

# Follow-up actions to the 2024–2025 Workplan and Budget (UBRAF)

**Additional documents for this item:** N/A

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

92. *Recall* decision points 6.6, 6.7 and 6.11 from the 52nd meeting of the Programme Coordinating Board in June 2023;
93. *Strongly encourage* donor governments to make renewed commitments to close the ongoing funding gap by fully funding the 2022–2026 UBRAF at the annual level of US \$210 million, including by responding to the recommendations of the Programme Coordinating Board Task Team on the UNAIDS funding situation, as endorsed by the Board at its 51st meeting in 2022;
94. *Take note* of the prioritization agreed to by the Secretariat and the Cosponsors for a projected core funding level of US\$ 160 million; and
95. *Express concern* over the continued loss of capacity across the Secretariat and Cosponsors caused by the current funding crisis, despite the collective and repeated recognition of the importance of the role of the Joint Programme and the Programme Coordinating Board's and the Secretariat's efforts to broaden the donor base and have existing donors increase their contributions.

**Cost implications for the implementation of the decisions:** N/A

## Table of contents

<b>Key messages</b> .....	<b>4</b>
Prioritization .....	4
Implications .....	4
Core/noncore .....	5
<b>Introduction and background</b> .....	<b>6</b>
<b>Context</b> .....	<b>7</b>
<b>Continued need for a Joint Programme towards 2030 and beyond</b> .....	<b>8</b>
<b>Developments in the UNAIDS funding situation—core and noncore funds</b> .....	<b>10</b>
<b>Addressing the funding shortfall through intensified resource mobilization</b> .....	<b>11</b>
<b>Funding scenarios for the 2024–2025 budget</b> .....	<b>12</b>
Tables 1 & 2: Projected 2024–2025 core and noncore UBRAF resources (integrated budget).....	12
<b>Prioritization</b> .....	<b>15</b>
<b>Impact on the Joint Programme of the US\$ 160 million scenario for 2024–2025</b> .....	<b>17</b>
<b>Stabilizing the Joint Programme</b> .....	<b>21</b>
<b>Moving forward</b> .....	<b>21</b>
<b>Draft decision points</b> .....	<b>23</b>
<b>Annex 1: Resource allocation (extract from UBRAF 2022–2026)</b> .....	<b>24</b>
Methodology .....	24
Key principles.....	24
<b>Annex 2: Overview of noncore contributions received by the Secretariat in 2023</b> .....	<b>26</b>

## Key messages

### Prioritization

1. The Joint Programme's strategic prioritization of core resources has greatly intensified since 2015, with a focus on retaining core capacity for its multisectoral coordination role to drive effective HIV responses.
2. Every effort is being made to maintain critical staff capacity across the Joint Programme (globally, regionally and at country level) to enable multisectoral leadership.
3. The Joint Programme remains focused on closing gaps to reach the global AIDS targets, especially for children, adolescent girls and young women and key populations.
4. For 2024–2025, all work will focus on the following four priorities (driven by data and country context):
  - advance progress on HIV prevention;
  - accelerate access to HIV treatment and new health technologies;
  - promote community-led HIV responses, including community-led services and monitoring; and
  - ensure equitable financing and sustaining the response to HIV.
5. Progress will be undergirded by ending HIV inequalities, including gender inequalities, protecting human rights, removing punitive laws, policies and other social and structural barriers, and ending stigma and discrimination.

### Implications

6. Core staff reduction has weakened the Joint Programme's presence, particularly in Latin America, the Caribbean, eastern Europe and central Asia and the Middle East and North Africa.
7. Loss of staff also entails a loss of HIV expertise, institutional memory, capacity and relationships, including those that pertain to achieving progress in critical areas such as gender and emerging, complex human rights issues.
8. Staffing is shifting from international to national country positions (47 new national country positions, comprising 23% of total Secretariat staff, up from 16% previously).
9. The lack of core resources curtails the multisectoral approach which, even if defined differently in the future, is essential to move from an emergency to a sustained approach and to preserve the gains made against the pandemic.
10. For some Cosponsors around 80% of the global allocations and their entire country envelope amounts go to countries for programming. In the case of UN Women, for example, this affects its support to countries to integrate gender equality issues into national HIV responses and donor funding requests.
11. Cosponsor staff tasked with HIV work are being stretched thin and have to cover wider portfolios that are less HIV-specific.
12. For some Cosponsors, fewer dedicated resources for HIV means that HIV becomes less prominent across their various programming areas.
13. A reduction in the number of countries receiving country envelopes (91 to 79 countries) and in the envelope amounts also reduces the number of places where the Joint

Programme can work in a sustained, effective and coordinated manner, including in regions with growing HIV epidemics and complex emergencies.

14. The loss of Joint Programme capacity in countries where the Global Fund awards grants erodes the ability to support Global Fund implementation. Yet the Joint Programme is still expected to play a key role in leveraging its broad cross-section of skills and expertise to mobilize technical resources for countries to successfully apply for Global Fund grants, support grant implementation and track performance for impact.
15. Less support, including funding, is going to civil society from the Secretariat and Cosponsors. That support has been crucial to many community-led organizations that are engaged in vital programming for key and other priority populations. This implies a drop in the number of countries where gender equality and women's empowerment are integrated into national HIV responses and less support for networks of people living with HIV.
16. Three UNAIDS Country Offices and the Middle East and North Africa Regional Office have been closed. The Middle East and North Africa is experiencing growing HIV epidemics in several countries—there were an estimated 17 000 new HIV infections in 2022, a 35% increase since 2010—and the region is increasingly afflicted by conflict and population displacement.
17. Despite significant investment, independent oversight functions—such as evaluation and ethics, and the Independent Expert Oversight Advisory Committee—are not fully resourced in terms of staffing and operational budgets. Recommendations for additional professional positions in the Evaluation Office and the Ethics Office have not been met.
18. There are continued challenges in data collection on key populations, with fewer Cosponsor staff and resources available to contribute to driving progress towards 30–80–60 targets.
19. The Joint Programme has less capacity to deliver on the 10–10–10 targets, which the Programme Coordinating Board has agreed are crucial for reaching the 95–95–95 targets.
20. Longer-term efforts are being compromised, especially in a context of multiple and increasingly complex crises where leveraging political commitment, policy changes and partnerships for sustainability are essential.

#### **Core/noncore**

21. Core resources have varied over time, but a substantial overall decline occurred in 2015, with available core resources (including from the fund balance) decreasing from US\$ 242 million annually to US\$ 187 million.
22. Reduced core funding is a shared reality across the United Nations system, including for UNAIDS Cosponsors.
23. In real terms, taking inflation into account, the US\$ 160 million projection of core UBRAF funding for 2024 represents less than 50% of the core UBRAF resources that were available to the Joint Programme in 2015 (including from the fund balance).
24. Noncore resources are earmarked funds to support several global, regional and country activities and are designated by donors for specific countries or purposes. Noncore funds complement but do not substitute core funds in the context of joint programming.
25. Noncore funds are often linked to highly specific technical areas which may further complicate efforts to ensure a comprehensive programmatic and strategic approach to Joint Programme support for ending AIDS.

26. As core funding has decreased, noncore funding has increased, reflecting a trend across the United Nations system and an growing shift among donors towards earmarked funding. This ultimately will lead to a United Nations that focuses its work around some people in some geographies. More than 80% of noncore resources that are channelled to and through the Secretariat comes from the United States, which is by far the largest funder of the global HIV response and the Unified Budget, Results and Accountability Framework.
27. A significant share of the noncore funds which the Secretariat manages is not actively mobilized. Those funds are earmarked by donors for priority areas that complement the Unified Budget, Results and Accountability Framework, but where their use is determined by other actors such as civil society or national AIDS programmes (see Annex 2). The technical set-asides from major Global Fund donors constitute such funds, with donors setting the priorities for their use and UNAIDS assisting only in achieving optimal use.
28. Some of noncore funds are pass-through funds, for example for resourcing the Robert Carr Fund, which channels resources to community partners.

### Introduction and background

29. At its 52nd meeting in June 2023, the Programme Coordinating Board (PCB) requested that the Secretariat report the following information to the 53rd meeting of the PCB:
  - Scenario planning for the 2024–2025 budget to provide clarity on the prioritized allocation of anticipated revenues against the approved workplan under the current fund projection, the baseline approved budget and the fully funded workplan;
  - An integrated budget with projected core and noncore Secretariat resources to provide clarity on the contribution of all resources towards a fully funded Unified Budget, Results and Accountability Framework (UBRAF) and its implementation, while recognizing the need for sufficient core funds as a predictable source of financing; and
  - An assessment of the impact of insufficient core revenues on execution of the 2024–2025 workplan, and utilize this information in resource mobilization efforts and communication strategies.
30. This request follows the adoption by the PCB of the Global AIDS Strategy 2021–2026, and the approval of the 2022–2026 UBRAF, the UBRAF indicator matrix 2022–2026, and the 2022–2023 and 2024–2025 Workplan and Budget.
31. This paper was prepared in response to those requests (decision point 6.8 at the 52nd PCB meeting) and has been developed by the Joint Programme. The paper has three key objectives:
  - inform the Board that the projected annual core funding for the next biennium (2024–2025) is US\$ 160 million and that it will serve as the basis for prioritization;
  - describe what the consequences of prioritization will be, including outlining the areas where the Joint Programme will not be able to deliver at the global, regional and country levels and showing which work will have to be sacrificed; and
  - provide an "explainer" on the noncore resources that are received and managed by the Secretariat, their roles and the ways in which they complement core UBRAF funding.

