

UNAIDS 2023

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# World Health Organization (WHO)

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**2022 Organizational Report**



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## HIV in WHO's mandate

WHO aims to ensure that a billion more people access universal health coverage, a billion more people are protected from health emergencies, and a billion more people achieve better health and well-being by 2025. As a founding Cosponsor of the Joint Programme, WHO leads on HIV testing, treatment and care, resistance to HIV medicines, managing common comorbidities and coinfections including HIV/TB co-infection and biomedical prevention options, including PrEP.

WHO is a member of the Joint UN Team on AIDS in 91 of the 91 countries where the Joint Programme operates

### Key WHO strategy for HIV

The Seventy-Fifth World Health Assembly in May 2022 noted with appreciation [Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for 2022–2030](#), and approved their implementation for the next eight years. The strategies propose a common vision to end AIDS by 2030 and advance universal health coverage, primary health care and health security, thereby contributing to achieving the goals of the 2030 Agenda for Sustainable Development.

## Top results in 2022

**Major HIV treatment and care recommendations implemented in 2022.** More than 95% of countries now implement a “treat all” approach. Rapid ART initiation (fewer than seven days after confirmed diagnosis) was implemented in 76% of those countries. WHO’s preferred first- and second-line treatments for all populations were adopted by 120 of 132 low- or middle-income countries and are being used by 87% of all people living with HIV on ART. That proportion is expected to reach more than 90% in 2023. Approximately 90% of low- or middle-income countries have adopted 3-6 monthly ARV 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 are integrating other health-care services (TB, maternal and child care, SRH and noncommunicable diseases) into HIV services, less than 50% were delivering ART at primary health care and community levels in 2022. WHO regularly publishes maps to illustrate policy uptake.

**ARV drugs optimized in adults and children.** WHO published a [technical report on priorities for ARV drug optimization in adults and children](#) in July 2022. The report revised the priority list of new drugs, formulations and delivery technologies to be developed in the next five to ten years and identified the research priorities for HIV treatment optimization, including the use of long-acting ARV regimens for treatment and prevention.

**HIV drug resistance addressed.** WHO updated its [acquired HIV drug resistance survey method to reflect the era of dolutegravir-based regimens](#), and published an updated survey method in 2022. WHO has also expanded its HIV drug resistance database to support

dissemination of country-level HIV drug resistance survey data for the purposes of informing care and treatment guidelines.

**Differentiated service delivery promoted.** WHO launched the latest online course on [HIV differentiated service delivery for HIV treatment](#). This series of webinar sessions offer audiences the opportunity to be introduced to some of WHO's past webinars that introduced the recommendations for service delivery and differentiated service delivery for HIV treatment.

**Progress supported towards EMTCT of HIV.** As of December 2022, 15 countries and territories<sup>1</sup> had been certified by WHO for eliminating vertical HIV transmission. Oman became the first country in the eastern Mediterranean region to eliminate mother-to-child transmission of HIV and syphilis. WHO published global guidance on the criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and, for the first time, also including hepatitis B virus. WHO also published [guidance](#) on the governance required for the validation of EMTCT, providing standardized structures and processes for use at the national, regional and global levels.<sup>2</sup> The first phase focuses on support to 12 African partner countries to develop action plans for implementation.

**New guidelines and recommendations on HIV prevention published.** In 2022, WHO published: [guidelines](#) on long-acting injectable cabotegravir for HIV prevention; a [technical brief](#) on implementation guidance for simplified and differentiated and simplified pre-exposure prophylaxis for HIV prevention, and a [recommendation](#) on the dapivirine vaginal ring as a new choice for HIV prevention for women at substantial risk of HIV infection. Zimbabwe was the first country in Africa to announce regulatory approval for long-acting injectable cabotegravir as PrEP for HIV prevention, following the WHO guidelines and recommendations.

