

Result Area 9: Integrated systems for health and social protection

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
\$2 897 243	\$2 562 521	\$17 538 400	\$15 915 223	\$20 435 643	\$18 477 743

Joint Programme 2024 results

Better integrated HIV services and systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of, and affected by HIV

In 2024, the Secretariat, together with UNICEF, UNFPA, WHO and World Bank, made further progress implementing the recommendations from the 2023 evaluation of the contribution of the Joint Programme for enhancing HIV and primary health care outcomes.

The Joint Programme contributed to the Coalition of Partnership for Universal Health Coverage and Global Health to accelerate action and promote people-centered, rights-based, integrated systems and services for ending AIDS, as well as stronger primary health care, despite the global health financing emergency that threatens progress.

The conceptual linkages between HIV, SRH, comorbidities and resilient and sustainable health systems, and the importance of integration and convergence between HIV and primary health care were clarified and widely publicized, including through policy and technical guidance which WHO, UNICEF, the Secretariat, the World Bank and other partners promoted. HIV-relevant modules of WHO's Integrated Health Tool were improved further with collaboration from the Secretariat. Modelling of the joint burden of HIV and noncommunicable diseases and selected mental health conditions among people living with HIV was conducted by the Secretariat together with Avenir Health, enabling countries to incorporate the estimated prevalence of comorbidities in their integrated national strategic and programme planning, costing and budgeting.

Indicator progress on integrated systems for health and social protection (RA 9)

- **73 countries** have ART services for both treatment and prevention purposes, organized and financed as **part of overall health systems**, including through primary health care.
- **54 countries** included **cervical cancer screening and treatment** for women living with HIV in their national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.
- **43 countries** were supported by the Joint Programme to generate data and evidence or revise **social protection policies or programmes** to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

Following the publication of [Guidance for national strategic planning](#) and the [Guide to conducting programme reviews for HIV, viral hepatitis and STIs](#), WHO developed and launched two e-learning modules to support integrated programme reviews and the creation of national strategic plans for HIV, viral hepatitis and STIs with the aim to

strengthen the capacity of national stakeholders to transition to integrated programmes based on primary health care. WHO launched an updated digital adaptation kit for implementing WHO recommendations in digital systems for health workers in primary health care settings.

UNFPA, WHO, the Secretariat and the International Confederation of Midwives contributed to the development of tools and guidance for the integration of HIV services within health systems, including with stronger linkages with SRH, particularly antenatal and postnatal care. The guidance includes the global Essential Competencies for Midwifery Practice and the Minimum Initial Service Package for SRH in Crisis Situations for vulnerable populations in humanitarian settings.

In 2024, as the impacts of multiple crises significantly constrained the fiscal space for health financing, the World Bank enhanced its support for countries to leverage service integration and health system strengthening to improve outcomes including for those affected by HIV. Its US\$ 29.4 billion global health portfolio included 169 projects that improve health outcomes, especially for people left behind, by strengthening UHC and public health. The Bank launched the Health System Transformation and Resilience Fund for UHC investments. It also continued to facilitate co-financing opportunities with Gavi (the Vaccine Alliance), the Global Fund and multilateral development banks to scale up health investments, and it worked with foundations to bring evidence and innovations to scale in support of service integration and UHC.

The Joint Programme and partners supported governments and local partners to enhance social protection systems for vulnerable populations, including those living with HIV and other key groups. Throughout 2024, the ILO continued promoting sustainable, human-centred and rights-based social protection systems. Those initiatives are aimed at combating persistent poverty, inequalities and the adverse effects of economic shocks and crises. Central to those efforts is the ILO's [Global Flagship Programme on Building Social Protection Floors for All](#), which delivers technical support and advances progress toward universal social protection systems.

The ILO assisted the Indonesia AIDS Coalition in creating guidance for community care workers who support people living with HIV, highlighting the need for a social protection scheme for unpaid care workers. In the United Republic of Tanzania, a successful partnership between the ILO and the UNAIDS Secretariat helped mobilize the private sector for HIV prevention through the Employers Health Bonanza, which engages over 500 employers each year in contributing to national HIV prevention and health efforts.

UN Women supported the economic empowerment of women living with and affected by HIV in 18 countries, boosting their resilience, autonomy and leadership for better health and other outcomes. In Nepal, sex workers and women living with HIV gained vocational skills and entrepreneurship training, enabling many to launch small businesses, while in Malawi, Nigeria and Uganda, the women were supported to form savings groups and access seed capital.

The ILO supported the Government in Malawi in reviewing its social protection policy. In South Africa, a joint effort between the ILO and WHO resulted in new guidelines on social protection for people affected by TB and stronger integration of social protection with TB prevention and care strategies. The ILO also helped develop and expand the National Social Register, ensuring that key populations are included in critical social assistance programmes. Additionally, the ILO contributed to the revision of Nigeria's National Social Protection Policy, emphasizing inclusivity and addressing the challenges faced by vulnerable groups, including people living with HIV.

