GLOBAL AIDS STRATEGY 2026-2031

Why we are here and why it still matters?

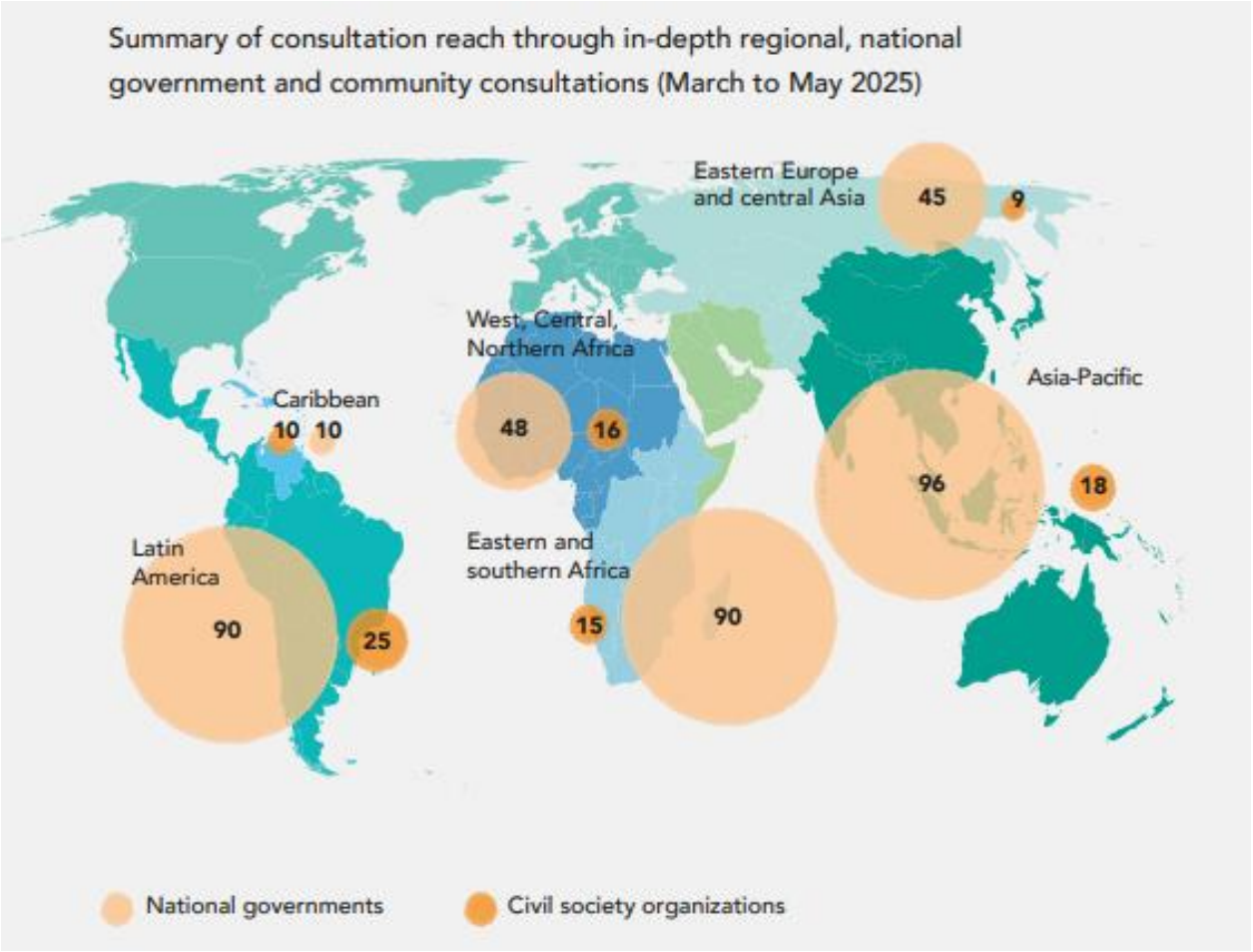
- The world is faced with multiple issues: conflict, crises, and geopolitical uncertainty.
- Yet - AIDS is not over.
- Ending AIDS is still possible, but only if we do not give up.
- UNAIDS' mandate: to lead, guide, and coordinate the global HIV response.
- Why a strategy now: to provide clear targets and direction to end AIDS in a time of crisis.
- This is not a UNAIDS strategy, it is a strategy for the world.
- Grounded in dignity, equity, human rights, science, and community leadership.

Why now?

- We are at a historic crossroads in the HIV response.
- The science, tools, and community strength exist to end AIDS as a public health threat.
- Political will and financing are fragile, this may be our last window of opportunity.
- This strategy is a call to decisive action.
- Choosing action now means choosing courage over fatigue and hope over resignation.

How the strategy was built

- Extensive consultative process involving over 5,000 people and networks.
- Digital surveys, dialogues, and national and regional conversations throughout the year.
- Two global multi-stakeholder consultations with broad and diverse representation.
- Voices included: people living with HIV, youth, key populations, private sector, governments, donors, civil society, researchers and UN partners.
- Have we heard you? Yes, we have.



Four Building Blocks of the Strategy

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.

