

Global Overview:
Where are we succeeding?
What's left to do?

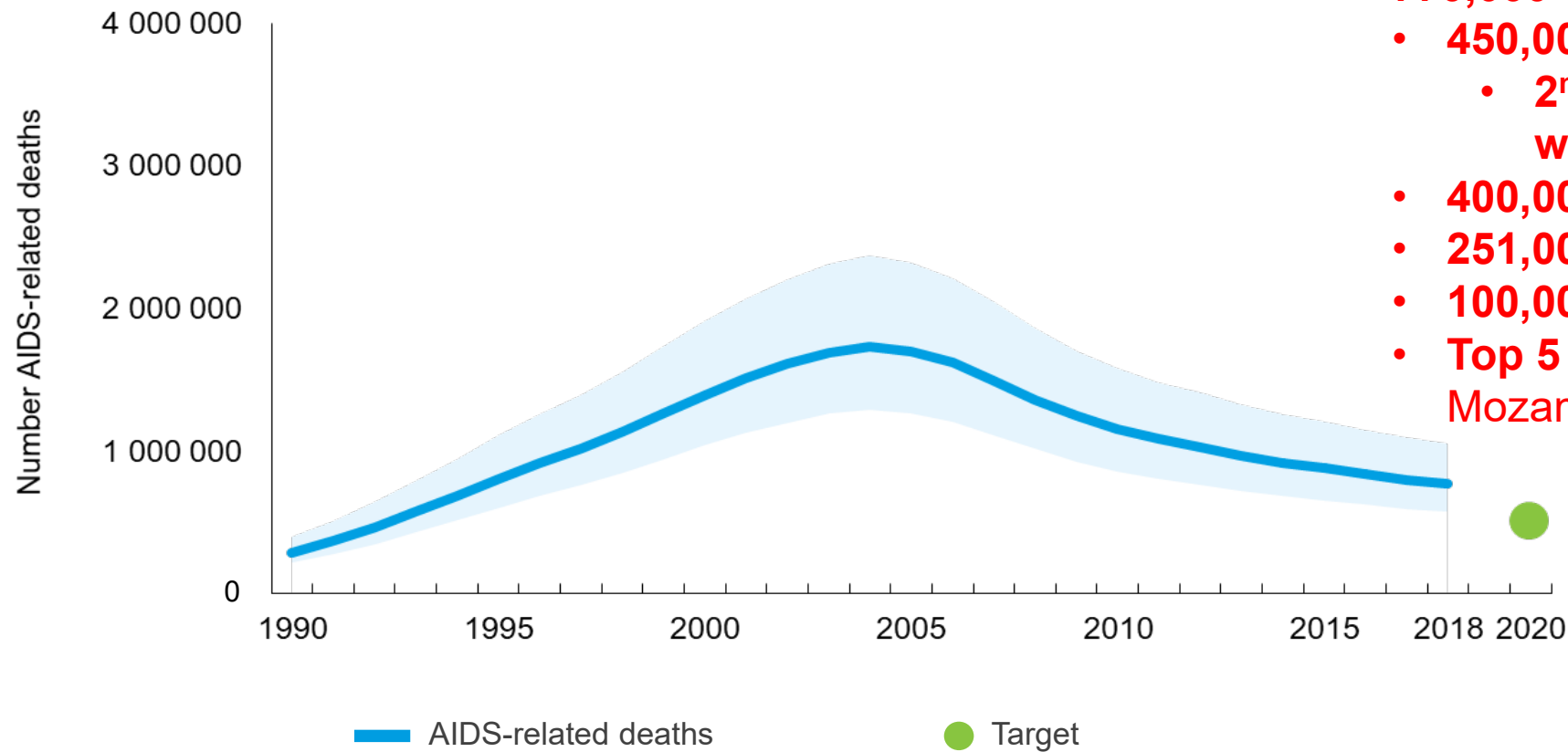
37.9 Million
People
Living with HIV

Agenda 4.1
PERFORMANCE
MONITORING
UBRAF 2016-2021



Closer to reaching AIDS deaths target, *due to treatment expansion* But still 770,000 deaths per year!

Number of AIDS-related deaths, global, 1990–2018 and 2020 target

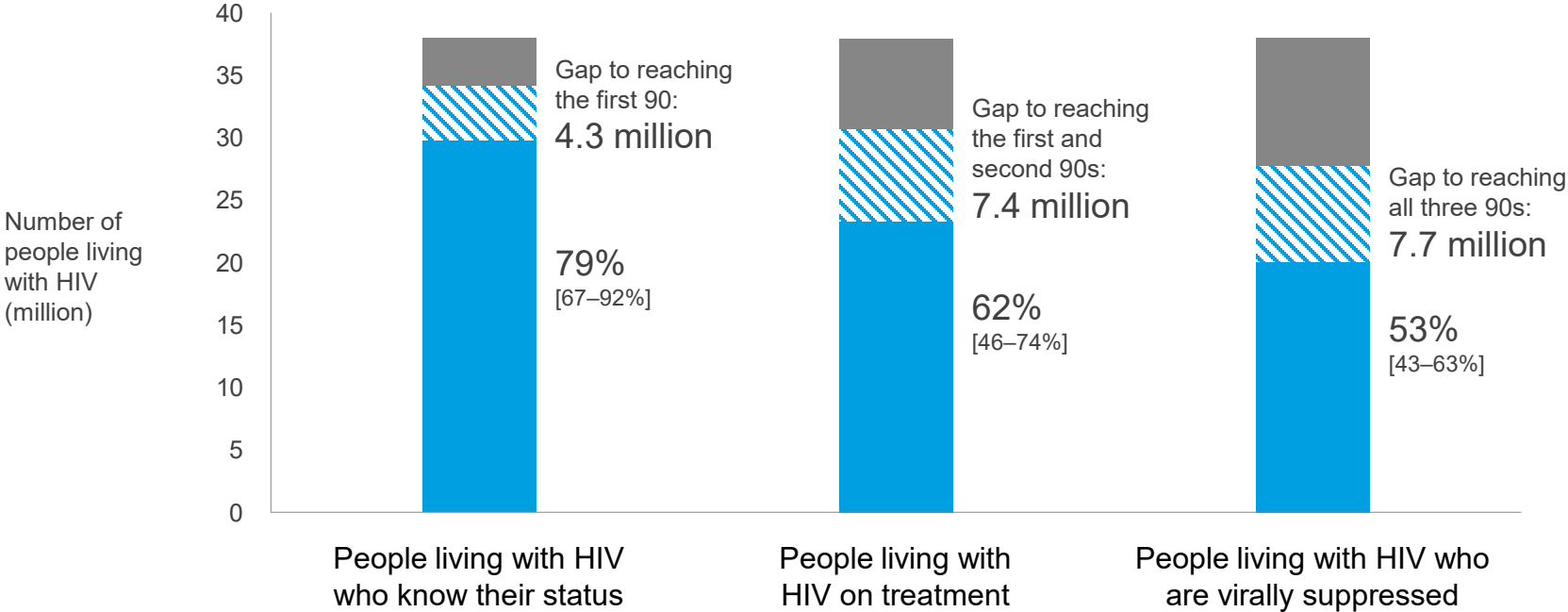


770,000 deaths:

- **450,000 men**
 - **2nd leading cause of death women repro age SSA**
- **400,000 NOT on ART**
- **251,000 TB**
- **100,000 Children**
- **Top 5 Countries:** India, South Africa, Mozambique, Nigeria, Indonesia

24.5 million people on treatment, worldwide (mid-year, 2019)

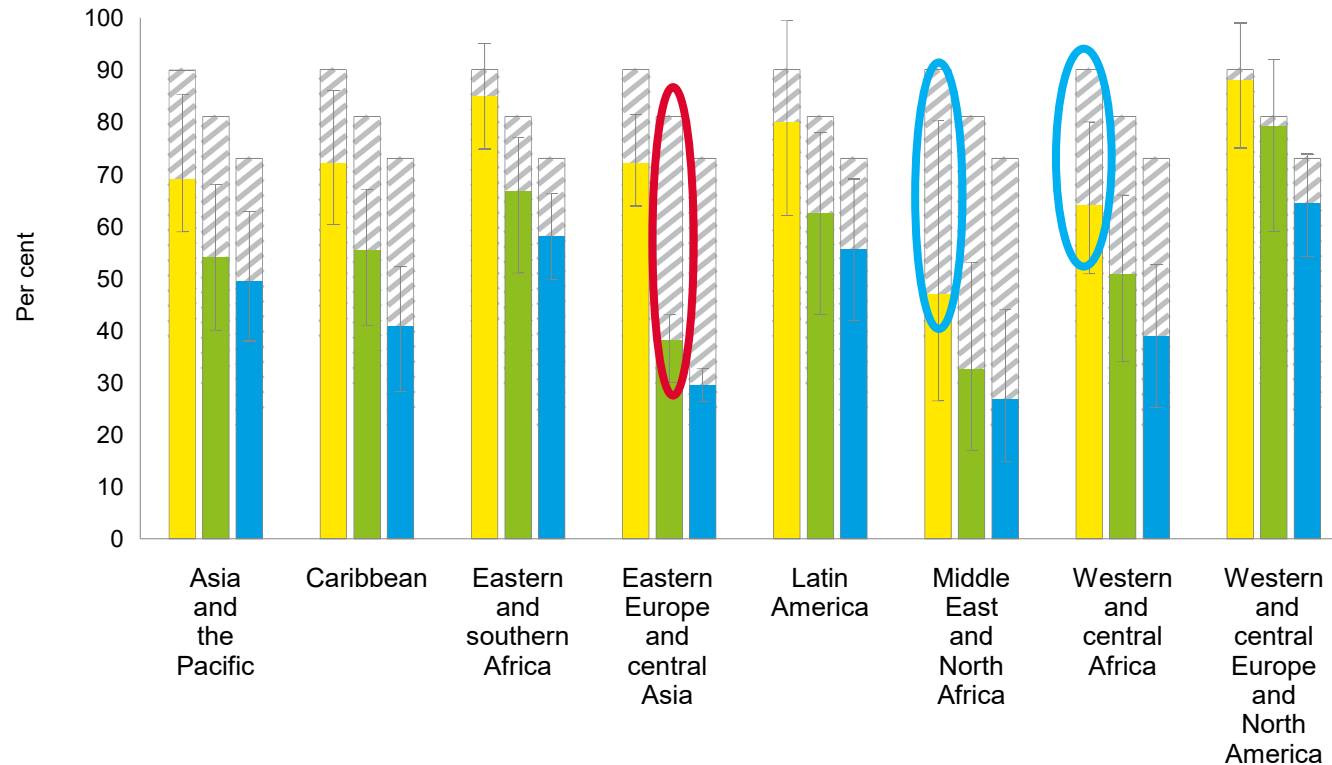
HIV testing and treatment cascade, global, 2018



Source: UNAIDS special analysis, 2019; see annex on methods for more details.

