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**Follow-up to UNAIDS Programme Coordinating Board meeting**

**Report on the implementation of the decisions and  
recommendations of the Programme Coordinating Board of  
the Joint United Nations Programme on HIV/AIDS**

*Summary*

This report addresses the implementation of decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. The report focuses on the implementation of decisions from the fifty-first and fifty-second meetings of the Programme Coordinating Board. It also highlights the contributions of UNDP and UNFPA to the HIV response and contains analysis of some of the main issues facing the Joint Programme.

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## I. Context

1. Data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show the lowest number of new infections in decades: an estimated 1.3 million [1.0 million to 1.7 million] in 2022, with declines especially steep in regions with the highest HIV burden. New infections have dropped most sharply among children aged 0-14 years and young people aged 15-24 years. Furthermore, 29.8 million of the 39 million people living with HIV globally are receiving life-saving treatment. If the annual increase of 1.6 million per year seen in the last three years can be maintained, the global target of 35 million people on HIV treatment by 2025 will be within reach. In 2022, almost three quarters (71 per cent) of people living with HIV (76 per cent of women and 67 per cent of men living with HIV) had suppressed viral loads, enabling them to live long lives and have zero risk of sexually transmitting HIV.

2. Despite the progress, AIDS claimed a life every minute in 2022. About 9.2 million people living with HIV were not receiving HIV treatment and 2.1 million people were receiving treatment but were not virally suppressed. New HIV infections are rising in Eastern Europe, Central Asia, Latin America, the Middle East and North Africa. Barriers, including widening inequalities and a funding gap, are holding back quicker progress. In 2022, \$20.8 billion was available for HIV programmes in low and middle-income countries, far short of the \$29.3 billion needed by 2025. Lower middle-income countries allocated only 2.3 per cent of total HIV spending, well below the required 21 per cent estimate, to prevention and societal enabler programmes for key populations. Overall investment in societal enablers is not consistent with what is needed to achieve and sustain the 95-95-95 targets. Progress on the HIV response has been particularly slow for key populations due to political, legal and human rights barriers. No country is on track to achieve the 10-10-10 targets, which call for transformative action to reduce stigma and discrimination and remove punitive laws and policies affecting people living with HIV and other key populations by 2025.

3. The fifty-first and fifty-second meetings of the Programme Coordinating Board were held in December 2022 and June 2023, respectively. Issues of particular relevance for UNDP and UNFPA during and after these meetings included the UNAIDS funding crisis, the Multilateral Organisation Performance Assessment Network (MOPAN) assessment, community-led responses and thematic sessions on “HIV and men, in all their diversity” and “Priority and key populations, especially transgender people”.

4. The present report also highlights results achieved by UNDP and UNFPA in addressing HIV in the context of their work supporting countries to attain the Sustainable Development Goals and the pledge to leave no one behind and reach the furthest behind. Detailed results for both organizations are available in the [UNAIDS Unified Budget, Results and Accountability Framework \(UBRAF\) 2022 performance monitoring reports](#). The oral presentation at the first regular session in 2024 will include a synopsis of decisions and recommendations from the fifty-third meeting of the Programme Coordinating Board and any other relevant updates.

## II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

### *The UNAIDS funding crisis*

5. In her report to the fifty-second meeting of the Programme Coordinating Board in June 2023, the UNAIDS Executive Director stated that the financial situation of UNAIDS was still a concern. Despite increased financial commitments from the Governments of Australia, Ireland, the Netherlands, the United Kingdom and the United States of America,

and new ones from those of Côte d'Ivoire, Equatorial Guinea and Spain, the Joint Programme still posted a \$51 million shortfall against an approved budget of \$210 million for the UBRAF, or a shortfall from the lowest threshold of \$187 million of \$28 million. The UNAIDS decision to identify a lower funding threshold was not intended to signal that \$187 million was sufficient for the work required by the Joint Programme to end AIDS – it is not. It was a temporary, stop-gap measure.

6. The Joint Programme has taken several measures to make up for the shortfall. The UNAIDS secretariat has cut more than 10 per cent of staff costs while trying to maintain country presence. Fluctuating exchange rates and other factors resulted in reduced financial support to co-sponsors (i.e., no disbursement of the remaining 30 per cent of funding for 2023 country envelopes and no release of the second tranche [\$500,000] of the flexible central core allocation of \$2 million per co-sponsor), leading to a drop in support to countries to deliver on the goals of the 2021 Political Declaration on HIV and AIDS. It also resulted in growing fragility and a loss of dedicated technical capacity, including staff and consultants, in co-sponsors. The reduction of regional and country capacities is having negative effects, with overall capacity already below mission-critical level, as noted in the UNAIDS Joint Programme capacity assessment.

