

95 95 95 95

TARGETS UPDATE

July 22, 2024 ▪ Munich, Germany

Leveraging Innovation to Facilitate a Surge towards 2030 Targets

Andy Seale, MPH
Adviser, Office of the Director
WHO Department of Global HIV, Hepatitis and STI Programmes
22 July 2024

In memory of our WHO colleague
Mr. Glenn Thomas

who lost his life 10 years ago in the MH17
tragedy when traveling to IAS2014,
Melbourne






Glenn's tree is standing
tall at WHO HQ



- 1 Setting the Scene – HIV update – 2023 data**
- 2 Reaching the targets in a challenging context**
- 3 Progress in the first two years of the GHSS 2022-2030**
- 4 Innovations – technology, services, systems**
- 5 WHO guidance launching this week**
- 6 Conclusions – innovations for surge**

Summary of the global HIV epidemic, 2023



	People living with HIV	People acquiring HIV	People dying from HIV-related causes
 Total	39.9 million [36.1–44.6 million]	1.3 million [1.0–1.7 million]	630 000 [500 000–820 000]
 Adults (15+ years)	38.6 million [34.9–43.1 million]	1.2 million [950 000–1.5 million]	560 000 [430 000–730 000]
 Women (15+ years)	20.5 million [18.5–22.9 million]	520 000 [400 000–690 000]	240 000 [180 000–320 000]
 Men (15+ years)	18.1 million [16.2–20.3 million]	660 000 [540 000–840 000]	320 000 [250 000–420 000]
 Children (<15 years)	1.4 million [1.1–1.7 million]	120 000 [83 000–170 000]	76 000 [53 000–110 000]

Global HIV epidemic – people living with HIV

2023

Globally

39.9 million

People living with HIV



+25%

compared with 2010

Global HIV epidemic – incidence and mortality since 2010

2023
Globally

39.9 million

People living with HIV



– 39%

New HIV infections
annually compared with 2010

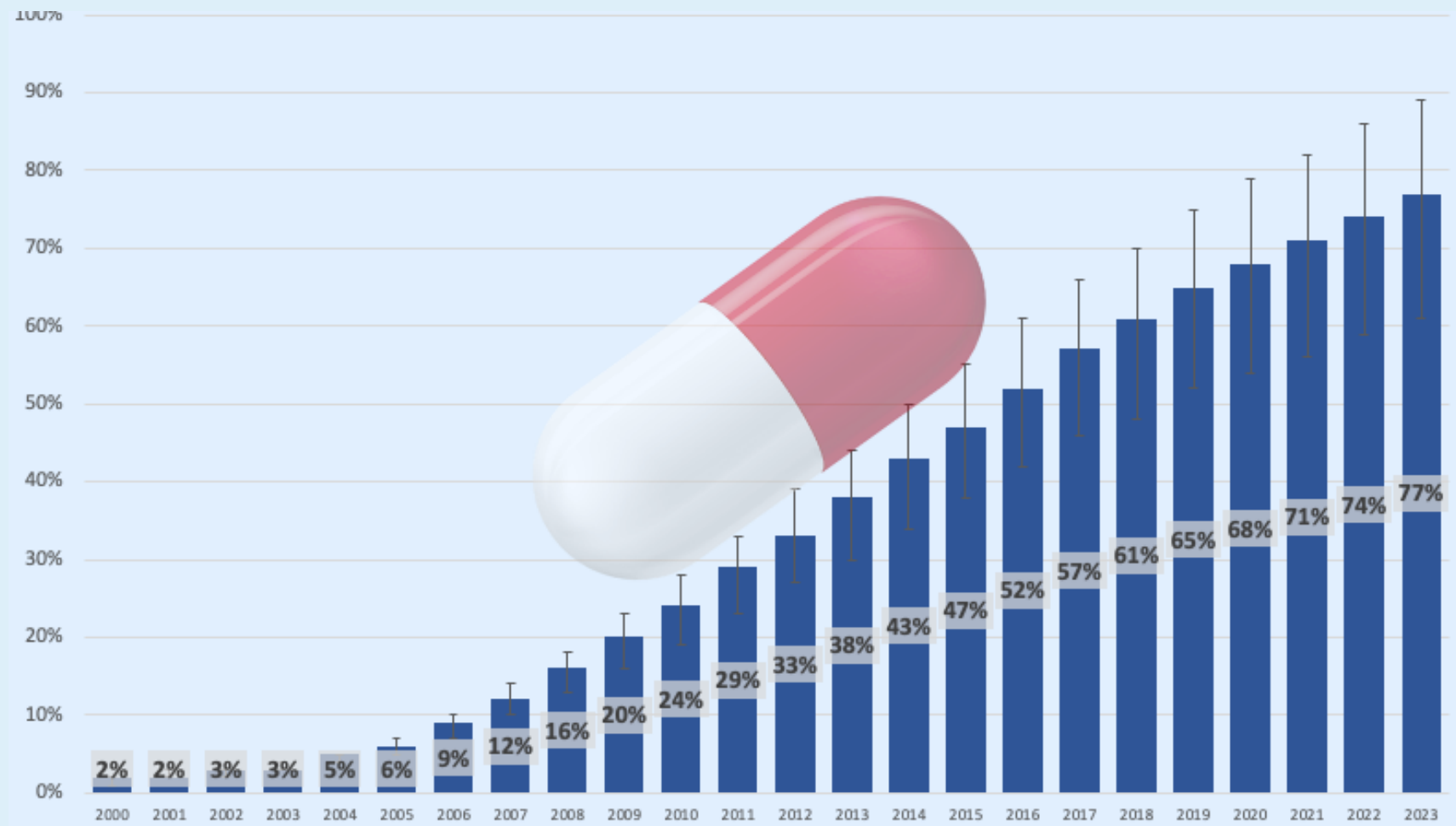


– 51%

HIV-related deaths
annually compared with 2010

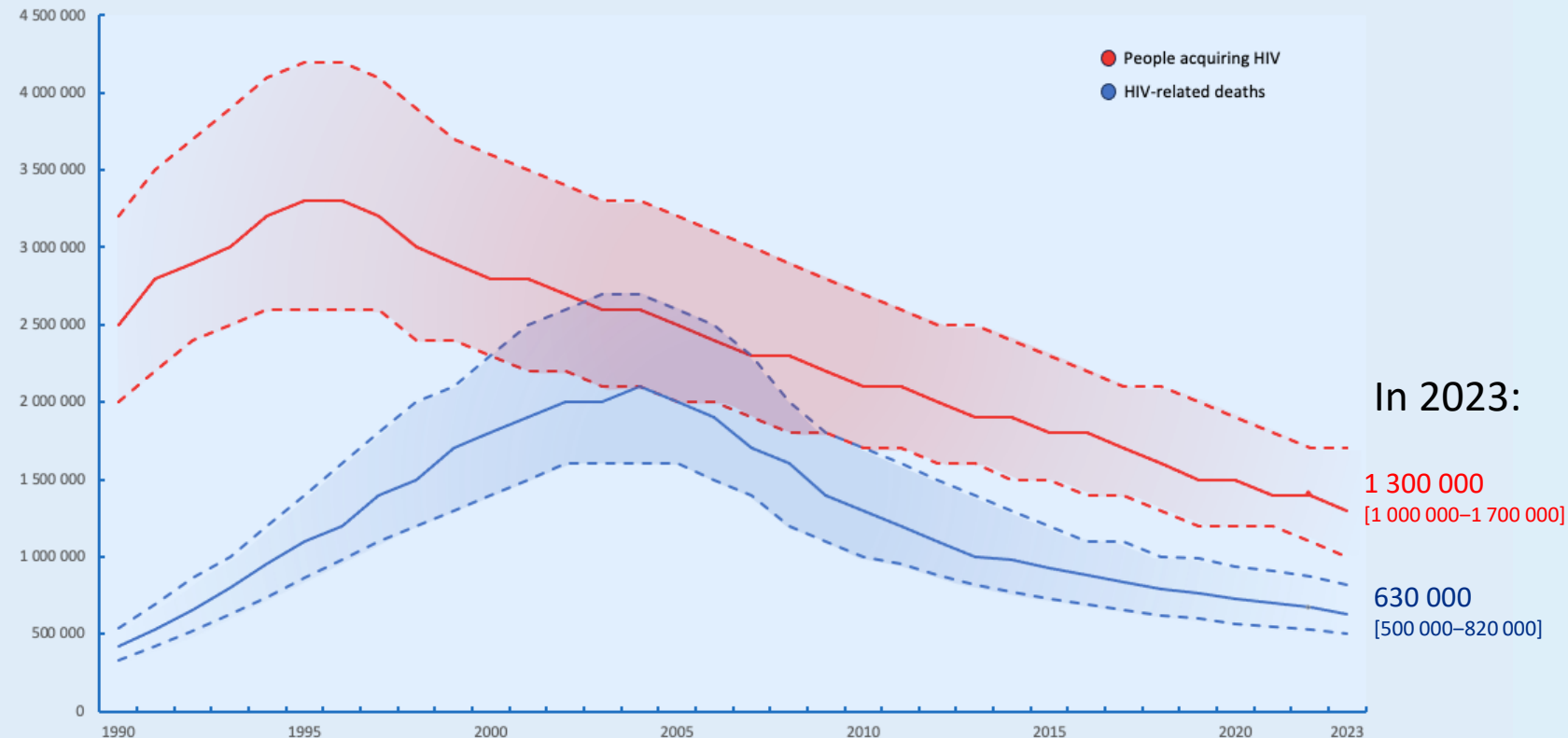


Global antiretroviral therapy coverage over time, global, 2000–2023



Source: UNAIDS/WHO estimates, 2024.

Decline in number of people acquiring HIV and HIV-related deaths, globally over time



Source: UNAIDS/WHO estimates, 2024.

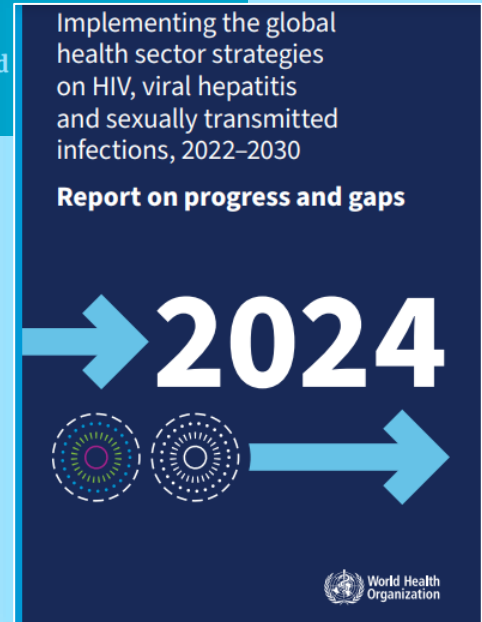
Global health sector strategies

[Global health sector strategies on HIV, viral hepatitis, and sexually transmitted infections for the period 2022-2030](#) guide the health sector in implementing strategically focused responses to achieve the goals of ending AIDS, viral hepatitis B and C and sexually transmitted infections by 2030. **Aligned with Global AIDS Strategy.**

