

Result Area 7: Young people

2025 Performance Monitoring Report

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Joint Programme specific outputs in 2024-2025

- 7.1 Advocacy to mobilize high-level political will from ministries of education and Health, among others, to establish new commitments to scaling-up access to youth-friendly SRH services, economic empowerment, and quality education (including comprehensive sexuality education).
- 7.2 Advocacy and country-level guidance to strengthen youth leadership and youth-led responses, including engagement in decision-making, organizational capacities, monitoring and research, advocacy and service delivery.

The Joint Programme supported the expansion of youth-friendly HIV services, youth leadership and engagement and youth-led responses including for CSE and education on HIV and sexual reproductive health. This included youth engagement as well as strengthening global, regional and country institutional and policy frameworks, teacher training and learning materials and safer school environments.

A comprehensive youth engagement strategy was developed through consultations with 15 global and regional youth-led networks to inform the [Global AIDS Strategy 2026–2031](#) and youth priorities for the 2026 High-Level Meeting on HIV/AIDS. The Joint Programme provided technical support to youth-focused partners to document the impact of donor funding cuts on youth HIV programmes. That included a survey conducted by Y+ Global, Youth LEAD, Youth RISE, The PACT and J+LAC which collected data from 45 youth-led and serving organizations around the world and which prompted an [urgent call to support youth-led organizations](#).

At the global level, the Joint Programme and partners led the ECOSOC Youth Forum plenary on adolescents and youth in a digital world, resulting in stronger youth participation, improved operational recommendations, and broader integration of equity-driven approaches in global health. At the High Level Multisectoral Leadership Dialogue on HIV Prevention during the 78th World Health Assembly, the African Women Prevention Community Accountability Board and DARE Tanzania, with support from the Secretariat, called for HIV prevention choices and options, and more equitable access to emerging tools and innovations for HIV prevention. That resulted in concrete commitments from Ministers of Health to integrate youth-led priorities into national HIV prevention scale-up plans.

At the [G20 Social Summit](#), advocacy led by the Joint Programme and partners secured adoption of a legacy initiative (the Adolescent Girls and Young Women Legacy Project) to revitalize a regionally coordinated adolescent girls and young women's HIV prevention and empowerment programme. It also led to the development of a youth-led roadmap to expand access to long-acting PrEP, safe spaces, digital skills and economic empowerment.

In December 2025, the [Global Partnership Forum on Comprehensive Sexuality Education](#), co-convened by UNESCO and UNFPA, brought together more than 70 global and regional partners in Mexico City to exchange perspectives, build capacities and explore strategies for creating enabling environments for CSE including in the context of HIV. The gathering focused on advocacy and youth engagement. Key recommendations were shared with members, and UNESCO continued to promote CSE evidence at major academic and technical forums.

In 2025, the Education Plus Initiative's Young Women's Leadership Hub led a global campaign to engage with more than 80 youth networks worldwide and consolidated priorities of adolescent girls and young women into a shared, youth-led agenda for education, health and HIV, safety and economic justice for a multisectoral HIV response. This contributed to the development of a global adolescent girls and young women manifesto, which was launched at ICASA in December 2025. It will drive a 12-month advocacy and accountability plan with clear priority actions and leadership roles to address challenges faced by adolescent girls and young women around HIV prevention, treatment and care.

UNESCO continued to host the [Health and Education Resource Centre](#), a global multilingual platform providing quality-assured resources and evidence-based guidance on health, HIV, and well-being in education. In 2025, the platform and its associated toolkits continued to expand their content, outreach and global engagement, supporting policymakers and practitioners worldwide.

UNICEF's adolescent-responsive interventions emphasized non-judgemental HIV testing, including self-testing, access to quality sexual reproductive health services, referrals for school re-entry, social protection and GBV prevention. Community- and facility-based peer support models were critical for sustaining treatment adherence and service demand. Digital and other innovative platforms further enhanced service accessibility and adolescent engagement. These strategies proved particularly effective in high-burden settings where strong local ownership and supportive systems were in place.

In 2025, UNESCO support to countries to strengthen high-quality CSE as a core aspect of HIV prevention through its [Strategy on Education for Health and Well-being](#), which reached 32.6 million learners with life skills-based HIV and sexuality education, of whom over 50% were girls, mainly in sub-Saharan Africa (27.1 million through the [O3 Programme](#), with additional reach in Asia and the Pacific (3.3 million) and eastern Europe and central Asia (2.2 million).

