United Nations Entity for Gender Equality and the Empowerment of Women

Background Note: Briefing to the Executive Board, First Regular Session 2026

"Briefing on UN-Women's follow-up to recommendations of the UNAIDS[1] Programme Coordinating Board"

Background and context on gender equality and HIV/AIDS

In the 2021 *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* (A/RES/70/266), United Nations Member States committed to achieve gender equality and empower all women and girls as part of the efforts to end AIDS by 2030. The declaration aligned with the 2030 Agenda for Sustainable Development (A/RES/70/1) Goal 5 on achieving gender equality and women's empowerment and target 3.3 for ending the epidemic of AIDS by 2030. In 2025, as the Commission on the Status of Women reaffirmed the Beijing Declaration and Platform for Action in the *Political Declaration on the event of the thirtieth anniversary of the Fourth World Conference on Women* (E/CN.6/2025/L.1), Member States recognized the multiple and intersecting forms of discrimination, vulnerability and marginalization experienced by women and girls living with HIV and AIDS.

However, the sudden acceleration of cuts to international HIV financing in 2025 intensified disruptions of the HIV response. International assistance accounted for 80% of prevention programmes in low- and middle-income countries,[2] as well as 90% of treatment-related funding in western and central Africa and 38% in eastern and southern Africa.[3] This funding is now significantly reduced. The funding cuts destabilized community programmes that reached people at risk of being left behind, including adolescent girls, young women and women in key populations[4]. UN-Women's global survey of civil society and community organizations found that 46% had terminated or suspended HIV programmes. Services for gender-based violence and capacity development on addressing gender inequalities in the context of HIV, including work on women's leadership and engagement, were the most severely affected.[5] As a result of the funding cuts, an additional 10 million people are projected to acquire HIV over the next five years and an estimated 3 million more people will die from HIV-related diseases.[6]

Mixed progress in reducing new infections among women with adolescent girls and young women in sub-Saharan Africa at particular risk

In 2024, of 1.3 million new HIV infections globally (all ages), 590,000 (45%) were among women and girls.[7] Despite a rapid decrease in new infections among women and girls in sub-Saharan Africa (24% between 2020 and 2024), the region continued to be the epicenter of HIV, accounting for 70% of new HIIV infections among women and girls.

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[1] The Joint UN Programme on HIV/AIDS (UNAIDS).

[2] UNAIDS (2025) Overcoming disruption: Transforming the AIDS Response. World AIDS Day 2025. Geneva: UNAIDS.

[3] UNAIDS (2025) Global AIDS Update 2025. Geneva: UNAIDS.

[4] UNAIDS terminology guidelines define key populations as people who inject drugs, sex workers, transgender people, prisoners and gay men and other men who have sex with men. Available online at: https://www.unaids.org/sites/default/files/media_asset/2024-terminology-guidelines_en.pdf

[5] UN Women (Forthcoming) Undermining Progress: Cuts to HIV Funding Threaten Women's Lives and Futures. (New York, UN Women)

[6] Ratevosian J, Ngangula P, Tran KH (2025) Modeling the fallout: projecting the global impact of donor funding cuts on HIV prevention, treatment, and care. *Curr Opin HIV AIDS,* 20(6):621-631.

[7] All data in this section are drawn from the latest available data in of the UNAIDS HIV estimates, 22 July 2025. Available at the AIDS info online database, http://aidsinfo.unaids.org

While new infections declined more slowly among women and girls in most other regions from 2020 to 2024, they increased by 35% in Middle East and North Africa and remained unchanged in western and central Europe and North America.

HIV prevention among women and girls is hampered by social and structural barriers caused by gender inequality. Discriminatory gender norms restrict women's decision-making about their own health and fuel gender-based violence. Globally, only 56% of women make their own decisions about their sexual and reproductive health, and almost one in three women have experienced physical and/or sexual violence, heightening their risk of HIV particularly in high-prevalence countries. Structural barriers, such as policies and laws that treat women and men differently and unequal access to education and income, constrain women's agency and access to quality health services. Women are paid an estimated 20% less than men globally,[8] limiting their financial resources to prevent HIV and seek HIV services.

