UNAIDS 2024

Result Area 2: HIV treatment

2022-2023 Results report

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Budget and expenditures and encumbrances for all Cosponsors 2022-2023 (in US$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
11 347 300	8 161 783	93 170 000	51 545 868	104 517 300	59 707 651

Joint Programme 2022-2023 results

Scientists, communities and multisectoral stakeholders strategically were convened, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.

The worldwide expansion of HIV treatment services remains one of the great achievements in the history of global health. As of 2022, 76% (65–89%) of people living with HIV were accessing antiretroviral therapy, up from 7.7 million in 2010. Among people accessing HIV treatment in 2022, 93% (79–>98%) were virally suppressed. AIDS-related deaths have declined by 69% since the peak in 2004 and by 51% since 2010. However, HIV treatment coverage remains higher among adults than among children and among pregnant women compared to men. The Joint Programme has played a key role in the HIV treatment gains, including through the establishment and monitoring of the 90–90–90 and subsequent 95–95–95 targets and through extensive technical support to country stakeholders to overcome treatment barriers and accelerate progress.

Indicator progress on HIV treatment (RA 2)

- **Guidance on differentiated and integrated service delivery and comorbidities** developed.
- In 2022**, 29 (34%) of countries** supported by the Joint Programme fully updated and implemented their national recommendations on all 3 policy components (HIV testing, treatment and service delivery).
- In 2022, **78 (91%) of countries** supported by the Joint Programme adopted the WHO-preferred first-line antiretroviral combination for treatment initiation in national guidelines in alignment with the 2021 WHO consolidated guidelines.
- In 2022, **33 (38%) countries** supported by the Joint Programme included three months of weekly rifapentine plus isoniazid (3HP) in national guidelines.[1]

Normative treatment guidance.
Normative guidance by the Joint Programme, based on scientific evidence,

[1] These three indicators are measured through the Global AIDS Monitoring reporting mechanism, the results of which will be released in July 2024. The latest information reported here are based on the 2022 data sets which were collected and published mid-2023.

continued to evolve in 2022–2023. To optimize HIV treatment, WHO in 2022 published a technical report on priorities in HIV treatment optimization for children and adults; and convened a technical working group to review the recent data on toxicity, safety and resistance risk to dolutegravir- and tenofovir alafenamide-containing regimens. In 2023, it organized a technical working group to review the evidence on preferred protease inhibitor options in second- and third-line regimens, including for children and pregnant women. WHO worked to track new evidence for a further update of the WHO consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring, which is expected in 2024.

At the International AIDS Society conference in 2023, WHO launched a new policy brief on the role of HIV viral suppression for improving individual health and reducing transmission. It also highlighted new directions for integrating HIV into primary health care and presented the latest scientific evidence on the intersections between mpox, HIV and STIs, as well as the impact of climate change and other determinants of health on the control of HIV.

WHO also published a policy brief and an accompanying scientific article in the *Lancet* journal based on a systematic review of studies on HIV viral load suppression and undetectable levels of virus. The findings support the “U=U” (“Undetectable = Untransmittable”) approach, which is based on strong evidence that people living with HIV who suppress the virus to undetectable levels through consistent use of antiretroviral therapy cannot transmit HIV to their sexual partner(s). The findings therefore reinforce the need to maintain and ensure consistent access to HIV treatment.

Maximizing the proportion of people living with HIV who know their HIV status remained a priority. An information note promoted quality testing services and preventing misdiagnosis. The 53rd session of the PCB included a thematic segment on HIV and testing to explore actions to improve access, uptake, quality, effectiveness and sustainability of testing services. WHO called on countries to expand the use of HIV self-testing and to offer it for initiation, continuation and restarting of HIV PrEP, as well as promote testing among sexual and social networks to increase coverage and uptake of HIV prevention and treatment services. UNDP continued to support countries to increase access to PrEP for key populations in Burundi, Colombia, the Congo, Cuba, Kyrgyzstan, Pakistan and Zimbabwe.

Differentiated service delivery. The Joint Programme promoted differentiated HIV service delivery. The UNAIDS Secretariat, WHO and UNICEF organized eight webinars to promote differentiated service delivery in their Global Fund GC7 funding requests. The Joint Programme also provided a resource pack to countries that includes guidance and pertinent reference materials on differentiated service delivery. Analytical tools provided by the World Bank offered countries actionable tools to understand why clients are dropping out of care and to identify opportunities for re-engagement. In support of national partners, UNDP is currently providing antiretroviral treatment to 1.68 million people and six million HIV tests for key and vulnerable populations through the UNDP-Global Fund partnership.

