

UNAIDS 2021

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# **SRA 1: HIV testing and treatment**

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**SRA report 2020**



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## SRA 1: HIV TESTING AND TREATMENT

**Fast-Track commitment:** Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets:

- By 2020, 90% of all people living with HIV will know their HIV status;
- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

**SRA 1:** Children, adolescents, and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

### Global overview

There were an estimated 38.0 million people living with HIV at the end of 2019. An estimated 81% of people living with HIV knew their status, 67% were receiving antiretroviral therapy (ART), and 59% had achieved HIV viral suppression. From 2010 to 2019, new HIV infections declined by 23% and HIV-related deaths by 39%, with an estimated 12.1 million lives saved due to the provision of ART.

In 2019, 25.4 million people were accessing antiretroviral therapy up from 6.4 million in 2009, with 68% of adults and 53% of children living with HIV receiving (ART). Most pregnant and breastfeeding women living with HIV (85%) also received ART, thereby protecting their health and preventing HIV transmission to their young children during pregnancy, delivery and breastfeeding. In eastern and southern Africa, the most affected region, 95% of pregnant women received ART. By June 2020, 26 million people were accessing ART, an increase of 2.4% since December 2019. Despite this good progress, many people remain left behind, including key populations, children and adolescents, and men.


The number of people living with HIV initiating treatment in 2020 were fewer than projected due to disruptions of HIV testing and ART services during the COVID-19 pandemic. While rates of testing and treatment recovered in the latter half of 2020, recovery was uneven.

Every week in 2019, approximately 5,500 young women aged 15–24 years acquired HIV. In sub-Saharan Africa, adolescent girls and young women are at heightened risk of HIV compared to their male peers. Five in six new infections among adolescents aged 15-19 years are among girls. The decline in the number of new infections among girls and young women has been slow. Gender inequalities, discrimination, violence against women and girls, and harmful gender norms continue to undermine HIV prevention and access to HIV services.

The scale-up of effective HIV prevention strategies has been limited and AIDS continues to be a leading cause of death among girls and women aged 15-49 years globally.

## Joint Programme contribution towards achieving Fast-Track and UBRAF targets

### *HIV testing*

Indicator: Percentage of countries with selected HIV testing services in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—90%	Status 	54%	61%	59%	64%	68%
<b>Measurements<sup>1</sup></b>						
The country offers targeted testing services		97%	95%	97%	99%	98%
The country offers lay providers testing		86%	86%	86%	84%	87%
Quality assurance (laboratory) of testing and re-testing before ART initiation		92%	97%	94%	95%	92%
The country offers HIV partner notification services		64%	70%	69%	78%	82%

Following the launch of its new consolidated HIV testing services guidelines at the end of 2019, the World Health Organization (WHO), together with the UNAIDS Secretariat and other partners worked with the Ministries of Health, community groups and technical partners to support the scale-up through a mix of evidence-based approaches and related monitoring. In 2020, WHO delivered hands-on country support for implementation of these guidelines in over 30 low and middle-income countries. As of July 2020, 89% of countries reporting having fully or partially adopted WHO HIV testing guidelines in 2019. Most countries were routinely offering HIV testing in antenatal care (97%) and delivering provider-initiated testing and counselling (96%). Fewer countries were implementing community-based testing (78%) and just over half (57%) were implementing lay provider testing, which indicates a need for further policy support. Uptake of provider-assisted referral (also termed index or partner notification) has increased, with 73% of countries reporting policies. However, more recent social network approaches that expanded services to key populations were less widely offered, with only 20% of countries reporting this approach was in place.

<sup>1</sup> Multiple measurements for each indicator allow for disaggregated analysis, which can help with comparing data and relationships for components of the indicator; and revising components, if necessary, to ensure the relevance of the indicator over time.

