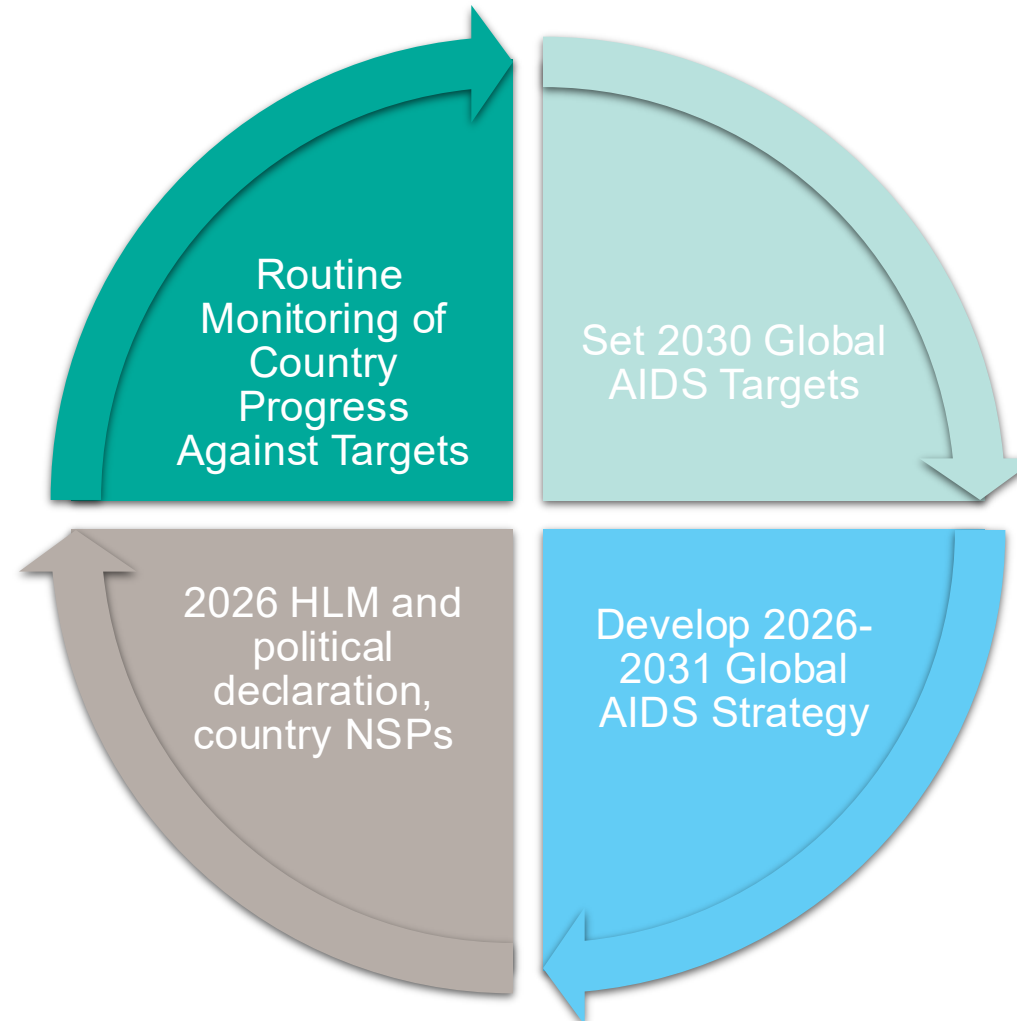


PCB Meeting – 25 June 2025
**Global AIDS Strategy
2026-2031**

UNAIDS Global Accountability System for HIV



Strategy four building blocks

The Strategy is grounded in four core building blocks, shaped by today's HIV epidemiology and response landscape, and designed to set ambitious yet achievable targets for 2030.



Midterm progress towards the 2025 targets



Combination HIV prevention for all

Reduce new HIV infections to under 370 000

Reduce new HIV infections among AGYW below 50 000

95% of people at risk of HIV access effective combination prevention

PrEP for (10 million) people at substantial risk of HIV

50% opioid agonist therapy coverage among people who are opioid-dependent

90% sterile injecting equipment at last injection

90% of 15+ men in 15 priority countries have access to VMMC

95–95–95 for HIV testing and treatment

Reduce annual AIDS-related deaths to under 250 000

34 million people are on HIV treatment by 2025.

95–95–95 testing, treatment and viral suppression targets

95–95–95 testing, treatment and viral suppression for key populations

90% of PLHIV receive preventive treatment for tuberculosis (TB) by 2025

Reduce numbers of TB-related deaths among PLHIV by 80%

End paediatric AIDS and eliminate vertical transmission

75% of children living with HIV have suppressed viral loads by 2023

100% of pregnant and breastfeeding women with HIV receive ART and 95% achieving viral suppression

Gender equality and empowerment

<10% of women and girls experienced physical or sexual violence from a male intimate partner in the past 12 months

<10% of key populations experience physical and/or sexual violence in the past 12 months

< 10% people support inequitable gender norms by 2025

95% of women and girls 15–49 get SRH-care service needs met

Realize human rights and eliminate stigma and discrimination

<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex sexual behaviour and HIV transmission, exposure or non-disclosure

< 10% of countries lack mechanisms for PLHIV and KP to report abuse and discrimination and seek redress

< 10% of PLHIV and KP lack access to legal services

>90% of PLHIV who experienced rights abuses have sought redress

< 10% of general population reports discriminatory attitudes towards PLHIV

< 10% of PLHIV report internalized stigma

<10% of key populations report experiencing stigma and discrimination

<10% of PLHIV experiencing stigma and discrimination in health-care and community settings

Community-led services

Community led orgs deliver 30% of testing and treatment services

Community led orgs deliver 80% of HIV prevention services for populations at high risk of HIV infection and women

Community led orgs deliver 60% of programmes to support societal enablers.

Universal health coverage and integration

Systems for health and social protection that provide 90% of people living with, at risk of and affected by HIV with integrated HIV services

90% of people in humanitarian settings access integrated HIV services.

45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits.

