

2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

2026 Workplan and Budget: Sustainable, inclusive and multisectoral national HIV responses

Additional documents for this item: N/A

Action required at this meeting—the Programme Coordinating Board is invited to:

- *Approve* the 2026 Workplan and Budget, including the simplified performance milestones and reporting for 2026, which supersedes the UBRAF indicator matrix (UNAIDS/PCB(EM)/5.4);
- *Approve* the core budget for 2026 and the budget allocations as outlined in the 2026 Workplan and Budget (UNAIDS/PCB(EM)/5.4);
- *Encourage* governments to make multiyear contributions and to release, as soon as possible, their annual contributions towards the 2026 Workplan and Budget;
- *Appreciate* donors who have already contributed to the 2024–2025 Workplan and Budget and *encourage* governments who are still to contribute to release, as soon as possible, their contributions towards the 2025 budget.

Cost implications for the implementation of the decisions: US\$ 63 million or US\$ 80 million (depending on the scenario).

2026 WORKPLAN AND BUDGET

Sustainable, inclusive
and multisectoral
national HIV responses

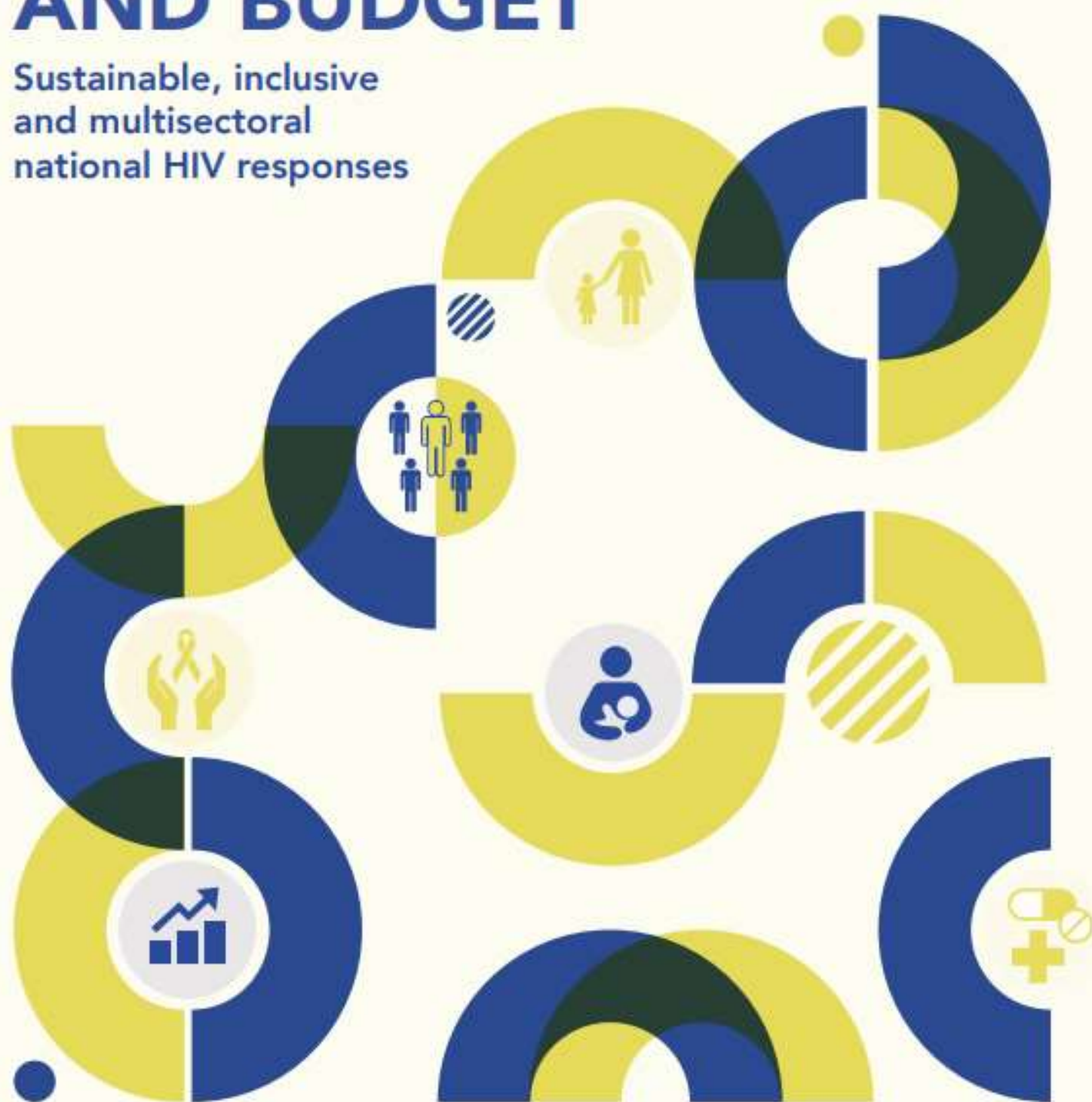


Table of contents

INTRODUCTION.....	5
WHAT IS DIFFERENT OR NEW?	8
OVERVIEW OF RESULTS AND BUDGET	10
RESULTS FOR THE FOUR SECRETARIAT FUNCTIONS	16
SF 1. Leadership, advocacy and governance (including resource mobilization)	18
SF 2. Convening, coordinating (focus on sustainability and prevention)	19
SF 3. Accountability (data, targets, strategy)	20
SF 4. Community engagement.....	22
2026 PRIORITY ACTIONS FOR RESULTS AREAS	23
OUTCOME 1: Sustainable country-led HIV response	23
OUTCOME 2: People-focused response.....	27
OUTCOME 3: Empowered communities	30
PRORITIZED COUNTRY SUPPORT	32
Asia-Pacific	34
Eastern and southern Africa	35
Eastern Europe and central Asia	37
Latin America and the Caribbean	38
Western and central Africa	40
SYNERGIES WITH BROADER UNITED NATIONS, INCLUDING UN80	41
2026 BUDGET AND RESOURCE ALLOCATION.....	42
2026 REPORTING	44
Annex 1: Leveraging the mandate of each Cosponsor through HIV mainstreaming in their strategic plans	47
Annex 2: Sixteen top-line global AIDS targets to reach by 2030	48

INTRODUCTION

1. Both the global HIV response and the Joint UN Programme on HIV/AIDS (UNAIDS)—the unique partnership uniting 11 Cosponsors and the Secretariat—have entered an era of transformation. This new era poses the risk of reversing hard-won progress and compels all stakeholders to act in new and innovative ways. The UNAIDS 2025 Global AIDS update (titled “AIDS, crisis and the power to transform”)¹ and the 2025 Report of the UN Secretary-General² highlight the progress and gaps in the HIV response, as well as the impact of drastic funding cuts and a deteriorating environment for human rights and gender equality on countries and populations most affected by HIV. They also showcase how countries are trying to safeguard their HIV responses.
2. This new era also holds opportunities, including for the use of new technologies that can reduce HIV infections, if made affordable and accessible to all who need them. The 2025 International AIDS Conference on HIV science reaffirmed that science and equity must move together, supported by sustained funding, to keep the HIV response on track. The sustainability agenda has also been energized, with 30 countries having developed HIV sustainability roadmaps thus far.
3. In July 2025, at the Economic and Social Council (ECOSOC) meeting,³ United Nations (UN) Member States underscored their commitment to end AIDS as a public health threat by 2030, while expressing deep concern over the severe funding crisis threatening the HIV response. In addition to reaffirming the pivotal role of the Joint Programme in galvanizing and supporting multisectoral HIV responses, they encouraged it to implement mitigation measures to sustain its work despite the current financial crisis.
4. The Joint Programme remains central to saving lives through delivering the transformative leadership, convening power, expertise, data and policy and programme advocacy that countries and communities need to sustain their HIV responses and close the remaining gaps.
5. The Joint Programme’s overarching priority is to support governments and communities to lead sustainable, inclusive and multisectoral national HIV responses. In 2026, it will focus on advancing more sustainable and people-focused HIV responses and on supporting communities to lead in a fast-evolving context. Adapting to reduced funding and other changes, the Joint Programme itself has embarked on a transformation process that is informed by the latest HIV data and the forthcoming new Global AIDS Strategy.⁴ That process is also guided by the Programme Coordinating Board’s (PCB) decisions for a more resilient and fit-for-purpose Joint Programme in the context of the sustainability of the HIV response, including the Board’s endorsement of a new operating model, as proposed by a High-level panel⁵—all with a focus on supporting countries to safeguard gains and advance towards ending AIDS as a public health threat by 2030.

¹ [UNAIDS Global AIDS update 2025 | UNAIDS](#)

² [2025 Report of the Secretary-General on the Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS | UNAIDS](#)

³ ECOSOC Resolution on Joint United Nations Programme on HIV/AIDS E/2025/L.25, adopted on 29 July 2025, available at: [n2519879.pdf](#)

⁴ At the time of submission of this 2026 Workplan and Budget to the PCB in September 2025, the new Global AIDS Strategy was still being developed. However, its main directions were defined in [Agenda item 5: Annotated outline of the next Global AIDS Strategy 2026–2031 | UNAIDS](#), which was submitted and discussed at the 56th meeting of the PCB in June 2025.

⁵ [Decisions | UNAIDS, Agenda item 6: Report on the recommendations for revisions to the Joint Programme operating model | UNAIDS](#)

6. In June 2025, the PCB requested the UNAIDS Executive Director to present a one-year transitional UBRAF Workplan and Budget for 2026, within the framework of the current 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF),⁶ for approval at a fully virtual half-day Special Session of the PCB to be held on 8 October 2025.⁷ This transitional 2026 Workplan and Budget⁸ will enable the Joint Programme to operationalize its priorities and contributions, set out the results it aims to achieve in 2026, and clarify the related budget requirements. As requested by the PCB and in line with the Joint Programme's reduced resources, this 2026 Workplan and Budget presents prioritized, streamlined and simplified results, budget and performance milestones to optimize the available resources while remaining fully focused on best supporting countries and communities in an accountable manner.⁹
7. The HIV response is adapting and UNAIDS Cosponsors and Secretariat are conducting restructuring exercises in response to the shifts in donor priorities, as part of broad UN80 reforms and PCB decisions related to the recommendations of the High-level panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response ("High-level panel", hereafter). Agility and flexibility to adapt to further changes will therefore be needed for this 2026 Workplan and Budget implementation (and related reporting), while ensuring a sharp focus on supporting countries and the people we serve.

As recalled in all PCB decisions, all aspects of the Joint Programme's work are directed by the following guiding principles:

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

8. Please note that the terminology used in this document and the related definitions are based on the Global AIDS Strategy 2021–2026 (Annex 4 Glossary pp. 154–159). Implementation of this 2026 Workplan and Budget will be informed by the Board's consideration of the new Global AIDS Strategy 2026–2031 in December 2025.

⁶ [Agenda item 3: 2022–2026 Unified Budget, Results and Accountability Framework \(UBRAF\) | UNAIDS](#)

⁷ [Agenda item 4.3: Process and timeline for the 2026 Workplan and Budget | UNAIDS](#)

⁸ A one-year transitional Workplan and Budget for 2026 was initially planned under the 2022–2026 UBRAF and reaffirmed by the PCB.

⁹ For the UNAIDS accountability statement, see p. 45 of the UNAIDS UBRAF at: [PCB SS 2022 2026 UBRAF Framework EN.pdf](#).

The UBRAF is not just a tool to track progress. It is a mirror reflecting the impact of our collective efforts. Each indicator in UBRAF is not just a statistic; it is a life. Behind the number is a person who now has access to life-saving treatment. Behind another number is someone who avoided HIV transmission because prevention services reached them in time. These outcomes are only possible because of the systems and partnerships enabled by UNAIDS.

The UBRAF has always provided more than data; it reveals the essential brokerage role of UNAIDS. It shows us where the difficult conversations about rights, about criminalization, about community representation have been confronted with courage. In countries where local actors cannot speak freely, UNAIDS has been the voice. Where human rights are silenced, UNAIDS has stepped in. There is a larger public health nuance that requires presence one that cannot be measured solely in commodities delivered or training conducted. It lies in the transformative power of enabling environments.

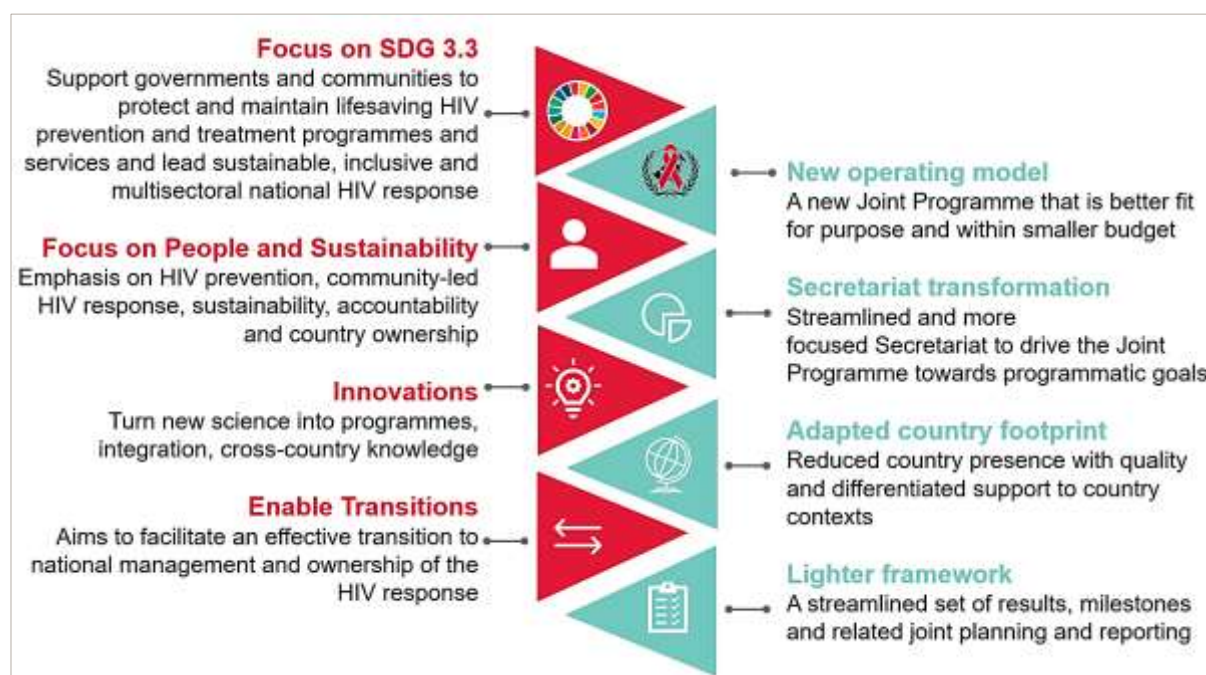
Yes, the global context is shifting. Yes, we will need to do things differently. But the mission remains. The desire for efficiency and sustainability must not come at the expense of unfinished work. We cannot afford to walk away from communities still being left behind.

