

RESULTS BY REGION

2022-2023 Performance

Monitoring Report

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2022–2023: Executive summary (*UNAIDS/PCB (54)/24.6*)
- ii. UNAIDS Performance Monitoring Report 2022–2023: Results report (*UNAIDS/PCB (54)/24.7*)
- iii. UNAIDS Performance Monitoring Report 2022–2023: Results by organization (*UNAIDS/PCB (54)/24.9*)
- iv. 2022-2023 UBRAF Indicator Scorecard (*UNAIDS/PCB (54)/CRP1*)
- v. 2022-2023 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (54)/CRP2*).

Action required at this meeting - The Programme Coordinating Board is invited to:

- *Take note*, with appreciation, of the 2022-2023 Performance Monitoring Report, including its scope and depth; and
- *Encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs

Cost implications for the implementation of the decisions: *none*

RESULTS BY REGION

COURAGE
RESI
& P

PERFORMANCE
MONITORING
REPORT

2022-23

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INTRODUCTION



1. The Results by region report is a component of the UNAIDS 2022–2023 Performance Monitoring Report. It summarizes the Joint Programme's key results for implementation of the Global AIDS Strategy and for progress made in 2022–2023 towards achieving the 2025 global AIDS targets across all regions. The results presented in this report were achieved through the collective efforts of 11 Co-sponsors and the UNAIDS Secretariat. These results advanced progress towards the three Joint Programme outcomes as committed to in the Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026: maximize equitable access to HIV services; break down barriers for HIV outcomes; and achieve a more sustainable HIV response.
2. In the 2022–2023 biennium, the global HIV response was affected by fragile economic and health system recoveries from the COVID-19 pandemic, – growing backlash against gender equality and sexual and reproductive rights; and major political, security and climate-related shocks in many countries, as well as HIV funding shortfalls for both the HIV response and the Joint Programme.
3. Despite these challenges, the Joint Programme—through six regional and over 85 country Joint United Nations Teams on AIDS, and applying an inequalities lens across the breadth of its work—made significant progress towards ending AIDS as a public health threat by 2030. It did so by convening governments, civil society organizations, networks of people living with HIV, key populations, women and young people, development partners (including the United States President's Emergency Plan for AIDS Relief, or PEPFAR, and the Global Fund), academia and the private sector for an effective, evidence-informed, people-centred and human rights-based HIV response.
4. This report shows that global and regional initiatives led or supported by the Joint Programme were instrumental in mobilizing and translating political commitments into sound programmes and investments; policy and legal changes; knowledge transfer; and capacity empowerment to remove barriers to HIV services and scale up innovations for impact. These initiatives include the Global Alliance to end AIDS in children, the Education Plus initiative to keep girls in school to prevent HIV, and the Global Partnership to eliminate all forms of stigma and discrimination. The Joint Programme's advocacy, multi-sectoral expertise and convening power were used effectively to optimize domestic and international investments. They also further advanced progress towards more effective, efficient and sustainable HIV responses that are driven by national stakeholders and communities and that bring about tangible and lasting benefits for people.
5. With prioritized and differentiated approaches to best respond to evolving epidemics and needs, progress was made in expanding HIV self-testing, pre-exposure prophylaxis (PrEP) and harm reduction services in Asia and the Pacific, Latin America and the Caribbean, and the Middle East and North Africa regions. These interventions reached and benefited vulnerable and key populations, including young people, sex workers, prisoners and people who use drugs.
6. In eastern Europe and central Asia, the Joint Programme made significant contributions to increase access to HIV, sexual and reproductive health (SRH) and harm reduction services for key populations across the region, while maintaining access to essential services and support for people affected by the war in Ukraine, including refugees in neighbouring countries. Other humanitarian situations around the globe also prompted a joint and multi-sectoral response from the Joint Programme and its partners and led to the provision of life-saving support to affected communities in Algeria, Mozambique, Myanmar, Pakistan, Sudan and elsewhere.
7. The Eastern and Southern Africa region continued to make remarkable progress towards achieving the 95–95–95 targets¹ and reducing the rate of vertical transmission of HIV below 5%, as well as towards expanded access to HIV and SRH services for all, including migrants, refugees and asylum seekers. Networks of women, adolescents and

1. 95% of people who are on ART with HIV, 95% of people who know their HIV status, 95% of people who know that they are taking their HIV medicines. The ending an individual therapy, and 95% of people who are on treatment to be fully suppressed.

young people living with and affected by HIV were supported, including in western and central Africa, where strong commitments and actions were mobilized to protect youth from HIV, unintended pregnancies and gender-based violence.

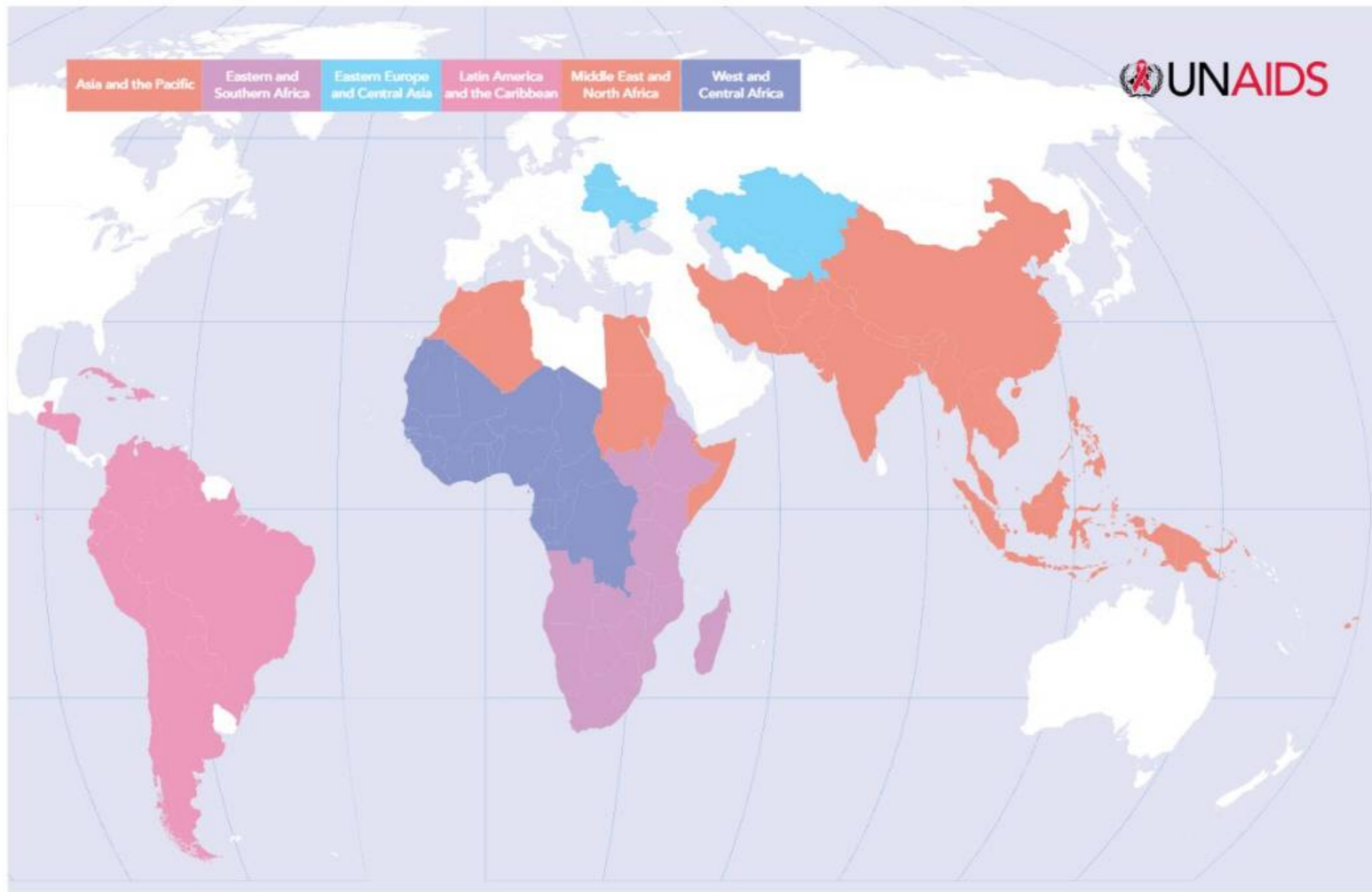
8. The report highlights the roles of communities in leading HIV responses across the world and shows how the Joint Programme further supported community-led monitoring initiatives for evidence-based programming. Innovative outreach tools and approaches were used in all regions, reaching millions of people with essential information and services for HIV, SRH, gender-based violence and mental health. The report also showcases the unique role of the Joint Programme in addressing inequalities and other barriers to ending AIDS. Fostering knowledge sharing and learning within and across regions was also a priority.
9. While the report highlights the many areas of progress to which the Joint Programme contributed, the achieved gains remain fragile and major gaps remain. Over nine million people are not yet accessing HIV treatment and new HIV infections are rising in several countries in various regions. There is a risk of a resurgence of new HIV infections if global solidarity and local action diminish. Despite fostering innovations, resilience and nimbleness, the Joint Programme's funding shortfall, that gap has reduced its capacities to drive change and it has resulted in delayed, scaled back or missed opportunities, especially for HIV prevention. Those included weakened multisectoral coordination and advocacy; setbacks in policy dialogue and reform; reduced support for community-led responses; and reductions in the number and scope of evaluations and assessments, with a direct impact on evidence-based programming. To mitigate impact and protect results for countries and communities, the Joint Programme optimized its resources through prioritization in order to further improve synergies and coordination with all stakeholders. It also fostered innovations and enhanced integrated approaches, as shown in this report.

10. The Joint Programme's multisectoral outreach and expertise in leveraging and advancing HIV responses, including people-centred innovative approaches, also brought advances towards realizing the 2030 Agenda for Sustainable Development. Through its joint work and contribution to United Nations (UN) and other multilateral regional and global cooperation fora and initiatives, and to the UN Sustainable Development Cooperation Frameworks at country level, the Joint Programme continued to demonstrate its unique position in the UN and its added value.

11. In the past biennium, the Joint Programme work made concrete contributions to multiple Sustainable Development Goals (SDGs), in particular SDG 3 on good health and well-being, while advancing progress to uphold human rights (SDG 16) and gender equality (SDG 5); and poverty, hunger and inequalities (SDGs 1, 2 and 10); expand quality education (SDG 4) and decent work (SDG 8) for vulnerable and key populations; and promote sustainable communities (SDG 11)—all through effective partnerships focused on the goals (SDG 17).



MAP OF REGIONS AND COUNTRIES WHERE THE JOINT PROGRAMME OPERATED IN 2022-2023*



ASIA AND THE PACIFIC

18 COUNTRIES
with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

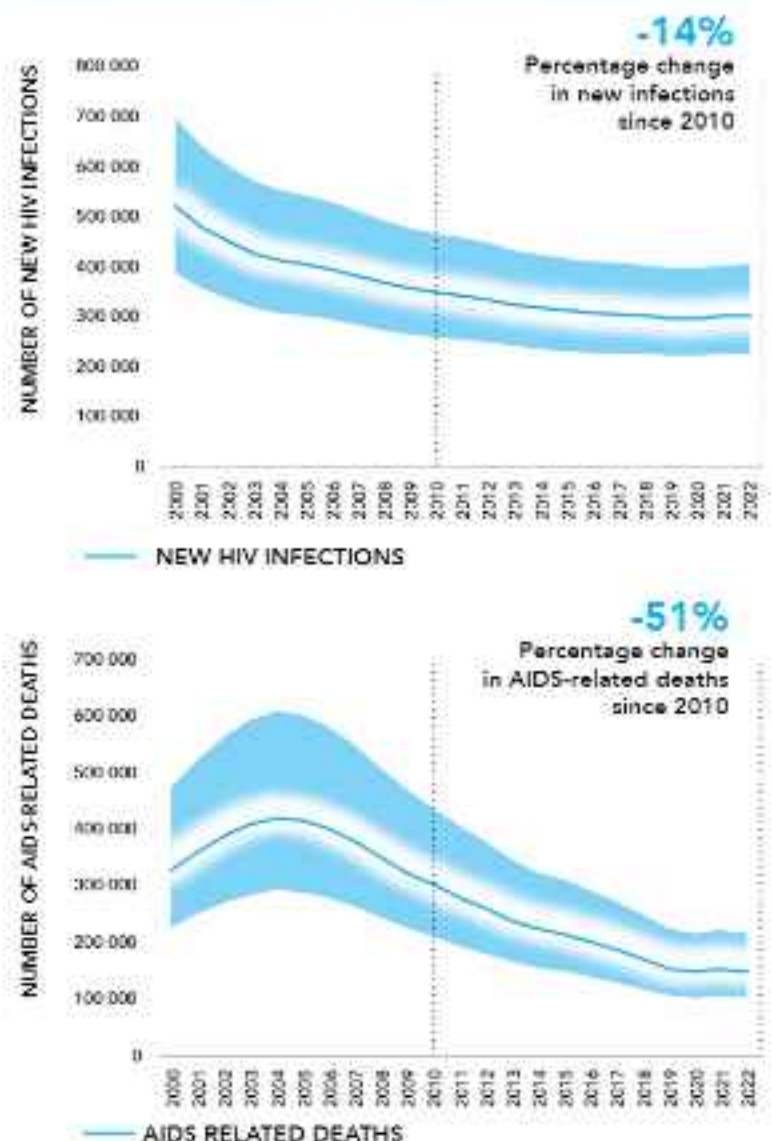
US\$ 90.8 MILLION
Total expenditures and encumbrances² of the Joint Programme in 2022-2023

PROGRESS TOWARDS SAVING LIVES

Selected UBRAF indicators progress in 2023

- **15** countries received support to scale up combination HIV prevention programmes.
- **12** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- **15** countries received support for the incorporation and expansion of community-led HIV responses.
- **13** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- **4** countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence.
- **8** countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- **8** countries implemented interventions/ services for key populations in humanitarian settings.

