

RESULTS BY ORGANIZATION

2022-2023 Performance

Monitoring Report

Additional documents for this item:

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

UNAIDS Performance Monitoring Report 2022–2023: Results report (*UNAIDS/PCB (54)/24.7*)

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

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

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

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

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

Cost implications for the implementation of the decisions: none

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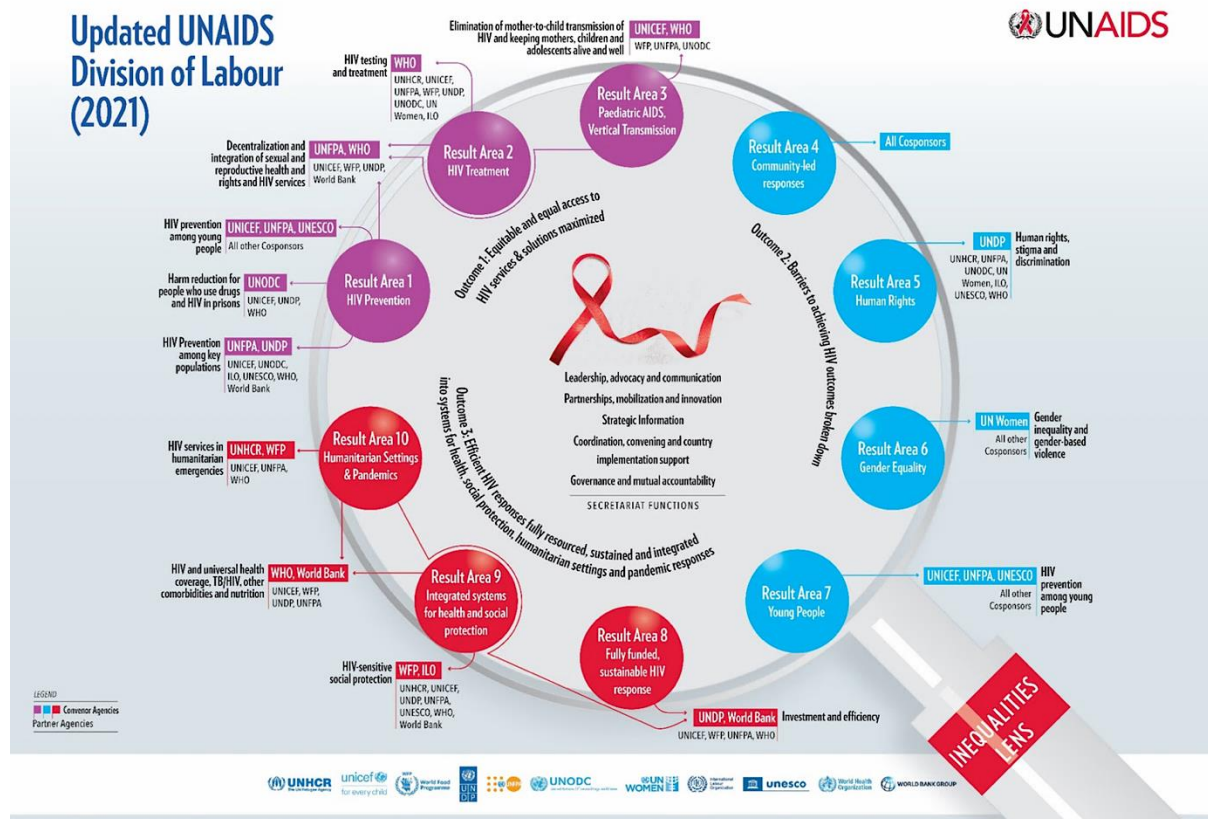
Introduction

1. The [2021–2026 Global AIDS Strategy](#) prioritizes reducing the HIV-related inequalities that slow progress towards ending AIDS as a public health threat. Given the complex, multifaceted nature of these inequalities and of the societal enablers that are required to accelerate progress, the multisectoral leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is as important as ever. By design, UNAIDS brings together the complementary contributions of its 11 Cosponsors and the Secretariat. By leveraging the comparative advantages of each Cosponsor and the Secretariat, UNAIDS serves as a unique catalyst for closing gaps in the HIV response and for ensuring that the HIV response is optimally equitable and effective.
2. The Joint Programme combines political, normative and technical leadership in the health sector with a people-centred approach that seeks to advance gender equality and human rights and address the factors that increase HIV vulnerability and diminish access to essential services. It applies its resources and leadership to a range of cross-cutting issues: sexual and reproductive health, education, the world of work, social protection, food security, drug policy, and financing for health and development. Cosponsors and the Secretariat bring unique expertise with respect to populations at risk of or heavily affected by HIV, including women, children, adolescents and young people, key populations and people living in humanitarian settings. The multisectoral approach of the Joint Programme also links its contribution with broader efforts to advance international development, including the health and socioeconomic benefits that the HIV response brings to the Sustainable Development Goals (SDGs).
3. UNAIDS's division of labour¹ clarifies the roles and responsibilities of each member of the Joint Programme, including by identifying lead agencies in specific results areas in accordance with the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF). The UBRAF provides the blueprint for the Joint Programme's work to implement the 2021–2026 Global AIDS Strategy.
4. This report describes the contributions of each member of the Joint Programme to UNAIDS' collective achievements in 2022–2023. Individual Cosponsors' reports outline the top results achieved by each organization and describe how each Cosponsor leverages its resources and expertise to contribute to the HIV response by mainstreaming HIV within their organizational mandates. The report also describes the UNAIDS Secretariat's main results under each of its five strategic functions in supporting and working with Cosponsors to optimize collective efforts for all results areas and outcomes.
5. The Joint Programme's members support countries in various ways, in line with their respective mandates, institutional set-ups and resources, from the global, regional and country levels, including through virtual channels. In countries, the Joint Programme works through Joint United Nations (UN) Teams on AIDS, which include all UN staff working on HIV issues from Cosponsors, the Secretariat and, at times, other engaged UN agencies. Reporting to UN Country Teams, the Joint UN Teams on AIDS are fully part of the UN Resident Coordinator system, in line with UN reform.
6. The complementary 2022-2023 Results Report presents the collective results of the Joint Programme under each Result Area and Strategic Functions while the Results by region Report provides the results for each of the six UNAIDS regions. For detailed information

¹ For a more detailed overview of the updated Division of Labour, please see Annex 4 of UBRAF (pages 85–88) at [PCB SS 2022 2026 UBRAF Framework EN.pdf \(unaids.org\)](#).

on all the UBRAF performance monitoring indicators, please see the UBRAF Indicator Scorecard.

Figure 1. Updated UNAIDS division of labour (2021)



United Nations High Commissioner for Refugees (UNHCR)

HIV in UNHCR's mandate

7. UNHCR is mandated to lead and coordinate international action for the worldwide protection and well-being of refugees, forcibly displaced and stateless persons. UNHCR's primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, and to return home voluntarily.
8. To support implementation of the 2021–2026 Global AIDS Strategy and advance progress towards the 2030 Agenda for Sustainable Development to leave no one behind, UNHCR engages in holistic, multisectoral actions, including life-saving public health and nutrition programming, along with advancing gender equality and universal human rights in humanitarian settings world-wide.
9. UNHCR works in over 130 countries together with governments, civil society and other partners in a multisectoral approach that contributes to: healthy lives and well-being (SDG 3); ending poverty (SDG 1); eliminating hunger and malnutrition (SDG 2); ensuring quality education for all (including refugees) (SDG 4); promoting gender equality (SDG 5); water, sanitation and hygiene for all (SDG 6); economic empowerment and inclusion (SDG 8); reducing inequalities (SDG 10); and climate action (SDG 13).
10. UNHCR aims to ensure that all forcibly displaced and stateless individuals are able to fulfil their right to access life-saving and essential health care; HIV prevention, protection and treatment; sexual and reproductive health services; food security and nutrition; and water, sanitation and hygiene services. In 2022–2023, UNHCR supported continued HIV services for refugees and stateless persons in over 50 countries. UNHCR's 2023 annual public health inclusion survey found that refugees were included in the national health plans and policy frameworks of 80% (49 countries) of the surveyed countries.

Key UNHCR strategy for HIV

11. UNHCR's [Global Strategy For Public Health \(2021–2025\)](#) contributes towards the health-related SDGs by translating evidence into action for both quality health service provision and addressing the social determinants of health. The right to health requires that health services are equitable, available, accessible and adapted to meet the needs of all people with particular attention to the organization's [age, gender and diversity policy](#). UNHCR works with governments, partners and communities to design and monitor quality, essential public health services that promote and support equitable outcomes for forcibly displaced women and girls, children and adolescents and young people, men and boys, people living with HIV,² persons with disabilities, individuals engaging in transactional sex and LGBTIQ+ persons.
12. The [Global Compact On Refugees](#) is a framework for achieving more predictable and equitable responsibility-sharing to ensure that host communities and refugees can lead productive and dignified lives. It aims for the inclusion of refugees in national policies, strategies and plans, while simultaneously also strengthening those systems. As most refugees reside in low- and middle-income countries with weak health systems, UNHCR and partners adopt combined approaches to advance universal health care.

² UNHCR's Global public health strategy 2021–2025 proposes an inclusive approach with early priority action in emergencies while rapidly expanding services to ensure comprehensive sexual and reproductive health and HIV care to all refugees and where relevant other persons of concerns.

Top results in 2022–2023

- 13. Access of all refugees to HIV testing, treatment and care was enhanced.** In 2022, UNHCR supported the scale-up of national HIV prevention and treatment programmes in humanitarian settings. According to its public health survey, 47 (98%) countries have adopted a universal HIV test-and-treat approach in their national policies, and 42 (89%) countries have introduced this approach in refugee settings. HIV self-testing has been included in the national policies of 26 (54%) of 48 countries and has been introduced in refugee settings in 14 (54%) countries where a national policy was in place. In addition, pre-exposure prophylaxis (PrEP) for HIV has been included in the national policy for 32 (67%) countries, of which 20 (63%) countries have introduced it for key populations in refugee settings.
14. In 2023, UNHCR further supported refugees with HIV prevention, treatment and care services. It reached over 2.3 million people with community awareness sessions; provided over 9100 people from key populations with HIV services; enabled over 2000 people to access PrEP; and assisted more than 16 300 men to access voluntary medical male circumcision. More than 160 000 pregnant women and adolescent girls who attended antenatal care were tested for HIV, and 1133 women who had acquired HIV promptly initiated antiretroviral therapy.
- 15. Access to essential health and nutrition services, including antiretroviral therapy for people forced to flee, was improved throughout the displacement cycle.** For example, in countries hosting Ukrainian refugees, refugees accessed health-care services, including continued HIV treatment, through Blue Dots hubs for children and family support (UNHCR and UNICEF), internet portals and hotlines. In 2023, results from the inclusion survey found that 94% (50 countries) surveyed provided access to refugees, forcibly displaced and stateless persons with access to antiretroviral therapy through the national health system. UNHCR is working with partners on the ground to ensure continuity of care for people living with HIV who are fleeing Sudan into neighbouring Chad, Ethiopia, South Sudan, and Uganda. The security situation and ongoing conflict in Sudan poses a serious threat to health and HIV services.
- 16. Increased support was mobilized for HIV prevention, treatment and care among refugees/forcibly displaced populations.** UNHCR enabled refugees, forcibly displaced and stateless persons to access HIV prevention, treatment and care through governments, partners, communities and major donors, such as the Global Fund, including medicines (such as antiretroviral drugs), condoms, laboratory diagnostics and counselling. The inclusion of refugees in Global Fund proposals has increased significantly across HIV, tuberculosis (TB) and malaria programmes (for HIV, it increased from 15% in 2017 to 60% in 2021).
- 17. Equitable provision of health-care services was promoted and supported through strengthened capacity building and multisectoral collaboration.** [UNHCR scaled up cash-based interventions](#), 95% of which are unrestricted. Evidence shows that cash transfers can help strengthen people's dignity, personal agency and life options. In 2022, UNHCR delivered US\$ 977 million to some 10 million people in more than 100 countries, including in challenging contexts (e.g., Democratic Republic of Congo, Ethiopia, Pakistan, Syria and Ukraine).
18. All UNHCR-supported public health programmes for refugees and displaced persons are in line with the rights-based principles of primary health care. They are people-centred, adopt a whole-of-society approach, provide care in and through the community, and improve individual, family, community and public health. UNHCR and partners

strengthened related knowledge and skills building tools in several activities and publications, including:

- [“Good practices on cash-based interventions and health” \(2022\)](#);
- [“Tuberculosis prevention and care among refugees and other populations in humanitarian settings: interagency field guide”](#) (with CDC, UNHCR and WHO);
- an updated UNHCR maternal and newborn health operational guideline (2022), including integration of HIV;
- [“Operational guidance: community health in refugee settings” \(2022\)](#);
- training and learning packages on LGBTQI+ individuals in displacement; and
- a high-level call for action issued at the 2022 [International AIDS Conference's](#) special session on HIV in armed conflict, focusing on protecting those “most left behind”.

