

HIV Prevention: From Crisis to Opportunity

Findings from the 2023 Global HIV Prevention Coalition Scorecards - A summary brochure

A time of looming threats and great opportunities for prevention

This brochure summarizes the sixth progress report of the Global HIV Prevention Coalition (GPC). It reviews the status of HIV prevention in 40 countries: the 28 initial focus countries of the Coalition and the 12 countries that were invited to join the Coalition in 2023.

Declines in annual new HIV infections (since 2010) continued to be steeper in the GPC focus countries than elsewhere. Those reductions are especially large in countries that are providing both primary prevention and treatment at the required scale.

The report shows that progress is strongest where HIV prevention programmes are aligned with the epidemic's patterns and evolution; have consistent and strong political support; can access reliable funding; and respond to the differentiated needs of populations.

More precise disaggregated data make it possible to mould HIV programmes to the differentiated needs of populations. While established prevention options—including HIV treatment and condom use—continue to be the mainstay for success, new technologies including long-acting prevention options can widen people's prevention choices.

But shadowing the progress are rising numbers of new HIV infections in several countries due to ongoing gaps in programmes for key and priority populations—and amid signs that both political commitment and funding for HIV prevention may be faltering.

New HIV infections are decreasing—but unevenly

The estimated 1.3 million new HIV infections in 2022 were the fewest since the late 1980s. In sub-Saharan Africa, the region with the highest HIV prevalence, the number of new infections has declined by more than half since 2010.

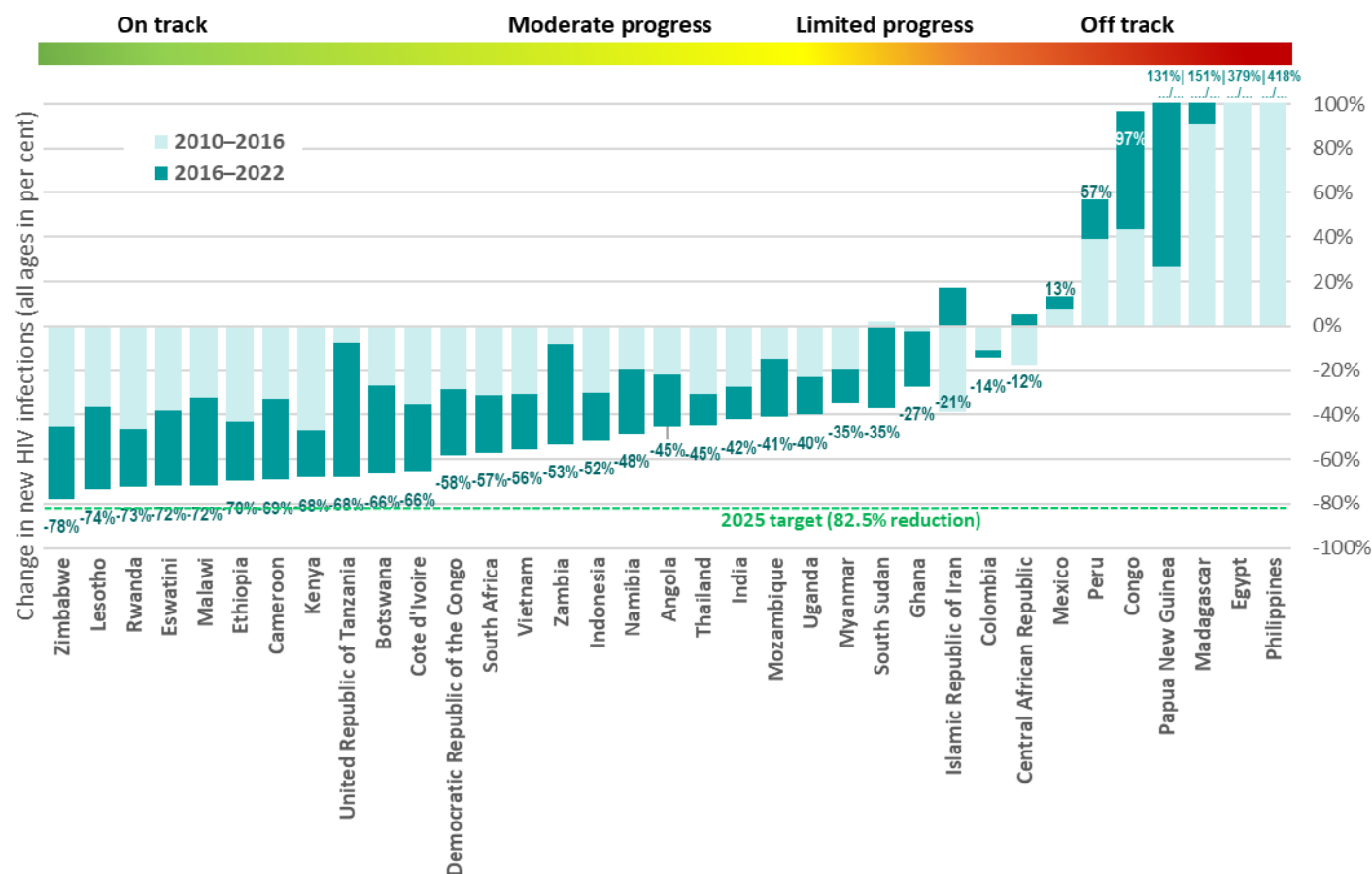
The progress largely reflects achievements in the initial 28 GPC focus countries, which together accounted for about two thirds of all new HIV infections in 2022. Reductions in annual new HIV infections (since 2010) continued to be considerably steeper in those focus countries than in the rest of the world. Almost a dozen focus countries could be on track to reach their prevention targets by 2025 (Figure 1), i.e. reducing annual new HIV infections by at least 82.5% compared to 2010. Their HIV prevention efforts are being driven by increased HIV treatment access and viral suppression, and constant or widening coverage of key primary prevention programmes. However, their accomplishments are not yet the norm across focus countries.

