lessons learned from the global AIDS response for the post-2015 development agenda, including those lessons learned from the unique approach of the Joint Programme, and reaffirmed that “the Joint Programme offers the United Nations a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities”.

18. UNAIDS has been instrumental in galvanizing political commitment, mobilizing resources and supporting countries in using investments more effectively in their responses to HIV. As the HIV response transitions from a crisis response to one that is more sustainable and integrated, it requires a carefully calibrated approach: one that is both embedded in health, development, humanitarian and human rights programming, while also maintaining visibility through a dedicated and forceful voice. To ensure that the epidemic does not rebound, strong leadership and coordination from the United Nations system is required to address the social, economic and political structural drivers of the epidemic — in particular human rights violations and gender inequality — to leverage the AIDS response to deal with broader global health challenges and to ensure that no one is left behind. It is

therefore vital that the Joint Programme have a strong, coordinating secretariat and co-sponsors that are trusted technical leaders in their fields.

19. As reflected in its inclusive governance structure, the Joint Programme represents a commitment to robust multisectoral and integrated action, synergistic partnerships, evidence- and rights-based action, equality of access and a focus on sustainability. The inclusion of civil society members representing people living with HIV and key populations on the UNAIDS Board is a one-of-a-kind example of an approach that leaves no one behind and that meaningfully engages the populations the United Nations seeks to serve.

20. The UNAIDS 2016-2021 Strategy was developed through a highly inclusive and consultative process to ensure broad ownership and consensus around the priorities for the AIDS response. The UNAIDS Board adopted the Strategy at its thirty-seventh meeting, in October 2015. It also approved a six-year budgetary framework, the Unified Budget, Results and Accountability Framework, which sets out the results and contributions of the Joint Programme to the global AIDS response. The framework details the costed collective results and the contributions of each co-sponsor and the secretariat. The Framework guides the allocation and use of core funds raised by the secretariat for the Joint Programme. It is a unique instrument in the United Nations system. The budget has a core component that is biennially costed at $485 million. That represents a zero-growth budget for the fifth consecutive biennium since 2008.

A. Delivering as one

21. The Joint Programme works to ensure that the United Nations system “delivers as one” in supporting national AIDS responses. It has developed a clear division of labour for the 11 co-sponsors and secretariat. With the aim of leveraging the core competencies, mandates and comparative advantages of each co-sponsor and the secretariat, the division of labour designates convening and partner agencies for 15 thematic areas.[3] It also helps the Joint Programme to avoid duplication and harness collaboration and coordination, while clarifying roles and responsibilities.

22. At the regional level, the Joint Programme is operationalized through joint teams and joint programmes of support. These are supported and coordinated through six UNAIDS secretariat regional support teams in close collaboration with co-sponsors’ regional staff working on AIDS.

23. At the country level, the UNAIDS Country Director works under the leadership of the Resident Coordinator to facilitate coordinated support for national AIDS responses by the United Nations country team. Technical-level joint teams on AIDS are in place to enhance coherence, accountability and the strategic impact of technical support. In many countries, joint teams have been expanded to include other partners, broadening the coordination of technical support.

[3] The 15 thematic areas are: prevention of sexual transmission; prevention of mother-to-child HIV transmission; HIV treatment; HIV/tuberculosis; prevention among people who inject drugs; prevention among men who have sex with men, sex workers and transgender people; punitive laws, stigma and discrimination; meeting the needs of women and girls; prevention among young people; HIV-related social protection; HIV in humanitarian emergencies; HIV, food and nutrition; the workplace and the private sector; HIV and education; and national strategic planning.

B. Reporting and accountability

24. During the reporting period, the Joint Programme was called upon by the UNAIDS Board to improve the Unified Budget, Results and Accountability Framework. In 2015, the Board established a working group to review the Framework and to recommend improvements. The working group called for more prominent outputs and output descriptions, a clearer explanation of the boundaries and limitations of the Framework and strengthened reporting on the use of non-core funding. As a result, in 2016, UNAIDS put in place a more detailed and prioritized Unified Budget, Result and Accountability Framework to operationalize the UNAIDS 2016-2021 Strategy. The revised Framework includes a clear results chain, from inputs to impact, and enables Member States and other stakeholders to hold the Joint Programme accountable for results. The revised Framework has been recognized as being simpler, clearer and more streamlined and for providing an improved reflection of regional differences, as well as more clarity on the roles and functions of the co-sponsors and the secretariat.

