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# World Health Organization (WHO)

Unified Budget Results and Accountability Framework  
(UBRAF) 2016-2021

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**Organizational report 2021**



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## Key strategies and approaches to integrate HIV into WHO's mandate

WHO aims to ensure that a billion more people have UHC, a billion more people are protected from health emergencies, and a billion more people achieve better health and well-being by 2023. Through offices in more than 150 countries, WHO staff work with governments and other partners to ensure the highest attainable level of health for all people. WHO also ensures the safety of medicines and health-sector commodities required for an effective response to HIV.

As a founding Cosponsor of the Joint Programme, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines and HIV/TB co-infection. WHO jointly coordinates work with UNICEF on EMTCT of HIV and paediatric AIDS. WHO works with UNFPA on SRHR and HIV. With the World Bank, WHO convenes actions to drive progress towards achieving UHC, including through primary health care. WHO partners also with UNODC on harm reduction and programmes to reach people who use drugs and people in prison and other closed settings.

In the face of ongoing and extraordinary challenges due to the COVID-19 pandemic, WHO in 2021 led the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, guidance, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries to drive action and impact; reporting on the last year of the 2016–2021 global health sector strategy on HIV, and drafting the 2022–2030 global health sector strategies on HIV, viral hepatitis and STIs for consideration at the 75th World Health Assembly in May 2022.

### Top achievements on HIV in 2020-2021

- **Supporting and certifying progress towards eliminating vertical transmission.** With support from WHO, 15 countries had been certified (by end-2021) as having eliminated vertical transmission of HIV and/or syphilis with one country on the path to elimination. [Botswana became the first high-burden country to be certified as achieving the "silver tier" on the path to EMTCT of HIV \(3 December 2021\)](#).
- **Enabling progress towards the 90–90–90 targets.** At the end of December 2021, 20 countries were nearing and 8 countries had achieved the 90–90–90 (84% / 73% / 64%) targets for testing, treatment access and viral suppression of HIV.
- **Generating strategic information for action.** In May 2021, WHO released the [Global progress report on HIV, viral hepatitis and sexually transmitted infections](#), showing progress and gaps in implementing the 2016–2021 strategies. The report noted that 73% of all people living with HIV and 85% of pregnant women living with HIV were receiving ART, leading to substantial declines in mortality and fewer paediatric HIV infections. WHO reported that 1.5 million people had been newly infected with HIV in 2020, three times more than the global target of <500 000 new infections set for 2020. Lessons learned included: the need to advocate for and support the expansion of new prevention technologies, including social and structural determinants, in the next phase of the global

health sector strategies with reference to the UNAIDS Global AIDS Strategy 2016–2026; and the importance of providing implementation guidance on combination HIV prevention, including for balancing funding for various prevention priorities.

- **Issuing normative guidance.** WHO launched the [updated "Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach"](#) (July 2021). This publication brings together important clinical and programmatic updates produced by WHO since 2016 and provides comprehensive, evidence-informed recommendations and good practice statements within a public health, rights-based and person-centred approach.
- **Addressing HIV drug resistance.** WHO released the "[HIV drug resistance report 2021](#)" (November 2021), which gives an in-depth picture of the problem and the steps that countries are taking to ensure that people will receive effective medicines to treat and prevent HIV. The report reveals that in 2020, 64% of focus countries (countries with a high burden of HIV infection) had national action plans to prevent, monitor and respond to HIV drug resistance.

## **Contribution to progress towards the Sustainable Development Goals**

WHO in 2020–2021 catalyzed and supported gains towards SDG health targets, including the goal of ending AIDS as a public health threat by 2030. Progress towards global HIV testing and treatment targets continued. By the end of 2021, 187 (96%) countries, accounting for 99% of all people living with HIV, had adopted and were following the “treat all” guidance. Seventy-two per cent of countries had adopted and were implementing rapid initiation of ART. As well, 86% of low- and middle-income countries had adopted and were using the WHO preferred first-line treatment for all populations, and 81% had adopted longer ART pick-up policies to maintain ART services during the COVID-19 pandemic. Use of PrEP has increased globally, with 130 (67%) countries having adopted the oral PrEP recommendation, and 800 000 people having benefitted as of 2020.

