RE-IMAGINING

THE GLOBAL HIV RESPONSE

THROUGH 2030

World AIDS Day 2024
Recommendations

IAPAC
INTERNATIONAL ASSOCIATION
OF PROVIDERS OF AIDS CARE

FAST-TRACK HEALTH

INTRODUCTION

As we approach the midpoint of the timeline to achieve Sustainable Development Goal (SDG) 3.3 of ending AIDS as a public health threat, the global community stands at a critical juncture in the HIV response. **Despite considerable progress, HIV remains a formidable public health challenge, exacerbated by inequities in access to care, pervasive stigma, and emerging health threats.** The global HIV response must evolve to meet these challenges head-on, including in regaining momentum following the COVID-19 pandemic, around which the global response to HIV provided critical infrastructure and expertise for the COVID-19 response.

The complexities of modern health systems and emerging challenges, including novel pandemics, demand a comprehensive approach that integrates HIV with broader health priorities. As we strive to meet SDG 3.3 by 2030, our efforts must be rooted in person-centered care and the recognition of the interconnectedness of clinical issues ranging from other sexually transmitted infections (STIs), comorbidities, and syndemic conditions, to broader societal challenges such as gender-based violence (GBV), structural racism and discrimination, and economic inequality. **A renewed focus on health equity, health service integration, enhanced national-subnational-municipal coordination, and the strategic use of resources to maximize impact is also critical while ensuring that the populations most vulnerable for HIV are not left behind.**

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The global HIV response has made remarkable strides since the epidemic emerged more than four decades ago, when an HIV diagnosis was a death sentence, with millions of people succumbing to AIDS-related illnesses due to the lack of effective treatment. **Scientific advancements, relentless advocacy, and global cooperation transformed HIV from a fatal disease into a manageable chronic condition** for people living with HIV who can access and utilize antiretroviral therapy (ART) to achieve an undetectable viral load and thus cannot sexually transmit HIV, a medical concept defined as HIV treatment as prevention (TasP) and better known as the HIV community-created **Undetectable equals Untransmittable (U=U)** message.

IN 2023, **APPROXIMATELY 29.8 MILLION PEOPLE WORLDWIDE** WERE ACCESSING ART, **A SIGNIFICANT INCREASE FROM THE 7.8 MILLION ON ART IN 2010.**

The scale-up in ART access has led to a dramatic decline in AIDS-related deaths, which have decreased by nearly 60% from their peak in the mid-2000s. Similarly, **the annual number of new HIV infections has fallen from 2.1 million in 2010 to approximately 1.3 million in 2023,** highlighting the success of prevention efforts, including the scaling up of HIV pre-exposure prophylaxis (PrEP). Though at a slower pace, access to PrEP has expanded in recent years, providing an effective adjunct to ART by preventing HIV acquisition among vulnerable groups. **During 2023, 3.5 million people initiated or continued PrEP.** This increase reflects growing awareness and acceptance of PrEP as a critical component of combination HIV prevention strategies, though the pace of increase will fall short of the UNAIDS goal of at least 21.2 million people on PrEP by 2025.

Additionally, despite advances in HIV prevention, treatment, and care, significant challenges remain. Flat or reduced funding could lead to significant backsliding in progress made over the past decades. A reduction in HIV funding would directly impact the availability of essential HIV prevention, treatment, and care services, particularly in low- and

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middle-income countries where external financing is a primary source of support. Fewer resources would mean limited access to ART for those in need, hindering efforts to scale up treatment coverage. **As of 2023, more than 9 million people living with HIV still lack access to ART.** Without sufficient funding to bridge this gap to maintain and expand current treatment coverage, the number of new HIV infections could rise sharply, especially among key populations already facing high rates of transmission and barriers to healthcare.

Insufficient funding would undermine the ability to provide consistent, high-quality treatment and support services, leading to interruptions in care and reduced viral suppression rates. With more individuals experiencing treatment disruptions or inconsistent access to ART, the risk of HIV transmission would increase, reversing the hard-fought gains in HIV epidemic control. **Interruptions in ART access could also result in the emergence of drug-resistant strains of HIV, making it even more difficult to achieve viral suppression and requiring more expensive and complex second- or third-line ART regimens.**

INADEQUATE FUNDING ALSO **POSES A SERIOUS THREAT TO VIRAL SUPPRESSION EFFORTS**, **WHICH ARE CRITICAL TO ACHIEVING U=U.**

The evolving nature of the HIV epidemic, disparities in access to HIV prevention services, and the intersection of HIV with other health and social determinants necessitate re-imagining the global HIV response. The recommendations in this World AIDS Day 2024 statement from the International Association of Providers of AIDS Care (IAPAC) and Fast-Track Health (FTH) seek to align the global HIV response with current realities, leveraging data-driven strategies, innovations in HIV prevention and treatment, digital health and health AI, integrated service delivery, community involvement, and political leadership to achieve SDG 3.3 and build a sustainable and equitable future for all.

ADDRESSING A CALL
FOR SUSTAINABILITY
IN THE HIV RESPONSE

Global investments in public health have paid back dividends in lives saved. For example, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) estimates 65 million lives have been saved since its inception, with approximately 70% of its funding coming from G-7 countries. In relation to HIV, **almost 31 million people living with HIV were on life-saving ART in countries where the Global Fund invested in 2023**, up from 17.5 million in 2017. The sustainability of the global HIV response – including to mechanisms such as the Global Fund – is critical to maintaining the gains made over the past few decades and preventing the de-prioritization of HIV as a global health priority.

As international funding for HIV begins to plateau and domestic resources face increasing demands, there is a growing concern that the HIV response may suffer from reduced financing, leading to setbacks in achieving global targets such as the health-related SDGs. To counteract this risk, efforts to develop a robust sustainability framework are essential, one that is built on the principles of equity, social justice, and human rights. However, sustainability in the HIV response extends beyond securing financial resources; it encompasses the ability to maintain and scale up essential services over the long term, while adapting to evolving challenges such as emerging health threats, demographic shifts, and economic changes. **A strategic approach to resource allocation is needed to ensure that investments are directed toward interventions that have the greatest impact on reducing HIV incidence and improving quality of life among people living with and affected by HIV.**

A key aspect of sustainability is the integration of HIV services into broader health systems. This approach not only enhances the efficiency and effectiveness of service delivery but also helps to ensure that HIV remains a priority within national health agendas, even as other health issues compete for attention and resources. However, the integration process must be carefully managed to avoid diluting the focus on HIV and to ensure that the unique needs of people living with and affected by HIV are met. **By prioritizing person-centered care and integrating HIV services into broader health systems, we can create a more resilient and sustainable response that can adapt to emerging health challenges.**

Equity, social justice, and human rights must be at the center of any sustainability framework.

The most vulnerable and marginalized populations, who are often the hardest to reach and the most at risk of being left behind. Also involves addressing the social determinants of health that contribute to HIV risk and impact, such as poverty, unstable housing and homelessness, and lack of access to educational and employment opportunities. Equally important is ensuring an enabling environment, centered around mitigating HIV-specific and intersectional stigma experienced by people living with and affected by HIV. By centering these principles, the HIV response can contribute to broader efforts to achieve health equity and social justice.

Developing a sustainability framework for the HIV response requires the active participation of a wide range of stakeholders, including governments, civil society organizations, the private sector, and international donors. **Multistakeholder engagement is crucial for building consensus on priorities, identifying and mobilizing resources, and ensuring that the sustainability framework is responsive to the needs of all those affected by HIV.** Actioning multistakeholder engagement also provides an opportunity to leverage the strengths and expertise of different sectors, creating synergies that can enhance the overall effectiveness and sustainability of the response to ensure that resource investments have the desired impact and lead to future investments.