– Community representative speaking on behalf of the NGO Delegation at 56th meeting of the PCB in June 2025.

WHAT IS DIFFERENT OR NEW?

9. The 2026 Workplan and Budget is transitional and will guide the Joint Programme's work in 2026 as it transitions in an evolving context. Figure 1 provides a high-level overview of programmatic shifts supported by complementary organizational shift to optimize impact.

Figure 1. Programmatic and organizational shifts in the 2026 Workplan and Budget



10. These programmatic shifts are embedded in broader strategic and policy directions which are considered in the 2026 Workplan and Budget, including:

Global commitments:

- New Global AIDS Strategy 2026–2031 focused on three main priorities, to be finalized by end-2025; and
- Expected new Political Declaration on HIV/AIDS to be adopted by Member States at a High-Level Meeting of the UN General Assembly on HIV/AIDS in June 2026.

Programmatic advancements:

- Evolving HIV epidemic and response requiring differentiated approaches; and
- New scientific developments with game-changing health technologies for HIV prevention to be rolled out, as well as new approaches/models for more integrated service delivery, including through community-led activities.

National and international development landscape:

- Increased capacities in many low- and middle-income countries which are already funding the majority of their response with domestic resources and which have made significant progress towards the 95–95–95 targets, but which require ongoing global solidarity for a responsible transition to sustainability and ending AIDS;
- Sudden reductions in international financing for development, including for HIV and health, affecting the global HIV response; and
- An intensifying pushback on rights and gender equality that jeopardizes hard-won gains in the HIV response.

An adapted and transforming Joint Programme on HIV/AIDS:

- A new operating model with a streamlined and focused Joint Programme, including a Secretariat and many Cosponsors with reduced geographic presence, and leveraged differentiated support to countries. The Secretariat will build on efficiencies such as further integration within the UN Resident Coordinator system and increased cross-country and inter-regional knowledge sharing. Regarding the selection of Lead Cosponsors, the CCO Chair has made recommendations to the Cosponsors. There is support for 5 Lead Cosponsors being UNDP, UNFPA, UNICEF, UNODC and WHO. One more Cosponsor would be selected as Lead. Cosponsors are in the process of receiving a CCO endorsement at the level of Heads of Agency for this selection; and
- A sharper focus on supporting governments and communities to lead evidence-informed sustainable, inclusive, multisectoral national HIV responses to deliver on Sustainable Development Goal (SDG) 3.3 with emphasis on HIV prevention, sustainability and fast-tracking effective transitions to national ownership of HIV responses in partnership with PEPFAR and the Global Fund.

11. Underpinning these new developments, the 2026 Workplan and Budget has been streamlined by introducing the following changes:

- Updated and simplified results aligned with the annotated outline of the new Global AIDS Strategy 2026–2031, with 3 outcomes, 7 results areas (reduced from 10) for Cosponsors and the Secretariat's 4 core functions (reduced from 5) to support their achievements, with an underlying, smaller set of specific outputs and Secretariat milestones for 2026;
- Two budget scenarios that take into consideration projected funding at both a base and a more ambitious level; and
- Simplified monitoring and reporting commensurate with the reduced budget and scope of work.

12. In navigating these changes, implementation of the 2026 Workplan and Budget will depend on available resources. The Joint Programme should remain agile, dynamic, innovative and responsive to needs. Other factors will also inform implementation, including UNAIDS and UN System-wide evaluations, UN80 and other global public health developments.¹⁰

¹⁰ Including the Independent Evaluation of the UNAIDS Joint Programme on achieving the 2030 targets and sustaining gains (ongoing, with a final report expected by December 2025) and the UN System-wide evaluation on progress towards a “new generation of United Nations Country Teams”.

OVERVIEW OF RESULTS AND BUDGET

13. The 2026 Workplan and Budget is aligned with the overall directions of the new Global AIDS Strategy 2026–2031 as considered by the PCB at its 56th meeting in June 2025 and with the UBRAF results framework. It is structured to achieve **three** outcomes (listed below), which are essential to achieve the global AIDS targets and end AIDS as a public health threat by 2030. Figure 2 shows the direction and contributions.

14. **The following three outcomes will contribute to the Global AIDS Strategy and Targets**¹¹ (see Annex 2 for an overview of the top 16 global AIDS targets by 2030):

1. **More sustainable country-led, resilient and ready for the future HIV response (short title: sustainable country-led HIV response).**
2. **People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services in dignity (short title: people-focused response).**
3. **Communities of people living with, at risk of and affected by HIV are empowered to lead in the HIV response across services and systems (short title: empowered communities)**

15. **To achieve those three outcomes:**

There are seven Cosponsor-led results areas. While the annotated outline of the new Global AIDS Strategy lists eight results areas, for the purpose of simplifying the 2026 Workplan and Budget, Results Area 7 (*Ensure equitable access to scientific, medical and technological innovations in HIV prevention, treatment and care*) is considered to be cross-cutting and is subsumed under Results Area 4 for prevention and Results Area 5 for treatment and care. For consistency with the Global AIDS Strategy, the numbering of Results Area 8 is retained. It is also important to note the integration of HIV in humanitarian settings across results areas.

- Results Area 1. **Ensure sustainable financing for people-centred national and global HIV response.**
- Results Area 2. **Integrate HIV interventions and HIV-related health and community systems with primary health care, broader health systems, and key non-health sectors.**
- Results Area 3. **Invest in essential information systems and data collection by sectors and communities.**
- Results Area 4. **Scale up biomedical, structural, community and behavioural options for HIV prevention.**
- Results Area 5. **Ensure available, accessible, acceptable and quality HIV treatment and care for people living with HIV.**
- Results Area 6. **End stigma and discrimination and uphold human rights and gender equality in the HIV response.**
- Results Area 8. **Ensure community leadership in the HIV response across services and systems.**

16. Working in concert with Cosponsors and complementing their contributions, the UNAIDS Secretariat ensures a coordinated and strategic focus, effective functioning and accountability across the Joint Programme's work. The Secretariat does this by fulfilling

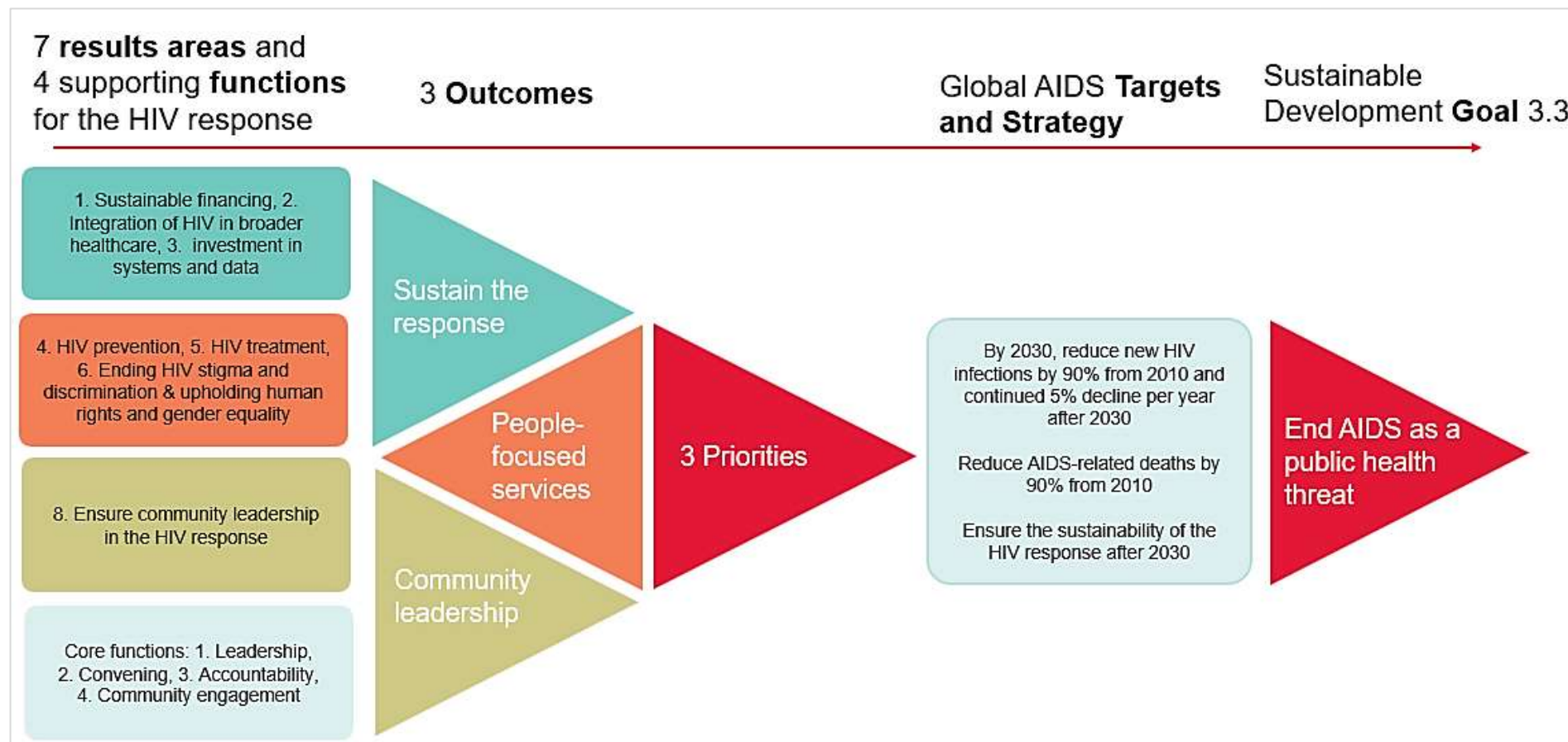
¹¹ [Global AIDS Strategy 2026–2031 | UNAIDS](#)

four core functions with actions to address inequalities integrated across these four functions and in line with the guiding principles of UNAIDS's work:

- [Leadership and advocacy \(including resources mobilization\);](#)
- [Convening, coordinating \(focus on sustainability and prevention\);](#)
- [Accountability \(data, monitoring, targets, strategy\); and](#)
- [Community engagement.](#)

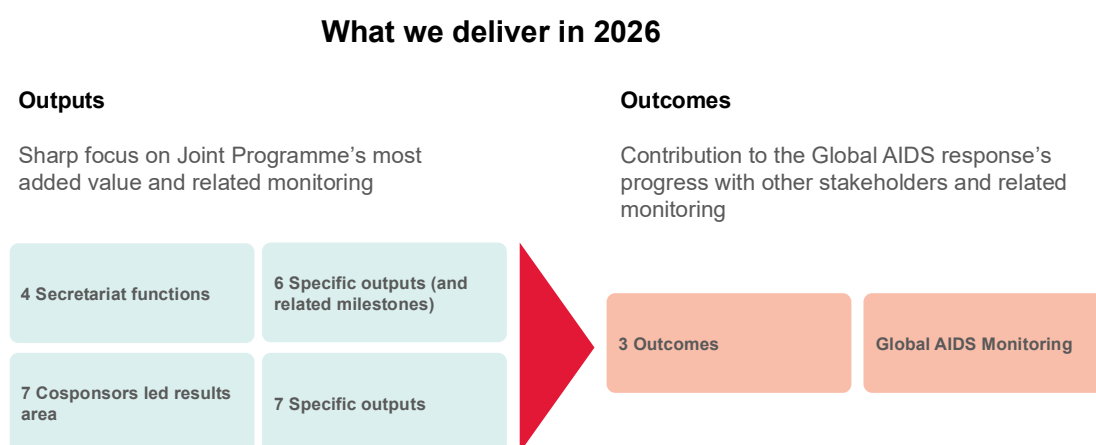
17. Figure 2 shows the overall results chain of the Joint Programme's contribution in support of national HIV responses with governments, communities, civil society and other partners towards ending AIDS as a public health threat by 2030.

Figure 2. The results we deliver: Joint Programme results contributing to impact towards ending AIDS as a public health threat by 2030



18. Specific outputs highlight the prioritized and measurable, added value of the Joint Programme's work for each results area along with the Secretariat functions. While the Workplan and Budget covers one year only, each specific output is framed to show continuity and coherence of results over a medium-term period, thus retaining flexibility to scale engagement in line with available resources and capacities.
19. An overview of the intended results for 2026 is shown in Figure 3, below. For each output, related priority actions in 2026 are included in the results tables for the Secretariat's core functions and for the results areas led by Cosponsors. In accordance with the accountability mechanism of the UBRAF and commensurate with the one-year scope of the Workplan and Budget, prioritized performance milestones were defined for the Secretariat's four functions for 2026 (see details below).¹² Progress towards the outcomes will be measured through the Global AIDS Monitoring (see also the section on 2026 reporting).¹³

Figure 3. What we deliver in 2026



20. The Workplan and Budget is further operationalized through detailed internal workplanning and budgeting processes at all levels across the Joint Programme. For each region, top priorities guide collective action in supporting countries in inclusive,

¹² The UBRAF indicator matrix identified a set of 45 UBRAF indicators, as well as milestones by end-2023 and end-2025, as well as targets by end-2026. Given the new and evolving context and capacities of the Joint Programme, the set of indicators, milestones and earlier identified targets were reviewed. As per the decision of the PCB to significantly simplify the reporting from 2025, a smaller set of the most important, relevant and realistic-to-measure milestones for 2026 were kept for the Secretariat's four functions, with some necessary updates (as listed below). The milestones selection was also aimed at reducing duplication with other reporting (see the 2026 reporting section). Since the context has changed drastically and because this is a transitional one-year Workplan and Budget, the terminology "performance milestones" was deemed more appropriate than the original reference to "targets". For Results Areas led by Cosponsors, those agencies' respective performance monitoring frameworks will be used.

