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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, prepared pursuant to Council resolution 2019/33.

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

Summary

In the 2030 Agenda for Sustainable Development, Member States committed to ending the AIDS epidemic as a public health threat by 2030. 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, countries committed to fast-tracking the HIV response in order to reduce new HIV infections and AIDS-related deaths by 75 per cent from 2010 to 2020, among other targets. These commitments have led to extraordinary actions and substantial gains in the HIV responses of many countries. However, the targets were missed in many instances and the global HIV response is off track.

Sub-Saharan Africa remains the region most heavily affected by HIV, with girls and young women 2.6 times more at risk of HIV infection than their male counterparts. Globally, 62 per cent of new HIV infections now occur among key populations and their sexual partners.

HIV outcomes and the quality of life of people living with HIV, women and girls and key populations, continue to be affected by stigma and discrimination, with discriminatory and punitive laws undermining HIV responses in many countries.

The coronavirus disease (COVID-19) pandemic has disrupted societies, economies and systems for health across the world. Communities affected by HIV have been hit by the pandemic and their access to HIV services constrained. The Joint United Nations Programme on HIV/AIDS (UNAIDS), Governments and communities have mobilized rapidly, building on the multisectoral nature of HIV responses, accelerating people-centred, innovative approaches and mobilizing new financial resources to counteract the impacts of the pandemic.

UNAIDS has ensured that HIV remains on the political agenda and has leveraged the expertise of its 11 co-sponsors and secretariat to support countries in implementing effective, gender-responsive, rights-based and multisectoral HIV responses.

In 2020, UNAIDS led the development of the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS, which will make a critical contribution to the decade of action for the Sustainable Development Goals. It applies an inequalities lens to close the gaps that hold back progress in the HIV response and sets bold new targets to be reached by 2025 to build momentum to end AIDS as a public health threat by 2030.

UNAIDS is continuously adapting its operating model and ways of working to increase efficiency, coordination, collaboration and coherence, with the overall purpose of achieving results for people living with, at risk of and affected by HIV. In an independent evaluation of the United Nations system response to AIDS between 2016 and 2019, it was recognized that UNAIDS is considered an example of United Nations reform and that it achieves the Organization’s reform objectives at the country level. It was found, however, that the UNAIDS Unified Budget, Results and Accountability Framework requires strengthening in the prioritization and allocation of resources, and that improved indicators are needed to capture the contributions of the co-sponsors and the secretariat. The next UNAIDS budget and workplan will ensure alignment of the UNAIDS footprint, capacity, ways of working and resource mobilization with the priorities of the Global AIDS Strategy 2021–2026 and with the

mandates outlined by Member States in the 2020 quadrennial comprehensive policy review for development of the United Nations system.

UNAIDS continues to play a central role in driving progress in the HIV response. There is a vital need to allocate resources for the actions set out in the Global AIDS Strategy 2021–2026 and in the workplan and budget for 2022–2026 to ensure that UNAIDS continues to play a pivotal role.

I. Introduction

1. The present report has been prepared in response to the request by the Economic and Social Council, in its resolution 2019/33, for the Secretary-General to transmit to the Council, at its 2021 session, a report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), in collaboration with its co-sponsors and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response by the United Nations system to the HIV and AIDS epidemic.

2. A report by the UNAIDS Programme Coordinating Board,[1] as requested by the Council in its resolution 2019/33, complements the present report. The report of the Board is focused on governance issues and on how UNAIDS can be sustainably core-funded, whereas the present report provides an update on progress made in 2019 and 2020 on implementing a joint United Nations response to the AIDS epidemic.

II. Update on the global HIV epidemic

3. Globally, there were an estimated 38 million people living with HIV in 2019, including 1.8 million children (0–14 years), 3.4 million young people (15–24 years), 24.9 million people aged 25–49 years and 7.9 million people aged 50 years and older. In the 2030 Agenda for Sustainable Development, Member States agreed on the goal of ending the AIDS epidemic as a public health threat by 2030. 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, countries committed to fast-tracking the HIV response by front-loading investments, accelerating HIV service provision and eliminating HIV-related stigma and discrimination. Through the fast-track approach, countries committed to reducing new HIV infections to fewer than 500,000 and AIDS-related deaths to fewer than 500,000 annually by 2020.

4. Efforts to achieve these targets and commitments have led to extraordinary actions in many parts of the world and have yielded substantial gains. However, there are disparities in results across regions, countries and subpopulations. New HIV infections trended downwards between 2010 and 2019 in sub-Saharan Africa, the Caribbean, Western and Central Europe and North America, and Asia and the Pacific, with declines ranging from 12 to 35 per cent. In three regions, however, the number increased: in Eastern Europe and Central Asia, by 72 per cent; in the Middle East and North Africa, by 22 per cent; and in Latin America, by 21 per cent.[2] New HIV infections among key populations remain persistently high in all regions.

5. From 2010 to 2019, the number of AIDS-related deaths declined by 39 per cent, and at least 26 countries are on track to achieve the targeted AIDS-related mortality reductions by 2030, including 9 countries in Eastern and Southern Africa, where 55 per cent of people living with HIV reside. Regarding the 90–90–90 targets,[3] by 2019, 81 per cent of people living with HIV were aware of their HIV status, 82 per cent were receiving antiretroviral treatment and 88 per cent of those receiving such treatment had achieved viral suppression.

[1] Joint United Nations Programme on HIV/AIDS (UNAIDS), document UNAIDS/PCB (EM)/3.5.rev1.

[2] UNAIDS, document UNAIDS/PCB (47)/20.26.

[3] By 2020, 90 per cent of all people living with HIV will know their HIV status, 90 per cent of all people with a diagnosed HIV infection will receive sustained antiretroviral treatment and 90 per cent of all people receiving antiretroviral treatment will have viral suppression.

6. However, many countries missed the targets for 2020[4] and the global response is off track. Since 2016, 3.5 million more people acquired an HIV infection and 820,000 more people died of AIDS-related causes than would have been the case if the targets had been met. Of the 38 million people living with HIV, 12.6 million are not yet receiving treatment.

7. Intersecting inequalities related to age, gender, gender identity, sexual orientation, education, location, social or legal status, wealth, race, ethnicity or migration status have a strong bearing on people's vulnerability to HIV, their access to HIV testing and treatment and their health outcomes.

