

Global HIV Prevention Coalition; 2025 Road Map

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Global estimates for adults and children | 2022

People living with HIV

39.0 million [33.1 million–45.7 million]

New HIV infections

1.3 million [1.0 million–1.7 million]

Deaths due to AIDS

630 000 [480 000–880 000]

Global estimates for children (<15 years) | 2022

Children living with HIV	1.5 million	[1.2 million–2.1 million]
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New HIV infections	130 000	[90 000–210 000]
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Deaths due to AIDS	84 000	[56 000–120 000]
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About 3600 new HIV infections (adults and children) a day | 2022

- **About 50% are in sub-Saharan Africa**
- **About 360 are among children under 15 years of age**
- **About 3200 are among adults aged 15 years and older, of whom:**
 - almost 46% are among women
 - about 30% are among young people (15–24)
 - about 18% are among young women (15–24)

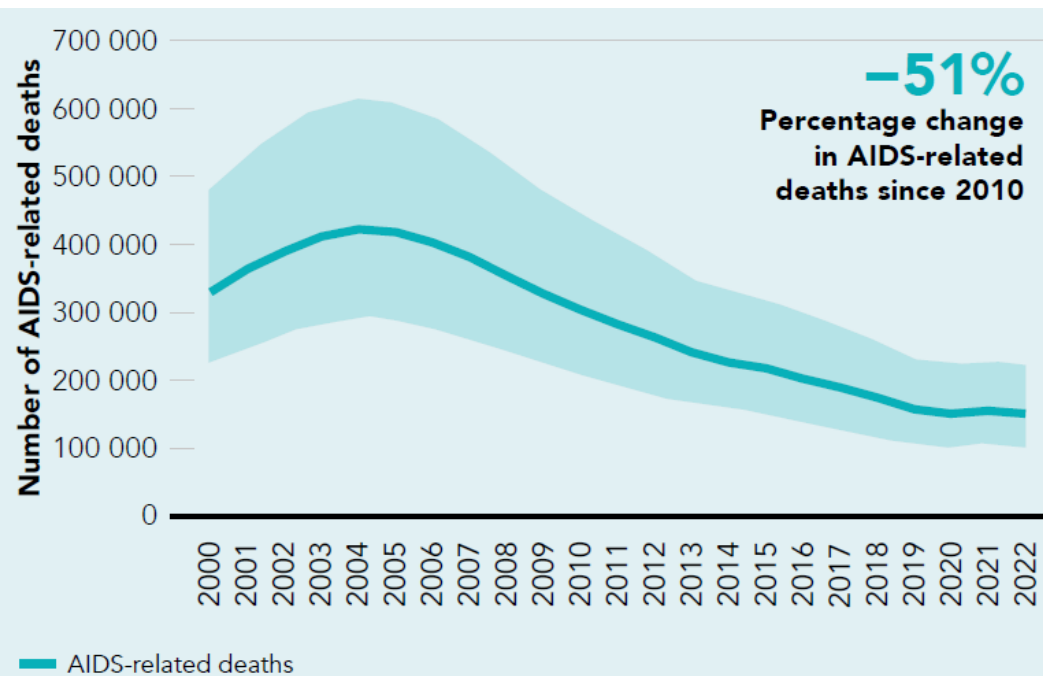
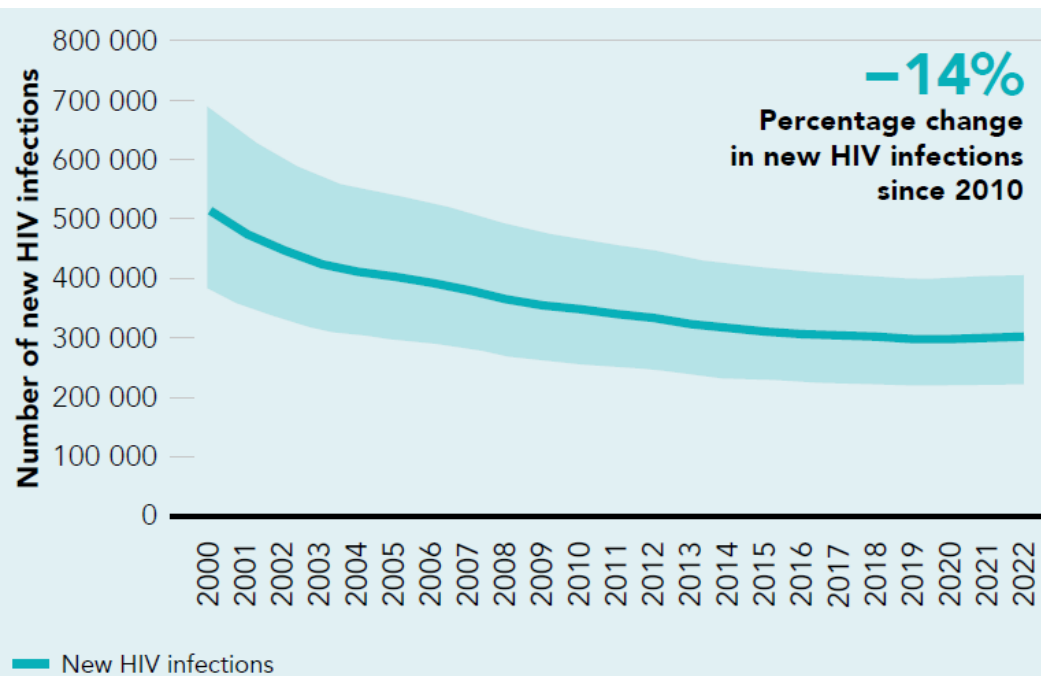


Asia and the Pacific



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Numbers of annual new HIV infections and AIDS-related deaths, Asia and the Pacific, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

