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Follow-up to UNAIDS Programme Coordinating Board meeting

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 the 32nd and 33rd meetings of the Programme Coordinating Board, respectively. The report highlights UNDP and UNFPA contributions in responding to HIV.

Elements of a decision

The Executive Board may wish to take note of the present report and recommend ensuring that the critical roles of UNDP and UNFPA in working towards the end of the HIV epidemic, as articulated in their strategic plans, are fully reflected in a new strategy for UNAIDS.

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I. Context

1. The AIDS response, once driven by the spectre of illness and death, is now motivated by hope and the possibility of ending the epidemic. The year 2012 saw the lowest number of annual new infections (2.3 million) since the mid-to-late 1990s. By the end of 2012, 9.7 million people were accessing life-saving antiretroviral therapy – a 40-fold increase. Co-financing and domestic funding of AIDS responses are increasing, underscoring the need for capable institutions and communities to deliver universal access and coverage. In 2013, domestic funding accounted for over half of global HIV resources. That trend has major consequences, most notably the extent to which the needs of key populations (sex workers, men who have sex with men, transgender people and people who use drugs) are being addressed.

2. While calls for "ending AIDS" continue to increase, AIDS remains a leading global cause of morbidity and premature mortality, accounting for an estimated 1.6 million deaths in 2012. The HIV epidemic continues to increase in the Eastern European and Middle East regions, and coverage of services for at-risk populations remains low in the majority of regions. Moreover, a number of countries in Eastern and Southern Africa, the epicentre of the epidemic, are experiencing a resurgence of high-risk behaviours contributing to high levels of new infections. AIDS is the leading cause of death among women of reproductive age, and between 2005 and 2012 HIV-related deaths among adolescents increased by 50 per cent, even though the global number of HIV-related deaths fell by 30 per cent. To reverse the HIV epidemic much more needs to be done to reach the most vulnerable and to tackle inequalities.

3. In June 2003, the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) agreed that follow-up to UNAIDS Programme Coordinating Board meetings be placed on the agendas of their Boards as a regular item.

4. The present report, prepared jointly by UNDP and UNFPA, provides an update on the decisions and recommendations from the 32nd and 33rd meetings of the Programme Coordinating Board of UNAIDS, held in June and December 2013, respectively. Issues of particular relevance to UNDP and UNFPA included: the AIDS response in the post-2015 development agenda, a thematic segment on HIV, adolescents and youth, and the Unified Budget, Results and Accountability Framework and 2014-2015 budget of UNAIDS.

5. This report also provides an overview of UNDP and UNFPA results in addressing HIV. More detailed results for both organizations are available in the UNAIDS Unified Budget Results and Accountability Framework performance report, 2012-2013, to the Programme Coordinating Board. The oral presentation to the second regular session 2014 will include a synopsis of decisions and recommendations from the 34th Board meeting, to be held in July 2014.

II. Decisions and recommendations of the Programme Coordinating Board

AIDS and the post-2015 development agenda

6. The Joint United Nations Programme on HIV/AIDS worked to keep AIDS high on the global political agenda, with particular focus on the post-2015 development framework. Joining with the medical journal *The Lancet*, the UNAIDS secretariat convened a panel of high-level global experts to analyse the place of the HIV response and global health in the post-2015 agenda. UNDP and UNFPA have contributed to working papers, commentaries and a range of analytical pieces through the UNAIDS-*Lancet* Commission, making the case for continued prioritization of the HIV response beyond 2015. Both the 'think piece' of the UNFPA Executive Director on the intersection between HIV and sexual and reproductive health and rights, and the UNDP article on universal health coverage, will contribute to the larger discussion about the positioning of HIV in

the post-2015 development agenda. The UNDP Administrator chaired a Commission working group that explored reforming the global AIDS and health architecture.

7. During discussions at the Programme Coordinating Board meeting of UNAIDS in June 2013, several Board members reiterated the importance of ensuring that progress made in reaching Millennium Development Goal 6 and the lessons learned in the AIDS response – especially the centrality of a human rights-based approach – are carried forward in the post-2015 framework, and that a clearly defined, measurable target on AIDS is set out in the post-2015 agenda. Many Board members encouraged countries, and UNAIDS, to advocate for an HIV agenda that better integrates health and sustainable development so as to position the HIV response as a key contributor to tackling the issues that will be ever more relevant in the post-2015 era, from urbanization to non-communicable diseases. They stressed, however, that the focus on HIV should not be integrated into health systems and broader development priorities.

HIV, adolescents and youth

8. HIV is the second leading cause of death among adolescents globally. In 2012, an estimated 5.4 million young people aged 10-24 were living with HIV. Some countries are experiencing increases in risky behaviours among young people. The 33rd Programme Coordinating Board meeting held a thematic segment on the urgent need to scale up HIV responses tailored to the needs of adolescents and youth, and the value of working effectively with and for young people.

9. The following conclusions were drawn at the end of the thematic segment on 'HIV, adolescents and youth':

(a) There is an urgent need to scale up evidence-informed programmes for young people's HIV prevention, treatment, care and support, as well as programmes supporting the needs of young people living with HIV, including comprehensive sexuality education.