Monitoring and evaluation (M&E) are also essential components of a sustainability framework. **Robust M&E systems are needed** to track progress, identify gaps, and adjust as needed **to ensure that the HIV response remains on track to achieve its goals.**

A resilient and adaptive HIV response is needed.

This approach to integrating accountability into a sustainability framework requires investing in data systems, capacity building, and the development of indicators that can capture the complexities of sustainability, including in relation to cost-efficiency but also its impact on health outcomes, health equity, and social justice.

Ensuring sustainability is not just about maintaining current levels of funding and service delivery. A resilient and adaptive HIV response is needed to continue to meet the evolving needs of people living with and affected by HIV over the long term. **By centering equity, social justice, and human rights, and by engaging a broad range of stakeholders, but notably affected communities, we can build a sustainable HIV response that contributes to the broader goals of achieving health equity and social justice for all communities.**

To ensure the long-term sustainability of the global HIV response through frameworks that emphasize person-centered care within the context of equity, social justice, and human rights.

KEY POINTS

Threats to Sustainability: The HIV response faces numerous threats, including fluctuating funding, political instability, and competing global health priorities.

Defining Sustainability: Sustainability in the HIV response must be understood as the capacity to maintain and scale up essential services over time, while adapting to changing circumstances and needs, and integrating HIV into broader health systems.

Framework for Sustainability:
A comprehensive sustainability framework should include equity-based principles, ensuring that the needs of the most vulnerable populations are prioritized by implementing person-centered care.

Data-Driven Approaches: Incorporating data-driven approaches into sustainability planning is essential for adapting to the evolving nature of the epidemic and ensuring cost-efficient use of resources.

Equity-Based Principles: Sustainability must be rooted in social justice, addressing the social determinants of health that exacerbate HIV risk and impact while mitigating HIV and intersectional stigma and repealing discriminatory laws.

Strengthening Existing Frameworks:
Existing sustainability frameworks should be assessed and strengthened to better address current and future challenges.

Community Engagement: Sustainability efforts must be community-led, with affected populations playing a significant role in decision-making processes.

Public-Private Partnerships: Leveraging public-private partnerships can enhance the sustainability of the HIV response, bringing in untapped resources and expertise.

Stakeholder Engagement: A multi-stakeholder engagement process is critical, bringing together governments, civil society, the private sector, and international organizations to ensure a coordinated and sustainable response.

RECOMMENDATIONS

1 DEVELOP NATIONAL SUSTAINABILITY FRAMEWORKS

Create a national HIV sustainability framework that aligns with global best practices, emphasizing equity, social justice, and human rights, and integrating HIV services into broader health systems at all relevant jurisdictional levels, including subnational and municipal.

2 SECURE LONG-TERM FINANCING

Prioritize increased domestic and international financing dedicated to the HIV response, ensuring that resources are allocated equitably and that bilateral and multilateral funding mechanisms, including the Global Fund, are stable and sustainable.

3 PROMOTE MULTISTAKEHOLDER ENGAGEMENT

Strengthen multistakeholder engagement mechanisms and engage in public-private partnerships that include government, civil society, the private sector, and communities affected by HIV, to collaboratively develop, implement, and monitor sustainability initiatives.

4 INTEGRATE HIV SERVICES INTO UNIVERSAL HEALTH COVERAGE

Ensure that HIV services are fully integrated into national UHC packages, including prevention, treatment, care, and support services, to guarantee long-term sustainability and access, within the context of person-centered care.

5 MONITOR AND EVALUATE SUSTAINABILITY EFFORTS

Implement robust monitoring and evaluation systems to track the progress of sustainability efforts, ensuring that equity-based principles are adhered to and that the impact on health outcomes is continuously assessed.

RE-DEFINING AND FOCUSING DATA PARAMETERS

TO INFORM THE HIV RESPONSE

Effective decision-making in the global HIV response relies heavily on the availability and use of accurate, comprehensive, and actionable data. **Data should inform every aspect of the response, from identifying populations at risk and understanding epidemiological trends to allocating resources and designing targeted interventions.** However, there are significant concerns about the comprehensiveness, validity, and utility of existing data sources and models that currently guide these decisions.

The challenge begins with existing data collection methods, which often lack the granularity required to capture the diverse realities of people living with or at risk of HIV. **Disaggregated data by age, gender, sexual orientation, race, and other sociodemographic factors are often incomplete or unavailable, particularly in resource-limited settings.** The lack of detailed data leads to gaps in understanding the true scope and nature of the epidemic, which in turn hampers the ability to design and implement targeted interventions that can effectively reach and support those most in need.

Moreover, the reliability of data collection methods is a persistent challenge. In many parts of the world, HIV data are collected through fragmented systems that lack standardization and consistency, leading to disparities in the quality and accuracy of the data. **Data disparities are particularly pronounced in regions with weak health infrastructure, where the capacity to collect, analyze, and use data is limited.** As a result, the available data may not fully reflect the actual situation on the ground, leading to misinformed policy decisions and ineffective programmatic responses.

The utility of existing data models is also in question. Current epidemiological models often fail to account for the complex social, economic, and behavioral factors that drive the HIV epidemic. **Current models tend to rely on static assumptions and historical data, which may not capture the dynamic nature of the epidemic or the impact of emerging challenges such as migration, humanitarian crises, and climate change.** Consequently, the projections and forecasts generated by these models may not provide an accurate basis for planning and resource allocation.

> # There is an urgent need to establish precise data parameters that can guide the HIV response more effectively.

To optimize decision-making in the HIV response, it is essential to integrate data on cost-efficiencies. Cost-efficiency data can guide resource allocation, ensuring that investments are directed toward interventions that provide the greatest health returns. Additionally, integrating ancillary data on clinical and non-clinical domains ranging from rates of other STIs to social determinant of health trends into HIV data systems will provide a more comprehensive understanding of the factors influencing HIV risk dynamics and health-related outcomes.

A concerted effort is required to improve data collection methods, ensuring that they are comprehensive, reliable, and capable of capturing the diverse realities of those affected by HIV. Also critically important is the development of more sophisticated and dynamic models that can accurately reflect the current and future trends of the epidemic. The integration of innovative technologies, such as digital health and health AI, offers opportunities to enhance data accuracy, timeliness, and utility, enabling more responsive and targeted HIV interventions.

Ultimately, establishing precise data parameters is not just about improving the technical aspects of data collection and analysis; **it is about ensuring that the HIV response is informed by data that truly represents the needs and realities of the populations it aims to serve.**

By addressing the gaps and challenges in existing data systems, we can build and maintain momentum around a more effective and equitable global HIV response.

To refine data parameters that accurately reflect the totality of affected communities and the needs of people living with and affected by HIV, ensuring that the global response is equitable and effective because it eliminates the invisibility of marginalized populations.

KEY POINTS

Current Data Parameters: The existing data parameters informing the HIV response often lack granularity, particularly in disaggregating data by age, gender, sexual orientation, and other critical factors, and do not include ancillary data, including in relation to cost-efficiency and integrated service delivery beyond HIV.

Reliability and Comprehensiveness: There are significant gaps in data availability, reliability and comprehensiveness, particularly in resource-limited settings, leading to incomplete or skewed insights into the epidemic.

Improving Data Collection: Efforts should focus on enhancing disaggregated data collection methods, integrating technology to improve accuracy and timeliness, and leveraging community-led monitoring data to inform policy.

