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Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

The path to ending AIDS – progress report on 2025 targets and solutions for the future

Report of the Secretary-General*

Summary

As mandated in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted on 8 June 2021 by the Assembly in its resolution 75/284, the present report serves to review progress towards realizing the targets and commitments set out in the Political Declaration and outline the work ahead. As the world prepares for the Summit of the Future in 2024 and the second World Summit for Social Development in 2025, the progress made in the AIDS response is a demonstration of what can be achieved when decision makers collaborate, follow science, tackle inequalities, protect everyone's human rights, let communities lead and invest what is needed as part of a global commitment to solidarity.

At a time when progress is lagging in achieving most of the Sustainable Development Goals, efforts to end AIDS as a public health threat by 2030 (as part of Goal 3.3) give hope and guidance.

Joint United Nations Programme on HIV/AIDS (UNAIDS) data show that, as of December 2022, 29.8 million of the 39 million (33.1 million–45.7 million) people living with HIV globally are receiving life-saving treatment. Access to antiretroviral therapy has expanded, in particular in sub-Saharan Africa and Asia. The estimated 1.3 million (1.0 million–1.7 million) new HIV infections in 2022 were the fewest in decades, with declines especially noticeable in regions with the highest HIV burden. Thanks to these achievements, along with progress towards targets for societal enablers (gender equality, tackling stigma and discrimination, decriminalization, and community-led responses), countries are better prepared to meet the challenges of the future.

* The present report was submitted to the conference services for processing after the deadline for technical reasons beyond the control of the submitting office.

As made clear in the present report, however, progress must not be cause for complacency. There were 630,000 (480,000–880,000) AIDS-related deaths in 2022. In sub-Saharan Africa, adolescent girls and young women (aged 15–24 years) are still at three times higher risk of acquiring HIV than adolescent boys and young men. Antiretroviral coverage is still too low, in particular for children (57 per cent, compared with 77 per cent among adults). Worldwide, key populations including people who inject drugs, gay men and other men who have sex with men, transgender people, sex workers, and their partners continue to be held back by stigma and discrimination and criminalizing laws. Further investments are needed in community-led HIV programmes to deliver transformational benefits for HIV and health globally, which is why UNAIDS launched a call to action to "let communities lead" on World AIDS Day in 2023. Protecting civic space and democratic participation, upholding the Universal Declaration on Human Rights and fostering the inclusion of all communities are essential.

Future HIV projections show that countries will need to prepare for ongoing treatment needs and establish systems that ensure that people age well with HIV. They will need to accelerate HIV prevention services and the societal enablers that make epidemic control possible. HIV prevention services will need to be nimble both to ensure that young people can protect themselves from HIV and to reach older adults. HIV services will need to be prepared to work in fragile and humanitarian contexts.

HIV responses succeed when they are anchored in strong political commitment, follow the evidence, have reliable and adequate funding, are community-led and tackle the inequalities and discrimination that deny people the services that can protect their health and well-being. The HIV response has shown the world that global solidarity, a whole-of-society approach to a complex health problem, and putting human rights and communities at the centre are a source of solutions for the future.

As we ramp up our collective efforts to meet the 2025 targets and prepare for the High-level Meeting on the Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS in 2026, we need sustained political leadership to end AIDS and build the foundations for a sustainable HIV response beyond 2030 and, in doing so, advance the Sustainable Development Goals and prepare for the challenges of the future.

I. Pathways to success in the HIV response

1. At the peak of new HIV infections two decades ago, the global AIDS pandemic seemed unstoppable. More than 2.5 million people were acquiring HIV, and AIDS was claiming 2 million lives each year. In parts of Southern Africa, AIDS was reversing decades of gains in life expectancy. Effective treatments had been developed but were available only at prohibitively expensive prices, limiting their use to a privileged few people.

2. Following the adoption of the Sustainable Development Goals in 2015, Member States adopted the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, at the High-level Meeting of the General Assembly on HIV/AIDS in 2021, and committed to achieving global targets that would put the world on course to reach the landmark goal of ending the AIDS pandemic by 2030, as set out in Goal target 3.3. The core targets require a reduction of the number of annual global new HIV infections to fewer than 370,000 and the number of AIDS-related deaths to under 250,000 by 2025.

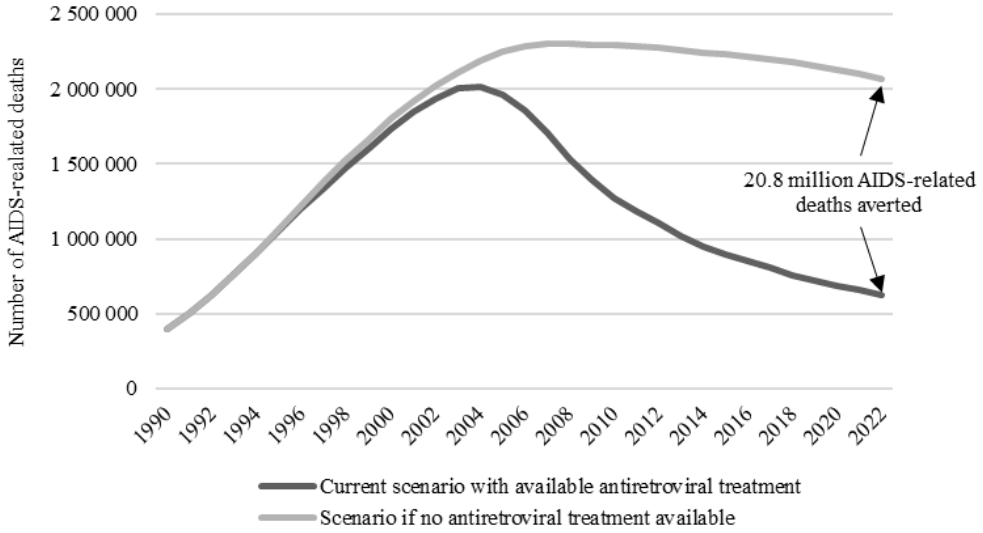
3. In 2022, 1.3 million (1.0 million–1.7 million) people were newly infected with HIV, compared with 3.2 million (2.5 million–4.3 million) in 1995.[1] Since 2010, new HIV infections have declined by 38 per cent. While there were still 630,000 (480,000–880,000) AIDS-related deaths in 2022, greater access to HIV treatment has averted almost 20.8 million AIDS-related deaths in the past three decades (see figure I).

4. Data submitted by countries to the Joint United Nations Programme on HIV/AIDS (UNAIDS) show that, globally, 76 per cent of people living with HIV (29.8 million of a total of 39 million (33.1 million–45.7 million)) are receiving life-saving treatment. Access to antiretroviral therapy has expanded massively in sub-Saharan Africa and Asia and the Pacific, which together are home to about 82 per cent of all people living with HIV.

