

# RESULTS BY ORGANIZATION

## 2024 PERFORMANCE

## MONITORING REPORT

**Additional documents for this item:**

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

UNAIDS Performance Monitoring Report 2024: Results report (UNAIDS/PCB (56)/25.8)

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

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

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

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

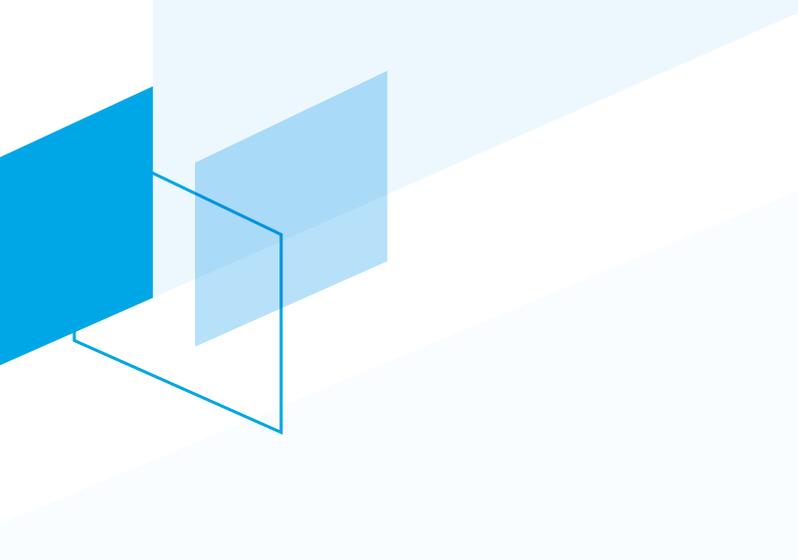
- *Take note*, with appreciation, of the 2024 Performance Monitoring Report, including its scope and depth; and
- *Encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs.

**Cost implications for the implementation of the decisions:** *none*

# RESULTS BY ORGANIZATION

PERFORMANCE  
MONITORING REPORT  
**2024**





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# INTRODUCTION

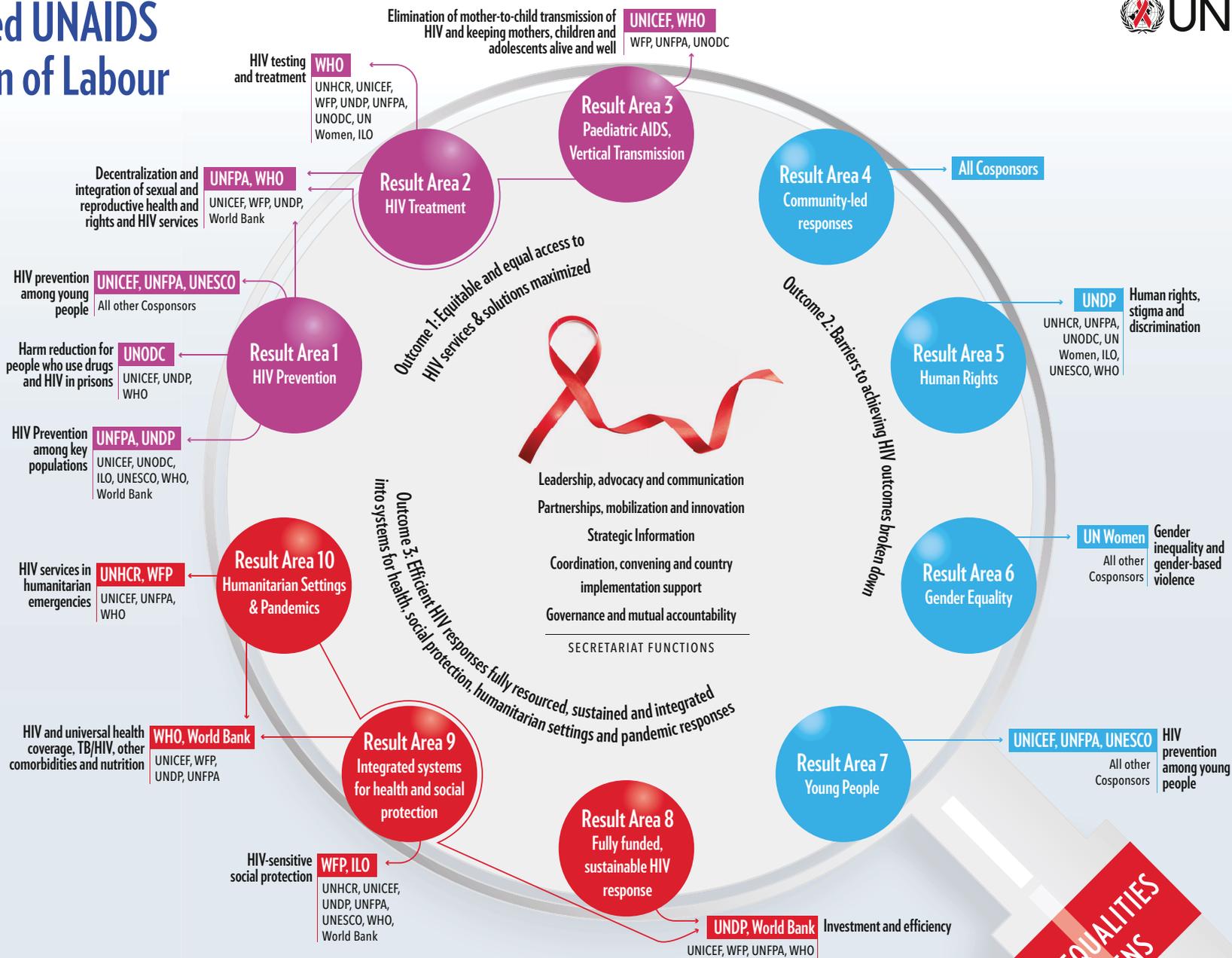
1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) plays a unique role in the HIV response by bringing together the leadership and expertise of 11 United Nations (UN) entities to drive progress towards the goal of ending AIDS as a public health threat by 2030. By leveraging the comparative advantages of each Cosponsor, the Joint Programme combines political, normative and technical leadership in the health sector with a people-centred approach that advances gender equality and human rights and addresses the factors that increase HIV vulnerability and diminish access to essential services.
2. The work of the Joint Programme is guided by the [2021–2026 Global AIDS Strategy](#), which prioritizes actions to reduce HIV-related inequalities that slow progress towards ending AIDS as a public health threat. To support robust and effective implementation of this Strategy, the Joint Programme utilizes a division of labour<sup>1</sup> that clarifies the roles and responsibilities of each member of the Joint Programme, including by identifying lead agencies in specific result areas. Consistent with this division of labour, the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) provides the blueprint for the Joint Programme's contribution to the implementation of the Strategy.
3. The multisectoral approach of the Joint Programme is as important as ever. Even as historic gains are being made towards reaching the 2030 goal, evidence from diverse countries and regions show that stigma, discrimination and structural inequities continue to drive national epidemics and slow progress in preventing new HIV infections and AIDS-related deaths.
4. Responding to the complex, multifaceted nature of the HIV pandemic, UNAIDS applies its resources and leadership on a range of cross-cutting programmatic, legal and policy framework and financing issues. Cosponsors and the Secretariat bring unique expertise in addressing the needs of populations most affected by HIV, including women, children, adolescents and young people, and key and other priority populations, including those living in humanitarian settings. The Joint Programme's multisectoral approach is integrally linked with broader efforts to advance international development, including the health and socioeconomic benefits of the HIV response to the Sustainable Development Goals (SDGs).
5. Each member of the Joint Programme supports countries as per its mandate and strengths within well-coordinated, coherent and effective Joint UN Teams on AIDS (which include all UN staff working on HIV issues from Cosponsors, the Secretariat and, at times, other engaged UN agencies) and report to the UN Country Team as part of the UN Resident Coordinator system. Their Joint UN Plans on AIDS are fully aligned with, derived from and contribute to the implementation of country UN Sustainable Development Cooperation Frameworks.
6. Other components of the Performance Monitoring Report describe the collective achievements of the Joint Programme towards the key results outlined in the UBRAF and in each region. This report describes the contributions of each member of the Joint Programme to the collective UNAIDS achievement in supporting countries to respond effectively to HIV. For each Cosponsor, the report describes the top results achieved and how HIV-related activities are mainstreamed within the organization's mandate and operations. The report also describes the Secretariat's main results under each of its five strategic functions in supporting and working with Cosponsors to optimize collective efforts.

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<sup>1</sup> UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2021–2026 includes a more detailed overview of the updated Division of Labour; see Annex 4 (pp85–88) at [PCB\\_SS\\_2022\\_2026\\_UBRAF\\_Framework\\_EN.pdf \(unaids.org\)](#).

Figure 1: Updated UNAIDS Division of Labour (2021)

# Updated UNAIDS Division of Labour (2021)



LEGEND  
 ■ Convenor Agencies  
 ■ Partner Agencies

# UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

7. UNHCR is mandated to protect, assist and find durable solutions for refugees, stateless and forcibly displaced persons. UNHCR provides life-saving assistance during emergencies and supports sustainable responses while pursuing solutions across 130 countries.

## HIV in UNHCR's mandate

8. UNHCR emphasizes sustainable and resilient approaches from the onset of an emergency. By working in close partnerships with communities, partners and host governments, UNHCR ensures that refugees and forcibly displaced persons, including those living with and affected by HIV, are included in robust national health systems. Reliable data is crucial for advocating targeted investments, enhancing well-being, achieving protection outcomes and solutions for both refugees and host communities.

