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Joint United Nations Programme on HIV/AIDS**

Joint United Nations Programme on HIV/AIDS

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS, prepared pursuant to Council resolution [2021/26](#).



Report of the Executive Director of the Joint United Nations Programme on HIV/AIDS

Summary

In the 2030 Agenda for Sustainable Development, Member States committed to ending the AIDS pandemic as a public health threat by 2030. Substantial progress has been made towards this goal, with new HIV infections and AIDS-related deaths declining by 52 per cent and 32 per cent, respectively, since 2010. In 2021, 75 per cent (between 66 and 85 per cent) of people living with HIV worldwide were receiving treatment and 68 per cent (between 60 and 78 per cent) had achieved viral suppression. There have also recently been important, although still limited, gains in removing laws that criminalize key populations and HIV transmission, exposure or non-disclosure.

However, progress in the HIV response is faltering and the world is not on track to end AIDS as a public health threat by 2030. The rate at which new HIV infections are declining has slowed, as has the expansion of HIV treatment. HIV-related stigma and discrimination, as reflected in punitive and scientifically unfounded legal and policy frameworks, continue to impede progress and harmful gender norms disempower and increase the vulnerability of women and girls. Financing for the HIV response has stalled at amounts at least \$8 billion short of the annual funding required to get the response on track.

Underlying inequalities continue to drive the AIDS pandemic and slow progress towards ending it. In sub-Saharan Africa, adolescent girls and young women (aged 15–24 years) are three times more likely to acquire HIV than adolescent boys and young men in the same age group. Key populations, including gay men and other men who have sex with men, sex workers, transgender persons and people who inject drugs, are markedly more burdened by HIV than the population as a whole. Even as new HIV infections continue to decline steadily in high-burden countries in sub-Saharan Africa, they are on the rise in Eastern Europe and Central Asia, the Middle East and North Africa and Latin America.

The Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS” offers a clear road map to close HIV-related inequalities and get the HIV response on track. The 2021 political declaration on HIV and AIDS entitled “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”, adopted by Member States at the high-level meeting of the General Assembly on HIV and AIDS on 8 June 2021, builds on the strategic directions and ambitious targets in the Global AIDS Strategy 2021–2026. The Unified Budget, Results and Accountability Framework, approved by the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS), provides an outline of milestones, outputs, roles and responsibilities within UNAIDS, to catalyse the full and timely implementation of the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration, towards the targets for 2025. Underpinning all its efforts are the unique political access and influence of UNAIDS and its trusted relationships with Governments, communities and people living with, at risk of and affected by HIV. UNAIDS focuses on addressing inequalities and the needs of the most vulnerable to ensure everyone, everywhere has equitable, affordable access to the best HIV prevention, testing and treatment, including full protection of their human rights so that they may safely access to life-saving care.

UNAIDS harnesses the collective power of the United Nations by galvanizing the multifaceted expertise, governance efforts and in-country presence of its 11 co-sponsors and secretariat to eliminate new HIV infections and AIDS-related deaths and HIV-related stigma and discrimination. UNAIDS has enabled important advances in the HIV response since the previous report of the Executive Director ([E/2021/64](#)), in the face of extraordinary challenges in the global environment, including, but not limited to, the ongoing coronavirus disease (COVID-19) pandemic. However, the Joint Programme's ability to galvanize action to get the HIV response on track has been diminished by a persistent and considerable funding shortfall. Mobilizing the full core funds of the Unified Budget, Results and Accountability Framework is critical to fulfilling global hopes of reaching the 2030 target of ending AIDS as a public health threat.

I. Introduction

1. The present report has been prepared in response to the request by the Economic and Social Council, in its resolution [2021/26](#), for the Secretary-General to transmit to the Council, at its 2023 session, a report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), in collaboration with its co-sponsors¹ and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response by the United Nations systems to the AIDS pandemic.

II. Update on the global HIV pandemic

2. AIDS remains one of the world's most important challenges. In 2021, there were 38.4 million (between 33.9 million and 43.8 million) people living with HIV, including 1.7 million (between 1.3 million and 2.1 million) children. Women and girls account for 54 per cent of people living with HIV and 3.3 million (between 2.1 million and 4.5 million) are from 15 to 24 years of age. Although every region of the world is affected by the HIV pandemic, sub-Saharan Africa is home to two thirds – or 25.6 million (between 23.4 million and 28.6 million) – of all people living with HIV. Every minute, one person dies of AIDS-related causes and another person is newly infected with HIV every 20 seconds. Ending AIDS is not only a key component of the Sustainable Development Goals, but it will also have important ripple effects across the breadth of the Goals.

3. The HIV response has achieved extraordinary results for people. AIDS-related deaths have decreased by 68 per cent since the peak mortality in the period 2004–2021 and by 52 per cent since 2010. New HIV infections have declined by 54 per cent since the peak in 1996 and by 32 per cent since 2010. The annual number of new HIV infections is now the lowest it has been since the late 1980s.

4. However, progress in the HIV response is faltering and the world is not on track to end AIDS as a public health threat by 2030. In 2021, an estimated 1.5 million (between 1.1 million and 2.0 million) people were newly infected with HIV, which represents the smallest annual decline in new HIV infections since 2016. New infections are on the rise in Eastern Europe and Central Asia, the Middle East and North Africa and Latin America.

5. Catalysing worldwide access to antiretroviral therapy is one of the singular achievements of the HIV response. In 2021, 85 per cent (between 75 and 97 per cent) of people living with HIV worldwide knew their HIV status, 75 per cent (between 66 and 85 per cent) were receiving HIV treatment and 68 per cent (between 60 and 78 per cent) had achieved viral suppression. However, the increase in the number of people receiving antiretroviral therapy in 2021 (1.5 million) was the lowest it has been since 2009. Treatment coverage lags behind the global average in Eastern Europe and Central Asia, the Middle East and North Africa, Latin America and the Caribbean.

6. The HIV pandemic reflects and is driven by profound inequalities. In sub-Saharan Africa, adolescent girls and young women (15–24 years of age) – one of whom becomes infected every three minutes – are three times more likely to acquire

¹ The Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the World Food Programme, the United Nations Development Programme, the United Nations Population Fund, the United Nations Office on Drugs and Crime, the United Nations Entity for Gender Equality and the Empowerment of Women, the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization and the World Bank.