5. Reaching these milestones, along with other targets to ensure equality, makes countries stronger and more resilient across a whole range of social measures, including in fragile contexts. Work remains to be done to lift the barriers to HIV services such as gender inequality, stigma and discrimination, and criminalizing laws (the aim of the “10-10-10” targets for social enablers), but countries are already better prepared to meet health and societal challenges of the future. The focus on inequalities and people-centred actions of the HIV response echoes the emphasis placed in the Sustainable Development Goals on inclusive, rights-based and equity-driven approaches that leave no one behind.

[1] Unless otherwise stated, data provided are epidemiological estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for 2023 and data reported by countries to UNAIDS through its annual Global AIDS Monitoring exercise.

Figure I
Number of AIDS-related deaths versus scenario without available antiretroviral therapy, 1990–2022



Source: Joint United Nations Programme on HIV/AIDS (UNAIDS) analysis of epidemiological estimates, 2023.

A. HIV testing, treatment and prevention are saving millions of lives

6. Globally, almost three quarters (71 per cent (60–83 per cent)) of people living with HIV in 2022 (76 per cent (65–89 per cent) of women and 67 per cent (57–78 per cent) of men living with HIV) had suppressed viral loads. For example, in 2022, Botswana, Eswatini, Rwanda and Zimbabwe achieved the 95-95-95 testing, treatment and viral load suppression targets in the general population, and at least 17 other countries (including 9 in sub-Saharan Africa) are close to doing so. The scale-up of HIV testing and timely diagnosis have played a critical role in achieving these results. Viral suppression enables people living with HIV to live long, healthy lives. When they have an undetectable viral load, a person has zero risk of transmitting HIV sexually.[2] What is often referred to as "U=U" (undetectable equals untransmissible) has had a remarkable effect on the AIDS pandemic globally.

7. The estimated 1.3 million (1.0 million–1.7 million) new HIV infections in 2022 were the fewest in decades (see figure II). The majority (55 per cent) of new HIV infections today are occurring among key populations, including gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs. Countries such as Lesotho, Malawi and Zimbabwe have seen a decline of more than 70 per cent in new HIV infections since 2010, which has been attributed to both the scale-up of comprehensive HIV prevention and effective HIV treatment programmes. The steepest drops in numbers of new infections have been among children (aged 0–14 years) and adolescents and young people (aged 15–24 years). Globally, in 2022, approximately 210,000 (130,000–300,000) adolescent girls and young women acquired HIV, half as many as in 2010. In the same year, 140,000 (67,000–210,000) adolescent boys and young men acquired HIV, a 44 per cent reduction compared with 2010. Young people have been targeted with effective interventions that should continue to be scaled up. Between 2010 and 2022, fewer

[2] World Health Organization, "The role of HIV viral suppression in improving individual health and reducing transmission", policy brief, July 2023.

new HIV infections in women, better outreach to pregnant women and higher coverage of treatment among people living with HIV led to a 58 per cent drop in the annual number of new infections in children globally to 130,000 (90,000–210,000), the lowest since the 1980s. Vertical transmission prevention programmes have averted 3.4 million new HIV infections in children since 2000.

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

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

B. HIV is a success story for multilateralism, putting people at the centre of global solidarity

8. The success of the response to HIV to date is one to celebrate. While there is more to be done, with 9.2 million people still in need of treatment and the number of new HIV infections rising in some countries, it is important to recognize this collective achievement. Community and civil society organizations, the private sector, unions, governments and the multilateral system have remained steadfast in their commitment first to reversing this pandemic and now to ending AIDS.

9. Multilateralism helps nations to confront complex global challenges through a universal approach. It is a tool of statecraft and a mindset, a way of doing things. The spirit of multilateralism is encapsulated in the phrase “together, we are stronger”. The response to HIV is an example of effective multilateralism. It is not only helping to move efforts towards Goal target 3.3 in the right direction, it is also yielding benefits far beyond that target.

10. The HIV movement has been successful in managing intellectual property laws and regulations by using a public health lens, as reaffirmed in the Doha Declaration on Trade-Related Aspects of Intellectual Property Rights and Public Health. The movement helped to secure affordable HIV medicines and other health products, making them available in many countries, and has created a template for broader health equity and universal health coverage (Sustainable Development Goal 3.8), including for sexual and reproductive health (Goal 3.7), tuberculosis (Goal 3.3), hepatitis C (Goal 3.3) and non-communicable diseases (Goal 3.4). In addition to saving millions of lives, HIV programmes have enhanced integrated health and other service delivery, laboratory systems, human resources, health information systems, have strengthened procurement and supply chain management systems, governance, supportive policies and laws and have strengthened community health systems.

11. International financing from bilateral and multilateral donors and foundations provides more than $8 billion annually for the HIV response in lower-middle-income countries. The Global Fund to Fight AIDS, Tuberculosis and Malaria, which receives contributions from more than 80 countries, and the President's Emergency Plan for AIDS Relief of the United States of America invest approximately $2.5 billion per year to strengthen health systems.[3]

12. Many lower-middle-income countries have increased domestic government spending on HIV in the past decade. However, several such countries still depend on international financing to support their HIV response. About 40 per cent of HIV funding in those countries in 2022 was sourced internationally. For example, funding from the Government of the United States through the President's Emergency Plan for AIDS Relief programme provides 74 per cent of all donor Government HIV funding ($6.1 billion in 2022). Continued international and multilateral support for the HIV response is essential to meet the global target of ending AIDS by 2030. Bilateral funding from all other donor Governments continued to decrease from $2 billion in 2011 to $300 million in 2022, continuing an alarming decade-long trend of declining support.[4]

13. The HIV response has excelled in building innovative partnerships and placing communities at the centre (Sustainable Development Goal 17). Among its hallmarks are its action-oriented partnerships – between community organizations and government authorities (especially at the local level), academic researchers and policymakers, activists and health practitioners, and pharmaceutical companies.

14. The coronavirus disease (COVID-19) pandemic exposed wide gaps in social protection coverage across all countries – the result of low levels of investment in social protection, especially in Africa and Asia. Free HIV testing and treatment in many dozens of countries across the world – a form of in-kind social protection – has already saved millions of lives. New evidence confirms that cash transfer programmes have wide-ranging health and social benefits, including the reduction of HIV vulnerability and risk.[5] Stronger social safety nets would add impetus to HIV efforts and bring the world closer to achieving numerous other Sustainable Development Goals.

15. A successful HIV response comes together through partnerships between countries, communities, donors, the private sector and UNAIDS. Through its unique

[3] See United States of America, Department of State, "PEPFAR's five-year strategy: fulfilling America's promise to end the HIV/AIDS pandemic by 2030" (Washington, D.C., December 2022), available at www.state.gov/pepfar-five-year-strategy-2022; UNAIDS financial estimates, July 2023.

[4] UNAIDS financial estimates, July 2023.