Gaps are different in different regions

HIV testing and treatment cascade, by region, 2018



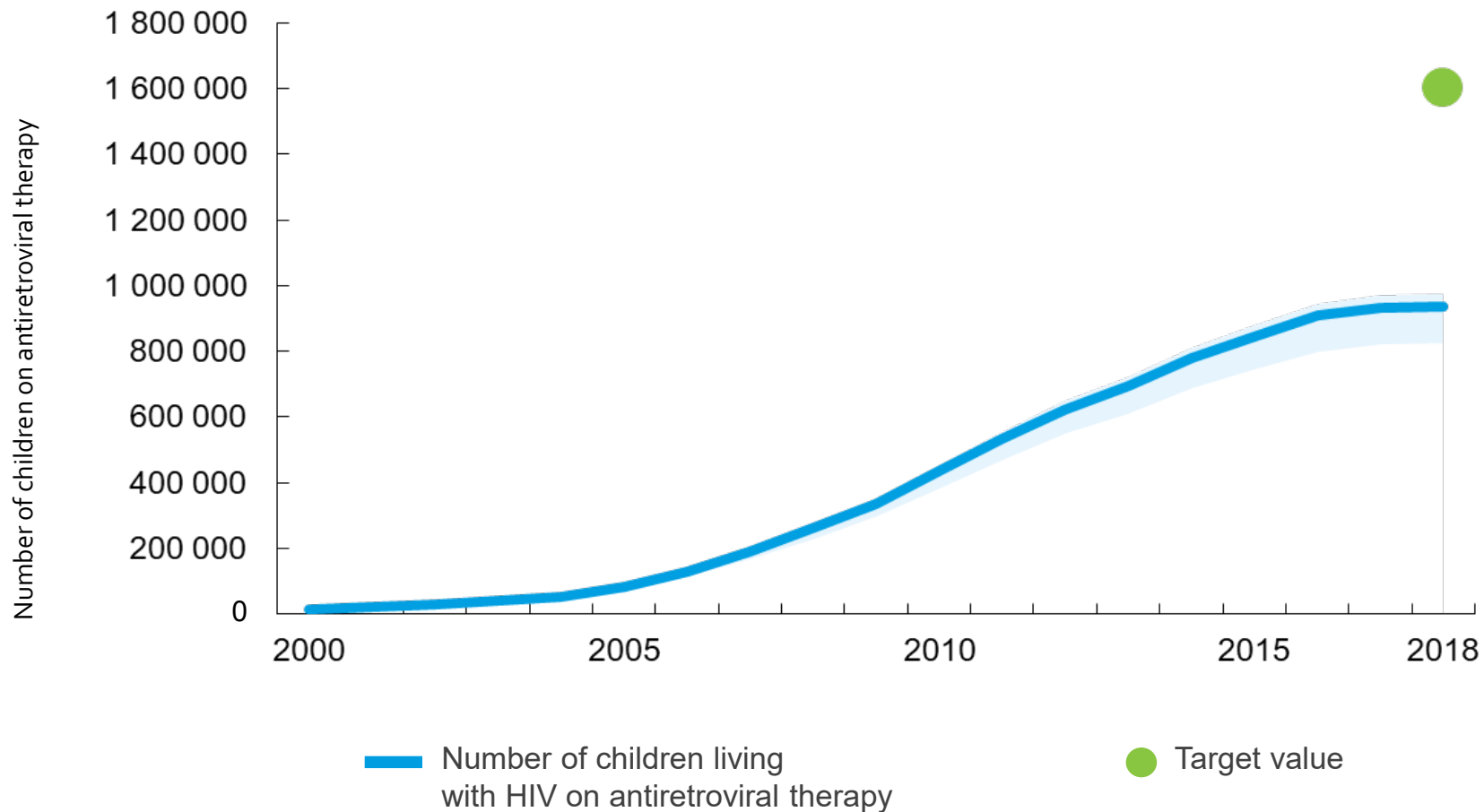
- *1st 90: People don't know they're positive*
- *2nd 90: People know they're positive, but not on treatment!*

■ People living with HIV who know their status
■ People living with HIV who are on treatment

■ People living with HIV who are virally suppressed
 Gap to reaching the 90-90-90 targets

The 2018 target to reach 1.6 million children with ART was missed. In 2018 only 54% of children living with HIV are accessing treatment

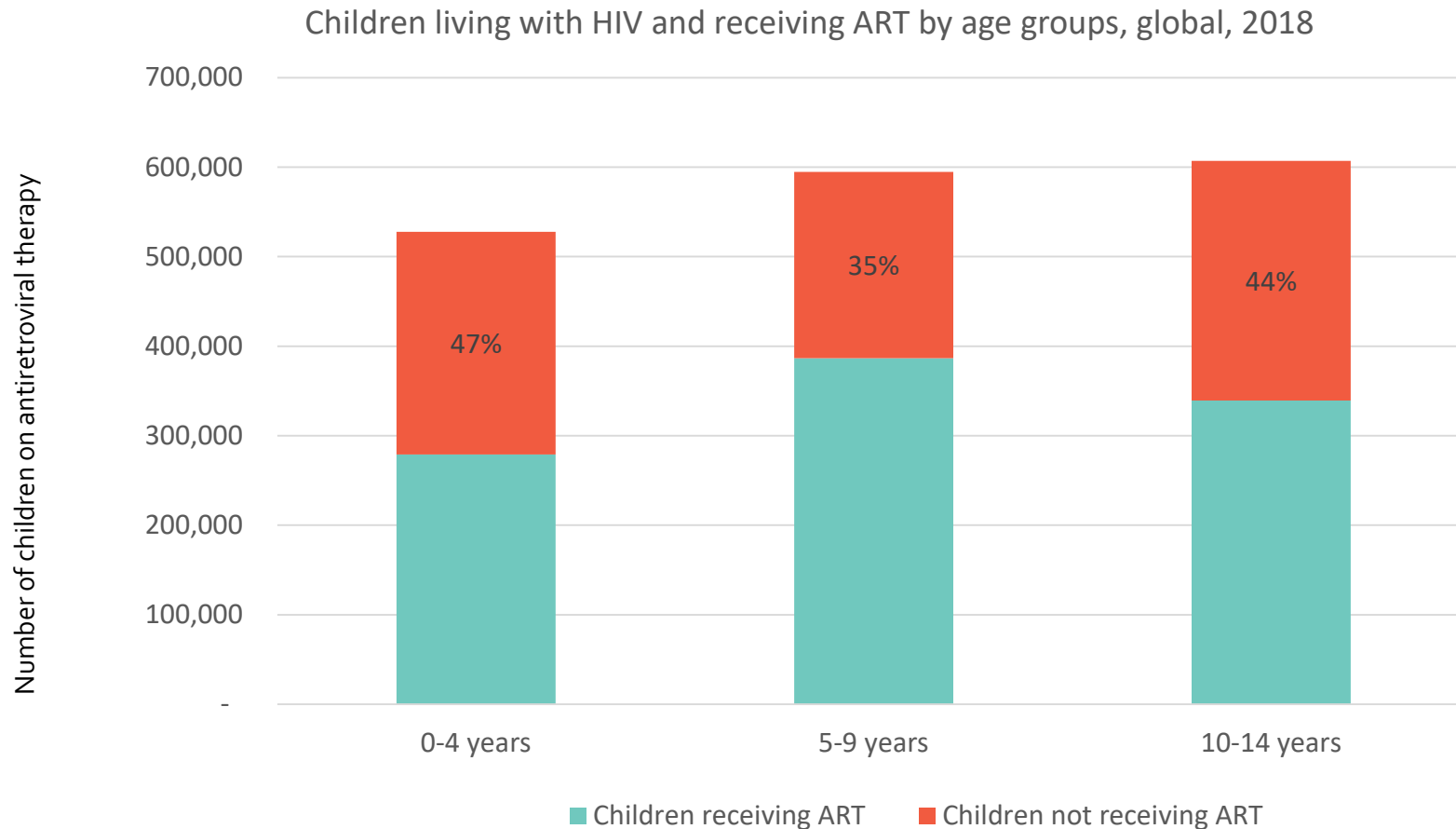
Number of children living with HIV (aged 0–14 years) accessing antiretroviral therapy, global, 2000–2018 and 2018 target



TOP 5 CLHIV Countries:
Nigeria, Mozambique,
South, Africa, Tanzania,
Kenya

MISSING CHILDREN: 700,000 not on ART

Not accessing EID or infected after EID



Source: UNAIDS 2019 estimates.

Children NOT on ART:

- 480k (66%) are 5-14 yrs
- Most deaths among 0-4 yrs

Overcoming Barriers to finding, keeping, benefiting:

- Family Services Testing
- MTCT: full EID, full follow-up
- Regimen Optimization
- Stigma in school, community, family settings
- Mental Health Supports

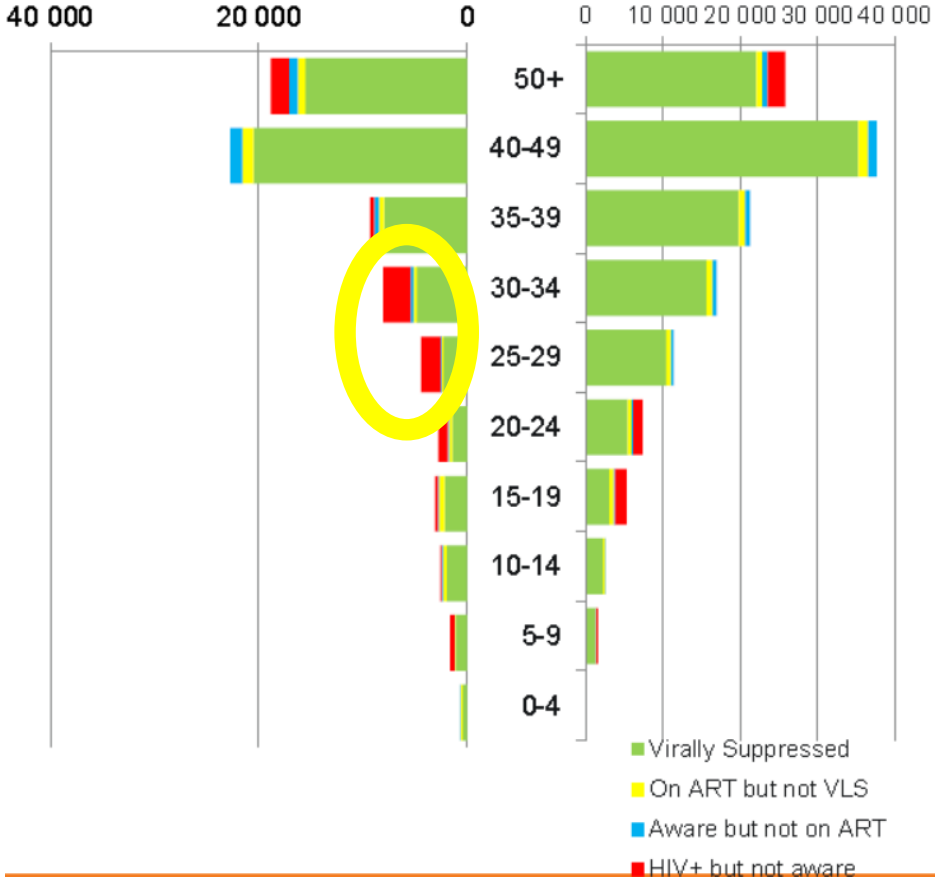
Many countries **have** or **will** achieve Treatment Cascade Targets (=73% VL Suppression)

	Viral load suppression among all people living with HIV		
Achieved (73% or greater)	Australia	Nearly achieved	Comoros
	Botswana		Croatia
	Cambodia		Finland
	Denmark		
	Eswatini		Italy
	France		Luxembourg
	Germany		Malawi
	Iceland		Myanmar
	Ireland		
	Namibia		
	Netherlands		
	Rwanda		
	Spain		
	Thailand		
	United Kingdom		

Source: UNAIDS 2019 estimates.

Digging deeper to get to 95-95-95..