7. The net fund balance at the end of 2022 was \$86 million, or \$21 million below the Programme Coordinating Board-approved minimum level of \$107 million, compared to \$102 million at the end of 2021, \$112 million in 2020 and \$100 million in 2019. It is estimated that \$155 million to \$158 million will be raised in 2023. Programme Coordinating Board members suggested that the secretariat review the minimum net fund balance, so that resources are used optimally while managing the risks.

8. Programme Coordinating Board members expressed concerns about the funding situation and its impact on the Joint Programme's capacity to deliver. They welcomed efforts to make savings and use the available funding most effectively, while also urging stronger joint resource mobilization to achieve a fully-funded UBRAF. They raised the concerns described in the previous paragraph about reduced co-sponsor staffing and other capacities for HIV, while appreciating the efforts to raise non-core funding for specific activities. While several key donors increased their contributions to the Joint Programme, co-sponsors did not receive additional funding. Speakers shared the concerns raised in the report and stressed that donors had a collective responsibility to ensure that the Joint Programme was fully funded. The donor base needed broadening. UNAIDS set out its approach in the [Joint United Nations Programme on HIV/AIDS - Resource Mobilization Strategy \(2022-2026\)](#) at the fifty-first Programme Coordinating Board meeting, but to date joint resource mobilization efforts had not yet significantly progressed. UNAIDS took an important step towards establishing a partnership with the European Union, which would hopefully also yield increased resources in the future.

#### *The MOPAN assessment*

9. In August 2023, MOPAN published its latest assessment of the UNAIDS secretariat. It highlighted UNAIDS strengths, including affirmation from all stakeholders of the continued need for UNAIDS and a coordinated joint United Nations response to HIV. Respondents said that the Joint Programme was critical for advancing country-level progress towards the HIV-related Sustainable Development Goals and would remain relevant after 2030. The MOPAN report addressed: (a) the important data and strategic information provided by the UNAIDS secretariat consolidating and building on the data and strategic information gathered by co-sponsors to support effective strategic planning at the country level; (b) the critical importance of UNAIDS work to support countries to address gender equality and human rights as key cross-cutting issues in national HIV responses; and (c) appreciation of country-level stakeholders for the UNAIDS secretariat's convening and country implementation of support functions, effective management of the Joint

Programme's inclusive governance model, and establishment of an independent, fully functional, quality-assured mechanism for evaluation of the Joint Programme.

10. The MOPAN assessment also identified challenges faced by the Joint Programme, largely driven by resource constraints. It pointed to how co-sponsors and the UNAIDS secretariat have had to deal with reduced allocations since 2014 and, as a consequence, reduced capacity, which led to strains in the relationship between them. The assessment suggested the need for the structure and operations to continually evolve.

11. The MOPAN assessment said that the secretariat's UBRAF resource mobilization strategy has not kept up with the realities of global HIV funding, which is trending towards less HIV investment and more earmarked funding. Instead, the secretariat aims to sustain current budget and funding levels. It has struggled to raise adequate resources and been unable to fully fund the UBRAF since 2014. At the same time, the secretariat has been raising non-core resources in the co-sponsors' areas of work for their own use.

12. MOPAN highlighted that many partners, donors and co-sponsors expressed concern that the UNAIDS secretariat seemed to be pursuing an advocacy agenda beyond HIV to include addressing wider inequalities, often under the mandate of co-sponsors, such as girls' education, coronavirus disease (COVID-19) vaccine equity (The People's Vaccine) and pandemic preparedness and control.

13. Lastly, MOPAN said that many global partners were looking for leadership from the UNAIDS secretariat in creating a long-term vision for the post-2030 United Nations response. In the future, there would be even fewer HIV-specific resources and less unearmarked funding. This underscored the need to rethink the secretariat and co-sponsor model and way of working. In this regard, the assessment pointed to stakeholder interest in looking at the future institutional set-up of the Joint Programme beyond the current strategy period, in the context of an evolving epidemic and country needs and priorities. Proposed actions are outlined in the [UNAIDS Management Response](#) to the MOPAN report.

14. As founding co-sponsors, UNDP and UNFPA remain committed to UNAIDS and are working closely together with the secretariat and other co-sponsors to reflect on the findings with the aim of making the Joint Programme stronger and fit for the future. This includes furthering discussions by the Committee of Co-Sponsoring Organizations on scenario planning to adapt to the changing political and funding situation to continue to best support countries to achieve the HIV-related Sustainable Development Goals. This was complemented by the Board in decision 6.8, adopted at the fifty-second meeting and requesting the UNAIDS secretariat to report to the fifty-third meeting on scenario planning for the 2024-2025 budget to provide clarity on the prioritized allocation of anticipated revenues against the approved workplan under the current fund projection, the baseline approved budget and the fully funded workplan.

