

RESULTS REPORT

2022–2023 Performance Monitoring Report

Additional documents for this item:

UNAIDS Performance Monitoring Report 2022–2023: Executive summary (*UNAIDS/PCB (54)/24.6*)

UNAIDS Performance Monitoring Report 2022–2023: Results by region (*UNAIDS/PCB (54)/24.8*)

UNAIDS Performance Monitoring Report 2022–2023: Results by organization (*UNAIDS/PCB (54)/24.9*)

2022–2023 UBRAF Indicator Scorecard (*UNAIDS/PCB (54)/CRP1*)

2022–2023 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (54)/CRP2*)

Action required at this meeting:

The Programme Coordinating Board is invited to:

- *Take note*, with appreciation, of the 2022–2023 Performance Monitoring Report, including its scope and depth; and
- *Encourage* all constituencies to use UNAIDS’s annual performance monitoring reports to meet their reporting needs;

Cost implications for implementation of decisions: none

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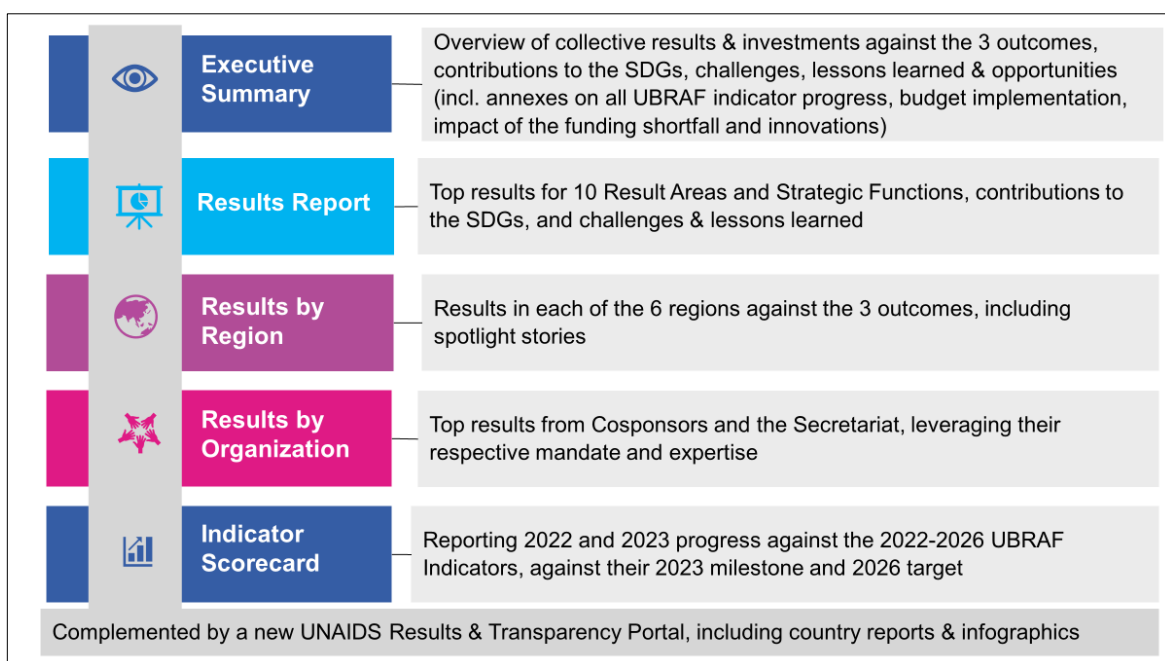
Introduction

1. During the 2022–2023 biennium, progress continued towards the Sustainable Development Goal (SDG 3.3) of ending AIDS as a public health threat by 2030. The number of new HIV infections in 2022 (1.3 million [1.0–1.7 million]) was the lowest in decades. AIDS-related deaths also continued to decline: the annual number of deaths in 2022 was 69% lower than in 2004. Several countries also removed punitive laws and policies and acted to align their national responses with principles of human rights and gender equality. Even as the gains made and the health and community systems strengthened through the global HIV response are accelerating progress towards at least 10 SDGs, the sustained gains towards SDG 3.3 stand in stark contrast to the broader Agenda for Sustainable Development, where progress has stalled and in some cases been reversed.
2. Nevertheless, despite the gains made in the HIV response, the world is not on track to meet the global AIDS targets for 2025, which has major implications for ending AIDS as a public health threat by 2030.
3. The [Global AIDS Strategy 2021–2026](#) outlines three strategic priorities to address HIV-related inequalities and get the HIV response on-track to end AIDS as a public health threat by 2030. The UNAIDS [Unified Budget, Results and Accountability Framework 2022–2026](#) (UBRAF) guides the operationalization of the Joint Programme’s support for the implementation of the Global AIDS Strategy.
4. The collective results of the Joint United Nations Programme on HIV/AIDS (UNAIDS), highlighted in this 2022-2023 Performance Monitoring Report (PMR), saved lives and helped further accelerate progress towards ending AIDS as a public health threat. As a multisectoral Joint Programme to support countries’ progress towards achieving the global AIDS targets, with a proven track record of addressing the needs of the most vulnerable and marginalized, the Joint Programme further catalysed efforts to reduce HIV-related inequalities during the biennium.
5. This report summarizes the Joint Programme’s results in 2022–2023 towards the UBRAF outcomes, which contribute to the Global AIDS Strategy’s three strategic priorities:
 - **Outcome 1:** People living with, at risk of, and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.
 - **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.
 - **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.
6. Towards achieving those three outcomes, the UBRAF outlines 10 interconnected result areas where UNAIDS actions generate demonstrable results, with specific programmatic outputs articulated for each result area.
7. This report presents the Joint Programme’s collective results in 2022–2023 according to the UBRAF outcomes and the 10 result area outputs led by Cosponsors under each

outcome, with the complementary results achieved under the Secretariat's five strategic functions to optimize the effectiveness of the Joint Programme's actions.

8. For each result area output, the report describes contributions made towards the agreed specific 2022–2023 outputs, as defined in the [UNAIDS 2022–2023 workplan and budget](#). The report also describes how the Joint Programme's work in 2022 –2023 contributed to the SDGs and it outlines key challenges and important lessons learned.
9. Under each result area output, the report provides quantified indicator progress towards agreed 2023 milestones, as per the agreed [UBRAF Indicator matrix](#), along with a narrative that explains the results in greater detail. High performance was sustained, as demonstrated by progress against the 45 UBRAF indicators and in achieving most of the 2023 milestones. This was done through strong prioritization, though some areas suffered from reduced capacities due to a lack of funding. For conciseness and clarity, indicator reporting in this results report is summarized, while the full indicators report is available in the Indicator Scorecard.
10. However, the Joint Programme also confronted considerable challenges, including stagnating funding for the global HIV response, funding shortfalls for its core UBRAF and an anti-rights backlash in many parts of the world while demands for support remains high. Through implementation of strategic and operational efficiencies and a further comprehensive re-prioritization, the Joint Programme continued to exert leadership and drive progress towards ending AIDS even in the face of an increasingly complex and difficult global environment.
11. The UNAIDS PMR is a comprehensive and integrated report package, which presents the main results of the Joint Programme (Figure 1). Budget implementation information (all core and non-core budget and expenditures and encumbrances) is presented in detail in the PMR executive summary (Annex 2), including breakdown by organization, result area, region and costs category.

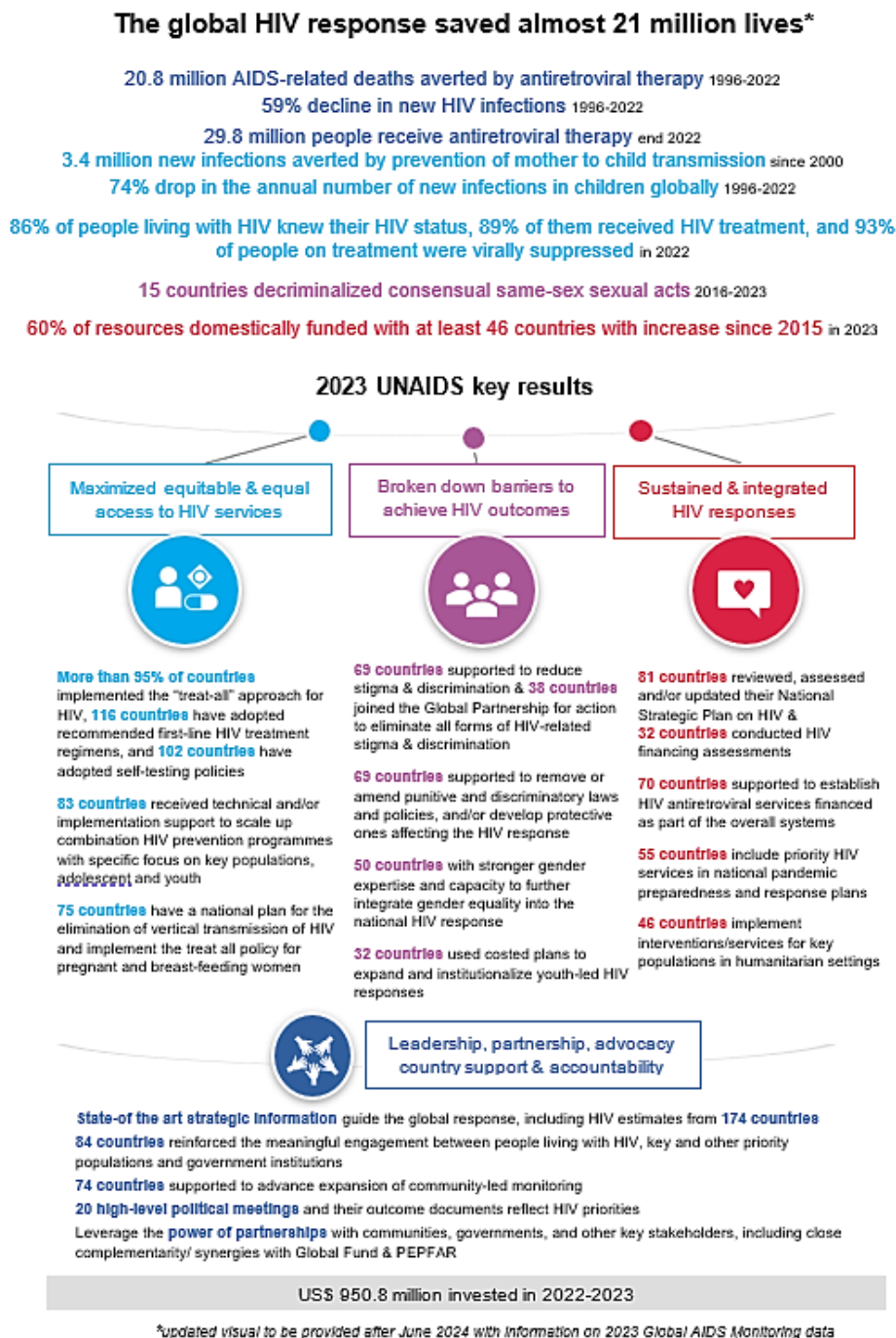
Figure 1. 2022–2023 UNAIDS Performance Monitoring Report package



Higher-level overview of 2022 results and investments

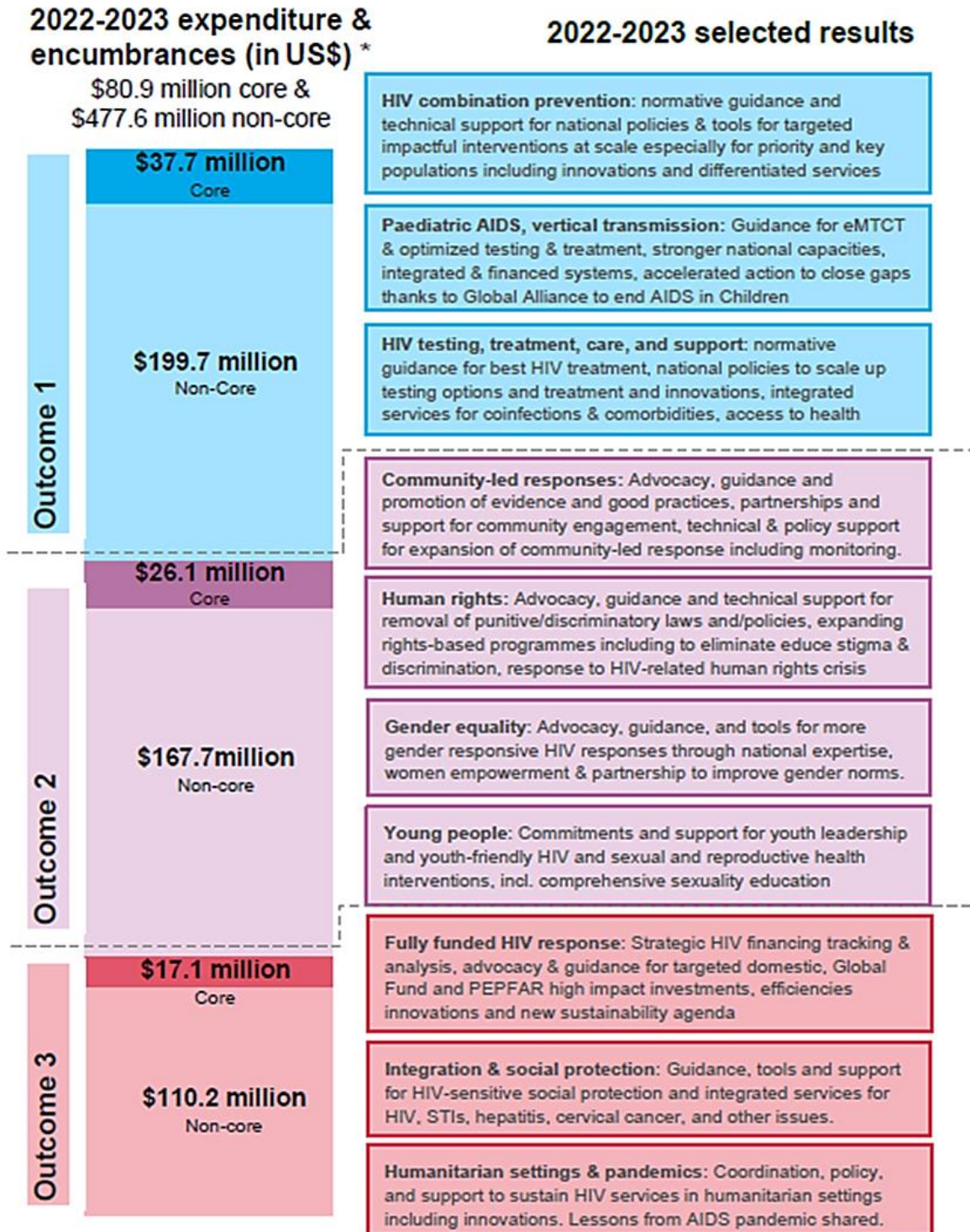
12. The results achieved by the Joint UN Programme helped saving lives and advanced further progress towards achieving the global AIDS targets and ending AIDS as a public health threat. Figure 2 summarizes key changes and building blocks for the HIV response, which the Joint Programme achieved for each of the three strategic priorities of the Global AIDS Strategy and UBRAF outcomes. Figures 3 and 4 show the linkages between results and investments by outcome and result areas (led by the 11 Cosponsors) along with the complementary Secretariat strategic functions.

Figure 2. UNAIDS results help saving lives¹



¹ Impact-level data are from UNAIDS global data on the HIV pandemic and response are available at: [AIDSinfo](https://aidsinfo.unaids.org/).

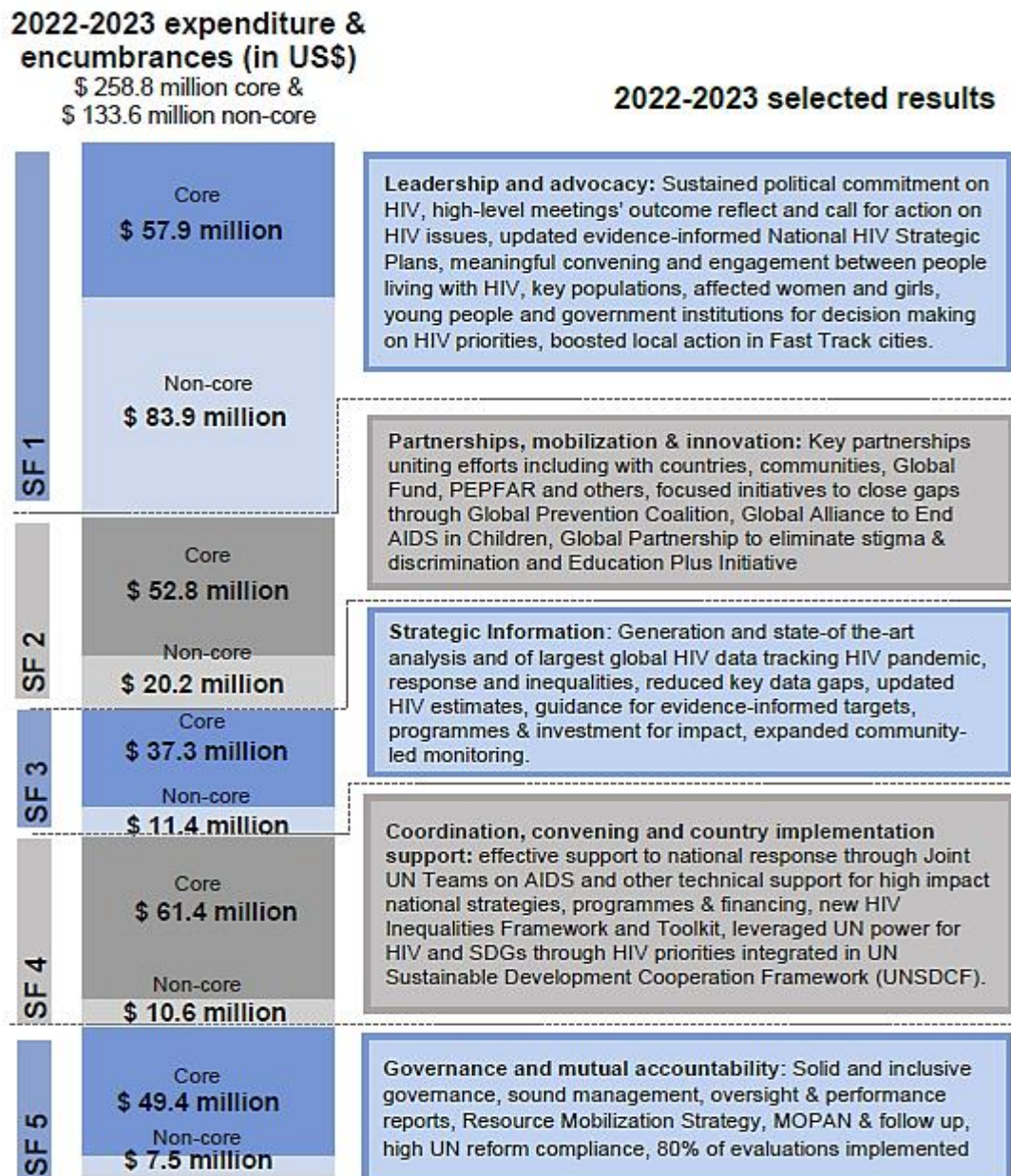
Figure 3. 2022 Joint Programme results and investment by result areas and outcomes



* Excluding UNDP & UNICEF Global Fund expenditures

Figure 4. 2022 UNAIDS Secretariat results and investment by strategic function

2022-2023 UNAIDS Secretariat results and investment by strategic function



13. These results were made possible by the resource mobilization and donor funding invested in the Joint Programme to deliver on its mandate, which occurred despite challenging financial conditions and a context of overlapping global challenges.
14. The 2022–2023 budget approved by the Programme Coordinating Board (PCB), as well as the 2022–2023 expenditure and encumbrances, are provided for all result areas and strategic functions sections of the report, linking results and investments. For the sake of

conciseness, detailed budget implementation information is available in the executive summary and is not repeated here.

