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## Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

*Summary*

This report addresses the implementation of decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. The report focuses on the implementation of decisions from the fifty-third and fifty-fourth Programme Coordinating Board meetings. It also highlights the contributions of UNDP and UNFPA to the HIV response and contains analysis of some of the main issues facing the Joint Programme.

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# I. Context

1. With just five years to 2030, only 17 per cent of the Sustainable Development Goals (SDGs) are on track. Inequalities have widened and development progress is reversing under the compounding impacts of climate change, conflict, various humanitarian crises, shrinking civic space, overlapping energy, food and economic shocks, debt burdens, shrinking fiscal space and pushback on human rights and gender, threatening gains and progress. However, SDG 3 and the global AIDS response offers glimmers of hope and a concrete example of the power of multilateralism to respond to global challenges.

2. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 30.7 million of the 39.9 million people living with HIV globally are receiving life-saving treatment at the end of 2023. While the global target of 35 million people on HIV treatment by 2025 may be within reach, persistent disparities between different regions and populations, and insufficient progress on the 10-10-10 targets, which are critical to achieving and sustaining progress on the 95-95-95 targets, are threatening gains.

3. Despite the progress made, about 9.3 million people living with HIV were not receiving HIV treatment and 2.1 million people were getting treatment but were not virally suppressed. To reach testing, treatment and viral load suppression cascade targets, an additional 5.6 million people living with HIV need to know their status, access antiretroviral therapy, and have viral load suppression. Access to treatment remains especially low in eastern Europe and central Asia and the Middle East and North Africa, where only about half of the 2.1 million and 210 000 people living with HIV, respectively, were receiving antiretroviral therapy. In 2023, almost three-quarters [1] (73 per cent) of people living with HIV (75 per cent of women and 67 per cent of men living with HIV) had suppressed viral loads, enabling them to live long lives and have zero risk of transmitting HIV sexually.

4. The success of HIV treatment has led to a rise in the average age of people living with HIV. As people living with HIV grow older, they are likely to encounter a growing range of comorbidities, including noncommunicable diseases such as hypertension and diabetes, that require care. Better integration of HIV into other health services is more critical than ever. The estimated 1.3 million new HIV infections in 2023 were the fewest in decades, with the declines especially strong in regions with the highest HIV burden and where there is significant coverage of treatment. For the first time, more new infections occurred outside sub-Saharan Africa.

5. While major declines in new infections are cause for hope, these gains must be sustained. Progress on HIV prevention has stalled in the rest of the world, where people from key populations and their sex partners continue to bear the disproportionate burden of HIV. Key populations and their sex partners, accounted for an estimated 80 per cent of new infections outside sub-Saharan Africa and 25 per cent of new infections in sub-Saharan Africa in 2022. Globally at least half of all people from key populations are not being reached with HIV prevention services.

6. Despite the significant advances in prevention technologies such as pre-exposure prophylaxis (PrEP), coverage of PrEP remains low. In 2023, more than 3.5 million people received PrEP at least once. Over 75 per cent of these (2.6 million) were in the African region. While the number of people who received PrEP increased by 35 per cent between 2022 and 2023, these numbers are still below the target of 10 million people using PrEP by 2025.

7. The 10-10-10 targets which call for reductions in stigma, discrimination, gender-based violence and punitive laws and policies for people living with HIV and affected by HIV are critical to achieving and sustaining the gains of the AIDS response, including the 95-95-95 prevention and treatment targets adopted by Member States in the *2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*. Persistent barriers to achieving these targets include widening inequalities and major funding gaps. Overall investment in societal enablers and achieving the 10-10-10 targets remain low.

8. In 2023, $19.8 billion was available for HIV programmes in low- and middle-income countries (LMICs) – well short of the $29.3 billion needed by 2025. Adjusted for inflation, this is the lowest level

[1] In 2023, approximately 86% of people living with HIV worldwide knew their HIV status in 2023. Of these, approximately 89% were receiving antiretroviral therapy, and 93% of these had a suppressed viral load. The urgency is now – AIDS at a crossroads.

of funding in over a decade. While domestic resources, which served as a primary driver of the increase in HIV resources, represented 59 per cent, this level continues the declining trend over the past four years. Even more concerning are the growing pressures on countries and their ability to sustain and scale their HIV responses presented by compounding crises and conflicts, the climate crisis, polarization, the pushback on human rights, gender equality and civic space and widening inequalities more broadly, underscores the importance of developing robust multidimensional sustainability road maps for national HIV responses.

9. The 53rd and 54th Programme Coordinating Board (PCB) meetings were held in December 2023 and June 2024, respectively. Key issues of particular relevance for UNDP and UNFPA during these meetings included the establishment of a High-level panel (HLP) on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response and discussions within the June PCB Thematic Segment focused on Sustaining the gains of the global HIV response to 2030 and beyond, and follow up to the thematic segment on "*Priority and key populations, especially transgender people, and the path to 2025 targets: reducing inequities through tailored and systemic responses*".