WHO published [consolidated guidelines and a policy brief on HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations](#), outlining a public health response for five key populations (gay men and other men who have sex with men, trans and gender diverse people, sex workers, people who inject drugs and people in prisons and other closed settings). It also published, with UNODC, an opioid agonist therapy implementation tool and training package. Together the two Cosponsors conducted [two trainings \(in Egypt and Pakistan\)](#) in November 2022 on establishing and implementing opioid agonist therapy programmes for and with people who use drugs.

**Support provided for scaling up integrated STI services for people who use PrEP.** WHO released a [new module of its PrEP implementation tool](#) to support countries implementing and scaling up integrated STI services for people who use PrEP. The module provides a framework and practical guidance for the gradual integration of STIs services in accordance with local context and modes of PrEP delivery.

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<sup>1</sup> Anguilla, Antigua and Barbuda, Armenia, Belarus, Bermuda, Cayman Islands, Cuba, Dominica, Malaysia, the Maldives, Montserrat, Oman, Sri Lanka, St Kitts and Nevis and Thailand.

<sup>2</sup> To further accelerate progress towards ending AIDS in children, WHO joined with UNICEF, the UNAIDS Secretariat, the Global Fund, PEPFAR, implementing partners and civil society to launch the Global Alliance to end AIDS in children by 2030.

**Preferred product characteristics developed for monoclonal antibodies for use in HIV prevention.** WHO developed preferred product characteristics [for monoclonal antibodies for HIV prevention](#), including lenacapavir, HIV vaccines and broad neutralizing antibodies to ensure that products are developed in a manner that supports optimal use globally, including in low- and middle-income countries.

**HIV testing service guidelines updated.** WHO updated its HIV testing service guidelines and made recommendations on HIV self-testing for PrEP and for testing in facilities. An algorithm verification tool was widely used in English and Spanish, and plans were made for French and Russian translations. Twenty-eight countries received WHO support to transition to the WHO HIV testing strategy and for scaling-up dual HIV/syphilis adoption. WHO coordinated with the Global Fund to ensure that HIV self-testing, the three-test strategy and lay-provider testing programme were promoted as essential for funding requests.

**Strategic information guidelines launched to drive impact.** In mid-2022, WHO launched the [consolidated guidelines on person-centred HIV strategic information: strengthening routine data for impact](#). The guidelines present a standard minimum dataset, priority indicators and recommendations to strengthen data use across HIV prevention, testing and treatment, and linkages to services for STIs, viral hepatitis, tuberculosis and cervical cancer.

WHO also published a document on [digital adaptation kits for HIV](#), which sets out operational requirements for implementing WHO recommendations and standards within digital systems as part of the WHO SMART guidelines initiative.

**Actions taken to address the needs of key populations in the context of health emergencies.** WHO leveraged its clinical, surveillance and community engagement expertise across the Orthopoxvirus, emergencies and HIV-focused departments at all three levels of the organization in response to the 2022–2023 multicounty outbreak of mpox, which was designated as a public health threat of international concern in July 2022. The outbreak disproportionately affected communities of gay, bisexual and other men who have sex with men, including many who were also living with HIV. Clear linkages with HIV were established, including the occurrence of more severe mpox disease in people with untreated and uncontrolled HIV. WHO's communications, community engagement and social media work prioritized active listening to the testimonies from those who had mpox, with health messaging, research and public health interventions adapted accordingly.

Material developed by WHO was used by partners, stakeholders, event organizers, public health agencies, ministries of health, local clinical and LGBTI+ advocacy groups. Products developed reached 63 million users across Facebook and Instagram. There were 534 848 active engagements across Facebook, Instagram, Twitter and TikTok. Mpox-related videos produced by WHO had 5.6 million views across various platforms. WHO published [guidance on the links between mpox and HIV as well as public health advice for men who have sex with men and for sex workers on monkeypox](#). WHO, through its Regional Office for Europe, published the [standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine](#), as well as provided support alongside European governments and nongovernmental organizations to provide HIV prevention, diagnosis and care services for Ukrainian refugees across Europe.

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