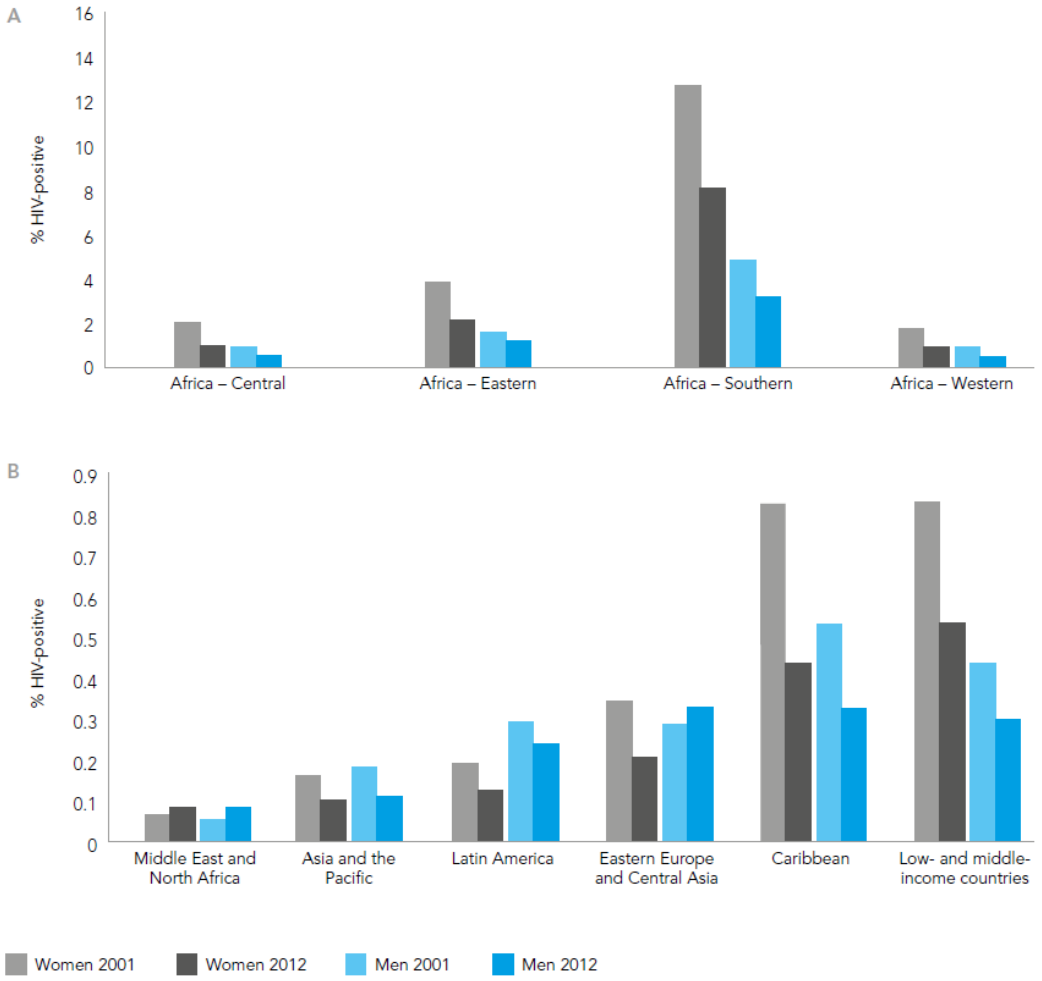
(b) Age of consent laws and policies are preventing young people from accessing services such as HIV testing, counselling, harm reduction, and treatment. (This issue was previously addressed by the Global Commission on HIV and the Law, convened by UNDP on behalf of UNAIDS.)

(c) Investing in youth participation through the full programme development cycle can lead to more effective and more appropriate programmes.

(d) There is only limited data available in relation to young key populations and young people living with HIV. Routine data should be disaggregated for these populations, investments in research should increase, and ethical protocols in relation to research on under-18-year-olds should be revisited, taking into consideration the evolving capacities of adolescents and young people.

10. UNAIDS will continue to work with young people on HIV to increase the mobilization, ownership and leadership of young people at national, regional and global levels to reach the targets of the Political Declaration on HIV/AIDS by 2015 and beyond.

Fig 1. Prevalence of HIV among young women and men (15-24 years), by region, 2001 and 2012



Source: UNAIDS Global Report 2013

UNAIDS Unified Budget, Results and Accountability Framework

11. At its 32nd meeting, the Programme Coordinating Board considered the results achieved during the first year of the UNAIDS Unified Budget Results and Accountability Framework, 2012-2015. Presentations highlighted the main achievements of implementing the Framework, noting improvements in coordination between the secretariat and cosponsors; greater clarity on the allocation of resources and contribution to results; a sharper focus on epidemic priorities and where resources can have the biggest impact; and further promotion of the vision of the 'three zeroes'[1] as a common framework for the Joint United Nations Programme on HIV/AIDS and the global AIDS community.

12. While approving the 2014-2015 budget of $485 million and welcoming its presentation on a zero nominal growth basis, Programme Coordinating Board members also expressed concern in terms of the impact of decreases in funding for the activities of the Joint Programme.

[1] The UNAIDS strategy, 2011-2015, is a 'road map' for the Joint Programme, with concrete goals marking milestones on the path to achieving the UNAIDS vision: "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths".

III. UNDP and UNFPA transformative results

13. UNDP and UNFPA continue to make significant contributions to the global HIV response, building on and leveraging organizational core capacities to benefit HIV outcomes together with other development priorities, as illustrated below.

14. The vision outlined in the UNDP strategic plan, 2014-2017, of supporting countries to eradicate poverty, while simultaneously reducing inequalities and exclusion, resonates strongly with what is needed to address HIV effectively. Recognizing the wide-ranging social and economic impact of HIV and the synergy between health and sustainable development, the strategic plan addresses HIV as a cross-cutting issue highlighted in two substantive areas of work: adopting sustainable development pathways and strengthening inclusive, effective democratic governance.

15. As a cosponsor of UNAIDS and a partner of the Global Fund to Fight AIDS, Tuberculosis and Malaria), UNDP has an important role in supporting countries to improve health outcomes. Approximately 100 country offices support national responses to HIV and health, either through dedicated programmes or by integrating attention to HIV and social determinants of health in poverty, governance, human rights, gender and capacity development programmes. These efforts have resulted in greater integration of HIV in national planning and Millennium Development Goals and gender-equality programmes; strengthened governance, coordination and legislative environments for national HIV responses; and stronger implementation of HIV, tuberculosis and malaria programmes funded by the Global Fund.

