

EXECUTIVE SUMMARY

2024 PERFORMANCE MONITORING REPORT

Additional documents for this item:

UNAIDS Performance Monitoring Report 2024: Results report (*UNAIDS/PCB (56)/25.8*)
UNAIDS Performance Monitoring Report 2024: Results by region (*UNAIDS/PCB (56)/25.9*)
UNAIDS Performance Monitoring Report 2024: Results by organization (*UNAIDS/PCB (56)/25.10*)
2024 UBRAF Indicator Scorecard (*UNAIDS/PCB (56)/CRP1*)
2024 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (56)/CRP2*)

Action required at this meeting:

The Programme Coordinating Board is invited to:

- *Take note*, with appreciation, of the 2024 Performance Monitoring Report, including its scope and depth; and
- *Encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs.

Cost implications for the implementation of the decisions: *none*

EXECUTIVE SUMMARY

PERFORMANCE
MONITORING REPORT
2024





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FOREWORD

UNAIDS driving results, forging new opportunities

Across the world today, people living with HIV are worried about the future. We have come so far from the darkest days of the AIDS pandemic, but a global funding crisis threatens to roll back hard-won gains. At the same time, new technologies offer incredible opportunities to drive down new infections.

We could be at a pivotal, transformative moment in our decades-long response to HIV. But only if governments stay the course. We know what works, and the multisectoral partnerships that drives the AIDS response remain invaluable.

Our UNAIDS 2024 Performance Monitoring Report shows that 2024 was a year of delivery. We saw progress across four priorities—HIV prevention, access to HIV treatment and new health technologies, community-led HIV responses, and a more equitable financial and sustainable HIV response—while ensuring HIV responses can remain grounded in gender equality and human rights.

2024 saw breakthrough opportunities, with innovations like long-acting injectable PrEP that could be game changers—if they can be made affordable and accessible to all who need them. UNAIDS also guided multisectoral innovations, helping to translate successful policy changes into programmes for the people who need them.

Last year UNAIDS helped secure some landmark international commitments to advance the rights of women and girls, as well as key and other priority populations in the context of HIV. In the face of growing pushback on gender equality and human rights, and shrinking civic space in some countries, these are vital achievements.

2024 was also a year when UNAIDS accelerated efforts to ensure a sustainable HIV response. With the mid-term review of the Global AIDS Strategy, we identified progress and remaining gaps. We started development of the new Global AIDS Strategy for 2026–2031, including new global AIDS targets by 2030, beginning dialogues to make the Joint Programme resilient and fit to fulfil our mission of supporting countries and communities to end AIDS as a public health threat by 2030.

Finally, I am grateful for and wish to appreciate that these results reflect and were possible thanks to our unique partnerships, our donors' precious support, and our dedicated and talented staff working for the HIV response across our 11 Cosponsors and Secretariat.

As we enter a new era in health and development financing, looking back at what we have achieved should spur us toward what we believe is possible. We cannot afford to lose the gains. This report is further evidence of the Joint Programme's critical role in accelerating progress towards ending AIDS. I urge our partners and stakeholders to make bold choices. Together we can ensure the HIV response does not backtrack, hard won gains are sustained, and we continue to deliver results for the people we serve.

Winnie Byanyima

UNAIDS Executive Director

LIVES SAVED AND PROGRESS AGAINST AIDS DUE TO RESULTS GENERATED BY THE JOINT PROGRAMME

1. The global HIV response is at a crossroads. By the end of 2023, the world was continuing to move closer to the goal of ending AIDS as a public health threat by 2030. From 2010 to 2023, new HIV infections declined by 39%, from 2.1 million [1.7 million – 2.7 million] to 1.3 million [1 million – 1.7 million], while annual AIDS-related deaths fell by 51%. During the same period, the number of children newly infected with HIV dropped by 62%, from 300 000 [220 000 – 440 000] in 2010 to 120 000 [83 000 – 170 000] in 2023. The most substantial gains have been made in sub-Saharan Africa, home to 65% of all people living with HIV. The historic scale-up of antiretroviral therapy continues, with 77% [62–90%] of adults living with HIV but still only 57% [41–75%] of children aged 0–14 years living with HIV accessing HIV treatment in 2023.¹
2. Even in the absence of a vaccine or a cure, the world has the tools it needs to end AIDS. However, as shown by the [Mid-Term review of the Global AIDS Strategy 2021–2026](#) conducted in 2024, despite enormous progress, the world is not on track to reach this goal by 2030, as pledged in the [2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030](#).
3. Progress in the HIV response is uneven, and AIDS remains a major global health and development challenge. New HIV infections are on the rise in over 20 countries in three regions. In 2023, for the first time ever, there were more new HIV infections outside sub-Saharan Africa than within the region. The HIV response is proceeding at different speeds in different parts of the world and among different communities and populations, requiring differentiated responses.
4. This 2024 Performance Monitoring Report (PMR) summarizes the collective results of the Joint United Nations Programme on HIV/AIDS (UNAIDS)—its 11 UNAIDS Cosponsors and Secretariat—to save lives and accelerate progress towards reaching the global AIDS targets by 2025 towards ending AIDS as a public health threat by 2030. It captures progress during 2024 and does not reflect recent, ongoing challenges in the global HIV response during 2025.
5. The contribution of the Joint Programme to the implementation of the Global AIDS Strategy's three strategic priorities was defined in the UNAIDS [Unified Budget, Results and Accountability Framework 2022–2026](#) (UBRAF) which guides its operationalization for three outcomes:
 - more equitable and equal access to HIV services;
 - breaking down barriers to achieve HIV outcomes; and,
 - sustainable and integrated HIV responses.
6. In 2024, the Joint Programme continued to leverage its political influence to sustain commitments and translate them into evidence-informed, people-centred and more sustainable programmes to

¹ As the 2024 Global AIDS Monitoring data will only be available in July 2025, the latest available global AIDS data from 2023 are used for reference here. For updated and disaggregated data, please visit [AIDSinfo | UNAIDS](#)

reach the global AIDS targets, including innovations with and for communities living with, at risk or and affected by HIV. It continued to play a unique role in the global and national HIV responses of many countries, thanks to its multisectoral expertise, normative guidance, data and evidence, policy guidance, technical support and convening of critical partnerships, including inclusive dialogue between governments, communities, broader civil society and other partners for effective and sustainable HIV responses that maximize impact.

7. In 2024, the Joint Programme further prioritized its efforts to support countries to:
- advance HIV prevention,
 - accelerate access to HIV treatment and new health technologies,
 - promote community-led HIV responses, including community-led services and monitoring, and
 - ensure equitable financing and sustaining the HIV response.
8. This PMR package summarizes the Joint Programme’s results for its three UBRAF outcomes and their underlying 10 interconnected result area outputs led by Cosponsors, along with complementary results achieved under the Secretariat’s five strategic functions.
9. The report shows how the Joint Programme brings “more than the sum of its parts” and it includes multiple examples of tailored country support. It also shows how the Joint Programme’s results contributed to the Sustainable Development Goals (SDGs), and it outlines key challenges and important lessons learned. Key results are also summarized by region and by organization.
10. Full reporting details on 2024 budget expenditures are available in this Executive Summary, while reporting on all UBRAF performance indicators is available in the Indicator Scorecard. The [UNAIDS Results and Transparency Portal](#) provides open access to the Joint Programme’s results, performance and investments, in accordance with its strong commitment to accountability and transparency.

Figure 1. 2024 Performance Monitoring Package

	Executive Summary
	Results Report
	Results by Region
	Results by Organization
	Indicator Scorecard
	Results & Transparency Portal

KEY MESSAGES

11. Though the world has the tools and knowledge to end AIDS as a public health threat by 2030, the HIV response is not on track. Indeed, the world faces increasing risks that the historic gains made to date could be reversed. The sustainability of the response hangs in the balance.
12. In the face of unprecedented geopolitical, financing, security and global health challenges, the Joint Programme continued to drive progress to close gaps for communities living with, at risk of an affected by HIV. Against considerable and growing odds, major gains continued to be made.
13. In 2024, using an inequality lens, the Joint Programme further prioritized efforts to optimize support to countries to save the greatest number of lives. It specifically prioritized: advancing HIV prevention; accelerating access to HIV treatment and new health technologies; promoting community-led HIV responses; and ensuring equitable financing and sustaining the HIV response.
14. Leading the multisectoral HIV response, the Joint Programme continues to play a unique and pivotal role in the response, reducing HIV-related inequalities at global and national levels. It compiles, analyses and publicizes key HIV-related data and helps translate evidence-based science into action, policy guidance, technical support. It does so by leveraging resources and forging inclusive collaboration and dialogue between governments, communities, broader civil society and other partners for effective and sustainable HIV responses for most impact.

Figure 2. The Joint Programme brings a unique set of comparative assets in the HIV response ecosystem



UNAIDS

Multisectoral in-country presence leading differentiated HIV responses, through Joint UN Teams on AIDS across countries with close connections with governments, communities and other actors.

A clearinghouse for strategic data monitoring the epidemic & response epidemiological estimates, and data on HIV policies, laws and financing.

Power of convening **strategic coalitions and alliances** to drive progress on key aspects of the HIV response.

Addressing **legal and policy barriers** for more effective HIV response.

Elevating the voice and **empowering communities** as equal and critical partners of the HIV response.

Strategic and complementary partnerships to mobilize and **maximize all investments** for impact.

Logos at the bottom: UNHCR, UNICEF, WFP, UNDP, UNODC, UN Women, International Labour Organization, UNESCO, World Health Organization, WORLD BANK GROUP.

15. With its unique leadership, value and role, the Joint Programme's work led to tangible benefits for people living with, affected by and at risk of HIV across the world. With the Joint Programme's

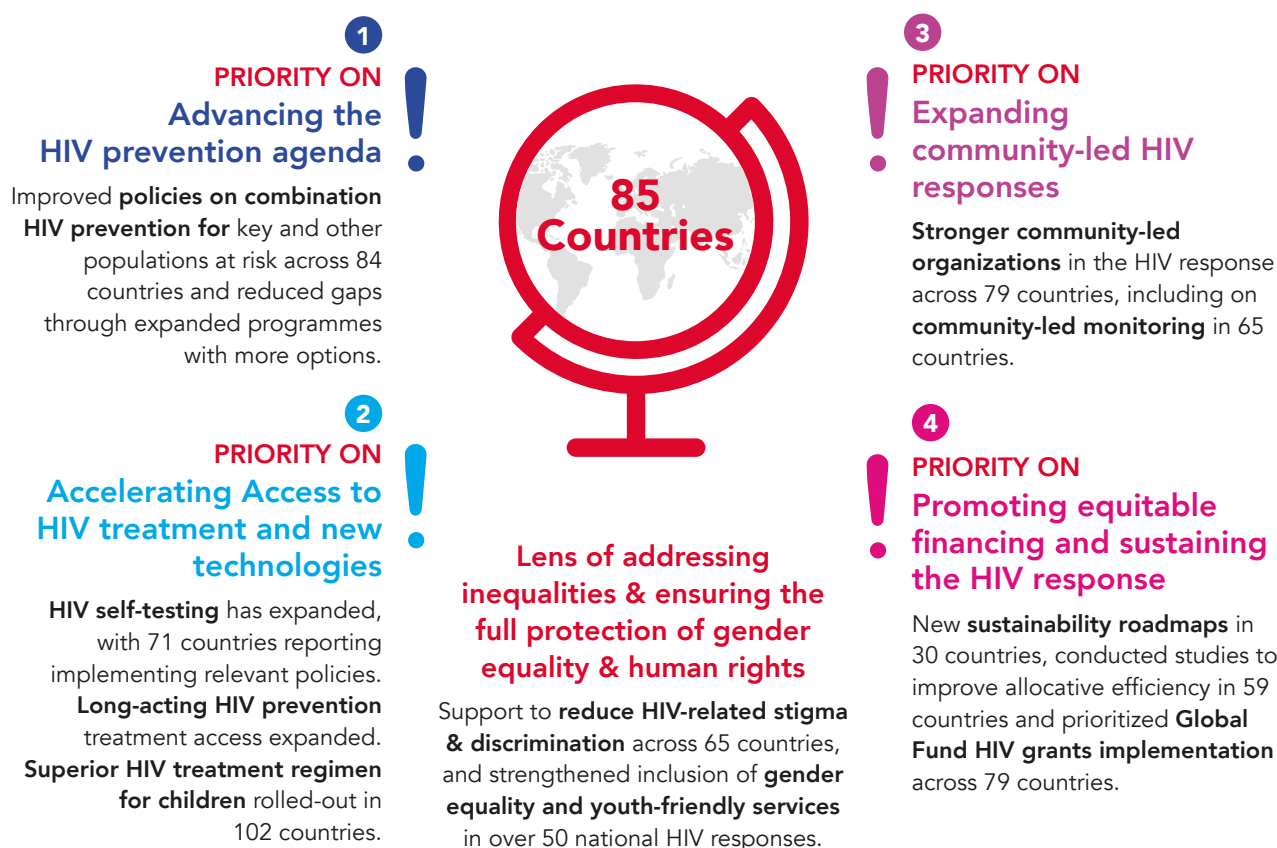
support, countries further improved national HIV prevention, testing and treatment policies and programmes to align with international guidance, optimizing outcomes for people living with HIV and reducing HIV transmission, especially for women and girls, key and other priority populations. The use of critical innovations, such as pre-exposure HIV prophylaxis (PrEP) and differentiated service delivery, have greatly expanded in recent years thanks to the Joint Programme's work. It called for and worked towards expanding access to promising new health technologies which could have a transformative impact on the pandemic's trajectory, especially by boosting HIV prevention. The Joint Programme continued to champion and support the unique and transformative role of community-led HIV responses through advocacy, guidance, partnerships and investments.

