

UNAIDS 2020

SRA 1: HIV testing and treatment

SRA report 2018-2019

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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;
- 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



Of the 37.9 million [32.7 million – 44.0 million] people living with HIV in 2018, 79% [67–92%] were aware of their HIV status, with 8 million people living with HIV unaware of their HIV status. As of end-June 2019, 24.5 million [21.6 million–25.5 million] people, 62% [46–74%] of all people living with HIV, were accessing antiretroviral therapy (ART). Only 53% [43–63%] of people living with HIV had achieved viral load suppression in 2018. The most recent data on treatment access from 2018 indicates important age and sex variations: 68% of adult females (15 years and older) living with HIV had access to treatment compared 55% of adult males. Approximately 54% of children living with HIV aged 0–14 years were receiving HIV treatment.


Progress has slowed in recent years. Accelerated and targeted action is required to reach the 13 million people who need ART but are not receiving it, and to increase the proportion of people living with HIV who have suppressed viral loads.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

HIV testing

Most 2019 UBRAF milestones¹ for HIV testing were reached, except for the target of 80% of countries offering HIV partner notification services, which was narrowly missed (77% of countries reported offering those services). Where policies endorse partner notification, coverage of such services often remains low and partner services are often of variable quality. WHO provided countries technical support and tools for implementing partner services and worked to ensure that these services are consistent with a human rights-based approach.

Legend *					
	Meets or exceeds 2019 milestone*		Is equal to or greater than 50% of 2019 milestone		Does not meet the milestone (less than 50% of milestone)

Indicator 1.1: Percentage of countries with selected HIV testing services in place		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<i>2019 milestone—80%</i>	Status* 	53%	60%	58%	64%
Measurements ²					
The country offers targeted testing services		95%	94%	97%	99%
The country offers lay providers testing		85%	85%	85%	83%
Quality assurance (laboratory) of testing and re-testing before ART initiation		91%	95%	93%	94%
The country offers HIV partner notification services		64%	69%	68%	77%

¹ The complete set of 2019 indicator milestones are found in the [2016–2021 Unified Budget, Results and Accountability Framework \(UBRAF\)](#).

² 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.

New, consolidated HIV testing service guidelines were launched by WHO in November 2019, updating HIV self-testing recommendations and including new recommendations for social network testing for key populations and dual HIV-syphilis testing in all antenatal clinics.

A set of HIV testing indicators and an associated harmonized scorecard (developed with PEPFAR and other partners) are being used by 45 priority countries to inform development of Global Fund concept notes and PEPFAR Country Operational Plans. Countries need to pivot toward more strategic, efficient, and effective testing programmes; WHO has provided guidance in all regions to support this shift, which is further supported by the Joint Programme. WHO also established a differentiated HIV testing services country support model with the Global Fund for 14 countries, including monthly meetings, tracking progress and providing technical support.

An estimated 210 000 children living with HIV aged 5–9 years did not receive ART in 2018,³ mostly due to not having been diagnosed during infancy. UNICEF promotes targeting of infants and young children missed by PMTCT with multifaceted case-finding approaches. These include ensuring point-of-care testing technologies are available to facilitate early infant diagnosis (EID), testing all children of adults living with HIV (using family-based index case testing), and effective integration of HIV testing of older children in health and social service settings.

The Joint Programme provided direct support for testing services. To date the ILO's VCT@WORK Initiative has tested over 6.8 million workers and their families, reaching more men and helping close the testing and treatment gap for men. Through UNDP's partnership with the Global Fund 13 million people received counselling and testing for HIV. In 2018 and 2019 UNHCR provided HIV counselling and testing to more than 800 000 people, including over 250 000 pregnant women.

The ILO, WHO and partners promoted intensified HIV testing (including self-testing) in more than 30 countries through the development of tools and guidance, training of national staff and the testing of vulnerable workers in economic sectors where HIV risk is elevated. In Zambia, a partnership focused on adolescent-friendly services involving UNICEF, WHO, UNFPA, the UNAIDS Secretariat and UNHCR resulted in 718 000 adolescents being tested for HIV within the first 9 months of the programme. UNFPA supported the 2Gether for SRHR programme in 10 countries, expanding testing and treatment in antenatal care and primary healthcare facilities.