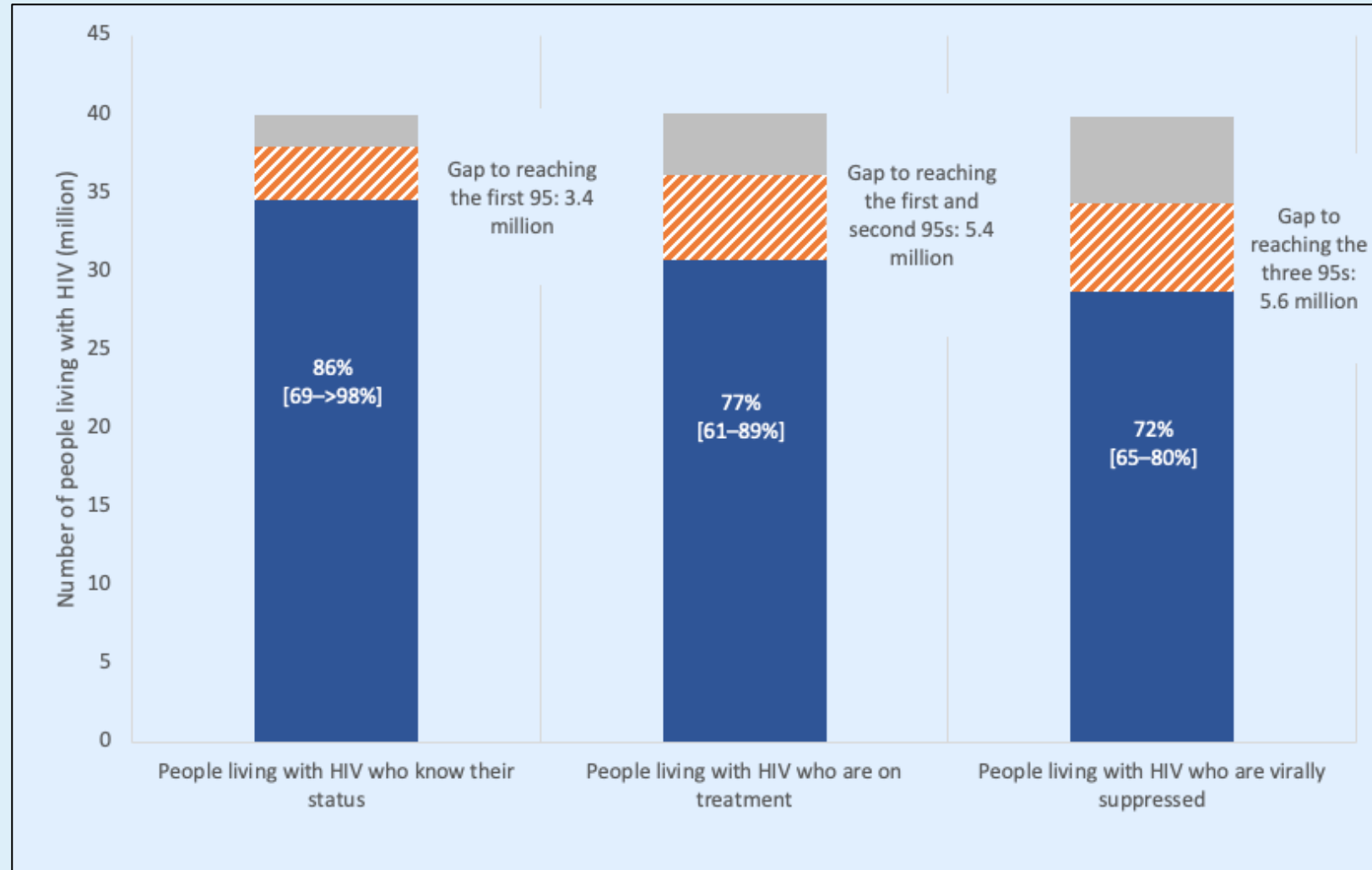
The 2022-2030 strategies recommend shared and disease-specific country actions supported by actions by the World Health Organization and partners.

The Seventy-Fifth World Health Assembly requested progress reports on the implementation of the strategies in 2024, 2026, 2028 and 2031.

The first progress report was discussed at the 77th World Health Assembly and a second edition is launched today to include new HIV data for 2023.

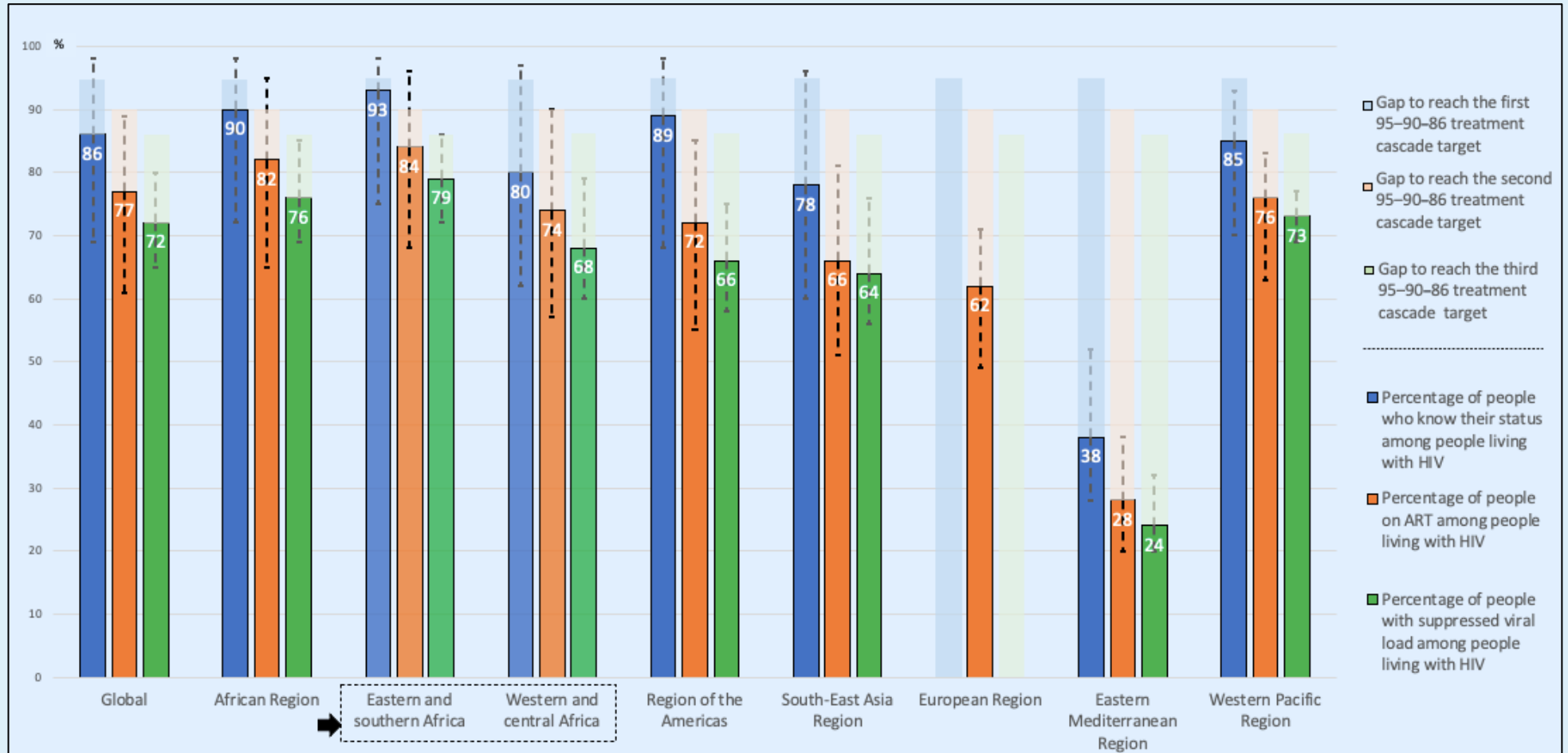


Progress towards HIV testing and treatment cascades targets, global, 2023

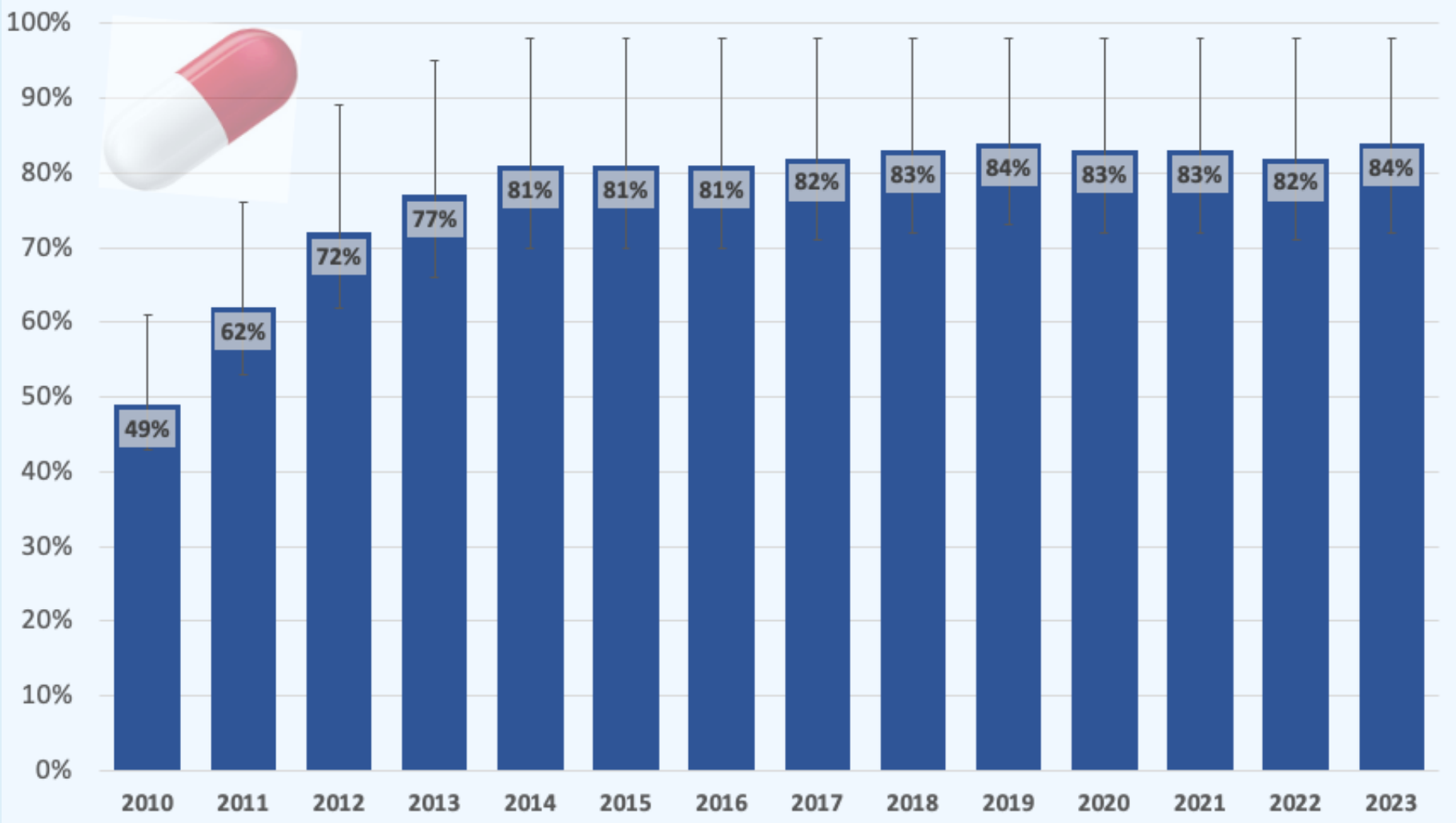


Source: UNAIDS/WHO estimates, 2024.

