

RESULTS REPORT

2024 Performance Monitoring Report

Additional documents for this item:

UNAIDS Performance Monitoring Report 2024: Executive summary (*UNAIDS/PCB (56)/25.7*)

UNAIDS Performance Monitoring Report 2024: Results by region (*UNAIDS/PCB (56)/25.9*)

UNAIDS Performance Monitoring Report 2024: Results by organization (*UNAIDS/PCB (56)/25.10*)

2024 UBRAF Indicator Scorecard (*UNAIDS/PCB (56)/CRP1*)

2024 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (56)/CRP2*)

Action required at this meeting:

The Programme Coordinating Board is invited to:

- *Take note*, with appreciation, of the 2024 Performance Monitoring Report, including its scope and depth; and
- *Encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs.

Cost implications for implementation of decisions: *none*

RESULTS REPORT

PERFORMANCE
MONITORING REPORT
2024



Table of contents

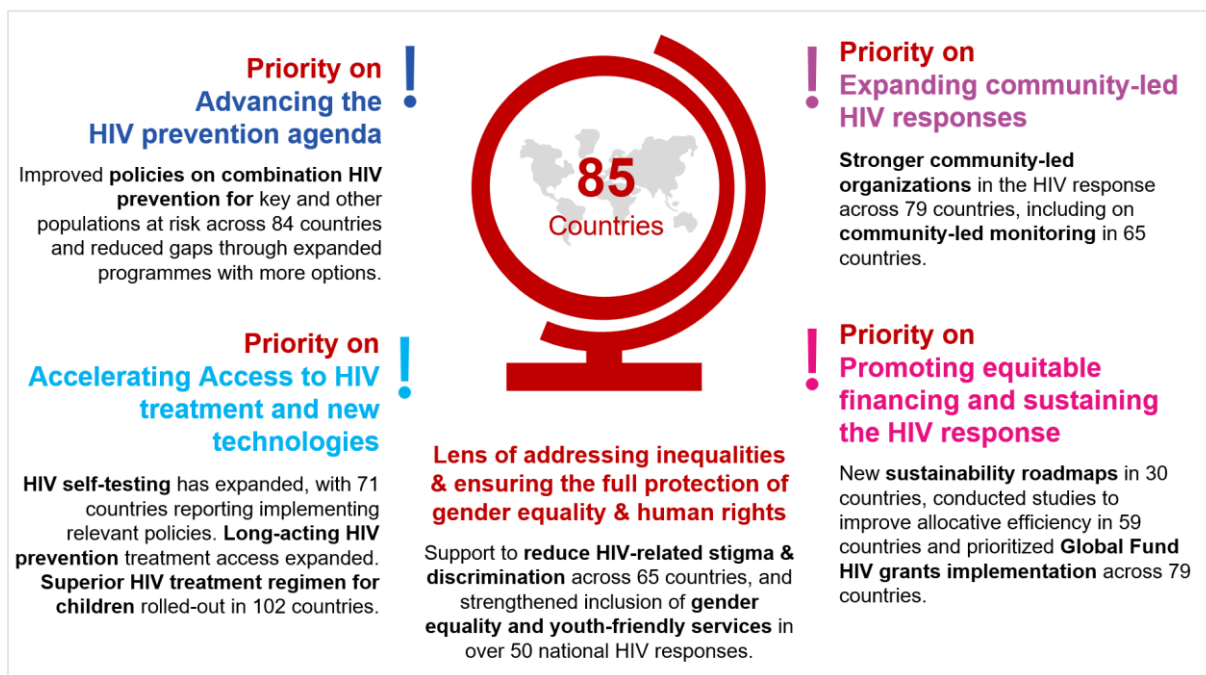
Introduction	5
Higher-level overview of 2024 results and investments	8
Outcome 1: Equitable and equal access to HIV services and solutions maximized	12
Result Area 1: HIV prevention.....	12
Result Area 2: HIV treatment	18
Result Area 3: Paediatric AIDS, vertical transmission	22
Outcome 2: Barriers to achieving HIV outcomes broken down	26
Result Area 4: Community-led responses	26
Result Area 5: Human rights	30
Result Area 6: Gender equality	35
Result Area 7: Young people	40
Outcome 3: Efficient HIV response fully resourced and sustained	44
Result Area 8: Fully funded, sustainable HIV response.....	44
Result Area 9: Integrated systems for health and social protection	48
Result Area 10: Humanitarian settings and pandemics	50
Strategic functions to deliver on the result areas	56
Contributions to the SDGs.....	63
Key challenges and lessons learned	64

Introduction

1. This Performance Monitoring Report captures progress during 2024, and does not reflect recent and current challenges in the global HIV response during 2025. The global HIV response is at a crossroads. By the end 2023, the world continued to move closer to the goal of ending AIDS as a public health threat by 2030. From 2010 to 2023, new HIV infections declined by 39% while annual AIDS-related deaths fell by 51%. During the same period, the number of children newly infected with HIV dropped by 62%. The most substantial gains have been made in sub-Saharan Africa, home to 65% of all people living with HIV. The historic scale-up of antiretroviral therapy (ART) continues, with 77% of adults living with HIV, but only 57% of children (aged 0–14 years) living with HIV accessing HIV treatment in 2023.¹
2. As shown by [the Mid-Term review of the Global AIDS Strategy 2021–2026](#) conducted in 2024, despite enormous progress, the world is not on track to reach this goal by 2030, as pledged in the 2021 Political Declaration on HIV and AIDS. Progress in the HIV response is uneven, and AIDS remains a major global health and development challenge. New HIV infections are on the rise in at least 28 countries in three regions. In a context of increasing restrictions on civic space and regression of gender equality and human rights that affect the HIV response in various countries, ending HIV-related inequalities remains a high priority. The HIV response is operating at different speeds in different parts of the world and among different communities and populations requiring differentiated responses.
3. The contribution of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to the implementation of the Global AIDS Strategy's three strategic priorities to reduce HIV-related inequalities and get the HIV response on-track to end AIDS as a public health was defined in UNAIDS [Unified Budget, Results and Accountability Framework 2022–2026](#) (UBRAF), which guides its operationalization.
4. The collective results of 11 UNAIDS Cosponsors and Secretariat highlighted in this 2024 Performance Monitoring Report (PMR), saved lives and helped further accelerate progress towards reaching the global AIDS targets by 2025 towards ending AIDS as a public health threat. Leading the multisectoral response, the Joint Programme continued to play a unique role bringing data and evidence, policy guidance, technical support, leveraging resources and dialogue between governments, communities, broader civil society and other partners for effective and sustainable HIV responses for the most impact.
5. Despite declining financing for the HIV response, in 2024, the Joint Programme continued its work to save lives, using its political influence to sustain commitments and turn them into evidence-informed, people-centred and more sustainable programmes including innovations for communities living HIV, at risk or and affected by HIV. In 2024, the Joint Programme further prioritized all its efforts to support countries around four clear priorities with illustrative results listed in figure 1 below. Those priorities were:
 - advance HIV prevention,
 - accelerate access to HIV treatment and new health technologies,
 - promote community-led HIV response, including community-led services and monitoring, and
 - ensure equitable financing and sustaining the HIV response

¹ As the 2024 Global AIDS Monitoring data will only be available in July 2025, the latest available global AIDS from 2023 is used for reference here. For more updated and disaggregated data, please visit: [AIDSinfo | UNAIDS](#)

Figure 1. Prioritized support to countries progress towards the 2025 Global AIDS targets including through Joint Teams on AIDS

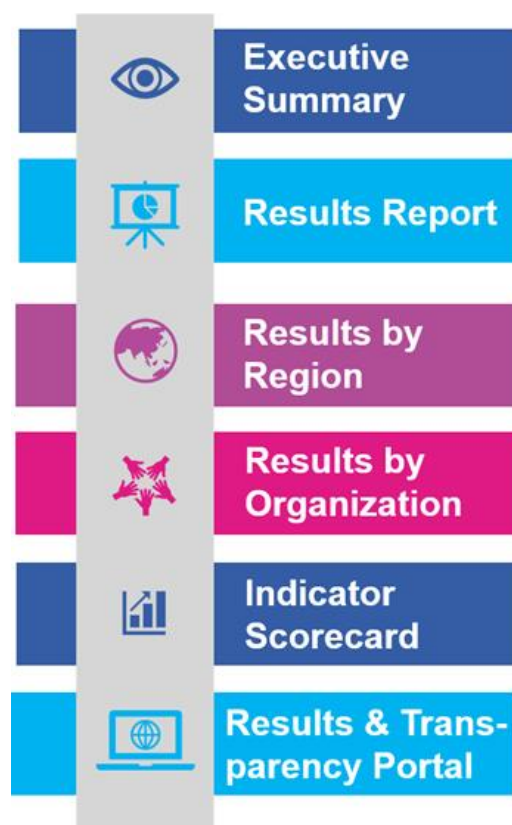


6. This report summarizes the Joint Programme's results in 2024 towards the UBRAF outcomes, which are fully aligned with and contribute to the Global AIDS Strategy's three strategic priorities:
 - **Outcome 1:** People living with, at risk of, and affected by HIV obtain equitable access and gain equitable benefits from 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 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 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.
7. This report presents the Joint Programme's collective results in 2024 in relation to these UBRAF outcomes, and the 10 interconnected result area outputs led by Cosponsors under each outcome, with the complementary results achieved under the Secretariat's five strategic functions to optimize the effectiveness of the Joint Programme's actions. The report also shows how the Joint Programme's results contributed to the Sustainable Development Goals (SDGs) and it outlines key challenges and important lessons learned.
8. For each result area output, the report describes contributions made towards the agreed specific 2024–2025 outputs, as defined in the [UNAIDS 2024–2025 Workplan and Budget](#) which the UNAIDS Programme Coordinating Board (PCB) approved in June 2023. That document was complemented by the [Follow-up actions to the 2024–2025 Workplan and](#)

[Budget \(UBRAF\)](#), which was presented to and noted by UNAIDS PCB in December 2023 and which defined further strategic priorities and funding scenarios in the context of a funding shortfall.

9. Under each result area output, the report provides a narrative describing the key Joint Programme's results accompanied with quantified indicator progress towards agreed 2025 milestones, as per the agreed [UBRAF Indicator matrix](#), noting some of the 2025 milestones and 2026 targets were updated as part of the 2024–2025 Workplan & Budget with related justification. High performance was sustained, as shown by progress against the 45 UBRAF indicators and towards the 2025 milestones.² This was done through strong prioritization, though some areas suffered from reduced capacities due to a lack of funding. For conciseness and clarity, indicator reporting in this results report is summarized, while the full indicators report is available in the Indicator Scorecard.
10. The Joint Programme also confronted considerable challenges, including funding shortfalls for its UBRAF core resources, loss of capacity and declining financing for the global HIV response overall. While demands for support remain high, increasing restrictions on civic space and regression of gender equality and human rights also affected the HIV response in many parts of the world. Through implementation of strategic and operational efficiencies and a further comprehensive re-prioritization, the Joint Programme continued to display leadership and drive progress towards ending AIDS even in the face of an increasingly complex and difficult global environment.
11. The UNAIDS PMR is a comprehensive and integrated report package, which presents the main results of the Joint Programme (Figure 2). Budget implementation information (all core and non-core budget and expenditures and encumbrances) is presented in detail in the PMR executive summary (Annex 2), including breakdown by organization, result area, region and costs category.

Figure 2. 2024 Performance Monitoring Report package



² As stated in the UBRAF Indicators matrix and guidelines, due to the different reporting timeline for the Global AIDS Monitoring (GAM), in cases where the GAM is used as data source for reporting against UBRAF indicators, the latest available validated data (2023) are used for this PMR since the 2024 data will only be available after submission of the annual PMR to the PCB.

Higher-level overview of 2024 results and investments

12. The results achieved by the Joint UN Programme helped save lives and advanced further progress towards achieving the global AIDS targets and ending AIDS as a public health threat. Figure 3 summarizes key changes and building blocks for the HIV response, which the Joint Programme achieved for each of the three strategic priorities of the Global AIDS Strategy and UBRAF outcomes. Figures 3 and 4 show the linkages between results and investments by outcome and result areas (led by the 11 Cosponsors) along with the complementary Secretariat strategic functions.

Figure 3. UNAIDS results help save lives³



*updated visual to be provided after June 2025 with information on 2024 Global AIDS Monitoring data

³ Impact-level data are from UNAIDS global data on the HIV pandemic and response and are available at [AIDSinfo](https://aidsinfo.unaids.org/).

Figure 4. 2024 Joint Programme results and investment by result areas and outcomes

2024 expenditure & encumbrances (in US\$) *

\$ 242.6 million core & non-core

2024 selected results

Outcome 1	Core and Non-Core US\$ 99.6 million	HIV combination prevention: normative guidance, tools and technical support for national policies for targeted impactful interventions at scale especially for priority and key populations including innovations and differentiated services delivery
		Paediatric AIDS, vertical transmission: Guidance for elimination of vertical transmission, optimized testing & treatment, stronger national capacities, integrated & financed systems to close gaps. thanks to Global Alliance to end AIDS in
		HIV testing, treatment, care, and support: normative guidance for best HIV testing and treatment options policies and scaled up implementation, including innovations, integrated services for coinfections, access to new health technologies.
Outcome 2	Core and Non-Core US\$ 90.10 million	Community-led responses: Advocacy, guidance and promotion of evidence and good practices, partnerships and support for community leaderships and expanded community-led HIV response including monitoring and financing.
		Human rights: Advocacy, guidance and technical support for removal of punitive/discriminatory laws and policies, expanding rights-based HIV programmes including to eliminate stigma & discrimination, response to HIV-related human rights crises.
		Gender equality: Advocacy, guidance & tools for more gender responsive HIV responses through national expertise, women empowerment & partnership for improved gender norms & reduced GBV.
		Young people: Commitments and support for youth leadership and youth-friendly HIV and sexual and reproductive health interventions, including comprehensive sexuality education
Outcome 3	Core and Non-Core US\$ 52.9 million	Fully funded HIV response: Strategic HIV financing tracking & analysis, advocacy & guidance for high impact domestic, Global Fund and PEPFAR investments, efficiencies, innovations incl. social contracting and leading new sustainability agenda
		Integration & social protection: Guidance, tools and support for HIV-sensitive social protection and integrated services and systems for HIV, STIs, hepatitis, cervical cancer and other
		Humanitarian settings & pandemics: Coordination, policy, and support to sustain HIV services in humanitarian settings including innovations. Lessons from AIDS pandemic shared.

* Excluding UNDP & UNICEF Global Fund expenditures

Figure 5. 2024 UNAIDS Secretariat results and investment by strategic function

2024 expenditure & encumbrances		2024 selected results	
US\$ 198.9 million core & non-core			
SF 1	Core and Non-Core US\$ 77.6 million	Leadership and advocacy: Sustained high-level political commitment on and call for action on key HIV issues. Updated evidence-informed National HIV Strategic Plans. Convened meaningful dialogues between people living with HIV, key populations, affected women and girls, young people and government institutions for decision making on HIV priorities. Boosted local action in Fast Track cities.	
SF 2	Core and Non-Core US\$ 33.9 million	Partnerships, mobilization & innovation: Key partnerships united efforts for action including with countries, communities, Global Fund, PEPFAR and others. Focused strategic initiatives drive action to close gaps: Global Prevention Coalition, Global Alliance to End AIDS in Children, Global Partnership to eliminate stigma & discrimination and Education Plus Initiative	
SF 3	Core and Non-Core US\$ 27.9 million	Strategic Information: Generated state-of-the-art analysis and largest global HIV data tracking HIV pandemic, response and inequalities, policies and financing. Reduced key data gaps, updated HIV estimates, guidance for evidence-informed global and national targets, programmes & investment for impact, expanded community-led monitoring.	
SF 4	Core and Non-Core US\$ 34.5 million	Coordination, convening and country implementation support: Effective support to national response through Joint UN Teams on AIDS and other technical support for high impact national strategies, programmes & financing. Leveraged UN power for HIV and SDGs through UN Sustainable Development Cooperation Framework (UNSDCF).	
SF 5	Core and non-core US\$ 25.0 million	Governance and mutual accountability: Solid and inclusive governance, sound management, oversight & performance reports, intensified resource mobilization, new Results & Transparency portal, high compliance with UN reform and implementation of and follow up on evaluations.	

13. These results were made possible by the mobilization of resources and donor funding that were invested in the Joint Programme to deliver on its mandate. However, in a context of overlapping global challenges and due to the continued important funding decline, the Joint Programme had to operate on a reduced budget in 2024. This required further programmatic prioritization and caused a loss of capacities and resources to implement key activities to support countries.

14. The 2024–2025 budget approved by the PCB and updated in the Follow-up action to the 2024–2025 Workplan & Budget, as well as the 2024 expenditure and encumbrances, are provided for all result areas and strategic functions sections of the report, linking results and investments. For the sake of conciseness, detailed budget implementation information is available in the executive summary and is not repeated here.
15. As a result of sharper programmatic, geographic and financial prioritization, additional organizational efficiencies and effectiveness at all levels, strong budgetary discipline and prioritized programmatic focus, the Joint Programme continued to effectively deliver for countries and communities, while also enhancing accountability for results. As this report demonstrates, this "high-value-for-money" approach allows the Joint Programme to deliver through its country presence, regional and global partnerships and solid expertise.
16. However, crucial capacities across the Joint Programme are being eroded by significant and increasing underfunding in recent years, as highlighted in the [Follow-up 2024–2025 Workplan Budget](#), which was presented to the December 2023 PCB. Further loss of staff and capacities have been experienced across the Joint Programme at all levels since then. Current funding levels are not sustainable: a fully funded UBRAF is essential for ending the AIDS epidemic.
17. This report highlights the transformative power of the multiple partnerships leveraged by the Joint Programme. Although progress in the global HIV response is inspiring, the AIDS pandemic is far from over. Indeed, the global response is at a critical juncture. While more than two decades of progress have laid the groundwork for ending AIDS as a public health threat in many countries, new HIV infections are increasing in several others and the number of lives claimed by AIDS remain unacceptably high. Increasingly, the populations who are most vulnerable to HIV are being left behind, often due to societal and structural barriers that reduce their ability to access and use essential services.
18. Barriers to human rights and diminishing civic space in many countries further undermines efforts to end AIDS. HIV-related inequalities persist, especially for children, key and other priority populations, and women and girls.
19. The Joint Programme in 2024 revitalized and greatly intensified efforts to advance the HIV response sustainability agenda. However, the drastic reduction in overseas development assistance (ODA) and financing for HIV since early 2025 puts at risk even essential HIV services and has led to a much greater sense of urgency to mitigate impact of the funding losses and accelerate sustainability efforts.
20. The Joint Programme's multisectoral approach and partnerships, data, bold advocacy and support for evidence-informed and people-centred policy changes are more crucial than ever for closing HIV services gaps and ensuring more sustainable responses to achieve the global AIDS targets and end AIDS as a public health threat.