19. Gender equality was advanced through a high-level summit. In June 2023, UNHCR, along with the Global Campaign for Equal Nationality Rights, UNICEF and UN Women, cosponsored a “Global summit on gender equality in nationality laws” to advance gender equality and end discrimination in nationality laws.³

20. Inequalities were reduced and progress was made towards leaving no refugee behind. UNHCR leads globally in strategic interagency initiatives to improve the well-being, security and dignity of refugees and displaced persons, including by advancing gender equality and addressing [gender-based violence](#) through multisectoral actions, such as the provision of medical and psychosocial services, and protection and legal services. UNHCR undertook post-exposure prophylaxis access, awareness-raising and capacity-building interventions at community level in culturally sensitive and appropriate ways. For example, in Moldova, UNHCR, UNFPA and UNICEF, through the refugee response coordination forum, conducted a [“gender-based violence safety audit”](#), which noted and achieved several risk reduction actions through coordination among humanitarian actors.

21. Refugees were included in national health, social protection and education systems, and policies and programmes enhanced. Host countries are taking greater responsibility for addressing the needs of refugees, with increasing support from donors (including the Global Fund, Gavi, the Vaccine Alliance and the World Bank). UNHCR is playing a key role in facilitating the related transition processes.⁴ For example, Mauritania is conducting a nationwide health sector reform (with World Bank support), where 67 000 Malian refugees were included in the national system, previously supported by UNHCR.

22. In 2022, UNHCR completed the analysis of a public health inclusion survey, which showed important progress in refugee inclusion. Among the 46 countries which reported on their national health plans in 2021, 35 (76%) stated that the plans included refugees, an improvement over the 29 (of 47 countries, or 62%) which did so in 2019. Refugees’ access to services was generally on par with that of nationals for primary health care (94%), while equitable access to secondary care among refugees improved over time (from 75% in 2019 to 83% in 2021). The 2023 survey revealed further improvement: of the 49 countries with national health plans, 39 (80%) reported inclusion of refugees.

23. Multiagency approach and commitments to advance equitable access and strengthening of health systems. UNHCR and Switzerland co-hosted the Global

³ [High Commissioner's statement at the High-Level Global Summit on Gender-Equality in Nationality Laws | UNHCR](#)

⁴ [More countries are including refugees in national health systems, and development partnerships are key to the process. UNHCR blog, 7 December 2022](#)

Refugee Forum, the world's largest gathering on refugee issues, in December 2023, co-convened by Colombia, France, Japan, Jordan and Uganda. More than 14 000 people participated (including over 4000 in person) from 168 countries including over 300 refugee delegates. Linked to this, UNHCR and WHO convened the [Group of Friends of Health for Refugees and Host Communities](#) to advance efforts in refugee inclusion in national health systems and multi-sectoral provision of mental health and psychosocial support. The meeting generated 235 pledges (from over 40 States) on health, integration of mental health and psychosocial support, and health system strengthening for HIV prevention, care and treatment.

United Nations Children's Fund (UNICEF)

HIV in UNICEF's mandate and strategy for HIV

24. UNICEF is committed to increasing access to quality prevention services, testing, treatment, care and support for children, adolescents and pregnant women. UNICEF's [Strategic Plan 2022–2025](#) prioritizes fast-tracking the end of AIDS in children and adolescents, and actions for HIV are integrated throughout UNICEF's [Strategy for Health 2016–2030](#). UNICEF's global [Gender Action Plan](#) prioritizes HIV and promotes the leadership, empowerment and well-being of adolescent girls. UNICEF's [Adolescent Girls Programme Strategy](#) supports countries to deliver HIV programming.

Top results in 2022–2023

25. UNICEF supports governments to sustain the gains made to date in the HIV response and safeguard international investments in HIV.

Elimination of vertical transmission

26. **Greater political commitment, action and resources were generated.** In 2022, UNICEF launched the [Global Alliance to End AIDS in Children by 2030](#) together with WHO, the UNAIDS Secretariat, the Global Fund, PEPFAR, the International Community of Women Living with HIV, the Global Network of Young People Living with HIV (Y+) and the Global Network of People Living with HIV (GNP+). To date, 12 African countries have joined the Alliance and committed to country action plans aligned with the vision of the Alliance. UNICEF and Alliance partners developed guidance to facilitate the implementation of these country action plans. In 2023, the Alliance's framework was restructured into regional hubs to provide further support and advocacy at the regional level. Extensive global advocacy and coalition-building efforts included the development of a new toolkit to guide and align global advocacy and outreach to maximize impact.

27. **Further progress was made towards the elimination of vertical transmission of HIV and triple elimination of HIV, syphilis and hepatitis B.** UNICEF provides guidance and technical support to countries to develop and implement evidence-based national plans for the elimination of mother to child transmission (EMTCT) of HIV, syphilis and hepatitis B. By 2023, 15 countries and territories have been validated as having halted vertical transmission of HIV. Moreover, 75 countries had a national plan for EMTCT, and 86 countries were implementing a treat-all policy for pregnant and breastfeeding women living with HIV. In 2023, UNICEF and WHO published [guidance](#) to fast-track EMTCT of HIV in countries with low prevalence and/or concentrated epidemics. In 2022, UNICEF established a data mentoring programme to strengthen national health management information systems for countries on the path to triple EMTCT. A total of 17 African countries are participating to date.

28. **HIV outcomes for pregnant and parenting adolescents were improved.** In 2022, UNICEF supported "HEY BABY", the first longitudinal study in Africa to assess pathways to resilience among adolescent parent families. In 2023, UNICEF and partners published learnings from this study, including ways to improve differentiated services for pregnant and parenting adolescents and young women.

Closing the treatment gap for children and adolescents living with HIV

29. **The optimizing of paediatric treatment continued.** With WHO and UNICEF support, over 90 countries are now using dolutegravir (DTG), a treatment option for children that

is comparable with the best adult formulations—and there are early signs that viral suppression rates are improving. In 2022, UNICEF and partners, as part of the Global Accelerator for Paediatric Formulations Network (GAP-f), developed a new HIV treatment regimen for children comprising a single, fixed-dose combination tablet of the antiretroviral drugs dolutegravir, abacavir and lamivudine. In 2023, UNICEF and GAP-f partners developed a product-agnostic toolkit to accelerate the introduction of new paediatric drugs and formulations. In 2023, as part of the Rome Action Plan, UNICEF committed to support the uptake of fixed-dose dolutegravir, abacavir and lamivudine, as well as other new products, in long-term agreements with manufacturers that offer flat pricing for children living in low- and middle-income countries.

- 30. HIV services for children were integrated in health systems.** UNICEF supports governments to ensure that HIV services for children and adolescents are integrated into primary health-care systems. Although only 54 countries had HIV services for children integrated into primary healthcare in 2022, 33 of UNICEF's 37 HIV-priority countries are implementing a comprehensive package for paediatric HIV treatment within primary health-care systems.
- 31. Age-appropriate interventions and tools for HIV case finding in children were improved.** In 2023, UNICEF, the US Centers for Disease Control and Prevention and other partners developed technical guidance to address gaps in national child case-finding strategies, taking into account the reality that most newly diagnosed paediatric HIV cases are in children older than two years of age. UNICEF established a Paediatric Case Finding Work Group in 2022 to support countries to accelerate rates of paediatric testing, diagnosis and linkage to treatment and care. In 2023, UNICEF and partners convened a technical consultation to develop country guidance to improve identification of undiagnosed children living with HIV.

Preventing new infections among adolescent girls and improving their access to quality sexual and reproductive health service

- 32. Access to HIV prevention and treatment for adolescents and young key populations was strengthened.** With UNDP, UNFPA, the UNAIDS Secretariat and eight leading global youth networks, UNICEF continued to support the global “Adolescent and young key populations partnership” (ayKP network) to conduct a technical update of an [adolescent and young key population toolkit](#) and to launch a community of “young champions for equality”. In 2023, UNICEF validated the Joint Programme’s new guidance on youth-led HIV responses and convened a new working group, co-led by youth networks, to better leverage broader sexual and reproductive health programming for adolescent and young key populations. Building on work by UNICEF, UNDP, UNFPA and the UNAIDS Secretariat, a revised and updated toolkit will be launched in 2024.
- 33. Adolescents were empowered and youth leadership in the HIV response was promoted.** In collaboration with UNFPA, UNICEF supported a young women’s leadership community within the UNAIDS-led Education Plus initiative. Through this community, UNICEF supported the development of [FLOURISH](#), a toolkit by young women for young women advocates and leaders. UNICEF and partners in the Joint UN Programme [2gether4SRHR](#), in collaboration with Y+ and young people from five countries in eastern and southern Africa, developed a [toolkit](#) for adolescents and young people to improve their engagement on HIV and sexual and reproductive health issues and increase service uptake. In 2023, the toolkit was adapted into a chatbot and piloted. In 2023, UNICEF and partners convened hundreds of youth advocates in Africa to accelerate the youth-led UNITED! movement.

34. **Evidence was generated to strengthen adolescent programming.** With the UNAIDS Secretariat, UNICEF jointly commissioned and issued finely disaggregated data on size estimations for young key populations (aged 15–24 years) from over 100 countries. In 2022–2023, UNICEF and the “Accelerating achievement for Africa’s adolescents (Accelerate)” hub supported research and published six briefs to reflect adolescent experiences with health systems and help countries design more effective services for adolescents and young people living with HIV.
35. **Digital innovations were accelerated to reach adolescents.** In 2022, UNICEF expanded a digital-first HIV prevention model, “U-Test”, into additional countries in western and central Africa (Cameroon and Nigeria), using peer-mediated digital tools and social media to engage young people in preventive HIV care and increase their knowledge, access and use of novel prevention and diagnostic tools. National “U-Test” flagships were established by Côte d’Ivoire and Nigeria. The platform has reached over five million young people regionally, linking over 100 000 of them with essential services.

Supporting governments to sustain the gains and international investments in the HIV response

36. **Harmful gender norms were addressed.** Through the [Spotlight Initiative](#), UNICEF supports efforts to reduce gender-based violence. This work includes supporting youth to take the lead on comprehensive sexuality education and peer education approaches to promote favourable social norms, attitudes and behaviours among adolescents and youth, both in and out of school. For example, in 2021, these interventions reached more than 7300 adolescents across six states in Nigeria.
37. UNICEF supported the Global Fund’s “Catalytic investment in adolescent girls and young women 2021–2023”, which included a focus on enhanced government stewardship and acceleration of local adaptation of evidence-based approaches for HIV prevention services for adolescent girls and young women.
38. **Innovative HIV-sensitive social protection approaches were designed.** In 2022, UNICEF continued to collaborate with partners to implement a “Cash plus” model, as part of the Government of the United Republic Tanzania’s cash transfer and livelihood enhancement programme. A final evaluation report of this programme, developed in 2023, showed increases in contraceptive and HIV knowledge, HIV testing, adolescent-friendly service provision and visits at health facilities, gender-equitable attitudes, mental health and psychosocial outcomes, as well as economic empowerment outcomes such as participation in economic activities. In 2022, UNICEF initiated the first systematic review of bundled interventions for adolescents at risk of, or living with HIV, and how they can be further strengthened. The findings from this review were updated in 2023 using newly available research. Furthermore, in 2022–2023, an external evaluation assessed the relevance, coherence, effectiveness and equity of the Joint Programme’s initiatives on HIV-sensitive social protection to develop recommendations for further improvements.
39. **Diagnostics were strengthened within national health systems.** UNICEF worked with governments in western and central Africa to optimize diagnostic networks and better integrate diagnostic services into overall health systems. UNICEF is working with the global [Community Health Roadmap](#) partnership to train community health workers on diagnostic tools, including for HIV. In 2023, it led the development of the first global advocacy strategy on diagnostics and a related toolkit to advance advocacy priorities and support community-based advocates.

40. **Continuity of HIV services was ensured in humanitarian contexts.** In 2022–2023, UNICEF extended its partnership with the Global Fund to provide vital medicines and HIV and health services in Ukraine. UNICEF also ensured the continuity of essential HIV services and used civic engagement platforms such as “U-Report” to support community engagement during the Ebola outbreak in Uganda in 2022 and provided essential health and HIV services to internally displaced populations in Myanmar at both mobile and fixed sites in 2023.

World Food Programme (WFP)

HIV in WFP's mandate

41. As the world's largest humanitarian agency, WFP saves lives in emergencies and uses food assistance to build pathways to peace, stability and prosperity for people recovering from conflict, disasters and the impact of climate change. WFP leverages its extensive operational and logistical footprint in emergencies to reach the people who are most vulnerable and who are left furthest behind. This includes working with and through partners to ensure that people living with, at risk of and affected by HIV have access to essential food and nutrition support.
42. Hunger, malnutrition and HIV are closely linked. Food insecurity often forces people to adopt risky strategies to meet their food and nutrient needs, while HIV impairs people's ability to access adequate food and nutrition due to reduced productivity and stigma. Field evidence has highlighted that HIV-affected households tend to be more food insecure and have lower dietary diversity compared to non-HIV-affected households⁵.