Progress towards HIV testing and treatment cascade targets, by WHO region, 2023



Prevention of mother-to-child transmission coverage over time, global, 2010–2023



We will not meet 2025 targets - unlikely to meet 2030 incidence targets

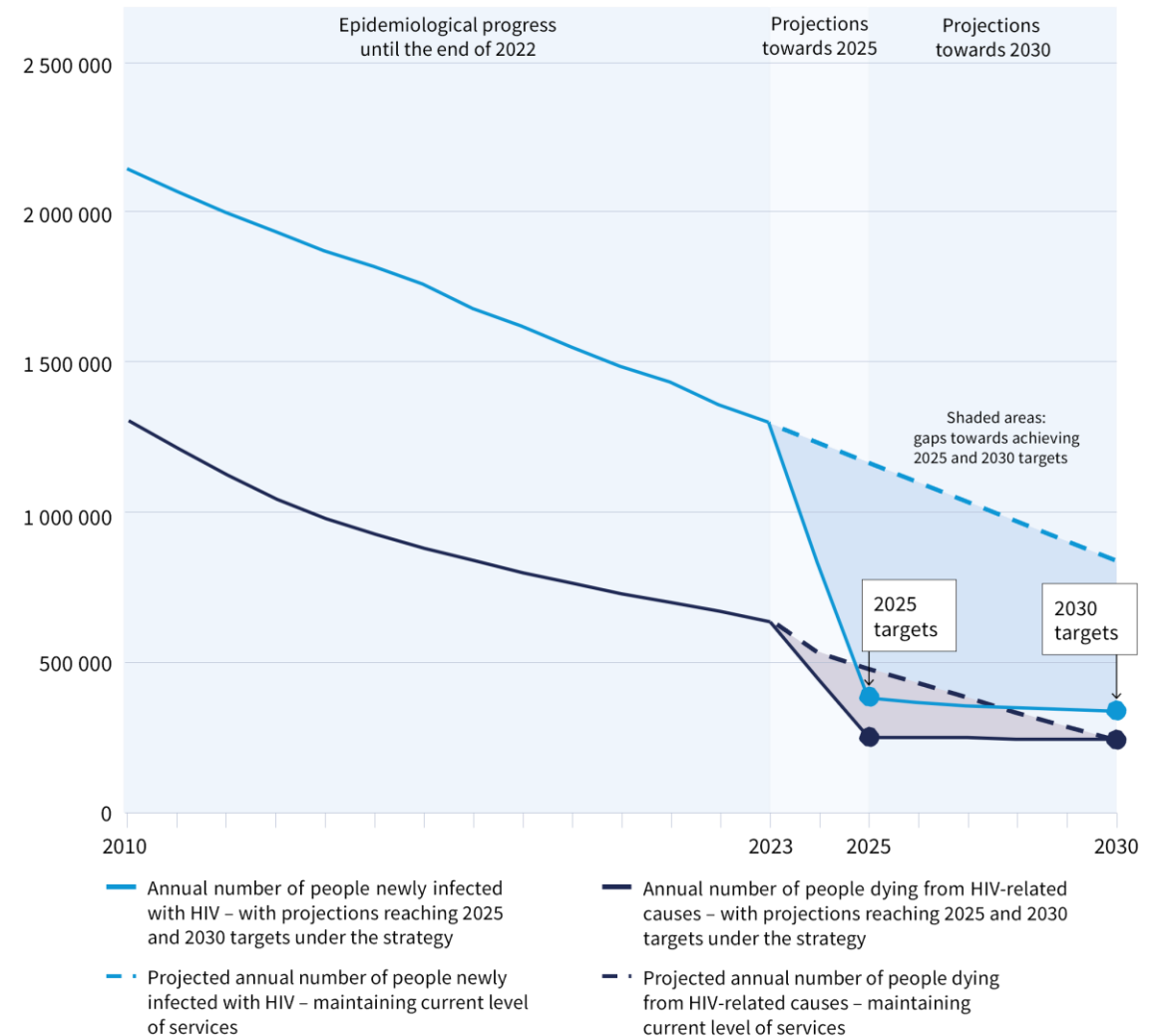
While HIV incidence and HIV-related deaths have declined significantly since 2010 in recent years the rates are insufficient to achieve the 2025 targets

Despite the widespread availability of antiretroviral therapy, there were 630 000 HIV-related deaths in 2023, many of them due to late engagement in care and structural barriers to service access.

Note: The United Nations global targets for 2025 are twofold: reducing the number of people acquiring HIV to less than 370 000 and reducing the number of HIV-related deaths to less than 250 000. To end AIDS as a public health threat by 2030, the targets are a 90% reduction of the number of people acquiring HIV and dying from HIV using 2010 as the baseline.



HIV incidence and mortality from implementing the strategy compared to current trends, global, 2010–2030

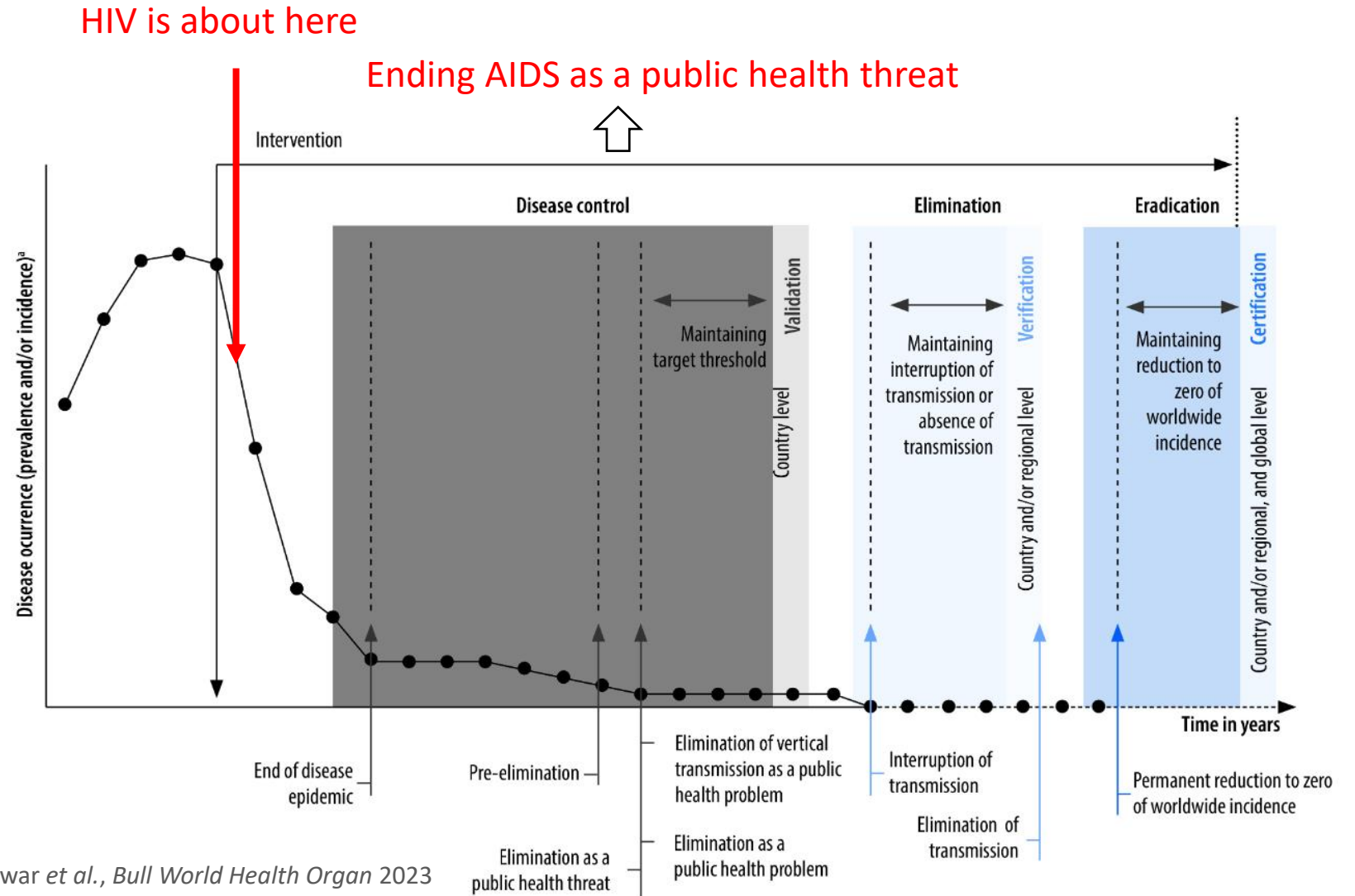


Sources: Avenir Health using 2025 targets and UNAIDS/WHO epidemiological estimates, 2024.

HIV response is pushing toward “control” but not there yet

Continued measures are required to maintain the reduction in incidence

Disease control: Reduction in disease incidence, prevalence, and morbidity or mortality to low level because of deliberate interventions



Where do we need innovation, acceleration and surge?

- Children – including through a focus on vertical transmission
- Overlooked men
- Inequities between regions – key populations
- Prevention – need to rapidly scale-up PrEP and other technologies
- Start of the cascade - HIV testing
- Ageing with HIV and comorbidities
- Sustainability including simplification and integration – Primary Health Care
- Disengagement from treatment and care
- Empowered communities
- Stigma and discrimination
- Complexity of responses

Focus on:

Basics: Prevent-test-treat

Person-centered care

PHC and sustainability

Matching resources to need

Key populations

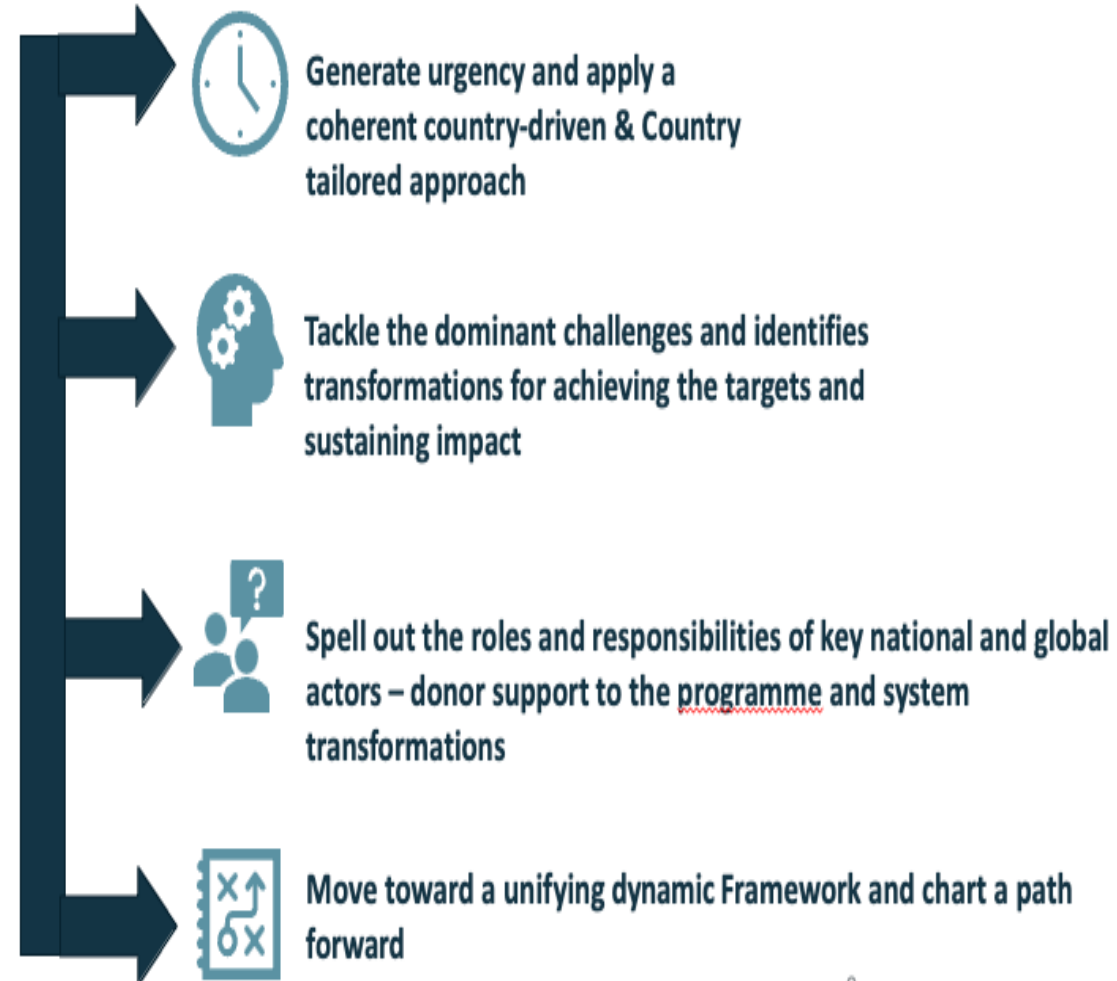
Communities as experts

Platforms and initiatives to support surge efforts: Global Alliance to end AIDS in Children

