UNAIDS 2026

Result Area 6: Gender equality

2025 Performance Monitoring Report

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Joint Programme specific outputs in 2024-2025

6.1 Develop, disseminate and promote the use of policy guidance, tools, knowledge, and analysis to integrate gender equality issues into the HIV response and to mobilize women in all their diversity together with men.

6.2 Mobilize strategic partnerships to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

Women and girls, who represent 53% of all people living with HIV, continue to bear a disproportionate burden of infection, stigma and barriers to care[1]. Recognizing the urgency of addressing persistent challenges affecting women and girls, the Joint Programme continued to advance gender equality and women's empowerment by integrating gender-responsive actions across policy and health services, and by reinforcing societal enablers to create safe, equitable environments for women and girls. Through evidence-informed interventions, the Joint Programme focused on addressing and eliminating GBV and the deep-rooted inequalities, laws and practices that deny autonomy and agency of women and girls, particularly with respect to their sexual and reproductive health. The Joint Programme further improved critical accountability instruments, including monitoring and evaluation mechanisms; generated strategic information; and built national capacity. In addition, UN Women launched an e-Learning course in December 2025, focusing on integrating gender equality in HIV policies and programming to further build country capacity to integrate gender into national HIV strategies and plans.

In preparation for the 70th session of the Commission on the Status of Women (CSW70) in March 2026, the Joint Programme worked closely with countries and other partners to reaffirm the 2024 CSW Resolution 68/1 on Women, the Girl Child and HIV/AIDS while advocating for explicit references to women and girls living with or affected by HIV to be incorporated into the CSW70 Common African Position. In addition, UN Women contributed data and text for the development of the 2026 Report of the Secretary-General on women, the girl child and HIV and AIDS, focusing on progress of implementing Resolution 68/1, the latest evidence from 43 Member States, and regional and UN entities, and the impact of the 2025 HIV funding cuts on women and girls, while highlighting the need to scale up gender-transformative HIV interventions.

The Joint Programme continued to promote women's voices and to support their participation and leadership in the global HIV response throughout 2025, resulting in the incorporation of key priorities for women and girls in high-level commitments. With support from the Secretariat, the ATHENA Network championed gender equality and HIV at the High-Level Political Forum on Sustainable Development and the 80th session of the UN General Assembly. In the Philippines, UN Women and the Secretariat co-organized the first National Summit on Women Living with HIV, which convened over 100 multistakeholder representatives from government agencies, networks of women living with HIV, other civil society entities and UN partners. The summit facilitated the institutionalization of the leadership of women living with HIV in

[1] As per UNAIDS Global AIDS update 2025, the estimated 210 000 new HIV acquisitions among adolescent girls and young women (aged 15–24 years) in 2024 are the result of the disproportionately high HIV risk that still confronts them, particularly in sub-Saharan Africa.

national dialogues and generated evidence-based priorities to address gender bias, stigma and structural barriers to services.

Newly developed and disseminated global level policy guidance helped address harmful gender norms for more inclusive and gender-transformative policies and programming. For instance, the ILO led the implementation of practical workplace standards and helped drive norms and policy strengthening for workplace gender inclusion and anti-harassment policies in countries. In Malawi, support provided by ILO resulted in the adoption of a Code of Conduct on the Prevention of Violence and Harassment, which was complemented by a Trade Union Gender & Anti-Sexual Harassment Policy and Employers' Model Policy.

UN Women and the Secretariat revised the Gender Assessment Tool for National HIV Response to strengthen its focus on cost-effectiveness, integration and sustainability, with a new critical component on costing and monitoring and evaluation. That tool, which is now available in four UN languages, was piloted in Cameroon, Jamaica, Kazakhstan, Mali, Senegal and Tajikistan. It was used to generate costed action plans in three of these countries and to inform national responses and preparations for Global Fund Grant Cycle 8 applications in 2026. In addition, the Secretariat provided support to grassroots and national projects in 28 countries, which helped drive policy and normative reform, strengthened advocacy and leadership, and ultimately accelerated catalytic, sustainable results for gender equality and the HIV response.

The Secretariat, UN Women and other partners coordinated a Gender Equality, Disability and Social Inclusion multi-country assessment in Cambodia, Fiji, Indonesia, Papua New Guinea and the Philippines to identify strengths, gaps and opportunities for gender-responsive and inclusive HIV programming. Results informed country-specific action plans and a regional strategy to translate recommendations into programming, investment decisions and capacity building initiatives.