Outcome 1: Equitable and equal access to HIV services and solutions maximized

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.

Result Area 1: HIV prevention

2024 Expenditures and Encumbrances for all Cosponsors 2024 against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$10 835 302	\$10 374 608	\$32 445 800	\$37 311 201	\$43 281 102	\$47 685 809

Normative and implementation guidance provided to countries for combination HIV prevention interventions for and with key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.

21. The Joint Programme's normative and implementation guidance and technical support further improved access to better targeted combination HIV prevention interventions including innovations.

22. Globally, 94% of reporting countries (162) have incorporated WHO recommendations on pre-exposure prophylaxis (PrEP) into their national guidelines. A further breakdown on modalities is available for 95 countries: 73 countries now recommend both daily oral PrEP and event-driven (on-demand) PrEP, while 22 countries recommend daily oral PrEP only. In 2024, WHO released new [Guidelines for HIV post-exposure prophylaxis \(PEP\)](#), prioritizing broader access to post-exposure prophylaxis (PEP), including through community-based delivery and task sharing to mitigate barriers such as stigma and to ensure timely access post exposure.

Indicator progress on HIV prevention (RA 1)⁴

- **84 countries** improved their national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infection.
- **84 countries** received technical and/or implementation support to scale up combination HIV prevention programmes.

23. UNDP worked with Burundi, Colombia, Cuba, Kyrgyzstan, Pakistan, Republic of Congo, Tajikistan and Zimbabwe to scale up PrEP for key populations. WHO is developing guidance on offering Lenacapavir for HIV prevention as well as testing for PrEP users with a focus on long-acting products, for release in July 2025. A toolkit module developed by WHO is supporting introduction and uptake of all three WHO-recommended PrEP products: oral PrEP, the dapivirine vaginal ring, and long-acting injectable Cabotegravir. UNFPA supported the integration of WHO prequalified syphilis and dual HIV/syphilis tests into country procurement systems, improving sexually transmitted infection (STI) diagnostics. UNICEF and UNFPA helped accelerate PrEP use by adolescent girls and young women by expanding new service delivery channels for PrEP, such as pharmacies, and by supporting the roll-out of new, longer-acting products. In Thailand,

⁴ The Joint Programme data in the UBRAF Indicator progress boxes are 2024 data. Further information on the 2022–2026 UBRAF indicators' definition and results in 2024 can be found in the Indicator Scorecard.

with UNICEF support, a national protocol for delivery of oral PrEP to adolescents was validated, with a focus on young key populations.

24. New evidence increasingly informs strategic planning for impactful HIV prevention programmes. Through support provided under the umbrella of the Global HIV Prevention Coalition (GPC), co-convened by UNFPA and the Secretariat, 31 countries assessed their epidemics and identified barriers to prevention by using HIV prevention scorecards. In addition, 25 countries developed HIV Prevention Road Maps or strategies; 22 countries set granular targets and developed costed prevention plans; 26 countries addressed legal, policy and structural barriers; and 14 countries integrated milestones for new prevention technologies into their HIV prevention strategies. As a part of the GPC, UNDP and UNFPA advanced progress on addressing the structural aspects of combination HIV prevention.
25. As of 2023, reductions in new HIV infections since 2010 have been steeper and faster in Coalition focus countries than in the rest of the world, with eight GPC focus countries having reduced their annual numbers of new HIV infections by at least 66% since 2010.
26. In 2024, UNFPA interventions averted an estimated 264 000 new HIV infections, 31 million unintended pregnancies and 11.5 million sexually transmitted infections. UNFPA promoted prevention demand creation; procured an estimated 1.4 billion condoms; updated the Comprehensive Condom Programming Framework; and integrated double-method promotion of condoms and long-acting reversible contraceptives to maximize protection against HIV, STIs and unintended pregnancies. It also fostered integration, innovative solutions and partnerships such as geospatial hotspot mapping and digital platforms for condom distribution in three countries and the successful pilot-testing of a redesigned male condom with the Massachusetts Institute of Technology to address declining use among men. Through the UNDP-Global Fund partnership, HIV prevention services were provided to more than 1.46 million people. In Cuba, for example, the community-led and home-based HIV and STI prevention programme Visitador@s programme reached 146 000 people.
27. Catalytic support from the Joint Programme led to uptake of priority HIV prevention interventions. In 2021–2024, the number of people initiating PrEP grew from fewer than two million cumulative PrEP initiations to over 6.5 million. Uptake of long-acting cabotegravir and Dapivirine expanded thanks to technical guidance and support of WHO in Eswatini, South Africa, Zambia and Zimbabwe. WHO also supported several countries in developing and updating sustainability plans for voluntary medical male circumcision (VMMC), with plans completed in Kenya, South Africa, the United Republic of Tanzania and Zambia. Community, government, research and partners from Cambodia, Indonesia, Papua New Guinea and the Philippines, brought together by the Secretariat, WHO and ThinkPlace, improved their knowledge on the acceptability and feasibility of Dapivirine vaginal ring and discuss next steps for phased implementation.
28. UNODC supported the development and implementation of national strategies and guidelines for HIV in prison settings in Bangladesh, Ethiopia, Indonesia and Nepal, as well as prison health system assessments which informed national policy reforms in Ethiopia, India, Philippines, South Sudan and Togo. Thanks to UNODC support, HIV, viral hepatitis and tuberculosis (TB) services were expanded in correctional settings in 18 countries after training was provided to over 500 prison healthcare providers, administrators and national stakeholders on HIV prevention, treatment, opioid agonist therapy (OAT), overdose prevention and management, and vertical HIV transmission prevention.

29. UNODC supported integrated bio-behavioural surveillance studies on HIV in prisons in Angola and the Islamic Republic of Iran, as well as surveys among people who inject drugs in Mozambique and South Africa and a high-risk drug survey in Kazakhstan to monitor substance use patterns. UNODC supported the South African National AIDS Council in reactivating its technical working committee for people who use drugs. A framework for collaboration and strategic direction emerged from a meeting which brought together over 40 stakeholders from government, civil society and the UN. In Thailand, UNODC supported policy discussions with the Ministry of Public Health and civil society on expanding harm reduction services and integrating them into the national health insurance scheme.
30. UNFPA and UN Women supported the development of Kenya's HIV Prevention Acceleration Plan 2023–2030. Through multisectoral collaboration with national authorities and key women's and faith-based organizations, UN Women facilitated the expansion of community-based HIV-related services and prevention of violence against women, particularly in hard-to-reach remote areas. In Cameroon, UNHCR assisted local partners in recruiting 88 community health workers in seven refugee sites, reaching almost 34 000 refugees through awareness-raising campaigns and providing voluntary HIV testing to 6,756 persons. In Burkina Faso, the World Bank's Health System Performance Strengthening Project increased uptake and ensured availability of contraceptives (including condoms) among adolescents and women. Some 2.7 million women received a family planning consultation service.
31. ILO worked to strengthen HIV prevention in the workplace in 35 countries. For example, in Indonesia, a rolled-out e-learning platform assisted 567 companies in 38 provinces companies in developing their own prevention programmes, contributing an investment of approximately US\$ 1.5 million in workplace HIV prevention efforts. In Malawi, ILO and the Secretariat trained 36 leaders from the Plantation and Agriculture Workers Union, as well as members of the police, immigration and healthcare areas on workplace programmes. Support from ILO and the Secretariat reached over 6,500 civil servants through HIV workplace strategies in Mozambique and provided HIV prevention training to 400 workers and managers at the Zimbabwe Electricity Supply Authority. The ILO and UNAIDS Secretariat helped ensure that Zambia's National AIDS Strategic framework reflected the critical role of the workplace in national HIV prevention efforts.
32. Prioritized support focused on expanding HIV prevention among key populations. WHO continued to disseminate the [2022 Consolidated guidelines on HIV, Hepatitis and STI prevention, testing, treatment and care for key populations](#), including through the development new seven new policy briefs in collaboration with community-led global networks of key populations. WHO, the Secretariat and Youth LEAD organized a workshop on HIV and STI prevention for young key populations in the Asia-Pacific region, which was attended by youth-led organizations, government representatives from 12 countries and other partners. This led to the development of draft country roadmaps for country-specific, young key population-specific HIV and STI prevention services. A landmark resolution endorsing harm reduction was also adopted by the UN Commission on Narcotic Drugs.
33. The Joint Programme further helped address the HIV prevention needs of young people. UNFPA and UNESCO champion Comprehensive Sexuality Education (CSE) through collaborations with governments and civil society, delivering programmes both within and beyond school settings including community-based training and outreach to empower young people with essential knowledge and skills. The Global Partnership Forum on CSE is co-convened by UNESCO and UNFPA and brings together 75 member organizations. It facilitated knowledge, evidence and best practice sharing of intelligence, evidence and collaboration for improved programming and global progress on CSE.

34. UNFPA supported 86 countries in implementing in-school CSE, focusing on aligning national policies and curricula with international standard. The UNFPA- led Global Programme on out-of-school CSE empowered marginalized adolescents and youth, including those living with HIV and young key populations with vital sexual and reproductive health (SRH) information, skills and access to services through community-based approaches in 12 countries. In 2024, 27 million learners were reached with life skills-based HIV and sexuality education with UNESCO support. Within the framework of the “Our Rights, Our Lives, Our Future” Programme, over 50 000 pre-service teachers and 41 000 in-service teachers were trained to strengthen their capacity on CSE and school violence prevention, reaching over 23.4 million young learners in nearly 190 000 schools with quality CSE and prevention education on preventing early and unintended pregnancies, HIV other STIs and sexual and gender-based violence. In Latin America and the Caribbean, UNESCO supported a CSE community of practice involving over 1,400 CSE practitioners.
35. UNICEF provided technical guidance and implementation support to scale up combination prevention programmes for youth in 32 countries. UNICEF’s expertise in the generation of disaggregated adolescent data is enabling national governments to identify gaps in HIV prevention programmes and to more accurately focus interventions. For example, UNICEF supported the government in Kenya to use analysis to develop the [“Commitment Plan to End the Triple Threat”](#) of new HIV infections, mistimed pregnancies and sexual and gender-based violence, targeting interventions to benefit 9,200 adolescents and young people. In Somalia, WFP used culturally relevant, locally adapted messages to increase HIV awareness among school-aged children and adolescents through HIV-enriched training materials for teachers and community educators.
36. Special initiatives also focused on HIV prevention for adolescent girls and young women, including responding to their need for SRH services. UN Women invested in evidence-based strategic interventions to transform unequal gender norms and prevent HIV in 14 countries. In Ethiopia, implementation of the “SASA!” community mobilization initiative in the Oromia region was associated with an increase in community-wide rejection of violence against women from 50% to 73% and an increase in recognition of the links between violence and women’s vulnerability to HIV from 69% to 92%. Initiatives supported by UN Women engaged over 2,000 men and promoted positive concepts of masculinity to prevent violence against women in Sierra Leone; led to transformative community dialogues with religious and traditional leaders to tackle harmful social practices and promote norms that counter violence against women in Lesotho; and raised awareness of the links between violence and HIV prevention among religious leaders, local authorities and community leaders in the Central African Republic and Kenya.
37. UNICEF in 2024 made an institutional commitment to improve HIV and SRH outcomes for adolescent girls and young women in 11 countries in sub-Saharan Africa, with a focus on combination prevention, youth-led accountability initiatives, young mentor mother programmes and service integration. UNICEF collaborated with Johns Hopkins University to analyse contextually specific drivers of HIV risk among adolescent girls and young women, and to tailor differentiated, targeted HIV prevention strategies for them and their partners in western and central Africa.
38. The Global Financing Facility for Women, Children and Adolescents (GFF), hosted at the World Bank, provided financing and technical assistance to help integrate SRH services into comprehensive health benefits packages and implement necessary health systems and financing reforms to accelerate results. Since its implementation in 2015, the GFF has reached 630 million women and girls with modern contraceptives, including condoms, thereby mitigating the spread of STIs such as HIV.

Regional stewardship instituted and countries supported under the Global HIV Prevention Coalition to put into action and monitor the 2025 HIV Prevention Road Map.

39. Regional stewardships to sustain more effective HIV prevention is stronger as a result of the Joint Programme's work. In Latin America and the Caribbean, the Horizontal Technical Cooperation Group connects HIV programme leaders across 20 countries to enhance cooperation and advance a rights-based approach to prevention. In western and central Africa, a precision HIV prevention workshop convened by the Secretariat in Cameroon, with representatives from eight countries, led to focused prevention strategies that are aligned with the Global Prevention Coalition HIV Prevention Road Map 2025. In Asia-Pacific, a regional HIV prevention meeting in Thailand brought together 13 countries to assess prevention gaps and develop country-specific action plans to increase HIV prevention coverage, particularly among key populations. It also led to a new Asia-Pacific HIV Prevention Task Force to coordinate and accelerate HIV prevention efforts, build greater political commitment and share knowledge. Capacities were built across countries in eastern and southern Africa to strengthen regional HIV prevention strategies through South-South learning exchanges, including virtual and physical learning sessions organized by the GPC South to South Learning Network, which is co-chaired by UNFPA and the Secretariat.
40. The Multisector Leadership Forum, set up with the support of the GPC Secretariat, serves as a peer-learning platform for national AIDS councils and Ministries of Health and fosters cross-country collaboration on HIV prevention stewardship, financing and sustainability. In the past three years, it convened 17 meetings that facilitated the sharing of best practices and discussions on tackling challenges and aligning national HIV prevention strategies with global commitments. The Forum's work has directly influenced the integration of prevention targets into national policies in several countries.
41. In addition, technical assistance for HIV prevention demand generation was provided in nine GPC focus countries and several countries (including Eswatini, Indonesia, Kenya, Lesotho and Malawi) used the GPC scorecard to improve HIV prevention for adolescent girls and young women and their male sexual partners. Ethiopia, Lesotho, Malawi and Namibia used the Condom Needs Estimation Tool to develop condom needs estimates. Prevention Acceleration Teams improved HIV prevention stewardship in Ghana, Mozambique, Nigeria and Zambia by enhancing national coordination, resource utilization and strategic implementation in line with the 2025 HIV Prevention Road Map.
42. To facilitate implementation of Resolution 60/2 of the Commission on the Status of Women on Women, the Girl Child and HIV and AIDS, UN Women and UNFPA supported the Southern Africa Development Community (SADC) to develop a sexual and reproductive health and rights (SRHR) strategy and the subsequent SADC HIV/AIDS Strategic Framework (2025–2030) to roll out a regional framework to prevent HIV, particularly among adolescent girls and young women. UNFPA further supported the revision of the SADC Key Population HIV/SRH Strategy, which expanded the focus on SRH/HIV integration and programming in emergency settings and was endorsed at the 2024 SADC Health Ministers session. The HIV/AIDS Strategic Framework awaits approval.
43. UNODC supported prevention strategies and activities related to drug use and HIV in 24 countries and it supported strategies focused on prisons in 30 countries. Together with UNFPA and UNDP, it put into action the 2025 HIV Prevention Roadmap in relation to people who use drugs and people in prisons. Thanks to UNODC technical and policy support, OAT services were expanded in several countries. The work included new national OAT clinical guidelines in Algeria and Egypt; a review of the national guideline

on methadone maintenance therapy in Viet Nam; and initiation of national OAT programmes in Jordan, Libya, Oman, and Tunisia. Trainings on OAT administration in prisons reached over 17 000 healthcare professionals, policymakers and community representatives in Afghanistan, Bangladesh, Egypt, Malawi, South Africa and Viet Nam.

44. UNODC facilitated harm reduction capacity-building through national and regional initiatives in Bangladesh, Laos, Malawi, Malaysia and South Africa, which is strengthening service delivery, policy reform and community engagement in those countries. In South Africa, UNODC, in partnership with the Global Fund, WHO and the Secretariat, convened a high-level harm reduction meeting with 37 stakeholders to advance OAT expansion, needle and syringe programmes and improve access to methadone and naloxone. A South-South exchange workshop, facilitated by UNODC, brought together national stakeholders from Viet Nam and Thailand responsible for harm reduction, HIV prevention and care for people who use drugs.

Result Area 2: HIV treatment

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$4 112 578	\$3 464 951	\$28 145 500	\$31 357 102	\$32 258 078	\$34 822 052

Scientists, communities and multisectoral stakeholders strategically were convened, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV integrated services and develop normative, strategic and implementation guidance.

45. Mid-2024, WHO convened HIV and TB national programmes from multiple countries to accelerate TB/HIV response. They reviewed the status of integrated services with a focus on TB screening and diagnosis in people living with HIV, scaling up of TB preventive treatment, recommendations on HIV treatment in people with diagnosed and presumptive TB, and integration implications for advanced HIV disease. Countries reported on uptake of and alignment with key WHO recommendations on TB/HIV and their plans for the next two years. WHO also convened a high-level dialogue on TB/HIV at the AIDS2025 conference and co-organized a special session at the World Conference on Lung Health on TB, HIV and co-morbidities to enhance research on TB/HIV.

Indicator progress on HIV treatment (RA 2)

- In 2023, **17 countries** adopted at least two key recommendations from the guidance for integrated service delivery of HIV and comorbidities by 2025.
- In 2023, **38 countries** supported by the Joint Programme fully updated and implemented their national recommendations on all 3 policy components (HIV testing, treatment and service delivery).
- In 2023, **79 countries** supported by the Joint Programme adopted the WHO-preferred first-line antiretroviral combination for treatment initiation in national guidelines in alignment with the 2021 WHO consolidated guidelines.
- In 2023, **40 countries** supported by the Joint Programme included three months of weekly rifapentine plus isoniazid (3HP) in national guidelines.

46. A set of strong and clear recommendations and follow-up actions to accelerate testing as a gateway to HIV prevention and treatment services was agreed by consensus during the thematic session of the 53rd PCB meeting. Informed by an evidence-informed dialogue, background and best practice case studies from about 30 countries, these recommendations guide actions to: accelerate the implementation of an evidence-based, people-centred and differentiated mix of HIV testing approaches; strengthen community-led service provision, including testing conducted by lay-providers after training; ensure quality of HIV testing; integrate community generated data to enhance service quality and decision-making; review legal and administrative provisions on the age-of-consent for HIV testing; and address gaps of funding, research and access.
47. UNAIDS rallied PCB members and other Governments, private sector stakeholders, communities and other partners to ensure rapid, affordable and equitable access to new breakthrough HIV technologies through technology sharing, decentralized global

production, and research and development of products that meet the needs of diverse regions. The UNAIDS Executive Director and the Global Council on Inequality, AIDS and Pandemics urged Governments to support a new G20 Alliance proposed by the Brazilian government to enable the production of life-saving medicines in every part of the world. Ministers at the G20 Ministerial in Rio De Janeiro later committed to fight the inequalities that drive AIDS and other pandemics and endorsed a new “Global Coalition for Local and Regional Production, Innovation and Equitable Access” to overcome unequal access to vaccines, therapeutics and diagnostics, and other health technologies.

