



**Joint United Nations  
Programme of Support on  
AIDS in Liberia  
(2022 – 2026)**

JANUARY 2022

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## **ACRONYMS**

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DP	Development Partners
eMTCT	Elimination of Mother-to-Child Transmission of HIV
EVD	Ebola Virus Disease
FGM	Female Genital Mutilation
FSW	Female Sex Workers
GAM	Global AIDS Monitoring
GDP	Gross Domestic Product
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
HTS	HIV Testing Services
IAPT	Inter-Agency Programme Team
IBBSS	Integrated Bio-Behavioural Surveillance Survey
ILO	International Labour Organization
JUNTA	Joint United Nations Team on AIDS
JUPSA	Joint United Nations Programme of Support on AIDS
KP	Key Populations
LCC	Liberia Council of Churches
LCM	Liberia Coordinating Mechanism
LDHS	Liberia Demographic and Health Survey
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
LIBNEP+	Liberia Network of People Living with HIV and AIDS
LIWEN	Liberia Women Empowerment Network
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men who have Sex with Men
NAC	National AIDS Commission
NACP	National AIDS & STI Control Program
NCPI	National Commitment and Policies Instruments
NDP	National Development Plan
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAPD	Pro-Poor Agenda for Prosperity and Development
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PWID	People Who Inject Drugs
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
TLD	Tenofovir, Lamivudine, and Dolutegravir (ART Combination)

TVET	Technical and Vocational Education and Training
TWG	Technical Working Group
UNCT	United Nations Country Team
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

## **FOREWORD**

The Joint United Nations Programme on HIV and AIDS (UNAIDS), a UN partnership composed of 11 Cosponsors and the Secretariat (the Joint Programme), leads the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals.

In Liberia, the strong efforts of the UN in the HIV response will be guided by this Joint Programme of Support, underpinned by the UN Sustainable Development Cooperation Framework (Cooperation Framework) (2020- 2024), National HIV and AIDS Strategic Plan for Liberia (2021 – 2025), Global AIDS Strategy (2021 – 2026), and specifically the Unified Budget, Results and Accountability Framework 2022–2026 (UBRAF).

The world has committed to End AIDS as a public health threat by 2030, with bold new targets and policies to be reached by 2025, defined in the Global AIDS Strategy 2021–2026, 'End Inequalities, End AIDS', and 2021 Political Declaration on HIV and AIDS: *Ending Inequalities and Getting on Track to End AIDS by 2030*. Strong partnerships and mutual accountability are key to achieving these targets, and the United Nations presents this document to enhance its coherence and effectiveness in its support to the National HIV Response.

The accountability framework defined in this document, which is in line with the Governance, Management and Accountability Arrangements of the Cooperation Framework, aim to strengthen the UN's coordination in the HIV response. It is my expectation and hope that working with all partners in a harmonised and coordinated manner, the UN can continue to support the National HIV Response in more concrete and measurable ways.



**Mr Niels Scott**

**United Nations Resident Coordinator**

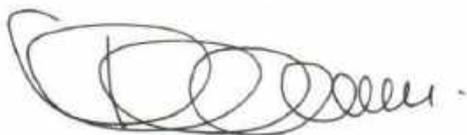
## **ACKNOWLEDGEMENTS**

UNAIDS is pleased to present this Joint UN Programme of Support on AIDS (2022 – 2026), which should help the UN coordinate better and be more strategic in its support to the National HIV Response in Liberia. Its development was done through a desk review and consultations, with different stakeholders involved in the HIV Response. UNAIDS wishes to acknowledge with gratitude the valuable support and contribution by different stakeholders who made development of this programme document possible. In particular, the National AIDS Commission, National AIDS Control Programme and the Programme Coordinating Unit of the Ministry of Health, USAID, FHI 360, Plan International, LIBNEP+ and Stop AIDS Liberia.

Sincere thanks to members of the Joint UN Team on AIDS i.e., ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UN Women, WFP and WHO, whose inputs and time commitment demonstrate a willingness to continue working towards Delivering as One, also in the HIV Response.

Technical support for the development of this joint programme document was provided by Mr. Timi Owalabi whose tenacity in turning around a sound document within a period of one month is commendable.

UNAIDS also wishes to thank all stakeholders who have worked with and continue working in support of the Government of Liberia's Vision of "An AIDS-free Liberia, with Zero new infection, Zero AIDS-related death and Zero AIDS-related stigma and discrimination by 2030", part of the Global Goal of Ending AIDS by 2030.



**Ms Pepukai Chikukwa**  
**UNAIDS Country Director**

## **EXECUTIVE SUMMARY**

The Joint UN Programme of Support on AIDS (2022 – 2026) provides a framework by which the United Nations in Liberia coordinates and supports the National HIV Response. It is aligned to the UNSDCF (2020- 2024), National HIV and AIDS Strategic Plan for Liberia (2021 – 2025), Global AIDS Strategy (2021 – 2026), and specifically to the Unified Budget, Results and Accountability Framework 2022–2026 (UBRAF).

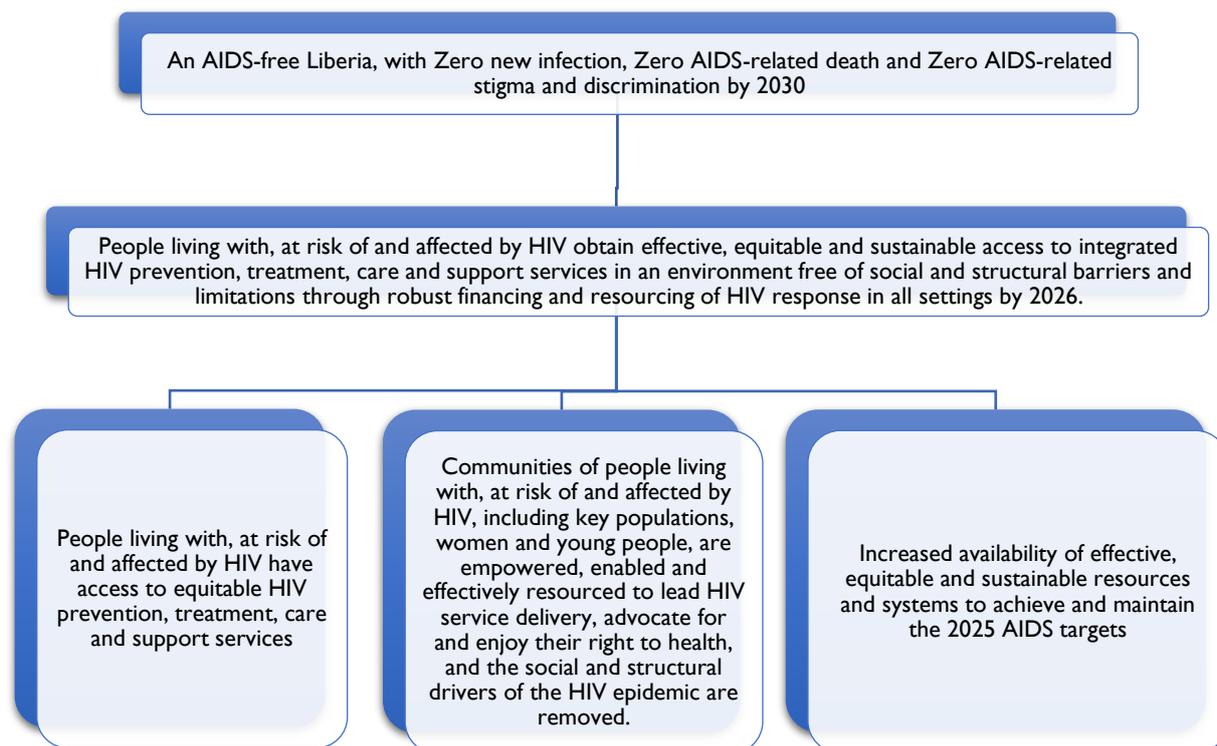
Liberia’s HIV epidemic can be classified as both low-level generalized in the wider population and concentrated in certain population groups i.e., key populations. HIV prevalence among the general population declined from 2.1% in 2013 to 1.1% by the end of 2020. Women remain more vulnerable to HIV compared to men; the gender disparity is more apparent among young women (15-24 years), where prevalence is three times higher than in males of the same age group. However, HIV prevalence amongst key populations increased significantly between 2013 and 2018. For instance, HIV prevalence in Men who have Sex with Men (MSM) was 37.9%, increasing from 19.8% in 2013, while prevalence in female sex workers increased from 9.8% in 2013 to 16.7% 2018. An estimated 75% of people living with HIV are in 3 counties: Montserrado, Margibi and Grand Bassa with a combined prevalence of 2.7%. Other concerns are the high mother to child transmission rates of 15%, low early infant diagnosis of 30% and HIV treatment coverage in children of barely over 30% and that of adult men at 37%. Stigma and discrimination related to HIV remains very high, with over half the respondents in a Demographic and Health Survey (2019-2020) reporting discriminatory attitudes such as fear to buy vegetables from a person living with HIV. Ninety-eight percent of funding for HIV response comes from three major partners- Global Fund, PEPFAR/USAID, and the United Nations. Despite these challenges, there has been some progress with a rapid increase in HIV testing since 2018, and more people on HIV treatment, where Liberia is now at 68-81-74 against the 90-90-90 targets. Liberia recently developed a National Strategic Plan (2021-2025) to guide its HIV response. The key goals of the NSP amongst others are to reduce new HIV infections to less than 190 per year by 2025 and reduce stigma and discrimination for PLHIV and vulnerable populations to less than 20%. To achieve these goals, the NSP calls for concerted efforts by all stakeholders.

The multi-sectoral support of the United Nations in the country is provided under the United Nations Sustainable Cooperation Development Framework (UNSDCF) 2020-2024. Nuanced support for HIV is in the Joint UN Programme of Support on AIDS (JUPSA), implemented by the Joint UN Team (JUNTA) guided by the UN Division of Labour.

The vision of the Joint UN Programme of Support on AIDS (2022-2026) is in line with the National HIV and AIDS Strategic Plan for Liberia (2021 – 2025) Vision, which is ‘*An AIDS-free Liberia, with Zero new infection, Zero AIDS-related death and Zero AIDS-related stigma and discrimination by 2030*’.

The JUPSA outcome result statement is: *“People living with, at risk of and affected by HIV obtain effective, equitable and sustainable access to integrated HIV prevention, treatment, care and support services in an environment free of social and structural barriers and limitations through robust financing and resourcing of HIV response in all settings by 2026”*.

The vision, mission and associated outcome results statements are graphically illustrated overleaf, with the three outcome results supported by several output results and concomitant interventions and activities.



In line with the UBRAF (2022 – 2026), the Joint Programme will mainly focus on

- addressing inequalities to ensure equitable access to services in HIV prevention, treatment, care, and support.
- fostering leadership and support for innovative and catalytic approaches for more inclusive HIV services.
- championing empowerment of communities for stronger community-led responses for scaled up service delivery that respond to needs, and advocate for right to health and removal structural barriers.
- strengthening societal enablers through robust social, institutional, and structural capacities of national partners and communities for social protection, enabling policy and legal environments, eliminating stigma and discrimination, and reaching gender equality in the HIV response and
- advancing increased availability and financing of sustainable systems to achieve the 2025 targets.

The indicative budget of the Joint Programme for the five years (2022-2026) is US\$4,382,500 while the indicative budget for the operational plan for 2022-2023 is US\$1,816,800. The mechanisms for monitoring and reporting will be in line with the UBRAF reporting, through the Joint Programme Planning, Monitoring and Reporting System (JPMS) and in line with the UNSDCF, where the Joint Programme is part of Results Group I (UNSDCF Outcome I). The Joint Team is also one of the UNSDCF cross-cutting working groups under the UNSDCF Coordination Structure.

## 1.0 BACKGROUND

### 1.1 Socio-Economic Context of Liberia

Liberia is a low-income country on the west coast of Africa, with an estimated population of 5 million (50.2 males and 49.8% females) with 40.4% aged below 14 years of age. The country is divided into 15 counties, with 48% of the population living in rural areas. While Liberia's Human Development Index has increased from 0.465 in 2019 to 0.480 in 2020, its position has slipped from 173 to 175 out of a total of 189 countries. Life expectancy at birth increased marginally from 63.7 to 64.1 years and expected years of schooling is 9.6 years and Gross National Income (GNI) per capita also increased from US\$1,040<sup>1</sup> in 2019 to US\$1,258 in 2020. According to the Human Development Report, (2020) 49.6% of the population of Liberia are multidimensional poor while an additional 23.3% (up from 21.4%) are classified as vulnerable to multidimensional poverty.

Liberia's governance is rated at 54.1 on the Ibrahim's Index of African Governance and overall 28th out of 54 African countries on good governance. While some progress has been made in the areas of governance, vulnerability in Liberia remains high. A wide urban-rural gap exists in terms of access to education, electricity, water and sanitation, health, and housing, which exacerbate inequalities in income and livelihood opportunities<sup>2</sup>.

Opportunities emanating from sustainable economic transformation are unevenly distributed, coupled with unstable economic conditions that have limited the transformation of the public and private enterprise development, investment, and inclusive economic growth. Capacities of relevant government institutions and the public sector personnel to discharge their duties efficiently and in an accountable and transparent manner have remained relatively weak.

While there has been an increase in access to education, investment in education infrastructure is largely inadequate as the country spends only 2.6% of the GDP on education<sup>3</sup>. Gross enrolment rate for primary school is 85% while that of secondary is 38%. High school retention and completion rates in Liberia are very low, particularly for girls. Many youths remain out of school with very low prospects for formal employment or alternative means of income generation.

Women and girls face entrenched and pervasive barriers that limit their ability to realize their full potential in society, including participation in the political, economic and social domains. Gender inequalities cut across all spheres of life in Liberia. For instance, about 50% of 17 ethnic groups in Liberia are believed to practice female genital mutilation (FGM), and it is estimated that 58 % of Liberian women and girls have undergone FGM<sup>4</sup>. Women and girls from the poorest households are twice as likely to have experienced it compared to those from the wealthier households. Sexual and gender-based violence is also relatively high in Liberia as 60% of women aged 15-49 have ever experienced physical violence and 9% have experienced sexual violence.<sup>5</sup> Women are disproportionately represented in all areas of livelihoods, with inequalities giving rise to unequal gender power relations, limited access to basic and productive services, under-representation in governance systems, limited access to legal and judiciary services<sup>6</sup>. The limited participation of women in all aspects of life contributes

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<sup>1</sup> Human Development Report 2019; Beyond Income, beyond averages, beyond today: inequalities in the 21<sup>st</sup> century. UNDP

<sup>2</sup> *Leaving No-one Behind*: United Nations Sustainable Cooperative Development Framework (2020-2024) for Liberia

<sup>3</sup> 2020 Human development Report: The next frontier Human development and the Anthropocene. UNDP

<sup>4</sup> UNMIL and UNITED Nations Human Rights, Office of the High Commission (2015) An Assessment of the Human Rights Issues emanating from Harmful and Traditional Practices in Liberia

<sup>5</sup> Liberia Demographic and Health Survey 2019-20

<sup>6</sup> *Leaving No-one Behind*: United Nations Sustainable Cooperative Development Framework (2020-2024) for Liberia

to poor development results characterized by poor performance in most development indicators.

