UNAIDS 2026

Result Area 9: Integrated systems for health and social protection

2025 Performance Monitoring Report

Result Area 9: Integrated systems for health and social protection

Joint Programme specific outputs in 2024-2025

9.1 Support the generation and dissemination of tools and guidance on integrating HIV services and support systems into primary health benefits packages for universal health coverage (UHC) and social protection systems and build and strengthen health systems (including preparedness and resilience to crises).

9.2 Support data generation and the improved use of evidence to enhance access and the comprehensiveness and adequacy of social protection for people living with, at risk of, and affected by HIV.

In 2025, the Joint Programme continued to advance the integration of HIV services into social protection and primary healthcare, including in humanitarian contexts. This was done through the convening of stakeholders and coordination of efforts towards integrated HIV programming, the development of normative guidance, tools and capacity building resources, and the provision of technical and financial support to integrate complementary services for nutrition, women's health screening, occupational safety and social protection services within HIV responses.

72 countries supported by the Joint Programme to have HIV ART services for both treatment and prevention, organized and financed as part of the overall health systems including through primary health care

In follow-up to the recommendations of the Evaluation of the contribution of the Joint Programme to strengthening HIV and Primary Health Care outcomes, the Joint Programme produced several briefs and guidance documents to support countries and communities in their HIV and primary healthcare integration agenda. WHO published the policy brief Integrating HIV, viral hepatitis and sexually transmitted infections with primary health care – Learning from countries, which highlights progress, lessons learned and experiences from selected low- and middle-income countries, with contributions from the Secretariat and partners. WHO provided support to the GNP+ report PLHIV Minimum Requirements for Integrated HIV Services which was launched at World AIDS Day and outlines the minimum requirements for integrating HIV services into primary healthcare and community systems.

The Secretariat and WHO continue to work closely with the Global Fund through strategic dialogues that align priorities for HIV, TB and malaria market shaping, including collaborative work on diagnostics, treatment optimization and programmatic guidance. Integration of HIV, TB and malaria was also prominent in WHO's normative guidance and the support provided to countries for Global Fund's Grant Cycle 7 applications.

The Joint Programme strengthened national systems to enhance food security, nutrition outcomes and expand, adapt or augment social protection, with a focus on people living with HIV and TB, orphans and communities affected by climate shocks. Through school meals, livelihood support and nutrition assistance, WFP provided critical safety nets at scale while building long-term resilience. In Kenya, technical and financial assistance, ─ including for the update of reference charts and protocols for nutritional management of HIV and TB, and the development of a comprehensive

toolkit for frontline providers —, strengthened national systems for HIV-sensitive nutrition service delivery. Similarly, the Secretariat helped redesign nutrition programming for malnourished people living with HIV in Cameroon, which resulted in improved adherence and healthy feeding practices and better health outcomes through nutrition assessment, counselling and support.

Livelihood support also expanded opportunities for women, girls and people living with HIV and disabilities. In Cameroon, WFP advanced nutrition support and economic empowerment of people living with HIV by establishing four new Village Saving & Loan Associations in the East and Adamawa regions, of which most members were women.

Regional accountability and data generation tools for integrated HIV programming and service continuity improved through UNFPA support, Secretariat coordination and with regional-level UN joint multi-country support. In eastern and southern Africa the SADC Secretariat and 16 Member States developed the 2025 SADC SRHR Milestone Scorecards with recommendations for integrated programming submitted to the SADC Health Ministers Meeting for endorsement. Country-level interventions include capacity building for health workforces; development and delivery of context-specific models for targeted groups, including self-care approaches; generation of data and evidence, such as bottleneck analysis and service delivery surveys; development of operational frameworks for integration into primary health care platforms; and community systems strengthening for integrated services and expanded uptake. Similarly, the *2gether 4 SRHR Phase 2* partnership, launched in 2023, continued to strengthen integrated SRH and HIV services in eastern and southern Africa. In 2025, the partnership enhanced data capacity, improved integrated service delivery, reinforced policy environments, and bolstered resilience for continuity of services during emergencies. Results clearly show that multisectoral, data-driven, community-led and adolescent-focused approaches were most effective in reducing new HIV infections and in improving treatment outcomes.

In the East African Community, the Secretariat and partners supported integration of reproductive, maternal, child and adolescent health, HIV and TB services, which resulted in strengthened digital health, reinforced accountability and monitoring and evaluation systems; expanded engagement with civil society organizations; a new cross-border framework mapping priority populations; and harmonized service delivery across borders.

In the Asia and Pacific region, the Secretariat convened 143 stakeholders from 23 countries (including government, communities, private sector, academia and UN partners), to build consensus on the scale-up of prevention methods such as long-acting PrEP, stronger integration of HIV services into broader health systems, institutionalized community leadership, and strengthened programme and financial sustainability. In Myanmar, the Joint Programme, led by UNODC, integrated HIV and hepatitis prevention, testing and treatment services into its ongoing drug use prevention and treatment programmes for internally displaced persons and host communities across three townships in Kachin State. UNODC also supported advocacy and coordination meetings in eight camps and resettlement areas for internally displaced persons. Awareness sessions reached 717 community members, local leadership and volunteers to support HIV and hepatitis responses in fragile settings. UNODC facilitated referrals for 200 individuals to HIV, hepatitis and drug dependence services, including counselling and testing, ART, methadone maintenance therapy and community-based rehabilitation, strengthening linkage to care and service continuity despite humanitarian constraints.

