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Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

Summary

The present report addresses the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report focuses on the implementation of decisions from its 38th and 39th meetings, held in June and December 2016, respectively.

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I. Introduction

1. The 2030 Agenda for Sustainable Development commits all countries to "leaving no-one behind" and requires collaboration across sectors at the intersections of AIDS and sustainable development. The AIDS epidemic remains one of the greatest health and development challenges of our time. The number of adults acquiring HIV each year has remained static over the past seven years, at roughly two million people. The incidence of HIV was highest in sub-Saharan Africa, with 1.5 new infections per 1,000 people. Young women aged 15-24 years are at high risk of HIV infection, accounting for 20 per cent of new infections among adults globally in 2015. At the same time, key populations, including sex workers, people who inject drugs, transgender people, men who have sex with men and prisoners account for 45 per cent of new HIV infections and require access to comprehensive prevention services, including harm reduction. The epidemic continues to claim more than one million lives each year. Nearly 80 million people have been infected with HIV and, of those, 35 million people have died of AIDS-related causes since the beginning of the epidemic.

2. The AIDS response has also brought unprecedented gains: 18.2 million people living with HIV were on treatment by mid-2016. The number of people dying from AIDS-related illnesses fell by 45 per cent, from a peak of 2 million in 2005 to 1.1 million in 2015. In the world's most affected region, Eastern and Southern Africa (ESA), the number of people on treatment has more than doubled since 2010, reaching nearly 10.3 million people in 2016. Due to the success of national HIV programmes, the HIV incidence rate among children (less than 15 years of age) declined by 59 per cent to 0.31 new infections per 1,000 children between 2010 and 2015. Since 2009, 1.2 million HIV infections among children have been averted; yet 150,000 children were born with HIV in 2015.

3. In June 2003, the executive boards of UNDP/UNFPA/UNOPS, the United Nations Children's Fund (UNICEF) and the World Food Programme agreed that follow-up to meetings of the Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS) be placed as a regular item on the agendas of their respective board meetings.

4. The present report, prepared jointly by UNDP and UNFPA, provides an update on the decisions and recommendations from the 38th and 39th UNAIDS PCB meetings, held in June and December 2016, respectively. Issues of particular relevance to UNDP and UNFPA included the financial situation of UNAIDS; discussions on enabling legal and policy environments affecting the HIV response, including factors affecting availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low- and middle-income countries; the role of communities in ending AIDS by 2030; and the UNAIDS Unified Budget Results and Accountability Framework (UBRAF) 2016-2021.

5. This report also provides highlights of UNDP and UNFPA results in addressing HIV, in the context of broader work on health, human rights and development to support countries to achieve the Sustainable Development Goals and leave no one behind. More detailed results for both organizations are available in the UNAIDS Unified Budget, Results and Accountability Framework 2016 Performance Monitoring Report: Detailed Analysis. The oral presentation at the second regular session 2017 will include a synopsis of decisions and recommendations from the 40th PCB meeting held in June 2017.

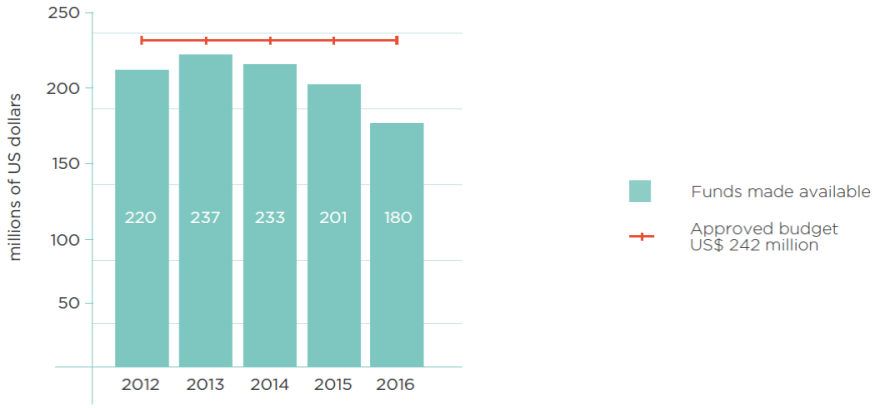
6. The following section II gives a brief overview of UNAIDS PCB decisions relevant to UNDP and UNFPA, while section III provides further information on how these decision are being implemented and highlights the achievements of UNDP and UNFPA, structured according to the strategic directions of the UNAIDS Strategy 2016-2021.

II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

Financial situation of UNAIDS

7. Despite strong political support expressed for UNAIDS (by the United Nations General Assembly, the Economic and Social Council and the PCB, among others), the global commitment to end AIDS is not matched by adequate financing of the Joint Programme. The PCB approved a core budget of $484 million for 2016-2017, but just 70 per cent of the approved budget is likely to be mobilized over the biennium, continuing a downward trajectory in core funding since 2013 (see figure 1). This reflects a disconnect between the ambitions of the PCB as reflected in the UNAIDS Strategy 2016-2021 and the funding provided by Member States to the Joint Programme.