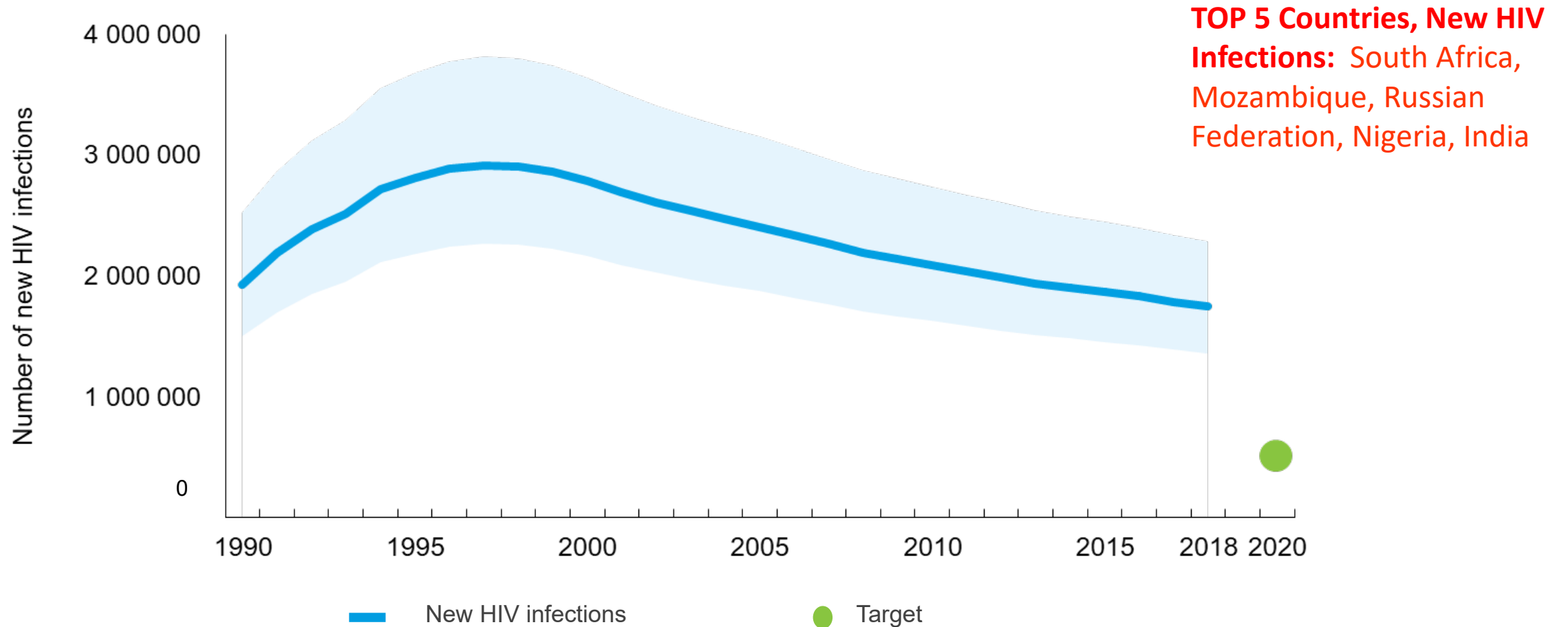
Namibia shows high levels of VLS *except* men 25-34 yrs



Source: Birx. 2020. Opening plenary COP 2020. PEPFAR data.

Far from global targets for new HIV infections

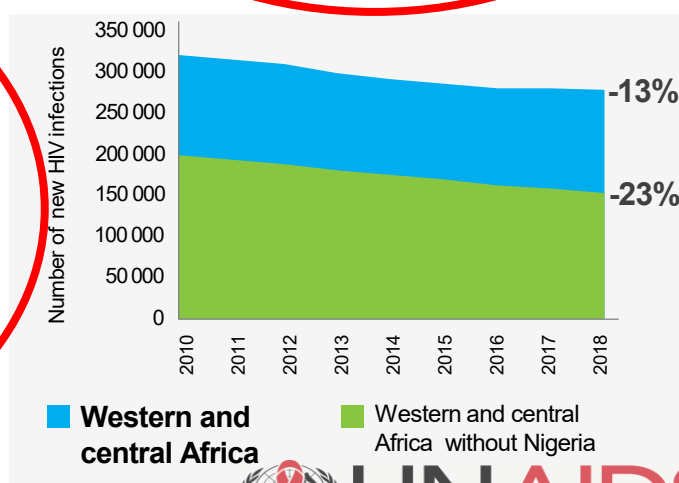
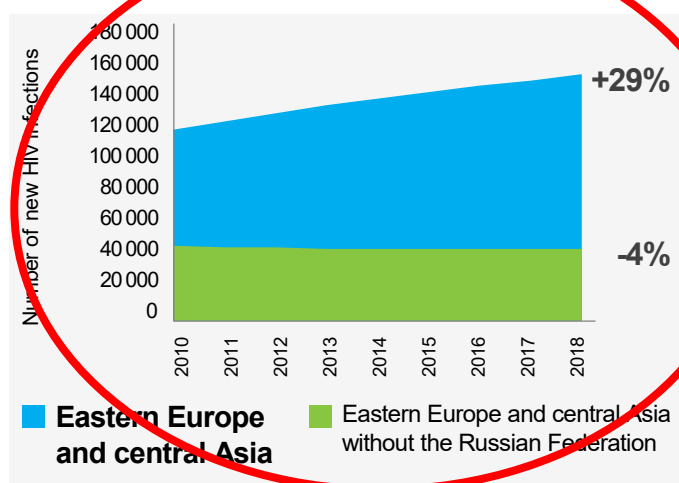
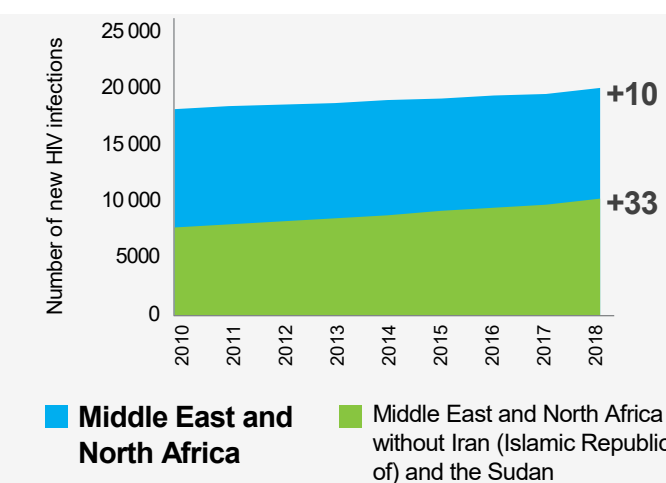
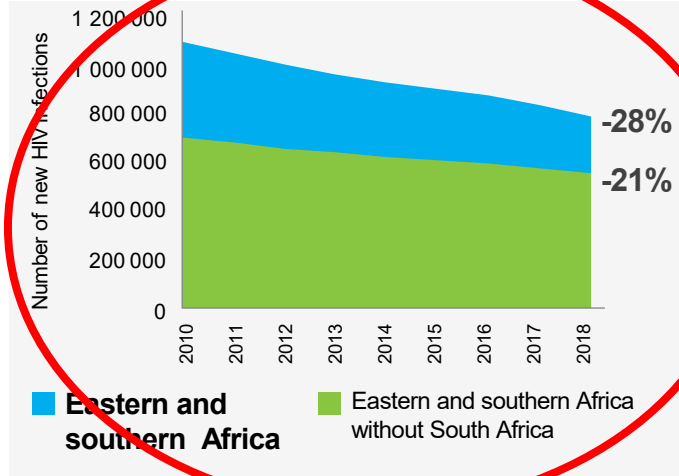
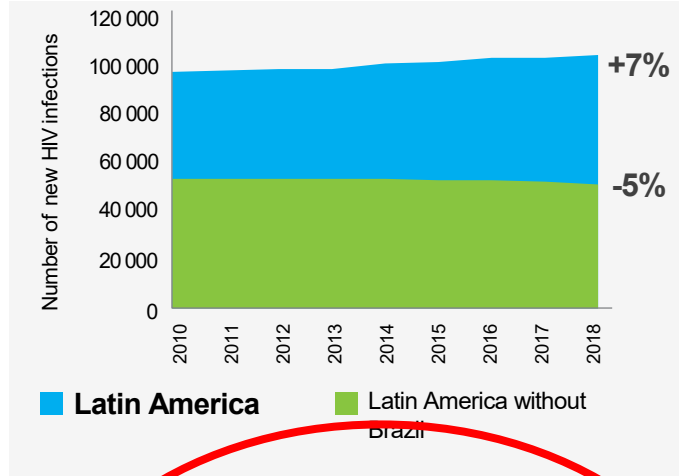
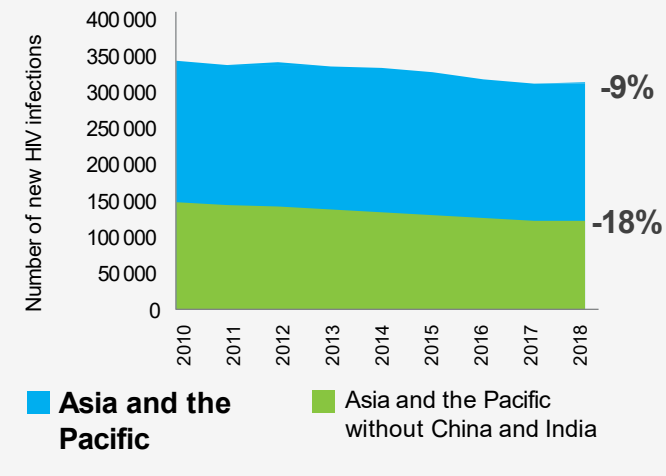
Number of new HIV infections, global, 1990–2018 and 2020 target



Regions are on very different trajectories in the response!

Some large countries drive regional trends

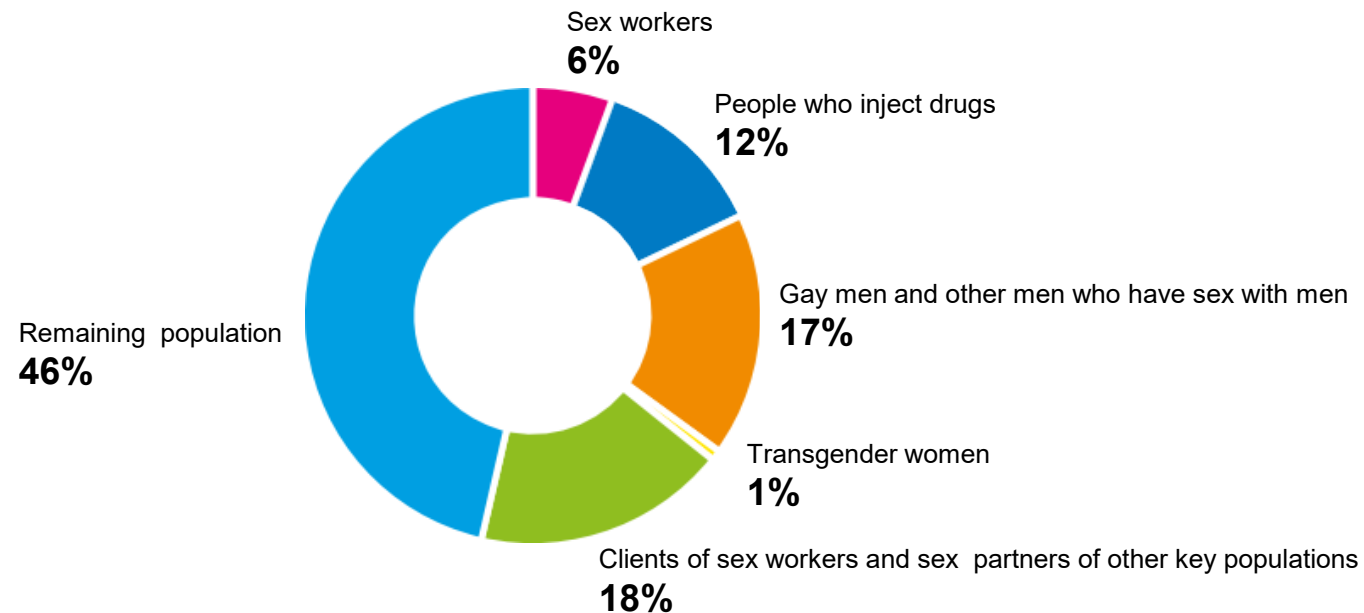
Trends in new HIV infections, by region, 2010–2018



Source: UNAIDS 2019 estimates.