HIV than adolescent boys and young men in the same age group, even though HIV incidence among adolescent girls and young women has steadily declined over the past decade. In 2021, key populations and their sexual partners accounted for 70 per cent of new HIV infections globally, 94 per cent of new HIV infections outside sub-Saharan Africa and 51 per cent of new HIV infections in sub-Saharan Africa.

7. Progress in reducing the number of new HIV infections among children (160,000 (between 110,000 and 230,000) in 2021) has slowed owing to stagnating antiretroviral therapy coverage among pregnant and breastfeeding women living with HIV. HIV treatment coverage in 2021 was markedly higher for adults (76 per cent) than for children (52 per cent) and this gap has widened since 2010. In 2021, children accounted for 4 per cent of people living with HIV, but 15 per cent of AIDS-related deaths.

8. Social and structural factors increase HIV vulnerability and contribute to inequalities. An estimated 245 million ever-married/partnered women and girls aged 15 years and older have experienced intimate partner violence in the past 12 months, which is closely linked with HIV vulnerability. Unscientific, punitive laws remain common with 93 countries criminalizing HIV non-disclosure, exposure or transmission, 20 criminalizing transgender persons, 153 criminalizing at least one aspect of sex work, 67 criminalizing same-sex relations and 115 criminalizing possession of a limited amount of drugs for personal use. The recent rise in food prices has increased the number of people affected by food insecurity by 180 million,² thus exacerbating HIV-related inequalities and undermining progress in the HIV response.

9. HIV is interlinked with other communicable and non-communicable diseases. Women living with HIV are five times more likely to develop cervical cancer than their HIV-negative counterparts, while tuberculosis remains the most common cause of premature death among people living with HIV. Sexually transmitted infections other than HIV contribute to increased HIV transmission. People living with HIV are at increased risk of developing mental health conditions, which can undermine health-seeking behaviours, reduce adherence to treatment and lead to higher mortality.

10. Globally, the testing and treatment targets for 2020 were almost achieved among adult women (15 years and older) living with HIV. However, compared to women living with HIV, there are 740,000 more men living with HIV who do not know their HIV status, 1.3 million more men who are not on treatment and 920,000 more men who have not achieved viral suppression.

11. The tools exist to put the world on the path to end AIDS as a public health threat, but we are not making optimal use of key interventions. Combination HIV prevention coverage for key populations is low in all regions, although some countries are showing success with 24 of 83 reporting countries achieving the target of 90 per cent coverage of condom use among sex workers in 2021. Uptake of pre-exposure antiretroviral prophylaxis is rapidly increasing in some countries, with more than 3 million people now on it worldwide, but this process needs to be scaled up. Of 40 countries reporting data in 2021, only 6 provided opioid agonist therapy to at least 50 per cent of people who are opioid dependent. Uptake of voluntary medical male circumcision is mixed, with coverage rapidly trending upwards in some countries while lagging in others.

12. One of the main reasons why progress in the HIV response is slowing is that funding remains inadequate, with a shortfall of \$8 billion, and has gradually declined since 2017. International HIV assistance has declined, but the successful seventh

² United Nations Global Crisis Response Group on Food, Energy and Finance, “Global impact of the war in Ukraine on food, energy can finance systems: the world is facing a global cost of living crisis” (World Business Council for Sustainable Development, 2022).

replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2022 and the continued, robust support for the President's Emergency Plan for AIDS Relief of the United States of America are promising signs of sustained commitment to the response. The lingering economic effects of the coronavirus disease (COVID-19), continuing effects of the armed conflict in Ukraine and high levels of debt in many low- and middle-income countries have diminished the capacity of countries to invest in HIV or health.

III. Charting the way forward to end AIDS as a public health threat by 2030

13. As we approach the halfway mark of the Sustainable Development Goals era, with the world off track to end AIDS by 2030, the response must be intensified and refocused. The Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS” places people at the centre and aims to unite countries, communities and partners across and beyond the HIV response to take prioritized actions to accelerate progress towards the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

14. In its resolution [2021/26](#), the Economic and Social Council recognized the importance of the 2021 political declaration on HIV and AIDS, entitled “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”, noting its alignment with the Global AIDS Strategy 2021–2026 and the 2030 Agenda for Sustainable Development. Both the 2021 Political Declaration and the Global AIDS Strategy 2021–2026 demand that we apply an inequalities lens across every aspect of the response to address the root causes of HIV vulnerability and to ensure that all people have access to services.

15. To end HIV-related inequalities and get the response on track to reach the goal of ending AIDS as a public health threat by 2030, the 2021 Political Declaration provides a series of targets for 2025. They include ensuring that 95 per cent of people living with HIV know their HIV status; 95 per cent of people living with HIV who know their status initiate HIV treatment; 95 per cent of people receiving treatment have achieved viral suppression; 95 per cent of pregnant and breastfeeding women living with HIV receive services for the elimination of vertical transmission; 95 per cent of women have access to HIV and sexual and reproductive health services; 95 per cent of people at risk of HIV acquisition use combination prevention; and 90 per cent of people living with HIV or at risk of HIV are linked to people-centred and context-specific integrated services. The 2021 Political Declaration also provides an outline of specific targets on social enablers, including that by 2025, less than 10 per cent of countries have punitive laws and policies; fewer than 10 per cent of people living with HIV and key populations experience stigma and discrimination; and fewer than 10 per cent of women, girls, people living with HIV and key populations experience gender inequality and violence.

IV. Global efforts led by the Joint Programme to end AIDS as a public health threat by 2030

16. Drawing on its unique multisectoral experience, expertise and presence in more than 100 countries, including through multi-country offices, UNAIDS remains strong and committed to support countries and communities in partnership with the Global Fund and the President's Emergency Plan for AIDS Relief. UNAIDS works closely with countries, providing technical support, including in the development of proposals for funding from the Global Fund and the President's Emergency Plan for

AIDS Relief, so that programming efforts may be prioritized to yield maximum benefits for people. Although its annual core budget of \$210 million accounts for less than 1 per cent of total HIV resources for low- and middle-income countries, technical assistance provided by UNAIDS has helped mobilize more than \$5 billion in HIV funding for countries during the most recent three-year funding cycle of the Global Fund.