WHO's HIV self-testing work continued through the expanded Self-testing Africa (STAR) initiative in Africa and Asia. Together with the International Labour Organization (ILO), Population Services International, Johns Hopkins Program for International Education in Gynecology and Obstetrics, and PATH, it now covers 13 countries with direct implementation.

Whereas only three countries had national policies for HIV self-testing in 2013, 88 countries had self-testing policies as of July 2020. Overall, 63% of low-and-middle income countries had either implemented or were developing a policy on HIV self-testing. There were no WHO-prequalified products and the price for low- and middle-income countries was approximately US\$ 3.50 in 2015. As of end-2020, there were four WHO prequalified self-test kits, with a strong pipeline and products were available through WHO and ERPD for US\$ 1.50.

Due to the policy changes, and with WHO and Unitaaid/STAR support, in coordination with Global Fund and PEPFAR, more than 10 million self-testing kits were procured in 2020. Many countries opted for this approach to adapt service delivery during COVID-19 restrictions and are continuing to expand implementation. Procurement is increasing with 21 million self-testing kits confirmed for procurement in the 2021–2023 funding pipeline. This is the strongest pipeline of funding for self-testing to date, and WHO's global forecast projects the total demand for self-testing to reach 29 million tests by 2025.

Dual HIV-syphilis testing is also now increasingly carried out in antenatal care settings to prevent perinatal transmission of both infections. In 2019, WHO recommended that dual tests be offered as first test in antenatal care and it has included implementation considerations for key populations. Since the guidelines, at least 20 countries have adopted dual testing in antenatal care and seven countries have pilots on use among key populations. There are now three WHO-prequalified dual tests available and pricing has decreased by 15% to US\$ 1.15, which will support wider implementation.

Guidelines drafted by the ILO and WHO have been developed to enhance the appeal of HIV testing in the workplace following an integrated approach. The VCT@WORK Initiative has been implemented in 25 high burden countries in partnership with national AIDS authorities, ministries of labour, employers' organizations, workers' organizations, civil society organizations (CSOs) and UN agencies. VCT@WORK provides the overarching framework for the ILO's focus on promoting HIV testing. Innovations continue to be explored in the COVID-19 context. In 2020, 190 467 people were tested for HIV and 33 611 self-test kits were distributed. WHO and ILO also developed two policy briefs on men and HIV testing. The policy brief on Improving men's uptake of HIV testing and linkage to services for men includes good practices from the ILO's work on integrating COVID-19 concerns into the HIV self-testing response. WHO and ILO also coordinated to develop financing approaches for workplace insurance schemes for low- and middle-income programmes to increase access to testing and self-testing.


The World Bank's programming emphasizes integration of HIV testing. For example, in Nigeria by late 2020, under the "Saving One Million Lives" Initiative, supported with US\$ 500 million in financing, 11 122 179 people had received essential health, nutrition, and population services. Support to maintaining essential services was included through a US\$ 6 billion fast-track facility for COVID-19 emergency responses at country-level.

In 2020, across its operations, the UN Refugee Agency (UNHCR) provided HIV testing and counselling and testing to more than 500 000 people, including over 150 000 pregnant women. High coverage was achieved in South Sudan and Uganda, and capacity building was provided to community health workers.

Through the "HeForShe" community-based initiative in 2019–2020, UN Women engaged 115 000 participants of both sexes in a series of dialogues across South Africa to address gender-based violence (gender-based violence) and HIV. Among other outcomes, the initiative increased the uptake of HIV testing, particularly among men, with 62% of participants undergoing HIV testing and counselling and being linked to care where needed. More than a third (36%) of participants who had interrupted or discontinued their treatment prior to the initiative, reported returning and adhering to ART.