Although declining overall, HIV incidence among adolescent girls and young women (aged 15–24 years) remains exceptionally high in parts of eastern and southern Africa and in specific areas in western and central Africa. In addition, there still is an evident lack of progress in many countries where the pandemic primarily affects key populations and their sex partners. Thus, the number of people acquiring HIV has risen since 2016 in nine GPC focus countries (Fig. 1).

Highlights

- Eleven GPC focus countries have reduced their annual number of new HIV infections by at least 66% since 2010. They could be on track to achieve their national 2025 targets.
- But there were an estimated 1.3 million new HIV infections globally in 2022, more than three times the 2025 target of fewer than 370 000 new infections.
- New HIV infections are increasing steeply in several countries with sizeable HIV epidemics, due to weak HIV programmes for key populations.
- Reaching the global 2025 and 2030 HIV targets requires steep reductions in new HIV infections among key populations and their sex partners. These populations accounted for 55% of all new HIV infections in 2022, up from 44% in 2010.
- In sub-Saharan Africa, new HIV infections are decreasing more rapidly among young men than among their female peers, reflecting the high HIV risks faced by adolescent girls and young women in much of that region.
- Access to pre-exposure prophylaxis has increased, but there were only 2.6 million users in 2022—far fewer than the estimated global need for this powerful prevention option.
- There are persistent and, in some countries, widening gaps in basic prevention which must be addressed urgently. The gaps include condom promotion, harm reduction for people who inject drugs, and voluntary medical male circumcision for boys and men.

Figure 1. Percentage change in the numbers of people newly acquiring HIV in GPC focus countries



Source: UNAIDS estimates 2023. Note: New estimates were not available for Brazil, China, Nigeria, Pakistan and Ukraine.

Solid gains, but coverage gaps occur across all pillars of prevention

Prevention programmes in many GPC countries are not yet being implemented at the required scale and they are neglecting some proven interventions, especially those that can protect key populations against HIV. Investments in both condom and voluntary medical male circumcision programmes have fallen in countries with some of the largest HIV epidemics in the world, and breakthrough prevention options like pre-exposure prophylaxis (PrEP) are available to only a small fraction of the people who need them.