¹³ Progress against the global AIDS targets is monitored through country reporting within the Global AIDS Monitoring (GAM) framework. UNAIDS will release these data annually through the AIDSinfo website (<https://aidsinfo.unaids.org/>) and the Global AIDS update report.

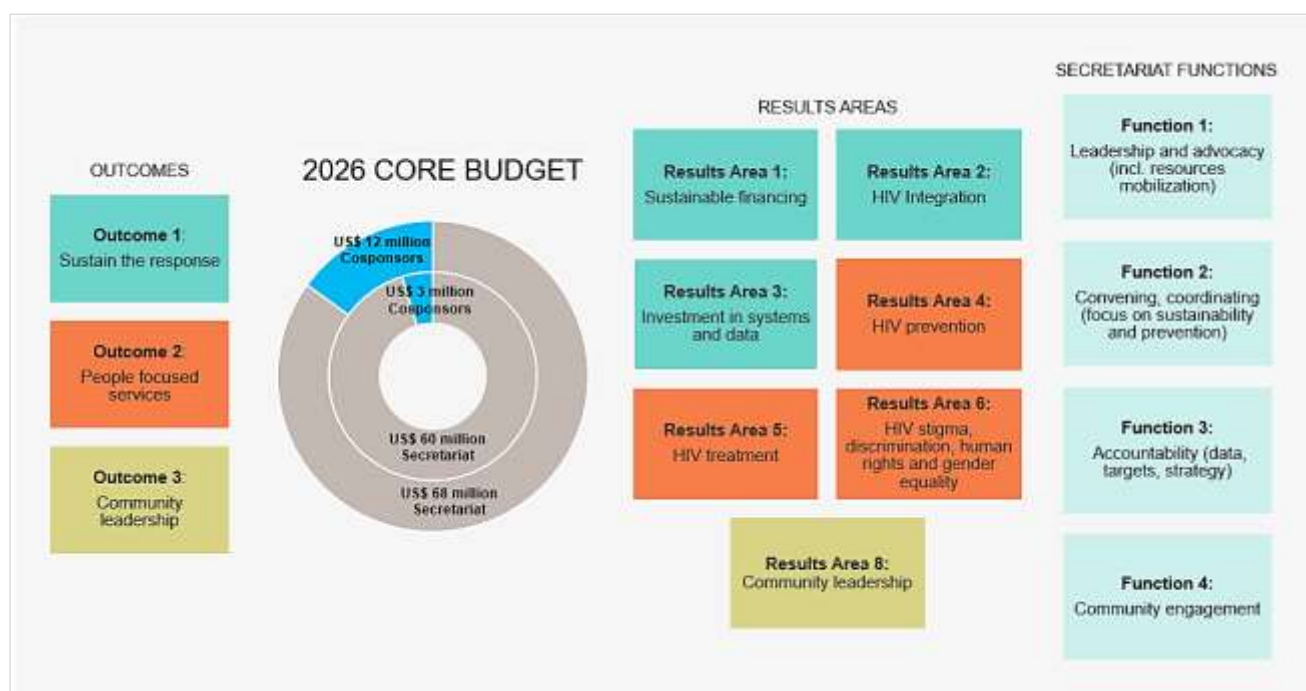
sustainable and multisectoral national HIV responses, including through cross-country and regional knowledge and capacity building (see below).

21. The results can only be achieved with a fully funded budget and timely receipt of donor contributions. The 2026 budget estimates the resources that are required by the Joint Programme to implement its priorities and achieve the results outlined in this Workplan. The 2026 Performance Monitoring Report will explain what could be implemented based on funding availability. The budget has been prepared to account for the unpredictable funding environment and includes two main categories of required resources:
- **Core resources** provide funding to the Secretariat for implementation of its functions, as well as core catalytic funding for the HIV-related work of the “lead” Cosponsors under two budget scenarios: US\$ 63 million and US\$ 80 million.
 - **Non-core resources** represent the estimated HIV-related funds of Cosponsors that are mobilized within their own organizations, in most cases dependent on availability of catalytic allocations from core funds, as well as additional funds which Cosponsors and the Secretariat raise at country, regional and global levels. Cosponsors' non-core funds in the UBRAF reflect indicative regular and extrabudgetary resources that will be mobilized by Cosponsors which contribute to the achievement of outputs.
22. The amounts shown in the 2026 budget represent Cosponsors and Secretariat core and non-core budget estimates, noting that these are high-level estimates which are subject to change.

Table 1. 2026 proposed core unspecified budget for the Joint Programme: two scenarios

Organizations	Scenario	
	US\$ 63 million	US\$ 80 million
"Lead" Cosponsors*	US\$ 3 million	US\$ 12 million
Secretariat	US\$ 60 million	US\$ 68 million
Total	US\$ 63 million	US\$ 80 million

Figure 4. Joint Programme 2026 core budget and links to outcomes, Cosponsor-led results areas and Secretariat functions



RESULTS FOR FOUR SECRETARIAT FUNCTIONS

23. The UNAIDS Secretariat has overall responsibility for ensuring leadership, coordinated strategic focus, convening capacity for countries and community engagement to advance towards ending AIDS as a public health threat by 2030. In line with the recommendations of the High-level panel and related PCB decisions, the UNAIDS Secretariat will focus on the four streamlined functions shown below, which are complemented by the contributions of and carried out in collaboration with the Cosponsors.

Figure 5. Secretariat functions



24. The UNAIDS Secretariat will continue to bring diverse stakeholders together and create space for the active participation of affected communities—including people living with HIV, key populations, women and girls, young people and other priority populations—from the local to the global level. The UNAIDS Secretariat creates platforms for dialogue, knowledge sharing and joint action, enabling stakeholders from multiple sectors (including within government, civil society, the private sector and faith communities) to collaborate effectively, avoid duplication and maximize impact. From 2026, the UNAIDS Secretariat is transitioning some programmatic and coordination responsibilities to Cosponsors, governments and other entities.
25. The Secretariat is moving into a more closely interconnected, networked and flexible hub for all its programmatic efforts at country, regional and global levels. Its significant reduction of staffing (by 55%) as part of the new operating model is being combined with an important shift of staff to be closer to the people UNAIDS serves and to lower-cost duty stations to optimize resources.
26. As recommended by the High-level panel and informed by epidemic and response data, further geographic prioritization to focus on fewer countries with the greatest needs will be applied, informed by a clear typology, prioritizing those with high HIV burdens, heavy reliance on international aid and significant stigma and discrimination that hinders the HIV response. The “country footprint”, including country, multi-country and regional offices’ support, will shift from 85 countries in 2024 to cover 54 countries, representing 80% of people living with HIV and 71% of new HIV infections in 2024 (see below).

27. The global “One Practice Hub” will support more sustainable, inclusive and multisectoral, country-owned national HIV responses through those four key functions to reach the following objectives:

- Transform HIV sustainability roadmaps (inclusive of political, programmatic and financial aspects) into national, domestically funded multisectoral HIV plans, incorporating innovative and integrated models for programme delivery.
- Support countries to have—and use—multisectoral data and evidence to focus resources on where they will have the most impact in the HIV response to close gaps in HIV treatment and prevention.
- Convene community, governments and other partners to advance rights-based, gender-transformative approaches to the HIV response.

Table 2. 2026 budget estimates of core and non-core funds for the Secretariat—scenario US\$ 63 million

Secretariat Function	Core unspecified (US\$)	Core specified (US\$)	Non-core awards (existing) (US\$)	Non-core awards (new) (US\$)
F1: Leadership & advocacy (incl. resource mobilization)	17 210 000	6 300 000	5 920 000	5 950 000
F2: Convening, coordinating (focus on sustainability and prevention)	16 963 000		4 503 000	6 450 000
F3: Accountability (data, targets, strategy)	16 552 000		1 769 000	3 168 000
F4: Community engagement	9 275 000		2 808 000	400 000
Total estimates	60 000 000	6 300 000	15 000 000	15 968 000

28. The non-core funds of the Secretariat are based on secured funds from the existing agreements and on estimates of expected funding from donors.

Secretariat strategic functions and related priority actions in close collaboration with Cosponsors for 2026

SF 1. Leadership, advocacy & governance (including resource mobilization)

Engage and mobilize political leaders and other key stakeholders in particular through high-level global, regional and country platforms to maintain, enhance and deliver on political commitments, including investments for sustainable, inclusive and multisectoral national HIV responses in line with the Global AIDS Strategy to end AIDS as a public health threat by 2030, supported by the Joint Programme's mutual accountability mechanisms.

Specific outputs for 2026: 1.1 Sustain and enhance political commitments and support countries to implement the Global AIDS Strategy to build more sustainable, multisectoral, inclusive national HIV responses and reach the end of AIDS by 2030

Top priority actions for 2026	Performance milestones for 2026
• Guide and support the execution of the 2026 UN General Assembly's High-Level Meeting on AIDS through the President of the General Assembly and the appointed co-facilitators. • Advocate and facilitate Member States' engagement in and commitment to the 2026 UN General Assembly's Political Declaration on HIV and AIDS and ambitious, evidence-based 2030 HIV targets. • Engage government leadership, parliamentarians and key partners, such as the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund, for a sustained, prioritized and evidence-based HIV response aligned to the Global AIDS Strategy and country needs and priorities. • Actively promote the Global AIDS Strategy 2026–2031 and new Political Declaration for wide ownership, translating political commitment into investments and programmes for sustainable national HIV responses. • Elevate the leadership and voice of people living with and affected by HIV in the global AIDS response, including at the UNAIDS Programme Coordinating Board as well as in other key policy platforms and decision-making spaces. • Co-convene, lead or contribute with Cosponsors and other stakeholders to global strategic initiatives and partnerships to drive accelerated action in specific programmatic areas. • Support continued political commitment for centering human rights and gender equality to ensure effective and sustainable HIV responses through continued engagement at high-level fora and events. • Promote inclusive multistakeholder engagement and accountability for the implementation of the new operating model of the Joint Programme through the UNAIDS Programme Coordinating Board and its standing committees and provide leadership in preparation for the further transformation of the Joint Programme in the context of UN80.	1.1.1 UN General Assembly High-Level Meeting on HIV/AIDS convened and adopts new Political Declaration on HIV and AIDS.

SF 2. Convening, coordinating (focus on sustainability and prevention)

Convene and coordinate accelerate efforts (with national programmes, communities, PEPFAR, the Global Fund and other partners) that are focused for: (1) more sustainable HIV responses through development, implementation and monitoring of HIV sustainability roadmaps (inclusive of political, programmatic and financial aspects) with innovative and integrated models for programme delivery and focused and diversified financing for most impact; and (2) evidence-informed HIV prevention and equitable access to innovative prevention tools, including reduction of structural barriers

Specific outputs for 2026: 2.1 National HIV response sustainability roadmaps to drive sustainable impact developed through inclusive dialogues and with implementation tracked

Top priorities for 2026	Performance milestones for 2026
• Support development of Sustainability Roadmaps in 30 countries and implementation in at least 10 countries. • Develop evaluative frameworks, including metrics and benchmarks, to support monitoring country roadmap implementation and assess sustainability across national, regional, and global levels. • Ensure Joint Programme's engagement and effective coordination at all levels with the Global Fund (i.e. Board, key committees, regional and country teams) and PEPFAR strategic decision-making mechanisms to maximize evidence-informed prioritization and returns on investments for most impact. • Support countries for data-informed allocative efficiency, prioritization and effective implementation of Global Fund grants and related monitoring to resolve bottlenecks, ensure progress on key areas tailored to country needs with a focus on prevention and sustainability. • Develop tools and provide country support to integrate HIV response financing into domestic budgets, health insurance benefit packages, emerging financial instruments and comprehensive health system integration. • Enhance the deployment of innovative long-acting prevention and treatment technologies, advocating for equitable access and affordability, including through policy options to address market bottlenecks for their roll-out, including through local and/or regional production, where feasible. • Develop a strategic paper on advancing HIV and health financing models to broaden funding diversification and enhance domestic financing mechanisms in countries under fiscal strain. • Lead consolidated policy options and technical support to ensure affordability and accessibility of HIV-related products for all in need, especially in upper- and middle-income countries. • Support implementation plans of multi-sectoral Education Plus investment cases demonstrating the socio-economic returns on investments, the cost of inaction and to drive policy and financing actions for sustainable HIV responses.	2.1.1. Twenty-five countries supported to develop and implement National HIV response Sustainability Roadmaps to drive sustainable impact developed through inclusive dialogues and with implementation tracked.

Specific outputs for 2026: 2.2 Convened community, governments and other partners to advance HIV prevention and reduce barriers for more effective HIV response

Top priorities for 2026	Performance milestones for 2026
• Co-convene and lead the Global HIV Prevention Coalition to guide and boost HIV combination prevention, including new health technologies, especially through cross-country collaboration on HIV prevention stewardship, financing and sustainability, the South-to-South learning network, peer mentoring and monitoring of progress together with Cosponsors and other stakeholders. • Define and promote a bold but simplified framework for country-led HIV prevention responses by 2030 with strategic shifts; focus on person-centred approaches to access and choose options; and enhance prevention optimization in constrained environments together with Cosponsors and other key stakeholders. • Co-convene and lead the revamped Global Partnership on action to eliminate all HIV-related stigma and discrimination, including its new strategic direction with Cosponsors and 41 member countries, • Support the convening of multistakeholders to show the impact of eliminating HIV-related stigma and discrimination on quality HIV services and integration efforts.	2.2.1 Twenty-five countries supported to expand HIV prevention and reduce barriers to it, including rights-based, gender-transformative approaches through convening community, governments and other partners.

