Executive summary

Two decades ago, the global AIDS pandemic seemed unstoppable. More than 2.5 million people were acquiring HIV each year, and AIDS was claiming two million lives a 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.

UNAIDS data show that today, 29.8 million of the 39 million [33.1 million–45.7 million] people living with HIV globally are receiving life-saving treatment.[1] An additional 1.6 million people received HIV treatment in each of 2020, 2021 and 2022. If this annual increase can be maintained, the global target of 35 million people on HIV treatment by 2025 will be within reach *(1)*. Access to antiretroviral therapy has expanded massively in sub-Saharan Africa and Asia and the Pacific, which together are home to about 82% of all people living with HIV.

The path to ending AIDS is clear. We have a solution if we follow the leadership of countries that have forged strong political commitment to put people first and invest in evidence-based HIV prevention and treatment programmes. The building blocks of a successful AIDS response come together through partnerships between countries, communities, donors including the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight, AIDS, Tuberculosis and Malaria (the Global Fund) and the private sector.

Building blocks for a successful HIV response

[1] See Annex 2 Methods for more information on UNAIDS data in this report.

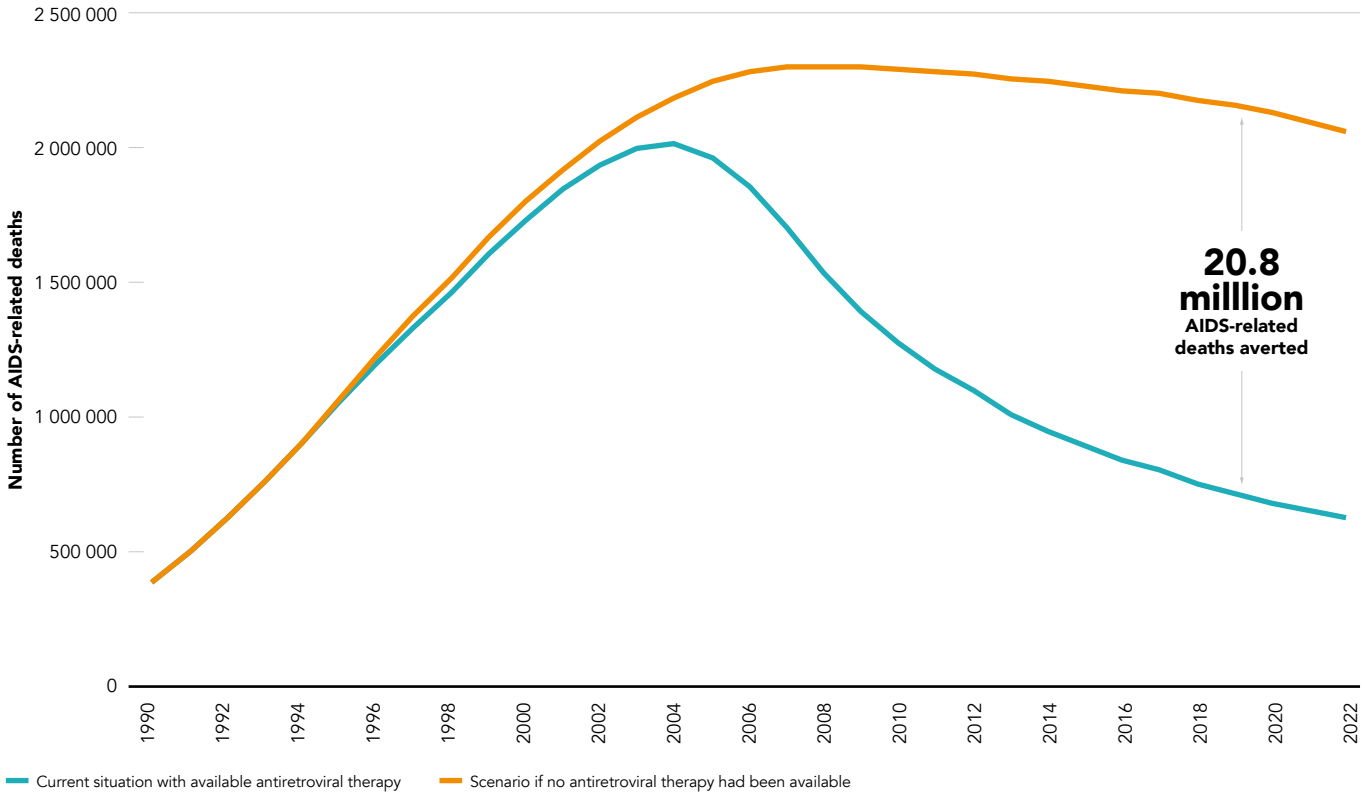
Treatment and prevention are saving millions of lives