15. As a result of additional organizational efficiencies and effectiveness at all levels, as well as strong budgetary discipline and prioritized programmatic focus, the Joint Programme continued to effectively deliver for countries and communities, while also enhancing accountability for results. As this report demonstrates, this "high-value-for-money" approach allows the Joint Programme to deliver through its country presence, regional and global partnerships and solid expertise.
16. However, crucial capacities across the Joint Programme are being eroded by significant and increasing underfunding of the UBRAF in recent years. Current funding levels are not sustainable: a fully funded UBRAF is essential for ending the AIDS epidemic.
17. This report highlights the transformative power of the partnerships leveraged by the Joint Programme, as well as the successful recovery of most national HIV responses after the setbacks of the COVID-19 pandemic. Although progress in the global HIV response is inspiring, the AIDS pandemic is far from over. Indeed, the global response is at a critical juncture. While more than two decades of progress have laid the groundwork to end AIDS as a public health threat in many countries, new HIV infections are increasing in several others and the number of lives claimed by AIDS remain unacceptably high. Increasingly, the populations most vulnerable to HIV are being left behind, often due to societal and structural barriers that reduce their ability to access and use essential services.
18. A deteriorating human rights environment and diminishing civic space in many countries further undermines efforts to end AIDS. HIV-related inequalities persist, especially for children, key and other priority populations, and women and girls. The Joint Programme's multisectoral approach, bold advocacy and support for policy change are more crucial than ever for ending HIV-related inequalities, achieving the global AIDS targets and ending AIDS as a public health threat.

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

People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

Result Area 1: HIV prevention

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$25,533,700	\$21,035,365	\$92,895,200	\$88,945,468	\$118,428,900	\$109,980,834

Joint Programme 2022–2023 results

Normative and implementation guidance provided to countries for combination HIV prevention interventions for and with key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.

19. The Joint Programme supported the strengthening and acceleration of HIV prevention efforts through the provision of normative guidance and technical support to enable country partners to translate guidance into action. WHO, UNICEF, UNDP, UNFPA, UNODC and the UNAIDS Secretariat launched and widely disseminated the “Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations”, jointly with community networks.
20. WHO also published a new recommendation on the Dapivirine vaginal ring for HIV prevention for women who are at substantial risk of HIV infection, as well as a recommendation on long-acting injectable cabotegravir (CAB-LA) for pre-exposure prophylaxis (PrEP). Zimbabwe became the first country in Africa to announce regulatory approval of CAB-LA.
21. Countries implemented effective interventions to eliminate gender-based violence against women who use drugs, with support from UNODC, UNFPA, UN Women, WHO, UNAIDS Secretariat, International Network of People who Use Drugs (INPUD), and the Women Harm Reduction International Network. UNESCO’s revised strategy on education for health and well-being strengthened school health systems in ways that promote HIV prevention and reproductive health. UNHCR updated its public health toolkit and developed a blended e-learning public health programme in refugee emergencies, as well as a community outreach monitoring and reporting tool.

Indicator progress on HIV prevention (RA 1)²

- **86 countries** improved their national policies and/or strategies for combination HIV prevention with key populations and other populations at-risk of HIV infections.
- **83 countries** received technical and/or implementation support to scale up combination HIV prevention programmes.

² The Joint Programme data in the UBRAF Indicator progress boxes are 2023 data. Further information on the 2022–2026 UBRAF indicators’ definition and results in 2022 and 2023 can be found in the Indicator Scorecard.

22. The UNAIDS Secretariat and UNFPA led the coordination of and technical support to the Global Fund Condom Strategic Initiative to improve national and subnational stewardship in condom programming and increase innovations in demand creation and “last-mile” distribution of condoms in Malawi, Mozambique, Uganda and Zambia. By the end of 2023, all four countries had a demonstrated capacity for stewardship in condom programming. The Joint UNAIDS-IAPAC Fast-Track Cities project supported 15 high-burden cities to accelerate progress for prevention and treatment targets. UNODC facilitated South-South learning on human rights-based HIV prevention for people who use drugs and people in prison in Kenya and Viet Nam.
23. **Evidence-based, optimally strategic planning for HIV prevention programmes.** Countries now have stronger capacities to estimate the sizes of priority populations as a result of a new population size estimation tool developed by the UNAIDS Secretariat. Countries in eastern and southern Africa can now better plan, execute and monitor their HIV responses for men and boys within a gender equality framework thanks to an analytical framework that was created by the Global HIV Prevention Coalition Secretariat, the UNAIDS Secretariat, WHO, UN Women and Sonke Gender Justice. Prioritization of evidence-informed prevention was central in the development or updating of multiple national strategic HIV plans as well as in Global Fund’s new funding requests.
24. A regional dialogue in Africa on the International Guidelines on Human Rights and Drug policy increased the knowledge of national stakeholders from 12 countries (including from the legislative, judicial and executive branches) on evidence-based approaches to drug use and on ways to reduce the harmful impact of punitive measures. The dialogue was convened jointly by UNDP, UNODC, WHO, the UNAIDS Secretariat and the University of Essex. World Bank support strengthened the evidence base for HIV prevention, including analyses of sustainable financing options, in Kenya, the United Republic of Tanzania and elsewhere.
25. The Joint Programme expanded the evidence base on HIV prevention through focused research. In Nigeria, UNODC conducted the first-ever survey on women’s health in prisons to identify service gaps and shape strategic responses. Additionally, UNODC supported the development of an integrated HIV and viral hepatitis training manual for correctional facilities and enhanced targeted HIV interventions for people in prisons.
26. In the United Republic of Tanzania, UNHCR and WFP supported a cross-sectional study on HIV prevalence and associated factors among refugees, which emphasized the need for a more integrated and holistic approach to HIV services among priority populations, including adolescents, unmarried individuals and key populations.
27. **Catalytic support for uptake of priority prevention tools.** The Global HIV Prevention Coalition, which is co-convened by UNFPA and the UNAIDS Secretariat, brings together governments, Cosponsors, international organizations, funding partners and civil society organizations. It continued to accelerate progress towards the 2025 HIV prevention targets by focusing on closing the remaining gaps, including through the use of data-driven guidance and tools. With support from the Joint Programme, 15 African countries conducted self-assessments of their condoms and key populations programmes and 14 countries undertook assessments of their programmes for adolescent girls and young women and antiretroviral-based prevention.
28. UNODC provided technical support to expand access to opioid agonist therapy in Jordan Libya and introduce it in Tunisia. It supported the development of opioid agonist therapy standard operating procedures and national guidelines for methadone management in Algeria, Nigeria, and Viet Nam and provided technical support for the development of Malawi’s national drug policy.

29. Demand for and access to PrEP increased due to support from UNICEF partners, including support for PrEP demonstration projects in Côte d'Ivoire, Philippines and Thailand and the scaling-up of PrEP among young mothers in South Africa. Almost 200 country stakeholders from more than 25 countries increased their knowledge and capacity on PrEP target-setting during workshops held by the Global HIV Prevention Coalition Secretariat, PEPFAR, and WHO.
30. Uptake of voluntary medical male circumcision (VMMC) has increased sharply, with 35 million VMMC procedures conducted in 15 priority countries in eastern and southern Africa by end-2023. WHO convened a VMMC subregional implementation stock-taking exercise in Rwanda, managed the VMMC community-of-practice "tele-ECHO" series and produced a VMMC sustainability assessment. In 27 countries implementing VMMC for HIV prevention, over 16 300 men in refugee settings were successfully circumcised with support from UNHCR.
31. **Prioritized support for national efforts to prevent new infections among key populations.** Specific steps were taken to strengthen HIV prevention among key populations. Through its partnership with the Global Fund, UNDP worked with local partners to provide prevention services to 1.85 million people belonging to key populations, including: 537 000 gay men and other men who have sex with men, 42 000 transgender people, 440 000 sex workers, 173 000 people who use drugs, and 663 000 people in prison.
32. A thematic session at the 52nd session of the PCB focused on addressing the HIV-related needs of transgender people. The ILO, UNAIDS Secretariat and partners developed a LGBTQ+ learning guide titled "Inclusion of LGBTQI+ persons in the world of work", which incorporates HIV issues and which was widely disseminated in 25 countries to strengthen HIV prevention. The ILO, UNAIDS Secretariat and partners also supported 25 countries to accelerate prevention through the development of policies and guidelines, including: a national strategy on HIV prevention programmes at the workplace (Indonesia); a national workplace wellness prevention policy (Eswatini); a national occupational health and safety profile (Nigeria); the drafting of 22 company HIV workplace policies (Uganda); and implementation of a national condom strategy (Mozambique).
33. UNODC supported the implementation of a comprehensive national plan on prison health in Morocco; the development of training modules for prison staff on HIV prevention and treatment in Bolivia; and the development of guidelines on sexual and reproductive health (SRH) services in prisons in Sudan. In Viet Nam, UNODC and national authorities rolled out a tailored training package for community workers and civil society organizations to deliver harm reduction interventions for gay men and other men who have sex with men who engage in chemsex. A national dialogue in Ghana, organized by UNDP, OHCHR and the University of Essex, resulted in a revised human rights-based drug law.
34. UNODC supported prevention strategies and activities for drug use and HIV in 24 countries and for prisons in 30 countries. Three hundred fifty service providers and community-led organizations in Afghanistan, Bangladesh, India, Indonesia, Philippines, South Africa and eastern Africa benefited from technical support on HIV responses among people who use stimulant drugs. UNODC organized a high-level advocacy event in eastern and southern Africa to promote gender-responsive health-care services in prisons. Two technical guides on HIV prevention in prisoners were also published.
35. **Addressing the HIV prevention needs of young people.** UNFPA and UNESCO served as co-convenors of the Global Partnership Forum on comprehensive sexuality education

(CSE) and hosted a global symposium on CSE in 2022 with over 800 participants and 120 speakers. UNESCO launched a new project focusing on understanding how sexuality education can be inclusive of the needs and rights of all learners, including those who are LGBTIQ+. It also launched a report “Safe, seen and included,” which highlighted the rationale for inclusive learning practices. UNESCO’s “O3” programme, which aims to provide young people quality CSE programmes, has reached 20 million young people since the launch of its second phase in June 2023.

36. Examples of specific country support include working in schools (UNICEF and the Rwanda Biomedical Centre reached over 15 500 adolescents with HIV prevention messages); in Angola, UNICEF engaged more than 20 000 adolescents and young people with HIV prevention behaviour change and demand creation; in Zimbabwe, UNFPA supported 200 “CONDOMIZE!” campaigns in education institutions, reaching over 275 000 young people in Zimbabwe in 2022–2023.
37. **Prevention of new HIV infection among women.** With women accounting for over 45% of new HIV infections worldwide, including a majority in sub-Saharan Africa, the Joint Programme continued to lead global efforts to prevent new HIV infections among women. Across 21 countries, UN Women implemented evidence-based interventions to transform unequal gender norms, including harmful masculinities to help prevent violence against women and HIV, and improve male health-seeking behaviour. In Malawi, UN Women utilized the “HeForShe” barbershop toolbox to mobilize and train nearly 2000 male community “change agents”. Through the EU/UN “Spotlight Initiative”, UN Women supported scaled-up implementation in Uganda and Zimbabwe of the “SASA!” intervention to prevent HIV infections and violence against women. In Malawi, Rwanda and Zimbabwe, UN Women helped the ministries of health and ministries for gender equality develop and implement national programmes that engage men and boys to reduce gender-based violence, promote gender equality, and encourage seeking of health services.
38. **HIV prevention and sexual and reproductive health services, with particular attention to the needs of adolescent girls and young women.** UNFPA reached 52.8 million adolescents and youth who benefited from SRH services. Since 2015, the Global Financing Facility for Women, Children and Adolescents, housed at the World Bank, has reached 630 million women and girls with comprehensive health benefits packages that include SRH services.

Regional stewardship instituted and an expanded number of countries supported under the Global HIV Prevention Coalition to put into action and monitor the 2025 HIV Prevention Road Map.

39. The Global HIV Prevention Coalition launched the 2025 Prevention Road Map in 2022, following extensive consultations with countries and diverse stakeholders. By the end of 2023, 26 Coalition focus countries had developed or updated their national HIV prevention road maps or action plans based on the new Road Map. As of 2022, reductions in new HIV infections since 2010 have been faster in Coalition focus countries than in the rest of the world. Among 11 focus countries, new infections fell by 66%. A new community of practice on key populations helped knowledge sharing strategizing among Coalition partners.
40. The number of focus countries increased from 28 to 38, with the Central African Republic, Colombia, Egypt, Madagascar, Peru, Philippines, Rwanda, South Sudan, Thailand and Republic of the Congo joining in 2023. Capacity building across the Road

Map's five pillars continued through the South-to-South HIV Learning Network (which includes 15 priority countries) and key population communities of practice.

41. The Coalition conducted its annual survey to monitor country progress in implementing 10 actions of the HIV Prevention 2025 Road Map and published its annual HIV prevention scorecard report which tracks and analyses progress in national HIV prevention programmes. Thirty-five countries completed the survey, with the majority reporting considerable progress in selected action steps.
42. During the biennium, the Coalition updated its 2020 "Decision-making aide for investment into HIV prevention programmes among adolescent girls and young women", a tool which assists countries in prioritizing investments in differentiated HIV prevention packages and which was included in the Global Fund's brief for funding requests.

Result Area 2: HIV treatment

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$11,347,300	\$8,161,783	\$93,170,000	\$51,545,868	\$104,517,300	\$59,707,651

Joint Programme 2022–2023 results

Scientists, communities and multisectoral stakeholders strategically were convened, 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.

43. The worldwide expansion of HIV treatment services remains one of the great

achievements in the history of global health. As of 2022, 76% (65–89%) of people living with HIV were accessing antiretroviral therapy, up from 7.7 million in 2010. Among people accessing HIV treatment in 2022, 93% (79–>98%) were virally suppressed. AIDS-related deaths have declined by 69% since the peak in 2004 and by 51% since 2010. However, HIV treatment coverage remains higher among adults than among children and among pregnant women compared to men. The Joint Programme has played a key role in the HIV treatment gains, including through the establishment and monitoring of the 90–90–90 and subsequent 95–95–95 targets and through extensive technical support to country stakeholders to overcome treatment barriers and accelerate progress.

44. **Normative treatment guidance.** Normative guidance by the Joint Programme, based on scientific evidence, continued to evolve in 2022–2023. To optimize HIV treatment, WHO in 2022 published a technical report on priorities in HIV treatment optimization for children and adults; and convened a technical working group to review the recent data on toxicity, safety and resistance risk to dolutegravir- and tenofovir alafenamide-containing regimens. In 2023 it organized a technical working group to review the evidence on preferred protease inhibitor options in second- and third-line regimens, including for children and pregnant women. WHO worked to track new evidence for a further update of the WHO consolidated guidelines on

Indicator progress on HIV treatment (RA 2)

- **Guidance on differentiated and integrated service delivery and comorbidities** developed.
- In 2022, **29 (34%) of countries** supported by the Joint Programme fully updated and implemented their national recommendations on all 3 policy components (HIV testing, treatment and service delivery).
- In 2022, **78 (91%) of countries** supported by the Joint Programme adopted the WHO-preferred first-line antiretroviral combination for treatment initiation in national guidelines in alignment with the 2021 WHO consolidated guidelines.
- In 2022, **33 (38%) countries** supported by the Joint Programme included three months of weekly rifapentine plus isoniazid (3HP) in national guidelines.³

³ These three indicators are measured through the Global AIDS Monitoring reporting mechanism, the results of which will be released in July 2024. The latest information reported here are based on the 2022 data sets which were collected and published mid-2023.

HIV prevention, testing, treatment, service delivery and monitoring, which is expected in 2024.

