

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

2027 Workplan and Budget

Additional documents for this item: N/A

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

- *Approve* the 2027 Workplan and Budget, including the simplified performance reporting for 2027 (UNAIDS/PCB(EM)/6.3);
- *Approve* the core budget for 2027 and the budget allocations as outlined in the 2027 Workplan and Budget (UNAIDS/PCB(EM)/6.3) and requests the Executive Director to provide an update on the 2027 Workplan and Budget at the 59th Meeting of the PCB, taking into consideration the PCB Decisions on the further transition and integration of UNAIDS into the United Nations system and beyond
- *Encourage* governments to make multiyear contributions and to release, as soon as possible, their annual contributions towards the 2027 Workplan and Budget;
- *Appreciate* donors who have already contributed to the 2026 Workplan and Budget and *encourage* governments who are still to contribute to release, as soon as possible, their contributions towards the 2026 budget.

Cost implications for the implementation of the decisions: US\$ 63 million or US\$ 80

2027 WORKPLAN AND BUDGET

Sustainable, inclusive
and multisectoral
national HIV responses

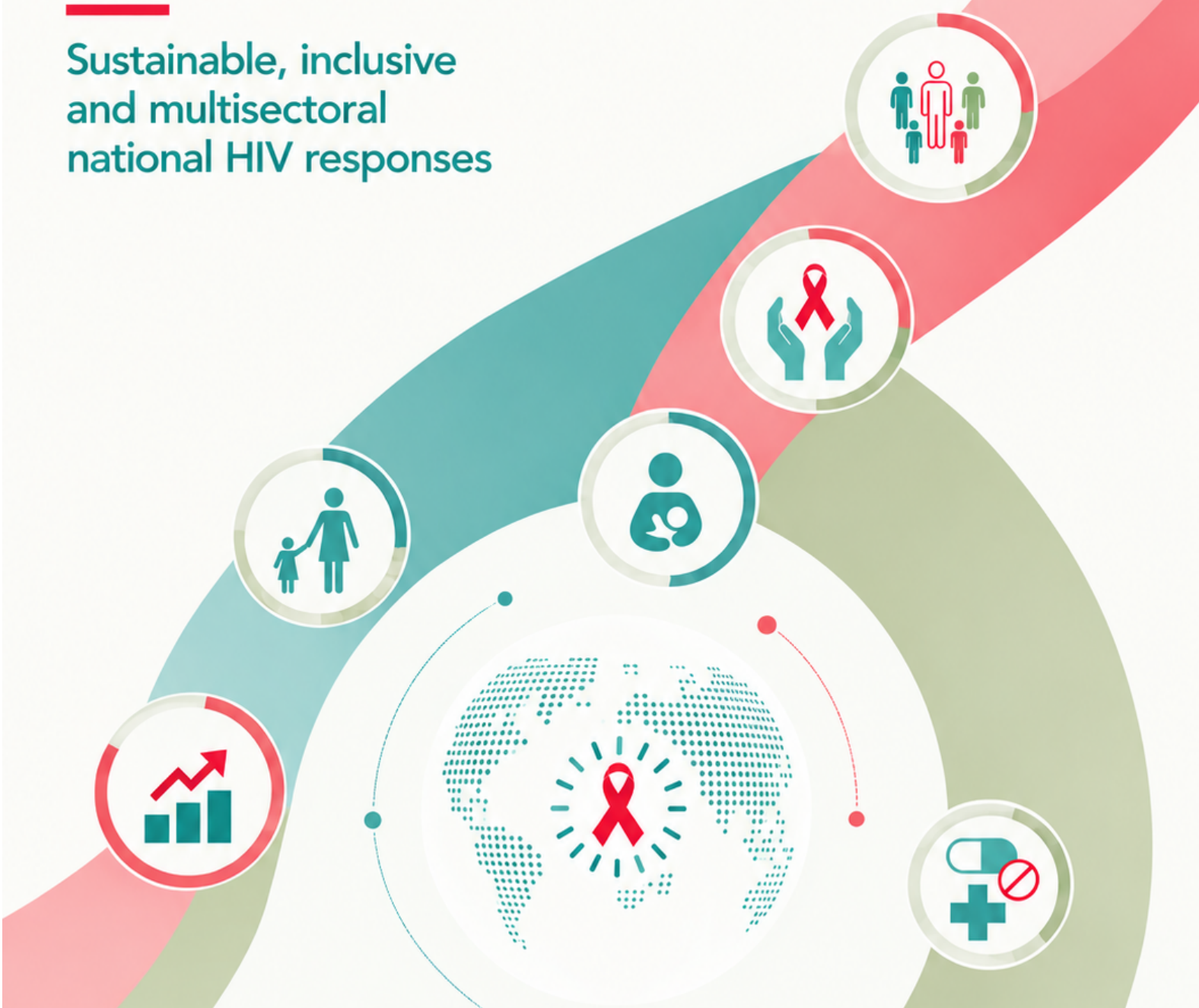


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INTRODUCTION

1. The world has entered a period of profound political and financial shifts that are threatening decades of hard-won gains against HIV. HIV responses around the world were disrupted by unprecedented shifts in funding while shrinking civic space and growing attacks on human rights created additional barriers to reaching the people most affected by HIV. The Special Report of the Joint United Nations Programme on HIV/AIDS (UNAIDS), titled “United to End AIDS”, reported that HIV funding constraints have severely impacted HIV prevention, testing and key components of treatment programmes, such as the range of community-led services that reach the people most affected by HIV. Without renewed commitment and action, the world risks a resurgence of the HIV epidemic. These funding shifts contributed to a renewed international discussion on health sovereignty and the prioritization of domestic resource mobilization to preserve essential HIV treatment services.
2. Amidst these various challenges that pose significant difficulties to the sustainability of the HIV response, several windows of opportunities have emerged. The Global AIDS Strategy 2026-2031, which presents a framework and actions for the global HIV response to adapt to the challenging context and clear the pathway for ending AIDS a public health threat by 2030, was adopted in December 2025. At a time of growing pressure on multilateral cooperation, the United Nations High-Level Meeting on HIV/AIDS took place on 22–23 June 2026, and 149 countries adopted the new Political Declaration on HIV and AIDS (2). The Declaration reaffirms the global commitment to ending AIDS as a public health threat by 2030 and sets ambitious and important new targets for 2030 around sustainability. Groundbreaking innovations and regional and local collaborations have also offered new opportunities to increase access to the most effective HIV services.
3. In this era of transformation for the global HIV response, the UNAIDS Joint Programme remains central to supporting countries to save 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. Its overarching priority is to support governments and communities to lead sustainable, inclusive and multisectoral national HIV responses.
4. The UNAIDS Joint Programme has held a unique mandate within the United Nations (UN) and multilateral system since its creation in 1994. It brings together the collective mandates of 11 Cosponsors and a Secretariat to leverage comparative advantages for a more strategic, evidence-based and coordinated approach to guide, coordinate, and implement a multisectoral and inclusive global HIV response.
5. The UNAIDS Joint Programme is on a journey of transformation that is guided by the UN80 initiative and the Programme Coordinating Board. The revised operating model of the UNAIDS Joint Programme adopted in 2025, which promotes efficiency, effectiveness, resilience and sustainability, has been implemented. The Secretariat has reduced its staff by 55 per cent and its country footprint from 85 to 54 countries while continuing to provide tailored support. Overall, the restructuring has reshaped the Secretariat workforce while positioning the organization to operate in a more agile, flexible and sustainable manner, aligned with its mandate and resource environment. A differentiated Cosponsorship defined in this revised operating model is currently in place with six Cosponsors taking on lead roles supported by five Cosponsors who are performing affiliate functions. Together, the lead and affiliate Cosponsors continue to work closely with countries to leverage their resources to deliver key HIV services.

6. The next phase of UNAIDS transformation will be guided by the final recommendations of the PCB Working Group on the Further Transition and Integration of UNAIDS into the UN System and Beyond. The Working Group was tasked with (1) outlining steps to transition and integrate the UNAIDS Joint Programme's multisectoral capacity and expertise and the inter-related core functions of the Secretariat into relevant entities of the UN development system and beyond; (2) proposing a United Nations-mandated governance model that preserves the role of communities and civil society and ensures the United Nation's continued coordination, accountability and leadership of the HIV response; (3) developing a funding model to sustain the proposed future governance structure and activities and (4) proposing a timeline with milestones for the transition and integration process and the final estimated end date for the integration process.
7. Meanwhile, pursuant to Decision 8.1¹ of the PCB in June 2026, the 2027 Workplan and Budget will be presented to the Board at its Special Session on 26 October 2026, together with the final report of the PCB Working Group. This single year workplan and budget, like its predecessor, the 2026 Workplan and Budget, is aligned to the Global AIDS Strategy 2026-2031 and the revised UNAIDS Joint Programme operating model and will remain a transitional one that will enable the Joint Programme to operationalize its priorities and contributions to the results it aims to achieve in 2027 and present the related budget requirements.
8. As requested by the PCB this 2027 Workplan and Budget presents prioritized, streamlined and simplified results, budget and performance milestones to optimize the available resources and remain fully focused on best supporting countries and communities in an accountable manner.
9. Ultimately, the further transformation of the UNAIDS Joint Programme will occur, per the PCB October 2026 decisions, and any adjustments to the 2027 workplan and budget needed as a result of those decisions can be made later in the year.