## Key UNHCR strategy for HIV

9. UNHCR is committed to supporting refugees, stateless people and host communities to access comprehensive HIV-related services through a holistic and multisectoral approach encompassing health, nutrition, sexual and reproductive health (SRH) and mental health care. Recognizing that people living with or affected by HIV are often underserved in humanitarian settings, UNHCR collaborates with host governments and humanitarian partners to integrate HIV services into emergency preparedness and response frameworks. In 2025, UNHCR will update its [Global Public Health Strategy](#) and contribute to the development of the new Global AIDS Strategy.
10. In 2024, UNHCR, together with the World Food Programme and the Secretariat, revitalized the Inter-Agency Task Team (IATT) on HIV in Emergencies, led through a jointly supported position based in Dakar, Senegal. Key outcomes from the IATT work included [a revamped website](#); formation of three technical working groups to advance the update of the 2010 Inter Agency Standing Committee (IASC) Guidelines for Addressing HIV in Humanitarian settings; and the development of a country priority matrix to support capacity strengthening and joint missions. In addition, the third working group focused on joint advocacy work to ensure HIV in humanitarian settings is featured through evidenced based approach. Work began on revising the [2010 IASC Guidelines for Addressing HIV in Humanitarian settings](#), which included recruiting a consultant, conducting desk reviews, a survey and global consultations through key informant interviews and focus group discussions. These efforts resulted in a catalogue of initial recommendations for updating the guidelines, culminating in a Global Technical Consultative workshop.

## Top results in 2024

- 11. Continued improvement in access to HIV testing, treatment, care and support through a rights-based approach.** According to the 2024 UNHCR annual public health survey, which covered 54 countries, 96% (47 out of 49) of participating countries have adopted a national “test and treat” policy, with 92% (43 out of 47) of them applying it within refugee operations. HIV self-testing is included in the national policies of 63% (31 out of 49) of countries, among which 61% (19 out of 31) have introduced self-testing in refugee operations. Pre-exposure prophylaxis (PrEP) is part of the national policy in 80% (39 out of 49) of countries, with 72% (28 out of 39) offering it to key populations in refugee settings. Prevention of vertical transmission services are integrated in primary healthcare in 88% (43 out of 49) of countries, with 94% (46 out of 49) of those countries providing these services to refugees. In 2024, 195 517 pregnant women were tested for HIV during antenatal care, and 24 088 individuals living with HIV received antiretroviral therapy (ART). Additionally, 95% (37 out of 39) of countries reported monitoring and supporting adolescent refugee sexual and reproductive health services.
- 12. An effective response to HIV in emergencies supported through a joint mission by UNHCR, WFP, Secretariat and UNICEF to Ethiopia in 2024.** The mission assessed the current situation, identified gaps and proposed strategies to enhance integration and advocate for essential resources mobilization. Key findings from the mission underscored the importance of supporting community-led programmes, which often are underfunded and overlooked during emergencies, despite being essential for reaching the most vulnerable and hard-to-reach populations. The team held discussions with the Ministry of Health, which is planning a baseline HIV survey that will include humanitarian contexts and inform the country’s national HIV strategy.
- 13. Integration of HIV in humanitarian initiatives supported through a Global Technical Consultative Workshop.** This workshop was collaboratively convened by UNHCR, WFP and the Secretariat in Rome. It revisited the 2010 IASC guideline, which resulted in proposed recommendations for a revision.
- 14. Awareness and commitment on addressing HIV and other priority health issues in humanitarian settings intensified.** On World AIDS Day, UNHCR and WHO jointly organized a commemoration event which included a panel discussion focusing on the critical needs and challenges for refugees living with and affected by HIV. Public health action in humanitarian settings was supported by the publication of [Public Health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants](#), which was jointly developed and published by WHO, UNHCR, ILO, the International Organization on Migration and WFP. The guidance provides information and recommendations to reduce the risk of mpox transmission in places where people live closely together, especially in camp-like settings for refugees and internally displaced people and accommodations for migrants.
- 15. Strategic information for action strengthened.** In 2024, the Regional Refugee Response conducted [a multisectoral and multistakeholder study](#) across 10 European countries hosting Ukrainian refugees. Assessing access to health (including sexual and reproductive health, care for HIV and other sexually transmitted infections), mental health and psychosocial support services, the report identified barriers and challenges, including household expenditures for refugee health needs.

**16. UNHCR collaborates with the Government of Kenya to build better futures for refugees through durable solutions.** It is applying an innovative approach called the “Shirika Plan” which is aimed at transforming refugee camps into settlements where refugees and hosts can coexist and benefit from inclusion in national systems and development programmes that promote self-reliance and economic development, thereby reducing their dependence on humanitarian assistance. This plan is expected to promote social cohesion and overall well-being, including for people living with HIV, while also making a significant contribution to the economy.



# UNITED NATIONS CHILDREN'S FUND (UNICEF)

**17.** UNICEF works in more than 190 countries and territories to protect the health and rights of every child.

## HIV in UNICEF's mandate

**18.** UNICEF works across sectors to integrate HIV services into primary healthcare, including by building community systems to improve health. Through technical and other assistance, it helps to ensure that national HIV programmes serve the needs of women, children and adolescents; enhance access to quality, age-appropriate sexual and reproductive health services; and empower communities to shape and participate in programmes and drive change.

## Key UNICEF strategies for HIV

**19.** UNICEF's [Strategic Plan 2022–2025](#) prioritizes fast-tracking the end of AIDS in children and adolescents, and actions for HIV are integrated throughout UNICEF's Strategy for Health 2016–2030. UNICEF's global Gender Action Plan and Adolescent Girls Programme Strategy 2022–2025 prioritizes HIV and promotes the leadership of adolescent girls.

## Top results in 2024

**20.** As the global custodian of HIV data on children, UNICEF ensures that highly granular analyses inform development of context-specific strategies to reach the most vulnerable children and their families. UNICEF supports governments to maximize results for children from global and domestic HIV investments; increase domestic ownership and financing; and work towards integration of HIV services in primary healthcare. UNICEF also works to protect women, children and adolescents in humanitarian contexts from acquiring HIV and to ensure access to treatment and care to people living with HIV. UNICEF implements evidence-based interventions that are focused on three critical results: (a) elimination of vertical transmission of HIV and advancing progress towards the triple elimination of HIV, syphilis and hepatitis B; (b) closing the HIV treatment gap for children and adolescents; and (c) prevention of new HIV infections among adolescents, especially girls.

## Towards elimination of vertical transmission of HIV and achievement of the triple elimination goal

**21. The evidence and normative basis for action to eliminate vertical transmission was bolstered.** UNICEF provided guidance and technical support to countries to develop and implement evidence-based national plans for the elimination of vertical transmission of HIV, syphilis and hepatitis B. To date, 19 countries and territories have been validated for reaching eliminating the vertical transmission of HIV and/or syphilis, and two high HIV-burden countries are on the path to elimination. Globally in 2023, 91 of 123 reporting countries had national plans for eliminating both HIV and syphilis, and an additional 21 countries had a plan for eliminating the vertical transmission of either HIV or syphilis. In 2024, UNICEF collaborated with WHO to develop global guidance for

programming to eliminate vertical transmission. UNICEF supported 14 African countries that are on the path to triple elimination to strengthen their national health management information systems and boost their capacities to track and demonstrate programme impact.

- 22. HIV outcomes for pregnant and parenting adolescents improved.** [Transforming Futures](#), which was launched in 2024, is a US\$ 10-million investment case for donors to expand and scale up peer community models to help break the cycle of unwanted pregnancies, new HIV infections and poor maternal and child health outcomes in 12 countries in eastern and southern Africa. In 2024, which is the African Union's Year of Education, UNICEF's high-level advocacy with governments and implementation partners built awareness and commitment on keeping and returning pregnant and parenting adolescents to learning.

## Closing the treatment gap for children and adolescents living with HIV

- 23. Political commitment, action and resourcing increased to close the treatment gap.** UNICEF and partners continued extensive global advocacy and coalition building for the Global Alliance to End AIDS in Children and supported the roll-out of country action plans, thus contributing to greater progress towards eliminating AIDS in children in Global Alliance countries compared to non-Alliance countries. Fifteen young "community champions for children" were appointed in 2024 by the Global Network of People Living with HIV (GNP+), the Global Network of Young People Living with HIV (Y+), and International Community of Women Living with HIV (ICW) across seven of the 12 Alliance countries.
- 24. Age-appropriate interventions and tools for HIV case finding in children improved.** In 2024, UNICEF, the Elizabeth Glaser Pediatric AIDS Foundation and the U.S. Centers for Disease Control and Prevention published a [Technical Brief on Paediatric HIV Case Finding](#) to help programmes identify children who may have been missed by early infant diagnostic testing efforts, who were never tested after breastfeeding, or whose mothers were not enrolled in care.
- 25. Paediatric treatment optimized.** UNICEF, WHO and partners continued to support countries to roll out a new, superior HIV treatment regimen for children based on a combination of the dolutegravir, abacavir and lamivudine antiretrovirals (ARVs). To date, 102 countries are procuring dolutegravir, up from 33 countries in 2021.
- 26. Integration of HIV services for children into health systems improved.** To date, 33 of UNICEF's 37 HIV-priority countries have implemented a comprehensive package for paediatric HIV treatment within primary health care systems.

## Preventing new infections among adolescents, especially girls

- 27. Accessibility and quality of HIV prevention and treatment for adolescents and young key populations enhanced.** UNICEF committed US\$ 5.8 million to improve HIV and SRH outcomes for adolescent girls and young women in 11 countries in sub-Saharan Africa. UNICEF and the London School of Hygiene & Tropical Medicine published a systematic review of gender-transformative HIV and SRH programme approaches for adolescents and young women. UNICEF also continued to support the Adolescent and Young Key Populations Partnership, which in 2024 launched the LEGACY toolkit, a compilation of youth-led resources with programming recommendations.
- 28. Adolescents empowered and youth leadership supported in the HIV response.** As part of the "2gether4SRHR" initiative in eastern and southern Africa, UNICEF focuses on strengthening the engagement and leadership of adolescent girls and young people. In western and central Africa, UNICEF supported Joint Programme efforts to institutionalize the region's first consolidated

network of adolescents living with and affected by HIV. UNICEF and partners adapted a [toolkit](#) on HIV and SRH for adolescents and young people, in collaboration with Y+ Global. Resource documents that are available in this toolkit are intended for further adaptation and use across multiple offline and digital platforms that promote social behaviour change. The UNITED! Movement amplified youth-led advocacy at country and regional levels, supporting 130 young advocates to engage in key high-level advocacy forums and reaching over 9000 users through strategic media and social media engagement.