25. The Framework leverages core UNAIDS funding for the mobilization of substantially greater resources by the co-sponsors through their own resource mobilization frameworks.

26. The UNAIDS performance monitoring report, submitted annually to the UNAIDS Board, summarizes the achievements of the Joint Programme at the country, regional and global levels and outlines key challenges and lessons learned. The report enables understanding of Joint Programme contributions as a whole and those of the co-sponsors and the secretariat individually.

27. Performance reporting under the Framework is facilitated through a web-based tool, the Joint Programme Monitoring System, which was introduced in 2012. That tool, which was used to collate reports from approximately 100 United Nations country teams and/or UNAIDS country offices in 2016, has strengthened the Joint Programme's ability to make rapid adjustments in response to performance information. Annual peer reviews evaluate progress and performance, identify areas where additional efforts are needed and ensure that lessons learned are taken on board for future planning.

C. Partnership

28. Itself an innovative partnership within the United Nations system, the Joint Programme prioritizes partnerships as a core value. It fosters inclusive partnerships to bring together the United Nations, Governments, people living with HIV, civil society, major financing institutions, the academic and scientific communities, the media and influential public figures and the private sector behind the global AIDS response. The commitment of UNAIDS to partnerships has contributed to historic achievements, including a 99 per cent drop in the cost of standard life-saving antiretroviral medicines over the past 15 years and the rapid introduction of technological and other innovations in resource-limited settings.

29. Normative guidance and data produced by the Joint Programme is used by many partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief. The Emergency Plan has noted the importance of such work to its funding and programming decisions and that that work has been a key factor in its decision to maintain its annual $45 million allocation to the core Framework. At the same time, the Emergency Plan is also an important source of localized strategic information, which helps the Joint

Programme to provide richer and granular understandings of countries' AIDS epidemics and responses.

30. The Joint Programme has played a particularly important role in supporting countries in attracting and using funding from the Global Fund. It complements the Global Fund's work with technical support and community mobilization that enables civil society organizations, people living with HIV and other affected communities to play powerful roles in the AIDS response. To date, the Joint Programme has assisted more than 100 countries in mobilizing and effectively using more than $16 billion disbursed by the Fund.

31. For example, in 2014, UNAIDS supported Kenya in convening stakeholders and in producing accurate subnational data, allowing the country to develop a prioritized strategic framework and a more targeted Global Fund concept note, based on gap analyses, mapping of risks, vulnerability and barriers, as well as an analysis of returns on investment. In Lesotho, UNAIDS and the Global Partnership to Stop Tuberculosis supported the country in piloting a joint HIV and tuberculosis gender assessment tool in order to better understand the HIV and tuberculosis epidemics from a gender perspective. The findings of the assessment were fed into the Global Fund concept note and are now included in the roll-out of the Global Fund grant. In Thailand, UNAIDS supported the development of an investment case geared towards ending the AIDS epidemic with the strategic use of antiretroviral treatment as part of a combination of prevention and community-based delivery. The investment case was translated into a national strategy to end AIDS by 2030 and shaped the Global Fund grant approved in 2014. In Ukraine, the Joint Programme supported the country in developing standardized HIV prevention service packages, optimizing resources and preparing the country to ensure the sustainability of services in the context of its eventual transition out of Global Fund support.

IV. Fast tracking the response through 2020

32. In the 2016 Political Declaration, Member States agreed to a series of far-reaching, people-centred commitments for 2020 that include reducing the annual number of people newly infected with HIV to fewer than 500,000; reducing the number of people dying from AIDS-related causes to fewer than 500,000; and eliminating HIV-related discrimination.

33. The Joint Programme is making significant contributions to helping countries fulfil those commitments and achieve those milestones. It focuses on assistance to 33 fast-track countries,[4] which together account for an estimated 80 per cent of new infections in adults, 90 per cent of new infections in children and 85 per cent of AIDS-related deaths.