[5] See International Labour Organization, *World Social Protection Report 2020–2022: Social Protection at the Crossroads – In Pursuit of a Better Future* (Geneva, 2021).

partnership between 11 United Nations agencies and its Secretariat, UNAIDS leverages its multisectoral added value and expertise to support the HIV response in at least 85 countries. With pioneering initiatives such as the Global Alliance to End AIDS in Children,[6] the Education Plus Initiative[7] to keep girls in school in order to prevent HIV infection, and the Global Partnership to End Stigma and Discrimination,[8] UNAIDS is bringing partners around the table to advocate, generate new political commitments and deliver results against the 2025 targets.

16. The biggest breakthroughs are occurring in countries that have forged and maintained a strong political commitment to put people first and invest sufficiently in proven strategies. They have acted in line with the Universal Declaration of Human Rights to remove or defuse the societal and structural factors that put people in harm's way and prevent them from protecting their health and well-being – including criminalizing laws and policies, gender and other inequalities, stigma and discrimination, and human rights violations.

17. HIV programmes succeed when evidence-based public health priorities prevail, as experiences in multiple countries attest. Cameroon, Nepal and Zimbabwe have achieved major reductions in new HIV infections owing to focused prevention programmes.[9] Thailand is on its way to achieving the 95-95-95 targets and has integrated stigma and discrimination reduction into the national HIV plan and universal health coverage policies and health benefit packages as well as key population-led service delivery.[10]

18. The removal of laws that target people living with HIV and key populations and concerted efforts to end HIV-related stigma and discrimination are high priorities. Stronger accountability of both rights holders and duty bearers such as health-care providers can help to stop stigma and discrimination.

19. Promoting gender equality and eliminating sexual and gender-based violence is essential. Across six high-burden countries in sub-Saharan Africa, women exposed to physical or sexual intimate partner violence in the previous year were 3.2 times more likely to have acquired HIV recently than those who had not experienced such violence.[11] Violence also affects key populations, and more than 29 per cent of transgender people report experiencing violence in the past 12 months,[12] resulting in increased vulnerability to HIV and poorer health outcomes.

20. The achievements in the global HIV response have positively affected broader national developments and add to progress towards several other Sustainable Development Goals. By protecting the lives and livelihoods of millions of people,[13]

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[6] See www.unaids.org/en/topic/alliance-children.

[7] See www.unaids.org/en/topics/education-plus.

[8] See www.unaids.org/en/topic/global-partnership-discrimination.

[9] See UNAIDS, *The Path That Ends AIDS: Global AIDS Update 2023* (Geneva, 2023).

[10] See Ravipa Vannakit and others, "Give the community the tools and they will help finish the job: key population-led health services for ending AIDS in Thailand", *Journal of the International AIDS Society*, vol. 23, No. 6 (June 2020).

[11] See Salome Kuchukhidze and others, "The effects of intimate partner violence on women's risk of HIV acquisition and engagement in the HIV treatment and care cascade: a pooled analysis of nationally representative surveys in sub-Saharan Africa", *The Lancet HIV*, vol. 10, No. 2 (February 2023).

[12] See Tonia Poteat and others, "Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People", *Journal of Acquired Immune Deficiency Syndromes*, vol. 72 (15 August 2016); see also UNAIDS Global AIDS Monitoring data, 2023, available at https://aidsinfo.unaids.org.

[13] See Henning Schröder and others, "Intergenerational spillover effects of antiretroviral therapy in sub-Saharan Africa: a scoping review and future directions for research", *BMJ Global Health*, vol. 8, No. 4 (April 2023).

HIV programmes are shielding those people against poverty, exclusion, comorbidities and food insecurity, enabling them to financially support the schooling of their children and contributing to the ongoing reduction of child and maternal mortality as well as healthy ageing and overall well-being and quality of life across the life cycle.

C. Expanded community-led HIV responses

21. On World AIDS Day in 2023, UNAIDS put out a global call to action to "let communities lead". The contribution of the community-led organizations to the HIV response has helped to tackle other pandemics and health crises, including the COVID-19, mpox and Ebola viruses. Letting communities (of young people, women, key populations or people living with, at risk of and affected by HIV) lead in the response builds healthier and stronger societies.

22. Community-led organizations have long been the backbone of the HIV response. They raise the alarm about human rights violations and service failings, propose improvements[14] and hold governments accountable.[15] Even in challenging conditions, they excel at providing people-centred services to underserved populations.[16] Investing in community-led HIV programmes delivers transformational benefits. Among sex workers reached by a package of peer-based services in the United Republic of Tanzania, the HIV incidence rate was reduced by more than half (from 10.4 per cent to 5 per cent).[17]

23. Women-led networks have advocated tirelessly and effectively to raise key issues of concern to women living with HIV, including comorbidities (such as cervical cancer), multiple and intersecting forms of discrimination against women in all their diversity, sexual and reproductive health and rights, psychosocial support, gender-based violence, the development of treatments that work for women (including ensuring compatibility with contraceptives and hormones), the specific needs of women from key populations, and raising awareness of the links between HIV, health and other aspects of the lives of women and girls.[18]

24. Many communities, however, continue to face barriers to their leadership while major new investments are still required to achieve the 30-80-60 targets[19] for community-led HIV services. Community-led responses are underrecognized, underresourced, and in some places even under attack. Globally, the proportion of total HIV funding going to communities has fallen in the past 10 years from 31 per

[14] See Solange Baptiste and others, "Community-led monitoring: when community data drives implementation strategies", *Current HIV/AIDS Reports*, vol. 17 (31 July 2020).

[15] See Gemma Oberth and others, "Understanding gaps in the HIV treatment cascade in eleven West African countries: findings from a regional community treatment observatory", Working Paper (Cape Town, Centre for Social Science Research, 2019). Available at https://humanities.uct.ac.za/cssr/understanding-gaps-hiv-treatment-cascade-eleven-west-african-countries-findings-regional-community.

[16] See Charles Ssonko and others, "Delivering HIV care in challenging operating environments: the MSF experience towards differentiated models of care for settings with multiple basic health care needs", *Journal of the International AIDS Society*, vol. 20, No. S4 (21 July 2017).

[17] See Deanna Kerrigan and others, "Project Shikamana: community empowerment-based combination HIV prevention significantly impacts HIV incidence and care continuum outcomes among female sex workers in Iringa, Tanzania", *Journal of Acquired Immune Deficiency Syndromes*, vol. 82 (1 October 2019).

[18] See Keren Dunaway and others, "What will it take to achieve the health and reproductive rights of women living with HIV?" *Women's Health*, vol. 18 (January–December 2022).

[19] Under the 30-80-60 targets, by 2025, communities will deliver 30 per cent of testing and treatment services, 80 per cent of HIV prevention services and 60 per cent of programmes supporting the achievement of societal enablers. See www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

cent in 2012 to 20 per cent in 2021.[20] Funding shortages, policy and regulatory hurdles, capacity constraints, crackdowns on civil society and attacks on the human rights of marginalized communities are obstructing the progress of HIV services.