## WORLD FOOD PROGRAMME (WFP)

**29.** As the world's largest humanitarian agency, WFP's core mission is to end global hunger.

### HIV in WFP's mandate

**30.** Food insecurity and HIV are intertwined challenges, creating significant risks for people living with HIV and undermining progress to achieve global targets. People living with HIV have higher nutritional needs, yet HIV can reduce capacity to work and elevate healthcare costs, increasing the risk of food insecurity—and driving a vicious cycle of poor health outcomes and worsening poverty. People living with HIV also experience heightened vulnerabilities—such as stigma, poverty and disrupted health services—which undermine consistent access to nutritious food, weaken immune function and jeopardize treatment success.

**31.** By embedding inclusive strategies in its broader food assistance programmes, WFP ensures that people living with HIV receive the support they need. In emergency contexts, WFP's operational presence and rapid response keeps people living with HIV supplied with nutrient-rich foods, limiting the compounding effects of crisis. Beyond immediate relief, WFP leverages its social protection expertise, offering cash-based, in-kind and voucher transfers and nutrition support that tackle both economic and health barriers, break cycles of vulnerability, strengthen community resilience and contribute to robust national systems.

### Key WFP strategy for HIV

**32.** WFP's HIV policy recently underwent a strategic evaluation. Endorsed by the Executive Board in 2023, the evaluation highlighted HIV as a highly relevant issue in fulfilling WFP's mandate of reaching the most vulnerable and ensuring no one is left behind. WFP's new [Global Strategy 2025–2030, Feeding Health, the Last Mile on HIV](#) reaffirms WFP's commitment to address the unique needs of people living with or affected by HIV by alleviating hunger and by tackling the broader, intersecting challenges of global health and inequality. Through this new Strategy, WFP is focusing on integrating the HIV portfolio with other programme areas, notably work focused on emergency preparedness and response, social protection and resilience building. Under the new Strategy, steps are being taken to strengthen WFP's internal systems and support external systems and to improve analysis, targeting and programme design for people living with HIV. The skills and knowledge of WFP's workforce are also being strengthened to ensure that the needs of people living with HIV are well integrated into WFP and government programmes and systems.

### Top results in 2024

**33. Evidence on HIV and food insecurity strengthened.** WFP's new regional synthesis for eastern Africa, which examines data from Burundi, Djibouti, Kenya, Rwanda, Somalia and South Sudan, shows how overlapping forms of deprivations and structural barriers compound HIV risks and treatment challenges. The South Sudan Stigma Index found, for example, that households led by people living with HIV were 70% more likely to experience food insecurity than those without HIV. The synthesis calls for evidence-informed integrated approaches that combine nutrition, livelihoods and strong community systems.

- 34. Capacity to address HIV and food insecurity enhanced in Myanmar.** WFP conducted a multi-day mission to Yangon and Bagan and convened an advocacy workshop on HIV integration with the participation of programme and policy staff, regional and global representatives and external partners. The workshop enhanced understanding of HIV and tuberculosis (TB) across multiple sectors, identified actionable entry points for nutrition-HIV integration in WFP interventions, and spurred discussions on scaling up rice fortification as part of the broader investment case. Participants jointly developed integration action plans and advocacy strategies that are aligned with WFP's new HIV Strategy. Capacity-building sessions on infant and young child feeding, including breastfeeding in the context of HIV prevention, were also conducted in Yangon and the "Dry Zone". By engaging cooperating partners and WFP operations at both local and regional levels, the workshop laid a strong foundation for more comprehensive, resilient approaches to address HIV and malnutrition in Myanmar.
- 35. Life-saving assistance with commodities provided on behalf of the Global Fund.** WFP leveraged its extensive supply chain expertise to support the Global Fund's critical health initiatives. Through its On-demand Supply Chain Services Unit, which provides cost-recovery based services, WFP assisted diverse humanitarian and development actors by delivering integrated up- and downstream solutions, including secure storage and "last-mile" delivery. Working in close collaboration with WFP country offices and headquarter supply chain teams, the Unit has evolved since the first Memorandum of Understanding with the Global Fund in 2014, transitioning from ad-hoc transport and storage services to comprehensive, multi-year supply chain projects in challenging operating environments. In 2024, WFP's support spanned seven countries and reached 28 851 delivery points. The partnership ensured the secure storage of medications and other vital supplies while facilitating the "last-mile" delivery of life-saving commodities worth US\$ 41.3 million, mostly non-food items that are essential to HIV, TB and malaria programmes.
- 36. Integrated support provided in Malawi.** WFP scaled up its integrated nutrition and HIV programming in Malawi, working closely with the Government and partners to address the heightened food and nutrition insecurity faced by people living with HIV, TB and other chronic conditions. Against the backdrop of recurrent climatic shocks—such as El Niño—WFP supported the Ministry of Health in conducting a national assessment, which revealed a marked deterioration in food security and nutrition among vulnerable groups. In Chikwawa District, where 67% of people living with HIV and TB-affected households were experiencing food insecurity, WFP reached nearly 2500 people with integrated nutrition and HIV services, as well as training in nutrition, food production, financial literacy and livelihood skills to bolster their capacity to manage food insecurity. By the end of the project, roughly 84% of beneficiaries reported better knowledge and uptake of core nutrition and livelihood practices. Building on those efforts, WFP has extended its nutrition treatment support in 2025 to malnourished ART clients in four districts (Chikwawa, Nsanje, Blantyre, and Machinga), which is providing lifesaving "super-cereal plus" to over 2200 individuals.
- 37. Long-term resilience of people living with HIV strengthened in Madagascar.** Following a 2024 vulnerability survey and guided by its new Country Strategic Plan, WFP Madagascar launched a targeted initiative to strengthen the long-term resilience of people living with HIV. Working with the Government, WFP supported the registration of vulnerable households in a national social registry, a process which involves ministries, community organizations and health providers. This coordinated effort encouraged individuals living with HIV to sign up for social assistance and raised awareness about how registration could help them access services and resources for building sustainable livelihoods. In addition, WFP backed the launch of income-generating initiatives designed to respond to the specific identified needs, with particular attention to communities in the south of the country. These complementary activities included capacity-building for government institutions, local care providers and peer educators, ensuring that support extended from policy formulation down to practical, on-the-ground interventions. By promoting livelihoods and advocating the benefits of social protection, WFP's work emphasizes long-term resilience rather than short-term relief.

# UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

**38.** UNDP partners with 170 countries and territories on their unique development journeys, helping eradicate poverty, while expanding opportunities and choices for all.

## HIV in UNDP's mandate

**39.** In 2024, UNDP accompanied 140 countries on HIV and health. UNDP's work on HIV leverages and contributes to the organization's mission of reducing poverty and inequalities, building resilience and sustainability.

### Key UNDP strategy for HIV

**40.** The [UNDP Strategic Plan \(2022–2025\)](#) and the [UNDP HIV and Health Strategy \(2022-2025\)](#) commit UNDP to end AIDS as a public health threat; address the inequalities that drive pandemics; strengthen governance and systems for health; and address other priorities such as noncommunicable diseases, mental health and pandemic preparedness. This includes working with countries, communities and partners on enabling legal and policy environments and institutions for more effective and efficient HIV responses, as well as enhancing innovation, integration, partnerships and sustainable financing for HIV responses.

## Top results in 2024

**41. Global Fund grants effectively managed, saving lives.** In 2024, UNDP managed 28 Global Fund grants in 20 countries, as well as three regional programmes covering another 14 countries. The UNDP-Global Fund partnership has contributed to saving 9.1 million lives since 2003. Through this partnership, UNDP in 2024 provided ART to 1.72 million people; HIV prevention services to more than 1.46 million people; HIV tests to more than 3.3 million people; vertical HIV transmission prevention services to 55 400 women; treatment for TB to 110 400 people; and support to Global Fund Country Coordinating Mechanisms in 16 countries.

**42. Enabling legal, policy and regulatory environments advanced.** As part of its governance mandate, UNDP worked with national institutions, UN partners, civil society and communities in 84 countries to foster enabling environments for people living with HIV and for marginalized and vulnerable people who are disproportionately affected by HIV. UNDP worked with Parliamentarians and continued to convene regional judges' fora in Africa, the Caribbean and eastern Europe on the rights of people living with HIV and other key and vulnerable populations as well as decriminalization, including supporting the Eastern Europe Judges Forum in issuing a statement opposing criminalization. In Angola, leveraging its multisectoral partnerships (including with the Global Fund), UNDP convened multistakeholder dialogues on a rights-based revision of the country's HIV law. As part of the Global HIV Prevention Coalition, UNDP supported engagement on enabling legal and policy environments for HIV prevention, including for key populations.

- 43. Access to services for key populations and community-led responses enhanced.** UNDP worked with 97 countries on key population, including work with UNFPA and UNICEF on young key populations. The UNDP-led "[SCALE: Removing barriers to HIV services](#)" initiative awarded grants to 44 local organizations led by people living with HIV and key populations in 21 countries to strengthen local leadership, expand partnerships and increase solidarity among and across communities to accelerate progress towards realizing the 10–10–10 targets. UNDP continued to work with countries and communities to support access to justice and safety and security for people living with HIV and key and vulnerable populations, including through assistance to the HIV Tribunal in Kenya and the establishment of legal aid desks in four provinces in Pakistan.
- 44. LGBTQI+ inclusion advanced.** UNDP worked with 66 countries on LGBTQI+ rights and inclusion to advance access to HIV services and more effective multisectoral responses to HIV. The "#WeBelongAfrica" programme continued to work with state and local entities in sub-Saharan Africa to enhance accountability, responsiveness and inclusion of LGBTQI+ people and key populations for better access to HIV prevention, treatment and care. UNDP worked with partners to catalyse stronger regional collaboration on LGBTQI+ and key population inclusion through the Southern African Development Community (SADC) Key Population Strategy update and Resolution 275 anniversary. Leveraging its governance mandate for more effective multisectoral responses, UNDP enhanced the capacity of national human rights institutions and policymakers on inclusion and rights of key and vulnerable populations for better access to HIV services in Eswatini, Kenya and the Republic of Congo. With the Asia-Pacific Forum of National Human Rights Institutions, UNDP worked with national human rights institutions in 10 countries on LGBTQI+ rights and inclusion. It also worked with private sector actors in China and Thailand on inclusion of LGBTQI+ people in the workplace.
- 45. Integration and sustainability expanded.** UNDP worked with partners in 31 countries to strengthen HIV-inclusive social protection. This included providing support (with ILO) for the mainstreaming of HIV in social protection programmes in Zambia; the inclusion of people living with HIV in the unified social register in Somalia; and (with WFP and civil society) the inclusion of vulnerable and marginalized groups in the Dominican Republic. In Zimbabwe, UNDP worked with national partners to install solar energy systems in 65% of health facilities, thereby improving the reliability health services.
- 46. Gender equality and service access for women and girls advanced.** UNDP worked alongside 65 countries to promote gender equality and address gender-based violence in the context of HIV. This included a gender assessment in Sudan to aid survivors of gender-based violence access care; collaborative work with UN partners to aid Grenada in preparing its gender-based violence victims' and survivors' rights policy; and support for Liberia to launch a national accountability framework on gender-based violence.
- 47. Access to medicines and other health technologies enabled.** UNDP worked with countries and communities to scale up PrEP for key populations in Burundi, Colombia, Cuba, Kyrgyzstan, Pakistan, the Republic of Congo, Tajikistan and Zimbabwe. In Pakistan, with support from the Global Fund, UNDP partnered with local communities, the Government and WHO and FHI360 to support PrEP delivery through networks of peer outreach workers and drop-in centres.
- 48. Data and the evidence base on human rights, law and key populations strengthened.** UNDP and the Secretariat updated the [Guidance on preventing and responding to HIV-related human rights crisis](#). In line with the 2021 Political Declaration and Global AIDS Strategy, UNDP published an [evidence review on pathways to achieve the 10–10–10 target](#) and [Spectrum: a tool for key](#)