45. At the International AIDS Society conference in 2023, WHO launched a new policy brief on the role of HIV viral suppression for improving individual health and reducing transmission. It also highlighted new directions for integrating HIV into primary health care and presented the latest scientific evidence on the intersections between mpox, HIV and STIs, as well as the impact of climate change and other determinants of health on the control of HIV.
46. WHO also published a policy brief and an accompanying scientific article in the *Lancet* journal based on a systematic review of studies on HIV viral load suppression and undetectable levels of virus. The findings support the “U=U” (“Undetectable = Untransmittable”) approach, which is based on strong evidence that people living with HIV who suppress the virus to undetectable levels through consistent use of antiretroviral therapy cannot transmit HIV to their sexual partner(s). The findings therefore reinforce the need to maintain and ensure consistent access to HIV treatment.
47. Maximizing the proportion of people living with HIV who know their HIV status remained a priority. An information note promoted quality testing services and preventing misdiagnosis. The 53rd session of the PCB included a thematic segment on HIV and testing to explore actions to improve access, uptake, quality, effectiveness and sustainability of testing services. WHO called on countries to expand the use of HIV self-testing and to offer it for initiation, continuation and restarting of HIV PrEP, as well as promote testing among sexual and social networks to increase coverage and uptake of HIV prevention and treatment services. UNDP continued to support countries to increase access to PrEP for key populations in Burundi, Colombia, the Congo, Cuba, Kyrgyzstan, Pakistan and Zimbabwe.
48. **Differentiated service delivery.** The Joint Programme promoted differentiated HIV service delivery. The UNAIDS Secretariat, WHO and UNICEF organized eight webinars to promote differentiated service delivery in their Global Fund GC7 funding requests. The Joint Programme also provided a resource pack to countries that includes guidance and pertinent reference materials on differentiated service delivery. Analytical tools provided by the World Bank offered countries actionable tools to understand why clients are dropping out of care and to identify opportunities for re-engagement. In support of national partners, UNDP is currently providing antiretroviral treatment to 1.68 million people and six million HIV tests for key and vulnerable populations through the UNDP-Global Fund partnership.
49. The Joint Programme also continued to strengthen activities to scale up HIV treatment and care for forcibly displaced and stateless persons in humanitarian settings and in the context of new emergencies. For example, UNHCR expanded testing and counselling services in humanitarian settings in Kenya by using point-of-care testing and rapid test kits to promote knowledge of serostatus in the Kakuma refugee camp and Kalobeyei settlement. An annual survey by UNHCR found that 98% of countries maintained a test-and-treat approach to HIV in humanitarian settings.

Policy, advocacy and technical support provided to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services, including for comorbidities and coinfections.

50. The Joint Programme’s policy, advocacy and technical support continued to catalyse gains in the scale-up and quality of HIV testing, treatment, care and integrate services.

More than 95% of countries have adopted the recommended “treat-all” approach for HIV and the number of countries that have adopted the recommended first-line HIV treatment regimens increased from 60 in 2020 to 116 in July 2023. In addition, 102 countries have adopted self-testing policies and 98 are procuring at least one type of HIV self-test. In 2023, more than 90% of low- and middle-income countries were integrating other health services into HIV services, though less than 40% were delivering antiretroviral therapy at primary health care and community levels. The 75th World Health Assembly noted with appreciation the WHO global health sector strategies for HIV, viral hepatitis and STIs for 2022–2030.

51. During the biennium, the Joint Programme supported further increases in the proportion of people living with HIV who know their HIV status. ILO, UNAIDS Secretariat, WHO and partners provided HIV testing services (including self-tests) in more than 20 countries to more than 240 000 workers, including migrant workers, sex workers, mobile workers, mine workers and workers in the informal economy. Among the workers who accessed HIV testing through this partnership, 0.8% tested HIV-positive and were linked to care. ILO and WHO developed a brief on HIV self-testing at workplaces, and ILO also documented good practices based on its HIV testing activities in India, Kenya and Zimbabwe. The findings were shared in 20 countries. In 2022, UNICEF led the development of the first Global Advocacy Strategy on Diagnostics. In the Democratic Republic of Congo, 30% of pregnant women were counselled and tested for HIV with World Bank assistance, surpassing endline targets though gaps persisted.
52. The Joint Programme promoted the affordability and accessibility of HIV and other essential medicines. UNDP supported 54 countries on access to health technologies, including numerous countries where policy reform was supported to facilitate increased health commodity access. Guidance was provided on the use of competition law to promote access to health technologies. For example, UNDP supported legal reform efforts in Kazakhstan, which amended its patent laws in 2022 to remove barriers to affordability and access. In the United Republic of Tanzania, it supported a national strategy to promote the development of the domestic pharmaceutical sector and in Malawi it supported the finalization of a draft patent law in 2023. A trust fund set up by the World Bank and the Bill and Melinda Gates Foundation through the African Medicines Regulatory Harmonization initiative contributed to significant improvements in regulatory systems across the region.
53. The Joint Programme supported efforts to build robust and resilient local manufacturing capacity for health technologies. In 2023, UNDP and WHO secured funding for a regional project covering six countries in eastern Europe and central Asia, three countries in the western Balkans and Türkiye to explore opportunities for local production of health technologies and optimization of procurement chains.
54. Catalytic support enabled the scale-up of differentiated service delivery. The UNAIDS Secretariat compiled scorecards of 44 countries and its support contributed to the adoption of national differentiated service delivery policies in Chad and Sierra Leone and the piloting of community treatment in Central African Republic and Chad.
55. The Joint Programme supported countries in addressing both barriers and enablers to accelerate treatment access. Together with the Government of the Dominican Republic and the University of Massachusetts Amherst, WFP helped lead a novel pilot programme combining urban gardens with peer nutrition counselling for food-insecure people living with HIV, resulting in demonstrable reduction in food insecurity and a 25% increase in treatment adherence. WFP helped improve treatment access and outcomes in Myanmar, including to more than 25 500 people living with HIV and the introduction of fortified rice in its food assistance. UN Women supported the Rwanda National AIDS Control

Commission to develop and pilot a community-based monitoring and reporting tool that helps to identify specific gender-related barriers in accessing HIV services, particularly violence against women, and improve the quality and inclusivity of HIV services. UN Women's successful partnership with WHO in Sierra Leone and the United Republic of Tanzania resulted in over 5,000 rural women living with HIV accessing cervical cancer screening and receiving treatment and care.

56. Efforts continued to secure access to HIV treatment for populations in humanitarian settings. For example, in South Sudan, UNHCR, through its implementing partners in different locations, provided antiretroviral therapy to 128 individuals who were newly diagnosed with HIV and who were affected by the ongoing conflict in Sudan. In Uganda, UNHCR support contributed to the enrolment of almost 16 400 refugees and nationals in HIV treatment services and to the achievement of a 94% rate of viral suppression.

Result Area 3: Paediatric AIDS, vertical transmission

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$11,583,800	\$8,487,501	\$27,929,000	\$59,195,897	\$39,512,800	\$67,683,398

Joint Programme 2022–2023 results

Guidance and technical support provided to priority countries to adopt and implement normative recommendations related to optimizing treatment in women, children and adolescents and ensuring access to HIV prevention for women attending antenatal and postnatal services.

57. **Global Alliance to End AIDS in Children.** To address the need for greater global and national political will, action and resourcing to end paediatric AIDS, UNICEF, with WHO, UNAIDS Secretariat, PEPFAR, implementing partners, networks of people living with HIV and civil society, in 2022 co-convened the Global Alliance to end AIDS in children. In 2023, during Phase 1 of the partnership, 12 African countries joined the Alliance and formed inclusive country teams to develop prioritized national action plans. UNICEF and Joint Programme partners supported global advocacy and coalition-building for the Alliance and helped establish technical working groups and two regional support hubs in eastern and southern Africa and in western and central Africa. The Joint Programme conducted a rapid analysis of Phase 1 country resource mobilization to inform and align funding requests and generate resources for a pilot surge mechanism to support Phase 1 countries to reach 2025 targets.

Indicator progress on paediatric AIDS and vertical transmission (RA 3)

- **75 countries (87%)** supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and 86 countries implement the "treat-all" policy for pregnant and breastfeeding women.
- **64 countries** supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites.

58. **Intensified action to eliminate vertical transmission of HIV.** UNICEF, WHO, UNFPA and partners provided guidance and technical support to countries to develop national plans for the elimination of vertical transmission of HIV, syphilis and hepatitis B. By 2023, 15 countries and territories had been validated for elimination. Moreover, 75 countries had a national plan, and 86 countries were implementing a "treat-all" policy for pregnant and breastfeeding women living with HIV. WHO developed and regularly updated the "Global guidance on the criteria and processes for validation of elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus", as well as for governance of the validation process. UNICEF, UNFPA and the Nossal Institute contributed to implementation of the Asia-Pacific triple elimination regional roadmap. In 2023, WHO developed a framework for implementing the triple elimination initiative.

59. WHO's joint work with the UNAIDS Secretariat and the community of women living with HIV resulted in a revision of guidance to better address rights-based and integrated approaches to optimize services for women, children and adolescents while preparing for

validations. Priority countries included Kenya, Malawi and Namibia. Botswana became the first high-burden country to be certified for achieving an important milestone on the path to elimination of mother-to-child transmission (EMTCT) of HIV, demonstrating that an AIDS-free generation is possible even in countries with a high HIV burden. Namibia was supported by a joint UNICEF, UNAIDS Secretariat and WHO team to prepare for validation on the path to elimination. Oman was validated in 2022 as the first country in the eastern Mediterranean region to eliminate dual HIV and syphilis vertical transmission. UNICEF led a milestone internal validation exercise in 2023 for five provinces in China.

60. **Support for strengthening elimination of vertical transmission of HIV efforts.** In 2022–2023, UNDP supported the provision of services for preventing vertical transmission in seven countries. Almost 121 000 HIV-positive women received antiretroviral therapy during pregnancy and/or labour and delivery, and over 105 300 infants exposed to HIV received an HIV test within two months of birth. WFP continued to integrate many of its elimination activities with comprehensive maternal, neonatal and child health services.
61. In 2023, surveys in 49 countries with health programmes supported by UNHCR indicated that over 160 000 pregnant women and girls attended and benefited from antenatal services at health facilities. Fully 97% of HIV-positive pregnant women and girls were immediately enrolled and started on ART. UNFPA's integrated SRH services for the elimination of vertical transmission, especially among sex workers, were strengthened and sustained in Cambodia, India, Indonesia, Iran, Timor Leste and Viet Nam. UNFPA and WHO supported government strategies for the elimination of vertical transmission of HIV, syphilis, hepatitis B, and Chagas disease in the Americas, including through integrating services into primary health care and maternity services.
62. UN Women supported national AIDS coordinating bodies in Burundi, Cameroon, Indonesia, Nigeria and Sierra Leone to empower women living with HIV, as advocates to prevent new HIV infections among children. In 2022–2023, UNICEF and partners have rolled out the "Last Mile" framework for elimination in countries with low HIV prevalence and/or concentrated HIV epidemics. HIV treatment services for children are most effective when integrated into sustainable primary health care systems; however, in 2022, those services were integrated in only 54 countries. To date, 33 of UNICEF's 37 HIV-priority countries have implemented a comprehensive package for paediatric HIV treatment within primary health care systems.
63. In 2022, peer support contributed to over 90% viral load suppression among adolescent and young mothers in Malawi and Zimbabwe. UNICEF and Drexel University published a framework for action to address the health, education and economic consequences of adolescent pregnancy. In 2023, UNICEF supported Zimbabwe's National Assessment on Adolescent Pregnancies and helped strengthen health facilities to offer age-differentiated pregnancy and post-partum care, while peers, mentor mothers and community health workers provide psychosocial support. UNICEF also launched the "[Leveraging the learning](#)" series, with the first report sharing lessons from HIV programmes to meet the needs of all pregnant and parenting adolescents. In 2023, UNICEF and WHO released a [report](#) to translate country experiences on the elimination of vertical transmission of HIV and syphilis in low-prevalence settings into targeted actions.
64. The World Bank supported a health systems-strengthening project in the Democratic Republic of Congo, which reached 7.46 million women and children with improved reproductive, maternal, newborn and child health services and made significant gains in counselling and HIV testing for pregnant women. A health system-strengthening project in Central African Republic supported by the World Bank and UNICEF reached over 2.9

million women and children with essential health services, including for preventing vertical transmission of HIV and for providing HIV treatment. During the biennium, the World Bank also worked to improve prevention of vertical transmission cascade outcomes for pregnant women and adolescents by strengthening primary health care systems and reproductive, maternal, newborn and child health services in Mozambique and Senegal. By mid-2022 the Global Financing Facility had committed US\$ 817.5 million for 45 such projects in 36 countries. School-based programmes in Bangladesh and Mozambique advanced efforts to reduce vertical transmission through comprehensive sexual and reproductive health and rights (SRHR) and HIV education for adolescent girls.

65. By the end of 2023, over 90 countries were procuring paediatric dolutegravir, the WHO-recommended drug option for children which is now the gold standard of care. In 2023, as part of the WHO-hosted Global Accelerator for Paediatric Formulations Network, UNICEF and others helped to bring the child-friendly paediatric ARV regimen of abacavir/lamivudine/dolutegravir to market and. They also developed a “product-agnostic” toolkit to accelerate the introduction of new paediatric drugs and formulations, while WHO developed implementation [guidance](#) for the paediatric regimen. As part of the [Rome Action Plan](#), UNICEF committed to support uptake of the regimen and other new products for children in long-term agreements with manufacturers in low- and middle-income countries. In 2023, WHO and experts formed the HIV, Hepatitis and STIs Pregnancy and Breastfeeding Therapeutics Working Group and launched a call to action to support research and innovation for new agents in pregnancy.
66. The World Bank leveraged innovative financing mechanisms to raise private sector investment for the health of women and children, including for efforts to combat HIV. The Bank’s International Development Association’s 20th Replenishment 2022–2025 expanded access to quality and affordable reproductive, maternal, newborn and child health services in at least 30 of the world’s poorest countries. In 2022, as part of its “Africa Human Capital” plan, the Bank invested US\$ 3.6 billion in health, nutrition and population, with a strong focus on improving reproductive, maternal, newborn and child health, including HIV-related services such as HIV testing and counselling for pregnant women.
67. The Bank’s Sahel Women's Empowerment and Demographic Dividend continued its work across 10 countries to improve education and reproductive, maternal, newborn and child health services, and contributed to significant gains in comprehensive services for preventing vertical transmission of HIV. World Bank health projects also supported pregnant women living with HIV by ensuring their access to critical services. For example, in Burundi, it supported over 24 000 pregnant women living with HIV to start ART and specific efforts on the health and safety of survivors of sexual violence, including the financing of post-exposure prophylaxis kits.

Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high-quality paediatric HIV treatment and care.

68. UNICEF supported governments to collect, analyse and disseminate rigorous data about HIV and children, adolescents and pregnant women, and to use that evidence to implement context-specific strategies to eliminate vertical transmission of HIV and retain mothers and babies in care. WHO supported countries to improve the quality and use of data for planning, for assessments for validation of elimination and for resource mobilization. UNICEF continued the roll-out of the Paediatric Service Delivery Framework, which uses age-disaggregated data and maps specific service delivery gaps to optimize services for children at different ages. It is being used in Côte d’Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda.

69. The UNICEF PMTCT data mentoring programme helps build national capacity through South-South and triangular learning approaches and through peer mentorship for improved national health management information systems for countries in Africa which are on the path to triple elimination. During 2022–2023, 17 countries participated in the programme. WHO supported a range of implementation science projects (including “CATALYST”, “ProjectPrEP” and “FastPrEP”) to gather information on critical issues and help harmonize data collection on safety during pregnancy and breastfeeding.
70. UNICEF is supporting differentiated national HIV prevention services for all pregnant and breastfeeding women, regardless of HIV status, including adolescent and young mothers. For example, in 2022 in South Africa, 40 000 adolescent girls and young women were initiated on PrEP during pregnancy with UNICEF support. WHO supported countries to build capacity for the integration of HIV prevention and SRH services and supported a think-tank on PrEP and SRH integration. UNHCR’s annual public health inclusion survey provided key data to enable a targeted approach to public health programming for refugee populations. In 2023, UNICEF and partners published a [brief](#) on the experiences of adolescents in eastern and southern Africa, particularly those living with HIV, during pregnancy and early motherhood, and highlighted areas for improvements in practice.
71. Early infant diagnostic services are the primary channel for identifying children living with HIV. However, many children exposed to HIV are missed by these services or acquire HIV later in infancy during breastfeeding. UNICEF helped to pioneer an innovative family-centred model in the United Republic of Tanzania which will be scaled up and which has been shared regionally and globally.
72. The Joint UNAIDS-IAPAC Fast-Track Cities project supported several high-burden cities to address paediatric HIV. For example, an initiative was launched in Durban, South Africa, to find children living with HIV who are not on treatment and link them to care. Within the first year of the initiative, diagnosis of children living with HIV increased from 80% to 86% and viral load suppression levels rose from 62% to 70%. UNICEF, the US Centers for Disease Control and Prevention and the Elizabeth Glaser Paediatric AIDS Foundation published guidance to support governments to strengthen their child case-finding strategies. WHO conducted a policy review for paediatric HIV prevention, treatment and care in its African Region to identify gaps and inform technical support.
73. The World Bank developed analytical products at the country and global levels to assist decision-makers to most effectively, efficiently and equitably invest available resources to meet maternal, neonatal and child health and HIV goals. For example, in the Democratic Republic of Congo, an evaluation report assessed the impact of performance-based financing on uptake of reproductive, maternal, newborn and child health and other primary health services.

Outcome 2: Barriers to achieving HIV outcomes broken down

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.

Result Area 4: Community-led responses

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$6,464,700	\$4,918,603	\$16,227,600	\$ 16,839,794	\$22,692,300	\$21,758,397

Joint Programme 2022–2023 results

Normative guidance developed and promoted, with communities, for community-led responses with focus on network strengthening, community-led monitoring and service delivery.