SF 3. Accountability (data, targets, strategy)

Support countries to produce and analyse multisectoral data to improve their HIV responses. Lead and disseminate an update on the global HIV response, reporting progress towards the Global AIDS Strategy and targets in close collaboration with Cosponsors, identification of HIV-related inequalities, including through promotion of community-led HIV monitoring and capacity building of countries for more integrated strategic information systems for HIV. Monitor financial landscapes, health product pricing and procurements to strengthen transparency, accountability and efficiency and to drive advocacy and sustainable HIV financing at global, regional and national levels.

Specific outputs for 2026: 3.1 Updated monitoring framework for the Global AIDS Strategy 2026–2031 and the 2026 Political Declaration on HIV and AIDS

Top priority action for 2026	Performance milestones for 2026
• Support countries to produce granular data from diverse sources to inform their HIV responses, including population size estimates, estimates of prevention service needs, impact estimates and data on stigma and discrimination. • Support countries to report on the most essential data for monitoring and surveillance purposes.	3.1.1 Updated targets, monitoring framework and guidance for the Global AIDS Strategy 2026–2031 developed

• Revise the Global AIDS Monitoring framework to align with the 2030 global HIV targets. • Summarize the status of the AIDS epidemic and response at country, regional and global levels through reports that integrate quantitative and qualitative data, including community-generated data. • Disseminate data through publicly accessible platforms to enable donors, partners and stakeholders to take decisions and plan using high-quality data. • Monitor domestic HIV budget execution, absorptive capacity and co-financing commitments to strengthen government accountability and integration of HIV into broader health financing frameworks (Universal Health Coverage, primary health care, insurance, fiscal space). • Model and advocate global and regional resource needs for the post-2030 agenda, identifying programme funding gaps and supporting countries to align with global targets. • Develop simple and clear models that help countries measure impact and project different scenarios into the future. • Track and conduct strategic analyses of HIV financial resources at global, regional and national levels, including domestic and external funding, to inform strategic planning, UNAIDS's flagship reports and sustainability. • Monitor health product prices and market dynamics to promote affordability and access (update an open "Price & Market Intelligence" dashboard), lead on cost modelling, and engage partners on demand forecasting to strengthen price transparency and market intelligence.	and shared with countries and partners. 3.1.2 Global AIDS Update reports and updates to AIDInfo and UNAIDS Financial dashboard.
Specific outputs for 2026: 3.2 Support countries to produce and use HIV estimates and promote national integrated health, information and HIV financial management information systems, including community-led monitoring to measure progress and identify remaining HIV gaps	
Top priorities for 2026	Performance milestones for 2026
• Support at least 140 countries to produce strategic information to guide their HIV responses and inform global progress. • Assist governments to ensure that health information systems include accurate, timely, granular information to monitor the HIV response and that national strategy reviews incorporate data from community-led monitoring and community-led services. • Promote country use of Goals models to conduct sustainability planning. • Build country capacity and support their strategic and routine financial tracking and strengthened HIV financial management information systems, including community-led expenditure tracking. • Build capacity of national management information systems, collaborate with partners for resource tracking alignment and maintain UNAIDS's digital platforms for data sharing on financing and pricing, ensuring interoperability with national systems.	3.2.1 Guidance for countries for developing HIV estimates. 3.2.2. Ten countries supported to initiate and/or expand community-led monitoring.

SF 4. Community engagement

Support the leadership and meaningful engagement of communities of people living with HIV, key populations, adolescent girls and young women and foster strong partnerships with governments and other stakeholders to strengthen community leadership as part of community and public health and social support systems for effective, inclusive and sustainable HIV responses.

Specific outputs for 2026: 4.1 Meaningful engagement and leadership of people living with HIV, key populations, women and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation

Top priority action for 2026	Performance milestones for 2026
• Lead the dissemination and operationalization of normative guidance to strengthen sustainable community-led HIV responses as part of country sustainability roadmap development and implementation. • Advocate with governments, donors and other stakeholders for the allocation of funding for community-led organizations to advance community-led, human rights-based and gender transformative HIV responses. • Support efforts to measure progress towards the 30–80–60 targets¹⁴ and community-led monitoring targets, as well as the systematization and use of community-generated data for analysis, advocacy and reporting. • Promote meaningful community engagement and leadership in the 2026 UN General Assembly's High-Level Meeting on HIV/, the Human Rights Council, Commission on the Status of Women, Commission on Narcotic Drugs and other key HIV-related events. • Promote, guide and support, through the Global Partnership on action to eliminate stigma and discrimination, programmes for eliminating HIV related stigma, discrimination and criminalization, including resource mobilization and forging new partnerships with foundations and the private sector to support and sustain community engagement and leadership building around successful models. • Strengthen community preparedness for and resilience to regression on HIV-related human rights, new and/or reinforced criminalization, shrinking civic space and increased violence affecting people living with or at risk of HIV, including crisis situations for key populations. • Support adolescent girls, women and key populations for engagement in decision-making mechanisms, policy advocacy and monitoring of implementation of relevant key normative frameworks for effective HIV responses. • Support community efforts for drug decriminalization in countries through convening dialogues and coordinating dissemination and implementation of drug decriminalization guidance in collaboration with UNODC. • Support efforts to integrate sustainable financing models for community-led HIV responses at national level, including through guidance and technical support for social contracting mechanisms. • Advocate for sustained HIV prioritization in humanitarian settings by championing community-driven solutions and equitable access to services	4.1.1 Thirty countries supported to ensure the meaningful engagement and leadership of people living with HIV, key populations, women and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation.

¹⁴ These targets are part of the global AIDS targets: community-led organizations deliver 30% of testing and treatment support services, deliver 80% of prevention options and deliver 60% of societal enabler programmes.

2026 PRIORITY ACTIONS FOR RESULTS AREAS

29. The Joint Programme's work at global, regional and country levels enables a multisectoral response to the HIV epidemic. Cosponsors contribute their collective mandates, comparative advantages and expertise in a complementary manner to the interlinked results areas of the new Global AIDS Strategy. Figure 4 provides an overview of the contributions of the Joint Programme to the results areas, led by Cosponsors and supported and complemented by the Secretariat delivering on its four core functions.
30. Given the decline in funding, Cosponsors and the Secretariat face a reduction of organizational HIV capacity at all levels. This is a highly dynamic context and capacities may change over time. The priorities identified below as part of joint planning for 2026 depend on available resources and the diverse situations that pertain across agencies. Some Cosponsors are able to maintain full engagement in the Joint Programme and plan some priority actions on HIV with their own funding (even when facing significant funding gaps), including by leveraging their ongoing programmes and partnerships. With catalytic UBRAF funding, Cosponsors will be able to deliver on priority actions, and such funds would amplify and intensify some of the priorities described below and enhance responses to country gaps, weaknesses and opportunities.¹⁵ Full implementation of the proposed 2026 priority actions below depends on the availability of adequate financial resources, including catalytic core allocations to "lead" Cosponsors to enable their effective participation in the Joint Programme and full delivery. Indeed, with no catalytic UBRAF funding, Cosponsors' engagement in the Joint Programme will be limited.¹⁶ ¹⁷ Some Cosponsors' work on HIV is fully dependent on catalytic UBRAF funding.¹⁸ The table below includes the main priorities that are funded with Cosponsors' own resources and assumes some level of catalytic UBRAF funding. Given the uncertain context, especially for the availability of core catalytic funding, no milestones were defined for results areas work led by Cosponsors for this 2026 Workplan and Budget.¹⁹

OUTCOME 1: Sustainable country-led HIV response

More sustainable country-led, resilient and ready for the future HIV response

Results Area 1: Ensure sustainable financing for people-centred national and global HIV responses
Joint Programme-specific output: Advocate for, guide and support more sustainable and equitable national HIV responses, including through HIV financing and HIV-sensitive social protection for people living with and at risk of HIV
Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO

¹⁵ UNHCR, UNICEF, WFP, UNFPA, UN Women, ILO and WHO.

¹⁶ UNESCO

¹⁷ The World Bank was not in the position to provide information for this Workplan and Budget.

¹⁸ UNODC

¹⁹ For results achieved through funding from their own core and non-core resources, Cosponsors' own performance indicators will be used as appropriate for reporting to their respective boards.

Key priority actions for 2026

- Advocate for sustainable HIV financing through the dissemination of strategic analysis, support for resource mobilization for HIV programmes and capacity building for national systems.
- Support countries to maintain long-term, sustainable HIV responses beyond 2030, building on the health systems components of their HIV sustainability roadmaps.
- Provide strategic support to the Global Fund and PEPFAR investments in countries, with a focus on HIV, related diseases, and resilient and sustainable systems for health.
- Support the design of national capacities for inclusive social protection schemes and registries that reach people living with HIV, implementing the ILO – UNDP checklist on social protection for key populations and leveraging the scale up of cash-based transfers, data systems and shock-responsive safety nets.
- Guide and support countries to extend national health insurance coverage to poor and vulnerable households of people living with HIV and tuberculosis (TB); and advance the full inclusion of HIV services into existing/emerging insurance schemes, other financing mechanisms and integrated health packages.
- Provide technical advice to countries to integrate gender equality, non-discrimination principles and adequate funding into national HIV strategies and Global Fund requests.
- Disseminate findings from rapid gender assessments of the implications of reduction in external assistance.
- Build capacities, institutions and policies for sustainable transitions and build resilient and sustainable systems for health, including through digital/AI solutions, social contracting for civil society and key population-led organizations and investment cases.
- Provide support to build capacities of women living with HIV, including for economic empowerment, business skills and entrepreneurship.
- Support national health systems in developing transitional strategies that ensure refugees are integrated into mainstream healthcare services, including comprehensive HIV prevention, treatment and care.
- Disseminate findings from the care economy study to support advocacy efforts on economic justice for women living with HIV.

Results Area 2: Integration of HIV interventions and HIV-related health and community systems with primary health care, broader health system and key non-health sectors

Joint Programme-specific output: Provide policy guidance, advocacy and technical support for the integration of HIV interventions and systems with broader health and key non-health systems for more sustainable and resilient HIV responses

Contributing organizations: UNHCR, UNICEF, WFP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO

Key priority actions for 2026

- Promote and provide guidance to countries for HIV integration through a primary health care approach and for institutionalizing HIV services into national legal and policy frameworks—particularly within Universal Health Coverage, primary health care and multisectoral sexual and reproductive

health (SRH) delivery platforms—to enhance health system resilience and ensure sustainable, people-centred integrated service delivery, including through South-South learning and reviews.

- Build the capacity of policymakers, legislators and regional institutions to translate global and regional SRH/HIV/gender-based violence commitments into date-informed laws, service delivery standards, equitable financing policies and accountability frameworks.
- Provide guidance and build capacity to expand integration of SRH, HIV, and gender-based violence services in primary health care settings, maternal health, family planning and adolescent/youth-friendly services, coupled with provider training on stigma-free, rights-based and person-centred care.
- Drive efforts for the development of national policies and combined programmes for the triple elimination of vertical transmission of HIV, syphilis and hepatitis B and their routine integration with antenatal care and vaccination services.
- Strengthen efforts to integrate early infant HIV diagnosis into broader maternal and child health services to improve treatment coverage among children and stronger integration of early infant diagnosis services with expanded programmes on immunization.
- Ensure that human papillomavirus programmes offer information and services, linking adolescent girls at risk for HIV to prevention services and develop guidance for integrating cervical cancer prevention, screening, referral for treatment and community engagement.
- Scale up integrated packages that combine HIV testing and treatment with opioid agonist therapy, overdose prevention, harm reduction services for stimulant use, and referrals to other support services.
- Support integration of comprehensive HIV services for people who use drugs and people in prisons within national health and justice systems, including in humanitarian settings.
- Support the implementation of integrated prison health service packages that are aligned with international standards (Mandela and Bangkok Rules).
- Provide support to governments to revise national HIV workplace policies and implementation guidelines and build capacities for Labour Officers/Inspectors to strengthen workplace compliance for implementation.
- Build capacities of people living with HIV, adolescents, youth, women and people with disabilities for business development services.
- Provide inclusive general food assistance and nutrition support for food-insecure people living with HIV, while advancing HIV-sensitive school feeding, social protection and livelihood and asset creation programmes, especially in emergency contexts.
- Finalize, pilot and roll out the updated Inter-Agency Standing Committee guidance for addressing HIV in humanitarian settings and further support HIV responses in refugee settings through prioritized transition plans in support of nationally led programmes.
- Coordinate across key sectors to keep HIV services accessible during emergencies and integrate HIV into emergency preparedness and response via the Minimum Initial Service Package within SRH/ gender-based violence services and financial protection.
- Strengthen national/regional capacities to include HIV in contingency plans, needs assessments, humanitarian appeals, and disaster risk-reduction frameworks, pre-position SRH/HIV commodities and maintain supply chains for rapid deployment in crises.

