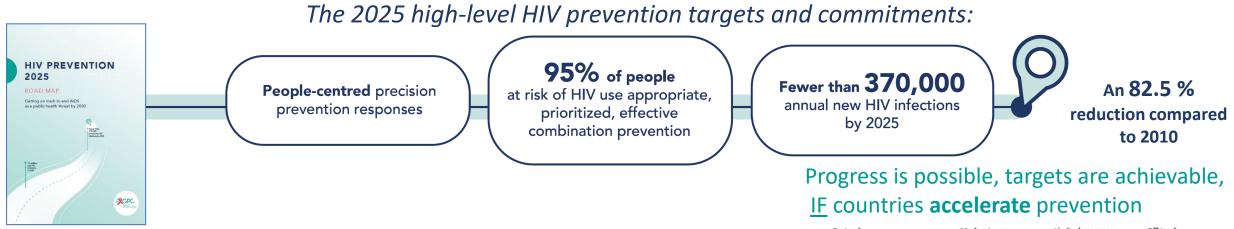




### The Global HIV Prevention Coalition: What Will Success Look Like?



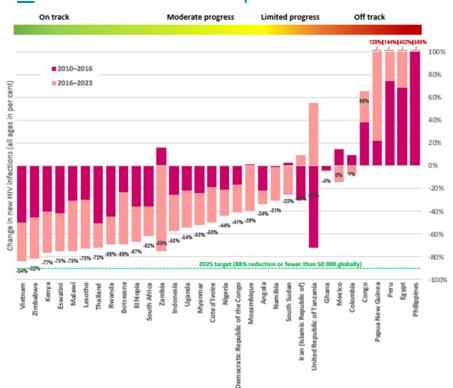


**HIV Prevention:** From Crisis to Opportunity Key findings from the 2023 Global



### HIV prevention pillars are off track

Pillar	Indicator		Benchmark in line with 2025 targets	2023 reporting
Key populations	Percentage who received at least two HIV prevention interventions in the previous 3 months	Sex workers	90%	55%
		Gay men and other men who have sex with men	90%	30%
		People who inject drugs	90%	40%
Adolescent girls and young women	Locations with moderate and high HIV incidence with a programme for adolescent girls and young women		90%	52%
	Condom use with non-regular partners among young women		80%	30%
Boys and men	Annual number of voluntary medic	5 million	2 529 595	
Condoms	Condom use with non-regular part	80%	52%	
ARV-based prevention	Percentage of people living with HIV receiving antiretroviral therapy		90%	70%
	Number of people who used PrEP at least once in 2022		21 200 000	3 531 868



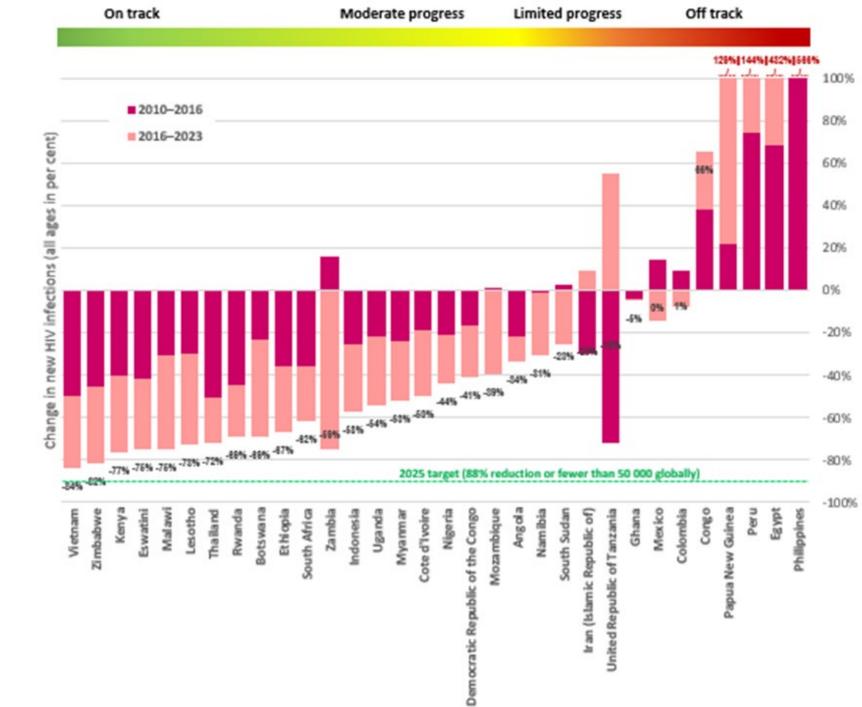
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Large variation of progress in reducing new HIV infections between countries

Nine GPC focus countries have reduced their annual number of new HIV infections by at least 66% since 2010.

The **majority** of countries need to **accelerate** to achieve 2025 targets.



