

Danish Organisation Strategy for UNAIDS 2024-2029

Introduction:

Established in 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together 11 United Nations organisation and is the main advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS epidemic. UNAIDS' inclusive and human rights-based advocacy is a catalyst for combating discrimination. UNAIDS conducts high-level advocacy with world leaders around social inclusion, shared responsibility, equal access to health services, sexual and reproductive health and rights, including for those most at risk, key populations and LGBTI+ persons.

Key results:

- Ensure that UNAIDS's clear focus on human rights, including equity and gender equality, is maintained. (UNAIDS Strategy Results Area 5: Human Rights and 6: Gender Equality. Output 5.1, 6.1, and 6.2 of the 2022-2026 UBRAF).
- Ensure that young people, especially young women and adolescent girls, have access to prevention (UNAIDS Strategy Results area 7: Young people, especially young women and adolescent girls have access to combination prevention services and are empowered to protect themselves from HIV. Output 7.1 and 7.2 of the 2022-2026 UBRAF).
- Continued focus on organisational reform and risk management of UNAIDS to ensure the organisation remains fit-for-purpose.

Justification for support:

- UNAIDS' comparative advantage lies in this unique partnership model.
- UNAIDS is essential for the effective inclusion of community voices and NGO in global policy.
- UNAIDS is distinctive in translating the "nothing about us without us" principle into its country-level work through the integral involvement of civil society and people living with HIV/AIDS at all levels.

How will we ensure results and monitor progress:

- Denmark will work closely with like-minded countries, including the Nordics, on key shared priorities and follow-up on MOPAN recommendations.
- Progress on Danish priority areas will be monitored using UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), building on the SDG targets, and through bilateral dialogue and consultations.

Danish involvement in governance structure:

- Denmark actively participates, including through its constituency, in the UNAIDS Programme Committee Board.
- The Permanent Mission to Geneva is an active participant in ongoing member states consultations and briefings.

Strat. objectives

Contribute to the achievement of the health-related United Nations (UN) Sustainable Development Goals (SDG), in particular SDG 3 (good health and well-being), 5 (gender equality), 10 (reduced inequalities), and 17 (partnerships).

Priority results


















Ensuring that UNAIDS's clear focus on advancing human rights, including women's and girls' rights, including SRHR and gender equality, is maintained

Ensuring that young people, especially young women and adolescent girls, have access to prevention

Continued reform and risk management

File No.	24/39014						
Responsible Unit	FN-Genève						
<i>Mill.</i>	2024	2025	2026	2027	2028	2029	total
Commitment	40	40	40	40	40	40	240
Projected ann. Disb.	40	40	40	40	40	40	240
Duration of strategy	2024-2029						
Finance Act code.	06.36.03.14						
Desk officer	Olivia Bebe						
Financial officer							

SDGs relevant for Programme

 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation
 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production
 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals	

Budget

Core voluntary funding	240 million DKK
Total*	240 million DKK

*Subject to annual parliamentary approval

Risk and challenges:

- UNAIDS is a financially struggling programme that needs to define a vision beyond 2030.
- The fight against AIDS is far from over, as there were 1.3 million new HIV infections in 2022.
- The inequalities that drive the HIV pandemic are not being addressed sufficiently. Ostracised and criminalised populations are disproportionately affected by the HIV epidemic.
- Increasing opposition from conservative states and fundamentalist organisations to the human rights-based approach, including against key populations and other at-risk groups, which threatens the effectiveness of the global response to HIV/AIDS in the UN several countries.

Core information

Established	1944
Launched	1996
HQ	Geneva, Switzerland
Regional offices	6 regional offices: Asia and Pacific, Europe and Central Asia, Middle East and North Africa, West and Central Africa, East and Southern Africa, Latin America and the Caribbean
Country presence	70 countries and territories
Financial and human resources	Approx. US\$ 160 million annually Approx. 650 (71% in the field) (2023)
Executive Director	Winnie Byanyima (Uganda)
Governed by	Programme Coordinating Board (PCB)



MINISTRY OF FOREIGN AFFAIRS OF DENMARK

DANIDA | INTERNATIONAL
DEVELOPMENT COOPERATION

**Danish Organisation Strategy for
Joint United Nations Programme on HIV/AIDS (UNAIDS)**

2024-2029

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1 Objective

This Strategy for the cooperation between Denmark and the Joint United Nations Programme on HIV/AIDS (UNAIDS) outlines the basis and priorities for the Danish engagement with UNAIDS,¹ a Joint Programme of eleven United Nations organisations referred to as Cosponsors.²

This organisation strategy (Strategy) forms the basis for Denmark's financial contribution to UNAIDS and is the central platform for Denmark's dialogue and partnership with the organisation. It sets the Danish priorities for UNAIDS performance within the framework established by the Global AIDS Strategy 2021-2026 and the Joint Programme's 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF).³

Denmark will work closely with like-minded countries, especially its UNAIDS Programme Coordinating Board (PCB) constituency, to achieve results. In addition, it outlines specific goals and results *vis-à-vis* UNAIDS that Denmark will pursue in its cooperation with the organisation. Denmark has selected three priority areas that provide continuity from the previous organisation's strategy (see box 1).

Box 1: Priority areas

Priority 1: Ensuring that UNAIDS's clear focus on advancing human rights, including women's and girls' rights, including SRHR and gender equality, is maintained

Priority 2: Ensuring that young people, especially young women and adolescent girls, have access to prevention

Priority 3: Continued reform and risk Management

The Strategy aims to maintain Denmark's focus on the fight against HIV/AIDS, including international efforts to advance sexual and reproductive health and rights (SRHR). Support for UNAIDS is directly in line with *The World We Share – Denmark's strategy for Development Policy and Humanitarian Action*, which underlines that Denmark's overriding aim in international development cooperation is *to fight poverty, enhance sustainable growth and development, economic freedom, peace, stability, equality and rules-based international order*.

Denmark is firmly committed to the achievement of the Sustainable Development Goals (SDGs). The strategic objective of this strategy remains to be contribution to the achievement of the UN Sustainable Development Goals (SDGs), particularly SDGs 3 (health), 5 (gender equality), 10 (reduced inequalities) and 17 (partnerships).

Under SDG 3: *Ensure healthy lives and promote well-being for all at all ages*, UNAIDS focuses explicitly on Target 3.3, which aims to end epidemics, including AIDS.⁴ This target reflects global commitments towards reducing new HIV infections and AIDS-related deaths, thereby ending the AIDS epidemic as a public health threat by 2030.

Box 2: 10–10–10 targets for societal enablers:

Reduce to less than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.

Ensure that less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services.

Ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination.

Source: [UNAIDS 2025 Road MAP](#)

The UNAIDS 2025 targets that guided Denmark's previous organisation strategy 2017-2023 remain key relevant milestones (see Box 2). As will be elaborated in section 3 below, the UNAIDS is taking action to continue efforts towards ending HIV/AIDS beyond 2030, which is a priority welcomed by Denmark.

This strategy will be implemented in line with the Danish How To notes. In line with the How-To note on 'Human Rights and Democracy', in the engagement with the UNAIDS, Denmark will ensure that development interventions help fight discrimination, stigma, persecution and rights violations, including against LGBTI+ persons, persons affected by HIV/AIDS, and other at-risk groups. This will be done by ensuring that UNAIDS' global and country activities effectively and transparently achieve concrete results, including for key population (Box 4).

As pointed out in the How-To Note 'Social Sectors and Social Safety Nets', despite substantial progress, developing countries continue to be affected by HIV/AIDS. Therefore, Denmark will continue to prioritise selected HIV/AIDS interventions, including through UNAIDS. The goal is to reach the most marginalised and vulnerable groups in keeping with the leave-no-one-behind (LNOB) principle, and Denmark will prioritise prevention and access for people living with HIV and AIDS, including in SRHR interventions. As emphasised in the How-To Note 'Fighting Poverty and Inequality' operationalising a multidimensional poverty concept, applying a human-rights-based approach (HRBA) also entails explicit attention, consideration and action to LGBTI+ persons' lack of access to HIV/AIDS prevention. UNAIDS has a unique governance structure and level of inclusiveness. Its Programme Coordination Board (PCB) includes non-governmental organisations (NGOs) and people living with and affected by HIV, as well as Cosponsor UN Organisations (Cosponsors), and Member States.

Reflecting the principle of dynamic partnerships (SDG 17) that underpins *The World We Share*, Denmark's organisation strategy for UNAIDS complements other Danish organisation strategies, including in regards to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Vaccine Alliance (GAVI), the United Nations Fund for Population Activities (UNFPA) and the World Health Organisation (WHO).