Results Area 3: Invest in essential information systems and data collection by sectors and communities
Joint Programme-specific output: Guide and support enhancement and use of more integrated HIV and broader health and key other sectors' information systems to monitor, analyze to inform evidence-based decisions and improve more sustainable HIV and other services
Contributing organizations: UNHCR, UNICEF, WFP, UNFPA, UNODC, UN Women, WHO
Key priority actions for 2026
• Support countries to strengthen their health management information systems, including person-centred strategic information systems, especially through the use of integrated and disaggregated data for context-specific multisectoral HIV strategies. • Build capacities to strengthen surveillance, monitoring and evaluation, including digital and data analytics (e.g. geographic information systems) for more integrated approaches across diseases (HIV, viral hepatitis and other sexually transmitted infections and TB) and health system strengthening. • Continue to validate Global AIDS Monitoring data for HIV services. • Implement the EMTCT Data Mentorship programme, building local capacity by training health workers and government staff in data management, visualization and analysis. • Further develop HIV epidemic models and lead analysis of HIV data pertaining to pregnant women, children, adolescents and young people. • Promote the use of demographic intelligence and differentiated service delivery approaches to ensure that policies and programmes reach those most likely to be left behind. • Support countries, including through institutional capacity building across health and justice sectors, to generate, analyse and use high-quality data on HIV and related health conditions among people who use drugs and people in prisons, in line with international standards. • Provide technical assistance to countries to develop or enhance digital systems for monitoring HIV, hepatitis C, STIs, TB, mental health and drug treatment services in prisons with interoperability with broader platforms, and uphold confidentiality and data security. • Support civil society (especially women-led organizations and networks of people who use drugs and people released from prisons) to promote community-led monitoring through training on data collection, feedback mechanisms and integration into national platforms. • Sustain quality HIV and health data systems for evidence, advocacy and knowledge transfer and solutions for HIV services in humanitarian settings. • Co-lead the Inter-Agency Task team on HIV in Emergencies to address HIV in the context of humanitarian emergencies. • Guide and support countries with evidence and technical support to strengthen HIV-sensitive national social protection and nutrition policies. • Conduct and disseminate gender assessments of HIV responses and findings from the Stigma Index to address structural inequalities, and promote the integration of HIV issues into gender equality and violence against women action plans.

OUTCOME 2: People-focused response

People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services in dignity

Results Area 4: Scale-up HIV prevention options that bring together biomedical, structural, community and behavioural interventions
Joint Programme-specific output: Provide policy guidance and support to countries to adopt, implement and monitor national policies, tools and targets for combination HIV prevention, including accelerating uptake of innovations, for and with key populations and other groups at higher risk of HIV infection
Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO
Key priority actions for 2026
• Co-lead/coordinate and guide the Global Alliance to end AIDS in children and the Global HIV Prevention Coalition to support countries focusing on technical and policy support to remove structural barriers to HIV prevention, especially for key populations and other vulnerable populations. • Promote the uptake and implementation of pre-exposure prophylaxis (PrEP) options into national guidelines, including for oral and long-acting injectable PrEP through the introduction of Lenacapavir, as well as other injectable and long-acting options, including through peer-led models. • Guide and support the nine early adopter countries of Lenacapavir so that up to two million people, including key populations, can access it at negotiated lower prices, including through guidelines, pre-qualification and a collaborative registration procedure for faster national regulatory approval. • Support countries through data and guidance to implement new guidance on the triple elimination of vertical transmission of HIV, syphilis and hepatitis B to improve, scale-up and sustain related programmes. • Accelerate integration HIV combination prevention with SRH/ family planning/maternal health and gender-based violence healthcare and other sector platforms as part of primary health care, while supporting community-led demand creation, prioritizing adolescents and young people, women and key populations. • Revitalize and position condoms through securing continuous, quality-assured supplies through integrated supply chains, family planning/STI/HIV service packages for triple protection, promoting total-market approaches and delivery via youth-friendly and community channels. • Provide guidance and advocacy for HIV combination prevention by promoting comprehensive sexuality education (CSE) delivery in and out of school through the O3 Programme training teachers in sub-Saharan Africa, demand creation, digital CSE and gender-based violence prevention within school settings. • Provide expertise for effective peer models to build a youth health workforce, especially at community level, to improve access to HIV prevention and SRH services for adolescent girls and young women who are at high risk of HIV. • Strengthen integrated reproductive health supply chains and commodity management to bring innovations such as Lenacapavir, dual prevention efficiently and sustainably to users, as well as last-mile delivery and logistics support for HIV, TB, STI commodities in partnership with the Global Fund. • Promote learnings from pioneered family-centred testing models, pilot demand generation initiatives, digital health literacy (e-vouchers/dispensers, telehealth) and youth feedback to increase uptake of new HIV prevention technologies, especially for adolescent girls, young women and key populations.

- Guide and support the scale up of comprehensive and integrated HIV prevention packages for people who use drugs (including harm reduction, needle and syringe programmes, opioid agonist therapy, HIV and STI services) and for people in prisons (including prison-based opioid agonist therapy, needle and syringe programmes, HIV services, overdose prevention and management).
- Provide technical backstopping on HIV testing and HIV workplace interventions, promote online e-learning and advocate with employers and workers to promote HIV services as part of “wellness” packages.
- Support policy changes to transform harmful norms, remove structural barriers and mobilize faith and traditional leaders to improve access to HIV services, particularly among adolescent girls, young women and key populations and track stockouts, coverage and equitable use.
- Support further HIV integration into programming on economic empowerment and violence prevention to improve adolescent girls and young women's access to HIV prevention through engaging with parent groups and networks.

Results Area 5: Ensure available, accessible, acceptable and quality HIV treatment and care for people living with HIV

Joint Programme-specific output: Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and programmes that are aligned with the latest global guidance for effective access to quality HIV testing, treatment, care and integrated services, including for common comorbidities and coinfections

Contributing organizations: UNHCR, UNICEF, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO

Key priority actions for 2026

- Support the roll-out of implementation and guidance for “multiplex” approaches, promoting the use of self-tests and self-care, pharmacy-based delivery and optimal “multiplex” testing such as dual HIV and syphilis rapid diagnostic tests for simpler service delivery approaches and systems and the adoption of lower cost commodities, including rapid tests and other essential health products.
- Promote new guidance and guidelines for HIV treatment, care and service delivery, and innovations, including for long-acting treatment options and dual therapy.
- Support countries to enhance health-seeking behaviours and increase uptake of HIV services, including treatment adherence and multisectoral services that reach children, adolescents and pregnant women living with and at risk of HIV and facilitate post-exposure prophylaxis and psychosocial support for survivors of violence and women living with HIV, for example through “Essential Services” global programme.
- Support access initiatives and market shaping to provide more market stability, and support transitions to high-quality local and regional production and procurement solutions.
- Empower adolescents, especially girls, to lead HIV and SRH advocacy, linking digital and offline platforms to enhance demand for HIV and SRH services and supporting community engagement and tailored interventions to address harmful social and gender norms that fuel HIV.
- Include treatment literacy (U=U, or undetectable = untransmittable), early testing and ethical partner notification in CSE; map and teach referral pathways to adolescent-friendly HIV testing and continuity of care, including linkages to contraception, prevention of vertical transmission of HIV and psychosocial support.

- Support countries with partners to scale HIV/TB services and strengthen resilient and sustainable systems for health (including a focus on community, rights and gender) in challenging operating environments (in capacity of Global Fund interim Principal Recipients in at least 35 countries).
- Through technical assistance, support Global Fund HIV investments, focusing on community, rights and gender issues, Country Coordinating Mechanisms, systems strengthening and sustainable HIV financing.
- Support national and community systems to provide client-centred care and continuity of treatment, including consistent commodity availability at facility and community levels through improved capacity for reliable antiretroviral supply chains and a trained workforce.
- Guide and support more equitable access to HIV services in targeted countries with humanitarian settings.

Results Area 6: End stigma and discrimination and uphold human rights and gender equality in the HIV response

Joint Programme specific output: Provide technical, policy and advocacy support to countries on scaled-up actions to uphold human rights, address stigma and discrimination, and advance gender equality for more effective HIV response

Contributing organizations: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO

Key priority actions for 2026

- Guide and support countries to advance evidence-based legal and policy environments and reform of discriminatory laws and policies for HIV responses to protect the rights of people living with and at risk of HIV, and key populations in line with the recommendations of the independent Global Commission on HIV and the Law and the UN Secretary-General's high-level panel on access to medicine, and as part of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.
- Support countries, including through the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, to address stigma and discrimination, especially in healthcare and justice settings.
- Promote and guide efforts to eliminate stigma and discrimination as a key component of the quality of care in the context of integrated and decentralized services and strengthen non-discriminatory and non-stigmatizing health and HIV policy, financing and programme design to reach children, adolescents, women living with and at risk of HIV, and key populations.
- Advocate for national implementation of Commission on Status of Women Resolution 60/2 on Women, the girl child and HIV and AIDS, and strengthen the capacities of national AIDS coordinating bodies and communities through online trainings.
- Continue to support countries to use schools as an entry point for efforts to reduce gender-based violence, broaden access to SRH services, including HIV prevention, and boost girls' economic prospects.
- Contribute to a more coordinated global response to the regression on human rights movement and its disinformation campaigns affecting the HIV response through collaboration, information-sharing and joint programming with partners.
- Strengthen the capacity of national AIDS coordinating bodies to integrate gender equality interventions into HIV programmes, while amplifying women's voices in decision-making.

- In prisons, assist countries in developing policies to address stigma, violence and coercion—particularly against women, LGBTQI+ persons, and people living with HIV—and, where feasible, support rights-based monitoring systems in custodial settings.
- Strengthen legal literacy, access to legal aid and empowerment of people who use drugs and people released from prisons, promote gender-responsive HIV-related services and institutional and policy-level reforms.

OUTCOME 3: Empowered communities

Communities of people living with, at risk of and affected by HIV are empowered to lead in the HIV response across services and systems

Results Area 8: Ensure community leadership in the HIV response across services and systems
Joint Programme-specific output: Provide advocacy, policy and technical support to countries to expand/consolidate the leadership HIV communities, including community-led HIV responses
Contributing organizations: UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO
Key priority actions for 2026
• Strengthen networks of women living with HIV, mentor young women leaders, advancing the voice and leadership of women's organizations and community networks in programme and investment decision-making fora to improve access to HIV services, • Empower community-led organizations—especially groups led by youth, women, key populations and people living with HIV—to advocate for community-led HIV responses in national policies, strategies, programme implementation and accountability mechanisms. • Support the scale-up of programming for and with pregnant and parenting adolescents and young women to improve their access to quality services for HIV, pregnancy, SRH, mental health and nutrition. • Advocate for the expansion of community-led HIV services (e.g. peer education, linkage and psychosocial/mental-health support) and for collaboration with youth-led networks and other youth-friendly services to expand access to HIV and SRH services through effective peer models for youth health workforce, especially at community level, to mitigate health worker shortages. • Support leadership and empowerment of key populations, Q+ people and other vulnerable groups, to increase access to HIV services and equitable access to health technologies, and advance sustainability of community-led responses. • Leverage youth networks and out-of-school CSE to mobilize and promote the leadership of adolescents and young people, and strengthen demand for HIV prevention, care and rights protections. • Strengthen the leadership and meaningful engagement of communities of people who use drugs and people released from prison in the design, implementation and monitoring of HIV responses.

- Promote community-led HIV responses that are fully-funded, formally recognized in national HIV strategies and integrated into broader health and social systems through knowledge-sharing, including South–South exchanges, and technical assistance to scale promising models and stronger accountability.
- Collaborate with and build capacities of communities of people living with HIV, young people, adolescent girls and women and key populations to identify and address harmful social and cultural norms and practices, including gender-based violence, that place them at a higher risk of HIV and limit access to HIV services, and advocate for evidence-informed HIV responses.
- Coordinate the global response to the growing restrictions on civic space and regression of gender equality and human rights, as recognized by international human rights law, that affect the HIV response.

PRORITIZED COUNTRY SUPPORT

31. The progress in the HIV response has been impressive but uneven. The 2025 UNAIDS Global AIDS update²⁰ shows that the HIV epidemic and the gains in the HIV response are spread unevenly. HIV testing and treatment coverage and viral suppression levels among people living with HIV improved across all regions in 2024, but they still lagged considerably in several regions. The report also documents the widespread disruption across health systems and loss of frontline health workers, which is affecting HIV prevention programmes and jeopardizing HIV treatment services in several countries.
32. In line with the recommendations of the High-level panel for a resilient and fit-for-purpose UNAIDS Joint Programme, as endorsed by the Board,²¹ support at country level is to be maintained as much as possible with differentiated level complementing the growing national capacities and responding to priority needs given varied HIV epidemics and resilience of HIV response when facing multiple shocks and risks. Guided by a typology of countries, the focus will be on fewer countries with high HIV burdens, a heavy reliance on aid and significant stigma and discrimination against key populations.
33. At country level, the Joint Programme remains fully part of and aligned with the UN System through UN Sustainable Development Cooperation Frameworks to respond to national priorities. This will be done through tailored, integrated, evidence-informed policy and programming support, under the leadership of the UN Resident Coordinator system and UN Country Teams. Its work will continue to be in line with the UN Mutual Accountability Framework and the latest UN General Assembly Quadrennial Comprehensive Policy Review (QCPR) and other efforts to further enhance the UN's collective impact through effectiveness, efficiencies, transparency and accountability.
34. UNAIDS Secretariat will focus on 54 countries (down from 81 in 2024) that represented 80% of people living with HIV and 71% of new HIV infections in 2024, as shown in Figure 6. The support will be provided through a mix of models, including further consolidation into multi-country offices and further integration with the UN Resident Coordinator system. The Secretariat will continue to work through flexible Joint UN Plans on AIDS, other joint programmes,²² and other flexible approaches for joint work, in closer collaboration with relevant community organizations and other partners.
35. Overall, the Joint Programme's global normative work benefits a large set of countries. In complementarity with the Secretariat, Cosponsors may have less or additional HIV priority or focus countries for support to address gaps in special areas. In countries with support needs and which are not covered by the UNAIDS Secretariat, Cosponsors will, when necessary and possible, provide support and draw on the regional or global expertise of other Cosponsors and the UNAIDS Secretariat.²³
36. In other countries, while international funding and solidarity will remain important, a responsible and effective transition to full country ownership of HIV responses will be

²⁰ [Countries must urgently step up to transform their HIV responses amid an international funding crisis that risks millions of lives | UNAIDS](#). Regional profiles are also available at: [UNAIDS global AIDS update 2025 | UNAIDS](#)

²¹ The recommendations in the Workplan and Budget are those taken forward by the Executive Director and CCO and endorsed by the Board, [UNAIDS/PCB\(56\)/25.15](#).