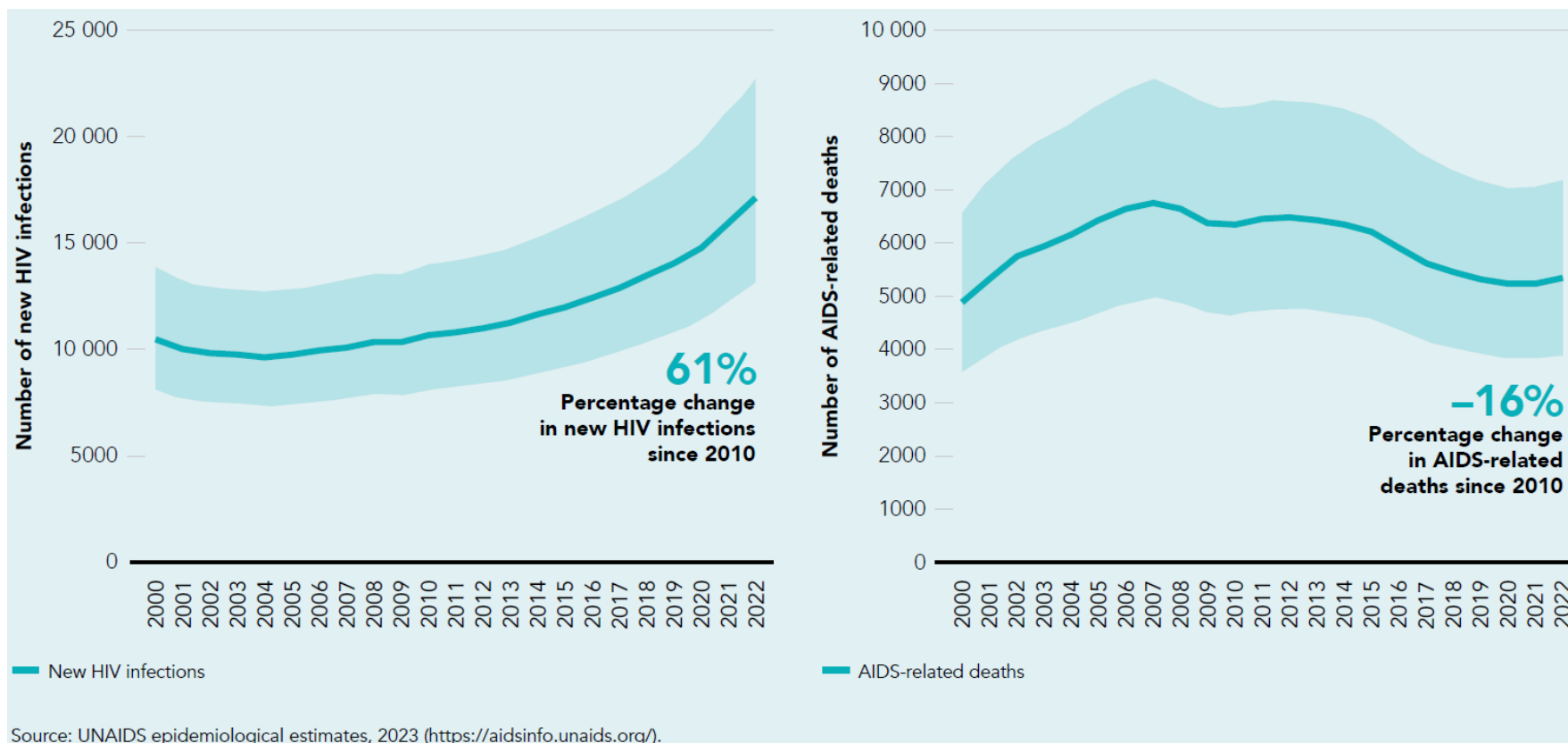


Middle East and North Africa



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Number of annual new HIV infections and AIDS-related deaths, Middle East and North Africa, 2000–2022



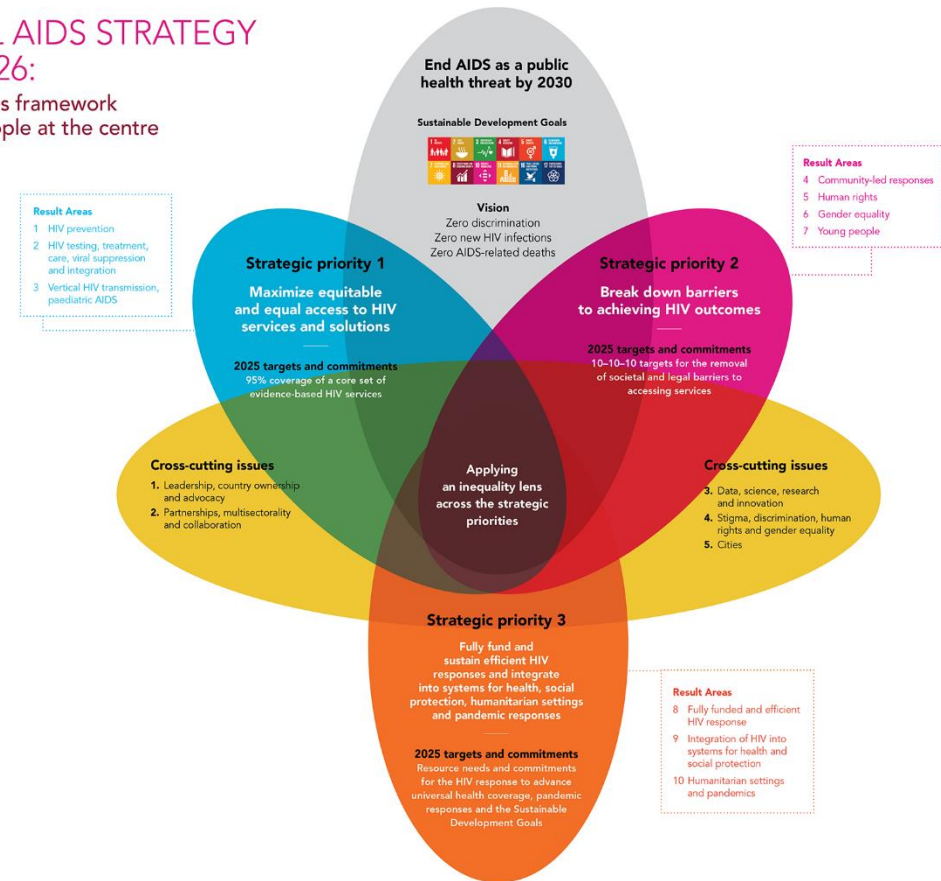
Vision

- Zero New HIV Infection
- Zero AIDS-Related Deaths
- Zero Discrimination

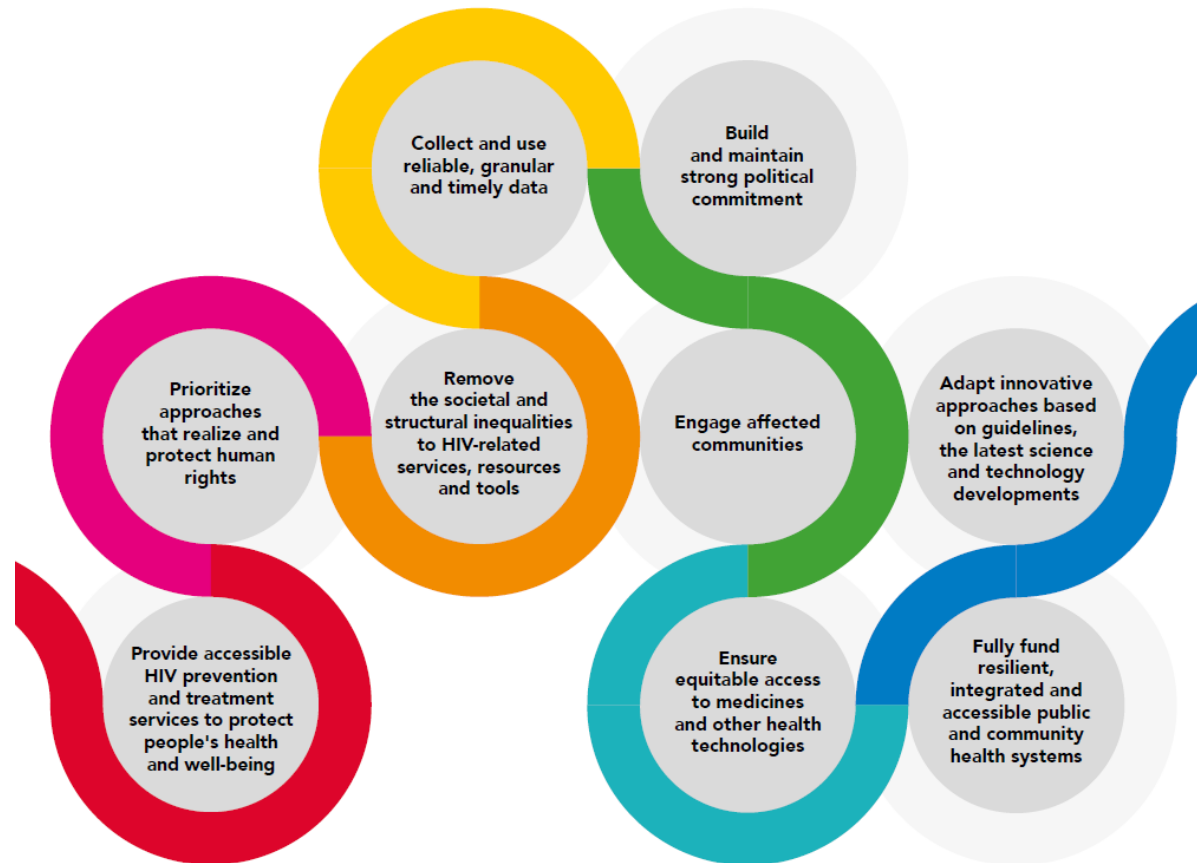
Global AIDS Strategy 2021-2026

- Inequalities lens
- Goal to end AIDS as a public health threat by 2030
- “Three zeros” vision
- Three strategic priority areas, 10 results areas:
 - Interconnected
 - Mutually reinforcing
 - Evidence-informed
 - Clearly targeted