Key WFP strategy for HIV

43. In many contexts where WFP works, food insecurity, coupled with socioeconomic hardship and strained health infrastructure, is compounding the impact of various crises on people living with HIV. As conflict, the climate crisis and economic shocks become more frequent, WFP will prioritize support for people living with HIV to meet their urgent food and nutrition needs, have better nutrition, health and education outcomes, as well as improved livelihoods. WFP's technical and operational support to countries helps to improve households' food security and nutrition, as well as enhance their socioeconomic status and build long-term resilience. Food and nutrition support helps increase HIV treatment access and adherence for vulnerable groups while reducing high-risk behaviours that could increase the transmission of HIV and TB.
44. The current WFP HIV and AIDS policy recently underwent a strategic evaluation. The evaluation findings, recommendations and management response plan were presented and endorsed by the Executive Board in February 2023. In summary, the evaluation affirmed that HIV continues to be a highly relevant issue for WFP in delivering on its mandate of reaching the most vulnerable people and leaving no one behind. The Nutrition and Food Quality Service is finalizing a new strategy on HIV, which will set a new direction for WFP's work on HIV up to 2030, building on the current HIV policy. The new strategy will focus on improving food security and nutrition for people living with HIV and affected households through inclusion in existing WFP operations and in key national systems, with a focus on building the resilience of populations affected by HIV to shocks and crises with and through meaningful partnerships.

Top results in 2022–2023

45. **Partnerships and community-led support were provided for inclusion of the most vulnerable in Ukraine.** WFP established partnerships with a Ukrainian community-based organization serving people living with HIV, TB patients, the LGBTQI+ community, the Roma community and persons with disabilities. The Ukrainian network of people living with HIV, "100% Life", became WFP's cooperating partner.⁶ It provided

⁵ Operational analysis from WFP Somalia, 2023.

⁶ Cooperating partnerships refer to nongovernmental and other civil society organizations, which perform activities on WFP's behalf, under a field-level agreement, whereby WFP transfers food or cash resources to the partner or the partner otherwise handles WFP's cash or in-kind resources.

comprehensive geographic coverage, enabling a deeper reach among marginalized groups with in-kind assistance, and leveraged its experience in working with people living with and affected by HIV. Since the field-level partnership started in 2022, WFP has provided food assistance to over 200 000 people living with HIV and/or TB.

- 46. Life-saving assistance with commodities was provided on behalf of the Global Fund.** WFP provided logistical and supply chain expertise to the Global Fund, helping with the storage of medications and other supplies and ensuring final-mile delivery of life-saving commodities. Together with the Global Fund, WFP in 2022–2023 provided support in six countries in the form of non-food, HIV-, TB-, malaria-, and COVID-related commodities worth a total of US\$ 168 million.
- 47. HIV-affected households were integrated in WFP's cash operations in Cameroon.** To ensure more sustainable support for vulnerable people living with HIV, the Cameroon Country Office has integrated them into ongoing food assistance and resilience activities since 2021. WFP has worked continuously with the Ministry of Public Health to support the identification of and assistance for the most vulnerable HIV-affected households in the South-West, East and Adamawa regions. In 2022–2023, more than 5200 HIV-affected households (over 23 000 people) were integrated into WFP's cash transfer assistance in those regions.
- 48. Integrated and essential services for mobile and vulnerable populations were provided through road-side wellness project in Mozambique.** Launched in 2020 by WFP, together with the International Organization for Migration, UNICEF and WHO, in support of the Government of Mozambique, the road-side wellness centre (also called the "blue box clinic") in the main Beira transport corridor (in Manica province) increased access to HIV and TB prevention and treatment services for key populations and other populations at high-risk, including truck drivers, female sex workers and adolescents. In Mozambique, adolescent girls are over four times more likely to acquire HIV than their male peers, while truck drivers have difficulty accessing health services due to their mobility. The "blue box clinic" offers services at a mobile and easily reproducible facility constructed from a converted shipping container. In 2022–2023, the clinic served an average 50–99 clients per day, supporting more than 21 000 people. It provided integrated HIV testing and counselling, antiretroviral therapy, and screening for sexually transmitted infections (STIs), COVID-19, cervical cancer and malnutrition. WFP also integrated livelihood support and resilience-building activities, adding literacy and economic empowerment and training, with female sex workers the primary focus. This included vocational training and courses for cooking, cutting and sewing, hairdressing, as well as village loans and savings groups, coupled with financial literacy.
- 49.** In 2020, the WFP Regional Bureau for Southern Africa and the Regional Bureau for Eastern Africa initiated research with the University of Oxford, the University of Cape Town and the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub. The long-term collaborative study concluded in 2022, with new evidence showing that food security can reduce HIV risk, especially among adolescent girls and young women. Conducted among 1,700 adolescents, the study also indicated that social protection platforms can increase food security and nutrition while reducing HIV risk for vulnerable populations in sub-Saharan Africa. It led to the publication of an article in the *Journal of the International AIDS Society*⁷ and policy brief,⁸ as well as a global webinar on World AIDS Day.

⁷ Cluver L, Rudgard WE, Toska E, et al. Food security reduces multiple HIV infection risks for high-vulnerability adolescent mothers and non-mothers in South Africa: a cross-sectional study. *J Int AIDS Soc.* 2022;25(8):e25928.

⁸ Social protection, food security and nutrition: Critical enablers for reducing HIV-related vulnerabilities amongst adolescents and young people. Rome: World Food Programme; 2022.

United Nations Development Programme (UNDP)

HIV in UNDP's mandate

50. UNDP works in 170 countries and territories to help eradicate poverty, reduce inequalities and exclusion and build resilience. As the UN's development agency, UNDP plays a vital role helping countries achieve the SDGs and deliver on the pledge to leave no one behind. In 2022–2023, UNDP supported 150 countries on HIV and health.

Key UNDP strategy for HIV

51. UNDP's work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the 2021 Political Declaration on HIV and AIDS, the 2021–2026 Global AIDS Strategy, the [UNDP Strategic Plan \(2022–2025\)](#), and the [UNDP HIV and Health Strategy \(2022–2025\)](#). The latter two documents commit UNDP to address the inequalities that drive pandemics; strengthen governance and systems for health to regain ground lost against HIV, TB and malaria due to the COVID-19 pandemic; and address emerging priorities such as noncommunicable diseases, mental health and pandemic preparedness. This includes supporting countries to include key populations in their HIV responses, promoting enabling legal and policy environments, and enhancing sustainable financing. UNDP's work on HIV and health also contributes to the organization's core mission of reducing poverty and inequalities, building resilience and helping to ensure that no one is left behind.

Top results in 2022–2023

52. **Fifty-seven countries were supported through the UNDP-Global Fund partnership, saving 7.3 million lives since 2003.** The partnership assisted governments in implementing large-scale health programmes, making health and community systems more resilient, and helping countries strengthen enabling legal and policy environments. UNDP is the interim principal recipient of Global Fund grants in challenging operating contexts and a technical/policy support provider to the Global Fund. Through this partnership, UNDP provided antiretroviral therapy to 1.68 million people, HIV counselling and testing to six million people, services to prevent vertical HIV transmission to 121 000 women, treatment for TB to 98 000 people, and support to Global Fund Country Coordinating Mechanisms in 16 countries in 2022–2023.

53. **Enabling legal, policy and regulatory environments were supported for HIV and health.** UNDP continued to work with partners in 97 countries to advance the recommendations of the independent Global Commission on HIV and the Law. This work contributed to the decriminalization of HIV transmission in Zimbabwe; the introduction of human rights-based drug legislation in Côte d'Ivoire; and the decriminalization of consensual sex between men in the Cook Islands, which was achieved together with the Global Fund, UNAIDS Secretariat, civil society and LGBTQI+ groups.

54. UNDP partnered with Parliamentarians for Global Action on a handbook for parliamentarians on advancing the human rights and inclusion of LGBTQI+ people. It also collaborated with the HIV Policy Lab, UNAIDS Secretariat and GNP+ on a report examining global trends on the criminalization of same-sex sexual activity and its impact on HIV. UNDP, OHCHR, WHO, UNAIDS Secretariat and the University of Essex supported Brazil, Colombia and Ghana in advancing rights-based responses for people who use drugs. It also continued to support regional judges' fora in Africa, the Caribbean and eastern Europe. Judgments decriminalizing consensual same-sex sexual activity in

Mauritius and Saint Kitts and Nevis were delivered by judges who had participated in these fora.

55. UNDP continued to support the integration of modules on HIV, human rights and law into judicial training institute curricula and it published a training resource on HIV, key populations and the law to facilitate judicial sensitization. As part of a partnership with the Asia Pacific Forum of National Human Rights Institutions, UNDP expanded its work with national human rights institutions on LGBTQI+ issues in several countries in Asia. It also advocated for open and safe civic space for HIV responses through publications and programmatic work at country level.
56. **Support was provided for rights and access to key populations to services and community-led responses.** UNDP supported 97 countries to work with and for key populations. The UNDP-led "SCALE: Removing barriers to HIV services" initiative awarded grants to 33 organizations led by people living with HIV and other key populations in 16 countries. In line with the 10–10–10 strategic targets, organizations are countering discriminatory laws, policies and practices and HIV-related criminalization, all of which hinder access to HIV services. The grants also advance the work on strengthening key population leadership, expanding partnerships and increasing solidarity among communities. Through the UNDP-Global Fund partnership, UNDP has worked with local partners to provide HIV services to 1.85 million members of key populations, including: 537 000 gay men and other men who have sex with men, 42 000 transgender people, 440 000 sex workers, 173 000 people who use drugs, and 663 000 people in prison.
57. **LGBTQI+ rights and inclusion were advanced.** UNDP worked with governments, UN partners, academia, private sector and civil society partners in 84 countries on LGBTQI+ rights and inclusion, including on countering homophobic and transphobic bills and attempts to limit the rights and access of LGBTQI+ people to services. UNDP and the GALCK+ coalition of LGBTQI+ organizations in Kenya cosponsored a South-South learning meeting on the anti-LGBTQI+ pushback for civil society, government and UN partners from Ghana, Kenya, Liberia, Nigeria, Uganda, Zambia and Zimbabwe to share strategies and lessons, create new alliances across sectors, and develop action plans. A webinar on the same topic was organized to reach a broader group of African stakeholders.
58. UNDP also partnered with the international development organization HIVOS to facilitate South-South collaboration on LGBTQI+ inclusion and human rights in sub-Saharan Africa. Following the 2022 pilot of the LGBTQI+ Inclusion Index, Georgia and Viet Nam are facilitating dialogues to improve the rights of LGBTQI+ people. Ecuador completed its own Index pilot in 2023, while Panama, UNDP, the UNAIDS Secretariat and OHCHR supported the creation of an LGBTQI+ rights observatory in the national Ombudsperson's Office to monitor rights violations against LGBTQI+ persons.
59. **Gender equality and service access for women and girls were advanced.** UNDP supported 69 countries to address gender equality and gender-based violence. It assisted the Central African Republic in revising its Family Code, the country's key legislation on gender equality. In China, UNDP convened a series of meetings with youth leadership on gender and health for LGBTQI+ youth and people living with HIV to advocate for HIV, mental health, transgender health and gender-based violence services. It helped launch Liberia's national gender-based violence accountability framework and supported the Ministry of Health to remove the barriers women face when accessing HIV, TB and gender-based violence services.

60. In South Sudan, UNDP worked with UNFPA and community organizations to deliver community-based HIV prevention services that include addressing sexual and gender-based violence for sex workers. In Sudan, UNDP partnered to build the capacity of civil society organizations to work on gender-based violence and it supported the development of a national action plan as well as improved access to shelters, helplines and other support services. UNDP supported the NAWARA Women's network, which is active in nine countries in the Middle East and North Africa, to develop their strategic plan, a donor landscape review and a scoping of resource mobilization opportunities. In Kazakhstan, UNDP supported the Union of People Living with HIV to develop its strategic plan for 2023–2027 and build the capacity of women living with HIV and nongovernmental organizations (NGOs) for preventing gender-based violence.
61. **Access to medicines and other health technologies was enabled.** UNDP supports countries to increase access to PrEP. In Pakistan, with support from the Global Fund, UNDP partnered with local community-based organizations, government, the UNAIDS Secretariat and WHO to launch PrEP delivery through networks of peer outreach workers and drop-in centres. In Colombia, it assisted the Government in introducing a digital solution to scale up PrEP: the [PrEP-Colombia.org platform](https://www.prEP-Colombia.org). Combined with training on combination prevention strategies, this mechanism reached more than 20 300 people. UNDP published a working paper titled "A competition law approach to promoting access to insulin" in response to evidence that people living with HIV are more likely to have type 2 diabetes than people without HIV. It partnered with the governments of Malawi, Kazakhstan and the United Republic of Tanzania to support national legislation and policy reform to increase access to medicines, opportunities for domestic production and technology transfer.
62. **Efficiencies in HIV responses were promoted.** Commissioning NGOs to deliver HIV and health services via social contracting arrangements can be an effective way for countries to support community-led responses. UNDP developed a model for assessing the social returns on investment from social contracting and used it to develop guidance on contracting NGOs to provide services for key populations and vulnerable groups. It supported Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine to develop social contracting guidelines and organized South-South exchanges between the countries to share lessons.
63. **Digital inclusion approaches were integrated in health systems.** UNDP supported 88 countries on digital inclusion in the health sector. This included the launch of its Digital Health for Development Hub as a "one-stop-shop" for technical and advisory support to help identify and implement appropriate digital health solutions. UNDP is using digital technologies to provide training and clinical support to front-line health personnel who provide care for people living with HIV in 11 countries in the Pacific. In Indonesia, UNDP and the Global Fund are supporting the digitization of the HIV, TB and malaria drugs supply chain system through "Sistem Monitoring Imunisasi Logistik secara Elektronik" (SMILE), an innovative technological solution that enables real-time visibility of stock supplies. The system will ensure regular availability of antiretroviral medicines to an estimated 500 000 people living with HIV in the country.

