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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 2017/25.

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

Summary

In the 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 in 2016, Member States pledged to achieve ambitious HIV-related targets by 2020, with the aim of laying the groundwork to end the AIDS epidemic by 2030. However, the world is not on track to reach those targets. Progress in reducing new HIV infections has slowed. Although the use of antiretroviral therapy continues to increase, less than half of all people living with HIV achieved viral suppression in 2017. Financing for HIV programmes has flattened. Far too many people are being left behind in the response, including young people, especially adolescent girls and young women, and marginalized populations.

Trends in the broader global development environment pose increasing challenges for HIV-related programmes, including diminishing space for civil society organizations and deteriorating human rights environments in many countries. Efforts to scale up essential HIV prevention and treatment interventions must be accompanied by an equally robust commitment to social protection, human rights, the empowerment of women and girls, gender equality and the active engagement of communities and people living with HIV.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) plays a pivotal role in catalysing gains in the HIV response, which in turn continues to serve as a pathfinder for the 2030 Agenda for Sustainable Development. UNAIDS mobilizes political leadership and financing, builds the capacity of national counterparts, cultivates diverse partnerships, tracks progress against the epidemic and supports people living with HIV, civil society organizations and communities in order to meaningfully engage in the HIV response. The Unified Budget, Results and Accountability Framework, a unique joint planning and accountability instrument that synthesizes the contributions of the 11 co-sponsors of UNAIDS and the secretariat, anchors the Joint Programme's work to the 2030 Agenda.

Reductions in contributions to the Joint Programme have resulted in budget shortfalls for the past three years. A refined operating model for UNAIDS has been put in place, prioritizing tailored country responses and the allocation of human and financial resources where the need is greatest and where the largest impact can be achieved.

The world faces a moment of choice in its response to HIV. Unless the response is reinvigorated, the epidemic could rebound, at great cost to human life. In order to regain momentum in the HIV response and place the world back on track to end the AIDS epidemic by 2030, all stakeholders, including the United Nations, national Governments, civil society, local communities and the private sector, must recommit to meeting the HIV-related targets as an integral part of the 2030 Agenda. Increased investments are needed to close the HIV resource gap. In order to drive progress towards achieving those ambitious targets, a high-level meeting of the General Assembly should review progress on the commitments made in the 2016 Political Declaration. As a key element of the reinvigorated HIV response, the Unified Budget, Results and Accountability Framework of UNAIDS should be fully funded so as to enable UNAIDS to fulfil its catalytic role in the response to HIV.

I. Working to end the AIDS epidemic by 2030

1. HIV remains one of the world's most important health, development and human rights challenges. More than 40 million people have died from AIDS-related causes, including 940,000 in 2017 alone. In order to generate momentum towards the target of ending the AIDS epidemic by 2030, as part of the Sustainable Development Goals, in 2016 the General Assembly adopted the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. In the 2016 Political Declaration, countries pledged to achieve a number of targets by 2020, including by front-loading investments; removing structural barriers; implementing transformative national responses grounded in human rights, the empowerment of women and girls and gender equality; rapidly scaling up evidence-based HIV prevention, testing and treatment services; and investing in broader development efforts to reduce HIV vulnerability and encourage robust service uptake.

2. The commitments are aimed at building on the extraordinary progress made in addressing HIV as part of the Millennium Development Goals. Of the estimated 36.9 million people living with HIV, an estimated 21.7 million were accessing treatment as of December 2017; new HIV infections are declining worldwide; and 11 countries have eliminated mother-to-child transmission of HIV. Globally, deaths from AIDS-related illnesses have been cut nearly in half overall, although HIV-related mortality continues to rise among adolescents.

3. In 2019, however, the global HIV response has been faltering, threatening the many gains made to date. The number of new HIV infections increased in at least 50 countries from 2010 to 2017, with an estimated 1.8 million people newly infected with HIV in 2017. Funding mobilized for HIV programmes has stagnated over the past five years at a level roughly 20 per cent short of the amounts needed to end the epidemic by 2030. Urgent action is needed to reinvigorate the HIV response.

4. Although worldwide in its impact, HIV continues to have especially severe effects in certain settings and populations. Of every 10 people living with HIV, 7 reside in sub-Saharan Africa. Globally, nearly 1,000 adolescent girls and young women are newly infected with HIV each day. Gay men and other men who have sex with men, sex workers, people who inject drugs, prisoners and transgender persons are, respectively, 28 times, 13 times, 22 times, 5 times and 13 times as likely as the general population to acquire HIV.

5. The Joint United Nations Programme on HIV/AIDS (UNAIDS) catalyses action towards achieving the targets set out in the 2016 Political Declaration, seeking to ensure that no one is left behind and championing the commitment to end AIDS in the face of growing complacency. In order to help fast-track the HIV response, the UNAIDS secretariat and its 11 co-sponsors[1] mobilize political leadership for the response, generate guidance, provide technical assistance, build national capacity, raise public awareness, monitor the epidemic, track progress towards HIV targets, build partnerships, support and strengthen civil society responses and convene and coordinate various actors. The present report summarizes the Joint Programme's activities, achievements and contributions in the period from 2017 to 2018 in progressing towards global HIV targets, as well as its efforts to meet emerging

[1] The UNAIDS co-sponsors are the International Labour Organization, the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the United Nations Office on Drugs and Crime, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Food Programme, the World Health Organization and the World Bank.

challenges. Given the important role that the HIV response has played as an inspiration for the ambitious 2030 Agenda for Sustainable Development, the Joint Programme's multisectoral work remains vitally important to realizing the vision of sustainable development for all.