Freed-up access to HIV treatment has averted almost 20.8 million AIDS-related deaths in the past three decades (Figure 0.1).[2] Overall, numbers of AIDS-related deaths have been reduced by 69% since the peak in 2004. Botswana, Eswatini, Rwanda, the United Republic of Tanzania and Zimbabwe, all in sub-Saharan Africa, have already achieved the 95–95–95 targets, and at least 16 other countries (eight in sub-Saharan Africa) are close to doing so (see Chapter 1).

Globally, almost three-quarters (71%) of people living with HIV in 2022 (76% of women and 67% of men living with HIV) had suppressed viral loads. Viral suppression enables people living with HIV to live long, healthy lives and to have zero risk of transmitting HIV sexually. Viral load suppression in children, however, was only 46%.

HIV treatment averted almost 21 million AIDS-related deaths between 1996 and 2022

Figure 0.1 Number of AIDS-related deaths: current situation versus scenario without available antiretroviral therapy, 1990–2022



Source: UNAIDS special analysis of epidemiological estimates, 2023.

[2] In April 2023, PEPFAR reported 25 million lives saved with antiretroviral therapy. The difference is accounted for because PEPFAR includes child infections averted as a life saved. Similarly, PEPFAR's calculation of infections averted among children incorporates indirect prevention of vertical HIV transmission, captured in adult prevention programmes *(2)*.