16. HIV is integrated into the four pillars of the UNFPA strategic plan, 2014-2017,[2] which emphasizes integrated sexual and reproductive health services for young people, key populations, and women and girls, including those living with HIV. The rights-, gender equality- and empowerment-based approach to sexuality education and sexual and reproductive services outlined in the plan will enable those populations to assert their human rights and access the information and services they need.

17. Aligned with the Unified Budget Results and Accountability Framework, in 2013 UNFPA supported the integration of HIV into sexual and reproductive health services and strengthened the capacity of youth-serving and youth- or sex worker-led organizations and networks in over 90 countries. As a direct result, the number of countries with UNFPA support that institutionalized mechanisms forging partnerships with young people, including adolescents, in policy dialogue and programming, increased from 58 to 82 over the past year. In 41 countries, sex worker-led organizations and networks engaged in the design, implementation and monitoring of sexual and reproductive health and HIV programmes to ensure that their needs were met. Implementation of the 10-step approach to comprehensive condom programming was supported in 51 countries, a cornerstone of combination prevention. Overall, access to quality HIV and sexual and reproductive health services increased for these populations.

18. The following section highlights the achievements of UNDP and UNFPA in relation to the goals of the UNAIDS strategy, 2011-2015.

[2] The new strategic plan affirms the UNFPA focus on: (a) advancing universal access to sexual and reproductive health; (b) improving the lives of the underserved, especially women, adolescents and youth; (c) upholding human rights and gender equality as enablers of development; and (d) employing data on population dynamics to help Member States base their policies on evidence.

A. Addressing HIV-specific needs of women and girls in at least half of all national HIV responses

19. The HIV-related work of UNDP and UNFPA in this area is guided by the UNAIDS Agenda for Accelerated Country Action for Women and Girls, which sets out a menu of strategic actions for addressing the HIV-related rights and needs of women and girls. Applying investment approaches, UNDP and UNFPA advocated for the positioning of human rights, equity and gender equality at the centre of HIV responses for better health outcomes for women and girls.

20. The leadership of women living with HIV is critical to realizing HIV responses that address the needs and rights of all women and girls. Building on support to 60 countries in 2012-2013, UNDP, UN-Women and the UNAIDS secretariat strengthened the leadership capacities of women and girls living with HIV, as well as those of key populations in eight more countries: Belize, Bolivia, Grenada, Guyana, Honduras, Nicaragua, Panama and Peru, and. Other examples of work in this area include support to a collaborative civil society platform, 'UNZIP the Lips'. The platform provided political space for women living with HIV at the 'Women Deliver' conference. Members worked with the regional joint United Nations team on AIDS to develop country briefs on affected women and girls in the ten member states of the Association of Southeast Asian Nations. In the Eastern Europe and Central Asia region, UNDP and UN-Women supported the establishment and strengthening of the Eurasian Women's Network on AIDS.

21. In partnership with the Community of Portuguese Language Countries and the UNAIDS secretariat, UNFPA supported the initiative 'Saber Reagir' for women living with HIV from Brazil, Cape Verde, Guinea Bissau and Sao Tome and Principe to strengthen leadership and advocate for human rights. Plans of action were developed, and targeted advocacy messages were designed. Results included a stronger engagement in decentralized policy dialogue of women living with HIV in Brazil and Mozambique, and capacity development through the establishment of an international network of lusophone women living with HIV (Comunidade de Mulheres Positivas de Lingua Portuguesa) and the establishment of a national network of women living with HIV in Angola.

22. UNDP strengthened the evidence base and built greater national capacity to engage men and boys for gender equality; the Sonke Gender Justice Network was supported to conduct analytical studies, capacity-building and action planning in 11 African countries: Côte d'Ivoire, Ethiopia, Kenya, Namibia, Rwanda, Sierra Leone, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. UNDP developed and introduced a checklist for integrating gender into the new funding model of the Global Fund and a 'road map' for integrating gender into national HIV strategies and plans to support the implementation of the new funding model.

23. A number of challenges remain in achieving gender equality in HIV responses, notably the under-representation of women in policymaking, inadequate resource allocation, and a lack of systematic gender analysis. UNDP and UNFPA will continue to support countries in including gender analysis and action into the implementation of strategic investment approaches by introducing an integrated package of tools to support gender-transformative planning, implementation, assessment, and monitoring and evaluation.

B. Zero tolerance for gender-based violence and HIV

24. Besides being a human rights and health challenge in its own right, pervasive gender-based violence is both a cause and a consequence of HIV infection. Young women and key populations[3]

[3] Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other

are particularly vulnerable. During 2013, UNFPA supported 89 countries in the programme design, planning and implementation of gender-based violence services. UNDP supported 29 countries in four regions to integrate gender and gender-based violence into national HIV strategies and plans, and HIV into national gender-based violence strategies and plans, and developed strategies to engage men and boys as partners for gender equality.

25. In line with the Agenda call for greater attention to the linkages between gender-based violence and the engagement of men and boys, a four-year collaborative initiative, convened by the UNAIDS secretariat, UNDP, UNFPA, UN-Women, UNICEF, the World Health Organization (WHO), and non-governmental organizations (the MenEngage Alliance, Sonke Gender Justice, and the Athena Network), increased action to address gender-based violence and engage men and boys for gender equality in national HIV plans and strategies. In 2013, UNDP, UNFPA and partners convened consultations for West and Central African countries, building on the three previous regional multi-stakeholder consultations. An assessment of the previous consultations found that they had strengthened national capacity to eliminate gender-based violence and engage men and boys for gender equality. In the Central Asia sub-region (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan), UNDP and UN-Women had strengthened the capacities of networks of women living with HIV to better address the linkages between HIV and gender-based violence.

26. UNDP and UNFPA are contributing to building a better understanding of gender-based violence. In the Asia and the Pacific region, for example, both organizations worked with Partners in Prevention, UN-Women and the UNV programme on a regional research project on violence against women, which found, amongst others things, that nearly a quarter of the 10,000 men interviewed reported perpetrating rape against a woman or girl.