10. The present report also includes highlights of results achieved by UNDP and UNFPA in addressing HIV in the context of their work supporting countries to achieve the SDGs and the pledge to leave no one behind and reach the furthest behind first. Detailed results for both organizations are available in the UNAIDS unified budget, results and accountability framework (UBRAF) 2022-2023 performance monitoring reports. The oral presentation at the first regular session 2025 will include a synopsis of decisions and recommendations from the 55th PCB meeting, as well other relevant updates.

# II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

*High-level panel (HLP) on a resilient and fit-for-purpose UNAIDS Joint Programme*

11. At its 53rd meeting in December 2023, the UNAIDS PCB requested "the Executive Director and the Committee of the Cosponsoring Organizations to continue to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, by revisiting the operating model, supported by external expert facilitation and through appropriate consultations, including with the PCB members and participants, reporting back at the June 2025 PCB meeting with recommendations which take into account the context of financial realities and risks to the Joint Programme and relevant recommendations of the Joint Inspection Unit, recognizing the importance of the findings of the mid-term review of the Global AIDS Strategy and development of a long-term strategy to 2030 and beyond, in aligning the Joint Programme". [2]

12. The High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response, convened by the UNAIDS Executive Director and the Director General of International Labor Organization (ILO) as the incoming Committee of Cosponsoring Organizations (CCO) chair, comprised of a range of experts from government, civil society, academia, and private sector, with Cosponsor and UNAIDS Secretariat representatives serving as resource persons, will consider the global AIDS response, and evolving country needs and priorities, within the overall context of the Joint Programme's mandate as articulated by the Economic and Social Council (ECOSOC).[3] Expected output is recommendations to the UNAIDS (CCO) for a resilient and fit-for-purpose operational model for the Joint Programme that evolves to meet the current political, social,

[2] See PCB 53 decision point 6.5.

[3] UNAIDS is mandated, by ECOSOC resolution 1994/24, to (a) Provide global leadership in response to the epidemic; (b) Achieve and promote global consensus on policy and programmatic approaches; (c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level; (d) Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level; (e) Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions; (f) Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

economic and epidemiological context as well as reinforces political and financial support for the global AIDS response and the Joint Programme.

13. With declining resources for HIV and shifts in political and programmatic priorities including to address compounding crises and conflicts, the climate crisis and widening economic and social inequalities, there is a need to consider stronger integration of HIV into health and development programmes with a view to enhancing sustainability of HIV responses. A multistakeholder Joint United Nations Programme on HIV/AIDS, which galvanizes the capacities of Cosponsors and a Secretariat, is an existing investment and infrastructure which must be optimised to support countries on the path to ending AIDS as a public health threat by 2030 and leaving no one behind.

14. The Joint Programme and its operating model have evolved considerably in terms of capacities and resources since its establishment in 1994, as has the HIV pandemic. Over the last few years and at a time when more resources are needed for HIV, there has been a steady decline in capacities and resources of the Joint Programme, including the resources raised by the Secretariat for the Unified Budget, Results and Accountability Framework (UBRAF), which has placed significant stress on the Joint Programme and its operating model. In October 2024, the UNAIDS Secretariat announced a $10 million reduction in the projections for core resources for 2025 to $150 million. This is $60 million lower than the PCB approved ceiling core budget of $210 million. At the same time, non-core resources raised by the UNAIDS Secretariat have been increasing. This continues the trend of the last few years of a larger reduction in Cosponsor capacities and flexible UBRAF resources, as compared to those of the UNAIDS Secretariat.

15. The HLP will examine issues of resource allocations and mechanisms within the UBRAF for funds raised by the UNAIDS Secretariat as well as be open to the possibility that further and more fundamental evolution within the parameters of the 1994 ECOSOC resolution establishing the Joint Programme may be needed.

16. The first meeting of the HLP in October 2024 provided a high-level framing including proposed deep dives on partnership, programming and resource mobilization and allocation to inform further discussions and recommendations and presented at the June 2025 PCB in response of the PCB decision point of December 2023.

*Sustainability of the HIV Response*

17. Accelerated progress is needed to meet the globally agreed 2025 targets of reducing the annual number of new HIV infections to fewer than 370 000 and AIDS-related deaths to fewer than 250 000. Sustaining results beyond 2030 will require continuity of services for tens of millions of people living with HIV, innovation and scaling rights- and evidence-based prevention and enabling environments.

18. Galvanizing political commitment and investment to end AIDS as a public health threat by 2030, and driving coordinated, multisectoral programmatic action in these next five years, will be critical for saving millions of lives and realizing the full benefits of the more than four decades of the response – as well as the many billions of dollars invested.

19. Most countries still lack adequate HIV programmes for key populations, and many maintain laws and policies that make it difficult if not impossible for these populations to access HIV and other vital services. Many countries are yet to deploy people-centred, precision prevention approaches that can reduce the risks and vulnerabilities associated with acquiring HIV. [4]

20. Economic and other inequalities, along with stigma and discrimination, continue to fuel the pandemic and undermine HIV prevention, treatment and care. Sustained inroads against the pandemic require reaching the 10–10–10 targets that set out to remove the social and legal barriers to an effective HIV response, including ending criminalization negatively affecting people living with HIV and key populations and impeding their access to HIV prevention and treatment. As previously noted, levels of financing for the HIV response have decreased in recent years, leading to a widening funding gap, particularly in low- and middle-income countries.