74. Community-led HIV responses expanded during the biennium as a result of normative guidance, tools and other support from the Joint Programme. The first definitions of community-led HIV responses and community-led organizations were developed through inclusive discussions led by a multistakeholder task team, with the support of the UNAIDS Secretariat, WHO and UNDP. Building on those definitions, the UNAIDS Secretariat developed draft guidance on community-led HIV responses, in consultation with global networks of people living with HIV and key populations and partners. Publication of the guidance is anticipated in 2024.

Indicator progress on community-led responses (RA 4)

- In **74 countries**, the Joint Programme provided **technical support and guidance to community-led organizations** from at least three of the most significantly affected communities.
- In **83 countries**, the Joint Programme supported national and/or subnational governments and other stakeholders for the **incorporation and expansion of community-led HIV responses**.

75. Stronger community-led monitoring.

Guidance and tools also supported community-led monitoring such as the progression matrix developed by the UNAIDS Secretariat to support development of minimum standards and progress tracking. The Joint Programme's report, "[Community-led monitoring in action: Emerging evidence and good practice](#)", documented experiences from across the world and promoted the expansion of community-led monitoring. Over 1000 stakeholders participated in a series of global community-led monitoring webinars to share lessons learned, tools, challenges and experiences among implementing partners, governments and donors. Other technical fora supported by the Joint Programme included a meeting of community-led monitoring technical assistance providers to share experiences in data collection and analysis and to prioritize strategic investments for community-led monitoring.

76. The Joint Programme intensified its focus on costing and resource tracking for community-led responses. The Secretariat conducted a pilot on resource tracking of community-led responses in six countries, using results to inform guidelines, which are due to be piloted in Togo. The Joint Programme trained eight community-led organizations on economic costing of their own activities, and a systematic review of costs of community-led responses was provided to the Global Fund to inform its latest funding cycle.
77. In 2023, UNAIDS Secretariat, together with Cosponsors, convened an advisory group of experts working in community-led responses to provide guidance and advice on a feasible approach for monitoring progress towards the 30–80–60 targets on community-led service delivery. A clear process was defined, including several milestones to examine potential proxy and direct measures. A set of policy questions to monitor the operating environment for community-led service delivery were developed and integrated in the 2024 Global AIDS Monitoring. Analyses of these data as proxies for progress towards the targets are planned for mid-2024.
78. The Joint Programme welcomed and supported the engagement of community partners in the development of broader HIV-related normative guidance. Joint work by WHO, the Secretariat and the community of women living with HIV resulted in revised guidance on the elimination of vertical transmission to better address rights-based and integrated approaches for optimizing services for women, children and adolescents while preparing for validation. To support the development of key population guidelines, WHO commissioned four key population networks to conduct values and preference surveys among their constituencies on related topics. Members of the transgender community served as members of the guidelines group for ongoing development of WHO guidelines on transgender diverse populations.
79. **Support for strengthening community-led responses.** Direct and technical support by the Joint Programme bolstered community-led responses in different regions. A partnership between WFP and “100% Life” (formerly the All-Ukrainian Network of People Living with HIV) helped more than 200 000 people living with HIV obtain essential food assistance. UN Women strengthened the capacities of national networks of women living with HIV to engage in national responses in 18 countries. This included support for networks of women living with HIV to develop a social accountability toolkit in Zimbabwe. In Indonesia, UN Women aided the national network of women living with HIV to develop and pilot an app to enable women experiencing violence to access peer legal and psychosocial counselling and obtain referrals to health services and the police.
80. UNFPA supported the Sudanese Association of People Living with HIV to organize 250 peer outreach sessions which reached more than 2,500 people living with HIV. It supported the declaration by 214 communities in Uganda that they were abandoning gender-based violence and other harmful practices. It also supported a regional youth network in eastern Europe and central Asia to reach more than two million people and provide referrals to services for HIV, SRH and mental health for more than 20 000 people belonging to key populations and youth through the “Teenergizer” community-led campaign. In 2023, the World Bank convened the first virtual roundtable of the South-to-South Learning Exchange platform on community local development, with more than 100 participants from Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Guinea, Mali, Niger and Senegal sharing experiences on community-led development.
81. **Advancing human rights and inclusion.** In 2022–2023, UNDP worked with government, UN, academic, private sector and civil society partners to support 83 countries in their efforts to advance human rights and LGBTQ+ inclusion. This included support for the Cook Islands to launch an accreditation initiative for businesses on

LGBTQ+ inclusion; support for the formation of the National Network of Transgender Persons in India; and training of activists from 22 Francophone and Lusophone countries on crisis prevention and response through the “Inclusive Governance Initiative”. UNDP led the piloting of an LGBTQ+ inclusion index in Angola, Dominican Republic, Georgia, Guyana, Ecuador, New Zealand, Pakistan and Viet Nam, and built the capacities of almost 1,800 people from key population organizations in Cuba. It also published a review of key population- and community-led interventions to address punitive and discriminatory laws and policies and HIV-related criminalization. WHO fostered strong community engagement in the response to the multicountry mpox outbreak at the start of that global emergency.

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).

82. In 2022–2023, the Joint Programme engaged communities, governments and partners to support the piloting and expansion of community-led monitoring initiatives across 28 countries in Africa, Asia-Pacific, Latin America and the Caribbean. Technical assistance (including capacity assessments, planning and strategy development, consolidation of best practices and strengthening of community-led monitoring in national strategies) was provided to 21 countries. The UNAIDS World AIDS Day 2023 report, “Let communities lead”, highlighted the unique and invaluable roles of community-led responses, outlined barriers to community leadership and described a comprehensive action agenda to put communities at the centre of efforts to end AIDS as a public health threat.
83. **Key population networks.** The UNAIDS Secretariat and UNDP supported key population networks in several ways. For example, the Secretariat helped the International Network of People who Use drugs to coordinate a multisectoral strategic coordination group on drug use, HIV, health and human rights. Financial support was provided to GATE for the development of a policy brief on transgender men and HIV and for an online diversity course for ministries of health, international civil society organizations and the UN. Technical and financial support also went to MPact to build the capacity of community-led organizations in Jamaica and Kenya for protecting the health and human rights of gay, bisexual and other men who have sex with men.
84. UNDP provided ongoing technical and financial support to the African Key Populations Expert Group, as well as to multiple subregional and country-level networks of young key populations and LGBTQ+ networks in the Caribbean and a variety of African countries. The Joint Programme supported networks of gay men and other men who have sex with men and transgender people in Kenya, Uganda, the United Republic of Tanzania and Zambia for network strengthening, registration and engagement in Global Fund processes. In partnership with the Civil Society Institute for HIV and Health, the Joint Programme assembled a pool of 60 civil society experts to provide advice and technical support regarding the safety of key population HIV programmes in western and central Africa.
85. The UNDP-led SCALE initiative works with people living with HIV and other key populations, other Cosponsors and the Secretariat, the Global Fund, PEPFAR and other partners to support key population-led approaches to counter discriminatory laws and policies and HIV-related criminalization including grants in 16 countries. Five additional “deep-dive” countries were added in late 2023. Focus areas included increasing the participation of LGBTQ+ people in constitutional reform processes in Jamaica; supporting young key populations to improve service uptake in the Philippines; promoting the rights of sex workers in South Africa; and creating a network of shelters for women who use

drugs and survivors of gender-based violence in Kazakhstan. The initiative aims to strengthen engagement of key populations in various coordination fora.

86. UN Women built the institutional capacities of networks of women's living with HIV in 13 countries. With support from UN Women, Young Women for Life Movement in South Africa reached more than 10 000 young women with HIV prevention, treatment and care information and is now being expanded to Botswana, Eswatini, Lesotho and Namibia. UN Women managed the UN Trust Fund to End Violence Against Women, which in 2023 partnered with 191 organizations in 68 countries and territories across the world and reached seven million women and girl who are survivors or at high risk of violence, including women living with and affected by HIV.
87. The ILO, in partnership with the Global Network of People living with HIV (GNP+) and the Global Fund, organized an African region-wide interactive trainer of trainers to build the knowledge of world-of-work actors on Global Fund processes and resource mobilization for scaling up HIV interventions for vulnerable working populations. Specific ILO country support was provided to networks of people living with HIV in 12 countries, including for the design and implementation of an economic empowerment initiative for vulnerable young girls and adolescents (Zambia), and for a skills assessment and communications skills programme (China).
88. UNODC continued to support communities led by people who use drugs and people in prison to increase their capacity to deliver and advocate for scaled up HIV prevention, treatment and care services, including by providing small grants to community-led and civil society organizations. In the lead-up to the Commission on Narcotic Drugs, UNODC annually organizes a consultative meeting between academia, civil society and the community of people who use drugs, jointly with the International AIDS Society, INPUD, WHO and UNAIDS Secretariat. In 2022 and 2023, these meetings focused on the impact of various inequalities in the HIV response on people who use drugs, the relationship between health and human rights, and the impact of structural inequalities on the HIV and hepatitis responses among people who use drugs. UNODC supported community-led responses to catalyse scale-up of harm reduction services, including a consultation to share best practices on community engagement and leadership in ensuring that services meet the needs of young people. UNODC supported the CSO Drug Policy Network Southeast Europe to hold a regional roundtable, which was attended by 60 participants from civil society and national authorities in 11 countries. The meeting focused on community-led consultative processes on human rights and evidence-based national drug strategies in the HIV response.
89. In 2022, UNICEF and Y+ (the Global Network of Young People Living with HIV) co-created the "Ground Up! Initiative", which supports the leadership of youth-led HIV and SRHR networks in Eswatini, Kenya, Namibia, United Republic of Tanzania, Zambia and Zimbabwe. As of June 2022, the World Bank supported 373 active community-led development projects in 96 countries—for a total lending of US\$ 42.4 billion (69% of which is IDA or IDA/blend). ILO trained and signed partnership agreements with 11 community-based organizations in Cameroon to implement integrated HIV initiatives that address social protection and gender-based violence. UNHCR supported community-led responses in 12 countries to increase community linkages for refugees and migrants to HIV prevention, treatment and care and other health services.
90. Recognizing the value of social contracting for supporting community-led responses, UNDP developed a model to assess the social return on investment in social contracting and supported eight countries (Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine) to develop social contracting guidelines. It also joined

with the UNAIDS Secretariat, the Global Fund, PEPFAR and other partners to award grants to 33 organizations (across 16 countries) led by people living with HIV and other key populations to counter discriminatory policies and practices and HIV criminalization.

Result Area 5: Human rights

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$9,035,900	\$6,619,957	\$20,533,200	\$18,639,055	\$29,569,100	\$25,259,012

Joint Programme 2022–2023 results

Advocacy for, collaboration with and partners convened for supporting countries for the removal and/or amendment of punitive and discriminatory laws and policies relating to HIV and/or develop protective ones.

91. The Joint Programme remained a bold and effective advocate for actions to protect, fulfil and promote the human rights of people living with HIV and key populations, including by supporting countries to remove and/or amend punitive laws and policies.

92. Through advocacy and technical support, the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination (Global Partnership) supported enactment of a revised law on the rights and obligations of people living with HIV in the Central African Republic and the drafting of revisions to the criminal code in Kazakhstan to decriminalize HIV exposure and transmission. In 2022–2023, UNDP supported 97 countries on HIV and TB-related rights and continued to work with governments, civil society and partners to advance the recommendations of the independent Global Commission on HIV and the Law, including decriminalization. UNDP’s advocacy and technical support contributed to HIV decriminalization in Zimbabwe and the introduction of a human rights-based drug law in Côte d’Ivoire. The work also contributed to decisions by Kenyan and Eswatini Supreme Court judges to affirm the rights of LGBTQ+ organizations to register as NGOs and to the decriminalization of consensual sex between men in the Cook Islands. Through support from UNDP and the Joint Programme, China lowered the minimum age requirement to legally change one’s gender from 21 years to 18 years.

93. The Joint Programme played a leading role in responding to the rise of anti-LGBTQ+ sentiment in many countries. It opposed a new law in Uganda which imposes the death penalty for same-sex intercourse in which HIV may have been transmitted, and it submitted an amicus brief to the constitutional court demonstrating the public health harms associated with such laws. The Joint Programme also responded to HIV-related human rights crises in Ghana, Kenya and the United Republic of Tanzania. UNDP co-sponsored a South-South learning meeting on the anti-LGBTQ+ pushback with “galck+”⁴ for civil society, government and UN participants from Ghana, Kenya, Liberia, Nigeria, Uganda, Zambia and Zimbabwe to share strategies and lessons, create new alliances

Indicator progress on human rights (RA 5)

- **69 countries** were supported to **remove or amend punitive and discriminatory laws and policies**, and/or develop protective ones affecting the HIV response.
- **69 countries** were supported to **reduce stigma and discrimination** as defined in the Global Partnership for action to end all forms of HIV-related stigma and discrimination.

⁴ “galck+”, formerly The Gay and Lesbian Coalition of Kenya, is the national Sexual Orientation Gender Identity and Expression umbrella body representing LGBTQ+ voices across Kenya.

across sectors, and develop action plans. In Uganda this led to the creation of “Convening for Equality” by Ugandan activists and allies. In Ghana, it led to stronger alliances between HIV and LGBTQ+ groups.

94. In response to the rise of anti-LGBTQ+ sentiment in Kenya, the UNAIDS Secretariat met with 30 legislative staff members to discuss the right to health, judicial responses, key populations and the harmful impact of punitive laws on the HIV response. UNDP developed a strategic plan with “galck+” to respond to the push-back and provide “galck+” with financing for its related engagements with parliamentarians, religious leaders and academics.
95. Advancing the human rights of women and girls remained a priority of the Joint Programme’s work in 2022–2023. UN Women worked with women’s organizations and networks of women living with HIV in Indonesia, Malawi, Papua New Guinea, Tajikistan, Uganda and Viet Nam to repeal discriminatory HIV-related laws. It supported the national network of women living with HIV in Indonesia to participate in the development of country’s first-ever sexual violence crimes law, which includes measures that treat the forced sterilization of women living with HIV as a form of violence. Support was provided by the Joint Programme to the Ministry of Health of Viet Nam and other partners to draft and promote a new gender affirmation law, as well as to women’s organizations in several countries to strengthen legislation to prevent and respond to violence against women.
96. In response to an increasing number of human rights threats, the Joint Programme elevated its support for strategic litigation. The Global Partnership aided in the drafting of two petitions to the constitutional council in Kazakhstan to remove legal barriers for transgender people. The Secretariat submitted amicus briefs to courts in Chile and Kenya, each of which found that coerced or forced sterilization of women living with HIV violates human rights. In Tajikistan, UNDP partnered with the Global Fund to support 20 strategic litigation cases related to the criminalization of HIV exposure or transmission, which led to the Supreme Court issuing a resolution emphasizing “U=U”.
97. The Joint Programme prioritized technical support to enable judicial actors to fulfil their obligations as protectors of human rights. Judges who participated in UNDP-supported regional fora delivered court decisions decriminalizing adult consensual same-sex sexual activity in Mauritius and in Saint Kitts and Nevis. Legal aid desks were established in all four provinces of Pakistan to improve access to legal services among vulnerable and key populations. In 2023, 731 cases of legal assistance in the Punjab and Sindh provinces were reported where people accessed legal advice, guidance and assistance. UNDP guidance for prosecutors on HIV-related criminal prosecutions was incorporated in a model policy document for prosecutors in Canada, and UNDP also assisted in the development of a training toolkit for prosecutors in Brazil. In Ukraine, UNHCR and ILO collaborated to empower 75 lawyers from governmental Free Legal Aid Centres with essential knowledge on protecting people living with HIV from discrimination and stigma.
98. The Joint Programme built the capacity of diverse country partners to exercise leadership to protect and promote the human rights of LGBTQ+ people. UNDP partnered with Parliamentarians for Global Action and multiple expert and community stakeholders worldwide to update the “Handbook for parliamentarians” on advancing the human rights and inclusion of LGBTQ+ people. The Joint Programme, in partnership with the Asia-Pacific Forum on National Human Rights Institutions, expanded its work on LGBTQ+ issues in 12 countries.
99. Increased evidence is available on human rights in the context of the HIV pandemic. During the 66th session of the Commission on Narcotic Drugs, UNODC joined with

partners to disseminate evidence regarding the interconnectedness of health and human rights and human rights-based responses to HIV among people who use drugs. At the 32nd Session of the Commission on Crime Prevention and Criminal Justice, UNODC shared experiences and recommendations for addressing the health needs and rights of women, their children and transgender people in prison.

100. The UN system strengthened its capacity for leadership on human rights in the context of HIV. A new, UN-wide LGBTQ+ strategy and related resources are being finalized. UNDP, UNFPA and UNODC jointly updated an online “in-reach” training course to sensitize UN staff on working with and supporting key populations. A new report, informed by consultations convened by the UNAIDS Secretariat and presented to the 50th session of the Human Rights Council, summarized best practices for accelerating progress towards the 10–10–10 targets, including the removal of punitive laws.

Technical and policy advocacy provided to support countries on actions to reduce HIV-related stigma and discrimination affecting the HIV response, including through leveraging the Global Partnership for action to eliminate HIV-related stigma and discrimination.