By the end of 2021, over 90% of low- and middle-income countries were integrating other services (nutrition, TB, maternal and child health) into HIV services, although only 41% of these countries are delivering ART in primary health care services. Seventy-two countries have national strategic plans for STIs, including HIV and eight countries have EMTCT strategies for HIV and syphilis. In July 2021, WHO updated the full "[Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring](#)", which included updated recommendations on differentiated service delivery models.

WHO continues to be a key partner in the Global HIV Prevention Coalition, defining the overarching prevention framework and working in 2020–2021 on COVID-19 adaptations and ways to maintain prevention service access. WHO provided technical assistance and virtual support on HIV prevention, including to the Global Fund to support accelerated uptake of PrEP.

WHO actively promoted the impact and importance of studies undertaken by the HIV Prevention Trials Network (HPTN 083) on the safety and efficacy of the long-acting injectable ARV drug, cabotegravir, for PrEP in HIV-negative cisgender men who have sex with men and transgender women who have sex with men. WHO is producing new guidance to offer long-acting injectable cabotegravir as HIV prevention for people at substantial risk of HIV infection. This guidance follows approval of cabotegravir by the U.S. Food and Drug Administration on 20 December 2021, based on the results of HPTN 083 and HPTN 084 studies, as the first long-acting injectable option for HIV PrEP.

WHO launched the updated "[Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus](#)". The third edition of global guidance brings together a package of interventions and metrics to support the integrated management and monitoring of vertical transmission for HIV, syphilis and hepatitis B across a wide range of epidemiological and programmatic contexts.

WHO released a [new toolkit to support quality HIV testing services](#) and enable countries to accelerate their ongoing efforts to fully adopt WHO guidelines and transition to new HIV testing algorithms. WHO recommended that countries adopt a standard HIV testing strategy with three consecutive reactive tests for an HIV-positive diagnosis to ensure quality services as countries move towards achieving the UNAIDS 95–95–95 targets.

In November 2021, a High-Level Regional Summit for HIV/AIDS in western and central Africa was convened with the support of the UNAIDS Secretariat and WHO, where heads of states, civil society representatives and implementers supported the [Dakar Call to Action to end AIDS in western and central Africa](#), with a particular focus on addressing the needs of children and key populations. The WHO Regional Committee in August 2021 adopted a [framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the African region in 2021–2030](#), which will guide the WHO HIV response in Africa.

WHO and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction launched new recommendations for screening and treatment to [prevent cervical cancer for all women and among women living with HIV](#). The new guidance supports countries to accelerate progress more equitably on the screening and treatment of this devastating disease.

In November 2021, in commemoration of the [Cervical Cancer Elimination Day of Action](#), WHO, alongside countries and communities around the world, held a day of action and launched local campaigns to celebrate the first-ever global commitment to eliminate cervical cancer through the adoption of a global strategy to accelerate the elimination of cervical cancer as a public health problem, following a resolution passed by 194 countries.

The [WHO Advisory Group of Women Living with HIV](#), established in April 2019, continued to meet and offer its advice to WHO. WHO also convened a virtual meeting of the [WHO Strategic and Technical Advisory Committee on HIV and viral hepatitis and STI experts](#) in September 2021 to present draft global health sector strategies for 2022–2030.

WHO, alongside the UNAIDS Secretariat, PEPFAR, UNICEF and the Elizabeth Glaser Pediatric AIDS Foundation, launched a [new report about inequalities in access to HIV prevention and treatment services for children](#). The organizations called for urgent action and

warned that progress towards ending AIDS among children, adolescents and young women had stalled and that none of the child-specific targets for 2020 had been met. The report outlines three actions necessary to end new HIV infections among children in the focus countries: reach pregnant women with testing and treatment; ensure the continuity of treatment and viral suppression during pregnancy, breast-feeding and for life; and prevent new HIV infections among women who are pregnant and breast-feeding.

