

Result Area 2: HIV Treatment

2024 Results Report

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2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

| Core | | Non-core | | Total | |
|----------------------|-------------------------------|--------------------|-------------------------------|-----------------------|-------------------------------------|
| Core Allocated Funds | Expenditures and encumbrances | Non-core estimates | Expenditures and encumbrances | Total allocated funds | Total Expenditures and encumbrances |
| \$4 112 578 | \$3 464 951 | \$28 145 500 | \$31 357 102 | \$32 258 078 | \$34 822 052 |

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 integrated services and develop normative, strategic and implementation guidance.

Mid-2024, WHO convened HIV and TB national programmes from multiple countries to accelerate TB/HIV response. They reviewed the status of integrated services with a focus on TB screening and diagnosis in people living with HIV, scaling up of TB preventive treatment, recommendations on HIV treatment in people with diagnosed and presumptive TB, and integration implications for advanced HIV disease. Countries reported on uptake of and alignment with key WHO recommendations on TB/HIV and their plans for the next two years. WHO also convened a high-level dialogue on TB/HIV at the AIDS2025 conference and co-organized a special session at the World Conference on Lung Health on TB, HIV and co-morbidities to enhance research on TB/HIV.

A set of strong and clear recommendations and follow-up actions to accelerate testing as a gateway to HIV prevention and treatment services was agreed by consensus during the thematic session of the 53rd PCB meeting. Informed by an evidence-informed dialogue, background and best practice case studies from about 30 countries, these recommendations guide actions to: accelerate the implementation of an evidence-based, people-centred and differentiated mix of HIV testing approaches; strengthen community-led service provision, including testing conducted by lay-providers after training; ensure quality of HIV testing; integrate community generated data to enhance service quality and decision-making; review legal and administrative provisions on the age-of-consent for HIV testing; and address gaps of funding, research and access.

UNAIDS rallied PCB members and other Governments, private sector stakeholders, communities and other partners to ensure rapid, affordable and equitable access to new breakthrough HIV technologies through technology sharing, decentralized global

Indicator progress on HIV treatment (RA 2)

- In 2023, **17 countries** adopted at least two key recommendations from the guidance for integrated service delivery of HIV and comorbidities by 2025.
- In 2023, **38 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 2023, **79 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 2023, **40 countries** supported by the Joint Programme included three months of weekly rifapentine plus isoniazid (3HP) in national guidelines.

production, and research and development of products that meet the needs of diverse regions. The UNAIDS Executive Director and the Global Council on Inequality, AIDS and Pandemics urged Governments to support a new G20 Alliance proposed by the Brazilian government to enable the production of life-saving medicines in every part of the world. Ministers at the G20 Ministerial in Rio De Janeiro later committed to fight the inequalities that drive AIDS and other pandemics and endorsed a new “Global Coalition for Local and Regional Production, Innovation and Equitable Access” to overcome unequal access to vaccines, therapeutics and diagnostics, and other health technologies.

WHO continued to promote key recommendations from its “Consolidated Guidelines on HIV prevention, testing, treatment, service delivery and monitoring” through global and regional events and webinars. Updates to these guidelines focus on the transition to the preferred Tenofovir Disoproxil, Lamivudine and Dolutegravir combination antiretroviral (ARV) regimen; optimization of second- and third-line regimens; and improved management of co-infections and comorbidities, especially in older adults. A WHO report summarized available data on the safety of Dolutegravir (DTG) as first- and second-line treatment, covering cardiometabolic risks and DTG resistance risks. WHO also provided the latest available evidence on HIV drug resistance in its “2024 HIV Drug resistance report”, which included recent data on resistance in the context of integrase strand transfer inhibitors used for HIV prevention and treatment.

New WHO recommendations on HIV testing were disseminated through multi-country and regional meetings. A self-testing toolkit was launched in Cairo in 2024. WHO also updated the 2023 systematic review and network meta-analysis on use of Darunavir and recycling Tenofovir as nucleoside reverse transcriptase inhibitors backbone in second-line ARV regimens in July 2024.

Strategic analyses done by UNICEF have informed evidence-based action to reduce gaps in care among adolescents. An estimated 3.1 million people aged 15–24 years were living with HIV in 2023, including 1.9 million adolescent girls and young women. The analyses showed ART coverage among adolescents 10–19 years had increased to only 65%, and they highlighted the persistent vulnerabilities of young people, including the triple threat to adolescent girls of early pregnancy, HIV and gender-based violence.

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.

Nearly all (99%) countries have adopted WHO’s recommended “treat all” approach; 73% have endorsed routine viral load monitoring for adults and adolescents; 82% provide for rapid initiation of ART on the same day as diagnosis (a 49% increase since 2020); and 78% have reduced the frequency of pickup of ARV medicines. The use of DTG as part of preferred first-line ART has increased substantially, with 92% (118 of 128) of reporting countries adopting it for adults and adolescents, up from 60 countries in 2020. For infants and children, 75% of 115 reporting countries have adopted DTG as the preferred option for treatment initiation, marking a 146% increase from the 35 countries which did so in 2020. HIV self-testing has expanded, with 107 countries reporting national policies for HIV self-testing and 71 implementing them routinely.