United Nations Populations Fund (UNFPA)

HIV in UNFPA's mandate

64. UNFPA strives for a world in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The [UNFPA 2022–2025 Strategic Plan](#) highlights scaling up high-quality comprehensive sexual and reproductive health (SRH) information and services (inclusive of HIV) as part of universal health coverage (UHC) plans; incorporating the multisectoral needs of women, adolescents and youth along the continuum of care; and addressing structural inequalities, such as discriminatory gender and social norms that hinder the achievement of the Fund's three transformative results.⁹
65. Strategic priorities include the scale-up of national interventions to achieve equity in access and to improve the quality of comprehensive SRH care through support for the implementation of the essential sexual and reproductive health and rights (SRHR) package. This includes comprehensive sexuality education (CSE) and the prevention and treatment of HIV and other STIs. UNFPA advocates and provides guidance for reaching marginalized, key and vulnerable populations who face inequities in access to comprehensive SRHR information and services along the continuum of care.

Key UNFPA strategy for HIV

66. UNFPA's approach to HIV and other STIs serves the overall goal of ensuring good sexual health and well-being as a foundation for good reproductive health. The promotion of sexual health is part of UNFPA's Strategic Plan is a key component of comprehensive SRHR and contributes to the 2021–2026 Global AIDS Strategy. Using an integrated approach, the upcoming UNFPA strategy on sexual health and well-being and HIV/STI prevention aspires to achieve effective integration of HIV/STI prevention and promotion of sexual health and well-being across UNFPA programming. It also seeks to expand robust partnerships for tailored interventions, integrated approaches, and the empowerment of marginalized and vulnerable populations towards a world free from discrimination and which realizes sexual and reproductive health and rights for all.

Top results in 2022–2023

UNFPA activities averted 264 000 new HIV infections, 31 million unintended pregnancies and 11.5 million sexually transmitted infections	
<ul style="list-style-type: none"> ▪ Logistic information system: 51% of countries have in place partial or full electronic logistic management system for reaching "the last mile". 	<ul style="list-style-type: none"> ▪ Adolescent girls: 9.9 million marginalized adolescent girls were empowered through health, social and economic asset-building programmes.
<ul style="list-style-type: none"> ▪ In-school sexuality education: 36% countries operationalized in-school CSE. 	<ul style="list-style-type: none"> ▪ Out-of-school sexuality education: 32% of countries delivered out-of-school CSE.
<ul style="list-style-type: none"> ▪ Youth policies: 66% of countries integrated SRHR into national youth policies and plans. 	<ul style="list-style-type: none"> ▪ Participation: 82 countries promoted youth-led innovative solutions related to the three transformative results.
<ul style="list-style-type: none"> ▪ Gender and social norms: 40% of countries had a national mechanism to address discriminatory gender and social norms. 	<ul style="list-style-type: none"> ▪ Social movements: 58% of countries had social movements that advocated against harmful gender and social norms.

⁹ <https://www.unfpa.org/data/transformative-results>

<ul style="list-style-type: none"> ▪ Gender-based violence: 69% of countries experiencing humanitarian crises had a functioning inter-agency coordination mechanism or platform to address gender-based violence. 	<ul style="list-style-type: none"> ▪ People with disabilities: 292 250 women and young people with disabilities benefited from services related to SRH gender-based violence and harmful practices.
<ul style="list-style-type: none"> ▪ Preparedness: 38% countries integrated SRH into emergency preparedness and disaster risk reduction plans. 	<ul style="list-style-type: none"> ▪ Service provision: 52.8 million adolescents and youth benefited from SRH services.
<ul style="list-style-type: none"> ▪ Legal frameworks: 49% of countries had laws and regulations that support the realization of universal access to SRH. 	<ul style="list-style-type: none"> ▪ Universal health coverage: 73% of countries integrated sexual and reproductive health into UHC-related policies.
<ul style="list-style-type: none"> ▪ Climate policies: 37% of countries integrated SRH into policies related to climate change. 	

67. **The Global Prevention Coalition was supported.** UNFPA continued to co-convene the Global Prevention Coalition and the Global HIV Prevention Working Group. The Coalition expanded the number of focus countries from 28 in 2022 to 38 in 2023 and supported national multisectoral leadership on HIV prevention. Its work supported focus countries in achieving steeper overall reductions (33%) in new infections than countries outside the Coalition (7%). The South-to-South HIV Prevention Learning Network employed diverse approaches for learning, including South-South transfers of skills and mentoring.

68. **Guidance was provided for out-of-school CSE.** In 2022–2023, UNFPA supported CSE in over 70 countries, and assisted the development and implementation of national strategies, policies, curricula and guidelines in at least 35 of them. It sustained its work on phase 2 of the Global Programme on Out-of-School CSE in 12 countries, focusing on young key populations, and delivered training to strengthen participants’ capacities for planning and implementing CSE programmes for and with young people living with HIV.

69. Nine country case studies¹⁰ were launched as part of the Global Programme on Out-of-School CSE, presenting good practices and lessons learned in reaching populations left behind. Additionally, nine papers were published in a special edition of Sexual and Reproductive Health Matters in partnership with the UNDP / UNFPA/ WHO / World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

70. At the country level, UNFPA collaborated with the Ministry of General Education in Zambia to train 618 teachers to deliver CSE, which benefitted over 729 000 learners across 228 schools, with 136 schools establishing CSE clubs. Similar work included the establishment of 294 CSE out-of-school clubs, which reached over 189 000 adolescents with adolescent SRH information and facilitated 13 230 referrals for SRH services.

71. **Condom programming was supported.** UNFPA completed its technical support to partners in the Global Fund Condom Programme Stewardship Strategic Initiative 2021–2023 (Condom SI). This included introducing new, virtual channels for service delivery and expanding knowledge of social media marketing in Malawi, Mozambique, Uganda and Zambia. Condom SI worked with governments to establish functional last-mile distribution systems for a package of HIV prevention options and to extend those mechanisms beyond health facilities. In Uganda, the initiative mapped “hotspots” for condom distribution, implemented real-time stock tracking and used the UNAIDS/UNFPA “condom needs estimation tool”. Elsewhere, UNFPA continued to support condom

¹⁰ <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>

demand creation and condom use sensitization activities, including by supporting implementation of the “CONDOMIZE!” campaign in 20 higher and tertiary education institutions in Zimbabwe. In 2022, 80 campaigns reached around 110 000 young people, while at least 120 campaigns reached about 165 000 young people in 2023.

72. **Leadership was provided on human rights and gender.** In 2022–2023, UNFPA worked with the Wilson Center to address technology-facilitated gender-based violence. In 2022, the first global symposium on this issue was held to foster engagement and dialogue. This momentum continued into 2023, including through advocacy, webinars, a discussion paper on gauging such violence,¹¹ and guidance on the safe and ethical use of technology to address gender-based violence and harmful practices.¹²
73. UNFPA, which leads on gender-based violence within the Global Protection Cluster, developed a comprehensive three-year plan¹³ in 2023 to address the multifaceted requirements for gender-based violence prevention, risk mitigation and response. Some 4.2 million people were reached with gender-based violence prevention, risk mitigation and response services in 50 countries, while 33 000 women in 23 countries were reached with humanitarian cash assistance for gender-based violence case management and/or other response and risk mitigation measures.
74. **SRHR integration was advanced.** The multipartner “2gether 4 SRHR” programme has promoted the integration of SRHR/HIV and gender-based violence services in 10 countries over the past four years. The programme brings together the efforts of UNFPA, UNICEF, WHO and the UNAIDS Secretariat to improve the sexual and reproductive health and rights of people in eastern and Southern Africa by facilitating enabling legal and policy environments and catalysing community empowerment, service delivery and knowledge sharing. Successes and insights from Phase 1 of the programme guided the introduction of Phase 2, which began in 2023 and will continue until 2027. Two new outcomes were introduced in Phase 2—one focused on gender and social norms, and the other on SRHR during humanitarian crises and emergency situations.
75. At country level, UNFPA's support enabled significant progress in utilizing integrated SRHR services, including HIV outreach and care. For example, in 2022–2023, UNFPA provided direct support to the Sudanese People Living with HIV Care Association to reach 2580 people living with HIV in 28 states with integrated SRH services, including STI services and family planning information.

¹¹ https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Measuring%20TF%20GBV_%20A%20Discussion%20Paper_FINAL.pdf

¹² https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_SafeEthicalGBVTechGuide_Summary_2023.pdf

¹³ https://www.unfpa.org/sites/default/files/pub-pdf/GBV_emerg_strategy_SUMMARY_FINAL.pdf

United Nations Office on Drugs and Crime (UNODC)

HIV in UNODC's mandate

76. UNODC, UNAIDS's convening agency for HIV among people who use drugs and people in prison, implements its mandate in full compliance with the relevant declarations, resolutions and decisions from the UN General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the UNAIDS PCB.
77. UNODC's comparative advantage within the Joint Programme lies in its mandate and expertise in working with ministries of health, justice and the interior, as well as with drug control and law enforcement agencies, prison authorities and civil society, including networks of people who use drugs. Its role in addressing HIV among key populations includes the provision of technical guidance, capacity building support, procurement and targeted advocacy to ensure effective coordination and policy-making.
78. UNODC concentrates its efforts and programme delivery on high-priority countries, including humanitarian settings, through collaboration with partner UN agencies, Member States, civil society, academia and communities. It supports the reform, development and implementation of legislation and policies to guarantee access to HIV services for people who use drugs and people in prisons. It promotes the elimination of stigma and discrimination and the adoption of human rights, evidence-based, public health-centred approaches to drug use and HIV.
79. UNODC works to scale up comprehensive harm reduction for people who use drugs in all settings, including needle-syringe programmes, opioid agonist therapy and medication for blocking the effects of opioid overdose. UNODC seeks to ensure that harm reduction interventions are tailored to the needs of people who inject drugs, people who use synthetic stimulant drugs, women and gender-diverse people who use drugs, including young people. UNODC supports efforts to ensure that community-led organizations deliver services for HIV and hepatitis prevention programmes for people who use drugs.
80. In its efforts to address HIV, viral hepatitis and TB within prisons and other closed environments, UNODC promotes measures to reduce prison overcrowding, alternatives to incarceration and non-custodial measures, particularly for minor, non-violent offenses involving women, juveniles and drug use. It also supports the integration of HIV services within prison systems into broader public health frameworks, acknowledging the inherent benefits to prisons and the wider community. In addition, UNODC supports community-led organizations and networks of people who use drugs and people in prisons in shaping the HIV response. Through platforms like the UNODC civil society groups on drug use and HIV and prison and HIV, UNODC facilitates dialogue, sharing of challenges and best practices for expansion of HIV services in both prison and community settings.
81. UNODC served as the Chair of the UNAIDS Committee of Cosponsoring Organizations in 2023 and supported the Joint Programme, towards achieving the SDGs and meeting the 2025 targets outlined in the 2021–2026 Global AIDS Strategy.

Key UNODC strategy for HIV

82. UNODC is committed to implementing the 2021–2026 Global AIDS Strategy and the [UNODC Strategy \(2021–2025\)](#) in synergy to magnify their impact on the HIV response among people who use drugs and people in prisons. UNODC support to countries is based on the comprehensive package of HIV prevention, treatment and care services (WHO, UNODC and the UNAIDS Secretariat), the UN Standards Minimum Rules for the

Treatment of Prisoners (the Nelson Mandela Rules) and the [technical brief on HIV prevention, treatment and care in prisons and other closed settings](#).

Top results in 2022–2023

83. **Technical briefs were developed.** UNODC developed a paper titled "[Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs](#)" to support countries to implement effective interventions, as well as a technical brief, "[Transgender people and HIV in prisons and other closed settings](#)", to support countries in reducing HIV risk and transmission and ensuring adequate health care for transgender people in prisons.
84. **Evidence-based harm reduction programmes were implemented and scaled up.** UNODC sustained technical support and advocacy efforts contributed to the initiation of opioid agonist therapy programmes in Algeria, Egypt, Jordan, Libya, Pakistan, Tunisia and Uganda. In Tajikistan, opioid agonist therapy was extended to pre-trial centres, ensuring uninterrupted services throughout all stages of the criminal justice process. To increase political commitment and foster national cooperation to implement harm reduction interventions, UNODC partnered with the Global Fund and WHO to conduct high-level advocacy meetings in Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, followed by targeted technical support.
85. **Capacity was enhanced for an evidence- and human rights-based response to HIV and drug use.** UNODC implemented a large capacity-building programme in its high-priority countries, using technical guidance which had been developed in collaboration with the UNAIDS Secretariat, WHO, the International Network of People Who Use Drugs and Harm Reduction International. Capacity-building assistance on HIV prevention, treatment and care among people who use stimulants was provided to over 700 state service providers and community-led organizations in Afghanistan, Bangladesh, Cambodia, India, Indonesia, Malaysia, Myanmar, the Philippines, South Africa, Thailand and Viet Nam, and in the eastern Africa region. With respect to opioid agonist therapy, UNODC strengthened the capacity of 350 service providers and community-led organizations in Egypt, Mozambique, Pakistan, India, Kenya, Nigeria and South Africa.
86. **Capacities of community-led organizations were enhanced.** UNODC supported the International Network of People Who Use Drugs to evaluate the impact of criminalization of drug use on people who use drugs and enhance evidence-informed advocacy skills for achieving the 10–10–10 targets in the 2021–2026 Global AIDS Strategy. With UNODC support, the network collaborated with "*Persaudaraan Korban Napza Indonesia*", the Drug Harm Reduction Advocacy Network and the South African Network of People who Use Drugs to conduct three national capacity-building events in Indonesia, Nigeria and South Africa. This resulted in the development of a five-year advocacy roadmap to guide national network advocacy for the human rights of people who use drugs.
87. **Actions were taken to strengthen efforts to address HIV in prisons.** As part of its work to address HIV, viral hepatitis and TB in prisons and other closed settings, UNODC conducted regional trainings in south and southeast Asia, eastern and southern Africa, the Middle East and North Africa and central Asia. National trainings by UNODC in Egypt, Islamic Republic of Iran, Kazakhstan, Morocco, Mozambique, Myanmar, Nepal and Thailand built the capacity of over 500 policy-makers, prison administrations, staff and health-care providers to develop and implement national strategies addressing HIV among incarcerated populations, emphasizing gender-responsive interventions and evidence-based services for preventing vertical HIV transmission.