II. Reaching people left behind to secure progress by 2025

25. The gains made against AIDS are a major public health achievement, in particular in the absence of a vaccine capable of protecting against infection or a cure. However, in a world marked by intersecting inequalities, not everyone is benefiting. Millions are still missing out on HIV treatment, gender inequalities and stigma and discrimination continue to be major barriers, and there is untapped potential for HIV prevention, yet the funding gap is widening. Now is not the time for complacency.

A. Reaching more than 9 million people with HIV treatment

26. Notwithstanding the progress made, AIDS claimed one life every minute in 2022. Globally, in 2022, about 9.2 million people living with HIV were not receiving HIV treatment, and about 2.1 million people were receiving treatment but were not virally suppressed. Treatment progress is especially slow in Eastern Europe and Central Asia and in the Middle East and North Africa, where only about half of the more than 2 million people living with HIV were receiving antiretroviral therapy.

27. Treatment coverage is lagging for children (aged 0–14 years) and among adolescents, leading to lower rates of viral load suppression among them. Some 660,000 children living with HIV – about 43 per cent of the 1.5 million (1.2 million–2.1 million) children living with the virus – were not receiving treatment in 2022. Men living with HIV were still significantly less likely than women living with the virus to be on treatment and therefore also much less likely to be virally suppressed, in particular in sub-Saharan Africa, the Caribbean and Eastern Europe and central Asia.

28. Despite successes in expanding the availability of HIV testing and treatment worldwide, advanced HIV disease[21] remains a major reason for the continuing high numbers of AIDS-related deaths. The most common causes of death among adults with advanced HIV disease are tuberculosis, cryptococcal meningitis and other severe infections. There is now growing concern about the prevalence of advanced HIV disease and mortality among people who started and then stopped HIV treatment but are now returning to HIV care.

B. Closing gender inequalities for HIV in adolescent girls and young women

29. Among adolescent girls and young women aged 15 to 24 years, there were 4,000 new HIV infections every week globally. Women in key populations are also at high risk of acquiring HIV, as they experience compounded gender and social inequalities that restrict their access to HIV prevention, testing and treatment services. Long-standing gender inequalities, discrimination and poverty deny many women and adolescent girls economic autonomy, deprive them of control over their physical and mental health, including sexual and reproductive health and rights, and expose them

[20] See UNAIDS, *Let Communities Lead*, World AIDS Day Report 2023 (Geneva, 2023).

[21] Advanced HIV disease is defined by the World Health Organization (WHO) as having a CD4 cell count below 200 cells/mm^3 or symptomatic HIV disease.

to the risk of emotional and bodily harm.[22] Gender-related disparity in new HIV infections is grounded in social determinants such as harmful gender norms, gender-based violence, unequal access to secondary education and unequal economic opportunities. All these factors can increase the risk of HIV, in particular in sub-Saharan Africa, and more acutely when conflict, new pandemics or climate-related disasters arise.[23]

30. Some 82 per cent of adolescent girls and young women who acquired HIV in 2022 live in sub-Saharan Africa, including two thirds in Eastern and Southern Africa, where HIV incidence among adolescent girls and young women is more than three times higher than among their male counterparts.

31. For adolescent girls and young women living with HIV, programmes must do better to ensure that they can access youth-friendly, convenient HIV and sexual and reproductive health services and can live well, including in humanitarian contexts. Programmes need to draw together biomedical tools and behavioural, cultural and structural interventions.[24] An array of options, including oral pre-exposure prophylaxis (PrEP), the dapivirine vaginal ring, injectable cabotegravir and condoms, should be available for all women, including adolescent girls and young women.

32. Successful interventions for adolescent girls and young women should address multiple underlying structural factors affecting them, provide them, for example, with comprehensive sexuality education, access to secondary education, sexual and reproductive health and family planning services, prevent gender-based violence and promote economic empowerment. Evidence shows that social protection instruments, in particular food support, can reduce HIV-related vulnerabilities and negative coping strategies in adolescent and young girls.[25]

33. Far more ambitious interventions are needed to advance gender equality. Transforming harmful gender norms among men and boys will decrease vulnerability for all, including men, their partners and their children. Targeted interventions at the community level to make services available to all, engage men and boys, ensure that they are knowledgeable about HIV and encourage practices and behaviours that promote health and well-being and advance gender equality are essential.[26]

C. Tapping the potential for HIV prevention for key populations

34. More than half (55 per cent) of new HIV infections among people aged 15–49 years in 2022 globally occurred among key populations including people who inject drugs, gay men and other men who have sex with men, transgender people, sex workers, and their sexual partners. This represents an increase compared with 2010, when the estimated proportion was 44 per cent. New HIV infections declined by 35

[22] See Cindy Leung Soo and others, “Socioeconomic factors impact the risk of HIV acquisition in the township population of South Africa: a Bayesian analysis”, *PLOS Global Public Health*, vol. 3, No. 1 (26 January 2023); see also WHO, *Violence against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Global and Regional Prevalence Estimates for Non-Partner Sexual Violence against Women* (Geneva, 2021).

[23] See E/CN.6/2024/6.

[24] See Karen Hardee and others, “What HIV programs work for adolescent girls?”, *Journal of Acquired Immune Deficiency Syndromes*, vol. 66 (1 July 2014).

[25] See Andrea Low and others, “Food insecurity and the risk of HIV acquisition: findings from population-based surveys in six sub-Saharan African countries (2016–2017)”, *BMJ Open*, vol. 12, No. 7 (July 2022).

[26] See WHO, *Men and HIV: Evidence-based Approaches and Interventions. A Framework for Person-centred Health Services* (Geneva, 2023).

per cent between 2010 and 2022 in the overall population aged 15–49 years but only by 11 per cent among key populations.

35. Almost a quarter of new HIV infections among all ages in 2022 (23 per cent) were in Asia and the Pacific, where numbers of new HIV infections are rising alarmingly in some countries. Steep increases in numbers of new HIV infections have continued in Eastern Europe and Central Asia since 2010 (49 per cent increase) and the Middle East and North Africa (61 per cent increase).

36. Absolute annual numbers of new HIV infections among men who have sex with men increased by 11 per cent and among transgender women by 3 per cent from 2010 to 2022. In 2022, the relative risk of acquiring HIV was 14 times higher for people who inject drugs than in the wider population globally, 9 times higher for sex workers, 23 times higher for men who have sex with men and 20 times higher for transgender women.[27]

37. Discrimination, stigma and criminalization, as well as human rights violations and compounded gender inequalities, are preventing access to and/or availability of services for key populations, leading to unequal progress in the HIV response for those populations and their sexual partners.[28]

38. Failure to protect people within key and other priority populations against HIV, including in humanitarian settings, will prolong the pandemic indefinitely, at huge cost to the affected communities and societies. Those implementing the global HIV response must work to increase the access of key populations to high-quality testing, prevention, including PrEP and harm reduction, and treatment services, with a focus on peer-led services provided by community-led organizations. Young people from key populations require scaled-up youth-friendly services. Barriers to access must be reduced, and services must expand to reduce unmet needs.