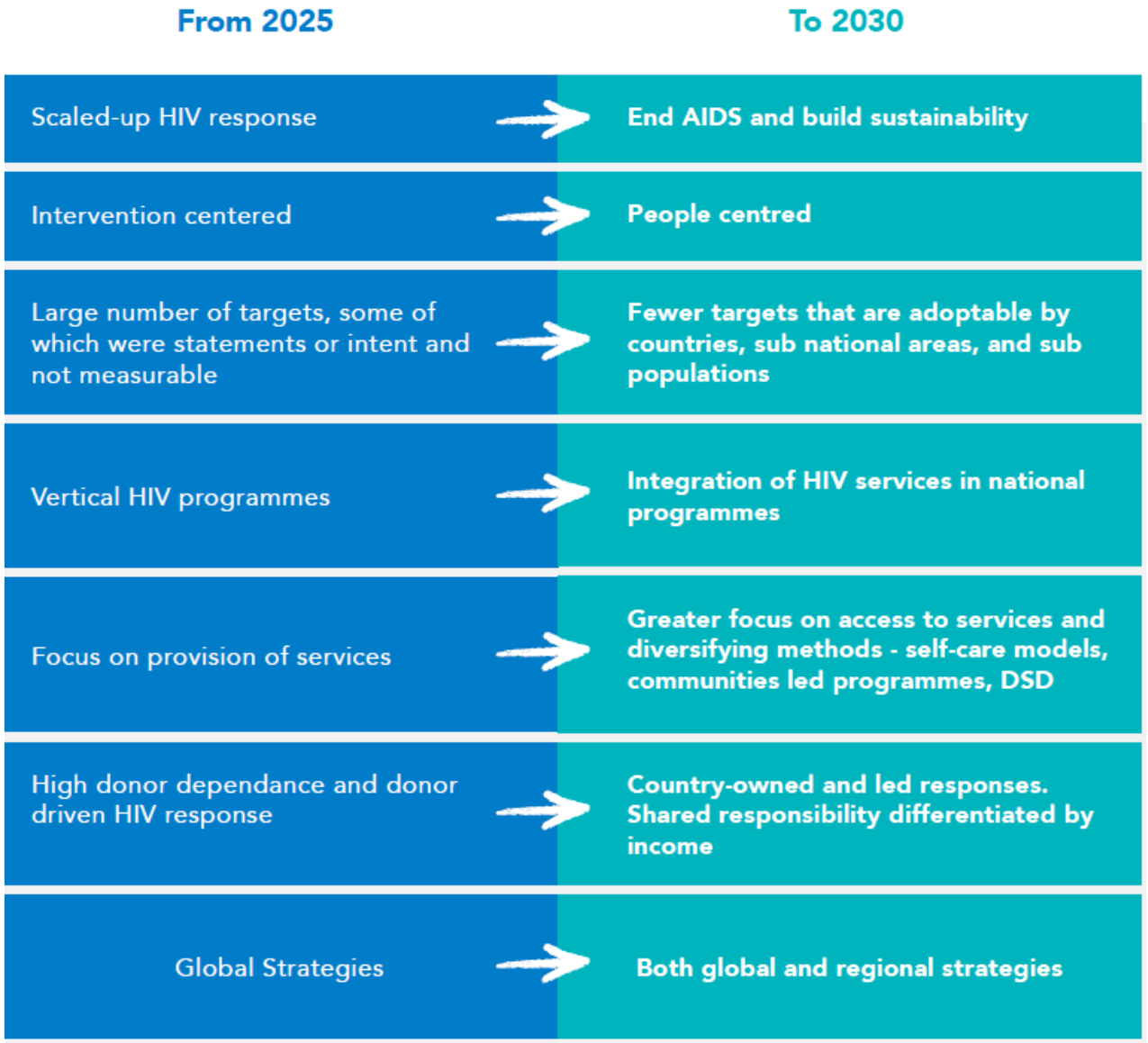
It starts with people

The Global AIDS Strategy 2026 – 2031 invites a collective recommitment to the ambition to end AIDS by 2030.

That involves:

1. Country-leadership for sustaining inclusive multisectoral HIV national responses
2. Reducing inequalities and upholding people's rights to access HIV prevention, testing, treatment and care services, including for women and girls, men and boys, children, and key populations affected or at risk of HIV.
3. Community leadership at all levels of the response

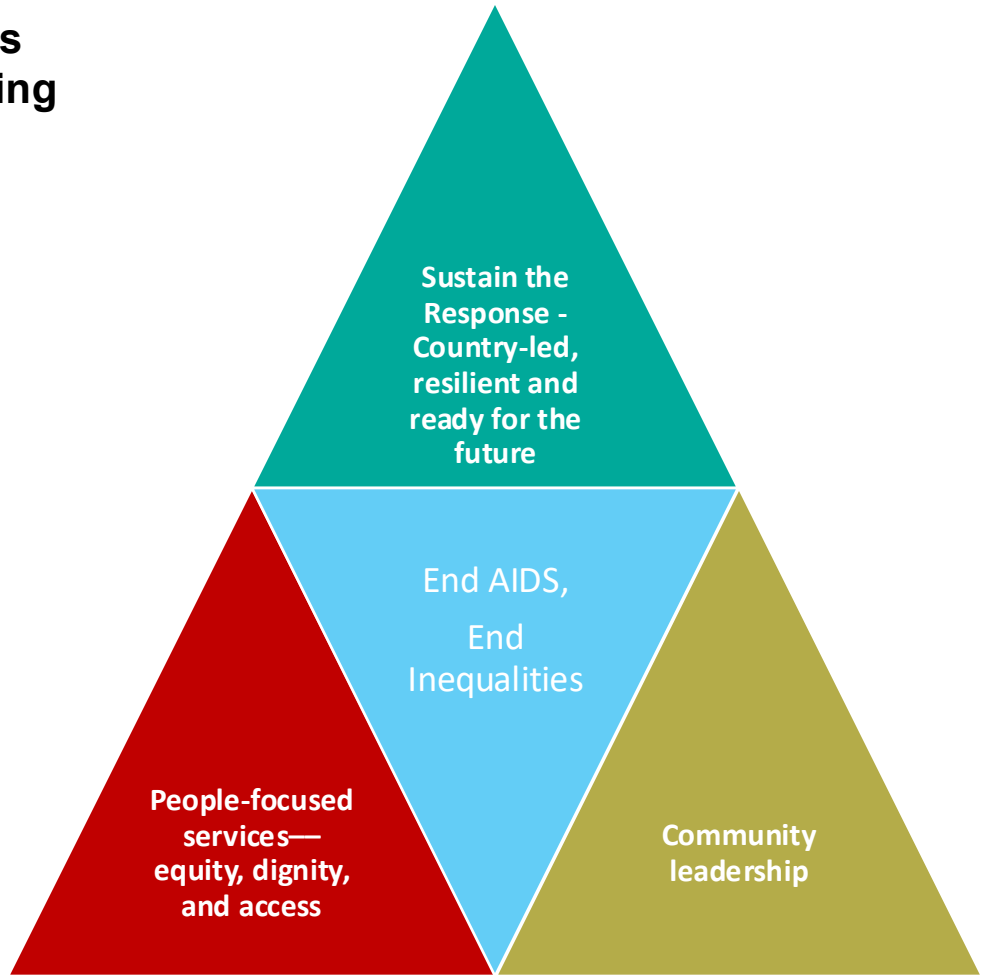
What's new in the Global AIDS Strategy?



