

# Result Area 1: HIV Prevention

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2024 Results Report



## Result Area 1: HIV prevention

### 2024 Expenditures and Encumbrances for all Cosponsors 2024 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
\$10 835 302	\$10 374 608	\$32 445 800	\$37 311 201	\$43 281 102	\$47 685 809

*Normative and implementation guidance provided to countries for combination HIV prevention interventions for and with key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.*

The Joint Programme's normative and implementation guidance and technical support further improved access to better targeted combination HIV prevention interventions including innovations.

Globally, 94% of reporting countries (162) have incorporated WHO recommendations on pre-exposure prophylaxis (PrEP) into their national guidelines. A further breakdown on modalities is available for 95 countries: 73 countries now recommend both daily oral PrEP and event-driven (on-demand) PrEP, while 22 countries recommend daily oral PrEP only. In 2024, WHO released new [Guidelines for HIV post-exposure prophylaxis \(PEP\)](#), prioritizing broader access to post-exposure prophylaxis (PEP), including through community-based delivery and task sharing to mitigate barriers such as stigma and to ensure timely access post exposure.

#### Indicator progress on HIV prevention (RA 1)<sup>1</sup>

- **84 countries** improved their national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infection.
- **84 countries** received technical and/or implementation support to scale up combination HIV prevention programmes.

UNDP worked with Burundi, Colombia, Cuba, Kyrgyzstan, Pakistan, Republic of Congo, Tajikistan and Zimbabwe to scale up PrEP for key populations. WHO is developing guidance on offering Lenacapavir for HIV prevention as well as testing for PrEP users with a focus on long-acting products, for release in July 2025. A toolkit module developed by WHO is supporting introduction and uptake of all three WHO-recommended PrEP products: oral PrEP, the dapivirine vaginal ring, and long-acting injectable Cabotegravir. UNFPA supported the integration of WHO prequalified syphilis and dual HIV/syphilis tests into country procurement systems, improving sexually transmitted infection (STI) diagnostics. UNICEF and UNFPA helped accelerate PrEP use by adolescent girls and young women by expanding new service delivery channels for PrEP, such as pharmacies, and by supporting the roll-out of new, longer-acting products. In Thailand, with UNICEF support, a national protocol for delivery of oral PrEP to adolescents was validated, with a focus on young key populations.

New evidence increasingly informs strategic planning for impactful HIV prevention programmes. Through support provided under the umbrella of the Global HIV Prevention Coalition (GPC), co-convened by UNFPA and the Secretariat, 31 countries assessed their epidemics and identified barriers to prevention by using HIV prevention

<sup>1</sup> The Joint Programme data in the UBRAF Indicator progress boxes are 2024 data. Further information on the 2022–2026 UBRAF indicators' definition and results in 2024 can be found in the Indicator Scorecard.

scorecards. In addition, 25 countries developed HIV Prevention Road Maps or strategies; 22 countries set granular targets and developed costed prevention plans; 26 countries addressed legal, policy and structural barriers; and 14 countries integrated milestones for new prevention technologies into their HIV prevention strategies. As a part of the GPC, UNDP and UNFPA advanced progress on addressing the structural aspects of combination HIV prevention.

As of 2023, reductions in new HIV infections since 2010 have been steeper and faster in Coalition focus countries than in the rest of the world, with eight GPC focus countries having reduced their annual numbers of new HIV infections by at least 66% since 2010.

In 2024, UNFPA interventions averted an estimated 264 000 new HIV infections, 31 million unintended pregnancies and 11.5 million sexually transmitted infections. UNFPA promoted prevention demand creation; procured an estimated 1.4 billion condoms; updated the Comprehensive Condom Programming Framework; and integrated double-method promotion of condoms and long-acting reversible contraceptives to maximize protection against HIV, STIs and unintended pregnancies. It also fostered integration, innovative solutions and partnerships such as geospatial hotspot mapping and digital platforms for condom distribution in three countries and the successful pilot-testing of a redesigned male condom with the Massachusetts Institute of Technology to address declining use among men. Through the UNDP-Global Fund partnership, HIV prevention services were provided to more than 1.46 million people. In Cuba, for example, the community-led and home-based HIV and STI prevention programme *Visitador@s* programme reached 146 000 people.