Investments and resources

Fully fund the HIV response by increasing annual HIV investments in low- and middle-income countries to US\$ 29 billion

	Progress is off track
	Moderate progress
	2025 targets are within reach
	No data available

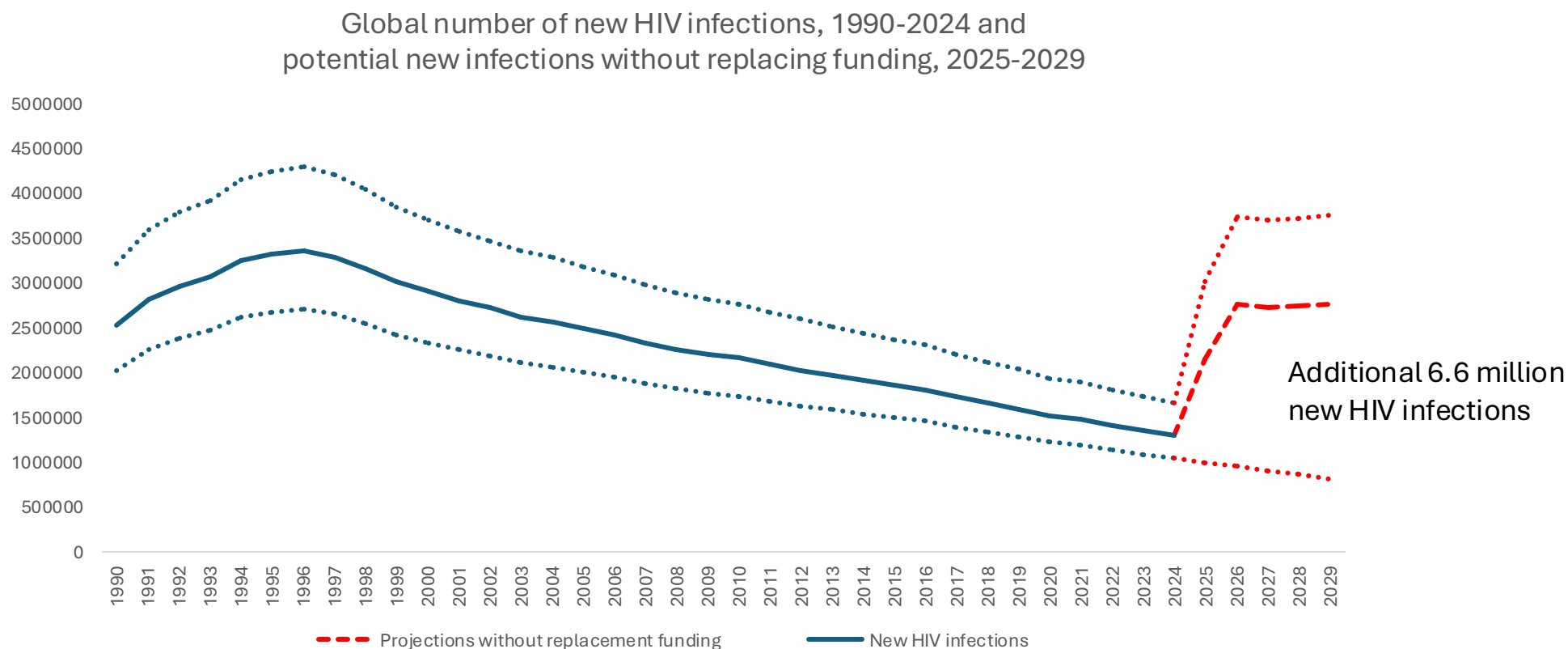
See UNAIDS 2024 Global AIDS Update report for details. Annex 1



End 2024 there were 1.3 million new HIV infections



The recent funding shifts could potentially put the global HIV response back to levels not seen since the early 2000s



Source: UNAIDS 2025 epidemiological estimates and April 2025 projections

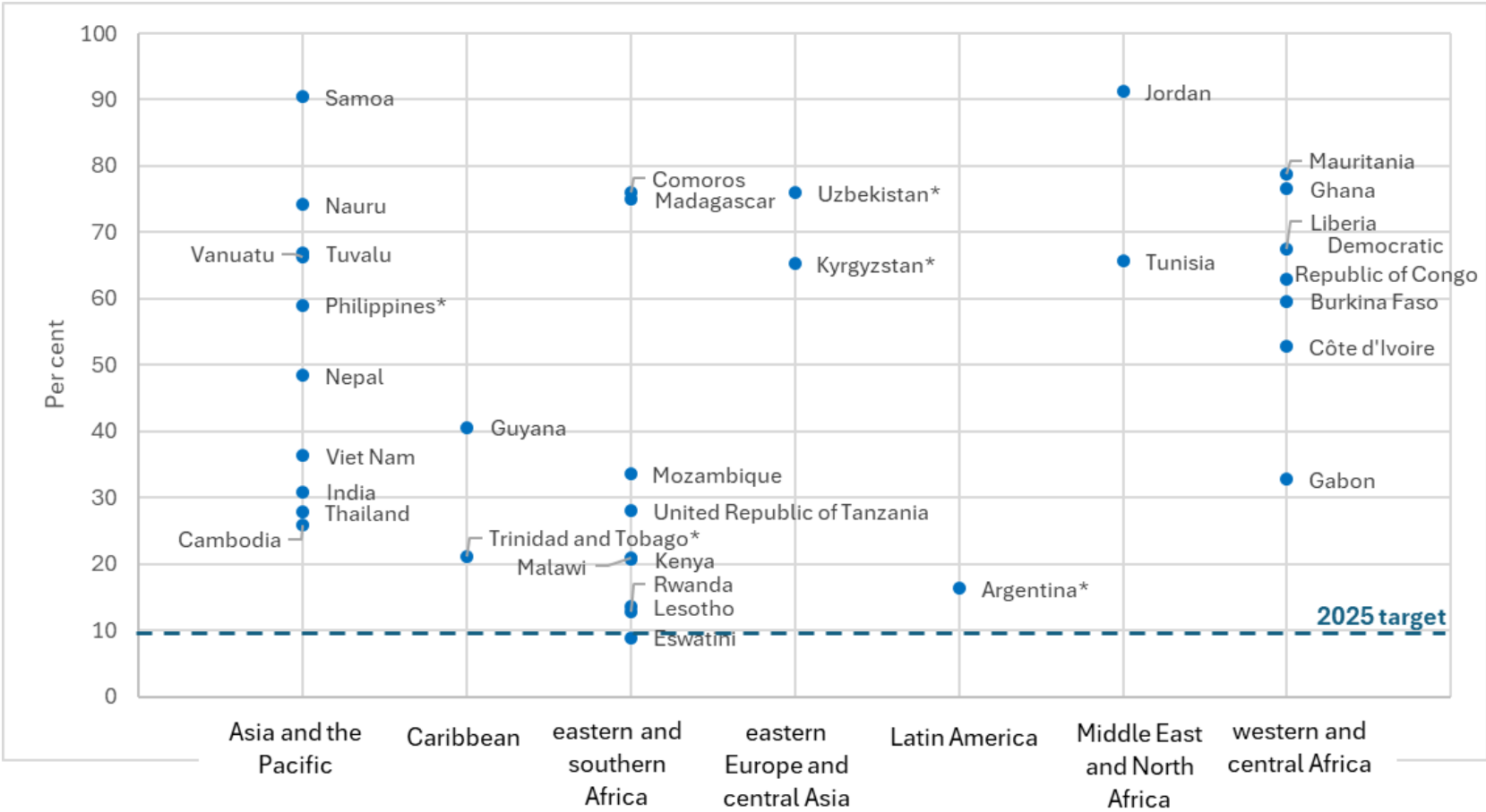
Societal barriers that impede HIV services need to be lifted



Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV, countries with available data, 2020–2024

Discriminatory attitudes remain high among the general population, with few countries below or approaching 10%

In median across 33 countries with available data, 53% of men and women aged 15-49 years have discriminatory attitudes towards people living with HIV



Source: Population-based surveys, 2020–2024.

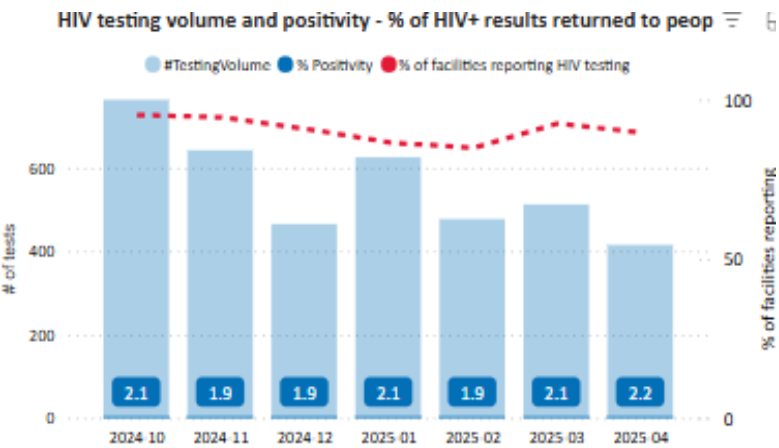
*Data for women only.

Note: Discriminatory attitudes towards people living with HIV are measured as disagreement with two statements on whether the respondent would buy fresh vegetables from a shopkeeper if they knew the person was living with HIV and whether children living with HIV should be allowed to attend school who are HIV-negative.

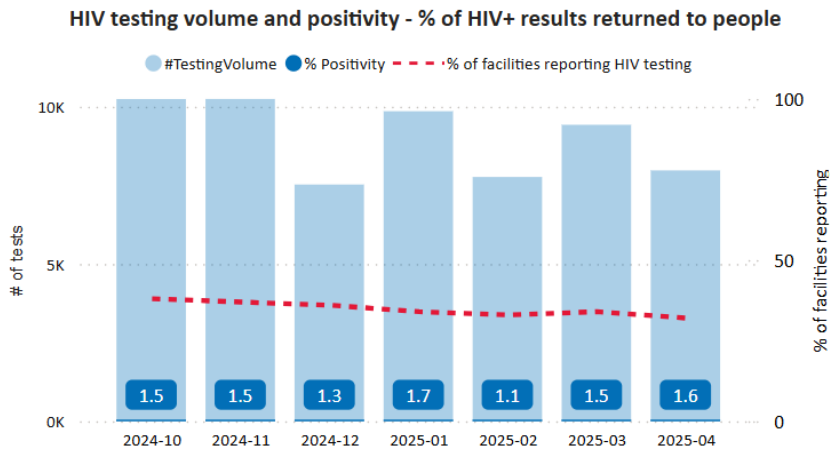
Recent Disruptions - Reduced testing and some reduced reporting