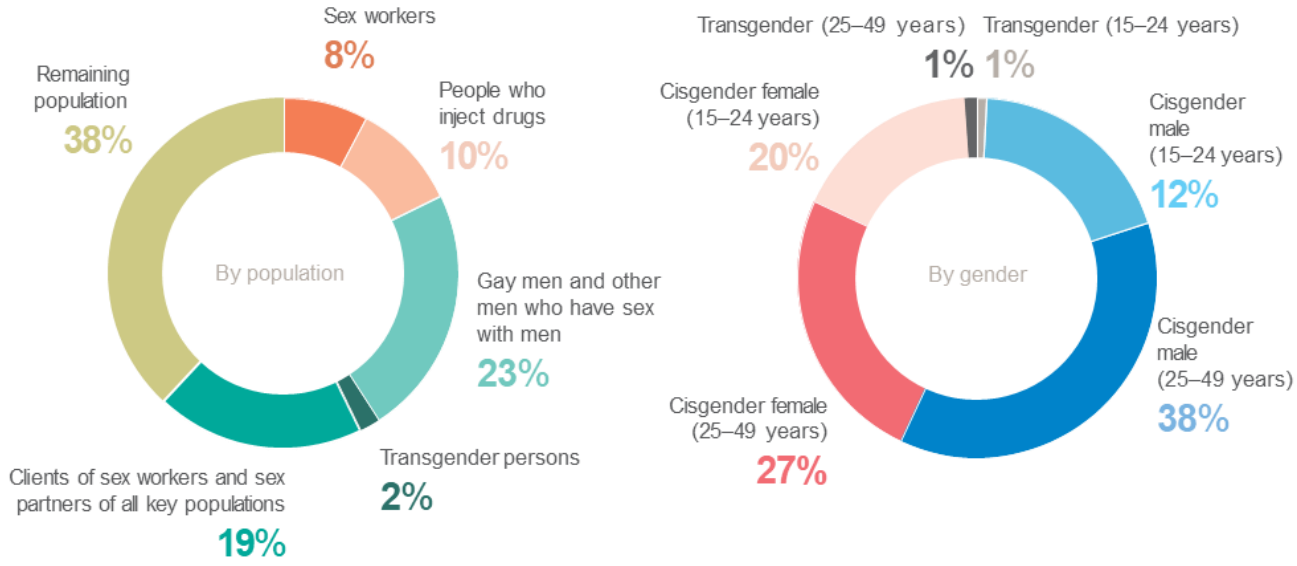
8. In 2019, key populations and their sexual partners accounted for an estimated 62 per cent of all new HIV infections globally among persons aged 15–49 years. Key populations include gay men and other men who have sex with men, whose risk of acquiring HIV is 26 times higher than adults in the rest of the population; people who inject drugs, whose risk is 29 times higher; sex workers, whose risk is 30 times higher; and transgender persons, whose risk is 13 times higher. These populations accounted for the vast majority of new HIV infections in every region except Eastern and Southern Africa, including 99 per cent of infections in Eastern Europe and Central Asia, 98 per cent in Asia and the Pacific and 97 per cent in the Middle East and North Africa. Stigma, discrimination, violence and criminalization of key populations undermine HIV prevention efforts and hinder their access to HIV testing, treatment and care.

9. Gender inequalities, including unequal gender norms, discrimination and violence against women and girls, increase the HIV risk of women and adolescent girls and constrain their use of services (see E/CN.6/2020/6). In 2019, there were approximately 280,000 new HIV infections among young women aged 15–24 years, almost three times more than the 2020 target of 100,000 annual new infections (see figure I). HIV remains one of the top causes of death among women of reproductive age globally. Since 2010, the number of new infections among women and girls has increased in Eastern Europe and Central Asia, the Middle East and North Africa and Latin America. In sub-Saharan Africa, adolescent girls and young women comprise 10 per cent of the population, but account for an estimated 24 per cent of new HIV infections.

10. Outside sub-Saharan Africa, men aged 25 years and older account for 18 per cent of the population but 48 per cent of new HIV infections. Men in sub-Saharan Africa have poorer outcomes than women across the HIV testing and treatment cascade, and targets for prevention are not being met. For example, the 15 million voluntary medical male circumcisions performed in 15 priority countries in Africa by 2019 were 10 million short of the 2020 target.

[4] UNAIDS, "Fast-track commitments to end AIDS by 2030", 2016.

Figure I
New HIV infections by gender and population in 2019 (global)[5]



Source: UNAIDS data (2020).

11. HIV is interlinked with other communicable and non-communicable diseases. Women living with HIV are five times more likely to develop cervical cancer than their HIV-negative counterparts, while tuberculosis remains the most common cause of premature death among people living with HIV. Sexually transmitted infections other than HIV contribute to increased HIV transmission. People living with HIV are at increased risk of developing mental health conditions, which can undermine health-seeking behaviours, reduce adherence to treatment and lead to higher mortality.

12. Despite progress, HIV responses are still failing children and young people. There were an estimated 150,000 new infections in children in 2019, nearly eight times the target of fewer than 20,000 new infections annually by 2020. Children living with HIV are much less likely to receive antiretroviral treatment than adults, and their treatment outcomes are worse owing to suboptimal paediatric regimens. Young people aged 15–24 years are less likely than adults to know their HIV status and have access to treatment.

13. Stigma and discrimination persist, including in health-care settings, where denial of care, dismissive attitudes and breaches of confidentiality occur. Discriminatory and punitive laws and harmful practices hinder access to HIV services for people living with HIV, women and key populations. A total of 18 countries have legal provisions requiring a married woman to obey her husband, and 32 countries do not have legislation addressing domestic violence. Some 129 of 149 reporting countries criminalize some aspect of sex work, 111 of 134 criminalize drug use, 69 of 194 criminalize same-sex relations, 32 of 134 criminalize or provide for the prosecution of transgender persons and 92 of 151 criminalize HIV non-disclosure, exposure or transmission.[6] These laws pose barriers to an effective AIDS response.