A third (36%) of new HIV infections among women and girls (210,000 cases) are in the age group 15-24 years. Younger women tend to have the least decision-making control related to sexual relations, contraceptive use and health care. Age-of-consent laws are an additional restriction in some countries. In 2024, adolescent girls and young women aged 15-24 years in sub-Saharan Africa were three times as likely to acquire HIV compared to adolescent boys and young men their age, accounting for 77% of new infections in the age group. Younger girls aged 10-19 years made up over 80% of new HIV infections in their age group. Adolescent girls aged 10-19 years are also at high risk of HIV in the Caribbean and in Eastern Europe and Central Asia, where they made up 60% and 56% of new HIV infections in their age group respectively.

Investment in HIV prevention for adolescent girls and young women was insufficient to meet the global target of less than 50,000 new infections among adolescent girls and young women by 2025, set in the *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* (A/RES/75/284). In 2023, less than half (46%) of the areas with high or moderately high HIV incidence in sub-Saharan Africa were being served by a prevention programme focused on adolescent girls and young women. Based on modelling in eight African countries, increasing secondary school enrollment by 70-100% could avert up to 84,000 new infections by 2030;[9] yet only 42% adolescent girls in the region completed secondary education in 2024.[10]

The funding cuts in 2025 halted the HIV response for adolescent girls and young women, especially in sub-Saharan Africa. For example, the DREAMS programme, which provided two million adolescent girls and young women in ten African countries with HIV information and services, education, and economic empowerment, was shut down.[11] Some hope is provided by long-acting HIV pre-exposure prophylaxis (PrEP), which showed 100% efficacy in a trial among African adolescent girls and young women.[12] To scale-up availability, the Global Fund to Fight AIDS, Tuberculosis and Malaria has leveraged private-sector funding and catalytic investments, including support from the Children's Investment Fund Foundation. Such efforts are key to successfully preventing new HIV infections among adolescent girls and young women as well as women in key populations.

Social and structural barriers are exacerbated for women who are marginalized in various contexts, such as women in key populations, women who are migrants, refugees, or forcibly displaced, have disabilities, or belong to racial or ethnic minorities. In addition to disadvantages caused by gender inequality, they face stigma, discrimination, violence, and systemic obstacles due to their other intersecting identities and circumstances. These compounded barriers are often overlooked, reducing the effectiveness of HIV prevention interventions. For example, only 45

[8] ILO (2025) "Equal pay for work of equal value" Available at: https://www.un.org/en/observances/equal-pay-day
[9] UNAIDS (2025) Global AIDS Update 2025. (Geneva: UNAIDS).
[10] UNAIDS (2024) World AIDS Day report 2024: take the rights path (Geneva: UNAIDS).
[11] UNAIDS (2025) Impact of US funding cuts on HIV programmes in east and southern Africa. Geneva: UNAIDS. Available from: https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250331_ESA-region_fs
[12] Bekker LG, et al. (2024) Twice-yearly lenacapavir or daily F/TAF for HIV prevention in cisgender women", *N Engl J Med*, 391(13):1179–1192.

countries include provisions in their harm reduction policies that address the unique needs of women who inject drugs.[13] Prevention services for people from key populations have relied heavily on external assistance—but a great deal of this support was halted in early 2025.

HIV services for women and girls living with HIV are at risk and some are being left behind

An increasing proportion of women and girls living with HIV are receiving HIV testing and treatment.[14] Globally in 2024, 92% of women living with HIV aged 15 years and older knew their HIV status, 83% of women living with HIV received antiretroviral treatment, and 79% of women living with HIV had suppressed viral loads. Progress varied by region: in east and southern Africa, 87% of women living with HIV received antiretroviral treatment compared to 60% in Eastern Europe and Central Asia and 48% in the Middle East and North Africa. Disparities can also be seen in services to prevent vertical transmission of HIV[15]: 94% of women living with HIV in eastern Europe and Central Asia received services to prevent vertical transmission of HIV, compared to 56% in West and Central Africa and 28% in the Middle East and North Africa.

Social and structural barriers that undermine HIV prevention among women, such as discrimination and abuse in health care settings, also limit their access to and uptake of HIV services. In a 23-country study, a fifth of women living with HIV had experienced coercive practices while receiving reproductive and sexual health services.[16] Barriers are compounded for women who face intersecting inequalities, including adolescent girls and young women and women in key populations. Globally, adolescents living with HIV are less likely to be on treatment,[17] and adolescent girls and young women face specific barriers when accessing HIV testing and treatment, including policies or laws that require parental consent to seek services, health services that are not adapted to their needs, and stigmatizing behaviour of health-care staff.[18] Women in key populations experience significant obstacles to accessing HIV services, including stigma and discrimination, risk of violence and incarceration, lack of HIV services tailored for women, and gender inequalities, including power imbalances between women and men.