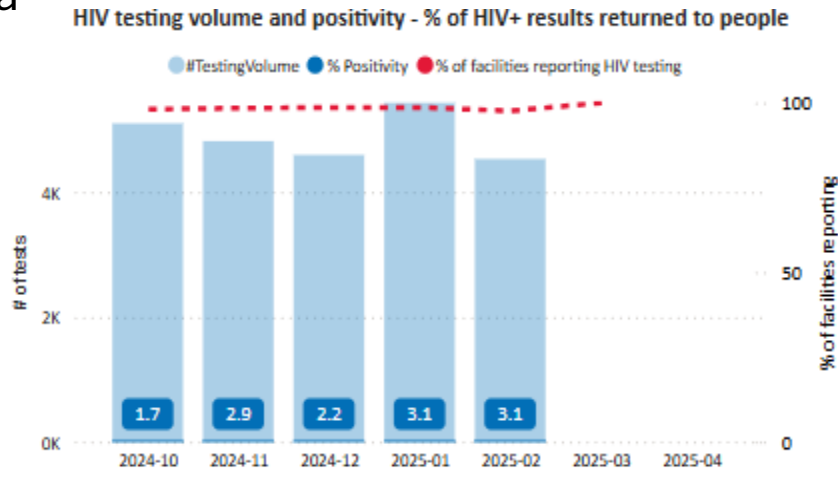
Botswana



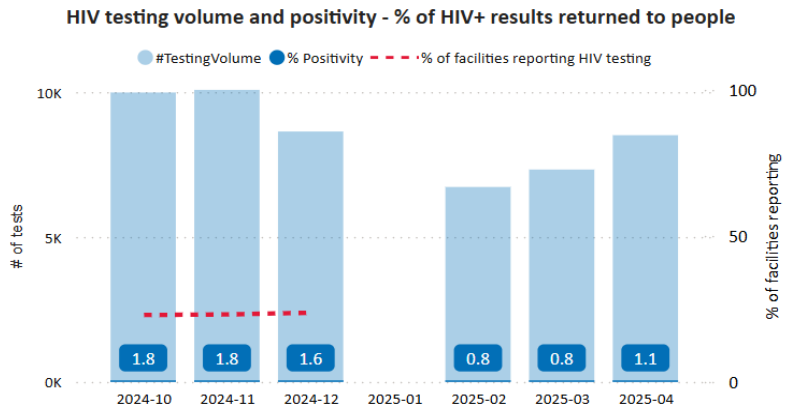
Uganda



Ghana



Nigeria



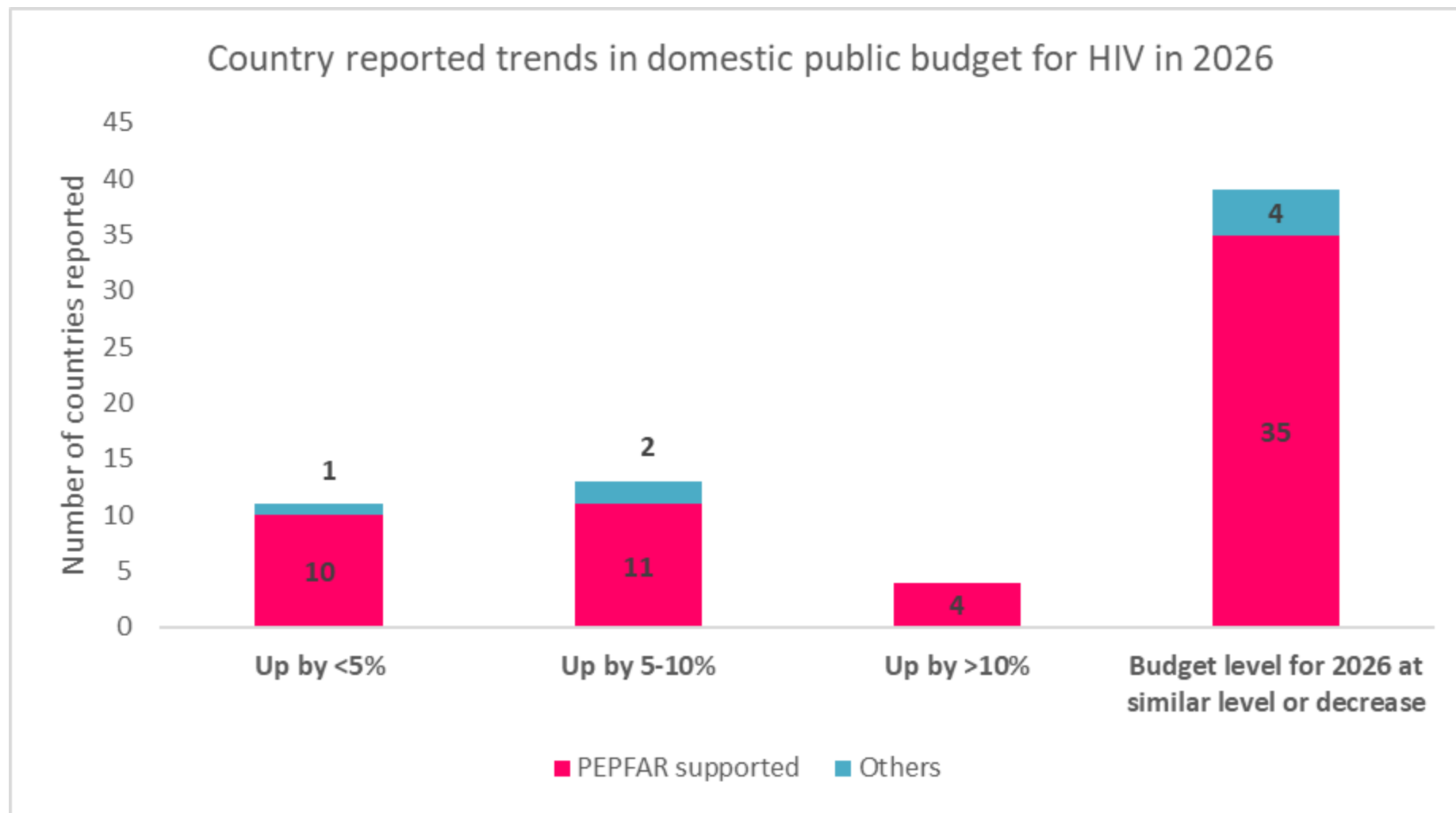
Recent Progress – Increasing domestic resources for HIV



28 of 67 countries reporting to Global AIDS Monitoring on forecasted budget trends for 2026 have stated that they expect to increase their domestic public HIV budgets.

PEPFAR-supported countries are showing clear indications to increase domestic spending on HIV.

This trend reflects growing national ownership and commitment to sustaining the HIV response.