A. Fewer than 500,000 people dying from AIDS-related causes annually by 2020

34. The global targets of having at least 30 million people living with HIV on treatment and reducing AIDS-related deaths to fewer than 500,000 by 2020 are

[4] The fast-track countries are those countries where focused and accelerated efforts are especially needed. In addition to countries with the largest AIDS epidemics, fast-track countries include rapidly emerging economies that can help to lead the AIDS response into the future and other countries of key geopolitical relevance, such as those affected by humanitarian emergencies. At present, UNAIDS has identified 33 fast-track countries.

within reach. In the past two years, the UNAIDS “90-90-90” targets, an integral part of the UNAIDS 2016-2021 Strategy, have become accepted as a common framework among diverse stakeholders. Those targets call for 90 per cent of people living with HIV to know their HIV status, for 90 per cent of those diagnosed to receive antiretroviral therapy and for 90 per cent of the people on antiretroviral therapy to have suppressed viral loads.

35. The Joint Programme has helped countries gear towards achieving the first target (for 90 per cent of people living with HIV to know their status by 2020) as the entry point for accessing life-saving treatment. As the leading health sector entity within the Joint Programme, the World Health Organization (WHO) has used scientific evidence to develop global guidance that aims to greatly expand access to HIV testing. The Joint Programme is also advocating for lowering the age of consent for HIV testing and supporting the wider use of innovative tools and strategies, such as community-based HIV testing models and self-testing, to expand access to and the use of testing. Other examples include development by the United Nations Educational, Scientific and Cultural Organization of educational media materials for young people and support for teacher training on HIV and health education and the continuation of the International Labour Organization’s (ILO) VCT@Work initiative in 20 countries. The latter activity is expected to generate demand for HIV testing among 900,000 workers who are at risk of HIV infection in fast-track countries.

36. With respect to the second target (for 90 per cent of those diagnosed to receive antiretroviral therapy), HIV treatment coverage has expanded considerably in western and central Europe, eastern and southern Africa, Latin America and the Caribbean. With respect to the third target (for 90 per cent of the people on antiretroviral therapy to have suppressed viral loads), new results from population-based HIV impact assessments in Malawi, Zambia and Zimbabwe show that a high percentage of people who start treatment achieve viral suppression.[5]

37. The work of the Joint Programme helps to ensure access to treatment for all populations. ILO support for over 100 countries in scaling-up national social protection floors provides opportunities to enhance access to treatment for vulnerable populations. In humanitarian settings, the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) provide technical and coordination support to address HIV. UNHCR works with Governments and other partners to expand access to HIV testing and treatment for refugees and other conflict-affected populations, in particular in East and Central Africa, and to strengthen support for adherence to treatment. UNCHR and WFP also work with partners to integrate the provision of food and nutrition into the AIDS response in Africa, Asia and the Middle East. In the period 2016-2017, WFP, with support from the President’s Emergency Plan for AIDS Relief, provided life-saving food and nutrition as part of an emergency response for countries in southern Africa affected by the El Niño phenomenon. WFP is working with Global Fund implementing partners (including UNDP in Zimbabwe, the United Nations Populations Fund (UNFPA) in Yemen and the Partnership for Supply Chain Management in Burundi) to prevent stock outs of HIV treatment and prevention commodities. These partnerships are good examples of activities supporting Sustainable Development Goal 17 and illustrate the ways in which the systems and activities of co-sponsors are leveraged to improve HIV and other health-related results.

[5] United States Centres for Disease Prevention and Control. New survey data from the Population-based HIV Impact Assessments Project show that critical progress has been made towards global HIV targets. Available at www.cdc.gov/globalhivtb/who-we-are/events/world-aids-day/phia-surveys.html.

B. Fewer than 500,000 people newly infected with HIV annually by 2020

38. The Joint Programme collaborates closely with international partners to focus scarce resources on geographic and population hotspots where new HIV infections are most likely to occur and supports countries in implementing comprehensive and evidence-based prevention strategies.

39. The Joint Programme has spearheaded efforts to accelerate prevention efforts among young people (aged 15-24 years), who in 2015 accounted for 32 per cent of all new HIV infections worldwide, and to address the gender dynamics of the epidemic, including the particular risks and vulnerabilities of adolescent girls and young women. Those efforts include the wider provision of cash transfers. Studies sponsored by the World Bank have found that youth-focused cash transfer schemes can reduce sexual risk behaviour and HIV incidence, especially among young women. The United Nations Children's Fund (UNICEF) and the UNAIDS secretariat, along with other co-sponsors, launched the "ALL IN! to End Adolescent AIDS" agenda in 2015 to address the serious gaps in the AIDS response for adolescents. This initiative has two bold objectives for 2020: (a) to reduce HIV infections among adolescents by at least 75 per cent; and (b) to increase antiretroviral therapy coverage among adolescents living with HIV to 80 per cent.