Figure 1. Core funds raised against the UNAIDS approved budget, 2012-2016



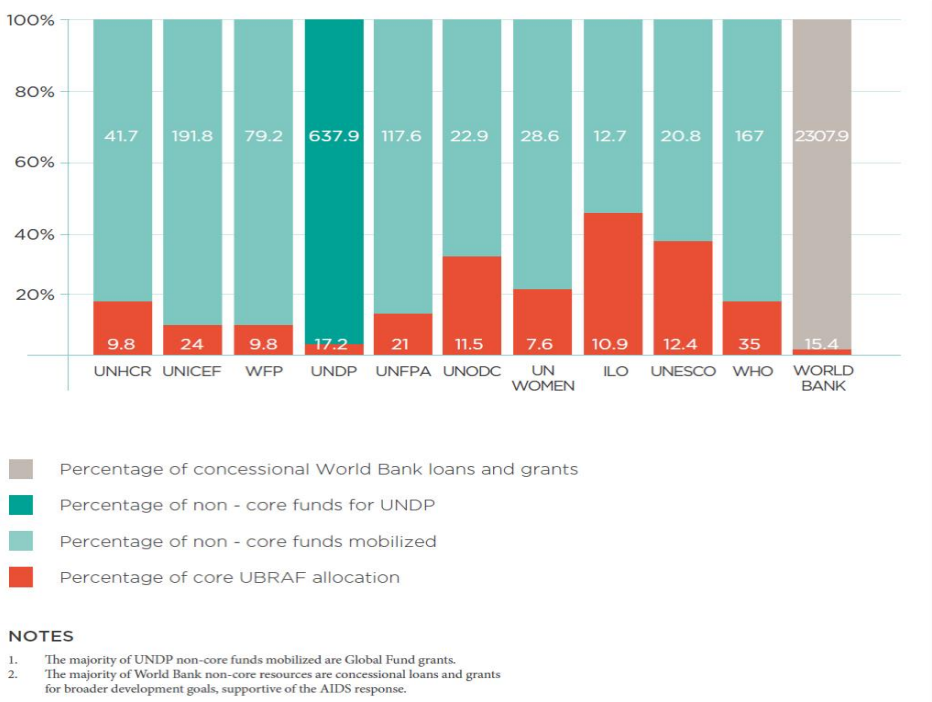
8. UNAIDS Cosponsors received only 30 per cent of core UBRAF resources, and the funding shortfalls are already severely affecting the capacity of both Cosponsors and the Secretariat to deliver the level of support described within the UNAIDS Strategy.

9. In light of the financial challenges facing UNAIDS, the PCB encouraged Cosponsors to strengthen their resource mobilization efforts. Cosponsors are doing so within a challenging funding climate for the United Nations – and for HIV-specific resources – while they have limited capacity to reallocate any non-core UBRAF HIV funding, since the vast majority of non-core funding is earmarked. The capacity of Cosponsors to leverage additional non-core resources is dependent on UBRAF support, in large part because Cosponsor functions – including some resource mobilization efforts – are often financed through core UBRAF funding. Figure 2 below shows the proportions of HIV resources leveraged by Cosponsors under a fully funded UBRAF. Resources that Cosponsors are able to raise for HIV can complement the available UBRAF-funds but cannot replace these.

10. Cosponsors and the UNAIDS Secretariat have taken steps to alleviate the budget shortfall. UNDP undertook a strategic review and realignment exercise in the latter part of 2016, taking into account the shifting trends in HIV and health financing for low- and middle-income countries, the financial situation of UNAIDS, and opportunities and challenges presented by the 2030 Agenda. With an eye on gender parity, a more cost-effective, efficient and sustainable structure is now in place, strongly positioning UNDP to: (a) provide policy and programme support consistent with the vision, goals and targets of the 2030 Agenda, including the commitment to leave no one behind; (b) work more cross-regionally and through South-South collaboration; (c) continue strengthening linkages between its policy work and the partnership

with the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund); (d) increase focus on previously underserved regions and UNAIDS 'Fast-Track' countries; (e) strengthen linkages between the its work on HIV, governance, gender, fragility, disaster risk reduction, crisis and environment; and (f) expand its work and partnerships on leaving no one behind, including by increasing the evidence base on high-impact integrated approaches for addressing the social, economic and environmental determinants of HIV.

Figure 2. Proportions of HIV resources leveraged by Cosponsors under a fully funded UBRAF (2014-2015)



11. In 2016, UNFPA drafted a strategic framework on HIV, prioritizing an integrated approach to HIV within the broader context of sexual and reproductive health and reproductive rights (SRHR), population dynamics, gender equality and human rights. The framework articulates how UNFPA will contribute to the achievement of the Sustainable Development Goal target to end the AIDS epidemic by 2030, and outlines a four-pillar approach focused on: (a) programmes (on human rights, HIV and SRHR linkages, and combination prevention); (b) people (prioritizing adolescents, youth, women and key populations); (c) place (covering fast track countries, emerging epidemics and humanitarian contexts); and (d) partnerships (with government, civil society, the United Nations and donors). The draft framework was utilized in the development of the new UNFPA strategic plan, 2018-2021, where HIV is a clear component of an integrated SRHR outcome and mainstreamed within youth and gender outcomes. Structurally, UNFPA merged its global HIV and SRHR outcomes, and HIV has been further integrated into staff portfolios, particularly those focused on SRHR and youth, seeking to continue its balanced life-cycle approach to supporting women, young people and key populations universally, in UNAIDS 'Fast-Track' and other countries.

12. At the 39th PCB meeting in December 2016, following consultation with the heads of the Cosponsor agencies, the UNAIDS Executive Director proposed a review of the Joint Programme business model to ensure it was fit for purpose. The PCB approved a review of the UNAIDS operating model, identified three fundamental pillars of interest (joint working, governance, and financing and accountability), and requested that a revised operating model be presented at the 40th PCB meeting.

Enabling legal and policy environments affecting the HIV response

13. The 38th PCB meeting discussed the importance of communities working with governments to contribute to changes in behaviour and help to create demand for (and deliver) prevention interventions. Communities also play an important role in challenging social cultural norms and attitudes to improve prevention outcomes – including by expanding the scale and reach of prevention services, advancing human rights, reducing gender inequalities and stigma and discrimination. The PCB encouraged Member States to remove regulatory and cultural barriers and to ensure the meaningful participation of civil society and people living with HIV and other key populations in policies and programmes.

14. At the 39th PCB meeting, UNAIDS presented a synthesis report of existing research and literature on factors affecting the availability, affordability and accessibility of treatment and diagnostics for HIV and co-infections in low- and middle-income countries. The report presented findings across four thematic areas: (a) access to medicines and other health technologies in the context of the political declarations on HIV and AIDS; (b) common barriers to accessing HIV-related treatment and diagnostics; (c) global initiatives described in the literature that were put in place to overcome these barriers; and (d) global initiatives regarding access to HIV-related products. The PCB requested UNAIDS to work with partners and Member States on access to medicines (including intellectual property), took note of the report of the United Nations High-level Panel on Access to Medicines, and requested the Joint Programme to facilitate further discussions on access to treatment and diagnostics for HIV and co-infections in low- and middle-income countries.