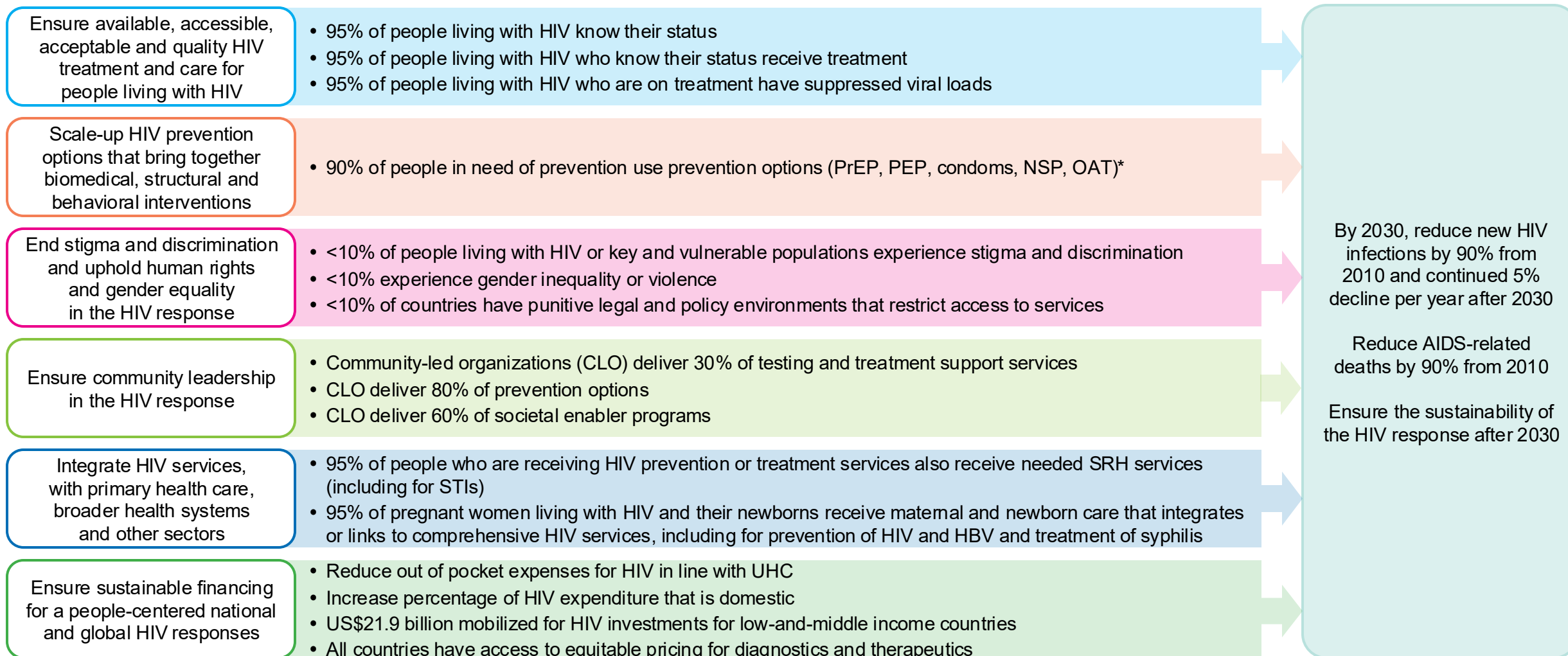


16 topline targets to reach by 2030



A further 50 second tier targets indicate what is needed to achieve the topline targets.

The Targets provide the direction of travel: **the what**. The Strategy will determine the strategic actions needed to reach the targets: **the how**



Note: (*) NSP: needle/syringe program; PEP: post-exposure prophylaxis; PrEP: pre-exposure prophylaxis; OAT: opioid agonist, STI: sexually transmitted infections ; UHC Universal Health Coverage ; SRH: sexual and reproductive health ; HBV: Hepatitis B vaccine

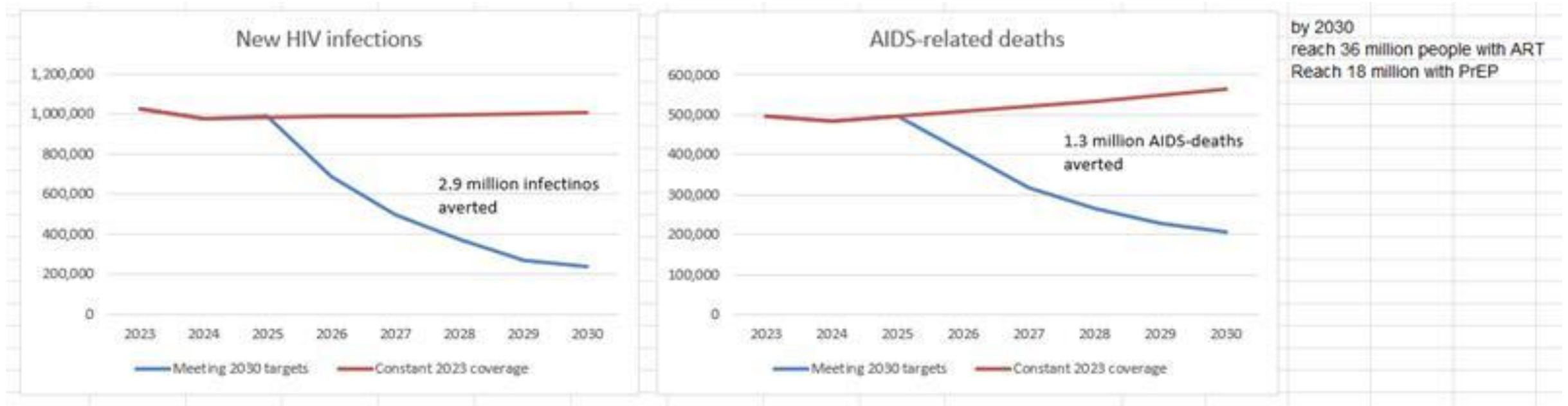
Source: Recommendations of the Global Task Team for Setting 2030 HIV Targets, 2025, UNAIDS Classification: UNCLASSIFIED

Ending AIDS as a public health threat

Averting 2.9 million new infections and 1.3 million AIDS related deaths by 2030



- Ending AIDS as a public health threat, or “ending AIDS” in short, defined as a 90% reduction in both the number of people newly acquiring HIV and the number dying of an AIDS-related cause from the 2010 estimates.
- Achieving the proposed 2030 HIV targets will bring most countries in reach of this goal.
- This means bridging current gaps in services and enabling environments, which will avert 2.9 million infections and 1.3 million AIDS-related deaths between 2025 and 2030.