## Context

32. Prioritization is not new for the Joint Programme. UNAIDS has consistently and strategically prioritized core UBRAF funding, efforts which greatly intensified after 2015. Prior to that, available core funding corresponded to the PCB-approved core budget and the level of ambition shared by the Joint Programme and the Board. Prioritization since 2015 has focused on keeping the core HIV capacity of the Joint Programme as intact as possible to safeguard its role in providing coordinated, multisectoral leadership of the global HIV response.
33. Since 2016, the Board has pushed the level of ambition for the HIV response in strategies and the UBRAF, balancing this with expressions of concerns about the core funding situation. It has called on current donors to increase their support for UNAIDS and on new donors to engage and broaden the donor base of UNAIDS. While all members of the Board, and particularly people living with HIV represented in the NGO Delegation, agree on the importance and need for ambition, only two of UNAIDS' major donors are projected to provide higher levels of core UBRAF funding in 2024 than in 2015. Three of the top ten donors in 2015 have reduced their core funding to the UBRAF by more than 50%, and one of them no longer provides any core UBRAF funding.
34. The Board approved a UBRAF 2022–2026 framework in 2021 in line with the Global AIDS Strategy (2022-2026) and, more recently, the Workplan and Budget for 2024–2025 at the level of a core baseline budget of US\$ 187 million and a full budget of US\$ 210 million. This represents, respectively, a 23% and a 13% reduction of the approved budget levels for the 2016–2021 UBRAF and of the available core resources in 2015. The current projection for core funding for 2024 stands at US\$ 160. million, representing a 34% reduction compared to 2015.
35. However, when inflation is taken into account (based on data for 2015–2024 from the International Monetary Fund), the real core funding (including from the fund balance) that is projected to be available for the UBRAF in 2024 will have decreased by 52% since 2015. This is a very significant reduction in a relatively short period.
36. The core funding challenge extends across the entire United Nations (UN) system. In the context of the Joint Programme, this limits the capacity of cosponsoring organizations to draw on their own central budgets to compensate for the decline in UBRAF core funding.
37. Core resources are critical for the mission and specific functions of the Joint Programme, Secretariat and Cosponsors. Indeed, the UN Economic and Social Council (ECOSOC) established the Joint Programme to “provide global leadership to the response to the epidemic and 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,<sup>1</sup> which was reaffirmed in a 2023 resolution.
38. Staff are the most important resource across the Joint Programme and this is reflected in the core UBRAF. Personnel accounted for 75% of total core expenditures for the Secretariat in 2022 and for between 65% and 90% for Cosponsor expenditures, since the Joint Programme's ability to deliver depends first and foremost on its staff and their expertise and experience they bring for a coordinated, multisectoral response to HIV. This underscores the critical importance of consistent, predictable core funding. Fluctuations in funding levels lead to staff departures, loss of capacity and institutional memory, and a reduced ability to maintain close relations with key partners and stakeholders. To protect the rights of people living with HIV and those most at risk of HIV

---

<sup>1</sup> [Revised Governance Handbook 2020.pdf \(unaids.org\)](#)

infection, as required by the PCB, the Joint Programme needs to maintain a critical staffing numbers and continuity at all levels — globally, regionally, and at country levels.

39. The Joint Programme is held accountable by the PCB for the implementation of its core functions: normative, policy and technical expertise and support; strategic information and data to guide and monitor evidence-informed national HIV responses; partnership convening and coordination across sectors; mobilizing and guiding domestic and other international resources; social mobilization and community empowerment; and capacity strengthening. These functions require institutional memory and a stable staffing situation, which in turn requires predictable, core resources.
40. In recent years, the importance of sustained institutional capacity, trust and partnerships has become very evident in the context of growing human rights crises that affect the HIV response. Often, the Joint Programme is the only neutral actor who can engage with governments, legislators and law enforcement to protect the rights of marginalized populations. This requires on-the-ground staff with knowledge of local situations and trusted relationships with civil society networks, national authorities and other institutions. This work depends on the availability of predictable and flexible funding.

### Continued need for a Joint Programme towards 2030 and beyond

41. ECOSOC's intention with the establishment of the Joint Programme is the basis for the UNAIDS mission statement which the PCB adopted in 2011. It defines the Joint United Nations Programme on HIV/AIDS as an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. UNAIDS fulfills its mission by:
  - uniting the efforts of the UN system, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;
  - speaking out in solidarity with the people most affected by HIV in defense of human dignity, human rights and gender equality;
  - mobilizing political, technical, scientific and financial resources and holding ourselves and others accountable for results;
  - empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and
  - supporting inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts.
42. That mission has guided UNAIDS in leading the global AIDS community through inclusively developed and ambitious global strategies and targets, and supporting countries and communities as they work towards ending the AIDS epidemic as a public health threat by 2030 as part of the Sustainable Development Goals. UNAIDS's global mission and unique added value at country level is more important than ever. Tremendous progress has been made against the pandemic: HIV treatment averted approximately 20.8 million AIDS-related deaths between 1996 and 2022, and a record 29.8 million of the 39 million people living with HIV globally were receiving life-saving treatment at the end 2022.<sup>2</sup>
43. However, AIDS is far from over. An estimated 1.3 million people newly acquired HIV and 630 000 people died of AIDS-related causes in 2022. An additional nine million people living with HIV are likely to die of AIDS-related causes if they do not receive treatment.

---

<sup>2</sup> [The path that ends AIDS: UNAIDS Global AIDS Update 2023](#)



Stigma and discrimination, human rights violations and other inequalities continue to pose significant barriers to the access and uptake of services. In sub-Saharan Africa, adolescent girls and young women accounted for more than 77% of new infections among young people aged 15–24 years in 2022. Key populations account for less than 5% of the global population, but they and their sexual partners comprised about 70% of new HIV infections.

44. UNAIDS continues to provide global leadership and support to countries, communities, and partners to ensure life-saving HIV services reach all who need them, with respect and dignity. A 2023 MOPAN assessment found that “the UNAIDS Joint Programme has been a trailblazer in terms of both UN joint programming and inclusive governance at global as well as national levels”.<sup>3</sup> The assessment found that the Joint Programme commands major strengths and plays critical roles in the global HIV response.
  - The role of leading “the development of the Global AIDS Strategy effectively and the continued improvement of the UBRaf as a results framework for the UN contribution to the global response”.
  - The ability “to lead an HIV-relevant policy dialogue with member states and for advancing global guidance and norms”.
  - The role as “a key provider of strategic information. The UNAIDS data on the global AIDS epidemiology and response support strategic planning effectively at country level”.
  - The strengths and achievements of the UNAIDS Secretariat and Cosponsors in having “maintained a focus on the social determinants of HIV, including human rights, stigma and discrimination, gender, and other inequalities”.
  - The contributions in providing “leadership on global agreements around HIV, setting and monitoring global HIV targets”.
  - UNAIDS “country implementation support” function, which “successfully supports national governments and civil society partners through joint UN country teams, technical guidance, dedicated funding envelopes, and a Technical Support Mechanism”.
45. The Joint Programme, Global Fund and PEPFAR play different but complimentary roles in the global HIV response. The Joint Programme plays a key role in supporting the Global Fund and PEPFAR by contributing comprehensive data and knowledge to help guide the HIV response. At the country level, the Joint Programme builds partnerships with diverse stakeholders to support country plans, including the parts that are the backbone of Global Fund- and PEPFAR-supported programmes. It also supports accountability mechanisms, including through civil society, and contributes to reaching the 10–10–10 targets through its convening and technical support.
46. In 2023, Member States, through the most recent ECOSOC resolution on UNAIDS, emphasized the continued relevance of the Joint Programme and its coordinated multisectoral approach, “reaffirming the pivotal role of the Joint United Nations Programme on HIV/AIDS, which unites the efforts of the Secretariat and 11 Cosponsors, in galvanizing and supporting multisectoral HIV responses in the context of broader efforts to reach the Sustainable Development Goals and leave no one behind.”<sup>4</sup>

---

<sup>3</sup> [MOPAN report overview\\_EN.pdf \(unaids.org\)](#)

<sup>4</sup> [E/RES/2023/30 \(undocs.org\)](#)

