

EXECUTIVE SUMMARY

2022 PERFORMANCE MONITORING REPORT

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2022: Results report
(UNAIDS/PCB (52)/23.8)
- ii. UNAIDS Performance Monitoring Report 2022: Results by region
(UNAIDS/PCB (52)/23.9)
- iii. UNAIDS Performance Report 2022: Results by organization
(UNAIDS/PCB (52)/23.10)
- iv. 2022 UBRAF Indicator Scorecard (UNAIDS/PCB (52)/CRP1)
- v. 2022 Performance Monitoring Report: Joint Programme and
Quadrennial Comprehensive Policy Review (QCPR)
(UNAIDS/PCB (52)/CRP2)

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

- *take note*, with appreciation, of the 2022 Performance Monitoring Report, including its scope and depth;
- *encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs

Cost implications for implementation of decisions: *none*

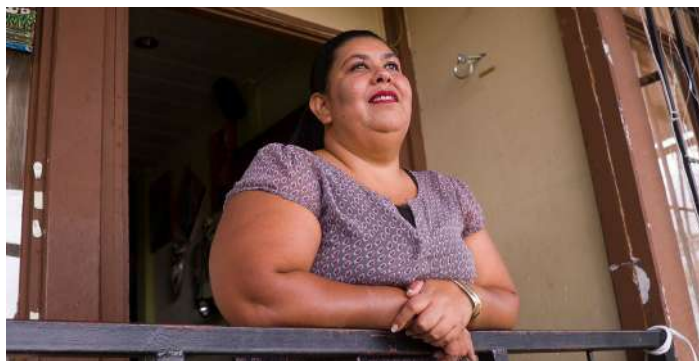


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PERFORMANCE MONITORING REPORT

2022

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LIVES SAVED AND PROGRESS AGAINST THE AIDS EPIDEMIC THANKS TO THE JOINT PROGRAMME'S SUSTAINED ACTION AND RESULTS

1. The global AIDS response has made remarkable gains towards ending AIDS as a public health threat, in line with Sustainable Development Goal (SDG) 3.3. In 2022, the collective results of the Joint United Nations Programme on HIV/AIDS (UNAIDS) saved lives and helped the world achieve further progress towards ending AIDS as a public health threat by 2030.
2. AIDS-related deaths have declined by 68% since they peaked in 2004, and new HIV infections have decreased by more than 50% since 1996. The global roll-out of antiretroviral therapy (ART), one of the great recent achievements in public health, averted an estimated 18.5 million AIDS-related deaths between 2001 and 2021.¹ Almost 29 million people across the world were receiving life-saving treatment in 2021, 85% of people living with HIV knew their status, 88% of the latter were receiving HIV treatment, and 92% of people on treatment were virally suppressed.
3. In 2022, implementation of the Global AIDS Strategy 2021–2026 shifted into top gear to reduce inequalities that drive the AIDS epidemic as national HIV responses progressively recovered from the impact of the COVID-19 pandemic, supported by the Joint Programme's work for countries and communities. This included working on-the-ground in over 90 countries and providing global public goods in many more to maximize equitable and equal access to HIV prevention, treatment and care services, break down barriers to
4. achieve HIV outcomes, and sustain and integrate the HIV response. This was done by using an inequalities lens across all aspects of the Joint Programme's work.
4. Although progress is uneven and gaps remain, particularly in specific areas and populations, the progress was maintained through focused, evidence-informed and rights-based strategies that seek to reduce gaps, clear bottlenecks and overcome inequalities that slow progress in preventing new HIV infections and AIDS-related deaths. Progress has been advanced through the optimal use of strategic information; well-coordinated support to countries and communities; and strategic partnerships that intensify actions in areas and populations that lag behind, especially children, key populations, women and girls.
5. The strongest progress has been in countries with high burdens of HIV and varied economic means—testament to the power of strong political commitment, global solidarity, evidence-driven strategies and mutually supportive partnerships between affected communities, public authorities and partners— all areas the Joint Programme is driving. In sub-Saharan Africa, the region most heavily affected by HIV, several countries are within reach of achieving the ambitious 95–95–95 HIV testing and treatment targets.
6. The global AIDS pandemic and HIV response continue to evolve. Changes in the global landscape require the Joint programme's agility to respond to emerging and structural needs that require sustained in-country engagement, combined with global leadership. The continuing health and economic impact of COVID-19, cascading effects of the war in Ukraine, complex humanitarian situations in many other countries, and the spiralling costs of climate change are placing new political and budgetary pressures on countries of all income levels. This is happening at a time when international HIV assistance and overall resources available for HIV programmes in low- and middle-income countries still fall short of needs.
7. While efforts to address the underlying inequalities that drive the HIV pandemic intensify, progress is too slow, including in key areas such as the decriminalization of key populations. The global

¹ The most recent HIV estimates are for 2021; data for 2022 will be published in July 2023.

HIV response increasingly encounters deteriorating human rights conditions in many parts of the world, including declining space for civil society and a growing backlash against gender equality, women's rights and recognition of the rights of LGBTIQ+ people.² The shrinking of civic space also impacts communities affected by HIV and their abilities to participate in, contribute to, and benefit from the HIV response. All this is undermining community-led HIV responses, which are a key priority of the Global AIDS Strategy.

8. The Performance Monitoring Report outlines the Joint Programme's 2022 collective results and financial report³ against the Unified Budget, Results and Accountability Framework (UBRAF) for the implementation of the Global AIDS Strategy. It does so by reporting on specific outputs in ten result areas, supported by five functions, across the six regions covered by the Joint Programme. It demonstrates UNAIDS's performance, as measured through quantitative and qualitative data.



² Lesbian, gay, bisexual, transsexual, queer and intersex.

³ Noting that, while this report includes budget implementation reporting for the Joint Programme, a separate Financial report including audited financial statement is submitted to the PCB, see UNAIDS/PCB (52)/23.11; UNAIDS/PCB (52)/23.12.

KEY MESSAGES

9. The Joint Programme is an innovative UN partnership that brings together the multifaceted expertise and in-country presence of its 11 UN Cosponsor agencies—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and the UNAIDS Secretariat. It continued to act as a galvanizing force for an effective HIV response that focuses on ending inequalities as a foundation across all aspects of its work.
10. The 2022 results of the Joint UN Programme on HIV and AIDS contributed to saving lives and helped countries achieve further progress towards achieving the 2025 global AIDS targets and ending AIDS as a public health threat by 2030.
11. The Joint Programme served communities to deliver compelling results for each of the three strategic priorities of the Global AIDS Strategy: more equitable and equal access to HIV services; breaking down barriers to achieve HIV outcomes; and sustainable and integrated HIV responses.
12. The Joint Programme combined global, regional and country actions, especially through joint work led by Joint UN Teams in over 90 countries, for more people-centred services, including through community-led responses. It did so by harnessing the collective, multisectoral power of the UN: political leadership and advocacy; normative guidance; policies and legal reform; technical expertise and support; evidence and data for impact; convening dialogues on human rights and gender equality issues; expanding innovations; championing community empowerment; human rights and gender equality principles; and partnerships to optimize people-centered programmes and resource and build more sustainable response. These collective efforts accelerated progress towards the global AIDS targets and the imperative to leave no one behind on the path to achieving the SDGs.
13. Despite the challenging context, including considerable funding constraints, intensified programmatic focus and an even-higher level of organizational efficiency and effectiveness was achieved at all levels. This enabled the Joint Programme to continue effectively delivering for countries and communities, as well as strengthening accountability for results. It sustained global political commitment, guided critical policy changes, strategic information and partnerships and direct support to serve communities living with, at risk of, and affected by HIV in over 90 countries.
14. The collective work of the Joint Programme, together with countries, communities, and partners including the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund, has achieved life-saving results.
 - Expanded combination prevention continued to reduce new HIV infections. For example, new vertical infections among children (0–14 years) globally declined by 52% since 2010. The use of oral pre-exposure prophylaxis (PrEP) has continued to increase globally, with approximately 1.6 million people in 86 countries receiving it at least once in 2021.
 - Almost 29 million people were accessing ART in 2021 and provision of effective HIV treatment to increasing numbers of people living with HIV has reduced global AIDS-related deaths by 52% since 2010.
15. Intensified efforts addressed social and structural factors that drive and exacerbate inequalities. Key outcomes included: the removal of punitive laws and policies in several countries; advancing gender equality and women and girls' empowerment; stronger youth-led responses; expanded HIV-sensitive social protection; and actions to ensure access to lifesaving HIV services in humanitarian settings and in pandemic preparedness and response plans.
16. The Joint Programme collected, analysed and published the most extensive data set on HIV epidemiology, response and financing, thereby shaping programmes and investments to maximize impact. This work included robust, evidence-informed national strategic plans and targets, and identifying global progress and gaps with increasing granularity (including through expanded community-led monitoring).
17. As national HIV responses are progressively recovering from the challenges of the COVID-19

pandemic, demand for the Joint Programme's unique political convening role and support for country action at all levels was exceptionally high in 2022. For example, an increasing number of countries joined various global initiatives and/or partnerships convened by the Joint Programme, including the Global HIV Prevention Coalition; the new Global Alliance to end AIDS in children; the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and Education Plus, intensifying action and progress in targeted priority areas. Also, concerning punitive policies have led to increasingly complex environment for some communities, greatly hampering and jeopardizing further progress towards the global AIDS targets.

18. The Joint Programme helped leverage and guide billions of US dollars of domestic and international investments in HIV responses. It performed critical roles in supporting countries to access and use evidence-informed Global Fund resources, focusing on the greatest needs and ensuring well-coordinated approaches to maximize overall impact. It played similar roles in relation to PEPFAR funding.
19. This first report on implementation of UNAIDS 2022–2026 UBRAF shows consistent, compelling results and excellent performance against the Joint Programme's 3 strategic outcomes, the 10 result area outputs, and the 5 strategic functions and related indicators. It shows that, for most of the 45 UBRAF indicators, progress is on-track to meet the milestones set for 2023, with only 2 indicators showing slow progress and and 3 for which data is not yet available.

20. Investing in full and timely implementation of the Joint Programme through the UBRAF yields excellent value for money. The UBRAF represents a relatively modest investment compared with the projected total annual resource needs for the global HIV response (US\$ 29.3 billion by 2025). Yet the Joint Programme plays a central role in generating and amplifying high-impact changes saving lives and accelerating progress towards the goal of ending of AIDS as a global health threat.
21. The significantly lower level of core UBRAF resources received in 2022 (resulting in a US\$ 44.5 million shortfall against the core UBRAF of US\$ 210 million), and thus far in 2023, has forced the Joint Programme to take difficult decisions. The budget constraints were partly mitigated through implementing efficiencies and prioritization across the Joint Programme, but have also greatly reduced its capacities at all levels (including, most importantly, at country level). The ongoing funding shortfall puts at risk the Joint Programme's ability to act and catalyse the support which countries and communities need to achieve the global AIDS targets. This situation is not sustainable. A fully funded Joint Programme is critical for reaching the 2030 goal.
22. The AIDS pandemic is far from over. Persistent gaps and multifaceted challenges—including a deteriorating human rights environment, shrinking civic space, and underlying, inadequately addressed inequalities—threaten the gains made and the prospects of ending AIDS. Inequalities especially undermine efforts to meet the needs of children, young people, key and other priority populations, and women and girls. The Joint Programme's multisectoral approach, bold advocacy for policy change, and catalytic and convening roles are more critical than ever.