Absolute poverty levels that started to decline at the end of the conflict in 2005 has risen largely because of the 2014 the Ebola Virus Disease (EVD) epidemic as well as the unprecedented COVID-19 pandemic which wiped off the economic gains recorded. Poverty appears feminized in Liberia as poverty incidence among women is higher than men in many dimensions, including minimal employment opportunities in the formal sector and overall lower wages. Only 53 % of women compared to 74 % of men are involved in gainful employment.

Liberia is rich in natural resources but the falling prices of Liberia's primary commodities -iron ore, rubber, oil palm, gold and diamond— in the global market also exacerbated by the rising rate of inflation, increase in prices of basic commodities, depreciation of the Liberian dollar, affect provision of basic social services in health and education.

Despite the above, Liberia has remained resilient and was able to maintain a stable, though fragile macro-economic environment that enabled socio-economic activities to continue albeit in reduced and constraint manner<sup>7</sup>. The World Bank<sup>8</sup> projects Liberia's economy will expand by an average of 4.9% in 2022-23 and this growth will mainly be driven by increased levels of activities in mining, agriculture, and construction occasioned by structural reforms. Per capita GDP is expected to return to pre-COVID-19 levels by 2023.

## **1.2 Liberia Health System**

The Ministry of Health is responsible for the overall coordination and management of the health sector in Liberia through the formulation of policies, plans and strategy for achieving the desirable health outcomes, and regulation and provision of health services.

Liberian healthcare delivery operates on a three-tier system: primary, secondary, and tertiary in line with the National Health Policy. For health administrative purposes, the country is divided into 15 counties and 93 health districts and 857 health facilities<sup>9</sup>. Public health facilities are complimented by private and faith-based health facilities in all the counties of the country. The health facilities are however heavily skewed in favour of the urban and semi-urban centres. The Ministry of Health regulates and monitors the activities of these non-state facilities, but this needs to be strengthened.

According to the 2016 report by the Liberia Medical and Dental Council, the country has a doctor/patient ratio of 1: 15,000 instead of the recommended standard of 1:1,000 while the workforce density was 11 health workers per 10,000 population, compared to the recommended 23 per 10, 000. To reverse the trend, the government in conjunction with partners developed the *Health Workforce Program (HWP) Strategy 2015–2021* to improve the quality, quantity, and skill diversity of the national health workforce. The HWP targeted strengthening general and specialist physicians, general and specialized nurses, and midwives, and formalizing two new cadres—health managers and community health assistants. A task-shifting policy has also been put in place to strengthen health delivery services in the short-term.

According to the 2019-20 Liberia demographic Health Survey (LDHS), infant, child, and under-5 mortality rates were 63, 33, and 93 deaths per 1,000 live births, respectively. Child mortality has declined since 2013 while under-5 mortality has remained relatively stagnant but infant mortality has increased from 54 deaths per 1,000 live births in 2013 to 63 deaths per 1,000

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<sup>7</sup> Progress Report 2020: United Nations Sustainable Development Cooperation Framework 2020-2024

<sup>8</sup> <https://www.worldbank.org/en/country/liberia/overview#l>

<sup>9</sup> Annual Report of WHO Liberia 2018

live births in 2019-20. Maternal mortality ratio has decreased from 1072/100000 live births in 2013 to 742/100,000 live births in 2019-20. The most common preventable diseases affecting under-five children include malaria, diarrhoea and pneumonia. Immunization coverage has been low due to inadequate access to health facilities in underserved and remote communities, and the country continues to have pockets of measles outbreaks among children above five years of age. Skilled assistance at delivery increased substantially from 46% of births in 2007 to 84% of births in 2019-20. Births delivered by nurses/midwives rose from 41% to 72% over the same period, while births delivered by doctors increased from 4% to 12%. Meanwhile, births delivered by traditional midwives decreased from 48% to 15%. As expected, skilled attendance at delivery is higher in urban areas (89%) than rural areas (79%). The most reported problem in accessing health care is getting money for treatment (36%), followed by distance to a health facility (28%).

The EVD and COVID-19 pandemic has provided opportunities for Liberia to strengthen its health systems through the support of international donors such as World Bank, Global Fund, USAID, GIZ and the UN system in Liberia. Despite these interventions, challenges facing the healthcare delivery include shortage of human resources, equipment, poor health infrastructure including lack of basic diagnostic equipment, weak supply chain management arising from poor quantification resulting in stock-outs, as well as inadequate funding for basic services.

## **2.0 NATIONAL HIV CONTEXT**

### **2.1 HIV Epidemic**

Liberia has had a stable epidemic with the number of people living with HIV barely changing over the last 2 decades. The epidemic can be classified as both low-level generalized in the wider population and concentrated in certain population groups i.e., key populations. Key population such as the Men who have Sex with other Men (MSM), female sex workers and people who inject drugs remain are most at risk for HIV.

HIV prevalence in adults (15 – 49 years) in 2013 was 2.1% but is now estimated to have declined to 1.1% by the end of 2020 with the number of people living with HIV estimated to be 35,000<sup>10</sup>. It is also estimated that there were 1,300 adult and child AIDS deaths while 36,000 children were orphaned due to AIDS. AIDS related mortality in adults (15 years and above) declined from a peak of 2,800 (61%) in 2005, and in 2011 adult AIDS deaths were 2,100 (declined by 48%). Women remain more vulnerable to HIV compared to men; the gender disparity is more apparent among young women (15-24 years), where prevalence is three times higher than in males of the same age group.

Data from the Integrated Behavioural and Biological Survey (IBBSS, 2018) among Key Populations (KP) shows that KPs are disproportionately affected by HIV and drive the epidemic in Liberia<sup>11</sup>. The KP-IBBSS results show HIV prevalence of 37.9% among men who have sex with men (MSM); 27.6% Transgender people (TG); 16.7% among female sex workers (FSWs); and 14.4% among people who inject drugs (PWIDs). High prevalence of other STIs were reported among the same populations. The same study also revealed higher rates of HIV infection rates among other vulnerable groups namely: uniformed services 17.6%; transport workers 9.6%; prison inmates 5.6%; mobile traders 3.8% and miners 3%. An estimated 75% of people living with HIV are in 3 counties: Montserrado, Margibi and Grand Bassa with a combined prevalence of 2.7%.

In 2020, Liberia had 1,400 new HIV infections, of which 941 (53%) were amongst females, and 1,100 were amongst adults (15 years and above). New HIV infections in adults declined from highs of 3,200 (66%) in 1998, and in 2011 adult new infections were 1,800 (39% decline). In 2020, new HIV infections were highest among adolescents 15-19 years, accounting for 22% of all new infections. Among adolescents, females accounted for more than twice infections compared to their male counterparts.

In terms of knowledge of HIV prevention, Liberia DHS (2019-2020) revealed that more men (35%) aged 15-49 years have comprehensive knowledge about the modes of HIV transmission and prevention than women (33%) of the same age group. However, 32% of young women and 30% of young men aged 15-24 have comprehensive knowledge about modes of HIV transmission and prevention while comprehensive is lowest among men (21.6%) and women (25.9%) aged 15-19 years.

Coverage of HIV testing services increased marginally from 2013 to 2019-20 as the percentage of women aged 15-49 who were tested for HIV in the past 12 months and received the results increased from 19% in 2013 to 22% in 2019-20 while among men, the percentage increased from 12% in 2013 and 21% in 2019-20. Percentage of those aged 15-49 that have ever been tested for HIV and received the results of the last test was 50% for women and 32% for the men respectively. The percentage of women who were tested for HIV and received the results during prenatal care or labour decreased marginally from 64% in 2013 to 63% in 2019-20<sup>12</sup>. It

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<sup>10</sup> UNAIDS Liberia Fact Sheet 2020

<sup>11</sup> IBBSS (2018) Liberia

<sup>12</sup> Liberia Demographic and Health Survey 2019-20

should be noted that coverage of HIV testing during prenatal care or labour is lowest among women aged 20-24 (58%) and highest among women aged 30-39 (68%).

For HIV self-testing only 10% and 13% of the women and men aged 15-49 years has ever heard about it while only 2% of women and 1% of men reported using HIV self-test kits.

For elimination of mother-to-child transmission, coverage of pregnant women who receive ARV for PMTCT is 81%<sup>13</sup>. Mother-To-Child Transmission (MTCT) rate at the end breastfeeding was 15.3%, while MTCT rate at 6 weeks was 6.73% in 2020<sup>14</sup>. While coverage level is high due to multiple strategies employed, knowledge of mother-to-child transmission of HIV is still average, with 53% of women and 42% of men knowing that HIV can be transmitted during pregnancy, labour/delivery, or breastfeeding. Additionally, 54% of women and 40% of men know that the risk of mother-to-child transmission can be reduced by the mother taking special drugs. Mortality in children (0-14 years old) has declined to less than 200 in 2000 from 780 in 2002, with new HIV infections also declining to less than 500 from highs of 970 in 2020.

On ART, coverage of adults and children receiving ART is 53% while women aged 15 and over receiving ART is 65%. Percentage of children aged 0 to 14 years receiving ART stands at 31%. This is not surprising because early infant diagnosis is 30% due largely to technical issues. It follows that for ART coverage to increase early infant diagnosis must be stepped up so that more infants can be placed on ART.

Stigma and discrimination related to HIV remains very high in Liberia with more than half of women aged 15- 49 reporting that they do not think children living with HIV should attend school with children who are HIV negative (53%), and 62% would not buy fresh vegetables from a shopkeeper who has HIV. Among men aged 15-49, half do not think children living with HIV should attend school with children who are HIV negative, and 54% would not buy fresh vegetables from a shopkeeper who has HIV. More than two-thirds of women (69%) and 64% of men have one or both discriminatory attitudes<sup>15</sup>. Laws that criminalize wilful transmission and same sex relationships remain in place even if they are not actively implemented<sup>i</sup>. HIV prevalence is highest among men who have sex with men and while programmes are in place the legal environment is not enabling for ending the epidemic. The largest numbers of persons living with HIV in Liberia are women and fear of GBV, stigma and discrimination leads to non-disclosure of HIV status which in turn leads to high loss to follow up.

Sexual and gender-based violence is also relatively high in Liberia with 60% of women aged 15-49 have experienced physical violence and 9% have experienced sexual violence. 55% of ever-married women have experienced spousal emotional, physical, or sexual violence. Prevalence of female genital mutilation among those aged 15-49 years is 38%<sup>16</sup>.

Average annual AIDS spending is between US\$10million and US\$11million based on the AIDS Spending Assessment Report of 2018 and 99% of the funds are from international funders/donors. Government contributions has hovered between zero and 0.4%. the major funders of the AIDS response in Liberia are PEPFAR/USAID, Global Fund and the United Nations.

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<sup>13</sup> <https://aidsinfo.unaids.org/>

<sup>14</sup> Liberia Demographic and Health Survey 2019-20

<sup>15</sup> Liberia Demographic and Health Survey 2019-20

<sup>16</sup> Liberia Demographic and Health Survey 2019-20

## **2.2 HIV Strategic Plan**

The National HIV and AIDS Strategic Plan II (NSP II) is designed to guide the national response to HIV and AIDS from 2021-2025. The NSP builds on the achievements of the previous national strategic plan. Prior to the development of this NSP, the national HIV and AIDS response was guided by the 2015-2020 National HIV and AIDS Strategic Plan, the 2017-2020 Catch-up Plan, UNAIDS Mission Recommendations as well as several reviews undertaken in the recent past. It provides the platform to align the national HIV and AIDS response with the Pro-Poor Agenda for Prosperity and Development (PAPD), Health Sector Plans and fully align to the UNAIDS Fast-Track Agenda to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 and the Sustainable Development Goal (SDGs). The development of the NSP II took into consideration the country's aspirations of ending the AIDS epidemic by 2030; and identified critical interventions and game changers for achieving the 95-95-95 targets by 2025<sup>17</sup>.

The **vision, mission** and **guiding principles** of the National HIV and AIDS Strategic Plan are as follows:

**Vision:** The vision of this NSP is an AIDS-free Liberia, with Zero new infection, Zero AIDS-related death and Zero AIDS-related stigma and discrimination.

**Mission:** To attain public health control of the AIDS epidemic with fewer than 85 new HIV infections per year by 2030

The **goals and targets** of NSP II aim to put Liberia on track to reach the Fast Track targets of 95-95-95. Treatment as prevention will reduce transmission of new infections by 60%.

The goals and targets by 2025 are as follows:

### **Goal 1: Reduce new HIV infection to less than 190**

- Target 1: Scale up HIV treatment to reach 95% triple targets for persons living with HIV
- Target 2: Eliminate mother to child transmission of HIV to less than 2%
- Target 3: Scale up HIV combination prevention to reach 90% of the general population
- Target 4: Scale up HIV interventions to reach 60% of estimated key populations

### **Goal 2: Reduce stigma and discrimination for PLHIV and vulnerable populations to less than 20%**

- Target 5: Zero new HIV related discriminatory laws, regulations and policies exist
- Target 6: 90% of Persons living with HIV have access to justice and can challenge rights violations
- Target 7: Zero denial of health services based on perceived or positive HIV status
- Target 8: Incidences of violence (sexual and GBV) are reduced

### **Goal 3: Strengthen and promote leadership, coordination and accountability for the National Response at central and decentralized levels**

- Targets 9: Coordination and leadership of the national AIDS response is effectively delivered at the central and decentralized levels

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<sup>17</sup> National AIDS Commission, Liberia (2021): National HIV and AIDS Strategic Plan 2021-2025

- Target 10: Community system and CSO are strengthened and contribute significantly to accelerating the response
- Target 11: Increased Private sector engagement to fast track the national AIDS response

**Goal 4: Strengthen monitoring, reporting and evaluation of the national AIDS response from all sectors**

- Targets 12: Quality strategic information on HIV and AIDS is produced and used for rational decision-making

**Goal 5: Mobilize adequate resources to achieve the goals and objectives of the NSP**

- Targets 13: Required domestic financial resources are mobilized and utilized efficiently and effectively.

The enablers, without which goal and targets cannot be achieved are health and community system strengthening, investment in social protection and social and behaviour change communication

The expected high impact results and indicators are shown in Table 1

Table 1: High Impact Results and Indicators

HIGH IMPACT <sup>18</sup> RESULT	INDICATORS	Denominator		Target	
		Number	Source & Year	2020	2025
Reduction of new HIV infections by 90% to 190 in 2025	Estimated number of all new HIV infections	1900	SPECTRUM 2019	475	190
	Estimated number of new HIV infections (Adults 15+)	1600	SPECTRUM 2019	400	160
	Estimated number new HIV infections in Children 0-14 yrs)	300	SPECTRUM 2019	75	30
Reduction in AIDS-related deaths by 90% to 180 in 2025	Estimated AIDS-related death (All)	1800	SPECTRUM 2019	450	180
	Estimated AIDS-related death (Adults 15+ years)	1500	SPECTRUM 2019	675	150
	Estimated AIDS-related death (Children 0-14 years)	300	SPECTRUM 2019	75	30

**2.3 HIV Response**

**2.3.1 National Progress**

The Liberia HIV and AIDS Response has been guided by the following documents: the 2015-2020 National HIV and AIDS Strategic Plan, the 2017-2020 Catch-up Plan, UNAIDS Fast-Track Targets 2020, and the 2021-2025 National HIV and AIDS Strategic Plan.