GLOBAL AIDS STRATEGY
2021–2026:
an inequalities framework
that puts people at the centre



Building blocks for a successful HIV response



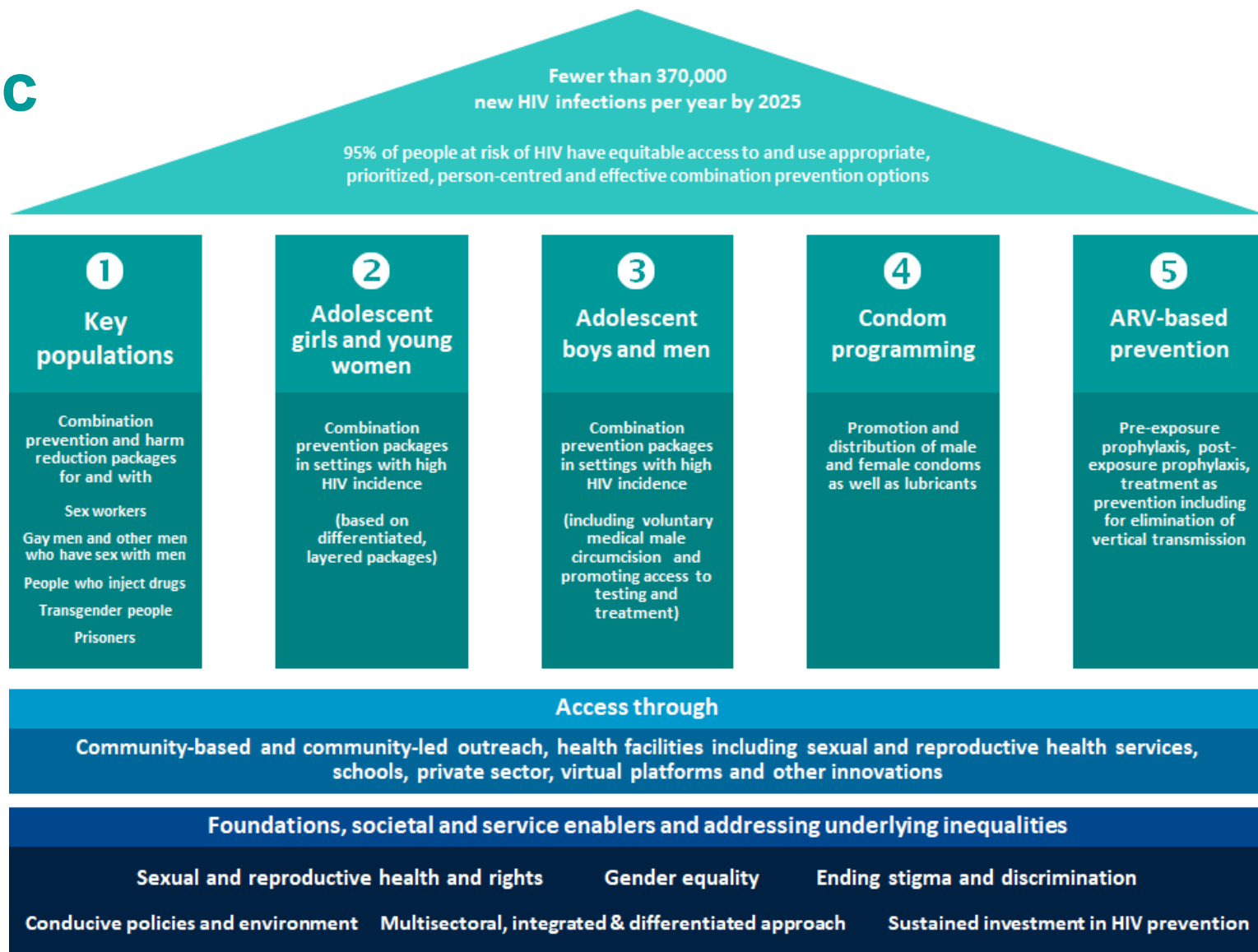
Global HIV Prevention Coalition

- Established in 2017
- The overarching goal: to strengthen and sustain political commitment for primary prevention
- It seeks to ensure accountability for delivering prevention services at scale
- Aimed to get HIV infections to less than 370 000 new infections per year

Five Pillars of HIV Prevention

- **Key Populations:** combination prevention and harm reduction packages
- **Adolescent Girls and Young women:** combination Prevention packages in settings with high HIV Incidence based on differentiated layered packages.
- **Adolescent boys and men:** combination prevention packages in settings with high HIV Incidence including voluntary medical male circumcision and promoting access to testing and treatment.
- **Condom Programming**
- **Anti-Retroviral (ARV)** - based prevention: PreP, PEP, treatment as prevention, Elimination of vertical transmission.

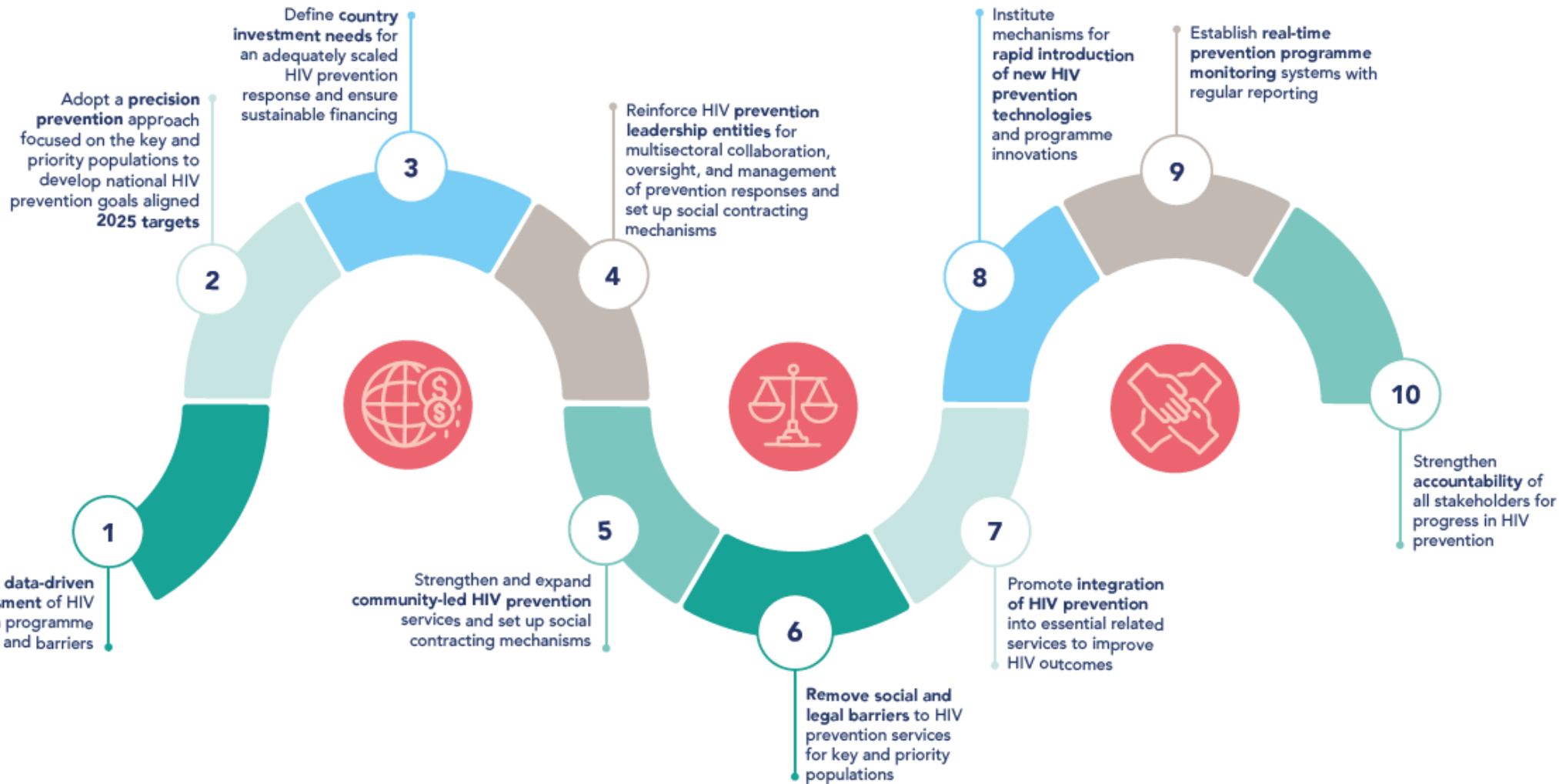
Programmatic priorities



Road Map

- Focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers
- Highlights complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV

Prevention leadership – the 10 Point Action Plan in the 2025 Prevention Road Map as a guide



10 Point Action Plan (1)

1. **ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS**
2. **PRECISION PREVENTION APPROACH FOCUSED ON KEY AND PRIORITY POPULATIONS INCLUDING DIFFERENTIATED NATIONAL 2025 PREVENTION TARGETS**
3. DETERMINE COUNTRY **INVESTMENT NEEDS** FOR ADEQUATELY **SCALED HIV PREVENTION RESPONSES** AND ENSURE **SUSTAINABLE FINANCING**
4. REINFORCE HIV PREVENTION LEADERSHIP ENTITIES FOR **MULTISECTORAL COLLABORATION, OVERSIGHT AND MANAGEMENT** OF PREVENTION RESPONSES
5. STRENGTHEN AND EXPAND **COMMUNITY-LED HIV PREVENTION SERVICES** AND SET UP SOCIAL CONTRACTING MECHANISMS

10 Point Action Plan (2)

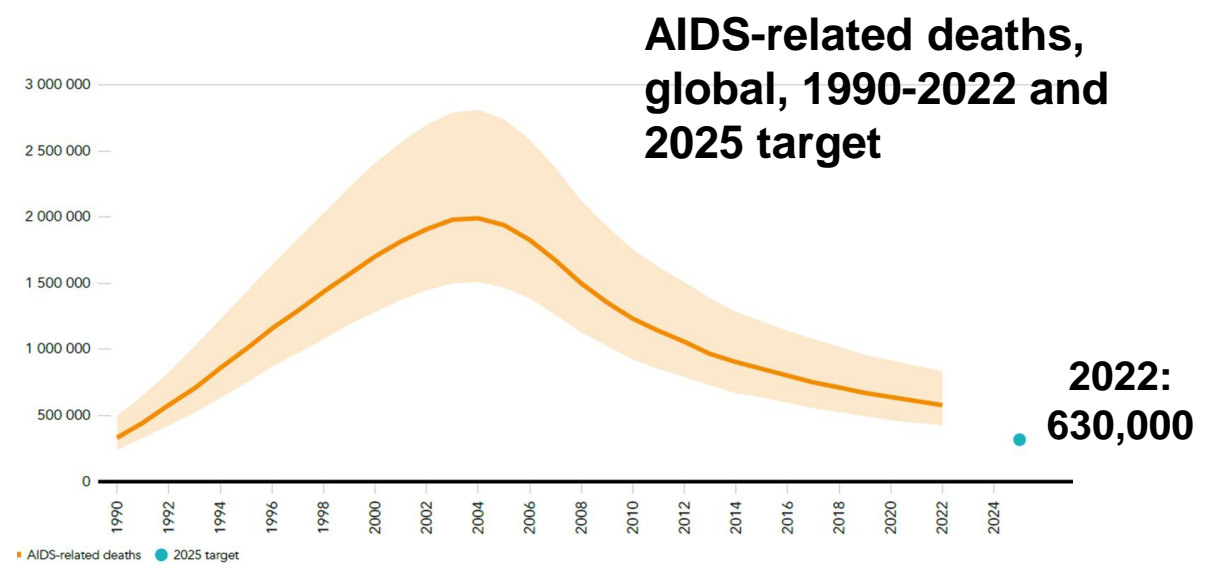
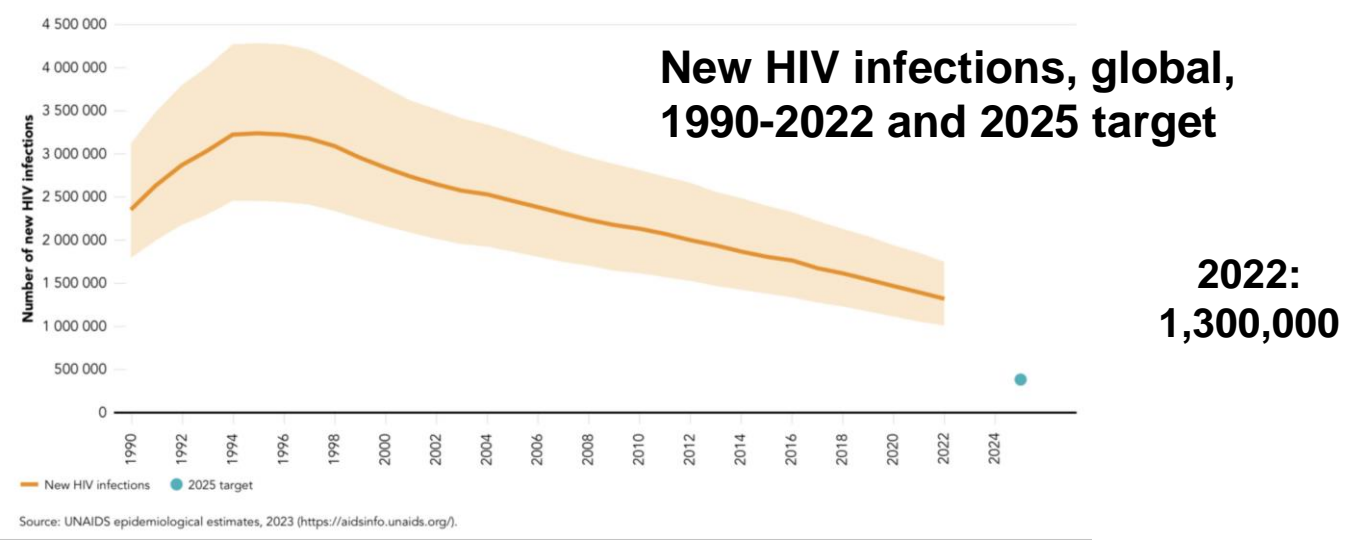
6. REMOVE SOCIAL AND LEGAL BARRIERS TO HIV PREVENTION SERVICES FOR KEY AND PRIORITY POPULATIONS
7. PROMOTE THE **INTEGRATION** OF HIV PREVENTION INTO ESSENTIAL RELATED SERVICES TO IMPROVE HIV OUTCOMES
8. SET UP MECHANISMS FOR THE RAPID **INTRODUCTION OF NEW HIV PREVENTION TECHNOLOGIES AND PROGRAMME INNOVATIONS**
9. ESTABLISH REAL-TIME PREVENTION PROGRAMME **MONITORING** SYSTEMS WITH REGULAR REPORTING
10. STRENGTHEN **ACCOUNTABILITY** OF ALL STAKEHOLDERS FOR PROGRESS IN HIV PREVENTION

New HIV infections are declining globally...

