

UNAIDS 2023

Result Area 1: HIV prevention

2022 Results report

Contents

Budget and expenditures for all Cosponsors	2
Joint Programme 2022 results	2
Key populations	2
Adolescent girls and young women	3
Adolescent boys and men	4
Condom programming	4
Antiretroviral-based prevention	5
Support for implementation of combination prevention	5

Result Area 1: HIV prevention

Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$9,335,000	\$8,862,255	\$46,447,600	\$42,027,439	\$55,782,600	\$50,889,693

Joint Programme 2022 results

Normative and implementation guidance provided to countries for combination HIV prevention interventions for and with key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.

The Joint Programme continued to lead efforts to accelerate HIV combination prevention efforts. The Global HIV Prevention Coalition (GPC), co-convened by UNFPA and the UNAIDS Secretariat and with the active involvement of other Cosponsors and many other partners, launched [its HIV Prevention 2025 Road Map](#) in July 2022. The Road Map guides countries in prioritizing and scaling up implementation of primary HIV prevention interventions and policy, legal and social enablers and in leveraging synergies between primary HIV prevention, testing, treatment, and vertical transmission prevention. Important progress was made in 2022 to strengthen the pillars of combination HIV prevention.

Indicator progress on HIV prevention (RA 1)¹

- **88 countries** improved their policies and/or strategies on combination HIV prevention with key populations and other populations at-risk of HIV.²
- **89 countries** received technical and/or implementation support to scale up combination HIV prevention programmes.³

Key populations. With key populations bearing the largest HIV burden in many parts of the world, the Joint Programme prioritized efforts to strengthen HIV prevention efforts for these groups, the first pillar of the Global Prevention Road Map by 2025. WHO published new [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations](#), developed jointly with the four key populations networks and officially launched at the AIDS 2022 Conference. Under the umbrella of the GPC, the Joint Programme catalyzed the creation of a community of practice for key populations, holding three webinars on the new WHO guidelines, reaching young key populations, and sustaining and funding key population responses.

¹ Further information on the 2022–2026 UBRAF Indicators definition and results can be found in the [Indicator Scorecard](#).

² Support from the Joint Programme varied depending on the country epidemiological context and focused on prevention for sex workers, as well as adolescent girls and young women (in 79 countries), and gay men and other men who have sex with men (78 countries).

³ The Joint Programme support was aimed at scaling up HIV prevention for the following populations: gay men and other men who have sex with men (80 countries); sex workers (79 countries); adolescent girls/young women (75 countries); and adolescent boys/young men (70 countries).

WHO and the UNAIDS Secretariat collaborated on developing guidance and tools for Behavioural Surveillance Survey-Lite guidelines and tools, along with providing technical assistance. They supported two countries to begin a pilot project to use this methodology to develop actionable data for key population prevention programming. UNFPA supported key populations as an integral part of its country programmes, including in Bangladesh, where integrated HIV and sexual and reproductive health (SRH) services were provided to 3,004 transgender and gender-diverse people.

UNODC led the Joint Programme's production of guidelines on transgender people and HIV in prisons, supported Ethiopia's and Indonesia's development of national guidelines on HIV services in prisons settings, aided Nigeria in developing and implementing national guidelines and standard operating procedures on opioid agonist therapy. They also supported Morocco and Tunisia in developing comprehensive national drug and HIV prevention, treatment and care strategies for both community and prison settings.

Through a partnership with the International Network of People Who Use Drugs, UNODC helped produce a new practical guide for evidence-based, high-quality opioid agonist therapy, as well as guidelines for sustaining and tailoring harm reduction services in the context of COVID-19. UNODC partnered with UNDP, UNFPA, WHO, UNAIDS Secretariat and Penal Reform International to develop [technical guidance on transgender people and HIV in prisons and other closed settings](#). UNODC also led the development of a monitoring tool for prevention of vertical transmission in prisons.

A regional dialogue co-convened by UNDP, WHO, UNAIDS Secretariat, UNODC and the University of Essex, informed Ghana's decision to use the International Guidelines on Human Rights and Drug Policy to reshape its national drug policies. UNODC collaborated with WHO, UNAIDS Secretariat and the International Network of People Who Use Drugs to develop guidance on evidence-based, good-quality opioid agonist therapy, as well as situation reports on HIV service access during COVID-19 in high-priority countries for drug use and HIV. UNODC supported governments and civil society organizations in 40 countries to introduce and/or scale up gender-responsive harm reduction programmes for people who use drugs, including stimulant drugs and other new psychoactive substances.

ILO developed a learning guide on working with LGBTQI+ people in the world of work, which was extensively distributed in Latin America and the Caribbean.

