

2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

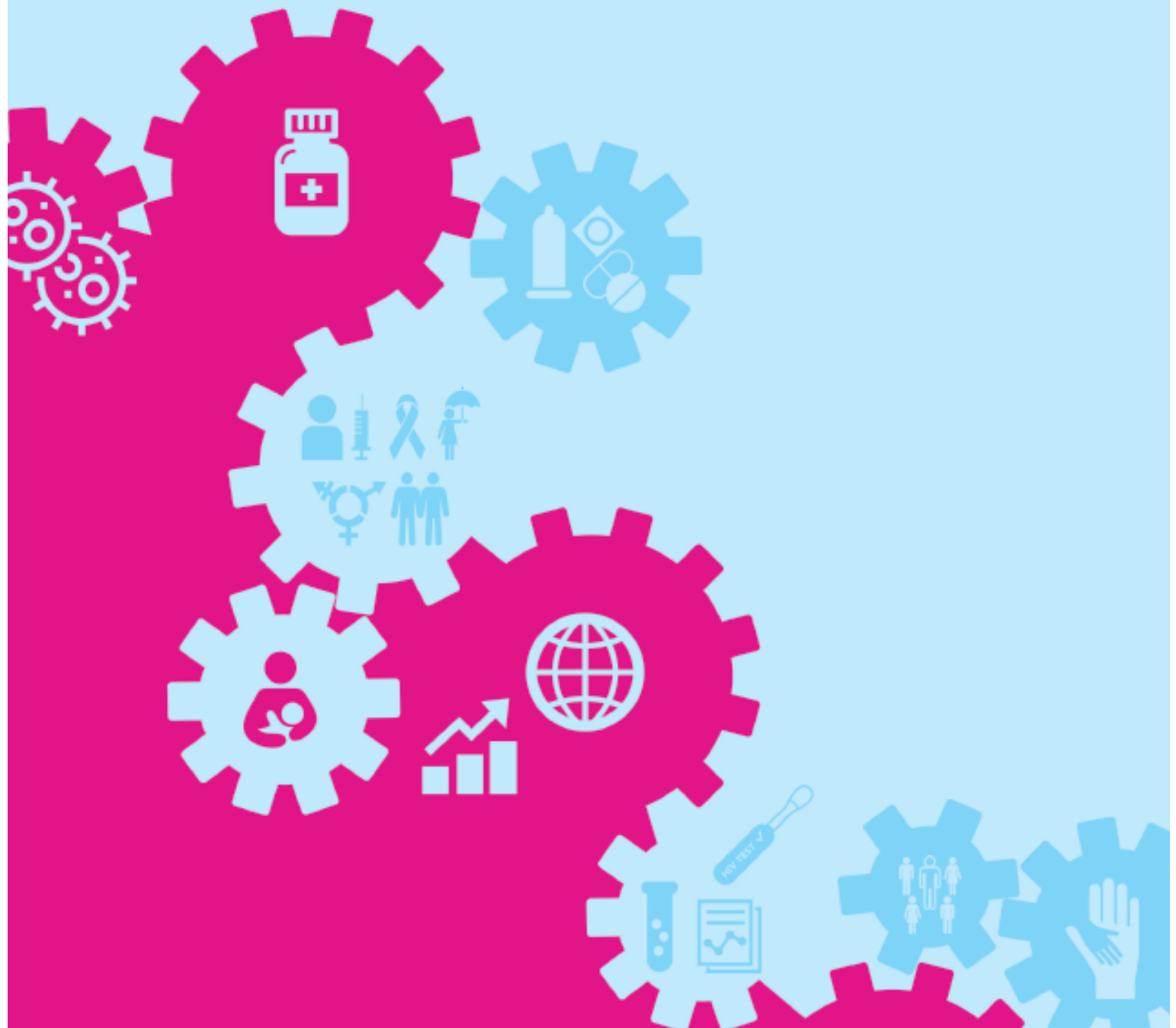
2024–2025 Workplan and Budget

Additional documents for this item:

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

- *approve* the 2024–2025 workplan (UNAIDS/PCB (52)/23.13);
- *approve* the core budget for 2024-2025 and the budget allocation of the Cosponsors and the Secretariat at a base of US\$187 million per annum up to a threshold of US\$210 million per annum; and
- *encourage* donor governments to make multiyear contributions and to release, as soon as possible, their annual contributions towards a fully funded 2022–2026 UBRAF;

Cost implications for implementation of decisions: US\$ 420 million.



2024-2025

WORKPLAN & BUDGET

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Introduction

1. The 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF), provides the operational framework for the contribution of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to the implementation of the Global AIDS Strategy 2021–2026.¹
2. The 2022–2026 UBRAF sets out the overall strategic directions and expected results of the Joint Programme as it leverages its unique power, capacities and comparative advantages, using an inequalities lens, to support countries and communities to close gaps against the global AIDS targets by 2025 and towards reaching SDG target of ending AIDS by 2030.
3. The next two years are crucial for the global HIV response. The response has made remarkable gains towards these targets. AIDS-related deaths have declined by 68% since they peaked in 2004 and new infections have been reduced by more than 50% since 1996. Nevertheless, in 2021, there were 650 000 AIDS-related deaths and 1.5 million new HIV infections. Some earlier gains against HIV have stalled and the overall pace of progress against the AIDS pandemic is slowing.
4. HIV-related stigma, discrimination and violence remain alarmingly common, and gender inequalities continue to put women and girls at inordinate risk of HIV infection. Many underperforming HIV programmes are in places where the pandemic is concentrated among key populations, but which lack the services and enabling environments to turn the tide against AIDS. Children living with HIV are still poorly served, and large numbers of men are missing out on life-saving HIV testing and treatment services.²
5. As called for in the 2023 UN Secretary-General’s report on progress in implementing commitments made in the 2021 Political Declaration on HIV and AIDS, *Ensuring an equitable response to end the AIDS pandemic and accelerate progress for global health and SDGs*,³ UN Member States are urged to act with urgency to accelerate and enhance the global AIDS response, by focusing on:
 - addressing the gaps in HIV prevention, testing and treatment services, and promoting societal enablers;
 - ensuring adequate and equitable funding;
 - implementing evidence-based and data-driven programmes;
 - supporting community-led responses;
 - building on HIV models and resources for broader health and development outcomes;
 - achieving equitable access to medicines and other health technologies; and
 - enhancing global partnerships and solidarity.
6. The collaborative effort of the Joint Programme constitutes a central driving force to accelerate progress by supporting countries and communities, leveraging the best of strategic partnerships for coordinated and effective action, and using investments for greatest impact in order to reach the global AIDS targets and other commitments set out in the 2021 Political Declaration on HIV and AIDS and to end AIDS as a public health

¹ [Global AIDS Strategy 2021–2026 | UNAIDS](#). Note that the terminology used in this document and related definitions are from the Global AIDS Strategy (Annex 4 Glossary page 154–159).

² [Dangerous inequalities: World AIDS Day report 2022 | UNAIDS](#)

³ [2023 Report of the UN Secretary-General on the Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS](#)

threat by 2030. Fully aligned with Global AIDS Strategy, the 2024–2025 workplan and budget outlines the Joint Programme’s priorities, expected results and related budget needed to best deliver support to countries and communities. Building on the implementation in 2022–2023, it serves as the Joint Programme’s overall joint planning as part of and in accordance with the UNAIDS 2022–2026 UBRAF, and it is aligned with the broader UN system, as mandated by the UN General Assembly Quadrennial Comprehensive Policy Review.

As recalled in all PCB decisions, all aspects of the Joint Programme’s work are directed by the following guiding principles:

- aligned to national stakeholders’ priorities;
- based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- based on human rights and gender equality;
- based on the best available scientific evidence and technical knowledge;
- promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
- based on the principle of non-discrimination.

OVERVIEW OF RESULTS AND BUDGET

7. The 2024–2025 workplan and budget is aligned with the Global AIDS Strategy and 2025 targets, and with the UBRAF results framework, which is composed of:

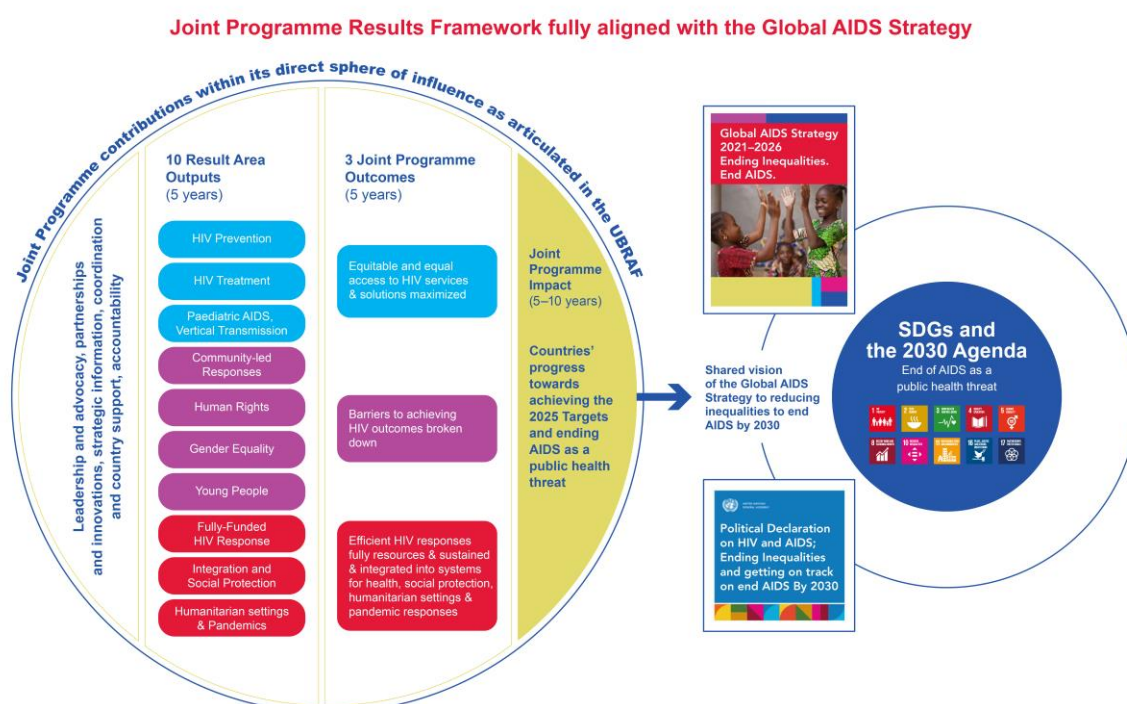
- **3 outcomes, which are essential to achieve the global AIDS targets and end AIDS as a public health threat by 2030:**
 - People living with, at risk of and affected by HIV obtain equitable access to HIV prevention, treatment, care and support services.
 - Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and the social and structural drivers of the HIV epidemic are removed.
 - Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 AIDS targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.
- **10 result areas at output level,⁴ which are interlinked critical areas of focus for the Joint Programme, led by Cosponsors as per the Division of Labour (see Annex 1) to address inequalities in the HIV response and achieve the 3 outcomes.** The workplan and budget specifies the work and results of the Joint Programme to accelerate progress in the 10 results areas: for HIV prevention, testing and treatment, paediatric AIDS and the elimination of vertical transmission, expanding

⁴ While recognizing the interlinkages between inequalities, gaps and challenges and the various result areas, they are not all explicitly listed in the workplan, for the sake of clarity and conciseness.

community-led responses,⁵ advancing human rights, gender equality and services for young people, and empowerment in the context of the HIV response, progress towards a fully funded and sustainable HIV response, integrated health services, health technologies and social protection and a better-prepared and resilient HIV response in humanitarian settings, as well as pandemic preparedness and responses.

- To achieve those priorities, complementing the contributions of and in concert and collaboration with the Cosponsors, **UNAIDS Secretariat ensures coordinated strategic focus, effective functioning and accountability across the Joint Programme’s work. It does so by fulfilling five functions:** leadership, advocacy and communication; partnerships, mobilization and innovation; strategic information; coordination, convening and country implementation support; and governance and mutual accountability.
- Throughout its work, Joint Programme will focus on four overarching priorities as outlined below and in Figure 4, namely: advance progress on HIV prevention; accelerate access to HIV treatment and new health technologies; promote community-led responses, including community-led services and monitoring; and, ensure equitable financing and sustaining the response to HIV.

Figure 1. Overview of UBRAF 2022–2026 results framework



8. As per the PCB request, **specific outputs** highlighting the more specific, focused and measurable added value of the Joint Programme’s work were defined for each of the ten result areas (for two years, thus for 2024–2025, under this workplan and budget, and for

⁵ At its 51st meeting, in decision point 6, the PCB took note of the final report on community-led AIDS responses on the basis of the recommendations of the Multistakeholder Task Team on community-led AIDS responses. The final report is available at: [Agenda Item 4: Final Report on Community-led Aids responses based on the recommendations of the multistakeholder Task Team to the UNAIDS 51st PCB | UNAIDS](#).

the five years of the UBRAF) and for the Secretariat functions (for the five years of the UBRAF). These are not intended to cover and capture all the actions of the Joint Programme, but serve as the basis for measuring performance, using the UBRAF-related indicator(s) for accountability.

- The Joint Programme's results drive progress towards achieving the global AIDS targets by 2025, and bring the AIDS response closer to achieving the Sustainable Development Goal (SDG 3.3, ending AIDS as a public health threat by 2030). The gains, and the health and community systems that are being strengthened, are also generating wider health, economic and developmental benefits that contribute to the achievement of other SDGs.

Figure 2. Overview of UBRAF outcomes, result areas, Secretariat functions and related specific outputs and indicators

Joint Programme's results to support the Global AIDS Strategy

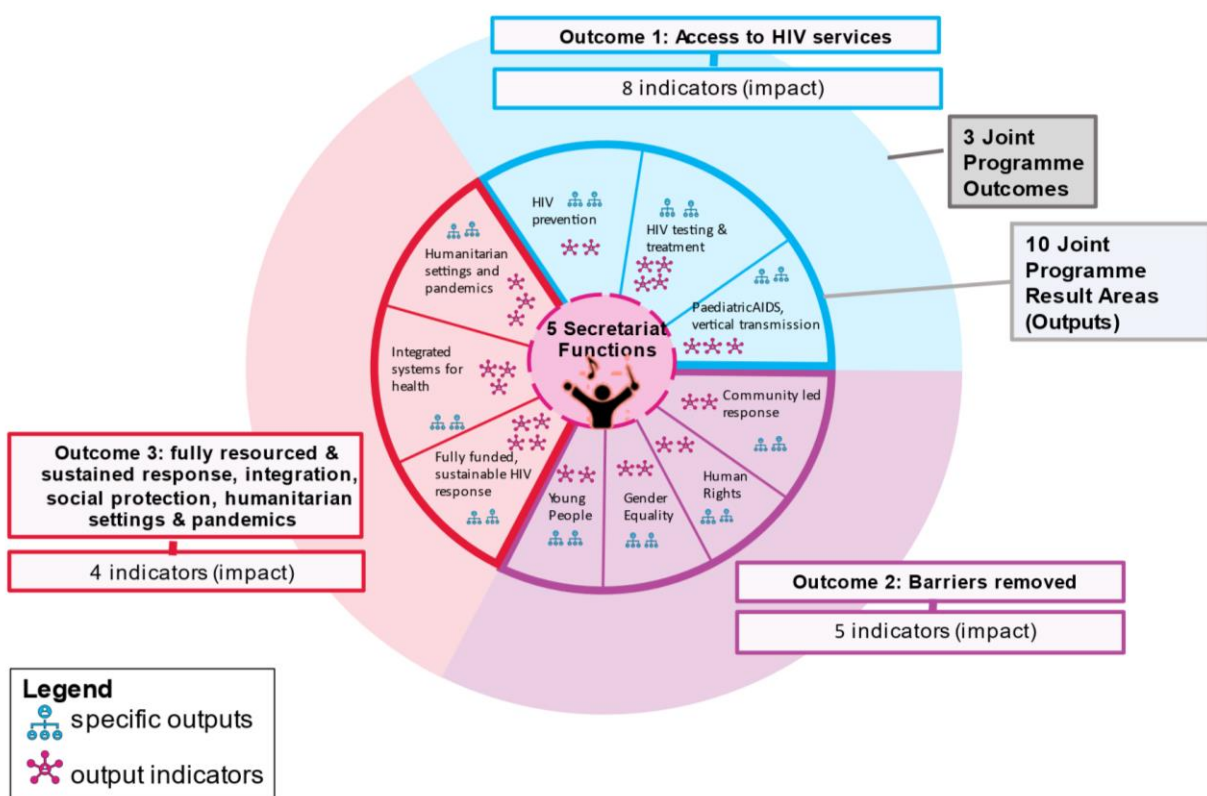
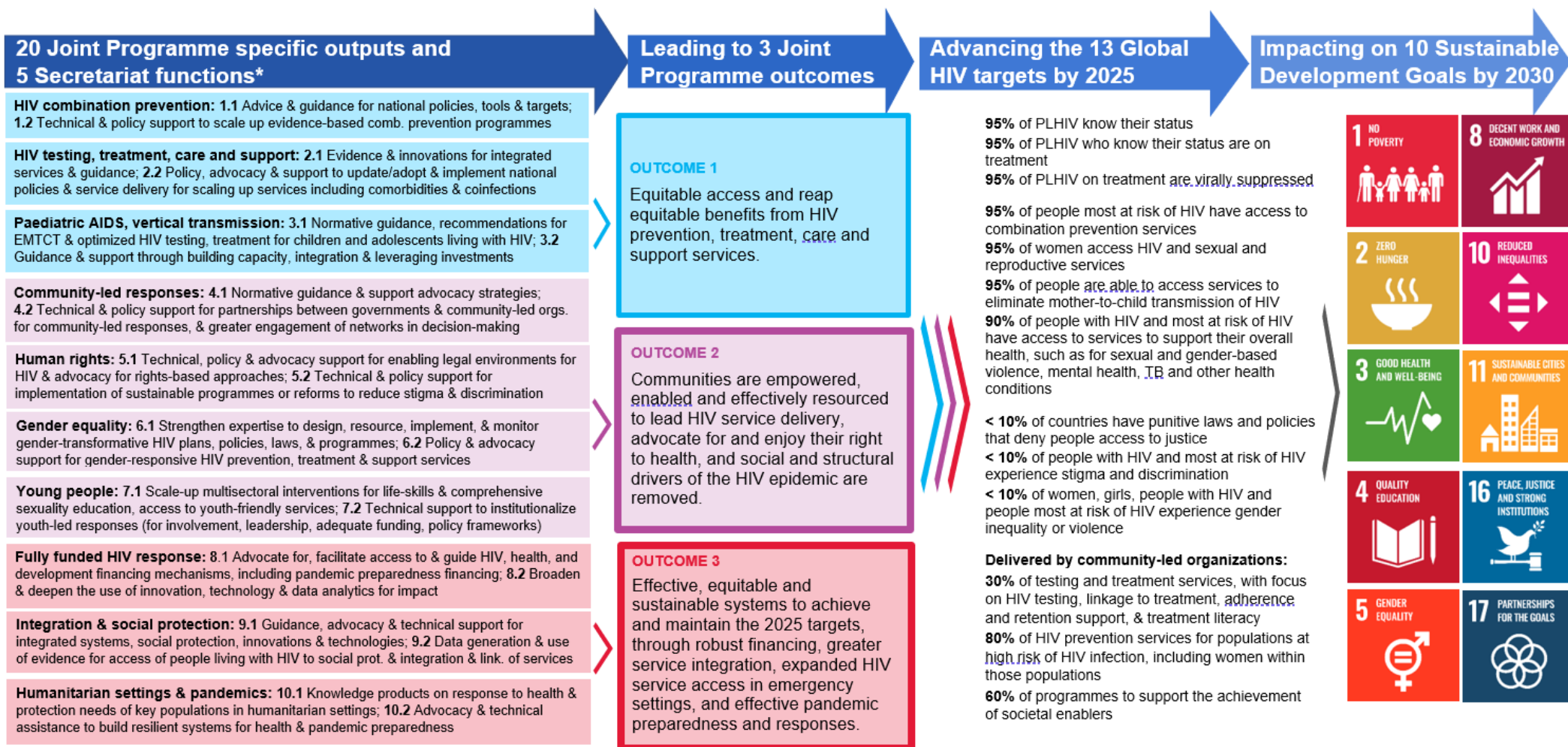


Figure 3. The results we deliver: Joint Programme outputs, outcomes and impact toward the Global AIDS targets and SDGs

THE RESULTS WE DELIVER

Joint Programme outputs, outcomes and impact towards the 2025 Global AIDS Targets and SDGs

Leadership, advocacy, partnerships & innovations, strategic information, coordination & country support, accountability



* Output language has been simplified for this visual

10. Informed by past experience, the latest evidence of gaps and country needs, and the Joint Programme's unique multisectoral approach and value, that no other actor can play the following pillars of the Global AIDS Strategy 2021–2026 will be prioritized, using an inequalities lens, to close the gaps for people behind and save lives:
- Advance progress on HIV prevention;
 - Accelerate access to HIV treatment and new health technologies;
 - Promote community-led responses, including community-led services and monitoring; and
 - Ensure equitable financing and sustaining the response to HIV.

