UNAIDS 2026

Result Area 2: HIV Treatment

2025 Performance Monitoring Report

Result Area 2: HIV treatment

Joint Programme specific outputs in 2024-2025

2.1 Strategic convening of scientists, programme managers, communities and multisectoral stakeholders for considering new science, innovations and practices, and develop consolidated and simplified normative, strategic and implementation guidance for use in the context of integrated services.

2.2 Provide policy, advocacy and technical support to countries and communities to update/adopt and implement national policies and redesign service delivery programmes that are focused on reaching those so far unreached by quality HIV testing, treatment, care and integrated services, including those for common comorbidities and coinfections.

Achieving the 95–95–95 targets requires coordinated efforts to expand access to integrated HIV services, including comorbidity care. In 2025, the Joint Programme worked with national, UN and civil society partners, including community-based organizations, to improve the availability, reach and affordability of services, leading to better health outcomes for people living with HIV. Joint Programme-led normative guidance and tools were prioritized and rapidly applied in countries to further expand and sustain HIV treatment.

Through Joint Programme support, HIV testing was scaled up in priority countries to ensure effective linkage to treatment, support and care services as needed. An ILO paper, Reducing the HIV testing gap in men, published in December 2025, reported that in the last phase of the ILO's Voluntary Counselling and HIV Testing for Workers (VCT@WORK) Initiative (from 2021–2024), over 2 million workers in 13 countries with high HIV burdens were reached with HIV information and stigma reduction messages. As well, over 1.4 million workers voluntarily underwent HIV testing, of whom 48 616 were diagnosed as HIV-positive. ILO also supported the distribution of nearly 179 000 HIV self-test kits, which helped to identify over 2800 people with HIV-positive results in 2025, all of whom were linked to antiretroviral therapy (ART) and care.

Overall, WHO reported a steady increase in the number of countries adopting dolutegravir as part of first-line ART. As per WHO recommendations, 125 countries are now using dolutegravir as the preferred option for adults and adolescents, which represented a 108% increase from only 60 countries in 2020.[1]

With support from the Joint Programme, **40 countries** updated and implemented their national recommendations on HIV testing, treatment and service delivery in 2025 including multi-month dispensing of ART, first- and second-line ART, and advanced HIV disease.

WHO released updated 2025 HIV clinical management recommendations, introducing changes to ARV regimens, preventive therapy for TB and infant postnatal prophylaxis, with the aim of simplifying care and improving outcomes. These recommendations will be integrated into consolidated guidelines and will help countries optimize treatment programmes. In addition, the Joint Programme disseminated updated WHO guidance to accelerate evidence-based clinical practice, with an emphasis on paediatric and adolescent ART.

[1] Policy information sheet: WHO HIV policy adoption and implementation status in countries, 2025

The Secretariat developed the Global Reference on HIV Literacy: An Adaptive Resource for Communities, Programmes and Policymakers to provide up-to-date knowledge and information that can strengthen community demands for and knowledge about high-quality HIV treatment services.

To respond to the needs of people with advanced HIV disease stage, WHO issued new advanced HIV disease management guidelines, including for early identification and clinical management. The Joint Programme focused on improving clinical practice through dissemination of these new guidelines and on reinforcing programme resilience amid resource constraints, while generating new evidence to improve AHD management. A regional study led by WHO in the Latin America and the Caribbean region enrolled more than 500 AHD patients across 11 countries and found opportunistic infection prevalence exceeding 30%, This led to the mobilization of governments and communities to reinvest in AHD management and in additional operational research to address identified gaps.

WHO also updated the antiretrovirals in pregnancy research toolkit which was presented at the 2025 International AIDS Society conference in Kigali, Rwanda. By providing an inventory of resources for researchers and programme implementers, the toolkit is aimed at accelerating the collection of data on pregnant and breastfeeding populations in clinical studies and other research settings that are linked to treatment and prevention of HIV, viral hepatitis and STI. Their exclusion from research has led to a lack of safety data and long delays in access to medicines for pregnant and breastfeeding women.