40. The "Engagement + Empowerment = Equality" effort launched by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) has helped to develop the leadership skills of more than 1,000 young women and adolescent girls in Kenya, Malawi, Uganda and elsewhere. UNESCO and UNFPA have supported the scaling-up of sexuality education in 115 countries, including joint efforts with UN-Women around peer education to address gender-based violence in schools. UNICEF has also led the collection and dissemination of strategic information that focuses on HIV among children and adolescents.

41. The Joint Programme has also had a crucial role in advocating for and providing technical assistance to the scaling-up of evidence-based HIV prevention programmes for key populations. According to data for 2015, 36 per cent of all new HIV infections occurred among key populations and their partners. However, only about one-third of countries report having risk-reduction programmes for sex workers, while the proportion of men who have sex with men that have been reached by prevention programmes in 20 countries declined from 59 per cent in 2009 to 40 per cent in 2013. The availability of and access to evidence-based harm reduction services for people who inject drugs also remains low. Out of 158 countries reporting data on the injection of drugs, only 57 per cent are implementing needle and syringe programmes and only 51 per cent have at least one opioid substitution therapy programme in place. The Joint Programme, along with the Global Fund, the Emergency Plan and key population networks, continues to support the roll-out of programme implementation tools for key populations in all fast-track countries and other selected countries to ensure that comprehensive prevention programmes are available and accessible to all who need them.

42. Male and female condoms remain a critical component of comprehensive HIV prevention programmes. In order to increase the availability of female-controlled prevention methods, the Joint Programme and key partners have published generic specifications and pre-qualification guidelines for female condoms to guide and incentivize manufacturers. Going forward, it will be necessary to increase the availability of female-controlled HIV prevention methods and complement those efforts with programmes that build the capacity of women and girls to negotiate safer sex and increase their autonomy in decision-making.

43. The Joint Programme continues to support the scaling-up of other evidence-based prevention services, such as voluntary medical male circumcision, which reduces the risk of female-to-male sexual transmission of HIV by approximately 60 per cent. By the end of 2016, 11.7 million men had undergone that procedure in 14 priority countries in eastern and southern Africa. WHO is leading efforts to promote and provide suitable service packages for that intervention. The Joint Programme also recommends the use of antiretroviral medicines as pre-exposure prophylaxis and as an additional prevention method for men who have sex with men and for sero-discordant couples. It is estimated that the use of pre-exposure prophylaxis could reduce global HIV incidence among men who have sex with men by 20 to 30 per cent, averting up to 1 million new infections over 10 years.

C. Elimination of HIV-related stigma and discrimination by 2020

44. The 2030 Agenda strives to leave no one behind, with the aim of fostering "peaceful, just and inclusive societies which are free from fear and violence" and envisages "a world of universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination". In the 2016 Political Declaration, Member States also committed to national AIDS strategies that empower people living with, at risk of and affected by HIV and that support human rights and access to justice.

45. With the support of the Joint Programme, many Member States have been reviewing or revising their legal, social and policy frameworks. In addition, UNDP is working with Governments, civil society and the wider United Nations system in 88 countries to implement the recommendations of the Global Commission on HIV and the Law with the aim of building enabling legal and policy environments.

46. The Joint Programme has also supported many countries in taking practical measures to eliminate HIV-related travel restrictions; increasing the legal literacy of people living with HIV and key populations; increasing access to justice; building the capacity of legislators, police, judges and health-care workers with respect to HIV and human rights; eliminating stigma and discrimination; and expanding community-led services. For example, the Joint Programme has worked with the national AIDS programme in Argentina to establish key population-friendly health services, to undertake activities to educate people living with HIV about their rights and to respond to complaints related to HIV-related discrimination. In Thailand, the Joint Programme has supported an ambitious and evidence-based initiative to reduce HIV-related stigma and discrimination in health-care settings. The Thai initiative has been such a success that it is being adapted and implemented in other South-East Asian countries. UN-Women is working in 36 countries to increase gender expertise in national AIDS coordinating bodies and to promote the engagement of networks of women living with HIV.