Implications of Data Disparities: Disparities in data collection can result in ineffective program implementation and resource allocation, further entrenching inequities in the HIV response.

Modeling the Response: Current modeling often fails to capture the complexities of the epidemic. There is a need for more nuanced models that consider socioeconomic, geographic, and behavioral factors.

Technological Integration: Technologies such as AI and machine learning can be leveraged to improve data collection, analysis, and modeling, ensuring that responses are timely and targeted.

Community Involvement: Community-led monitoring should be integral to data extrapolation, ensuring that the lived experiences of those affected by HIV are reflected in data-driven decisions.

Resource Needs: Adequate resources must be allocated to improve data infrastructure, including partnerships with technology firms and investment in capacity building for data collection and analysis.

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1 STRENGTHEN DATA COLLECTION SYSTEMS

Invest in national and subnational electronic health information systems to collect disaggregated data that captures key demographic and socioeconomic variables, enabling more accurate and targeted HIV interventions, with an additional focus on related health conditions, health concerns, and cost-efficiency.

2 ENHANCE DATA QUALITY AND RELIABILITY

Implement standardized protocols across regions and healthcare facilities to improve the accuracy and consistency of HIV and other data, with a focus on resource-limited settings where data collection challenges are most pronounced.

3 INTEGRATE ADVANCED DATA ANALYTICS

Adopt and integrate advanced data analytics tools, including AI and machine learning, into national HIV data systems to enhance the predictive accuracy of models and to generate real-time insights for policymaking.

4 FOSTER COMMUNITY-LED DATA MONITORING

Support and institutionalize community-led monitoring initiatives by providing training and resources to communities, ensuring that their data contributions are systematically included in national HIV data systems.

5 ESTABLISH DATA-SHARING PARTNERSHIPS

Facilitate data-sharing partnerships with international organizations, research institutions, and other countries to improve the global HIV data landscape, ensuring that best practices and innovations are disseminated and adopted.

LEVERAGING ARV

DRUG & DIAGNOSTIC TECHNOLOGIES

TO OPTIMIZE HIV OUTCOMES

Innovations in antiretroviral (ARV) drug and diagnostic delivery are crucial to optimizing the HIV response. These innovations have the potential to address significant challenges related to adherence, persistence, and other barriers to effective HIV prevention and treatment, improving health outcomes for people living with and at risk of HIV. **The pipeline of novel ARV drugs and diagnostic technologies is limited, however, meaning a strategic focus on continued research and development (R&D) is needed to ensure that the HIV response continues to evolve and adapt to the clinical needs of diverse populations.**

The introduction of long-acting ARV drug formulations for PrEP and ART, for example, could be a game-changer in the fields of HIV prevention and treatment. These formulations reduce the frequency of dosing, making it easier for individuals to adhere to their PrEP or ART regimens and thereby improving HIV outcomes and reducing HIV acquisition. **Long-acting injectable ARV drugs, which require administration every few months rather than daily, offer a promising solution for those who struggle with oral medications due to numerous factors, including stigma, lifestyle constraints, or personal preferences.** However, "patient choice" is a critical aspect of these advancements, recognizing that different individuals have varying preferences and needs when it comes to their PrEP and ART regimens.

Oral ARV formulations, which have been the standard for many years, have been integral to the success of ART globally. The advent of long-acting injectable ARV drugs represents a transformative option for those who may find oral preventative or therapeutic ARV drugs

challenging. By providing people living with and affected by HIV with the option to choose between oral, injectable, and future ARV formulations, healthcare providers can tailor clinical management plans to better meet individual needs.

> **A person-centered approach is crucial for allowing people living with and affected by HIV to actively participate in informed decisions about their care within the context of self-determination and facilitating locus of control.**

In addition to long-acting ARV drugs, innovations in diagnostic technologies are also essential for optimizing the HIV response. Early and accurate diagnosis of HIV is critical for initiating rapid ART and preventing onward transmission of the virus. **Community-based and self-testing diagnostic tools, including multiplex testing platforms, which can deliver rapid and accurate results outside of traditional healthcare settings, have the potential to significantly increase access to HIV testing and the efficient screening for several coinfections or drug resistance,** particularly in resource-limited settings where laboratory infrastructure is often lacking.

Despite these advancements, the development pipeline for new ARV drugs and diagnostic technologies remains limited. This is a significant concern, as the continued evolution of the HIV epidemic, including the emergence of drug-resistant HIV strains, requires ongoing innovation in HIV prevention and treatment options. **Addressing the pipeline challenge requires increased R&D investment from the public and private sectors.** This investment should be directed toward the development of novel ARV drugs that can overcome existing challenges, such as drug resistance, and toward the creation of diagnostic tools that are more accessible, accurate, and user-friendly.

Investing in R&D for novel ARV drugs is critical to optimize ART and facilitate the continuum from viral suppression to an undetectable viral load for people living with HIV, as well as simplifying PrEP to promote PrEP persistence for individuals at risk for HIV acquisition who face barriers to engaging in preventive care. **It is equally important to prioritize equity in the availability and distribution of ARV drugs to avoid exacerbating global health disparities.** Antiretroviral drug innovations must be paired with strategies that ensure all people living with or affected by HIV, regardless of geography or socioeconomic status, can access their choice of ARV drug options. Critical to an enabling environment to equitably ensuring access to ARV drug innovations is addressing barriers such as drug affordability, supply chain limitations, and discriminatory healthcare systems, creating an inclusive environment where no one is left out of progress.

The optimization of ARV drug and diagnostic delivery also requires addressing broader systemic issues that impact HIV prevention and treatment outcomes. These include structural barriers such as access to healthcare, social determinants of health, and the legal and policy environment in which HIV services are delivered. For example, in many parts of the world, stigma and discrimination continue to prevent people from accessing HIV services, even when effective treatments and diagnostics are available. Addressing these barriers is essential for ensuring that innovations in ARV drug and diagnostic delivery, made equitably available to all people living with and affected by HIV, translate into real-world improvements in health outcomes, including HIV incidence.

While innovations in ARV drug and diagnostic delivery hold great promise for optimizing the HIV response, there is a critical need to prioritize R&D to expand the pipeline and bring novel drugs and technologies to market. This R&D investment will require a concerted effort from all stakeholders, including governments, the private sector, and civil society, to ensure that the HIV response continues to evolve in a way that meets the needs of all individuals, particularly those who are most vulnerable and underserved.

> **By focusing on innovation and addressing systemic barriers, we can build a more effective and equitable global HIV response.**

To maximize the potential of current and future ARV drug and diagnostic technologies in closing gaps in HIV prevention and treatment to ensure equity in health outcomes for people living with and affected by HIV, including averting new HIV infections and ending AIDS-related deaths.

KEY POINTS

Current ARV Landscape: The development of long-acting ARV drugs represents a significant advancement in HIV prevention and treatment, offering new options for those who face barriers to daily medication adherence.

Optimal ARV Agents: Identifying and scaling up the use of optimal long-acting ARV drugs is crucial to closing prevention and treatment gaps, but only within the context of patient choice regarding oral, injectable, and future ARV drug formulations.

Beyond Dosing and Delivery: Addressing factors beyond ARV drug dosing and delivery, such as social determinants of health and structural barriers, is essential for the success of achieving HIV outcomes that can be achieved with optimal ARV drug technologies.

Choice Agenda for ART and PrEP: Messaging around ARV drug technologies should support a patient choice agenda for ART and PrEP formulations, empowering individuals to select the prevention and treatment method that best suits their needs.