## Developments in the UNAIDS funding situation—core and noncore funds

47. When considering the Joint Programme's financial situation, it is important to fully appreciate the complexity of an arrangement that combines 12 entities through a unique UBRAF, but where each entity also its own organizational results and resource management systems, and flows of core and noncore funds. The categories of funding in the UBRAF can be described as follows:
- **Core funds.** These are intended to fund the core strategic functions of the Secretariat and to provide catalytic funding for the HIV-related work of 11 Cosponsors. Core funds are essential to enable Cosponsors to mobilize and leverage other resources and to maintain AIDS as a priority across other, broader agendas.
  - **Noncore funds (Cosponsors).** These comprise the complementary HIV-related resources that each Cosponsor mobilizes or leverages internally, as well as additional funds that Cosponsors raise at country, regional and global levels, either for themselves or on behalf of several Cosponsors. Noncore funds reflect regular and extra-budgetary resources of Cosponsors that contribute to the achievement of UBRAF outputs and are or can be measured through UBRAF indicators (as a proxy indicator). Given the limited flexibility of noncore funds, they complement but cannot fully replace core funds in the context of joint programming.
  - **Noncore funds (Secretariat).** These are earmarked funds, in addition to the core approved budget, to support global, regional and country activities, which are designated for specific countries or purposes. Noncore funds complement but do not substitute core funds in the context of joint programming. Their level and nature have fluctuated over time. Because these are earmarked, few can support work by the Cosponsors (US\$ 6.4 million in the biennium 2022-2023) let alone replace core funds. Some noncore funds managed by the Secretariat were previously considered to be "pass-through" funds (e.g., for resourcing the Robert Carr Fund), but are now recorded as noncore resources. All funding contributes to UBRAF outcomes and can be measured through UBRAF indicators. Annex 2 provides an overview of the 2023 noncore UBRAF contributions received by the Secretariat.
48. For its first 20 years of its existence, the Joint Programme was remarkably successful in ensuring that its PCB-approved budgets were fully resourced through core funding. This was exceptional for a programme with a relatively small resource mobilization department, which relies entirely on voluntary contributions, and which has no assessed contributions. A well-bolstered fund balance provided funding predictability, including for core allocations to Cosponsors under the UBRAF, ensuring stability for their core HIV functions. The fund balance also served as a helpful bridge during years when new core funding for the full budget was not mobilized.
49. However, the situation changed in 2015 when some major donors altered their funding priorities following changes in government and in an evolving global financial landscape. This presented a major risk for the Joint Programme, prompting the Board to closely engage in monitoring the financial situation and supporting resource mobilization efforts. The latest initiative of this kind was the work of the 2022 PCB informal multistakeholder task team on the UNAIDS funding situation.<sup>5</sup>

---

<sup>5</sup> [Report of the PCB Bureau to provide recommendations to the Bureau on UNAIDS funding situation \(immediate and sustainable\) | UNAIDS](#)

50. Since 2015, a two-pronged strategy has been implemented to address the decline in core UBRAF funds: intensified efforts to mobilize core UBRAF funds with increased engagement from Cosponsors and the Board; and measures to adjust the expenditures and investments of the Joint Programme to fit within the projected core fund resources.
51. Noncore funds also play a role in achieving UBRAF outcomes/result areas. They are an integral part of the UBRAF and have been presented as estimates in the (2024–2025) Budget and Workplan, which the Board approached. While noncore funding has supported crucial programming in various countries, epidemic contexts and specific thematic areas, it is not a preferred substitute for predictable, sustainable core funding to support the Joint Programme's core functions.
52. The Joint Programme mobilizes noncore funding and ensures that it is aligned with the strategic directions and outcomes/result areas of the UBRAF. Occasionally, donors will choose to direct funding to and through the Joint Programme to support specific priorities that align with the result areas of the UBRAF and to strengthen the overall global HIV response.
53. This category of funds includes resources that are managed on behalf of governments for technical support that is requested by national AIDS programmes, such as technical support set-asides of Global Fund grants. The required technical support is determined at the national level and the Secretariat ensures that the funds effectively support country implementation of Global Fund grants.

#### **Addressing the funding shortfall through intensified resource mobilization**

54. The current UNAIDS Resource Mobilization Strategy was developed during 2022. It was included as a conference room paper for the PCB's 51st meeting to inform the discussion on the funding situation and the recommendations proposed by the PCB informal multistakeholder task team as taken forward by the PCB Bureau. The Strategy focuses on:
  - creating an enabling environment across the organization to prioritize resource mobilization, including broadening the donor base;
  - transforming partnerships and prioritizing market segmentation and account planning;
  - developing the UNAIDS value proposition; and
  - capacity development to support resource mobilization.
55. The development of the Resource Mobilization Strategy was followed by the recruitment of a new Director of Resource Mobilization to implement the Strategy and to create and, more recently, unite the resource mobilization, governance and multilateral functions, with the UNAIDS liaison offices, within a fully dedicated External Relations Department.
56. The UNAIDS Secretariat has followed up on all recommendations from the informal multistakeholder task team. Some recommendations were immediately implemented. They included letters requesting specific additional and new contributions, which were sent to donors and programme countries that were current members of the Board and by extension their sub constituencies. However, the funding shortfall persists. While some countries have answered the task team's appeal for increased contributions to the Joint Programme, most have not done so.
57. The multistakeholder task team also included the Global Fund, which is a close partner at country level. In discussions at the PCB and in line with a specific recommendation from the task team, UNAIDS was encouraged to pursue direct core funding from the Global Fund, as this was considered an easier funding modality for some donors.

58. Although the request was made, the Executive Director of the Global Fund made it clear that this would not be consistent with current accountability mechanisms and that any such changes were the remit of the GF Board rather than management. It was suggested that a more appropriate option would be to focus on the technical set-asides which major donors include as part of their pledges to the Global Fund.
59. Accordingly, there has been direct follow-up with Global Fund donors which have technical set-asides. Several donors now support the Joint Programme through this mechanism.
60. Although the Global Fund is heavily dependent on strategic information, policy, technical expertise and other coordination support from UNAIDS, contributions by most donors to the two organizations are rarely linked. A number of major donors to the Global Fund, including some who participate in the PCB (as board members or as part of constituencies represented on the PCB), make minimal contributions to UNAIDS.
61. Following the task team's recommendation that governments take immediate steps to ensure proportionate contributions and co-investments to both the Global Fund and the Joint Programme, UNAIDS is pursuing simultaneous announcements by donors of co-investments in the Joint Programme. Indeed, at the Global Fund replenishment in 2022, a number of donors expressly linked their contributions to the Global Fund to support for UNAIDS.
62. The funding for the UBRAF is also discussed at all meetings of the Committee of Cosponsoring Organizations. The Executive Heads are now consistently using opportunities such as World AIDS Day to advocate for full funding of the UBRAF. UNODC, which chairs the Committee in 2023, has actively engaged in consultations with donors at Executive Head and Global Coordinator levels. With the arrival of the two new UNAIDS Deputy Executive Directors, exploration of resources within Cosponsor agencies are being strengthened with engagements at the Assistant Secretary-General level. It is important, however, to consider that this dialogue takes place in an environment where Cosponsors also experience significant reductions of core funds.

### Funding scenarios for the 2024–2025 budget

63. The PCB, at its 52nd meeting, approved the 2024–2025 Workplan and Budget with two budget levels set at US\$ 210 million and US\$ 187 million, respectively, as a lower threshold budget. In response to decision point 6.8, a scenario highlighting prioritized actions of the Joint Programme is developed in line with a projected core income of US\$160 million annually for next biennium.
64. The 2024–2025 Workplan and Budget<sup>6</sup> describes Scenarios 1 and 2. The lower scenario of US\$ 187 million in Scenario 2 does not include core funding provisions for global strategic initiatives and envisages less funding for Cosponsor country envelopes.
65. The resource level projected for 2024 at US\$ 160 million in Scenario 3 also reflects the level of funding which the Joint Programme has already been adapting to in implementing the UBRAF for 2023. The core funding allocations under the three scenarios are described in Tables 1 and 2.

### Tables 1 & 2: Projected 2024–2025 core and noncore UBRAF resources (integrated budget)

---

<sup>6</sup> [2024-2025 Workplan Budget EN 24082023f.pdf \(unaids.org\)](#)

Table 1: 2024-2025 biennial budget by funding source, by year, for upper threshold \$210 million, base budget US\$187 million and lower level US\$160 million Core Budget

