UNAIDS 2026

Result Area 5: Human rights

2025 Performance Monitoring Report

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Joint Programme specific outputs in 2024-2025

5.1 Advocate for, collaborate and convene with partners to support countries to remove existing punitive and discriminatory laws and policies affecting HIV, and to respond to the introduction of new harmful laws, including by supporting the exchange of knowledge and experiences between regions and countries on law reform.

5.2 Provide technical, policy and advocacy support, to countries on scaled-up actions to reduce HIV-related stigma and discrimination affecting the HIV response, including through the Global Partnership for action to eliminate HIV-related stigma and discrimination, drawing on knowledge and past accumulated experience by countries.

There were important shifts for human rights in the HIV response in 2025. While changes in geopolitical landscape, national priorities and financial considerations put the sustainability of ongoing HIV and human rights initiatives at risk, the Joint Programme worked diligently with partners and convened stakeholders, parliamentarians and governments to safeguard progress; remove existing and prevent the introduction of new punitive and discriminatory laws, and strengthen policies for non-discriminatory and inclusive workplace strategies. The Joint Programme helped institutionalize stigma-free and patient-centred practices in systems that shape access to health, education and workplace, while driving advocacy and accountability for the rights of people living with HIV and key populations. In parallel, UNDP advanced equity- and rights-based approaches to the use of digital technologies in HIV and health responses, recognizing the growing impact of digitalization on access, inclusion and accountability. Through its work on digital governance and health systems strengthening, UNDP supported countries and partners to align digital and Artificial Intelligence-enabled health solutions with international human rights standards, gender equality, data protection and informed consent.

In Spain, the Secretariat provided technical support to the national AIDS coordination authority (CESIDA) of Spain and the Fernando Pombo Foundation for the achievement of a landmark ruling which for the first time recognized workplace discrimination based on HIV serological status. This legal progress was reinforced by a nationwide campaign with Joint Programme support, to raise awareness and advance the labour rights of people living with HIV, mobilizing companies, trade unions and public institutions to address workplace stigma and discrimination.

ILO's support for workplace policy reform also achieved significant advances in improving policies, workplace inclusion and protection for women and people living with, affected by and at risk of HIV. For instance, Malawi finalized its National Gender Policy and adopted workplace codes and model policies addressing violence, harassment and inequality, while South Africa launched a policy on the prevention and elimination of harassment in the public service. Brazil approved a national bill promoting safe and inclusive workplaces for people living with HIV, and over 230 Ukrainian workplaces adopted non-discrimination and HIV-inclusive policies. ILO supported the development and dissemination of operational guidance to promote inclusive workplaces in multiple countries, while South-West Papua in Indonesia integrated workplace HIV prevention into draft regional regulations. In China, a national tripartite workshop secured formal consensus on inclusive employment actions for people living with HIV, and the Inclusive Employment Index was launched to promote corporate hiring.

Evidence-informed and rights-based legal and policy environments helped reduce stigma, expand protection and remove barriers to HIV services. In Tajikistan, the Joint Programme supported updates to the national Health Code by introducing non-stigmatizing terminology and establishing a basis for further reforms related to child adoption by people living with HIV, review of occupational restrictions, and strengthened procurement pathways for HIV tests and ARVs. With the Joint Programme's support, Moldova advanced institutionalization of human rights and incorporated a zero-discrimination and patient-centred communication approach within medical, dental and pharmaceutical education, building competencies of approximately 200 academic professionals.

The Joint Programme supported **66 countries** to remove or amend punitive and discriminatory laws and policies and/or to develop protective ones affecting the HIV response.

The Joint Programme promoted and empowered community leadership, advanced human rights and reduced structural barriers that were driving vulnerability to HIV, particularly for key populations, women and young people. Through integrated community-led action, legal and policy reform, as well as youth engagement, UNDP worked with countries to translate rights-based commitments into measurable gains in access, protection and inclusion, working in sustained partnership with civil society organizations and community networks. Protective laws and reforms in China, India, the Philippines and Thailand, achieved with support from UNDP, improved confidentiality, reduced stigma and expanded safe access to testing, treatment and social protection. South–South cooperation between National Human Rights Commissions of India and Nepal generated actionable recommendations that are informing policy and programme improvements in Nepal, particularly for migrants living with HIV.

In the face of regression of human rights and gender equality in the context of HIV, an Interagency Africa Working Group co-chaired by UNDP and OHCHR was established. It met regularly to coordinate and strategize UN system responses to the pushback against LGBTQI+ populations in the continent. The Secretariat also participated in that working group and contributed by convening networks of people living with HIV, sex workers, people who use drugs, LGBTQI+ persons, religious leaders and civil society organizations from 14 countries across Africa. These cross-country community-led dialogues led to strategies and collective action plans to advance human rights and the HIV response and to counter movements that restrict civic space and threaten gender equality and human rights. In parallel, UNDP's "Inclusive Governance Initiative" continued o advance LGBTQI+ inclusion and rights across Africa, working with African Union entities and other regional bodies, as well as supporting more intensive programming on these issues in nine countries.

