



**Danish Organisation Strategy  
for  
UNAIDS**

**2017-2021**

**February 2017**

## 1. Objective

This organisation strategy for the cooperation between Denmark and UNAIDS underpins the Danish contributions to UNAIDS, and it is the central platform for Denmark's dialogue and partnership with the organisation. This ver.2.0 follows the first strategy for 2014-2016 and will to a large extent continue the priorities set there. This strategy outlines Danish priorities for UNAIDS' performance within the overall framework established by the UNAIDS 2016-2021 strategy "Fast-Track to End AIDS". In addition, it outlines specific results that Denmark will pursue in its continued cooperation with the organisation. Denmark will work closely with like-minded countries towards the achievements of results through its efforts to pursue specific goals and priorities.

UNAIDS is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care, and support. UNAIDS' 2016-2021 strategy is based on the vision of Zero new HIV infections; Zero discrimination; and Zero AIDS-related deaths and is well integrated into the SDG-agenda. The strategy outlines the essential action required to end AIDS as a public health threat by 2030. The aim of the strategy is to advance progress towards eliminating all new HIV infections especially among children, eliminate discrimination, eliminate AIDS-related mortality and deaths, and ensure young people's access to the HIV related- and sexual and reproductive health services they need. UNAIDS seeks to achieve its mission by uniting the efforts of the United Nations system, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV and AIDS.

## 2. The Organisation

### 2.1 Basic Data and Management Structure

UNAIDS is a joint programme of 11 United Nations organisations (called Cosponsors<sup>1</sup>) led by the **UNAIDS Secretariat**. The UNAIDS Executive Director, appointed by the Secretary-General of the United Nations, is supported by two Deputy Executive Directors. At global level, UNAIDS Secretariat operates through its Headquarters in Geneva.

At regional level, the Secretariat's activities are delivered through six **Regional offices**: Asia and Pacific; Europe and Central Asia; Middle East and North Africa; West and Central Africa; East and Southern Africa; Latin America and the Caribbean, as well as three liaison offices.

At country level, the UNAIDS Secretariat operates in 86 countries. Given its unique structure and mandate to bring together the resources of its Cosponsors in supporting countries' response to the epidemic, the Secretariat currently operates through the following models of representation:

- **Country offices** in 86 countries. In a number of cases country offices cover multiple countries or have a decentralized presence.
- **Professional staff posted in UN Resident Co-ordinator Offices** or assigned to work with **UN Joint Teams or Theme Group Chairs** where UNAIDS does not have a country office.

Established	1994, and launched in 1996
HQ	Geneva
Executive director	Michel Sidibé
Budget for 2016-2017	USD 485 million
Danish contribution in 2016	DKK 30 million (approx. USD xx million)
Human Resources	Approx. 700 (71% in the field)
Country offices	86 countries
Denmark member of Executive Board	2014-15
EB sessions	Semi-annually: June & December

UNAIDS is governed by a **Programme Coordinating Board** (PCB), which deals with all issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. The PCB comprises 22

<sup>1</sup> UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank, UNODC, ILO, WFP, UNHCR, and UNWOMEN

Member States, elected following a regional distribution and rotating on a three-year basis. In addition, all cosponsoring organizations and five NGOs are represented on the Board.

UNAIDS was the first - and is so far also the only - United Nations programme to have formal civil society representation on its governing body. The position of NGOs on the UNAIDS Programme Coordinating Board is critical for the effective inclusion of community voices in the key global policy forum for AIDS. Five NGOs, three from developing countries and two from developed countries or countries with economies in transition, represent the perspectives of civil society, including people living with HIV, to the UNAIDS board. They can serve for up to three years and have non-voting status. The 5 organisations have one representative each and are supported by 5 other NGO organisations, which stand as alternate members.

A committee of the eleven UNAIDS cosponsoring organizations serves as the forum for the Cosponsors to meet on a regular basis as a standing committee of the Programme Coordinating Board to consider matters of major importance to UNAIDS, and to provide input from the cosponsoring organizations into the policies and strategies of UNAIDS.

The **PCB Bureau** is the PCB's administrative unit, consisting of the Chair, Vice-Chair, Rapporteur, representatives from the Committee of Cosponsoring Organisations and civil society. It is intended to maximize the effectiveness and efficiency of the PCB. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work.