Funding source	Core Budget US\$ 210 million			Core Budget US\$ 187 million			Core Budget US\$ 160 million		
	2024	2025	Total	2024	2025	Total	2024	2025	Total
<b>I. Core funds</b>									
Cosponsors Core central	22 000 000	22 000 000	44 000 000	22 000 000	22 000 000	44 000 000	16 500 000	16 500 000	33 000 000
Global Strategic Initiatives	11 000 000	11 000 000	22 000 000						
Cosponsors Country envelope	31 000 000	31 000 000	62 000 000	25 000 000	25 000 000	50 000 000	17 500 000	17 500 000	35 000 000
<b>Sub-total Cosponsors core</b>	<b>64 000 000</b>	<b>64 000 000</b>	<b>128 000 000</b>	<b>47 000 000</b>	<b>47 000 000</b>	<b>94 000 000</b>	<b>34 000 000</b>	<b>34 000 000</b>	<b>68 000 000</b>
Secretariat Core	146 000 000	146 000 000	292 000 000	140 000 000	140 000 000	280 000 000	126 000 000	126 000 000	252 000 000
<b>Total core funds</b>	<b>210 000 000</b>	<b>210 000 000</b>	<b>420 000 000</b>	<b>187 000 000</b>	<b>187 000 000</b>	<b>374 000 000</b>	<b>160 000 000</b>	<b>160 000 000</b>	<b>320 000 000</b>
<b>II. Non-core funds</b>									
Cosponsors Non-core *	229 756 500	229 756 500	459 513 000	229 756 500	229 756 500	459 513 000	229 756 500	229 756 500	459 513 000
Secretariat Non-core	50 000 000	50 000 000	100 000 000	50 000 000	50 000 000	100 000 000	50 000 000	50 000 000	100 000 000
<b>Total Non-core funds</b>	<b>279 756 500</b>	<b>279 756 500</b>	<b>559 513 000</b>	<b>279 756 500</b>	<b>279 756 500</b>	<b>559 513 000</b>	<b>279 756 500</b>	<b>279 756 500</b>	<b>559 513 000</b>
<b>GRAND TOTAL - all funds</b>	<b>489 756 500</b>	<b>489 756 500</b>	<b>979 513 000</b>	<b>466 756 500</b>	<b>466 756 500</b>	<b>933 513 000</b>	<b>439 756 500</b>	<b>439 756 500</b>	<b>879 513 000</b>

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

**Table 2: Annual core and non core budget estimates by Results Area and Secretariat function - Core Budget of US\$210 million, US\$187 million and scenario US\$160 million**

Results Areas/ Core Functions	Core Budget US\$ 210 million					Core Budget US\$ 187 million					Core Budget US\$ 160 million				
	Core central funds	Country envelopes	Total Core	Non-core funds	Total	Core central funds	Country envelopes	Total Core	Non-core funds	Total	Core central funds	Country envelopes	Total Core	Non-core funds	Total
<b>I. Results Areas</b>															
1 HIV prevention	5 692 000	8 105 900	13 797 900	32 445 800	46 243 700	4 544 000	6 502 000	11 046 000	32 445 800	43 491 800	3 408 000	4 551 500	7 959 500	32 445 800	40 405 300
2 HIV testing and treatment	1 926 500	4 165 100	6 091 600	28 145 500	34 237 100	1 799 500	3 368 800	5 168 300	28 145 500	33 313 800	1 312 100	2 323 200	3 635 300	28 145 500	31 780 800
3 Paediatric AIDS and vertical transmission	3 148 500	4 152 700	7 301 200	30 650 300	37 951 500	1 539 000	3 349 000	4 888 000	30 650 300	35 538 300	1 154 300	2 344 100	3 498 400	30 650 300	34 148 700
4 Community-led response	1 700 500	2 421 700	4 122 200	11 172 600	15 294 800	1 399 500	1 953 000	3 352 500	11 172 600	14 525 100	1 087 100	1 405 600	2 492 700	11 172 600	13 665 300
5 Human rights	4 318 000	2 583 600	6 901 600	10 902 300	17 803 900	1 848 000	2 083 600	3 931 600	10 902 300	14 833 900	1 386 000	1 458 500	2 844 500	10 902 300	13 746 800
6 Gender Equality	3 372 500	2 501 200	5 873 700	31 015 800	36 889 500	2 279 500	2 017 000	4 296 500	31 015 800	35 312 300	1 747 200	1 446 900	3 194 100	31 015 800	34 209 900
7 Young people	3 758 000	2 859 800	6 617 800	34 234 500	40 852 300	2 294 000	2 331 500	4 625 500	34 234 500	38 860 000	1 720 500	1 632 100	3 352 600	34 234 500	37 587 100
8 Fully-funded HIV Response	1 066 900	879 600	1 946 500	2 708 200	4 654 700	816 900	709 200	1 526 100	2 708 200	4 234 300	612 700	496 400	1 109 100	2 708 200	3 817 300
9 Integration and social protection	3 170 900	2 264 500	5 435 400	17 538 400	22 973 800	2 323 400	1 826 300	4 149 700	17 538 400	21 688 100	1 705 100	1 239 900	2 945 000	17 538 400	20 483 400
10 Humanitarian setting and pandemic	4 846 200	1 065 900	5 912 100	30 943 100	36 855 200	3 156 200	859 600	4 015 800	30 943 100	34 958 900	2 367 000	601 800	2 968 800	30 943 100	33 911 900
<b>Total Cosponsors</b>	<b>33 000 000</b>	<b>31 000 000</b>	<b>64 000 000</b>	<b>229 756 500</b>	<b>293 756 500</b>	<b>22 000 000</b>	<b>25 000 000</b>	<b>47 000 000</b>	<b>229 756 500</b>	<b>276 756 500</b>	<b>16 500 000</b>	<b>17 500 000</b>	<b>34 000 000</b>	<b>229 756 500</b>	<b>263 756 500</b>
<b>II. Core Functions</b>															
1 Leadership, advocacy and communications	37 501 000		37 501 000	13 300 000	50 801 000	35 961 000		35 961 000	13 300 000	49 261 000	30 235 000		30 235 000	13 300 000	43 535 000
2 Partnerships, mobilization and innovation	25 798 000		25 798 000	10 350 000	36 148 000	24 737 000		24 737 000	10 350 000	35 087 000	25 544 000		25 544 000	10 350 000	35 894 000
3 Strategic information	22 905 000		22 905 000	6 850 000	29 755 000	21 963 000		21 963 000	6 850 000	28 813 000	17 725 000		17 725 000	6 850 000	24 575 000
4 Coordination, convening and country implementation support	33 728 000		33 728 000	10 300 000	44 028 000	32 342 000		32 342 000	10 300 000	42 642 000	29 017 000		29 017 000	10 300 000	39 317 000
5 Governance and mutual accountability	26 068 000		26 068 000	9 200 000	35 268 000	24 997 000		24 997 000	9 200 000	34 197 000	23 479 000		23 479 000	9 200 000	32 679 000
<b>Total Secretariat</b>	<b>146 000 000</b>		<b>146 000 000</b>	<b>50 000 000</b>	<b>196 000 000</b>	<b>140 000 000</b>		<b>140 000 000</b>	<b>50 000 000</b>	<b>190 000 000</b>	<b>126 000 000</b>		<b>126 000 000</b>	<b>50 000 000</b>	<b>176 000 000</b>
<b>Grand total</b>	<b>179 000 000</b>	<b>31 000 000</b>	<b>210 000 000</b>	<b>279 756 500</b>	<b>489 756 500</b>	<b>162 000 000</b>	<b>25 000 000</b>	<b>187 000 000</b>	<b>279 756 500</b>	<b>466 756 500</b>	<b>142 500 000</b>	<b>17 500 000</b>	<b>160 000 000</b>	<b>279 756 500</b>	<b>439 756 500</b>

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

**Table 3: Comparison of the core budget US\$ 210 million versus US\$ 187 million and US\$ 160 million and non-core estimates by organization, in US\$**

Organization	Core budget - US\$ 210 million				Grand Total (Core & Non-core)	Core budget - US\$ 187 million				Grand Total (Core & Non-core)	Core budget - US\$ 160 million				Grand Total (Core & Non-core)
	Core central funds	Country envelopes	Total Core	Non-core funds		Core central funds	Country envelopes	Total Core	Non-core funds		Core central funds	Country envelopes	Total Core	Non-core funds	
UNHCR	3 000 000	1 096 600	4 096 600	34 490 000	38 586 600	2 000 000	884 500	2 884 500	34 490 000	37 374 500	1 500 000	619 200	2 119 200	34 490 000	36 609 200
UNICEF	3 000 000	5 463 500	8 463 500	38 942 000	47 405 500	2 000 000	4 406 000	6 406 000	38 942 000	45 348 000	1 500 000	3 084 200	4 584 200	38 942 000	43 526 200
WFP	3 000 000	1 766 500	4 766 500	11 385 500	16 152 000	2 000 000	1 424 700	3 424 700	11 385 500	14 810 200	1 500 000	997 300	2 497 300	11 385 500	13 882 800
UNDP	3 000 000	3 540 700	6 540 700	6 300 000	12 840 700	2 000 000	2 855 200	4 855 200	6 300 000	11 155 200	1 500 000	1 998 600	3 498 600	6 300 000	9 798 600
UNFPA	3 000 000	4 822 900	7 822 900	40 689 000	48 511 900	2 000 000	3 889 500	5 889 500	40 689 000	46 578 500	1 500 000	2 722 600	4 222 600	40 689 000	44 911 600
UNODC	3 000 000	2 539 600	5 539 600	5 300 000	10 839 600	2 000 000	2 048 200	4 048 200	5 300 000	9 348 200	1 500 000	1 433 700	2 933 700	5 300 000	8 233 700
UN WOMEN	3 000 000	2 425 900	5 425 900	15 000 000	20 425 900	2 000 000	1 956 400	3 956 400	15 000 000	18 956 400	1 500 000	1 369 500	2 869 500	15 000 000	17 869 500
ILO	3 000 000	1 577 000	4 577 000	4 000 000	8 577 000	2 000 000	1 271 700	3 271 700	4 000 000	7 271 700	1 500 000	890 200	2 390 200	4 000 000	6 390 200
UNESCO	3 000 000	1 872 500	4 872 500	15 000 000	19 872 500	2 000 000	1 510 000	3 510 000	15 000 000	18 510 000	1 500 000	1 057 000	2 557 000	15 000 000	17 557 000
WHO	3 000 000	5 857 600	8 857 600	52 000 000	60 857 600	2 000 000	4 723 800	6 723 800	52 000 000	58 723 800	1 500 000	3 306 700	4 806 700	52 000 000	56 806 700
WB	3 000 000	37 200	3 037 200	6 650 000	9 687 200	2 000 000	30 000	2 030 000	6 650 000	8 680 000	1 500 000	21 000	1 521 000	6 650 000	8 171 000
<b>Subtotal Cosponsors</b>	<b>33 000 000</b>	<b>31 000 000</b>	<b>64 000 000</b>	<b>229 756 500</b>	<b>293 756 500</b>	<b>22 000 000</b>	<b>25 000 000</b>	<b>47 000 000</b>	<b>229 756 500</b>	<b>276 756 500</b>	<b>16 500 000</b>	<b>17 500 000</b>	<b>34 000 000</b>	<b>229 756 500</b>	<b>263 756 500</b>
<b>Secretariat Funds</b>	<b>146 000 000</b>		<b>146 000 000</b>	<b>50 000 000</b>	<b>196 000 000</b>	<b>140 000 000</b>		<b>140 000 000</b>	<b>50 000 000</b>	<b>190 000 000</b>	<b>126 000 000</b>		<b>126 000 000</b>	<b>50 000 000</b>	<b>176 000 000</b>
<b>Grand Total</b>	<b>179 000 000</b>	<b>31 000 000</b>	<b>210 000 000</b>	<b>279 756 500</b>	<b>489 756 500</b>	<b>162 000 000</b>	<b>25 000 000</b>	<b>187 000 000</b>	<b>279 756 500</b>	<b>466 756 500</b>	<b>142 500 000</b>	<b>17 500 000</b>	<b>160 000 000</b>	<b>279 756 500</b>	<b>439 756 500</b>