D. Tackling stigma and discrimination

39. An analysis of People Living with HIV Stigma Index 2.0 Stigma Index 2.0 studies in 25 countries between 2020 and 2023 showed that 13.0 per cent of people living with HIV had reported one or more experiences of stigma and discrimination where they received their HIV care in the previous 12 months and that 24.9 per cent had reported such experiences when seeking non-HIV-related health care.[29] Ridding health-care facilities of discrimination and addressing HIV-related stigma are crucial, along with removing laws and practices that make people, in particular those from key populations, distrustful or fearful of accessing health services. Revising discriminatory age-of-consent laws that prevent young people from accessing the services that they need is also essential.

40. Notwithstanding some positive changes, laws that criminalize people from key populations remain on the statute books across much of the world. Most countries (145 of 173 reporting countries, i.e. 84 per cent of countries with available data) still criminalize the possession of small amounts of drugs, 168 countries criminalize some aspect of sex work, 65 countries criminalize consensual same-sex intercourse, 20

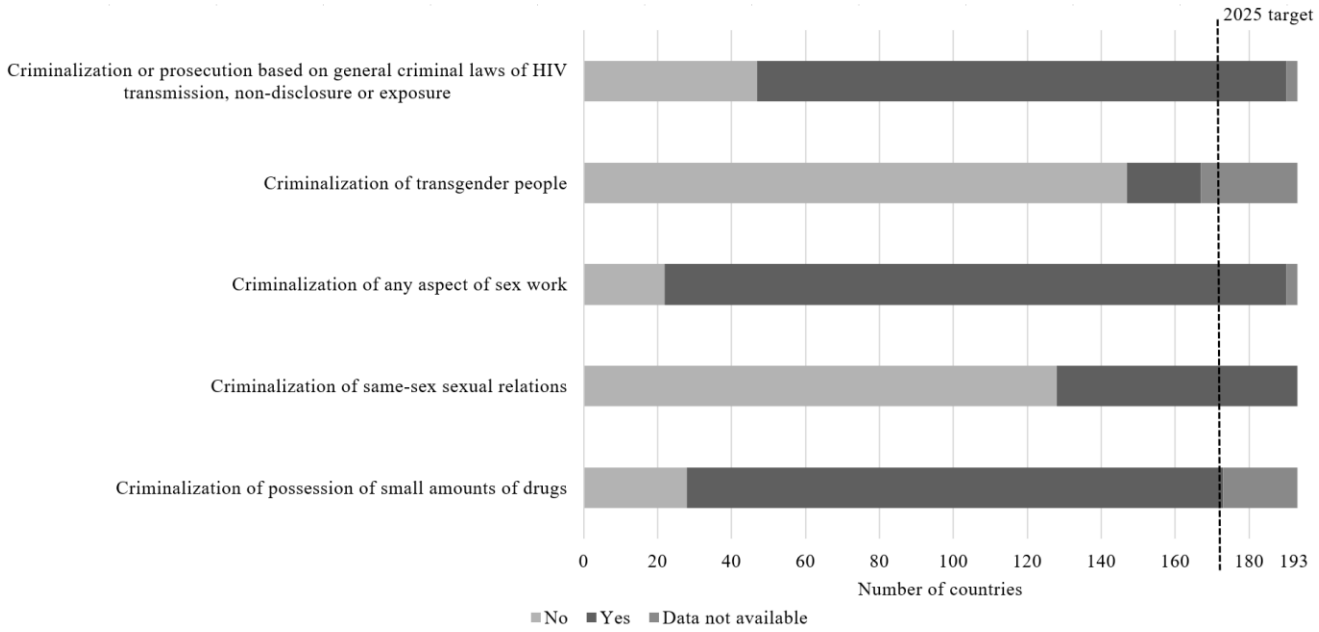
[27] See Eline L. Korenromp and others, “New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation”, *Journal of Acquired Immune Deficiency Syndromes*, vol. 95 (1 January 2024).

[28] See UNAIDS, “New HIV infections data among key populations: proportions in 2010 and 2022”, 25 March 2024. Available at https://www.unaids.org/sites/default/files/media_asset/new-hiv-infections-data-among-key-populations-proportions_en.pdf.

[29] See Global Network of People Living with HIV (GNP+), Hear us out community measuring HIV-related stigma and discrimination”, People Living with HIV Stigma Index 2.0: Global Report 2023 (Amsterdam, 2023). Available at https://gnpplus.net/wpcontent/uploads/2024/03/PLHIV-Stigma-Index-Global-Report-2023-2.pdf .

countries criminalize transgender people, and 143 countries criminalize or otherwise prosecute HIV non-disclosure, exposure or transmission (see figure III). These laws remain in place despite United Nations guidance to the contrary.[30]

Figure III
Countries with discriminatory and punitive laws, global, 2023



Source: UNAIDS National Commitments and Policy Instrument, 2017–2022, supplemented by additional sources, 2023 (see http://lawsandpolicies.unaids.org).

41. States have an obligation to protect against violence, in particular in prisons.[31] An increasing number of countries provide some HIV-related services in prisons and other closed settings, but there is an urgent need to scale up the availability, coverage and quality of evidence-based interventions as well as stronger actions against gender-based violence. Discriminatory and harmful criminal laws that lead to the overincarceration of people living with, at risk of and affected by HIV should also be reformed or removed.

