

RESULTS BY REGION

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 report (*UNAIDS/PCB (56)/25.8*)

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 the implementation of the decisions: *none*

RESULTS BY REGION

PERFORMANCE
MONITORING REPORT
2024



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Introduction

1. The global HIV response is at a crossroads. In 2024, the world continued to move closer to the goal of ending AIDS as a public health threat. From 2010 to 2023, new HIV infections declined by 39%, annual AIDS-related deaths fell by 51% and 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 continued, with 77% of adults living with HIV on treatment, but still only 57% of children aged 0–14 years accessing HIV treatment in 2023.¹ Even in the absence of a vaccine or a cure, the world has the tools it needs to end AIDS as a public health threat.
2. The UNAIDS 2024 Performance Monitoring Report summarizes the Joint Programme's key results—achieved through the collective efforts of 11 Cosponsors and the Secretariat and stakeholders—contributing to the implementation of the Global AIDS Strategy 2021–2026, and for progress toward the 2025 global AIDS targets.
3. This “Results by region” report highlights the main results of the Joint Programme for and across five regions and over 80 countries² where it operated as a Joint Programme in 2024. It shows results from across the regions with multiple illustrative country examples of the progress made.
4. These results advanced progress towards the three Joint Programme outcomes as committed to in the Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026:
 - 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.
 - 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.
 - Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets.
5. In 2024, using an inequality lens, the Joint Programme further prioritized all its efforts to best support countries to save lives through: advancing HIV prevention; accelerating access to HIV treatment and new health technologies; promoting community-led HIV response, including community-led services and monitoring; and ensuring equitable financing and sustaining the HIV response.
6. The AIDS epidemic affects different parts of the world and populations at different speeds, requiring differentiated responses. The report shows the unique focus in each region but also the cross-cutting areas.
 - In Asia and the Pacific, special efforts focused on working with communities to advance differentiated HIV prevention strategies, including the use of oral pre-exposure prophylaxis (PrEP) and the dapivirine ring, as well as advancing access to harm reduction services for people who use drugs. Progress was also achieved on resource mobilization and sustainability.

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

² Since the UNAIDS Secretariat no longer has a regional office in the Middle East and North Africa region, support to selected countries in this region and related reports are included in the reports for the eastern and southern Africa and western and central Africa regions. This is in line with the 2024–25 Workplan and Budget.

- In eastern Europe and central Asia, there was significant focus on advancing access to PrEP and leveraging knowledge management for HIV prevention and treatment service access. The region also made progress in removing harmful barriers to HIV services thanks to the Joint programme support.
 - In eastern and southern Africa, efforts mostly focused on expanding access to improved HIV prevention to adolescent girls and young women while also removing legal barriers for key populations to access services. The region also made significant strides in ending AIDS in children and preventing vertical transmission of HIV.
 - In Latin America and the Caribbean, there was focus on removing barriers for access to prevention and treatment services for key populations and displaced persons. The region showcased results on reductions in the vertical transmission of HIV and cross-country capacity-building for PrEP provision, service integration and social empowerment.
 - In western and central Africa, priority support focused on improving targeted HIV prevention programmes for closing the HIV prevention gap in high-burden countries and increasing access to HIV testing, particularly for children who have been exposed to HIV, adolescents and pregnant women. There was also a strong focus on youth and service integration.
7. Across regions, key initiatives fast-tracked actions and synergies to accelerate progress, such as the Global Prevention Coalition, the Global Alliance to end AIDS in Children, the Education Plus initiative and the Global Partnership for Action to eliminate all forms of HIV-related stigma and discrimination. The report highlights how the Joint Programme further supported the critical roles and rich contributions of community-led HIV responses, including community-led monitoring and its financing, revitalized and led urgent actions to advance the sustainability agenda, and applied the latest tools, science and innovations for improved results.
 8. Leveraging the UN power and in the spirit of the UN Cooperation Frameworks the Joint Programme's work is aligned with and contributes to good health and well-being (SDG 3), while advancing progress to uphold human rights (SDG 16) and gender equality and the empowerment of all women and girls (SDG 5); end poverty, hunger and inequalities (SDGs 1, 2 and 10); expand quality education (SDG 4) and decent work (SDG 8) ; and promote sustainable communities (SDG 11). Exemplifying what is needed for achieving SDG 17 and multilateralism, results were possible thanks to the Joint Programme's successful convening and leading partnership with governments, networks of people living with HIV, key populations, women and young people, civil society organizations, media, academia, the private sector and other development partners, including the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. The UN Joint Programme acknowledges all the partners/stakeholders who led or participated in the achievement of all results mentioned.
 9. While the report highlights the many areas of progress to which the Joint Programme contributed, the gains remain fragile, progress is uneven and major gaps remain. In 2023 alone, 1.3 million people around the world newly acquired HIV. Over nine million people living with HIV were still not receiving antiretroviral therapy (ART) and children living with HIV continue to be left behind. Further progress has also been stymied by a growing resource gap and significant risks for the sustainability of the HIV response. AIDS remains a major global health and development challenge.
 10. More than ever, the Joint Programme's multisectoral approach and partnerships, data, bold advocacy and support for evidence-informed and people-centred policy changes are crucial to close HIV service gaps and ensure more sustainable responses to sustain gains and achieve the global AIDS targets and end AIDS as a public health threat.

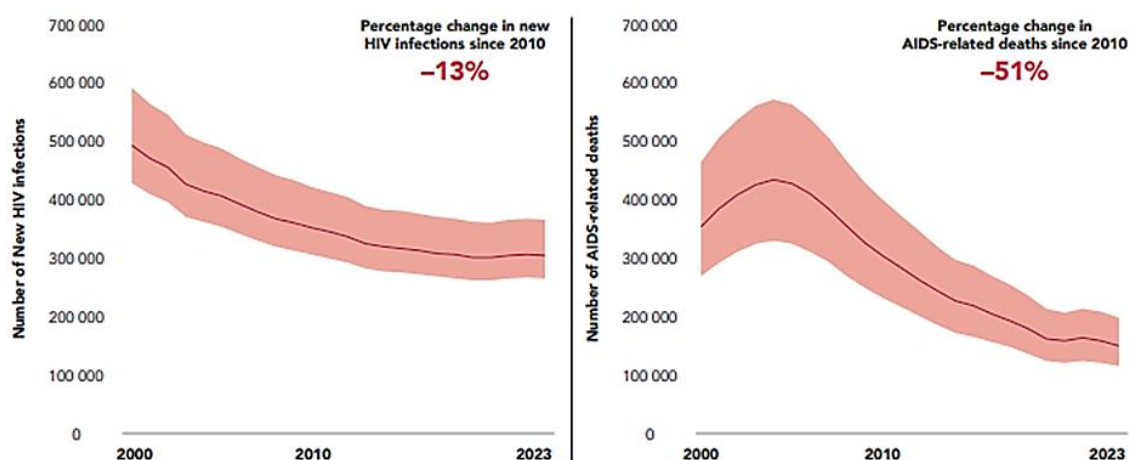
Asia and Pacific

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

Total expenditures and encumbrances³ of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 41.0 million**

Progress towards saving lives

Figure 1. Number of new HIV infections and AIDS-related deaths, Asia and the Pacific, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

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

³ For more information on budget implementation breakdown, please see the Executive Summary of the 2024 Performance Monitoring Report.

Key results

- *Better targeted HIV prevention programmes to close the gaps and Regional HIV Prevention Task Force established to guide and monitor progress.*
- *Oral PrEP provision expanded, including through community-based delivery, and feasibility and acceptability study of dapivirine ring piloted in select countries.*
- *Regional roadmap for Triple elimination of mother-to-child transmission of HIV, hepatitis B and Syphilis finalized.*
- *First chemsex toolkit for healthcare providers and people-centered harm reduction services promoted.*
- *Key populations and people living with HIV empowered through new regional media network and community paralegal support to reduce HIV-related stigma and discrimination.*
- *Networks and organizations of women living with HIV and women in key populations supported and accessing decision-making spaces in the HIV response.*
- *Updated HIV estimates informed national strategic plans in 23 countries and HIV expenditure tracking used in seven countries to inform HIV financing.*