Overall, in terms of progress made towards the fast-track targets, the response has been a mixture, with no progress, slow progress and considerable progress in different key indicators as shown in the table below:

<sup>18</sup> National AIDS Commission (2021): Liberia National HIV and AIDS Strategic Plan (2021-2025)

Table 2: Progress Towards the Fast-Track Targets<sup>19</sup>

Country priorities/ targets by end of 2021	Status	Results, end of 2020
Prevention of mother-to-child transmission of HIV (PMTCT) coverage reached at least 75%.	ACHIEVED	PMTCT coverage increased to 81% in 2020 (GAM 2021).
Paediatric and family HIV care strengthened to reach 90% of HIV-exposed infants.	SLOW PROGRESS	Only 30% HIV-exposed infants received a virologic test for HIV within two months of birth.
New HIV infection decreased by 75%.	ON TRACK	New HIV infections in Liberia declined from 2,300 in 2011 to 1,400 (representing 39% decline) in 2020 (GAM 2021).
Reduced stigma and discrimination towards people living with HIV and key populations.	NO PROGRESS	64.2% and 69.1 adult males and females had discriminatory attitudes towards people living with HIV in 2019 (DHS, 2019-20).

MoH-National AIDS Control Programme report that Liberia was at **68 – 89 – 65** in the **90 – 90 – 90** Targets by June 2021 while viral load coverage was 30%. Notwithstanding the inability to meet the 90-90-90 targets, Liberia has already adopted the 95-95-95 targets.

Despite the mixed achievements, some interventions/activities have been carried out all aimed at accelerating the response to achieve the goals set out in the National Strategic Plan (2021-2025) and by extension the 95-95-95 targets. Some of the major interventions implemented along the goals of the NSP are shown in Table 3 below:

Table 3: NSP Goals and Key Interventions/Activities Implemented

GOALS LISTED IN THE NSP	KEY INTERVENTIONS/ACTIVITIES IMPLEMENTED
<b>Goal 1: Reduce new HIV infection to less than 190</b>	<ul style="list-style-type: none"> <li>• Scaling up of index HIV testing and family testing among the key and general populations</li> <li>• HIV testing including self-testing for KPs</li> <li>• Demand-creation for testing among men through male-only clinics</li> <li>• Pre-Exposure Prophylaxis (PrEP) guidelines and initiated</li> <li>• Condom and lubricants promotion amongst KP and general population.</li> <li>• Differentiated ART service delivery and HIV care by adapting and using differentiated care framework<sup>20</sup> for PLHIV (including 6-month dispensing and fully transitioning to TLD</li> <li>• Patient follow-up and treatment adherence support through strengthening peer and community support groups, including monitoring of the care and treatment cascade metrics</li> <li>• Scaling up viral load monitoring to more facilities</li> <li>• Paediatric ART Service for children including EID</li> </ul>

<sup>19</sup> Extracted from the Joint UN Programme on AIDS Liberia Country Report 2020

<sup>20</sup> Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach, 2016 (pg. 239-242)

	<ul style="list-style-type: none"> <li>• Differentiated HIV testing services including HIV testing services and ARVs during antenatal, intrapartum and postnatal periods</li> <li>• Comprehensive Sexuality Education (CSE) provided in some schools, including life skills targeting in and out of schools AGYW</li> <li>• Linkage to treatment and retaining people on treatment</li> </ul>
<b>Goal 2: Reduce stigma and discrimination for PLHIV and vulnerable populations to less than 20%</b>	<ul style="list-style-type: none"> <li>• Signing-up to the Global Partnership to eliminate all forms of HIV related Stigma and Discrimination and the development a Zero Discrimination Action Plan.</li> <li>• Documentation of violence and other human rights violations against MSMs and other KPs</li> <li>• Advocacy for legal and policy reforms with law makers, judiciary, and law enforcement institutions, including the bar association</li> <li>• Provision of legal support and increasing legal literacy, mitigations, and response plans for MSM-led organizations and MSM communities and other KPs</li> <li>• Development of the second phase of Liberia’s National Action Plan on Women, Peace and Security (2019-2023)</li> <li>• Gender and HIV mainstreamed across different service delivery platforms and support</li> <li>• Establishment of One-stop Centres to provide health and psychosocial support service to SGBV survivors amongst others</li> </ul>
<b>Goal 3: Strengthen and promote leadership, coordination and accountability for the National Response at central and decentralized levels</b>	<ul style="list-style-type: none"> <li>• Review/update and development of strategic documents such as the National HIV Strategic Plan and M&amp;E Plan, Annual Health Operational Plan, School Health Policy and alignment to the national health and HIV &amp; AIDS Policies, Education Sector HIV &amp; AIDS Policy and Workplace Policy</li> <li>• Development of policies and guidelines for index testing amongst others</li> <li>• Roll-out of endorsed PrEP guidelines</li> </ul>
<b>Goal 4: Strengthen monitoring, reporting and evaluation of the national AIDS response from all sectors</b>	<ul style="list-style-type: none"> <li>• Upgrading M&amp;E systems for optimized national supply chain data collection, review and use.</li> <li>• Strengthening of data collection at the community and facility level</li> <li>• Strengthening of the logistics and supply chain management</li> <li>• Strengthening of the national integrated health data management system via DHIS</li> <li>• Training of health facility staff in data collection</li> </ul>
<b>Goal 5: Mobilize adequate resources to achieve the goals and objectives of the NSP</b>	<ul style="list-style-type: none"> <li>• High level advocacy for increased domestic funding and support for accountability mechanisms to ensure effective and judicious use of resources</li> </ul>

The key challenges of the HIV response in Liberia include the following:

- Low treatment uptake where only 15 000 people living with HIV accessed ART out of the 26 000 people living with HIV who know their HIV status. This is largely due to weak referral system, unaffordability of the cost of required laboratory tests before enrolling on ART and high transport costs as some closer health facilities do not provide ART services
- High rate of lost to follow-up of ART patients remains high as only half of 26,000 patients who knew their HIV positive status were initiated on ART in 2019. In essence,

lost to follow up by patients on ART very likely means the patient will not adhere to treatment and therefore likely to develop HIV drug resistance, which can also be transmitted

- Low coverage of early infant diagnosis due to frequent breakdown of laboratory equipment and unavailability of reagents and low technical capacity
- High level of gender inequalities, especially amongst vulnerable girls and women which increases their risk of HIV infection and poor health outcome.
- Weak supply chain management system arising from poor quantification and forecasting leading to interruption especially ART, HTS, and condoms distribution services.
- High levels of HIV-related stigma and discrimination which discourages people from accessing services.
- Weak support for community service delivery system for continuum of care for persons living with HIV (PLHIV)
- Weak health information system including poor data quality, low human capacity to collect, analyse and use data, paucity of data for decision-making, poor utilization of data at all levels.
- Low absorptive capacity of the available resources for HIV and AIDS.

### **2.3.2 Key Partners in the National HIV Response**

The key national partners of the HIV Response include National AIDS Commission (NAC), Ministry of Health- National AIDS and STI Control Program, CSOs and CSO Networks, Private sector, and various communities.

The National AIDS Commission was established in 2010 by an Act of the National Legislature to lead, coordinate and manage the multisectoral national HIV response. It has Board of Directors and a Secretariat headed by a Director-General. Its **mission** is 'to effectively coordinate the national response to HIV and AIDS by ensuring multisectoral participation and resource mobilization, thus preventing the spread of HIV in Liberia'. Its functions amongst others include: a) developing policies to respond to the HIV and AIDS epidemic and manage its impact in Liberia; b) mobilizing, expending and coordinating all resources for HIV and AIDS through an efficient allocation system; c) advocating for the prevention and control of HIV and AIDS; d) creating strategic linkages between national and international stakeholders in a coordinated response to HIV and AIDS and e) collecting, analysing, disseminating, and sharing information on HIV and AIDS and its consequences and promote research, information sharing and documentation on HIV and AIDS prevention and control. Currently, NAC is not able to provide the necessary coordination it is still undergoing re-structuring which has been slow.

The National AIDS and STI Control Program of the Ministry of Health is charged with coordinating the health-sector response of HIV and AIDS activities. It works with other partners to ensure that the health facilities are providing HIV services and that capacity of health personnel are constantly upgraded. It is also responsible for HIV data collection, analysis and information dissemination using the DHIS platform, also ensuring HIV-related commodities and drugs are available in health facilities, working with relevant departments. MoH is currently a principal recipient of Global Fund grants.

Government line ministries that take an active part in HIV and AIDS activities include Ministries of Education, Youths, Labour, Justice and Defence. These Ministries have played a role in creating an enabling environment for HIV and AIDS activities through policy development and reviews and implementation of sector related activities. There is also a

Coalition of MDAs on HIV and AIDS consisting of Ministries and Agencies that are actively involved in HIV and AIDS activities. This coalition appears non-functional for now.

Liberia boasts a plethora of CSOs (including faith-based organizations) and CSO networks that are play a key role in HIV and AIDS interventions. They have been key players in activating and supporting community-level interventions through demand creation activities, commodities distribution and community level monitoring. Prominent CSO networks are: Liberia Women Empowerment Network (LIWEN), Liberia Network of People Living with HIV (LIBNEP+), Liberia Council of Churches (LCC), Youth Alive Liberia (YAL), Transgender Network of Liberia (TNOL), Lesbian and Gay Association of Liberia (LEGAL), Stop AIDS Alliance of Liberia (SEAL) and Anti-AIDS Media Network.

Private sector participation in the HIV and AIDS response is limited and contribution in terms of resources is close to zero. The Liberia Business Coalition Against AIDS (LIBCA formed by Ministry of Labour) is not functional.

### **2.3.3 Support of Development Partners**

Apart from the United Nations Development System, the major external players in the HIV and AIDS space in Liberia are the Global Fund and PEPFAR whose most recent combined annual funding is between US\$16-20 million.

Global Fund approved a total of US\$77,711,746 for HIV, tuberculosis, malaria and building resilient and sustainable systems for health (RSSH) for the 2021-2023 grant period, of which US\$31.3 million is for HIV including components of RSSH. The funds are to support the following interventions/activities: differentiated ART service delivery and HIV care by adapting and using differentiated care frame work<sup>21</sup> for PLHIV; patient follow-up and treatment adherence support through strengthening peer and community support groups; treatment monitoring and scaling up viral load monitoring; paediatric ART services for children including increased coverage of EID; strengthening TB screening, testing, diagnosis and treatment; pre-exposure prophylaxis, prevention commodities distribution particularly among key populations; logistics and supply chain management as well as addressing stigma, discrimination, human rights and gender barriers of access to services. It also includes scaling up HIV testing services and introduction of self-test amongst key populations. The Global Funds grants are managed by 2 PRs i.e., Ministry of Health and Plan International.

PEPFAR funds three US Government agencies for various interventions in Liberia. These include USAID, US Department of Defence (DOD) and the Health Resources and Services Administration (HRSA)<sup>22</sup>.

USAID has three mechanisms for implementing its activities and they are through

- a) EPIC project (formerly the LINKAGE Project) implemented by FHI 360.
  - i. This is mainly a care and treatment project which is transitioning from a KP focussed project to include the general population. It is implemented in four high-burden counties (Montserrado, Margibi, Grand Bassa and Nimba) and 21 high volume facilities. The focus of health facility support is viral load testing and suppression, HIV case finding through index testing and risk screening in various entry points (multimodal testing), test and treat strategy, treatment continuation and adherence, support various differentiated service delivery models of HIV treatment delivery such as multi-

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<sup>21</sup> Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach, 2016 (pg. 239-242)

<sup>22</sup> This is a new agency about to start its activities that will be implemented by Jhpiego

month dispensing, decentralized drug delivery through community pharmacy and other avenues.

- ii. Support National AIDS and STI Control Programme by partnering in review and development of strategic documents, national policies and guidelines, and PrEP preparatory works, piloting, and subsequent implementation. EpiC also collaborates with the National AIDS Commission through various technical working groups and planning for the national HIV response.
- iii. In addition to strengthening capacity at the targeted health facilities, the project also works through several local implementing partners serving KPs, priority populations (PP) and people living with HIV (PLHIV). It supports HIV services for KPs, through strong peer led interventions supporting the entire HIV services cascade including prevention package (HIV messaging, condoms, and lubricant distribution) at hotspot level, empowering KPs with responsibility to manage their risk profiles, facilitate access to HIV testing, linkage to treatment and VL testing through health facilities. The project also supports various forms of capacity building such as technical HIV services delivery, organizational system development skills to support HIV service's needs and self-initiated microfinance for KP and PLHIV groups to strengthen their capacity to reduce vulnerability to HIV.
  - b) Supply Chain Management being implemented by Chemonics International. This deals with support for forecasting, quantification, and last mile distribution of commodities.
  - c) Community-Led Monitoring activities implemented by the Centre for Democratic Governance

The US Department of Defence has a care and treatment programme for the Liberia Armed forces and their families. It supports HIV testing, treatment and viral load suppression activities and is being implemented in four treatment facilities in Montserrado. It has also supported the development of an HIV Policy for the Liberia Armed Forces.

Health Resources and Services Administration (HRSA) will implement a Health Systems Strengthening Project through Jhpiego. It will among others support policy review and compliance, HIV communication strategy, Prep roll-out, capacity-building as well as support NAC Technical Working Groups (TWGs) to play their coordination role more effectively.

### **3.0 THE UNITED NATIONS SUPPORT TO HIV IN LIBERIA**

The United Nations support to HIV in Liberia is mainly guided by the following documents:

- i. United Nations Sustainable Development Cooperation Framework 2020-2024
- ii. Unified Budget, Results and Accountability Framework (UBRAF)

The mechanism for UN coordination and support to the National HIV Response in Liberia is the Joint UN Team on AIDS, also responsible for implementation of the Joint UN Programme of Support on AIDS.

#### **3.1 United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2024**

The United Nations Sustainable Development Cooperation Framework 2020-2024<sup>23</sup> is a strategic document that outlines in a multi-sectoral manner, how the UN will support the development priorities of Liberia in the next five years. The document aligned its support to the priorities encapsulated in the Pro-Poor Agenda for Prosperity and Development (PAPD) 2018 - 2023 of the Government of Liberia and the Sustainable Development Goals, towards the achievement of a peaceful, healthy, empowered, and productive nation, with the following outcomes:

**a) Outcome 1:** Basic Social Services -Improved rights-based, gender-sensitive quality life with inclusive, equitable access and utilization of essential social services

**b) Outcome 2:** Sustainable Economic Development - Diversified and inclusive economic growth; sustainable agriculture, food security, job creation; and resilience to climate change and natural disasters.

