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**Joint United Nations Programme on HIV/AIDS**

## Joint United Nations Programme on HIV/AIDS

### Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS, prepared pursuant to Council resolution [2023/30](#).



## Report of the Executive Director of the Joint United Nations Programme on HIV/AIDS

### *Summary*

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established in 1996 pursuant to Economic and Social Council resolution 1994/24 to tackle the complex HIV epidemic through a multisectoral approach, at a time when the HIV pandemic was devastating countries across the world, with the harshest outcomes experienced in sub-Saharan Africa. Nearly three decades later, that picture has been radically altered, as progress towards ending AIDS as a public health threat has made the HIV response a bright spot in the 2030 Agenda for Sustainable Development and an inspiring example of what can be achieved through international solidarity, shared responsibility, evidence- and rights-based action and robust and well-coordinated leadership of the United Nations system. In 2023, the numbers of new HIV infections and AIDS-related deaths were 60 per cent and 69 per cent lower, respectively, compared with at the peak of the pandemic.

Since the previous report of the Executive Director of UNAIDS to the Council ([E/2023/85](#)), further gains towards ending AIDS have been achieved, including through critical contributions by the Joint Programme. In 2024, the Joint Programme strengthened HIV prevention efforts in more than 30 priority countries; normative guidance and technical support by UNAIDS continued to drive increases in HIV treatment coverage for adults (77 per cent) and children (57 per cent) living with HIV; and in the face of a deteriorating human rights environment in many parts of the world, numerous countries have taken bold action to remove legal and policy barriers to a sound HIV response. UNAIDS is now assisting more than 30 countries in developing concrete, time-bound plans to ensure the long-term sustainability of national HIV responses.

However, all the gains achieved against HIV/AIDS over the past three decades are now at risk, primarily due to a sharp reduction in international HIV assistance. Modelling exercises indicate that these cuts could lead to millions of preventable new HIV infections and marked increases in AIDS-related deaths. In response to funding shortfalls and shifting country needs, the Joint Programme is focusing its staffing and country footprint, to realign its strategic efforts to support countries to sustain inclusive, multisectoral national HIV responses and to prioritize mobilization of non-core resources to offset declines in core contributions.

At this moment of peril in the effort to end AIDS as a public health threat by 2030, the leadership and guidance of the Council is urgently needed. Too much has been gained, too many lives saved and communities revived, to relinquish this fight at the very moment when ending the pandemic is in sight. The Joint Programme remains an essential catalyst for multisectoral action in response to HIV. Preserving and further strengthening UNAIDS is needed in order to sustain HIV treatment services and bolster HIV prevention efforts, which currently depend on declining donor support; to address the social and structural factors that increase HIV vulnerability and diminish people's ability to gain access to HIV prevention, treatment and care services; to support community-led HIV responses at a time when civic space is declining in many countries; and to aid countries in transitioning to greater national responsibility for managing, financing and sustaining HIV responses.

## I. Introduction

1. The present report has been prepared in response to the request by the Economic and Social Council, in its resolution [2023/30](#), for the Secretary-General to transmit to the Council, at its 2025 session, a report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), in collaboration with its co-sponsors<sup>1</sup> and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response by the system to the HIV pandemic.

2. Since the Council established UNAIDS, the global HIV response has seen enormous, historic progress. Despite the absence of a cure or a vaccine, the global HIV response has driven marked declines in new HIV infections and AIDS-related deaths globally. The annual global investment in the response was \$19.8 million in 2023, having declined since 2020 and falling more than 30 per cent short of the funds needed. However, in 2025, the response has witnessed the greatest systemic shock and disruption of programmes globally since the inception of UNAIDS.

3. This shock comes at a time when the capacity of the UNAIDS secretariat and the co-sponsors has been gradually declining since 2015, driven by the disengagement of individual donors in a Joint Programme that is wholly voluntarily funded. A small group of donors have kept or even increased funding to preserve the Joint Programme's core operational capacity.

4. For more than two decades, the United States of America has been a steadfast leader in the fight against HIV through the United States President's Emergency Plan for AIDS Relief and as the leading contributor to both UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Emergency Plan has saved over 26 million lives by investing in critical HIV prevention, treatment, care and support programmes in 55 countries. In 2023, it provided 73 per cent of the international funding for the global HIV response. In 2025, however, the Government of the United States has taken steps to reduce its support for the Emergency Plan, and it is still unclear in which form and at what level it will continue.

5. Other international donors have also announced reductions in their development assistance, including to the Joint Programme. These reductions, which are occurring in the year of the Global Fund replenishment, represent a step away from the global solidarity on which the historic achievements of the HIV response have been built and risk preventing the world from reaching its 2030 target of ending AIDS as a public health threat and from laying a sustainable foundation for the response.

6. The community-led parts of the global HIV response that are critical for access to services for those most at risk to HIV but also for the long-term sustainability of the response are particularly reliant on international funding. Community leadership in all aspects of the response has been undermined by the current disruption. Unless member States and the Joint Programme find ways to preserve the hard-fought gains and address the gaps that remain in HIV treatment and prevention services, as well as supporting critical community-led responses, the 2030 target will not be reached, a

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<sup>1</sup> The Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the International Labour Organization (ILO), the United Nations Educational, Cultural and Scientific Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

sustainable response will not be assured and a deadly resurgence of the pandemic could occur.