¹ 58th PCB Decision 8.1: Recalling decision 7.5 from the 57th meeting of the Programme Coordinating Board, looks forward to the 2027 Workplan and Budget for the Joint Programme at the Special Session of the Programme Coordinating Board.

OVERVIEW OF RESULTS AND BUDGET

10. The 2027 Workplan and Budget is aligned with the new [Global AIDS Strategy 2026–2031](#) adopted by the PCB at its 57th meeting in December 2025. 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. Each of these outcomes are linked to the three core priorities of the Global AIDS Strategy² (see Figure 1).

Figure 1: Three priorities to end AIDS as a public health threat by 2030 and sustain the response



11. **The following three Workplan and Budget outcomes will contribute to the Global AIDS Strategy and Targets** (see Annex 3 for an overview of the top 16 global AIDS targets by 2030):

- Sustainable country-led, resilient and ready for the future HIV response
(short title: *Sustain the response*).
- 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 services*).
- 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: *Community leadership*)

12. **To achieve these three outcomes**, the UNAIDS Joint Programme will work across **seven Cosponsor-led results areas**. While the new Global AIDS Strategy lists eight results areas, for the purpose of simplifying the 2027 Workplan and Budget, Results Area 7 (*Ensure equitable access to scientific, medical and technological innovations in HIV testing, prevention, treatment and care*) is considered to be crosscutting and is subsumed under Results Area 4 for HIV prevention and Results Area 5 for HIV testing, 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 financing for people-centred global and national HIV responses. |
| 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 in multiple sectors and including communities. |
| Results Area 4 | Scale up HIV prevention options that bring together biomedical, structural, community and behavioural interventions. |

² The Global AIDS Strategy sets out three core priorities, namely: 1) Country-led, resilient and ready for the future; 2) People-focused services – Equity, dignity and access; and 3) Community leadership – Empowered communities leading the HIV responses

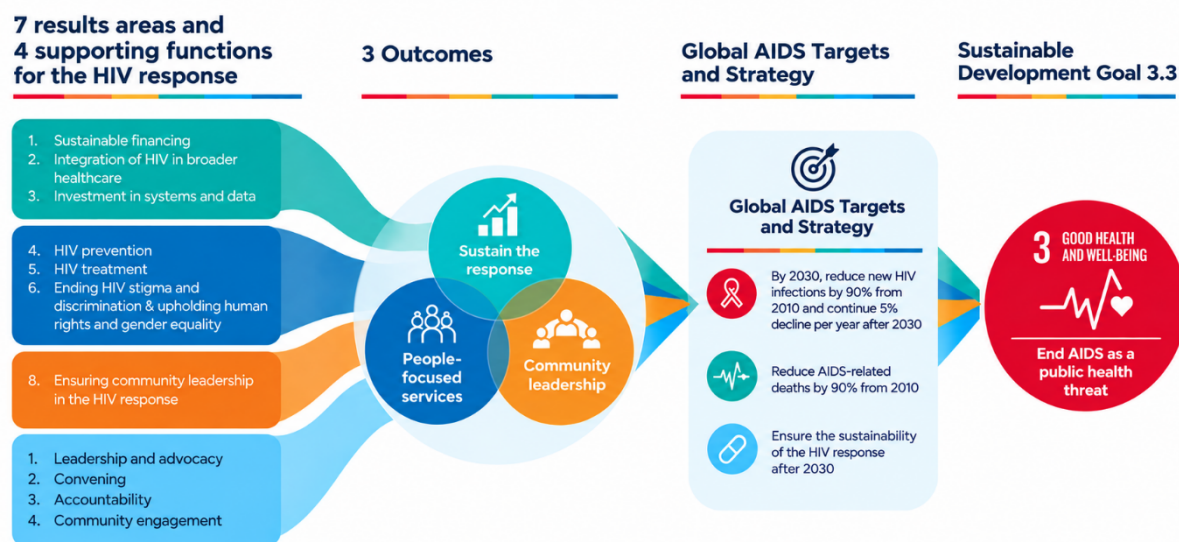
- Results Area 5 Guarantee equitable access to available, accessible, acceptable and quality HIV testing, treatment and care.
- Results Area 6 End stigma and discrimination and uphold human rights and gender equality in the HIV response.
- Results Area 8 Empower communities to lead

13. Working in concert with Cosponsors and complementing their contributions, the UNAIDS Secretariat ensures a coordinated and strategic focus, effective functioning and accountability across the UNAIDS Joint Programme's work. The Secretariat does this by fulfilling **four core functions** at three levels – global, regional and national - confirmed by the Programme Coordinating Board at its 57th meeting, with actions to address inequalities integrated across these four functions and in line with the guiding principles of UNAIDS's work:

- SF 1 Leadership and advocacy (including for global resource mobilization);
- SF 2 Convening and coordinating focused on sustainability of the global HIV response;
- SF 3 Accountability through data, targets, strategy; and
- SF 4 Community engagement.

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: UNAIDS Joint Programme results contributing to impact towards ending AIDS as a public health threat by 2030



14. Specific outputs highlight the prioritized and measurable, added value of the UNAIDS Joint Programme's work for each results area along with the Secretariat functions. For each output, related priority actions in 2027 are included in the results tables for the Secretariat's core functions. 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

2027³. Progress towards the outcomes will be measured through the Global AIDS Monitoring (see also the section on 2027 reporting).⁴

15. The Workplan and Budget is further operationalized through detailed internal workplanning and budgeting processes at all levels across the UNAIDS Joint Programme. For each region, top priorities guide collective action in supporting countries in inclusive, sustainable and multisectoral national HIV responses, including through cross-country and regional knowledge and capacity building
16. The results can only be achieved with a fully funded budget and timely receipt of donor contributions. The 2027 budget estimates the resources that are required by the UNAIDS Joint Programme to implement its priorities and achieve the results outlined in this Workplan. The 2027 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 all Cosponsors that are mobilized within their own organizations, in some 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.
17. The amounts shown in the 2027 budget represent Cosponsors and Secretariat core and non-core budget estimates, noting that these are high-level estimates which are subject to change.

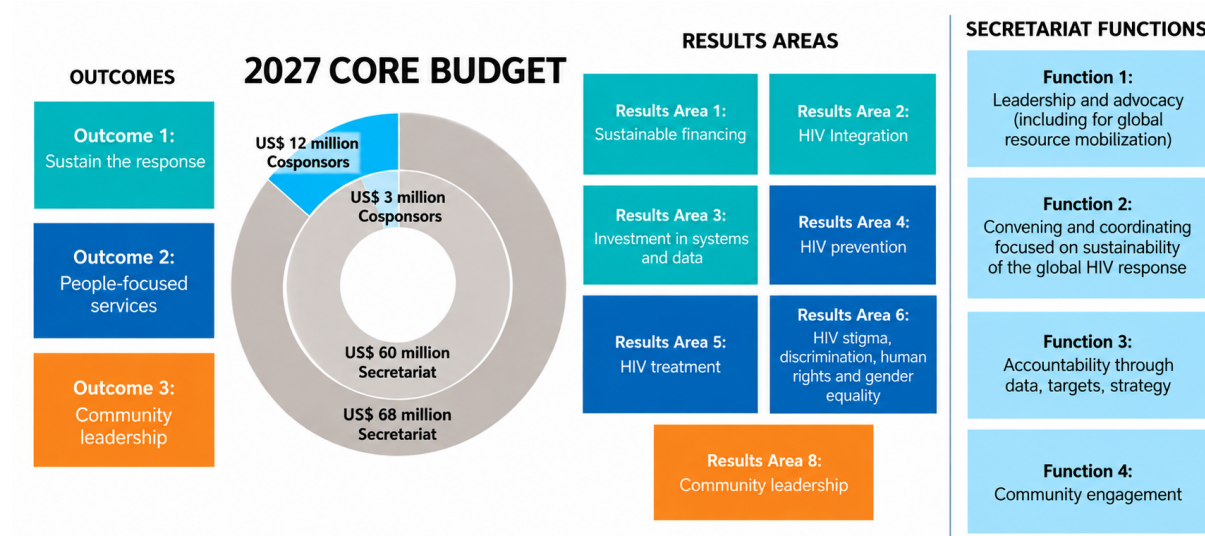
Table 1. 2027 proposed core unspecified budget for the UNAIDS Joint Programme: two scenarios

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

³ Progress against the 14 milestones to measure the performance of the UNAIDS Secretariat in 2027 defined in this document will be assessed through country-level indicator reporting and internal reporting by respective Secretariat leads.