Figure 1: Number of new HIV infections and AIDS-related deaths, Asia and the Pacific, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>)

²For more information on budget implementation breakdown, please see the Executive Summary of the 2022–2023 Performance Monitoring Report.

OVERVIEW

The Asia and the Pacific region maintained progress in increasing treatment and prevention service coverage for key populations. Highly effective PrEP drugs are more widely available after being included in 19 countries' national guidelines and being provided as part of service packages in 17 countries. More than one million adolescents and young people were sensitized on HIV prevention and access to HIV testing services has improved for mobile populations. HIV self-testing was implemented in 18 countries, following technical support from the Joint Programme.

By the end of 2023, most countries in the region had transitioned to dolutegravir-based HIV treatment regimens and were working to transition all eligible people living with HIV to that regimen by 2024. Community-led monitoring and programme implementation was enhanced thanks to a new regional framework and improved evidence collection and analysis.

The Joint Programme supported several initiatives to reduce stigma, discrimination and human rights violations against key populations, including the establishment of legal aid desks and case-reporting mechanisms, as well as capacity building and policy reforms. People from key populations, including transgender persons, are increasingly empowered to advocate for their rights and to address barriers that prevent them from accessing health care and social protection services. Thousands of people living with HIV, women, girls, survivors of gender-based violence, sex workers and people from other key populations in 10 countries also received US\$ 2.2 million worth of financial support through mobile and bank transfers, cash-in-hand and block-chain vouchers to improve their livelihoods.

UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

12. Access to HIV prevention, including PrEP services, was scaled up with significant support from the Joint Programme. PrEP is now included in national guidelines for comprehensive prevention packages for all people who are at higher risk for HIV in 19 countries and PrEP services are provided in 17 countries (MNDP, WHO, UNAIDS Secretariat).
13. In the Lao People's Democratic Republic, over one million adolescent and young people were sensitized on HIV prevention, gender equality, protection and climate change via comprehensive sexuality education (CSE) and digital programmes. As part of the "railway dues programme", which is linked to the extension of the Pan-Asia Railway Network from China to southern Asia, 300 young people at higher risk of HIV accessed HIV prevention services. In addition, key and mobile populations in Indonesia and Timor-Leste received HIV testing services and condoms through national HIV and sexually transmitted infections (STI) prevention programmes implemented in border areas (INPEA).
14. Health services, including HIV and harm reduction programmes, were expanded in prisons in Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, in line with new standard operating procedures on prison health and benefiting from the training of prison health-care providers. A prison health information system was introduced in Indonesia and is now linked to the country's national health information system, creating a unified information system across the country. In addition, 305 health-care providers and peer outreach workers from seven countries improved their capacity to deliver harm reduction, HIV prevention and care services among people who use stimulant drugs (UNODC).
15. By the end of 2023, HIV self-testing was implemented in 18 countries in the region: Bhutan, Indonesia, Pakistan, the Philippines, Sri Lanka, Thailand and Viet Nam have also included HIV self-testing in their respective national HIV testing guidelines, following joint advocacy and technical support by the Joint Programme. India and Indonesia rolled out an HIV self-testing pilot programme that includes capacity building on HIV self-testing kits registration and orientation of manufacturers (WHO, UNAIDS Secretariat).

16. Most countries in the region have now transitioned to do-ugravir as the preferred first-line HIV treatment regimen, with most countries aiming to transition all eligible people living with HIV to that regimen by 2024 (WFP, UNAIDS Secretariat). The “Prevent HIV, test, and treat all” strategy was incorporated in refugee operations in eight countries, while refugees and returnees were able to access national HIV services, including treatment, in more than five countries that host forcibly displaced people, thanks to sustained advocacy and support from the Joint Programme (UNHCR, WHO). In Malaysia, 201 refugees and asylum seekers living with HIV also received antiretroviral treatment and viral load monitoring services (UNHCR).

Lighting up the path to EMTCT

The regional validation team (UNICEF, UNFPA, WHO, UNAIDS Secretariat) for triple elimination of vertical transmission of HIV, syphilis and hepatitis B assessed progress in 21 countries in the Asia and the Pacific region. Findings informed the development of the regional roadmap for the elimination of vertical transmission of HIV, hepatitis B and syphilis in the Asia Pacific region for 2024-2030. It provides guidance for decision-makers and health professionals in implementing a people-centred, human rights-based and integrated approach towards triple elimination.

At the end of 2023, Malaysia, Maldives, Sri Lanka and Thailand had maintained their elimination validation status with strong support from the Joint Programme, while Bhutan, Cambodia and Indonesia completed the pre-validation assessment.

17. Bangladesh, Cambodia, India, Indonesia, Iran, Timor-Leste and Viet Nam integrated HIV and syphilis testing in antenatal care services, while China, India and Indonesia benefited from cross-country exchanges of experiences and technical support provided by the Joint Programme to advance their elimination agenda. In follow-up, China completed a subnational validation exercise in six provinces. Inputs from the exercise and recommendations from the Joint Programme’s regional mission are being used to scale up services for preventing vertical transmission of HIV in the region and towards achieving the elimination goal in China by 2025 (UNICEF, WHO, UNAIDS Secretariat). In addition, Papua New Guinea and Sri Lanka received HIV and syphilis dual test kits to prevent disruption of PMTCT services (UNICEF, WHO).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

18. Community-led monitoring performed by key populations has expanded across the region, thanks to the support of the Joint Programme. By end 2023, community led monitoring was being carried out in 15 countries. An “action point” agenda was developed by 120 representatives of government, civil society and international organizations from 12 countries to further strengthen community-led monitoring in the region (UNAIDS Secretariat).
19. The 2022 analytical report on the status of compulsory facilities for people who use drugs in Asia showed that seven countries had at least 886 compulsory facilities, contrary to international public health evidence and human rights guidance. Promising examples of evidence-based treatment of drug dependence were documented by academia, government and civil society experts and used to inform advocacy efforts in China, Indonesia, the Lao People’s Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam (UNODC, UNAIDS Secretariat). In Thailand, harm reduction is now officially included in the national community based treatment model, thanks to sustained advocacy by the Joint Programme, and discussions are now aimed at ensuring implementation (UNODC, UNAIDS Secretariat). In Myanmar, HIV and hepatitis prevention, treatment and care services for people who use drugs were integrated into existing community led services for internally displaced people and people in host communities (UNODC, WHO, UNAIDS Secretariat).
20. Work to reduce stigma and discrimination continued, including efforts to address legal and policy barriers that prevent vulnerable and key populations from accessing HIV services. Regional consultations with 47 participants from government, civil society and media organizations, people living with HIV and key populations identified discrimination reduction intervention models in six countries (UNDP, UNFPA, UNESCO).

UNAIDS Secretariat). The Asian Population and Development Association (APDA) educated parliamentarians across the region on the challenges faced by people from the LGBTQI+ community and empowered them to advocate for their rights, advance inclusion and stop discrimination (UNAIDS, UNFPA). Legal aid desks have been established in all four provinces of Pakistan to improve access to legal services among vulnerable and key populations, including people living with or at risk of HIV. In 2023, more than 700 cases of legal assistance in the Punjab and Sindh provinces were reported, and people were able to access legal advice, guidance and assistance (UNAIDS).

21. The Government of Pakistan launched the Transgender Citizens Complaint Management System, which is aimed at strengthening reporting of discrimination, legal and economic exclusion, marginalization, violence against transgender people and barriers to HIV and other health services (UNAIDS). The independent movement “Voice of Diversity” provided advocacy for the rights of people from the LGBTQI+ community, primarily in Cambodia, with support from the Joint Programme. During 2022–2024, its social media platforms mobilized 26 000 followers and received 1.5 million views (IIN Women). In addition, Viet Nam developed its first gender affirmation law, with support from the Joint Programme and others (IIN Women), and China reduced the requirements related to the type and extent of surgical procedures and the minimum age for legally changing one’s gender (UNAIDS Secretariat).

22. People from the LGBTQI+ community and women living with HIV in six countries were empowered to access services and voice their concerns about stigma and discrimination and gender-based violence. For example, over 600 women living with HIV and LGBTQI+ persons who faced gender-based violence accessed legal and essential services in China (IIN Women), and 80 sex workers in Thailand received orientation on available health and social services that are inclusive and free of discrimination (UNAIDS). In Cambodia, 777 women—including women living with HIV, migrants and gender-based violence survivors—were empowered to seek assistance, while communities in Rohingya refugee camps in Bangladesh were sensitized on the rights of gender-diverse people and informed on mechanisms for addressing violence against transgender people (IIN Women).

23. The Joint Programme also strengthened young people’s access to CSE in seven countries. In the Lao People’s Democratic Republic, intensive advocacy and the development of a policy brief led to the revision of the national education law mandating CSE and to the update of a secondary school CSE curriculum. Over 800 000 students received CSE across the country following the training of 104 teachers (UNFPA). In Viet Nam, an assessment of the effectiveness of CSE (a learning course provided in 2021–2022 showed that 95% of teachers have applied their new knowledge/teaching skills and reached almost 65 000 school children with improved CSE sessions across 63 provinces and cities by the end of 2023 (UNESCO).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

24. During the 2022–2023 biennium, the Joint Programme played a key role in guiding, coordinating and streamlining effective implementation of Global Fund and PEPFAR grants and other partners’ support. A total of US\$ 572 million was mobilized from the Global Fund for HIV and tuberculosis responses in eight countries for 2022–2026 (UNAIDS Secretariat).
25. Advocacy and technical support by the Joint Programme also contributed to improving the financial sustainability of health care systems in several countries. Significant results include modifications made by the Ministry of Finance of the Lao People’s Democratic Republic in the second phase of the Public Finance Management Reform to protect government spending on education, health and social protection, and support programmes serving vulnerable people, including people living with or affected by HIV (World Bank).

- 26.** [A new Integrated Regional Action Plan for Viral Hepatitis, HIV, and STIs in South-East Asia for 2022–2026](#) was developed through an extensive consultative process with national programme managers and communities. It was widely disseminated and will help further strengthen the HIV response in the region through the promotion of service integration and a people-centred approach. In addition, a regional landscape analysis of primary health care, including the integration of HIV prevention and care services in 16 countries, identified gaps in existing primary health-care policies and strategies, which continue to leave some populations behind. The findings informed strategic recommendations to advance primary health care and achieve universal health coverage. In addition, investment cases developed for Cambodia and Indonesia showed high returns on investment for the integration of adolescent health, including HIV prevention and care services, in primary health care (UNICEF).
- 27.** A pilot key population-led PrEP programme for people who inject drugs in Thailand demonstrated the feasibility of community-led PrEP services that are partially embedded in and financed through national health insurance schemes. This was achieved through technical assistance and capacity strengthening of service providers by the Joint Programme. Experiences from this programme will inform advocacy and sustainable financing for PrEP across the region (UNODC, UNAIDS Secretariat).
- 28.** Strategic information for and access to social protection programmes have been improved in several countries with support from the Joint Programme. A regional report on sex worker-led responses and social protection schemes in six countries underlined the exclusion of sex workers from these programmes and identified barriers to services. The report further revealed that sex worker-led cooperatives offered alternative mechanisms to mobilize resources and advocate for their rights (UNFPA, UNAIDS Secretariat). Cambodia, India and Pakistan documented opportunities, good practices and lessons learnt in the implementation of social protection programmes to improve and scale up these services with and for people living with HIV and key populations (UNDP, UNAIDS Secretariat). In India, 654 vulnerable women and women living with or affected by HIV built their skills for further employment. In addition, 500 female sex workers in Nepal improved their capacity to engage in income-generating activities; 260 of them started their own businesses (UN Women).
- 29.** Vulnerable groups were supported with direct cash and voucher assistance and access to HIV and SRH services following the acute phase of the COVID-19 pandemic, conflicts and other humanitarian situations. A total of 84 000 people living with HIV, women, girls, survivors of gender-based violence, sex workers and people from key populations in 10 countries received US\$ 2.2 million through mobile and bank transfers, cash in-hand and block-chain vouchers (UNFPA). In Myanmar, vulnerable women, including female sex workers and internally displaced women, received livelihood and leadership trainings, referrals to gender-based violence services and psychosocial support (UN Women).
- 30.** In 2022–2023, more than 1.26 million families and 80 000 children affected by conflict in Pakistan accessed the Early Recovery Package and Child Wellness Package, which includes HIV testing and treatment services (World Bank). In Bangladesh, 98 newly established facilities are providing integrated HIV, SRH and family planning services to the Rohingya population. By mid-2023, over 786 500 women and girls accessed gender-based violence related services and 652 899 people were sensitized through community mobilization initiatives (UNFPA, World Bank).