²² In line with the UN Development Group guidance on UN joint programmes.

²³ For example, humanitarian agencies such as UNHCR and WFP focus on countries with humanitarian settings and HIV vulnerabilities. UNICEF focuses on a list of high-impact countries with regard to elimination of vertical transmission of HIV, paediatric treatment, HIV prevention among young people and integration of HIV services into primary health care.

fast-tracked for countries where governments and communities have their own capacities to deliver their national responses.

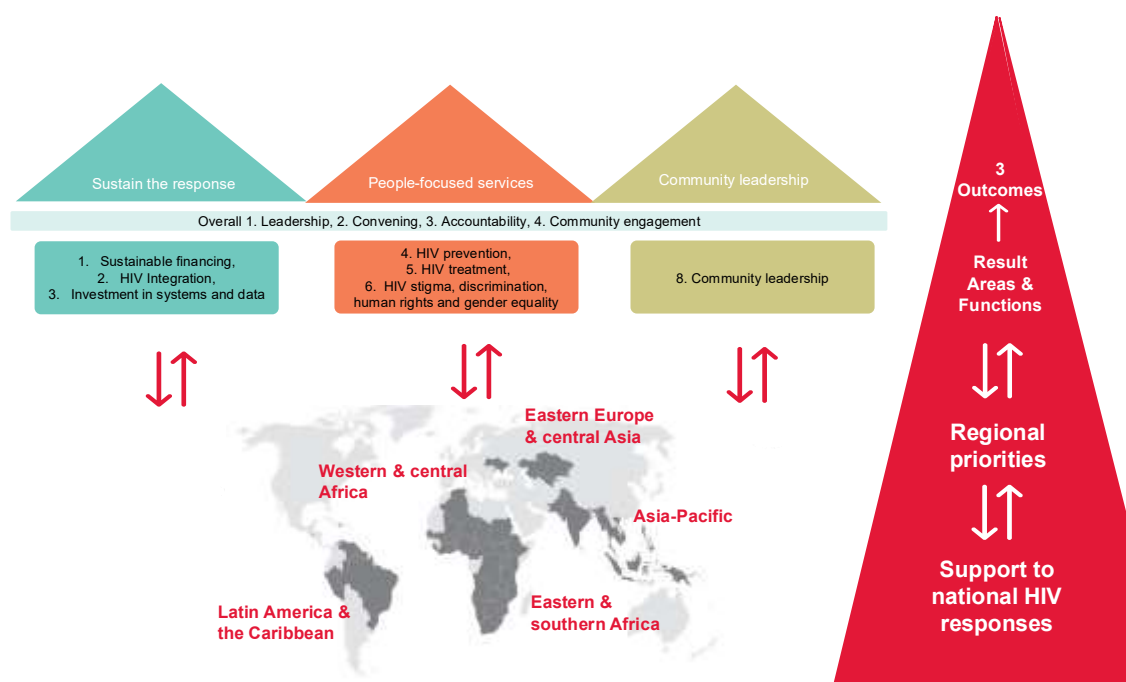
37. The list of countries and modalities for support are indicative and may evolve as needed and in line with available resources.

Figure 6. UNAIDS Secretariat's new country footprint



38. Differentiated HIV epidemics, capacities, structural barriers and responses require differentiated and tailored support from the Joint Programme. Its human and financial resources will be further prioritized, focusing on saving the most lives. The Joint Programme will focus its efforts on a set of top priorities to achieve the global AIDS targets in each region, by contributing to the specific outputs (defined above) for the results areas and functions and the three outcomes (see Figure 7; for simplification, the specific outputs are not listed). It will do so by working in close collaboration with governments, communities (including country and regional networks of people living with HIV, key populations, youth and women), other civil society partners and stakeholders (including regional institutions, PEPFAR and the Global Fund) and promoting cross-country and inter-regional knowledge-sharing.

Figure 7. Differentiated and tailored Joint Programme's support to countries, based on needs



Asia-Pacific

39. In 2024, Asia and the Pacific had the world's second-largest HIV epidemic, with 6.9 million people living with HIV and an estimated 300 000 new infections—nearly a quarter of all new infections globally. Despite a 17% drop in new infections and 53% decline in AIDS-related deaths since 2010, progress is uneven, and some countries are experiencing expanding epidemics. The region faces a growing prevention crisis, with very low PrEP uptake and prevention coverage among key populations falling far below targets. Treatment gaps persist: only 79% of people living with HIV knew their status, 69% were on treatment, and 66% had suppressed viral loads. Stigma, discrimination and structural barriers continue to hinder access to services, especially for key populations and young people. While domestic financing has increased, many countries still rely heavily on external support, particularly for prevention.
40. In 2026, the Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral national HIV responses.

Outcome 1: Sustainable HIV response

- Support sustainability across programmatic, political, and financial dimensions, guided by country-owned planning, inclusive governance and multisectoral engagement, including the development of HIV sustainability roadmaps to guide long-term transition and service continuity. (RA 1)
- Promote integration of HIV services and data within broader health systems, including primary health care, SRH, mental health and harm reduction. (RA 2,3)
- Promote sustainable HIV services and financing systems by leveraging community systems, innovative service delivery platforms and data tools to improve service delivery and advocacy—including for community-led initiatives—through increased domestic investment, social contracting and strategic partnerships. (RA 1)

- Advocate for resilient health systems, including infrastructure, workforces, access to medicines and diagnostics, and coordinated multisectoral action. (RA 2)

Outcome 2: People-focused response

- Expand access to innovative and differentiated HIV service delivery by supporting the scale-up and institutionalization of self-testing, mobile outreach, telehealth and long-acting PrEP within national systems. (RA 4)
- Support early treatment initiation and equitable access to optimal antiretrovirals—including for children, adolescents and pregnant women—to improve adherence and maximize the benefits of U=U and treatment as prevention. (RA 5)
- Accelerate the elimination of vertical transmission of HIV through integrated services that leverage the global Triple Elimination Initiative, ensuring universal access to antenatal testing, timely treatment for pregnant women living with HIV, and follow-up care for exposed infants. (RA 4, RA 5)
- Improve HIV literacy through digital platforms and culturally tailored education for youth and key populations. (RA 4)
- Advance legal and policy reforms and address social and structural barriers—including stigma, discrimination and gender-based violence—to improve access to HIV and related services. (RA 6)

Outcome 3: Empowered communities

- Strengthen and institutionalize community leadership through capacity-building, formal roles in governance and sustainable mechanisms for participation. (RA 8)
- Support community-led service delivery by expanding access to testing, prevention and treatment through trusted and culturally appropriate approaches. (RA 8)
- Strengthen community capacity and accountability by using digital tools, data systems and inclusive planning processes. (RA 8)

Key partnerships for results in the region—with governments, communities (including country and regional networks of people living with HIV, key populations, youth and women) and other civil society entities (such as the Asia Pacific Inter-Agency Task Team on Young Key Populations), partners (including the Association of Southeast Asian Nations, PEPFAR and the Global Fund) and other key stakeholders.

Eastern and southern Africa

41. In 2024, an estimated 490 000 people in eastern and southern Africa newly acquired HIV. The region is home to an estimated 21.1 million people living with HIV, who constitute a little over one half of people living with HIV globally. Yet the region has made remarkable progress: in 2024, 93% of people living with HIV knew their HIV status, 91% of whom were receiving HIV treatment and 95% of those on treatment had a suppressed viral load. Recent funding cuts, however, threaten these gains in the context of significant inequities across populations. Testing and treatment rates among children and adolescents remain low. Behavioural, social and structural factors driving the epidemic put adolescent girls and young women at a very high risk of acquiring HIV.
42. In 2026, the Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive and multisectoral national HIV responses.

Outcome 1: Sustainable HIV response

- Leverage domestic and international resources to strengthen sustainable funding mechanisms for long-term HIV response investments. (RA 1)
- Strengthen and influence national data systems to generate disaggregated evidence for informed and targeted HIV programming. (RA 3)
- Convene stakeholders and provide technical assistance to accelerate progress toward Universal Health Coverage through integrated service delivery, including in humanitarian settings. (RA 2)

Outcome 2: People-focused response

- Provide technical assistance and advocate for countries to implement context-specific HIV prevention strategies and ensure sustained access to quality treatment and care for children, adolescents and key populations. (RA 4, RA 5)
- Advocate for and provide technical assistance to implement HIV-related human rights-based decriminalization models that reduce legal barriers and protect the rights of people living with HIV and key populations. (RA 6)
- Leverage and convene communities to strengthen the leadership and ownership of people living with HIV in decision-making and HIV response interventions. (RA 4, RA 5 & RA 6)
- Provide technical assistance and advocate for inclusive, tailored and youth-centred strategies that address vulnerabilities and barriers to HIV prevention, treatment and other STI services. (RA 4, RA 5)
- Influence policies and provide technical assistance to advance gender equality in the HIV response by removing barriers, reducing vulnerabilities and empowering women to exercise their right to health free from stigma, discrimination and violence. (RA 6)

Outcome 3: Empowered communities

- Leverage and convene community networks to address HIV-related challenges and promote inclusive engagement in HIV responses. (RA 8)
- Influence and mobilize investment in community-led services and research to strengthen locally owned HIV prevention strategies. (RA 8)
- Provide technical assistance to establish and strengthen social contracting mechanisms for effective delivery of community-led HIV interventions. (RA 8)
- Support and scale community-led services, including differentiated service delivery models, to expand access and improve health outcomes. (RA 8)

Key partnerships for results in the region—with governments, communities (including country and regional networks of people living with HIV, key populations, youth and women), other civil society entities, regional economic communities (including the African Union, Southern Africa Development Community, and East African Community), funding partners (including PEPFAR, the Global Fund and bilateral donors) as well as the private sector, academia, traditional and cultural leaders and other key stakeholders.

Eastern Europe and central Asia

43. Eastern Europe and central Asia is the only region where both AIDS-related deaths and new HIV infections have increased since 2010 (+48% and +7%, respectively). The region accounted for 130 000 new HIV infections in 2024 and hosts an estimated 2.1 million people living with HIV. Testing and treatment cascade outcomes lag compared with other regions, with only 51% of people living with HIV receiving the treatment they need due to gaps in testing, timely linkage, retention and optimized treatment coverage. The HIV response operates in the context of the war in Ukraine, armed conflicts and political unrest in other countries, and shifts towards repressive governance and shrinking civic space, all of which disrupt continuity of care and access to services for key populations, migrants and refugees. Community-led services and monitoring remain insufficiently institutionalized and financed.
44. In 2026, the Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral National HIV responses.

Outcome 1: Sustainable HIV response

- Advocate for sustainable HIV financing with allocative-efficiency solutions: deploy strategic analysis, multi-source financing models to ensure domestic investment for achieving the global AIDS targets; support development and implementation of HIV sustainability roadmaps that include integrated community-led responses and innovative solutions for prevention, optimized treatment and social protection. (RA 1)
- Strengthen integrated information systems and close data gaps for decision-making (especially for key populations). (RA 3)
- Integrate HIV in humanitarian and emergency preparedness and responses by including HIV in national contingency plans, needs assessments and humanitarian appeals; coordinating cross-border service platforms; and securing SRH/HIV commodities and supply chains. (RA 2)

Outcome 2: People-focused response

- Scale up combination prevention through expanded access to PrEP/PEP (incl. long-acting versions) and ensure that regulatory mechanisms accelerate the adoption of innovations. (RA 4)
- Optimize people-centred testing and HIV service delivery (including self-testing, community delivery, peer navigation and web-outreach) and strengthen treatment outcomes (U=U) within integrated HIV-TB-SRH-mental-health packages. Institutionalize stigma-free care in health settings. (RA 5)
- Embed gender-based violence prevention and survivor support across HIV programmes, and strengthen women-led networks. (RA 6)

Outcome 3: Empowered communities

- Institutionalize, finance and embed community-led responses and monitoring with skilled community workforces by prioritizing youth- and women-led networks and meaningful participation of communities in the design, delivery and accountability of the programmes. (RA 8/ RA 3)
- Protect civic space and advance legal reforms towards the global AIDS targets (e.g. decriminalization and repeal of punitive HIV laws) through coordinated advocacy and partnerships, legal literacy and legal aid. Establish contingency financing to

sustain community-led services despite crises and volatile donor support. (RA 1, RA 6, RA 8)

Key partnerships for results in the region—with governments and national stakeholders, communities (including networks of people living with HIV, key populations, youth and women) and other civil society organizations, the Global Fund and regional partners (such as the Eurasian Harm Reduction Association, Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, Eurasian Women's AIDS Network, Sex Workers' Rights Advocacy Network, Health Advocacy Coalition, ITPC EECA, Eurasian Network of People Who Use Drugs, Regional Expert Group on Migration and Health, Eurasian Movement for the Right to Health in Prisons).

Latin America and the Caribbean

45. In 2024, an estimated 135 000 people newly acquired HIV and about 2.9 million people were living with HIV. In Latin America, approximately 86% of people living with HIV knew their HIV status, among whom 82% were receiving HIV treatment, with 93% of those on treatment having a suppressed viral load. The corresponding coverage for Caribbean specifically was 85%, 86% and 89%. Approximately two thirds of new infections in Latin America and 47% in the Caribbean occur among key populations and their sex partners. In Latin America, Brazil accounts for the largest absolute number of people living with HIV, while countries like Belize, Guatemala and Honduras are experiencing significant concentrated epidemics. The epidemic disproportionately affects marginalized populations including sex workers, transgender individuals, indigenous communities and people living in poverty.
46. In 2026, the Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral national HIV responses.