### *Access to treatment*

The Joint Programme enabled almost all reporting countries to adopt the WHO Treat All policy in 2020. By June 2020, 96% of 137 low- and middle-income countries (LMICs) followed HIV treat-all guidance. Dolutegravir was included in 78% of first-line ART combinations, 72% of in low- and middle-income countries had fully implemented routine viral load testing. Rapid ART initiation (on the day of diagnosis) was adopted at the policy level by 70 low- and middle-income countries, and around half had implemented it countrywide. In November 2020, the new paediatric dolutegravir (DTG) 10 mg formulation for younger children was approved for clinical use, followed by a global price agreement that reduced the cost of HIV treatment by 75% for children in low- and middle-income countries.

Indicator: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—80%	Status 	38%	53%	54%	61%	66%
Measurements						
Treat All policy is adopted		64%	80%	94%	93%	99%
The country has adopted task shifting or task sharing in provision of ART		65%	69%	70%	76%	76%
Policies/strategies for ART retention and adherence in place		91%	94%	90%	95%	97%
A programme for nutritional support to people on ART is in place		74%	75%	69%	76%	83%

WHO provided monitoring for major HIV clinical trials and observational studies across age groups. It also organized regular consultations to guide research priorities to ensure that data on the safety and efficacy of new antiretrovirals were generated in low- and middle-income countries for patients with comorbidities, adolescents, children and pregnant and lactating women. National action plans for HIV drug resistance were supported, as was the implementation of HIV drug resistance surveillance. By December 2020, 57 countries had implemented surveys of HIV drug resistance using WHO-recommended standard methods and 17 countries plan to conduct surveys in 2021–2022. WHO expanded its Network of HIV Drug Resistance laboratories to support the global HIV drug resistance surveillance programme. By December 2020, the network included 34 laboratories in 24 countries.

The Interagency Task Team on young key populations in Asia and the Pacific—a regional platform composed of civil society and UN agencies and supported by the Joint Programme—conducted a survey to assess the needs and ability of young key populations for accessing information, medication and other HIV services during the COVID-19 pandemic. The findings supported contingency planning for HIV and other service access for vulnerable and key populations in the COVID-19 context.

Jointly with WHO, UN Women strengthened the uptake of services related to cervical cancer for rural women living with HIV. Community volunteers mobilized by the network of women living with HIV increased awareness and knowledge among rural women for regular cervical cancer screenings in the Kagera Region of Tanzania.


Knowing that people living with HIV in many marginalized communities have defaulted their treatment in fear of stigma, as they were often made to disclose the reasons for travelling to clinics during COVID-19-related lockdowns, UN Women procured bicycles for networks of



women living with HIV and young people living with HIV in Malawi and Uganda, who helped deliver life-saving HIV treatment to the most-affected remote communities.

In 2020, through its role as Principal Recipient of Global Fund grants, UNDP supported 26 countries to scale up access to HIV testing, treatment, and care services. UNDP is currently providing 1.4 million people with ART for HIV. Five million people received HIV counselling and testing for HIV, including key population. In addition to the role of Principal Recipient, UNDP managed Global Fund resources for Country Coordinating Mechanisms in 16 countries, for a total of US\$ 4 million in signed agreements.

### *Adolescents and children*

Indicator: Percentage of countries adopting quality health-care services for children and adolescents		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—90%	Status 	51%	55%	55%	56%	59%
<b>Measurements</b>						
A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place		74%	78%	79%	82%	80%
Provider-initiated testing and counselling is available in all services for children under five <sup>2</sup>		78%	79%	80%	86%	87%
Strategies for identification of older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place		61%	62%	64%	63%	66%

In the context of 95% maternal ART coverage in eastern and southern Africa at the end of 2019, there was a more than 50% decline in new ART initiations among pregnant and breastfeeding women due to COVID-19 in the second quarter of 2020. To mitigate impacts on paediatric HIV testing and treatment targets, UNICEF, together with other UN partners, adopted digital technology solutions and adapted programme approaches in Botswana, Kenya and Namibia. In Botswana, UNICEF and MTV Staying Alive Foundation adapted peer education sessions into audio-visual materials for use on WhatsApp groups and Facebook. Together with UNFPA and the UNAIDS Secretariat, UNICEF also amplified messaging among young people on COVID-19, HIV and ARV access via radio, TV and social media, including the UNICEF-supported U-Report platform. Botswana also introduced rapid