In 2025, the funding crisis began to undermine progress in services for women living with HIV. A study by the International Community of Women Living with HIV in early 2025 found that 20% of women living with HIV faced significant obstacles in obtaining HIV services due to service reductions, clinic closures, and medication shortages,[19] and that nearly 30% of pregnant or recent mothers living with HIV struggled to access infant formula and maternal healthcare.[20]

UN-Women's results in responding to the HIV/AIDS epidemic

Guided by the *UN-Women Strategic Plan 2022–2025* and its triple mandate – normative support, UN system coordination, and operational activities – in 2025 UN-Women helped to integrate gender equality and women's

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[13] UNAIDS, AIDSinfo, Laws and Policies Analytics, Policies address needs of women who inject drugs (in countries with supportive reference to harm reduction in policies), Global, Most recent data. Available from: https://lawsandpolicies.unaids.org/. Accessed 20 November 2025.

[14] Data in this section from UNAIDS AIDSInfo Epidemic and response, Treatment cascade and Elimination of vertical transmission. Available from: https://aidsinfo.unaids.org/. Accessed 20 November 2025.

[15] As per UNAIDS Terminology Guidelines, prevention of vertical HIV transmission encompasses efforts to reduce the risk of a person who is pregnant and living with HIV from passing HIV to the infant during pregnancy, childbirth or breastfeeding.

[16] International Community of Women Living with HIV (2024) Confronting coercion: a global scan of coercion, mistreatment and abuse experienced by women living with HIV (ICW).

[17] UNAIDS (2024) The urgency of now: AIDS at a crossroads. UNAIDS Global AIDS Update 2024 (Geneva: UNAIDS).

[18] UNAIDS (2025) AIDS, crisis and the power to transform: UNAIDS Global AIDS Update 2025 (Geneva: UNAIDS).

[19] International Community of Women Living with HIV (2024) No More Business as Usual. A Gender-Transformative Response to the USAID Freeze Crisis is Urgent.

[20] International Community of Women Living with HIV (2025) "New Report Release: No More Business as Usual. A Gender-Transformative Response to the USAID Freeze Crisis is Urgent". Available from: https://www.wlhiv.org/post/no-more-business-as-usual-report.

empowerment into the governance of the HIV response; scaled up promising approaches to tackle the root causes of gender inequality in the HIV response; and supported the leadership of women and girls in all their diversity, particularly women living with HIV, to meaningfully engage in decision-making at all levels in HIV responses. Advocacy to leave no women or girls behind in the HIV response, particularly adolescent girls and young women in sub-Saharan Africa, was a key priority. Selected achievements in 2025 spanning the Strategic Plan's six systemic outcomes are described below.

Selected achievements

1. Strengthening global normative frameworks and gender-responsive laws, policies, and institutions

UN-Women supported the preparation of the *Report of the Secretary-General on women, the girl child and HIV and AIDS* for the 70th session of the Commission on the Status of Women. UN-Women also developed an online, self-paced course, *Integrating Gender Equality in HIV Policies and Programming,* for governments, civil society organizations, and United Nations staff working on HIV programming. Launched on World AIDS Day, 1 December 2025, the course is hosted by the UN-Women Training Centre.

UN-Women provided direct technical support to strengthen the capacity of national HIV programmes to plan and implement gender-transformative HIV responses in 27 countries.[21] For example, in **Liberia**, UN-Women assisted the National AIDS Commission to establish a gender desk to guide gender-responsive implementation of the national HIV programme. In **Indonesia**, UN-Women facilitated development of integrated HIV and violence against women service protocols to support the implementation of a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

To advance the implementation of the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, UN-Women supported efforts to repeal or reform discriminatory laws and policies that affect women living with HIV in **Indonesia, Guatemala**, **Nigeria**, and **South Africa**. Through targeted advocacy, UN-Women assisted **South Africa's** Her Rights Initiative to bring international attention to the issue of forced and coerced sterilization experienced by 104 women living with HIV between 1997 and 2023. As a result, the United Nations Human Rights Committee issued a formal communication to the South African government, recognizing these acts as torture and gross violations of human rights, the first time that violations against women living with HIV were acknowledged by a global human rights mechanism.