In the Asia-Pacific region, UNESCO co-published new research on training needs for disability-inclusive comprehensive sexuality education, drawing from data collected in Mongolia, Nepal and the Philippines. The World Bank also integrated HIV prevention support into its non-health sector projects that affect key populations—for example, transportation projects that included HIV service components for key populations, including truck drivers and other people on-the-move, as well as female sex workers in countries such as Bolivia, Lesotho, Madagascar, Papua New Guinea and Rwanda.

Via the Global Fund grants it implements as interim Principal Recipient, UNDP supported countries to provide HIV prevention services for and with key populations, reaching 863 624 people. UNDP also supported countries to introduce and scale up oral pre-exposure prophylaxis (PrEP) among key populations in Burundi, Cuba, Kyrgyzstan, Pakistan, Republic of the Congo and Zimbabwe. In Pakistan, PrEP was provided thanks to collaboration between the Government and local community-based organizations, with support from UNDP, WHO and the UNAIDS Secretariat.

Adolescent girls and young women. The Joint Programme continued to work to reduce the disproportionate vulnerability to HIV among adolescent girls and young women, especially in sub-Saharan Africa. Members of the Joint Programme (including UNICEF, UNFPA, UN Women and UNAIDS Secretariat) and partners supported 75 countries to improve national HIV prevention policies and strategies targeting adolescent girls and young

women. An updated decision-making aid to investment in prevention programming for adolescent girls and young women is available, reflecting updated HIV incidence categories, as well as the new differentiated global targets and population size estimates set out in the Global AIDS Strategy 2021–2026. The new investment tool has been incorporated in the Global Fund’s technical guidance for programming in 2023–2025 and it informed national prevention self-assessments by 15 countries.⁴

UNESCO and UNFPA hosted a global symposium on comprehensive sexuality education (CSE) that attracted over 800 participants and enabled widespread dissemination of evidence on CSE good practices. With UNFPA support, 30 million women, adolescents and youth benefited from SRH services. Across 17 countries,⁵ UN Women scaled up evidence-based interventions to transform unequal gender norms, including harmful masculinities, which have resulted in preventing violence against women and HIV, and improving male health-seeking behaviour.

Adolescent boys and men. Reducing new HIV infections among adolescent boys and boys, the third pillar of the Global Prevention Road Map, was a key focus of the Joint Programme's work in 2022. The GPC Secretariat collaborated with UNAIDS Regional Support Team in eastern and southern Africa, WHO, UN Women and Sonke Gender Justice to create an evidence-based framework for men's and boys' HIV testing, treatment, and prevention.

Members of the Joint Programme (including UNICEF, UNFPA and UNAIDS Secretariat) and partners supported 66 countries to improve national HIV prevention policies and strategies targeting adolescent boys and young men. WHO convened voluntary medical male circumcision (VMMC) subregional programme implementation stock-taking and global stakeholders’ meeting in Kigali, spearheaded a virtual VMMC community of practice, and co-convened (with the UNAIDS Secretariat) a technical working group on men and HIV. WHO conducted a systematic review and meta-analysis of the evidence for community-based HIV testing on men's engagement in the HIV care cascade, which was published in the *International Journal of STD & AIDS*.

Condom programming. The Joint Programme actively and effectively promoted condom use, the fourth pillar of the HIV Prevention Road Map. UNFPA conducted condom rapid assessment surveys in 28 countries, with 89% of countries verifying a continuous stock of condoms and 72% having undertaken forecasting to inform condom procurement for 2023. UNFPA also published the first global specifications for the production of safe and nontoxic lubricants, even as the number of lubricant sachets purchased by donors declined by 17.5% in 2022 compared to 2021. UNFPA and partners supplied over 1 billion condoms (male and female) and lubricants to low- and middle-income countries (62% donated to countries in sub-Saharan Africa), with total procurement costs of US\$ 36 million including approximately US\$ 8.5 million directly spent by UNFPA to supply over 230 million male and almost 7.7 million female condoms.

During 2022, UNHCR distributed over seven million male and female condoms to refugees and other displaced populations. Through a collaboration with multiple partners in 15 countries to reach priority populations, the ILO, UNAIDS Secretariat and partners distributed over 50 000 condoms through Goldmines, community-led social mobilization campaigns, long distance truckers’ programmes and other integrated HIV combination prevention programmes.

⁴ Botswana, Côte d'Ivoire, Eswatini, Ghana, Kenya, Malawi, Mozambique, Nigeria, Republic of Congo, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

⁵ Botswana, Burundi, Cameroon, eSwatini, Ghana, Haiti, Kyrgyzstan, Lesotho, Liberia, Malawi, Morocco, Mozambique, Sierra Leone, South Africa, South Sudan, Uganda and Zimbabwe.

With funding from the Global Fund implemented by UNFPA and the UNAIDS Secretariat, the Joint Programme has strengthened condom programming in Malawi, Mozambique, Uganda and Zambia. Monitoring indicates that each of the four countries has made progress in its capacity for condom programming stewardship, including through adopting formal plans to distribute condoms beyond health facilities and to update condom communications plans and strategies. Condom programming workshops fed into national strategic plans and national HIV prevention road maps. The four countries are now routinely using the UNAIDS "condom needs estimation tool".

