

2025 PERFORMANCE MONITORING REPORT

Additional documents for this item: 2025 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (58)/CRP4*)

Action required at this meeting—the Programme Coordinating Board is invited to:

- *Take note*, with appreciation, of the 2025 Performance Monitoring Report, including its scope and depth; and
- *Encourage* all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs.

Cost implications for the implementation of the decisions: none



20 25 **Performance Monitoring Report**

Table of contents

Key messages	5
UNAIDS's Work and Results in 2025 to Navigate and Mitigate the Impact of Funding Shifts on the Global HIV Epidemic and Response.....	7
Overview of the Joint Programme's main results in 2025.....	11
Overview of the Joint Programme's budget implementation for results in 2025.....	13
Summary of main results by outcome.....	17
Outcome 1: Equitable and equal access to HIV services and solutions maximized	17
Outcome 2: Barriers to achieving HIV outcomes broken down.....	27
Outcome 3: Efficient HIV response fully resourced and sustained	43
Secretariat functions to deliver on the Joint Programme outcomes.....	55
Leadership, advocacy and communication	55
Partnerships, mobilization, and innovation	59
Strategic information.....	61
Coordination, convening and country implementation support	62
Governance and mutual accountability	63
Key challenges for the Joint Programme's work in 2025.....	64
Opportunities for the Joint Programme.....	67
Annex 1. Overview of 2025 UBRAF indicator data.....	70
Annex 2. Budget Implementation tables	83

Key messages

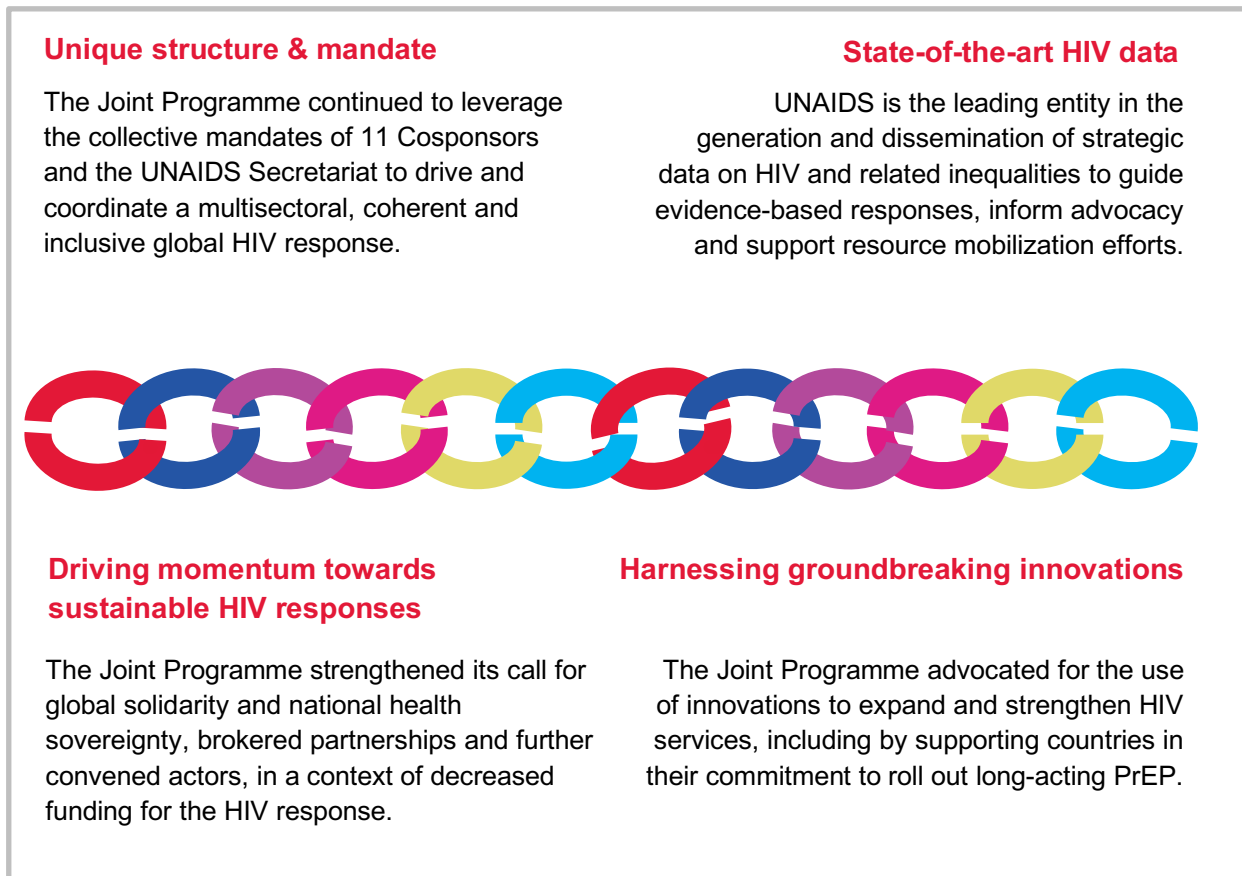
1. Since its inception through [ECOSOC Resolution 1994/24 in 1994](#), UNAIDS has held a unique mandate within the United Nations (UN) and multilateral system. It is the only Joint Programme that brings together the collective mandates of 11 Cosponsors and the Secretariat to leverage comparative advantages for a more strategic, evidence-based and coordinated approach to co-implement, guide and coordinate a multisectoral and inclusive global HIV response. With the technical expertise, normative authority and operational reach of the Cosponsors, as well as the Secretariat's complementary functions of leadership, advocacy, convening, strategic information, accountability and community engagement roles, UNAIDS has continuously led in generating and disseminating strategic data, shaping evidence-informed policy, mobilizing resources, and driving political momentum to end AIDS as a public health threat. It has brought together governments, civil society organizations, communities and associations of people living with HIV, key populations, young people, women and girls and other stakeholders, to address the challenges that prevent access, uptake and retention to HIV prevention, testing and treatment services.
2. In 2025, the global AIDS response faced one of its most significant set of challenges in decades. Decreases in external financing, a growing number of conflicts and humanitarian crises and displacement at record levels, increasing setbacks to human rights and gender equality, shifts in geopolitical agendas and competing priorities were compounded by the HIV funding shifts first triggered by sudden reductions in donor funding in the first quarter of 2025 – that has since rebounded. With continued financing shifts in domestic and international funding and priorities, with cumulative impact felt most acutely within community-led services, and on HIV prevention and testing among dozens of low- and-middle– income countries.
3. While the funding shifts and related challenges posed significant difficulties to the sustainability of the HIV response, a growing number of obstacles were already apparent by the end of 2024. UNAIDS estimated that 1.3 million people were newly infected with HIV in 2024, which put the world far off- track from achieving the 2025 and 2030 targets of less than 370 000 and 200 000 new infections per year, respectively¹. Furthermore, as noted in the [2024 UNAIDS Performance Monitoring Report \(PMR\)](#), the HIV response was already affected by inadequate political commitments; inequitable access to HIV prevention, barriers to HIV treatment; persisting inequities relating to gender, human rights, stigma and discrimination; and visibly shrinking space for meaningful community and civil society involvement. These challenges disproportionately affected key and other vulnerable populations, such as adolescent girls, young women and children.
4. Despite those challenges, 2025 also brought groundbreaking innovations and collaborations that have offered new opportunities to reduce inequalities and increase access to the most effective HIV services. For example, through partnership, rapid coordination, guidance and technical assistance by the Joint Programme to support countries with data to guide the implementation of pre-exposure prophylaxis (PrEP) and to address policy bottlenecks and later roll out affordable and accessible long-acting PrEP, such as lenacapavir, has strengthened the foundation for transformative HIV prevention approaches and has accelerated efforts scaleup diversified HIV prevention options.
5. Additionally, the budget implementation and delivery of results remained strong, even though that the Joint Programme continues to operate under significant resource

¹ See [2025 Global AIDS Update — AIDS, Crisis and the Power to Transform](#) for more information.

constraints. A reduced funding envelope required extreme prioritization and careful allocation of resources, with ongoing implications for the Joint Programme's ability to fully meet the needs of countries and maintain comprehensive support across all strategic priorities.

6. The Joint Programme demonstrated resilience, agility and unwavering commitment to sustaining and scaling up the HIV response in the difficult climate. Throughout 2025, the Joint Programme continued to uphold its mandate through strengthening of data and evidence, scaling up of innovations, sustainable financing, policy guidance, technical and financial support, advocacy and demand-generation, and multi-stakeholder collaboration to drive an inclusive, gender-transformative global HIV response.
7. In 2025, the Joint Programme led the development of the [2026–2031 Global AIDS Strategy](#) through extensive consultation with people living with, at risk of and affected by HIV and with partners at multiple levels of society. The new Strategy, which was adopted by the UNAIDS Programme Coordinating Board in December 2025, presents a framework and action for the global HIV response to adapt to the challenging context and clear the pathway for ending AIDS a public health threat by 2030. It also summarizes the role of the Joint Programme in its implementation and its leadership role in coordinating the global HIV response. The new Global AIDS Strategy included the development of the [2030 global AIDS targets](#) by an advisory Global Task Team.
8. This 2025 PMR features the Joint Programme's work and results in mitigating the impact of the funding shifts with illustrative examples at country, regional, and global levels. In particular, efforts to monitor impact on the epidemic and response, associated with strong advocacy for global solidarity and national health sovereignty were key in moving the global HIV response forward. Moreover, the PMR showcases the Joint Programme's development of tools, policy briefs and methods for the elaboration of Sustainability Roadmaps for national HIV responses, as well as its support to countries to produce these roadmaps and use them as they navigate funding volatility and progressively transition away from high dependence on external financing.
9. The PMR captures the contributions of the Joint Programme and reflects its unique role, critical leadership, adaptability and resilience despite important shifts in global political, financial contexts and priorities. It also features the strategic prioritization of the Joint Programme's results and progress towards the targets of the 2021-2026 Global AIDS Strategy in line with the 10 result area outputs of the 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF), while sustaining and accelerating momentum toward the goal of ending AIDS as a public health threat by 2030 based on each Cosponsor and Secretariat's mandate and comparative advantage. Above all, the 2025 PMR highlights the indispensable role of communities, and the continued relevance of a coordinated, rights-based, evidence-informed and multisectoral approach to the global HIV response, especially during difficult times.

Figure 1. Stronger together – selected highlights of the Joint Programme’s work in 2025



UNAIDS’s Work and Results in 2025 to Navigate and Mitigate the Impact of Funding Shifts on the Global HIV Epidemic and Response

10. Throughout 2025, shifts in bilateral and multilateral assistance and priorities from several major donors, without commensurate increases from domestic resources had consequences on HIV prevention, testing, and community-led services across the world, putting millions of lives at risk and jeopardizing progress achieved towards the 2030 Global AIDS targets.
11. This was compounded by a rise in punitive and restrictive laws criminalizing same-sex relationships, drug use and gender identity, pushback on gender equality and restrictions on sexual and reproductive health (SRH) in many countries, which amplified the crisis by reducing access to HIV services by all in need.
12. Building on its unique role in the global HIV response, the Joint Programme responded rapidly and strategically to help countries prioritize and maintain essential HIV services, increase their sustainability and mobilization of domestic resources – helping to avert a reversal of decades of hard-won progress in HIV services’ coverage. This was possible through the generation of data and the monitoring of the rapidly evolving situation, as well as through timely support to governments, communities, civil society and other partners to strengthen commitments, respond to arising challenges, prioritize life-saving services, innovate and fill funding gaps. The Joint Programme also provided direct support to strengthen national HIV responses and protect community-led services as

much as possible and led high-level advocacy with key donors to secure international aid and safeguard the delivery of life-saving HIV services.

Monitoring and communicating country impact

13. The Joint Programme activated various monitoring mechanisms, gathering insights from countries to track disruptions, then resumptions, in services, understand their actual and potential impacts on people living with HIV and key and vulnerable populations, and guide mitigation actions. It also provided support to civil society organizations globally and in at least 27 countries to conduct their own assessments to better measure the impact of the funding shifts on community systems and community-delivered services. Through [a dedicated portal](#) on the UNAIDS website, as well as a dedicated section on [AIDSInfo](#), the evidence collected was summarized and published online to provide up-to-date information on [service continuation](#) and [future impact scenarios](#). These portals also provided ongoing global and country updates, guidance and other resources for stakeholders to navigate funding shifts.
14. The newly developed UNAIDS Rapid AIDS Response Financing Tool further provided governments and partners with strategic information on HIV financing gaps and where to place domestic mobilized resources. As of December 2025, 32 countries and two regional programmes have used the tool to generate granular financial data on contributions and gaps.
15. The collected data was used for analyses and projections on the impact of the discontinuation of HIV programmes, provided critical evidence to inform advocacy and resource mobilization efforts for the continuation of essential HIV services, and steer mitigation measures taken by governments, civil society, the UN system and partners. For instance, in Eswatini, the Joint Programme's work in tracking disruptions in delivery and access to HIV services, medicines and commodities revealed declines in HIV services linkage among specific population groups, particularly men and young people. The Joint Programme supported country efforts to tailor outreach and service delivery strategies².
16. Those monitoring mechanisms and platforms also disseminated inspiring examples of resilience at different levels, with governments and communities stepping up to protect people living with or at risk of HIV. The [2025 Global AIDS Update, AIDS, Crisis and the Power to Transform](#) and the [2025 World AIDS Days report: Overcoming disruption, transforming the AIDS response](#) further documented the status of the HIV pandemic and response around the world, and helped amplify the voices and needs of communities and people living with HIV in a rapidly changing funding and operating environment.

Advocacy and mobilization for the continuation of HIV services

17. In 2025, the Joint Programme's sustained global visibility of the funding crisis also helped mobilize partnerships and South-South collaboration and encouraged discussions among donors on mitigating actions. At the [G20 Leaders' Summit](#) in South Africa, the UNAIDS Executive Director highlighted the role of persisting inequalities in driving the HIV epidemic and called for coordinated action on debt vulnerabilities to improve health security in low- and middle-income countries. During the 23rd International Conference on AIDS and STIs in Africa (ICASA), the Joint Programme called for global solidarity, for more domestically financed HIV responses, and for the world to invest in regional and local manufacturing of HIV drugs and in innovations to

² See [Impact of US funding cuts on the global AIDS response, Weekly update – 28 March 2025](#)

scale-up and improve accessibility of HIV prevention and treatment services and commodities. Indeed, in many countries, the funding crisis became an opportunity to increase domestic budgets for health and HIV and to pursue sustainable and nationally owned HIV programmes.

18. Advocacy for global solidarity and South-South collaboration helped bridge part of the gap in international funding for the HIV response. For instance, a Memorandum of Understanding signed in 2025 by [UNAIDS and the Africa Centres for Disease Control and Prevention](#) (Africa CDC) aims to strengthen community health systems in Africa for more sustainable and inclusive HIV responses across the continent. The Joint Programme also brokered partnerships to improve the availability and affordability of medicines and to take full advantage of innovations, particularly new long-acting HIV medicines that have the potential to revolutionize HIV prevention and treatment. A [US\\$ 3.49 million partnership between the People's Republic of China](#) and South Africa will improve expansion of HIV prevention services among young people and vulnerable populations. Other examples of the Joint Programme's convening power include discussions in Zambia between the Ministry of Health and donors to help address low commodity stocks.
19. The results showcased in this report were achieved despite the HIV response funding shifts also deeply impacting the Joint Programme in 2025, which included cash flow challenges which led to Cosponsors not receiving their full UBRAF allocations that considerably hindered implementation of planned activities in countries. Along with prioritization and optimization efforts, reinforced and diversified resource mobilization helped in partially mitigating the impact of funding shifts on the Joint Programme and its critical work to save lives.

Coordination to safeguard essential HIV services

20. The Joint Programme played a critical role in coordinating efforts at the global, regional and country levels to reprioritize and ensure the continued delivery of life-saving HIV services, including through the operationalization of the United States Government's limited waiver and the Global Fund Grant Cycle 7 grant reprioritization process, as well as in promoting innovative HIV financing and programmatic approaches. The Joint Programme engaged with the Global Fund and other bilateral, multilateral and private donors and partners, as well as with governments and civil society, to support alignment and harmonization efforts with regards to prioritization, mitigation and response, particularly on domestic resource mobilization. Bringing communities to the table was a priority for the Joint Programme during the crisis, as seen in Benin, Dominican Republic, Mali, Nigeria, Sierra Leone, Togo and elsewhere including through the inclusion of civil society organizations in task teams charged with maintaining the HIV response.
21. Joint programming, including through co-funding, was also reinforced within the UN system to respond to the crisis and maintain essential HIV services. This was evident in Kenya, for example, where the UN prioritized [co-funding initiatives](#) including impact mitigation analysis and support to communities as part of coordinated action led by Government authorities and agreed with all key stakeholders which allowed some affected HIV services to resume, though not at full scale.
22. Within the Joint Programme, a simplified reprogramming process was introduced to provide country Joint Teams on HIV/AIDS flexibility in prioritizing the significantly reduced country-level joint funding (country envelopes) to optimize its use for urgent and flexible action to sustain essential HIV services.

23. Using evidence generated through country impact assessments, the Rapid AIDS Response Financing Tool and other mechanisms, the Joint Programme worked closely with national AIDS programmes and Ministries of Health to develop mitigation plans. Those plans included pathways to diversify funding sources, addressed the mobilization of domestic and international resources, and explored innovative financing mechanisms to fill funding gaps and maintain HIV services. Examples of mitigation actions include Nigeria which approved a new federal budget for HIV medicines, sustaining treatment supply despite cuts, and Ethiopia which introduced a new payroll tax to support HIV and other health services. Building on its significant progress against the AIDS pandemic, [Côte d'Ivoire committed to invest over US\\$ 60 million in 2025 and over US\\$ 80 million from 2026 onwards](#) to maintain critical HIV services. By December 2025, 25 countries had either developed or were in the process of finalizing national commitments to ensure and measure progress towards transition from donor funding and sustainability of national HIV responses.

Protecting communities and community health systems

24. Aligned with its strong commitment to stand by people living with and affected by HIV, the Joint Programme leveraged its expertise to swiftly protect the most vulnerable people during the crisis. That involved, for instance, supporting countries to further integrate HIV services into primary healthcare or multisectoral programmes to improve sustainability, accessibility and quality of HIV services, such as in the Democratic Republic of the Congo. It also entailed contributing to the development of HIV minimum packages in eastern and southern Africa; promoting the use of telemedicine and digital health platforms; and providing much-needed guidance including on [managing the interruption of treatment for people living with HIV](#).
25. Recognizing community-led HIV and health services as the backbone of the HIV response, the Joint Programme continued to prioritize their protection in 2025, including as part of its efforts to offset the impact of the sudden drop in international funding. At global forums such as the UN's Commission on the Status of Women (CSW) and the Human Rights Council, the Joint Programme amplified community voices, including those of people living with HIV, key populations, girls, women and youth. It called for their meaningful engagement and for the protection of community health and HIV services, including through global solidarity for the funding of key population and women-led organizations. The Joint Programme convened regular global, regional and country dialogues between governments and networks and organizations of people living with HIV, people from key populations and young people, civil society advocates and development partners to share information, raise concerns and coordinate efforts, thereby ensuring that community-led responses remain at the centre of the HIV response. Through multiple communication channels, the increased visibility of the impact on community systems helped mobilize urgent government and partner engagement and shaped global advocacy narratives. For example, in [Côte d'Ivoire](#), short videos of interviews with community leaders, showcased how the funding cuts affected their efforts to maintain peer-led HIV services. Several "feature stories" were also widely disseminated to put a light on the disrupted community health systems, including in [Ethiopia](#), the [Philippines](#) and [Tajikistan](#).
26. Those actions contributed to preserving lifesaving treatment and prevention services for millions of people and reinforced the resilience of the HIV response despite the funding shifts. However, those efforts must be sustained as services and systems remain very fragile in many countries.,

Overview of the Joint Programme's main results in 2025

27. The collective results achieved by the Joint Programme in 2025 contributed to saving lives and enabled the world to further advance towards ending AIDS as a public health threat by 2030. Figure 2 provides a summary of the most significant progress in the global HIV response and the key results achieved by the Joint Programme through its work at country, regional and global levels for each of the three strategic priorities of the Global AIDS Strategy 2021–2026 (more equitable and equal access to HIV services; breaking down barriers to achieve HIV outcomes; and sustainable and integrated HIV responses), that served as building blocks for these life-saving gains.
28. Through prioritization and optimization efforts, together with increased efficiencies and innovations, particularly in the sustainability of the HIV response, the Joint Programme demonstrated resilience and agility in sustaining its performance despite resource constraints and reduced capacity. This was evident in the progress against the 45 indicators, a majority of which reached their 2025 milestones. However, the continuing funding shifts and reduced capacity has also hindered aspects of the Joint Programme's work as can be seen by the 30% of indicators which show slow progress.