Box 3 – UNAIDS 2025 Goals

95-95-95 Targets:

- 95% of people living with HIV know their status.
- 95% of those who know their status are on antiretroviral therapy (ART).
- 95% of those on ART achieve viral suppression

Prevention Targets:

- Reduce the number of new HIV infections to fewer than 370,000 globally by 2025.
- Specifically, reduce new infections among adolescent girls and young women to below 50,000.

Box 4 – UNAIDS definition of 'key populations'

Key populations are defined as gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

Source: [UNAIDS](#).

2 The organisation

Mission and mandate. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the main advocate for accelerated, comprehensive and coordinated global action against the HIV/AIDS epidemic. Its mission is to lead and inspire the world to achieve universal access to HIV prevention, treatment, care, and support. UNAIDS was established through the Economic and Social Council (ECOSOC) Resolution 1994/24, with a mandate to coordinate the global response to HIV/AIDS, combining efforts from several key UN agencies. UNAIDS played a proactive role in shaping and developing the 2030 Sustainable Development Agenda and related SDGs. After the adoption of the SDGs in 2015, two key resolutions refreshed the UNAIDS Joint Programme mandate in June 2021: the 2021 ECOSOC resolution and the UN General Assembly Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. Both requested the Joint Programme to continue to support Member States, within its mandate, in addressing the social, economic, political and structural drivers of the AIDS epidemic, including through the advancement of gender equality and human rights, by strengthening the capacities of governments to develop comprehensive national strategies to end AIDS, and through advocating for greater global political commitment in responding to the epidemic.

UNAIDS is essential for the effective inclusion of community voices in global policy (e.g., the earlier-mentioned uniquely formal participation of NGOs in the PCB) and is distinctive in translating the “nothing about us without us” principle into its country-level work through the integral meaningful engagement of civil society and people living with HIV/AIDS at that level.

Relevance. UNAIDS maintains its relevance because it continues to address the ongoing HIV/AIDS challenge through its normative and data-driven work and its regional and country-level operational work. Support for UNAIDS is directly in line with the priorities of the Danish development cooperation in the global fight against HIV/AIDS, including the aim of promoting Sexual and Reproductive Health and Rights.

Box 5 – Global HIV statistics 2024

- **39.9 million** [36.1 million–44.6 million] people globally were living with HIV in 2023.
- **1.3 million** [1 million–1.7 million] people became newly infected with HIV in 2023.
- **630 000** [500 000–820 000] people died from AIDS-related illnesses in 2023.
- **30.7 million** people [27–31.9 million] were accessing antiretroviral therapy in 2023.
- **88.4 million** [71.3 million–112.8 million] people have become infected with HIV since the start of the epidemic.
- **42.3 million** [35.7 million–51.1 million] people have died from AIDS-related illnesses since the start of the epidemic.

Source: [UNAIDS 2024](#)

UNAIDS' inclusive and human rights-based advocacy is a catalyst for combating stigma and discrimination. UNAIDS conducts high-level advocacy with world leaders around social inclusion, shared responsibility, equal access to health services and rights for women and girls, key populations and LGBTI+ persons. Politically sensitive issues, such as SRHR and ensuring access to it for those most at risk of HIV/AIDS (see Box 4) is a key focus of UNAIDS' efforts.

Governance and management. UNAIDS is the only cosponsored Joint Programme within the UN system. ECOSOC has recognised this inclusive governance model as good practice for the UN system. It was intentionally set up to coordinate and amplify the experience and expertise of 11 UN system Cosponsors. UNAIDS' comparative advantage lies in this unique partnership. Thus, UNAIDS is not a UN-specialised agency, but the central coordinator and amplifier of HIV/AIDS and SRHR-related work of the specialised UN agencies, such as UN WOMEN, UNPFA, UNICEF and WHO, who are UNAIDS Cosponsors focused on their respective areas and mandates. All four agencies receive Danish support as part of Denmark's portfolio of organisation strategies with specialised UN agencies.

The UNAIDS Secretariat (see below) reports to ECOSOC via the UN Secretary-General on behalf of the Joint Programme. The Joint Programme is governed by its Programme Coordinating Board (PCB), which deals with all issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. It is comprised of representatives of member states, its Cosponsors and non-government organisations (NGOs), with regional distribution, representing people living with, and affected by, HIV. The PCB is comprised of 22 UN Member States, elected following a regional distribution and rotating on a three-year basis. Five NGOs, represent the perspectives of civil society, including people living with HIV, within the PCB. They can serve for up to three years and have non-voting status. The five organisations have one representative each and are supported by five other NGO organisations, which stand as alternate members.⁵

The position of NGOs on the PCB reflects a crucial application of the “nothing about us without us”-principle of inclusivity and voice that characterises UNAIDS' comparative advantage. Meaningful NGO participation in the PCB is critical for effectively including community voices in the key global policy forum for ending AIDS.

Denmark has been a member of the PCB in 1998, 2003-2004, 2008-2009, 2014-2015, and 2020-2021. The PCB is tasked with (i) establishing broad policies and priorities for the Joint Programme; (ii) reviewing planning and execution of the Joint Programme; (iii) approving the Unified Budget, Results and Accountability Framework (UBRAF) for each financial period, plans of action and their financial implications, and audited financial statements; (iv) making recommendations to Cosponsors regarding their activities, including those of mainstreaming; (v) reviewing reports on progress of the Joint Programme towards its goals.

A Committee of Cosponsoring Organisations (CCO) serves as the forum for the Cosponsors. The CCO meets regularly as a standing committee of the Programme Coordinating Board (PCB), to consider matters of major importance to UNAIDS, and to provide input from the cosponsoring organisations on the policies and strategies of UNAIDS.

The UNAIDS Secretariat operates through its Headquarters in Geneva and leads the Joint Programme's work on behalf of the eleven Cosponsors at regional and country level. The Secretary-General of the United Nations appoints the UNAIDS Executive Director. The current Executive Director of UNAIDS is Winnie Byanyima, who has held this position since 2019 and is supported by two Deputy Executive Directors. At the regional level, UNAIDS activities are delivered through its six regional offices in Asia and Pacific, Europe and Central Asia, Middle East and North Africa, West and Central Africa, East and Southern Africa, and Latin America and the Caribbean. UNAIDS has offices in 70 countries where 70 per cent of its staff are based.⁶ UNAIDS country programme offices advance the global HIV response by adapting UNAIDS' strategies to local contexts. They provide technical assistance, build capacity, collect and analyse data, and advocate for inclusive policies. These offices coordinate national responses, engage with communities, and assist in mobilising resources to ensure effective implementation of HIV prevention, treatment, and care programs.

UNAIDS mandate and policy positions are aligned with Denmark's priorities (see Section 1 on application of the *How-To Notes*). This includes a human rights-based approach, gender equality, non-discrimination and application and advocacy based on the LNOB principle. UNAIDS has been at the forefront of a strong global emphasis on social progress, human rights and gender equality. UNAIDS has put substantial efforts into addressing sexual- and gender-based violence as a global health and human rights issue, and advocacy to strengthen the coordination of multi-sectoral responses has been made by the Joint Programme globally.

Performance. In 2023-2024, the Multilateral Organisation Performance Assessment Network (MOPAN) published an Assessment Report of the global function of the UNAIDS Secretariat.⁷ Denmark and the United States (UNAIDS' by far the biggest donor) co-led this MOPAN assessment, which looked back on progress made by the Secretariat between 2017 and early 2021 in the areas of improvement identified by the last MOPAN assessment in 2015-2016.

The 2024 MOPAN assessment concluded that the UNAIDS Joint Programme has been a trailblazer in both UN joint programming and inclusive governance at global and national levels. Its role in advancing global guidance and norms through technical assistance and policy dialogue with member states is a comparative advantage *vis-à-vis* other global partners.

However, the MOPAN assessment also found that despite noteworthy strengths and achievements in areas under the Secretariat's direct control, the Joint Programme and its Secretariat are in a worse situation than in 2016 (at the time of the previous MOPAN

assessment). Specifically, since 2014 the Secretariat has consistently struggled to raise adequate resources to fund the UBRAF (see implications in section 3.1)

PSEAH. The 2024 MOPAN found that under its current leadership, the UNAIDS Secretariat has strengthened its procedures for the prevention of sexual exploitation, abuse and harassment (PSEAH). This positive assessment came in the wake of a 2018 high-profile sexual harassment case, under previous UNAIDS management, which negatively affected staff confidence. UNAIDS' managerial response to this case included the endorsement in 2019 by the PCB of a Management Action Plan for a healthy, equitable and enabling workplace for all UNAIDS staff.