The Joint Programme also continued to strengthen activities to scale up HIV treatment and care for forcibly displaced and stateless persons in humanitarian settings and in the context of new emergencies. For example, UNHCR expanded testing and counselling services in humanitarian settings in Kenya by using point-of-care testing and rapid test kits to promote knowledge of serostatus in the Kakuma refugee camp and Kalobeyei settlement. An annual survey by UNHCR found that 98% of countries maintained a test-and-treat approach to HIV in humanitarian settings.

Policy, advocacy and technical support provided to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services, including for comorbidities and coinfections.

The Joint Programme's policy, advocacy and technical support continued to catalyse gains in the scale-up and quality of HIV testing, treatment, care and integrate services. More than 95% of countries have adopted the recommended "treat-all" approach for HIV and the number of countries that have adopted the recommended first-line HIV treatment regimens increased from 60 in 2020 to 116 in July 2023. In addition, 102 countries have adopted self-testing policies and 98 are procuring at least one type of HIV self-test. In 2023, more than 90% of low- and middle-income countries were integrating other health services into HIV services, though less than 40% were delivering antiretroviral therapy at primary health care and community levels. The 75th World Health Assembly noted with appreciation the WHO global health sector strategies for HIV, viral hepatitis and STIs for 2022–2030.

During the biennium, the Joint Programme supported further increases in the proportion of people living with HIV who know their HIV status. ILO, UNAIDS Secretariat, WHO and partners provided HIV testing services (including self-tests) in more than 20 countries to more than 240 000 workers, including migrant workers, sex workers, mobile workers, mine workers and workers in the informal economy. Among the workers who accessed HIV testing through this partnership, 0.8% tested HIV-positive and were linked to care. ILO and WHO developed a brief on HIV self-testing at workplaces, and ILO also documented good practices based on its HIV testing activities in India, Kenya and Zimbabwe. The findings were shared in 20 countries. In 2022, UNICEF led the development of the first Global Advocacy Strategy on Diagnostics. In the Democratic Republic of Congo, 30% of pregnant women were counselled and tested for HIV with World Bank assistance, surpassing endline targets though gaps persisted.

The Joint Programme promoted the affordability and accessibility of HIV and other essential medicines. UNDP supported 54 countries on access to health technologies, including numerous countries where policy reform was supported to facilitate increased health commodity access. Guidance was provided on the use of competition law to promote access to health technologies. For example, UNDP supported legal reform efforts in Kazakhstan, which amended its patent laws in 2022 to remove barriers to affordability and access. In the United Republic of Tanzania, it supported a national strategy to promote the development of the domestic pharmaceutical sector and in Malawi it supported the finalization of a draft patent law

in 2023. A trust fund set up by the World Bank and the Bill and Melinda Gates Foundation through the African Medicines Regulatory Harmonization initiative contributed to significant improvements in regulatory systems across the region.

The Joint Programme supported efforts to build robust and resilient local manufacturing capacity for health technologies. In 2023, UNDP and WHO secured funding for a regional project covering six countries in eastern Europe and central Asia, three countries in the western Balkans and Türkiye to explore opportunities for local production of health technologies and optimization of procurement chains.

Catalytic support enabled the scale-up of differentiated service delivery. The UNAIDS Secretariat compiled scorecards of 44 countries and its support contributed to the adoption of national differentiated service delivery policies in Chad and Sierra Leone and the piloting of community treatment in Central African Republic and Chad.

The Joint Programme supported countries in addressing both barriers and enablers to accelerate treatment access. Together with the Government of the Dominican Republic and the University of Massachusetts Amherst, WFP helped lead a novel pilot programme combining urban gardens with peer nutrition counselling for food-insecure people living with HIV, resulting in demonstrable reduction in food insecurity and a 25% increase in treatment adherence. WFP helped improve treatment access and outcomes in Myanmar, including to more than 25 500 people living with HIV and the introduction of fortified rice in its food assistance. UN Women supported the Rwanda National AIDS Control Commission to develop and pilot a community-based monitoring and reporting tool that helps to identify specific gender-related barriers in accessing HIV services, particularly violence against women, and improve the quality and inclusivity of HIV services. UN Women's successful partnership with WHO in Sierra Leone and the United Republic of Tanzania resulted in over 5,000 rural women living with HIV accessing cervical cancer screening and receiving treatment and care.

Efforts continued to secure access to HIV treatment for populations in humanitarian settings. For example, in South Sudan, UNHCR, through its implementing partners in different locations, provided antiretroviral therapy to 128 individuals who were newly diagnosed with HIV and who were affected by the ongoing conflict in Sudan. In Uganda, UNHCR support contributed to the enrolment of almost 16 400 refugees and nationals in HIV treatment services and to the achievement of a 94% rate of viral suppression.

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