14. The coronavirus disease (COVID-19) pandemic has plunged the world into uncertainty, causing over 3 million deaths and disrupting economies, health systems

[5] Cisgender refers to gender identity that corresponds with birth identity.
[6] UNAIDS, *Seizing the Moment: Tackling Entrenched Inequalities to End Epidemics – Global AIDS Update 2020* (Geneva, 2020).

and social life. Pandemic-related restrictions have hindered access to HIV services and social protection. Violence against women has surged, increasing the risk of HIV infection, with limited availability of services for survivors. Services to prevent vertical HIV transmission were disrupted; pre-exposure prophylaxis, tuberculosis and voluntary medical male circumcision programmes were scaled back; access to HIV testing was reduced; and antiretroviral treatment services were hampered. Access to harm reduction services, condoms, lubricants and sexual and reproductive health services was disrupted. Millions of people working in informal economies were left without incomes or access to social protection.

15. In response, UNAIDS, Governments and communities mobilized rapidly. Coverage of HIV services rebounded in many instances and new insights emerged to support strengthened responses. UNAIDS emphasized the need to enhance countries' social protection systems, with specific attention directed to people living with, at risk of and affected by HIV, including key populations, young people, women and girls, persons with disabilities, refugees, asylum seekers, migrants, populations experiencing food insecurity and those in humanitarian emergencies. Additional financial resources were mobilized to reduce the impact of the pandemic.

16. This occurred against a backdrop of declining investment in the global HIV response in recent years. In 2019, $18.6 billion (2016 constant dollar value) was available for the HIV response, nearly 30 per cent short of the $26.2 billion that UNAIDS estimated would be required for an optimal global response. Significant new investments are needed to get the HIV response on track.

III. Charting the way forward to end AIDS as a public health threat by 2030

17. With fewer than 10 years to reach the goal of ending AIDS as a public health threat by 2030, the global HIV response must be refocused and intensified. This can be done by implementing the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS, which the Programme Coordinating Board adopted on 25 March 2021. Implementation of the strategy will contribute to the decade of action for the Sustainable Development Goals.[7]

18. UNAIDS led the development of the strategy by building on an extensive review of the evidence and an inclusive consultative process involving over 10,000 stakeholders from 160 countries.

19. The strategy uses an inequalities lens to focus actions on closing the remaining gaps and sets ambitious targets for 2025 (see figure II), including:

(a) 95 per cent of each affected population uses appropriate, prioritized, person-centred and effective combination HIV prevention options;

(b) 95–95–95 testing and treatment targets are achieved in all subpopulations and age groups;

(c) 90 per cent of people living with HIV and people at risk are linked to people-centred and context-specific integrated services for other diseases, sexual and gender-based violence, mental health, sexual and reproductive health and other services that they need for their overall health and well-being.

[7] The term "inequalities" in the strategy encompasses the many inequities, injustices or unfairnesses that can also lead to inequality, as well as the disparities in HIV vulnerability, service uptake and outcomes experienced in diverse settings and among the many populations living with or affected by HIV.

20. For the first time, the strategy includes specific targets for removing societal and legal barriers that limit access to or utilization of HIV services, including:

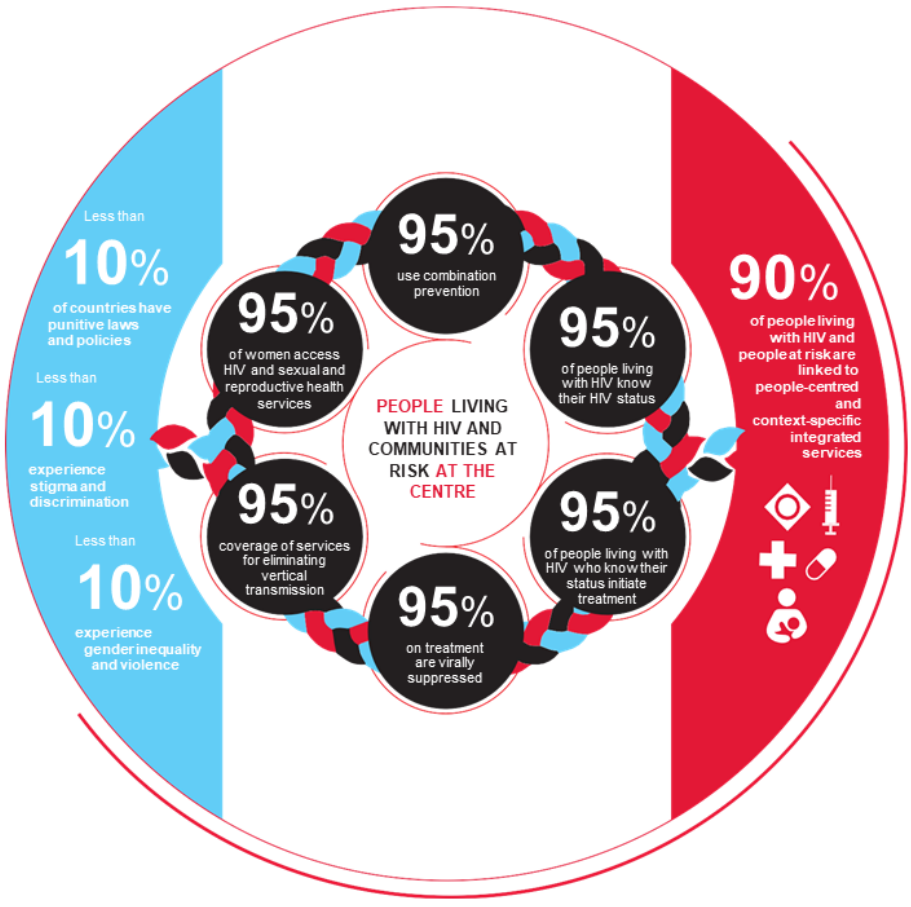
(a) By 2025, less than 10 per cent of countries have punitive legal and policy environments that deny or limit access to services;

(b) Fewer than 10 per cent of people living with HIV and key populations experience stigma and discrimination;

(c) Fewer than 10 per cent of women, girls, people living with HIV and key populations experience gender inequality and violence.

21. If these targets are achieved, the number of people who newly acquire HIV each year would decrease from 1.7 million in 2019 to fewer than 370,000 by 2025, and the number of people dying from HIV-related causes would decrease from 690,000 to fewer than 250,000. The number of new HIV infections in children would decrease from 150,000 in 2019 to less than 22,000 in 2025.

Figure II
Global AIDS Strategy 2021–2026: targets for 2025



Source: UNAIDS, *Global AIDS Strategy 2021–2026: End Inequalities, End AIDS* (2021).

22. To achieve the new targets, it is necessary to tackle the inequalities that drive the HIV epidemic. Urgent efforts are needed to reach key populations as well as young women and adolescent girls.