More than half of new infections are among Key Populations & Partners

Distribution of new HIV infections (aged 15–49 years), by population, global, 2018



Key
Populations
and their
Partners:
54%

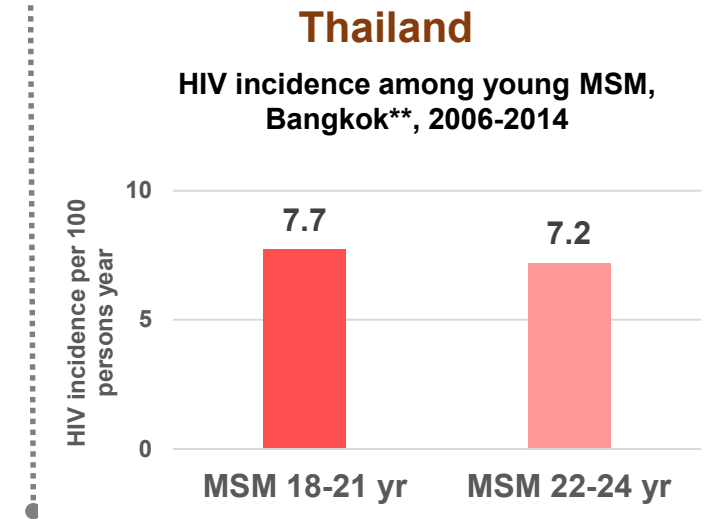
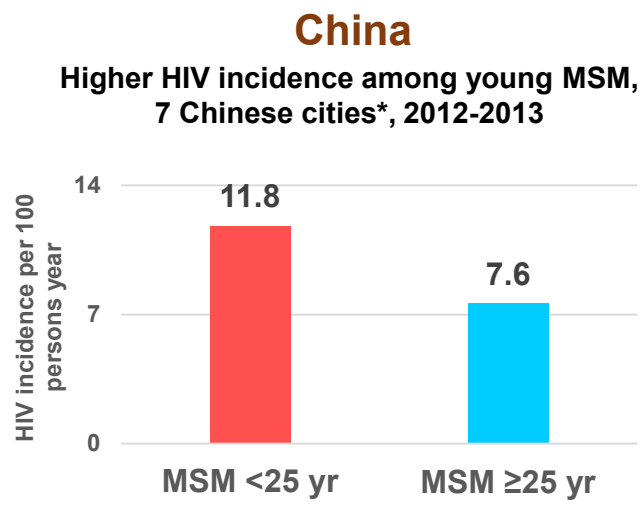
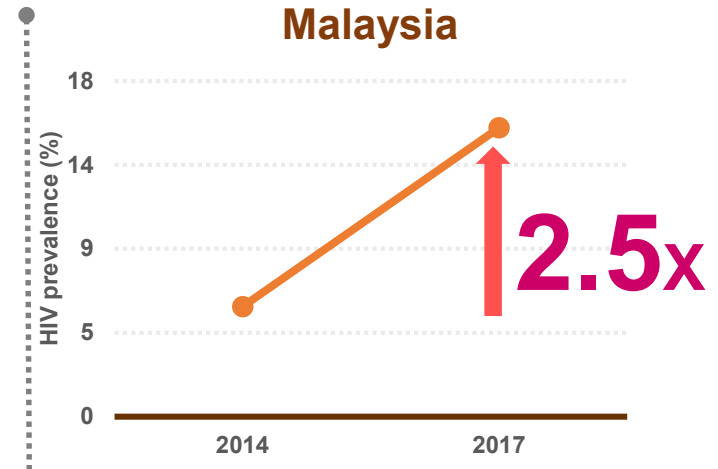
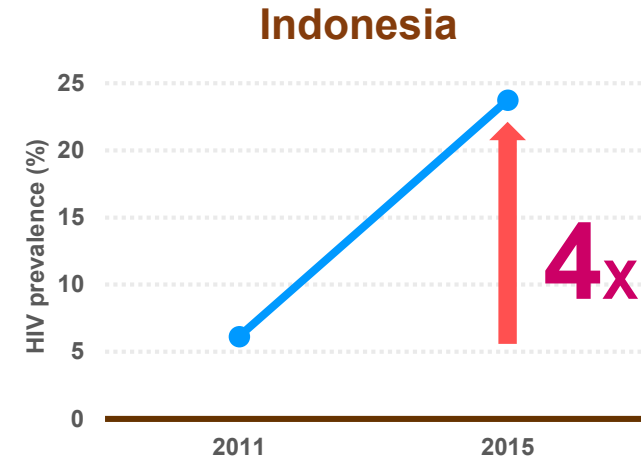
KPs important in EVERY region...from 25% eastern and southern Africa to 95% in western and Central Europe and North America

Rising HIV infections among young MSM: common denominator in counties with different epidemic dynamics

HIV prevalence among young MSM (<25 years)

- 69% of all new infections in the Philippines are among young MSM
- A survey in Viet Nam showed that 70% of MSM are below 25 year old.

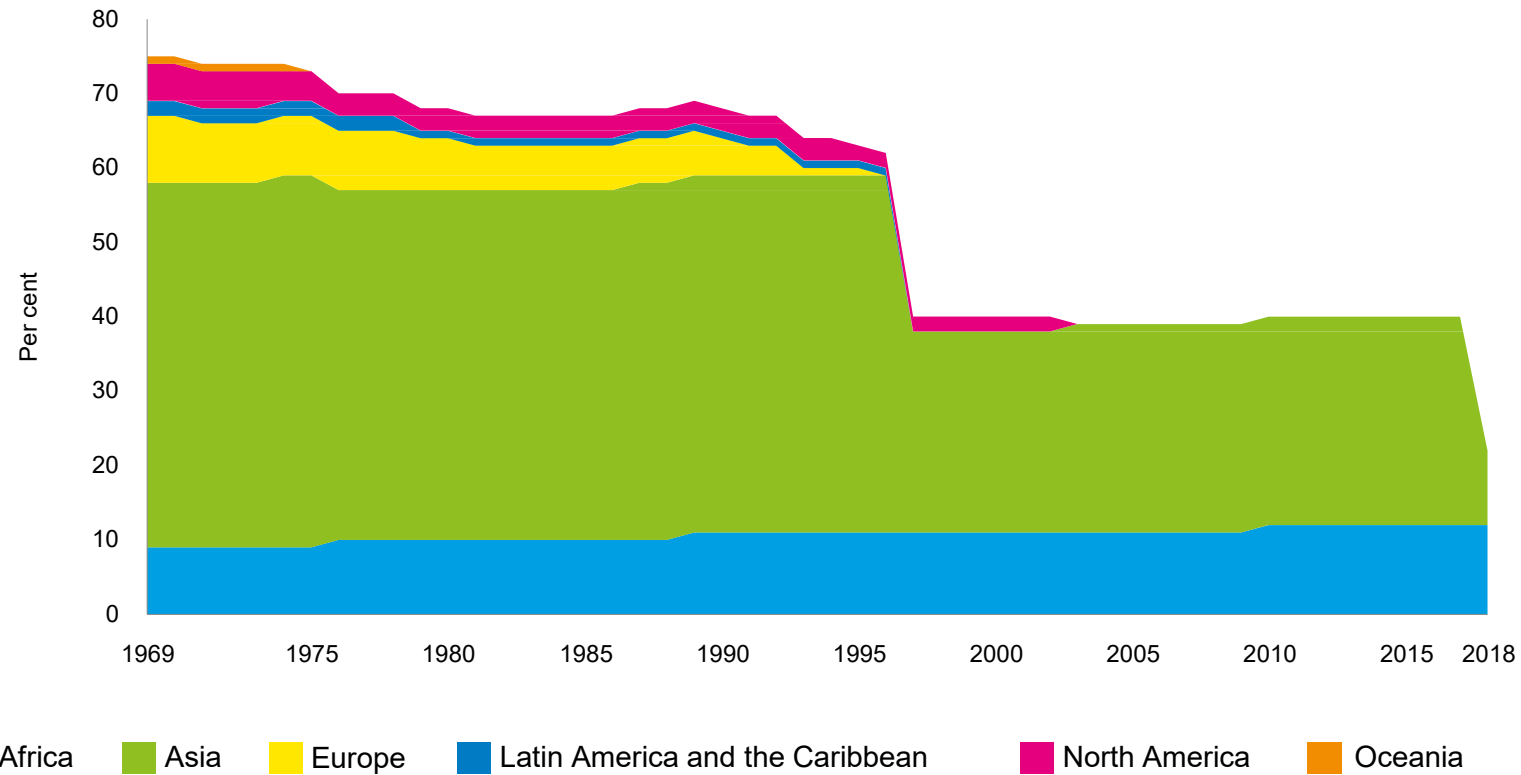
HIV incidence among young MSM (<25 years)



*Shanghai, Nanjing, Changsha, Zhengzhou, Ji'nan, Shenyang and Kunming;
 **Bangkok men who have sex with men cohort study (BMCS)

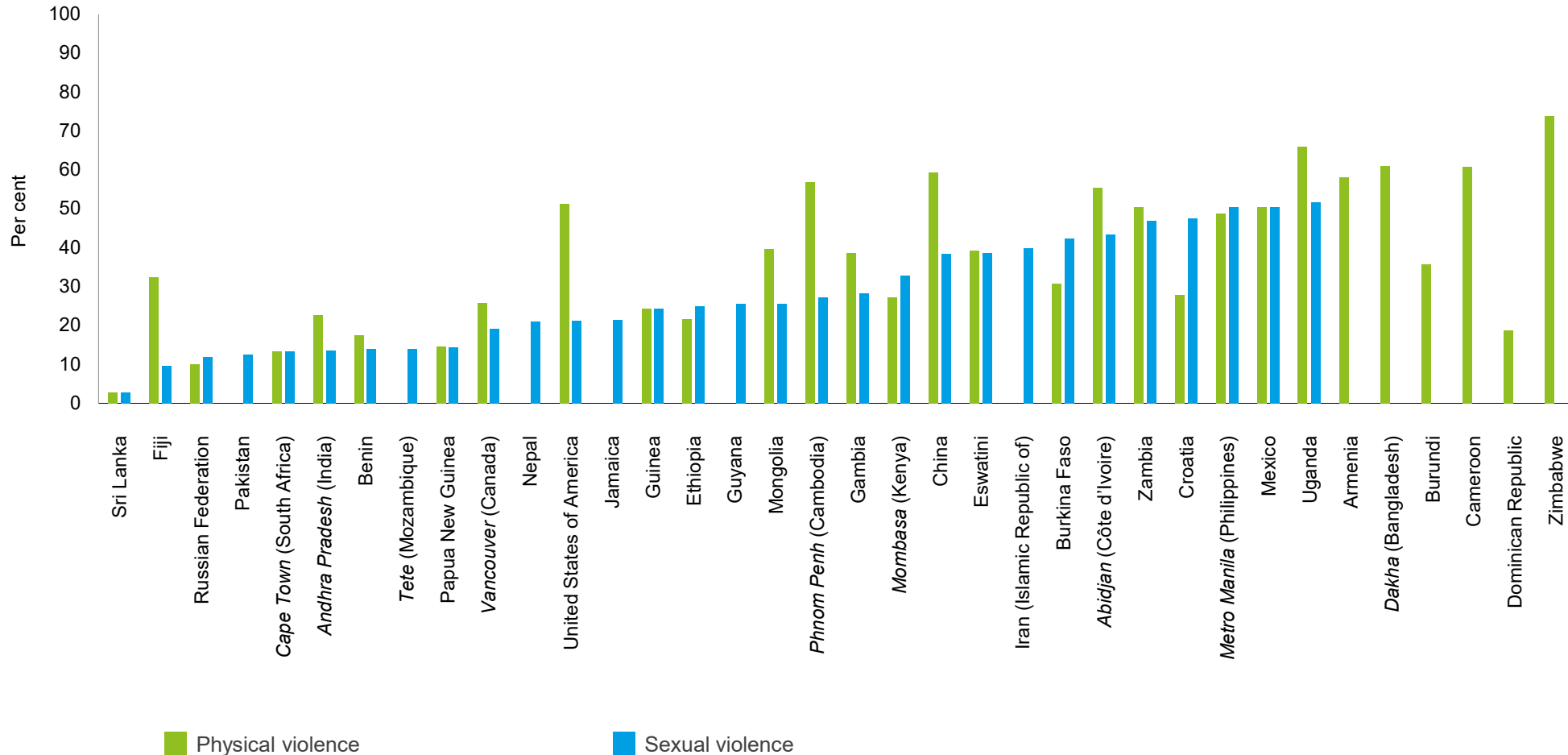
Consensual same-sex sexual relations are still criminalized

Percentage of the global population living in countries that criminalize consensual same-sex sexual relations, global, 1969–2018