...but not fast enough to reach 2025 and 2030 targets

AIDS-related deaths declining—within reach of target

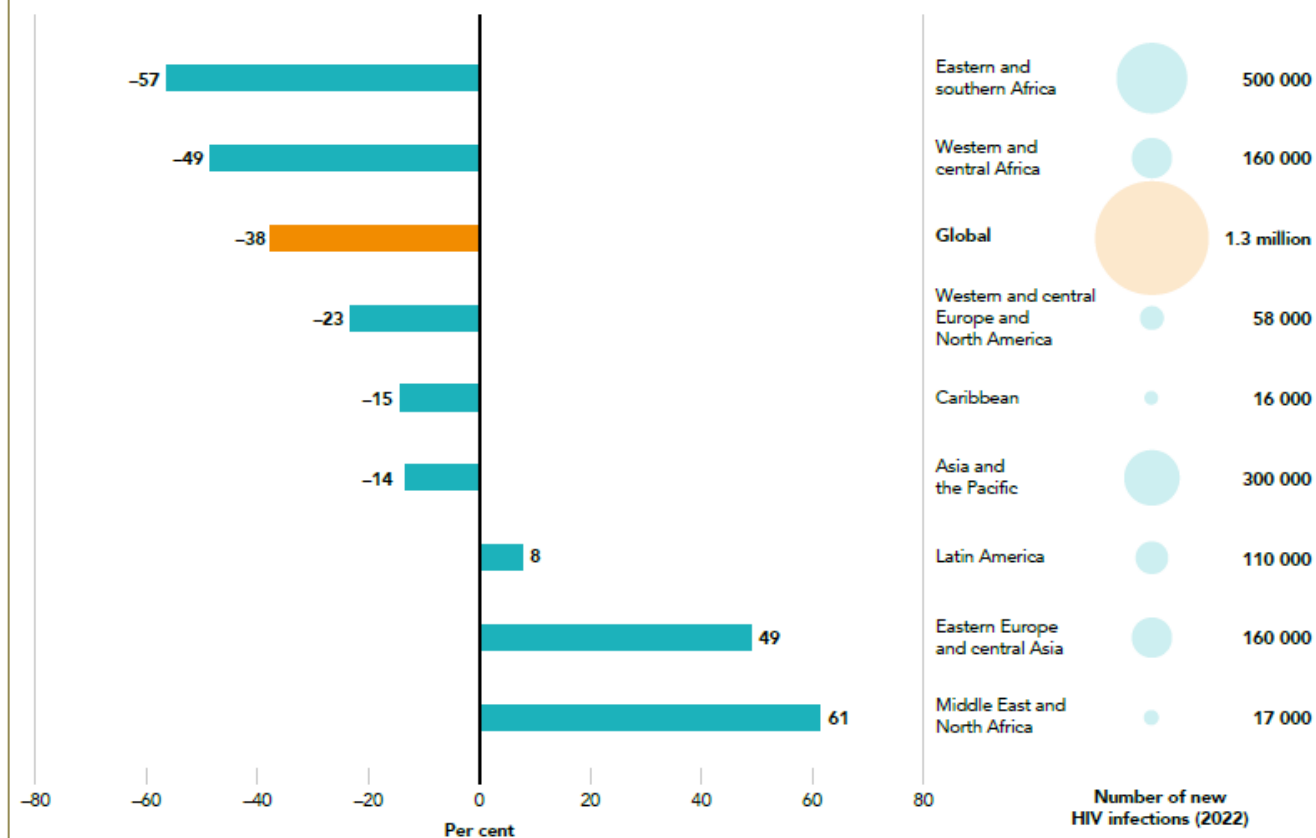
Source: UNAIDS 2023 epidemiological estimates.



Declines in new HIV infections are strongest in regions with highest HIV burdens:

- Eastern and southern Africa
- Western and central Africa

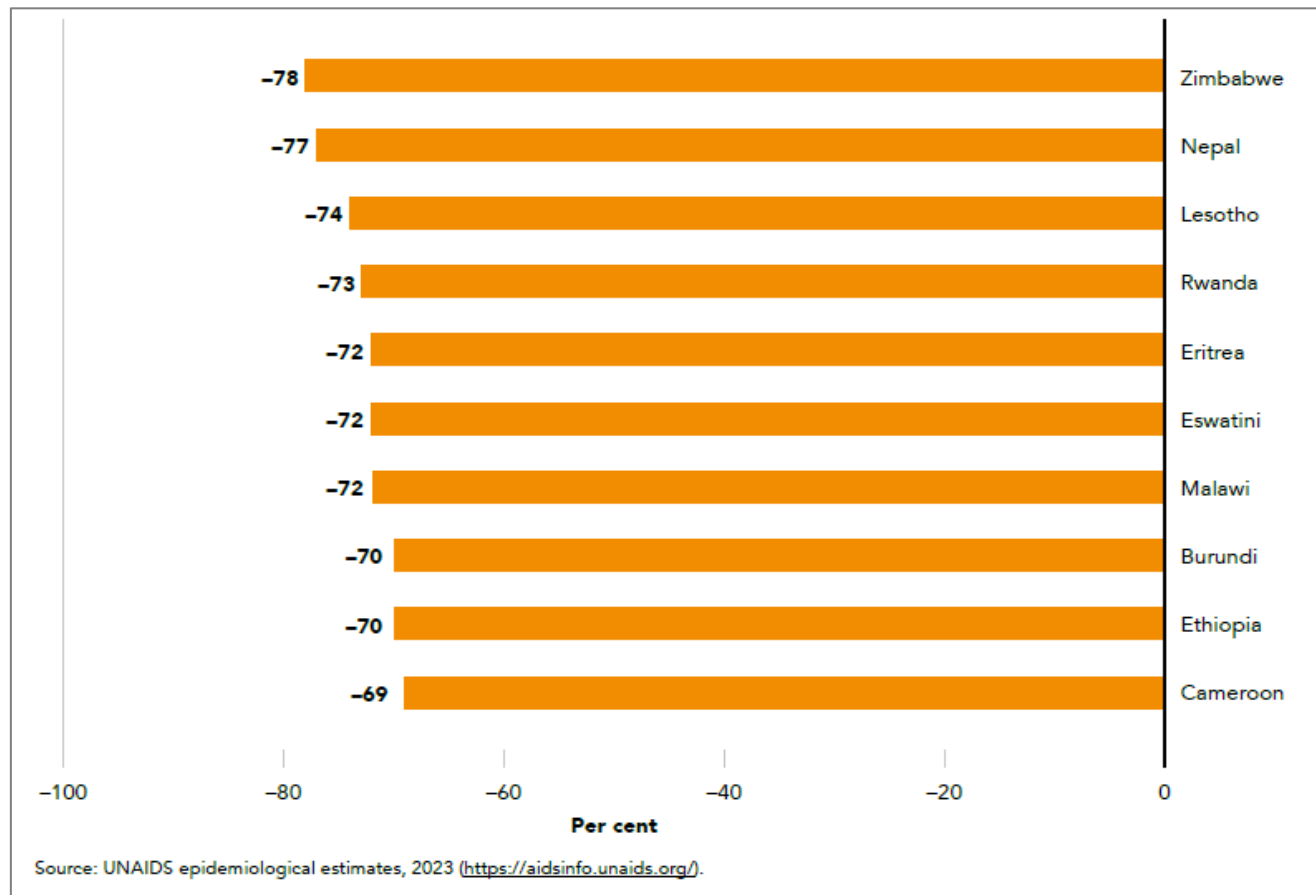
Figure 0.2 Change in number of new HIV infections, 2010–2022, and number of new HIV infections, 2022, global and by region



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

Major declines in new infections in some high burden countries

Change in new HIV infections 2010-2022, select countries with largest declines



What has been done

- **Country Action Plans and leaders' commitments**

- **21** countries developed and submitted their Country Action Plans Status reports by October 2023: Angola, Brazil, Cameroon, Colombia, Cote d'Ivoire, Democratic Republic of the Congo, Eswatini, **Islamic Republic of Iran**, Kenya, Lesotho, Madagascar, Malawi, Mexico, Namibia, South Africa, South Sudan, Tanzania, Uganda, Ukraine, Zambia, Zimbabwe
- **11** countries did not share their country action plans and status report of the same

Status of HIV Prevention

- 29.8 million of the 39 million people living with HIV globally are receiving life-saving treatment
- Almost three-quarters (71%) of people living with HIV in 2022 (76% of women and 67% of men living with HIV) had suppressed viral loads, thus reducing risk of HIV transmission.
- A 58% drop in the annual number of new infections in children globally to 130 000, in 2022 is the lowest since the 1980s.
- Vertical transmission programmes have averted 3.4 million new HIV infections in children since 2000. This moves the HIV response steadily towards attaining 'Treatment as Prevention' targets.

