

UNAIDS 2025

United Nations Population Fund (UNFPA)

2024 Results Report

United Nations Populations Fund (UNFPA)

UNFPA envisions a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

HIV in UNFPA's mandate

[UNFPA's 2022–2025 Strategic Plan](#) underscores the scale-up of quality comprehensive SRH services, including HIV prevention, treatment and care in development and humanitarian settings. Efforts focus on reaching women, adolescents and youth—especially those who are marginalized, including key populations—along the continuum of care, while addressing structural inequalities, including discriminatory gender and social norms that impede access to services.

Top results in 2024

New HIV infections averted. In 2024, UNFPA activities averted an estimated 264 000 new HIV infections, 31 million unintended pregnancies and 11.5 million sexually transmitted infections (STIs). UNFPA continued to co-convene the Global HIV Prevention Coalition, supporting 38 focus countries in achieving a 40% reduction in new infections compared to 3% in non-focus countries. National HIV prevention strategies were supported through technical guidance, stewardship and multisectoral engagement. In eastern and southern Africa, western and central Africa and other regions, UNFPA brought together high-burden HIV countries and strengthened their capacities to accelerate HIV prevention and develop roadmaps.

UNFPA promoted innovative prevention demand creation, updated the Comprehensive Condom Programming Framework and integrated double-method promotion of condom and long-acting reversible contraceptives to maximize protection against HIV, STIs and unintended pregnancies. Condom distribution was expanded via geospatial hotspot mapping and digital platforms in Malawi, Uganda and Zambia. UNFPA provided technical support to partners through the Global Fund Condom Programme Stewardship Strategic Initiative (2021–2023), which helped strengthen HIV prevention supply systems and expand access to condoms, including in Uganda, where condom distribution hotspots were mapped, and real-time stock tracking was implemented.

HIV testing and counselling were embedded in maternal and newborn health services across multiple regions, with notable scale-up of HIV-syphilis dual testing in antenatal care platforms, particularly in eastern and southern Africa. Integrated service packages were expanded through community clinics and youth-friendly centres in countries such as Malawi, Uganda and Zambia. Those packages facilitate linked access to HIV prevention and care alongside family planning, STI diagnosis and treatment, gender-based violence response, and mental health support.

In parallel, national data systems—including DHIS2—were enhanced to track integrated HIV and sexual reproductive health and rights (SRHR) indicators, thus improving programme monitoring, responsiveness and resource allocation. Support was also provided for developing and disseminating tools and guidance on integrating HIV services and support systems into primary health benefits packages for Universal Health Coverage and social protection systems, and for building and strengthening health systems (including preparedness and resilience to crises) in western and central Africa. Ethiopia, Mozambique, the United Republic of Tanzania and other countries scaled up HIV and syphilis dual testing for pregnant women, while midwifery education—anchored in UNFPA-supported curricula—ensured that providers were equipped to deliver integrated HIV, STI and contraception counselling.

UNFPA's work to build the evidence base for strategic HIV prevention included its collaboration with WHO and Artificial Intelligence developers, which is advancing the development of predictive tools to assess individual STI and HIV risk and is also intended to support case management where laboratory capacity is limited. In countries across sub-Saharan Africa and selected humanitarian settings, prequalified dual HIV/syphilis rapid diagnostic tests were scaled into national procurement systems, thereby improving access to diagnostics at antenatal and community levels.

UNFPA supported HIV prevention and SRH in humanitarian and fragile settings, reaching over 15 000 individuals in Sudan with messaging on HIV, SRH and gender-based violence and providing HIV testing to 7,700 people and STI services to 1,000 people. Among countries experiencing humanitarian crises, 76% had a functioning inter-agency coordination mechanism or platform to address gender-based violence and 38% integrated SRH into emergency preparedness and disaster risk reduction activities.

Support provided for integration of HIV and SRH. Sixty-six percent of the 141 countries integrated SRHR into national youth policies and plans with support from UNFPA, while 41% of 143 countries operationalized in-school comprehensive sexuality education (CSE) and 40% of 146 countries delivered out-of-school CSE. The "2gether 4 SRHR" initiative, co-led with UNICEF, WHO and the UNAIDS Secretariat, continued to operate in 10 countries in eastern and southern Africa, embedding HIV into broader SRH and gender-based violence services. Phase 2 of the initiative, launched in 2023, included new outcomes on gender norms and humanitarian contexts.

Young people empowered to accelerate progress towards ending AIDS. UNFPA worked in over 67 countries to support youth-led solutions that address HIV, gender norms and bodily autonomy. It also supported 99 of 141 countries (66%) in integrating SRH into national youth policies and plans. An estimated 10.6 million marginalized adolescent girls from 57 countries were empowered through health, social and economic asset-building programmes.

As part of efforts to strengthen the HIV response for adolescents and young people, UNFPA, ActionAid Global Platforms and the Regional Youth Engagement Reference Group provided training to empower multidisciplinary youth leadership in advancing adolescent and youth SRH—including HIV prevention and care—in humanitarian, peace, and development settings. This youth-centred and culturally sensitive training, delivered through regional webinars, engaged 115 youth leaders from across sub-Saharan Africa.

Human rights-based approaches to the HIV response were strengthened in 2024, particularly, for key populations and women, who continue to face disproportionate HIV risk and systemic barriers to prevention and care. With support from UNFPA, 52% of 139 countries have established national mechanisms to address discriminatory gender and social norms that increase HIV vulnerability and undermine access to services. In eastern Europe and central Asia, UNFPA supported the establishment of a regional network dedicated to the decriminalization of HIV transmission and the development of a comprehensive regional framework to guide HIV activities.

Community-led initiatives were supported in Jamaica, Guyana, Nigeria, Uganda and Zimbabwe to improve service access and reduce stigma. UNFPA enabled 292 250 women and young people with disabilities to benefit from services related to SRH, gender-based violence and various harmful practices. Over 4.2 million people

accessed gender-based violence services as a result of UNFPA's work, and 33 000 women received humanitarian cash assistance. UNFPA's Gender Analysis Framework helped ensure that HIV status is systematically considered in programme designs. It complements "[Flourish](#)"¹ and is part of UNFPA's overall [Gender Equality Strategy 2022–2025](#). In 2024, 92 of 138 countries (67%) had social movements that advocated against harmful gender and social norms.

¹ "Flourish" is the new UNFPA Gender-based Violence Operational Plan (2022–2025). It provides a vision for UNFPA programmes to end gender-based violence across four interconnected pillars: prevention, response, creation of enabling environments, and use of data. It also outlines key approaches and priority interventions to reduce gender-based violence and build opportunities so women and girls can flourish.

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