21. Sustainability includes processes of continuous improvement that require immediate, medium-term, and long-term actions, including meeting the 2025 targets, maintaining progress through 2030,

[4] See https://www.unaids.org/en/resources/documents/2024/2023-global-hiv-prevention-coalition-scorecards-key-findings.

and ensuring momentum for a sustainable post-2030 response. Agility and creative collaboration in HIV responses are needed to deepen focus on equity and community involvement. There is a need for integrating HIV services with other health issues and data-driven approaches to anticipate future HIV trends and address prevention gaps towards a comprehensive approach to HIV, addressing social and economic determinants, ensuring enabling environments and country ownership, and promoting sustainable financing mechanisms.

22. The current context and fragility of gains underscore the urgency of accelerating progress to reduce costs. During the June 2024 PCB, all stakeholders emphasized the need for a simplified definition of sustainability and a clear pathway for countries to reach the target of ending AIDS as a public health threat by 2030 combining prevention and treatment, ensuring enabling environments and allocating resources effectively. Continued support for a fit for purpose Joint Programme, the Global Fund and President's Emergency Plan for AIDS Relief (PEPFAR) is crucial until countries achieve financial and programmatic sustainability of their national HIV responses.

23. In line with SDG commitments, the elements necessary for a sustained HIV response to end AIDS as a public health threat by 2030 and beyond include: (a) people-centred services and systems grounded in evidence, science and human rights which enhance access to HIV prevention and treatment; (b) an enabling environment that allows for multilevel, multisectoral responses and resources; and (c) leaving no one behind.

24. Evidence shows that societal enablers are required to support equitable, accessible and high-quality HIV services that leave no one behind and strong community leadership and engagement. Country and community efforts to remove harmful laws, including those that criminalize HIV and key populations are essential for achieving the 10-10-10 and 95-95-95 targets and sustainability as is the reduction of HIV-related stigma and discrimination for people living with, at risk of and affected by HIV and to ensure that key populations and young people are reached with services that they need.

25. Efficient and effective health and social systems capacitated and inclusive communities, human rights including gender equality, equity in technology access, financing and political will are also needed to accelerate progress and sustainability of the HIV response in order to end AIDS as a public health threat by 2030.

26. Follow up is reported in section III on transformative results achieved by UNDP and UNFPA.

# III. Transformative results achieved by UNDP and UNFPA

27. The following section highlights the key achievements of UNDP and UNFPA support to countries in implementing the 2030 Agenda for Sustainable Development and the commitment to leave no one behind, in partnership with other United Nations entities and partners. In 2023, 148 UNDP country offices and 150 UNFPA offices supported national HIV and health responses.

28. In line with its Strategic Plan, 2022-2025 commitment to scale up work with partners on HIV and AIDS, TB, malaria, emerging health issues and pandemic preparedness, and its role as an integrator, UNDP strengthened integrated policy and programming to reduce the inequalities that drive HIV and pandemics, improve effective governance for HIV and health and build resilient and sustainable systems for HIV and health. This included leveraging key drives of change such as data, digitalization, innovation, youth engagement and working at the intersections of key areas such as climate, health and HIV.

29. UNDP managed 28 Global Fund grants, covering 20 countries, and three regional programmes, covering an additional 14 countries, many of which were affected by protracted conflict, crises, sanctions and other risks. Despite these challenges, the UNDP-Global Fund partnership, which works closely with key United Nations, government and civil society partners, continued to deliver results at scale in support of HIV, tuberculosis and malaria responses, including providing HIV tests to more than 3.1 million people, antiretroviral treatment to 1.68 million people and tuberculosis treatment to 84,000 people.

30. Since 2003, the UNDP-Global Fund partnership has contributed to saving 9.1 million lives and achieve HIV targets, including in some of the most challenging operating environments. Cumulatively, results of the partnership since 2003 include carrying out 65.8 million HIV tests, reaching 1.16 million

pregnant women with prevention of mother-to-child-transmission HIV services, providing care and support services to 918,000 people living with HIV, treating 117.22 million malaria cases, and successfully treating 1.22 million people fortuberculosis. Through its integrated and end-to-end implementation, capacity development and policy support approach, UNDP has transitioned out of 35 countries, handing over Global Fund grants to national entities since 2003.

31. In addition to its role of Interim Principal Recipient of Global Fund grants, UNDP provided support to multistakeholder Country Coordinating Mechanisms (CCMs) in 16 countries, including supporting the effective engagement on key and vulnerable populations in CCMs and Grant Cycle 7 (GC7) processes. For example, in Angola UNDP provided technical assistance to key and vulnerable population groups to engage in GC7.

32. Through its pooled procurement architecture which includes UNFPA and UNICEF, UNDP helped countries achieve savings of $29 million in the procurement of key pharmaceutical products, as compared with budgeted reference prices. Savings are being re-programmed for innovative programmes such as Solar4Health, digital solutions and Smart Facilities for Health which strengthen the climate resilience of health systems, including for pandemic preparedness and response.