Progress on those will be undergirded by removing structural barriers, protecting human rights, improving gender equality and women's empowerment, and removing punitive laws and policies.

Figure 4. Overarching strategic programmatic priorities

Global AIDS Strategy 3 priorities and UBRAF outcomes	Joint Programme priorities		Global AIDS Strategy and UBRAF 10 result areas
<i>Maximize equitable and equal access to HIV services and solutions</i>	Advance progress on HIV prevention	Promote decriminalization, human rights and gender equality to support access to HIV prevention and treatment services	RA 1: HIV prevention RA 3: Paediatric AIDS, vertical transmission
	<i>Accelerate access to HIV treatment and new health technologies</i>		RA 2: HIV treatment
<i>Break down barriers to achieving HIV outcomes</i>	<i>Promote community-led HIV responses, including community-led services and monitoring</i>		RA 4: Community-led responses RA 5: Human rights RA6: Gender equality RA 7: Young people
<i>Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.</i>	<i>Ensure equitable financing and sustaining the HIV response</i>		RA 8: Fully funded HIV response RA 9: Integration and social protection RA 10: Humanitarian settings and pandemics

11. The overall 2024–2025 workplan and budget serves as the framework for the Joint Programme’s more detailed workplanning at all levels during the biennium. The overarching strategic programmatic priorities listed above are most critical for shifting gears and getting the most traction for achieving the global AIDS targets. They will be operationalized further through the more detailed internal 2024–2025 workplanning and budgeting processes across the Joint Programme.
12. The workplan outlines priorities in each region which guide collective action in supporting countries and galvanizing cross-regional action to reduce inequalities in the context of the HIV response. At country level, the workplan and budget provides a framework for Joint UN Plans on AIDS that are also fully aligned with, contribute to, and leverage the broader power of the UN system through UN Sustainable Development Cooperation Frameworks to respond to national priorities in order to achieve the SDGs.
13. Efficiencies continue to be achieved. However, the results summarized below and further detailed in the next section can only be achieved with a fully funded budget. The 2024–2025 budget estimates the resources that the Joint Programme will need to achieve these results outlined in this workplan. Prepared in a manner that takes account of the unpredictable funding environment, the budget includes two main categories of funding:
 - **Core funds** provide funding to the Secretariat for implementation of its functions, as well as a predictable core catalytic funding for the HIV-related work of the 11 Cosponsors.
 - **Non-core funds** represent the HIV-related funds of Cosponsors that are mobilized within their own organizations, as well as additional funds which Cosponsors and the Secretariat raise at country, regional and global levels. Cosponsors' non-core funds in the UBRAF reflect both regular and extrabudgetary resources mobilized by Cosponsors, which contribute to the achievement of UBRAF outputs, and which are or can be measured through UBRAF indicators.
14. The amounts provided in the 2024–2025 budget represent estimates and are subject to changes with disbursement, depending on the funding that is mobilized throughout the biennium. Tables 1, 2 and 3 show the details of the 2024-2025 budget by year, by source of funds, by organization and a comparison of the US\$ 187 million base core budget and US\$ 210 million core budget threshold by Result area and Secretariat core function.

Table 1. 2024-2025 biennial budget by funding source, by year, for \$210 million and US\$187 million Core Budget

Funding source	Core Budget US\$ 210 million			Core Budget US\$ 187 million		
	2024	2025	Total	2024	2025	Total
I. Core funds						
Cosponsors Core central	22 000 000	22 000 000	44 000 000	22 000 000	22 000 000	44 000 000
Global Strategic Initiatives	11 000 000	11 000 000	22 000 000			
Cosponsors Country envelope	31 000 000	31 000 000	62 000 000	25 000 000	25 000 000	50 000 000
Sub-total Cosponsors core	64 000 000	64 000 000	128 000 000	47 000 000	47 000 000	94 000 000
Secretariat Core	146 000 000	146 000 000	292 000 000	140 000 000	140 000 000	280 000 000
Total core funds	210 000 000	210 000 000	420 000 000	187 000 000	187 000 000	374 000 000
II. Non-core funds						
Cosponsors Non-core *	227 256 500	227 256 500	454 513 000	227 256 500	227 256 500	454 513 000
Secretariat Non-core	50 000 000	50 000 000	100 000 000	50 000 000	50 000 000	100 000 000
Total Non-core funds	277 256 500	277 256 500	554 513 000	277 256 500	277 256 500	554 513 000
GRAND TOTAL - all funds	487 256 500	487 256 500	974 513 000	464 256 500	464 256 500	928 513 000

* Excludes projections for the UNDP- Global Fund partnership amounting to US\$ 753 million for 2024-2025

Table 2. Annual core and non core budget estimates by Results Area and Secretariat function - Core Budget of US\$210 million and US\$187 million

Table 2. Annual core and non core budget estimates by Results Area and Secretariat function - Core Budget of US\$210 million and US\$187 million

Results Areas/ Core Functions	Core Budget US\$ 210 million					Core Budget US\$ 187 million				
	Core central funds	Country envelopes	Total Core	Non-core funds	Total	Core central funds	Country envelopes	Total Core	Non-core funds	Total
I. Results Areas										
1 HIV prevention	5 692 000	8 105 900	13 797 900	31 345 800	45 143 700	4 544 000	6 502 000	11 046 000	31 345 800	42 391 800
2 HIV testing and treatment	1 926 500	4 165 100	6 091 600	28 245 500	34 337 100	1 799 500	3 368 800	5 168 300	28 245 500	33 413 800
3 Paediatric AIDS and vertical transmission	3 148 500	4 152 700	7 301 200	30 650 300	37 951 500	1 539 000	3 349 000	4 888 000	30 650 300	35 538 300
4 Community-led response	1 700 500	2 421 700	4 122 200	10 792 600	14 914 800	1 399 500	1 953 000	3 352 500	10 792 600	14 145 100
5 Human rights	4 318 000	2 583 600	6 901 600	10 902 300	17 803 900	1 848 000	2 083 600	3 931 600	10 902 300	14 833 900
6 Gender Equality	3 372 500	2 501 200	5 873 700	30 015 800	35 889 500	2 279 500	2 017 000	4 296 500	30 015 800	34 312 300
7 Young people	3 758 000	2 859 800	6 617 800	33 934 500	40 552 300	2 294 000	2 331 500	4 625 500	33 934 500	38 560 000
8 Fully-funded HIV Response	1 066 900	879 600	1 946 500	2 708 200	4 654 700	816 900	709 200	1 526 100	2 708 200	4 234 300
9 Integration and social protection	3 170 900	2 264 500	5 435 400	17 718 400	23 153 800	2 323 400	1 826 300	4 149 700	17 718 400	21 868 100
10 Humanitarian setting and pandemic	4 846 200	1 065 900	5 912 100	30 943 100	36 855 200	3 156 200	859 600	4 015 800	30 943 100	34 958 900
Total Cosponsors	33 000 000	31 000 000	64 000 000	227 256 500	291 256 500	22 000 000	25 000 000	47 000 000	227 256 500	274 256 500
II. Core Functions										
1 Leadership, advocacy and communications	37 501 000		37 501 000	13 300 000	50 801 000	35 961 000		35 961 000	13 300 000	49 261 000
2 Partnerships, mobilization and innovation	25 798 000		25 798 000	10 350 000	36 148 000	24 737 000		24 737 000	10 350 000	35 087 000
3 Strategic information	22 905 000		22 905 000	6 850 000	29 755 000	21 963 000		21 963 000	6 850 000	28 813 000
4 Coordination, convening and country implementation support	33 728 000		33 728 000	10 300 000	44 028 000	32 342 000		32 342 000	10 300 000	42 642 000
5 Governance and mutual accountability	26 068 000		26 068 000	9 200 000	35 268 000	24 997 000		24 997 000	9 200 000	34 197 000
Total Secretariat	146 000 000		146 000 000	50 000 000	196 000 000	140 000 000		140 000 000	50 000 000	190 000 000
Grand total	179 000 000	31 000 000	210 000 000	277 256 500	487 256 500	162 000 000	25 000 000	187 000 000	277 256 500	464 256 500

* Excludes projections for the UNDP- Global Fund partnership amounting to US\$ 376.5 million per annum

Table 3. Comparison of the core budget US\$ 210 million versus US\$ 187 million and non-core estimates by organization, in US\$

Organization	Core budget - US\$ 210 million			Non-core funds	Grand Total (Core & Non-core)	Core budget - US\$ 187 million			Non-core funds	Grand Total (Core & Non-core)
	Core central funds	Country envelopes	Total Core			Core central funds	Country envelopes	Total Core		
UNHCR	3 000 000	1 096 600	4 096 600	34 490 000	38 586 600	2 000 000	884 500	2 884 500	34 490 000	37 374 500
UNICEF	3 000 000	5 463 500	8 463 500	38 942 000	47 405 500	2 000 000	4 406 000	6 406 000	38 942 000	45 348 000
WFP	3 000 000	1 766 500	4 766 500	11 385 500	16 152 000	2 000 000	1 424 700	3 424 700	11 385 500	14 810 200
UNDP	3 000 000	3 540 700	6 540 700	6 300 000	12 840 700	2 000 000	2 855 200	4 855 200	6 300 000	11 155 200
UNFPA	3 000 000	4 822 900	7 822 900	40 689 000	48 511 900	2 000 000	3 889 500	5 889 500	40 689 000	46 578 500
UNODC	3 000 000	2 539 600	5 539 600	5 300 000	10 839 600	2 000 000	2 048 200	4 048 200	5 300 000	9 348 200
UN WOMEN	3 000 000	2 425 900	5 425 900	15 000 000	20 425 900	2 000 000	1 956 400	3 956 400	15 000 000	18 956 400
ILO	3 000 000	1 577 000	4 577 000	4 000 000	8 577 000	2 000 000	1 271 700	3 271 700	4 000 000	7 271 700
UNESCO	3 000 000	1 872 500	4 872 500	12 500 000	17 372 500	2 000 000	1 510 000	3 510 000	12 500 000	16 010 000
WHO	3 000 000	5 857 600	8 857 600	52 000 000	60 857 600	2 000 000	4 723 800	6 723 800	52 000 000	58 723 800
WB	3 000 000	37 200	3 037 200	6 650 000	9 687 200	2 000 000	30 000	2 030 000	6 650 000	8 680 000
Subtotal Cosponsors	33 000 000	31 000 000	64 000 000	227 256 500	291 256 500	22 000 000	25 000 000	47 000 000	227 256 500	274 256 500
Secretariat Funds	146 000 000		146 000 000	50 000 000	196 000 000	140 000 000		140 000 000	50 000 000	190 000 000
Grand Total	179 000 000	31 000 000	210 000 000	277 256 500	487 256 500	162 000 000	25 000 000	187 000 000	277 256 500	464 256 500

* Excludes projections for the UNDP- Global Fund partnership amounting to US\$ 376.5 million per annum

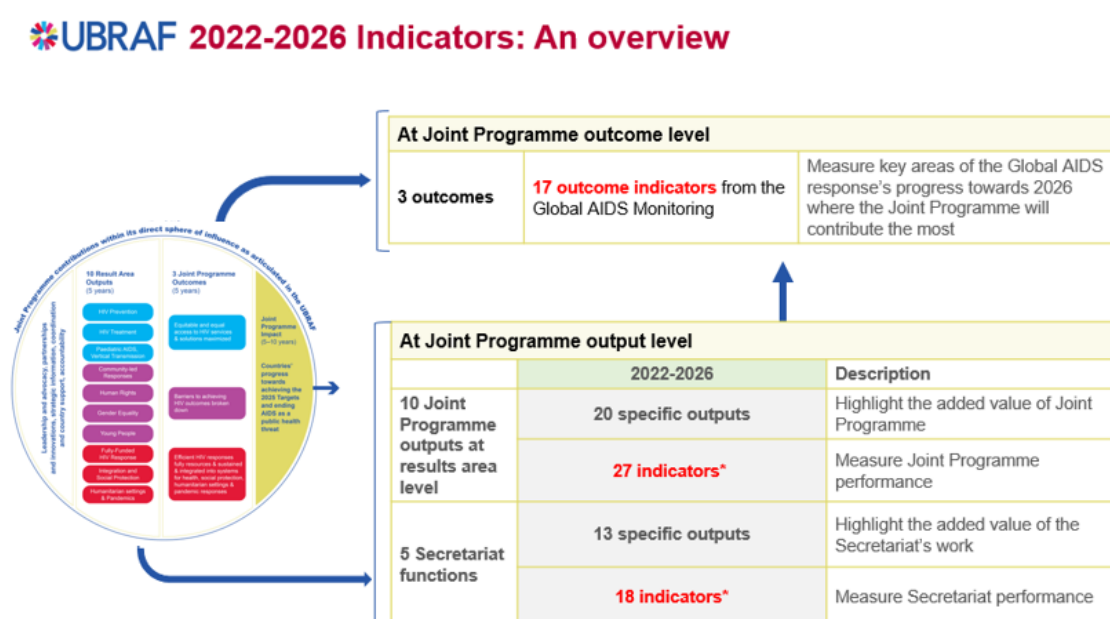
Table 4. The results we deliver and related budget needs: core and non-core budget estimates by result areas/core functions (core including country envelopes and non-core, annual estimates, in US\$)

Result area outputs and specific outputs <i>(noting output language has been simplified for the purpose of the visual)</i>	Core	Non-core	Total US\$
RA1: HIV combination prevention: 1.1 Advice & guidance for national policies, tools and targets; 1.2 Technical and policy support to scale-up evidence-based combination prevention programmes.	13 797 900	31 345 800	45 143 700
RA 2: HIV testing, treatment, care and support: 2.1 Up-to-date evidence & innovations for integrated services & guidance; 2.2 Policy, advocacy & support to update/adopt & implement national policies & service delivery for scaling up services including comorbidities & coinfections.	6 091 600	28 245 500	34 337 100
RA 3: Paediatric AIDS, vertical transmission: 3.1 Normative guidance, recommendations for EMTCT & optimized HIV testing, treatment for children and adolescents living with HIV; 3.2 Guidance & support through building capacity, integration & leveraging investments.	7 301 200	30 650 300	37 951 500
RA 4: Community-led responses: 4.1 Normative guidance & support advocacy strategies; 4.2 Technical & policy support for partnerships between governments and community-led organizations for community-led response, and greater engagement of networks in decision-making.	4 122 200	10 792 600	14 914 800
RA 5: Human rights: 5.1 Technical, policy & advocacy support for enabling legal environments for HIV & advocacy for rights-based approaches; 5.2 Technical & policy support for implementation of sustainable programmes or reforms to reduce stigma & discrimination.	6 901 600	10 902 300	17 803 900
RA 6: Gender equality: 6.1 Strengthen expertise to design, resource, implement, & monitor gender-transformative HIV plans, policies, laws, & programmes; 6.2 Policy & advocacy support for gender-responsive HIV prevention, treatment & support services.	5 873 700	30 015 800	35 889 500
RA 7: Young people: 7.1 Scale-up multisectoral interventions for life-skills & CSE, access to youth-friendly services; 7.2 Technical support to institutionalize youth-led responses (for involvement, leadership, adequate funding, policy frameworks).	6 617 800	33 934 500	40 552 300
RA 8: Fully funded HIV response: 8.1 Advocate for, facilitate access to & guide HIV, health, and development financing mechanisms, including pandemic preparedness financing; 8.2 Broaden & deepen the use of innovation, technology & data analytics for impact.	1 946 500	2 708 200	4 654 700

RA 9: Integration & social protection: 9.1 Guidance, advocacy & technical support for integrated systems, social protection, innovations & technologies; 9.2 Data generation & use of evidence for access of people living with HIV to social protection & integration & linkages of services.	5 435 400	17 718 400	23 153 800
RA 10: Humanitarian settings & pandemics: 10.1 Knowledge products on response to health & protection needs of key populations in humanitarian settings; 10.2 Advocacy & technical assistance to build resilient systems for health & pandemic preparedness.	5 912 100	30 943 100	36 855 200
UBRAF Secretariat function specific outputs for 2022–2026			
SF 1: Leadership, advocacy and communication: S1.1 Political commitments to end AIDS and implement the Global AIDS Strategy 2021–2026 & end HIV-related inequalities; S1.2 Strong meaningful engagement & leadership of people living with, at risk, affected by HIV for decision & action.	37 501 000	13 300 000	50 801 000
SF 2: Partnerships, mobilization and innovation: S2.1 UNAIDS Global Strategic Initiatives and partnerships leveraged to address gaps, barriers and risk for communities; S2.2 Knowledge management for reducing HIV-related inequalities and accelerate progress.	25 798 000	10 350 000	36 148 000
SF3: Strategic information: S3.1 Monitoring framework to the Global AIDS Strategy 2021–2026 and the 2021 UN Political Declaration on HIV/AIDS; S3.2 HIV country estimates and data for GAM and community-led monitoring to measure progress gaps and inequalities; S3.3 Global AIDS Update reports and update AIDSinfo on epidemic and response.	22 905 000	6 850 000	29 755 000
SF 4: Coordination, convening and country implementation support: S4.1 Joint UN Teams on AIDS for effective UN support to national HIV responses and to the SDGs as part of UNSDCF; S4.2 Harmonized Joint Programme approaches to reduce HIV-related inequalities and barriers to integrated HIV services.	33 728 000	10 300 000	44 028 000
SF 5: Governance and mutual accountability: S5.1 Effective and inclusive Joint Programme governance and multilateral commitment to the Global HIV response; S5.2 Mutual accountability and transparency mechanisms in place; S5.3 UN mandatory reports show strong compliance and contribution to UN reform; S5.4 Implemented Evaluation Plan and systematic follow up of recommendations and lessons learned.	26 068 000	9 200 000	35 268 000
Total (US\$)	210 000 000	277 256 500	487 256 500

15. In accordance with the accountability mechanism of the UBRAF, the monitoring of the Joint Programme’s results and performance against the workplan and budget is done, mostly through the UBRAF indicators matrix endorsed by the PCB at its 50th meeting.⁶ The UBRAF indicators are two-tiered—at outcome and specific Joint Programme’s output levels. An overview of the UBRAF performance monitoring indicators approved by the PCB in 2021 and 2022 is presented in Figure 5.
16. For each specific output, in addition to indicators defined for 2022–2026, milestones reflect intended achievements to measure progress of the work conducted by the Joint Programme or Secretariat by 2025, while targets show the final, intended achievement to measure their work/contributions for the related specific outputs by end–2026.
17. While UBRAF indicators are in principle defined for 2022–2026, selected 2025 milestones and 2026 targets have been slightly updated/refined in the 2024–2025 workplan and budget as provisioned in the UBRAF Indicator matrix. This was done in light of the review of progress made towards the 2023 milestones and of lessons learned from the 2022–2023 workplan and budget. The changes reflect the latest available information, including the 2022 reporting data, prioritization and other information on needs and demands for support from countries in an evolving global context. Changes are substantiated and transparently shared in explanatory footnotes for each of the adapted milestone/targets in the tables, below.

Figure 5. UBRAF 2022–2026 indicators: an overview



⁶ At its 50th meeting, the PCB, recalling the decision points 6.1–6.3 under agenda item 4, including its footnote, from the 49th PCB meeting, took note of the Indicator Matrix for the 2022–2026 Unified Budget, Results and Accountability Framework and the indicators, milestones, targets and data sources for the 2022–2023 workplan and budget (UNAIDS/PCB (50)/22.14), and requested the UNAIDS Executive Director to add the annex to the 2022–2026 UBRAF Framework (UNAIDS/PCB (EM)/4.2) and the 2022–2023 workplan and budget (UNAIDS/PCB (49)/21.27); The final UBRAF indicator matrix is available at: [Agenda item 5: Indicator matrix for the 2022–2026 UBRAF and Indicators, milestones, targets and data sources for the 2022–2023 workplan and budget | UNAIDS](#).

