Call to action

Improving equitable access to innovative HIV treatment and care in high-income countries

Persistent disparities across the care continuum demand targeted, data-driven policy responses

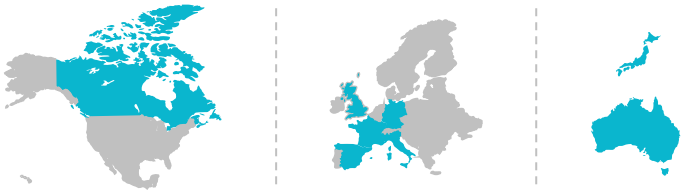
Despite decades of progress, HIV remains an urgent global health crisis with persistent disparities

40 million people were living with HIV worldwide in 2023 and almost **one in four** were not receiving antiretroviral therapy (ART)

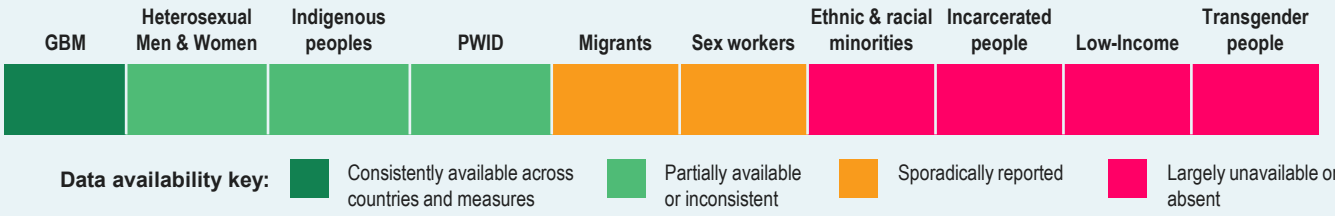
High-income countries have made substantial progress but remain **off-track for the UNAIDS 95-95-95 targets,*** principally because inequities limit prevention, early diagnosis, and viral suppression

Our objective was to identify policy solutions that would accelerate progress toward ending the epidemic

Examining eight high-income countries, the study mapped HIV inequities, traced their causes, reviewed policy advances, and proposed actions to close gaps



The study focused on inequities among key populations affected by HIV



A major barrier to advancing equity is the inconsistency and incompleteness of disaggregated data. While data availability has improved in recent years, **many countries do not systematically report outcomes across all stages of care**. The absence of data should not be interpreted as evidence of equity, but rather as a gap in monitoring and accountability.

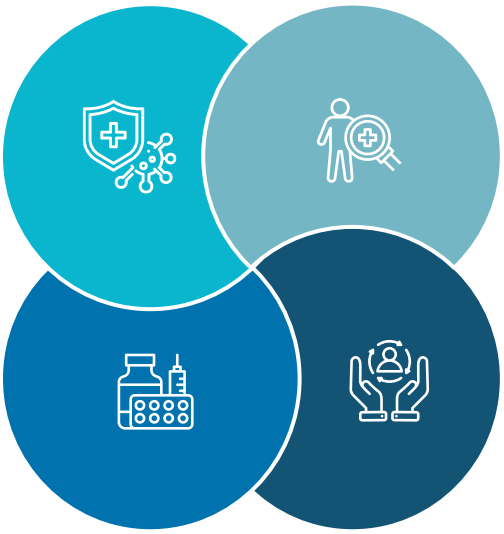
There is evidence of inequities across the HIV care continuum

Prevention

HIV incidence is increasing among migrants and PWID. While PrEP has expanded prevention, uptake remains concentrated among urban GBM, with limited access across other key populations

Treatment

Migrants, women, and Indigenous populations often experience delayed ART initiation and weaker linkage to care; some migrant groups remain on older regimens



Testing & diagnosis

Undiagnosed and late-diagnosed HIV are disproportionately concentrated among migrants, Indigenous peoples, and PWID

Adherence & retention

Sustained viral suppression remains lower among migrants, women, PWID, and economically disadvantaged populations

** 95-95-95 targets aim for 95% of people living with HIV to be aware of their diagnosis, of which 95% are treated with ART, of which 95% achieve viral suppression*

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Root causes of inequity can be mapped to different levels

Individual

Low-risk perception; limited awareness about HIV treatment, prevention, and resources; financial limitations; competing life priorities

Social

Stigma, discrimination, gender norms, language barriers, weak peer support networks, provider bias

Health system

Restrictive prescribing rules, fragmented referral pathways, geographic mal-distribution of services, insurance ineligibility

Countries must adopt a comprehensive, inclusive policy approach

Improving awareness and education

- Expand culturally tailored PrEP education, counselling, and anti-stigma campaigns to improve self-perceived HIV risk, increase testing uptake, and reduce adherence barriers
- Normalize routine testing to reduce rates of undiagnosed and late-diagnosed infections

Improving community support programs and HCP engagement

- Community-led initiatives and linguistically inclusive support can benefit across the care cascade
- Strengthen HCP capacity for culturally competent HIV care, PrEP counseling, and ART initiation
- Expand PrEP and ART prescribing authority and broaden access through decentralized delivery models such as telehealth, pharmacies, and community clinics

Improving accessibility, funding, and monitoring

- Embed equity into national HIV strategies by explicitly prioritizing underserved populations and aligning with WHO and UNAIDS goals
- Systematic screening in healthcare entry points, mobile testing units, and reimbursing self-tests
- Expand HIV testing in primary care, mobile units in underserved areas, and telemedicine
- Remove cost barriers to testing and care by broadening reimbursement eligibility for PrEP and ART
- Strengthen data systems to track viral rebound and patient retention gaps; enhance research on late diagnosis and prescribing disparities

There is an urgent need to address inequities across the HIV care continuum to end the epidemic by 2030

The results of this study can support the development of informed and tailored patient-centered policy solutions

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