WHO worked on the integration of existing services for noncommunicable diseases and communicable diseases, including in national HIV, TB and SRH programmes and coordination across the health system as a whole. A multidepartmental working group was established and is developing guidance and toolkits to assist countries on which strategic approaches to adopt and how to implement and measure the impact of noncommunicable disease integration in health systems.

WHO released a [2021 report on HIV drug resistance](#), which reports on resistance to PrEP and integrase inhibitors. It also expanded a [network of HIV drug resistance laboratories](#), which now includes 34 laboratories in 24 countries around the world designated by WHO for HIV drug resistance testing.

## **HIV in the context of the COVID-19 response**

The COVID-19 pandemic had a major impact on the continuity of essential HIV health services in several regions, putting at risk the benefits accrued over the last two decades. In response, WHO issued guidance on maintaining essential health services including specific measures such as multimonth dispensing of ARV drugs to those who are clinically stable on current treatment and take-home doses of opiate substitution therapy drugs for people who inject drugs. [Throughout 2021, WHO reported on learnings from COVID-19](#). Countries and communities world-wide have responded in innovative ways to adapt, combine, differentiate, decentralize and simplify health services to meet people's needs during the crisis.

**Accelerating policy implementation.** [Many countries world-wide were able to implement existing policies to provide multimonth supplies of ARV medicines to people who did not have access to health facilities](#). This improved patient security by ensuring continuity of HIV treatment, but also required adequate ARV drug stocks. Other programmes followed suit and provided opioid substitution therapy and other treatments for multiple months.

**Leveraging health systems capacity.** In sub-Saharan Africa, countries used existing HIV and TB laboratory infrastructure, sample transportation, quality assurance mechanisms and staff to provide COVID-19 testing, although in some cases this led to delays in testing for other diseases in the early phase of the response.

**Simplifying community-based delivery.** In the WHO South-East Asia Region, countries shifted service delivery from facilities to communities, providing take-home doses of opioid substitution therapy to people who inject drugs, home delivery of ARV medicines for people unable to reach facilities, community delivery of PrEP, introducing telehealth consultations and training HIV teams, including virtually, on COVID-19 prevention and management.

**Developing strategies for safe delivery.** In sub-Saharan Africa, programmes delivering voluntary medical male circumcision developed safer and more targeted mobilization strategies. For example, in Uganda, a voluntary medical male circumcision programme got back on-track by using strategies such as placing branded hand-washing stations in densely populated urban areas to support COVID-19 prevention efforts and emphasizing that voluntary medical male circumcision services remained available. It restarted door-to-door mobilization and employed community educators to deliver COVID-19 awareness and messages promoting voluntary medical male circumcision.

**Expanding the use of self-care interventions.** A project in Bulgaria provided HIV self-testing and telemedicine to key populations. Supported by a vast social media campaign to disseminate information, the initiative linked transgender people and gay men and other men who have sex with men to HIV testing without having to visit a health facility. A dedicated phone line was also available for follow-up. HIV self-testing has also been expanded in many countries in the Africa, Asia and the Americas.

**Increasing the use of digital health.** In the WHO Region of the Americas, a project delivering PrEP to young key populations in Brazil adapted its approach during the COVID-19 pandemic by using telehealth, social media and an artificial intelligence chatbot to recruit participants and provide information and peer support. The team also provided discrete home delivery of condoms, lubricants, self-tests for HIV and medicines for PrEP.

The pandemic has demonstrated the importance and effectiveness of making full use of people-centred and community-led solutions to deliver essential services in an equitable and sustainable way. Maintaining these innovative approaches as part of a catch-up of services can enable countries to fully leverage the resilience of health and community systems and respond to the needs of the most vulnerable people in the path towards the SDGs.

**UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)