Figure 2.

The global HIV response saved nearly 27 million lives

26.9 million AIDS-related deaths averted thanks to antiretroviral therapy (1996–2024)

31.6 million people receive life-saving treatment (by end 2024)

Over 61% decline in new HIV infections (1996–2024)

In 2024, **87%** of people living with HIV knew their HIV status, and **89%** of them were receiving HIV treatment

15 countries decriminalized consensual same-sex sexual acts 2016–2024

60% of HIV funding was domestically funded in 2024

UNAIDS key results

Maximized equitable & equal access to HIV services

79 countries supported to scale up combination HIV prevention programmes

Technical support and new guidelines helped accelerate roll-out of **long-acting prevention methods** including cabotegravir, lenacapavir and dapivirine vaginal ring

73 countries have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women

Broken down barriers to achieve HIV outcomes

79 countries supported for the incorporation and expansion of community-led HIV responses

66 countries supported to remove or amend punitive and discriminatory laws and policies affecting the HIV response

68 countries supported to reduce HIV-related stigma & discrimination

46 countries supported now have stronger gender expertise and capacity to further integrate gender equality into the national HIV response

Sustained & integrated HIV responses

72 countries supported to establish HIV antiretroviral services financed as part of the overall systems

55 countries supported to improve allocative efficiency, and **25 countries** supported for HIV response sustainability roadmaps

41 countries supported to implement interventions/services for key populations in humanitarian settings

Leadership, partnerships, advocacy, country support & accountability

State-of the art strategic information guide the global response, with HIV estimates from **182 countries**

74 countries supported to review, assess and/or update their national strategic plan on HIV

In **75 countries**, the UNSDCF integrates priorities on ending HIV-related inequalities and ending AIDS

Further leveraged **the power of partnerships** with communities, governments, networks & other key stakeholders, including close synergies with Global Fund & GHSD

US\$ 329.2 million invested by the Joint Programme in 2025

Overview of the Joint Programme's budget implementation for results in 2025

29. Sustained donor contributions continued to underpin delivery of the Joint Programme and remained a critical enabler of the Joint Programme's delivery in 2025, allowing continued implementation of prioritized activities despite a constrained funding environment. A summary of budget implementation, including available resources from prior years, core and non-core allocations, and expenditures and encumbrances, is presented in Table 1 below. Additional details and further breakdowns are provided in Annex 2.
30. Considering the sustained funding pressure being borne by the Joint Programme, financial management in 2025 continued to focus on aligning expenditures with available resources. Measures endorsed by the Programme Coordinating Board (PCB) remained in effect, supporting disciplined budget execution and ensuring that available funds were directed toward the highest-impact interventions.
31. The Joint Programme operated in 2025 within a reduced operating budget of US\$ 150 million, significantly lower than the PCB-approved budget of US\$ 160 million. This was in recognition of lower expected income levels when the need for continued prioritization across all areas of work remained relevant. Efforts to mobilize additional resources were increased, and unspent balances from prior years were used flexibly to protect the implementation of essential country programmes and cosponsors global coordination support.
32. Total core resources available for implementation reached US\$ 150.9 million, including combined total of US\$ 11.5 million carried forward from 2024 by Cosponsors. Core expenditures and encumbrances amounted to US\$ 159.3 million, corresponding to an implementation rate of 106%. This reflects the strategic use of available balances and 2025 funds to sustain programme delivery and avoid disruptions, particularly in priority areas.
33. When combined with non-core resource estimates of the Joint Programme, total funding in 2025 could have reached US\$ 430.7 million, however, overall expenditures and encumbrances amounted to US\$ 329.2 million. This variance is primarily attributable to noncore resources projected for 2025 not materializing at the anticipated levels, resulting in lower-than-expected funds mobilized and consequently, reduced implementation. Despite this, the level of implementation remains strong, underscoring sustained demand for Joint Programme support and the continued commitment of Cosponsors and the Secretariat to deliver results, even within a constrained resource environment.
34. Non-core resources continued to play a significant complementary role to core funding. In 2025, Cosponsors and the Secretariat mobilized an approximately US\$ 169.9 million in non-core funds, enabling the scaling of activities and reinforcing programme impact beyond what core resources alone could support.
35. However, the distribution of non-core funding remained uneven across organizations, results areas and regions. While some priorities and regions benefited from stronger resource mobilization, others continued to experience shortfalls. This imbalance influenced the extent and consistency of support delivered across the global HIV response.
36. Overall, while budget implementation and delivery remained strong, the Joint Programme continued to operate under significant resource constraints. The reduced funding envelope requires sustained prioritization and careful allocation of resources, with ongoing implications for the Joint Programme's ability to fully meet demand and maintain comprehensive support across all strategic priorities.

Table 1: Core and non-core expenditures and encumbrances against UBRAF core budget and non-core estimates, by organization (in US\$)

Organization	2025 budget	Carry forward from 2024	2025 Core Global funds	2025 Country envelopes	2025 Total core allocated funds	2025 core expenditures and encumbrances	Implementation rate core funds	2025 non-core estimates	2025 non-core expenditures and encumbrances	2025 total allocated funds	2025 Total expenditures and encumbrances
	A	B	C	D	E = B + C + D	F	G = F / E	H	I	J = E + H	K = F + I
UNHCR	1 794 400			658 000	658 000	658 000	100%	34 490 000	7 892 109	35 148 000	8 550 109
UNICEF	4 443 200	3 094 740	1 136 400	3 306 800	7 537 940	7 152 809	95%	38 942 000	28 150 874	46 479 940	35 303 683
WFP	1 906 900	865 069		588 060	1 453 129	774 469	53%	11 385 500	4 706 000	12 838 629	5 480 469
UNDP	2 943 600	832 554	1 321 400	1 622 200	3 776 154	2 765 806	73%	6 300 000	9 586 375	10 076 154	12 352 181
UNFPA	4 150 600	2 088 092		2 660 800	4 748 892	4 290 228	90%	40 689 000	32 024 029	45 437 892	36 314 258
UNODC	2 369 900	819 108	1 383 100	986 800	3 189 008	2 841 281	89%	5 300 000	1 349 572	8 489 008	4 190 853
UN Women	2 361 900	1 276 277		1 046 200	2 322 477	1 890 506	81%	15 000 000	6 286 186	17 322 477	8 176 692
ILO	1 854 400	363 433	650 000	138 600	1 152 033	1 148 990	100%	4 000 000	2 200 000	5 152 033	3 348 990
UNESCO	2 361 400	1 018 927	1 319 100	1 042 300	3 380 327	3 183 783	94%	15 000 000	7 122 400	18 380 327	10 306 183
WHO	4 677 700	1 186 313	692 025	823 413	2 701 751	2 113 806	78%	52 000 000	20 800 000	54 701 751	22 913 806
World Bank	1 136 000							6 650 000		6 650 000	
Secretariat	120 000 000		120 000 000		120 000 000	132 484 711	110%	50 000 000	49 748 906	170 000 000	182 233 616
Grand Total	150 000 000	11 544 513	126 502 025	12 873 173	150 919 711	159 304 389	106%	279 756 500	169 866 451	430 676 211	329 170 840

Note: Non-core excludes Global Fund expenditures of US\$263.9 million for UNDP and US\$4.5 million for UNICEF in 2025

Figure 3.

2025 Joint Programme results and investments by Result Area and Outcome

2025 expenditure and encumbrances

2025 selected results

US\$ 146.9 million (core and non-core)

1 <i>Maximized equitable & equal access to HIV services</i>	US\$ 60.9 million	HIV prevention	Advocacy, technical support, capacity building and new guidance & tools accelerated commitments to roll out long-acting PrEP. Service delivery innovations, community-led approaches & trusted access platforms expanded access to combination prevention. Implementation of OAMT policies & harm reduction advanced, including in prisons.
		HIV testing & treatment	Assessments of HIV service delivery, including workforce capacity, data systems & supply of ART & HIV tests guided prioritization during funding crisis. Services integration helped access & adherence to HIV treatment. New literacy tools and updated guidelines, including on AHD management, capacitated service providers towards better health outcomes for people living with HIV.
		Paediatric AIDS, vertical transmission	Movement towards ending AIDS in children continued to galvanize commitments and action. Support for capacity building efforts, innovative diagnostics, integration and decentralization of services, differentiated adherence support and peer-led initiatives strengthened paediatric and adolescent HIV case finding and care.
2 <i>Broken down barriers to achieve HIV outcomes</i>	US\$ 58.5 million	Community-led responses	Support to community-led service delivery ensured continuity & targeted reach of integrated HIV services including among underserved key populations. Guidance and tools supported CLM, its costing and integration in national systems, towards greater community empowerment & improved data quality.
		Human rights	Global partnerships, policy influence and evidence-driven advocacy generated commitments to remove legal & structural barriers that drive vulnerability to HIV. Updated guidance informed reforms towards stigma-free practices, inclusion of LGBTQI+ populations, proportionality of penalties and gender equality.
		Gender equality	Global commitments protecting women & girls were reaffirmed, following strong advocacy and partnerships with community networks. Gender assessments, feminist advocacy and gender-transformative actions including positive masculinity projects shifted negative social norms and advanced women's empowerment and leadership. Support to women's rights organizations contributed to thousands of women accessing GBV prevention & SRH services.
		Young people	Advanced youth-led agenda for health, education, safety & economic development. Multisectoral investment cases informed policy and financing shifts for the HIV response impacting millions of young people. Engagement with youth organizations strengthened HIV frameworks & policies, and expanded reach among marginalized youth. School-based CSE & digital technologies informed & empowered millions of young people on SRH.
3 <i>Sustained & integrated HIV responses</i>	US\$ 27.5 million	Fully funded, sustainable HIV response	Amid drastic funding shifts, optimized resources, calls for international & domestic investments, and intensified resource mobilization improved sustainability of national HIV responses. Development of sustainability roadmaps & sound data contributed to stronger evidence-based financing and planning for impact.
		Integration & social protection	Updated policies and guidelines informed integration of HIV and SRH services into primary health care, nutrition, occupational safety and social protection, further reinforced by integration of data & monitoring systems.
		Humanitarian settings & pandemics	Consolidating service delivery systems in humanitarian settings helped service continuity, through support to community leadership and action, mobile outreach, improved logistics & supply management, and integration of SRH, HIV, GBV, maternal health and nutrition services.

Figure 4.

2025 UNAIDS Secretariat results and investments by Strategic Function

2025 expenditure and encumbrances
US\$ 182.2 million (core and non-core)

2025 selected results

<p>1 Leadership and advocacy</p> <p>US\$ 56.9 million</p>	<p>Sustained high-level political commitment on HIV including through the development of the Global AIDS Strategy 2026–2031. Called for increased investments in health sovereignty and community-led responses for greater sustainability. Supported expansion of HIV long-acting prevention innovations to close prevention and treatment gaps. Amplified the voices of communities to raise challenges affecting people living with and affected by HIV, including stigma and discrimination, punitive laws, gender inequalities and gender-based violence.</p>
<p>2 Partnerships, mobilization & innovation</p> <p>US\$ 35.5 million</p>	<p>Leveraged global partnerships for united and prioritized action including on HIV prevention, paediatric AIDS, and stigma and discrimination: knowledge on HIV including good practices and innovations informed better quality services; new tools and roadmaps guided evidence-based prioritization; and reforms created an enabling environment to protect people living with or at risk of HIV. Continued to mobilize countries, communities, Global Fund, PEPFAR and others for concerted efforts to close gaps and sustain the response.</p>
<p>3 Strategic information</p> <p>US\$ 27.5 million</p>	<p>Generated state-of-the-art data and analyses on the HIV pandemic, response and inequalities, policies and financing, for evidence-informed global and national targets, programmes & investment for impact. Modelling informed strategies to maximize scale up of lenacapavir for PrEP. The Global AIDS Update and World AIDS Day report outlined persistent challenges and inequities, and opportunities for action. Documented the impact of the funding cuts in 2025 on the HIV response and communities. Strengthened community-led monitoring in 34 countries.</p>
<p>4 Coordination, convening & country support</p> <p>US\$ 35.5 million</p>	<p>Effective support to national responses through 85 country Joint UN Teams on AIDS and other technical support for high impact national strategies, programmes and financing. Leveraged UN power for positioning HIV into UNSDCF in 75 countries. Collaborative and coordinated work, including with the Global Fund and PEPFAR, drove investment prioritization, reinforced community-led responses, and promoted rights-based and gender-transformative approaches. Release of the Sustainability Roadmap Part B Companion Guide strengthened sustainability planning in countries.</p>
<p>5 Governance and mutual accountability</p> <p>US\$ 26.8 million</p>	<p>New Workplan and Budget prioritizes UNAIDS work for 2026. The Global AIDS Strategy 2026—2031 will further guide the global HIV response towards ending AIDS. Solid and inclusive governance, sound management, oversight & performance reporting (incl. through the Results and Transparency Portal), and high compliance with UN reform demonstrate strong accountability and transparency practices. Roll out of and follow-up on evaluations for better functioning and greater effectiveness. Intensified resource mobilization including from non-traditional donors.</p>

Summary of main results by outcome

37. This section summarizes the Joint Programme's collective results in 2025 for the UBRAF outcomes and its 10 interconnected result areas, which are led by the 11 Cosponsors with support from the Secretariat, and which align with and contribute directly to the three interlinked strategic priorities³ of [the 2021-2026 Global AIDS Strategy](#).

Outcome 1: Equitable and equal access to HIV services and solutions maximized

38. The Joint Programme provided leadership and critical support during 2025 to ensure that people living with, at risk of and affected by HIV continued to obtain equitable access to HIV prevention, treatment and support services despite challenges relating to increasing funding gaps and social and structural barriers.

Result Area 1: HIV prevention

Joint Programme specific outputs in 2024-2025

- 1.1 Support countries in development and implementation of national policies, plans and road maps for combination HIV prevention with a focus on key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.
- 1.2 Enhance national capacity for effective stewardship of HIV prevention responses for key populations and other priority populations, including key functions of analysis, prevention programme design, implementation, monitoring and accountability for impact.

39. In 2025, national HIV prevention planning and policy processes faced major disruptions due to funding interruptions and reduced technical capacity in many high-incidence countries. In this context, the Joint Programme focused on safeguarding prevention as a strategic priority within national agendas and planning cycles, ensuring the world stays on track to reach 2030 HIV prevention targets. Within the Joint Programme, UNFPA focused on the integration of HIV prevention into existing SRH, gender-based violence (GBV) and youth initiatives and platforms, ensuring that a range of interventions continued to reach populations at risk with HIV prevention information and services.

40. Strengthening national capacity for service delivery, response coordination and progress monitoring under constrained conditions was prioritized. The Global HIV Prevention Coalition (GPC) Secretariat, co-convened by the UNAIDS Secretariat and UNFPA, strengthened countries' analytical capacity by developing and deploying a simplified prevention prioritization and cost-effectiveness package which was used in national reprogramming discussions, enabling countries to identify high-impact interventions, preserve equity for key populations, and align prevention ambitions with available fiscal envelopes. Through the GPC Secretariat's guidance, development and implementation of national HIV prevention roadmaps and integration of prevention priorities into broader national strategies were advanced in Ghana, Mozambique, the United Republic of Tanzania and Zambia. Targeted technical support reinforced use of granular data for planning, and advanced readiness for long-acting prevention options, ensuring continuity of prevention governance during a period of exceptional disruptions.

³ Strategic Priority 1: maximize equitable and equal access to HIV services and solutions; Strategic Priority 2: break down barriers to achieving HIV outcomes; and Strategic Priority 3: fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.

41. UNAIDS Secretariat provided support to countries in the development and deployment of HIV prevention scorecards and dashboards to support countries in prioritizing HIV prevention. In Ghana and the United Republic of Tanzania, sub-national scorecards were operationalized to support district-level performance monitoring and course correction. In Zambia, prevention indicators were integrated into national monitoring platforms with quarterly reporting cycles planned, thereby strengthening accountability for prevention outcomes.
42. The Joint Programme provided comprehensive tools and normative guidance to strengthen HIV prevention programmes and to help guide countries in the scale-up of diversified prevention options, and the adoption and implementation of new technologies. For instance, the GPC Secretariat and its partners developed a person-centred HIV prevention design and communication brief to guide the prioritization of people-centred interventions to strengthen demand generation for HIV prevention services. Through the GPC's collaboration with the South-to-South Learning Network, the UNAIDS Secretariat convened a session of the GPC Key Populations Community of Practice that launched updated guidance for HIV programmes with key populations and produced operational recommendations now being integrated into national 2030 Prevention Access Framework plans.
43. Despite the impact of the funding shifts on HIV service delivery, prevention services and commodities, the Joint Programme continued to provide critical support for cost-effective HIV prevention interventions, including through advancing last-mile distribution to ensure continuity of and improvements in condom programming coverage. Globally, UNFPA procured 1.2 billion condoms (male and female), contributing to the prevention of an estimated 5.1 million sexually transmitted infections and 118 000 HIV infections, while sustaining last-mile distribution through community and data-driven approaches. In eastern and southern Africa, UNFPA supported reinvigorated national condom programmes, prevention coordination platforms and integrated SRH/HIV planning, alongside domestic resource mobilization and mitigation of stock disruptions. Community condom distribution points were established in 20 districts in Uganda and Zambia, while Kenya and Lesotho officially endorsed national condom strategies to further increase condom access to and use. With UNFPA's support, Kazakhstan also procured 1.5 million condoms and lubricants through the Global Fund.
44. The Joint Programme supported the expansion of oral PrEP and the introduction of long-acting cabotegravir, the dapivirine vaginal ring and lenacapavir, along with early demand-generation initiatives. This included supporting countries to develop policy and regulatory framework and preparedness planning for the introduction of lenacapavir following the landmark agreement for guaranteed low-cost access to generic lenacapavir.⁴ Following the publication of [guidelines on the use of lenacapavir for HIV prevention and testing strategies](#), WHO provided support to 14 countries to accelerate the roll-out of this new long-acting tool. In eastern and southern Africa, the Joint Programme's support resulted in nine countries completing preparedness processes. Ukraine also reported country-wide long-acting injectable PrEP availability following the adoption of an updated national HIV medical care standard with political and technical support from the Joint Programme. In west and central Africa, the Joint Programme

In 2025, **80 countries** received support to improve their policies and/or strategies on combination HIV prevention with key populations and other priority populations.

⁴ Gilead Sciences and six generic manufacturers signed a voluntary licensing agreement to expand access to low-cost generic versions of lenacapavir for HIV prevention (PrEP) in low and lower-middle income countries.

supported the integration of lenacapavir while addressing planning and implementation, training, service delivery, monitoring & evaluation, and supply chain considerations. By January 2025, 94% of reporting countries had adopted WHO PrEP recommendations, including long acting cabotegravir in 21 countries and the dapivirine ring in 18 countries. By end of 2025, 10 countries had regulatory approval for lenacapavir, and two countries (Eswatini and Zambia) had begun programmatic delivery.