23. The new strategy prioritizes HIV prevention and calls for total annual investments in prevention to be increased to over $9.5 billion by 2025 from the $5.3 billion estimated to have been invested in 2019.

24. There is an intensified focus on eliminating new HIV infections among children and bridging the paediatric treatment gap.

25. The risk of HIV infection for girls and women will be reduced by using new technologies and changing harmful gender norms.

26. To reduce the number of HIV-related deaths, the 95–95–95 testing, treatment and viral load suppression targets need to be met by 2025 for all people living with HIV.

27. Improving access to and the use of HIV services is reinforced by ensuring HIV-related human rights, gender equality and freedom from stigma and discrimination. Conducive legal and policy environments, strong systems for health and strengthened social protection will reduce inequalities and allow people to live with dignity and thrive.

28. The strategy also prioritizes the context-specific integration of HIV with other health services and primary health care to reduce illness and death from HIV, tuberculosis, cervical cancer and other diseases.

29. In the strategy, it is recognized that well-resourced and empowered community-led approaches are vital for an effective HIV response. This vision also recognizes that young people are key to unlocking new ways to end inequalities and end AIDS.

30. Stakeholders and leaders across all sectors of the HIV response need to act with urgency to implement the new vision and strive for results. Success lies in implementing differentiated, targeted and contextually appropriate approaches that address the social and structural drivers of the HIV epidemic and build resilience and sustainability.

IV. Global efforts led by the Joint Programme to end AIDS as a public health threat by 2030

31. Since 2019, when the previous report of the Executive Director to the Economic and Social Council was issued, UNAIDS has continued to lead global efforts to end AIDS as a public health threat. Its leadership has kept HIV on the national and global political agendas. Its multisectoral support has continued to have a positive impact at the global, regional and country levels. Achieving results for people and leaving no one behind remains the guiding purpose of the Joint Programme’s work.

32. UNAIDS support is catalytic in nature, its core budget of $184 million in 2019 representing less than 1 per cent of the total resources of $18.6 billion available for the AIDS responses in low- and middle-income countries that same year.

33. The financial resources available to UNAIDS have fallen short of the approved budget for 2016–2021 by some 25 per cent since 2016. Although the co-sponsors and secretariat have maintained their commitment to the results as set out in the Unified Budget, Results and Accountability Framework for the same period, the support provided by UNAIDS to countries has also fallen short of what was originally set out. In future, a fully funded budget is essential for UNAIDS to effectively support countries in implementing the Global AIDS Strategy 2021–2026.

Monitoring trends in the HIV epidemic and response

34. Strategic information is crucial for effective HIV policies, programme development and implementation. Epidemiological and financing estimates supported by UNAIDS guide national planning and programmatic adaptations. The disaggregation and integration of data on key indicators – age, sex, sexual orientation and gender identity – support and sharpen decision-making at the country level to improve outcomes.

35. UNAIDS supports countries in using the best available surveillance and survey data to monitor trends in new infections and HIV-related deaths to ensure that programmes are achieving their expected impact. Countries are thus able to focus and reprioritize their responses to the populations and areas being left behind. The data also allow UNAIDS to document progress towards regional and global targets.

36. In 2019, 173 countries submitted data to UNAIDS on their national epidemics and responses, using the Global AIDS Monitoring system, which is managed by UNAIDS. During the COVID-19 pandemic, countries have continued to provide data, many sharing monthly updates on HIV service disruptions. The data have helped to guide responses to the emerging needs of specific populations.

37. Service disruption analysis informed quick responses to countries' emerging needs and helped to steer resource allocations accordingly. Innovative mechanisms for HIV monitoring were used to identify and avoid possible pandemic-related supply bottlenecks, and UNAIDS was able to promptly alert countries about potential stock-outs for specific drugs.

38. Countries also reported on HIV budgets, HIV programme expenditure and volumes and prices of antiretroviral drugs. This allowed UNAIDS to estimate the annual HIV resource availability globally and by region and to calculate funding gaps.

39. UNAIDS increased the availability of strategic information to promote gender equality in national HIV responses, including through the gender assessment tool, which was used to inform new HIV strategies in Ethiopia, Morocco, South Africa, Tunisia, Uganda and the United Republic of Tanzania.

40. UNAIDS also strengthened strategic information collection and analysis to guide national decision-making and resource allocation for programmes for key populations. This included supporting the Southern African Development Community and countries in Western and Central Africa in developing regional strategies and country-level targets for key populations.

Integrated policy advice, normative guidance and technical support

41. UNAIDS has developed normative guidance and supported countries in implementing diverse programme and policy changes to improve HIV outcomes.

HIV testing, treatment and viral suppression

42. Countries were supported in implementing rights-based HIV testing and treatment strategies – including community-led options – that evidence shows are the most effective. UNAIDS helped to strengthen the capacities of health systems, community organizations and other stakeholders, with an emphasis on scaling up differentiated approaches to HIV testing, supporting pooled procurement, introducing new testing approaches and removing human rights barriers. This included the scaling up and improvement of testing services in more than 50 countries and the adoption of updated World Health Organization (WHO) self-testing guidelines in 77 countries by 2019.

43. The International Labour Organization (ILO), Unitaid and WHO supported the Self-Testing Africa initiative to promote HIV self-testing kits in high-burden countries in Africa and Asia. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) community-based initiative HeForShe engaged 115,000 women and men in South Africa in dialogues around unequal gender norms, violence against women and HIV prevention, also prompting testing and treatment uptake among participants.

44. With support from UNAIDS, 93 per cent of low- and middle-income countries have adopted the WHO treatment guidelines, and most are using the first-line treatment regimens recommended by WHO. Noting the well-documented links between food security and HIV treatment retention and adherence, the World Food Programme (WFP) provided nutritional support for malnourished people receiving antiretroviral treatment and directly observed short course treatment for tuberculosis in 18 countries.

Elimination of new HIV infections among children and sustaining mothers' health

45. UNAIDS continued to work to eliminate new HIV infections in infants, supporting countries in focusing on the most effective strategies. The United Nations Children's Fund (UNICEF), working with WHO, the UNAIDS secretariat and the President's Emergency Plan for AIDS Relief of the United States of America, introduced a programming framework to help countries in prioritizing interventions to reduce new child infections. An analytical tool was developed to identify the factors causing new infections in infants, enabling decision makers to target interventions for the greatest impact. A focus on the integration of services and support for networks of young mothers has strengthened people-centred approaches to safeguarding the health of women and their infants. Additional resources, including $2 billion in bonds to support the health of women and children, was raised through the World Bank in 2019. WHO has validated the elimination of vertical HIV transmission in 14 countries.