Equitable Access: Efforts must be made to ensure equitable access to ARV drug and diagnostic technology innovations, particularly in resource-limited settings, including in relation to eliminating affordability barriers.

Global Collaboration: International collaboration is key to optimizing ARV drug and diagnostic technologies, with a focus on sharing knowledge, resources, and best practices.

Affordability: Strategies to improve the affordability of ARV drugs, without compromising quality, are critical for equitably expanding access to HIV prevention and treatment to achieve global goals and targets.

Community Empowerment: Empowering communities to demand and equitably access ARV drug and diagnostic technology innovations is essential for improving timely and equitably access to these innovations for all affected communities.

Barriers to Implementation: Identifying and addressing barriers to the implementation of ARV drug and diagnostic technologies, including regulatory, logistical, and financial challenges, is necessary to ensure widespread adoption.

RECOMMENDATIONS

1 PRIORITIZE RESEARCH AND DEVELOPMENT

Increase investment in R&D for new ARV drug and diagnostic technologies, with a focus on long-acting ARV formulations and community-based and self-testing multiplex diagnostic tools, to overcome current HIV treatment and prevention barriers, but with an equal focus on equitable access for all communities.

2 FACILITATE ACCESS TO INNOVATIVE ARV DRUGS

Work with pharmaceutical companies and international partners to accelerate the regulatory approval and distribution of innovative ARV drugs, ensuring equitable access to the latest treatments across all rgeographic regions, without exception.
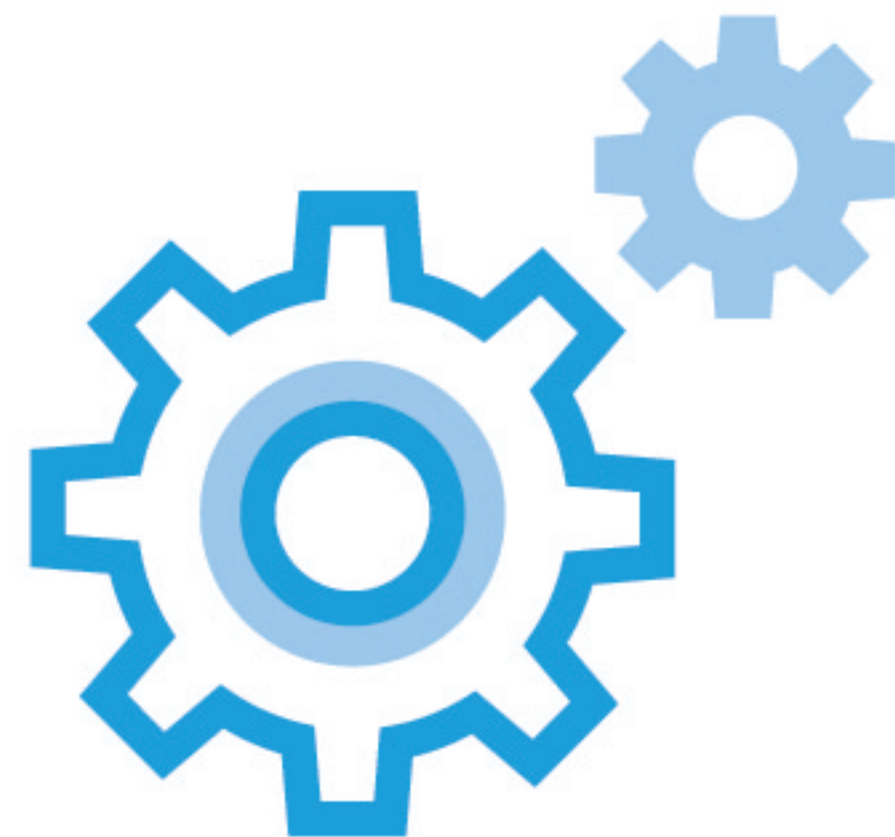
3 EXPAND NATIONAL DRUG PROCUREMENT PROGRAMS

Strengthen national drug procurement programs to include new ARV drug technologies, ensuring that they are available in both urban and rural settings and that supply chains are robust and reliable.

4 SUPPORT COMMUNITY EDUCATION ON ARV DRUG INNOVATIONS

Launch awareness campaigns and training programs to educate healthcare providers and communities about new ARV drug innovations, while stressing patient choice regarding oral, injectable, and other future ARV formulations.

5 REMOVE STRUCTURAL BARRIERS TO ACCESS

Identify and address legal, policy, and logistical barriers that hinder access to innovative ARV drugs and diagnostics, including reducing regulatory delays and improving healthcare infrastructure, including person-centered innovation to improve access and utilization of HIV services.

INTEGRATING

DIGITAL HEALTH & HEALTH AI INNOVATIONS

INTO THE HIV RESPONSE

Digital health and health AI have the potential to revolutionize the global HIV response, offering new ways to improve prevention, treatment, and care. These technologies can enhance patient outcomes by enabling personalized care, optimizing resource allocation, and improving the efficiency of health systems. **Despite their potential, digital health and AI have not been fully leveraged in the HIV response, and their implementation poses significant ethical, legal, and operational challenges.**

Digital health tools, such as mobile health (mHealth) applications and telemedicine platforms, have already begun to transform healthcare delivery in many parts of the world. In the context of HIV, these tools can facilitate remote monitoring of patients, support adherence to treatment regimens, and provide real-time access to health information and services. For example, mHealth applications can send reminders to patients to take their medications, offer educational resources, and provide a platform for virtual consultations with healthcare providers. **Digital health tools are particularly valuable in resource-limited settings, where access to healthcare facilities may be limited, and in areas with elevated levels of stigma, where individuals may be reluctant to seek in-person care.**

Health AI, on the other hand, offers the possibility of more sophisticated data analysis and decision-making in the HIV response. **Artificial intelligence algorithms can analyze vast amounts of data to identify patterns and trends that might not be apparent through traditional analysis methods**. This capability can help to identify populations at higher risk

of HIV acquisition, predict clusters and outbreaks, and optimize the allocation of resources. Health AI can also be used to develop personalized treatment plans, considering individual patient characteristics, and predicting the likely outcomes of different treatment options.

Despite these benefits, the implementation of digital health and health AI in the HIV response is fraught with challenges. One of the most significant issues is the ethical implications of using AI in healthcare. There are concerns about data privacy and security, particularly given the sensitive nature of health data.

> **Ensuring that health AI systems are transparent, accountable, and free from bias is also critical, as there is a risk that AI could exacerbate existing health disparities if not implemented carefully.**

Additionally, the digital divide – whereby access to digital technologies is unevenly distributed – poses a significant barrier to the widespread adoption of digital health tools, particularly in low- and middle-income countries.

To address these challenges, a comprehensive strategy should guide the integration of digital health and health AI into the HIV response. **An ethics-based, equity-focused strategy should include the development of ethical guidelines and regulatory frameworks that ensure the responsible use of digital health and health AI, as well as efforts to bridge the digital divide by increasing access to technology and digital literacy training.** Moreover, it is essential to involve communities in the design and implementation of digital health tools to ensure that they are culturally appropriate and meet the needs of those they are intended to serve.

While digital health and health AI offer tremendous potential to enhance the HIV response, successful implementation requires careful consideration of the myriad ethical, legal, and operational challenges involved.

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By developing a strategic approach that prioritizes equity, transparency, and community engagement, we can harness the power of health AI technologies to improve health outcomes for people living with and affected by HIV.

OBJECTIVE

To harness the potential of digital health and health AI innovations to enhance the efficiency and effectiveness of the global HIV response while protecting data privacy and security for all people living with and affected by HIV.