UN Women piloted initiatives to address unequal gender norms have improved HIV testing. The HeForShe community-based initiative engaged men and women in dialogues around gender norms, violence against women and HIV prevention with tavern owners and

³ [Background Note: 45th PCB Thematic segment: Reducing the impact of AIDS on children and youth. \(December 2019\)](#)


traditional/faith leaders in several districts in South Africa. This resulted in improved attitudes and behaviours among participating men and women; 58% of the participants (46% of them being women and 54% men) reported accessing HIV testing, with 100% of people who tested HIV-positive linked to care. The initiative was expanded and resulted in almost 18 000 men who had been lost to follow-up restarting HIV treatment.

By end-2019, 77 countries had adopted self-testing policies, while many others were developing them. The ILO and WHO rolled out self-testing in workplaces in Kenya, South Africa, Zambia, and Zimbabwe. Supplementary technologies were also introduced, including WHO's testing guidelines app and its "HIV Testing Services Dashboard", an interactive data tool that maps testing services and policy indicators.

In 2019 WHO provided direct technical assistance to more than 50 countries to improve their testing services and established five global HIV testing technical working groups. Prioritizing the integration of HIV testing in contraceptive services, a taskforce was formed to support post-ECHO (Evidence for Contraceptive Options and HIV Outcomes) priorities and a policy brief by the UNAIDS Secretariat and WHO supported national integration efforts in high-incidence settings in eastern and southern Africa.

Access to HIV treatment

As of July 2019, 93% of low- and middle-income countries and 100% of Fast-Track countries had adopted a Treat All policy, compared with 84% in 2018 and 40% at the end of 2016. Full implementation of the Treat All approach was reported in 115 (84%) of low- and middle-income countries.

Indicator 1.2: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<i>2019 milestone—60%</i>	Status 	40%	52%	53%	60%
Measurements					
Treat All policy is adopted		64%	80%	93%	95%
The country has adopted task shifting or task sharing in provision of ART		65%	68%	69%	75%
Policies/strategies for ART retention and adherence in place		91%	94%	90%	95%
A programme for nutritional support to people on ART is in place		75%	74%	68%	75%

In 2019 WHO updated its consolidated guidelines on the use of antiretroviral (ARV) drugs for treating and preventing HIV, including guidance on the use of dolutegravir-based regimens as the preferred first-line treatment, changes in preferred second-line regimens and for early infant diagnosis and treatment. Initial studies had pointed to a possible link between dolutegravir (DTG) and neural tube defects (birth defects of the brain and spinal cord that cause conditions such as spina bifida) in infants born to women using the drug at the time of conception. WHO rapidly engaged with countries and partners, including civil society, to address the policy and programming implications of those findings. A clinical and programme data review conducted during 2019 found that the risk significantly lower than initially indicated.


An important reason for updating guidelines in 2019 was the emergence of evidence from WHO's drug resistance surveillance network. It showed that 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10%. In 2019, 95 low- and middle-income countries reported transitioning to DTG-based HIV treatment regimens.

As of July 2019, 49 countries had implemented WHO-recommended HIV drug resistance surveys, and 35 countries were in the planning phase. The WHO Network of HIV drug resistance laboratories has expanded: by the end of 2019, it included 31 laboratories worldwide which WHO had designated to support surveillance activities.

The UNDP-Global Fund partnership is providing 1.4 million people with ART for HIV. The Joint Programme also increased treatment access, uptake and success by addressing key social and structural factors. In 2019, WFP reached over 1.2 million people living with HIV on ART, tuberculosis (TB) patients and their households with take-home rations or cash-based transfers in 22 countries across three regions. A 2018 WFP study enrolled 4655 malnourished people living with HIV on ART and Directly Observed Treatment Short Course (DOTS) from both refugee and host populations in Cameroon. The study showed that provision of nutritional support was associated with an annual nutritional recovery rate of 97%; a death rate of 2.0%; a nonresponse rate of 1.4%; and a default rate of 0% in 2019. During 2018–2019, the World Bank's active health, nutrition, and population portfolio exceeded US\$ 14.5 billion in net commitments.