Sustainability Roadmaps – opportunity to prioritize in country

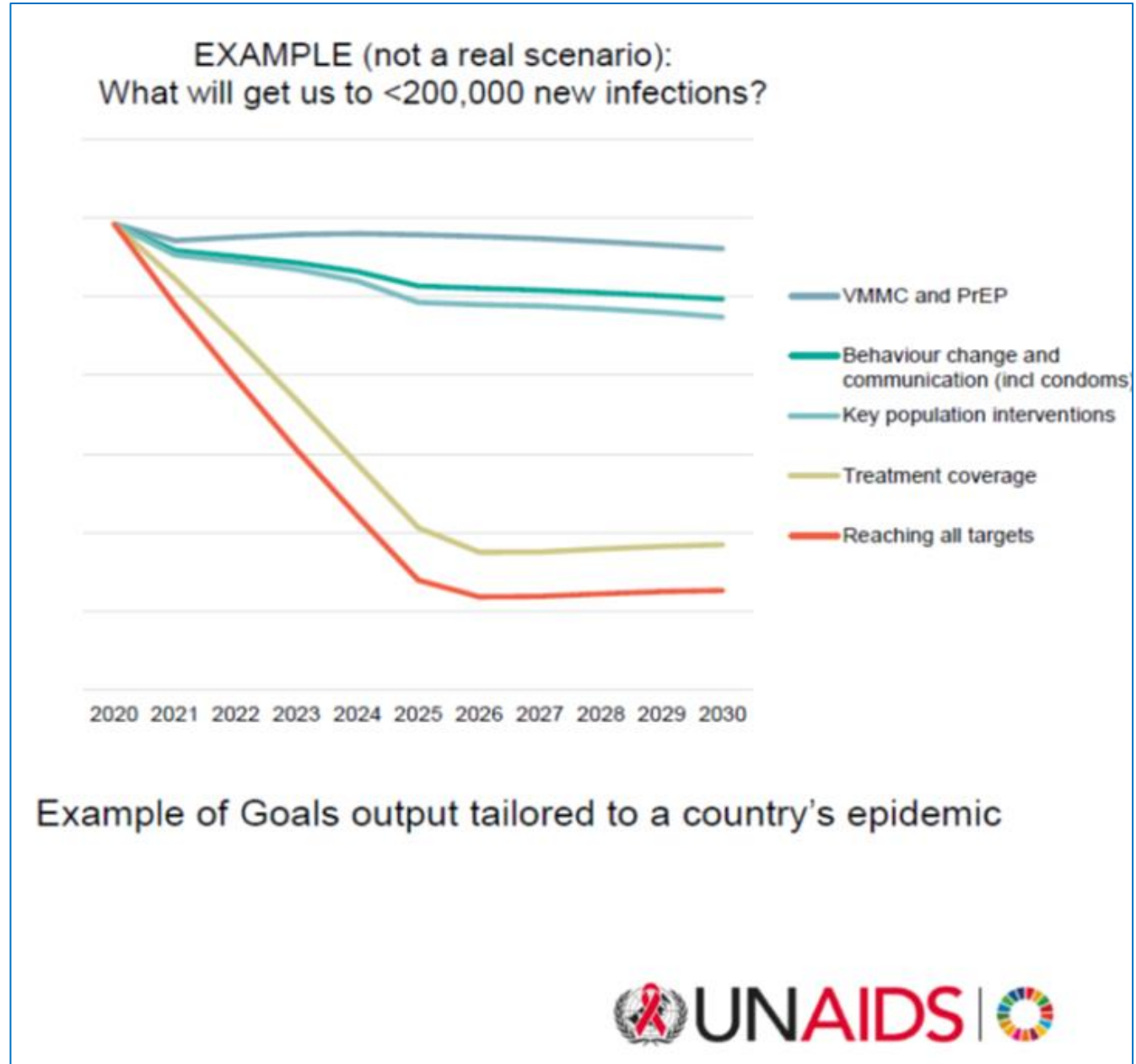
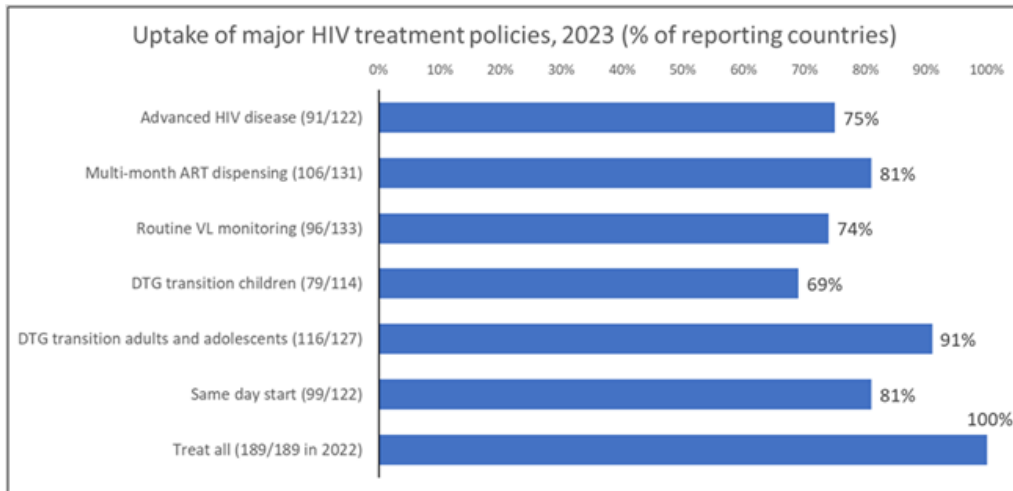
HIV Response Sustainability Roadmap

- Outlines a concrete, quantifiable evidence- and science- driven plan, for political, programmatic, systems, and financing transformation
 - To achieve the 2025 & 2030 targets
 - To sustain impact by and beyond 2030
- Country-driven and country tailored
 - Flexible approach relevant and flexible approach
 - Multisectorial approach – health and beyond
 - Communities, people living with HIV, key and vulnerable populations at the center
- It is not a donor exit strategy but an opportunity to:
 - Engage, anticipate the shifts required to sustain impact, and advocate for government and donor funding
- On-going iterative dynamic approach to Roadmap formulation and implementation



Prevention – key challenge

ARV treatment coverage and reaching all targets will have the largest impact on reducing new infections by 2030



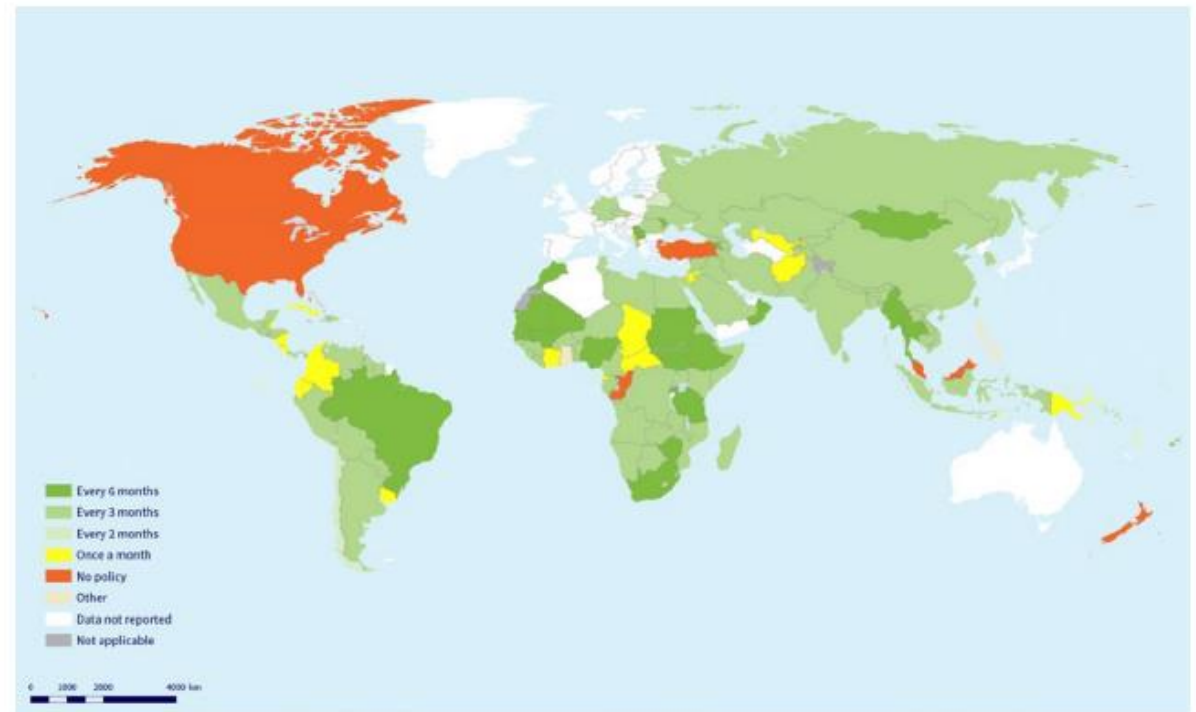
Role of WHO in supporting the implementation of the strategies

WHO develops and disseminates norms and standards, provides technical assistance, support in data collection and analysis, and works with partners to encourage and nurture innovation

A key functions of WHO is to develop and disseminate norms and standards and support countries to adapt and implement them within their national contexts.

For example, WHO recommends that people who are established on antiretroviral therapy should be offered antiretroviral medicine refills lasting three to six months, preferably six months where feasible, and has supported countries to apply this guidance in HIV programmes

Uptake of national policies on frequency of antiretroviral therapy pick-up for people who are established on antiretroviral therapy, July 2023



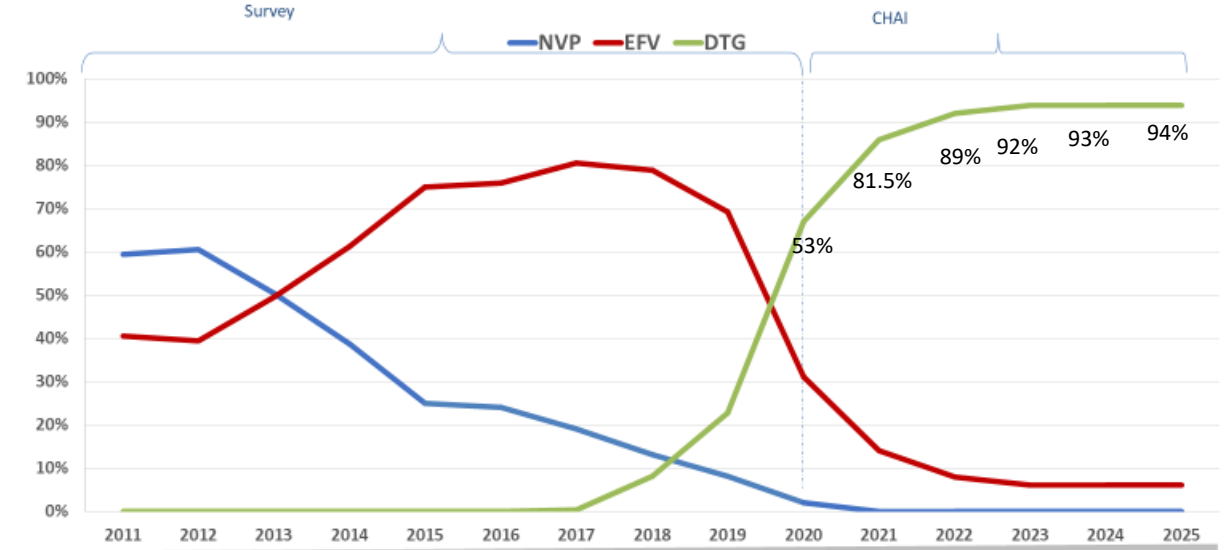
Sources: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2023.

