

EXECUTIVE SUMMARY

2022–2023 Performance

Monitoring Report

Additional documents for this item:

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*)

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

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

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

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

- *Take note*, with appreciation, of the 2022–2023 Performance Monitoring Report, including its scope and depth;
- *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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PERFORMANCE
MONITORING
REPORT ■ 2022-23

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Lives saved and progress against the AIDS pandemic thanks to the Joint Programme's sustained action and results

1. The world has an historic opportunity to end AIDS as a public health threat. As the Joint United Nations Programme on HIV/AIDS (UNAIDS) showed in its 2023 Global AIDS update, a clear path exists to reach that goal within this decade. The Global AIDS Strategy 2021–2026 outlines the actions needed to do so: ending the inequalities that slow progress in reducing new HIV infections and AIDS-related deaths, optimizing the use of powerfully effective prevention and treatment strategies and tools, societal enablers while removing structural barriers, and closing key gaps in the global AIDS response.
2. The annual number of new HIV infections in 2022—1.3 million [1 million – 1.7 million] – was the lowest in decades and represented a 59% decline since the pandemic peaked in 1995 and a 38% decline since 2010.¹ Expanded access to antiretroviral therapy remains one of the most important achievements in public health history. In 2022, 29.8 million people—76% [65–89%] of all people living with HIV—were receiving HIV treatment and 71% [60–83%] were virally suppressed. AIDS-related deaths (630 000 [480 000 – 880 000]) have decreased by 69% since their peak in 2004 and by 51% since 2010. It is estimated that HIV treatment services have averted 20.8 million deaths in the past three decades.
3. Four countries (Botswana, Eswatini, Rwanda and Zimbabwe) have already reached the 95–95–95 targets for HIV testing, treatment and viral load suppression, and an additional 17 countries are close to these milestones. Combination prevention, including new prevention methods which offer more choices for people at risk of HIV, are being rolled out though not yet at sufficient scale.
4. Despite these accomplishments, the world remains offtrack from meeting the global AIDS targets, as approximately 1.3 million people newly acquired HIV in 2022 and 630 000 people died due to AIDS-related causes.
5. Although the annual number of new HIV infections has declined globally, it has increased in eastern Europe and central Asia, the Middle East and North Africa, and in some countries in Asia and Latin America. Coverage of HIV prevention programmes for adolescent girls and young women in sub-Saharan Africa is still inadequate. Globally, both prevention and treatment programmes continue to miss many millions of people who belong to key populations and other groups that are highly vulnerable to HIV.
6. The UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) outlines the framework for operationalizing the Joint Programme's contribution to the global HIV response, including implementation of the Global AIDS Strategy 2021–2026. In 2022–2023, the Joint Programme applied an inequalities lens across all its work and focused actions on reducing gaps for people living with and/or at risk of HIV, women and girls, key² and other priority populations.

¹ Unless otherwise specified, data on the epidemic and country progress comes from the 2022 Global AIDS Report. Data on the Joint Programme work, and results comes from internal data collection. For detailed information on the UBRAF indicators reporting, please see the UBRAF Indicator Scorecard.

² As defined in the Global AIDS Strategy 2021–2026. Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

7. It prioritized evidence-informed and rights-based strategies to reduce the gaps and inequalities, including gender inequalities, that slow progress in preventing new HIV infections and AIDS-related deaths. This was done through the use of strategic information; well-coordinated programmatic support to countries and communities; the championing of policy and legal changes; and the convening of strategic partnerships to leverage resources and optimize interventions in areas and populations that lag behind.
8. The key elements of success in the HIV response continue to be: strong political commitment; global solidarity; evidence-driven strategies; and mutually supportive partnerships between affected communities, public authorities and partners. The importance of these elements is especially evident in sub-Saharan Africa, the region which is achieving the strongest gains currently. The Joint Programme leads on these elements and makes vital contributions to the global response, as described in this performance monitoring report for the 2022–2023 period.
9. Efforts to sustain the progress made against the AIDS pandemic faced considerable obstacles in 2022–2023. In addition to the slow and uneven recovery from the acute phase of the COVID-19 pandemic, multiple crises including wars and conflict, and both natural and climate change-induced disasters have had profound effects across the world, especially in many low- and middle-income countries.
10. A declining commitment in many countries to the principles of human rights and gender equality poses grave dangers, especially to marginalized populations, many of which are also highly vulnerable to HIV. In many countries, the capacity to respond to HIV in an effective and evidence-based manner is being undermined by declining space for civil society and a pushback against gender equality, women’s rights and recognition of the rights of LGBTQI+ people.³ Although there is widespread recognition that communities are central to ending AIDS as a public health threat by 2030, community-led responses remain underfunded and underprioritized.
11. Funding available for the HIV response globally has stagnated and begun to decline, with total resources available in 2022 (US\$ 20.8 billion, at constant 2019 US\$) markedly short of the US\$ 29.3 billion needed by 2025.
12. In 2022–2023, the Joint Programme’s annual funding for the core UBRAF budget was approximately US\$ 50 million short of the amounts approved by the UNAIDS Programme Coordinating Board (PCB). This prompted the Joint Programme to implement further prioritization and efficiency measures, including drastic cuts, , while working hard to deliver on its mandate. The impact of the funding shortfall included delays in dispensing support to countries in some areas of work and missed opportunities to accelerate progress in some areas of work. But it also led to the use of innovative approaches and new efficiencies as the Joint Programme sought to utilize all available resources.
13. The Performance Monitoring Report (PMR) outlines the Joint Programme’s 2022–2023 collective results and budget implementation report⁴ against the UBRAF for implementation of the Global AIDS Strategy 2021–2026. It does so by reporting on specific outputs in 10 result areas, supported by five functions to achieve three outcomes, across the six regions covered by the Joint Programme. The report

³ Lesbian, gay, bisexual, transgender, queer, intersex, and more.

⁴ While this report contains budget implementation reported by the Joint Programme, a separate [Financial Report \(UNAIDS/PCB\(54\)/24.10\)](#) including audited financial statement, is being submitted to the PCB]

documents UNAIDS's performance, as measured by quantitative and qualitative data with multiple examples of work in countries and at the regional and global levels.

Key messages

14. The world has the tools and knowledge required to prevent new HIV infections and end AIDS as a public health threat, but it needs continued, strong political commitment and adequate resources to deploy them to full effect. Turning knowledge and evidence-based science into action, forging inclusive collaboration, investing sufficiently, tackling inequalities, and protecting everyone's rights, letting communities lead are ultimately political and financial choices. At a point when the broader Agenda for Sustainable Development is in "deep trouble," according to a recent UN report,⁵ the HIV response offers an inspiring example of what can be achieved with global solidarity and a whole-of-society approach, as called for by the UN Secretary-General.⁶

Multisectoral in-country presence

15. The Joint Programme is an innovative UN partnership that brings together the multifaceted resources, expertise and in-country presence of 11 UN Cosponsor agencies—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and the UNAIDS Secretariat. It leverages its assets globally, regionally and through its on-the-ground presence in over 85 countries.
16. UNAIDS plays a central role in translating the abundant evidence on effective HIV interventions into transformative actions that save lives in countries and communities. It does this by sustaining leadership; providing essential normative guidance and technical support; convening and empowering diverse stakeholders to adopt necessary policies and legal reforms; targeting programme implementation; leveraging investments; and overcoming social and structural barriers such as stigma and discrimination and gender inequalities.
17. In 2022–2023, the Joint Programme's leadership generated concrete benefits for people across the world by advancing progress towards the global AIDS targets and diminishing the long-term health and financial burden associated with the AIDS pandemic.
18. Globally, half as many adolescent girls and young women acquired HIV in 2022 compared with 2010 and there was a 44% reduction of new HIV infections among adolescent boys and young men. However, HIV incidence among adolescent girls and young women remains high in parts of sub-Saharan Africa. Programmes to prevent vertical HIV transmission have averted an estimated 3.4 million new HIV infections in children since 2000, with the number of new HIV infections among children in 2022 the lowest since the 1980s. The nearly four-fold increase in the number of people receiving antiretroviral therapy since 2010 not only enables people living with HIV to live longer lives, but it also bolsters efforts to end the pandemic, as persons living with undetectable viral load have zero risk of transmitting HIV sexually.⁷

⁵ The Sustainable Development Goals Report: Special Edition. New York: United Nations; 2023.

⁶ Our common agenda: Report of the Secretary-General. New York: United Nations; 2021 (https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf).

⁷ The role of HIV viral suppression in improving individual health and reducing transmission: policy brief. Geneva: World Health Organization; 2023.

Convening power

19. The value added by the Joint Programme's leadership is evident, for example, in the work of the Global HIV Prevention Coalition, which has mobilized stronger political commitment from countries to prioritize HIV prevention. New HIV infections are declining at markedly faster rate in Coalition focus countries than in other countries⁸. This has prompted the expansion of the Coalition to include additional countries to accelerate prevention gains more broadly. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, the Global Alliance to end AIDS in children, and the Education Plus initiative to keep girls in school to prevent HIV are bringing together diverse partners around common HIV prevention and treatment goals. These efforts are contributing to measurable improvements in policies and outcomes. They also provide platforms for advocacy and knowledge sharing on effective solutions for the AIDS response.

Data clearinghouse

20. UNAIDS maintains the most complete set of global programmatic, epidemiological and financing data on HIV. These data and analyses steer the global HIV response and are used by governments, the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other partners to guide efficient and high-impact resource allocation and to promote accountability for results. HIV estimates were generated for over 170 countries, representing 99% of the world's population. More Granular data on HIV-related inequalities have guided targeted programmes, especially for key and other priority populations.

Advocacy for communities

21. The AIDS movement remains strong and inclusive thanks to the active leadership and contributions of community networks which the Joint Programme empowers and supports. Thanks to the Joint Programme's advocacy, guidance, facilitation and technical support, the community-led HIV response, which is vital for effective and more sustainable HIV response have advanced in recent years. Increasing knowledge of emerging evidence, tools and good practice is available and community-led organizations have strengthened their capacities including for community-led monitoring. The Joint Programme remains the only UN entity with civil society represented on its governing body.

Addressing policy barriers

22. In 2022–2023, the Joint Programme continued to play its unique role in addressing barriers to ending AIDS as a public health threat. When human rights emergencies occurred, notably those affecting key populations, UNAIDS was often the first responder. The Joint Programme's vigorous promotion of policy and legal reforms is achieving results: fewer countries criminalize consensual same-sex practices compared with a decade ago and there has been some progress towards removing or reforming laws that criminalize HIV transmission, exposure or non-disclosure, as well as sex work and drug use.

⁸ [HIV Prevention: From Crisis to Opportunity. Key findings from the 2023 Global HIV Prevention Coalition Scorecards](#)

Strategic and complementary partnerships

23. The Joint Programme's many strategic partnerships continue to yield results, with UNAIDS providing especially notable contributions to the success of programmes financed by the Global Fund and PEPFAR. During the biennium, 80 countries were supported by the Joint Programme for evidence-informed HIV investments across their Global Fund grant cycles. For Global Fund Grants Cycle 7, the UNAIDS Technical Support Mechanism and Cosponsors contributed to the successful submission of 47 funding requests worth US\$ 5.9 billion. Since 2022, UNAIDS has supported more than 100 countries in attracting, implementing and leveraging more than US\$ 18 billion in Global Fund investments.
24. The 2022–2023 biennium also brought considerable programmatic and operational challenges. While intensifying efforts to mobilize additional funding, the Joint Programme's funding shortfall has compelled it to adapt to a reduced annual operating core budget of US\$ 160 million. It has done so through stricter strategic prioritization that is focused on protecting country support; implementation of far-reaching cost containment measures (yielding US\$ 20 million in savings) which included realignment of the Secretariat; and various other actions. However, these measures have also diminished the capacity of the Joint Programme to fully perform its core functions and catalytic work. UBRAF funding shortfalls are leading to scaled back, delayed or missed opportunities to deliver full potential support to countries as they progress towards national and global AIDS targets.
25. The Joint Programme has sought to be as effective and efficient as possible. It has done so by further focusing its work on four strategic priorities to save the greatest number of lives: advancing HIV prevention; accelerating access to treatment and new technologies; promoting and supporting community-led responses; and ensuring equitable financing and sustaining the HIV response.
26. Multiple innovations and all possible opportunities for improved effectiveness and efficiencies are being deployed to sustain quality support to countries and communities, including improved coordination, communications and coherence within the Joint Programme and other stakeholders. This is being done while also acting to ensure solid management, inclusive governance and strengthened accountability and transparency are achieved.
27. A strategic investment in UNAIDS which is uniquely placed to lead the global AIDS response to end AIDS will deliver maximum impact. Annual UNAIDS funding represents less than 1% of total HIV resources: this comparatively modest investment helps leverage and maximize the impact of more than US\$ 20 billion in HIV funding worldwide. New analyses by UNAIDS indicates that further investments in UNAIDS would help 35 countries achieve the global viral load suppression target by 2025. These investments in UNAIDS are projected to help countries save 1.8 million lives by 2030 and prevent five million new HIV infections, which will result in long-term savings.
28. The AIDS pandemic is not over. The world is not on track to reduce the number of new HIV infections to fewer than 370 000 and AIDS-related deaths to under 250 000 by 2025. Despite the continued progress, especially for HIV treatment, new HIV infections are increasing in several countries, especially outside sub-Saharan Africa. Globally, key populations account for an increasing proportion of new infections and their access to HIV treatment is limited in many countries. Among adolescents (aged 10–19 years), 75% of new HIV infections occur in girls. Every week, 4000 adolescent girls and young women aged 15–24 years became infected with HIV globally in 2022. Harmful gender norms, discrimination and violence against women and girls has immense negative

implications for ending AIDS. Now is not the time to relax the global HIV response. The decline in resources for the HIV response must be reversed and redoubled efforts are needed to overcome policy and programming weaknesses and remove service delivery gaps. As progress against AIDS falters, millions of lives are at risk: sustaining gains is vital.

29. The next few years will be crucial for ending AIDS as a public health threat. With its essential role reaffirmed by the PCB and ECOSOC latest resolution E/RES/2023/30, the Joint Programme is leading a mid-term review of the Global AIDS Strategy 2021–2026 as well as a sustainability agenda for the HIV response beyond 2030. A complementary external evaluation of the Joint Programme’s work is planned. These will help the HIV response and the Joint Programme to continue adapting to the evolving pandemic and changing context. UNAIDS will distil lessons learned and further sharpen its work, including through the development of a vision to continue leading the multilateral response and accelerate progress for a sustainable global HIV response to 2030 and beyond.

