

Result Area 8: Fully funded, sustainable HIV response

2024 Results Report

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2024 Expenditures and encumbrances 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
\$1 128 304	\$ 1 251 021	\$2 708 200	\$4 146 008	\$3 836 504	\$5 397 029

Countries supported in adapting to changing HIV-related financing and the fiscal environments, including domestic and international financing.

In 2024, the Joint Programme greatly intensified efforts to support countries to ensure the sustainability of their HIV responses.

The Secretariat, in collaboration with Cosponsors, PEPFAR and other partners, developed the HIV Response Sustainability Primer, which proposes a new framework and approach to ensure the sustainability of the HIV response. It does by identifying the necessary transformations in programmatic, policy and financial dimensions by and beyond 2030 with a focus on five sustainability domains: (a) political leadership and commitment; (b) enabling laws and policies; (c) sustainable and equitable financing; (d) science-driven, effective and high-impact HIV services and solutions; and (e) systems built to deliver them. This approach to sustainability has revitalized multiple countries' commitments to achieve HIV response sustainability, including by developing roadmaps and goals for achieving and sustaining HIV response impact by and beyond 2030, while pursuing self-reliance. These sustainability roadmaps also serve as the foundation for development funding request to donors.

The HIV Response Sustainability Assessment and the HIV Response Companion Guide Part A², developed by the Secretariat in collaboration with Cosponsors, PEPFAR, GNP+ and other partners, further guided and supported countries in developing and implementing country-tailored HIV response sustainability roadmaps. By end-2024, with guidance and support from the Joint Programme, over 30 countries were deeply invested in those processes. National multisectoral stakeholders' dialogues across over 25 countries have reinforced this sense of urgency and led to renewed political commitment to sustain HIV responses amid fiscal constraints, competing priorities and multiple shocks.

Indicator progress on a fully funded, sustainable HIV response (RA 8)

- **43 countries** developed and reported implementation of measures advancing **full and sustainable HIV financing**.
- **39 countries** submitted data on domestic HIV budgets, while **57 countries** reported on HIV expenditures by source through the GAM.
- **59 countries** conducted studies to improve allocative efficiency and address implementation bottlenecks to **improve resource use efficiency, multisectoral financing, impact and equity**.
- The Joint Programme supported **79 countries** to make **evidence-informed HIV investments** across their Global Fund grant cycle.¹

¹ This included guidance and technical support (71 countries), strategic information generation (67 countries) and coordination and facilitation (68 countries).

² The HIV Response Sustainability Roadmap Part A contains the country's sustainability goal(s); prioritized high-level outcomes and change objectives that will put the country on the pathway for achieving the 2025 targets and securing the long-term sustainability of the impact by and beyond 2030.

In 2024, UNDP managed 28 Global Fund grants, covering 20 countries, as well as three regional programmes that cover an additional 14 countries. The UNDP-Global Fund partnership has saved 9.1 million lives since 2003. The partnership assisted governments in implementing large-scale health programmes, making health and community systems more resilient, and working alongside countries and communities to strengthen enabling legal and policy environments. For example, as Morocco transitions away from Global Fund resources, UNDP has worked with the Ministry of Health and Social Protection to undertake an HIV and TB economic burden analysis.

Through the Fast-Track Cities Project, the Secretariat facilitated improved collaboration between 15 Fast-Track Cities and the Global Fund for targeted investment for high-impact interventions. By end-2024, six of those cities had finalized HIV sustainability and transition plans that are aligned with national sustainability roadmaps, while eight cities were either drafting or about to draft plans to ensure continued effective and integrated HIV services beyond the duration of the Fast-Track Cities project.

The Joint Programme remains the prime source of domestic and international HIV financing data. In the latest available reporting round for the Global AIDS Monitoring (GAM), which the Secretariat coordinates, 39 countries submitted data on domestic HIV budgets, while 57 countries reported on HIV expenditures by source. Furthermore, the Secretariat supported National AIDS Spending Assessments (NASA) in 15 low- and middle-income countries, as well as health products financing landscapes in Botswana, Ghana, Sierra Leone and Togo.

The annual domestic and international resource availability estimates were published with a strategic financing analysis in the 2024 Global AIDS Update report and in the UN Secretary-General's annual report on HIV. In describing HIV funding trends, gaps and sustainability challenges, the estimates inform strategic investments to close HIV resource needs and optimize efficiencies. The Secretariat also updated the [UNAIDS HIV financial dashboard](#), which remains a unique reference for stakeholders engaged in HIV and health. The Secretariat played a key role in shaping the Global Fund's investment case for the 2025 replenishment process by providing critical data on HIV resource needs, as well as domestic and international financing estimates.