2. Financing for gender equality

As the impacts of the HIV funding cuts deepened, UN-Women surveyed women's organizations, networks of women living with HIV, and community partners on how changes in international funding have disrupted women's access to HIV prevention, care, and support services, as well as organizational operations, sustainability, and resilience. Respondents were highly concerned about programme sustainability, with over a quarter (28%) of organizations uncertain about their prospects or anticipating challenges to organizational viability. At the time, 44% had suspended and 40% had fully or partially terminated HIV programmes.

UN-Women worked at the country level to increase availability of funding for gender initiatives in the HIV response, particularly through organizations led by women living with HIV. For example, UN-Women's advocacy training of women living with HIV in **Ukraine**, and their strategic communications and engagement in national HIV-related policy dialogues, supported women's participation in humanitarian response planning and political decision-making and led to government funding for essential health services. In **El Salvador**, UN-Women's advocacy ensured that actions to empower women living with HIV were included and budgeted for in the Global Fund concept note, despite the women not being classified as a key population. The **UN Trust Fund to End Violence Against Women**,

[21] Botswana, Burundi, Cameroon, Central African Republic, El Salvador, Eswatini, Ethiopia, Indonesia, India, Kenya, Kyrgyzstan, Lesotho, Liberia, Malawi, Mali, Morocco, Nepal, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Uganda, Viet Nam and Zimbabwe.

managed by UN-Women, awarded over US$600,000 in grants to local and grassroots women's organizations that work directly with women living with HIV, women who use drugs, and women engaged in sex work.

3. Positive social norms, including by engaging men and boys

UN-Women invested in evidence-based interventions to change discriminatory gender norms that undermine the uptake of HIV prevention, treatment and care services for women and girls in 15 countries.[22] For example, as a result of the *SASA!* community mobilization programme[23] supported by UN-Women in **Ethiopia,** the proportion of community members rejecting violence against women rose from 50% to 73% in three years, and awareness of the link between violence and women's risk of HIV increased from 69% to 93%. In the **Central African Republic, Kenya**, and **Lesotho**, UN-Women partnered with religious leaders, local authorities, and community leaders, raising awareness on violence against women and highlighting its direct links to HIV prevention.

Men and boys were important partners in programmes supported by UN-Women. **Sierra Leone's** Real Man Campaign, launched by the First Lady with support from UN-Women, engaged over 2,000 men and promoted new concepts of positive masculinity to prevent violence against women and encouraged men to seek HIV testing and prevention information. UN-Women's *HeForShe* campaign in **South African** taverns and soup kitchens engaged over 120,000 women and men in dialogues about gender equality and HIV, encouraging HIV testing and linking people with HIV treatment and services for gender-based violence when needed. Similar *HeForShe* events at fish markets in **Malawi** encouraged discussion about men's health-seeking behaviour and violence against women, and increased men's uptake of HIV testing.

UN-Women also supported country-led efforts to address gender norms that result in stigma and discrimination against women living with HIV. In **Lesotho** and **Senegal**, UN-Women trained women living with HIV to lead peer engagement and rights-based advocacy, and to become visible champions for stigma-free health services. In **Kyrgyzstan**, UN-Women mobilized young women and men to reduce negative judgments around HIV and promote access to HIV services.

4. Women's equitable access to services, goods and resources

UN-Women tackled gender-related barriers to accessing HIV prevention and treatment across seven countries[24] and supported efforts to reduce vertical transmission of HIV in eight countries.[25] For example, UN-Women supported networks of people living with HIV in **Botswana** to identify gender-related barriers to accessing HIV services and worked with the Ministry of Health and women's organizations to improve linkages between antenatal care and HIV treatment for expectant mothers. In **Nigeria**, UN-Women provided technical support to the National Network of Women Living with HIV to document the impact of the *Mentor Mothers Initiative* and drew on the findings to inform policy recommendations for sustaining and expanding the programme nationwide. UN-Women programmes helped over 9,300 women living with HIV in **Haiti** and a combined total of 5,000 in **Sierra Leone** and the **United Republic of Tanzania** to access cervical cancer screening and follow-up care.

