

UNAIDS 2024

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# World Health Organization (WHO)

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**2022-2023 Organizational report**

the 1990s, the government has been able to reduce the number of people who are uninsured from 10.5 million in 1990 to 6.5 million in 2000. The number of people who are covered by private health insurance has increased from 10.5 million in 1990 to 15.5 million in 2000. The number of people who are covered by public health insurance has increased from 10.5 million in 1990 to 14.5 million in 2000.

These changes have been achieved through a combination of policy changes and market forces. The government has implemented a number of policies that have helped to reduce the number of people who are uninsured. These include the expansion of Medicaid, the implementation of the Community Health Choice program, and the implementation of the Health Care Reform Act of 2003. The expansion of Medicaid has helped to cover an additional 2.5 million people who were previously uninsured. The implementation of the Community Health Choice program has helped to cover an additional 1.5 million people who were previously uninsured. The implementation of the Health Care Reform Act of 2003 has helped to cover an additional 2.5 million people who were previously uninsured.

Market forces have also played a role in reducing the number of people who are uninsured. The growth of the private health insurance market has helped to cover an additional 5 million people who were previously uninsured. This growth has been driven by a number of factors, including the increasing demand for health insurance, the increasing competition among private health insurance companies, and the increasing availability of health insurance options. The increasing demand for health insurance has been driven by a number of factors, including the increasing awareness of the importance of health insurance, the increasing awareness of the risks of being uninsured, and the increasing awareness of the benefits of having health insurance. The increasing competition among private health insurance companies has helped to drive down the cost of health insurance, making it more affordable for more people. The increasing availability of health insurance options has helped to make it easier for people to find a health insurance plan that meets their needs.

These changes have had a significant impact on the health care system in the United States. The reduction in the number of people who are uninsured has helped to improve the overall health of the population. The increase in the number of people who are covered by private health insurance has helped to reduce the financial burden of health care on individuals. The increase in the number of people who are covered by public health insurance has helped to ensure that everyone has access to health care. These changes have also helped to reduce the overall cost of health care in the United States. The reduction in the number of people who are uninsured has helped to reduce the overall cost of health care by reducing the number of people who are uninsured and who are therefore more likely to use the emergency room and other high-cost services. The increase in the number of people who are covered by private health insurance has helped to reduce the overall cost of health care by reducing the number of people who are uninsured and who are therefore more likely to use the emergency room and other high-cost services. The increase in the number of people who are covered by public health insurance has helped to reduce the overall cost of health care by reducing the number of people who are uninsured and who are therefore more likely to use the emergency room and other high-cost services.

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# World Health Organization (WHO)

## HIV in WHO's mandate

WHO leads global efforts to expand health coverage and achieve better health for all. Though the "[Triple Billion](#)" targets, WHO aims to ensure that one billion more people have UHC, are protected from health emergencies, and achieve improved health and well-being by 2025. As a founding Cosponsor of the Joint Programme, WHO leads on HIV testing, treatment and care, resistance to HIV medicines and HIV/TB coinfection. WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission of HIV (EMTCT) and paediatric AIDS; with UNFPA on SRHR; with the World Bank and UNICEF on driving progress towards achieving UHC, including through primary health care; and in partnership with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.

### Key WHO strategy for HIV

WHO's contributions to the global HIV response align in six areas clearly outlined in the Global health sector strategies 2022–2030: strategic leadership and partnerships; public health advocacy and communication; norms and standards; innovation; technical support; global monitoring and reporting. All key WHO HIV activities that are managed at the global level, including the development of norms and standards and global monitoring and reporting, have been funded independently of UNAIDS since 2016. In allocating the US\$ 1.5 million in UBRAF core funding (previously US\$ 2 million), WHO has prioritized addressing regional-level capacity gaps for those unearmarked funds. This means that WHO's normative work is not fully independent of the interests of funders, which can lead to gaps in key guidance.

## Top results in 2022-2023

**New strategic framework was adopted by WHO Member States.** The Seventy-Fifth World Health Assembly in May 2022 noted with appreciation the [Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for 2022–2030](#) and approved their implementation for the next eight years. The strategies propose a common vision to end AIDS by 2030 and advance UHC primary healthcare and health security, contributing to achieving the goals of the 2030 Agenda for Sustainable Development. Following its adoption, WHO regional committees endorsed, adapted and promoted the strategies through their own strategic frameworks, including through regional action plans.