88. UNODC led the development of a monitoring tool, "Prevention of mother-to-child transmission of HIV in prisons", in collaboration with experts, Cosponsors and the UNAIDS Secretariat. The tool supports the collection of data and monitoring of the incidence of mother-to-child HIV transmission within prison facilities and the availability of associated services. It has been rolled out in selected countries in the southern and eastern Africa region.
89. UNODC delivered targeted technical support to several high-priority countries in 2022–2023. This support focused on: reviewing, adapting, developing and implementing evidence-informed and human rights-based legislation, national strategies, guidelines and related standard operating procedures for health and HIV services in prison settings (Ethiopia, Indonesia, Nigeria, Morocco, Sudan); opioid agonist therapy (Algeria, Egypt, Nigeria, Viet Nam); and HIV prevention, treatment, care, and harm reduction for people who use drugs (Afghanistan, Algeria, Libya, Tunisia, South Africa, South Sudan, Sudan), including new psychoactive substances and stimulants (Moldova, Uzbekistan).
90. **Support was provided to strengthen the capacities of and partnerships with law enforcement agencies.** UNODC strengthened the capacities of law enforcement officials and developed partnerships between law enforcement and other relevant sectors, including public health, social welfare, civil society and community-based organizations, by organizing trainings and consultations in Afghanistan, Bangladesh, Belarus, India, Kyrgyzstan, Philippines, Uzbekistan and Zambia.
91. **Continuity of HIV services in humanitarian settings was ensured.** UNODC supported 13 civil society organizations in Ukraine, Moldova, Montenegro, Serbia and Ukraine to ensure uninterrupted provision of HIV services during the humanitarian crisis. The support benefited more than 200 000 people, including key populations, refugees and internally displaced persons. The project mobilized national and region-wide civil society, service providers, policy-makers and other stakeholders to achieve a coordinated, comprehensive and community-led consultative process that addresses the needs of key populations for human rights- and evidence-based services during the ongoing humanitarian crisis.

United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN)

HIV in UN Women mandate

92. As a UNAIDS Cosponsor, UN Women supports the governance of the HIV response by:
- ensuring that national HIV policies, strategies and budgets are informed by sex- and age-disaggregated data and gender analysis;
 - scaling up effective approaches for tackling the root causes of inequality, including through mainstreaming HIV in efforts to end violence against women and promote women's economic empowerment; and
 - supporting the leadership of women and girls in all their diversity, particularly women living with HIV, to meaningfully engage in decision-making at all levels in HIV responses.

Key UN Women strategy for HIV

93. The [UN Women Strategic Plan \(2022–2025\)](#) sets out how UN Women will leverage its triple mandate—encompassing normative support, UN System coordination and operational activities—to mobilize sustained action to achieve gender equality and the empowerment of all women and girls in the context of HIV, and to support achievement of the 2030 Agenda for Sustainable Development, including SDGs 3 and 5. The UN Women Strategic Plan prioritizes this vital work through HIV-dedicated indicators and inclusion of HIV as one of the five “leave-no-one-behind” programming categories.

Top results in 2022–2023

94. **Global norms and standards setting on gender equality and HIV were supported.** To facilitate implementation of the [2016 CSW 60/2 resolution](#), UN Women provided policy support to the Southern African Development Community to adopt and roll out a gender-responsive oversight model which entails a regional framework and programme of action to monitor implementation of the resolution. The model promotes efforts to address the compounded gender inequalities that increase adolescent girls' and young women's vulnerability to HIV. It was adopted by Angola, Lesotho, Malawi, Mozambique, Namibia and Zimbabwe.
95. **Gender-responsive HIV policies and institutions were advanced to meet UNAIDS 10–10–10 targets.** In 2022–2023, UN Women strengthened gender equality expertise and increased the availability of and access to gender analysis and knowledge on the gender dimensions of the HIV epidemic among national AIDS coordinating bodies and HIV programmes in 35 countries. To inform national planning and budgeting, UN Women supported gender assessments of the HIV responses in 11 countries. This resulted in the identification of persisting inequalities, which in turn informed the integration of efforts to address gender inequality issues in national HIV strategies and plans, budgetary allocations and development of gender-responsive indicators to track progress.
96. The UN Women-supported gender and human rights assessment of Indonesia's Global Fund grant request provided principal recipients with key policy recommendations. In Botswana, Eswatini, Malawi and Uganda, UN Women mobilized networks of women living with HIV to engage in mid-term reviews of national HIV strategic frameworks in order to ensure that gender equality priorities were included in priority actions and resource allocations. As a result of UN Women's technical guidance, the new national

strategic plans for HIV until 2027 in Burundi and Lesotho prioritized outcomes on ending gender-based discrimination and violence against women.

97. Support was provided for repealing discriminatory HIV-related laws and practices.

As a co-convenor of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, UN Women created spaces for and mobilized women living with HIV to identify and reduce gender-based stigma and discrimination and repeal discriminatory laws and practices in Indonesia, Malawi, Papua New Guinea, Tajikistan, Uganda and Viet Nam. In Tajikistan, UN Women supported the network of women living with HIV and other partners to advocate for reform of the country's criminal code, particularly Article 125, which criminalizes HIV transmission. Although not removing the Article, a new Supreme Court resolution has called for its application to be aligned with international standards, including the U=U (Undetectable = Untransmittable) approach.

98. To meet the unique HIV-related needs and priorities of transgender people, UN Women collaborated with the Ministry of Health of Viet Nam and other partners to draft and promote a new gender affirmation law. In Indonesia, Malawi, Uganda and Viet Nam, UN Women worked with women's organizations to strengthen legislation to prevent and respond to violence against women, which heightens HIV risk for women and girls. Across 13 countries, [UN Women mobilized traditional and faith-based leaders](#) to promote positive social norms and women's empowerment, and prevent HIV and violence against women, including early and forced marriage.

99. Unequal gender norms were transformed to prevent violence against women and HIV in order to accelerate progress towards the UNAIDS 95–95–95 targets.

In 2022–2023, UN Women scaled up evidence-based interventions to transform unequal gender norms in 21 countries to prevent violence against women and prevent HIV acquisition. As part of implementation of the EU/UN Spotlight Initiative, UN Women scaled up the implementation of the "SASA!" community-based initiative in Uganda and Zimbabwe to prevent HIV and violence against women. [In Zimbabwe, UN Women invested in strengthening the capacity of the Ministry of Women Affairs](#), the National AIDS Council and several HIV and women's rights organizations to continue implementation of the "SASA!" approach across multiple districts. [UN Women's "HeForShe" community-based initiative](#) in Botswana, Eswatini, Lesotho, Malawi, South Africa and Zimbabwe transformed harmful social and gender norms that perpetuate violence, and facilitated access to HIV testing, counselling and, where needed, HIV treatment and care.

100. Women's equitable access to HIV and violence against women services, goods and resources was promoted.

In 20 countries, UN Women worked towards ensuring that no women and girls are left behind in the HIV response, by strengthening access to HIV information, testing, treatment and care services and gender-based violence services for women living with and affected by HIV, including women in key populations. To implement the ["RESPECT" framework](#) in Indonesia, UN Women supported the Ministry of Health to develop special operating procedures that reflect the needs and priorities of women living with HIV who are also survivors of violence. An app, "DeLiLa" ("listen, protect, report"), developed by the national network of women living with HIV, now routinely collects cases of violence against women living with HIV and refers them to relevant health services.

101. Women's voice, leadership and agency in the HIV response were amplified.

In 2022–2023, 30 000 women living with HIV across 34 countries directly benefited from UN Women's work to increase advocacy skills and opportunities, expand access to decision-making spaces and improve uptake of HIV treatment and care services and livelihood support. In partnership with [PEPFAR](#), UN Women developed feminist

leadership skills for 185 young women in 15 sub-Saharan African countries,¹⁴ matching young women in mentoring relationships with established women leaders. In 2022, UN Women convened several Ministers of Health, Ministers of Gender and/or women's affairs, representatives of National AIDS Commissions and young women leaders. The convening resulted in an unanimously agreed set of actions. To promote the sustainability of the effort, UN Women's Executive Director [launched a multisectoral, cross-country, intergenerational collective](#) to address the high rates of HIV among adolescent girls and young women in sub-Saharan Africa.

102. **Catalytic support was provided for organizing and mobilizing women living with HIV.** UN Women invested in the institutional capacities of networks of women living with HIV in Cambodia, China, El Salvador, Indonesia, Nepal, Nigeria, Papua New Guinea, Senegal, South Africa, Tajikistan, Ukraine, Viet Nam and Zimbabwe. In South Africa, UN Women supported young women to organize themselves into the [Young Women for Life Movement](#). The movement has grown to over 3,000 members and has reached tens of thousands of other young women with information on HIV prevention, treatment and care services. The network is now expanding to Botswana, Eswatini, Lesotho and Namibia. With technical and financial support from UN Women, associations of women living with HIV in El Salvador and Nigeria developed and adopted new strategic plans and engaged in reviewing national HIV strategic frameworks, while the national network in China expanded its institutional capacity and reach at provincial level.
103. The UN Trust Fund to End Violence Against Women, managed by UN Women, awarded over US\$ 3 million in grants to local women's organizations that work directly with women living with HIV, women who use drugs, and sex workers, to facilitate their access to non-discriminatory legal aid, HIV care and support and other health services. In 2023, the Fund partnered with 191 organizations in 68 countries and territories across the world, reaching over seven million women and girls who have survived or are at high risk of violence.

¹⁴ Botswana, Cameroon, Cote d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

International Labour Organization (ILO)

HIV in the ILO's mandate

104. The mandate of the ILO is to advance social and economic justice through setting [international labour standards](#). With 187 Member States, 40 field offices and staff in 107 nations, the ILO promotes decent work for all workers, regardless of where they work. A healthy workforce is essential to achieving SDG 8. Promoting the health and safety of workers is thus an integral aspect of the ILO's mandate.

Key ILO strategy on HIV

105. The 2019 ILO strategy, [ILO's response to HIV and AIDS: accelerating progress for 2030](#), applies the twin-track approach of HIV-focused efforts and the integration of HIV in the broader development mandate. The strategy promotes HIV integration across the areas of social protection, labour standards, labour migration, gender equality, occupational safety and health, diversity and inclusion, and in ILO training courses, among others. The ILO's [HIV and AIDS recommendation, 2010 \(No 200\)](#) also calls for HIV integration across national development policies and programmes. HIV has been integrated across different outcomes in the [ILO Programme and Budget 2024–2025](#)

Top results in 2022–2023

Human rights and gender equality

106. In 2022, the ILO elected a new Director General and stepped up efforts to forge a [global coalition for social justice that](#) can contribute to addressing stigma and discrimination for vulnerable groups, including people living with and affected by HIV.
107. **Support was provided for country-level implementation.** Based on the [recommendations of the ILO Global HIV Discrimination in the World Of Work](#) survey, the ILO, the UNAIDS Secretariat and partners supported the implementation of HIV non-discrimination policies and programmes in 25 countries. The programmes led to the development of national workplace policies, policies on violence and harassment, codes of good practice on the prevention and elimination of violence and harassment, and guidance on non-discrimination.
108. **Progress was accelerated towards the creation of enabling legal environments.** Following the adoption in 2019 of the [ILO Convention on elimination of violence and harassment, 2019 \(No. 190\)](#), the first international treaty recognizing the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment, the ILO's support to governments led to the Convention being ratified in more than three dozen countries, including several with large HIV epidemics, such as Lesotho, Namibia, Nigeria, Rwanda and Uganda. It also launched a global campaign to promote ratification of the convention and the enactment of legislation to create a conducive and enabling environment. To date, 39 countries have ratified the convention and committed to enact laws against violence and harassment.
109. **Normative guidance was promoted to control risks and minimize the negative impact of violence and harassment in the workplace.** The ILO published a guideline, "[Violence and harassment at work: a practical guide for employers](#)", which has been used in over 40 countries to support the creation of a violence-, harassment- and discrimination-free environment in the workplace.