48. WHO continued to promote key recommendations from its “Consolidated Guidelines on HIV prevention, testing, treatment, service delivery and monitoring” through global and regional events and webinars. Updates to these guidelines focus on the transition to the preferred Tenofovir Disoproxil, Lamivudine and Dolutegravir combination antiretroviral (ARV) regimen; optimization of second- and third-line regimens; and improved management of co-infections and comorbidities, especially in older adults. A WHO report summarized available data on the safety of Dolutegravir (DTG) as first- and second-line treatment, covering cardiometabolic risks and DTG resistance risks. WHO also provided the latest available evidence on HIV drug resistance in its “2024 HIV Drug resistance report”, which included recent data on resistance in the context of integrase strand transfer inhibitors used for HIV prevention and treatment.
49. New WHO recommendations on HIV testing were disseminated through multi-country and regional meetings. A self-testing toolkit was launched in Cairo in 2024. WHO also updated the 2023 systematic review and network meta-analysis on use of Darunavir and recycling Tenofovir as nucleoside reverse transcriptase inhibitors backbone in second-line ARV regimens in July 2024.
50. Strategic analyses done by UNICEF have informed evidence-based action to reduce gaps in care among adolescents. An estimated 3.1 million people aged 15–24 years were living with HIV in 2023, including 1.9 million adolescent girls and young women. The analyses showed ART coverage among adolescents 10–19 years had increased to only 65%, and they highlighted the persistent vulnerabilities of young people, including the triple threat to adolescent girls of early pregnancy, HIV and gender-based violence.

Policy, advocacy and technical support provided to countries 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 for comorbidities and coinfections.

51. Nearly all (99%) countries have adopted WHO’s recommended “treat all” approach; 73% have endorsed routine viral load monitoring for adults and adolescents; 82% provide for rapid initiation of ART on the same day as diagnosis (a 49% increase since 2020); and 78% have reduced the frequency of pickup of ARV medicines. The use of DTG as part of preferred first-line ART has increased substantially, with 92% (118 of 128) of reporting countries adopting it for adults and adolescents, up from 60 countries in 2020. For infants and children, 75% of 115 reporting countries have adopted DTG as the preferred option for treatment initiation, marking a 146% increase from the 35 countries which did so in 2020. HIV self-testing has expanded, with 107 countries reporting national policies for HIV self-testing and 71 implementing them routinely.
52. WHO launched an implementation guide on preventing misdiagnosis of HIV acquisition, which highlights the importance of quality HIV testing and provides practical advice on delivering high-quality, accurate HIV testing services to minimize HIV misdiagnosis. In close collaboration with WHO and the Global Fund, the Secretariat promoted differentiated service delivery approaches for HIV testing and treatment programmatic

improvements in eight countries. Through the UNDP-Global Fund partnership, HIV tests were provided to more than 3.3 million people and ART was provided to 1.72 million people.

53. The Global Alliance to end AIDS in children prioritized support to countries for HIV treatment services for adolescents. The Paediatric and Adolescent HIV Service Delivery Hub, co-led by UNICEF and WHO, provided a “one-stop shop” to identify innovative and effective interventions on HIV care and treatment for children and adolescents living with HIV. UNICEF partnered with WHO to revise the core competencies in adolescent health and development for primary care providers (publication expected in 2025). It also partnered with the London School of Hygiene & Tropical Medicine and other university partners and researchers to conduct a systematic review and meta-analysis of HIV interventions across the care continuum for adolescents in high-burden countries. The advocacy report, Ending the AIDS epidemic among young people in the Middle East and North Africa, was finalized and launched in 2024 by UNICEF, in partnership with UNDP, UNFPA, WHO and the Secretariat, community representatives and the Global Fund.
54. UNICEF collaborated with national and international partners in Botswana to launch “Operation Triple Zero”, an adolescent-focused service delivery model which is aimed at ensuring “zero viral load, zero missed appointments, and zero missed doses”. Over 1,700 children and adolescents living with HIV were reached through teen-clubs and 96% of them were virally suppressed. In Eswatini, UNICEF supported Baylor Children’s Clinics Centers of Excellence to make viral load suppression services available and accessible, including viral load tests and genotype tests. It also enabled access to third-line ART at 50 paediatric clinics as well as optimized treatment regimens for children and adolescents with drug resistance, which would have been delayed or unavailable at public facilities.
55. The Joint Programme guided and supported countries to ensure improved access to HIV testing and treatment for marginalized populations. Various initiatives have strengthened local healthcare system capacities to provide efficient and accessible patient care to refugees and improved relations between refugees and local communities. For example, in the Central African Republic, UNHCR provided HIV testing services to 2,534 people in Betoko/Paoua (including refugees, asylum seekers and the host community). In the Birao/Vakaga area, UNHCR trained 25 healthcare workers and supported an awareness campaign that reached 10 523 people and provided HIV testing services to 1,436 people.
56. In Algeria, UNHCR worked with the Secretariat, the Red Crescent, Solidarity Aids and the Ministry of Health to stage two national workshops to develop a national guide for HIV treatment for forcibly displaced people and to advocate for their inclusion and integration of into national health system and programmes. In the Democratic Republic of the Congo, WFP developed, field tested and validated a comprehensive guide to nutritious recipes for people living with HIV. In parallel, nutritional support reached over 15 000 malnourished people receiving ART and almost 10 000 malnourished TB patients. In Guinea, a total of 8,477 people affected by HIV and TB received vital nutritional support and food assistance.
57. In Viet Nam, UNODC collaborated with the Ministry of Public Security and Ministry of Health to train 55 healthcare workers in 40 prisons and 15 pretrial detention centres to provide HIV and hepatitis C care. In Egypt, UNODC enhanced the capacity of 200 professionals from national authorities and civil society organizations to strengthen HIV services in closed settings. In Sudan, UNODC, in collaboration with the Ministries of Interior and Health, trained 31 healthcare professionals working in prison settings to improve HIV prevention, diagnosis and management.

58. UN Women invested in initiatives in seven countries to tackle the gender-related barriers which women and men encounter when accessing HIV treatment. In Botswana, the network of people living with HIV used community outreach with local clinics and linked women and men, 40% of them youth, to HIV testing, treatment and care services. UN Women's successful partnership with WHO in Sierra Leone and the United Republic of Tanzania resulted in over 5,000 rural women living with HIV accessing cervical cancer screening and receiving treatment and care. In Haiti, over 9,300 women living with HIV accessed cervical cancer screening and follow-up care as part of an integrated health response to violence against women.
59. The ILO and the Secretariat contributed to the scale up HIV testing, treatment and awareness efforts in workplaces in 35 countries. In India, an extensive HIV-TB awareness programme reached over 25 000 workers across 1,020 companies, with 8,352 workers undergoing TB screening and 7,351 taking HIV tests with linkage to treatment for those who needing it. Ukraine's VCT@Work initiative enabled over 1,000 workers to take HIV tests and incorporated multi-disease testing for syphilis and hepatitis. In Mozambique, workplace HIV testing was expanded to include people with disabilities and over 14 659 people gained inclusive health access at "health fairs". In Zambia, the ILO and the Secretariat trained 43 HIV workplace champions who helped to distribute 5,000 HIV self-test kits and facilitate linkages to care. Digital and community-based models were used to reach underserved populations with HIV services in India, Mozambique and Zambia.
60. The World Bank Group launched an ambitious plan to support countries in delivering quality, affordable health services to 1.5 billion people by 2030. The plan is focused on three priorities: (a) expanding focus from maternal and child health to include coverage throughout a person's lifetime; (b) expanding operations to hard-to-reach areas; and (c) working with governments to reduce unnecessary fees and other financial barriers to health care. Through its analytical work, the World Bank continued to build evidence for effective HIV programming and the underlying broader service delivery platforms to improve system performance.

Result Area 3: Paediatric AIDS, vertical transmission

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$4 600 656	\$3 700 037	\$30 650 300	\$13 433 716	\$35 250 956	\$17 133 753

Guidance and technical support provided to priority countries to adopt and implement normative recommendations related to optimizing treatment in women, children and adolescents and ensuring access to HIV prevention for women attending antenatal and postnatal services.

51. In 2024, the Global Alliance to end AIDS in children by 2030 continued to support stepped-up efforts in 12 African countries, which together account for about 66% of new HIV infections and 64% of AIDS-related deaths among children. The Global Alliance has gained significant momentum, with Ministers of Health from 12 countries formally endorsing the Dar es Salaam Declaration for Action to End AIDS in Children by 2030. Its progress report in 2024 documented how the Global Alliance is saving and transforming children's lives by accelerating gains towards ending AIDS among children. The report also showed stronger progress has been achieved among Global Alliance member countries.
62. Political commitment for action was sustained through the African Union's adoption of its Triple Elimination Strategy for HIV, Syphilis and Hepatitis B, with the Secretariat's support. A special thematic segment on HIV and children was staged at the 55th PCB meeting in December 2024. The background report, compiled by UNICEF, WHO and the Secretariat, presented evidence-information analysis and multiple country case studies and emphasized the need to address the inequalities that are holding back efforts to end AIDS in children and adolescents by 2030.
63. Within the framework of the Global Alliance, UNICEF in 2024 facilitated the appointment of 15 community champions for children by Networks of People Living with HIV (GNP+), Y+ and the International Community of Women Living with HIV across seven of the 12 Alliance countries to give voice to community perspectives and prioritize the needs of children and adolescents living with HIV and their caregivers in national strategic planning and decision-making.
64. WHO introduced a [new four-pillar framework](#) to expand the focus of service delivery from the elimination of vertical transmission of HIV only to the triple elimination of HIV, syphilis and hepatitis B and to emphasize service integration, cross-programme coordination and person-centred care for pregnant women, girls and their infants. WHO revised and published validation tools for the elimination of vertical transmission in December 2023,

Indicator progress on paediatric AIDS and vertical transmission (RA 3)

- **76 countries (89%)** supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and 100% of countries implement the "treat-all" policy for pregnant and breastfeeding women.
- **62 countries** supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites.

which include assessments for hepatitis B and ways to improve coordination across programmes for more effective triple elimination efforts.

65. UNICEF, together with WHO and UNFPA supported several countries to develop and implement plans for the elimination of vertical transmission. This included the development of a national strategy on the elimination of vertical transmission of HIV and syphilis in Algeria; completion of a pre-validation assessment for elimination of HIV and syphilis in the Islamic Republic of Iran; the launch of a national triple elimination operational plan in Zambia; and progress towards a national elimination roadmap with the Ministry of Health and partners in Tunisia.
66. Namibia became the first country in Africa—and the first in the world with a high burden of HIV—to reach a significant milestone on the path towards eliminating vertical transmission of both HIV and viral hepatitis B, while Jamaica was certified for eliminating vertical transmission of HIV and syphilis. By the end of 2024, 21 countries and territories had been certified for eliminating vertical transmission of HIV and/or syphilis.
67. Further UNFPA support in strengthening health systems, training health workers on (dual) HIV-syphilis testing options led to their scale up for pregnant women in Ethiopia, Mozambique and the United Republic of Tanzania, while midwifery education ensured providers were equipped to deliver integrated HIV, STI and contraception counselling. UNFPA also continued to drive the integration of HIV into maternal and neonatal health platforms, with a focus on antenatal care, prevention of vertical transmission of HIV, and postnatal follow-up. UNFPA contributed to the review and update of the global International Confederation of Midwives Essential Competencies for Midwifery Practice.
68. In 2024, UN Women supported actions for the prevention of vertical transmission in eight countries: Botswana, Burundi, China, Côte d'Ivoire, Nigeria, Rwanda, Tajikistan and Zimbabwe. Activities included improved linkages between antenatal care and HIV treatment for expectant mothers in Botswana, mobilization of male champions to engage in the prevention of vertical HIV transmission and technical support to the National Network of Women Living with HIV in Nigeria to document the impact of the mentor mothers initiative.
69. Through the UNDP-Global Fund partnership, 55 400 pregnant women were provided with services to prevent vertical transmission of HIV. In the Islamic Republic of Iran, UNDP procured 144 000 HIV rapid diagnostic test kits for pregnant women, as well as 900 early infant diagnostic tests. To enhance nutrition and food security for pregnant and breastfeeding women, infants, and families affected by or at risk of HIV in the Cabo Delgado province in Mozambique, WFP and Mothers2mothers trained trainers and conducted mentor training on nutrition support packages, reaching more than 1,000 people with culinary trainings and screening more than 6,400 people for malnutrition.
70. Services also expanded for women living in humanitarian settings. For example, the number of health centres in refugee sites in Chad implementing programmes to prevent vertical HIV transmission increased from 32 to 41, with over 45 000 pregnant women tested for HIV. In UNHCR's areas of intervention, prenatal consultations led to HIV testing for 2,419 pregnant women in refugee settings and surrounding communities in the Central African Republic and the Democratic Republic of the Congo.
71. WHO and UNICEF collaborated to finalize and disseminate a technical brief on paediatric HIV case finding to provide comprehensive guidance to country programmes needing to identify children living with HIV to increase progress towards the first "95" target for paediatrics. WHO led a testing workshop for francophone African countries in partnership with the Global Fund, focusing on operationalizing integrated testing for triple elimination,

with follow-up support provided in Benin, Côte d'Ivoire and Guinea. WHO also held a laboratory-focused workshop for Lusophone countries, emphasizing triple elimination and integrated testing needs.

72. By end-2024, all 24 countries in UNICEF's western and central Africa region were including point-of-care technologies as part of their national protocols for HIV testing. This is especially significant in a region where early infant diagnostic (EID) service coverage was only 26% in 2024. In Nigeria, UNICEF is backing efforts to integrate EID into broader maternal and child health services to help to improve HIV treatment coverage among children. In eight priority countries in eastern Europe and central Asia (Ukraine, Moldova, Belarus, Georgia, Kazakhstan, Uzbekistan, Tajikistan and Kyrgyzstan), UNICEF supported decentralized multi-disease point-of-care antenatal testing to advance dual and triple elimination of HIV and it supported data-driven optimization of national diagnostics networks. UNICEF, the Elizabeth Glaser Pediatric AIDS Foundation and CDC also published a technical brief on paediatric HIV case finding to assist programmes in identifying children who may have missed out on EID testing, who were never tested after breastfeeding, or whose mothers were not enrolled in HIV care.
73. WHO provided technical support to 12 countries to accelerate scale-up of Dolutegravir-based regimens for children and plan for the introduction of a new optimized formulation of Abacavir, Lamivudine and Dolutegravir in a child-friendly, fixed-dose combination dispersible tablet. UNICEF also continued to support the roll-out of a new fixed-dose combination ARV regimen for children based on Dolutegravir, Abacavir and Lamivudine. Paediatric ALD (pALD) is recommended by WHO as the preferred first-line treatment for HIV in children. By the end of 2024, a majority of children living with HIV in many countries, mostly in sub-Saharan Africa, had access to pALD thanks to efforts to increase its availability by securing a Medicines Patent Pool licence. WHO also issued technical guidance on implementing WHO evidence-based HIV interventions for adolescents and young adults.
74. World Bank activities included its new US\$ 115 million District and Community Health Services Revitalization Operation programme in Mozambique, which is financing expanded primary health care services, including prevention of vertical transmission of HIV. In Lao PDR, Phase 2 of the World Bank's Health and Nutrition Services Access Project, which includes funding from other partners, will provide US\$ 62 million for HIV and other health services, including antenatal care, to women and children from rural communities. The Bank's US\$ 300 million project to support Colombia's 2022–2026 National Development Plan will help expand follow-up care for pregnant women, as well as access for migrants to HIV testing and treatment. The Bank's Sahel Women's Empowerment and Demographic Dividend, in collaboration with partners that include UNFPA and WHO, continued supporting 12 countries to improve reproductive, maternal, newborn and child health services, including for reduction of vertical transmission of HIV.

Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high-quality paediatric HIV treatment and care.

75. UNICEF and WHO led the development of the first regional assessment of progress towards achieving global dual and triple elimination targets in the Middle East and North Africa. UNICEF generated evidence for data-driven programming for elimination of vertical transmission in eight priority countries in eastern and central Europe with the publication of an information brief on [Best practices and common bottlenecks in EMTCT of HIV](#) and an article in [The Lancet Regional Health Europe](#). Working with national authorities in Cameroon, UNICEF developed an interactive vulnerability and risk profiling tool for pregnant/breastfeeding women, children and adolescents living with HIV.

76. In eastern and southern Africa, UNICEF initiated a data mentorship programme in collaboration with IQVIA and the University of Zambia to strengthen national health management information systems, improve data quality and build the analytical skills of key government staff in 14 countries. In Rwanda, this led to a plan to enhance a comprehensive tool for collecting disaggregated data regarding pregnant female sex workers who seek maternal services, and their children.
77. Using an integrated SRH approach, UNFPA worked with national implementing partners to support countries in reducing vertical transmission. The work included the integration of national data collection systems within the Data Health Management Information System (DHIS2) for static health facility services, and integrated national campaigns for data collection, analysis and decision-making. These improvements helped improve the quality of maternal and newborn health services, with a focus on HIV.
78. In 2024, UNICEF conducted the second phase of a study on an innovative family-centred approach for paediatric case finding in the United Republic of Tanzania, which involved more than 4,400 children who were referred for HIV testing, immunization, child protection, nutrition screening and treatment services. In Zimbabwe, UNICEF supported an outreach-based service delivery model in two provinces which facilitated comprehensive child assessments by community health workers and led to the identification of children living with HIV, as well as children in need of immunization and nutrition support. UNICEF will support scale-up of this approach.
79. WHO launched a collaboration with a large network of paediatric HIV Centres of Excellence to review outcomes of children living with HIV who are on Dolutegravir-containing regimens to inform future recommendations on the management of paediatric treatment sequencing. WHO assisted six countries (Cameroon, Côte d'Ivoire, Kenya, Uganda, United Republic of Tanzania and Zambia) with targeted capacity-building and service delivery interventions for paediatric and adolescent care.
80. WHO hosted a consultation in May 2024 on the use of broadly neutralizing antibodies against HIV as passive immunization in infants to prevent postnatal vertical transmission. It convened researchers, policymakers, civil society and donors to review the evidence base on the use of these antibodies for HIV prevention in infants. WHO also established a quarterly working group of senior researchers and child health specialists to provide support to implementation project on paediatric advanced HIV disease to better define it and identify interventions to reduce AIDS-related mortality in infants and children.