27. At the global level UNFPA, UNDP and partners convened two expert group meetings on violence against women and gender equality; the outcomes of both sessions led to a report to the United Nations Commission on the Status of Women, in 2013, highlighting the linkages between gender-based violence and HIV. UNFPA and UNDP provided an evidence base for action to inform the agreed conclusions addressing these issues.

28. A multitude of challenges remain in addressing the intersection between HIV and gender-based violence. These include: a lack of comprehensive integrated services, data and resources; gender norms that perpetuate a belief amongst survivors that they are responsible for violence committed against them; the impunity of perpetrators; and legal barriers that perpetuate violence and increase HIV risk. UNDP, UNFPA and UN-Women, in collaboration with the 'UNiTE to End Violence against Women' campaign, will continue to support the development and implementation of national action plans on gender, gender-based violence and HIV. This will be paired with the provision of technical assistance to link national gender action plans with HIV national action plans, while working towards better resource allocation.

C. Reducing sexual transmission of HIV by half, including among young people and men who have sex with men, and transmission in the context of sex work

29. Data show that the rate of new HIV infections were halved in 26 low- and middle-income countries between 2001 and 2012. New infections remain high, however, among men who have sex with men and among female sex workers, who are 19 and 14 times more likely, respectively, to be living with HIV than the general population. While prevalence among young people is generally declining, young people aged 15-24 still accounts for 42 per cent of new infections in people aged 15 and over.

groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

30. In recent years, evidence has emerged indicating that antiretroviral therapies can reduce the risk of HIV transmission by as much as 96 per cent, condoms by over 80 per cent, voluntary medical male circumcision by approximately 60 per cent, and pre-exposure antiretroviral prophylaxis by more than 40 per cent among men who have sex with men and 49 per cent among people who inject drugs.

31. As new biomedical tools come into use, effective social, behavioural and structural programmes will not only remain essential in their own right, but will also be needed to maximize the efficacy of biomedical approaches, including averting the possible emergence of risk compensation. A number of countries – South Africa and Uganda, for example – are experiencing decreases in HIV awareness and increases in unsafe sex which threaten to undo the gains of the last decade. Vigilance and a sustained commitment to combination prevention approaches therefore remain crucial.

Young people

32. More than 90 young people (aged 10-24) become infected with HIV every hour, and more than 4.9 million are living with HIV. In 2012, approximately 2.1 million adolescents (aged 10-19) were living with HIV. Risks for young women are especially pronounced: in sub-Saharan Africa, for example, young women aged 15-24 are twice as likely to be living with HIV as young men in that age group. Trends among other regions are mixed, with the Caribbean experiencing substantial declines but with no clear downward trend apparent in the Middle East or North Africa. Evidence is limited regarding HIV prevalence among young people who are members of key populations (or their partners); although limited surveys and anecdotal reports suggest that their HIV risk is extremely high. Data on young adolescents (aged 10-14) are also limited. Despite some progress, across the globe millions of adolescents and young people still lack access to good quality comprehensive sexuality education and sexual and reproductive health and HIV services. Moreover, they remain largely sidelined from policy dialogues regarding issues that affect them.

33. The UNFPA strategy on adolescents and youth, 2013, argues for investing in adolescent and youth empowerment, including building capacities for and promoting provision of comprehensive sexuality education; access to sexuality and reproductive health and HIV services; outreach to young key populations, and youth leadership. In 2012-2013, UNFPA supported in-school and out-of-school programmes in comprehensive sexuality education in 101 countries. In Ukraine, for example, UNFPA supported the implementation of the 'Grow Healthy' curriculum, which includes preventive education in HIV/sexually transmitted infection for adolescents, in eight regions.

34. UNFPA supported WHO in the development of *HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV*. These guidelines provide expert recommendations and suggestions for national policymakers and programme managers, and their partners and stakeholders, on prioritizing, planning and providing HIV testing, counselling, treatment and care services for adolescents.

35. The UNDP youth strategy, 2014, offers key entry points for systematic and coordinated action to support youth, within an increasingly complex development context, for their social, economic and political development. UNDP has been supporting countries in following up on the recommendations of the Global Commission on HIV and the Law, in particular to ensure that laws protect the guardianship, property and inheritance rights, and expand youth's access to comprehensive sex education, health and reproductive services appropriate to their evolving capacities.

36. To strengthen youth leadership in HIV response, UNFPA partnered with the UNAIDS secretariat-led 'Pact' initiative for social transformation – an innovative collaboration with 25 youth-led and youth-serving organizations – which has identified five priorities for youth in HIV response. The collaboration created 'Act 2015', a global social action initiative that supports

young people in advocating to include the prioritization of HIV and sexual and reproductive health and rights in the post-2015 development agenda.

37. Addressing the sexual and reproductive health and rights of young people will remain a top priority for UNFPA both in its HIV programming and in its broader work for sexual and reproductive health and human rights. UNDP will continue to support countries in following up on the recommendations of the Global Commission on HIV and the Law in relation to the rights and needs of young people.

Condom programming

38. Male and female condoms remain the least expensive effective tool to stop HIV transmission. However, availability and access remain inadequate – partly due to inadequate resource allocation. The Global Fund, for example, allocated only $14 million for condoms in 2012 – approximately 0.1 per cent of its funding for HIV in that year. In 2012-2013, UNFPA was the largest supplier of female condoms (41 million pieces) and the third largest of male condoms (1.75 billion pieces). The UNFPA 10-step strategic approach to comprehensive condom programming, and innovative design and marketing of both female and male condoms, together with improved national supply chain management systems, are helping to address the considerable gap between people's need for condoms and their availability and accessibility.

39. In 2013, in partnership with the United Nations Commission on Life-saving Commodities for Women and Children, UNFPA drafted tools and guidelines to facilitate uptake and demand for female condoms, including: a reproductive health quantification tool and a 'road map' for female condom demand generation.