17. The ability of UNAIDS to optimize its catalytic role in the HIV response has been undermined by chronic underfunding, as financial resources available to UNAIDS have fallen short of the budget by some 25 per cent since 2016. As a result, the support provided by UNAIDS to countries has also fallen short of what was originally planned. A fully funded core budget is essential for UNAIDS to support countries in taking the actions needed to reach the 2025 targets.

A. Monitoring trends in the HIV pandemic and response

18. Working with countries and communities, UNAIDS manages the world's most extensive and up-to-date data collection on HIV epidemiology, programme performance and coverage, HIV response financing and other indicators to guide an efficient and effective response to HIV. The UNAIDS compilation of country-reported data is a foundational pillar for global and regional AIDS programmes, research, advocacy and resource mobilization. Through the Global AIDS Monitoring system, countries report annually their results against standardized indicators developed by UNAIDS and its partners. In 2021, 104 countries reported through the Global AIDS Monitoring system.

19. UNAIDS helps countries to know the status of their epidemic and to respond using uniform, evidence-informed models to generate their own national estimates of key epidemiological measures. In 2021, 131 countries produced epidemiological estimates. Over time, these HIV estimates have become increasingly granular, with 39 countries using UNAIDS-recommended models to generate subnational HIV estimates at the district level in 2021.

20. These estimates enable partners to ensure that the AIDS response is as focused and effective as possible. They also promote accountability for results, while measuring progress towards the 95-95-95 targets for HIV testing, treatment and prevention services. UNAIDS is now developing user-friendly methods to enable countries to generate HIV estimates with reduced external support.

21. By leveraging primarily policy and survey data, UNAIDS helps countries to monitor the societal enablers of a robust AIDS response, focusing on such issues as gender-based inequalities and violence, punitive legal and policy frameworks and stigma and discrimination. One such survey is the People Living with HIV Stigma Index, which is managed in partnership with the Global Network of People Living with HIV and the International Community of Women Living with HIV and monitors stigma and discrimination experienced by people living with HIV, including key populations living with HIV.

B. Integrated policy advice, normative guidance and technical support

HIV testing, treatment and viral suppression

22. UNAIDS supports countries in implementing rights-based HIV testing and treatment strategies. The World Health Organization (WHO) publication entitled *Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach*, updated in 2021,

provides clear, easy-to-use guidance for countries on planning and implementing testing and treatment programmes that achieve high levels of viral suppression. In 2022, all 189 reporting countries had adopted the recommended treat-all approach and 76 per cent of 118 reporting countries had authorized rapid initiation of HIV treatment following an HIV diagnosis. In July 2022, WHO released new guidelines for the use of long-acting injectable cabotegravir as an injectable form of pre-exposure prophylaxis for HIV and called for countries to consider this safe and highly effective prevention option for people at substantial risk of HIV infection.

23. The International Labour Organization (ILO) implemented its flagship VCT@WORK campaign in more than 20 countries, enabling 92,000 workers to know their HIV status, and supported the scaling up of HIV self-testing in 12 countries, with a focus on workplace testing. In 2022, Global Fund grants managed by the United Nations Development Programme (UNDP) provided 1.61 million people with antiretroviral treatment for HIV, delivered more than 3 million HIV tests and provided almost 100,000 people with tuberculosis treatment. Towards a more integrated service delivery approach, UNAIDS worked in collaboration with the President's Emergency Plan for AIDS Relief, the George W. Bush Institute and other partners to support 12 countries in scaling up integrated cervical cancer service delivery and screening.

24. The Joint Programme supported more than 130 countries to overcome HIV service barriers during COVID-19, by developing and disseminating multiple models for HIV self-testing and promoting multi-month dispensing of medicines. The United Nations Children's Fund (UNICEF) and WHO supported the implementation of differentiated service delivery approaches for children living with HIV in six high-burden countries in sub-Saharan Africa. UNAIDS guided and supported the expanded provision of multiples doses of methadone in the context of COVID-19 in Viet Nam.

Elimination of new HIV infections among children and sustaining mothers' health

25. Persistent gaps in the response to HIV among children prompted the UNAIDS secretariat, UNICEF, WHO, networks of people living with HIV, President's Emergency Plan for AIDS Relief, the Global Fund and the Governments of 12 countries with the highest burden to form the Global Alliance to End AIDS in Children. The work of the Global Alliance centres on four pillars: early testing and optimal treatment for infants, children and adolescents; closing the treatment gap for pregnant and breastfeeding women; preventing new infections among pregnant and breastfeeding adolescent girls and young women; and addressing rights, gender equality and social and structural barriers that hinder access.

26. Experience shows the feasibility of closing prevention and treatment gaps for children. Sixteen countries and territories have been validated as having eliminated vertical transmission of HIV and syphilis, with Botswana becoming the first country with a severe HIV epidemic to achieve the "silver tier" status, a key milestone on the road to elimination of vertical transmission. UNAIDS supported efforts by countries to assemble the data needed to achieve certification.

27. Revised WHO guidance on the use of antiretroviral therapy in pre-pregnancy, pregnant and post-partum women and for infant prophylaxis and treatment, as well as United Nations Population Fund (UNFPA) guidance on strengthening youth-friendly services for pregnant and young mothers living with HIV, has helped countries to better address children's needs. UNICEF and WHO supported the roll-out of the Paediatric Service Delivery Framework, which helps national partners to identify and map service delivery gaps.

HIV prevention among adolescents and young people

28. Strengthening HIV prevention for adolescents and young people is a key focus of the Global HIV Prevention Coalition, which has assisted 26 countries in developing strategic HIV prevention road maps. National leads from AIDS coordinating bodies and ministries of health defined their priority country actions in line with the 10-point action plan in the Global HIV Prevention Coalition HIV Prevention 2025 Road Map.