EASTERN EUROPE AND CENTRAL ASIA

7 COUNTRIES
with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

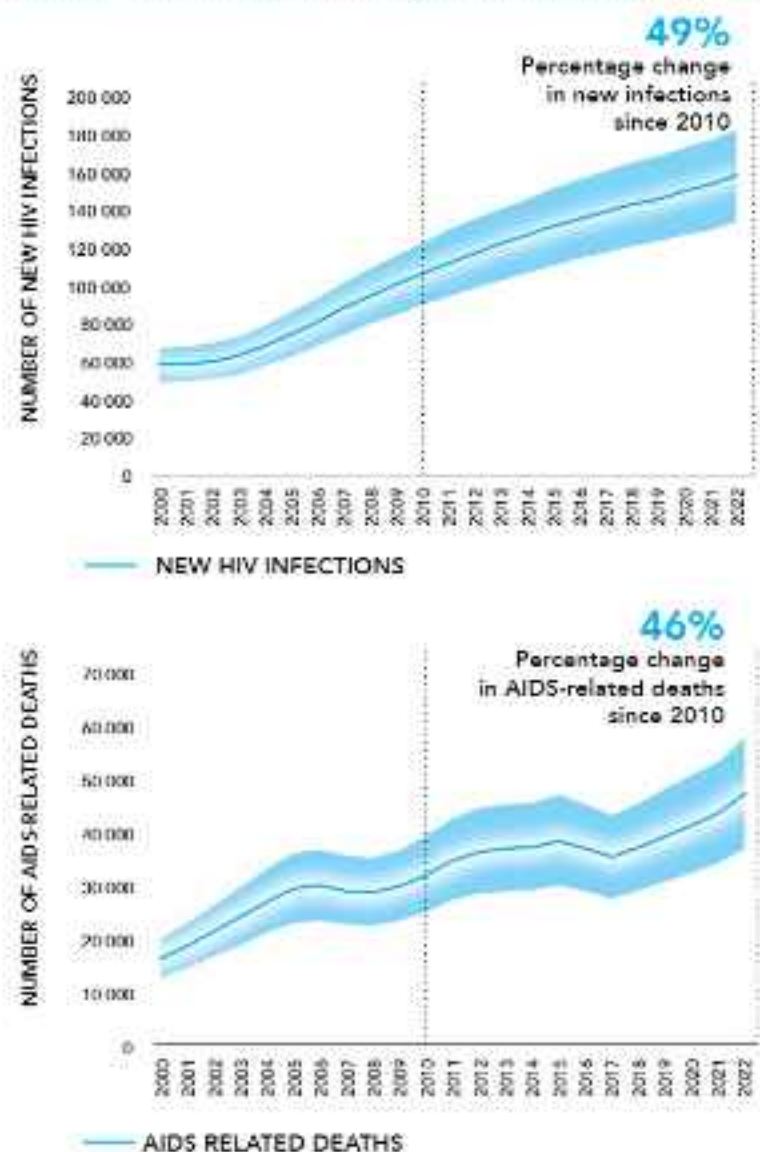
US\$ 54.4 MILLION
Total expenditures and encumbrances of the Joint Programme in 2022–2023

PROGRESS TOWARDS SAVING LIVES

Selected UBRAF indicators progress in 2023

- 8 countries received support to scale up combination HIV prevention programmes.
- 6 countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- 8 countries received support for the incorporation and expansion of community-led HIV responses.
- 7 countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- 1 country received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- 6 countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- 2 countries implemented interventions/ services for key populations in humanitarian settings.

Figure 2. Number of new HIV infections and AIDS-related deaths, eastern Europe and central Asia, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>)

OVERVIEW

Despite significant disruptions in the region, including mass displacement of populations and regressive legislative initiatives, the Joint Programme in eastern Europe and central Asia made notable contributions in scaling up HIV, SRH, harm reduction and social support services for key populations in health-care institutions, community facilities and emergency settings.

Ukraine was able to repair health-care facilities, maintain and expand HIV services with strong focus on the needs of key populations, including through mobilising key stakeholders, leveraging partnerships and resources, technical assistance and advocacy from the Joint Programme. The country maintained its HIV treatment and PrEP programmes despite the war and it committed to double PrEP service coverage by 2025.

In several countries in the region, the Joint Programme contributed to further increasing coverage of services among key populations, through the procurement of HIV-related medicines and commodities, training of health care professionals, and testing campaigns. Implementation of innovative public information tools helped to reach millions of young people across the region with life-saving HIV, SRH, gender-based violence and mental health information and referral services. Evidence generated from comprehensive HIV programme reviews and assessments strengthened national HIV responses, including optimized treatment options in seven countries.

UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

31. The Joint Programme made significant contributions towards strengthening HIV prevention, testing and treatment services in the eastern Europe and central Asia region. For example, assessments of national HIV testing strategies led to improved HIV testing approaches in seven countries and decreased time to diagnosis and confirmation in Armenia, Georgia and Kazakhstan following the decentralization of confirmatory testing and the use of rapid diagnostic tests (WIC, UNAIDS Secretariat).
32. Through a campaign implemented in partnership with the Joint Programme, more than 10 200 people received HIV testing during Uzbekistan's HIV testing week (UNICEF). In Ukraine, approximately 1500 workers in agriculture, education and maritime sectors accessed HIV testing services in their workplaces as part of the voluntary counselling and testing project led by Trade Unions in collaboration with the Joint Programme. Additionally, 300 lawyers, labour inspectors and professionals improved their capacity to provide legal assistance regarding HIV testing in the workplace using the Viki opalAid online training platform (UNICEF, ILO).
33. The Joint Programme continued to advocate and provide strategic support for increased access to HIV and SRH services and information, particularly among adolescent and young people. A total of 1.4 million people across the region improved knowledge about HIV, other STIs, SRH and relationships through the landmark digital platform OK.RU/TEST (UNESCO, UNAIDS Secretariat). In addition, HIV information was integrated into "Rehoo", a mobile parenting application with one million users from 15 countries in the region (UNICEF). In Belarus and Uzbekistan, 170 000 adolescents and young people learned about HIV, SRH and mental health via the "Talk2OK" and "IOGT" digital platforms, which were developed and supported in partnership with national institutions, youth organizations and adolescents. Over 7500 children and adolescents living with HIV in seven countries also accessed HIV information and services through community-led organizations (UNICEF).
34. Capacity building for 18 500 HIV and SRH educators and updated curricula will benefit 1.1 million pupils in nine countries (UNESCO, UNFPA, UNAIDS Secretariat), while over 1000 health-care workers from youth-friendly health clinics have improved their service delivery knowledge and skills and reached some 7800 adolescents in Belarus, Kazakhstan and Uzbekistan. In Uzbekistan, a new online SRH/HIV educational course reached 535 000 teachers and school personnel (UNICEF).

35. PrEP services coverage is on the rise in the region, with strategic support from the Joint Programme. Ukraine maintained and scaled-up access to PrEP services, with over 12 000 clients, and committed to double PrEP coverage by 2025. PrEP is now included in the youth-friendly health services package in Moldova (UNICEF) and national PrEP guidelines are being updated in Armenia, Georgia, Kazakhstan and Kyrgyzstan (WHO). In addition, 1.5 million young people, including members of key populations, in Kazakhstan improved their knowledge of PrEP services during a communication campaign supported by the Joint Programme (UNESCO, UNAIDS Secretariat).
36. Technical and financial support from the Joint Programme, Global Fund, PEPFAR and other partners for implementation of national HIV strategic plans contributed to a significant increase in HIV services including harm reduction and social support service coverage among key populations in several countries. A total of 189 drug treatment specialists, toxicologists and psychiatrists in Moldova and Central Asia countries sharpened their knowledge and hands-on experience for treating and mitigating the harm caused by stimulant drugs and new psychoactive substances. This led to over 3000 people who use new psychoactive substances benefiting from consultations on and testing for HIV, hepatitis C, STIs and tuberculosis.
37. In Moldova and Kazakhstan, crisis centres supported by the Joint Programme provided 250 women who use drugs and their children with medical and psychosocial support and legal advice. Over 1200 people, including people in at-risk and front persons, benefited from access to comprehensive HIV harm reduction, medical and legal services in four countries in the region (UNODC). In addition, 250 health-care professionals and representatives of community-based organizations received training on web outreach HIV services in seven countries, while 65 outreach specialists have increased their capacity to implement evidence-based HIV and Hepatitis C programmes for people who use stimulant drugs in Kazakhstan, Kyrgyzstan and Uzbekistan (UNODC, UNAIDS Secretariat).
38. Technical and financial support from the Joint Programme has led to further progress in several countries' pathway to EMTCT (UNICEF, UNFPA, WHO, UNAIDS Secretariat). Access to PMCT and

paediatric HIV services in primary healthcare is stronger in Kyrgyzstan following the approval of a new State Guaranteed Benefits package (UNICEF, WHO). Over 6300 health-care workers improved their capacity of delivering PMCT services in Kyrgyzstan, Moldova and Tajikistan (UNICEF).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

39. Networks of adolescents living with HIV in five countries are better equipped to advocate for their rights. For example, Teenengineer Union, a regional network of young people, conducted more than 20 000 online and offline peer-to-peer counseling on mental health, as well as on sexual and reproductive health and rights (SRHR). It also provided out-of-school sexuality education for 2000 young people who are at higher risk of HIV infection and it contributed to the development of a mental health strategy for 2023–2034 for young people and key populations in Kazakhstan, Kyrgyzstan and Ukraine (UNFPA, UNAIDS Secretariat).
40. A youth-led digital media initiative reached 4.7 million young people across the region in five languages, improving their knowledge of HIV, SRHR, gender equality, stigma and discrimination, and empowering them to assert their rights (UNESCO). In addition, some 2000 people were empowered to protect their SRHR rights in Belarus, Kazakhstan and Kyrgyzstan through the “Journey 4 life skills building” project (UNFPA, UNESCO, UNAIDS Secretariat).
41. Y+ Global, the global network of young people living with HIV, and the YACT, a coalition of youth-led and youth-serving organizations and networks, collaborated with the Reproductive Health Alliance to roll out a pilot of the “UPROOF Youth Scorecards 2.0” in Kyrgyzstan in 2022. The exercise assessed progress towards ending AIDS, particularly on issues affecting young people.

It informed an advocacy roadmap to expand evidence-informed services for young people and galvanize active youth engagement in the HIV response (UNAIDS Secretariat).

42. Adolescent girls and women organizations developed and implemented gender-transformative HIV interventions in seven countries, while 14 000 women and girls increased their knowledge of gender equality, human rights and gender-based violence prevention through capacity building interventions. In addition, 600 social workers of Unified Social Service in Armenia improved their understanding of HIV, stigma, gender-based violence and human rights of key populations through trainings and awareness raising events. A regional workshop with 10 journalists and influencers from five countries also led to improved coverage of gender and HIV in the media across the region (UNAIDS Secretariat).

United to decriminalize HIV in eastern Europe and central Asia

The Joint Programme mobilized community leadership to address the resurgence of repressive HIV-related laws and policies and joint responses to crises and risks for the HIV response in the region. The creation of the Eastern Europe and Central Asia Task Force on the Global AIDS Strategy 10-10-10 Targets – which emerged from collaboration between five regional networks of people living with HIV and key populations, UNAIDS Secretariat, and UNDP – was one of the outcomes of those efforts.

This unique structure brings together people living with HIV, sex workers, people who use drugs, individuals from the LGBTQI+ community, politicians, scientists and clinicians to protect the rights of vulnerable and key population in the context of shrinking civic space which affects the HIV response across the region. The task force is expected to greatly advance the decriminalization of HIV transmission and exposure and improve access to justice in the region, including through building the capacity of HIV community activists to drive the 10-10-10 agenda at country level.

