

# 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).
- Ensure a resilient and fit-for-purpose UNAIDS.

## 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.

File No.	24/39014						
Responsible Unit	FN-Genève						
Mill. DKK	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	Alberte Sofie Linde Forsell						

## 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 where 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 and several countries.

## 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

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

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

Ensure a resilient and fit-for-purpose UNAIDS

## 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*

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

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**2024-2029**

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# 1 Objective

This organisation Strategy (hereafter ‘The Strategy’) for the cooperation between Denmark and the Joint United Nations Programme on HIV/AIDS (UNAIDS) outlines the basis and priorities for Danish engagement with UNAIDS for 2024-2029,<sup>1</sup> a Joint Programme of the UNAIDS Secretariat and eleven United Nations organisations referred to as Cosponsors.<sup>2</sup>

The Strategy forms the basis for Denmark’s financial contribution to UNAIDS and is the central platform for Denmark’s dialogue and partnership with the UNAIDS. It sets the Danish priorities for UNAIDS performance within the framework established in its Global AIDS Strategy 2021-2026 and Joint Programme’s 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF).<sup>3</sup> The timeframe of the Strategy is set to end after the current Global AIDS Strategy, in order to ensure alignment ahead of the anticipated post-2030 Global AIDS Strategy. The Strategy and related results matrix would be updated, as appropriate, in case of significant programmatic or strategic shifts within the abovementioned period.

## Box 1: Priority areas

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

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

Priority 3: Ensuring a resilient and fit-for-purpose UNAIDS.

The Strategy outlines specific goals and results *vis-à-vis* UNAIDS that Denmark will pursue in its joint cooperation. Three priority areas have been selected that provide continuity on the results achieved in previous Danish organisation strategies with UNAIDS (see box 1). Denmark will work closely with like-minded countries, especially through its UNAIDS Programme Coordinating Board (PCB) constituency, to achieve these priorities.

The Strategy aims to continue Denmark’s focus on the fight against HIV/AIDS, including through international efforts to advance sexual and reproductive health and rights (SRHR). Support for UNAIDS is 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*.

## 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](#)

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

Under SDG 3, UNAIDS focuses explicitly on Target 3.3, which aims to end epidemics, including HIV and AIDS.<sup>4</sup> This target reflects global commitments towards reducing new HIV infections and HIV and AIDS-related deaths, thereby ending the HIV and AIDS epidemic as a public health threat by 2030.

The UNAIDS 2025 targets that guided Denmark's previous Strategy (2017-2023) remain key relevant targets, which UNAIDS has continuously worked towards achieving, and will continue to guide Danish engagement in this Strategy (see Box 2). As will be elaborated in section 3 below, UNAIDS is taking action to redouble efforts towards ending HIV/AIDS beyond 2030, which remains a long-term priority of 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', through the engagement with UNAIDS, Denmark will ensure that development interventions continue to help fight discrimination, stigma, persecution and human rights violations, including against LGBTI+ persons, persons affected by HIV/AIDS, key populations and at-risk persons. This will be done by ensuring that UNAIDS' global and country activities effectively and transparently achieve concrete results, including for key populations (Box 4).

As pointed out in the How-To Note on 'Social Sectors and Social Safety Nets', despite substantial progress through UNAIDS, developing countries particularly continue to be significantly affected by HIV/AIDS. Therefore, Denmark will continue to prioritise HIV/AIDS interventions, including through UNAIDS, building on the lessons learned from our long-term partnership with the organisation. The goal is to reach those in the most vulnerable situations and those most at-risk, in keeping with the leave-no-one-behind principle. Denmark will prioritise combination prevention and ensuring access for those living with HIV and AIDS, including to SRHR interventions.

As emphasised in the How-To Note on 'Fighting Poverty and Inequality', operationalising a multidimensional poverty concept and applying a human-rights-based approach (HRBA) entails explicit attention, consideration, and action towards addressing the lack of access for LGBTI+ persons 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 UN Member States. Reflecting the principle of dynamic partnerships (SDG 17) that underpins *The World We Share*, the Strategy for UNAIDS complements other Danish strategies, including those for the Global

#### **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](#).

Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the United Nations Fund for Population Activities (UNFPA), the World Health Organisation (WHO), and the Global Vaccine Alliance (GAVI).

## 2 The organisation

**Mission and mandate.** The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the main global 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, two key decisions refreshed the mandate of UNAIDS in June 2021, namely the 2021 ECOSOC resolution and the UNGA 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 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 and is distinctive in its efforts towards translating the principle of “nothing about us without us” into its local- and country-level work through the integral, meaningful engagement of civil society and people living with HIV/AIDS.

### Box 5 – Africa Highlights

Most people living with HIV live in sub-Saharan Africa and face challenges intensified by poverty, fragile states, and gender inequalities. In the African region, an estimated 26.1 million people (out of 39.9 million globally) were living with HIV in 2023, of which 90 per cent knew their status, 82 per cent were receiving treatment, and 76 per cent had suppressed viral loads. An estimated 21.3 million people were receiving antiretroviral therapy in 2023. An estimated 660,000 people were infected with HIV in 2023 in the African region. Despite progress since 2010, including a decrease in the relative share of people infected and the share of deaths attributed to HIV related cause, many challenges remain, especially for young women and adolescent girls, who account for 27 per cent of new infections in Eastern and Southern Africa. Fragile states, particularly those in conflict, face additional difficulties due to weakened health systems and disrupted services, with women at increased risk of HIV due to sexual and gender-based violence. UNAIDS works to address these dual crises through integrated HIV and SGBV services and engagement in coordinated humanitarian efforts. UNAIDS plays a crucial role in Africa, including e.g. through its country offices in South Africa, Kenya, Uganda, Nigeria, and Côte d'Ivoire. In Eastern and Southern Africa, UNAIDS supports 18 countries through its Regional Support Team in Johannesburg, providing technical and financial assistance towards improving HIV services for those at risk, including key populations. The countries benefitting from this support include Botswana, Malawi, and Zambia. In Western and Central Africa, UNAIDS supports 21 countries through its Regional Support Team in Dakar, and, in addition to those already mentioned, through offices in Ghana and Cameroon. Source: WHO 2024 and [UNAIDS Regional Profiles](#)

**Relevance.** UNAIDS maintains its relevance as it continues to address HIV/AIDS through its normative and data-driven work, including in 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 SRHR. UNAIDS' inclusive and human rights-based advocacy is a catalyst for combating stigma and discrimination globally. UNAIDS conducts advocacy with world leaders around social inclusion, shared responsibility, and protecting the rights and equal access to services 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 (see Box 4) is a key focus of UNAIDS' efforts, and plays a particularly critical role in its presence in sub-Saharan Africa (see Box 5).