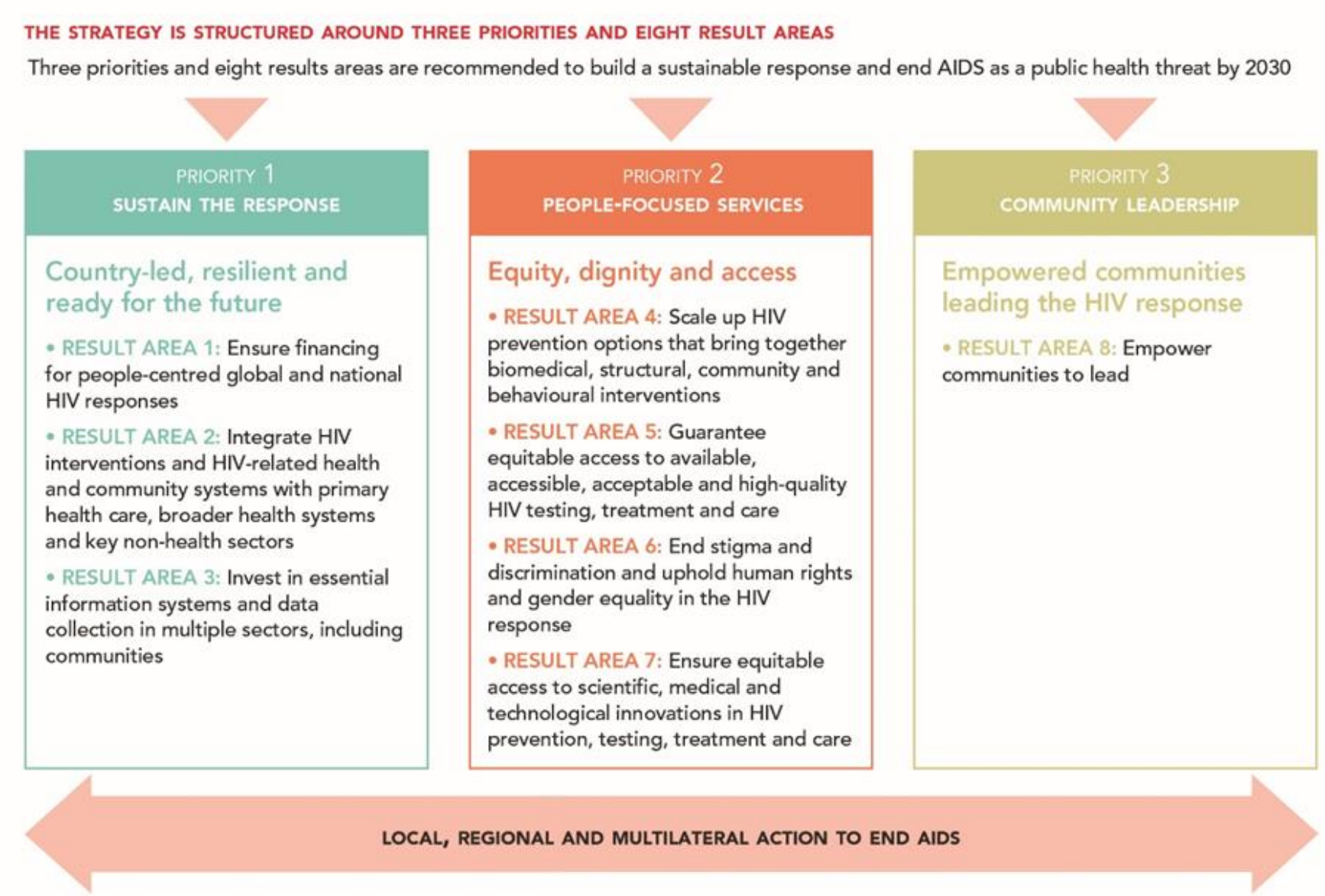
Ending AIDS and building a sustainable response

Through people-focused care and powering communities, with a lens of ending inequalities

The Strategy sets out **three priorities Centered on ending AIDS and ending inequalities**



2026 – 2031 Global AIDS Strategy



Priority 1: Sustain the Response - Country-led, resilient, and ready for the future for people living with, affected by or at risk of HIV

Results area 1. Ensure financing for people-centred national and global HIV responses

1. **Ensure alignment** and full integration in the design, costing and budgeting of **national HIV plans**
2. Develop **an evolved financing model** to transition to domestic financing
    - Grow domestic revenue
    - Blended financing instruments
    - Integrate HIV financing
    - Increase development assistance for health
    - Establish pooled funding mechanisms
    - Greater accountability for commitments towards domestic financing
    - Improve public financial management systems
3. **Integrate HIV services**, (including community services) in national public and private health benefit packages
4. **Eliminate user fees** and reduce out-of-pocket expenses
5. Investment in a **rights-based approach to sustainability** and development of HIV sustainability roadmaps
6. Leverage **regional organizations and south-south** cooperation
7. **Community leadership is monitored** and benefits from dedicated allocations

