

UNAIDS 2023

Result Area 2: HIV treatment

2022 Results report

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Result Area 2: HIV treatment

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
\$11,902,100	\$3,627,220	\$46,585,000	\$28,838,544	\$58,487,100	\$32,465,764

Joint Programme 2022 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 Joint Programme continued to play a leading role in strategically convening experts and stakeholders, including affected communities, to drive normative guidance and it made use of forums at global, regional and national levels, including the 24th International AIDS Conference in Montreal, to promote state-of-the-art evidence and innovations for HIV testing, treatment and care for all who need it.

Promoting uptake of testing and treatment guidelines. WHO convened experts, including from communities, to update its HIV testing service guidelines and made recommendations on HIV self-testing for PrEP and in health facilities. As a result of these collaborations, 28 countries received support to transition to WHO's HIV testing strategy and to scale up adoption of dual HIV/syphilis rapid diagnostic tests. Moreover, WHO published a [technical report on priorities for antiretroviral \(ARV\) drug optimization in adults and children](#) mid-2022. This report revised the priority list of new drugs, formulations and delivery technologies to be developed in the next five to ten years and identified research priorities for HIV treatment optimization, including the use of long-acting ARV regimens for treatment and prevention. WHO promoted a series of regional webinars/workshops on diagnostic, treatment and service delivery recommendations from the WHO consolidated guidelines, using the WHO/ECHO platform and in major international meetings.

WHO convened a technical working group meeting in March 2022 to review the [status of tenofovir, lamivudine and dolutegravir](#) transition in countries and the recent data on toxicity, safety and resistance risk to dolutegravir and tenofovir-alafenamide-containing regimens. WHO also updated its [acquired HIV drug resistance survey methods](#) to reflect the dolutegravir era and it published an updated survey method.

Indicator progress on HIV treatment (RA 2)

- **Guidance for integrated service delivery of HIV and comorbidities** is in development to meet the respective 2023 milestones next year.
- **Implementation** of the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring was supported and will be measured through GAM reporting (available mid-2023).
- Number of countries that implemented recommended **WHO-preferred first-line ARV regimen for treatment initiation** will be measured through the GAM reporting (available mid-2023).
- Number of countries that have adapted shorter **rifamycin-based regimens for TB preventive treatment** will be measured through GAM (available mid-2023).

The 2021 UNHCR public health inclusion survey, conducted in 49 operations, found that 45 countries (92%) provided access to antiretroviral therapy (ART) through national systems for refugees. In 41 countries, HIV treatment access was provided to refugees under the same condition as nationals. These findings are the result of years of advocacy and guidance from UNHCR and partners.

Strengthening HIV programming for adolescents. UNICEF convened multistakeholder meetings and supported national governments to promote and expand the use of treatment regimens based on dolutegravir for adolescents. WHO and UNICEF co-led the adolescent HIV service delivery working group, which supports HIV programme managers in health ministries and other adolescent-related line ministries, especially in sub-Saharan Africa, to implement, monitor and evaluate peer-based and adolescent-responsive and -friendly services for adolescents living with HIV.

UNICEF worked with multisectoral partners and research institutions through the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub to examine risk pathways and protective factors in order to advocate for strengthened multisectoral HIV programming for adolescents. UNICEF also increased the availability of testing options through innovation and integration, and enhanced the quality of treatment and care to improve retention and outcomes among adolescents living with HIV.

Strengthening service delivery for HIV testing and treatment services. The Joint Programme convened stakeholders to share knowledge and develop and use strategic information to enhance people-centred, differentiated service delivery methods. These methods are vital for accelerating access to and uptake of HIV, and can improve the efficiency and quality of testing and treatment services through early diagnosis, high treatment coverage, treatment retention and viral load suppression. This work led to the expansion of options such as ART outside of health facilities, the spacing of clinic visits, and multimonth dispensing of ARVs, as well as community engagement for quality assurance and quality improvement along the care continuum.

In Côte d'Ivoire, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa, Uganda, United Republic of Tanzania and Zimbabwe, UN Women continued to invest in community-based initiatives that addressed gender-related barriers including violence against women, unpaid care responsibilities, economic dependency, and gender-based stigma and discrimination, that are impeding access to HIV testing, treatment and care.

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.

Supporting countries in aligning their national policies and programmes with evidence-based guidelines remained a central focus of the Joint Programme's work in 2022.

Successfully aiding countries in adopting global guidance. The Joint Programme's work in promoting the adoption of global guidance has achieved concrete results. More than 95% of countries now implement a "treat all" approach. With support from the Joint Programme, rapid ARV initiation (less than 7 days after confirmed diagnosis) was implemented in 2022 in 76% of these countries. WHO's preferred first- and second-line treatment regimens for all populations were adopted by 120 of 132 low- or middle-income countries and were being used by 87% of all people receiving ART. That proportion is expected to rise to over 90% in 2023.