Outcome 1: Sustainable HIV response

- Increase domestic funding for prevention programmes by consolidating the shift from external to national financing mechanisms. Do so by strengthening sustainability work through various sub-regional coordinating bodies (including the Council of Ministers of Health of Central America, PANCAP in the Caribbean, and ORAS-CONHU in South America) and by maintaining regional agenda coordination through the Horizontal Technical Cooperation Group (comprising national AIDS programme directors in the region). (RA 1)
- Support full implementation of HIV sustainability roadmaps and transition to domestic financing, providing intensive technical assistance to Guatemala, Dominican Republic and El Salvador. (RA 1)
- Maintain HIV investment as a fiscal priority in development and financing agendas by leveraging opportunities in Finance Ministers' forums, economic integration bodies and international financial institutions. (RA 1)
- Strengthen coordination with the Global Fund, PEPFAR and the United States Centers for Disease Control and Prevention (CDC), optimizing efforts, ensuring complementarity and mobilizing support for sustainable financing transitions. (RA 1)
- Strengthen civil society's capacity for budget advocacy and intervention costing via training through regional networks to maximize resource efficiency and impact. (RA 1)
- Provide technical support to national AIDS programmes, civil society and partners for the collection, validation and analysis of programming, epidemiological and

financial data for political advocacy to achieve continued and increased investment in the HIV response. (RA 3)

- Improve universal health systems through the integration of HIV, maternal and child health and communicable disease services and data into primary health care. (RA 2, RA 3, RA 4, RA 5)

Outcome 2: People-focused response

- Continue and increase strategic advocacy and technical support to scale up combination prevention, with an emphasis on PrEP for key populations and other groups who are left behind. (RA 4)
- Advocate for affordable Lenacapavir to ensure accessibility. (RA 4)
- Support the implementation of priorities for access to HIV services identified in the progressive implementation plans of “Soy Clave”, including supporting national AIDS programmes and leveraging partnerships. (RA 4, RA 5)
- Work within the framework of equitable financing to accelerate access to new health technologies and optimize health service delivery. (RA 1, RA 4, RA 5)
- Influence regional migration agendas to incorporate HIV services, ensure HIV integration into humanitarian response plans, and address service access gaps for indigenous and Afro-descendant populations, including through supporting indigenous organizational leadership. (RA 4, RA 5, RA 6)

Outcome 3: Empowered communities

- Prioritize technical assistance to promote social contracting, in coordination with the Council of Ministers of Health of Central America and the Dominican Republic and the Horizontal Technical Cooperation Group. (RA 8)
- Identify and pursue resource mobilization with non-traditional donors and partners, emphasizing innovation and local ownership, fostering collaborations with private sector and philanthropic actors, and focusing on scalable and sustainable partnerships. (RA 1)
- Reinforce the convening power of regional networks to lead coordination and advocacy, and support a subregional strategy in the Caribbean by backing community-led HIV monitoring and strengthening network collaboration. (RA 8)
- Maintain national commitments to HIV responses in selected priority countries and support regional advocacy for CSE, LGBTIQ+ youth and SRH, as well as inclusive outreach to rural, Indigenous and mobile youth in the Southern Cone. (RA 8)
- Support the integration of youth-centred approaches into SRH and HIV prevention policies, with an emphasis on community-led design and monitoring, prioritizing engagement in countries with high HIV incidence among youth (including Brazil, Mexico and Caribbean countries). (RA 8)

Key partnerships for results in the region—with governments, communities (including country and regional networks of people living with HIV, key populations, youth and women) and other civil society partners, and other key stakeholders (including the Economic Commission for Latin America and the Caribbean, Council of Ministers of Health of Central America and the Dominican Republic, Secretariat of the Andean Health Organization [Organismo Andino de Salud – Convenio Hipólito Unánue-ORAS-CONHU], PEPFAR and the Global Fund).

Western and central Africa

47. The HIV epidemic in western and central Africa remains a major public health challenge. An estimated 160 000 new infections occurred in 2024 in the region, which is home to 5.2 million people living with HIV. Progress toward the 95–95–95 targets shows mixed results: 81% of people living with HIV knew their HIV status, 94% of whom were receiving HIV treatment, and 92% of those on treatment had viral suppression. However, the epidemic is still driven by deep-rooted inequalities, expressed in: (i) high infection rates among key populations and adolescent girls and young women, who accounted for about 19% of new infections in 2024; (ii) gender disparities, with women and girls representing 64% of all people living with HIV in the region; (iii) limited paediatric coverage, with only 37% of children living with HIV receiving treatment, compared to 79% of adults; and (iv) stigma, discrimination and restrictive legal environments that hinder access to services and undermine community-led responses. In addition, humanitarian crises, political instability and underfunded health systems threaten the sustainability of HIV responses and the continuity of services.
48. In 2026, the Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral national HIV responses.

Outcome 1: Sustainable HIV response

- Support the development of HIV sustainability frameworks in at least five countries. (RA 1)
- Advance integration of HIV/SRH/gender-based violence into emergency preparedness and humanitarian responses through advocacy, coordination, capacity building and knowledge exchanges. (RA 2)
- Produce a regional priorities document outlining strategic pathways to achieve and sustain 2030 impact. (RA 1)
- Support the revision or extension of national strategic plans in at least seven countries. (RA 1)
- Support Global Fund round 8 applications and PEPFAR 2026 planning with targeted technical expertise. (RA 1)

Outcome 2: People-focused response

- Support readiness assessments for Lenacapavir introduction and implementation scale-up. (RA 4)
- Support country implementation of triple elimination guidance using data-driven, tailored approaches to scale and sustain vertical transmission programmes. (RA 4)
- Facilitate regular regional virtual meetings to share best practices, lessons learned and innovations—enhancing collaboration, accelerating progress and strengthening country-level implementation. (RA 4, RA 5)
- Provide targeted technical support to countries and civil society for prevention, sustainability, paediatrics, gender equality and human rights. (RA 2, RA 4, RA 6)
- Support the completion of gender assessments of HIV responses and strengthen gender-HIV programming based on regional recommendations (RA 6)

Outcome 3: Empowered communities

- Enhance coordination for community-led HIV monitoring via regular meetings and resource mobilization. (RA 8)

- Support legal literacy and rights awareness for key populations in restrictive or hostile settings (e.g. Liberia, Mali, Niger) and train community leaders and peer educators as human rights defenders and service navigators. (RA 8)
- Fund community-led advocacy to challenge discriminatory laws and promote legal reform (e.g. Burkina Faso, Ghana). (RA 8, RA 6)
- Build the capacity of community organizations for strategic litigation, policy dialogue and human rights monitoring. (RA 8)
- Scale and document innovative tools and proven pilots for data-driven advocacy. (RA 8)
- Establish rapid response mechanisms for legal/political crises (e.g. movements against LGBTIQ+, criminalization of some aspects of HIV in Niger). (RA8, RA 6)
- Promote safe spaces and psychosocial support for groups who are marginalized and/or affected by stigma discrimination or violence. (RA 6)
- Map and mobilize regional ally networks to reinforce community-led resilience strategies. (RA 8)

Key partnerships for results in the region—with governments, communities (including country and regional networks of people living with HIV, key populations, youth and women), other civil society entities, regional bodies (ECOWAS/West African Health Organization and Economic Community of Central African States), other UN agencies including OHCHR, and IOM), key partners (including African Union, PEPFAR and the Global Fund); and other key stakeholders.

SYNERGIES WITH BROADER UNITED NATIONS, INCLUDING UN80

49. In a world grappling with growing crises, deepening inequalities and eroding trust in global institutions, the UN has launched an ambitious, system-wide UN80 Initiative.²⁴ It entails a fundamental re-think of the UN and how it responds to today's challenges through streamlined operations, sharpened impact and reaffirmed relevance for the people it serves in a rapidly changing world.
50. The UN Economic and Social Council (ECOSOC)²⁵ reaffirmed that “the Joint Programme’s Cosponsor and governance model continues to provide the UN system with a useful example of strategic coherence, inclusive governance, and country level impact, as set out in General Assembly resolution 79/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system”.²⁶
51. Harnessing the collective power, multifaceted expertise and in-country presence of 11 UN cosponsoring entities, the Joint Programme has led a coordinated, multisectoral HIV response for nearly 30 years. It has contributed to, shared lessons with and benefited from multiple UN reforms. It has also leveraged broader UN power through the UN Resident Coordinator system, regional and global cooperation fora for reaching the Sustainable Development Goal (SDG) 3 on good health and well-being, and many other

²⁴ For more information on UN80, see: <https://news.un.org/en/story/2025/06/1164836>.

²⁵ 2025 ECOSOC Resolution on the Joint United Nations Programme on HIV/AIDS, July 2025.

²⁶ For the UNAIDS 2024 report on the UN General Assembly’s latest resolution on the Quadrennial Comprehensive Policy Review (QCPR) of operational activities for development of the UN System, the Checklist on oversight of the implementation of the repositioning of the UN Development System and UN Funding Compact is available at: [2030 Agenda and UN Reform | RESULTS AND TRANSPARENCY PORTAL](#).

initiatives. As part of the Joint Programme's ongoing transformation, further innovative models and features are being introduced, including further shifting to Resident Coordinator Offices and consolidating its work within multicountry offices. The Joint Programme is also applying UN2.0²⁷ forward thinking to reinforce cutting-edge skills on data, innovations and behaviour science knowledge.

52. The UN80 Initiative, launched by the UN Secretary-General in March 2025, is structured around three workstreams: (a) rapidly identifying efficiencies and improvements under current arrangements; (b) reviewing the implementation of all mandates given to the UN by Member States; and (c) undertaking consideration of the need for structural changes and programme realignment across the UN System. Seven UN80 clusters have begun working under a UN80 Taskforce.
53. UNAIDS Secretariat and Cosponsors are actively engaged in UN80. The Secretariat is involved in the cluster on development in the UN System, was invited to and contributes to other clusters, such as on human rights. The Joint Programme is bringing to bear the recommendations of its High-level panel, along with lessons learnt from the recent shocks experienced by the HIV response, and the reflections of the PCB and communities on shaping the Programme's future role within a more effective UN System.
54. In 2026, the UNAIDS Secretariat and Cosponsors' will intensify their active engagement around innovative approaches to best support countries and communities for impact. As UN80 developments unfold, including further integration or consolidation, the Joint Programme should remain open, agile and flexible to adopt the changes in timely fashion.
55. A further review of the Joint Programme will take place in 2027. It will be informed by the developments of the UN80 initiative and the latest HIV epidemic and response data, other evidence and the voices of people living with HIV. A further change plan will be submitted to the PCB in June 2027 to inform the 2027 ECOSOC resolution on the UNAIDS Joint Programme.

2026 BUDGET AND RESOURCE ALLOCATION

56. The 2026 budget outlines an estimate of core and non-core resources, based on projected and estimated scenarios for the Joint Programme, to implement its workplan priorities and achieve the results and related milestones identified for 2026, which will be the final year of the 2022–2026 UBRAF.
57. The preparation of the 2026 budget was guided by several factors, including the recommendations of the High-level panel, as endorsed by the Board; a challenging funding environment; and a recognition of shifting geopolitical, social and economic factors that affect official development assistance. The restructuring of the UNAIDS Secretariat—with significant reductions in the numbers of UNAIDS country offices and staff and the relocation of the majority of Geneva-based positions to lower-cost duty stations—was also a factor in the development of the UNAIDS Secretariat budget.
58. For Cosponsors, the budget represents high-level estimates of resources which Cosponsors will invest in the HIV programmes in 2026. It should be noted that these are best estimates arrived at in an uncertain funding environment; in most cases, they will be subject to the availability of catalytic funds from the Secretariat. Some Cosponsors are in the process of developing their 2026 budgets and finalizing their internal processes. For

²⁷ For more information on UN2.0, see [United Nations | UN 2.0 | United Nations](#).

these and other operational reasons, Cosponsors provided high-level estimates only and could not provide detailed budgets for the Workplan.

59. The key element of the new operating model is the introduction of a differentiated Cosponsors arrangement, which includes the selection of up to six “lead” Cosponsors. Other Cosponsors will engage as “affiliate” Cosponsors and it is possible that additional “affiliate” Cosponsors will join.
60. For the year 2026, UNAIDS proposes the core budget at two levels or scenarios: a base budget of US\$ 63 million and a more ambitious core budget scenario of US\$ 80 million scenario, based on projections of funds to be available and also mobilization targets for 2026. The US\$63 million scenario recognizes the challenges that many donor governments face in allocating budgetary resources to the Joint Programme in a context of increased demands on official development assistance. This scenario reflects the 2025 core funding level without any United States contribution and represents a feasible baseline. In the 2026 transition year, it would include US\$ 3 million of catalytic funds for “lead” Cosponsors. The Secretariat has committed US\$3 million in catalytic funding to lead Cosponsors, contingent upon the successful mobilization of US\$ 63 million. Regardless of the total core resources secured under the lower funding scenario, lead Cosponsors require and expect a minimum allocation of US\$3 million to remain functional.
61. The PCB approved the proposal of the Executive Director to draw such amounts as deemed necessary from the Operating Reserve Fund, up to a maximum of US\$ 15 million, to cover the immediate financial requirements of the UNAIDS Secretariat. It is envisaged that there will be a need to draw from the reserve in 2026.
62. For 2026, the UNAIDS Secretariat non-core contributions are estimated at US\$ 31 million; they complement non-core contributions of US\$ 101.3 million from all Cosponsors. The projected contributions for the Secretariat are based on funds secured through existing agreements and estimates of expected funding that is in the pipeline. Examples of non-core contributions include Expertise France support for Sustainability programming in the Asia-Pacific; Gates Foundation support for the Global HIV Prevention Coalition; UNFPA Together for SHSR in eastern and southern Africa; United States CDC funding for community engagement, sustainability, prevention and accountability; and funding support from China for programmes in several eastern and southern Africa countries (e.g. Lesotho, South Africa, Uganda and Zimbabwe). The Secretariat will work closely with Cosponsors and other partners to ensure the effective implementation of programmes funded through non-core resources.
63. The US\$ 80 million scenario would enable the Joint Programme to deliver more effectively on its planned priorities. It includes an increased allocation to “lead” Cosponsors (US\$ 12 million in core allocations) and would allow the Joint Programme to amplify and intensify the priorities described above, better support countries and communities to resolve gaps and weaknesses and leverage opportunities, including innovations that can speed up progress towards ending AIDS as a public health by 2030.
64. Catalytic core funding to “lead” Cosponsors, which complement their own resources, plays a critical role in enabling them to maintain their engagement in the Joint Programme, as well as maintain technical capacities and accountability at headquarters, regional and country levels.
65. Table 3 shows the proposed core funds at two levels. The proposed core unspecified budget allocations for “lead” Cosponsors and the Secretariat are based on the general

principles underpinning the High-level panel recommendations, as approved by the PCB Board at its 56th session in June 2025.