43. The Joint Programme further empowered communities to address stigma and discrimination and assert the rights of vulnerable and key populations. Years of advocacy of civil society and the Joint Programme in Tajikistan successfully resulted in the country's supreme court approving

a resolution that recognizes the non-transmissibility of HIV by individuals with suppressed viral loads (U=U) (UNDP, UN Women, UNAIDS Secretariat). Contributing to this achievement, the 5th Regional Judges Forum brought together over 100 stakeholders, including judges from eight countries, to discuss HIV decriminalization, drug policy reform and migration through the lens of HIV and human rights (UNDP). Also in Tajikistan, a platform for collaboration between the national network of women living with HIV and professional lawyers increased legal awareness among women living with HIV and improved reporting of violations of women's human rights, including cases of violence against women and discrimination in health-care settings (UN Women).

44. In Ukraine, workers increased their awareness of HIV-related stigma through over 2000 sessions organized jointly with the State Labour Service, and HIV non-discrimination measures were strengthened for 30 000 employees in the forestry sector (ILO). A total of 139 community leaders, including of people who use drugs, improved their capacity to advocate for equitable and quality health and harm reduction services in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan (UNAIDS). In addition, 10 community leaders from seven countries improved their advocacy and leadership skills for community mobilization and consequently led a regional social media campaign on community leadership, with 300 000 people reached (UNAIDS Secretariat).
45. The Joint Programme supported regional communities to build consensus on community-led monitoring and develop a paper on [the position of regional networks on community-led monitoring](#), which aims to advance the institutionalization of such monitoring in the region. Analysis of legal and structural barriers for community-led monitoring and capacity gaps of 51 civil society organizations informed pilots in Kazakhstan, Kyrgyzstan and Tajikistan. During capacity-building training, 20 civil society organizations in central Asia improved their capacity to implement community-led monitoring. The Joint Programme also facilitated coalitions of civil society organizations, governments and international partners for the institutionalization, multisectoral coordination and monitoring of community-led monitoring in Kazakhstan and Tajikistan. Up to US\$ 700 000 was allocated for community-led monitoring in these central Asian countries, thanks to successful advocacy and steps

tion towards institutionalizing such monitoring. The interventions were also included in Global Fund Grant Cycle 7 funding requests of six countries in the region (UNAIDS Secretariat).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

- 46.** Through the collective efforts of the Joint Programme, national and international partners and donors engaged in the humanitarian response, WHO coordinated the overall response of health partners to ensure the access of refugees and internally displaced persons to health services, maintaining all essential HIV services in Ukraine in 2022 and 2023.
- 47.** The Joint Programme continued to assess needs, provide information management and guidance, mobilize resources and coordinate HIV and other essential health-care services, including community-led responses in emergency settings in the region, predominantly for people affected by the war in Ukraine and Ukrainian refugees in Moldova and Poland. Support provided to 13 community-led organizations at the outset of the war ensured that 21,500 people living with HIV and people from key populations had access to essential services, including food, hygiene and counselling. More than 5000 Ukrainian refugees in Moldova received HIV, SRH, gender-based violence and mental health services through five civil society organizations, while over 500 pregnant women and women living with HIV from displaced populations accessed community-led HIV, SRH, treatment, adherence, mental health and social skills services. In addition, 15 health-care facilities were supported to ensure continuity of HIV services; 19 mobile clinics were deployed to provide HIV services in hard-to-reach areas, and night shelters and two safe spaces were established in nine cities near the frontline—thanks to sustained support from the Joint Programme (UNICEF, WHO, UNAIDS Secretariat). Several new digital tools were also used for mapping and integrating HIV services in Ukraine's primary health-care portal (UNDP).
- 48.** The procurement of 209,000 packs of dolutegravir-based HIV medicines was facilitated in Ukraine (WHO) soon after the war began, ensuring continuity of treatment schemes in partnership with the Government and "100% Life", a network of people living with HIV and other critical partners such as the Global Fund and PEP-FAE. Thanks to the Global Fund Emergency Grant, HIV testing kits for one million people and viral load monitoring kits for 200,000 people living with HIV were purchased, which strengthened treatment services in primary health care. In addition, the distribution of 204 generators ensured uninterrupted services in HIV and tuberculosis facilities during power outages, while 19 mobile clinics extended HIV services in hard-to-reach areas (UNICEF).
- 49.** Following intensive advocacy by the Joint Programme, the Government of Poland, which hosts the largest number of Ukrainian refugees, approved legislation in December 2022 allowing for the distribution of medicines and health commodities intended for humanitarian aid in the territory of Ukraine by the Governmental Agency for Strategic Reserves (WHO). The World Bank's Ukraine PEACE Programme raised US\$ 12 million to guarantee health care and social support services, including HIV treatment for vulnerable populations. Almost 335,000 people, including people living with HIV and TB/HIV presents, accessed nutrition services from the All-Ukraine Network of People Living with HIV through financial, technical and technical support from the Joint Programme (WFP, World Bank).
- 50.** A rapid gender analysis in Ukraine understood the war's gross impact on women. The Ukrainian Women's Forums on HIV received support to engage women in decision-making on humanitarian responses resulting in expanded basic care and social services for women. More than 11,000 women affected by the war accessed expanded healthcare and social services for women, and 600 women living with HIV and 200 children received humanitarian support from safe spaces (UN Women). Referral pathways to gender-based violence have also improved in Moldova and other countries hosting Ukrainian refugees, following six capacity building workshops.

gender-based violence prevention, risk mitigation and response. Service providers are now able to recognize survivors of violence and provide them with appropriate support and referrals to specialists (UNHCR).

51. Comprehensive HIV programme reviews led to better focused and tailored HIV responses, including optimized treatment options in seven countries (WHO). The Joint Programme also helped to leverage US\$ 236 million from the Global Fund

for HIV and tuberculosis (TB) responses in seven countries through national dialogues, programme prioritization and technical expertise. Notably, this included sustained technical support helped secure a total of US\$ 165 million from the Global Fund for Ukraine's HIV and TB response for 2024–2026 and reduced the gap in state funding for HIV prevention. In addition, evidence from gender assessments shaped priorities in Global Fund grants in Armenia, Kazakhstan and Uzbekistan (UNAIDS Secretariat).



EASTERN AND SOUTHERN AFRICA

18 COUNTRIES
with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

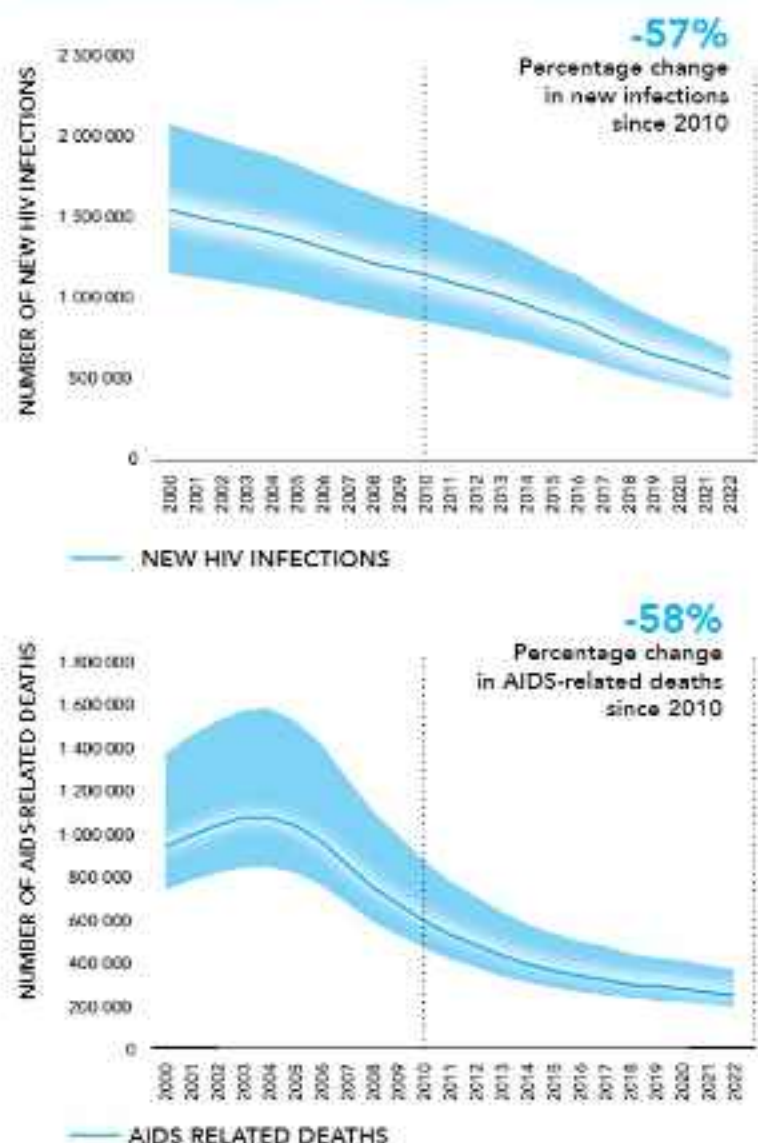
US\$ 255.9 MILLION
Total expenditures and encumbrances of the Joint Programme in 2022-2025

PROGRESS TOWARDS SAVING LIVES

Selected UBRAF indicators progress in 2023

- 18 countries received support to scale up combination HIV prevention programmes.
- 17 countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- 18 countries received support for the incorporation and expansion of community-led HIV responses.
- 15 countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- 9 countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- 11 countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- 14 countries implement interventions/ services for key populations in humanitarian settings.

Figure 3. Number of new HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>)

OVERVIEW

During the 2022–2023 biennium, significant progress was made in enhancing access to HIV prevention, testing and treatment services in the eastern and southern Africa region. The 95–95–95 targets have been achieved in five countries and 10 other countries are close to reaching that accomplishment. Five countries have achieved the global target of reducing the rate of vertical transmission of HIV below 5%, while many others have endorsed prioritized plans to achieve the elimination of vertical transmission targets as part of the Global Alliance to end AIDS in children.

The Joint Programme's support has played a pivotal role in expanding services and ensuring better access for all. Notably, efforts have been focused on strengthening national coordination and capacity, programme monitoring and evidence generation, with a particular emphasis on SRH and CSF for young people and harm reduction strategies for vulnerable and key populations. Expansion of community-led HIV service delivery and programme monitoring also contributed to more equitable access to services. Efforts to enhance humanitarian preparedness and response have resulted in increased access to SRH services, as well as HIV prevention, testing and treatment services for migrants, refugees and asylum seekers.

UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

52. Combination prevention programmes are stronger thanks to the Joint Programme's strategic technical support and active coordination with development partners. Southern African Development Community (SADC) ministers of health adopted the recommendations from the 2022–2023 HIV Prevention Scorecard to improve HIV services, and new HIV prevention guidelines helped expand access to better-targeted prevention programmes among priority and key populations (UNICEF, UNDP, UNFPA, UN Women, UNAIDS Secretariat). As part of the South-South Learning Network, an initiative of the Global HIV Prevention Coalition is working to support HIV prevention by improving access to and uptake of PrEP. This is being done by facilitating country learning and networking and the sharing of best practices by ministers of health and civil society organizations from nine countries (WHO).
53. As members of the Global HIV Prevention Coalition, Botswana, the Democratic Republic of Congo, Kenya and Zambia finalized their national prevention roadmaps. Six countries, including Rwanda and South Sudan, are accelerating their prevention efforts with technical support from the Joint Programme, following their recent inclusion in the Coalition. In addition, implementation of the Condom Strategic Initiative was also supported to increase access to and use of condoms in five countries (UNFPA, UNAIDS Secretariat).
54. Fourteen countries endorsed the Eastern and Southern Africa Ministerial Commitment to implement gender-sensitive, culture-appropriate and evidence-based sexuality education. More than 100 experts, including from civil society organizations working on disabilities from 13 countries, improved their knowledge of CSF delivery through cascading training in their countries (UNICEF, UNDP, UNFPA, UNFSCO). Integration of HIV and SRH has improved in 16 countries' Global Fund grants thanks to technical support from the Joint Programme (UNFPA, WHO, UNAIDS Secretariat). Data quality, linkages and referrals for differentiated services, as well as social and behavioural communication among adolescent girls and young women, was improved in 13 countries, while 14 countries completed a baseline study on young people's health behaviours and protective factors to further improve quality of SRH programmes targeting youth (UNAIDS Secretariat).
55. Following advocacy by the Joint Programme, African Union member states attending a high-level summit on substance use and related mental health disorders committed to implement harm reduction programmes (UNODC, UNAIDS Secretariat). The South African Central Drug Authority and other government institutions also committed to implement harm reduction interventions for key populations, following a visit to the Kenyan Department of Correctional Services and various harm reduction projects (UNAIDS Secretariat). Over 600 policy-makers improved their knowledge of evidence-based harm reduction for people

with inject drugs in Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe (UNODC, WHO, UNAIDS Secretariat).