#### *Community-led responses*

15. The final [report](#) of the task team on community-led AIDS responses was presented at the fifty-first Programme Coordinating Board meeting. The Joint Programme had been requested to build a new monitoring framework for community-led responses and take the lead in developing indicators and standards for community-led data so that the data could be recognized and validated for use in national reporting and the global AIDS monitoring system. It was recommended that the Joint Programme broker an accompanying capacity-strengthening programme to achieve high-quality data collection and analysis. The report highlighted the need for improved and standardized systems for financing and monitoring community-led organizations, and for stronger capacity to mobilize resources. Good practices identified included strong political will, social contracting arrangements and technical support.

16. Members welcomed the report and noted the importance of community-led organizations for the HIV response. They called for increased political and financial support for these organizations, while reminding the meeting that in many places, affected communities and the organizations they lead are still subject to harassment, violence and discrimination. The need for better funding channels for community-led organizations was highlighted and a suggestion was made to consider non-traditional approaches to ease access to funding. Speakers emphasized that community-led responses required capacity strengthening and training, sound governance, accountability and reliable monitoring and reporting procedures.

*Thematic sessions on “HIV and men, in all their diversity” and “Priority and key populations especially transgender people”*

17. The thematic session of the fifty-first meeting of the Programming Coordinating Board focused on [HIV and men, in all their diversity](#). Key messages were that men are lagging in access to HIV services in many countries and that many diverse male populations are not sufficiently included in the HIV response. Male members of key populations, especially, are systematically left behind. Speakers emphasized that men and boys are diverse and affected by HIV in different ways. The norms of masculinity and other factors shaping their health-seeking behaviour must be better understood. Gender norms, as well as structural barriers and inequalities related to poverty, race and ethnicity, shape men’s access to, and use of, health services. Speakers noted the role of criminal laws and discrimination in constraining access for men who belong to key populations, especially gay men and other men who have sex with men. For programmes to be successful, they should reflect men in all their diversity, be gender-responsive, be guided by high-quality data and involve communities in their design. Speakers highlighted the need for integrated and person-centred services for men and boys, comprehensive data collection and monitoring, including community-led monitoring, comprehensive sexuality education for young people and the removal of laws and policies that block access to services. Some of the challenges experienced by men and boys and steps taken to improve access were highlighted, including the provision of pre-exposure prophylaxis (PrEP) in “popular pharmacies” and the promotion of peer and self-testing for populations at high risk of HIV infection.

18. The thematic session of the fifty-second meeting focused on inequalities that prevent progress for [key populations, especially transgender people, in the HIV response](#). While these populations account for less than 5 per cent of the global population, they comprise the vast majority of new HIV infections due to social and structural barriers increasing their HIV vulnerability. Speakers noted that more data were needed to understand the impact of HIV on key populations, as well as intersectoral approaches. They said that Governments should improve statistical systems for the timely collection and disaggregation of data and support and use community-led data and monitoring. Concerns were expressed that funding for key population programmes, especially those that are key-population-led, was much lower than the estimated need in lower-middle income countries and heavily dependent on external support. Two thirds of the available funding came from international sources. Participants emphasized the need to reform harmful criminal laws and policies affecting key populations, especially transgender people, remove stigma and discrimination, adopt enabling approaches, ensure access to justice and promote community-led activities, as set out in the 2021 Political Declaration on HIV and AIDS. Examples of positive actions to reduce health inequalities were shared, including: (a) improving strategic information; (b) scaling up inclusive, tailored and integrated HIV and health services; (c) ensuring sufficient funding; (d) supporting community-led responses, including those led by key populations; (e) countering the pushback on rights of key populations including transgender people, gender and civic space; (f) advancing action on societal enablers; and (g) integrating social protection, HIV and health services.

### III. Transformative results achieved by UNDP and UNFPA

19. The following section highlights the key achievements of UNDP and UNFPA support to countries in implementing the 2030 Agenda for Sustainable Development and the commitment to leave no one behind, in partnership with other United Nations entities and partners. In 2022, 150 UNDP country offices and 150 UNFPA offices supported national HIV and health responses.