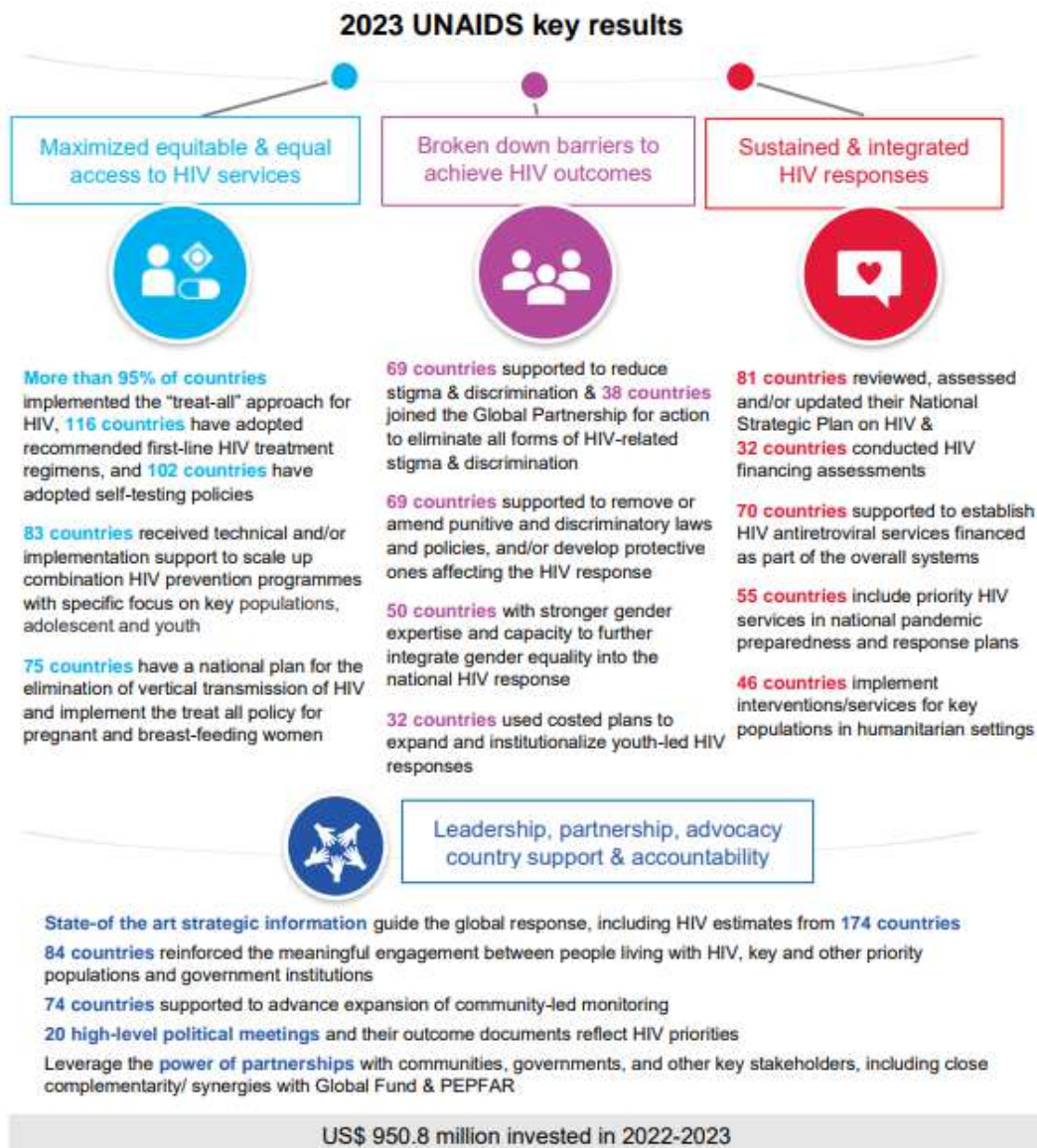
Overview of the Joint Programme’s main results in 2022–2023

30. The collective results of UNAIDS in the most recent biennium contributed to saving lives and enabling the world to advance further towards ending AIDS as a public health threat by 2030. Figure 1 summarizes the key changes and building blocks for the HIV response which the Joint Programme achieved for each of the three strategic priorities of the Global AIDS Strategy 2021–2026: more equitable and equal access to HIV services; breaking down barriers to achieve HIV outcomes; and sustainable and integrated HIV responses. It did so through its work at the global, regional and country levels.
31. In a challenging context, the Joint Programme demonstrated high flexibility to optimize resources and respond to evolving demands and needs. Despite the funding shortfall, and thanks to increased efficiencies and innovations, UNAIDS sustained its high performance, as demonstrated by progress against the 45 UBRAF indicators. The 2023 milestones for most indicators were reached. For only three indicators, the milestones were not reached, while the milestones for two indicators were partially reached due to evolving needs. Complete data for three other indicators which depend on Global AIDS Monitoring, data is expected to be available only after June 2023.

Figure 1. UNAIDS results help save lives

The global HIV response saved almost 21 million lives*

- 20.8 million AIDS-related deaths averted by antiretroviral therapy 1996-2022
- 59% decline in new HIV infections 1996-2022
- 29.8 million people receive antiretroviral therapy end 2022
- 3.4 million new infections averted by prevention of mother to child transmission since 2000
- 74% drop in the annual number of new infections in children globally 1996-2022
- 86% of people living with HIV knew their HIV status, 89% of them received HIV treatment, and 93% of people on treatment were virally suppressed in 2022
- 15 countries decriminalized consensual same-sex sexual acts 2016-2023
- 60% of resources domestically funded with at least 46 countries with increase since 2015 in 2023



*updated visual to be provided in June 2024 with information on 2023 Global AIDS Monitoring data

Overview of the Joint Programme's budget implementation for results in 2022–2023

32. The Joint Programme's many achievements in 2022–2023, outlined in the Performance Monitoring Report, were made possible by generous funding from donors (Figure 3).⁹ An overview of budget implementation information (all available funds, core and noncore budget and expenditures) is presented below, while Annex 2 provides additional details (including disaggregation by organization, result area, region and cost category).
33. Figure 4 shows the linkages between results and investments by result areas (led by the 11 Cosponsors) and outcomes, while Figure 5 illustrates the complementary linkages between results and investments by Secretariat strategic functions. Budget tables for the 2022–2023 biennium reflect the threshold budget approved by the PCB at its Special Session in October 2021.
34. Overall budget implementation against the upper threshold of US\$ 420 million was 80.9%. However, an overall implementation achieved against core allocated funds of US\$ 355.4 million was 96%, indicating continued high implementation. The allocated funds include UBRAF funds carried forward from the 2020–2021 biennium, during which implementation was constrained due to the impact of COVID-19. Implementation accelerated in 2022 and 2023. The US\$ 12.8 million funds carried forward¹⁰ from 2021 helped the transition into 2022 and 2023 and sustained support to countries.
35. Beyond funding critical staff and programmatic results at country and regional levels, Cosponsors use their core global allocation to amplify impact by leveraging non-core funding from within their own entities and from other sources. Non-core expenditures and encumbrances in 2022–2023 by Cosponsors amounted to approximately US\$ 477.6 million (see Table 5). The level of non-core resources varied greatly between Cosponsors, areas and regions and all Cosponsors are reporting challenges to securing levels of resources similar to previous biennia.
36. Significant non-core resources were mobilized for some results areas (e.g., prevention, paediatric AIDS, young people and gender equality) and regions (e.g., eastern and southern Africa, western and central Africa). However, other results areas (e.g., HIV prevention among people who use drugs and in prison, and for transforming unequal gender norms and practices) and regions (e.g., Latin America and the Caribbean, eastern Europe and central Asia, Middle East and North Africa) were less successful. This affected the level of the Joint Programme support provided for key aspects of the response and in several regions, which had an impact on the overall pace of progress (see more information of the impact of the funding shortfall below).
37. While operating with a budget shortfall, the Joint Programme ensured efficient and effective delivery of support to countries and communities and improved its accountability. It did so by increasing operational efficiencies and costs savings, exerting strong budgetary discipline, and prioritizing programmes. However, chronic UBRAF underfunding is eroding crucial capacities across the Joint Programme.
38. A significant shortfall in 2022 and 2023 of US\$ 47 million against the core budget of US\$ 374 million and of US\$ 93 million against the upper threshold of US\$ 420 million

⁹ For details on donor contributions, please see UNAIDS Financial report and Results and Transparency portal at <https://open.unaids.org>.

¹⁰ Deriving from unspent country envelopes and core global funds across all Cosponsors and Secretariat against the 2020–2021 budget.

for the combined 2022–2023 biennium, continues to affect the capacity of the Joint Programme to deliver on its mandate.

39. In December 2023, the Joint Programme presented to the PCB a revised annual operating budget of US\$ 160 million with further necessary but stronger prioritization for 2024–2025, based on the lower level of funds expected to be mobilized. This level of funds approximately corresponds to the core resources mobilized in 2022 and 2023.

Figure 2. 2022-2023 overview of core resource mobilized and implementation against core UBRAF budget (in US\$)

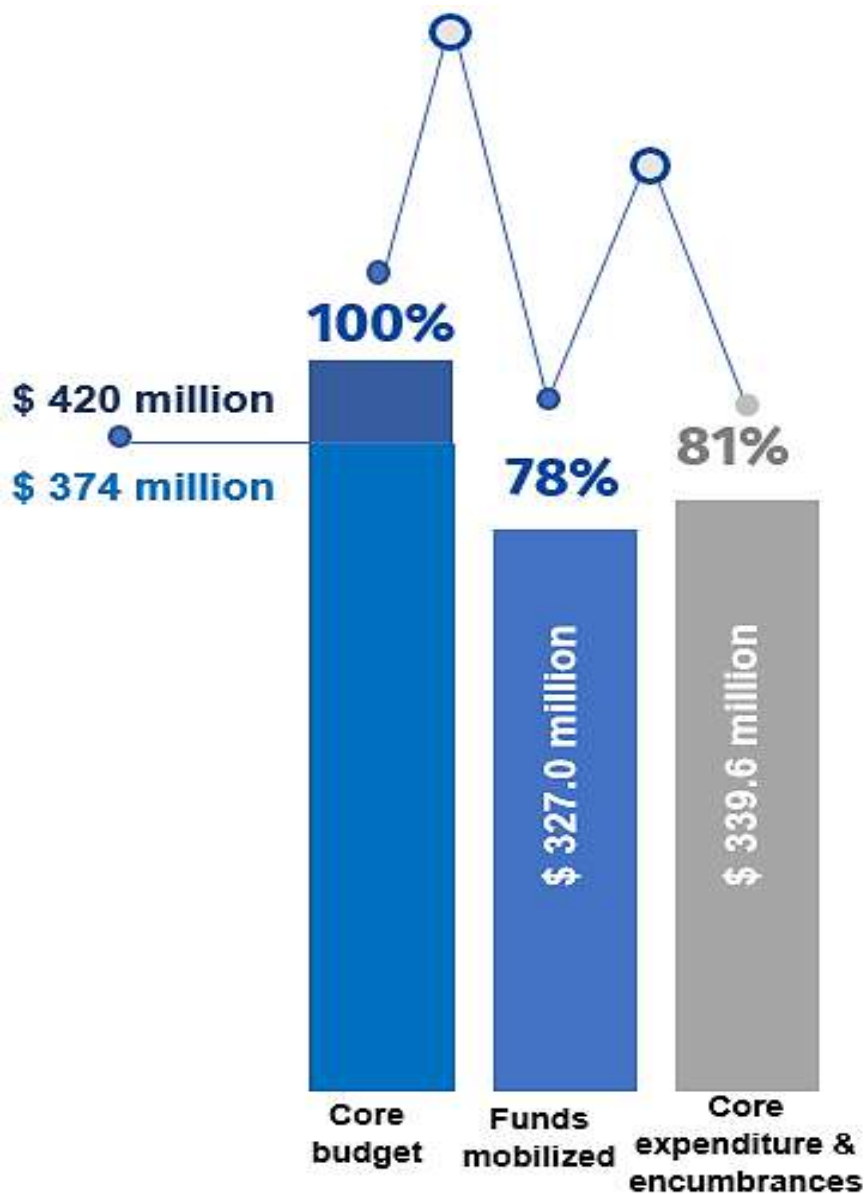


Figure 3. Top contributing government donors in 2023 (core and noncore contributions)

Top contributing government donors in 2023 (core and non-core)