29. The UNAIDS secretariat-UNFPA Condom Strategic Initiative, which is supported by the Global Fund, is providing technical support on condom programme stewardship, last mile distribution and demand generation. Furthermore, the South-South Learning Network, in association with the Global HIV Prevention Coalition, has promoted the sharing of good practices on implementing HIV prevention in 15 countries in sub-Saharan Africa.

30. Education is a powerful equalizer. Enabling girls to stay in school until they complete their secondary education reduces their vulnerability to HIV by up to 50 per cent. In its first year of operation, the Education+ Global Strategic Initiative was championed at the highest level in Benin, Cameroon, Eswatini, Gabon, the Gambia, Kenya, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Uganda, the United Republic of Tanzania and Zambia. Launched in 2021, the Initiative has already driven important changes, including the adoption of three education-related declarations by the African Union, as well as the integration of Education+ interventions in sector-wide education policies in Malawi, Sierra Leone and Zambia. In Uganda, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) engaged over 15,000 community leaders, including faith-based and traditional leaders, in a regional campaign to promote the importance of secondary education for girls as a protective factor against HIV.

31. In 2022, the United Nations Educational, Scientific and Cultural Organization supported over 70 countries to strengthen comprehensive sexuality education and promote healthy, safe, inclusive learning environments. At its fifty-first meeting, the Programme Coordinating Board called on the Joint Programme to support countries, upon their request, to scale up age-appropriate comprehensive education and information, relevant to cultural contexts, on sexual and reproductive health and HIV prevention, or comprehensive sexuality education, as set out in the Global AIDS Strategy 2021–2026.

32. Funded by the Swedish International Development Cooperation Agency, 2gether4SRHR is an initiative which brings together the UNAIDS secretariat, UNFPA, UNICEF, WHO, regional economic communities, national Governments and civil society organizations. It developed a toolkit on sexual and reproductive health and HIV for adolescents and young people, in collaboration with Y+ Global and with content co-created by adolescents and young people from five countries in sub-Saharan Africa. In 2022, 36 country operations of the Office of the United Nations High Commissioner for Refugees monitored and supported programmes to improve service delivery for adolescents and young people in refugee settings. In 2022, the World Bank pursued multiple projects addressing HIV-related youth health and education needs, including support for the empowerment of girls and women in at least 30 International Development Association countries.

33. UNAIDS has also helped build the evidence base for action to prevent new HIV infections among young people. Through a multi-year collaboration between the World Food Programme, University of Oxford and University of Cape Town, it was found that food security reduces the risk of acquiring HIV and negative coping strategies, based on the findings from one of the largest-ever study cohorts of adolescent girls and young women. An updated investment tool for prevention

programming for adolescent girls and young women, developed by the Global HIV Prevention Coalition secretariat, has been incorporated into Global Fund guidance and is now informing national self-assessments in 15 countries in sub-Saharan Africa.

HIV prevention among key populations

34. Advancing better HIV services and advocating for human rights are parts of a multi-component UNAIDS strategy for key populations that also focuses on responding to human rights emergencies, promoting law reform, and supporting key population organizations.

35. WHO published new consolidated guidelines on HIV, viral hepatitis and sexually transmitted infections prevention, diagnosis, treatment and care for key populations, developed jointly with four key populations networks. The consolidated guidelines include new recommendations for virtual/online interventions and the critical role of peer navigators in guiding members of key population groups through health services. Under the umbrella of the Global HIV Prevention Coalition, the Joint Programme catalysed the creation of a community of practice for key populations, with webinars on the new WHO guidelines and sustaining and funding key population responses.

36. UNAIDS supported capacity-building and a services scale-up for key populations in at least 87 countries. This included providing support to Doctors without Borders to implement a harm reduction initiative for people living with or at risk of acquiring HIV in three cities in Côte d'Ivoire; aid for community-led studies of people who use drugs in Kazakhstan; and support for the adaptation of subnational programme planning to address the needs of key populations in 14 countries. In 2022, the United Nations Office on Drugs and Crime (UNODC) collaborated with WHO, the UNAIDS secretariat and the International Network of People Who Use Drugs to develop guidance on evidence-based, good-quality opioid agonist therapy. ILO developed a learning guide on working with lesbian, gay, bisexual, transgender, questioning and intersex persons in the world of work, which was widely distributed in Latin America and the Caribbean.

37. Through the Key Populations Atlas, the UNAIDS secretariat provides ready access to a broad array of strategic indicators regarding specific key populations at both the global and country levels. Data available through the Atlas include programme coverage and outcome data, co-infections, reported stigma and discrimination, legal frameworks, expenditure on population-focused programming and population-specific resource needs for different aspects of the HIV response.

Gender equality in the context of HIV

38. Unequal power dynamics between men and women and harmful gender norms increase HIV vulnerability among women and girls, reduce women's ability to make decisions regarding their own lives, increase women's risks of experiencing violence and make men and boys less willing to seek the health services they need.

39. The 2gether4SRHR initiative supports 12 countries in sub-Saharan Africa in addressing the intersections of HIV and gender inequality. The work of UN-Women has enhanced gender expertise in AIDS coordinating bodies in at least 16 countries, supported the scale-up of evidence-based interventions to transform unequal gender norms in 17 countries and convened an expert group to provide evidence and guidance for national HIV programmes. UNAIDS supported gender assessments of HIV responses in 13 countries and at least 71 countries reported implementing WHO guidelines and tools for responding to intimate partner violence and sexual violence.

Removal of punitive laws, policies and practices, and elimination of stigma and discrimination that block effective HIV responses

40. Stigma, discrimination and punitive legal frameworks exacerbate inequalities and undermine effective HIV responses. A systematic review of data from 10 countries in sub-Saharan Africa found that HIV prevalence among gay men and other men who have sex with men living in countries where same-sex sexual relations are criminalized is more than five times higher than in countries without such laws. Another study in sub-Saharan Africa found that HIV prevalence among sex workers is seven times lower in countries that have wholly or partially decriminalized sex work. Criminalization of drug use has been shown to increase internal stigma and violence and diminish HIV prevention and treatment service access.

