

UNAIDS 2026

Result Area 8: Fully funded, sustainable HIV response

2025 Performance Monitoring Report

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Joint Programme specific outputs in 2024-2025

- 8.1 Support countries in adapting to changing HIV-related financing and the fiscal environments, including fiscal impact of the COVID-19 pandemic on domestic and international financing.
- 8.2 Strengthen policymaking for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.

Led by the Secretariat, the Joint Programme intensified efforts to drive momentum for better resourced and more sustainable national HIV responses by building stronger national capacities, mobilizing more domestic resources, optimizing efficient allocation and using available resources for results. The Joint Programme provided targeted guidance, tools and strategic information and analysis to support evidence-based financing decisions and transition planning, while reinforcing regional monitoring and accountability mechanisms to translate political commitments into concrete, measurable action.

In 2025, WHO published [operational guidance on sustaining priority HIV, viral hepatitis and STI services in a changing funding landscape](#) with contributions and support from the Secretariat. The guidance provides a framework for prioritizing essential services in constrained funding contexts while helping to protect high-impact interventions through phased adaptation.

The Secretariat developed normative guidance and analytical instruments, such as the Rapid AIDS Response Financing Tool to help countries quantify the impact of funding cuts, identify critical gaps, and mobilize emergency resources. The Secretariat also secured high-level political support for country-led Transition and Sustainability Roadmaps that prioritize national sustainability planning as called for by UN Members States, civil society and partners.

Together with partners, the Secretariat developed and promoted the use of tools, policy briefs and methods to support national HIV Response Sustainability Roadmap¹ design and implementation using a two-part framework. Part A, launched in 2024, focuses on securing high-level political commitment to the country HIV Response Sustainability vision, establishing high-level outcomes that drive policy, financing and system transformations, along with metrics and institutional frameworks that embed HIV programmes as national priorities. The [HIV Response Sustainability Roadmap Part B Companion Guide](#), which was released in 2025, expanded focus on transition and sustainability planning to help manage funding volatility. The Secretariat provided technical support to 15 countries to complete Part A sustainability roadmaps which reduced dependence on donors and increased domestic financing for HIV responses by focusing on securing high-level commitment to measurable sustainability outcomes. In addition, technical support was extended to nine countries to help advance the development of Part B sustainability roadmaps which are designed to translate commitments into costed operational steps, benchmarks, and domestic financing goals.

¹ For more information on UNAIDS new HIV response sustainability approach, guidance and tools, see: [UNAIDS Sustainability Website](#)

The Secretariat also worked closely with GNP+ and other community-led networks to deploy a suite of technical resources. They included HIV prevention investment cases; a UNAIDS Reference Group on Human Rights brief “[Centering human rights in sustainable HIV responses and minimum human rights standards for sustainable HIV responses](#)”, and two costing guidelines for community-led responses and national strategic plans, to guide local cost estimates for transition and sustainability activities.

By leveraging the political commitment and prioritization framework of the HIV response sustainability roadmaps, several countries have partially or fully implemented targeted mitigation measures and mobilized emergency financing to help sustain essential HIV services during the funding cuts. Countries that developed sustainability roadmaps with Joint Programme support connected requests for one-time emergency funding during the funding disruption to multi-year political commitments to move towards improved self-reliance and sustainability. For instance, Uganda increased government budget allocations to HIV and universal health coverage by US\$ 165.4 million for 2025–2026, including about US\$ 32.5 million for ARVs, representing 7.8% of the total budget. Botswana introduced domestic HIV funding targets for 2026 and 2030, and Togo aims to raise domestic HIV funding from 15% to 50% by 2030. The United Republic of Tanzania also committed to financing over half of its HIV response domestically, and to increase budget allocations by 70% of additional revenue for HIV via the AIDS Trust Fund, with the remaining 30% reserved for advancing universal health coverage. The Government also introduced earmarked levies and taxes to increase domestic financing for the HIV response and health., A commitment to reach tangible targets on domestic resources remains critical.

The Secretariat provided technical support for the rollout of the Rapid Response Financing Tool, which mapped PEPFAR contributions and enabled countries to visualize financing gaps for policy and financial prioritization. Capacity building for the use of that tool in 32 countries and in two regional programmes enabled governments and partners to model funding freezes and estimate financing gaps. This led to more informed decision-making and prioritization of interventions. As a result, Malawi allocated US\$ 11 million to hire 6000 health workers, El Salvador directed 28% of its PEPFAR budget to transition actions, and Zimbabwe clarified domestic investment needs in response to the financial situation.

A total of **73 countries** were supported for evidence-informed HIV investments across their Global Fund grant cycles.

Extensive support from the Joint Programme enabled countries to access resources from the Global Fund, PEPFAR and other donors and optimize their use. Effective coordination at all levels with the Global Fund—including with the Secretariat, the Global Fund Board, Strategy Committee, Grants Approval Committee and HIV Situation Room— led to stronger evidence-informed prioritization and returns on investments for most impact. The UNAIDS

Secretariat’s data-driven guidance and technical support helped countries respond to the US Government funding shifts, increase alignment with the Global AIDS Strategy and optimize available resources, including through the reprogramming of Global Fund grants. A new [technical brief on HIV data quality management and improvement](#), published through the collaborative efforts of WHO, UNAIDS Secretariat, PEPFAR and the Global Fund, underscored the critical role of accurate and reliable data for enhancing HIV programmes and health outcomes, while also highlighting the potential of AI.

That work was complemented by more specific guidance and technical support to countries, for example, UNICEF’s policy and financing interventions on sustainable

funding pathways for HIV programmes, including domestic and Global Fund allocations. This facilitated coherent HIV service delivery, supporting national plans, triple elimination policies and integration of paediatric and adolescent HIV services. Decentralized ART delivery, point-of-care diagnostics, and strengthened clinical mentoring improved service accessibility, particularly in rural and high-burden communities.