45. In Latin America and the Caribbean, a demand generation communication strategy helped reposition HIV prevention and expand access to innovative prevention tools, including PrEP. WHO rolled out the PrEP Impact tool to support national scale-up of oral PrEP across the region and providing countries with evidence on its potential to reduce new HIV infections. Access to PrEP was expanded to transgender women in 19 countries while 100 healthcare providers in 10 countries were trained on PrEP delivery. Furthermore, the PrEP Without Borders initiative supported uptake of innovative and proven HIV prevention tools in the region; a total of 1200 transgender women were reached across Chile, the Dominican Republic, Ecuador and Honduras through community workshops on PrEP literacy and HIV prevention. The initiative, with the Joint Programme's support, strengthened integration of PrEP into inclusive, community-led health responses for transgender people in the context of migration and mobility.
46. The Joint Programme continued to support voluntary medical male circumcision (VMMC) initiatives⁵ in 2025. This included, for example, VMMC services provided through UNHCR operations using a rights-based approach to refugee health, enabling provision of VMMC to over 5700 men across eight African countries. WHO provided technical and financial support for the development of the [2025 South African national guidelines for medical male circumcision](#), which aims to reduce HIV transmission using fixed mobile and outreach methods. Sierra Leone's Real Man Campaign, launched by the First Lady with support from UN Women, engaged over 2000 men and promoted new concepts of positive masculinity to prevent violence against women and encouraged men to seek HIV testing and prevention information. UN Women's *HeForShe* campaign in taverns and soup kitchens in South Africa engaged over 120 000 women and men in dialogues about gender equality and HIV, encouraging HIV testing and linking people with HIV treatment and services for GBV when needed.
47. The Joint Programme continued to increase outreach of HIV prevention information and services among youth and key populations. The Secretariat and the GPC enhanced the [GPC Resource hub](#)—the global knowledge management tool for HIV prevention which registered 2.9 million active users by end 2025, to further improve accessibility to key resources related to HIV prevention. With UNDP's support, the Republic of the Congo more than doubled outreach to adolescent girls and young women, while Angola, Eswatini, Mozambique, Zambia and Zimbabwe expanded their HIV prevention services for key populations. UN Women provided support for the implementation of HIV prevention initiatives in 18 countries, including in Nepal, where peer leaders from marginalized groups, such as women affected by HIV, LGBTQI+ persons and people working in the informal and entertainment sectors, gained knowledge on HIV prevention following a capacity building programme. They, in turn, assisted nearly 2000 people to obtain SRH, HIV and STI screening and counselling, psychosocial support and legal services. Initiatives in Nepal also included entrepreneurship training for 410 women, including women engaged in sex work, resulting in additional average income of NPR 500 to 2000 per day and strengthened their agency to protect themselves against HIV. In Cambodia, UN Women, the Secretariat and a local LGBTQI-led movement

⁵ VMMC is recognized by WHO and UNAIDS as a crucial entry point for delivering a comprehensive package of health services to men and adolescent boys. Since 2007, this strategy has been utilized to reach men with HIV and STI prevention, testing, and, if necessary, treatment.

implemented social media campaigns and community dialogues to increase awareness of human rights, HIV prevention, and testing and treatment services.

48. Capacity for programme design and implementation for key populations improved through the [updated global guidance on Trusted Access Platforms](#), developed jointly with the Global Fund. The guidance provides countries with operational models for sustaining prevention services for key populations through community-led, clinic-linked and digital platforms. The Joint Programme also continued to reinforce and expand targeted prevention for key and other vulnerable populations through integrated service delivery, provider capacity building, high level advocacy, and policy and programme strengthening. For example, in Algeria, UNDP supported national efforts by procuring 23 000 HIV test kits to respond to an urgent shortage.
49. In Southern Africa, the Joint Programme worked with the Southern African Development Community (SADC) and the AIDS and Rights Alliance for Southern Africa (ARASA) to develop and secure approval of an improved Regional Strategy on HIV Prevention and sexual and reproductive health and rights (SRHR) for key populations, which strengthens regional alignment around evidence- and rights-based responses and provides a practical framework across 16 countries.
50. Stronger policy frameworks and service delivery systems helped expand equitable access to harm reduction and HIV services for people who use drugs and people in prisons and other closed settings. Adoption and implementation of opioid agonist maintenance therapy (OAMT) policies and harm reduction strategies advanced in several regions.
51. Key achievements led by UNODC included the implementation of a revised methadone guidance in Viet Nam; the formalization of a national harm reduction strategy in Algeria; and advancement of HIV service guidelines for people who inject drugs in Malawi. Emergency procurement of methadone in Egypt prevented treatment interruption during a national supply crisis and safeguarded the continuity of community-based treatment for people who use drugs. In Afghanistan, sustained advocacy and inter-ministerial coordination supported the reopening and stabilization of OAMT centres, restoring services for more than 700 clients. In the Asia and Pacific region, the Joint Programme helped reinforce coordinated action through the 2025 Asia-Pacific Chem-Use Symposium to support integration of chemsex-related interventions into harm-reduction frameworks. Thailand strengthened community-led harm reduction through a national certification model and reinforced monitoring through UNODC support, while Indonesia upgraded its Prison Health Information System and piloted a community-based harm reduction model. In Kazakhstan, rapid advocacy and technical support led to the procurement of methadone by national authorities, mitigating an imminent supply disruption risk and reducing OAMT stock-out risk. In Mozambique, South Africa, Zambia, harm reduction scale-up was intensified and the African Union Commission advanced political commitment and funding attention for HIV, viral hepatitis and harm reduction services, including in prisons.
52. HIV prevention, testing and treatment services were strengthened in prisons and other closed settings. UNODC provided technical assistance to 15 countries to reinforce prison health governance, expand access to HIV, viral hepatitis and tuberculosis (TB) services, and strengthen continuity of care, including in Angola where an integrated prison health assessment informed reforms which benefited more than 1700 people in closed settings. UNODC also helped strengthen institutional capacity in infection prevention and control, gender-responsive services and post-release coordination through the training of over 1300 prison, probation and health personnel across 12 countries.

53. Through Joint Programme and other support, some prevention initiatives were maintained and even expanded in specific countries. At the same time, efforts to prepare for the rapid introduction of long-acting prevention technologies were intensified. Prevention remains a top priority for the HIV response but the reliance on external funding sources puts it at risk.

Result Area 2: HIV treatment

Joint Programme specific outputs in 2024-2025

- 2.1 Strategic convening of scientists, programme managers, communities and multisectoral stakeholders for considering new science, innovations and practices, and develop consolidated and simplified normative, strategic and implementation guidance for use in the context of integrated services.
- 2.2 Provide policy, advocacy and technical support to countries and communities to update/adopt and implement national policies and redesign service delivery programmes that are focused on reaching those so far unreached by quality HIV testing, treatment, care and integrated services, including those for common comorbidities and coinfections.

54. Achieving the 95–95–95 targets requires coordinated efforts to expand access to integrated HIV services, including comorbidity care. In 2025, the Joint Programme worked with national, UN and civil society partners, including community-based organizations, to improve the availability, reach and affordability of services, leading to better health outcomes for people living with HIV. Joint Programme-led normative guidance and tools were prioritized and rapidly applied in countries to further expand and sustain HIV treatment.
55. Through Joint Programme support, HIV testing was scaled up in priority countries to ensure effective linkage to treatment, support and care services as needed. An ILO paper, [Reducing the HIV testing gap in men](#), published in December 2025, reported that in the last phase of the ILO's Voluntary Counselling and HIV Testing for Workers (VCT@WORK) Initiative (from 2021–2024), over 2 million workers in 13 countries with high HIV burdens were reached with HIV information and stigma reduction messages. As well, over 1.4 million workers voluntarily underwent HIV testing, of whom 48 616 were diagnosed as HIV-positive. ILO also supported the distribution of nearly 179 000 HIV self-test kits, which helped to identify over 2800 people with HIV-positive results in 2025, all of whom were linked to antiretroviral therapy (ART) and care.
56. Overall, WHO reported a steady increase in the number of countries adopting dolutegravir as part of first-line ART. As per WHO recommendations, 125 countries are now using dolutegravir as the preferred option for adults and adolescents, which represented a 108% increase from only 60 countries in 2020.⁶
57. WHO released [updated 2025 HIV clinical management recommendations](#), introducing changes to ARV regimens,

With support from the Joint Programme, **40 countries** updated and implemented their national recommendations on HIV testing, treatment and service delivery in 2025 including multi-month dispensing of ART, first- and second-line ART, and advanced HIV disease.

⁶ [Policy information sheet: WHO HIV policy adoption and implementation status in countries, 2025](#)

preventive therapy for TB and infant postnatal prophylaxis, with the aim of simplifying care and improving outcomes. These recommendations will be integrated into consolidated guidelines and will help countries optimize treatment programmes. In addition, the Joint Programme disseminated updated WHO guidance to accelerate evidence-based clinical practice, with an emphasis on paediatric and adolescent ART. The Secretariat developed the [Global Reference on HIV Literacy: An Adaptive Resource for Communities, Programmes and Policymakers](#) to provide up-to-date knowledge and information that can strengthen community demands for and knowledge about high-quality HIV treatment services.

58. To respond to the needs of people with advanced HIV disease stage, WHO issued [new advanced HIV disease management guidelines](#), including for early identification and clinical management. The Joint Programme focused on improving clinical practice through dissemination of these new guidelines and on reinforcing programme resilience amid resource constraints, while generating new evidence to improve AHD management. A regional study led by WHO in the Latin America and the Caribbean region enrolled more than 500 AHD patients across 11 countries and found opportunistic infection prevalence exceeding 30%. This led to the mobilization of governments and communities to reinvest in AHD management and in additional operational research to address identified gaps.
59. WHO also updated the [antiretrovirals in pregnancy research toolkit](#) which was presented at the 2025 International AIDS Society conference in Kigali, Rwanda. By providing an inventory of resources for researchers and programme implementers, the toolkit is aimed at accelerating the collection of data on pregnant and breastfeeding populations in clinical studies and other research settings that are linked to treatment and prevention of HIV, viral hepatitis and STI. Their exclusion from research has led to a lack of safety data and long delays in access to medicines for pregnant and breastfeeding women.
60. The Joint Programme's, especially the Secretariat's efforts, focused on increasing country resilience to protect access to HIV treatment services during the 2025 funding shifts. In eastern and southern Africa, a rapid stock-taking exercise conducted from March to April 2025 helped identify system-wide risks to HIV service delivery, including health workforce capacity, data systems and threats to the supply of ART. Findings supported government prioritization and domestic resource reallocation decisions to protect recent gains in HIV responses, including in terms of treatment coverage. The Secretariat also continued to generate and share strategic information on the access to HIV services and on ART coverage through the Global AIDS Monitoring system. That was done during monthly updates and through modelling of incidence and mortality scenarios, which enabled governments to respond more quickly to emerging treatment gaps.
61. In 2025, UNDP's partnership with the Global Fund delivered important results for HIV prevention, treatment and care and strengthened health systems across 58 countries., including in 23 countries where UNDP served as interim Global Fund Principal Recipient. In those countries, UNDP-supported programmes provided life-saving ART to 1.7 million people, reached 1.6 million people with HIV prevention services, conducted one million HIV tests, supported 56 000 pregnant women to prevent vertical transmission, and enabled 122 000 people to successfully complete TB treatment. For example, in Sudan, UNDP worked with partners to reach over 1700 people living with HIV with treatment—nearly a sixth of people treated nationally. Other services and commodities included counselling to promote treatment adherence and HIV test kits. In response to the HIV outbreak in Fiji, UNDP worked with the Global Fund, WHO, UNICEF, UNODC and the Secretariat to secure funding for the introduction of lenacapavir.

62. Outcomes for people living with HIV further improved through enhanced integration of HIV and TB services. For instance, UNDP supported access to ART for 5500 TB patients living with HIV, improving continuity of care for people with complex co-morbidities and supporting treatment completion.
63. The Joint Programme also promoted combined health, nutrition and livelihood programmes that are essential in supporting and sustaining positive HIV outcomes. This was demonstrated along Mozambique's Beira high-burden transport corridor where WFP supported a multi-partner initiative to reduce HIV and TB vulnerabilities among mobile populations at high risk of HIV, reaching more than 24 000 people with testing, prevention and treatment-linkage services, along with integrated nutrition screening and referrals for acute malnutrition. In South Sudan, targeted nutrition assistance from WFP among children and pregnant and breastfeeding women across five refugee hosting counties reached 1300 malnourished individuals living with HIV, TB and visceral leishmaniasis, directly contributing to improved treatment adherence and better health outcomes.
64. Efforts to scale up access to HIV treatment, support and essential services for refugee and forcibly displaced persons also continued through UNHCR's operations which strengthened rights-based approaches to refugee health despite the increasingly constrained and challenging humanitarian funding environment. The [UNHCR Annual Public Health Global Review 2025](#) outlines its public health response across 58 countries, highlighting key achievements, challenges, and priorities, while reflecting final progress under the 2021–2025 Global Public Health Strategy and emphasizing refugee inclusion in national health systems as a sustainable, equitable approach. According to UNHCR 2025 Inclusion survey, 96% of countries surveyed provided ARV drugs through the national health system for HIV positive- refugees, and 98% of countries ensured ARV drugs were provided under the same conditions as the national system. According to the Annual Public Health survey for 2025, over 187 000 pregnant women were tested for HIV during antenatal care, and 20 861 individuals living with HIV were on ART by end of 2025. In South Sudan, UNHCR sustained HIV services across eight refugee camps, including through the expansion of the healthcare workforce to scale up testing, counselling and linkage to care. Similarly, in Malaysia, refugees and asylum-seekers living with HIV gained improved access to HIV treatment, adherence support and essential health services through UNHCR's support to the national protection and public health follow-up mechanism.

Result Area 3: Paediatric AIDS, vertical transmission

Joint Programme specific outputs in 2024-2025

- 3.1 Guidance and technical support provided to countries, in particular partner countries within the Global Alliance to end AIDS in children, to identify priority interventions, incorporate these into Global Fund and PEPFAR funding proposals, and implement them in partnership with local organizations and community networks.
- 3.2 Enhance disaggregated and local-level data collection to track progress towards ending AIDS in children and to better identify specific gaps that stand in the way of progress.

65. In 2025, the Joint Programme guidance and technical assistance helped reduce gaps in access to paediatric treatment and reduce vertical transmission across all regions while prioritizing high-burden countries. Elimination of paediatric AIDS, and broader triple

elimination of vertical transmission of HIV, syphilis and hepatitis B require sustained progress across service delivery quality, testing and treatment coverage for pregnant women and infants, robust data systems, community engagement and formal validation and certification processes.

66. WHO and UNICEF published a [country guidance for planning triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus programmes](#), which is based on the [WHO Triple Elimination Framework](#), and which helps guide countries in planning country-specific programming to achieve the [triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus](#).

In 2025, **Maldives** became the first country in the world to **achieve triple elimination** of vertical transmission of HIV, syphilis and hepatitis B.

WHO also published an [implementation guidance that supports children and adolescents living with HIV in the process of disclosure](#). It includes interventions that focus on safe disclosure and on supporting children and adolescents with onwards disclosure. With support for programme implementation through partnerships with local organizations and community networks, 121 countries reported to WHO having national plans aimed at eliminating vertical HIV transmission, while 106 countries reported having adopted the "Treat All" policies for pregnant and breastfeeding women living with HIV.

67. In 2025, there were substantial advances in ensuring children and adolescents living with or at risk of HIV can access to lifesaving services. Among the 37 priority HIV countries supported by UNICEF, 33 expanded paediatric interventions, while all adopted innovative diagnostics integrated into primary healthcare. However, triple elimination policies for HIV, syphilis, and hepatitis B remained limited, highlighting the ongoing need for governments to strengthen integrated maternal, newborn and child health systems to achieve full coverage.
68. UNICEF provided targeted technical guidance to countries for national HIV and maternal, newborn and child health plans, triple elimination policies, paediatric and adolescent HIV case finding, and multisectoral prevention strategies delivered through strengthened primary healthcare. Efforts focused on establishing sustainability pathways for diagnostics and ART, including strategic use of Global Fund allocations and leveraging domestic financing to ensure coherent, long-term HIV programming. Guidance and tools facilitated integrated delivery across health facilities, communities, schools, and digital platforms, while policy reforms addressed barriers facing pregnant and parenting adolescents. Service delivery achievements included scaling early infant diagnosis, integrating vertical transmission elimination into maternal services, decentralizing paediatric and adolescent ART to community levels, and strengthening clinical mentoring. Differentiated adherence support and peer-led models contributed to improved retention and outcomes. Disaggregated data collection and monitoring allowed countries to track performance, identify gaps, and target interventions for children and adolescents most at risk.
69. The Secretariat, WHO, and UNICEF continued to drive the [Global Alliance to end AIDS in children](#) to close paediatric treatment and vertical transmission gaps in 12 high-burden African countries⁷. This included guidance and technical assistance to identify key paediatric and vertical HIV interventions and integrate them into national responses and policies and Global Fund and PEPFAR funding proposals. A WHO-led working group and monthly dialogues with country programme managers to review programme

⁷ Angola, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

data, discuss challenges and disseminate new information and resources. The Secretariat led the monitoring and evaluation working group to guide evidence-informed approaches for more equitable access. The Joint Programme support in the Central African Republic enabled stronger community-based prevention of vertical transmission including community-to-facility linkages which reached 5000 pregnant and breastfeeding women in Bossangoa, following the integration of 40 traditional birth attendants into vertical transmission and maternal health services.

70. In addition, expanded access to diagnostics and commodities supported by the Joint Programme led to early identification and treatment for pregnant women and HIV-exposed infants. In Venezuela, where procurement of HIV and syphilis dual test kits and early infant diagnosis kits provided to 40 000 pregnant women enabled point-of-care diagnosis and early infant diagnosis for HIV-exposed infants.
71. Technical assistance from the Joint Programme, particularly UNDP through the implementation of Global Fund grants, enabled stronger and stabilized vertical transmission services in countries, including in Iran, Kyrgyzstan and Tajikistan. In the latter, UNFPA supported the integration of national guidelines for the prevention of vertical transmission of HIV into primary health care, successfully enabled 160 providers in the Khatlon Region to offer voluntary HIV counselling, testing and treatment to pregnant women. In India, UNFPA conducted district-level workshops orienting personnel on guidelines related to the minimum package of antenatal care services and the elimination of vertical transmission of HIV and syphilis.
72. In eastern and southern Africa, technical support to several countries led to data quality improvement and integrated community engagement, human rights and gender equality considerations within national validation reports. The Data Mentorship Programme, a regional capacity-building initiative in the health sector led by UNICEF and the Secretariat was expanded to the western and central Africa region. The University of Zambia develop a similar course to institutionalize the programme into a formal academic training. UNFPA also supported Madagascar in utilizing digital e-voucher referral systems to improve adolescent access to care and prevent maternal mortality, while Burundi and Ethiopia successfully promoted self-care interventions.
73. As a result of support from the Joint Programme and with key partners, more countries advanced towards the certification of HIV vertical transmission elimination in 2025. This progress included alignment of national policies and frameworks to global strategies; improved readiness for validation and certification, accelerated paediatric HIV prevention and early diagnosis through coordinated multi-partner action; integration of triple elimination policies into national HIV strategies; stronger data and quality systems; expanded diagnostic and commodity access for pregnant women and HIV-exposed infants; and community-to-facility linkages. The Joint Programme also contributed technical expertise to the Global Validation Advisory Committee for the elimination of vertical transmission of HIV, such as data analysis, validation of audits, and advocacy leadership, This helped address equity gaps affecting marginalized communities and underserved settings and ensure more human rights-aligned and sustainable processes, with ongoing maintenance recommendations and reviews.
74. In October 2025, WHO [validated the Maldives](#) as the first country to achieve triple elimination of vertical transmission of HIV, syphilis and hepatitis B, a groundbreaking achievement made through integrated antenatal care, immunization and testing. In addition, [Brazil](#) was validated for eliminating vertical transmission of HIV, while Botswana reached [gold tier status on the path to elimination](#).