Denmark will work with likeminded countries in the PCB to promote Danish priorities, not least the constituency of Denmark, Finland and Norway and also in close collaboration with the constituency of Austria, Iceland, Sweden and Switzerland. Furthermore, Denmark will support and carry forward the tradition of joint Nordic annual consultations with UNAIDS.

## **2.2 Mandate and Mission**

UNAIDS is the main advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS epidemic.

The mission of UNAIDS is to end the AIDS epidemic as a public health threat by 2030 by reaching certain 2020 milestones and targets, and to inspire the world in achieving universal access to HIV prevention, treatment, care, and support by:

- Political mobilization and keeping HIV high on the global agenda
- Uniting the efforts of UN Cosponsors, civil society, national governments and institutions, the private sector, global institutions and people living with and most affected by HIV as well as
- Sustaining Mobilization of political, technical, scientific and financial resources and leadership, to support countries to make optimal use of domestic and international resources to fast-track the response to AIDS.
- Speaking out in solidarity with vulnerable populations and the people most affected by HIV in defence of human dignity, human rights and gender equality
- Providing strategic information and ensuring that AIDS policies, strategies, and programming are evidence- and rights based so that no one is left behind
- Supporting inclusive country leadership for comprehensive and sustainable responses that are integral to and integrated with national health and development efforts.

UNAIDS was very actively engaged in shaping and developing the SDG-agenda not least based on its clear focus on and experience with driving the "Shared Responsibility" and the "Leaving-No-One-Behind" agendas. In addition UNAIDS is well organised to deliver on the SDGs due to its unique comparative advantage in achieving synergies and foster innovations across health and development through cross-sector and multi-stakeholder collaboration between the cosponsoring UN agencies.

### **2.3 Mode of Operation**

The main role of the UNAIDS Secretariat is to provide leadership of the HIV/AIDS architecture and ensure coherence and coordination among its cosponsors. UNAIDS marshals progressive evidence based policies that ensure that resources are targeted where they deliver the greatest impact. This is done by bringing awareness about HIV, mobilising political will and financial resources, collecting and distributing strategic information and scientific evidence on the epidemic and response, establishing global and national strategic plans on AIDS, and rendering technical assistance to ensure their effective implementation.

UNAIDS has played a particular role in taking AIDS out of isolation by emphasising the intersectionality between health and education, the interface between gender and HIV and the impact of HIV on maternal and child health, adolescents and in particular young women. UNAIDS operates based on an advanced and progressive human-rights based approach to the HIV/AIDS-response by emphasising the emergency and cost of inaction. UNAIDS is a successful advocate for meaningful responses to the needs of key populations including men who have sex with men, sex workers, transgender people and drug users in even the most challenging contexts. At national level, UNAIDS facilitates the connection of government and community responses.

The institutional make up of UNAIDS as a broad based partnership of international organizations, governments and civil society and the unique international legitimacy of the UN has made it possible for UNAIDS to address issues of human rights, sexual and reproductive health and rights (SRHR) and gender equality in a unique and pragmatic way. In the broader HIV/AIDS architecture, UNAIDS plays a pivotal role in advocacy, strategic data analysis and policy guidelines, whereas WHO covers the normative and standard-setting work and the Global Fund finances the national response plans – together with donors.

### **2.4 Results so far and Effectiveness of the Organisation**

During the past 20 years the efforts of different partners have ensured a sense of urgency around AIDS which has succeeded in placing the HIV epidemic high on the global agenda and generated broad commitment from governments, the private sector, philanthropic trusts and civil society. UNAIDS has been at the frontline of these efforts. The target on global investments in the AIDS response (22-24 billion USD annually) has largely been met. In 2015, approximately 20 billion USD was invested in the AIDS response in low- and middle-income countries, of which more than half came from domestic resources.

In many ways the international response for the HIV/AIDS can be seen as a show case for international cooperation also in respect of other diseases, global health in general and of development cooperation. Furthermore, UNAIDS has played a leading role in the movement towards investing more strategically in the AIDS response, originally condensed in the "Investing for results framework" This has been further developed with the fast track approach - an effort central to many partners, not least the Global Fund (GF). Investment analyses implementing countries' demand and adjust resource allocations according to evolving epidemic patterns and focus on the most effective interventions. Investment analyses also support GF to optimise the impact of its investments. Since 2002, UNAIDS has supported more than 100 countries in mobilising and effectively using USD 16 billion disbursed by GF. UNAIDS has also been advancing access to life-saving medicines, e.g. in 2015, where a landmark agreement was reached to reduce the price for early infant diagnostics with more than 35%.