**Major HIV prevention, testing and diagnostics recommendations were implemented.** As of December 2023, 150 of 165 reporting countries (91%) had adopted WHO recommendations on PrEP in their national guidelines; 102 countries had adopted national policies supporting HIV self-testing; and 98 countries were procuring at least one type of HIV self-test. Routine viral load monitoring for adults and adolescents has been implemented countrywide in 74% of reporting countries (98 of 133).

**New guidelines and recommendations on HIV prevention were published.** WHO published: [guidelines](#) on long-acting injectable cabotegravir for HIV prevention; a [technical brief](#) on implementation guidance for simplified and differentiated PrEP for HIV prevention; and a [recommendation](#) on the Dapivirine vaginal ring as a new choice for HIV prevention for women who are at substantial risk of acquiring HIV. WHO continues to work with a consortium of partners to support the immediate delivery of long-acting cabotegravir (CAB-LA), as well as future generic production. Zimbabwe became the first country in Africa to announce regulatory approval for CAB-LA as PrEP for HIV prevention, following WHO guidelines and recommendations.

**New recommendations on optimizing HIV testing and simplified service delivery were released.** WHO produced new [HIV testing guidelines in 2023](#), including new recommendations on HIV self-testing for PrEP, syphilis self-testing (including dual HIV/syphilis self-tests), HIV self-testing in facilities, and a recommendation against recency assays in routine testing. WHO's work on self-testing has been essential for expanding self-testing and self-care across disease areas and within virtual interventions. An algorithm verification tool was also widely disseminated. In 2023, 102 countries had self-testing policies in place (97% increase compared to 2015).

**Guidance was issued on HIV prevention interventions with key populations and other groups at high risk of HIV infection.** WHO published [consolidated guidelines and a policy brief on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#), outlining a public health response for five key populations groups (gay men and other men who have sex with men, trans and gender-diverse people, sex workers, people who inject drugs. and people in prisons and other closed settings).

**Support was provided for scaling up integrated STI services for people who use PrEP.** WHO released a [new module of its PrEP implementation tool](#) to support countries implementing and scaling up integrated STI services for people who use PrEP.

**Preferred product characteristics were developed for monoclonal antibodies for use in HIV prevention.** WHO developed preferred product characteristics [for monoclonal antibodies for HIV prevention](#), including Lenacapavir, HIV vaccines and broad neutralizing antibodies, to ensure that products are developed in ways that support their optimal use globally, including in low- and middle-income countries.

**Major HIV treatment and care recommendations were implemented.** More than 95% of countries now implement the "treat all" approach, with rapid antiretroviral initiation (i.e., less than seven days after confirmed diagnosis) implemented in 81% of them. WHO-preferred first- and second-line treatment regimens for all populations were adopted by 120 low- and middle-income countries and are in use by almost 90% of all people receiving antiretroviral therapy. Approximately 90% of low- and middle-income countries have adopted 3–6 monthly antiretroviral therapy collection and routine viral load testing policies; and more than 90% of countries are implementing a package of interventions for patients with advanced HIV disease. While more than 90% of low- and middle-income countries are integrating other health-care services (including for TB, maternal and child health, and noncommunicable diseases) into HIV services, less than 40% were delivering antiretroviral therapy at primary health care and community levels in 2023. WHO regularly published a [mapping of policy uptakes and implementation status](#) in countries.

**New guidelines on HIV treatment and care issued.** WHO published a [policy brief](#) and an accompanying [Lancet systematic review](#) on HIV viral load suppression and undetectable levels of virus, supporting the U=U (“Undetectable = Untransmittable”) approach and reinforcing the need to maintain and ensure consistent access to HIV treatment. It also published [a policy brief](#) on providing care to people with advanced HIV disease who are seriously ill, and new [guidelines](#) on diagnosing, preventing and managing cryptococcal disease among people living with HIV.

**New recommendations were issued on differentiated antiretroviral therapy service delivery.** WHO launched a new [policy brief](#) on integrating and strengthening the monitoring of differentiated service delivery (DSD), including approaches that are less intensive and provide person-centred services to improve both quality and retention in care. As a result, many countries have introduced or are scaling up DSD models. An [online course, based on](#) the latest key recommendations for DSD and integration, was launched in 2023 and is updated regularly.