Outcome 2: Barriers to achieving HIV outcomes broken down

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.

Result Area 4: Community-led responses

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$ 3 344 352	\$2 706 110	\$11 172 600	\$9 222 422	\$14 516 952	\$11 928 532

Normative guidance developed and promoted, with communities, for community-led responses with focus on network strengthening, community-led monitoring and service delivery.

81. Building on guidance developed in recent years and drawing on evidence, progress and shared experiences, the Secretariat worked with affected communities to make available new normative guidance and tools to advance community-led HIV responses. These focus on monitoring of progress and targets, the policy environment for community-led responses, and the costs for sustainable financing. A new framework and methodology for monitoring progress towards the 30–80–60 targets in the Global AIDS Strategy is also available. Thanks to UNAIDS data collection and reviews, new analyses of the community-led response data collected through the National Commitments and Policy Instrument (NCPI) yielded valuable insights about the operating environments, which can guide further action for achieving the 30–80–60 targets.

Indicator progress on community-led responses (RA 4)

- In **74 countries**, the Joint Programme provided **technical support and guidance** to community-led organizations from at least three of the most significantly affected communities.
- In **79 countries**, the Joint Programme supported national and/or subnational governments and other stakeholders for the **incorporation and expansion** of community-led HIV responses.

82. A global community of practice led by the Secretariat supported communication and knowledge-sharing about community-led monitoring among practitioners. In 41 countries, community-led monitoring benefited from dedicated technical support from the Secretariat, including the development of a regional roadmap and country action plans on community-led monitoring in 13 countries in western and central Africa. As part of the development of the new global AIDS targets for the next Global AIDS Strategy 2026–2031, technical guidance developed by the Secretariat helped inform the global community-led monitoring targets.
83. UN Women supported networks of women living with HIV and young women in 19 countries to lead community monitoring and promote inclusive, women-centered service delivery. It assisted in the implementation of a community-led monitoring approach in Rwanda which enabled adolescent girls and young women and community service

providers to hold duty-bearers accountable and improve services. In Ukraine, thanks to UN Women support, research led by networks of women living with HIV documented service gaps. In Indonesia, UN Women supported the expansion of the “DeLiLa” (Listen, Protect, Report), a community-led digital app developed by and for women living with HIV to enable women affected by violence to report cases anonymously and safely, and to access legal and psychosocial support, as well as referrals to essential health, policing and justice services. UNICEF supported the scale-up of the “MobiSAM” app, developed by SAFAIDS, which allows adolescents and young users to rate SRH services accessed in 15 healthcare facilities in Africa.

84. With support from UNODC, the Secretariat and partners, community-led responses providing HIV prevention and treatment services for key populations have improved in Kazakhstan, Kenya, Mozambique, Ukraine and Viet Nam. The work included a new practical guidance tool on HIV programmes in prisons in Kazakhstan; community sensitization campaigns and police trainings in Kenya; expansion of police-community collaborations to support harm reduction services in Mozambique; and the training of 24 community service organization service providers and 200 clients on harm reduction services in Viet Nam.
85. WHO played a key role supporting community-led responses to the upsurge of mpox in the Democratic Republic of the Congo. Community engagement included the convening four meetings of a community reference group, support for key populations in Goma and guidance for early identification of likely transmission of mpox in several countries.
86. UN Women provided support to community-led responses in at least 19 countries. Outcomes included positive masculinity initiatives that reached over 560 people in Burundi, and community dialogues engaging women and men, caregivers of adolescents, young women, religious leaders and traditional leaders in Eswatini, Lesotho, Namibia and South Africa. UNFPA supported 15 countries in male engagement programming at community and national level, and supported the finalization and dissemination of the Men and Boys Engagement Framework & Strategy Collaboration across eastern and southern Africa
87. In Indonesia, UNHCR partnered with youth and communities to train peer counsellors to provide support to individuals affected by HIV and TB, strengthened the capacities of refugee youth to support their peers and communities and the capacities of 70 community health workers and religious leaders to provide HIV prevention, community follow-up and psychosocial support.
88. ILO supported the Ministry of Manpower in formulating a framework for strengthening partnerships between companies, civil society organizations and people living with HIV in Jakarta and Sorong City in Indonesia. In Zambia, 50 male leaders were trained to act as champions on gender-based violence and HIV stigma while 15 trained community health workers now connect affected individuals to vital HIV services. In China, ILO-led digital skills training enabled LGBTQI+ communities and supporting nongovernmental organizations to expand their reach through online platforms and live streaming, thereby improving real-time engagement and access to essential services.

Advocacy and technical support to countries for the incorporation and expansion of community-led responses (GIPA and engagement in decision-making, advocacy, service delivery and monitoring) in national HIV responses (including policies, planning, budgeting and reporting).

89. The Secretariat, through its partnership with the Civil Society Institute for Health and the International Treatment Preparedness Coalition, provided technical support to

community-led responses and community-monitoring across 11 countries in western and central Africa. Eight country community partners in Benin, Côte d'Ivoire and Senegal, Sierra Leone and Togo were able to act as service and technical assistance providers, increasing civil society's contribution to the HIV response.

90. The Secretariat continued to support networks of people living with HIV to compile and publicize the Stigma Index. Thanks to the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV, the Secretariat, Johns Hopkins University and other partners, people living with HIV-led Stigma Index reports were finalized and launched in 10 countries in 2024. Through its partnership with Robert Carr Fund—a unique international pooled funding mechanism that invests in global and regional community-led and civil society networks—the Secretariat empowered and support global and regional networks of people living with HIV and key populations.
91. At the 25th International AIDS Conference, UN Women supported the Women's Networking Zone as a space for women's leadership and visibility. It also co-convened a strategic dialogue on gender justice in the HIV response which reflected on progress and challenges, and issued a call to action to advance women's rights in the HIV response.
92. The UNDP-led SCALE partnership initiative brings close collaboration between people living with HIV and other key populations, the Secretariat, the Global Fund, PEPFAR and other partners. Through it, in 2023–2024, 44 local organizations led by people living with HIV and other key populations in 21 countries benefited from grants to counter discriminatory laws, policies and practices and HIV-related criminalization to advance the Political Declaration's 10–10–10 targets. Overall, in 2024, UNDP supported 66 countries on LGBTQI+ rights and inclusion to advance HIV services, including through the “#WeBelongAfrica” programme which works with African institutions to help them become increasingly accountable and responsive to and inclusive of LGBTQI+ people and young key populations in order to improve access to HIV services.
93. UNHCR conducted 18 community sensitization sessions on SRH and HIV in Malawi, engaging over 1,600 individuals, registering 40 members of key populations in health services and training on HIV, gender-based violence, SRH, mental health services and drug and substance use. In Eswatini's Hhohho region, a WFP collaboration with Membatsise enabled 30 people to benefit from farming and other food and nutrition interventions, reinforced by treatment literacy and nutrition education. WFP supported development of an HIV nutrition training curriculum, which is being rolled out to create sustainable community-led systems to meet community needs.
94. The financing of innovative approaches was promoted. In 2024, UNICEF published a US\$ 10 million investment case for donors to scale up peer and community models to improve HIV and maternal and child health outcomes. In 2024, these models led to an increase in use of contraception from 55% to 88% in Lesotho. In Malawi, 100% of mothers in peer mentor programmes attended safe motherhood clinics, compared to less than 50% at the national level. In Zimbabwe, the vertical HIV transmission rate among young pregnant women accessing peer support was only 1%, compared to the 6.7% national rate.
95. Under the Joint UN “2gether4SRHR” programme (UNFPA, UNICEF, WHO, UNAIDS Secretariat), a key population innovation fund was established, with its allocations and implementation modalities informed by engagement with key populations. Following advocacy efforts, the number of countries integrating a Minimum Initial Services Package for SRH into national policies rose from 2 to 15 in 2024.

96. In South Sudan, UNDP worked with the Ministry of Health and partners to build the Boma Health Initiative, a government flagship programme on community engagement which trained 2,500 community health workers to provide integrated health services, including HIV and TB care. In Belarus and Kazakhstan, UNDP strengthened the active engagement of key populations in Global Fund decision-making processes for national HIV and TB responses. In Belarus, 43% of Country Coordinating Mechanism members now represent civil society, enabling a more inclusive approach for shaping the strategic plans on HIV and TB up to 2030; it also secured over US\$ 24 million in Global Fund support for 2025–2027.
97. In 2024, UN Women supported the institutional strengthening of networks of women living with HIV in at least 12 countries, enhancing their leadership, governance, advocacy and community engagement through structured capacity-building, strategic planning, peer-to-peer learning and organizational development. In El Salvador, the Movement of Positive Women was equipped with transformative leadership and advocacy skills. In Ethiopia, UN Women facilitated the development of a five-year strategic plan for the national network of women living with HIV. The International Community of Women Living with HIV in Bolivia improved its internal governance and trained women in political leadership, which benefited women living with HIV.
98. Community-led costing of community-led responses was completed with the Secretariat's support in Sierra Leone, Togo and Zimbabwe. Sixteen community-led organizations are now able to conduct cost analyses of interventions for people with HIV, key populations, adolescents and young people. A systematic review of community-led responses is available on [UNAIDS Financial dashboard](#). The Secretariat-led Sustainability Roadmap Part B⁵ will provide countries with useful information to establish costing norms for social contracting as part of HIV response sustainability planning.
99. The World Bank supported countries' most vulnerable and marginalized populations by promoting more inclusive societies, fostering more resilient and cohesive communities, and enhancing accountability in development, including in areas critical for the response to HIV. As an example, the Bank's Development Response to Displacement Impacts Project used a community-driven development approach to provide 4.3 million people with access to essential services and other support Djibouti, Ethiopia and Uganda.

⁵ Part B of the Sustainability Roadmap will outline the transformation plan, implementation guidance, monitoring and evaluation measures and resource needs to achieve the change objectives and advance towards the high-level outcomes.

Result Area 5: Human rights

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$3 380 474	\$2 360 378	\$10 902 300	\$14 066 934	\$14 282 774	\$16 427 313

Advocacy for, collaboration with and partners convened for supporting countries for the removal and/or amendment of punitive and discriminatory laws and policies relating to HIV and/or develop protective ones.

100. The Joint Programme remained a global leader in aligning HIV responses with principles of human rights, gender equality and social inclusion. The Secretariat and Cosponsors played a central role in developing and achieving the consensus adoption of the groundbreaking UN Human Rights Council Resolution 56/20, "Human Rights in the Context of HIV and AIDS", which explicitly recognizes the human rights of key populations. The resolution urges states to review or repeal restrictive, punitive or discriminatory legal and policy frameworks that adversely affect the successful, effective and equitable delivery of HIV services. It also calls for the development of SRH services and education programmes, specifically for adolescents, young persons and persons with disabilities. On World AIDS Day 2024, UNAIDS [Take the RIGHTS path](#) report publicized examples from around the world of proven policies and programmes that are protecting health and HIV services by protecting people's rights.
- Indicator progress on human rights (RA 5)**

 - **72 countries** were supported to **remove or amend punitive and discriminatory laws and policies**, and/or develop protective ones affecting the HIV response.
 - **65 countries** were supported to **reduce stigma and discrimination** as defined in the Global Partnership for action to end all forms of HIV-related stigma and discrimination.
101. UNDP worked with national institutions, civil society and communities and other partners in 84 countries to create enabling environments for people living with HIV and marginalized and vulnerable people who are disproportionately affected by HIV, with a focus on advancing legal and policy reforms that can reduce discrimination and improve health outcomes. It also supported 96 countries on HIV and TB-related rights. In the Republic of Congo, Eswatini and Kenya, UNDP enhanced the knowledge of national human rights commissions, the judiciary, parliamentarians and civil society about the rights of key and vulnerable populations, to help increase access to HIV services. With the Asia Pacific Forum of National Human Rights Institutions, it enhanced the capacity of national human rights institutions in 10 countries on LGBTQI+ rights. It also convened regional judges' forums in Africa (including 46 senior judges from 18 countries); the Caribbean (10 countries) as well as national judges forums in Guyana, India and Ukraine.
102. ILO and partners trained health workers, human resource managers and law enforcement personnel on eliminating HIV-related stigma and gender-based violence in Malawi; provided financial and technical support to empower young women, linking economic empowerment to stigma reduction and HIV service access in Zambia;

empowered youth in Nigeria to advocate for HIV prevention and stigma reduction through the Digital Young Filmmakers Initiative; and supported labour federations in South Africa to undertake strategic planning to integrate gender and HIV in workplace policies. The ILO supported over 230 employers in Ukraine to adopt workplace policies prohibiting HIV-related discrimination and collaborated. In Uganda, it worked with the National Forum of People Living with HIV and employer organizations to develop and launch an employers' guide on combating HIV-related stigma and discrimination. In Mozambique, the ILO, in partnership with UNDP, the Secretariat and UN Women, supported the Government to revise the HIV legal framework.

103. The Joint Programme continued advocacy and guidance for evidence-informed drug laws and policies aligned with human rights and public health principles for more effective HIV response. Working with the International AIDS Society, International Network of People who use Drugs, WHO and the Secretariat, UNODC organized the 4th Pre- Commission on Narcotic Drugs Multi-Stakeholder Consultation "HIV and Hepatitis Prevention, Treatment and Care with and for People Who Use Drugs", which generated recommendations that informed the 67th session of the Commission on Narcotic Drugs.
104. Guided by UNAIDS's call for an evidence- and rights-based and public health-centred approach to drug policy, the Commission adopted an historic reference to harm reduction in a resolution on drug policy. UNODC also reinforced the critical importance of collaboration between law enforcement structures and civil society and of applying human rights-based approaches at major regional conferences, including the Africa Regional Conference on Law Enforcement and Public Health in South Africa and the 6th European Harm Reduction Conference in Warsaw. In partnership with Lawyers for Human Rights and Just Detention International-South Africa, UNODC promoted a regional network advocating for the rights, health, rehabilitation and reintegration of people in prison. UNODC and the Viet Nam Administration for AIDS Control conducted a scientific workshop on HIV prevention and treatment for people who use amphetamine-type stimulants, which included 113 policymakers, health officials and civil society representatives and catalysed dialogues for improved health referral pathways and alternatives to punishment.
105. UN Women supported efforts to repeal or reform discriminatory laws and practices that hinder the rights and access to services for women living with HIV and women in key populations affected by HIV. UN Women's collaboration with the national network of sex workers and Government ministries in Indonesia resulted in formal recommendations to the Ministry of Home Affairs and nine regional governments to repeal harmful regulations and promote equitable treatment and HIV services. UN Women also supported advocacy for a bill in Guatemala on addressing sexual violence, the inclusion of HIV prevention and CSE, and strengthened victim support services. Furthermore, UN Women partnered with the Greater Women Initiative for Health and Rights in Nigeria for the inclusion of sex workers in violence reporting mechanisms and influenced the drafting of the Gender and Equal Opportunities Bill, which seeks to increase access to justice for sex workers. Through targeted advocacy, UN Women enabled the "Her Rights" initiative in South Africa to draw international attention to the forced and coerced sterilization experienced by 104 women living with HIV between 1997 and 2023. This led to a formal communication from the UN Human Rights Committee recognizing those acts as forms of torture and gross violations of human rights.
106. The Secretariat convened the Human Rights Reference Group and provided other guidance and support that helped shape legal and policy reforms for more effective HIV responses. This included engagement with UN human rights special procedures and other bodies on the importance of decriminalization for key populations and the

submission of two reports to the Special Rapporteur on the Right to Health regarding harm reduction and HIV-related decriminalization (with a specific focus on key populations). In a context of regression of human rights and gender equality in the context of the HIV, which is especially affecting the LGBTQI+ community, the Secretariat elevated its advocacy in crisis situations and provided direct support to improve the safety and security of key populations and ensure their continued access to essential HIV and other health services. The Secretariat supported two dialogues with 50 lawmakers on HIV law reform in Côte d'Ivoire; worked with UNDP to support trainings on stigma and discrimination for staff of the Commission on Human Rights and Administrative Justice in Ghana; commissioned a review of the effects of the passage of the Human Sexual Rights and Family Values Bill in Ghana, which criminalizes LGBTQI+ communities; supported more than 70 organizations to advocate for the passage of the Integral Trans Law and Anti-Discriminatory Law; and provided technical advice in parliamentary debates on new laws criminalizing key populations, restricting civic space and limiting access to SRH services in Burkina Faso, Ghana, Liberia, Mali and Zimbabwe.

107. UNFPA's global monitoring of legal restrictions related to HIV testing and treatment gathered data from 153 countries, which informed its engagements with human rights mechanisms and countries on those issues and the development of follow-up recommendations. In 2024, with the Centre for Reproductive Rights, UNFPA launched the first programme tool for assessing states' international human rights obligations for attaining SRH in Universal Health Care (UHC), which includes a dedicated module outlining those obligations.

Technical and policy advocacy provided to support countries on actions to reduce HIV-related stigma and discrimination affecting the HIV response, including through leveraging the Global Partnership for action to eliminate HIV-related stigma and discrimination.

108. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination (co-convened by UNDP, UN Women, the Secretariat, Global Fund and GNP+) continued to drive progress on stigma and discrimination. Colombia, Germany and Nigeria joined the Global Partnership in 2024, increasing its membership to 41 countries. A five-year informal review of the Global Partnership assessed its impact, highlighted its successes and outlined future strategies. It also evaluated progress on country commitments, identified community successes and challenges, and highlighted lessons for improvements.
109. The Global Partnership's meeting in Bangkok brought together eight countries to share insights, enhance coordination and advance their efforts to eliminate stigma and discrimination. Other achievements of the Global Partnership included: support for training and sensitization of health students in Ghana, Kenya and South Africa; the launch (with Beyond Stigma, GNP+, International AIDS Society, Zvandiri and the U.S. CDC of the Internal Stigma Package); the training of more than 1,000 community health workers on stigma-free health settings in Thailand; reaching of more than 188 000 teens through the youth-led "A l'Assaut du Sida" quiz, updated with stigma-free human rights and gender content; stigma reduction and community mobilization training of 20 adolescent girls and young women living with HIV in Ghana and 64 youth advocates in Jamaica; support to the MENA Rosa Network on conducting SRH workshops for 111 women living with HIV in Egypt and Lebanon; and the development of the Andean Plan for Stigma-Free Healthcare. WHO launched a technical brief to assist health facility managers in providing quality, stigma-free services.