40. Through the 'CONDOMIZE!' Campaign, condoms increasingly gained visibility in 2012 and 2013, effectively presenting a new way of creating demand for condoms based on attraction rather than promotion. Benefitting from the engagement the UNFPA and UNAIDS Executive Directors, the campaign has been profiled in international media such as The New York Times, The Times, CNN and BBC. In Botswana, Malawi, Swaziland, and Zambia, CONDOMIZE! distributed over three million condoms. In Zambia, the campaign was rapidly embraced by young people, who took the lead with the support of the Government (including direct engagement by the First Lady), in educating their peers, the community, health workers, and the media. The unprecedented levels of demand for national CONDOMIZE! campaigns, in fact, pose a challenge to the capacity of UNFPA to respond. Launches of national campaigns are planned for Nigeria, Senegal and Togo in the third and fourth quarters of 2014.

41. UNFPA will continue to support national campaigns and advocate in 2014-2015 for governments and donors to address the chronic under-investment in condoms. At the community level, it will advocate and build awareness towards increased condoms use, especially in the context of high-risk sex and sexual debut.

Key populations at higher risk

42. The most recent evidence shows that national responses continue to be inadequate to reduce HIV risk and vulnerability among key populations. For those populations, investments have not matched the reality of the epidemic. African sex workers are more likely to acquire HIV (the pooled prevalence rate is 38 per cent) than all other women aged 15-49 years, yet few resources and even less political support and human rights-based programming are directed towards the needs of sex workers. The new face of the HIV epidemic in Asia is that of young men who have sex with men, yet investments are insufficient in addressing this reality. Transgender people continue to be almost invisible in the HIV response. Rapid, evidence-informed and human rights-based responses for key populations are also essential in areas where HIV rates could be kept low. Keeping at 'zero' in Mongolia would involve urgently scaling up programmes for sex workers and their clients; in Burundi, it would mean preventing an HIV epidemic among men who have sex with men (where the prevalence is 2.4 per cent) before rates spike.

43. UNDP and UNFPA have been at the centre of the development of groundbreaking normative guidance to reduce sexual transmission among key populations. These guides include *Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low and Middle Income Countries*, produced jointly by UNAIDS, UNFPA, WHO, and the Global Network of Sex Work Projects, complementing similar guidance from UNDP, UNAIDS, WHO, and the Global Forum on MSM and HIV for men who have sex with men and for transgender people. The sex worker implementation tool, built upon community-led and community-engaged approaches, is increasingly being taken up by key funders of the HIV response. UNDP published and widely disseminated a discussion paper on transgender health and human rights, highlighting the rights and needs of transgender people. The 'Measure' evaluation, UNDP, UNFPA, the United States Centres for Disease Control and Prevention, the United States President's Emergency Plan for AIDS Relief, the Global Fund and the UNAIDS secretariat produced operational guidelines for monitoring and evaluating HIV programmes for men who have sex with men, sex workers, and transgender people.

44. UNDP and UNFPA invested in strengthening the capacity of organizations of key populations to help them to take their place at the centre of the policymaking and service provision that affect their lives. Prime examples of community partners that have been strengthened due to sustained assistance include the Global Network of Sex Work Projects, the Global Forum on MSM and HIV, the Eurasian Coalition on Male Health, the African Male Sexual Health and Rights coalition, and the African Sex Worker Alliance, which are taking leading roles in the HIV response.

45. Addressing the particular needs of key populations in local contexts has the potential to transform HIV responses. UNDP and UNFPA have supported 26 cities covering five regions to develop innovative municipal HIV action plans addressing the needs of key populations. Results achieved by the participating cities cover areas such as improving health service delivery, addressing stigma and discrimination, and establishing more favourable legal frameworks. Examples include training programmes for representatives of the national civil police, the military police and the municipal traffic police in Escuintla (Guatemala) and Boca Chica (Dominican Republic) to address the harassment of key populations; and the creation of a national observatory for monitoring the respect for the human rights of the lesbian, gay, bisexual and transgender community in Santo Domingo. The Odessa municipality, in Ukraine, launched a patient-led monitoring system to ensure that key populations receive high-quality HIV prevention, treatment, care, and support services. The UNDP local governance programme supported city governments in Cebu and Davao (Philippines) in passing local anti-discrimination ordinances.

46. During the biennium, UNDP, UNFPA, UNICEF, UNODC, the UNAIDS secretariat, the Network of Sex Worker Projects and local organizations of key populations expanded 'In-Reach' training for United Nations staff from 22 countries in West and Central Africa and six countries in Central Asia. Staff from more than 80 countries received training on addressing stigma, discrimination, human rights, evidence-informed programming, sharing of good practices, learning directly from key populations themselves, and how to shape non-discriminatory HIV responses to local contexts.

47. In 2014-2015, UNFPA and UNDP will continue to (a) convene governments and civil society actors to deliberate on appropriate law and policy reform options for key populations, particularly in relation to proposed punitive laws and the criminalization of organizations of key populations and the impact of these laws on the HIV epidemic; (b) work with local and national government entities on research and assessments of urban efforts to address HIV among men who have sex with men, sex workers, and transgender people, (also encompassing an examination of governance and accountability structures), and joint development of 'road maps' to improve service delivery and access to justice for key populations, and (c) work with financial mechanisms such as the Global Fund to ensure that human rights and attention to key populations form part of their strategic objectives when approving grants.

National strategic planning

48. The UNAIDS secretariat, UNDP and the World Bank developed a new guidance document, *National AIDS Strategies and Implementation for Results*, to support countries in applying investment approaches and informing resource allocation decisions when addressing potentially sensitive issues. UNDP supported research on sustainable financing in partnership with the London School of Hygiene and Tropical Medicine, *Financing Structural Interventions: going beyond HIV-only value-for-money assessments*, which analyses conventional cost-effectiveness techniques for cross-sectoral investments in AIDS response.