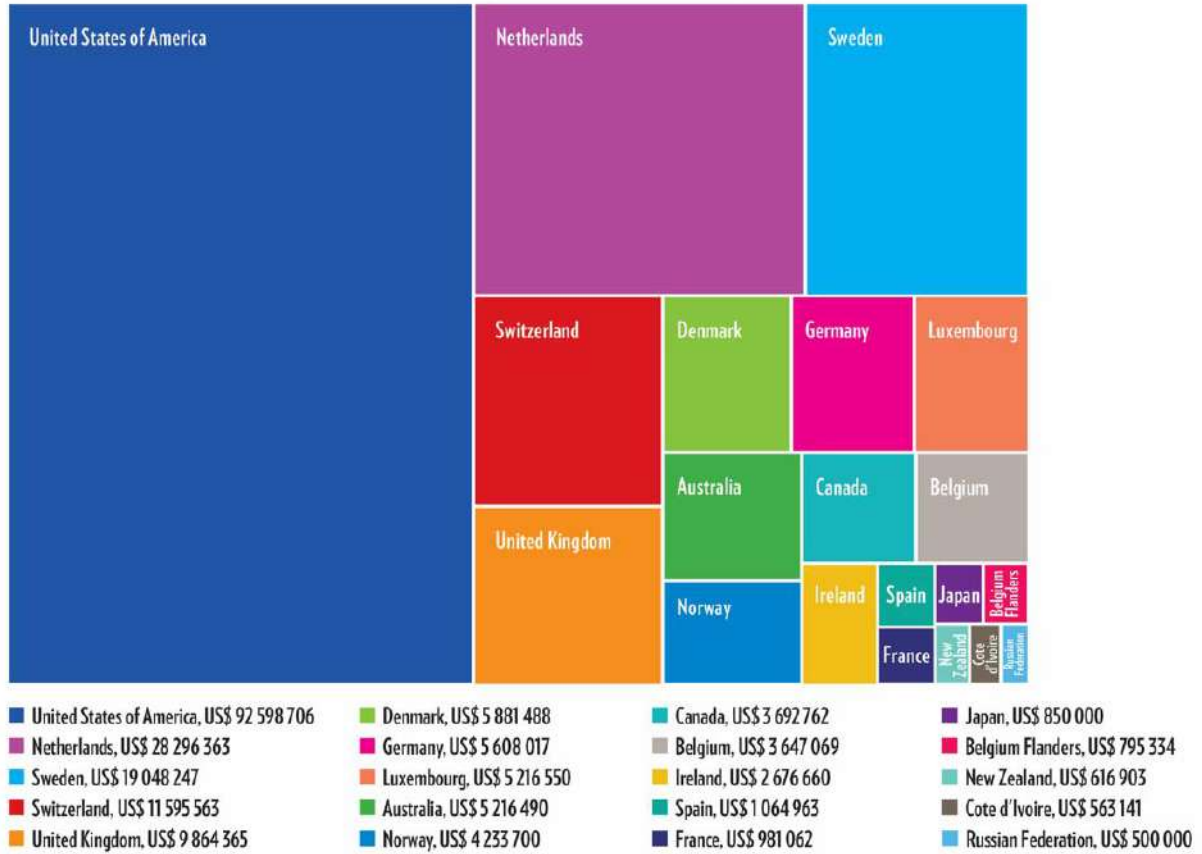


Table 1. 2022–2023 expenditure and encumbrances against total UBRAF core and non-core funds, by organization (in US\$)

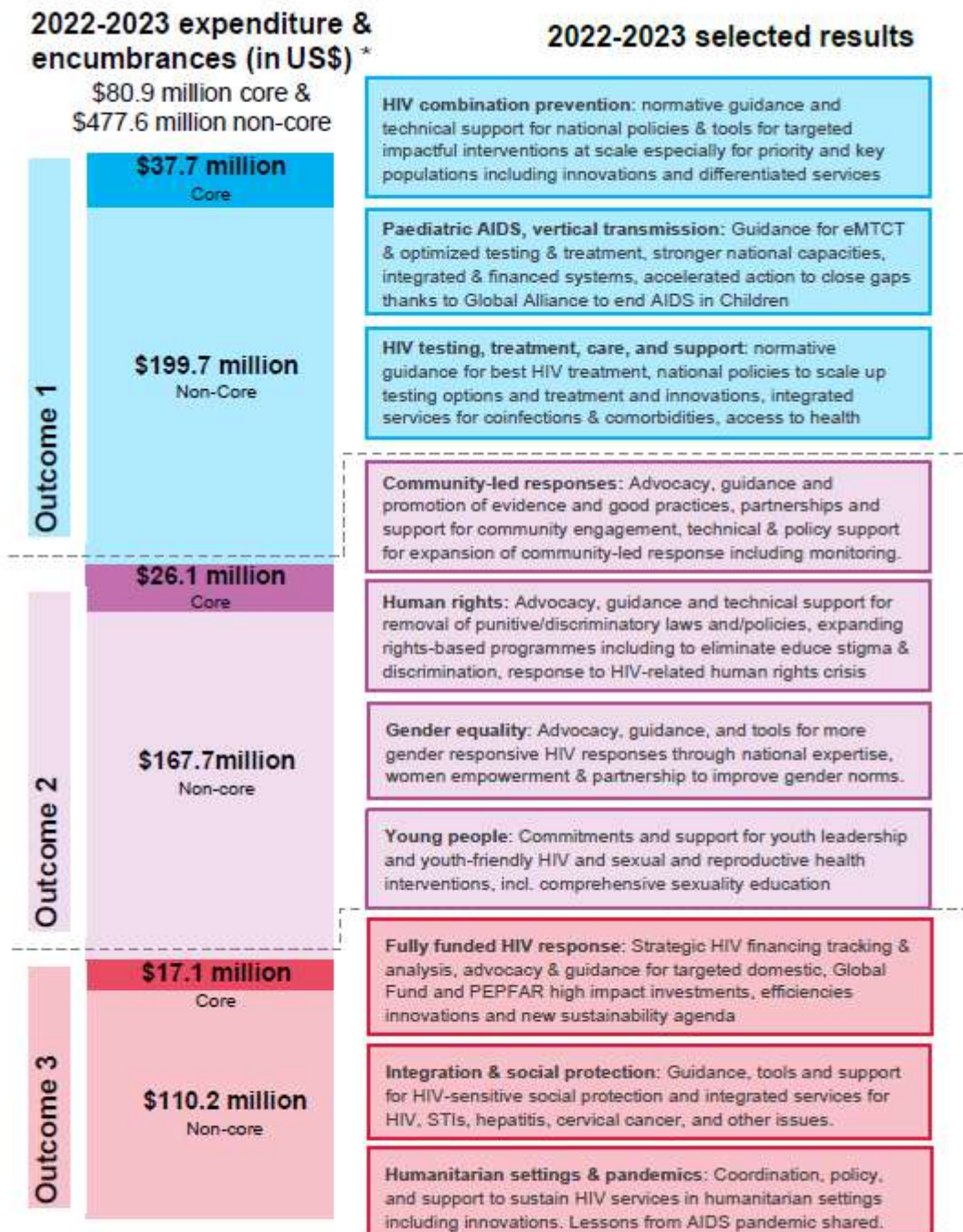
Note: Non-core excludes expenditures of US\$ 715.7 million and US\$ 19.8 million for the UNDP Global Funds and UNICEF Global Funds, respectively, for 2022 and 2023.

Organization	2022-2023 budget	Carry forward from 2020-2021	2022-2023 Core Global funds	2022-2023 Country envelopes	2022-2023 Total core allocated funds	2022-2023 core expenditures and encumbrances	Impl rate, core funds	2022-2023 non-core estimates	2022-2023 non-core expenditures and encumbrances	2022-2023 total allocated funds	2022-2023 Total expenditures and encumbrances
	A	B	C	D	E = B + C + D	F	G = F / E	H	I	J = E + H	K = F + I
UNHCR	6 216 400	-	3 100 000	1 519 400	4 619 400	4 619 400	100%	75 100 000	76 612 047	79 719 400	81 231 447
UNICEF	15 368 800	679 550	3 100 000	7 522 200	11 301 750	10 725 454	95%	85 255 800	85 255 800	96 557 550	95 981 254
WFP	7 600 800	687 766	3 100 000	2 466 500	6 254 266	5 290 802	85%	30 348 000	14 902 300	36 602 266	20 193 102
UNDP	11 044 800	1 809 869	3 100 000	4 807 100	9 716 969	9 033 864	93%	12 200 000	18 496 884	21 916 969	27 530 748
UNFPA	14 304 000	1 850 537	3 100 000	6 697 300	11 647 837	10 970 224	94%	68 600 000	91 227 977	80 247 837	102 198 201
UNODC	9 034 800	809 777	3 100 000	3 508 000	7 417 777	7 008 834	94%	30 292 200	8 947 197	37 709 977	15 956 031
UN Women	7 268 200	1 055 222	3 100 000	3 086 400	7 241 622	6 663 294	92%	30 000 000	34 299 092	37 241 622	40 962 386
ILO	6 355 800	472 692	3 100 000	2 154 100	5 726 792	5 460 661	95%	8 000 000	13 025 861	13 726 792	18 486 522
UNESCO	7 929 400	924 986	3 100 000	2 587 200	6 612 186	5 740 061	87%	34 781 000	26 489 208	41 393 186	32 229 269
WHO	16 343 400	1 586 025	3 100 000	8 100 800	12 786 825	12 091 527	95%	110 000 000	95 700 000	122 786 825	107 791 527
World Bank	4 533 600	-	3 100 000	51 000	3 151 000	3 274 724	104%	12 840 000	12 609 825	15 991 000	15 884 549
GSI	22 000 000					-					-
Secretariat	292 000 000	2 875 657	266 000 000	-	268 875 657	258 768 297	96%	100 000 000	133 594 250	368 875 657	392 362 547
Grand Total	420 000 000	12 752 081	300 100 000	42 500 000	355 352 081	339 647 143	96%	597 417 000	611 160 441	952 769 081	950 807 584

Overall 2022–2023 investments

In 2022–2023, **US\$ 950.8 million** (US\$ 339.6 million core and US\$ 611.2 million non-core) was invested in ten result areas and five Secretariat functions, including US\$ 42.5 million for country envelopes for 91 countries in 2022 and 2023.

Figure 4. Joint Programme results and investment, by results areas and outcomes



* Excluding UNDP & UNICEF Global Fund expenditures

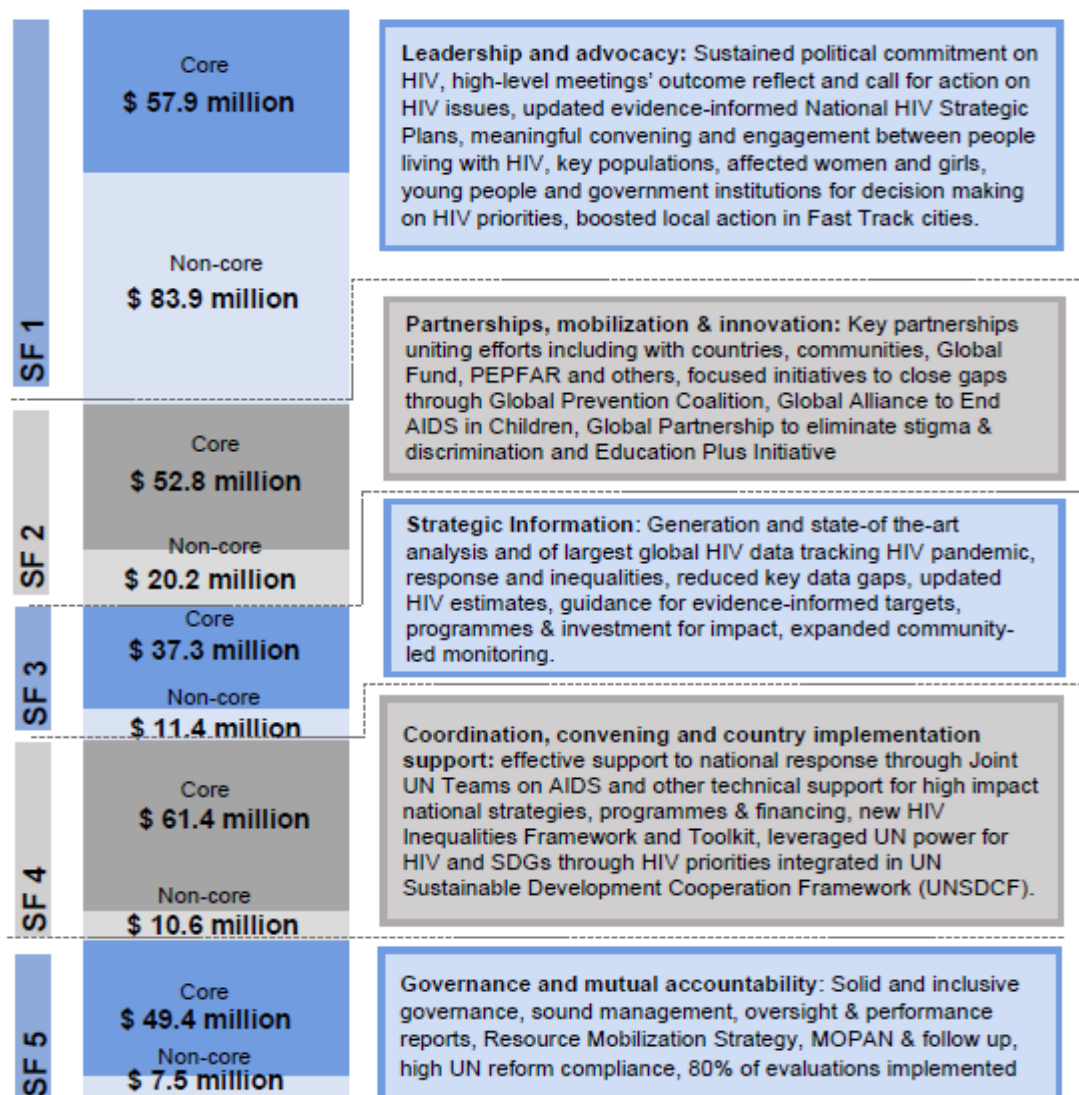
Figure 5. UNAIDS Secretariat results and investment, by strategic functions¹¹

2022-2023 UNAIDS Secretariat results and investment by strategic function

2022-2023 expenditure & encumbrances (in US\$)

\$ 258.8 million core &
\$ 133.6 million non-core

2022-2023 selected results



¹¹ The Secretariat's core expenditures of US\$ 2.9 million were encumbered during 2021, representing firm commitments of goods and services delivered in 2022.