Sex workers continue to face physical and sexual violence

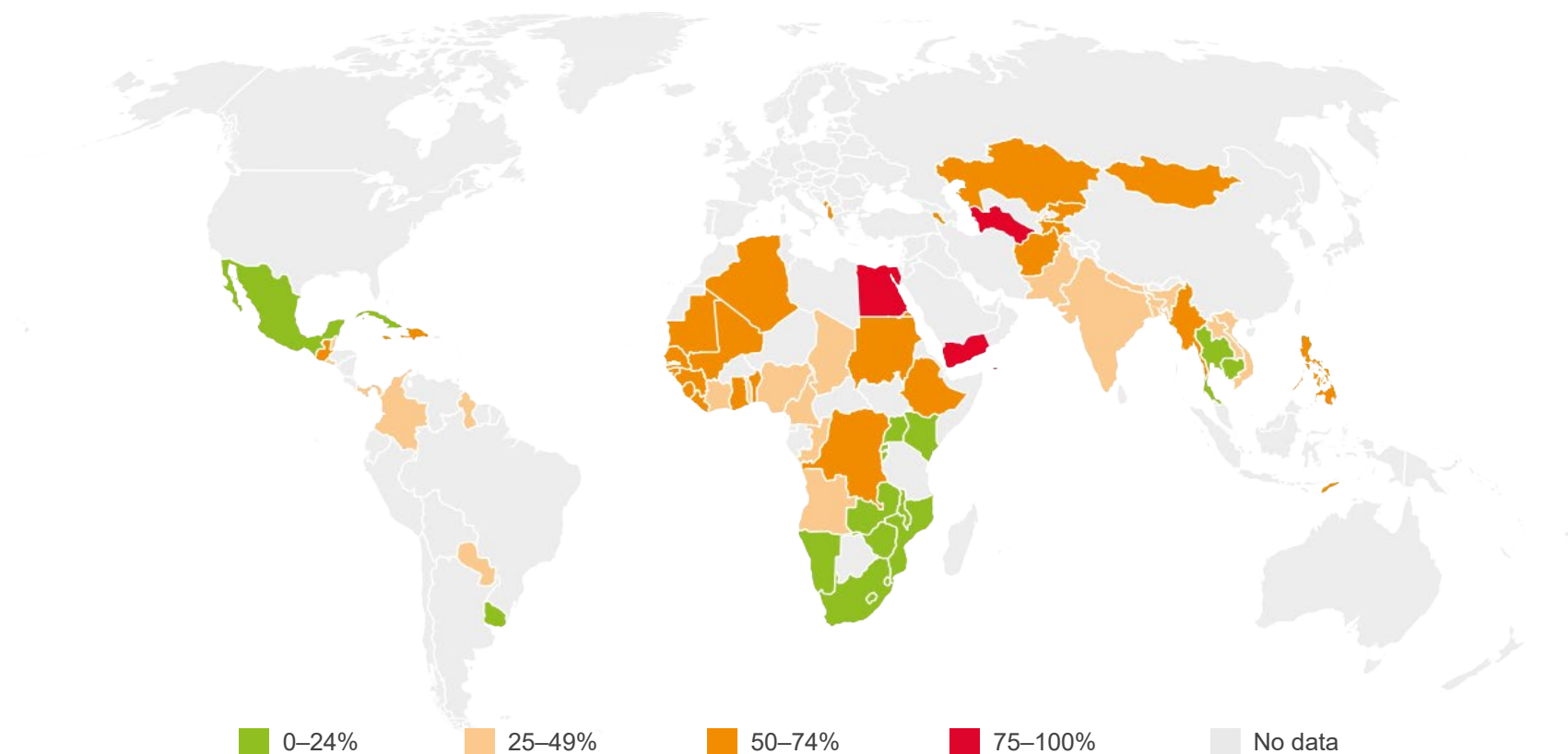
Percentage of sex workers who reported experiencing physical and sexual violence, selected countries, 2014–2018



Source: Literature review by UNAIDS and the Key Populations Program of the Center for Public Health and Human Rights, Johns Hopkins University. See references at the end of the chapter for details.

People living with HIV are still confronted with stigma and discrimination

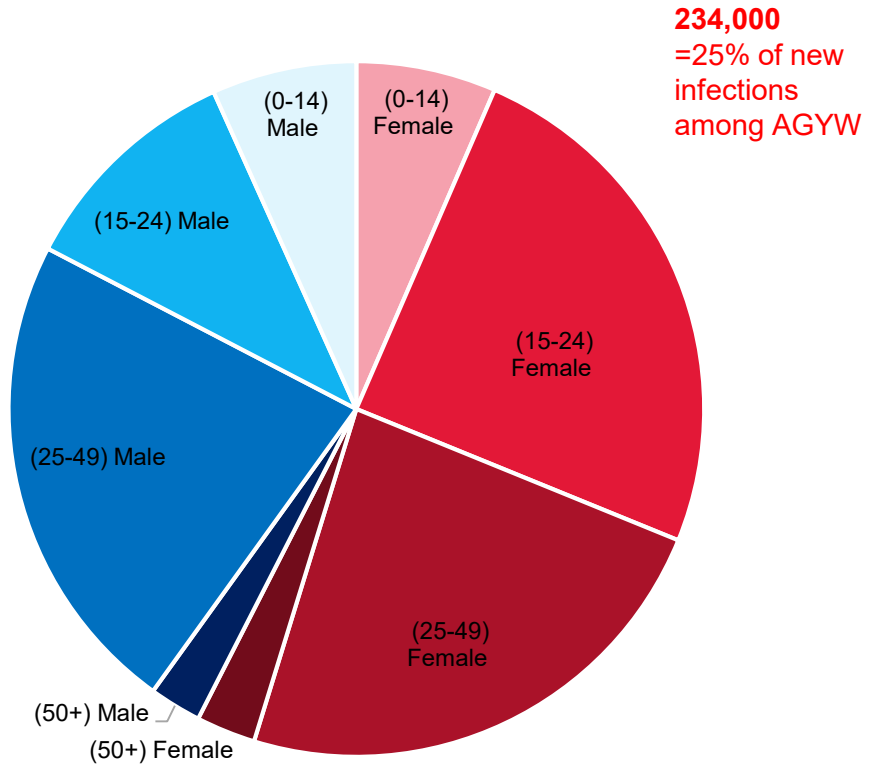
Percentage of people aged 15–49 years who would not buy vegetables from a shopkeeper living with HIV, 2013–2018



Note: Data for Algeria, Bangladesh, Egypt, El Salvador, Guinea, Kazakhstan, Kyrgyzstan, Panama, Paraguay, the Philippines, the Sudan, Tajikistan, Turkmenistan, Uruguay, Yemen and Viet Nam are for female respondents only.

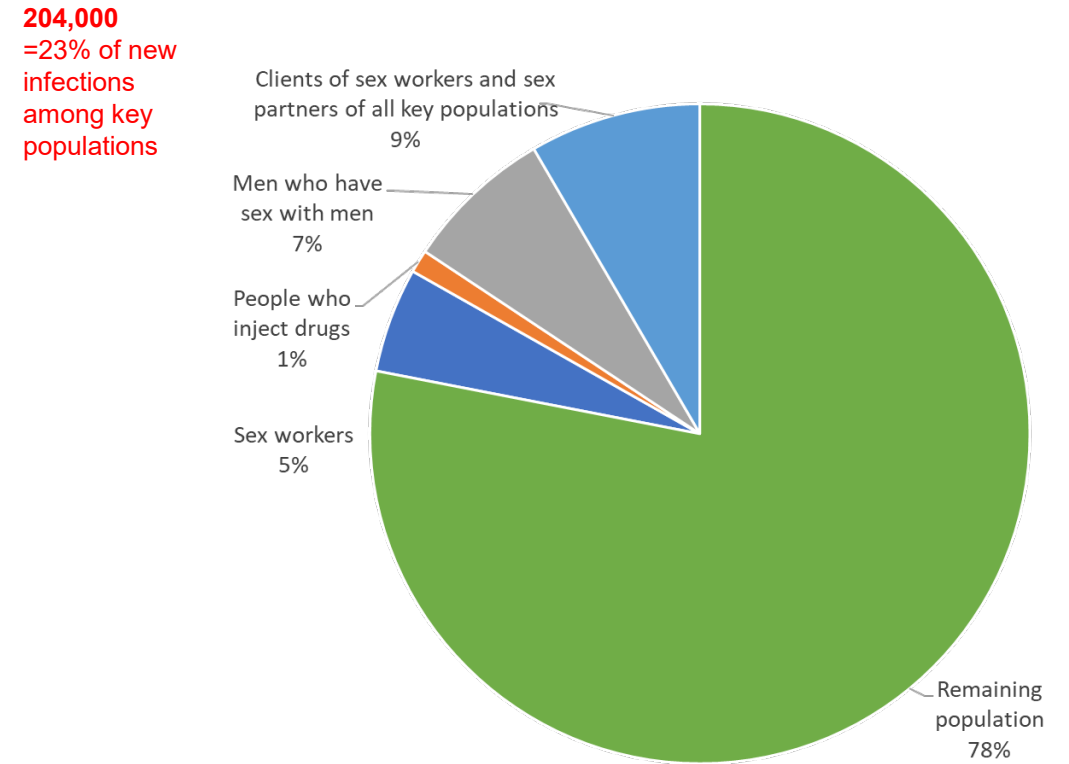
One quarter of new infections in SSA are among young women, One quarter are among key populations

By age and sex, 2018



Estimated 100,000,000 AGYW total

By population, 2018

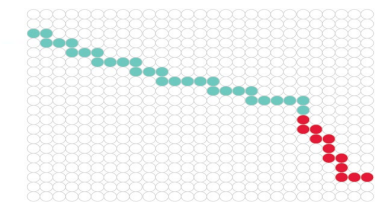


Estimated 6,600,000 Key population members total

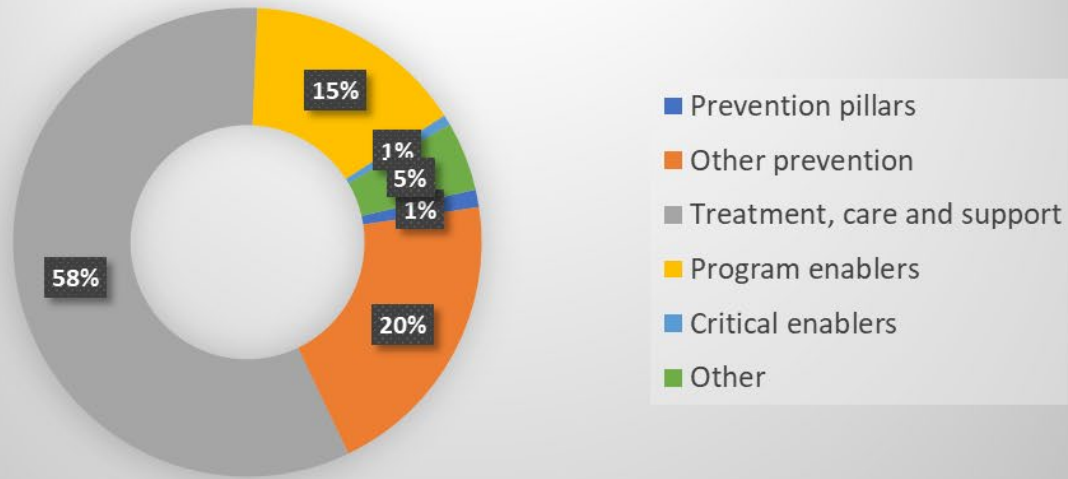
Where intensive combination services for AGYW are delivered, incidence goes down...but not all high incidence areas being reached

	Population 15-24	Number of new infections	% of new infections
Extremely high incidence districts (>2.0%)	2,160,520	45,786	23.1%
Very high incidence districts (1.0-2.0%)	5,109,303	64,607	32.5%
High incidence districts (0.3-1.0%)	12,255,355	67,246	33.9%
Medium incidence districts (0.1-0.3%)	10,721,652	20,163	10.2%
Low incidence districts (<0.1%)	2,002,674	820	0.4%