[population-led law and policy reform](#) to increase access to HIV prevention and treatment. Building on nationally led pilots of the LGBTQI+ Inclusion Index, UNDP enhanced national capacity for data collection on LGBTQI+ inclusion in Ecuador and Georgia. In Egypt, it worked with WHO and others to support the integrated biobehavioural surveillance survey which validated current data on the number of people living with HIV, and it supported Morocco to conduct an HIV and TB burden analysis.

**49. Efficiencies in HIV responses and health systems advanced.** UNDP worked with 90 countries on improving access to health technologies. At the request of the Governments of Kazakhstan, Malawi, Ukraine and the United Republic of Tanzania, UNDP provided support for national legislation and regulatory and policy reforms to increase access to medicines, local production and technology transfer. With UNFPA and UNICEF, UNDP helped countries achieve savings of US\$ 29 million in the procurement of pharmaceutical products in Global Fund grants. As a member of the Steering Committee for the Sustainability Roadmaps, UNDP promoted the enabling and legal and policy frameworks needed to sustain HIV responses.



# UNITED NATIONS POPULATIONS FUND (UNFPA)

**50.** UNFPA envisions a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

## HIV in UNFPA's mandate

**51.** [UNFPA's 2022–2025 Strategic Plan](#) underscores the scale-up of quality comprehensive SRH services, including HIV prevention, treatment and care in development and humanitarian settings. Efforts focus on reaching women, adolescents and youth—especially those who are marginalized, including key populations—along the continuum of care, while addressing structural inequalities, including discriminatory gender and social norms that impede access to services.

## Top results in 2024

**52. New HIV infections averted.** In 2024, UNFPA activities averted an estimated 264 000 new HIV infections, 31 million unintended pregnancies and 11.5 million sexually transmitted infections (STIs). UNFPA continued to co-convene the Global HIV Prevention Coalition, supporting 38 focus countries in achieving a 40% reduction in new infections compared to 3% in non-focus countries. National HIV prevention strategies were supported through technical guidance, stewardship and multisectoral engagement. In eastern and southern Africa, western and central Africa and other regions, UNFPA brought together high-burden HIV countries and strengthened their capacities to accelerate HIV prevention and develop roadmaps.

**53.** UNFPA promoted innovative prevention demand creation, updated the Comprehensive Condom Programming Framework and integrated double-method promotion of condom and long-acting reversible contraceptives to maximize protection against HIV, STIs and unintended pregnancies. Condom distribution was expanded via geospatial hotspot mapping and digital platforms in Malawi, Uganda and Zambia. UNFPA provided technical support to partners through the Global Fund Condom Programme Stewardship Strategic Initiative (2021–2023), which helped strengthen HIV prevention supply systems and expand access to condoms, including in Uganda, where condom distribution hotspots were mapped, and real-time stock tracking was implemented.

**54.** HIV testing and counselling were embedded in maternal and newborn health services across multiple regions, with notable scale-up of HIV-syphilis dual testing in antenatal care platforms, particularly in eastern and southern Africa. Integrated service packages were expanded through community clinics and youth-friendly centres in countries such as Malawi, Uganda and Zambia. Those packages facilitate linked access to HIV prevention and care alongside family planning, STI diagnosis and treatment, gender-based violence response, and mental health support.

**55.** In parallel, national data systems—including DHIS2—were enhanced to track integrated HIV and sexual reproductive health and rights (SRHR) indicators, thus improving programme monitoring, responsiveness and resource allocation. Support was also provided for developing and disseminating tools and guidance on integrating HIV services and support systems into primary

health benefits packages for Universal Health Coverage and social protection systems, and for building and strengthening health systems (including preparedness and resilience to crises) in western and central Africa. Ethiopia, Mozambique, the United Republic of Tanzania and other countries scaled up HIV and syphilis dual testing for pregnant women, while midwifery education—anchored in UNFPA-supported curricula—ensured that providers were equipped to deliver integrated HIV, STI and contraception counselling.

- 56.** UNFPA's work to build the evidence base for strategic HIV prevention included its collaboration with WHO and Artificial Intelligence developers, which is advancing the development of predictive tools to assess individual STI and HIV risk and is also intended to support case management where laboratory capacity is limited. In countries across sub-Saharan Africa and selected humanitarian settings, prequalified dual HIV/syphilis rapid diagnostic tests were scaled into national procurement systems, thereby improving access to diagnostics at antenatal and community levels.
- 57.** UNFPA supported HIV prevention and SRH in humanitarian and fragile settings, reaching over 15 000 individuals in Sudan with messaging on HIV, SRH and gender-based violence and providing HIV testing to 7 700 people and STI services to 1 000 people. Among countries experiencing humanitarian crises, 76% had a functioning inter-agency coordination mechanism or platform to address gender-based violence and 38% integrated SRH into emergency preparedness and disaster risk reduction activities.
- 58. Support provided for integration of HIV and SRH.** Sixty-six percent of the 141 countries integrated SRHR into national youth policies and plans with support from UNFPA, while 41% of 143 countries operationalized in-school comprehensive sexuality education (CSE) and 40% of 146 countries delivered out-of-school CSE. The "2gether 4 SRHR" initiative, co-led with UNICEF, WHO and the Secretariat, continued to operate in 10 countries in eastern and southern Africa, embedding HIV into broader SRH and gender-based violence services. Phase 2 of the initiative, launched in 2023, included new outcomes on gender norms and humanitarian contexts.
- 59. Young people empowered to accelerate progress towards ending AIDS.** UNFPA worked in over 67 countries to support youth-led solutions that address HIV, gender norms and bodily autonomy. It also supported 99 of 141 countries (66%) in integrating SRH into national youth policies and plans. An estimated 10.6 million marginalized adolescent girls from 57 countries were empowered through health, social and economic asset-building programmes.
- 60.** As part of efforts to strengthen the HIV response for adolescents and young people, UNFPA, ActionAid Global Platforms and the Regional Youth Engagement Reference Group provided training to empower multidisciplinary youth leadership in advancing adolescent and youth SRH—including HIV prevention and care—in humanitarian, peace, and development settings. This youth-centred and culturally sensitive training, delivered through regional webinars, engaged 115 youth leaders from across sub-Saharan Africa.
- 61. Human rights-based approaches to the HIV response were strengthened in 2024, particularly, for key populations and women, who continue to face disproportionate HIV risk and systemic barriers to prevention and care.** With support from UNFPA, 52% of 139 countries have established national mechanisms to address discriminatory gender and social norms that increase HIV vulnerability and undermine access to services. In eastern Europe and central Asia, UNFPA supported the establishment of a regional network dedicated to the decriminalization of HIV transmission and the development of a comprehensive regional framework to guide HIV activities.

62. Community-led initiatives were supported in Jamaica, Guyana, Nigeria, Uganda and Zimbabwe to improve service access and reduce stigma. UNFPA enabled 292 250 women and young people with disabilities to benefit from services related to SRH, gender-based violence and various harmful practices. Over 4.2 million people accessed gender-based violence services as a result of UNFPA's work, and 33 000 women received humanitarian cash assistance. UNFPA's Gender Analysis Framework helped ensure that HIV status is systematically considered in programme designs. It complements "Flourish"<sup>2</sup> and is part of UNFPA's overall [Gender Equality Strategy 2022–2025](#). In 2024, 92 of 138 countries (67%) had social movements that advocated against harmful gender and social norms.



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2 "Flourish" is the new UNFPA Gender-based Violence Operational Plan (2022–2025). It provides a vision for UNFPA programmes to end gender-based violence across four interconnected pillars: prevention, response, creation of enabling environments, and use of data. It also outlines key approaches and priority interventions to reduce gender-based violence and build opportunities so women and girls can flourish.

## UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

**63.** UNODC is the UNAIDS convening agency for HIV among people who use drugs and people in prisons. It works to ensure that national and global HIV responses align with international standards and commitments set by the UN General Assembly, the UN Economic and Social Council (ECOSOC), the Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice, and the UNAIDS Programme Coordinating Board. Leveraging its mandate and expertise, UNODC provides technical assistance, capacity-building and advocacy to ministries of health, justice, interior and law enforcement and to prison authorities, drug control agencies and civil society, including networks of people who use drugs and civil society organizations working in prison settings.

### HIV in UNODC's mandate

**64.** UNODC focuses on high-priority countries, including those in humanitarian settings, by supporting governments in developing and implementing policies and legal frameworks that ensure access to essential HIV services for people who use drugs and people in prisons. UNODC works to eliminate stigma and discrimination and scale up evidence-based harm reduction interventions, including needle-syringe programmes, opioid agonist therapy and overdose prevention and management for people who use drugs and people in prisons. Recognizing the diverse needs of people who use drugs, including those who use stimulants, as well as women, UNODC promotes community-led service delivery models.

