Global Overview:
Where are we succeeding?
What’s left to do?

37.9 Million
People
Living with HIV

Agenda 4.1
PERFORMANCE
MONITORING
UBRAF 2016-2021
Closer to reaching AIDS deaths target, *due to treatment expansion*
But still 770,000 deaths per year!

Number of AIDS-related deaths, global, 1990–2018 and 2020 target

770,000 deaths:
- 450,000 men
  - 2nd leading cause of death
    - women repro age SSA
- 251,000 TB
- 100,000 Children
- Top 5 Countries: India, South Africa, Mozambique, Nigeria, Indonesia

Source: UNAIDS 2019 estimates.
24.5 million people on treatment, worldwide (mid-year, 2019)

HIV testing and treatment cascade, global, 2018

- People living with HIV who know their status: 79% (67–92%)
- People living with HIV on treatment: 62% (46–74%)
- People living with HIV who are virally suppressed: 53% (43–63%)

Gap to reaching the first 90: 4.3 million
Gap to reaching the first and second 90s: 7.4 million
Gap to reaching all three 90s: 7.7 million

Source: UNAIDS special analysis, 2019; see annex on methods for more details.
Gaps are different in different regions

HIV testing and treatment cascade, by region, 2018

- **1st 90**: People don’t know they’re positive
- **2nd 90**: People know they’re positive, but not on treatment!

Source: UNAIDS special analysis, 2019; see annex on methods for more details.
The 2018 target to reach 1.6 million children with ART was missed. In 2018 only 54% of children living with HIV are accessing treatment.

Number of children living with HIV (aged 0–14 years) accessing antiretroviral therapy, global, 2000–2018 and 2018 target

TOP 5 CLHIV Countries:
Nigeria, Mozambique, South Africa, Tanzania, Kenya

MISSING CHILDREN: 700,000 not on ART
Not accessing EID or infected after EID

Children NOT on ART:
• 480k (66%) are 5-14 yrs
• Most deaths among 0-4 yrs

Overcoming Barriers to finding, keeping, benefiting:
• Family Services Testing
• MTCT: full EID, full follow-up
• Regimen Optimization
• Stigma in school, community, family settings
• Mental Health Supports

Source: UNAIDS 2019 estimates.
Many countries **have or will** achieve Treatment Cascade Targets (=73% VL Suppression)

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<th>Nearly achieved</th>
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Source: UNAIDS 2019 estimates.
Digging deeper to get to 95-95-95..
Namibia shows high levels of VLS except men 25-34 yrs

Far from global targets for new HIV infections

Number of new HIV infections, global, 1990–2018 and 2020 target

TOP 5 Countries, New HIV Infections: South Africa, Mozambique, Russian Federation, Nigeria, India

Source: UNAIDS 2019 estimates.
Regions are on very different trajectories in the response!
Some large countries drive regional trends

Trends in new HIV infections, by region, 2010–2018
More than half of new infections are among Key Populations & Partners

Distribution of new HIV infections (aged 15–49 years), by population, global, 2018

Remaining population 46%

- Sex workers 6%
- People who inject drugs 12%
- Gay men and other men who have sex with men 17%
- Transgender women 1%
- Clients of sex workers and sex partners of other key populations 18%

Source: UNAIDS special analysis, 2019.

KPs important in EVERY region…from 25% eastern and southern Africa to 95% in western and Central Europe and North America
Rising HIV infections among young MSM: common denominator in counties with different epidemic dynamics

HIV prevalence among young MSM (<25 years)

- 69% of all new infections in the Philippines are among young MSM
- A survey in Viet Nam showed that 70% of MSM are below 25 year old.