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

11. HIV prevention access increased thanks to better targeted programmes, including expansion of prevention options. Eleven countries developed HIV prevention action plans, and a new Asia-Pacific HIV Prevention Task Force now coordinates, guides and monitors progress (UNFPA and Secretariat).
12. The regional dissemination of findings on feasibility and acceptability study of the Dapivirine Vaginal Ring (DVR) led to commitments from Cambodia, Indonesia, Papua New Guinea, and the Philippines to pilot it (UNAIDS Secretariat). In Cambodia, DVR and long-acting cabotegravir (CAB-LA) were introduced, and PrEP and HIV self-testing services were scaled up. The Philippines saw increased PrEP coverage supported by a government budget allocation. Thailand expanded PrEP services to 28 777 users through hospitals and key population health services. Pakistan introduced community-based PrEP delivery in Sindh province. PrEP guidelines were also updated and access expanded in Lao PDR, the Philippines, and Viet Nam (WHO and Secretariat). In Indonesia, a PrEP expansion plan, including community-based HIV self-testing, was established and policy briefs on DVR and CAB-LA were developed (WHO and Secretariat).
13. Eighteen countries included HIV self-testing in their testing guidelines or developed new country specific guidelines for HIV self-testing. More than 15 countries adapted the virtual interventions approach to improve access to services, including some with guidelines or standard operating procedures (Secretariat and WHO). For example, introduction of the [Quickres](#) platform for virtual distribution aided scale-up of HIV self-testing in Pakistan (WHO). The HIV 3-test algorithm was introduced in Papua New Guinea, and HIV testing algorithm validation was implemented in Sri Lanka (WHO). In Thailand, access to self-testing increased thanks to a public-private partnership leading to the distribution of 260 000 free HIV self-testing kits through commercial stores (UNFPA and Secretariat).
14. In 2024, HIV testing coverage increased to 66% from 45% in 2019, reaching 3.2 million pregnant women in Indonesia. There was also procurement of the dual HIV/Syphilis rapid test kits for the testing of 50 000 pregnant women in Myanmar (UNICEF). Additionally,

nine provinces in China passed the subnational elimination of vertical transmission validation exercise, paving the way for international validation in 2026 (UNICEF, WHO and Secretariat).

15. The region's first Chemsex toolkit for healthcare providers was introduced, setting off a chain of results that enhanced harm reduction, sexual and mental health services among people who use drugs. In Viet Nam, a Chemsex toolkit for community outreach workers was developed, and the capacity of over 280 people was built for enhancing HIV services, including harm reduction for chemsex (UNODC and Secretariat). Myanmar developed training modules for managing chemsex-related challenges, benefiting 127 healthcare workers (WHO). The Philippines' ChemSex study provided critical data on chemsex behaviours and HIV risk among gay men and other men who have sex with men improving HIV programming (Secretariat). In Thailand, 80 national partners built their capacities to deliver comprehensive and gender-responsive services for people who use and inject drugs. In Afghanistan, 18 825 individuals received harm reduction services including viral hepatitis, HIV and STI testing and methadone treatment (UNODC).
16. The capacity of 27 master trainers in eight countries was built through the development of the TeenGen training manual, and over 100 students in Thailand and Singapore gained knowledge to champion HIV-related LGBTQI+-inclusive learning environments, reaching approximately 130 000 individuals through youth-led campaigns (UNDP, UNFPA and UNESCO).

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

17. National action plans to integrate community-led monitoring and adopt digital solutions emerged from a regional dialogue with 119 participants from 17 countries co-organized by the Health Advocacy Coalition, Seven Alliance and Secretariat. In Indonesia, a national community-led monitoring mechanism, implemented in 21 additional districts is now also supported by the government (Secretariat).
18. Thanks to collaboration with the Interagency Task Team on Young Key Populations, in partnership with Chulalongkorn University, young people's concerns—including mental health—are now informing programme planning and design (WHO and Secretariat).
19. Multiple initiatives and innovations, including using social media, helped reach more young people at risk of HIV. For example, in Cambodia, the Youth Health Mobile app reached 312 000 adolescents and youth, including 100 000 active users, and Comprehensive Sexuality Education was integrated into the national Health Education curriculum, benefiting 306 950 students. In Lao PDR, youth-friendly health services reached 491 672 individuals, and outreach services expanded HIV care to 42 722 beneficiaries. Youth are better equipped for engaging in policy advocacy through the capacity-building of 500 young people, 184 teachers and 157 peer educators in Nepal. In the Philippines, 407 757 teachers also increased their capacity for presenting comprehensive sexuality education (UNFPA).
20. Thanks to Joint Programme support, in Cambodia, the "LovelsDiversity" is dedicated to advocating and promoting equality and protection for the LGBTQI+ community online platform and it reached over 1.8 million people through social media (UN Women). In Papua New Guinea, over 1,500 women market vendors increased their knowledge and gained skills in financial literacy and business development for financial independence. They have been able to make informed decisions on savings, expenditures and

networking, which has helped them grow their business and other opportunities. In Nepal, essential services and vocational training benefited almost 200 individuals engaged in sex work and 410 women living with HIV, with 87 of them starting small businesses (UN Women). In Indonesia, in support to the implementation of the Global Fund's proposal, and with leadership by women living with HIV, integrated HIV and violence against women service protocols, and a cost analysis for HIV and violence against women service delivery were developed which also informed the assessment of the Global Fund's Breaking Down Barriers programme (UN Women).

21. A new regional media network emerged from the 2nd Southeast Asia Workshop on HIV Related Stigma and Discrimination joined by 76 participants from six countries and various sectors. The initiative also empowered key populations and people living with HIV through community paralegal support (UNDP and Secretariat). In Thailand, a joint review documented significant reductions in stigma and discrimination in healthcare, with 400 facilities adopting anti-stigma interventions (Secretariat) and the Bangkok Metropolitan Authority implemented Undetectable = Untransmittable (U=U)⁴ strategies. In India, over 500 individuals received legal support through the piloting of a legal aid clinic, the result from a roundtable on the HIV/AIDS Act (UNDP and Secretariat).

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

22. Efforts to ensure the sustainability of HIV responses further intensified. In 2024, six countries started developing sustainability roadmaps and one country (Viet Nam) completed it. In Indonesia, six community-led or civil society organizations secured local government budget allocations signalling growing local resource mobilization through social contracting (Secretariat).
23. Additional resources were mobilized to support communities and governments to improve HIV testing and treatment, reduce stigma and discrimination, and lower HIV transmission in Cambodia, Fiji, Indonesia, Papua New Guinea and the Philippines and to support equitable and sustainable financing for national HIV responses and health in Cambodia, Lao PDR, Thailand and Viet Nam (Secretariat).
24. The China International Development Cooperation Agency's worked with UNAIDS to expand support to the HIV response in other low-income countries. The Forum on China-Africa Cooperation 2025–2027 outcome documents included recommendations on local production and Chinese private companies were increasingly engaged in local production initiatives in Africa (Secretariat).
25. In China, US\$ 700 000 was mobilized from the China AIDS Fund for Non-Governmental Organizations to support community engagement in the validation of the elimination of vertical transmission of HIV (ILO and Secretariat). The Philippines Senate approved an additional PHP 9 million to support the work of the National AIDS Council, and PhilHealth reimbursements for HIV outpatient care and treatment in Quezon City increased more than 15-fold between 2022 and 2024 (Secretariat).

⁴ U=U, or Undetectable=Untransmittable is a scientifically proven concept which refers to people living with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood— by taking antiretroviral therapy daily as prescribed, cannot sexually transmit the virus to others (Global AIDS Strategy 2021–2026, p.43)

26. In Viet Nam, two new Government circulars regulate economic and technical norms for HIV services in public health facilities, forming the basis for national and provincial HIV service price frameworks (Secretariat). Successful pilots were also implemented for decentralizing and integrating hepatitis C and HIV viral load testing (WHO). In Indonesia, a national action plan for tuberculosis (TB) and HIV in correctional settings is available (UNODC) and HIV screening and treatment integration was accessed through community-based services in 23 districts and TB-HIV one-stop services in 15 districts (WHO and Secretariat).
27. In Pakistan, over 6,300 refugees accessed integrated HIV and sexual and reproductive health services, while 230 refugees and asylum seekers in Malaysia accessed HIV services (UNHCR). In Myanmar, there is also increased harm reduction service acceptance after the integration of HIV and viral hepatitis services into community-based programmes for people who use drugs among internally displaced populations (UNHCR).
28. HIV programmes are increasingly integrated with broader health systems. For example, thanks to the Joint Programme's advocacy, programmes to eliminate vertical transmission of HIV are integrated into maternal and child health programmes in 13 countries (UNICEF). Programme reviews and new/updated guidelines, protocols and strategic plans are available in 17 countries (WHO).
29. National AIDS Spending Assessments and other expenditure tracking efforts were finalized and used in seven countries, with capacity built in 10 countries to generate and analyse expenditure data, focusing on key populations and community-led responses (Secretariat). Updated HIV estimates informed national strategic plans in 23 countries as well as planning and resource allocation for Global Fund grants (WHO and Secretariat).
30. The Joint Programme played a key role in guiding, coordinating and streamlining effective implementation of Global Fund and PEPFAR grants and other partners' support. A total of US\$ 698 million was mobilized from the Global Fund for HIV response in 15 countries for 2023–2025 (Secretariat).

