UNAIDS 2026

Result Area 1: HIV Prevention

2025 Performance Monitoring Report

Result Area 1: HIV prevention

Joint Programme specific outputs in 2024-2025

1.1 Support countries in development and implementation of national policies, plans and road maps for combination HIV prevention with a focus on key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.

1.2 Enhance national capacity for effective stewardship of HIV prevention responses for key populations and other priority populations, including key functions of analysis, prevention programme design, implementation, monitoring and accountability for impact.

In 2025, national HIV prevention planning and policy processes faced major disruptions due to funding interruptions and reduced technical capacity in many high-incidence countries. In this context, the Joint Programme focused on safeguarding prevention as a strategic priority within national agendas and planning cycles, ensuring the world stays on track to reach 2030 HIV prevention targets. Within the Joint Programme, UNFPA focused on the integration of HIV prevention into existing SRH, gender-based violence (GBV) and youth initiatives and platforms, ensuring that a range of interventions continued to reach populations at risk with HIV prevention information and services.

Strengthening national capacity for service delivery, response coordination and progress monitoring under constrained conditions was prioritized. The Global HIV Prevention Coalition (GPC) Secretariat, co-convened by the UNAIDS Secretariat and UNFPA, strengthened countries' analytical capacity by developing and deploying a simplified prevention prioritization and cost-effectiveness package which was used in national reprogramming discussions, enabling countries to identify high-impact interventions, preserve equity for key populations, and align prevention ambitions with available fiscal envelopes. Through the GPC Secretariat's guidance, development and implementation of national HIV prevention roadmaps and integration of prevention priorities into broader national strategies were advanced in Ghana, Mozambique, the United Republic of Tanzania and Zambia. Targeted technical support reinforced use of granular data for planning, and advanced readiness for long-acting prevention options, ensuring continuity of prevention governance during a period of exceptional disruptions.

UNAIDS Secretariat provided support to countries in the development and deployment of HIV prevention scorecards and dashboards to support countries in prioritizing HIV prevention. In Ghana and the United Republic of Tanzania, sub-national scorecards were operationalized to support district-level performance monitoring and course correction. In Zambia, prevention indicators were integrated into national monitoring platforms with quarterly reporting cycles planned, thereby strengthening accountability for prevention outcomes.

The Joint Programme provided comprehensive tools and normative guidance to strengthen HIV prevention programmes and to help guide countries in the scale-up of diversified prevention options, and the adoption and implementation of new technologies. For instance, the GPC Secretariat and its partners developed a person-centred HIV prevention design and communication brief to guide the prioritization of people-centred interventions to strengthen demand generation for HIV prevention services. Through the GPC's collaboration with the South-to-South Learning Network, the UNAIDS Secretariat convened a session of the GPC Key Populations Community of Practice that launched updated guidance for HIV programmes with key populations

and produced operational recommendations now being integrated into national 2030 Prevention Access Framework plans.

In 2025, **80 countries** received support to improve their policies and/or strategies on combination HIV prevention with key populations and other priority populations.

Despite the impact of the funding shifts on HIV service delivery, prevention services and commodities, the Joint Programme continued to provide critical support for cost-effective HIV prevention interventions, including through advancing last-mile distribution to ensure continuity of and improvements in condom programming coverage. Globally, UNFPA procured 1.2 billion condoms (male and female), contributing to the prevention of an estimated 5.1 million sexually transmitted infections and 118 000 HIV infections, while sustaining last-mile distribution through community and data-driven approaches. In eastern and southern Africa, UNFPA supported reinvigorated national condom programmes, prevention coordination platforms and integrated SRH/HIV planning, alongside domestic resource mobilization and mitigation of stock disruptions. Community condom distribution points were established in 20 districts in Uganda and Zambia, while Kenya and Lesotho officially endorsed national condom strategies to further increase condom access to and use. With UNFPA's support, Kazakhstan also procured 1.5 million condoms and lubricants through the Global Fund.