56. Testing and treatment 95-95-95 targets were achieved in Botswana, Eswatini, Rwanda and Zimbabwe, while 10 countries in the region are on track to achieve these targets by 2025, with strategic support from the Joint Programme. All but one of the countries in eastern and southern Africa are implementing dolutegravir-based treatment, thereby improving access to quality medicines for people living with HIV.
57. Several countries also introduced programmes for 3-6 months multi-month dispensing of antiretroviral medicines during 2022-2023, with most countries adopting a three-month dispensing protocol. Support for programme reviews and development of HIVS (Hospitals) national plans and guidelines further improved national HIV and integrated responses in selected countries. Point-of-care technology for early infant diagnosis and viral load monitoring were also scaled up in several countries (UNICEF, WHO, UNAIDS Secretariat).

Celebrating EMTCT milestones across eastern and southern Africa

Namibia received a "silver tier" certification on the path to EMTCT of *Human Immunodeficiency Virus* (HIV) and *Acquired Immunodeficiency Syndrome* (AIDS) while Botswana, Eswatini, Mozambique, Namibia and South Africa achieved the target of reducing the rate of vertical transmission of HIV below 5% by 2022. This was achieved thanks to combined and coordinated efforts of UNICEF, WHO and UNAIDS Secretariat to support development of national validation pathways, build capacity, strengthen data quality and assurance, review testing algorithms and strategies, and assess laboratory quality systems. This coordinated approach has resulted in the use of a gender equality lens as part of elimination efforts and it has generated new momentum in the region for shifting from single to dual and triple path to elimination.

58. Following the African launch of the Global Alliance to end AIDS in children in February 2023, eight countries endorsed prioritized actions plans for the elimination of vertical transmission. They established the Global Alliance Regional Hub to enhance South-South learning and cooperation towards paediatric and adolescent HIV and

elimination of vertical transmission, drawing on technical and financial support from the Joint Programme (UNICEF, WHO, UNAIDS Secretariat).

59. Evidence regarding vertical transmission of HIV improved in the United Republic of Tanzania following a study on paediatric HIV case finding, as well as in Eritrea, Eswatini and Rwanda following studies on the rates of vertical transmission of HIV (WHO, UNICEF, UNAIDS Secretariat). In addition, 53 government partners from 14 countries improved their knowledge on data analysis and use through the hybrid data monitoring programme thanks to a Joint Programme's partnership with the University of Zambia and ICW (UNICEF, UNAIDS Secretariat).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

60. Sustained support from the Joint Programme advanced equitable access to HIV services for all in 10 countries by reinforcing community-led interventions and monitoring. Sixteen countries developed national workplans and roadmaps to scale up and improve the quality of community engagement in the HIV response. Seven countries received technical support from the Joint Programme to develop national plans for social contracting mechanisms (UNAIDS Secretariat).
61. Community-led monitoring also expanded significantly, strengthening evidence for policy and programmatic changes, as well as Global Fund and NEPFAR grants' implementation. Four regional networks of young people living with HIV, sex workers and transgender people developed community-led evidence gathering tools to monitor the level and quality of access to HIV, SRH and other essential health-care services (UNDP, UNAIDS Secretariat).
62. The regional Joint UN Sex Workers and Civil Society Advocacy Framework is being used to scale up HIV programmes for sex workers, sex workers

partnerships and mobilize resources to close gaps that had been exacerbated by the COVID-19 pandemic (UNHCR, WFP, UNDP, UNFPA, UN Women, ILO, UNAIDS Secretariat). The Africa Key Population Experts group developed and rolled out a renewed advocacy agenda with and for key populations, and Uganda completed a mapping of national emergency resources for key populations (UNDP, UNAIDS Secretariat).

- 63.** Madagascar and Mauritius improved their HIV data and size estimations for key populations, using technical support from the Joint Programme. Angola, Zanzibar (in the United Republic of Tanzania) and Zimbabwe implemented the Stigma Index 2.0 among people living with HIV (UNAIDS Secretariat). In addition, six countries ratified the 2019 International Labour Organization's Convention 190 to eliminate violence and harassment in the world of work (ILO).
- 64.** National HIV strategic plans in 14 countries now include actions on human rights and gender equality that are aimed at addressing inequalities in HIV responses (UNAIDS Secretariat). Gender assessments in five countries enhanced national responses and HIV grant applications, while evidence of national experiences on sexual and gender-based violence improved programmes in Namibia, Malawi, South Africa, Uganda and Zambia, thanks to technical support from the Joint Programme (UNDP, UN Women, UNAIDS Secretariat).
- 65.** Ten countries implemented evidence-based interventions to transform unequal gender norms, including harmful masculinities, which have contributed to the prevention of violence against women and improvements in men's health-seeking behaviours. As part of implementation of the Spotlight Initiative, the "SASA!" community-based initiative was further scaled up to address power imbalances between women and men and thereby help prevent violence against women and reduce HIV vulnerabilities (UN Women). In addition, strategies and campaigns in Botswana, Eswatini, Lesotho, Malawi, South Africa and Zambia engaged men and boys to address unequal gender norms and harmful traditions (UNDP, UN Women, UNAIDS Secretariat).
- 66.** African Union member states reaffirmed their commitment to accelerate actions to ensure gender equality, women empowerment and leadership, and end violence against women and girls following the Third African Union Men's Conference on Positive Masculinity (UNAIDS Secretariat). SADC reaffirmed the importance of HIV and gender among members states following a review of its Resolution 60/2, which calls for actions to address the underlying causes of high rates of HIV acquisition among adolescent girls and young women (UNFPA, UN Women, UNAIDS Secretariat). To monitor implementation of the resolution and enhance government accountability, a regional gender-responsive oversight model was developed and adopted by Angola, Lesotho, Malawi, Mozambique, Namibia and Zimbabwe (UN Women).
- 67.** Young women's leadership has been strengthened in Eswatini, Lesotho, Uganda and the United Republic of Tanzania through technical and financial support provided by the Joint Programme (UNICEF, UNFPA, UN Women). In partnership with PEPIAF, adolescent girls and young women in 15 countries increased their leadership skills and engaged in advocacy efforts in the HIV response (UN Women). In addition, adolescent girls and young women are leading various initiatives in seven countries to shift policies and traditional norms and increase socioeconomic empowerment through the use of tools such as "Edut" and the "Young Women for Life Movement". As a result, Uganda, Lesotho and South Africa introduced progressive return-to-school policies and developed "second chance" education for underage mothers (UN Women, UNFSCO, UNAIDS Secretariat).
- 68.** As part of the "Zigehle 4 SRHR" regional programme, 10 countries made encouraging progress in creating an enabling policy and legal environment for adolescents, raising knowledge, empowering communities and delivering SRHR and gender-based violence services, with sustained support from the Joint Programme (UNICEF, UNFPA, WFP, UNAIDS Secretariat). Young people from the SADC countries developed strategies to reach decision-makers and respond to opposition to equitable access to SRHR services and CSE. Youth leadership and advocacy also improved after the expansion of the "UNITED! Movement" to include 130 new youth advocates from 11 countries in the region (UNICEF, UNFPA, UNAIDS Secretariat).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

69. During the biennium, the Joint Programme advocated for and continued to provide financial and technical support for sustainable health systems across the region. African ministers of finance committed to invest US\$ 66 billion in health-care systems and infrastructure annually until 2025 to achieve the SDGs in the region, and called for the domestic production of high-quality medicines. High-level health financing dialogues in Kenya, Mauritius, Mozambique and Rwanda resulted in commitments to increase domestic financing for the HIV response. The United Republic of Tanzania has developed a new national strategy that includes finance, market and technology actions to strengthen its pharmaceutical sector (UNAIDS Secretariat). South Sudan also built on the COVID-19 pandemic response and related Global Fund grants for longer-term investments for a more resilient health system, with significant guidance and support from the Joint Programme (UNHCR, IOM).
70. Vulnerable households in Zambia benefited from extensive social protection programming, including the provision of cash transfers. In addition, capacity-building initiatives in Botswana, Kenya, South Africa and Zambia promoted social protection approaches that are inclusive of people living with HIV and key populations (WFP, ILO).
71. Steps were taken to enhance nutrition and food security for pregnant and breastfeeding women, infants and families affected by or at risk of HIV in the province of Cabo Delgado in Mozambique, which is heavily affected by an armed conflict that has forced more than one million people to flee from their homes and livelihoods. WFP's Innovation Accelerating Spring Programme enabled a nongovernmental organization to leverage the knowledge and experience of local women living with HIV, as mentor mothers, to provide peer-led primary health services and education across three districts in that province. This six-month pilot provided malnutrition screening to more than 6100 people, while 1000 people improved their healthy meal cooking skills and understanding of nutrition support packages, and nearly 1000 people were reached with prevention messages (WFP).
72. Refugees and asylum seekers in 11 countries can now access SRHR and HIV prevention, testing and treatment services thanks to the expansion of services (UNHCR, UNFPA, WHO). In Kenya, Mozambique and South Sudan, people in humanitarian settings and hard-to-reach areas accessed primary health-care services through mobile and temporary clinics, including for SRH and HIV, as well as services for survivors of gender-based violence (UNHCR, IOM). All countries in eastern and southern Africa developed action plans to enhance their preparedness to implement the Minimum Initial Service Package for Humanitarian Settings, and a legislative and policy review of migrants' right to access health care was used to inform advocacy efforts (UNICEF, UNFPA, WHO, UNAIDS Secretariat). The creation of a repository of Inter-Agency Toolkits for HIV in Emergencies and Humanitarian Settings and the integration of HIV, SRHR and gender-based violence in the vulnerability assessment tool for humanitarian settings will continue to boost implementation of evidence-based humanitarian responses across the region (UNHCR, UNICEF, UNFPA, UNAIDS Secretariat).

LATIN AMERICA AND THE CARIBBEAN

18 COUNTRIES

with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

US\$ 55.3 MILLION

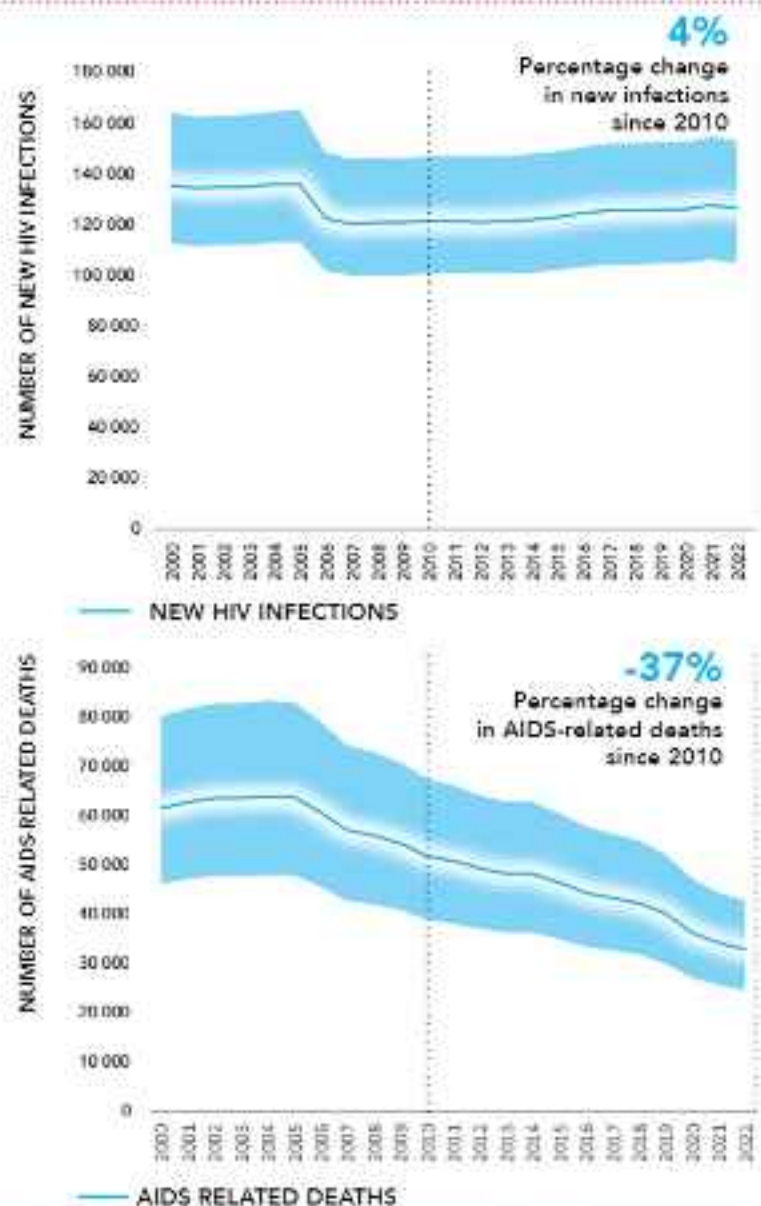
Total expenditures and encumbrances of the Joint Programme in 2022-2023

PROGRESS TOWARDS SAVING LIVES

Selected UBRAF indicators progress in 2023

- 17 countries received support to scale up combination HIV prevention programmes.
- 17 countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- 18 countries received support for the incorporation and expansion of community-led HIV responses.
- 17 countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- 3 countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- 8 countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- 7 countries implement interventions/services for key populations in humanitarian settings.