A. Generating data to inform the HIV response

6. A cornerstone of the Joint Programme's work is to support countries in using accurate, timely and granular data to inform national responses. In 2018, UNAIDS supported 140 countries in producing robust estimates on the epidemic and reporting disaggregated data, which were made available on the AIDS Info website (aidsinfo.unaids.org). Steps were taken to improve data triangulation methods for estimating the number of people receiving antiretroviral therapy. New metrics were finalized for determining when countries were transitioning towards ending their AIDS epidemics.

7. Health situation rooms were set up in Côte d'Ivoire, Lesotho, Uganda and Zambia in 2018, allowing decision makers and programme managers to visualize real-time data on key national indicators. In 2018, UNAIDS provided training and support in 40 countries for in-depth HIV resource tracking. As the deadline for the 2020 targets of the 2016 Political Declaration approaches, the Joint Programme convened a diverse group of stakeholders to develop proposals for programmatic targets for 2025, which will aid in the estimation of resource needs for 2021–2030.

B. Preventing new HIV infections: progress and gaps

8. In order to end the AIDS epidemic as a public health threat, the annual number of new HIV infections must be reduced to below 200,000 by 2030. Seeking to reduce new HIV infections to fewer than 500,000 per year by 2020, countries pledged in the 2016 Political Declaration to sharply increase prevention service coverage, empower people at risk of HIV through education and social protection and remove legal and policy barriers that increase vulnerability and diminish service uptake. Under the terms of the 2016 Political Declaration, at least 25 per cent of HIV expenditure globally should be allocated to primary HIV prevention.

9. The Joint Programme's contributions to global HIV prevention efforts are wide-ranging. They include galvanizing political leadership for primary prevention; the timely development of normative guidance; the provision of technical assistance to support the implementation of evidence-based prevention programmes; guidance and technical support to ensure social protection for people living with HIV and those at risk; and advocacy and technical support to ensure an enabling environment for HIV prevention.

10. There is evidence of some progress in HIV prevention programming. From 1999 to 2016, condom use slowly but steadily increased among non-married, non-cohabitating men in 13 sub-Saharan African countries. A number of countries have experienced marked reductions in new infections since 2010, including Cambodia (63 per cent reduction), the Democratic Republic of the Congo (35 per cent), Eswatini (50 per cent), Kenya (32 per cent), Malawi (40 per cent), Mauritania (37 per cent), Nepal (61 per cent), the Netherlands (49 per cent), Portugal (45 per cent), Senegal (30 per cent), South Africa (31 per cent), Trinidad and Tobago (37 per cent), Uganda (51 per cent) and Zimbabwe (44 per cent).

11. In order to build on these gains and extend progress to all regions and populations, the UNAIDS secretariat and the United Nations Population Fund

(UNFPA) joined with high-burden countries, civil society groups, donors, private sector actors and other co-sponsors in 2017 to create the Global HIV Prevention Coalition. Since the launch of the Coalition, 28 focus countries have developed action plans to strengthen prevention efforts, and most of them have set national prevention targets and established national prevention coordination mechanisms. A global accountability process has been established, with scorecards that track progress across high-priority programme areas.

12. In support of the Coalition's aims, UNAIDS has intensified efforts to build strong, sustainable national capacity for prevention programming. It has developed a template for prevention capacity assessment and a toolkit to guide prevention programme managers. In 2018, it supported partnerships for integrated HIV and sexual and reproductive health services in five countries in Eastern and Southern Africa. In the Asia-Pacific region, UNAIDS undertook extensive efforts to strengthen comprehensive sexuality education, including by reviewing national and local policies and school curricula in China and developing training courses on HIV and sexuality in the education sector in Myanmar. The Fast-Track Cities initiative facilitates target-setting, capacity-building, information-sharing and the granular monitoring of progress among more than 300 cities in all regions.

13. Following political advocacy and technical support from UNAIDS, numerous countries, including Botswana, Chad, the Democratic Republic of the Congo, Indonesia, Lesotho, Madagascar, Mozambique, Namibia, Seychelles and the United Republic of Tanzania, are implementing plans to increase the proportion of HIV spending allocated to primary HIV prevention to 25 per cent. Technical support catalysed the development of a strengthened, prioritized prevention framework by the Southern African Development Community. A road map to strengthen condom programming in 23 countries in Western and Central Africa has been developed. In the Middle East and North Africa, UNAIDS is undertaking extensive technical support focused on fast-tracking HIV prevention efforts. In June 2018, the UNAIDS secretariat and the World Health Organization (WHO) jointly hosted a consultation aimed at improving the use of data to inform the roll-out of pre-exposure antiretroviral prophylaxis.

14. Despite progress, reinvigorated political leadership is needed to scale up evidence-based HIV prevention efforts and address structural factors that reduce the scale, coverage and impact of prevention programmes. Among people who inject drugs, 99 per cent live in countries that do not provide adequate harm reduction services. Uptake of pre-exposure antiretroviral prophylaxis remains minimal outside high-income countries, and overall condom use among young men and women in 13 sub-Saharan African countries has declined. There is more promising news with respect to voluntary medical male circumcision, with 18.6 million men circumcised as of December 2017, reflecting important progress towards the target of 25 million by 2020.

15. Many populations continue to be left behind in HIV prevention efforts, in part because of legal and policy barriers. Experience in countries that have decriminalized drug use and possession for personal use indicates that decriminalization, when combined with harm reduction services, can significantly reduce HIV infections. The decriminalization of all aspects of sex work could result in between 33 and 46 per cent of new HIV infections among sex workers and their partners being avoided over 10 years. Although adolescent girls and young women have an urgent need for HIV prevention services, programmes specifically addressing their needs and rights, including structural drivers of gender discrimination and gender-based violence, remain fragmented.