**c) Outcome 3:** Sustaining Peace and Security - Consolidated and sustainable peace; enhanced social cohesion, rule of law and human rights.

**d) Outcome 4:** Governance and Transparency - Good governance; transparent and strengthened institutions to the delivery of essential services targeting the most marginalized vulnerable.

(See *Annex for Pillars, Outcomes and Outputs of the UNSDCF*). The four outcomes of the Cooperation framework are interlinked and inter-dependent.

Specifically, HIV is captured under Outcome I and is within all the 4 outputs under this outcome i.e.

**Output 1.1:** *Institutions are strengthened to develop and implement policies, law, strategies that promote human rights and equitable social services and norms*

**Output 1.2:** *Capacity of national and sub-national institutions to provide quality, equitable, inclusive and decentralized social services is enhanced including decriminalization of HIV transmission*

**Output 1.3:** *Community leaders and members including vulnerable and marginalized group members have the capacity to demand and utilize quality, equitable, decentralized; and age and gender responsive essential social services*

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<sup>23</sup> <https://liberia.un.org/sites/default/files/2020-10/UNCDF%20Liberia-Digital%20Version.pdf>

**Output I.4:** *Timely collection, analysis and use of disaggregated data to inform programme and policy development for equity-focused and evidence-based planning, implementation, monitoring and evaluation*

The implementation of the framework presents an opportunity for UN to further demonstrate principle of *Working and Delivering as One*, with development of joint workplans. *Delivering as one* entails i) *One Programme*: One UNSDCF and Costed Action Plan (Single Results Based Strategic Framework) ii) *One Leader*: The Resident Coordinator and alignment to deliver on the SDG agenda as one accountable team. iii) *One Fund*: One budgetary framework and costed action plan iv) *One Office*: Common procedures, Common Services One Business Operations Strategy, and alignment of efforts to reduce waste, multiple handling, and redundancies.

### **3.2 Unified Budget, Results and Accountability Framework (UBRAF) 2022-2026**

The 2022-2026 UBRAF is the framework for leveraging the comparative advantages, strengths and mandates of the 11 UNAIDS Cosponsors and Secretariat for the full and effective implementation of the Global AIDS Strategy in ways that place people and communities at the centre and in strong partnership with other stakeholders<sup>24</sup>. It is the UN's primary tool for HIV prioritization, strategic and joint planning, implementation, accountability (including performance monitoring and reporting), resource mobilization and allocation, knowledge management and sharing. It outlines the nature of the Joint Programme's strategic support with an emphasis on its comparative advantages in the HIV response, such as tackling inequalities and addressing social and structural barriers. The overall goal is to enable inclusive, sustainable national HIV responses that leave no one behind.

UBRAF is composed of a high-level strategic framework (2022-2026) (jointly developed and informed by a theory of change) and sets out the strategic priorities and results, which the Joint Programme will seek to achieve. It also describes the related, specific actions and resources required, with respective responsibilities as per an updated Division of Labour (See Annex). It allows for maximizing coherence, coordination, impact and accountability for the Joint Programme to deliver on the Global AIDS Strategy's three strategic priorities<sup>25</sup>.

The areas of intensified focus and investment for the UN under the UBRAF (2022-2026) are to:

- tackle inequalities to ensure equitable access to services in prevention, treatment, care, and support
- foster leadership and support for innovative approaches to achieve more inclusive HIV services so all people living with, at risk of and affected by HIV benefit from scaled up HIV combination prevention and testing and treatment, with a focus first and foremost on closing service gaps among those who are the furthest left behind to reach the Global AIDS Strategy's 95-95-95 service targets
- champion the empowerment and resourcing of communities for stronger community-led responses that are more inclusive to include people living with, at risk of and affected by HIV (including key populations, women, and young people) that lead scaled

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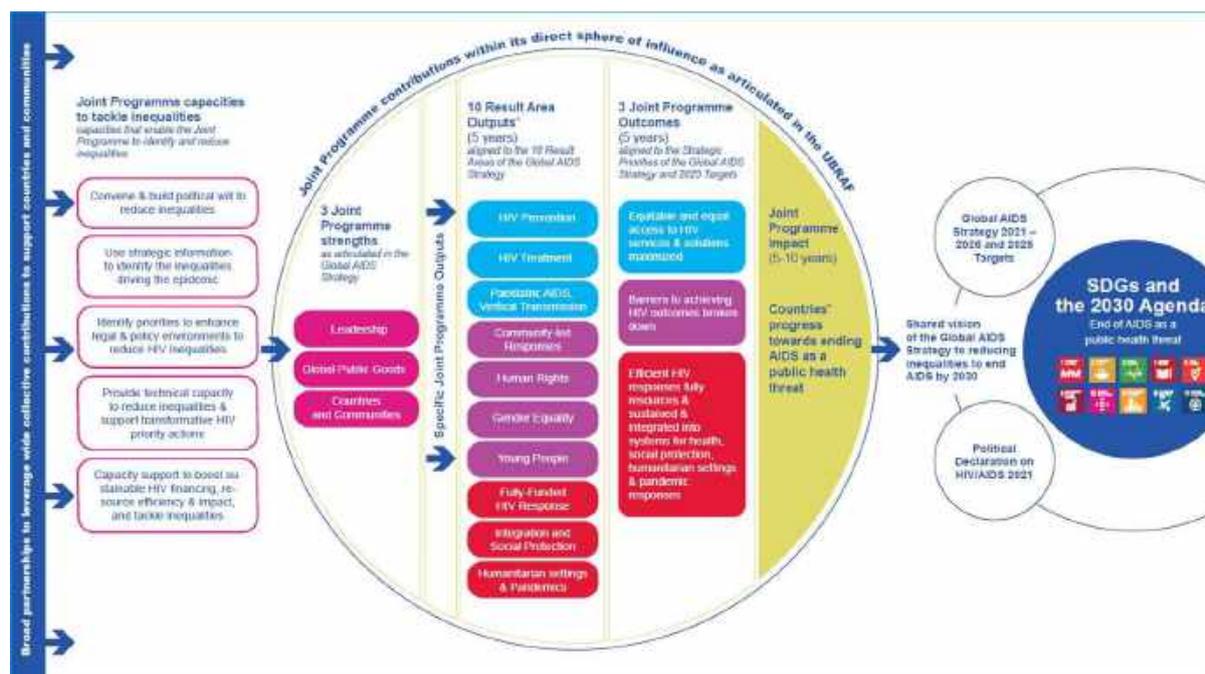
<sup>24</sup> UNAIDS Programme Coordinating Board (2021): 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

<sup>25</sup> Strategic Priority 1: Maximize equitable and equal Access to HIV services and solutions; Strategic Priority 2: Break down barriers to achieving HIV outcomes; and Strategic Priority 3: Fully resource and sustain efficient HIV responses and integrate them into systems for Health, Social Protection, Humanitarian Settings and Pandemic Responses

up service delivery and respond to needs, and that advocate for their right to health and the removal structural barriers to realizing that right.

- strengthen societal enablers through more robust social, institutional and structural capacities of countries and communities for social protection, establishing and strengthening enabling legal environments, successfully eliminating stigma and discrimination, and reaching gender equality in the HIV response; and
- advance the increased availability and financing of sustainable systems to achieve the 2025 targets.

Figure 1: Schematic of the Results Framework for the UBRAF 2022-2026<sup>26</sup>



Under the UBRAF, the Joint Programme is expected to work assiduously to close the gaps and accelerate progress in the HIV response using the UBRAF framework by: maximizing its global leadership and advocacy; creating and promoting distribution of public goods that are critical to ending AIDS; supporting countries and communities through coordinated technical guidance and support; facilitating and supporting strategic information and knowledge sharing; convening and facilitating multistakeholder dialogues to achieve enabling environments and leverage inclusive partnerships and investments to close programmatic and policy gaps for greater accountability, efficiencies and impact.

The UBRAF is largely two funded through:

**UBRAF funds** which are funds provided by the UNAIDS Secretariat for implementation through the Cosponsor Country Envelope, Cosponsor core UBRAF allocation (HQ) and Secretariat core UBRAF allocation.

**Non-UBRAF funds** represent the complementary HIV-related budgets of the Cosponsors that are mobilized internally, as well as additional funds that Cosponsors and the Secretariat raise at country levels.

<sup>26</sup> [https://www.unaids.org/en/resources/documents/2021/PCB49\\_Presentation\\_UBRAF](https://www.unaids.org/en/resources/documents/2021/PCB49_Presentation_UBRAF)

The core UBRAF funding is mainly to fund areas that are:

- Strategic – focusing on a limited number of measurable results that will accelerate progress towards the Global AIDS Targets.
- Catalytic – leveraging the strength of the Joint UN Programme to address critical capacity gaps or bottlenecks in the achievement of the Global AIDS targets, and/or;
- Innovative – galvanizing political momentum or supporting activities and interventions which go beyond traditional service delivery

### **3.3 The Joint UN Team on AIDS**

The Joint UN Team on AIDS is an Inter-Agency Task Team from cosponsoring agencies of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Joint Team in Liberia is composed of 9 agencies (ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UN Women, WFP & WHO) with FAO and OHCHR also represented in the Joint Team. The roles and responsibilities of each agency in the joint UN team is well-captured in the *UN Division of Labour document* (see Annex for details).

The purpose of the UN Division of Labour is to enable the Joint Programme to deliver effectively at the country level, address the dimensions of the HIV epidemic relevant to country priorities, make substantive contributions to regional processes and influence the global dialogue. Furthermore, the Division of Labour:

- Serves as a means to guide investment of the Joint Programme organizations' capacities and resources towards achievement of the commitments and targets of the 2030 Agenda for Sustainable Development and the 2021 Political Declaration on Ending AIDS.
- Supports the operationalization of the Unified Budget, Results and Accountability Framework (UBRAF).
- Is all-encompassing, covering policy, advocacy, standards, guidance and tool development and the management, implementation, brokering and delivery of high-quality technical support.
- Provides an overall framework to inform the Joint Programme's engagement at the country level, in the context of and in line with United Nations development system repositioning standards.
- Normally has one or two convening agencies per area—each agency with a relevant mandate and technical expertise—to both facilitate the contributions of broader UNAIDS family members and ensure the quality of overall results in the respective area.

## 4.0 JOINT UN PROGRAMME OF SUPPORT ON AIDS (2022-2026)

### 4.1 The Development Process

The process of developing the new JUPSA consisted of the following:

- i) Inception meeting to develop a shared understanding of the exercise and entire process
- ii) Desk review of strategic documents such as the Global AIDS Strategy, UNSDCF, UBRAF, Pro-Poor Agenda for Development and Prosperity (PADP), the 2017-2020 Catch-up Plan, UNAIDS Fast-Track Targets 2020, National HIV and AIDS Strategic Plan (2021-2025), annual workplans reports and relevant national policies, frameworks, and guidelines.
- iii) Meetings (virtual and physical) with various stakeholders within the UN such as Heads of Agency and the Joint UN Team and external stakeholders such as NAC, NACP, civil society, implementing partners and donor partners. The results framework and all associated actions and costs were developed through an iterative process involving the Joint UN Team members and the UNAIDS Country Office.

### 4.2 The Guiding Principles

According to UBRAF<sup>27</sup>, all aspects of the Joint Programme's work are directed by the following guiding principles:

- aligned to national HIV priorities.
- based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection.
- based on human rights and gender equality.
- based on the best available scientific evidence and technical knowledge.
- promote comprehensive, sustainable responses to AIDS that integrate combination prevention, treatment, care and support; and
- based on the principle of non-discrimination

### 4.3 Alignment with global and national commitments and plans

The Joint United Nations Programme is aligned to several key policy and programming commitments and plans, some of which are referred to below. Apart from the more classic commitments such as Fast track targets, Global AIDS strategy, SDGs and other, the following are critical to the legitimacy and content of the Joint Programme:

- i) PADP<sup>28</sup> – introduces a vision for Liberia and a frame of reference that provide the basis of all programming in the country. This frame of reference is more aptly captured in the goal of PADP Pillar one which is 'reduce developmental inequalities so the people can prosper' and specifically the development outcome for the access to health for all which is 'By 2023, the population will experience increased access and improved system delivery of quality healthcare and reduced overall morbidity and mortality with special focus on malaria, major RMNCAH outcomes, disease surveillance, and more effective health financing; improved access to safe drinking water and toilet/latrine facility'. Since inequalities is one of the main factors fuelling AIDS and is one of major components of the Joint Programme, it is therefore aligned to the PADP.
- ii) UNSDCF – as a strategic document that outlines how the UN will support the development priorities of Liberia in the next five years and is aligned to the Pro-Poor Agenda for Prosperity

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<sup>27</sup> UNAIDS Programme Coordinating Board (2021): 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

<sup>28</sup> Ministry of Finance and Development Planning (2018): Pro-Poor Agenda for Prosperity and Development

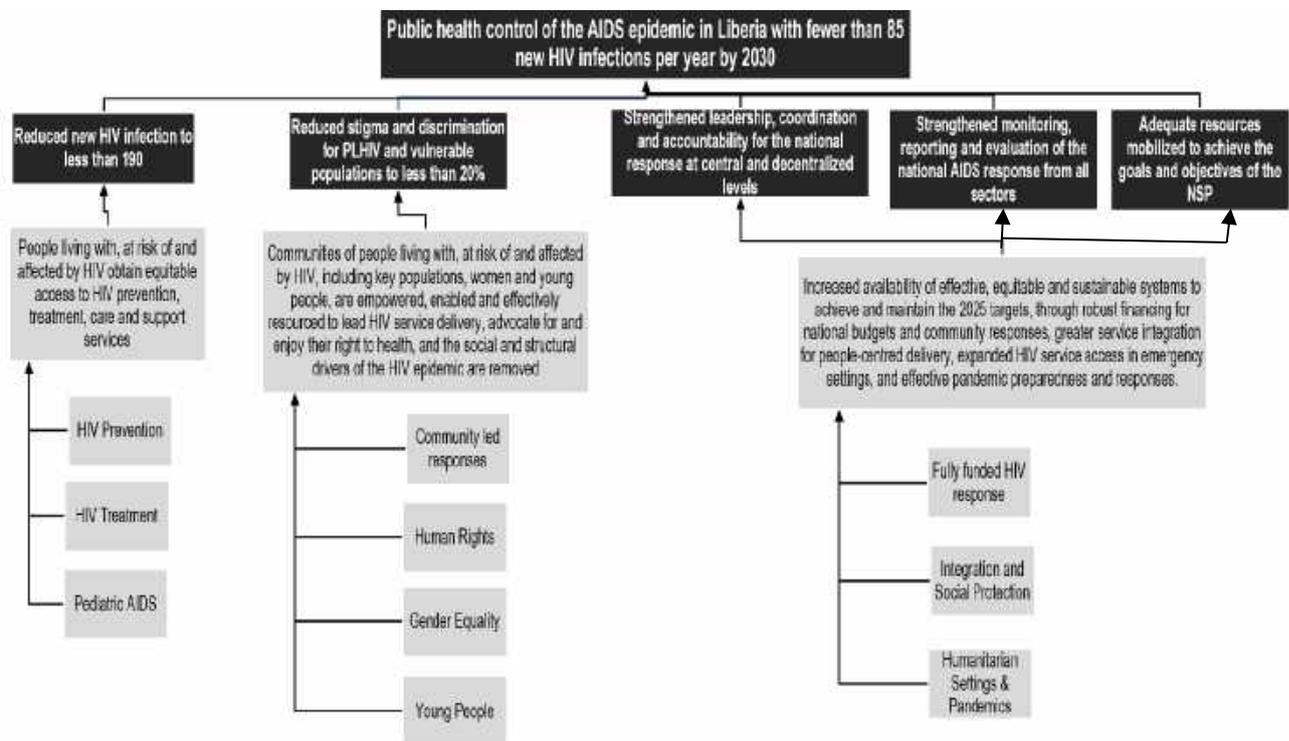
and Development (PAPD) 2018 – 2023. Specifically, outcome I of the results framework<sup>29</sup> represents one of the Joint Programme’s key Outcome areas and makes strong references to UN comparative advantages.

iii) NSP – provides the HIV prioritization, programming framework and data context for all relevant stakeholders in the country, including the UN. The Joint Programme is closely aligned with the NSP based on the premise that the UN is a key partner of government and therefore of the national HIV response.