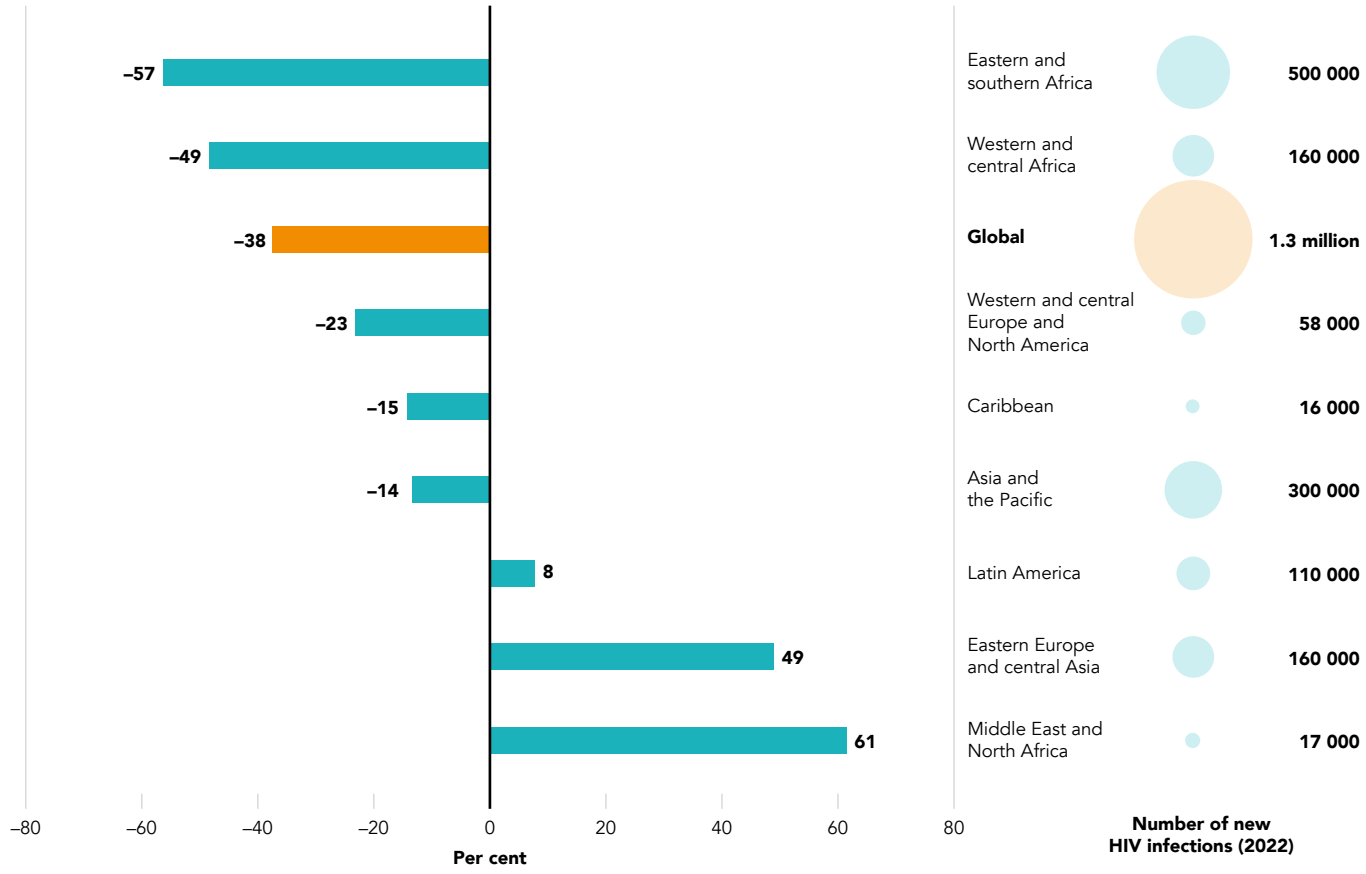
The estimated 1.3 million [1.0 million–1.7 million] new HIV infections in 2022 were the fewest in decades, with the declines especially strong in regions with the highest HIV burdens (Figure 0.2).

The steepest drops in numbers of new infections have been among children (aged 0–14 years) and young people (aged 15–24 years), who in recent years have been targeted with effective interventions. Globally, in 2022, approximately 210 000 [130 000–300 000] adolescent girls and young women (aged 15–24 years) acquired HIV, half as many as in 2010. In the same year, 140 000 [67 000–210 000] adolescent boys and young men (aged 15–24 years) acquired HIV, a 44% reduction since 2010.

Fewer new HIV infections in women and higher coverage of treatment among people living with HIV have led to a 58% drop in the annual number of new infections in children globally between 2010 and 2022, to 130 000 [90 000–210 000], the lowest since the 1980s. Vertical transmission programmes have averted 3.4 million new HIV infections in children since 2000.[2]

Declines in numbers of new HIV infections are strongest in sub-Saharan Africa

Figure 0.2 Change in number of new HIV infections, 2010–2022, and number of new HIV infections, 2022, global and by region



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

Many countries are doing the right things—and reaping the benefits ...

The biggest breakthroughs are occurring in countries that have forged and maintained strong political commitment to put people first and invest sufficiently in proven strategies. They have prioritized inclusive approaches that respect people's human rights, and they have engaged affected communities across the HIV response. They have acted 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.