110. UNDP continued to work with countries and communities to support access to justice for people living with HIV and key and vulnerable populations. In Kenya, it assisted the HIV Tribunal to strengthen the rule of law and access to justice for people living with HIV, individuals with disabilities and other key populations. In Pakistan, UNDP and the Global Fund supported the establishment legal aid desks in four provinces to improve access to justice for key populations and for people living with or at risk of HIV. In Tajikistan, UNDP worked with national partners and the Global Fund to support the development of a community-led digital system to record human rights violations against people living with HIV and other key and vulnerable populations. UNDP, community partners and the State Government of Rajasthan in India piloted a legal aid clinic for people living with HIV in two districts. It also supported civil society organizations' efforts to secure accurate ID documentation for transgender individuals (resulting in the issuance of ID cards to 3,000 transgender individuals in Bihar state). It assisted in the development of draft legislation on combatting HIV-related stigma and discrimination in Belarus; worked with local organizations in Kazakhstan to train 157 law enforcement officers on stigma reduction; supported the development of the national plan of Kyrgyzstan to join the Global Partnership; and trained over 100 law enforcement in Thailand on sexual orientation, gender identity and expression and on harm reduction.
111. UNODC initiated an update of its global training manual for law enforcement officials to strengthen evidence-informed health-centred policing in HIV responses. A high-level stakeholder meeting in Malawi explored strategies for urgently addressing the harm reduction needs of people who use or inject drugs. UNODC trained police officials in Pakistan on harm reduction strategies, HIV service linkages and the role of law enforcement in facilitating access to them. It also organized regional training for law enforcement and police academies from Kazakhstan, Kyrgyzstan and Uzbekistan on HIV prevention, harm reduction and human rights-based policing.
112. UNODC strengthened human rights-based policing and prison health interventions to integrate human rights, HIV and gender-based violence into law enforcement training curricula in Bangladesh. In Laos, it organized a workshop on health in prisons, bringing together 27 senior officials from the Ministry of Public Security and the Ministry of Health. In Uzbekistan, it equipped 22 law enforcement officers from the Ministry of Internal Affairs and Police Academy with knowledge on HIV prevention, harm reduction and human rights-based policing and collaboration. Working with the National Centre for Drug Control, it also supported the revision of police training curricula and integration of an online HIV prevention module for law enforcement.
113. UNFPA promoted inclusive HIV programming for key populations despite challenging political, legal and social conditions. For example, community-led initiatives were supported in Jamaica, Guyana, Kenya, Lesotho, Nigeria, South Sudan, Uganda and Zimbabwe to improve service access and challenge stigma. In eastern Europe and central Asia, UNFPA played an important role in supporting the establishment of a regional network dedicated to the decriminalization of HIV transmission and the development of a comprehensive regional framework to guide those efforts.
114. UN Women strengthened access to justice in the HIV response. For example, it trained women living with HIV and 20 lawyers in Tajikistan to understand legal rights of women living with and affected by HIV, challenge HIV-related criminalization, advocate for gender-sensitive legal protection and engage with the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW). In Burundi, community-led campaigns and radio programmes mobilized over 500 people to challenge stigma and promote equitable HIV service access, particularly through engaging men as allies. In Lesotho and Senegal, empowered women living with HIV led peer engagement and became visible champions for stigma-free health services.

115. Building the evidence base for action to promote human rights and end stigma and discrimination, a World Bank report assessed laws and regulations that affect the lives of sexual and gender minorities in 64 countries in six important areas of their life: education, employment, access to public services and social protection, civil and political inclusion, protection from hate crimes, and from being criminalized.

Result Area 6: Gender equality

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$4 634 026	\$3 629 758	\$31 015 800	\$27 247 877	\$35 649 826	\$30 877 636

Policy guidance, tools, knowledge and analysis developed, disseminated and their use promoted to integrate gender equality issues into the HIV response and to mobilize women in all their diversity, together with men.

116. The Joint Programme continued to advocate for and supported the adoption and implementation of global commitments, evidence-informed norms and standards on gender equality and women's empowerment, including on gender-based violence in the context of HIV. At the 68th Commission on the Status of Women, Member States unanimously reaffirmed the 2016 60/2 Resolution on women, the girl child and HIV and AIDS, following a collaborative effort by UN Women, UNFPA and the Secretariat. The Resolution reasserts the Beijing Declaration and Platform for Action and calls for accelerated efforts to address women and girls' vulnerabilities in the context of HIV. With UN-Women's policy support, SADC also adopted and rolled out a regional framework and programme of action to implement the Resolution and monitor progress.
- Indicator progress on gender equality (RA 6)**

 - **50 countries** strengthened their gender expertise and capacity to further integrate **gender equality** into the national HIV response and meaningfully engaged women together with men.
 - **In 44 countries**, the Joint Programme provided policy and advocacy support and contributed to **mobilizing partnerships** to implement **gender-responsive** HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
117. Additionally, the Joint Programme supported the core group and negotiations for Resolution 56/20 at the Human Rights Council—on human rights in the context of HIV—which was adopted by consensus. The Resolution reiterates the need for action to support gender equality, end gender-based violence and harmful gender norms, provide comprehensive education in relation to sexual health, and included the first-ever reference to sexual and reproductive health and rights in a Human Rights Council.
118. UN Women enhanced gender equality capacity in HIV programmes across 27 countries, strengthening planning, budgeting and monitoring. Results included Liberia's National AIDS Commission establishing a gender desk; Rwanda adopting a gender-responsive operational plan; and Malawi developing a fully costed gender and HIV/AIDS implementation plan. UN Women also provided technical support to ensure that Global Fund proposals integrate gender equality and the rights of women living with HIV.
119. Linking the International Day for the Elimination of Violence against Women 2024 campaign with the theme "UNiTE to end violence against women and girls: Towards Beijing +30", the Joint Programme reaffirmed its collaboration with governments,

business, civil society, communities and women's movements and networks for protecting the rights and dignity of all women and girls, including women and girls living with, at risk of and affected by HIV. The Secretariat, together with various partners, increased efforts across eastern and southern Africa to improve social norms on gender equality and SRH through the engagement of religious and traditional leaders, as well as men and boys generally.

120. The ILO integrated gender equality into policies and programmes promoting inclusive social norms, empowering communities, and combating gender-based violence. Through joint work in numerous countries, the ILO, the Secretariat and partners have supported efforts to address systemic discrimination, create safer work environments, and ensure the inclusion of vulnerable groups.
121. The Secretariat also supported the International Community of Women Living with HIV to develop and launch its report [Confronting coercion: A global scan of coercive practices, mistreatment, and abuse](#) at the AIDS2024 conference. It documents experiences of SRH violations and violence from more than 60 countries among women living with HIV.
122. UNFPA's gender-based violence operational plan ("Flourish 2022–2025") is aimed at eliminating gender-based violence and emphasizes support for prevention and response approaches that are centred on the lived experience of women and girls including those living with or at risk of HIV. In line with that plan, UNFPA helped over 4.2 million people access gender-based violence services and helped 33 000 women benefit from humanitarian cash assistance. UNDP worked with 65 countries to promote gender equality and address gender-based violence in the context of HIV.
123. In line with its Gender Strategy 2024–2030, the World Bank stepped up its work to address gender-based violence risks and needs, including for women's health, education and social and economic empowerment through standalone projects and sector-specific projects in areas such as transport, education, social protection and forced displacement. International Development Association IDA20 resources (including US\$ 93 billion for the poorest countries over several years) are helping countries improve gender equality and girls' and women's empowerment, including in relation to SRH, gender-based violence and economic empowerment. Its US\$ 680 million Sahel Women's Empowerment and Demographic Dividend Project with UNFPA and WHO improved young women's access to quality reproductive, child and maternal health services, reaching over 2 million girls in nine countries. In addition, the health and gender support project in Cox's Bazar, Bangladesh, had provided integrated gender-based violence and SHR services to almost 2.5 million women and girls by December 2024.
124. Gender assessments supported by the Secretariat and UN Women in three countries in eastern Europe and central Asia summarized evidence on gender-related barriers in the HIV response and helped improve national HIV strategies or plans and Global Fund grants. For example, In Armenia, 40% of the 2022 gender assessment recommendations were implemented or included in the Global Fund Grant Cycle 7. In addition, gender assessments conducted in 12 countries with UN Women's support helped identify structural inequalities, legal gaps and service delivery challenges affecting women living with and affected by HIV. In Zimbabwe, a comprehensive study conducted with the National AIDS Council described evidence on drivers of high HIV incidence among adolescent girls and young women, which is helping shape national policy and interventions. UNDP worked with Sudan to formulate a gender assessment to help gender-based violence survivors access care; the recommendations were integrated into the Global Fund HIV funding request.

125. UNODC supported the development of a comprehensive package to strengthen the capacity of service providers and decision-makers in scaling up access to HIV and hepatitis services, as well as increasing awareness of the intersection between gender-based violence and HIV and the promotion of harm reduction for women who use drugs.
126. In 2024, UN Women enhanced the leadership and empowerment of women living with HIV across 36 countries through training in advocacy skills and expanding access to decision-making spaces, which benefitted over 35 000 women living with HIV. For example, the Network of Women with HIV in El Salvador gained skills in transformative leadership, advocacy, local community mobilization and health response, while women living with HIV in Senegal gained stronger skills to engage in socioeconomic development initiatives.

Strategic partnerships mobilized to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

127. The Joint Programme built partnerships with various stakeholders to promote and prioritize gender-responsive HIV services. It provided critical technical support to countries for their funding proposals to the Global Fund Grant Cycle 7 to further expand and improve gender-transformative HIV programmes.
128. UN Women supported survivor-centred services for women living with and affected by HIV. In Indonesia, it piloted 27 integrated HIV and violence response protocols, trained over 50 providers, led national dialogues, conducted a cost analysis and documented 72 cases to support advocacy to end violence against women living with HIV.
129. The Joint Programme continued to address barriers to HIV service uptake such as human rights violations, stigma, discrimination and gender-based violence. In sub-Saharan Africa, UNESCO drew on its longstanding experience in working with Ministries of Education to improve gender equality through initiatives on girl's education and quality CSE. This was done mainly through the "Our Rights, Our Lives, Our Future" programme, which addresses barriers to girls' education, health and empowerment, including adolescent pregnancy, HIV and gender-based violence. This led to sustained commitment to and support for preventing and responding to school violence, including gender-based violence, through curriculum-based approaches and social and behaviour change and response components. In 2024, UNESCO also continued co-convening the Global Working Group to End School-Related Gender-Based Violence with the UN Girls' Education Initiative, expanding its membership to 70 organizations and 143 individuals who contributed to key advocacy events.
130. Collaboration between UNFPA, UN Women, UNICEF and WHO foster integrated, holistic programming to reduce stigma and provide comprehensive care for survivors of gender-based violence, particularly women living with HIV. This included collaboration, led by UNFPA with the African Union and the South Asian Association for Regional Cooperation, to enable region-specific strategies that address the unique cultural and socioeconomic barriers faced by women living with HIV.
131. UNFPA works with local feminist and male engagements groups, community-based organizations and key stakeholders in countries to design and implement gender-based violence programmes that challenge harmful social norms and support survivors, and to bolster sustainable, community-driven responses to gender-based violence. In total, it implements approximately 400 gender-based violence programmes in over 150 countries and territories worldwide. These programmes operate across the humanitarian, development and peace fields. They are aimed at ensuring that services are available in

both development and conflict or post-conflict zones and that gender-based violence and SRH services are stigma-free and responsive to the needs of women living with HIV.

132. In 2024, UNICEF, together with the University of Cape Town and the University of Oxford, conducted three studies on normative behaviours influencing SRH outcomes. The studies highlighted the impact of gender norms on the risks of coerced sex and gender-based violence and the importance of integrating social norms interventions to reduce violence and child marriages, while improving HIV testing and contraceptive use. Furthermore, UNICEF and the London School of Hygiene & Tropical Medicine broadly disseminated a new systematic review of best practices of gender-transformative HIV and SRH programme approaches for adolescents and young people, especially strategies that can be adapted and replicated at scale.
133. In October 2024, the Secretariat, in collaboration with UNFPA, UNESCO, UN Women, the International Organization for Migration and Save the Children, convened religious and traditional leaders from seven countries, as well as Buganda Minister for Sports in Uganda and youth representatives in South Africa, to address cultural practices that undermine health and gender equality. This resulted in a call for the elimination of HIV-related stigma and discrimination and of child marriage .
134. UN Women expanded community-led efforts to prevent HIV and violence against women by challenging unequal gender norms and linking people to HIV services. In South Africa, over 120 000 people were reached through “HeForShe” dialogues aimed at addressing violence against women and promoting HIV testing and support services. In Ethiopia, UN Women’s support to the “SASA!” initiative saw community rejection of violence rise from 50% to 73% and awareness of its link to HIV increase from 69% to 93% over three years.
135. The World Bank continued its focus on strengthening country-driven approaches with improved diagnostics, analysis and policy dialogues and by leveraging a new [Gender Data Portal](#), which compiles the latest sex-disaggregated data and gender statistics against over 1,000 indicators. Key indicators to monitor progress on gender equality are also compiled in the Country Gender Landscape Briefs, which are available for 192 countries.
136. In 2024, WHO released new normative and technical documents on engaging men, including, Men and HIV: Evidence-based approaches and interventions; Practical approaches and case models for reaching men and boys with integrated HIV services. Additionally, WHO supported Lesotho, South Africa and United Republic of Tanzania to adapt and implement the guidance. UNODC, UN Women, UNFPA and partners launched a [briefing paper on gender-based violence and women who use drugs](#) which highlights the discrimination and rights violations faced by women who use drugs face and includes policy recommendations for decision-makers.
137. In addition, the Secretariat, UN Women and Sonke Gender Justice hosted a male engagement event during the “MenEngage SRH” symposium in Nairobi, which brought together youth, civil society and government representatives to promote positive masculinity and men’s involvement in health and gender equality. Key outcomes included commitments from 10 countries to advance male engagement and the development of actionable plans, with ongoing partnerships—particularly with Sonke Gender Justice—producing roadmaps and practical tools in Malawi and Kenya. Examples of other collaborations include the “Kwakha Indvodza Dialogues” on gender norms and HIV prevention in Eswatini, supported by the Secretariat, and a partnership with the Rwanda Network of People Living with HIV to reduce violence and HIV

transmission among boys while mentoring men and boys to engage as allies for gender equality.

138. Through the “Investing in Adolescent Girls and Young Women’s Leadership and Voice in the HIV Response” programme, funded by the United States President’s Emergency Plan for AIDS Relief (PEPFAR), UN Women built feminist leadership skills of adolescent girls and young women in Kenya, the United Republic of Tanzania and Zimbabwe and paired them with established women leaders as mentors.

Result Area 7: Young people

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$4 923 877	\$3 521 587	\$34 234 500	\$27 317 084	\$39 158 377	\$30 838 671

High-level political commitments from ministries of education and health, among to scaling-up access to youth-friendly SRH services, economic empowerment, and quality education (including comprehensive sexuality education) mobilized through advocacy.

139. The Joint Programme further contributed to sustaining and urgently translating global, regional and national political commitments such as a regional workshop on advancing the education, health, and wellbeing of adolescents and young people in eastern and southern Africa. This event brought together Ministries of Health and Education and youth leaders from 18 countries as well as regional economic communities and other UN agencies to collaborate on strategies for improving adolescent health and well-being through evidence-based solutions and youth engagement. As of November 2024, 14 countries had endorsed the renewed and extended Eastern and Southern Africa Ministerial Commitment on Health and Well-being of Young People, which is for accelerating investments and efforts to address SRH challenges faced by adolescents and young people in the region.
- Indicator progress on young people (RA 7)**

 - **53 countries** scaled-up **multisectoral interventions** that align with ministerial commitments to increase access to youth-friendly SRH services, including CSE, to improve young people's well-being.
 - **34 countries** developed and implemented **costed plans** to expand and institutionalize youth-led HIV responses.
140. The G20 Education Ministers' Declaration for 2024, adopted at the Global Education Meeting in Brazil, emphasized the importance of education as a human right and a public good. Known as the "Fortaleza Declaration", it calls for urgent action and innovative financing to ensure quality education for all, with a focus on inclusion, equity and sustainable financing.
141. Under the "Building Stronger Foundations" initiative, UNESCO, in collaboration with UNICEF, published a set of technical briefs offering evidence-based guidance to Ministries of Education, curriculum developers, policymakers, school managers, educators and other stakeholders. The briefs cover topics such as defining foundational education for health and well-being, designing appropriate content, involving the entire school, and practical classroom implementation.
142. As a result of work by UNESCO, 29 Member States enhanced their policies and programmes on safe learning environments that are free from all forms of school-related violence. To support this initiative, UNESCO published the flagship report "Safe to learn and thrive: ending violence in and through education." The report highlights the latest data on violence in education, its root causes and wide-reaching consequences, and it advocates for a holistic, systems-wide approach to create safe and equitable learning environments. It was launched at the Ministerial Conference on Ending

Violence Against Children in Colombia and on the International Day Against Violence and Bullying in Schools. Thanks to joint advocacy with UNICEF, WHO, and the governments of Colombia and Sweden, 44 countries made pledges on safe learning environments, including 27 countries from sub-Saharan Africa. The pledges include commitments to develop or strengthen violence prevention curricula, focus on teacher training, establish school-based services for responding to violence, and improve school governance and reporting mechanisms.

143. UNDP's "#WeBelong Africa" initiative successfully worked with five countries in southern Africa to integrate priority issues for young key populations in four areas of government action: health, gender, justice and youth. Government and community partners in Angola, Eswatini, Mozambique, Zambia and Zimbabwe were assisted to review progress in sectoral mainstreaming and to refine their future plans.
144. Thanks to the Joint Programme support, national health strategies increasingly integrate HIV programming for young people. SRH is also more integrated into national youth policies and plans in 99 countries supported by UNFPA. For example, in the Philippines, UNICEF supported local governments to mainstream adolescent health, including HIV, in local health and investment plans and the "Barangay Youth Development Plans". This included capacity-building to deliver comprehensive adolescent health packages, and adolescent-friendly health facilities' accreditation.
145. On World AIDS Day 2024, WHO launched technical guidance on [implementing WHO evidence-based interventions for adolescents and young adults living with and affected by HIV](#), to highlight and prioritize evidence-based interventions and recommendations that focus on adolescents and young adults across the HIV cascade. UNODC also contributed to the launch of a youth health learning package to address the high incidence of HIV among young key populations, particularly those in closed settings. In Uganda, UNHCR trained 415 healthcare workers to implement adolescent SRH services in the settlements. Almost 19 000 adolescents and young people were reached with awareness, education on and adolescent SRH services, HIV and sexually transmitted infection screening and human papilloma virus vaccination.
146. Through the joint Education Plus initiative, co-led by the Secretariat, UNESCO, UNFPA, UNICEF and UN Women, the importance of access to secondary education as an important HIV-related strategy for adolescent girls and young women gained greater visibility. The Education Plus Secretariat supported policy advocacy at regional and global levels. The African Union's Continental Education Strategy for Africa (CESA 2026–2035) now includes 20 new objectives that reflect Education Plus priorities. Education Plus also prioritized actions to increase young women's leadership, end gender-based violence and support school-to-work-transitions. As of 2024, 15 countries have committed to undertake actions to implement Education Plus recommendations. In Uganda, for example, a supported campaign promoted secondary education for girls as a protective factor from HIV, child marriage and early pregnancies. Over 15 000 community members, including faith-based and traditional leaders, joined the campaign's advocacy and actions towards realizing young women's SRH.
147. UN Women supported national frameworks for HIV prevention and treatment for adolescent girls and young women. In Rwanda, it partnered with the Biomedical Centre to create a programme action plan with a gender-responsive monitoring framework, including a tool to track HIV testing and treatment for pregnant women and young mothers living with HIV. In 2024, UNICEF supported countries in Africa to develop national strategies and budgets for sustainable, defined packages of HIV prevention services for adolescent girls and young women in partnership with the Global Fund's Adolescent Girls and Young Women Strategic initiative. UNICEF and partners in

Malawi used the Risk and Vulnerability Tool to identify over 1,350 adolescent girls and young women at high risk of HIV infection and promptly link them to appropriate services.