HIV incidence among young MSM (<25 years)


*Shanghai, Nanjing, Changsha, Zhengzhou, J'nan, Shenyang and Kunming;
**Bangkok men who have sex with men cohort study (BMCS)
Consensual same-sex sexual relations are still criminalized

Percentage of the global population living in countries that criminalize consensual same-sex sexual relations, global, 1969–2018

Sex workers continue to face physical and sexual violence

Percentage of sex workers who reported experiencing physical and sexual violence, selected countries, 2014–2018

Source: Literature review by UNAIDS and the Key Populations Program of the Center for Public Health and Human Rights, Johns Hopkins University. See references at the end of the chapter for details.
People living with HIV are still confronted with stigma and discrimination

Percentage of people aged 15–49 years who would not buy vegetables from a shopkeeper living with HIV, 2013–2018

Note: Data for Algeria, Bangladesh, Egypt, El Salvador, Guinea, Kazakhstan, Kyrgyzstan, Panama, Paraguay, the Philippines, the Sudan, Tajikistan, Turkmenistan, Uruguay, Yemen and Viet Nam are for female respondents only.

One quarter of new infections in SSA are among young women, One quarter are among key populations

By age and sex, 2018

- (0-14) Male
- (0-14) Female
- (15-24) Male
- (15-24) Female
- (25-49) Male
- (25-49) Female
- (50+) Male
- (50+) Female

234,000 =25% of new infections among AGYW

Estimated 100,000,000 AGYW total

By population, 2018

- Clients of sex workers and sex partners of all key populations 9%
- Men who have sex with men 7%
- People who inject drugs 1%
- Sex workers 5%
- Remaining population 78%

204,000 =23% of new infections among key populations

Estimated 6,600,000 Key population members total

By population, 2018

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204,000 =23% of new infections among key populations

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Where intensive combination services for AGYW are delivered, incidence goes down…but not all high incidence areas being reached

(Sub-national estimates from eastern and southern Africa)
Reductions in new child infections have plateaued

*Despite over 80% coverage of pregnant HIV+ women in 2018*

Number of new HIV infections among children (aged 0–14 years),
global, 2000–2018 and 2020 target

Source: UNAIDS 2019 estimates.
Approximately 125,000 women seroconverted while they were pregnant or breastfeeding leading to 30,000 new infections.

43% were aged 15-24 years. These women are likely in frequent contact with health services!

...leading to 13,000 new child infections
COVID & HIV in SSA—THE COST OF INACTION is HIGH!

HIV services must be maintained...

Interruption of HIV treatment for 6 months could result in 1 million AIDS-related deaths in sub-Saharan Africa in 2020/2021

PROGRESS will require DIGGING DEEPER

Differentiation

Intensification

Political Commitment

TO

Eliminate Inequalities

Finance Priorities
Unified Budget, Results and Accountability Framework 2016-2021

Agenda 4.1
PERFORMANCE MONITORING
2018-2019 Performance Monitoring Report

Executive Summary
Regional and Country Report
SRA and Indicator Report
Organizational Report
Transparency Portal [https://open.unaids.org]

- Country reports
- Regional reports
- Strategy Result Area and UBRAF indicator report
- Organizational report (including Secretariat functions)
- Financial information
What is new in the 2018 -2019 PMR?

• A leaner PMR that is biennial in scope and focuses on results, moving away from process level reporting

• Presenting Joint Programme’s contributions towards the Fast-Track commitments in the context of the UNAIDS Strategy Result Areas

• First biennial reporting within the framework of the refined UNAIDS Joint Programme operating model.

• Country reports that reflect diversity of contexts and showcase demand-driven support by the Joint Programme.
What is new in the 2018-2019 PMR?

- A new section in the Regional and Country Report and Organizational Report that outlines Joint Programme contribution towards integrated SDG agenda

- Organizational Report describes how each Cosponsor has integrated HIV into the broader agency mandate

- More robust UBRAF indicator data with multiple measurements for each indicator that allow for disaggregated analysis
Thank you
UNAIDS Joint Programme refined operating model

- First Biennium implementing the Joint Programme’s refined operating model

- Stakeholders and Joint UN Teams on AIDS working together in 95 countries to remove barriers and bottlenecks impeding fulfilment of the Fast-Track commitments

- The Joint Programme worked to ensure that HIV remains high on national agendas and that decision-making and implementation is inclusive