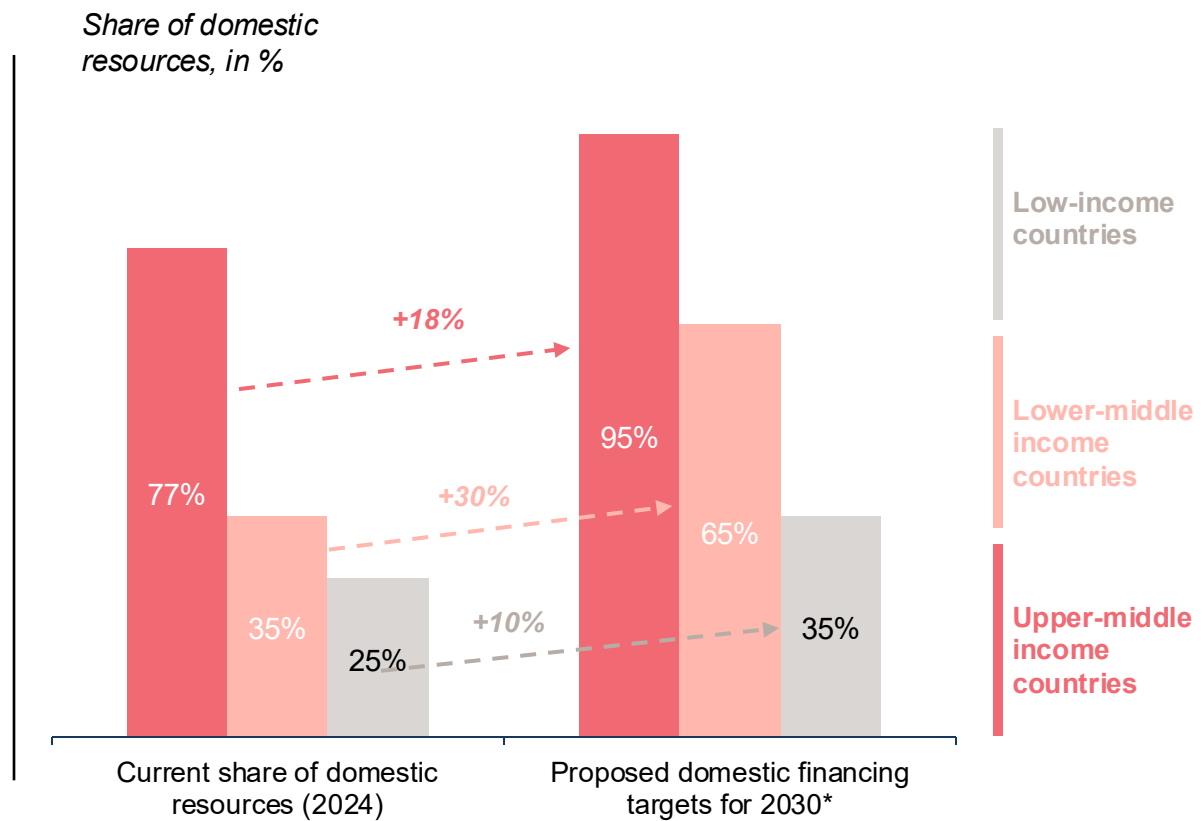


Estimated HIV resources available and needed

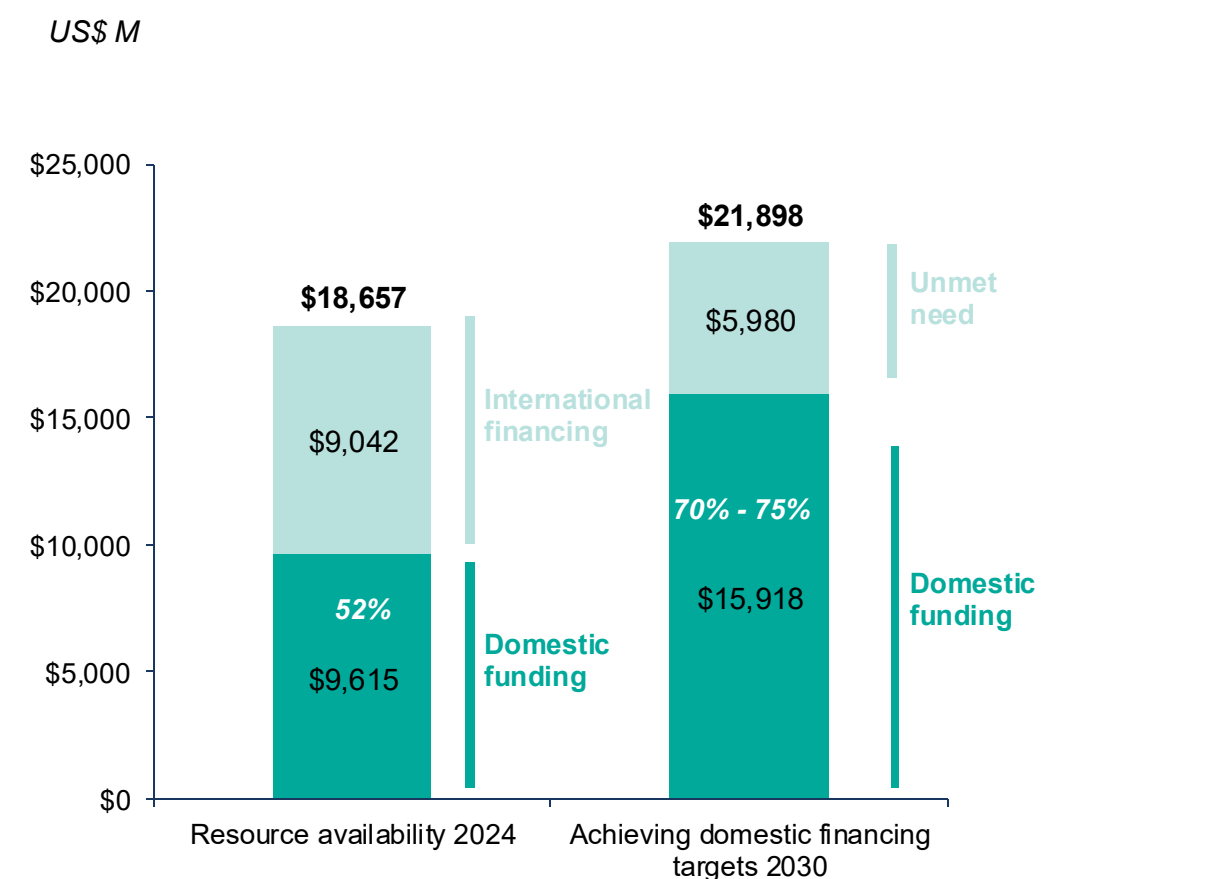
Achieving the 2030 targets will require an increase to domestic funding, particularly from lower-middle income countries

With the decrease in international funding available, the reliance on domestic funding is growing fastest in lower- and upper-middle income countries

Current share of domestic resources and proposed domestic financing targets for 2030 in low-, lower-middle, and upper-middle income countries



Estimated HIV resources available in low- and middle-income countries in 2023 and estimated needs for 2030



Note: (*) The domestic financing targets reflect the average share of domestic resources across different income groups by 2030. Within each group—particularly among lower-middle-income and low-income countries—there is significant variation in disease burden, and fiscal capacity across countries. These targets aim to encourage greater domestic ownership at national level for a collective increase across each of the income groups.