OVERVIEW OF THE JOINT PROGRAMME'S MAIN RESULTS IN 2022

23. The collective results of UNAIDS in 2022 saved lives and enabled the world to make further progress towards ending AIDS as a public health threat by 2030.

24. Figure 1 summarizes key changes and building blocks for the HIV response which the Joint Programme achieved for each of the three strategic priorities of the Global AIDS Strategy: more equitable and equal access to HIV services; breaking down barriers to achieve HIV outcomes; and sustainable and integrated HIV responses. It did so through its global, regional and country level work, which included leadership, strategic partnerships, advocacy and coordinated, high-quality country support.

25. High performance was sustained, as demonstrated by progress against the 45 UBRAF indicators and towards achieving the 2023 milestones, with most indicators on-track. Only two indicators showed slow progress, while data for three others are expected in mid-2023. Full reporting on progress of the UBRAF outputs indicators is available in the UBRAF Indicator scorecard.⁴



⁴ UBRAF Indicator score card available at: https://www.unaids.org/en/resources/documents/2023/PCB52_CRP1_PMR_Indicator_Scorecard

Figure 1. UNAIDS results help saving lives

UNAIDS results help saving lives

Over 50% decline in new HIV infections between 1996 and 2021
 18.5 million AIDS-related deaths averted by ART between 2001 and 2021
 29 million people receive life-saving treatment in 2021

85% of people living with HIV know their HIV status, 88% of them receive HIV treatment, and 92% of people on treatment are virally suppressed in 2021

14 countries de-criminalized consensual same-sex sexual acts since 2016

60% of HIV response funded from domestic funding in 2021
 29 countries increasing domestic spending on HIV over past 5 years

2022 UNAIDS key results



Maximized equitable & equal access to HIV services

88 countries improved their national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV

15 countries with decision-making tool to aid HIV prevention self-assessments through the Global HIV Prevention Coalition

95% of countries implemented the "treat-all" approach, **76% of which** implemented rapid HIV treatment initiation following HIV diagnosis

54 countries integrated HIV services for children into at least 50% of Primary Health Care sites

79 countries have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women



Broken down barriers to achieve HIV outcomes

60 countries supported to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response, with effective policies and/or legal changes adopted in **13 countries**

77 countries supported to reduce stigma & discrimination & **34 countries** joined the Global Partnership for action to eliminate all forms of HIV-related stigma & discrimination

41 countries with stronger gender expertise and capacity to further integrate gender equality into the national HIV response

26 countries used costed plans to expand and institutionalize youth-led HIV responses



Sustained & integrated HIV responses

83 countries reviewed, assessed and/or updated their National Strategic Plan on HIV & **13 countries** conducted National AIDS Spending Assessments

79 countries supported for evidence-informed HIV investments across their GFATM grant cycle

67 countries supported to establish HIV antiretroviral services financed as part of the overall systems

42 countries implement interventions/services for key populations in humanitarian settings

53 countries include priority HIV services in national pandemic preparedness and response plans



Leadership, partnership, advocacy country support & accountability

State-of the art strategic information guide the global response, including HIV estimates from **172 countries**, including 139 directly supported

75 countries supported to advance expansion of community-led monitoring

89 countries reinforced the meaningful engagement between people living with HIV, key and

other priority populations and government institutions

18 high-level political meetings and their outcome documents reflect HIV priorities

Leverage the **power of partnerships** with communities, governments, and other key stakeholders, including close complementarity/ synergies with Global Fund & PEPFAR

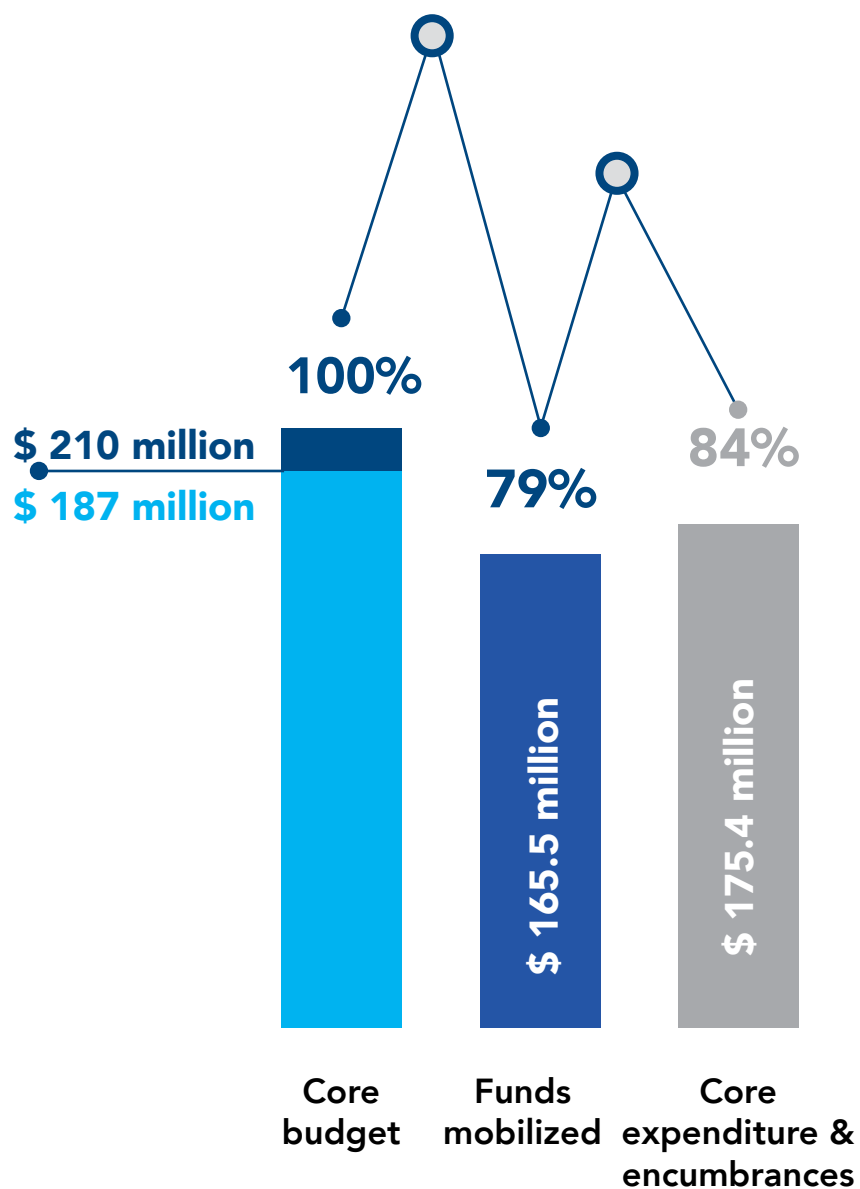
OVERVIEW OF THE JOINT PROGRAMME'S BUDGET IMPLEMENTATION FOR RESULTS IN 2022

- 26.** The results, detailed in the Performance Monitoring Report, were only possible thanks to donor funding invested in the Joint Programme.⁵ An overview of budget implementation information (all core and non-core budget and expenditures) is presented below, with Annex 2 providing details—including a breakdown by organization, result area, region and cost category.
- 27.** Figure 3 shows the linkages between results and investments by result area (led by the 11 Cosponsors) and outcomes, while Figure 4 illustrates the complementary linkages between results and investments by Secretariat strategic function. Budget tables for 2022 UBRAF reflect the threshold budget approved by the PCB at its Special Session in October 2021. The overall budget implementation against the upper threshold of US\$ 210 million stands at 83.5%. However, an overall budget implementation against core allocated funds stands at 90%, indicating continued high implementation. This includes UBRAF funds carried forward from the 2020–2021 biennium, during which implementation was constrained due to the impact of COVID-19, although implementation accelerated in 2022. Funds carried forward⁶ totalled US\$ 12.8 million; they helped the transition into 2022 and sustained support to countries.
- 28.** Beyond funding critical staff and programmatic results at country level, Cosponsors use their core global allocation to amplify impact by leveraging non-core funding from within their own entities and from other sources. Non-core expenditures and encumbrances in 2022 by Cosponsors amounted to approximately US\$ 272 million in 2022 (see Table 1). However, the level of non-core resources varied greatly across Cosponsors, areas and regions.
- 29.** While important non-core resources were mobilized for some results areas (e.g. prevention, paediatric AIDS, young people and gender equality) and regions (e.g. eastern and southern Africa), it was much more challenging to mobilize non-core resources for other areas (e.g. HIV prevention among people who use drugs and in prison, transforming unequal gender norms and practices) and regions (e.g. Latin America and the Caribbean, eastern Europe and central Asia, Middle East and North Africa). That affected progress in key aspects of the response and in several regions, affecting the overall pace of progress. As an example, UN Women leveraged and used internal agency funds for women's economic empowerment to mainstream HIV by facilitating access to economic and financial resources for women living with and affected by HI and leveraged other non-core funds through mainstreaming HIV in their EU/UN Spotlight Initiative that allowed to scale up the implementation of the SASA! to prevent violence against women and HIV.
- 30.** While operating with a budget shortfall, the Joint Programme ensured efficient and effective delivery of support to countries and communities, and improved its accountability. It did so by increasing operational efficiencies and costs savings, exerting strong budgetary discipline, and prioritizing programmes. However, chronic UBRAF underfunding is eroding crucial capacities across the Joint Programme.
- 31.** A significant 2022 shortfall—of US\$ 44.5 million against the core UBRAF threshold of US\$ 210 million (and US\$ 21.5 million against the base US\$187 million)—continues to leave a mark on the work of the Joint Programme and its future impact.

⁵ For details on donor contributions, please see UNAIDS Results and Transparency portal at: [Contributions | Portal \(unaids.org\)](https://www.unaids.org/en/Contributions-Portal)

⁶ Coming from unspent country envelopes and core global funds across all Cosponsors and Secretariat's expenditures against the 2020–2021 budget.

Figure 2. 2022 overview of core resource mobilization and implementation against core UBRAF budget (in US\$)*



* Excluding UNDP and UNICEF Global Fund expenditures and the amount of US\$ 1 580 025 submitted by WHO subsequent to the finalization of the document.