16. An important reason that efforts to prevent new HIV infections are faltering is the low priority accorded to HIV prevention in national resource allocations. Despite plans in some countries to increase investments in HIV prevention, analyses of HIV prevention allocations in the period from 2014 to 2017 in nine countries in several regions revealed only one (Georgia in 2014) that allocated more than 20 per cent of HIV spending to primary prevention. Among the grants to address HIV awarded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, allocations for primary prevention declined over the past five years, with primary prevention accounting for only 17 per cent of total HIV investments by the Global Fund in 2017.

C. The 90-90-90 agenda: progress and gaps

17. In the 2016 Political Declaration, it was stated that, by 2020, 90 per cent of all people living with HIV would know their HIV status, 90 per cent of all people with an HIV diagnosis would receive antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy would achieve viral suppression. Substantial gains have been made towards each component of the 90-90-90 targets.

18. In 2017, 75 per cent of all people living with HIV knew their HIV status, 79 per cent of all people with an HIV diagnosis received antiretroviral therapy and 81 per cent of all people receiving antiretroviral therapy achieved viral suppression. The percentage of people living with HIV receiving antiretroviral therapy rose from 48 per cent in 2015 to 59 per cent in 2017. Among pregnant women living with HIV, 80 per cent received antiretroviral therapy in 2017.

19. In 45 countries, parental consent is required for children under 18 years of age to access HIV testing, and the number of countries rises to 95 when including those that require parental consent for children under the ages of 16 and 14, which is a deterrent to the uptake of testing. Health services are also often not youth-friendly. Whereas 59 per cent of adults living with HIV were receiving HIV treatment in 2017, only 52 per cent of children living with HIV obtained antiretroviral therapy. Treatment coverage is higher among women (65 per cent) than among men (53 per cent).

20. UNAIDS has played a critical role in supporting the expansion of HIV treatment access and in addressing the gaps that slow further progress. The UNAIDS Scientific and Technical Advisory Committee, a compact of world-leading HIV treatment experts, spearheaded the establishment and global roll-out of the 90-90-90 targets. The Committee forms a scientific and technical hub, advising UNAIDS leadership on HIV testing, treatment and care, translating scientific evidence into programmatic action plans, generating broad-based understanding of the benefits of immediate and sustained HIV treatment and independently monitoring and evaluating progress towards the 90-90-90 targets and beyond.

21. In 2017, the Joint Programme's technical support contributed to the development of a regional 90-90-90 catch-up plan and 11 national catch-up plans in Western and Central Africa, in order to close gaps in HIV treatment cascade outcomes. Country missions were undertaken in 10 countries in the region to aid programmes in improving treatment outcomes.

22. The Joint Programme's work on the 90-90-90 targets is informed by technical guidance provided by WHO. For example, consolidated guidelines on HIV testing services were recently supplemented by guidance on HIV self-testing and assisted partner notification. In 2018, WHO developed applications and tools to improve testing services and provided technical assistance to more than 50 countries in all regions to improve testing services. Technical guidance has aided countries in optimizing antiretroviral regimens and in capturing significant treatment programme

efficiencies. The emergence of dolutegravir, an integrase inhibitor with an excellent resistance profile, lower toxicity and greater affordability compared with some other antiretroviral compounds, led WHO to recommend dolutegravir-based combinations as the preferred first-line regimen for HIV. After evidence emerged that the use of dolutegravir at conception might be associated with neural tube defects in newborns, and following consultations between UNAIDS and women's groups, WHO recommended that a woman-centred approach be taken, respecting women's autonomy in decision-making and enabling women to make their own informed choices.

23. UNAIDS has also continued to promote the voluntary counselling and testing initiative of the International Labour Organization, known as VCT@WORK, to mobilize workers, their families and communities with regard to voluntary HIV testing and access to treatment and care services, if needed. By the end of 2018, a partnership comprising national AIDS authorities, ministries of labour, employers' organizations, workers' organizations, civil society the UNAIDS secretariat and its co-sponsors mobilized 5.8 million people (31 per cent of whom were women and 68 per cent men) in 25 countries to take an HIV test, using approaches such as multidisease testing, workplace wellness programmes and occupational health and safety programmes.

24. World Bank programming continued to enable the integration of HIV testing and counselling as a key component of health services. For example, in Nigeria, the multi-year, $500 million Saving One Million Lives initiative was focused on HIV testing services among women receiving antenatal care. Technical support from the Joint Programme has also helped to accelerate the nationwide roll-out of viral load testing in India and supported an enhanced system for monitoring treatment cascade outcomes in Viet Nam.

25. Technical support from UNAIDS built national capacity to implement differentiated HIV service delivery models in high-burden settings, enabling people who are stable on HIV treatment to receive care and monitoring in community settings. Such models have been shown to increase the reach of HIV treatment services, enhance retention in care and decongest health facilities.

26. Tuberculosis remains the leading cause of death among people living with HIV. The 2016 Political Declaration contains calls for reducing tuberculosis-related deaths among people living with HIV by 75 per cent by 2020. From 2010 to 2017, tuberculosis-related deaths among people living with HIV fell globally by 42 per cent, with five countries – Djibouti, Eritrea, India, Malawi and Togo – already having achieved or exceeded the target. Facilitating joint HIV and tuberculosis programming remains a major emphasis for UNAIDS. In 2018, the Joint Programme collaborated with partners to agree on a process for developing a regional HIV and tuberculosis plan for key populations in Western and Central Africa.

27. In the 2016 Political Declaration, countries also urged action to reduce new cases of chronic viral hepatitis B and hepatitis C by 30 per cent by 2020 and to provide treatment services to 5 million people with hepatitis B and 3 million people with hepatitis C, as well as deliver integrated services for HIV and cervical cancer. Women living with HIV face a four- to five-fold increased risk of invasive cervical cancer, compared with HIV-negative women. UNAIDS partners with the Government of the United States of America and the George W. Bush Institute in a $30 million partnership to end AIDS and cervical cancer, which is aimed at incorporating cervical cancer screening and care into HIV services in eight countries in sub-Saharan Africa.