DTG global uptake – WHO forecasting (2021-2025)

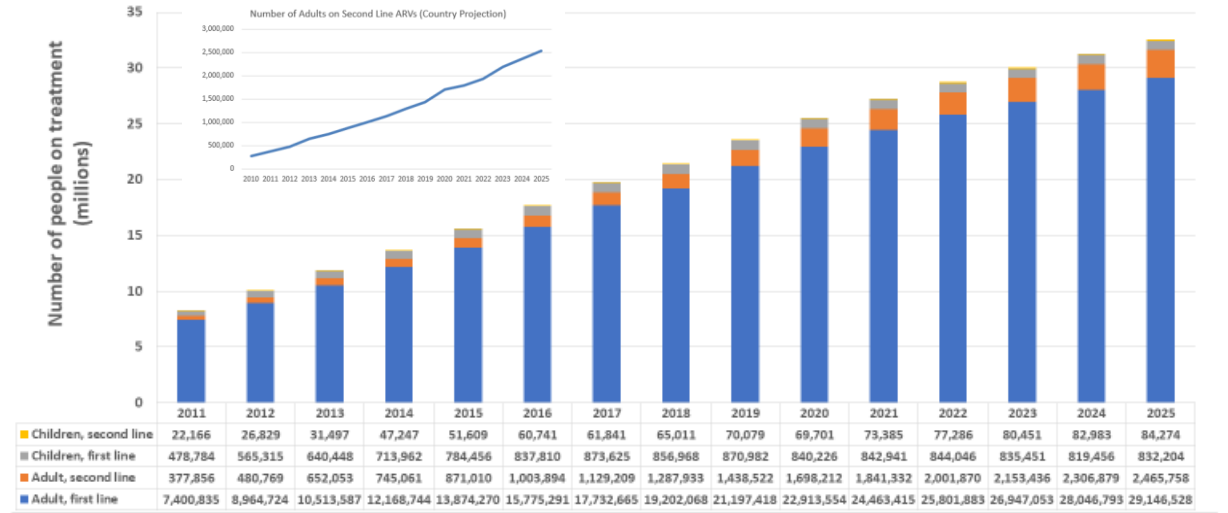
- Continued growth in numbers of people on ART (1 million increase/year) = 32 million by 2025 (1/3 larger than 2020)
- More than 50% of LMICs expected have ART coverage >90% by 2025
- NNRTIs largely replaced by DTG in adults (94% by 2025)
- Slow increase in proportion of adults on 2nd line = 2.5 million by 2025 (8%) but 50% larger than 2020
- Stable number of children on ART between 2021-2025 (increases in ART coverage balanced by less vertical transmission and more children transition to adult treatment (900,000 by 2025))



NNRTI and DTG Share of Adult First-line Market



Number on ART in LMIC based on Country Projections



Scale up of Paediatric DTG formulations

- DTG 10 mg scored dispersible tablet (pDTG10) now available for infants and younger children
- pDTG10 with dual ABC/3TC tablet can be used down to 3 kg in infants ≥4 weeks
- Generic triple fix dose combination (FDC) tablet of ABC/3TC/DTG (ALD) anticipated approval in late 2023



DTG 10 mg dispersible tablet

Weight	ARV Formulation
3-19.9 kg	ABC/3TC + pDTG10
20-29.9 kg	ABC/3TC + DTG _{50mg}
>30 kg	TLD



Pediatric Dolutegravir (pDTG)

150K + Children on pDTG as of April 2023

DTG (10 mg) Disp. Scored Adoption
As of Q1 2023

75 countries
have placed or received orders for pDTG



*Not Pictured: Cape Verde, Comoros, East Timor, Moldova, Sao Tome & Principe, Ukraine

HIV drug resistance – starting to see with DTG

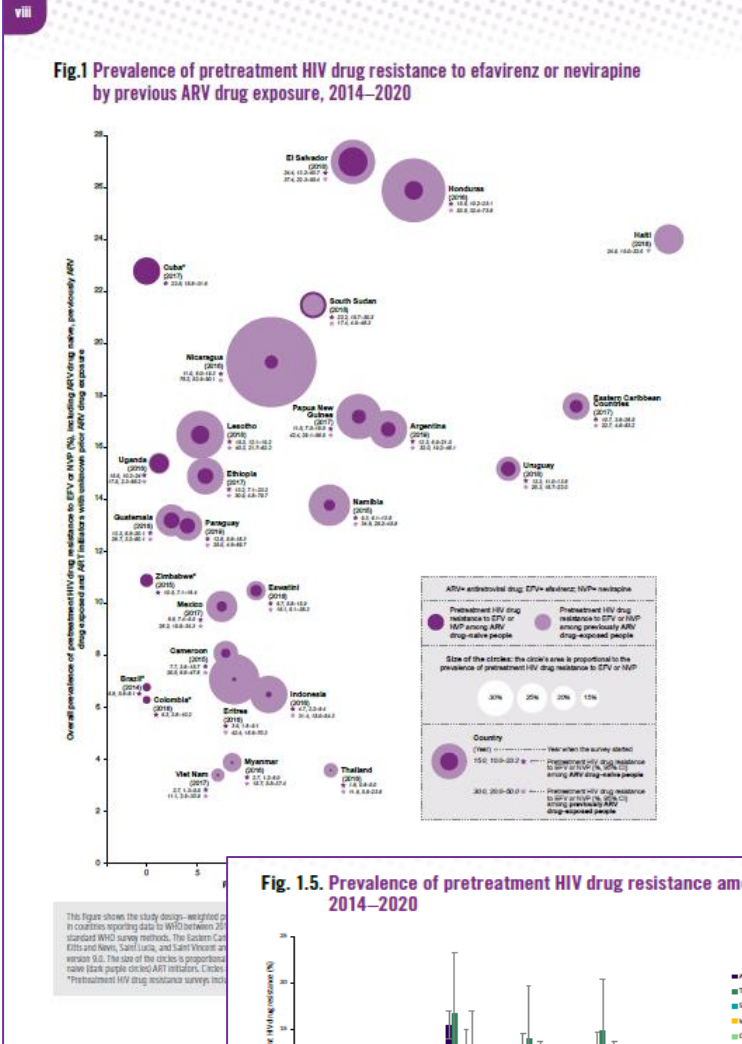
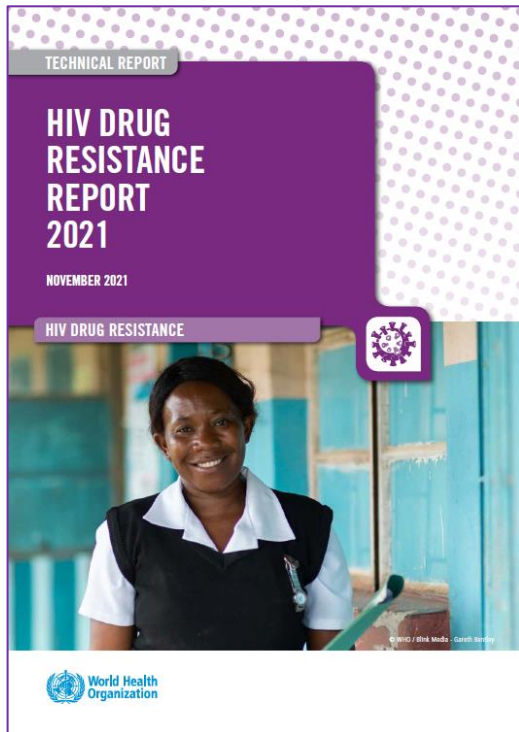


Fig. 1.3. Prevalence of pretreatment HIV drug resistance to efavirenz or nevirapine among adults initiating antiretroviral therapy, 2014–2020

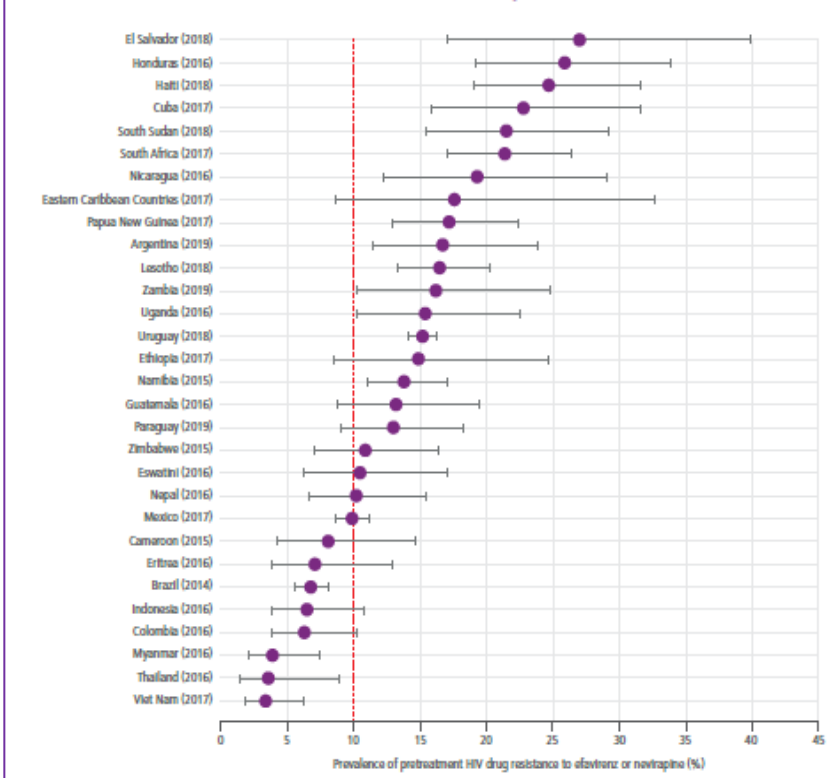


Fig. 1.3 shows the study design—weighted prevalence and 95% confidence interval (error bars) of pretreatment HIV drug resistance to efavirenz or nevirapine among adults initiating antiretroviral therapy by region and overall. In all countries, pretreatment HIV drug resistance estimates are representative surveys using standard WHO survey methods, except in South Africa, where pretreatment HIV drug resistance estimates are household surveys. The Eastern Caribbean Countries are aggregated because a multi-country survey was carried out in Antigua and Barbuda, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. In 4 countries (Brazil, Colombia, Cuba, and Zimbabwe) only ART therapy without prior exposure to antiretroviral drugs were included in the pretreatment HIV drug resistance surveys. The dotted line (10% prevalence) indicates the prevalence threshold as the presence of a penalty score ≥ 15 using the Stanford HIVdb algorithm. The prevalence threshold is used as the presence of a penalty score ≥ 15 using the Stanford HIVdb algorithm. The prevalence threshold is used as the presence of a penalty score ≥ 15 using the Stanford HIVdb algorithm.