Table 1: 2022 expenditure and encumbrances against total UBRAF core and non-core funds, by organization (in US\$)*

Organization	2022 Budget	Carry forward from 2020-2021	2022 Core Gobal funds	2022 Country Envelope	2022 Total Core Allocated Funds	2022 Core expenditure & encumbrances	Impl rate, core funds	2022 non-core estimates	2022 non-core expenditures & encumbrances	2022 Total Allocated Funds	2022 Total expenditures & encumbrances
	A	B	C	D	E=B+C+D	F	G=F/E	H	I	J=E+H	K=F+I
UNHCR	3 108 200	-	1 600 000	900 200	2 500 200	2 447 662	98%	37 550 000	98%	40 050 200	50 649 804
UNICEF	7 684 400	679 550	1 600 000	4 438 000	6 717 550	2 922 950	44%	42 627 900	44%	49 345 450	52 367 933
WFP	3 800 400	687 766	1 600 000	1 469 200	3 756 966	2 809 016	75%	15 174 000	75%	18 930 966	11 835 004
UNDP	5 522 400	1 809 869	1 600 000	2 808 500	6 218 369	5 146 525	83%	6 100 000	83%	12 318 369	15 279 519
UNFPA	7 152 000	1 850 537	1 600 000	3 974 7000	7 425 237	7 234 732	97%	34 300 000	97%	41 725 237	56 013 753
UNODC	4 517 400	809 777	1 600 000	2 074 300	4 484 077	3 246 648	72%	15 146 100	72%	19 630 177	7 583 188
UN Women	3 634 100	1 055 222	1 600 000	1 716 900	4 372 122	3 570 683	82%	15 000 000	19 405 903	19 372 122	22 976 587
ILO	3 177 900	472 692	1 600 000	1 263 900	3 336 592	2 812 907	84%	4 000 000	5 979 178	7 336 592	8 792 085
UNESCO	3 964 700	924 986	1 600 000	1 530 200	4 055 186	2 821 283	70%	17 390 500	15 423 200	21 445 686	18 244 483
WHO	8 171 700	1 586 025	1 600 000	4 794 100	7 980 125	4 312 396	54%	55 000 000	55 000 000	62 980 125	59 312 396
World Bank	2 266 800	-	1 600 000	30 000	1 630 000	1 622 657	100%	6 420 000	6 442 532	8 050 000	8 065 189
GSI	11 000 000	-									
Secetariat	146 000 000	2 875 657	140 000 000		142 875 657	136 969 396	96%	50 000 000	68 324 697	192 875 657	205 294 093
Grand Total	210 000 000	12 752 081	157 600 000	25 000 000	195 352 081	175 916 854	90%	298 708 500	340 497 180	494 060 581	516 414 034

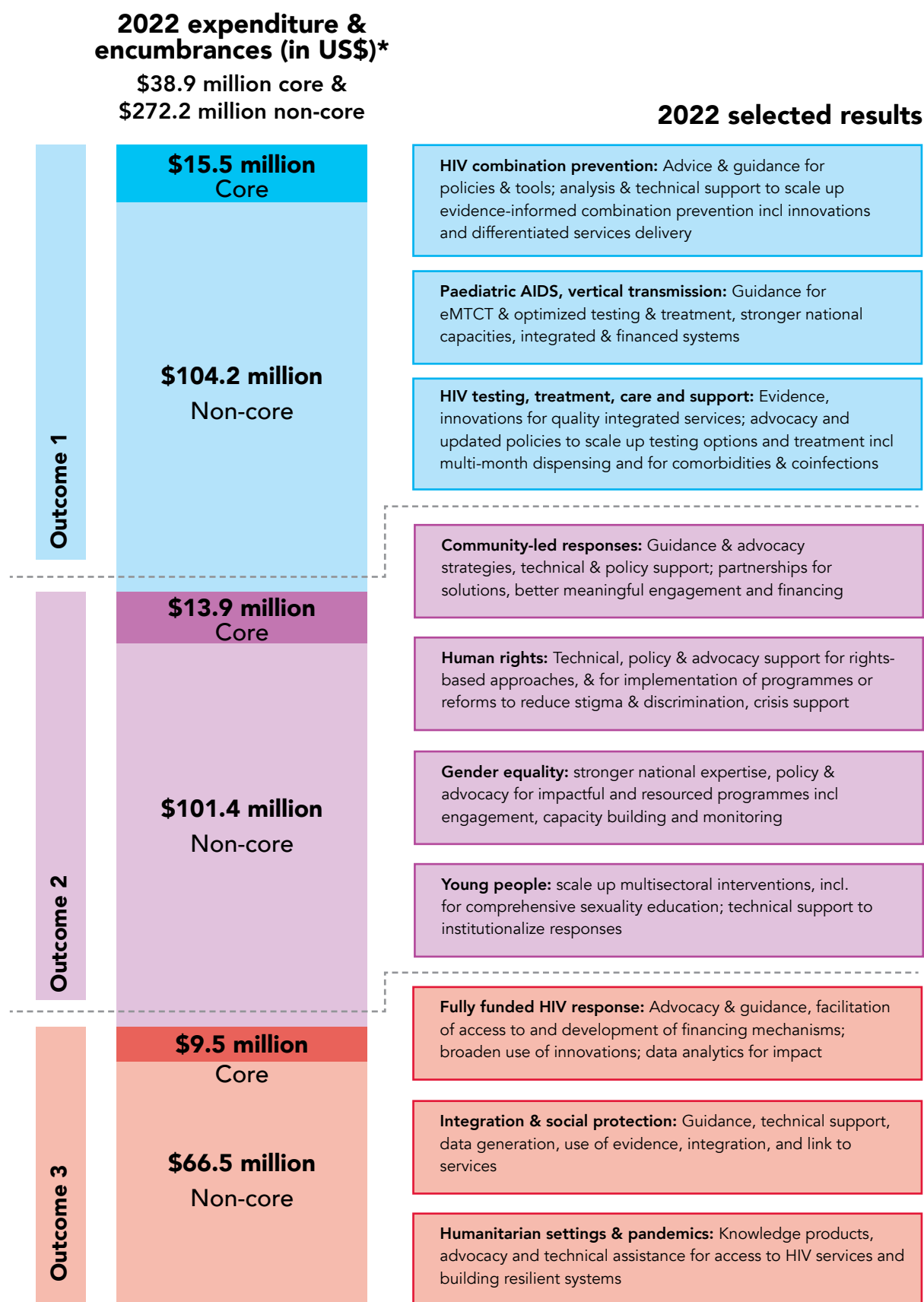
Notes:

- Non-core excludes UNDP Global Fund expenditures of \$308.6 million and UNICEF Global Fund of \$2.9 million.
- Core expenditures and encumbrances exclude the amount of US\$1 580 025 submitted by WHO subsequent to the finalization of the document.
- Secretariat's core expenditures of US\$2.9 million were encumbered during 2021, representing firm commitments of goods and services delivered in 2022.

OVERALL 2022 INVESTMENTS

In 2022, US\$ 516.4 million (US\$ 175.9 million core and US\$ 340.5 million non-core) was invested in 10 result areas and 5 Secretariat functions, including US\$ 22.1 million for country envelopes for 91 countries.

Figure 3. Joint Programme results and investment, by results areas and outcomes



* Excluding UNDP and UNICEF Global Fund expenditures and the amount of US\$ 1 580 025 submitted by WHO subsequent to the finalization of the document

Figure 4. UNAIDS Secretariat results and investment, by strategic functions



* Secretariat's core expenditure of US\$ 2.9 million were encumbered during 2021, representing firm commitments of goods and services delivered in 2022.

SUMMARY OF MAIN RESULTS BY OUTCOME

OUTCOME 1: EQUITABLE AND EQUAL ACCESS TO HIV SERVICES AND SOLUTIONS MAXIMIZED

- 32.** The Joint Programme contributed to global progress in expanding access to and demand for HIV services. The estimated 1.5 million new HIV infections globally in 2021 were fewer than at any point since the late 1980s and represented a 50% decline since 1996, when new infections peaked. AIDS-related deaths among children (0–14 years) were reduced by 59% in 2010–2021. Globally, the use of oral PrEP has continued to increase, with approximately 1.6 million people in 86 countries receiving it at least once in 2021 (almost twice as many as in 2020).
- 33. Accelerated and better targeted HIV combination prevention.** The Joint Programme continued to lead efforts to accelerate HIV combination prevention efforts including through the Global HIV Prevention Coalition. Particular gains were made in scaling up priority prevention strategies and elevating political support for HIV prevention.
- In 2022, 89 countries received technical and/or implementation support to scale up combination HIV prevention programmes with specific focus on sex workers, gay men and other men who have sex with men, adolescent girls and young women, and adolescent boys and young men.
 - HIV prevention programmes are sharper as a result of technical guidance and implementation support to 71 countries, including finalized workplace HIV prevention strategies, new or updated HIV prevention cascades to improve programme performance, and support for

HIV prevention programming in humanitarian settings.

- To accelerate the uptake of antiretroviral-based prevention, a technical brief was developed on implementation guidance for differentiated and simplified PrEP delivery, while new recommendations were developed for the introduction of the dapivirine vaginal ring as an additional prevention choice for women.
 - Continued efforts helped reduce the disproportionate vulnerability to HIV among adolescent girls and young women. This included reaching 30 million women and young people with sexual and reproductive health (SRH) services, and scaling up evidence-based interventions to transform gender norms in 17 countries. The roll-out of an updated decision-making tool to aid investment in HIV prevention was also incorporated in the Global Fund's guidance; it informed national prevention self-assessments in 15 countries.
 - To better respond to the HIV prevention needs of men and boys, a virtual community of practice on voluntary medical male circumcision was developed, while a systematic review of evidence for community-based HIV testing is informing approaches to improve men's engagement in the HIV care cascade.
 - Condom programming and access improved after rapid assessment surveys were conducted in 28 countries and through the supply of over 1 billion condoms (male and female). Moreover, the Joint Programme published the first global specifications to produce safe and nontoxic lubricants.
- 34. Expanded HIV treatment.** Leadership by and support from the Joint Programme accelerated the continued scale-up of HIV testing and treatment services. In 2021, 85% of people living with HIV world-wide knew their HIV status, 75% were receiving HIV treatment services and 68% were virally suppressed.
- The Joint Programme updated HIV testing guidelines for advanced HIV disease among children; issued recommendations on HIV self-testing for PrEP and in facilities; published a technical report on optimization of ART among adults and children; identified research priorities

for HIV treatment optimization; reviewed the status of the transition to tenofovir, lamivudine and dolutegravir regimens in countries; and strengthened national diagnostic systems.

- Following intensive advocacy and technical support from the Joint Programme, significant progress in the adoption and implementation of normative guidance on HIV testing and treatment was made: 95% of countries implemented the “treat-all” approach; 76% implemented rapid HIV treatment initiation following HIV diagnosis; 120 countries adopted WHO’s preferred first- and second-line antiretroviral (ARV) regimens; and 90% of countries adopted WHO recommendations for 3–6 month ARV medicine pick-up and routine viral load policies. In addition, support was provided through the strategic use of differentiated service delivery profiles for 44 countries; reduction of procurement costs for the purchase of ART; integrated food and nutrition services in HIV treatment programmes; and in ensuring that access to HIV testing and treatment services was aligned with international guidance in humanitarian settings.