Strengthened youth leadership and youth-led responses, including engagement in decision-making, organizational capacities, monitoring and research, advocacy and service delivery through advocacy and country-level guidance.

148. The “UNITED!” movement, with over 100 youth leaders from 14 countries in eastern and southern Africa, was created in 2023 with the support of UNICEF, UNFPA, the Secretariat and the African Youth and Adolescents Network. It has continued to elevate the voices of young people who are engaged in HIV and SRH activities. Over 300 young advocates from various networks across 14 African countries now have strengthened capacity after skills-building sessions that focused on advocacy, leadership and movement-building. “UNITED!” has also amplified youth-led advocacy at country and regional levels by supporting 130 young advocates to engage in key high-level advocacy forums. An online compendium of “UNITED!” resources is available, and its visibility and influence were expanded through media engagement which reached over 9,000 users via social media driving. This has strengthened peer learning and exchange and sustained momentum for youth-driven change. In 2024, UNICEF signed the first youth-led partnership agreement with “UNITED!” to reinforce structured support for youth-led networks.
149. At the UN General Assembly and the Summit of the Future in September 2024, with UNAIDS support, young social media influencers living with HIV called for greater investment to enable young people to drive change as future leaders. UN Women fostered the leadership skills of young women and created space for young leaders’ meaningful engagement in 19 countries in 2024. In South Africa, support from UN Women helped the “Young Women for Life” movement grow to over 3000 members and reach over 10 000 other young women with information about HIV services.
150. The WHO Youth Council includes youth representatives of organizations and movements who amplify the needs and experiences of young people in relation to public health and provide advice to the WHO Director-General. In 2024, it launched its first [Youth Declaration on Creating Healthy Societies](#), which includes calls to action that were developed by young people from around the world and that are geared at empowering youth to play central roles in creating healthier and safer societies for all.
151. UNFPA, ActionAid Global Platforms and the Regional Youth Engagement Reference Group provided youth-centred, and culturally sensitive training to 115 youth leaders from across sub-Saharan Africa to empower multidisciplinary leadership for adolescent and youth SRH within humanitarian, peace and development contexts.
152. The World Bank has continuously enhanced the availability of data and evidence regarding adolescents needs to inform more tailored interventions. For example, “Pathways to prosperity for adolescent girls in Africa”, a joint report of the World Bank, the Centre for Global Development and the Population Council, applied urgent focus to girls who are being left behind and presented targeted policy solutions for reducing HIV vulnerabilities.
153. In 2024, UNESCO continued to promote the global research agenda on CSE, highlighting young people's voices, by developing two major studies: (a) exploring the needs and experiences of adolescents and young people in low- and middle-income countries in relation to school-based CSE to inform more effective and relevant

sexuality education programmes which contribute to HIV outcomes; and (b) examining the broader positive impacts of CSE beyond well-established outcomes.

154. UNICEF and partners, in collaboration with Y+ Global, developed an SRH and HIV toolkit for adolescents and young people for improved access to information and resources for health decision-making. Resources are intended for adaptation and use across multiple social behaviour change platforms, including “Internet of Good Things” (IoGT) pages, quizzes, an updated social media pack and peer counselling. In 2024, the SRHR IoGT pages were accessed over 1.1 million times. UNICEF operationalized the Adolescent Meaningful Participation Toolkit in four regions of Namibia, to advance uptake of services for adolescents and young people.

Outcome 3: Efficient HIV response fully resourced and sustained

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.

Result Area 8: Fully funded, sustainable HIV response

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$1 128 304	\$ 1 251 021	\$2 708 200	\$4 146 008	\$3 836 504	\$5 397 029

Countries supported in adapting to changing HIV-related financing and the fiscal environments, including domestic and international financing.

155. In 2024, the Joint Programme greatly intensified efforts to support countries to ensure the sustainability of their HIV responses.
156. The Secretariat, in collaboration with Cosponsors, PEPFAR and other partners, developed the HIV Response Sustainability Primer, which proposes a new framework and approach to ensure the sustainability of the HIV response. It does by identifying the necessary transformations in programmatic, policy and financial dimensions by and beyond 2030 with a focus on five sustainability domains: (a) political leadership and commitment; (b) enabling laws and policies; (c) sustainable and equitable financing; (d) science-driven, effective and high-impact HIV services and solutions; and (e) systems built to deliver them. This approach to sustainability has revitalized multiple countries' commitments to achieve HIV response sustainability, including by developing roadmaps and goals for achieving and sustaining HIV response impact by and beyond 2030, while pursuing self-reliance. These sustainability roadmaps also serve as the foundation for development funding request to donors.

Indicator progress on a fully funded, sustainable HIV response (RA 8)

- **43 countries** developed and reported implementation of measures advancing **full and sustainable HIV financing**.
- **39 countries** submitted data on domestic HIV budgets, while **57 countries** reported on HIV expenditures by source through the GAM.
- **59 countries** conducted studies to improve allocative efficiency and address implementation bottlenecks to **improve resource use efficiency, multisectoral financing, impact and equity**.
- The Joint Programme supported **79 countries** to make **evidence-informed HIV investments** across their Global Fund grant cycle.⁶

⁶ This included guidance and technical support (71 countries), strategic information generation (67 countries) and coordination and facilitation (68 countries).

157. The HIV Response Sustainability Assessment and the HIV Response Companion Guide Part A⁷, developed by the Secretariat in collaboration with Cosponsors, PEPFAR, GNP+ and other partners, further guided and supported countries in developing and implementing country-tailored HIV response sustainability roadmaps. By end-2024, with guidance and support from the Joint Programme, over 30 countries were deeply invested in those processes. National multisectoral stakeholders' dialogues across over 25 countries have reinforced this sense of urgency and led to renewed political commitment to sustain HIV responses amid fiscal constraints, competing priorities and multiple shocks.
158. In 2024, UNDP managed 28 Global Fund grants, covering 20 countries, as well as three regional programmes that cover an additional 14 countries. The UNDP-Global Fund partnership has saved 9.1 million lives since 2003. The partnership assisted governments in implementing large-scale health programmes, making health and community systems more resilient, and working alongside countries and communities to strengthen enabling legal and policy environments. For example, as Morocco transitions away from Global Fund resources, UNDP has worked with the Ministry of Health and Social Protection to undertake an HIV and TB economic burden analysis.
159. Through the Fast-Track Cities Project, the Secretariat facilitated improved collaboration between 15 Fast-Track Cities and the Global Fund for targeted investment for high-impact interventions. By end-2024, six of those cities had finalized HIV sustainability and transition plans that are aligned with national sustainability roadmaps, while eight cities were either drafting or about to draft plans to ensure continued effective and integrated HIV services beyond the duration of the Fast-Track Cities project.
160. The Joint Programme remains the prime source of domestic and international HIV financing data. In the latest available reporting round for the Global AIDS Monitoring (GAM), which the Secretariat coordinates, 39 countries submitted data on domestic HIV budgets, while 57 countries reported on HIV expenditures by source. Furthermore, the Secretariat supported National AIDS Spending Assessments (NASA) in 15 low- and middle-income countries, as well as health products financing landscapes in Botswana, Ghana, Sierra Leone and Togo.
161. The annual domestic and international resource availability estimates were published with a strategic financing analysis in the 2024 Global AIDS Update report and in the UN Secretary-General's annual report on HIV. In describing HIV funding trends, gaps and sustainability challenges, the estimates inform strategic investments to close HIV resource needs and optimize efficiencies. The Secretariat also updated the [UNAIDS HIV financial dashboard](#), which remains a unique reference for stakeholders engaged in HIV and health. The Secretariat played a key role in shaping the Global Fund's investment case for the 2025 replenishment process by providing critical data on HIV resource needs, as well as domestic and international financing estimates.
162. As part of the 2030 global HIV target-setting process, the Joint Programme convened to develop financing targets for 2030. In parallel, the Secretariat spearheaded the "Global Price Tag" which outlines the financial resources required to achieve those targets and is playing a critical role in shaping the next Global AIDS Strategy and supporting advocacy to mobilize sustainable investments to end AIDS as a public health threat by 2030.

⁷ The HIV Response Sustainability Roadmap Part A contains the country's sustainability goal(s); prioritized high-level outcomes and change objectives that will put the country on the pathway for achieving the 2025 targets and securing the long-term sustainability of the impact by and beyond 2030.

163. For the annual demand forecasting exercise for HIV medicines and diagnostics with key global stakeholders in HIV procurement, which includes governments, over 20 pharmaceutical and 30 diagnostics manufacturers were convened and supported by the Joint Programme. The process has been instrumental in guiding production planning and enhancing manufacturers' capacity to meet global demand for HIV-related pharmaceuticals and diagnostics.
164. UNDP worked with 90 countries on improving access to health technologies and, through its pooled procurement mechanism with UNFPA and UNICEF, helped countries achieve savings of US\$ 29 million in the procurement of pharmaceutical products. The Joint Programme further led efforts for price transparency and HIV medicines and diagnostics monitoring, with data on ARV medicine pricing published in flagship reports and portals. These transparency initiatives have established regional benchmark prices, thereby contributing significantly to reducing price disparities and improving the affordability of ARV medicines.
165. In 2024, the Joint Programme supported countries' efforts to improve efficiency and effectiveness in their HIV response. The World Bank and its partners used their analytical expertise to help countries by employing mathematical optimization modelling and leveraging innovative tools and analytics to redesign their programming to maximize allocation of resources and service delivery. A new guidance, jointly issued by WHO, World Bank and the Organization for Economic Cooperation and Development, highlighted the role of integrated mathematical modelling in addressing emerging pandemic-prone pathogens. By combining epidemiological, macroeconomic and behavioural factors, these models capture diverse factors on policy impacts.

Policymaking strengthened for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.

166. Extensive support from the Joint Programme enabled countries to access resources from the Global Fund, PEPFAR and other donors and optimize their use. Effective coordination at all levels with the Global Fund (i.e., Global Fund Board, Strategy Committee, Grants Approval Committee and HIV Situation Room, regional and country and teams) and PEPFAR decision making mechanisms. (i.e., Global Health Security and Diplomacy Bureau Regional and Country Operational Plans and teams), led to maximizing evidence-informed prioritization and returns on investments for most impact. The Secretariat's data-driven guidance and technical support helped optimize resources (especially for Global Fund grant applications and PEPFAR operational planning); increased alignment with the Global AIDS Strategy and synergies; and advanced efficiencies and sustainability for reaching the 2025 targets by focusing on HIV prevention, social enablers, integration and multisectoral responses.
167. For the entire Global Fund Cycle 7, the Secretariat coordinated support, including from Cosponsors, for 56 funding requests for country-prioritized programmes (including 10 in 2024 only) for a total value of over US \$ 6.8 billion (2024–2026). Technical support increasingly shifted to focus on delivering quality-assured support for country grant-making and effective implementation, enhancing HIV programme efficiencies and impact. Building on the successful technical assistance provided for Global Fund Cycle 7 funding requests, technical support increasingly shifted to focus on delivering quality-assured support for country grant-making and effective implementation, enhancing HIV programme efficiencies and impact. Through its well-coordinated Technical Support Mechanism, the Secretariat further delivered 181 technical assistance interventions to countries across multiple funding sources to harness and utilize data for impact; enhance implementation to close gaps; accelerate implementation through policy and

law reform; promote equitable financing; and sustain their HIV responses. Under the latter pillar, technical support helped countries increase political commitments, domestic HIV resource mobilization, efficiency and sustainability of financing for HIV responses. To enhance efficiency. UNDP also assisted countries in transitioning from Global Fund assistance, including Azerbaijan, Morocco and Tajikistan.

168. Building on the UNDP and UNAIDS guidance on the rights-based and ethical use of digital technologies in HIV and health programmes, UNDP developed a user-friendly toolkit for countries and communities. In Egypt, UNDP provided support to the integrated biobehavioural surveillance survey that validated current estimates of the number of people living with HIV.
169. UNHCR rolled out operational guidance for community health in refugee settings in 2023 and a community monitoring tool in 2024 through its implementing partners. Those activities are supporting high-impact, low-cost approaches for providing health information and are linking communities to health services through community outreach workers. Similar approaches are being implemented to reduce maternal and newborn mortality through kangaroo mother care. Additionally, UNHCR developed a blended, self-paced online e-learning course on public health and integrated HIV programmes in refugee emergencies.
170. The Joint Programme prioritized the use of data and digital technologies for healthcare, streamline healthcare delivery and improve health outcomes for vulnerable populations, including those affected by HIV. The World Bank's flagship report, "Digital-in-health: unlocking the value for everyone", offers a framework for health systems for new, improved and accessible services for all and garnered significant attention. In India, the World Bank-financed Meghalaya Health Systems Development Project supports drone service delivery approaches to improve access to essential injections and medicines, including HIV commodities, for people in hard-to-reach areas.

Result Area 9: Integrated systems for health and social protection

2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$2 897 243	\$2 562 521	\$17 538 400	\$15 915 223	\$20 435 643	\$18 477 743

Joint Programme 2024 results

Better integrated HIV services and systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of, and affected by HIV

171. In 2024, the Secretariat, together with UNICEF, UNFPA, WHO and World Bank, made further progress implementing the recommendations from the 2023 evaluation of the contribution of the Joint Programme for enhancing HIV and primary health care outcomes.
172. The Joint Programme contributed to the Coalition of Partnership for Universal Health Coverage and Global Health to accelerate action and promote people-centered, rights-based, integrated systems and services for ending AIDS, as well as stronger primary health care, despite the global health financing emergency that threatens progress.
173. The conceptual linkages between HIV, SRH, comorbidities and resilient and sustainable health systems, and the importance of integration and convergence between HIV and primary health care were clarified and widely publicized, including through policy and technical guidance which WHO, UNICEF, the Secretariat, the World Bank and other partners promoted. HIV-relevant modules of WHO's Integrated Health Tool were improved further with collaboration from the Secretariat. Modelling of the joint burden of HIV and noncommunicable diseases and selected mental health conditions among people living with HIV was conducted by the Secretariat together with Avenir Health, enabling countries to incorporate the estimated prevalence of comorbidities in their integrated national strategic and programme planning, costing and budgeting.
174. Following the publication of [Guidance for national strategic planning](#) and the [Guide to conducting programme reviews for HIV, viral hepatitis and STIs](#), WHO developed and launched two e-learning modules to support integrated programme reviews and the creation of national strategic plans for HIV, viral hepatitis and STIs with the aim to

Indicator progress on integrated systems for health and social protection (RA 9)

- **73 countries** have ART services for both treatment and prevention purposes, organized and financed as **part of overall health systems**, including through primary health care.
- **54 countries** included **cervical cancer screening and treatment** for women living with HIV in their national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.
- **43 countries** were supported by the Joint Programme to generate data and evidence or revise **social protection policies or programmes** to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

strengthen the capacity of national stakeholders to transition to integrated programmes based on primary health care. WHO launched an updated digital adaptation kit for implementing WHO recommendations in digital systems for health workers in primary health care settings.

175. UNFPA, WHO, the Secretariat and the International Confederation of Midwives contributed to the development of tools and guidance for the integration of HIV services within health systems, including with stronger linkages with SRH, particularly antenatal and postnatal care. The guidance includes the global Essential Competencies for Midwifery Practice and the Minimum Initial Service Package for SRH in Crisis Situations for vulnerable populations in humanitarian settings.
176. In 2024, as the impacts of multiple crises significantly constrained the fiscal space for health financing, the World Bank enhanced its support for countries to leverage service integration and health system strengthening to improve outcomes including for those affected by HIV. Its US\$ 29.4 billion global health portfolio included 169 projects that improve health outcomes, especially for people left behind, by strengthening UHC and public health. The Bank launched the Health System Transformation and Resilience Fund for UHC investments. It also continued to facilitate co-financing opportunities with Gavi (the Vaccine Alliance), the Global Fund and multilateral development banks to scale up health investments, and it worked with foundations to bring evidence and innovations to scale in support of service integration and UHC.
177. The Joint Programme and partners supported governments and local partners to enhance social protection systems for vulnerable populations, including those living with HIV and other key groups. Throughout 2024, the ILO continued promoting sustainable, human-centred and rights-based social protection systems. Those initiatives are aimed at combating persistent poverty, inequalities and the adverse effects of economic shocks and crises. Central to those efforts is the ILO's [Global Flagship Programme on Building Social Protection Floors for All](#), which delivers technical support and advances progress toward universal social protection systems.
178. The ILO assisted the Indonesia AIDS Coalition in creating guidance for community care workers who support people living with HIV, highlighting the need for a social protection scheme for unpaid care workers. In the United Republic of Tanzania, a successful partnership between the ILO and the UNAIDS Secretariat helped mobilize the private sector for HIV prevention through the Employers Health Bonanza, which engages over 500 employers each year in contributing to national HIV prevention and health efforts.
179. UN Women supported the economic empowerment of women living with and affected by HIV in 18 countries, boosting their resilience, autonomy and leadership for better health and other outcomes. In Nepal, sex workers and women living with HIV gained vocational skills and entrepreneurship training, enabling many to launch small businesses, while in Malawi, Nigeria and Uganda, the women were supported to form savings groups and access seed capital.
180. The ILO supported the Government in Malawi in reviewing its social protection policy. In South Africa, a joint effort between the ILO and WHO resulted in new guidelines on social protection for people affected by TB and stronger integration of social protection with TB prevention and care strategies. The ILO also helped develop and expand the National Social Register, ensuring that key populations are included in critical social assistance programmes. Additionally, the ILO contributed to the revision of Nigeria's National Social Protection Policy, emphasizing inclusivity and addressing the challenges faced by vulnerable groups, including people living with HIV.

