

Introduction

UNAIDS – the Joint United Nations Program on AIDS – unites the efforts of 11 co-sponsoring organizations (UNFPA, UNHCR, UNICEF, WFP, UNDP, UNODC, UN Women, ILO, UNESCO, WHO, and the World Bank) and the Secretariat to end the AIDS epidemic effectively contributing to eradicate poverty and inequality. The UNAIDS Fast-Track approach seeks to frontload investments and reduce new HIV infections and AIDS-related deaths to fewer than 500 000 globally and to achieve the 90–90–90 testing, treatment, and viral suppression targets and the zero AIDS-related discrimination targets by 2020. Attaining these targets requires addressing poverty and inequality that exacerbates the vulnerability of people to HIV.

Paragraph 62(i) of the 2016 Political Declaration on HIV and AIDS contains a social protection target around which UNAIDS implements work on poverty and inequality. The target encourages Member States to strengthen national social and child protection systems to ensure that by 2020, 75% of people living with, at risk of or affected by HIV benefit from HIV-sensitive social protection. This target is human rights-based. It feeds into and benefits from promoting, protecting, and fulfilling all human rights and the dignity of all people living with, at risk of, or affected by HIV.

HIV poverty and inequality

The connection between poverty, inequality, and HIV risk is often indirect but well established. Earlier analyses that explored associations between income and HIV prevalence found high HIV prevalence among wealthier and more educated people. Recent studies show that HIV infections have declined more rapidly among more affluent and more educated people, and the pattern of high prevalence appears to be shifting towards less educated people. Further studies show that relative wealth or income inequality is associated with HIV risk, as is gender inequality. Almost 70% of people living with HIV live in sub-Saharan Africa, one of the world's poorest regions.

Evidence from sub-Saharan Africa and elsewhere that shows that social protection, including cash transfers and financial incentives, work in protecting people from HIV, mitigating the impact of HIV and increasing people's adherence to HIV treatment. The effects are amplified when the interventions are layered and combined. UNAIDS is applying this evidence in its work. UNAIDS works with The World Bank, ILO, UNICEF, WFP, UNDP, people living with HIV and others, to advise member states and partners in Fast-Tracking the implementation of HIV and social protection programmes focused on the following four pillars:

Pillar 1: Scale-up and progressively broaden sustainable social protection programs. These programs enhance care, support and treatment for people living with HIV, key populations – sex workers and their clients, gay men and other men who have sex with men, people who use drugs, prisoners, migrants and transgender people - adolescent girls and young women, vulnerable families and caregivers. A

combination of social protection approaches, including financial incentives, social assistance, and social, economic strategies, should be delivered in relevant geographical areas for appropriate populations, as required.

Pillar 2: invest in expanding access to primary, secondary, and tertiary schooling and pathways to employment as an effective HIV prevention strategy in countries with high HIV incidence. Predisposing factors that keep adolescents out of school or prevent them from remaining in school should be identified and addressed.

Pillar 3: Increase access to essential health services for people living with, at risk of, or affected by HIV by addressing barriers that prevent them from accessing health services. This may encompass advocating for access to free health care at the point of use; birth registrations for children; providing identity cards for populations likely to be excluded from accessing health services, such as migrants and transgender people; providing transport support for health-care appointments; food security and nutrition programmes; housing and related subsidies; and reducing stigma and discrimination.

Pillar 4: strengthen the active and meaningful engagement of civil society, in particular representatives of people living with, at risk of or affected by HIV, in the design and implementation of social protection to enable social protection programmes to meet the needs of such populations. Civil society organizations supported in strengthening administrative and financial management capacities to manage their affairs effectively and have the necessary resources and social protection literacy to engage in national social protection coalitions and processes.

Means of action

UNAIDS brings together governments and communities of people living with HIV from a robust platform of UN Joint Teams in more than 98 countries, working across the seventeen Sustainable Development Goals, in support of the country's national AIDS strategic plans, to ensure that no one is left behind in HIV prevention and treatment efforts.

- *Joint plans:* The Unified Budget, Results and Accountability Framework (UBRAF) brings together the efforts of the UNAIDS co-sponsors into one framework and thus reflects calls under the SDGs for issue-based coalitions, joint programming, joint teams, and contribution to consolidated results. In the 2018-2019 biennium, a total of US\$44 million UBRAF core resources were allocated to support activities under the Joint UN Plans of 71 countries. In 2020, US\$25 million

UBRAF core resources were allocated for activities under the 2020-2021 Joint UN Plans of 84 countries.