35. Reduced vertical transmission and paediatric AIDS.

The Joint Programme’s actions resulted in ongoing reductions of new HIV infections among children and contributed to uptake of paediatric HIV treatment services aiming to close the HIV treatment coverage gap between children and adults.

- The newly established Global Alliance to end AIDS in Children by 2030 has galvanized increased high-level commitment to close gaps and has laid the groundwork for more focused, effective action to accelerate progress to prevent vertical transmission and address the needs of children and mothers living with HIV. In its first phase, it supported the 12 countries with the largest gaps to formulate prioritized national action plans to end AIDS in children. Endorsed by ministries of health, those plans are being integrated in national plans and funding proposals to the Global Fund and PEPFAR.
- Seventy-eight countries now have a national plan for the elimination of mother-to-child transmission of HIV (EMTCT), and 86 countries are implementing a treat-all policy for pregnant and breast-feeding women living with HIV. By

the end of 2022, 15 countries and territories had been validated for the EMTCT of HIV and/or syphilis. The Joint Programme updated guidance on the criteria and processes for validation of EMTCT of HIV, syphilis and hepatitis B, and provided technical support towards validation of EMTCT in 10 countries.

- More children and adolescents living with HIV are getting high-quality treatment, thanks to Joint Programme guidance and support. The number of countries using dolutegravir-based treatment regimens as first-line paediatric therapy increased from 33 in 2021 to 73 in 2022. In 2022, 63 countries had HIV services for children and adolescents integrated into primary health care with the support of the Joint Programme. The Paediatric Service Delivery Framework, which uses age-disaggregated data and mapping of gaps to optimize interventions, was rolled out in Mozambique, Nigeria and Uganda, among other countries.

OUTCOME 2: BARRIERS TO ACHIEVING HIV OUTCOMES BROKEN DOWN

36. The Joint Programme intensified efforts to advance the global AIDS targets related to breaking down barriers to achieving HIV outcomes and investments are paying off. For example, 14 countries have de-criminalized consensual same-sex sexual acts since 2016. According to data from 64 countries, in 2022, a median 58% of women (15–49 years) who were in a union reported making their own informed decisions regarding sexual relations, contraceptive use and their own health.

37. Community-led responses. The first international definition of a community-led HIV response, developed by a multistakeholder task team, was published. It included recommendations for improved financing systems for community-led organizations, and for better use of data generated by communities. In addition, important progress was made in community engagement in policy-making and policy reforms, as well as in more inclusive service delivery and monitoring.

⁷ In 2020, the Joint Programme convened a Multistakeholder Task Team on community-led HIV response, pursuant to decision 10.4b of the PCB at its 43rd meeting in December 2018. Its final report, which includes the definition of community-led HIV response, is available at: [Community-led AIDS responses — Final report based on the recommendations of the multistakeholder task team \(unaids.org\)](https://www.unaids.org/en/resources/press-material/2020-12-10-community-led-aids-responses-final-report).

- The Joint Programme directly supported more than 106 community- and youth-led accountability and advocacy projects. Collaboration with the Civil Society Institute for HIV and Health in West and Central Africa, which supports more than one third of countries in the region, demonstrates the crucial value of partnerships for coordinated and strong community-led responses. The institutional capacities of networks of women living with HIV have been strengthened, including for improving access to HIV services, gender equality and human rights.
- Support for key population-led community responses included the development, with key population networks, of consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. In addition, close engagement with community networks added effectiveness to the response to the mpox outbreak.
- Advocacy, empowerment for and mobilization of resources for community-led responses included actions that increased community engagement in Global Fund decision-making and in outreach to the private sector and international donors. Resource tracking of HIV community-led responses was piloted in six countries in 2022 and is informing new guidelines for the further scale-up and improved financing of community-led responses.
- Community-led monitoring in the HIV response was expanded through direct support and knowledge-sharing, which included quarterly community-of-practice meetings and a new, self-administered community-led monitoring progression matrix methodology for reviewing progress and minimum standards.
- Partnerships with community-led organizations also helped sustain access to HIV services in many humanitarian settings, and operational guidance on community health in refugee settings is now available.
- The Joint Programme drove efforts to improve legal and policy frameworks. It supported 60 countries on HIV-related laws and rights, with a focus on removing the criminalization of exposure to HIV, nondisclosure of HIV status or transmission of HIV; and on the development of protective policies on gender identity and antidiscrimination, with effective policies and/or legal changes adopted in 13 countries.
- Advocacy and technical support for more inclusive, rights-based responses led to improved environments in many countries. Examples included the piloting of an LGBTQI+ inclusion index with law-makers, governments and communities in eight countries; reduced barriers to HIV services access for people who use drugs and in closed settings; successful human rights litigation in Chile and Kenya; and the decriminalization of HIV transmission in Zimbabwe.
- Thirty-four countries are now part of the Global Partnership to eliminate HIV-related stigma and discrimination, which galvanizes learnings and actions across six settings, with six more countries having joined in 2022. Technical support and advocacy enabled policy changes in health care and the workplace, and facilitated for more protective environments for some populations such as LGBTQI+ and women in several countries. New guidance on monitoring and evaluation, an advocacy and practical guide on stigma and discrimination, country factsheets, a data dashboard, and a website are helping countries intensify their actions.

38. Human rights. The Joint Programme prioritized actions to promote human rights, inclusion and nondiscrimination in the context of HIV, especially in light of evidence that the criminalization of key populations reduces the effectiveness of national HIV responses by 18–24%.

39. Gender equality. Concrete advances were achieved in 2022 in promoting gender equality, thanks to the Joint Programme’s global leadership in promoting gender equality as a cornerstone of the HIV response.

- The Joint Programme supported adoption of global norms and standards for gender equality in the context of HIV, including the unanimous affirmation by the Southern African Development Community of the [60/2 Resolution on Women, the Girl Child and HIV and AIDS](#). Twenty-three countries have ratified the ILO Convention No 190 on the elimination of violence and harassment in the world of work, including 13 countries that did so in 2022.

- Joint Programme guidance and support for enhanced gender expertise and the meaningful engagement of women in all their diversity in 41 countries strengthened capacities to ground national HIV responses in principles of gender equality. An analysis of 15 gender assessments allowed for the sharing of lessons learnt for greater gender equality expertise in AIDS coordinating bodies and HIV programmes across 26 countries. That resulted in the integration of gender equality issues in national HIV strategies and plans, with budgetary allocations and gender-responsive indicators to track progress.
- The Joint Programme provided policy and advocacy support in 33 countries and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence.

40. Young people. The Joint Programme promoted the empowerment of young people—who account for one in four new HIV infections globally—to be fully engaged in efforts to end AIDS as a public health threat.

- The Education Plus initiative, supported by the African Union, is gaining strength and is being implemented in 13 countries, which are exploring law and policy reforms to increase educational opportunities and attainment for young people. Countries are benefitting from support for investment cases to guide budgetary and programmes for education that contribute to HIV prevention.
- Support for comprehensive sexuality education (CSE) was provided to more than 70 countries, and more than 30 million learners in Africa were reached through the “Our Rights, Our Lives, Our Future” programme. A digital community of practice for CSE was launched, and the digital space is being used widely to promote young people’s sexual health.
- UNAIDS’ #GenEndIt Youth Ambassadors programme reached more than 35 000 young people with peer-led prevention, human rights and SRH activities. #UPROOT youth-led accountability scorecards are available in 10 countries. The unique and youth-friendly “U-Test” model reached 2.8 million young

people online and distributed almost 75 000 HIV self-test kits.

- Thirty-six UNHCR country operations monitored and supported programmes to improve service delivery for adolescent and youth in refugee settings.
- The evidence base for action to improve young people’s health and well-being was expanded, including through a review of 33 interventions targeting young people. A quantitative analysis of the Sitakhela Likusasa impact project found that cash transfers that were conditional on continuation of education reduced HIV incidence among adolescent girls and young women.

OUTCOME 3: EFFICIENT HIV RESPONSE FULLY RESOURCED AND SUSTAINED

41. An efficient and fully resourced HIV response is critical. While funding of the response remains inadequate, the Joint Programme actively contributed to the mobilization of resources and their efficient use. This included increased domestic sources (which accounted for 60% of resources available for HIV responses in low- and middle-income countries in 2021), with 29 of reporting countries having increased their domestic public spending on HIV in the past five years; a successful replenishment of the Global Fund; and continued, robust support for PEPFAR activities, aligned with the Global AIDS Strategy.

42. Increased HIV financing, effectiveness and a more sustainable HIV response. In response to the decline in resources available for HIV programmes in low- and middle-income countries, the Joint Programme advanced on two linked fronts: building sustainable financing structures and prioritizing efficiency and effectiveness.

- Advocacy contributed to the successful 7th replenishment of the Global Fund, and 79 countries benefited from the Joint Programme’s guidance and support for evidence-informed Global Fund investment throughout their grant cycles in 2022. This included generation and use of strategic information for targeted interventions (67 countries), effective

coordination including through Country Coordination Mechanisms (68 countries), logistic and supply chain expertise (6 countries) and serving as Principal Recipient a.i. in selected countries. This led to better-targeted programmes for populations who are left behind and to increased investments in HIV prevention.

- The evidence case for HIV investments is stronger, due to strategic analysis of HIV financing which was published in flagship reports. National AIDS Spending Assessments were conducted in 13 countries and resource monitoring studies for community-led responses were launched in six countries. UNAIDS financing data on funding for human rights programming are now the primary source for policy-making and for the Global Fund's key performance indicators. An assessment of the returns on investments in social contracting is aiding the mobilization of resources for community-led services for key populations and vulnerable groups.
- Through the UNAIDS Technical Support Mechanism, 162 assignments enabled effective, high-impact implementation of HIV programmes. Efficiency and effectiveness studies, maintenance of key databases, and knowledge-sharing and capacity-building assistance informed and guided investment decisions, including allocative efficiency impact assessments in 11 countries.
- The Joint Programme supported greater domestic investments in the HIV response through advocacy, regular monitoring of domestic financing for HIV and HIV/TB in 64 countries, and through modelling of a new health tax in three countries. New research analysed the impact of COVID-19 on family planning and used the findings to inform national investment cases.

43. Better-integrated systems for health and social protection. Towards the achievement of universal health coverage, the Joint Programme promoted health system strengthening, community engagement and inclusive social protection.

- New critical policy guidance is available, including normative guidance for the integration of HIV services with services for viral hepatitis B and C, sexually transmitted infections (STIs), SRH, noncommunicable diseases, mental

health, and key population services, as well as operational guidance for social protection programmes in the context of HIV and TB. This was complemented by extensive advocacy to mobilize resources for health and to advance HIV integration in and action towards universal health coverage.