- 16.** The year 2024 saw new global commitments for a more enabling environment and evidence-informed commitments for an effective HIV response grounded in human rights and gender equality, including with respect to harm reduction, women and girls, and key populations. Several countries have stepped forward to remove punitive and discriminatory laws and policies that undermine HIV response. However, the HIV-related human rights environment is deteriorating in many parts of the world and the space for civil society to play its essential leadership role on HIV is shrinking.
- 17.** As a result of the Joint Programme's leadership and expertise, there is a revitalized and increasing sense of urgency to ensure the sustainability of the HIV response, including through more integrated services and systems. The Joint Programme is currently supporting more than 30 countries in developing concrete, time-bound plans for long-term sustainability of national HIV responses. However, drastic reductions in overseas development assistance and financing for HIV in early 2025 have jeopardized continued access to essential HIV services, further underscoring the urgency of the HIV sustainability agenda.
- 18.** The Joint Programme faced considerable programmatic and operational challenges working under a reduced budget and a growing funding shortfall in 2024. This clearly affected its capacities across all 11 Cosponsors and the Secretariat and at all levels. In response, the Joint Programme implemented further operational efficiencies and cost containment measures to mitigate the impact of these challenges. It also further prioritized its resources to deliver quality support to countries and communities, and it accelerated the introduction or scale up of innovations to reach higher levels of efficiency and effectiveness.
- 19.** Although these budgetary and strategic prioritization efforts have achieved results, chronic UBRAF underfunding has significantly eroded crucial capacities across the Joint Programme, impeding the ability of the Cosponsors and Secretariat to seize all opportunities to support countries to accelerate progress towards national and global AIDS targets. This happened in a broader context of slower progress across key elements of the HIV response and additional shocks resulting from marked, further funding reductions for the global AIDS response and the Joint Programme in 2025, all of which place hard-won gains at risk and potentially lay the groundwork for a resurgence of HIV in many parts of the world.
- 20.** The Mid-term review of the Global AIDS Strategy conducted by the Joint Programme in 2024 highlighted the progress achieved to date as well as key gaps, including insufficient political commitment to full financing of the HIV response and a deteriorating HIV-related human rights environment in many countries.
- 21.** Actions taken now and in the next few years will determine whether the world reaches its goal of ending AIDS as a public health threat by 2030. Work began in 2024 on development of the next Global AIDS Strategy for 2026–2031, including new global AIDS targets by 2030. This new Strategy

aims to build on the historic achievements of the HIV response, fully leverage available evidence and lessons learnt, close persistent gaps in the response and ensure the long-term sustainability of the HIV response.

- 22.** More than ever, the Joint Programme has an essential role to lead the multilateral response and forge strategic partnerships to support countries so they can sustain their gains and accelerate progress towards ending AIDS. The multisectoral approach of the Joint Programme continues to serve as a model of UN reform in action and to exemplify the partnership for development at the heart of the SDGs. At this critical moment of truth in the global HIV response, when the shocks of 2025 threaten much of what has been achieved in the past three decades, the focus must intensify on further improving the UNAIDS operating model to ensure that the Joint Programme is optimally resilient and fit for the purpose of supporting countries and communities to end AIDS as a public health threat by 2030.
- 23.** The Joint Programme appreciates all its donors and other stakeholders who supported, led or contributed to achieve the results captured in this report.

Figure 3. Prioritized support to countries progress towards the 2025 Global AIDS targets including through Joint Teams on AIDS



OVERVIEW OF THE JOINT PROGRAMME'S MAIN RESULTS IN 2024

- 24.** The collective results of the Joint Programme contributed to saving lives and enabling the world to advance further towards ending AIDS as a public health threat by 2030. Figure 4 summarizes the key changes and building blocks for the HIV response which the Joint Programme achieved through its work at country, regional and global levels 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).
- 25.** In a challenging context, the Joint Programme demonstrated remarkable 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 (with only six showing slow progress). However, with a continuously reduced planning budget and available funding, the Joint Programme also saw progress slowed down and impeded in many respects, including in priority areas requiring urgent action and resources moving forward.



Figure 4. UNAIDS results help save lives

The global HIV response saved over **24 million lives***

24.1 million AIDS-related deaths averted by antiretroviral therapy (1996–2023).

Over 60% decline in new HIV infection (1996–2023).

30.6 million people receive life-saving treatment (end 2023).



86% of people living with HIV knew their HIV status. 89% of them received HIV treatment in 2023



15 countries decriminalized consensual same-sex sexual acts 2016–2024



60% of resources domestically funded 2015–2023

UNAIDS key results

MAXIMIZED
EQUITABLE & EQUAL
ACCESS TO HIV
SERVICES

84 countries supported to scale up combination HIV prevention programmes with specific focus on key populations, adolescent and youth

More than 99% of countries implemented the “treat-all” approach for HIV and **107 countries** have adopted self-testing policies

76 countries have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women

BROKEN DOWN
BARRIERS TO ACHIEVE
HIV OUTCOMES

79 countries supported for the incorporation and expansion of community-led HIV responses

72 countries supported to remove or amend punitive and discriminatory laws and policies affecting the HIV response

65 countries supported to reduce HIV-related stigma & discrimination

50 countries with stronger gender expertise and capacity to further integrate gender equality into the national HIV response

SUSTAINED &
INTEGRATED HIV
RESPONSES

73 countries supported to establish HIV antiretroviral services financed as part of the overall systems

59 countries conducted studies to improve allocative efficiency, and **30 countries** supported for HIV response sustainability roadmaps

49 countries implement interventions/services for key populations in humanitarian settings

Leadership, partnership, advocacy country support & accountability

State-of the art strategic information guide the global response, including HIV estimates from 172 countries

84 countries where the Joint Programme reinforced the meaningful engagement between people living with HIV, key and other priority populations and government institutions

Leverage the **power of partnerships** with communities, governments, and other key stakeholders, including close complementarity/ synergies with Global Fund & PEPFAR

US\$ 441.5 million invested in 2024

**updated visual to be provided after June 2025 with information on 2024 Global AIDS Monitoring data*

OVERVIEW OF THE JOINT PROGRAMME'S BUDGET IMPLEMENTATION FOR RESULTS IN 2024

- 26.** Continued funding by donors enables the Joint Programme's many achievements in 2024 (Figure 5). An overview of budget implementation for 2024 (available funds, core and non-core budget and expenditures and encumbrances) is shown below, while Annex 2 provides additional budget implementation details (including disaggregation by organization, results areas, region and cost category).
- 27.** In response to continuing budget shortfalls, UNAIDS management recommended, and the Programme Coordinating Board (PCB) approved measures to bring expenditures into alignment with available revenues, recalling the PCB-approved annual budget of US \$ 210 million, with a lower threshold of US \$ 187 million.
- 28.** In December 2023, the Joint Programme presented to the PCB a revised annual operating budget of US\$ 160 million with further prioritization for 2024–2025², based on the lower level of funds expected to be mobilized. This also included efforts to intensify resource mobilization, as well as significant efforts and measures taken to address the funding shortfall, its impact and further sharper prioritization. In June 2024, the PCB took note of the plan to cover the funding gap of US\$ 45–50 million for the 2024–2025 biennium and to maintain an annual core operating budget of US\$ 160 million. In response to notification in 2024 of further reductions in contributions from donors for the year 2025, the revised 2025 operating budget for the Joint Programme was presented to the PCB at the level of US\$ 150 million.
- 29.** Figure 5 provides details of funds mobilized with the critical support of governments through their core and non-core contributions. As detailed in the section on funding shortfall (see Figure 10), there has been a significant reduction of core funds mobilized from governments and other donors in recent years: a downward trend from US\$ 161.5 million in 2022 to US\$ 153.4 million in 2023 and US\$ 144.5 million in 2024.
- 30.** Figure 6 shows the linkages between the Joint Programme results and investments by result areas (led by the 11 Cosponsors) and outcomes, while Figure 7 illustrates the complementary linkages between results and investments by Secretariat strategic functions. Budgets for 2024 reflect the operating budget level of US\$ 160 million as presented to the 53rd meeting of the PCB.
- 31.** Overall budget implementation was 96% against core allocated funds of US\$ 169.1 million, including US\$ 9.1 million carried forward³ from 2022–2023, which helped the transition into 2024 and sustained support to countries. The overall implementation rate measured against the base budget of US\$ 187 million was 87% and against the upper threshold of US\$ 210 million annually was 77%.
- 32.** 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

2 [PCB53_Follow-up_2024-2025_Workplan_Budget_EN.pdf](#)

3 Deriving from unspent country envelopes and core global funds across all Cosponsors against the 2022–2023 budget.

own entities and from other sources. Non-core expenditures and encumbrances in 2024 by Cosponsors amounted to approximately US\$ 206.4 million (see Table 5). The level of non-core resources varied greatly between Cosponsors, areas and regions and all Cosponsors are reporting challenges in securing levels of resources similar to previous biennia.

- 33.** Significant non-core resources were mobilized for some results areas (e.g. prevention, treatment, young people and gender equality) and regions (e.g. eastern and southern Africa and western and central Africa). However, other results areas (e.g. HIV prevention among people who use drugs and in prison, paediatric AIDS and vertical transmission, community-led responses and a fully funded response) and regions (e.g. Latin America and the Caribbean, eastern Europe and central Asia) were less successful. This affected the level of Joint Programme support provided for key aspects of the HIV response and in several regions, with an impact on the overall pace of progress (further information on the impact of the funding shortfall is provided below).
- 34.** A significant shortfall in 2024 of US\$ 11 million against the core operating annual budget of US\$ 160 million and of US\$ 38 million against the core base budget of US\$ 187 million, as well as further significant declines in donor contributions in 2025, continue to affect the capacity of the Joint Programme to deliver on its mandate.