The Joint Programme supported the expansion of oral PrEP and the introduction of long-acting cabotegravir, the dapivirine vaginal ring and lenacapavir, along with early demand-generation initiatives. This included supporting countries to develop policy and regulatory framework and preparedness planning for the introduction of lenacapavir following the landmark agreement for guaranteed low-cost access to generic lenacapavir.[1] Following the publication of guidelines on the use of lenacapavir for HIV prevention and testing strategies, WHO provided support to 14 countries to accelerate the roll-out of this new long-acting tool. In eastern and southern Africa, the Joint Programme's support resulted in nine countries completing preparedness processes. Ukraine also reported country-wide long-acting injectable PrEP availability following the adoption of an updated national HIV medical care standard with political and technical support from the Joint Programme. In west and central Africa, the Joint Programme supported the integration of lenacapavir while addressing planning and implementation, training, service delivery, monitoring & evaluation, and supply chain considerations. By January 2025, 94% of reporting countries had adopted WHO PrEP recommendations, including long acting cabotegravir in 21 countries and the dapivirine ring in 18 countries. By end of 2025, 10 countries had regulatory approval for lenacapavir, and two countries (Eswatini and Zambia) had begun programmatic delivery.

In Latin America and the Caribbean, a demand generation communication strategy helped reposition HIV prevention and expand access to innovative prevention tools, including PrEP. WHO rolled out the PrEP Impact tool to support national scale-up of oral PrEP across the region and providing countries with evidence on its potential to reduce new HIV infections. Access to PrEP was expanded to transgender women in 19 countries while 100 healthcare providers in 10 countries were trained on PrEP delivery. Furthermore, the PrEP Without Borders initiative supported uptake of innovative and proven HIV prevention tools in the region; a total of 1200 transgender women were reached across Chile, the Dominican Republic, Ecuador and Honduras through

[1] Gilead Sciences and six generic manufacturers signed a voluntary licensing agreement to expand access to low -cost generic versions of lenacapavir for HIV prevention (PrEP) in low and lower-middle income countries.

community workshops on PrEP literacy and HIV prevention. The initiative, with the Joint Programme's support, strengthened integration of PrEP into inclusive, community-led health responses for transgender people in the context of migration and mobility.

The Joint Programme continued to support voluntary medical male circumcision (VMMC) initiatives[2] in 2025. This included, for example, VMMC services provided through UNHCR operations using a rights-based approach to refugee health, enabling provision of VMMC to over 5700 men across eight African countries. WHO provided technical and financial support for the development of the 2025 South African national guidelines for medical male circumcision, which aims to reduce HIV transmission using fixed mobile and outreach methods. Sierra Leone's Real Man Campaign, launched by the First Lady with support from UN Women, engaged over 2000 men and promoted new concepts of positive masculinity to prevent violence against women and encouraged men to seek HIV testing and prevention information. UN Women's *HeForShe* campaign in taverns and soup kitchens in South Africa engaged over 120 000 women and men in dialogues about gender equality and HIV, encouraging HIV testing and linking people with HIV treatment and services for GBV when needed.

The Joint Programme continued to increase outreach of HIV prevention information and services among youth and key populations. The Secretariat and the GPC enhanced the GPC Resource hub—the global knowledge management tool for HIV prevention which registered 2.9 million active users by end 2025, to further improve accessibility to key resources related to HIV prevention. With UNDP's support, the Republic of the Congo more than doubled outreach to adolescent girls and young women, while Angola, Eswatini, Mozambique, Zambia and Zimbabwe expanded their HIV prevention services for key populations. UN Women provided support for the implementation of HIV prevention initiatives in 18 countries, including in Nepal, where peer leaders from marginalized groups, such as women affected by HIV, LGBTQI+ persons and people working in the informal and entertainment sectors, gained knowledge on HIV prevention following a capacity building programme. They, in turn, assisted nearly 2000 people to obtain SRH, HIV and STI screening and counselling, psychosocial support and legal services. Initiatives in Nepal also included entrepreneurship training for 410 women, including women engaged in sex work, resulting in additional average income of NPR 500 to 2000 per day and strengthened their agency to protect themselves against HIV. In Cambodia, UN Women, the Secretariat and a local LGBTQI-led movement implemented social media campaigns and community dialogues to increase awareness of human rights, HIV prevention, and testing and treatment services.