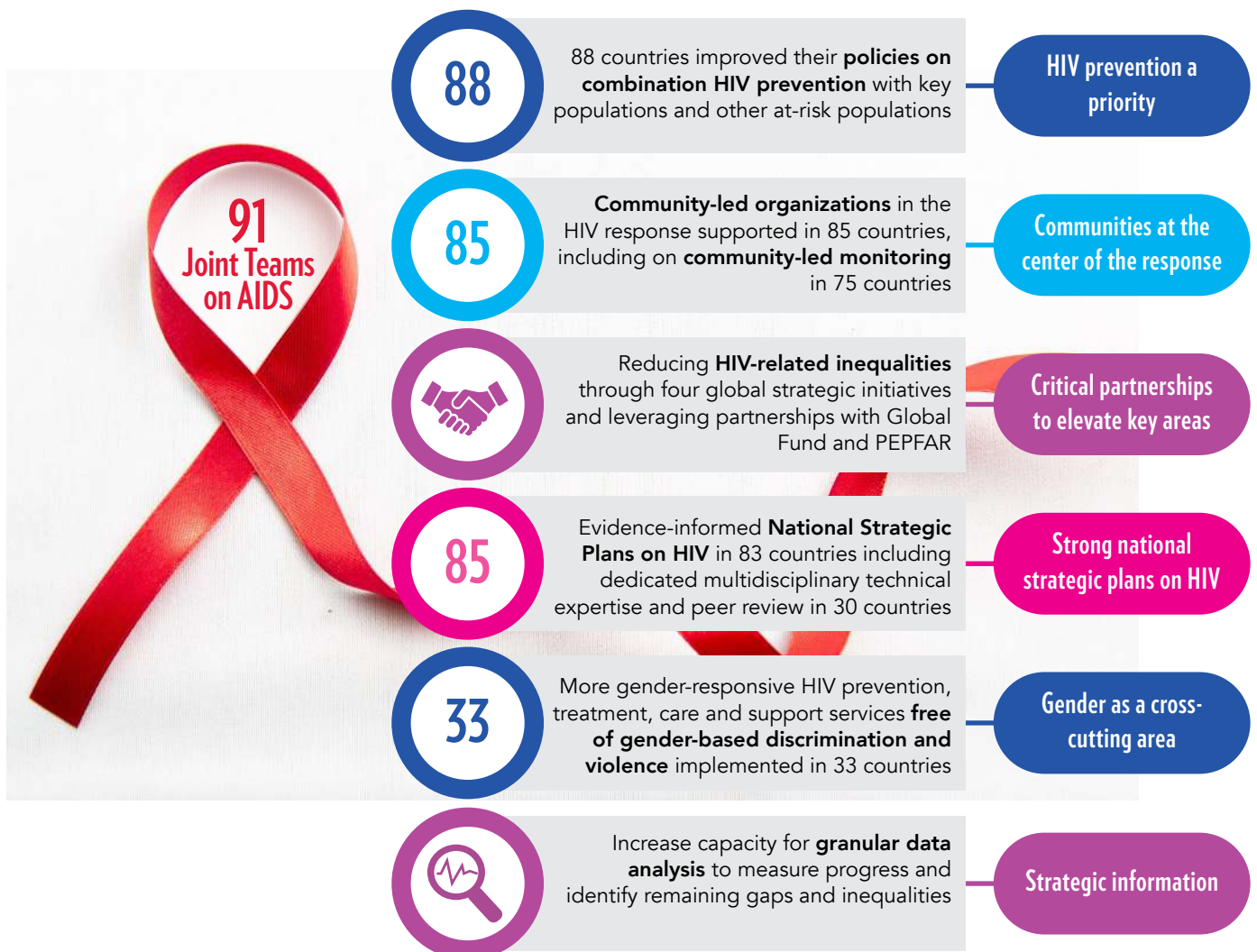
- Sixty-seven countries were supported to establish HIV antiretroviral services as part of the overall health system.
- The Joint Programme continued to support countries' efforts to improve the resilience and sustainability of formal and community systems for health. It did so through the provision of technical support and guidance, including collaboration to optimize related Global Fund investments and support for the development and implementation of a new five-year PEPFAR strategy, which prioritizes integration of HIV with other health services.
- As part of efforts to improve the inclusivity, effectiveness and sustainability of social protection systems that are critical to end AIDS by 2030, 31 countries received support in promoting HIV-sensitive social protection. In more than 45 countries, food and nutrition services were integrated into HIV and TB responses, thanks to the Joint Programme's expertise and support.

44. Sustained HIV services in humanitarian settings and shape pandemics responses. 2022 saw an unprecedented number of people affected by conflict and other humanitarian crises. Lives were saved thanks to sustained HIV services in humanitarian settings. UNAIDS expertise and lessons from both the HIV and COVID-19 pandemics informed more robust and people-centred approaches to pandemic prevention, preparedness and response.

- Thirty-five countries had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings. Food and nutrition support continued for vulnerable pregnant and breast-feeding women living with HIV and TB, including community-based and integrated approaches to reduce loss to follow-up of infants born to women who are living with HIV in humanitarian contexts.

- Knowledge and capacities were expanded, for example via a new field guide on TB prevention and care in humanitarian settings and an updated e-learning course on clinical management of rape and intimate partner violence.
- The Joint Programme’s rapid and adaptive actions, in coordination with many stakeholders, helped mitigate the impact of the war in Ukraine through efforts to maintain the continuity of HIV services for people living with HIV and for key populations in Ukraine and in neighbouring countries hosting refugees. This included the procurement of HIV diagnostics for nearly 1 million people and the monitoring of HIV treatment effectiveness for 200 000 people living with HIV.
- As a results of the work of the Joint Programme, community engagement and systems built or strengthened through the HIV response contributed to the global response to the outbreak of Ebola in Uganda. The same was true for the response to mpox in nonendemic countries, which disproportionately affected gay, bisexual and other men who have sex with men, and which had severe disease outcomes among people with untreated HIV. The Joint Programme convened communities to support the response and disseminated information to increase mpox awareness and support for rights- and evidence-based responses.
- The Joint Programme contributed lessons learned from the HIV response to inform ongoing discussion around the Pandemic Prevention, Preparedness and Response Accord. The Pandemic Fund, a new collaborative partnership, is working to mobilize critical resources for pandemic prevention, preparedness and response.

Figure 5. Countries progressing towards the 2025 global AIDS targets with well-coordinated Joint Programme support in 91 countries



A MORE EFFECTIVE JOINT PROGRAMME FOR MORE EFFECTIVE RESULTS AND ACCOUNTABILITY

- 45. The progress made towards the three outcomes and ten result area outputs was enabled through the efficient and effective delivery of five strategic functions, led by the UNAIDS Secretariat in concert with UNAIDS Cosponsors.
- 46. **Leadership, advocacy, and communications on strategic HIV issues.** Political commitment to HIV remained solid and sustained the momentum around the global political agenda, including in 18 high-level political meetings and their outcome documents (e.g. the UN General Assembly's Annual Review of HIV/AIDS and [report](#)), the High-Level Political Forum on Sustainable Development, and the 24th International AIDS Conference.
- 47. Efforts were redoubled to translate the Global AIDS Strategy and the 2021 Political Declaration on HIV

and AIDS into action through evidence-informed national strategic plans on HIV and their funding via Global Fund and PEPFAR grants. Well-coordinated Joint Programme support, led by the Secretariat, contributed to evidence-informed national strategic plans on HIV in 83 countries, including dedicated multidisciplinary expertise and peer review in over 30 countries. In 89 countries, the UNAIDS Secretariat reinforced the meaningful engagement between people living with HIV, key and other priority populations, affected women and girls and young people, and government institutions for information-sharing and decision-making around HIV priorities.

- 48. **Catalytic actions to address HIV-related inequalities through partnerships and innovation for impact.** Progress to reduce HIV-related inequalities accelerated through the effective convening and leveraging of global partnerships and initiatives such as the Global HIV Prevention Coalition; the Global Alliance to end aids in children; the Education Plus initiative; and the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. In eight countries, new Stigma Index surveys, led by networks of people living with HIV, benefited from the Secretariat's support. Through its critical partnerships with the Global Fund and PEPFAR at global, regional and country levels, the UNAIDS Secretariat guided evidence-informed prioritization of programmes, including innovations, the allocation and use of funding, and improved returns on investments.

Figure 6. Power of partnerships and initiatives of the Joint Programme



Accelerated action on HIV prevention and treatment

28 countries are part of the Global Prevention Coalition, and **12 countries** joined the Global Alliance to End AIDS in Children

Gaining ground on societal enablers

13 countries are part of the Education Plus Initiative, and **34 countries** are part of the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination

Fully-funded & more sustainable HIV response

Global Fund

Increased alignment to the Global AIDS Strategy & 2025 targets, guiding evidence-informed programmes and resources for impact

PEPFAR

Synergies for effective delivery for targeted programmes including innovations. **Fast-Track Cities** initiative in over **400 cities**. **Faith Initiative partners for prevention** and elimination of stigma and discrimination in 6 countries & a platform to over 2500 members.

- 49. State-of the art strategic information guides the global response.** In 2022, the Secretariat, together with UNICEF and WHO, collected and validated comprehensive data on HIV services and policies from 155 countries. HIV estimates were produced in 172 countries, representing 99% of the world's population. Among them, the Secretariat directly supported 139 countries to ensure that they have sustainable capacity to develop national HIV estimates, and 39 countries to develop subnational HIV estimates. All validated data are publicly available through [AIDSinfo](#), including data on the epidemic and response, inequalities, key population, finance, laws and policies and subnational data. Two UNAIDS flagship reports—[In Danger: UNAIDS Global AIDS Update 2022](#) and the [Dangerous inequalities: World AIDS Day report 2022](#)—provided state-of-the-art analysis on the HIV epidemic, response and gaps.
- 50.** In addition, prevention efforts were improved as a result of updated, granular analytical prevention scorecards that incorporate the 2025 strategies and targets and track progress in the 28 countries of the Global HIV Prevention Coalition. The Joint Programme facilitated community-led monitoring in 75 countries. This wealth of data enabled the HIV response to better understand and focus on inequalities in access to HIV services and it enabled granular target setting and monitoring by geographic location, as well as age, sex and population.
- 51. Effective coordination, convening and country implementation support.** Bringing together the collective and multisectoral expertise of the Joint Programme, country Joint UN Teams on AIDS, led by the Secretariat, delivered coordinated, quality support to countries through Joint UN Plans on AIDS in 91 countries, including with partial funding from UNAIDS joint country envelope for catalytic action. These joint plans leverage the broader power of the UN system through integration of HIV priorities in the UN Sustainable Development Cooperation Framework (UNSDCF) and the monitoring of progress towards the SDGs.
- 52.** Other country implementation support, coordinated by the Secretariat, included high-quality technical expertise to countries through the UNAIDS Technical Support Mechanism (which oversaw 162 assignments). The support focused mostly on achieving more effective data-driven programmes, especially for prevention, and on providing critical support for countries to access and optimize Global Fund resources.
- 53. Solid governance and mutual accountability.** Governance of the Joint Programme, the only UN entity with civil society participation in its governing body, set both normative and policy directions for the HIV response. In 2022, through inclusive stakeholder engagement (in 27 primary governance meetings), the PCB committed to bold actions to get the world on-track to end AIDS by 2030. They included commitments to fully fund the HIV response; support community led-responses; amplify the message of U=U (Undetectable=Untransmittable); end stigma and discrimination; and support education, empowerment and CSE.
- 54.** The PCB requested a multistakeholder task team to propose recommendations for a fully funded Joint Programme and discussed solutions to mitigate the risk of the current UBRAF funding shortfall, while appreciating the ambitious new UNAIDS Resource Mobilization Strategy. The UNAIDS Performance Monitoring Report for 2022 showed high performance and efficiencies delivering results despite challenges. The UNAIDS Results and Transparency Portal features dedicated pages on the UBRAF 2022–2026, including results in every region and over 90 countries, donor contributions and the UNAIDS Secretariat's submission to the International Aid Transparency Initiative (IATI).
- 55.** UNAIDS further demonstrated high levels of compliance with UN System-wide reform requirements, such as the UN Quadrennial Comprehensive Policy Review (QCPR) and the UN Funding Compact, and the UN System-Wide Action Plan on gender equality and women's empowerment (UN SWAP).