Figure 5. Top contributing government donors in 2024 (core and noncore contributions)

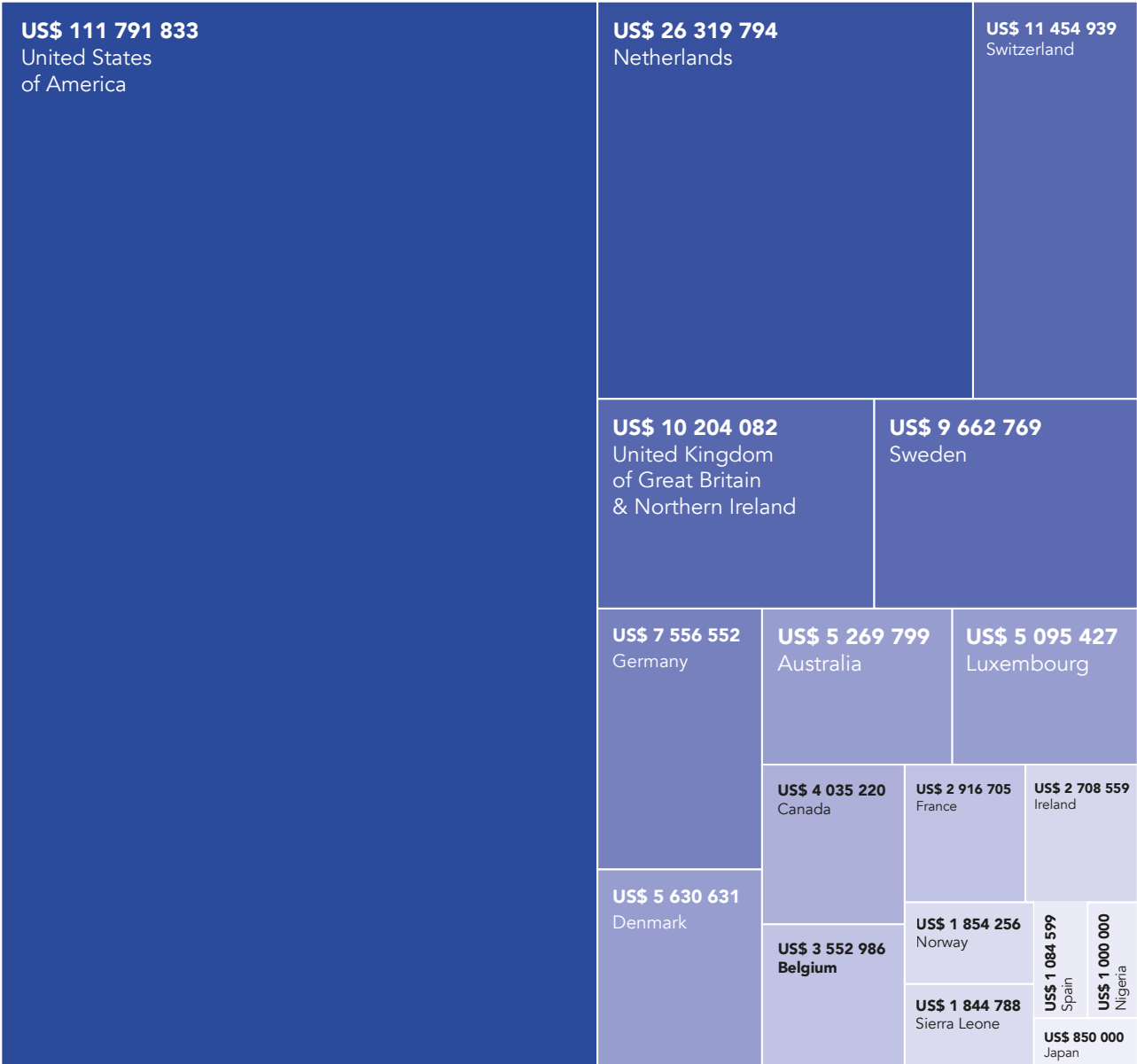


Table 1. 2024 expenditure and encumbrances against total UBRAF core and non-core funds, by organization (in US\$)

Organization	2024 budget	Carry forward from 2022-2023	2024 Core Global funds	2024 Country envelopes	2024 Total core allocated funds	2024 core expenditures and encumbrances	Impl rate, core funds	2024 non-core estimates	2024 non-core expenditures and encumbrances	2024 total allocated funds	2024 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	2 102 000	-	1 500 000	602 000	2 102 000	2 102 000	100%	34 490 000	31 386 806	36 592 000	33 488 807
UNICEF	4 859 800	2 896 245	1 500 000	3 359 800	7 756 045	5 716 853	74%	38 942 000	30 238 812	46 698 045	35 955 665
WFP	2 259 500	284 405	1 500 000	759 500	2 543 905	2 070 420	81%	11 385 500	7 930 500	13 929 405	10 000 920
UNDP	3 299 000	1 002 780	1 500 000	1 799 000	4 301 780	3 671 808	85%	6 300 000	10 947 306	10 601 780	14 619 114
UNFPA	4 566 000	1 237 239	1 500 000	3 066 000	5 803 239	5 658 857	98%	40 689 000	36 334 408	46 492 239	41 993 265
UNODC	2 788 000	757 084	1 500 000	1 288 000	3 545 084	3 263 587	92%	5 300 000	1 964 797	8 845 084	5 228 384
UN Women	2 772 500	1 371 734	1 500 000	1 272 500	4 144 234	3 167 897	76%	15 000 000	15 547 798	19 144 234	18 715 695
ILO	2 188 000	216 283	1 500 000	688 000	2 404 283	2 167 523	90%	4 000 000	6 405 952	6 404 283	8 573 475
UNESCO	2 734 000	575 917	1 500 000	1 234 000	3 309 917	2 163 203	65%	15 000 000	11 556 436	18 309 917	13 719 639
WHO	4 931 200	695 299	1 500 000	3 431 200	5 626 499	4 704 758	84%	52 000 000	52 000 000	57 626 499	56 704 758
World Bank	1 500 000	87 505	1 500 000	-	1 587 505	1 586 966	100%	6 650 000	2 061 359	8 237 505	3 648 325
Secretariat	126 000 000		126 000 000	-	126 000 000	126 254 153	100%	50 000 000	72 626 630	176 000 000	198 880 783
Grand Total	160 000 000	9 124 490	142 500 000	17 500 000	169 124 490	162 528 025	96%	279 756 500	279 000 805	448 880 990	441 528 829

Note: Non-core excludes expenditures of US\$ 291.1 million and US\$ 4.2 million in the year 2024 for the UNDP Global Funds and UNICEF Global Funds, respectively.

Overall 2024 investments

In 2024, **US\$ 441.5 million** (US\$ 162.5 million core and US\$ 279.0 million non-core) was invested in ten result areas and five Secretariat functions, including **US\$ 17.5 million** for country envelopes for 79 countries in 2024.

Figure 6. Joint Programme results and investment, by results areas and outcomes

2024 expenditure & encumbrances (in US\$)*

\$242.6 million core & non-core

2024 selected results

Outcome 1	Core and Non-Core US\$ 99.6 million	HIV combination prevention	Normative guidance, tools and technical support for national policies for targeted impactful interventions at scale especially for priority and key populations including innovations and differentiated services delivery.
		Paediatric AIDS, vertical transmission	Guidance for elimination of vertical transmission, optimized testing & treatment, stronger national capacities, integrated & financed systems to close gaps. thanks to Global Alliance to end AIDS in.
		HIV testing, treatment, care, and support	Normative guidance for best HIV testing and treatment options policies and scaled up implementation, including innovations, integrated services for coinfections, access to new health technologies.
Outcome 2	Core and Non-Core US\$ 90.10 million	Community-led responses	Advocacy, guidance and promotion of evidence and good practices, partnerships and support for community leaderships and expanded community-led HIV response including monitoring and financing.
		Human rights	Advocacy, guidance and technical support for removal of punitive/ discriminatory laws and/policies, expanding rights-based HIV programmes including to eliminate stigma & discrimination, response to HIV-related human rights crises.
		Gender equality	Advocacy, guidance & tools for more gender responsive HIV responses through national expertise, women empowerment & partnership for improved gender norms & reduced GBV.
		Young people	Commitments and support for youth leadership and youth-friendly HIV and sexual and reproductive health interventions, including comprehensive sexuality education.
Outcome 3	Core and Non-Core US\$ 52.9 million	Fully funded HIV response	Strategic HIV financing tracking & analysis, advocacy & guidance for high impact domestic, Global Fund and PEPFAR investments, efficiencies, innovations incl. social contracting and leading new sustainability agenda.
		Integration & social protection	Guidance, tools and support for HIV-sensitive social protection and integrated services and systems for HIV, STIs, hepatitis, cervical cancer and other.
		Humanitarian settings & pandemics	Coordination, policy, and support to sustain HIV services in humanitarian settings including innovations. Lessons from AIDS pandemic shared.

*Excluding UNDP & UNICEF Global Fund expenditures

Figure 7. UNAIDS Secretariat results and investment, by strategic functions (\$198.9 million)**2024 expenditure & encumbrances**

US\$ 198.9 million core & non-core

2024 selected results

SF 1	Core and Non-Core US\$ 77.6 million	Leadership and advocacy	Sustained high-level political commitment on and call for action on key HIV issues. Updated evidence-informed National HIV Strategic Plans. Convened meaningful dialogues between people living with HIV, key populations, affected women and girls, young people and government institutions for decision making on HIV priorities. Boosted local action in Fast Track cities.
SF 2	Core and Non-Core US\$ 33.9 million	Partnerships, mobilization & innovation	Key partnerships united efforts for action including with countries, communities, Global Fund, PEPFAR and others. Focused strategic initiatives drive action to close gaps: Global Prevention Coalition, Global Alliance to End AIDS in Children, Global Partnership to eliminate stigma & discrimination and Education Plus Initiative.
SF 3	Core and Non-Core US\$ 27.9 million	Strategic Information	Generated state-of-the-art analysis and largest global HIV data tracking HIV pandemic, response and inequalities, policies and financing. Reduced key data gaps, updated HIV estimates, guidance for evidence-informed global and national targets, programmes & investment for impact, expanded community-led monitoring.
SF 4	Core and Non-Core US\$ 34.5 million	Coordination, convening and country implementation support	Effective support to national response through Joint UN Teams on AIDS and other technical support for high impact national strategies, programmes & financing. Leveraged UN power for HIV and SDGs through UN Sustainable Development Cooperation Framework (UNSDCF).
SF 5	Core and Non-Core US\$ 25.0 million	Governance and mutual accountability	Solid and inclusive governance, sound management, oversight & performance reports, intensified resource mobilization, new Results & Transparency portal, high compliance with UN reform and implementation of and follow up on evaluations.

SUMMARY OF MAIN RESULTS BY OUTCOME



Outcome 1:

Equitable and equal access to HIV services and solutions maximized

- 35.** The Joint Programme contributed to continued progress in expanding access to HIV services, especially for women and girls, people living with HIV and key and other priority populations, by prioritizing equitable approaches that leave no one behind. These achievements are yielding concrete benefits for people across the world, with the number of new HIV infections in 2023 lower than in any year since the late 1980s and with AIDS-related deaths having fallen by more than 51% since 2010 (and by 69% since the epidemic's peak in 2004).
- 36. Accelerated and better targeted combination HIV prevention.** The Joint Programme's normative and implementation guidance and technical support further improved access to better targeted and more innovative combination HIV prevention interventions. Through strategic guidance, tools and support, including a South-South learning network, the Global HIV Prevention Coalition significantly boosted HIV combination prevention efforts in 38 countries and beyond. Ten African countries had finalized their HIV prevention roadmaps by end-2024 and numerous other countries were in the process of improving/finalizing their national prevention blueprints to maximize the impact of prevention efforts (e.g. with new prevention options and targets, costings, and by removing some structural barriers). Between 2010 and 2023, reductions in new HIV infections have been faster in Coalition focus countries than in the rest of the world.
- 37.** New guidance such as on PrEP, an implementation toolkit for the uptake of oral PrEP, the Dapivirine vaginal ring and long-acting injectable Cabotegravir aided countries in the prevention of new HIV infections. Nearly all (94%) of countries have incorporated WHO recommendations on PrEP into their national guidelines, the scale-up of oral PrEP has accelerated (reaching 6.5 million by end-2024) and the Joint Programme has staked out a leadership role in accelerating roll-out and uptake of long-acting PrEP, a potentially game-changer in efforts to prevent new HIV infections.
- 38.** The Joint Programme contributed to preventing new HIV infections through a wide array of strategies to best respond to the needs of diverse populations, including through more integrated approaches and services (for HIV, other sexually transmitted infections, sexual and reproductive health, viral hepatitis, tuberculosis and more). This included support for HIV workplace programmes in 31 countries, aid for condom and voluntary medical male circumcision programming, support for scale-up of comprehensive sexuality education and provision of skills-based HIV and sexuality education to more than 27 million learners. Special initiatives also focused on improving HIV prevention for and with key populations and adolescent girls and young women, including responding to needs of sexual and reproductive health services. Joint Programme support also enabled expansion of harm reduction and HIV services in prisons.
- 39. Progress towards the 95–95–95 testing and treatment targets.** Critical normative guidance provided by the Joint Programme continued to shape and drive global efforts to optimize the

benefits of HIV treatment. Ninety-nine percent of countries have adopted the recommended “treat all” approach, 82% provide for initiation of HIV treatment on the same day as diagnosis, and 78% have reduced the frequency of medication pickups. From 2020 to 2023, the number of countries adopting dolutegravir as the preferred first-line antiretroviral therapy for adults and children nearly doubled (to 118). Support for scale-up of differentiated HIV service delivery was provided to eight countries.