**Governance, management and coordination.** UNAIDS is not a UN-specialised agency, but rather the only co-sponsored Joint Programme within the United Nations Development System (UNDS). By coordinating efforts across multiple sectors, UNAIDS ensures that HIV/AIDS is addressed not just as a health issue, but also as a development challenge that impacts human rights, gender equality, and economic progress. The Joint Programme amplifies the experience and expertise of its 11 UN system Cosponsors, (see Figure 1). UNAIDS' comparative advantage lies in this unique partnership, and its role as the central coordinator and amplifier of HIV/AIDS and SRHR-focused 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 Joint Programme's contribution to the SDGs extends beyond global health, with the work of UNAIDS buttressing the underlying principles of the SDGs, including embodying the principles of global partnership that are at the centre of the SDG agenda and expressly addressed in SDG 17. Not only is the Joint Programme a unique and pioneering partnership model within the UN System, its work rests on strong, multisectoral partnerships at global, regional and country levels.<sup>5</sup>

At the country-level, coordination is based on the "Three Ones" key principles "Coordination of National Responses to HIV/AIDS", which are the global guiding principles for national authorities and their partners. These principles were agreed at the International Conference on AIDS and STIs in Africa (ICASA) held in Nairobi, Kenya, in September 2003. Officials from national coordinating bodies and relevant ministries of African nations, major funding mechanisms, multilateral and bilateral agencies, NGOs and the private sector gathered for a consultation to review principles for national-level coordination of the HIV/AIDS response. The principles were identified through a preparatory process at global and country levels, initiated by UNAIDS in cooperation with the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria and have been further refined in ongoing dialogue with other key donor partners globally.<sup>6</sup> In line with the Global AIDS Strategy and UN guidance, such as through the UN General Assembly's Quadrennial Comprehensive Policy Review (QCPR), UNAIDS promotes and

supports national ownership and capacity building for effective, well-coordinated, and inclusive national AIDS response, including with local communities in order to deliver the most impact while optimising available resources and advancing the sustainability of national AIDS responses.

**Figure 1: Cosponsors of the UNAIDS Joint Programme**



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. The PCB is comprised of: 22 UN Member States, elected following a regional distribution and rotating on a three-year basis; five NGO representatives, with regional distribution, representing the perspectives of civil society, including people living with HIV; and the UNAIDS Cosponsors. Civil society representatives can serve for up to three years and have non-voting status. The five civil society organisations have one board member each and are supported by five other NGOs, which stand as alternate members.<sup>7</sup> Meaningful NGO participation in the PCB is critical for effectively including community voices in the key global policy forum for ending AIDS and reflects a crucial application of the “nothing about us without us”-principle that characterises UNAIDS’ comparative advantage.

Denmark has been a member of the PCB in 1998, 2003-2004, 2008-2009, 2014-2015, and 2020-2021. Denmark is part of the “Nordic+” constituency which also comprises Finland, Norway and the Netherlands, and works in close collaboration with its “sister” constituency of Austria, Iceland, Sweden and Switzerland. The constituencies are the central channel for Denmark’s influence on decisions within the PCB, when not serving as a member in a national capacity. The constituency members develop joint positions and individual members take the lead on different priority issues to ensure an efficient division of labour and to deliver on shared priorities. The PCB is tasked with (i) establishing 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; and (v) reviewing progress reports towards the Joint Programme's goals. PCB Members and their constituencies approve strategic plans for programs, budget allocations, and future work plans. The PCB reviews and adopts reports, such as the financial report and performance reports (see Annex 2).

A Committee of Cosponsoring Organisations serves as the forum for Cosponsors and the Secretariat. The CCO meets regularly as a standing committee of the PCB, to consider matters of major importance to UNAIDS, and provide input on policies, strategies, and programmatic activities of UNAIDS.

The UNAIDS Secretariat operates with its Headquarters in Geneva, leads and coordinates the Joint Programme's work on behalf of the eleven Cosponsors at global, regional and country level. The Secretary-General of the United Nations formally appoints the 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 five regional offices in Asia and Pacific, Europe and Central Asia, West and Central Africa, East and Southern Africa, and Latin America and the Caribbean. UNAIDS has offices in 70 countries (including some multi-country offices) where 70 per cent of its staff are based.<sup>8</sup> UNAIDS' country offices advance the global HIV response by adapting UNAIDS' Global AIDS Strategy to local contexts. They provide technical assistance, build capacity, collect and analyse data, and advocate for inclusive evidence-informed policies and services for all, focusing on those most at-risk and reducing HIV-related inequalities. They further support and coordinate with other partners for effective national responses, engage with communities, and assist in mobilising and guiding evidence-informed allocation of domestic and international resources to ensure effective implementation of HIV prevention, treatment, and care programs to reach the global AIDS targets.

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, application and advocacy. 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 continuously by the Joint Programme globally.

**PSEAH.** The 2024 Multilateral Organisation Performance Assessment Network's Assessment Report on UNAIDS 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 high-profile sexual harassment case in 2018, under the previous UNAIDS management, which negatively affected staff confidence. UNAIDS' managerial response to this case, and to prevention more broadly, includes the endorsement in 2019 by the PCB of a new Management Action Plan for a healthy, equitable and enabling workplace for all UNAIDS staff.

**Finances and operations.** The UBRAF process involves strategic planning and stakeholder consultations to align priorities and resources. While the UBRAF 2022-2026 defines the Joint Programme's overall budget components and types of funding, biennial work plans and budgets sets the detailed budgets levels and resources allocation for the specific periods. Like most other UN entities, UNAIDS is facing an increasingly challenging funding situation. Over the last few years, this has led to significant decreases in several key donors' core support, including amongst several Nordic and likeminded donor countries, for instance, due to reducing overall development assistance spending or reneging on previous funding commitments due to reprioritisation of development assistance. The 2024 projected core contributions amounts to USD 140 million, a shortfall of USD 20 million against the reduced agreed core operating budget of USD 160 million for 2024. Furthermore, it is projected that the 2025 core contributions would be lower than projected for 2024, amounting to approximately USD 135 million.<sup>9</sup> The detailed budget is formulated based on expected outcomes and available funds and subsequently reviewed and approved by the PCB. The UBRAF budget includes two main categories of funding. Unearmarked core funds are allocated to the Secretariat to implement its core functions and to Cosponsors as predictable, catalytic funding for their HIV-related work at the global and country level. Non-core funds are earmarked funds mobilised by Cosponsors and the Secretariat for complementary HIV-related activities at country, regional and global levels. The UBRAF accountability framework and reporting indicators covers all of the Secretariat and Cosponsor activities and outputs from core and non-core funding. The Secretariat, jointly with Cosponsors, mobilises resources for the UBRAF. In addition, the Secretariat and Cosponsors undertake individual fundraising for non-core HIV-related activities.