7. At this critical juncture, UNAIDS and the broader United Nations system remain essential actors for monitoring progress and ensuring accountability in the HIV response. The Joint Programme serves as the key and indispensable source of strategic multisectoral data for action in the response. UNAIDS plays a vital role in building collaborative relationships between Governments and communities and remains a model of multilateral coordination and results-based action on the most pressing global challenges, in line with the call for strengthened multilateralism at the 2024 Summit of the Future.

8. Although the current shock is jeopardizing all that has been achieved to date in the global response to HIV, it also offers a unique opportunity to accelerate the transition to national ownership and long-term programmatic, financial and political sustainability of the response. It is at this moment of truth in the decades-long fight against the AIDS pandemic when the Joint Programme is most needed – to help countries navigate this transition, to embed essential aspects of the HIV response in national programmes and to ensure that human rights protections and community engagement are safeguarded as essential foundations for a sustainable response.

## **II. A status report on the global HIV pandemic**

9. Despite enormous progress, the world is not on track to reach the 2030 target, as pledged in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. Disruptions in HIV services due to funding cuts threaten to undo much of the progress that has been achieved and pose grave risks of a resurgence of the AIDS pandemic.

### **Epidemiological and programmatic update**

10. The 2021 Political Declaration committed the world to reducing the number of new HIV infections to fewer than 370,000 and the number of AIDS-related deaths to fewer than 250,000 by 2025. To reach these goals, the Declaration provided for ambitious targets for HIV prevention, testing and treatment, societal enablers and community-led services.

11. The world continues to move closer to the goal of ending AIDS as a public health threat. From 2010 to 2023, new HIV infections declined by 39 per cent, from 2.1 million (1.7 million–2.7 million) to 1.3 million (1 million–1.7 million), while annual AIDS-related deaths – which stood at 630,000 (500,000–820,000) in 2023 – fell by 51 per cent. During the same period, the number of children newly infected with HIV dropped by 62 per cent, from 300,000 (220,000–440,000) in 2010 to 120,000 (83,000–170,000) in 2023. The most substantial gains have been made in sub-Saharan Africa, home to 65 per cent of all people living with HIV. The historic scale-up of antiretroviral therapy continues, with 77 per cent (62–90 per cent) of adults living with HIV and 57 per cent (41–75 per cent) of children aged 0–14 living with HIV having access to HIV treatment in 2023. At least 35 countries are within reach of achieving the 2025 HIV viral suppression target set out in the 2021 Political Declaration.<sup>2</sup> These advances in the HIV response are contributing to progress across the Sustainable Development Goals, helping to reduce poverty, hunger and maternal

<sup>2</sup> The 2021 Political Declaration provides that, by 2025, 95 per cent of all people living with HIV will know their HIV status, 95 per cent of people with an HIV diagnosis will receive antiretroviral therapy, and 95 per cent of people receiving antiretroviral therapy will achieve suppressed viral load.

and child mortality and contributing to economic productivity, educational attainment, gender equality and the empowerment of all women and girls.

12. However, progress in the HIV response is uneven, and AIDS remains a major global health and development challenge. New HIV infections are on the rise in at least 28 countries and in three regions (eastern Europe and central Asia, Middle East and North Africa, and Latin America). In 2023, for the first time ever, there were more new HIV infections outside sub-Saharan Africa than within the region. Women and girls accounted for 53 per cent of all people living with HIV and for 62 per cent of all new HIV infections in sub-Saharan Africa, where adolescent girls and young women are three times more likely to acquire HIV than their male peers. Nearly one in four people living with HIV were not receiving antiretroviral therapy in 2023. Among the populations experiencing diminished access to HIV treatment include children (compared with adults), key populations and men in some countries (compared with women).

13. A combination of biomedical, behavioural and structural prevention approaches is highly effective in preventing new HIV infections. However, HIV prevention remains insufficiently prioritized, and the world is not on track to meet the 95 per cent combination prevention coverage target by the end of this year. Access to combination prevention is notably inadequate for key populations at heightened risk of HIV acquisition, such as gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons or other closed settings, as well as for adolescent girls and young women in sub-Saharan Africa – gaps and disparities that have worsened in 2025 as a result of funding reductions. Condom use remains infrequent, with 36 per cent of adults in eastern and southern Africa and 25 per cent in western and central Africa reporting having used a condom the last time they had sex. Coverage of voluntary medical male circumcision – which reduces men’s risk of acquiring HIV during heterosexual intercourse by up to 60 per cent – remains below 50 per cent in Malawi, South Africa and Zimbabwe. Across 26 countries with available data, only 55 per cent of women currently married or in a union make their own decisions regarding sexual relations, contraceptive use and their own healthcare.