40. Gains were made in increasing rates of knowledge of HIV status. In 2023, 71 countries were routinely implementing HIV self-testing. Informed by case studies from 30 countries, the PCB adopted a set of strong and clear recommendations including to accelerate testing as a gateway to HIV prevention and treatment services and implementation of the “Undetectable = Untransmittable” concept.
41. Focused action tackled barriers to testing and treatment services experienced by key and other priority populations, including by building capacities for person-centred HIV care in prison settings and humanitarian settings and by providing support to tackle gender-related barriers faced by women and men in accessing HIV treatment.
42. The Joint Programme rallied PCB members and governments, the private sector, communities and other partners to ensure rapid, affordable and equitable access to long-acting injectable antiretrovirals (ARVs) for both HIV prevention and treatment.
43. **Contribution to reductions in vertical transmission and paediatric AIDS.** The Global Alliance to End AIDS in children continued to support stepped-up efforts in 12 African countries to accelerate progress for children and adolescents. All 12 countries endorsed the Dar es Salaam Declaration, pledging to intensify action to end paediatric AIDS. A progress report highlighted how innovation, commitment and partnerships are overcoming scale-up barriers in high-burden countries, with greatest progress evident in Alliance countries. Under the umbrella of the Global Alliance, 15 community champions amplified community perspectives and promoted changes that prioritize the needs of children and adolescents living with HIV. The Alliance also prioritized closing HIV testing and treatment gaps among adolescents, including through a “one-stop shop” (the Paediatric and Adolescent HIV Service Delivery Hub) to share innovative and effective interventions.
44. New evidence and normative guidance included a [new four-pillar framework](#) to expand the focus from vertical elimination of HIV only to the triple elimination of HIV, syphilis, and hepatitis B, emphasizing service integration, cross-programme coordination, and person-centred care for pregnant women, girls and their infants. Support was provided for countries in various stages of the process of validating of elimination of vertical transmission, including data collection and engagement with various government entities and networks of people living with HIV to meet requirements. Namibia achieved the elimination of vertical transmission of both HIV and viral hepatitis B, while Jamaica the elimination vertical transmission of HIV and syphilis. By the end of 2024, 21 countries and territories had been certified for eliminating vertical transmission of HIV and/or syphilis.
45. Technical support helped accelerate scale-up of priority actions, including support for expedited introduction of optimized paediatric ARV formulation for children in 12 countries and roll-out of a new fixed-dose combination ARV regimen for children. By end 2024, 102 countries were procuring the superior ALD (dolutegravir, abacavir and lamivudine) regimen, up from 33 in 2021. A new technical brief highlighted action steps to close gaps in timely HIV diagnosis among children. Financial support enabled improved access to reproductive, maternal, newborn and child health services in countries of the Sahel region.



Outcome 2: Barriers to achieving HIV outcomes broken down

- 46.** Responding to the Global AIDS Strategy's call and urgent need to remove social and structural barriers that prevent people from accessing HIV services, the Joint Programme achieved concrete results through improving the legal and policy environment, championing community-led HIV responses and empowering young people in increasingly complex contexts in many countries.
- 47. Community-led HIV responses strengthened and sustained.** The Joint Programme helped advance community-led HIV responses in at least 79 countries through advocacy, new normative guidance and tools, technical support and dialogues for conducive policies, costing, resource mobilization and tracking for sustainable community-led responses.
- 48.** Community-led monitoring also expanded thanks to the Joint Programme's focused technical assistance in at least 65 countries, including development of a regional roadmap and country action plans for community-led monitoring in 13 countries in western and central Africa. With support to global networks of people living with HIV, People Living with HIV Stigma Index reports were finalized and launched in 10 countries. Development and expansion of different digital apps allowed adolescents and young people to help improve access to quality and youth-friendly sexual and reproductive health services and strengthen the capacity of women living with HIV to report cases of violence anonymously and safely. A new framework and methodology for monitoring the 30–80–60 targets in the Global AIDS Strategy were developed and is now available.
- 49.** The Joint Programme also supported the leadership and empowerment of multiple community networks of people living with HIV, women and key populations at country, regional and global levels. For example, this included the SCALE initiative's grants to 44 local organizations of people living with HIV and other key populations in 21 countries to counter punitive and discriminatory laws and support to women-led community organizations from over 30 countries.
- 50. HIV related human rights promoted and protected.** The Joint Programme remained a global leader in aligning HIV responses with principles of human rights, gender equality and social inclusion. A first landmark resolution of the Human Rights Commission (56/20), which benefited from extensive advocacy and technical support by the Joint Programme, explicitly recognizes the human rights of key populations, and the need to take actions to support gender equality and remove gender-related barriers. The resolution was also groundbreaking, including the first ever reference to sexual and reproductive health and rights and reiterated the need to provide comprehensive education in relation to sexual health. The 2024 UNAIDS World AIDS report shared examples from across the world of policies and programmes that are protecting health and HIV services by protecting rights.
- 51.** Seventy-two countries were supported by the Joint Programme to remove or amend HIV-related punitive and discriminatory laws and policies and to develop protective ones, in line with the recommendations of the Global Commission on HIV and the Law. The Joint Programme played a role in key HIV-related human rights advances with multisectoral stakeholder engagement,

including the removal of laws criminalizing HIV exposure, transmission or non-disclosure; decriminalization of same-sex relations; training of law enforcement officials for evidence-informed health-centred drug policies; non-discriminatory workplace policies and practices; and community and (social) media engagement to reduce stigma.

- 52.** Various regional and national human rights institutions have increased their capacities to protect, promote and fulfil the HIV related human rights of key and vulnerable populations, including through the convening and support of regional judges' forums in Africa, the Caribbean and eastern Europe and by improving access to justice in selected countries.
- 53.** The Joint Programme also rapidly elevated its response to circumstances where human rights are at risk and supported organizations and networks of key populations and people living with HIV to advocate for their rights. When needed, the Joint Programme acted to ensure the safety and security of key populations and their continued access to essential HIV and other health services, aligned with the updated guidance on preventing and responding to HIV-related human rights crisis.
- 54.** A review of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, which now includes 41 countries, confirmed its positive impact on strengthening enabling environments for sound national HIV responses.
- 55. Gender equality advanced in the context of HIV.** The Joint Programme contributed to and led new global commitments, evidence-informed norms and standards to advance gender equality and women's empowerment for more effective HIV responses. Key gender transformative achievements of the year included a collaborative Joint Programme policy support to the Southern African Development Community which led to the unanimous reaffirmation by Member States of the 2016 Commission on the Status of Women 60/2 Resolution on Women, the Girl Child, and HIV and AIDS. The resolution calls on countries to take actions to effectively address the social and structural drivers of HIV among women and girls; engage men and boys; strengthen laws, policies and strategies to eliminate gender-based violence; and scale up comprehensive HIV education.
- 56.** Thanks to Joint Programme support, 50 countries have stronger gender expertise and capacities to further integrate gender equality into their national HIV responses and meaningfully engage women together with men. Gender assessments were conducted in 12 countries and helped inform improvements to national HIV strategies and plans. The Joint Programme also supported the voices and leadership of women living with HIV and other key populations in global and regional platforms. In at least 36 countries, women living with HIV gained advocacy skills and have increased access to decision-making spaces, directly benefiting over 35 000 women living with HIV.
- 57.** Thanks to the Joint Programme's support, there is even stronger evidence for investments to advance gender equality and address gender-based violence in the context of HIV as well as expanded survivor-centred services to respond to violence against women living with and affected by HIV in many countries. For example, the Confronting Coercion report by the International Community of Women Living with HIV highlights the chilling experiences of many women living with HIV when seeking to exercise their full sexual and reproductive health rights. Additionally, [The missing link: rethinking and reprioritizing HIV and gender-based violence in fragile settings](#) report called for multisectoral responses to HIV and gender-based violence across the humanitarian-peace nexus.

- 58.** New gender data portal provides access to the latest sex-disaggregated data and gender statistics on over 1000 indicators. New normative guidance specifically focused on strategies for engaging men and boys as gender equality advocates. Funding from the World Bank supported efforts of countries to tackle gender-based violence and other key issues and to enhance gender equality and girls' and women's empowerment.
- 59.** Leveraging girls' completion of secondary education for HIV prevention and gender equality, the joint Education Plus Initiative, led by Joint Programme members and in partnership with the African Union and 15 African Heads of State, engaged 15 000 adolescent girls and young women from 10 countries in advocacy with policymakers and in leading campaigns and community initiatives. Eight countries now have investment cases demonstrating the catalytic impact of girls' secondary education on reducing new HIV infections.





Outcome 3: Efficient HIV response fully resourced and sustained

- 60.** Funding for the HIV response remains inadequate and has declined. In the face of this concerning trend, the Joint Programme made important contributions to mobilizing essential domestic and international resources while guiding and directly supporting almost 60 countries for more effective and efficient resources allocation and use for optimal impact. The sustainability agenda was elevated as a key and urgent priority of the Joint Programme's work in 2024. The Joint Programme also prioritized improving access to integrated systems for health and social protection that are inclusive of HIV, as well as sustaining HIV services in humanitarian settings and recommending the incorporation of lessons learned from the HIV response in efforts to prepare for and prevent future pandemics and other emergencies.
- 61. Increased HIV financing, effectiveness and a more sustainable HIV response.** A joint call and a new approach to accelerate the sustainability of HIV response, with PEPFAR and other partners, revitalized multiple countries' commitments for HIV response sustainability. Using new guidance and tools developed by the Joint Programme,⁴ more than 25 countries have undertaken stakeholder dialogues to plan for the long-term sustainability of the HIV response. By end-2024, with support from the Joint Programme, over 30 countries were developing and implementing sustainability roadmaps that include concrete commitments to increase domestic investments in HIV programmes.
- 62.** The Joint Programme remains the primary worldwide source of strategic domestic and international HIV financing data and analysis, which plays a key role in shaping the Global Fund's investment case, allocation methodology, country and regional grants design and monitoring, and country grants. In addition, support to countries to produce and use National AIDS Spending Assessments, National Health Accounts and National Strategic Plans is leading to innovations in service delivery and the introduction of new products.
- 63.** Allocative efficiency analyses and the roll-out of strategic digital tools supported countries to improve the efficiency and impact of national responses. New analysis informed strategic actions to accelerate sustainability, including debt relief and improvements to national taxation systems. The Joint Programme supported 56 countries in obtaining Global Fund financing of US\$ 6.8 billion for programmes over the course of the Global Fund Cycle 7. This included end-to-end support on Global Fund processes—from prioritization and funding requests to grant-making and implementation readiness—with a particular focus on embedding programmatic sustainability and accountability in country dialogues and programme design. Furthermore, clear linkages were also established between community-led responses and human rights programming, helping countries to design and scale up people-centred, rights-based interventions.
- 64.** More than 90 countries also benefited from Joint Programme support to improve access to health technologies, including digital tools. Similarly, over 20 pharmaceutical companies and 30 diagnostic manufacturers benefited from demand forecasts for HIV medicines and diagnostics. The efficiency and effectiveness of national programmes have been enhanced through the roll-out of digital health tools.
- 65. Better integrated systems for health and social protection.** Countries are using normative guidance and e-learning tools (such as the Integrated Health Tool) to improve the integration of people-centred HIV

⁴ For more information on UNAIDS Sustainability approaches, please visit: [UNAIDS Sustainability Website](#)

services in national health services and systems as part of stronger primary health care for achieving Universal Health Coverage. New modelling enables countries to use the estimated prevalence of comorbidities for integrated national programme planning and budgeting. Partnerships by the Joint Programme enable accelerated integration of HIV and cervical cancer screening and treatment in 12 countries.