75. By the end of 2025, a total of 23 countries and territories had reached full validation or the path to elimination for vertical transmission of HIV. To support these processes, the Asia-Pacific Triple EMTCT Roadmap was launched with related progress data from 21 countries. UNICEF and WHO, through the Regional Validation Committee Secretariat, reviewed vertical HIV transmission reports for Barbados, Brazil, the Bahamas, Tajikistan and Turks and Caicos, and conducted in-country verification missions in at least four countries. In addition, multiple countries developed national roadmaps toward validation, including Ecuador, Malawi and Rwanda.
76. To strengthen national monitoring and evaluation, analytical capabilities and programmes towards the elimination of paediatric AIDS and vertical transmission, the Joint Programme also developed and delivered training programmes on epidemiological modelling and Global AIDS Monitoring (GAM), enhancing countries' ability to track progress and identify gaps to end AIDS in children by 2030. Ahead of World AIDS Day 2025, the [Cost of Inaction on HIV for Children report](#) developed by UNICEF, the Secretariat and Avenir Health highlighted the potential impact of funding reductions. Including a projected increase in child infections and AIDS-related child deaths by 2040. This catalyzed high-level advocacy efforts globally and strengthened call for urgent resource mobilization. Overall, major gaps remain and children still are very much lagging in the HIV response.

Summary of Outcome 1 Results

- Despite severe funding shifts and constrained technical capacity in 2025, the Joint Programme helped countries sustain progress across HIV prevention, treatment and paediatric HIV responses by protecting essential services, strengthening national capacity and reinforcing accountability systems.
- HIV prevention efforts prioritized high-impact, people-centred and rights-based approaches, while strengthening prevention governance, community-led delivery and outreach to key populations and young people.
- Countries advanced readiness for next-generation HIV prevention tools, including long-acting cabotegravir, dapivirine ring and lenacapavir, supported by updated guidance, regulatory preparedness, demand generation initiatives and integration into national prevention strategies.
- HIV treatment and care systems were strengthened through updated clinical guidance, expanded HIV testing and ART access, greater integration of HIV and TB services, and targeted efforts to safeguard treatment continuity and supply chains during the funding shifts.
- Health systems are more integrated and resilient, thanks to greater linkages between HIV services and SRH, nutrition, maternal and child health, refugee health and community-based care, improving access and continuity of services for all.
- Significant progress was made towards ending paediatric AIDS and eliminating vertical transmission through strengthened national policies, expanded paediatric diagnostics and treatment, improved data systems and intensified support to high-burden countries, including under the Global Alliance to end AIDS in Children.
- Countries advanced towards triple elimination, with Maldives becoming the first country to achieve triple elimination of vertical transmission of HIV, syphilis and hepatitis B.

Outcome 2: Barriers to achieving HIV outcomes broken down

Result Area 4: Community-led responses

Joint Programme specific outputs in 2024-2025

- 4.1 Promote normative guidance, with communities, for community-led responses with a focus on network strengthening, community-led monitoring and service delivery.
- 4.2 Advocacy and technical support to countries for the incorporation and expansion of community-led responses (GIPA and engagement in decision-making, advocacy, service delivery and monitoring) in national HIV responses (including policies, planning, budgeting and reporting).

77. In 2025, the Joint Programme continued to support the strengthening of community-led HIV responses, advancing meaningful community engagement and leadership to ensure that communities are empowered and have the resources to address the specific needs of people living with and affected by HIV, even during times of crisis. These were achieved through sustained regional coordination and rights-based advocacy, expanded community-led service delivery models in different settings and scaling up of evidence generation and communications initiatives to advance inclusive, stigma-free HIV services.
78. In consultation with community and other civil society partners, the Secretariat developed annexes to the [HIV Response Sustainability Roadmap-Part B: Companion guide](#), which complement and strengthen the HIV sustainability and transition roadmap. The annexes included policy documents and guidance briefs on ensuring a rights-based, and community-led approach to HIV response sustainability planning and implementation. UNDP also worked with partners to strengthen the meaningful participation of communities in HIV governance and financing processes, improving engagement of civil society and key populations in national dialogue platforms and Country Coordinating Mechanisms in multiple regions. UNDP and partners launched the Power of Prevention initiative in Malawi, South Africa and Zimbabwe focusing on community-led advocacy for greater inclusion of HIV prevention for key populations in national policies and budgets, including through the introduction of new prevention technologies such as lenacapavir.
79. The Joint Programme worked to explore possibilities for enhanced integration of community systems including community-led monitoring (CLM) data in national monitoring and programme review processes, including through a Progression Matrix self-assessment tool, specific insights on costing of CLM and documentation of its integration opportunities and avenues at country level. In Latin America and the Caribbean, structured evidence was gathered, through regional and national consultations which engaged more than 90 organizations from over 25 countries in the region, with the support of the Secretariat. Community and broader civil society dialogues and a systematic review identified the structural barriers to integration of community systems, drawing on lessons western and central Africa. The findings contributed to clearer understandings of integration opportunities and risks from the perspective of community actors.
80. Results in countries included the formal integration of CLM data into the work of the National TB and HIV/AIDS Council in Ukraine, following support provided by UNDP and

34 countries received direct support from the Joint Programme to strengthen community-led monitoring.

the Secretariat. Those efforts mobilized community leadership to gather data and define priorities such as community participation in governance, sustainable public financing, and legal/policy reforms. In Namibia, UN Women built community capacity to engage with health care facilities on integrated services for HIV and GBV. Communities now track the availability of essential health services across 109 facilities, including provision of ARVs and family planning commodities, which has contributed to improved service availability and quality of care.

81. Community-led service delivery approaches gained strength with Joint Programme support in 2025. The Secretariat partnered with key global and LGBTQI+ networks and supported 66 local LGBTQI+-led organizations in 32 countries. This resulted in increased community capacities for community-led monitoring of human rights violations, related submissions to UN Treaty bodies, local advocacy, legal assistance and support for GBV survivors in 15 trans-led groups in 11 countries. The Secretariat also organized demand-driven emergency support funds that delivered direct assistance to 43 LGBTQI+ groups facing human rights-related crises in the context of HIV.
82. In Moldova, UNHCR and the Secretariat provided support for the implementation of a community-led model which strengthened refugees and community systems to reach underserved key populations with integrated HIV, SRH, mental health and GBV services, using mobile outreach and trained peer navigators to overcome stigma and displacement-related barriers. This was led by *Initiativa Pozitiva*, the Union for Equity and Health, Genderdoc M, Pas cu Pas Center and the Public Health Alliance. UNHCR launched a new dashboard on refugee- and community-led organizations to strengthen engagement, coordination and visibility of their contributions across responses.
83. UNDP supported community-led service delivery to expand access in highly stigmatized contexts, as seen in Bolivia, where peer-led Casas Trans supported over 2500 transgender people with integrated health, legal and psychosocial services across four cities, facilitating HIV testing, diagnosis and treatment initiation. This approach shows how sustained support to civil society organizations can institutionalize community-led service delivery within national health responses.
84. In 2025, UNICEF's focus on adolescent-responsive, community-led service delivery was reinforced through data-driven strategies that prioritized adolescent girls and young women. The interventions empowered communities to lead advocacy and social accountability efforts, implement anti-discrimination campaigns and shift harmful social and gender norms. For instance, community-led mapping and mentor-mother programmes enhanced identification of adolescent girls and young women who are at high risk, particularly in eastern and southern Africa, where they account for one quarter of new HIV infections, and where adolescent pregnancy rates are as high as 92 births per 1000 girls⁸. Engagement with caregivers and local leaders improved the uptake of layered HIV and SRH services and ensured a supportive environment for adherence and prevention.
85. Through its community-based SRH platforms, UNFPA strengthened community leadership and addressed structural drivers of HIV by advancing youth empowerment, gender equality and human rights, including through youth-friendly services and peer-led approaches. In eastern and southern Africa, large-scale adolescent and youth SRH programmes integrated HIV prevention and testing reached millions, including through initiatives such as *Safeguard Young People*. In eastern Europe and central Asia, UNFPA expanded digital and peer-led approaches to reach LGBTQI+ youth and key

⁸ UNICEF implementation brief, [Reaching Adolescent Girls and Young Women Most in Need of HIV and SRHR Services](#), 2025.

populations, including through partnerships in countries such as Georgia and Kazakhstan. . In Latin America and the Caribbean, UNFPA advanced rights-based approaches for women living with HIV, including through a regional study to address stigma and by supporting informed decision-making around breastfeeding. In addition, UNFPA continued to consolidate regional youth platforms and movements to drive demand, accountability and community-led action in the HIV response.

86. UNODC strengthened community-led initiatives aimed at scaling up harm reduction, and reinforced partnerships with civil society organizations to improve outreach, referral, reintegration and social protection for people who use drugs. In West Jakarta, Indonesia, five community organizations piloted an integrated outreach and referral model in West Jakarta, producing a context-adapted module and digital tools, strengthening coordination with primary healthcare services and improving responses to stimulant use and chemsex-related risks. In Kenya, support to a grassroots organization in Lamu County enhanced peer-led outreach, increased referrals to OAMT and HIV testing services and improved collaboration between communities and law enforcement.
87. UNODC provided support in Afghanistan for capacity-building of community-based organizations and procurement of essential medicines for voluntary counselling and testing centres, which reinforced local ownership and service sustainability. In Kyrgyzstan, a community-led, gender-responsive case management programme for incarcerated women living with HIV was supported. Through integrated psychosocial counselling, adherence support, legal assistance and coordinated pre-release planning with probation authorities, the programme restored treatment adherence, secured documentation and strengthened continuity of care and social reintegration.
88. The Secretariat and UNODC provided support to community-led organizations and the International Network for People who Use Drugs⁹ to strengthen coordination of this multisectoral platform and enhance information sharing, strategic dialogue and collaboration among key stakeholders working on the global HIV, health and human rights response to drug use.
89. The Secretariat also partnered with women-led organizations to support community-led responses in eight countries towards eliminating gender-based discrimination and violence. UN Women provided support to communities of women and girls living with or affected by HIV in 22 countries, such as in Cambodia, where the training of 143 women, commune councillors and village leaders on feminism, positive masculinity, patriarchy and women's rights equipped them to better deliver gender-responsive support to women living with HIV.
90. These efforts and improvements in community-led HIV responses show the enormous potential of communities to bring HIV and other services with well-tailored and innovative approaches to populations with the greatest needs, especially key populations. However, limited resources have seriously constrained their full expansion. Empowering communities clearly remains a top priority for the global HIV response.

⁹ The International Network for People who Use Drugs served as the Secretariat of the Strategic Coordination Group on Drug Use, HIV, Health and Human Rights, and helped advance progress toward the targets of the 2021 Political Declaration on HIV and AIDS and the Global AIDS Strategy 2021–2026.

Result Area 5: Human rights

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.

- 91. 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.
- 92. 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.
- 93. 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.

94. 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.

95. 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.

96. 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 to 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.

97. 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 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

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.

the Democratic Republic of the Congo, Guyana, Ghana and Indonesia, leading to more inclusive care, reduced self-stigma and stronger community leadership.

98. 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.
99. 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.
100. 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.
101. 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](#)¹⁰ 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, 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

¹⁰ 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.

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.

102. 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

Result Area 6: Gender equality

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.

103. Women and girls, who represent 53% of all people living with HIV, continue to bear a disproportionate burden of infection, stigma and barriers to care¹¹. 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.
104. 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

¹¹ 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.

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.

105. 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 national dialogues and generated evidence-based priorities to address gender bias, stigma and structural barriers to services.
106. 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.
107. 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.
108. 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.
109. 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.

110. 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.
111. 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.

112. 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.

113. 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.
114. 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.
115. 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](#)¹² 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.
116. 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.
117. 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

¹² 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).

the region to operationalize in-school and out-of-school CSE grounded in gender-transformative and human-rights-responsive approaches.

118. 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 2022 to tackle HIV, GBV and teen pregnancies.
119. 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 countries to address harmful gender norms through education systems and reduce HIV-related vulnerabilities among adolescent girls and young women.
120. 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 and child 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.
121. 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 enroll and 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 enroll and stay in school and empowered women in countries such as Angola, Ethiopia, Malawi, Nigeria, United Republic of Tanzania and Zambia.
122. 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.

Result Area 7: Young people

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.

- 123. 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.
- 124. 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](#).
- 125. 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.
- 126. 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.
- 127. 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.

128. 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.
129. 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.
130. 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.
131. 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).
132. 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.
133. 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.
134. 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.

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.

135. 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.
136. 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.
137. 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.
138. 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.
139. 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.
140. 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.
141. 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.
142. 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

143. 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.
144. 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.
145. 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.
146. 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.
147. 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.

148. 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.
149. 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.
150. 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.

Summary of Outcome 2 results

- The Joint Programme strengthened community-led HIV responses in 2025 through expanded community leadership, advocacy, CLM, peer-led service delivery and stronger participation of civil society and key populations in national HIV planning, governance and accountability processes across multiple regions.
- CLM and evidence generation became more institutionalized, with improved tools, costing guidance and integration into national monitoring and programme review systems to strengthen decision-making, service quality and accountability.
- Community-led and rights-based service delivery models expanded access to integrated HIV, SRH, mental health, GBV and harm reduction services for marginalized populations, including LGBTQI+ people, women, young people, refugees, people who use drugs and people in closed settings.
- The Joint Programme supported legal reform, anti-discrimination policies, workplace inclusion initiatives and stigma reduction efforts to further advance human rights protection, while also supporting advocacy against punitive laws and restrictions affecting key populations.
- Gender equality remained central to the HIV response, with efforts focused on addressing GBV, harmful social norms and structural inequalities through gender-transformative policies, women's leadership, survivor-centred services, positive masculinity initiatives and strengthened accountability mechanisms.
- The HIV response is more tailored to youth needs thanks to CSE, youth-friendly HIV and SRH services, digital platforms, peer-led approaches and stronger youth leadership and participation in advocacy and decision-making.
- Across all areas, the report highlights that persistent stigma, discrimination, restrictive laws, gender inequalities and funding constraints continue to limit progress. Those trends reinforce the need for sustained investment, political commitment and community empowerment to end AIDS.

Outcome 3: Efficient HIV response fully resourced and sustained

Result Area 8: Fully funded, sustainable HIV response

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.

- 151. 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.
- 152. 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.
- 153. 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.
- 154. Together with partners, the Secretariat developed and promoted the use of tools, policy briefs and methods to support national HIV Response Sustainability Roadmap¹³ 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.

¹³ For more information on UNAIDS new HIV response sustainability approach, guidance and tools, see: [UNAIDS Sustainability Website](#)

155. 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.
156. 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.
157. 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.
158. 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.

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

159. 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.
160. The World Bank and the Global Fund signed a [new memorandum of understanding](#) in December 2025, building on ongoing collaborations¹⁴ 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.
161. 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.
162. 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.
163. 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.

¹⁴ 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.

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 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.

164. 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.
165. 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.
166. 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.
167. 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.
168. 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.

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.

169. 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.
170. 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.
171. 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.
172. 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

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

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.

173. 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.
174. 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.
175. 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.
176. 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.
177. 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.

178. 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.
179. 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.
180. 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.
181. 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 systems¹⁵. UNFPA has extensively engaged in the promotion of universal healthcare at the country level, supporting evidence generation and

¹⁵ 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.

182. 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 report showed 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.
183. 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.
184. 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.
185. 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.

Result Area 10: Humanitarian settings and pandemics

Joint Programme specific outputs in 2024-2025

- 10.1 Disseminate and promote guidance for responding to the health and protection needs of key populations in humanitarian settings.
- 10.2 Advocate for and provide technical assistance to contribute to the continuation and restoration of essential health services, including disrupted HIV services, and support more resilient systems for health and pandemic preparedness in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.

- 186. The Joint Programme contributed to the preparedness and continuity of HIV and SRH services in humanitarian settings and pandemics. This was done through operational guidance development, integration of HIV into humanitarian response systems, expansion and reinforcement of community-led service delivery, building frontline capacity, and targeted emergency financing. This ensured greater focus on refugees, internally displaced people and other vulnerable groups into national HIV strategies and gaining equitable access to essential services.
- 187. Under UNHCR's leadership, progress was reported against [Global Compact on Refugees](#) health pledges, alongside strengthened follow-up on commitments to systematically include refugees and forcibly displaced populations in national health and HIV systems, policies and financing frameworks. This contributed to improved continuity of care, preparedness and equitable access to services in humanitarian and crisis affected settings.
- 188. The Joint Programme reinforced its coordination and normative leadership role on HIV in humanitarian settings by providing key support to the [Inter Agency Task Team on HIV in Emergencies](#) (IATT) by strengthening coordination, joint action and global guidance on HIV in humanitarian settings amid escalating conflicts and funding constraints. UNHCR continued to host the IATT website, supporting knowledge-sharing and partner engagement. Together with IATT partners, UNHCR and WFP as co-convenors on HIV in humanitarian emergencies with the support of the Secretariat contributed to the revision of the 2010 [Inter-Agency Standing Committee Guidelines for Addressing HIV in Humanitarian settings](#). In addition, the Secretariat convened consultations with over 300 participants to inform and shape the inclusion of HIV in emergencies in the Global AIDS Strategy 2026-2031.
- 189. Evidence generation and advocacy on HIV in humanitarian and climate-affected settings gained strength through the eastern and southern Africa Joint Programme Regional Joint Teams [El Niño Comparative Study](#), which provided evidence to inform regional humanitarian planning, contributed to the SADC El Niño appeal, and informed the SADC Indaba. At the latter, 12 Member States and partners advanced the integration of SRH, HIV and GBV into climate adaptation and disaster response frameworks.
- 190. UNFPA ensured the continuity of HIV prevention, testing, and treatment through the implementation of the Minimum Initial Service Package (MISP) for reproductive health in crises across the eastern, western and central African regions. This emergency response ensured the availability of condoms, the provision of post-exposure prophylaxis for survivors of sexual violence, and coordination with national programmes to guarantee that displaced populations with known positive HIV status retained uninterrupted access to ART. UNFPA also provided support for the integration

of the MISP into National Disaster Preparedness Response Plans, with some countries including Namibia securing dedicated domestic financing. UNFPA supported human capacity development for MISP across eligible countries, reaching over 2 million people with SRH, HIV and GBV information and services linked to HIV treatment in eastern and southern Africa.

191. The Joint Programme and national partners focused on building capacity to improve HIV prevention, reduce GBV, and identify and address protection risks in emergency settings. UNFPA supported the functionality of inter-agency humanitarian coordination platforms with a focus on SRH, HIV and GBV and prioritized institutionalization of local leadership, supported evidence generation initiatives, and extensively engaged in planning, preparedness and programme delivery in humanitarian settings across countries. This included support to several countries to integrate SRH, HIV and GBV into key climate policies, for example through development of a new handbook on the integration of SRH and GBV into climate-focused policies. In Haiti, the Secretariat and UNFPA jointly trained 70 providers from mobile clinics on integrated HIV, TB, SRH and GBV services, facilitated referrals, distributed 1500 dignity kits to crisis-affected women, including survivors of GBV, people living with HIV and members of key populations. Through a collaboration between the Haitian National Police and the Secretariat, 54 police officers gained greater ability on GBV, prevention of HIV and sexual exploitation and abuse and addressing protection risks in an increasingly volatile environment.
192. A coordinated multi-agency initiative led by the Joint Programme supported pandemic preparedness and emergency response in seven countries by strengthening resilience measures, community engagement and continuity plans for HIV and nutrition services. In Chad, more than 280 humanitarian, health and community workers gained knowledge on protocols for HIV, TB, STIs and hepatitis, and on integrated and differentiated service delivery. WFP's integrated approach in Chad also helped improve food security, protection and health outcomes for host and refugee communities by ensuring reliable food support that helped families maintain treatment adherence and continuity of care. Targeted supplementary food assistance was provided to TB patients and people living with HIV in partnership with the Secretariat.
193. In collaboration with the Global Fund, WFP continued to provide large-scale logistics and supply chain support across multiple country operations, ensuring uninterrupted movement and storage of health commodities. WFP transported or stored nearly 46 000 metric tons of health commodities across seven countries in sub-Saharan Africa. This reflects WFP's continued role as a key logistics partner, ensuring reliable movement and warehousing of lifesaving HIV, TB and malaria supplies in challenging operational contexts. Reliable food support enabled targeted families to maintain adherence to HIV and TB treatment. However, major gaps, persistent vulnerability and need for assistance remain.
194. In fragile and humanitarian settings, UNDP played a critical role in sustaining essential HIV services. In Sudan, where conflict rendered an estimated 80% of healthcare facilities non-operational, UNDP and the Global Fund deployed nine mobile health centres delivering HIV, TB, malaria, maternal and child health services and psychosocial support across four states. Despite severe system disruption, 96% of people on HIV treatment were able to maintain care. Since the war restarted in April 2023, Sudan has made important recovery gains including restoring ART enrolment beyond pre-conflict levels, recovery of HIV testing volumes and geographic expansion of services through adaptive delivery models. In addition, Sudan, with the support of the Joint Programme implemented nutritional support through the distribution of food baskets which significantly improved nutritional status and

treatment adherence and ensured that all identified children living with HIV were retained on ART. In Ukraine, UNFPA successfully delivered 2025 population estimates under martial law, which directly informed the 2026 Humanitarian Needs and Response Plan.