- *Policy advisory and advocacy services:* UNAIDS provides dedicated advisory and advocacy services globally and in-countries through dedicated UNAIDS Country Directors and staff that draws on the comparative advantages of 11 UNAIDS co-sponsors. Among the key activities is the support strategic national AIDS plans that pull together resources and partners and deliver nationally and locally on the ending AIDS. UNAIDS provides thematically tailored country support to countries on areas including the design and implementation of HIV prevention and support interventions targeting adolescent girls and young women, people living with, key populations, and others.
- *Monitoring and reporting on the indicators for poverty eradication-related Goals.* UNAIDS assists the Member States to monitor progress in implementing the Sustainable Development Goals 3 and related goals. It supported countries to collect, analyze, and use programmatic and population data periodically. UNAIDS hosts dedicated Global AIDS Monitoring (GAM) systems through which member countries report as part of their obligations from the 2016 Political Declaration to end AIDS. The reported data are utilized for national-level reviews (including the Global Fund to Fight AIDS TB and Malaria applications and similar reprogramming efforts).
- *Dissemination of information.* UNAIDS hosts publicly available and authoritative data on AIDS-related sustainable development goals and makes it accessible to Member States, United Nations organizations, and others to realize more fully the potential of collaboration across policy fields. In countries, UNAIDS helps member states to host open data, online platforms – situation rooms – with key disaggregated indicators across the SDGs.

Main achievements.

Notable achievements of UNAIDS work are:

- ***Increased the quality and productivity of labour:*** A record 37.9 million people living with HIV were accessing life-saving treatment, 770,000 people died of AIDS-related infections, and 1.7 million people acquired HIV at the end of 2018. More people living with HIV are living longer, healthier, and productive lives. Life expectancy has increased in the hardest HIV affected countries and regions by 17% from a decade long stagnation. Fewer children are being orphaned by AIDS, improving the supply and quality of the stock of labour. Extending coverage of ARV therapy to an additional 1% of a country's population is associated with a 6.7% increase in life expectancy. UNAIDS' work with communities directly affected by HIV is vital to increase access to life-saving ARVs.
- ***Contributed towards economic growth:*** The economic and poverty gains of widespread access to life-saving AIDS treatment and prevention are not only felt by households and communities, but by countries and regions. Expansion of ARV

had led to a 1.4 percentage point increase in growth rates in GDP per capita, and the positive effects on income growth likely persisted for at least four years. In sub-Saharan Africa, the results correspond to an increase in per capita income of \$14, accumulating to \$56, and explains a third of the region's growth miracle. The estimated benefits monetized in economic growth in a single year are at least 50% higher than the costs.

- **Strengthened the reduction of stigma and discrimination:** UNAIDS work on Stigma, discrimination, and homophobia shows the social and economic costs to countries' economic growth prospects. Widely proven is that economies of states with higher gender inequality grow lesser than more gender-equal peers. Less known is the cost of homophobia on countries' economies. Recent work by UNAIDS shows that more homophobic settings incur economic costs on their economies, amounting to around \$50 billion of gross domestic product per year, even in the more tolerant countries of Europe and North America. UNAIDS continues to address gender inequality, Stigma, and discrimination as a central pillar of its work.

Other achievements are:

Promote and support the integration of decent work and poverty eradication into national and international policies, strategies and programmes

- Contributes as a full member of the UN Resident Co-ordinator systems in the development and implementation of the UN Development Assistant Framework United Nations Sustainable Development Co-operation Framework (UNDSDCF) and Humanitarian appeals as primary country-level tools for the UN to support of poverty eradication and humanitarian responses in countries.
- Conducted people living with HIV led actions in collaboration with UNAIDS co-sponsors to accelerate ending HIV-related Stigma and discrimination committed to by the Member States in the 2016 Political Declaration on Ending AIDS in at least 30 countries in six settings: Household, Healthcare, Justice, Education, Workplace and emergency, and Humanitarian contexts.

Enhance national capacities to develop and implement strategies that give young women and men everywhere a real chance to find decent and productive work

- Women and girls bear the brunt of the epidemic fuelled by gender inequalities, including an epidemic of gender-based violence. Around 5400 young women aged 15-24 years become newly infected with HIV every week. In combination with proven HIV prevention methods, social protection helps quicken the pace of protecting women and girls. It empowers adolescent girls and young women,

keep them in school, reduce transactional sex and increase retention in care. HIV prevention, social protection impacts range from 25% - to 60% in Eastern and Southern Africa. These impacts are amplified when different elements of social protection are combined.

- More than 20 countries were assisted in conducting gender assessments that analyse the opportunities and barriers for women to access sexual and reproductive health services. UNAIDS further supports the implementation of the United States of America Government supported DREAMS – Determined Empowered Adolescents Mentored and Supported – partnerships in 14 countries. Through the partnerships, HIV and Social Protection services were saturated, focusing on adolescent girls and young women. In these sites, impressive reductions of new infections of over 40% over two years among adolescent girls and young women were noted.

Build the productive capacity and decent work opportunities needed for economic transformation and achieving the SDGs through the design and implementation of sectoral policies.

- UNAIDS advocated for an increase the HIV inclusiveness of social protection programmes. It conducted HIV and Social Protection Assessments in 16 countries to understand the barriers faced by people living with, at-risk and affected by HIV to access social protection benefits. Emerging out these assessments are Stigma and discrimination; lack of information on available programmes; Complicated procedures; Lack of documents; High out-of-pocket expenses; and Discriminatory laws or policies as important barriers to access social protection services including universal health coverage. Progress is achieved on HIV inclusive social protection programmes. In addition, UNAIDS developed a methodology to measure coverage of social protection of people living with HIV, orphans and vulnerable children and key populations, including sex workers.

Sources

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