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

## Prioritization

66. The Joint Programme has engaged in constant prioritization to optimize resources. This will continue at various levels and in various areas, and will include financial, programmatic and geographical prioritization.
67. Building on past experiences, further prioritization in 2024–2025 will be aimed at sharpening the Joint Programme’s focus to reduce HIV-related inequalities and gaps in line with the latest evidence of gaps and country needs. Prioritization will also seek to capitalize on the Joint Programme’s unique multisectoral added-value and will fit within projected core funding. The Joint Programme, at all levels, will focus on four overarching priorities (maintaining its core strategic focus on reducing inequalities) to support countries to reach the global AIDS targets by 2025 on the journey towards ending AIDS as a public health threat by 2030:
- advance progress on HIV prevention;
  - accelerate access to HIV treatment and new health technologies;
  - promote community-led HIV responses, including community-led services and monitoring; and
  - ensure equitable financing and sustaining the response to HIV.
68. Progress against all four priorities will be undergirded by actions aimed at ending HIV-inequalities, including gender inequalities; protecting human rights; removing punitive laws and policies and other social and structural barriers; and ending stigma and discrimination.

**Figure 1. Overarching strategic Joint Programme priorities for 2024–2025**

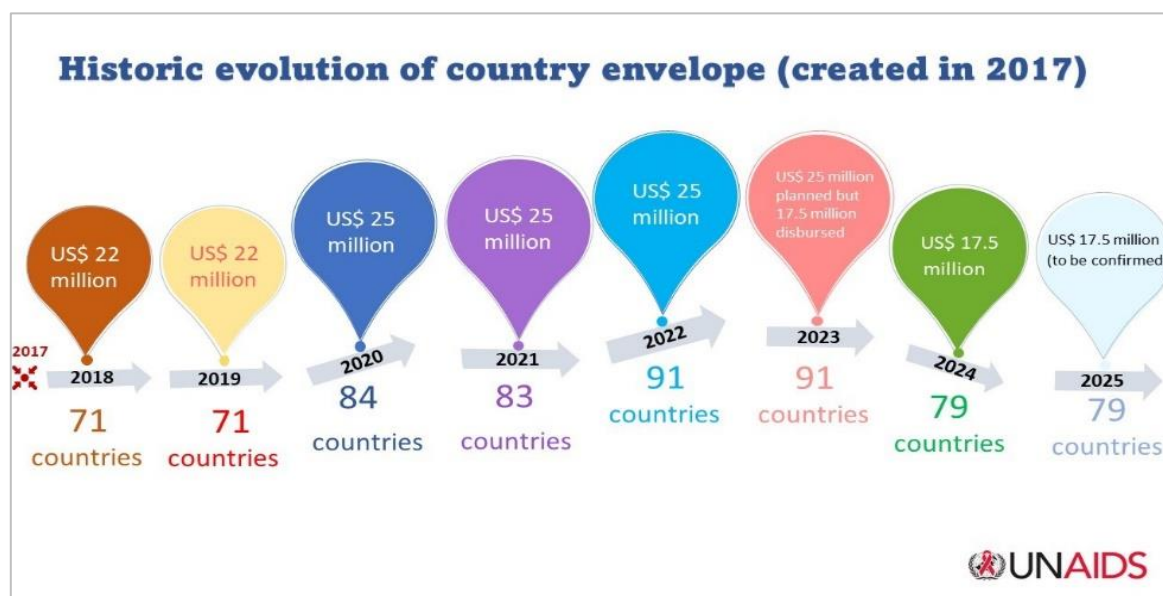
Global AIDS Strategy 3 priorities & UBRAF outcomes	JOINT PROGRAMME PRIORITIES		Global AIDS Strategy & UBRAF 10 result areas
Maximize equitable and equal access to HIV services and solutions	<b>Advance progress on HIV prevention</b>	Promote decriminalization, human rights and gender equality to support access to HIV prevention and treatment services	RA 1: HIV prevention RA 3: Paediatric AIDS, vertical transmission
	<b>Accelerate access to HIV treatment and new health technologies</b>		RA 2: HIV treatment
Break down barriers to achieving HIV outcomes	<b>Promote community-led HIV responses, including community-led services and monitoring</b>		RA 4: Community-led responses RA 5: Human rights RA 6: Gender equality RA 7: Young people
Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses	<b>Ensure equitable financing and sustaining the HIV response</b>		RA 8: Fully funded HIV response RA 9: Integration and social protection RA 10: Humanitarian settings and pandemics



69. Aligned with those priorities, the detailed work-planning exercise for 2024–2025 started in October 2023 across the Joint Programme to optimize all available human, technical and financial resources for implementation from 2024 onwards. That includes programmatic, geographic and financial prioritization, as well as adopting innovative approaches and advancing broader UN reform effectiveness for greater impact.
70. With the Joint Programme's Revised Operating model from 2018, the country envelope core funds to countries were introduced, with funding based on an epidemiologically informed formula. The original vision emerging from the Global Review Panel was to move prioritization and decision-making to the country level, and to underpin the UN Secretary-General's ambition for UN reform in that regard. The model used over the past three biennia has helped make an important difference in countries through reinvigorated, well-coordinated and joint UN work for strategic and catalytic action to support national HIV responses.
71. This model proved useful to better respond to country needs. Despite a UBRAF funding shortfall, funding to directly support countries through joint country envelopes was prioritized. This was reaffirmed by the 2022 external evaluation of the country envelope for the 2018–2022 period, which found that country envelopes had helped galvanize Joint Teams on AIDS and had kept HIV on the political agenda in countries where other sources of funding were not available. However, it has also been observed that the reduced funds available in each country lead to high transaction costs, including for reporting on action through the UBRAF reporting process.
72. The country envelope funding is intended to contribute to the HIV response, reduce HIV-related inequalities, and/or leverage other strategic initiatives and resources for results—all in line with national HIV priorities, the UNSDCF, the Global AIDS Strategy, and the 2022–2026 UBRAF. The country envelope allocations are guided by several key principles. They:
  - are clearly tied to gaps in the HIV response and emphasize catalytic roles, measurable results and strong accountability, including financial and programmatic reporting;
  - focus strictly on regional priorities that are aligned to the four overarching UNAIDS priorities;
  - focus on evidence-informed high impact interventions;
  - prioritize and incentivize collaborative joint work for synergies and better integration; and
  - encourage innovations and solutions, including calculated risk-taking.



**Figure 2. Country envelope amounts and country recipients, 2018–2025**



73. The projected reduction of core funding for 2023 to the level of US\$ 160 million meant that the total allocation for the country envelopes for all countries had to be reduced by 30% (from US\$ 25 million to US\$ 17.5 million). For 2024–2025, with overall core funding projections at US\$ 160 million, the Joint Programme has agreed to maintain the overall amount of the country envelopes at the same level as in 2023 (US\$ 17.5 million) and to prioritize this funding for fewer (79 instead of 91) countries, based on HIV gaps to target limited resources in a more impactful manner. While the 2024 country envelope amounts have been confirmed, the 2025 amounts may need to be reviewed in mid-2024 to take account of possible changes in funding projections. As in the past, an implementation review will take place in the third quarter of 2024 to review progress.