UNAIDS has contributed to the impressive results in the fight against HIV/AIDS globally. The latest UNAIDS data, covering 160 countries, demonstrate both the enormous gains already made in the general AIDS response and challenges in the coming years. These are gains that UNAIDS have substantially contributed to, but is not solely responsible for. During the past two years the number of people living with HIV on antiretroviral therapy has sharply increased and in 2015 17 million people were receiving lifesaving HIV treatment, 2 million people more than the target set forth by the United Nations General Assembly in 2011. Since the first global treatment target was set in 2003, annual AIDS-related deaths have decreased by 43%. In the world's most affected

region, eastern and southern Africa, the number of people on treatment has more than doubled since 2010, reaching nearly 10.3 million people. Moreover, AIDS related deaths in the region have decreased by 36% since 2010.

The world is also on track to eliminate mother to child transmission. Substantial progress has been made since UNAIDS introduced the Global Plan to eliminate new HIV infections in children and keep mothers alive in 2010. In 21 of the 22 countries targeted by the plan, 1.2 million paediatric HIV infections have been averted. In 2015, 77% of pregnant women living with HIV globally had access to antiretroviral medicines to prevent transmission of HIV to their babies.

At the same time, in 2015, there were 2.1 million new HIV infections worldwide, adding up to a total of 36.7 million people living with HIV. The latest UNAIDS report shows an alarmingly slow pace in the decline of new HIV infections among adults in recent years. The estimated annual number of new infections among adults has remained nearly static at about 1.9 million, masking striking regional disparities that need to be addressed. The largest reduction in new adult infections occurred in Eastern and Southern Africa (4%) and at the other end of the scale is Eastern Europe and Central Asia where the annual number of new HIV infections has increased remarkably (57%).

Since the beginning of the epidemic more than 35 million people have died due to AIDS and more than 70 million have been infected. In 2015, 1.1 million needlessly lost their lives. HIV is among the leading causes of death among children under five years, adolescents and women of reproductive age. This presents a serious challenge to global health and development.

Harmful gender norms and inequalities, obstacles to education and sexual and reproductive health services, poverty, food insecurity and violence are among the key drivers of increased vulnerability. Young people and adolescents, especially young women and girls, are still being left behind in the AIDS response, and with the current demographic trends of growing young populations, the challenge of reaching young people is not expected to diminish. Today young women 15–24 years old and adolescent girls are at a disproportionate high risk of HIV infection globally and in 2015 young women accounted for 20% of new HIV infections among adults globally, despite accounting for just 11% of the adult population. In Sub-Saharan Africa, young women account for 25% of new HIV infections among adults. In 2015, 450,000 new infections occurred among adolescent girls and young women aged 15-24, which translates into 8,600 new infections per week.

Key populations accounted for approximately 20% of new HIV infections in Sub-Saharan Africa. In central Asia, Europe, North America, the Middle East and North Africa more than 90% of new HIV infections in 2014 were among people from key populations and their sexual partners, including gay men and other men who have sex with men, sex workers and people who inject drugs (PWID). These population groups are still not being reached with HIV prevention and treatment services despite having the highest HIV prevalence globally. New infections among people who inject drugs have not declined notably. Between 2010-2014, preliminary UNAIDS analysis indicates only a 2% decline in new HIV infections in PWID based on data from 36 countries (excluding Russia where infection is thought to be spreading rapidly).

Recent updated UNAIDS estimates indicate that USD 26.2 billion will be required for the AIDS response in 2020, with USD 23.9 billion required in 2030. There is still a clear need to front-load investments for the HIV/AIDS response in the years to come, recognising that the next few years will be very critical to achieve the goal of ending the epidemic of AIDS by 2030.

## **2.5 Effectiveness of the Organisation**

Based on the results reporting of the first organisation strategy (2014-2016), Denmark has overall been very satisfied with UNAIDS' achievements.