**65.** In prison settings, UNODC strengthens healthcare systems, promotes the integration of HIV, viral hepatitis and TB services in public health frameworks, and advocates for alternatives to incarceration for minor, non-violent drug-related offenses, particularly for women and juveniles. Through multisectoral partnerships, UNODC ensures continuity of care between prisons and the community and supports civil society engagement in shaping national HIV responses.

### Key UNODC strategy for HIV

**66.** The [UNODC Strategy \(2021–2025\)](#) is aligned with the Global AIDS Strategy. UNODC support to countries is based on the comprehensive package of HIV prevention, treatment and care services (WHO, UNODC and the Secretariat), the UN Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the [Technical brief on HIV prevention, treatment and care in prisons and other closed settings](#).

### Top results in 2024

**67. Opioid agonist therapy (OAT) policy frameworks strengthened to reach the HIV prevention targets through high-level advocacy and services scaled up.** UNODC worked with national authorities to develop and strengthen regulatory and policy frameworks for OAT expansion. It supported the development of national OAT guidelines that are aligned with international standards in Algeria; supported Egypt in introducing a national monitoring and evaluation system to enhance data tracking and service oversight; assisted Viet Nam in revising its national guidelines on methadone

maintenance therapy (and in ensuring nationwide access); leveraged advocacy to secure Government commitments to introduce or expand OAT services in Afghanistan and Malawi; and worked with partners to introduce and scale up OAT in prison settings in Kenya, Malawi and Zambia.

- 68.** To increase access to HIV prevention among people who use drugs, UNODC provided technical assistance and capacity-building for the initiation of OAT in Algeria, Oman and Jordan and scale-up of OAT in Afghanistan, Bangladesh, Egypt, Malawi, South Africa and Viet Nam, reaching over 17 000 beneficiaries, including healthcare professionals, policymakers, and civil society representatives. In South Africa, support was provided for the integration of OAT in public health facilities, roll-out of community-based OAT pilot programmes, and improvement in service delivery through capacity-building of healthcare providers, enhancement of clinical practices, and expanded OAT access.
- 69. Access to HIV prevention, treatment and care for people who use stimulants increased.** UNODC supported seven countries (Bangladesh, Belarus, Malaysia, Myanmar, Pakistan, Thailand and Viet Nam) in scaling up HIV services for people who use stimulant drugs and built the capacities of more than 8 000 professionals, including service providers, policymakers and community-based organizations, on HIV prevention, treatment and care for people who use stimulant drugs.
- 70. Prison healthcare services strengthened through capacity-building.** UNODC trained more than 480 prison healthcare providers, staff and national stakeholders from 17 countries on evidence-based and human rights-centred HIV prevention, treatment and care, including vertical transmission, OAT and overdose prevention and management in closed settings. In Afghanistan, UNODC established two drop-in centres in Kabul and Herat female prisons to provide primary healthcare, STI treatment and SRH services to 1 300 women in prison and their children.
- 71. Prison health policies and service models improved.** UNODC worked with national authorities to strengthen prison health systems through policy development; prison health system assessments (in Ethiopia, India and Togo); the introduction of an interactive prison toolkit in India to provide prison staff with resources on HIV prevention and substance use management; and innovative service delivery models (such as telehealth initiatives in prison settings in Viet Nam).
- 72. Targeted interventions addressing violence, stigma, and HIV among women strengthened.** UNODC introduced new tools and approaches to improve HIV service availability and accessibility for women who use drugs and women in prisons, addressing intersecting challenges of violence, stigma, and health inequalities. Key achievements include: (a) development of a technical guide and comprehensive training package which reached over 300 healthcare professionals and civil society representatives with skills-building on integration of violence prevention and response in HIV services in Brazil and South Africa); (b) development of a technical brief on violence, health, and HIV in prisons and other closed settings, which presents consolidated evidence, country experiences and best practices.
- 73.** UNODC led the development of a report on HIV in prisons for the UNAIDS Programme Coordinating Board meeting. The report provided an update on the epidemiological situation and service coverage since the previous report in 2021. It also reflected on the progress made towards achieving the 2025 targets related to people in prison.
- 74. Law enforcement engagement in the HIV response strengthened.** UNODC trained over 570 law enforcement officials in Bangladesh, India, Kazakhstan, Pakistan, the Philippines, South Africa and Uzbekistan on public health-based policing strategies, reducing stigma, and supporting access to HIV services for key populations. To further institutionalize public health-based policing, UNODC initiated a revision of its global Training Manual for Law Enforcement Officials in order to expand guidance on evidence-based and rights-based approaches to policing and the HIV response.

# UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN (UN WOMEN)

**75.** UN Women delivers programmes, policies and standards that uphold women's human rights and ensures that every woman and girl lives up to her full potential.

## HIV in UN Women's mandate

**76.** UN Women integrates gender equality and women's empowerment into the governance of the HIV response by:

- ensuring that national HIV policies, strategies, programmes and budgets are informed by sex- and age-disaggregated data, gender analysis and gender-responsive interventions;
- scaling up what works to tackle the root causes of gender inequality, including through mainstreaming HIV in efforts to end violence against women and promote women's economic empowerment; and
- supporting the leadership of women and girls, particularly women living with HIV, to meaningfully engage in decision-making at all levels in HIV responses.

## Key UN Women strategy for HIV

**77.** The [UN Women Strategic Plan \(2022–2025\)](#) outlines how UN Women applies its triple mandate—normative support, UN system coordination and operational work—to drive urgent and sustained progress on gender equality, women's rights and the empowerment of all women and girls in the context of HIV. UN Women's Strategic Plan prioritizes HIV through dedicated indicators at impact, outcome and output levels and recognizes HIV status as one of five key "leave-no-one-behind" programmatic types of disaggregation.

## Top results in 2024

**78. Global norms and standard setting on gender equality and HIV strengthened.** UN Women's policy support to the SADC in preparations for the 68th session of the Commission on the Status of Women (CSW) in 2024 resulted in the technical update and re-affirmation of the [2016 CSW 60/2 Resolution](#) on Women, the Girl Child and HIV and AIDS by Member States, which calls for accelerated efforts to address women's and girls' vulnerabilities in the context of HIV. To facilitate implementation of the Resolution, UN Women supported SADC in adopting and rolling out a gender-responsive regional framework and programme of action to monitor progress in implementation.

**79. Capacities of national AIDS coordinating bodies improved for designing and implementing gender-responsive HIV policies, programmes and budgets.** UN Women strengthened the gender capacities of national AIDS coordinating bodies in 27 countries. Technical support resulted in the establishment of a gender desk to guide a gender-responsive HIV programme in Liberia;

development and costing of a Gender and HIV/AIDS Implementation Plan 2024–2027 in Malawi; and development of a national programme to prevent new HIV infections among adolescent girls and young women in Rwanda, accompanied by a monitoring and evaluation framework and tools. UN Women coordinated the Global Fund's Sub-Working Group on Community, Rights and Gender in Indonesia, which supported the national AIDS coordinating body to conduct an assessment of the Global Fund's Breaking Down Barriers programme. As part of implementation of a Global Fund proposal by Indonesia, UN Women facilitated development of integrated service protocols for HIV and violence against women and conducted a costing analysis for those integrated services.

- 80. Efforts to transform unequal gender norms enhanced the uptake of HIV prevention, treatment and care services for women and men.** UN Women invested in evidence-based strategic interventions to transform unequal gender norms to prevent HIV and to strengthen uptake of HIV treatment and care in 15 countries. UN Women's "HeForShe" dialogues in community gathering places (mobilized over 120 000 people in South Africa and drove community-wide uptake of HIV testing in Malawi. In Ethiopia, the "SASA!" community mobilization programme led to significant attitudinal and behavioural shifts: the share of community members rejecting violence against women expanded from 50% to 73%, and awareness of the link between violence against women and women's vulnerability to HIV increased from 69% to 93%.
- 81. Women's equitable access to HIV and violence against women services, goods and resources facilitated.** UN Women supported integration and referrals between violence against women and HIV services in Indonesia by piloting 27 special operating procedures across three provinces, training over 50 service providers and documenting cases of violence against women living with HIV, sex workers and women who use drugs. In Kenya and Malawi, referral pathways were strengthened and health workers trained in survivor-centred, trauma-informed HIV care, including access for women to post-exposure prophylaxis, HIV testing and counselling. UN Women joined UNODC and other partners in publishing a [briefing paper on gender-based violence and women who use drugs](#) which highlights rights' violations and barriers to HIV prevention and care and offers policy recommendations to inform country-level programming.
- 82. Women living with HIV supported as leaders and advocates in the HIV response.** More than 35 000 women living with HIV across 36 countries enhanced their leadership and advocacy capacities through UN Women's support. Networks of women living with HIV in El Salvador, Ethiopia, Nigeria and Senegal were equipped with skills and resources to lead local HIV responses, engage in decision-making in the HIV response and challenge HIV-related stigma. In Indonesia, the "DeLiLa" ("Listen, protect, report") app, developed by and for women living with HIV, enabled safe reporting of violence against women living with HIV. During the second phase of the PEPFAR-funded programme on leadership of young women in the HIV response, UN Women trained young women in Kenya, the United Republic of Tanzania and Zimbabwe through online and in-person feminist leadership workshops and paired them with women leaders as mentors.
- 83. Law and policy reform supported to end HIV-related stigma and discrimination.** UN Women supported reform of discriminatory laws and harmful practices to eliminate gender-based stigma and discrimination in the context of HIV. In South Africa, UN Women's support to "Her Rights Initiative" led to the UN Human Rights Committee's recognition of forced sterilization of women living with HIV as a human rights violation, establishing a historic precedent for accountability, justice, and the right to non-discriminatory healthcare. Legal literacy and rights-based training for women living with HIV in Côte d'Ivoire, Senegal and Tajikistan advanced women's access to justice.

# INTERNATIONAL LABOUR ORGANIZATION (ILO)

**84.** The mandate of the ILO is to advance social and economic justice through setting [international labour standards](#). With 187 Member States, 40 field offices and staff in 107 nations, the ILO promotes decent work for all workers, regardless of where they work. A healthy workforce is essential to achieving SDG 8 (Decent work and economic growth).