# The Urgency of Now:

# Accelerating prevention choice & innovation

- Access to PrEP is increasing but only in a few countries
  - 3.5M people accessed PrEP in 2023 (16% of the 2025 PrEP target)
- Landmark results announced for lenacapavir as PrEP with 100% efficacy reported among cisgender women in PURPOSE 1 trial.
  - Potentially adding additional effective and acceptable prevention choices for key and vulnerable populations
- To accelerate the scale-up of prevention efforts and meet the 2025 PrEP targets, there is an urgent need for:
  - Ensuring the affordability, availability, and immediate access of new and innovative PrEP options (including DVR, CAB-LA, and lenacapavir) for all low- and middleincome countries worldwide.
  - Swiftly adopting decentralized and differentiated delivery models that prioritize a person-centered approach.
  - Enabling legal and policy environments conducive to large-scale implementation.



To bridge the prevention gaps between countries and populations, effective, sustainable and resilient HIV prevention programmes at scale need:

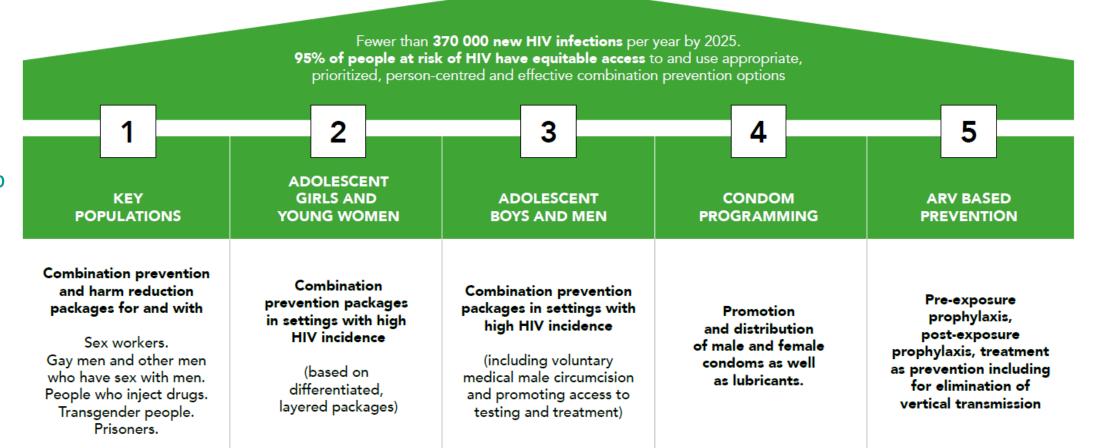
(1) financial resources for making prevention options available and accessible;
(2) reliable, disaggregated data (including community-generated data) so planners can focus interventions with greater precision;

(3) **differentiated service delivery** and innovation and investment in trusted access platforms;

(4) demand generation among people with the greatest need for prevention services;

- (5) address underlying behavioral and structural barriers to prevention access;
- (6) Strong political leadership.

Five priority pillars: access platforms and foundations in the Global HIV Prevention 2025 Road Map



#### ACCESS THROUGH

Community-based and community-led outreach, health facilities including sexual and reproductive health services, schools, private sector, virtual platforms and other innovations

#### FOUNDATIONS - SOCIETAL AND SERVICE ENABLERS AND ADDRESSING UNDERLYING INEQUALITIES

Sexual and reproductive health and rights / Gender equality / Ending stigma and discrimination Conducive policies and environment / Multisectoral, integrated & differentiated approach Sustained investment in HIV prevention

Source: HIV Prevention 2025 Road Map: getting on track to end AIDS as a public health threat by 2030. Geneva: UNAIDS; 2022.

### **Prevention is off track to meet 2025 targets**

Pillar	Indicator		Benchmark in line with 2025 targets	2023 reporting
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<sup>[1]</sup> 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 a 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.

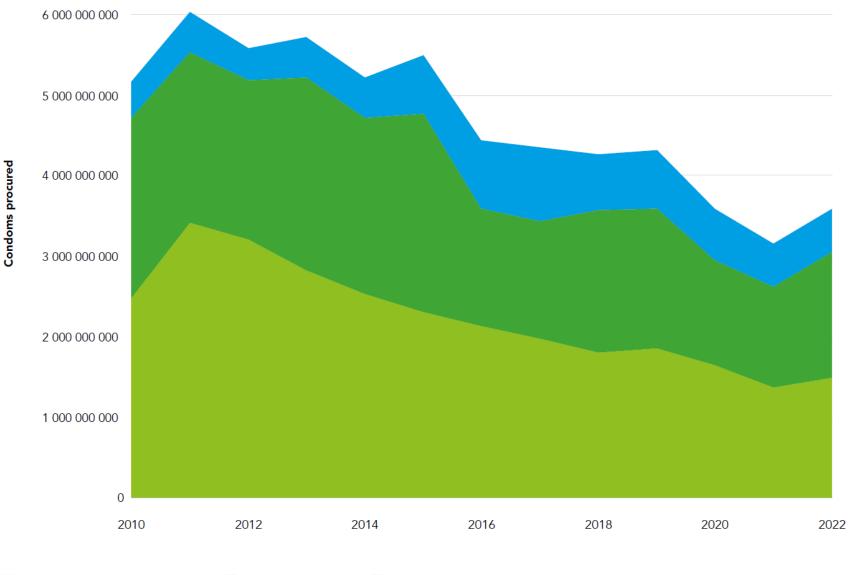
Source: UNAIDS epidemiological estimates, 2024 www.aidsinfo.unaids.org.