KEY POINTS

Understanding the Current State of Digital Health and Health AI: Digital health and health AI have been increasingly applied in the context of HIV, with promising results in areas such as patient management, adherence tracking, and real-time data analysis. However, the adoption and implementation of these technologies vary significantly across different regions and healthcare systems.

Identifying Barriers to Effective Implementation: Despite the potential of digital health and AI, barriers such as digital literacy, infrastructure limitations, data privacy concerns, and regulatory hurdles impede widespread adoption. Addressing these barriers is critical for maximizing the benefits of these technologies in the HIV response.

Strategies to Enhance Infrastructure, Accessibility, and Acceptance: To overcome implementation challenges, data technology strategies should include investing in digital infrastructure, enhancing digital literacy among healthcare providers and patients, and fostering acceptance of digital health solutions through targeted education and communication efforts.

Reviewing Data Privacy and Security: As digital health and AI technologies collect and analyze sensitive health data, ensuring robust data privacy and security measures is essential. Digital health and health AI technologies should adhere to international data protection standards and implement strong encryption protocols to safeguard all forms of patient information.

Exploring Opportunities for Implementation: Digital health and health AI offer numerous opportunities to improve the HIV response, such as personalized treatment plans, predictive analytics for disease outbreaks, and enhanced patient engagement through mobile health applications. These opportunities must be carefully explored and integrated into existing health systems.

Agreeing on a Framework for Equitable Implementation: A framework for the equitable implementation of digital health and AI in the HIV response should be developed, focusing on ensuring access for marginalized populations, addressing disparities, and promoting inclusive digital health ecosystems.

RECOMMENDATIONS

1 DEVELOP NATIONAL DIGITAL HEALTH STRATEGIES

Create or update national digital health strategies that incorporate health AI-driven solutions for the HIV response, ensuring these strategies address ethical concerns and are aligned with international standards.

2 INVEST IN DIGITAL INFRASTRUCTURE

Allocate resources to strengthen digital infrastructure, particularly in underserved regions, to support the deployment and scalability of digital health and health AI tools in the HIV response.

3 ENHANCE DATA PRIVACY AND SECURITY

Implement strict data privacy and security measures for digital health and health AI systems, including robust legal frameworks and encryption protocols, to protect sensitive health data and build public trust.

4 PROMOTE DIGITAL HEALTH LITERACY

Launch national campaigns to improve digital health literacy among healthcare providers and patients, ensuring that digital tools are accessible and usable for all populations, particularly in rural and resource-limited settings.

5 ENCOURAGE PUBLIC-PRIVATE PARTNERSHIPS

Foster public-private partnerships to drive innovation and scale in digital health and health AI, leveraging the expertise and resources of the private sector while ensuring that solutions are equitable and sustainable.

OPTIMIZING

SERVICE DELIVERY FOR INTEGRATED HIV

AND OTHER HEALTH RESPONSES

Differentiated service delivery (DSD) and other health systems and workforce innovations are central to achieving control and eventual elimination of HIV, as well as addressing multiple disease burdens within health systems. **Differentiated service delivery models allow for the tailoring of person-centered HIV services to meet the diverse needs of different populations, improving access, adherence, and health outcomes by providing person-centered care that also addresses comorbidities and syndemic conditions.** However, re-focusing health systems and the health workforce to implement these models effectively requires a strategic and coordinated approach.

Differentiated service delivery has been recognized as an innovation in the HIV response, offering a more flexible and efficient way to deliver services. Traditional, one-size-fits-all approaches to HIV service delivery often fail to meet the needs of all individuals, particularly those who face barriers to accessing care. Differentiated service delivery models address this challenge by offering a range of service delivery options that are tailored to the specific needs of different populations. For example, PLHIV who achieve sustained viral suppression benefit from multi-month ART dispensing and require less frequent clinic visits, while individuals with more complex needs may require more intensive support and frequent monitoring. Optimizing HIV service delivery is important as part of a person-centered care approach and a means of achieving critical financial and human resource efficiencies, notably during times of budget constraints threatening the continuity of HIV and other health services delivery.

The implementation of DSD models has shown significant benefits, including increased retention in care, improved adherence to treatment, and reduced burden on healthcare systems. **By tailoring services to the needs of patients, alongside reducing stigma within healthcare settings, DSD not only improves health outcomes but also enhances patient satisfaction and reduces the workload on healthcare providers.**

> # The outcome of tailored services is particularly important in resource-limited settings, where health systems are often overburdened, understaffed, and under-resourced.

However, the successful implementation of DSD models requires a strategic approach to health systems strengthening, which includes investing in the health workforce, ensuring that healthcare providers are adequately trained and supported to deliver differentiated services. Optimal implementation also involves integrating DSD models into national health strategies and policies, ensuring that they are aligned with broader health goals, and that the necessary resources are allocated to support their implementation.

In addition to DSD, other health systems innovations are critical for achieving multi-disease control and elimination, and averting HIV-associated comorbidities and syndemic conditions. **Health system innovations include task-shifting, where certain tasks are delegated from higher- to lower-level healthcare cadres, and the use of digital health tools and health AI to improve service delivery and coordination.** Task-shifting can help to address shortages of healthcare providers by allowing community health workers and other non-specialist staff to take on additional responsibilities, thereby expanding access to care. Digital health tools, as discussed in the previous section, can also play a key role in improving the efficiency and effectiveness of health services.

Re-focusing health systems and the health workforce to implement these innovations requires leadership, coordination, and collaboration among stakeholders. **Governments, international organizations, and civil society must work together to develop and implement strategies that ensure the effective integration of DSD and other innovations into health systems.** This includes ensuring that resources are allocated equitably, that healthcare providers are adequately trained and supported, and that patients are engaged in the design and delivery of services.

Differentiated service delivery and other health systems innovations are essential for achieving the goals of the global HIV response and addressing the broader health needs of populations.

> "
> **By re-focusing health systems and the health workforce, we can build more resilient and responsive health systems that are better equipped to meet the diverse needs of people living with and affected by HIV.**

To optimize service delivery by implementing DSD models and integrating HIV services with other health responses, facilitating holistic person-centered care for people living with and affected by HIV, comorbidities, and syndemic conditions.

KEY POINTS

Building Efficient DSD Models for Health Equity: Differentiated service delivery models have emerged to tailor HIV prevention and treatment services to the specific needs of different populations. These models have proven effective in increasing access to person-centered HIV services, improving ART adherence, and reducing the burden on healthcare systems within the context of ensuring health equity.

Identifying Strengths, Weaknesses, and Opportunities: Current DSD models have demonstrated strengths, such as patient-centered care and flexibility. However, challenges include variability in implementation, resource constraints, and integration with broader health services. Identifying opportunities to strengthen these models is essential for optimizing person-centered HIV service delivery.

Defining Barriers and Opportunities for Integration: The integration of HIV services with other health responses, such as sexual and reproductive health, non-communicable diseases, and mental health, presents both opportunities and challenges. Barriers such as siloed funding, programmatic fragmentation, and differing health priorities must be addressed to achieve effective integration.

Alignment with Primary Care: Integrating HIV services with primary care can enhance the overall health outcomes of individuals living with or affected by HIV. This alignment requires planning, coordination, and investment to ensure that primary care providers are equipped to manage HIV alongside other health conditions.

Community Involvement in Planning and Delivery: Involving communities in the planning and delivery of integrated health services is crucial for ensuring that services meet the needs of those they are intended to serve. This involvement includes engaging community health workers, peer educators, and other community-based organizations in the design and implementation of integrated care models.