⁴ Progress against the global AIDS targets is monitored through country reporting within the Global AIDS Monitoring (GAM) framework. UNAIDS releases these data annually through the AIDInfo website (<https://aidsinfo.unaids.org/>) and the Global AIDS Update report.

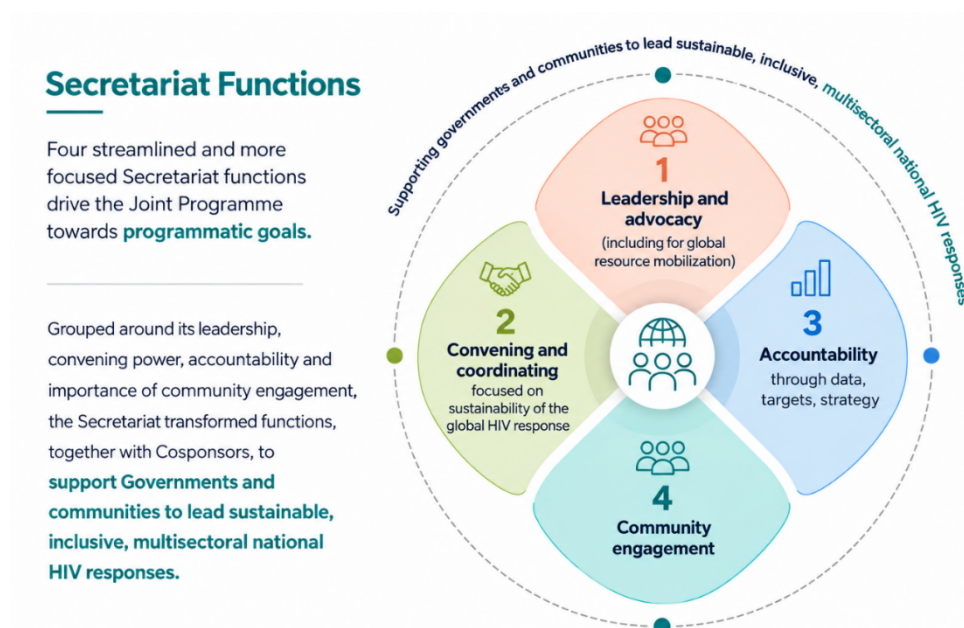
Figure 3. Joint Programme 2027 core budget and links to outcomes, Cosponsor-led results areas and Secretariat functions



RESULTS AND 2027 PRIORITY ACTIONS TO ADVANCE FOUR SECRETARIAT FUNCTIONS

18. The UNAIDS Secretariat has overall responsibility for ensuring coordinated leadership to support countries 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 at global, regional, and country levels** shown below, which are complemented by the contributions of and carried out in collaboration with the Cosponsors.

Figure 4. Secretariat functions



19. 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—at national, regional and global levels. 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.
20. The UNAIDS Secretariat is transitioning technical implementation responsibilities to Cosponsors, governments and other entities. In 2025, when the UN80 initiative began, the Secretariat and Cosponsors were jointly responsible for delivering in 15 different areas, 11 of those were areas of technical, normative and implementation work. In these, the Secretariat is in the process of transitioning out its responsibility of joint delivery and will work out with Cosponsors a responsible transition, supporting their fundraising efforts and continuity.
21. From 2025, the Secretariat has been moving into a more closely interconnected, networked and flexible hub for all its 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 and a more streamlined operational structure. Overall, the restructuring reshaped the Secretariat workforce to operate in a more agile, flexible and sustainable manner, aligned with its mandate and resource environment.
22. As recommended by the High-Level Panel and informed by epidemic and response data, further geographic prioritization was applied to focus on fewer countries with the greatest needs, 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, shifted from 85 countries in 2024 to cover 54 countries, representing 83% of people living with HIV and 79% of new HIV infections.
23. The global “One Practice Hub” was established in January 2026 and has been supporting more sustainable, inclusive and multisectoral, country-owned national HIV responses through those four key functions to reach the following objectives:
 - Drive political leadership for the global HIV response.
 - Transform HIV sustainability roadmaps into national, domestically funded multisectoral HIV plans and action, 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 public health and rights-based approaches to the HIV response.

Table 2. 2027 budget estimates of core and non-core funds for the Secretariat
(US\$ 63 million total core budget scenario)

Secretariat Function	Core unspecified (US\$)	Core specified (US\$)	Non-core awards (existing) (US\$)	Non-core awards (new) (US\$)
F1: Leadership and advocacy (including for global resource mobilization)	18 606 100		1 323 000	760 000
F2: Convening and coordinating focused on sustainability of HIV response	15 737 910	220 000	8 191 000	1 110 000
F3: Accountability through data, targets, strategy	16 169 290		3 079 000	0
F4: Community engagement	9 486 700	1 693 300	2 443 000	2 280 000
Total estimates	60 000 000	1 913 300	15 036 000	4 150 000

24. The non-core funds of the Secretariat include secured funds from the existing agreements of US\$15 million and US\$ 37.7 million (total) new non-core award expected from Mastercard Foundation in November 2026 to span through 2030 (funds to be used for country partners, community groups, Cosponsors and Secretariat).

Secretariat - strategic functions and related priority actions for 2027

SF 1. Leadership and advocacy (including for global resource mobilization)

Engage and mobilize political leaders and other key stakeholders 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 2026-2031 Global AIDS Strategy, 2030 targets, and new Political Declaration on HIV/AIDS, supported by the Joint Programme's mutual accountability mechanisms.

Specific outputs for 2027: 1.1 Sustain and strengthen political commitment, accountability, community leadership and coordinated multisectoral action for implementation of the Global AIDS Strategy 2026-2031 and the 2026 Political Declaration on HIV and AIDS, accelerating progress towards ending AIDS as a public health threat by 2030

Milestones for 2027

S1.1.1 Annual reporting, accountability and governance processes related to implementation of the 2026 Political Declaration on HIV and AIDS and the Global AIDS Strategy 2026-2031 delivered through the Programme Coordinating Board, ECOSOC, the United Nations General Assembly and other intergovernmental platforms

S1.1.2 Fifty-four (54) priority countries supported to translate the Global AIDS Strategy 2026-2031 and the 2026 Political Declaration on HIV and AIDS into national commitments, action and accountability through coordinated and differentiated UN support, complemented by global and regional advocacy, strategic knowledge products and accountability processes that galvanize action and progress across all countries

Top priorities for 2027

- Actively promote the Global AIDS Strategy 2026–2031, new 2030 targets, and new Political Declaration for wide ownership and accountability by translating political commitment into investments and programmes for sustainable national HIV responses and reporting against progress.
- 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 at global, regional and national levels.
- Engage government leadership, parliamentarians and key partners, such as through the US government health agreements and the Global Fund, for a sustained, prioritized and evidence-based HIV response aligned to the Global AIDS Strategy and country needs and priorities.
- 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 the US Government strategic decision-making mechanisms to maximize evidence-informed prioritization and returns on investments for most impact.
- 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.

SF 2. Convening and coordinating focused on sustainability of the global HIV response

Convene and coordinate accelerate efforts (with national programmes, communities, US government, 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 and equitable access to innovative tools, including reduction of policy and structural barriers

Specific outputs for 2027: 2.1 National HIV response sustainability, transition and integration roadmaps drive transformation and allow to track implementation and increase domestic financing

Milestones for 2027

S2.1.1. Twenty (20) countries supported to develop and implement National HIV response Sustainability and Transition Roadmaps and plans to advance transformations for long term self-reliance

S2.1.2. Twelve (12) countries supported to advance sustainability plans through the integration of the HIV responses (services, functions, health technologies) into multisectoral systems, social sectors, and emerging financing mechanisms and instruments

Top priorities for 2027

- Develop and disseminate updated methods, tools and evaluative frameworks to support country implementation and monitoring of sustainability plans and related transition and reform planning in 20+ countries, securing an enhanced community participation through design and implementation.
- Support countries' efforts in advancing a renewed financing compact for a transformed HIV response inclusive of diversified and blended financing, secure the implementation of solid co-financing plans and leverage sustainability roadmaps to shape integrated national, donor and diversified financing at country level, through effective partnerships.
- Support integration processes protective of People Living with HIV and key populations, including PHC-aligned service delivery, community-led responses, rights-based safeguards, adequate governance arrangements and a strong focus on domestic financing, ensuring HIV inclusion in emerging health insurance benefit packages.
- Advance an HIV efficiency framing and support for data-informed prioritization of services, allocative efficiency and effective implementation of national transition and sustainability plans and Global Fund and other donors' grants.
- Support national leadership on enhancing the deployment of innovative long-acting prevention and treatment technologies, advocating for equitable access to ensure affordability and accessibility, also in upper middle-income countries.