E. Closing the widening funding gap

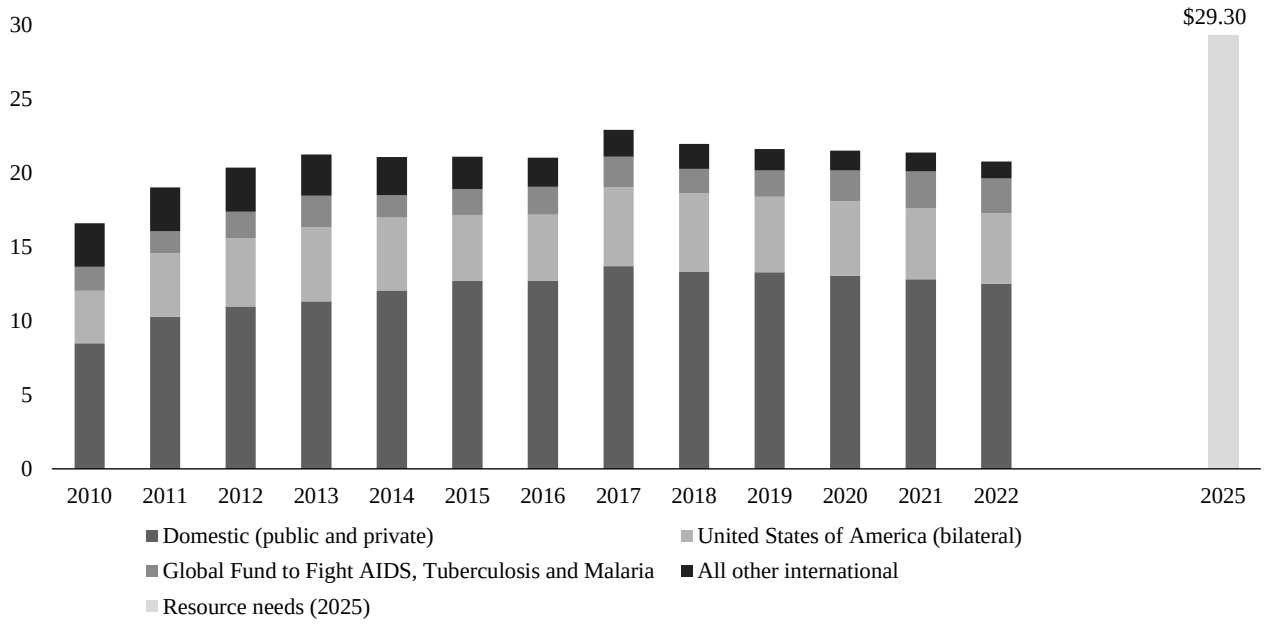
42. A backdrop to many of the remaining challenges is the widening funding gap for the global HIV response. A total of $20.8 billion was available for HIV programmes in lower-middle-income countries in 2022 – 2.6 per cent less than in 2021 and well short of the $29 billion needed by 2025 (see figure IV). Having increased substantially in the early 2010s, HIV funding has fallen back to the same level as in 2013. Furthermore, domestic HIV funding available in 2022 was more than 2 per cent lower than in 2021, the third consecutive year of decline. The decrease in domestic spending, which served as the primary driver behind the increase in HIV resources over the past decade, is partly attributed to a more constrained

[30] See *Protecting Minority Rights: A Practical Guide to Developing Comprehensive Anti-Discrimination Legislation* (United Nations publication, 2023); see also www.ohchr.org/en/statements/2022/12/comprehensive-anti-discrimination-legislation-must-be-priority-say-un-experts.

[31] See www.unodc.org/unodc/justice-and-prison-reform/nelsonmandelarules.html.

macroeconomic environment and the COVID-19 pandemic and in some cases is a positive impact of countries achieving efficiency in procurement prices of antiretroviral and other commodities. This context underscores the significance of developing overall sustainability road maps, wherein domestic financing, among other dimensions, will play a pivotal role. Urgent action is needed to increase domestic and international funding commitments and bridge the growing gap in HIV response financing, ensuring adequate resources to meet the target of $29 billion by 2025 and to reverse the declining trend observed in recent years.

Figure IV
Resource availability for HIV in low- and middle-income countries by source of funding, 2010–2022 and 2025 targets
(Billions of United States dollars)



Sources: UNAIDS financial estimates and projections, 2023 (http://hivfinancial.unaids.org/hivfinancialdashboards.html) and Stover J., Glaubius R., Teng Y. and others, "Modelling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030", *PLOS Medicine*, vol. 18, No. 10 (18 October 2021).
Note: The resource estimates are presented in constant 2019 United States dollars. The countries included are those classified by the World Bank in 2020 as low- and middle-income.

43. UNAIDS analysis shows that, where HIV prevention funding has increased, HIV incidence has declined. Currently, the regions with the biggest funding gaps – Eastern Europe and Central Asia and the Middle East and North Africa – are making the least headway against their HIV epidemics. Some countries where HIV incidence is declining, including the Dominican Republic, India, Kyrgyzstan and Togo, are putting between 3 and 16 per cent of HIV spending towards prevention programmes for people from key populations. More funding for prevention programmes, in particular among key populations, is badly needed.

III. Sourcing solutions for a sustainable future

44. While progress is being made on the path to ending AIDS, awareness is increasing that HIV-related interventions will still be required after 2030 to sustain and safeguard the gains made. Merely continuing HIV services as they are will not

lead to sustainability beyond 2030. Achieving and maintaining epidemic control require strong partnerships, sufficient and stable resources, investment in experienced local organizations and communities, leadership at the health facility level, and joint planning and coordination.[32]

A. Multisectoral political and community leadership

45. Strong multisectoral political commitment to the HIV response will continue to be essential in the future.[33] The HIV response provides a whole-of-society approach at the national level, and multisectorality remains its cornerstone – the education, social protection, gender equality and labour sectors will all play an essential role going forward. Broader health programmes can be improved using the best practices of the HIV programmes and vice versa to achieve efficient integration. Access to innovative products, including products developed through domestic production and generic manufacturing, should be increased for all. Effective country- and community-led management of the response will be crucial to success in a transition.

46. Management systems that are built on strong local and institutional capacities to deliver effective, context-specific, people-centred, integrated HIV services for equitable and sustained impact, working in partnership with community-led organizations, will be essential. These should include people-centred surveillance, data, human resources, and the health and social systems, without compromising quality and effectiveness.

47. Communities of people living with, at risk of and affected by HIV, key populations, women and girls, in particular adolescent girls and young women, and other affected communities will need to continue to guide the response. Community-led organizations are best placed to guide needs and accountability, deliver programmes, monitor integration and support a transition to a secure resilient response to HIV well into the future. The HIV response is a recognized model for how communities of people affected should be engaged and financially supported to participate in all aspects of development programmes.

48. National AIDS coordinating authorities were established to consolidate national HIV responses by providing strategic leadership and coordinating multisectoral (or multi-ministerial) and multi-stakeholder activities. The authorities have gained important experience in leveraging the multisectoral infrastructure built around the HIV response for broader public health responses. This is reflected in their expanded mandates, which increasingly include sexually transmitted infections, tuberculosis, health education and demand creation, community engagement, and resource mobilization and allocation for public health. This amplified role became especially visible during the COVID-19 pandemic. Sustaining effective leadership of those authorities to secure gains, bridge disparities and expedite progress on the HIV response, broader health programmes and pandemic preparedness will be important going forward.[34]

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[32] See Jessica Chiliza and others, “Program sustainability post PEPFAR direct service support in the Western Cape, South Africa” *PLOS ONE*, vol. 16, No. 5 (24 May 2021).

[33] Abigail H. Neel and others, “HIV programme sustainability in Southern and Eastern Africa and the changing role of external assistance for health”, *Health Policy and Planning*, vol. 39, No. 1 (January 2024).

[34] See the HIV Leadership Forum, “Sustaining Effective Leadership to Secure Gains, Bridge Disparities and Expedite Progress”, October 2023. Available at https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/naca_hiv_prev_en_dig.pdf.