As part of the 2030 global HIV target-setting process, the Joint Programme convened to develop financing targets for 2030. In parallel, the Secretariat spearheaded the "Global Price Tag" which outlines the financial resources required to achieve those targets and is playing a critical role in shaping the next Global AIDS Strategy and supporting advocacy to mobilize sustainable investments to end AIDS as a public health threat by 2030.

For the annual demand forecasting exercise for HIV medicines and diagnostics with key global stakeholders in HIV procurement, which includes governments, over 20 pharmaceutical and 30 diagnostics manufacturers were convened and supported by the Joint Programme. The process has been instrumental in guiding production planning and enhancing manufacturers' capacity to meet global demand for HIV-related pharmaceuticals and diagnostics.

UNDP worked with 90 countries on improving access to health technologies and, through its pooled procurement mechanism with UNFPA and UNICEF, helped countries achieve savings of US\$ 29 million in the procurement of pharmaceutical products. The Joint Programme further led efforts for price transparency and HIV medicines and diagnostics monitoring, with data on ARV medicine pricing published in flagship reports and portals. These transparency initiatives have established regional

benchmark prices, thereby contributing significantly to reducing price disparities and improving the affordability of ARV medicines.

In 2024, the Joint Programme supported countries' efforts to improve efficiency and effectiveness in their HIV response. The World Bank and its partners used their analytical expertise to help countries by employing mathematical optimization modelling and leveraging innovative tools and analytics to redesign their programming to maximize allocation of resources and service delivery. A new guidance, jointly issued by WHO, World Bank and the Organization for Economic Cooperation and Development, highlighted the role of integrated mathematical modelling in addressing emerging pandemic-prone pathogens. By combining epidemiological, macroeconomic and behavioural factors, these models capture diverse factors on policy impacts.

Policymaking strengthened for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.

Extensive support from the Joint Programme enabled countries to access resources from the Global Fund, PEPFAR and other donors and optimize their use. Effective coordination at all levels with the Global Fund (i.e., Global Fund Board, Strategy Committee, Grants Approval Committee and HIV Situation Room, regional and country and teams) and PEPFAR decision making mechanisms. (i.e., Global Health Security and Diplomacy Bureau Regional and Country Operational Plans and teams), led to maximizing evidence-informed prioritization and returns on investments for most impact. The Secretariat's data-driven guidance and technical support helped optimize resources (especially for Global Fund grant applications and PEPFAR operational planning); increased alignment with the Global AIDS Strategy and synergies; and advanced efficiencies and sustainability for reaching the 2025 targets by focusing on HIV prevention, social enablers, integration and multisectoral responses.

For the entire Global Fund Cycle 7, the Secretariat coordinated support, including from Cosponsors, for 56 funding requests for country-prioritized programmes (including 10 in 2024 only) for a total value of over US \$ 6.8 billion (2024–2026). Technical support increasingly shifted to focus on delivering quality-assured support for country grant-making and effective implementation, enhancing HIV programme efficiencies and impact. Building on the successful technical assistance provided for Global Fund Cycle 7 funding requests, technical support increasingly shifted to focus on delivering quality-assured support for country grant-making and effective implementation, enhancing HIV programme efficiencies and impact. Through its well-coordinated Technical Support Mechanism, the Secretariat further delivered 181 technical assistance interventions to countries across multiple funding sources to harness and utilize data for impact; enhance implementation to close gaps; accelerate implementation through policy and law reform; promote equitable financing; and sustain their HIV responses. Under the latter pillar, technical support helped countries increase political commitments, domestic HIV resource mobilization, efficiency and sustainability of financing for HIV responses. To enhance efficiency. UNDP also assisted countries in transitioning from Global Fund assistance, including Azerbaijan, Morocco and Tajikistan.

Building on the UNDP and UNAIDS guidance on the rights-based and ethical use of digital technologies in HIV and health programmes, UNDP developed a user-friendly toolkit for countries and communities. In Egypt, UNDP provided support to the integrated biobehavioural surveillance survey that validated current estimates of the number of people living with HIV.

UNHCR rolled out operational guidance for community health in refugee settings in 2023 and a community monitoring tool in 2024 through its implementing partners. Those activities are supporting high-impact, low-cost approaches for providing health information and are linking communities to health services through community outreach workers. Similar approaches are being implemented to reduce maternal and newborn mortality through kangaroo mother care. Additionally, UNHCR developed a blended, self-paced online e-learning course on public health and integrated HIV programmes in refugee emergencies.

The Joint Programme prioritized the use of data and digital technologies for healthcare, streamline healthcare delivery and improve health outcomes for vulnerable populations, including those affected by HIV. The World Bank's flagship report, "Digital-in-health: unlocking the value for everyone", offers a framework for health systems for new, improved and accessible services for all and garnered significant attention. In India, the World Bank-financed Meghalaya Health Systems Development Project supports drone service delivery approaches to improve access to essential injections and medicines, including HIV commodities, for people in hard-to-reach areas.

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