Fig. 1.5. Prevalence of pretreatment HIV drug resistance among adults initiating ART, 2014–2020

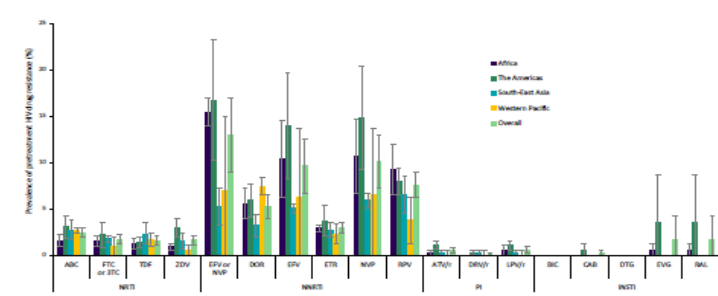
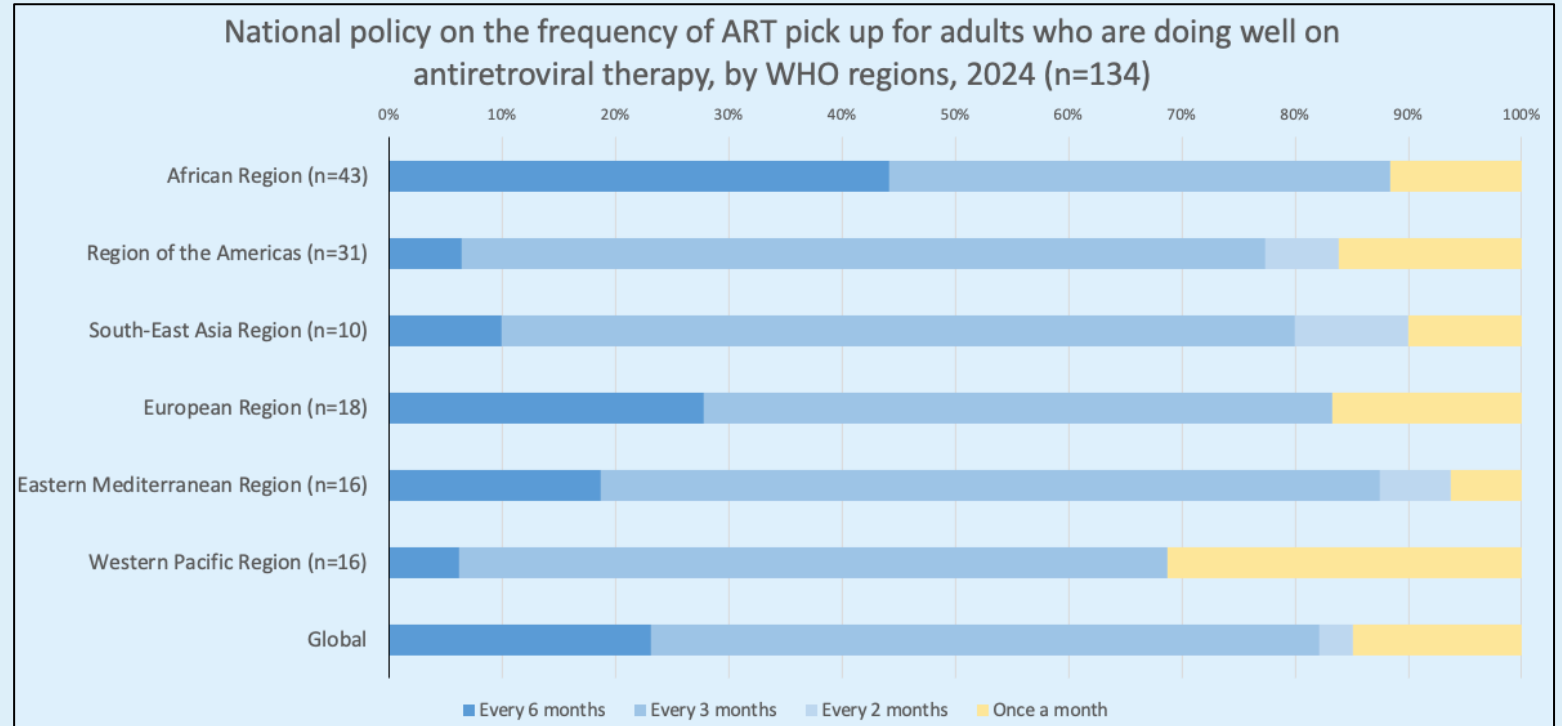
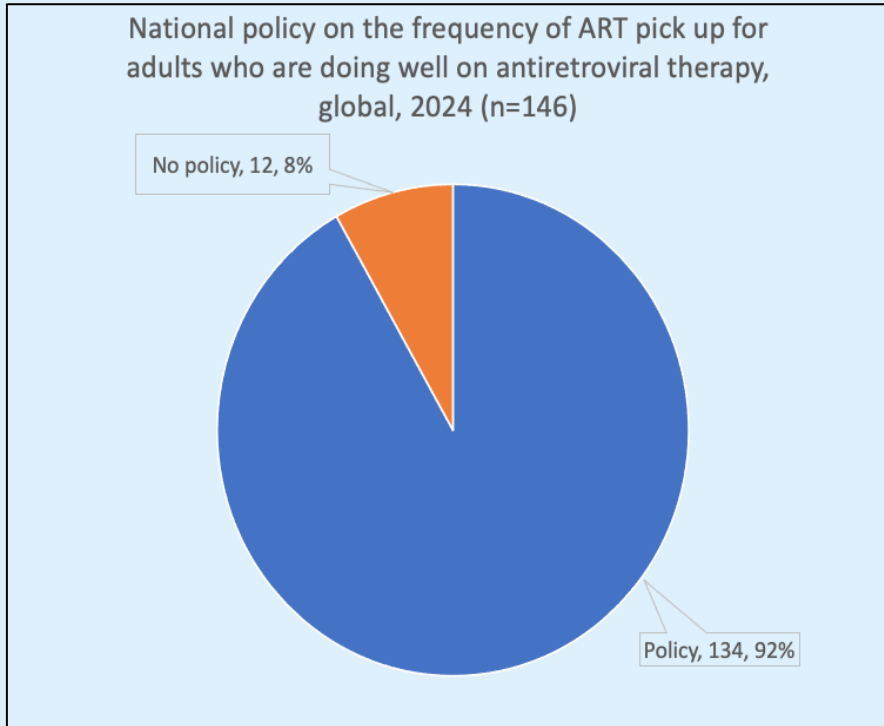


Fig. 1.5 shows the study design—weighted prevalence and 95% confidence interval (error bars) of pretreatment HIV drug resistance among adults initiating antiretroviral therapy by region and overall. Pooled regional and overall estimates were calculated using countries reporting data to WHO between 2014 and 2020. South-East Asia and the Western Pacific regions did not contribute with data for the INSTI resistance estimates. HIVDR was defined as the presence of a penalty score ≥ 15 using the Stanford HIVdb algorithm.

Abbreviations: ABC: abacavir/zidovudine; DTG: dolutegravir; ETR: efavirenz; ETR: efavirenz; ETR: efavirenz; ETR: efavirenz; INSTI: integrase strand transfer inhibitor; LPV/r: lopinavir/ritonavir; NNRTI: non-nucleoside reverse transcriptase inhibitor; NRTI: nucleoside reverse transcriptase inhibitor; NVP: nevirapine; PI: protease inhibitor; RAL: raltegravir; RPV: rilpivirine; TDF: tenofovir; ZDV: zidovudine; 3TC/FTC: lamivudine/emtricitabine.

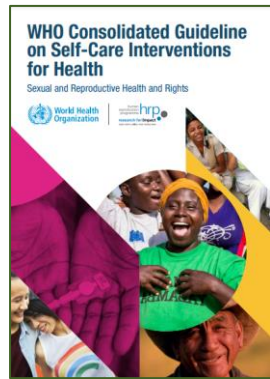
National policies on frequency of antiretroviral therapy pick-up for people who are established on antiretroviral therapy, July 2024



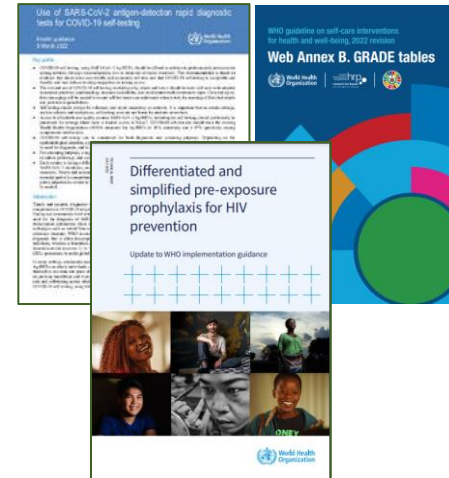
Sources: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2024.

Innovation and evolving guidance – example of HIV self-testing

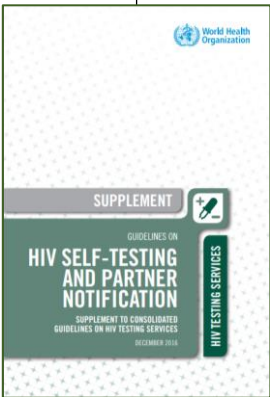
WHO recommends HIVST as additional approach & 1st product PQed



HIVST recommended to maintain essential health services during C19 pandemic
WHO recommends HCVST as additional approach, PQ TSS & Global Fund ERPD launch
 WHO recommends GC/CT self-collection



2016/17



WHO self-care guidance including recommends self-collection for HPV, syphilis & trichomonas
 Update on HIVST, 4 PQ products, ~7 million procured

2019



2020/21

WHO recommends COVID-19 self-testing; plus new implementation guidance on HIVST for PrEP delivery & ST in pregnancy
 WHO guidance on self-testing for syphilis & dual HIV/syphilis in development
 HIVST procurement >10 million, 98 national policies, > 92 countries with registration
 Access to ST remains challenge important to re-double efforts

2022

WHO recommends HIVST for PEP and PrEP* initiation, re-initiation and continuation

CAB-LA implementation projects exploring the use of self-testing
 WHO recommends HIVST in facilities
WHO recommends syphilis self-testing including HIV/syphilis dual self-tests

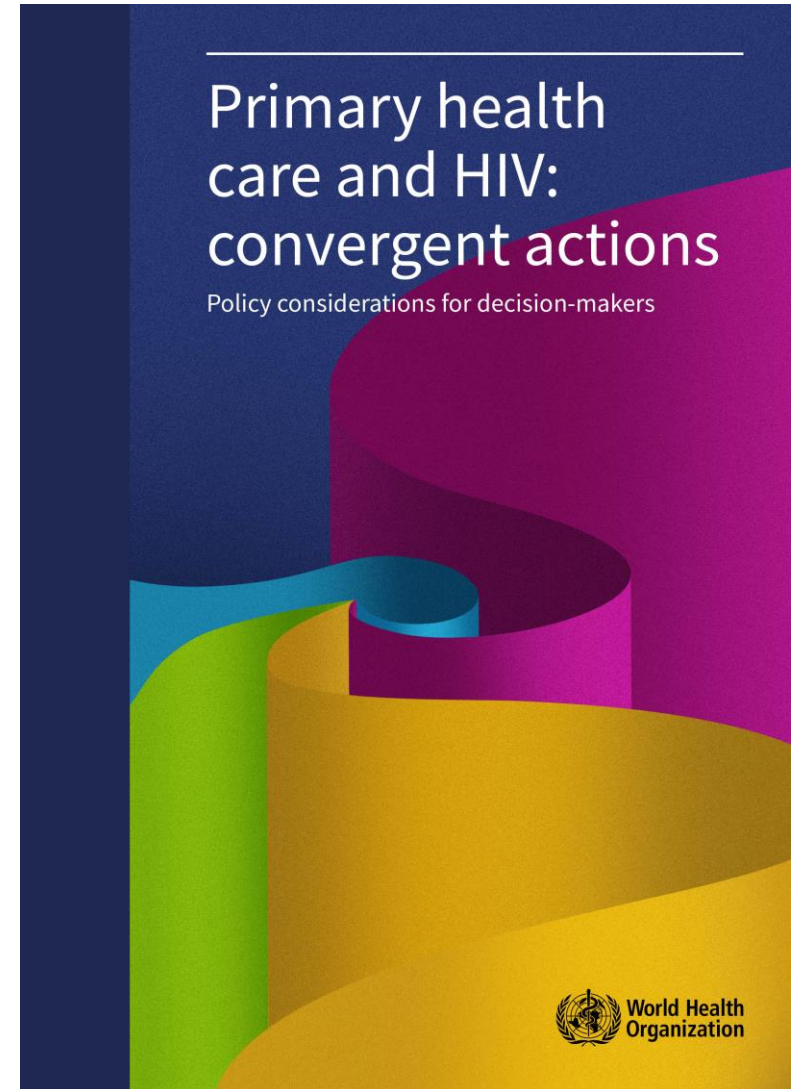
2023/24



*WHO PrEP guidance covers oral PrEP and DVR and can also be applied to PEP.