UN Women built the capacity of national HIV programmes in 25 countries to integrate gender equality in their HIV response and into Global Fund concept notes and grants. In Guatemala, technical support resulted in the integration of gender, ethnocultural and human rights approaches into two departmental governorates' HIV plans and budgets, positioning these territories as models for replication in 2026. In Tajikistan, UN Women and the Secretariat supported the Republican Centre for AIDS Prevention and Control to map steps in implementing recommendations from the gender assessment of the national HIV response, which resulted in their incorporation into the draft National Programme to Combat HIV and Viral Hepatitis (2026–2030). Regional advocacy and policy engagement with networks also advanced integration of HIV and gender priorities in regional policy processes, mobilized resources for women-led organizations, and expanded digital HIV prevention platforms for key populations.

46 countries received support by the Joint Programme to strengthen gender expertise and capacity to further integrate gender equality into the national HIV response and meaningfully engaged women in all their diversity together with men.

The Joint Programme actively promoted and empowered' leadership and peer support for women living with HIV and women from key populations and other vulnerable populations at country level. UN Women strengthened the leadership and civic engagement skills of more than 5000 women and girls in Malawi, including women living with HIV. Training, mentorship, peer learning and structured platforms for public engagement expanded the women's roles in integrating HIV in governance and peace

and security discussions. Similarly, 120 women leaders living with HIV in Nigeria supported by the Joint Programme now have greater capacity to actively influence local policy processes through advocacy and engaging state institutions. They contributed to 24 state-specific advocacy action plans on stigma reduction, healthcare access and economic empowerment.

Survivor-centred services and referral pathways were expanded and are stronger, improving access to comprehensive support for women and girls affected by violence. The Joint Programme worked to remove structural barriers by integrating GBV prevention, addressing stigma and policies that limit access to services, improving legal literacy and promoting rights-based approaches within HIV and SRH programming. An example of this work was the integration of capacity building initiatives, supported by the Secretariat, that focused on women and young people living with HIV, the elimination of GBV and the promotion of SRH and women's rights in 28 countries. The aim was to drive policy and normative reforms and empower feminist advocacy and community-led action to shift negative social norms, stigma, discrimination and criminalization. Community action led by women and girls in the Dominican Republic, Guatemala, Jamaica and Morocco improved health literacy on GBV, women's rights and service referrals. It engaged men and boys to challenge harmful masculinities, as well as trained local partners and officials to address HIV and GBV, which has led to tangible shifts in social norms.

Building on the success of the 2024 Positive Masculinity Campaign led by UNESCO, the Secretariat supported interviews with 500 young men and boys and 1500 women and girls in Armenia. This was done to inform the development of a positive masculinity AI chatbot and a communication package addressing digital violence, GBV and their links to HIV, with a focus on consent and control. UNFPA provided technical and financial support to institutionalize positive masculinity frameworks and national curricula across Botswana, Eswatini, Kenya, Rwanda and Zambia. This expanded referral pathways and standardized service packages to improve the uptake of SRH services by addressing harmful social norms and reinforcing shared responsibility.

In eastern and southern Africa, the Joint Programme and partners generated and disseminated gender and social norms knowledge products addressing harmful norms and supporting programming for more effective HIV response and beyond. Disability-inclusive initiatives also advanced through *Breaking the Silence* training for educators and partners, and through endorsement of a regional Menstrual Health and Disability guideline developed with participation from over 150 stakeholders.

Country-level results include the stronger integration of HIV and GBV systems in Indonesia, Nepal and Papua New Guinea through support from the Secretariat, which improved survivors' access to health, legal and economic support. In India, UN Women strengthened the capacity of the HIV-Positive Women's Network across 13 states, resulting in education, entrepreneurship and civil leadership initiatives, and benefiting over 20 000 women living with HIV. In China, UN Women worked with partners, including the Chinese Association of STD and AIDS Prevention and Control, to train staff from 37 civil society organizations across five provinces, and engage Government, academic and health institutions on HIV and GBV. Participants reported a 33% increase in confidence to deliver quality, survivor-centred services. In Nepal, UNODC led national and provincial workshops that addressed HIV-related GBV, stigma and discrimination affecting women who use drugs. The purpose was to strengthen rights awareness and promoting rehabilitation and reintegration approaches in collaboration with justice and law enforcement actors.

In 2025, the UN Trust Fund to End Violence against Women and Girls, managed by UN Women on behalf of the UN system, resourced 19 civil society and women's rights organizations to prevent violence against women living with HIV and improve access to GBV services. Some US$ 871 600 of the total US$ 6.8 million multi-year investment was disbursed in 2025, enabling the fund's grantees to reach 3223 women living with HIV, women who use drugs and women who engage in sex work across 19 countries.