46. Led by UNAIDS and the President's Emergency Plan for AIDS Relief, the "Start Free, Stay Free, AIDS Free" initiative provided an ongoing assessment of progress and identified actions to close gaps to end AIDS in children, adolescents and young adults, including guidance on measures to counteract disruptions due to the COVID-19 pandemic.

HIV-prevention among adolescents and young people

47. Through the leadership of the United Nations Population Fund (UNFPA) and the UNAIDS secretariat, the Global HIV Prevention Coalition focused on strengthening combination HIV prevention for adolescents and young people. A combination approach to HIV prevention includes behavioural, biomedical and structural interventions tailored to those in greatest need. Political commitment to primary HIV prevention and sexual and reproductive health and rights was obtained through the convening of directors of national AIDS programmes by UNFPA, the UNAIDS secretariat and the Coalition, and through commitments made by the 28 Coalition focus countries during the Nairobi Summit on the International Conference on Population and Development, in 2019.

48. In the 2018–2019 biennium, UNFPA boosted supplies of male and female condoms, thus averting an estimated 12.5 million new sexually transmitted infections. The United Nations Educational, Scientific and Cultural Organization (UNESCO) reached nearly 15 million learners with life-skills-based HIV and sexuality education through the "Our rights, our lives, our future" initiative. By 2020, 77 countries had

adopted and 45 countries were implementing the WHO recommendations on oral pre-exposure prophylaxis, including a module for adolescents and young adults.

49. UNESCO, working with UN-Women, WHO, UNFPA, the UNAIDS secretariat and UNICEF, developed the updated *International Technical Guidance on Sexuality Education* in order for countries to equip young people with knowledge and skills on health and well-being, respect for human rights and gender equality. In 2020, UNESCO, UNFPA and partners launched a package of out-of-school comprehensive sexuality education guidance for young people outside formal educational settings, including young key populations who are at high risk of violence, HIV and other sexually transmitted infections.

50. To respond to the alarming numbers of adolescent girls and young women acquiring HIV and dying of AIDS in sub-Saharan Africa, the UNAIDS secretariat, UNESCO, UNFPA, UNICEF and UN-Women developed the "Education Plus" initiative, a high-profile political advocacy drive to encourage decision makers and donors to significantly scale up investments and actions on secondary education as an entry point for multisectoral action to prevent HIV and violence, promote sexual and reproductive health and rights and comprehensive sexuality education, economically empower young women and ensure their participation in decision-making.

HIV prevention among key populations

51. Key populations remain underserved for HIV prevention, in part owing to criminalization, stigma and discrimination. UNAIDS supported countries in ensuring that key populations and their sexual partners have access to HIV prevention options that address their needs and rights. This has included supporting the operationalization of implementation tools for sex workers and people who use drugs in 14 countries, and for young key populations in more than 25 countries. Technical guidelines were developed on HIV programming, human rights and empowerment for lesbian, gay, bisexual, transgender and intersex persons. The United Nations Development Programme (UNDP) worked in 89 countries to support law and policy reforms, and partnered in 72 countries on rights and inclusive development for lesbian, gay, bisexual, transgender and intersex persons, including around HIV and health. The United Nations Office on Drugs and Crime (UNODC) and partners supported countries in developing and implementing HIV programmes in prisons and improving linkages between prison health facilities and community health-care centres. The UNAIDS secretariat, UNDP, UNFPA, UNICEF and WHO supported countries in using data-driven methods to improve HIV service access for young at-risk populations in Botswana, Côte d'Ivoire and Zimbabwe.

52. UNAIDS partnerships with key donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, enabled UNDP to coordinate tailored combination prevention that reached: 162,000 people who use drugs, in 5 countries; 352,000 gay men and other men who have sex with men, in 12 countries; 272,000 sex workers, in 12 countries; and 5,900 transgender persons, globally. UNFPA worked with key populations in 49 countries through community-based HIV and sexual and reproductive health and rights programmes. UNODC led harm reduction programming for people who use drugs and strengthened HIV programmes as part of prison health services in many countries.

Gender equality in the context of HIV

53. Gender inequality, underpinned by harmful gender norms, gives licence to gender-based violence and limits the decision-making power of women and girls. The resulting lack of agency undermines their ability to refuse unwanted sex, negotiate safer sex, mitigate HIV risk and have access to services. UNAIDS has supported

countries in addressing these gender inequality and HIV intersections, focusing especially on ensuring that HIV prevention services are delivered alongside sexual and reproductive health services, countries provide quality secondary education that includes comprehensive sexuality education, and HIV strategies address gender-based violence and negative sociocultural gender norms and seek to empower women and girls.

54. UNAIDS supported countries in conducting gender analyses and integrating gender-responsive actions, indicators and resource allocations into their national HIV strategies and Global Fund concept notes, and in mobilizing women living with HIV as agents of change. In Zimbabwe, support from UN-Women led to a $20 million allocation for programming to serve HIV-related needs of young women and girls. Various activities to assist with income-generation and access to HIV services included support from UN-Women for 10,000 women living with HIV in 30 countries, support from WFP for 10,000 girls and women living with HIV in Latin America, and livelihood support from the World Bank for 324,000 women, including women living with HIV, in Nigeria.

55. UNAIDS has supported the scaling up of evidence-based interventions to prevent violence against women and increase access to services, including HIV services, for survivors, such as the "SASA!" community initiative in Eastern and Southern Africa.

56. UN-Women supported the Southern African Development Community in implementing resolution 60/2 by piloting a gender-responsive oversight model and a regional framework and programme of action to monitor its implementation. The model supports government accountability and tracks efforts to tackle the root causes of adolescent girls' and young women's vulnerability to HIV. It has been adapted locally in Angola, Lesotho, Malawi, Namibia and Zimbabwe.

Removal of punitive laws, policies and practices, and elimination of stigma and discrimination that block effective HIV responses

57. UNAIDS supported countries in the creation of enabling legal and social environments to facilitate HIV service delivery and reduce HIV risk. For example, under the leadership of UNDP, it supported the implementation of recommendations in the 2012 report of the Global Commission on HIV and the Law and the supplement of 2018. It also developed and launched the international guidelines on human rights and drug policy.