Insufficient top-level political commitment for HIV prevention is reflected in the large shortfalls in prevention financing and the persistence of legal and structural obstacles. More than four decades into the global AIDS pandemic, HIV prevention services for people from key populations are still scarce in many countries. Punitive laws remain on the statute books, and social stigma and discrimination are rife. The violence, discrimination and social exclusion which key populations experience continue to reduce their access to health-care services and information, and magnify their risk of acquiring HIV.

Table 1 provides a global overview of the status of prevention programmes. It reflects both the admirable progress achieved in a lengthening list of countries, and the handicaps and oversights that impede quicker and more uniform gains against HIV.

Persistent gaps in HIV prevention for key populations

Key populations in most countries continue to struggle to access HIV prevention services. Against a target of 90%, 44% of sex workers, 28% of gay men and other men who have sex with men, and 37% of people who inject drugs accessed two or more HIV prevention services in the previous three months. Both data quality and programme coverage for key populations must improve. Stigma and discrimination at mainstream health facilities, criminalization of key populations, police harassment and other barriers are keeping people away from HIV services.

Widening but incomplete prevention coverage for young women in places with high HIV incidence

Among the locations with high and moderately high HIV incidence in sub-Saharan Africa, only 43% had a dedicated prevention programme for young women and their male partners. At least 80% of priority districts were being serviced with dedicated programmes only in **Eswatini, Kenya, Lesotho** and **Zimbabwe**. HIV transmission continues amid gaps in HIV treatment among men and social and gender inequalities that make it very difficult for women, especially those with low socioeconomic status, to control their sexual lives and protect their health.

Declining new HIV infections in boys and men, but there are missed opportunities

The steep drop in new HIV infections among men and boys reflects the cumulative impact of combination prevention and treatment, though HIV incidence remains high among some sub-populations of men (notably men who have sex with other men). If more is done to reach men and boys, especially those in poorly served peri-urban and rural areas, with effective HIV testing, prevention and treatment services (see box), it will help improve treatment outcomes for men and reduce HIV incidence among them and their sex partners.

Table 1. 2023 HIV Prevention Scorecard—summary of progress in 28 GPC focus countries

Pillar	Indicator	Benchmark in line with 2025 targets	2022 reporting	
Key populations	Percentage who received at least two HIV prevention interventions in the previous 3 months	Sex workers	90%	44%
		Gay men and other men who have sex with men	90%	28%
		People who inject drugs	90%	37%
Young women	Locations with moderate and high HIV incidence with a programme for adolescent girls and young women		90%	43%
	Condom use with non-regular partners among young women (aged 15–24 years)		80% ¹	50%
Boys and men	Annual number of voluntary medical male circumcisions	5 million		2.7 million
Condoms	Condom use with non-regular partners among men (aged 15–49 years)		80%	64%
ARV-based prevention	Percentage of people living with HIV receiving antiretroviral therapy		90%	76%
	Number of people who used PrEP at least once in 2022		21.2 million ²	2.6 million

Source: GPC prevention 2023 scorecards.

Note: Percentages for key populations and condoms are medians for 28 initial GPC focus countries and are only shown for indicator for which values were available for at least 50% of the initial GPC focus countries. The first four indicators are based on a special analysis for the GPC scorecard. Absolute numbers for VMMC are for 15 VMMC focus countries, whereas values for ARV-based prevention are for all countries globally.

Opportunities to increase access to prevention options



Condom distribution is faltering, with most focus countries not meeting even half their estimated condom distribution needs. Only in 4 GPC countries (**Eswatini, Lesotho, Namibia and Zimbabwe**) did more than 80% of adult men say they used a condom at last sex with a non-regular partner, while reported condom use among adult women was even lower. Demand creation remains important, but affordable access to condoms remains a stumbling block, especially for low-income groups. Data from countries with recent population-based surveys show a concerning trend of declining condom use among young people (Fig. 2) suggesting a need to reposition condoms and safe, enjoyable intimate relations as a life-style choice.



Almost 35 million men and boys have opted for **VMMC** in the 15 priority countries in eastern and southern Africa since 2007, but recent trends have been mixed. The number of procedures performed in 2021 and 2022 rose in 9 countries. But some programmes have struggled to recover from COVID-19. VMMC programmes face two big challenges: reduced funding and the need to reach more men in their twenties and older.