Firstly, UNAIDS has a continued strong and clear focus on social progress, human rights and gender equality, not least demonstrated during the development of the updated strategy for 2016-

2011 and the 2016 Political Declaration on HIV/AIDS. Furthermore, UNAIDS' Secretariat has played a central role in ensuring that voices and interests of key populations are part of country dialogues, for instance UNAIDS facilitated the submission of HIV or HIV/TB concept notes to GF in more than 40 countries.

In recent years, UNAIDS has put substantial efforts to address gender-based violence as a health and human rights issue, and advocacy to strengthen the coordination of multi-sectoral responses has been made by the Joint Programme globally. For instance, UNAIDS helped at least ten countries integrate gender-based violence in their national HIV strategic plans; more than 80% of Joint Teams on AIDS have reported that policies or legislation addressing violence against women and gender equality was in place, and the UNAIDS Inter-Agency Team on Young Key Populations have organized national dialogues in 19 Asian and Pacific countries to review legal and policy barriers that limit access to services for people living with HIV. These efforts influenced the Government of Bangladesh to recognize transgender persons.

Secondly, when it comes to promoting human dignity, human rights, and gender equality, UNAIDS has been at the forefront of and fully in line with the Guidance Note on a Human Rights Based Approach to Denmark's Development Cooperation. UNAIDS' efforts on human rights and social justice, in particular key populations, has served as an inspiration to other international organisations, funds and programs, as well as to the 2030 Agenda including the health SDG3 (Ensuring healthy lives and promoting well-being for all at all ages). Maintaining a strong focus on leaving no one behind will be central to be able to end the epidemic, as targeted approaches towards the most vulnerable groups have shown the highest impact.

As an example, UNAIDS supported successful efforts to stop the adoption of new anti-homosexuality legislation in DRC and Chad, and supported the adoption of HIV legislation with protective provisions for people living with HIV across the region. In the Caribbean and Eastern Europe and Central Asia, the UNAIDS Secretariat held regional workshops on integrating human rights into national strategic HIV plans and frameworks, thereby bringing together key stakeholders and Cosponsors across the region.

Thirdly, UNAIDS has for years actively promoted an HIV response integrated with other health and development sectors both on global and country-level. In general, better integration of healthcare services is seen to stimulate effectiveness, efficiency gains and secure the capacity for continued scale-up response in low- and middle-income countries. Ending AIDS cannot be achieved only through health sector efforts but must be addressed in a multi sectorial way e.g. through education.

Overall, the AIDS response has strengthened health systems and made substantial gains towards integrating HIV and broader health services, as well as non-health programmes. At the end of 2014, UNAIDS reported that more than 90% of reporting countries stated that HIV had been mainstreamed into broader development frameworks. Many strides have been made in eliminating parallel systems but countries are still at different stages with HIV integration.

And fourthly, the UNAIDS progress of fighting corruption and the continued reform process has been satisfactory. Within both priority result areas of the former organisation strategy, the targets set have been met. In addition, the substantial development of the Unified Budget, Results and Accountability Framework (UBRAF) has been a major step forward for the organisation.

Overall the impact of the joint programme both globally and locally is impressive, especially considering UNAIDS' low share of the total funds invested in the global AIDS response. UNAIDS receives less than 1% of total investments in low and middle income countries in 2015.

### 3. Key Strategic Challenges and Opportunities

#### 3.1 Relevance and Justification of Future Danish Support

Support to UNAIDS is directly in line with the priorities of Denmark's Development Cooperation, including the aim at placing Denmark at the forefront of international efforts to promote sexual and reproductive health and rights (SRHR), including the fight against HIV/AIDS.

UNAIDS has for many years been a key partner for Denmark in the international response to HIV/AIDS. The organisation has a strong record in the field of human rights, and the present management team has a very high profile in human rights related fields including SRHR. To UNAIDS, HIV is about three things: health, dignity and security.

Denmark is strongly committed to the SDGs, and UNAIDS is a key international actor in the efforts to achieve SDG 3 "Ensure healthy lives and promote wellbeing for all at all ages" as well as other goals, not least SDG 5 (gender equality), 10 (reduced inequalities), 16 (peace, justice and strong institutions) and 17 (partnerships).

Support for the development of a strong and independent civil society which fights for the most vulnerable and marginalised people and gives them a voice in the struggle for their rights is at the heart of Denmark's human rights-based approach to development. UNAIDS' interaction with civil society at country level and the unique civil society involvement at board level concurs with this approach.