Finances and operations. According to the UNAIDS Executive Director's 2024 report to the PCB, the 2024 projected core contribution amounts to USD 140 million, a shortfall of USD 20 million against the reduced agreed core operating budget of USD 160 million. Furthermore, it is projected that the 2025 core contributions would be lower than projected for 2024 and would amount to approximately USD 135 million.⁸

The UNAIDS Unified Budget, Results, and Accountability Framework (UBRAF) process involves strategic planning and stakeholder consultations to align priorities and resources. The budget is formulated based on expected outcomes and available funds, then reviewed and approved by the PCB. Implementation is monitored, and regular reporting ensures transparency and accountability, guiding future planning and resource allocation. The UBRAF budget includes two main categories of funding. Unearmarked core funds are allocated to the Secretariat to implement its core functions and for Cosponsors as predictable, catalytic funding for their HIV-related work. Non-core funds are earmarked funds mobilised within Cosponsors and the Secretariat for complementary HIV-related activities at country, regional and global levels. The UBRAF accountability framework and reporting indicators covers all Secretariat and Cosponsor activities and outputs from core and non-core funding. The Secretariat, jointly with Cosponsors, mobilises resources for the UBRAF work plan and estimated core central funds. In addition, the Secretariat and Cosponsors undertake individual fundraising for (non-core) HIV-related activities.

Danish financing. Under the 2017-2023 organisation strategy, Denmark has supported UNAIDS with an annual core funding contribution of DKK 40 million, except in 2017, when the contribution amounted to DKK 30 million.

3 Lessons learnt, key strategic challenges and opportunities

3.1 Challenges

The continued challenge of the HIV/AIDS pandemic. The fight against AIDS is far from over, despite significant progress, with 30.7 million people currently receiving life-saving HIV treatment (see Box 5). Nevertheless, fewer people acquired HIV in 2022 than at any point since the late 1980s. The estimated 1.3 million new HIV infections globally in 2022 were over a third (38 per cent) fewer than in 2010. The most significant declines in annual new HIV infections in that period were in eastern and southern Africa (57 per cent reduction) and western and central Africa (49 per cent reduction). In 2022, 660,000 people in these two regions were infected by HIV, compared with 1.2 million in 2015 and 1.5

million in 2010. However, UNAIDS also stresses in its 2024 report, *The Urgency of Now - AIDS at a Crossroads*, that the world is not on track to succeed in SDG 3.3 and ending AIDS by 2030.

The inequalities that drive the HIV pandemic are not being addressed sufficiently. Ostracised and criminalised populations are disproportionately affected by the HIV epidemic. Due to the lack of progress on HIV prevention, global numbers of new HIV infections are not declining fast enough. In fact, HIV infection rates are increasing in three regions: Eastern Europe and Central Asia, Latin America, and the Middle East and North Africa. Specifically, Eastern Europe and Central Asia saw a 20 per cent increase in new HIV infections between 2010 and 2023. Latin America experienced a 9 per cent increase in new HIV infections over the same period, while the Middle East and North Africa reported a significant 116 per cent rise in new infections. Almost a quarter of people living with HIV are not receiving lifesaving treatment.¹ Every week, 4000 adolescent girls and young women are infected by HIV. In 2022, in sub-Saharan Africa, women and girls (of all ages) accounted for 63 per cent of all new HIV infections. The HIV pandemic continues to impact key populations more than the general population. In 2022, compared with adults in the general population (aged 15-49 years), HIV prevalence was 11 times higher among gay men and other men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people.²

Normative political challenges. Politically, increasing opposition to meeting the rights and needs of key populations, including men who have sex with men, sex workers, and drug users, from conservative states and fundamentalist organisations threatens the effectiveness of the global response to HIV/AIDS in several countries. Not all countries support the inclusion of people whose sexual practices and substance use may be forbidden by national laws. In some countries, the opposition to inclusion is vocal, widespread and sometimes violent. During the last several years, the negotiations in the PCB on these crucial issues have been increasingly politicised, and strong opposition towards SRHR terminology has been displayed. Illustrative of this trend, while it was ultimately approved, Comprehensive Sexuality Education (CSE) was seriously challenged during the development of the latest global UNAIDS strategy. For Denmark and like-minded countries, this conservative political pushback underlines the continued need for UNAIDS' advocacy work and the use of its Cosponsors for a concerted effort to promote international covenants and enable national legislation (see Box 6).

Organisational and operational challenges. The AIDS epidemic is no longer considered *the* global health emergency that it once was, as the 2024 MOPAN assessment observes when the UNAIDS Joint Programme started in 1996 amid an HIV/AIDS health and development emergency requiring a multisectoral response. In contrast, UNAIDS currently faces a new reality of reduced official development aid for HIV/AIDS and

¹ <https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>

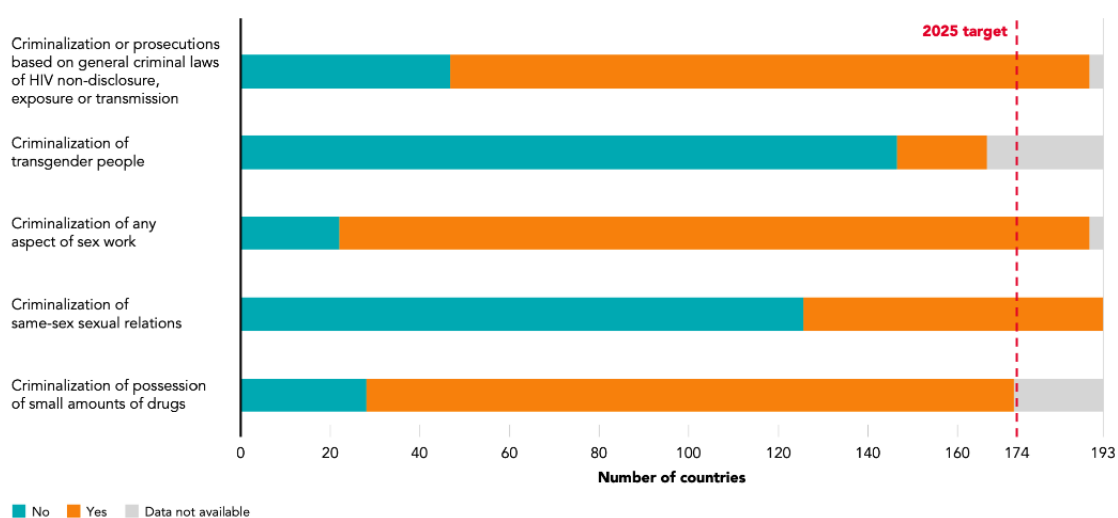
² <https://thepath.unaids.org/>

political pushback against gender equality, human rights and diverse gender identities at the international level and in various countries and regions. The 2024 MOPAN’s stark finding that UNAIDS in 2024 is in a worse situation than in 2016 and that UNAIDS has not been able to adequately resource its work for the past decade (see above) is an indication of a struggling Joint Programme.

Box 6 – Criminalisation of people from key populations (UNAIDS 2023)

Laws that criminalize people from key populations or their behaviours remain on statute books across much of the world. The vast majority of countries in 2023 still criminalized the use or possession of small amounts of drugs, 168 countries criminalized some aspect of sex work, 67 countries criminalized consensual same-sex sexual intercourse, 20 countries criminalized transgender people, and 143 countries criminalized or otherwise prosecuted HIV exposure, non-disclosure or transmission. (source: UNAIDS 2023 [The Path That Ends Aids](#))

Figure A1.4 Countries with discriminatory and punitive laws, global, 2023



Sources: UNAIDS National Commitments and Policy Instrument 2017–2022 (<http://lawsandpolicies.unaids.org/>), supplemented by additional sources (see references in regional factsheets).

UNAIDS must compete more for attention and funding as the number of global health partnerships and other international health actors keeps growing, increasing the demand for funding. The UNAIDS core budget shrunk from USD 242 million annually in 2020-2021 to USD 210 million for 2022-2023, with available core resources decreasing by USD 187 million in 2024. Reduced core funding is a shared reality across the UN system, including for UNAIDS Cosponsors. However, considering inflation, the core UBRAF funding for 2024 represents less than 50 per cent of the core UBRAF resources available to the Joint Programme in 2015. The MOPAN assessment concluded that UNAIDS is facing a vicious cycle. Firstly, the Secretariat's continued effectiveness as a coordinator of the Joint Programme is undermined by the challenges faced in fully funding its unified budget with the Joint Programme’s Cosponsors. Secondly, the MOPAN assessment observes that the relationship between the UNAIDS Secretariat and its Cosponsor representatives is affected by perceived Secretariat overreach regarding its mandate and staffing and by disputed allocation of ever-scarcer resources. Cosponsors have persistently

expressed concerns over the Secretariat's overreach, seen as the organisation's attempts to develop from a Secretariat into a UN agency.