14. The 2021 Political Declaration called for concerted action to address the social and structural factors that increase HIV vulnerability and reduce access to HIV services.<sup>3</sup> Here, too, progress is apparent but at levels that are well shy of the 2025 targets. Only three countries report having made no prosecutions over the past 10 years for HIV non-disclosure, exposure or transmission, and have no laws in place criminalizing sex work; same-sex relations; possession of small amounts of drugs for personal use; transgender people; or HIV non-disclosure, exposure or transmission. In recent household surveys in 42 countries, a median of 47 per cent of people reported discriminatory attitudes towards people living with HIV, with surveys in 25 countries finding that nearly one quarter of people living with HIV had experienced discrimination when seeking non-HIV-related health services in the previous year. In seven countries in Latin America and the Caribbean, 55 per cent of women living with HIV reported having experienced physical or sexual violence.

15. These troubling patterns are occurring at time when the human rights environment is deteriorating in many parts of the world, with a growing backlash to human rights and gender equality and shrinking civic space. Recent years have seen

<sup>3</sup> The 2021 Political Declaration includes the following targets for societal enablers: fewer than 10 per cent of countries have restrictive legal and policy frameworks that deny access to services; fewer than 10 per cent of people living with, at risk of and affected by HIV experience stigma and discrimination; fewer than 10 per cent of women, girls and people living with, at risk of and affected by HIV experience gender-based inequalities and violence.

a wave of anti-LGBTQIA+ legislation in countries from diverse regions, as well as a continuation of punitive drug control measures across the world, which undermine effective responses to HIV.

### **Financing update**

16. Further progress in the HIV response is jeopardized by persistent funding shortfalls and by rapid, potentially perilous changes in the HIV financing landscape. Funding available for HIV programmes in low- and middle-income countries in 2023 (\$19.8 billion) was more than 32 per cent short of the \$29.3 billion needed in 2025, including especially stark funding shortfalls for HIV prevention (\$1.8 billion to \$2.0 billion in 2023, compared with \$9.5 billion needed in 2025) and societal enablers (\$0.9 billion, compared with \$2.0 billion). HIV funding has declined since 2020.

17. New causes for concern have arisen in 2025. The disruptions to the funding of the United States President's Emergency Plan for AIDS Relief and the uncertainty of future United States support for the HIV response are compounded by the recent decisions of other major donors to announce their own reductions in health-related official development assistance. According to a modelling study, the discontinuation of all programmes funded by the Emergency Plan could result in over 6 million additional, preventable new HIV infections and 4.2 million additional AIDS-related deaths by 2029 in the 55 Emergency Plan countries.

18. Declines in international financing threaten the pillars of international solidarity and shared responsibility on which the global HIV response was founded. Low- and middle-income countries already provide the majority of HIV spending (59 per cent globally in 2023), but many are confronting profound impediments to domestic resource mobilization, including slow economic growth in the aftermath of the coronavirus disease (COVID-19) pandemic, flat revenue collection and a burgeoning debt crisis.

### **Achieving progress in the face of historic challenges**

19. Although the financial headwinds confronting the global HIV response are considerable, bringing it to its most challenging moment of the past two decades and elevating the risks of resurgence, countries continue to show that leadership, commitment and innovation can help overcome these barriers. In response to service disruptions associated with the sudden change in global financing, the Governments of Botswana, Ghana, Kenya, Nigeria, Malawi, South Africa and other countries have committed to using domestic resources to ensure continuity of critical life-saving HIV services, diverting funds from other services, moving quickly to action. Those countries had started developing their HIV response sustainability road maps, identifying key transformations to make the response more country-owned, cost effective and incrementally domestically funded, but they are still counting on global solidarity to fully fund their national HIV responses. The sudden shock has for now given rise to emergency reprogramming and urgent integration plans, but a well-structured and effective transition, under the sustainability road maps, needs to be fully completed and implemented to protect people who are living with or at risk of HIV.

20. Diverse countries that have sometimes struggled with achieving needed HIV service coverage are demonstrating that rapid gains are possible. For example, viral suppression rates among people living with HIV in Malawi rose from 52 per cent in 2015 to 87 per cent in 2023. Innovations are improving early infant HIV diagnosis and treatment uptake among children in countries such as Mozambique, Nigeria, South Africa and the United Republic of Tanzania. From 2021 to 2023, seven countries in the Global Alliance to End AIDS in Children reduced the number of children who newly acquired HIV infection by at least 20 per cent.

21. Numerous countries are embracing and protecting human rights in the context of HIV, including the removal of punitive laws in countries such as Angola, Botswana, Gabon, Lesotho, Mauritius, Mozambique, Namibia, Sao Tome and Principe and Seychelles. Belgium, New Zealand and three states in Australia have decriminalized sex work. There is a trend towards the removal of laws criminalizing HIV exposure, non-disclosure or transmission, with Zimbabwe repealing its HIV criminal law in 2022. Gender-responsive approaches that tackle the root causes of gender inequality in the context of HIV are strengthening HIV responses in diverse settings.