Summary of main results by outcome

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

40. The Joint Programme contributed to global progress in expanding demand for and access to a widening range of HIV service options. The number of the new HIV infections in 2022 (approximately 1.3 million) was lower than in any year since the 1980s. AIDS-related deaths have declined by 51% since 2010 and there was a 58% decline in AIDS-related deaths among children. As of December 2023, 150 of 165 reporting countries (91%) had adopted WHO recommendations on pre-exposure prophylaxis (PrEP) in their national guidelines. However, considerable HIV service gaps persist, especially for some population groups.
41. *Accelerated and better targeted HIV combination prevention.* With guidance and support from the Joint Programme, at least 85 countries improved their policies and/or strategies on combination HIV prevention for key populations and other populations at risk of HIV. Better targeted prevention programmes expanded in 83 countries as a result of technical and/or implementation support provided by the Joint Programme. The support focused on scale-up of combination HIV prevention in diverse settings, including: innovative outreach to marginalized communities; expansion of prevention options including through integration with services for preventing other sexually transmitted infections and promoting sexual and reproductive health and rights.
42. The Global HIV Prevention Coalition is catalysing tangible improvements in high-burden and high-incidence countries, with new HIV infections in Coalition focus countries declining by 66% since 2010—a steeper decline than in other countries. The number of focus countries increased from 28 to 38, and Coalition prevention scorecards enhanced granular tracking and accountability for results on HIV prevention. Under the Coalition umbrella, a community of practice on key populations and a South-to-South learning network helped share new knowledge, including good practices.
43. Normative guidance developed by the Joint Programme, informed by the latest research, pointed national partners towards the most effective prevention approaches to close gaps and achieve more equal access to HIV services. WHO developed and launched consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations; new recommendations on the dapivirine vaginal ring for HIV prevention among women; and guidance on the preventive use of long-acting injectable cabotegravir. The Joint Programme developed a population size estimation tool for priority populations; catalysed implementation and uptake of opioid agonist therapy across multiple regions; and implemented evidence-based interventions to transform unequal gender norms in more than 20 countries.
44. *Expanded HIV testing and treatment.* As of 2022, 29.8 million people living with HIV were accessing antiretroviral therapy, up from 7.7 million in 2010. Among them, 93% (79->98%) were virally suppressed. AIDS-related deaths have declined by 69% since peaking in 2004 and by 51% since 2010.
45. Support from the Joint Programme is helping countries align their national testing and treatment programmes with normative guidance developed by WHO. Among countries supported by the Joint Programme, 34% fully updated their national recommendations on all three policy components (HIV testing, treatment and service delivery) and 91% adopted the WHO-preferred first-line antiretroviral combination for treatment initiation. Globally, more than 95% of countries have adopted the recommended “treat-all” approach; 102 countries have adopted policies on HIV self-testing; and 98 countries are procuring at least one type of self-test.

46. The Joint Programme supported the integration of differentiated HIV service delivery in national funding proposals for the Global Fund's GC7 round. Efforts continued to expand access to HIV services to vulnerable people such as more than 240 000 workers provided with HIV testing and catalysed scale-up of HIV treatment and care for forcibly displaced and stateless persons in humanitarian and emergency settings. To improve the affordability and accessibility of HIV and other essential medicines, the Joint Programme supported more than 50 countries to increase their access to health technologies, including a new initiative to build robust and resilient local manufacturing capacity in 10 countries.
47. *Reduced vertical transmission and paediatrics AIDS.* AIDS-related deaths among children continued to decline in 2022–2023. By 2023, 15 countries had been validated for the elimination of mother-to-child transmission of HIV (EMTCT). Botswana became the first high-burden country to be certified for achieving an important milestone on the path to EMTCT, demonstrating that an AIDS-free generation is possible even in countries with high HIV burdens. Twelve countries joined the Global Alliance to end AIDS in children and formed inclusive country teams to develop prioritized action plans to accelerate progress.
48. Seventy-five of the countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women. Clear guidance on criteria and processes for validation of triple elimination (HIV, syphilis and hepatitis B) was launched, with an emphasis on rights-based and integrated approaches for women, children and adolescents in countries preparing for validation of elimination.
49. Sixty-four countries supported by the Joint Programme have integrated HIV services for children into at least 50% of primary health care sites. By the end of 2023, over 90 countries were procuring paediatric dolutegravir, the WHO-recommended antiretroviral drug option for children. Efforts to improve HIV service delivery for children included the development of the UNICEF Paediatric Service Delivery Framework, which is being used in six high-burden countries. Health systems strengthening reached more than 10 million women and children with HIV and other health services, and 36 countries benefited from US\$ 817.5 million in commitments to strengthen the elimination service cascade in the context of reproductive, maternal, newborn and childcare. However, urgent and more effective action is needed to increase treatment access for children living with HIV.

Outcome 2: Barriers to achieving HIV outcomes broken down

50. Consistent with the Global AIDS Strategy's emphasis on ending HIV-related inequalities, the Joint Programme intensified its work to break down barriers by championing community-led responses, human rights including to reduce stigma and discrimination, and gender equality including gender-based violence which remain at unacceptable high levels. Since 2016, 15 countries have decriminalized consensual same-sex sexual acts.
51. *Community-led HIV responses strengthened and sustained.* Building on the first international definition of a community-led HIV response, developed by a multistakeholder task team¹², the Joint Programme continued to guide and support the expansion of community-led responses. It developed draft guidance on community-led HIV responses in consultation with global networks of people living with HIV, women

¹² In 2020, the Joint Programme convened a Multistakeholder Task Team on community-led HIV response, pursuant to decision 10.4b of the PCB at its 43rd meeting in December 2018. Its final report, which includes the definition of community-led HIV response, is available at: [Community-led AIDS responses — Final report based on the recommendations of the multistakeholder task team | UNAIDS](#)

and key populations. It also provided technical support to community-led organizations in 74 countries and to 83 countries to incorporate and expand community-led HIV responses. Though still limited, community-led monitoring is occurring in 75 countries with Joint Programme support.

52. Advocacy for and analysis intensified to leverage resources for community-led responses, including through costing and resource tracking. Aiming to enhance more sustainable community-led responses, a model to assess the social returns on investment in social contracting is supporting efforts in eight countries to develop social contracting guidelines.
53. The UNAIDS World AIDS Day 2023 report, “Let communities lead”, highlighted the unique and invaluable role of community-led responses, outlined barriers to community leadership and called for a comprehensive action agenda to put communities at the centre of efforts to end AIDS as a public health threat.
54. The Joint Programme supported the leadership and empowerment of multiple networks of people living with HIV, women and key populations at country, regional and global levels. This work focused on policy dialogues and diverse capacity building initiatives to improve HIV and broader sexual and reproductive health (SRH) services; advance human rights, including through the removal of discriminatory laws and policies; and increase gender equality, including for LGBTQ+ persons.
55. *Human rights promoted and protected.* The Joint Programme continued to champion leadership on human rights in the context of the HIV response. During the biennium, the Joint Programme supported 69 countries to remove or amend punitive and discriminatory laws and policies and/or develop protective ones affecting the HIV response. The Joint Programme supported strategic litigation to remove human rights barriers in Chile, Kazakhstan, Kenya and Tajikistan. It contributed to positive legal findings, including decisions in Chile and Kenya which affirmed that forced sterilization of women living with HIV is a violation of human rights.
56. The Joint Programme played a leading role in responding to the rise of anti-LGBTQ+ sentiment by fostering dialogues and supporting affected communities in many countries. The Joint Programme opposed a new anti-LGBTQ+ law in Uganda and responded to human rights abuses in Ghana, Kenya and the United Republic of Tanzania.
57. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination (co-convened by UNDP, UN Women, the UNAIDS Secretariat, the Global Fund and GNP+) continued to drive progress on stigma and discrimination. Thirty-eight countries have intensified their actions as members of the Global Partnership, which produced new guidance and foster peer learning on strategies for combating stigma and discrimination. During the biennium, the Joint Programme supported 69 countries to reduce stigma and discrimination, with several countries acting to strengthen national rights frameworks and/or reporting notable declines in HIV-related stigma. The Joint Programme built the capacity of key actors—including lawyers, law enforcement officials, prison administration, judges, parliamentarians, religious leaders and national human rights institutions—to strengthen human rights in the context of HIV.
58. *Gender equality advanced in the context of HIV.* Thanks to the Joint Programme’s global leadership in promoting gender equality as a cornerstone of the HIV response such as through securing political commitment and new tools, significant progress was made towards gender equality in 2022–2023. The Joint Programme strengthened the gender expertise and capacities of 50 countries to integrate gender equality in their national

responses and to meaningfully engage women in all their diversity together with men. Gender assessments in 20 countries gathered evidence on the impact of gender norms in the context of HIV, catalysing new commitments and national strategies in several countries.

59. Policy and advocacy support by the Joint Programme helped mobilize partnerships in 30 countries to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence. UN Women scaled-up evidence-based interventions to transform harmful gender norms across 21 countries to prevent violence against women and HIV infections, including as part of implementation of the EU/UN “Spotlight Initiative”. Support from the World Bank’s International Development Association strengthened national policy frameworks in 15 countries to end gender-based violence, prevent HIV and expand access to services. The Joint Programme supported the design and delivery of gender-transformative HIV programmes, including to expand SRH and address gender-based violence through capacity building, the promotion of healthy gender norms, and legal and policy changes.
60. The Joint Programme supported women’s leadership and full engagement in the HIV response at all levels. Examples included women living with HIV advising on the integration of gender quality and human rights in the new WHO Global Health Sector Strategies on HIV, viral hepatitis and sexually transmitted diseases (2022–2030); UN Women’s across-country collective help address the high rates of HIV in sub-Saharan Africa and build capacities of women living with HIV in 20 countries. The Joint Programme also engaged men and boys as gender equality advocates and supported efforts to reform and implement laws for a more enabling environment of the HIV response.
61. *Young people empowered and their needs addressed.* The Joint Programme promoted the empowerment of young people—who account for almost one quarter of new HIV infections globally—to be fully engaged in efforts to end AIDS. With support from the Joint Programme, 32 countries developed and implemented plans to expand and institutionalize youth-led HIV responses. The “UNITED! Movement” now includes 130 new youth advocates for HIV and SRH who are focusing on addressing the needs of adolescent girls and young women from 11 countries. “Safeguard Young People”, a UNFPA flagship initiative which operates in 12 countries, supported the development of a regional framework in eastern and southern Africa to achieve a multisectoral approach to youth development and increased investments in young people. In eastern Europe and central Asia, more than four million young people acquired information on HIV and SRH by accessing UNESCO-supported, youth-led digital platforms and artificial intelligence-powered chatbots which operate in three languages.
62. The Joint Programme supported 50 countries to scale up multisectoral interventions that align with ministerial commitments to increase access to youth-friendly SRH services, including comprehensive sexuality education. Under the Global Fund’s “Adolescent girls and young women’s strategic initiative”, UNICEF has aided 13 countries in incorporating a defined HIV prevention package in their national strategies. Through the joint “2gether4SRHR initiative”, the UNFPA, UNAIDS, UNICEF and WHO collaborated with national governments and diverse partners to develop a toolkit for SRH and HIV, which has aided national programmes in scaling up evidence-based services for HIV, sexual and gender-based violence, SRHR and mental health for young people. In partnership with the PEPFAR, UN Women built feminist leadership skills of young women across 15 sub-Saharan African countries, matching young women in mentoring relationships with established women leaders.

63. The Joint Programme increased awareness of education as an important HIV prevention-related strategy for adolescent girls and young women, through the Education Plus initiative, which promotes access to secondary education. As of 2023, 15 countries had committed to undertake actions in support of Education Plus. The initiative has contributed to policy shifts in seven countries, with potential benefits for at least 19.5 million adolescents and young women. In 2023, ministers of health and education from 25 countries in western and central Africa endorsed the WCA Commitment for educated, healthy and empowered adolescents and young people.

Outcome 3: Efficient HIV response fully resourced and sustained

64. An efficient and fully resourced HIV response is vital for ending AIDS as a public health threat. Although funding for the response remains inadequate, the Joint Programme contributed to mobilizing essential resources and ensuring their efficient use. Promoting increased domestic investments in the response to HIV has been a key focus. Progress was also made in improving people-centred integrated systems for health and social protection that are inclusive of HIV, as well as sustaining HIV services in humanitarian settings, while informing a future pandemic response that builds on the lessons from AIDS.
65. *Increased HIV financing, effectiveness and a more sustainable HIV response.* The Joint Programme provided extensive support to countries to increase domestic financing for their national HIV responses and for their overall health systems. Together with PEPFAR, the Global Fund and other partners, the Joint Programme held a special meeting with 12 African ministers of finance to increase their support for additional domestic spending on HIV. Other efforts went towards supporting numerous countries to develop social contracting mechanisms to sustain community-led HIV responses, which led to social contracting action plans in three countries. Some 17 countries were supported by UNDP to assess the possible imposition of health taxes (e.g., on alcohol, tobacco and sugary beverages) to generate additional funding for health.
66. The Joint Programme strengthened the efficiency and effectiveness of HIV responses and health systems. The World Bank supported 11 countries in undertaking HIV and TB allocative efficiency studies and it aided HIV allocative efficiency analyses in another six countries. Substantial support from the Joint Programme went towards assisting more than 100 countries to explore strategies for integrating digital health platforms to improve reach, efficiency and effectiveness of their HIV interventions.
67. UNAIDS remains the chief worldwide source of domestic and international financing data on the HIV response. More than 80 countries in 2022–2023 reported financing data through the Global AIDS Monitoring system. With Joint Programme support, a record 13 countries conducted National AIDS Spending Assessments. An increasing number of those assessments are now capturing highly granular information that can guide investments and resource allocations by national governments and international donors. A database on HIV commodity prices in low- and middle-income countries is also available, along with updated estimates of resource availability for the HIV response.
68. The Joint Programme contributed to the mobilization of essential external resources for HIV and health by intensifying its support to countries to access and optimize Global Fund resources after the Fund's successful replenishment conference. This included the development and submission of 47 high-quality prioritized funding requests worth US\$ 5.9 billion to the Global Fund (Round 7), as well as intensive direct support to 15 countries for integrating human rights-related and gender-transformative approaches. Overall during the biennium, the Joint Programme supported 80 countries to include evidence-informed HIV investments across their Global Fund grants, for example

through guidance and technical support, coordinating mechanisms, strategic information costing, transition and sustainability.