Through its [CONDOMIZE! Campaign](#), UNFPA supported community-based information campaigns to increase young people's information of sexual health in Botswana, Eswatini, Papua New Guinea, Sierra Leone, South Sudan and Zambia.

Antiretroviral-based prevention. The Joint Programme helped catalyze important gains in the uptake of antiretroviral-based prevention, the fifth pillar of the Global Prevention Road Map. WHO launched a new technical brief on implementation guidance for differentiated and simplified PrEP, and provided forecasts on PrEP demand to guide market-shaping efforts. WHO developed new recommendations on the Dapivirine vaginal ring as an additional HIV prevention choice for women who are at substantial risk of HIV infection. WHO also published its first guidelines on long-acting injectable cabotegravir for HIV prevention, while working with a consortium of partners (including the AIDS Vaccine Advocacy Coalition, Unitaid, the Global Fund, the UNAIDS Secretariat and PEPFAR) to support the immediate delivery of long-acting injectable cabotegravir, as well as its future generic production.

Support for implementation of combination prevention. The Joint Programme worked to overcome implementation bottlenecks for HIV scaling up prevention programmes including rapid introduction of new HIV prevention technologies and programme innovations. Cosponsors (led by UNICEF, UNFPA and UNESCO) and the UNAIDS Secretariat provided technical guidance and implementation support to over 71 countries to scale up combination prevention programmes for adolescents and young people.

In 2022, UNHCR updated its maternal and newborn health operational guidelines (including HIV and STIs); rolled out the [UNHCR/UNFPA operational guidance on responding to the protection and health needs of people selling or exchanging sex](#). It also developed (with WHO and UNFPA) guidance and tools on the clinical management of rape and intimate partner violence, and implemented an e-learning course on working with LGBTQI+ populations in situations of forced displacement. In moving from the Minimum Initial Service Package to comprehensive HIV care in humanitarian settings, UNHCR continues to support and monitor HIV awareness, prevention and treatment in accordance with the context and the epidemic characteristics in the refugee population. According to surveys in 48 refugee hosting countries, 98% of countries had adopted the "test and treat all" approach, and 89% introduced this approach in refugee settings. Fourteen countries have introduced HIV self-testing in refugee settings and 20 countries have introduced PrEP for key populations in refugee settings.

UNFPA technical support aided national partners in Botswana, Colombia, Kyrgyzstan and Paraguay to develop HIV combination prevention cascades to improve programme implementation, while support from the ILO and the UNAIDS Secretariat enabled the finalization of a national workplace HIV prevention strategy in Indonesia. ILO, the UNAIDS Secretariat and the Central Organization of Trade Unions in Kenya implemented an integrated HIV combination prevention programme that provided condoms to over 10 000 young people in that country. In India, ILO, the UNAIDS Secretariat, and the Gujarat AIDS Prevention and State AIDS society reached over 51 000 vulnerable workers with HIV prevention messages and tuberculosis (TB) screening.

Regional stewardship instituted and the number of countries supported under the Global HIV Prevention Coalition to put into action and monitor the 2025 HIV Prevention Road Map expanded.

The GPC strengthened HIV prevention programming and policy in 28 focus countries, which together account for nearly three-quarters of all new annual HIV infections. In October 2022, UNFPA, the UNAIDS Secretariat and partners held a [meeting of national AIDS commission managers and ministries of health prevention focal points](#) to discuss the operationalization of the 2025 Road Map in ways that meet each country's needs and realities. This high-level meeting resulted in commitments (including prioritization of HIV prevention in the Global Fund's seventh grant cycle), identified technical assistance needs, and articulated recommended actions to close identified gaps.

The GPC Secretariat updated [country prevention scorecards](#), which are designed to measure and track prevention progress across the five prevention pillars. The scorecards were made available to all countries reporting to the Global AIDS Monitoring (GAM) system, including those that are not GPC focus countries. Regional scorecard summaries are now available for all UNAIDS regions.

Efforts are underway to expand the number of countries supported by the GPC to strengthen their HIV prevention policies and programmes. Beyond the 28 focus countries, a GPC Secretariat analysis identified 11 additional countries with substantial numbers of new HIV infections and rising or increasing HIV incidence.

To support countries in developing and implementing HIV prevention interventions for people who use drugs and people in prisons, UNODC facilitated exchange visits for national authorities to other countries to share best practices and lessons learnt. This included visits by representatives from key Mozambican institutions to Kenya and Portugal, as well as a study visit for policy-makers from Kazakhstan and Tajikistan to Belarus (Minsk). UNODC, jointly with the UNAIDS Secretariat, AFEW International and the Global Fund, trained 250 representatives from community-led organizations and medical professionals in Belarus, Moldova, Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan.

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