#### Impact on the Joint Programme of the US\$ 160 million scenario for 2024–2025

74. UNAIDS has continued to deliver in the face of the continuing funding shortfall. However, the persistent inadequacy of core funding inevitably affects the ability of the Joint Programme to sustain delivery on the results, outputs and outcomes identified in the UBRAF. This section describes the impact on the Joint Programme of adapting to a core UBRAF funding reality of US\$ 160 million.
75. **Weakened multisectoral coordination (Result Areas 1-8).** The lack of predictable core resources and commensurate Joint Programme capacity curtails the multisectoral approach and the UN’s coordination role. This is a significant impact, since much of the next phase of the HIV response requires cross-ministerial, multistakeholder and cross-sectoral convening, including with ministries of justice, interior and law enforcement, gender, education, economy, labour and others, and with civil society and communities. The weakened multisectoral coordination impacts on the ability to have civil society and communities at the table and engaged in all parts of the AIDS response.
76. **Loss of capacity and expertise (Result Areas 1-8).** The support to marginalised communities through capacity building and interventions when faced with human rights crisis has diminished due to uncertainty of funding availability and subsequent loss of core HIV staff capacity, as well as institutional memory, skills and strategic relationships in countries across the Joint Programme.

77. **Impact on civil society and communities (Result Area 4).** Less funding for the core UBRAF also means reduced flows of resources and less capacity building for civil society and communities from the Secretariat and Cosponsors. This is a high priority area across the Joint Programme, impacting directly networks of people living with HIV, and other key civil society stakeholders such as women's organizations, including young women and adolescent girls, and key population networks. For example, the closure of the Middle East North Africa (MENA) regional office has disrupted successful community-led networks fighting the HIV epidemic which have been built over many years with the support of the Joint Programme. Similarly, support to ensure civic space in UN governance through the NGO delegation and its ability to engage broader civil society and communities is being restrained without a fully resourced Communication and Consultation Facility.
78. **Reduction in amount and number of country envelopes (Result Areas 1-3).** Reduced funding availability for the country envelopes means that they will be available in fewer countries (decreasing from 91 to 79), with smaller amounts available in each country for fewer Cosponsors. In this context, there is a high risk of deprioritizing programming, which will reduce the footprint of Cosponsors at country level. The evaluation of the country envelopes indicated that they are effective in galvanizing Joint Teams on AIDS and keeping HIV on the political agenda in countries. It was also found that the administrative transaction costs of managing the country envelopes were high compared to the relatively low envelope amounts. Further reductions of funding available for the country envelopes will exacerbate the resource availability/transaction cost relationship.
79. **Slow to minimal response to crises (Result Areas 9-10).** Reduced or lack of staffing and capacity in countries means that the Joint Programme is slower to respond to human rights and humanitarian crises when they occur, as demonstrated in the illustration below.

## Funding shortfall limits the Joint Programme's impact on enabling legal environments and human rights in HIV responses

This example from an African country with high HIV prevalence shows the impact of the reduced capacity of the Joint Programme to deliver coordinated, multisectoral support to address a human rights emergency. New discriminatory legislation, introduced in May 2023, is having an impact on the uptake of HIV services and the protection of the rights of key populations.

The country had enacted a similar law in 2014. But concerted opposition, supported by the Joint Programme, had led to the earlier law being annulled by the High Court. In 2014, the Joint Programme was at full capacity with a US\$ 242.5 million core UBRAF. During preparation of the 2014 bill, the Secretariat and Cosponsors worked with a range of parliamentarians, ministers (including those in the security sector), law enforcement and a broad set of civil society actors to provide comprehensive analysis and information on the potential impact of the bill on the country's HIV programme. That work made clear to decision-makers the importance of protecting human rights and responsible law-making, and it included an analysis of the impact of such legislation on the country's economy.

In 2014, Cosponsors were able to draw on senior HIV capacity and expertise on human rights, and on relationships with the country's administration and parliament. UNDP, as the Cosponsor responsible for leading on law and rights and for co-leading on key populations, had a full-time UBRAF-funded HIV staff person in the Country Office who also leveraged broader UNDP capacities and responses. Joint Programme capacity had also contributed to strengthening the engagement of civil society at national, regional and global levels, including around law-making. The gradual erosion of that capacity over time is one of the significant differences in context between 2014 and 2023.

In 2023/2024, the working core budget had declined to US\$ 160 million. In real terms, this amounted to less than half the Joint Programme's core capacity in 2014. Cosponsors' HIV in-country capacity, as shown in the 2022 Capacity Assessment, was also markedly diminished compared to 2014, in particular at the senior level. UNDP did contribute to the Joint Team response to the 2023 bill, but via a staff member for whom HIV was not a primary responsibility. Cosponsors' abilities to contribute in a significant manner were very constrained.

In addition, in 2023, UN volunteers were covering important areas of the multisectoral response to HIV. While doing admirable work, they could not bring to bear the experience, relationships, expertise and seniority that was needed to engage parliamentarians, government officials and administrators when the bill was being drafted and moved forward. The reduced HIV capacity across Cosponsors also meant that a smaller coalition of civil society was engaged when the legislation was put forward and eventually enacted in May 2023.

The Joint Programme continued to mobilize partner countries to provide support and contribute noncore funds to contest the bill's enactment. UNDP, UNFPA, WHO, UN Women, UNODC and the Secretariat worked to address the protection of people belonging to key populations who were being arrested after enactment of the new law, and the closure of drop-in centres. They also initiated litigation challenging the new law. But, due to the sharp reduction in available core funding, limited UNAIDS staff time has been available to mobilize resources to rebuild capacity. Some donors have responded and are supporting efforts to rebuild capacity.

While the Joint Programme's capacity was diminishing in this country over the past decade, funding for groups advocating for punitive laws and policies was increasing. The outcome has been disastrous for vulnerable populations. The knock-on effects of UBRAF funding gaps include diminished capacity to mobilize and support civil society to counter the rise in legislative and other attacks that are grounded in intolerance and discrimination.

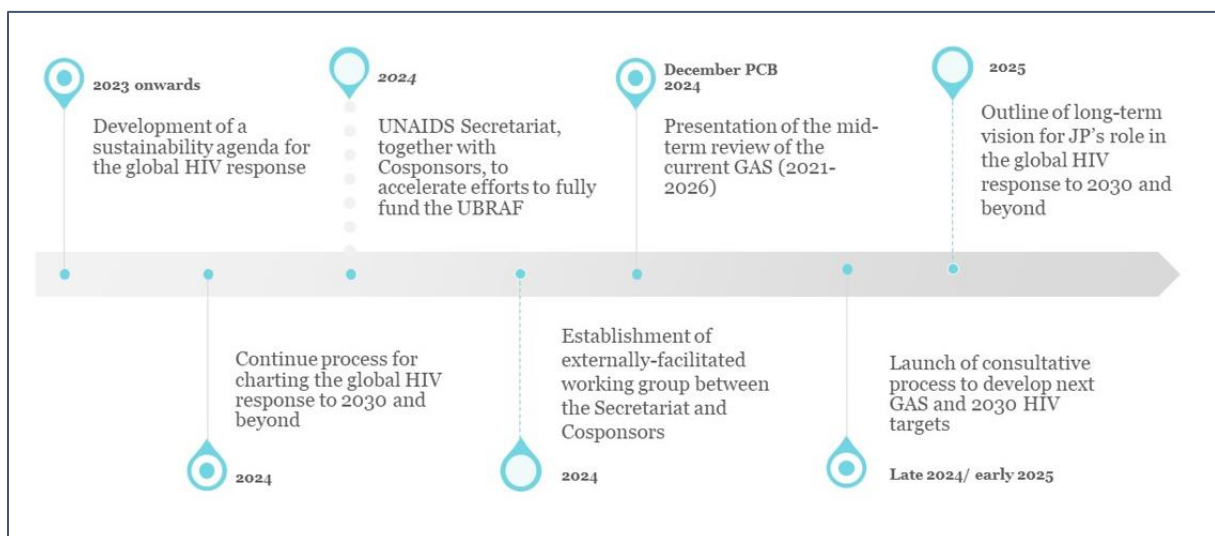
Having sufficient capacity in place is crucial when human rights emergencies occur. In 2014, a coordinated, multisectoral UN response was mounted, but this was not possible in 2023. The impact is clear. A well-resourced Joint Programme is needed to restore the vital capacities to protect people's human rights and sustain gains in the HIV response.