What lies ahead for UNAIDS after 2030? Notably, the 2024 MOPAN assessment's forward-looking remit examined how "fit for purpose" the Secretariat is to continue delivering on its established core functions from 2021 to 2026, the end of the current five-year work plan and beyond. The MOPAN assessment notes that the future scope and size of the UN response, and thus Secretariat functions, will need to be adjusted to the opportunities of an HIV epidemic that may no longer be the public health threat it once was. In this regard, the MOPAN assessment found that the, at times, strained relationship between the Secretariat and Cosponsors, especially at the global level, needed continued leadership attention and identified the need for leadership from the UNAIDS Secretariat in creating a long-term vision for the post-2030 UN response. This includes considering the evolved capacities and needs of Cosponsors and the need to recognise the roles of other players in the global response, not least countries themselves, the United States' President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. Relatedly, the MOPAN assessment concludes that there is a need for the UNAIDS Secretariat to provide a vision towards 2030 – the target date to end AIDS – and beyond, effectively coordinated with Cosponsors.

UNAIDS has in its management response to the MOPAN assessment indicated concurrence and outlined a process for preparing for post-2030. UNAIDS has also welcomed the proposal to conduct a mid-term review of the Global Aids Strategy 2021-2026.

3.2 Lessons

The current approach to HIV/AIDS has achieved significant results. During the past twenty years, the efforts of different partners have ensured a sense of urgency around ending AIDS. This has succeeded in placing the HIV epidemic high on the global health agenda and generated broad commitment from governments, the private sector, philanthropic trusts, civil society and community-led responses. UNAIDS has been at the frontline of these efforts. The target of global investments in the AIDS response (22-24 billion USD annually) has largely been met, and the HIV/AIDS pandemic is in retreat, albeit with the regional, as well as human rights and gender equality pushback presented in previous sections.

UNAIDS has played a leading role in the movement towards the international response to HIV/AIDS that can be seen as a showcase for international cooperation concerning other diseases, global health in general and development cooperation. UNAIDS continues to have a strong and clear focus on human rights and gender equality. In recent years, UNAIDS has made substantial efforts to address sexual- and gender-based violence as a health and human rights issue, and the Joint Programme has made advocacy efforts globally to strengthen the coordination of multi-sectoral responses.

Denmark has generally been satisfied with UNAIDS's achievements and continues to appreciate its added value in the HIV/AIDS response by providing coordination across

eleven Cosponsors at the global normative and country operational levels and through its empowerment model of engaging communities, key populations and civil society in its operations and governance structure.

Denmark, including with likeminded countries, has also underscored the lessons learnt regarding the long-running financial and organisational sustainability risks identified in the 2024 MOPAN assessment (see above).

3.3 Opportunities

COVID-19, HIV investments and continued sustainability of community-led HIV responses. During the UN's global COVID-19 response, UNAIDS and WHO collaborated to address pandemic challenges and protect key and vulnerable populations. WHO led the global health response by developing testing, treatment, and prevention guidelines for COVID-19, while UNAIDS ensured continued access to essential services for people living with and at increased risk of HIV. HIV services were among the first to respond in many countries, and community-led organisations maintained HIV testing, treatment and prevention services during lockdowns. A 2023 evaluation identified opportunities for UNAIDS to better integrate HIV within primary health care (PHC) by improving coordination, providing clear guidance, and aligning with PHC strategies. The report recommends leveraging HIV investments for broader health outcomes, enhancing equity and human rights, and ensuring sustainable community-led HIV responses within PHC frameworks.

Ending AIDS. UNAIDS has a strong commitment to promoting non-discrimination, ensuring equitable access to HIV services for all, including key populations and LGBTI+ individuals who often face stigma, discrimination and exclusion. By focusing on human rights-based approaches, UNAIDS integrates HIV combination services with access to SRHR, advocating for policies and legislation that protect and empower marginalised groups. Financial support to UNAIDS would bolster its efforts to combat discrimination, promote inclusive health services and advance SRHR. Furthermore, UNAIDS' focus on eliminating legal and social barriers aligns with Denmark's commitment to upholding human rights, ensuring equitable access to health services, and combating stigma and discrimination.

Supporting a post-2030 UNAIDS. As expressed in its formal management response, UNAIDS is committed to continuing to evolve to respond effectively and efficiently to the global AIDS pandemic. Specifically, the UNAIDS Secretariat has committed to conducting a mid-term review of the current Global AIDS Strategy (2021-2026), which is a priority for Denmark and likeminded countries. UNAIDS has also initiated the process of developing a post-2030 vision and plan recommended by MOPAN. These developments provide an opportunity to influence the next Global Aids Strategy with like-minded countries, including with the Nordic countries, and lay the foundations for a post-2030 effort towards preventing and combatting HIV/AIDS.

4 Priority areas and results to be achieved

The following priority areas have been chosen based on the linkages between Danish and UNAIDS strategic priorities, which continues the priorities set out in Denmark's latest organisation strategy for UNAIDS 2017-2023. Annex 1 shows Danish development cooperation priorities for UNAIDS and their relation to UNAIDS outcome and output indicators to be used to monitor implementation and progress on this organisation strategy for 2024-2029, based on the UNAIDS 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF).

Priority 1: Ensure that UNAIDS's clear focus on human rights, including equity and gender equality, is maintained

Stigma, discrimination and other human rights violations are impeding the results of the HIV/AIDS response in all regions across the world. Denmark is committed to safeguarding human rights, including for women and girls, LGBTI+ persons and key populations. As an example, structural conditions such as punitive laws, policies and practices leave some populations without access to vital HIV services, and violations of women's and girls' rights and access to SRH services globally leave them increasingly at risk of HIV. Often, HIV-related stigma and discrimination is intertwined with other types of discrimination based on gender, sexual orientation, gender identity, race, disability, drug use, immigration status or being a sex worker, prisoner or former prisoner.

UNAIDS will address issues of stigma and discrimination with efforts to empower people living at risk of or affected by HIV to know their rights and access services. Furthermore, UNAIDS encourages countries to remove punitive laws, policies and practices, including travel restrictions and mandatory testing, that impede access to critical services and the overall effectiveness of the AIDS response and disproportionately affect some population groups.

Denmark will engage UNAIDS and cosponsors to ensure continued focus and delivery to ensure that UNAIDS's clear focus on human rights and gender equality, including the rights of women and girls, LGBTI+ persons and key populations, is maintained.

UNAIDS UNBRAAF Result Area 5 Human Rights and Result Area 6: Gender Equality.

Priority 2: Ensure that young people, especially young women and adolescent girls, have access to prevention

To end AIDS as a public health threat by 2030 and contribute to the reduction of inequality as set out in SDG 10, it is quintessential to ensure access to vital services, including combination prevention, for all and close the gaps in services, especially for young people and adolescents. The gains in expanded access to HIV services have been unequally distributed and the burden of HIV among young people is increasing. Adolescents, young women and girls are disproportionately affected by the HIV epidemic, making them a priority group for HIV prevention efforts. Globally, adolescent girls and young women aged 15–24 years account for a significant portion of new HIV infections, with the rate of infection among young women being twice that of young men in the same age group. This

high prevalence is compounded by gender inequalities, stigma, and a lack of access to prevention services, creating significant barriers to effective HIV prevention. Targeted interventions, such as SRH services and gender-transformative programming, are essential to mitigate these risks and ensure that young women and girls have the necessary resources and support to mitigate the risk of HIV. Education, including comprehensive sexuality education, empowers young people to access HIV service delivery so that they can advocate for and enjoy their right to health. Strengthening these services can further empower young women and girls. Education provides them with the tools and knowledge necessary to make informed decisions about their health and future.

Denmark will engage UNAIDS and cosponsors to ensure continued focus and delivery to ensure that young people, especially young women and adolescent girls, have access to prevention.

UNBRAAF Result Area 7: Young people.