41. There are encouraging signs of progress on which we can build. Since 2016, 14 countries have removed laws criminalizing same-sex relations, including 5 countries in the Caribbean, 4 in sub-Saharan Africa and 5 in Asia and the Pacific. In 2022, Belgium became the first country in Europe to decriminalize sex work. Zimbabwe recently reformed its laws criminalizing HIV non-disclosure, exposure or transmission. However, at the same time, other countries have imposed new penalties or made discriminatory laws even harsher.

42. The Global Partnership for Action to end all forms of HIV-related stigma and discrimination is a key channel through which UNAIDS supports the fulfilment of the targets of the 2021 Political Declaration on societal enablers. Thirty-three countries have now joined the Global Partnership, which is co-convened by the UNAIDS secretariat, UNDP, UN-Women and the Global Network of People Living with HIV, with substantive leadership input from, and the involvement of, the NGO Delegation on the UNAIDS Programme Coordinating Board. Participating countries agree to assess the state of HIV-related stigma and discrimination and take action to eliminate stigma and discrimination in six settings, namely health-care, education, employment, legal and justice system, individual/household/community and emergency and humanitarian settings. Through the provision of technical support, the Global Partnership has enabled policy changes in the Central African Republic and Iran (Islamic Republic of) to prevent discrimination in health-care settings, as well as the adoption by Kazakhstan of a law prohibiting HIV-related discrimination in the workplace and the implementation of the Being LGBTI in the Caribbean programme in Barbados, the Dominican Republic, Haiti and Jamaica, under the leadership of UNDP.

43. UNAIDS supports legal reform efforts by working hand in hand with communities and civil society advocates on a regular basis. UNAIDS has supported the repeal of HIV criminalization laws in Mozambique and Zimbabwe; the decriminalization of consensual same-sex conduct in Angola, Bhutan and Seychelles; the passage of laws protecting the rights of people living with HIV in Chad and Viet Nam; legislation in Ukraine allowing people living with HIV to adopt children; the enactment of HIV anti-discrimination legislation in Côte d'Ivoire, Haiti, Indonesia, Kenya, Malawi and Uganda; and the development of a new strategy for mainstreaming HIV and human rights in the legal and regulatory framework of the Sudan. In Pakistan, UNAIDS worked with the Resident Coordinator Office and communities to successfully contribute to the passage of the Transgender Persons (Protection of Rights) Act.

44. UNAIDS is helping build the evidence base for action to align laws and policies with human rights and science. The World Bank assessed laws and regulations affecting sexual and gender minorities in at least 16 countries. UNAIDS collects and makes available, through the National Commitments and Policy Instrument, country-reported data on the commitments of the 2021 Political Declaration, and undertakes

legal and policy document reviews for dissemination through the online Laws and Policies Analytics platform and visualizes the status of HIV-related laws and policies through the online HIV Policy Lab platform.

45. The UNAIDS secretariat is often the first responder when violence or other forms of abuse against key populations are reported. Since 2021, UNAIDS has supported the response to human rights crises for key populations in several countries and regions. UNODC has developed guidance and training material for police officers who interact with people who use drugs, including on alternatives to incarceration. UNDP and the UNAIDS secretariat sensitized judges in nine countries and extended legal aid to communities of people living with and affected by HIV in Indonesia, Malaysia, Somalia and other countries.

Integration of people-centred HIV and health services in the context of stronger systems for health

46. A people-centred approach to health service delivery is a holistic approach that organizes care around the health needs and expectations of people rather than around diseases. The HIV response has been a pioneer in people-centred care, adapting service approaches to the diverse needs of people living with, at risk of acquiring or affected by HIV.

47. Growing evidence, including the experience of the COVID-19 pandemic, shows how investments in the HIV response are strengthening health systems. Infrastructure built or strengthened through HIV investments – in laboratories and surveillance, the health workforce, commodity procurement and supply chain management, health facilities and community systems – has played a key role in strengthening national responses to COVID-19.

48. UNAIDS works actively to support countries in strengthening their health systems and to equip them to deliver quality, people-centred services. In March 2020, the World Bank established a new fast-track COVID-19 facility that provided \$6 billion in financing to support health systems. UNAIDS supports innovation in health systems through its Health Innovation Fund, which is a virtual marketplace for HIV-related innovations that has facilitated public-private partnerships for more than \$60 million in investments in health-care innovations.

49. UNAIDS works to preserve and strengthen health services for people in humanitarian settings. In response to the devastating floods in the Province of KwaZulu-Natal in South Africa, UNAIDS generated strategic information on health facilities and HIV services and supported provincial and national Governments to disburse catalytic funding through country envelope funding. With the advent of peace in Ethiopia, UNAIDS is providing technical support to the Government, in collaboration with the Resident Coordinator, to ensure the delivery of HIV commodities in conflict hot spots in the Tigray Region and northern provinces. UNAIDS supports the community-led SEROvie Foundation in Haiti to ensure that the needs of key populations are addressed during disaster responses.

50. In Ukraine, the Joint Programme reinforced the capacity of 14 community-based and 15 government HIV service providers to continue providing HIV prevention, care and support services to people living with HIV and key populations among internally displaced persons during the armed conflict. The Joint Programme also provides support to refugees in neighbouring countries. For example, it is supporting civil society organizations in the Republic of Moldova to reach up to 5,000 key populations with essential services and to purchase antiretroviral therapy for 900 refugees. UNAIDS has mobilized civil society organizations in Poland to improve service access for Ukrainian refugees living with HIV. Along border crossings, UNAIDS implementing partners have been integrated into Blue DOTS Hubs to reach refugees

with psychosocial aid, HIV/tuberculosis prevention services and information on sexual and reproductive health and rights.

C. Engaging communities and civil society in the HIV response

51. The 2021 Political Declaration includes ambitious targets that aim to ensure that well-resourced communities can lead the way towards ending AIDS as a public health threat by 2030. The 30–80–60 targets provide that by 2025:

(a) Community-led organizations deliver 30 per cent of testing and treatment services;

(b) Community-led organizations deliver 80 per cent of HIV prevention services for populations at high risk of HIV infection;

(c) Community-led organizations deliver 60 per cent of programmes to support the achievement of societal enablers.