HIV programmes succeed when public health priorities prevail, as experiences in multiple countries attest. In Botswana and Cambodia, evidence-based polices and scaled up responses have paid off in reducing new HIV infections and AIDS-related deaths. Cameroon, Nepal and Zimbabwe have achieved major reductions in new HIV infections due to focused prevention programmes. The number of people on pre-exposure prophylaxis (PrEP) in Latin America has increased by over 55% since 2021 (although still less than 5% of the projected need by 2025), with 10 countries providing PrEP to people from key populations in 2022.[3] Thailand is well on its way to achieving the 95–95–95 targets and has successfully integrated a response to addressing stigma and discrimination into its national HIV response.

The achievements of the global HIV response have more general relevance and impact too. The improvements, and the strengthened health and community systems underpinning them, are bringing benefits that spill over beyond the public health realm and add to progress towards several other Sustainable Development Goals (SDGs). By protecting the lives and livelihoods of millions of people, HIV programmes are shielding them against poverty and food insecurity, enabling them to financially support the schooling of their children, and contributing to the ongoing reduction in deaths in children and maternal mortality.

[3] UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings as the five main key populations that are particularly vulnerable to HIV and frequently lack adequate access to services.

... but barriers, including a widening funding gap, hold back quicker progress

The gains made against AIDS are a major public health achievement, particularly in the absence of a vaccine capable of protecting against infection or a cure. But in a world marked by intersecting inequalities, not everyone is benefiting yet.

There is untapped potential for stronger HIV prevention

Adolescent girls and young women still have to contend with extraordinarily high risks of HIV infection in many parts of sub-Saharan Africa, as do people from key populations everywhere. Gender and other inequalities, along with violence, stigma, discrimination and harmful laws and practices, sabotage their abilities to protect themselves from HIV *(3–6)*.

Every week, 4000 adolescent girls and young women acquired HIV. In 2022, in sub-Saharan Africa, women and girls (of all ages) accounted for 63% of all new HIV infections. Only about 42% of districts with very high HIV incidence in sub-Saharan Africa are currently covered with dedicated prevention programmes for adolescent girls and young women. Closing these gaps and making it easier for sexually active girls and women to access female-friendly biomedical prevention tools, such as oral PrEP and the dapivirine vaginal ring, would greatly reduce their risks of acquiring HIV.

Beyond sub-Saharan Africa, reductions in numbers of new HIV infections have been modest. Almost a quarter of new HIV infections (23%) 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% increase) and the Middle East and North Africa (61% increase). These trends are due primarily to a lack of prevention services for people from marginalized and key populations and to the barriers posed by punitive laws, violence and social stigma and discrimination.

HIV and other health services for people from key populations are scarce, inaccessible or entirely absent in many countries. Despite some positive changes, laws that criminalize people from key populations or their behaviours remain on statute books across much of the world. The vast majority of countries (145) still criminalize the use or possession of small amounts of drugs; 168 countries criminalize some aspect of sex work; 67 countries criminalize consensual same-sex intercourse; 20 countries criminalize transgender people; and 143 countries criminalize or otherwise prosecute HIV exposure, non-disclosure or transmission.

Consequently, the HIV pandemic continues to impact key populations more than the general population. In 2022, compared with adults in the general population (aged 15–49 years), HIV prevalence was 11 times higher among gay men and other men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people.

Failure to protect people within key and other priority populations, including in humanitarian settings, against HIV will prolong the pandemic indefinitely, at huge cost to the affected communities and societies.

Millions still miss out on treatment

Despite the progress made, AIDS claimed a 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 getting treatment but were not virally suppressed. Treatment progress is especially slow in eastern Europe and central Asia and the Middle East and North Africa, where only about half of the over two million people living with HIV were receiving antiretroviral therapy in 2022.

Men living with HIV were still significantly less likely than women living with HIV to be on treatment in sub-Saharan Africa, the Caribbean and eastern Europe and central Asia. Ridding health-care facilities of stigma and discrimination is crucial, along with removing laws and practices that make people, especially those from key populations, distrustful or fearful of health services.