UN Women also provided coordination and advocacy support to elevate women's rights movements' advocacy priorities and strengthen learning and strategizing as well as contribute to policies relating to gender and HIV. For instance, through support from the ACT to End Violence Against Women[2] led by UN Women, the International Community of Women living with HIV and the Latin American Network for Gender-based Strategic Litigation successfully challenged the criminal prosecution of a GBV survivor for HIV transmission in Argentina and contributed to judicial reform debates in Colombia through a comparative study on gender-sensitive jurisdictions.

UNESCO advanced gender equality in the education sector by preventing and responding to online and technology-facilitated violence, including technology-facilitated GBV. Through a series of learning webinars with partners such as Safe Online, Plan International and the United Nations Girls Education Initiative, more than 2700 participants examined the prevalence and impact of online violence and school-based responses to this phenomenon, highlighting its gendered and intersectional dimensions. UNESCO also marked the International Day Against Violence and Bullying in Schools, raising awareness about digital risks.

In sub-Saharan Africa, UNESCO continued to support ministries of education and other partners in rolling out initiatives promoting girls' education and quality CSE. Now in its second phase, the "Our rights, Our lives, Our future (O3)" programme continues to build commitments to address barriers to girls' education, health and empowerment, including through prevention of adolescent pregnancy, HIV and GBV. In western and central Africa, the Joint Programme strengthened HIV prevention by institutionalizing CSE as a core upstream intervention addressing structural drivers of HIV among adolescents and youth. UNFPA provided targeted technical support to 16 countries in the region to operationalize in-school and out-of-school CSE grounded in gender-transformative and human-rights-responsive approaches.

The Secretariat helped expand access to secondary education to adolescent girls as a pathway to preventing new HIV infections through policy shifts in 11 countries. Through the Education Plus initiative , the Joint Programme collaborated closely with governments and civil society on policy advocacy, strategy and action plans to enable policy and normative reforms in seven sub-Saharan African countries that seek to expand access to secondary education to an estimated 16 million adolescent girls and young women. Secondary education has been shown to reduce vulnerability to acquiring HIV. Policy convenings on the outcomes of multi-sectoral investment cases in Ghana, Kenya, South Africa, Uganda and Zambia advanced action for policy and financing shifts for the HIV response. Uganda implemented CSE training for teachers and held national implementation dialogues. Kenya, with support from the Secretariat, strengthened SRH policies and programmes, including through the *End the Triple Threat Initiative* launched in 2022to tackle HIV, GBV and teen pregnancies.

A social norms toolkit webinar, delivered jointly by the eastern and southern Africa and western and central Africa regional offices of UNFPA, built capacity across all 46

[2] ACT to End Violence Against Women aims to accelerate efforts to eliminate all forms of violence against women through Advocacy, Coalition Building, and Transformative Feminist Action (ACT).

countries to address harmful gender norms through education systems and reduce HIV-related vulnerabilities among adolescent girls and young women.

Through sustained technical assistance and a regional knowledge exchange webinar engaging 23 countries in western and central Africa, UNFPA supported the expansion of girl-centred programming that integrated HIV prevention, menstrual health andchild marriage prevention, as interconnected priorities aligned with national policies. UNFPA also led a social norms toolkit webinar in sub-Saharan Africa, to help build capacity to address harmful gender norms and reduce HIV-related vulnerabilities among adolescent girls and young women.

For the past two years over 90% of World Bank operations have been contributing to gender equality, the end of GBV and the empowerment of women and girls. Specific programmes include the Sahel Women's Empowerment and Demographic Dividend Project (SWEDD) and its successor project, SWEDD+, which have reached over 2 million girls, with about 1.2 million girls having received scholarships or other support to help them enrolland stay in school. Under this project, over 20 000 religious leaders have been engaged to promote girls' and women's empowerment. With World Bank strategic support, Mozambique and Madagascar have strengthened their institutional capacity to implement gender equality policies. In 2025, targeted financial assistance helped more than 2 million girls to stay in or return to school. Additional projects supported by the World Bank in 2025 helped girls enrol and stay in school and empowered women in countries such as Angola, Ethiopia, Malawi, Nigeria, United Republic of Tanzania and Zambia.

While structural gender inequalities continue to shape the HIV response and policy and normative changes require sustained long-term commitment, evidence demonstrates that collective action, rigorous analysis and tailored programming can meaningfully advance equitable access to HIV services and reduce persistent gaps.

2025 Expenditures and Encumbrances under Result Area 6 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
3 161 282	2 598 368	31 015 800	12 062 698	34 177 082	14 661 066

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