



Steady but variable progress towards global HIV targets

An eclectic mix of countries have already reached the UNAIDS 95-95-95 targets, but others including Russia, Ukraine, and the USA remain off track. Tony Kirby reports.

For the latest UNAIDS analysis see <https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023>

Global progress towards the UN's HIV control goals is impressive, if not quite at the target yet, according to the latest UNAIDS analysis. The UN 2021 Declaration on HIV introduced the 95-95-95 targets to be reached by 2025; that 95% of all people living with HIV (PLWHIV) should be diagnosed; of these, 95% should be on antiretroviral treatment and, of those on treatment, 95% should have viral suppression. In practice, of all PLWHIV in a country, this target means that 95% should be diagnosed, 90% should be on antiretroviral treatment (ie, 95% of those diagnosed), and 86% should have viral suppression (ie, 95% of the 90% on antiretroviral treatment). Thus, any country that reaches 95-90-86 for all PLWHIV will have met the targets.

UNAIDS says that, as of 2022, 86% of all PLWHIV were diagnosed globally; of these, 89% were on treatment, and of those on treatment, 93% had viral suppression. "Overall, progress in relation to the 95-95-95 targets has been most impressive in countries where strong financial investments in the HIV response have been leveraged for the greatest impact by bold political leadership, which tackles the inequalities driving the epidemic, enables communities to play their vital role, and provides evidence-based prevention, treatment, and care services for all", explains Winnie Byanyima, Executive Director of UNAIDS. "The experience of these countries demonstrates that the end of AIDS as a public health threat by 2030 is possible if the right political choices are made."

UNAIDS attributes these successes to the financial commitment from The Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR) to scale

up evidence-informed treatment programmes. In 2022, The Global Fund spent US\$2.4 billion on HIV, while PEPFAR spent \$4.8 billion. UNAIDS

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also praised the adoption of improved antiretroviral regimens, particularly those including dolutegravir as a first-line treatment; the use of differentiated service delivery (adaptable and simplified services to better serve the needs of patients) and treat-all approaches; the political commitment to address inequalities; the support to reduce stigma; provision of access to services; and finally the engagement with communities in the response to ensure those services are of good quality and reach the most marginalised groups.

Anthony Fauci (former Head of the US National Institute of Allergy and Infectious Diseases at the US National Institutes of Health) agrees that the overall progress has been good, but the world reaching the 95-95-95 target will "require not only a sustained effort, but an accelerated effort. This is particularly true since there are regions in the world where cases are actually increasing, such as in eastern Europe and central Asia, as well as the Middle East and parts of north Africa."

However, Chris Beyrer, Director of the Duke Global Health Institute and Associate Director for Global HIV at the Duke Center for AIDS Research (Durham, NC, USA) sounds a note of caution about using the 95-95-95 target as the only guide to progress tackling the HIV pandemic: "I think we have invested in these targets without the clear evidence that

incidence will decline when they are reached. The UK and the Netherlands are both clear examples of epidemics in men who have sex with men (MSM) that continued despite high treatment coverage until pre-exposure prophylaxis became widely used. Treatment is not primary prevention."

Some countries have already surged past the finish line and others are making progress, but some are stagnating and others going backwards. Although it might be unsurprising that countries such as France and the UK have already surpassed the targets, UNAIDS and other global health experts are particularly glad to see the number of successful African countries in the list. Eswatini (97-94-93), Botswana (96-93-92), Zimbabwe (95-94-89), and Rwanda (95-92-90) are resounding success stories. Burundi, Kenya, Lesotho, Malawi, Namibia, Togo, Uganda, and Zambia are close to joining them. These achievements are all the more remarkable given that, 20 years ago, many were struggling to provide even hundreds of their PLWHIV with antiviral drugs. Then came the arrival of PEPFAR in 2003, introduced by the administration of US President George W Bush and set up and led by a team including Fauci.

"It is very gratifying that many African countries who were floundering pre-PEPFAR are now turning their HIV epidemics around", Fauci told *The Lancet*. "Key things that these countries have done well is strong leadership from the top and effective use of PEPFAR money. This is another argument for the long-term authorisation of PEPFAR and the maintenance and increase in resources for PEPFAR."