Recognizing the intersection between violence against women and HIV, UN-Women in **Haiti, Indonesia, Kenya, and Malawi** strengthened services for women living with and affected by HIV who experience violence. For example, in **Indonesia,** UN-Women conducted a cost analysis for integrated services for HIV and violence against women, developed standard operating procedures for the integrated services, and trained health and social service providers. In **Kenya** and **Malawi**, UN women strengthened referral pathways and trained health workers in survivor-centered, trauma-informed HIV care, including post-exposure prophylaxis and HIV testing and counselling.

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[22] Botswana, Burundi, Cameroon, Central African Republic, Eswatini, Ethiopia, Haiti, Kenya, Lesotho, Malawi, Namibia, Sierra Leone, South Africa, Uganda and Zimbabwe.

[23] SASA! is a community mobilization approach developed by Raising Voices (an NGO in Uganda) for preventing violence against women and HIV by addressing imbalance of power between men and women, boys and girls.

[24] Botswana, Central African Republic, Haiti, Kenya, Malawi, South Africa and Uganda.

[25] Botswana, Burundi, China, Cote D'Ivoire, Nigeria, Rwanda, Tajikistan and Zimbabwe.

UN-Women advanced the economic empowerment of women living with and affected by HIV across 18 countries.[26] In **Malawi, Uganda** and **Nigeria**, UN-Women assisted women living with HIV to form community savings and loan groups, access seed capital and training, and begin income-generating activities, thereby improving household nutrition, health outcomes, and HIV treatment adherence. Recognizing that young women are disproportionately affected by HIV, UN-Women tailored economic empowerment initiatives for adolescent girls and young women in **Nepal, Botswana, Namibia, South Africa,** and **Eswatini**.

Women and girls in humanitarian and conflict-affected settings face increased challenges in relation to HIV. In **Central African Republic,** UN-Women strengthened coordination between services for survivors of sexual violence and HIV services by supporting joint awareness missions and establishing early warning mechanisms for referral of survivors to care. In **Mozambique**, over 1,700 young women from displaced communities received skills in information and communications technology, mechanics, carpentry, and financial literacy, boosting economic opportunities and reducing HIV risk.

5. Women's voice, leadership and agency

UN-Women enhanced the leadership, advocacy capacity, and engagement of women living with HIV globally and across 36 countries by providing training in advocacy skills and expanding access to decision-making spaces.[27] This directly benefited over 35,000 women living with HIV. UN Women created spaces and facilitated the engagement of networks of women living with HIV to shape the new Global AIDS Strategy, ensuring that women's priorities were reflected.

UN-Women also strengthened leadership and advocacy skills of women's organizations and networks of women living with HIV at the country level. In **Philippines**, UN-Women helped the national network of women living with HIV to build advocacy skills, address resource disparities, and reinforce their role in shaping the HIV response. The International Community of Women Living with HIV in **Bolivia** enhanced its internal governance and trained women in political leadership, with cascading outreach benefiting other women living with HIV. In **Tajikistan**, **Cote d'Ivoire**, and **Senegal,** UN-Women provided legal literacy and rights-based training to increase access to justice for women living with HIV.

To turn the tide of the unprecedented HIV crisis among young women and adolescent girls, UN-Women empowered young women to prevent HIV and to engage with decision-makers for a more gender- and age-responsive HIV response across 19 countries.[28] For example, during the second phase of the *Investing in Adolescent Girls and Young Women's Leadership and Voice in the HIV Response* programme, 55 young women from **Kenya, Tanzania** and **Zimbabwe** used the skills and knowledge gained through feminist leadership training and mentorship to engage meaningfully in national and local HIV strategy discussions and Global Fund funding processes, taking early steps towards sustained influence on issues affecting adolescent girls and young women.

6. Production, analysis and use of gender data and knowledge

UN-Women supported gender assessments, participatory research, and evidence generation on HIV and women and girls in 12 countries.[29] These efforts enabled the identification of structural inequalities, legal gaps, and service delivery challenges involving women living with and affected by HIV. For example, UN-Women supported a comprehensive gender assessment of the national HIV response in **Tajikistan**, which laid the foundation for