Results area 2. Integrate HIV interventions and HIV-related health and community systems with primary health care (PHC), broader health system and key non-health sectors

1. **Ensure political leadership** and operational mechanisms for integration of HIV into national health systems
2. **Integrate HIV-focused systems and services** into PHC and broader public health systems
3. **Simplify HIV service delivery** and focus on essential HIV care and prevention
4. **Integrate HIV-focused community** systems and services
5. Strengthen collaboration and co-financing **across sectors**
6. **Multisectoral** programmatic coordination and inclusion
7. Embed a **human rights based approach** to the integration of HIV services with stigma-free, gender transformative, youth responsive and key population-appropriate services
8. **Embed HIV into disaster preparedness plans** and humanitarian responses
9. **Robust accountability** systems and metrics
10. **Strengthen global health security** and country resilience to pandemics

Results area 3. Invest in essential information systems and data collection by sectors and communities

1. Invest and maintain **robust routine data systems,** case surveillance with effective data governance and stewardship, including ensuring confidentiality
2. Support and link multiple and identify **innovative data sources** and systems including population viral suppression
    - Household surveys
    - Case surveillance and civil registration
    - Modelling to inform programme decisions
3. **Advance interoperability of health systems**, with shared electronic health and social records
4. Ensure systematic differences between and within groups are measured to **identify inequalities**
5. **Formalise collaboration between government- and community-led monitoring** structures for mutual accountability and operational synergy
6. Use information on **expenditures** in all data analyses to inform planning
7. **Strengthen health workers' digital capacities** through systematic training programmes
8. **Introduce a new paradigm for routine HIV prevention needs estimates** through annual modelling of the number of people in need of HIV prevention.

Priority 2: People-focused services– equity, dignity, and access for people living with, at risk of, or affected by HIV

Results area 4. Scale up biomedical, structural, community and behavioural options for HIV prevention

1. Scale up the availability of an **optimal mix of prevention options**
2. Rapidly introduce and **scale up equitable access to PrEP options** to provide at least 20 million person-years of PrEP globally in 2030
3. Reinvigorate **market approaches to condoms** and self-testing.
4. Expand **self-care in HIV prevention** by making products (condoms, self-tests, clean needles more widely available (e.g. pharmacies)
5. Increase **demand for HIV prevention** with people-centered digital and peer-led outreach campaigns.
6. Develop **sustainable prevention programme models** for locations with high HIV incidence in sub-Saharan Africa, **particularly for young and adult women and men a**t higher risk of HIV including behavioural interventions and comprehensive sexuality education
7. Expand **culturally sensitive, male-targeted** interventions that promote HIV testing, condom use, PrEP and health-seeking behaviours
8. Develop a **scaled system of trusted access programmes for key populations** including sex workers, gay men and other MSM, transgender people and people who inject drugs in line with country context.
9. Strengthen and **scale up comprehensive harm reduction services** for people who inject drugs
10. Integrate **offer of HIV prevention as standard of care** in health-care settings

Results area 5. Ensure available, accessible, acceptable and quality HIV testing treatment and care for people living with HIV

1. Deliver **HIV treatment to 40 million people by 2030** through stigma- and discrimination-free services.
2. Strengthen **differentiated service delivery** of HIV testing, treatment and care
3. Accelerate **design and scale-up of people-centered services that integrate HIV services with services for co-infections and other infectious diseases** (TB, Hep B and C), sexual and reproductive health, STIs, cervical cancer, maternal and child health, NCDs, chronic diseases, mental health and GBV.
4. Involve **people living with HIV and key population networks in the design, delivery and monitoring** of integrated HIV services
5. Invest in **tailored HIV literacy and service capacity strengthening for health-care providers and communities** (e.g. early diagnosis, U=U, viral suppression, long-term care of people, advanced HIV disease)
6. Ensure **availability of and equitable access** to accurate, high-quality HIV testing and treatment products worldwide
7. Deploy **new technologies and programme innovations to optimize the decentralization** and effectiveness of HIV testing, treatment and adherence support
8. Advance and **support legal and policy reforms that enable task shifting and community-led service delivery**
9. Strengthen **national information systems** to monitor the quality and performance of HIV testing and treatment services

Priority 2: People-focused – equity, dignity, and access for people living with, at risk of, or affected by HIV (continued)

Results area 6. End stigma and discrimination and uphold human rights and gender equality in the HIV response

1. **Ensure that all people can access stigma- and discrimination-free services,**
2. **Remove legal barriers** to services for key populations, marginalized groups, and women and girls
3. **End discriminatory laws and practices** against women and girls
4. **Embed rights-based approaches** in health systems
5. **Recognize key populations** in health strategies
6. Institutionalize human rights **protections** and training
7. **Provide legal and rights-based support in HIV, health and other sectors including prisons**
8. **Scale up financing** and implementation of interventions that address human rights barriers and unequal gender norms
9. **Protect Civic Space** for engagement of communities of people living with, affected by and at risk of HIV
10. **Strengthen the capacities of legislators** and other political actors to participate in the HIV response

Results area 7. Ensure equitable access to scientific, medical and technological innovations in HIV prevention, testing, treatment and care