<sup>&</sup>lt;sup>[2]</sup> 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.

### Declining investment and volumes in condom procurement and social marketing

- A 27% reduction comparing 2010-16 and 2016-2022
- A 37% reduction from the peak year of 2011 despite a growing young population!
- Social marketing volumes reduced by half from peak
- Reducing public investment likely a driver of inequity and decline in condom use

Trends in condom distribution via major condom procurers and distributors, 2010-2022



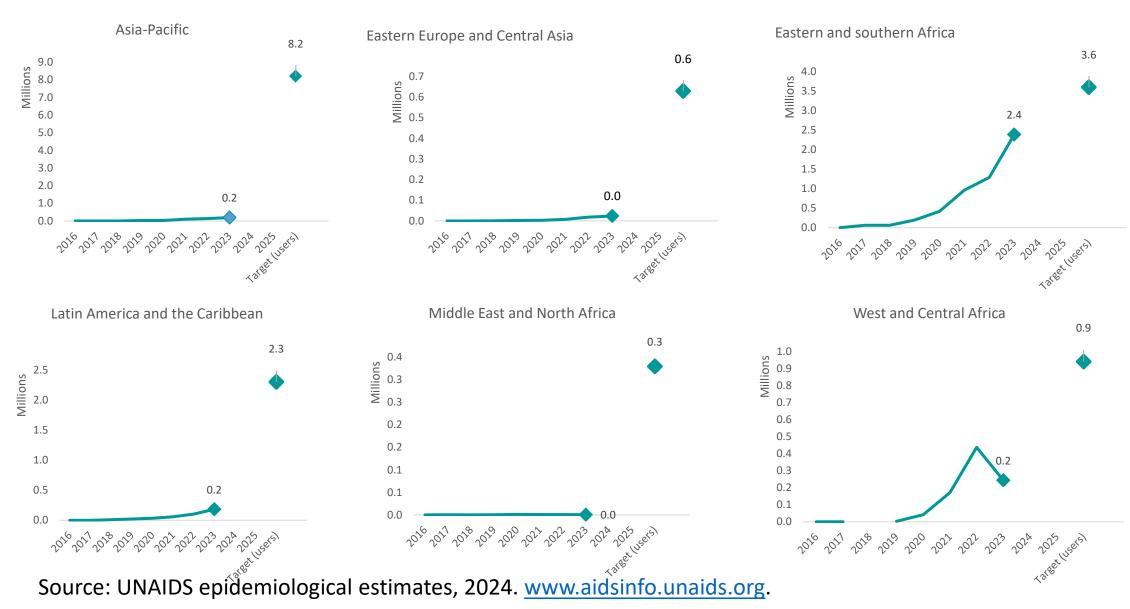
Social marketing (all organizations)

Major donor funding South Africa

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

Note: Donors include UNFPA (including third-party procurement); the United States Agency for International Development; and the Global Fund. Data for donors reflect global procurement; condoms may not have been distributed in the same fiscal year. Data for social marketing organizations reflect the reported distribution as per the DKT social marketing statistics report. The data for South Africa reflect procurement through domestic resources. Other domestic procurement is not reflected.

#### Growing numbers of people using PrEP: 3.5 million in 2023, but this is just 16% of estimated global need



Number of people using PrEP in 2022, relative to 2025 targets

## Key elements for sustainability

- **Strong political commitment** to share financing responsibility and support inclusive multisectoral governance and policies.
- A mix of domestic and international financing that is adequate, sustainable and equitable and that includes financing of community<sub>1</sub> led activities and services.
- Predictable funding allocations for science- driven, high- impact prevention programmes that are backed by well-functioning surveillance and data systems.
- Resilient capacity to deliver and manage integrated, differentiated and equitable HIV prevention interventions, adopt evidence-based approaches in line with international guidelines, and introduce innovations.
- The removal of harmful laws and the implementation of enabling policies that support accessible, equitable, accessible and high- quality HIV services.

## Thank you

Please contact us for any questions using this email: <u>hivpc@unaids.org</u>