UNAIDS Unified Budget Results and Accountability Framework (UBRAF) 2016-2021

15. The 38th PCB approved the final UBRAF 2016-2021 based on the recommendations of the PCB working group. The final UBRAF includes major improvements: describing core functions of the Secretariat and Cosponsors, explaining resource allocation principles, presenting UNAIDS work in each region, expanding partnerships, providing a broad range of monitoring and evaluation tools, strengthening accountability through the addition of external perspectives and independent evaluation, describing the theory of change, linking outputs to results (including the Sustainable Development Goals), and reflecting the risks posed by funding shortfalls. Indicators were refined to ensure concrete measurements of UNAIDS results while minimizing demands for extensive data collection.

III. UNDP and UNFPA transformative results

16. In 2016, UNDP released a corporate strategy – HIV, Health and Development Strategy 2016-2021: Connecting the Dots – which is fully aligned with the 2030 Agenda, and contributes to the UNDP vision of eradicating poverty and reducing inequalities and exclusion. The strategy is also in line with those of key partners, including UNAIDs, the Global Fund and the World Health Organization (WHO). In 2016, more than 100 UNDP country offices supported national HIV responses; UNDP policy and programme support in reducing inequalities and social exclusion that drive HIV and poor health has contributed to reducing HIV risk for women, girls, and key populations. Interventions to promote effective and inclusive HIV governance have contributed to strengthening governance, legislative and human-rights environments for HIV responses. UNDP continues to play a key role in supporting countries facing challenging circumstances to deliver on Sustainable Development Goal 3, strengthening institutions to deliver basic services, and return to sustainable development pathways in post-conflict and post-disaster settings.

17. During 2016, UNFPA continued its focus on supporting delivery of integrated HIV and sexual and reproductive health (SRH) services, especially for adolescents, young people, women and key populations. UNFPA work on increasing gender equality and responding to sexual gender-based violence has also reduced HIV risk for women and girls. Reductions have

occurred in maternal mortality (including AIDS-related maternal deaths); unplanned pregnancies (including women living with HIV); female genital cutting; and transmission of HIV and other sexually transmitted infections (STIs). Improvements in SRH services have increased access to family planning, antenatal care and deliveries accompanied by skilled birth attendants, all of which also contribute to reductions in HIV transmission.

Strategic direction: HIV prevention

Preventing HIV in young people and adolescents

18. In supporting young people and adolescents, UNFPA has advanced a diversity of youth empowerment programmes and strengthened provision of adolescent SRH services, including for prevention and management of HIV and other STIs. Between 2014 and 2016, globally 33.4 million adolescents were provided with integrated SRH and HIV services. In 100 countries, laws and policies have been put in place to enable adolescents to claim and exercise their reproductive rights – allowing them to receive comprehensive information and access to SRH services. During 2016, 32 countries prioritized adolescent health, including SRH, within broader national health plans, recognizing the need to protect young people's health as an integral part of national development. Ninety-four countries put in place participatory platforms to give young people a voice and to enhance advocacy for youth development, ensuring youth inclusion and access especially for marginalized young people. Socio-economic programmes for adolescent girls were supported in 55 countries, empowering girls to increase their economic autonomy and asset building skills, thus reducing their risk to child marriage.

19. Together with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other partners, UNFPA supported the introduction and strengthening of comprehensive sexuality education (CSE) across many programme countries, with the goal of safeguarding the health and well-being of adolescents and youth. By 2016, 81 countries were providing CSE, aligned with international standards, within their school curricula. At the global level, a CSE advocacy hub was developed to share online tools and promote inclusion of young people in social movements and high-level platforms, especially for marginalized young people.

20. The UNFPA Eastern and Southern Africa Regional Office (ESARO) organized, in collaboration with UNESCO and the Southern African Development Community (SADC) Parliamentary Forum, a high-level meeting, which built capacity of 40 SADC parliamentarians on the 2013 Eastern and Southern Africa (ESA) Commitment to scale up CSE and SRH for young people, including through harmonized laws and policies in their respective countries. Also in the ESA region, a regional CSE resource package (known as iCAN) was finalized with the Southern Africa HIV and AIDS Information Dissemination Service for young people living with HIV and out-of-school youth. These resources were further tailored and adapted for local use in Lesotho, Namibia and Zambia.

21. In Cambodia, a draft health education syllabus that included CSE underwent a ministerial review, and a multimedia initiative (called Love9) reached 1.7 million youth, increasing knowledge of HIV, STIs, contraceptives, and where to access health services. In eight ESA countries, the Safeguard Young People programme reached over 586,000 young people with social and behaviour change communication messaging and CSE programmes. Nearly 350,000 young people accessed adolescent SRH services and 37 million condoms were distributed. Seven ESA countries mapped geographical concentrations of young populations and schools in order to better focus prevention campaigns. A variety of online resources were produced, including educational videos, music clips and other resources.

22. UNFPA supported a youth engagement platform (known as TuneMe) to increase youth access to SRH and rights information in Botswana, Malawi, Namibia, Swaziland and Zimbabwe. In Swaziland, UNFPA supported youth-serving and youth-led interventions, including via mobile outreach and social media, to reach 60,000 young people with integrated

information and services on SRHR, HIV and gender-based violence in 60 communities. In Viet Nam, UNFPA supported, in collaboration with the country's Youth Union, six youth-led initiatives to deliver SRH and HIV information to vulnerable youths.