33. UNDP supported 65 countries to promote gender equality and address gender-based violence (GBV) in the context of HIV. In the Middle East and North Africa where HIV infections are increasing, UNDP supported the NAWARA network of vulnerable women to develop their first strategic plan and enhanced capacity of their local members on the removal of discriminatory laws and policies which increase HIV risk and vulnerability. UNDP supported Sudan to formulate a Gender Assessment to help GBV survivors access care. Recommendations from the assessment were integrated into Sudan's HIV funding request to the Global Fund. In Grenada, UNDP, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Pan American Health Organization (PAHO) and the United Nations Children's Fund (UNICEF) supported the Government to prepare its Gender-Based Violence Victims' and Survivors' Rights Policy and support capacity-building for first responders from police, justice, health and social sectors to strengthen survivor-centred responses.

34. UNDP supported Liberia to launch the National Gender-Based Violence Accountability Framework, which aims to ensure policies, guidance and resources are in place for key stakeholders addressing GBV. Working in partnership with the Association of People Living with HIV in the Central African Republic, UNDP supported efforts to counter stigma and discrimination experienced by people living with HIV, other key populations and the survivors of GBV. This assisted vulnerable women living with HIV and survivors of GBV to improve their income generation skills.

35. In line with the Agenda 2030 and the pledge to leave no one behind , its UNAIDS Division of Labour leadership on human rights, law, stigma, and discrimination and the Member State approved 10-10-10 targets from the 2021 Political Declaration on AIDS,[5] UNDP supported 96 countries on HIV and tuberculosis-related rights and continued to work with governments, civil society, communities, United Nations entities and other partners to advance the recommendations of the independent Global Commission on HIV and the Law, including on decriminalization which undermines HIV responses. Together with the national partners, the Global Fund, United Nations partners, civil society and communities, UNDP contributed to the efforts of legislators in the Cook Islands to decriminalize consensual sex between men to improve HIV prevention. Together with national partners, UNDP supported Eswatini, India, Kenya, Mauritius, Namibia, Thailand and the Republic of the Congo to advance the rights of key populations, including lesbian, gay, bisexual, transgender and intersex persons (LGBTI+) people for better access to HIV services.

36. Leveraging its mandate in governance, in 84 countries UNDP worked with national institutions, UN partners, civil society and communities on the rights of marginalised and vulnerable people, including LGBTI+ people who are disproportionately affected by HIV. In the Republic of the Congo, UNDP enhanced the capacity of National Human Rights Commission, judiciary, Parliamentarians and civil society on the inclusion and rights of key populations and LGBTI+ people in order to enhance HIV service access. As part of a partnership with the Asia Pacific Forum of National Human Rights

[5] The 10-10-10 targets of the Global AIDS Strategy are defined as follows: by 2025, less than 10% of countries should have punitive legal and policy environments that deny or limit access to services, less than 10% of people living with HIV and key populations will experience stigma and discrimination, and less than 10% of women, girls, people living with HIV and key populations will experience gender inequality and violence.

Institutions, UNDP supported National Human Rights Institutions in Bangladesh, Fiji, India, Mongolia, Myanmar, Nepal, the Philippines, Sri Lanka, Thailand and Timor-Leste on LGBTI+ rights and inclusion. In Panama, UNDP together with UNAIDS and the Office of the High Commissioner for Human Rights supported the Ombudsman's Office to establish LGBTQI Observatory to record human rights violations against LGBTI persons and key populations.

37. UNDP continued to assist regional judges' fora in Africa, the Caribbean and eastern Europe to support the rights of people living with HIV and other key and vulnerable populations to strengthen HIV responses. UNDP supported the Africa Judges Forum to collate and publish the first compendium of African jurisprudence on HIV, law and the rights of key and vulnerable populations and a judicial training resource which provides judges and magistrates with increased knowledge and understanding of law and human rights issues facing people living with HIV, people with TB and key and vulnerable populations affected by HIV and tuberculosis. The eastern Europe Judges Forum issued a statement on criminalization undermining HIV responses and the Caribbean Judges Forum requested additional support from UNDP to enhance capacities on stigma and discrimination experienced by key and vulnerable populations.

38. UNDP continued to work with country, civil society and community partners to support access to justice for people living with HIV and key and vulnerable populations. In Kenya, UNDP assisted the HIV Tribunal to induct new board members, with a focus on strengthening the rule of law and access to justice for people living with HIV, individuals with disabilities and other key populations. In Pakistan, UNDP and the Global Fund supported the establishment legal aid desks in four provinces to improve access to justice for key populations and for people living with or at risk of HIV. In Tajikistan, UNDP national partners and the Global Fund, supported the development of a community-led digital system, Rapid Expert Assistance and Co-operation Teams (REACT), to record human rights violations against people living with HIV and other key and vulnerable populations disproportionately affected by HIV.