<sup>2</sup> “Not Applicable” is a response option for this indicator measurement. “Not applicable” can be chosen by country respondents if the epidemic is not generalized in their country. “Not applicable” responses are included in the numerator (with “yes” responses) as defined in the UBRAF Indicator Guidance.

multimonth dispensing (MMD) of ARVs to ensure continuity of treatment during lockdowns. In Namibia, UNICEF worked with UNFPA to reduce congestion at ART facilities by fast-tracking differentiated service delivery models and expanding essential services beyond maternal and neonatal health, to include nutrition, elimination of mother-to-child transmission (EMTCT), school health services and immunization to promote safe access.

The generation of evidence to guide programming for and with networks of adolescents living with HIV was prioritized in Uganda. This UNICEF/UNAIDS Secretariat joint action provided strategic information regarding key gaps in access to ARVs and other psychosocial support and sexual and reproductive health (SRH) commodities. UNICEF's collaborations in the United Republic of Tanzania with WHO and the UNAIDS Secretariat reinforced health systems support for the rapid modification of the interim guidance on HIV prevention, care and treatment services in the context of the COVID-19 outbreak. ARV stock assessments carried out in Tanzania led to changes in importation procedures, which made it easier for neighbouring countries to borrow ARVs when stocks are low.

UNICEF partnered with WHO, the UNAIDS Secretariat and GNP+ in sub-Saharan Africa to help strengthen laboratory systems by introducing and scaling up point-of-care tests for integrated testing for HIV, tuberculosis (TB), COVID-19 and Ebola. Early infant diagnosis was fast-tracked at many testing sites in 10 countries<sup>3</sup> in Africa. In Nigeria, UNICEF's partnership with private sector programme partners and with UNFPA, UN Women, ILO, UNESCO, WHO and the UNAIDS Secretariat advanced HIV testing for infants by rolling out point-of-care testing in two states, Kaduna and Anambra. Family-centred index case testing was adopted as a high-yield strategy to identify older children living with HIV in Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Niger, Sierra Leone and Togo. A global dashboard indicating national roll-out of this initiative in 2020 indicates 68% coverage and 83% acceptability. Almost 4% of children tested by using family-centred index testing were found to be HIV-positive and 98% of them were initiated on treatment.

To address the needs of children and adolescents living with HIV due to COVID-19, UNICEF and partners designed and developed a consensus-based service delivery framework. This was rolled out in Mozambique, Nigeria and Uganda in 2020 and supports programme quality in paediatric HIV. The process will help UNICEF, WHO and UNAIDS identify ways to decentralize and differentiate HIV services for children. UNICEF continues its technical and advocacy support to the Global Accelerator for Paediatric Formulations and the Rome Action Plan in close collaboration with other partners.

UNICEF, WHO and civil society co-led the adolescent service delivery working group, a standing group organized to advise and support the normative work on service delivery for

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<sup>3</sup> Cameroon, Chad, Democratic Republic of Congo, Gabon, Nigeria, Guinea Bissau, Kenya, Mozambique, Malawi and Zimbabwe.

adolescents living with HIV, as well as its implementation and scale-up. The group provided strategic advice to WHO for the development of updated normative guidelines on HIV prevention, infant diagnosis, ART initiation and monitoring. The guidelines have been finalized, released and widely disseminated. They include a specific recommendation on providing psychosocial interventions for adolescents and young people.

WHO provided support to paediatric and adolescent programmes in 21 priority countries by developing derivative products to support the implementation of an advanced HIV disease package in children. The updated AIDS FREE toolkit was launched in July 2020.