Harm reduction services are effective for reducing HIV incidence, but access remains highly uneven. In only 4 focus countries did more than 60% of people who inject drugs receive at least two HIV prevention interventions in the previous three months. Access to opioid agonist therapy is rare, though **India, the United Republic of Tanzania and Viet Nam** reported reaching about one in four opioid users with this important service.

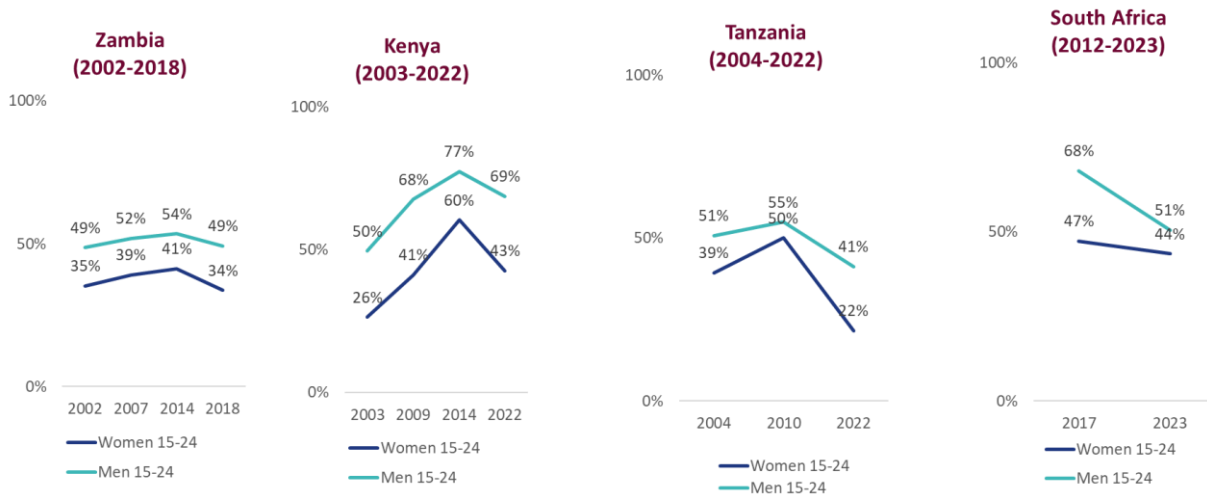


Antiretroviral-based prevention can have an even bigger impact. Increased access to HIV treatment and rising rates of viral suppression among people living with HIV contribute to the decline in new HIV infections. 8 of the 24 focus countries in sub-Saharan Africa have already met the 2025 HIV treatment targets, i.e., at least 86% of people living with HIV were virally suppressed in 2022. But gaps remain. Levels of viral suppression are lower among adolescents and men and in regions where key populations are most affected. Meanwhile, provision of PrEP in GPC focus countries increased again in 2022, but uptake was still far below the 2025 targets (Fig. 3) suggesting a need to further expand in all regions.

¹ Global 2025 targets for condom use vary by level of HIV incidence in a geographical area and by individual risk. They are set at 95% for people at highest risk and 70% and 50% for people at moderate and low risk. Since data presented here are for a population at high risk (people with non-regular partners) in an entire country, a benchmark of 80% has been included as a proxy for the targets.

² The benchmark of 21.2 million users is based on the global PrEP targets, which translate into 10.6 million person-years of PrEP. An assumed average duration of PrEP use of 6 months per year thus yields the benchmark of 21.2 million users.