39. With a focus on integration and sustainability and leveraging its mandate on poverty reduction, UNDP worked with partners in 31 countries to strengthen HIV-inclusive social protection. In Zambia, UNDP and ILO worked with the National AIDS Council and partners to mainstream HIV in social protection programmes, promoting dialogue on addressing social protection and HIV service gaps for key populations. In Somalia, UNDP supported the integration of recommendations from the HIV Sensitive Social Protection Assessment (2022) into Somalia's HIV GC7 request to the Global Fund, which led to funding to register all people living with HIV on the federal Unified Social Register. In partnership with World Food Programme and civil society, UNDP supported social protection programmes in the Dominican Republic on key population, including through representation in the consultative council of the Social Cabinet and modifications of the social protection registry to include key population considerations. UNDP also supported UNAIDS and partners on the development of sustainability road maps.

40. In line with Agenda 2030, UNDP supported efforts on private sector engagement in leaving no one behind. In China, UNDP & ILO continued their collaboration on LGBTI+ inclusion in the private sector and diversity in the workplace. Through its Business and Human Rights Initiative, in Thailand UNDP amplified the leadership and experience of more than 10 prominent corporations at the forefront on advancing diversity, equity and inclusion of LGBTI+ people in the workplace, leveraging the experiences and sharing knowledge through the development of a toolkit for businesses.

41. In line with its UNAIDS Division of Labour co-leadership on key populations and data from 2023, which shows that the majority of new HIV infections are now in key populations and their sexual partners, UNDP supported 97 countries to work with and for key populations, including work with UNFPA and UNICEF on young key populations. This included the innovative SCALE Initiative which supports key population led efforts to remove the structural barriers that impede access to HIV services and achieving the 95-95-95 and 10-10-10 targets, in partnership with the Global Fund, UNFPA, United Nations Office on Drugs and Crime (UNODC), UNAIDS Secretariat, United States Agency for International Development (USAID) and community partners. UNDP awarded grants to 44 national key population organizations in 21 countries for key population-led responses to counter stigma, discriminatory laws and HIV-related criminalization that undermines HIV responses. These grants focused on strengthening key population leadership, expanding partnerships, and increasing solidarity at and across local, national, and regional levels, including for example through the establishment of the Eastern Europe and Central Asia (EECA) 10-10-10 Task Force.

42. UNDP also strengthened data and evidence base on human rights, law and key populations. UNDP worked with the Global HIV Prevention Coalition to better integrate the removal of social and structural barriers impeding combination HIV prevention. UNDP and UNAIDS updated guidance on preventing and responding to HIV-related human rights crises. UNDP also published an *Evidence review on pathways to achieve the 10-10-10 targets and Spectrum: a tool for key population led law and policy reform.* Building on the nationally led pilots of the LGBTI Inclusion Index, UNDP implemented a second phase of the LGBTI data collection initiative to enhance national capacity in data collection on LGBTI+ inclusion in Ecuador, Georgia and Vietnam. Building on the UNDP and UNAIDS *Guidance on the rights-based and ethical use of digital technologies in HIV and health programmes*, UNDP developed a user-friendly toolkit for countries and communities.

43. UNDP supported countries to introduce and scale up oral PrEP among key populations in Burundi, Colombia, Cuba, Kyrgyzstan, Pakistan, Republic of Congo, Tajikistan and Zimbabwe. In Pakistan, with support from the Global Fund, UNDP partnered with local community-based organizations, government, and World Health Organization (WHO) to support PrEP delivery through networks of peer outreach workers and drop-in centres. In Colombia, the government was assisted to introduce a digital solution to scale up PrEP: the PrEP-Colombia.org platform, which combined with training on combination prevention, reached more than 20,300 people. In Pakistan UNDP worked with WHO and FHI360 on a digital health platform where key populations can get health information, request HIV tests delivered, and schedule appointments to initiate PrEP.

44. Building on guidance developed with the Global Fund and Partnership in Health on social contracting for non-governmental organizations (NGOs) to provide services for key populations and vulnerable groups, UNDP convened countries from eastern Europe, central Asia and Arab States to share experiences and knowledge on social contracting. Recommendations contributed to Algeria, Morocco and Tunisia's Global Fund GC7 funding requests, to strengthen HIV prevention for key populations.

45. UNDP supported 90 countries on improving access to health technologies. For example, by partnering with the governments of Kazakhstan, Malawi, Ukraine and the United Republic of Tanzania, UNDP supported governments on various aspects of national legislation and regulatory and policy reform to increase access to medicines, local production and technology transfer. UNDP worked with WHO on an issue brief for access-oriented technology licensing and UNDP published a working paper on using competition law to promote access to insulin, noting that people living with HIV are 2-4 times higher risk of diabetes.

46. Using an integrated approach, UNFPA is working to strengthen awareness and programming on sexual health and wellbeing as a key approach for HIV/STI prevention, a foundation for reproductive health and core elements of the comprehensive sexual and reproductive health and rights (SRHR) package. Over 2022-2023 UNFPA programmes contributed to 264,000 new HIV infections averted, 31.2 million unintended pregnancies prevented, and 11.5 million sexually transmitted infections averted, demonstrating significant impact in advancing global sexual and reproductive health rights (SRHR) as an effective means to address the HIV epidemic. In advancing universal health coverage, UNFPA country offices report that 74 per cent of countries successfully integrating sexual and reproductive health (SRH) into their universal health coverage-related policies.