58. Penal code reforms were supported in 10 countries, and UNFPA established the first global database of laws and regulations on sexual and reproductive health and rights in over 100 countries. ILO carried out a review of national legislation on HIV for all of its 187 member States.

59. Support for countries has led to stepped-up actions to reduce stigma and discrimination in the health sector: in 2019, 65 per cent of countries reported having pre- and in-service training for health-care workers to reduce stigma and discrimination. As at 2020, 19 countries had joined the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, co-convened by UNAIDS, UNDP, UN-Women, the Global Network of People Living with HIV/AIDS and the non-governmental organization delegation to the Programme Coordinating Board,[8] which draws together Governments and communities to take evidence-based action.

[8] UNAIDS, *Evidence for Eliminating HIV-Related Stigma and Discrimination* (Geneva, 2020).

60. UNAIDS provided hands-on support for dealing with human rights issues in more than 30 countries in Africa, Asia and the Pacific, and Latin America, including by working with civil society and other partners to advocate against arresting people on the basis of their sexual orientation or gender identity. It also provided expert advice on law reforms related to HIV and key populations.

Integration of people-centred HIV and health services into the context of stronger systems for health

61. People in need of HIV services also require health care, education, sustainable livelihoods and social safety nets. UNAIDS has supported the integration of services as a critical approach to providing people-centred, holistic and coordinated services, including for other communicable and non-communicable diseases, mental health conditions, harm reduction, alcohol and drug dependence, sexual and reproductive health and gender-based violence, and critical supportive services such as social protection and education.

62. The General Assembly adopted the political declaration of the high-level meeting on universal health coverage on 10 October 2019, bringing the global health community together under a single umbrella. UNAIDS has worked to use the momentum towards universal health coverage to strengthen the long-term sustainability of the HIV response. The UNAIDS secretariat, UNDP, UNFPA, UNICEF, UN-Women, the World Bank, WFP and WHO joined other multilateral health, development and humanitarian agencies to support countries in accelerating progress towards the health-related targets of the Sustainable Development Goals through collaboration on the Global Action Plan for Healthy Lives and Well-being for All, which facilitates more streamlined support for countries. In February 2021, ILO joined the Global Action Plan.

63. Signatory agencies recognize that primary health care is crucial for achieving universal health coverage and the health-related targets of the Sustainable Development Goals. Four strategic levers must be used to optimize the health impact of primary health-care investments: political commitment and leadership; governance and policy frameworks; funding and resource allocation; and the engagement of communities and other stakeholders. The primary health-care accelerator of the Global Action Plan involves marginalized communities in assisting Governments to identify blockages and develop and expand service delivery models that include the most vulnerable groups. The operational framework for primary health care was presented by WHO at the seventy-third session of the World Health Assembly.[9]

64. UNAIDS has also supported improvements in HIV, sexual and reproductive health and rights and gender-based violence services and antenatal care through strategies such as the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030, as well as the "Consolidated guideline on sexual and reproductive health and rights of women living with HIV". The integration of health and education was supported through the development of a continental strategy on education for health and well-being for adolescents and young people in Africa. Mapping studies have been conducted to inform social protection policies and strategies.

Engaging civil society in the HIV response

65. Community-led and civil society organizations, including networks of people living with HIV and those led by key populations, women and young people, are central to the HIV response because they have a unique capacity to reach marginalized

[9] World Health Organization, *Operational Framework for Primary Health Care: Transforming Vision into Action* (Geneva, 2020).

populations with tailored services, collect data at the community level and advocate policies and practices that increase access to and the uptake of HIV services by those who need them most. UNAIDS facilitates civil society engagement in national HIV responses, supports resource mobilization and capacity-building and brokers alliances between Governments, civil society and other actors.

66. Networks of women living with and vulnerable to HIV were supported in Latin America, the Middle East and North Africa, and Asia and the Pacific to engage in the HIV response. The Director General of WHO established an advisory group of women to provide advice on HIV and sexual and reproductive health and rights issues. UNODC supported countries in addressing the needs of women in prison through civil society engagement.

67. Support was provided for community-led monitoring in more than 21 countries. People living with HIV in 42 countries received assistance to implement the People Living with HIV Stigma Index. A civil society platform for engagement in the HIV response was set up in Western and Central Africa.

68. UNODC established the first global network of civil society organizations working on HIV in prisons and hosted a meeting that brought together representatives from 26 organizations.

69. UNFPA worked with key population organizations in all regions to boost their capacities for advocacy and service delivery, addressing issues such as violence, the lack of social protection during the COVID-19 pandemic and the need for sustained access to community-led and fixed-site services for HIV and other sexually transmitted infections and sexual and reproductive health. In Jamaica, UNFPA supported transgender community organizations in drafting the first national transgender health strategy.

Mobilizing and tracking resources for the global HIV response and ensuring efficiency and effectiveness

70. Every five years, UNAIDS estimates the resource needs for the HIV response in low- and middle-income countries and annually tracks resource availability. HIV resources peaked in 2017 at $19.9 billion, but decreased to $18.6 billion , leaving a funding gap of 29 per cent against the 2020 target of $26.2 billion, to which Member States had agreed in 2016.

71. UNAIDS worked on several fronts to increase funding for the HIV response. Its advocacy helped to ensure an unprecedented $14 billion replenishment for the Global Fund in 2019. It also worked to leverage the Global Fund, the President’s Emergency Plan for AIDS Relief, bilateral programmes and national resources for maximum impact in countries. Through the technical support mechanism, UNAIDS support for Global Fund funding applications contributed to the allocation of a combined total of $5.6 billion in 38 countries for HIV and tuberculosis responses.[10]

72. The Joint Programme helped to boost funding for the use of point-of-care technologies in 10 countries and generate billions of dollars in private and public sector pledges at the 2019 Nairobi Summit on the International Conference on Population and Development to reach sexual and reproductive health targets by 2030.

73. UNAIDS supported the prioritization of high-impact locations and populations in HIV plans, and 50 per cent of countries reported having up-to-date HIV investment cases. In the 2018–2019 biennium, more than 35 allocative and implementation efficiency studies and additional care cascade analyses were carried out with national

[10] UNAIDS, *UNAIDS Technical Support Mechanism: Annual Report 2019–2020* (Geneva, 2021).

partners and World Bank teams in 18 countries to improve HIV outcomes with currently available funds.

