UNAIDS 2025

Result Area 10: Humanitarian settings and pandemics

2024 Results Report

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2024 Expenditures for all Cosponsors against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
$3 267 679	$2 702 901	$30 943 100	$26 356 607	$34 210 779	$29 059 508

Joint Programme 2024 results

Strengthened diagnosis, management and outcome monitoring for people living with HIV and people with HIV/TB, as well as response to health and protection needs in humanitarian settings through disseminated and promoted guidance.

Given the increase in frequency and magnitude of climate, conflict, and other shocks, in 2024, the Inter-Agency Task Team on HIV in emergencies was jointly reconstituted by UNHCR, WFP and the Secretariat. It brings together over 30 organizations, including UN agencies, civil society entities and technical and financial partners. The Team was instrumental in initiating the update of the Inter-Agency Standing Committee (IASC) guidelines for addressing HIV in humanitarian settings. To facilitate this, the Secretariat produced a catalogue of recommendations on HIV in humanitarian settings. They emphasize the importance of addressing HIV vulnerabilities in crises and collecting and using data and evidence for stronger advocacy.

Indicator progress in humanitarian settings and pandemics (RA 10)

- **45 countries**[1] implemented HIV interventions/ services for **key populations in humanitarian settings**.[2]
- **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.[3]
- **54 countries** also reported the **inclusion of priority HIV services** in national pandemic preparedness and response plans or frameworks.

To guide efforts at regional and country levels and improve HIV integration in emergency preparedness and response, the Secretariat produced a country priority matrix for HIV in humanitarian response and conducted a global survey to identify capacity gaps and identify sharing of opportunities within the Joint Programme. To build national capacities to implement the Minimum Initial Service Package (MISP) from the onset of emergencies, including for HIV services, UNFPA expanded preparedness and early-action activities such as readiness assessment (72 completed since 2022), “minimum preparedness actions” and advocacy to include SRH and gender-based violence in national policies and in emergency preparedness and response frameworks.

UNHCR built the capacity of managers and service providers of 122 collective sites[4] in Ukraine to enhance safe referrals to HIV services, thereby facilitating reliable pathways

[1] Countries with a humanitarian setting.

[2] Interventions included HIV testing services, HIV treatment and care, distribution of condoms and water-based lubricants and treatment of STIs.

[3] This included in-kind and food assistance, cash-based transfers and integration into national social safety nets.

[4] Collective sites are locations where internally displaced persons or other vulnerable populations are housed, often due to conflict, natural disasters, or other emergencies. These sites provide temporary shelter and essential services to those in need.

for people living with HIV and key populations to access treatment, care and support. After the training, 87% of site managers reported improvements in their abilities to connect people living with HIV to appropriate services. Also in Ukraine, the Secretariat continued to support 13 nongovernmental organizations as part of the National AIDS Programme to sustain access to HIV services for people living with HIV and marginalized members of key populations, as well as provide safe housing through 10 shelters for key populations and survivors of gender-based violence.

UNHCR conducted a multisectoral Refugee Response Survey, which assessed Ukrainians' access to health and psychosocial support services in 10 refugee-hosting countries in Europe. The report highlights several barriers and challenges, including financial ones, that affect refugees' access to SRH, STI, HIV and other health services.

WFP intensified its efforts to ensure that people living with HIV are systematically identified and supported to meet their essential needs within emergency preparedness and response programming. For example, in the Democratic Republic of Congo, WFP conducted targeted surveys within camps and sites for displaced people in North Kivu and Ituri. This data-driven approach highlights the prevalence of HIV within displaced populations as well as the importance of targeted food support to stabilize the health and well-being of people living with HIV.

In 2024, UNDP also provided information and communications technology equipment to support and strengthen epidemiological and disease surveillance and facilitate early warning alert and response systems in six states in Sudan. The UNAIDS Secretariat supported Ethiopia's Ministry of Health in developing an HIV baseline survey in humanitarian settings, as well comprehensive national HIV and SRH guidance.

In Chad, the Joint Programme, in collaboration with the Ministry of Health, assessed the integration of chronic diseases (HIV and TB), malaria and mental health into the humanitarian response in provinces experiencing an influx of Sudanese refugees. This included a joint support mission, which trained 95 health and community workers on HIV, TB, STIs, hepatitis and malaria. The mission also mentored 75 healthcare providers on differentiated service delivery approaches, which resulted in improved service delivery through national health services for host populations and refugees.

In the Islamic Republic of Iran, UNDP worked with partners to strengthen TB prevention, diagnosis and treatment for Afghan migrants and vulnerable Iranian host communities. Given the displacement crisis and increased migration, this included the integration of active TB case-finding strategies into the national health response, particularly in humanitarian settings.

In Myanmar, UNODC helped integrate HIV and hepatitis services for people who use drugs into existing programmes, with a focus on internally displaced people and surrounding communities. UNODC facilitated referral services for HIV, hepatitis B and C and ART services to NGOs and community-based drug rehabilitation centres.

The World Bank continued to address the needs of the vulnerable populations, including those affected by and at risk of HIV, and the systems on which they depend. It did so though various financing mechanisms, including the International Development Association, which made available US$ 30 billion for selected countries for healthcare, including services that improve HIV outcomes. The Global Concessional Financing Facility, a partnership with the UN and the Islamic Development Bank, helped middle-income countries address the refugee crisis (via US $ 977 million in grants which leveraged over US$ 7.8 billion in concessional financing and directly reached 15.8 million beneficiaries). The Inclusive Services and

Opportunities for Host Communities and Displaced Rohingya Population Project in Bangladesh, worth US$ 350 million, supported almost one million people.