Figure 4: Number of new HIV infections and AIDS-related deaths, Latin America and the Caribbean, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>)

OVERVIEW

The HIV response made important gains in the Latin America and the Caribbean region during the 2022–2023 biennium, particularly in the scale-up of facility- and community-led HIV prevention, treatment and social protection programmes for vulnerable and key populations. Strategic evidence, updated health information systems and needs assessments contributed to the expansion of tailored HIV prevention services, including PrEP, improved access to youth-friendly and culture-sensitive HIV and SRH services helped increase the use of condoms, timely case detection and rapid linkages to treatment services.

The Joint Programme's support in expanding and improving delivery of HIV treatment resulted in a six-fold increase in the coverage of dolutegravir-based adult treatment across the region, with 17 countries introducing dolutegravir-based paediatric treatment. HIV treatment resistance monitoring was also improved with inputs from resistance surveys and validation of regional laboratories.

Capacity building and technical support by the Joint Programme empowered young people and key populations to provide and monitor HIV information and services and advocate for their human rights. Access to integrated HIV and social protection services among vulnerable populations, including people living with HIV and people from the LGBTQI+ communities, has been improved following assessments of service needs and barriers, the provision of training and stronger coordination with civil society organizations.

UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

73. The Joint Programme's strategic support and close collaboration with national partners and communities expanded access to HIV and SRH information and services among vulnerable and key populations in the region. This included active case finding, swift linkage to treatment and care services and the distribution of two million male condoms among refugees, migrants and communities in Colombia. More than 7000 indigenous people in the Amazon Region of Peru were sensitized on HIV prevention and the importance of timely diagnosis of HIV infection via tailored awareness campaigns (UNICEF). CSE was also expanded in 13 countries with the use of new training materials and online resources for health-care workers who provide SRH services to adolescents (UNFPA). In Jamaica, access to HIV and SRH services was enhanced through the opening of a second "Teen Hub", which received 10 000 visits and HIV testing and counselling was offered to 520 adolescents and young people. Additionally, the launch of a digital chatbot tool for

HIV prevention and SRH information attracted over 600 users, predominantly adolescent and young girls (UNICEF).

74. HIV services among adolescents improved as a result of implementation of culturally appropriate service standards, provider training and a focus on inequalities. For example, integrated HIV services were scaled up in hospitals and adolescent health-care units in the Dominican Republic, while 750 health-care providers improved their capacity to deliver HIV and SRH services, including treatment for adolescents in Cuba, El Salvador, Panama and Venezuela (UNICEF, UNFPA). In addition, over 22 000 health professionals are now better equipped to deliver PrEP services via the "Virtual Campus" platform, with support from the Joint Programme (WHO).
75. As part of the FMTCT Plus initiative, five countries received technical assistance for planning and integrating services for the elimination of vertical transmission of HIV. In addition, six countries now have updated national norms and guidelines for triple elimination of HIV, syphilis and hepatitis B. Belize, Jamaica and Saint Vincent and the Grenadines have reached the FMTCT pre-validation stage and have received recommendations to reach validation (WHO).

- 76.** The Joint Programme supported the optimization of HIV treatment and transitions to dolutegravir-based treatment regimens, which resulted in a six-fold increase in dolutegravir-based adult treatment procurement and a four-fold increase in dolutegravir-based paediatric treatment across the region. Seventeen countries in the region are now offering dolutegravir-based paediatric treatment. The review and alignment of national treatment guidelines and strategic plans with WHO standards led to increased treatment coverage in five countries, and over 12 000 health professionals across the region have increased their knowledge of HIV and TR coinfection following an online course, thus enabling integrated care and improved service delivery. HIV resistance monitoring is also stronger thanks to resistance surveys and validation of regional laboratories by the Regional HIV Resistance Network (WHO).
- 77.** Additional strategic information, with support from the Joint Programme, is available in several countries in the region. For instance, HIV programme reviews and subsequent actions included updating health information systems and improving HIV responses in Cuba, Ecuador, El Salvador, Guatemala and Nicaragua. Strategic information for HIV prevention and PrEP services also improved in Costa Rica, Cuba, Guatemala and country members of the Organisation of Eastern Caribbean States (OECS) through needs and cost assessments of oral PrEP programmes, using the QUANI PrEP tool. Newly developed or updated HIV prevention and care cascades for key populations further informed evidence and decision making in nine countries (WHO, UNAIDS Secretariat).
- 78.** In 2023, government representatives from Cuba visited successful HIV programmes in the Dominican Republic, exchanged experiences and best practices and identified innovative strategies, as part of a South-South cooperation initiative supported by the Joint Programme. An action plan was also developed to maintain communication and knowledge sharing for strengthened HIV responses in both countries (UNDP).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

- 79.** The Joint Programme played a key role in empowering vulnerable and key populations to lead the HIV response and advocate for their rights. Community led comprehensive educational initiatives in Colombia enabled 1800 women to improve their knowledge and skills on HIV and gender-based violence prevention, condom negotiation and use, as well as the distribution of female condoms (UNHCR). Eighty young activists from 15 countries in the region have increased their capacity to advocate for combination HIV prevention services, including PrEP, condom and harm reduction, thanks to a knowledge exchange initiative (INTPA). In Chile, 60 000 people were sensitized on rights-based combination HIV prevention services through social media and these services were also extended to refugee and migrant people from the LGBTQI+ community residing in the country. Health-care workers in Ecuador improved their skills in promoting comprehensive health and social protection services, as well as in preventing stigma and discrimination in healthcare settings (UNHCR). Technical support from the Joint Programme helped ensure that REDHEMI/TRANSLAC, a regional network of migrant transgender persons, drafted its first multi-annual strategic plan, which is aimed at improving access to comprehensive health care and humanitarian services among transgender migrants (UNDP, UNAIDS Secretariat). In Jamaica, the new Enabling Environment for Human Rights Monitoring Dashboard strengthened reporting on Jamaica's progress towards reducing stigma and discrimination and expanding access to health and justice services. More than 10 civil society organizations and government agencies are now better equipped to collect and analyse data on the human rights of vulnerable and marginalized populations, including people living with HIV.

80. Advocacy and public awareness on HIV prevention, human rights and social protection was scaled up in Brazil as a result of the Joint Programme's support. For example, 23 free public awareness activities across the country helped put HIV high on the public agenda; a photographic exhibition, film screening and combination prevention workshops involving human rights activists helped sensitize communities, and 190 people from the LGBTIQ+ community in Anapá, Pará, Paraíba, Porto Alegre and São Paulo developed stronger capacities to establish income-generating activities and obtain employment through the "Kitchens&Wise" project (UNDP).

81. Assessment of legal frameworks strengthened evidence of legal barriers affecting access to combination HIV prevention services among adolescent young people in five countries. The findings will be used to advocate for policy changes and improvements in national prevention programmes (UNFPA, UNAIDS Secretariat). In addition, newly-documented successes in HIV prevention advocacy in 10 countries, as well as knowledge shared among young activists from 15 countries, are being used to boost advocacy for and further improve HIV prevention and SRH programmes (HRH-96).

82. The Ombudsperson's Office in Panama established an LGBTIQ+ advocacy mechanism to monitor human rights violations against the LGBTIQ+ community and ensure equitable access to health and legal services (UNHCR, UNDP, UNAIDS Secretariat). In Barbados, representatives of LGBTIQ+ organizations were empowered to develop action plans to guide consultations for the country's constitutional review process, thanks to technical support from the Joint Programme. In addition, a national needs assessment survey among LGBTIQ+ communities in Barbados and Jamaica provided crucial insights into the numerous challenges facing this community, including stigma in health care settings. The exercise was facilitated through the strategic support which the Joint Programme provided to the UNDP-led "Being LGBT in the Caribbean" project. The Central American LGBTIQ+ survey also revealed vulnerabilities and violence against people from the LGBTIQ+ community, as well as barriers to health and legal services in five central American countries (UNDP).

Empowering communities to support women and girls survivors of violence.

It is a concerted effort to [combat gender-based violence and support, protect and uplift severely affected young women and women adults](#). A landmark initiative has been launched by UNICEF, UNDP, UNFPA and the UNAIDS Secretariat in partnership with the nongovernmental organizations Refugees Femmes d'Haïti and FOSREF.

The project's multifaceted and integrated approach aims to empower individuals and communities by providing support to survivors of violence, advocating for legal reforms to protect the rights of women and girls, building capacity to strengthen livelihoods, and implementing educational programmes to raise awareness about gender based violence, HIV prevention and SRH. By engaging with and empowering local communities and leveraging the expertise of the Joint Programme, the initiative seeks to create lasting change to prevent HIV and assist women and girls (HRH) to overcome the multiple challenges they face.

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

83. The Joint Programme supported integration and expansion of HIV, social protection and other humanitarian services in the region. Qualitative studies in eight countries generated strategic evidence on the needs and challenges preventing people living with HIV from accessing social protection programmes. The findings revealed significant gaps in existing public policies for the social protection of people living with HIV, including nutrition security and access to housing (WFP). Another analysis of income security among people living with HIV in Jamaica highlighted the challenges experienced by young women and young mothers living with and affected by HIV.

including stigma and discrimination, which block their access to the labour market and leave them uninformed about existing social programmes. In response to the findings, local women's organizations used communication strategies and products to promote access to available services for people living with HIV (UN Women).

84. Following these studies, the Joint Programme supported various initiatives, including capacity building for health-care and social service professionals, as well as further integration of HIV and social protection programmes. In Colombia, socioeconomic inclusion of vulnerable and key populations—including people living with HIV, refugees and migrants—improved access to services and adherence to treatment (UNHCR). The Dominican Republic's social protection scheme is providing wider inclusion of key populations as a result of support from the Joint Programme and coordination with civil society organizations. In

Paraguay, representatives of government and civil society organizations designed a new strategy to overcome the barriers preventing key populations from accessing social protection services, following the gap assessment completed in 2022 (UNDP). In Colombia, 228 people living with HIV and people from key populations benefited from economic support from the national health-care and employment sectors following advocacy by the Joint Programme. In addition, financial support to start-up enterprises run by vulnerable people in Haiti, including persons living with or affected by HIV, enabled them to strengthen their livelihoods, protect themselves against gender-based violence and improve their health (UNHCR).

85. The Ministries and Health Secretariats of Central America and the Dominican Republic agreed in December 2023, through a binding resolution, to develop a roadmap for pursuing a sustainable HIV response.



MIDDLE EAST AND NORTH AFRICA

7 COUNTRIES

with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

US\$ 35 MILLION

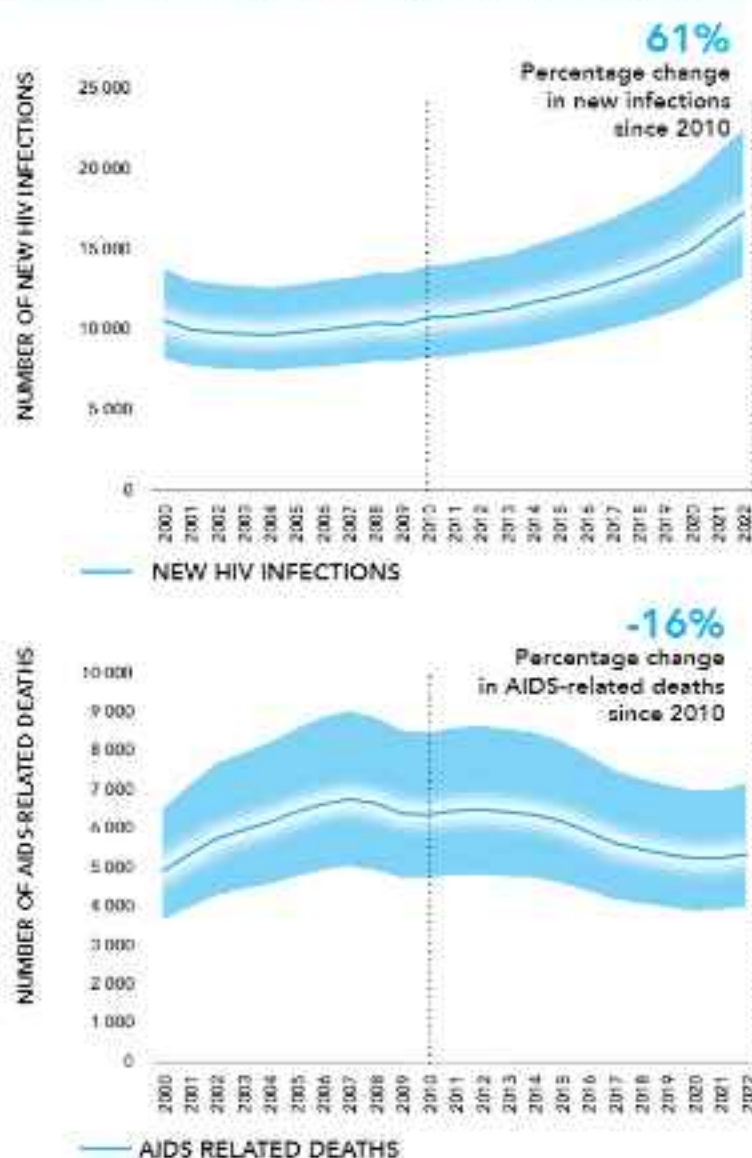
Total expenditures and encumbrances of the Joint Programme in 2022-2025

PROGRESS TOWARDS SAVING LIVES

Selected UBRAF indicators progress in 2023

- 5 countries received support to scale up combination HIV prevention programmes.
- 3 countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- 4 countries received support for incorporating and expanding community-led HIV responses.
- 2 countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- 1 country received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- 1 country has developed and report implementation of measures advancing full and sustainable HIV financing.
- 3 countries implement interventions/services for key populations in humanitarian settings.