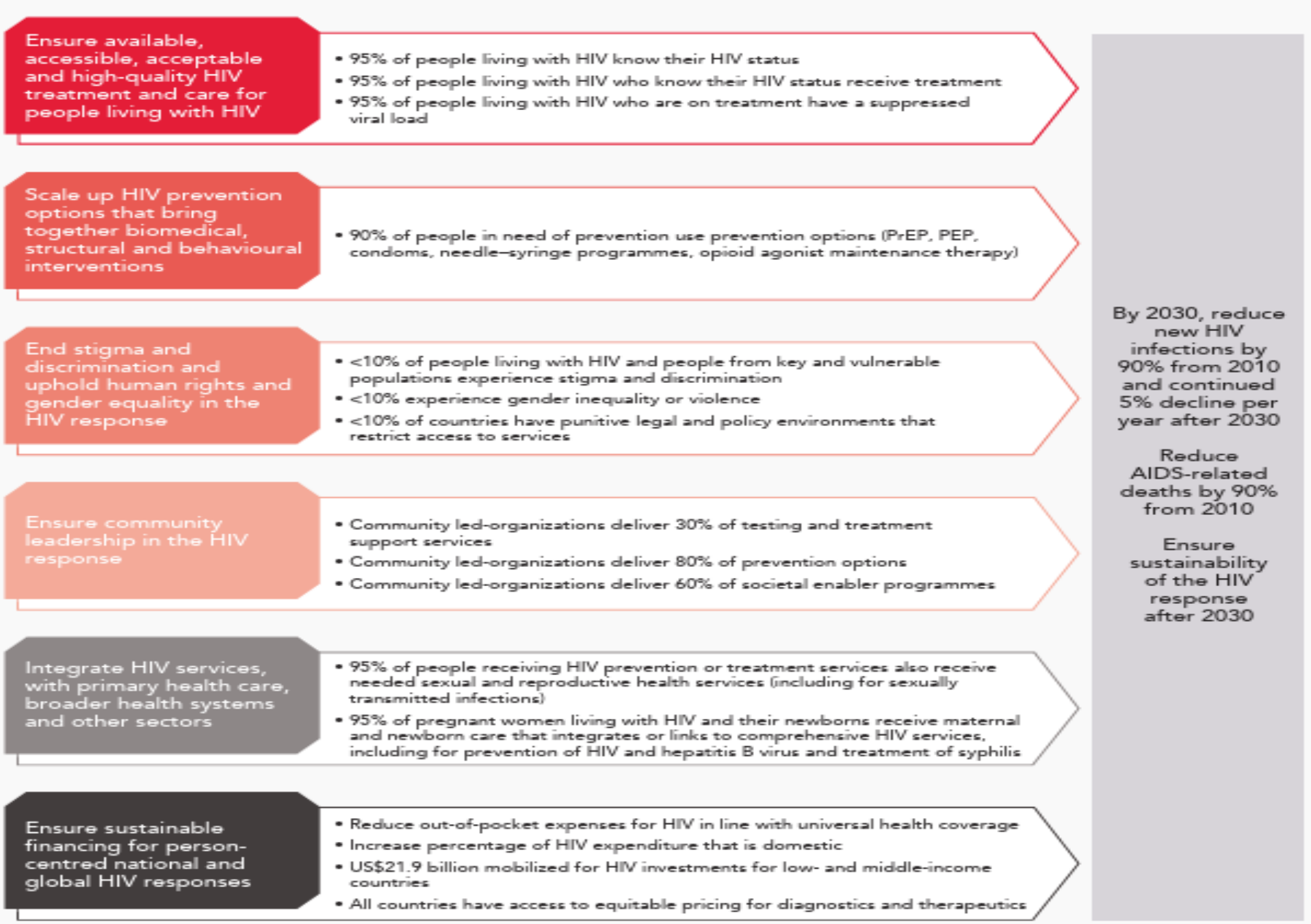
1. **Promote reforms to strengthen supply chains** of health products
2. **Prioritize market access strategies** that ensure essential medicines and other health products
3. **Promote equitable access to quality-assured health technologies** for HIV and related co-infections and co-morbidities
4. Improve the **transparency of markets for HIV-related health technologies**
5. **Promote balanced legal frameworks** that enhance countries' capacities to manage intellectual property rights through using a public health lens
6. **Foster local and/or regional pharmaceutical production**
7. Encourage **alternative mechanisms to incentivize innovation** within the health sector
8. **Leverage AI and digital health for HIV prevention, testing, treatment and care**, using clear ethical and human rights-based principles
9. **Encourage partnerships** with governments, donors, legal experts, civil society including networks of people living with, affected by or at risk of HIV, private sector and supply chain networks
10. **Address the digital divide systematically** by investing in connectivity infrastructure, affordable devices, primary data systems and digital literacy programmes

Priority 3: Community leadership in the HIV response

Results area 8. Strengthen community leadership

1. **Institutionalize and formally designate community representation** (including of people living with HIV, key populations, women and young people) in coordination and decision-making mechanisms
2. Formally recognize and institutionalise the important roles of communities in co-developing **policy guidance**
3. **Reform policies and regulatory frameworks** to ensure communities can participate in all levels of the response
4. **Resource all components of community responses to** HIV.
5. Enact effective **social contracting mechanisms**
6. Sustain and scale-up **community-led service delivery** systems.
7. Enable and resource **community-led monitoring (CLM**) and research.
8. Support **youth leadership in the HIV response**
9. **Capacity-strengthening, resilience and preparedness** of community-led organizations and service providers
10. **Support community engagement in the sustainability planning processes**, and support the integration of community services and advocacy as part of national systems, including the establishment or expansion of social contracting