Treatment coverage lags for children (aged 0–14 years) and adolescents. Some 660 000 children living with HIV—about 43% of the 1.5 million [1.2 million–2.1 million] children living with HIV—were not receiving treatment in 2022. Numbers of AIDS-related deaths among children were reduced by 64% in 2010–2022, but the HIV pandemic still claimed the lives of approximately 84 000 children in 2022.

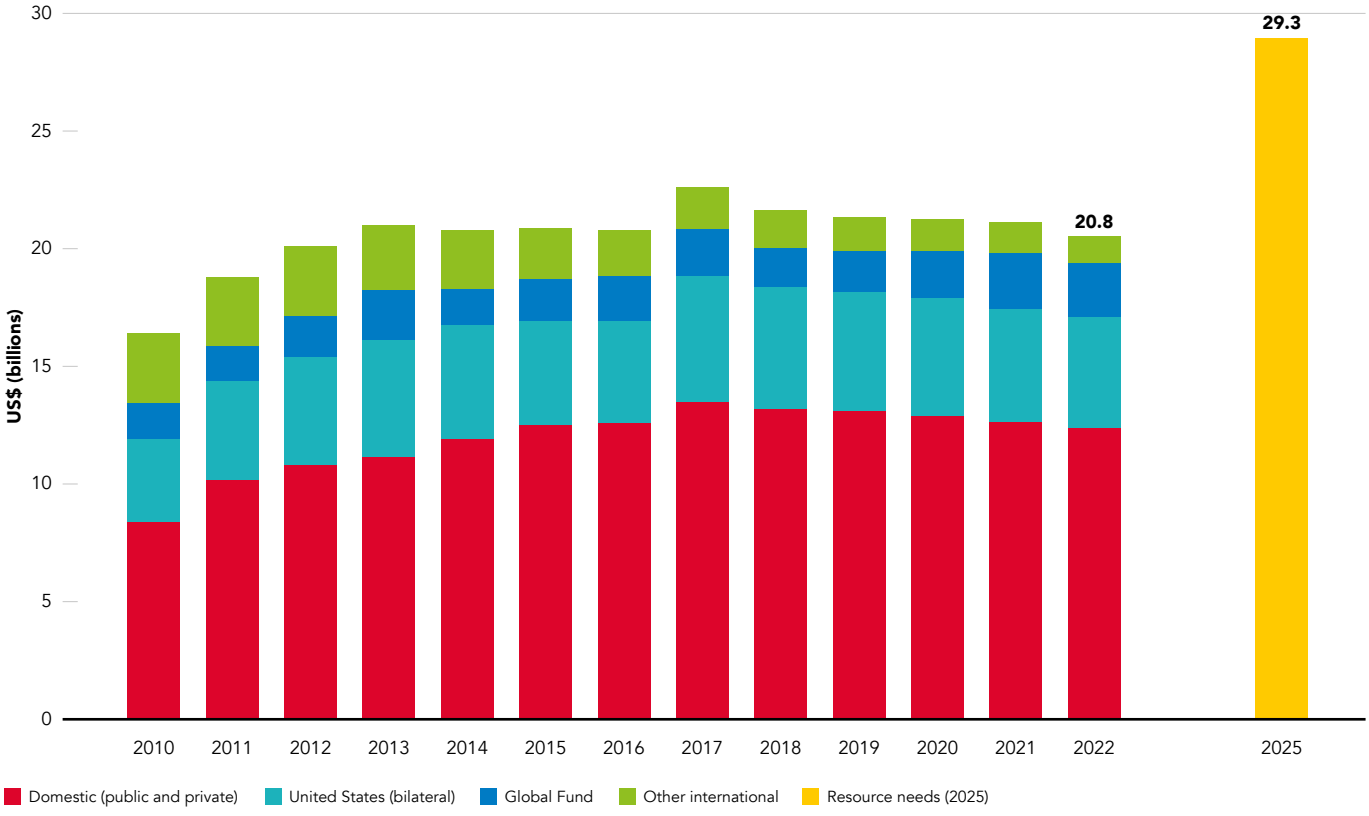
The funding gap is widening

A backdrop to many of the remaining challenges is the widening funding gap for the global HIV response. A total of US$ 20.8 billion (constant 2019 US$) was available for HIV programmes in low- and middle-income countries in 2022—2.6% less than in 2021 and well short of the US$ 29.3 billion needed by 2025 (Figure 0.3). Having increased substantially in the early 2010s, HIV funding has fallen back to the same level as in 2013.