23. Throughout 2016, UNFPA worked with adolescents and young people to ensure their meaningful participation in high-level global events, including the High-level Meeting on Ending AIDS by 2030; a youth pre-conference at the 2016 International AIDS Conference; and a meeting of the Secretary-General's Envoy on Youth on 'Measuring the state of youth in the Sustainable Development Goals: tracking global indicators relevant to youth development and well-being'. UNFPA published global guidance on 'Ending the HIV epidemic in adolescents, with adolescents'.

24. The regional 18th International Conference on HIV/AIDS and STIs in Africa was held in Harare in 2015, where UNFPA was highly engaged. A key UNFPA-led outcome of the conference was the proposal for a global coalition on prevention to reinvigorate the response to continuing HIV transmission (to be launched in October 2017). UNFPA has also worked with the UNAIDS Secretariat and the World Bank to build momentum in the African region and advocated for a revitalized political commitment for HIV prevention in East and Southern Africa. Working closely with the Minister of Health of Zimbabwe – a regional champion for prevention – UNFPA and allies held two advocacy forums with African ministers of health and senior officials. Political leaders committed to reinvigorating HIV prevention by implementing a comprehensive combination prevention agenda. ESA ministers of health committed to increasing funding for HIV prevention from both domestic and development assistance sources, agreeing to align regional prevention targets with global targets within the 2016 political declaration on ending AIDS by 2030.

HIV and key populations

25. UNDP and UNFPA have supported the empowerment and capacity building of key populations, specifically men who have sex with men, sex workers and transgender people. UNAIDS developed guidance on rights-based and evidence-informed national policies and programmes for key populations. These included two new implementation tools for HIV programming, developed jointly by a consortium comprising UNDP, UNFPA, WHO, John Hopkins University, PEPFAR and transgender and people who inject drugs community members: *Implementing Comprehensive HIV and STI Programmes with Transgender People*; and *Implementing comprehensive HIV and HCV Programmes with people who inject drugs*. Other guidance on lesbian, gay, bisexual, transgender and intersex (LGBTI) target groups released in 2016 included: *Measuring LGBTI Inclusion: Increasing Access to Data and Building the Evidence Base, and Investing in a Research Revolution for LGBTI Inclusion* [jointly prepared by UNDP, the World Bank and the Office of the United Nations High Commissioner for Human Rights (OHCHR)]; and *Advancing the Human Rights and Inclusion of LGBTI People: A Handbook for Parliamentarians* [by UNDP and Parliamentarians for Global Action].

26. Following the recommendations of the Global Commission on HIV and the Law, in the lead-up to the 2016 United Nations General Assembly Special Session on drugs, UNDP released a discussion paper entitled "Reflections on Drug Policy and its Impact on Human Development: Innovative Approaches". UNDP and the University of Essex convened two consultations with Member States, international organizations, civil society groups and academia to develop human rights guidelines on drug policy (expected to be finalized in 2017). UNFPA updated training materials to sensitize United Nations country teams to support and work with key populations. Updates included normative guidance and adaptation for national-level roll-out planned for 2017.

27. Capacity was built on utilizing HIV/STI implementation tools for sex workers and for men who have sex with men in 15 UNFPA ESA field offices. For example, in Kenya, an integrated package of HIV and SRH care for sex workers and their clients enabled more than

4,500 female sex workers and 500 clients to access services and prevention commodities. In Uganda, HIV and SRH services for key populations were developed through the Fast-Track Cities initiative, with 60,000 members of key population groups accessing them. Sensitization of police officers in Malawi reduced wrongful arrests of sex workers in 2016 by 80 per cent compared to 2015. In Harare, a 24-hour clinic was set up to provide integrated services for key populations experiencing sexual assault and violence. In Botswana, the UNFPA partnership with a community support organization (CSO) representing LGBT people linked these key populations to care through people-focused, non-stigmatizing health care services.

28. In Eastern Europe and Central Asia (EECA), UNFPA supported translation of the HIV/STI implementation tools for sex workers and men who have sex with men into Russian and five further languages (Georgian, Kyrgyz, Macedonian, Tajik and Turkish), supporting training to build CSO capacity in use of the tools. UNFPA in Tajikistan provided STI services to 5,596 sex workers and 6,668 men who have sex with men. Simplified versions of the tools were prepared to support uptake and training of service providers in Georgia and Kyrgyzstan.

29. UNDP and UNFPA continued to support and strengthen capacities of key population CSOs, including the regional Sex Worker Advocacy Network, the Eurasian Network of Women living with HIV, and the Eurasian Coalition on Male Health (ECOM) – the latter representing gay men, other men who have sex with men and transgender people across EECA region. UNDP and UNFPA supported the Coalition to secure a regional grant of $3.36 million to build capacity of civil society networks for men who have sex with men in Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia.

30. Since 2014, UNFPA has supported and built capacity of sex worker-led civil society organizations (CSOs) in 47 countries (including in 19 countries during 2016). Capacity development has focused on CSO governance, project management, advocacy and providing HIV and STI services for sex workers. In 2016, technical support was provided to a training of trainers of sex workers from eight African countries on condom programming within the training programme of Sex Worker Academy Africa, as well as a similar model in Indonesia for local sex worker trainers. UNFPA supported HIV/STI programmes working with migrant and cross-border sex workers, and mobile clients in a number of countries, including China, Kenya and Ukraine.

31. UNDP supported 49 countries to enhance human rights protection and service access for sex workers and their clients, men who have sex with men and transgender people. UNDP was the principal recipient of the Global Fund Multi-country South Asia HIV grant, covering seven countries focusing on reducing the impact of HIV on men who have sex with men and transgender people while curbing their vulnerability to HIV infection. UNDP, with support from partners, has developed the capacity of regional and country-level community networks and advanced access to health and HIV-related services. There has been notable progress in Afghanistan and Pakistan, both crisis-affected countries, where service provision has reached more than 160,000 people since 2014, with more than 35,000 people testing for HIV and 23,000 cases of STIs treated.