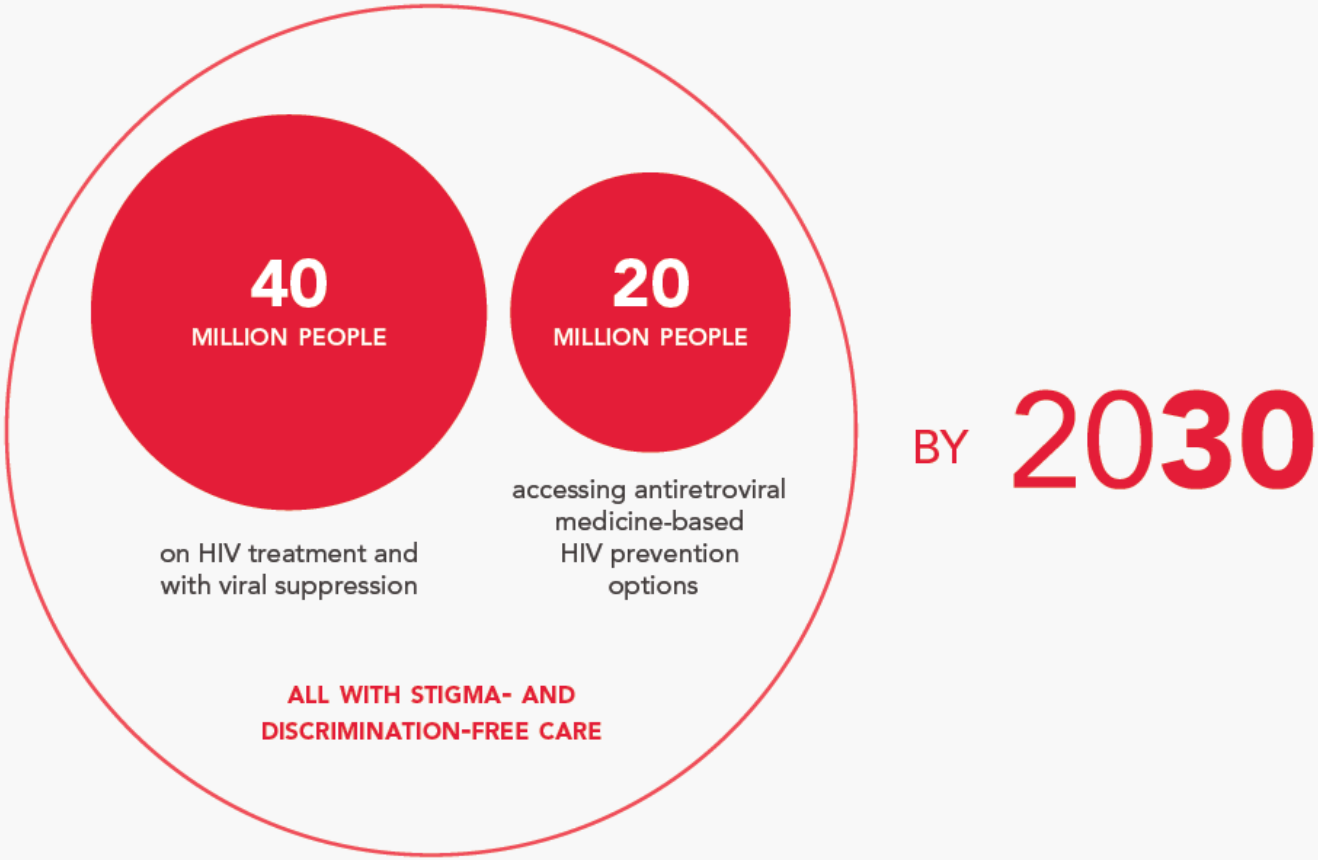
16 top-line targets to end AIDS as a public health threat by 2030 and ensure sustainability of the HIV response after 2030



PEP: post-exposure prophylaxis; **PrEP:** pre-exposure prophylaxis.

The foundation of the Global AIDS Strategy 2026-2031

40 + 20 goals: global HIV treatment and prevention targets for 2030



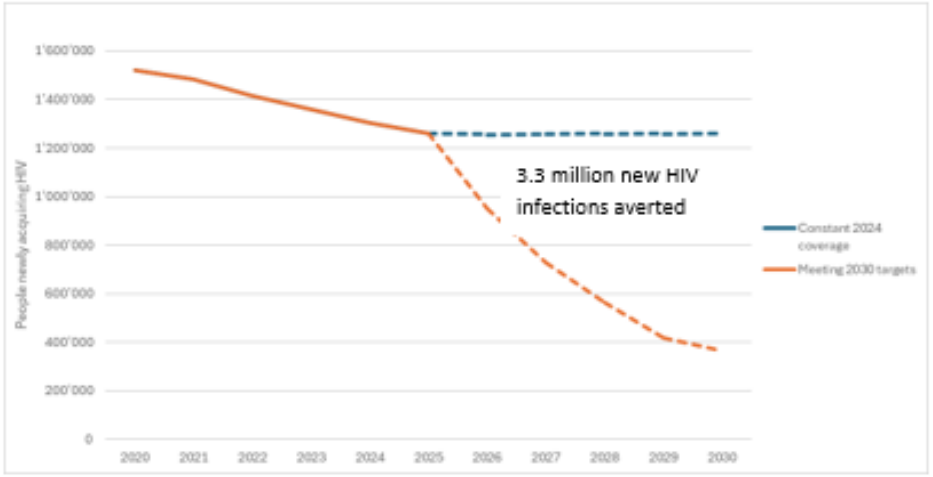
BY 2030

Source: Global AIDS Strategy 2026–2031.