181. In Burkina Faso, UNHCR ensured that social protection was one of the activities included in the package of activities related to the protection of vulnerable people and it collaborated with the Ministry of Humanitarian Action to ensure the registration of refugees and vulnerable groups in a single social register. All refugees are now included in the national health system and benefit alongside citizens from HIV services provided at health facilities. Enrolment in mutual health insurance also allows people living with HIV to have access to care for opportunistic infections and other pathologies.
182. UNDP worked with partners in 31 countries to strengthen HIV-inclusive social protection. In partnership with WFP and civil society organizations, social protection programmes in the Dominican Republic were supported to benefit vulnerable and marginalized groups, including through facilitating their representation in the consultative council of the country's Social Cabinet as well as modifications of the social protection registry to include key populations.
183. Under the "Go Further" partnership for ending AIDS and cervical cancer in Africa, the Secretariat continued its effective partnership with PEPFAR, the George W Bush Institute, Roche and Merck. Throughout 2024, the partnership further supported 12 countries in eastern and southern Africa to integrate national HIV, cancer and cervical cancer strategies and policies, resource mobilization, community engagement, demand creation and referrals for cervical cancer screening and treatment among women living with HIV. By end-2024, "Go Further" has achieved 10 million cervical cancer screenings among over 8.3 million women living with HIV. It has reached the 80% cervical precancer treatment goal since 2018.
184. In Uganda, the Secretariat supported a community-led assessment of barriers to cervical cancer screening among women living with HIV and key populations of women, and to human papillomavirus vaccination for girls, including those at risk of HIV. Results of the assessment will inform integrated HIV-cervical cancer service delivery and community systems strengthening.
185. With the Secretariat's support and facilitation, the Global Task Team for the new global AIDS targets has developed a series of new global HIV integration targets by 2030 (including new ones for HIV and noncommunicable diseases, mental health and STIs, and revised targets for HIV and cervical cancer, SRH and TB).

Increased HIV and other services' integration and access to social protection services for people living with, at risk of and affected by HIV enhanced through improved data generation and use of evidence

186. In 2024, the Joint Programme implemented the recommendations from an evaluation concluded in 2023 to improve the relevance, coherence, effectiveness and equity of its work on HIV-sensitive social protection, which increasingly include people living with, at risk or affected by HIV, including key populations.
187. Cash transfers combined with complementary interventions or linkages to existing health and social services ("cash plus") have been found to be effective for reducing behaviours that put people at risk of HIV, addressing psychosocial challenges and supporting adherence to HIV treatment among children and adolescents. In the United Republic of Tanzania, UNICEF collaborated with national authorities and others to implement and evaluate a "cash plus" social protection scheme for adolescents which combines social and economic support with a package of health and livelihood interventions, including for HIV.

188. An evaluation report of combined models, published in 2024, provided new evidence to support further scale-up of “cash plus” models that target adolescents. Evidence shows that that “cash plus” or “bundled” interventions for adolescents and young people (10–24 years) that incorporate at least one health and one economic component can bring similar benefits as integrated social protection programmes. The findings from a UNICEF-led first systematic review of bundled interventions for adolescents at risk of, or living with HIV, was published in 2024. The World Bank expanded cash transfer payments in Zambia, reaching over 1.3 million households.
189. In Cambodia, collaborative efforts between UNDP, UNAIDS Secretariat, USAID, NGOs, and key government institutions enabled the registration of almost 24,000 people living with HIV for the Identification of Poor Households Programme in 2024. Over 1,000 of them were subsequently registered for social protection services. The Sahel Adaptive Social Protection Program managed by the World Bank, supported adaptive social protection programmes and systems in Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal, with health components, including for HIV.
190. UNFPA helped generate data that facilitate improved access to social protection services and meet the needs of people living with or affected by HIV and TB. The work included support for the supply and provision of condoms and support for national health information system data collection and analysis to inform effective family planning and HIV/STI programming
191. UNODC supported Equatorial Guinea in strengthening integrated health and social protection systems for people with drug use disorder, especially with information on available services and risk factors for substance use initiations. This work informed a rapid assessment report, outlining challenges and recommendations for integrating evidence-based drug prevention and treatment services within the national health system.
192. In various humanitarian settings, UNHCR and WFP supported access to integrated services that are adapted to local needs, including HIV, food and nutrition services for refugee populations in Ethiopia and resilience-focused activities, stigma reduction and targeted sustainable livelihood initiatives in Cameroun. In Haiti, WFP, UNICEF and the Food and Agriculture Organization initiated a social protection initiative for HIV/TB-sensitive and nutrition support for pregnant and breastfeeding women and girls who are enrolled in vertical transmission programmes. Pairing clinical treatment adherence with robust economic and social support helps to dismantle barriers that keep HIV-affected households in cycles of vulnerability.
- 193.
194. Together with Ministry of Public Health and Population, WFP is leading the revision of Haiti’s national guidelines for food and nutritional care of people living with HIV. The aim is to embed clinical adherence support within robust economic and social frameworks to build a sustainable, multisectoral HIV-nutrition response. The revision will be completed in 2025.

Result Area 10: Humanitarian settings and pandemics

2024 Expenditures for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$3 267 679	\$2 702 901	\$30 943 100	\$26 356 607	\$34 210 779	\$29 059 508

Joint Programme 2024 results

Strengthened diagnosis, management and outcome monitoring for people living with HIV and people with HIV/TB, as well as response to health and protection needs in humanitarian settings through disseminated and promoted guidance.

195. Given the increase in frequency and magnitude of climate, conflict, and other shocks, in 2024, the [Inter-Agency Task Team on HIV in emergencies](#) was jointly reconstituted by UNHCR, WFP and the Secretariat. It brings together over 30 organizations, including UN agencies, civil society entities and technical and financial partners. The Team was instrumental in initiating the update of the Inter-Agency Standing Committee (IASC) guidelines for addressing HIV in humanitarian settings. To facilitate this, the Secretariat produced a catalogue of recommendations on HIV in humanitarian settings. They emphasize the importance of addressing HIV vulnerabilities in crises and collecting and using data and evidence for stronger advocacy.

Indicator progress in humanitarian settings and pandemics (RA 10)

- **45 countries⁸** implemented HIV interventions/ services for **key populations in humanitarian settings⁹**.
- **49 countries** had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being.¹⁰
- **54 countries** also reported the **inclusion of priority HIV services** in national pandemic preparedness and response plans or frameworks.

196. To guide efforts at regional and country levels and improve HIV integration in emergency preparedness and response, the Secretariat produced a country priority matrix for HIV in humanitarian response and conducted a global survey to identify capacity gaps and identify sharing of opportunities within the Joint Programme. To build national capacities to implement the Minimum Initial Service Package (MISP) from the onset of emergencies, including for HIV services, UNFPA expanded preparedness and early-action activities such as readiness assessment (72 completed since 2022), “minimum preparedness actions” and advocacy to include SRH and gender-based violence in national policies and in emergency preparedness and response frameworks.

197. UNHCR built the capacity of managers and service providers of 122 collective sites¹¹ in Ukraine to enhance safe referrals to HIV services, thereby facilitating reliable pathways

⁸ Countries with a humanitarian setting.

⁹ Interventions included HIV testing services, HIV treatment and care, distribution of condoms and water-based lubricants and treatment of STIs.

¹⁰ This included in-kind and food assistance, cash-based transfers and integration into national social safety nets.

¹¹ Collective sites are locations where internally displaced persons or other vulnerable populations are housed, often due to conflict, natural disasters, or other emergencies. These sites provide temporary shelter and essential services to those in need.

- for people living with HIV and key populations to access treatment, care and support. After the training, 87% of site managers reported improvements in their abilities to connect people living with HIV to appropriate services. Also in Ukraine, the Secretariat continued to support 13 nongovernmental organizations as part of the National AIDS Programme to sustain access to HIV services for people living with HIV and marginalized members of key populations, as well as provide safe housing through 10 shelters for key populations and survivors of gender-based violence.
198. UNHCR conducted a multisectoral Refugee Response Survey, which assessed Ukrainians' access to health and psychosocial support services in 10 refugee-hosting countries in Europe. The report highlights several barriers and challenges, including financial ones, that affect refugees' access to SRH, STI, HIV and other health services.
 199. WFP intensified its efforts to ensure that people living with HIV are systematically identified and supported to meet their essential needs within emergency preparedness and response programming. For example, in the Democratic Republic of Congo, WFP conducted targeted surveys within camps and sites for displaced people in North Kivu and Ituri. This data-driven approach highlights the prevalence of HIV within displaced populations as well as the importance of targeted food support to stabilize the health and well-being of people living with HIV.
 200. In 2024, UNDP also provided information and communications technology equipment to support and strengthen epidemiological and disease surveillance and facilitate early warning alert and response systems in six states in Sudan. The UNAIDS Secretariat supported Ethiopia's Ministry of Health in developing an HIV baseline survey in humanitarian settings, as well comprehensive national HIV and SRH guidance.
 201. In Chad, the Joint Programme, in collaboration with the Ministry of Health, assessed the integration of chronic diseases (HIV and TB), malaria and mental health into the humanitarian response in provinces experiencing an influx of Sudanese refugees. This included a joint support mission, which trained 95 health and community workers on HIV, TB, STIs, hepatitis and malaria. The mission also mentored 75 healthcare providers on differentiated service delivery approaches, which resulted in improved service delivery through national health services for host populations and refugees.
 202. In the Islamic Republic of Iran, UNDP worked with partners to strengthen TB prevention, diagnosis and treatment for Afghan migrants and vulnerable Iranian host communities. Given the displacement crisis and increased migration, this included the integration of active TB case-finding strategies into the national health response, particularly in humanitarian settings.
 203. In Myanmar, UNODC helped integrate HIV and hepatitis services for people who use drugs into existing programmes, with a focus on internally displaced people and surrounding communities. UNODC facilitated referral services for HIV, hepatitis B and C and ART services to NGOs and community-based drug rehabilitation centres.
 204. The World Bank continued to address the needs of the vulnerable populations, including those affected by and at risk of HIV, and the systems on which they depend. It did so through various financing mechanisms, including the International Development Association, which made available US\$ 30 billion for selected countries for healthcare, including services that improve HIV outcomes. The Global Concessional Financing Facility, a partnership with the UN and the Islamic Development Bank, helped middle-income countries address the refugee crisis (via US \$ 977 million in grants which leveraged over US\$ 7.8 billion in concessional financing and directly reached 15.8 million beneficiaries). The Inclusive Services and Opportunities for Host Communities

and Displaced Rohingya Population Project in Bangladesh, worth US\$ 350 million, supported almost one million people.

205. In Malawi, WFP worked with the Government and other partners to quickly roll out a nutrition and HIV package for 2,400 people after it was discovered that levels of food insecurity were much higher among people living with HIV/TB in Chikwawa than nationally. Rapid improvements in diets, finances and livestock care were reported afterwards. More than 2,000 malnourished people living with HIV/TB in four districts are receiving life-saving supplementation that is helping close treatment and nutrition gaps.

Essential health services, including HIV services, continued and restored; and more resilient systems for health and pandemic preparedness supported in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.

206. The Joint Programme helped mitigate the impact of humanitarian crises and natural disasters to protect progress in the HIV response and ensure continued access to HIV services and rights protection. UNFPA contributed to HIV prevention and treatment in humanitarian settings by guiding and supporting implementation of the Minimum Initial Service Package for SRH in Crisis Situations. The package includes post-rape care (by ensuring availability of post-exposure prophylaxis supplies at primary health care level); the provision of condoms, standard precautions supplies, safe blood transfusion materials, prophylaxis for opportunistic infections, STIs treatments and more; and helps build the capacities of frontline workers for clinical management of rape survivors. In Sudan, UNDP facilitated the distribution of medical commodities, including for HIV, in both stable and conflict-affected areas.
207. In Ukraine, UN Women enhanced the leadership of women living with HIV through advocacy training, strategic communications and engagement in national HIV-related policy dialogues. Those efforts led to Government funding for essential health services and supported women's participation in humanitarian response planning and decision-making. In Mozambique, over 1,000 displaced women and girls benefited from stronger case management structures and mobile support infrastructure in Cabo Delgado province, enabling them to access HIV services.
208. In the United Republic of Tanzania, comprehensive HIV/TB and reproductive health services were provided by UNHCR to almost 190 000 refugees living in two refugee camps. Over 8,600 of the more than 10 000 pregnant women who attended their first antenatal care session were tested for HIV. As part of HIV prevention, more than 208 000 male and almost 2,600 female condoms were distributed in the refugee camps.
209. UNFPA strengthened the preparedness for health emergencies, ensuring that HIV services remained accessible in conflict and crisis-prone areas. The World Bank continued to support its Pandemic Fund, which finances critical investments to strengthen pandemic prevention, preparedness and response capacities at national, regional and global levels. By December 2024, it had awarded US\$ 2.1 billion to selected low- and middle-income countries.
210. In 2024, following the declaration of the mpox outbreak as a Public Health Emergency of Continental Security by the Africa Centres for Disease Control and Prevention (CDC) and classification of the virus by WHO as a "public health emergency of international concern", the Joint Programme called for a rapid and rights-based international response to mpox and equitable access to vaccines and treatments, emphasizing the crucial role of involving communities in every stage of the response. Led by the Secretariat, the Joint Programme issued a [UNAIDS guidance note on the mpox](#)

[response](#). WHO and the Secretariat guided the Africa CDC to prepare the Mpox Continental Preparedness and Response Plan for Africa. UNICEF also contributed through the promotion of HIV testing for suspected and confirmed cases of mpox among children, adolescents and adults with unknown HIV status as well as ensuring HIV information is integrated into risk communication and community engagement strategies.

211. WHO, UNHCR, ILO, IOM and WFP jointly developed and published [public health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants](#), which provides information and recommendations for reducing the risk of mpox transmission in crowded communities, including camp-like settings for refugees, internally displaced people and migrants.
212. The Joint Programme joined the broader UN to call for urgent action to address the climate crisis. In November 2024, the Secretariat and UNDP warned at the COP 29 Climate Change Conference in Azerbaijan that weakened public health infrastructure, heightened prevalence of diseases that interact with HIV, food insecurity, water scarcity and the mass displacement of people—all likely to intensify due to climate change—could disrupt HIV services and lead to increasing HIV risk for some of the most vulnerable populations. A policy brief, “[The climate crisis and its impact on HIV](#)” was prepared by UNDP with the Secretariat and other Cosponsors, and was launched at the COP29 Conference.
213. WHO co-organized, together with Médecins Sans Frontières and FHI360, a satellite session at the AIDS2024 conference titled “[Resilience in a time of polycrisis: How HIV programmes are adapting to climate, humanitarian, political and social crises](#)”. In high-burden HIV countries, UNICEF continued to focus programmes for HIV on areas that are impacted by adverse climate events. For example, in areas most affected by drought in Namibia, it helped strengthen the integration of early infant diagnosis services with expanded programmes on immunization and conducted a media campaign on the elimination of vertical transmission of HIV. In eastern and southern Africa, UNICEF supported the integration of HIV into emergency programming by incorporating HIV into UNICEF’s global [Humanitarian Action for Children appeals](#).
214. The Joint Programme emphasized the importance of protecting the gains of HIV response and encouraged Member States to use their HIV experience to help prevent and respond to future pandemics and health emergencies. The Joint Programme visibly promoted and advocated for action to fully leverage lessons learned from the HIV response in the development of the landmark UN General Assembly’s Political Declaration on Pandemics Prevention, Preparedness and Response. The Secretariat actively participated in the Intergovernmental Negotiation Body drafting and negotiating the new Pandemics Prevention, Preparedness and Response Accord, as well as the targeted revision of the International Health Regulations.

Strategic functions to deliver on the result areas

2024 Expenditure and encumbrances for Secretariat functions against the Budget (in US\$)

Core		Non-core		Total	
Budget	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$126 000 000	\$126 254 153	\$50 000 000	\$72 626 630	\$176 000 000	\$198 880 783

SF1 Leadership, advocacy and communication

Sustained high-level political commitments on HIV.

215. With a strong focus on closing gaps in HIV services, placing communities at the centre and ensuring a sustainable HIV response, the Secretariat helped secure high-level political commitments on HIV. The High-Level Political Forum on Sustainable Development and the UN General Assembly's Annual Review of HIV/AIDS (informed by the UN Secretary-General's report) highlighted the HIV response as a 'glimmer of hope' and model for accelerating SDG achievement. The Secretariat called for greater focus on the health and rights of girls and women, such as through support towards the adoption of the Commission on the Status of Women' [Resolution on Women, the Girl Child and HIV and AIDS](#), as well as a groundbreaking Human Rights Council [Resolution on Human Rights in the Context of HIV and AIDS](#).

Indicator progress on leadership, advocacy and communication (SF 1)

- **16 high-level political meetings** related to HIV with outcome documents informed/ influenced by the Secretariat.
- **81 countries** supported to review, assess and/or update their **national strategic plans on HIV** (or equivalent). **100% of countries** supported for **meaningful engagement** between people living with HIV, key populations, affected women and girls and young people, as well as government institutions, for information-sharing and decision-making on HIV priorities.

216. The Joint Programme released the [Mid-term review of the Global AIDS Strategy 2021–2026](#), which highlighted the achievements and gaps in the HIV response. It also coordinated a Global Task Team which drafted targets to help countries end AIDS as a public health threat and ensure a sustainable response beyond 2030. Those recommendations and targets will serve as a foundation for the next Global AIDS Strategy.
217. The Joint Programme led negotiations with pharmaceutical companies to expand access to long-acting HIV prevention, which led to companies such as Gilead and Viiv reiterating their commitments to increase access. Key messages on the HIV epidemic and response from the Secretariat reached over 2 billion people.
218. The [Global Parliamentary Platform on HIV and AIDS](#) brings together over 400 members from over 45 countries equipped with tools and resources for action to accelerate progress against HIV. The Secretariat drew on the influence of 25 Goodwill Ambassadors, First Ladies, other international figures and celebrities to advocate for the right to health for all and for an effective HIV response.

219. Well-coordinated Joint Programme support, led by the Secretariat, contributed to strategic, evidence-informed national HIV strategic plans. Support included modelling and guidance for high-impact interventions and innovations, more integrated and sustainable services and health and community systems, target-setting, costing and monitoring and evaluation.