## HIV in the ILO's mandate

**85.** Promoting the health and safety of workers is an integral aspect of the ILO's mandate.

### Key ILO strategy for HIV

**86.** The HIV and AIDS ILO strategy, [ILO's response to HIV and AIDS: accelerating progress for 2030](#), applies the twin-track approach of HIV-focused efforts (track 1) and the integration of HIV in the broader development mandate (track 2). The strategy promotes HIV integration across the areas of social protection, labour standards, labour migration, gender equality, occupational safety and health, diversity and inclusion, and in ILO training courses, among others. The ILO's [HIV and AIDS recommendation, 2010 \(No 200\)](#) provides the overarching framework for action and the [ILO Programme and Budget 2024–2025](#) provides the biennial operational framework.

## Top results in 2024

### Human rights and gender equality

**87. Progress accelerated in the implementation of non-discrimination policies and programmes at country level.** Informed by the [recommendations of the ILO Global HIV Discrimination in the World Of Work](#) survey, the ILO, the Secretariat and partners supported the implementation of policies and programmes that address human rights, stigma, discrimination and gender equality in 35 priority countries. Products supported during 2024 included: national workplace policies; guidelines on reasonable accommodation (Mozambique); business plans to address HIV in the world of work (United Republic of Tanzania); strengthened labour inspection (Cambodia and Ukraine); development of a bill in parliament (Brazil); development of employment guides to combat stigma and discrimination (Uganda); enterprise-level HIV workplace policies (Ukraine); mainstreamed HIV actions in occupational safety and health structures (Nigeria); and policies on preventing harassment in the workplace (South Africa).

**88. Support provided for implementation of HIV workplace programmes.** The ILO provided tailored assistance in 30 countries to develop and finalize tools to support country-level programmes, including inclusive employment indices for enterprises (China); gender and entrepreneurship tool (United Republic of Tanzania); and a labour inspection data collection tool (Malawi).

**89. Programmes to eliminate violence and harassment (including HIV-related violence and harassment) in the workplace strengthened.** The 2019 [ILO Convention on elimination of violence and harassment, 2019 \(No. 190\)](#), first international treaty recognizing the right of everyone to a world

of work free from violence and harassment, has been ratified 49 times in five years ( the fastest of any ILO convention over the past decade). Countries ratifying the treaty include high burden HIV countries such as Lesotho, Namibia, Nigeria, Rwanda, South Africa and Uganda. In the latter, the ILO played an integral role in building the capacity of employers and government actors to implement the Convention. In Zambia, the ILO worked with the Zambia Federation of Employers to ensure the inclusion of gender-based violence prevention measures in national policies.

## Scaling up HIV testing

- 90. HIV testing uptake enhanced.** In 25 countries, the ILO and the Secretariat facilitated voluntary HIV testing and counselling at workplaces, often integrating additional health screenings to promote a holistic approach to worker well-being. Approaches adopted included: integrated HIV and TB testing in India; multi-disease HIV testing in the United Republic of Tanzania; event-based testing in Uganda; integration of HIV testing in occupational safety and health (United Republic of Tanzania); HIV high-prevalence testing (Indonesia); community-based peer led HIV testing (Zambia) and the tripartite approach to HIV testing (Nigeria).
- 91. Capacities built for strategic HIV testing initiatives.** The ILO and WHO joint policy brief on HIV testing, titled “HIV self-testing at workplaces: approaches to implementation and sustainable financing”, and the ILO [online training course on HIV testing at the workplace](#) supported capacity-building of hundreds of workplace actors in 25 countries on HIV testing in the world of work.

## Expanding social protection coverage

- 92. HIV-sensitive social protection supported.** The ILO’s [Global Flagship Programme on Building Social Protection Floors for All](#), launched in early 2016, continues to work across 50 priority countries to support the implementation of social protection systems including “protection floors”, guided by ILO’s social security standards.
- 93. Strategic information and normative guidance strengthened.** The ILO’s [World Social Protection Report \(2024–2026\)](#) focused on HIV-sensitive social protection. The ILO and WHO jointly developed [guidance on social protection for people affected by TB](#) to enable key stakeholders in the provision of TB and social protection services to plan and implement social protection programmes that address the needs of people affected by TB.
- 94. Progress in countries scaling up of HIV-sensitive social protection programmes.** ILO tailored support was provided to countries to scale up HIV-sensitive social protection schemes which include: support for the revision of policies to incorporate social protection alongside social assistance in Malawi; collaboration with WHO to support the development of new guidelines in South Africa for integrating social protection with TB care; and support in expanding social protecting for people living with HIV through policy revisions and a national social register in Nigeria.

## Civil society support

**95. Civil society engagement enabled.** Through capacity-building, resource mobilization and strategic partnerships, the ILO has significantly reinforced civil society's role in workplace HIV prevention, fostering sustainability and greater inclusivity in HIV response efforts. In Indonesia, the ILO collaborated with the NGO Indonesia AIDS Coalition to secure funding and develop proposals that expand civil society and private sector partnerships, aligning with Global Fund priorities. In China, the ILO's digital skills training empowered nongovernmental organizations supporting people living with HIV and LGBTQI+ communities to enhance their outreach through online platforms. In Nigeria, the Digital Young Filmmakers Initiative equipped youth, including those affected by HIV, with digital storytelling skills to combat stigma. In the United Republic of Tanzania, the ILO and the Secretariat jointly developed funding proposals to scale up workplace collaborations between private companies and civil society organizations.



# UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

96. UNESCO uses its comparative advantage with the education sector to support Member States to advance young people's health and well-being.

## HIV in UNESCO's mandate

97. Efforts to support HIV prevention for young people are guided by the [UNESCO's Strategy on Education for Health and Well-being](#), launched in 2022. The Strategy emphasizes building stronger, more resilient school health systems that promote learners' physical and mental health and well-being, as well as HIV and reproductive health, while focusing on CSE and on ending violence and discrimination. It addresses the mutually reinforcing intersections of SDGs 3 (Health), 4 (Education) and 5 (Gender equality). In 2024, UNESCO assumed the role of Chair of the Committee of Cosponsoring Organizations.

## Key UNESCO strategy for HIV

98. Efforts for global HIV prevention continue through support for delivery of in-school CSE programmes around the world, using the International Technical Guidance on Sexuality Education as the principal guiding framework for curricula, policy and advocacy. UNESCO is the co-convenor of the UNAIDS division of labour area on young people, along with UNICEF and UNFPA. UNESCO's work also directly contributes to the success of the [Education Plus](#) initiative, which aims to strengthen the education and empowerment of adolescent girls and young women in Africa.

## Top results in 2024

99. **Political commitment strengthened.** In 2024, 29 Member States enhanced policies and programmes on safe learning environments free from all forms of school-related violence, with 20 countries in advanced stages of policy framework maturity. UNESCO's report [Safe to learn and thrive: ending violence in and through education](#) was launched at the Ministerial Conference on Ending Violence Against Children in Colombia in November 2024, coinciding with the International Day Against Violence and Bullying in Schools. Summarizing available data on violence in education, its causes and consequences, the report advocates holistic approaches for creating safe, inclusive learning environments. It builds on previous efforts to address gender-based violence, bullying and school violence, which can help reduce the vulnerability of young people, especially adolescent girls, to HIV. With the support of joint advocacy with UNICEF, WHO and the Governments of Colombia and Sweden, 44 countries (27 of them in sub-Saharan Africa) made pledges to ensure safe learning environments. The pledges include commitments to develop or strengthen violence prevention curricula; focus on teachers training; establish school-based services for responding to violence; and improve school governance and reporting mechanisms.

100. **HIV prevention efforts strengthened.** In 2024, 27 million learners were reached with life skills-based HIV and sexuality education. The "Our Rights, Our Lives, Our Future" programme continued its second phase (launched in mid-2023) and supported the delivery of high-quality CSE programmes that

equip young people with the knowledge, skills, attitudes and values needed to protect themselves from early and unintended pregnancies, HIV, other STIs and sexual and gender-based violence.

- 101. Capacity and commitment on comprehensive sexuality education and school-related gender-based violence increased to reinforce HIV prevention.** The [Global Partnership Forum on CSE](#), which unites 75 member organizations and is co-convened by UNESCO and UNFPA, expanded its work on in- and out-of-school CSE, programme research and the promotion of gender equality and human rights. The Forum also contributed to ongoing efforts to build a positive narrative for CSE through digital platforms, including via social media and human-interest stories that highlight the contribution to the HIV response. Community engagement grew by 75% in 2024, with engagement averaging at 5–10% and peaking at 30%, well above the industry benchmark of 1.95% for education.
- 102.** The Global Working Group to End School-Related Gender-Based Violence, convened by UNESCO with the UN Girls' Education Initiative, expanded its membership to 70 organizations and 143 individuals. UNESCO also remained an active member of the Safe to Learn Coalition, collaborating on advocacy efforts, a renewed call to action and high-level events such as the Ministerial Conference on Ending Violence Against Children in Colombia mentioned above.
- 103. The global research agenda strengthened.** UNESCO developed two major studies to highlight and clarify the benefits of CSE. The first study conducted a mixed-methods global analysis to explore the needs and experiences of adolescents and young people in low- and middle-income countries in relation to school-based sexuality education. The second study was a mixed-methods, exploratory research project that examined how in-school national CSE programmes affect learners' knowledge, skills and preparedness to navigate healthy interpersonal relationships with parents, peers and romantic partners. The aim was highlight the broader benefits of CSE and the foundational skills and knowledge that can lead to positive health outcomes (e.g. preventing HIV or unintended pregnancy) and identify contexts and best practices for achieving those outcomes.
- 104.** In 2024, UNESCO and UNICEF published technical briefs offering evidence-based guidance for education stakeholders. The briefs, developed after consultations with over 200 stakeholders, cover topics like designing content, involving schools and classroom implementation. The initiative was launched at a symposium in Zambia, with 115 in-person and 371 online participants from various sectors.
- 105. Digital community of practice established.** Recognizing that digital spaces are increasingly used by adolescents and young people as sources of sexuality education, UNESCO engaged young people through popular social media platforms, creating and promoting content in collaboration with youth influencers and experts. By the end of 2024, over four million adolescents in eastern Europe and central Asia had increased their awareness of HIV prevention, sexual health, gender, relationships and violence prevention, thereby empowering themselves to make informed, healthy choices.
- 106.** In the Asia-Pacific region, national initiatives empowered over 1 000 individuals, including youth leaders, teachers, educators and government officials across multiple countries, to foster safe, inclusive, equitable and health-promoting learning environments. Actions to promote CSE, gender-responsive pedagogy, LGBTQI+ inclusive advocacy and mental health and psychosocial support led to strengthened capacity on HIV prevention and reduction of HIV-related stigma.
- 107.** In Armenia, UNESCO and the Secretariat supported a media campaign which engaged over 200 000 young men (16–25 years) to combat gender-based violence. The campaign, informed by a study on young men's perceptions of masculinity, led to the creation of a chatbot promoting positive masculinity and non-violence. Over 2 000 adolescents interacted with the chatbot, while the campaign also raised awareness on preventing gender-based violence and bullying in schools.