PHC and HIV - Shared Principles, Common Challenges, Convergent Actions

- Achieving health-related SDGs, including ending AIDS as a public health threat, requires **using health system resources in new ways**.
- Scaling up high-quality people-centred services through a **PHC approach is critical** for achieving both disease-specific and broader health aims.
- Sustained success requires that **all members of all populations** can access health services and benefit from health system resources free from **stigma and discrimination**.
- Wherever we are in the health ecosystem there is value in focusing on **convergent actions** - **there is a clear common agenda**
- <https://www.who.int/publications/i/item/9789240077065>



Integration

A means to person centred care and sustainability

Two key domains - **health services and health systems** (i.e. governance, financing, supply chain, human resources, laboratory, health information system etc)

Service integration requires at least a partially functioning integrated system

Role of **community and multi-sectoral action** fundamental to demand generation for integrated services.



Integration entry points	Examples of integration opportunities across HIV, viral hepatitis and STIs
Common modes of transmission , incl. sexual transmission, vertical transmission, injecting drug use	Common approaches to shared prevention interventions such as harm reduction, “triple elimination”, linkages with sexual and reproductive health, etc.
Comorbidities among HIV, viral hepatitis and STIs	Integrating services such as screening priority populations for HIV and STIs in the same visit
Other disease interactions (TB/HIV, NCDs, mental health, etc)	Promoting linkages with other disease programmes such as with TB, cancer, NCDs, mental health, promoting disability-inclusive programming, etc
Common populations affected by multiple diseases e.g. underserved/poor, young people, key populations	Providing comprehensive services at the same encounter or location such as pregnant women accessing testing for HIV, hepatitis B virus and syphilis at the same antenatal visit
Common service delivery platforms and providers	Strengthening linkages or fully integrated service delivery such as antenatal care for pregnant women, targeted community outreach to sex workers, coordinated delivery of self-tests for HIV and self-sampling for certain STIs, etc.
Common health system resources	joint approaches to strengthen health workforce, coordinated or integrated use of equipment such as multiplex diagnostic tools, shared investments in HMIS, etc
Joint approaches to address social determinants	joint efforts to address stigma and discrimination in the health sector, legal review and reform, etc.

New documents and guidelines at AIDS 2024

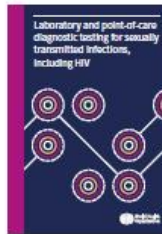
WHO NEW TECHNICAL PRODUCTS



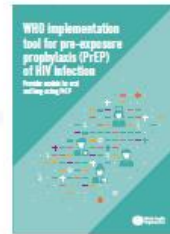
Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022-2030: report on progress and gaps 2024 2nd edition



Guidelines for HIV post-exposure prophylaxis



Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV



WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection. Provider module for oral and long-acting PrEP



Technical brief: Ensuring quality healthcare by promoting inclusion and reducing HIV-related stigma.



Consolidated guidelines on differentiated HIV testing services.



TRANSFORMING VISION INTO REALITY: The Global Alliance Progress Report on Ending AIDS in Children by 2030



Policy brief: Supporting re-engagement in HIV treatment services.

WHO PROGRAMME AT THE 23TH INTERNATIONAL AIDS CONFERENCE
20-26 July 2024, Munich, Germany



WHO NEW TECHNICAL PRODUCTS



Updated recommendations for the treatment of *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Treponema pallidum* (syphilis) and new recommendations on syphilis testing and partner services.



Framework for monitoring Sexually Transmitted Infections and strengthening surveillance.



Recommendations for the treatment of *Trichomonas vaginalis*, *Mycoplasma genitalium*, *Candida albicans*, bacterial vaginosis and human papillomavirus.



NEW: Mobilize for action on sexually transmitted infections - Berlin meeting report, October 2023

Get access to our new publications:



WHO PROGRAMME AT THE 23TH INTERNATIONAL AIDS CONFERENCE
20-26 July 2024, Munich, Germany

WHO will also be engaging with different media organizations during the conference through press conferences, dialogues and interviews: for any media enquiries please reach out to WHO mediaenquiries at mediaenquiries@who.int and Carlos Cisneros at cisnerosc@who.int

New guidelines on HIV testing services

Expanding self-testing recommendations

- Self-testing for syphilis – including dual HIV/syphilis self-tests
- PEP – starting and completion
- PrEP initiation, re-initiation and continuation
- In facilities and replacing risk screening tools

Expanding network-based testing services

- Partner services including STIs
- Social network testing for all
- Greater focus on integration across HIV, viral hepatitis and STIs

Need to prioritize limited HTS resources

- Recommendation against recency testing in routine HTS
- No evidence of clinical benefit
- Guidance on use limited for surveillance remains in effect

Consolidated guidelines on differentiated HIV testing services



Supporting re-engagement to HIV treatment: policy brief

Overview of challenges and reasons for disengagement and re-engagement

Highlights key WHO guidance on continuous engagement, tracing and re-engagement

Key differentiated re-engagement guiding principles

Differentiated pathways to support re-engagement in HIV treatment and care

Assist countries and communities adopt and adapt tracing and re-engagement recommendation



WHO recommendations to support continuous engagement and re-engagement



Good practice statements

- Health systems should invest in **people-centred practices** (2016 guidance)
- The offer of **same-day ART initiation** should include approaches to improve uptake, treatment adherence and retention such as **tailored patient education, counselling and support**. (2021 guidance)
- **Non-judgmental**, tailored approaches to assessing adherence (2021 guidance)

Engagement recommendations

- **Adherence support interventions** should be provided to people on ART (2016 guidance)
- People established on ART should be offered **clinical visits every 3–6 months**, preferably every six months if feasible (2021 guidance)
- People established on ART should be offered **refills of ART lasting 3–6 months**, preferably six months if feasible (2021 guidance)
- Programmes should provide **community support** for people living with HIV to improve retention in HIV care (2016 guidance)

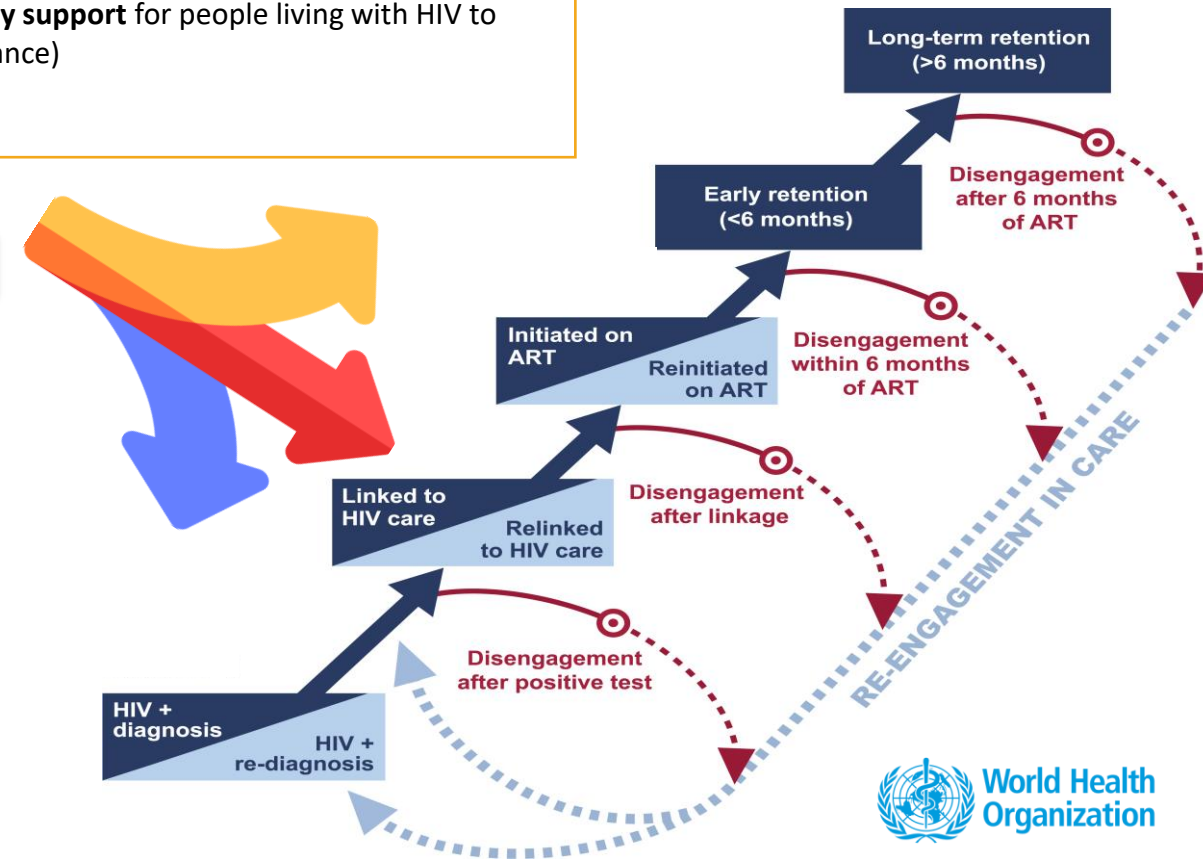
Re-engagement recommendations

- **To support those who are disengaged to re-engage in HIV care** (2021 guidance)

Programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement

- **To improve re-engagement and retention in care** (2023 guidance)

Use of person-centred patient data is recommended to continuously assess interruption of HIV treatment to improve re-engagement and retention in care



Transforming Vision into Reality:

The 2024 Global Alliance Progress Report on Ending AIDS in Children by 2030



- **Progress:**

- Number of new HIV infections among children in 2023 has declined (an estimated 120 000 children globally, including 77 000 or 66%, in the Global Alliance countries) representing a 38% decline since 2015 and a 17% decline since 2021.

- **Challenges:**

- But progress is far too slow, with an array of barriers impeding efforts to end AIDS in children.

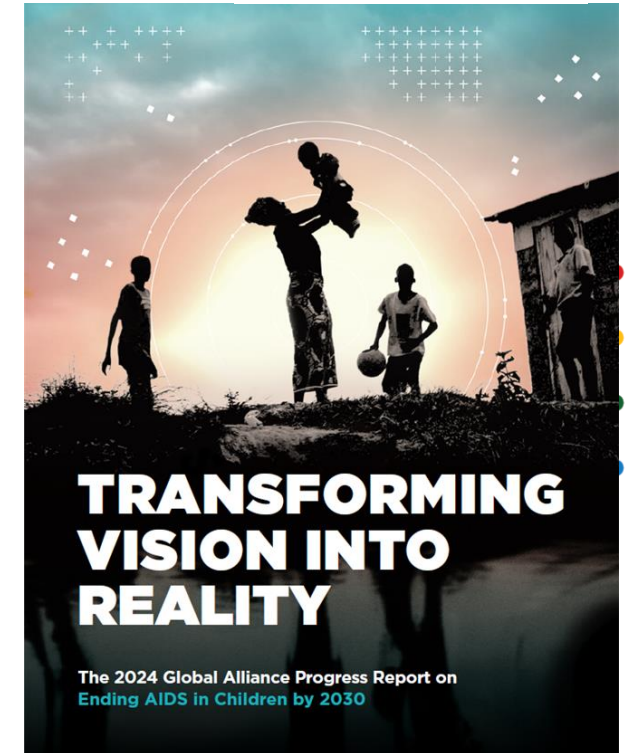
Only 48% of children living with HIV globally and in Global Alliance countries achieved viral load suppression, versus 73% of adults globally and 79% in Global Alliance countries.

- An estimated 590 000 children globally were not receiving life-saving treatment in 2023, including 400 000 (or 68%) living in Global Alliance countries.

Vertical transmission >20% in Nigeria (23%) and DR Congo (26%).