22. Overcoming key barriers and accelerating progress towards ending AIDS will require a step change in fast-tracking the sustainability of the HIV response. Towards the goal of reducing new HIV infections and AIDS-related deaths by 90 per cent by 2030 (2010 baseline), a global task team has recommended that the world embrace 16 top-line targets, including the 95-95-95 testing, treatment and viral suppression outcomes, 95 per cent coverage of combination prevention, the 10-10-10 targets for societal enablers, 30-80-60 targets for community-led responses,<sup>4</sup> concrete targets for HIV service integration and a series of financing targets to ensure long-term sustainability of the HIV response. The new Global AIDS Strategy for the period 2026–2031, which will be presented to the UNAIDS Programme Coordinating Board in December 2025, will outline evidence-based priority actions to reach those bold targets, ensure that every country and community is on track to end AIDS by 2030 and ensure long-term sustainability of the response.

### **III. Achievements of the Joint Programme in the biennium 2023–2024**

23. In the biennium 2023–2024, the Joint Programme continued its leadership role in the global HIV response, catalysing concrete advances towards ending AIDS as a public health threat. However, stark changes in the HIV financing landscape have severely undermined the capacity of the Joint Programme to continue to lead efforts to end AIDS as a public health threat.

#### **Accelerating HIV prevention and treatment**

24. The Joint Programme has helped countries strengthen HIV prevention efforts so that, in 2023, the number of new HIV infections worldwide was the lowest in decades. With support from the Global HIV Prevention Coalition, 25 countries developed HIV prevention strategies, 22 set granular prevention targets and developed costed prevention plans, 26 addressed legal, policy and structural barriers, and 14 set milestones for the uptake of new prevention technologies. Since 2010, reductions in new HIV infections have occurred faster in Coalition countries than in non-Coalition countries. Globally, 94 per cent of countries have incorporated WHO recommendations on oral pre-exposure prophylaxis into their national guidelines, generating momentum for scale-up, as the number of pre-exposure prophylaxis initiations more than tripled from 2021 to 2024, reaching more than 6.5 million.

25. Support was provided to more than 90 countries to improve access to health technologies. Through advocacy, normative guidance and technical support, the Joint Programme has worked actively to expedite the roll-out of long-acting injectable pre-exposure prophylaxis, including through measures to lower the price of lenacapavir, which has demonstrated 100 per cent efficacy in preventing HIV

<sup>4</sup> These targets provide that, by 2030, community-led organizations will deliver 30 per cent of testing and treatment support services, 80 per cent of prevention options and 60 per cent of societal enabler programmes.

acquisition with two injections per year. Lenacapavir has the potential to alter the trajectory of the HIV pandemic, greatly accelerating progress towards the vision of zero new HIV infections.

26. Several countries that participate in the Global Alliance to End AIDS in Children have achieved antiretroviral therapy coverage above 90 per cent among pregnant women living with HIV. In total, 19 countries and territories have been certified for the elimination of vertical transmission of HIV, syphilis and the hepatitis B virus. Among 37 priority countries for UNICEF, 33 have implemented a comprehensive package for paediatric HIV treatment within primary care systems.

27. Under the umbrella of the Education Plus initiative, the Joint Programme galvanized policy and programmatic shifts affecting at least 8.6 million adolescent girls and young women. Through the work of UNESCO, 24 million learners were reached in 2024 with life skills-based HIV and sexuality education. The Global Partnership Forum on comprehensive sexuality education, a partnership of 75 member organizations co-convened by UNESCO and UNFPA, expanded their work on out-of-school comprehensive sexuality education, programmatic research and supporting countries in responding effectively to opposition to comprehensive sexuality education.

28. Efforts by the Joint Programme have spurred further scale up of HIV treatment services and attention to persistent disparities in treatment access and outcomes. Nearly all (99 per cent) of countries have adopted the treat-all approach, with preferred first-line and second-line antiretroviral regimens now used by more than 90 per cent of adults and 75 per cent of children who are receiving HIV treatment. Among 54 countries surveyed by UNHCR, 43 applied a treat-all approach in refugee settings. Among 146 countries reporting data in 2024, 78 per cent reported having reduced the frequency of antiretroviral medication pickup, with three-month prescriptions the most common approach endorsed by countries. The number of countries with HIV self-testing policies in place has risen to 107, including 71 where self-testing is now routinely implemented. Global Alliance partners have collaborated to support the expedited introduction of optimized paediatric antiretroviral formulations, with 102 countries now procuring the superior dolutegravir-abacavir-lamivudine regimen, up from 33 in 2021. Advocacy and technical support have enabled countries in diverse regions to introduce and scale up opioid agonist therapy. The Joint Programme, with the leadership of UN-Women, supports the uptake of evidence-based strategic interventions to transform unequal gender norms to prevent HIV and to strengthen the uptake of HIV treatment and care.