32. UNDP implemented the regional ‘Being LGBTI in Asia’ initiative, aiming to address inequalities, violence and discrimination as a result of sexual orientation, gender identity or intersex status and promotes universal access to health and services for LGBTI people. The initiative, partnering with UNESCO, OHCHR, the International Labour Organization and the Asia Pacific Forum of National Human Rights Institutions, conducted a multi-country study on the state of LGBTI inclusion in the region. It engaged with 130 government departments, 357 civil society groups, 17 national human rights institutions and 88 private sector organizations across 33 countries in policy dialogue to reduce violence and inequalities, and improve access to services. Building on the results of ‘Being LGBTI in Asia’, UNDP supported the development of similar programmes in 14 countries in Africa and five countries in Eastern Europe.

33. The Africa Key Populations Expert Group (AKPEG) is an initiative comprised of 35 individuals representing four key population communities – men who have sex with men; people who use drugs; sex workers; and transgender people – from 16 countries across Africa. Supported by UNDP, in collaboration with OHCHR, AKPEG developed a model strategic framework on HIV for key populations that has been used by regional bodies such as the East African Community and SADC to inform their strategies and programmes. In South Africa, AKPEG informed the language used in the South African national strategic plan and facilitated the establishment of the national sex work HIV plan. In Senegal, AKPEG was involved in: (a) designing a project on the management and sensitization of the risks related to drug use and the adoption of practices to lower the risks for active users; and (ii) advocating for a better mainstreaming of their concerns in the implementation of projects and programmes.

34. The UNFPA Asia-Pacific Regional Office developed an online key population resource (The Connect Effect) to share tools and information on integrating SRH and HIV services with key populations addressing diverse needs in sexual health, choice about pregnancy, reproductive health, financial security, safety from violence, and overall well-being. In the Philippines, 3,100 female entertainment workers were reached with family planning services and 1,700 were provided information on HIV, family planning and ways to reduce risk of gender-based violence. In Pakistan, UNFPA supported HIV and family planning services for sex workers, with information for more than 1,000 sex workers and enabling 576 to attend SRH clinics. In Mongolia, 58,000 persons and 3,000 sex workers were reached with HIV and STI services, reducing syphilis infection rate in sex workers by two thirds, down to 10 cases per 10,000 persons.

35. In other regions, UNFPA Sudan helped train 150 non-governmental organizational outreach and peer educator staff in use of the HIV/STI implementation tools, who subsequently reached 62,000 sex workers and 47,650 men who have sex with men, including offering HIV testing services. In Latin America, UNFPA Ecuador built the capacity of six sex-worker organizations. In the Arab States, UNDP, together with the United Nations Office on Drugs and Crime, the International Development Law Organization and the UNAIDS Secretariat, conducted a policy dialogue between civil society organizations working with marginalized groups and law enforcement officers from six countries.

36. In line with the UNAIDS Strategy 2016-2021, UNDP and UNFPA will maintain programmes working with key populations, in order to deliver comprehensive HIV and STI services and build capacity of community organizations to increase their resilience and reduce the occurrence and impact of violence and other human rights abuses. By protecting and empowering key populations, the risk of HIV across the broader community is reduced. The focus on key populations is a concrete example of how UNDP and UNFPA are supporting countries to achieve the vision of leaving no one behind.

Condoms

37. In reviewing the first three years of the current UNFPA strategic planning cycle (2014-2016), provision of male and female condoms averted over 188,000 HIV infections and 8.3 million sexually transmitted infections. During 2016, UNFPA supported condom programming in 54 countries, distributing 9.7 million female condoms and 403 million male condoms, as well as 13 million sachets of personal lubricant to prevent condom breakage and reduce genital trauma. UNFPA prequalified 30 male and four female condom manufacturers for provision of international quality standard condoms to Member States.

38. UNFPA, the United States Agency for International Development and the Reproductive Health Supplies Coalition have begun scaling-up of condom supply to reach the target, set by the High-level Meeting on Ending AIDS by 2030, of distributing 20 billion male and female condoms in low- and middle-income countries by 2020. In collaboration with commercial condom manufacturers, as well as public-sector donors, representatives of Governments, non-

governmental and multilateral organizations, a multisector coalition has been formed, known as Africa beyond Condom Donation. The coalition is building a total market approach to SRH commodity supply (including condoms). The UNFPA Eastern and Southern Africa Regional Office commissioned a multi-country study to differentiate supply channels: 'free-to-user' public sector condoms for socially excluded urban and rural poor; socially marketed and other subsidized condoms for populations who can afford cost-sharing; and commercial condoms for those who can afford higher prices.

39. In Mozambique, UNFPA remained one of the highest contributors of contraceptives in the country during 2016, procuring 56 per cent of contraceptives required, including condoms. Due to advocacy from UNFPA, the contribution of the state budget to contraceptive needs increased from 3 per cent in 2015 to 9.5 per cent in 2016. Efforts included market and willingness-to-pay studies (due for completion in early 2017). At country level, there have been high-level consultations to create a supportive environment for this increased involvement of the private sector.

40. In 2016, a UNFPA-commissioned study on male condom use to prevent unwanted pregnancy and transmission of STIs (including HIV), examined the health impact of investment in condoms, scale-up costs and cost-effectiveness, based on three scenarios for 81 countries for 2015-2030. An annual gap between current and desired use of 10.9 billion condoms was identified. Research found that meeting all demand for condom use would have a large health impact by preventing unintended pregnancy, HIV and other STIs; a 90 per cent condom use among high-risk groups over 15 years would avert 17 million HIV infections, 420 million unintended pregnancies and 700 million STIs.

Elimination of mother-to-child-transmission

41. UNFPA continued to provide technical and financial support to regions and countries to promote linkages of SRH and HIV policies, programmes, services and advocacy, including for elimination of mother-to-child transmission (EMTCT) of HIV. UNFPA supported ten ESA countries in the provision of integrated services for SRH, STI, tuberculosis and gender-based violence, including establishing HIV test-and-treat referral mechanisms. UNFPA supported 13 countries in compiling infographics detailing SRH and HIV linkages through 150 indicators – summarizing the progress made in mainstreaming HIV within broader SRH services and identifying opportunities for further linkages. Another 25 snapshots are being drafted, mostly in Africa.