UNAIDS is a strong advocate for HIV/AIDS as a catalyst for combating discrimination. Sensitive issues such as sexual and reproductive rights and the most vulnerable groups - men who have sex with men, sex workers and drug users - are successfully being confronted and debated. UNAIDS conducts high level advocacy with world leaders around social inclusion, shared responsibility, equal access to health care and rights of vulnerable populations and LGBTI.

Denmark's strategy for the response to HIV/AIDS and SRHR has always emphasised the importance of prevention. Although the distinction between prevention and treatment has become less clear with the advent of mass treatment, striking an effective balance is still important. UNAIDS concurs in this and is currently strengthening efforts.

#### 3.2 Major Challenges and Risks

The main operational risk relates to UNAIDS' current financial situation, while the main financial risk relates to currency fluctuations, which is mitigated through hedging of income as well as expenditures. The risk of misuse of funds in UNAIDS is overall perceived as limited.

Since the advent of the global financial crisis shrinking donor contributions has been an issue. Globally, donor governments have been under pressure to reduce budgets and find ways of countering the negative effects of the financial crisis, for instance by reducing their development assistance spending or renegeing on their previous funding commitments. The challenges to respond to the current changes in migration have further put funding for development under pressure.

Changing international priorities is considered a risk, especially after 2015 when the SDGs replaced the MDGs. Ending the AIDS epidemic - is now one of 13 health indicators - under the overall health SDG goal. Compared to the situation during the MDG era, where there were 3 health goals out of 8 goals in total, and with AIDS very prominently positioned among these, it is a reality that UNAIDS will have to compete more for attention and funding in coming years. At the same time, the number of global health partnerships and other actors in international health keeps growing, thereby increasing the demands for funding. This could also be the case with antimicrobial resistance, which was not included in SDGs.

UNAIDS has not been able to fully mobilise funds in accordance with its core budget in 2014 and in 2015. In 2016, this situation has worsened due to the sudden and significant cuts by several key

donors, incl. Nordic countries' at the same time, corresponding to 30% decrease in income. Even though substantial savings and efficiency measures have reduced overall expenditures, this has left UNAIDS in a very difficult financial situation that threatens its programmatic achievements and might also bring the Joint-programme model at risk. Although UNAIDS has started focusing on achieving greater impact, the pressure on the organisation to make the structures leaner and adapt to less generous funding will grow. This pressure may encourage UNAIDS to further strengthen its cooperation with the private sector that can complement the traditional partnerships.

UNAIDS has a risk management policy and a structured enterprise risk management system, supported by several internal control policies that address risk mitigation. These include the WHO Internal Control Framework, Fraud Prevention Policy, Fraud Awareness Guidelines, Whistle Blowers Protection Policy and Financial disclosure policies issued by UNAIDS. A recently revised procurement manual provides for standard anti-corruption and anti-fraud clauses to be incorporated in commercial contracts and funding agreements.

UNAIDS is not as risk-prone as e.g. a financing institution with large-scale procurement like GF. Unlike GF, UNAIDS does not use its (much smaller) budget to fund national or local programmes; two thirds of the budget is managed by the Secretariat, of which approximately two thirds go towards staff costs. The remaining one third of the total core budget is allocated to the Cosponsors as implementers. No new cases of fraud or corruption have been reported in 2014 and 2015. Furthermore, there are no unresolved cases of fraud or corruption. Furthermore, UNAIDS has had an unqualified auditor's report (a "clean audit") both in 2014 and 2015.

Increasing opposition to the inclusion of men who have sex with men, sex workers and drug users from conservative states and fundamentalist organisations threatens the effectiveness of the response to HIV/AIDS in a number of countries. Not all countries support the inclusion of people whose sexual and substance use practises may be forbidden by national laws. In some countries the opposition to inclusion is vocal, widespread and sometimes violent which underlines the continued need for UNAIDS' advocacy work as well as an increased use of Cosponsors for a concerted effort to promote international covenants. During the last two years, the dialogue in the PCB on these issues has been increasingly difficult and the use of the full SRHR-language incl. Comprehensive Sexuality Education (CSE) was seriously challenged during the development of the updated strategy and like-minded donors will have to be alert and active to avoid further attempts to water down rights-language.