- 66.** Work was directed at further improving social protection systems, with specific schemes tailored for country contexts and vulnerable populations, including those living with HIV and other key and priority populations. Cash transfer schemes, the success of which in protecting adolescents and young people from HIV and improving their well-being was shown in an [evaluation](#), were rolled out with support from the Joint Programme. In countries supported by the Joint Programme, HIV treatment services are increasingly organized and financed as part of overall health systems, including through primary health care.
- 67. HIV services sustained in humanitarian settings.** As humanitarian situations expanded, the Joint Programme acted to ensure continued access to life-saving HIV services and rights protection, including for refugee and displaced persons. Efforts intensified to ensure that people living with HIV, women and girls and key populations at risk of HIV are systematically identified and supported to meet their essential needs within emergency preparedness and response programming. Continued support was provided to link people affected by emergencies to essential and increasingly integrated HIV, health, nutrition and other services. The [Inter-Agency Task Team on HIV in emergencies](#), which brings together over 30 organizations, was reestablished and revitalized, and is contributing to the ongoing update of the 2010 IASC guideline for addressing HIV in humanitarian settings.
- 68. Pandemic preparedness and response strengthened.** The Joint Programme actively worked to encourage Member States to incorporate lessons learned from the HIV response in the landmark UN General Assembly's Political Declaration on Pandemics Prevention, Preparedness and Response, as well as the negotiation of the new Pandemics Prevention, Preparedness and Response Accord. It also contributed to enhancing national and regional responses to the mpox public health emergency, especially for community engagement, and highlighted adaptation of the HIV response to mitigate the impacts of climate change.

Figure 8. Reducing HIV-related inequalities, uniting efforts through targeted initiatives and strong partnerships

Accelerating action on HIV prevention and treatment

Global Prevention Coalition (38 countries) and Global Alliance to End AIDS in Children (12 countries) elevated focus, resources and action for results and specific priority populations.

Putting communities at the center

Community empowerment in key decision-making, people-centred policies and systems and community-led HIV response promoted to ensure a response that addresses inequalities.



Gaining ground on societal enablers

Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (41 countries), and Education Plus Initiative (15 countries), applied evidence-informed advocacy, policy guidance and action plans to support national responses.

Investing money where it is most needed

In close collaboration with the Global Fund and PEPFAR, provided technical support, innovations, granular data analytics and more for targeted and impactful interventions.

A MORE EFFECTIVE JOINT PROGRAMME FOR MORE EFFECTIVE RESULTS AND ACCOUNTABILITY

- 69.** Progress towards the three outcomes and 10 result area outputs was possible thanks to efficient and effective delivery of the Joint Programme's five strategic functions, led by the UNAIDS Secretariat in concert with UNAIDS Cosponsors.
- 70. Leadership, advocacy and communication.** The Joint Programme influenced outcome documents on HIV-related commitments at 16 high-level political meetings, including groundbreaking reference to harm reduction and the rights of key populations in the context of HIV (see Figure 9 below). A mid-term review of the Global AIDS Strategy laid a strong foundation for new global HIV targets and development of the next Global AIDS Strategy for 2026–2031. Well-coordinated multidisciplinary technical expertise helped improve national HIV strategic plans in over 11 countries.
- 71. Partnerships, mobilization and innovation.** Five strategic initiatives and other key partnerships helped drive accelerated action for HIV prevention and treatment results by fostering safer and stigma- and discrimination-free environments for children, adolescents, women and key populations, including through innovative approaches, South-South learning network and communities of practice.
- 72. Strategic information.** In 2024, 140 countries submitted reports against indicators of the 2021–2026 Global AIDS Monitoring Framework. The Joint Programme provided direct support to 154 of the 172 countries that have prepared HIV epidemiological estimates. Support from the Secretariat strengthened community-led monitoring in 41 countries. Flagship reports—the Global AIDS Report and the World AIDS Day report—recommended priority actions to save lives and close gaps and inequalities in the HIV response.
- 73. Coordination, convening and country implementation support.** Joint UN Teams in 85 countries provided coordinated multisectoral support to national HIV response. Effective coordination—from the global to the country levels—with the Global Fund and PEPFAR decision-making mechanisms, led to maximizing evidence-informed prioritization and returns on investments for impact. More than 30 countries benefited from support to develop and implement HIV sustainability roadmaps.
- 74. Governance and mutual accountability.** Through regular governance exchanges (including at two PCB meetings) with wide engagement, an Independent External Oversight Advisory Committee, various oversight and performance reports, the Joint Programme's governance was consolidated further. The Joint Programme's [value proposition](#) and new [UNAIDS Results and Transparency portal](#) also further improved accountability and supported resource mobilization efforts. The Joint Programme's robust compliance with UN Reform was reaffirmed (in at least eight UN system-wide reports). As per the PCB request, a High-Level Panel initiated discussions on a resilient and fit-for purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response.

Figure 9. Driving and influencing the HIV response, 2024 stories of success**Towards 2030 targets**

Mid-term review of the Global AIDS Strategy and expert consultation on new set of global AIDS targets.

Human Rights Council Resolution & Commission on the Status of Women

Groundbreaking '[Human Rights in the Context of HIV and AIDS](#)' resolution recognizing the human rights of key populations and calling for elimination of all forms of discriminations, and the [Resolution on Women, the Girl Child, and HIV/AIDS](#), reinforcing the rights and empowerment of women and girls as part of efforts to end AIDS.

African Union strategies

The African Union adopted a Triple Elimination Strategy (HIV, Syphilis, Hepatitis B), a Roadmap on sustaining the AIDS response to and the Continental Education Strategy for Africa 2026–2035.

Harm reduction in drug policy

For the first time, harm reduction features in the [Omnibus Resolution on Drug Policy](#), attesting to the need for a health-centered, evidence and rights-based approach.

Global policy makers and leaders

Global Parliamentary platform informed 400 members from 45 countries, about the HIV response's targets and gaps. Called for equal access to long-acting HIV prevention with the Global Council on Inequality, AIDS, and Pandemics and G20 leaders' commitment for a Global Coalition for Local and Regional Production, Innovation and Equitable Access for health products.

Influencers

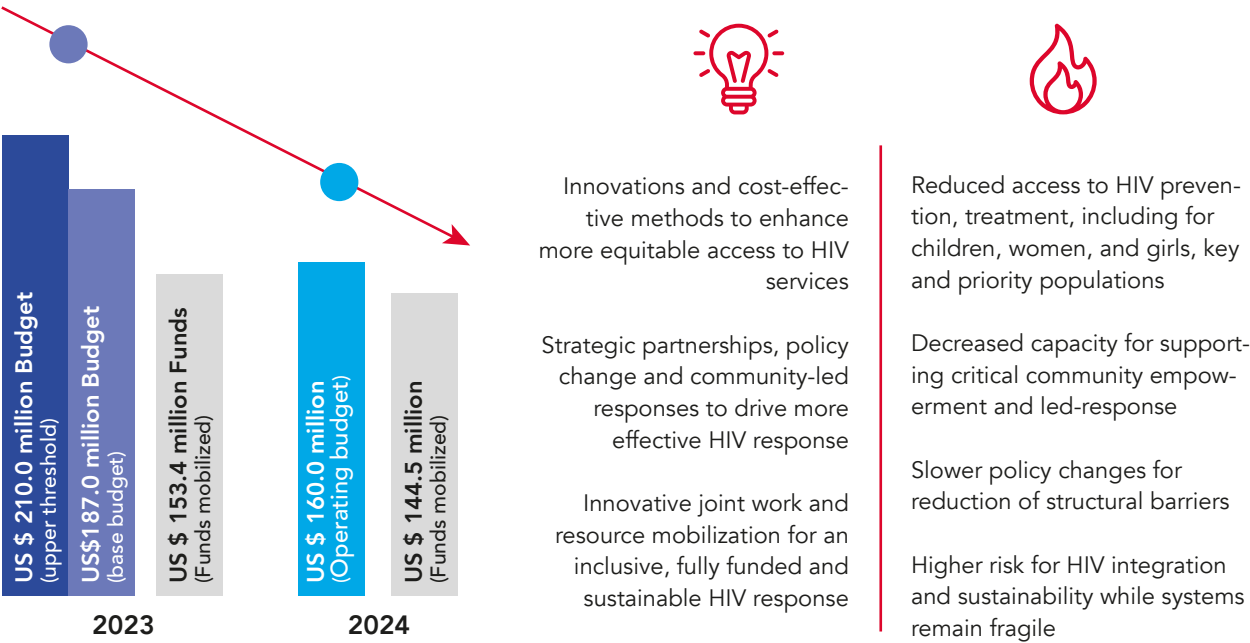
Over 20 Goodwill Ambassadors, First Ladies and international stars called to protect the right to health for all, resources and multilateralism for effective HIV response. Over 2 billion people reached with HIV messages through digital media by Secretariat.



THE JOINT PROGRAMME’S FUNDING SHORTFALL: IMPACT, INNOVATIONS, COST AND OTHER EFFECTIVENESS AND EFFICIENCIES

- 75.** In an increasingly challenging context, the Joint Programme intensified efforts to support countries and protect and build on the gains made to date in the HIV response, through strategic partnership and further prioritization—financially, programmatically and geographically—in line with the revised budget of US\$ 160 million for 2024.⁵ This necessitated a reduced “footprint” across all Cosponsors and the Secretariat. Along with seeking increased efficiency and effectiveness where possible while maintaining the Joint Programme’s focus on saving lives.
- 76.** The Joint Programme’s direct support to countries was not spared from the harsh realities of the shrinking resource environment. Total spending on UNAIDS country envelopes fell by more than 30% from 2022 and 2024. Fewer resources meant a reduction in dedicated multisectoral experts and technical support for programmes for interventions focused on HIV prevention and treatment, including among adolescent girls and young women and key populations.
- 77.** In the face of these considerable challenges, the increased efficiencies and effectiveness of the Joint Programme’s contribution over the years are visible at global, regional and country levels. The commitment of staff has enabled the Joint Programme to continue delivering in a less-than-conducive environment.

Figure 10. Core budget and funds mobilized from government and other donors over time—responses and impact

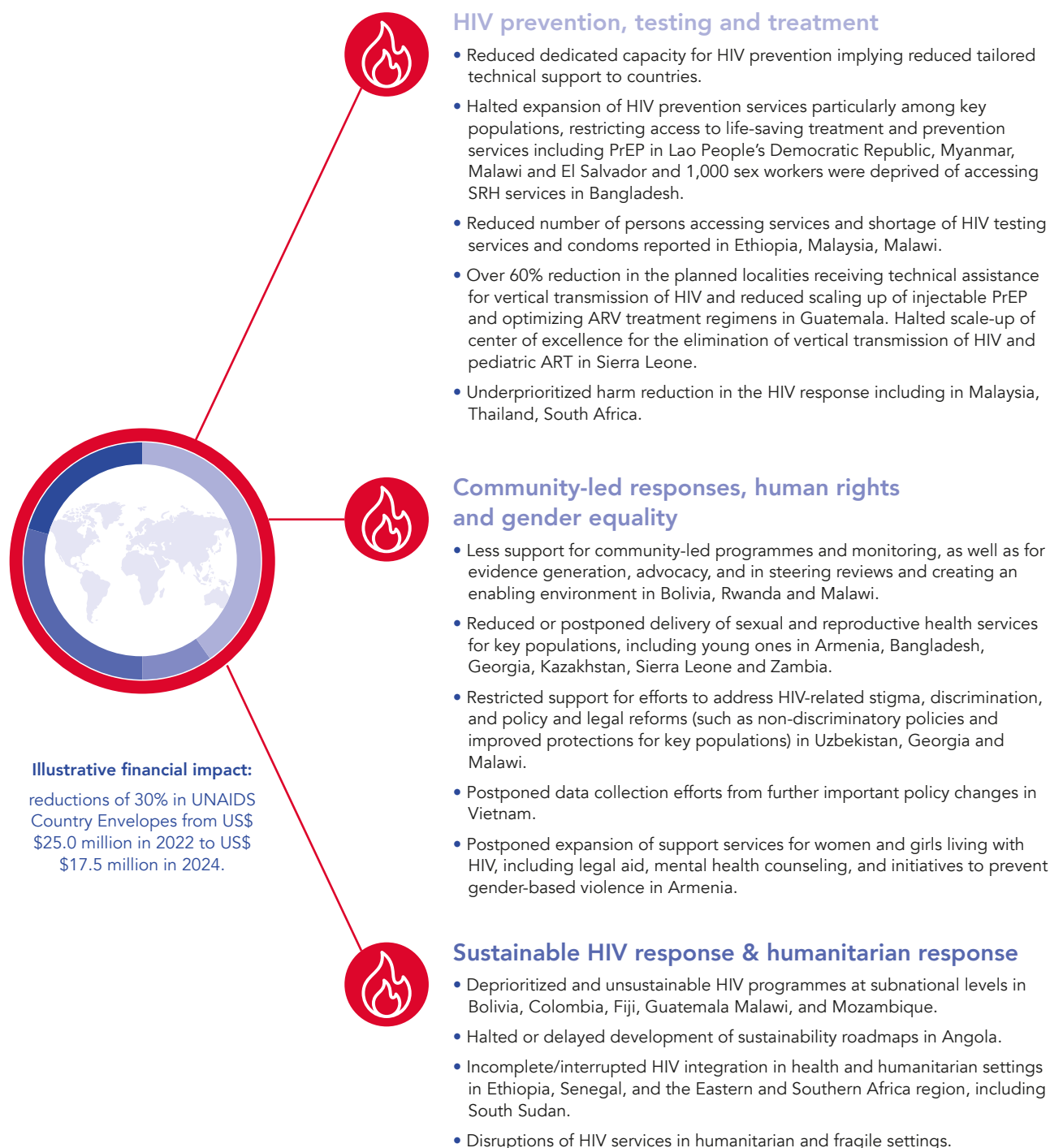


⁵ As described in the Follow-up action to the 2024-2025 Workplan & Budget: [PCB53_Follow-up_2024-2025_Workplan_Budget_EN.pdf](#)