Specific outputs for 2027: 2.2 Convened community, governments and other partners to advance HIV prevention, access to HIV treatment and reduce barriers for more effective HIV response

Milestones for 2027

S2.2.1 Twenty-eight (28) countries supported to reduce barriers to the expansion of and access to HIV prevention and treatment, including by addressing gender inequalities, stigma and discrimination, human rights violations, and other harmful laws and policies

Top priorities for 2027

- Support countries 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.
- 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 multisectoral stakeholders to show the impact of eliminating HIV-related stigma and discrimination on quality HIV services and integration efforts.
- Co-convene and lead multi-sectoral, inclusive, youth-centred responses that address vulnerabilities and barriers to HIV prevention, treatment and care including in key non-health sectors such as justice, labour, education, gender, social protection and humanitarian.

SF 3. Accountability through 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 2027: 3.1 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

Milestones for 2027

S3.1.1 One hundred and seventy-two (172) countries supported by the Secretariat to develop HIV estimates

S3.1.2 Ten (10) countries supported to initiate and/or expand community-led monitoring and/or strengthen the use of community generated data

Top priorities for 2027

- 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 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 financial 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.

Specific outputs for 2027: 3.2 Summarize, analyse and disseminate country, regional and global progress against the 2030 HIV targets and the 2026 Political Declaration on HIV and AIDS

Milestone for 2027

S3.2.1 The Global AIDS Monitoring Framework for 2026-2031 and the 2027 reporting guide are developed and shared

S3.2.2 Global AIDS Update report published and AIDSinfo and UNAIDS Financial dashboard updated with latest epidemiologic, financial, and policy data

Top priorities for 2027

- Publish global reports that provide a rigorous source of comparable data on the epidemic and response, including the latest science.
- Advocate for momentum toward reaching global targets and hold countries accountable for reaching those 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).
- 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.
- Support efforts to measure progress towards the 30–80–60 targets and community-led monitoring targets, as well as the systematization and use of community-generated data for analysis, advocacy and reporting.

Specific outputs for 2027: 3.3 HIV financing data, expenditure, costing of HIV interventions strengthened and used for financial accountability, sustainable financing and strategic planning

Milestones for 2027

S3.3.1 Twenty-five (25) high-impact countries supported to conduct National AIDS Spending Assessments / NASA BASIC and financing data estimates

S3.3.2 Twenty-five (25) countries supported to cost their national responses for HIV and beyond

S3.3.3 Sixty (60) countries supported to report financing GAM indicators

Top priorities for 2027

- Support countries to monitor domestic HIV budget execution, absorptive capacity, co-financing commitments and community financing flows, strengthening government accountability and integration into broader health financing frameworks.
- Track and strategically analyse domestic and external HIV financing at global, regional and national levels, including through global partnerships with donor agencies, foundations, strengthening GAM platform on HIV financing data and NASA/NASA Basic expenditure assessments and routine financing estimates,
- Build country capacity for routine financial tracking and strengthen HIV financial management information systems, including community-led expenditure tracking, improved digital tracking systems and alignment with national public financial management systems and partner resource-tracking approaches.
- Support countries to monitor and report health-product prices, procurement volumes, expenditures and market dynamics; maintain open price and market intelligence products; lead cost modelling; and engage partners on demand forecasting to strengthen affordability, price transparency and market accountability.

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 2027: 4.1 Meaningful engagement and leadership of people living with HIV, key populations, women, adolescent girls and young women, and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation

Milestones for 2027

S4.1.1 Twenty-eight (28) countries supported to ensure the meaningful engagement and leadership of people living with HIV, key populations, women, adolescent girls and young women, and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation

S4.1.2 Twenty-eight (28) countries supported for the expansion of community-led HIV responses, including community-led advocacy, research and/or HIV service delivery

Top priorities for 2027

- Advocate with governments, donors and other stakeholders for the allocation of funding for community-led organizations to advance community-led, human rights and gender-based HIV responses.
- Facilitate community participation in planning, review, delivery and accountability processes at global, regional and national levels for a community-led, human rights and gender-based HIV response.
- Lead operationalisation, dissemination of guidance, and community support to address human rights, gender related barriers and community leadership in Global Fund GC8 cycle.
- Support community engagement in the implementation of the 2026 Political Declaration on HIV/AIDS and the 2026-2031 Global AIDS Strategy to advance the achievement of global HIV targets through community-led, and rights-based approaches.
- 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.
- Strengthen and support community-led networks of people living with HIV, including women, AGYW, youth and key populations to influence and safeguard normative and strategic frameworks for a multi-sectoral, person-centred, sustainable HIV response that brings together health and other key non-health sectors (including labour, education, justice, gender, social protection and humanitarian).
- 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 to enable predictable, long-term and flexible financing of community-led responses.
- Advocate for sustained HIV prioritization in humanitarian settings by championing community-driven solutions and equitable access to services

RESULTS AREAS AND JOINT PROGRAMME SPECIFIC OUTPUTS FOR 2027

25. The Joint Programme enables an integrated, multisectoral United Nations response to HIV at global, regional and country levels. Cosponsors contribute their mandates, normative and policy leadership, technical expertise, country presence and comparative advantages in a complementary and mutually reinforcing manner across the results areas of the Global AIDS Strategy. The Joint Programme's impact depends on the combined contributions of Cosponsors, communities, governments and partners, supported by a coordinating platform that strengthens coherence, accountability, strategic leadership, partnership engagement and results across the Joint Programme. Figure 4 illustrates how Cosponsors collectively contribute to the Strategy's results areas and how these efforts are coordinated and supported through the Joint Programme architecture.
26. The current funding environment has resulted in significant reductions in HIV-related capacity across both Cosponsors and the Secretariat, requiring a more integrated and strategic approach to delivering the Joint Programme's mandate. Capacity, resources and operating contexts differ across organizations and continue to evolve. The priorities identified through the 2027 joint planning process reflect this dynamic environment and are designed to maximize collective impact by leveraging the complementary strengths, expertise, partnerships and country presence of Cosponsors. While many Cosponsors will continue to invest their own resources in HIV-related work, including through broader health, development and humanitarian programmes, catalytic pooled funding remains essential to sustain effective joint action, strengthen coordination, address critical country needs and incentivize collaboration across the Joint Programme. The scope and pace of implementation of the 2027 priority actions will depend on the availability of adequate and predictable resources. In this context, the 2027 Workplan and Budget focuses on strategic priorities and collective results, recognizing that implementation modalities and organizational capacities may continue to evolve as transition and integration efforts are taken forward.
27. As recommended by the PCB Working Group, it is expected that the Cosponsoring agencies will be the primary implementer of the UNAIDS Joint Programme's technical work. They will spearhead the implementation of the UNAIDS Joint Programme's work in specific results areas of the Global AIDS strategy, including thematic advocacy, normative guidance and convening to drive progress towards the achievements of these results. The table below summarizes the Results Areas of the Global AIDS Strategy that the Cosponsors will pursue in 2027. Specific outputs and priority actions for each Results Area will be defined by the Cosponsors after the October 2026 Special Session of the PCB.