#### **4. Priority Results of Danish Support**

The priority results defined for Denmark's interaction with UNAIDS will be aligned with priorities of the Strategy "The World 2030 Denmark's strategy for development policy and humanitarian action". The strategy emphasises that Denmark's overriding aim in international development cooperation is *to fight poverty, enhance sustainable growth and development, economic freedom, peace, stability, equality and a rules-based international order*. To a very high degree, the priority result areas of this organisation strategy can be seen as a continuation of the ones in the previous strategy, taking into account the changes of the global society. This also reflects the fact that the UNAIDS 2016-2021 strategy is an updated strategy more than a new strategy and, furthermore, that the Human Rights Based Approach (HRBA), as well as non-discrimination, participation, inclusion, transparency and accountability remain at the centre of the Danish response to HIV/AIDS, sexual and reproductive health and rights (SRHR) and health.

Denmark will continue to place issues of human rights and access to social services high on the agenda in multilateral forums and be at the forefront of international efforts to promote SRHR, an area where the fight against HIV/AIDS has a special priority.



Denmark will promote the integration of a human rights-based approach in the multilateral organisations and works to advance SRHR for all, including for key and vulnerable populations e.g. in humanitarian settings.

UNAIDS' "Smart Investments" and "Fast track" approach is in accordance with Denmark's aim of working towards ensuring focus on the least developed, fragile and poorest countries with the highest disease burden.

Denmark will continue to emphasise the necessity of resilient and sustainable systems for health in the dialogue with the organisation. While civil society plays a crucial role in mobilising an effective response – and receives much support from UNAIDS in the fields of gender equality and human rights - national health systems continue to be key in ensuring access to correct, effective and inclusive treatment and follow-up where antiretroviral treatment is required.

Denmark will concentrate its work with UNAIDS in the following focus areas which provide the best fit Denmark's strategic priorities:

**A. Ensuring that UNAIDS' clear focus on human rights, including equity and gender equality, is maintained**

Stigma, discrimination and other human rights violations are impeding results of the HIV/AIDS response in all regions across the world. As an example, structural conditions such as punitive laws, policies and practices leave some populations without access to HIV services and violations of women's and girls' rights leave them increasingly vulnerable to HIV. Often, HIV-related discrimination is intertwined with other types of discrimination based on gender, sexual orientation, gender identity, race, disability, drug use, immigration status or being a sex worker, prisoner or former prisoner. Likewise, SRHR needs of displaced or refugee populations are often forgotten.

UNAIDS will address problems of stigma and discrimination with efforts to empower people living at risk of or affected by HIV to know their rights and access services. Furthermore, UNAIDS encourages countries to remove punitive laws, policies and practices, including travel restrictions and mandatory testing, that impede the overall effectiveness of the AIDS response and disproportionately affects some population groups. In addition one of the three strategic milestones for the 2016-2021 UNAIDS strategy is to ensure elimination of HIV-related discrimination by 2020.

Denmark will follow UNAIDS' initiatives under UNAIDS Strategy Results Area 6: *Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed*. This includes supporting legal and policy reforms that create barriers for HIV prevention, promoting legal literacy and access to justice for people living with HIV as well as reducing stigma and discrimination in health settings (Output 6.1, 6.2 and 6.3 of the 2016-2021 UBRAF, see Annex 1).

**B. Ensure that young people, especially young women and adolescent girls, have access to prevention.**

The gains in expanded access to HIV services have been unequally distributed and the burden of HIV among young people is increasing. To end AIDS as a public health threat by 2030 and contribute to the reduction of inequality as set out in SDG 10, it is quintessential to ensure access to services, including prevention, for all and close the gaps in services, especially for young people and adolescents.

Globally, seven out of ten adolescent girls and young women aged 15-24 do not have knowledge of HIV. Adolescent girls and young women account for 62 % of new infection among young people globally and as much as 71 % in Sub-Saharan Africa. Furthermore, the AIDS-related deaths among adolescents (10-19 years) rose by 50 % between 2005 and 2013, and AIDS is the leading cause of death among adolescents in Africa. This makes it clear that young people and adolescents, as a group, have been left behind in the efforts to combat HIV and AIDS.