Detailed 2024–2025 workplan for 10 result areas

1. HIV PREVENTION



Country and community capacities are strengthened to define, prioritize, implement and bring gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV at a scale to drive impact and achieve national HIV prevention targets

Annual Budget		
Core funds including country envelopes (US\$): 13,797,900	Non-core funds (US\$): 31,345,800	TOTAL (US\$): 45,143,700

Contributing organizations: UNFPA, UNDP, UNODC, UNICEF, UNESCO and WHO (leads) with UNWOMEN, ILO, UNHCR, WFP, World Bank and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>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.</p> <p>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.</p>	<p>1.1 Provide policy advice and strategic guidance to countries to adopt, implement and monitor national policies, tools and targets for combination HIV prevention services for and with key populations and other groups at higher risk of HIV infection.</p> <p>1.2 Technical and policy support provided to countries to scale-up and tailor evidence-based combination prevention programmes and services, for and with key populations and other groups at higher risk of HIV.</p>
Milestones by end of 2025	Targets by end of 2026
<p>1.1.1 80 countries supported by the Joint Programme in improving prevention policy and strategy for epidemiologically relevant key and priority populations.⁷</p>	<p>1.1.1: 80 countries supported by the Joint Programme in improving prevention policy and strategy for epidemiologically relevant key and priority population(s).</p> <p>1.2.1: 80 countries receive Joint Programme's technical and/or implementation support to scale up combination HIV prevention programmes by 2026, including 40 for implementing and monitoring of national prevention road maps.</p>

⁷ In 2022, 88 countries were supported by the Joint Programme in improving national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infections. Therefore, the 2025 milestone and 2026 target was changed from 40 countries to 80 countries. This is also done given the detailed explanation of this indicator and method of measurement, which was meant to cover Joint Programme work more comprehensively in countries, compared to the initial baseline survey that was conducted.

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. ⁸	
UBRAF indicators	
1.1.1 Number of countries supported by the Joint Programme in improving national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infections.	
1.2.1 Number of countries where the Joint Programme provided technical and/or implementation support to scale up combination HIV prevention programmes.	

Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)
<ul style="list-style-type: none"> • Important gaps remain for HIV combination prevention programmes due to weak political leadership, resources for and prevention systems to implement at scale and policy and structural barriers which lead to a lack of or unevenly accessible services particularly for key populations. The coverage and use of combination HIV prevention among gay men and other men who have sex with men, for example, ranged from 27% in Asia and the Pacific to 53% in western and central Africa. In sub-Saharan Africa, adolescent girls and young women are three times as likely to be infected with HIV as adolescent boys and young men, and HIV incidence also remains high among women aged 25–34 years. Less than a quarter of the resource need for key population programmes was met in 2021. • Gaps in condom availability and use persist and are widening in several countries due to reduced investments in demand creation, including in sub-Saharan Africa, where funding for social marketing has declined. Discrimination and hostile policies also limit the full potential of condoms for HIV prevention, especially among key populations. • Voluntary medical male circumcision coverage remains low in some countries, in particular in southern Africa. In the 15 priority countries, a target of 90% coverage among men 15–49 was set for 2025, but only a few countries in eastern Africa are on-track to achieve the target. • Approximately 1.6 million people received pre-exposure prophylaxis (PrEP) at least once in 86 countries in 2021, with important increases in some countries in Africa and Asia, but progress is much slower in other regions. Multimonth dispensing, the use of virtual service platforms and bigger roles for community-led organizations can increase use of PrEP. • Harm reduction services were reported in 87 countries in 2021, but mostly on a small scale and often in the context of counter-productive law enforcement practices. Since 2017, only 18 of the 40 reporting countries have achieved the 90% target on coverage of safe injecting practices. Opioid agonist therapy was available to less than 10% of people who inject drugs and there is a lack of multisectoral cooperation (between health, law enforcement, harm reduction service providers and communities) in support of evidence-based harm reduction services, including OAT. The spread of new psychoactive substances or stimulant drugs is high in several regions, with substantial gaps in knowledge on related health risks. The coverage and use of combination of HIV services among people who use those drugs are insufficient due to weak capacities for innovative approaches for service delivery. The HIV-related needs of people in prisons and other closed settings also remains neglected: between 2017 and 2022, only 7 countries had needle and syringe programmes, and 27 provided opioid agonist therapy to people behind bars.

⁸ In 2022, in 89 countries the Joint Programme provided specific technical or implementation support to scale up combination HIV prevention programmes. Therefore, the 2025 milestone and 2026 target from 40 and 45 respectively, was increased to 80 countries, while including an additional qualifier to the milestone and targets of 40 countries for implementing and monitoring national prevention road maps, highlighting this more specific support.

- A least 85% of 155 reporting countries have policies or laws for the provision of comprehensive sexuality education (CSE) in schools, but those curricula are often poorly taught. Survey data from sub-Saharan Africa (2015–2020) show that only 38% of youth (15–24 years) had comprehensive knowledge about HIV.

Priority action and key partnerships for 2024–2025

- Enhance national stewardship capacity for combination prevention with a view to develop more effective, scalable and sustainable models of implementing HIV prevention.
- Expand utilization of innovative prevention approaches, including new communication technologies, SRHR interventions, ARV-based prevention technologies in all forms and community-based and -led access platforms, particularly for key populations and young people in settings with high HIV incidence.
- Address persistent gaps in key populations' access to HIV prevention by addressing underlying obstacles in relation to policy, structural barriers, financing and limited scale of programmes.
- Scale up interventions that transform unequal gender norms, including violence against women, to prevent HIV, particularly among adolescent girls and young women in sub-Saharan Africa.
- Build multisectoral partnership through involvement of law enforcement entities in and support for human rights and evidence-based programmes, with the aim of minimizing exposure to criminal justice system and reducing adverse health outcomes among key populations, as well as helping reduce related inequalities.
- Expand coverage of combination HIV prevention among young and adult women and men to ensure that all locations with high HIV incidence have adequate programmes.
- Scale up of harm reduction intervention (opioid agonist therapy, needle and syringe programmes, drug overdose prevention and management) in prison settings, in line with 2025 targets.

Key partnerships: With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and the DREAMS partnership, and Global Fund), Global HIV Prevention Coalition, Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, Education Plus, FP2030, Global Financing Facility.

2. HIV TESTING AND TREATMENT



Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.

Annual Budget		
Core funds including country envelopes (US\$): 6,091,600	Non-core funds (US\$): 28,245,500	TOTAL (US\$): 34,337,100

Contributing organizations: UNFPA and WHO (leads) with UNHCR, UNICEF, WFP, UNDP, UNODC, UN WOMEN, ILO, UNDP World Bank and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>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.</p> <p>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.</p>	<p>2.1 Strategic convening of scientists, programme managers, communities and multisectoral stakeholders, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.</p> <p>2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes that are aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services, including for common comorbidities and coinfections, and related access; update monitoring; and share good practices.</p>
Milestones by end of 2025	Targets by end of 2026
<p>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.</p> <p>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.</p> <p>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</p>	<p>2.1 1: 50 countries adopt at least two key recommendations from relevant guidance by 2026.</p> <p>2.2.1: 60 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 2026.2.2.2 At least 60 countries supported by the Joint Programme implement recommended WHO-preferred first-line ARV regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention,</p>

<p>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.</p> <p>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.</p>	<p>testing, treatment, service delivery and monitoring for adults and adolescents, women of child-bearing age and pregnant and/or breast-feeding women by 2026.</p> <p>2.2.3: 40 countries supported by the Joint Programme adopt shorter rifamycin based regimens for TB preventive treatment for people living with HIV by 2026.</p>
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UBRAF indicators

<p>2.1.1 Number of countries supported by the Joint Programme that have implemented innovations to optimize access to integrated HIV and comorbidity/coinfection services (i.e. adopted at least two key recommendations from the guidance for integrated service delivery of HIV and comorbidities).</p> <p>2.2.1 Number of countries supported by the Joint Programme that have updated and implemented the following three components as part 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: a) first- and second-line antiretroviral therapy (ART); b) differentiated service delivery; and, c) advanced HIV disease.</p> <p>2.2.2 Number of countries that implement recommended WHO-preferred first-line ARV regimens 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: a) adults and adolescents; b) women of childbearing age; c) pregnant and/or breast-feeding women.</p> <p>2.2.3 Number of countries where the Joint Programme operates that have adopted shorter rifamycin-based regimens for TB preventive treatment for people living with HIV.</p>

Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)

- Globally in 2021, approximately 85% of people living with HIV knew their HIV status (leaving almost 6 million people unaware that there were living with HIV), 88% of them were receiving HIV treatment, and 92% of people on treatment were virally suppressed—a marked improvement since 2015. The biggest remaining gap involves diagnosing people living with HIV and swiftly linking them to treatment and care services. Gaps remains for people who start ART to successfully suppress their viral loads to undetectable levels: approximately 1 in 11 people receiving HIV treatment globally in 2021—about 2.4 million people—were estimated to not be virally suppressed at their last viral load test.
- Globally, men living with HIV are less likely to receive ART (70%) than women living with HIV (80%). They are faring worse than women at every step along the cascade of HIV testing and treatment and experiencing worse outcomes. This disparity, which emerged in the past decade, is especially evident in sub-Saharan Africa where in 2021, 86% of adult men living with HIV knew their HIV status, 74% were accessing treatment and 69% were virally suppressed, compared with 92%, 83% and 77% of women.
- Yet, women continue to face social and structural barriers in accessing HIV testing and treatment due to entrenched gender norms, including (fear of) violence, economic dependence, care responsibilities, and gender-based stigma and discrimination. HIV-related illness remains one of the major causes of death for women of reproductive age in sub-Saharan Africa.
- Important other inequalities affect access to HIV testing and treatment. Many of the people left out belong to key and other marginalized populations and live in settings where weak political will, insufficient funding and obstructive laws and policies restrict their access to health care generally. In countries collecting the relevant data, approximately one in four key population members are not aware of their HIV status. Recent reported data indicate that, in median, about three in four sex workers, gay men and other men who have sex with men and transgender people globally either had taken an HIV test and received the results in the past 12 months or had previously tested positive for HIV. In some countries, women living with HIV continue to face forced sterilization based on their HIV status.

Priority action and key partnerships for 2024–2025

- Develop, package and disseminate consolidated and simplified normative, strategic and implementation guidance on HIV testing, treatment and care for use in the context of integrated services, including through primary health care, and in diverse epidemic and social contexts and for evidenced-informed domestic and international investments, including Global Fund and PEPFAR in relevant countries.
- Provide policy, advocacy and technical support to ministries of health and other HIV stakeholders in countries to update/adopt and implement national policies aligned with global standards, and redesign service delivery programmes to focus on reaching the people who are left behind with quality HIV testing, treatment, care and integrated services (including for comorbidities and coinfections), including for key populations and their partners.
- Provide advocacy, tools, guidance and technical support to countries and communities to expand access to existing and new HIV testing and treatment commodities, technologies and service delivery packages.
- Support communities living with and affected by HIV to reach the goal of ensuring that at least 30% of testing and treatment services are delivered by and through community-led organizations, with a focus on: enhanced access to testing; linkage to treatment, adherence and retention support; treatment literacy; and components of differentiated service delivery (e.g. distribution of ARVs) and enhance the monitoring and reporting of these contributions.
- Provide guidance and tools for countries for use in primary health care contexts that position HIV treatment and care management within person-centered frameworks that seek to provide holistic and integrated services covering common comorbidities and coinfections, including for inadequately served populations and key populations.
- Address specific social and structural barriers which women face in accessing HIV testing, treatment and care, due to unequal gender norms.

Key partnerships: With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and Global Fund, Fast-Track Cities initiative, Global Alliance to end AIDS in Children).

3. PAEDIATRIC AIDS AND VERTICAL TRANSMISSION



Capacities at national and subnational levels strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.

Annual Budget		
Core funds including country envelopes (US\$): 7,301,200	Non-core funds (US\$): 30,650,300	TOTAL (US\$): 37,951,500

Contributing organizations: UNICEF, UNFPA and WHO (leads) with WFP, UNDP, UNODC, World Bank and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>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.</p> <p>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.</p>	<p>3.1 Countries supported to adopt updated normative guidance and recommendations, and to develop and share best practices for the elimination of vertical transmission and for optimizing HIV testing, treatment and outcomes for children and adolescents living with HIV.</p> <p>3.2 Regions, partners and countries guided and supported to prioritize and implement sustainable actions for eliminating vertical transmission and ending paediatric AIDS through building capacity; integrating HIV into maternal, neonatal, child and adolescent health and primary care; and through leveraging domestic and international investments.</p>
Milestones by end of 2025	Targets by end of 2026
<p>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.</p> <p>* Based on the 2022 data, 91 countries are supported by the Joint Programme in 2022, therefore at the start of the UBRAF this milestone refers to approximately 82 countries.</p> <p>3.2.1: 3 additional partner countries submit their validation report to the Global Validation Advisory Committee by 2025.</p>	<p>3.1.1: 95%* 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 2026.</p> <p>* Based on the 2022 data, 91 countries are supported by the Joint Programme in 2022, therefore at the start of the UBRAF this milestone refers to approximately 86 countries.</p> <p>3.2.1: 5 additional partner countries develop a national validation report to be submitted to the Global Validation Advisory Committee by 2026.</p> <p>3.2.2 An additional 15 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 2026.</p>

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. ⁹	
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UBRAF indicators

3.1.1 Number of countries supported by the Joint Programme that have a national plan for the elimination of vertical transmission of HIV and implement the treat-all policy for pregnant and breast-feeding women.
3.2.1 Number of countries supported by the Joint Programme to develop a national validation report to be submitted to the Global Validation Advisory Committee.
3.2.2 Number of countries supported by the Joint Programme with HIV services for children that are integrated into at least 50% of primary health care sites.

Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)

- About 81% [63–97%] of pregnant and breast-feeding women living with HIV were receiving ART in 2021, up from 46% in 2010. However, programmes for preventing vertical transmission of HIV may be losing momentum, since their coverage has changed little in recent years. This is especially worrisome in western and central Africa, where programmes reached only 60% [48–70%] of pregnant or breast-feeding women living with HIV in 2021. Recovering momentum requires significant shifts in service delivery, including better access to integrated antenatal care and HIV services, especially for adolescent girls and women who are stigmatized and marginalized, as well as addressing the gender norms and inequalities that impact women’s ability to seek and access services. Programmes also need to become more effective at supporting women to know their HIV status and start on ART, if needed.
- Treatment access among children living with HIV remains well short of the global target of 95% treatment coverage and far lower than for adults—52% [42–65%] versus 76% [67–87%] in 2021. This gap is widening and it partly reflects missed opportunities for diagnosing children living with HIV: more than 60% of children not receiving HIV treatment are aged 5–14 years and were not diagnosed as infants. Wider adoption of point-of-care early infant diagnosis will help close that gap, but additional efforts are needed such as family-based index testing to find children living with HIV who were missed by early infant diagnostic testing and need treatment. Structural and social barriers that impact on access to services are key to address. The health outcomes of children who receive HIV treatment are also worse than that of adults, partly due to suboptimal paediatric HIV medicines and challenges in retention in care retention. Consequently, only 41% of children living with HIV had suppressed viral loads in 2021, less than half the 2025 target of 86%.

Priority action and key partnerships for 2024–2025

- Galvanize governments and partners and community networks in Global Alliance partner countries to implement action plans and track progress.
- Promote triple elimination programming (for eliminating vertical transmission of HIV syphilis and Hepatitis B), as well as the integration of HIV interventions into primary health care systems to expand the reach of testing and treatment services and build sustainability and resilience.
- Strengthen prevention services (including PrEP) for HIV-negative pregnant and lactating women and their partners.

⁹ The 2025 milestone was reduced from the initially planned 15 to 10 partner countries. This is because 12 countries had already joined the Alliance and two had additional ones expressed interested in joining in 2022, with more expected in 2023. Less additional ones are expected to join 2024-2025 and efforts will rather focus on implementation support.

- Improve retention in care and adherence to HIV treatment for pregnant and breast-feeding women, children and adolescents, especially as they transition to adult treatment services.
 - Support countries and programmes to forecast and, where needed, procure adequate varieties and quantities of contraceptive commodities that are best-suited for women and couples who wish to prevent pregnancy.
 - Support countries to strengthen legal and policy measures in order to ensure the promotion of women’s and adolescent girls’ SRHR, the elimination of intimate partner violence, and the transformation of harmful gender norms for gender equality.
- Key partnerships:** With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and Global fund, Global Alliance to end AIDS in children, Elizabeth Glaser Pediatric AIDS Foundation, Paediatric AIDS Treatment for Africa (PATA), Center for Disease Control, ICAP, the Vatican Initiative, GAP-f, FP2030).

4. COMMUNITY-LED RESPONSES



Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.

Annual Budget		
Core funds including country envelopes (US\$): 4,122,200	Non-core funds (US\$): 10,792,600	TOTAL (US\$): 14,914,800

Contributing organizations: All Cosponsors and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>4.1 Promote normative guidance, with communities, for community-led responses with a focus on network strengthening, community-led monitoring and service delivery.</p> <p>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).</p>	<p>4.1 Develop and promote normative guidance and support advocacy strategies for community-led responses (network strengthening, legal literacy, advocacy, monitoring and service delivery), including those led by people living with HIV, key populations, women and youth.</p> <p>4.2 Provide technical and policy support to countries to develop and expand partnerships between governments and community-led organizations, and support for greater engagement of networks in decision-making for community led responses, including on funding.</p>
Milestones by end of 2025	Targets by end of 2026

<p>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 the most significantly affected communities in the country for the community-led HIV response by 2025.¹⁰</p> <p>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 2025.¹¹</p>	<p>4.1.1 In at least 65 countries, Joint Programme provided technical support and guidance for community-led organizations from at least three of the most significantly affected communities in the country for the community-led HIV response by 2026.</p> <p>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 2026.</p>
<p>UBRAF indicators</p>	
<p>4.1.1 Number of countries where the Joint Programme provides technical support for community-led HIV responses.</p> <p>4.2.1 Number of countries where the Joint Programme provides support to national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses.</p>	
<p>Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)</p>	
<ul style="list-style-type: none"> • Progress in recent years demonstrates the essential roles of community-led HIV responses in global efforts to end AIDS as a public health threat. The advantages of partnering with community-led organizations to deliver people-centred HIV services are increasingly recognized and so do the globally agreed targets: 30% of testing and treatment services to be delivered by community-led organizations, 80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations and 80% services for women to be delivered by community-led organizations that are women-led and 60% of the programmes supporting the achievement of societal enablers to be delivered by community-led organizations. • However, progress towards the 30–80–60 targets is unclear, since few monitoring systems track the proportion of services and programmes delivered by community-led organizations. Limited information currently available suggest that considerable work is needed to achieve the 80% community-led service delivery target for HIV prevention services for key populations. As of 2019, in the majority countries that reported to the Global AIDS Monitoring system, 80% or more of HIV prevention programmes were community and key population-led. Across countries with available data for 2019–2021, key populations-led organizations reached 40% of sex workers (35 countries), 31% of gay men and other men who have sex with men (35 countries), 26% of people who inject drugs (26 countries) and 37% of transgender people (17 countries) with prevention interventions that were designed for them. Key population-led organizations also provided 19% of all needles and syringes distributed in the previous 12 months across 35 countries with available data between 2019 and 2021. • Available research suggests that the work of community-led organizations is undermined by funding shortages, policy and regulatory hurdles, capacity constraints, and crackdowns on civil society in many countries. Social contracting, whereby governments partner with and procure services from civil society organizations, has emerged as a potentially powerful, though underutilized, option for reaching marginalized or hard-to-reach populations. Although the pivotal roles of communities are recognized in HIV governance, their meaningful engagement in national systems for health as leaders, decision-makers and partners remains limited. 	

¹⁰ In 2022, there were 77 countries in which the Joint Programme provided technical support and guidance for community-led organizations from at least three of the most significantly affected communities in the country. Therefore the 2025 milestone and 2026 target were changed, from 25 and 30 countries respectively, to 65 countries for both.

¹¹ In 2022, 84 countries received support by the Joint Programme to national and/or subnational governments and/or other stakeholders for the incorporation and expansion of community-led HIV responses. Therefore the 2025 milestone and 2026 target were changed, from 25 and 30 countries respectively to 65 countries for both.

Priority action and key partnerships for 2024–2025

- Engage community-led organizations to know and advocate for governments to meet the commitments of the 2021 UN General Assembly Political Declaration on HIV and AIDS.
- Advocate for better government recognition and sustainable funding for community-led response and support community preparedness and policy guidance for social contracting for HIV services.
- Co-create guidance for best practices in community and government engagement for community-led response.
- Support networks of people living with HIV, women and key populations to promote and disseminate guidance on community-led response to their communities.
- Support networks of people living with HIV, women and key populations in engaging in PEPFAR and Global Fund prioritization, resources allocation and implementation processes.
- Continue to partner with networks of people living with HIV, women and key populations to implement accountability tools and use the evidence for advocacy (People Living with HIV Stigma Index, community-led monitoring and Youth Scorecards).

Key partnerships: With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and Global Fund, Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, International Partnership for the people living with HIV Stigma Index; Strategic Advisory Group on Drug Policy, GNP+, ICW, and the Global Key Population Networks, Faith Initiative, Global HIV Prevention Coalition, CQUIN Forum, Sex Worker Steering Committee, Robert Carr Fund for Civil Society Networks).

5. HUMAN RIGHTS



Political commitment, community leadership, funding and evidence-informed action built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women, and girls.