110. **Knowledge was generated to inform effective action in the world of work.** The ILO-Lloyd's Register Foundation-Gallup survey, "[Experiences of violence and harassment at work](#)", was published in 2022. It showed that violence and harassment at work was widespread across the world, with more than one in five persons in employment having experienced at least one form of violence and harassment at work.
111. **Normative guidance for LGBTQI+ rights was provided.** To promote a more conducive and enabling environment for LGBTQI+ persons in the workplace, the ILO developed the "[Inclusion of LGBTQI+ persons in the world of work](#)" learning guide. Jointly launched by the ILO and the Government of Spain, the tool describes the many challenges which LGBTQI+ persons face in the labour market and includes an overview of the evolving protections available to LGBTQ+ persons, including those living with HIV. The guide has been disseminated in over 25 countries.

Scaling up HIV testing

112. **Knowledge of HIV status was increased.** Building on the "STAR Phase 3 HIV self-testing" partnership with Population Services International, Jhpiego, UNITAID and WHO, the ILO focused in 2022–2023 on reaching underserved men in economic sectors where workers face elevated risk of acquiring HIV. The ILO's [VCT@WORK Initiative](#) is aimed at identifying people living with HIV who have not taken an HIV test and linking them promptly to care services. Over the biennium, approximately 240 000 vulnerable people in 20 countries took an HIV test as a result of this initiative. The average positivity rate was about 0.8% during the biennium, ranging from 3.9% in Mozambique and 3.4% in Madagascar to 0.14% in Côte d'Ivoire and 0.19% in Zambia.
113. **Capacity was built for strategic HIV testing initiatives.** The ILO and WHO jointly developed a policy brief on HIV testing, titled "[HIV self-testing at workplaces: approaches to implementation and sustainable financing](#)", which it disseminated through world-of-work structures in 20 countries. For capacity building, knowledge transfer and continuous learning on HIV testing, the ILO and the International Training Centre in Turin developed an [online training course on HIV testing at the workplace](#).

Expanding social protection coverage

114. Implementation of the second phase (2021–2025) of the ILO's social protection flagship programme, "Building social protection floors for all", covered 50 priority countries and contributed to many of the results achieved in countries during the biennium.
115. **Social protection gaps were documented and addressed.** The "[World social protection report 2020–2022](#)" showed that COVID-19 had deepened inequalities in the coverage, comprehensiveness and adequacy of social protection in almost all countries. It found that only 47% of the global population was effectively covered by at least one social protection benefit. The ILO portfolio of social health protection activities substantially expanded to respond to requests emerging after the COVID-19 pandemic, including for capacity building, policy and legal advisory services, and economic and actuarial analyses in 25 countries in Africa, Asia and Latin America.
116. **Knowledge generation tools were developed.** The ILO, in collaboration with the French National Social Security School and SDG Academy, launched an open online course on [making universal social protection a reality](#). The course explains key social protection concepts as well as the strengths and weaknesses of different approaches, policy options and strategies for social protection in the context of decent work and socioeconomic development. To deepen understanding of social protection coverage

for people living with HIV and TB, the ILO produced a publication, "[Making social protection a reality for people living with, at risk of and affected by HIV or TB](#)". It shows that the integration of social protection programmes and benefits can reduce stigma and discrimination, and it calls for more systematic documenting of practices adopted by social protection institutions to respond to HIV and TB.

117. **Normative guidance on social protection was generated.** The "[ILO-UNDP checklist on social protection for key populations](#)", launched at the 2022 International AIDS Conference, helped countries promote the inclusion of people living with HIV and key populations in social protection policies and programmes. Informed by a global dialogue on social protection for people living with HIV and key populations, which ILO and UNDP organized in 2021, the checklist is aimed at improving the planning and evaluation of inclusive and gender-responsive social protection programmes.
118. **Evidence base for action on HIV-sensitive social protection was strengthened.** A partnership between WFP, the UNAIDS Secretariat, UNICEF and the ILO completed a study to extend HIV-sensitive social protection in 12 countries in western and central Africa. It highlighted the need to strengthen coordination of efforts to promote social protection and end AIDS; the importance of including key populations in social protection programmes; and the value of raising awareness of social protection programmes among key populations.

Innovative country practices were identified and promoted

119. In Brazil, the ILO supported income generation capacity building initiatives for 190 marginalized LGBTQI+ people in Sao Paulo, Amapa, Para, Paraiba and Porto Alegre as part of the "Kitchen & Voice" initiative. In the United Republic of Tanzania, economic empowerment initiatives for people living with HIV established youth economic empowerment groups, while an ILO-created self-learning e-learning tool for coaching and experience sharing was provided to 100 companies in Indonesia.
120. The ILO and the Federation of Kenya Employers, the HIV tribunal and other partners worked jointly in Kenya to build the capacities of human resource managers on HIV-related stigma and discrimination in the workplace and in HIV tribunal activities. In China, the ILO assessed the skills gaps among people living with HIV in terms of their digital and communications skills and the organization of Start Your Online Business training programmes.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

HIV in UNESCO mandate

121. UNESCO uses its comparative advantage with the education sector to support Member States to advance young people's health and well-being. Efforts are guided by the revised [UNESCO's Strategy on Education for Health and Well-being](#), which was launched in 2022. The Strategy emphasizes building stronger, more resilient school health systems that promote learners' physical and mental health and well-being, as well as HIV and reproductive health, while focussing on CSE and on ending violence and discrimination. It addresses the mutually reinforcing intersections of SDGs 3 (Health), 4 (Education) and 5 (Gender equality).

Key UNESCO strategy for HIV

122. Efforts for global HIV prevention continue through support for delivery of in-school CSE programmes around the world, using the International Technical Guidance on Sexuality Education, as the principal guiding framework for curricula, policy and advocacy. UNESCO is the co-convenor of the UNAIDS division of labour area on young people, along with UNICEF and UNFPA. UNESCO also supports development of the "Education Plus" initiative, which aims to strengthen the education and empowerment of adolescent girls and young women in Africa. In 2024, UNESCO assumed the role of Chair of the Committee of Cosponsoring Organization.

Top results in 2022–2023

123. **Landmark recommendation was adopted.** A landmark achievement was the adoption of the revised Recommendation on Peace, Human Rights and Sustainable Development in 2023. The Recommendation conceptualizes health and well-being within the notion of "education for peace", based on evidence and internationally agreed language. Key themes include learners' health and well-being, safe learning environments, CSE and socio-emotional skills.
124. **Political commitment was strengthened.** In 2023, in Brazzaville, Ministers of Education and Health from 25 countries endorsed the WCA Commitment for educated, healthy and empowered adolescents and young people. UNESCO played an important role in supporting countries to deliver on their pledge to strengthen education and health programmes to better address HIV, early and unintended pregnancy and gender-based violence, and achieve tangible targets by 2027 and 2032.
125. UNESCO also collaborated to develop and launch of the Continental Strategy on Education for Health and Well-being of Young People. This African Union strategy aims to enhance the physical, mental and reproductive health of young people while contributing to the achievement of education goals. The strategy addresses health challenges, such as early pregnancies, HIV and gender-based violence, and it builds on existing international commitments such as the ESA Ministerial Commitment and the WCA Commitment.
126. **HIV prevention efforts were strengthened.** UNESCO is contributing to HIV prevention through its longstanding experience in working with ministries of education and by synergizing efforts with ongoing initiatives on girls' education and quality CSE, including the "Our Rights, Our Lives, Our Future" (O3) programme. The O3 programme addresses barriers to girls' education, health and empowerment, including adolescent pregnancy, HIV and gender-based violence. It strengthens access to good-quality CSE

and youth-friendly services across sub-Saharan Africa. In 2023, the Programme launched its second phase, with 20 million learners already reached by teachers who had been trained with UNESCO support.

127. **Capacity and commitment on CSE were increased.** As co-convenor of the Global Partnership Forum on CSE with UNFPA, UNESCO fosters a space for thought leadership and strategic action. In 2022, a global symposium on CSE attracted over 800 registrants, with a programme featuring 120 speakers. The online event focused on tackling the social, cultural and political environment; promoting young people's meaningful involvement and the inclusion of under-served populations; and highlighting the evidence and good practices for the delivery of CSE.
128. UNESCO's position as the knowledge leader on CSE was also further consolidated in 2023 with the 56th Commission on Population and Development's focus on education. UNESCO contributed with its expertise, including written reports and presentations to the committee on education and population. It also continued to support better coordinated global efforts to respond to the anti-rights movement and its disinformation campaigns against CSE, including by collaborating and sharing information with UN partners to promote a coherent response.
129. UNESCO also promoted the global research agenda on CSE by launching two major studies in 2022–2023. One focused on addressing evidence gaps regarding learners' social and emotional life skills and their knowledge, beliefs, attitudes and values regarding gender and healthy, equitable interpersonal relationships, while documenting the sociocultural contexts of national CSE programmes in six countries. The other study will investigate adolescents' and young people's perspectives, attitudes and experiences on CSE around the world.
130. Through collaboration with the Global Education Monitoring Report team, UNESCO developed a Profiles Enhancing Education Review (PEER) series that is focused on CSE. In 2023, 50 profiles were successfully launched through a global webinar. They are aimed at stimulating national policy dialogues, facilitating regional peer-learning between countries and enabling the monitoring of relevant policy trends. Fifty additional profiles will be launched in 2024.
131. UNESCO launched a new project focussed on understanding how sexuality education can be inclusive of the needs and rights of all learners, including those who are LGBTQI+. The project aims to collate strategic information on LGBTQI+-inclusive sexuality education and advance knowledge sharing and dialogue between interested countries and stakeholders. An international consultation meeting was hosted in South Africa in 2022. In 2023 a new report, titled "Safe, seen and included", was published in English and Spanish. It highlights the rationale for sexuality education that is inclusive of LGBTQ+ learners for realizing their rights to education, health and well-being. The report features success factors and case studies from numerous countries. UNESCO collaborated with UNDP, the World Bank, the Council of Europe and civil society partners in publicizing recommendations from the report.
132. Young children (e.g., aged 5–12 years) acquire foundational knowledge, skills and attitudes that shape many of their future health, education and social outcomes. To strengthen support and increase understanding of the delivery of quality CSE to those age groups, UNESCO and partners in 2022 began to lead a suite of work titled "Building strong foundations". A new set of technical briefs has been developed, based on a thorough evidence review and a wide stakeholder consultation process (across health, social protection, education, etc.) The briefs, to be published with UNICEF, will

assist governments and other stakeholders to strengthen foundational education for health and well-being in primary schools. The briefs will be launched in 2024.

133. In the Asia Pacific region, (Lao People's Democratic Republic, Thailand and Viet Nam), nine videos on CSE education and lesson plans for teachers and peer educators were developed and published online, following cross-country collaboration with young people, educators and civil society. The courses were developed in both English and local languages. In addition, UNESCO continued to support and empower young people through regional advocacy (in India, Nepal and Thailand) to prevent school violence, bullying and discrimination, with a focus in LGBTQI+ learners.
134. In Latin America, UNESCO continued to support the delivery of the seventh edition of the 180-hour diploma-level course on CSE to state authorities, educators and other specialists in the education and health sectors across the region. Over 100 participants from 19 countries participated in the 2023 edition. Since its inception, the course has reached over 1,000 specialists in most of Spanish-speaking Latin America with a curriculum that strengthens national capacities to design, implement and monitor prevention efforts for adolescents and young people. The initiative won the 2023 World Association for Sexual Health Award for the best academic training proposal in CSE worldwide.
135. **Progress was tracked.** UNESCO commissioned a review of the SDG thematic indicator 4.7.2, which tracks the proportion of schools that provide life skills-based HIV and sexuality education within the formal curriculum or as part of extracurricular activities. The main objective was to strengthen understandings of set practices for data collection and reporting; identify challenges, shortcomings and lessons learned; and collate recommendations that can improve standards for the indicators and processes related to data collection and reporting. Completed in March 2023, the study yielded practical recommendations for improving data collection and reporting systems for SDG 4.7.2, and for enhancing the methodology. Those improvements are expected to support the development of evidence-based policies and programmes to enhance the provision of life skills-based HIV and sexuality education.
136. **Digital community of practice was established.** Recognizing that digital spaces are increasingly used by adolescents and young people as sources of sexuality education, UNESCO established a community of practice for digital content creators, the "Digital sex-ed creators hub", in eastern Europe and central Asia. The hub convenes over 290 content creators from 60 countries who are creating innovative, factual digital content for young people. UNESCO also developed a second brief on sexuality education in the digital space, which will be launched in 2024.

World Health Organization (WHO)

HIV in WHO's mandate

137. WHO leads global efforts to expand health coverage and achieve better health for all. Though the [“Triple Billion” targets](#), WHO aims to ensure that one billion more people have UHC, are protected from health emergencies, and achieve improved health and well-being by 2025. As a founding Cosponsor of the Joint Programme, WHO leads on HIV testing, treatment and care, resistance to HIV medicines and HIV/TB coinfection. WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission of HIV (EMTCT) and paediatric AIDS; with UNFPA on SRHR; with the World Bank and UNICEF on driving progress towards achieving UHC, including through primary health care; and in partnership with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.