Results Areas	Cosponsor-specific outputs/priority actions to be identified
Outcome 1: More sustainable country-led, resilient and ready for the future HIV response (Sustain the response)	
RA 1: Ensure financing for people-centred national and global HIV responses	
RA 2: Integrate HIV interventions and HIV-related health and community systems with primary health care, broader health system and key non-health sectors	
RA 3: Invest in essential information systems and data collection in multiple sectors including communities	
Outcome 2: People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services in dignity (People-focused services)	
RA 4: Scale-up HIV prevention options that bring together biomedical, structural, community and behavioural interventions	
RA 5: Guarantee equitable access to available, accessible, acceptable and quality HIV testing, treatment and care	
RA 6: End stigma and discrimination and uphold human rights and gender equality in the HIV response	
Outcome 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 (Community leadership)	
RA 8: Empower communities to lead	

PRIORITIZED COUNTRY SUPPORT

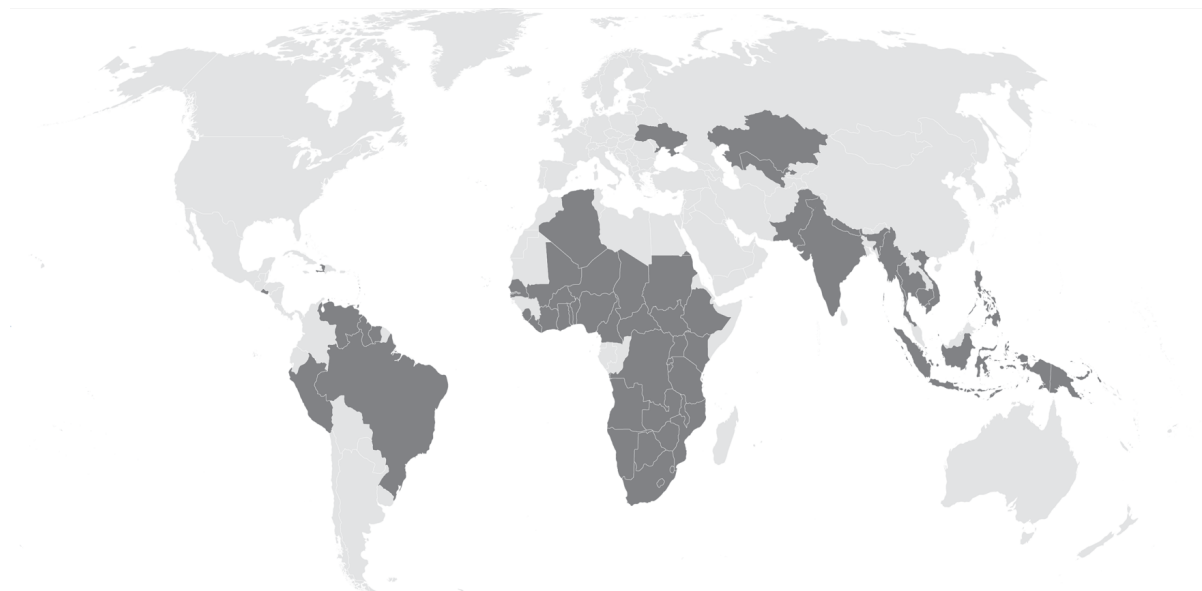
28. Progress in the global HIV response has been substantial but remains uneven and increasingly fragile across countries, regions and populations. UNAIDS' 2026 Special Report, *United to End AIDS*, shows that decades of hard work and global solidarity have reduced the annual numbers of people acquiring HIV and people dying from AIDS-related causes to their lowest levels in more than 30 years. Between 2010 and 2025, numbers of new HIV infections continued to decline in some regions but increased in others. Declines occurred overall in Asia and the Pacific, the Caribbean, eastern and southern Africa, and western and central Africa, while increases were recorded in eastern Europe and central Asia and Latin America. Within the regions there was also uneven progress among and within countries.
29. In line with the recommendations of the High-level Panel for a resilient and fit-for-purpose UNAIDS Joint Programme, as endorsed by the Programme Coordinating Board, country support in 2027 will be further differentiated, risk-informed and commensurate with available capacity. Guided by the revised country typology and the Global AIDS Strategy 2026–2031, the UNAIDS Joint Programme will sharpen prioritization in countries with high HIV burdens, substantial dependence on external assistance, widening prevention or treatment gaps, and significant legal, human rights, gender-related, stigma and discrimination barriers affecting people living with HIV and key and other priority populations.
30. At country level, the UNAIDS Joint Programme will remain fully integrated into the United Nations development system and aligned with nationally owned priorities through United Nations Sustainable Development Cooperation Frameworks. Under the leadership of Resident Coordinators and United Nations Country Teams, it will provide tailored, integrated and evidence-informed policy and programme support that advances implementation of the Global AIDS Strategy 2026–2031 and the 2026 Political Declaration on HIV and AIDS.
31. In 2027, the UNAIDS Secretariat's country footprint including support delivered through a differentiated approach in country, multi-country and regional offices will cover 54 countries,⁵ compared with 85 countries. Based on 2025 estimates, these countries account for approximately 83% of people living with HIV and 79% of new HIV infections globally. Support will be delivered through differentiated operating models, including country and multi-country offices, regional support and closer integration with Resident Coordinator Offices where appropriate. The Secretariat will work with Cosponsors through flexible Joint UN Plans on AIDS, other joint programmes and complementary arrangements, in close partnership with governments, communities and civil society. The global One Practice Hub, established in January 2026, will reinforce this country focus.
32. The UNAIDS Joint Programme's global work will continue to benefit a broad range of countries beyond the Secretariat's physical footprint. In complementarity with the Secretariat, Cosponsors may maintain additional HIV priority or focus countries in line with their mandates, comparative advantages and available resources, including to address specialized gaps in health, education, social protection, humanitarian action, human rights and gender equality. Where support needs arise in countries without a UNAIDS Secretariat presence, Cosponsors will, where necessary and feasible, draw on regional and global expertise across the UNAIDS Joint Programme. This differentiated approach will enable UNAIDS to sustain strategic support across settings while

⁵ This includes Algeria and Sudan, two countries from the Middle East and North Africa (MENA) region that are now covered by WCA and ESA UNAIDS Secretariat Regional Support Teams, respectively.

concentrating limited in-country capacity where epidemiological need, financing vulnerability and structural barriers are greatest.

33. 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 country footprint in 2027



The Secretariat country footprint, including country, multi-country and regional offices' support, has shifted from 85 countries in 2024 to cover 54 countries in 2026, representing 83% of people living with HIV and 79% of new HIV infections in 2025. The same country footprint is adopted for 2027.

34. Differentiated HIV epidemics, capacities, structural barriers and responses require differentiated and tailored support from the UNAIDS Joint Programme. Its human and financial resources will be further prioritized, focusing on saving the most lives. The UNAIDS 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, US government and the Global Fund) and promoting cross-country and inter-regional knowledge-sharing.
35. The details below include the Secretariat and UNFPA priorities for each region based on the Results Areas of the Global AIDS Strategy. More comprehensive workplans reflecting the Joint Programme priorities will be developed by the Cosponsors and Secretariat after the October 2026 Special Session of the PCB.

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



Asia-Pacific

36. In 2025, **Asia and the Pacific** had the world's second-largest HIV epidemic, with 7 100 000 people living with HIV and an estimated 280 000 new infections—nearly a quarter of all new infections globally. Despite a 21% drop in new infections and 59% 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: 81% [64% - 96%] of people living with HIV knew their HIV status, 88% [69% - >98%] of whom were receiving treatment, and 96% [75% - >98%] of those on treatment had a suppressed viral load. 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 key population HIV programmes and prevention.

37. In 2027, the UNAIDS Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral national HIV responses.

Outcome 1: Sustain the 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 health financing discussion, service continuity and transition to domestic funding. (RA 1)
- Promote integration of HIV services, data and reporting within broader health systems (UHC), 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)
- Provide technical assistance for Global Fund GC8 grant-making and implementation to strengthen financing for integrated HIV prevention, SRH and maternal and newborn health services. (RA 1, RA 2)

Outcome 2: People-focused services

- 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 integration of combination HIV prevention into family planning, maternal and newborn health, adolescent health and GBV services, including through strengthened midwifery capacities. (RA 2, RA 4)
- Strengthen comprehensive condom programming and country readiness for new prevention options, including long-acting PrEP and dual prevention technologies. (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: Community leadership

- Strengthen and institutionalize community leadership through capacity-building, formal roles in governance with accountability and sustainable mechanisms for inclusive planning and participation processes (RA 8)
- Support community-led service delivery by expanding access to testing, prevention and treatment through trusted and culturally appropriate approaches. (RA 8)
- Support women, young people and key population networks to inform the design and adaptation of integrated services and prevention choices. (RA 8)

Secretariat priorities

- Drive targeted advocacy and leverage strategic engagements of partners through national programming and resource mobilization to translate the Global AIDS Strategy and 2026 Political Declaration into financed and sustainable national prevention, treatment and community-led and human rights components of the national AIDS response. Drive for reform of punitive laws and civic-space restrictions in priority countries across AP, using regional advocacy with Cosponsors and regional community and key population networks and movements to strengthen accountability for 10-10-10 commitments

- Advance regional and country-level partnerships and coordinated action to foster prevention innovations and community-led approaches, overcome barriers, and accelerate sustainable access and scale-up, including supporting countries to prepare for the introduction and rollout of lenacapavir in at least eight countries.
- Advance data-driven accountability for the Political Declaration commitments by leveraging the Global AIDS monitoring and targeted strategic intelligence to track progress, identify critical gaps, guide programme and policy priorities, and strengthen national ownership of the HIV response. Ensure that evidence generated by communities, including through CLM, systematically informs priority-setting and accountability, while creating meaningful opportunities for communities to shape sustainability, financing and investment decisions.
- Amplify community voices through strategic engagements and safeguard space for community leadership to ensure that community-led prevention, community-led monitoring and social contracting are institutionalized and sustainably financed as core components of national HIV responses in priority countries across AP.