Other countries close to hitting the 95-95-95 goals include Denmark,

Iceland, Kuwait, Luxembourg, São Tomé and Príncipe, Saudi Arabia, Slovenia, and Thailand. However, assessing how well countries are doing is not easy. Mary Mahy, Director of Data for Impact at UNAIDS, says there are several challenges regarding data collection and assessment, for which UNAIDS and countries have differences of opinion—meaning that a country can say it has reached the 95-95-95 goal, but UNAIDS can disagree because of the methodology used. Furthermore, European countries largely prefer to report their data first to the European Centre for Disease Prevention and Control, leading to a delay in UNAIDS analysis—although, even so, most high-income countries in western Europe continue to make strong progress, including Belgium, France, the Netherlands, and Portugal. Beyond Europe, Australia is also extremely close to reaching the target (93-95-98). However, Mahy makes clear that “UNAIDS does not certify countries as having achieved the goals, and that the achievement can come and go depending on how countries maintain their testing and treatment cascades”.

The UK has announced that England has achieved the 95-95-95 goal for 3 successive years but has not been included in the UNAIDS list of countries that have done so because of differences in the methodology used to collect and analyse data. In a press release on World AIDS Day (Dec 1, 2023), the UK Government Department of Health and Social Care announced that, in England, 95% of PLWHIV were diagnosed, 98% of those diagnosed were on treatment, and 98% of those on treatment had an undetectable viral load. England has also decided to expand a pilot scheme of opt-out HIV, hepatitis B, and hepatitis C testing at hospital emergency departments, which has identified 580 undiagnosed people with HIV since April, 2022, many of whom are from minority ethnic groups or older adults who would probably never have gone to be tested at sexual

health clinics. The programme has been praised by UNAIDS.

Several countries and territories are way off track to meet the UN goals for various reasons. The conflict in Israel and Palestine means that, for people living in the occupied Palestinian territory, access to HIV testing and treatment services, as well as other routine medical treatments, has been all but cut off. For several years, Russia has been restricting and reducing access to services for PLWHIV, especially for MSM and people who inject drugs. Ukraine, which had been on a positive path, has had all of its medical services disrupted by Russia’s invasion, and diagnosing new cases of HIV and beginning and monitoring treatment has consequently become extremely difficult—but not impossible. Byanyima explained that “with the support of international donors, UNAIDS has worked hard with community organisations in Ukraine, and across the diaspora, to ensure the continuity of HIV services and protect the gains made in the fight against AIDS”.

One high-income country that is lagging behind in progress towards the 95-95-95 goals is the USA. Just how far behind remains unclear due to the variety of the data sources, and the US Centers for Disease Control and Prevention did not respond to requests for comment from *The Lancet*. One US Government website—America’s HIV Epidemic Analysis Dashboard (AHEAD)—reports that 87% of PLWHIV in the USA are diagnosed, and 82% of those diagnosed are referred for further treatment within 1 month; however, being referred does not mean that these people are prescribed or begin antiretroviral treatment. AHEAD also says that 66% of those diagnosed have viral suppression, whereas the corresponding UNAIDS target is the proportion of PLWHIV on treatment who have viral suppression.

Beyrer says: “The situation in the USA is a reflection of how large and complex the USA is, and the fact that we still have ten (southern and

Republican-led) states that have not expanded health coverage through Medicaid—our health insurance for people on low incomes—through the Affordable Care Act (Obamacare). These include big high-burden states such as Florida and Texas.” Beyrer adds that “we have never [ensured that] all Americans have access to health care but have been very generous with PEPFAR and our 33% contribution to The Global Fund”. He also points out the racial discrepancies in access to pre-exposure prophylaxis, which make stopping or reversing the HIV epidemic in non-White MSM especially difficult.

“The alarming low viral suppression rate in the USA is indicative of a larger, systemic issue—the devaluation of lives of people with HIV, particularly communities of colour”, says Bruce Richman, Founder of the Prevention Access Campaign that launched the Undetectable=Untransmittable movement. “This is not only a moral failing, it also impedes progress toward ending the HIV epidemic. Recognising the significance of investing in the health of people with HIV is pivotal for achieving a societal, economic, and public health win by eliminating onward transmission.”

Fauci agrees that racial inequalities in the HIV/AIDS response in the USA must be addressed: “The situation in the USA regarding our response to HIV/AIDS is complicated. One of the issues is the inequity of access to health care compounded by the persistence of stigma. In the USA, 13% of the population identifies as Black and almost half of the new infections are among this population group, particularly Black MSM. These individuals are the ones who most likely are negatively impacted by less access to health care and HIV counselling and who are stigmatised against. And so, among other things, what needs to change in the USA to help hit the targets is greater equity in access to health care and initiatives to reduce stigma.”

Tony Kirby

For HIV.gov see <https://www.hiv.gov/>

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