47. The UNAIDS Board has decided to devote one day during its forty-first meeting, in 2017, to the review of the impact of stigma and discrimination in health-care settings. This decision has been triggered, in part, by studies indicating that participatory training for health workers and other staff in health facilities, involving people living with HIV and/or led by peers, combined with policy guidance on how to make a health facility stigma-free and the provision of resources (including supplies) for health workers, has been shown to reduce stigmatizing behaviours and the experience of stigma among people living with HIV.

V. The Joint Programme model in a new political and financial context

48. In late 2015, some major donors reduced their contributions to the Joint Programme. The move coincided with the adoption of the ambitious UNAIDS 2016-2021 Strategy to fast track the global AIDS response and came at a time when demands were growing for multisectoral, multi-stakeholder approaches to health and development. As a result, by June 2016, revenue for the Joint Programme for 2016 was projected at $168 million — a shortfall of some 30 per cent compared with that approved in the Unified Budget, Results and Accountability Framework.

49. At the UNAIDS financing dialogue in June 2016 and during the 2016 meetings of the UNAIDS Board, all constituencies expressed their full political support for UNAIDS, its new Strategy and its ongoing work. Until 2016, the Joint Programme had always been successful in ensuring the full allocation of core resources approved by the Board to co-sponsors and the secretariat. However, a significant shift in multilateral official development assistance to migrant- and refugee-related expenditures and other domestic priorities changed that scenario. Some traditional donor countries informed UNAIDS that internal reallocations of resources meant that they would not be able to sustain or increase their financial contributions. In addition, the appreciation of the United States dollar against other major currencies led to a reduced dollar value of contributions from key donors who maintained their contribution levels in local currencies. Together, these developments led to a disconcerting financial situation for the Joint Programme.

A. The need for an effective multilateral architecture to support the implementation of the AIDS response

50. The establishment of the Joint Programme initiated a transformation of the national and global health and development architecture to respond to AIDS. Inspired by the leadership and advocacy of UNAIDS, a broad coalition of Governments, development partners, civil society organizations, researchers, scientists and the private sector has come together and demonstrated that inclusive multi-stakeholder and multisectoral approaches can deliver essential health services and strengthen social justice.

51. In order for the world to fast track its AIDS response and achieve the targets and commitments for 2020 and 2030, the Joint Programme will be more relevant than ever. The normative guidance, policy and technical leadership and programmatic actions of the co-sponsors are complemented by the secretariat’s roles in political leadership and advocacy, convening stakeholders, generating strategic information and giving voice to people living with, at risk of and affected by HIV. The vital nature of the Joint Programme’s role is widely recognized.

B. Implications of the funding shortfall for the Joint Programme

52. The existence of a core-funding shortfall of some 30 per cent for 2016, amounting to about $70 million, implied significant reductions in the core funding for the secretariat and for the HIV work of co-sponsors. Consequently, secretariat staff was reduced by 100 in 2016, and the budgets for activities were reduced by 50 per cent. The allocation to co-sponsors was also reduced by 50 per cent. The co-sponsors were not in a position to make up the shortfall in such unique and flexible funding by using their own resources. As a result, the number of staff

working on HIV at co-sponsor organizations was reduced by 27 per cent (from 862 to 629 full-time equivalent staff) in 2016.

53. In December 2016, the Executive Director of the Joint Programme presented the UNAIDS Board with a full analysis of the implications of further reductions of core funding for the co-sponsors and the Joint Programme. Based on that analysis, the Executive Director, in consultation with the Heads of the co-sponsoring organizations, proposed to the Board that the 2016 level of funding for the co-sponsors be maintained as core funding in 2017. The Board endorsed that proposal. Maintaining core funding at the 2016 level in 2017 would enable co-sponsors to remain actively engaged in the work of the Joint Programme and play vital roles in the AIDS response. However, it was recognized that work would have to be performed with significantly reduced dedicated HIV capacity in many countries.

54. Financing the UNAIDS budget will require broadening the donor base, to include developing countries and private sector donors, and encouraging existing donors to review and increase their current financial commitments. Looking ahead, the co-sponsors will also continue efforts to mobilize more resources for AIDS. Further mainstreaming and integration of HIV into co-sponsor programmes and strategies will be important for dealing with the uncertain funding environment and for ending AIDS by 2030. There have also been calls from Member States and civil society, including the UNAIDS Board, to investigate whether the Joint Programme's work in support of Global Fund grant development and implementation could be resourced through the Global Fund.