Reaching the 2030 targets will save millions of lives

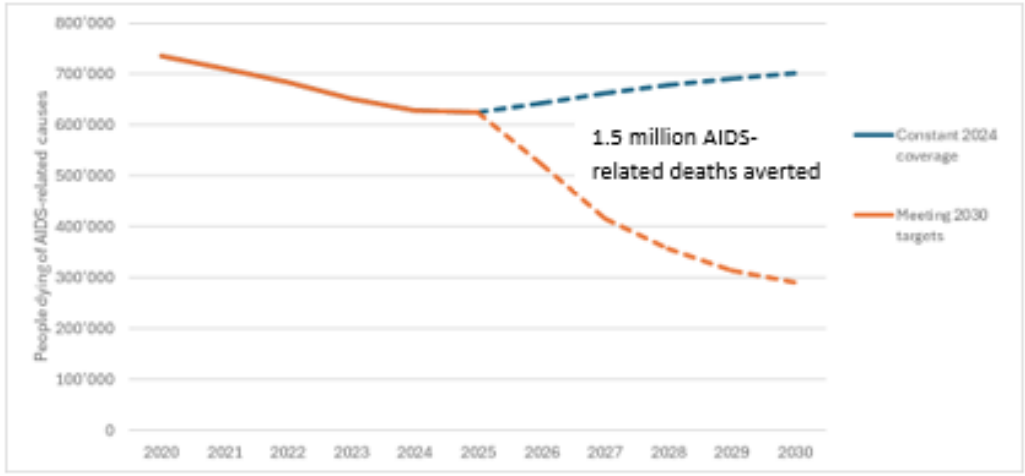
Achieving 2030 targets could avert 3.3 million new HIV infections and 1.5 million AIDS-related deaths (2025–2030)

Figure 3. Potential new HIV infections averted if 2030 HIV targets are met, global 2020-2024 estimates and 2025–2030 projections



Source: 2025 UNAIDS epidemiological estimates and Goals Projections

Figure 4. AIDS-related deaths averted if 2030 HIV targets are met, global 2020–2024 estimates and 2025–2030 projections

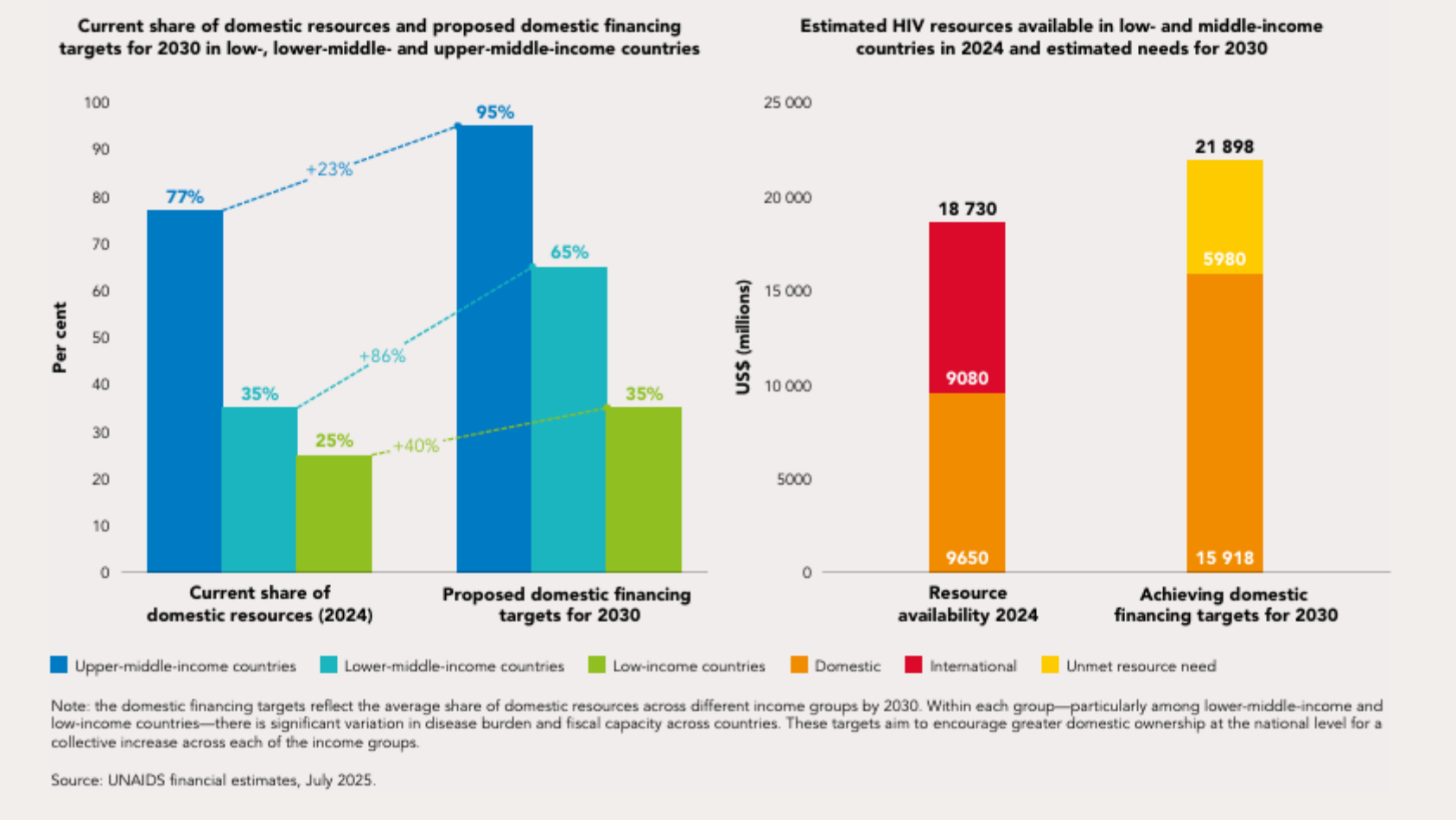


Source: 2025 UNAIDS epidemiological estimates and Goals Projections

- Source: UNAIDS 2025 estimates and Projections from April 2025 using Avenir Health Goals Model.

How much does it cost to achieve the 2030 targets?