Annual Budget		
Core funds including country envelopes (US\$): 6,901,600	Non-core funds (US\$): 10,902,300	TOTAL (US\$): 17,803,900

Contributing organizations: UNDP (lead) with UNHCR, UNFPA, UNODC, UN WOMEN, ILO; UNESCO and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
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	5.1 Provide technical, policy and advocacy support to countries on enabling legal environments for HIV, and advocate in international and regional forums for rights-based approaches.

<p>respond to the introduction of new harmful laws, including by supporting the exchange of knowledge and experiences between regions and countries on law reform.</p> <p>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.</p>	<p>5.2 Provide technical and policy support to countries in the implementation of sustainable programmes or reforms (e.g. curricula, law reform, access to justice) to reduce HIV related stigma and discrimination.</p>
<p>Milestones by end of 2025</p>	<p>Targets by end of 2026</p>
<p>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.¹²</p> <p>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.¹³</p>	<p>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.</p> <p>5.2.1 At least 60 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 3 of the 6 settings as promoted by the Global Partnership for action to eliminate HIV-related stigma and discrimination.</p>
<p>UBRAF indicators</p>	
<p>5.1.1 Number of countries supported by the Joint Programme in activities to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response.</p> <p>5.2.1 Number of countries supported by the Joint Programme for actions to reduce stigma and discrimination in any of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination.</p>	

<p>Inequalities/gaps/challenges for Joint Programme's focus (2024–2025)</p>
<ul style="list-style-type: none"> • Laws and policies that criminalize and permit the harassment of people living with HIV and key populations greatly increase the risk of HIV transmission, reduce access to HIV prevention, diagnosis and treatment services, and put at risk progress towards ending AIDS. A ten-country study done in 2023 showed that HIV prevalence among gay men and other men who have sex with men was five times higher in countries that criminalize same-sex relationships than in non-criminalized settings. Other research

¹² In 2022, 60 countries were supported by the Joint Programme to amend or remove punitive and discriminatory laws and policies and/or to develop protective ones. Therefore the 2025 milestone and 2026 target were changed, from 40 and 50 countries respectively to 60 countries for both.

¹³ In 2022, 77 countries were supported by the Joint Programme to reduce stigma and discrimination in at least 2 of the 6 settings, and 65 countries in at least 3 of the 6 settings, as defined under the Global Partnerships for action to end all forms of HIV-related stigma and discrimination. Therefore the 2025 milestone and 2026 target were changed, from 40 countries in at least 2 settings and 40 countries in at least 3 settings, respectively, to 60 countries in at least 2 setting and 3 settings, respectively. Additionally, it should be noted that Secretariat function indicator S2.1.3(a) and (b) focus on the more intensified support by the Global Partnership and are complementary to this indicator.

found that HIV prevalence among sex workers is seven times higher in countries that criminalize sex workers compared to those that partially legalize it, and there is overwhelming evidence linking the criminalization of drug use with increased risk of HIV transmission.

- There have been some positive changes over the last decade with several countries which decriminalized same-sex sexual relations and repealed laws that criminalize HIV non-disclosure, exposure or transmission. A number of countries or jurisdictions have removed laws criminalizing sex work and some have moved towards the decriminalization of drug use, though primarily for marijuana. Despite these advances, many countries in 2022 still criminalized the use or possession of drugs (115), 153 countries criminalized some aspect of sex work, 67 countries criminalized consensual same-sex sexual acts, 20 countries explicitly criminalized transgender persons, and 134 countries criminalized or otherwise prosecuted HIV exposure, non-disclosure or transmission. In 2022 and 2023, there was a significant increase in the number of jurisdictions considering harmful new laws that will undermine the HIV response, in particular to exacerbate existing criminalization of consensual same-sex relations and to explicitly criminalize funding of LGBTQI+ organizations or those providing services to LGBT communities, or teaching of sexuality and gender identity in schools.
- Discriminatory attitudes towards people living with HIV remain alarmingly common in all regions. Across 55 countries with recent survey data, a median of 59% of people harboured discriminatory attitudes towards people living with HIV—nearly six times higher than the 2025 global target. In 11 countries, more than 75% of those surveyed displayed discriminatory attitudes. Recent survey data show that more than 10% of people living with HIV experienced stigma and discrimination in health-care settings in 17 of 23 countries (Figure 6). Members of key populations are especially affected: at least 38% of countries with recent survey data reported that more than 10% of respondents avoided health care due to stigma and discrimination.

Priority action and key partnerships for 2024–2025

- Support stakeholders to monitor and respond to the growing global backlash against human rights and the inclusion for sexual and gender minorities, by working with community-led organizations, human rights defenders, including women’s rights organizations, parliamentarians and others, at the global, regional and national levels, including through strengthening coalitions for joint action.
- Strengthen UN system-wide action on HIV-related human rights crises, by deepening leaderships of all entities within the Joint Programme and partnership with OHCHR and other actors, and by providing technical and advocacy support to national human rights institutions, key population-led community organizations, human rights and gender equality advocates including women’s rights organizations, and other key allies and actors.
- Support countries to scale up evidence-informed action on stigma and discrimination, including through the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.
- Convene and build allyships with broader human rights movements to advance national, regional and global advocacy to remove or reduce the impact of harmful criminal laws and create enabling legal environments, including through South-South knowledge exchange among community-led organizations, parliamentarians, judges, prosecutors and other stakeholders; global and regional advocacy; and the facilitation of linkages with broader human rights movements.
- Provide support to protect civil society space and ensure civil-society space within which community-led organizations, including key population-led organizations, organizations and networks of people living with HIV, including women living with HIV, women and youth-led organizations, can function and lead advocacy and action for reaching the global 10–10–10 societal enabler targets.
- Support countries in creating enabling legal and policy environments for improved access for people in contact with criminal justice system to human rights-based HIV prevention interventions.

Key partnerships: With countries, communities (including networks of, and organizations led by, people living with HIV, key populations, youth and women), partners (including PEPFAR and the Global Fund, the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, Global HIV Prevention Coalition, GNP+, ICW, Sex Worker Steering Committee, UNAIDS Reference Group on HIV and Human Rights, Education Plus Joint Initiative).

6. GENDER EQUALITY



Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality and work together to end gender-based violence in order to mitigate the risk and impact of HIV.

Annual Budget		
Core funds including country envelopes (US\$): 5,873,700	Non-core funds (US\$): 30,015,800	TOTAL (US\$): 35,889,500

Contributing organizations: UN WOMEN (lead) with all other Cosponsors.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>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.</p> <p>6.2 Mobilize strategic partnerships to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.</p>	<p>6.1 Strengthen gender expertise in countries supported by the Joint Programme to design, resource, implement and monitor gender-transformative national and local HIV plans, policies, laws, and programmes that address unequal gender norms, and to engage women and girls in all their diversity together with men and boys.</p> <p>6.2 Provide policy and advocacy support to countries to implement gender-responsive HIV prevention, treatment, care and support services free of stigma and discrimination and that address gender-based violence.</p>
Milestones by end of 2025	Targets by end of 2026
<p>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.</p> <p>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.</p>	<p>6.1.1: 54 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 2026.</p> <p>6.1.1: 53 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 2026.</p>
UBRAF indicators	
<p>6.1.1. Number of countries where the Joint Programme contributed to strengthened gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity, together with men.</p>	

6.2.1 Number of countries where the Joint Programme provided policy and advocacy support, and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence.

Inequalities/gaps/challenges for Joint Programme's focus (2024–2025)

- Unequal gender norms, structural gender inequalities, violations of women's human rights, gender-based stigma and discrimination, and violence against women and girls continue to undermine efforts to prevent HIV and improve access to HIV testing, treatment, and care services.
- In 2021, an estimated 250 000 adolescent girls and young women (aged 15–24 years) were newly infected with HIV. Eastern and southern Africa remains the region most heavily affected by HIV, with women and girls accounting for 63% of the region's new HIV infections in 2021.
- Globally, in 2021 there were an estimated 19.7 million women living with HIV (15 years and older), constituting 54% of all adults living with HIV. While the number of annual AIDS-related deaths has decreased more than two-fold since 2010, AIDS-related causes remain the third-leading cause of death globally for women aged 15–49 years.
- HIV programmes are most effective when people are free from violence, can make informed decisions on their sexual lives, and can obtain the services and support they need to stay healthy. Data from 156 countries indicate that an estimated 245 million women aged 15 years and older (10%) who have ever been married or partnered experienced physical or sexual intimate partner violence in the previous 12 months, and that 641 million (26%) have experienced such violence at least once in their lifetime. Other survey data show key populations—especially transgender people, sex workers and people who inject drugs—experiencing high levels of violence.
- According to data from 64 countries, in 2022 a median 58% of women (15–49 years) who were in a union reported making their own informed decisions regarding sexual relations, contraceptive use and their own health which shapes women's prospects for living HIV-free healthy lives. Decision-making power about one's own health care tends to be weakest among women and girls with the least education and lowest incomes.
- Use of sex- and age-disaggregated data and gender analysis is inconsistent and does not adequately inform policies, investments and practice in the HIV response.
- National AIDS coordinating bodies and HIV programmes generally lack gender expertise and resources, and national HIV policies, strategies, programmes, monitoring frameworks and budgets poorly reflect gender issues or are not costed and adequately resourced.
- Investments have been made to empower, mobilize and build leadership capacity among women and girls, including those living with and affected by HIV. However, support for women-led grassroots and community-led responses remains inadequate, with women-led organizations, especially those led by women living with HIV and women key populations, receiving very limited access to resources engaged as essential partners in each and every aspect of the HIV response.

Priority action and key partnerships for 2024–2025

- Strengthen gender equality expertise among country stakeholders to develop, implement, resource and monitor HIV national strategies and responses, and address the specific barriers women and girls face across the continuum of HIV prevention, treatment and care services.
- Support countries/regions to use sex- and age-disaggregated data and gender analysis to identify and address the intersecting forms of gender-based discrimination and gender inequalities that fuel the HIV epidemic.
- Advocate for increased financing of and support for the networks, organizations and mobilization of women and girls, particularly those living with and affected by HIV, and actively promote their leadership in the design, implementation and monitoring of the HIV responses at regional, national, subnational and community levels.
- Promote the implementation and scale-up of community-led interventions that work with men and boys, and women and girls, in all their diversity, to transform unequal gender norms, attitudes and behaviours; eliminate gender-based and sexual violence; and prevent HIV or help mitigate its impact.
- Promote and leverage support for the education and economic empowerment of women, especially those living with and affected by HIV, including through increasing support for women-led networks and organizations to advocate, deliver services and monitor progress in HIV responses.

- Guide and support accelerated efforts to prevent and respond to violence against women living with and affected by HIV, in all their diversity, including through access to integrated HIV, SRHR and gender-based violence services, and by transforming unequal gender and social norms.
 - Build partnerships and collaborations to catalyse actions across sectors to address the gender dimensions of the AIDS epidemic, including as part of the global joint initiatives, such as the Education Plus initiative, the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and the EU/UN Spotlight Initiative to End Violence Against Women.
- Key partnerships:** With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR (DREAMS) and the Global Fund, Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, Education Plus Joint Initiative, Global HIV Prevention Coalition, International Network of Women Living with HIV, Spotlight Initiative).

7. YOUNG PEOPLE



Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with lifesaving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.

Annual Budget		
Core funds including country envelopes (US\$): 6,617,800	Non-core funds (US\$): 33,934,500	TOTAL (US\$): 40,552,300

Contributing organizations: UNICEF, UNFPA and UNESCO (leads) with all other Cosponsors and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>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 CSE).</p> <p>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.</p>	<p>7.1 Support countries to scale-up multisectoral interventions that promote life-skills and CSE, access to youth-friendly SRH services and a seamless continuum across HIV prevention, treatment and care for adolescents and youth aged 10–24 years.</p> <p>7.2 Technical support to countries to institutionalize the expansion of youth-led responses, ensure greater involvement and leadership of young people in the HIV response (service delivery, monitoring, advocacy and governance) and to put in place adequate funding and policy frameworks.</p>
Milestones by end of 2025	Targets by end of 2026

<p>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 2025.¹⁴</p> <p>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.¹⁵</p>	<p>7.1.1: 60 countries supported by the Joint Programme to implement ministerial commitments to scale-up multisectoral interventions to increase access to youth-friendly SRH services and quality education, including CSE.</p> <p>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.</p>
<p>UBRAF indicators</p>	
<p>7.1.1. Number of countries supported to scale-up multisectoral interventions that align with ministerial commitments to increase access to youth-friendly sexual and reproductive health (SRH) services, including comprehensive sexuality education (CSE), to improve young people’s well-being.</p> <p>7.2.1. Number of countries where the Joint Programme provided support to develop and implement costed plans to expand and institutionalize youth-led HIV responses.</p>	
<p>Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)</p>	
<ul style="list-style-type: none"> • Despite the progress made in the past 10 years, with a 46% decline in new HIV infections globally among young people (15–24 years), the world is still behind on achieving targets set for young people. Progress is uneven. There are steep reductions in new HIV infections among young people in some countries, particularly in eastern and southern Africa, but there is limited progress in reducing HIV incidence among young key populations in most countries. • Young people continue to be disproportionately affected by HIV: in 2021, they accounted for almost 27% of new HIV infections, but comprised only 16% of the global population. This is especially pronounced in sub-Saharan Africa, where adolescent girls and young women accounted for 25% of HIV infections in 2020, despite representing just 10% of the population. Outside of sub-Saharan Africa, young key populations are most heavily affected by HIV. Although HIV prevalence is 0.3% among young people globally, the prevalence among key populations younger than 25 years is 4% among sex workers, 6% among gay men and other men who have sex with men, 5% among people who inject drugs, 10% among transgender people and 1% among people in prisons. Stigma, discrimination, criminalization and lack of investment have blocked or stunted targeted efforts in HIV service delivery to these groups. • At least 85% of 155 reporting countries now have policies or laws that cater for the provision of sexuality education in schools, according to the latest UNESCO-led analysis of CSE world-wide. A total of 78 countries mandate life skills-based HIV and sexuality education in both primary and secondary schools. However, the level of implementation and quality is very uneven. • Fewer than 100 countries report provide opportunities for young people to help develop national health policies. Effective HIV prevention involves more than just tools and technologies (e.g. condoms, PrEP, VMMC, and post-exposure prophylaxis). It encompasses behavioural and structural HIV prevention programmes at school, out of school and at community level—including tailored programmes for young key populations, peer-led outreach, and more holistic approaches to adolescent well-being, including adequate mental health services, SRH services, education that encompasses CSE, economic empowerment and social protection. As most mobile and migrant populations are young, innovative approaches are needed to reach the growing numbers of people who are on the move. 	

¹⁴ In 2022, 51 countries were supported by the Joint Programme in scaling up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly SRH services, including CSE, to improve young people’s well-being. Therefore the 2025 milestone and 2026 target were changed, from 40 and 54 countries respectively to 55 and 60 countries.

¹⁵ In 2022, the Joint Programme supported 26 countries in developing and implementing costed plans to expand and institutionalize youth-led HIV responses. Therefore the 2025 milestone and 2026 target were changed, from 20 and 30 countries respectively to 35 countries for both.

Priority action and key partnerships for 2024–2025

- Provide technical and advocacy support to countries to promote, implement, monitor and evaluate ministerial commitments on CSE and youth-friendly SRH services and economic empowerment.
- Strengthen coalitions and platforms to monitor and respond to CSE opposition and address barriers that affect young people’s access to youth-friendly SRH, particularly for young key populations, in alliance with community-led organizations, champion government officials, parliamentarians and others, at the global, regional and national levels.
- Support the UN System-wide action on youth through the Youth2030 implementation and other inter-agency coordination mechanisms to advance youth leadership and results on youth.
- Provide normative guidance and technical support to national stakeholders to scale up and institutionalize evidence-informed youth-led HIV responses.
- Strengthen the capacities of youth-led organizations, including young key population-led organizations and networks, to deliver services, monitor programmes, promote youth priorities in SRH & HIV spaces, and generate evidence to inform policy change and tailored youth-friendly HIV programmes.

Key partnerships: With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR (DREAMS) and the Global Fund, Education Plus Joint Initiative, Global HIV Prevention Coalition, Global Alliance to end AIDS among Children by 2030, Global Partnership Forum on Comprehensive Sexuality Education, Youth2030).

8. FULLY FUNDED AND SUSTAINABLE HIV RESPONSE



Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively, and efficiently implemented.

Annual Budget		
Core funds including country envelopes (US\$): 1,946,500	Non-core funds (US\$): 2,708,200	TOTAL (US\$): 4,654,700

Contributing organizations: UNDP and World Bank (leads) with UNICEF, WFP, UNFPA, WHO and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
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.	8.1 Advocate for, facilitate access to, and guide HIV, health and development financing mechanisms to advance national frameworks for more sustainable and equitable HIV financing, including integrated into expanded pandemic preparedness financing, and related accountability.

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.	8.2 Broaden and deepen the use of innovation, technology and data analytics to improve the impact achieved with available resources, boosting coverage, quality and equity.
Milestones by end of 2025	Targets by end of 2026
<p>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.¹⁶</p> <p>8.1.2: 5 additional countries report to GAM on indicators 8.1 and 8.3.</p> <p>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.</p> <p>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.</p>	<p>8.1.1: 44 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.</p> <p>8.1.2: 2 additional countries report to GAM on indicators 8.1 and 8.3.</p> <p>8.2.1: 45 countries supported by the Joint Programme to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resources use efficiency, multisectoral financing, impact and equity and/or recent HIV Investment cases.</p> <p>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.</p>
UBRAF indicators	
<p>8.1.1 Number of countries supported by the Joint Programme that have developed and report on implementation of measures advancing full and sustainable HIV financing.</p> <p>8.1.2 Number of countries where the Joint programme operates that submit their reports via GAM on government earmarked budgets and expenditures on HIV to UNAIDS.</p> <p>8.2.1 Number of countries having conducted 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 (in the past three years) that are being used.</p> <p>8.2.2 Number of countries supported by the Joint Programme for evidence-informed HIV investments across their Global Fund grant cycle.</p>	
Inequalities/gaps/challenges for Joint Programme's focus (2024–2025)	
<ul style="list-style-type: none"> Funding for HIV responses in low- and middle-income countries totalled US\$ 21.4 billion in 2021, which is US\$ 7.9 billion below the target of US\$ 29 billion per year needed by 2025 to implement the Global AIDS Strategy and get on-track to end AIDS as a public health threat by 2030. Total resources for HIV programmes have dwindled slightly each year since 2017. Domestic sources accounted for 60% of resources available for HIV responses in low- and middle-income countries in 2021, but the earlier trend of marked increases has stalled. Several large bilateral donors have also scaled back their contributions. Inefficiencies, including failure to allocate limited resources to the most effective interventions or to focus resources strategically by location or population, diminish the impact of HIV investments and allow inequalities to persist. The most pronounced gaps in current spending patterns concern HIV prevention programmes, addressing structural drivers and barriers in the continuum of the HIV response, and support for community-led responses. 	

¹⁶ This indicator was updated for readability and given the baseline was verified. Therefore, instead of saying plus 5 countries and plus 2 countries for the 2025 milestone and 2026 target, it was changed to actual numbers, i.e. 42 countries by 2025 and 44 countries by 2026.

- Declines in tax revenues and higher fiscal deficit levels add to already unsustainable levels of debt in over 30 low-income countries. The impact of COVID-19 and other global challenges exacerbated financial stress and unpreparedness for pandemics. In 2020 alone, an additional 71 million people were pushed into extreme poverty. Resources for rebuilding health and social systems including for pandemic preparedness and responses present opportunities for strengthening HIV responses.
- Failure to close the funding gap will lead to increased new HIV infections and inequalities. Failure will increase budgetary demands, as every new HIV infection will result in sustained treatment needs over several decades. Existing regressive financing, human rights and other policies hamper progress towards reaching the global AIDS targets, undermine the sustainable financing of the HIV response, and contribute to widening inequalities.

Priority action and key partnerships for 2024–2025

- Advocate for and support increased mobilization of domestic and international funding for a fully funded and sustainable HIV response.
- Advocate for and guide a multisectoral focus that allows for a joint approach to HIV, universal health coverage, pandemic preparedness, education and social protection financing, thus facilitating increased and sustainable financing of the HIV response and addressing the needs of communities who face multiple challenges, including HIV.
- Expand guidance and support countries to maximize domestic and international resources targeting, and optimize people-centered and integrated delivery platforms and spending. This includes technical advice, capacity building and analytical work to achieve better value from existing resources and to integrate HIV into essential primary health care by leveraging innovations and improved data from costs and spending assessments, as well as through greater programmatic and system efficiency.
- Support countries in adapting to shifting financing and fiscal environments, including through technical support to the Global Fund grant design and implementation to influence allocations to close critical funding gaps and promote integration, including by incorporating linkages between HIV and health financing.
- Generate and promote policy guidance, methods, and “proof of concept” to enable national partners assess and engage in inclusion of HIV in universal health coverage benefits packages, health insurance, and national health and social protection systems and budgets (or public spending) in ways that protect equitable access for key and vulnerable populations and sustain the impact of the HIV response.
- Leverage partnerships, evidence, and build government and community organization capacities to promote and support institutionalizing financing of civil society and community-led programmes in national health and other financing policies and regulations, improving costs, and resources tracking.
- Support countries with tools, methods and a wide array of analytical and advisory services to empower country partners to strengthen country ownership and enhance resource tracking and management, and effectively engage in financing dialogue and donor relations.