20. The Joint Programme increased its focus on evaluations, using evaluation findings and recommendations to strengthen support to countries to ensure progress towards the 2030 targets. The [Evaluation of UNAIDS Joint Programme Country Envelopes: 2018-2022](#) assessed the effectiveness of the country envelopes as a mechanism to allocate and disburse funds for the Joint Programme at the country level. The evaluation revealed that while country envelope funding is crucial, there is room for improvement in decision-making for impact and monitoring. Continued funding has played a significant role in keeping HIV a priority for the United Nations and promoting collaboration with the United Nations at country level. However, it is necessary to prioritize and concentrate efforts on global AIDS strategy targets, while also striving for maximum efficiency, inclusion and people-centred results at the country level. Working closely with other co-sponsors, the UNAIDS secretariat and UNFPA evaluation offices jointly managed an [independent evaluation of the work of UNAIDS on efficient and sustainable financing](#). The evaluation found that the Joint Programme has made important contributions to improving the allocative and technical efficiency of the AIDS response. It recommended enhancing coordination and integration of HIV financing into universal health coverage and the health financing agenda more broadly and strengthening the capacity of civil society, community-based organisations and key populations to engage in the financing agenda.

21. UNDP conducted the first formative evaluation of the integration of “leaving no one behind” principles. The evaluation recognized that the organization’s upstream policy work and engagement in areas such as sustainable development, finance, governance, health and social protection provide important building blocks to fully deliver on this agenda. HIV and health were cited as important vehicles for fighting discrimination. UNDP and partners successfully supported key populations in the Dominican Republic, Egypt and Fiji. Health is another example where UNDP has effectively taken an intersectoral approach to reach the furthest left behind first, e.g., by establishing a health information hotline for women with disabilities in Turkmenistan. UNDP welcomed the recommendations to improve the organizational focus on non-discrimination and an intersectoral approach; to pursue efforts to go beyond “projects” towards integrated portfolios; and to invest in emerging intersectoral approaches that are not yet systematic across countries or workstreams.

22. UNDP is working with communities and civil society to address stigma and discrimination and shrinking civic space, i.e., increasing restrictions that prevent civil society organizations from effectively carrying out their work, which fuels rising inequalities and exclusion. To accelerate progress on the 10-10-10 targets,<sup>1</sup> UNDP and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) launched a partnership to expand key-population-led efforts to address discriminatory laws and HIV-related criminalization in PEPFAR-supported countries, in collaboration with people living with HIV, other key populations, UNFPA, the United Nations Office on Drugs and Crime (UNODC), the UNAIDS secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The partnership allocated an initial round of 33 small grants for key-population-led work in 16 PEPFAR countries to counter discriminatory laws and

<sup>1</sup> At the core of the Global AIDS Strategy 2021-2026: End Inequalities. End AIDS is an ambitious new set of targets, the 10-10-10 targets, which call on countries to repeal punitive laws/policies that target people living with HIV and key populations and to implement supportive laws/policies that combat stigma, discrimination and gender-based violence.



policies that affect the lives of people living with HIV and other key populations, including: (a) advancing legal recognition of transgender people; (b) improving access to gender-affirming health services; (c) conducting advocacy campaigns to promote human-rights-centred harm reduction policy approaches for people who use drugs; and (d) conducting advocacy and awareness-raising of duty-bearers to advance the decriminalization of same-sex sexual relations and the repeal of laws that criminalise people living with HIV and other key populations. In Eastern Europe and Central Asia, UNDP supported a regional 10-10-10 task force comprising key-population-led networks and regional stakeholders focused on eliminating legal and structural barriers to HIV services.

23. UNFPA presented the results of the [formative evaluation of UNFPA support to adolescents and youth](#) to the Executive Board at the 2023 annual session. The evaluation found that UNFPA has been effectively leveraging its long-standing expertise in comprehensive sexual and reproductive health services for adolescents and youth, including for specific areas such as gender-based violence prevention, HIV prevention and family planning services for young people. UNFPA could further influence the global adolescent and youth agenda by leveraging its population dynamics work to address demographic trends and population challenges. The 2022 annual report of the evaluation function elaborates follow-up to the evaluation of UNFPA support to the HIV response (2016-2019), noting that this has helped to focus the HIV and AIDS-related work of staff at global, regional and country levels, including in forging partnerships and supporting networks to improve the HIV response. The focus has deepened on interlinking and integrating sexual and reproductive health and rights/HIV/sexual and gender-based violence within the context of comprehensive sexual and reproductive health and rights packages and positioning of HIV status as a significant factor in the UNFPA leaving no one behind framework.

24. In 2022, UNDP supported 150 countries on HIV and health, including 104 countries on HIV and 45 countries through the UNDP-Global Fund partnership. Highlights of UNDP support are described below.