## WORLD HEALTH ORGANIZATION (WHO)

**108.** WHO leads global efforts to promote, provide and protect health and well-being for all.

### HIV in WHO's mandate

**109.** Through its [Global Health Strategy for 2025–2028](#), WHO aims to address the major health challenges and crises of our time, setting an ambitious agenda to get the world back on track to achieve the health-related SDGs and save 40 million lives over the next four years. This is pursued through a threefold mission: promoting health by addressing the root causes of disease; providing health by strengthening health systems; and protecting health by preventing, preparing and responding to health emergencies.

**110.** As a founding Cosponsor of the Joint Programme, WHO leads on HIV testing, treatment and care, HIV drug resistance and HIV/TB coinfection. WHO jointly coordinates its work with UNICEF (on eliminating vertical transmission of HIV and paediatric HIV), UNFPA (for SRH); with the World Bank and UNICEF (for achieving universal health coverage); and in partnership with UNODC (on harm reduction and programmes to reach people who use drugs and people in prison).

### Top results in 2024

**111. Progress and gaps documented.** The [Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030: report on progress and gaps 2024](#) report highlighted significant progress in several areas while also describing persistent gaps in the HIV response.

**112. Major HIV prevention recommendations implemented in 2024.** As of December 2024, 94% of reporting countries (162) had incorporated WHO recommendations on pre-exposure prophylaxis (PrEP) into their national guidelines, including 73 countries that are recommending both daily oral PrEP and event-driven (on-demand) PrEP.

**113. New guidelines and recommendations on HIV prevention published.** WHO published [guidelines](#) for HIV post-exposure prophylaxis (PEP), prioritizing community-based delivery and task sharing to mitigate barriers such as stigma, and a [toolkit](#) to update the implementation tool for PrEP. WHO continued to support countries on incorporating recommendations on long-acting injectable cabotegravir for HIV prevention. It also issued [recommendations](#) for including the dapivirine vaginal ring, which can protect women who are at substantial risk of HIV infection, in national guidelines and for achieving regulatory approval for its use.

**114. HIV prevention interventions for key populations and groups at high risk of HIV promoted.** WHO released and disseminated seven [policy briefs](#) on interventions for individual key populations as well as complementary briefs on behavioural interventions and hepatitis C virus testing and treatment.

**115. Efforts promoted to reduce HIV-related stigma and discrimination.** WHO released a [technical brief](#) to guide health facility managers through the process of ensuring quality, HIV-related stigma-free services.

- 116. Major HIV testing and diagnostics recommendations implemented in 2024.** HIV self-testing policies have expanded significantly, with 107 countries reporting national policies that support self-testing and 71 countries routinely implementing those policies. This marks an almost three-fold increase in national policies and a five-fold increase in routine use since 2017. Additionally, 78 countries have adopted dual HIV and syphilis rapid diagnostic tests, mainly for pregnant women and key populations.
- 117. New recommendations on HIV testing and simplified service delivery released.** New [Consolidated guidelines](#) on differentiated HIV testing services provided recommendations on expanding self-testing and network-based testing services to support PrEP delivery. An [implementation guide](#) on prevention of HIV misdiagnosis was launched, as well as a self-testing implementation [toolkit](#) for HIV, hepatitis C and syphilis.
- 118. Major HIV treatment and care recommendations implemented.** As of July 2024, 99% of countries have adopted the “treat all” approach, with over 120 countries having adopted WHO’s preferred first- and second-line ART regimens (with recommended regimens used by more than 90% of adults and 75% of children on HIV treatment). Rapid ART initiation on the same day as HIV diagnosis has been adopted by 82% of 123 reporting countries, a 49% increase since 2020. Additionally, 78% of 146 countries have reduced the frequency of ARV collections, with three-month prescriptions the most-implemented approach. Most have also adopted WHO’s care package for advanced HIV disease, either fully (72% of 123) or partially (18%), and are incorporating other health care services (e.g. for TB, maternal and child health, SRH and noncommunicable diseases) into HIV services. Policies for community-based ART delivery have more than doubled since 2020. Routine viral load monitoring for adults and adolescents has been implemented in 73% of 124 reporting low- and middle-income countries. WHO published a [mapping of policy uptakes](#) and implementation status in countries.
- 119. New guidelines on HIV treatment and care issued.** WHO published a [policy brief](#) on supporting re-engagement in HIV treatment services; a [technical framework](#) to improve HIV service access and outcomes for men and HIV; and [technical guidance](#) on implementing WHO evidence-based interventions for adolescents and young adults living with and affected by HIV.
- 120. ARV drugs optimized in adults, children and pregnant women.** WHO published a [technical report](#) on optimization of second- and third-line ART for people living with HIV, including for children and pregnant women.
- 121. HIV drug resistance addressed.** The WHO HIV drug resistance [report](#) summarized recent data on HIV drug resistance in the context of integrase strand transfer inhibitors used for HIV prevention and treatment. WHO also released a [technical report](#) on key clinical trials, observational studies and programmatic data on newer ARVs to inform future updates to global HIV treatment policies and future research priorities.
- 122. Research on ARVs in pregnancy advanced.** The antiretrovirals in pregnancy [research toolkit](#) provided guidance and resources to accelerate the inclusion of pregnant and breastfeeding populations in research on treatment and prevention of HIV and to ensure the efficacy and safety of optimized HIV treatment outcomes.
- 123. Progress towards triple elimination of HIV, syphilis and hepatitis B virus advanced.** As of December 2024, 19 countries or areas had been certified by WHO for eliminating vertical HIV transmission. In addition, 93 of 124 reporting countries have national plans to eliminate vertical transmission of both HIV and syphilis, most of which are integrated, while nine countries have

a plan for eliminating the vertical transmission of HIV and 10 countries have a similar plan for syphilis. A [policy brief](#) introduced a framework for the triple elimination of vertical transmission of HIV, syphilis and hepatitis B virus.

- 124. Evidence-based interventions for paediatrics and adolescents supported.** WHO provided technical support under the umbrella of the Global Alliance to end AIDS in children; supported the scale-up of preferred first line-based ART regimens for children and planning for introduction newly available optimized formulations; and finalized a technical brief on paediatric HIV case finding in collaboration with UNICEF.
- 125. Needs of key populations protected in the context of health emergencies.** In response to the 2024 mpox upsurge in Africa, declared a public health emergency of international concern on 14 August, WHO guided the community protection response, focusing on effective community engagement and ensuring the links between mpox, HIV and STIs were appropriately leveraged for the response. Community engagement efforts included convening a reference group and deploying a consultant to support key populations in Goma, Democratic Republic of the Congo in identifying potential outbreaks ahead of official declarations.



## THE WORLD BANK

**126.** The World Bank Group's mission is to end extreme poverty and boost shared prosperity on a liveable planet.

### HIV in the World Bank's mandate

**127.** Ensuring everyone has access to essential services and the underlying systems are effective, equitable and sustainable is a critical part of advancing the World Bank's mission. The World Bank puts health at the heart of its Human Capital Project to drive more and better investments in people, including those affected by and vulnerable to HIV. In 2024, it launched an ambitious plan to support countries in delivering quality, affordable health services to 1.5 billion people by 2030. This is part of a larger global effort to provide a basic standard of care through every stage of a person's life. In fiscal year 2024, the World Bank Group committed [US\\$ 117.5 billion](#) towards its mission and disbursed [US\\$ 89 billion](#).

### Key World Bank strategy for HIV

**128.** The breadth and depth of the World Bank portfolio affords important opportunities to advance integrated approaches to improve outcomes and systemic support for HIV responses, including through progress on key contributors to HIV success. The World Bank strongly emphasizes sustainability, efficiency and effectiveness, and focuses on helping countries do "better for less", for example by using available resources wisely and redesigning HIV and broader health programming to optimize resources and service delivery and transition to new funding approaches in a rapidly shifting funding landscape. Leveraging data and innovation, including opportunities in digital health and service delivery, is an essential part of this approach. The World Bank also supports work in other areas that improve HIV outcomes, such as gender, social protection, education and service access in fragile and conflict-affected contexts.

### Top results in 2024

**129. Women and girls empowered.** [Over 90% of World Bank operations are "gender tagged"](#), indicating that they promote gender equality, the end of gender-based violence and the empowerment of women and girls. Many of these initiatives highlight health, education and social and economic empowerment—all of which support improved HIV outcomes.

- The Sahel Women's Empowerment and Demographic Dividend Project reached over 2 million girls, with about 1.2 million girls having received scholarships or other support to go to enrol and stay in school. Almost 19 000 religious leaders were engaged to promote girls' and women's empowerment.
- In the Democratic Republic of the Congo, a project has increased HIV testing for pregnant women and supported 1 million safe deliveries annually.
- Projects helped girls enrol and stay in school and empowered women in countries such as Angola, Ethiopia, Malawi, Nigeria, United Republic of Tanzania and Zambia.