42. Moving forward on the second pillar of EMTCT, UNFPA support for family planning in 2016 through provision of contraceptives in UNAIDS Fast Track countries averted 5.9 million unintended pregnancies and 20,000 maternal deaths. The Global Health Partnership H6, implemented in 10 countries, supported capacity building of health care providers for the provision of prevention of mother-to-child transmission (PMTCT) services and improved monitoring of PMTCT in the continuum of integrated reproductive, maternal, newborn, child and adolescent health services.

43. UNFPA provided input to the Global Fund technical brief on reproductive, maternal, newborn, child and adolescent health, ensuring inclusion of a comprehensive approach to EMTCT. UNFPA supported strengthening of SRH services within the Global Fund proposals in 14 priority countries, progressing toward EMTCT through improved family planning, condom programming and STI management, including the elimination of neonatal syphilis. UNFPA also developed a job aid to guide the delivery of comprehensive EMTCT services.

Strategic direction: treatment, care and support

44. An estimated 1.1 million people are still dying every year because of AIDS. AIDS continues to be a leading cause of death for women of reproductive age, while tuberculosis is the leading cause of death among people living with HIV (390,000 deaths in

2015). HIV drug resistance is a growing threat in the scale-up of antiretroviral treatment. Countries are progressing in adopting the new WHO recommendations but implementation is slow, with notable differences across regions. West and Central Africa in particular shows worrisome gaps in treatment coverage.

45. As of 15 April 2017, UNDP was managing 36 Global Fund grants, covering 19 countries and 3 regional programmes. UNDP plays a special role in the partnership with the Global Fund, supporting the implementation of Global Fund programmes on an interim basis in a select number of countries that are facing significant capacity constraints, complex emergencies, donor sanctions or other challenging circumstances. UNDP has been instrumental in supporting the Global Fund in shaping its policies and practice on human rights, gender equality, key populations and working in challenging operating environments.

46. The UNDP-Global Fund partnership has saved 2.5 million lives; currently 2 million people living with HIV are receiving treatment through UNDP-managed grants – one of every six people on HIV treatment in Africa. Since the beginning of the partnership, 38 million people have received HIV counselling and testing, while 714,000 pregnant women received antiretroviral treatment to prevent mother-to-child-transmission. Some 870,000 tuberculosis cases were successfully treated, with 14 countries achieving a treatment success rate for tuberculosis of over 80 per cent, and eight countries decreasing the tuberculosis-related mortality by more than 50 per cent. Through the partnership, 53 million insecticide-treated bed nets have been distributed, achieving close to universal coverage in Zambia and Zimbabwe. The UNDP-managed malaria programmes resulted in a decrease of 50 per cent or more in the incidence of malaria across seven countries, and a reduction of more than a third in malaria-related mortality across nine countries.

47. UNDP-managed Global Fund grants continue to perform strongly: 88 per cent of UNDP grants are rated A1, A2 or B1 (‘exceeding expectations’, ‘meeting expectations’ or ‘adequate’) by the Global Fund; while 40 per cent are rated A1 or A2 (up from 25 per cent in 2010). In combining operational strength, capacity development and policy expertise for large-scale health programmes, especially in challenging operating environments and fragile contexts, UNDP is helping countries to deliver development results and achieve Sustainable Development Goal 3.

48. Despite operating in fragile and conflict-affected contexts, UNDP continues to bring a unique combination of high performance levels, results and value for money to its partnership with the Global Fund. For example, UNDP achieved significant reductions in the price of HIV medicines it procured, bringing down the cost of the most common treatment combination to $100 per patient per year in Equatorial Guinea, Haiti, Mali, South Sudan, Zambia and Zimbabwe. The savings from these price reductions, amounting to $25 million, can be used to bring antiretroviral treatment to an additional 250,000 people.

49. As of April 2017, out of the 19 countries where UNDP is the interim Principal Recipient of Global Fund grants, eight countries have capacity development plans in place, while nine countries are preparing capacity development plans. To date, UNDP has fully transitioned out of the Principal Recipient role in 26 countries including in five countries (eight grants) in 2016 alone.

50. UNDP has been supporting countries to adapt their national laws and policies on access to medicines. Guidelines were developed for the examination of patent applications related to pharmaceuticals. In 2016, UNDP supported the African Union to develop a model law on medical product regulation to promote and protect public health. The African Union model law seeks to harmonize regulations to ensure faster, more predictable and transparent approval for access to medicines.

51. UNDP supported 62 countries in setting up or strengthening social protection programmes; in 35 of those countries, work is undertaken with Governments, civil society and

other stakeholders to make HIV-sensitive social protection policies and programmes. In the Arab States, UNDP conducted a subregional study in Algeria, Djibouti, Egypt, Sudan and Tunisia on HIV-sensitive social protection. As a result, the Sudanese Ministry of Social Welfare expressed its willingness to implement the study's recommendations, including providing coverage to all people living with HIV in the country using the social health insurance package provided through the Zakat Fund.

52. UNDP supported Governments and civil society in Belarus, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan to improve sustainability of the national AIDS response. This included developing roadmaps for social contracting. This is especially important given the strong push by the Global Fund and other donors for a transition to more domestic funding for HIV responses and to ensure that non-governmental organizations continue to be funded as key service providers of HIV-related services to key populations.

Strategic direction: human rights and gender equality for the HIV response

53. Gender inequality, violence against women and girls, and stigma and discrimination remain key challenges in the AIDS response. Programmes fail to address the gender-related barriers facing women; policy does not necessarily equate to practice; and there is a disconnect between normative guidance and implementation on the ground. Lack of access to HIV services and commodities in humanitarian contexts also remains a challenge. Forced displacement and sexual and gender-based violence often make people affected by emergencies more vulnerable to HIV. Closing existing gaps in service coverage will require intensified efforts to reach and empower women and girls and to enhance their agency, to ensure men and boys have access to the services they need, and to ensure that people living with HIV, or at risk of or affected by HIV, including key populations, know their rights and have access to justice to prevent violations of human rights.