Status of HIV Prevention

- By the end of 2021, **32 million** men and boys underwent Voluntary Medical Male Circumcision (VMMC) in 15 priority countries in East and Southern Africa and an additional **12 million** procedures are required by 2025.
- Vulnerability to HIV among **girls and young women** in sub-Saharan Africa is still driven significantly by **structural and gender inequalities**.
- Primary prevention programmes reaching **young people** and **key populations** at risk have not been implemented with sufficient coverage and intensity and **condom availability and PrEP falls short of what was needed**.
- Key **harm reduction** services are also **not widely available** in most of the countries where injecting drug use has been documented, and **HIV prevalence among women who inject drugs has been shown to be 50% greater compared to their male counterparts**

The 'End of AIDS as a public health threat'

Defined as **90% reduction** between 2010 and 2030 in:

- New HIV infections
- AIDS-related deaths

Also committed to:

- 90-90-90 by 2020
- Zero discrimination by 2030

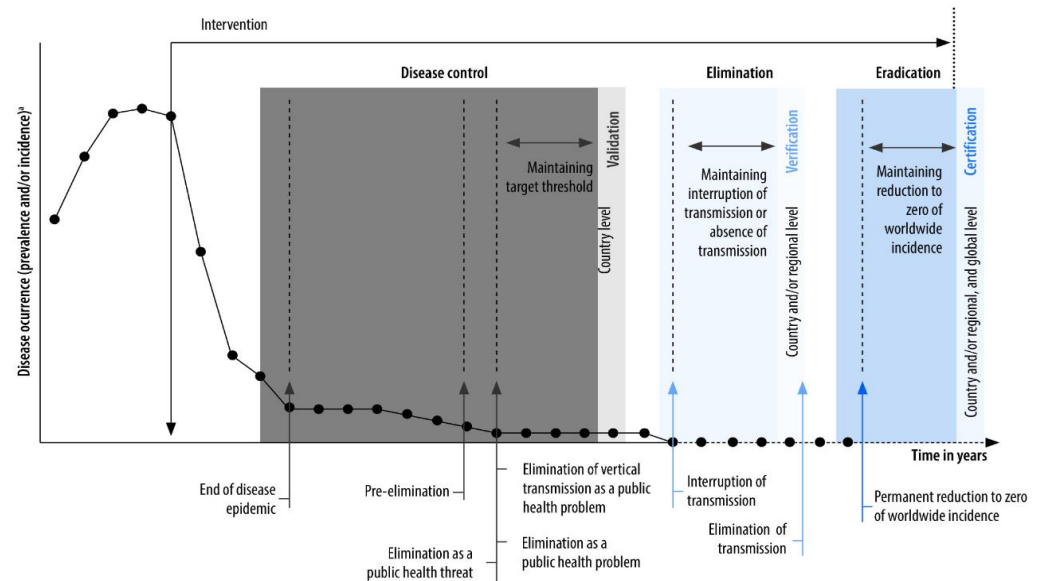


FAST-TRACK
ENDING THE AIDS EPIDEMIC BY **2030**

Defining epidemic control

‘No longer a public health threat’ is also referred to as **disease control**

- Reduction in disease incidence, prevalence, and morbidity or mortality to low level
- As a result of *deliberate efforts* (interventions)
- **Continued intervention measures are required to maintain the reduction**



Khawar et al., Bull World Health Organ 2023

Defining epidemic control

- **Epidemic control in the context of HIV:** reach and sustain low level of transmission through reducing **infectious HIV population** (low prevalence of HIV viraemia)
 1. Suppressing viraemia among PLHIV
 2. **Preventing acquiring HIV** (through both treatment and primary prevention)
- Post-2030 priority for high burden settings: **sustain steadily declining new HIV infection** for several decades
 - Control health system resources for HIV care and treatment
 - Reduce risk of return of HIV transmission