Impact of Universal Health Coverage: The global push for UHC presents an opportunity to reimagine the HIV response within broader health systems. Universal health coverage can facilitate the integration of HIV services into national health strategies, ensuring that HIV care is accessible, affordable, and of high quality for all communities.

Framework for Optimized, Integrated Service Delivery: A framework for optimized, integrated HIV and other health service delivery should be developed, focusing on patient-centered care, efficiency, and sustainability. This framework should include clear guidelines for integrating HIV services with other health programs, M&E mechanisms, and strategies for scaling up successful models.

RECOMMENDATIONS

1 **SCALE UP
DSD MODELS**

Implement and scale up DSD models nationally, ensuring they are integrated into the broader health system and tailored to the specific needs of different populations, particularly those with high HIV burden.

2 **INVEST IN HEALTH
WORKFORCE TRAINING**

Provide ongoing capacity-building for healthcare workers on DSD and other health innovations, as well as HIV stigma elimination in health settings, to ensure they are equipped to deliver person-centered, integrated care.

3 **INTEGRATE HIV SERVICES
WITH PRIMARY CARE**

Facilitate the integration of HIV services into primary healthcare, promoting a comprehensive approach that addresses multiple health needs, including the management of comorbidities and syndemic conditions.

4 **SUPPORT TASK-SHIFTING
INITIATIVES**

Expand task-shifting programs to enable paraprofessional healthcare workers, such as community health workers, to take on additional responsibilities in delivering HIV services, thereby extending the health system's reach.

5 **MONITOR AND EVALUATE HEALTH
SYSTEMS INNOVATIONS**

Establish monitoring and evaluation frameworks to assess the impact of DSD and other health systems innovations on HIV outcomes, using this data to continuously refine and improve service delivery.

MEANINGFULLY

INVOLVING AFFECTED COMMUNITIES TO LEAD

THE HIV RESPONSE

Meaningful community involvement is a cornerstone of an effective HIV response, ensuring that interventions are responsive to the diverse needs of communities that are vulnerable to HIV. The concept of "nothing about us without us" has long been a rallying cry for affected communities, emphasizing the importance of including those who are most affected by HIV in all aspects of the response. This involvement includes not only participating in decision-making processes but also leading the design, implementation, and monitoring of programs and policies. **Community-led initiatives, such as U=U, have proven highly effective in reaching marginalized populations, addressing HIV and intersectional stigma and discrimination, and improving access to and utilization of HIV services. However community efforts are too often under-resourced and lack the support needed to achieve their full potential.**

Community involvement has not been fully realized, and this gap has hindered progress toward achieving equitable health outcomes for all people living with and affected by HIV despite the recognition of the importance of affected communities and lived experience. **In recent years, there has been a concerning trend of shrinking space for community involvement in the HIV response, as governments in some countries increasingly attempt to sideline or marginalize community voices.** The shrinking role for community involvement threatens the ability to address the HIV epidemic's evolving challenges. Without meaningful involvement from communities, the HIV response risks becoming

disconnected from the realities on the ground, leading to policies and programs that fail to meet the needs of those most affected, notably marginalized or politically sensitive groups such as LGBTQ+ individuals, sex workers, or people who inject drugs.

The consequences of sidelining civil society are profound. **When governments fail to genuinely engage with the communities most affected by HIV, they lose access to invaluable local knowledge and grassroots mobilization that is critical for an effective HIV response.** Civil society organizations often operate in hard-to-reach areas, providing services to populations that government programs overlook or struggle to reach. By ignoring or marginalizing these groups, governments risk creating blind spots in their HIV responses, particularly when it comes to reaching key populations who are disproportionately affected by the epidemic. To reverse this trend, governments must move beyond lip service and actively involve communities in a meaningful way, giving them a true seat at the table in policymaking and implementation. Governments must also provide adequate funding, ensure participation in decision-making processes at all levels, and commit to follow-through on the recommendations of civil society, particularly those that address the most vulnerable and marginalized populations.

> One of the key challenges to meaningful community involvement is the persistence of structural barriers that limit the ability of communities to participate fully in the HIV response.

Key barriers include stigma and discrimination, lack of funding and resources, and limited access to decision-making platforms. In many cases, communities are consulted only as an afterthought, rather than being engaged from the outset as equal partners, which not only undermines the effectiveness of HIV programs but also perpetuates inequities in health

outcomes. Another challenge is the lack of capacity within communities to lead complex HIV programs. While many communities have the knowledge and experience to drive the response, they may lack the technical skills, infrastructure, and resources needed to manage large-scale programs. **Addressing capacity gaps is essential for enabling communities to take on a more significant role in the HIV response, requiring targeted investments in capacity building, including training, mentorship, and the provision of resources and tools.**

Resource mobilization is also a critical issue for community-led initiatives. Despite their proven effectiveness, these initiatives often struggle to secure sustainable funding, particularly initiatives led by marginalized and vulnerable populations, who may face additional barriers to accessing funding. **To address the resource challenge, increased investment is needed in community-led HIV initiatives, as well as the development of funding mechanisms that are accessible to community-based organizations.** Relevant mechanisms could include dedicated funding streams, flexible grant mechanisms, and support for community-based fundraising efforts.

Recommitment to and expansion upon the meaningful involvement of people living with HIV (MIPA) framework is needed to better facilitate and support meaningful community involvement in the HIV response. An expanded framework should outline clear roles and responsibilities for communities, ensure that they have access to decision-making platforms, and provide the resources and support needed to enable them to lead. **The expanded MIPA framework should also include mechanisms for monitoring and evaluating the impact of community involvement, ensuring that it contributes to the achievement of equitable health outcomes.**

Meaningful community involvement is critical for an effective and equitable HIV response. By addressing the barriers to community participation and providing the necessary resources and support, we can ensure that the voices of those most affected by HIV are heard and that their needs are met guided by their lived experiences.

Facilitating meaningful community involvement in the HIV response will not only improve health outcomes for people living with and affected by HIV but also contribute to broader efforts to achieve health equity and social justice.

To empower affected communities to take a leadership role in the HIV response, ensuring that their voices and meaningful involvement shape policies, programs, and interventions, with an equal emphasis on community-led monitoring to facilitate accountability.

KEY POINTS

Understanding the Role of Communities: Affected communities have been at the forefront of the HIV response since its inception. Their involvement is essential for implementing effective, culturally sensitive, and inclusive strategies to combat HIV and the numerous factors that fuel new HIV infections and AIDS-related deaths.

Importance of Community Involvement in Decision-Making: Community involvement in decision-making processes ensures that HIV programs are aligned with the needs and realities of those most affected, including highly stigmatized communities. This participation fosters ownership, accountability, and sustainability in the HIV response.

Review of Current Practices: While community involvement has been recognized as a best practice in the HIV response, the degree of engagement varies. A review of current practices is necessary to identify successful models and areas where community involvement can be strengthened.

Challenges in Community-Led Service Delivery and Monitoring: Community-led HIV service delivery and monitoring face challenges, including limited resources and systemic barriers within healthcare systems. Addressing these challenges is critical for enhancing the effectiveness of community-driven initiatives.

Mobilizing Resources for Community-Led Initiatives: Mobilizing financial, technical, and human resources is essential for supporting community-led HIV initiatives across the continuum of HIV and dismantling the stigma associated with HIV. Investments in capacity building, infrastructure, and ongoing support are necessary to empower communities.

Funding Sources and Partnerships: Identifying sustainable funding sources and forging partnerships with governments, international organizations, and private sector entities, including through public-private partnerships, are crucial to ensuring the longevity of community-driven HIV efforts.