[26] Botswana, Burundi, Cambodia, Eswatini, India, Liberia, Malawi, Mali, Mozambique, Namibia, Nepal, Nigeria, Papua New Guinea, South Africa, South Sudan, Uganda, Viet Nam, and Zimbabwe.
[27] Bangladesh, Bolivia, Botswana, Burundi, Cambodia, Cameroon, Central African Republic, China, Cote D'Ivoire, El Salvador, Eswatini, Ethiopia, Haiti, India, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Namibia, Nepal, Nigeria, Philippines, Rwanda, Senegal, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Viet Nam, and Zimbabwe.
[28] Botswana, Cote d'Ivoire, Eswatini, India, Haiti, Jamaica, Kenya, Kyrgyzstan, Malawi, Mozambique, Namibia, Nepal, Papua New Guinea, Rwanda, South Africa, South Sudan, Tanzania, Uganda and Zimbabwe.
[29] Philippines, Bangladesh, Cameroon, El Salvador, Jamaica, Malawi, Nigeria, Senegal, South Sudan, Tajikistan, Ukraine, and Zimbabwe.

informed advocacy and policy reform to eliminate vertical transmission of HIV. In **Zimbabwe**, a comprehensive study conducted with the National AIDS Council identified drivers of high HIV incidence among adolescent girls and young women, providing critical evidence to shape national policy and interventions. In **Rwanda**, UN-Women supported development of a national programme to prevent new HIV infections among adolescent girls and young women, with a monitoring and evaluation framework and a tool to track HIV testing and treatment uptake. In **Honduras**, UN-Women trained women living with HIV in participatory research to document institutional violence against women and inform policy recommendations. In **Ukraine**, findings from community-led research by women living with HIV were integrated into the national operational plan for HIV.

7. UN System coordination for gender equality and women's empowerment

UN Women continued to engage in the Joint UN Programme on HIV as a Cosponsor and leverage ongoing UNAIDS Global Strategic Initiatives to promote gender equality and women's empowerment in the HIV response. For example, UN-Women is collaborating with UNAIDS, UNESCO, UNICEF and UNFPA on the Education Plus initiative to prevent new HIV infections among adolescent girls and young women in sub-Saharan Africa by promoting secondary education. As of 2024, 15 countries have committed to undertake actions in support of Education Plus.[30] UN-Women is prioritizing actions to increase young women's leadership, end gender-based violence, and support school-to-work transitions. In **India**, UN-Women facilitated access to education, life skills, and entrepreneurship training for nearly 700 young women, including those affected by HIV. As a result, young women secured jobs, started businesses, and reached out to another 1,200 young women with information on HIV prevention. In **Uganda**, UN-Women led a regional campaign to promote the importance of secondary education for girls as a protective factor from HIV, child marriage and early pregnancies. Over 15,000 community members, including faith-based and traditional leaders, engaged in the campaign. More than 400 young women living and affected by HIV accessed vocational training and re-training programmes to facilitate transition to employment.

UN-Women's new Strategic Plan 2026–2029

UN-Women's new Strategic Plan 2026–2029 highlights the disproportionate HIV risk among adolescent girls aged 10–19 and draws attention to gaps in realizing women's sexual and reproductive health and rights. In responding to these challenges, UN-Women's added value stems from its triple mandate, which effectively positions the entity to defend and uphold normative commitments on the gender dimensions of HIV/AIDS, strengthen UN system-wide capacity and accountability to deliver on gender commitments in the HIV response, and leverage integrated programming, including joint programming, and partnerships with grassroots and women-led organizations. UN-Women is developing a strategy to integrate HIV across relevant areas of the new strategic plan to strengthen the multisectoral approach to respond to HIV, in terms of both HIV prevention and mitigation. UN-Women will also continue to engage in the transformation process of the UNAIDS Joint Programme, as part of the UN80 Initiative, to advance coherent and coordinated action and effective programmes to respond to the needs of women and girls.

UNAIDS Programme Coordinating Board recommendations

The declining availability of resources for the Joint Programme on HIV/AIDS was worsened by the sudden withdrawal of HIV funding by the United States in 2025 and funding cuts by other governments. The projected core resources for the 2025 UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), which provides the blueprint for the Joint Programme's contribution for its implementation, fell from $125 million in December 2024 to $68 million in June 2025, less than half of the Joint Programme's total budget of $150 million. These funding cuts intensified discussions on revisions to the Joint Programme operating model, the UBRAF Workplan and Budget for 2026, and the next Global AIDS Strategy 2026-2031. While the changed context strengthens the push for transformation of the HIV response, it also poses the risk of reversing hard-won progress.

[30] Benin, Botswana, Cameroon, Eswatini, Gabon, Gambia, Kenya, Lesotho, Malawi, Senegal, Sierra-Leone, South Africa, Tanzania, Uganda and Zambia.