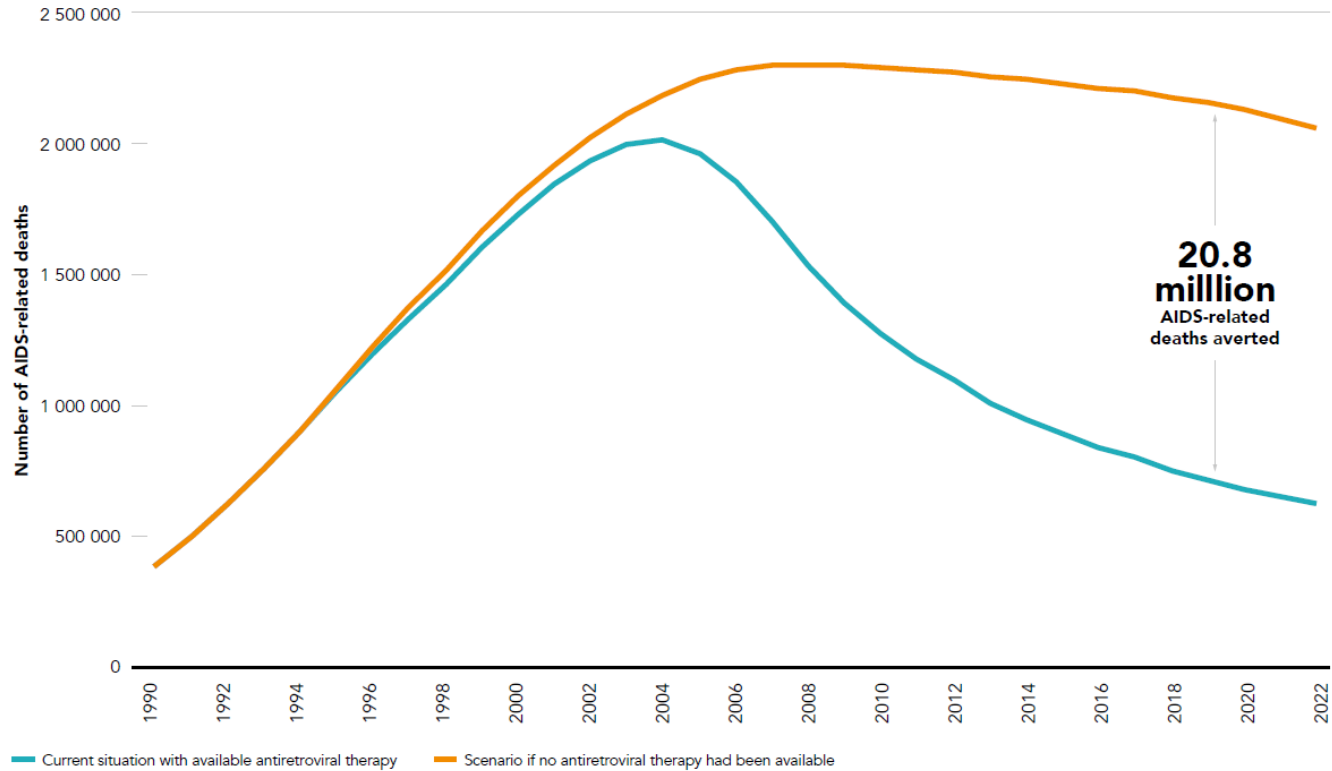


Progress towards the 2025 targets



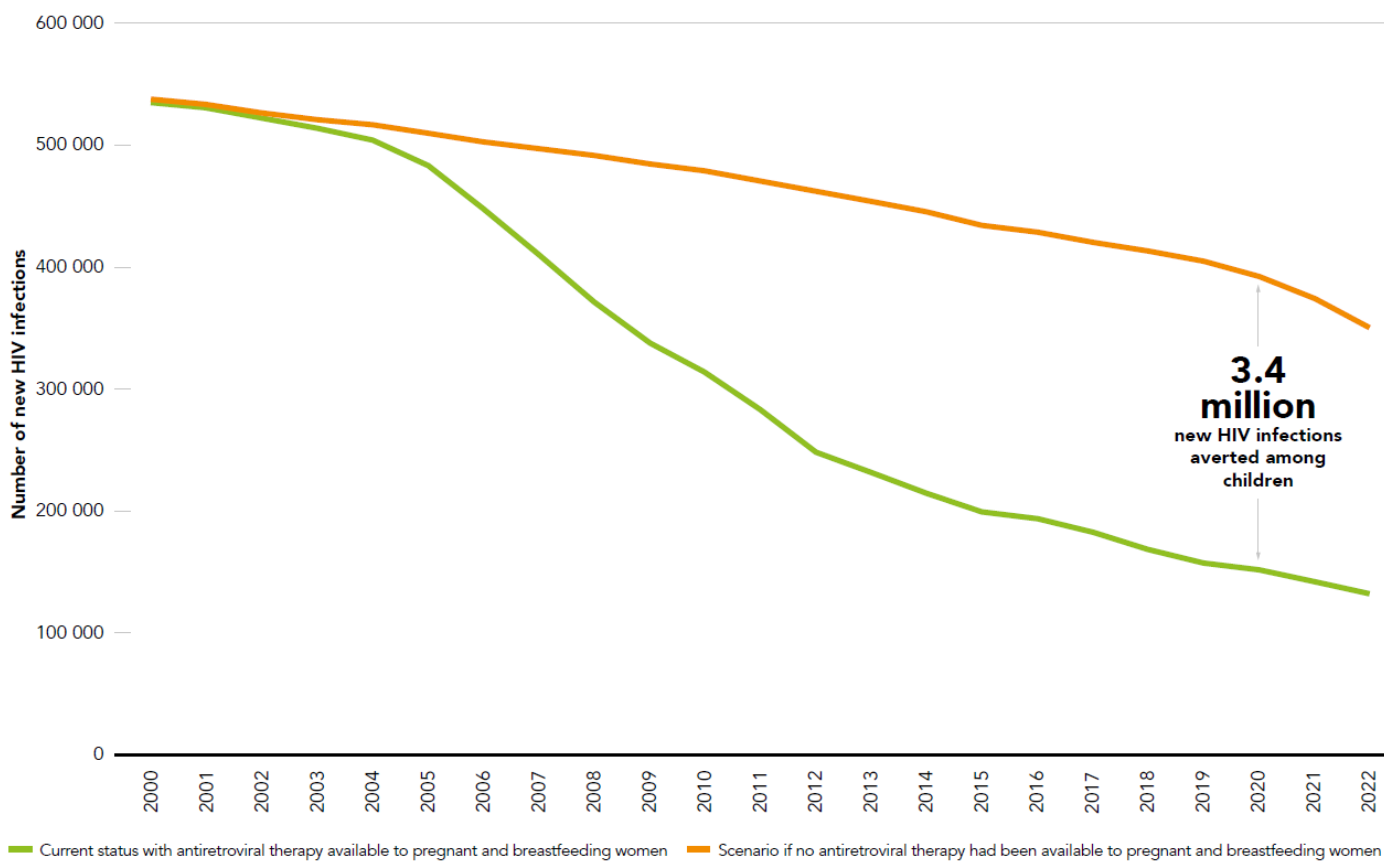
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Number of AIDS-related deaths: current situation versus scenario without available antiretroviral therapy, 1990–2022



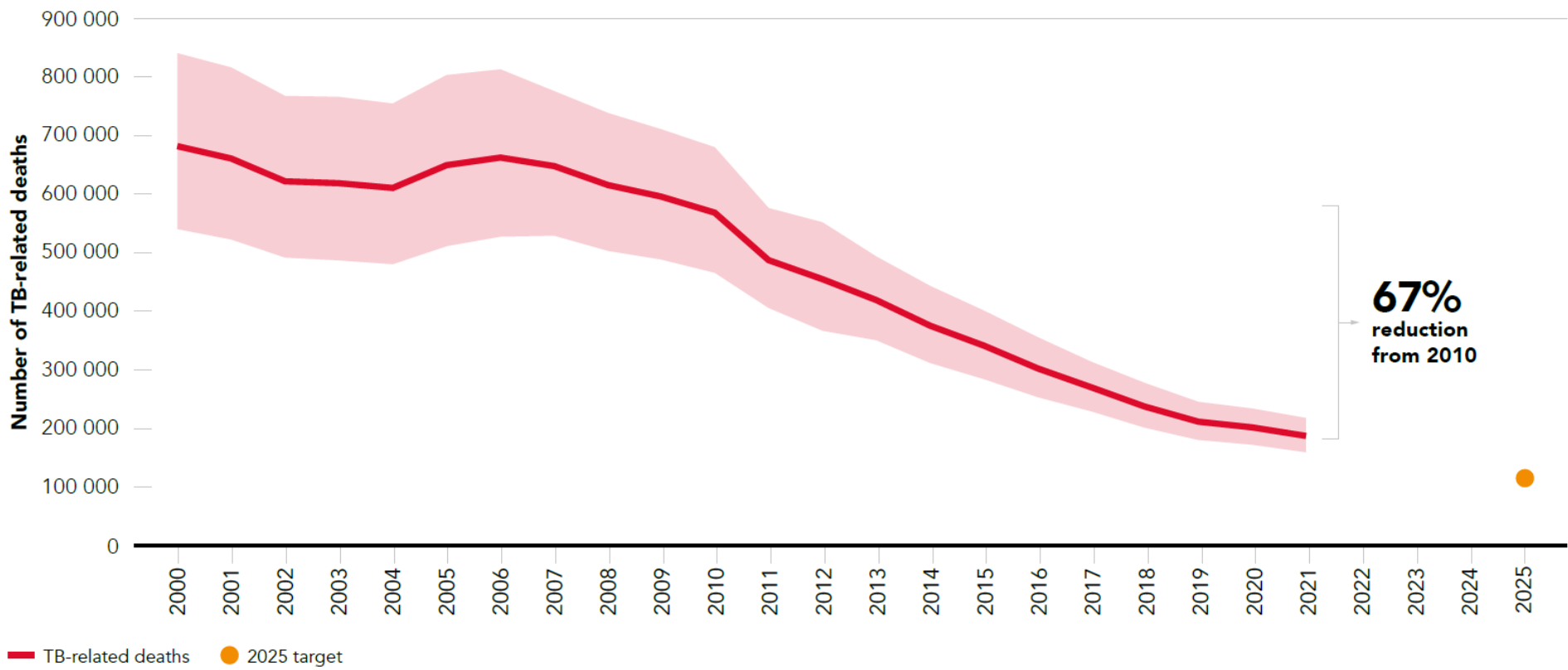
Source: UNAIDS special analysis of epidemiological estimates, 2023.

Number of new HIV infections among children (aged 0–14 years) versus scenario without antiretroviral therapy available to pregnant and breastfeeding women, global, 2000–2022



Source: UNAIDS special analysis of epidemiological estimates, 2023.