Framework for a Community-Led HIV Response: An expanded MIPA framework is required to realize a community-led HIV response, empowering communities, ensuring equitable resource distribution, and fostering partnerships to address myriad health and social challenges, including GBV, health inequity, and economic inequality.

RECOMMENDATIONS

1 ESTABLISH COMMUNITY LEADERSHIP PLATFORMS

Create platforms that empower communities to lead HIV response efforts at national, subnational, and municipal levels, ensuring that their voices are central to decision-making processes at all levels of government.

2 PROVIDE FUNDING FOR COMMUNITY-LED INITIATIVES

Allocate specific funding streams to support community-led HIV initiatives, including public HIV awareness campaigns, ensuring these resources are sustainably accessible to marginalized groups.

## 3 INTEGRATE COMMUNITY-LED MONITORING INTO NATIONAL HEALTH SYSTEMS

Institutionalize community-led monitoring as a key component of national HIV data systems, providing training and resources to communities to enable accurate data collection and reporting.

4 PROMOTE LEGAL AND POLICY REFORMS

Advocate for legal and policy reforms that remove barriers to community involvement in the HIV response, including addressing HIV and intersectional stigma, and the criminalization of key populations.

5 DEVELOP CAPACITY-BUILDING PROGRAMS

Implement capacity-building programs for community organizations to strengthen their technical and organizational capabilities, enabling them to effectively manage and lead HIV response initiatives.
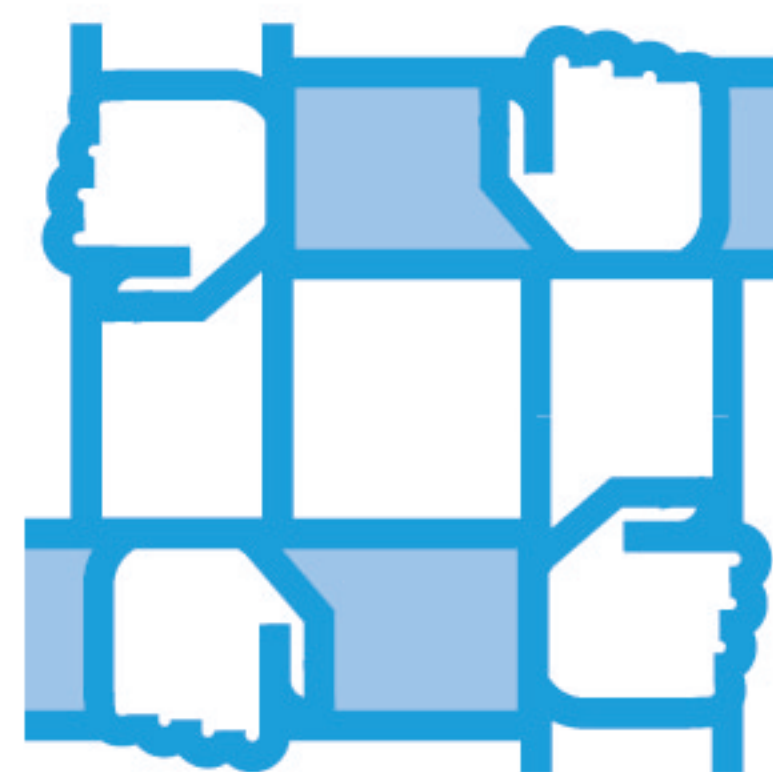
ACHIEVING

EQUITY, EQUALITY, AND JUSTICE FOR ALL

IN THE HIV RESPONSE

Biomedical interventions alone are insufficient to close the gaps across the HIV prevention and care continua and achieve epidemic control and elimination. To address the disparities that persist in HIV outcomes, it is essential to advance a multisectoral agenda that prioritizes equity, equality, and justice within the HIV response. **A multisectoral agenda must address the root causes of health disparities, including structural, social, and systemic factors that contribute to the unequal distribution of health risks and resources.**

Equity in the HIV response means ensuring that all individuals, regardless of their background or circumstances, have access to the services and support they need to protect themselves from HIV acquisition and manage their health if they are living with HIV. **Achieving equity in the HIV response requires a focus on reaching those who are most marginalized and vulnerable, including key populations such as sex workers, people who inject drugs, men who have sex with men, and transgender individuals.** These groups of individuals face significant barriers to accessing and utilizing HIV services, including stigma, discrimination, and criminalization, which exacerbate their vulnerability to HIV.

Equality in the HIV response involves ensuring that every individual has the same opportunity to achieve optimal health outcomes, regardless of their socioeconomic status. **Achieving equality in the HIV response requires addressing social determinants of health, such as poverty, education, and employment, which influence individuals' ability to access, utilize, and benefit from HIV services.** Tackling the systemic inequalities that exist

within healthcare systems, such as unequal access to quality care and the underrepresentation of marginalized groups in health research and policymaking, is also of critical importance due to inequality's multifactorial nature.

Justice in the HIV response extends beyond ensuring equitable access to HIV and other health services and addressing social determinants of health.

Achieving justice in the HIV response involves challenging and dismantling the structures of power and privilege that perpetuate health inequities and advocating for the rights of people living with and affected by HIV.

Addressing the legal and policy barriers that hinder access to HIV services, such as laws that criminalize key populations, and advocating for the protection of human rights within the HIV response, cannot be overestimated as a critical means of redressing long-standing injustices perpetrated against marginalized populations at higher risk for HIV acquisition and suboptimal HIV treatment outcomes.

To advance an equity, equality, and justice agenda in the HIV response, diverse voices must be involved in the dialogue by ensuring that people from marginalized and vulnerable communities are represented in decision-making processes and that their perspectives are considered in the design and implementation of HIV programs. Also required is the creation of respectful spaces for dialogue and collaboration between different sectors and stakeholders, including governments, civil society, and international organizations, to develop and implement strategies that address the root causes of health disparities.

In addition to promoting representation, implementing targeted interventions to address the specific needs of marginalized communities requires first developing and scaling up programs that are tailored to the unique challenges faced by different populations, such as harm reduction programs for people who inject drugs or gender-based violence prevention programs for women and girls. **Targeted interventions should be designed and implemented through a lens of equity, equality, and justice, ensuring that they address the underlying factors that contribute to health disparities.**

Monitoring and evaluation are critical components of an equity, equality, and justice agenda. Robust M&E systems are needed to track progress in addressing health disparities and to ensure that the HIV response is meeting the needs of all individuals, particularly those who are most marginalized. **Actioning robust M&E systems requires developing indicators that capture real-world experiences of equity, equality, and justice, as well as the collection and analysis of disaggregated data to identify gaps and areas for continuous improvement.**

Advancing an equity, equality, and justice agenda is essential for closing the gaps in HIV prevention and care and achieving epidemic control. **By addressing the root causes of health disparities and ensuring that all individuals have access to the quality care and comprehensive support they need, we can build a more effective and equitable global HIV response.**

To embed principles of equity, equality, and justice into all aspects of the HIV response, ensuring disparities are addressed and every individual has access to the quality care and comprehensive support they need within the context of realizing the rights to dignity, health, and well-being.

KEY POINTS

Defining Equity, Equality, and Justice:
Clear definitions and principles of equity, equality, and justice must be established within the context of the HIV response. These concepts should guide all strategies, ensuring that every individual's rights and needs are recognized and addressed.

Identifying Structural Barriers: Structural, social, and systemic barriers contribute to disparities in HIV outcomes, including economic inequalities, discrimination, gender-based violence, and inadequate access to healthcare. Identifying and addressing these barriers is crucial for achieving equitable outcomes.