D. Towards zero discrimination and effective social enablers: progress and gaps

28. The 2016 Political Declaration contained calls for intensified efforts to reduce violence against people living with or at risk of HIV infection, implement enabling frameworks to eliminate HIV-related stigma and discrimination, empower people living with and affected by HIV, and review and reform legislation that impedes HIV service uptake. In the Declaration, the commitment to eliminate gender inequality and gender-based abuse and violence was reaffirmed and it was recommended that 6 per cent of all HIV-related funding should support social enablers, such as advocacy, community and political mobilization, community monitoring, public communication and outreach programmes and human rights initiatives.

29. There is encouraging evidence that the stigma associated with HIV is declining. Comparing the results of national household surveys in the period from 2009 to 2016 with the results of earlier surveys from 2000 to 2008, the prevalence of stigmatizing attitudes towards people living with HIV has declined.

30. Progress has also been made in reviewing laws that may present barriers to effective HIV responses and in enacting laws that provide an enabling legal framework for the HIV response. Scientifically unsound and counterproductive laws criminalizing HIV non-disclosure, exposure or transmission have been struck down in at least 10 countries and in two states of the United States of America. Countries such as Jordan, Lebanon and Tunisia have enacted laws to protect women from violence. Since 2011, more than 20 countries have removed restrictions on the entry, stay and residence of people living with HIV. In 2018, the Supreme Court of India struck down the country's law criminalizing consensual same-sex relations, and the parliament of Pakistan officially recognized the rights of transgender persons. A number of countries have lowered the age of consent for voluntary HIV testing and treatment, including the Philippines in 2018.

31. Yet, despite important progress, stigma and discrimination persist as severe impediments to an effective HIV response. In the period from 2009 to 2016, 38 per cent of adults surveyed in 53 countries said that they would not buy vegetables from a shopkeeper living with HIV. People living with HIV who fear stigma are 2.4 times more likely to delay seeking access to antiretroviral therapy until they are very ill. According to surveys of people living with HIV in 19 countries in the period from 2012 to 2017, 1 in 5 reports having been denied health services owing to their HIV status.

32. Stigma and discrimination are often more commonly, and in some settings increasingly, experienced by certain key and vulnerable populations, including adolescent girls, young people, gay men and other men who have sex with men, sex workers, people who inject drugs, prisoners and transgender persons. In an era of unprecedented population mobility, migrants are all too frequently subjected to violence, criminalization, the denial of civil liberties, inadequate access to health services and other forms of discrimination.

33. Even though the Sustainable Development Goals provide for the removal of discriminatory laws, many discriminatory laws and policies continue to reflect and reinforce stigmatizing attitudes towards people living with HIV and groups at an elevated risk of HIV infection. Sex work or some aspect thereof is criminalized in 98 countries; at least 100 countries criminalize the possession of drugs for personal use; 68 countries criminalize HIV non-disclosure, exposure or transmission; 67 outlaw same-sex relations; more than 20 have HIV-specific travel restrictions in place; 17 criminalize transgender persons; and only 9 provide legal recognition for

non-binary gender identity. In addition, 59 countries report some form of mandatory HIV testing.

34. Laws that reflect and reinforce gender inequality increase the vulnerability of women and girls. In 150 countries, there are laws in place that perpetuate the unequal treatment of women compared with men, including 63 countries that have five or more such laws and 29 that still require a woman to have the consent of her husband or partner in order to gain access to sexual and reproductive health services.

35. In response to such challenges, UNAIDS undertakes advocacy and provides technical support for programmatic efforts to reduce HIV-related stigma and discrimination in health-care and educational settings, at workplaces and in communities. The Joint Programme also supports efforts to review and reform punitive or discriminatory laws that act as barriers to an effective HIV response.

36. In 2017, UNAIDS launched the agenda for zero discrimination in health-care settings, outlining recommended actions at the country level In 2018, in follow-up to a thematic debate at a meeting of the UNAIDS Programme Coordinating Board, the UNAIDS secretariat, the United Nations Entity on Gender Equality and the Empowerment of Women (UN-Women), the United Nations Development Programme (UNDP), the Global Network of People Living with HIV/AIDS and the delegation of non-governmental organizations to the Board launched the global partnership for action to eliminate all forms of HIV-related stigma and discrimination.

37. UNAIDS has provided extensive technical support to organizations and networks of key populations and has worked to ensure that key populations are meaningfully engaged in the development, implementation and monitoring of national HIV strategies. The Joint Programme supported Governments and civil society organizations in 20 countries in addressing cases of adverse laws, arrests, harassment and abuse of people living with HIV and of key populations. In Eastern Europe and Central Asia, UNDP built the capacity of the Eurasian Coalition on Male Health to implement a Global Fund grant focused on men who have sex with men and transgender persons, in five countries, and UNFPA built the implementation capacity of four regional key population networks. UNAIDS facilitated a consultation involving participants from 12 countries in Latin America to share experiences on advancing human rights and the social and economic inclusion of transgender persons. It aided the parliamentary forum of the Southern African Development Community in developing minimum standards for the protection of key populations and provided regional training to providers of legal aid, policymakers, human rights commissioners and law enforcement officers in Eastern Africa to create enabling environments for key populations.

38. Promoting human rights leadership and norms is a key focus of the Joint Programme's work. In collaboration with the Office of the United Nations High Commissioner for Human Rights, UNAIDS led dialogues between the African Commission on Human and Peoples' Rights, the Inter-American Commission on Human Rights and the United Nations on ending violence and other human rights violations on the basis of sexual orientation and gender identity. UNDP and the UNAIDS secretariat partnered with the Central American Network of People Living with HIV to organize a colloquium on HIV and human rights, with the participation of representatives of national AIDS programmes, ombudspersons, national representatives of the Network and key population networks from Belize, Costa Rica, El Salvador, Guatemala, Honduras and Panama. As part of its partnership with the Global Fund in South Asia, UNDP, with the Asia-Pacific Forum of National Human Rights Institutions and 17 human rights commissions, developed an action plan to promote and protect human rights with respect to sexual orientation and gender identity.