74. The review of universal health-care financing, led by the World Bank and supported by UNDP and others, served as the basis for the first meeting of Group of 20 health and finance ministers, in 2019, and the outcome document focusing on sustainable financing for universal health-care-based health systems.

75. UNAIDS estimates that $29 billion will be needed annually for HIV by 2025 if the world is to be on track to end AIDS as a public health threat by 2030. Resource needs would then level off if countries scale up services and use the most efficient combinations of programmes and service delivery methods, and if commodity prices are optimal.

76. While donor resources will continue to be crucial, in line with the principles of global solidarity and shared responsibility, investments from national public sources will have to increase in order to fully fund the HIV response and ensure sustainability.

77. Notwithstanding the progress made, many low-income countries still rely on external funding and many middle-income countries are struggling to transition to national funding of their HIV responses. In 2019, only 36 per cent of countries had a sustainability plan that included increased national investment in their HIV responses. UNAIDS will continue to provide support, focusing on evidence-informed actions that link HIV responses to the broader development agenda, while expanding the uptake of innovations, improving integration, incorporating HIV lessons into efforts relating to universal health care and the Sustainable Development Goals and fostering greater efficiency.

V. Strengthening and adapting the United Nations system response to AIDS

78. UNAIDS has continued to adapt its operating model and ways of working in response to the evolving HIV epidemic and global context, including the ongoing reform of the United Nations development system and the expectations and mandates outlined by Member States in the quadrennial comprehensive policy review.

79. The General Assembly, in its most recent resolution on the quadrennial comprehensive policy review (resolution 75/233), adopted in December 2020, calls for enhanced system-wide coherence in supporting countries in the implementation of the 2030 Agenda and for a United Nations development system that is more strategic, accountable, transparent, collaborative, efficient, effective and results-oriented, with a central focus on leaving no one behind. The core themes and approaches of the policy review are integral to the work of UNAIDS, including support for country ownership and leadership, evidence-based policy advice, the promotion of human rights, strengthened joint programming and pooled financing.

80. In an independent evaluation of the United Nations system response to AIDS in the 2016–2019 period, presented to the Programme Coordinating Board in December 2020, it was recognized that the Unified Budget, Results and Accountability Framework and UNAIDS are in line with the principles of the United Nations and the Sustainable Development Goals, and that UNAIDS is considered an example of United Nations reform that achieves United Nations reform objectives best at the country level.[11] The evaluation concluded that the UNAIDS strategy was highly relevant, and the Framework was praised for being needs-based, inclusive and

[11] UNAIDS, document UNAIDS/PCB (47)/20.32, para. 19.

participatory and for providing a comprehensive rationale for interventions that address gender equality.

81. Numerous examples of United Nations contributions to national HIV responses and to stronger systems and capacities were noted in the report. It was also found that country-level joint planning generally works well and that a coordinated United Nations response to HIV remains highly relevant. However, it was highlighted that the Unified Budget, Results and Accountability Framework requires strengthening in prioritization and resource allocation. This was felt acutely in the context of UNAIDS funding shortages in recent years. While the Joint Programme clearly contributes to country-level outcomes, the Framework indicators do not adequately capture that role or the respective contributions of co-sponsors and the secretariat. Funding shortages negatively affect joint programming decisions and impede HIV technical leadership, thereby placing UNAIDS under stress. The evaluation drew attention to shrinking HIV-specific expertise in the Joint Programme and contained calls for action to maintain the necessary capacity.

82. In its management response, UNAIDS welcomed the opportunity to learn from the findings and recommendations of the evaluation. It outlined a series of actions focused on strengthened planning, resource allocation, results and accountability. Implementation of the management response builds on good practices[12] and will ensure that UNAIDS continues to contribute to and benefit from United Nations reform.

83. The evaluation also recommended that UNAIDS develop a plan on HIV and gender. In future, UNAIDS will build on its gender equality work and will include an integrated approach with prioritized actions, indicators and resources to advance gender equality and eliminate gender-based violence as part of its next workplan and budget.

84. At the time of submission of the present report, work was under way on developing the new unified workplan and budget, through which UNAIDS will catalyse rapid implementation of the actions outlined in the Global AIDS Strategy and ensure that the shortcomings of the current Unified Budget, Results and Accountability Framework, as noted in the independent evaluation, are addressed. UNAIDS will measure its performance, contributions and results against progress in national, regional and global HIV responses, with a specific focus on supporting countries and communities in reducing the inequalities that drive the AIDS epidemic.

85. While significant gains have been made, the AIDS epidemic is far from over. Stepped-up efforts are required, including in the context of the COVID-19 pandemic. The experiences, diverse partnerships and people-centred, data-driven approaches of UNAIDS are needed now more than ever.

86. Crucially, UNAIDS requires a fully funded budget, with predictable and flexible funding, to deliver on its mandate and respond to the priorities and needs of countries. In the context of a significant shift in development financing by several donors, UNAIDS, as a 100 per cent voluntary funded entity, has maintained a significant volume of unearmarked core funding. However, the funding has fallen short of the budget approved by the Programme Coordinating Board since 2016, and consequently, during implementation of the 2016–2021 Strategy: On the Fast-Track to End AIDS, UNAIDS has not been able to provide full support for national HIV responses as originally set out in the Unified Budget, Results and Accountability Framework.

[12] UNAIDS, “Refining and reinforcing the UNAIDS joint programme model”, 2017.

87. The next UNAIDS workplan and budget, which will be presented to the Programme Coordinating Board in September 2021, will show clear alignment between roles, accountabilities and resource levels, in order to ensure that UNAIDS delivers ever greater value for countries as they pursue their goals for 2030.