Promoting Diverse Representation:
Ensuring that diverse voices, including those from marginalized and vulnerable communities, are represented in discussions on and planning to achieve equity, equality, and justice in the HIV response is essential for developing inclusive policies and programs.

Addressing Inequities in Access to Services: Strategies to address inequities in access to HIV services must be prioritized, including includes tailoring services to meet the specific needs of different populations and addressing social determinants of health that exacerbate disparities.

Mechanisms for Ensuring Commitments:
A mechanism for ensuring that commitments to equity, equality, and justice are realized should be developed, including robust monitoring and evaluation frameworks that track progress and hold stakeholders accountable.

RECOMMENDATIONS

1 **IMPLEMENT EQUITY-FOCUSED HEALTH POLICIES**

Develop and implement national health policies that prioritize equity, equality, and justice and engage all relevant government institutions, ensuring these principles are embedded in all aspects of the HIV response.

2 **ADDRESS SOCIAL DETERMINANTS OF HEALTH**

Launch initiatives that tackle the social determinants of health, such as poverty, education, and gender inequality, which contribute to disparities in HIV outcomes.

3 **PROMOTE INCLUSIVE DECISION-MAKING**

Ensure that marginalized and vulnerable populations are represented in decision-making processes related to HIV policy and program development, giving them a voice in shaping the response.

4 **ENHANCE DATA COLLECTION ON HEALTH DISPARITIES**

Improve data collection and analysis on health disparities within the HIV response, ensuring that data is disaggregated by key demographics and used to inform targeted interventions.

5 **ADVOCATE FOR HUMAN RIGHTS PROTECTIONS**

Champion human rights protections for people living with and affected by HIV, including repealing laws criminalizing key populations, reforming discriminatory laws and practices, and eliminating stigma in all its forms.
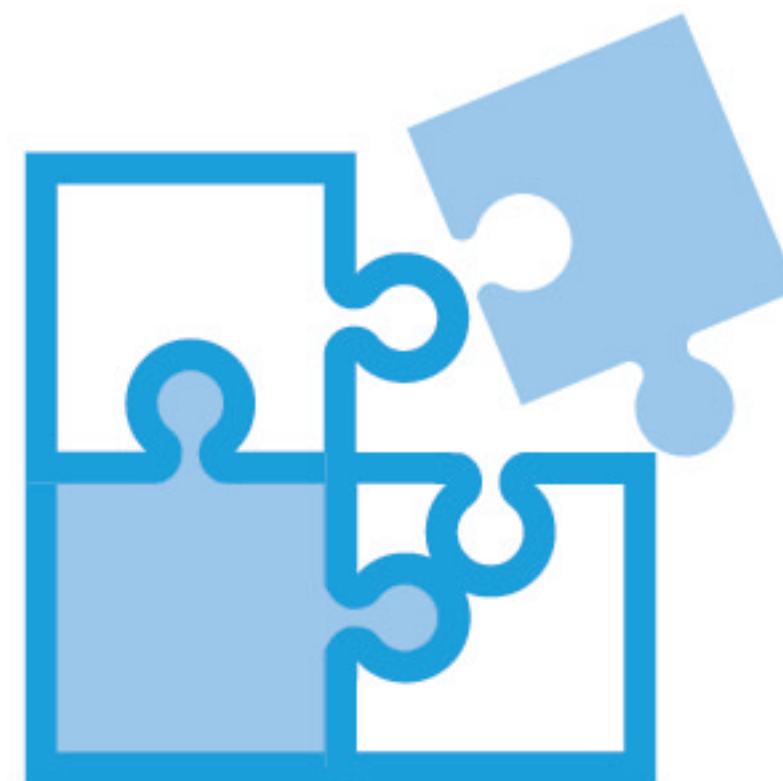
A CALL TO ACTION

As we approach 2030, the deadline for achieving SDG 3.3 (ending AIDS as a public health threat), the global response to HIV stands at a pivotal crossroads. While considerable progress has been made, the global HIV response faces mounting challenges that threaten to derail collective efforts to maintain and accelerate momentum towards 2030. **The COVID-19 pandemic, economic instability, and competing global health priorities have strained resources and shifted focus away from HIV. Now, more than ever, commitment is crucial to revitalizing the global HIV response and ensuring that we achieve SDG 3.3.**

The IAPAC-FTH World AIDS Day 2024 recommendations aim to influence the future direction of the global HIV response, whose progress toward achieving SDG 3.3 can be accelerated by focusing on a sustainability agenda, data-driven strategies, innovations in HIV prevention and treatment, digital health and health AI, integrated service delivery, meaningful community involvement, and sustained political commitment. Each of these elements is critical to closing the gaps in HIV prevention, treatment, and care, as well as realizing the human right to dignity, health, and well-being for people living with and affected by HIV within the context of person-centered care and UHC principles.

However, **achieving SDG 3.3 hinges on decisive actions to influence global health policy, mobilize resources, and drive innovation, thus determining the direction and impact of national, subnational, and municipal HIV responses.** Countries around the world can also take decisive actions to integrate person-centered care and comprehensive health service delivery into the global HIV response. By addressing the root causes of HIV risk, such as stigma, discrimination, criminalization, and GBV, we can create a more resilient HIV response.

IN ADDITION TO NATIONAL COMMITMENT, **ACHIEVING RESILIENCE IN THE HIV RESPONSE REQUIRES ROBUST NATIONAL-SUBNATIONAL-MUNICIPAL COORDINATION AND THE STRATEGIC AND COST-EFFECTIVE USE OF RESOURCES** TO DELIVER MAXIMUM IMPACT WITHOUT JEOPARDIZING ACCESS TO QUALITY HIV AND OTHER HEALTH SERVICES FOR ANY COMMUNITY.

Finance is a cornerstone of a sustainability strategy. The HIV response cannot rely on short-term funding and ad hoc interventions. **All countries must champion sustainable financing models that prioritize equity, social justice, and human rights. We must ensure that our data systems are robust and reliable.** Accurate, disaggregated data is the foundation of effective decision-making. **All countries must lead the charge in strengthening global data infrastructure, promoting the integration of advanced technologies, and fostering collaboration to improve data accuracy and utility.**

Innovations in ARV drugs, diagnostic technologies, digital health, and health AI are essential for overcoming current challenges in the HIV response and preparing for the future, including in relation to novel pandemics. **All countries must prioritize investment in continuous research and development, facilitate the rapid deployment of innovative technologies, and ensure that these innovations are accessible to all, particularly in low- and middle-income countries.**

The role of affected communities also cannot be overstated. These communities have been at the forefront of the HIV response since the beginning of the HIV epidemic, and their leadership is vital for its continued success. **All countries must support community-led**

initiatives, provide adequate funding, and ensure that community voices are central to decision-making processes. Finally, achieving equity, equality, and justice must be at the heart of our efforts. The disparities that exist in HIV outcomes are not just health issues – they are issues of human rights. **All countries must take bold action to address the structural and systemic barriers that perpetuate these disparities.**

The path to achieving SDG 3.3 is clear, but completing the journey requires decisive action by every country around the world, because no country has yet completed the journey. IAPAC and FTH urge countries to implement our consensus-driven recommendations as we strive collectively to end AIDS as a public health threat and achieve a healthier, more equitable world for all.

We call on all countries to make the investments and exercise the political will necessary to sustain the HIV response; advance equity, equality, and justice for all people living with and affected by HIV; and, ultimately, fulfill our collective global commitment to ending AIDS as a public health threat by 2030.