Key partnerships: With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and the Global Fund, International Financial Institutions, Regional Development Banks, Inter-Parliamentary Union, IMF, COVAX, African Union, UN Economic Commission for Africa).

9. INTEGRATION AND SOCIAL PROTECTION



Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.

Annual Budget		
Core funds including country envelopes (US\$): 5,435,400	Non-core funds (US\$): 17,718,400	TOTAL (US\$): 23,153,800

Contributing organizations: WFP, ILO, WHO and World Bank (leads) with UNHCR, UNICEF, UNDP, UNFPA, UNESCO and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>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).</p> <p>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.</p>	<p>9.1 Provide policy guidance, advocacy and technical support, and produce and share knowledge products to support and advocate for integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV.</p> <p>9.2 Improve data generation and the use of evidence to ensure access of people living with HIV to social protection and facilitate increased integration and linkages of HIV services in testing, treatment and care for other diseases and comorbidities.</p>
Milestones by end of 2025	Targets by end of 2026
<p>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.¹⁷</p> <p>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, cervical cancer, noncommunicable diseases or other health areas.</p> <p>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</p>	<p>9.1.1: 65 countries supported by the Joint Programme to have key HIV services (ART, PrEP, post-exposure prophylaxis) included in the national health benefit package.</p> <p>9.1.2 At least 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, cervical cancer, NCDs or other health areas.</p>

¹⁷ In 2022, 67 countries were supported by the Joint Programme to establish ART services organized and financed as part of the overall systems. Therefore the 2025 milestone and 2026 target were changed, from 56 and 60 countries, respectively, to 60 and 65 countries.

adequacy for the inclusion of people living with, at risk of, and affected by HIV. ¹⁸	9.2.1 By 2026, at least 25 countries supported by the Joint Programme should have social protection systems which adequately cover people living with, at risk of, and affected by HIV.
UBRAF indicators	
<p>9.1.1 Number of countries supported by the Joint Programme to have ART services, for both treatment and prevention purposes, organized and financed as part of overall health systems, including through primary health care.</p> <p>9.1.2. Number of countries supported by the Joint Programme, that have included cervical cancer screening and treatment for women living with HIV in national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.</p> <p>9.2.1 Number of 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.</p>	
Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)	
<ul style="list-style-type: none"> • Integration of TB and HIV services has expanded, and services for HIV, syphilis, viral hepatitis and other STIs are more functionally integrated with antenatal and postnatal services. In other areas, however, such as human papilloma virus vaccination coverage and cervical cancer screening and treatment, progress is too slow, especially in low-income countries. In many countries, essential health benefit packages and national health insurance schemes have expanded service coverage, but primarily for HIV treatment and with less focus on HIV prevention and interventions for key and vulnerable populations. It is important to ensure that universal health coverage efforts include a focus on those populations. • The annual number of people living with HIV who receive preventive treatment for TB has risen from fewer than 30 000 in 2005 to 2.8 million in 2021 which is well below the 90% target for people living with HIV. There were an estimated 187 000 [158 000–218 000] TB-related deaths globally in 2021 among people living with HIV, a 67% reduction since 2010. Likely due to failures in detecting and reporting TB among people with HIV, only 46% of people living with HIV who developed TB in 2021 received ART, the same level as in 2020. • Although social protection has expanded in many low- and middle-income countries, only about 47% of the global population was effectively covered by at least one social protection benefit in 2020 (only 17% in sub-Saharan Africa). Despite strong evidence that well-funded and -managed social protection programmes is effective to meet multiple needs of people who are impoverished and marginalized, social protection coverage among people living with, at risk of, or affected by HIV is generally as low or lower than in the general population. Among countries with available data, the population covered by at least one social protection benefit ranged from an estimated 5.2% in Ethiopia to 42% in Eswatini, and from 7.3% in Zambia to 46% in Namibia among women living with HIV. • Key populations face barriers to the uptake of social protection services, including stigma and discrimination, lack of information on and access to available services, lack of documentation that confers eligibility (e.g. national identity cards), high out-of-pocket expenses, and obstructive laws or policies. 	
Priority action and key partnerships for 2024–2025	

¹⁸ In 2022, 44 countries were 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. Therefore the 2025 milestone was changed, from 25 to 40 countries.

- Strengthen partnerships that jointly advance both primary health care goals and objectives and those of the HIV response, including through a focus on the health work force, community engagement and integrated primary care services.
 - Generate evidence, policy guidance, and advocate for more HIV-sensitive and inclusive social protection instruments and systems
 - Provide tailored support to countries to remove barriers and bottlenecks to ensure people living with HIV, key populations and other marginalized and vulnerable populations can access social protection services.
 - Leverage data from mappings and assessments on social protection to identify and support priority actions to improve coverage comprehensiveness for people living with HIV, key populations and other marginalized and vulnerable populations.
 - Identify novel and innovative partnerships to continue to support the enrolment of people living with, at risk of, and affected by HIV into national safety net and social protection platforms and systems.
 - Provide normative and technical guidance for identifying and addressing health inequities, capacity building for integrating HIV, health and social protection programmes, technical support for implementation, continued support to countries to monitor who is being left behind in the provision of HIV services, and remove barriers to HIV services.
- Key partnerships:** With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and the Global Fund, UHC2030, Global Action Plan Partner agencies, Inter Agency Task Team on Social Protection).

10. HUMANITARIAN SETTINGS AND PANDEMICS



A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.

Annual Budget		
Core funds including country envelopes (US\$): 5,912,100	Non-core funds (US\$): 30,943,100	TOTAL (US\$): 36,855,200

Contributing organizations: UNHCR, WFP, UNDP, WHO and World Bank (leads) with UNICEF, UNFPA and UNAIDS Secretariat.

Specific Joint Programme outputs 2024–2025	Specific Joint Programme outputs 2022–2026
<p>10.1 Disseminate and promote guidance for responding to the health and protection needs of key populations in humanitarian settings.</p> <p>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</p>	<p>10.1 Develop good practices, lessons learnt and field briefs on responding to the health and protection needs of key populations in humanitarian settings.</p> <p>10.2 Advocate for and provide technical assistance to contribute significantly to building more resilient systems for health and pandemic preparedness that fully</p>

support platforms for the HIV response and more fully leverage lessons from the HIV response.	leverage lessons from the HIV response and that are built in ways that also support platforms for the HIV response.
Milestones by end of 2025	Targets by end of 2026
<p>10.1.1: 25 countries supported by the Joint Programme implement interventions or services for key populations in humanitarian settings by 2025.</p> <p>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.</p> <p>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.</p>	<p>10.1.1: 25 countries supported by the Joint Programme continue implementing interventions or services for key populations in humanitarian settings by 2026.</p> <p>10.1.2: 20 countries supported by the Joint Programme continue to 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.</p> <p>10.2.1: At least 60 Joint UN Teams on HIV and AIDS report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks by 2026.</p>
UBRAF indicators	
<p>10.1.1 Number of countries where the Joint Programme operates that implement interventions/services for key populations in humanitarian settings.</p> <p>10.1.2 Number of countries supported by the Joint Programme with 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.</p> <p>10.2.1 Number of countries supported by the Joint Programme that report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks.</p>	
Inequalities/gaps/challenges for Joint Programme’s focus (2024–2025)	
<ul style="list-style-type: none"> • The rapid growth in natural disasters, climate-change-induced and/or conflict-related humanitarian emergencies is cause for great concern: in 2022, the number of people displaced by war, violence, persecution or human rights abuses reached an unprecedented level of over 240 million people world-wide who required humanitarian assistance. In humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can exacerbate inequalities that lead to disruptions or lower access to HIV services, leaving these populations susceptible to higher risk of HIV infection. • Important progress has been made in integrating HIV services in these settings, including among refugees and internally displaced people. A survey of 48 refugee-hosting countries found that in 90% of countries refugees living with HIV have the right to access ART through national health systems, while refugees are receiving certain HIV services through Global Fund grants in 82% of countries. Despite these important achievements, major gaps remain. Groups at high risk of HIV due to specific contextual challenges (these include irregular migrants, key populations, unaccompanied minors, adolescents and children) often struggle to obtain HIV services in humanitarian settings, particularly during the early phases of emergencies and in environments that are often stigmatizing and discriminatory. • Disparities of HIV service access and use by sex, age and key populations are also high. Women and girls are disproportionately affected by humanitarian emergencies, including due to unmet SRH needs, increased exposure to risk of gender-based violence in forced displacement, all with often long-term negative implications. In such settings, people living with HIV and key populations often experience social exclusion, mandatory HIV testing, stigma and discrimination, as well as access barriers exacerbated by laws that criminalize HIV exposure, nondisclosure, transmission and HIV-related travel restrictions. Some countries still require refugees, asylum seekers and migrants to undergo HIV testing, and some deport people who test HIV-positive. 	
Priority action and key partnerships for 2024–2025	

- Continue to generate evidence, policies and guidance to support the inclusion of vulnerable persons living with HIV and HIV/TB population in humanitarian responses.
- Identify and prioritize joint work for closing priority HIV services gaps according to the country contexts of the HIV epidemic and where climate change, conflict, food insecurity and other key drivers of humanitarian and emergencies remain high.
- Continue to support and advocate for the inclusion of priority HIV services and support for related health system strengthening, according to country context, in national pandemic preparedness national preparedness and response plans or frameworks.
- Advocate, at all levels and in all operational contexts, for HIV responses that ensure access to comprehensive HIV services for populations in humanitarian settings, including the integration of refugees, asylum seekers, internally displaced persons, returnees, migrants and other populations affected by humanitarian emergencies into national health and HIV services.

Key partnerships: With countries, communities (including networks of people living with HIV, key populations, youth, women, civil society), partners (including PEPFAR and the Global Fund, Interagency Task Team on HIV in Humanitarian Settings, Interagency Working Group on Sexual and Reproductive Health in Crisis), and collaboration with other regional and global entities to support preparedness and response for pandemics and other health emergencies (e.g. Africa CDC).

DETAILED 2024–2025 WORKPLAN FOR 5 SECRETARIAT FUNCTIONS

18. The UNAIDS Secretariat provides support and leadership, strategic intelligence and convening capacity for countries and communities to advance towards ending AIDS as a public health threat by 2030 and towards realizing the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

19. The UNAIDS Secretariat has overall responsibility for ensuring coordinated strategic focus, effective functioning and accountability across the Joint Programme’s work to support implementation of the Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV and AIDS. Using an inequalities lens, the Secretariat focuses within the Joint Programme on the following functions, complemented by the contributions of and in concert and collaboration with the Cosponsors:

- S1: Leadership, advocacy and communication;
- S2: Partnerships, mobilization and innovation;
- S3: Strategic information;
- S4: Coordination, convening and country implementation support; and
- S5: Governance and mutual accountability (including evaluation).

20. In 2024–2025, the UNAIDS Secretariat will strengthen collaboration, especially at the country level, with governments, communities, and partners. As a knowledge-driven, networked organization, the Secretariat, together with Cosponsors, will harness and share collective knowledge through communities of practices, across and beyond the Joint Programme, to leverage wide contributions in the following critical areas:

- strategic information;
- HIV services and systems for all;
- human rights, gender equality, communities and key populations; and
- sustainable financing for HIV, epidemics and health.

Table 5 presents the Secretariat budget estimates of core and non-core funds needed to deliver on those functions and in the following tables, the related specific outputs and milestones by 2025 and targets by 2026.

Table 5. Annual Budget estimates of core and non-core funds for the Secretariat, in US\$

Secretariat Function		Core *	Non-core	Total	Core **	Non-core	Total
1	Leadership, advocacy and communication	37 501 000	13 300 000	50 801 000	35 961 000	13 300 000	49 261 000
2	Partnerships, mobilization and innovation	25 798 000	10 350 000	36 148 000	24 737 000	10 350 000	35 087 000
3	Strategic information	22 905 000	6 850 000	29 755 000	21 963 000	6 850 000	28 813 000
4	Coordination, convening and country implementation support	33 728 000	10 300 000	44 028 000	32 342 000	10 300 000	42 642 000
5	Governance and mutual accountability	26 068 000	9 200 000	35 268 000	24 997 000	9 200 000	34 197 000
Grand Total		146 000 000	50 000 000	196 000 000	140 000 000	50 000 000	190 000 000

* Based on the overall core upper level budget of US\$ 210 million

** Based on the overall core base budget of US\$ 187 million

S1 – Leadership, advocacy and communication			
Estimated annual budget US\$)			
Core:	37 501 000	Non-core:	13 300 000
Total:			50 801 000
Engage political leaders, high-level platforms, activists, champions and other key stakeholders to maintain and enhance the multisectoral response, in order to address the multidimensional nature of the global AIDS epidemic and reach the end of AIDS, reduce inequalities and accelerate progress towards the Sustainable Development Goals.			
S1 Specific outputs 2022–2026		Associated 2022–2026 UBRAF indicator(s)	
<p>S1.1. Sustain and enhance political commitments to end AIDS and implement the Global AIDS Strategy and end HIV-related inequalities.</p> <p>S1.2. The meaningful engagement and leadership of people living with HIV, key populations, women and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation.</p>		<p>S1.1.1 Number of high-level political meetings related to HIV and AIDS where the Secretariat informed/influenced the outcome documents.</p> <p>S1.1.2 Number of countries where the Joint Programme operates, that are supported to review, assess and/or update the National Strategic Plan on HIV (or equivalent plans or frameworks).</p> <p>S.1.2.1 Number of countries that have received Secretariat 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>	
Milestones by end of 2025		Targets by 2026	
<p>S1.1.1 At least 15 high-level political meetings outcome documents reflecting HIV and AIDS.</p> <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.¹⁹</p> <p>S1.2.1 (a) At least 90% 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</p>		<p>S1.1.1 (a) Next Global AIDS Strategy developed and adopted by PCB.</p> <p>S1.1.1 (b) UN General Assembly High Level Meeting on HIV/AIDS convened in 2026 with adoption of new Political Declaration on HIV and AIDS.</p> <p>S1.1.1 (c) Lessons from the HIV response to reduce inequalities including human rights and gender and community leadership approaches inform new Political Declaration on HIV and AIDS and broader SDG learning and global commitments by 2030.</p> <p>S1.1.2: 50 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 that receive intensified support.</p>	

¹⁹ In 2022, 83 countries where the Joint Programme operated were supported to review, assess and/or update their national strategic plans on HIV (or equivalent plans or frameworks) and the Secretariat provided dedicated multidisciplinary technical expertise and peer review in over 30 countries. The 2025 milestone was slightly decreased compared to the initial one, as the 2022 reporting showed a higher-than-anticipated number of countries supported, especially because most countries that benefited from Global Fund and/or PEPFAR support updated their national strategic plans to optimize investment and meet their requirements for their new cycle. Since national strategic plans are usually developed for five years (and reviewed and/or assessed only at mid-term and at the end), there will be less need and demand for such support in 2024–2025, though demand might grow again in 2026. An additional qualifier was added to the milestone and target to capture intensified support for selected countries.

<p>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>S1.2.1 (b) Annual key global events convened by the Secretariat systematically include and promote meaningful engagement and leadership of communities.²⁰</p>	<p>S1.2.1 (a) At least 90% 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>S1.2.1 (b) Annual key global events convened by the Secretariat systematically include and promote meaningful engagement and leadership of communities.</p>	
<p>S2 – Partnerships, mobilization and innovation</p>		
<p>Estimated annual budget (US\$)</p>		
<p>Core: 25 798 000</p>	<p>Non-core: 10 350 000</p>	<p>Total: 36 148 000</p>
<p>Enhance political will, convene strategic initiatives and partnerships, and foster mobilization of sustainable resources. Provide thought leadership, advocacy, knowledge management and communities of practice, and normative and operational guidance, tools and implementation support for a rights-based, gender transformative response—including through innovative, community- and youth-led approaches. The aim is to achieve expanded access to HIV services, catalyse action on societal enablers, engender increasingly competent and resilient communities, including in the face of human rights and health crises, and increase accountability from duty bearers to rights holders.</p>		
<p>S2 Specific outputs 2022–2026</p> <p>S2.1 UNAIDS Global Strategic Initiatives²¹ and partnerships are effectively convened and leveraged to address gaps, remove barriers and reduce risk and vulnerability for communities affected by HIV.</p> <p>S1.2 Secretariat’s knowledge management approach to support a reduction in HIV-related inequalities and accelerate progress across an HIV response that is strengthened at global, regional and country levels.</p>	<p>Associated 2022–2026 UBRAF indicator(s)</p> <p>S2.1.1 Number of countries in sub-Saharan Africa that join the Education Plus initiative and have an implementation plan that champions the initiative.</p> <p>S2.1.2 Number of countries that complete a PLHIV Stigma Index 2.0.</p> <p>S2.1.3 Number of countries that join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination (Global Partnership) and implement operational plans.</p> <p>S2.2.1 Number of communities of practice supported by UNAIDS Secretariat for the sharing of information, knowledge, experiences, with increased engagement of governments, communities and partners, as part of the UNAIDS knowledge management strategy.</p>	

²⁰ The 2025 milestone and 2026 target text on annual global events was changed to include "systematically" to clarify that this is a systematic approach of inclusion and promotion of meaningful engagement and leadership of communities and that it does not entail a specific event on this topic.

²¹ These refer to various existing and new global initiatives, noting that the indicators here would only track selected ones (as reflected in the UBRAF Indicator guidelines), while others are covered under the related result areas, such as the Global HIV Prevention Coalition, which is covered under Result Area 1 and has its own monitoring framework.

<p>Milestones by end of 2025</p> <p>S2.1.1 At least 10 countries²² in sub-Saharan Africa countries have joined the Education Plus initiative by end 2025.</p> <p>S2.1.2 12 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year.</p> <p>S2.1.3 (a) 38²³ countries join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.</p> <p>S2.1.3 (b) 20 countries that have joined the Global Partnership are implementing operational plans.</p> <p>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.</p>	<p>Targets by 2026</p> <p>S2.1.1 (a) 10 countries that previously joined Education Plus initiative continue implementing operational plans for the Education Plus package.</p> <p>S2.1.1 (b) Final report of Education Plus Initiative available by end of 2026.</p> <p>S2.1.2 12 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year.²⁴</p> <p>S2.1.3 (a) 40 countries join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.²⁵</p> <p>S2.1.3 (b) At least 20 of the total number of countries having joined the Global Partnership, implement action plans, jointly developed with strong community leadership on addressing stigma and discrimination in at least two of the six settings.</p> <p>S2.2.1 External stakeholders from 25 countries, including governments, communities and partners, participate and/or engage in at least one of the four communities of practice.</p>
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S3 – Strategic Information		
Estimated annual budget (US\$)		
Core: 22 905 000	Non-core: 6 850 000	Total: 29 755 000
Collect pertinent data from countries and report progress towards global HIV response targets in close collaboration with Cosponsors, especially WHO and UNICEF; lead the HIV response tracking and reporting; support the identification of inequalities in the HIV response; and enhance countries' strategic information capacities on the HIV epidemic and response with regards to: epidemiological status; demographic impact; HIV financial flows and expenditures; prevention, treatment and care gaps; laws and policies and monitoring and evaluation efforts.		
S3 Specific outputs 2022–2026	Associated 2022–2026 UBRAF indicator(s)	

²² For readability, the number was adapted to the actual number, based on a baseline of 5, with 5 additional countries leading to 10 countries by 2025.

²³ For readability, the number was adapted to the actual number, based on a baseline of 33, with 5 additional countries leading to 38 countries by 2025.

²⁴ The 2026 target was changed from 15 to 12 new Stigma Index surveys being produced, as this is an indicator for yearly reporting (and not a cumulative number). Given the inclusive methodology for the Stigma Index, which is led by networks of people living with HIV, and the labour-intensive technical support and quality assurance processes for ensuring strong and validated data, consistently aiming at 12 countries each year is a more realistic target.

²⁵ The 2026 target was changed from 45 to 40 countries to join the Global Partnership, given that this will allow for important focus on providing more support on implementation and driving results in those selected countries.