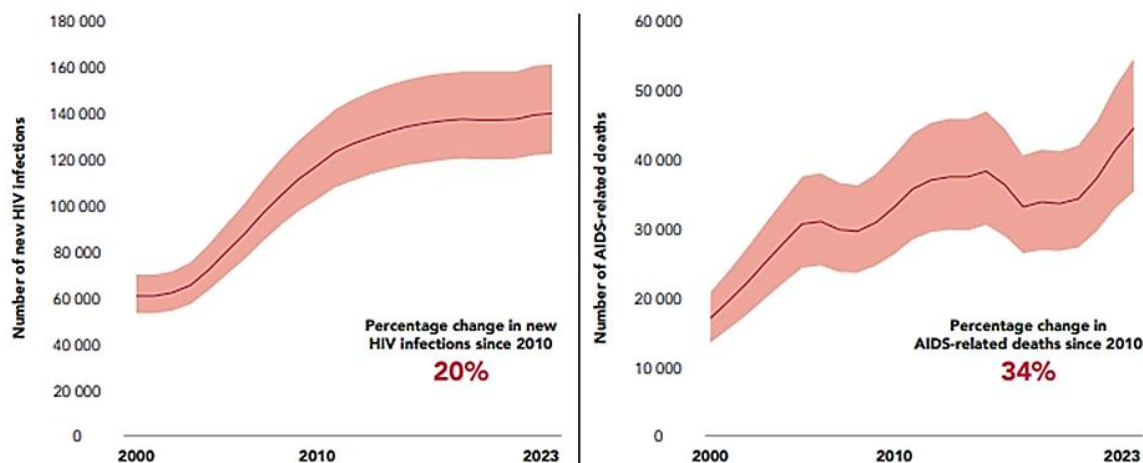
Eastern Europe and central Asia

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

Total expenditures and encumbrances of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 23.6 million**

Progress towards saving lives

Figure 2. Number of new HIV infections and AIDS-related deaths, eastern Europe and central Asia, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

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

Key results

- *PrEP scaled up in all countries across the region.*
- *3.5 million adolescents and young people and some 500 000 adults reached through targeted digital media on HIV prevention, testing, treatment and non-discrimination of people living with HIV.*
- *Actions to secure the future of public health and the HIV response in central and eastern Europe and central Asia launched by the Rise and Decriminalize Movement, uniting five community-led regional networks.*
- *Reduction in criminal prosecution of HIV exposure, non-disclosure and transmission following endorsement of Undetectable=Untransmissible by the Regional Judges Forum on HIV, Human Rights.*
- *Support provided to networks of women living with HIV and women in key populations advanced policy reform, economic well-being and access to services.*

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

31. A new platform, established at a high-level event, organized by the Rise and Decriminalize Movement helps coordinate efforts of communities, civil society, politicians, experts and other stakeholders to maintain and/or expand the space for civil society and communities to act for more sustainable public health, including HIV and specifically on decriminalization of HIV in the region (UNFPA, WHO and Secretariat).
32. The #PutPeopleFirst EECA campaign engaged over 240 000 people, generated over 110 media articles and mobilized global HIV organizations, international media and policymakers on the region's growing HIV epidemic, stigma, restrictive policies and the impact of the war in Ukraine (Secretariat). Progress against HIV and gaps, informed by AIDS 2024⁵ and [UNAIDS Global AIDS Report](#), were highlighted in the media across multiple countries, with the help of a cohort of trained journalists from the region (Secretariat).
33. Thanks to the Joint Programme's advocacy and technical support, momentum for PrEP uptake has increased. Nearly all countries in the region have incorporated PrEP in their comprehensive prevention package, with national PrEP guidelines updated in Georgia, Kyrgyzstan and Tajikistan. About 120 national specialists across central Asia gained increased capacity on innovative PrEP delivery models, which resulted in increased access to PrEP (UNFPA, WHO and Secretariat).
34. Efforts to reduce risk of HIV and improve services for people in prison and other closed settings and for people who used drugs led to further progress. In Uzbekistan, 22 law enforcement officers gained partnership skills and developed action plans including to strengthen cooperation with non-governmental organizations (NGOs) on referral systems (UNODC). In Kyrgyzstan, capacity-building programmes enhanced the psychosocial counselling skills of 80 prison and probation officers and virtual outreach skills of 25 medical professionals and NGO activists for people living with HIV and/or using new psychoactive substances (UNDP and UNODC). In Kazakhstan, a national survey on prevalence and impact of high-risk drug use that put people at risk of acquiring HIV will inform national strategies, policies and efforts for drug demand reduction and HIV prevention. In Kyrgyzstan, 68 convicted women started or continued ART, drug dependence, and TB and hepatitis C treatment (UNODC).

⁵ The 25th International AIDS Conference held in Munich, Germany on 22–26 July 2024

35. Armenia maintained its focus on reducing vertical transmission of HIV and it successfully maintained its certificate for the elimination of vertical transmission of HIV, while Moldova retained its certificate for the elimination of paediatric syphilis. Information on evidence-based programming for reduction of vertical transmission was widely disseminated and the methodology for calculating key indicators to validate the elimination of vertical transmission of HIV and syphilis was harmonized and integrated into the Electronic HIV Case Management System (UNICEF and WHO).
36. In Albania, HIV programme quality improved within prisons and communities as part of sustainability planning. In Georgia, stigma and discrimination against key populations was reduced through policy advocacy. This was informed by the Stigma Index Study and anti-stigma interventions for quality sexual and reproductive health and HIV services included in the Global Fund request. In Belarus, a study on prolonged ART consequences and adherence determinants helped improving ART outcomes (UNFPA).
37. An integrated service delivery model of youth health centres/clinics in Kazakhstan and Moldova improved access to services for 16 000 adolescents (UNICEF). In Tajikistan and Uzbekistan, capacity-building of multidisciplinary teams and outreach workers improved mental health and psychosocial support services for over 11 000 people living with HIV, including 1,600 children and adolescents. An innovative digital platform reached over 400 000 adolescents with key messages to stop stigma in Uzbekistan (UNICEF). In Ukraine and Tajikistan women living with HIV enhanced their leadership skills through advocacy training, strategic communications, and engagement in national HIV-related policy dialogues for more gender-responsive HIV prevention, treatment and care services. These efforts led to government funding for essential health services and supported women's participation in planning and political decision-making (UN Women).

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

38. Over 2.1 million students in nine countries across the region gained comprehensive HIV, reproductive health and relationships education, thanks to over 17 000 trained teachers, quality learning materials, and advocacy for mandatory HIV and health education (UNESCO). More than four million adolescents, young people and adults across the region learned about HIV services, sexual and reproductive health, gender and relationships, violence and bullying prevention (UNESCO). In Armenia and Kyrgyzstan, over half a million parents improved their parenting skills about HIV prevention and treatment, gender-based violence prevention through digital media (UNESCO). In Armenia, over 200 000 young people, mostly men, were motivated to prevent gender-based violence through a campaign (UNESCO and Secretariat). The regional youth organization Teenergizer expanded peer-led online HIV and sexual and reproductive health and mental health counselling services for adolescents and youth, with up to 1.5 million adolescents and youth reached through a youth-friendly online campaign (UNFPA). Youth-driven advocacy and education initiatives created safe spaces for open dialogue and reduced judgment around HIV among young women and men in Kyrgyzstan. A "positive deviance" model to mobilize young women and men to dismantle HIV-related stigma fostered leadership and encouraged health-seeking behaviours among young men and women (UN Women).
39. A regional community of practice supported efforts to promote comprehensive sexuality education and stronger engagement with key stakeholders (UNICEF, UNFPA, UNESCO and Secretariat).