#### 4.4 Theory of Change

The theory of change highlights higher-level causal pathways linking the goals in the National HIV Strategic Plan (2021 – 2025) and through use of an inequality’s lens. It indicates how the Joint Programme will drive change in multiple linked areas (contributing to the NSP goals). The theory of change aims to: i) explain how the Joint Programme’s contributions will support Liberia to achieve the strategic priorities identified in the National HIV Strategic Plan (2021 – 2025) and the Global AIDS Strategy, by detailing how the Joint Programme will drive change for each strategic priority area; ii) provide the causal pathways for effective and targeted Joint Programme interventions within its sphere of influence, making explicit how the Joint Programme will tackle underlying inequalities in the HIV response; iii) clarify the mechanisms for achieving intended outcomes and outputs. The Theory of Change is shown in the figure below:

Figure 2: Joint Programme Theory of Change<sup>30</sup>



Coordinated technical guidance to optimize impact of investments and evidence-informed programmes; Crucial capacity gaps addressed by providing technical support to strengthen capacities of various actors at national, sub-national and community levels; Convene and facilitate policy dialogues with key stakeholders; Strengthen evidence and data collection and use; Build and share knowledge and capacities for generating, analysing and using strategic information

<sup>29</sup> ‘Capacity of national and sub-national institutions to provide quality, equitable, inclusive and decentralized social services is enhanced including decriminalization of HIV transmission’

<sup>30</sup> Adapted from Unified Budget, Results and Accountability Framework 2022–2026 (UBRAF) page 17 & National HIV Strategic Plan Goals and Vision

As part of the theory of change, the Joint Programme will work differently to contribute to the National HIV Strategic Plan Goals, through:

**a) Prioritization:** of gaps identified in the HIV response by using the National HIV Strategic Plan and strategic information; regular review of the changing landscape, including the availability of other partners' support i.e. Global Fund and PEPFAR; and leveraging of opportunities to sustain and catalyse the HIV response particularly in the current context of the COVID-19 pandemic.

**b) Use of an inequality's lens:** across all aspects of the Joint Programme's work to enable it strengthen support to national, sub-national stakeholders and communities by identifying crucial gaps in the HIV response which hitherto have been less visible or have been under-prioritized.

**c) More inclusive HIV services:** based on the ambitious National HIV Strategic Plan targets and the 2025 global targets to catalyse efforts and foster innovations so that all settings and communities, benefit fully from inclusive and quality HIV prevention, testing, treatment and care services as well as scale up combination HIV prevention interventions

**d) Strengthening societal enablers:** in line with the Global AIDS Strategy's new societal enabler targets (10–10–10), and the National HIV Strategic Plan (2021 – 2025) Goal to 'Reduce stigma and discrimination for PLHIV and vulnerable populations to less than 20% by 2025' focussing on advocacy, building partnerships and supporting Liberia to significantly scale up efforts to eliminate stigma and discrimination, creating enabling legal and policy environments, advancing human rights, improving gender equality and ending gender-based violence in the HIV response.

**e) Stronger focus on gender equality:** in the context of HIV by integrating gender-transformative actions and resources to advance gender equality and women's empowerment in the HIV response and strengthen related accountability to deliver for women and girls in all their diversity and for all key and vulnerable populations at higher risk of HIV.

**f) Community-led HIV responses:** as a more central focus in advancing the HIV response's strategic information, advocacy, decision and policymaking, innovations, and HIV service delivery, access, continuity and inclusivity<sup>31</sup>.

**g) Increased investment in leading, building and sharing knowledge and capacities for strategic information** and timely use of evidence, including innovative approaches and community led monitoring for data collection and analytics to inform national policies, programmes and targeted investments for most impact.

**h) Ensuring sustainable, efficient and equitable HIV and HIV-related health and development financing:** through stronger analysis and advocacy for a fully funded response, strategic collaboration with key partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and enhanced guidance for better allocative and implementation efficiency for impact as well as improved tracking of financial commitments and spending, and increased domestic financing.

**i) Partnerships and collaboration** at national, sub-national and community levels should be cultivated and nurtured to drive progress towards achievement of the National HIV Strategic Plan (2021 – 2025) priorities and results. In some cases, this may entail more central catalytic role, working directly with National AIDS Commission, Ministry of Health- National AIDS

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<sup>31</sup> Agenda item 8: CRP3: Evidence Review of the UNAIDS Strategy 2016-202, pages 81-86 | UNAIDS

and STI Control Program and other sectoral ministries, CSOs etc or leveraging on other activities that contributes to the HIV response, reduces HIV-related inequalities, and addresses the needs of communities affected by HIV.

#### **4.5 Results Framework**

The Joint Programme is based on a hierarchy of results that are aligned with key national and global commitments and plans as reflected in the theory of change above. In addition, it is informed by evidence that relates to the national HIV response, in particular the challenges and the gaps looking ahead. The results framework is shown in Table 4. The vision of the Joint Programme and the outcome are as follows:

**The vision is ‘an AIDS-free Liberia, with Zero new infection, Zero AIDS-related death and Zero AIDS-related stigma and discrimination by 2030’**

The results framework is composed of 3 outcomes and 10 outputs results, aligned to the Unified Budget, Results and Accountability Framework 2022–2026 (UBRAF). The outcomes are:

**Outcome 1:** People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services.

**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 the social and structural drivers of the HIV epidemic are removed.

**Outcome 3:** Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 AIDS 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.

Table 4: JUPSA Impact, Outcome and Output Level Results Framework

 <b>JUPSA IMPACT, OUTCOME AND OUTPUT LEVEL RESULTS FRAMEWORK</b>		
<b>Impact: 'An AIDS-free Liberia, with Zero new infection, Zero AIDS-related death and Zero AIDS-related stigma and discrimination by 2030'</b>		
<p><b>Outcome 1: Results</b></p> <p>People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services.</p> <p><b>Output 1.1</b></p> <p>National, counties and community capacities are strengthened to define, prioritize, implement gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV, at a scale to drive impact and achieve national HIV prevention targets.</p> <p><b>Output 1.2</b></p> <p>National, counties and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up</p> <p><b>Output 1.3</b></p> <p>Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS</p>	<p><b>Outcome 2: Results</b></p> <p>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 the social and structural drivers of the HIV epidemic are removed.</p> <p><b>Output 2.1</b></p> <p>Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.</p> <p><b>Output 2.2</b></p> <p>Political commitment, community leadership, funding and evidence-informed actions are built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women and girls.</p> <p><b>Output 2.3</b></p> <p>Strengthened capacities of government, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality and work together to end gender-based violence and to mitigate the risk and impact of HIV.</p> <p><b>Output 2.4</b></p> <p>Increased capacities to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS</p>	<p><b>Outcome 3: Results</b></p> <p>Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 AIDS 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</p> <p><b>Output 3.1</b></p> <p>Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.</p> <p><b>Output 3.2</b></p> <p>Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.</p> <p><b>Output 3.3</b></p> <p>A fully-prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.</p>

#### 4.6 Outcomes, Outputs and Key Interventions

The outputs and the strategic interventions or actions and how they are aligned to national targets are shown in Table 5.

Table 5: Outcomes, Outputs and Key Interventions

<b>OUTCOMES AND OUTPUT RESULTS</b>	<b>STRATEGIC INTERVENTIONS/ACTIONS</b>	<b>ALIGNMENT TO NATIONAL TARGETS</b>
<b>Outcome 1: People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support</b>		
<p><b>Output 1.1</b></p> <p>National, counties and community capacities are strengthened to define,</p>	<p>- Support scaling up of high-impact combination HIV prevention for key populations, vulnerable populations, adolescent girls and young people</p>	<p>Target 3: Scale up HIV combination prevention to reach</p>

OUTCOMES AND OUTPUT RESULTS	STRATEGIC INTERVENTIONS/ACTIONS	ALIGNMENT TO NATIONAL TARGETS
<p>prioritize, implement gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV, at a scale to drive impact and achieve national HIV prevention targets</p>	<ul style="list-style-type: none"> <li>- Support in the implementation of the National HIV workplace policy specifically support HIV combination prevention and innovative and targeted HIV testing and counselling programmes (including pilot HIV self-testing) targeting men (informal and formal sectors)</li> <li>- Support demand creation activities for uptake of HIV prevention activities at the community level</li> <li>- Accelerate scale-up and reduce inequalities in access to people-centred combination HIV prevention services.</li> <li>- Support pilot-testing of new technologies for prevention programs including PrEP and HIV self-testing.</li> <li>- Support the procurement, provision and distribution of prevention commodities and products</li> </ul>	<p>90% of the general population</p>
<p><b>Output 1.2</b> National, counties and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up</p>	<ul style="list-style-type: none"> <li>- Support communities to ensure preparedness for comprehensive HIV service delivery, universal implementation of the test-and-treat approach.</li> <li>- Catalyse actions to achieve the 95-95-95 targets, including through continuous advocacy and support for systematic inclusion of key population and differentiated HIV treatment models.</li> <li>- Support in scale-up expanded testing, linkage to care, access to viral load monitoring and adherence support, and linkages to nutrition, food security and livelihoods particularly for adolescent girls and young women as well as key populations.</li> <li>- Support adoption, adaptation and implementation of the latest WHO policies and guidelines, as well as performance improvements for HIV testing, treatment, and viral load monitoring to improve the continuum of care for key populations and those at high risk of HIV.</li> <li>- Catalyse strengthened analysis and use of routine programme data, including HIV data for key populations, at health facility and county levels to improve programme performance.</li> <li>- Support action research and pilot-test strategies that will reduce lost-to-follow-up which is one of the challenges in treatment.</li> </ul>	<p>Target 1: Scale up HIV treatment to reach 95% triple targets for persons living with HIV</p>

OUTCOMES AND OUTPUT RESULTS	STRATEGIC INTERVENTIONS/ACTIONS	ALIGNMENT TO NATIONAL TARGETS
<p><b>Output 1.3</b></p> <p>Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS</p>	<ul style="list-style-type: none"> <li>- Support communities to close gaps in availability of services to prevent vertical transmission and diagnose and treat paediatric AIDS.</li> <li>- Support the scale-up of early infant diagnosis for HIV-exposed infants, using multi-disease point-of-care platforms and index family testing to find older children living with HIV who are not on treatment.</li> <li>- Support the development/review and implement strategies that ensure early initiation of antiretroviral therapy with optimized paediatric antiretroviral formulations.</li> <li>- Support for data systems strengthening for Real Time Monitoring of PMTCT/Paediatric HIV programmes</li> </ul>	<p>Target 2: Eliminate mother to child transmission of HIV to less than 2%</p>
<p><b>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 the social and structural drivers of the HIV epidemic are removed.</b></p>		
<p><b>Output 2.1</b></p> <p>Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded</p>	<ul style="list-style-type: none"> <li>- Advocate for, empower and build the capacity of community-led organizations to advance their roles in strengthening the accountability of HIV and health programmes.</li> <li>- Advocate for and support the expansion of services to meet the health and protection needs of the key populations.</li> <li>- Support community-led responses and monitoring to promote health and wellbeing and prevent HIV, sexually transmitted infections, and unwanted pregnancies</li> <li>- Support improved access to quality, people-centred, and integrated HIV services (SRH/TB/sexually transmitted infections/non-communicable diseases) at the facility level to achieve universal health coverage</li> <li>- Advocate for, and provide support for increased sustainable domestic public financing for community-led responses</li> </ul>	<p>Target 10: Community system and CSO are strengthened and contribute significantly to accelerating the response</p>
<p><b>Output 2.2</b></p> <p>Political commitment, community leadership, funding and evidence-informed actions are built to create enabling legal and policy environments and to remove multiple and intersecting forms of</p>	<ul style="list-style-type: none"> <li>- Advocate for actions to improve health, well-being and security for key populations, and those at risk through continuous access to SRH and HIV care related to their needs</li> <li>- Support stigma and discrimination reduction programme for female sex workers, as well as against their families and by enhancing their economic status.</li> <li>- Support implementation of the Global Partnership to eliminate all forms of HIV</li> </ul>	<p>Target 5: Zero new HIV related discriminatory laws, regulations and policies exist</p> <p>Target 6: 90% of Persons living with HIV have access to justice and can challenge rights violations</p>