Championing the community-centered and -led HIV response, human rights and gender equality

220. The Secretariat fostered meaningful dialogue and collaboration between communities living with, at risk of and affected by HIV and government institutions for effective HIV responses. It also advocated for expanding spaces for the leadership and amplified the voice of communities, including on issues affecting women and girls, key and other priority populations. New normative guidance and tools were also developed with communities to advance community-led HIV responses with a focus on monitoring of progress and targets, policy environments, costings and resource mobilization. The Secretariat increased its advocacy for a community-centred and human rights-based HIV response.
221. Strategic and inclusive consultations and initiatives such as the HIV and Human Rights Reference Group as well as facilitation, guidance and policy and technical support to numerous countries shaped legal and policy reform of punitive laws or development of protective ones. A [historic reference to harm reduction](#) was included in a resolution on drug policy adopted at the 67th session of the Commission on Narcotic Drugs, following the Secretariat's advocacy, with partners, for a public health-centred, evidence- and rights-based approach to drug policy. The Secretariat acted to ensure the safety and security of key populations and their continued access to essential HIV and other health services in several crisis situations.

SF2 Partnerships, mobilization and innovation

Accelerated progress to reduce specific HIV-related inequalities thanks to effective convening and leveraging global strategic partnerships and initiatives.

222. The [Global HIV Prevention Coalition](#), which now has 38 member countries, has significantly boosted HIV combination prevention efforts, especially through cross-country collaboration on HIV prevention and the effective use of the Multisector Leadership Forum, the South-to-South Learning Network, key populations communities of practice across 15 countries, HIV Prevention Road Maps and well-coordinated technical support. Between 2010 and 2023, reductions in new HIV infections have been steeper in Coalition focus countries than in the rest of the world.¹²
223. The [Global Alliance to end AIDS in children by 2030](#) supported efforts to end AIDS in paediatric AIDS in 12 high-burden countries, all of which have developed well-prioritized national action plans. The [2024 progress report](#)¹³ highlighted countries that have overcome significant obstacles to enhance the health of children, adolescents and young women.

¹² For more information on Global Prevention Coalition, see Result Area 1.

¹³ For more information on Global Alliance to end AIDS among children results, see Result Area 3.

224. Through the [UNAIDS Education Plus initiative](#), UNAIDS fostered high-level commitment in 15 countries to increase access to education as a means of preventing new HIV infections. Nine countries developed Education Plus investment cases. Several adopted policy, legal and normative changes, including on school health, SRH, gender equality, school-to-work transitions and economic empowerment. Youth demands for protective policies on HIV were also amplified.¹⁴

Indicator progress on partnerships, mobilization and innovation (SF 2)

- **38 countries** are part of the **Global HIV Prevention Coalition**.
- **12 countries** are part of the **Global Alliance to end AIDS in children**.
- **15 countries** are part of the **Education Plus** initiative and 12 countries have implementation plans.
- **10 countries** completed the **HIV Stigma Index** in 2024.
- **41 countries** are part of the **Global Partnership for the elimination of stigma and discrimination**, and 22 countries implement action plans.
- **Knowledge management strategy** implemented and 21 communities of practice operational.

225. Through the [Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination](#), which 41 countries have joined, 22 countries are implementing interventions in accordance with costed action plans to reduce stigma and discrimination and increase access to HIV services. Several countries reported tangible commitments and significant progress around policy reforms related to HIV.

226. Networks of people living with HIV completed country Stigma Index reports with support from the Secretariat in multiple countries. In 2024, the Index was used in over 30 countries to advocate for legal and policy change and programmatic interventions and in 25 countries to advocate for capacity-building or resource mobilization.

227. Through the Coalition of Partnership for Universal Health Coverage and Global Health, the Secretariat promoted people-centred and integrated systems and services. Under the “Go Further” partnership for ending AIDS and cervical cancer in Africa (which brings together the Secretariat, PEPFAR, the George W Bush Institute, Roche and Merck), 12 countries have advanced the integration national HIV, cancer and cervical cancer strategies and systems.

228. The Inter-Agency Task Team on HIV in humanitarian emergencies, jointly revitalized by UNHCR, WFP and the Secretariat, brings together over 80 representatives from over 30 organizations for information sharing, joint guidance and actions to save lives.

229. The Secretariat called for and secured commitments for accelerated access to effective injectable long-acting HIV medicines for all who need them, including pledges from the Global Council on inequality, AIDS and pandemics to enable local manufacturing of life-saving medicines and the G20’s new Global Coalition for local and regional production, innovation and equitable access.

[Harnessing knowledge management including communities of practice for an effective HIV response.](#)

230. Knowledge on HIV, including good practices and innovations are being shared widely through 21 operational communities of practices and other cross-country and thematic networks such as on South-South learning on prevention, equality and rights.

¹⁴ For more information on the Education Plus Initiative, see Result Area 7 (Young people).

SF3 Strategic information

Generation of and use of state-of-the art HIV

231. The Secretariat supported to provide quality and timely reporting against Global AIDS Monitoring (GAM) indicators, with 140 countries submitting GAM reports in 2024.
232. Updated UNAIDS HIV epidemiological estimates are available for 172 countries, representing 99% of the world's population, thanks to direct guidance and capacity-building from the Secretariat, UNICEF and WHO. The Joint Programme directly supported community-led monitoring in 41 countries.
233. UNAIDS-led global AIDS monitoring data sharpened the HIV response by increasing granular knowledge about inequalities in access to HIV services thanks to the disaggregation of data by geographic location, age, sex and population. The UNAIDS [AIDSInfo](#) website provides the most comprehensive public compendium of HIV data, including HIV estimates, an “HIV/AIDS inequality visualization” platform, and information on laws, policies and financing. These data are widely used for programming, policy-making, target setting and tracking, and resource mobilization and allocation, including by Global Fund and PEPFAR.
234. The 2024 UNAIDS [Global AIDS update: AIDS at a crossroads](#) presented an authoritative report on the state of the global AIDS pandemic and HIV response, and the [World AIDS Day report: Take the rights path](#) presented UNAIDS data to highlight the importance of upholding human rights to end the pandemic.

Indicator progress on strategic information (SF 3)

- The 2021–2026 Global AIDS Monitoring (GAM) Framework was developed and shared. **140 countries** submitted reports against **GAM indicators**.
- HIV estimates were developed in **172 countries**, including **154 countries** which received direct support.
- The **flagship 2024 global update** and **World AIDS day reports** were produced, and the [AIDSInfo](#) and [UNAIDS HIV Financial Dashboard](#) were updated.
- **65 countries** received support for community-led monitoring, including 41 which received dedicated Secretariat-led support.

SF4 Coordination, convening and country implementation support

Coordinated effective UN and broader support including with the Global Fund and PEPFAR to optimize all resources for most impact towards the global AIDS targets and SDGs.

235. The Secretariat optimized the Joint Programme's collective strengths to support national HIV responses through effective coordination of Joint UN Teams on AIDS in 85 countries, implementation of Joint UN Plans on AIDS, including through joint country envelope funding. It also leveraged the broader power and voice of the UN System by ensuring the integration of HIV priorities in UN Sustainable Development Cooperation Frameworks for the SDGs.
236. Through its critical partnerships with the Global Fund and PEPFAR at all levels, the Secretariat coordinated and guided evidence-informed programmatic and domestic and international investment prioritization to achieve maximum impact and returns on investment.
237. The Secretariat's data-driven guidance and technical support helped optimize resources (especially for Global Fund grant applications and PEPFAR operational

plans in 50 countries) to accelerate progress towards the 2030 goal. In line with the [new strategic framework for cooperation and collaboration to end AIDS](#) between UNAIDS and the Global Fund, the Secretariat coordinated over 181 technical support assignments in response to country requests, via the UNAIDS Technical Support Mechanism. It directly supported 10 countries in securing over US\$ 6 million in new Global Fund financing for well-prioritized programmes in 2024. over the entire Global Fund Cycle 7, the Secretariat and Cosponsors provided quality support for 56 funding requests valued at more than US \$ 6.8 billion (2024–2026).¹⁵

Indicator progress on coordination, convening and country implementation support (SF 4)

- **In 85 countries**, Joint UN Teams on AIDS implemented **Joint UN Plans on HIV**.
- **In 82 countries**, priorities for ending HIV-related inequalities are reflected in **the UN Sustainable Development Cooperation Framework**.
- **Additional country resources were optimized with PEPFAR (50 countries) and Global Fund (10 grants)**.
- **30 countries** invested in the development and implementation of **HIV Sustainability Roadmaps**.

Intensified and urgent efforts to accelerate sustainability of the HIV response

238. The [HIV sustainability framework](#), developed by the Secretariat with PEPFAR and the Global Fund, provided guidance and instilled a greater sense of urgency in national efforts to plan for long-term sustainability of national HIV responses. Over 50 country profiles offer key summaries of available data to inform dialogues on sustainability. By end-2024, over 30 countries had invested in the development and implementation of HIV Sustainability Roadmaps, through broad stakeholder consultation and community engagement. The Roadmaps led to renewed political commitment for sustaining HIV responses amid fiscal constraints. Additionally, a systematic review of the costs of community-led responses is available on UNAIDS financial dashboard.¹⁶

SF5 Governance and mutual accountability

Solid and inclusive global HIV response governance and mutual accountability

¹⁵ For information on support to the Global Fund, see Result Area 8.

¹⁶ For more information on Sustainability framework and roadmaps, see Result Area 8.

239. Effective and inclusive governance practices included over 25 governance meetings with wide stakeholder engagement. The PCB reaffirmed UNAIDS's crucial added value for the HIV response. As per the PCB request, a High-Level Panel, convened by UNAIDS Executive Director and the Chair of the Committee of Cosponsoring Organizations, initiated discussions on recommendations for a resilient and fit-for purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response (to be finalized in 2025).
240. The Independent External Oversight Advisory Committee provided expert advice for stronger governance and oversight (resulting in 30 related PCB decisions), including risk management and financial situation

Intensified resource mobilization

241. In March 2024, UNAIDS organized a Structured Funding Dialogue as part of intensified resource mobilization efforts. An update on the financial situation and funding shortfall was discussed by the PCB and at various donor forums.
242. The Secretariat launched a [value proposition](#)¹⁷ which demonstrated to donors that a modest increase in funding would ensure that 35 countries can achieve viral load suppression by 2025. In a very difficult financial environment, UNAIDS has worked to both maintain core funding and increase its capacity to raise non-core funds from diversified sources at all levels. Valuable non-core funds have been raised for some technical areas, including human rights and stigma, but major gaps remain.

UN reform in action and further shaped for better impact for HIV and the SDGs.

243. UNAIDS remains a pathfinder for UN reform, showing high compliance with UN reform and system-wide approaches that improve efficiencies, such as integrated policies, joint work and alignment with the Resident Coordinator system. This is demonstrated in the completed UN reports on the UN Quadrennial Comprehensive Policy Review and UN Funding Compact and in various other UN system reports. UNAIDS also contributed meaningfully to development of the new Gender Equality Acceleration Plan and the linked revision of the UN System-wide action plan on gender equality and women's empowerment framework 3.0.¹⁸
244. The new UNAIDS [Results and Transparency Portal](#) features the Joint Programme's results, performance and investments and shows how these contribute to the global HIV response through robust transparency and accountability.

Indicator progress on governance and mutual accountability (SF 5)

- **Quality management, oversight and performance reports** to the PCB.
- Fully **operational** Independent **External Oversight Advisory Committee** (4 meetings and annual report).
- **Updated UNAIDS Results and Transparency portal** and Secretariat financial data published in the International Aid Transparency Initiative.
- **High compliance with UN reform.**
- **90% of evaluations implemented** and recommendations from previous ones tracked.

Independence, coverage and quality are hallmarks of the UNAIDS evaluation function.

¹⁷ [UNAIDS Resource Mobilization | RESULTS AND TRANSPARENCY PORTAL](#)

¹⁸ This includes contribution to "Greening the Blue", UN Youth 2030, UN Disability Inclusion Strategy and the UN SDG reports.

245. The evaluation office completed two strategic evaluations and one review for the UNAIDS Joint Programme, guided by the UNAIDS expert advisory committee on evaluation. Reports and management responses were publicly shared. These evaluations yielded important lessons learned and recommendations to further enhance the Joint Programme's impact.

Contributions to the SDGs

246. The global HIV response has made remarkable gains and is progressing toward achieving SDG 3.3, improving life expectancy in high-burden countries through significant and continuing declines in AIDS-related deaths and new HIV infections. These achievements are the result of strong political commitment, global solidarity and investments, evidence-driven strategies and mutually supportive partnerships mobilized by the Joint Programme. The global response has strengthened health and community systems, yielding extensive positive health outcomes, enhancing global health security and generating economic and development dividends that are accelerating progress towards 10 other SDGs.

247. The HIV response also benefits from and contributes to progress towards the overall Agenda for Sustainable Development. Through use of an inequalities lens and people-centred and human rights-based approaches, the work of the Joint Programme and the HIV response are integrally linked with multiple SDGs to leave no one behind: in particular, on good health and well-being (SDG 3); reduction of poverty, hunger and inequalities (SDGs 1, 2 and 10); progress to uphold human rights (SDG 16) and gender equality (SDG 5); expansion of quality education (SDG 4) and decent work (SDG 8) for vulnerable and key populations; and promotion of sustainable communities (SDG 11).



The multisectoral collaboration and partnership-for-development approach, including greater engagement of communities, convened and leveraged by the Joint Programme exemplify the kinds of actions needed to achieve SDG 17.

248. Despite the prospects of heightened risk, the sustained gains towards SDG 3.3 stand in stark contrast to the broader Agenda for Sustainable Development, where progress has stalled and in some cases been reversed. While the world is not on track to reach the SDGs in a context of increasingly interconnected polycrises, the results described in this report show that the Joint Programme, in leading the global AIDS movement, has brought practical solutions that can further advance efforts to end AIDS and contribute to progress that offers inspiration and lessons across the global health and development fields. The global HIV response and the work of the Joint Programme also provide essential principles and lessons for pandemic prevention, preparedness and response, a priority vividly underscored by global experience in recent years.

249. However, a substantial decline in HIV financing is now putting at risk even essential HIV services and creating a much greater sense of urgency to maintain the gains and accelerate sustainability efforts. Robust, enduring political and financial commitment is essential. More than ever, the Joint Programme's multisectoral approach and partnerships, data, bold advocacy and support for evidence-informed and people-centered policy changes are crucial for closing HIV service gaps and achieving more sustainable responses that will sustain gains, reach the global AIDS targets and end AIDS as a public health threat.

Key challenges and lessons learned

250. The global HIV response is at a crossroads. The Joint Programme's experience in 2024 reveals important lessons as well as persistent and new challenges for the global HIV response.
- 251.
252. In the face of historic geopolitical, financing, security and global health challenges, the Joint Programme continued to drive progress to close gaps for communities living with, at risk of an affected by HIV. Major gains continue to be made against AIDS. Numerous high-burden countries in sub-Saharan Africa—all of which have benefited from extensive advocacy, strategic information, normative guidance and technical support from the Joint Programme—have either achieved or were within reach of achieving the 95–95–95 testing, treatment and viral suppression targets by end-2024.
253. Leading the multisectoral response, the Joint Programme continued to play a unique and pivotal role in the HIV response, as shown in Figure 6 below. With the Joint Programme's support, countries further improved national HIV prevention, testing and treatment policies and programmes to align with international guidance for optimizing outcomes for people living with HIV and reducing HIV transmission. Critical innovations, such as PrEP and differentiated service delivery, have expanded significantly in recent years thanks to the Joint Programme's work. New health technologies are being brought to market, but their roll-out is too slow. The coverage and access to quality HIV services remains insufficient, especially for certain key and priority populations, and the gains are fragile and at potential risk, including in the increasing number of countries facing serious humanitarian situations.

Figure 6. The Joint Programme brings a unique set of comparative assets to the HIV response ecosystem



254. The Mid-term review of the Global AIDS Strategy, conducted in 2024, highlighted some of the biggest gaps. Political commitment for full financing of the HIV response and for upholding human rights as it relates to HIV prevention and treatment is at risk, threatening the HIV response and worsening disparities between populations and

regions. The increased frequency and scale of emergencies underscore the need to adapt HIV responses to humanitarian contexts. Key populations continue to lack access to essential services, putting them at heightened risk of HIV often due to harmful policies, laws and norms. In many countries, this is further exacerbated by a deteriorating human rights environment and shrinking space for civil society, along with an intensifying backlash against the rights of women and key and other priority populations.

255. Community-led HIV responses have transformative potential but are poorly resourced. Indeed, special efforts, including advocacy, guidance, partnerships and investments, helped expand the unique contributions of communities for the HIV response and beyond. But the full potential is not being realized due to inadequate funding and insufficient validation and integration of community-led organizations as essential partners in the response.
256. Despite intensified efforts to mobilize and optimize the allocation and use of available resources, HIV investments globally have declined in recent years and are well short of the amount needed to reach the 2025 targets. Complex global challenges have increased economic constraints for many low- and middle-income countries, many of which are in debt distress, while many bilateral donors are reducing their assistance.
257. Actions taken in the next few years will be crucial for ending AIDS as a public health threat. The Joint Programme's essential role to lead the multilateral response to HIV and accelerate progress for a sustainable global HIV response to 2030 and beyond was reaffirmed by the PCB. The new Global AIDS Strategy 2026–2031, including new global AIDS targets by 2030, will establish a fresh vision for the global HIV response to close gaps towards ending AIDS as a public health threat by 2030.
258. Due to an increasing funding shortfall, the Joint Programme also faced considerable programmatic and operational challenges in 2024, which led to further sharpening of programmatic, geographic and financial prioritization at all levels and across the 11 Cosponsors and the Secretariat. Additional, far-reaching cost-containment measures were introduced to deploy limited human and financial resources where they are most needed, with an emphasis on prioritizing joint work to support countries to save lives.
259. Further innovations and all possible opportunities for improved effectiveness and efficiencies were applied, while taking care to sustain quality support to countries and communities and to maintain solid management, inclusive governance and improved accountability and transparency. However, UBRAF funding shortfalls are increasingly leading to scaled back, delayed and missed opportunities for progress towards national and global AIDS targets. Progress has slowed and multiple demands and risks, to even sustain hard-won gains, have increased.
260. In 2024, efforts were also intensified to achieve a more resilient and fit-for purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response. The Joint Programme revitalized and led urgent actions to advance the HIV response sustainability agenda.
261. In light of the drastic reductions of ODA and financing for HIV, which put even essential HIV services at risk, the Joint Programme is calling for a much higher sense of urgency and it is leading crisis actions to mitigate the impact of funding losses and accelerate sustainability efforts. More than ever, the Joint Programme's multisectoral approach and partnerships, data and analysis, bold advocacy and support for evidence-informed and people-centred policy changes are crucial for closing HIV service gaps and

achieving responses that will sustain the gains made, achieve the global AIDS targets and end AIDS as a public health threat.

[End of document]