195. Humanitarian delivery models and preparedness for paediatric HIV scale-up are now stronger through targeted support. In Mali, technical support from the Joint Programme, national coordination and data-driven planning prepared partners to scale up community-based paediatric HIV testing and family-centred services toward ending paediatric AIDS by 2030. In the Central African Republic, UNHCR co-financed the integration of HIV and prevention of vertical transmission of HIV services, including training of healthcare workers, community agents and community members to boost demand creation and demonstrate a replicable model for humanitarian contexts.
196. Through UNHCR's partnership with UNFPA and Bandhu Social Welfare Society, the HIV response in Cox's Bazar, Bangladesh is more effective, equitable and sustainable thanks to the delivery of fully funded, community-led services for key populations. This included providing HIV testing for 3430 individuals, STI testing for 3265 people, and syphilis testing for 3609 people. People-centred care was expanded through 4617 NCDs consultations and skills development support for 50 key population members, which included basic literacy and numeracy training, while service delivery was scaled up across refugee camps and host communities. Emergency preparedness and response systems were reinforced to ensure continuity of HIV care during crises, demonstrating improved resilience, stronger integration with national systems, and enhanced sustainability of the HIV response in displacement contexts
197. Capacity building and south-to-south learning through Secretariat support accelerated HIV emergency action across regions. A Joint Programme virtual workshop in eastern and southern Africa convened over 500 stakeholders from more than 20 countries, resulting in the development of country-owned action plans advancing scalable community-led innovations and alignment with national preparedness frameworks. In western and central Africa, a [webinar co-organized with I'Initiative](#) convened 180 participants to showcase practical community-led approaches and collaboration, identified needs, challenges, and good practices for more integrated humanitarian HIV responses. In South Sudan, tailored capacity-building support from the Secretariat equipped 127 youth leaders with governance, advocacy, and programming skills to engage more meaningfully in HIV and GBV response platforms.
198. In Burundi, the Secretariat supported the response to an influx of Congolese refugees by advocating for HIV-related needs within multisectoral humanitarian coordination and response mechanisms. Joint field missions to the Cibitoke and Rutana refugee sites helped identify HIV priority gaps which informed targeted programming and complementary investments by the Joint Programme and partners including in the refugee response plan. The regional emergency SRHR Fund through 2gether4SRHR, which is comprised of the Secretariat, UNFPA, WHO and UNICEF, was activated, resulting in financial support and technical assistance to improve access to SRH, HIV and GBV services. In the Democratic Republic of the Congo, advocacy with the United Nations Office for the Coordination of Humanitarian Affairs and clusters ensured HIV was prominently integrated across the 2026 Humanitarian Needs and Response Plan, keeping continuity of services visible across health, protection, shelter, nutrition, education and logistics sectors. In Chad, the Joint Programme provided support to partners to roll out HIV, TB, STI and hepatitis emergency protocols and add HIV indicators to monthly cluster monitoring.

199. Community-led responses remained central to the Secretariat's efforts in humanitarian and emergency contexts. In Burkina Faso, community-based organizations expanded family index testing among displaced and vulnerable families and strengthened medical follow-up for malnourished HIV-positive children. In Ukraine, the Secretariat helped community organizations connect with external donors, securing resources for shelter services in Kryvyi Rih and humanitarian assistance for LGBTQI+ communities in Lviv. In Burundi, 157 community people including refugees, were mobilized and trained on HIV prevention and treatment, which enabled outreach to over 7700 people, HIV self-testing for 830 individuals and re-engagement of refugees lost to follow-up. Through the 2gether4SRHR emergency fund, the Secretariat also facilitated a GBV and accessibility audit in the Musenyi camp, which improved protection measures and supported treatment continuity for 265 refugees living with HIV.
200. UNDP supported 28 countries to implement pandemic prevention, preparedness and response interventions, including through the Global Fund's C19RM mechanism. This included oxygen systems, diagnostics, genomic sequencing, medical waste management and community systems strengthening. UNDP helped close critical oxygen gaps by working with partners to install over 116 PSA oxygen plants across Africa and Asia, enabling reliable medical oxygen in 67 hospitals and strengthening emergency and HIV related care. In parallel, UNDP managed Global Fund financing to strengthen HIV, TB and malaria capacities and health system resilience in 17 countries.
201. The World Bank helped countries maintain essential services and boost the resilience of systems vital to the HIV response. It helped countries improve pandemic preparedness and responses by providing financing and the enhanced Crisis Preparedness through the [IDA 20th replenishment](#) and the development of a Response Toolkit, and through collaboration with the [Pandemic Fund](#), an important mechanism that offers financing and brings together key global partners including UNICEF, WHO and the World Bank to help countries improve resilience to shocks.
202. The World Bank's operations under [IDA20](#) included US\$ 30 billion for fragile and conflict-affected countries focusing on refugee HIV-related health needs. This resulted to integrated GBV and SRH services being delivered to over 2.4 million refugees and host community members in Bangladesh, and while essential services for over 15 million people were maintained in Ukraine

50 countries supported by the Joint Programme have reported the inclusion of priority HIV services in national pandemic preparedness and response plans or frameworks.

Summary of Outcome 3 Results

- The Joint Programme intensified support for more sustainable and fully funded HIV responses by helping countries strengthen national financing capacities, mobilize domestic and international resources, improve efficiency and respond to major funding shortfalls through evidence-based planning and transition strategies.
- New guidance, financing frameworks, costing tools and resource-tracking systems helped countries prioritize essential HIV services, manage funding volatility, strengthen donor coordination and develop sustainability roadmaps linking emergency financing needs with longer-term financing and national ownership goals.
- Social protection and integration approaches expanded access to services and support for people living with HIV and vulnerable populations through nutrition assistance, livelihood programmes, workplace initiatives, social insurance inclusion and rights-based reforms.
- In humanitarian and crisis settings, the Joint Programme strengthened continuity of HIV, SRH and GBV services through emergency coordination, community-led delivery models, mobile and integrated services, humanitarian financing and stronger preparedness and resilience systems.
- Community leadership, data systems and South–South learning played an increasing role in strengthening integrated HIV responses, supporting differentiated service delivery and reinforcing health system resilience during crises and pandemics.

Secretariat functions to deliver on the Joint Programme outcomes

Leadership, advocacy and communication

Sustained high-level political commitments on HIV

203. With a strong focus on improving access to HIV services to save lives, the Secretariat accelerated innovations, placed communities at the centre and promoted a sustainable HIV response. It also helped secure high-level political commitments on HIV, coordinate crisis mitigation and enable greater resilience and domestic resource mobilization of national HIV responses.
204. At a critical moment in the global HIV response, with urgent action needed to protect the hard-won gains, the [Report of the Secretary-General - Implementation of the Political Declarations on HIV/AIDS - The urgency of now: AIDS at a crossroads – progress report on the 2025 targets and strategic directions for the future](#) provided a clear progress update using the most recent global, regional and country data and strategic directions for the future of the global HIV response.
205. In December 2025, the [Global AIDS Strategy 2026-2031](#) was adopted by the PCB. The Secretariat guided the development of the Strategy by the Joint Programme through an inclusive process and with strategic stakeholder engagement. Grounded in human rights, gender equality and community leadership, this new evidence-informed Strategy sets the direction for ending AIDS as a public health threat by 2030, while defining the related, ambitious global AIDS targets to monitor progress. The Strategy keeps people at the centre and outlines strategic directions and priority actions that will enable them to exercise their rights, protect themselves and thrive in the face of the AIDS pandemic. It also summarizes the role of the United Nations in implementing the Strategy and its leadership role in coordinating the global HIV response.

206. The development of the Strategy involved four streams of work: (a) the mid-term review of the 2021–2026 Global AIDS Strategy; (b) the development of 2030 global AIDS targets by an advisory Global Task Team on Targets for 2030¹⁶; (c) support to countries to develop national HIV sustainability roadmaps; and (d) multi-stakeholder consultations. The mid-term review highlighted major gains, especially in the expansion of access to HIV treatment, but also showed persistent inequalities in access to HIV prevention and insufficient progress in removing societal and structural barriers. Those insights provided a basis for the wide-ranging consultations that shaped the Strategy. The consultations captured people’s insights, needs and recommendations achieving the goal of ending AIDS in a period of flux and uncertainty. Experts from academic and scientific institutions from across the world were engaged throughout the process as members of the Global Task Team on targets.
207. At the World Health Assembly, the Secretariat performed its convening role through high-level engagements, organization of key events and targeted advocacy. This contributed to ensuring sustained political commitment to HIV, integration with wider health priorities, and visibility of the triple elimination agenda. At the World Health Summit, the Secretariat further promoted HIV integration within the broader health systems discussions and called for amplifying the role of community-led responses.
208. ICASA was a major opportunity for the Secretariat to advocate for increased investments in HIV service innovations, health sovereignty, women-led HIV responses and stronger promotion of gender equality in the HIV response. The ATHENA Network, Pan African Positive Women’s Coalition-Zimbabwe the International Community of Women Living with HIV (ICW) Eastern Africa and other networks organized the “Women’s Networking Zone” at ICASA 2025. Under the theme “Feminist movements accelerating action for a gender-transformative and intersectional HIV response in Africa”, 18 sessions were hosted across four days to, address funding gaps for women-led HIV programming, feminist leadership, SRH, GBV, HIV and ageism. A global Adolescent Girls and Young Women manifesto on education, HIV, bodily autonomy and SRH, climate and economic justice and innovation, was also launched to drive a multisectoral response
209. At a critical juncture in the HIV response, the Joint Programme and its partners led global efforts to maximize the [historic HIV breakthrough on long-acting HIV prevention innovations](#) and expand their affordable access to all in need. This entailed convening global leaders, developing related guidelines and shaping market approaches through strategic data and demand creation. The Joint Programme also welcomed price reductions for generic medicines for preventing new HIV infections. These efforts enabled commitment for the roll out of lenacapavir in nine countries (including [South Africa](#)) with the Global Fund’s financial support, to reach 2 million people¹⁷. In addition, experience sharing and inspiring dialogues, including [case studies](#) from over 20 countries, boosted collective knowledge and opportunities for expanding access to long-acting ARVs, which are key for closing HIV prevention and treatment gaps. Throughout this work, the Secretariat convened, engaged and advocated with countries to garner strong commitment and pave the way for roll out.
210. The [Global Parliamentary Platform on HIV and AIDS](#), co-funded by the Secretariat, brings together over 400 members from over 45 countries equipped with tools and

¹⁶ For more information on the work of the Global Task Team, see: [Recommended 2030 targets for HIV | UNAIDS](#)

¹⁷ For more information, see [Global Fund Secures Access to Breakthrough HIV Prevention Drug Lenacapavir for Low- and Middle-Income Countries](#).

resources for action to accelerate progress against HIV. The Platform was instrumental in calling for increased investments for the global HIV response. The Secretariat also drew on the influence of Goodwill Ambassadors, celebrities and international leaders to sustain momentum and safeguard the HIV response, while the critical engagement of [faith leaders](#) helped leverage their influence in support of the HIV response.

211. The [Global Council on Inequality, AIDS and Pandemics](#), convened by the Secretariat, issued a report based on two years of research that demonstrated an “inequality-pandemic cycle”—where inequalities make pandemics more likely and more deadly, and a pandemics increase inequalities—as well as actionable policy recommendations to break the cycle. The Council’s leadership presented their findings to the G20 Health Ministerial, which informed a [G20 Statement](#) for concrete national and global actions to protect public health by addressing the inequality-drivers of pandemics.
212. The Secretariat engaged in high-level advocacy work to leverage and strengthen countries’ commitments to advance the HIV response, including through national HIV strategic plans. In 74 countries, well-coordinated Joint Programme support, led by the Secretariat, contributed to the review, assessment and/or update of their national HIV strategic plans, ensuring that they were aligned with the Global AIDS Strategy. The work included support for data modelling and guidance for high-impact interventions and innovations, new target-setting, costing and monitoring and evaluation frameworks and mid-term reviews.

Championing community-centred and -led HIV responses, human rights and gender equality

213. During the UN Human Rights Council session, the Secretariat drew attention to several pillars of the HIV response that are affected by human rights challenges. It emphasized the need to protect peer and community health workers as human rights defenders, the gendered dimensions of care within the HIV response, and the impact of forced displacement and travel restrictions on LGBTQI+ persons living with HIV.
214. the Secretariat helped advocate for, and guide legal and policy reform of punitive laws and the development of protective frameworks through targeted facilitation, technical support to numerous countries, including Democratic Republic of the Congo, Ghana, Kenya and Malawi, . The Reference Group on HIV and Human Rights, coordinated by the Secretariat, developed [a set of minimum human rights standards to help countries move to a sustainable HIV response](#) and ensure that human rights remain central in the response. To mark Human Rights Day, the Secretariat partnered with the International Community of Women Living with HIV, Afya na Haki (Ahaki) and Beyond Stigma to organize a webinar exploring the roots of HIV-related stigma and discrimination, and how these are manifested through criminalization and punitive practices as forms of structural violence against women living with HIV in all their diversity.
215. The Secretariat amplified its advocacy for stronger community-led HIV responses, fostering meaningful dialogue and collaboration between communities living with, at risk of and affected by HIV and government institutions It also advocated for expanding spaces for the leadership of communities and worked towards amplifying their voices, including on issues affecting women and girls, key and other priority populations. For example, partnerships with communities helped [reducing stigma in health-care settings and reforming the law in western and central Africa](#). To promote community-led HIV responses, a new comprehensive framework for [planning and managing HIV programmes with key populations](#) guides how to build platforms that ensure safe, acceptable and reliable access to HIV services.

216. The Secretariat rallied support for communities and their rights, including those led by women, girls, and gender-diverse people from key and priority populations, amplified their voices and facilitated dialogues. It also guided and supported countries and communities to reform policies and advocate for evidence-, rights-based and gender-transformative approaches; monitor progress and setbacks; and share good practices in repealing punitive laws and policies – or developing alternatives and transforming negative social and cultural norms. The Secretariat also acted to ensure the safety and security of key populations and their continued access to essential HIV and other health services in specific crisis situations, such as for the LGBTQI+ community in Uganda.
- All 75 countries** where the Secretariat operates received support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information-sharing and decision-making on HIV priorities.
217. The Secretariat adhered to its commitment to eliminate gender inequalities and empower women and girls, to reduce their vulnerability to HIV through policy, advocacy and programmatic action. This included support for grassroots and national projects in 28 countries as well as transnational efforts. Across regions, this investment has driven policy and normative reforms, stronger advocacy and leadership, and generated catalytic, sustainable results for gender equality and HIV.
218. Feminist advocacy supported by the Secretariat influenced global and regional high level meetings ensuring gender equality and SRH remain central to the HIV agenda. In Latin America and the Caribbean, political advocacy sustained the visibility of gender and HIV issues for young women living with HIV, including through the participation of La Red Juvenil de Latinoamérica y el Caribe at the 69th Session of the Commission on the Status of Women (CSW69) and the XVI Regional Conference on Women in Latin America and the Caribbean. This contributed to the inclusion of key priorities on health, women living with HIV, LGBTQI+ populations, and social protection in the [Tlatelolco Commitment](#).
219. In line with its advocacy efforts, the Joint Programme welcomed the historic adoption of the African Union’s [Convention on Ending Violence Against Women and Girls, as well as the endorsement of the African Union Roadmap on Sustaining AIDS, Strengthening Health Systems and Ensuring Health Security for Africa's Development](#), to address pressing health and human rights challenges faced by women and girls and vulnerable populations across the continent.
220. To mark the International Day of the Girl Child 2025, UNICEF, the Secretariat and the Organization of African First Ladies for Development (OAFLAD) co-organized a high-level virtual dialogue under the theme “[The girl I am, the change I lead: girls on the frontlines of crisis](#).” The event provided a dedicated space for African First Ladies and adolescent girl change-makers to engage directly on strategies to prevent child marriage and advance girls’ rights. The involvement of the First Lady of Ghana and her participation in the OAFLAD high-level side event during the ICASA 2025 added to the momentum on triple elimination and community outreach initiatives.

Partnerships, mobilization, and innovation

221. The Secretariat with UNFPA has led the [Global HIV Prevention Coalition \(GPC\)](#)¹⁸, which brings together 38 member countries and partners, continued to promote HIV combination prevention efforts by spearheading the generation and sharing of the latest science evidence, guidance and good practices to roll out long-acting technologies for HIV prevention. In 2025, GPC collaborated with the South-to-South Learning Network, to facilitate the dissemination of knowledge on HIV, including good practices and innovations through 21 operational communities of practices and other cross-country and thematic networks, platforms and webinars on prevention, equality and rights.
222. The GPC also worked with the HIV Multisector Leadership Forum¹⁹ through cross-country collaboration and evidence-generation, and with key populations communities of practice to apply lessons and innovations towards addressing challenges in HIV prevention. Amid the significant decline in funding for the HIV response, the Joint Programme and GPC Coalition developed a new support package for countries which includes a [practical planning and costing tool to guide prioritization](#) and a rapid response to leverage alternative sources of funding so countries can improve the sustainability of their HIV response.
223. The Secretariat, with UNICEF and WHO, has led the [Global Alliance to end AIDS in children by 2030](#)²⁰ supported efforts to end AIDS in children in 12 high-burden countries, all of which have developed well-prioritized national action plans. Additional progress was made in selected countries to accelerate progress for better health of children, adolescents and young women such as: the development of a [new five-year roadmap](#) to guide countries in Asia Pacific towards the elimination of mother-to-child HIV, syphilis and hepatitis B transmission; a [newly launched national initiative](#) to end paediatric AIDS and renew commitments to improve access to lifesaving HIV services for children in the Democratic Republic of the Congo; and Brazil was certified for eliminating vertical transmission of HIV in 2025.
224. Through the [Education Plus initiative](#)²¹, the Joint Programme fostered high-level commitment in 17 countries to increase access to education as a means for preventing new HIV infections among adolescent girls and young women. Ghana and Rwanda committed to champion the Education Plus Initiative, bringing the total number of champion countries to 17. Nine countries developed Education Plus investment cases. The Education Plus initiative, in collaboration with governments and civil society, enabled policy and normative reforms in Benin, the Gambia Kenya, Malawi, Sierra Leone, , United Republic of Tanzania and Zambia, potentially benefitting an estimated 16 million adolescent girls and young women. Seven countries advanced significant reforms to improve girls' access to and completion of secondary education. Eswatini, Kenya and Uganda also made progress in expanding CSE and adolescent SRH. These measures are expected to benefit at least 7 million adolescent girls and young women.. In 2025, The Gambia, Kenya and South Africa took strategic steps to prevent and respond to GBV in ways that will positively affect at least 9 million adolescent girls and young women

¹⁸ For more information on the Global HIV Prevention Coalition, see Result Area 1.

¹⁹ The HIV Multisector Leadership Forum is a community of practice of Directors-Generals of National AIDS Coordinating Authorities.

²⁰ For more information on the Global Alliance to end AIDS in Children, see Result Area 2.

²¹ For more information on the Education Plus Initiative, see Result Area 7.