47. Within the UNAIDS Division of Labour, UNFPA is a leader on HIV prevention and SRHR integration. As co-Convenor of the Global HIV Prevention Coalition (GPC), UNFPA helped refine the GPC structure and expansion to 38 focus countries. GPC countries achieved a 41 per cent reduction in new HIV infections compared to a 6 per cent reduction in non-GPC countries between 2016-2023. Additionally, the South-South Learning Network facilitated skills transfer, mentoring and diverse learning approaches, demonstrating significant progress on HIV prevention among participating countries. Nationally, agreed HIV prevention priorities in 17 countries in the ESA region were utilised to inform resource mobilisation processes through Global Fund GC7 funding requests under windows 1, 2 and 3 and PEPFAR annual planning, among others.

48. UNFPA provided technical and/or financial support to the domestication of global HIV prevention priorities and target processes, including the development for standalone HIV Prevention Roadmaps in the Democratic Republic of the Congo, Ethiopia, Madagascar, Mozambique and Zambia, integration of HIV prevention targets into National HIV Strategic Plans in Namibia and Zimbabwe and development of HIV Prevention Acceleration Plans as done in Kenya.

49. With strong emphasis on promoting innovation, UNFPA fostered innovative approaches to engage young people on sexual and reproductive health and rights, particularly out-of-school youth and those in remote areas thereby improving SRH knowledge and health. At the global level, UNFPA Innovation's *Equalizer Accelerator Fund* carried out four innovation challenges, investing $1.5 million in 28 women-led and youth-led social enterprises and teams, including young persons with disabilities, from 23 countries. This positively impacted over 600,000 women and young people, improving their health and well-being, especially in sexual and reproductive health. At the regional and country level, UNFPA carried out hackathons, seed funding, and mentoring for start-ups, nurturing young innovators to create impactful solutions. Over 1.2 million youth were reached via online platforms supported by UNFPA, while more than 3,000 parents, guardians, and community members participated in community dialogues. Additionally, the use of telemedicine, HIV self-tests, peer support groups on WhatsApp, mobile clinics, door-to-door campaigns, and social media messaging was significantly accelerated to enhance access to SRHR services.

50. Comprehensive sexuality education (CSE) provides young people with a necessary toolkit of knowledge, attitudes and skills to enable them to protect and advocate for their health, well-being and dignity. UNFPA provided support for CSE in over 70 countries, contributing to the development and implementation of national strategies, policies, curricula, and guidelines in at least 35 of these nations during the biennium. UNFPA delivered training to enhance participants' capacity to plan and implement CSE programs for and with young people living with HIV and from key populations. New priority areas for UNFPA global programmes on in-school and out-of-school CSE include linkages with GBV services and improving access to SRH information and services including for HIV prevention, testing and treatment.

51. Working with national and community partners, UNFPA played a critical role across 15 countries in Latin America and the Caribbean in expanding access to quality out-of-school CSE building the capacity of educators and fostering a youth-friendly environment for informed sexual health decisions. In Bangladesh, UNFPA developed a tailored Life Skills Education curriculum for out-of-school adolescent girls, including components for married adolescent girls. In China, a domestic network of 200 CSE practitioners was established to implement global CSE standards in China. With the support of UNFPA, 209,541 teachers trained on comprehensive sexuality education in the Philippines who then reached over 1,144,800 million in-school learners on comprehensive sexuality education. In Albania, comprehensive sexuality education implementation at national scale reached 85 per cent coverage of schools. UNFPA supported the finalization of the National Multisectoral Action and Accountability Framework (2020-2025) for Ending New HIV Infections among Adolescents and Young People in Uganda.

52. With the Ministry of Education and other partners in the Republic of Moldova, UNFPA launched the "Schools that Inspire" national communication campaign, featuring video materials and articles highlighting schools fostering healthy environments for students, including sexuality education, menstrual health, hygiene management, and refugee inclusion. Additionally, 6,279 girls and boys were reached with out-of-school CSE through the Network of Peer-to-Peer Educators in Vocational Education and Training. UNFPA, in collaboration with UNESCO and higher learning institutions trained 553 pre-service teachers and nurses in comprehensive sexuality education in Namibia. A total of 9046 teachers in Rwanda were trained to deliver quality CSE in line with the national education curricula increasing the number of schools implementing comprehensive sexuality education as per the National Education curricula to 3468 (2847 public schools and 639 private schools). In Senegal with support from UNFPA, a total of 368 schools implemented curriculum content on sexual and reproductive health education, enabling 277,645 adolescents to access information on sexual and reproductive health, sexually transmitted infections (STIs), and HIV.