The Nordic+ constituency and other likeminded engages on the ongoing challenges of shortfalls in contributions within PCB meetings, and adjusts and adopts the budget on the basis of available funds. Implementation is monitored, and regular reporting ensures transparency and accountability, guiding future planning and resource allocation.

**Danish financing.** Under the 2017-2023 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 Partner Assessment

In 2023, the Multilateral Organisation Performance Assessment Network (MOPAN) published an Assessment Report of the global function of the UNAIDS Secretariat.<sup>10</sup> Denmark and the United States (UNAIDS' biggest donor) co-led the 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 from 2015-2016. The assessment concluded that the UNAIDS Joint Programme has been a trailblazer in both UN joint programming and inclusive governance at global, national and local 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 health 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 part 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 fully fund the UBRAF. The assessment concluded that UNAIDS is facing a vicious cycle in this regard. Firstly, the Secretariat's continued effectiveness as a coordinator of the Joint Programme is undermined by the challenges faced in fully funding its UBRAF. Secondly, the assessment observed that the relationship between the UNAIDS Secretariat and its Cosponsors is impacted by perceived Secretariat intentions regarding its mandate and competition related to the ever-scarcer available resources. Subsequently, two deputies have been appointed by the Executive Director, in part as an effort to strengthen the relationship and cooperation between the Secretariat and its co-sponsors.

The assessment's forward-looking remit further examined how "fit-for-purpose" the Secretariat was to continue delivering on its core functions from 2021 to 2026, the end of the current five-year work plan and beyond. The assessment noted that the future scope and size of the UN response, and thus Secretariat functions, will need to be adjusted to the changed reality of an HIV epidemic that may no longer be the public health threat it once was. In this regard, the 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. MOPAN also concluded 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 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. Moreover, the PCB has requested the Executive Director and the Committee of the Cosponsoring Organisations to continue to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, by revisiting the operating model, supported by external expert facilitation and through appropriate consultations, including with the PCB members and participants, reporting back at the June 2025 PCB meeting with recommendations. A High-Level Panel of experts has subsequently been established and started consultations. 2025. Denmark and likeminded countries are engaging actively in these processes to, including through the PCB, to address and mitigate the abovementioned risks.

Denmark has overall been satisfied with UNAIDS's achievements and continues to appreciate its added value in the HIV/AIDS response by providing coordination across eleven UN Cosponsors at the global normative and country operational levels, as well as through its empowerment model of engaging communities, key populations and civil society in its operations and governance structure. Denmark, with likeminded countries,

continue to underscore the lessons learnt and need for follow up in regards to the long-running financial and organisational sustainability risks.

### 3.2 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 were infected with HIV in 2023 than at any point since the late 1980s. The estimated 1.3 million new HIV infections globally in 2023 were over a third (39 per cent) fewer than in 2010. The most significant declines in annual new HIV infections were in eastern and southern Africa (59 per cent reduction) and western and central Africa (46 per cent reduction). However, UNAIDS also stresses that the world is still not on track to succeed in ending AIDS by 2030.

The inequalities that drive the HIV pandemic are not being addressed sufficiently across all states and regions. Ostracised and criminalised persons are disproportionately affected by the HIV epidemic. Due to the lack of progress on combination HIV prevention, global numbers of new HIV infections are not declining fast enough. 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.<sup>1</sup> In 2023, in sub-Saharan Africa, women and girls (of all ages) accounted for 62 per cent of all new HIV infections. HIV 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.<sup>2</sup>

**Climate change and HIV/AIDS transmission.** The intersection of climate change and the HIV/AIDS pandemic, as recognised by UNAIDS and WHO, highlights how climate-induced challenges such as displacement, food insecurity, and weakened healthcare systems exacerbate the vulnerability of people living with HIV. Extreme weather events disrupt access to antiretroviral treatment, healthcare infrastructure, and essential services, increasing the risk of HIV transmission, particularly among displaced populations, while climate-related health crises strain healthcare systems already burdened by HIV. Both UNAIDS and WHO advocate for building resilient health systems, integrating HIV services with climate adaptation efforts, and ensuring inclusive climate policies that address these vulnerabilities to mitigate the dual impacts of climate change and HIV/AIDS.

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

<sup>2</sup> <https://thepath.unaids.org/>

**Normative challenges.** Politically, increasing opposition to meeting the rights and needs of key populations, namely, men who have sex with men, sex workers, and drug users, from conservative states and fundamentalist organisations threatens the effectiveness of

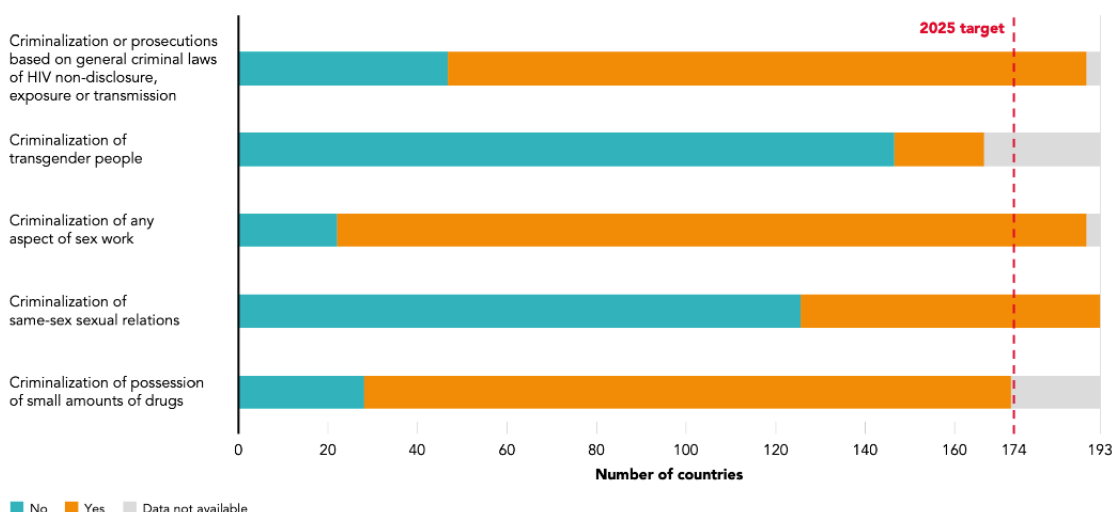
#### Box 6 – Global HIV statistics 2024

- **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** [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.

#### Box 7 – 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 criminalised some aspect of sex work, 67 countries criminalised consensual same-sex sexual intercourse, 20 countries criminalised transgender people, and 143 countries criminalised 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



the global response to HIV/AIDS in several countries. Not all countries provide equal services to those whose sexual practices and substance use may be forbidden by some national laws. In some countries, this opposition is vocal, widespread and at times violent. During recent years, negotiations in the PCB on these crucial issues have been increasingly politicised, as in other UN fora, with strong opposition towards the inclusion of SRHR terminology. Illustrative of this trend, Comprehensive Sexuality Education, while it was ultimately approved, was seriously challenged during the development of the latest Global UNAIDS Strategy. For Denmark and its like-minded, this political pushback underscores the continued need for UNAIDS and the use of its Cosponsors for a concerted effort to promote international covenants and inclusive legislation (see Box 7).