Vision for the new Global AIDS Strategy

A next Global AIDS Strategy shall guide all key stakeholder groups through the next phase of the HIV response in an actionable manner.

The next Global AIDS Strategy:

- The next Global AIDS Strategy will guide governments, communities, civil society, donors and other stakeholders through the **next phase of the HIV response**.
- It presents both a call to action and a shared commitment to redefine what is possible and to reimagine how we can achieve our collective goals by adapting to a changing global context and by **focusing for impact and feasibility, including tackling stigma and discrimination** and addressing inequalities that continue to drive the epidemic.
- The vision of the Strategy is rooted in today's realities and shaped by the urgency of now and **defining what is needed to sustaining the HIV response**.

Objectives of the Strategy process

The Strategy development process has five key objectives.

The process of developing the next Global AIDS strategy had the following **objectives**:

- a) Propose a focused set of priority transformative actions that can set the world on the correct path to **end AIDS as a public health threat by 2030**.
- b) Build on the inequalities lens of the current Global AIDS Strategy and on the results already achieved **to sustain and amplify gains**.
- c) **Mobilize renewed and inclusive multisectoral actions** from national, local, regional and global levels, institutions and stakeholders.
- d) Secure the long-term **financial, political and programmatic sustainability of the HIV response**.
- e) Define a path towards a coordinated effort where **HIV responses are developed in coherence with other relevant strategies**, including universal health coverage and the recently adopted WHO Pandemic Agreement.

Summary of reach

Thorough, in-depth outreach is being achieved through regional, national government and community consultations.
 Thematic areas co-lead with cosponsor organisations at global regional levels

Regions	# National governments	# Civil society organisations
Asia Pacific	18	96
Caribbean	10	10
Eastern Europe and Central Asia	9	45
East and Southern Africa*	15	90
Latin America	25	90
West, Central, Northern Africa*	16	48

Consultations on the basis of the outline will continue through May-September including:

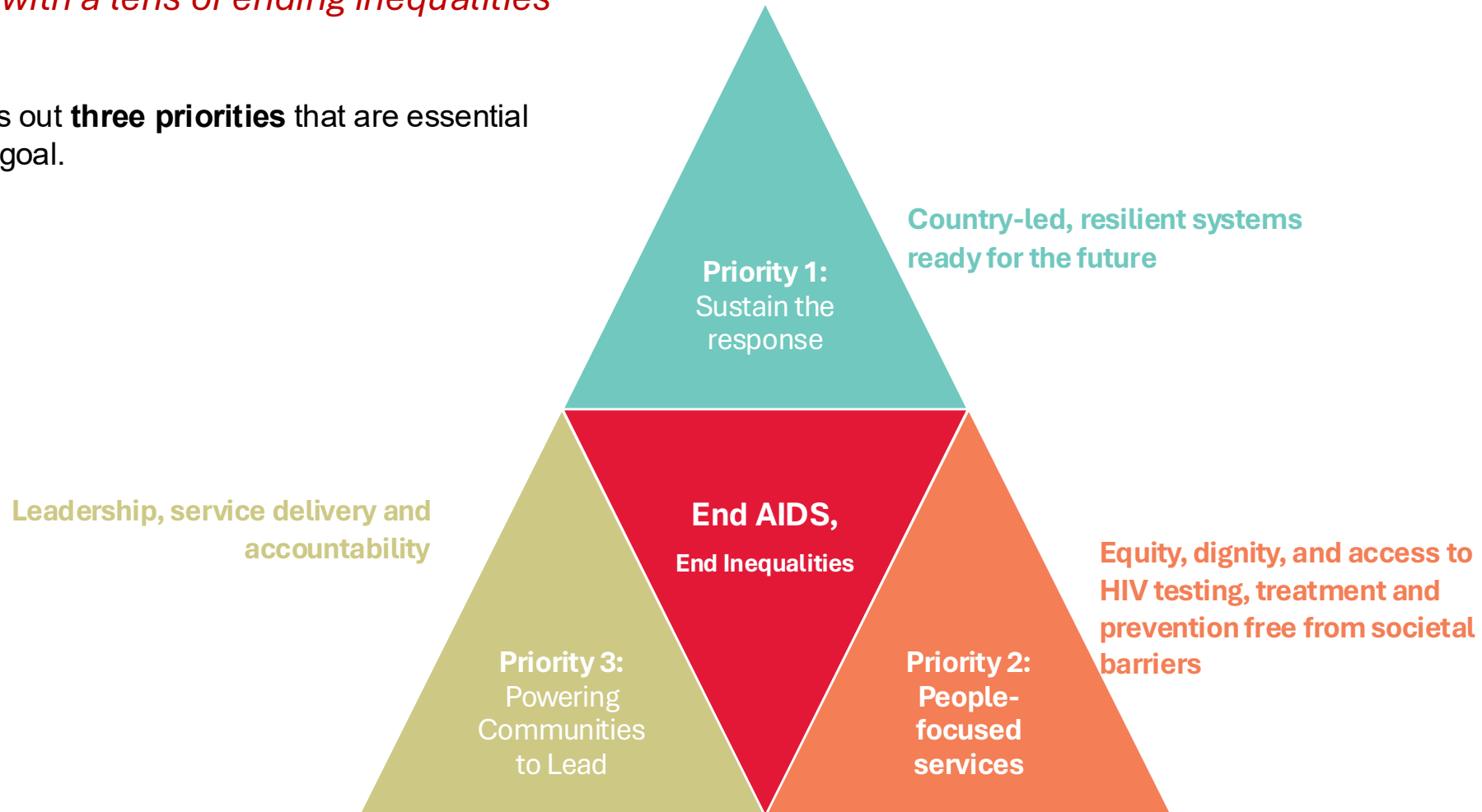
- Countries
- Donors
- Private sector / philanthropies
- Scientific and academic communities
- Civil society

Building a sustainable response – Three priority areas



Sustaining the HIV Response through people-focused care and powering communities, with a lens of ending inequalities

The Strategy sets out **three priorities** that are essential to achieving this goal.



2026 – 2031 Global AIDS Strategy

The Strategy is structured around three priorities and eight result areas.