Priority 3: Continued reform and risk management

Denmark will encourage and work towards UNAIDS implementation of the latest MOPAN assessment. In line with the SDG goals, it expects that UNAIDS will initiate accelerated planning as early as possible with a view to ending AIDS as a public health emergency by 2030. Relatedly, Denmark expects the UNAIDS Secretariat to consistently engage the PCB in assessing what a continued UN effort against HIV might look like after 2030. Furthermore, Denmark concurs with the MOPAN assessment that the UNAIDS Secretariat should consider strategies to increase the cost-effectiveness of functions and efforts. Denmark will support a two-track approach to the sustainability of UNAIDS and global efforts to ending HIV/AIDS as a global health emergency that could consist of supporting the acceleration of efforts to achieve SDG target 3.3 on ending the AIDS epidemic, as well as ensure timely preparations for a fit-for-purpose United Nations response architecture beyond 2030.

Contributes to SDG target 3.3 (pandemics including HIV/AIDS).

UBRAF UNAIDS Secretariat Function 1 - Leadership, advocacy and communication.

UBRAF UNAIDS Secretariat Function 5 – Governance and mutual accountability.

5 Danish approach to engagement with the organisation

Based on the priority areas specified above, Denmark will continue to pursue an open and constructive dialogue with UNAIDS across the organisation to influence and follow up on the organisation's work towards realising these priorities. This is mainly done through the two annual board meetings (June and December), briefings, and other relevant ongoing meetings that Denmark attends together with the rest of its constituency. Denmark will use a range of formal and informal channels to hold UNAIDS accountable for its commitment to implementing the 2022-2026 UBRAF and follow-up actions on the 2024 MOPAN assessment.

Denmark will continue to prioritise human rights and access to sexual and reproductive health services in multilateral forums and international efforts to advance access to SRHR. In this area, the fight against HIV/AIDS is a crucial priority. As reconfirmed in *The World We Share*, Denmark’s prioritisation of the “Leave No One Behind” principle applies to people who are persecuted, subjected to violence, discrimination and stigmatisation, or excluded from society, including, but not limited to, due to gender, HIV/AIDS, and sexual orientation and gender identity.

Denmark will continue to emphasise the necessity of resilient and sustainable health systems in the dialogue with the organisation. Civil society plays a crucial role within UNAIDS and in mobilising an effective response and receives much support from UNAIDS in the fields of gender equality and human rights, national health systems will continue to be essential in ensuring access to correct, effective and inclusive treatment and follow-up where antiretroviral treatment is required.

Following the applicable MFA Aid Management Guidelines, GVAMIS will prepare Annual Action Plans (AAP) and Annual Stocktaking Reports (ASR).

6 Budget

Denmark’s total annual contribution to UNAIDS is projected to be DKK 40 million in unearmarked core funds per year starting in the 4th quarter of 2024. This represents the same level of contribution Denmark has provided since 2018.

Table 2 – Indicative budget for Denmark’s engagement with UNAIDS (DKK million)/ 1

	Finance act	2024	2025	2026	2027	2028	2029	Total
Core funds	06.36.03.14	40	40	40	40	40	40	240

1/ pending parliamentary approvals

7 Risk and assumptions

Contextual risks. Increasing opposition from conservative states and fundamentalist organisations to the human rights-based approach, including towards key populations, LGBTI+ persons, as well as vulnerable groups.

In the short-term, during the last six years of the Agenda 2030, changing international and political dynamics related to sustaining and transitioning the UNAIDS Joint Programme and its current architecture beyond 2030 is a risk that UNAIDS has started to respond to, but that will require close monitoring and diplomatic involvement and alliance building by Denmark and likeminded countries.

Programmatic risk. UNAIDS has a risk management policy, and a structured enterprise risk management system supported by several internal control policies that address risk mitigation. These include the WHO Internal Control Framework, Fraud Prevention Policy, Fraud Awareness Guidelines, Whistle Blowers Protection Policy and Financial disclosure policies issued by UNAIDS. A recently revised procurement manual provides for standard

anti-corruption and anti-fraud clauses to be incorporated in commercial contracts and funding agreements.

Derived from the contextual risk described above, increased conservative pushback may also hamper UNAIDS' human right-based advocacy and programming at the country's operational level.

Lack of financing and related weaknesses in effective resource mobilisation are the most severe programmatic risks facing UNAIDS. This risk is amplified by the need for more transparency on which criteria UNAIDS uses to prioritise UNRAF implementation to accommodate core funding reductions and fundraising shortfalls.

There is yet to arise a consensus between the UNAIDS Secretariat and Cosponsors on how to ensure the sustainability of the achievements of the UNAIDS Joint Programme to be organised and a fit-for-purpose organisation for a post-2030 period risk creating uncertainty and distractions. Forces and countries already undermining and pushing back may seek to take advantage.

Reputational risks. Denmark will continue following UNAIDS's efforts to strengthen its ethics and risk management and zero tolerance for corruption, harassment, sexual exploitation abuse and harassment, and misuse of power. Denmark will also continue to promote a strong and independent evaluation policy.

¹ AIDS stands for Acquired ImmunoDeficiency syndrome caused by the HIV a retrovirus that infects cells of the human immune system and destroys or impairs their function

² UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank, UNODC, ILO, WFP, UNHCR, and UNWOMEN

³ https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy?_gl=1*vbl7mi*_gcl_au*NDQzMTE0NzEuMTcyMzk3NDEzNg..*_ga*MTcwMTk4NjIxNS4xNzIzOTc0MDcw*_ga_T7FBEZEXNC*MTcyMzk3NjU2Ni4yLjAuMTcyMzk3NjU2Ni42MC4wLjA.

⁴ Stated intention to end other epidemics include: tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases by 2030.

⁵ <https://unaidspcbngo.org/>

⁶ MOPAN 2024: 21

⁷ The scope of the assessment excluded UNAIDS country offices and UNAIDS regional support offices, the performance of the UNAIDS Joint Programme as a whole, i.e. the coalition of Cosponsors and Secretariat.

⁸ https://www.unaids.org/sites/default/files/media_asset/PCB54_Report_Executive_Director.pdf

Annex 1: Summary results matrix

The matrix below shows the chosen Danish priority results (cf. chapter 4) and the related set of outcomes, outputs and indicators from the UNBRAf 2022-2026.¹

Danish priority results area 1: Ensuring that UNAIDS's clear focus on human rights including equity and gender equality, is maintained		
<p>Related to:</p> <p>JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</p> <p>Result Area 5 Human Rights Result Area 6: Gender Equality</p>		
Outputs (5 years)	Indicator	Baseline and milestones
<p>Human Rights</p> <p>5.1 Provide technical, policy and advocacy support to countries on enabling legal environments for HIV and advocate in international and regional forums for rights- based approaches</p>	<p>Indicator 5.1.1. Number of countries supported by the Joint Programme in activities to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response</p>	<p><u>Indicative baseline</u> 28 countries were supported by the Joint Programme to remove punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response in 2021 (based on the reports of 37 Joint UN Teams on HIV and AIDS at the country level, source: 2022 UBRAF Indicator Data Collection Survey).</p> <p><u>Milestone (2023)</u> At least 30 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.</p> <p><u>Milestone (2025)</u> At least 40 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.</p> <p><u>Target (2026)</u> At least 50 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.</p>
	<p>Indicator 5.2.1. Number of countries supported by the Joint Programme for actions to reduce stigma and discrimination in any of</p>	<p><u>Baseline</u> Baseline does not exist as this is a new indicator that is intended to</p>

¹ Source: https://open.unaids.org/sites/default/files/2024/PCB50_Indicator_Matrix_2022-2026UBRAF_EN_REV1-Dec-2022-update.pdf

	<p>the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination</p>	<p>more systematically measure the Joint Programme’s support in this area. As an indicative reference 28 countries had joined the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination by end-2021.</p> <p><u>Milestone (2023)</u> At least 25 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 2 of the 6 settings as promoted by the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination.</p> <p><u>Milestone (2025)</u> At least 40 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 2 of the 6 settings as promoted by the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination.</p> <p><u>Target (2026)</u> At least 40 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 3 of the 6 settings as promoted by the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination.</p>
<p>Gender Equality 6.1 Strengthen gender expertise and capacity in countries supported by the Joint Programme to design, resource, implement, and monitor gender-transformative national and local HIV plans, policies, and programmes, that address unequal gender norms, and to meaningfully engage women and girls, in all their diversity together with men.</p>	<p>Indicator 6.1.1. Number of countries where the Joint Programme contributed to strengthened gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men.</p>	<p><u>Baseline</u> 19 countries supported by the Joint Programme, strengthened gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men in 2021 (based on 37 responses received from Joint UN Teams on HIV and AIDS; source: 2022 UBRAF Indicator Data Collection Survey).</p> <p><u>Milestone (2023)</u> 30 countries supported by the Joint Programme strengthen gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men by 2023.</p> <p><u>Milestone (2025)</u> 45 countries supported by the Joint Programme to strengthen gender</p>