**Organisational and operational challenges.** The AIDS epidemic is no longer considered *the* global health emergency that it once was, as the 2023 MOPAN assessment observes. 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 political pushback against gender equality, human rights and diverse gender identities at the international level. In many countries and regions, UNAIDS must compete 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 approved core budget shrunk from USD 242 million annually in 2020-2021 to USD 210 million for 2022-2023, with available core resources decreasing to USD 187 million in 2024. Reduced core funding is a shared reality across the UN system, including for its Cosponsors that strive towards the funding mark of at least 30 per cent core as set in the UNDS Funding Compact. Considering inflation, the core UBRAF funding for 2024 as such represents less than 50 per cent of the core UBRAF resources available to the Joint Programme in 2015.

### 3.3 Lessons

#### **The current approach by UNAIDS 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 political 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 almost been met although a growing shortfall holds back quicker progress. The HIV/AIDS pandemic is in retreat, albeit with progress highly uneven across regions, as well as human rights and gender equality pushback presented in previous sections.

Gains in the global AIDS response, which UNAIDS has driven are estimated to have saved nearly 21 million lives to date, but there are major opportunities to do even better. More than nine million people living with HIV worldwide are not yet receiving antiretroviral therapy, new HIV infections are increasing in several regions, and services are still missing many key populations. Harmful gender norms and practices continue to fuel the epidemic among women and girls, who face particularly high rates of infections in sub-Saharan Africa. HIV treatment uptake and outcomes tend to be lower among men. Key populations living with HIV are also less likely to obtain HIV treatment than other people living with HIV. Treatment access among children living with HIV is still worryingly low; children comprised 3 per cent of all people living with HIV in 2023, but accounted for 12 per cent of AIDS-related deaths. 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 led advocacy efforts globally to strengthen the coordination of multi-sectoral responses.

UNAIDS has completed UN mandatory reports on the UN Quadrennial Comprehensive Policy Review (QCPR), UN Funding Compact and UN Checklist on oversight of the implementation of the repositioning of the UN Development System, and the UN System-wide action plan on gender equality and women's empowerment and operates a [Results and Transparency Portal](#).

### 3.4 Opportunities

**COVID-19, HIV investments and continued sustainability of community-led HIV responses.** During the UN's global COVID-19 response, UNAIDS and WHO closely collaborated to address 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 responses maintained HIV testing, treatment and prevention services during lockdowns. A 2023 evaluation identified opportunities for UNAIDS to further 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+ persons who often face stigma, discrimination and exclusion. By focusing on human rights-based approaches, UNAIDS integrates combination HIV services with access to SRHR, advocating for policies and legislation that protect and empower those most at-risks. 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, as recommended by the MOPAN assessment. These developments provide an opportunity to influence the next Global AIDS Strategy with like-minded countries, including through the Nordic constituency, and lay the foundation for a post-2030 global 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 on the basis of 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.

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

Stigma, discrimination and human rights violations are impeding the results of the HIV/AIDS response in all regions. Denmark is committed to safeguarding human rights, particularly for women and girls, LGBTI+ persons and key populations. As an example, punitive laws, policies and practices leave some populations without access to vital HIV services, and restricting access to SRH services for women and girls globally, leave them at heightened risk of HIV infection. Often, HIV-related stigma and discrimination is intertwined with multiple and intersecting forms of discrimination, including on the basis of gender, sexual orientation, gender identity, race, disability, drug use, immigration status or being a sex worker, or imprisoned or formerly imprisoned. 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 and supports states 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 groups.

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

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

**Priority 2: Ensure that young persons, 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 essential to ensure access to vital services, including combination prevention, for all and to close the gaps in services, especially for young persons and adolescents. The gains in expanded access to HIV services have been unequally distributed and the burden of HIV among young persons is increasing. Adolescents, young women and girls are disproportionately affected by the HIV epidemic, making them a critical priority 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 almost twice that of young men in the same age group. Targeted interventions, such as comprehensive sexuality education, 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 risks. 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 on, and delivery of, access to combination prevention for young persons, especially young women and adolescent girls.**

UBRAF Results Area 1: Prevention and Result Area 7: Young people.

### **Priority 3: Ensure a resilient and fit-for-purpose UNAIDS**

Denmark will encourage and work towards implementation of UNAIDS management response to the latest MOPAN assessment. In line with the SDGs, it expects UNAIDS to 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 – and UNAIDS itself – 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 end 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 ensuring 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. Thus, Denmark will actively participate in UNAIDS' formal governance structures, namely the Programme Coordinating Board, (PCB) to influence UNAIDS' strategies and operating model. Denmark is represented through its Nordic+ constituency at official PCB meetings. To inform its collaboration with UNAIDS further, Denmark will also engage with other relevant stakeholders, particularly civil society. Moreover, Denmark will use formal and informal channels to hold UNAIDS accountable on its commitments set out in the Global AIDS Strategy, the 2022-2026 UBRAF, and to influence the direction of new and existing initiatives. Denmark will, to the extent possible, engage in preparatory meetings relating to financial management, budgeting, accounting, auditing, anti-corruption, as well as UNAIDS' work in preventing and responding to sexual exploitation, abuse, and harassment.

Denmark will emphasise effective monitoring and reporting on Danish priorities through selected UNAIDS indicators (Annex 1) and follow its annual cycle of programme planning, substantive and financial reporting, through the biannual PCB meetings, where it reviews and approves key financial, budgetary, and operational matters. Moreover, Denmark will encourage follow-up actions on MOPAN recommendations.

## 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 contributed since 2018.

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

	Finance act	2024	2025	2026	2027	2028	2029	<b>Total</b>
Core funds	06.36.03.14	40	40	40	40	40	40	<b>240</b>

*1/ pending parliamentary approvals*

## 7. Risks and assumptions

**Contextual risk.** Increasing opposition from conservative states and fundamentalist organisations to the human rights-based approach, including towards key populations, LGBTI+ persons, as well as those most at-risk. 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 engagement by Denmark and its likeminded.

**Programmatic risk.** UNAIDS has a risk management policy, and a structured risk management system supported by several internal and external control policies that address risk mitigation. These include the adoption of WHO's Internal Control Framework, Fraud Prevention Policy, Fraud Awareness Guidelines, and Whistle Blowers Protection Policy, as well as Financial disclosure policies issued by UNAIDS itself. 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 rights-based advocacy and programming at the operational country level.