Three priorities and eight results areas are recommended to build a sustainable response and end AIDS as a public health threat by 2030

Priority 1: Sustain the response

Country-led, resilient, and ready for the future

- **Result area 1:** Ensure financing for people-centered global and national HIV responses
- **Result area 2:** Integration of HIV interventions and HIV-related health and community systems with primary health care, broader health system and key non-health sectors
- **Result area 3:** Invest in essential information systems and data collection by sectors and communities

Priority 2: People focused services

Equity, dignity and access

- **Result area 4:** Scale-up HIV prevention options that bring together biomedical, structural, community and behavioral interventions
- **Result area 5:** Guarantee equitable access to available, accessible, acceptable and quality HIV testing, treatment and care
- **Result area 6:** End stigma and discrimination and uphold human rights and gender equality in the HIV response
- **Result area 7:** Ensure equitable access to scientific, medical and technological innovations in HIV prevention, treatment and care

Priority 3: Powering communities to lead

Powered communities leading the HIV response

- **Result area 8:** Power communities to lead

Local, regional and multilateral action to end AIDS

1. **Local level action:** Where many are gathered: local action for greater impact
2. **Leveraging regional institutions:** Better together: regionalism as a mechanism for maintaining momentum
3. **Shared responsibility**, shared future for a global response to AIDS – inclusive multilateralism in a new era



Focus of the new Global AIDS Strategy

Sustaining the HIV Response through People-Focused Care and Powering Communities, with a lens of Ending Inequalities.

1

Sustainability

- Programmatic, political and financial sustainability are at the core of the new Global AIDS Strategy

2

Actions and results

- On the critical aspects of the HIV response that need to be sustained, including HIV treatment, prevention, and the needs of people living with, at risk of, or affected. That demands reducing inequalities and upholding people's rights, including women and girls, men and boys, children, and key populations affected or at risk of HIV whatever their location and circumstances

3

Targets

- Offering specific, time-bound targets for generating momentum around the HIV response, gathering new and existing stakeholders around shared goals, and enhancing accountability and transparency

4

Innovation

- Leveraging the role of new technologies and scientific innovations in HIV testing, treatment and prevention and data

5

Regionalization

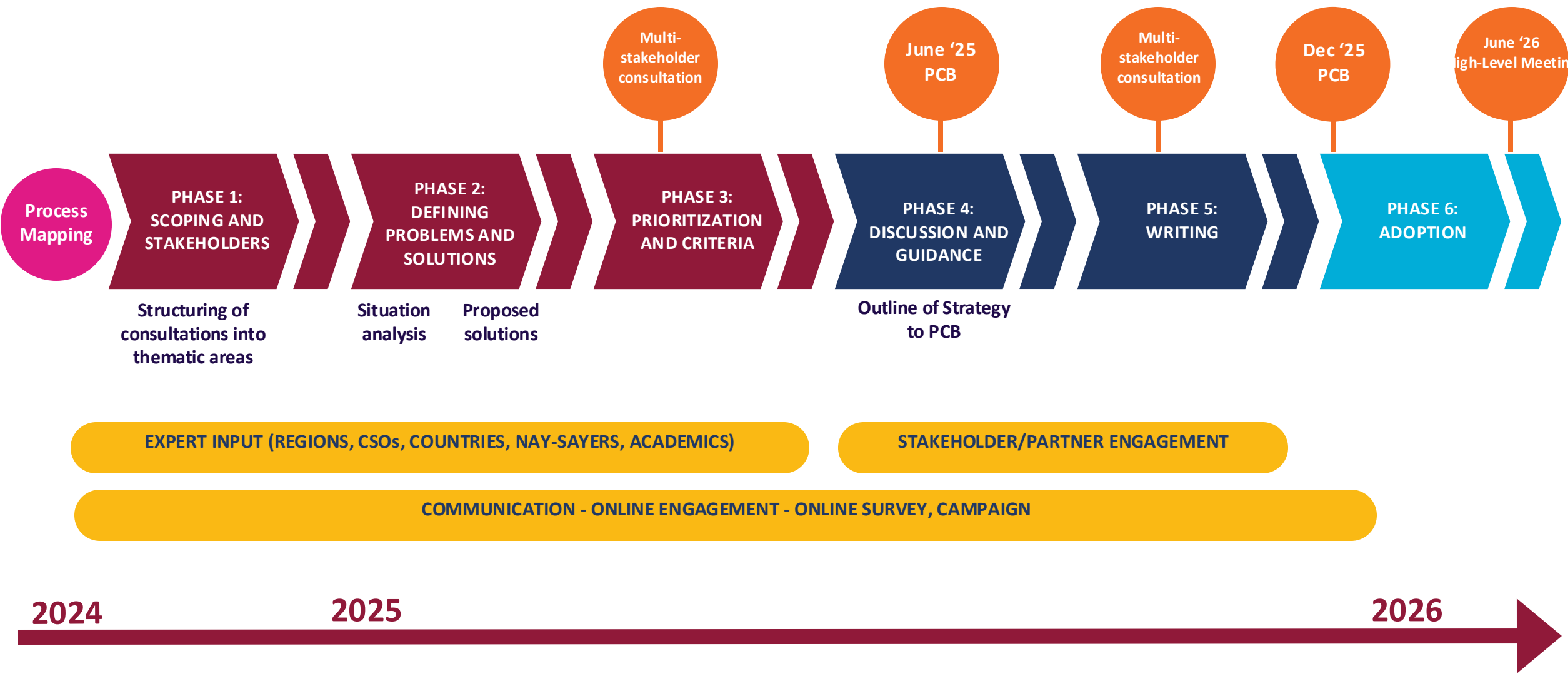
- Differentiating the response to HIV according to epidemiological priorities but also the differentiated regional context (e.g., structural, social, legal, political, economic contexts) because different regions have different epidemiological priorities reflecting their unique contexts

6

Stakeholder engagement

- The changing environment calls for leadership from many stakeholders at global, national and sub-national levels, including cities, the private sector, foundations, faith-based organizations, regional institutions as well as communities, countries, and multilateral partners

Global AIDS Strategy 2026-2031 Timeline



Next steps: post-PCB actions



June – September 2025

- Consideration of PCB feedback
- Continuation of consultation with PCB stakeholders and partners (countries, civil society, academia, private sector)
- Finalisation of recommended actions in each results area
- Development of regional sections
- Development of overall theory of change

October 2025

- In PCB multistakeholder consultation
- Insertion of section on implications for the joint programme [based on reform of operating model]

November 2025

- Final draft Strategy submitted