Organisation Strategy for UNAIDS 2024-2029

		<p>expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men by 2025.</p> <p><u>Target (2026)</u> 54 countries supported by the Joint Programme to strengthen gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men by 2026.</p>
<p>6.2 Provide policy and advocacy support by the Joint Programme to countries to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.</p>	<p>Indicator 6.2.1 Number of countries where the Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.</p>	<p><u>Indicative Baseline:</u> 16 countries supported by the Joint Programme to receive policy and advocacy support and for mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence in 2021 (based on 37 responses received from Joint UN Teams on HIV and AIDS; source: 2022 UBRAF Indicator Data Collection Survey).</p> <p><u>Milestone (2023)</u> 27 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence by 2023.</p> <p><u>Milestone (2025)</u> 44 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence by 2025.</p> <p><u>Target (2026)</u> 53 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence by 2026.</p>

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Danish priority results area 2: Ensuring that young people, especially young women and adolescent girls, have access to prevention		
<p>Related to: JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</p> <p>Result Area 7 young people</p>		
Outputs (5 years)	Indicator	Baseline and milestones
<p>7.1 Support countries to scale-up multisectoral interventions that promote life-skills and comprehensive sexuality education, access to youth-friendly SRH services and a seamless continuum across HIV prevention, treatment and care for adolescents and youth ages 10-24 years.</p>	<p>Indicator 7.1.1. Number of countries supported to scale-up multisectoral interventions that align with ministerial commitments to increase access to youth-friendly sexual and reproductive health (SRH) services, including comprehensive sexuality education (CSE), to improve young people's well-being</p>	<p><u>Baseline</u> At least 22 countries supported by the Joint Programme mobilize political will to adopt ministerial commitments to scale-up multisectoral intervention to increase access to youth-friendly SRH services including CSE by 2023.</p> <p><u>Milestone (2023)</u> At least 35 countries supported by the Joint Programme implement ministerial commitments to scale-up multisectoral intervention to increase access to youth-friendly SRH services, including CSE by 2023.</p> <p><u>Milestone (2025)</u> At least 40 countries supported by the Joint Programme implement ministerial commitments to scale-up multisectoral intervention to increase access to youth-friendly SRH services and quality education, including CSE by 2025.</p> <p><u>Target (2026)</u> 54 countries supported by the Joint Programme to implement ministerial commitments to scale-up multisectoral interventions to increase access to youth-friendly SRH services and quality education, including CSE.</p>
<p>7.2 Technical support to countries to institutionalize the expansion of youth-led responses, ensure greater involvement and leadership of young people in the HIV response (service delivery, monitoring, advocacy and governance) and to put in place adequate funding and policy frameworks.</p>	<p>Indicator 7.2.1. Number of countries where the Joint Programme provided support to develop and implement costed plans to expand and institutionalize youth-led HIV responses.</p>	<p><u>Baseline</u> A baseline is not available. Although the Joint Programme has worked on supporting youth-led responses in the past, this is a new indicator and the information relating to this specific indicator has not been collected before.</p> <p><u>Milestone (2023)</u> At least 10 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.</p> <p><u>Milestone (2025)</u></p>

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		<p>At least 20 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.</p> <p><u>Target (2026)</u> At least 30 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.</p>
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Danish priority results area 3: Continued Reform and Risk Management		
UNAIDS Secretariat Function 1 - Leadership, advocacy and communication		
UNAIDS Secretariat Function 5 – Governance and mutual accountability		
Outputs (5 years)	Indicator	Baseline and milestones
S1.1 Sustain and enhance political commitments to end AIDS and implement the Global AIDS Strategy 2021-2026 and end HIV-related inequalities	Indicator S1.1.1. Number of high-level political meetings related to HIV and AIDS where the Secretariat informed/influenced the outcome documents	<p><u>Baseline</u> Number of High-Level political meetings outcome documents reflecting HIV/AIDS: 17 (in 2020) and 21 (in 2021 but noting it was special year because of the new Global AIDS Strategy and UN General Assembly’s High-Level Meeting on HIV/AIDS).</p> <p><u>Milestone (2023)</u> At least 15 high-level political meetings outcome documents reflecting HIV and AIDS.</p> <p>Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026.</p> <p>Development of the next Global AIDS Strategy commenced.</p> <p><u>Milestone (2025)</u> At least 15 high-level political meetings outcome documents reflecting HIV and AIDS</p> <p><u>Target (2026)</u> Next Global AIDS Strategy developed and adopted by PCB. UN General Assembly High Level Meeting on HIV/AIDS convened in 2026 with adoption of new Political Declaration on HIV and AIDS.</p>
S5.1 Facilitate and support effective governance of and inclusive stakeholder engagement in the Joint Programme and promote multilateral commitment to the Global HIV response	Indicator S5.1.1. Number of meetings with constituency inclusive engagement facilitated to support the governance of the Joint Programme, including by transparent and effective decision-making per the PCB modus operandi.	<p><u>Baseline</u> A total of 20 meetings were facilitated in 2020, reflecting effective UNAIDS governance and inclusive multistakeholder engagement.</p> <p><u>Milestone (2023)</u></p>

Organisation Strategy for UNAIDS 2024-2029

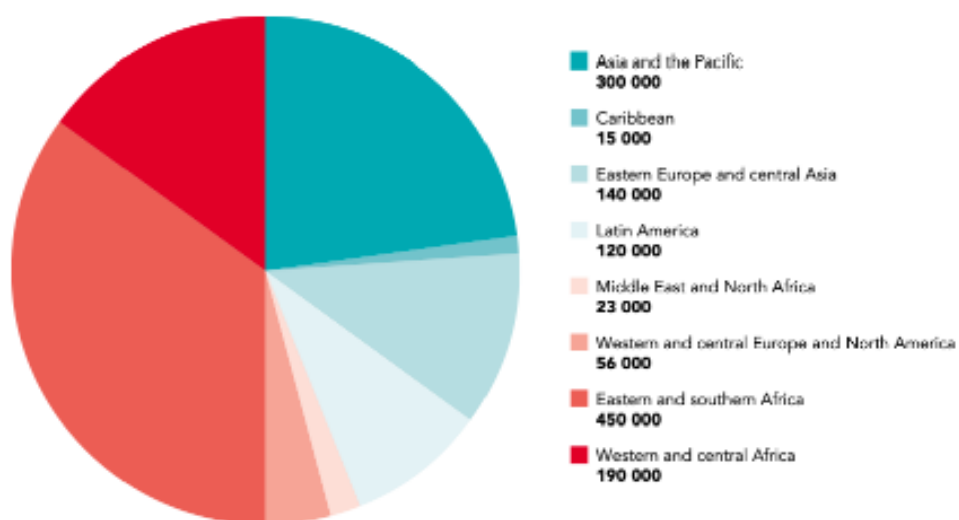
<p>(PCB, including Committee of Cosponsoring Organizations (CCO), ECOSOC, and UNGA).</p>		<p>A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.</p> <p><u>Milestone (2025)</u> A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.</p> <p><u>Target (2026)</u> A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.</p>
<p>S5.2 Mutual accountability and transparency mechanisms, including the PCB Independent External Oversight Advisory Committee, in place (in relation to UBRAF management, monitoring and reporting, compliance with IATI, follow up to audit recommendations, relevant PCB decisions, and MOPAN).</p>	<p>Indicators S5.2.1. Annual performance monitoring, financial and organizational oversight reports (i.e. reports of the auditors, Ethics Office, and UNAIDS Independent External Oversight Advisory Committee) submitted to the PCB for consideration and Results & Transparency Portal updated.</p>	<p><u>Baseline</u> External auditor report (2021), Internal auditor report (2021), Ethics report (2021), Performance Monitoring report (2020-2021), Financial Reports (2020-2021).</p> <p><u>Milestone (2023)</u> Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB. Results and Transparency portal updated with latest information.</p> <p><u>Milestone (2025)</u> Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB. Results and Transparency portal updated with latest information.</p> <p><u>Target (2026)</u> Performance monitoring reporting and transparency portal demonstrate effective and transparent accountability of the Joint Programme.</p> <p>Oversight reports, management responses and the related PCB decisions demonstrate effective and transparent accountability and compliance by the Secretariat.</p>

Annex 2: UNAIDS Background material

Annex 2.1 Global status HIV/AIDS 2024 (visuals)