**Antiretroviral drugs were optimized in adults and children.** WHO published a [technical report on priorities for ARV drug optimization in adults and children](#) in July 2022. In 2023, a technical working group and a think tank on antiretroviral therapy optimization were established to track evidence for a further update, particularly in consolidation of the tenofovir/lamivudine/dolutegravir transition; optimization of second- and third-line regimens; HIV treatment management for coinfections/comorbidities; long-acting antiretroviral drugs; and the efficacy and safety of dolutegravir and tenofovir/lamivudine/dolutegravir in first- and second-line treatment, including the risk of drug resistance. An analytical report will be published in 2024.

**HIV drug resistance was addressed.** WHO updated its acquired HIV drug resistance survey method to reflect the dolutegravir era and published an updated survey method in 2022. It also expanded its HIV drug resistance database to support the dissemination of country-level survey data for the purposes of informing care and treatment guidelines. An updated, integrated [Global Action Plan for HIV](#), hepatitis and STI drug resistance will be finalized in 2024.

**Governance and criteria for validation of the elimination of mother-to-child transmission of HIV was defined.** In 2022, WHO published [global guidance](#) on the criteria and processes for validation of EMTCT of HIV, syphilis and, for the first time, hepatitis B virus. It also published [guidance](#) on the governance required for validation. In 2023, it launched a [policy brief framework](#) for implementing triple elimination.

**Progress was supported towards EMTCT of HIV.** As of December 2023, 16 countries or areas had been certified by WHO for eliminating vertical HIV transmission. Botswana became the first high-burden country to be certified by WHO for achieving an important milestone on the path to eliminating mother-to-child transmission of HIV (HIV transmission rate to under 5%), and Oman in 2022 became the first country in the eastern Mediterranean region to be validated for EMTCT of HIV and syphilis. Almost three quarters (74%) of reporting countries have national plans for EMTCT of both HIV and syphilis (91 out of 123), most of which are integrated; and a further 17% have a plan for eliminating the vertical transmission of either HIV (12 countries) or syphilis (9 countries).

**Global Alliance to end AIDS in children was supported.** In 2023, WHO supported identification of priority technical assistance areas on paediatric community-led monitoring, paediatric HIV case finding, adolescent service delivery and treatment optimization.

**Strategic information and data for impact were prioritized.** In 2022, WHO launched the [consolidated guidelines on person-centred HIV strategic information](#) which present a standard minimum dataset, priority indicators and recommendations. They are aimed at strengthening data use across HIV prevention, testing and treatment, as well as linkages to services for STIs, viral hepatitis, T and cervical cancer. The guidelines are accompanied by [digital adaptation kits for HIV](#), which set out operational requirements for implementing WHO recommendations and standards within digital systems. In 2023, WHO introduced several policy briefs on [digital health](#) data; [person-centred](#) monitoring for prevention; integrating and strengthening monitoring of differentiated [ART service delivery](#); and integrating [related infections](#) into HIV surveillance systems.

**HIV integration was prioritized and promoted.** In 2023, WHO launched a [policy framework on primary health care](#) and HIV convergence to help decision-makers, health system managers and programme managers optimize their work and collaborations to advance primary healthcare and disease-specific responses, including HIV. It also published implementation [guidance on the integration](#) of noncommunicable diseases prevention and control in HIV, TB and SRH programmes, as well as guidance on [HIV and cervical cancer](#), on [HIV and mental health](#) generally and [for adolescents, specifically](#). WHO also provided support to Burkina Faso, Eswatini and Mozambique to strengthen integrated service delivery.

**The needs of key populations were served in the context of health emergencies.** In 2022–2023, WHO leveraged its clinical, surveillance and community engagement expertise across its emergencies and HIV-focused departments at all levels of the organization in response to the multicountry outbreak of mpox, which disproportionately affected gay men and other men who have sex with men, including many who were living with HIV. It published [guidance](#) on the links between mpox and HIV and designed communications, community engagement and public health interventions for responding to the outbreak. In 2023, it published findings of a [global surveillance report](#) showing that, among people confirmed to have Mpox, more than half (52%) were people living with HIV and one quarter (25%) had advanced HIV disease or immunosuppression.

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