JOINT PROGRAMME'S CONTRIBUTION TO THE SDGs

- 56.** An historical and enduring strength of the global HIV response is its multisectoral and multistakeholder approach, which places communities at the centre and uses data-driven and collaborative governance to create pathways for leaving no one behind and achieving the SDGs. This has been possible thanks to the Joint Programme's unique, added value in anchoring the HIV response in strong political leadership; its combined global, regional and country presence and joint efforts; its use of expertise and the latest evidence; its adoption of inclusive rights-based and community-led approaches for effective programmes; and its work to unite all key stakeholders to identify and adequately resource solutions.
- 57.** The Joint Programme leverages the broader power of the entire UN system through the country UN Sustainable Development Cooperation
- 58.** The work of the Joint Programme accelerates progress across the breadth of SDG 3 goals; promotes poverty reduction (SDG 1) and the eradication of hunger (SDG 2); advances gender equality (SDG 5); contributes to nondiscrimination and law reforms for safe and more equal environments and for closing inequality gaps for all (SDG 10); and builds more resilient and sustainable communities by focusing on the needs of those who are most left behind. Through its extensive collaboration, including its inclusive governance model, the Joint Programme embodies the partnership for sustainable development on which the 2030 Agenda is based, while the lessons from HIV inform global pandemic preparedness and response (SDG 17).



CHALLENGES, LESSONS LEARNED AND OPPORTUNITIES

59. The remarkable gains of the global HIV response are not reaching everyone, everywhere yet. New HIV infections are on the rise in eastern Europe and central Asia and in the Middle East and North Africa. The expansion of ART coverage is slowing. Stagnating progress in the response stems from faltering political will, funding constraints, fragile public health systems, and a failure to confront the injustices and inequalities that fuel the pandemic, such as the discrimination, stigmatization and criminalization experienced by key populations.
60. Inequalities continue to undermine efforts to end AIDS. The epidemic still has a disproportionate impact on women and girls in eastern and southern Africa, where adolescent girls and young women (aged 15–24 years) are three times more likely than adolescent boys and young men to acquire HIV. Globally, in epidemics that are concentrated among key populations, new HIV infections are not declining—one reason why the global response is not on track to reach the 2030 target. Key populations—gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners and other incarcerated people—are most at risk of acquiring HIV, but they are least likely to be prioritized in many national HIV responses. Children comprised 4% of all people living with HIV, but accounted for 15% of AIDS-related deaths in 2021.
61. While further efficiencies and effectiveness were achieved to save lives, funding shortfalls in the global HIV response continued to limit progress in key areas, especially for key and other vulnerable populations. The stark reality at the end of 2021 was that only US\$ 21 billion (in constant 2019 US dollars) was available for the HIV response in low- and middle-income countries—far short of the US\$ 29.3 billion needed by 2025 to get on track to end AIDS. This represented an annual funding gap of US\$ 7.9 billion. In order to reach the global AIDS targets and the end of AIDS, the global HIV response, including the Joint Programme, needs to be fully resourced.
62. The deterioration of the human rights environment in many parts of the world is impeding efforts to accelerate progress in the response. The space for civil society is shrinking in many countries, and a growing backlash against gender equality and the rights of women and girls, LGBTQI+ people and other marginalized populations threatens to erase gains made in the HIV response and undermine efforts to end AIDS.
63. The Joint Programme went through programmatic and operational challenges due to the budget constraints in 2022. These were partly mitigated by implementing efficiencies and prioritization across all the Cosponsors and Secretariat in terms of personnel, programme and geographic scope. Increasing demands for support collide with extremely stretched capacities, especially to leverage political convening power and action, policy changes, engagement with countries and communities and support for HIV services. The budget constraints are also felt on the Joint Programme's capacity to provide support to and with civil society including direct financial support, dialogue on human rights, gender equality and structural barriers in over 90 countries which we collectively work. This also leads to slower progress for HIV integration and sustainability, less strategic information. Finally, it also implies less external relations and management capacity. This is not sustainable.
64. However, lessons learned in 2022 also point towards important opportunities that must be seized. As this Performance Monitoring Report demonstrates, the Joint Programme continued to drive crucial progress in the response, even in the face of historic challenges. This underscores the continued relevance and critical added value of the Joint Programme's multisectoral expertise and approach in driving progress towards the Global AIDS targets. Strategic initiatives and partnerships are focusing attention and catalysing strategic action on priority issues—including HIV prevention, the needs of adolescent girls and young women, paediatric AIDS, stigma and discrimination and decriminalization. The Joint Programme and partners need to build on this momentum to accelerate progress. While experiences in 2022 further underscore the transformative potential of community-led responses, communities must be adequately resourced and effectively supported to play their important roles in the response to HIV.
65. Overcoming those challenges and achieving the global AIDS goals and targets require a fully funded Joint Programme that is capable of fully realizing its catalytic potential.

Annex 1. Overview of 2022 UBRAF indicator data

RA /SF	2022 progress on UBRAF Indicators	Status	2023 Milestone
RA 1 HIV Prevention	88 countries improved their policies and/or strategies on combination HIV prevention with key populations and other populations at risk of HIV (1.1.1)	On track	40 countries
	89 countries received technical and/or implementation support to scale up combination HIV prevention programmes (1.2.1)	On track	40 countries
RA 2 HIV Treatment	Guidance for integrated service delivery of HIV and comorbidities is in development to meet the respective 2023 milestone next year (2.1.1)	On track	Guidance and framework on integrated service delivery of HIV and comorbidities finalized
	Implementation of the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring supported and will be measured through GAM reporting (available mid-2023) (2.2.1)	Data not yet available	30 countries supported to update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery
	Number of countries that implemented recommended WHO-preferred first-line ARV regimen for treatment initiation will be measured through the GAM reporting (available mid 2023) (2.2.2)	Data not yet available	40 countries supported to implement recommended WHO-preferred first-line ARV regimen for treatment initiation
	Number of countries that have adapted shorter rifamycin-based regimens for TB preventive treatment will be measured through GAM (available mid 2023) (2.2.3)	Data not yet available	At least 15 countries supported to adopt shorter rifamycin-based regimens for TPT for people living with HIV
RA 3 Paediatric AIDS, Vertical Transmission	79 out of 91 countries (87%) have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women (3.1.1)	On track	80% of countries
	1 additional partner country developed a national validation (3.2.1)	On track	2 additional partner countries who joined the Global Alliance to end AIDS in children submit their validation report to GVAC
	63 countries supported by the Joint Programme now have HIV services for children integrated into at least 50% of primary health care sites (3.2.2)	On track	15 partner countries join the Global Alliance to end AIDS in children and provide services for children with HIV that are integrated into primary health care
RA 4 Community-led responses	2 guidance documents on the new definition of community-led response and community-led organizations developed. 77 countries were provided with technical support and guidance for community-led organizations from at least 3 of the most significantly affected communities (4.1.1)	On track	At least 2 normative guidance documents developed and promoted
	In 84 countries the Joint Programme supported national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses (4.2.1)	On track	20 countries
RA 5 Human rights	60 countries were supported to remove or amend punitive and discriminatory laws and policies and/or to develop protective ones affecting the HIV response (5.1.1)	On track	At least 30 countries
	77 countries were supported to reduce stigma and discrimination in at least 2 of the 6 settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination (5.2.1)	On track	At least 25 countries
RA 6	41 countries strengthened their gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engaged women in all their diversity together with men (6.1.1)	On track	30 countries

Annex 1. Overview of 2022 UBRAF indicator data

RA /SF	2022 progress on UBRAF Indicators	Status	2023 Milestone
Gender Equality	33 countries received policy and advocacy support to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence (6.2.1)	On track	27 countries
RA 7 Young people	51 countries scaled up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly sexual and reproductive health (SRH services, including comprehensive sexuality education (CSE) (7.1.1)	On track	At least 35 countries
	26 countries developed and implemented costed plans to expand and institutionalize youth-led HIV responses (7.2.1)	On track	At least 10 countries
RA 8 Fully funded, sustainable HIV response	36 countries developed and reporting implementation of measures advancing full and sustainable HIV financing. (8.1.1)	On track	37 countries
	20 out of 91 countries where the Joint Programme operates, submitted information on government earmarked budgets and expenditures on HIV through GAM (8.1.2)	Slow progress	5 additional countries
	48 countries conducted studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multisectoral financing, impact and equity; and/or with recent HIV Investment cases (in the past three years) that are being used (8.2.1)	On track	45 countries
	79 countries supported by the Joint Programme for evidence-informed HIV investments across their Global Fund grant cycles (8.2.2)	On track	At least 50 countries
RA 9 Integrated systems for health and social protection	67 countries have HIV ART services for both treatment and prevention, organized and financed as part of the overall health systems including through primary health care (9.1.1)	On track	46 countries
	48 countries included cervical cancer screening and treatment for women living with HIV into national strategies, policies, guidelines and/or plans for HIV, cervical cancer, noncommunicable diseases or other health areas (9.1.2)	On track	40 countries
	44 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV (9.2.1)	On track	10 countries
RA 10 Humanitarian settings and pandemics	42 countries implemented interventions/services for key populations in humanitarian settings (10.1.1)	On track	25 countries
	35 countries had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security (10.1.2)	On track	10 countries
	53 countries reported the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks (10.2.1)	On track	30 countries
SF1 Leadership, advocacy and communications	18 high-level political meetings related to HIV and AIDS where the Secretariat informed/influenced the outcome documents (S.1.1.1)	On track	At least 15 high-level political meetings outcome documents reflecting HIV and AIDS. Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026. Development of the next Global AIDS Strategy commenced
	83 countries supported to review, assess and/or update the country's national strategic plan on HIV (or equivalent plans or frameworks), including 30 countries with dedicated multidisciplinary technical expertise and peer review (S.1.1.2)	On track	40 countries per year
	89 out of 91 countries (99%) where the Secretariat operates received support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information-sharing and decision-making on HIV priorities (S.1.2.1)	On track	At least 90% of countries where the Secretariat operates