49. UNDP has supported the development and review of multi-sectoral national strategies and programmes to respond to HIV in a number of countries. Assisting countries in their efforts to achieve the Millennium Development Goals is a top priority for UNDP, including through implementation of the MDG Acceleration Framework in over 50 countries, with national partners and United Nations country teams. For example, the Dominican Republic and Moldova applied the Framework to Goal 6, which contributed to improving the access of key populations to voluntary counselling and treatment services for tuberculosis and HIV.

50. An emerging priority for UNDP is supporting countries in developing options for the sustainable financing of HIV, malaria and tuberculosis responses, which is especially urgent in middle-income countries where Global Fund resources are decreasing, and for high-burden countries with large treatment programmes. Work has been undertaken in Belarus, Bosnia and Herzegovina, Montenegro, Serbia, Tajikistan and Uzbekistan, to develop scenarios for sustainable financing.

D. Linkages between sexual reproductive health and HIV

51. At the individual level, the interconnectedness of maintaining sexual and reproductive health and protecting oneself from HIV is self-evident. As HIV responses mature and continue to scale up, addressing that reality is critical.

52. To better track the progress of countries in integrating HIV and sexual and reproductive health services, UNFPA developed and piloted indicators in seven countries. These will complement the compendium of linkage indicators capturing the broad scope of the sexual and reproductive health and rights and HIV agenda (ending-gender based violence, supporting comprehensive sexuality education, and ending child marriage) and strengthen the evidence base for targeted programming.

53. In 2012-2013 UNFPA, in partnership with the International Planned Parenthood Federation, supported 27 countries in conducting assessments of the linkages between sexual and reproductive health and rights and HIV, bringing the total number of countries supported to 50. Such assessments inform the programming of integrated HIV and sexual and reproductive health services. Globally, 82 per cent of countries address the integration of HIV services in their national strategic plans; 70 per cent have integrated services in antenatal care to prevent mother-to-child transmission of HIV; and 67 per cent have integrated HIV and sexual and reproductive health services at the service delivery level.

54. UNFPA, WHO and the International Planned Parenthood Federation co-convene the working group on sexual and reproductive health and rights and HIV linkages, while UNFPA and WHO co-convene the inter-agency task team on the elimination of mother to child transmission. Through these groups, countries are supported in strengthening their capacity to deliver integrated services and support the rights of people living with HIV and key populations.

55. Research findings under the ‘Integra’ initiative in Eastern and Southern Africa show that integrating HIV services into family planning and post-natal care services has improved the uptake of HIV counselling and testing at these facilities. UNFPA contributed to a round-table hearing in the United Kingdom House of Parliament on integration, and discussed equitable access to health,

the human rights implications of sexual and reproductive health and HIV linkages, and related issues. This attracted media attention and increased political leaders' awareness of the issues.

56. UNFPA will continue to support the integration of HIV and sexual and reproductive health while capitalizing on emerging initiatives to promote high-quality, comprehensive services for all through global and national policies, systems and services. This work contributes to the broader goal of strengthening national health systems, with a view to achieving universal health coverage. From a broader rights perspective, continued advocacy is needed to strengthen resolve and programming to eliminate gender-based violence, end child marriage, and make comprehensive sexuality education available to all, with a particular focus on adolescent girls. UNFPA will also continue to support the participation of networks of people living with HIV in key events and coordinating bodies.

E. Eliminating the vertical transmission of HIV and reducing AIDS-related maternal mortality by half

57. Considerable progress was made between 2011 and 2015 towards eliminating mother-to-child transmission of HIV through the 'Global Plan Towards the Elimination of New Infections among Children by 2015 and Keeping Their Mothers Alive'. The initiative, co-led by UNAIDS and the United States President's Emergency Plan for AIDS Relief, resulted in a decline in new paediatric infections in low- and middle-income countries, from 550,000 in 2001 to 260,000 in 2012.

58. As part of the Global Plan, UNFPA is leading efforts to strengthen linkages in services, particularly in relation to reducing new HIV infections and unintended pregnancies, guided by *Preventing HIV and unintended pregnancies: strategic framework 2011-2015*. Between 2010 and 2012, global contraceptive use increased from 56.2 per cent to 56.6 per cent, and the unmet need for family planning decreased from 12.8 per cent to 12.6 per cent. UNFPA contributed to the increased utilization of family planning services by: (a) strengthening the policy and enabling environment for family planning at the country level; (b) ensuring a secure supply of contraceptives; (c) establishing functional logistics management information systems; (d) raising awareness and generating demand; and (e) building local capacity for family planning service delivery. UNFPA implemented these interventions under its new family planning strategy, 'Choices not Chance', launched in 2012. In collaboration with the inter-agency task team on elimination of mother-to-child transmission of HIV, UNFPA developed an integrated minimum package of commodities for the elimination of mother-to-child transmission of HIV, maternal, new-born and child health, and family planning services to support integrated service delivery for sexual and reproductive health and rights.

59. UNFPA furthered understanding of the sexual and reproductive health and rights and HIV linkages agenda through coordination, policy dialogue, indicator development, and knowledge-sharing among the many partners engaged in linking sexual and reproductive health and rights and HIV. This included promoting guidance at the country level. Advocacy and knowledge-sharing activities included development of a brief, *Connecting sexual and reproductive health and HIV: navigating the work in progress*; an update of the web resource srhhivlinkages.org; a case study and related film on mother-to-child transmission in Rwanda, 'A glimpse of the future'; research on experiences of women living with HIV with sexual and reproductive health and rights services; and additional summaries and rapid assessments of sexual and reproductive health and HIV linkages, with a review of their impact.

60. The success of the Global Plan means that eliminating new HIV infections in children and keeping mothers alive ('e-prevention' of mother-to-child transmission) is within reach. It also serves as a model for focused cooperation and partnerships in mobilizing technical and financial resources, including South-South cooperation, around clearly defined goals and targets.