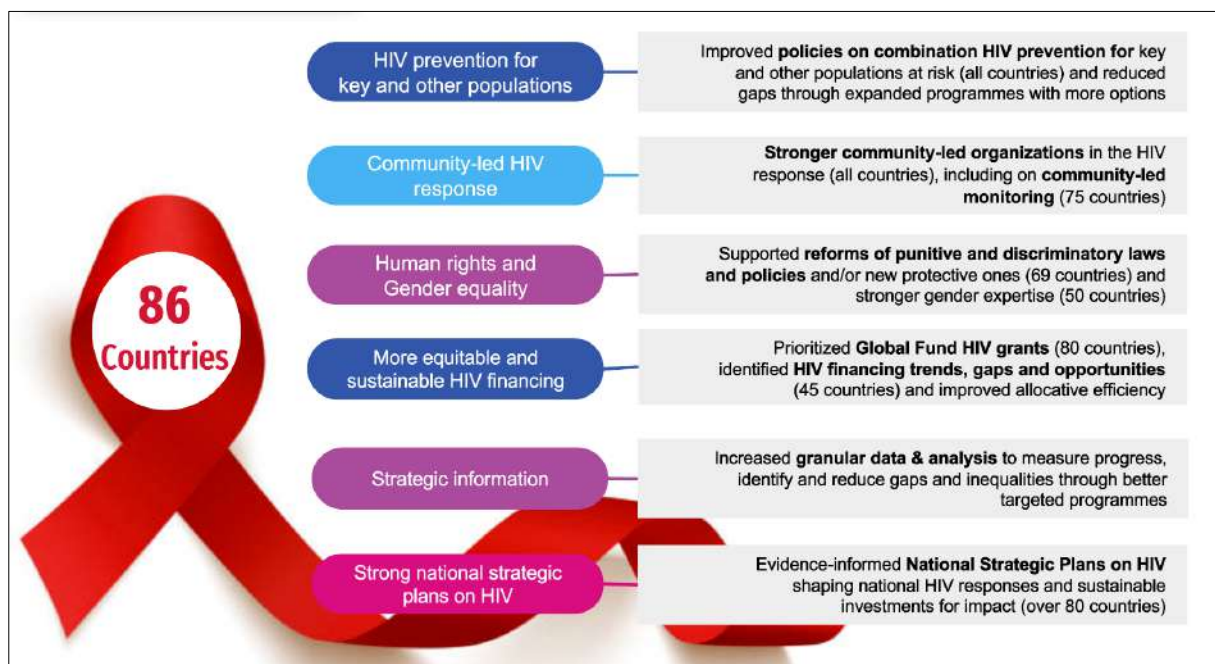
69. New analysis supported by UNAIDS, “A triple dividend: fully financing the HIV response in Africa”, assessed the multifaceted impact of a fully financed HIV response. A new agenda and framework for shaping the long-term sustainability of AIDS responses was also initiated.
70. *Better-integrated systems for health and social protection.* The Joint Programme provided policy guidance, advocacy, technical support and knowledge products to support integration systems for health and social protection. As of 2023, 70 countries supported by the Joint Programme provided antiretroviral therapy services that were organized and financed as part of their overall health systems, including through primary health care. Fifty-two countries included cervical cancer screening and treatment for women living with HIV in their national strategies, plans and guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.
71. The Joint Programme supported 44 countries to use gender-related data and evidence to revise social protection policies or programmes to enhance their inclusion of people living with, at risk of and affected by HIV. The Joint Programme supported the extension of HIV-sensitive social protection in 12 countries in western and central Africa, launched checklists, case studies and other tools for HIV-sensitive social protection approaches, and built the capacity of organizations of sex workers to access financial services.
72. The Joint Programme’s work aided the expansion of “Cash Plus” (or bundled) interventions and shared new evidence and knowledge on successful approaches to reduce the HIV vulnerability of adolescents and young people.
73. *Promotion of people-centred, rights-based, integrated services for ending AIDS as part of Universal Health Coverage and in the Community Health Roadmap.*¹³ Practical guides and tools on integrated people-centred systems and services, including for common HIV comorbidities, and resilient and sustainable systems for health have helped guide countries’ strategic planning, programming and resource mobilization. The “Go Further” partnership for ending AIDS and cervical cancer in Africa enabled over eight million cervical cancer screenings among for women living with HIV in 12 countries between 2021 and 2023, and a new set of cervical cancer and HIV integration indicators helped track progress.
74. *Sustained HIV services in humanitarian settings and shape pandemics responses.* As the number of people affected by emergencies or living in humanitarian settings continued to rise in 2022–2023, the Joint Programme intensified its work to address HIV in humanitarian settings. Thirty-nine countries had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings, and 46 countries affected by humanitarian emergencies implemented services for key populations in such settings. The Inter-Agency Task Team on HIV in humanitarian emergencies is being revigorated, informed by the 53rd PCB decisions related to HIV in humanitarian emergencies.
75. UNHCR and partners strengthened public health knowledge and programming in humanitarian settings through guidance and skills-building tools. In Ukraine, the Joint Programme partnered with communities, national and local authorities to provide life-saving HIV and other services. WFP partnered with the All-Ukrainian network “100% Life” to deliver food assistance to over 200 000 people living with HIV/TB in 2022–2023,

¹³ <https://www.communityhealthroadmap.org>

while UNICEF assisted nearly one million people with HIV diagnostics and provided prevention supplies for 100 000 people. Examples of other support including nutritional services to more than 6,400 people living with, at risk of or affected by HIV in the northern province of Cabo Delgado, Mozambique, where about one million people have been displaced due to armed conflict.

76. In 2023 UNHCR’s annual public health inclusion survey reported that 98% of the surveyed countries had included a universal “test and treat” approach for HIV in their national policies and 89% of countries had adapted this for refugee settings. Policy changes in the Democratic Republic of Congo and Morocco incorporated the “prevent HIV, test and treat all” approach in national policies.
77. The Joint Programme supported countries to overcome service disruptions during the acute phase of the COVID-19 pandemic and to build more resilient systems for health and pandemic preparedness in ways that benefit the HIV response and leverage lessons learned from HIV. As of 2023, 55 countries reported the inclusion of priority HIV services in national pandemic preparedness plans or frameworks.

Figure 6. Countries progressing towards the 2025 global AIDS targets with well-coordinated Joint Programme support, including through Joint Teams on AIDS



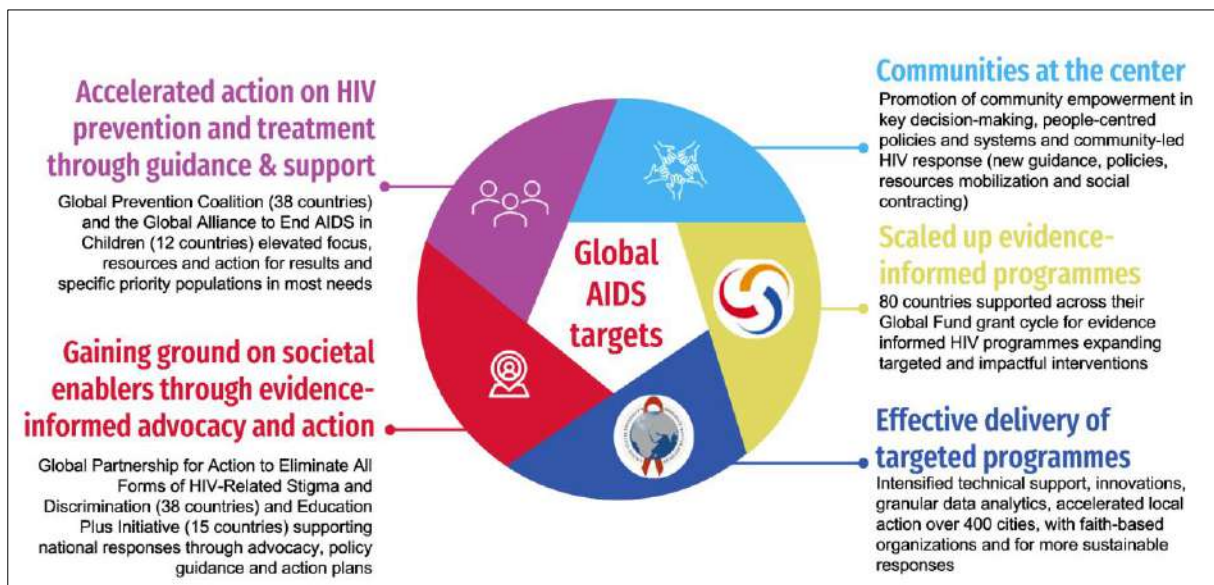
A more effective Joint Programme for more effective results and accountability

78. Efficient and effective delivery of five strategic functions, led by the UNAIDS Secretariat in concert with UNAIDS Cosponsors, complemented and enabled progress made towards the three outcomes and 10 result area outputs.
79. **Leadership, advocacy, and communications on strategic HIV issues.** The UNAIDS Secretariat leveraged the Joint Programme’s advocacy and expertise to sustain broad commitment on HIV through work focused on 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; the Commission on Narcotic Drugs; and the African Union Assembly. The endorsement of the WCA Commitment for educated, healthy and empowered adolescents and young people by 25 countries in western and central Africa represented a landmark in the recognition of the critical role of education for ending AIDS and ensuring the health and well-being of the next generation of adults.

80. *Catalytic actions to address HIV-related inequalities through partnerships and innovation for impact.* Global partnerships and initiatives—such as the Global HIV Prevention Coalition, the Global Alliance to end AIDS in children, the Education Plus initiative and the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination—increased awareness and actions to address key HIV-related inequalities. The Fast-Track Cities initiative continued to mobilize political leadership in more than 400 cities and facilitate specific support to close HIV services gaps in 15 high-burden cities. Through its close partnerships with the Global Fund and PEPFAR at global, regional and country levels, the UNAIDS Secretariat guided evidence-informed prioritization of programmes, including through innovations, the allocation and use of finite funding and improved returns on investments. The Secretariat supported the engagement of people living with HIV, key populations, affected women and young people at risk of, or affected by HIV in national HIV responses in 84 countries in 2023. Support also catalysed the expansion of community-led HIV responses in more than 80 countries.

Figure 7. Reducing HIV-related inequalities, uniting efforts through targeted initiatives and strong partnerships



81. **State-of the art strategic information guides the global HIV response.** Guidance and support provided by the Secretariat enabled the generation and analysis of HIV estimates in 170 countries, representing 99% of the world's population. Through the Global AIDS Monitoring framework, UNAIDS is the custodian of the most comprehensive data and analysis on HIV in more than 150 countries. Four flagship reports (two mid-year global AIDS updates and the annual World AIDS Day reports) provided comprehensive, up-to-date analyses of the latest data on the HIV pandemic and response. The AIDSinfo data platform, accessed over one million times, provides convenient access to a wealth of authoritative data on the HIV epidemic, response, financing, laws and policies, and key populations. It now includes a platform for

visualizing data on HIV-related inequalities. These data sources inform and guide responses led by the entire array of HIV stakeholders at global, regional and country levels, including national governments, communities, the Global Fund, PEPFAR and other partners.

82. **Effective coordination, convening and country implementation support.** Joint UN Teams on AIDS (91 in 2022 and 86 in 2023) use the comparative advantages of the Joint Programme to provide coordinated and catalytic expert support to national HIV responses. The Secretariat leveraged the power and voice of the entire UN System through ensuring integration of HIV-related priorities in UN Sustainable Development Cooperation Frameworks in more than 80 countries. National strategic plans on HIV—which are the bedrocks for national AIDS responses, as well as for Global Fund and PEPFAR investments—were developed, assessed or updated in line with the Global AIDS Strategy 2021–2026. They are implemented in more than 80 countries, with policy and technical guidance support from the Joint Programme, including through over 400 support assignments provided by the Technical Support Mechanism.
83. **Solid governance and mutual accountability.** The Joint Programme has acted to strengthen its governance and mutual accountability. The Independent External Oversight Advisory Committee advised the PCB and the Executive Director on oversight issues, and a broad array of quality management, oversight and performance reports was made available on the UNAIDS Results and Transparency portal. The Multilateral Organization Performance Assessment reaffirmed UNAIDS’s critical importance and offered useful suggestions for further strengthening its catalytic role, which led to agreed management actions to ensure a strong Joint Programme for a sustainable global HIV response to 2030 and beyond.
84. A new, ambitious UNAIDS Resource Mobilization Strategy is being applied, with a multistakeholder task team guiding efforts to resolve the funding shortfall. UNAIDS remains fully aligned with and leverages UN reform implementation for efficiencies, including the Quadrennial Comprehensive Policy Review and UN Funding Compact.

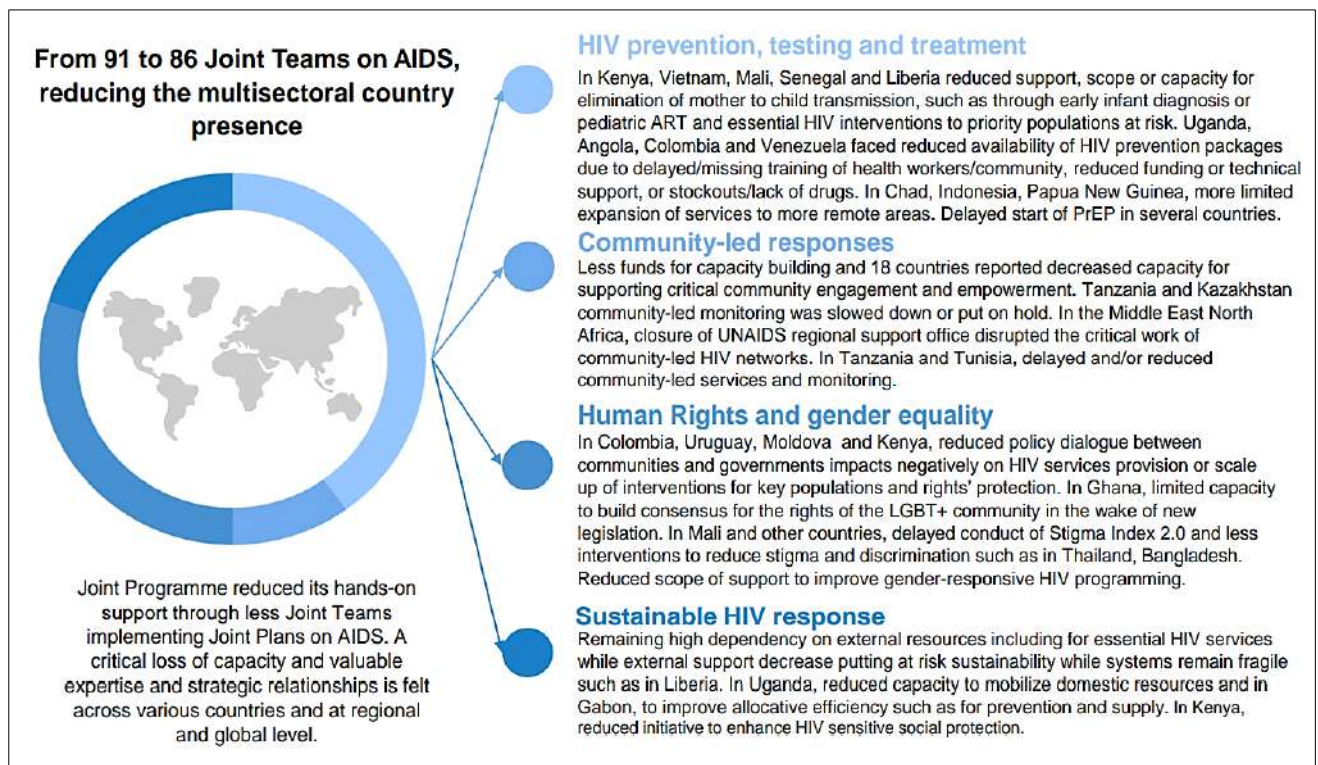
The Joint Programme’s funding shortfall: impact, innovations, cost and other effectiveness and efficiencies

85. Faced with a persisting and significant funding shortfall, the Joint Programme sought to maintain its impact by applying stricter strategic prioritization with a focus on protecting support to countries and communities to save lives. It deployed human and financial resources where they are needed most and applied a wide range cost-efficiency measures.
86. In the context of increasing challenges to mobilize resources and uncertainty about the future availability of funding, difficult choices were made to reduce the Joint Programme’s footprint and scope of work due to loss of capacity and expertise at all levels. The impact of cost-savings measures in recent years is increasingly visible across the Joint Programme’s work, including in some priority areas. The commitment of staff who stepped up their hard work has enabled the Joint Programme to continue delivering, though at high costs to their health and wellbeing. This is not sustainable.
87. The funding shortfall has translated into scaled back, delayed or missed opportunities for supporting countries’ progress to reach the global AIDS targets, especially around prevention, due to deferral or discontinuation of important work and catalytic activities. This included weakened multisectoral coordination and advocacy; setbacks in policy dialogues and reform; less direct support for community-led responses; limitations on

the generation and use of more granular strategic information; a reduction of some good governance practices; and the reduced number and scope of evaluations.