25. UNDP managed 29 Global Fund grants, covering 21 countries, two regional programmes and an additional 11 countries, many of which were affected by conflict, crises, sanctions and other risks. Despite these challenges, the UNDP-Global Fund partnership continued to deliver results at scale in support of HIV, tuberculosis and malaria responses, including by providing HIV tests to more than three million people, antiretroviral treatment to 1.61 million people and tuberculosis treatment to 98,000 people. In addition to its role of interim principal recipient of Global Fund grants, UNDP provided support to country coordinating mechanisms in 16 countries and, through its pooled procurement architecture, helped countries save \$17.8 million in the procurement of key pharmaceutical products, as compared with budgeted reference prices. Savings are being re-programmed for innovative programmes such as Solar4Health and Smart Facilities for Health, which strengthen the climate resilience of health systems.

26. The total number of lives saved since the partnership began in 2003 is 7.3 million. Results of the partnership since 2003 include conducting 62.9 million HIV tests, reaching 1.1 million pregnant women with prevention of mother-to-child-transmission services, providing care and support services to 918,000 people living with HIV, treating 107.5 million malaria cases and successfully treating 1.1 million people for tuberculosis.

27. UNDP supported 69 countries to promote gender equality and address gender-based violence. In South Sudan, UNDP worked with UNFPA and community organizations, including National Empowerment of Positive Women United, to deliver community-based HIV prevention and address sexual and gender-based violence against sex workers. In Sudan, UNDP worked in partnership with the Global Fund, the Ministry of Social Development, the Ministry of Health and other United Nations organizations to support capacity-building on gender-based violence for civil society organizations and the

development of a national action plan to address gender-based violence during times of conflict. In Kazakhstan, UNDP supported the Union of People Living with HIV in developing its 2023–2027 strategic plan and the capacity-building of women living with HIV and non-governmental organizations for preventing gender-based violence. In China, UNDP supported a series of gender and health leadership meetings for lesbian, gay, bisexual, transgender and intersex+ (LGBTI+) youth and people living with HIV to advocate for HIV, mental health, transgender health and gender-based violence services.

28. UNDP supported 97 countries on HIV and tuberculosis-related rights and continued to work with Governments, civil society, United Nations entities and other partners to advance the recommendations of the independent Global Commission on HIV and the Law, including decriminalization. This included following up on government-led legal environment assessments, contributing to Zimbabwe's decriminalization of HIV and introducing a human rights-based drug law in Côte d'Ivoire. UNDP also assisted regional judges' fora in Africa, the Caribbean and Eastern Europe. Judges who participated in these fora delivered court decisions in 2022 and 2023 decriminalizing adult consensual same-sex sexual activity in Saint Kitts and Nevis and Mauritius. As part of a partnership with the Asia Pacific Forum of national human rights institutions, UNDP supported national human rights institutions in Bangladesh, Fiji, India, Mongolia, Myanmar, Nepal, the Philippines, Sri Lanka, Thailand and Timor-Leste to work on human rights and LGBTI+ inclusion.

29. UNDP and UNFPA co-led the update of an inReach training course for United Nations staff on working with and for key populations. The course was developed in close collaboration with the inter-agency working group on key populations, which is co-convened by UNDP, UNFPA and UNODC, and includes other UNAIDS co-sponsors, the UNAIDS secretariat and key population networks. United Nations staff training seeks to help the Joint Programme better support countries to create enabling supportive environments for key populations, increase their access to quality HIV-related services and advance key-population-led responses. UNDP worked with the UNAIDS secretariat, other co-sponsors and the Global Fund to update the Inter-Agency Guidance on Preventing and Responding to HIV-related Human Rights Crises.

30. UNDP worked with government, United Nations, academic, private sector and civil society partners to support 83 countries in their efforts to advance human rights and LGBTI+ inclusion. In Asia and the Pacific, it supported Pride Cook Islands to launch the Pride Pledge, an accreditation initiative for businesses for LGBTI+ inclusion. In India, UNDP has supported the formation of the National Network of Transgender Persons, which supports the transgender community through advocacy, skills building and livelihood development. The #WeBelongAfrica programme aims to promote an inclusive approach to sexual and gender diversity that advances the Sustainable Development Goals and the 2030 Agenda in sub-Saharan Africa. In 2022, UNDP worked with the Governments of Angola, the Dominican Republic, Ecuador, Georgia, Guyana, New Zealand, Pakistan and Viet Nam to pilot the LGBTI Inclusion Index.