Young people need to have independent access to youth-friendly HIV, sexual and reproductive health and harm reduction information and services; be able to obtain quality comprehensive sexuality education; be meaningfully engaged in the HIV/AIDS response; and be empowered to protect themselves from HIV.

Denmark will follow UNAIDS' efforts in obtaining Strategy Results area 3: *Young people, especially young women and adolescent girls have access to combination prevention services and are empowered to protect themselves from HIV* (Output 3.1 and 3.2 of the 2016-2021 UBRAF, see Annex 1).

### **C. Continued Reform and Risk Management**

UNAIDS has continued to increase its efforts to improve organisational performance. The Unified Budget, Results and Accountability Framework (UBRAF) is key to this. The UBRAF is a unique instrument (and the only one of its kind within UN) as it brings together the efforts of the Secretariat and the 11 Cosponsors to operationalise the strategy. The framework has been further improved since the mid-term review of the 2011-2015 frameworks and as part of development of the 2016-2021 Strategy and the alignment with the SDGs (See Annex 2). Notably, there is a clearer and more simple structure; a stronger link between resources and results; explicit criteria for the allocation of resources; fewer/prioritised outputs (20 compared to 64 in the 2012-2015 UBRAF); improved reflection of regional differences and priorities; more clarity on the roles and functions of the Cosponsors and Secretariat; as well as a theory of change linking UBRAF outputs to higher level results, explaining how the Joint Programme contributes to outcomes and impact. There is however, still a need for continued improvement of the framework to facilitate the request from member states to better showcase results and "value for money" of the Cosponsors.

Denmark will work to ensure that UNAIDS remains "fit for purpose". This means continued improvement of the management systems and of UNAIDS' organisational efficiency and co-ordination with other UN organisations, including monitoring and evaluation, and ensuring that the commitments of the strategy are fulfilled and documented. This will also include monitoring that the good results in curbing costs and achieving efficiency gains are sustained.

Having said this, it should be noted that UNAIDS after years of a relatively stable budget and income has, as mentioned, encountered a drastic reduction in funding in 2016. This is due to a sudden decrease in several key donors' core support. A development also experienced by other UN programmes. This has forced UNAIDS to make some drastic organisational adjustments and savings in the Secretariat but has also led to a decrease in the funds channelled through Cosponsors. The fall in income and the accompanied adjustments will influence - or rather hamper - the implementation pace of the strategy - at a time when acceleration and frontloading have been emphasised as key to achieving the 2020-targets and the goal of ending AIDS as a public health threat by 2030.

As mentioned earlier, UNAIDS is not as exposed to operational risks as other organisations. UNAIDS' funding provided to the Cosponsors is managed by the Cosponsors through their own internal control, audit and accountability mechanisms.

Denmark will follow the development of the risk management system and support efforts of UNAIDS management and Board to establish effective systems that will secure a constant focus on proper financial management and strengthen the anti-corruption efforts. This will primarily be done by following the implementation of the Risk mitigation plan.

## **5. Preliminary budget overview**

UNAIDS' approved budget for the two years of 2016 and 2017 amounts to USD 485 million (unchanged for the fourth consecutive bienna) to be allocated between the 11 Cosponsors and the Secretariat. At the outset, approximately one third of the core UBRAF funds were allocated to the Cosponsors in the budget for 2016-2017.

Historically, approximately 90 pct. of UNAIDS Secretariat's total budget comes from core UBRAF contributions. UNAIDS' activities take place at global, regional and country level, with progressive shifts to allocate more resources at country level, with particular focus to Fast-Track countries, where the majority of new HIV infections take place.

The budget allocated for the Danish contribution for UNAIDS in 2016 and the coming years is shown in the table below:

**Table 1 Indicative budget for Denmark's engagement with UNAIDS<sup>2</sup>**

<b>Contributions in DKK millions</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Core funds</b>	30	30	25	25	25
<b>Earmarked funds</b>					
<b>Totals</b>	30	30	25	25	25

Denmark's contribution to UNAIDS in 2015 (45 million DKK) ranked as no. 8 (both core and total contributions). Due to the budget pressure, the Danish contribution in 2016 was reduced to DKK 30 million. The budget proposed for 2017 is at DKK 30 million.

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<sup>2</sup> The numbers for 2017-2020 are preliminary and subject to parliamentary approval.