Table 3. Proposed 2026 core unspecified budget allocations for the Joint Programme

Organization	Scenario	
	US\$ 63 million	US\$ 80 million
"Lead" Cosponsors*	US\$ 3 million	US\$ 12 million
Secretariat	US\$ 60 million	US\$ 68 million
Total	US\$ 63 million	US\$ 80 million
* Up to 6 "lead" Cosponsors		

66. In addition to the estimated core budget levels, to ensure integrated budgets the Joint Programme provides best estimates of non-core resources for 2026. These consist of regular and extra-budgetary resources which are expected to be mobilized by Cosponsors and which contribute to the achievements of the UBRAF outcomes and Results Areas, as well as estimated non-core resources which are projected to be mobilized by the UNAIDS Secretariat.

Table 4. 2026 non-core estimates by organization

Organization	NON-CORE
UNHCR	5,000,000
UNICEF	12,000,000
WFP	4,000,000
UNDP*	11,700,000
UNFPA	31,600,000
UNODC	2,000,000
UN Women	2,000,000
ILO	2,000,000
UNESCO	6,000,000
WHO	25,000,000
World Bank	0
Secretariat	31,000,000
Grand Total	132,300,000

* Excludes UNDP highly restricted Global Fund resources and Global Fund health procurement in the amount of approximately US\$ 222 million.

2026 REPORTING

67. In line with the PCB decision requesting the Executive Director to present a significantly simplified 2025 Performance Monitoring Report, the 2026 Performance Monitoring Report will be commensurate with the recalibrated capacities of the Joint Programme, size and scope of this 2026 Workplan & Budget. As recommended by PCB decision, all countries

are encouraged to use UNAIDS's annual performance monitoring reports to meet their reporting needs²⁸.

68. In line with the UBRAF and as agreed with the PCB, the milestones are selective and are not intended to capture or monitor all aspects of the Joint Programme's work. They focus on the Joint Programme's contribution to some of the most important areas where progress is needed, its added value and work that will be monitored and reported for 2026.
69. Given the high degree of funding uncertainty, and in order to streamline reporting, the milestones for 2026 were only defined for the Secretariat functions. In the absence of core catalytic funding allocated to Cosponsors, they will report solely to their respective boards. "Lead" Cosponsors who will be allocated some core funding, however, will report on implementation with the available funding as part of the UNAIDS Performance Monitoring Report. Overall, the 2026 Performance Monitoring Report will focus on the main programmatic results against the specific outputs and related milestones, with explanations of what could be implemented based on funding availability. The smaller set of specific outputs and milestones for 2026 for the new context (defined in earlier sections, above) supersedes the previously defined set of UBRAF-specific outputs, the UBRAF Indicator Matrix and the targets for 2026.
70. The 2026 Performance Monitoring Report will be much shorter (maximum 50 pages), with all information integrated in one document only.²⁹ It will include:
 - a narrative by outcome,
 - a short overview table on performance against 2026 milestones, and
 - budget implementation by way of a high-level overview of utilization of funds against the budget, by outcomes and functions.
71. Duplication with other aspects of work captured in other reports to the PCB will be avoided. Please note that UNAIDS Performance Monitoring Reports to the PCB are complemented by:
 - other management and thematic report to the PCB as per its requests (including the UNAIDS Executive Director's report, the report of the Chair of the Committee of Cosponsoring organizations, financial reports and updates, thematic updates, and reports on evaluations);
 - other reports for non-core funding as per specific donors' grant agreements;
 - reports by Cosponsors to their respective boards (including their own performance monitoring frameworks) and their own transparency portals; and
 - other summary information on the UNAIDS Results & Transparency Portal.
72. At a higher level (impact), Global AIDS Monitoring data that are submitted by countries to UNAIDS provide a detailed overview of programmatic progress of national HIV responses towards the global AIDS targets the Joint Programmes contributes to with many actors including governments, communities, civil society and other partners. As in previous years, the 2025 Global AIDS Monitoring data will be available in July/August 2026.
73. The Programme Coordinating Board is invited to:

²⁸ PCB decisions of June 2025: [Decisions | UNAIDS](#)

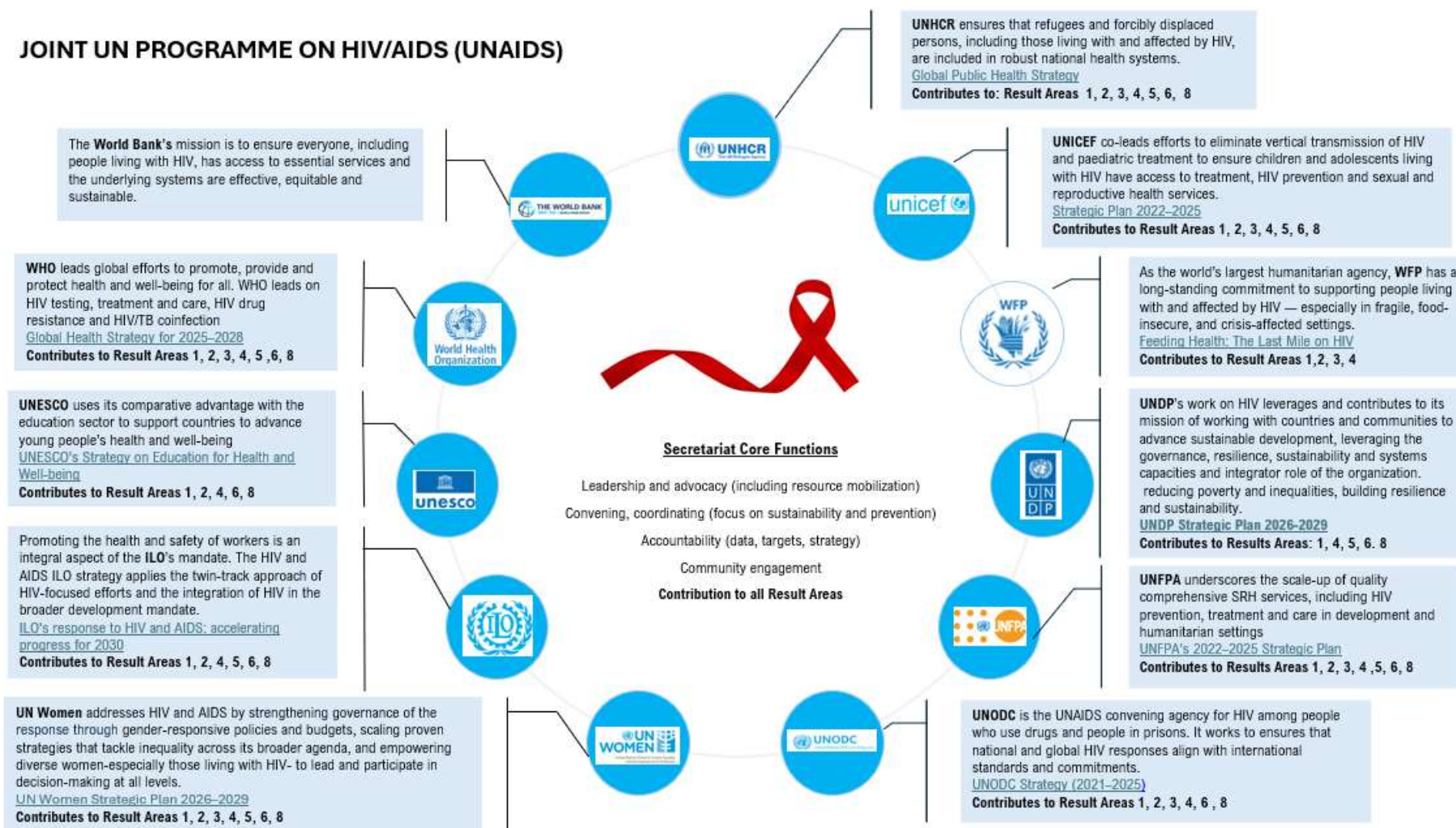
²⁹ Compared to the 2024 Performance Monitoring Report, the 2026 PMR will be more condensed, shorter integrated and summarize results at a higher level. Some components of recent PMRs will no longer be produced (i.e. "Reports by region", "Reports by Organizations" and the separate Indicator Scorecard).

- *approve* the 2026 Workplan and Budget, including the simplified performance milestones and reporting for 2026, which supersedes the UBRAF indicator matrix (UNAIDS/PCB(EM)/5.3);
- *approve* the core budget for 2026 and the budget allocations as outlined in the 2026 Workplan and Budget (UNAIDS/PCB(EM)/5.3);
- *encourage* governments to make multiyear contributions and to release, as soon as possible, their annual contributions towards the 2026 Workplan and Budget;
- *appreciate* donors who have already contributed to the 2024–2025 Workplan and Budget and *encourage* governments who are still to contribute to release, as soon as possible, their contributions towards the 2025 budget.

[Annexes follow]

Annex 1. Leveraging the mandate of each Cosponsor through mainstreaming HIV in their strategic plans

JOINT UN PROGRAMME ON HIV/AIDS (UNAIDS)



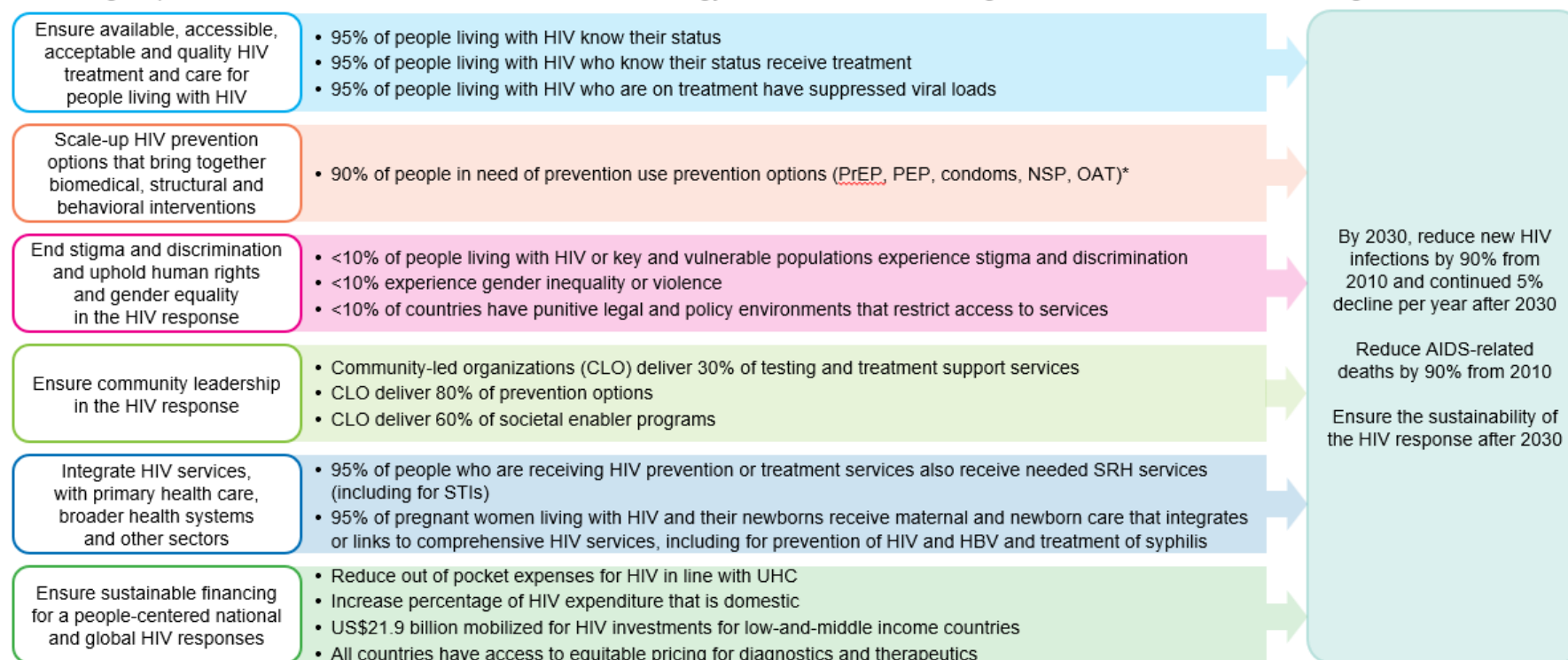
Annex 2. Sixteen top-line global AIDS targets to reach by 2030

16 topline targets to reach by 2030



A further 50 second tier targets indicate what is needed to achieve the topline targets.

The Targets provide the direction of travel: **the what**. The Strategy will determine the strategic actions needed to reach the targets: **the how**



Note: (*) NSP: needle/syringe program; PEP: post-exposure prophylaxis; PrEP: pre-exposure prophylaxis; OAT: opioid agonist; STI: sexually transmitted infections; UHC Universal Health Coverage; SRH: sexual and reproductive health; HBV: Hepatitis B vaccine

Source: Recommendations of the Global Task Team for Setting 2030 HIV Targets, 2025, UNAIDS Classification: UNCLASSIFIED