<p>S3.1 Adapt monitoring framework to the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration on HIV and AIDS.</p> <p>S3.2 Support countries to produce HIV estimates and submit data for GAM and community-led monitoring to measure progress and identify remaining gaps and inequalities.</p> <p>S3.3 Produce and disseminate Global AIDS Update reports and updates AIDSinfo on epidemic and response, including financing available.</p>	<p>S3.1.1 Monitoring framework corresponding to the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration on HIV and AIDS developed, shared with countries and partners, and updated by the Monitoring Technical Advisory Group.</p> <p>S3.2.1 Number of countries supported by the Secretariat to provide quality and timely reporting against new GAM indicators and to complete the HIV estimates process.</p> <p>S3.3.1 Global AIDS Update reports, other flagship reports and annual updates to AIDSinfo produced and disseminated, highlighting progress and inequality gaps, and giving examples of data use by countries, communities and partners to improve programmes.</p>
<p style="text-align: center;">Milestones by end of 2025</p> <p>S3.1.1 (a) Updated GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS shared with all countries and partners.</p> <p>S3.1.1 (b) GAM indicator guidance for 2025 and 2026 reporting developed, guided by the Monitoring Technical Advisory Group , and shared with all countries and partners.</p> <p>S3.2.1 (a) 140 countries supported for developing HIV estimates.²⁶</p> <p>S3.2.1 (b) Community-led monitoring supported in 30 countries.²⁷</p> <p>S3.3.1 Global AIDS Update reports and annual updates to AIDSinfo produced.</p>	<p style="text-align: center;">Targets by 2026</p> <p>S2.1.1 (a) Updated GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS shared with all countries and partners.</p> <p>S2.1.1 (b) Draft of Global AIDS Framework for the post 2026 Global AIDS Strategy and Political Declaration on HIV and AIDS.</p> <p>S3.2.1 (a) 140 countries supported for developing HIV estimates.</p> <p>S3.2.1 (b) Community-led monitoring supported in 35 countries.</p> <p>S3.3.1 Global AIDS Update reports and annual updates to AIDSinfo produced.</p>

S4 – Coordination, convening and country implementation support		
Estimated annual budget (US\$)		
Core: 33 728 000	Non-core: 10 300 000	Total: 44 028 000
Building on the accumulated expertise, systems and partnerships of the HIV response and on broader health and development efforts, work with countries and communities to strengthen national mechanisms for effective coordination and coherence. UN Joint Teams on AIDS in countries and other regional interagency mechanisms support		

²⁶ In 2022, the UNAIDS Secretariat, with support from its partners, provided direct support to 139 countries to develop their national HIV estimates, of which 141 countries agreed to publish the results. The 2025 milestone and 2026 target were changed from 165 and 170, respectively, to 140. This was done to allow for continuity throughout the years for this indicator, which reflects support provided in each year (not cumulative).

²⁷ In 2022, UNAIDS Secretariat, through non-core support, strengthened community-led monitoring in 39 countries. This dedicated technical support includes areas such as planning, data-collection, programme management and data-related queries, as well as coordination, tracking progress and problem-solving. Based on this information, the 2025 milestone was changed, from 20 and 30 countries, while the target was kept at 35 countries.

<p>inclusive and sustainable national HIV responses that promote multisectoral efforts to end HIV-related inequalities and AIDS as a public health threat. Together with communities and duty bearers, use an inequalities lens to identify people who are being left behind and to urgently reduce the inequalities, inequities and exclusion experienced by people living with, affected by and at risk of HIV, including in humanitarian or other extreme circumstances.</p>	
<p>S4 Specific outputs 2022–2026</p> <p>S4.1 Convene Joint UN Teams on AIDS at regional and country level to provide coordinated effective UN support to national AIDS responses and to the SDGs as part of UN Sustainable Development Cooperation Framework (UNSDCF).</p> <p>S4.2 Harmonized Joint Programme approaches to address HIV related inequalities and remove barriers to equitable, people-centered and rights-based, gender-transformative, community and youth-led integrated HIV services at regional and country level.</p>	<p>Associated 2022–2026 UBRAF indicator(s)</p> <p>S4.1.1 Number of countries where the Secretariat operates that have a UN Sustainable Development Cooperation Framework (UNSDCF) which integrates priorities on ending HIV-related inequalities and ending AIDS.</p> <p>S4.1.2 Number of country-level UN Joint Teams on AIDS implementing a Joint UN Plan on HIV to support national HIV responses as a part of and contributing to the UN Sustainable Development Cooperation Frameworks (UNSDCF) or equivalent.</p> <p>S4.2.1 Number of countries where Joint Programme support is provided to promote and apply an inequalities lens to the HIV response, including through a new HIV inequalities framework and toolkit and other available tools.</p> <p>S4.2.1 Number of countries supported in identifying and addressing HIV-related inequalities, removing barriers to equitable access to services, advancing human rights, gender transformative, community/youth led programming, and responding effectively to emerging human rights crises and gender-based violence.</p> <p>S4.2.2 Number of countries where UNAIDS guidance, tools, trainings and technical support are provided which promote an inequalities lens, gender equality, human rights and community and youth leadership.</p> <p>S4.2.3 Number of countries where UNAIDS convening role used to provide advice and support on HIV-related human rights issues, crises and gender-based violence.</p>
<p>Milestones by end of 2025</p> <p>S4.1.1 80 countries where the Secretariat operates with the UN Sustainable Development Cooperation Framework or equivalent that integrate priorities on ending HIV-related inequalities and ending AIDS.²⁸</p> <p>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 UN Sustainable Development Cooperation Framework or equivalent.²⁹</p>	<p>Targets by 2026</p> <p>S4.1.1 In all countries where the Secretariat operates, the UN Sustainable Development Cooperation Framework or equivalent integrate priorities on ending HIV-related inequalities and ending AIDS.</p> <p>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 UN Sustainable Development Cooperation Framework or equivalent.</p> <p>S4.2.1 (a) At least 10 countries supported by the Joint Programme to apply an inequalities lens to the HIV response, guided by the HIV inequalities framework and</p>

²⁸ Given recent changes to the Secretariat’s structure, including the reduction of Country Office and changes to more Multi Country Offices with less in country physical presence and/or capacities, the 2025 milestone was changed from 85 to 80 countries.

²⁹ Given reduced Joint Programme capacities, including recent changes to the Secretariat’s structure, and a reduction of Country Offices, the milestone by 2025 and target by 2026 were changed from 85 to 80 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.</p>	<p>toolkit and other available tools.</p> <p>S4.2.2 (b) Toolkit and framework refined and published and disseminated as an updated version in several languages.</p> <p>S4.2.2 (c) Consultation(s) undertaken by the Joint Programme in 2025 to identify high-level indicators for tracking progress on HIV-related inequalities based on the lessons learned (2025–2026).</p>
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S5 – Governance and mutual accountability		
Estimated annual budget (US\$)		
Core: 26 068 000	Non-core: 18 400 000 9 200 000	Total: 70 536 000 35 268 000
<p>Mobilize, facilitate and support Member States’ and other PCB stakeholders’ equal and effective engagement in governance of the Joint Programme and in its contribution to deliver on the Global AIDS Strategy and the 2030 Agenda for Sustainable Development. Lead the Joint Programme’s mutual accountability mechanisms for results and resources, including quality reporting. Aligned with UNAIDS evaluation policy³⁰ evaluations aim to strengthen evidence-informed decision-making, organizational learning, accountability, transparency and governance and thereby enhance the relevance, coherence, efficiency, effectiveness and impact of the Joint Programme, as well as promote UN system-wide and joint evaluations related to HIV and UN reform more broadly.</p>		
<p>S5 Specific outputs 2022–2026</p> <p>S5.1 Facilitate and support effective governance of and inclusive stakeholder engagement in the Joint Programme and promote multilateral commitment to the global AIDS response (PCB, including Committee of Cosponsoring Organizations, ECOSOC, and UN General Assembly).</p> <p>S5.2 Mutual accountability and transparency mechanisms, including the PCB Independent External Oversight Advisory Committee, in place (in relation with UBRAF management, monitoring and reporting, compliance with IATI, follow up to audit recommendations, relevant PCB decisions, and MOPAN).</p> <p>S5.3. Submit quality UN mandatory reports (QCPR, UN Funding Compact, UN SWAP) demonstrating strong compliance rates and active contribution to UN reform.</p> <p>S5.4 Implement Evaluation plan, ensure systematic follow up of recommendations and document lessons learned.</p>	<p>Associated 2022–2026 UBRAF indicator(s)</p> <p>S5.1.1 Number of meetings with constituency-inclusive engagement facilitated to support the governance of the Joint Programme, including by transparent and effective decision-making per the PCB modus operandi.</p> <p>S5.2.1 Annual performance monitoring, financial and organizational oversight reports (i.e. reports of the auditors, Ethics Office, and UNAIDS Independent External Oversight Advisory Committee) submitted to the PCB for consideration and Results & Transparency Portal updated.</p> <p>S5.2.2 Number of meetings of the Independent External Oversight Advisory Committee held and the submission of its annual oversight report to the PCB, that are effectively supported by the Secretariat in order for the Committee to fulfil its role as per its final terms of reference/mandate.</p> <p>S5.3.1 Mandatory UNAIDS reporting relating to Quadrennial Comprehensive Policy Report, UN Funding Compact and UN System-Wide Action Plan on gender equality and women empowerment, completed indicating progress towards compliance with recommendations and integration with UN system-wide tools.</p>	

³⁰ Approved by the PCB in June 2019 (UNAIDS/PCB (44)/19.7) and available at [UNAIDS Evaluation Policy](#).

	<p>S5.4.1 . Percentage of UNAIDS evaluations as per the PCB approved Evaluation Plan, implemented and tracking of the follow-up on related recommendations.</p>
<p>Milestones by end of 2025</p> <p>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> <p>S5.2.1 (a) Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB.</p> <p>S5.2.1 (b) Results and Transparency portal updated with latest information.</p> <p>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.³¹</p> <p>S5.3.1 Annual Quadrennial Comprehensive Policy Report, UN Funding Compact and UN SWAP report completed.</p> <p>S5.4.1 (a) At least 60% of the evaluations planned (as per the evaluation plan for 2024–2025) implemented.³²</p> <p>S5.4.1 (b) Follow up on recommendations from evaluations in 2023 and 2024 tracked.</p> <p>S5.4.1 (c) Evaluation plan for 2026–2027 approved by the PCB.</p>	<p>Targets by 2026</p> <p>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> <p>S5.2.1 (a) Performance monitoring reporting and transparency portal demonstrate effective and transparent accountability of the Joint Programme.</p> <p>S5.2.1 (b) Oversight reports, management responses and the related PCB decisions demonstrate effective and transparent accountability and compliance by the Secretariat.</p> <p>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.</p> <p>S5.3.1 Annual Quadrennial Comprehensive Policy Report, UN Funding Compact and UN SWAP report completed.</p> <p>S5.4.1 (a) At least 80% of the evaluation (as per the evaluation plan for 2026–2027) implemented.</p> <p>S5.4.1 (b) Follow up on recommendations from evaluations in 2024 and 2025 tracked.</p>

³¹ Milestone and target were changed from two meetings respectively, to four meetings for both, given experience and the planned schedule of Independent External Oversight Advisory Committee meetings.

³² Milestone by 2025 decreased slightly from 80% to 60% due to expected impact of the ongoing transition of the Evaluation Office.

REGIONAL PRIORITIES 2024–2025

21. To advance progress onwards the 2025 targets and in line with the regional profiles, including priority actions identified in the Global AIDS Strategy, the Joint Programme will tailor and prioritize its support for the differentiated needs of countries to close the most important gaps, informed by the latest evidence,³³ in order to save lives by focusing where it can best contribute to accelerate progress using an inequalities lens. This implies diverse approaches across regions for more effective impact.
22. Working in close collaboration with key country and regional partners and other stakeholders, the Joint Programme will support countries' and communities' leadership, empowerment and capacities to conduct evidence-informed and more equitable and sustainable AIDS responses for impact, including by fostering South-South knowledge-sharing, and by promoting innovations and accountability.
23. The Joint Programme will focus on where it brings the best value and performs roles which no other actor can play, using an inequalities lens to close the gaps for people who are left behind and to save lives. It will prioritize four overarching priorities.

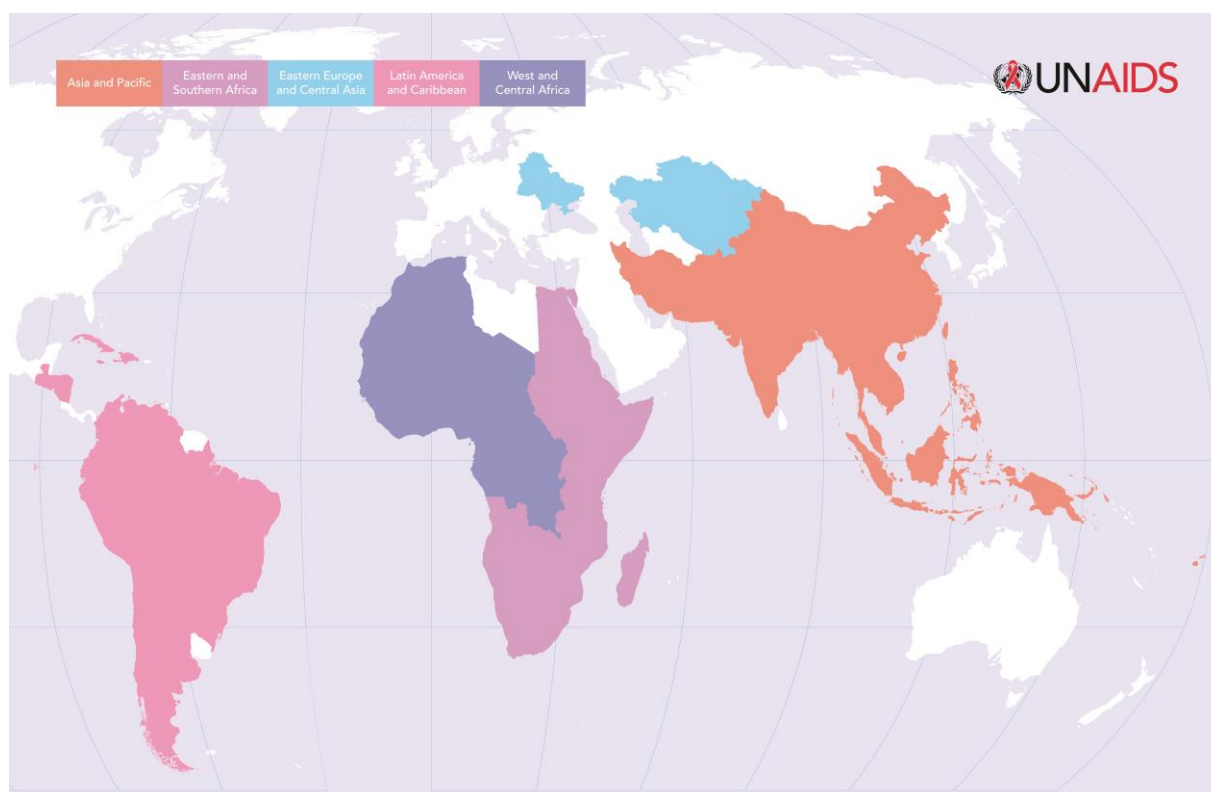
Overarching priorities for 2024–2025			
Advance progress on HIV prevention	Accelerate access to HIV treatment and new health technologies	Promote community-led HIV responses, including community-led services and monitoring	Ensure equitable financing and sustaining the HIV response
Promote decriminalization, human rights and gender equality to support access to HIV prevention and treatment services			

24. More specific priorities for each outcome in each region are listed in the following tables, noting that in all regions, the Joint Programme will also:
- sustain political leadership and commitment of countries to implement the Global AIDS Strategy and 2021 Political Declaration on HIV and AIDS;
 - promote and support further strategic information to inform actions and investment for more impactful progress and investment reduce HIV-related inequalities;
 - through policy and legal change and other technical assistance, guide and support progress towards reaching the global AIDS targets of 95–95–95, 10–10–10 and 30–60–80; and
 - continue to foster and leverage selected multisectoral partnerships, especially with countries, communities, regional institutions and other partners, including PEPFAR and the Global Fund.

In 2024–2025, the Joint Programme will focus its support on the focus countries listed in each regional section below and overall map overview depicted in Figure 6.

³³ Detailed regional and country epidemic and response analysis reflecting the latest Global AIDS Monitoring country data (2021) and including access to HIV services, policies and laws and investments in HIV responses are available at: [UNAIDS data 2022](#).

Figure 6. Overview of regions in which the Joint Programme operates³⁴



ASIA-PACIFIC³⁵ PRIORITIES 2024–2025

Budget (2024 – 2025)				
Core central funds (US\$)	Country envelopes (US\$)	Total core funds (US\$)	Non-core funds (US\$)	TOTAL (US\$)
36 446 000	11 655 600	48 101 600	80 876 800	128 978 400

Focus countries: Bangladesh, Cambodia, China, Fiji, India, Indonesia, Iran, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand, Viet Nam.

UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.
UBRAF Result Area 1: Prevention
UBRAF Result Area 2: Testing and treatment
UBRAF Result Area 3: Vertical transmission

³⁴ This map shows the countries where the Joint Programme officially operated in 2022-2023 (91 countries with Joint UN Plans on AIDS) as indicative for 2023-2025 whole noting other forms of support from UNAIDS Cosponsors and Secretariat to national HIV responses extended to many other countries.

³⁵ Note that, since 2022, Iran was moved from the UNAIDS Middle East and North African region to the Asia-Pacific region.

Priorities

- PrEP guidelines and formulations available and services scaled up along with virtual interventions for prevention, testing and treatment in all focus countries.
- Differentiated service delivery approaches across spectrum of services in operation in all focus countries for all priority populations, including key populations, people living with HIV, women, young people and refugees. Multimonth dispensing of ARV; differentiated HIV testing strategies, including facility-based and community-based testing, HIV-self testing and network-based testing, using digital platforms for demand generation and service delivery in all focus countries.
- Policy development and response to HIV drug resistance are implemented in Cambodia, Myanmar, Papua New Guinea and the Philippines. Viral load testing universalized, including by using GeneXpert machines.
- Low key population prevention service coverage addressed by using measures such as those in the 2025 Global HIV Prevention Coalition Road Map; harm reduction services for people who inject drugs and stimulant drug users scaled up, in all focus countries.
- Asia-Pacific regional road map for triple EMTCT of HIV, syphilis and hepatitis developed and used for improved national EMTCT programming, including enhanced antenatal care diagnosis with dual HIV/syphilis tests, early infant diagnosis integrated into primary health care with trainings and guidelines developed for health-care workers in eight countries; and four countries maintain dual EMTCT and at least seven countries are supported for EMTCT certification for dual and triple EMTCT.

Contributing organizations: UNHCR, UNICEF, UNFPA, UNODC, WHO, UNAIDS Secretariat.

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

UBRAF Result Area 4: Community-led response

UBRAF Result Area 5: Human rights

UBRAF Result Area 6: Gender equality

UBRAF Result Area 7: Young people

- Capacities of community-led organizations and regional networks of key populations, people living with HIV, women and young people are strengthened to advocate with decision-makers for community-led service delivery and societal enabler programmes to close the gaps against 30–60–80 targets.
- Technical assistance provided for the removal or revision of discriminatory and punitive laws, policies and programmes as well as other structural barriers hindering access to HIV services for key populations, people living with HIV and refugees in eight countries; and support provided for the development of gender-responsive and right-based laws and policies.
- Implementation of the Global Partnership to end HIV-related stigma and discrimination strengthened and expanded in six settings.
- Technical assistance provided to tackle unequal gender norms, gender inequality and gender-based violence. which hampers access to health services and to mitigate the risk and impact of HIV Adolescents and young people have increased access to youth-friendly HIV, SRH and mental health services, including through innovative digital platforms, in- and out-of-school CSE, and strengthened meaningful youth engagement in HIV responses in 11 countries.

Contributing organizations: UNICEF, UNDP, UNFPA UNODC UN Women, WHO, UNAIDS Secretariat.

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses

UBRAF Result Area 8: Fully-funded HIV response

UBRAF Result Area 9: Integration and social protection

UBRAF Result Area 10: Humanitarian setting and pandemics

- Increased granular financial evidence generated on HIV programming costs, HIV spending, cross-programmatic efficiency and optimal HIV resource allocation. Use of the data to inform robust decision-making and planning on financing of national HIV responses, with a focus on financing for key populations services and community-led responses.
- More diversified and sustainable funding sources for the HIV response, including increased domestic financing and decreased reliance on donor funding, with a focus on financing for key populations services and community-led responses. This will be done through the development of sustainability road maps, social contracting and integration of HIV in health financing strategies, universal health coverage and social health insurance mechanisms.
- Expansion of availability and access to social protection schemes and services for marginalized key populations, particularly sex workers, and to improve integration of services for people living with HIV and key populations, including women from key populations.

Contributing organizations: UNICEF, UNFPA, UNODC, WHO, World Bank, UNAIDS Secretariat.