Approximately 90% of low- and middle-income countries have adopted the WHO-recommended 3–6 monthly ARV medicine pick-up and routine viral load testing policies, and 73% of countries were implementing a package of interventions for patients with advanced HIV disease. While more than 90% of low- and middle-income countries were integrating other health care services (TB, maternal and child health, SRH and noncommunicable diseases) into HIV services, less than 50% were delivering ART at primary health care and community levels in 2022. WHO continued to support countries in reviewing national treatment guidelines and the elaboration of HIV, hepatitis and STI national strategic plans and funding proposals.

Updating guidance to reflect the latest scientific evidence. WHO further expanded the guidance and support for advanced HIV disease, including for children. In July 2022, [new guidelines on the management of cryptococcal meningitis](#) were introduced, alongside updated minimum dataset indicators and monitoring guidance in the new 2022 consolidated guidelines on HIV strategic information. More than 20 countries attended the Global Diagnostics Synergy meeting to discuss successes and challenges for creating optimized, responsive diagnostic networks.

Strengthening country implementation of recommended HIV testing approaches. In 2022, UNICEF worked with national governments, Joint Programme partners, communities and other stakeholders on cross-cutting initiatives to strengthen national diagnostic systems, especially at the decentralized, community health level, as part of overall health systems strengthening efforts. These diagnostic systems are used across many health areas, including screening for HIV, TB, malaria and the human papilloma virus. An important programme was launched in Côte d'Ivoire and Ghana to leverage their existing digital health technologies, improve national diagnostic systems and integrate them more effectively into overall health systems. UNICEF is supporting both governments to implement the programme and follow-up on emerging recommendations.

ILO, UNAIDS Secretariat and partners provided tailored advisory technical support and financial support to 20 countries to implement HIV testing initiatives as part of multidisease testing and male engagement programmes and reached 126 027 workers with HIV testing services. Using the ILO–WHO policy brief on HIV self-testing as a framework, the ILO, UNAIDS Secretariat and world of work partners, including unions and the private sector, promoted HIV testing in 20 countries.

As widescale mobility resumed in many countries due to eased COVID-19 restrictions, the VCT@WORK flagship initiative was rolled out with support from the ILO, the UNAIDS Secretariat and world-of-work partners to complement other HIV self-testing initiatives.

Technical support to ensure robust implementation of services aligned with global HIV treatment guidance. UNDP supported countries with implementation of treatment optimization plans, including patients switching to tenofovir, lamivudine and dolutegravir.

To inform policy changes, close the testing and treatment gaps and enable the scaling up of differentiated service delivery for HIV testing and treatment, the UNAIDS Secretariat compiled differentiated service delivery profiles of 44 countries from across the world. Over 40 countries from across all five regions reported (for the first time) nationally against the new multimonth dispensing coverage indicator via the GAM system. The UNAIDS Secretariat stimulated the expansion and strong uptake of paediatric and community-led differentiated service delivery in western and central Africa, benefiting at least 14 countries across the region.

Through its pooled procurement architecture, UNDP helped countries achieve savings of US\$ 17.8 million in the procurement of key pharmaceutical products (compared with

budgeted reference prices). UNHCR also continued to support differentiated service delivery models, including fast-track drug refills and community drug distribution points, to ensure refugees' access to ARV and proper drug adherence. Family support groups and facility-based intensive adherence counselling sessions were also conducted.

Women living with HIV have a six-fold increased risk of cervical cancer compared to women without HIV. UN Women's successful partnership with WHO in the United Republic of Tanzania resulted in 4,685 rural women living with HIV accessing cervical cancer screening and receiving treatment if needed. With UN Women's backing, community volunteers mobilized by the network of women living with HIV increased awareness and knowledge among rural women of the importance of regular cervical cancer screenings in the Kagera region of Tanzania. All women who were diagnosed with early symptoms received treatment and were linked to care.

Enabling access to recommended health technologies. In 2022, UNDP's work emphasized driving progress in legal and policy reform for equitable and timely access to health technologies for the pandemic response, as well as those needed to mitigate the negative impact of COVID-19 on programmes for HIV, TB and other diseases. UNDP supported 54 countries around access to health technologies and played an active role within global initiatives aimed at facilitating effective technology transfers and local production. Through its [US\\$ 34 billion global health portfolio](#), the World Bank funded major health system strengthening operations and addressed gaps that affect HIV outcomes and improve integration. For example, a [project to strengthen health systems in Lesotho, Malawi, Mozambique and Zambia](#) continued to advance HIV-TB integration and routinely screened 96% of HIV patients in targeted area for TB in 2022.

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