29. Integrating and mainstreaming HIV responses in health systems, social protection systems and other key national institutions not only saves lives but also promotes long-term sustainability of the HIV response. In 2024, collaborative work by the Joint Programme re-established and revitalized the Inter-Agency Task Team on HIV in emergencies, contributing to an update of HIV guidelines of the Inter-Agency Standing Committee, the formation of three working groups to expedite guidelines implementation and a more systematic and comprehensive approach to capacity-building on HIV in humanitarian settings. Technical support by the Joint Programme in 2024 expanded access to HIV-sensitive social protection in 31 countries, as well as gains in integrating nutritional support across HIV prevention, treatment and care programmes. The Joint Programme also played an active role during negotiations of the landmark General Assembly high-level meeting on pandemics prevention, preparedness and response, as well as the negotiation of the new pandemics prevention, preparedness and response accord, urging Member States to heed the lessons of the HIV response in preventing and preparing for future pandemics and health emergencies.



### Addressing societal enablers and promoting community-led responses

30. Biomedical interventions on their own, while critical, are insufficient to end AIDS as a public health threat. Complementary actions are essential to leverage societal enablers to reduce vulnerability to HIV, minimize barriers to services and build demand for services among communities most in need. The Joint Programme has led global efforts to address the social and structural factors that increase HIV vulnerability and undermine HIV service access, but funding reductions pose profound challenges to a robust multisectoral approach to HIV.

31. The Joint Programme has continued to lead global efforts to align national responses with principles of human rights and gender equality. Under the umbrella of the 41-country Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, 25 countries have developed national road maps to eliminate stigma and discrimination. Through the Global Partnership, the Joint Programme has supported countries in undertaking legal and policy reform, including the passage of same-sex marriage in Thailand, decriminalization of HIV transmission in the Central African Republic, enactment of a comprehensive, human rights-based HIV law in Argentina and incorporation of anti-stigma and anti-discrimination activities in the national HIV strategic plan of the Islamic Republic of Iran. The Joint Programme promoted legal and policy reforms to reduce stigma and discrimination in at least 84 countries, working with national institutions, United Nations partners, civil society and communities. In South Africa, UN-Women support to the Her Rights Initiative led to the Human Rights Committee's recognition of the forced sterilization of women living with HIV as a human rights violation, establishing a historic precedent for accountability, justice and the right to non-discriminatory healthcare.

32. UN-Women and other members of the Joint Programme supported United Nations and regional bodies, countries and other partners in achieving landmark international resolutions. In 2024, at its sixty-eighth session, the Commission on the Status of Women updated its resolution on Women, the Girl Child and HIV and AIDS, underscoring the urgent need to prioritize the health and rights of adolescent girls and young women in the context of the AIDS pandemic. Also in 2024, the Human Rights Council adopted its landmark resolution [56/20](#), in which it reaffirmed that the protection and fulfilment of human rights in the context of HIV is an essential element in achieving the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and in ending AIDS.

33. As highlighted in the UNAIDS World AIDS Day report 2023, *Let Communities Lead*, community-led responses play a unique and pivotal role in efforts to end AIDS as a public health threat, advocating for legal and policy reform, building demand for HIV services, providing essential services to people who are not effectively reached by health facilities and holding Governments and other actors accountable for their HIV commitments. The Programme Coordinating Board convened a multistakeholder task team involving representatives of Governments, civil society and donors to develop definitions of community-led AIDS responses and community-led organizations, and these definitions are now informing and driving the Joint Programme's work to support and partner with communities in efforts to end AIDS as a public health threat. The Joint Programme supported community-led monitoring through focused technical assistance in at least 41 countries, including the development of a regional road map and country action plans on community-led monitoring in 13 countries in West and Central Africa. The UNDP-led SCALE initiative awarded grants to 44 local organizations of people living with HIV and other key populations in 21 countries to counter punitive and discriminatory laws. UN-Women provided capacity-building support to more than 35,000 women living with HIV to engage in decision-making in the HIV responses in 36 countries.

### **Promoting equitable financing and sustaining the HIV response**

34. As even countries that achieve HIV epidemic control will need to adapt and sustain their HIV responses in the coming decades in order to deliver lifelong treatment and prevent an HIV resurgence, the Joint Programme and the United States President's Emergency Plan for AIDS Relief are supporting countries in developing concrete, time-bound road maps for sustainability. As of January 2025, 12 countries had finalized Part A of their road maps (articulating a high-level vision for sustainability and undertaking key transformations needed in national responses) and more than 20 other countries were in the process. Those countries are rapidly moving to operationalize these road maps.

35. Part A frameworks developed thus far prioritize integration of the HIV response into national systems, strengthened HIV prevention efforts, actions to improve the efficiency of HIV responses and advancing social contracting to consolidate the community response. A number of countries have made clear commitments to increase domestic resource mobilization for HIV programmes.

36. After development of Part A road maps, countries are moving to develop Part B, which will specify the concrete interventions and investments to be implemented, with appropriate timelines. To aid in the development of Part B road maps, the UNAIDS secretariat developed a rapid assessment financing tool to provide countries with the best granular data available and to allow for priority setting in the short term, while countries are grappling with the uncertainties created by the loss of United States funding. The Joint Programme is working with countries to implement financial reforms and strategic actions to expand the fiscal space for increased domestic investments in HIV.

37. While a key element of sustainability, financing is only one piece of the picture. Sustainability will require markedly greater progress in grounding HIV responses in principles of human rights and gender equality and in supporting and enabling community-led responses.