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% of HIV spending towards prevention programmes for people from key populations. More funding for prevention programmes, especially among key populations, is badly needed—as is smarter, more cost-effective use of those funds.

The global HIV funding gap is widening

Figure 0.3 Resource availability for HIV in low- and middle-income countries by source, 2010–2022 and 2025 target



Source: UNAIDS financial estimates and projections, 2023 (http://hivfinancial.unaids.org/hivfinancialdashboards.html); Stover J, Glaubius R, Teng Y, et al. Modeling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030. PLoS Med. 2021;18(10):e1003831.
Note: the resource estimates are presented in constant 2019 US dollars (billions). The countries included are those that were classified by the World Bank in 2020 as being low- or middle-income countries.

Programmes and policies that put people first have the most impact

Doing the right things drastically improves the health and well-being of societies, reduces HIV vulnerability and risk, and averts large numbers of HIV infections.

The most successful HIV responses are following principles very similar to those that anchor the United Nations Common Agenda and that serve as compass points for the SDGs. They put people first, confront inequalities, uphold human rights, and forge trust between public authorities and affected communities. There are huge opportunities to advance on all these fronts. Seizing them now will take the world to within reach of ending the AIDS pandemic, and it will add fresh momentum towards achieving a range of SDGs.

The removal or non-enforcement of laws that target people from key populations and concerted efforts to end HIV-related stigma and discrimination are high priorities. Stronger accountability for health-care providers can help stop stigmatizing behaviours at health facilities.

Promoting gender equality and confronting sexual and gender-based violence will make a difference. 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.

Community-led organizations have long been the backbone of the HIV response. They raise the alarm about rights violations and service failings *(7)*, propose improvements *(8, 9)*, and hold health systems accountable *(10)*. Even in hostile conditions, they excel at providing people-centred services to underserved populations *(11–13)*. Their work is undermined, however, by funding shortages, policy and regulatory hurdles, capacity constraints, and crackdowns on civil society. If these obstacles are removed, community-led organizations can add even greater impetus to the global HIV response *(14)*.

Greater equity will unlock new opportunities

Affordability of new health technologies is an ongoing challenge, with long-acting injected 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. But it could take years before generic manufacturing of the medicine is in full swing, and several upper-middle-income countries with substantial HIV epidemics were not included in the licensing deal. Removing these hurdles would give HIV prevention a major boost.

The COVID-19 pandemic exposed wide gaps in social protection coverage across all countries—the result of underinvestment in social protection, especially in Africa and Asia. Some four billion people currently lack any form of reliable social protection—even though a wealth of evidence shows that social protection programmes can reduce poverty and help meet multiple needs of people who are poor and excluded and boost HIV responses *(15–20)*. 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 and is helping to reduce numbers of new HIV infections. New evidence confirms that cash transfer programmes have wide-ranging health and social benefits, including the reduction of HIV vulnerability and risk *(15)*. Stronger social safety nets would add impetus to HIV efforts and bring the world closer to achieving numerous other SDGs.

Deeper integration of HIV and other health services—including noncommunicable disease and mental health services—would help improve the uptake of non-HIV services (by making them more convenient and responsive to people's needs), enhance HIV treatment outcomes, and support the achievement of universal health coverage *(21)*.

The path to ending AIDS is clear. HIV responses succeed when they are anchored in strong political leadership, have adequate resources, follow the evidence, use inclusive and rights-based approaches, and pursue equity. Countries that are putting people first in their policies and programmes are already leading the world on the journey to ending AIDS by 2030.

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