Key WHO strategy for HIV

138. WHO's contributions to the global HIV response align in six areas clearly outlined in the Global health sector strategies 2022–2030: strategic leadership and partnerships; public health advocacy and communication; norms and standards; innovation; technical support; global monitoring and reporting. All key WHO HIV activities that are managed at the global level, including the development of norms and standards and global monitoring and reporting, have been funded independently of UNAIDS since 2016. In allocating the US\$ 1.5 million in UBRAF core funding (previously US\$ 2 million), WHO has prioritized addressing regional-level capacity gaps for those unearmarked funds. This means that WHO's normative work is not fully independent of the interests of funders, which can lead to gaps in key guidance.

Top results in 2022–2023

139. **New strategic framework was adopted by WHO Member States.** The Seventy-Fifth World Health Assembly in May 2022 noted with appreciation the [Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for 2022–2030](#) and approved their implementation for the next eight years. The strategies propose a common vision to end AIDS by 2030 and advance UHC primary healthcare and health security, contributing to achieving the goals of the 2030 Agenda for Sustainable Development. Following its adoption, WHO regional committees endorsed, adapted and promoted the strategies through their own strategic frameworks, including through regional action plans.
140. **Major HIV prevention, testing and diagnostics recommendations were implemented.** As of December 2023, 150 of 165 reporting countries (91%) had adopted WHO recommendations on PrEP in their national guidelines; 102 countries had adopted national policies supporting HIV self-testing; and 98 countries were procuring at least one type of HIV self-test. Routine viral load monitoring for adults and adolescents has been implemented countrywide in 74% of reporting countries (98 of 133).
141. **New guidelines and recommendations on HIV prevention were published.** WHO published: [guidelines](#) on long-acting injectable cabotegravir for HIV prevention; a [technical brief](#) on implementation guidance for simplified and differentiated PrEP for HIV prevention; and a [recommendation](#) on the Dapivirine vaginal ring as a new choice for HIV prevention for women who are at substantial risk of acquiring HIV. WHO continues to work with a consortium of partners to support the immediate delivery of long-acting cabotegravir (CAB-LA), as well as future generic production. Zimbabwe

became the first country in Africa to announce regulatory approval for CAB-LA as PrEP for HIV prevention, following WHO guidelines and recommendations.

142. **New recommendations on optimizing HIV testing and simplified service delivery were released.** WHO produced new [HIV testing guidelines in 2023](#), including new recommendations on HIV self-testing for PrEP, syphilis self-testing (including dual HIV/syphilis self-tests), HIV self-testing in facilities, and a recommendation against recency assays in routine testing. WHO's work on self-testing has been essential for expanding self-testing and self-care across disease areas and within virtual interventions. An algorithm verification tool was also widely disseminated. In 2023, 102 countries had self-testing policies in place (97% increase compared to 2015).
143. **Guidance was issued on HIV prevention interventions with key populations and other groups at high risk of HIV infection.** WHO published [consolidated guidelines and a policy brief on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#), outlining a public health response for five key populations groups (gay men and other men who have sex with men, trans and gender-diverse people, sex workers, people who inject drugs. and people in prisons and other closed settings).
144. **Support was provided for scaling up integrated STI services for people who use PrEP.** WHO released a [new module of its PrEP implementation tool](#) to support countries implementing and scaling up integrated STI services for people who use PrEP.
145. **Preferred product characteristics were developed for monoclonal antibodies for use in HIV prevention.** WHO developed preferred product characteristics [for monoclonal antibodies for HIV prevention](#), including Lenacapavir, HIV vaccines and broad neutralizing antibodies, to ensure that products are developed in ways that support their optimal use globally, including in low- and middle-income countries.
146. **Major HIV treatment and care recommendations were implemented.** More than 95% of countries now implement the "treat all" approach, with rapid antiretroviral initiation (i.e., less than seven days after confirmed diagnosis) implemented in 81% of them. WHO-preferred first- and second-line treatment regimens for all populations were adopted by 120 low- and middle-income countries and are in use by almost 90% of all people receiving antiretroviral therapy. Approximately 90% of low- and middle-income countries have adopted 3–6 monthly antiretroviral therapy collection and routine viral load testing policies; and more than 90% of countries are implementing a package of interventions for patients with advanced HIV disease. While more than 90% of low- and middle-income countries are integrating other health-care services (including for TB, maternal and child health, and noncommunicable diseases) into HIV services, less than 40% were delivering antiretroviral therapy at primary health care and community levels in 2023. WHO regularly published a [mapping of policy uptakes and implementation status](#) in countries.
147. **New guidelines on HIV treatment and care issued.** WHO published a [policy brief](#) and an accompanying [Lancet systematic review](#) on HIV viral load suppression and undetectable levels of virus, supporting the U=U ("Undetectable = Untransmittable") approach and reinforcing the need to maintain and ensure consistent access to HIV treatment. It also published [a policy brief](#) on providing care to people with advanced HIV disease who are seriously ill, and new [guidelines](#) on diagnosing, preventing and managing cryptococcal disease among people living with HIV.

148. **New recommendations were issued on differentiated antiretroviral therapy service delivery.** WHO launched a new [policy brief](#) on integrating and strengthening the monitoring of differentiated service delivery (DSD), including approaches that are less intensive and provide person-centred services to improve both quality and retention in care. As a result, many countries have introduced or are scaling up DSD models. An [online course, based on](#) the latest key recommendations for DSD and integration, was launched in 2023 and is updated regularly.
149. **Antiretroviral drugs were optimized in adults and children.** WHO published a [technical report on priorities for ARV drug optimization in adults and children](#) in July 2022. In 2023, a technical working group and a think tank on antiretroviral therapy optimization were established to track evidence for a further update, particularly in consolidation of the tenofovir/lamivudine/dolutegravir transition; optimization of second- and third-line regimens; HIV treatment management for coinfections/comorbidities; long-acting antiretroviral drugs; and the efficacy and safety of dolutegravir and tenofovir/lamivudine/dolutegravir in first- and second-line treatment, including the risk of drug resistance. An analytical report will be published in 2024.
150. **HIV drug resistance was addressed.** WHO updated its acquired HIV drug resistance survey method to reflect the dolutegravir era and published an updated survey method in 2022. It also expanded its HIV drug resistance database to support the dissemination of country-level survey data for the purposes of informing care and treatment guidelines. An updated, integrated [Global Action Plan for HIV](#), hepatitis and STI drug resistance will be finalized in 2024.
151. **Governance and criteria for validation of the elimination of mother-to-child transmission of HIV was defined.** In 2022, WHO published [global guidance](#) on the criteria and processes for validation of EMTCT of HIV, syphilis and, for the first time, hepatitis B virus. It also published [guidance](#) on the governance required for validation. In 2023, it launched a [policy brief framework](#) for implementing triple elimination.
152. **Progress was supported towards EMTCT of HIV.** As of December 2023, 16 countries or areas¹⁵ had been certified by WHO for eliminating vertical HIV transmission. Botswana became the first high-burden country to be certified by WHO for achieving an important milestone on the path to eliminating mother-to-child transmission of HIV (HIV transmission rate to under 5%), and Oman in 2022 became the first country in the eastern Mediterranean region to be validated for EMTCT of HIV and syphilis. Almost three quarters (74%) of reporting countries have national plans for EMTCT of both HIV and syphilis (91 out of 123), most of which are integrated; and a further 17% have a plan for eliminating the vertical transmission of either HIV (12 countries) or syphilis (9 countries).
153. **Global Alliance to end AIDS in children was supported.** In 2023, WHO supported identification of priority technical assistance areas on paediatric community-led monitoring, paediatric HIV case finding, adolescent service delivery and treatment optimization.
154. **Strategic information and data for impact were prioritized.** In 2022, WHO launched the [consolidated guidelines on person-centred HIV strategic information](#) which present a standard minimum dataset, priority indicators and recommendations. They are aimed at strengthening data use across HIV prevention, testing and treatment, as well as linkages to services for STIs, viral hepatitis, T and cervical cancer. The guidelines are

¹⁵ Anguilla, Antigua and Barbuda, Armenia, Belarus, Belize, Bermuda, Cayman Islands, Cuba, Dominica, Malaysia, the Maldives, Montserrat, Oman, Sri Lanka, St Kitts and Nevis and Thailand.

accompanied by [digital adaptation kits for HIV](#), which set out operational requirements for implementing WHO recommendations and standards within digital systems. In 2023, WHO introduced several policy briefs on [digital health](#) data; [person-centred](#) monitoring for prevention; integrating and strengthening monitoring of differentiated [ART service delivery](#); and integrating [related infections](#) into HIV surveillance systems.

155. **HIV integration was prioritized and promoted.** In 2023, WHO launched a [policy framework on primary health care](#) and HIV convergence to help decision-makers, health system managers and programme managers optimize their work and collaborations to advance primary healthcare and disease-specific responses, including HIV. It also published implementation [guidance on the integration](#) of noncommunicable diseases prevention and control in HIV, TB and SRH programmes, as well as guidance on [HIV and cervical cancer](#), on [HIV and mental health](#) generally and [for adolescents, specifically](#). WHO also provided support to Burkina Faso, Eswatini and Mozambique to strengthen integrated service delivery.
156. **The needs of key populations were served in the context of health emergencies.** In 2022–2023, WHO leveraged its clinical, surveillance and community engagement expertise across its emergencies and HIV-focused departments at all levels of the organization in response to the multicountry outbreak of mpox, which disproportionately affected gay men and other men who have sex with men, including many who were living with HIV. It published [guidance](#) on the links between mpox and HIV and designed communications, community engagement and public health interventions for responding to the outbreak. In 2023, it published findings of a [global surveillance report](#) showing that, among people confirmed to have Mpox, more than half (52%) were people living with HIV and one quarter (25%) had advanced HIV disease or immunosuppression.

The World Bank

HIV in the World Bank's mandate

157. The World Bank provides financial and technical support to help create a world free of poverty on a liveable planet. Ensuring that everyone has access to essential services and that the underlying systems are effective, equitable and sustainable is a critical part of that undertaking. The World Bank also puts health at the heart of its Human Capital Project to drive more and better investments in people. It prioritizes working with countries and global partners to strengthen resilience to shocks and crises—from COVID-19 and other health emergencies to climate and humanitarian crises, including situations affected by fragility, conflict and violence. In fiscal year 2023, the World Bank committed US\$ 72.8 billion towards these goals, and disbursed over US\$ [32.7 billion](#).¹⁶

Key World Bank strategy for HIV

158. **Improving HIV outcomes.** The World Bank has long recognized the threat HIV poses to development. The breadth and depth of the Bank's portfolio affords important opportunities to advance integrated approaches that can improve outcomes and systemic support for HIV responses. The Bank integrates HIV into effective and equitable health systems and into its broader efforts to advance sustainable development for all, including through progress on key contributors to success such as social protection, education and empowering women, girls and youth.
159. The World Bank strongly emphasizes sustainability, efficiency and effectiveness, and focuses on helping countries do "better for less"—for example, by using available resources wisely and by redesigning HIV and broader health programming to optimize resource allocation and service delivery and transition to new funding approaches in a rapidly shifting funding landscape. Leveraging data and innovation, including opportunities in digital health and service delivery, is an essential part of this approach. The World Bank also supports other areas that improve HIV outcomes, such as gender, social protection, education and service access in fragile, conflict- and violence-affected contexts.

Top results in 2022–2023

160. **Women and girls were empowered.** [Over 90% of World Bank operations are "gender tagged", thereby](#) indicating that they promote gender equality, the end of gender-based violence and the empowerment of women and girls. Many of those initiatives highlight health, education and social and economic empowerment, and all of them also support improved HIV outcomes.
- The Sahel Women's Empowerment and Demographic Dividend Project reached over two million girls, with more than 210 000 adolescent girls and young women receiving scholarships and other materials to improve enrolment and retention. Adopting a wider variety of interventions that reduced vulnerabilities, the project reached over 579 000 adolescent girls and improved their retention rates in secondary schools to 94%.

¹⁶ This reflects amounts via the International Development Association and the International Bank for Reconstruction and Development. It does not include amounts via World Bank-based trust funds and financial intermediary funds.