53. Communities play a critical role in connecting people with HIV services and in reaching key populations affected by HIV with health, HIV and support services as reflected in the 30-60-80 targets for 2025.[6] UNFPA built capacities of civil society organizations to reach various communities. For example, in Ghana, civil society organizations were supported to reach young people through condom

[6] The 30-60-80 targets are defined as follows in the Global AIDS Strategy: 30% of testing and treatment services to be delivered by community-led organisations, 60% of programmes to support the achievement of societal enablers to be delivered by community-led organisations, 80% of service delivery for HIV prevention programmes for key populations and women, to be delivered by community, key populations and women-led organisations.

activation campaigns in tertiary institutions in the Greater Accra, Upper East, and Volta Regions increasing focus on HIV and STI prevention reaching approximately 1,736 young people. In addition, over 3,000 people were reached at the decentralized level through the provision of SRHR information, including HIV prevention to young people and communities in general.

54. Through UNFPA advocacy and technical support, priorities for key populations have been integrated in successive national HIV strategic plans, urban centre HIV frameworks, the National HIV Prevention Roadmaps and the health sector HIV strategies. In Uganda, UNFPA has promoted coordination of multisectoral interventions for key populations at the Uganda AIDS Commission through the Most At-Risk Populations Initiative (MARPI) Steering Committee, a space where key populations groups interact with policy and programming decision makers. Up to 80,000 key population individuals receive a comprehensive package of sexual and reproductive health and HIV services, as reported by the PEPFAR-supported Ministry of Health data system.

55. In 2023, UNFPA expanded its programming for key populations in East and Southern Africa (ESA), focusing on sex workers' health and welfare. UNFPA, UNDP, ILO, UN-Women, and the International Organization for Migration (IOM) with sex workers and civil society published comprehensive guidance.

56. In Myanmar, UNFPA supported 79 outreach awareness sessions reaching 432 young key population individuals. In Tajikistan, HIV prevention training was conducted for representatives of key population groups, including sex workers and men who have sex with men, in four targeted regions of the country resulting in a significant increase in awareness among key population representatives regarding HIV infection and STIs, along with measures to prevent them.

57. Ending vertical transmission of HIV and reaching triple elimination of HIV, syphilis and hepatitis B requires a coordinated approach in programmes that address maternal, newborn and child health. As part of the Asia-Pacific Elimination of Mother-to-Child Transmission Regional Roadmap, UNFPA supported countries, including Bangladesh, Cambodia, Indonesia, India, Iran, Timor Leste and Viet Nam, to integrate HIV and syphilis testing into antenatal care services. Several of these countries also advanced upstream efforts by addressing contraception access for women living with HIV, sex workers, and other at-risk women, helping to reduce unplanned pregnancies.

58. Condoms remain a low-cost multipurpose tool for preventing HIV and other STIs. In 2023, UNFPA continued assisting governments to avert frequent condom stock-outs, exacerbated by the COVID-19 pandemic. The UNFPA CONDOMIZE! Campaign has proven effective as part of a broader HIV education and prevention strategy.

59. Towards strengthening the Youth Friendly Health Services in Angola, UNFPA provided technical guidance to enhance condom programming activities, aligning them with the new HIV National Strategic Plan and the United Nations Sustainable Development Cooperation Framework 2024-2028. In Nicaragua, UNFPA distributed 250,000 condoms to key and vulnerable populations within the SILAIS (Local Systems of Comprehensive Care), with a particular focus on adolescents, youth, and female sex workers. In Botswana, UNFPA in collaboration with the Ministry of Health and Central Medical Stores trained 57 senior officials from 17 of the 18 health districts on supply chain management as a response to the persistent stockouts of reproductive health commodities including male and female condoms. A follow-up training on Last Mile Assurance and Development of National Supply Plans was undertaken to close some of the gaps identified during the training to ensure the availability of commodities across the country. In Eswatini, UNFPA has been instrumental, providing both technical and financial support for the Condom/Family Planning Technical Working Group where strategies were developed to boost condom uptake, including collaborations with other programs to enhance community-level accessibility.

60. Gender based violence has both a direct and in-direct relation to HIV risk and acquisition. UNFPA supported 58 per cent of countries to establish social movements advocating against harmful gender and social norms. 36 per cent of countries had a national mechanism to address discriminatory gender and social norms. Throughout the 2022-2023 biennium, UNFPA led work across the United Nations in addressing technology-facilitated Gender-based Violence (TFGBV). This work included hosting, in collaboration with the Wilson Centre, the first global symposium on TFGBV in November 2022, which convened over 90 representatives from 25 countries, fostering active engagement and dialogue. While a closed event to maintain safety of speakers, the following symposium in 2024, which was open for

registration, attracted over 800 participants. This momentum continued into 2023, with ongoing efforts focused on advocacy and webinar initiatives. Notable outputs included a Guidance on the Safe and Ethical Use of Technology to Address GBV and Harmful Practices (Implementation Summary). As a lead for GBV within the Global Protection Cluster, UNFPA developed a comprehensive three-year plan designed to address the multifaceted requirements for GBV prevention, risk mitigation, and response, while fostering evidence-driven progress. Additionally, 4.2 million people were reached with GBV prevention, risk mitigation and response services in 50 countries. Efforts to improve access to integrated SRHR, HIV, and GBV information and services including engaging men and boys were also carried out in 60 countries.