31. UNDP supported 87 countries on working with and for key populations. For example, UNDP supported countries introducing and scaling up the use of oral PrEP among key populations in Burundi, Colombia, Cuba, Kyrgyzstan, Pakistan, Republic of the Congo, Tajikistan and Zimbabwe. With support from the Global Fund, in Pakistan UNDP partnered with local community-based organizations, government, the UNAIDS secretariat and the World Health Organization to launch PrEP delivery through networks of peer outreach workers and drop-in centres. In Colombia, the Government was assisted in introducing a digital solution to scale up the use of PrEP: the PrEP-Colombia.org platform, which, combined with training on combination prevention strategies, reached more than 20,300 people.

32. UNDP supported 54 countries on improving access to health technologies and played an active role within global initiatives seeking to facilitate effective technology



transfers and local production, for example, by partnering with the Governments of Kazakhstan, Malawi and the United Republic of Tanzania to support various aspects of national legislation and policy reform to increase access to medicines, opportunities for domestic production and technology transfer.

33. Commissioning non-governmental organizations to deliver HIV and health services via social contracting arrangements can be an effective way for countries to support community-led responses. UNDP, the Global Fund and Partnership in Health developed a model for assessing the social return on investment from social contracting and used this to develop guidance on contracting non-governmental organizations to provide services for key populations and vulnerable groups. UNDP supported the Governments of Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine to develop social contracting guidelines. Preliminary data from Kazakhstan indicate that most new HIV cases have been identified through non-governmental organizations supported through social contracting schemes. In 2023, UNDP hosted an inter-regional HIV social contracting consultation providing countries in Eastern Europe and Central Asia and Arab States with an opportunity to share experiences and lessons learned. Recommendations from the consultation will be fed into the next Grant Cycle 7 funding requests by the Governments of Algeria, Morocco and Tunisia from the Global Fund to strengthen key population responses over the next few years.

34. UNFPA works in over 150 countries to increase access to quality HIV-related services as part of comprehensive and integrated sexual and reproductive health and rights. In 2022, its efforts contributed to averting 117,000 new HIV infections, 13.3 million unintended pregnancies and 5.4 million sexually transmitted infections.

35. The regional programme [2gether 4 SRHR](#) [sexual and reproductive health and rights], implemented by UNFPA, the United Nations Children’s Fund, the World Health Organization and the UNAIDS secretariat, has supported 12 countries to strengthen legal environments and test and scale up models of integrated sexual and reproductive health and rights services. The programme aims to improve the sexual and reproductive health and rights of all people in East and Southern Africa, particularly adolescent girls, young people and key populations, by promoting an integrated approach to sexual and reproductive health and rights, HIV and gender-based violence. The experience of these countries is being used to support other countries through South-South learning to explore models and approaches to more effectively integrate sexual and reproductive health services.

36. UNFPA focuses on scaling up HIV prevention for key populations and adolescent girls and young women, including supply and demand creation for condoms and other reproductive health commodities, as well as age-appropriate and culturally sensitive comprehensive sexuality education for adolescents and youth. In Sudan, UNFPA supported the Association of People Living with HIV to conduct 250 peer outreach sessions in 18 states in 2022. A total of 2,082 people living with HIV were reached with “positive health, dignity and prevention” packages, along with sexually transmitted infection services and information on family planning and services. Four educational campaigns that included the recognition of the gender equality rights of LGBTI+ people, adolescents and young people reached nearly 130,000 people in Cuba. The National Center for Sex Education and UNFPA carried out the campaigns, which included “Let’s talk about sexuality” and the fifteenth Cuban campaign against homophobia, transphobia and other forms of discrimination. Working with Transwave Jamaica, UNFPA supported a comprehensive programme safeguarding the holistic health of transgender persons, including the development of a five-year transgender health and advocacy strategy and the expanded use of the Equality Jamaica Community Mental Health Handbook for Practitioners and Mental Health Guide for LGBTI+ Jamaicans.

37. With UNFPA technical guidance, training, capacity building, networking opportunities, and mentorship, the 11 young women of the Education Plus Young Women’s

Leadership Hub advocated for policy changes and funding support across the initiative's plus package, fostered partnerships with youth organizations to amplify the impact and emerged as change-makers and leaders within their communities.

38. In 2022, UNFPA reached over 41,700 sex workers through a variety of targeted programmes in Bangladesh, the Central African Republic, Nicaragua, Rwanda, South Sudan, Uganda, Uruguay and Zimbabwe. These included a broad range of sexual and reproductive health measures, such as HIV/sexually transmitted infection prevention, care, treatment and information; provision of PrEP; family planning services; training and outreach through peer education; and capacity building for municipal health workers.