- 78.** The funding shortfall has resulted directly in, or has contributed to, postponed, deprioritized or scaled-back programmes including vital programmes in humanitarian settings. These setbacks were noted in countries, including some experiencing increasing numbers of new HIV infections and inadequate HIV treatment coverage.
- 79.** The sustainability of the HIV response was flagged as being at risk in almost all countries and regions as a result of shrinking funding space. This is notably evident where resource constraints have led to deprioritization of programmes in some geographic areas and among some populations who are higher risk of acquiring HIV.
- 80.** Furthermore, the funding shortfall has constrained the Joint Programme's ability to support community-led responses to HIV. This has hampered efforts to empower communities, promote human rights and address the social and structural drivers of the epidemic.
- 81.** The Joint Programme's reduced capacities and scope of work affected **the pace of progress in several 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 and HIV-related gender inequalities;
 - the introduction of policy and legal reforms to protect human rights and advance gender equality for effective HIV responses;
 - the expansion of critical community-led HIV responses;
 - the achievement of more effective, inclusive, equitable and sustainable systems through robust HIV financing that includes leveraging more domestic resources and allocative efficiencies, further integration and better responses to HIV in humanitarian settings; and
 - the monitoring of progress and gaps in services at the granular levels for specific populations and/or locations.



Figure 11. Illustrative country example of the funding shortfall impacts to advance key results



Optimizing Joint Programme capacities through innovations and efficiencies

- 82.** The Joint Programme further prioritized its work and especially the deployment of human and financial resources to maximize impact and it further implemented cost-saving measures to maintain essential support to countries. Efficiencies were also achieved through wide-ranging application of good practices, expansion of multi-country offices and placement of HIV advisers in UN Resident Coordinator offices, cost-shared staff positions, and the improved use of collective expertise from across the Joint Programme to contribute to policy and technical support.
- 83.** While work increased to further leverage efficiencies and drive innovations, resource mobilization capacities and efforts intensified along five strategic avenues agreed to in consultation with the PCB, especially for non-core funding proposals. A new value proposition urged donors to provide modest increases in funding to ensure that 35 countries can achieve viral suppression by 2025 and prevent 5 million additional new infections by 2030.

Effective coordination, targeted key initiatives and driving scientific advances

- 84.** Closer synergies with the Global Fund and PEPFAR on strategies, data sharing and solutions to resolve bottlenecks, led to well-coordinated and evidence-informed support to countries. Joint action through the Global Council on Inequality, AIDS and Pandemics and G20 leaders led to a commitment for a Global Coalition for Local and Regional Production, Innovation and Equitable Access for health products. Global strategic initiatives such as the Global Prevention Coalition, the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and Education Plus elevated commitment and used the latest scientific evidence and best practices to accelerate progress for specific areas or populations. The Joint Programme also assumed a leadership role in accelerating the roll-out and uptake of long-acting injectable PrEP. The Inter Agency Task Team on HIV in Emergencies is another example of a robust platform which help mitigate funding declines by optimizing resource use, improving service delivery and maintaining adequate responses to HIV in humanitarian settings across a wide range of UN and other actors.

Accelerated digital solutions, innovative tools and technologies for better services, knowledge and data

- 85.** Digital tools and health platforms are being used to close gaps in HIV services and enhance data for impact. Improved access to HIV services was achieved through virtual interventions in more than 15 countries in the Asia-Pacific region. 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 eastern and southern Africa, as well as on young key populations in Asia-Pacific. South-South exchanges, communities of practices and knowledge hubs fostered quicker sharing of new policies and good practices, as well as faster cross-country learning.

Sustainable response, including service integration for better outcomes

86. Across all regions, the Joint Programme intensified work to support integrated programmes and systems. Many countries have moved towards more integrated HIV, STI and viral hepatitis services for key populations and for the elimination of vertical transmission. This was done using combined prevention approaches and improved convergence with primary health care, adolescent health and other health areas (e.g. noncommunicable diseases) to foster improved patient-centred care and greater efficiencies across programmes. In countries affected by ongoing wars and other emergencies, HIV services have also been integrated with other essential health and nutrition interventions to provide comprehensive, life-saving support to affected communities.

Figure 12. Illustrative country examples of innovations, efficiencies and effectiveness measures in the context of the funding shortfall

Scientific advances and more equitable access to HIV services

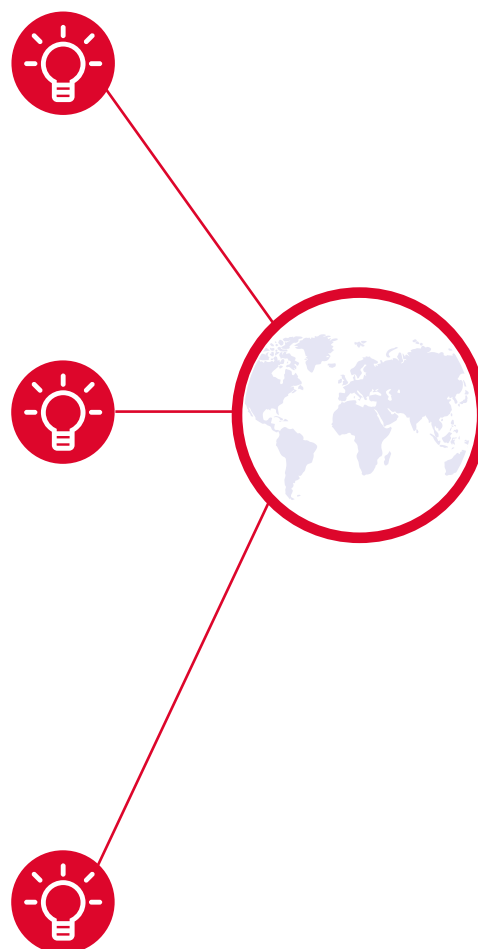
- Adoption of HIV prevention innovation, such as community-led PrEP service delivery and long-acting PrEP contributed to reduction of new HIV infection including among key population in Cambodia and Cuba.
- Optimized use of digital platforms and virtual interventions for reaching key populations, women and girls and young people across all regions.
- Improved access to HIV services through virtual interventions approach in more than 15 countries in the Asia Pacific region.

Strategic partnerships and effective community-led approaches

- Enhanced cross-country collaboration to sharpen HIV prevention strategies such as in Argentina, Cambodia, Lao PDR and South-to-South knowledge sharing across the 38 countries part of the HIV Prevention Coalition.
- Increased efficiencies and effectiveness of programmes through community-led outreach and peer to peer approaches, including for early case detection, and service provision in Malaysia and Uganda.
- Yielded better results and efficiencies through the formation of coalitions around Prevention, MTCT Triple Elimination and Emergency in Rwanda, or through pooled resources among cosponsors, shared expertise, and avoiding duplication in Colombia.
- Mobilized resources for HIV prevention in the workplace, utilizing Corporate Social Responsibility funds in Indonesia.

Sustainability of the HIV response and national ownership

- 30 countries developed sustainability roadmaps.
- China International Development Cooperation Agency's further collaborated with UNAIDS to expand support to the HIV response in other low-income countries, including local product manufacturing activities in Africa.
- Strengthened health systems through the integration of the HIV response with gender, nutrition, family planning, mother and child services, and collaboration with women living with TB and HIV programmes, ensuring cost-effective program delivery in Armenia, Rwanda, Sudan, and Sierra Leone.
- Increased number of people living with HIV accessing social protection and HIV-sensitive systems in Armenia, Colombia, Madagascar, and increased inclusion in social protection in Dominican Republic, Sierra Leone.



THE JOINT PROGRAMME’S CONTRIBUTION TO THE SUSTAINABLE DEVELOPMENT GOALS

87. Ending AIDS as a public health threat by 2030 is an integral part of SDG 3 and contributes to advances across the broad Agenda for Sustainable Development. Progress across the breadth of the SDGs is also pivotal for further gains towards ending AIDS. The Joint Programme’s work has helped save more than XX million lives since 2000.

Figure 13: The Joint Programme’s contribution to the Sustainable Development Goals



- 88.** The sustained gains towards SDG 3.3 contrast with the broader Agenda for Sustainable Development, where progress has either stalled or, in some cases, been reversed. The HIV response and the work of the Joint Programme have provided practical solutions and serve as inspiring success across the global health and development agendas, as well as a source of essential principles and lessons for pandemic prevention, preparedness and response. The multisectoral collaboration and partnership-for-development approach, including greater engagement of communities convened and leveraged by the Joint Programme exemplify what is needed for SDGs.
- 89.** Robust, enduring political and financial commitment is essential for progress toward achieving the SDGs. More than ever, the Joint Programme’s multisectoral approach and partnerships, data and analysis, bold advocacy and support for evidence-informed and people-centred policy changes are crucial for closing HIV service gaps and ensuring more sustainable responses that will sustain gains, achieve the global AIDS targets and end AIDS as a public health threat by 2030.

CHALLENGES, LESSONS LEARNED AND OPPORTUNITIES

90. The mid-term review of the Global AIDS Strategy highlighted where the HIV response is on track and where gaps and disparities persist. While historic achievements are being made against the AIDS pandemic, progress is highly uneven, with the global HIV response now proceeding at different speeds in different parts of the world. For the first time, a majority of new HIV infections in 2023 were occurring outside sub-Saharan Africa.
91. Commitment to HIV prevention remains inadequate and the goal of reaching 95% of people at risk of HIV infection with combination prevention options is not yet within reach. The uptake of PrEP has accelerated but remains inadequate. At least half of all people from key populations are not being reached with HIV prevention services, and surveys indicate that condom use has declined in recent years. Millions of people living with HIV still do not have access to HIV treatment, with children living with HIV lagging well behind.
92. Stigma and discrimination remain key impediments to progress towards ending AIDS. Limited gains have been made in reducing HIV-related stigma and there is evidence from some regions that stigmatizing attitudes are on the rise. Several countries have stepped forward to remove punitive and discriminatory laws and policies that undermine HIV responses. However, the human rights environment is deteriorating in many parts of the world and the space for civil society and communities to play their essential leadership roles on HIV is shrinking.
93. The AIDS epidemic bears painful testimony to ongoing gender inequalities. The HIV incidence rate among adolescent girls and young women is more than three times that among adolescent boys and young men in at least 22 countries in sub-Saharan Africa. Globally, ancillary efforts to reduce violence against women, gender inequalities and harmful gender norms are not yet having a big enough impact on HIV prevention services for women and girls. Those efforts are being hindered further by increasing restrictions on civic space and regression of gender equality and human rights, which are affecting HIV responses and public health in many countries.
94. Especially concerning is the loss of essential financing for the HIV response, which carries a real risk of reversing hard-won gains. In 2024, the Joint Programme called for a much greater sense of urgency and accelerated sustainability efforts. In early 2025, further drastic reductions in official development assistance and financing for HIV placed essential HIV services in even greater peril. The Joint Programme, itself affected by these drastic cuts in international support, moved to implement crisis actions to mitigate and monitor the impact of funding reductions,⁶ while further intensifying sustainability efforts. While domestic resources now cover the bulk of costs associated with the HIV response, many low- and middle-income countries are confronting major challenges in closing gaps left by declining international assistance, including slow economic growth, sub-optimal taxation systems and escalating debt.