B. HIV prevention and treatment programmes

49. Science-driven, effective, gender-responsive, human rights-based and high-impact HIV prevention and treatment programmes that ensure the well-being of people living with, at risk of and affected by HIV will need to be at the centre of a sustainable response to HIV. Maintaining high levels of treatment coverage and viral load suppression is essential for the good health, longevity, sexual and reproductive health, and well-being of people living with HIV and of their loved ones. Treatment programmes will need to continue to evolve and deliver options as patient needs change as a result of life-long antiretroviral therapy, and they will need to include sustained viral load and CD4 monitoring and identify and care for advanced HIV disease and comorbidities. HIV acquisition compounds the risks associated with ageing by independently increasing the risks of cardiovascular disease, malignancies, diabetes and chronic respiratory diseases.[35] HIV treatment and other services may be increasingly integrated into primary health care and linked with services providing care for non-communicable diseases and chronic illness. Eliminating gaps in HIV treatment coverage, in particular in children and young people, will need to be a priority.

50. Keeping the rate of new HIV infections low will require the continued provision of information on HIV, comprehensive sexuality education, early diagnosis and easy access to HIV testing for the populations who need it. Effective HIV prevention will need to be centred on individual choice, including condoms, PrEP, harm reduction, HIV prevention literacy and key population-led HIV services.[36] It will enable the early diagnosis and treatment of people with HIV, support retention on treatment and serve as an important tool for re-engagement in HIV care and for monitoring and surveillance of the pandemic.

51. Individual preferences and decisions about HIV prevention will change in contexts where the rate of new HIV infections has been significantly reduced.[37] Central to future approaches should be the individual right to health, choice, and the integration of services and care. Core HIV prevention activities such as the prevention of vertical transmission will need to be accessible to all members of the population, including young people. The successes of Botswana and Malawi in reducing their vertical HIV transmission rates by 83 and 74 per cent, respectively, offer inspiration and practical lessons on achieving very high coverage of HIV testing and treatment among women overall, as part of the drive in those countries to "treat all". This enables women living with HIV to start antiretroviral therapy before becoming pregnant and to achieve and sustain viral load suppression. The triple elimination initiative[38] aimed at eliminating the vertical transmission of HIV, syphilis and hepatitis B will be a useful broader entry point for countries. In addition, it will be important for prevention interventions to be focused on meeting the needs of those who demand them, those who would benefit the most and, in particular, key populations.

52. Opportunities for improved quality of care and effectiveness in the HIV response should be leveraged – including through antenatal and postnatal care for

[35] See Kiplagat J and others, "How health systems can adapt to a population ageing with HIV and comorbid disease", *The Lancet HIV*, vol. 9, No. 4 (April 2022).

[36] See Geoff P. Garnett, "Reductions in HIV incidence are likely to increase the importance of key population programmes for HIV control in sub-Saharan Africa", *Journal of the International AIDS Society*, vol. 24, No. S3 (July 2021).

[37] See Newton Otecko and others, "HIV transmission clusters in Zambia are smaller than in Europe: evidence from the HPTN-071 (PopART) study and the BEEHIVE study", data presented at the twelfth International AIDS Society Conference on HIV Science, Brisbane, Australia, July 2023. Available at https://plus.iasociety.org/sites/default/files/2023-11/e-poster_885.pdf.

[38] See www.who.int/initiatives/triple-elimination-initiative-of-mother-to-child-transmission-of-hiv-syphilis-and-hepatitis-b.

pregnant women and their children, sexual and reproductive health for all, tuberculosis and other communicable disease services, non-communicable disease and mental health services, primary health care and universal health coverage. Health programmes can learn from the best practices of the HIV programmes and vice versa to achieve efficient integration. Convergent actions[39] that simultaneously advance both HIV and primary health-care goals should be identified and implemented.

C. Upholding the right to health and a multisectoral approach

53. A strong focus on reducing stigma and discrimination and on gender-responsive and human rights-based HIV responses will be essential. These are barriers that continue to hinder the reach of HIV programmes and that will need to be addressed through a multisectoral approach that upholds the right to health for all. Enabling laws and policies are required that support equitable, accessible and high-quality HIV services that leave no one behind and come with strong community leadership and engagement. It is important to support efforts to remove harmful laws, including those that criminalize same-sex sexual relations, HIV exposure, non-disclosure and transmission, drug use, and sex work. Improving the legal recognition of transgender people will be an essential step. The reduction of HIV-related stigma and discrimination needs to be sustained and integrated into HIV programmes both for the health and well-being of people living with, at risk of and affected by HIV and to ensure that key populations and young people are reached with services that they need.

54. Many challenges remain, including the affordability of new health technologies, with long-acting injectable PrEP one of several current examples. A voluntary licensing deal struck in 2022 allows about 90 countries to purchase less expensive generic versions of this powerful prevention tool. However, it could take years before generic manufacturing of the medicine will produce commodities at scale, and several upper-middle-income countries with substantial HIV epidemics were not included in the licensing deal. Gender-related barriers that prevent access to and use of these new technological advances for women, in particular adolescent girls and young women, need to be lifted. Removing these hurdles would give HIV prevention a major boost.

D. Domestic, private-sector, international and innovative financing

55. Increased domestic and continued international financing that is adequate, sustainable and equitable remains essential for the future of the HIV response. The future of HIV funding will rest on multiple interventions, including integrating HIV financing into national benefits packages and public health budgets, ensuring sustainable financing and the institutionalization of community-led programmes, closing the funding gap for key and vulnerable populations (also in humanitarian and fragile contexts) and maintaining donor funding.

56. Increasing domestic resource mobilization is a key lever for ending AIDS as a public health threat, including through innovative, sustainable and equitable financing – from taxes to blended instruments delivered by and with development banks and development finance institutions, or the acceleration of policies to curb illicit financial flows – to enlarge fiscal space in order to accommodate increased investment in the health, education and social sectors. Improved de-risking and other innovative financing instruments and more concessional and affordable financing are necessary to enhance investments in the responses to HIV and pandemics and in health. Reforming an outdated global financial architecture that has proved

[39] See WHO, *Primary Health Care and HIV: Convergent Actions. Policy Considerations for Decision-Makers* (Geneva, 2023).

ineffective in times of crises is necessary to reduce inequalities and create safety nets for developing countries and would benefit the prospects of such financing opportunities for health and the pandemic and HIV responses.

57. Stronger social protection and social safety nets with cash transfer elements, and including HIV dimensions, would add impetus to HIV efforts and bring the world closer to achieving numerous other Sustainable Development Goals. The private sector continues to play a critical role in many countries through its contribution to the HIV response by means of workplace and care policies and could be further leveraged. In South Africa, the South African National AIDS Council launched its first private-sector forum strategic plan in 2022, recognizing that 83 per cent of the country's workforce is in the private sector and has an essential role to play,[40] as has been shown through programmes in the mining industry.[41]

58. In keeping with the holistic, people-centred approach to the HIV response in the Global AIDS Strategy, UNAIDS and partners have proposed a sustainability framework outlining key components required across all countries to achieve the global AIDS targets for 2025 and 2030 and sustain these gains beyond 2030, with equity, regardless of the HIV epidemic status and country context, including in humanitarian settings.