80. **Unpredictability of funds.** The Joint Programme's longer-term work is being compromised since unpredictable funding flows make it difficult to enter into strategic multiyear agreements with partners.
81. **Country-level impact (Result Areas 1-3).** The Joint Programme's multisectoral coordination of the AIDS response at country level has been key for ambition, evidence-based interventions drawing on the expertise, and mandates across the Programme, as well as for inclusion in support of national strategies, plans and programmes. However, a continued reduction of core staff and capacity has weakened the Joint Programme presence in several regions and countries.
82. **Closure of offices.** The lost HIV capacity across the Joint Programme is evident in the closure, due to budgetary constraints, of three UNAIDS Country Offices and of the MENA regional office. These very difficult decisions had not been foreseen during the Secretariat realignment, but they were compelled by the need to achieve savings to align expenditures with the US\$ 160 million level of core UBRAF funding. The closure of the regional office is negatively affecting advocacy, coordination and leadership around HIV in a region with a rapidly growing AIDS epidemic and which is also struggling with ongoing conflicts and humanitarian crises. The office closures are exacerbated by a reduced Cosponsor HIV presence in several regions, especially in eastern Europe and central Asia, Latin America and the Caribbean, the Middle East and North Africa and parts of Asia and the Pacific.
83. **Cost-cutting measures (Result Areas 1-8).** Cosponsors and Secretariat have undertaken numerous initiatives to curb non-staff expenses in a context where more than 75% of resources is invested in staff and where efficiencies have been pursued aggressively since 2015. Since a high degree of cost efficiency had been achieved already, reduced human resource capacity became to be the only way to reach the cost reductions that were imposed by the funding situation.
84. **Diminished HIV visibility within Cosponsor organizations (Result Areas 1-8).** Cosponsor HIV staff increasingly cover wider portfolios (more areas of work, disciplines, partners) and there will be progressively less HIV specificity, which means HIV becomes less visible in the work of cosponsoring institutions at both the technical and senior/strategic levels. This also affects the ability to maintain the same level of engagement in Joint Programme mechanisms. For some Cosponsors, there are many aspects of their core mandate that have a direct bearing on the HIV response. But fewer core resources and less capacity for HIV mean that it becomes less visible across the agency's programmes.
85. **Oversight, evaluation and ethics.** The PCB has welcomed the establishment of an independent Evaluation Office and an independent ethics function within the UNAIDS Secretariat, along with strengthened Board oversight through the Independent External Oversight Advisory Committee. However, those roles are not supported by extra funding and have to be financed from the existing, core UBRAF, which has diminished. As a result, these functions are not being fully resourced as called for under the approved PCB budget of US\$ 210 million.
86. **Governance.** Some UNAIDS governance good practice (such as PCB field visits and retreats for the PCB NGO delegation) have been suspended under the core current funding projections.
87. **Leveraging the power of the UN system for the HIV response and broader SDG.** UNAIDS will have to be more selectively engaged in UN-wide processes. This is regrettable since the Joint Programme is an incubator of UN reform and can make important contributions across the UN.

## Stabilizing the Joint Programme

88. UNAIDS has persevered in the face of the funding shortfall. But the alarming inadequacy of core resources is taking a significant toll on the Joint Programme's capacity to meet the growing demands from countries and partners for support (e.g., high demands from communities; increased numbers of countries who are joining strategic initiatives; and high demand for support for Global Fund and PEPFAR grant planning, implementation and monitoring processes). The hard work and commitment of UNAIDS staff has enabled the Programme to continue providing support, but at high cost to staff health and wellbeing. This is an unsustainable trajectory in the long run, with severe implications for supporting countries in delivering on the Global AIDS Strategy and reaching the global AIDS targets.
89. The Joint Programme has alerted the Board that the funding situation is unsustainable and that it has surpassed a mission-critical threshold of HIV capacity. This was also a finding of the 2022 capacity assessment; capacities have been reduced even further since that finding. We are at a point where the Joint Programme can no longer ensure a multisectoral UN coordination of HIV responses in many countries.
90. At the same time, the scale of the shortfall is such that exceptional leadership from a single donor could bring the financial situation back to a fully-funded UBRAF, as demonstrated in 2020 when Germany provided an additional core contribution to the UBRAF of €20 million. Ultimately, the annual core UBRAF funding shortfall of US\$50 million represents approximately 0.25% of the estimated total available resources for the global HIV response.

## Moving forward



91. UNAIDS is committed to advancing the following overarching actions to ensure a strong Joint Programme and a sustainable global HIV response to 2030 and beyond. These are integrated actions that will contribute to the achievement of longer-term goals and priorities.
  - **Sustainability agenda.** In 2023 and 2024, the Joint Programme will play a leading role in the development, coordination and implementation of a sustainability agenda for the global AIDS response. That agenda will encompass political, programmatic and financial sustainability, and it will be developed in close collaboration with PEPFAR, the Global Fund and other donors, countries and communities, and other partners. The agenda will consider the implications of the growing financial and debt

crises faced by many low- and middle-income countries which are also highly affected by AIDS: around 60% of the resources for HIV responses in low- and middle-income countries came from domestic sources in 2022, compared to 50% in 2021.<sup>7</sup> UNAIDS, as a neutral convener, has a critical role in ensuring that political, programmatic and financial commitments for the HIV response are sustained, and not reversed.

- **Global HIV response to 2030 and beyond.** Throughout 2024, UNAIDS will continue the process of charting the progress of the global HIV response to 2030 and beyond. This process will assess the needs for reaching the 2030 targets and sustaining the HIV response into the future. The visioning process will build on Joint Programme support for ending AIDS as a public health threat by 2030. The UNAIDS Reference Group on Estimates, Modeling and Projections has developed initial scenarios on the future trajectory of the AIDS pandemic. Further consultations are being planned for 2024, including the engagement of other UNAIDS reference groups, advisory bodies and coalitions. UNAIDS, through a formal engagement process, has begun to develop a vision to move from an emergency to a sustained response, noting that urgent, concerted efforts are still needed for a majority of countries to reach the 2025 targets.
- **Resource mobilization.** In 2024, the UNAIDS Secretariat, together with Cosponsors, will accelerate efforts to mobilize resources and expand the donor base to fully fund the UBRAF, drawing on its resource mobilization strategy. The focus is on retaining core funding levels from existing donors, securing core resources from nontraditional donors, and increasing noncore funding, in line with a prioritized UBRAF. In making greater use of noncore or earmarked funding, the UNAIDS Secretariat and its Cosponsors will ensure that this funding is consistent with the core mission and mandate of the Joint Programme. They will continue to report on progress annually to the PCB and to its Independent External Oversight Advisory Committee.
- **Secretariat-Cosponsor relations.** In 2024, UNAIDS will convene a time-limited externally-facilitated working group between the Secretariat and the Cosponsors to focus on improving inter-personal communication and discussions around planning, budgeting, the division of labour, and resource mobilization. This will ensure the effective positioning of the Joint Programme to attract more targeted, earmarked resources to support its work.
- **Mid-term review.** In 2024, the Joint Programme will engage partners in a mid-term review of the current Global AIDS Strategy (2021–2026), based on the 2023 Global AIDS Monitoring data and other sources. The findings will be presented to the PCB in December 2024. The mid-term review will use an inclusive, transparent and data-driven process, including consultations with internal and external partners. The review will be implemented in parallel with the prioritization of the UBRAF implementation to ensure effective and efficient use of UNAIDS limited human and financial resources. The results of the review will also be used to inform the development of the next Global AIDS Strategy, through an inclusive consultative process, as well as the longer-term vision of UNAIDS and the global HIV response post-2030.

---

<sup>7</sup> [Global HIV & AIDS statistics — Fact sheet | UNAIDS](#)



- **Next Global AIDS Strategy.** In late-2024 / early-2025, UNAIDS will launch the consultative process to develop the next Global AIDS Strategy and 2030 HIV targets (2027–2031), for consideration and adoption by the PCB in December 2025. This process will be inclusive, transparent and data-driven, and it will build on the groundwork laid in 2024 and the collaborative process used in 2020–2021 to develop the current Global AIDS Strategy. The process will also feed into the development of the next UBRAF (2027–2031), which will be more robust, streamlined and focused, to deliver and sustain maximum impact.
- **Long-term vision.** In 2025, building on work through 2024, UNAIDS will outline a long-term vision for the Joint Programme’s role in the global HIV response to 2030 and beyond, based on an evidence-based scenario planning and broad discussions with partners and within the broader UN system. These consultations will guide further discussions on the Division of Labour and adjustments to the institutional structure of the UNAIDS Secretariat and the Joint Programme within the broader UN system and aim to strengthen the Joint Programme’s role in coordinating UN action on HIV beyond 2030.

### Draft decision points

The PCB is invited to:

92. *Recall* decision points 6.6, 6.7 and 6.11 from the 52nd meeting of the Programme Coordinating Board in June 2023;
93. *Strongly encourage* donor governments to make renewed commitments to close the ongoing funding gap by fully funding the 2022–2026 UBRAF at the annual level of US \$ 210 million, including by responding to the recommendations of the Programme Coordinating Board Task Team on the UNAIDS funding situation, as endorsed by the Board at its 51st meeting in 2022;
94. *Take note* of the prioritization agreed to by the Secretariat and the Cosponsors for a projected core funding level of US\$ 160 million; and
95. *Express concern* over the continued loss of capacity across the Secretariat and Cosponsors caused by the current funding crisis, despite the collective and repeated recognition of the importance of the Joint Programme's role and of the PCB's and the Secretariat's efforts to broaden the donor base and have existing donors increase their contributions.