### **Data for impact**

38. The Joint Programme remains the custodian of the most comprehensive, up-to-date repository of strategic information on HIV, which are critical for monitoring commitments countries have made in the Political Declaration. Disaggregated data – by sex, age and other characteristics – play a critical role in focusing and sharpening HIV responses. Global partners such as the United States President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria and leading philanthropies, as well as countries themselves, use UNAIDS data to guide accountability and investments. UNAIDS data are readily accessible online in a user-friendly platform (<https://aidsinfo.unaids.org>) and summarized in flagship reports such as the annual Global AIDS Report and World AIDS Day Report.

39. The UNAIDS HIV epidemiological estimates are produced by countries every year to summarize the status of the HIV epidemic. UNAIDS compiles these estimates from 172 countries, representing 99 per cent of the world's population. Among the 172 countries, the secretariat provides direct support to 140 countries to ensure that they have sustainable capacity to develop national HIV estimates. An additional 39 countries are supported to develop subnational HIV estimates.

40. One of the critical responsibilities of UNAIDS is to collaborate with partners to identify a set of global targets that countries adopt to move towards achieving the Sustainable Development Goal to end AIDS as a public health threat by 2030. These targets incorporate the best evidence-based actions to reduce new HIV infections and

AIDS-related deaths, with progress monitored through the Global AIDS Monitoring framework. In 2024, new targets were identified to be reached by 2030.

41. Gender assessments carried out in 16 countries in the biennium 2023–2024, combined with the efforts of UN-Women to build the gender capacity of national AIDS coordinating bodies (27 countries in 2024), have aided countries in devising and implementing national responses that meet the needs of women and girls and address the pandemic's gender dimensions. ILO summarized evidence and best practices on HIV-sensitive social protection. In 2024, UNESCO developed two major studies to highlight and clarify the benefits of comprehensive sexuality education, and WHO published a research toolkit to accelerate the inclusion of pregnant and breastfeeding populations in research on HIV treatment and prevention.

### **Sound, inclusive governance and accountability**

42. The UNAIDS Programme Coordinating Board remains the primary global forum for multisectoral accountability in the global HIV response, with the unique participation of the non-governmental organization delegation. It also serves as an exceptional advocacy platform, with every Board meeting including a full-day thematic segment focusing on a key issue or aspect of the global HIV response. The modus operandi of the Board is to call on its members, including co-sponsors and national representatives, to disseminate the Board's decisions to other Executive Boards of the United Nations system, aiding in amplifying the impact of those decisions across the United Nations and further enabling the input of civil society into the work of the system.

43. Communities are an essential component of a long-term, inclusive and effective multisectoral HIV response. The decision by the Economic and Social Council to include civil society – including people living with HIV – in the governance structure of the Joint Programme has enabled communities to feed strategic information into HIV global decision-making and shape the AIDS response by keeping people at the centre and grounding the response in principles of human rights and gender equality.

44. The Programme Coordinating Board held four meetings in the biennium 2023–2024. In December 2024, the Board, with Kenya as chair, convened in Nairobi. The meeting was preceded by field visits that enabled all Board members and observers to experience and obtain first-hand information on the work of the Joint Programme at the country level. The Board visited harm reduction services in the Ruiru Medically Assisted Therapy Clinic within the Kenya Prisons Service Training College; HOYMAS, a Kenyan community-based organization established by male sex workers living with HIV; the sex worker-led Bar Hostess Empowerment and Support Programme; the Mathari Medical Assisted Therapy Clinic, providing opioid agonist therapy and comprehensive health services; the MAONO Africa Centre for Transformation, which promotes HIV prevention among young people and children in informal settlements; and the Gender Violence Recovery Centre. The Board emphasized the usefulness of field visits to gain a comprehensive understanding of national HIV responses, allowing members to engage directly with local HIV initiatives led by communities within the national response and grasping the role of the Joint Programme in supporting these. The visits generate actionable insights for improving HIV interventions focused on vulnerable populations and bolster the Board's strategic decision-making regarding the global HIV response.

45. During its first two years, the UNAIDS Independent External Oversight Advisory Committee held 16 meetings, including regular updates to senior management, and issued two reports to the Programme Coordinating Board summarizing its observations and advice. In its 2024 report to the Board, the Committee noted improvements in strengthening the UNAIDS risk management

culture. The Committee provided valuable advice to the Executive Director and the Board in managing the complex financial environment in 2024 and 2025. In both 2023 and 2024, the Joint Programme received clean reports from its external auditor.

### **Changing financial landscape for the Joint Programme**

46. The achievements of the Joint Programme summarized in the present report for the biennium 2023–2024 were made on the basis of the Programme Coordinating Board approved core budget and workplan of \$187 million annually. However, given continued reductions of availed core funds, UNAIDS presented an annual operating budget of \$160 million for 2024 against core funding projections of \$149 million. The Board endorsed proposals by UNAIDS management to close the funding gap in 2024 by drawing on the fund balance and bringing it into alignment with the minimum level agreed by the Board, and authorizing a one-time transfer to the fund balance from the overfunded after-service health insurance obligations.