F. Ensuring universal access to antiretroviral treatment for people living with HIV who are eligible for treatment and reducing tuberculosis deaths among people living with HIV by half

61. Sustained progress in scaling up access to HIV treatment has put within reach the goal of providing antiretroviral therapy to 15 million people by 2015. But access to treatment varies within and between countries and regions, with especially low levels of coverage for children. As of December 2012, an estimated 9.7 million people in low- and middle-income countries were receiving antiretroviral therapy – an increase of 1.6 million over 2011. However, under the 2013 WHO guidelines, the 9.7 million people receiving antiretroviral therapy in low- and middle-income countries represents only 34 per cent of the 28.3 million people eligible in 2013.

62. In December 2013, the Programme Coordinating Board of UNAIDS discussed the strategic use of antiretroviral medicines for the treatment and prevention of HIV. The Board called for the acceleration of access to HIV treatment, particularly for key populations, as well as women, children and adolescents living with HIV, to be factored in to all stages of HIV and health planning, implementation, monitoring and evaluation, and resource mobilization. UNAIDS was requested to undertake a gap analysis on paediatric treatment, care and support, with specific, time-bound targets for getting all children living with HIV on treatment.

63. As of December 2013, UNDP serves as interim principal recipient for 53 Global Fund grants in 26 countries, and manages a regional grant covering seven countries in South Asia, totalling $1.74 billion. In 2013, UNDP-supported Global Fund programmes helped 1.4 million people gain access to life-saving antiretroviral treatment (approximately 14 per cent of those receiving treatment worldwide). Since the start of the partnership, in 2003, UNDP-supported programmes have helped nearly 16 million people to access counselling and testing services; provided treatment for 1.8 million cases of sexually transmitted infections; reached 53 million people with prevention communication promoting positive behaviours; distributed 600 million condoms; and provided antiretroviral prophylaxis to over 300,000 pregnant women living with HIV.

64. Nearly 60 per cent of the grants managed by UNDP are currently rated A1 or A2 and the remaining 40 per cent are rated B1. This is well above the average for Global Fund grants, which is particularly remarkable given that UNDP serves as interim principal recipient in the most difficult country contexts, with high levels of risk.

65. The principal recipient role of UNDP is an interim arrangement, lasting until national entities are ready and able to take over grant implementation. In countries where UNDP serves as interim principal recipient, capacity-strengthening of prospective national principal recipients to implement Global Fund grants is prioritized. As a result of efforts since the start of the partnership, in 2003, UNDP has transitioned out of 22 countries – including six in 2012-2013 – transferring responsibility for grant management to national entities. During the last two years, a systematic approach has been developed to support government and non-government national partners through the development and dissemination of the ‘Toolkit for Capacity Development of National Entities to Implement HIV and AIDS, Tuberculosis and Malaria Programmes’.

66. UNDP will continue to focus on strengthening the partnership with the Global Fund, with attention to: improving the performance and results of UNDP-managed grants; strengthening risk management and risk mitigation; and expanding capacity development work. Ongoing support will be provided to countries as they transition to the ‘new funding model, in adopting strategic investment approaches, including appropriate attention to issues of human rights, gender and key populations. The new funding model offers ÚNDP an opportunity to support countries in helping to anchor their Global Fund applications not only in national disease and health strategies, but also, more broadly, in national development and poverty reduction strategies and national budget processes and expenditure frameworks.

G. Addressing the needs of people living with HIV and households affected by HIV in all national social-protection strategies and providing access to essential care and support

67. Ending the AIDS epidemic requires more than a biomedical approach. Economic and social drivers of HIV – such as poverty, food insecurity, drug and alcohol use, social marginalization, gender inequality, violence and sexual exploitation, and lack of access to education, including comprehensive sexuality education – need to be addressed concurrently as part of a multi-sectoral approach.

68. The Joint Programme made progress in expanding the evidence base on social protection strategies to strengthen the HIV response. A UNDP paper, 'Cash transfers for HIV prevention: considering their potential' was published in *the Journal of the International AIDS Society*. A joint position paper entitled *Policy and Programme Responses for Addressing the Structural Determinants of HIV*,, was developed with AIDSTAR-One and the STRIVE research consortium. Among the approaches considered was that of inclusive social protection measures.

69. Steps were taken to strengthen national systems for social protection, care and support. UNDP supported the creation or reform of numerous HIV-sensitive social protection programmes, reaching more than 400,000 people in India alone by the end of 2013. Other countries supported to expand HIV-sensitive social protection programmes included Cambodia, the Dominican Republic, Jamaica, India, Indonesia, Thailand, and Uruguay.

70. UNDP, UNFPA and other members of the UNAIDS family will intensify advocacy, generate strategic information and technical and support capacity-building to mobilize social protection strategies to reduce HIV vulnerability, increase the impact of HIV services, and strengthen the response. UNDP, the World Bank and UNICEF, supported by the UNAIDS secretariat, will undertake further research to expand the evidence base for action on social protection and HIV and to strengthen monitoring and evaluation.

H. Reducing by half the number of countries with punitive laws and practices that block effective responses and eliminating HIV-related restrictions on entry, stay and residence in half of all national HIV responses

71. In 2012, 60 per cent of national governments reported the existence of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care, and support services for at-risk populations and vulnerable groups. Endemic stigma, discrimination, gender inequality and gender-based violence – often tacitly legitimized by punitive legal and policy frameworks – continue to hinder the scale-up of evidence- and rights -based HIV responses, especially for key populations. Fortunately, there is growing recognition of the need to review and reform punitive laws, policies and practices for effective HIV response.