Figure 5. Number of new HIV infections and AIDS-related deaths, Middle East and North Africa, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>)

OVERVIEW

Through policy guidance, partnerships, advocacy, capacity building and technical assistance, the Joint Programme provided strategic support to advance the HIV response in the Middle East and North Africa region. The 2022-2023 biennium saw important progress in HIV prevention and testing, especially among people in prisons and people who use drugs, though major gaps remain.

Access to PrEP, opioid agonist therapy and HIV self-testing continues to expand across the region. Communities of key populations and vulnerable people are being mobilized and empowered to advocate more effectively for their rights and to deliver essential services, including in humanitarian settings. In challenging contexts, thousands of refugees, asylum seekers, displaced persons and people from host communities were receiving STI and HIV information and services. The Joint Programme also worked closely with governments and communities to ensure treatment access and adherence for people living with HIV was sustained despite conflict and other disruptions.

UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

86. Significant progress was made in 2022-2023 towards reaching vulnerable and key populations with HIV prevention, testing and treatment services. Notably, HIV and harm reduction programmes expanded for people in prison, refugees and people who use drugs. A needs assessment among people in closed settings resulted in expanded access to comprehensive prison-based health care services in Egypt, Morocco, the Sudan and Tunisia. (HIV, hepatitis B and C, and syphilis prevention and treatment services in prisons reached over 22 000 people in 2022. In addition, 10 000 individuals at risk, including released inmates, their families and other key populations, were screened for those infections and were provided with access to other outreach services. An estimated 97 000 people at high risk of HIV, including former inmates, were also immunized against hepatitis B, while 16 000 people were sensitized on HIV prevention, treatment and care, and on other communicable and noncommunicable diseases (UNODC, UNAIDS Secretariat).
87. In 2022, Algeria joined Egypt, Lebanon and Morocco as countries providing opioid agonist therapy programmes in the region. By June 2023, the roll-out of Algeria's programme had enabled more than 300 people to benefit from methadone maintenance treatment at five centres. In Egypt, the capacity building of 32 opioid agonist therapy providers, development of guidelines and establishment of monitoring and evaluation systems further improved service delivery. In addition, a rapid situation assessment among women who use drugs in Egypt also cast light on substance use among women, associated risks and health service needs (UNODC).
88. World AIDS Day campaigns in 2022 and 2023, respectively promoting network-based HIV testing and HIV self-testing, promoted expansion of those testing approaches to close the gap towards the first "95" target in the region. Regional orientation workshops on HIV self-testing and PrEP services brought together 30 participants from Egypt, Jordan, Lebanon, the State of Palestine, Syria and Yemen. An HIV self-testing pilot project was successfully rolled out in Egypt, while roll-out plans were developed in Syria and Yemen (WHO).
89. Adoption of new WHO recommendations for HIV, hepatitis and STI interventions was accelerated thanks to technical support and guidance provided by the Joint Programme. Representatives from 10 countries participated in a regional workshop and 15 countries were supported to update their HIV treatment guidelines (WHO).
90. Oman in 2022 became the first country in the region to receive validation for the elimination of vertical transmission of HIV and syphilis (UNICEF, WHO, UNAIDS Secretariat). Egypt and Iran conducted self-assessments of their progress, while the Joint Programme provided support to the validation efforts of the Kingdom of Saudi Arabia, Kuwait and Qatar, including through the development of national reports (WHO). A regional assessment and roadmap report to identify successes and gaps in advancing the elimination of vertical transmission of HIV, syphilis and Hepatitis

It across the region will be published in May 2024 alongside the launch of a capacity building initiative (UNICEF, WHO, UNAIDS Secretariat).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.

91. The Joint Programme continued to advocate for the empowerment of communities and the fulfillment of their human rights. Several advocacy workshops on human rights and gender mobilized religious leaders, security personnel and government officials to act to reduce HIV-related stigma and discrimination and improve people's access to HIV services (IDM).
92. Egypt and Djibouti started preparatory work to roll out the country's first Stigma Index study, which will be implemented in 2024 with the Joint Programme's support. Results will be used to raise awareness about HIV-related stigma and discrimination and to support community-led research and monitoring of human rights violations (UNDP, UNAIDS Secretariat). A desk review of existing laws and policies affecting the HIV response in Egypt also advised capacity building of civil society organizations on human rights-based programming and legal literacy (UNDP, UNAIDS Secretariat).
93. NAWARA – a region-wide network to support the needs of vulnerable women, such as sex workers, in the Middle East and North Africa – has developed its first strategic plan thanks to technical support from the Joint Programme. The plan will enable the network and its member organizations from nine countries to review discriminatory laws and policies that increase women and girls' vulnerability to HIV and to conduct advocacy work on those issues (UNDP).
94. Building the capacity of communities in humanitarian settings was an important aspect of the Joint Programme's work over the biennium.

Examples included training for a group of community health workers and peer educators from the refugee community in Algeria on the clinical management of rape and services for survivors of gender-based violence (IDM/CR, UNAIDS Secretariat). Regional training also developed the capacity of community-based and non-governmental organizations to engage in the policy response and to address overlapping HIV and mpox risks, prevention and care (WHO).

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

95. The Global Fund Middle East, Response project – implemented since 2017 in Jordan, Lebanon, the State of Palestine, Syria and Yemen – supports national HIV programmes and civil society to scale up HIV prevention, testing and treatment services among key and vulnerable populations, including gay men and other men who have sex with men, female sex workers, people who inject drugs, prisoners and other people in closed settings, migrants, refugees, internally displaced populations and host communities. In 2023, over 63 000 HIV prevention visits with health providers were recorded during which people received HIV and STI information, as well as condoms and lubricants. Almost 44 900 people were tested for HIV, of whom 816 were found to be living with HIV and were provided with antiretroviral therapy by December 2023 (WHO, UNAIDS Secretariat, IDM).
96. Almost 1400 refugees and asylum seekers in Algeria were reached through community sensitization on SRH and HIV thanks to the Joint Programme's collaboration with civil society and the Algerian Red Crescent organization, while over 300 refugees and asylum seekers received voluntary HIV testing. In addition, advocacy and technical support resulted in the inclusion of refugees and asylum seekers in Algeria's national HIV plan.

Over 370 Sudanese people living with HIV were provided with antiretroviral therapy in Egypt, regardless of their residency status (UNHCR, WHO, UNAIDS Secretariat). In Israel, over 2400 asylum seekers benefitted from free and anonymous HIV counselling and testing and information. In addition, 122 asylum seekers living with HIV received antiretroviral therapy as a result of the Joint Programme's support and collaboration with local civil society (UNHCR, UNAIDS Secretariat).

Saving lives amid conflict

Following the outbreak of violence in Sudan in April 2023 and the subsequent mass population displacement, coordinated action helped to ensure the uninterrupted provision of life-saving antiretroviral treatment services to people living with HIV. UNDP and the UNAIDS Secretariat worked closely with the national network of people living with HIV and Sudan's Ministry of Health to identify new locations where displaced people were living with HIV and to review antiretroviral drug stocks and availability in treatment centres across all states. This coordinated effort helped sustain treatment adherence for people living with HIV and save lives amidst the conflict.

An assessment was also conducted to identify human rights barriers to the HIV response during the conflict. The findings brought to light high rates of gender-based violence affecting women and girls in Sudan, underscoring the need to enhance the capacity of health-care providers to provide essential health services such as post-exposure prophylaxis, post-rape care and psychosocial support for survivors of gender-based violence.

Despite war, displacement and famine, unsung heroes from communities, government and partners have found a way to continue collaborating to uphold the HIV response and [protect people living with and affected by HIV amidst conflict and famine](#).

97. An HIV and social protection assessment rolled out in 2022 in Somalia led to strengthened HIV sensitivity in the national social protection mechanism, thanks to advocacy and support from the Joint Programme (World Bank). A consultation was also conducted to review the "social protection checklist" in Somaliland and further identify opportunities for partnerships between the National AIDS Commission, national ministries, the network of people living with HIV, civil society organizations and donors to strengthen social protection in the semi-autonomous region (UNDP, UNICEF, WFP).
98. The Joint Programme provided important assistance for the mobilization of external and domestic funding to improve the sustainability of the HIV response in the region, including by supporting the development of funding requests from Egypt and Sudan to the Global Fund, as well as by undertaking preliminary comprehensive programme reviews and needs assessments (UNDP).
99. Development of social contracting guidelines in Algeria, Morocco and Tunisia helped mobilize domestic funding and strengthened partnerships between governments and civil society for expanded HIV service delivery. The Joint Programme also provided technical support to Morocco and Tunisia for the development of "HIV social return on investment" case studies, highlighting the benefits of governments-civil society partnership to uphold the rights and serve the needs of key populations (UNDP).
100. Stronger evidence-based programming was implemented through integrated biological and behavioural studies in Egypt, Jordan, Lebanon and Pakistan, following capacity building initiatives that were held in Egypt and Sudan (UNICEF, WHO, IOM). In response to a rise in new HIV infections, a programme review and preservice efficacy assessment were carried out in Iraq, with support to address gaps and enhance surveillance. Additionally, programme reviews were conducted in Jordan, Lebanon, State of Palestine, Syria and Yemen as part of the Global Fund MER application (WHO, UNAIDS Secretariat, IOM).

WESTERN AND CENTRAL AFRICA

23 COUNTRIES
with Joint UN Plans aligned to national priorities and the Global AIDS Strategy

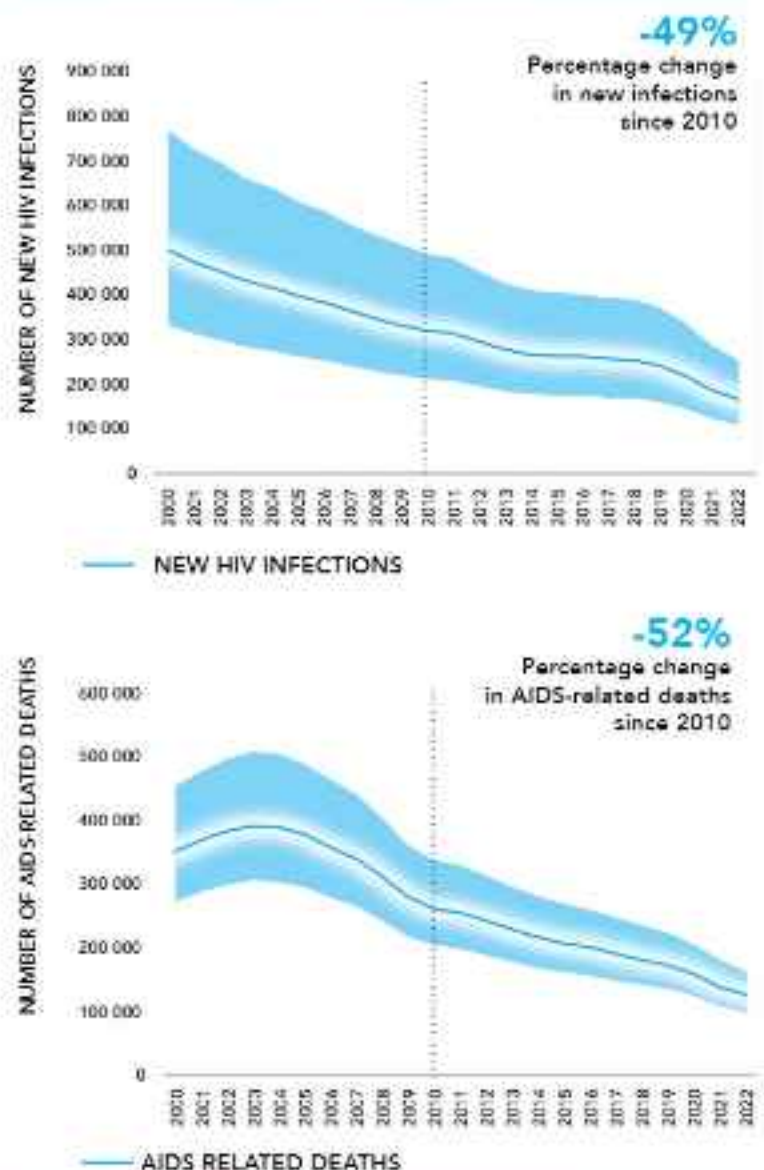
US\$ 162 MILLION
Total expenditures and encumbrances of the Joint Programme in 2022-2025

PROGRESS TOWARDS SAVING LIVES

Selected UBRAF indicators progress in 2023

- **20** countries received support to scale up combination HIV prevention programmes.
- **20** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- **20** countries received support for the incorporation and expansion of community led HIV responses.
- **15** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- **12** countries received policy, advocacy or technical support to implement gender responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- **11** countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- **12** countries implement interventions/ services for key populations in humanitarian settings.