225. The initiative continued to amplify the demands of young people for protective policies on HIV. It mobilized more than 1000 adolescent girls and young women from 32 countries through the Ed+ young women's leadership hub to develop the global adolescent girls and young women manifesto on #WhatGirlsWant for a comprehensive, multi-sectoral HIV response. The outcomes of the multi-sectoral investment cases continued to drive policy convenings for programmatic and financing action in Ghana, Kenya, South Africa, Uganda and Zambia.
226. Through the [Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination](#)²², which [Nigeria](#) joined in 2025 (as the 41st member) 23 countries are working to embed plans to eliminate stigma and discrimination into sustainability roadmaps and country grants. Several countries, including Brazil and Ghana, reported tangible commitments and progress on policy reforms related to HIV, and shared good practices for creating more inclusive and supportive environments for people living with and affected by HIV.
227. The Global Partnership partnered with the International AIDS Society to organize the Heart of Stigma Forum in Nairobi, The event brought together communities and key populations to share country-level experiences, challenges and solutions to reduce HIV-related stigma and discrimination, while showcasing existing resources and structures that support this work. Community insights directly fed into the development of the Global AIDS Strategy 2026-2031. The Society also launched the "[National Stigma and Discrimination Review and Planning Tool](#)" in Kenya and South Africa to support countries in assessing gaps and strengthening national responses to HIV-related stigma and discrimination.
228. The new "Ending HIV-related Stigma and Discrimination: A Tool for Action", a practical, step-by-step guide for designing, costing, implementing and monitoring evidence-based programmes was published to address HIV-related stigma and discrimination. It draws on proven good-practice examples from multiple countries, including in-depth case studies from Ghana and Kenya.
229. In 2025, collaboration with the ICW led to a global gender analysis of Stigma Index 2.0 data to identify priority gendered indicators and gaps reflecting women's experiences of stigma, discrimination and rights violations. This resulted in the development of a gender analysis report and a [Stigma Index Priority Indicators Summary Sheet](#) for stronger global HIV monitoring frameworks and accountability systems.
230. The Inter-Agency Task Team on HIV in humanitarian emergencies, jointly revitalized by UNHCR, WFP and the Secretariat, brought together more than 80 representatives from over 30 organizations for information sharing, joint guidance and actions to strengthen the HIV response in humanitarian and emergency settings. Joint efforts helped sustain essential services for women, people living with HIV and key populations, reinforcing national HIV responses' sustainability including in very difficult conditions, such as in [Ukraine](#).

²² For more information on the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, see Result Area 5.

Strategic information

Generation of and use of state-of-the-art data on HIV

231. The Secretariat coordinated the 2025 Global AIDS Monitoring (GAM) process to monitor progress towards the Global AIDS Strategy 2021-2026 targets. Support provided to 193 countries for quality and timely reporting against GAM indicators, resulted in 158 countries submitting GAM reports in 2025. The updated data from the 2025 GAM helped inform and adapt the HIV response by increasing granular knowledge about inequalities in the access to HIV services. The UNAIDS [AIDSInfo](#) website provides the most comprehensive public compendium of HIV data, including HIV estimates, an HIV/AIDS inequality visualization platform, and information on laws, policies and financing. The wealth of UNAIDS HIV data is crucial for supporting countries in HIV programming, policymaking, target setting and tracking, and for guiding them to invest resources for maximum impact. These data included a new synthesis of evidence from mathematical modelling to inform potential strategies to maximize impactful and cost-effective scale up of lenacapavir for PrEP. Country summaries were also included in a [Data Book](#) released globally in October 2025.
232. In 2025, nine countries completed a People Living with HIV Stigma Index 2.0 report, eight countries of which did so with Secretariat support. Findings are being used to advocate for legal and policy change, programmatic interventions, and resource mobilization. The Secretariat also updated the Human Rights Fact Sheet series with new data and information. The series includes fact sheets on people who use drugs, sex workers, gay men and other men who have sex with men, transgender people, HIV criminalization, prisons, and stigma and discrimination.
233. Updated UNAIDS HIV epidemiological estimates covering 99% of the world's population were used to summarize progress in the HIV response. Detailed published estimates for 148 countries are now available through the implementation of tools, direct guidance and capacity-building support from the Secretariat, UNICEF and WHO. The Joint Programme also directly supported community-led monitoring in 34 countries.
234. Dissemination of strategic HIV information is essential to translate data into action, informing policies, guiding programmes and monitoring progress towards global targets. Production of authoritative reports also transforms data into accessible analysis and insights that strengthen their use and amplify advocacy. As such, the 2025 UNAIDS [Global AIDS Update — AIDS, Crisis and the Power to Transform](#) developed by the Secretariat presented a critical and comprehensive assessment of the status of the global AIDS pandemic, the HIV response and ways forward. The [World AIDS Day 2025 report: Overcoming disruption, transforming the AIDS response](#) further outlined persistent challenges and inequities that continue to drive the HIV epidemic, while highlighting important opportunities to break down barriers and build resilience. The report also reaffirmed the importance of global solidarity for a more sustainable HIV response.
235. Throughout 2025, the Secretariat documented and shared information on the [impact of the US funding cuts on the global HIV response](#)²³ while supporting countries in their rapid responses to adapt, including to reprogramme remaining funds to protect essential HIV services and mitigate the direct impact of these funding shifts on people living with and at risk of HIV. A detailed [dashboard](#) with data and analyses on services

²³ Please find more information in the *UNAIDS' Work and Results in 2025 to Mitigate the Impact of Funding Cuts on the Global HIV Epidemic and Response* section.

disruption, procurement, budget and human resources and programme coverage provided real-time updates, including resumption of services - as funds returned.. In addition, the Secretariat and partners produced modelled scenarios of the impact of fundingshifts, leveraging governments and funders to rethink decisions and mobilize domestic resources to continue support for life saving services.

236. Building on its expertise and state-of-the-art data on HIV, the Secretariat also contributed evidence-informed analyses at high-profile and global scientific fora and panels, including the IAS conference and the International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Network, and authored flagship reports and peer-reviewed publications. Through its robust partnerships with stakeholders such as PEPFAR, the Centers for Disease Prevention and Control (CDC), the Global Fund, the European Centre for Disease Prevention and Control UNICEF, WHO and others, ensure that collective action on data sharing, validation and strategic planning for impact is optimized.

Coordination, convening and country implementation support

Coordinated effective UN and broader support to optimize all resources for most impact towards the global AIDS targets and SDGs

237. The Secretariat optimized the Joint Programme's collective strengths to support national HIV responses through effective coordination of Joint UN Teams on AIDS in 85 countries. It also leveraged the broader power and voice of the UN System by ensuring the integration of HIV priorities in UN Sustainable Development Cooperation Frameworks (UNSDCF) towards achieving the Sustainable Development Goals (SDGs) in 75 countries. This was achieved through the Secretariat's efforts to convene national partners, civil society and communities, and to facilitate their meaningful engagement across HIV programming processes—such as country assessments, no-one-left-behind analyses, planning and implementation monitoring, thereby strengthening coordination at country level for more effective and coherent responses.
238. Through its partnerships with the Global Fund, PEPFAR and other partners at all levels, the Secretariat coordinated and guided evidence-informed programmatic and investment prioritization to achieve maximum impact and returns on investment. In line with the [strategic framework for cooperation and collaboration to end AIDS](#) between the Joint Programme and the Global Fund, the Secretariat's coordinated data generation, modelling and leadership support (including for the Global Fund 8th replenishment), convened governments, communities and partners for inclusive and data-driven decisions including for grants' reprogramming due to the 2025 funding shifts for the HIV response, engaged in capacity building initiatives, and brokered effective solutions including for community-led responses and human rights approaches.

Coordinated intensified and urgent efforts to improve sustainability of the HIV response

239. Further to the [HIV sustainability framework](#) developed by the Secretariat with PEPFAR and the Global Fund, the sense of urgency to plan for more sustainable national HIV responses and progressively achieve self-reliance intensified. By end of 2025, 25 countries had either developed or were finalizing national commitments to ensure and measure their transitions from donor funding and the sustainability of their national HIV responses.

240. Fifteen countries were supported to complete Part A sustainability roadmaps, The HIV Response Sustainability Roadmap Part B Companion Guide was released, further strengthening the focus on transition and sustainability planning to help countries navigate funding shifts. The guide embeds commitments on community leadership, gender equality and women's empowerment, and community-driven national HIV responses. Nine countries received technical support to advance the development of Part B sustainability roadmaps, translating these commitments into costed operational steps, benchmarks and domestic financing targets. Those advances were made possible by strategic support from the Secretariat including normative guidance; analytical tools to guide national processes (including updated funding landscape profiles, the Rapid AIDS Response Financing Tool and new US Government's Memorandum of Understanding analyses to identify critical gaps and mobilize emergency financing for mitigating measures); capacity building, dialogues and technical support to national counterparts; support for resource mobilization; and direct financial assistance to planning exercises in 14 countries.

Governance and mutual accountability

Solid and inclusive global HIV response governance shaping a more resilient and fit-for purpose Joint Programme and mutual accountability

241. Effective and inclusive governance practices included over 24 governance meetings including three PCB meetings with wide stakeholder engagement. The PCB expressed its deep appreciation for the critical role UNAIDS plays in the HIV response, approved [UNAIDS 2026 Workplan and Budget](#) and adopted the Global AIDS Strategy 2026–2031. It reaffirmed the indispensable role of communities, the need to urgently intensify efforts towards ensuring the sustainability of national HIV responses and to leverage the transformative potential of long-acting ARVs—both for prevention and treatment—to accelerate progress towards ending AIDS as a public health threat.
242. The Independent External Oversight Advisory Committee provided expert advice for stronger governance and oversight, including on financing, resource mobilization, performance reporting, internal oversight, auditing and human resources management and the appreciated progress made by the Joint Programme in several areas.
243. The updated UNAIDS [Results and Transparency Portal](#), managed by the Secretariat, features an interactive platform that displays the Joint Programme's results, performance and investments and shows how these contribute to the global HIV response
244. Informed by recommendations from a High-Level Panel convened by UNAIDS Executive Director and the Chair of the Committee of Cosponsoring Organizations, the PCB endorsed the revised operating model for a resilient and fit-for purpose Joint Programme in the context of the sustainability of the HIV response. The PCB defined a process to inform decisions on the further transition and integration of UNAIDS into the UN system and beyond, in alignment with the UN80 reform initiative of the UN Secretary-General.
245. UNAIDS continued to advance UN reform including through the repositioning of the UN Development System to promote system-wide innovations and other approaches for improving efficiencies that advance achievement of the SDGs, such as integrated policies and business management practices, joint work and close synergies with the Resident Coordinator system. This was captured in UNAIDS reports on the UN Quadrennial Comprehensive Policy Review and UN Funding Compact, among others.

The UN Economic and Social Council (reaffirmed that “the Joint Programme’s Cosponsor and governance model continues to provide the UN system with a useful example of strategic coherence, inclusive governance, and country level impact, as set out in General Assembly resolution 79/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system”.

Intensified resource mobilization for the HIV response

246. Donor funding shifts have necessitated increased strategic resource mobilization to safeguard operations and programme delivery. Therefore, resource mobilization efforts further intensified in 2025 through high-level advocacy, multilateral and bilateral dialogues, and new approaches including joint proposals to increase and diversify core and non-core funding sources. The Secretariat succeeded in raising contributions from ‘traditional’ donors as well as from an increasing number of low- and middle-income countries. Resources were mobilized from the Governments of Algeria, Cote d’Ivoire and the Philippines to fund UNAIDS Country Office operations in those countries. While these steps have been critical for maintaining and driving progress in the work of the Joint Programme, major funding gaps remain. The Secretariat provided updates on the financial situation and funding gaps at each PCB meeting and at various donor fora, for strong accountability and transparency.

Independence, coverage and quality are hallmarks of the UNAIDS evaluation function

247. Guided by the UNAIDS expert advisory committee on evaluation, the Evaluation Office completed or contributed to several strategic evaluations for improved functioning and effectiveness of the Joint Programme in leading the global HIV response.
248. An evaluation of the UNAIDS multi-country offices and the positioning of HIV advisors in Resident Coordinator Offices as alternatives to “traditional” UNAIDS country offices generated insights on their effectiveness in delivering UNAIDS core functions, engaging partners and supporting coordinated UN system responses to HIV at country level. A second evaluation conducted in 2025 and due for publication in 2026, provided a better understanding of the role and results of the Joint Programme in sustaining the response to HIV. This evaluation adopted a forward-looking approach and sought to add value by generating findings that can inform the operationalization of the new operation model. The Secretariat subsequently submitted management responses which were publicly shared on the [UNAIDS Evaluation office webpage](#). These evaluations yielded important lessons and recommendations for further enhancing of the Joint Programme’s impact. The 2026 Evaluation Plan was approved by the PCB in December 2025.
249. The Joint Programme also contributed to a joint evaluation with the System-Wide Evaluation Office, to assess alignment of programmes to the UNSDCFs. Among other recommendations, the evaluation report called for “stronger enabling environment for joint programming” at country level so the UN can better deliver on the UNSDCFs.

Key challenges for the Joint Programme’s work in 2025

250. In 2025, the Joint Programme operated in an exceptionally challenging environment marked by deep financial constraints, escalating humanitarian and conflict-related pressures, widening inequalities, and growing threats to human rights and gender equality. These intersecting pressures significantly affected the Joint Programme’s operational capacity at global, regional, and country levels, while also straining the

broader HIV response and the systems and partnerships needed to sustain it. Against this backdrop, the Joint Programme had to navigate a rapidly shifting landscape to deliver results, which further underscores the urgency of sustaining a multisectoral and coordinated global HIV response.

251. **Reduced capacity for the Joint Programme to lead the HIV response.** Severe funding reductions significantly constrained the Joint Programme's operational capacity to deliver coordinated support across the HIV response. Reduced UBRAF allocations translated into smaller country envelopes for Cosponsors, cuts in human resources at global and country levels, and major disruptions to ongoing initiatives. This limited the Joint Programme's ability to sustain critical engagement, technical support, and joint action where needs are greatest. At the same time, restructuring processes within some Cosponsors, especially among the Secretariat could lead to further weakening of HIV functions.
252. **Uneven progress and persisting inequalities, especially for key and other vulnerable populations.** Key populations and their partners accounted for an estimated 74% of new HIV infections outside sub-Saharan Africa and approximately 26% within the region in 2024-2025, underscoring how stigma, criminalization and exclusion can keep prevention and treatment out of reach. Women and girls remained highly vulnerable due to entrenched gender inequalities, GBV and restrictive sociocultural norms that constrain their autonomy and access to SRH information and services. Refugees and displaced persons face compounded inequities linked to displacement and insecurity, including barriers to comprehensive SRH care and sustained HIV prevention and treatment in humanitarian settings. Without targeted, equitable service delivery, setbacks will have a disproportionate impact on these groups.
253. UNHCR reported that inequalities and [drastic reductions in humanitarian funding were projected to leave refugees and displaced persons without access to essential HIV and health services](#). By early 2025, constrained resources had already severely limited the scope and quality of refugee health and SRH services, resulting in reduced access to safe delivery, clinical management of sexual violence, contraceptive services, and HIV prevention and treatment in refugee settings. These gaps disproportionately affect populations already facing extreme vulnerability and displacement.
254. **Gender inequalities.** Persistent discrimination, unequal power dynamics and pervasive GBV continued to limit women's and girls' access to HIV prevention, treatment, and care. Funding cuts to gender equality, stigma, discrimination and GBV programmes, and community-led organizations, which have been instrumental in reaching adolescent girls, young women, and women from key populations, also severely impacted efforts to build gender-transformative programmes. The diminished funding for gender and for women-led programmes left critical gaps in prevention, support and protection services for women and girls, while simultaneously weakening the Joint Programme's ability to sustain multisectoral approaches addressing GBV, harmful social norms and legal barriers.
255. **Structural barriers and shrinking resources for civil society and community-based programmes.** Stigma and discrimination criminalization and other human rights and gender-related barriers continued to restrict people's ability to access HIV services and treatment. For the first time since UNAIDS began reporting on the global HIV response, the number of countries criminalizing key populations increased²⁴, which has narrowed the space for rights-based programming and obstructed access to HIV

²⁴ See [2025 Global AIDS Update](#) for more information.

services for key populations. These legal and policy setbacks coincided with sharp reductions in financial support for community-led and other civil society organizations. In addition, growing resistance from conservative actors to CSE and family planning further limited young people's access to essential, life-saving information.

256. At the same time, funding shifts, without increases of domestic resources for community-led organizations have severely weakened community-led organizations, which are essential for reaching marginalized groups. More than 60% of women-led HIV organizations surveyed in UN Women's [global civil society survey](#) had lost funding or suspended services by early 2025²⁵. This erosion of support threatened the continuity of peer-led models that have consistently improved testing uptake, treatment adherence, retention in care, viral suppression and reductions in vertical transmission across diverse settings. As many community-based groups were forced to scale back or cease activities, the sustainability of proven, lifesaving HIV services supported by the Joint Programme came under threat. The setbacks underscore the urgent need for renewed political commitment and long-term financing to protect community-led responses and address the structural barriers driving HIV vulnerability.
257. Together, the converging pressures of declining resources, shrinking civic space and intensifying structural inequities have created a growing misalignment between the scale of inequalities and the Joint Programme's and partners' capacity to address them, posing a potentially serious obstacle to achieving equitable outcomes across the HIV response.

²⁵ Ibid.

Opportunities for the Joint Programme



Figure 5. Overview of opportunities for the Joint Programme beyond 2025

Enabling multilateral commitments and political leadership represents a strategic opportunity for the Joint Programme to reinforce its convening role in advancing a more coherent, equitable, and sustainable HIV response. Renewed political engagement and multilateral financing commitments provide an important platform for the Joint Programme to align partners around shared priorities, support country-led including, community-led actions, and help translate global commitments into coordinated implementation.

Supporting sustainability, domestic financing and country ownership is a key opportunity for the Joint Programme to help countries build more resilient HIV responses. By supporting transition planning, aligning external investments with national priorities, expanding community-led services and integrating HIV into broader health and financing systems, advocating for better policies and agreements for debt reduction, the Joint Programme can help countries to reduce aid dependence and strengthen long-term sustainability.

Building on efforts in 2025, the Joint Programme can **advance integrated, people-centred approaches for HIV services within national systems**. Continuing its work to integrate HIV within primary healthcare and development strategies will further expand equitable access, enhance system resilience, and ensure sustainable services for women, girls, young people, key populations, refugees, and crisis-affected communities, and can advance progress towards eliminating vertical transmission and paediatric AIDS.

Innovative technologies and enabling access: Recent advances in long-acting injectable PrEP have created renewed momentum for HIV prevention and opened important opportunities for expanded global collaboration for reduced cost and equitable access for vulnerable populations. The Joint Programme can further leverage digital public infrastructure and interoperability to close emerging gaps including in knowledge, access to HIV prevention and treatment, including among adolescents and youths.

Throughout 2025, the Joint Programme's rapid efforts to **harness digital platforms, strengthen data systems and real-time monitoring** of the impacts of the funding shortfall on the HIV response were crucial in identifying gaps, prioritizing actions and defining life-saving mitigation plans. Looking ahead, strengthening unified monitoring platforms, including real time monitoring, across agencies offers a powerful pathway to reinforce resilience, improve timely decision-making and protect equitable HIV service delivery.

258. At a time of unprecedented funding shifts, growing political headwinds, the increased burden and toll of conflicts, and regression in human rights in certain countries in 2025, the Joint Programme's ability to strategically lead the global HIV response remains as critical as ever. As the HIV landscape evolves, the response must remain multisectoral, data-driven, country-focused and grounded in evidence and human rights to achieve sustainable impact and advance progress toward ending AIDS as a public health threat. In this context, several strategic opportunities are available to the Joint Programme and the global HIV response.
259. **Enabling bilateral and multilateral commitments and political leadership.** Strong bilateral commitments by the U.S. in the global HIV response and multilateral commitments reflected in the [US\\$ 12.64 billion pledged to the Global Fund's 8th replenishment](#) in November 2025, signalled an opportunity for countries, civil society and communities, along with contributions from the private sector, to reinvest in

high-impact HIV programmes with prioritization for high-burden countries, accelerating equitable access to biomedical innovations, and transitioning to country ownership and sustainability; all of which align with the Joint Programme's work and focus in 2025 and could also inform the way forward. High-level convenings in 2025, such as the African Union Commission, advanced the [Roadmap to 2030 & Beyond](#), which envisions ending HIV as a public health threat and controlling other diseases such as TB and malaria, and committed to diversified and sustainable financing for HIV. It prioritizes domestic health financing, community health system integration, and digital innovations for sustainable health and HIV outcomes.