40. The [Rise & Decriminalize Movement](#), led by communities and uniting five regional networks to strengthen joint advocacy for the rights of vulnerable populations, engaged in high-level dialogues to advance health and human rights and called for the urgent decriminalization of key populations and for sustainable community-led responses (UNDP, UNFPA and Secretariat).
41. Community-led monitoring initiatives progressed and are now more integrated in national frameworks across Kazakhstan, Kyrgyzstan and Tajikistan, thanks to collaboration with the Health Advocacy Coalition (Secretariat). A shared interregional community-led monitoring roadmap, technical assistance and commitments to enhance collaboration between communities and the government were agreed upon at a gathering of 119 participants from 17 countries within the eastern Europe and central Asia and Asia-Pacific regions. In central Asia, a regional community-led monitoring consensus resolution further guides the operationalization of practices and fosters alignment across countries (Secretariat).
42. Legal and policy reforms, guided by the Joint Programme, contributed to expanding access to HIV services for vulnerable communities across the region such as through the [SCALE initiative](#). For example, in Kazakhstan, the first direct ministerial partnership with HIV-service organizations led to the expansion of legal aid, healthcare and capacity-building for over 500 professionals. In Kyrgyzstan, legal victories against police misconduct and drug law amendments promoted harm reduction service access. In Tajikistan, over 100 legal experts gained knowledge and HIV decriminalization policies was advanced. In Ukraine, advocacy mobilized over 30 decision-makers, reached over 3,000 people, and shaped the 2024–2026 State Strategy to strengthen protections for key populations (UNDP). In Tajikistan women living with HIV and lawyers built their capacity to understand legal rights, challenge HIV criminalization, and advocate for gender-sensitive legal protection, contributing to national efforts to revise discriminatory laws and reduce barriers to justice (UN Women). To highlight specific forms of HIV-related stigma and discrimination faced by women living with HIV in Tajikistan, the national network of women living with HIV prepared an alternative report to the Committee of the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) and engaged in a dialogue with the government during a mock CEDAW session (UN Women).
43. The Regional 10–10–10 Taskforce regularly brought together key population communities, UN agencies, and other partners to drive accountability for the 10–10–10 targets and advance key population-led law reform (UNDP and Secretariat). Key population groups used the interactive Digital Good Practice Compendium to engage decision-makers and an evidence review on pathways for achieving the 10–10–10 targets led to the development of a new tool for key population-led law and policy reform (UNDP). At the Sixth Regional Judges Forum, 20 judges from six countries discussed challenges and implications of the current drug policies and harm reduction in the region (UNDP and UNODC). A landmark [U=U statement for judges](#) to enhance understanding of HIV and human rights was issued after a series of webinars (UNDP).
44. Kazakhstan amended 16 laws, including the Criminal Code and the Code of Administrative Offenses, to enhance women's rights and children's safety, including through the criminalization of domestic violence and stricter penalties for offenses. As a result, some 100 000 women sought protection, leading to 72 000 protective orders being issued (UN Women).
45. Multi-country campaigns promoted stigma-free HIV services in seven countries, through multimedia materials. The active involvement of Regional Goodwill Ambassador, with 13.5 million Instagram followers, further amplified the stigma-free messages (Secretariat).

46. Gender assessments resulted in action plan development and gender capacity-building for key actors in Armenia, Kazakhstan and Uzbekistan. Furthermore, two new additional gender assessments were conducted in Moldova and Tajikistan (UN Women and Secretariat). Evidence-based interventions resulted in enhanced access to essential HIV and gender-based violence services among women who use drugs, sex workers, women living with HIV and internally displaced women in conflict-affected areas of Ukraine. Women reported a significant increase in their ability to identify and report violence and abuse, and a decrease in self-stigma when reaching out for support from public services. One third of the participating women accessed HIV and STI testing, and where necessary, were linked to treatment, care and counselling (UN Women).

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

47. Efforts continued and intensified to sustain essential HIV services and save lives amid the region's humanitarian crisis. In Moldova, the Joint Programme's support enabled 10 746 people to access harm reduction services, 3,337 to obtain screening for HIV, TB and hepatitis C, and the referral of 2,046 people to specialized care, along with the provision of mental health support and social services (UNHCR and Secretariat).
48. In Ukraine, HIV service access and awareness among internally displaced people increased. After capacity-building interventions, 87% of site managers reported improvements in their abilities to connect people living with HIV with appropriate services post-training (UNHCR). Approximately 833 pregnant, lactating women and adolescents with HIV in nine regions close to the frontline and constantly affected by the ongoing armed conflict were supported to access HIV-related services thanks to the leadership of Ukraine people living with HIV network "100% Life". The network further supported 136 women with newborns, including 30 internally displaced women, 29 pregnant women and 77 women living with HIV from vulnerable groups in Dnipro City and the Dnipropetrovsk Region of Ukraine, received social services, including counselling on ART adherence, transportation and group sessions for coping with difficult life circumstances (UNICEF).
49. Thirteen nongovernmental grassroots organizations sustained essential support (food and hygiene, shelter, access to HIV and TB services, and opioid agonist therapy) benefiting 60 094 individuals, including key populations and people living with HIV (Secretariat).
50. Successful evidence-informed Global Fund requests and funding implementation for impact were facilitated and guided through technical support, including capacity-building for Belarus, Georgia, Kazakhstan and Montenegro (UNDP, WHO and Secretariat). This was further boosted by the provision of mock a Technical Review Panel review which informed technical approaches and strategic choices (WHO) as well as the technical assistance provided to Belarus, Georgia and Montenegro to develop successful funding requests (Secretariat).
51. Thanks to the Joint Programme's support, sustainable and innovative financing for HIV and health and improved service delivery across the region progressed. For example, Tajikistan finalized its sustainability roadmap for the HIV response (Secretariat). In Kazakhstan, an analysis of bottlenecks to NGO funding further informed expansion of social contracting and doubled the number of HIV-serving NGOs in 11 of 20 regions (UNDP).

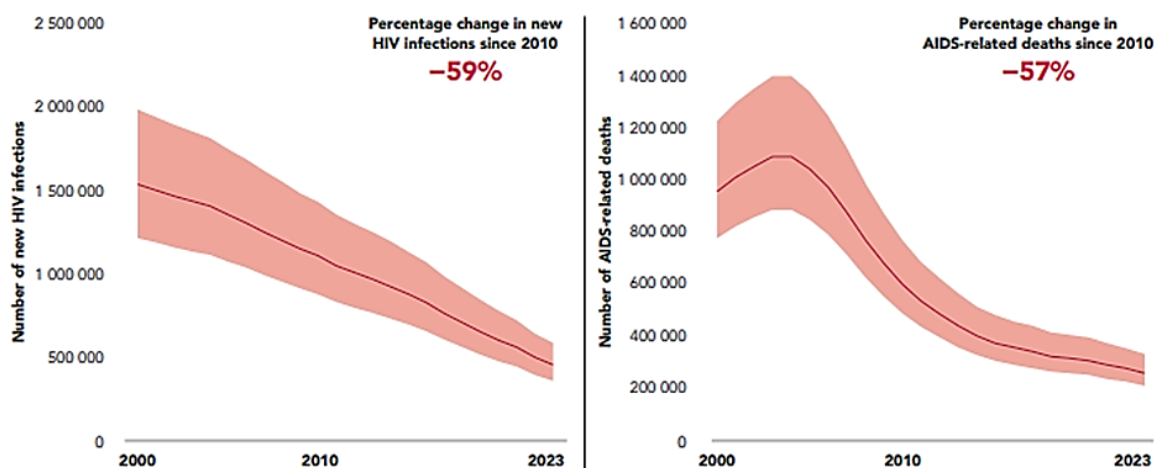
Eastern and southern Africa

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

Total expenditures and encumbrances of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 126.8 million**

Progress towards saving lives

Figure 3. Number of new HIV infections and AIDS-related deaths, eastern and southern Africa, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

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

Key results

- *Data-driven HIV combination prevention strategies for targeted interventions to close gaps improved across the region effectively aided by updated prevention scorecards in all countries and the finalization of prevention roadmaps in five countries.*
- *Accelerated action on gender and HIV after the adoption of a landmark Southern African Development Community (SADC) resolution and the Sexual and Reproductive Health and Rights roadmap by the East African Community, and implementation of the “men and boys” frameworks in five countries.*
- *HIV sustainability advanced through the development of roadmaps in 11 countries and capacity- building for sustainability planning in 21 countries.*