52. To help inform and guide the work of UNAIDS in support of community-led AIDS responses, UNAIDS was asked by the Programme Coordinating Board to convene a multi-stakeholder task team to standardize the use of definitions including “community-led AIDS responses” and to enhance measurability and reporting on community-led AIDS responses. The recommendations of the multi-stakeholder task team include developing better systems for financing community-led organizations, which often face legal, capacity and eligibility barriers to national and international financing mechanisms; monitoring community-led capacity; and integrating data generated by community groups into response management.

53. The UNAIDS secretariat supported community-led AIDS responses in more than 52 countries in 2022, including 106 community and youth-led accountability and advocacy projects. The UNAIDS secretariat provided intensive technical support for community-led monitoring in 17 countries, as well as technical support to strengthen community systems in 11 countries, and helped bring 500 organizations together for cross-country, peer-to-peer learning. UNAIDS helped establish the Civil Society institute for HIV and Health in Western and Central Africa, which is now supporting over 140 local organizations in 21 countries. In collaboration with ILO and other partners, the UNAIDS secretariat provided training for 150 civil society organizations on inclusive social protection systems for vulnerable groups. UN-Women built the institutional capacities of networks of women living with HIV in Cambodia, El Salvador, Nepal, Nigeria, Papua New Guinea, Senegal, Viet Nam and Zimbabwe.

54. UNAIDS supports the role of community organizations in playing an active part in decision-making on policy and funding. The UNAIDS secretariat is partnering with Global Action for Trans Equality to strengthen the engagement of the transgender community in the Global Fund’s new funding mechanism. In 2022, UNDP led the piloting of the LGBTI Inclusion Index in eight countries, namely Angola, the Dominican Republic, Georgia, Guyana, Ecuador, New Zealand, Pakistan and Viet Nam.

D. Mobilizing and tracking resources for the global HIV response and ensuring efficiency and effectiveness

55. The UNAIDS secretariat monitors expenditure from domestic and international sources in 118 low- and middle-income countries, making this information readily available through the UNAIDS HIV Financial Dashboards. The UNAIDS secretariat helps countries conduct National AIDS Spending Assessments, thus enabling them to

compare impact against investments and identify where and how their response is falling short. In the Central African Republic, a National AIDS Spending Assessment found that HIV prevention services were significantly underfunded and therefore served as the basis for a new national strategy that prioritized increased domestic funding for prevention efforts. The UNAIDS secretariat also collaborated with the Kaiser Family Foundation and the AIDS Vaccine Advocacy Coalition to monitor HIV-related disbursements by international donors and investments in research and development on key prevention technologies. WHO monitors average unit price and procurement volumes for first- and second-line antiretroviral medicines.

56. UNAIDS works to mobilize essential funding for the HIV response. The UNAIDS secretariat played an active role in the seventh replenishment of the Global Fund, which mobilized an unprecedented \$15.7 billion for investments to strengthen HIV, tuberculosis, malaria and health systems. The secretariat convened regional ministerial meetings on health and finance in Africa, with a view to increasing domestic investments in HIV.

57. The Joint Programme also supports efforts to maximize the efficiency and effectiveness of HIV investments. UNAIDS has supported HIV investment cases in more than half (54 per cent) of countries where the Joint Programme operates. UNAIDS supported 20 efficiency and effectiveness studies in 2020/21, including allocative efficiency studies in 10 countries. In 2022, the UNAIDS secretariat analysed the “pandemic triad” of HIV, COVID-19 and debt distress in developing countries and recommended sustained action to reduce the debt burden and facilitate greater investments in HIV and other health programmes.

E. Leveraging lessons learned to tackle other pandemics

58. UNAIDS pivoted swiftly and strategically in response to the COVID-19 pandemic, providing essential leadership to partners and stakeholders at the global, regional and country levels. In collaboration with its partners, UNAIDS fulfilled its advocacy and technical support role to ensure the rapid expansion of multi-month dispensing and other differentiated service delivery strategies to preserve HIV services amid national and local public health lockdowns. Tackling the broader international dynamics that made the COVID-19 response so unequal, the Executive Director of UNAIDS co-convened HIV, health and social justice partners to form the People’s Vaccine Alliance to promote universal access to prevention and treatment measures.

59. As the world moves to strengthen pandemic preparedness and response, the global community must draw on lessons learned from the COVID-19 pandemic. WHO is leading efforts to develop an international instrument on pandemic prevention, preparedness and response. The experience of both the HIV and COVID-19 pandemics underscores the critical importance of a multisectoral response, focus on equity and human rights, support for community-led and community-based pandemic infrastructure, civil society participation and engagement in pandemic preparedness and broader health governance, equitable and affordable access to the best health technologies and sustainable financing.

60. As new health emergencies arise, UNAIDS, in close collaboration with the HIV community, is drawing on its expertise to tackle these challenges. The worldwide outbreak of monkeypox in non-endemic countries, which affected many of the same key populations most heavily affected by HIV, highlighted the Joint Programme’s leadership role in support of national preparedness. For example, the UNAIDS secretariat supported Peru, one of the countries with the highest number of monkeypox cases per million people, in establishing its successful response to the outbreak.

V. Strengthening and adapting the United Nations system response to AIDS

61. Previous reviews by the Economic and Social Council, as well as the independent evaluation of the United Nations system response to AIDS in 2016–2019, have found that UNAIDS is an exemplary expression of United Nations reform in action. UNAIDS is a leader in efforts to align its operations with the quadrennial comprehensive policy review of United Nations operational activities for development.³ UNAIDS offers the only joint, co-sponsored programme of its kind contributing to a United Nations development system that is more strategic, accountable, transparent, coherent, collaborative, efficient, effective and results-oriented, with a central focus on leaving no one behind.⁴ With more than 25 years of experience in spearheading a coordinated, multisectoral response to the HIV pandemic, UNAIDS has innovated in the area of joint programming, joint country teams and unified budgets and workplans, while developing tools and approaches that are guiding United Nations country teams and inter-agency collaboration more generally to drive progress towards the goals of the 2030 Agenda. The built-in flexibility and responsiveness of the Joint Programme, facilitated by high levels of unearmarked core funding, has enabled UNAIDS to move rapidly and creatively to support the leadership role of resident coordinators in providing immediate assistance to mitigate the impact of COVID-19 on vulnerable populations.