101. **Global Partnership.** The Global Partnership (co-convened by UNDP, UN Women, the UNAIDS Secretariat, the Global Fund and GNP+) continues to drive progress on stigma and discrimination. Five additional countries (Brazil, Ghana, Haiti, Peru and Spain) joined the Partnership in 2023, bringing total country membership to 38. A Joint Programme-convened peer learning and exchange on stigma and discrimination helped to guide actions to reduce stigma and discrimination across all six of the domains prioritized by the Partnership. With leadership provided by GNP+, the Global Partnership launched the “#NotACriminal” campaign, with a website that serves as a hub for advocacy for decriminalization.
102. Notable advances were reported under the Global Partnership umbrella in 2022–2023. Uganda’s Ministry of Gender, Labour and Social Development adopted an employer manual to combat HIV-related stigma and discrimination in the workplace, while community-level initiatives in Côte d’Ivoire, Democratic Republic of Congo and South Africa led to measurable declines in reported self-stigma. Social media campaigns to increase awareness and reporting on stigma and discrimination reached 10 000 people in the Philippines and Thailand. Jamaica adopted a five-year operational plan on HIV-related human rights. In addition, the Islamic Republic of Iran, with support from the Global Partnership, developed a multi-component protocol to eliminate stigma and discrimination in health-care settings.
103. Technical support from the Joint Programme built the capacity of country partners to combat stigma and discrimination. The UNAIDS Secretariat and UNDP supported the inclusion of community-led responses to reduce stigma in Global Fund GC7 funding applications (including in Angola, Ghana, Indonesia, Malawi, Nigeria, Pakistan and Venezuela). The Fast-Track Cities initiative provided technical support to address stigma and discrimination in 15 cities, including for a stigma-free spaces project in Kingston, Jamaica. UNDP partnered with governments, civil society and other stakeholders in 84 countries on LGBTQ+ rights and inclusion, including through the “SCALE” initiative. UN Women enabled the participation of women living with HIV in reporting procedures to the Committee on the Elimination of Discrimination against Women (CEDAW), including the development of an alternative CEDAW report in Tajikistan. ILO supported 12 African countries to develop frameworks to protect migrant workers’ rights and supported more than 40 countries to strengthen non-discrimination legislation.
104. Technical support also focused on building the capacity of law enforcement officials and strengthening partnerships between law enforcement and health and other sectors.

UNODC organized trainings and consultations for law enforcement officials in Afghanistan, Bangladesh, Belarus, India, Kazakhstan, Kyrgyzstan, Philippines and Uzbekistan. In Bangladesh, UNODC conducted a five-day training for 50 police stations in metropolitan Dhaka, covering topics such as drugs, crime, HIV and human rights.

105. Informed by the findings of the 50-country [ILO Global HIV Discrimination in the World of Work Survey](#), ILO provided tailored advisory and needs-based support to 20 countries to address stigma and discrimination. This led to several outcomes, including a review of legislation on HIV (Mozambique); the revision and launch of a national HIV workplace policy and implementation guidelines (Nigeria); a review of the national HIV workplace policy (Sierra Leone); and the adoption of an HIV-sensitive non-discrimination, violence and harassment policy by the Kyiv Regional Trade Union's Council (Ukraine). Other outcomes included the finalization and adoption of a national workplace wellness policy (Eswatini), and the development, adoption, gazetting and dissemination of a code of good practice on the prevention and elimination of harassment in the workplace (South Africa).
106. The Joint Programme helped expand the evidence base for strategic action to reduce stigma and discrimination. The World Bank's "Equality of opportunities for sexual and gender minorities" initiative is producing data that are inclusive of sexual orientation and gender identity. The initiative is being scaled up to 62 countries. UNDP launched the next phase of the LGBTQ+ Inclusion Index, for implementation in Colombia, Côte d'Ivoire, Kenya, Mexico, Namibia and South Africa. It also publicized the results of a survey in five Central American countries about violence against LGBTIQ+ people. UNDP collaborated with civil society organizations to develop a media toolkit on HIV reporting to help journalists and community advocates cover related issues in an evidence-based and non-stigmatizing manner. UNODC provided technical assistance for harm reduction research in the Philippines, including by developing protocols in consultation with stakeholders, conducting training for local government units, service providers, and law enforcement, and supporting the establishment of governing bodies to oversee the research.

Result Area 6: Gender equality

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$9,227,800	\$7,146,121	\$54,805,400	\$60,291,456	\$64,033,200	\$67,437,577

Joint Programme 2022–2023 results

Policy guidance, tools, knowledge and analysis developed, disseminated and their use promoted to integrate gender equality issues into the HIV response and to mobilize women in all their diversity, together with men.

107. **Global norms and standards.** The Joint Programme advocated for and supported the adoption and implementation of global norms and standards on gender equality and women’s empowerment in the context of HIV, a cornerstone for ending the inequalities that drive HIV. UN Women, UNFPA and UNAIDS Secretariat’s policy support to the Southern African Development Community (SADC) in preparation for the 66th session of the Commission on the Status of Women in 2022 resulted in the unanimous re-affirmation of the 2016 CSW 60/2 Resolution on Women, the Girl Child and HIV and AIDS by Member States. To facilitate implementation of the resolution and monitor the progress in its implementation, UN Women provided policy guidance to SADC to develop and roll out the gender-responsive oversight model. The regional framework and programme of action tracks efforts to address root causes, such as gender inequality, that increase risks of adolescent girls and young women to HIV. The tool was adopted by Angola, Lesotho, Malawi, Mozambique, Namibia, and Zimbabwe. Following the adoption in 2019 by the ILO Conference of the first international treaty to recognize the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment, 39 countries have either ratified the Convention or are strengthening their national legislation thanks to ILO support.

Indicator progress on gender equality (RA 6)

- **50 countries** strengthened their gender expertise and capacity to further integrate **gender equality** into the national HIV response, and meaningfully engaged women in all their diversity together with men.
- **In 30 countries**, the Joint Programme provided policy and advocacy support and contributed to **mobilizing partnerships to implement gender-responsive** HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

108. **Gender equality and the rights of women and girls.** Promotion of women’s human rights as an essential strategy to address HIV—including women’s rights to health, security, education and work—continued to be a priority for the Joint Programme. UN Women promoted the participation of women living with and affected by HIV in reporting to the Committee on the Elimination of Discrimination against Women. In Tajikistan, the national network of women living with HIV prepared an alternative report to that committee, highlighting discrimination and violence against women in their accessing HIV services and recommendations. The UNAIDS Secretariat supported ATHENA, a global network advancing gender equity and human rights in the HIV response, to launch the “#WhatGirlsWant” campaign for advocacy on HIV prevention and SRHR for adolescent

girls and young women. UNDP supported 69 countries to address gender equality and gender-based violence and supported 32 million women in 52 countries to access justice.

109. **Building expertise and capacity for gender-responsive programmes and resources.** The Joint Programme strengthened gender equality expertise in AIDS coordinating bodies and HIV programmes. Gender assessments supported by the UNAIDS Secretariat and UN Women in 20 countries gathered evidence on the impact of gender norms in the HIV context, which then informed improvements to national HIV strategies and plans. The Joint Programme worked with governments in 35 countries on planning, budgeting and monitoring related to the gendered aspects of HIV responses. Thanks to UN Women’s policy advice, the new national strategic plans for HIV in Burundi and Lesotho prioritized outcomes on ending gender-based discrimination and violence against women. Kenya’s National AIDS Control Council committed to address the ‘triple threat’ of HIV infections, adolescent pregnancies, and sexual- and gender-based violence. UNODC built the capacity of prison administration and healthcare providers on gender dimensions of preventing vertical transmission of HIV in prison settings in Eastern and southern Africa and Southeast Asia.
110. **Promoting women’s leadership in the response.** Women’s leadership and participation is central to transforming the HIV response and increasing gender equality. An advisory group of women living with HIV convened by WHO provided guidance on the integration of gender equality and human rights in the new Global Health Sector Strategies on HIV, viral hepatitis and sexually transmitted infections for 2022–2030. The UNAIDS Secretariat supported the International Community of Women Living with HIV Asia-Pacific to strengthen the capacities of women living with HIV to engage in decision-making in subnational, national and regional HIV responses in six countries.
111. Supported by PEPFAR, UN Women strengthened the leadership skills and engagement of young women in HIV responses across 15 sub-Saharan Africa countries, linking young women with established women leaders as mentors. Following convening of women ministers of health and gender equality and representatives of national AIDS commissions, UN Women launched a multicountry, cross-sectoral, intergenerational collective to address HIV among adolescent girls and young women in sub-Saharan Africa. UNDP supported the NAWARA Women’s network, which is active in nine countries in the Middle East and North Africa, to develop its first strategic plan and assisted it with resource mobilization.
112. **Preventing violence against women and promoting healthy gender norms.** The Joint Programme promoted gender equality and women’s empowerment in the HIV response, including for preventing gender-based violence. UN Women’s “positive deviance” approach in Kyrgyzstan mobilized young women and men to dismantle stereotypes regarding HIV and transform unequal social norms that perpetuate violence against women and deter young people from seeking HIV testing and prevention services. In Zimbabwe, UN Women piloted a toolkit for faith-based leaders that is focused on preventing violence and HIV at community level and on engaging men as gender equality advocates. In seven countries, UNDP and partners showed that the integration of dedicated gender-based violence activities in other programmes improves treatment retention rates and helps ensure the prioritization of those activities by local governments.
113. The “SASA!” community mobilization approach to prevent violence against women and HIV was scaled up by UNHCR and UN Women in Uganda and Zimbabwe. Under the

“Spotlight Initiative”,⁵ UNDP facilitated access for about 5,000 Ugandan survivors of gender-based violence to legal aid and livelihoods, while ILO supported 2,500 women in Zimbabwe to start or build their businesses and access resources for doing so. The UN Trust Fund to End Violence Against Women, managed by UN Women, awarded US\$ 3 million in grants to women’s organizations, empowering them to demand access to non-discriminatory legal aid, HIV care and support, and other health services. UNODC, with contributions from UNFPA, WHO, UN Women and civil society, published a briefing paper “Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs”.

114. The ILO, UNAIDS and partners supported the strengthening of legal and policy frameworks against stigma, discrimination and violence in 11 countries. Country outcomes included: the ratification of the convention on the elimination of violence and harassment and its signing by the President (Nigeria); the development of a non-discrimination, violence and harassment policy for the Kyiv region (Ukraine); the adoption of a public sector sexual harassment policy for the elimination of violence, harassment and gender-based violence (Malawi); and the ratification of the convention to eliminate violence and harassment, including gender-based violence (South Africa).
115. UNESCO and partners (including UNICEF, UNFPA and “Safe to Learn”) in 2023 hosted the Asia-Pacific Learning and Sharing Symposium on preventing and addressing school-related gender-based violence. The meeting brought together participants from 22 countries and facilitated the sharing of experiences and practical tools, as well as policy advocacy. A learning brief and an in-depth technical brief on school-related gender-based violence in the Asia-Pacific region were published.
116. With support from the World Bank’s International Development Association, national partners in 15 countries strengthened national policy frameworks to end gender-based violence, prevent new HIV infections and expand access to services. In the Democratic Republic of Congo, these efforts reached over seven million direct beneficiaries (mostly women), with 99% of survivors accessing post-exposure prophylaxis within 72 hours.

Strategic partnerships mobilized to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

117. Strategic **partnerships to drive progress**. The Joint Programme supported the Global Fund to help countries design and deliver gender-transformative HIV programmes, including through normative guidance and mapping of key entry points to support accountability for gender equality actions across the grant cycle.
118. UNFPA activated the gender-based violence subgroup of the Inter-Agency Working Group for Reproductive Health in Crisis, thus strengthening collaboration on approaches for case management of rape and intimate partner violence. A meeting of ministers of education and health in western and central Africa, convened by the UNAIDS Secretariat and Cosponsors, led to commitments to address adolescent and youth health, including unintended pregnancies, early and forced marriages and HIV.
119. UN Women engaged the Indonesian Ministry of Health, police, social support, civil society partners and other actors to launch special operating procedures that link survivors of gender-based violence with HIV services. In Peru, the UNAIDS Secretariat partnered with the Ombudsman’s Office (Public Defender) to increase awareness of gender-based violence and human rights violations among women in all their diversity.

⁵ The global “Spotlight Initiative” to eliminate violence against women and girls is a UN initiative in partnership with the European Union and other partners.

The World Bank also collaborated with UNICEF, WHO, UNFPA and other partners in a sexual violence research initiative to foster innovations that can prevent and respond to violence against women and prevent HIV (via the “Development Marketplace” awards).

120. **Knowledge generation and advocacy to address structural barriers to HIV services.** The Joint Programme documented and addressed inequalities in health care, education and work that hinder women from avoiding HIV infections and seeking HIV services. UNESCO worked with ministries of education in the sub-Saharan region through the “Our Rights, Our Lives, Our Future” (“O3”) programme to address barriers to girls’ education, health and empowerment, including adolescent pregnancy, HIV and gender-based violence.
121. ILO focused on women’s economic empowerment, expanding income generation opportunities for women living with HIV in China (through digital upskilling initiatives) and training women living with HIV in Kenya on business skills and entrepreneurship by using the ILO “GET Ahead” toolkit. In Jamaica, UN Women’s analysis of the income security of people living with HIV highlighted the challenges experienced by young women and young mothers living with or affected by HIV and resulted in efforts to increase the gender-responsiveness of social programmes. In India, UN Women worked with the UNAIDS Secretariat, local authorities and women’s organizations to provide women living or affected by HIV with vocational and entrepreneurship skills trainings and educational opportunities. The World Bank’s Umbrella Facility for Gender Equality helped boost women’s empowerment and reduce HIV vulnerabilities across 66 countries. The World Bank’s collaboration with UNFPA and WHO in western and central Africa provided over two million adolescent girls and young women with life skills and improved their access to health services, including for HIV prevention.
122. **Catalytic action to engage men and boys as gender equality advocates.** The Joint Programme engaged men and boys together with women and girls in changing the norms and structures that maintain gender inequality and deter both men and women from accessing life-saving HIV services. In South Africa, the UNAIDS Secretariat assisted the men’s sector of the National AIDS Council to launch a campaign on HIV and gender-based violence. With support from PEPFAR, the campaign reached over 2,800 men and boys through dialogues or one-on-one conversations, and more than 160 000 listeners through local community radio stations. UN Women’s “HeForShe” community-based initiative in six countries in southern Africa sought to transform unequal gender norms that perpetuate violence and undermine uptake of services. UN Women utilized the “HeForShe” barbershop toolbox in Malawi to train nearly 2,000 male community change agents to promote women’s empowerment and stop violence against women, and encourage positive health-seeking behaviours by men, including for HIV services.
123. **Law reform.** The Joint Programme supported efforts to reform and implement laws for a more enabling environment for the HIV response. UNDP supported the Central African Republic to revise its family code to prevent child marriage and strengthen the overall rights of women. ILO launched a global campaign for the ratification of the Violence and Harassment Convention, which aims to strengthen the legislative framework of countries and increase legal protections for women in key populations and women living with HIV. In Tajikistan, UN Women supported the network of women living with HIV to advocate for reform of the country’s criminal code, resulting in a more objective application of the Article 125 on criminalization of HIV transmission and exposure in alignment with international standards.

Result Area 7: Young people

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$9,945,500	\$7,439,490	\$45,313,400	\$71,882,854	\$55,258,900	\$79,322,344

Joint Programme 2022–2023 results

High-level political will from ministries of education and health, among others to establish new commitments to scaling-up access to youth-friendly SRH services, economic empowerment, and quality education (including comprehensive sexuality education) mobilized through advocacy.

124. Due to the Joint Programme’s advocacy and technical support, the HIV response is more responsive to the needs for young people. In 2023, ministers of health and education from 25 countries in western and central Africa endorsed the WCA Commitment for educated, healthy and empowered adolescents and young people. Under the Global Fund’s Adolescent Girls and Young Women’s Strategic Initiative, UNICEF aided 13 countries to incorporate a defined HIV prevention package in their national strategies. WFP and USAID supported Uganda to develop nutrition guidelines for mothers, infants, young children and adolescents. UNDP partnered with the Ghana AIDS Commission and Young Health Advocates Ghana to co-create and pilot a mobile app to increase the access of young people living with HIV to health and psychosocial information.
- Indicator progress on young people (RA 7)**

 - **50 countries scaled-up multisectoral interventions** that align with ministerial commitments to increase access to youth-friendly SRH services, including CSE, to improve young people’s well-being.
 - **32 countries** developed and implemented **costed plans** to expand and institutionalize youth-led HIV responses.
125. The UNAIDS Secretariat, UNFPA, UNESCO, UN Women and UNICEF elevated the visibility of education as an important HIV-related strategy for adolescent girls and young women, through the Education Plus initiative,⁶ which promotes access to secondary education. As of 2023, 15 countries had committed to actions in support of Education Plus. The initiative has contributed to policy shifts in seven countries, with the potential to positively affect at least 19.5 million adolescents and young girls. The policy shifts include inclusive education policies in Cameroon and Lesotho and the integration of Education Plus interventions into sector-wide education policies in Malawi, Sierra Leone and Zambia.
126. UNESCO’s General Conference adopted a Revised Recommendation on Peace, Human Rights and Sustainable Development which reaffirms the role of education and references CSE in the context of learners’ health and well-being. With technical support and guidance from UNESCO, the African Union launched a continental strategy on education for health and well-being of young people, which aims to improve the physical, mental and reproductive health of young people while contributing to the

⁶ The launch of Education Plus occurred at the African Union mid-year summit in Zambia in July 2022 and was attended by 200 high-level decision-makers in Africa.

achievement of education goals. The World Bank's Sahel Women's Empowerment and Demographic Dividend Project, which is active in nine countries, has helped 993 000 adolescent girls and young women remain in school, increase their access to SRH services and expand their economic opportunities. In December 2022, the PCB for the first time included a decision point endorsing CSE. UNESCO and partners launched the "Building Strong Foundations" initiative to strengthen support for CSE for younger age groups (5–12 years old). Work done by UNESCO included 50 profiles of CSE in action, catalysing national dialogues and policy debates, and facilitating the sharing of information and experiences between countries.

127. Activities carried out or supported by the Joint Programme reached tens of thousands of young people around the world with HIV information and services. UNHCR enabled the provision of HIV and reproductive health messages to 75 000 adolescents in five humanitarian settings in Rwanda. UNICEF reached 23 000 young people with social behaviour change communications. In Angola, UNDP reached 60 000 adolescent girls and young women with HIV prevention services through the "bancadas femininas" approach. The joint "2gether4SRHR" initiative—which brings together UNFPA, the UNAIDS Secretariat, UNICEF and WHO with governments and diverse partners—developed a toolkit for SRH and HIV which is assisting national programmes to scale up evidence-based services for HIV, sexual- and gender-based violence, SRHR and mental health for young people. This initiative also successfully expanded the coverage of integrated SRH services for key populations, with a focus on the improving health and well-being of sex workers.
128. During the biennium, the Joint Programme worked to remove factors that increase vulnerability or impede HIV service access for young people. The World Bank supported 10 countries in strengthening national policy frameworks for gender-based violence and supported 15 countries in integrating interventions for gender-based violence in health systems. To expand the access of adolescent girls and young women to PrEP and other HIV prevention technologies, WHO worked with Cameroon and Rwanda to address the age of consent for accessing PrEP and supported countries in eastern and southern Africa to provide PrEP during pregnancy and breastfeeding. WHO published a technical review on the role of age-of-consent laws as barriers to HIV services.
129. Further expanding evidence for effective HIV response for young people, UNICEF and the London School of Hygiene and Tropical Medicine published a strategic review of the evidence base for 33 gender-transformative interventions for marginalized young people.