- Almost 14 900 religious leaders were engaged to promote girls' and women's empowerment, while awareness campaigns on reproductive, child and maternal health and violence against women reached over four million people.
 - The gender-based violence prevention and response project (the Democratic Republic of Congo) reached over seven million beneficiaries by July 2022, with 99% of cases of gender-based violence receiving post-exposure prophylaxis within 72 hours.
 - Projects helped girls enrol and stay in school and empowered women in countries such as Angola, Haiti, Malawi, Nigeria and Zambia.
161. **HIV outcome enablers in social protection and education were leveraged.** With a social protection and jobs portfolio of US\$ 26 billion, the World Bank supported over 500 projects, including more than US\$ 1.6 billion in new financing to 16 countries in 2022 alone. The support reached more than one billion people, reducing HIV vulnerabilities and empowering people to protect themselves and access services.
162. As the largest financier of education in low- and middle-income countries (with a US\$ 24 billion portfolio and programmes in over 94 countries), the World Bank worked to ensure access across all education levels. Cash transfer payments in Zambia (2022–2023) were expanded, covering the school fees of over 130 000 girls. The STEP programme benefited 6.7 million people in the Democratic Republic of Congo, including 3.7 million women, through a package of interventions that included safety net measures valued at US\$ 93 million and which reached over 731 000 vulnerable people. In the Democratic Republic of Congo, a [US\\$ 800-million](#) project for primary education benefitted 2.3 million students and helped the government partly shoulder the costs of free primary education to ensure that vulnerable children can enrol and stay in school.
163. **Resilience to shocks was increased.** The World Bank redoubled its efforts to help countries maintain essential services and boost the resilience of systems that are essential to the HIV response.
- **Pandemics.** The World Bank helped countries improve pandemic preparedness and responses in ways that also benefit HIV outcomes. Commitments were expanded in the 19th replenishment of the International Development Association (IDA, the World Bank's arm for the poorest countries)¹⁷ and the new, three-year US \$93 billion IDA20—making it the largest provider of financing for pandemic preparedness and response-specific and -supportive operations (including over [US\\$ 30 billion to strengthen primary care and public health](#)). It supported over 100 countries to enhance access to COVID-19 vaccines and essential services; undertook the [Africa CDC Regional Investment Financing Project](#) for epidemics and public health priorities; and supported the launch and operations of [the Pandemic Fund](#), a collaborative partnership hosted by the World Bank and with WHO as technical lead. A [report on building resilient health systems in the shadow of COVID-19](#) helped prioritize investments, including ones that are essential for improving HIV outcomes.
 - **Conflict and instability.** The World Bank mobilized over US\$ 21.6 billion in emergency financing for Ukraine, including for multiple areas that also improve HIV outcomes. Operations started under [IDA20](#) include US\$ 30 billion in financing for fragile, conflict- and violence-affected countries, including health services and numerous projects that address refugees' and host communities' health and related needs. A US\$ 53 million health system support and strengthening project grant in

¹⁷ Part of a tripling of the World Bank's health, nutrition, and population portfolio between FY2017 and FY2022.

Central African Republic supported an essential health services package, including family planning and vertical HIV transmission.

164. **Sustainability of HIV responses was strengthened.** The World Bank addressed fiscal space issues; provided financing for health and human capital; and supported transitions to greater domestic financing and improved efficiency. Examples include:
- **Global and domestic financing.** The US\$ 93-billion IDA20 started its operations supporting the poorest countries, which included prioritizing investments important to the HIV response. The World Bank also continued to scale up support to countries on sustainable, innovative shifts toward domestically funded HIV responses.
 - **COVID-19 fiscal impacts.** Continued support via the COVID-19 facility included over US\$ 30 billion to support health systems and other domestic spending on which the HIV response relies. The updated “From double shock to double recovery” publication highlighted the macroeconomic effects on fiscal space for health financing. As total debt levels rose to a 50-year high, the World Bank helped countries improve debt management and bolster their fiscal positions by improving tax compliance, public expenditure effectiveness and domestic resource mobilization.
 - **Analytical support.** The World Bank conducted efficiency and effectiveness studies, supported key databases and tools to enable more country partners to conduct analytics. This included: (i) a cascade analysis how-to manual useful for improving HIV outcomes; (ii) an inventory of disease modelling, health planning, budgeting, costing and resource allocation tools, and health information system platforms; (iii) a rapid review of open-access tools, including HIV programme planning and allocative efficiency tools; (iv) an impact assessment review of recommendations from HIV and TB allocative efficiency studies across 11 countries; and (v) the Global Financing Facility performance-based financing support in the Central African Republic that helped increase domestic and external resources.
 - **Leveraging innovation.** The World Bank helped partners leverage digital health to boost service access and impact with existing resources and conducted digital health assessments for more effective health services, including HIV. The Identification for Development initiative worked to reach the estimated 850 million people who lack an effective form of identification, including many affected by HIV.
165. **Service access and outcomes were improved through greater integration.**
- **Integration in health.** The World Bank’s health portfolio included over 200 projects which supported countries to improve outcomes and strengthen the health systems on which HIV responses rely. For example, a [health system strengthening project](#) in 21 Angolan municipalities saw the percentage of women living with HIV who deliver at health facilities and receive antiretroviral therapy rise to 60% (versus 17% in 2021). The [Southern Africa TB and Health Systems Support Project has improved HIV-TB integration, while](#) the Global Financing Facility supported the integration of SRH services into comprehensive health benefits packages.
 - **Multisectoral integration.** HIV support was integrated into non-health sector Bank projects that affect key populations, such as transportation projects that include HIV service components to reach key populations (e.g., in Bolivia, Lesotho, Papua New Guinea and Rwanda).
 - **Knowledge.** Analyses that included a health systems resilience roadmap report and the [health systems flagship programme](#) reached over 1,000 participants to help countries strengthen their systems toward universal health coverage.

The UNAIDS Secretariat

166. The UNAIDS Secretariat ensures coordinated strategic focus, effective functioning and accountability across the Joint Programme's work to support countries and communities in reaching the objectives and global AIDS targets of the 2021–2026 Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV/AIDS. Using an inequalities lens, the Secretariat, working with Cosponsors, exerted leadership to advance the global HIV response—especially to maximize equitable access to HIV services, empower communities and improve the enabling environment and the sustainability of the AIDS response. It did so via five strategic functions:
- thought leadership, advocacy and communication on strategic HIV issues;
 - catalytic actions to address HIV-related inequalities through strategic partnerships and innovation for impact;
 - excellence in strategic information;
 - effective coordination, convening and country implementation support; and
 - solid governance and mutual accountability.
167. Further strategic prioritization focused on saving lives by closing gaps that hinder progress towards the global AIDS targets, especially for children, adolescent girls and young women and key populations. There was also strong focus on intensifying resource mobilization for the Joint Programme and achieving increasing effectiveness and efficiencies through better synergies, innovations and cost reductions.

Top results in 2022–2023

168. **Political commitments to end AIDS and implement the 2021–2026 Global AIDS Strategy were sustained and enhanced through strong leadership and advocacy.** The UNAIDS Secretariat leveraged the Joint Programme's strengths to inform 20 high-level political meetings and their outcome documents. These included the UN General Assembly's Annual Review of HIV/AIDS and report of the High-Level Political Forum on Sustainable Development; the Commission on the Status of Women; the UN Human Rights Council; the General Assembly Omnibus resolution on Drugs; and the Commission on Narcotic Drugs, as well as African Union Assembly. UNAIDS's well-coordinated voice and support to the 2023 International AIDS Conference in Africa, the 2023 International AIDS Society HIV on HIV Science, and 24th International AIDS Conference helped sustain global momentum, commitment and knowledge sharing on HIV. Thought leadership for inclusive dialogues on key HIV thematic issues such as PCB sessions on priority and key populations and HIV testing garnered significant interest.
169. **State-of-the-art HIV data and strategic analysis were generated, leading to evidence-informed decision-making for maximum impact.** In over 170 countries, representing 99% of the world's population, HIV estimates were produced and publicized in 2022 and 2023. This was made possible by the direct support and guidance of the Secretariat to over 120 of those countries. Up-to-date understandings of the progress and gaps in the global HIV response were enhanced by generating and disseminating the most comprehensive data and analysis on HIV, including through coordinated reporting against the Global AIDS Monitoring framework by over 150 countries.
170. The authoritative annual global AIDS update, "[The path that ends AIDS](#)" and the flagship World AIDS report, "[Dangerous inequalities 2022](#)", as well as the [AIDSinfo](#)

[data platform \(which was](#) visited over one million times), provide [a wealth of data and analysis on the HIV epidemic and response, finance, laws and policies, and key populations. AIDSInfo also includes an HIV inequality visualization platform. These data and strategic analyses](#) inform optimized impact of national programmes and investments by countries and partners, including the Global Fund and PEPFAR.

171. **Stronger national strategic plans on HIV were leveraged to guide more sustainable programmes and investments, including from Global Fund and PEPFAR.** The UNAIDS Secretariat coordinated the Joint Programme's support to over 80 countries to assess and/or update their national strategic plans on HIV (e.g., for modelling and target setting, costings, mid-term reviews and more). Among them, over 30 countries annually received dedicated, multidisciplinary hands-on support.
172. Through its vital partnerships with the Global Fund and PEPFAR, the UNAIDS Secretariat leveraged and guided evidence-informed and more efficient allocation and use of funding and improved return on investments. This included policy and technical guidance through over 400 support assignments during the biennium, via the UNAIDS Technical Support Mechanism, for more impactful national strategic assessments and planning for data-driven HIV responses, with a focus especially on enhancing prevention, community-led responses and social enablers to optimize impact. The Technical Support Mechanism contributed to the successful submission of 47 Global Fund Grants Cycle 7 funding requests for a total value of US\$ 5.9 billion. New research assessed the trajectory and potential impacts of fully financing the HIV response (e.g., "[A triple dividend: Fully financing the HIV response in Africa](#)"). [As well](#), a new agenda and framework to assess and shape the long-term sustainability of AIDS responses has been initiated.
173. **Human rights and gender equality were championed for an effective HIV response and meaningful community engagement and leadership for decision-making on HIV priorities were promoted.** The UNAIDS Secretariat supported the engagement of people living with HIV, key populations, affected women and young people at risk of or affected by HIV and government institutions (in 84 countries in 2023) as well as in the Global Fund's mechanisms. This work included direct support to community-led organizations at various levels; aiding the adoption of more people-centred, inclusive, human rights-based and innovative approaches; and improving effectiveness and accountability for HIV and other health outcomes. The UNAIDS Secretariat's convening of key consultations, including the HIV and Human Rights Reference Group, guided and shared knowledge for the removal of punitive laws and the development of enabling laws for more effective HIV responses. In coordination with other stakeholders, the UNAIDS Secretariat elevated its advocacy and support to respond to the pushback against human rights, especially the rights of the LGBTQI+ community. It did so also through direct support in crisis situations to ensure the safety and security of key populations and continued access to HIV and other health services.
174. **Community-led HIV responses were expanded in more than 80 countries.** After leading the adoption of the first international definition of and recommendations for community-led HIV responses, various [new normative guidance, tools, evidence and good practices](#) were shared. Technical and capacity-building support was also provided to actively expand and strengthen community-led services delivery and monitoring (e.g., the progression matrix, network strengthening, costing and resource tracking). The Secretariat led the Joint Programme's overall expertise and support to national and/or other stakeholders for the incorporation and expansion of community-led HIV responses in more than 80 countries. It also facilitated knowledge sharing on community-led monitoring by providing dedicated expert support to over 35 countries annually. The Joint Programme's "[Let communities lead](#)" report, coordinated by the

UNAIDS Secretariat, documented and celebrated the critical roles of communities and called on decision-makers to fully support their life-saving work and remove the barriers that stand in their way.

175. **Well-coordinated and effective UN support to countries was ensured.** Through effective coordination of Joint UN Teams on AIDS in all regions and countries (91 in 2022 and 86 in 2023), the Secretariat optimized the Joint Programme's strengths to effectively support national HIV responses. It also leveraged the broader power and voice of the whole UN System by ensuring that HIV-related priorities were integrated in UN Sustainable Development Cooperation Frameworks (in over 80 countries), thus further contributing to UN reform for enhanced impact. The Secretariat's convening power enabled dialogues on complex HIV-related issues such as on social enablers and key populations. Furthermore, the UNAIDS Secretariat supported countries to enhance evidence-informed HIV investments across their Global Fund grant cycles through coordination and facilitation, such as for effective and inclusive country dialogues, country coordination mechanisms or other fora.
176. **Global strategic initiatives and other partnerships have shaped accelerated action to close gaps where needed the most.** The 38 Global HIV Prevention Coalition focus countries benefited from quality guidance, tools and shared knowledge. This included a South-to-South learning network, peer mentoring, and granular monitoring of progress of implementation of the HIV Prevention Road Map by 2025, as well as a new HIV Multisector Leadership Forum launched in 2023. Twelve countries acted to close gaps for children after joining the Global Alliance to End AIDS in Children and 15 countries took actions as part of the Education Plus initiative to support adolescent girls. Thirty-eight countries also acted as members of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, taking advantage of enhanced knowledge sharing, guidance, tools and advocacy support. The Fast-Track Cities initiative continued to mobilize political leadership in more than 400 cities with specific support to close HIV services gaps in 15 high-burden cities. The UNAIDS-PEPFAR Faith initiative mobilized faith partners. Sharing of lessons from decades of the AIDS response also informed global discussion on pandemic prevention, preparedness and response.
177. **Mutual accountability and transparency mechanisms have been ensured.** Stronger governance and oversight mechanisms are in place through effective PCB and other fora, including the PCB Independent External Oversight Advisory Committee; quality management, oversight and performance reports; and the UNAIDS [Results and Transparency portal](#). The Multilateral Organization Performance Assessment ([MOPAN](#)) reaffirmed UNAIDS's critical importance and offered useful suggestions to further strengthen its catalytic role. This led to agreed management actions to ensure a strong Joint Programme for a sustainable global HIV response to 2030 and beyond.
178. A new UNAIDS resource mobilization strategy is being applied and a multistakeholder task team has guided efforts to resolve the Joint Programme's funding shortfall. UNAIDS remains fully compliant with UN reform implementation, including the Quadrennial Comprehensive Policy Reform and UN funding compact. Effective implementation of the UNAIDS Evaluation Plan, with seven joint evaluations conducted in 2022–2023, and systematic follow-up of recommendations, yielded important lessons that are progressively being integrated. In addition, the new 2024–2025 evaluation plan was approved by the PCB.

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