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

52. The region accelerated evidence-based and targeted approaches to expand HIV prevention, treatment and care services. For example, data-driven HIV combination prevention strategies for targeted interventions to close gaps improved across the region thanks to updated prevention scorecards in all countries and the finalization of prevention roadmaps in five countries. To complement this, regular South-South learning exchange led to improved capacities to strengthen HIV prevention strategies across all countries (UNFPA and Secretariat). Six countries developed evidence-based action plans and technical assistance plans to identify HIV prevention needs and agree on strategies for addressing them (UNICEF, UNDP, UNFPA, WHO and Secretariat). Evidence-based programming was further boosted in Madagascar through resources mobilized to conduct antenatal surveillance, Integrated Biological and Behavioural Surveillance for key populations and key performance indicator surveys (Secretariat, UNICEF, WHO, UNFPA and UNODC). “HeForShe” dialogues reached over 120 000 people in South Africa and promoted community-wide uptake of HIV testing in Malawi. In both countries, men and women engaged through dialogues in places of congregation (taverns, soup kitchens, churches, etc.) and, subsequently, accessed HIV testing and counselling in health clinics or via mobile health teams (UN Women).
53. The Joint Programme invested in support to advance HIV prevention and treatment programmes for adolescent girls and young women. A regional mapping of “what works for adolescent girls and young women” outlined effective strategies and available financial and technical resources. Malawi and Kenya developed stronger capacity for estimating population sizes of adolescent girls and young women and for developing precision prevention and service packages (UNFPA and Secretariat). HIV data quality, analysis and use improved through capacity-building of 57 government managers (UNICEF and Secretariat). Support to SADC resulted in recommended strategies on climate, HIV and sexual and reproductive health, as well as civil society-recommended resolutions relating to adolescent girls and young women and key populations, which were adopted by SADC Ministers (UNICEF, UNDP, UNFPA, UN Women and Secretariat).
54. Pre-exposure prophylaxis (PrEP) programming improved in 14 countries and the adoption of effective strategies for scaling up PrEP was accelerated as an outcome of an Africa Regional Learning initiative through the sharing of good practices and government commitment (WHO and UNAIDS Secretariat).
55. With the Joint Programme support, SADC adopted a HIV/AIDS strategic framework (2025–2030), and [HIV Prevention Framework](#) (UNAIDS Secretariat, UNFPA, UNICEF,

WHO and ILO) and revised its [Strategy on HIV and Key Populations](#) (to be approved) (UNDP, Secretariat and UNFPA). To reduce gaps in ensuring that 95% of people know their status, HIV testing services were improved through differentiated service delivery models and the transition to a more effective third-generation HIV test (“HIV test 3”) in Botswana, Eswatini, Lesotho and South Africa (WHO and Secretariat).

56. Four promising practices in condom programme were documented and the community-based “last-mile” condom distribution initiatives were rolled out and included in draft national condom strategies in Malawi, Uganda and Zambia. As a result, these practices are now contributing to evidence-informed programming and guiding future investments in comprehensive HIV prevention efforts (UNFPA and Secretariat). Through the convening support from the Joint Programme, NGOs developed a regional advocacy strategy by and for key populations (UNDP, UNFPA, UN Women, Secretariat and OHCHR). Capacity-building sessions resulted in increased knowledge and skills on condom market programming for adolescent girls and young women and key populations, law enforcement engagement, HIV in prisons and HIV prevention self-evaluation tools (UNFPA, UNODC and Secretariat).
57. Noticeable progress was made towards eliminating AIDS in children. Namibia achieved milestones on the “Path to Elimination” for HIV (bronze) and hepatitis B (silver); Botswana submitted its maintenance report; and preliminary assessments of programmes to eliminate vertical transmission of HIV were supported in Eswatini, South Africa and Zimbabwe (UNICEF, WHO and Secretariat). The sharing of paediatric case finding was shared as a good practice from the United Republic of Tanzania and guided national scale-up and adaptation in Zimbabwe. Over 5,000 women living with HIV in rural areas accessed cervical cancer screening and received treatment and care in the United Republic of Tanzania, as the network of women living with HIV led efforts to increase awareness and knowledge of the importance of regular cervical cancer screenings among rural women. All women who were diagnosed with early symptoms received treatment and were linked to care (UN Women and WHO).
58. Partnerships played key roles in advancing HIV prevention in the region. Working with Global Law Enforcement & Public Health Association Inc, AIDS Fonds, Love Alliance, University of Pretoria, and others, the first Africa Regional Harm Reduction Conference issued the “Tshwane Declaration” to strengthen harm reduction programmes (UNODC, WHO and Secretariat).

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

59. Across the region, key and vulnerable populations faced significant HIV-related human rights violations and sociocultural barriers to access HIV services. The Joint Programme successfully advocated for and led initiatives to address these barriers. Gains were made in expanding and improving community-led monitoring, including the development and piloting of guidance on costing community-led responses in Zimbabwe (UNAIDS Secretariat with Sexual Rights Center and Centre for Sexual Health and HIV/AIDS Research Zimbabwe). To support efforts to initiate social contracting mechanisms as ways to finance community-led responses, case studies from Botswana, Namibia, South Africa and Zimbabwe were documented (Secretariat).
60. There was improved documentation of HIV-related human rights violations experienced by vulnerable populations, including LGBTQI+ people. Through sustained advocacy, international attention was brought to the forced and coerced sterilization of 104 women

living with HIV, culminating in a historic milestone as the United Nations Human Rights Committee formally recognized these acts as torture and gross human rights violations. This was the first global acknowledgment of such abuses and it has set a precedent for accountability, justice and rights-based, non-discriminatory healthcare (UN Women). New strategies led by LGBTQI+ communities helped to elevate advocacy for human rights at the regional and global levels (UNDP, UNFPA, UN Women, OHCHR and Secretariat). An innovation fund for and led by key populations focused on sexual and reproductive health initiatives (UNICEF, UNFPA, WHO and Secretariat). Twelve key population organizations in five countries are now better equipped for “knowing their rights” legal education and advocacy, policy reform and for mitigating barriers in access to HIV care (UNDP and Secretariat). A roadmap and strategy to advance sexual and reproductive health within the East African Community is available (UNFPA, WHO, Secretariat, UNICEF). Awareness was raised among key populations regarding a landmark 2014 decision of African Commission on Human and Peoples’ Rights that affirms the rights of LGBTQI+ persons in Africa (Resolution 275) and the members of the African Intersex Movement members gained better knowledge on resolution 552 and 55 on the rights of intersex persons in Africa and for contributing to reports from intersex people (UNDP and OHCHR).

61. With the Joint Programme support, the SADC reviewed and adopted a technical update to the Commission on the Status of Women Resolution 60/2 on women, the girl child and HIV (UNFPA, UN Women and Secretariat). Gender assessments in three countries informed national HIV policies and strategies (UNICEF, UNFPA, UN Women, WHO and Secretariat). Increased access to HIV-related commodities and services and the reduction of inequalities are expected following the implementation of the regional men and boys framework in five countries and the development of related action plans in 10 countries (UNFPA, UN Women and Secretariat). Technical support to Rwanda and Malawi resulted in gender-responsive plans and monitoring frameworks. As a result, Malawi’s AIDS coordinating body developed and costed a gender and HIV/AIDS implementation plan 2024–2027 that is fully aligned with its National HIV Strategic Plan (UN Women).
62. Regional youth-led organizations’ capacities for leadership and advocacy are stronger thanks to the work of the UNITED movement with 300 leaders from 14 countries (UNICEF, UNFPA and Secretariat). The Joint Programme influenced the African Union to adapt the African Union Convention on Ending Violence Against Women and Girls, which will be adopted in 38th Ordinary Session of the Assembly of the African Union Heads of State (UNFPA, UN Women and ILO). In Kenya, United Republic of Tanzania and Zimbabwe, young women increased their leadership capacities to participate in the HIV response through online and in-person feminist leadership workshops and engagement with established women leaders as mentors. In South Africa, young women organized themselves into the Young Women for Life Movement, which has grown to over 3,000 members and reached over 10 000 young women with information about HIV prevention, treatment and care services. The network has expanded to Botswana, Eswatini, Lesotho and Namibia (UN Women).
63. The Joint Programme continued its support to education of women and girls through the Education Plus initiative, including on policy, legal and normative frameworks aligned to the key components of the programme. Policy and strategic changes in Eswatini, Malawi, the United Republic of Tanzania and Uganda’s school health and sexual and reproductive health policies will positively impact at least 8.6 million adolescent girls aged 15–18 years in those countries. To enhance school-to-work transitions and economic empowerment of at least 2.2 million adolescent girls and young women in Malawi, the National Strategy for Adolescent Girls and Young Women (2024–2030) and the endorsed National Youth Policy promote an enabling environment for all young people to develop

to their full potential and realize their creative and productive capacities, with education as key. In Kenya, religious leaders from 10 mainstream religious institutions committed to address the "Triple Threat" of New HIV infections, sexual and gender-based violence, and teenage pregnancies. In Cameroon, local leaders were capacitated to end harmful practices like child marriage and female genital mutilation (UNFPA, UN Women UNESCO and Secretariat). In Rwanda, a national programme to prevent new HIV infections among adolescent girls and young women was launched, with a monitoring and evaluation framework and a tool to track HIV testing and treatment uptake (UN Women).