88. The Joint Programme's reduced capacities and scope of work (programmatically and geographically) is **affecting the pace of progress in some areas, including:**
- the expansion of more equitable access to HIV services, especially prevention, at the required scale;
 - the removal of barriers such as stigma and discrimination;
 - the introduction of policy and legal reforms to protect human rights and advance gender equality;
 - the expansion of critical community-led HIV responses; and
 - the achievement of more effective, equitable and sustainable systems through robust HIV financing that includes leveraging more domestic resources and allocative efficiencies, further integration and better response to HIV in humanitarian settings.

Figure 8. Illustrative country example of the funding shortfall impacts to advance key results



89. To mitigate impact and protect results for countries and communities, the Joint Programme optimized its resources through prioritization; further improving synergies and coordination with all stakeholders; fostering innovation and enhanced integrated approaches; implementing drastic cost-saving measures:

Optimizing Joint Programme capacities through prioritization, cost-saving measures and news ways of working

90. The Joint Programme further prioritized the deployment of human and financial resources for most impact and implemented difficult cost-saving measures, which saved

about US\$ 20 to US\$ 25 million annually for both Secretariat and the Cosponsors. This was also an opportunity to enhance new ways of working, including the use of cost-shared staff positions; the placement of HIV advisers in UN Resident Coordinator Offices; the improved use of collective expertise from regional and country offices to contribute to policy formulation; and key programmatic and technical guidance. A virtual support desk has coordinated timely and quality technical support to 47 Global Fund country funding requests. Other cost-saving approaches included optional online participation in governance meetings, which also enabled more observers to attend.

More effective coordination with all stakeholders

91. Global Strategic Initiatives such as the Global Prevention Coalition, the Global Partnership to eliminate stigma and discrimination and Education Plus elevated commitment and actions and leveraged wide expertise and funding to accelerate progress for specific areas or populations. Closer synergies with the Global Fund and PEPFAR on strategies, data sharing and solutions to resolve bottlenecks, led to well-coordinated support to countries. In Latin America and the Caribbean, the regional UN Joint Team helped increase collaboration across sectors, especially for prevention, thereby reducing duplication through the pooling of resources and expertise, joint dialogues and resource mobilization.

Accelerated knowledge transfer including innovative tools and technologies

92. Locally adapted innovative digital solutions helped countries reach targeted populations, with a focus on adolescents and young people (including among refugees) in eastern Europe and central Asia, and on young key populations at high risk of HIV in Asia. Through the WHO “Virtual Campus” platform, over 22 000 health professionals built their capacities to deliver PrEP. New communities of practices and knowledge hubs fostered quicker sharing of new policies, good practices and cross-country learning (e.g. via the Global HIV Prevention Coalition resources hub).

Accelerated for broader impact

93. In many countries, the Joint Programme guided the integration of HIV, STI and viral hepatitis services for key populations and for the elimination of vertical transmission. This was through the use of combined prevention approaches and improved convergence with primary health care, adolescent health and other health areas (e.g., noncommunicable diseases) to foster improved patient-centered care and greater efficiencies across programmes. This led to leveraging other platforms and partnerships, which reduced costs and mobilized additional resources, globally and domestically. Further integration of HIV with initiatives and programmes to end violence against women and promote economic empowerment help to holistically address issues that fuel HIV transmission.

Figure 9. Illustrative country examples of innovations, efficiencies and effectiveness measures in the context of the funding shortfall

Innovations and cost-effective methods to enhance more equitable access to HIV services

In Bangladesh and Cambodia, cost effective methods of using digital platforms helped outreach on SRHR or PrEP services, informing and linking women or hard-to-reach populations. In Nigeria, Cameroon and Cote d'Ivoire peer-mediated digital tools (referred to as U-Test model/method) were used to encourage self-testing or access to services such as PrEP. In Uruguay, an online methodology based in social networks was applied to gather evidence on sexual practices, health and STI/HIV management among adolescent and young men and inform public policies. In Kenya, the UN launched a comprehensive Commitment Plan together with the National Syndemic Disease Control Council to address the 'Triple Threat' of new HIV infections, gender-based violence, and teenage pregnancy.

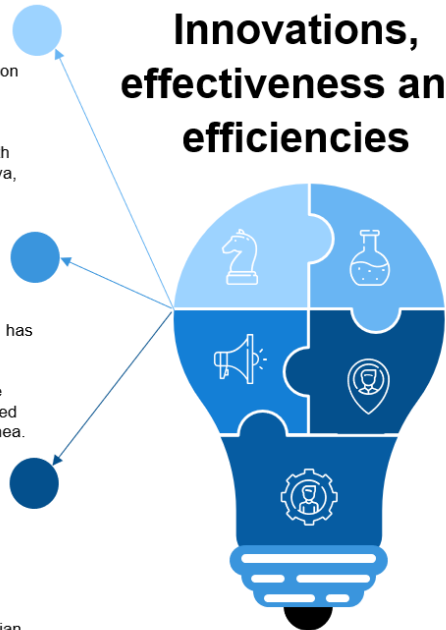
Strategic partnership and community-led responses for policy change to improve human rights

In Belarus, the national commitment to maintaining the Certificate of HIV and syphilis elimination has facilitated advocacy for changes in legislation practices, including a reduction in the prosecution practices for HIV transmission. In Sierra Leone, collaboration with the judiciary, law enforcement agencies, and parliamentarians help promote the rights of key populations and repeal repressive laws. In Andean countries, community empowerment for joint advocacy to inform policies informed by the Stigma Index study. Cross border HIV activities in Gabon, Cameroon and Equatorial Guinea.

Innovative joint work and resource mobilization for an inclusive, fully funded and sustainable HIV response

In China, resources were mobilized for community support through leveraging UNAIDS Goodwill Ambassador, or the China Social Assistance Fund. In Haiti, financial support initiatives for vulnerable populations, improved livelihoods, protected against gender-based violence, and enhanced overall health. In Guatemala, lower prices of ART through joint procurement. In Uzbekistan, successful joint funding proposal with IOM for HIV prevention for migrants. In Mozambique, three agencies cost-sharing of the training on mainstreaming HIV in the humanitarian context.

Innovations, effectiveness and efficiencies



The Joint Programme's contribution to the Sustainable Development Goals

94. Ending AIDS as a public health threat is a core part of SDG 3. Reaching that goal would serve as an inspiration for the broader global health and development agenda. The work of UNAIDS has contributed to marked increases in life expectancy in countries with the highest HIV burdens; supported efforts that have averted an estimated 13 million TB-related deaths since 2000; and enabled the scale-up of prevention efforts that have halved the share of maternal deaths attributable to HIV. Sustained funding to fully support UNAIDS's catalytic work to end AIDS as a public health threat would save an additional 1.8 million lives and prevent another five million new HIV infections between now and 2030, according to new projections.
95. The Joint Programme is contributing to global health security. Infrastructure built and strengthened with HIV investments enabled UNAIDS to rapidly pivot to help countries manage their COVID-19 crises, as well as other disease outbreaks and epidemics. Community-led responses around the world responded swiftly to preserve HIV-related services during COVID-19 lockdowns and deliver essential COVID-19 services. These have inspired more effective approaches for other health challenges such as mpox. UNAIDS continue to be a tireless advocate for pandemic prevention, preparedness and response policies that incorporate key principles and lessons from the HIV response.
96. The Joint Programme's contribution to the SDGs extends beyond health, with the work of UNAIDS buttressing the underlying ethos and principles of the SDGs. The Joint Programme advances the overarching SDG goal to leave no one behind by catalysing strategic actions to end HIV-related inequalities. The Joint Programme also embodies principles of global partnership and inclusive governance that are at the centre of the SDG agenda and that are expressly addressed in SDG 17. Not only is the Joint Programme a unique and pioneering partnership model within the UN System, its work rests on strong, multisectoral partnerships at global, regional and country levels.
97. The Joint Programme is making major contributions to several specific SDGs. By supporting the historic scale-up of HIV treatment and increased access to equitable and affordable health and inclusive social protection, the Joint Programme is contributing to

ending poverty (SDG 1). Progress against AIDS protects the economic security and productive potential of HIV-affected households. The Joint Programme's work to address the nutritional needs of people living with HIV is helping advance progress towards SDG 2 (hunger). By supporting robust prevention efforts for adolescent girls and young people, including by enabling the expansion of "Cash Plus" interventions that enable young people to stay in school, the Joint Programme is also supporting progress towards the goal of quality education for all (SDG 4). The Joint Programme's support for gender-transformative policies and programmes and its support for empowerment of networks of women living with HIV are aligned with the SDG 5 goal to "achieve gender equality and empower all men and women."

Challenges, lessons learned and opportunities

98. Gains in the response to HIV have saved nearly 21 million lives to date, but there are major opportunities to do even better. More than nine million people living with HIV worldwide are not yet receiving antiretroviral therapy, new HIV infections are increasing in several countries, and services are still missing many people who belong to key and priority populations.
99. While we have the knowledge and tools to end AIDS as a public health threat, progress towards that goal is being slowed by inadequate political will; funding constraints; fragile public health and social protection systems; logistical and supply chain challenges; and a failure to undo the injustices and inequalities that fuel the pandemic, such as discrimination, stigmatization, social exclusion and criminalization directed at key populations.
100. Inequalities continue to undermine efforts to end AIDS. Key populations are disproportionately affected by HIV in all parts of the world and account for most new HIV infections outside sub-Saharan Africa. Harmful gender norms and practices continue to fuel the epidemic among women and girls, who face especially high rates of HIV infections in sub-Saharan Africa. HIV treatment uptake and outcomes tend to be lower among men. Key populations living with HIV are also less likely to obtain HIV treatment than other people living with HIV. Treatment access among children living with HIV is still unacceptably low; children comprised 4% of all people living with HIV in 2022 but accounted for 13% of AIDS-related deaths.
101. Although the efficiency of HIV spending has improved, especially as programmes have been brought to scale, funding shortfalls in the global HIV response continued to limit progress. The US\$ 20.8 billion (in constant 2019 US\$) available for HIV programmes in low- and middle-income countries in 2022 represented a decline of 2.6% compared to 2021 and was markedly short of the US\$ 29.3 billion needed annually by 2025. Closing this US\$ 8.5 billion resource gap is an urgent priority, as stagnating or declining resources undermine efforts to close HIV-related inequalities while maintaining essential HIV services.
102. The deteriorating human rights environment in many parts of the world is impeding progress towards ending AIDS. A pushback against gender equality and the rights of women and girls, LGBTQ+ people and other populations threatens to erase gains made in the HIV response. Effects of the pushback are exacerbated by shrinking space for civil society and a decline in adherence to democratic principles and governance. Efforts to mobilize new resources for HIV must go hand in hand with concerted work to reverse the pushback against human rights and gender equality.
103. The 2022–2023 biennium confronted the Joint Programme with considerable programmatic and operational challenges. As a result of funding shortfalls, far-reaching

cost-containment measures and new ways of working including innovations were implemented. While these measures have improved the efficiency of the Joint Programme's operations, they have also diminished its capacity to carry out core functions and catalytic work, which has led to delayed action or missed opportunities in several areas.

104. The operating budget of US\$ 160 million in 2022–2023 reflects the absolute minimum resources that are needed to enable the Joint Programme to deliver on its mandate. To raise funding for a fully funded UBRAF, an updated resource mobilization strategy is focusing on maintaining and building on the support of current donors and on broadening the donor base. A new value proposition highlights the added value of UNAIDS in leading the global HIV response to deliver maximum impact and results, as well as long-term savings.
105. Moving forward, the Joint Programme will further prioritize its work to advance the four strategic priorities: enhancing HIV prevention; accelerating access to HIV treatment and new technologies; promoting and supporting community-led responses; and ensuring equitable and sustainable financing for the response. To optimize its strategic impact, the Joint Programme is also acting to improve internal and external coordination, knowledge management and coherence.
106. The Joint Programme is undertaking a mid-term review of the Global AIDS Strategy 2021–2026, assessing progress against the 2025 global AIDS targets, which will be summarized in the Global AIDS update in July 2024. This review will help the Joint Programme further distil lessons, identify and respond to gaps, and adapt approaches as needed to accelerate progress towards the 2030 goal.
107. While focusing on accelerating progress in the present, the Joint Programme also builds the future. Achievement of the 2030 goal will not mean that the HIV response is over. Essential services and strategies will need to be sustained to maintain the gains and prevent a resurgence of the pandemic. The Joint Programme is leading a reinvigorated HIV sustainability agenda and supporting countries to build more sustainable HIV responses in the post-2030 era. Building on lessons from the decades-long HIV responses, UNAIDS continues to take the lead in turning challenges into collaborative opportunities for groundbreaking advances that leave no one behind.