39. The Joint Programme actively works to ensure that national HIV responses are gender-responsive. UN-Women built the capacity of more than 123,000 women and men in 14 countries to identify and prevent violence and to seek access to HIV services. The Spotlight initiative supported by the European Union is aimed at eliminating all forms of violence against women and girls and offers a unique opportunity to link HIV prevention to the broader 2030 Agenda. UNAIDS recently launched the updated gender assessment tool to assist countries in assessing the HIV epidemic, context and response from a gender perspective and in making the responses gender-transformative, equitable and rights-based.

E. Achieving global targets to eliminate mother-to-child transmission of HIV: progress and gaps

40. Eliminating HIV among children requires that the number of children newly infected with HIV be no more than 20,000 in 2020. This, in turn, depends on robust primary prevention for women of reproductive age, access to family planning and contraception services and 95 per cent antiretroviral coverage among pregnant women and children living with HIV. Extraordinary gains towards the goal of elimination have been achieved, with nine high-burden countries in 2017 reaching the target of 95 per cent antiretroviral coverage among pregnant women and an additional six high-burden countries on track to attain the target in the near future. WHO has certified Anguilla, Antigua and Barbuda, Armenia, Belarus, Bermuda, the Cayman Islands, Cuba, Malaysia, Montserrat, Saint Kitts and Nevis and Thailand as having eliminated mother-to-child HIV transmission.

41. The multi-partner Start Free, Stay Free, AIDS Free initiative, led by the UNAIDS secretariat and the United States President's Emergency Plan for AIDS Relief (PEPFAR), is aimed at accelerating national progress towards ending new infections among children and adolescents and realizing children's rights to life-saving treatment and good-quality care. In 2018, UNAIDS actively supported the Free to Shine initiative of 22 first ladies in Africa, including the launch of nine national campaigns for the elimination of mother-to-child transmission of HIV. Missions to nine countries in Western and Central Africa built national capacities to implement scaled-up services for the elimination of mother-to-child HIV transmission. Country consultations by the United Nations Children's Fund in Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Ukraine and Uzbekistan supported the development of road maps to validate the elimination of mother-to-child HIV transmission.

42. Despite exceptional successes in preventing mother-to-child HIV transmission, the world is not on track to eliminate new HIV infections among children by 2020. In 2017, 180,000 children newly acquired HIV, a total nine times greater than the 2020 target. Only about half of children exposed to HIV are properly tested within eight weeks of birth, a serious failing given that peak mortality in children living with HIV occurs between six and eight weeks after birth. Point-of-care early infant diagnostic platforms now enable diagnosis on the same day that testing is performed; while the uptake of point-of-care testing is increasing, such tests represent only a small fraction of all HIV testing for infants.

F. Improving efficiencies and ensuring sustainability

43. Resources mobilized for the HIV response have flattened over the past five years at amounts roughly one fifth short of the financing target of $26 billion per year by 2020. Many countries are experiencing declines in funding from sources on which

they have long relied for significant portions of their HIV programming. In response, UNAIDS is supporting countries so that they can be even more strategic and innovative in how they prioritize HIV, health and development. The Joint Programme works to build the evidence base for HIV investments, including commissioning an economic analysis in 2018 that found that investments towards fast-tracking the response would yield societal benefits and economic returns that were 6.44 times greater than the amounts spent.

44. In 2018, the World Bank, WHO, UNDP and the UNAIDS secretariat supported HIV investment cases and the optimal allocation of resources that prioritized high-impact locations, populations and programmes. The WHO system-wide approach to analysing efficiency in health programmes led to action by government counterparts, such as changes in the planning process in South Africa to enable joint planning for HIV and the rest of the health system and discussions in Estonia on better integrating HIV into the health insurance benefit package. Multi-year policy and technical support provided by UNDP to 10 countries in Eastern Europe and Central Asia contributed to a decision by the Government of Montenegro to allocate significant domestic resources to HIV-related services provided by non-governmental organizations, as well as a decision by the Government of Serbia to finance minimum packages for HIV-related services for key populations.

45. Allocative efficiency studies by the World Bank and partners in more than 18 countries underscored the need for continued investment in programmes for key populations. World Bank studies addressed HIV programming in Colombia, Mexico and Peru; tracked spending trends in Kiribati, Solomon Islands and Vanuatu, including for HIV; generated data to optimize investments in the HIV response in Bulgaria; and included a regional assessment of the financial sustainability of HIV and universal health coverage programmes in sub-Saharan Africa. The UNAIDS report *Turning Point for Africa* highlighted the importance of developing country-tailored sustainability plans and making policy changes necessary to optimize effectiveness and efficiency.

46. In order to improve health outcomes and enhance efficiency and long-term sustainability, it remains imperative to increase the integration of HIV response in broader service systems. In 2018, the Joint Programme supported the integration of HIV and maternal and child health in the Middle East and North Africa region, built the capacity of 11 Caribbean countries to integrate HIV and sexual and reproductive health services for young people and provided technical and programme planning support to enable the integration of treatment services for HIV and non-communicable diseases in Western and Central Africa.