Lack of financing and related consequences for effective resource mobilisation are the most severe programmatic risks facing UNAIDS. This risk is amplified by the need for increased transparency on which criteria UNAIDS uses to prioritise UBRAF implementation to mitigate core funding reductions and fundraising shortfalls. UNAIDS is strengthening its global partnerships to mitigate this risk, for example, in June 2024, the Global Fund and UNAIDS signed a new Strategic Framework for Cooperation and Collaboration for the period of 2024 to 2028. As mentioned above, the UNAIDS Secretariat and Cosponsors are working 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.

UNAIDS' management response to MOPAN's recommendations includes several improvement efforts that provide Denmark and its likeminded with concrete opportunities to monitor the programmatic risks. UNAIDS is expected to conduct a mid-term review of

the Global Aids Strategy 2021-2026. UNAIDS proactively briefs the PCB and its members on its financial situation, which allows Denmark to engage in informal dialogue with likeminded and its constituency to address these risks. In 2022, the PCB requested the convening of an Informal Inclusive Multistakeholder Task Team on options for resolving the immediate funding crisis for the 2022-2023 biennium and to report back to the PCB on outcomes and recommendations. Recommendations included addressing the impact of currency fluctuations, promoting co-investment in the Global Fund and the Joint Programme, and building solidarity and engagement by the PCB. Finally, UNAIDS reports against 13 commitments and 28 indicators of the Funding Compact showing high compliance. It also holds annual Structured Funding Dialogues, which are part of these commitments.<sup>11</sup>

**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 the misuse of power. Denmark will also continue to promote a strong and independent evaluation policy.

## 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 UBRAF 2022-2026.<sup>3</sup>

Danish priority results area 1: Ensure 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
<b>Human Rights</b>  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	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><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 640 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 60 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>
5.2 Provide technical and policy support to countries in the implementation of sustainable	Indicator 5.2.1. Number of countries supported by the Joint Programme for actions to reduce stigma and discrimination in any of the six settings defined under the Global Partnership for action to end all	<p><u>Baseline</u> Baseline does not exist as this is a new indicator that is intended to more systematically measure the Joint Programme's support in this area. As an indicative reference 28 countries had</p>

<sup>3</sup> Source: [https://open.unaids.org/sites/default/files/2024/PCB50\\_Indicator\\_Matrix\\_2022-2026UBRAF\\_EN\\_REV1-Dec-2022-update.pdf](https://open.unaids.org/sites/default/files/2024/PCB50_Indicator_Matrix_2022-2026UBRAF_EN_REV1-Dec-2022-update.pdf)

programmes or reforms (e.g. curricula, law reform, access to justice) to reduce HIV related stigma and discrimination	forms of HIV-related stigma and discrimination	<p>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 60 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 640 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><b>Gender Equality</b></p> <p>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 expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage</p>

		<p>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>

**Danish priority results area 2: Ensure that young persons, especially young women and adolescent girls, have access to prevention**

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		
Result Area 7 young people		
Outputs (5 years)	Indicator	Baseline and milestones
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.	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><u>Baseline</u></p> <p>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></p> <p>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></p> <p>At least 55 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></p> <p>60 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>
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.	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><u>Baseline</u></p> <p>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></p> <p>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> <p>At least 35 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.</p>

		<u>Target (2026)</u> At least 30 countries supported by the Joint Programme to develop and/or implement a costing plan to scale up youth-led HIV response.
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<b>Danish priority results area 3: Ensure a resilient and fit-for-purpose UNAIDS</b>		
UNAIDS Secretariat Function 1 - Leadership, advocacy and communication UNAIDS Secretariat Function 5 – Governance and mutual accountability		
<b>Outputs (5 years)</b>	<b>Indicator</b>	<b>Baseline and milestones</b>
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	<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).  <u>Milestone (2023)</u> At least 15 high-level political meetings outcome documents reflecting HIV and AIDS.  <b>Development of the next Global AIDS Strategy commenced.</b>  <u>Milestone (2025)</u> At least 15 high-level political meetings outcome documents reflecting HIV and AIDS  Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026.  <u>Target (2026)</u> <b>Next Global AIDS Strategy developed and adopted by PCB.</b> UN General Assembly High Level Meeting on HIV/AIDS convened in 2026 with adoption of new Political Declaration on HIV and AIDS.
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 (PCB, including Committee of Cosponsoring	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.	<u>Baseline</u> A total of 20 meetings were facilitated in 2020, reflecting effective UNAIDS governance and inclusive multistakeholder engagement.  <u>Milestone (2023)</u> A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective

<p>Organizations (CCO), ECOSOC, and UNGA).</p>		<p>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 &amp; 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: Annual Wheel

	UNAIDS	GVAMIS
<b>Quarter 1</b>	<ul style="list-style-type: none"> <li>UNAIDS Structured Funding Dialogue (held in Q1 or Q3)</li> </ul>	<ul style="list-style-type: none"> <li>Participates in ongoing meetings with UNAIDS and like-minded countries.</li> <li>Prepares Annual Stock Taking Report (ASR) for the preceding year based on latest information (early February)</li> <li>Participates in UNAIDS Structured Funding Dialogue, when organised.</li> </ul>
<b>Quarter 2</b>	<ul style="list-style-type: none"> <li>Regular PCB meeting<sup>/1</sup> (June)</li> </ul>	<ul style="list-style-type: none"> <li>Disbursement of annual Danish contribution to UNAIDS.</li> <li>Consults with like-minded countries and Nordic+ constituency ahead of June PCB meeting.</li> <li>Agenda and background documents for the PCB to be shared with relevant embassies and departments for their inputs, as well as adopted decision points after the PCB.</li> <li>Participates in PCB meetings through the Nordic+ constituency and after consultations with like-minded countries.</li> </ul>
<b>Quarter 3</b>	<ul style="list-style-type: none"> <li>UNAIDS Structured Funding Dialogue (held in Q1 or Q3)</li> </ul>	<ul style="list-style-type: none"> <li>Participates in ongoing meetings with UNAIDS and like-minded countries.</li> <li>Participates in UNAIDS Structured Funding Dialogue, when organised.</li> <li>Participates in Nordic consultations with UNAIDS, when organised.</li> <li>UNAIDS' Global AIDS Update shared with relevant embassies and departments.</li> </ul>
<b>Quarter 4</b>	<ul style="list-style-type: none"> <li>Regular PCB meeting<sup>/2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Consults with like-minded countries and Nordic+ constituency ahead of December PCB meeting.</li> <li>Agenda and background documents for the PCB to be shared with relevant embassies and departments for their inputs, as well as adopted decision points after the PCB.</li> <li>Participates in PCB meetings through the Nordic+ constituency and after consultations with like-minded countries.</li> <li>World AIDS Day report shared with relevant embassies and departments.</li> <li>Prepares draft Annual Action plan<sup>/2</sup></li> </ul>

<sup>/1</sup> The Executive Director provides a mid-year progress report on UNAIDS' activities, strategies, and global progress in addressing HIV/AIDS. This report usually focuses on the implementation of the UNAIDS Strategy, emerging issues in the global HIV/AIDS response, partnerships, and financial and operational matters.