⁶ For more information on the impact of the US funding cuts on the global HIV response and including for specific countries, please see: [Impact of US funding cuts on the global HIV response | UNAIDS](#)

95. Although the HIV response is in a perilous phase, there are also vital opportunities to be seized and built upon. The development of long-acting Lenacapavir has the potential to transform the HIV prevention. Innovations for more effective outreach and services delivery are being expanded. The Joint Programme is supporting almost 60 countries to achieve more efficient HIV resource allocation and use, and it is involved in collaborative processes in more than 30 countries to prepare for long-term sustainability. This work is generating innovative options for building domestic commitment for greater HIV investments. This will also inform the development of the next Global AIDS Strategy, including new global AIDS targets, to accelerate progress towards ending AIDS as a public health threat by 2030.
96. This crucial period is also an opportunity to re-think the UNAIDS operating model for a new context—to ensure that it becomes more resilient and remains fit for the purpose of overcoming obstacles and catalysing accelerated progress towards our 2030 target. More than ever, the Joint Programme’s multisectoral approach and partnerships, data and analysis, bold advocacy and support for evidence-informed and people-centred policy changes are crucial for closing HIV services gaps and ensuring more sustainable responses for ending AIDS as a public health.



ANNEX 1. OVERVIEW OF 2024 UBRAF INDICATOR DATA

Notes:

- Performance on UBRAF monitoring indicators is assessed against the 2023 milestones for the years 2022 and 2023, and against the 2025 milestones for 2024.
- **Green:** Indicates that an indicator milestone is "on track" to being reached (for the years 2022 and 2024) or was successfully reached in 2023.
- **Yellow:** Indicates that progress on an indicator was "slow" or "partially reached."
- **Red:** Signals that a milestone was not reached in a milestone year.
- **Grey:** Indicates that 2024 data are not yet available or that due to a major change in approach or other events/ developments, the indicator is less relevant.
- For full details on progress towards all UBRAF Indicators including on the number of countries supported and considered for this reporting, please see the [UBRAF Indicator Scorecard](#).

2024 progress on UBRAF performance monitoring indicators		2024	2023	2022
RA 1 HIV Prevention	84 countries received support to improve their policies and/or strategies on combination HIV prevention with key populations and other populations at risk of HIV (1.1.1)			
	84 countries received technical and/or implementation support to scale up combination HIV prevention programmes (1.2.1)			
RA 2 HIV Treatment	2024 data not yet available. (2.1.1)			
	2024 data not yet available (2.2.1)			
	2024 data not yet available (2.2.2)			
	2024 data not yet available (2.2.3)			

2024 progress on UBRAF performance monitoring indicators		2024	2023	2022
RA 3 Paediatric AIDS, Vertical Transmission	76 countries (89%) have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women (3.1.1)			
	3 additional countries developed a national validation for the elimination of vertical transmission of HIV report, but are not member of the Global Alliance (3.2.1)			
	62 countries supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites (3.2.2)			
RA 4 Community-led responses	74 countries received technical support and guidance from the Joint Programme for community-led organizations (4.1.1)			
	79 countries the Joint Programme supported national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses (4.2.1)			
RA 5 Human rights	72 countries received support to remove or amend punitive and discriminatory laws and policies and/or to develop protective ones affecting the HIV response (5.1.1)			
	65 countries received support 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)			
RA 6 Gender Equality	50 countries with stronger 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)			
	44 countries received policy and advocacy support to mobilize partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence (6.2.1)			

2024 progress on UBRAF performance monitoring indicators		2024	2023	2022
RA 7 Young people	53 countries scaled up multisectoral interventions that align with their ministerial commitments to increase access to youth-friendly sexual and reproductive health services, including comprehensive sexuality education (CSE) (7.1.1)			
	34 countries developed and implemented costed plans to expand and institutionalize youth-led HIV responses (7.2.1)			
RA 8 Fully funded, sustainable HIV response	43 countries developed and reported implementation of measures advancing full and sustainable HIV financing. (8.1.1)			
	39 countries submitted data on domestic HIV budgets, while 57 countries reported on HIV expenditures by source through GAM (8.1.2).			
	59 countries conducted studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multisectoral financing, impact and equity; and/or with recent HIV Investment cases that are being used (8.2.1)			
	79 countries supported for evidence-informed HIV investments across their Global Fund grant cycles (8.2.2)			
RA 9 Integrated systems for health and social protection	73 countries have HIV ART services for both treatment and prevention, organized and financed as part of the overall health systems including through primary health care (9.1.1)			
	54 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)			
	43 countries supported 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)			

2024 progress on UBRAF performance monitoring indicators		2024	2023	2022
RA 10 Humanitarian settings and pandemics	45 countries implemented interventions/services for key populations in humanitarian settings (10.1.1)			
	49 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)			
	54 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)			
SF1 Leadership, advocacy and communications	16 high-level political meetings related to HIV and AIDS whose outcome documents were informed/ influenced (S.1.1.1)			
	81 countries supported to review, assess and/or update their national strategic plan on HIV, including 30 countries with dedicated multidisciplinary technical expertise and peer review (S.1.1.2)			
	100% of countries 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)			
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)			
	10 countries completed a People Living with HIV Stigma Index 2.0 during 2022 (S.2.1.2)			
	41 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)			
	21 communities of practice initiated and UNAIDS Knowledge Management Strategy in place and implementation advanced (S2.2.1)			

2024 progress on UBRAF performance monitoring indicators		2024	2023	2022
SF 3 Strategic Information	GAM guidelines for 2025 country reporting developed and share. Preparation for the post-2026 GAM Framework started (S.3.1.1)			
	140 countries submitted reports against new GAM indicators. HIV estimates were developed in 172 countries , including 154 countries with direct Secretariat support . 65 countries supported to implement community-led monitoring, of which 41 received dedicated Secretariat support (S3.2.1)			
	UNAIDS Global AIDS Update 2024 and World AIDS Day Report 2024 launched, and AIDSinfo includes a dedicated HIV/AIDS inequalities dashboard (S.3.3.1)			
SF4 Coordination, convening and country implementation support	In 82 countries , the UN Sustainable Development Cooperation Framework (UNSDCF) integrates priorities on ending HIV-related inequalities and ending AIDS (S.4.1.1)			
	In 85 countries , a Joint UN Plan on AIDS, developed by the UN Joint Teams on AIDS, supported the national HIV response as part of and contributing to the Sustainable Development Cooperation Framework (UNSDCF) (S.4.1.2)			
	New approach on HIV-inequalities mainstreamed so 2025 milestone reached and noting it has been overtaken by development and is less relevant in the new context (S.4.2.1)			

2024 progress on UBRAF performance monitoring indicators		2024	2023	2022
SF5 Governance and mutual accountability	26 governance meetings held by UNAIDS (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) ensuring effective governance and inclusive stakeholder engagement (S.5.1.1)			
	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)			
	Fully operational Independent External Oversight Advisory Committee (IEOAC) to fulfil its mission (4 meetings and annual reports submitted (S.5.2.2)			
	High compliance with UN Reform as shown in at least 8 UN reports/surveys, including QCPR, Funding Compact and UN SWAP on gender equality and women's empowerment (S.5.3.1)			
	90% of planned evaluations implemented , follow up on recommendations from past evaluations tracked. Evaluation plan for 2024–2025 approved (S.5.4.1)			

ANNEX 2. BUDGET IMPLEMENTATION

Table 2. 2024 expenditure and encumbrances against total UBRAF core and non-core funds, by organization (in US\$)

Organization	2024 budget	Carry forward from 2022-2023	2024 Core Global funds	2024 Country envelopes	2024 Total core allocated funds	2024 core expenditures and encumbrances	Impl rate, core funds	2024 non-core estimates	2024 non-core expenditures and encumbrances	2024 total allocated funds	2024 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	2 102 000	-	1 500 000	602 000	2 102 000	2 102 000	100%	34 490 000	31 386 806	36 592 000	33 488 807
UNICEF	4 859 800	2 896 245	1 500 000	3 359 800	7 756 045	5 716 853	74%	38 942 000	30 238 812	46 698 045	35 955 665
WFP	2 259 500	284 405	1 500 000	759 500	2 543 905	2 070 420	81%	11 385 500	7 930 500	13 929 405	10 000 920
UNDP	3 299 000	1 002 780	1 500 000	1 799 000	4 301 780	3 671 808	85%	6 300 000	10 947 306	10 601 780	14 619 114
UNFPA	4 566 000	1 237 239	1 500 000	3 066 000	5 803 239	5 658 857	98%	40 689 000	36 334 408	46 492 239	41 993 265
UNODC	2 788 000	757 084	1 500 000	1 288 000	3 545 084	3 263 587	92%	5 300 000	1 964 797	8 845 084	5 228 384
UN Women	2 772 500	1 371 734	1 500 000	1 272 500	4 144 234	3 167 897	76%	15 000 000	15 547 798	19 144 234	18 715 695
ILO	2 188 000	216 283	1 500 000	688 000	2 404 283	2 167 523	90%	4 000 000	6 405 952	6 404 283	8 573 475
UNESCO	2 734 000	575 917	1 500 000	1 234 000	3 309 917	2 163 203	65%	15 000 000	11 556 436	18 309 917	13 719 639
WHO	4 931 200	695 299	1 500 000	3 431 200	5 626 499	4 704 758	84%	52 000 000	52 000 000	57 626 499	56 704 758
World Bank	1 500 000	87 505	1 500 000	-	1 587 505	1 586 966	100%	6 650 000	2 061 359	8 237 505	3 648 325
Secretariat	126 000 000		126 000 000	-	126 000 000	126 254 153	100%	50 000 000	72 626 630	176 000 000	198 880 783
Grand Total	160 000 000	9 124 490	142 500 000	17 500 000	169 124 490	162 528 025	96%	279 756 500	279 000 805	448 880 990	441 528 829

Table 3. 2024 core and non-core expenditures and encumbrances against UBRAF core budget and non-core estimates, by Result Area (in US\$)

Result Area	Core Global allocated funds	Core Global expenditures and encumbrances	Country envelopes allocated funds	Country envelopes expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total allocated funds	Total expenditures and encumbrances
1. HIV Prevention	4 231 302	4 756 667	6 604 000	5 617 940	32 445 800	37 311 201	43 281 102	47 685 809
2. HIV Treatment	1 525 654	1 471 658	2 586 924	1 993 292	28 145 500	31 357 102	32 258 078	34 822 052
3. Paediatric AIDS, Vertical Transmission	1 317 355	420 339	3 283 300	3 279 698	30 650 300	13 433 716	35 250 956	17 133 753
4. Community-led responses	1 286 933	956 569	2 057 419	1 749 541	11 172 600	9 222 422	14 516 952	11 928 532
5. Human Rights	1 545 927	993 403	1 834 547	1 366 975	10 902 300	14 066 934	14 282 774	16 427 313
6. Gender Equality	2 310 478	1 938 184	2 323 548	1 691 575	31 015 800	27 247 877	35 649 826	30 877 636
7. Young People	2 215 854	1 414 767	2 708 023	2 106 820	34 234 500	27 317 084	39 158 377	30 838 671
8. Fully funded HIV Response	698 749	918 793	429 555	332 228	2 708 200	4 146 008	3 836 504	5 397 029
9. Integration and social protection	1 841 897	1 721 156	1 055 346	841 365	17 538 400	15 915 223	20 435 643	18 477 743
10. Humanitarian settings and pandemics	2 418 162	2 000 339	849 517	702 562	30 943 100	26 356 607	34 210 779	29 059 508
Grand Total	19 392 312	16 591 875	23 732 178	19 681 997	229 756 500	206 374 174	272 880 990	242 648 046