C. Towards refining the operating model of the Joint Programme

55. In order to operate at its full potential and remain at the cutting edge of United Nations reform, the Joint Programme must evolve with the changing AIDS epidemic, the changing political and financial context of the AIDS response and the changing broader development agenda.

56. The UNAIDS Board has tasked a multi-stakeholder global review panel with making recommendations on refining the Joint Programme model in order for UNAIDS to be sustainable and fit for purpose. The panel validated the unique contribution of the Joint Programme to the global AIDS response and pointed to its particular relevance in this new era of United Nations reform. The panel's recommendations on refining and reinforcing the model are being taken forward to the Board at its fortieth meeting, in June 2017.

57. Since its inception, the Joint Programme has been a pioneer in inclusive partnerships, cross-sectoral collaboration and results-based leadership. UNAIDS remains at the forefront of United Nations reform. It proactively addresses the challenges of a shifting development and budgetary environment, and it embraces the opportunity and obligation to work ever more effectively and efficiently across priorities and sectors. It continues to lead and inspire the global movement to end AIDS as a public health threat.

58. A fully funded Unified Budget, Results and Accountability Framework and the core funding for co-sponsors through the Framework are vital for the effective functioning of the Joint Programme. The Framework funding constitutes flexible and predictable funding that ensures the implementation of an ambitious work programme that includes the Joint Programme's role in ensuring that Global Fund resources yield the best possible results. Going forward, there is also a need to further strengthen the accountability of the Joint Programme and the accountability

of each co-sponsor. That will require improvements in documenting and reporting the added value of the Joint Programme as a whole and that of each co-sponsor.

VI. Recommendations towards ending the AIDS epidemic by 2030

59. The Economic and Social Council may wish to consider the following actions:

(a) **Commend the Joint Programme for its leadership and advocacy to keep AIDS response on the political agenda and ensure a common global vision, strategy and bold targets for fast tracking the AIDS response, as expressed in the Sustainable Development Goals, the UNAIDS 2016-2021 Strategy and the 2016 Political Declaration;**

(b) **Call upon the Joint Programme to continue to drive progress in the implementation of the UNAIDS 2016-2021 Strategy, the 2016 Political Declaration and in meeting the key targets by 2020, towards the commitment of ending the AIDS epidemic by 2030, as part of the Sustainable Development Goals, as well as continue to assist countries in reporting on the AIDS response;**

(c) **Note with concern that, while strong progress is being made in reducing mortality among people living with HIV, earlier declines in the annual number of new HIV infections are leveling off and HIV incidence is increasing among key populations, and that young women and girls continue to be disproportionately affected by HIV, which calls for a renewed call for increased efforts on HIV prevention;**

(d) **Reaffirm Economic and Social Council resolution 2015/2 and the relevant commitments in the 2016 Political Declaration, in particular the value of the lessons learned from the global AIDS response for the implementation of the 2030 Agenda for Sustainable Development, including the lessons learned from the unique approach of the Joint Programme;**

(e) **Request the Joint Programme to continue to contribute to the follow-up to and review process of the 2030 Agenda for Sustainable Development, including at the high-level political forum on sustainable development, to ensure that adequate consideration is given to the AIDS response as part of the target 3.3 of the 2030 Agenda, and its interlinkages with other sustainable development goals and targets;**

(f) **Note with concern the reduced international financing for AIDS at a time when an historic opportunity exists to end the AIDS epidemic. The next four years provide a narrow window of opportunity to accelerate the response by 2020 and to lay the foundation to end the epidemic by 2030;**

(g) **Stress the importance of a fully funded Unified Budget, Results and Accountability Framework for the effective functioning of the Joint Programme, and call for renewed efforts to close the current funding gap; and express support for the resource mobilization efforts of the Joint Programme, including by calling upon existing donors to maintain and step up their contributions, inviting new donors to join from both public and private sectors and considering innovative resources and arrangements for funding, including with the Global Fund;**

(h) **Commend efforts to refine and reinforce the operating model of the Joint Programme so it can more effectively support countries in achieving their commitments and remain at the forefront of United Nations reform.**