[Annexes follow]

Annex 1. Overview of 2022–2023 UBRAF indicator data^{14 15}

RA /SF	2023 progress on UBRAF Indicators	2022 Status	2023 Status	2023 Milestone
RA 1 HIV prevention	86 countries received support to improve their policies/strategies on combination HIV prevention for key populations and other populations at risk of HIV (1.1.1)	On track	Reached	40 countries
	83 countries received technical and/or implementation support to scale up combination HIV prevention programmes (1.2.1)	On track	Reached	40 countries
RA 2 HIV treatment	Guidance on differentiated and integrated service delivery and comorbidities developed (2.1.1)	On track	Reached	Guidance and framework on integrated service delivery of HIV and comorbidities finalized
	29 countries fully updated and implemented their national recommendations on all 3 policy components (HIV testing, treatment and service delivery) (2022 data; 2023 data available mid-2024) (2.2.1)	On track	Data not yet available	30 countries supported to update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery
	78 countries adopted the WHO-preferred first-line antiretroviral (ARV) combination for treatment initiation in national guidelines in alignment with the 2021 WHO consolidated guidelines (2022 data; 2023 data available mid-2024) (2.2.2)	On track	Data not yet available	40 countries supported to implement recommended WHO-preferred first-line ARV regimen for treatment initiation
	33 countries included three months of weekly rifapentine plus isoniazid (3HP) in national guidelines (2022 data; 2023 data available mid-2024) (2.2.3)	On track	Data not yet available	At least 15 countries supported to adopt shorter rifamycin-based regimens as treatment to prevent tuberculosis among people living with HIV
RA 3 Paediatric AIDS, vertical transmission	75 countries (87%) have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women (3.1.1)	On track	Reached	80% of countries
	1 additional country developed a national validation report, but not member of the Global Alliance (3.2.1)	Slow progress	Not reached	2 additional countries who joined the Global Alliance to end AIDS in children submit their validation report to the Global Validation Advisory Committee
	64 countries supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites (3.2.2)	On track	Reached	15 partner countries join the Global Alliance to end AIDS in children and provide services for children with HIV that are integrated into primary health care
RA 4	4 normative guidance documents developed. Documentation and wide promotion of community-led HIV response’s evidence and lessons learned (4.1.1)	On track	Reached	At least 2 normative guidance documents developed and promoted

¹⁴ For full details on progress towards all UBRAF Indicators and information on scoring, please see the UBRAF Indicator Scorecard.

¹⁵ The Joint Programme extends support to countries through various approaches. However, in the context of the UBRAF, countries where the Joint Programme operates are specifically those where a Joint UN Plan on AIDS exists. Due to the impact of the UBRAF funding shortfall on the Joint Programme’s capacities, 91 countries were considered for the 2022 indicator reporting, but only 86 countries with evidence of a minimum level of Joint UN Plan implementation and consistent reporting were included in the indicator reporting for 2023. For the UNAIDS Secretariat’s strategic functions-related indicators, the number of countries with (multi)country offices (and therefore considered for indicator reporting) was 87 in 2022 and 84 in 2023.

RA /SF	2023 progress on UBRAF Indicators	2022 Status	2023 Status	2023 Milestone
Community-led responses	In 83 countries the Joint Programme supported national and/or subnational government structures and other stakeholders for the incorporation and expansion of community-led HIV responses (4.2.1)	On track	Reached	20 countries
RA 5 Human rights	69 countries were supported to remove or amend punitive and discriminatory laws and policies and/or to develop protective ones affecting the HIV response (5.1.1)	On track	Reached	At least 30 countries
	69 countries were supported to reduce stigma and discrimination in at least 2 of the 6 settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination (5.2.1)	On track	Reached	At least 25 countries
RA 6 Gender equality	50 countries strengthened their gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engaged women in all their diversity together with men (6.1.1)	On track	Reached	30 countries
	30 countries received policy and advocacy support to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence (6.2.1)	On track	Reached	27 countries
RA 7 Young people	50 countries scaled up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly sexual and reproductive health (SRH) services, including comprehensive sexuality education (CSE) (7.1.1)	On track	Reached	At least 35 countries
	32 countries developed and implemented costed plans to expand and institutionalize youth-led HIV responses (7.2.1)	On track	Reached	At least 10 countries
RA 8 Fully funded, sustainable HIV response	45 countries developed and reporting implementation of measures advancing full and sustainable HIV financing (8.1.1)	On track	Reached	37 countries
	21 countries where the Joint Programme operates, submitted information on government earmarked budgets and expenditures on HIV through GAM (8.1.2)	Slow progress	Not reached	5 additional countries
	49 countries conducted and are using studies to improve allocative efficiency and address implementation bottlenecks; other analytical exercises to improve resource use efficiency, multisectoral financing, impact and equity; and/or recent HIV investment cases (in the past three years) (8.2.1)	On track	Reached	45 countries
	80 countries supported by the Joint Programme for evidence-informed HIV investments across their Global Fund grant cycles (8.2.2)	On track	Reached	At least 50 countries
RA 9 Integrated systems for	70 countries have HIV services for both treatment and prevention, organized and financed as part of the overall health systems including through primary health care (9.1.1)	On track	Reached	46 countries

RA /SF	2023 progress on UBRAF Indicators	2022 Status	2023 Status	2023 Milestone
health and social protection	52 countries included cervical cancer screening and treatment for women living with HIV into national strategies, policies, guidelines and/or plans for HIV, cervical cancer, noncommunicable diseases or other health areas (9.1.2)	On track	Reached	40 countries
	44 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV (9.2.1)	On track	Reached	10 countries
RA 10 Humanitarian settings and pandemics	46 countries implemented interventions/services for key populations in humanitarian settings (10.1.1)	On track	Reached	25 countries
	39 countries had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security (10.1.2)	On track	Reached	10 countries
	55 countries reported the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks (10.2.1)	On track	Reached	30 countries
SF1 Leadership, advocacy and communications	20 high-level political meetings related to HIV and AIDS where the Secretariat informed/influenced the outcome documents (S.1.1.1)	On track	Reached	At least 15 high-level political meetings outcome documents reflecting HIV/AIDS. Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026. Development of the next Global AIDS Strategy commenced
	81 countries supported to review, assess and/or update the country's national strategic plan on HIV (or equivalent plans or frameworks), including 30 countries with dedicated multidisciplinary technical expertise and peer review (S.1.1.2)	On track	Reached	40 countries per year
	84 out of 84 countries (100%) where the Secretariat operates received support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information-sharing and decision-making on HIV priorities (S.1.2.1)	On track	Reached	At least 90% of countries where the Secretariat operates
SF2 Partnerships, mobilization and innovation	15 countries in sub-Saharan Africa joined the Education Plus initiative and 10 countries have an implementation plan (S2.1.1)	On track	Reached	5 countries joined the initiative, and 5 countries have an implementation plan
	6 countries completed a People Living with HIV Stigma Index 2.0 during 2022 (S.2.1.2)	On track	Not reached	10 countries per year
	38 countries joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and 20 countries implement operational plans (S2.1.3)	On track	Reached	33 countries joined and 16 countries with implementation plan

RA /SF	2023 progress on UBRAF Indicators	2022 Status	2023 Status	2023 Milestone
	19 communities of practice initiated and UNAIDS knowledge management strategy in place and implementation advanced (S2.2.1)	On track	Reached	Knowledge management strategy available and 4 communities supported
SF 3 Strategic information	GAM Framework 2021–2026 and indicator guidance for 2022, 2023 and 2024 developed and shared (S.3.1.1)	On track	Reached	Developed and shared GAM Framework and GAM indicator guidance for 2022, 2023, 2024
	156 countries submitted reports against new GAM indicators and HIV estimates were developed in 174 countries, including 124 countries receiving direct Secretariat support. 75 countries supported to implement community-led monitoring, of which 37 received dedicated Secretariat support (S3.2.1)	On track	Partially reached	150 countries supported for developing HIV estimates process and 15 countries received dedicated Secretariat support for community-led monitoring
	UNAIDS Global AIDS update 2023 and 2022 and World AIDS Day report 2023 and 2022 launched, and AIDSinfo includes a dedicated HIV/AIDS inequalities dashboard (S.3.3.1)	On track	Reached	Global AIDS update reports and annual updates to AIDSinfo produced every year
SF4 Coordination, convening and country implementation support	81 countries have a UN Sustainable Development Cooperation Framework (UNSDCF) that integrates priorities on ending HIV-related inequalities and ending AIDS (S.4.1.1)	On track	Reached	80 countries have UNSDCF that integrate priorities on ending HIV related inequalities and ending AIDS
	86 countries implemented a Joint UN Plan on HIV, developed by the UN Joint Teams on HIV and AIDS, supporting the national HIV response as part of and contributing to the UNSDCF or equivalent (S.4.1.2)	On track	Reached	85 country-level UN Joint Teams on HIV and AIDS implementing a Joint UN Plan on HIV
	Framework and toolkit on HIV-related inequalities developed, disseminated in 4 languages, piloted in 5 countries and refined. HIV “Inequality Visualization” platform is available (S.4.2.1)	Slow progress	Partially reached	Developed and disseminated and piloted in 12 countries
SF5 Governance and mutual accountability	29 meetings held by UNAIDS with its primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) ensuring effective governance and inclusive stakeholder engagement (S.5.1.1)	On track	Reached	14 meetings held annually
	Quality management, oversight and performance reports submitted to PCB. Updated UNAIDS Results and Transparency portal and updated Secretariat financial data published in the International Aid Transparency Initiative (S.5.2.1)	On track	Reached	Reports submitted; Results and Transparency portal updated
	Fully operational Independent External Oversight Advisory Committee to fulfil its mission (5 meetings and annual reports submitted (S.5.2.2)	On track	Reached	2 meetings held
	High compliance with UN Reform as shown in at least 8 UN system-wide reports/surveys, including QCPR survey, QCPR and Funding Compact conference room paper and UN SWAP on gender equality and women’s empowerment (S.5.3.1)	On track	Reached	Annual QCPR, UN Funding Compact and UN SWAP report completed
	80% of the evaluations implemented, follow up on recommendations from past evaluations tracked and Evaluation Plan for 2024–2025 approved (S.5.4.1)	On track	Reached	80% of UNAIDS evaluations, as per the PCB-approved Evaluation Plan, implemented and tracking of follow-up on related recommendations

Annex 2. Budget implementation

Notes:

- The 2022–2023 percentage implementation rate under core funds reflected in these tables are based on the US\$ 210 million per annum upper budget threshold for the 2022–2023 biennium, as approved by the PCB at its special session in October 2021.
- All tables exclude non-core expenditures of US\$ 715.7 million and US\$ 19.8 million for the UNDP Global Funds and UNICEF Global Funds, respectively, for 2022-2023 biennium.
- The Secretariat's core expenditures of US\$ 2.9 million were encumbered during 2021, representing firm commitments of goods and services delivered in 2022.

Table 2. 2022–2023 expenditure and encumbrances against total UBRAF core and non-core allocated funds, by organization (in US\$)

Organization	2022-2023 budget	Carry forward from 2020-2021	2022-2023 Core Global funds	2022-2023 Country envelopes	2022-2023 Total core allocated funds	2022-2023 core expenditures and encumbrances	Impl rate, core funds	2022-2023 non-core estimates	2022-2023 non-core expenditures and encumbrances	2022-2023 total allocated funds	2022-2023 Total expenditures and encumbrances
	A	B	C	D	E = B + C + D	F	G = F / E	H	I	J = E + H	K = F + I
UNHCR	6 216 400	-	3 100 000	1 519 400	4 619 400	4 619 400	100%	75 100 000	76 612 047	79 719 400	81 231 447
UNICEF	15 368 800	679 550	3 100 000	7 522 200	11 301 750	10 725 454	95%	85 255 800	85 255 800	96 557 550	95 981 254
WFP	7 600 800	687 766	3 100 000	2 466 500	6 254 266	5 290 802	85%	30 348 000	14 902 300	36 602 266	20 193 102
UNDP	11 044 800	1 809 869	3 100 000	4 807 100	9 716 969	9 033 864	93%	12 200 000	18 496 884	21 916 969	27 530 748
UNFPA	14 304 000	1 850 537	3 100 000	6 697 300	11 647 837	10 970 224	94%	68 600 000	91 227 977	80 247 837	102 198 201
UNODC	9 034 800	809 777	3 100 000	3 508 000	7 417 777	7 008 834	94%	30 292 200	8 947 197	37 709 977	15 956 031
UN Women	7 268 200	1 055 222	3 100 000	3 086 400	7 241 622	6 663 294	92%	30 000 000	34 299 092	37 241 622	40 962 386
ILO	6 355 800	472 692	3 100 000	2 154 100	5 726 792	5 460 661	95%	8 000 000	13 025 861	13 726 792	18 486 522
UNESCO	7 929 400	924 986	3 100 000	2 587 200	6 612 186	5 740 061	87%	34 781 000	26 489 208	41 393 186	32 229 269
WHO	16 343 400	1 586 025	3 100 000	8 100 800	12 786 825	12 091 527	95%	110 000 000	95 700 000	122 786 825	107 791 527
World Bank	4 533 600	-	3 100 000	51 000	3 151 000	3 274 724	104%	12 840 000	12 609 825	15 991 000	15 884 549
GSI	22 000 000					-					-
Secretariat	292 000 000	2 875 657	266 000 000	-	268 875 657	258 768 297	96%	100 000 000	133 594 250	368 875 657	392 362 547
Grand Total	420 000 000	12 752 081	300 100 000	42 500 000	355 352 081	339 647 143	96%	597 417 000	611 160 441	952 769 081	950 807 584

Table 3. 2022–2023 core and non-core expenditures and encumbrances against UBRAF core upper budget threshold and non-core estimates, by result area (in US\$)