Fast-Track cities

The Joint Programme continued its leading role in the Fast-Track Cities Initiative, with over 300 cities and municipalities worldwide having joined this effort since its launch in 2014. However, significant effort is needed at country level to ensure that all Fast-Track cities allocate the necessary resources to achieve the agreed targets.

Indicator 1.4: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
2019 milestone—80%	Status 	21%	30%	33%	37%
Measurements					
The country has identified high-burden cities		81%	83%	82%	85%
		Countries with high-burden cities			
		2016 [N=71]	2017 [N=73]	2018 [N=72]	2019 [N=75]
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets		21%	30%	33%	37%


In 2019, essential technical support from the Joint Programme, PEPFAR and other partners enabled 15 high-burden cities (Blantyre, Durban, Jakarta, Johannesburg, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lagos, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé) to accelerate their responses towards reaching key targets, and to strategically implement activities that are aligned to local and national priorities.

Significant progress has been made in the HIV response in these 15 cities. Kigali, Rwanda, reached 91–94–89 by the end of 2019. In Nairobi, Kenya, capacity building activities to improve the quality of services for key populations and young people have led to a significant increase in uptake of integrated services. Among young people, aged 10–24 years, the number of people taking an HIV test more than doubled in one year to reach almost 350 000 in 2019, and the number of people linked to care increased from 1910 to 4235 in the same period. The number of facilities offering integrated young people and key population-friendly services increased from 5 at the start of the project to 22 in 2019.

Adolescents and children

The number of countries providing quality health-care services for children and adolescents was lower than the 2019 milestone target. Countries are improving treatment adherence among children and adolescents and they are providing HIV testing services for children under five. However, treatment coverage increased only slightly from 52% to 54% in 2017–2018 among children aged 0–14 years.

An estimated 1 million [610 000 – 1.5 million] adolescents aged 15–19 years were living with HIV in 2018. Accurate data on the level of treatment access in this age group is unavailable due to poor collection of age-disaggregated data. Additionally, strategies for identifying older children living with HIV outside the health sector (e.g. via linkages with social protection) are still not in place in many countries.

Indicator 1.3: Percentage of countries adopting quality health-care services for children and adolescents		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<i>2019 milestone—80%</i>	Status 	51%	56%	56%	57%
Measurements					
A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place		74%	78%	80%	82%
Provider-initiated testing and counselling is available in all services for children under five ⁴		78%	80%	81%	86%
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%	63%	65%	64%


With the introduction of point-of-care machines, 8 sub-Saharan African countries dramatically reduced the turnaround time for infant test results from an average of 55 days to zero days and significantly improved timely HIV treatment initiation rates (92%). In 2019, UNICEF initiated and expanded point-of-care machines in 14 countries in eastern and southern and west and central Africa.

HIV in humanitarian emergencies

In 2019, the Joint Programme continued to work to ensure that people affected by humanitarian emergencies have access to HIV prevention, treatment, and care services. Sixty-eight percent of countries with humanitarian emergencies integrated HIV into their national emergency response plans. The Inter-Agency Task Team (IATT) on HIV in Humanitarian Emergencies, co-convened by UNHCR and WFP, has 76 members from

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⁴ “Not Applicable” is a response option for this indicator measurement. “Not applicable” can be chosen by country respondents if the epidemic is not generalised in their country. “Not applicable” responses are included in the numerator (with “yes” responses) as defined in the [UBRAF Indicator Guidance](#).


29 organizations (including UNICEF, UNFPA, UNODC, WHO, the Secretariat and IOM as other UN members).

Indicator 1.5a: 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]
<i>2019 milestone—80%</i>	Status 	N/A	66%	66%	68%
Measurements					
The country has a national emergency preparedness and response plan		N/A	67%	76%	77%
- HIV is integrated in the country's national emergency preparedness and response plans		N/A	66%	66%	68%


To better support teams at global, regional and country levels, WFP and UNHCR (supported by the UNAIDS Secretariat) developed documents and other materials on integrating HIV into the Inter-Agency Standing Committee cluster mechanism at country-level. The Joint Programme provided training to improve the HIV response in emergency settings, including at the annual Health Cluster Coordinator Training for country health cluster coordinators, and a workshop with participants from seven southern African countries.