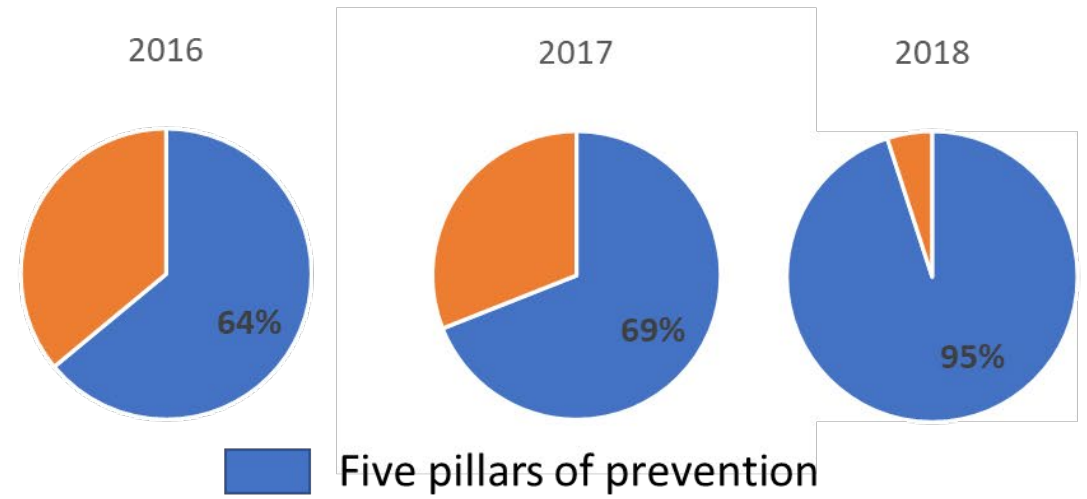
(Sub-national estimates from eastern and southern Africa)



Zimbabwe

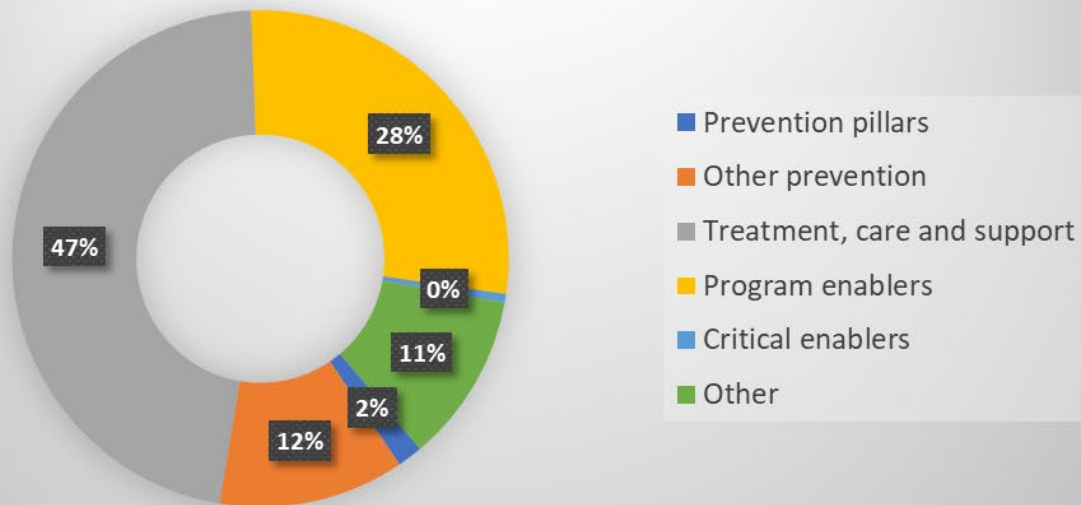


Central African Republic: Percentage on five pillars of prevention prevention: 2016-2018

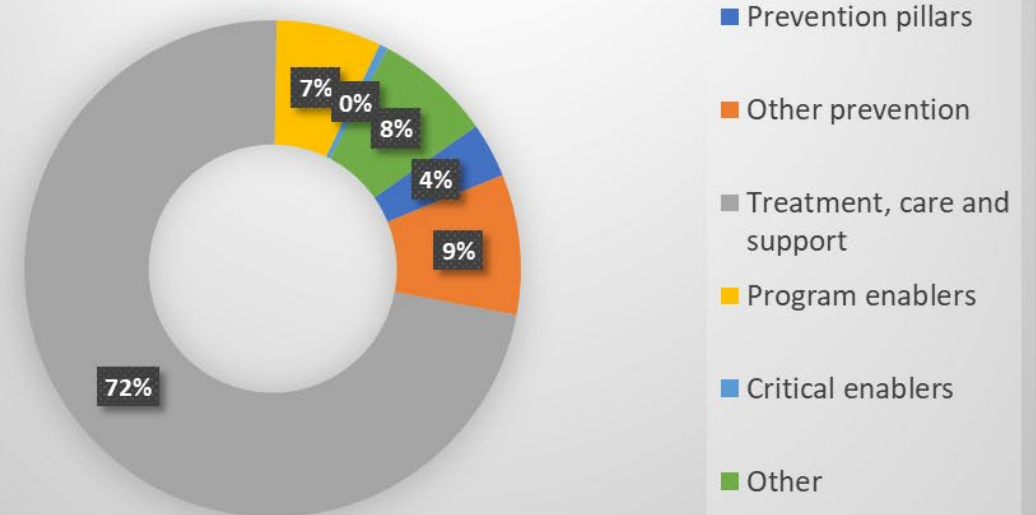


EXPENDITURES

Ukraine

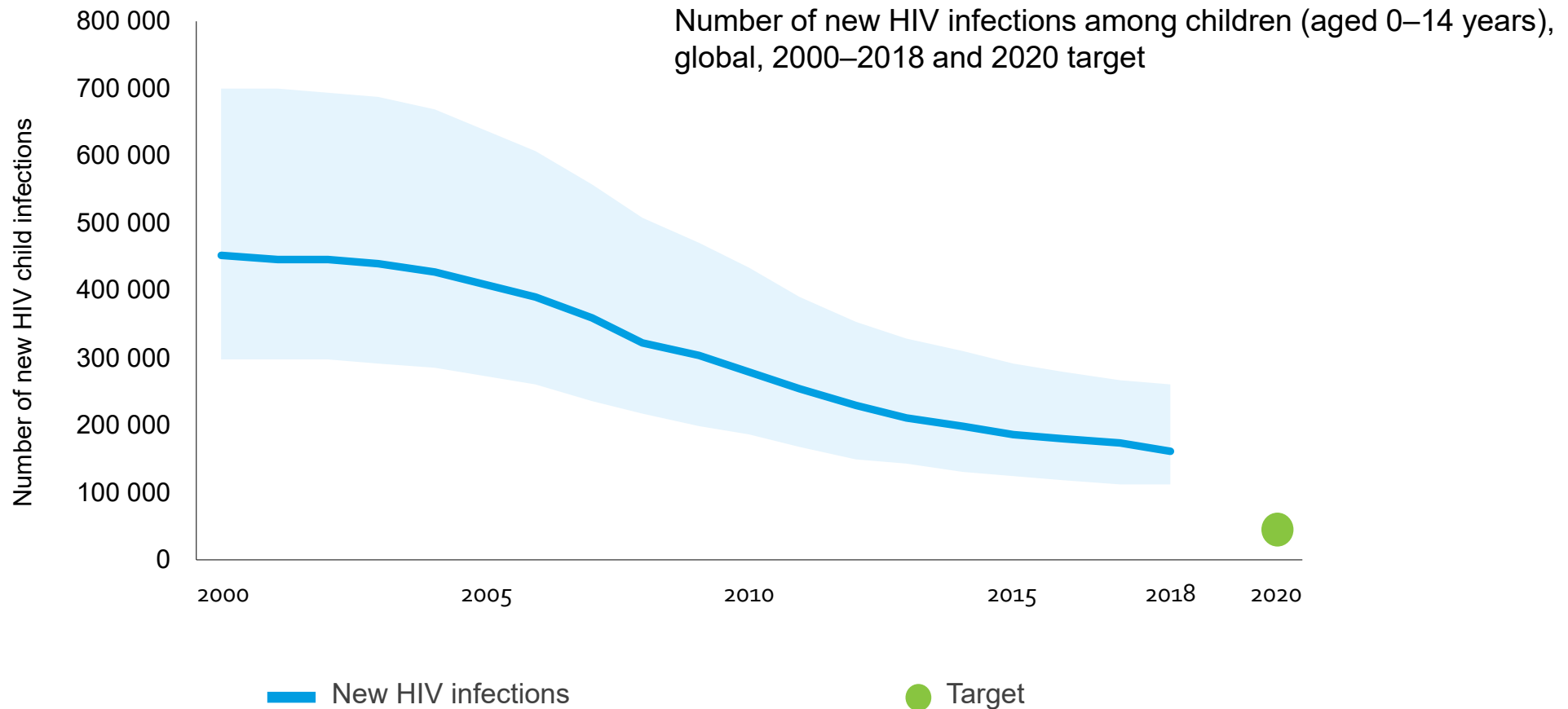


Thailand



Reductions in new child infections have plateaued

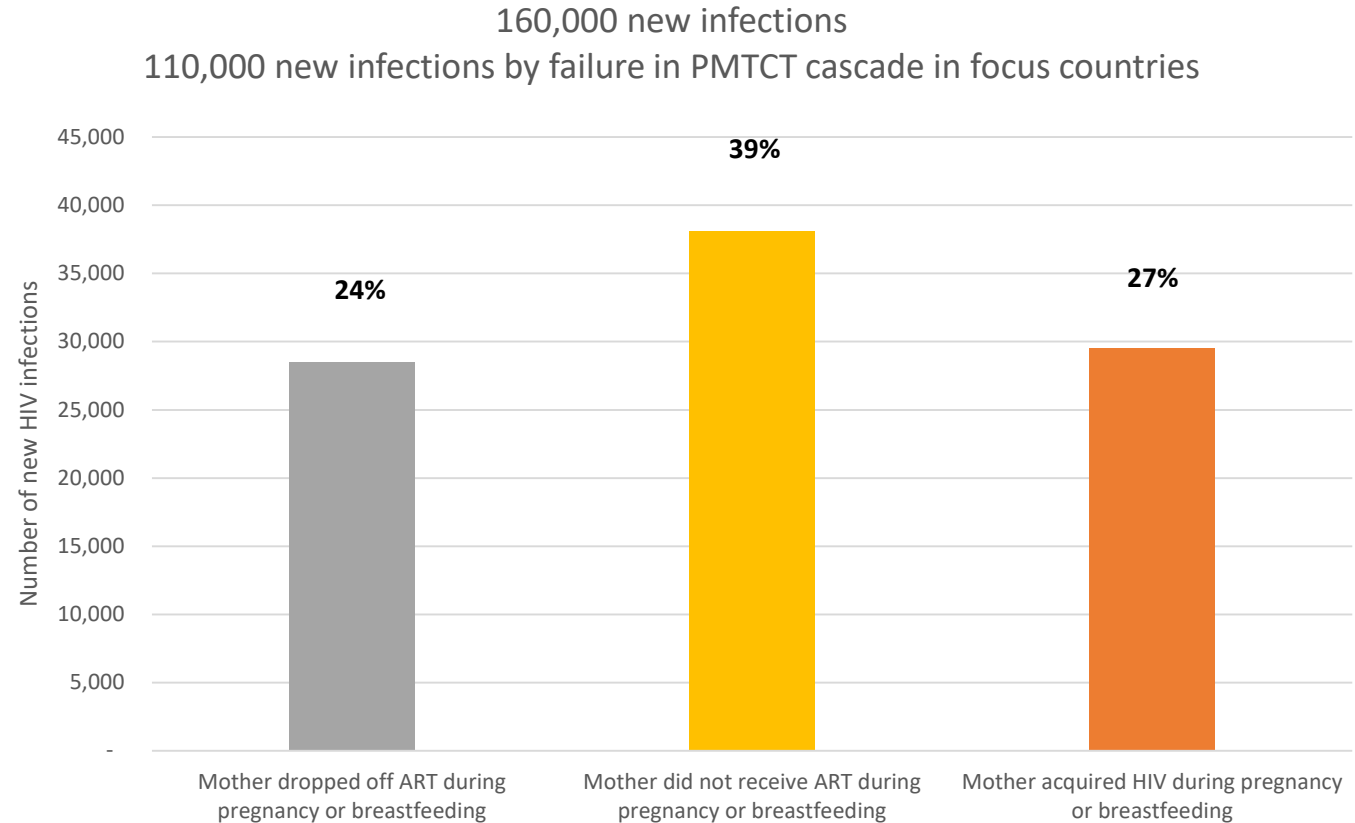
Despite over 80% coverage of pregnant HIV+ women in 2018



Approximately 125,000 women seroconverted while they were pregnant or breastfeeding leading to 30,000 new infections.