Advancing SRH, addressing gender-based violence and advancing gender equality

54. From 2014 to 2016, 83 per cent of countries experiencing humanitarian emergencies had in place an inter-agency coordinating body to respond to gender-based violence. Over 16 million women and girls in humanitarian crises were reached with services related to SRH and gender-based violence. Since 2005, UNFPA has coordinated interventions on gender-based violence in humanitarian contexts as an 'area of responsibility' within the Global Protection Cluster, as mandated by the Inter-Agency Standing Committee; in 2017, UNFPA assumed sole responsibility for this function.

55. UNFPA, together with its partners, continued to roll out the Minimum Initial Services Package for SRH in crisis settings. One of the objectives of the service package is to reduce transmission of HIV through safe blood transfusions, application of standard precautions for infectious disease control, and distribution of condoms. In 2016, UNFPA distributed in 48 countries affected by humanitarian crisis 3,645 emergency reproductive health kits to reduce HIV transmission, at a total cost of $2.2 million.

56. Also, UNFPA continued to roll out, together with partners, the essential services package for responding to gender-based violence and supporting survivors through counselling, HIV/STI prophylaxis and testing services. An implementation toolkit was developed, with training in Eastern Europe and the Arab States. A global mapping on gender-based violence was published, reviewing the extent of advocacy, policy guidelines, capacity development, knowledge management and service delivery. In Uganda, UNFPA supported social mobilization for gender-based violence prevention and response, reaching 2.5 million stakeholders and community members through the anti-violence against women approach (known as SASA!); participants included community activists, male action groups, peer educators, cultural and religious leaders, including engagement in a media campaign.

57. UNDP supported strengthening institutions to progressively deliver universal access to basic services and gender equality in 82 countries, including work on the rule of law and support for victims of sexual and gender-based violence, particularly in conflict settings. In South Sudan, where ongoing conflict acerbates displacement and violence, the UNDP-Global Fund partnership has supported training programmes for health workers to respond to gender-based violence, including the referral of survivors to appropriate services. With support from UNDP, Cote d'Ivoire set up a gender desk in 11 police stations to improve prevention and response to gender-based violence. The country has initiated a mapping exercise to underpin the development of a national strategy for the fight against gender-based violence. In Mozambique, UNDP revised a training manual for the police to include a focus on gender-based violence and its links to HIV. In Ukraine, UNDP supported the local non-governmental organization 'Positive Women of Ukraine', focused on addressing gender-based violence, to provide legal services to women living with HIV and internally displaced persons.

58. In 20 countries, UNDP and WHO provided support to integrate and strengthen national policies for gender-based violence, the harmful use of alcohol, and HIV. As part of the programme, evidence on national gender-based violence and HIV policy frameworks was collected and examined. As a result of this work, Sierra Leone, Zambia and Zimbabwe have drafted national alcohol strategies that address the correlation between alcohol use, HIV transmission/treatment and gender-based violence; some countries (Belarus, Botswana, the Democratic Republic of Congo, Malawi and Zambia) have integrated strategies to reduce harmful use of alcohol and the links to HIV and gender-based violence into their Global Fund programmes.

59. During 2016, the UNDP regional hub in the Arab States conducted an in-depth assessment of gender-based violence and the law. The assessment covered criminal law, family law and labour law in 20 Arab countries, and examined these laws to determine if they were in line with international standards and whether the laws were enforced. This assessment will be followed by national consultations with involvement of all stakeholders in each of the countries to verify the findings and propose recommendations at the national level.

60. Other work related to supporting equitable delivery of HIV and related health services. UNDP, UNFPA and UN-Women helped to: integrate gender equality into the national HIV strategies in China, Morocco, Sierra Leone, South Africa and Ukraine; design gender equality and HIV operational plans in Malawi, Tanzania and Viet Nam; include gender-responsive indicators in the monitoring and evaluation frameworks in Kazakhstan, Tajikistan and Uganda; advocate for budgeting gender-specific actions in Morocco and Tanzania; and strengthen capacity of the national AIDS councils for gender-responsive implementation in China, Kazakhstan, Tajikistan, Tanzania and Uganda. In Malawi, Tanzania and South Africa, UNDP, UNICEF and the World Bank helped to cost cash-transfer schemes targeting young women and adolescent girls to prevent HIV. UNFPA and UNDP provided technical inputs to mainstream gender equality within the new Global Fund Strategy 2017-2022, ensuring a comprehensive approach to gender inequalities and reducing the vulnerability of women and girls to HIV.

61. UNFPA strengthened responses to Universal Periodic Review recommendations on gender and SRHR, ensuring protective systems for gender-based violence and protecting survivors' rights. In Belarus, UNFPA supported a multisectoral task group to draft a comprehensive law to prevent domestic violence. In Haiti, UNFPA supported the Ministry of Women Affairs to create a clearing house for data related to gender-based violence.

62. UNFPA supported the Global Programme to Accelerate Action to End Child Marriage in 15 countries, reaching 65,000 girls with SRH knowledge and services. Integration of HIV, SRH and gender-based violence programmes also continued, with 90 countries including gender-based violence services within SRH programming. Forty-seven countries engaged men and boys, promoting gender equality, male involvement in SRH and behaviour change for HIV/STI

prevention. An online tool was published for engaging men and boys in SRH and family planning.

63. Many challenges remain in addressing the HIV-related needs and the rights of women and girls. UNDP and UNFPA, together with other partners, will continue to prioritize commitments to integration of gender equality and women's empowerment in national HIV strategies and financing for gender equality within the HIV response (including HIV strategies and Global Fund concept notes); disseminate evidence on the impact of harmful norms on the ability of women and girls to prevent HIV and mitigate its impact; and implement interventions addressing unequal gender norms and preventing violence and HIV.