- 130. HIV outcome enablers in social protection and education leveraged.** With a social protection/ jobs portfolio of US\$ 28.5 billion, support is helping 287 million people reduce their HIV vulnerabilities and empowering them to protect themselves and access services.
- 131.** The World Bank is the largest financier of education in low- and middle-income countries (149 projects totalling US\$ 26.1 billion). Cash transfers in Zambia have reached over 1.3 million households and are covering school fees for over 173 000 girls. In addition, 2.2 million Nigerian girls have enrolled in secondary education, with over 250 000 receiving scholarships.
- 132. Resilience to shocks increased.** The World Bank helped countries maintain essential services and boost the resilience of systems essential to the HIV response.
- *Pandemics preparedness enhanced.* The World Bank helped countries improve pandemic preparedness and responses (PPR) in ways that also benefit HIV outcomes. Examples include the International Development Association's 20th replenishment, which provided PPR financing; an enhanced crisis preparedness and response toolkit, support for the [Pandemic Fund](#); and the launch of the [Global Challenge Program on Health Emergencies](#).
  - *Conflict and instability addressed.* Operations under [IDA20](#) include US\$ 30 billion for fragile and conflict-affected countries, including activities focused on refugees' HIV-related health needs. As an example, a project in Bangladesh delivered integrated gender-based violence and SRH services to over 2.4 million refugees and host community members.
- 133. Sustainability of HIV responses strengthened.** The World Bank addressed fiscal space issues; provided financing for health and human capital; and supported transitions to greater domestic financing and improved efficiency. Examples include:
- *Essential global and domestic financing delivered.* The US\$ 93 billion IDA20 continued its operations to support the poorest countries, including prioritizing investments important to the HIV response. The World Bank also continued to scale up support to countries on sustainable, innovative shifts toward integrated, domestically funded HIV responses.
  - *Fiscal impacts of crises documented and addressed.* Two new papers in the "From double shock to double recovery" series highlighted trends in health financing. The World Bank helped countries improve debt management and bolster their fiscal positions by improving tax compliance, public expenditure effectiveness and domestic resource mobilization.
  - *Analytical support provided.* The World Bank conducted efficiency and effectiveness studies, supported databases and tools to help country partners conduct analytics, including (a) public expenditure reviews; (b) use of mathematical modelling to improve allocative efficiency; (c) budget execution in health (with WHO); and (d) support from the Global Financing Facility on financial efficiency reforms.
  - *Digital solutions advanced.* Support for digital health included the "Digital-in-health" report (over 15 000 downloads), drone delivery of HIV medications and issuance of over 111 million digital IDs in Nigeria.

### 134. Service access and outcomes improved through greater integration.

- *Health integration strengthened.* The World Bank's US\$ 29.4 billion health portfolio included 169 projects to improve outcomes and strengthen the health systems HIV responses rely upon, including a [health system strengthening project](#) in Angola which increased the share of women living with HIV delivering at health facilities and receiving ART to 65%; improved HIV-TB integration in southern Africa; and Global Financing Facility support for SRH integration in benefits packages.
- *Multisectoral integration advanced.* HIV support was integrated in non-health sector Bank projects affecting key populations, including transportation projects with HIV components that reach key populations (e.g. in Bolivia, Ethiopia, Madagascar, Papua New Guinea and Rwanda).



## THE UNAIDS SECRETARIAT

- 135.** The Secretariat ensures overall leadership, coordination and accountability across the Joint Programme to support countries in reaching the objectives and targets of the Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV and AIDS. Using an inequalities lens, the Secretariat works with Cosponsors to advance global and country HIV responses by closing gaps in HIV services, empowering communities and improving the enabling environments and sustainability of HIV responses. It does so across five strategic functions: thought leadership, advocacy and communication; convening strategic partnerships; excellence in strategic information; effective coordination of country implementation support; and solid governance and mutual accountability.
- 136.** Strategic prioritization has enabled the Secretariat to prioritize closing key strategic gaps to reach global AIDS targets, especially for children, adolescent girls and young women and key populations, and to mobilize essential resources and catalyse innovations for increased effectiveness and efficiencies.

## Top results in 2024

- 137. Political commitments sustained for the multisectoral HIV response to close gaps.** The Secretariat leveraged the Joint Programme's strengths and influenced 16 high-level political meetings and their outcome documents. These included the High-Level Political Forum on Sustainable Development; the UN General Assembly's Annual Review of HIV; a Commission on the Status of Women Resolution on Women, the Girl Child and HIV; a groundbreaking Resolution on Human Rights in the Context of HIV recognizing the human rights of key populations; an historic reference to harm reduction in a Resolution on Drug Policy of the Commission on Narcotic Drugs; and the African Union's Triple Elimination Strategy for HIV, Syphilis and Hepatitis B. UNAIDS's strategic call for action informed the 2024 International AIDS Conference, while a Global Parliamentarian Platform on HIV and AIDS mobilized over 400 members from over 45 countries. Sustained partnerships with faith-based leaders and numerous cities helped translate commitments into action. Through expanded digital outreach, over 2 billion people worldwide were reached with HIV messages in 2024.
- 138. Mid-term review of the Global AIDS Strategy and new targets by 2030 completed.** The [Mid-term review of the Global AIDS Strategy 2021–2026](#), led by the Secretariat, highlighted progress towards ending AIDS as a public health threat and highlighted key gaps that require urgent action. A Global Task Team recommended new targets which will inform the next Global AIDS Strategy to help countries end AIDS as a public health threat by 2030 and ensure a sustainable response into the future.
- 139. Programmes and investments for impact informed by state-of-the-art HIV data.** HIV estimates are available in over 172 countries, representing 99% of the world's population. The most comprehensive data and analysis on HIV was updated across 140 countries, including through coordinated reporting against the Global AIDS Monitoring framework. It is accessible through the [AIDSinfo | UNAIDS](#) platform and includes HIV inequality visualization and data on HIV, finance, laws and policies, and key populations. Strategic data provided by UNAIDS inform optimization of programmes and investments, including the Global Fund and PEPFAR. UNAIDS flagship reports—including the 2024 - [Global AIDS Report](#), [AIDS at a Crossroads](#), [World AIDS Day report](#), [Take the](#)

[Rights Path](#) - presented authoritative updates on progress, gaps and required actions to reach the global AIDS targets and more sustainable response.

- 140. Evidence-informed national HIV strategic plans and effective partnerships catalysed, including with Global Fund and PEPFAR.** Well-coordinated Joint Programme support, including significant technical support led by the Secretariat, contributed to evidence-informed national strategic plans on HIV for impact, partnerships (including with the Global Fund and the United States President's Emergency Plan for AIDS Relief, PEPFAR). The support included inclusive dialogues to resolve bottlenecks to optimize programmes and investments for reaching the global AIDS targets, including with innovations, integrated services and strengthened health and community-led systems.
- 141. Community-led HIV responses expanded in more than 79 countries.** The Secretariat elevated the central role of the community-led response and contributed to its expansion including community-led monitoring. This was possible thanks to additional normative and policy guidance, a systematic review of costings for more sustainable financing and good practices, and knowledge sharing and capacity-building for multiple country and regional community networks. A new framework and methodology for monitoring the 30–80–60 targets in the Global AIDS Strategy is available and new data analyses are informing decision-making.
- 142. Human rights and gender equality championed for an effective HIV response.** The Secretariat's convening of policy dialogues and fora, including the HIV and Human Rights Reference Group co-convened with UNDP, shared knowledge and guidance for the removal of punitive laws and the development of enabling laws and policies for more effective and people-centred HIV responses. In coordination with other stakeholders, the Secretariat elevated its advocacy and support to community-led organizations in response to the pushback against human rights, especially in relation to the LGBTQI+ community, and provided direct support in crisis situations to ensure the safety and security of key populations and their continued access to HIV and other health services.
- 143. Political commitments strengthened and urgent action galvanized to accelerate sustainability of HIV response.** The new [HIV sustainability framework](#) and related guidance, tools and coordinated technical support led by the Secretariat in collaboration with other actors triggered a sense of urgency, new collective commitments and action to accelerate sustainability of the HIV response. Over 30 countries have developed and begun implementing HIV Sustainability Roadmaps, with broad stakeholder consultation and community engagement.
- 144. Access to HIV and other health services, including new technologies for all, championed** The Secretariat called for and secured commitments for accelerated access to effective injectable long-acting HIV medicines to all. This included calls from the Global Council on inequality, AIDS and pandemics to enable life-saving medicines to be produced in every part of the world and address the social determinants of pandemics, as well as a G20 leaders' commitment to fighting inequalities driving AIDS and other pandemics and backing for a new "Global Coalition for Local and Regional Production, Innovation and Equitable Access" to vaccines, therapeutics and diagnostics, and other health technologies.
- 145. Focus on effective HIV prevention through strategic initiatives intensified.** Together with partners, the Secretariat convened and leveraged key initiatives which accelerated action on HIV prevention. The 38 Global HIV Prevention Coalition focus countries boosted HIV combination prevention efforts, especially through cross-country collaboration on HIV prevention stewardship, financing and sustainability, the South-to-South learning network, peer mentoring and granular monitoring of progress against the HIV Prevention Road Map. Twelve countries took additional

steps to close gaps for children after joining the Global Alliance to End AIDS in Children and 15 countries took steps as part of the Education Plus initiative to reduce new HIV infections among adolescent girls through better access to education. Forty-one countries acted as members of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, using enhanced knowledge sharing, guidance, tools and advocacy support.

- 146. Effective UN support to countries successfully coordinated.** The Secretariat optimized the Joint Programme's strengths to effectively support national HIV responses through effective coordination of Joint UN Teams on AIDS in over 80 countries<sup>3</sup>. It also leveraged the broader power and voice of the UN System by ensuring that HIV-related priorities were integrated in UN Sustainable Development Cooperation Frameworks for the SDGs.
- 147. Resources mobilization intensified and steps are taken to ensure a more resilient and fit-for-purpose Joint Programme.** Resource mobilization efforts redoubled to close UBRAF funding gaps. An update on UNAIDS's strategic prioritization within the UBRAF funding shortfall context was approved by the PCB, which called for urgent additional resources. As per the PCB request, a High-Level Panel, convened by UNAIDS Executive Director and the Chair of the Committee of Cosponsoring Organizations, started discussions on recommendations for a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response.
- 148. Strong mutual accountability and transparency ensured.** Strong governance and oversight mechanisms, including the Programme Coordinating Board, its Independent External Oversight Advisory Committee, quality management, oversight and performance and other reports were maintained and made available through a new UNAIDS [Results and Transparency portal](#). UNAIDS remains highly compliant with and contributes to UN reform, including the Quadrennial Comprehensive Policy Reform and UN Funding Compact and the piloting of innovative approaches. Six evaluations conducted by the Evaluation Office yielded important lessons in 2024 and follow-up of recommendations are being monitored.

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<sup>3</sup> Country-level Joint Teams on AIDS are implementing a Joint UN Plan on HIV to support national HIV responses as part of and contributing to the UN Sustainable Development Cooperation Framework or equivalent.