39. UNFPA also addressed the needs of other vulnerable populations to ensure that no one was left behind. A range of programmes was developed for people living with disabilities. Targeted comprehensive sexuality education and adapted sexual and reproductive health information, including on HIV prevention, was provided to people living with disabilities and sexual and reproductive health experts in Benin, Costa Rica, Ethiopia, Kenya, Malawi, the United Republic of Tanzania and Uruguay. In Bolivia, an out-of-school comprehensive sexuality education strategy was developed with the national Federation of Deaf People (FEBOS). In Myanmar, UNFPA supported the integration of HIV into sexual and reproductive health/gender-based violence programming for key populations and persons with disabilities, reaching 216 key-population youths and 5,221 people living with disabilities with humanitarian assistance involving sexual and reproductive health, gender-based violence and family planning. People living with disabilities were supported in policy dialogues and, more broadly, as sexual and reproductive health advocates in Albania, Botswana and Ecuador. UNFPA in Albania reached 129 persons with disabilities, Roma and rural populations through education sessions and community mobilization to empower them to make informed decisions on their sexual and reproductive health and to increase access to quality sexual and reproductive health, HIV and sexual and gender-based violence services. A sexual and reproductive health glossary for people living with disabilities was developed in the Maldives setting up the framework for service provision, reporting abuses and general sexual and reproductive health, including sexually transmitted infection/HIV awareness. In Benin, strategies for offering sexual and reproductive health services to people living with disabilities and other vulnerable populations were defined and implemented.

40. UNFPA and the UNAIDS secretariat supported implementation of the Global Fund strategic initiative for condom programme stewardship (2021-2023) in Malawi, Mozambique, Uganda and Zambia to heighten a country focus on condoms as a priority for HIV prevention and contraception. Two countries, Mozambique and Uganda, have transitioned to marketing condom use as a lifestyle choice beyond the traditional focus on disease prevention. The initiative found that scalable catalytic, differentiated, equitable and more people-centred condom programming interventions for responsible condom use is possible, effective and urgently needed. In 2022, UNFPA procured one billion condoms (male and female) for HIV, sexually transmitted infection and pregnancy prevention.

41. In- and out-of-school comprehensive sexuality education has received UNFPA support in over 70 countries, including at least 28 countries for national strategy, policy, curriculum, standards and/or guideline development and implementation. With support from UNFPA and the United Nations Education, Social and Cultural Organization, China released the Comprehensive Sexuality Education Technical Guideline-Adaptation of Global Standards for potential use in China. This ground-breaking guideline is the first of its kind in China, aligning international standards with local context. In the Arab region, UNFPA developed an operational guide for staff and partners working on comprehensive sexuality education implementation. These guidelines serve as technical resources for policymakers, sexuality education practitioners, educators, programme managers, youth development professionals and young leaders in the design, implementation, monitoring and evaluation of quality comprehensive sexuality education curricula and programmes. In Zambia, in

collaboration with the Ministry of General Education, 618 teachers in the UNFPA-supported provinces were trained face-to-face and online to effectively deliver comprehensive sexuality education at the classroom level. Altogether, 729,600 learners across 228 schools accessed comprehensive sexuality education lessons and 136 schools established comprehensive sexuality education clubs using the enter-educate approach out-of-school comprehensive sexuality education framework to reinforce the knowledge and skills acquired from the lessons. As of 2022, in the Philippines 193,125 teachers have received comprehensive sexuality education training. In Burkina Faso, Ecuador, Malawi, Paraguay, Peru, South Africa and the United Republic of Tanzania, UNFPA worked with men and boys of all ages to discuss gender roles and build positive masculinities.

42. In Georgia, given the absence of the UNAIDS Secretariat, UNFPA convenes the United Nations Joint Team on HIV. In 2022, in close partnership with the Government, the Global Fund and community-led organizations, UNFPA conducted a People Living with HIV Stigma Index to determine the current extent of HIV-related stigma and discrimination in the country. Based on the evidence, recommendations have been developed for policy and advocacy work to reduce HIV-related stigma and discrimination.

43. UNFPA co-convened the Global HIV Prevention Coalition (GPC) and Global Prevention Working Group, which strengthened HIV prevention programming and policy in 28 focus countries (accounting for almost three quarters of annual new HIV infections globally in 2020) and beyond. The [HIV Prevention 2025 Road Map](#) was launched at AIDS 2022, outlining a people-centred and focused approach to combination prevention for and with key populations, young people and women and men in areas with high HIV incidence. It proposes a 10-point action plan and requires governments, communities and implementers to work together. In October 2022, UNFPA, UNAIDS and partners held a meeting of national AIDS commission managers and Ministry of Health prevention focal points from the 28 focus countries to discuss the operationalization of the 2025 Road Map. In 2023, five additional focus countries joined the GPC and there are plans to reach a total of 40 countries by the end of the year, bringing in countries with growing epidemics and reference countries for South-South cooperation. The work builds on the South-South HIV Learning Network covering 15 countries, an expanding HIV Leadership Forum comprising national AIDS coordinating agency director generals, Ministry of Health focal points and pillar-focused working groups and communities of practice.