The World Bank and the Global Fund signed a [new memorandum of understanding](#) in December 2025, building on ongoing collaborations² to mobilize at least US\$2 billion over the next three years in joint financing for enhanced cooperation in three key areas: affordable health services, sustainable financing and reliable access to quality-assured health products.

The Secretariat also produced global and regional HIV financing estimates for 2010–2024, totalling US\$ 18.7 billion, which were featured in the Global AIDS update and World AIDS Day report. That included financial data from 118 low- and middle-income countries which was used to strengthen the Global Fund's HIV investment case and cofinancing projections. The Secretariat developed 2027–2030 resource needs estimates for long-acting PrEP, guiding national programmes and partners on ARVs demand forecasting and strategic planning for lenacapavir rollout. The [UNAIDS HIV Financial Dashboard](#) was updated with new expenditure, cost, and pricing data, and the Secretariat supported national HIV package costing in Mozambique, Thailand and Viet Nam UNFPA and the Secretariat provided support for financing evidence in Belarus through a national HIV budget needs assessment identifying sectoral financing gaps, and in Georgia through gap analyses supporting a data-driven, costed National HIV/AIDS Strategy and Action Plan (2026–2028). In Cameroon, Jamaica, Mali and Tajikistan, gender assessment recommendations were costed and prioritized to shape the national HIV strategy.

In 2025, 12 countries completed National AIDS Spending Assessment (NASA) reports with Secretariat support. Among them, five countries in Asia and Pacific launched new resource tracking efforts and updated NASA guidelines and tools. Technical assistance from the Secretariat supported institutionalization of the NASA study process in Tajikistan as a transition step toward government-owned, evidence-based planning. Further alignment of NASA categories was achieved with PEPFAR and Global Fund, and the expansion of NASA-plus and development of NASA-basic methodologies enabled countries such as Mozambique and Uganda to generate updated financing profiles for sustainability roadmaps and Global Fund planning.

UNFPA led and engaged in SRH and HIV resource planning and mobilization at the country level, including support to undertake SRH budget and expenditure analyses; compile National Health Accounts and NASA; conduct SRH in UHC assessments; and develop and validate SRH investment cases and HIV sustainability roadmaps to inform advocacy efforts. In some settings, UNFPA supported national-level initiatives such as the establishment of the AIDS levy in Tanzania; innovative financing schemes such as the Development Impact Bond in Kenya; and mobilization of domestic resources for thematic areas such as condom procurements in Eswatini, Uganda and Zambia. UNFPA also supported Lesotho to develop and validate a specific investment case on SRH and GBV, which notably included ending child marriage. SRH in UHC

² Impact examples under this ongoing collaboration include: (i) the HANSA 1 and HANSA 2 projects in Laos, with the former having expanded HIV services and the latter committed to reach over 1 mill rural residents with expanded health and nutrition services, including for HIV and TB; and (ii) a joint investment in Cote d'Ivoire supporting scaling the national health insurance scheme, by paying the insurance premiums of socio-economically vulnerable people living with HIV and which is expected to benefit 14.1 million women, adolescents, and children.

assessments conducted in South Africa and Zambia generated evidence that successfully convinced 10 countries in eastern and southern Africa to integrate SRH into their social health protection schemes, such as in national health insurance and essential primary healthcare packages.

UNDP supported national ownership and sustainability of HIV responses. In Tunisia, UNDP's advocacy and costing support enabled the Ministry of Health to secure a new US\$270 000 budget line for social contracting of HIV services, strengthening the role of civil society organizations as formal service providers and advancing national ownership. Through the "Scaling Smart Health Systems" initiative, UNDP mobilized more than US\$ 15.2 million for integrated health, climate, energy and digital investments, linking HIV, primary health care, diagnostics and resilient infrastructure.

Workplace HIV programmes have been integrated into national systems and multi-sectoral health services through ILO's leadership, which reinforced sustainability. In Indonesia, company HIV expenditure was incorporated into the NASA, the first time private sector domestic financing has been tracked. Mozambique operationalized its HIV National Workplace Strategy for civil servants, institutionalizing access to prevention and treatment. Ghana's national partnership forum secured commitments for sustainable HIV financing and multi-sectoral coordination.

Progress was made in mobilizing resources to scale CSO-led HIV and workplace initiatives. In Indonesia, a funding proposal developed with the Indonesia AIDS Coalition enabled expansion of CSO-company collaborations as part of Global Fund community-strengthening priorities. In China, newly secured grants financed digital entrepreneurship programmes for people living with HIV. In the United Republic of Tanzania, a joint ILO and Secretariat proposal unlocked resources for national-scale CSO company workplace HIV initiatives for social partners to deliver impactful programmes.

The ILO's interventions enhanced employable digital skills among young people affected by HIV across multiple countries. In Nigeria, young people produced anti-stigma film content to support HIV prevention and social inclusion through the Digital Young Filmmakers Initiative. In China, 96 people living with HIV and young people from the LGBTQI+ community completed digital entrepreneurship training, while 200 others received online coaching. In the United Republic of Tanzania a partnership with Deloitte enabled adoption of the ILO Get Ahead tools expanding digital empowerment opportunities for youth living with HIV in 11 regions.

UNICEF provided support to build health system resilience, sustainability, and integration through stronger laboratory networks and sample transport, as well as electronic logistics management systems (eLMIS) for HIV diagnostics and ART, timely diagnosis and uninterrupted treatment supply and real time outcome monitoring dashboards, informing programmatic adjustments and enhancing accountability.

**2025 Expenditures and Encumbrances under Result Area 8 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
565 064	512 923	2 708 200	2 026 776	3 273 264	2 539 700

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