IV. Recommendations

59. Successful responses to HIV, one of the most significant challenges of our time, have thrived through the engagement of multiple sectors and stakeholders. They are guided by principles of multilateralism, of respect for human rights and of community and country leadership, which are also reflected in the report of the Secretary-General on Our Common Agenda (A/75/982) and serve as compass points for the Sustainable Development Goals. The forthcoming Summit of the Future will be an opportunity to consolidate these principles and build on them. The HIV response puts people first, confronts inequalities, upholds human rights and forges trust between public authorities and affected communities. Strengthening how we work in synergy with the agenda of the Summit of the Future, with strengthened international cooperation, a reformed global financial system, inclusive governance, equitable access to innovation and respect for human rights, will move the world within reach of ending the HIV pandemic, and it will add fresh momentum towards achieving a range of Goals and lay the foundations of a sustainable HIV response.

60. To put the world on track to end AIDS as a public health threat by 2030, accelerate progress towards the Sustainable Development Goals and source solutions towards a sustainable future, Member States and stakeholders are encouraged to fully implement the recommendations below.

Recommendation 1: Urgent action to reach people left behind on the path to end AIDS through continued efforts to reach the 2025 targets for HIV prevention, testing and treatment services and societal enablers, including in humanitarian and fragile settings

61. Member States are urged to address the gaps in HIV prevention, testing and treatment services and the social, structural and systemic factors that generate and perpetuate HIV-related inequalities, by:

[40] See South African National Aids Council Private Sector Forum, "SANAC PSF Strategic Plan 2022", available at https://sanac.org.za/wp-content/uploads/2022/03/FINAL-SANAC-PSF-Strategy_Text-Pages_15-March-2022_.pdf.

[41] See www.mineralscouncil.org.za/work/masoyise.

(a) Reviewing progress towards the 2025 HIV prevention, testing and treatment targets and identifying sustainable solutions to strengthen people-centred services, including through a primary health-care approach and community-led services and through the development of HIV prevention action plans;

(b) Implementing strategies to remove barriers in the HIV response (including stigma and discrimination), recommitting to a human rights-based approach to health, closing the gender and age gaps, accelerating efforts to end AIDS in children and addressing the HIV-related needs of key populations that are being left behind;

(c) Delivering a multisectoral approach to services, in particular access to education, including comprehensive sexuality education, access to sexual and reproductive health services, addressing violence against women and girls and key populations and promoting human rights and gender equality, economic empowerment and justice.

Recommendation 2: Sustainable and equitable funding

62. Member States are urged to increase domestic and international donor allocations for the HIV responses of lower-middle-income countries to enable funding to reach $29 billion annually by 2025, including through:

(a) Greater investments in HIV prevention and societal enablers, as set out in the Political Declaration on HIV and AIDS of 2021;

(b) Supporting sustainability by the appropriate integration of HIV-related needs into broader health and development budgets;

(c) Efforts towards reducing the prices of medical products, including antiretroviral drugs and diagnostic tools;

(d) Ensuring that the reform of the global financial system, as outlined in Our Common Agenda, generates fiscal space for countries and improves global solidarity towards the achievement of the Sustainable Development Goals.

Recommendation 3: Responses to HIV that are community-led

63. Member States are urged to:

(a) Create and maintain safe, open and enabling environments in which organizations led by people living with, at risk of and affected by HIV, key populations, women and girls and broader civil society can participate in decision-making, differentiated service delivery and progress monitoring for the HIV response, for efforts towards universal health coverage and for pandemic prevention, preparedness and response;

(b) Adopt and implement laws and policies that enable the sustainable financing of people-centred, integrated community-led responses, including through social contracting.

Recommendation 4: Equitable access to medicines and new HIV treatment and prevention products and health technologies

64. Member States are urged to:

(a) Ensure equitable and reliable access to affordable, high-quality HIV-related health products and technologies, including treatment for HIV and related comorbidities, HIV prevention technologies, test kits and point-of-care testing, in all lower-middle-income countries;

(b) Strengthen supply chain management systems;

(c) Use the public health-related flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights of the World Trade Organization, optimize the use of voluntary licensing and technology transfers, catalyse regional manufacturing capacities and develop pooled purchasing mechanisms.

Recommendation 5: People-centred, evidence-informed programmes driven by age- and sex-disaggregated data

65. Member States are urged to enhance effective, ethical rights-based, people-centred HIV programmes by:

(a) Building data systems that can support individuals staying in care and returning to care while capturing age- and sex-disaggregated gaps, barriers, and solutions for achieving effective, differentiated and integrated HIV services;

(b) Strengthening routine, granular and age- and sex-disaggregated data systems for the differentiated delivery of information and services and to capture, analyse and monitor progress on reducing barriers that hinder access to and use of crucial HIV-related services.

Recommendation 6: Build on HIV service-delivery models and resources to harness synergies between HIV response, broader health, pandemic preparedness and the Sustainable Development Goals

66. Member States are urged to:

(a) Align their HIV models and responses more closely with the core functions of primary health care, namely, primary care services, community engagement and multisectoral policy and action;

(b) Apply the expertise, infrastructure, multisectoral model and rights-based approach of the HIV response across their health and other sectors, such as workplace, education, gender and social protection, to achieve more rapid progress towards the Sustainable Development Goals;

(c) Give due consideration to the interlinkages between the HIV response and efforts on pandemic prevention, preparedness and response, as well as broader Sustainable Development Goals, to inform the deliberations at the upcoming Summit of the Future and the second World Summit for Social Development in order to harness synergies and accelerate progress towards realizing the shared goals of ending AIDS and leaving no one behind;

(d) Seize this opportunity to draw on and leverage lessons from more than 40 years of responding to the HIV pandemic as they draft and negotiate a new instrument and global architecture for pandemic prevention, preparedness and response.

Recommendation 7: Planning for long-term sustainability of the AIDS response

67. Member States are invited to review the adequacy of their current HIV response with a view to ensuring long-term sustainability beyond 2030, including:

(a) Assessing the status of their epidemics and response against the key targets of the Global AIDS Strategy and the Political Declaration of 2021;

(b) Enabling inclusive Government-led discussions on the transformations that may be needed in the HIV response to adapt to the changing pattern of the pandemic and for post-2030 sustainability;

(c) Developing HIV response sustainability road maps under country leadership, with the collaboration of civil society and international, regional and domestic partners.

Recommendation 8: Global partnerships and solidarity for a sustainable response to HIV

68. Member States are urged to:

(a) Ensure that the UNAIDS 2022–2026 Unified Budget, Results and Accountability Framework is fully funded;

(b) Continue to report to UNAIDS annually on their HIV epidemics and responses, using robust monitoring systems that identify inequalities in service coverage and outcomes;

(c) Support the convening of the 2026 High-level Meeting on HIV/AIDS to review progress against the Political Declaration of 2021 and chart the path for a sustainable response to HIV for 2030 and beyond.