Going forward:

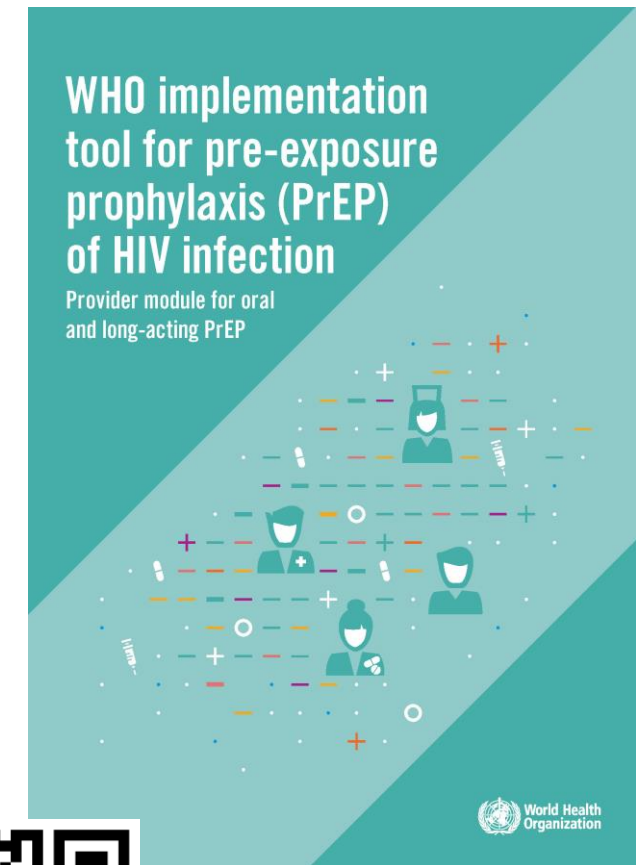
- Improved access to HIV prevention, testing, treatment, and care for children and adolescents.
- Enhanced support for pregnant and breastfeeding mothers, and women of reproductive age.
- Addressing gender-based violence and promoting gender equality.
- Ensure community support and sustainability.



Note: The United Nations global targets for 2025 are twofold: reducing the number of people acquiring HIV to less than 370 000 and reducing the number of HIV-related deaths to less than 250 000. To end AIDS as a public health threat by 2030, the targets are a 90% reduction of the number of people acquiring HIV and dying from HIV using 2010 as the baseline.

New Provider Module for Oral and Long-Acting PrEP

- Incorporates recent WHO guidance on:
 - differentiated and simplified PrEP services
 - guidelines on services for key populations
 - recommendations on the DVR and CAB-LA.
- Replaces the 2017 Clinical Module.
- Provides practical support for safe and effective PrEP provision by a range of providers e.g. physicians, nurses, clinical officers, community health workers, pharmacists and lay and peer providers, in clinical and community settings.
 - Task sharing is a key component of DSD, and can enhance accessibility, acceptability and efficiency of PrEP services
- Integrates guidance for all 3 WHO recommended PrEP products (oral PrEP, the DVR and CAB-LA) to support choice.
 - WHO does not support any one product over any other
 - Offering choice is crucial for person-centered services



Three priority areas for achieving quality, stigma-free health care



Priority 1 | Ensure that people are at the centre of processes and approaches are framed around enabling quality of life

- 1 Increase awareness of stigma, person-centred care and models that support quality care.
- 2 Build trusting relationships with local communities.
- 3 Build capacity for multidisciplinary primary health care workforce.
- 4 Use digital technologies.

Priority 3 | Engage structures and systems that create enabling environments for quality health care

- 1 Strengthen collaborations among health care leaders.
- 2 Engage and broker partnerships between all stakeholders.
- 3 Explore and scale up models of care that use community-based and community-led service delivery.
- 4 Develop and strengthen networks.
- 5 Advocate investment in interventions that reduce stigma across social determinants of health.

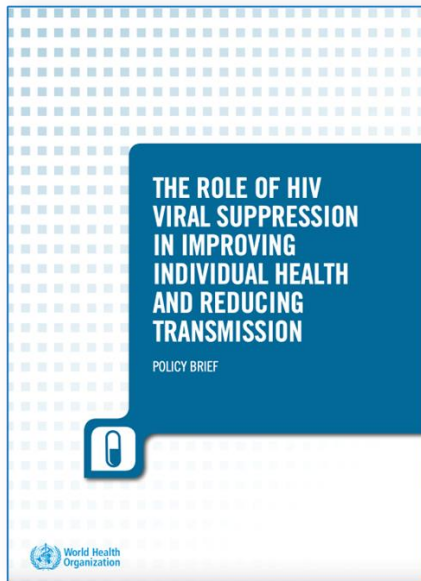
Quality care free from stigma

Priority 2 | Build stigma reduction into facility-based quality improvement approaches to improve quality of health care services

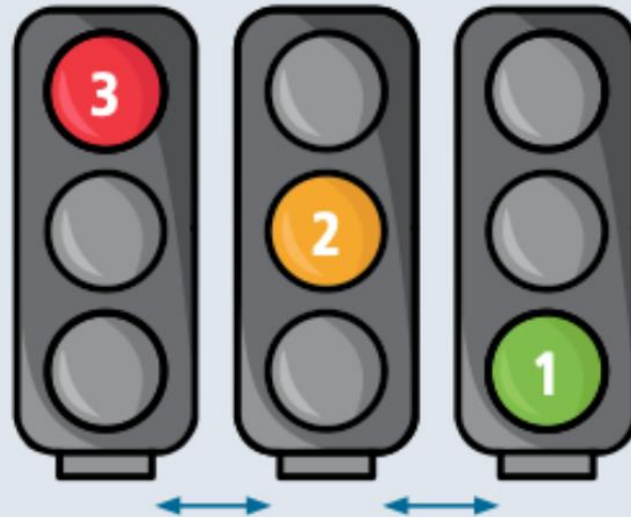
- 1 Invest and allocate funds at facility level to reduce stigma.
- 2 Create systems that catalyse quality improvement process.
- 3 Institutionalize routine learning, reflection and quality improvement.
- 4 Foster inclusive, and non-discriminatory workplace cultures in health care.

Enhancing stigma reduction potential of zero risk messaging

Three categories of viral load levels



Unsuppressed Suppressed but detectable Undetectable



- 1 Undetectable (not detected*):** no measurable virus. Zero risk of transmission to sexual partner(s); minimal risk of mother to child transmission.
- 2 Suppressed (detected but ≤ 1000 copies/mL):** some virus replicating and present: could be due to missing doses, recent treatment initiation or drug resistance. Almost zero or negligible risk of transmission to sexual partner(s).
- 3 Unsuppressed (> 1000 copies/mL):** significant virus replicating and present: could be due to missing doses, recent treatment initiation or drug resistance. Increased risk of falling ill and/or passing virus on to sexual partner(s) or children.

The ultimate goal for all people living with HIV is to reach and sustain **undetectable** viral loads. Taking antiretroviral therapy as prescribed will support this goal, prevent transmission to their sexual partner(s) and/or children, and improve their own clinical well-being.

* Not detected by the test or sample type used.

The Global Initiative on AI for Health (GI-AI4H)

Expanding the benefits of AI for health for a safe, equitable, ethical and trustworthy use



Launched on July 6, 2023



Enable

Standards,
Governance,
Policies, and
Guidance on
evidence-based
AI4H



Facilitate

Pooled
Investments & a
global
community of
experts



Implement

Sustainable
models of AI
programs
implementation
at the country
level



Ribbon cutting of the Global initiative on AI for Health at AI for good summit on 6 July 2023

Enable first-of-its-kind guidance

A series of publications addressing key baseline considerations for AI in health



Ethics and Governance of Artificial Intelligence for Health

2021



Generating Evidence for Artificial Intelligence-based Medical Devices

2021



Regulatory Considerations on Artificial Intelligence for Health

2023



Ethics and Governance of AI for Health: Large Multi-Modal Models

2024

Enable first-of-its-kind policy and technical briefs

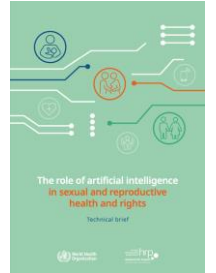
Igniting evidence-based and domain-specific discussions on the role of AI in health



Enable

Standards, governance, policies, and evidence-guidance on AI for health

- 1 **The role of AI and sexual and reproductive health and rights:** Technical brief
- 2 Benefits and challenges of **AI for pharmaceutical development and delivery**
- 3 Policy brief on the **use of AI in Traditional and Complementary Medicine (TCM)**
- 4 Mapping the **application of AI in tuberculosis (TB)**
- 5 Other areas of interest:
 - Brain health
 - **HHS**
 - Climate and health
 - Epidemic surveillance
 - Infection Prevention and Control



March

April

April

Urgent priorities to drive a surge in progress towards 2025 and 2030 targets – from Progress Report

- Develop strengthened **national strategic health sector plans to secure sustainability for HIV responses** and ensure the continuity of person-centered HIV services during any transition arrangements
- Ensure access to the **most suitable interventions, commodities and integrated delivery platforms** to key
- populations and other populations that most urgently need these interventions
- Ensure widespread uptake of the WHO-recommended **Advanced HIV Disease package of care to reduce HIV-related mortality**
- Develop **targeted approaches to improving outcomes along the life-course**, such as for people aged 50 years and older and for children living with HIV
- Promote **integrated approaches** to addressing HIV alongside other communicable diseases and NCDs through mechanisms that will contribute to strengthening health systems and improving overall population health and quality of life
- **Leverage AI where it makes sense** and accelerate efforts to develop **long-acting antiretrovirals, a functional cure and an HIV vaccine** to support public health elimination

Thank you

For more information, please contact:

Global HIV, Hepatitis and Sexually
Transmitted Infections Programmes

E-mail: hiv-aids@who.int

www.who.int/health-topics/hepatitis



The report was developed by the Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes (HHS) of the World Health Organization (WHO), under the guidance of Daniel Low-Beer, Andy Seale and Michel Beusenbergh. The following WHO/HHS staff participated on the editorial team that supported the development of the publication: Carlos Cisneros, Shona Dalal, Jane Rowley and Dominik Stelzle. Consultant Kelly Safreed-Harmon led the writing of the report and consultant Parijat Bajjal provided additional writing and editorial support. The following staff at WHO headquarters made contributions to the publication: Annabel Baddely, Rachel Baggaley, Maeve Brito De Mello, Meg Doherty, Boniface Dongmo Nguimfack, Philippa Easterbrook, Nathan Ford, Cheryl Case Johnson, Olufunmilayo Lesi, Niklas Luhmann, Ismail Maatouk, Antons Mozalevskis, Busisiwe Msimanga, Morkor Newman Owiredo, Remco Peters, Clarice Pinto, Mateo Prochazka Nunez, Ajay Rangaraj, Nirina Razakasoa, Francoise Renaud, Michelle Rodolph, Shamsuzzoha Syed, Hazim Timimi, Annette Verster, Marco Vitoria, Elena Vovc, Teodora Wi and Kerri Viney.

The following staff at WHO regional offices made contributions to the publication: Monica Alonso Gonzalez (WHO Regional Office for the Americas), Stela Bivol (WHO Regional Office for Europe), Po-lin Chan (WHO Regional Office for South-East Asia), Joumana George Hermez (WHO Regional Office for the Eastern Mediterranean), Akudo Ikpeazu (WHO Regional Office for Africa), Muhammad Shahid Jamil (WHO Regional Office for the Eastern Mediterranean), Kiyohiko Izumi (WHO Regional Office for the Western Pacific) and Georges Perrin (WHO Regional Office for Africa). Input was also obtained from colleagues who participated in the WHO/HHS staff retreat on 22 March 2024.

WHO gratefully acknowledges the contributions of the following UNAIDS staff: Juliana Daher, Eline Korenromp, Mary Mahy and Keith Sabin.