At its 56th meeting in June 2025, the UNAIDS Board endorsed **the revised operating model of the Joint Programme**, drawing on the recommendations of the "High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response". The revised model accelerates the transition of donor-supported HIV treatment and prevention programmes to country-led and -financed programmes. It adjusts the Joint Programme's operating model to increase cost-effectiveness by reducing overlapping functions between the Secretariat and Cosponsors, shrinking its country presence, and prioritizing the scale-up of new, biomedical innovations, particularly for HIV prevention. Implementation would proceed in two phases: immediately and in 2027. Additional decisions on the operating model are expected in upcoming UNAIDS Board meetings in line with future decisions of the UN80 initiative.

At its 57th meeting in December 2025, the UNAIDS Board recognized the "lead" and "affiliate" Cosponsors of the Joint Programme. UN-Women will have an affiliate Cosponsor role in the revised operating model, providing direct value to the HIV response, but without expectation to participate in governance, the Committee of the Cosponsoring Organizations, and UBRAF. The roles and responsibilities of the leads and affiliate Cosponsors are being further defined. The Board requested that the Terms of Reference for a Working Group on the further transition and integration of the Joint Programme into the broader UN be finalized no later than January 2026, with the first meeting to take place in February 2026. The Working Group will submit an interim report to the UNAIDS Board in June 2026 and final recommendations by the end of October 2026. In its capacity as an affiliate Cosponsor, UN-Women will be involved in informing the processes and engaging in the discussions.

To integrate the UNAIDS Board decisions on the new operating model and to better align with the main directions of the next Global AIDS Strategy, the Board approved a **one-year transitional UBRAF Workplan and Budget for 2026** at a Special Session in October 2025. It contains prioritized, streamlined and simplified results, budget and performance milestones. Support to governments and communities will focus on protecting and maintaining lifesaving HIV prevention and treatment programmes and services and leading sustainable, inclusive, and multisectoral national HIV responses. Programmatic shifts also include emphasis on HIV prevention, community-led HIV responses, sustainability, accountability, and country ownership; use of new science and innovations in programmes; and transitioning to national management and ownership of the HIV response. Organizational shifts in the Workplan center around the new Joint Programme operating model, a streamlined and more focused Secretariat, reduced country presence, and a streamlined set of results, milestones, and related joint planning and reporting. UN-Women is identified as a contributing partner across all Results Areas of the Workplan and worked to ensure that women's empowerment and gender equality were mainstreamed across it.

At its 57th meeting, the UNAIDS Board adopted the new **Global AIDS Strategy 2026-2031**, which includes as urgent trends, the extraordinarily high HIV incidence in adolescent and young girls in parts of sub-Saharan Africa and the persisting gender inequalities that affect women's use of HIV and other essential services. The strategy was informed by the latest HIV data and the findings of the midterm review, and developed in consultation with people living with, at risk of, and affected by HIV and with partners at multiple levels of society, including a consultation on ending stigma and discrimination and upholding human rights and gender equality in the HIV response, co-sponsored by UN-Women and UNDP in May 2025. UN-Women also participated in other multi-stakeholder consultations, contributing expertise on women's empowerment and gender inequality in the context of HIV.

To end AIDS as a public health threat, the Global AIDS Strategy 2026-2031 uses a sustainable, nationally-led, rights-based and integrated approach that is embedded in resilient health and social systems, moving away from an emergency, donor-driven HIV response. Core priorities are: 1) domestic leadership, diversified financing and integration of HIV into Universal Health Coverage systems; 2) integrated, differentiated and people-centred HIV services; and 3) community leadership and governance, based in rights-based and gender-responsive approaches. Women's empowerment and gender equality are highlighted in Results Area 6 on ending stigma and discrimination and uphold human rights and gender equality in the HIV response, which includes the target of "<10% experience gender inequality or violence".

A recurring theme in the Global AIDS Strategy 2026-2031 is sustainability. Under the Strategy's Priority Action 1, sustainability requires gender-transformative health and social protection systems and addressing gender inequalities to strengthen communities. Since 2024, UNAIDS and partners have been developing a new sustainability approach for the HIV response. Over 35 low and middle-income countries are now working on HIV sustainability roadmaps that detail how they can move towards greater domestic financing of their own responses.[31] As these processes continue, it is vital that women and girls are included in discussions as well as decision-making, and that gender equality is part of country strategies and evaluative frameworks.