47. Projected funding shortfalls for 2025 are set to further reduce the capacity of the Joint Programme, with impacts on both co-sponsoring agencies and the secretariat. Within the UNAIDS secretariat, there are plans under way to substantially reduce UNAIDS secretariat staffing and country offices. Funding shortfalls have also reduced the capacity of co-sponsors, with many undergoing processes to reassess, realign and rationalize an already much-reduced HIV capacity as a result of reductions in funding allocations to co-sponsors and the inability of the co-sponsoring institutions to avail further core funds from their own resources given the much-changed global funding environment.

## **IV. Review of the UNAIDS operating model**

48. The shifting context and underfunding of the Unified Budget, Results and Accountability Framework prompted the Programme Coordinating Board to request the Executive Director and the Committee of Cosponsoring Organizations to revisit the Joint Programme's operating model, with the aim of ensuring that UNAIDS remains sustainable, resilient and fit for purpose. The UNAIDS operating model was last revisited in 2017.

49. To implement the Board's request, the Executive Director and the Director-General of the International Labour Organization (on behalf of the Committee of Cosponsoring Organizations) convened a High-level Panel on a resilient and fit-for-purpose Joint Programme in the context of the sustainability of the HIV response. The Panel brought together diverse stakeholders, from diverse member States across all regions and representing both donor and programme member States, representing the multisectoral nature of the HIV response. It also included representatives of communities affected by HIV, resident coordinators, academia, the private sector and the Global Fund to Fight AIDS, Tuberculosis and Malaria. It worked collaboratively in virtual and hybrid meetings from October 2024 to April 2025. The Panel considered the evolution of the AIDS pandemic and the global HIV response, evolving country needs and priorities, and how to best respond to them in a changing aid and development context.

50. During the Panel's fact-finding and deliberations, the above-mentioned major disruptions of early 2025 occurred. At the request of the co-convenors, the Panel considered various scenarios arising from that context.

51. The Panel endorsed the multisectoral approach of the Joint Programme and recommended its continuation with a pared-down secretariat and co-sponsoring agency structure through 2030. The Panel found that the trajectory of the AIDS

pandemic had been substantially affected by recent disruptions and recommended the Joint Programme plan for both continuing progress and the very real possibility of a resurgent pandemic. In a challenging financial environment, the Panel found that there was still a viable structure within a reduced budget envelope and that, while considering alternatives, it was best to continue both a secretariat and co-sponsor structure to seek to address and mitigate the current challenges and seek to reach the 2030 goals. It also recommended a significant review of progress at a midpoint to 2030 to consider how to sustain the AIDS response if there is neither a cure nor a vaccine.

52. In the light of the financial environment, the Panel recommended a significant revision of the operating model, with a smaller secretariat and differentiation between a small number of “lead” co-sponsors along with “affiliated” co-sponsors, with only the former receiving core funding. Recommending a laser-like focus on HIV prevention and HIV response sustainability, the Panel proposed that the secretariat focus on the four core functions of leadership; convening and coordination; accountability, through data, targets, strategy, sustainability/resource mobilization; and community engagement, and that co-sponsors step in to fill gaps in accordance with their respective mandates and on the basis of their capacity. The Panel recommended that a presence on the ground be preserved wherever possible in countries, using a typology to design a new way to support countries facing a high burden of HIV or complex epidemics. The Panel recommended efforts to intensify and broaden partnerships, with the aim of transitioning roles and responsibilities as strong capacities are built. The Executive Director and Committee of Cosponsoring Organizations are considering the Panel’s recommendations and will provide a formal response and presentation to the Programme Coordinating Board at its June 2025 meeting.

53. The transformation of UNAIDS is also being guided by the UN80 Initiative and by the state of the epidemic. On that basis, the Joint Programme is drawing up plans to merge key functions, eliminate duplication and streamline implementation. In approximately 40 per cent of current programme countries, it is expected that co-sponsoring agencies can fully take over the leadership and coordination of the work of the Joint Programme. In half of the other countries, the support model can shift and UNAIDS secretariat presence can merge with the resident coordinator’s office to continue to provide multisectoral United Nations coordination and leadership in contexts where that remains urgent in a streamlined manner. Based on analysis of the epidemic and response, where a more significant multisectoral response remains essential, UNAIDS will expand the use of multi-country offices and strategic teams capacitated to respond to the specific needs of countries. Those changes, while not without cost to capacity, are expected to maximize impacts while reducing transaction costs.

54. Further changes to its operating model, discussed and agreed by the Programme Coordinating Board, will be made after a review in 2027 and presented to the Economic and Social Council.

55. It is anticipated that the changes to the operating model will result in substantial changes in the Joint Programme’s resourcing, programming, partnerships and governance. The development of the new operating model is one of three converging processes guiding the transformation of the Joint Programme for the next phase of its work, along with the development of the next Global AIDS Strategy, with clear targets for 2030, and the restructuring of the UNAIDS secretariat in 2025. This restructuring is being implemented immediately to ensure the financial viability of the Programme.