#### *Access to medicines and commodities*

WHO developed guidance for countries on how to safely maintain access to essential health services during the COVID-19 pandemic, including for people living with or affected by HIV, including guidance for MMD, which the Secretariat actively promoted and supported. To date, 129 countries have adopted this policy. Countries also mitigated the impact of the disruptions by working to maintain transport links and supply chains, engaging communities in the delivery of HIV medicines, and working with manufacturers to overcome logistics challenges. WHO, the UNAIDS Secretariat and other Cosponsors partnered with the Global Network of People Living with HIV (GNP+) and other global, regional and national community networks (e.g. sex workers and LGBTI) to support evidence gathering, sharing information and advocacy on COVID-19 and its impact on diverse communities of people living with HIV and key populations.

UNDP continued to work in close coordination with the UNAIDS Secretariat and WHO, providing strategic and technical support on strategies to increase access to medicines. UNDP also supported a project coordinated by WHO Iran to evaluate the country's legal and policy framework related to technology transfer and intellectual property. To support local production of COVID-19 health technologies, UNDP and WHO partnered with the UN Technology Bank and the UN Conference on Trade and Development on the Tech Access Partnership to increase local production of essential health technologies in developing countries, such as masks and ventilators.

The Joint Programme provided logistics and supply chain expertise as well as procurement and shipping of male and female condoms and lubricants and supported innovative distribution channels. UNFPA's operations and supply chain also provided emergency kits in fragile and humanitarian settings. WFP provided enhanced supply chain and logistics support on behalf of the Global Fund in 2020 in response to COVID-19—including over 7,000 delivery points—many in emergency settings.

### HIV in humanitarian settings

Indicator: Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan		2016 [N=N/A]	2017 [N=59]	2018 [N=67]	2019 [N=68]	2020 [N=68]
2021 target—90%	Status 	N/A	66%	66%	68%	72%
Measurements						
The country has a national emergency preparedness and response plan		N/A	68%	77%	78%	78%
- HIV is integrated in the country's national emergency preparedness and response plans		N/A	66%	66%	68%	72%

In 2020, 239 million people in 57 countries required humanitarian assistance. In humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services, and health system collapse can increase vulnerability to HIV infection and interrupt treatment. Meeting the needs of the many HIV-vulnerable people in these situations is critical to ending AIDS as a public health threat. In 2020, the Joint Programme quickly mobilized to support people affected by humanitarian emergencies and COVID-19 to provide guidance, programmatic support and thought leadership.


The Inter-Agency Task Team on HIV in Humanitarian Emergencies, co-convened by UNHCR and WFP, canvassed its wide membership across a diverse range of organizations—including UNDP, UNFPA, UNODC, WHO, IOM, UNICEF and the UNAIDS Secretariat—to develop guidance on considerations for preparedness and response to HIV in humanitarian settings. Led by WFP and UNHCR, the integration of HIV in the Cluster Response was finalized in 2020 and was disseminated in different platforms. It included key considerations and actions required for a minimum initial response for the health, protection, nutrition, and food security clusters. The Task Team developed and presented a minimum humanitarian checklist to key stakeholders from the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund). This checklist served as a guide to ensure that HIV in humanitarian settings is positioned as a central element in COVID-19-related funding proposals for Windows 1 and 2 of Global Fund funding processes. The Joint Programme developed a government-focused social protection call to action and a subsequent global webinar, highlighting the urgent need to support refugees, asylum seekers and migrants with social protection systems. The Task Team also launched a website for HIV in emergencies in 2020.<sup>4</sup>

<sup>4</sup> <https://hivinemergencies.org/>



During 2020, UNHCR supported HIV-related activities in humanitarian settings in more than 50 countries, providing critical support to enable the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. This included prevention, MMD for HIV, and adapting delivery mechanisms for essential HIV services. UNHCR worked with humanitarian partners to ensure the inclusion of HIV in the Global Humanitarian Response Plan for COVID-19.