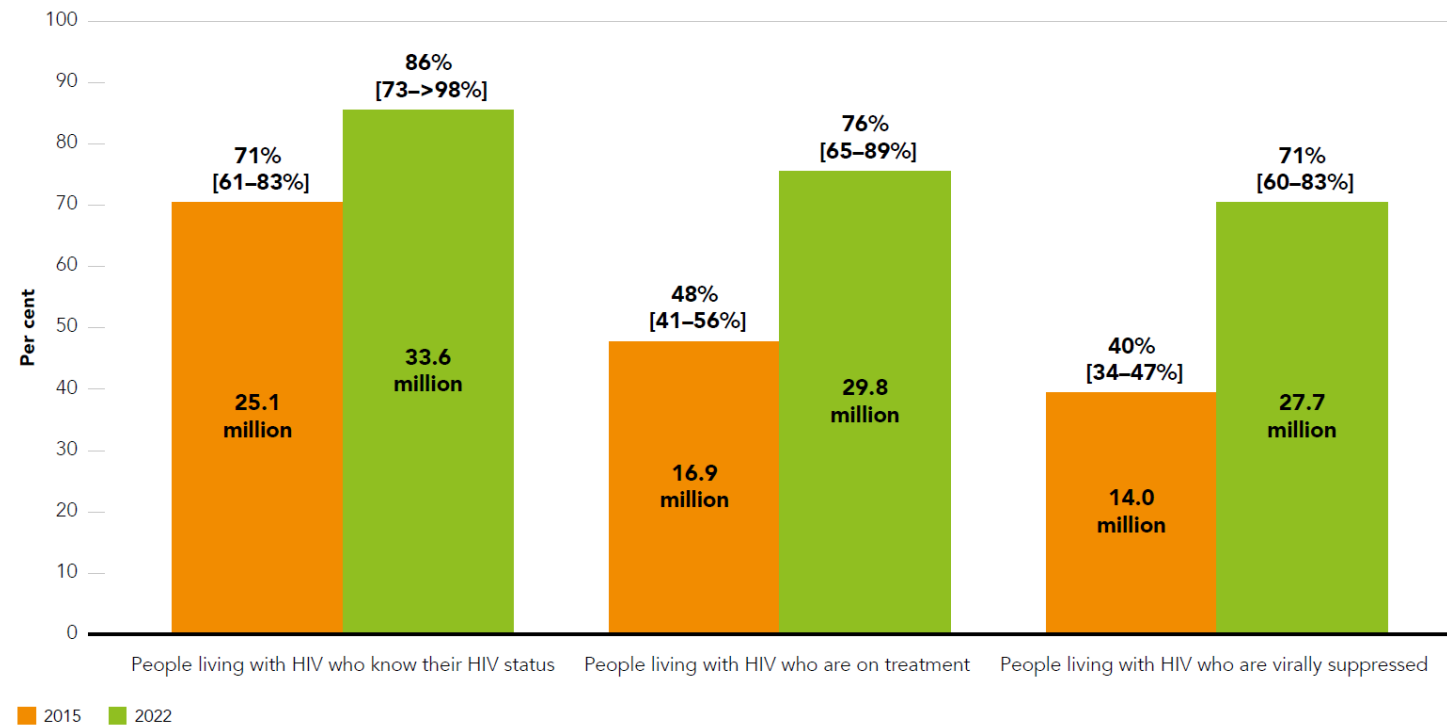
Number of TB-related deaths among people living with HIV, global, 2000–2021 and 2025 target



Source: Global tuberculosis report. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/363752>, accessed 17 July 2023).

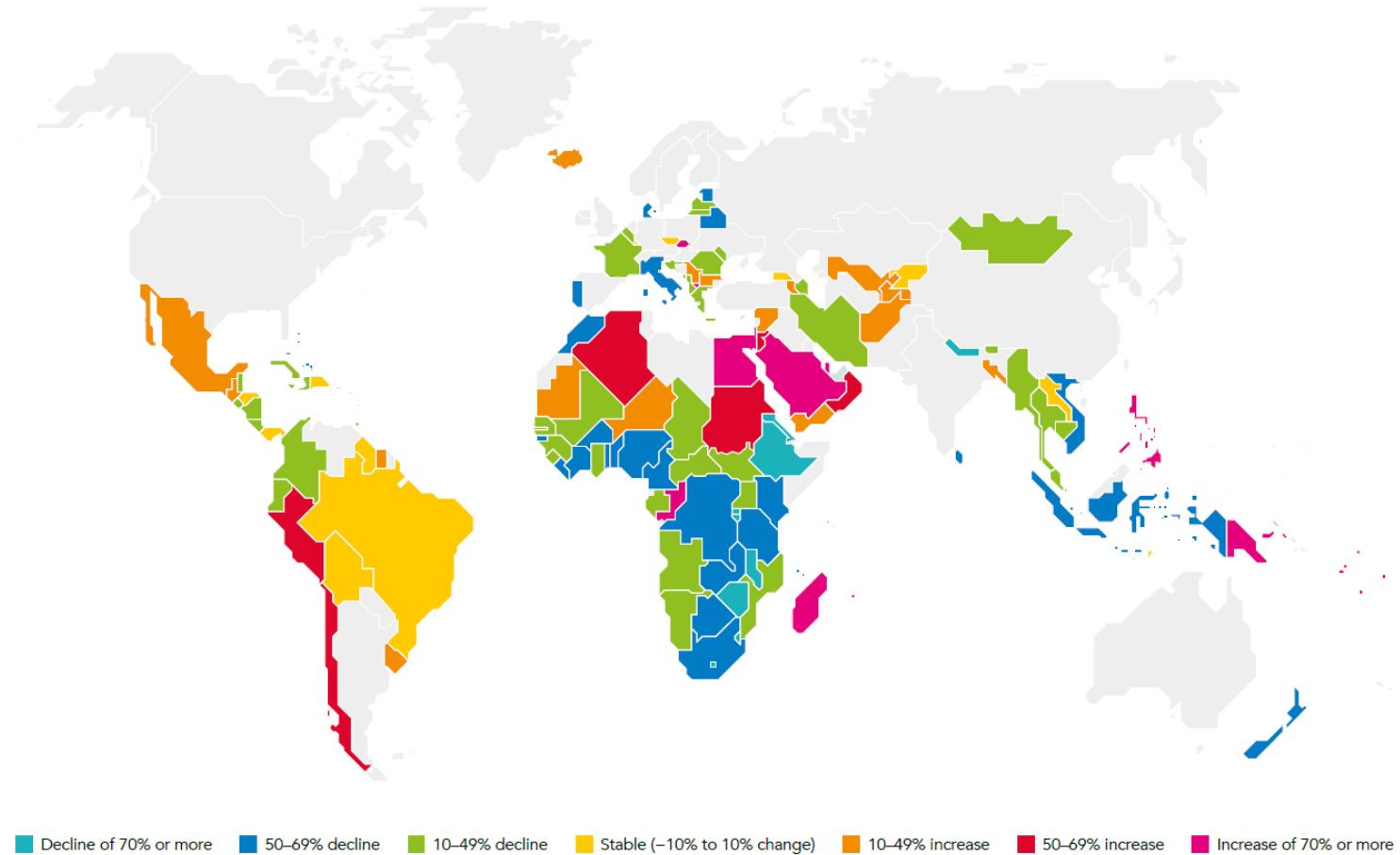
Impressive scale up in cascade since 2015

Percentage and number of people living with HIV who know their HIV status, are receiving antiretroviral therapy and are virally suppressed, global, 2015 and 2022



Source: UNAIDS special analysis of epidemiological estimates, 2023.

Change in number of new HIV infections, countries with available data, 2010–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

Priorities for HIV programmes

- **Double down on U=U:** maintain extremely high treatment coverage, retention and undetectable viral load
 - Alignment of individual health outcomes and epidemiologic outcomes
 - Integration with other health services; meet changing health needs of aging HIV population
- **Focus on timely diagnosis:** rapidly attain viral suppression → limit transmission opportunity
 - Easy access to HIV testing; increasingly through self-tests
 - High rates of testing among at-risk population with very low yield
 - Low levels of late diagnosis and advanced HIV disease
- **Nimble HIV prevention:** anticipate evolving individual needs and preferences in a reducing risk environment
 - Create a prevention programme that will not allow new infections to increase
 - Requires access, information, motivation, and options
- **Intensive key population services:** prevention services that meet the distinct needs of populations sustained in perpetuity

Thank You