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), academia and research institutions, partners (including the Association of Southeast Asian Nations, PEPFAR and the Global Fund) and other key stakeholders.

Eastern and southern Africa

38. In 2025, an estimated 420 000 people in **eastern and southern Africa** newly acquired HIV. The region is home to an estimated 21 100 000 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 2025, 93% [68% - >98%] of people living with HIV knew their HIV status, 91% [67% - >98%] of whom were receiving HIV treatment and 95% [70% - >98%] 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.
39. In 2027, the UNAIDS Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive and multisectoral national HIV responses.

Outcome 1: Sustain the response

- Inform the mobilization and allocation of domestic and international resources in line with sustainability roadmaps 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)
- Support Global Fund GC8 grant-making and implementation to translate integrated HIV prevention, SRH and maternal and newborn health priorities into funded programmes. (RA 1, RA 2)

Outcome 2: People-focused services

- Provide technical assistance and advocate for countries to implement context specific HIV prevention strategies and ensure scaled-up, equitable and sustained access to quality treatment and care for all PLHIV including children, youth, adolescent girls and young women and key populations. (RA 4, RA 5)
- Advocate for and provide technical assistance to advance the right to health, human rights and address inequalities of all affected communities, including WLHIV, through efforts to reduce all forms of HIV-related stigma and discrimination, efforts to reverse criminalisation laws that impede access to services, and empowering communities to know their rights. Provide technical assistance and advocate for inclusive, tailored AGYW and youth-centred strategies that address vulnerabilities and barriers to HIV prevention & treatment, SRHR and beyond health to other key non-health sectors (including labour, education, justice, gender, social protection and humanitarian). (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)
- Strengthen integrated HIV prevention and triple elimination through maternal and newborn health, family planning and GBV services, including midwifery capacities, commodity security and referral systems. (RA 2, RA 4)
- Revitalize comprehensive condom programming alongside expanded access to PrEP and other prevention choices through stronger programme stewardship, demand generation and last-mile availability. (RA 4)

Outcome 3: Community leadership

- Leverage and support the convening of communities to strengthen the leadership and ownership of people living with HIV, young people, women and key populations in decision-making and HIV response interventions. (RA 8)
- Leverage and convene civil society and community networks including networks of women living with HIV to advance equitable sustainable responses to HIV and Advocate for the meaningful engagement of diverse communities in the decision-making processes. (RA 8)
- Advocate for and mobilize technical and financial resources including through social contracting for comprehensive community-led responses that include service delivery, advocacy, participation in coordination and accountability, and evidence gathering, including community-led monitoring. (RA 8)
- Support and scale community-led services, including differentiated service delivery models, to expand access and improve health and social outcomes. (RA 8)
- Strengthen the participation of women and young people, including those living with HIV, in shaping integrated HIV prevention services and identifying barriers to access. (RA 8)

Secretariat priorities

- Advocate, lead and coordinate targeted resource mobilization efforts for financing people centred responses including for investment in essential information systems and data collection in multiple sectors, and empowering communities to lead in identifying gaps and inform timely mitigation measures including during public health emergencies and financial crisis.
- Advocate for the scale up HIV prevention options that bring together biomedical, structural, community-led and behavioural interventions and support equitable access to available, accessible, acceptable and high-quality HIV testing, treatment and care.

- Convene partners and leverage existing regional and country level partnerships to advance human rights and gender equality across programme development, implementation, monitoring and evaluation.
- Provide targeted support to countries for Global Fund GC8 and implementation of US government bilateral agreements.

Eastern Europe and central Asia

40. **Eastern Europe and central Asia** is the only region where both AIDS-related deaths and new HIV infections have increased since 2010 (+11% and +17%, respectively). The region accounted for 120 000 new HIV infections in 2025 and hosts an estimated 2 000 000 people living with HIV. Testing and treatment cascade outcomes lag compared with other regions, with only 56% [44% - 63%] 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 restrictive 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.
41. In 2027, the UNAIDS Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral National HIV responses.

Outcome 1: Sustain the 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 services

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.

- 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: Community leadership

- 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)

Secretariat priorities

- Drive targeted advocacy and leverage strategic engagements of partners through national programming and resource mobilization to translate the Global AIDS Strategy and 2026 Political Declaration into financed and sustainable national prevention, treatment and community-led and human rights components of the national AIDS response. Drive for reform of punitive laws and civic-space restrictions in priority countries across EECA, using regional advocacy with Cosponsors and regional community and key population networks and movements, including Rise & Decriminalize in EECA, strengthen accountability for 10-10-10 targets commitments.
- Advance regional and country-level partnerships and coordinated action to foster prevention innovations and community-led approaches, overcome barriers, and accelerate sustainable access and scale-up, including supporting countries to prepare for the introduction and rollout of lenacapavir.
- Advance data-driven accountability for the Political Declaration commitments by leveraging the Global AIDS monitoring and targeted strategic intelligence to track progress, identify critical gaps, guide programme and policy priorities, and strengthen national ownership of the HIV response. Ensure that evidence generated by communities, including through CLM, systematically informs priority-setting and accountability, while creating meaningful opportunities for communities to shape sustainability, financing and investment decisions.
- Provide targeted support to countries for Global Fund GC8 and implementation of US government bilateral agreements.
- Amplify community voices through strategic engagements and safeguard space for community leadership to ensure that community-led prevention, community-led monitoring and social contracting are institutionalized and sustainably financed as core components of national HIV responses in priority countries across EECA.

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

42. In 2025, **Latin America** had an estimated 140 000 people who newly acquired HIV and a total of 2 600 000 people were living with the virus. Approximately 87% [67% - >98%] of people living with HIV knew their HIV status, among whom 82% [63% - 97%] were receiving HIV treatment, with 93% [72% - >98%] of those on treatment having a suppressed viral load.
43. In 2025, the **Caribbean** had an estimated 13 000 people who newly acquired HIV and a total of 340 000 people living with HIV. In the Caribbean, an estimated 87% [66% - >98%] of people living with HIV knew their HIV status, among whom 84% [63% - >98%] were receiving HIV treatment, with 89% [67% - >98%] of those on treatment having a suppressed viral load. 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.
44. In 2027, the UNAIDS Joint Programme will focus its efforts on the following priority actions for more sustainable, inclusive, multisectoral national HIV responses.

Outcome 1: Sustain the response

- Mobilize and support regional political leadership: such as the Council of Ministers of Health of Central America (COMISCA), PANCAP in the Caribbean, ORAS-CONHU in South America, and the Horizontal Technical Cooperation Group, generate common political positions, commitments and accountability for accelerating HIV prevention. (RA 1)
- Provide intensive technical assistance in at least four countries to complete implementation of their HIV sustainability roadmaps and transition to domestic financing. (RA 1)
- Position HIV investment as a fiscal priority by engaging both domestic actors (Finance Ministers' forums, economic integration bodies, international financial institutions) and global health partners (Global Fund, US government) to ensure complementarity and mobilize sustainable financing. (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)
- Secure sustainable and equitable integration: Governments adopt policy and institutional reforms that integrate essential HIV functions into PHC and broader health systems while protecting trusted, differentiated and community-led access for key populations. (RA 2, RA 3, RA 4, RA 5)

Outcome 2: People-focused services

- Turn commitments into national decisions and investments: Governments support the Alliance to End AIDS in the Americas and adopt policy, regulatory and financing

decisions that institutionalize combination prevention, social contracting and equitable access to innovations, including long-acting PrEP. (RA 4)

- 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)

Outcome 3: Community leadership

- Prioritize support for Regional Network's advocacy in support of the implementation of the Political Declaration and provide 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)
- 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)

Secretariat priorities

- Support the development, updating, and implementation of HIV sustainability roadmaps and transition plans in at least four countries.
- Strengthen country transitions from Global Fund and U.S. Government support while safeguarding the continuity of essential HIV services.
- Advance political leadership and domestic financing commitments through high-level engagement with Ministries of Health and Finance.
- Ensure strategic alignment and coordination with US bilateral agreements, the Global Fund, and other key partners on sustainability priorities.
- Provide targeted support to countries for Global Fund GC8 and implementation of US government bilateral agreements.
- Leverage regional and subregional platforms, including COMISCA, PANCAP, ORAS-CONHU, and GCTH, to advance the sustainability agenda.
- Strengthen community leadership and engagement by supporting strategic advocacy of regional networks to ensure sustainability of the response and community led initiatives.