More than half of new HIV infections in 2023 were outside of sub-Saharan Africa

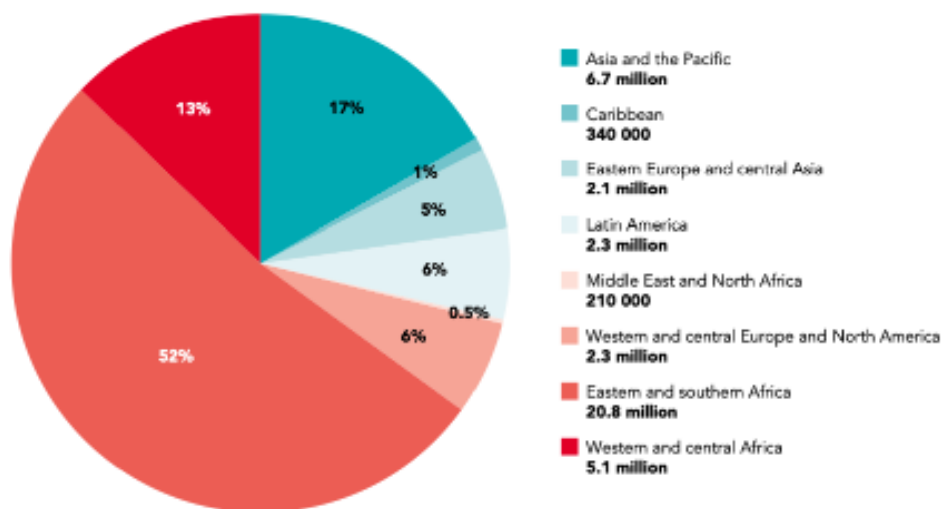
Figure 1.0.1 Distribution of new HIV infections, by region, 2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

More than half of all people living with HIV are in eastern and southern Africa

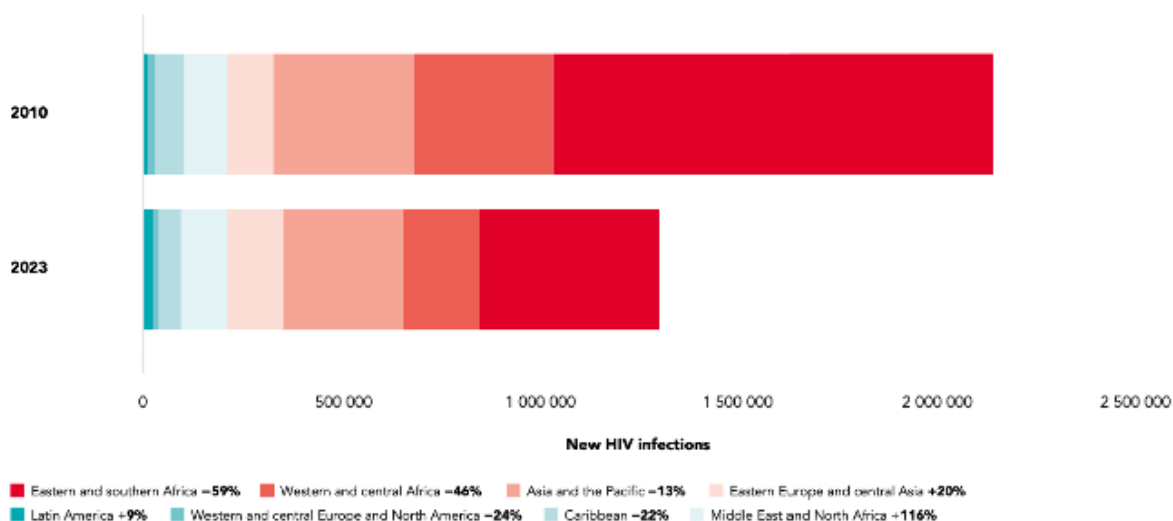
Figure 1.0.7 Number of people living with HIV, by region, 2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

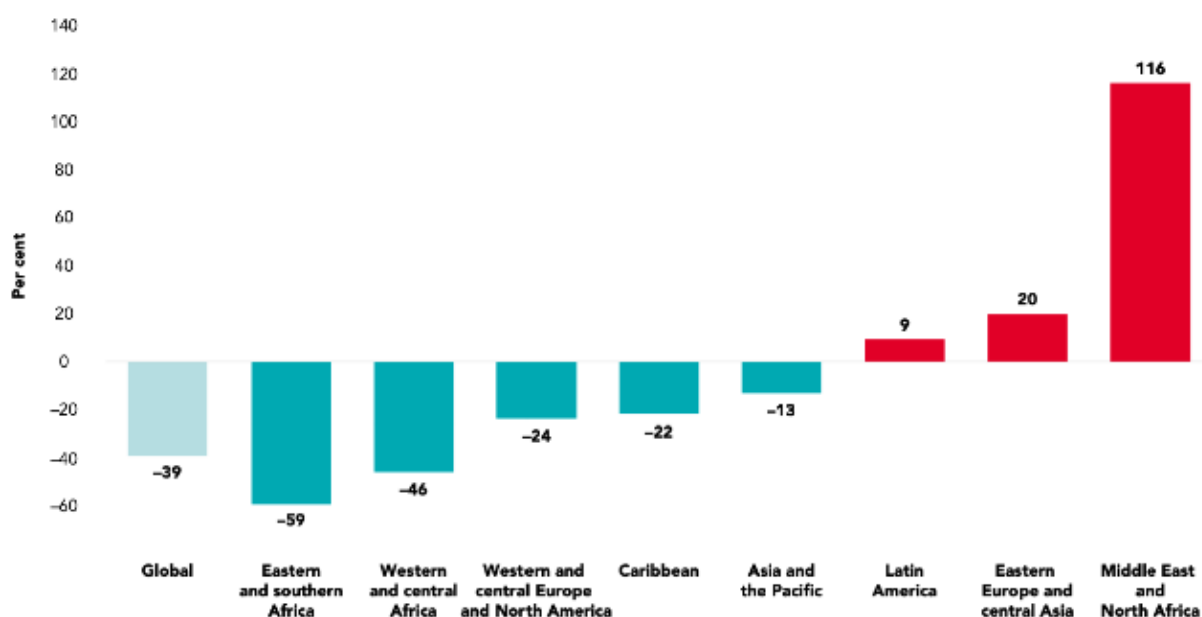
The greatest declines in new infections are in the sub-Saharan African regions

Figure 1.0.2 Distribution of new HIV infections and percent change between 2010 and 2023, total population, by region



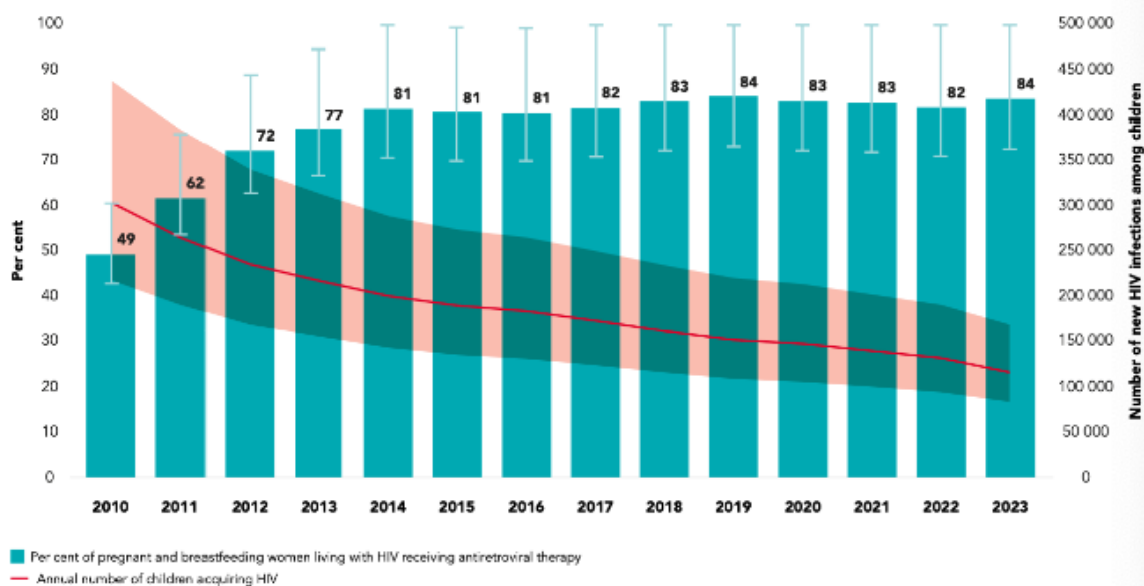
New infections are still increasing in some regions

Figure 1.0.3 Change in new HIV infections between 2010 and 2023, total population, by region