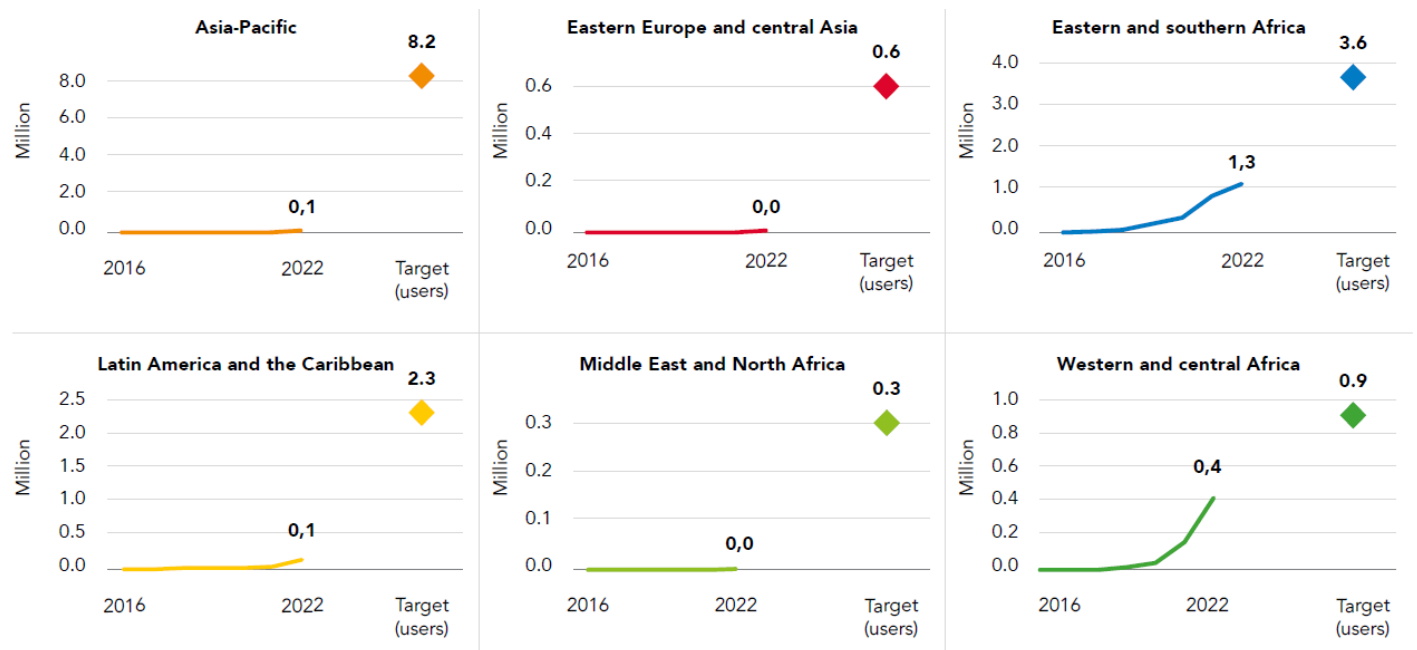
Figure 2. Trends in condom use among young people during premarital sex, four countries in sub-Saharan Africa



Source: Mann Global Health. Understanding the global condom landscape. Seattle, Geneva 2024.

Note: Analysis based on data from Demographic and Health Surveys, available at The DHS Program STATcompiler (<http://www.statcompiler.com>).

Figure 3. Number of people using PrEP, 2016–2022, relative to 2025 targets



Source: Based on 2023 GPC prevention scorecards and Global AIDS Monitoring.

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Act now to use HIV prevention opportunities

The 2022 scorecards show admirable successes alongside ongoing gaps in national HIV prevention programmes. Condom use and HIV treatment have likely had the biggest impact overall, along with contributions from male circumcision in Africa and harm reduction programmes among drug users. The opportunities presented by these interventions are far from exhausted and new prevention choices, such as long-acting PrEP, can drive even stronger HIV prevention gains—particularly if the underlying inequalities in access and choice can be reduced.

The best time for boosting HIV prevention is now—not five or ten years down the line. Immediate action and investment will increase the momentum built over the past decade, prevent a resurgence of HIV, and save lives and money in the long term.

Links and further reading:

- Full report: HIV Prevention: From crisis to opportunity: <https://hivpreventioncoalition.unaids.org/resources/sixth-GPC-progress-report>
- 2025 HIV Prevention Road Map: <https://hivpreventioncoalition.unaids.org/prevention-road-map>
- Detailed country scorecards and methodology: scorecard guide <https://hivpreventioncoalition.unaids.org/scorecards>

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