Annex 1. Overview of 2022 UBRAF indicator data

RA /SF	2022 progress on UBRAF Indicators	Status	2023 Milestone
SF2 Partnerships, mobilization and innovation	13 countries in sub-Saharan Africa joined the Education Plus initiative and 7 countries have an implementation plan (S2.1.1)	On track	5 countries joined the initiative, and 5 countries have an implementation plan
	8 countries completed a People Living with HIV Stigma Index 2.0 during 2022 (S.2.1.2)	On track	10 countries per year
	34 countries joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and 16 countries implement operational plans (S2.1.3)	On track	5 countries joined and 16 countries with implementation plan
	7 communities of practice initiated and UNAIDS Knowledge Management Strategy available (S2.2.1)	On track	Knowledge Management Strategy available and 4 communities supported
SF 3 Strategic Information	GAM Framework 2021–2026 and indicator guidance for 2022 and 2023 developed and shared (S.3.1.1)	On track	Developed and shared GAM Framework and GAM indicator guidance for 2022, 2023, 2024
	155 countries reported against new GAM indicators and 172 countries developed HIV estimates, including 139 countries receiving direct Secretariat support. 75 countries supported to implement community-led monitoring, of which 39 received dedicated Secretariat support (S3.2.1)	On track	150 countries supported for developing HIV estimates process and 15 countries received dedicated Secretariat support for Community-led monitoring
	UNAIDS Global AIDS Update 2022 and World AIDS Day Report: Dangerous Inequalities launched, and AIDSinfo includes a dedicated HIV/AIDS inequalities dashboard (S.3.3.1)	On track	Global AIDS Update reports and annual updates to AIDSinfo produced every year
SF4 Coordination, convening and country implementation support	87 countries have a UN Sustainable Development Cooperation Framework (UNSDCF) that integrates priorities on ending HIV-related inequalities and ending AIDS (S.4.1.1)	On track	80 countries have UNSDCF that integrate priorities on ending HIV related inequalities and ending AIDS
	91 countries implemented a Joint UN Plan on HIV, developed by the UN Joint Teams on HIV and AIDS, supporting the national HIV response as part of and contributing to the Sustainable Development Cooperation Framework (UNSDCF) or equivalent (S.4.1.2)	On track	85 country-level UN Joint Teams on HIV and AIDS implementing a Joint UN Plan on HIV
	Framework and toolkit on HIV-related inequalities developed, disseminated and piloted in 5 countries (S.4.2.1)	Slow progress	Developed and disseminated and piloted in 12 countries
SF5 Governance and mutual accountability	27 meetings held by UNAIDS with its primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) ensuring effective governance and inclusive stakeholder engagement (S.5.1.1)	On track	14 meetings held annually
	Quality management, oversight and performance reports submitted to PCB. Updated UNAIDS Results and Transparency portal and updated Secretariat financial data published in International Aid Transparency Initiative (S.5.2.1)	On track	Reports submitted; Results and Transparency portal updated
	Fully operational Independent External Oversight Advisory Committee (IEOAC) to fulfil its mission (7 meetings and first Organizational Oversight Report . (S.5.2.2)	On track	2 meetings held
	High compliance with UN Reform as shown in at least 8 UN system-wide reports/surveys, including QCPR survey, QCPR and Funding Compact conference room paper and UN SWAP on gender equality and women’s empowerment (S.5.3.1)	On track	Annual QCPR, UN Funding Compact and UN SWAP report completed.
	83% of the evaluations implemented and follow up on recommendations from evaluations in 2021 and 2022 have been tracked (S.5.4.1)	On track	80% of UNAIDS evaluations, as per the PCB-approved Evaluation Plan, implemented and tracking of the follow-up on related recommendations

Annex 2. Budget implementation

Notes:

- The 2022 percentage implementation reflected in these tables are based on the US\$ 210 million per annum maximum budget threshold for the 2022–2023 biennium approved by the PCB at its special session in October 2021.
- All tables below exclude UNDP Global Fund expenditures of US\$ 308.6 million and UNICEF Global Fund expenditures of US\$ 2.9 million in 2022.
- All tables below exclude the amount of US\$1 58 025 submitted by WHO subsequent to the finalization of the document.
- Secretariat's core expenditures of US\$2.9 million were encumbered during 2021, representing firm commitments of goods and services delivered in 2022.

Table 2: 2022 expenditure and encumbrances against total UBRAF core and non-core allocated funds, by organization (in US\$)

Organization	2022 Budget	Carry forward from 2020-2021	2022 Core Gobar funds	2022 Country Envelope	2022 Total Core Allocated Funds	2022 Core expenditure & encumbrances	Impl rate, core funds	2022 non-core estimates	2022 non-core expenditures & encumbrances	2022 Total Allocated Funds	2022 Total expenditures & encumbrances
	A	B	C	D	E=B+C+D	F	G=F/E	H	I	J=E+H	K=F+I
UNHCR	3 108 200	-	1 600 000	900 200	2 500 200	2 447 662	98%	37 550 000	48 202 142	40 050 200	50 649 804
UNICEF	7 684 400	679 550	1 600 000	4 438 000	6 717 550	2 922 950	44%	42 627 900	49 444 984	49 345 450	52 367 933
WFP	3 800 400	687 766	1 600 000	1 469 200	3 756 966	2 809 016	75%	15 174 000	9 025 987	18 930 966	11 835 004
UNDP	5 522 400	1 809 869	1 600 000	2 808 500	6 218 369	5 146 525	83%	6 100 000	10 132 994	12 318 369	15 279 519
UNFPA	7 152 000	1 850 537	1 600 000	3 974 7000	7 425 237	7 234 732	97%	34 300 000	48 779 022	41 725 237	56 013 753
UNODC	4 517 400	809 777	1 600 000	2 074 300	4 484 077	3 246 648	72%	15 146 100	4 336 540	19 630 177	7 583 188
UN Women	3 634 100	1 055 222	1 600 000	1 716 900	4 372 122	3 570 683	82%	15 000 000	19 405 903	19 372 122	22 976 587
ILO	3 177 900	472 692	1 600 000	1 263 900	3 336 592	2 812 907	84%	4 000 000	5 979 178	7 336 592	8 792 085
UNESCO	3 964 700	924 986	1 600 000	1 530 200	4 055 186	2 821 283	70%	17 390 500	15 423 200	21 445 686	18 244 483
WHO	8 171 700	1 586 025	1 600 000	4 794 100	7 980 125	4 312 396	54%	55 000 000	55 000 000	62 980 125	59 312 396
World Bank	2 266 800	-	1 600 000	30 000	1 630 000	1 622 657	100%	6 420 000	6 442 532	8 050 000	8 065 189
GSI	11 000 000	-									
Secetariat	146 000 000	2 875 657	140 000 000		142 875 657	136 969 396	96%	50 000 000	68 324 697	192 875 657	205 294 093
Grand Total	210 000 000	12 752 081	157 600 000	25 000 000	195 352 081	175 916 854	90%	298 708 500	340 497 180	494 060 581	516 414 034

Table 3. 2022 core and non-core expenditures and encumbrances against UBRAF core budget and non-core estimates, by result area (in US\$)

Result Area	Core central budget	Core central expenditure & encumbrances	Country envelopes budget	Country envelopes expenditure & encumbrances	Non-core budget	Non-core expenditure & encumbrances	Total budget	Total expenditure & encumbrances
1. HIV Prevention	4 509 000	3 793 677	4 826 000	5 068 578	46 447 600	42 027 439	55 782 600	50 889 693
2. HIV Treatment	1 606 500	1 276 425	10 295 600	2 350 795	46 585 000	28 838 544	58 487 100	32 465 764
3. Paediatric AIDS, Vertical Transmission	1 364 000	808 204	2 022 100	2 211 055	13 964 500	33 377 629	17 350 600	36 396 889
4. Community-led responses	939 500	752 819	862 400	1 767 777	8 113 800	10 021 865	9 905 700	12 542 461
5. Human Rights	1 845 000	1 301 395	3 427 900	2 605 515	10 266 600	10 568 464	15 539 500	14 475 374
6. Gender Equality	2 238 500	1 717 747	1 613 100	1 916 499	27 402 700	37 102 461	31 254 300	40 736 708
7. Young People	2 519 000	1 475 197	4 031 900	2 418 943	22 656 700	43 694 572	29 207 600	47 588 713
8. Fully funded HIV Response	1 265 000	1 027 160	1 353 800	658 166	6 516 000	6 796 153	9 134 800	8 481 480
9. Integration and social protection	2 428 500	1 855 541	1 873 900	2 141 637	17 550 900	16 727 290	21 853 300	20 724 467
10. Humanitarian settings and pandemics	3 295 000	2 817 056	693 300	982 671	49 204 700	43 018 066	53 193 000	46 818 393
11. Global Strategic Initiatives	11 000 000	-					11 000 000	
Grand Total	33 000 000	16 825 821	31 000 000	22 121 637	248 708 500	272 172 483	312 708 500	311 119 941

Table 4. 2022 UBRAF core and non-core expenditures and encumbrances against 2022 budget, by Secretariat function (in US\$)

Secretariat Function	Core Budget	Core expenditure & encumbrances	Non-core estimates	Non-core expenditure & encumbrances	Total core budget & non-core estimates	Total expenditure & encumbrances
S1. Leadership, advocacy and communication	32 412 000	31 111 599	10 857 000	24 659 476	43 269 000	55 771 075
S2. Partnerships, mobilization and innovation	30 256 000	27 679 054	13 510 000	13 924 297	43 766 000	41 503 350
S3. Strategic information	20 892 000	19 710 225	4 161 000	6 031 996	25 053 000	25 742 221
S4. Coordination convening and country implementation support	34 377 000	32 567 839	20 338 000	20 637 982	54 715 000	53 205 821
S5. Governance and mutual accountability	26 063 000	25 900 679	1 134 000	3 070 946	29 197 000	28 971 626
Grand Total	146 000 000	136 969 396	50 000 000	68 324 697	196 000 000	205 294 093

Table 5. 2022 UBRAF core and non-core expenditure and encumbrances, by result area and Cosponsor (in US\$)