64. A regional workshop involving 18 countries and focusing on the Accelerated Action for the Health of Adolescents Framework resulted in national commitments to adopt a framework for the health and well-being of young people. Additionally, the framework provided an entry point to encourage the implementation of the eastern and southern Africa ministerial commitments (UNICEF, UNFPA, UNESCO, WHO and Secretariat). Other important leadership events, supported by the Joint Programme, contributed to empowering youth for better health, including knowledge of HIV. The Youth Connekt Africa Summit focused on mental health, sexual and reproductive health and youth health workforces (UNFPA and UNICEF), while a regional conference sensitized 300 youth students on HIV and sexual and reproductive health issues (UNFPA, UNESCO and Secretariat). The cost of inaction on sexual and reproductive health for young people was documented to inform evidence-based to make the case for investing in services in Kenya, Rwanda and Uganda (Secretariat). Y+ Global has a stronger capacity for protection from exploitation and abuse, cash transfers and ethical programme implementation. Adolescent and youth-led networks and champions were boosted in South Sudan, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe (through the Joint Strategic Fund) to implement awareness campaigns on sexual and reproductive health, HIV-related service provision, including HIV treatment and advocacy through human stories.

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

65. Sustainability of the HIV response was advanced through technical and financial support for the development of HIV sustainability roadmaps in 13 countries, and a peer learning workshop on sustainability planning with participants from 21 countries and health financing dialogues in the United Republic of Tanzania and Zimbabwe. Eleven countries have draft sustainability roadmaps (UNICEF, UNDP, UNFPA, World Bank and Secretariat).
66. Resource tracking was made more efficient through the harmonization of tools for tracking of health resources: national health accounts (WHO), National AIDS Spending Assessments (Secretariat), sexual and reproductive health in Universal Health Coverage and budget tracking (UNFPA) and primary healthcare budget tracking (UNICEF), and strategies for making better use of those data (UNICEF, UNFPA, WHO and Secretariat). Social contracting modalities from four countries were documented to inform financing of community-led responses (UNFPA and Secretariat).
67. The Joint Programme produced advocacy arguments informed by the cost of inaction studies for increased investment in health, sexual and reproductive health and HIV, including support for development of investment cases in four countries (Mozambique, Lesotho, Rwanda and South Africa) and the development of sexual and reproductive

health investment briefs in five countries (UNFPA and Secretariat). In Malawi and Uganda, women living with HIV formed community savings and loan groups, accessed seed capital and training services, and began income-generating activities, thereby improving household nutrition, health outcomes and HIV treatment adherence (UN Women). In Mozambique, over 1,700 young women from displaced communities received skills in information and communication technology, mechanics, carpentry and financial literacy, thus boosting economic opportunities and reducing HIV risk (UN Women).

68. The Joint Programme supported countries to implement recommendations from the Minimum Initial Service Package Readiness Assessments and Vulnerability Assessments through the 2gether 4 SRHR initiative, enhancing national preparedness and response mechanisms for sexual and reproductive health, HIV, and gender-based violence in humanitarian settings (UNHCR, UNICEF, UNFPA, WHO and Secretariat). There is now effective coordination for HIV in humanitarian responses through a joint action plan of seven UN partners for 2024–2025 with clear priorities and strategies, including for improved access to services and information (UNHCR, WFP and Secretariat). A joint mission to Ethiopia identified data gaps on HIV in humanitarian settings and led to key recommendations and follow-up actions, including the revision of the Inter-Agency Task Team (IATT) guidelines on HIV in emergencies, stronger collective response capacity, and laid the groundwork for improving HIV data collection and integration in humanitarian settings (UNHCR, UNICEF, WFP, UNFPA and Secretariat). The development of the SADC [El Nino Drought](#) Appeal also benefited from support (UNICEF, WFP, WHO and Secretariat). Forty Emergency Response Team members at the SADC Humanitarian and Emergency Operation Center gained knowledge on interventions for sexual and reproductive health and gender-based violence vulnerabilities (UNICEF and UNFPA).

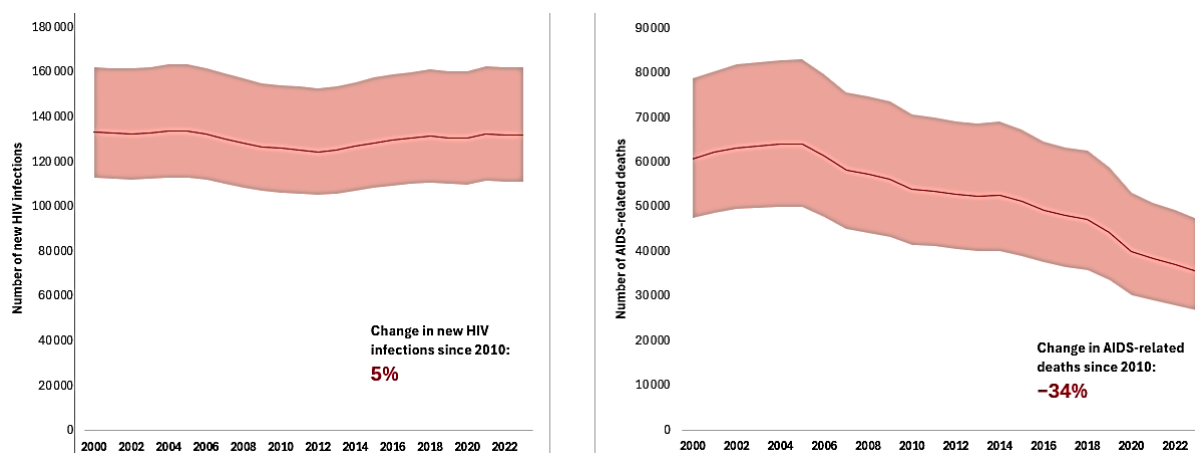
Latin America and the Caribbean

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

Total expenditures and encumbrances of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 25.5 million**

Progress towards saving lives

Figure 4. Number of new HIV infections and AIDS-related deaths, Latin America and the Caribbean, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

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

Key results

- *Increased access to targeted HIV prevention programmes through scale up of PrEP and other HIV prevention programmes in 16 countries.*
- *Advanced elimination of vertical transmission of HIV programmes through the update of national plans and roadmaps.*
- *Improved HIV service access and socioeconomic inclusion for most-vulnerable populations through innovative outreach and holistic approaches, combining economic and broader community empowerment for health and rights.*
- *Accelerated planning for more sustainable HIV response in 16 countries, leading to the development of sustainability roadmaps.*

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

69. In 2024, advances were made in expanding access to holistic HIV prevention, treatment and care services across the region, addressing underlying issues of stigma, discrimination and gender inequality. For example, in Guyana, 656 persons, including women and displaced populations from Venezuela, accessed HIV testing and over 70 000 people benefited from prevention commodities (UNHCR, UNFPA). HIV testing was scaled up in Costa Rica and a reduction in stigma and discrimination was noted (UNHCR). Persons at risk of HIV also had access to HIV self-testing kits in Costa Rica and Dominican Republic, backed by social media campaigns which focused on syphilis, mpox, and PrEP and which garnered over 368 000 views (UNFPA).

70. In Ecuador, where programmes prioritized populations such as sex workers, LGBTQI+ individuals and adolescents, over 400 refugees accessed HIV prevention kits. The capacity of 180 vulnerable persons in gang-affected neighbourhoods in Haiti was built to address gender-based violence, HIV and human rights, while broader awareness campaigns reached approximately 48 000 people (UNHCR). There are now stronger knowledge and skills on the benefits and application of PrEP among transgender women from 19 countries and trans leaders from mobile populations and sex workers from 16 countries (WHO).

71. Access to PrEP and other HIV prevention services and commodities improved through capacity-building of healthcare workers to support PrEP delivery in 10 Caribbean countries. Capacity-building efforts also increased the knowledge and skills of 1,305 people from 16 countries on HIV prevention services and viral hepatitis management (WHO). The Positive Women movement now has stronger capacities for advocacy and strategic alliance-building. Additionally, five countries (Brazil, Dominica, Guyana, Paraguay and Trinidad and Tobago) accessed HIV care packages with planned expansion to Colombia and Mexico, while catalytic donations of tests and medicines benefited four countries (Bahamas, Ecuador, Haiti and Trinidad and Tobago), along with antiretroviral resistance surveys (WHO). In Venezuela, adolescent health spaces provided nearly 8,000 consultations, including prenatal check-ups and contraception for adolescent girls (UNFPA). In Haiti, work to support the survivors of violence against women facilitated referrals to HIV testing, post-exposure prophylaxis and HIV treatment and care, as needed. Recognizing the intersections between violence and HIV, these efforts strengthened referral pathways, enabling survivors of violence to access HIV treatment services efficiently, which notably improved health outcomes for affected women (UN Women).