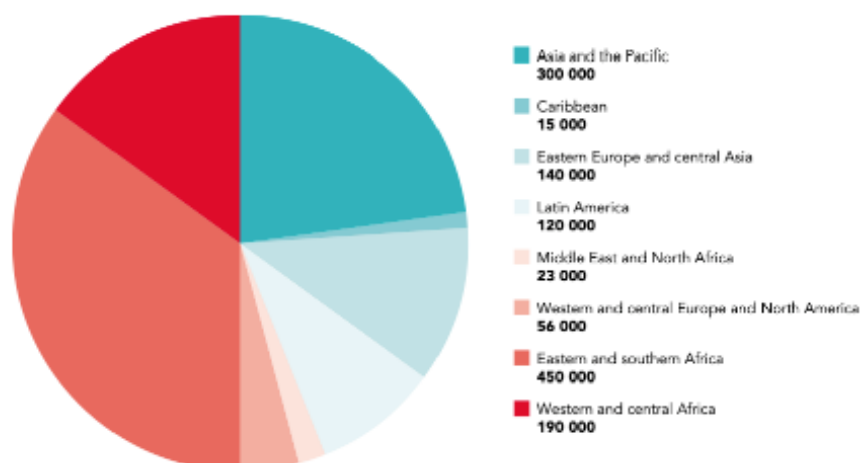
<sup>/2</sup> The Executive Director delivers a more comprehensive end-of-year report that evaluates the overall performance of UNAIDS for that calendar year. The December report typically includes: Strategic and operational progress on UNAIDS' goals, particularly in relation to the global AIDS targets. Budgetary and financial reporting, including the management of resources and future financial outlook. The PCB reviews and approves key financial, budgetary, and operational matters.

## Annex 3: UNAIDS Background material

### Annex 3.1 Global status HIV/AIDS 2024 (visuals)

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

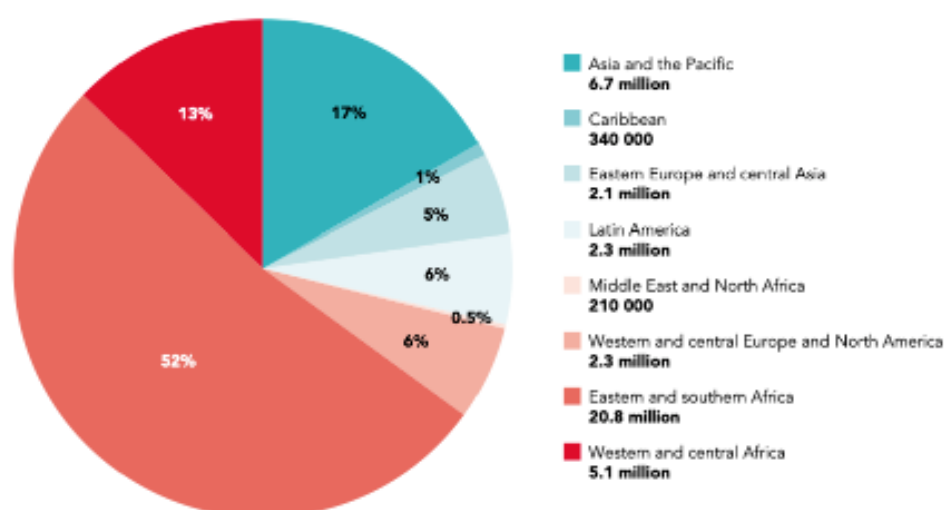
**Figure 1.0.1** Distribution of new HIV infections, by region, 2023



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

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

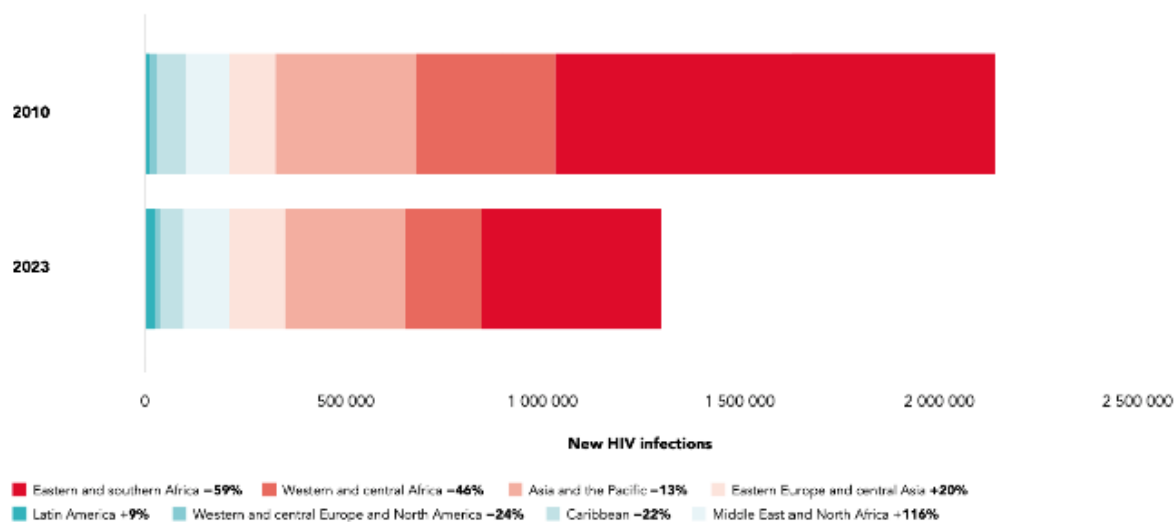
**Figure 1.0.7** Number of people living with HIV, by region, 2023