The Joint Programme's, especially the Secretariat's efforts, focused on increasing country resilience to protect access to HIV treatment services during the 2025 funding shifts. In eastern and southern Africa, a rapid stock-taking exercise conducted from March to April 2025 helped identify system-wide risks to HIV service delivery, including health workforce capacity, data systems and threats to the supply of ART. Findings supported government prioritization and domestic resource reallocation decisions to protect recent gains in HIV responses, including in terms of treatment coverage. The Secretariat also continued to generate and share strategic information on the access to HIV services and on ART coverage through the Global AIDS Monitoring system. That was done during monthly updates and through modelling of incidence and mortality scenarios, which enabled governments to respond more quickly to emerging treatment gaps.

In 2025, UNDP's partnership with the Global Fund delivered important results for HIV prevention, treatment and care and strengthened health systems across 58 countries., including in 23 countries where UNDP served as interim Global Fund Principal Recipient. In those countries, UNDP-supported programmes provided life-saving ART to 1.7 million people, reached 1.6 million people with HIV prevention services, conducted one million HIV tests, supported 56 000 pregnant women to prevent vertical transmission, and enabled 122 000 people to successfully complete TB treatment. For example, in Sudan, UNDP worked with partners to reach over 1700 people living with HIV with treatment—nearly a sixth of people treated nationally. Other services and commodities included counselling to promote treatment adherence and HIV test kits. In response to the HIV outbreak in Fiji, UNDP worked with the Global Fund, WHO, UNICEF, UNODC and the Secretariat to secure funding for the introduction of lenacapavir.

Outcomes for people living with HIV further improved through enhanced integration of HIV and TB services. For instance, UNDP supported access to ART for 5500 TB

patients living with HIV, improving continuity of care for people with complex co-morbidities and supporting treatment completion.

The Joint Programme also promoted combined health, nutrition and livelihood programmes that are essential in supporting and sustaining positive HIV outcomes. This was demonstrated along Mozambique's Beira high-burden transport corridor where WFP supported a multi-partner initiative to reduce HIV and TB vulnerabilities among mobile populations at high risk of HIV, reaching more than 24 000 people with testing, prevention and treatment-linkage services, along with integrated nutrition screening and referrals for acute malnutrition. In South Sudan, targeted nutrition assistance from WFP among children and pregnant and breastfeeding women across five refugee hosting counties reached 1300 malnourished individuals living with HIV, TB and visceral leishmaniasis, directly contributing to improved treatment adherence and better health outcomes.

Efforts to scale up access to HIV treatment, support and essential services for refugee and forcibly displaced persons also continued through UNHCR's operations which strengthened rights-based approaches to refugee health despite the increasingly constrained and challenging humanitarian funding environment. The UNHCR Annual Public Health Global Review 2025 outlines its public health response across 58 countries, highlighting key achievements, challenges, and priorities, while reflecting final progress under the 2021–2025 Global Public Health Strategy and emphasizing refugee inclusion in national health systems as a sustainable, equitable approach. According to UNHCR 2025 Inclusion survey, 96% of countries surveyed provided ARV drugs through the national health system for HIV positive- refugees, and 98% of countries ensured ARV drugs were provided under the same conditions as the national system. According to the Annual Public Health survey for 2025, over 187 000 pregnant women were tested for HIV during antenatal care, and 20 861 individuals living with HIV were on ART by end of 2025. In South Sudan, UNHCR sustained HIV services across eight refugee camps, including through the expansion of the healthcare workforce to scale up testing, counselling and linkage to care. Similarly, in Malaysia, refugees and asylum-seekers living with HIV gained improved access to HIV treatment, adherence support and essential health services through UNHCR's support to the national protection and public health follow-up mechanism.

2025 Expenditures and Encumbrances under Result Area 2 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
2 547 694	2 253 392	28 145 500	15 021 946	30 693 194	17 275 339

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