UN-Women provided policy advice to the thematic segment on **long-acting antiretrovirals** of the UNAIDS Board meetings to promote access by women and girls to new prevention tools and HIV responses that take their experiences and choices into account.

In the context of reduced funding, the transformational shifts in the Joint Programme, and the disproportionate burden of HIV on women in sub-Saharan Africa, particularly adolescent girls and young women, UN-Women's role in supporting Member States to meet their commitments to gender equality and women's empowerment in the efforts to end AIDS is more important than ever. The funding cuts have already deprived over two million adolescent girls and young women of essential health services, including almost half (48%) of adolescent girls and young women in sub-Saharan Africa who now lack HIV prevention and treatment and sexual and reproductive health services.[32]

Conclusion

1) The HIV funding crisis has disrupted HIV prevention for women and girls, particularly adolescent girls and young women in sub-Saharan Africa who are at disproportionate risk of HIV. The funding cuts come in a context of worsening gender inequality and attacks on sexual and reproductive health and rights and a concomitant upswing in new HIV infections among women and girls. Structural and social barriers and discriminatory gender norms that impede HIV prevention and response are compounded by intersecting inequalities for specific groups of women, such as adolescent girls and young women, women living with HIV, women in key populations, and women who are migrants, refugees, or forcibly displaced, have disabilities, or belong to racial or ethnic minorities. Effective interventions to prevent HIV among women and girls and mitigate its impact are known, but require political commitment and financial resources to avoid a surge in new infections.

2) Progress in providing women with HIV testing and treatment services, care and support, along with services to prevent vertical transmission of HIV, is now at risk of being reversed. Funding reductions have resulted in the dismissal of health and community workers, shuttered or weakened clinics, and increased stockouts of HIV medicines. For adolescent girls and young women, women in key populations, and other women who experience intersecting inequalities, the barriers have multiplied. Women and girls have successfully advocated for gender-responsive HIV services and championed for stigma-free health care in many settings. As countries develop sustainability plans that increase domestic financing for HIV programmes, it is important to sustain and scale up gender-transformative HIV interventions to meet the needs of women and girls living with HIV and end AIDS as a public health threat by 2030.

3) Women-led organizations and networks of women living with HIV lead, implement, and monitor HIV programming for women and girls, often with limited funding from external donors. The HIV funding cuts have had a severe impact on their work with around half of their HIV programmes suspended or terminated. This has had an immediate impact on their clients, women and girls who now struggle to access HIV pre-exposure prophylaxis, testing, treatment, and linkage to services for gender-based violence. The funding cuts have also compromised organizational sustainability and capacity in gender-transformative HIV programming,

[31] UNAIDS (2025). UNAIDS Executive Director Report. Geneva: UNAIDS.
[32] UNAIDS (2025) Overcoming disruption: Transforming the AIDS Response. World AIDS Day 2025. Geneva: UNAIDS.

diminishing vital civil society and community participation in the HIV response. Strategies must be prioritized to keep these women-led organizations viable and engaged as an integral part of the transformed HIV response.

4) UN-Women is committed to advancing gender equality and empowering women and girls at risk of and living with HIV everywhere, so they can fully enjoy their human rights. UN-Women's collaborative approach has been crucial for advancing the HIV response for women and girls, one that strengthens and upholds existing frameworks on gender and HIV, leverages joint programmes and coordination mechanisms, and prioritizes the leadership and partnership of women-led organizations. These lessons have informed UN-Women's new Strategic Plan 2026-2031, which will enable the entity to advance alignment with normative frameworks for gender equality in the context of HIV; invest in the capacity of institutions accountable for meeting the HIV-related needs of women and girls; and strengthen the agency and leadership of women and girls in responding to HIV utilizing a multi-sectoral and integrated programming approach..

5) In the global context of economic volatility, pushback against gender equality, and uncertain multilateralism, the barriers facing women and girls in preventing HIV and staying healthy are only likely to grow, requiring increased leadership and support from UN-Women and its partner organizations. At the same time, the sudden collapse of HIV funding and changes within the Joint UN Programme on HIV/AIDS are requiring transformational thinking in the HIV response. UN-Women will work to ensure that the transition of the Joint Programme into the broader UN maintains the priorities of advancing gender equality and empowering women and girls to take leadership in HIV responses, contributing to the end of AIDS.