These developments present a strong foundation for the Joint Programme to deepen partnerships, reinforce global solidarity and support regional and community leadership as core pillars of an integrated, equitable HIV response beyond 2025.

260. **Supporting sustainability, domestic financing and country ownership.** In 2025, the Joint Programme, particularly the Secretariat, continued to support countries in developing transition and sustainability plans, creating an opportunity to advance more resilient, country-owned HIV responses. These transitions centre on integrating HIV into broader health, social and financial systems, strengthening domestic revenue mobilization and prioritizing community leadership. Highlighted in [the Global AIDS Strategy 2026–2031](#) and during [the Global Fund's 8th Replenishment](#), this shift aims to reduce reliance on external aid and increase country ownership of the HIV response.
261. Looking ahead, the Joint Programme can deepen its support by helping countries further optimize Global Fund and PEPFAR investments, ensuring coordinated partner engagement and alignment with priorities for Grant Cycle 8. Tools such as the RAFT can be further leveraged to identify financing gaps and guide long-term policy and budget decisions. With growing political commitment to national transition roadmaps, the Joint Programme is well positioned to provide normative guidance and technical assistance to ensure HIV, hepatitis and STI services remain prioritized and sustainably integrated.
262. **Embedding an integrated and inclusive approach in the HIV response.** Building on efforts in 2025 amidst the funding shifts, the Joint Programme has the opportunity to advance integrated, people-centred approaches for HIV services within national systems. Continuing its work to integrate HIV within primary health care and development strategies will further expand equitable access, enhance system resilience and ensure sustainable services for women, girls, young people, key populations, refugees and crisis-affected communities, and can advance progress towards eliminating vertical transmission and paediatric AIDS. Lessons from 2025 highlight the value of peer-led models, differentiated service delivery and community-led and adolescent-responsive programming, alongside sustained investment in policy reform, technical guidance and health system strengthening in drastically improving the HIV response and achieving equitable outcomes. Additional opportunities for the Joint Programme include scaling HIV and SRH integration, expanding adolescent-led advocacy and leveraging local partnerships to reinforce a holistic response.
263. The Joint Programme is also strategically positioned to help ensure that the global HIV response is gender-transformative and advances the leadership, voices and priorities of women and girls living with and affected by HIV. As sustainable national HIV programmes continue to be rolled out, financing for gender-transformative actions and community engagement remain essential.
264. Experience in 2025 demonstrated that integrating HIV within broader health, development and financing frameworks, and aligning HIV responses with universal

health coverage agendas further support long-term sustainability and increased access to services. Across agencies, integrated approaches have already lowered delivery costs, sustained access and protected services for vulnerable populations²⁶. Looking ahead, further integration of systems can address structural barriers and drivers of HIV and can also help generate multisectoral benefits. For instance, embedding OAMT and HIV services within national health budgets, investing in digital monitoring systems, and integrating HIV responses with substance use and mental health services proved critical for sustainability. Furthermore, structured engagement with legal and law enforcement systems as partners in public health and the promotion of gender-responsive, community-led approaches can further reinforced equitable HIV related service access.

265. **Innovative technologies and enabling access.** Recent advances in long-acting injectable PrEP have created renewed momentum for HIV prevention and opened important opportunities for expanded global collaboration. As a complement to daily oral PrEP, these innovations have accelerated efforts to diversify prevention options and strengthen uptake. The Secretariat set ambitious prevention targets and mobilized multisectoral partners, while WHO rapidly updated its technical guidance to include recommendations for lenacapavir, supporting countries to adopt it and scale-up. As highlighted in the Global AIDS Strategy 2026-2031, with the Joint Programme's support, biomedical innovations such as lenacapavir, can be made more accessible and affordable.
266. **Harnessing digital platforms, strengthening data systems and real-time monitoring.** Throughout 2025, the Joint Programme's rapid efforts to further strengthen data systems and increase monitoring of the impacts of the funding shortfall on HIV service delivery, prevention services, commodities, community-led services, and more broadly, the health systems, were crucial in identifying gaps, prioritizing actions and defining mitigation plans. UNICEF's experience in 2025 demonstrated that data-centred, community-focused strategies can reduce inequities and maintain service quality for children and adolescents. WHO's activation of coordinated monitoring structures and rapid surveys across 31 countries provided early signals of disruptions, informing [emergency guidance](#) and donor engagement. These approaches highlight the value of integrated surveillance systems capable of detecting service gaps quickly and supporting evidence-based responses.
267. The Joint Programme has already introduced digital platforms and innovations to address key issues such as data monitoring, HIV testing and prevention in young people, healthcare access and supporting countries to align investments around digital health public infrastructure to advance interoperable digital foundations. The Joint Programme can further leverage digital innovations to bridge gaps and address emerging and existing challenges.
268. By embedding data-driven, community-focused, human rights-based strategies across all interventions, the Joint Programme can accelerate the identification of gaps and inequities, and help countries define policies and programmes that improve retention to care, especially for key and other vulnerable populations including children, women, girls and young people, to ensure access to inclusive, rights-based, comprehensive, high-quality HIV services. Looking ahead, strengthening unified monitoring platforms, including real time monitoring, across agencies offers a powerful pathway to reinforce resilience, improve decision-making and protect equitable HIV service delivery.

²⁶ For more information on integration of services, please see Result Area 9.

Annex 1. Overview of 2025 UBRAF indicator data²⁷













1. This Annex provides an overview of the 45 UBRAF indicators, which measure the performance for specific outputs (27 for the results areas and 18 for the strategic functions) as described in the UBRAF Indicator Matrix which includes key definitions and, for each indicator, a baseline, milestones by end-2023 and end-2025, targets by 2026 and data sources noting the slight updates/refinement for some milestones and targets captured in the PCB approved 2024-2025 Workplan & Budget which supersedes it²⁸
2. Performance on the UBRAF monitoring indicators is assessed against the 2025 milestones for the years 2025 and 2024, and against the 2023 milestones for 2023 and 2022. **Overall, the 2025 indicator data show that majority of the 2025 milestones were met. This highlights the determination of the Joint Programme to advance the global HIV response and its resilience in the face of the reductions in HIV funding. However, in some cases the promising progress seen in previous years stalled in 2025. Besides the barriers hindering the global HIV response highlighted in the “Challenges” section of this report, this slow progress points to the reduced scale and depth of the Joint Programme’s capacity. Prioritization efforts led by the Joint Programme (including office closures) can focus efforts on countries where the needs are greatest and where progress towards milestones and targets still lags.**
3. The UBRAF indicators are selective. They are not meant to capture or monitor all aspects of the Joint Programme's work but focus on some of the most important areas where progress is needed and measurable. The indicators present the Joint Programme’s best efforts to capture credible and high-quality data from multiple sources that reflect progress against each of the UBRAF results.
4. The UBRAF indicators are distinct from, but complementary to and closely linked with the GAM system, which tracks countries’ progress towards the global AIDS targets. Due to the different reporting timeline for the GAM for which data are only validated in July/August and in October for financial data due to countries’ different fiscal years, in cases where GAM data are used as data sources for reporting against UBRAF indicators, the previous year’s data will only be available after submission of the annual PMR to the PCB. In those cases, the latest available validated data were used.
5. Many indicators refer to countries “where the Joint Programme operates and/or supported by the Joint Programme”. While the Joint Programme extends support to countries through various approaches, including in-country presence and regional or global-level assistance (including virtual support), in the context of the UBRAF, this specifically refers to the 85 countries that developed a 2024-2025 Joint UN Plan on AIDS and reported on the indicator progress in 2024. However, the significant UBRAF funding shortfall led to further reduction of the Joint Programme’s capacities at all levels, including the closure of many UNAIDS Secretariat offices by end-2025 which resulted in smaller number of countries reporting on indicators in this year’s reporting cycle (80 countries for Joint Programme indicators and 75 countries for Secretariat Functions indicators).

²⁷ The 2024 UBRAF Indicator Scorecard presented to the PCB in June 2025 is available [here](#) for reference.













²⁸ As per the 2024-2025 Workplan and Budget approved by the PCB in June 2023, some of the initially defined 2025 milestones have been revised/updated in light of the review of progress made towards the 2023 milestones and other developments.

















Legend:

- **Green:** Indicates that an indicator milestone is "on track" to being reached (for the years 2022 and 2024) or was successfully reached or exceeded in 2023 and 2025.
- **Yellow:** Indicates that progress on an indicator was "slow" or "partially reached" milestones (60% - 90%) in years 2022, 2023, 2024 and 2025.
- **Red:** Signals that a milestone was not reached in a milestone year (2023 and 2025).
- **Grey:** Indicates that due to a major change in the context and approach or other events/ developments, the indicator is less relevant or was reprioritized.

















Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
RA1: HIV Prevention						
1.1.1					80 countries supported by the Joint Programme in improving HIV prevention policy and strategy for epidemiologically relevant key and priority populations.	80 countries received support to improve their policies and/or strategies on combination HIV prevention with key populations and other priority populations 2024: 84 countries
1.2.1					80 countries receive Joint Programme's technical and/or implementation support to scale up combination HIV prevention programmes by 2025, including 40 for implementing and monitoring of national prevention road maps.	79 countries received technical and/or implementation support to scale up combination HIV prevention programmes 2024: 84 countries
RA2: HIV Treatment²⁹						
2.1.1					40 countries supported by the Joint Programme adopt at least two key recommendations from the guidance for integrated service delivery of HIV and comorbidities by 2025.	23 countries supported by the Joint Programme reported implementing at least two innovations to optimize access to integrated HIV and TB services. These include the use of rapid molecular diagnostics, co-location of antiretroviral and TB

²⁹ For the four indicators under this Result Area, 2024 data which only became available after the submission of the 2024 Performance Monitoring Report to the 56th PCB in June 2025, were also provided-

Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
						treatment services, initiation of ART by the same provider managing TB treatment, and unified monitoring of TB/HIV treatment by a single healthcare worker. 2024: 17 countries
2.2.1					45 countries update and implement the three components of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring by 2025.	With support from the Joint Programme, 40 countries updated and implemented their national recommendations on HIV testing, treatment and service delivery. This included multi-month dispensing of ART, first- and second-line antiretroviral therapy, and advanced HIV disease. In early 2025, 71 countries reported implementing an ART pickup policy of more than one month in line with WHO's recommendations 2024: 38 countries
2.2.2					60 countries supported by the Joint Programme implement recommended WHO-preferred first-line antiretroviral (ARV) regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring for adults and adolescents, women of child-bearing age and pregnant and/or breast-feeding women by 2025.	83 countries supported by the Joint Programme implemented the recommended WHO-preferred first-line ARV regimen (TDF + 3TC (or FTC) + DTG) including for adults, adolescents, women of childbearing age and breastfeeding women. Building on strong and rapid dissemination of WHO guidelines over several years, most countries have implemented the major WHO recommendations. Current focus is on strengthening service delivery as well as specified gaps, e.g. advanced HIV disease and mortality reduction. 2024: 79 countries
2.2.3					30 countries supported by the Joint Programme adopt shorter rifamycin based regimens for tuberculosis (TB) preventive treatment for people living with HIV by 2025.	56 countries supported by the Joint Programme reported adopting shorter TB preventive treatment regimens for people living with HIV in their national guidelines. 58% reported recommending the preferred regimen of 3 months of weekly rifapentine

















Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
						plus isoniazid (3HP) for TB preventive treatment in their national guidelines . 2024: 40 countries
RA3: Paediatric AIDS, vertical transmission						
3.1.1					90% of countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the treat-all policy for pregnant and breast-feeding women by 2025.	73 countries (86%) supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breastfeeding women 2024: 76 countries (89% of countries supported by the Joint Programme)
3.2.1					3 additional partner countries submit their validation report to the Global Validation Advisory Committee by 2025.	3 additional countries supported by the Joint Programme received official certification for the (path to) elimination of vertical transmission of HIV 2024: 3 additional countries reached full EMTCT for HIV but are not part of the Global Alliance
3.2.2					An additional 10 partner countries join the Global Alliance to end AIDS in children and provide services for children with HIV that are integrated into primary health care by 2025. ³⁰	32 countries supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites including 8 from the Global Alliance to End AIDS in Children
RA4: Community-led responses						
4.1.1					In at least 65 countries, the Joint Programme provided technical support and guidance for community-led organizations from at least three of	73 countries received technical support and guidance from the Joint Programme for community-led organizations from at least three of the most

³⁰ As mentioned for the 2024 reporting, this milestone set several years ago is no longer adequate due to a programmatic, funding and contextual changes. The Global Alliance to end AIDS in Children focus on accelerating and sustaining progress in 12 countries with the largest gaps and not expanding its membership. Also, the data collection methodology for reporting on the number of countries providing services for children with HIV that are integrated into primary health care has changed over time (collection from selected priority countries only due to national and UNAIDS capacity constraints) hence the 2025 data should not be compared with previous years.

















Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
					the most significantly affected communities in the country for the community-led HIV response by 2025.	significantly affected communities in the country for the community-led HIV responses 2024: 74 countries
4.2.1					In at least 65 countries, the Joint Programme provided technical support to national and/or subnational governments and other stakeholders in the areas of community-led HIV advocacy, and/or community-led HIV monitoring and research, and/or community-led HIV service delivery; and/or community engagement in HIV-related decision-making by 2025.	In 79 countries , the Joint Programme supported national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses 2024: 79 countries
RA5: Human rights						
5.1.1					At least 60 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.	66 countries received support from the Joint Programme to remove or amend punitive and discriminatory laws and policies and/or to develop protective ones affecting the HIV response 2024: 72 countries
5.2.1					At least 60 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least two of the six settings as promoted by the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.	68 countries received support to reduce stigma and discrimination in at least 2 of the 6 settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination 2024: 65 countries
RA6: Gender equality						
6.1.1					45 countries supported by the Joint Programme to strengthen gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity, together with men by 2025.	46 countries received support from 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. 2024: 50 countries













Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
6.2.1					44 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence by 2025.	39 countries received policy and advocacy support to mobilize partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence 2024: 44 countries
RA7: Young people						
7.1.1					At least 55 countries supported by the Joint Programme to implement ministerial commitments to scale-up multisectoral intervention to increase access to youth-friendly SRH services and quality education, including CSE, by 2025.	56 countries supported to scale up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly SRH services, including CSE 2024: 53 countries
7.2.1					At least 35 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.	31 countries supported by the Joint Programme developed and implemented costed plans to expand and institutionalize youth-led HIV responses 2024: 34 countries
RA8: Fully funded, sustainable HIV response						
8.1.1					42 countries supported by the Joint Programme to identify HIV financing trends, gaps and opportunities, improve sustainable financing of the HIV response and of community contributions, or other analytical exercises and/or up-to-date sustainable financing assessments.	39 countries received support to develop and implement measures advancing full and sustainable HIV financing. 2024: 43 countries
8.1.2					5 additional countries report to GAM on indicators 8.1 and 8.3.	40 countries submitted data on domestic HIV budgets, while 56 countries reported on HIV expenditures by source through GAM ³¹





















³¹ This UBRAF indicator is a combination of two Global AIDS Monitoring (GAM) indicators. As stated in the UBRAF Indicators matrix and guidelines, due to different fiscal years across countries, normal reporting cycle differs for GAM financial indicators with complete country reporting only available in September/October of the next year. Hence, for clarity reasons (i.e. complete data instead of incomplete preliminary data), for the purpose of the 2024 Progress report, the referenced data are from the GAM 2025













Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
						2024: 39 countries submitted data on domestic HIV budgets, while 57 countries reported on HIV expenditures by source through GAM
8.2.1					45 countries supported by the Joint Programme to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multisectoral financing, impact and equity and/or recent HIV Investment cases.	55 countries supported by the Joint Programme to conduct studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multisectoral financing, impact and equity; and/or with recent HIV Investment cases that are being used 2024: 59 countries
8.2.2					At least 50 countries benefit from the Joint Programme's support for evidence-informed HIV investments across their Global Fund grant cycle.	73 countries supported by the Joint Programme for evidence-informed HIV investments across their Global Fund grant cycles 2024: 79 countries
RA9: Integrated systems for health and social protection						
9.1.1					60 countries supported by the Joint Programme to have key HIV services (ART, PEP and PrEP) included in national health benefit packages.	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 2024: 73 countries
9.1.2					80 countries supported by the Joint Programme to include cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer,	57 countries supported by the Joint Programme to include cervical cancer screening and treatment for women living with HIV into national strategies, policies, guidelines and/or plans for HIV, cervical

















(government reporting on domestic budget and expenditure of 2024). Note the format in which we present the data has been updated from the 2024 Indicator Scorecard. This indicator now reflects reporting from all GAM countries, not solely those where the Joint Programme is active and indicator data for 8.1 and 8.3 are no longer combined but presented individually for improved clarity.













Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
					cervical cancer, noncommunicable diseases or other health areas.	cancer, noncommunicable diseases or other health areas 2024: 54 countries
9.2.1					40 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of, and affected by HIV.	33 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV 2024: 43 countries
RA10: Humanitarian settings and pandemics						
10.1.1					25 countries supported by the Joint Programme implement interventions or services for key populations in humanitarian settings by 2025	41 countries supported by the Joint Programme implemented interventions/services for key populations in humanitarian settings 2024: 45 countries
10.1.2					20 countries supported by the Joint Programme have specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security	38 countries supported by the Joint Programme had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security 2024: 49 countries
10.2.1					50 countries report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks by 2025	50 countries supported by the Joint Programme reported the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks 2024: 54 countries

Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
SF1: Leadership, advocacy and communications						
S1.1.1					<p>At least 15 high-level political meetings outcome documents reflecting HIV and AIDS</p> <p>Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026</p>	<p>At least 17 high-level political meetings related to HIV and AIDS whose outcome documents were informed/influenced</p> <p>Commitment by the Office of the President of the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026</p> <p>2024: 16 high-level political meeting outcome documents reflecting HIV and AIDS</p>
S1.1.2					40 countries, where the Joint Programme operates, receive support to review, assess and/or update the country's NSP on HIV (or equivalent plans or frameworks), including 25 countries receive intensified support	<p>74 countries supported to review, assess and/or update their national strategic plan on HIV</p> <p>2024: 81 countries</p>
S1.2.1					<p>At least 90% (84 countries) of countries where the Secretariat operates, report having advocated for and supported meaningful engagement between networks of people living with HIV, key populations, affected women and girls, and young people, and government institutions and other stakeholders as relevant in the country HIV epidemic context, in information-sharing and decision-making</p> <p>Annual key global events convened by the Secretariat systematically include and promote meaningful engagement and leadership of communities</p>	<p>89% of countries (75 countries) where the Secretariat operates received support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information-sharing and decision-making on HIV priorities</p> <p>All annual key global events convened by the Secretariat systematically include and promote meaningful engagement and leadership of communities.</p> <p>Due to reduced capacity and closure of many UNAIDS Secretariat country offices, the number of reporting countries was less compared to 2024.</p> <p>2024: 100% (84 countries)</p>

Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
SF2: Partnership, mobilization and innovation						
S2.1.1					At least 15 countries in sub-Saharan Africa countries have joined the Education Plus initiative by end 2025	15 countries in sub-Saharan Africa joined the Education Plus initiative 2024: 15 countries
S2.1.2					12 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year	9 countries completed a People Living with HIV Stigma Index 2.0 including 8 supported 2024: 10 countries
S2.1.3					38 countries join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination 20 countries that have joined the Global Partnership are implementing operational plans	41 countries joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, and 23 countries work to translate commitment into changes 2024: 41 countries joined the Global Partnership; 22 countries implementing operational plan
S2.2.1					External stakeholders, such as governments, communities and partners, from 25 countries join at least one of the four UNAIDS communities of practice	21 operational communities of practice and other cross-country and thematic networks such as South-South learning on prevention, equality and rights 2024: 21 communities of practice
SF3: Strategic information						
S3.1.1					Updated GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS shared with all countries and partners GAM indicator guidance for 2025 and 2026 reporting developed, guided by the Monitoring Technical Advisory Group, and shared with all countries and partners	Developed and shared GAM guidelines for 2026 country reporting. GAM framework aligned to 2030 targets included in the 2026-2031 Global AIDS Strategy, with guidance from the Monitoring Technical Advisory Group. 2024: Developed and shared GAM guidelines for 2025 country reporting, and started preparation for the post-2026 GAM Framework

Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
S3.2.1					<p>140 countries supported for developing HIV estimates</p> <p>Community-led monitoring supported in 30 countries</p>	<p>A total of 182 countries were supported to develop estimates of the HIV epidemic and response. Estimates were published for 148 countries.</p> <p>34 countries received Secretariat-led support for community-led monitoring</p> <p>193 countries received support for preparing GAM reports, of which 158 submitted.</p> <p>2024.</p> <p>HIV estimates were developed in 172 countries, including 154 which were supported directly</p> <p>41 countries were supported in community-led monitoring, with dedicated technical support from the Secretariat</p> <p>191 countries received support for preparing GAM reports, of which 140 submitted</p>
S3.3.1					Global AIDS Update reports and annual updates to AIDSinfo produced	<p>UNAIDS 2025 Global AIDS Update — AIDS, Crisis and the Power to Transform was launched in July ahead of the International AIDS Conference.</p> <p>UNAIDS AIDSinfo website shows the latest data from countries on the epidemic and response.</p> <p>UNAIDS AIDSinfo Databook-Future Scenarios shows country specific results.</p> <p>2024: Reports available and highlighting progress and inequalities gaps including through new tools and granular data analysis</p>
SF4: Coordination, convening and country implementation support						
S4.1.1					80 countries where the Secretariat operates with the UN Sustainable Development Cooperation Framework (UNSDCF) or equivalent that integrate priorities on ending HIV-related inequalities and ending AIDS	<p>In 75 countries, the UNSDCF integrates priorities on ending HIV-related inequalities and ending AIDS</p> <p>2024: 82 countries</p>

Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
S4.1.2					At least 80 country level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent	<p>In 85 countries, a Joint UN Plan on AIDS, developed by the UN Joint Teams on AIDS, supported the national HIV response as part of and contributing to the UNSDCF</p> <p>In 2025, due to the funding shifts, several Cosponsors did not receive their full country envelope allocation and thus, unable to fully implement their Joint Plans. In addition, due to the closure of many UNAIDS country offices, there were lesser number of countries reporting on indicators (75 countries against 83 countries in 2024)</p> <p>2024: 85 countries</p>
S4.2.1					At least 5 countries supported by the Joint Programme to apply an inequalities lens to the HIV response, guided by the HIV inequalities framework and toolkit and other available tools	<i>New approach on HIV inequalities mainstreamed since 2024 so 2025 milestone has been overtaken by development, is less relevant and thus no longer tracked in the new context</i>
SF5: Governance and mutual accountability						
S5.1.1					A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, Committee of Cosponsoring Organizations, NGO Delegation) to support effective governance and inclusive stakeholder engagement	<p>24 governance meetings were held by UNAIDS (PCB, PCB Bureau, ECOSOC, Committee of Cosponsoring Organizations, NGO Delegation), ensuring effective governance and inclusive stakeholder engagement</p> <p>2024: 26 meetings</p>
S5.2.1					<p>Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB</p> <p>Results and Transparency Portal updated with latest information</p>	<p>Quality management, oversight and performance reports submitted to PCB. Updated UNAIDS <u>Results and Transparency Portal</u> and updated Secretariat financial data published in the International Aid Transparency Initiative (IATI) registry</p> <p>2024: Reports submitted, Portal updated</p>

Indicator	2022	2023	2024	2025	2025 Milestones	2025 progress on UBRAF performance monitoring indicators
S5.2.2					Independent External Oversight Advisory Committee supported by the Secretariat to fulfil their terms of reference, measured by a minimum of four meetings per year and submission of their annual report to the PCB	Fully operational Independent External Oversight Advisory Committee (IEOAC) to fulfil its mission (3 meetings, 1 briefing, annual report to PCB and 2 other PCB meetings) 2024. 4 meetings, annual report submitted
S5.3.1					Annual Quadrennial Comprehensive Policy Report, UN Funding Compact and UN SWAP report completed	Completed UN Quadrennial Comprehensive Policy Report and UN Funding Compact A UN SWAP report was not submitted for 2025 given reduced capacity and the need to prioritise implementation 2024: Reports completed
S5.4.1					At least 60% of the evaluations planned (as per the evaluation plan for 2024–2025) implemented. Follow up on recommendations from evaluations in 2023 and 2024 tracked Evaluation plan for 2026–2027 approved by the PCB	86% of planned evaluations implemented Follow-up on recommendations from evaluations in 2023 and 2024 tracked Evaluation plan for 2026 approved by the PCB in December 2025 2024: 90% Follow-up on recommendations from evaluations in 2022 and 2023 tracked Evaluation plan for 2024–2025 approved by the PCB in December 2023 and related update in December 2024

Annex 2. Budget Implementation tables

Table 2: Core and non-core expenditures and encumbrances against UBRAF core budget and non-core estimates, by organization (in US\$)

Organization	2025 budget	Carry forward from 2024	2025 Core Global funds	2025 Country envelopes	2025 Total core allocated funds	2025 core expenditures and encumbrances	Implementation rate core funds	2025 non-core estimates	2025 non-core expenditures and encumbrances	2025 total allocated funds	2025 Total expenditures and encumbrances
	A	B	C	D	E = B + C + D	F	G = F / E	H	I	J = E + H	K = F + I
UNHCR	1 794 400			658 000	658 000	658 000	100%	34 490 000	7 892 109	35 148 000	8 550 109
UNICEF	4 443 200	3 094 740	1 136 400	3 306 800	7 537 940	7 152 809	95%	38 942 000	28 150 874	46 479 940	35 303 683
WFP	1 906 900	865 069		588 060	1 453 129	774 469	53%	11 385 500	4 706 000	12 838 629	5 480 469
UNDP	2 943 600	832 554	1 321 400	1 622 200	3 776 154	2 765 806	73%	6 300 000	9 586 375	10 076 154	12 352 181
UNFPA	4 150 600	2 088 092		2 660 800	4 748 892	4 290 228	90%	40 689 000	32 024 029	45 437 892	36 314 258
UNODC	2 369 900	819 108	1 383 100	986 800	3 189 008	2 841 281	89%	5 300 000	1 349 572	8 489 008	4 190 853
UN Women	2 361 900	1 276 277		1 046 200	2 322 477	1 890 506	81%	15 000 000	6 286 186	17 322 477	8 176 692
ILO	1 854 400	363 433	650 000	138 600	1 152 033	1 148 990	100%	4 000 000	2 200 000	5 152 033	3 348 990
UNESCO	2 361 400	1 018 927	1 319 100	1 042 300	3 380 327	3 183 783	94%	15 000 000	7 122 400	18 380 327	10 306 183
WHO	4 677 700	1 186 313	692 025	823 413	2 701 751	2 113 806	78%	52 000 000	20 800 000	54 701 751	22 913 806
World Bank	1 136 000							6 650 000		6 650 000	
Secretariat	120 000 000		120 000 000		120 000 000	132 484 711	110%	50 000 000	49 748 906	170 000 000	182 233 616
Grand Total	150 000 000	11 544 513	126 502 025	12 873 173	150 919 711	159 304 389	106%	279 756 500	169 866 451	430 676 211	329 170 840

Note: Non-core excludes Global Fund expenditures of US\$263.9 million for UNDP and US\$4.5 million for UNICEF in 2025

Table 3: UBRAF core and non-core expenditures and encumbrances against UBRAF Core budget and non-core estimates, by Result Area (in US\$)

Result Area	Core Global allocated funds	Core Global expenditures and encumbrances	Country envelopes allocated funds	Country envelopes expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total allocated funds	Total expenditures and encumbrances
1. HIV Prevention	3 996 000	4 256 968	4 912 840	4 332 668	32 445 800	21 032 813	41 354 640	29 622 449
2. HIV Treatment	819 401	796 652	1 728 294	1 456 740	28 145 500	15 021 946	30 693 194	17 275 339
3. Paediatric AIDS, Vertical Transmission	964 575	565 808	3 642 640	3 390 581	30 650 300	10 075 301	35 257 515	14 031 690
4. Community-led responses	715 072	583 087	1 666 269	1 224 907	11 172 600	6 568 871	13 553 940	8 376 866
5. Human Rights	1 327 299	1 295 333	1 566 131	1 058 789	10 902 300	11 997 821	13 795 730	14 351 943
6. Gender Equality	1 244 946	1 571 399	1 916 336	1 026 969	31 015 800	12 062 698	34 177 082	14 661 066
7. Young People	1 387 679	1 183 806	2 229 024	1 865 575	34 234 500	18 074 479	37 851 203	21 123 860
8. Fully funded HIV Response	250 042	276 036	315 022	236 887	2 708 200	2 026 776	3 273 264	2 539 700
9. Integration and social protection	513 688	461 925	685 231	412 065	17 538 400	10 545 140	18 737 318	11 419 130
10. Humanitarian settings and pandemics	317 309	255 704	721 914	567 777	30 943 100	12 711 700	31 982 323	13 535 181
Grand Total	11 536 011	11 246 720	19 383 700	15 572 958	229 756 500	120 117 546	260 676 211	146 937 224

Note: Non-core excludes Global Fund expenditures of US\$263.9 million for UNDP and US\$4.5 million for UNICEF in 2025

Table 4: UBRAF core and non-core expenditures and encumbrances against the 2025 budget, by Secretariat function (in US\$)

Secretariat function	Core budget	Core expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total core budget and noncore estimates	Total expenditures and encumbrances
S1: Leadership, advocacy and communication	28 795 000	31 695 007	13 300 000	25 192 969	42 095 000	56 887 976
S2: Partnerships, mobilization and innovation	24 328 000	26 891 226	10 350 000	8 696 271	34 678 000	35 587 497
S3: Strategic information	16 881 000	18 863 847	6 850 000	8 646 227	23 731 000	27 510 074
S4: Coordination, convening and country implementation support	27 635 000	30 729 653	10 300 000	4 738 863	37 935 000	35 468 516
S5: Governance and mutual accountability	22 361 000	24 304 977	9 200 000	2 474 576	31 561 000	26 779 553
Grand Total	120 000 000	132 484 711	50 000 000	49 748 906	170 000 000	182 233 616

Table 5: UBRAF core and non-core expenditure and encumbrances, by Result area and Cosponsor (in US\$)

Result Area	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	World Bank	Total
Core expenditures and encumbrances (including country envelopes)												
1. HIV Prevention	154 000	1 015 475	34 645	486 823	2 618 047	2 038 051	43 448	386 963	1 218 076	594 108		8 589 636
2. HIV Treatment	100 750	799 779	90 311	36 347	80 625	148 732		196 666		800 183		2 253 392
3. Paediatric AIDS, Vertical Transmission	13 000	3 345 037	7 395		92 330	28 703				469 924		3 956 389
4. Community-led responses	32 000	380 307	18 017	457 360	263 121	112 044	260 163	119 248	43 663	122 074		1 807 995
5. Human Rights	11 500	101 071		1 054 203	93 128	250 639	657 005	134 826	51 748			2 354 122
6. Gender Equality	20 000	264 214		373 901	173 826	66 212	852 318	111 127	736 771			2 598 368
7. Young People	20 000	915 593	5 803		850 026	37 314	74 620	9 933	1 133 525	2 567		3 049 381
8. Fully funded HIV Response	2 960	91 678		246 579	68 970	67 451	2 951			32 333		512 923
9. Integration and social protection		158 797	335 751	97 790	4 560	18 657		190 227		68 209		873 990
10. Humanitarian settings and pandemics	303 790	80 857	282 548	12 804	45 595	73 479				24 408		823 481
Core Total	658 000	7 152 809	774 469	2 765 806	4 290 228	2 841 281	1 890 506	1 148 990	3 183 783	2 113 806		26 819 678
Non-core expenditures and encumbrances												
1. HIV Prevention		4 222 631		937 507	7 003 191	744 572	676 092	548 000	2 116 820	4 784 000		21 032 813
2. HIV Treatment		4 222 631			757 898	90 000	60 417	531 000		9 360 000		15 021 946
3. Paediatric AIDS, Vertical Transmission		5 630 175			2 067 126	90 000				2 288 000		10 075 301
4. Community-led responses		844 526		1 097 988	2 551 122	205 000	643 234	187 000		1 040 000		6 568 871
5. Human Rights		1 407 544		6 662 411	1 810 612	180 000	1 511 255	426 000				11 997 821
6. Gender Equality	1 666 570	2 815 087			2 281 624	40 000	2 948 597	194 000	2 116 820			12 062 698
7. Young People		5 630 175		888 469	6 885 171		325 904		2 888 760	1 456 000		18 074 479
8. Fully funded HIV Response		844 526			382 250					800 000		2 026 776
9. Integration and social protection		1 407 544	292 000		7 644 729		86 867	314 000		800 000		10 545 140
10. Humanitarian settings and pandemics	6 225 539	1 126 035	4 414 000		640 306		33 820			272 000		12 711 700
Non-core Total	7 892 109	28 150 874	4 706 000	9 586 375	32 024 029	1 349 572	6 286 186	2 200 000	7 122 400	20 800 000		120 117 546
Core and non-core expenditures and encumbrances												
1. HIV Prevention	154 000	5 238 106	34 645	1 424 331	9 621 238	2 782 623	719 541	934 963	3 334 896	5 378 108		29 622 449
2. HIV Treatment	100 750	5 022 411	90 311	36 347	838 523	238 732	60 417	727 666		10 160 183		17 275 339
3. Paediatric AIDS, Vertical Transmission	13 000	8 975 212	7 395		2 159 456	118 703				2 757 924		14 031 690
4. Community-led responses	32 000	1 224 833	18 017	1 555 348	2 814 243	317 044	903 397	306 248	43 663	1 162 074		8 376 866
5. Human Rights	11 500	1 508 615		7 716 614	1 903 740	430 639	2 168 260	560 826	51 748			14 351 943
6. Gender Equality	1 686 570	3 079 301		373 901	2 455 450	106 212	3 800 914	305 127	2 853 591			14 661 066
7. Young People	20 000	6 545 768	5 803	888 469	7 735 197	37 314	400 525	9 933	4 022 285	1 458 567		21 123 860
8. Fully funded HIV Response	2 960	936 204		246 579	451 220	67 451	2 951			832 333		2 539 700
9. Integration and social protection		1 566 341	627 751	97 790	7 649 289	18 657	86 867	504 227		868 209		11 419 130
10. Humanitarian settings and pandemics	6 529 329	1 206 892	4 696 548	12 804	685 901	73 479	33 820			296 408		13 535 181
Grand Total	8 550 109	35 303 683	5 480 469	12 352 181	36 314 258	4 190 853	8 176 692	3 348 990	10 306 183	22 913 806		146 937 224

Note: Non-core excludes Global Fund expenditures of US\$263.9 million for UNDP and US\$4.5 million for UNICEF in 2025

Table 6: Core and non-core expenditures and encumbrances against UBRAF core available funds and non-core estimates, by region (in US\$)

Region	2025 Core Global Allocated funds	Core Global expenditures and encumbrances	Country envelopes Allocated funds	Country envelopes expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total Core and non-core funds available	Total Core and noncore expenditures and encumbrances
AP	14 375 922	14 449 849	3 906 747	3 199 639	31 375 900	18 355 809	49 658 569	36 005 297
EECA	5 386 354	5 487 074	810 506	611 585	30 913 800	8 479 556	37 110 660	14 578 215
ESA	22 666 777	21 831 499	6 788 548	5 404 418	97 741 900	54 107 359	127 197 226	81 343 275
LAC	9 855 634	10 015 600	2 576 949	1 890 096	15 931 200	6 291 548	28 363 783	18 197 245
WCA	21 089 880	21 192 825	5 300 950	4 467 220	46 487 200	41 722 894	72 878 030	67 382 939
Global	58 161 444	70 754 584	-	-	57 306 500	40 909 285	115 467 944	111 663 869
Total	131 536 011	143 731 431	19 383 700	15 572 958	279 756 500	169 866 451	430 676 211	329 170 840

Note: Non-core excludes Global Fund expenditures of US\$263.9 million for UNDP and US\$4.5 million for UNICEF in 2025

Table 7: Expenditure and encumbrances against Country Envelope funds, by organization (in US\$)

Organization	2025 Funding	2024 carry-forward	2025 funds available	2025 country envelopes expenditures and encumbrances	% Implementation
	A	B	C = A+B	D	E = C / D
UNHCR	658 000		658 000	658 000	100%
UNICEF	3 306 800	2 121 299	5 428 099	5 131 379	95%
WFP	588 060	357 521	945 581	441 464	47%
UNDP	1 622 200	735 117	2 357 317	1 403 844	60%
UNFPA	2 660 800	830 857	3 491 657	3 032 993	87%
UNODC	986 800	486 979	1 473 779	1 416 193	96%
UN Women	1 046 200	556 821	1 603 021	494 032	31%
ILO	138 600	126 028	264 628	261 585	99%
UNESCO	1 042 300	471 835	1 514 135	1 348 430	89%
WHO	823 413	824 070	1 647 483	1 385 037	84%
Grand Total	12 873 173	6 510 527	19 383 700	15 572 958	80%

Table 8: Core expenditures and encumbrances, by cost category and by organization (in US\$)

Cost Category by Cosponsor	2025 Core Budget	2025 Total core allocated funds	2025 EXPENDITURES AND ENCUMBRANCES								TOTAL
			Staff and other personnel costs	Contractual services	General operating expenses	Transfers and grants to counterparts	Equipment, furnitures and vehicles	Travel	Programme Support cost	Encumbrances	
UNHCR	1 794 400	658 000		74 886	33 684	503 893	3 553	1 825	40 160		658 000
UNICEF	4 443 200	7 537 940	1 299 266	938 973	394 700	3 330 757	322 192	244 273	139 854	482 793	7 152 809
WFP	1 906 900	1 453 129	136 417	34 267	79 435	451 055	62 341	10 953			774 469
UNDP	2 943 600	3 776 154	855 091	1 018 324	344 121	27 029	1 655	167 128	188 365	164 093	2 765 806
UNFPA	4 150 600	4 748 892	432 952	787 206	1 593 267	14 602	138 712	226 694	255 475	841 320	4 290 228
UNODC	2 369 900	3 189 008	1 796 212	182 437	250 901	22 978	9 493	215 521	160 837	202 902	2 841 281
UN Women	2 361 900	2 322 477	880 363	247 239	95 726	75 159	7 012	60 241	77 496	447 269	1 890 506
ILO	1 854 400	1 152 033	956 590	76 509	9 800		1 730	29 390	74 971		1 148 990
UNESCO	2 361 400	3 380 327	1 616 569	896 463	90 968	196 615	6 866	113 308	129 267	133 725	3 183 781
WHO	4 677 700	2 701 751	1 078 518	673 986	114 481	119 008		86 563	41 251		2 113 807
WORLD BANK	1 136 000										
Secretariat	120 000 000	120 000 000	108 555 545	7 291 506	11 313 244	2 285 186	482 877	1 361 821		1 194 533	132 484 712
Total	150 000 000	150 919 711	117 607 523	12 221 797	14 320 327	7 026 282	1 036 432	2 517 717	1 107 676	3 466 635	159 304 389

Note: Non-core excludes Global Fund expenditures of US\$263.9 million for UNDP and US\$4.5 million for UNICEF in 2025

[End of Document]