72. UNDP has worked with governments, civil society and United Nations partners to improve the social, legal and policy environment relating to HIV in over 84 countries to follow up on the recommendations of the Global Commission on HIV and the Law and advance human rights and legal environments for effective HIV response, including in 31 UNAIDS high-impact countries. Multi-stakeholder national dialogues and consultations on HIV and the law were held in 49 countries and have triggered country-level action. In El Salvador and Costa Rica, for example, steps to review or reform laws following national dialogues in 2012 resulted in promising efforts to revisit national AIDS laws and to draft gender identity laws similar to the Gender Identity Law passed by Argentina in 2012, the 'Gender Identity and Health Comprehensive Care for Trans People Act'. In the Dominican Republic, the National AIDS Commission is working to pass a national anti-discrimination law. In the Pacific, multi-sectoral consultations on legal and policy barriers to HIV services led to the adoption of country-specific action plans to support the progress of rights-based HIV legislation through parliament. In Ghana, following the national dialogue held

in April 2013, the Government decided to review a draft HIV bill that included a provision to criminalize HIV. In Eastern Europe, governments made commitments to introduce law and policy reforms and agreed to collaborate with civil society on country action plans.

73. During 2013, UNDP and UNFPA worked closely with civil society partners, government officials and human rights institutions to undertake legislative reviews of punitive or discriminatory laws that had a negative effect on human rights, and to build the capacity of stakeholders to undertake legislative review or reform through legal environment assessments. UNDP has undertaken or supported legal environment assessments and legal reviews in 65 countries. UNFPA supported countries in addressing laws and policies that impede universal access to sexual and reproductive health, particularly for adolescent girls and key populations. UNDP is supporting countries in using legal environment assessments and legal reviews to strengthen legal environments to respond more effectively to HIV. With UNDP support, for example, Malawi used the findings of their legal environment assessment to start a review process of its draft HIV bill. The current and agreed draft bill contains no provisions relating to the criminalization of HIV transmission; specific provisions prohibiting harmful cultural practices; and a provision that recognizes women's vulnerability to HIV. With UNDP and other partner support, the Arab Convention on HIV to protect the rights of people living with HIV/AIDS was endorsed; and the East African Community HIV and AIDS Prevention and Management Bill passed. Kenya and Uganda have already assented to this new bill.

74. In 2013, UNDP supported 47 countries in undertaking human rights training and capacity development efforts in order to improve access to justice to people living with HIV and key populations. Activities were aimed at civil society organizations, the judiciary, law enforcement officers, the media and religious or traditional leaders. UNDP, in partnership with stakeholders, supported legal aid centres and training of pro-bono lawyers to provide services to people living with HIV, in addition to legal literacy and empowerment programmes, including through 'know your rights' initiatives for people living with HIV, and key populations.

75. UNDP and UNFPA supported the Global Fund in shaping its policy and practice on human rights, gender equality and sexual orientation, and gender identity, for better health outcomes. UNDP worked with the Global Fund to develop an implementation plan for the human rights strategic objective in the Global Fund strategy, 2012-2016, *Investing for Impact*. In 2013, a chapter on enabling legal environments was added to the UNDP capacity development toolkit providing information and resources to support the inclusion of programming activities and interventions on human rights, gender and key populations in new funding applications to the Global Fund. UNDP also worked with the Global Fund secretariat to develop guidance on integrating human rights programming in concept notes for the new funding model. For example, the UNDP 'legal environment assessment tool' is included in Global Fund human rights guidance for the new funding model. The Joint Programme will continue its policy engagement with the Global Fund on issues of human rights, gender, key populations, inclusive social protection, and multi-sectoral malaria response.

76. In partnership with United Nations partners and civil society, UNDP will continue to support governments in conducting national dialogues aimed at building multi-stakeholder coalitions to catalyse HIV-related law reform. Special attention will be paid to UNAIDS high impact countries and those where an opportunity exists to affect change in the legal environment for more effective and efficient HIV responses. UNDP will continue to strengthen legal environments for HIV by supporting stakeholders in conducting legal environment assessments, and will work closely with UNFPA, the United Nations Educational, Scientific and Cultural Organization, and UNICEF, on the issues of young people, law and human rights.

IV. Conclusion

77. Despite considerable progress, AIDS is far from vanquished, and gains are reversible. Accelerated efforts are needed to achieve Millennium Development Goal 6 of halting and reversing the spread of HIV and reaching the targets of the United Nations Political Declaration on HIV/AIDS of 2011. UNDP, UNFPA and partners must step up the pace and sharpen the focus of HIV response. Continued dedicated action is needed on the strategic vision of UNAIDS, concentrating on high-impact countries, and within countries, on key populations and underserved groups.

78. At the May 2014 UNAIDS Committee of Cosponsoring Organizations meeting, the organization heads agreed that the Joint Programme should develop a new strategy that aligns with Cosponsors' strategic plans and the post-2015 development agenda. To that end, a time-limited working group has been established to determine the overall direction of the Joint Programme. The working group will also focus on the roles of Cosponsors and the UNAIDS secretariat to make the Joint Programme more 'fit for purpose' for the next phase of the HIV response. At the midterm review of the Unified Budget, Results and Accountability Framework in April 2014, the UNAIDS Executive Director set out his vision for the Joint Programme in the post-2015 era: a lean, agile UNAIDS secretariat focused on advocacy, convening and coordination functions, which is further integrated in the resident coordinator system at the country level; and strengthening the work of Cosponsors, including through better mainstreaming of HIV into their work, especially at the country level.

79. At its 34th meeting in July 2014, the Programme Coordinating Board continued discussing AIDS in the post-2015 development agenda. Building a shared vision and commitment to ending the AIDS epidemic is vital to achieving the Millennium Development Goals and to expanding progress beyond 2015. Such a vision can serve as a catalyst in global health and development, especially by promoting synergies among HIV, health, human rights, gender equality, and poverty eradication.

80. As major shifts occur in development cooperation, the United Nations system must support countries by ensuring that gains in the AIDS response to date are sustained and expanded. This will take place in an increasingly complex health and development environment. The model of a joint and cosponsored programme remains relevant, and ways of making the Joint Programme more 'fit for purpose' should be further explored.