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

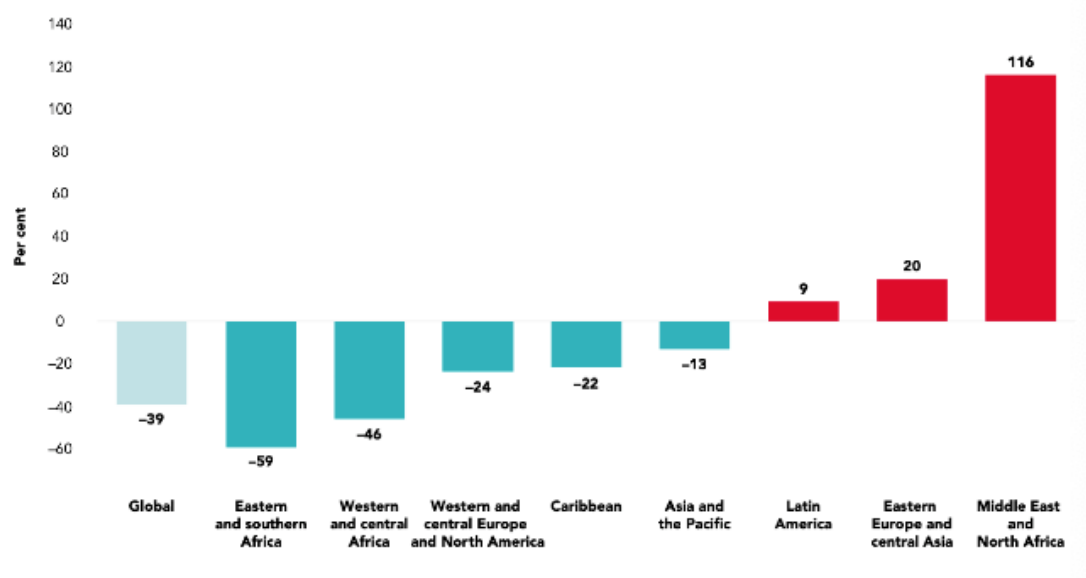
### The greatest declines in new infections are in the sub-Saharan African regions

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



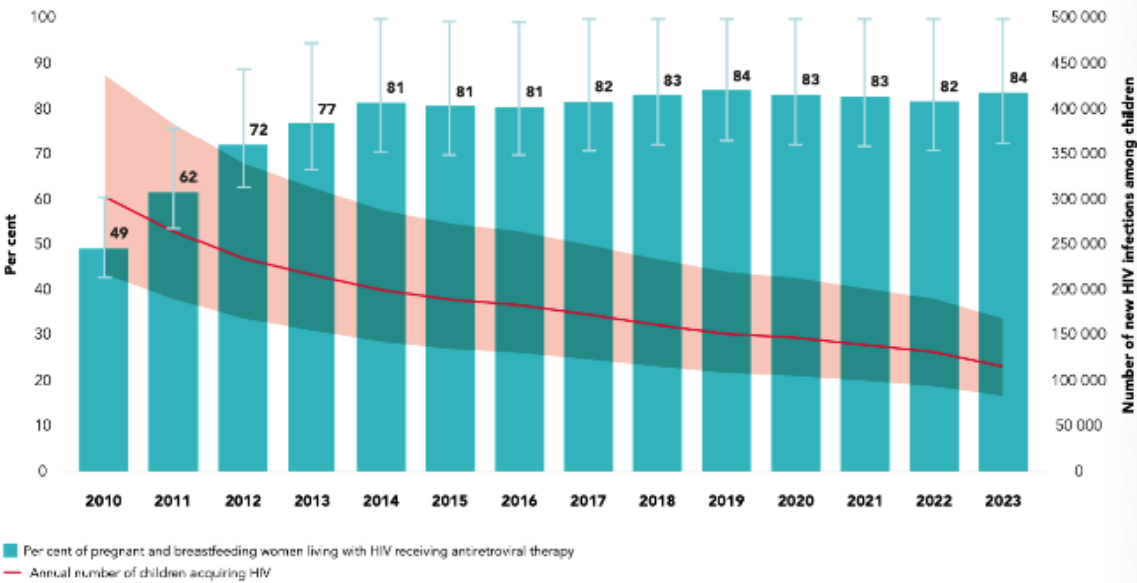
### New infections are still increasing in some regions

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



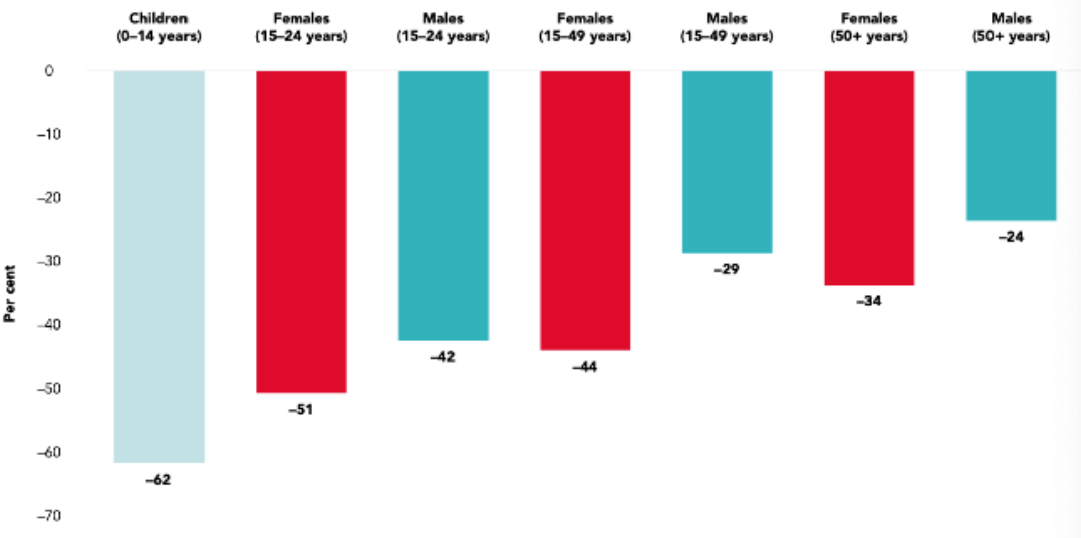
Reaching women with prevention of vertical transmission services has not changed in the last 10 years