Capacity for programme design and implementation for key populations improved through the updated global guidance on Trusted Access Platforms, developed jointly with the Global Fund. The guidance provides countries with operational models for sustaining prevention services for key populations through community-led, clinic-linked and digital platforms. The Joint Programme also continued to reinforce and expand targeted prevention for key and other vulnerable populations through integrated service delivery, provider capacity building, high level advocacy, and policy and programme strengthening. For example, in Algeria, UNDP supported national efforts by procuring 23 000 HIV test kits to respond to an urgent shortage.

In Southern Africa, the Joint Programme worked with the Southern African Development Community (SADC) and the AIDS and Rights Alliance for Southern Africa (ARASA) to develop and secure approval of an improved Regional Strategy on

[2] VMMC is recognized by WHO and UNAIDS as a crucial entry point for delivering a comprehensive package of health services to men and adolescent boys. Since 2007, this strategy has been utilized to reach men with HIV and STI prevention, testing, and, if necessary, treatment.

HIV Prevention and sexual and reproductive health and rights (SRHR) for key populations, which strengthens regional alignment around evidence- and rights-based responses and provides a practical framework across 16 countries.

Stronger policy frameworks and service delivery systems helped expand equitable access to harm reduction and HIV services for people who use drugs and people in prisons and other closed settings. Adoption and implementation of opioid agonist maintenance therapy (OAMT) policies and harm reduction strategies advanced in several regions.

Key achievements led by UNODC included the implementation of a revised methadone guidance in Viet Nam; the formalization of a national harm reduction strategy in Algeria; and advancement of HIV service guidelines for people who inject drugs in Malawi. Emergency procurement of methadone in Egypt prevented treatment interruption during a national supply crisis and safeguarded the continuity of community-based treatment for people who use drugs. In Afghanistan, sustained advocacy and inter-ministerial coordination supported the reopening and stabilization of OAMT centres, restoring services for more than 700 clients. In the Asia and Pacific region, the Joint Programme helped reinforce coordinated action through the 2025 Asia-Pacific Chem-Use Symposium to support integration of chemsex-related interventions into harm-reduction frameworks. Thailand strengthened community-led harm reduction through a national certification model and reinforced monitoring through UNODC support, while Indonesia upgraded its Prison Health Information System and piloted a community-based harm reduction model. In Kazakhstan, rapid advocacy and technical support led to the procurement of methadone by national authorities, mitigating an imminent supply disruption risk and reducing OAMT stock-out risk. In Mozambique, South Africa, Zambia, harm reduction scale-up was intensified and the African Union Commission advanced political commitment and funding attention for HIV, viral hepatitis and harm reduction services, including in prisons.

HIV prevention, testing and treatment services were strengthened in prisons and other closed settings. UNODC provided technical assistance to 15 countries to reinforce prison health governance, expand access to HIV, viral hepatitis and tuberculosis (TB) services, and strengthen continuity of care, including in Angola where an integrated prison health assessment informed reforms which benefited more than 1700 people in closed settings. UNODC also helped strengthen institutional capacity in infection prevention and control, gender-responsive services and post-release coordination through the training of over 1300 prison, probation and health personnel across 12 countries.

Through Joint Programme and other support, some prevention initiatives were maintained and even expanded in specific countries. At the same time, efforts to prepare for the rapid introduction of long-acting prevention technologies were intensified. Prevention remains a top priority for the HIV response but the reliance on external funding sources puts it at risk.

2025 Expenditures and Encumbrances under Result Area 1 for all Cosponsors against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
8 908 840	8 589 636	32 445 800	21 032 813	41 354 640	29 622 449

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