The ILO advanced global frameworks linking social protection, health and inclusive employment to strengthen the response to HIV. The World Social Protection Report 2024–2026 positioned universal social protection as central to climate resilience and just transition. The joint WHO-ILO guidance on social protection for people affected by tuberculosis was also promoted at country level, to help integrate social protection with TB responses and other health vulnerabilities, including in South Africa.

The ILO promoted integrated health service delivery, combining HIV interventions with TB, non-communicable diseases (NCDs), occupational safety and social protection services. In India, more than 8300 workers underwent primary TB screening, identifying 11 cases and enrolling 915 workers in social protection schemes as a result of ILO's support for workplace advocacy and policies. Ukraine implemented multi-disease testing for HIV, hepatitis B and C, and syphilis alongside mobile TB X-ray services. In the United Republic of Tanzania, integrated HIV, NCDs and occupational health surveillance reached over 4800 workers across 130 companies, with 520 people receiving occupational health screening, highlighting the value of holistic workplace health models.

At the national level, ILO interventions yielded significant policy, programmatic and empowerment outcomes. In Nigeria, the National Social Register was expanded to include people living with HIV and key populations, the National Social Protection Policy was revised to address their specific vulnerabilities, and the Sokoto State Basic Health Insurance Fund was operationalized to extend coverage to people living with HIV, persons with disabilities and other vulnerable groups. Indonesia completed a national guidance recommending inclusion of people living with HIV and unpaid HIV caregivers in vulnerable group databases. Malawi revised its national social protection policy to incorporate dedicated social security measures. Cross-country initiatives led by ILO in Cameroon, India and Nigeria also integrated HIV testing with social protection enrolment.

Across multiple regions, UNDP provided support for the inclusion of people living with HIV and key populations in national social protection systems through the nationwide implementation of rights-protective HIV legislation and administrative reforms. In Cambodia, integration of HIV into social protection led to the registration of over 50 000 people living with HIV and more than 60 000 people on treatment through support from UNDP and the Secretariat. In India, UNDP provided support that facilitated transgender people to secure digital identity cards, enabling access to healthcare, social protection, banking and employment. In the Dominican Republic, more than 4600 people living with HIV were enrolled in the national social registry, expanding access to essential subsidies and health services through UNDP support.

The UHC2030 Task Force, the UHC2030 Coalition and the Secretariat continued to promote people-centred, rights-based and integrated systems and services as essential for ending AIDS, thereby strengthening primary healthcare and advancing universal healthcare. To support the strong collaboration between ministries of health and finance to bolster the health systems on which the HIV response relies, Japan, WHO and the World Bank launched a new Universal Health Coverage Knowledge Hub in Tokyo in 2025. The Hub provides capacity-building and policy support as well as knowledge exchanges on health financing, equity, and system effectiveness, which are essential for meeting HIV goals. In 2025, several new reports and advocacy-informed accelerated action on universal healthcare to strengthen integrated, gender-responsive health systems[1]. UNFPA has extensively engaged in the promotion of universal healthcare at the country level, supporting evidence generation and

[1] See Taking action for universal health coverage - UHC2030 and UHC2030 Advocacy Narrative on Gender-responsive health systems for UHC.

promotion of the integration of SRH and HIV in health insurance packages across countries.

The Secretariat and United for Global Mental Health produced a review and mapping of Global Fund Grant Cycle 7 investments to improve the health and well-being of people living with or at risk of HIV and/or TB. The findings of the reportshowed that 97% of approved grants from 103 countries prioritized at least one comorbidity and revealed strong demand for integrated care but significant funding shortfalls, limited allocations and weak monitoring and accountability remain. Practical recommendations were issued to scale evidence- and rights-based integrated services, strengthen performance and outcome measurement, embed community engagement, realign technical assistance and inform Global Fund Grant Cycle 8 application guidance for more sustainable, person-centred and more integrated HIV and TB responses.

The Global Task Team on Integration and System Strengthening and the Secretariat led the development of integration-focused priorities in the Global AIDS Strategy 2026-2031, Global and regional consultations were convened which defined integration of HIV programming in the Strategy, and updated global HIV integration targets for 2030 using latest evidence on the effectiveness, impact and challenges of integrating HIV services within primary healthcare and broader health and social systems. They include targets on HIV integration with NCDs, mental health, viral hepatitis, STIs and cervical cancer, and revised targets on HIV-cervical cancer, HIV-SRH, HIV-TB and triple elimination.

The Secretariat helped strengthen data systems which resulted in the enhanced integration of women's health services within HIV programmes and targeted demand support. For example, in Kazakhstan, national data systems incorporated cervical and breast cancer screening indicators disaggregated for women living with HIV, and an awareness campaign which reached more than 180 women living with HIV across 10 regions, supporting access to prevention, screening and peer support.

Through World Bank support, Angola saw the percentage of women living with HIV in targeted areas delivering at health facilities and receiving ART rise to 66%, while the Southern Africa TB and Health Systems Support Project improved HIV-TB integration in collaboration with local and international partners including WHO. In addition, the Global Financing Facility, hosted by the World Bank, provided support for SRH integration into benefits packages. HIV support for key populations was also integrated in non-health sector World Bank projects, including in Bolivia, Ethiopia, Madagascar, Papua New Guinea and Rwanda. HIV outcome enablers in social protection and education were leveraged, resulting in reduced HIV vulnerability for 287 million people and their empowerment to access protection and services in 2025.

2025 Expenditures and Encumbrances under Result Area 9 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
1 198 918	873 990	17 538 400	10 545 140	18 737 318	11 419 130

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 595 59 92

unaids.org