Result Area	Core Global Budget	Core Global expenditures and encumbrances	Country envelopes budget	Country envelopes expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total budget	Total expenditures and encumbrances
1. HIV Prevention	9 018 000	8 775 660	16 515 700	12 259 706	92 895 200	88 945 468	118 428 900	109 980 834
2. HIV Treatment	3 213 000	2 151 087	8 134 300	6 010 696	93 170 000	51 545 868	104 517 300	59 707 651
3. Paediatric AIDS, Vertical Transmission	2 728 000	2 419 263	8 855 800	6 068 238	27 929 000	59 195 897	39 512 800	67 683 398
4. Community-led responses	1 859 000	1 466 120	4 605 700	3 452 482	16 227 600	16 839 794	22 692 300	21 758 397
5. Human Rights	3 690 000	2 399 129	5 345 900	4 220 827	20 533 200	18 639 055	29 569 100	25 259 012
6. Gender Equality	4 477 000	3 551 998	4 750 800	3 594 123	54 805 400	60 291 456	64 033 200	67 437 577
7. Young People	5 038 000	3 846 695	4 907 500	3 592 796	45 313 400	71 882 854	55 258 900	79 322 344
8. Fully funded HIV Response	2 530 000	2 037 908	1 894 200	1 430 435	13 032 000	13 085 137	17 456 200	16 553 480
9. Integration and social protection	4 857 000	3 199 238	4 665 900	3 245 539	35 101 800	28 857 960	44 624 700	35 302 737
10. Humanitarian settings and pandemics	6 590 000	5 549 462	2 324 200	1 607 444	98 409 400	68 282 701	107 323 600	75 439 607
Global Strategic Initiatives	22 000 000	-					22 000 000	-
Grand Total	66 000 000	35 396 560	62 000 000	45 482 286	497 417 000	477 566 191	625 417 000	558 445 037

Table 4. 2022–2023 UBRAF core and non-core expenditures and encumbrances against 2022–2023 core budget, by Secretariat function (in US\$)

Secretariat function	Core budget	Core expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total core budget and noncore estimates	Total expenditures and encumbrances
S1: Leadership, advocacy and communication	64 720 000	57 860 716	21 714 000	83 959 119	86 434 000	141 819 835
S2: Partnerships, mobilization and innovation	60 598 200	52 817 833	27 020 000	20 162 978	87 618 200	72 980 811
S3: Strategic information	41 887 400	37 276 694	8 322 000	11 357 109	50 209 400	48 633 804
S4: Coordination, convening and country implementation support	68 672 000	61 455 879	40 676 000	10 609 964	109 348 000	72 065 844
S5: Governance and mutual accountability	56 122 400	49 357 174	2 268 000	7 505 080	58 390 400	56 862 254
Grand Total	292 000 000	258 768 297	100 000 000	133 594 251	392 000 000	392 362 548

Table 5. 2022–2023 UBRAF core and non-core expenditure and encumbrances, by result area and Cosponsor (in US\$)

Result Area	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	World Bank	Total
Core Global expenditures and encumbrances (including country envelopes)												
1. HIV Prevention	300 600	1 168 081	259 918	1 412 439	5 798 627	4 676 537	632 124	1 394 651	1 976 997	2 790 237	625 155	21 035 365
2. HIV Treatment	253 500	542 727	341 135	140 507	235 480	443 109	318 839	871 884	29 178	4 985 426	-	8 161 783
3. Paediatric AIDS, Vertical Transmission	43 400	6 133 267	54 099	5 934	392 134	95 000	-	-	-	1 763 667	-	8 487 501
4. Community-led responses	76 200	232 383	73 412	1 370 116	1 026 538	330 659	713 864	429 085	106 985	559 360	-	4 918 603
5. Human Rights	-	41 961	-	3 289 308	298 141	950 416	641 411	893 927	389 305	115 488	-	6 619 957
6. Gender Equality	148 553	210 630	-	902 728	242 838	325 019	3 562 282	635 310	1 088 164	30 596	-	7 146 121
7. Young People	-	2 055 805	-	42 366	2 010 247	39 168	531 427	59 877	2 042 447	403 736	254 416	7 439 490
8. Fully funded HIV Response	-	93 437	-	1 356 261	167 416	61 518	-	167 892	-	860 792	761 026	3 468 343
9. Integration and social protection	83 543	134 226	2 567 717	415 470	685 416	6 639	212 754	980 071	106 985	383 291	868 665	6 444 777
10. Humanitarian settings and pandemics	3 713 603	112 938	1 994 521	98 735	113 385	80 770	50 533	27 964	-	198 933	765 462	7 156 906
Core Total	4 619 400	10 725 455	5 290 802	9 033 864	10 970 224	7 008 834	6 663 294	5 460 661	5 740 061	12 091 527	3 274 724	80 878 846
Non-core expenditures and encumbrances												
1. HIV Prevention	-	852 558	785 477	5 066 829	41 431 407	4 398 197	2 467 648	3 114 379	7 946 762	21 750 000	1 132 211	88 945 468
2. HIV Treatment	-	852 558	1 007 768	-	1 181 917	900 000	1 991 592	2 112 034	-	43 500 000	-	51 545 869
3. Paediatric AIDS, Vertical Transmission	-	43 480 458	67 554	-	3 218 784	570 000	-	-	-	10 875 000	984 100	59 195 896
4. Community-led responses	-	1 705 116	-	1 087 875	4 914 444	1 050 000	2 665 552	1 066 808	-	4 350 000	-	16 839 795
5. Human Rights	-	426 279	-	5 168 158	3 489 828	1 389 000	2 984 593	2 532 275	2 648 921	-	-	18 639 054
6. Gender Equality	27 327 889	426 279	-	1 496 204	4 079 591	540 000	16 589 782	1 884 949	7 946 762	-	-	60 291 456
7. Young People	-	34 102 320	-	-	18 706 148	-	4 245 292	-	7 946 762	6 525 000	357 332	71 882 854
8. Fully funded HIV Response	-	-	1 115 096	2 005 864	659 107	-	-	-	-	8 700 000	605 070	13 085 137
9. Integration and social protection	-	1 705 116	5 902 014	3 671 954	12 362 601	-	767 342	1 907 221	-	-	2 541 712	28 857 960
10. Humanitarian settings and pandemics	49 284 158	1 705 116	6 024 391	-	1 184 150	100 000	2 587 292	408 196	-	-	6 989 399	68 282 702
Non-core Total	76 612 047	85 255 800	14 902 300	18 496 884	91 227 977	8 947 197	34 299 093	13 025 862	26 489 207	95 700 000	12 609 824	477 566 191
Core Global and non-core expenditures and encumbrances												
1. HIV Prevention	300 600	2 020 639	1 045 395	6 479 268	47 230 034	9 074 734	3 099 772	4 509 030	9 923 759	24 540 237	1 757 366	109 980 833
2. HIV Treatment	253 500	1 395 285	1 348 903	140 507	1 417 397	1 343 109	2 310 431	2 983 918	29 178	48 485 426	-	59 707 652
3. Paediatric AIDS, Vertical Transmission	43 400	49 613 725	121 653	5 934	3 610 918	665 000	-	-	-	12 638 667	984 100	67 683 397
4. Community-led responses	76 200	1 937 499	73 412	2 457 991	5 940 982	1 380 659	3 379 416	1 495 893	106 985	4 909 360	-	21 758 398
5. Human Rights	-	468 240	-	8 457 466	3 787 969	2 339 416	3 626 004	3 426 202	3 038 226	115 488	-	25 259 011
6. Gender Equality	27 476 442	636 909	-	2 398 932	4 322 429	865 019	20 152 064	2 520 259	9 034 926	30 596	-	67 437 577
7. Young People	-	36 158 125	-	42 366	20 716 395	39 168	4 776 719	59 877	9 989 209	6 928 736	611 748	79 322 344
8. Fully funded HIV Response	-	93 437	1 115 096	3 362 125	826 523	61 518	-	167 892	-	9 560 792	1 366 096	16 553 480
9. Integration and social protection	83 543	1 839 342	8 469 731	4 087 424	13 048 017	6 639	980 096	2 887 292	106 985	383 291	3 410 377	35 302 737
10. Humanitarian settings and pandemics	52 997 761	1 818 054	8 018 912	98 735	1 297 535	180 770	2 637 885	436 160	-	198 933	7 754 861	75 439 608
Grand Total	81 231 447	95 981 255	20 183 102	27 530 748	102 198 201	15 956 031	40 962 387	18 486 523	32 229 268	107 791 527	15 884 548	558 445 037

Table 6. 2022–2023 core and non-core expenditures and encumbrances against UBRAF core budget and non-core estimates, by region (in US\$)

Region	2022-2023 Core Global budget	Core Global expenditures and encumbrances	Country envelopes budget	Country envelopes expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total Core Global and non-core funds available	Total Core Global and non-core expenditures and encumbrances
AP	32 027 000	30 495 793	10 912 000	8 778 545	52 195 800	51 523 065	95 134 800	90 797 403
EECA	13 223 100	12 933 317	4 216 000	3 150 541	34 426 400	38 368 949	51 865 500	54 452 807
ESA	60 486 100	47 963 692	21 700 000	16 059 853	199 011 400	191 853 827	281 197 500	255 877 372
LAC	21 839 500	21 402 486	7 192 000	5 206 512	23 092 600	28 656 488	52 124 100	55 265 485
MENA	8 731 000	6 255 118	3 224 000	2 258 146	48 568 600	26 523 455	60 523 600	35 036 718
WCA	48 704 600	41 187 731	14 756 000	10 028 688	105 512 800	110 801 976	168 973 400	162 018 395
Global	150 988 700	133 926 721	-	-	134 609 400	163 432 682	285 598 100	297 359 403
Total	336 000 000	294 164 857	62 000 000	45 482 286	597 417 000	611 160 441	995 417 000	950 807 584

Table 7. 2022–2023 expenditure and encumbrances against 2022–2023 country envelope funds, by organization (in US\$)

Organization	2022-2023 budget	2020-2021 carry-forward	2022-2023 country envelopes	2022-2023 funds available	2022-2023 country envelopes expenditures and encumbrances	% Implementation
	A	B	C	D = B + C	E	F = E / D
UNHCR	2 216 400	-	1 519 400	1 519 400	1 519 400	100%
UNICEF	11 368 800	97 721	7 522 200	7 619 921	7 245 893	95%
WFP	3 600 800	687 766	2 466 500	3 154 266	2 219 006	70%
UNDP	7 044 800	1 544 573	4 807 100	6 351 673	5 704 672	90%
UNFPA	10 304 000	1 083 199	6 697 300	7 780 499	7 113 084	91%
UNODC	5 034 800	809 777	3 508 000	4 317 777	3 881 408	90%
UN Women	3 268 200	676 839	3 086 400	3 763 239	3 477 980	92%
ILO	2 355 800	354 515	2 154 100	2 508 615	2 299 145	92%
UNESCO	3 929 400	632 151	2 587 200	3 219 351	2 960 335	92%
WHO	12 343 400	1 586 025	8 100 800	9 686 825	9 012 949	93%
World Bank	533 600	-	51 000	51 000	48 413	95%
Grand Total	62 000 000	7 472 567	42 500 000	49 972 567	45 482 286	91%

Table 8. 2022–2023 core expenditures and encumbrances, by cost category and by organization (in US\$)

Cost Category by Cosponsor	2022 - 2023 Core Global Budget	2022 - 2023 Total core allocated funds	2022 - 2023 EXPENDITURES AND ENCUMBANCES								TOTAL
			Staff and other personnel costs	Contractual services	General operating expenses	Transfers and grants to counterparts	Equipment, furnitures and vehicles	Travel	Program me Support cost	Encum brances	
UNHCR	6 216 400	4 619 400	83 305	439 575	203 928	3 272 471	208 530	11 143	281 932	118 516	4 619 400
UNICEF	15 368 800	11 301 750	2 006 783	1 211 419	565 442	4 639 021	479 315	464 023	749 280	610 171	10 725 454
WFP	7 600 800	6 254 266	1 265 264	327 033	930 980	1 629 418	122 193	477 253	538 661	-	5 290 802
UNDP	11 044 800	9 716 969	1 671 186	3 405 601	1 440 999	490 579	35 117	1 026 601	641 873	321 910	9 033 864
UNFPA	14 304 000	11 647 837	1 613 268	2 614 677	3 690 116	18 270	755 381	925 530	516 053	836 929	10 970 224
UNODC	9 034 800	7 417 777	3 419 358	575 647	928 298	91 973	79 185	980 765	429 788	503 820	7 008 834
UN Women	7 268 200	7 241 622	1 023 415	2 093 730	1 160 639	605 268	153 406	587 734	458 252	580 850	6 663 294
ILO	6 355 800	5 726 792	2 857 981	1 708 423	92 789	255 662	15 616	167 090	363 099	-	5 460 661
UNESCO	7 929 400	6 612 186	2 205 428	2 296 180	46 933	339 131	86 942	63 484	346 140	355 822	5 740 061
WHO	16 343 400	12 786 825	2 989 758	5 546 715	281 578	1 224 876	10 760	1 335 757	683 367	18 717	12 091 527
WORLD BANK	4 533 600	3 151 000	1 590 350	427 597	76 605	-	-	180 321	394 079	605 772	3 274 724
GSI	22 000 000	-	-	-	-	-	-	-	-	-	-
Secretariat	292 000 000	268 875 657	198 144 273	18 509 060	23 518 008	9 401 032	1 096 667	5 872 820	-	2 226 438	258 768 297
Total	420 000 000	355 352 081	218 870 369	39 155 656	32 936 315	21 967 702	3 043 111	12 092 521	5 402 525	6 178 945	339 647 143

Table 9. 2022–2023 core and non-core expenditure and encumbrances, by SDG (in US\$)

Result Area	Core Global expenditures and encumbrances	Country envelopes expenditures and encumbrances	Non-core expenditures and encumbrances	Total expenditures and encumbrances
SDG 1: No poverty	1 003 865	483 376	3 786 700	5 273 941
SDG 2: Zero hunger	2 121 796	1 715 526	9 556 000	13 393 322
SDG 3: Good health and well-being	89 364 500	27 128 633	370 588 353	487 081 486
SDG 4: Quality education	2 214 362	2 575 706	26 327 397	31 117 464
SDG 5: Gender equality	23 274 828	6 756 852	96 539 574	126 571 254
SDG 8: Decent work and economic growth	891 833	575 432	3 465 557	4 932 822
SDG 9: Industry, innovation and infrastructure	452 659	170 677	2 745 592	3 368 928
SDG 10: Reduced inequalities	43 957 161	2 610 942	41 195 057	87 763 159
SDG 11: Sustainable cities and communities	28 425 452	-	5 437 083	33 862 535
SDG 16: Peace, justice and strong institutions	19 036 510	611 365	10 591 721	30 239 595
SDG 17: Partnerships for the goals	83 421 891	2 853 777	40 927 409	127 203 077
Grand Total	294 164 857	45 482 286	611 160 441	950 807 584

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