*[Annexes follow]*

## Annex 1: Resource allocation (extract from UBRAF 2022–2026)<sup>8</sup>

### Methodology

The methodology for resource allocation, combining a principles-based approach and a more evidence, results based and incentivizing approach, consists of:

- A set of clear principles for the Joint Programme management of resources and related accountability ;
- An evidence-based approach for allocations for evidence-informed interventions using various sources (e.g., UN Secretary-General (SG) Report: Addressing inequalities and getting back on track to end AIDS by 2030 and other HIV-relevant UN SG reports, Evidence Review of the implementation of the 2016-2021 UNAIDS Strategy: on the Fast-Track to end AIDS, Global AIDS Monitoring, evaluations conducted by the Joint Programme, other regional and country data, SDG reporting, country configuration analyses);
- An aligned Division of Labour, reflecting the new Global Strategy's strategic priorities and results areas, and new UBRAF results framework and providing a clear delineation of roles and responsibilities for the Secretariat and Cosponsors; and
- Past performance review (programmatic and financial) .

### Key principles

Resources allocated to the Secretariat and Cosponsors are intended to promote the three overarching objectives of the Refined Operating Model, approved by the PCB in 2017.

#### Overarching objectives

- To deploy human and financial resources where they are needed most.
  - To reinvigorate country-level joint work and collaborative action.
  - To reinforce accountability and results for people.
- 
- Towards these objectives and in furtherance of the programmatic prioritization highlighted above (and reflected in the results framework), the Joint Programme will apply the following principles in allocating resources:
  - Prioritizing and incentivizing collaborative joint work for better integration;
  - Prioritizing evidence-informed interventions;
  - Catalytic, meant to leverage other funding from different sources;
  - Focusing on promoting and supporting innovations and incentivizing catalytic solutions, including some risk taking;
  - Clearly tied to actions with agreed and measurable results and sound programming;
  - Reducing transaction costs including fragmentation (in terms of programmatic focus and funds management) and ensuring more effective synergies with other stakeholders;
  - Tying resources to strong accountability, including timely and quality reporting;

---

<sup>8</sup> See UBRAF 2022–2026, pages 42-44: PCB\_SS\_2022\_2026\_UBRAF\_Framework\_EN.pdf (unaids.org)



- Clearly indicating how resources contribute, in meaningful and concrete ways, to the 2030 Agenda and the SDGs and related quality reporting;
- Aligning at least 75% of funds for Joint UN Plans to country UNSDCF;
- Maximising delegated decision making.

Overall, the allocation between the Cosponsors and the Secretariat and within each entity will be based on epidemic priorities, clear contribution to results and their comparative advantages. The overall proportion of the allocation between the Cosponsors and Secretariat will stay within the same range as under the UBRAF 2016-2021. As progress is urgent in countries, we will seek to increase allocations for country level work compared to global level work. This builds on the UBRAF 2016-2021 principle of having Cosponsors strive for a minimum 30:70 ratio<sup>9</sup> between global and regional/country level resources and current practice for most Cosponsors towards a higher proportion of core and non-core funding towards country level resources to accelerate results.

In line with the Refined Operating Model, adequate resources will be made available to protect the Secretariat's core funding for its leadership, advocacy, strategic information and accountability functions. Complementing their respective core and noncore resources, a predictable core allocation to all Cosponsors to protect core institutional HIV capacity will facilitate their essential role in the Joint Programme, such as coordination/convening in their respective areas as per the aligned Division of Labour, delivering on agreed joint priorities against the three strategic priorities of the Strategy (as reflected in the UBRAF including for regional and country levels), global advocacy, ensuring HIV is well integrated into their own organizations and maintaining their ability to mobilize additional HIV resources.

The UBRAF resource allocation also builds on the implementation of the Refined Operating Model's country envelope allocation for Cosponsors' actions for specific results as part of jointly developed and agreed Joint UN Plans on AIDS. Envelopes will be allocated based on submission by Joint UN Teams on AIDS of quality, realistic yet ambitious jointly agreed proposals (plans) for intended results, ideally including technological and scientific innovations, catalytic resource mobilization and consideration of the HIV epidemiology, HIV-related inequalities, and economic, social, structural and other parameters. Within countries, the allocation will be designed to address major response gaps against defined deliverables<sup>10</sup> as part of UN Joint Plans, to drive measurable change on a critical or priority areas aligned with the UNSDCF and within a specified timeframe and milestones.

## Annex 2: Overview of noncore contributions received by the Secretariat in 2023

Donor	Project description	Amount (USD)	%
USAID	Technical Support Mechanism (TSM)	18,611,152	
USAID	Robert Carr Fund (RCF)	4,950,496	
USAID	Improving Strategic Information to End the AIDS Epidemic as a Public Health Threat	3,745,409	
USAID	UNDP: Achieving progress towards sustained epidemic control	1,980,198	
USAID	UNAIDS Faith Initiative	1,554,455	
USAID	The Ritshidze (Saving Our Lives) Project -South Africa	1,361,387	
USAID	Partnership for policy development, SI & empowering community-led responses	783,070	
USAID	Sustainable approaches to end HIV as a public health threat in Asia and the Pacific	396,040	
USAID	Community-Led Monitoring Papua New Guinea	356,436	
USAID	Community-Led Monitoring Nepal	247,525	
USAID	Advocacy for improved policy development and review, SI & strengthening of community-led responses	326,733	
USAID	Community-Led Monitoring Mali	80,000	
USAID	India Policy dialogue and advocacy	297,030	
USAID	Pilot of Community-Led Monitoring system in the Philippines	148,515	
USAID	Support to the PEPFAR/Dominican Republic Program	99,010	
<b>Subtotal USAID</b>		<b>34,947,455</b>	<b>58%</b>
CDC	Strengthening Public Health capacity , Strategic Information Systems, and Community Engagement at the Global Centre	1,247,378	
CDC	Strengthening Public Health capacity , Strategic Information Systems, and Community Engagement at the Regional and Country level	12,800,016	
<b>Subtotal CDC</b>		<b>14,047,394</b>	<b>23%</b>
Australia	Indo-Pacific HIV Prevention Programme 2021-2023	1,757,389	
Australia	Global Fund PNG Country Coordination Mechanism (PNGCCM) Strengthening Support 2021-2023	65,189	
Australia	Review of the NSHS 2018-2022 and development of a new NSHS for Papua New Guinea	62,799	
Japan	Improving management and access to UNAIDS key databases	250,000	
Kazakhstan	Mentoring Program for Women Living with HIV and expansion of the project from 4 regions of Kazakhstan	50,000	
Netherlands	Working in Solidarity with the LGBTIQI and Communities in Uganda	759,112	
Sweden	Government Secondments for development	417,800	
Switzerland	UNAIDS Global Council on Inequality, AIDS and Pandemics	323,915	
UNDP	Action by UNAIDS Joint Team to scale up combination HIV prevention and promote timely HIV testing and diagnosis	49,455	
UNFPA	The UN JP Contribution to Strengthening HIV and Primary Health Care Outcomes: Interlinkages and Integration	50,000	
UNFPA <sup>(1)</sup>	2gether 4 SRHR – Fast tracking the attainment of sexual and reproductive health and rights in East and Southern Africa	1,643,920	
UNHCR	Enhancing Prevention and Response to HIV and TB for Ukrainian Refugees In Moldova	81,712	
WFP	Strengthening Humanitarian Partnership	79,850	
Gates Foundation	UNAIDS Global Prevention Coalition Phase II	1,067,797	
Gates Foundation	Global Alliance to end AIDS in Children by 2030	696,924	
Gates Foundation	Meeting on the next phase of the HIV response	161,192	
Croix Rouge Francaise	UNAIDS Support to Global Fund processes in Central African Republic	686,404	
Global Fund	Partnership to provide support to Venezuelan Civil Society for Oversight and Monitoring activities	150,000	
Global Fund	Strategic Initiative for Sustainability, Transition and Efficiency	773,246	
Global Fund	Strategic Initiative for Condom Program Stewardship	1,414,222	
Global Fund	Papua New Guinea Country Coordinating Mechanism (PNG CCM)	117,000	
MPTF Office	One UN Joint Action to Strengthen Human Rights in the Transnistrian region of the Republic of Moldova 2022-2025	137,686	
MPTF Office	Championing the World's first Adolescent Sexual Reproductive Health Development Impact Bond in Kenya	249,310	
Save the Children Fund	Fast track approach towards the ending the AIDS epidemic as public health threat by 2030 achieving 95-95-95 targets	311,687	
UNOPS	Supporting policy reform and an enabling environment for better access to HIV prevention and harm reduction	44,650	
<b>Sub-total others</b>		<b>11,401,059</b>	<b>19%</b>
<b>Total</b>		<b>60,395,908</b>	<b>100%</b>

<sup>(1)</sup> This is a contribution from Sweden (represented by the Swedish International Development Cooperation Agency (SIDA)) to various participating United Nations Organizations with the United Nations Population Fund (UNFPA) appointed as the Administrative Agent

[End of document]