44. Gender equality and women's empowerment are critical enablers to accelerate the HIV response. In 2022, with UNFPA support, 41 per cent of programme countries had a national mechanism to address discriminatory gender and social norms, 347,000 women and young people with disabilities benefited from sexual and reproductive health, including HIV prevention and gender-based violence services, 79 countries had social movements that advocated against harmful gender and social norms and 79 per cent of countries in humanitarian crisis had a functioning inter-agency coordination mechanism or platform to address gender-based violence.

## V. Conclusion

45. At the midpoint of the 2030 Agenda, most of the Sustainable Development Goals are off track. Inequalities have widened and development progress is reversing under the combined impacts of climate change, conflict, humanitarian crises, shrinking civic space, overlapping energy, food and economic shocks, pushback on human rights and gender issues and lingering COVID-19 effects. Along with shrinking fiscal space for many countries, i.e., room in a government's budget that allows it to provide resources for a desired purpose without jeopardizing the sustainability of its financial position or the stability of the economy, progress on the Sustainable Development Goals has been disrupted, including on key HIV targets. Beyond sub-Saharan Africa, reductions in the numbers of new HIV

infections have been modest, with infections rising in some regions. A reason for this is the widening funding gap for the global HIV response. After increasing substantially in the early 2010s, HIV funding has fallen back to the same level as in 2013.

46. The [SDG Summit](#), the [High-Level Dialogue on Financing for Development](#), the [preparatory Ministerial Meeting for the Summit of the Future](#) and the three [High-Level Meetings on Health](#) underscored the urgent need to address the current misalignment between financial resources and countries' needs, calling for strong political will, cooperation and solidarity to deliver on commitments. The United Nations Secretary-General has called for reform of the international financial architecture in order to achieve the Sustainable Development Goals. This includes new and sustained resources for ending AIDS as a public health threat and ensuring that those gains continue beyond 2030.

47. Investments in the AIDS response contribute to broader health, social and economic outcomes. The path to end AIDS requires bold leadership, increased investment, greater focus, stronger integration and South-South collaboration. Robust partnerships between countries, communities, UNAIDS, donors, including PEPFAR, which is the top contributor to the global AIDS response and the Joint Programme and other bilateral donors, the Global Fund, civil society and the private sector are crucial. Finishing the job on HIV necessitates a whole-of-society approach and urgently scaling data-driven multisectoral HIV programmes and policies. This requires a strong Joint Programme that connects and leverages the strengths of co-sponsors and the UNAIDS secretariat.

48. UNDP and UNFPA remain committed to the ambition, action and focus needed to end AIDS by 2030. With the 2025 AIDS targets just two years away, efforts to accelerate and intensify support to countries and communities are critical. In the current context, the Joint Programme, as a multi-sectoral partnership on HIV, is more important than ever, bringing together the expertise, assets and comparative advantages of 11 co-sponsors and the UNAIDS secretariat and the ability to connect the dots across HIV-related Sustainable Development Goals and the pledge to leave no one behind.

49. The chronic shortfall in core UBRAF funding poses a critical threat to the progress achieved to date, especially at a time when HIV responses face new challenges. While the Joint Programme has continued to deliver despite funding constraints, the persistent inadequacy of core funding affects the ability of the Joint Programme to deliver on the results, outputs and outcomes identified in the UBRAF. Continuing to effectively support countries in achieving the targets set out in the *2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* is only possible with a fully funded UBRAF.

50. The MOPAN assessment and UNAIDS Joint Programme capacity assessment are important tools that can help to strengthen the Joint Programme, including to sustain the gains well beyond 2030. MOPAN notes that the goal of ending AIDS continues to require a multisectoral response and has the potential to galvanize advocacy, fundraising and momentum to meet the last-mile needs. It also argues that a post-2030 context may be different in terms of needs from countries once they have reached epidemic control. This will likely require a joint United Nations response that is radically different in terms of organisational architecture, roles, and resources. At the 55th meeting of the UNAIDS Committee of Co-Sponsoring Organizations, the Co-sponsor Principals agreed to "revitalize the Joint Programme, by leveraging its multisectoral and inclusive model as a pathfinder for United Nations reform, fostering more innovative and efficient ways of working and future planning to address inequalities". Cooperation, inclusion, solidarity and multilateralism have an impact. As founding co-sponsors, UNDP and UNFPA are fully committed to strengthening the Joint Programme to help countries end AIDS as a public health threat.