## V. Towards 2030: strategic directions for the Joint Programme

56. The importance of a genuinely multisectoral response to HIV – the original reason the Economic and Social Council created the Joint Programme – remains as vital as ever. To ensure that the life-saving therapeutic and preventive technologies achieve their desired impact, focused efforts are essential to remove the social and structural barriers that make people vulnerable to HIV and reduce people's ability to have access to the services they need. Supporting community-led HIV responses is central to achieve the goal of ending AIDS as a public health threat and sustaining the response beyond 2030.

57. Strengthened global solidarity and proactive country measures towards a sustainable HIV response are essential to ensuring that HIV remains a public health priority rather than an international health security emergency, as it was in 2000 and 2011 when the pandemic was a matter of deliberation at the Security Council.<sup>5</sup>

58. The development of a new Global AIDS Strategy for the period 2026–2031 presents a critical opportunity to position the Joint Programme strategically to address new challenges and close persisting gaps in the HIV response. While this new Strategy builds on the midterm review of the current strategy, it will be implemented in a very different political and financial environment, as the global solidarity that has been a cornerstone in the global response is now being redefined. Greater country ownership and community leadership will be even more important to ensure sustainability.

59. A new Unified Budget, Results and Accountability Framework will be developed to provide the blueprint for the Joint Programme to implement the new Strategy beginning in 2026. The scenarios regarding the availability of core resources for the Joint Programme for 2026 are sobering, with a projected level of income at less than half of the 2024 level. The Joint Programme will support country responses with a markedly diminished capacity but will still be viable to lead on the objectives set out in the founding Economic and Social Council resolution 1994/24.

60. As set out in the 2021 Political Declaration, the General Assembly should review progress on commitments made at a high-level meeting in 2026 that will provide a historic opportunity to recommit to ending one of the most devastating pandemics in history, accelerating the transition to national self-reliance, strengthening community-led action and ensuring equal access to health innovations.

## VI. Recommendations

61. **The Economic and Social Council may wish to consider the following actions:**

(a) **Recall that HIV was – 29 years ago, at a moment when the pandemic was out of control and growing exponentially – the first public health emergency that mobilized and united the international community, Governments, civil society organizations and partners to take coordinated action with the support of a unique Joint Programme, and that this exceptional multisectoral approach and partnership has saved 24 million people;**

(b) **Express concern that, while major HIV prevention, treatment, care and support gains have been achieved, new HIV infections and AIDS-related deaths are not declining fast enough to achieve the 2030 targets outlined in the 2021 Political Declaration; express deep concern that the number of people**

<sup>5</sup> See Security Council resolutions [1308 \(2000\)](#) and [1983 \(2011\)](#).

acquiring HIV is rising in at least 28 countries, that 630,000 people died of AIDS-related causes in 2023 alone and that an estimated 9.3 million people living with HIV still lack access to treatment; and call for urgent action by countries to resource and scale up evidence-based HIV prevention, testing, treatment and care services and to ensure that they reach the people who need them the most, including key populations, women and girls, in particular adolescent girls and young women and children;

(c) Express grave alarm over the acute funding crisis for the HIV response, including for the work of the Joint Programme, and the failure to achieve the 2021 Political Declaration commitment to enhance global solidarity and increase annual HIV investments in low- and middle-income countries to \$29 billion by 2025; and stress the urgent need, in the face of the greatest systemic shock and disruption of HIV programmes in the history of the global HIV response, for continued global solidarity to end AIDS as a public health threat and in contribution to the achievement of the Sustainable Development Goal target;

(d) Reaffirming the essential role of the Joint Programme in supporting countries to respond to HIV, welcome the recommendation of the Executive Director and the Committee of Cosponsoring Organizations, on the basis of the recommendations of the High-level Panel on a resilient and fit-for-purpose Joint Programme in the context of the sustainability of the HIV response, that the Joint Programme sharpen its focus on HIV prevention and AIDS response sustainability, support national Governments and civil society in ensuring the sustainability of HIV services and deepen partnerships with other multilaterals, in particular regional institutions;

(e) Commending country ownership of the HIV response, urge countries to accelerate efforts to sustain the HIV response, through increased domestic investments and service integration and by matching the response to national, subnational and community needs;

(f) Reaffirming the central role that communities have played in the HIV response, recommit to sustaining the Greater Involvement of People living with HIV and AIDS principle, to retaining communities at the centre of national AIDS responses, as supported by the Joint Programme – including by allocating a greater proportion of domestic investments to community-led HIV responses, and to ensuring fair and equal access to health innovations that are critical to end AIDS as a public health threat by 2030;

(g) Support the Joint Programme's focus in driving prevention innovation as part of the sustainability of the HIV response while also ensuring accountability for access to treatment, and supporting processes that facilitate integration;

(h) Taking account of the interlinked nature of the Sustainable Development Goals, call for Member States to reaffirm and redouble their commitment and global solidarity to end AIDS as a public health threat by 2030 – an outcome that is now in sight – in the context of accelerating progress across the broad 2030 Agenda for Sustainable Development.