Catalytic support from the Joint Programme led to uptake of priority HIV prevention interventions. In 2021–2024, the number of people initiating PrEP grew from fewer than two million cumulative PrEP initiations to over 6.5 million. Uptake of long-acting cabotegravir and Dapivirine expanded thanks to technical guidance and support of WHO in Eswatini, South Africa, Zambia and Zimbabwe. WHO also supported several countries in developing and updating sustainability plans for voluntary medical male circumcision (VMMC), with plans completed in Kenya, South Africa, the United Republic of Tanzania and Zambia. Community, government, research and partners from Cambodia, Indonesia, Papua New Guinea and the Philippines, brought together by the Secretariat, WHO and ThinkPlace, improved their knowledge on the acceptability and feasibility of Dapivirine vaginal ring and discuss next steps for phased implementation.

UNODC supported the development and implementation of national strategies and guidelines for HIV in prison settings in Bangladesh, Ethiopia, Indonesia and Nepal, as well as prison health system assessments which informed national policy reforms in Ethiopia, India, Philippines, South Sudan and Togo. Thanks to UNODC support, HIV, viral hepatitis and tuberculosis (TB) services were expanded in correctional settings in 18 countries after training was provided to over 500 prison healthcare providers, administrators and national stakeholders on HIV prevention, treatment, opioid agonist therapy (OAT), overdose prevention and management, and vertical HIV transmission prevention.

UNODC supported integrated bio-behavioural surveillance studies on HIV in prisons in Angola and the Islamic Republic of Iran, as well as surveys among people who inject drugs in Mozambique and South Africa and a high-risk drug survey in Kazakhstan to monitor substance use patterns. UNODC supported the South African National AIDS Council in reactivating its technical working committee for people who use drugs. A framework for collaboration and strategic direction emerged from a meeting which brought together over 40 stakeholders from government, civil society and the UN. In

Thailand, UNODC supported policy discussions with the Ministry of Public Health and civil society on expanding harm reduction services and integrating them into the national health insurance scheme.

UNFPA and UN Women supported the development of Kenya's HIV Prevention Acceleration Plan 2023–2030. Through multisectoral collaboration with national authorities and key women's and faith-based organizations, UN Women facilitated the expansion of community-based HIV-related services and prevention of violence against women, particularly in hard-to-reach remote areas. In Cameroon, UNHCR assisted local partners in recruiting 88 community health workers in seven refugee sites, reaching almost 34 000 refugees through awareness-raising campaigns and providing voluntary HIV testing to 6,756 persons. In Burkina Faso, the World Bank's Health System Performance Strengthening Project increased uptake and ensured availability of contraceptives (including condoms) among adolescents and women. Some 2.7 million women received a family planning consultation service.

ILO worked to strengthen HIV prevention in the workplace in 35 countries. For example, in Indonesia, a rolled-out e-learning platform assisted 567 companies in 38 provinces companies in developing their own prevention programmes, contributing an investment of approximately US\$ 1.5 million in workplace HIV prevention efforts. In Malawi, ILO and the Secretariat trained 36 leaders from the Plantation and Agriculture Workers Union, as well as members of the police, immigration and healthcare areas on workplace programmes. Support from ILO and the Secretariat reached over 6,500 civil servants through HIV workplace strategies in Mozambique and provided HIV prevention training to 400 workers and managers at the Zimbabwe Electricity Supply Authority. The ILO and UNAIDS Secretariat helped ensure that Zambia's National AIDS Strategic framework reflected the critical role of the workplace in national HIV prevention efforts.

Prioritized support focused on expanding HIV prevention among key populations. WHO continued to disseminate the [2022 Consolidated guidelines on HIV, Hepatitis and STI prevention, testing, treatment and care for key populations](#), including through the development new seven new policy briefs in collaboration with community-led global networks of key populations. WHO, the Secretariat and Youth LEAD organized a workshop on HIV and STI prevention for young key populations in the Asia-Pacific region, which was attended by youth-led organizations, government representatives from 12 countries and other partners. This led to the development of draft country roadmaps for country-specific, young key population-specific HIV and STI prevention services. A landmark resolution endorsing harm reduction was also adopted by the UN Commission on Narcotic Drugs.