- Strategic information continued to serve as the foundation for the Joint Programme’s advocacy and targeted support

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Strategic investments from Global Fund and PEPFAR

2030 | Ending the AIDS epidemic
Prevention: Joint Programme contributions

Global Prevention Coalition

Increased political and financial commitments for HIV prevention, including through initiatives like the 28-country Global Prevention Coalition

Sexuality education

Encouraging progress was made in building strong political support for comprehensive sexuality education

Access and uptake

The Joint Programme contributed to increasing access to and uptake of prevention services, such as condom provision, VMMC and PrEP

Key populations

The Joint Programme supported countries to engage, empower and support key populations
Prevention: Key future actions

• The Joint Programme will continue to support the scale up and intensification of combination HIV prevention

• The Joint Programme will scale up interventions that address human rights barriers and gender inequality, prevent violence and HIV

• Launch of the Joint Education “plus” initiative for young women and adolescent girls in Africa to promote secondary education
HIV testing and treatment: Joint Programme contributions

Treat -All

As a result of Joint Programme policy efforts, 95% of countries had adopted the treat-all approach – an increase over 84% in 2018 and 40% in 2016.

S&D in healthcare setting

Joint Programme supported countries to differentiate service delivery models to better respond to clients’ needs and address stigma and discrimination in health-care settings.

HIV self-testing

Seventy-seven countries have adopted the WHO guidelines recommending provision of HIV self-testing.

EMTCT

The Joint Programme developed a new analytical and programming framework in collaboration with PEPFAR and UNICEF in response to slow progress towards EMTCT targets.
HIV testing and treatment: Key future actions

- Support to scale-up of diversified testing and treatment programmes and address the needs of those at risk of being left behind

- Efforts to ensure that key populations have access to a continuum of prevention, treatment and broader social services will continue

- Focus on those left furthest behind

- UNICEF, WHO, and the UNAIDS Secretariat will collaborate to roll out the “eMTCT Last Mile” framework
Gender equality and human rights: Joint Programme contributions

Gender equality

UN Women invested in the leadership skills and capacities of women living with HIV to participate in the national HIV responses in more than 30 countries.

Global Partnership S&D

The Joint Programme is supporting 16 countries to develop multi-sectoral, multi-stakeholder national action plans to end HIV-related stigma and discrimination.

Policy and law reform

UNDP and the Joint Programme supported governments, civil society in 89 countries to reform discriminatory laws and policies on HIV, TB and broader health issues.

Human Rights and Drug Policy

UNDP, WHO, UNHCHR and the UNAIDS Secretariat partnered with countries, academia, civil society & communities to develop the International Guidelines on Human Rights and Drug Policy.
Gender equality and human rights : Key future actions

- Support the scale-up of community-led responses to transform unequal gender norms and prevent gender-based violence

- Leverage the Global Partnership to support more countries to develop and implement national action plans to eliminate HIV-related stigma and discrimination

- Support country led efforts to create enabling environments and remove human rights barriers to HIV services

- Work with partners such as the Global Fund to scale up gender and human rights programmes
Cross-cutting issues: Joint Programme contributions

**Investments and Efficiencies**

The World Bank conducted 35 studies on allocative and technical efficiencies in 18 countries.

**Social Protection**

More than 90 countries strengthened their social protection systems with support from the Joint Programme.

**Food & Nutrition**

In at least 18 countries, integrated food and nutrition services in their national HIV responses.

**Global Fund**

The Joint Programme supported 75 countries in the preparation of Global Fund funding request applications.
Way Forward

Reaching the HIV-related SDG targets requires a strategic pivot. Together we must:

- Address inequalities
- Close the resource gap
- Finance priorities
- Remove human rights barriers
- Engage CSO’s and communities
- Address humanitarian contexts
- Set ambitious 2025 targets

The next UNAIDS strategy is an opportunity to re-energize the AIDS response and protect the gains made so far, while leveraging our knowledge and systems for COVID-19 responses
Thank you