## Annex 1: Summary Results Matrix

The matrix below shows the chosen Danish priority results (cf. Chapter 4) and the related set of indicators and targets chosen from the UBRAF.

<b>Danish Priority Result A: Ensuring that UNAIDS' clear focus on human rights, including equity and gender equality, is maintained</b>		
<b>Danish Priority Result A is linked to UNAIDS Strategy Results Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed</b>		
<b>Outputs</b>	<b>Indicator</b>	<b>Baseline and milestones</b>
6.1 HIV-related legal and policy reforms catalysed and supported	Percentage of countries positively addressing laws and/or policies resending barriers to HIV prevention, treatment and care services	<b>Baseline:</b> With the exception of four countries (over a sample of 62 countries) all had some law or policy that present barriers to delivery of HIV prevention, testing and treatment services <b>Milestones (2017 and 2019):</b> progress in 20% of countries from baseline and from 2017 <b>Target (2021):</b> progress in 20% of countries from 2019
6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded	Percentage of countries with mechanisms in place providing access to legal support for people living with HIV	<b>Baseline:</b> All countries: 44% (28/64) Fast-Track countries: 44% <b>Milestones (2017 and 2019):</b> 60% and 65% <b>Target (2021):</b> 70%
6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care	Percentage of countries with measures in place to reduce stigma and discrimination in health settings	<b>Baseline:</b> All countries: 21% (13/63) Fast-Track countries: 31% <b>Milestones (2017 and 2019):</b> 40% and 50% <b>Target (2021):</b> 60%

<b>Danish Priority Result B: Ensure that young people, especially young women and adolescent girls, have access to prevention.</b>		
<b>Danish Priority Result B is linked to the following UNAIDS strategic directions: UNAIDS Strategy Results Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.</b>		
<b>Outputs</b>	<b>Indicator</b>	<b>Baseline and milestones</b>
3.1 Targeted combination prevention programmes defined and implemented	Percentage of countries with targeted combination prevention programmes in place	<b>Baseline:</b> All countries: 19% (12/63) Fast-Track countries: 38% <b>Milestones (2017 and 2019):</b> 50% and 60% <b>Target (2021):</b> 70%
3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened	Percentage of Fast-Track countries that are monitoring the education sector response to HIV and AIDS	<b>Baseline:</b> 38% (6/16) <b>Milestones (2017 and 2019):</b> 50% and 60% <b>Target (2021):</b> 70%
	Percentage of Fast-Track countries with supportive adolescent and youth sexual and	<b>Baseline:</b> 75% (12/16) <b>Milestones (2017 and 2019):</b> 85% and 90% <b>Target (2021):</b> 90%

	reproductive health policies in place	
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<b>Danish Priority Result C: Continued Institutional Reform Process and Risk Management</b>		
<p><b>Danish Priority Result C is linked to UNAIDS Secretariat Results Indicator S.5: Governance and mutual accountability: The Secretariat is responsible for ensuring mutual accountability of the Joint Programme to optimally deliver on the Joint Programme’s shared mission, vision and strategy. This i.e. demands strategic coherence, a results-based focus, alignment of resources with corporate priorities, and ensuring that the Joint Programme speaks with one voice.</b></p> <p>It is suggested that the two (out of four) following indicators are used as the best proxies to measure Continued Reform and Risk Management</p>		
<b>Indicators</b>	<b>Baselines 2015</b>	<b>Milestones 2017 and 2019/Targets 2021</b>
Achievement of effectiveness criteria and efficiency targets	90%	100%
Implementation of risk mitigation plan	N/A	2017: 80% 2019: 90% 2021: 100%

An annual performance monitoring report is the primary tool used to report to the PCB on results against the UBRAF. It will include a narrative highlighting the Joint Programme’s contributions, progress against indicators, expenditures, case studies, and key evaluation findings; and will be complemented by annual financial reports prepared for the PCB, and is distinct from the UNAIDS global AIDS response progress reporting and the progress report of the Secretary-General on AIDS, which present progress against global AIDS targets and commitments, beyond the contributions of the Joint Programme.

UNAIDS reports on the UBRAF through the Joint Programme Monitoring System (JPMS). Financial management and reporting is based on modern, internationally recognized accounting principles (IPSAS).

## Annex 2: The Structure of the UBRAF