WHO launched an implementation guide on preventing misdiagnosis of HIV acquisition, which highlights the importance of quality HIV testing and provides practical advice on delivering high-quality, accurate HIV testing services to minimize

HIV misdiagnosis. In close collaboration with WHO and the Global Fund, the Secretariat promoted differentiated service delivery approaches for HIV testing and treatment programmatic improvements in eight countries. Through the UNDP-Global Fund partnership, HIV tests were provided to more than 3.3 million people and ART was provided to 1.72 million people.

The Global Alliance to end AIDS in children prioritized support to countries for HIV treatment services for adolescents. The Paediatric and Adolescent HIV Service Delivery Hub, co-led by UNICEF and WHO, provided a “one-stop shop” to identify innovative and effective interventions on HIV care and treatment for children and adolescents living with HIV. UNICEF partnered with WHO to revise the core competencies in adolescent health and development for primary care providers (publication expected in 2025). It also partnered with the London School of Hygiene & Tropical Medicine and other university partners and researchers to conduct a systematic review and meta-analysis of HIV interventions across the care continuum for adolescents in high-burden countries. The advocacy report, Ending the AIDS epidemic among young people in the Middle East and North Africa, was finalized and launched in 2024 by UNICEF, in partnership with UNDP, UNFPA, WHO and the Secretariat, community representatives and the Global Fund.

UNICEF collaborated with national and international partners in Botswana to launch “Operation Triple Zero”, an adolescent-focused service delivery model which is aimed at ensuring “zero viral load, zero missed appointments, and zero missed doses”. Over 1,700 children and adolescents living with HIV were reached through teen-clubs and 96% of them were virally suppressed. In Eswatini, UNICEF supported Baylor Children’s Clinics Centers of Excellence to make viral load suppression services available and accessible, including viral load tests and genotype tests. It also enabled access to third-line ART at 50 paediatric clinics as well as optimized treatment regimens for children and adolescents with drug resistance, which would have been delayed or unavailable at public facilities.

The Joint Programme guided and supported countries to ensure improved access to HIV testing and treatment for marginalized populations. Various initiatives have strengthened local healthcare system capacities to provide efficient and accessible patient care to refugees and improved relations between refugees and local communities. For example, in the Central African Republic, UNHCR provided HIV testing services to 2,534 people in Betoko/Paoua (including refugees, asylum seekers and the host community). In the Birao/Vakaga area, UNHCR trained 25 healthcare workers and supported an awareness campaign that reached 10 523 people and provided HIV testing services to 1,436 people.

In Algeria, UNHCR worked with the Secretariat, the Red Crescent, Solidarity Aids and the Ministry of Health to stage two national workshops to develop a national guide for HIV treatment for forcibly displaced people and to advocate for their inclusion and integration of into national health system and programmes. In the Democratic Republic of the Congo, WFP developed, field tested and validated a comprehensive guide to nutritious recipes for people living with HIV. In parallel, nutritional support reached over 15 000 malnourished people receiving ART and almost 10 000 malnourished TB patients. In Guinea, a total of 8,477 people affected by HIV and TB received vital nutritional support and food assistance.

In Viet Nam, UNODC collaborated with the Ministry of Public Security and Ministry of Health to train 55 healthcare workers in 40 prisons and 15 pretrial detention centres to provide HIV and hepatitis C care. In Egypt, UNODC enhanced the capacity of 200 professionals from national authorities and civil society organizations to strengthen HIV

services in closed settings. In Sudan, UNODC, in collaboration with the Ministries of Interior and Health, trained 31 healthcare professionals working in prison settings to improve HIV prevention, diagnosis and management.

UN Women invested in initiatives in seven countries to tackle the gender-related barriers which women and men encounter when accessing HIV treatment. In Botswana, the network of people living with HIV used community outreach with local clinics and linked women and men, 40% of them youth, to HIV testing, treatment and care 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. In Haiti, over 9,300 women living with HIV accessed cervical cancer screening and follow-up care as part of an integrated health response to violence against women.

The ILO and the Secretariat contributed to the scale up HIV testing, treatment and awareness efforts in workplaces in 35 countries. In India, an extensive HIV-TB awareness programme reached over 25 000 workers across 1,020 companies, with 8,352 workers undergoing TB screening and 7,351 taking HIV tests with linkage to treatment for those who needing it. Ukraine's VCT@Work initiative enabled over 1,000 workers to take HIV tests and incorporated multi-disease testing for syphilis and hepatitis. In Mozambique, workplace HIV testing was expanded to include people with disabilities and over 14 659 people gained inclusive health access at "health fairs". In Zambia, the ILO and the Secretariat trained 43 HIV workplace champions who helped to distribute 5,000 HIV self-test kits and facilitate linkages to care. Digital and community-based models were used to reach underserved populations with HIV services in India, Mozambique and Zambia.

The World Bank Group launched an ambitious plan to support countries in delivering quality, affordable health services to 1.5 billion people by 2030. The plan is focused on three priorities: (a) expanding focus from maternal and child health to include coverage throughout a person's lifetime; (b) expanding operations to hard-to-reach areas; and (c) working with governments to reduce unnecessary fees and other financial barriers to health care. Through its analytical work, the World Bank continued to build evidence for effective HIV programming and the underlying broader service delivery platforms to improve system performance.

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