Through the Global Partnership for action to eliminate HIV-related stigma and discrimination, the Joint Programme and partners supported communities in Ghana, Malawi, Nigeria and Uganda to address internalized stigma among women living with HIV and to reframe HIV-related stigma and criminalization as forms of structural violence. This was done through Afrocentric research, storytelling, peer-led support and capacity building that reached nearly 500 people. The

In 2025, **Nigeria** became the 41st member of the Global Partnership for action to eliminate HIV-related stigma and discrimination, underscoring the country's commitment to create an inclusive and supportive environment for people living with and affected by HIV.

Global Network of People Living with HIV (GNP+) and the Joint Programme also helped address stigma, strengthen health systems, empower communities and inform policy in the Democratic Republic of the Congo, Guyana, Ghana and Indonesia, leading to more inclusive care, reduced self-stigma and stronger community leadership.

In Latin America and the Caribbean, a strategic alliance led by the Secretariat, UNFPA and other partners addressed severe institutional stigma regarding women living with HIV and breastfeeding. The alliance identified a critical lack of updated protocols, advocated for a regional agenda and generated solid evidence, This helped ensure that women living with HIV received vital psychosocial support to make evidence-based infant feeding decisions free from discrimination. In addition, UN Women organized dialogues between religious leaders and women living with HIV in Kyrgyzstan, which led to identify stigma, myths and discrimination within faith settings, and generated commitments from religious leaders to reduce discriminatory practices.

The Joint Programme further advanced human rights protections for key populations in the context of HIV, through the generation of evidence, the development of normative guidance, policy influence and national advocacy initiatives. Key results included the data- and evidence-driven advocacy initiatives and policy dialogues conducted by the Secretariat to end mandatory sexual orientation, gender identity and expression conversion therapy in policies and practices in Indonesia. That work involved collaboration with national networks of LGBTQI+ people. In the Democratic Republic of the Congo, the Secretariat facilitated engagement with religious leaders to secure commitments to end hate speech against sexual and gender minorities and promote inclusive dialogue among them. Civil society momentum increased with 28 organizations submitting a joint memorandum to the National Human Rights Commission calling for protection for people living with HIV, intersex children and key populations. A Parliamentarian Forum supported by UNDP and the Secretariat informed parliamentarians of human rights violations including HIV–related issues faced by intersex persons, interventions which prompted commitments to champion protective legislation.

In eastern and southern Africa, technical assistance and a South–South learning initiative across more than 230 government entities supported integration of young key population and LGBTQI+ rights in national youth and social protection policies, GBV and human rights monitoring systems, police training curricula and national HIV strategic plans. Through #WeBelongAfrica, UNDP worked with countries and partners to advance systematic inclusion of LGBTQI+ and young key population priorities in regional and international human rights spaces, resulting in over 20 targeted recommendations and gains in policy, capacity and advocacy. Examples include integration of LGBTQI+ and young key populations in national HIV strategies and the removal of legal and policy barriers that limit access to prevention, testing and treatment.

The Joint Programme continued to address discriminatory laws and practices that disproportionately impact key and other vulnerable populations, such as people who use drugs and people in closed settings. UNDP advanced the implementation of the International Guidelines on Human Rights and Drug Policy[1] across multiple policy fora. That resulted in countries such as Brazil, Colombia, the Czech Republic, Germany, Mexico and Switzerland pursuing reforms towards the decriminalization of drug use,

[1] The guidelines offer a set of guiding principles on the application of international human rights law in relation to drug policy. They centralise and reaffirm existing international law and are endorsed by UNDP, WHO, OHCHR, the UNAIDS Secretariat and the International Centre on Human Rights and Drug Policy at the University of Essex.

proportionality of penalties, and expansion of harm reduction. These efforts contributed to strengthening alignment between drug policy, HIV responses and development. UNODC strengthened enabling legal and institutional environments for HIV responses within law enforcement and correctional systems, by promoting human rights–based and public health-informed approaches. Over 700 law enforcement officers in 10 countries applied public health-oriented policing approaches, which strengthened referral pathways and enhanced cooperation with civil society and healthcare providers. UNODC and the Secretariat provided technical support to the authorities in Kyrgyzstan to develop a rehabilitation programme within penitentiary and post-penitentiary probation systems, thus improving social integration of people released from detention and prevent further offences.

Punitive laws, stigma and discrimination continue to block access to HIV services for marginalized communities. Protecting and promoting human rights remains essential to end AIDS. Amid many challenges, resilience is evident. As these results highlight, more enabling legal and policy reform and social changes are possible when political commitment, evidence-informed policies, dialogues and partnership focus on people-centred approaches for dignity

2025 Expenditures and Encumbrances under Result Area 5 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
2 893 430	2 354 122	10 902 300	11 997 821	13 795 730	14 351 943

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