UNHCR worked to scale up and mainstream regional and country-level responses to addressing HIV and, for example, continued as the sub-recipient of a 21-month US\$ 2.8 million regional grant with the Intergovernmental Authority for Development on HIV and TB in 13 refugee camps in Djibouti, Sudan, South Sudan and Uganda. This seven-country grant focused on scaling up HIV and TB services, including for populations moving across borders. Coordination mechanisms with refugee stakeholders were improved, as were linkages with national HIV and TB programmes and supply chain management. Training was also provided to more than 1,000 health workers and 1,750 community health workers to improve the provision SRH and HIV services for refugees.

In 2020, WFP provided transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV and TB and their families in 13 humanitarian, refugee, and other fragile contexts. In South Sudan, where the secondary effects of the COVID-19 pandemic are causing food insecurity and declined crop production resulting from extreme seasonal flooding, WFP supported approximately 70 000 malnourished people living with HIV and TB and their families were provided with counselling, food, and nutrition support. The programme was implemented at 73 health and nutrition facilities for refugee communities.

Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies <sup>5</sup>		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]	2020 [N=48]
2021 target—90%	Status	People affected by humanitarian emergencies				
		73%	78%	72%	74%	79%
People affected by emergencies are relevant in the context of the country epidemic		46% [N=40/87]	43% [N=37/87]	49% [N=43/87]	53% [N=46/87]	55% [N=48/87]
- Food and nutrition support (this may include cash transfers) is accessible to this key population		73%	78%	72%	74%	79%

<sup>5</sup> "Not applicable" is a response option for this indicator measurement. "Not applicable" refers to the relevance of the population group for the epidemic in the country and to the entire package of services, as defined in the UBRAF Indicator Guidance. "Not applicable" responses were excluded from the calculation.

Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]	2020 [N=61]
2021 target—90%	Status	Refugees and asylum seekers				
		85%	89%	80%	90%	93%
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N=48/87]	53% [N=46/87]	59% [N=51/87]	68% [N=59/87]	70% [N=61/87]
- HIV services for key populations		90%	93%	86%	93%	98%
- Services (including post-exposure prophylaxis) for survivors of sexual and gender-based violence		90%	91%	90%	98%	95%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%	100%
Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=38]	2018 [N=42]	2019 [N=48]	2020 [N=51]
2021 target—90%	Status	Internally displaced persons				
		78%	84%	79%	88%	86%
Internally displaced persons are relevant in the context of the country epidemic		46% [N=40/87]	44% [N=38/87]	48% [N=42/87]	55% [N=48/87]	59% [N=51/87]
- HIV services for key populations		93%	97%	86%	96%	94%
- Services (including post-exposure prophylaxis) for survivors of sexual and gender-based violence		88%	89%	93%	94%	98%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%	92%

As part of the continued response to remaining needs in the aftermath of Tropical Cyclone Idai in Mozambique, together with the NGO North Star Alliance and the UNAIDS Secretariat, WFP helped to support people living with and vulnerable to HIV. The project was initiated in the Beira Transport Corridor, with roadside HIV and TB services provided to truck drivers, adolescent girls and young women, and vulnerable groups and communities via a roadside wellness clinic. Health counselling and HIV testing, enrolment and treatment support, screenings for TB and COVID-19 testing were provided.

## **Key challenges and future actions**

### *COVID-19 and other challenges exposed inequalities in access to HIV testing and treatment*

The COVID-19 pandemic exposed stark inequalities, in HIV testing and treatment access during 2020. COVID-19 also highlighted gender inequalities in the context of declining service uptake. Data submitted by countries to the UNAIDS Secretariat showed that in six of 13 countries reporting, there were decreases of 25% or greater in the number of pregnant women accessing HIV testing and treatment services due to COVID-19 mitigation efforts. Healthcare for refugees and other populations in humanitarian settings was affected by COVID-19, exposing service barriers and highlighting the need to provide social protection to address shocks and support the most vulnerable.