62. In alignment with the key principles of the quadrennial comprehensive policy review, the Unified Budget, Results and Accountability Framework 2022–2026, the Joint Programme’s primary tool for prioritization, strategic and joint planning, implementation, monitoring and accountability, is the blueprint UNAIDS is using to carry out its role in implementing the Global AIDS Strategy 2021–2026. Approved at the forty-eighth meeting of the Programme Coordinating Board, the Framework provides a set of transformative shifts in the way UNAIDS works, which will involve applying an inequalities lens across all aspects of its operations. Supported by a clear theory of change, the Framework provides an outline of three overarching outcomes and 10 results area outputs. Indicators have been developed to track the Joint Programme’s success in achieving the outcomes and outputs. The overall approach of the Framework continues to reflect the 2017 UNAIDS Action Plan and refined UNAIDS operating model,⁵ developed in response to a high-level global review panel on the future of the Joint Programme model and explicitly aligned with the requirements of the quadrennial comprehensive policy review.

63. The Joint Programme has taken numerous steps to align its work with the mandates of the quadrennial comprehensive policy review, which include the adoption of the Global AIDS Strategy 2021–2026, the aim of which is to maximize the Joint Programme’s coherence, coordination and effectiveness as a critical leader of efforts to end AIDS as a public health threat by 2030. Building on the targets and approaches provided in the Global AIDS Strategy 2021–2026, the 2021 Political

³ See General Assembly resolution [71/243](#) for the 2016 quadrennial comprehensive policy review and Assembly resolution [75/233](#) for the 2020 quadrennial comprehensive policy review.

⁴ In its resolution [75/233](#), the General Assembly noted the importance of the contribution of the United Nations development system with the aim of supporting government efforts to achieve the Sustainable Development Goals, leaving no one behind, based on full respect for human rights, including the right to development, and stressed in this regard that all human rights were universal, indivisible, interdependent and interrelated.

⁵ The Action Plan entitled “Refining the operating model of the UNAIDS Joint Programme”, was approved at the fortieth meeting of the Programme Coordinating Board in June 2017. See https://www.unaids.org/sites/default/files/media_asset/20170621_PCB40_Action-Plan_17.4_EN.pdf

Declaration reflects the global commitment to end HIV-related inequalities and get the response on track to end AIDS as a public health threat by 2030.

64. The Programme Coordinating Board established an Independent and External Oversight Advisory Committee, following the recommendations of the Joint Inspection Unit review of the management and administration of UNAIDS in 2019. Operational as of 2022, the Committee provides independent expert advice to the Programme Coordinating Board and to the Executive Director in fulfilling their governance and oversight responsibilities and assessing the effectiveness of internal control systems, risk management and governance processes. The overall role of the Committee is to strengthen accountability and oversight within UNAIDS.

65. The Joint Programme has created a number of global strategic initiatives that aim to focus political advocacy, resource mobilization and partnerships on key issues. The Education+ initiative and the Global Alliance to End AIDS in Children are examples of these initiative, and work is under way to develop a global strategic initiative to accelerate progress towards the 10-10-10 targets on social enablers, as reflected in the Global AIDS Strategy, 2021–2026.

66. To match its internal operations with its leadership role in ending inequalities and to make UNAIDS fit for purpose in a rapidly evolving environment, the UNAIDS secretariat has undertaken an organizational realignment and culture transformation. This organizational transformation, undertaken with multiple layers of staff input, aims to make UNAIDS financially sustainable and more cost-effective; strengthens core areas of the work of UNAIDS; prioritizes UNAIDS as a knowledge organization; and reduces the Geneva footprint of the secretariat while strengthening staffing at the country and regional levels.

67. The senior leadership of UNAIDS was strengthened with the appointment by the Secretary-General of two UNAIDS Deputy Executive Directors at the level of Assistant Secretary-General. The Committee of Cosponsoring Organizations, chaired by UNODC in 2023, facilitates the input of co-sponsors into strategy, policy and operations of the Joint Programme and ensures that decisions made by the Programme Coordinating Board are also considered by the Boards' co-sponsors.

Funding situation of the Joint Programme

68. Persistent shortfalls in Unified Budget, Results and Accountability Framework core funding pose a clear threat to the Joint Programme's ability to carry forward its mission and to support efforts to end AIDS as a public health threat by 2030. The Unified Budget, Results and Accountability Framework 2022–2026 includes budget allocations for the co-sponsors and the secretariat at a base of \$187 million up to a threshold of \$210 million per annum. This budget represents the amounts the Joint Programme needs to play its catalytic role in implementing the Global AIDS Strategy 2021–2026.

69. However, core UNAIDS funding has fallen considerably short of the budget approved by the Programme Coordinating Board, with the Unified Budget, Results and Accountability Framework core income totalling \$171.4 million in 2021 and \$165.5 million in 2022. The Programme Coordinating Board led a task team effort to increase core funding further in 2022 and managed to lift the projected level of income by some \$10 million by the end of the year. Despite these efforts, it was still far from the \$187 million annual budget, with current projections for 2023 currently standing at \$155 million. Fluctuations in currency valuations have contributed considerably to the current shortfall.

70. UNAIDS has taken steps to increase efficiencies. The UNAIDS secretariat has reduced core-funded posts by 9 per cent and its annual core staff budget by 10.6 per

cent; reduced P5 core posts by 36 per cent; increased national professional staff by 30 per cent; reduced the Geneva footprint by relocating about 90 positions to global hubs, in Bangkok, Bonn (Germany), Johannesburg (South Africa) and Nairobi; established HIV adviser positions in resident coordinator offices in five countries in lieu of UNAIDS country offices; and increased the multi-country model to nine countries, which are providing support for an additional 20 countries.