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

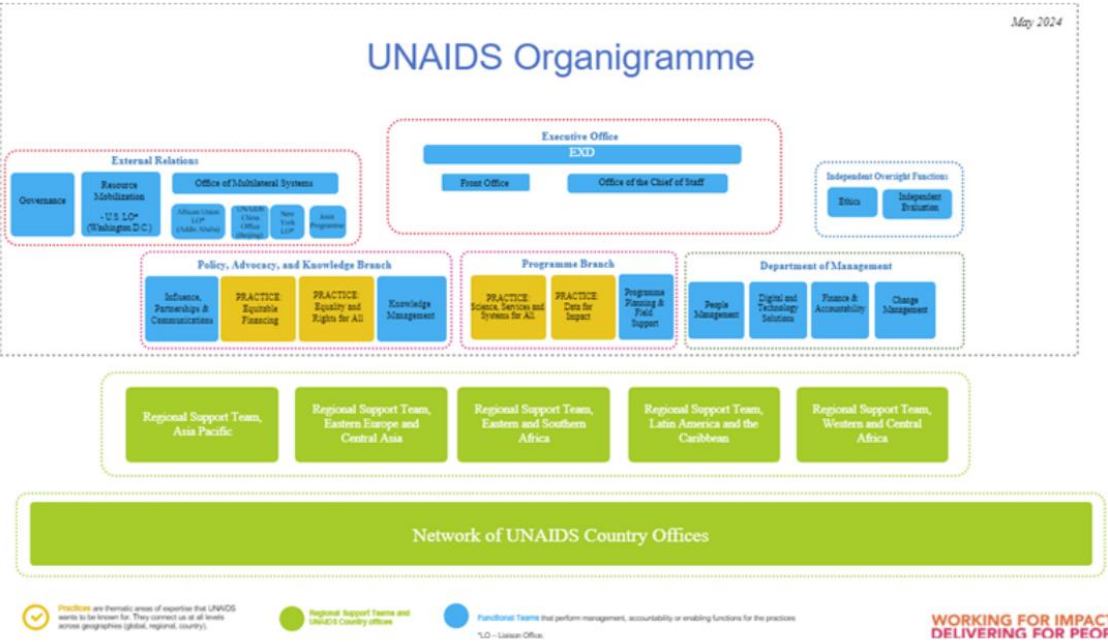


Sharpest declines in new HIV infections are among children

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



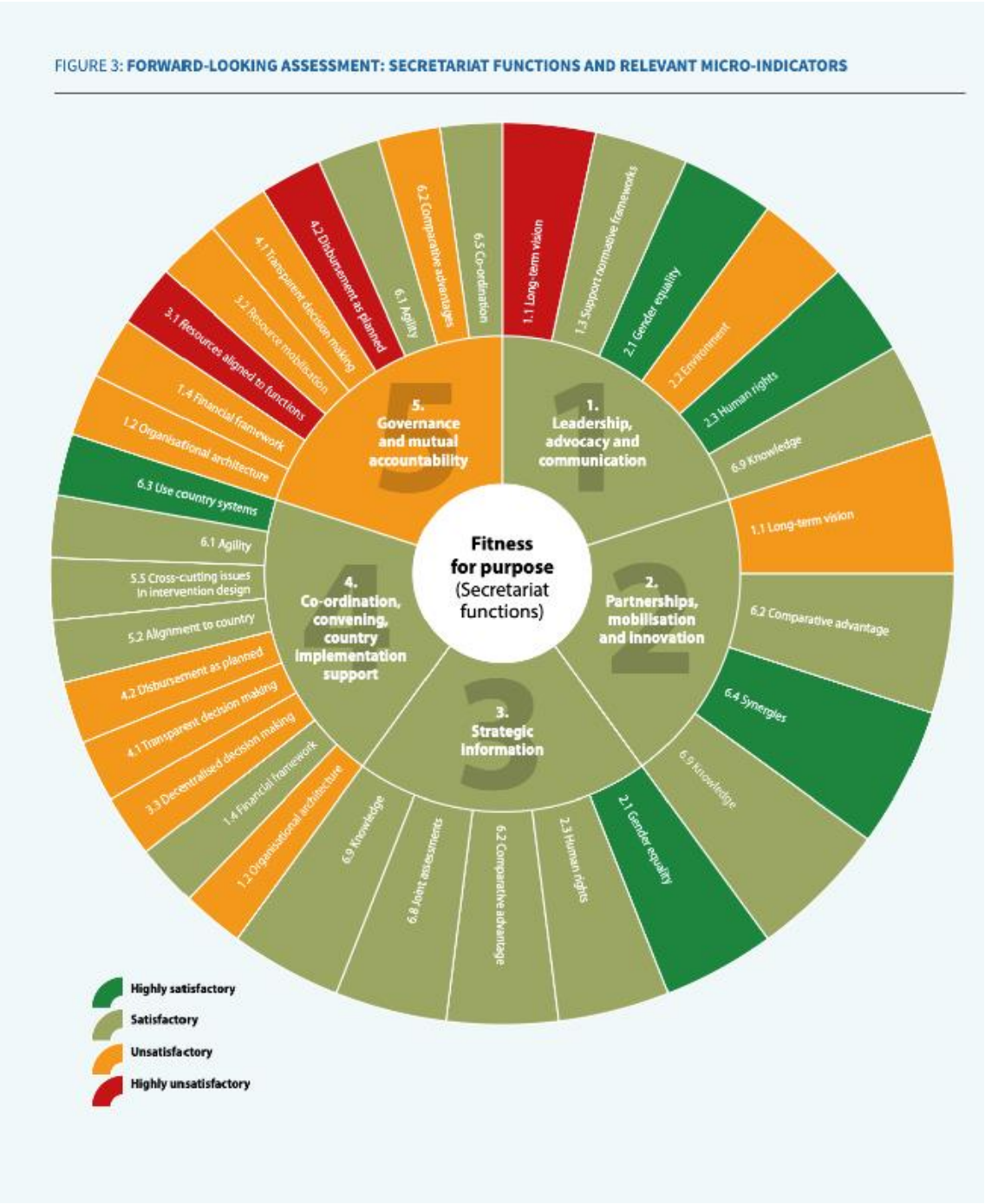
Annex 3.2 Organisational Structure



Source: UNAIDS HRO, May 2024

Annex 3.3 MOPAN 2023 performance illustration





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<sup>1</sup> 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

<sup>2</sup> UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank, UNODC, ILO, WFP, UNHCR, and UNWOMEN

<sup>3</sup> [https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy?\\_gl=1\\*vbl7mi\\*\\_gcl\\_au\\*NDQzMTE0NzEuMTcyMzk3NDEzNg..\\*\\_ga\\*MTcwMTk4NjIxNS4xNzIzOTc0MDcw\\*\\_ga\\_T7FBEZEEXNC\\*MTcyMzk3NjU2Ni4yLjAuMTcyMzk3NjU2Ni42MC4wLjA](https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy?_gl=1*vbl7mi*_gcl_au*NDQzMTE0NzEuMTcyMzk3NDEzNg..*_ga*MTcwMTk4NjIxNS4xNzIzOTc0MDcw*_ga_T7FBEZEEXNC*MTcyMzk3NjU2Ni4yLjAuMTcyMzk3NjU2Ni42MC4wLjA).

<sup>4</sup> 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.

<sup>5</sup> [https://www.unaids.org/sites/default/files/media\\_asset/PCB54\\_PMR\\_Executive\\_Summary%20final.pdf](https://www.unaids.org/sites/default/files/media_asset/PCB54_PMR_Executive_Summary%20final.pdf)

<sup>6</sup> [https://data.unaids.org/una-docs/three-ones\\_keyprinciples\\_en.pdf](https://data.unaids.org/una-docs/three-ones_keyprinciples_en.pdf)

<sup>7</sup> <https://unaidspcbngo.org/>

<sup>8</sup> MOPAN 2023: 21

<sup>9</sup> [https://www.unaids.org/sites/default/files/media\\_asset/PCB54\\_Report\\_Executive\\_Director.pdf](https://www.unaids.org/sites/default/files/media_asset/PCB54_Report_Executive_Director.pdf)

<sup>10</sup> 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.

<sup>11</sup> <https://open.unaids.org/2030-agenda-and-un-reform>