In Malawi, WFP worked with the Government and other partners to quickly roll out a nutrition and HIV package for 2,400 people after it was discovered that levels of food insecurity were much higher among people living with HIV/TB in Chikwawa than nationally. Rapid improvements in diets, finances and livestock care were reported afterwards. More than 2,000 malnourished people living with HIV/TB in four districts are receiving life-saving supplementation that is helping close treatment and nutrition gaps.

Essential health services, including HIV services, continued and restored; and more resilient systems for health and pandemic preparedness supported in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.

The Joint Programme helped mitigate the impact of humanitarian crises and natural disasters to protect progress in the HIV response and ensure continued access to HIV services and rights protection. UNFPA contributed to HIV prevention and treatment in humanitarian settings by guiding and supporting implementation of the Minimum Initial Service Package for SRH in Crisis Situations. The package includes post-rape care (by ensuring availability of post-exposure prophylaxis supplies at primary health care level); the provision of condoms, standard precautions supplies, safe blood transfusion materials, prophylaxis for opportunistic infections, STIs treatments and more; and helps build the capacities of frontline workers for clinical management of rape survivors. In Sudan, UNDP facilitated the distribution of medical commodities, including for HIV, in both stable and conflict-affected areas.

In Ukraine, UN Women enhanced the leadership of women living with HIV through advocacy training, strategic communications and engagement in national HIV-related policy dialogues. Those efforts led to Government funding for essential health services and supported women's participation in humanitarian response planning and decision-making. In Mozambique, over 1,000 displaced women and girls benefited from stronger case management structures and mobile support infrastructure in Cabo Delgado province, enabling them to access HIV services.

In the United Republic of Tanzania, comprehensive HIV/TB and reproductive health services were provided by UNHCR to almost 190 000 refugees living in two refugee camps. Over 8,600 of the more than 10 000 pregnant women who attended their first antenatal care session were tested for HIV. As part of HIV prevention, more than 208 000 male and almost 2,600 female condoms were distributed in the refugee camps.

UNFPA strengthened the preparedness for health emergencies, ensuring that HIV services remained accessible in conflict and crisis-prone areas. The World Bank continued to support its Pandemic Fund, which finances critical investments to strengthen pandemic prevention, preparedness and response capacities at national, regional and global levels. By December 2024, it had awarded US$ 2.1 billion to selected low- and middle-income countries.

In 2024, following the declaration of the mpox outbreak as a Public Health Emergency of Continental Security by the Africa Centres for Disease Control and Prevention (CDC) and classification of the virus by WHO as a "public health emergency of international concern", the Joint Programme called for a rapid and rights-based international response to mpox and equitable access to vaccines and treatments, emphasizing the crucial role of involving communities in every stage of the response.

Led by the Secretariat, the Joint Programme issued a UNAIDS guidance note on the mpox response. WHO and the Secretariat guided the Africa CDC to prepare the Mpox Continental Preparedness and Response Plan for Africa. UNICEF also contributed through the promotion of HIV testing for suspected and confirmed cases of mpox among children, adolescents and adults with unknown HIV status as well as ensuring HIV information is integrated into risk communication and community engagement strategies.

WHO, UNHCR, ILO, IOM and WFP jointly developed and published public health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants, which provides information and recommendations for reducing the risk of mpox transmission in crowded communities, including camp-like settings for refugees, internally displaced people and migrants.

The Joint Programme joined the broader UN to call for urgent action to address the climate crisis. In November 2024, the Secretariat and UNDP warned at the COP 29 Climate Change Conference in Azerbaijan that weakened public health infrastructure, heightened prevalence of diseases that interact with HIV, food insecurity, water scarcity and the mass displacement of people—all likely to intensify due to climate change—could disrupt HIV services and lead to increasing HIV risk for some of the most vulnerable populations. A policy brief, "The climate crisis and its impact on HIV" was prepared by UNDP with the Secretariat and other Cosponsors, and was launched at the COP29 Conference.

WHO co-organized, together with Médecins Sans Frontières and FHI360, a satellite session at the AIDS2024 conference titled "Resilience in a time of polycrisis: How HIV programmes are adapting to climate, humanitarian, political and social crises". In high-burden HIV countries, UNICEF continued to focus programmes for HIV on areas that are impacted by adverse climate events. For example, in areas most affected by drought in Namibia, it helped strengthen the integration of early infant diagnosis services with expanded programmes on immunization and conducted a media campaign on the elimination of vertical transmission of HIV. In eastern and southern Africa, UNICEF supported the integration of HIV into emergency programming by incorporating HIV into UNICEF's global Humanitarian Action for Children appeals.

The Joint Programme emphasized the importance of protecting the gains of HIV response and encouraged Member States to use their HIV experience to help prevent and respond to future pandemics and health emergencies. The Joint Programme visibly promoted and advocated for action to fully leverage lessons learned from the HIV response in the development of the landmark UN General Assembly's Political Declaration on Pandemics Prevention, Preparedness and Response. The Secretariat actively participated in the Intergovernmental Negotiation Body drafting and negotiating the new Pandemics Prevention, Preparedness and Response Accord, as well as the targeted revision of the International Health Regulations.

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