71. However, these efficiencies, while important, are insufficient to address the magnitude of the funding deficit. There has been an increase in recent years in non-core funding to the Joint Programme, but this earmarked funding, while supporting valuable work, cannot replace the consistent, adequate core funding needed by UNAIDS to carry forward the workplan the Programme Coordinating Board has endorsed.

72. As a result of inadequate funding, the UNAIDS secretariat has been forced to restructure the provision of regional support, following the closure of one of its regional support teams, and has also closed three country offices across its operations. The management of the secretariat has frozen several positions, which has, in turn, considerably increased the workload for remaining staff.

73. Persistent underfunding of the Programme Coordinating Board-approved Unified Budget, Results and Accountability Framework core fund has led to a particularly marked reduction in HIV capacity among co-sponsors. When the funding shortfall first emerged in 2016, it resulted in a 27 per cent decline in the number of staff working on HIV at co-sponsor agencies. These challenges have persisted, with the independent evaluation of the United Nations system response to AIDS in 2016–2019 finding that the reduced availability of Unified Budget, Results and Accountability Framework core funding has diminished the HIV capacity of co-sponsors. A capacity assessment undertaken following the independent evaluation found that funding for critical Joint Programme staff has declined, limiting the co-sponsors' ability to leverage the necessary sectoral and partner responses to drive HIV-specific results. While the creation of country envelopes has enabled United Nations country teams to undertake more integrated and collective planning based on available funding, it has not resolved the co-sponsors' diminished overall capacity. These effects were compounded in 2022, when the budget shortfall led to a \$4.4 million reduction in the Unified Budget, Results and Accountability Framework core allocation to co-sponsors.

74. To identify a way forward to close the funding gap, the Programme Coordinating Board convened an informal multi-stakeholder task team to formulate recommendations for addressing the funding situation. The task team recommended that UNAIDS take steps to protect itself from the effects of currency fluctuations; encourage donors to co-invest in both UNAIDS and the Global Fund; and encourage Programme Coordinating Board members to exercise a duty of care by increasing their voluntary contributions to UNAIDS. The task team recommended that donors enter into multi-year agreements with UNAIDS and make balanced contributions to both UNAIDS and the Global Fund, and that the UNAIDS secretariat enhance the engagement of co-sponsors in supporting resource mobilization for the Unified Budget, Results and Accountability Framework, intensify resource mobilization targeting the private sector, and encourage programme countries to match core UNAIDS country investments. The Board endorsed these recommendations, encouraged UNAIDS to enter an updated memorandum of understanding with the Global Fund and requested UNAIDS to prioritize Unified Budget, Results and Accountability Framework areas that fit within funding projections, promote budget transparency and make an effective case for investing in UNAIDS.

VI. Recommendations

75. The Economic and Social Council may wish to consider the following actions:

(a) Note with concern that, despite continued progress in the HIV response, new HIV infections are not declining fast enough to achieve the targets for 2025 outlined in the 2021 Political Declaration and that an estimated 9.7 million people living with HIV still lack access to treatment; call for urgent action to scale up evidence-based HIV prevention, testing, treatment and care services and to ensure that they reach the people who need them the most, including key populations, adolescent girls, young women and children; and call for reinvigorated efforts to protect human rights and promote gender equality in the context of the HIV response and to address social and structural determinants of health. Ending AIDS is not only a key component of Sustainable Development Goal 3, but it will also have important ripple effects across all the Goals and targets;

(b) Urge countries to implement differentiated approaches to reaching people with HIV prevention services, through an essential basic prevention package for all and expanded prevention packages for the most affected, as well as more action to address the policy and structural barriers faced by adolescent girls and young women and key populations that hinder the scale up of prevention services;

(c) Encourage countries to strengthen integrated, people-centred, human rights-based and community-led responses that incorporate HIV services and programmes within primary health-care and sexual and reproductive health services and that address HIV together with tuberculosis, sexually transmitted infections, cervical cancer and other communicable and non-communicable disease responses;

(d) Recognize inequality as a central fault line of the AIDS pandemic, with a direct impact on HIV outcomes, and call for increased efforts in implementing the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration to ensure that all populations, including those currently left behind, are brought to the centre of the HIV response; and recognize that the inequalities that require action include those between countries and within countries, including health disparities and barriers related to stigma, discrimination, human rights violations, violence, gender inequality and the criminalization of key populations;

(e) Urge countries to sustain the HIV response politically, programmatically and financially, including through immediate action to address the continuing shortfall in financing, taking into account the need for additional annual investments of \$8 billion, based on the resources currently available, to reach the targets for 2025; and at the same time emphasize the importance of directing funding to the most effective interventions, in a way that is tailored to the needs of populations in each context and by aligning national responses with documented epidemiological patterns;

(f) Stress the importance of a fully funded Unified Budget, Results and Accountability Framework for the effective functioning of the Joint Programme; call for renewed efforts to make up the current funding shortfall of some \$30 million, while stressing the critical importance of UNAIDS in the global AIDS response and the need to endorse, provide resources for and sustain the actions set out in the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration;

(g) Recognize the Joint Programme's contribution to a multisectoral HIV response and the contributions of the HIV response to pandemic preparedness during the COVID-19 pandemic, outbreak of monkeypox and beyond, which include a focus on equity and human rights, the role of community-led HIV responses and civil society participation in pandemic preparedness and broader health governance, equitable and affordable access to the best health technologies and sustainable financing, including investments and systems for health and infrastructure that have proven effective in preparing for and responding to pandemics, as was experienced during the COVID-19 pandemic;

(h) Commend the efforts of UNAIDS to adapt its operating model and strengthen its support for countries, including in the context of the COVID-19 pandemic, and applaud the Joint Programme planning and accountability framework and tools that have further strengthened the Programme's coherence, integration and further alignment with the provisions of the quadrennial comprehensive policy review.⁶

⁶ This includes the new generation of the Unified Budget, Results and Accountability Framework 2022–2026, the Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS”, the 2021 political declaration on HIV and AIDS, entitled “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”, and the establishment of an Independent and External Oversight Advisory Committee, in line with the recommendations of the Joint Inspection Unit, which provides recommendations to the Executive Director of UNAIDS and the Programme Coordinating Board for strengthening oversight, accountability and risk management.