Figure 6. Number of new HIV infections and AIDS-related deaths, western and central Africa, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

OVERVIEW

The Joint Programme's support in western and central Africa continued to sustain the expansion of HIV prevention, testing and treatment services among vulnerable and key populations across the region. High impact HIV prevention interventions, capacity building and community empowerment were implemented in several countries.

More than eight million adolescents and young people accessed HIV prevention and self-testing information and services through an initiative backed by the use of artificial intelligence and social media. Access to CSE improved in 11 countries and several countries received support for inclusion of people living with disabilities in integrated HIV and SRH programmes. Adolescents and young people living with HIV were empowered to participate in community-led service delivery and advocate for inclusive and equitable HIV services, while health care and social protection programmes were expanded to include people living with or affected by HIV, with technical and financial support from the Joint Programme.

Notable results have also been achieved in providing essential services in humanitarian settings, including to refugees and migrant people living with HIV. Finally, national HIV responses in the region are now stronger and more sustainable thanks to the Joint Programme's support for evidence generation, community-led responses, including advocacy and leadership, and effective resource mobilization.

UBRAF OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

101. During the 2022-2023 biennium, the Joint Programme in western and central Africa made significant contributions to the scale up of targeted, high-impact HIV prevention programmes, a major priority in the region. The Central African Republic and Congo reaffirmed their commitment to reduce new HIV infections and joined the other 35 countries globally (five in the region) that benefit from guidance, tools, mentoring, peer learning opportunities and other technical support from the Global HIV Prevention Coalition. In addition, Congo, Côte d'Ivoire, Ghana and Nigeria assessed the effectiveness of their HIV prevention programmes, particularly for condom and key population interventions, to enhance high impact prevention interventions (UNAIDS Secretariat).

102. The pilot "U Test" strategy, an innovative artificial intelligence and social media initiative, increased access to HIV self-testing, PrEP and referral services among vulnerable adolescents and young people in Cameroon, Côte d'Ivoire and Nigeria. Over 6.3 million adolescents and young people accessed these services online or in-person and half of them reported having received HIV testing, including

HIV self-testing through the initiative. Results from the "U Test" strategy were presented at the 22nd International Conference on AIDS and STIs in Africa (ICASA) in Zimbabwe, showcasing the important role digital technology and artificial intelligence can play in ending AIDS (UNICFF).

103. Ministers of education and health from 25 countries endorsed the WCA Commitment for Educated, Healthy and Empowered Adolescents and Young People to strengthen prevention of HIV, early and unintended pregnancy and gender-based violence and achieve global targets on each of those related priorities (UNHRA, UNESCO, WHO, UNAIDS Secretariat). As part of implementation of the WCA Commitment and the Education Plus initiative, over 22 500 trained educators in Burkina Faso, Côte d'Ivoire, Mali and Senegal reached around 600 000 students with HIV and school-related gender-based violence education, thereby helping to create a safer environment for adolescent girls to complete their education and be protected from HIV. In addition, thanks to technical support and capacity building from the Joint Programme, more than 8.2 million school learners (over four million girls) received CSE education in 11 countries, as part of the "Our Rights, Our Lives, Our Future" programme (UNFSCG). Twenty three countries also received guidance in four languages to support inclusion of people living with disabilities in integrated HIV and SRH programmes (UNTPA).

104. Closing gaps for the prevention of vertical transmission of HIV and paediatric AIDS remains a high priority in the region. The Joint Programme continued to provide technical support and leverage strong national commitment for the Global Alliance to end AIDS in Children across the region, with Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo and Nigeria developing and implementing their prioritized paediatric action plans. In all four countries, the dynamics of the Alliance and the prioritized action plans have served as the basis for solid and ambitious proposals in the Green Cycle 7 requests to the Global Fund or in the PEPFAR proposals (UNAIDS Secretariat).

105. The Joint Programme also stimulated strong uptake and scale-up of paediatric and community-led differentiated service delivery in the region, directly benefiting at least 14 countries. Key initiatives included the adoption of national policies on differentiated service delivery in Chad and Sierra Leone, the piloting of community treatment in the Central African Republic and Chad, and the roll out of index testing and linkage to treatment for children in Burkina Faso and Chad. For instance, catalytic support provided to the entrepreneurial organization K-GRIP in Burkina Faso and close collaboration with the government and communities drove the expansion of child screening activities and monitoring of pregnant women in hard-to-reach areas (UNAIDS/WHO). In Nigeria, the national network of women living with HIV reviewed and documented the impact of the country's Mentor Mothers Initiative, which builds on peer-led support to empower pregnant women and mothers living with HIV through education and information and by improving their access to essential services and care. The review documented the critical role women living with HIV play in improving access to services in their communities, and mapped out current challenges and policy recommendations to address them going forward (UN Women).

UBRAF OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to

health, and social and structural drivers of the HIV epidemic are removed.

106. A collaboration with the Civil Society Institute for HIV and Health in West and Central Africa, which convenes 150 civil society organizations from 21 countries, improved the capacity of civil society organizations, including networks of people living with HIV and key populations, for effective coordination of community led responses in West and central Africa. More than one third of countries in the region now have a national civil society platform supported by the Institute, which responds at large scale to the capacity development needs of civil society and community-led organizations, using tailored and up-to-date training resources. A total of 68 representatives of national AIDS programmes, research institutes and technical and financial partners across 20 countries increased their capacities to produce quality key population size estimates and over 60 civil society experts are now capable of providing quality advice on HIV programmes targeting key populations (UNAIDS Secretariat).

107. In partnership with the Civil Society Institute for HIV and Health and other regional actors, the 2023 Ghana Summit and related civil society country dialogues engaged over 200 stakeholders from 20 countries and fostered commitment to recognize and strengthen community leadership for paediatric HIV. The African Network of People Living with HIV (Central African subregion) is now more visible and empowered to actively participate in the national and regional HIV responses in new central African countries, following technical and financial support provided for capacity analysis, revised governance and development of a new action plan (UNAIDS Secretariat).

108. During the 2022-2023 biennium, women living with HIV engaged with ministers of gender equality and women's affairs for the development of new national action plans on gender equality and/or ending violence against women that include actions regarding to the intersections of violence against women and HIV. In Cameroon, the Ministry of Women Empowerment and Family successfully finalized the women and families sectoral plan to address HIV and STIs, which includes specific targets that are focused on the needs of women and girls in the context of HIV (UN Women).

- 109.** High-level advocacy, combined with effective collaboration with civil society partners including the Civil Society Institute for HIV and Health in West and Central Africa, Feda Santé, Alliance Côte d'Ivoire and Coalition PLUS, enabled the development of a three-year regional project to strengthen community-led responses to stigma, discrimination and gender-based violence in health care settings and drive legal reforms in six countries. Over US\$ 2 million was mobilized for the first year of implementation, which includes ensuring access to inclusive and rights-based HIV services among vulnerable and key populations, thanks to advocacy and technical support from the Joint Programme (UNAIDS Secretariat).
- 110.** Technical support from the Joint Programme also ensured a strong focus on human rights, gender, stigma and discrimination facing people living with HIV and people from key populations in health-care facilities in National Strategic Plans and Global Fund Cycle 7 applications in 10 countries (UNDP, WHO, UNAIDS Secretariat). Evidence generated by a gender assessment in the region will further inform further action to improve more equitable and rights-based HIV responses (UNAIDS Secretariat).
- 111.** The Joint Programme's catalytic support during the 2022–2023 biennium continued to advance the meaningful engagement of young people in the HIV response. The region-wide campaign "Education Saves Lives!" reached 15 million people in 2022 and nine million people in 2023 with SRHR information for adolescents and young people. The campaign included the active participation of the "Commitment Youth Community" and young people, including through sharing experiences of living with HIV, early parenthood or sexual and gender-based violence (UNFPA, UNESCO, WHO, UNAIDS Secretariat). In Cameroon, a communication and awareness-raising campaign on HIV prevention, the 95–95–95 targets, gender-based violence and the promotion of human rights reached more than 2000 young people in the city capital (UNDP).

Empowering adolescents and young people living with HIV.

The creation of the West and Central Africa Network of Adolescents and Young People Living with HIV marked a significant achievement for the collaborative efforts of youth communities, UNICEF and UNAIDS Secretariat to address the challenges faced by young people living with HIV in the region.

Following its first general assembly in Cameroon, the Network improved engagement and collaboration of community-based organizations and peer groups in eight countries. This has been instrumental in promoting the development and implementation of effective strategies tailored to the needs of youth living with and affected by HIV, showcasing a successful model of community empowerment for the AIDS response and beyond.

UBRAF OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

- 112.** Equitable access to health-care and social protection services was scaled up for people living or affected by HIV in six countries as a result of technical and financial support from the Joint Programme. In Benin and Chad, health and social service professionals and peer educators improved their knowledge of delivering nutrition education and monitoring, HIV prevention and physiological support services to people living with HIV and other vulnerable populations, including orphans and vulnerable children. In Cameroon, malnourished people living with HIV enrolled on treatment benefited from revamped nutrition programmes, including food distribution, which

led to improved treatment adherence. In addition, treatment adherence and health outcomes among people living with HIV improved in Guinea, Mali and Sierra Leone as a result of food assistance and education programmes that were provided in partnership with national health authorities (WFP).

- 113.** Social protection programmes and integrated HIV and nutrition services improved the health outcomes and well-being of people living with HIV and vulnerable populations in emergency settings in 12 countries, thanks to the Joint Programme's support. Health-care workers, community workers and networks of people living with HIV strengthened their capacities to deliver HIV and nutrition services including assessment and counselling in nine countries. Social protection programmes in the region were also assessed to ensure their sensitivity to HIV and revitalize regional coordination in emergencies. In addition, seven countries developed pandemic preparedness and response strategies that draw on lessons from the COVID-19 pandemic, with a focus on community engagement to ensure continuity of essential health care and support services during health emergencies (WFP).
- 114.** Access to HIV and other essential health services and information among refugees, asylum seekers and internally displaced populations was improved in several countries following substantial support and advocacy from the Joint Programme. For example, all refugees residing in Burkina Faso are now included in the national health care system following implementation of the "Inclusion and Integration Strategy." In Cameroon, over 1100 people living with HIV in refugee camps and sites were enrolled on antiretroviral therapy in 2023 and 74% of them had undetectable viral load. In Chad, almost 240 000 adolescent and young refugees in South and Lake camps and key populations in host communities, including sex workers, were sensitized on HIV prevention and treatment services (UNHCR).
- 115.** Capacities to generate new strategic evidence are stronger thanks to the Joint Programme. For example, a regional capacity building workshop improved knowledge of data collection and analysis tools and indicators among 46 strategic information experts from 19 countries to strengthen HIV programmes and funding requests (UNICEF, WHO, UNAIDS Secretariat). A desk review of SRH, HIV and other STIs in humanitarian settings examined risk factors and access to health care services, strengthening evidence for a tailored HIV response in eight fragile countries (UNFPA).
- 116.** The Joint Programme also supported progress towards more sustainable health financing to improve availability of and access to people-centred services in countries. For example, a pivotal 2023 conference co-organized by the Joint Programme, amplified civil society's appeal for equitable financing and meaningful community involvement in driving sustainable health outcomes. During the event, 60 representatives of civil society organizations from western and central Africa improved their capacities for advocacy and leadership for HIV and health financing (UNAIDS Secretariat). The Joint Programme also provided critical guidance, and coordinated technical support and facilitation to 19 countries in developing evidence-informed and prioritized funding requests to the Global Fund Grant Cycle 7, successfully mobilizing over US\$ 2.7 million for the 2023–2025 period.