Strengthened youth leadership and youth-led responses, including engagement in decision-making, organizational capacities, monitoring and research, advocacy and service delivery through advocacy and country-level guidance.

130. The Joint Programme prioritized support for young-led advocacy to improve national responses. The "UNITED!" movement, with over 100 youth leaders from 14 countries in eastern and southern Africa, was created in 2023 with the support of UNICEF, UNFPA, the UNAIDS Secretariat and "AfriYan" to raise the voices of young people who are engaged in HIV and SRHR activities.
131. UNDP collaborated with AIDS-FONDS, the Southern Africa Sex Workers Alliance and the African Sex Workers Alliance to strengthen the capacity of young sex workers in 10 countries in southern Africa to advocate for advancing equitable access to HIV and SRH services and protection of human rights.

132. Through support to youth-led networks and organizations, the Joint Programme catalysed greater and more meaningful engagement in the HIV response. Thirteen countries implemented the PACT's "#UPROOT" scorecard, which was developed with UNAIDS technical support, and used findings to catalyse improvements in HIV responses for young people. In Burundi, Indonesia, Nigeria, and Uganda, the scorecards were used to influence the drafting of Global Fund country requests.
133. In partnership with the Global Network of Young People Living with HIV, the UNAIDS Secretariat developed "Youth Next Level", a suite of resources to support countries in strengthening youth leadership in national HIV responses. Through the Secretariat-supported "#GENENDIT" youth ambassadors programme and the "#GENENDIT" youth steering group, 21 young leaders from 18 countries received capacity-building support to undertake advocacy and awareness activities which reached more than 50 000 young people across seven regions. The "Safeguard Young People" programme, a flagship initiative by UNFPA in 12 countries in eastern and southern Africa, supported the development of the SADC youth protocol, a strategic regional cooperation framework to harmonize youth policies, strategies and action plans to ensure a multisectoral approach to youth development and to increase investments in young people, including in their SRHR. The youth protocol is a binding document for all SADC Member States.
134. Launched at the 2022 International AIDS Conference, the Joint Programme-supported "ayKP partnership" of young key population networks developed knowledge products and a toolkit on leveraging infrastructure and lessons learned from COVID-19. UN Women, in partnership with PEPFAR, the African Women Leaders Network, the UNAIDS Secretariat and the Government of the United Republic of Tanzania, provided 185 young women leaders from 15 sub-Saharan African countries with mentoring and leadership training, culminating in a high-level meeting on championing the priorities of women and girls in the HIV response. With the support of UN Women, the youth-organized "Young Women for Life Movement", which provides young women with HIV-related information, has grown to 3,000 members in South Africa and is being expanded to Botswana, Eswatini, Lesotho and Namibia.
135. UNESCO promoted the global research agenda on CSE by launching two major studies. One focused on filling evidence gaps about learners' social and emotional life skills, or knowledge, beliefs, attitudes, and values relating to gender and healthy/equitable interpersonal relationships. It also documented the sociocultural factors and contexts of national CSE programmes in six countries. The other study investigated adolescents' and young people's perspectives, attitudes and experiences on CSE around the world.
136. UNODC, jointly with WHO, UNICEF, INPUD and Youth RISE, organized a consultation on "Tailoring harm reduction services to the needs of young people who use drugs" to establish a dialogue between the academic community and young people who use drugs. The meeting introduced the latest evidence on health and human rights for young people who use drugs, highlighted the barriers they face in accessing HIV services and shared best-practices on how to fully involve them in the design and implementation of services that can meet their health needs.
137. The Joint Programme built young people's capacity to exercise leadership in the HIV response. For example, in eastern Europe and central Asia, more than four million young people improved their knowledge and attitudes on HIV and SRH via UNESCO-supported youth-led digital platforms and artificial intelligence-powered chatbots which operate in three languages. With PEPFAR support, UN Women built the feminist advocacy and leadership skills of 185 adolescent girls and young women in 15

countries in sub-Saharan Africa. UNICEF improved the youth-friendly “U-Test” model, which combines social media, digital outreach and traditional HIV prevention methods and includes modelling to help identify priority groups. UNFPA through the “SYP” programme reached over 62 000 of the targeted 65 458 primary and secondary schools to provide life skills-based HIV and sexuality education.

138. A stronger evidence base is now available on effective HIV responses for young people. Results from the World Bank’s Sitakhela Likusasa Impact Evaluation indicated that when financial incentives were linked to education participation, HIV incidence in adolescent girls and young women was reduced. The UNAIDS Secretariat and UNICEF generated, validated and published the first global consolidated dataset with age disaggregation for adolescent girls and young key populations (aged 15–24 years). A World Bank study validated the effectiveness of two interventions for reducing girls’ exposure to intimate partner violence. UNESCO launched a research partnership in Latin America and the Caribbean (with FLACSO Argentina) for teaching competencies that are required to implement effective CSE for children and adolescents with disabilities. UNICEF published the first report on HIV and young key populations in the Middle East and North Africa and collaborated with UNAIDS Secretariat to publish an advocacy brief on HIV and young key populations in Asia-Pacific.

Outcome 3: Efficient HIV response fully resourced and sustained

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.

Result Area 8: Fully funded, sustainable HIV response

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$4,424,200	\$3,468,343	\$13,032,000	\$13,085,137	\$17,456,200	\$16,553,480

Joint Programme 2022–2023 results

Countries supported in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international financing.

139. The Joint Programme remains the primary worldwide source of domestic and international HIV financing data. Data on financing indicators were collected from more than 80 countries under the GAM system and were then analysed and made publicly available by UNAIDS Secretariat. With the support of the Joint Programme, the largest number of countries ever (13) conducted national AIDS spending assessments, with an increasing number of those reports capturing granular information to inform and guide investments and resource allocations by national governments and international donors with greater precision.

140. The Joint Programme created a database on HIV commodity prices in low- and middle-income countries and published estimates of resource availability for the HIV response. The Joint Programme's leading role in the monitoring of HIV financing data was further strengthened through a closer partnership on resource alignment with PEPFAR and the Global Fund. The partnership will be formalized through a trilateral memorandum of understanding (due to be signed in 2024) to increase data quality, alignment and use (e.g., using GAM and NASA categories for all sources of HIV funding and investments).

Indicator progress on a fully funded, sustainable HIV response (RA 8)

- **45 countries** developed and reported implementation of measures advancing **full and sustainable HIV financing**.
- **21 countries** where the Joint Programme operates submitted information on government **earmarked budgets and expenditures on HIV** through the GAM.
- **49 countries** conducted studies to improve allocative efficiency and address implementation bottlenecks to **improve resource use efficiency, multisectoral financing, impact and equity**.
- The Joint Programme supported **80 countries** to make **evidence-informed HIV investments** across their Global Fund grant cycle.⁷

⁷ This included guidance and technical support (71 countries), strategic information generation (67 countries) and coordination and facilitation (68 countries).

141. The Joint Programme continued to encourage innovation in the financing of HIV responses and broader health systems. At least 17 countries were supported by UNDP to undertake analyses pertinent to the imposition of health taxes (such as on alcohol, tobacco and sugary beverages) to generate new funding for health. UNDP led inter-agency work in Bahrain, Cabo Verde and Thailand to refine and pilot a new health tax model for calculating the revenue potential from increasing excise taxes on alcohol, tobacco and sugar-sweetened beverages.
142. As donors increasingly look to countries to fund larger shares of their HIV responses domestically, the Joint Programme supported smooth transitions and sustainable funding mixes. UNDP successfully transitioned its role as Principal Recipient for Global Fund HIV and HIV/TB grants in Belize to the country's Social Security Board. In Belarus it entered in a strategic framework to transition Principal Recipient responsibilities from a government agency to UNDP's Country Office due to socioeconomic challenges affecting the sustainability and overall implementation of HIV and TB responses.
143. UNAIDS Secretariat, PEPFAR, the Global Fund and other partners held a special meeting with 12 African ministers of finance to seek increases in domestic spending on HIV. Other approaches for promoting local investment in HIV included the use of an online course in the Philippines to inform local governments on how to develop their own locally specific HIV investment plans.
144. The Joint Programme prioritized work to enhance the efficiency and effectiveness of HIV spending. The World Bank worked with partners to leverage its analytical expertise to conduct efficiency and effectiveness studies; support key databases, knowledge sharing and capacity building; and develop tools to enable more practitioners to conduct such analytics on their own. These activities included conducting HIV and TB allocative efficiency studies in 11 countries; the development of an investment case in the Seychelles on the economic and health outcomes of harm reduction programmes; and advisory services and analytics to support more efficient and effective health spending in Pacific Island countries. Also carried out was a country-driven "Joint Learning Network" of practitioners and policy-makers from around the world to bridge the gap between theory and practice on how to extend health coverage to the more than three billion people who currently lack it.
145. In 2022–2023, work also focused on aiding countries in assessing and overcoming the effects of COVID-19 on domestic and international financing. The World Bank projected that government spending in 41 countries would remain lower than pre-COVID levels until 2027, while spending was expected to rise but remain weak in 69 countries. It also found that in many countries, rising interest payments on public debt further threatens their capacity to invest in health. A multicountry study by the World Bank (in Indonesia, Kyrgyzstan, Malaysia, Mozambique and Peru) estimated the impact of COVID-19 service disruptions on TB incidence and deaths. Annual health financing forums hosted by the World Bank, USAID and the Global Financing Facility disseminated information and strategies for mobilizing and pooling funds to support primary health care and other health priorities. An analysis of the effects of COVID-19 in high-prevalence, highly indebted countries was also produced.
146. UNDP, together with the UNAIDS Secretariat, provided technical support for the development of social contracting mechanisms to support and sustain community-led responses, including research to document the benefits of social contracting. One study in Morocco found that every US\$ 1 invested would yield a return of between US\$ 5.20 and US\$ 7.80. Algeria, Morocco and Tunisia developed guidelines to expand social contracting. Peer-to-peer sharing of strategies and experiences on social

contracting was enabled by inter-regional consultations in the Middle East and North Africa and eastern Europe and central Asia. The UNAIDS Secretariat led pilots for tracking resources allocated to community-led monitoring in six countries.

Policy-making strengthened 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.

147. Extensive support from the Joint Programme enabled countries to leverage and optimize the use of significant existing and new resources from the Global Fund. The Joint Programme [urged donors to fully fund the Global Fund to get the HIV response back on track, and called for](#) sustained, dedicated funding to key priority areas, including for prevention and community-led responses. The UNAIDS Secretariat provided direct support to 15 countries to develop Global Fund funding requests and supported 17 countries in integrating human rights-related and gender-transformative approaches in their Global Fund requests. Through the UNAIDS Technical Support Mechanism, assistance provided by UNAIDS supported the development and submission of 47 funding requests to the Global Fund, reflecting a total value of US\$ 5.9 billion.
148. UNAIDS's support for the development of high-impact, equitable proposals to the Global Fund included the convening of hybrid trainings for country stakeholders on the latest technical guidance such as on innovative HIV interventions, for stronger gender, human rights, community-led responses and more integrated resilient and sustainable health systems components of fundings request. Stakeholders from more than 43 countries received capacity-building support for developing high-quality and prioritized funding requests
- 149.
150. The Joint Programme supported countries to collect and use strategic data to inform and guide their HIV investments including allocative efficiency. Normative guidance from WHO built the capacity of countries to analyse how HIV spending is contributing to strengthened primary health care. UNDP supported data-driven HIV investments in Egypt and Tajikistan, as well as in the Philippines, where studies emphasized directing HIV spending towards people living with HIV and population most at risk of HIV infection.
151. Substantial support from the Joint Programme aided more than 100 countries to explore strategies for integrating digital health platforms to improve reach, efficiency and effectiveness. The World Bank supported digital health assessments in Burundi, Lesotho and Senegal and it published a flagship report on digital health. It supported a feasibility study on the introduction of a drone logistics system in Timor-Leste to strengthen service delivery and health supplies such as condoms and antiretroviral medicines. It also developed an economic evaluation framework for digital health interventions and convened, with WHO and others, a blended online applied programme on digital health in sub-Saharan Africa. UNDP launched the "Digital Health for Development Hub", which supports countries in identifying and implementing digital health solutions across a range of programme areas, including HIV. As of 2023, UNDP was implementing 118 digital health projects across 88 countries.
152. In 2023, UNDP developed a new investment case methodology to estimate the spillover benefits which scaled-up programmes to prevent and treat noncommunicable diseases can also bring to HIV and TB programmes.

Result Area 9: Integrated systems for health and social protection

Budget and expenditures and encumbrances for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$9,522,900	\$6,444,777	\$35,101,800	\$28,857,960	\$44,624,700	\$35,302,737

Joint Programme 2022–2023 results

Better integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of, and affected by HIV through policy guidance, advocacy, technical support and knowledge products.

153. In 2022–2023, the UNAIDS Secretariat, ILO, WFP, UNICEF, the World Bank and other Joint Programme partners undertook an external evaluation to assess the relevance, coherence, effectiveness and equity of the Joint Programme’s initiatives on HIV-sensitive social protection. The evaluation resulted in recommendations for the future planning of HIV-sensitive social protection initiatives, which increasingly include people living with, at risk of or affected by HIV, including key populations. Implementation of recommendations is underway.

154. UNDP and ILO launched a checklist titled “How to make social protection inclusive of people living with HIV and key populations”. With UNAIDS Secretariat’s support, the checklist, which is available in three languages, was piloted in Benin, the Central African Republic and Côte d’Ivoire. It was used to assess national social protection systems in Georgia, India and Serbia and make recommendations for making them more inclusive.

155. UNFPA led regional-level sex worker partners and other Cosponsors to publish an advocacy framework titled “Advancing sex workers’ health and welfare programming in East and Southern Africa” at ICASA in December 2023. The framework rests on six pillars: advocacy for enabling policy and legal environments; access to differentiated health services; sex worker inclusion in food security and social protection services; gender-responsive economic transformation programming; vocational and financial skills training; and stronger relationship between sex workers and organized labour.

156. A WFP, UNAIDS Secretariat, UNICEF and ILO partnership studied how to extend HIV-sensitive social protection in 12 countries in western and central Africa. Key recommendations included: strengthen coordination between the promotion of social

Indicator progress on integrated systems for health and social protection (RA 9)

- **70 countries** have ART services for both treatment and prevention purposes, organized and financed as **part of overall health systems**, including through primary health care.
- **52 countries** included **cervical cancer screening and treatment** for women living with HIV in their national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.
- **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.

protection and ending AIDS; promote the engagement of key populations and HIV advocates in social protection policy processes; raise awareness of social protection programmes among key populations; build institutional capacities of social protection policy makers on HIV issues; build the capacity of HIV advocates on social protection processes and benefits; combat stigma and discrimination; facilitate dialogues on HIV-sensitive social protection; build the evidence base on social protection and HIV; and generate resources for HIV-sensitive social protection.

157. To guide integrated programming, UNICEF led the first systematic review of bundled interventions targeting adolescents to reduce HIV and SRH risk. It found that combined health and economic strengthening interventions can improve economic outcomes, mental health and psychosocial outcomes, SRH knowledge, and HIV prevention knowledge and HIV testing among adolescents and young people.
158. With UNAIDS Secretariat support, the ILO launched a publication titled “Making social protection a reality for people living with, at risk of and affected by HIV or TB”. The publication recommended better documentation of practices adopted by social protection institutions to respond to HIV and TB; stronger efforts to integrate social protection schemes and benefits for people living with HIV or TB; and increased collaboration between social protection institutions HIV services provider organizations.
159. Promotion of people-centered, rights-based, integrated services for ending AIDS in the Universal Health Coverage (UHC) and global health agenda was sustained by UNAIDS Secretariat and WHO as part of the Coalition of Partnership for UHC and Global Health. This work included contributions to the revision of the HIV and relevant modules of the WHO’s UHC compendium and of the “One Health” tool which countries can use for their national integrated health programming and costing. The Secretariat guided and supported a UHC civil society consultation in eight countries to promote HIV in UHC at the UHC High-Level Meeting in 2023. The UNICEF-led global partner network on the Community Health Roadmap helped advance sustainable community health worker programmes, including those that promote HIV community groups as contributors to community health systems.
160. The UNAIDS Secretariat, WHO, the Global Fund and other partners developed, disseminated and supported the implementation of practical guides and tools on integrated people-centred systems and services, including for common HIV comorbidities and for building resilient and sustainable systems for health to guide countries’ strategic planning, programming and resource mobilization. Guidance and support, led by the UNAIDS Secretariat, for national AIDS strategic planning processes in 80 countries covered the inclusion of integrated systems and services, including for addressing HIV coinfections and comorbidities with STIs, viral hepatitis and noncommunicable diseases. In a majority of those countries, the national strategic plans informed their funding requests to the Global Fund for 2023–2025.
161. Within the “Go Further” partnership for ending AIDS and cervical cancer in Africa, UNAIDS Secretariat continued its effective partnership with PEPFAR, the GW Bush Institute, Roche and Merck. The partnership supports 12 countries in eastern and southern Africa on integrated national HIV strategies and policies, resource mobilization, community engagement, demand creation and referrals for cervical cancer screening and treatment among women living with HIV. Between 2018 and end 2023, over eight million cervical cancer screenings were performed for women living with HIV in those countries.
162. Following the decision points agreed to at PCB meetings in 2019, the UNAIDS Secretariat and WHO developed and shared the mental health and HIV integration

guide. The Secretariat and WHO supported Pakistan, South Africa, Uganda and other countries to integrate mental health and psychosocial support in their national AIDS strategies, programming and resource mobilization efforts.