72. Testing and prevention efforts were expanded to include host community members alongside displaced populations, promoting inclusive healthcare (UNHCR). Legislation was advanced with the implementation of Recommendation No. 200, promoting safe workplaces and combating employment discrimination for people living with HIV in Brazil. The Bill was presented in the Chamber of Deputies after a debate supported by the ILO, the Mixed Parliamentary Front on STIs, HIV/AIDS and Viral Hepatitis, with participation from social movements and in collaboration with the Ministry of Health (ILO and Secretariat). Nine countries updated their HIV plans to align with the latest elimination of vertical transmission recommendations and four developed national roadmaps to accelerate progress towards elimination vertical transmission of HIV (WHO). Tools were validated for HIV prevention implementation in Colombia's health institutions and service delivery improved through collaboration with authorities (UNFPA).
73. Jamaica reached the WHO certification for eliminating vertical transmission of HIV and syphilis. The Joint Programme provided support to the process through data collection and validation and engagement with various government entities and networks of people living with HIV to meet requirements (UNICEF, WHO and the Secretariat).

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

74. The Joint Programme supported countries to improve inclusion and equality in access to HIV services, especially for key and other priority populations, while advocating for systemic changes to protect the rights and well-being of those most at risk of HIV.
75. Women living with HIV across the region benefited from self-care and self-esteem programmes (UN Women). In Honduras, women living with HIV were trained in participatory research to document institutional violence against women in preparation for policy recommendations. The International Community of Women Living with HIV in Bolivia enhanced its internal governance and trained women in political leadership, with cascading outreach benefiting other women living with HIV in their communities (UN Women). The PRIDE project supported Brazil's National Secretariat for LGBTQI+ Rights in developing strategies for decent work and provided technical assistance to the Empodera+ Project (ILO). Furthermore, in Honduras, the National Policy on HIV in the World of Work is being updated. In 2023 an initial assessment was conducted, and a preliminary policy was developed. The main objectives are to review and build consensus around the HIV workplace policy and develop its first action plan for 2025–2028.
76. The 6th Caribbean Judges' Forum addressed the intersection of human rights, HIV, and trafficking with the Joint Programme's support. The "Being LGBTQI in the Caribbean" project provided psychological and socioeconomic assessments for 199 transgender and other participants, creating personalized care plans supporting vocational and academic programmes. In Guatemala, parliamentarians were sensitized to advance legislative reforms on comprehensive sexuality education and violence against women (UN Women).
77. Additionally, the "SCALE Initiative" advanced the elimination of barriers to HIV services through the development of a National LGBTQI Policy in Guatemala, supported LGBTQI involvement in Jamaica's constitutional reforms, and helped transgender organizations in Panama with legal registration (UNDP).
78. Community-led initiatives were boosted in Jamaica through the capacity-building of peer mentors and sharing of sexual and reproductive health information to 211 women living

with HIV. Also in Jamaica, the TransWave capacity-building initiatives increased awareness of transgender health, while its video campaign reached over 4,000 accounts.

79. People living with HIV increasingly participated in decision-making processes. Training workshops in Ecuador, Honduras and Uruguay reached 75 individuals (UN Women). ILO continued to work closely with its key stakeholder-employer organizations, trade unions and government agencies to create enabling frameworks and build institutional capacities for sustainable inclusion. The integrated approach, which combines short-term training, post-placement support and workplace transformation, is helping to generate scalable models for decent work and social justice.
80. Research initiatives included a study on PrEP in Uruguay, which shared preliminary results with health authorities, and "Las Luchadoras" in Argentina, which examined health challenges faced by elderly women living with HIV. A regional study to identify gaps in knowledge, risk behaviours and the needs of adolescents for accessing prevention and care services was initiated (WHO).

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

81. Combined efforts of the Joint Programme helped advance HIV service access and socioeconomic inclusion for vulnerable populations through comprehensive approaches that promote economic empowerment, technical support and sustainable solutions for communities most in need.
82. For example, in Colombia, socioeconomic inclusion of refugees and migrants who are survivors of gender-based violence was promoted, with 37 individuals benefiting from business skills or employment opportunities. In Haiti, 86 individuals from key and other priority populations accessed income-generating funds for small business ventures (UNHCR).
83. PrEP needs and costing analysis, using the QUANTPrEP tool, helped inform PrEP expansion in six countries: Belize, Bolivia, Dominican Republic, Ecuador, El Salvador and Guatemala (WHO). Further guidance and technical support helped improve 2025 programme planning at a national aids and tuberculosis meeting in Panama, with participation from the Horizontal Technical Cooperation Group and civil society networks from the region (WHO and Secretariat).
84. Scope for inclusion of key populations and people with disabilities in Guatemala's social protection system was reviewed using the core diagnostic instrument. This resulted from a regional forum on the inclusion of key populations and vulnerable communities in national social protection systems, which brought together government representatives and civil society organizations from the Dominican Republic, Guatemala, Guyana, Panama and the UN to discuss successful integration experiences and explore collaboration opportunities (WFP and UNDP). In Haiti, a study on social protection and its relationship to HIV was conducted with key national institutions. The study identified institutional limitations, such as funding challenges, insufficient infrastructure and limited coverage, particularly for people living with HIV (ILO). An analysis of income security challenges faced by young women living with HIV was conducted in Jamaica, which informed a national campaign on available social protection services (UN Women).

85. Surveillance and monitoring are now stronger thanks to capacity-building and direct technical cooperation such as in PrEP monitoring, translation of WHO guidelines for HIV strategic information and a published course on HIV monitoring and surveillance on the PAHO Virtual Campus Health Information Systems (WHO).
86. Studies conducted on HIV-sensitive social protection in six countries revealed that current policies focused primarily on health while neglecting the food security, housing and employment needs of people living with HIV (WFP and Secretariat). The studies resulted in a revision of Haiti's national health programme for nutritional support guidelines for people living with HIV, while Ecuador was aided in revising and launching a food and nutrition manual for comprehensive HIV care (WFP).
87. Planning for more sustainable national HIV responses accelerated with active engagement from Governments in 16 countries and 11 civil society networks. For example, sustainability roadmap initiatives were aligned with the sustainability index, which led to a commitment from Ministries of Health of Central America and the Dominican Republic to develop sustainability roadmaps. Ecuador also developed a sustainability roadmap with focus on HIV prevention (Secretariat).

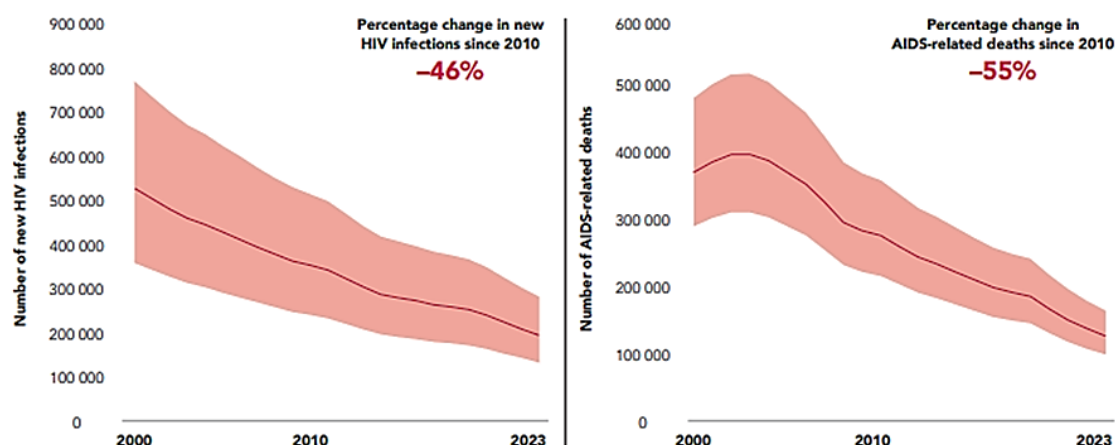
Western and central Africa

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

Total expenditures and encumbrances of the Joint Programme (Cosponsors and Secretariat) in 2024: **US\$ 83.4 million**

Progress towards saving lives

Figure 6. Number of new HIV infections and AIDS-related deaths, western and central Africa, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

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

Key results

- *Targeted HIV prevention programmes for closing the HIV prevention gap in high-burden countries across the region and best practices for more inclusive HIV interventions.*
- *Increased access to HIV testing, particularly for exposed children, adolescents and pregnant women.*
- *Over 9.5 million youth across the region benefited from comprehensive sexuality education through the "Our Rights, Our Lives, Our Future" programme.*
- *Increased integration of HIV services under broader health schemes and seven countries better equipped for social contracting of HIV services.*
- *Women living with and affected by HIV accessed economic empowerment opportunities to mitigate the impact of AIDS.*