Key partnerships for results in the region: With countries, communities (including country and regional networks of people living with HIV, key populations, youth, women) and other civil society and partners (including PEPFAR and the Global Fund, the Association of Southeast Asian Nations), and other key stakeholders, inter-agency platforms of UN agencies and civil society (such as the Asia Pacific Inter-Agency Task Team on Young Key Populations).

EASTERN EUROPE AND CENTRAL ASIA PRIORITIES 2024–2025

Budget (2024–2025)				
Core central funds (US\$)	Country envelopes (US\$)	Total core funds (US\$)	Non-core funds (US\$)	TOTAL (US\$)
19 052 200	4 215 800	23 268 000	43 025 600	66 293 600

Focus countries: Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine, Uzbekistan.

UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.

UBRAF Result Area 1: Prevention

UBRAF Result Area 2: Testing and treatment

UBRAF Results Area 3: Paediatric AIDS, vertical transmission

- Expanded number of countries supported by the Global HIV Prevention Coalition.
- Scaled up and integrated prevention services among new psychoactive substance users in 4 countries.
- EMCT certification maintained in 2 countries and achieved in 1 more country of 8 countries having national plans for the elimination of vertical transmission of HIV.
- HIV testing coverage of key populations increased in 7 countries upon up-dated testing algorithms and diversified testing approaches.
- PrEP scaled up for key populations in 8 countries.

Contributing organizations: UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, UNAIDS Secretariat.

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

UBRAF Result Area 4: Community-led response

UBRAF Result Area 5: Human rights

UBRAF Result Area 6: Gender equality

UBRAF Result Area 7: Young people

- Scaled up of HIV prevention services for key populations delivered by community-led organizations in 5 countries (80%).
- Stigma reduction interventions in at least three out of six settings, focusing on health-care settings, as defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination, is reduced in 5 countries.
- Punitive and discriminatory laws and policies relating to HIV exposure and transmission are under revision or revised in 7 countries.
- Enhanced data generation and use, especially for youth HIV programming and costing in 5 countries.
- Mobilized partnerships to implement gender-responsive HIV services and prevent gender-based violence in 9 countries in the context of shrinking civic space and rule of law in the region.

Contributing organizations: UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat.

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses

UBRAF Result Area 8: Fully-funded HIV response

UBRAF Result Area 9: Integration and social protection

UBRAF Result Area 10: Humanitarian setting and pandemics

- Domestic funding for community-led response increased in 3 countries.
- Prices for ARVs and diagnostic technologies reduced in 8 countries.
- Access to comprehensive HIV services continuity ensured for populations in humanitarian situations, including for key populations and people living with HIV among persons on the move in the region.

Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, WHO, World Bank, UNAIDS Secretariat.

Key partnership for results in the region: With countries, communities (including country and regional networks of people living with HIV, key populations, youth, women) and other civil society and partners (including PEPFAR and the Global Fund), regional organizations (such as Eurasian Harm Reduction Network, Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, Eurasian Women AIDS Network, Sex Workers Rights Advocacy Network, Health Advocacy Coalition, International Treatment Preparedness Coalition, Eurasian Network of People Who Use Drugs, International Budget Advocacy Hub, Central Asian Union of People Living with HIV, Regional Expert Group on Migration and Health, and Eurasian Movement for the Right to Health in Prisons, Drug Policy Network South East Europe).

EASTERN AND SOUTHERN AFRICA PRIORITIES 2024–2025

Budget (2024–2025)				
Core central funds (US\$)	Country envelopes (US\$)	Total core funds (US\$)	Non-core funds (US\$)	TOTAL (US\$)
61 303 400	22 940 000	84 243 400	197 977 800	282 221 200

Focus countries:³⁶ Angola, Botswana, Djibouti, Egypt, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Sudan, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.

UBRAF Result Area 1: Prevention

UBRAF Result Area 2: Testing and treatment

- Combination HIV prevention for key and priority population well included in national HIV strategies or policies (with disaggregation for key and priority populations in 14 countries).
- 10 countries supported to put into action and monitor 2025 Global HIV Prevention Coalition Road Map.
- PrEP scale up for key populations in 14 countries.
- Differentiated service delivery scaled up and sustained in countries across the region to reach population and location left behind with special focus on countries lagging behind on testing and treatment targets.
- EMCT certification maintained in Botswana and newly achieved in Namibia, Eswatini, Malawi and Rwanda and other front-runner countries.
- Eight countries who joined the Global Alliance to end AIDS in children supported for action plans implementation and achievement of agreed targets.

Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO, World Bank and UNAIDS Secretariat.

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

UBRAF Result Area 4: Community-led response

³⁶ Note that under this 2024–2025 workplan and budget, programme support for Djibouti, Egypt, Eritrea, Tunisia, Somalia and Sudan will fall within the UNAIDS eastern and southern Africa region.

<p>UBRAF Result Area 5: Human rights</p> <p>UBRAF Result Area 6: Gender equality</p> <p>UBRAF Result Area 7: Young people</p>
<ul style="list-style-type: none"> ▪ Community-led monitoring programmes implemented in 16 countries through direct support for implementation and promotion of cross-country learning. ▪ Expansion of community-led responses through support for implementation and optimized use of Global Fund grants, PEPFAR grants and domestic resources. ▪ Mitigation of the impact of criminalization laws and/or actions to repeal criminalization laws, in particular for key populations through country support and regional consultations. ▪ A step-wise approach or essential services package for strengthened HIV prevention across adolescent girls and young women developed. ▪ A gender-sensitive HIV response in 4 countries through inclusion of gender assessment findings in the national strategic plans. ▪ Strengthened male engagement in gender and HIV and AIDS in four countries.
<p>Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO and UNAIDS Secretariat.</p>

<p>UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses</p>
<p>UBRAF Result Area 8: Fully-funded HIV response</p> <p>UBRAF Result Area 9: Integration and social protection</p> <p>UBRAF Result Area 10: Humanitarian setting and pandemics</p>
<ul style="list-style-type: none"> ▪ Enhanced collaboration and coordination on HIV in humanitarian settings for tangible outcomes and solid impact specially to the populations left behind (migrant, adolescent girls and young women, key populations and people with disabilities). ▪ Systematic collection, analysis and use of data on HIV in humanitarian settings for advocacy to improve access to services, including prevention, treatment, testing, care and support services, and protection in humanitarian settings.
<p>Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, WHO, World Bank and UNAIDS Secretariat.</p>

Key partnership for results in the region: With countries, communities (including country and regional networks of people living with HIV, key populations, youth, women) and other civil society and partners (including PEPFAR and the Global Fund, African Union, Southern African Development Community, parliamentary forums etc.) and other key stakeholders.

LATIN AMERICA AND THE CARIBBEAN PRIORITIES 2024–2025

Budget (2024–2025)				
Core central funds (US\$)	Country envelopes (US\$)	Total core funds (US\$)	Non-core funds (US\$)	TOTAL (US\$)
24 737 000	7 192 400	31 929 400	28 359 400	60 288 800

Focus countries

Latin America: Argentina, Bolivia, Brasil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Panama, Perú, Uruguay, Venezuela.

Caribbean: Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago.

<p>UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.</p>
<p>UBRAF Result Area 1: Prevention UBRAF Result Area 2: Testing and treatment</p>
<ul style="list-style-type: none"> ▪ Combination prevention services, including oral PrEP, in national guidelines in 17 countries in Latin America and 10 countries in the Caribbean, and increase of PrEP uptake by 10%. ▪ Expansion of differentiated service delivery models, including six-month multi month dispensing, decentralized drug distribution, and services designed to improve ART coverage and adherence for different risk groups across the region. ▪ Reduction of prices of ARVs and optimization of treatment schemes across the region and accelerated transition to dolutegravir in 10 countries. ▪ 95–95–95 testing and treatment targets are achieved within key populations, adult men and women and children living with HIV. ▪ EMTCT certification maintained in 7 countries and newly achieved in 4 countries.
<p>Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO and UNAIDS Secretariat.</p>

<p>UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</p>
<p>UBRAF Result Area 4: Community-led response UBRAF Result Area 5: Human rights UBRAF Result Area 6: Gender equality UBRAF Result Area 7: Young people</p>
<ul style="list-style-type: none"> ▪ Expansion of integrated and differentiated HIV services for people living with HIV and key populations via community-led service provision, monitoring and advocacy in 11 countries. ▪ 12 Member States/countries develop and/or implement CSE policies and programmes. ▪ Fewer than 10 countries have laws criminalizing the transmission of non-disclosure of, or exposure to HIV. ▪ The regional gender equality agenda explicitly integrate the needs of women living with and/or at risk of HIV infection, including increased access to quality prevention, care and support programmes designed with a human rights perspective. ▪ Expansion of HIV prevention services for adolescents, particularly young key populations.
<p>Contributing organizations: UNHCR, WFP, UNDP, UNFPA, UNODC, ILO, WHO, UN Women and UNAIDS Secretariat.</p>

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses

UBRAF Result Area 8: Fully-funded HIV response

UBRAF Result Area 9: Integration and social protection

UBRAF Result Area 10: Humanitarian setting and pandemics

- Increase efficient, effective and targeted domestic expenditure across the region, especially in the Caribbean.
- 9 countries in Latin America and the Caribbean offer HIV testing, prevention, treatment and care services for refugees, asylum seekers and other populations affected by humanitarian emergencies, with a focus on adolescent and young women, LGBTQI+ persons and persons who sell or exchange sex.
- More countries include key populations and people living with HIV in existing social protection mechanisms.
- 11 countries in Latin America advance in establishing social contracting mechanisms to support sustainable national responses.

Contributing organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO, World Bank, UNAIDS Secretariat.

Key partnership for results in the region: With countries, communities (including country and regional networks of people living with HIV, key populations, youth, women) and other civil society and partners (including PEPFAR and the Global Fund, Economic Commission for Latin and the Caribbean), and other key stakeholders.

WESTERN AND CENTRAL AFRICA PRIORITIES 2024–2025

Budget (2024–2025)				
Core central funds (US\$)	Country envelopes (US\$)	Total core funds (US\$)	Non-core funds (US\$)	TOTAL (US\$)
53 579 400	15 996 200	69 575 600	90 282 400	159 858 000

Focus countries:³⁷ Algeria, Benin, Burkina Faso, Burundi, Cape Verde, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Morocco, Niger, Nigeria, Senegal, Sierra Leone and Tunisia.

UBRAF Outcome 1: People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care, and support services.

UBRAF Result Area 1: Prevention

UBRAF Result Area 2: Testing and treatment

³⁷ Note that under this 2024–2025 workplan and budget, programme support for Algeria, Morocco and Tunisia will be under UNAIDS the eastern and southern Africa region.

- Precision prevention scale up for key populations, adolescent girls and young women, and other vulnerable groups in ten countries where targeted progress is severely challenged.
- PrEP scale up for key populations and most-exposed members of vulnerable groups in six countries.
- Testing and treatment of children, pregnant and breast-feeding women acceleration and differentiated services delivery in the four Global Alliance countries.
- Differentiated testing and treatment services extended for adults, with a special attention to services led by communities.

Contributing organizations: UNICEF, UNFPA, UNODC, UN Women, WHO and UNAIDS Secretariat.

UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

UBRAF Result Area 4: Community-led response

UBRAF Result Area 5: Human rights

UBRAF Result Area 6: Gender equality

UBRAF Result Area 7: Young people

- Community engagement and youth and people living with HIV leadership on community-led response towards the 30–60–80 targets scaled up in at least 15 countries.
- Expansion of youth-friendly services that respond to the needs of young people in all their diversity, including young people living with HIV and young key populations, through advocacy and technical support.
- Gender equality integrated in the national strategic plans, country Global Fund grants and implementation, PEPFAR Country and Regional Plans in 25 countries.
- Comprehensive programmes and approaches to remove human rights barriers implemented in selected countries.
- Legislative, practice, programme and policy changes promoted to reduce HIV related stigma, discrimination, criminalization, other barriers and inequities, and uphold the rights of people living with HIV and key populations toward achieving the 10–10–10 targets.

Contributing organizations: UNICEF, UNDP, UNFPA, UNODC, UN Women and UNAIDS Secretariat.

UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses

UBRAF Result Area 8: Fully-funded HIV response

UBRAF Result Area 9: Integration and social protection

UBRAF Result Area 10: Humanitarian setting and pandemics

- Evidence and robust financial data systems available to inform decision-making and more equitable, efficient and effective allocation and use of resources.
- Protect and increase public financing for health and HIV and enhance sustainable financing to maintain AIDS response impact beyond 2025 through advocacy, partnerships and leadership.
- HIV and health better-positioned in national priorities, increased funds leveraged for HIV and health, and maximized use of existing domestic resources for impact through coordinated technical assistance.

- Learn from and share lessons from efforts to support a country-driven HIV and health financing agenda that is consistent with the evidence on what works and does not work when seeking progress towards universal health coverage and developing HIV-sensitive social protection policies and programmes.
- Stronger pandemic prevention, preparedness, and response capacities at national and regional levels, and HIV care needs addressed in emergency and humanitarian contexts and in fragile state.

Contributing organizations: UNHCR, WHO, World Bank and UNAIDS Secretariat.

Key partnership for results in the region: With countries, communities (including country and regional networks of people living with HIV, key populations, youth, women) and other civil society and partners (including PEPFAR and the Global Fund, African Union), and other key stakeholders.

DETAILED 2024–2025 BUDGET AND RESOURCE ALLOCATION

25. In 2021, the UNAIDS Programme Coordinating Board adopted the most ambitious strategy for the global HIV response and the Joint Programme to date. Its successful implementation relies on adequate financing of the Joint Programme. The 2024–2025 budget provides an estimate of the resources that the Joint Programme will need to achieve the results, milestones and targets identified in the 2022–2026 UBRAF.
26. The budget and resources allocation for the 2024–2025 are guided by the overall methodology and key principles for resource allocation, as defined in the 2022–2026 UBRAF. Given the ambitions of the Global AIDS Strategy and income projections in the current context, the PCB, at its Special Session in October 2021, approved the core budget for 2022–2023 and the budget allocation of the Cosponsors and the Secretariat at a base of US\$187 million per annum up to a threshold of US\$210 million per annum. For the 2024–2025 biennium, UNAIDS proposes the same budget level, i.e., a core budget of US\$ 210 million annually or US\$ 420 million for the biennium. The US\$ 210 million annual core allocations will comprise:
- an annual allocation of US\$ 146 million to resource the UNAIDS Secretariat to deliver on its functions and enable continued support in about 85 countries; and
 - an annual allocation of US\$ 64 million for Cosponsors for core functions, global strategic initiatives and country envelopes, of which:
 - a total of US\$ 22 million goes to all Cosponsors (US\$ 2 million to each) to offer a degree of predictability for fulfilling their respective roles at the global, regional and country levels in relation to the Joint Programme;
 - a total of US\$ 11 million goes to fund Global Strategic Initiatives; and
 - US\$ 31 million goes to Cosponsors at country level in the form of country envelopes to support populations in greatest need.
27. Figure 7 shows the comparison of the main components of the core budget base of US\$ 187 million and the difference in core budget to reach the upper threshold of US\$ 210 million.
28. In addition to the estimated core resources, the Joint Programme similarly presents the noncore resources for the full biennium, which consist of:
- total regular and extra-budgetary resources expected to be mobilized by Cosponsors and which contribute to the achievements of UBRAF result area outputs; and
 - the extra-budgetary resources expected to be mobilized by the UNAIDS Secretariat.
29. The tables in this section provide a more comprehensive presentation of the allocations of core and non-core resources. The 2024–2025 budget estimates are presented in various disaggregations, namely: by funding sources, by organization, by result area output, by region, and by SDG. The Secretariat budget estimate is also presented according to its functions. The estimated budget distribution by SDG is added in compliance to the new UN Data Standards for UN System-wide reporting of financial data. Reporting by SDG has been mandatory since 2022.
30. The Joint Programme provides further support to countries in securing, planning and implementing loans and grants for health and development. In particular, the World Bank provides loans and grants through the International Development Association and the International Bank for Reconstruction and Development. Similarly, UNDP serves as interim Principal Recipient of the Global Fund in some countries where no suitable local entity has been identified, and in countries facing capacity constraints, complex emergencies and other development issues. Capacity and resilience-building is a key

element of UNDP's work in those countries. Implementation support services are complemented by longer-term capacity building that includes strengthening financial management, procurement systems, monitoring and evaluation, health governance, policy support on rights, gender and key populations, and support to civil society organizations. Furthermore, UNDP leverages in-country policy capacity to improve the quality of Global Fund-financed programmes and provides technical assistance to anchor Global Fund applications in national disease and health strategies, as well as in development and poverty reduction strategies, and national budget processes and expenditure frameworks.

Figure 7. Difference between core budget of US\$187 million to upper threshold of US\$210 million

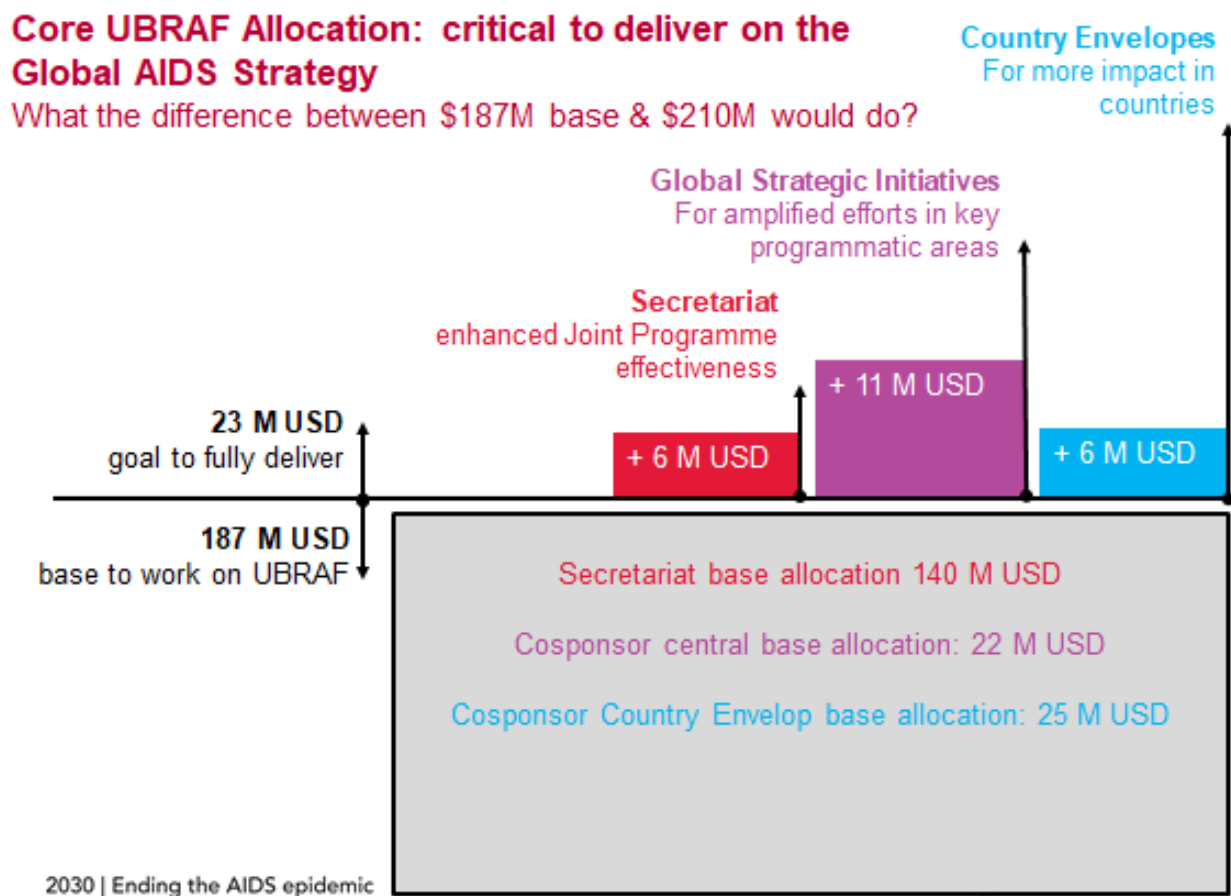


Table 6. Annual budget estimates of core and non-core funds by results area and by organization, in US\$