The Joint Programme further helped address the HIV prevention needs of young people. UNFPA and UNESCO champion Comprehensive Sexuality Education (CSE) through collaborations with governments and civil society, delivering programmes both within and beyond school settings including community-based training and outreach to empower young people with essential knowledge and skills. The Global Partnership Forum on CSE is co-convened by UNESCO and UNFPA and brings together 75 member organizations. It facilitated knowledge, evidence and best practice sharing of intelligence, evidence and collaboration for improved programming and global progress on CSE.

UNFPA supported 86 countries in implementing in-school CSE, focusing on aligning national policies and curricula with international standard. The UNFPA- led Global Programme on out-of-school CSE empowered marginalized adolescents and youth, including those living with HIV and young key populations with vital sexual and reproductive health (SRH) information, skills and access to services through community-based approaches in 12 countries. In 2024, 27 million learners were

reached with life skills-based HIV and sexuality education with UNESCO support. Within the framework of the “Our Rights, Our Lives, Our Future” Programme, over 50 000 pre-service teachers and 41 000 in-service teachers were trained to strengthen their capacity on CSE and school violence prevention, reaching over 23.4 million young learners in nearly 190 000 schools with quality CSE and prevention education on preventing early and unintended pregnancies, HIV other STIs and sexual and gender-based violence. In Latin America and the Caribbean, UNESCO supported a CSE community of practice involving over 1,400 CSE practitioners.

UNICEF provided technical guidance and implementation support to scale up combination prevention programmes for youth in 32 countries. UNICEF’s expertise in the generation of disaggregated adolescent data is enabling national governments to identify gaps in HIV prevention programmes and to more accurately focus interventions. For example, UNICEF supported the government in Kenya to use analysis to develop the [“Commitment Plan to End the Triple Threat”](#) of new HIV infections, mistimed pregnancies and sexual and gender-based violence, targeting interventions to benefit 9,200 adolescents and young people. In Somalia, WFP used culturally relevant, locally adapted messages to increase HIV awareness among school-aged children and adolescents through HIV-enriched training materials for teachers and community educators.

Special initiatives also focused on HIV prevention for adolescent girls and young women, including responding to their need for SRH services. UN Women invested in evidence-based strategic interventions to transform unequal gender norms and prevent HIV in 14 countries. In Ethiopia, implementation of the “SASA!” community mobilization initiative in the Oromia region was associated with an increase in community-wide rejection of violence against women from 50% to 73% and an increase in recognition of the links between violence and women’s vulnerability to HIV from 69% to 92%. Initiatives supported by UN Women engaged over 2,000 men and promoted positive concepts of masculinity to prevent violence against women in Sierra Leone; led to transformative community dialogues with religious and traditional leaders to tackle harmful social practices and promote norms that counter violence against women in Lesotho; and raised awareness of the links between violence and HIV prevention among religious leaders, local authorities and community leaders in the Central African Republic and Kenya.

UNICEF in 2024 made an institutional commitment to improve HIV and SRH outcomes for adolescent girls and young women in 11 countries in sub-Saharan Africa, with a focus on combination prevention, youth-led accountability initiatives, young mentor mother programmes and service integration. UNICEF collaborated with Johns Hopkins University to analyse contextually specific drivers of HIV risk among adolescent girls and young women, and to tailor differentiated, targeted HIV prevention strategies for them and their partners in western and central Africa.

The Global Financing Facility for Women, Children and Adolescents (GFF), hosted at the World Bank, provided financing and technical assistance to help integrate SRH services into comprehensive health benefits packages and implement necessary health systems and financing reforms to accelerate results. Since its implementation in 2015, the GFF has reached 630 million women and girls with modern contraceptives, including condoms, thereby mitigating the spread of STIs such as HIV.