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

88. In 2024, the western and central Africa region made notable achievements in expanding HIV prevention, treatment and care services. With support from the Joint Programme, HIV prevention roadmaps were refined in six high-burden countries to close the HIV prevention gap, in alignment with the Global HIV Prevention Coalition's priorities. Interventions focused on youth-friendly HIV services, sexual and reproductive health integration, and gender-transformative interventions to reduce new HIV infections among young people and key populations. National programmes in Burkina Faso and the Central African Republic were equipped with practical tools and strategies to strengthen gender-sensitive and rights-based HIV interventions through South-South knowledge exchanges (UNFPA, Secretariat). HIV prevention support in the region was further boosted by a capacity-building programme for young people engaged in sexual and reproductive health across the African continent (UNESCO, UNFPA and Secretariat).
89. Access to HIV testing expanded particularly for exposed children, adolescents and pregnant women, including through family HIV index testing and capacity-building on WHO testing guidelines. Point-of-care platforms for early infant diagnosis were rolled out in 10 high-priority countries (UNICEF, WHO and Secretariat).
90. Through the Joint Programme's partnership with the Global Fund and Expertise France, the triple elimination of vertical transmission of HIV, hepatitis B and syphilis and early infant detection, was an important focus of support to countries. In this context, triple elimination capacities of personnel from 16 countries in this region and in North Africa were strengthened. As part of the Regional Hub of the Global Alliance to End AIDS in Children, this capacity-building included cross-learning on early infant diagnosis, with a particular focus on community-based services (UNICEF, WHO, Secretariat). In Nigeria, the National Network of Women Living with HIV documented the impact of the Mentor Mothers Initiative. The review highlighted successes in using peer mentorship to ensure adherence to ART among pregnant women living with HIV (UN Women).
91. Strategic partnership with the Civil Society Institute for Health led to new strategic information through the mapping of civil society organizations providing services to adolescents and youth in the region and a needs assessment of civil society engagement in triple elimination and integration in six western and central African countries. Capacities of 120 representatives from civil society organizations in six

countries were enhanced on triple elimination and national civil society dialogues on paediatric AIDS were held across three high-burden countries (Secretariat). In the Middle East and North African/Eastern Mediterranean region, there was progress towards the triple elimination of vertical transmission of HIV, hepatitis B and syphilis through the development of a targeted action plan and capacity-building for delivering interventions to reduce vertical transmission for health care personnel of HIV, hepatitis and maternal and child health programmes (UNICEF and WHO).

92. Monitoring of progress towards the targets of the [West and Central Africa Commitment for Educated, Healthy, and Empowered Adolescents and Young People](#) is set to improve across the region via a regional accountability platform that provides technical support for the inclusion of HIV indicators (UNFPA, UNESCO, WHO and Secretariat). Over 9.5 million learners in 11 countries were reached with comprehensive sexuality education through technical support and capacity-building on the “Our Rights, Our Lives, Our Future” programme. Additionally, the “Hello Ado” mobile application for adolescents and young people across francophone Africa provided critical information on sexual and reproductive health, gender-based violence, and comprehensive sexuality education and garnered 24 million impressions across various social networks.

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

93. The rights of key populations, women and girls and people living with HIV remain a high priority for Joint Programme’s support. The African Regional Judges Forum brought together more than 45 judges from 18 countries, six representatives from key population networks and 30 members from civil society organizations to reflect on achievements and lessons learned and to discuss future directions for advancing non-discrimination and more equal and inclusive access to HIV services for marginalized populations. A regional programme #WeBelongAfrica, marking the 10th anniversary of Resolution 275 (a landmark decision of the African Commission on Human and Peoples’ Rights that affirms the rights of LGBTQI+ persons in Africa), provided technical support to key populations, conducted a multi-country study to assess the progress in countries in adopting and implementing the recommendations. For example, representatives from Botswana, Gabon, Mauritius, Mozambique, Namibia and Seychelles shared their experiences in repealing laws criminalizing consensual same-sex relationships between adults (UNDP). Legal literacy and rights-based training for women living with HIV in Côte d’Ivoire and Senegal advanced access to justice (UN Women).
94. The South-South Learning Network led by the Global Prevention Coalition, built knowledge of participants to the UNDP Spectrum tool for planning HIV decriminalization interventions. A regional meeting focused on creating an enabling environment for LGBTQI+ communities and human rights defenders to respond to emergent needs, including documenting human rights violations and building advocacy strategies. The direct results included the identification of country-specific challenges, development of strategies to counter push back on human rights in the context of HIV, enhanced capacity for documenting HIV-related human rights violations, and strengthened alliances among regional LGBTQI+ organizations in the context of reducing HIV transmission. The longer-term expected change is to elevate the documentation of HIV-related human rights violations from the national level to continental and global levels, thereby enhancing the advocacy for HIV-related programmes for LGBTQI+ persons across different regions (UNDP and Secretariat).

95. Technical assistance to Liberia's AIDS coordinating body resulted in gender-responsive planning. As a result, Liberia's National AIDS Commission established a gender desk to guide gender-responsive implementation of the national HIV programme (UN Women). In Nigeria, the Greater Women Initiative for Health and Rights advocated for the inclusion of sex workers in violence reporting mechanisms, given the high risk of violence and HIV. The organization influenced the drafting of the Gender and Equal Opportunities Bill and held institutions accountable under the Violence Against Persons (Prohibition) Law (UN Women).
96. The Joint Programme provided support through legal and policy advice to communities facing human rights crises in the context of HIV. This included guidance and support to monitor and respond to proposed anti-LGBTQI+ legislative measures in Ghana. The African Intersex Movement was empowered to draft submissions to report on human rights abuse (UNDP and OHCHR). Awareness and capacity increased for mpox prevention and impact mitigation on sex worker and other vulnerable communities (UNDP and Secretariat). In Nigeria, peer learning and advocacy toolkits, board training, and community engagement empowered over 2,000 women living with HIV across 12 states to participate in national dialogues on stigma, violence and mental health (UN Women). In the Central African Republic, religious leaders, local authorities and community leaders jointly raised awareness on violence against women and highlighted its direct links to HIV prevention (UN Women).
97. Structuring and increased capacity of eight country community partners in Benin, Côte d'Ivoire, Senegal, Sierra Leone and Togo to act as service and technical assistance providers, maximizing civil society contributions to the HIV response across the region (Secretariat). Through the Secretariat's facilitation, guidance and technical support, the design, coordination, implementation and sustainability of community-led monitoring efforts for improved decision-making improved at local and national levels in western and central Africa. Community-led monitoring activities benefited from dedicated technical support from the Secretariat, resulting in the development of a regional community-led monitoring roadmap and country action plans in 13 countries in western and central Africa. These exercises have been informing Global Fund-supported community-led monitoring activities for service quality improvement.
98. Community-led monitoring was also boosted through the establishment and capacity-building of the regional association of adolescents and young people living with HIV. Additionally, a dialogue platform, created in partnership with the regional network, provided experience-sharing, peer-to-peer capacity-building and expertise from senior advisors (UNICEF and Secretariat).

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

99. The region took strides towards a sustainable HIV response. Thanks to the Joint Programme's guidance and support, the integration of HIV services under broader health systems, which is key for more sustainable HIV response, was accelerated. For example, in Burkina Faso people living with HIV are increasingly enrolled in mutual health insurance schemes which provide them with access to care for opportunistic infections and other health issues. In Cameroon, enrolment rate in the universal health coverage package increased from 10% at the end of 2023 to 22% in June 2024 through the capacity-building of 88 community health workers for seven refugee sites, making them multi-skilled to provide HIV prevention, care and services.

100. Other Joint Programme efforts focused on sustaining essential HIV and health services in humanitarian settings such as in Chad, where the number of health centres in refugee sites implementing prevention of vertical transmission of HIV interventions rose from 32 to 41 sites (UNHCR and WFP). Economic empowerment of women living with and affected by HIV in Burundi, Liberia, Mali and Nigeria strengthened their resilience, autonomy and leadership (UN Women).
101. To support countries in the Arab States that are expected to transition from the Global Fund in the next 5–10 years, a regional capacity-building consultation on social contracting for NGOs organized in collaboration with MENA Coalition Plus and the Global Fund benefitted seven countries (UNDP and Secretariat).
102. Institutional capacity development on the legal process and policy aspects of registering new medicines, medical devices and food products was supported to facilitate faster access to these commodities in low- and middle-income countries (UNDP).

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