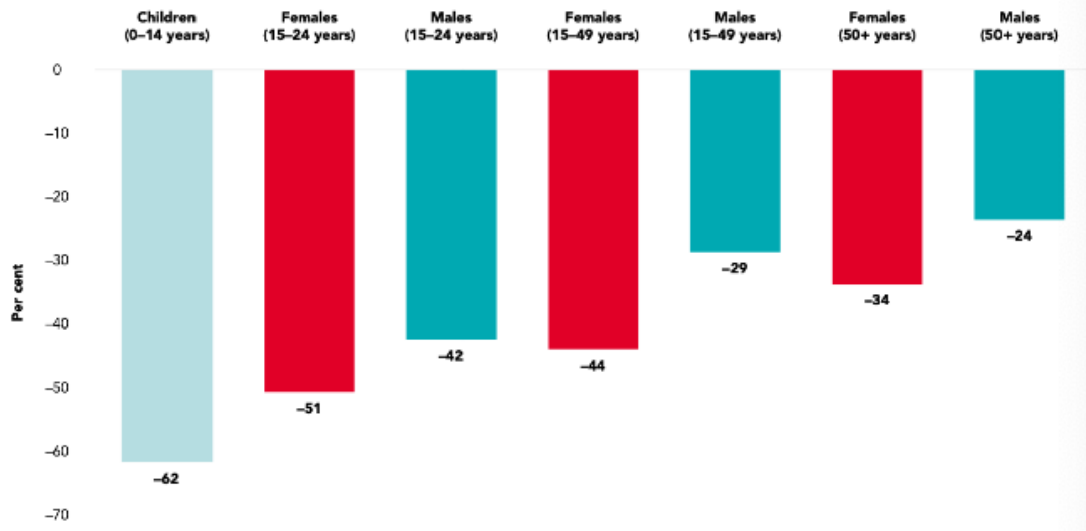
Reaching women with prevention of vertical transmission services has not changed in the last 10 years

Figure 1.0.4 Annual number of children (aged 0–14 years) acquiring HIV and percentage of pregnant and breastfeeding women living with HIV receiving antiretroviral therapy, global, 2010–2023



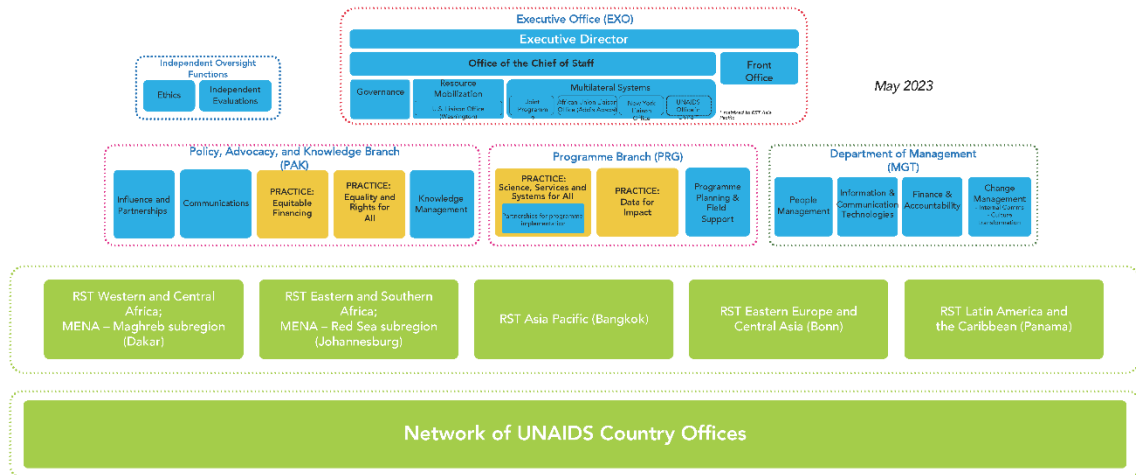
Sharpest declines in new HIV infections are among children

Figure 1.0.5 Percentage change in annual new HIV infections between 2010 and 2023 by age group and sex, global



Annex 2.2 Organisational Structure

UNAIDS Organigramme



Practices are thematic areas of expertise that UNAIDS wants to be known for. They connect us at all levels, across geographies (global, regional, country).

Regional Support Teams and UNAIDS Country Offices

Functional Teams that perform management, accountability or enabling functions for the practices

**WORKING FOR IMPACT
DELIVERING FOR PEOPLE**

Annex 2.3 MOPAN 2023 performance illustration

FIGURE 2: **BACKWARD-LOOKING ASSESSMENT: AREAS FOR ATTENTION AND RELEVANT MICRO-INDICATORS**

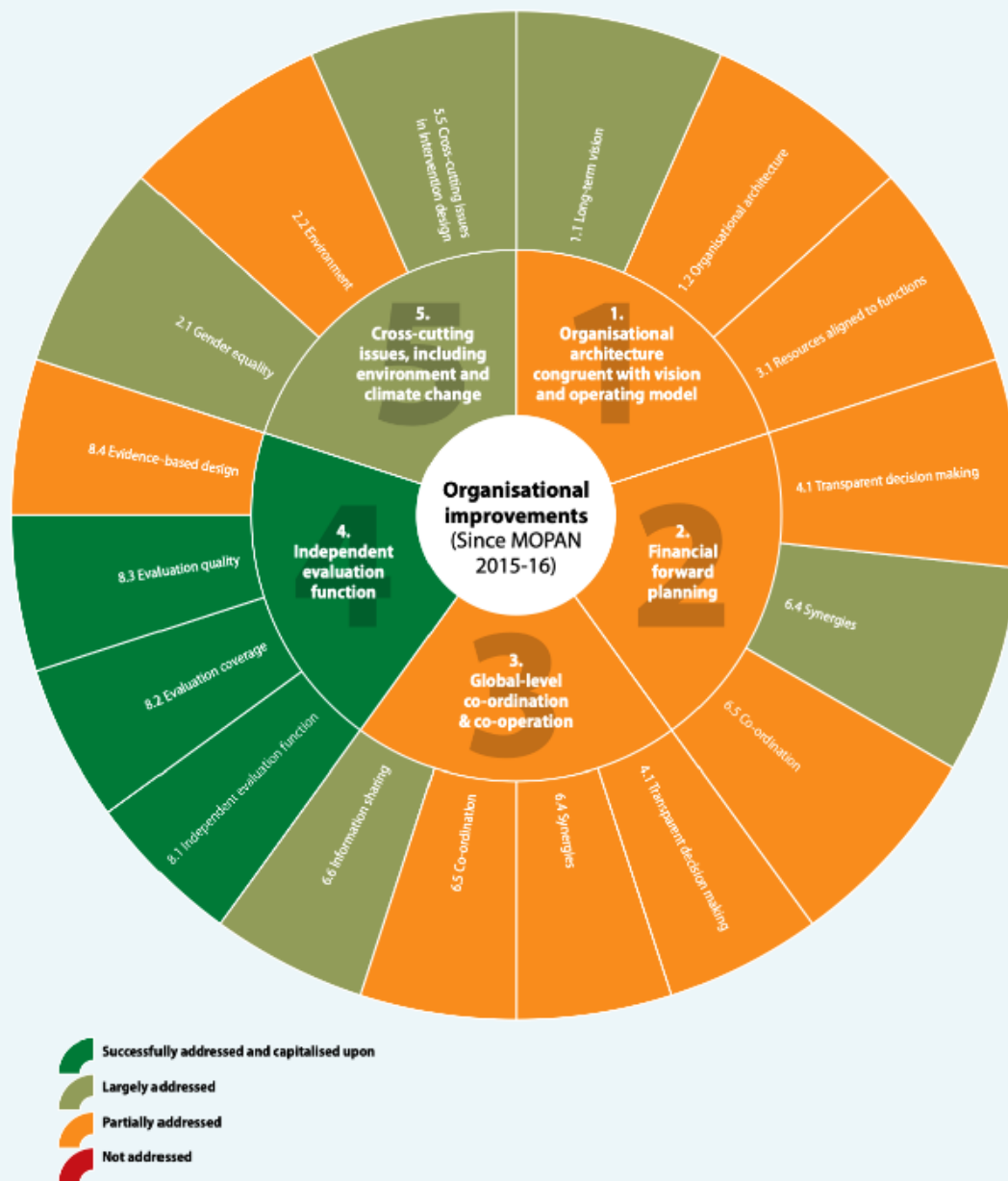


FIGURE 3: FORWARD-LOOKING ASSESSMENT: SECRETARIAT FUNCTIONS AND RELEVANT MICRO-INDICATORS