VI. Recommendations

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

(a) **Note with concern the uneven progress in the HIV response and the persistent high numbers of new HIV infections and AIDS-related deaths, HIV-related stigma, discrimination and inequalities, and the impacts of the COVID-19 pandemic on the HIV response; note that, globally, 62 per cent of new HIV infections occur among key populations and their sexual partners, that girls and young women remain disproportionately vulnerable to HIV infection in sub-Saharan Africa and that new HIV infections among children are many times higher than the targets; and note that preventable and treatable diseases and conditions, including tuberculosis, cervical cancer and mental health and other non-communicable diseases, are linked with HIV infection, poor HIV treatment outcomes and mortality among people living with HIV;**

(b) **Encourage countries to strengthen integrated, people-centred, human rights-based and community-based responses that incorporate HIV services and programmes within primary health-care and sexual and reproductive health services and that address HIV together with tuberculosis, sexually transmitted infections, other communicable diseases, cervical cancer and non-communicable disease responses;**

(c) **Recognize inequality as a central fault line of the AIDS epidemic, with a direct impact on HIV outcomes, and call for the rapid roll-out of the Global AIDS Strategy 2021–2026 to ensure that all populations, including those currently left behind, are brought to the centre of the HIV response; and recognize that the inequalities that require action include those between countries and within countries, including health disparities and barriers related to stigma, discrimination, human rights violations, violence, gender inequality and the criminalization of key populations;**

(d) **Recognize the pivotal role of UNAIDS and commend the support that it provides to drive progress in the HIV response, including the assistance provided to countries to ensure timely reporting on progress;**

(e) **Call for UNAIDS to support intensified, differentiated, evidence- and rights-based HIV responses that are tailored to the needs of diverse populations in different epidemiological contexts, focusing on identified gaps, to achieve the targets set for 2025 and reach the goal of ending the AIDS epidemic by 2030; and emphasize the importance of achieving equitable outcomes for all people living with, at risk of and affected by HIV;**

(f) **Commend the efforts of UNAIDS to adapt its operating model and strengthen its support for countries, including in the context of the COVID-19 pandemic, where its agility, adaptability and innovation, including country and community engagement and leadership, have been well demonstrated;**

(g) **Urge immediate action to close the HIV resource gap; encourage countries to increase national funding for the HIV response and call upon**

international donors to reaffirm their commitment; and at the same time emphasize the importance of:

(i) **Directing funding to the most effective interventions, tailored to the needs of populations in each context;**

(ii) **Removing obstacles to service delivery;**

(iii) **Aligning national responses with documented epidemiological patterns;**

(h) **Stress the critical importance of UNAIDS in the global AIDS response and the need to endorse, provide resources for and sustain the actions set out in the Global AIDS Strategy 2021–2026, calling for a fully funded UNAIDS budget for 2022–2026 to enable its effective functioning.**

Annex

Update on the implementation of Joint Inspection Unit recommendations

1. The Joint Inspection Unit completed a review of the management and administration of the United Nations Joint Programme on HIV/AIDS (UNAIDS) in November 2019. Its report and recommendations (JIU/REP/2019/7), together with the UNAIDS management response, were considered by the UNAIDS Programme Coordinating Board at its forty-fifth meeting, in December 2019.

2. In its report, the Joint Inspection Unit recommended that the Executive Director of UNAIDS should include an annex to the 2021 biennial report to the Economic and Social Council, outlining the substantive recommendations that have been made in the areas of governance, oversight and accountability and providing a status update on their implementation (ibid., para. 164 (recommendation 8)). UNAIDS management agreed to the recommendation, and the present annex is provided in that context.

3. In its review, the Joint Inspection Unit made 8 formal and 25 informal recommendations (see tables 1 and 2). Three of the formal recommendations were directed to the Programme Coordinating Board, and five to the Executive Director. A working group of the Board considered the recommendations directed to the Board and reported on its deliberations and views.[1] The report of the Board to the Council[2] provides an overview of the Board's considerations, as well as decisions taken in December 2020,[3] following on from the recommendations of the working group.

4. The tables below are focused on the implementation of Joint Inspection Unit recommendations directed to the Executive Director in the areas of governance, oversight and accountability. A comprehensive update on implementation, covering all recommendations, was provided to the Programme Coordinating Board in December 2020.[4]

Table 1
Status of implementation of formal recommendations

Formal recommendation	*Status*
Recommendation 6	Implemented as at June 2020.
By the end of 2020, the Executive Director, in consultation with the Bureau of the Programme Coordinating Board, should establish a regular stand-alone agenda item at one of the Board's meetings each year to cover internal and external audits, ethics and other topics on accountability presented by the appropriate independent functions, in their respective reports to the Board.	The Board has requested a management response to the external and internal auditors' reports for future Board meetings under the agenda item "Organizational oversight reports".[a]

[1] UNAIDS, document UNAIDS/PCB (47)/20.39.
[2] UNAIDS, document UNAIDS/PCB (EM)/3.5.rev1.
[3] UNAIDS, Decisions of the Virtual 47th Session of the UNAIDS Programme Coordinating Board, 15–18 December 2020.
[4] UNAIDS, document UNAIDS/PCB (47)/20.40. See also UNAIDS, document, UNAIDS/PCB (47)/CRP5.

Formal recommendation	*Status*
Recommendation 8 The Executive Director should include an annex to the 2021 biennial report to the Economic and Social Council, outlining the substantive recommendations that have been made in the areas of governance, oversight and accountability and providing a status update on their implementation.	The present annex responds to this recommendation.

[a] UNAIDS, Decisions of the Virtual 47th Session of the United Nations Joint Programme on HIV/AIDS Programme Coordinating Board, decision 11.4.

Table 2
Status of implementation of informal recommendations

Informal recommendation	*Status*
Informal recommendation 11 As recommended by the external auditor in his recent report, the Executive Director should append an annual statement on the effectiveness of internal controls to the financial statements in order to provide assurance of internal controls.	Implemented as at April 2020 and now a continuing practice.
Informal recommendation 12 The inspectors encourage the Executive Director to review and strengthen the secretariat's ethics function and establish one that is fully independent by following Joint Inspection Unit-recommended best practices, as well as consider how to best support the office with appropriate staffing and/or backup. Additionally, the Ethics Office should submit an annual report, or a summary thereof, unchanged by the management, directly to the Programme Coordinating Board.	The Ethics Office is now a stand-alone office, reporting directly to the Board. At the time of writing, a competitive recruitment process for the head of the Office was under way. Term limits will apply in line with Joint Inspection Unit-recommended best practices.
Informal recommendation 25 The inspectors encourage the secretariat and co-sponsors to document the valuable lessons learned and good practices of UNAIDS as a model to inform future programmatic and United Nations reform efforts currently under way, especially at the country level.	The UNAIDS website provides a platform for sharing results, highlighting lessons learned and good practices and illustrating how the Joint Programme is leveraging the skills, capacity and partnerships of the United Nations system to support communities and countries. Plans are under way to enhance the UNAIDS transparency portal (https://open.unaids.org).