61. In Mali, with UNFPA support, 80 per cent of regions had at least one centre for the care of gender-based violence survivors, including in humanitarian zones. 719 GBV survivors who were identified and referred to appropriate care services benefited from psychosocial and/or medical care in community-based health structures (such as the Centres de Santé Communautaire and Centre de Santé de référence) and by health workers. Furthermore, more than 2,000,000 condoms were provided to the Pharmacie Populaire du Mali.

62. UNFPA Belarus introduced the practice of considering gender related aspects in provision of HIV related services in the country. Two training modules were designed and launched: (a) on applying gender-responsive approaches in provision of HIV related services, with the specific focus on raising awareness about gender-related drivers of HIV risk; and (b) on provision of essential gender-sensitive services in humanitarian settings. The training modules were rolled out throughout the country, enriching 250 service providers and peer consultants with the knowledge and skills on gender/age/disability-responsive GBV and HIV-related services. As a result, these specialists were able to provide tailored support to women with multiple vulnerabilities, women refugees and migrants arriving to Belarus, including support for those at risk of GBV and HIV infection.

63. In Ecuador, UNFPA supported the development and implementation of national sexual and reproductive health and gender-based violence policies, which includes HIV prevention and care as part of the essential health services. In Uruguay, the decentralization process of HIV prevention policies and LGBT rights was strengthened through subnational governments, with joint support from UNFPA and UNAIDS for the promotion of the rights of vulnerable populations, including the response to stigma and discrimination and the design of evidence-based public policies.

# IV. Conclusion

64. Investments in the AIDS response continue to contribute to broader health and developmentresults . The path to ending AIDS by 2030 requires bold leadership, increased investment and focus, stronger integration and attention to sustainability, South-South collaboration, and robust multi-stakeholder partnerships.

65. Over the past years, in a multitude of high-level meetings and dialogues,[7] Member States have underscored the urgent need to address the current misalignment between financial resources and countries' needs, calling for strong political will, cooperation and solidarity to deliver on commitments. The 2024 Summit of the Future adopted a Pact for the Future that recognizes the importance of inclusivity, equity, accountability, use of evidence, building capacity for preparedness and action, and a 'whole of' approach to cooperation and coordination to address global issues. All of these are hallmarks of the global AIDS response.

66. Evidence shows that finishing the job on HIV necessitates a whole-of-society approach and urgently scaling data-driven, evidence- and rights-based multisectoral HIV programmes and policies. The 2025 AIDS targets and efforts to accelerate and intensify support to countries and communities are critical. A strong Joint Programme, which more strategically connects and leverages the capacities and strengths of Cosponsors and the Secretariat with a fit-for-purpose and resilient operating model that drives the differentiated and focused evidence and rights-based responses, is critical.

[7] For example, The SDG Summit, High-Level Dialogue on Financing for Development, the preparatory Ministerial Meeting for the Summit of the Future, and the three High-Level meetings on Health.

67. UNDP and UNFPA remain committed to the ambition, action and focus that is needed to end AIDS as a public health threat by 2030 and leave no one behind. In 1994, ECOSOC established the United Nations Joint Programme on HIV/AIDS as an innovation to galvanise the capacities and resources of the United Nations to respond to a global emergency. In the current context, the Joint Programme and an evolved fit for purpose, resilient and sustainable operational model is more important as ever.

68. The chronic shortfall in core UBRAF funding poses a critical threat. In the words of the UNAIDS Executive Director in the 2023 report to ECOSOC: "*The Joint Programme's ability to galvanize action to get the HIV response on track has been diminished by a persistent and considerable funding shortfall. Mobilizing the full core funds of the Unified Budget, Results and Accountability Framework is critical to fulfilling global hopes of reaching the 2030 target of ending AIDS as a public health threat*." While the Joint Programme has aspired to deliver in the face of funding and capacity constraints, the persistent inadequacy of core funding affects the ability of the Joint Programme to deliver the results and drive impact as agreed by the Committee of Cosponsor Organizations and the Programme Coordinating Board. Continuing to effectively support countries in achieving the targets of the *2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* is only possible with a fully funded UBRAF and a Joint Programme with a fit-for-purpose, resilient and sustainable operational model.

69. In line with priorities for 2030 and beyond, the recommendations of the HLP need to consider the flexibility and transformative innovation needed for a Joint Programme operational model that is fit-for-purpose, resilient and sustainable, considering factors such as architecture, capacities, funding and roles. UNDP has initiated an internal review of its engagement in the Joint Programme, which will also inform the HLP. At the 58th meeting in November 2024, the CCO focused on the discussions facing the HLP and the future of the Joint Programme and its operational model. This will build on the previous agreements at the 56th meeting of UNAIDS CCO, where the Cosponsor Principals agreed to "*revitalize the Joint Programme, by leveraging its multisectoral and inclusive model as a pathfinder for United Nations reform, fostering more innovative and efficient ways of working and future planning to address inequalities*".

70. Cooperation, inclusion, solidarity, and trust, which are at the heart of effective multilateralism, remain the most impactful approach. As founding Cosponsors of the Joint Programme, UNDP and UNFPA remain fully committed to strengthening the Joint Programme and its operating model to help countries end AIDS as a public health threat by 2030 and sustain the gains, leaving no one behind.