The world did not reach the Fast-Track target of HIV treatment for 1.6 million children in 2020, and five countries—the Democratic Republic of the Congo, Kenya, Mozambique, and South Africa—accounted for more than half of children in need of treatment. Early infant diagnosis has not expanded sufficiently due to laboratory-related logistics. To further reduce AIDS-related mortality, countries need to adapt and expand access to the advanced HIV disease packages, and implement same-day ART initiation policy, TB prevention among people living with HIV and enhanced community support—including clarifying requirements for specific subpopulations like children for whom the advanced disease package has not yet been widely considered.

Integrating HIV into preparedness and emergency responses remains a challenge. Competing funding priorities and data collection systems do not include HIV and gender indicators, and disconnects between people on the ground and decision-makers persist. There is a lack of agreed thresholds or action triggers, and coordination and human resources remain challenging. Some countries with refugee populations living with HIV are unable or unwilling to provide the same level of care to refugees as is provided to nationals and improving care must be more widely prioritized. Proven instruments should be integrated in humanitarian settings to support broader programme and policy coherence and impact.

### *Improving access and reducing inequalities despite the challenging times: at the heart of future actions by the Joint Programme*

The Joint Programme, in line with its Division of Labour will continue to support the scale up of access to HIV testing, prevention, treatment, and care services, including innovative approaches introduced in the context of COVID-19 such as MMD and virtual support system for adherence combined with work to protecting rights, advancing gender equality and remove barriers to access and to develop capacity of national programmes and systems. This

will have an explicit focus on key populations and other vulnerable populations and strengthening systems, including for vaccine equity.

WHO will launch the updated version of the global consolidated HIV guidelines in mid- 2021, with incorporation of important treatment and care guidance established since 2018 (review of preferred first- and second-line ARV regimens, active toxicity monitoring and HIV drug resistance monitoring packages, TB preventive therapies) and expansion of key sections of the guidelines (new service delivery recommendations and optimization of treatment failure management algorithms). These consolidated guidelines will be translated and disseminated in a series of webinars and virtual events.

The ongoing transition to dolutegravir-containing ART regimens as a preferred first-line option and access to viral load monitoring needs to be further consolidated globally and accelerated in some countries in the context of COVID-19. This is particularly important for children for whom suitable formulations of dolutegravir are now available.

UNICEF and partners designed and developed a consensus-based service delivery framework that draws on field-based and published evidence of what works. With programme quality being a major concern in paediatric HIV, further roll-out of the service delivery framework can help UNICEF, WHO and the UNAIDS Secretariat identify ways to decentralize and differentiate HIV services for children. Although still too limited, the roll-out of new treatment regimens and formulations for children can transform treatment uptake and continuation. For an effective roll-out, UNICEF will continue its technical and advocacy support to the Global Accelerator for Paediatric Formulations as well as the Rome Action Plan. This work is in close collaboration with PEPFAR, Caritas Internationalis, the World Council of Churches-Ecumenical Advocacy Alliance, the Elizabeth Glaser Paediatric AIDS Foundation, WHO and the UNAIDS Secretariat to ensure that implementation perspectives are kept on the agenda as new drugs and formulations are developed and countries transition to adopt them.

In 2021–2030, UNFPA will lead the UNFPA Supplies Partnership, which represents a new decade of commitment to advancing family planning and maternal health and accelerating progress towards the Sustainable Development Goals (SDGs). Furthermore, to meet the rising humanitarian needs caused by the COVID-19 pandemic, UNFPA launched an appeal for US\$ 818 million in December 2020, its largest ever, to meet the needs of approximately 54 million women, girls and young people, in 2021.

The World Bank will continue evidence-building, technical assistance and financing operations that support HIV testing and treatment including service delivery and support to strengthen the underlying health systems.



WHO, ILO, the UNAIDS Secretariat and partners will focus on supporting countries to scale up the various evidence-based approaches for testing, including implementation of self-testing and related monitoring, and support for using resources from the Global Fund and other sources.





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