OUTCOMES AND OUTPUT RESULTS	STRATEGIC INTERVENTIONS/ACTIONS	ALIGNMENT TO NATIONAL TARGETS
<p>stigma and discrimination for people living with and vulnerable to HIV, including key populations, women and girls.</p>	<p>related Stigma and Discrimination - National Zero Discrimination Action Plan for Liberia</p> <ul style="list-style-type: none"> <li>- Support improved access to stigma-free HIV and other sexual and reproductive health services for adolescent girls and young women</li> <li>- Advocate and support review of policies and laws that facilitate discrimination and support access to justice for human rights violations</li> </ul>	<p>Target 7: Zero denial of health services based on perceived or positive HIV status Target 8: Incidences of violence (sexual and GBV) are reduced</p>
<p><b>Output 2.3</b> Strengthened capacities of government, communities and other stakeholders to ensure that women and girls, in all their diversity, practice and promote gender equitable social norms and gender equality and work together to end gender-based violence and to mitigate the risk and impact of HIV.</p>	<ul style="list-style-type: none"> <li>- Advocate for, guide and support tackling of gender-based violence, harmful gender and other discriminatory social norms that limits the potential of women and girls.</li> <li>- Support health systems strengthening to ensure comprehensive support, including supportive communication for survivors of gender-based violence.</li> <li>- Support the prevention of sexual violence and clinical management to prevent or mitigate the consequences of sexual violence.</li> <li>- Promote preventive measures at community, local and district levels including health facilities to protect young women and girls from sexual violence.</li> <li>- Provide vulnerable and neglected women and girls including those living with HIV and AIDS with access to information on HIV and AIDS prevention and the referral pathway including economic empowerment opportunities to support their social protection</li> <li>- Support timely access to clinical management for survivors of rape and intimate partner violence</li> </ul>	<p>Target 8: Incidences of violence (sexual and GBV) are reduced</p>
<p><b>Output 2.4</b> Increased capacities to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS</p>	<ul style="list-style-type: none"> <li>- Catalyse actions to improve access to youth-friendly health services for young key population groups.</li> <li>- Support increased access to youth-centred and -led HIV and sexual and reproductive health services.</li> <li>- Engage, empower and elevate the leadership of young people, particularly adolescent girls and young women and key populations living with and affected by HIV;</li> <li>- Catalyse the scale-up efforts to address social and structural drivers of vulnerability among young people</li> <li>- Enhance the availability and effective use of data and evidence, including support for youth-led monitoring and data collection, regarding the needs of adolescents and young</li> </ul>	<p>Target 1: Scale up HIV treatment to reach 95% triple targets for persons living with HIV Target 4: Scale up HIV interventions to reach 60% of estimated key populations Targets 12: Quality strategic information on HIV and AIDS is produced and used for rational decision-Making</p>

OUTCOMES AND OUTPUT RESULTS	STRATEGIC INTERVENTIONS/ACTIONS	ALIGNMENT TO NATIONAL TARGETS
	people, to inform advocacy and more tailored interventions.	
<b>Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 AIDS 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</b>		
<p><b>Output 3.1</b> Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.</p>	<ul style="list-style-type: none"> <li>- High level advocacy for increased domestic resources to close the prevention gap and to get the response on-track and/or sustain it.</li> <li>- Build capacity to generate and effectively use HIV-related data including spending and financing strategic information for decision-making to optimize sustainable financing and equitable service delivery.</li> <li>- Support in evidence-informed policymaking for targeted investments and quality implementation to fully leverage and enhance the efficient use of available resources</li> <li>- Support in strengthening coordination and leadership capacity for sustainable and effective national HIV response to reach the 95-95-95 targets</li> <li>- Support Global Fund mechanism for effective and efficient allocation and use of HIV, TB, Malaria &amp; COVID-19 resources including support for new funding requests</li> <li>- Leverage partnerships to ensure progressive inclusion of effective HIV-related health interventions in national universal health coverage and essential health package.</li> <li>- Effectively engage the private sector to diversify sources of funding and for an effective private sector HIV response</li> </ul>	<p>Targets 9: Coordination and leadership of the national AIDS response is effectively delivered at the central and decentralized levels</p> <p>Target 11: Increased Private sector engagement to fast track the national AIDS response</p> <p>Targets 12: Quality strategic information on HIV and AIDS is produced and used for rational decision-Making</p> <p>Targets 13: Required domestic financial resources are mobilized and utilized efficiently and effectively.</p>
<p><b>Output 3.2</b> Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.</p>	<ul style="list-style-type: none"> <li>- Promote an accountable, inclusive, and sustainable HIV response through multisectoral partnerships, including for issues beyond HIV (integration of services, extension of HIV sensitive social protection; COVID-19 and universal health coverage).</li> <li>- Promote the removal/reduction of user fees and integration of HIV in social protection policies and programmes.</li> </ul>	<p>Target 3: Scale up HIV combination prevention to reach 90% of the general population</p>
<p><b>Output 3.3</b> A fully prepared and resilient HIV response that protects people living with,</p>	<ul style="list-style-type: none"> <li>- Support the scale-up and institutionalization of community-led adaptive innovations for HIV services under COVID-19.</li> <li>- Work in close collaboration with other partners to protect HIV services from</li> </ul>	<p>Target 4: Scale up HIV interventions to reach 60% of estimated key populations</p>

<b>OUTCOMES AND OUTPUT RESULTS</b>	<b>AND LEVEL</b>	<b>STRATEGIC INTERVENTIONS/ACTIONS</b>	<b>ALIGNMENT TO NATIONAL TARGETS</b>
at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.		disruption due to COVID-19, and other pandemics and shocks.	Target 10: Community system and CSO are strengthened and contribute significantly to accelerating the response.

#### 4.7 Indicative Resources and Budget

The Joint Programme’s budgets have largely two main categories of funding which are:

**UBRAF funds** are funds provided by the Secretariat for implementation through the Cosponsor Country Envelope, Cosponsor core UBRAF allocation (HQ) and Secretariat core UBRAF allocation.

**Non-UBRAF funds** represent the complementary HIV-related budgets of Cosponsors that are mobilized internally, as well as additional funds that Cosponsors and the Secretariat raise at country levels. It also reflects regular and extra-budgetary resources of Cosponsors which contribute to the achievement of UBRAF outputs.

The amounts provided in the budget represent best estimates and are subject to change as funding is mobilized throughout the joint programme cycle. The Joint Programme workplan, captures all the activities of the Joint Programme, which are funded through UBRAF and non-UBRAF resources.

Based on all the above and the funding for the 2022-2023 biennium, the projected resources for the 2022-2026 period are as follows:

Table 6: Indicative Resource for Joint Programme by Funding Source (2022-2026)<sup>32</sup>

<b>Funding Source</b>	<b>2022</b> Budget US\$	<b>2023</b> Budget US\$	<b>2024</b> Budget US\$	<b>2025</b> Budget US\$	<b>2026</b> Budget US\$	<b>Total Budget (2022-2026) US\$</b>
Cosponsor country envelope (CE)	150,000	150,000	150,000	150,000	150,000	750,000
Cosponsor non-core funds	430,000	320,000	430,000	320,000	430,000	1,930,000
Cosponsor core UBRAF allocation (HQ)	100,000	100,000	100,000	100,000	100,000	500,000
Non-UNAIDS funds	123,500	98,500	123,500	98,500	123,500	567,500
Secretariat core UBRAF allocation	125,000	130,000	125,000	130,000	125,000	635,000
<b>Total</b>	<b>928,500</b>	<b>798,500</b>	<b>928,500</b>	<b>798,500</b>	<b>928,500</b>	<b>4,382,500</b>

<sup>32</sup> It is assumed that the funding level available for the first biennium will be maintained for the entire period

Table 7: Indicative Resource for Joint Programme by Outcome (2022-2026)

Outcome	2022	2023	2024	2025	2026	Total
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.	543,500	451,500	543,500	451,500	543,500	2,533,500
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.	325,000	252,000	325,000	252,000	325,000	1,479,000
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.	60,000	95,000	60,000	95,000	60,000	370,000
<b>Total</b>	<b>928,500</b>	<b>798,500</b>	<b>928,500</b>	<b>798,500</b>	<b>928,500</b>	<b>4,382,500</b>

The detailed operational plan for 2022-2023, with the budget is contained in the Annex.

#### 4.8 Risks and Mitigation Strategies

There are several risks associated with the joint programme and tabulated below are suggested mitigation strategies.

Table 8: Risks and Mitigation Strategies

Risk	Mitigation
Inadequate commitment within agencies to the Joint Programme	Continuous sensitization of the entire staff and management on the concept of “implementing as one” through joint programming and engagement. HoA and RC support as well as the approval of UNCT are all critical.
The inability of UN agencies to work together, communicate effectively and deliver in a timely manner against the joint programme results framework.	The process for the development of the programme, and explicit ways of working together should be stressed during the implementation. M&E, accountability, and systematic consultation mechanisms (Joint Team) are put in place for early identification of problems.
Modalities for funding the joint programmes in a more systematic	There should be a continuous focus on progressive harmonization and increased pooling of resources within the UN system for joint

<p>and assured manner and effective monitoring and reporting not adequate.</p>	<p>programming. Modalities for pooled funding should be clearly worked out. There is the need for joint programme engagement, field monitoring and evaluation; and continuous involvement and peer review by Agencies through the UNCT and other technical staff through the Joint UN Team on AIDS</p>
<p>Other national competing priorities e.g., 2023 is an election year in Liberia so focus might be on this, hampering other national efforts including HIV and AIDS</p>	<p>High level advocacy and strategic campaign is required to put HIV and AIDS issues on the front burner during the election period and other national issues</p>

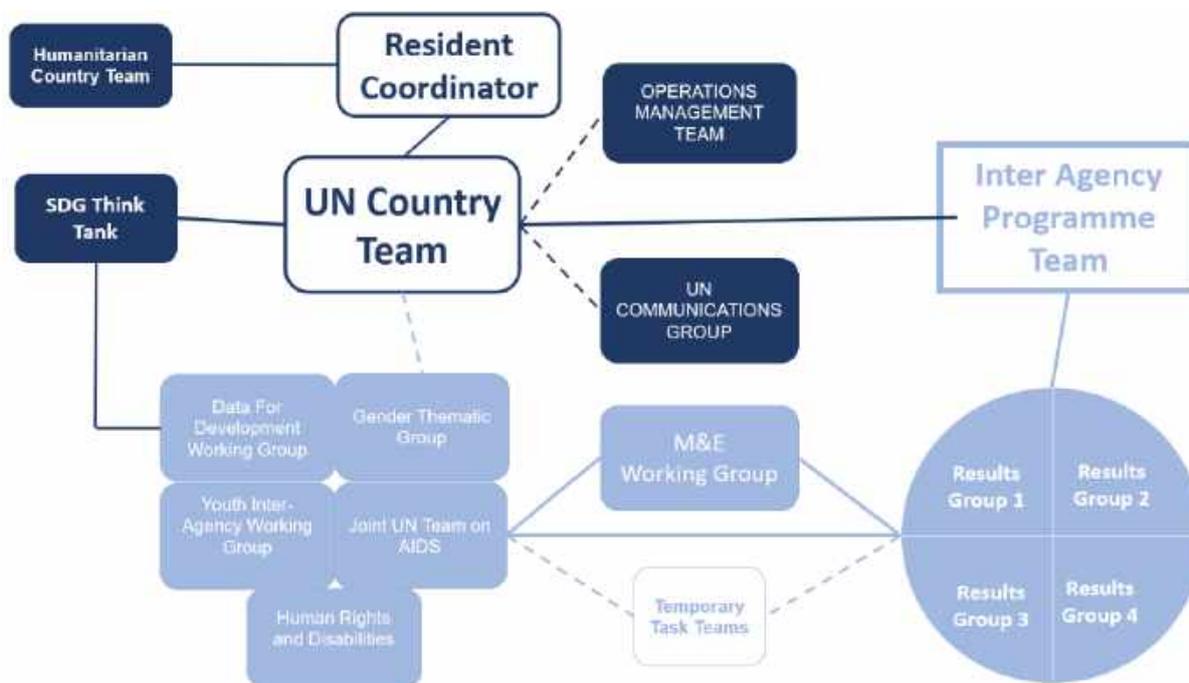
## 5.0 IMPLEMENTATION ARRANGEMENTS

While the Joint Programme uses the cluster-like approach for coordination, the UNAIDS Country Office is the Secretariat for all the activities of the Joint Team.

The Joint UN Team on AIDS (JUNTA) is the Inter-Agency Task Team from cosponsoring agencies of the Joint United Nations Programme on HIV/AIDS (UNAIDS), responsible for implementation of the Joint Programme. The Joint Team in Liberia is composed of 9 agencies (ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UN Women, WFP & WHO) with FAO and OHCHR also represented in the Joint Team. The lead for each thematic area from the Joint UN team is as specified in the Division of Labour document. Where there are two Thematic Leads- one will be the Man lead while the other will be the alternate. Membership of each thematic cluster is based on competencies and mandates of the agencies represented. The focal persons are responsible for leading, facilitating and coordinating the team members within the clusters and also serve as linkages between the UN thematic areas and the Government of Liberia technical working groups. Where there are human resource constraints vis-à-vis the level of support required by stakeholders, a ‘networked-cell’ approach may be used and supported by other agencies.

The Joint UN Team on AIDS is one the working groups of the United Nations Sustainable Development Cooperation Framework (UNSDCF 2020-2024), as shown in the coordination structure below:

Figure 3: Coordination Structure for the UNSDCF 2020-2024 with JUNTA<sup>33</sup>



<sup>33</sup> Updated UNSDCF Coordination Structure presented to the UNCT in May, 2021

## **6.0 MONITORING AND EVALUATION**

### **6.1 Monitoring and Evaluation Framework**

M&E guides the planning, coordination, and implementation of the support provided and ensures accountability of the various agencies and stakeholders at all levels. To track progress with reference to outcomes and outputs, a Performance Framework is given in the Annex.

### **6.2 Monitoring and Reporting**

The output results, key actions and activities from the biennium operational plan will be used to produce progress reports by the Joint Team.

- **Joint Team Reporting against UBRAF**

Based on the structure of the Unified Budget, Results and Accountability Framework (UBRAF), the UNAIDS Country Office and Joint UN Team on AIDS are required to report progress every year on implementation. The Joint Programme reporting exercise is an essential element of accountability and demonstrate the added value of the UN in the National HIV Response. Extracts from these reports are published on the Results and Transparency Portal (<https://open.unaids.org>), for external audiences. The reporting is completed via an internal Joint Programme Planning, Monitoring and Reporting System (JPMs), which is a web-based tool that allows the Joint Programme to plan and report against UBRAF implementation and results achieved in a structured manner.

- **Joint Team Reporting against UNSDCF**

The Joint Team will also align with the review and reporting processes defined in the UNSDCF. The Joint Programme is part of Results Group I (UNSDCF Outcome I), with the Joint Team being one of the UNSDCF cross-cutting working groups. Internal to the UN, the main system for reporting is mainly UNINFO, mainly used for tracking UN support to the Government of Liberia in delivering on the Sustainable Development Goals and the 2030 Agenda.

The Joint Team will also participate in outcome level (result group) annual reviews to assess the performance and contribution towards UNSDCF Outcomes/outputs, facilitated by IAPT with support of designated M&E group members. Overall Joint Annual Reviews are conducted through the coordination of the Resident Coordinator and the Joint Steering Committee. Reviews at this level involve government and partners, providing an opportunity to collectively reflect on the UN's contribution to national development priorities as defined in the Pro-Poor Agenda for Prosperity and Development (PAPD). The Joint Team will provide inputs to the Annual Progress Report of the UNSDCF, and where possible an Annual or Biennium Progress Report on the Joint UN Programme of Support on AIDS will be developed.

### **6.3 Accountability Mechanism**

Accountability is enforced through key processes which include: Joint Team members receiving official letters of appointment detailing roles and responsibilities; clarification and agreement on roles and responsibilities of core members and thematic leads; and active participation and contribution towards achievements of planned results. Open dialogue is also encouraged in resolving issues. Report to the wider stakeholders is also key. The Joint Team will also meet every quarter, meetings of which will be chaired by the UNAIDS Secretariat, with minutes of such meetings produced and shared.