With the Joint Programme's support, **56 countries** scaled up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly SRH services, including CSE.

Recognizing the importance of digital spaces for adolescents, UNESCO continued to promote safe and inclusive online environments where young people can access accurate information on sexuality, gender, relationships and health. The O3 Programme also focused in 2025 on digital efforts, complementing strengthened CSE in schools.

Adolescents and young people in western and central Africa accessed information on SRH, HIV prevention and care, gender norms and GBV through the "Hello Ado" social media ecosystem, generating over 12 million impressions on Facebook. By the end of 2025, some 130 000 people in 20 countries had used the "Hello Ado" mobile app.

UNESCO, UNFPA and the Secretariat advanced CSE and youth health initiatives with notable progress in Kazakhstan and Kyrgyzstan. In Kazakhstan, a national assessment of young people's HIV and reproductive health knowledge informed high-level dialogue among education, health, media and civil society stakeholders and led to a National Reproductive Health Awareness Week, which reached about 500 000 youth in 2025.

More tailored and inclusive CSE was advanced through efforts to reach learners with disabilities, including a regional training on the “Breaking the Silence” approach for curriculum officials and teacher educators from seven countries in eastern and southern Africa. South Africa and Malawi developed scripted CSE lesson plans, while Botswana introduced condoms with Braille instructions for visually impaired learners.

In Latin America and the Caribbean, UNESCO partnered with the academic organization *Facultad Latinoamericana de Ciencias Sociales Argentina* to implement regional initiatives, including the “CSE Regional Newsletter IntercambiEIS”, a community of practice involving more than 1400 practitioners and a postgraduate programme for students from 19 countries. In Chile, the First National Congress on CSE convened over 450 participants in October 2025 to advance a national dialogue. In Latin America and the Caribbean, the Joint Programme helped update rights-based adolescent SRH counselling guidelines. It also helped increase youth mobilization through a youth leadership school to increase knowledge on CSE which reached over 14 000 adolescents and young people in Lima, Peru.

UNESCO launched the first phase of regional capacity-strengthening for CSE and Health and Family Life Education programmes across 18 Caribbean countries, training senior education officials, supporting peer learning and guiding the development of national action plans for sustainable implementation.

UNESCO expanded its efforts to promote safe, inclusive school environments free from all forms of violence, particularly school-related GBV. In 2025, through a regional action plan, UNESCO began operationalizing the Call to Action, a commitment made by Ministers of Education at the First Regional Meeting on Violence and Education in Latin America and the Caribbean held in Colombia in 2024 to protect the right to education and harness its transformative power.

UNESCO continued to advance the global research agenda on CSE, emphasizing young people’s perspectives. Two major studies were near completion. One of them on school-based sexuality education and healthy relationships across six countries, resulting in global and country reports and an advocacy factsheet. The other focused on adolescent and youth perspectives in low- and middle-income countries, using qualitative case studies and multisectoral validation workshops.

In Kyrgyzstan, UNESCO supported a major upgrade of the AI-powered “Oilo” chatbot, now a trusted digital assistant for youth providing confidential HIV, reproductive and mental health information. The “Oilo for Students” campaign reached over 60 000 university students, complemented by the “No Hate Lab” initiative and a social media campaign generating 4 million views.

In the Asia and the Pacific region, UNESCO advanced gender-responsive, HIV-sensitive education systems with the Secretariat support, through multi-country forums, disability-inclusive training and school health initiatives, including in India where over 1.55 million learners were reached. In Pakistan, HIV-sensitive approaches were embedded in provincial education and health systems, while Viet Nam integrated gender equality and CSE in teacher education reforms with Joint Programme support.