To provide support to various emergencies, the Inter-Agency Task Team organized thematic teleconferences at a global level, providing a platform for information exchange and coordination on key humanitarian challenges in settings such as Mozambique, South Sudan, Venezuela and Yemen.


WFP provided food and nutrition support to people vulnerable to HIV, people living with HIV and TB patients, as reported by 74% of countries and in 18 humanitarian, refugee and other food insecure contexts across four regions, including providing nutrition services to 15 000 people living with HIV affected by Cyclones Idai and Kenneth. In response to Cyclone Idai, UNICEF worked with the Joint Programme (in Mozambique), WHO (in Malawi) and UNDP (in Zimbabwe) to ensure access to medicines and continuation of treatment for children, adolescents and young people living with HIV.

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]
2019 milestone—80%	Status 	People affected by humanitarian emergencies			
		73%	78%	72%	74%
People affected by emergencies are relevant in the context of the country epidemic		45% [N= 40/88]	42% [N=37/88]	49% [N=43/88]	52% [N=46/88]
- Food and nutrition support (this may include cash transfers) is accessible to this key population		73%	78%	72%	74%

In 2018–2019, the Joint Programme improved the accessibility of HIV services for populations affected by humanitarian emergencies. In 2019, 90% of countries reported providing basic HIV services, HIV services for key populations and services for sexual and gender-based violence for refugees/asylum seekers as shown in the table below. 87% of countries reported the same for internally displaced persons.

Indicator 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies ⁵		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]
2019 milestone—80%	Status 	Refugees and asylum seekers			
		85%	89%	80%	90%
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N= 48/88]	52% [N=46/88]	58% [N=51/88]	67% [N=59/88]
- HIV services for key populations		90%	93%	86%	93%
- Services (including PEP) for survivors of sexual and gender-based violence		90%	91%	90%	98%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%

⁵ “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 1.5b: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=38]	2018 [N=42]	2019 [N=47]
2019 milestone—80%	Status 	Internally displaced persons			
		78%	84%	79%	87%
Internally displaced persons are relevant in the context of the country epidemic		45% [N= 40/88]	43% [N=38/88]	48% [N=42/88]	53% [N=47/88]
- HIV services for key populations		93%	97%	86%	96%
- Services (including PEP) for survivors of sexual and gender-based violence		88%	89%	93%	94%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%

UNHCR helped ensure the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries. Among 42 refugee hosting countries surveyed by UNHCR in 2019 (most in sub-Saharan Africa), 88% reported that refugees could access ARV medicines (and 100% for free first- and second-line TB drugs) provided through national health systems, and 96% said they provide access to EID to refugees. All 9 countries of the 14 WHO priority countries for voluntary medical male circumcision that were surveyed in eastern and southern Africa provided that service for refugees through their health services.

UNHCR trained more than 3500 health-care workers and laboratory workers and more than 4000 community health workers and peer educators to provide treatment, care and support, including effective viral load testing and management of TB/HIV coinfection. In 2018–2019, UNHCR continued as the sub-grantee of a 21-month, US\$ 2.8 million regional grant with the Intergovernmental Authority for Development on HIV and TB, which is focused on scaling up HIV and TB services in 13 refugee camps in Djibouti, South Sudan, Sudan and Uganda; the project has improved coordination mechanisms with refugee stakeholders and improved linkages with national HIV and TB programmes.

UNHCR, in collaboration with WFP inputs, estimated that 479 million people were affected by humanitarian emergencies in 2016, and that about 1 in 14 people living with HIV was affected by humanitarian emergencies. UNHCR released guidelines, with Save the Children, on improving adolescent sexual and reproductive health in refugee settings and finalized, with WHO, a manual on the clinical management of rape and intimate partner violence.