163. The UNAIDS Secretariat, WHO and other partners developed a new set of cervical cancer and HIV integration indicators and guidance for data collection as part of the Global AIDS Monitoring. Eighty countries reported on these integration indicators in 2022 which helped set a baseline for tracking progress towards achieving the 2025 global HIV integration targets, 2030 Global Cervical Elimination targets and UHC.

Service integration and access to social protection services for people living with, at risk of, and affected by HIV and TB through data generation and better use of evidence.

164. In 2022–2023, UNICEF collaborated with the Tanzania Social Action Fund, the Tanzania Commission for AIDS and other key stakeholders to continue implementing and evaluating a “Cash Plus” model for adolescents. The model combines household-level social protection and economic empowerment with a multicomponent package of adolescent-focused interventions, including SRHR and HIV. Findings from the impact evaluation showed increases in contraceptive, HIV knowledge and testing, adolescent-friendly services, gender-equitable attitudes, mental health and psychosocial outcomes and reduction in experiences of sexual violence.
165. A UN joint study on HIV, poverty and vulnerabilities in 2021 in China (undertaken by ILO, WHO, UNFPA and UN Women) linked HIV infection to poverty among low-income people. Findings informed a two-year strategy, led by the Women’s Network Against AIDS with ILO support, to improve the income generation capacities among people living with HIV in China. Capacities of women living with HIV were built on social protection, its benefits and access.
166. UNDP, WFP and civil society organizations supported the social protection programme in Dominican Republic to ensure greater inclusion of key populations, including through official representation and an agreement to modify the social protection registry to include categories for sexual orientation and gender identity in the personal classification and to include sex work among the occupation categories. The UNDP/ILO social protection programme worked with Zambia’s National AIDS Council and partners to mainstream social protection in HIV programmes to reduce gaps for key populations in accessing HIV and other SRHR services.
167. In Cameroon, Liberia and Uganda, UN Women built the capacity of organizations of sex workers and facilitated their access to financial services. In Botswana, Eswatini and Liberia, it built the skills of young women living with and affected by HIV in digital literacy, knowledge of HIV and SRH services, business development and financial literacy. Informed by an analysis of income security among people living with HIV in Jamaica, UN Women supported local women’s organizations to develop information materials on available services for people living with HIV, including young women.
168. In Haiti, WFP partnered with a local organization to implement a pilot cash transfer project to enhance treatment outcomes and the nutritional, social and economic well-being of nearly 1,500 households affected by HIV, which led to reduced treatment drop-out rates and increased viral load suppression.
169. UNDP organized income-generating activities for economic recovery in the Democratic Republic of Congo, including for people living with HIV, key populations and survivors of sexual violence. UNDP supported Cambodia’s national social protection scheme

with digital tools to help ensure that impoverished populations and key populations can access social protection. It also provided support for a digital stakeholder feedback and accountability mechanism. In Zambia, the ILO, UNHCR and the National Social Security Fund developed a roadmap for the integration of refugees and host communities, including people with disabilities and people living with HIV, into the Fund. UNFPA collaborated with the Georgian government and UNDP to develop and widely share a case study on HIV-sensitive social protection systems.

Result Area 10: Humanitarian settings and pandemics

Budget and expenditures for all Cosponsors 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$8,914,200	\$7,156,906	\$98,409,400	\$68,282,701	\$107,323 600	\$ 75,439,607

Joint Programme 2022–2023 results

Strengthened diagnosis, management and outcome monitoring for people living with HIV and people with HIV/TB, as well as response to health and protection needs in humanitarian settings through disseminated and promoted guidance.

170. As the number of people living in humanitarian settings increases, the Joint Programme has been intensifying coordinated efforts to ensure the continuation of lifesaving HIV services. The Inter-Agency Task Team on HIV in humanitarian emergencies—led by UNHCR, WFP and the UNAIDS Secretariat—is being reinvigorated, a process informed by the 53rd PCB decisions related to HIV in humanitarian emergencies, including the update of the 2010 Inter-Agency Standing Committee guidelines on addressing HIV in humanitarian settings.

171. As the global lead in strategic inter-agency initiatives to improve the well-being, security and dignity of refugees and displaced persons, UNHCR and partners have strengthened public health-related knowledge and skills-building with tools such as:

- sharing good practices on cash-based interventions and health;
- an interagency field guide for TB prevention and care among refugees and other populations in humanitarian settings (with CDC, UNHCR and WHO);
- updated UNHCR maternal and new-born health operational guidelines, including integration of HIV;
- operational guidance for community health in refugee settings; and
- training and learning packages on LGBTQ+ individuals in displacement.

172. At the December 2023 Global Refugee Forum, UNHCR and WHO convened the “Group of friends of health for refugees and host communities” to advance refugee inclusion in national health systems through multisectoral actions. Over 235 pledges (including from 49 states) were made for health, mental health and psychosocial

Indicator progress in humanitarian settings and pandemics (RA 10)

- **46 countries⁸** implemented HIV interventions/ services for key populations in **humanitarian settings⁹**.
- **39 countries** had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being.¹⁰
- **55 countries** also reported the **inclusion of priority HIV services** in national pandemic preparedness and response plans or frameworks.

⁸ Countries with a humanitarian setting.

⁹ Interventions included HIV testing services (43 countries); HIV treatment and care (41 countries); distribution of condoms and water-based lubricants (37 countries); and treatment of STIs (35 countries).

¹⁰ This included in-kind and food assistance (45 countries); cash-based transfers (34 countries); and integration into national social safety nets (29 countries).

support and health systems strengthening, including for HIV prevention, treatment and care.

173. The Joint Programme's advocated in other global fora such as the UN Migration Group and regional entities for inclusion of migrants, refugees, asylum seekers and other marginalized populations in national health systems. The "R4V" is an interagency coordination platform for refugees and migrants which comprises over 200 organizations that coordinate their efforts under Venezuela's Refugee and Migrant Response Plan in 17 countries in Latin America and the Caribbean. It is an excellent example of the integration of HIV services for Venezuelan migrants as part of a package of support that emphasizes the social determinants of health and seeks to remove barriers to health care.
174. UNHCR pursued the integration and inclusion of refugees in national health, social protection and education services as well as policies and programmes. Host countries are assuming greater responsibility and there is increasing support from donors, including the Global Fund, Gavi, The Vaccine Alliance, and the World Bank. In 2023 UNHCR's annual public health inclusion survey reported 98% of countries surveyed had adapted a universal test-and-treat approach for HIV in their national policies and 89% of countries had adapted this in the refugee settings. 9177 persons from key populations were reached with HIV services and 2047 individuals accessed PrEP. In 27 countries where there was VMMC (voluntary male medical circumcision) for HIV prevention, over 16 300 men were successfully circumcised. More than 160 000 pregnant women and adolescent girls who attended antenatal care were tested for HIV and the 1,133 individuals (99%) who were diagnosed with HIV were immediately enrolled on antiretroviral therapy.
175. In Mauritania, a nationwide health-sector reform was conducted (with World Bank support, in partnership with UNHCR) and 67 000 Malian refugees were included in the national health system. The Democratic Republic of Congo and Morocco incorporated the "Prevent HIV, test and treat all" approach into their national policies, emphasizing PrEP and comprehensive services for key populations, including LGBTQ+ people, transactional sex workers and migrants.
176. UNFPA addressed gaps in the availability of life-saving supplies through targeted support for humanitarian logistics and supply chain management. Global and regional prepositioning and supply preparedness enabled timely distribution of life-saving supplies in sudden-onset emergencies. Sustainable supply chains were strengthened in protracted crises.
177. Working closely with partners, UN Women help realize gender commitments in humanitarian coordination mechanisms including through providing crisis-affected women and girls, including those affected by HIV, psychosocial assistance, gender-based violence services, livelihood support, as well as education, skills and vocational training. UN Women promoted gender-responsive humanitarian action through the Inter-Agency Standing Commission (IASC), the top humanitarian coordination forum in the UN System, which led to the development of the [IASC gender policy](#) and an accompanying monitoring mechanism for the gender accountability framework. UN Women also leads the [IASC reference group on gender and humanitarian action](#). In Moldova, UNHCR, UNFPA and UNICEF, through the refugee response coordination forum, conducted a "gender-based violence safety audit".
178. The UNAIDS Secretariat promoted the role of communities in humanitarian and fragile environments and led the development of community-led monitoring for emergencies guidelines, which are being used in Jamaica and Mozambique. It also helped guide

country funding requests to the Global Fund in challenging operating environments, including Indonesia and South Sudan. In Haiti, the UNAIDS Secretariat led trainings with communities, facilitated dialogues with national authorities about migrants and refugees, and promoted decentralized forms of disaster relief and planning.

Essential health services, including HIV services, continued and restored; and more resilient systems for health and pandemic preparedness supported in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.

179. The Joint Programme contributed to mitigating the impact of conflict and natural disasters to protect progress against HIV and ensure continued access to life-saving HIV services and rights protection.
180. In Ukraine, WFP partnered with the All-Ukrainian network “100% Life” to deliver food assistance to over 200 000 people living with HIV/TB in 2022 and 2023 by leveraging the network's geographic reach. UNICEF assisted nearly one million people with HIV diagnostics and provided prevention supplies for 100 000 individuals, including children and adolescents. WHO provided recommendations and support for HIV care among Ukrainian refugees in Poland, which helped ensure alignment with WHO-recommended ART regimens and continuity of treatment. UN Women supported the national network of women living with HIV to establish shelters for over 600 women living with HIV and 200 children in seven cities. These safe spaces provided humanitarian aid in the form of food, hygiene packages, psychological and social support, as well as referrals to medical facilities, accommodation assistance, legal support and information on income generating opportunities.
181. UNFPA helped address humanitarian needs in Ukraine by supplying reproductive health emergency kits (including for HIV/STI management and post-exposure prophylaxis) to 103 maternity hospitals and specialized facilities, which reached 421 000 women in 2023. UNFPA built capacities of health-care workers on the minimum initial service package for SRH in crisis situations and the clinical management of rape to effectively respond to GBV/SGBV, enabling access to clinical management of rape in all regions of Ukraine, including to key populations and PLHIV. It also established 86 new service delivery points across 23 oblasts in Ukraine, thus providing medical assistance to over 55 000 women, including internally displaced persons. Almost 1,900 survivors of gender-based violence received integrated psychosocial support and HIV screening. The UNAIDS Secretariat built the capacities of 13 community-based HIV service providers to sustain HIV and TB services for internally displaced people living with HIV and key populations, as well as provide access to safe spaces and shelters.
182. In the Democratic Republic of Congo, a joint support and advocacy mission of UNHCR, WFP and the UNAIDS Secretariat helped revitalize in-country efforts to strengthen strategic evidence and improve HIV programming in humanitarian settings. A rapid assessment of the HIV-related needs of internally displaced persons refugees and host communities was carried out in four provinces; a national high-level meeting raised awareness of needs; and costed provincial operational and communication plans were created for the four provinces.
183. Armed conflict in Mozambique's northern province of Cabo Delgado has forced more than one million people from their homes. The international nonprofit organization, “mothers2mothers” partnered with WFP to enhance nutrition and food security for pregnant and breastfeeding women and girls, infants and households affected by or at risk of HIV. Supported by WFP's Innovation Accelerator funding, this drew on the experience of peer-led “mentor mothers” living with HIV to provide primary health services and education in three districts. The six-month pilot reached more than 6,400

people with culinary training, nutrition education and screening, prevention and resilience-building activities.

184. UNAIDS Secretariat helped develop a new set of tools for demobilization and disarmament and reintegration at the policy and country level, significantly in Ethiopia, where HIV is seen as a reliable indicator of both risk and resilience and where uniformed services have a key role in sustaining peace and dialogue.
185. A cross-sectional study on HIV prevalence and associated factors among refugees in camps in the United Republic of Tanzania, jointly led by UNHCR and WFP, cast light on the complex health needs of refugees and emphasized the need for more integrated and holistic approaches for HIV service delivery and for serving adolescents, unmarried individuals and key populations in the community. Also noted was a need to strengthen access to information and prevention commodities. The study recommended more research in the refugee camps to better understand other key drivers in HIV and STI transmission for a more targeted approach.
186. UNDP aided 41 countries in mitigating COVID-19's impact on HIV, TB and malaria responses by strengthening health systems and pandemic preparedness with Global Fund resources. As Member States discussed a Pandemics Prevention, Preparedness and Response Accord, as well as the revision of the International Health Regulations, UNAIDS highlighted the importance of protecting the gains made in the HIV response for stronger and broader pandemic prevention, preparedness and response. A declaration adopted at the UN General Assembly high-level meeting on pandemic prevention, preparedness and response in September 2023 reflected elements which UNAIDS had emphasized. The declaration committed Member States to: “strengthen health resilience through efforts to end the global epidemics of HIV/AIDS, Tuberculosis and malaria, towards including leveraging best practices and lessons learned [...] and ensuring the systematic engagement of HIV/AIDS TB and malaria responses in pandemic response, leveraging national HIV/AIDS strategic plans to guide key elements of pandemics planning and acknowledging the integral role of civil society and communities in strengthening public health measures and implementing responses programming”.

Strategic functions to deliver on the result areas

Budget and expenditure and encumbrances for Secretariat functions 2022–2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$292,000,000	\$258,768,297	\$100,000,000	\$133,594,251	\$392,000,000	\$392,362,548

SF1 Leadership, advocacy and communication

Sustained and enhanced political commitments to end AIDS and implement the Global AIDS Strategy 2021–2026 through strong leadership and advocacy.

187. The Secretariat leveraged the Joint Programme’s strengths to inform the UN General Assembly’s Annual Review of HIV/AIDS and the related UN Secretary-General’s report, as well as the High-Level Political Forum on Sustainable Development. The Secretariat supported the UN General Assembly Transforming Education Summit, its outcome document and the Youth Declaration, which highlighted HIV-related inequalities and the intersections of HIV, health, education and other SDGs.

Indicator progress on leadership, advocacy and communication (SF 1)

- **20 high-level political meetings** related to HIV whose outcome documents were influenced.
- **81 countries** supported to review, assess and/or update their **national strategic plans on HIV** (or equivalent), including over 30 countries with dedicated multidisciplinary technical expertise and peer review.
- **84 (100%) countries** supported for **meaningful engagement** between people living with HIV, key populations, affected women and girls and young people, as well as government institutions, for information-sharing and decision-making on HIV priorities.

188. The Joint Programme informed several high-level political meetings on HIV, including: the 67th and 66th Commission on the Status of Women, the UN Human Rights Council; the General Assembly omnibus resolution on drugs; and the 66th and 65th Commission on Narcotic Drugs.

189. At the 76th and 75th meetings of the World Health Assembly, the Secretariat called for accelerating HIV prevention efforts and leveraging lessons from the HIV response to prepare for future pandemics. The African Union adopted a decision to sustain the HIV response and convene an “Extraordinary session on ending AIDS” by 2030. The Secretariat was a primary partner for the 2023 International Conference on AIDS and STIs in Africa (ICASA) in Zimbabwe and the 2022 International AIDS Conference in Canada, where it shaped agendas, facilitated the participation of high-level politicians and AIDS champions, and advocated for community-led responses and the removal of barriers to HIV services. The Fast-Track Cities initiative mobilized political leadership in more than 400 cities to accelerate the HIV response while addressing health and social inequalities.

190. In 81 countries, well-coordinated Joint Programme support, led by the Secretariat, contributed to evidence-informed national strategic plans on HIV that are aligned with the Global AIDS Strategy and that can leverage sustainable investments, including

from Global Fund and PEPFAR. This included support for modelling and guidance for high-impact interventions and innovations; new target-setting; costing and monitoring and evaluation frameworks or mid-term reviews. The Secretariat's multidisciplinary technical expertise and peer review services benefited over 30 countries per year. Many national strategic plans were improved to prioritize integrated systems and services, better address linkages with coinfections and comorbidities, and strengthen resilient and sustainable health systems.

Championed human rights and gender equality for effective HIV response and meaningful engagement and leadership of communities at all levels of HIV decision-making and implementation including community-led HIV response.

191. In 84 countries, the UNAIDS Secretariat reinforced the meaningful engagement between communities living with, at risk of and affected by HIV and government institutions for information-sharing and decision-making on HIV priorities. Its advocacy and support successfully expanded both the space for leadership and the voice of communities, including fostering women's leadership in 26 countries through partnership with women-led organizations.
192. The UNAIDS Secretariat's convening of consultations, including with the HIV and Human Rights Reference Group, guided and shared knowledge for the removal or reform of punitive laws for more effective HIV responses. In coordination with other stakeholders, the UNAIDS Secretariat elevated its advocacy and support to respond to the needs of LGBTQ+ communities in many contexts.
193. Further to the adoption of the first international definition of community-led HIV responses, new normative guidance, tools and good practices were produced and are now widely available. The Secretariat led the Joint Programme's support for the "[Let communities lead](#)" report documented and celebrated the critical role of communities and called for action to fully support their life-saving work.

SF2 Partnerships, mobilization and innovation

Progress to reduce HIV-related inequalities accelerated thanks to effective convening and leveraging of the power of four global strategic initiatives and other partnerships.

194. [The Global HIV Prevention Coalition](#), which 38 countries have joined, has significantly boosted HIV combination prevention efforts, investments and impact at country level, including through 26 country-led prevention roadmaps, knowledge-sharing (including through a South-to-South learning network) and granular tracking of progress. In 2023, the HIV Multisector Leadership Forum recommended paths forward for sustaining [national leadership on HIV prevention](#).¹¹ The [Global Alliance to end AIDS in children by 2030](#) also reinvigorated commitment and action in 12 countries to close HIV treatment gaps for children and mothers.¹²
195. Through the [UNAIDS Education Plus initiative](#), UNAIDS fostered high-level commitment in 15 countries to increase access to education with the aim of reducing HIV infections. This led to policy shifts and programmatic changes in the education sector in 10 countries, including for SRHR, CSE and HIV. Nine countries have developed Education Plus investment cases.¹³

¹¹ For more information on Global HIV Prevention Coalition results, see Result Area 1.