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], USG and the Global Fund).

Western and central Africa

45. The HIV epidemic in **western and central Africa** remains a major public health challenge. An estimated 190 000 new HIV infections occurred in 2025 in the region, which is home to 5 200 000 people living with HIV. Progress toward the 95–95–95 targets shows mixed results: 78% [61% - 96%] of people living with HIV knew their HIV status, 94% [73% - >98%] of whom were receiving HIV treatment, and 92% [72% - >98%] 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 65% of all people living

with HIV in the region; (iii) limited paediatric ART coverage, with only 41% [28% - 52%] of children living with HIV receiving treatment, compared to 78% [61% - 95%] and 72% [55% - 88%] among female and male adults, respectively; 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.

46. In 2027, the UNAIDS Joint Programme will focus its efforts on the following priority actions including in humanitarian settings to ensure more sustainable, inclusive, multisectoral national HIV responses and continuity of services. The UNAIDS Joint Programme will build on previous gender assessments to operationalize the recommendations in all outcome areas ensuring that the gender is addressed as a cross-cutting priority.

Outcome 1: Sustain the response

- Support at least five countries to operationalize HIV sustainability and financing transition frameworks, translating them into prioritized and costed transition plans, domestic financing commitments, and integration of HIV priorities into national health financing, UHC/PHC, medium-term expenditure frameworks and budget processes. (RA 1)
- Provide targeted support for Global Fund GC8 and implementation of USG MOUs, including alignment and tracking of co-financing commitments, while helping countries manage multiple partner financing expectations within national priorities, fiscal space and budget processes. (RA 1)
- Support countries to diversify the HIV financing base through strategic resource mobilization and stronger engagement with Ministries of Finance, the private sector, development finance institutions and other non-traditional partners, including innovative and blended financing opportunities where appropriate. (RA 1)
- Provide technical assistance for Global Fund GC8 grant-making and implementation to strengthen investment in integrated HIV prevention, SRHR and maternal and newborn health services. (RA 1, RA 2)

Outcome 2: People-focused services

- Support countries and communities to renew HIV prevention by integrating long-acting injecting Prep including Lenacapavir (RA 4)
- Support countries to integrate and scale up triple elimination and paediatric HIV treatment interventions within Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) platforms. (RA 4)
- Use targeted regional learning platforms and south-south exchange to address specific implementation bottlenecks and rapidly transfer proven solutions across countries. (RA 4, RA 5)
- Support integration of combination HIV prevention and triple elimination into maternal and newborn health, family planning and adolescent health services, including through midwives and community linkages. (RA 2, RA 4)
- Strengthen comprehensive condom programming and readiness for new prevention options through improved programme planning, commodity security and integrated service delivery. (RA 4)

Outcome 3: Community leadership

- Support the integration of CLM mechanisms into national accountability, systems and frameworks and strategic oversight of integration processes to safeguard community access to HIV services. (RA 8)
- Support legal literacy and rights awareness for key populations in restrictive or hostile settings (e.g. Liberia, Mali, Niger, Burkina Faso, Ghana and Senegal) and train community leaders and peer educators as human rights defenders and service navigators. (RA 8)
- Support community-led advocacy and legal empowerment initiatives to challenge discriminatory laws and advance legal reform (e.g. Burkina Faso, Ghana), while leveraging the *Lex Specialis* principle as an advocacy tool to strengthen protections for people living with HIV and key populations and improve access to HIV-related services. (RA 8, RA 6)
- Support community participation, including women and young people affected by HIV, in adapting integrated prevention approaches to local needs and preferences. (RA 8)

Secretariat priorities

- Provide strategic leadership on behalf of the Regional Joint Programme on HIV, high-level advocacy and coordination to sustain political commitment, protect essential HIV results and accelerate country ownership, with particular focus on domestic financing, equitable access, human rights and integration of HIV within broader health and development agendas.
- Provide technical assistance to countries and regional partners to support Global Fund GC8 and US Government MOUs implementation, sustainability roadmaps and transition planning, new partnerships such and financial analyses, including measures to safeguard continuity of HIV services in humanitarian and fragile settings
- Convene governments, communities, UN entities, donors, development finance institutions, regional bodies and the private sector around a limited set of country priorities, ensuring coherent Joint Programme support, reduced duplication and stronger alignment of external investments with national HIV sustainability plans.
- Strengthen country and regional accountability through strategic information, financing and expenditure tracking, co-financing monitoring, community-led monitoring, programme performance analysis and use of data to identify gaps, prioritize resources and protect high-impact interventions.

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, Africa CDC, PEPFAR, the Global Fund, donor governments, China CDC, private sector, foundations); and other key stakeholders.

2027 BUDGET AND RESOURCE ALLOCATION

47. The 2027 budget outlines an estimate of core and non-core resources, based on projected and estimated scenarios for the UNAIDS Joint Programme, to implement its workplan priorities and achieve the results and related milestones identified for 2027.

48. The preparation of the 2027 budget was guided by several factors, including continued challenging funding environment; and a recognition of shifting geopolitical, social and economic factors that affect official development assistance. The implementation of restructuring of the UNAIDS Secretariat—with significant reductions in the number of UNAIDS country offices and staff and the relocation of the majority of Geneva-based positions to lower-cost duty stations in 2026—was also a factor in the development of the UNAIDS Secretariat budget.
49. For Cosponsors, the budget represents high-level estimates of resources that can be allocated to cosponsors with the assumption that UNAIDS government donors will pledge similar levels of unrestricted core resources in 2027. Some Cosponsors are in the process of developing their 2027 budgets and finalizing their internal processes while others have indicated challenges in providing budget estimates before the December 2027 PCB.
50. The key element of the new operating model is the introduction of a differentiated Cosponsors arrangement, which includes the selection of six lead Cosponsors. Other Cosponsors will engage as affiliate Cosponsors.
51. For the year 2027, UNAIDS proposes the core budget at two levels or scenarios: a base budget of US\$ 63 million and an ambitious core budget scenario of US\$ 80 million scenario, based on projections of funds to be available and also mobilization targets for 2027. The US\$63 million scenario recognizes the continuing challenges that many donor governments face in allocating budgetary resources to the UNAIDS Joint Programme in a context of increased demands on official development assistance and a focus domestic priorities . This scenario reflects the 2026 core funding level without any United States contribution and represents a feasible baseline. In 2027 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.
52. For 2027, the UNAIDS Secretariat non-core contributions are estimated at US\$ 52.7 million including resources for implementation beyond 2027; 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 Australia for Indo-Pacific Partnership, MPFT for UN Country Fund II Support to protect key functionalities in the UN Health Focused Agencies in Papua New Guinea , 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; ; and funding support from China for programmes in Latin America Caribbean region and 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.
53. The US\$ 80 million scenario would enable the UNAIDS 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 UNAIDS Joint Programme to amplify and intensify the priorities described above, better and more intensely support countries and communities to resolve gaps and weaknesses, ensure robust data and accountability of national responses and leverage opportunities, including innovations that can speed up progress towards ending AIDS as a public health by 2030.

54. Catalytic core funding to lead Cosponsors, which complement their own resources, plays a critical role in enabling them to maintain their engagement in the UNAIDS Joint Programme, as well as maintain technical capacities and accountability at headquarters, regional and country levels.
55. 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 2027 core unspecified budget allocations for the UNAIDS 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		

56. In addition to the estimated core budget levels, to ensure integrated budgets the UNAIDS Joint Programme provides best estimates of non-core resources for 2027. 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.
57. The Secretariat's non-core resources for 2027 and subsequent years are estimated at US\$52.7 million. Of this total, US\$15 million pertains to existing awards and grants, while US\$37.7 million relates to a recently secured multi-year award from the Mastercard Foundation. Of the latter amount, US\$3.8 million will be available for implementation in 2027. The award further provides for US\$16.5 million to be disbursed directly to beneficiaries over its four-year duration, as well as US\$2.1 million to be allocated to Cosponsors during the same period
58. Cosponsors propose that their 2026 budget data⁶ be used as a provisional working basis to inform the 2027 workplan and budget. In 2026, lead Cosponsors indicated that they would mobilise US\$ 87.3 million in non-core resources, while affiliate Cosponsors indicated that they would mobilise US\$ 14 million. Further details are provided in the table below.