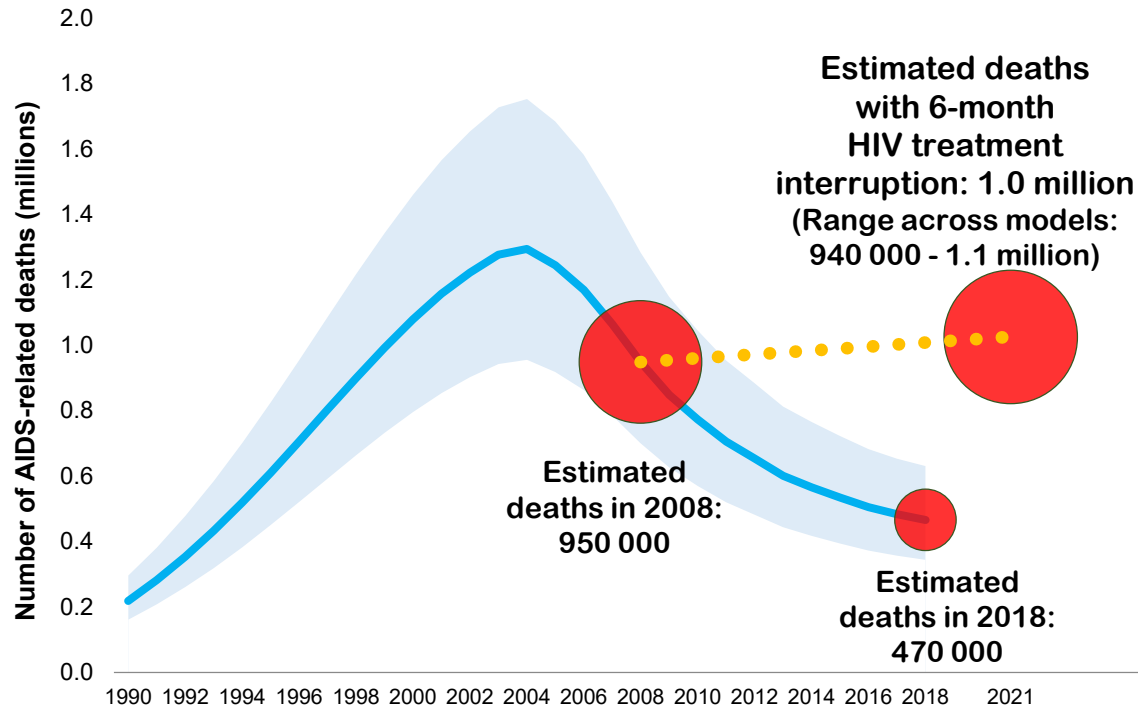
43% were aged 15-24 years. These women are likely in frequent contact with health services!

...leading to 13,000 new child infections

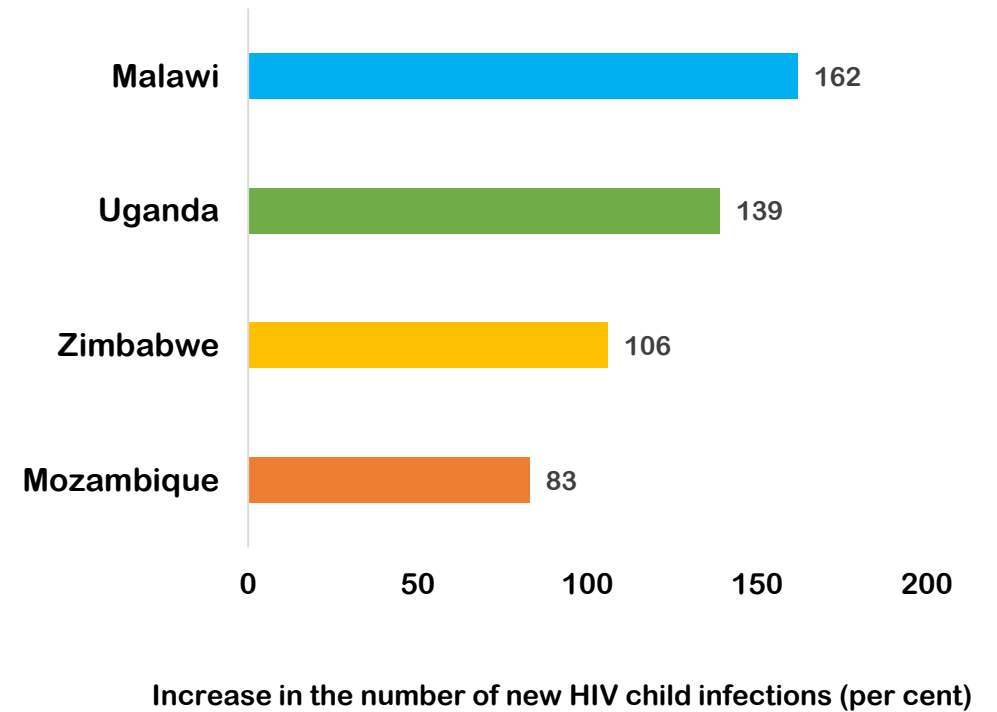


COVID & HIV in SSA—THE COST OF INACTION is HIGH! HIV services must be maintained...

Interruption of HIV treatment for 6 months could result in 1 million AIDS-related deaths in sub-Saharan Africa in 2020/2021



Suspension of prevention of mother to child transmission services for 6 months could result in dramatic increases in new HIV infections among children in 2020/2021



Source: UNAIDS 2019 estimates. Projected estimated HIV related deaths and child new HIV infections derived from mathematical modelling by 5 research groups exploring a complete disruption of HIV prevention and treatment services over 3- and 6-months on HIV mortality and incidence in sub-Saharan Africa. Pre-print manuscript available at: Jewell B, Mudimu E, Stover J, et al for the HIV Modelling Consortium, Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models. Pre-print, <https://doi.org/10.6084/m9.figshare.12279914.v1>.

PROGRESS

will require

DIGGING DEEPER

Differentiation

Intensification

Political Commitment

TO

Eliminate Inequalities

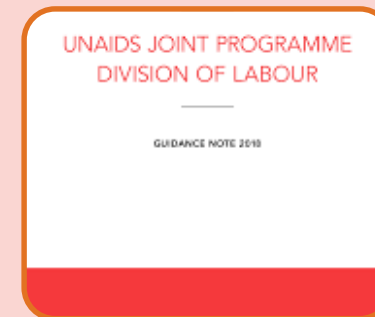
Finance Priorities

Unified Budget,
Results and
Accountability
Framework
2016-2021

Agenda 4.1
PERFORMANCE
MONITORING



2018-2019 Performance Monitoring Report



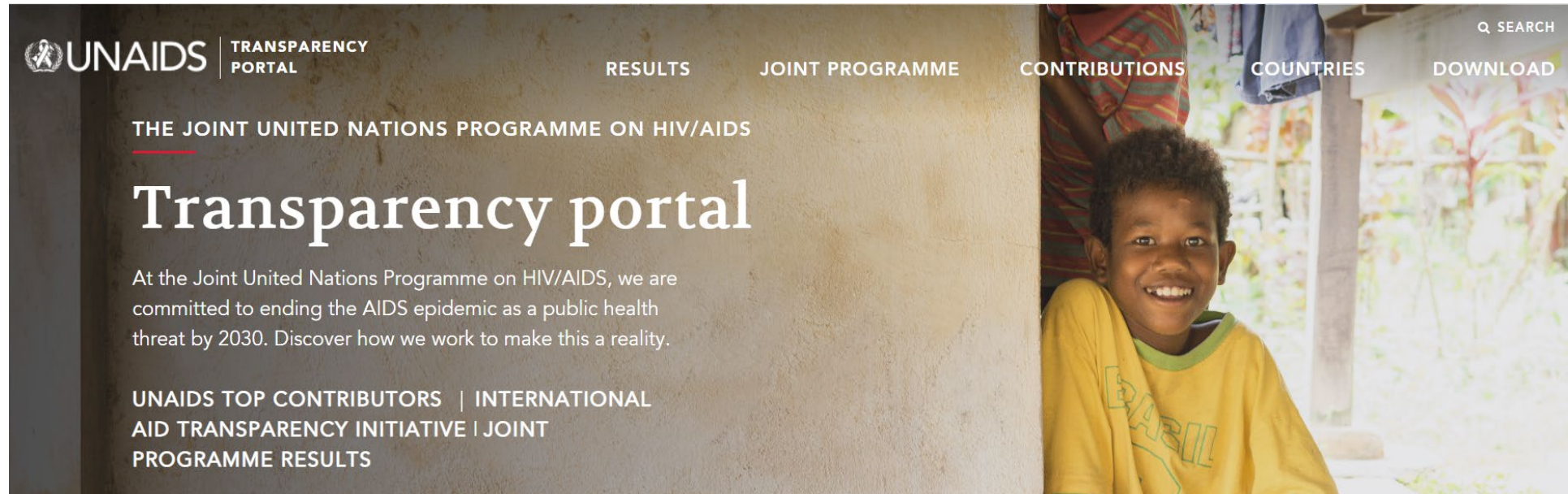
Executive
Summary

Regional and
Country
Report

SRA and
Indicator
Report

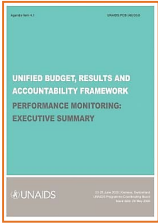



Organizational
Report

Transparency Portal [<https://open.unaids.org>]



- Country reports
- Regional reports
- Strategy Result Area and UBRAF indicator report
- Organizational report (including Secretariat functions)
- Financial information

What is new in the 2018 -2019 PMR?

	<ul style="list-style-type: none"> • A leaner PMR that is biennial in scope and focuses on results, moving away from process level reporting
	<ul style="list-style-type: none"> • Presenting Joint Programme's contributions towards the Fast-Track commitments in the context of the UNAIDS Strategy Result Areas
	<ul style="list-style-type: none"> • First biennial reporting within the framework of the refined UNAIDS Joint Programme operating model.
	<ul style="list-style-type: none"> • Country reports that reflect diversity of contexts and showcase demand-driven support by the Joint Programme.

What is new in the 2018 -2019 PMR?