Table 4. 2024 core and non core expenditures and encumbrances against 2024 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	30 235 000	30 190 615	13 300 000	47 449 045	43 535 000	77 639 660
S2: Partnerships, mobilization and innovation	25 544 000	26 012 267	10 350 000	7 909 687	35 894 000	33 921 954
S3: Strategic information	17 725 000	17 684 848	6 850 000	10 183 223	24 575 000	27 868 071
S4: Coordination, convening and country implementation support	29 017 000	28 938 342	10 300 000	5 533 009	39 317 000	34 471 351
S5: Governance and mutual accountability	23 479 000	23 428 080	9 200 000	1 551 667	32 679 000	24 979 747
Grand Total	126 000 000	126 254 153	50 000 000	72 626 630	176 000 000	198 880 783

Table 5. 2024 UBRAF Core and Non-Core expenditures and encumbrances by Result Area and by Cosponsor (in US\$)

Result Area	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	World Bank	Total
Core expenditures and encumbrances (including country envelopes)												
1. HIV Prevention	155 000	887 485	137 242	698 828	3 013 455	2.366 813	157 675	744 054	801 295	1 345 749	67 013	10 374 608
2. HIV Treatment	103 300	436 140	205 565	33 402	60 704	122 096	147 369	297 454	-	1 900 530	158 391	3 464 951
3. Paediatric AIDS, Vertical Transmission	10 000	2 743 283	21 411	-	72 372	27 042	-	-	-	825 928	-	3 700 037
4. Community-led responses	25 000	279 732	53 733	648 694	607 606	119 092	424 236	243 192	20 964	210 179	73 683	2 706 110
5. Human Rights	6600	67 338	-	1 376 885	106 397	305 440	176 734	262 656	28 916	29 412	-	2 360 378
6. Gender Equality	170 000	186 704	-	468 881	299 668	70 259	1 736 725	202 736	494 785	-	-	3 629 758
7. Young People	-	810 443	8955	-	1 251 715	31 099	460 298	44 057	817 243	97 777	-	3 521 587
8. Fully funded HIV Response	5000	124 948	-	300 377	87 288	-	11 965	11 014	-	78 047	632 381	1 251 021
9. Integration and social protection	6600	126 910	876 008	105 772	106 658	141 972	40 930	362 360	-	139 812	655 498	2 562 521
10. Humanitarian settings and pandemics	1 620 500	53 870	767 506	38 969	52 993	79 775	11 965	-	-	77 324	-	2 702 903
Core Total	2 102 000	5 716 854	2 070 420	3 671 808	5 658 857	3 263 587	3 167 896	2 167 523	2 163 203	4 704 758	1 586 966	36 273 873

Result Area	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	World Bank	Total
Non-core expenditures and encumbrances												
1. HIV Prevention	-	4 535 863	187 500	1 070 601	11 994 697	1 379 797	885 812	1 652 742	3 466 931	11 960 000	177 258	37 311 201
2. HIV Treatment	-	4 535 834	325 000	-	608 187	160 000	1 282 514	966 995	-	23 400 000	78 571	31 357 102
3. Paediatric AIDS, Vertical Transmission	-	6 047 779	-	-	1 655 938	10 000	-	-	-	5 720 000	-	13 433 716
4. Community-led responses	-	907 167	-	1 042 601	2 337 988	165 000	1 454 356	715 311	-	2 600 000	-	9 222 422
5. Human Rights	-	1 511 944	-	7 819 504	1 704 570	145 000	1 858 662	1 021 202	-	-	6052	14 066 934
6. Gender Equality	12 283 739	3 023 889	-	-	2 056 055	105 000	5 386 405	764 122	3 466 931	-	161 737	27 247 877
7. Young People	-	6 047 779	-	1 014 601	8 596 342	-	3 129 580	-	4 622 574	3 640 000	266 209	27 317 084
8. Fully funded HIV Response	-	907 167	-	-	348 610	-	-	-	-	2 000 000	890 231	4 146 008
9. Integration and social protection	-	1 511 944	3 691 000	-	6 456 374	-	690 032	1 285 581	-	2 000 000	280 291	15 915 223
10. Humanitarian settings and pandemics	19 103 068	1 209 447	3 727 000	-	575 645	-	860 437	-	-	680 000	201 009	26 356 606
Non-core Total	31 386 806	30 238 812	7 930 500	10 947 306	36 334 408	1 964 797	15 547 798	6 405 952	11 556 436	52 000 000	2 061 358	206 374 173

Result Area	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN WOMEN	ILO	UNESCO	WHO	World Bank	Total
Core and non-core expenditures and encumbrances												
1. HIV Prevention	155 000	5 423 348	324 742	1 769 428	15 008 152	3 746 610	1 043 487	2 396 796	4 268 226	13 305 749	244 271	47 685 809
2. HIV Treatment	103 300	4 971 974	530 565	33 402	668 892	282 096	1 429 883	1 264 449	-	25 300 530	236 962	34 822 052
3. Paediatric AIDS, Vertical Transmission	10 000	8 791 062	21 411	-	1 728 310	37 042	-	-	-	6 545 928	-	17 133 753
4. Community-led responses	25 000	1 186 898	53 733	1 691 295	2 945 594	284 092	1 878 592	958 503	20 964	2 810 179	73 683	11 928 532
5. Human Rights	6600	1 579 282	-	9 196 389	1 810 967	450 440	2 035 396	1 283 857	28 916	29 412	6052	16 427 313
6. Gender Equality	12 453 739	3 210 593	-	468 881	2 355 723	175 259	7 123 130	966 858	3 961 716	-	161 737	30 877 636
7. Young People	-	6 858 222	8955	1 014 601	9 848 057	31 099	3 589 878	44 057	5 439 817	3 737 777	266 209	30 838 671
8. Fully funded HIV Response	5000	1 032 115	-	300 377	435 899	-	11 965	11 014	-	2 078 047	1 522 612	5 397 029
9. Integration and social protection	6600	1 638 855	4 567 008	105 772	6 563 032	141 972	730 962	1 647 941	-	2 139 812	935 789	18 477 743
10. Humanitarian settings and pandemics	20 723 568	1 263 317	4 494 506	38 969	628 638	79 775	872 402	-	-	757 324	201 009	29 059 508
Grand Total	33 488 807	35 955 666	10 000 920	14 619 114	41 993 265	5 228 384	18 715 694	8 573 475	13 719 639	56 704 758	3 648 324	242 648 046

Table 6. 2024 Core and non-core expenditures and encumbrances against allocated funds, by region (in US\$)

Region	2024 Core Global Allocated funds	Core Global expenditures and encumbrances	Country envelopes Allocated funds	Country envelopes expenditures and encumbrances	Non-core estimates	Non-core expenditures and encumbrances	Total Core and non-core funds available	Total Core and noncore expenditures and encumbrances
AP	15 013 231	13 865 174	4 229 503	3 415 468	33 625 900	23 698 506	52 868 634	40 979 147
EECA	7 887 567	5 608 113	1 634 133	874 063	30 913 800	17 121 008	40 435 500	23 603 184
ESA	24 983 978	23 585 457	8 721 161	7 403 090	97 741 900	95 845 446	131 447 039	126 833 992
LAC	10 078 024	9 354 109	2 529 883	2 556 459	13 681 200	13 561 386	26 289 106	25 471 954
WCA	21 794 665	22 552 670	6 617 499	5 432 916	47 057 200	55 383 685	75 469 364	83 369 271
Global	65 634 847	67 880 505	0 0	-	56 736 500	73 390 774	122 371 347	141 271 280
Total	145 392 312	142 846 027	23 732 178	19 681 997	279 756 500	279 000 805	448 880 990	441 528 829

Table 7. 2024 expenditure and encumbrances against 2024 country envelopes funds by organization (in US\$)

Organization	2024 budget	2022-2023 carry-forward	2024 funds available	2024 country envelopes expenditures and encumbrances	% Implementation
	A	B	C = A+B	D	E = C / D
UNHCR	602 000	-	602 000	602 000	100%
UNICEF	3 359 800	2 093 305	5 453 105	4 370 091	80%
WFP	759 500	247 494	1 006 994	906 891	90%
UNDP	1 799 000	833 452	2 632 452	2 002 997	76%
UNFPA	3 066 000	513 312	3 579 312	3 522 128	98%
UNODC	1 288 000	727 555	2 015 555	1 741 523	86%
UN Women	1 272 500	689 193	1 961 693	1 522 558	78%
ILO	688 000	198 344	886 344	757 778	85%
UNESCO	1 234 000	255 647	1 489 647	892 060	60%
WHO	3 431 200	673 877	4 105 077	3 363 971	82%
Grand Total	17 500 000	6 232 178	23 732 178	19 681 997	83%

Table 8. Cosponsors and Secretariat Core Funds by Cost Category (in US\$)

Cost Category by Cosponsor	2024 Core Global Budget	2024 Total core allocated funds	2024 EXPENDITURES AND ENCUMBRANCES								TOTAL
			Staff and other personnel costs	Contractual services	General operating expenses	Transfers and grants to counterparts	Equipment, furnitures and vehicles	Travel	Programme Support cost	Encumbrances	
UNHCR	2 102 000	2 102 000	86 075	265 689	131 136	1 259 341	258 792	9418	91 549	-	2 102 000
UNICEF	4 859 800	4 859 800	433 784	509 711	277 463	3 376 897	269 353	219 807	406 961	222 876	5 716 853
WFP	2 259 500	2 259 500	490 014	180 451	348 655	602 563	42 713	231 966	76 119	97 941	2 070 420
UNDP	3 299 000	3 299 000	1 089 772	1 009 774	584 537	206 559	56 419	272 853	252 698	199 197	3 671 808
UNFPA	4 566 000	4 566 000	758 932	997 946	1 818 724	51	127 038	506 635	121 445	1 328 087	5 658 857
UNODC	2 788 000	2 788 000	1 727 387	162 362	372 976	59 093	24 534	439 835	200 596	276 804	3 263 587
UN Women	2 772 500	2 772 500	671 265	506 122	562 284	415 888	21 007	201 363	205 370	584 597	3 167 897
ILO	2 188 000	2 188 000	1 325 883	553 011	38 803	5926	5213	96 760	141 927	-	2 167 523
UNESCO	2 734 000	2 734 000	1 009 288	687 528	33 889	118 225	290	-	125 757	188 227	2 163 203
WHO	4 931 200	4 931 200	889 912	2 516 287	78 963	107 158	98 356	698 898	222 942	92 243	4 704 757
WORLD BANK	1 500 000	1 500 000	603 062	278 233	8 258	480 000	-	40 711	169 038	7 664	1 586 966
Secretariat	126 000 000		99 721 541	8 681 052	8 254 268	3 064 175	397 742	3 607 371	-	2 528 005	126 254 153
Total	160 000 000	34 000 000	108 806 913	16 348 166	12 509 955	9 695 873	1 301 456	6 325 616	2 014 403	5 525 641	162 528 024

Table 9. 2024 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	290 271	128 822	1 743 777	2 162 870
SDG 2: Zero hunger	1 163 529	906 891	6 330 000	8 400 420
SDG 3: Good health and well-being	11 266 883	12 912 015	126 309 870	150 488 768
SDG 4: Quality education	859 352	555 621	11 315 711	12 730 685
SDG 5: Gender equality	3 957 713	3 140 038	38 003 095	45 100 846
SDG 6: Clean water and sanitation	-	-	-	-
SDG 8: Decent work and economic growth	211 462	106 089	1 024 952	1 342 503
SDG 9: Industry, innovation and infrastructure	1 027 486	31 275	869 382	1 928 143
SDG 10: Reduced inequalities	120 613 628	679 524	82 407 282	203 700 435
SDG 11: Sustainable cities and communities	1 192 890	-	186 950	1 379 840
SDG 13: Climate action	-	-	-	-
SDG 16: Peace, justice and strong institutions	307 280	81 255	1 611 897	2 000 432
SDG 17: Partnerships for the goals	1 955 532	1 140 466	9 197 889	12 293 888
Grand Total	142 846 028	19 681 997	279 000 805	441 528 829