⁶ 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.

Table 4. Cosponsors' 2026 non-core resource mobilisation targets

Lead Cosponsors	US\$
UNDP*	11 700 000
UNFPA	31 600 000
UNHCR	5 000 000
UNICEF	12 000 000
UNODC	2 000 000
WHO	25 000 000
Total	87 300 000
Affiliate cosponsors	
ILO	2 000 000
UN Women	2 000 000
UNESCO	6 000 000
WFP	4 000 000
World Bank	<i>HIV financing not disaggregated</i>
Total	14 000 000

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

59. These data will be reviewed and updated considering the PCB's decisions at the special session, the agreed transition plan and a realistic funding envelope, in time for consideration at the 59th PCB in December.

REPORTING 2027 RESULTS

60. Performance monitoring reports are essential products submitted annually by the UNAIDS Joint Programme to the PCB to answer to accountability and transparency requirements. Based on the UBRAF and the Workplan and Budget, it details the UNAIDS Joint Programme's work and results at country, regional and global level towards achieving set outputs, milestones and targets across the three outcomes of the Global AIDS Strategy. As consistently recommended by PCB decisions, all constituencies are encouraged to use UNAIDS's annual performance monitoring reports to meet their reporting needs⁷.

61. In line with the PCB decision to present significantly simplified performance monitoring report⁸, the 2027 Performance Monitoring Report (PMR) will be commensurate with the size and scope of this 2027 Workplan & Budget, as well as with the recalibrated capacities of the UNAIDS Joint Programme. The 2027 PMR will also build on the simplified approach successfully adopted in the 2025 PMR submitted to the PCB in June 2026.

62. The 2027 PMR will focus on the main programmatic results against the three outcomes and four Secretariat Functions, through their specific outputs and related milestones. In

⁷ PCB decisions of June 2025: [Decisions | UNAIDS](#)

⁸ 56th PCB Decision 6.3. Requests the Executive Director to present a significantly simplified 2025 Performance Monitoring Report;

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 UNAIDS Joint Programme's work. They focus on the UNAIDS Joint Programme's contribution to some key areas where progress is needed and where it clearly brings added value to the HIV response.

63. Given the high degree of funding uncertainty, and to streamline reporting, milestones⁹ for 2027 were only defined for the Secretariat Functions. This set of 14 milestones builds on those included in the 2026 Workplan and Budget and the UBRAF 2022-2026 performance matrix, with further prioritization based on the key functions of the Secretariat and its current capacities. 2027 milestones intend to be ambitious to set the world on the path to reach the targets defined in the Global AIDS Strategy but remain realistic to be reached in a one-year timeframe and considering the reduced capacity and country footprint of the Secretariat.
64. In the absence of core catalytic funding allocated to affiliate 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.
65. In alignment with the upcoming 2026 PMR (to be submitted to the PCB in June 2027), the 2027 PMR will be composed of one document only.¹⁰ It will include:
 - a narrative by Outcome and Secretariat function,
 - a short overview table on performance against 2027 milestones, and
 - budget implementation by way of a high-level overview of utilization of funds against the budget, by outcomes and functions.
66. The UNAIDS Performance Monitoring Reports to the PCB are complemented by:
 - other management and thematic reports 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 summary information on UNAIDS Joint Programme investments and results on the UNAIDS Results & Transparency Portal;
 - other reports for non-core funding as per specific donors' grant agreements;
 - reports by Cosponsors to their respective boards (including based on their own performance monitoring frameworks) and their own transparency portals.
67. 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 UNAIDS Joint Programme contributes to along with many actors including governments, communities, civil society and other partners. As in previous years, the 2026 Global AIDS Monitoring data will be available in July/August 2027

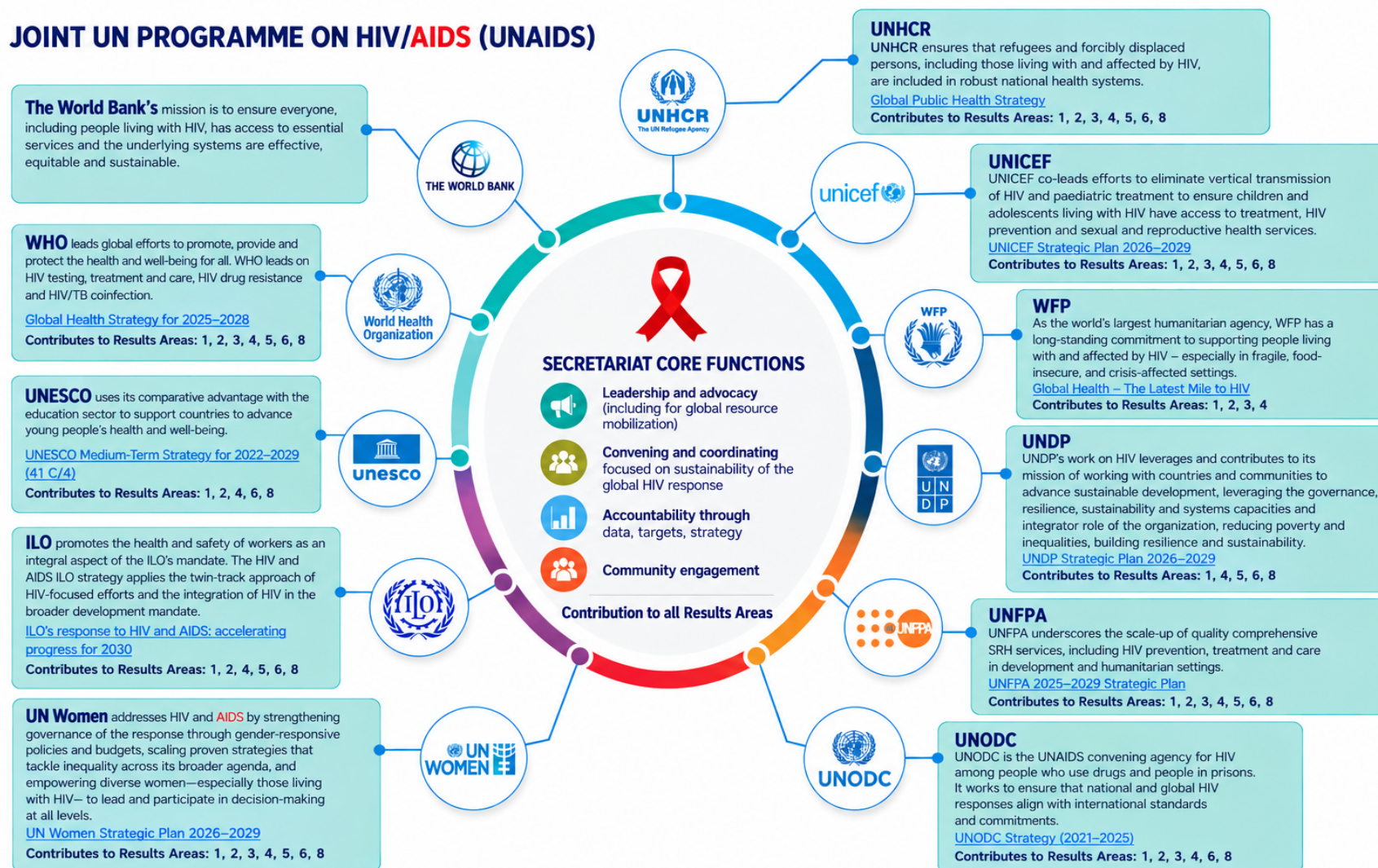
[Annexes follow]

⁹ Following the approach adopted in the one-year 2026 Workplan and Budget selected milestones are introduced in this 2027 Workplan and Budget in lieu of performance indicators. For the same reason, the terminology "performance milestones" is deemed more appropriate than the reference to "targets".

¹⁰ The 2027 PMR will be more condensed, shorter, integrated and summarize results at a higher level. The one-document PMR approach was successfully applied in the 2025 PMR submitted at June 2026 PCB and will also be adopted for the 2026 PMR.

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

JOINT UN PROGRAMME ON HIV/AIDS (UNAIDS)



Annex 2: The 16 top-line targets to end AIDS as a public health threat by 2030 and ensure sustainability of the HIV response after 2030



PEP: post-exposure prophylaxis
PrEP: pre-exposure prophylaxis

* For full wording of the targets see 2030 recommended targets. The targets will be disaggregated as appropriate by gender, age and key population.