- A new section in the Regional and Country Report and Organizational Report that outlines Joint Programme contribution towards integrated SDG agenda



- Organizational Report describes how each Cosponsor has integrated HIV into the broader agency mandate

Indicator 1.2: Percentage of countries adopting WHO HIV treatment guidelines	2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]	
2019 milestone—60%	Status	40%	52%	53%	60%
Measurements					
Treat All policy is adopted	64%	80%	93%	95%	
The country has adopted task shifting or task sharing in provision of ART	65%	68%	69%	75%	
Policies/strategies for ART retention and adherence in place	91%	94%	90%	95%	
A programme for nutritional support to people on ART is in place	75%	74%	68%	75%	

- More robust UBRAF indicator data with multiple measurements for each indicator that allow for disaggregated analysis

Thank you



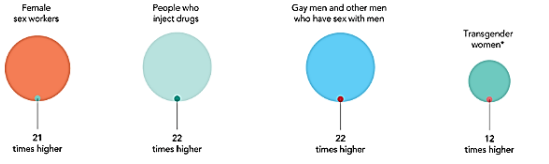

Unified Budget, Results and Accountability Framework 2016-2021

Agenda 4.1
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MONITORING



UNAIDS Joint Programme refined operating model

- First Biennium implementing the Joint Programme's refined operating model
- Stakeholders and Joint UN Teams on AIDS working together in 95 countries to remove barriers and bottlenecks impeding fulfilment of the Fast-Track commitments
- The Joint Programme worked to ensure that HIV remains high on national agendas and that decision-making and implementation is inclusive
- Strategic information continued to serve as the foundation for the Joint Programme's advocacy and targeted support

People living with HIV	Women and girls										
 <p>Personal Stories From People Living With HIV</p>											
Key populations	Human rights										
 <table border="1"><thead><tr><th>Key Population</th><th>Prevalence (times higher)</th></tr></thead><tbody><tr><td>Female sex workers</td><td>21</td></tr><tr><td>People who inject drugs</td><td>22</td></tr><tr><td>Gay men and other men who have sex with men</td><td>22</td></tr><tr><td>Transgender women*</td><td>12</td></tr></tbody></table>	Key Population	Prevalence (times higher)	Female sex workers	21	People who inject drugs	22	Gay men and other men who have sex with men	22	Transgender women*	12	
Key Population	Prevalence (times higher)										
Female sex workers	21										
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Gay men and other men who have sex with men	22										
Transgender women*	12										
Strategic investments from Global Fund and PEPFAR	 <p>TheGlobalFund</p> <p>PEPFAR U.S. President's Emergency Plan for AIDS Relief</p>										

Prevention: Joint Programme contributions

Global Prevention Coalition



Increased political and financial commitments for HIV prevention, including through initiatives like the 28-country Global Prevention Coalition

Sexuality education



Encouraging progress was made in building strong political support for comprehensive sexuality education

Access and uptake



The Joint Programme contributed to increasing access to and uptake of prevention services, such as condom provision, VMMC and PrEP

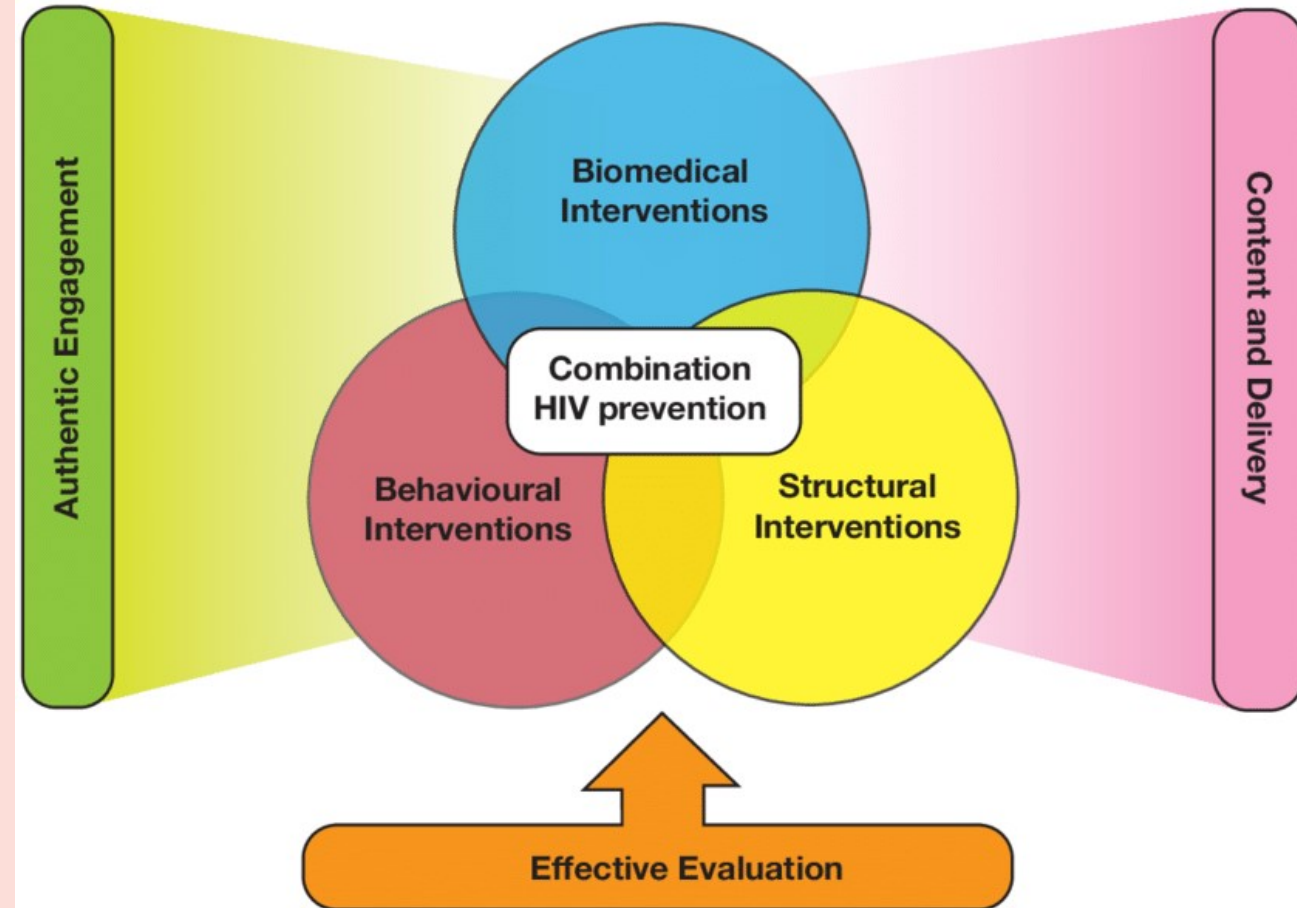
Key populations



The Joint Programme supported countries to engage, empower and support key populations

Prevention: Key future actions

- The Joint Programme will continue to support the scale up and intensification of combination HIV prevention
- The Joint Programme will scale up interventions that address human rights barriers and gender inequality, prevent violence and HIV
- Launch of the Joint Education “plus” initiative for young women and adolescent girls in Africa to promote secondary education



HIV testing and treatment: Joint Programme contributions

Treat -All



As a result of Joint Programme policy efforts, 95% of countries had adopted the treat-all approach – an increase over 84% in 2018 and 40% in 2016

S&D in healthcare setting

Overcoming HIV-related stigma and discrimination in health-care settings and beyond



Joint Programme supported countries to differentiate service delivery models to better respond to clients' needs and address stigma and discrimination in health-care settings

HIV self-testing



Seventy-seven countries have adopted the WHO guidelines recommending provision of HIV self-testing

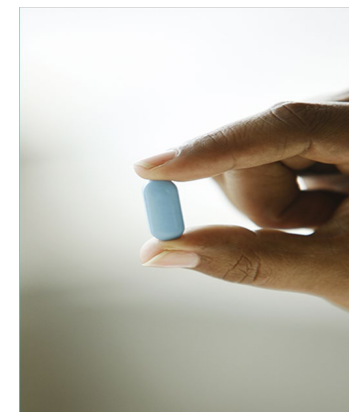
EMTCT



The Joint Programme developed a new analytical and programming framework in collaboration with PEPFAR and UNICEF in response to slow progress towards EMTCT targets

HIV testing and treatment : Key future actions

- Support to scale-up of diversified testing and treatment programmes and address the needs of those at risk of being left behind
- Efforts to ensure that key populations have access to a continuum of prevention, treatment and broader social services will continue
- Focus on those left furthest behind
- UNICEF, WHO, and the UNAIDS Secretariat will collaborate to roll out the “eMTCT Last Mile” framework



Gender equality and human rights: Joint Programme contributions

Gender equality



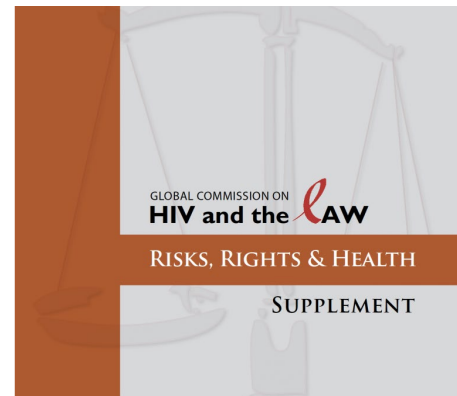
UN Women invested in the leadership skills and capacities of women living with HIV to participate in the national HIV responses in more than 30 countries

Global Partnership S&D



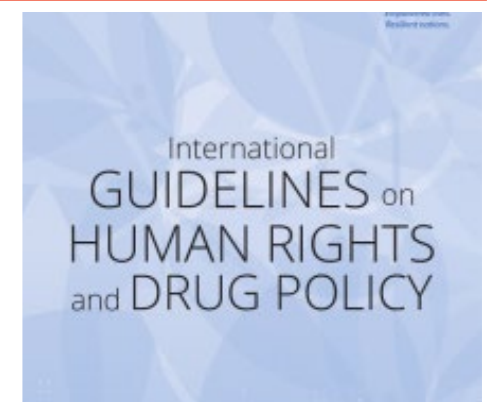
The Joint Programme is supporting 16 countries to develop multi-sectoral, multi-stakeholder national action plans to end HIV-related stigma and discrimination

Policy and law reform



UNDP and the Joint Programme supported governments, civil society in 89 countries to reform discriminatory laws and policies on HIV, TB and broader health issues

Human Rights and Drug Policy



UNDP, WHO, UNHCHR and the UNAIDS Secretariat partnered with countries, academia, civil society & communities to develop the International Guidelines on Human Rights and Drug Policy

Gender equality and human rights : Key future actions

- Support the scale-up of community-led responses to transform unequal gender norms and prevent gender-based violence
- Leverage the Global Partnership to support more countries to develop and implement national action plans to eliminate HIV-related stigma and discrimination
- Support country led efforts to create enabling environments and remove human rights barriers to HIV services
- Work with partners such as the Global Fund to scale up gender and human rights programmes



Cross-cutting issues: Joint Programme contributions

Investments and Efficiencies



The World Bank conducted 35 studies on allocative and technical efficiencies in 18 countries

Social Protection



More than 90 countries strengthened their social protection systems with support from the Joint Programme

Food & Nutrition



In at least 18 countries, integrated food and nutrition services in their national HIV responses

Global Fund



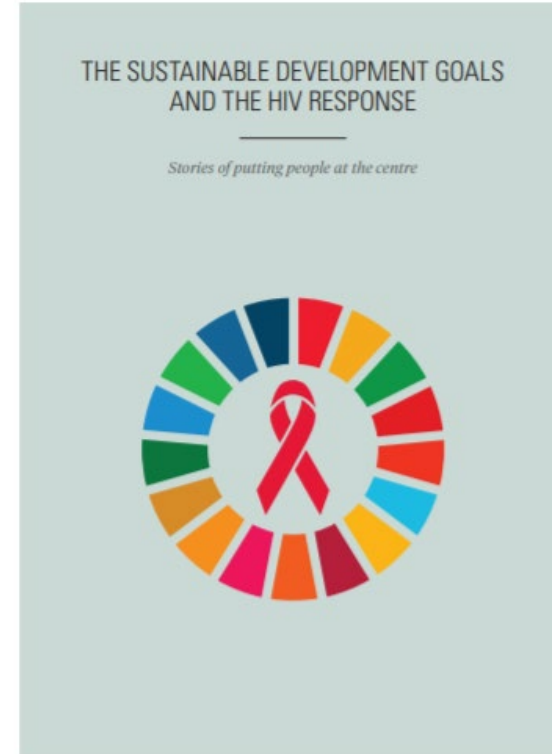
TheGlobalFund

The Joint Programme supported 75 countries in the preparation of Global Fund funding request applications

Way Forward

Reaching the HIV-related SDG targets requires a strategic pivot. Together we must:

- Address inequalities
- Close the resource gap
- Finance priorities
- Remove human rights barriers
- Engage CSO's and communities
- Address humanitarian contexts
- Set ambitious 2025 targets



The next UNAIDS strategy is an opportunity to re-energize the AIDS response and protect the gains made so far, while leveraging our knowledge and systems for COVID-19 responses

Thank you