UNFPA reached 19 million people in 56 countries with humanitarian assistance, supplies and information. In partnership with JSI, UNFPA also launched the Inter-Agency Reproductive Health Kits Country Forecasting Tool to help countries plan and estimate need for RH Kits

and bulk supplies, including for STI and HIV prevention. In 2019, UNFPA provided over 12 200 health kits to 53 countries, thereby assisting around 1.4 million people with access to male and female condoms, treatment of STIs, kits for clinical management of rape and rapid lab screening of blood donations.

In 2018–2019, the World Bank continued work to improve access to HIV treatment in humanitarian settings. A World Bank project supported health responses in drought-affected populations in Kenya, with 47 million people (almost 100% coverage, up from a baseline of 26%) accessing a basic package of health services, and over 15 million people accessing health care and food supplements.

Access to medicines and commodities

In 2019, the Joint Programme continued to advocate for sustainable and affordable access to quality HIV medicines. The World Health Assembly, in Decision 71(8) in 2018, requested WHO to develop a comprehensive roadmap on access to medicines and vaccines for 2019–2023. In 2019, the World Health Assembly resolved to improve the transparency of markets for medicines, vaccines and other health products as part of efforts to expand access.

To support improved availability of HIV medicines and diagnostics, the WHO-convened forecasting working group for HIV and hepatitis medicines and diagnostics estimated the market size for pre-exposure prophylaxis (PrEP) and forecasted global demand for HIV diagnostics. A comprehensive database on drug regulatory status was developed and updated to reflect the in-country marketing authorization of HIV medicines, which will facilitate transparency and inform procurement and distribution decisions. Similarly, the Global Price Reporting Mechanism for HIV, hepatitis C, TB and malaria provided countries with pricing benchmarks to enhance their negotiating powers during procurement processes.

WHO developed a tool for determining specifications and quantities for efficient procurement of essential equipment and laboratory commodities for HIV, which assists in benchmarking procurement prices for essential commodities. To ensure future availability of essential HIV medicines, WHO conducted a survey of the market of active pharmaceutical ingredients of ARV drugs among 13 manufacturers.

UNDP supported 23 countries from the Southern African Development Community and the Economic Community of West Africa States regions to implement the African Union Model Law on Medical Product Regulation, which is aimed at promoting and protecting the public health of Africa's citizens.

Key challenges and future actions

Efforts to achieve and sustain the 90–90–90 targets face important challenges. They include the COVID-19 pandemic, an urgent need to scale-up differentiated approaches to HIV testing (including those that do not demand attendance at health facilities), and difficulties associated with closing remaining gaps in HIV testing, treatment uptake, retention in care and viral suppression, and addressing the testing and treatment needs of key populations, which is essential to reaching the 90-90-90 target and ending the epidemic.

Adoption and implementation of the WHO treatment guidelines varies across regions and the transition to DTG-containing regimens must speed up. Social and structural factors that affect HIV treatment uptake and success—including unequal gender norms, violence against women and stigma and discrimination—must be addressed more effectively. Low paediatric HIV treatment coverage is a major concern, especially in western and central Africa, and ensuring treatment access and good outcomes in refugee situations is becoming increasingly complex.

To address these challenges, the Joint Programme will maximize efficiencies and savings in HIV testing and treatment services, including through pooled procurement, innovative testing approaches and continued actions to address legal and human rights barriers.

- The VCT@WORK Initiative will be intensified with a focus on HIV self-testing in partnership with WHO, UNITAID and national stakeholders.
- WHO will complete a full revision of the consolidated treatment guidelines to ensure ready access to up-to-date guidance for decision-makers.
- Technical and policy guidance will be intensified to improve innovation and access to health technologies, including through UNDP production of a supplement to its guidance on leveraging competition law to increase HIV treatment access.
- UNHCR will strengthen monitoring and community-based programming, in and out of camps, to increase treatment adherence among displaced populations.
- The World Bank will continue to develop evidence and provide technical assistance in support of its lending operations that provide funding for HIV testing and treatment, including work to ensure their inclusion in health benefit packages.
- UNICEF will work to improve patient tracking to minimize loss to follow up and collaborate with partners to support uptake of family-centred service delivery models; and UNFPA will issue a new manual, with updated specifications, for IARH kits.

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