In Burkina Faso, UNHCR ensured that social protection was one of the activities included in the package of activities related to the protection of vulnerable people and it collaborated with the Ministry of Humanitarian Action to ensure the registration of refugees and vulnerable groups in a single social register. All refugees are now included in the national health system and benefit alongside citizens from HIV services provided at health facilities. Enrolment in mutual health insurance also allows people living with HIV to have access to care for opportunistic infections and other pathologies.

UNDP worked with partners in 31 countries to strengthen HIV-inclusive social protection. In partnership with WFP and civil society organizations, social protection programmes in the Dominican Republic were supported to benefit vulnerable and marginalized groups, including through facilitating their representation in the consultative council of the country's Social Cabinet as well as modifications of the social protection registry to include key populations.

Under the "Go Further" partnership for ending AIDS and cervical cancer in Africa, the Secretariat continued its effective partnership with PEPFAR, the George W Bush Institute, Roche and Merck. Throughout 2024, the partnership further supported 12 countries in eastern and southern Africa to integrate national HIV, cancer and cervical cancer strategies and policies, resource mobilization, community engagement, demand creation and referrals for cervical cancer screening and treatment among women living with HIV. By end-2024, "Go Further" has achieved 10 million cervical cancer screenings among over 8.3 million women living with HIV. It has reached the 80% cervical precancer treatment goal since 2018.

In Uganda, the Secretariat supported a community-led assessment of barriers to cervical cancer screening among women living with HIV and key populations of women, and to human papillomavirus vaccination for girls, including those at risk of HIV. Results of the assessment will inform integrated HIV-cervical cancer service delivery and community systems strengthening.

With the Secretariat's support and facilitation, the Global Task Team for the new global AIDS targets has developed a series of new global HIV integration targets by 2030 (including new ones for HIV and noncommunicable diseases, mental health and STIs, and revised targets for HIV and cervical cancer, SRH and TB).

Increased HIV and other services' integration and access to social protection services for people living with, at risk of and affected by HIV enhanced through improved data generation and use of evidence

In 2024, the Joint Programme implemented the recommendations from an evaluation concluded in 2023 to improve the relevance, coherence, effectiveness and equity of its work on HIV-sensitive social protection, which increasingly include people living with, at risk or affected by HIV, including key populations.

Cash transfers combined with complementary interventions or linkages to existing health and social services ("cash plus") have been found to be effective for reducing behaviours that put people at risk of HIV, addressing psychosocial challenges and supporting adherence to HIV treatment among children and adolescents. In the United Republic of Tanzania, UNICEF collaborated with national authorities and others to implement and evaluate a "cash plus" social protection scheme for adolescents which combines social and economic support with a package of health and livelihood interventions, including for HIV.

An evaluation report of combined models, published in 2024, provided new evidence to support further scale-up of “cash plus” models that target adolescents. Evidence shows that “cash plus” or “bundled” interventions for adolescents and young people (10–24 years) that incorporate at least one health and one economic component can bring similar benefits as integrated social protection programmes. The findings from a UNICEF-led first systematic review of bundled interventions for adolescents at risk of, or living with HIV, was published in 2024. The World Bank expanded cash transfer payments in Zambia, reaching over 1.3 million households.

In Cambodia, collaborative efforts between UNDP, UNAIDS Secretariat, USAID, NGOs, and key government institutions enabled the registration of almost 24,000 people living with HIV for the Identification of Poor Households Programme in 2024. Over 1,000 of them were subsequently registered for social protection services. The Sahel Adaptive Social Protection Program managed by the World Bank, supported adaptive social protection programmes and systems in Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal, with health components, including for HIV.

UNFPA helped generate data that facilitate improved access to social protection services and meet the needs of people living with or affected by HIV and TB. The work included support for the supply and provision of condoms and support for national health information system data collection and analysis to inform effective family planning and HIV/STI programming

UNODC supported Equatorial Guinea in strengthening integrated health and social protection systems for people with drug use disorder, especially with information on available services and risk factors for substance use initiations. This work informed a rapid assessment report, outlining challenges and recommendations for integrating evidence-based drug prevention and treatment services within the national health system.

In various humanitarian settings, UNHCR and WFP supported access to integrated services that are adapted to local needs, including HIV, food and nutrition services for refugee populations in Ethiopia and resilience-focused activities, stigma reduction and targeted sustainable livelihood initiatives in Cameroun. In Haiti, WFP, UNICEF and the Food and Agriculture Organization initiated a social protection initiative for HIV/TB-sensitive and nutrition support for pregnant and breastfeeding women and girls who are enrolled in vertical transmission programmes. Pairing clinical treatment adherence with robust economic and social support helps to dismantle barriers that keep HIV-affected households in cycles of vulnerability.

Together with Ministry of Public Health and Population, WFP is leading the revision of Haiti's national guidelines for food and nutritional care of people living with HIV. The aim is to embed clinical adherence support within robust economic and social frameworks to build a sustainable, multisectoral HIV-nutrition response. The revision will be completed in 2025.

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