*Regional stewardship instituted and countries supported under the Global HIV Prevention Coalition to put into action and monitor the 2025 HIV Prevention Road Map.*

Regional stewardships to sustain more effective HIV prevention is stronger as a result of the Joint Programme’s work. In Latin America and the Caribbean, the Horizontal Technical Cooperation Group connects HIV programme leaders across 20 countries to

enhance cooperation and advance a rights-based approach to prevention. In western and central Africa, a precision HIV prevention workshop convened by the Secretariat in Cameroon, with representatives from eight countries, led to focused prevention strategies that are aligned with the Global Prevention Coalition HIV Prevention Road Map 2025. In Asia-Pacific, a regional HIV prevention meeting in Thailand brought together 13 countries to assess prevention gaps and develop country-specific action plans to increase HIV prevention coverage, particularly among key populations. It also led to a new Asia-Pacific HIV Prevention Task Force to coordinate and accelerate HIV prevention efforts, build greater political commitment and share knowledge. Capacities were built across countries in eastern and southern Africa to strengthen regional HIV prevention strategies through South-South learning exchanges, including virtual and physical learning sessions organized by the GPC South to South Learning Network, which is co-chaired by UNFPA and the Secretariat.

The Multisector Leadership Forum, set up with the support of the GPC Secretariat, serves as a peer-learning platform for national AIDS councils and Ministries of Health and fosters cross-country collaboration on HIV prevention stewardship, financing and sustainability. In the past three years, it convened 17 meetings that facilitated the sharing of best practices and discussions on tackling challenges and aligning national HIV prevention strategies with global commitments. The Forum's work has directly influenced the integration of prevention targets into national policies in several countries.

In addition, technical assistance for HIV prevention demand generation was provided in nine GPC focus countries and several countries (including Eswatini, Indonesia, Kenya, Lesotho and Malawi) used the GPC scorecard to improve HIV prevention for adolescent girls and young women and their male sexual partners. Ethiopia, Lesotho, Malawi and Namibia used the Condom Needs Estimation Tool to develop condom needs estimates. Prevention Acceleration Teams improved HIV prevention stewardship in Ghana, Mozambique, Nigeria and Zambia by enhancing national coordination, resource utilization and strategic implementation in line with the 2025 HIV Prevention Road Map.

To facilitate implementation of Resolution 60/2 of the Commission on the Status of Women on Women, the Girl Child and HIV and AIDS, UN Women and UNFPA supported the Southern Africa Development Community (SADC) to develop a sexual and reproductive health and rights (SRHR) strategy and the subsequent SADC HIV/AIDS Strategic Framework (2025–2030) to roll out a regional framework to prevent HIV, particularly among adolescent girls and young women. UNFPA further supported the revision of the SADC Key Population HIV/SRH Strategy, which expanded the focus on SRH/HIV integration and programming in emergency settings and was endorsed at the 2024 SADC Health Ministers session. The HIV/AIDS Strategic Framework awaits approval.

UNODC supported prevention strategies and activities related to drug use and HIV in 24 countries and it supported strategies focused on prisons in 30 countries. Together with UNFPA and UNDP, it put into action the 2025 HIV Prevention Roadmap in relation to people who use drugs and people in prisons. Thanks to UNODC technical and policy support, OAT services were expanded in several countries. The work included new national OAT clinical guidelines in Algeria and Egypt; a review of the national guideline on methadone maintenance therapy in Viet Nam; and initiation of national OAT programmes in Jordan, Libya, Oman, and Tunisia. Trainings on OAT administration in prisons reached over 17 000 healthcare professionals, policymakers and community representatives in Afghanistan, Bangladesh, Egypt, Malawi, South Africa and Viet Nam.

UNODC facilitated harm reduction capacity-building through national and regional initiatives in Bangladesh, Laos, Malawi, Malaysia and South Africa, which is strengthening service delivery, policy reform and community engagement in those countries. In South Africa, UNODC, in partnership with the Global Fund, WHO and the Secretariat, convened a high-level harm reduction meeting with 37 stakeholders to advance OAT expansion, needle and syringe programmes and improve access to methadone and naloxone. A South-South exchange workshop, facilitated by UNODC, brought together national stakeholders from Viet Nam and Thailand responsible for harm reduction, HIV prevention and care for people who use drugs.



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