The Joint Team through UNAIDS, will also report to the IAPT and the UNCT, as defined in the coordination framework for the UNSDCF.

## ANNEXES

### Annex i: Pillars, Outcomes & Outputs of the UNSDCF

PILLAR	OUTCOME	OUTPUT
<b>PILLAR ONE: Power to the People</b>	<b>OUTCOME 1:</b> By 2024, the most vulnerable and excluded groups have improved quality of life with rights-based, gender-sensitive, inclusive, equitable access and utilization of essential social services in an environment free of discrimination and violence, including in humanitarian situations	<b>Output 1.1:</b> Institutions are strengthened to develop and implement policies, law, strategies that promote human rights and equitable social services and norms
		<b>Output 1.2:</b> Capacity of national and sub-national institutions to provide quality, equitable, inclusive and decentralized social services is enhanced including decriminalization of HIV transmission
		<b>Output 1.3:</b> Community leaders and members including vulnerable and marginalized group members have the capacity to demand and utilize quality, equitable, decentralized; and age and gender-responsive essential social services
<b>PILLAR TWO: Economy and Jobs</b>	<b>OUTCOME 2:</b> By 2024, Liberia has sustained, diversified and inclusive economic growth driven by investments in agriculture, food security and job creation and is resilient to climate change and natural disasters.	<b>Output 1.4:</b> Timely collection, analysis and use of disaggregated data to inform programme and policy development for equity-focused and evidence-based planning, implementation, monitoring and evaluation
		<b>Output 2.1:</b> By 2024, targeted national institutions have the capacity to develop evidence-based cross-sectoral gender-responsive policy framework and accountability mechanisms that promote sustainable livelihoods, food security and resilience to climate change
		<b>Output 2.2:</b> By 2024, national and subnational capacity to deliver sustainable natural resource management and climate-aware initiatives is strengthened
		<b>Output 2.3:</b> By 2024, access, awareness and sustainable use of appropriate Resources, Assets, Services and Markets by poor and rural producers, households, value-chain actors, and communities, including women and youth improved
		<b>Output 2.4:</b> By 2024, public and private sector players have strengthened capacity to increase economic participation and productivity, and in an inclusive manner enable employment, job creation and enterprise development
<b>PILLAR THREE: Sustaining Peace</b>	<b>OUTCOME 3:</b> By 2024, Liberia consolidates, sustains peace and enhances social cohesion, has strengthened formal and informal institutions capable of	<b>Output 2.5:</b> By 2024 relevant institutions have strengthened a capacity to increase economic activity and connectivity through energy, air and seaports, water and sanitation infrastructure improvement.
		<b>Output 3.1:</b> Peace infrastructure at national and sub-national levels is strengthened and coordinated to address conflict, sustain peace and enhance social cohesion more effectively and inclusively.

	<ul style="list-style-type: none"> <li>providing access to inclusive, effective, equitable justice and security services, capable of promoting and protecting the human rights of all</li> </ul>	<p><b>Output 3.2:</b> Capacities of national and sub-national actors strengthened to develop, amend and implement legislation and policies in compliance with human rights standards.</p> <p><b>Output 3.3:</b> Relevant government authorities and security and justice institutions at national and subnational levels have better knowledge and capacity to enhance access to justice, including vulnerable groups, women and girl survivors of SGBV, and especially those facing multiple and intersecting forms of discrimination.</p> <p><b>Output 3.4.</b> Rights-holders' capacity strengthened to demand /claim their rights and actively demand and engage in justice, reconciliation and peace-building efforts</p>
<p><b>PILLAR FOUR: Governance and Transparency</b></p> <ul style="list-style-type: none"> <li></li> </ul>	<p><b>OUTCOME 4:</b> By 2024, people in Liberia especially the vulnerable and disadvantaged, benefit from strengthened institutions that are more effective, accountable, transparent, inclusive and gender-responsive in the delivery of essential services at the national and sub-national levels.</p>	<p><b>Output 4.1:</b> Equal participation of men and women in the formulation of inclusive and responsive laws and policies strengthened at all level.</p> <p><b>Output 4.2:</b> Integrity institutions are strengthened at national and subnational levels to advocate and assertively implement policies, legal and institutional frameworks and practices that promote transparency, accountability and rule of law</p> <p><b>Output 4.3:</b> Capacities of relevant institutions is strengthened to ensure legal identity for all (civil registration and vital statistics) including for free, fair and transparent elections.</p> <p><b>Output 4.4:</b> Capacity of national institutions for identifying and addressing toxic pollutants strengthened.</p>

## Annex ii: Outcome and Output Performance Monitoring Framework

<p><b>JOINT PROGRAMME OUTCOME I</b>  <b>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.</b></p> <p><b>National HIV Targets</b></p> <ul style="list-style-type: none"> <li>• Target 1: Scale up HIV treatment to reach 95% triple targets for persons living with HIV</li> <li>• Target 2: Eliminate mother to child transmission of HIV to less than 2%</li> <li>• Target 3: Scale up HIV combination prevention to reach 90% of the general population</li> <li>• Target 4: Scale up HIV interventions to reach 60% of estimated key populations</li> </ul> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• 95–95–95 testing and treatment progress within all subpopulations, age groups and geographic settings, including children living with HIV.</li> <li>• Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 month</li> <li>• Percentage of key populations and young people reporting using a condom the last time they had sexual intercourse</li> <li>• Percentage of key population and young people who tested for HIV in the past 12 months, or who know their current HIV status</li> <li>•</li> </ul>		
<p><b>JOINT PROGRAMME OUTPUT 1: HIV prevention</b></p> <p>Capacities at National, counties and community levels are strengthened to define, prioritize, implement gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV, at a scale to drive impact and achieve national HIV prevention targets</p>	<p><b>Specific Joint Programme Output 1.1. for 2022-2026</b>  Provide policy advice and strategic guidance to adopt, implement and monitor national policies, tools and targets for combination HIV prevention services for and with key populations and other groups at higher risk of HIV</p> <p><b>Indicator 1.1.1</b>  Evidence of recommended elements of evidence-based combination HIV prevention packages for key populations and other populations at risk of HIV are included in the national policies and strategies.</p> <p><b>Indicator 1.1.2</b>  Number of people from targeted populations (key &amp; vulnerable population) provided with evidence-based combination HIV prevention services</p>	
<p><b>JOINT PROGRAMME OUTPUT 2: HIV Treatment</b></p> <p>Capacities at national, counties and community levels are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</p>	<p><b>Specific Joint Programme Output 2.1. for 2022-2026</b>  Strategic convening of communities and multisectoral stakeholders in the country including international experts, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.</p>	<p><b>Specific Joint Programme Output 2.2. for 2022-2026</b>  Provide policy, advocacy and technical support to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections, and related access and update monitoring, and share good practices.</p>

	<p><b>Indicator 2.1.1</b> Guidance developed to support integrated service delivery of HIV and comorbidities.</p> <p><b>Indicator 2.1.2</b> Innovations implemented to optimize access to integrated HIV and comorbidity / coinfection services</p>	<p><b>Indicator 2.2.1.</b> National recommendations on HIV testing, treatment and service delivery have been updated and being implemented in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring</p> <p><b>Indicator 2.2.2.</b> Liberia implements recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery</p>
<p><b>JOINT PROGRAMME OUTPUT 3: Paediatric AIDS, Vertical Transmission</b> Capacities at national and subnational levels strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	<p><b>Specific Joint Programme Output 3.1. for 2022-2026</b> Support provided to adopt updated normative guidance, recommendations and develop and share best practices for elimination of vertical transmission and optimizing HIV testing, treatment and outcome for children and adolescents living with HIV</p> <p><b>Indicator 3.1.1.</b> Latest global normative guidelines for eliminating vertical transmission and ending paediatric AIDS adapted and adopted.</p>	<p><b>Specific Joint Programme output 3.2. for 2022-2026</b> Guidance and support provided to prioritize and implement sustainable, actions for eliminating vertical transmission and ending paediatric AIDS through building capacity, integration of HIV into maternal, neonatal, child and adolescent health and primary care, and through leveraging domestic and international investments.</p> <p><b>Indicator 3.2.1</b> HIV services for children integrated into at least 50% of primary healthcare sites.</p>
<p><b>JOINT PROGRAMME OUTCOME 2:</b> <b>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</b></p> <p><b>National HIV Targets</b></p> <ul style="list-style-type: none"> <li>• Target 5: Zero new HIV related discriminatory laws, regulations and policies exist</li> <li>• Target 6: 90% of Persons living with HIV have access to justice and can challenge rights violations</li> </ul>		

<ul style="list-style-type: none"> <li>• Target 7: Zero denial of health services based on perceived or positive HIV status</li> <li>• Target 8: Incidences of violence (sexual and GBV) are reduced</li> <li>• Target 10: Community system and CSO are strengthened and contribute significantly to accelerating the response</li> </ul> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care setting</li> <li>• National plan or strategy to address gender-based violence and violence against women that includes HIV (NCPI)</li> <li>• National target set on comprehensive knowledge of HIV among adolescents and young people (NCPI)</li> </ul>		
<p><b>JOINT PROGRAMME OUTPUT 4: Community-led responses</b> Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.</p>	<p><b>Specific Joint Programme Output 4.1. for 2022-2026</b> Develop and promote normative guidance and support advocacy strategies for community-led responses (network strengthening, legal literacy, advocacy, monitoring and service delivery), including those led by people living with HIV, key populations, women and youth</p> <p><b>Indicator 4.1.1.</b> Number of community-led organizations that received technical support and normative guidance to develop advocacy strategies or for other community initiatives</p>	<p><b>Specific Joint Programme Output 4.2. for 2022-2026</b> Provide technical and policy support to develop and expand partnerships between governments and community-led organizations, and support for greater engagement of networks in decision-making for community led responses, including on funding.</p> <p><b>Indicator 4.2.1</b> # and type of technical support on community- led responses provided for national and/or subnational government and other stakeholders</p>
<p><b>JOINT PROGRAMME OUTPUT 5: Human rights</b> Political commitment, community leadership, funding and evidence-informed action built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women, and girls.</p>	<p><b>Specific Joint Programme Output 5.1. for 2022-2026</b> Provide technical, policy and advocacy support on enabling legal environments for HIV and advocate in national forums for rights-based approaches.</p> <p><b>Indicator 5.1.1.</b> Activities supported to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response.</p>	<p><b>Specific Joint Programme Output 5.2. for 2022-2026</b> Provide technical and policy support in the implementation of sustainable programmes or reforms (e.g., curricula, law reform, access to justice) to reduce HIV related stigma and discrimination.</p> <p><b>Indicator 5.2.1.</b> Number of specific evidence- based actions supported from the Global Partnership to eliminate all forms of HIV related Stigma and Discrimination - National Zero Discrimination Action Plan for Liberia</p>
<p><b>JOINT PROGRAMME OUTPUT 6: Gender equality</b></p>	<p><b>Specific Joint Programme output 6.1. for 2022-2026</b></p>	<p><b>Specific Joint Programme Output 6.2. for 2022-2026</b> Provide policy and advocacy support to implement gender-responsive HIV prevention, treatment, care and support</p>

<p>Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality and work together to end gender-based violence in order to mitigate the risk and impact of HIV</p>	<p>Strengthen gender expertise to design, resource, implement, and monitor gender-transformative national and local HIV plans, policies, laws, and programmes, that address unequal gender norms, and to engage women and girls in all their diversity together with men and boys.</p> <p><b>Indicator 6.1.1.</b> Joint Programme support contributes to strengthening gender-transformative policies, financing and programmes, integrating gender equality into the national HIV response, and meaningfully engaging women in all their diversity, including those living with HIV.</p>	<p>services that are free of stigma and discrimination and that address gender-based violence.</p> <p><b>Indicator 6.2.1</b> Joint Programme provided policy and advocacy support to implement gender-responsive HIV prevention, treatment, care and support services that are free of discrimination and that address gender-based violence.</p>
<p><b>JOINT PROGRAMME OUTPUT 7: Young people</b></p> <p>Capacities are developed to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with lifesaving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.</p>	<p><b>Specific Joint Programme output 7.1. for 2022-2026</b></p> <p>Support scaling-up multisectoral interventions that promote life-skills and comprehensive sexuality education, access to youth-friendly sexual and reproductive health services and a seamless continuum across HIV prevention, treatment and care for adolescents and youth ages 10-24 years</p> <p><b>Indicator 7.1.1.</b> Support to implement the scale up of multisectoral interventions that align to ministerial commitments to increase access to youth-friendly sexual and reproductive health services and/or quality education, including comprehensive sexuality education, in order to improve young people's wellbeing.</p>	<p><b>Specific Joint Programme Output 7.2. for 2022-2026</b></p> <p>Technical support to institutionalize the expansion of youth-led responses, ensure greater involvement and leadership of young people in the HIV response (service delivery, monitoring, advocacy and governance) and to put in place adequate funding and policy frameworks.</p> <p><b>Indicator 7.2.1.</b> Policy support and advocacy received to develop costed and prioritized plans to advance youth-led responses.</p>
<p><b>JOINT PROGRAMME OUTCOME 3:</b></p> <p>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.</p> <p><b>National HIV Targets</b></p> <ul style="list-style-type: none"> <li>• Targets 9: Coordination and leadership of the national AIDS response is effectively delivered at the central and decentralized levels</li> <li>• Target 11: Increased Private sector engagement to fast track the national AIDS response</li> </ul>		

<ul style="list-style-type: none"> <li>• Targets 13: Required domestic financial resources are mobilized and utilized efficiently and effectively.</li> </ul> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Domestic and international HIV expenditure by programme category and financing source.</li> </ul>		
<p><b>JOINT PROGRAMME OUTPUT 8: Fully-funded, sustainable HIV response</b></p> <p>Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented</p>	<p><b>Specific Joint Programme output 8.1. for 2022-2026</b></p> <p>Advocate for, facilitate access to and guide HIV, health, and development financing mechanisms to advance national frameworks for more sustainable and equitable HIV financing including integrated into expanded pandemic preparedness financing, and related accountability.</p> <p><b>Indicator 8.1.1.</b> Implementation of measures advancing full and sustainable HIV financing developed and reported.</p> <p><b>Indicator 8.1.2.</b> Public disclosure of HIV-related budgets and spending information.</p>	
<p><b>JOINT PROGRAMME OUTPUT 9: Integrated systems for health and social protection</b></p> <p>Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection</p>	<p><b>Specific Joint Programme Output 9.1. for 2022-2026</b></p> <p>Provide policy guidance, advocacy and technical support and produce and share knowledge products to support and advocate for integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV.</p> <p><b>Indicator 9.1.1.</b> Key HIV services (antiretroviral treatment and pre-exposure prophylaxis) have been included in the national essential health services which is covered by national universal health insurance schemes.</p> <p><b>Indicator 9.1.2.</b> The 2021 WHO recommendations on screening and treatment for the prevention of cervical cancer for women living with HIV have been adopted into the national guidelines.</p>	<p><b>Specific Joint Programme output 9.2. for 2022-2026</b></p> <p>Improve data generation and better use of evidence to ensure access of people living with HIV to social protection and facilitate increased integration and linkages of HIV services in testing, treatment and care for other diseases and comorbidities.</p> <p><b>Indicator 9.2.1.</b> Joint Programme supported national stakeholders to generate data and use evidence to remove barriers and increase access to social protection programmes for people living with, at risk of or affected by HIV.</p>
<p><b>JOINT PROGRAMME OUTPUT 10: Humanitarian settings and pandemics</b></p>	<p><b>Specific Joint Programme Output 10.1. for 2022-2026</b></p> <p>Develop good practices, lessons learnt and field briefs in humanitarian settings on (a) strengthening the</p>	<p><b>Specific Joint Programme Output 10.2. for 2022-2026</b></p> <p>Advocate and provide technical assistance to contribute significantly to the building of strengthened health security pandemic preparedness and health systems that fully leverage</p>