Human rights, stigma and discrimination

64. The 2030 Agenda provides an unprecedented opportunity to expand rights-based HIV responses and strengthen links with human rights, social justice and rule-of-law movements, to promote inclusive and equitable societies for sustainable development. The Global Commission on HIV and the Law report continues to provide an important framework for ongoing efforts by Governments, civil society and the United Nations to promote a rights-based HIV response. As of the end of 2016, UNDP worked with Governments, civil society and United Nations partners to support initiatives to implement the report's recommendations in 88 countries.

65. Follow-up to legal environment assessments in 52 countries has resulted in several positive changes: decriminalization of men who have sex with men in Belize and the Seychelles; passage of the Ghana AIDS Commission Bill into law; and an action plan in Lesotho to decriminalize HIV transmission. Capacity strengthening, on human rights and the legal aspects of HIV and tuberculosis, for judges, lawyers, parliamentarians, law enforcement officers and health workers took place in 17 African countries in order to improve access to justice. In the Arab States, UNDP collaborated with the International Development Law Organization to establish the Middle East Network for Legal Aid, which supports civil society organisations providing legal aid to people living with HIV and key populations. In Eastern Europe and Central Asia, UNDP supported the expansion of the Regional Legal Aid Network, an umbrella organization with 32 non-governmental organizations as active members in nine countries.

66. Assessments and reviews of HIV-related laws and policies were conducted in Bhutan, the Lao People's Democratic Republic and Pakistan, building on a collaboration between UNDP, the UNAIDS Secretariat and the Economic and Social Commission for Asia and the Pacific, to support more than 20 countries to address legal and policy barriers that hinder effective responses to HIV. With support from UNDP, UNFPA and other Cosponsors and partners, 18 countries in sub-Saharan Africa strengthened legal and policy environments for SRH, HIV and tuberculosis.

67. In November 2015, the United Nations Secretary-General announced the appointment of a High-Level Panel on Access to Medicines. UNDP served as the Secretariat for the High-Level Panel, in collaboration with the UNAIDS Secretariat, developing a report with a powerful message: no one should suffer because he or she can't afford medicines, diagnostics or vaccines. The report has been welcomed by the Secretary-General, several Member States and civil society groups, and was included in a resolution of the United Nations General Assembly in December 2016 as well as a 2016 resolution of the Human Rights Council.

68. UNDP and UNFPA provided inputs to the United Nations Development Group dialogue on ending HIV-related discrimination in health-care settings led by the UNAIDS Secretariat and WHO. Building on the experience from rolling out the UNDP and WHO training package (The Time Has Come) to address stigma and discrimination against men who have sex with men and transgender people in health-care settings, the dialogue led to recommendations for the United Nations to work together on sensitizing health-care providers and increasing acceptance within the health-care settings of people living with HIV and key populations.

69. With support from the Global Fund, UNDP is collaborating with leading civil society organizations working on HIV and human rights in Africa (AIDS and Rights Alliance for Southern Africa; Enda Santé; Kenya Legal and Ethical Issues Network on HIV and AIDS; and the Southern African Litigation Centre) and the Caribbean (Caribbean Vulnerable Communities; and the Centre for Integral Orientation and Investigation) to scale up human rights programmes that aim to remove legal and policy barriers to HIV services and reduce stigma and discrimination in 18 countries.

70. In collaboration with the University of Pretoria, UNFPA conducted a comprehensive analysis of laws and policies affecting adolescent SRHR in 23 countries across the ESA region, aiming to harmonize legislation. This was validated by key stakeholders for subsequent adoption by SADC and the East African Community. A high-level meeting was conducted by the UNFPA East and Southern Africa Regional Office to present the findings of the laws and policy review, share a new regional legal framework and develop a road map for its adoption.

71. In Latin America, UNFPA, UNDP, UNICEF and the UNAIDS Secretariat completed a regional study of laws and policies affecting youth and adolescent access to SRH and HIV services. The study has been an important tool for informing advocacy and rights-based responses for youth and adolescents.

72. Stigma and discrimination remain serious barriers to effective HIV responses worldwide. Despite Member State commitments in the political declarations on HIV/AIDS, an increasing number of countries worldwide are debating and introducing punitive laws, policies and practices, especially against key populations. UNDP, UNFPA and partners will continue to support countries, including civil society, to follow up on the recommendation of the Global Commission on HIV and the Law by providing policy advice and support to reforming punitive laws and toward adopting enabling laws and policies through legal environment assessments, national dialogues, and trainings/sensitization of the various government branches. UNDP is undertaking a formal evaluation that will assess the impact of the Global Commission and its follow-up work.

IV. Conclusion

73. The United Nations system, Member States, civil society and partners alike recognize that reshaping the world in the vision of the 2030 Agenda will require transformative change. UNAIDS, through its integrated, cross-sectoral approach, occupies a unique place within the global health architecture and the AIDS response; the Joint Programme is recognized for its critical role in supporting the efforts of countries as well as the Global Fund and other partners. As development cooperation evolves, the United Nations system must continue to support countries by ensuring that gains achieved in the AIDS response are sustained and expanded. Within this increasingly complex health and development environment, the model of an adequately funded joint and cosponsored programme remains more critical than ever.

74. UNDP and UNFPA recognize the strong and specific interdependencies between the Sustainable Development Goals, making it unlikely that significant progress can be made on any individual Goal if progress on others is falling behind. To ensure that the AIDS epidemic does not rebound, UNAIDS – including UNDP and UNFPA – must continue to help countries to address the social, structural, economic and political drivers of the epidemic, – particularly on human rights and gender equality, in line with the UNAIDS Strategy – to leverage the AIDS response to address broader global health challenges and ensure no one is left behind. It is important that these roles are reflected in the UNDP and UNFPA strategic plans for 2018-2021. This will enhance system-wide coherence, as called for in the quadrennial comprehensive policy review of the operational system of the United Nations, and contribute to the overall achievement of the Sustainable Development Goals, in particular Goal 3 and other health-related targets.