Result Area	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	World Bank	Total
Core expenditure and encumbrances (Including country envelopes)												
1. HIV Prevention	163 768	366 254	128 615	785 407	1 892 843	2 234 075	265 850	761 576	974 596	983 962	305 329	8 862 255
2. HIV Treatment	139 107	171 148	180 428	115 718	197 521	154 372	263 599	470 298	16 034	1 918 996	-	3 627 220
3. Paediatric AIDS, Vertical Transmission	24 565	1 686 561	40 869	05 856	592 562	50 000	-	-	-	618 846	-	3 019 259
4. Community-led reponses	42 387	51 294	39 496	758 508	664 276	155 137	357 703	197 496	58 793	186 006	-	2 520 597
5. Human Rights	-	11 063	-	1 926 430	482 806	414 614	345 641	493 478	175 425	57 452	-	3 906 910
6. Geder Equality	42 535	57 543	-	491 531	105 337	146 156	2 011 063	255 072	513 874	11 137	-	3 634 247
7. Young People	-	486 211	-	24 596	1 934 894	09 756	184 171	33 258	1 023 768	88 575	108 911	3 894 140
8. Fully funded HIV Response	-	27 167	-	738 056	130 032	43 050	-	95 744	-	257 443	393 0836	1 685 326
9. Integration and social protection	40 596	36 153	1 362 208	240 690	1 059 408	04 646	143 177	479 580	58 793	128 072	443 855	3 997 177
10. Humanitarian settings and pandemics	1 994 704	19 558	1 057 399	59 733	175 054	34 824	-	26 405	-	61 907	370 726	3 800 327
Core Total	2 447 662	2 922 950	2 809 016	5 146 525	7 234 732	3 246 648	3 570 683	2 812 907	2 821 283	4 312 396	1 622 657	38 947 468
Non core expenditure and encumbrances												
1. HIV Prevention	-	523 228	488 136	2 735 908	15 554 813	2 181 540	1 148 521	1 585 984	4 607 377	12 650 000	551 931	42 027 439
2. HIV Treatment	-	523 228	522 701	-	827 369	100 000	1 224 264	890 982	-	24 750 000	-	28 838 544
3. Paediatric AIDS, Vertical Transmission	-	24 245 742	238 666	-	2 211 571	160 000	-	-	-	6 050 000	471 651	33 377 629
4. Community-led reponses	-	1 046 456	67 554	607980	3 426 854	680 000	1 050 673	392 349	-	2 750 000	-	10 021 865
5. Human Rights	-	261 614	-	2 837 238	2 403 275	825 000	1 769 674	929 094	1 542 569	-	-	10 568 464
6. Geder Equality	18 097 895	261 614	-	810 640	2 906 861	290 000	9 388 686	739 889	4 628 877	-	-	37 102 481
7. Young People	-	20 929 110	-	-	11 565 485	-	2 532 997	-	4 656 377	3 850 000	170 603	43 694 572
8. Fully funded HIV Response	-	-	-	1 111 529	450 534	-	-	-	-	4 950 000	280 990	6 796 153
9. Integration and social protection	-	845 678	2 716 363	2 026 599	8 610 354	-	251 400	1 072 684	-	-	1 204 211	16 727 290
10. Humanitarian settings and pandemics	30 104 240	808 315	4 992 567	-	821 905	100 000	2 059 689	368 196	-	-	3 763 146	43 018 066
Non-core Total	48 202 142	49 444 984	9 025 987	10 132 994	48 779 022	4 336 540	19 405 903	5 979 178	15 423 200	55 000 000	3 763 146	272 172 483
Core and Non-core expenditure and encumbrances												
1. HIV Prevention	163 768	889 481	616 751	3 521 315	17 447 656	4 415 615	1 414 351	2 347 560	5 581 973	13 633 962	857 260	50 889 693
2. HIV Treatment	139 107	694 376	703 129	115 718	1 024 890	254 372	1 487 863	1 361 280	16 034	26 668 966	-	32 465 764
3. Paediatric AIDS, Vertical Transmission	24 565	25 932 302	279 535	05 856	2 804 133	210 000	-	-	-	6 668 846	471 651	36 396 889
4. Community-led reponses	42 387	1 107 750	107 050	1 36 488	4 091 129	835 137	1 407 876	589 845	58 793	2 936 006	-	12 542 461
5. Human Rights	-	272 677	-	4 763 668	2 886 081	1 239 614	2 115 315	1 422 572	1 717 994	57 452	-	14 475 374
6. Geder Equality	18 140 430	319 157	-	1 302 171	3 012 198	436 156	11 379 748	994 961	5 140 751	11 137	-	40 736 708
7. Young People	-	21 415 321	-	24 596	13 500 379	09 756	2 717 168	33 258	5 670 145	3 938575	279 514	47 588 713
8. Fully funded HIV Response	-	27 167	-	1 852 685	580 566	43 050	-	95 744	-	5 207 443	674 826	8 481 480
9. Integration and social protection	40 596	881 831	4 078 572	2 267 288	9 669 763	04 646	394 577	1 552 264	58 793	128 072	1 648 066	20 724 467
10. Humanitarian settings and pandemics	32 098 951	827 872	6 049 966	59 733	996 959	134 842	2 059 689	394 601	-	61 907	4 133 872	46 818 393
Grand Total	50 649 804	52 367 933	11 835 004	15 279 519	56 013 753	7 583 188	22 976 587	8 792 085	18 244 483	59 312 396	8 065 189	311 119 941

Table 6. 2022 core and non-core expenditures and encumbrances against UBRAF core available funds and non-core estimates, by region (in US\$)

Region	2022 Core central budget	Core expenditure & encumbrances	Country Envelopes budget	Country Envelopes expenditure & encumbrances	Non-core estimates	Non-core expenditure & encumbrances	Total core and non-core funds available	Total core and non-core expenditure & encumbrances
AP	16 013 500	15 864 953	5 456 000	3 898 755	26 097 900	27 007 529	47 567 400	46 771 237
EECA	6 611 550	6 358 246	2 108 000	1 213 158	17 213 200	30 994 361	25 932 750	38 565 765
ESA	30 243 050	24 769 233	10 850 000	7 815 966	99 505 700	113 664 434	140 598 750	146 249 632
LAC	10 919 750	10 657 089	3 596 000	2 745 775	11 546 300	13 752 492	26 062 050	27 155 356
MENA	4 365 500	3 448 207	1 612 000	1 320 666	24 284 300	18 524 306	30 261 800	23 293 178
WCA	24 352 300	21 330 837	7 378 000	5 127 318	52 756 400	62 828 527	84 486 700	89 286 682
Global	75 494 350	71 366 652			67 304 700	73 725 533	142 799 050	145 092 184
Total	168 000 000	153 795 217	31 000 000	22 121 637	298 708 500	340 497 180	497 708 500	516 414 034

Table 7. 2022 expenditure and encumbrances against 2022 country envelope funds, by organization (in US\$)

Organization	2022 Budget	2020-2021 Carry forward	2022 Country Envelope	2022 Funds available	2022 Country Envelope expenditure & encumbrances	% Implementation
	A	B	C	D=B+C	E	F=E/D
UNHCR	1 108 200	-	900 200	900 200	867 202	96%
UNICEF	5 684 400	97 721	4 437 997	4 535 718	2 192 099	48%
WFP	1 800 400	687 766	1 469 140	2 156 906	1 208 920	56%
UNDP	3 522 400	1 544 573	2 808 455	4 353 028	3 289 424	76%
UNFPA	5 152 000	1 083 199	3 974 695	5 057 894	4 877 592	96%
UNODC	2 517 400	809 777	2 074 390	2 884 167	1 606 076	56%
UN Women	1 634 100	676 839	1 716 900	2 393 739	2 030 180	85%
ILO	1 177 900	354 515	1 263 900	1 618 415	1 273 796	79%
UNESCO	1 964 700	632 151	1 530 185	2 162 336	1 635 724	76%
WHO	6 171 700	1 586 025	4 794 138	6 380 163	3 140 624	49%
World Bank	266 800	-	30 000	30 000		0%
Grand Total	31 000 000	7 472 567	25 000 000	32 472 567	22 121 637	68%

Table 8. 2022 core expenditures and encumbrances, by cost category (in US\$)

Cost Category by cosponsor	2022 core budget	2022 EXPENDITURE & ENCUMBRANCES								
		Staff and other personnel cost	Contractual services	General operating expenses	Transfers and grants to counterparts	Equipment, furnitures and vehicles	Travel	Programme Support cost	Encumbrances	TOTAL
UNHCR	3 108 200	19	266 635	361 538	1 656 096	7 697	6 291	149 387	-	2 447 663
UNICEF	7 684 400	174 476	322 735	75 572	1 821 236	237 769	57 817	231 983	1362	2 922 950
WFP	3 800 400	553 951	221 055	470 806	837 533	73 311	221 440	430 921	-	2 809 016
UNDP	5 522 400	1 044 254	2 065 923	806 647	237 166	27 595	419 905	367 539	177 497	5 146 526
UNFPA	7 152 000	753 831	1 132 124	2 447 517	18 245	61 113	471 328	390 650	1 959 924	7 234 731
UNODC	4 517 400	1 663 296	203 502	318 933	25 000	35 421	348 266	203 958	448 272	3 246 648
UN Women	3 634 100	511 989	1 415 824	548 985	-2 766	62 361	409 163	245 696	379 431	3 570 683
ILO	3 177 900	1 414 508	918 889	59 985	173 979	6 516	49 161	89 861	-	2 812 906
UNESCO	3 964 700	1 014 194	915 287	74 478	97 327	69 557	64 078	153 697	432 664	2 821 252
WHO	8 171 700	1 176 408	1 507 898	83 498	366 592	159 746	428 969	247 498	341 787	4 312 396
World Bank	2 266 800	425 967	-	11 619	-	-	19 495	194 719	970 868	1 622 657
GSI	11 000 000	-	-	-	-	-	-	-	-	-
Secetariat	146 000 000	103 071 350	8 530 412	12 658 275	5 533 055	451 384	2 579 906	-	4 145 015	136 969 397
Total	210 000 000	111 804 243	17 500 284	25 000 000	10 763 464	1 192 469	5 075 817	2 805 909	8 856 810	175 916 856

Table 9. 2022 core and non-core expenditure and encumbrances, by SDG (in US\$)

Result Area	Core central expenditure & encumbrances	Country Envelope expenditure & encumbrances	Non-core expenditure & encumbrances	Total expenditure & encumbrances
SDG 1: No poverty	508 684	272 114	2 284 801	3 065 599
SDG 2: Zero hunger	1 400 000	832 565	7 234 500	9 467 065
SDG 3: Good health and well-being	45 281 466	11 184 830	189 792 225	246 258 521
SDG 4: Quality education	1 025 686	1 549 501	14 655 592	17 230 778
SDG 5: Gender equality	12 218 518	4 035 891	71 926 411	88 180 819
SDG 8: Decent work and economic growth	432 720	315 844	1 712 870	2 461 434
SDG 9: Industry, innovation and infrastructure	209 409	97 552	1 376 984	1 683 945
SDG 10: Reduce inequality	22 233 745	1 711 585	20 432 862	44 378 173
SDG 11: Sustainable cities and communities	13 997 744	-	2 954 190	16 951 934
SDG 16: Peace, justice and strong institutions	12 475 306	330 190	4 756 434	17 563 930
SDG 17: Partnerships for the goals	44 011 942	1 791 583	23 368 310	69 171 835
Grand Total	153 795 219	22 121 637	340 497 179	516 414 036