Core - based on core budget of \$210 million

Result Area/ Secretariat Function	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	WB	Secretariat	Total
RA 1: HIV prevention	231,200	827,100	380,100	966,500	2,968,800	3,035,200	472,200	1,065,800	1,493,700	1,807,300	550,000		13,797,900
RA 2: HIV testing and treatment	193,000	436,400	500,200	34,700	202,400	410,600	112,400	566,000	100,000	3,535,900	-		6,091,600
RA 3: Paediatric AIDS and vertical transmission	31,600	4,924,000	135,800	-	395,500	50,000	-	-	-	1,764,300	-		7,301,200
RA 4: Community-led response	57,000	222,100	134,500	976,400	881,600	506,800	515,000	317,700	118,200	392,900	-		4,122,200
RA 5: Human rights	-	48,600	-	3,057,400	382,600	1,021,600	699,900	1,113,400	478,100	100,000	-		6,901,600
RA 6: Gender Equality	216,100	191,900	-	571,600	340,800	375,400	3,126,200	295,200	756,500	-	-		5,873,700
RA 7: Young people	-	1,545,300	-	26,000	1,716,300	90,400	234,100	447,900	1,807,800	550,000	200,000		6,617,800
RA 8: Fully-funded HIV Response	-	74,400	-	595,100	97,200	-	-	110,400	-	302,200	767,200		1,946,500
RA 9: Integration and social protection	37,200	101,700	2,165,500	256,000	707,900	-	266,100	660,600	118,200	302,200	820,000		5,435,400
RA 10: Humanitarian setting and pandemic	3,330,500	92,000	1,450,400	57,000	129,800	49,600	-	-	-	102,800	700,000		5,912,100
RA Total	4,096,600	8,463,500	4,766,500	6,540,700	7,822,900	5,539,600	5,425,900	4,577,000	4,872,500	8,857,600	3,037,200		64,000,000
1. Leadership, advocacy and communications												37,501,000	37,501,000
2. Partnerships, mobilization and innovation												25,798,000	25,798,000
3. Strategic information												22,905,000	22,905,000
4. Coordination, convening and country implementation support												33,728,000	33,728,000
5. Governance and mutual accountability												26,068,000	26,068,000
Secretariat Functions Total												146,000,000	146,000,000
Grand Total	4,096,600	8,463,500	4,766,500	6,540,700	7,822,900	5,539,600	5,425,900	4,577,000	4,872,500	8,857,600	3,037,200	146,000,000	210,000,000

Non-core

Result Area/ Secretariat Function	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	WB	Secretariat	Total
RA 1: HIV prevention	-	389,400	1,150,000	600,000	9,220,400	3,000,000	1,050,000	1,026,000	2,400,000	11,960,000	550,000		31,345,800
RA 2: HIV testing and treatment	-	1,168,300	1,250,000	-	863,600	200,000	600,000	663,600	100,000	23,400,000	-		28,245,500
RA 3: Paediatric AIDS and vertical transmission	-	21,028,700	880,000	-	2,321,600	200,000	-	-	-	5,720,000	500,000		30,650,300
RA 4: Community-led response	-	1,168,300	430,500	600,000	3,481,200	800,000	950,000	442,600	320,000	2,600,000	-		10,792,600
RA 5: Human rights	-	389,400	-	4,500,000	2,440,700	550,000	900,000	622,200	1,500,000	-	-		10,902,300
RA 6: Gender Equality	13,796,000	389,400	-	-	3,019,900	450,000	9,450,000	410,500	2,500,000	-	-		30,015,800
RA 7: Young people	-	13,240,300	-	600,000	9,204,200	100,000	1,500,000	-	5,500,000	3,640,000	150,000		33,934,500
RA 8: Fully-funded HIV Response	-	-	-	-	458,200	-	-	-	-	2,000,000	250,000		2,708,200
RA 9: Integration and social protection	-	778,800	3,325,000	-	8,849,500	-	550,000	835,100	180,000	2,000,000	1,200,000		17,718,400
RA 10: Humanitarian setting and pandemic	20,694,000	389,400	4,350,000	-	829,700	-	-	-	-	680,000	4,000,000		30,943,100
RA Total	34,490,000	38,942,000	11,385,500	6,300,000	40,689,000	5,300,000	15,000,000	4,000,000	12,500,000	52,000,000	6,650,000		227,256,500
1. Leadership, advocacy and communications												13,300,000	13,300,000
2. Partnerships, mobilization and innovation												10,350,000	10,350,000
3. Strategic information												6,850,000	6,850,000
4. Coordination, convening and country implementation support												10,300,000	10,300,000
5. Governance and mutual accountability												9,200,000	9,200,000
Secretariat Functions Total												50,000,000	50,000,000
Grand Total	34,490,000	38,942,000	11,385,500	6,300,000	40,689,000	5,300,000	15,000,000	4,000,000	12,500,000	52,000,000	6,650,000	50,000,000	277,256,500

* Excludes projections for the UNDP- Global Fund partnership amounting to US\$ 376.5 million per annum

Core and non-core

Result Area/ Secretariat Function	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	WB	Secretariat	Total
RA 1: HIV prevention	231,200	1,216,500	1,530,100	1,566,500	12,189,200	6,035,200	1,522,200	2,091,800	3,893,700	13,767,300	1,100,000		45,143,700
RA 2: HIV testing and treatment	193,000	1,604,700	1,750,200	34,700	1,066,000	610,600	712,400	1,229,600	200,000	26,935,900	-		34,337,100
RA 3: Paediatric AIDS and vertical transmission	31,600	25,952,700	1,015,800	-	2,717,100	250,000	-	-	-	7,484,300	500,000		37,951,500
RA 4: Community-led response	57,000	1,390,400	565,000	1,576,400	4,362,800	1,306,800	1,465,000	760,300	438,200	2,992,900	-		14,914,800
RA 5: Human rights	-	438,000	-	7,557,400	2,823,300	1,571,600	1,599,900	1,735,600	1,978,100	100,000	-		17,803,900
RA 6: Gender Equality	14,012,100	581,300	-	571,600	3,360,700	825,400	12,576,200	705,700	3,256,500	-	-		35,889,500
RA 7: Young people	-	14,785,600	-	626,000	10,920,500	190,400	1,734,100	447,900	7,307,800	4,190,000	350,000		40,552,300
RA 8: Fully-funded HIV Response	-	74,400	-	595,100	555,400	-	-	110,400	-	2,302,200	1,017,200		4,654,700
RA 9: Integration and social protection	37,200	880,500	5,490,500	256,000	9,557,400	-	816,100	1,495,700	298,200	2,302,200	2,020,000		23,153,800
RA 10: Humanitarian setting and pandemic	24,024,500	481,400	5,800,400	57,000	959,500	49,600	-	-	-	782,800	4,700,000		36,855,200
RA Total	38,586,600	47,405,500	16,152,000	12,840,700	48,511,900	10,839,600	20,425,900	8,577,000	17,372,500	60,857,600	9,687,200		291,256,500
1. Leadership, advocacy and communications												50,801,000	50,801,000
2. Partnerships, mobilization and innovation												36,148,000	36,148,000
3. Strategic information												29,755,000	29,755,000
4. Coordination, convening and country implementation support												44,028,000	44,028,000
5. Governance and mutual accountability												35,268,000	35,268,000
Secretariat Functions Total												196,000,000	196,000,000
Grand Total	38,586,600	47,405,500	16,152,000	12,840,700	48,511,900	10,839,600	20,425,900	8,577,000	17,372,500	60,857,600	9,687,200	196,000,000	487,256,500

Table 7. Annual budget estimates of core and non-core funds by results area and by organization, in US\$

Core - based on core budget of \$187 million

Result Area/ Secretariat Function	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	WB	Secretariat	Total
RA 1: HIV prevention	186,500	662,800	273,000	895,500	2,298,600	2,367,100	419,500	961,700	1,064,800	1,546,500	370,000		11,046,000
RA 2: HIV testing and treatment	155,700	339,300	374,100	28,000	152,000	350,500	110,000	533,000	100,000	3,025,700	-		5,168,300
RA 3: Paediatric AIDS and vertical transmission	25,500	3,744,500	93,800	-	284,600	-	-	-	-	739,600	-		4,888,000
RA 4: Community-led response	46,000	166,500	98,000	845,400	670,700	326,500	465,700	292,500	105,000	336,200	-		3,352,500
RA 5: Human rights	-	35,000	-	1,775,300	280,500	680,300	369,000	478,500	313,000	-	-		3,931,600
RA 6: Gender Equality	213,000	150,600	-	519,000	250,500	251,200	2,130,700	275,500	506,000	-	-		4,296,500
RA 7: Young people	-	1,103,700	-	21,000	1,290,900	32,600	227,500	33,000	1,316,200	470,600	130,000		4,625,500
RA 8: Fully-funded HIV Response	-	60,000	-	518,500	70,000	-	-	89,000	-	258,600	530,000		1,526,100
RA 9: Integration and social protection	30,000	73,600	1,581,800	206,500	501,700	-	234,000	608,500	105,000	258,600	550,000		4,149,700
RA 10: Humanitarian setting and pandemic	2,227,800	70,000	1,004,000	46,000	90,000	40,000	-	-	-	88,000	450,000		4,015,800
RA Total	2,884,500	6,406,000	3,424,700	4,855,200	5,889,500	4,048,200	3,956,400	3,271,700	3,510,000	6,723,800	2,030,000		47,000,000
1. Leadership, advocacy and communications												35,961,000	35,961,000
2. Partnerships, mobilization and innovation												24,737,000	24,737,000
3. Strategic information												21,963,000	21,963,000
4. Coordination, convening and country implementation support												32,342,000	32,342,000
5. Governance and mutual accountability												24,997,000	24,997,000
Secretariat Functions Total												140,000,000	140,000,000
Grand Total	2,884,500	6,406,000	3,424,700	4,855,200	5,889,500	4,048,200	3,956,400	3,271,700	3,510,000	6,723,800	2,030,000	140,000,000	187,000,000

Non core

Result Area/ Secretariat Function	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	WB	Secretariat	Total
RA 1: HIV prevention	-	389,400	1,150,000	600,000	9,220,400	3,000,000	1,050,000	1,026,000	2,400,000	11,960,000	550,000		31,345,800
RA 2: HIV testing and treatment	-	1,168,300	1,250,000	-	863,600	200,000	600,000	663,600	100,000	23,400,000	-		28,245,500
RA 3: Paediatric AIDS and vertical transmission	-	21,028,700	880,000	-	2,321,600	200,000	-	-	-	5,720,000	500,000		30,650,300
RA 4: Community-led response	-	1,168,300	430,500	600,000	3,481,200	800,000	950,000	442,600	320,000	2,600,000	-		10,792,600
RA 5: Human rights	-	389,400	-	4,500,000	2,440,700	550,000	900,000	622,200	1,500,000	-	-		10,902,300
RA 6: Gender Equality	13,796,000	389,400	-	-	3,019,900	450,000	9,450,000	410,500	2,500,000	-	-		30,015,800
RA 7: Young people	-	13,240,300	-	600,000	9,204,200	100,000	1,500,000	-	5,500,000	3,640,000	150,000		33,934,500
RA 8: Fully-funded HIV Response	-	-	-	-	458,200	-	-	-	-	2,000,000	250,000		2,708,200
RA 9: Integration and social protection	-	778,800	3,325,000	-	8,849,500	-	550,000	835,100	180,000	2,000,000	1,200,000		17,718,400
RA 10: Humanitarian setting and pandemic	20,694,000	389,400	4,350,000	-	829,700	-	-	-	-	680,000	4,000,000		30,943,100
RA Total	34,490,000	38,942,000	11,385,500	6,300,000	40,689,000	5,300,000	15,000,000	4,000,000	12,500,000	52,000,000	6,650,000		227,256,500
1. Leadership, advocacy and communications												13,300,000	13,300,000
2. Partnerships, mobilization and innovation												10,350,000	10,350,000
3. Strategic information												6,850,000	6,850,000
4. Coordination, convening and country implementation support												10,300,000	10,300,000
5. Governance and mutual accountability												9,200,000	9,200,000
Secretariat Functions Total												50,000,000	50,000,000
Grand Total	34,490,000	38,942,000	11,385,500	6,300,000	40,689,000	5,300,000	15,000,000	4,000,000	12,500,000	52,000,000	6,650,000	50,000,000	277,256,500

* Excludes projections for the UNDP- Global Fund partnership amounting to US\$ 376.5 million per annum

Core and non-core

Result Area/ Secretariat Function	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	WB	Secretariat	Total
RA 1: HIV prevention	186,500	1,052,200	1,423,000	1,495,500	11,519,000	5,367,100	1,469,500	1,987,700	3,464,800	13,506,500	920,000		42,391,800
RA 2: HIV testing and treatment	155,700	1,507,600	1,624,100	28,000	1,015,600	550,500	710,000	1,196,600	200,000	26,425,700	-		33,413,800
RA 3: Paediatric AIDS and vertical transmission	25,500	24,773,200	973,800	-	2,606,200	200,000	-	-	-	6,459,600	500,000		35,538,300
RA 4: Community-led response	46,000	1,334,800	528,500	1,445,400	4,151,900	1,126,500	1,415,700	735,100	425,000	2,936,200	-		14,145,100
RA 5: Human rights	-	424,400	-	6,275,300	2,721,200	1,230,300	1,269,000	1,100,700	1,813,000	-	-		14,833,900
RA 6: Gender Equality	14,009,000	540,000	-	519,000	3,270,400	701,200	11,580,700	686,000	3,006,000	-	-		34,312,300
RA 7: Young people	-	14,344,000	-	621,000	10,495,100	132,600	1,727,500	33,000	6,816,200	4,110,600	280,000		38,560,000
RA 8: Fully-funded HIV Response	-	60,000	-	518,500	528,200	-	-	89,000	-	2,258,600	780,000		4,234,300
RA 9: Integration and social protection	30,000	852,400	4,906,800	206,500	9,351,200	-	784,000	1,443,600	285,000	2,258,600	1,750,000		21,868,100
RA 10: Humanitarian setting and pandemic	22,921,800	459,400	5,354,000	46,000	919,700	40,000	-	-	-	768,000	4,450,000		34,958,900
RA Total	37,374,500	45,348,000	14,810,200	11,155,200	46,578,500	9,348,200	18,956,400	7,271,700	16,010,000	58,723,800	8,680,000		274,256,500
1. Leadership, advocacy and communications												49,261,000	49,261,000
2. Partnerships, mobilization and innovation												35,087,000	35,087,000
3. Strategic information												28,813,000	28,813,000
4. Coordination, convening and country implementation support												42,642,000	42,642,000
5. Governance and mutual accountability												34,197,000	34,197,000
Secretariat Functions Total												190,000,000	190,000,000
Grand Total	37,374,500	45,348,000	14,810,200	11,155,200	46,578,500	9,348,200	18,956,400	7,271,700	16,010,000	58,723,800	8,680,000	190,000,000	464,256,500

Table 8. 2024–2025 budget estimates of core and non-core funds by region, in US\$

Note: Under this 2024–2025 workplan and budget, programme support for countries previously under the UNAIDS Middle East and Northern Africa region is shifted under the UNAIDS eastern and southern Africa and western and central Africa regions (see details under the regional sections, above).

Region	Core central funds (US\$)	Country Envelope (US\$)	Total core funds (US\$)	Non-core funds (US\$)	TOTAL (US\$)
Asia-Pacific	36 446 000	11 655 600	48 101 600	80 876 800	128 978 400
Eastern Europe and Central Asia	19 052 200	4 215 800	23 268 000	43 025 600	66 293 600
Eastern and Southern Africa	61 303 400	22 940 000	84 243 400	197 977 800	282 221 200
Latin America and the Caribbean	24 737 000	7 192 400	31 929 400	28 359 400	60 288 800
West and Central Africa	53 579 400	15 996 200	69 575 600	90 282 400	159 858 000
Global	162 882 000		162 882 000	113 991 000	276 873 000
Grand Total	358 000 000	62 000 000	420 000 000	554 513 000	974 513 000

* Excludes projections for the UNDP–Global Fund partnership, amounting to US\$ 753 million for 2024–2025

Table 9: 2024–2025 budget estimates of core and non-core funds by Sustainable Development Goal, in US\$

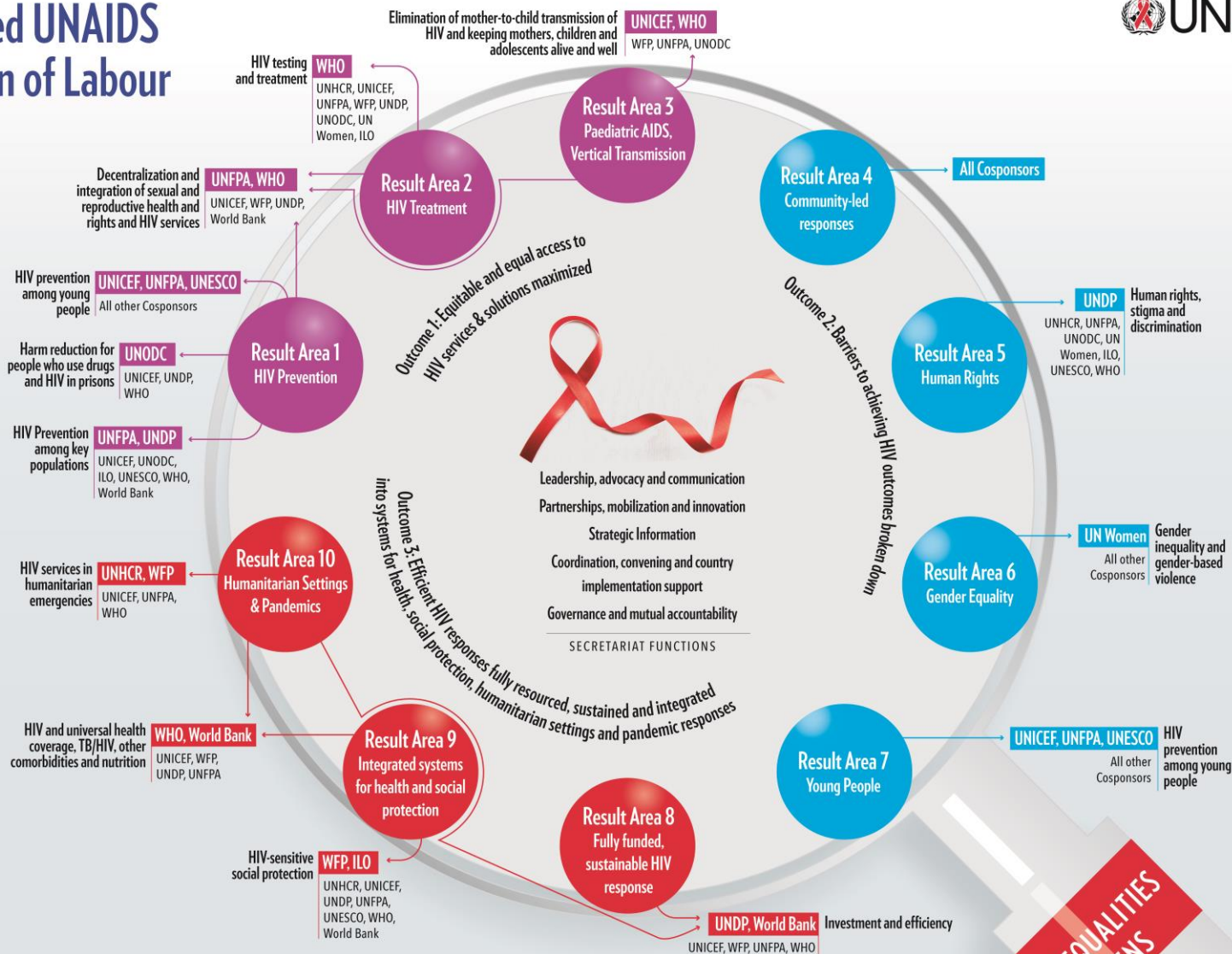
SDGs	Core central funds	Country Envelope	Total core funds	Non-core funds	TOTAL
SDG1: No poverty	783 000	538 200	1 321 200	2 750 200	4 071 400
SDG 2: No hunger	5 400 000	2 720 000	8 120 000	18 770 000	26 890 000
SDG 3: Good health and well being	105 711 000	32 354 680	138 065 680	297 705 800	435 771 480
SDG 4: Quality education	18 900 000	3 512 000	22 412 000	31 819 000	54 231 000
SDG 5: Gender equality	42 807 000	10 507 000	53 314 000	86 373 400	139 687 400
SDG 8: Decent work and economic growth	1 794 000	432 800	2 226 800	1 244 400	3 471 200
SDG 9: Industry, innovation and infrastructure	720 000	193 000	913 000	2 447 600	3 360 600
SDG 10: Reduced inequalities	55 290 000	2 239 760	57 529 760	43 396 600	100 926 360
SDG 11: Sustainable cities and communities	23 360 000		23 360 000	8 000 000	31 360 000
SDG 16: Peace, justice and strong institutions	27 760 000	5 645 000	33 405 000	23 455 200	56 860 200
SDG 17: Partnerships for the Goals	75 475 000	3 857 560	79 332 560	38 550 800	117 883 360
Grand Total	358 000 000	62 000 000	420 000 000	554 513 000	974 513 000

* Excludes projections for the UNDP-Global Fund partnership, amounting to US\$ 753 million for 2024–2025.

[Annexes follow]

Annex 1: UNAIDS Division of Labour using an inequalities lens throughout the Joint Programme's work

Updated UNAIDS
Division of Labour
(2021)



LEGEND
 ■ Convenor Agencies
 ■ Partner Agencies