<p>A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.</p>	<p>identification, diagnosis, management and outcome monitoring for people living with HIV and people with HIV/ TB, and (b) responding to the health and protection needs of people engaged in selling or exchanging sex in humanitarian settings.</p> <p><b>Indicator 10.1.1.</b> Types of targeted support received for strengthened diagnosis, treatment and outcome monitoring for persons living with HIV and persons with HIV/TB in humanitarian settings.</p>	<p>lessons from the HIV response and that are built in ways that also support platforms for the HIV response.</p> <p><b>Indicator 10.2.1.</b> Inclusion of HIV and essential HIV-related services in national health security pandemic preparedness plans.</p>
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### Annex iii: 2022-2023 Joint UN Plan on AIDS

<b>OUTCOME I: 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.</b>								
<b>JP Area outputs by 2023</b>	<b>Result</b>	<b>Jointly planned activities 2022-2023</b>	<b>Implementation period</b>	<b>Agency</b>	<b>Funding source</b>	<b>2022 Budget</b>	<b>2023 Budget</b>	<b>TOTAL BUDGET</b>
OUTPUT 1: HIV Prevention	1.1:	Conduct School Health Education with a focus on HIV/AIDS prevention through sensitization and awareness programmes	2022-2023	UNESCO	Cosponsor country envelope (CE)	7,500	7,500	15,000
	1.2:	Train school health Clubs and school authorities in HIV/AIDS prevention strategies	2022-2023	UNESCO	Cosponsor country envelope (CE)	6,500	8,000	14,500
	1.3:	Strengthen Comprehensive Sexuality Education (CSE) in schools with a focus on girls out of school and in school	2022-2023	UNESCO	Cosponsor country envelope (CE)	4,000	6,000	10,000
	1.4:	Develop, facilitate and execute end user demand creation strategies through; the development of communications and demand creation strategies and support training of workplace peer educators self-testing, encourage the use of the product, instill confidence around usage of the self-testing kits, and encourage linkage to treatment and prevention services. 80 workplaces will be targeted for the initiative.	2022	ILO	Cosponsor country envelope (CE)	5,000	5,000	10,000
	1.5:	Support Government in the implementation of the validated National HIV workplace policy specifically support HIV combination prevention and Innovative and targeted HIV testing and counselling programmes (including pilot HIV self-testing) targeting men in (informal and Formal Sectors)	2022-2023	ILO	Cosponsor country envelope (CE)	9,500	12,500	22,000
	1.6:	HIV prevention awareness, condom promotion and HIV screening and testing targeting youth key population and at-risk youth/youth on drugs (zogos & zogesse) through non-traditional hotspots and street outreaches in three high HIV burden counties	2022-2023	UNFPA	Cosponsor country envelope (CE)	33,000	36,500	76,800
	1.7:	Provide support to the Ministries of Education and Youth to deliver the content of the National Curricula on in and out of School CSE	2022-2023	UNFPA	Cosponsor non-core funds	230,000	145,000	375,000

	1.8: Procure condoms and lubricants as part of UNFPA contribution to the supply of SRHR commodities and life-saving drugs complementing the national supply chain	2022-2023	UNFPA	Cosponsor non-core funds	75,000	125,000	200,000
OUTPUT 2: HIV Treatment	2.1 Support the National HIV Program to implement Differentiated Service Delivery for HIV Treatment.	2022-2023	WHO	Non-UNAIDS funds	25,000	25,000	50,000
	2.2 Support the National HIV Program and National AIDS Commission to adopt new recommendations for HIV Testing and Treatment.	2022-2023	WHO	Non-UNAIDS funds	15,000	15,000	30,000
	2.3 Support the National HIV Program and the National AIDS Commission to generate strategic information to guide decision-making for HIV Treatment.	2022-2023	WHO	Non-UNAIDS funds	25,000	25,000	50,000
	2.4.: Support to improve the quality of HIV services through onsite mentoring, coaching, and need based refresher training	2022-2023	UNICEF	Cosponsor non-core funds	25,000	25,000	50,000
	2.5: Support procurement and distribution of Gene xpert cartridge, PPE to supported Health facilities	2022	UNICEF	Cosponsor non-core funds	10,000	-	10,000
	2.6: Support measures to promote HIV social health protection for vulnerable groups including PLHIV, People living with disability through advocacy and sensitization on the benefits and opportunities of health insurance coverage.	2022-2023	ILO	Cosponsor country envelope (CE)	2,500	2,500	5,000
	2.7: Support economic empowerment programmes through capacity building tailored to serve network of PLHIVs/PLWD, AGYW, to undertake measures to ensure equal opportunities and treatment through skills/Vocation development and business management training using the ILO start and improve your business approach with a view to support treatment adherence.	2022-2023	ILO	Non-UNAIDS funds	3,500	3,500	7,000
OUTPUT 3: Paediatric AIDS, Vertical Transmission	3.1: Support for the revision and costing of the national elimination plan (eMTCT)	2022	UNICEF	Cosponsor non-core funds	20,000	-	20,000
	3.2: Improve country capacity for Early Infant Diagnosis and paediatric HIV treatment, care, and support	2022	UNICEF	Cosponsor country envelope (CE)	12,000	10,000	22,000
	3.2: Support for data systems strengthening for the Real Time Monitoring of PMTCT/Paediatric HIV programmes	2022	UNICEF	Cosponsor non-core funds	15,000	-	15,000
	3.3: Support the conduct of PMTCT impact study	2022-2023	UNICEF	Cosponsor non-core funds	20,000	-	20,000
<b>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.</b>							

OUTPUT 4: Community- led responses	1.1: Support community-based structures (religious and traditional leaders) to ensure PLHIV, Key Pops and people at risk of HIV enjoy human rights, equality and dignity free of stigma and discrimination	2022-2023	UNDP	Non-UNAIDS funds	20,000	20,000	40,000
	1.3: Provide support for the adaptation and implementation of community led monitoring for improved HIV responses	Select	UNAIDS Secretariat	Secretariat core UBRAF allocation	15,000	10,000	25,000
	1.4: Support to rollout the Family HIV Testing approach to 3 additional disease burdened counties - Grand Bassa, Margibi, and Bomi	Select	UNICEF	Cosponsor country envelope (CE)	10,000	15,000	25,000
	1.5: Support integrated community outreach services and intense communication campaigns for demand creation	Select	UNICEF	Cosponsor country envelope (CE)	8,000	10,000	18,000
	1.6: Support community workers and peer supporters with experience in risk communication and community engagement to raise awareness on HIV related activities and services	Select	UNICEF	Cosponsor non-core funds	10,000	10,000	20,000
OUTPUT 5: Human Rights	2.1 Identify and support game changers and innovative strategies for reduction of HIV related stigma and discrimination and in support of the Global Partnership for the Elimination of HIV-related Stigma and Discrimination (including stigma index)	2022-2023	UNAIDS Secretariat	Secretariat core UBRAF allocation	50,000	25,000	75,000
	2.2 Provide technical assistance for the implementation of a legal environment assessment to determine punitive and discriminatory laws for HIV and develop an action plan	2022-2023	UNDP	Cosponsor country envelope (CE)	25,000	5,000	30,000
	Enter 3.1 Institutional capacity of Government, Employers and Workers Organizations strengthened to address multiple grounds of discrimination based on grounds such as gender (i.e. violence at work), HIV, and disability including mechanisms and options for redress and raise awareness through and strengthen their capacity to advocate for the ratification of ILO Convention 190 on Violence and Harassment at work as part of measures to ensure equality of opportunities and treatment for persons with HIV; disability	2022-2023	ILO	Non-UNAIDS funds	20,000		20,000
OUTPUT 6: Gender Equality	3.1: Support community members, community-based networks, and relevant CSOs for the acceptance of PLWHIV, LGBTIQs, and the physically challenged including change to address VAW&G, SGBV/HTPs to transform social norms, attitudes, and behaviors.	2022-2023	UN Women	Cosponsor country envelope (CE)	27,000	32,000	59,000

	3.2: Provide vulnerable and neglected women and girls including those living with HIV and AIDS with access to information on HIV/AIDS prevention and the referral pathway including economic empowerment opportunities to support their social protection	2022-2023	UN Women	Cosponsor core UBRAF allocation (HQ)	100,000	100,000	200,000
	1.2 Support CSOs to conduct awareness raising & advocacy activities on SGBV prevention to change laws and policies that are discriminatory and against women, especially those living HIV and AIDS	2022-2023	UNDP	Non-UNAIDS funds	15,000	10,000	25,000
OUTPUT 7: Young People	1.1: Support for adolescent HIV prevention and life skills educational interventions	2022-2023	UNICEF	Cosponsor core funds	15,000	15,000	30,000
	1.2: Support to conduct study on adolescents' retention in care	2022	UNICEF	Cosponsor core funds	10,000	-	10,000
<b>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.</b>							
OUTPUT 8: Fully funded HIV Response	1.1 Strengthen coordination and leadership capacity for sustainable and effective national HIV response to reach the 95-95-95 targets	2022-2023	UNAIDS Secretariat	Secretariat core UBRAF allocation	30,000	15,000	45,000
	1.2 Support Global Fund mechanism for effective and efficient allocation and use of HIV, TB, Malaria & COVID-19 resources including support for new funding requests	2022-2023	UNAIDS Secretariat	Secretariat core UBRAF allocation	15,000	40,000	55,000
	1.3 Support to national information systems strengthening and strategic information generation and use for effective programming	2022-2023	UNAIDS Secretariat	Secretariat core UBRAF allocation	15,000	40,000	55,000

**Annex iv: Joint Programme - Division of Labour**

JOINT PROGRAMME OUTCOMES	JOINT PROGRAMME RESULT AREAS AT OUTPUT LEVEL	DIVISION OF LABOUR AREAS (DOL)	DOL CONVEYORS	DOL AGENCY PARTNERS
<p><b>Joint Programme Outcome 1: Equitable and equal access to HIV services &amp; solutions maximized</b></p> <p>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</p>	<p><b>Result Area 1: HIV Prevention</b> Capacities at National, sub-national and community levels are strengthened to define, prioritize, implement and bring gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV, at an appropriate scale to drive impact and achieve national HIV prevention targets.</p>	<p>HIV prevention among key populations</p>	<p>UNFPA, UNDP</p>	<p>UNICEF, ILO, UNESCO, WHO,</p>
		<p>HIV prevention among young people</p>	<p>UNICEF, UNFPA, UNESCO</p>	<p>All Cosponsors</p>
		<p>Decentralization and integration of sexual and reproductive health and rights and HIV services</p>	<p>UNFPA, WHO</p>	<p>UNICEF, WFP, UNDP,</p>
	<p><b>Result Area 2: HIV Treatment</b> Capacities at national, sub-national level and community levels are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</p>	<p>HIV testing and treatment</p>	<p>WHO</p>	<p>UNHCR, UNICEF, UNFPA, WFP, UNDP, UN Women, ILO</p>
	<p><b>Result Area 3: Paediatric AIDS, Vertical Transmission</b> Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	<p>Decentralization and integration of sexual and reproductive health and rights and HIV services</p>	<p>UNFPA, WHO</p>	<p>UNICEF, WFP, UNDP,</p>
	<p><b>Result Area 3: Paediatric AIDS, Vertical Transmission</b> Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	<p>Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well</p>	<p>UNICEF, WHO</p>	<p>WFP, UNFPA,</p>
	<p><b>Result Area 3: Paediatric AIDS, Vertical Transmission</b> Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	<p>Decentralization and integration of sexual and reproductive health and rights and HIV services</p>	<p>UNFPA, WHO</p>	<p>UNICEF, WFP, UNDP,</p>
<p><b>Joint Programme Outcome 2: Barriers to achieving HIV outcomes broken down</b></p> <p>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</p>	<p><b>Result Area 4: Community-led responses</b> Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.</p>	<p>Community Empowerment</p>	<p>All Cosponsors*</p>	<p>All Cosponsors</p>
	<p><b>Result Area 5: Human Rights</b> Political commitment, community leadership, funding and evidence-informed action are built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with</p>	<p>Human rights, stigma and discrimination,</p>	<p>UNDP*</p>	<p>UNHCR, UNFPA, UN Women, ILO, UNESCO</p>

JOINT PROGRAMME OUTCOMES	JOINT PROGRAMME RESULT AREAS AT OUTPUT LEVEL	DIVISION OF LABOUR AREAS (DOL)	DOL CONVE NORS	DOL AGENCY PARTNERS
and structural drivers of the HIV epidemic are removed	and vulnerable to HIV, including key populations, women and girls.			
	<b>Result Area 6: Gender Equality</b> Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality and work together to end gender-based violence and to mitigate the risk and impact of HIV	Gender inequality and gender-based violence	UN Women	All other Cosponsors
	<b>Result Area 7: Young people</b> Capacities are developed to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.	HIV prevention among young people	UNICEF, UNFPA, UNESCO	All other Cosponsors
<b>JOINT PROGRAMME OUTCOME 3: Efficient HIV responses fully resourced, sustained and integrated into systems for health, social protection, humanitarian settings and pandemic responses</b>  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.	<b>Result Area 8: Funded HIV response</b> Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.	HIV Investment and efficiency	UNDP*	UNICEF, WFP, UNFPA, WHO
	<b>Result Area 9: Integration and social protection</b> Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection	HIV-sensitive social protection	WFP, ILO	UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO
		HIV and universal health coverage, tuberculosis/HIV, other comorbidities, and nutrition	WHO, World Bank	UNICEF, WFP, UNDP, UNFPA
	<b>Result Area 10: Humanitarian Settings &amp; Pandemics</b> A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.	HIV services in humanitarian emergencies	UNHCR, WFP	UNICEF, UNFPA, WHO
		HIV and universal health coverage, TB/HIV, other comorbidities and nutrition.	WHO	UNICEF, WFP, UNDP, UNFPA
		Investment and efficiency	UNDP*	UNICEF, WFP, UNFPA, WHO

\* Areas requiring an elevated focus and contribution from the Secretariat