G. Impact of HIV investments on the broader 2030 Agenda for Sustainable Development

47. Just as the HIV response remains a pioneering approach in the quest for sustainable health and development for all, hopes for ending the AIDS epidemic depend on complementary progress across the full array of the Sustainable Development Goals in order to minimize HIV-related vulnerability and bolster HIV prevention, treatment and care efforts. HIV investments are helping to drive progress across the 2030 Agenda. In large part owing to the expansion of access to antiretroviral therapy, life expectancy in countries in sub-Saharan Africa rose from 53.9 years in 2006 to 60.4 years in 2016. The 1.4 million new infections averted among children since 2010 have hastened the global decline in mortality among children under 5 years of age. Reductions in the number of deaths from tuberculosis

among people living with HIV from 2005 to 2016 have bolstered global efforts to end tuberculosis by 2030.

48. In 2018, a high-level panel of experts convened by *The Lancet* and the International AIDS Society concluded that the HIV response might serve as a pathfinder in a rapidly changing world, helping to promote open societies, a commitment to human rights and sufficient space for civil society at a time when all are under threat. For example, the elevation of women's and girls' empowerment and gender equality as a central pillar of the HIV response, including the priority given to the eradication of violence against women and girls, demonstrates how various communities and sectors can make common cause towards sustainable health and development targets.

49. UNAIDS prioritizes engagement with other global processes to address cross-cutting challenges. In 2018, the UNAIDS Programme Coordinating Board devoted a day-long thematic discussion to the linked epidemics of HIV and tuberculosis, forwarding key findings and conclusions to the co-facilitators of the high-level meeting of the General Assembly on the fight against tuberculosis, held in September 2018. Likewise, the Board meeting to be held in June 2019 will include a full thematic discussion of HIV and universal health coverage, with plans for the summary of those deliberations to be forwarded to the co-facilitators of the upcoming high-level meeting on universal health coverage, to be held in September 2019. Following the Joint Programme's support for the Southern African Development Community in preparation for the sixty-second session of the Commission on the Status of Women, resolution 60/2 of the Commission, on women, the girl child and HIV and AIDS, was unanimously reaffirmed. The Joint Programme's work on sexual and reproductive health and rights, comprehensive sexuality education, the empowerment of women and girls, social protection for people living with, at risk of or affected by HIV, the removal of discriminatory laws and the creation of an empowering legal environment are helping to accelerate progress towards Sustainable Development Goals 3, 5, 10 and 16.

II. Joint Programme alignment with and support for United Nations reform

50. Efforts to reform the United Nations system are aimed at making the Organization's actions more efficient, effective, flexible and people-centred. The Joint Programme, a programme co-sponsored by 12 United Nations system entities, is itself a reflection of United Nations reform in action, offering both inspiration and active support for efforts to achieve broader system-wide reform.

51. The Joint Programme's strategic priorities and directions towards the goal of ending AIDS are outlined in the UNAIDS strategy for the period from 2016 to 2021, entitled "On the Fast-Track to end AIDS", which is fully aligned with the 2030 Agenda.

52. The Unified Budget, Results and Accountability Framework for the period from 2018 to 2019, synthesizes the contributions of the UNAIDS secretariat and its 11 co-sponsors in a unified budget and plan of work, ensuring that the Joint Programme's impact is greater than the sum of its parts. The standardized reporting of outcomes and results under the Framework is facilitated by the joint programme monitoring system, which enables an annual review of the Joint Programme's performance against agreed benchmarks. Each year, the 12 members of the Joint Programme undertake internal and external implementation reviews of its work, identifying areas where improvement is needed and agreeing on modifications or adaptations required to ensure that the goals and targets of the Framework are met.

53. A comprehensive review of the Joint Programme's model by a global review panel in 2017, co-chaired by the Minister of Health of Senegal, Awa Coll-Seck, and the Ambassador for Global Health of Sweden, Lennarth Hjelmåker, reaffirmed the multisectoral model of the Joint Programme. The panel called UNAIDS "an innovative partnership" that "embodies the approaches demanded by the 2030 Agenda – a model that was, in many respects, 20 years ahead of its time".

54. In follow-up to the recommendations of the global review panel, UNAIDS developed an action plan that articulates a refined operating model for UNAIDS, approved by the Programme Coordinating Board as part of the Unified Budget, Results and Accountability Framework for the period from 2018 to 2019. The refined operating model prioritizes a tailored country presence, country-level prioritization of investments, greater attention to the drivers of and incentives for joint work, an emphasis on results for people and a stronger strategic focus for the Joint Programme's governance mechanisms. UNAIDS support in 33 fast-track countries and other priority countries has been intensified, and steps have been taken to enhance the Joint Programme's transparency and accountability. Adjustments to the Joint Programme resource allocation modalities, with a proportion of its resources channelled to countries in the form of country envelopes, enable the careful tailoring of its action to address individual country needs and circumstances.

A. Deploying human and financial resources where they are most needed

55. As a result of challenges in resource mobilization, UNAIDS experienced budget shortfalls of $42 million in 2015, $62 million in 2016 and $65.5 million in 2017. In the context of those financial challenges, the revised operating model, with a revised resource mobilization and allocation formula amounting to a core allocation of $184 million, with $58 million in supplemental funds, together brings the level of resources for the Unified Budget, Results and Accountability Framework to $242 million.

56. The revised resource mobilization and allocation model provides $2 million annually to each of the 11 co-sponsors. In addition, it allocates $22 million annually to co-sponsors for tailored work in countries, with two thirds of the amount allocated to work in fast-track countries. The direct allocation to countries leverages joint action in support of populations in greatest need. The total amount transferred to co-sponsors through the Unified Budget, Results and Accountability Framework in 2018 was the same as the amounts transferred in 2017 and 2016 ($44 million), which is half of the $87 million provided annually before 2015.

57. Taking into account differences in, for example, epidemiological patterns, national capacity and the frequency of humanitarian emergencies, the revised operating model emphasizes flexible, custom-built support for each country. Joint United Nations Teams on AIDS in 97 countries implement evidence-informed joint plans to respond to specific country challenges. The tailored country plans encourage differentiated support for countries through in-country, regional or virtual support mechanisms and, where indicated, through the development of country-specific guidance.