In eastern and southern Africa, the Joint Programme provided support to seven countries to expand adolescent and youth SRH services through CSE programmes UNFPA spearheaded regional agendas and flagship initiatives in southern Africa to improve CSE and youth-friendly SRH health services. This included initiatives such as the [Safeguard Young People](#) programme, which successfully institutionalized CSE. In addition, UNFPA provided support to countries to include differentiated programming to

reach people with disabilities, young people living with HIV, sex workers and their clients, or to address different aspects, including socio-economic empowerment in CSE platforms, which reached over 3 million learners in the region

UNFPA scaled up access to CSE and SRH information digital innovations like the “Tune Me” platform to reach vulnerable and out-of-school youth, UNFPA also provided support for expanded adolescent- and youth-friendly SRH, HIV and GBV programming across countries integrating HIV testing, linkage to ART and adherence monitoring, PrEP, and human papillomavirus (HPV) testing in some contexts. Various approaches were used, including digital platforms, sports and recreation, economic empowerment, prevention of child marriage, and youth leadership engagement platforms (such as AfriYAN) to enhance services access. Adolescents and youth sexual reproductive health programmes supported by UNFPA in countries in eastern and southern Africa have reached over 15 million.

Similarly, persistent inequities across western and central Africa underscored the need for tailored interventions for adolescent-focused HIV services. UNICEF addressed these barriers through peer-led support for adolescent mothers, differentiated HIV testing strategies, and integration of HIV and SRH services into primary healthcare platforms. In Burkina Faso, WFP partnered with the National Network of People Living with or Affected by HIV/AIDS to empower unemployed young people born with HIV through income-generating activities, which strengthened socioeconomic resilience and reduced harmful coping strategies.

UNFPA scaled up digital and peer-to-peer youth-led initiatives in eastern Europe and central Asia through collaboration with the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM) which expanded targeted prevention for marginalized young people. This included support for the development of Georgia's national PrEP Protocol, training for nearly 700 service providers, and provision of integrated services to key populations in Kazakhstan and Kyrgyzstan. UNFPA and ECOM also piloted an online “comprehensive sexuality education Academy for LGBTQI+ youth” to deliver evidence- and rights-based education on sexual orientation and gender identity, consent, harm reduction and HIV prevention and treatment. In Kazakhstan, more than 300 Y-PEER trainers reached over 12 500 adolescents with peer education on HIV prevention and gender equality. In Georgia, UNFPA and the Secretariat challenged harmful norms by reaching over 540 000 accounts and generating over 1.5 million views among ethnic minority youth via the bilingual “Panjara” social media platform.

Across Asia and the Pacific, UNHCR advanced community-led, rights-based HIV programming for refugee and displaced populations, prioritizing the leadership of youth, women and gender-diverse individuals in addressing barriers to care. In Indonesia, UNHCR prioritized the leadership of refugee youth in addressing barriers to care, partnering with Yayasan Cita Wadah Swadaya, a faith-based nongovernmental organization to deliver sensitization sessions on SRH, STIs and GBV prevention.

UN Women implemented HIV programmes for adolescent girls and young women in 14 countries. In Kenya, United Republic of Tanzania and Zimbabwe, UN Women implemented training, mentorship and peer learning programmes for adolescent girls and young women living with HIV, which enabled expanded networking and policy engagement opportunities, and enabled 55 young women leaders to influence HIV services and support agendas. In Lesotho, UN Women supported the development of a national programme to address the structural drivers of HIV among adolescent girls and young women, which integrates economic empowerment, social protection, and HIV prevention.

The Secretariat's convening and coordination role reinforced accountability and multisectoral implementation for adolescent health and well-being, including on HIV, SRH, mental health and GBV. In western and central Africa, UNFPA and the Secretariat convened representatives from 25 countries in Togo to validate a harmonized set of accountability indicators for the [West and Central Africa Commitment for Educated, Healthy and Thriving Adolescents and Young People](#). This helped ensure that HIV, GBV and SRH are prioritized for adolescents and youth in line with the [Global accelerated action for the health of adolescents \(AHAA 2.0\)](#) guidance for monitoring progress and implementing coordinated programmes.

From 2024–2025, the World Bank provided external financing support for education in 94 countries, including through cash transfers in Zambia which reached over 1.3 million households and covered school fees for more than 173 000 girls. In Nigeria, at least 3.3 million Nigerian girls enrolled in secondary education as part of the World Bank's Adolescent Girls Initiative for Learning and Empowerment project.

There is high demand for HIV information and services from young people who bring new leadership, dynamism and positive changes that are central for ending AIDS as many of these initiatives and efforts illustrate. However, millions of young people still lack the information and access to affordable services they need to protect themselves.

2025 Expenditures and Encumbrances under Result Area 7 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
3 616 703	3 049 381	34 234 500	18 074 479	37 851 203	21 123 860

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