¹² For more information on Global Alliance to end AIDS among children results, see Result Area 3.

¹³ For more information on the Education Plus Initiative, see Result Area 7 (Young people).

196. Through the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination [joined by 38 countries](#), 20 countries are implementing interventions in accordance with costed action plans to reduce stigma and discrimination and increase access to HIV services. Knowledge sharing enabled law and policy reforms in 11 countries and stigma and discrimination reduction in 10 countries.

197. Networks of people living with HIV completed country Stigma Index reports with support from the Secretariat in multiple countries. In 2023 over 30 countries used the Index for advocacy for legal and policy change and programmatic interventions and over 25 countries for capacity building or for resource mobilization.

Indicator progress on partnerships, mobilization and innovation (SF 2)

- **38 countries** are part of the **Global HIV Prevention Coalition**.
- **12 countries** are part of the **Global Alliance to end AIDS in children**.
- **15 countries** are part of the **Education Plus** initiative and 10 countries have implementation plans.
- **6 countries** completed the **HIV Stigma Index** in 2023 and 11 did so in 2022.
- **38 countries** are part of the **Global Partnership for the elimination of stigma and discrimination**, and 20 countries implement action plans.
- **Knowledge management strategies** were implemented and 19 communities of practice were initiated.

198. Through its critical partnerships with the Global Fund and PEPFAR at all levels, the UNAIDS Secretariat coordinated and guided evidence-informed policies, programmatic and investments prioritization for most impact and returns on investments.

199. The UNAIDS Secretariat mobilized leaders in the fields of politics, civil society, academia and public health to serve on a “Global Council on inequality, AIDS and pandemics” which aims to promote policy environments in which the inequalities that stymie responses to AIDS and other pandemic can be addressed. The Council commissioned three research papers on inequalities and pandemic. Convening on the eve for the UN General Assembly’s discussion on pandemic prevention, preparedness, and response, it released a statement by its co-chairs calling on Member States to ensure that the new Pandemic Agreement includes concrete commitments to inequality-responsive actions before and during a pandemic.

[Harnessing knowledge management including communities of practice for an effective HIV response.](#)

200. The UNAIDS Knowledge Management Strategy (2022–2026) has been implemented. Thirteen 13 internal and six external communities of practice on HIV prevention, gender-based violence, and stigma and discrimination are operating. More inclusive ways of working and efforts to apply anti-racist and feminist approaches continue.

SF3 Strategic information

[Generation of and use of state-of-the art HIV data with improved knowledge on HIV-related inequalities, national capacities, impact of programmes and investments including through expanded community-led monitoring.](#)

201. The Global AIDS Monitoring framework (GAM), along with guidance developed in consultation with experts, enables monitoring of both the 2021 Political Declaration on HIV and AIDS and the Global AIDS Strategy, and supports targeted strategic planning.

Countries were supported to provide quality and timely reporting against GAM indicators through the online reporting tool, with 156 countries submitting GAM reports.

202. UNAIDS’s HIV epidemiological estimates are available for 174 countries, representing 99% of the world’s population. To generate these estimates, the Secretariat, UNICEF and WHO provided direct guidance and capacity-building support to 124 countries to develop national HIV estimates and to 39 countries for subnational estimates. The Joint Programme facilitated community-led monitoring in 75 countries, including over 30 where Secretariat provided intensified support. A key population size estimation tool is now available for use in 34 countries.

203. UNAIDS-led global AIDS data sharpened the HIV response by enhancing the focus on inequalities in access to HIV services, enabling granular target-setting and monitoring by geographic location, as well as by age, sex and population. The UNAIDS [AIDSInfo](#) website provides the most comprehensive publicly available compendium of HIV data, including HIV estimates, an “HIV/AIDS inequality visualization” platform, and information on laws, policies and financing. These data are widely used for programming, policy decision-making, target-setting and -tracking, as well as for resource mobilization and allocation, including by Global Fund and PEPFAR. UNAIDS’s data was also used for the UN Secretary-General’s [2022](#) and [2023](#) reports on Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV and AIDS. Prevention scorecards are also used to track and improve national HIV prevention programmes.

Indicator progress on strategic information (SF 3)

- The 2021–2026 GAM Framework was developed and shared. **156 countries** submitted a **report against GAM indicators**.
- HIV estimates were developed in **174 countries**, including 124 which were supported directly.
- **75 countries** benefited from support for community-led monitoring, including **37** with dedicated Secretariat-led support.
- The **2023 & 2022 global AIDS updates** were produced and [AIDSInfo](#) includes an inequalities dashboard.

204. Four widely shared UNAIDS flagship reports—“[The path that ends AIDS: Global AIDS update 2023](#)” and “[Let communities lead: World AIDS Day report 2023](#)” in 2023, and “[In danger: UNAIDS Global AIDS update 2022](#)” and “[Dangerous inequalities: World AIDS Day report 2022](#)” in 2022—provided state-of-the-art analysis of the HIV epidemic, response and gaps to further galvanize action around addressing inequalities that thwart HIV services.

205. New analysis by UNAIDS, “[A triple dividend: Fully financing the HIV response in Africa](#)”, examined the potential impact of a fully financed HIV response. A new agenda and framework to shape the long-term sustainability of HIV responses was initiated.

SF4 Coordination, convening and country implementation support

Coordinated effective UN support and resource mobilization and optimization, including from the Global Fund and PEPFAR, for most country impact towards the global AIDS targets and SDGs.

206. The UNAIDS Secretariat leveraged and coordinated the UN System's support to national HIV responses through regional and country Joint UN Teams on AIDS.

Country Joint UN Plans on AIDS, including through joint country envelope funding, brought collective UN support to national HIV responses aligned with the Global AIDS Strategy in 86 countries and helped integrate HIV priorities in UN Sustainable Development Cooperation Frameworks.

Indicator progress on coordination, convening and country implementation support (SF 4)

- **In 86 countries**, Joint UN Teams on AIDS implemented a **Joint UN Plan on HIV**.
- **In 81 countries**, priorities for ending HIV-related inequalities are reflected in the **UN Sustainable Development Cooperation Framework**.
- **Inequalities frameworks and tool kits** were launched and piloted in **5 countries** and refined.
- **Framework and toolkit on HIV-related inequalities** was developed and disseminated in 4 languages.
- **"HIV/AIDS inequality visualization" platform** is available (2023).

207. The Secretariat's data-driven guidance and technical support helped optimize resources; (especially for Global Fund grant applications and PEPFAR operational planning); increased alignment with the Global AIDS Strategy and synergies; and advanced efficiencies and sustainability for reaching the 2025 targets by focusing on HIV prevention, social enablers, integration and multisectoral responses. During the biennium, the work included responding to country requests through over 400 technical support assignments via the UNAIDS Technical Support Mechanism. This support contributed to the successful submission of 47 Global Fund Cycle 7 funding requests for a total value of US\$ 5.9 billion.¹⁴

Harmonized Joint Programme approaches helped address HIV-related inequalities and remove barriers to equitable HIV services at country level.

208. A new framework and toolkit on HIV-related inequalities, developed by the Joint Programme, was piloted in five countries and refined. It guides countries in using data from multiple sources, including gender assessments and the Stigma Index, to identify and examine inequalities that drive the epidemic.

SF5 Governance and mutual accountability

Strong global HIV response and inclusive mutual accountability

209. Effective and inclusive governance practices included over 25 governance meetings. The PCB reaffirmed UNAIDS's crucial added value for the HIV response. The UNAIDS Committee of Cosponsoring Organizations worked to revitalize the Joint Programme to fully leverage its multisectoral expertise and power to reach the global AIDS targets.

¹⁴ For information on support to the Global Fund, see Result Area 8.

210. The Independent External Oversight Advisory Committee released annual reports which helped improve management of risk, including the financial situation. The PCB appreciated progress made toward stronger accountability and transparency, as reflected in key management, oversight and performance reports.

Intensified resource mobilization and path for a sustainable Joint Programme

211. Targeted resource mobilization intensified during the biennium, in line with the Joint Programme’s 2022–2026 Resource Mobilization Strategy and guided by the Secretariat-supported PCB Multistakeholder Task Team, which proposed recommendations to resolve the Joint Programme’s significant funding shortfall. An update on UNAIDS’s strategic prioritization and the implications of the UBRAF funding shortfall were discussed by the PCB, which called for urgent additional resources for the Joint Programme.

Indicator progress on governance and mutual accountability (SF 5)
<ul style="list-style-type: none"> ▪ Quality management, oversight and performance reports submitted to the PCB. ▪ Fully operational Independent External Oversight Advisory Committee fulfilled its mission (12 meetings in 2022–2023 and annual reports). ▪ Updated UNAIDS Results and Transparency portal and Secretariat financial data published in the International Aid Transparency Initiative. ▪ High compliance with UN reform as shown in at least 8 UN System-wide reports. ▪ 80% of evaluations implemented and recommendations from past evaluations tracked.

212. The UNAIDS Secretariat Assessment of the Multilateral Organization Performance Network reaffirmed the critical importance of UNAIDS and offered useful suggestions to further strengthen the Joint Programme’s catalytic role in the HIV response. This led to agreed Joint Programme management actions moving forward, including the articulation of a vision for UNAIDS to lead the multilateral response to HIV through a strong Joint Programme for a sustainable global HIV response to 2030 and beyond. Findings from a mid-term review of the Global AIDS Strategy will be provided to the PCB in December 2024.

UN reform in action and further shaped for better impact for HIV and the SDGs.

213. UNAIDS remains a pathfinder for UN reform, showing high compliance with UN reform and system-wide tools and processes that improve efficiencies, such as integrated policies, joint work, and strong support for the Resident Coordinator system. This is demonstrated in the completed UN mandatory reports on the UN Quadrennial Comprehensive Policy Review and UN Funding Compact, and the UN System-wide action plan on gender equality and women's empowerment. UNAIDS also contributed to various other UN System reports,¹⁵ which are publicly available at the [UNAIDS Results & Transparency Portal](#).

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

214. Evaluations enable the Joint Programme to further improve its performance. Five Joint Programme evaluations and one evaluation of the Secretariat’s work were completed, and the reports and management responses were publicly shared. The UNAIDS expert advisory committee on evaluation further improved the value, credibility, independence and resourcing of the evaluation function. The PCB approved the 2024–2025

¹⁵ This includes contribution to "Greening the Blue", UN Youth 2030, UN Disability Inclusion Strategy and the UN SDG reports.

Evaluation Plan and commended the Evaluation Office for promoting accountability and evidence-based decision-making.

Contributions to the SDGs

215. The global HIV response has made remarkable gains and is progressing toward achieving SDG 3.3, improving life expectancy in high-burden countries through significant and continuing declines in AIDS-related deaths and new HIV infections. These achievements are the result of strong political commitment, global solidarity and investments, evidence-driven strategies and mutually supportive partnerships between public authorities, affected communities and many other partners which have mobilized and guided by the Joint Programme. The global HIV response has strengthened health and community systems, yielding extensive health outcomes, enhancing global health security, and generating economic and development dividends that are accelerating progress towards 10 other SDGs.
216. The HIV response also benefits from and contributes to progress towards the overall Agenda for Sustainable Development. Through use of an inequalities lens and people-centred and human rights-based approaches, the work of the Joint Programme and the HIV response are integrally linked with the full spectrum of SDGs, including the overriding imperative to leave no one behind. The Joint Programme leverages the broader political, policy, programme and partnership power of the entire UN System through Joint UN Teams on AIDS, the UN Sustainable Development Cooperation Framework, and numerous UN global and regional cooperation fora.
217. In 2022–2023, the Joint Programme made major contributions to several specific SDGs. By supporting the historic scale-up of HIV treatment, access to broader health and more inclusive social protection, the Joint Programme is contributing to ending poverty (SDG 1) by preserving productive potential, diminishing financial burdens on HIV-affected households and contributing to economic growth in low- and middle-income countries. The Joint Programme’s work to address the nutritional needs of people living with HIV is helping advance progress towards SDG 2 (hunger). By supporting robust prevention efforts for adolescent girls and young people, including by enabling expansion of cash-plus interventions that incentivize young people to stay in school, the Joint Programme is also advancing towards the goal of quality education for all (SDG 4). Its support for gender-transformative policies and programmes and for the empowerment of women living with HIV is aligned with the goal of SDG 5 to “achieve gender equality and empower all men and women”.
218. The wide partnerships and multisectoral collaboration across societies, including some of the most marginalized communities, exemplify the partnership-for-development approach needed for the SDGs. Results in 2022–2023 testify to the smart and impactful partnerships at country, regional and global levels which the Joint programme convenes and leverages, and which serve as role models for SDG 17.
219. While the world is not on track to reach the SDGs and in an increasingly interconnected world with poly-crisis including new health security threats, the results in this report show that the Joint Programme, leading the AIDS movement, has brought practical solutions that can further advance efforts to end AIDS and contribute to progress, which would serve as an inspiring success across the global health and development agendas. The global HIV response and the work of the Joint Programme also provide essential principles and lessons for pandemic prevention, preparedness and response, a priority vividly underscored by global experience in recent years.

220. However, the progress made in the AIDS response cannot be taken for granted. Much work remains to be done to end AIDS as a public health threat and to sustain the gains into the future. Robust, enduring political and financial commitment is essential to sustain the gains made and meet the 2030 target of ending AIDS as a public health threat and achieve the SDGs.

Key challenges and lessons learned

221. The Joint Programme's experience in 2022–2023 reveals important lessons as well as persistent challenges for the global HIV response.
222. **In the face of historic geopolitical, security and global health challenges, the Joint Programme continued to drive progress in the response.** Major gains continue to be made in efforts against AIDS. Numerous high-burden countries in sub-Saharan Africa—all of which have benefited from extensive advocacy, strategic information, normative guidance and technical support from the Joint Programme—have either achieved or are within reach of achieving the 95–95–95 testing, treatment and viral suppression targets.
223. With the Joint Programme's support, countries swiftly adapted national HIV prevention, testing and treatment policies to align with international guidance for optimizing outcomes for people living with HIV and reducing HIV transmission. Critical innovations, such as PrEP and differentiated service delivery have expanded significantly in the last two years. **However, the coverage and access to quality HIV services remains insufficient**, especially for certain key and priority populations, **and the gains are fragile and at potential risk**, including in the increasing number of countries facing serious humanitarian situations. **While over nine million people still require access to HIV treatment, the “last mile” can be the most complex and difficult to traverse.**
224. The Global AIDS Strategy and the 10–10–10 targets have focused unprecedented attention and efforts on **improving societal enablers to eliminate barriers and boost equal access to HIV services.** While clear gains in creating an enabling environment were achieved in 2022–2023, **harmful policies, laws and norms continue to exist.** In many countries, this is further exacerbated by a **deteriorating human rights environment and shrinking space for civil society**, along with an intensifying backlash against women rights, LGBTQ+ people and other marginalized populations. These trends both further progress towards ending AIDS and threaten the gains made. The Joint Programme's advocacy for human rights, gender equality, social inclusion and equality for all remains vitally important.
225. **Community-led HIV responses have transformative potential, but are poorly resourced.** The focus on strengthening community-led responses generated new initiatives, normative guidance and partnerships, as well as leveraged investments to expand the unique contributions of communities for the HIV response and beyond. However, the full potential of community-led responses has yet to be realized due to inadequate funding and the failure in many settings to validate and integrate communities as essential partners in the response.
226. During the last two years, the Joint Programme intensified its efforts to optimize the allocation and use of available resources through continued leveraging the support of PEPFAR and supporting a large number of countries to implement existing Global Fund's grants and new funding requests. However, **inadequate funding for the global HIV response**, particularly for ending inequalities, is **slowing progress**

towards ending AIDS. HIV investments globally have levelled off in recent years, well short of the amount needed to reach the 2025 targets. Complex global challenges have increased economic constraints for many low- and middle-income countries, many of which are in debt distress and experiencing slow and uneven recoveries from the COVID-19 pandemic. International solidarity for the HIV response is at risk, with many bilateral donors reducing their assistance. The Joint Programme is leading a new sustainability agenda to guide and support countries towards more efficient and sustainable HIV responses in the post-2030 era.

227. The 2022–2023 biennium confronted the Joint Programme with **considerable programmatic and operational challenges**. While intensifying efforts to mobilize additional funding, the funding shortfall has led the Joint Programme to prioritize and implement far-reaching cost-containment measures to deploy limited human and financial resources where they are most needed (including a realignment for the Secretariat), and to opt for new ways of working, prioritizing joint work to support to countries.
228. While these measures have increased the efficiency of operations, they have also diminished the capacity of the Joint Programme to undertake its core functions and catalytic work. **UBRAF funding shortfalls** are leading to **scaled back, delayed or missed opportunities for progress** towards national and global AIDS targets.
229. The Joint Programme has further prioritized its work to focus on **four strategic priorities to save the greatest number of lives**: advancing HIV prevention; accelerating access to treatment and new technologies; promoting and supporting community-led responses; and ensuring equitable and sustainable financing for the response. **Multiple innovations and all possible opportunities for improved effectiveness and efficiencies**—including improved coordination, communications and coherence within the Joint Programme and with other stakeholders—are being used to sustain quality support to countries and communities to advance progress towards the global AIDS targets while ensuring solid management, inclusive governance and improved accountability and transparency.
230. Actions taken in the next few years will be crucial for ending AIDS as a public health threat. With its essential role reaffirmed by the PCB, the Joint Programme is leading a mid-term review of the Global AIDS Strategy and a complementary external evaluation of the Joint Programme’s work is starting. These will help the world and the Joint Programme distil lessons learned and clarify actions to close the remaining gaps, as well as inform a vision for UNAIDS to continue to lead the multilateral response to HIV and accelerate progress for a sustainable global HIV response to 2030 and beyond.

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