58. The UNAIDS division of labour was revised in 2018 and is aligned with the Sustainable Development Goals and the 2016 Political Declaration, reflects the principles of United Nations reform, clarifies the roles and responsibilities within UNAIDS and guides the capacities and resources of the members of the Joint Programme towards supporting countries in achieving targets related to HIV and other Goals. The revised division of labour, now in place at the global level, is being applied

at the regional and country levels as an adaptable framework. It outlines mutually supportive and synergistic roles for UNAIDS within the broader United Nations development system. In each programme country, the Resident Coordinator ensures the incorporation of matters pertinent to ending AIDS in the United Nations Sustainable Development Cooperation Framework (formerly the United Nations Development Assistance Framework), oversees adaptation of the division of labour at the country level and ensures that agency heads are accountable for the Joint Programme's country-specific deliverables. UNAIDS country directors support the efforts of the Resident Coordinator and coordinate and facilitate the development, implementation and monitoring of the country-specific joint United Nations plan on AIDS as part of the Cooperation Framework.

59. Having long prioritized external evaluations to improve the efficiency and effectiveness of its work, UNAIDS in 2019 took steps to formalize and strengthen the monitoring and evaluation function. Drawing on extensive input from co-sponsors, Member States, civil society and other partners, the Joint Programme developed a formal UNAIDS evaluation policy to enhance accountability, transparency and organizational learning. The new evaluation policy is aligned with the 2030 Agenda and with the definitions and operating approaches of the United Nations Evaluation Group, and it prioritizes United Nations system coordination, partnerships, the enhanced involvement of communities and people living with HIV, human rights and gender equality. As part of the formalization of the evaluation function of the Joint Programme, a multi-stakeholder consultation was convened in March 2019 to ensure that the UNAIDS evaluation approach reflects the views and responds to the needs of its numerous partners and stakeholders. At the midpoint of the UNAIDS strategy for 2016–2021, an independent evaluation will be conducted to review progress against the anticipated outputs of the Unified Budget, Results and Accountability Framework and the goals and targets of the strategy, with a final report anticipated in early 2020.

B. Involvement of civil society in governance and in all aspects of the HIV response

60. In the 2030 Agenda, a whole-of-society approach is called for in efforts to achieve the Sustainable Development Goals. The involvement of civil society organizations, including in decision-making, is now more crucial as the world accelerates action towards the Goals. UNAIDS is unique within the United Nations system in its inclusion of representatives of non-governmental organizations in its governing body. It provides technical support to enable the meaningful involvement of civil society organizations in decision-making spaces, including national AIDS councils and Global Fund country coordinating mechanisms, and to assist in the development and implementation of sound, results-driven grant proposals by such organizations. The 2016 Political Declaration contains calls for community-led service delivery to account for at least 30 per cent of all HIV services by 2030.

61. UNAIDS has forged strong working partnerships with civil society organizations and supports civil society actors in actively engaging as advocates and service providers, as well as in monitoring progress towards AIDS-related targets. For example, the Joint Programme partners with the Global Network of People Living with HIV/AIDS and the International Community of Women Living with HIV/AIDS to conduct periodic national surveys of people living with HIV, helping to gauge the level and nature of HIV stigma and discrimination in various countries. In 2018, civil society partners joined with UNAIDS and with other partners and stakeholders to outline a road map for increasing the active engagement of civil society in HIV service delivery in Western and Central Africa.

C. Working in partnership to maximize results

62. UNAIDS supports the work of the Global Fund. Epidemiological and technical support by the Joint Programme helps in the development and implementation of outcome-driven Global Fund grants. In 2018, the Chairs of the Governing Boards of UNAIDS and the Global Fund discussed strategies for improving the working partnership between the two programmes, with specific attention given to strengthening HIV prevention, accelerating progress in Western and Central Africa and supporting the sustainability of national responses, especially as countries transition away from reliance on external support.

63. The Joint Programme works closely with PEPFAR, given that the United States accounts for 73 per cent of global HIV assistance and 30 per cent of all HIV-related spending. The UNAIDS secretariat and PEPFAR are co-conveners of the Start Free, Stay Free, AIDS Free initiative to eliminate new HIV infections among children and adolescents and improve HIV outcomes for children living with HIV. UNAIDS regional and country teams collaborate with PEPFAR country teams to support robust implementation of financed programmes by PEPFAR and to build strong national capacity for the sustainability of those programmes.

64. UNFPA and the UNAIDS secretariat are working with the private sector and national Governments to build a healthy, sustainable market for condoms. Regional economic communities, the African Union and bilateral organizations are key partners in those efforts. UNAIDS also works with the legal sector to provide pro bono legal support at the local, country and regional levels on legal aid, law reform and accountability.

III. The way forward

65. The world faces a moment of choice in its long fight against HIV. Unless the HIV response is reinvigorated, the global HIV epidemic could rebound, with far greater long-term costs in terms of human lives and the financial resources that would be required, as well as profound intergenerational consequences. Focused action is required in order to build on prior gains, close gaps in the response, revive momentum towards ending the epidemic and establish a foundation for the long-term sustainability of the response.

66. In the 2016 Political Declaration, Member States decided to convene a high-level meeting on HIV and AIDS to review progress on the commitments made towards ending the AIDS epidemic by 2030 and examine how the HIV response continues to contribute to progress on the 2030 Agenda. Another high-level meeting on HIV would provide an opportunity to reinvigorate the response, regain momentum and place the world back on track to achieve the end of AIDS by 2030, in close alignment and synergy with the 2030 Agenda and the Sustainable Development Goals.

A. Reaching the 2020 and 2030 targets

67. Extraordinary gains in fighting HIV in Eastern and Southern Africa demonstrate what can be achieved through robust financing, political commitment, evidence-informed action and inclusive responses that engage and unite communities and other stakeholders. Recent legal changes through the courts and parliaments illustrate the powerful potential of strategic litigation and parliamentary action for creating an enabling legal environment. However, urgent action is needed to replicate such gains across regions, notably in Western and Central Africa, Eastern Europe and Central Asia, and the Middle East and North Africa.

68. The roll-out of key technologies and interventions, including point-of-care early infant diagnosis, viral load testing, HIV self-testing, oral pre-exposure antiretroviral prophylaxis, optimized antiretroviral regimens, condoms and lubricants, must be accelerated. Substantial further investments are needed in community-based or community-supported models of care. Sufficient funding is required to implement social enablers that are vital to the success of the HIV response.

69. Barriers to service utilization must be removed. Substantially greater efforts are needed to combat stigma and discrimination, protect and promote human rights, advance women's and girls' empowerment, ensure gender equality and address other social and structural barriers to HIV prevention and health service utilization. The reduction or removal of user fees for health services has been shown to increase access to health services, reduce inequities and contribute towards achieving the Sustainable Development Goals and the goals of universal health coverage. The integration of HIV and sexual and reproductive health services and services for survivors of gender-based violence is a paramount priority. Postnatal HIV treatment services should be fully integrated into maternal, neonatal and child health services. The meaningful involvement and sufficient resourcing of organizations of key populations, women and young people living with HIV, through social contracting and other means, is essential for bringing community-led HIV programmes to scale and reversing concentrated epidemics.

70. No one can be left behind in the HIV response. Urgent attention is needed to provide young people, especially adolescent girls, with the HIV-related services and enabling services they need. Civil society space must be protected to enable those living with and affected by the epidemic to fully engage in the HIV response. The removal of legal barriers for key populations is imperative, and specific attention is needed to maximize access to health-care among migrant populations.

71. Getting on track to reach the 2020 targets and to end the AIDS epidemic by 2030 will require closing the HIV resource gap. This will require greater support from countries, international donors and other partners, such as the philanthropic and private sectors.

B. Sustaining the HIV response over the long term

72. While working to close the existing funding gap, key actions are needed to build the foundation for the long-term sustainability of the response. Resource mobilization, especially domestically, must be increased and diversified, available funds must be used in the most efficient and effective way, community systems must be preserved and strengthened, and focused funding is required to address and eliminate inequalities and disparities. In working towards the sustainability of national responses, up-front investments are pivotal, since they enable countries to transition towards ending their epidemics, thereby minimizing long-term health and financing costs. Integrating the HIV response into a broad array of health services and fully leveraging progress towards universal health coverage can expand service coverage for people living with HIV, reduce duplication and fragmentation and improve both HIV-specific and non-HIV-specific health outcomes.

73. In support of the long-term sustainability of national HIV responses, UNAIDS will work to build and leverage political commitment at all levels, provide strategically focused technical support and capacity-building assistance, monitor epidemic transitions and national programmatic and financial progress towards sustainability, advocate for sufficient funding for programmes and initiatives that promote human rights and gender equality and address the needs of populations left behind. In order to support sustainability, UNAIDS will cultivate and fully leverage

partners for resource mobilization, develop inclusive, equitable and integrated national investment cases and transition plans and leverage the expertise, technical abilities and comparative advantages of the 12 members of the Joint Programme.

IV. Recommendations towards ending the AIDS epidemic by 2030

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

(a) **Note with concern that new HIV infections are not declining fast enough to achieve the 2020 targets outlined in the 2016 Political Declaration, and that an estimated 15 million people living with HIV still lack access to treatment; call for urgent action to scale up evidence-based HIV prevention, testing, treatment and care services and to ensure that those services reach the people who need them the most, including key populations and adolescent girls and young women; and call for reinvigorated efforts to protect human rights and promote gender equality in the context of the HIV response and to address social and structural determinants of health;**

(b) **Urge immediate action to address the continuing shortfall in the financing of the HIV response, taking into account the need for annual investments of $26 billion in order to reach the 2020 targets;**

(c) **Stress the critical importance of continued political commitment and leadership to achieve the targets of the 2016 Political Declaration and reiterate the need to convene a high-level meeting of the General Assembly, as decided by the Assembly, the date of which is to be determined no later than at the seventy-fifth session of the Assembly (in accordance with Assembly resolution 70/266), to review progress on the commitments made in the Declaration and reinvigorate the response in order to regain momentum and place the world back on track to achieve the end of AIDS by 2030, in close alignment and synergy with the 2030 Agenda on Sustainable Development and the Sustainable Development Goals;**

(d) **Recognize the pivotal role played by UNAIDS in galvanizing and supporting multisectoral HIV responses in the context of broader efforts to reach the Sustainable Development Goals and leave no one behind, and call for the Joint Programme to continue to support progress in the implementation of the UNAIDS strategy for the period 2016–2021, the 2016 Political Declaration and relevant targets of the Goals aimed at ending the AIDS epidemic by 2030;**

(e) **Support the efforts of the Joint Programme to contribute to the follow-up and review process of the 2030 Agenda, including the high-level political forum on sustainable development, in order to ensure that adequate consideration is given to the AIDS response as part of target 3.3 and its interlinkages with other Goals, including in voluntary national reviews;**

(f) **Commend the efforts of the Joint Programme to refine and adapt its operating model to more effectively support countries in achieving their commitments and to continue to serve as a pioneer for United Nations reform;**

(g) **Stress the importance of a fully funded Unified Budget, Results and Accountability Framework for the effective functioning of the Joint Programme; call for renewed efforts to close the current funding gap; and express support for the resource mobilization efforts of the Joint Programme.**