- UNAIDS estimates that US$ 21.9 billion needed annually until 2030 to achieve global HIV targets in LMICs.
  - This is reduction by 7.4 bn from the earlier 2021 estimate of US$ 29.3 billion to reach 2025 targets
  - LMICs face a $3.2 billion shortfall, a 14.6% funding gap compared to the annual resources needed to achieve the 2030 target.
- The most annual resource needs in 2030 will be in upper-middle-income countries(46%) compared to 34% in lower-middle-income, and 20% in low-income.



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 the national level for a collective increase across each of the income groups.

Source: UNAIDS financial estimates, July 2025.

- Source: UNAIDS financial estimates and projection of resource needs for 2026–2030, July 2025.

Accounting for regional specificity for people living with, affected by or at risk of HIV

Asia Pacific

Progress: 17% drop in new HIV infections and 53% decline in AIDS-related deaths since 2010

Challenges: Second-largest HIV epidemic; low PrEP uptake; treatment gaps; stigma. Despite increase in domestic financing, reliance on external support for prevention

Priorities: Adequate financing, strengthen health systems, integrate services, scale up HIV prevention and treatment, reach key populations and champion community leadership

Focus: Digital systems, youth education, and legal reform.

Caribbean

Progress: 21% drop in new HIV acquisitions; 62% drop in AIDS-related deaths, 18 countries validated for EMTCT.

Challenges: One of the highest prevalence outside of Africa (esp. Haiti), youth vulnerability, stigma, heavy reliance on external aid especially for HIV prevention

Priorities: Financial sustainability, climate-resilient systems, HIV prevention, youth-led services, and community leadership and monitoring.

Focus: Reduce transmission of HIV and other STIs, reduce stigma and discrimination and expand and improve treatment services

Accounting for regional specificity for people living with, affected by or at risk of HIV

Eastern and Southern Africa

Progress: High testing and treatment coverage; 95-95-95 targets nearly met. Region included more than half of all people living with HIV.

Challenges: Funding cuts especially for prevention, low pediatric coverage, gender inequality, reach key populations with discrimination-free services

Priorities: Integrated services, HIV testing, treatment and care, youth and KP centered strategies, gender equality, and institutionalise community-leadership.

Focus: Sustainable financing, ending inequalities

Eastern Europe and Central Asia

Progress: Strong community leadership and growing regional collaboration.

Challenges: Rising HIV acquisitions and deaths; weak treatment cascade; shrinking civic space; punitive legislation; criminalization of key populations.

Priorities: Emergency and sustainable financing; humanitarian coordination and cross-border care; combination prevention; integrated, stigma-free service delivery; linkage and retention; equitable prison healthcare; legal reform; civic-space protection.

Focus: Institutionalizing community-led responses and data systems.

Accounting for regional specificity for people living with, affected by or at risk of HIV

Latin America

Progress: Sustainable financing, community leadership,

Challenges: Rising HIV acquisitions (13%); youth and marginalized populations most affected, equitable access to commodities

Priorities: Domestic financing, integrated health systems, stigma reduction, and rights-based access for hard to reach people living with, at risk of, or affected by HIV

Focus: Prevention, sustainability, anti discrimination efforts, community leadership.

Middle East and North Africa

Progress: Low prevalence rate overall – 2% of new HIV infections globally

Challenges: 94% increase in new HIV acquisitions; criminalization of key populations.

Priorities: Financing, humanitarian integration, data systems, and legal reform.

Focus: Youth access, stigma-free care, and community workforce development.

Accounting for regional specificity for people living with, affected by or at risk of HIV

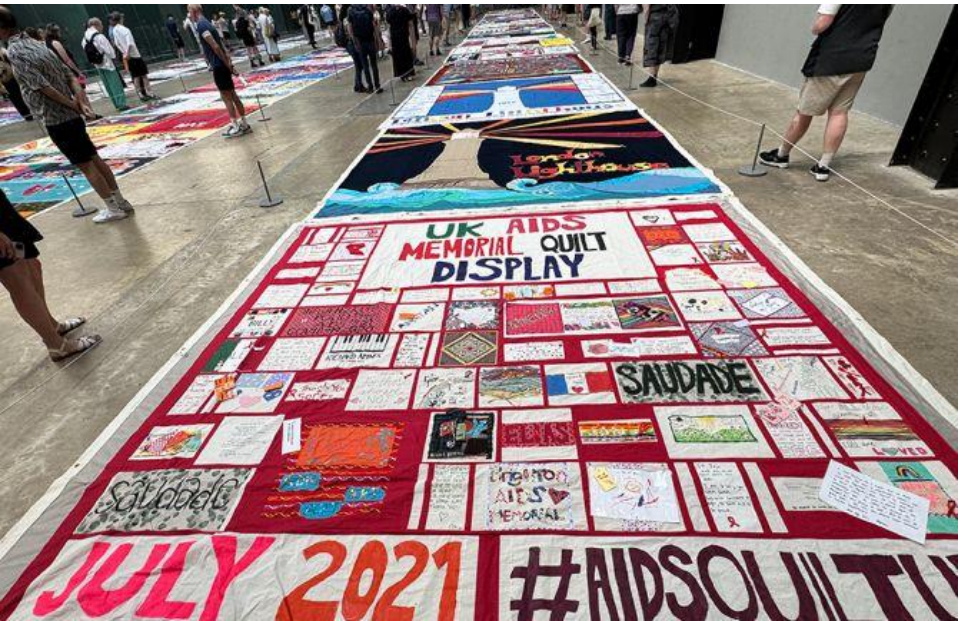
Western and Central Africa

Progress: Progress on reaching 95 targets

Challenges: High acquisition rates among women and youth; low paediatric treatment; fragile systems overall.

Priorities: Domestic financing, integrated services, local data use, and stigma reduction.

Focus: Community health centers, legal literacy, and youth-led initiatives.



Western and Central Europe & North America

Progress: Decline in acquisitions and deaths; aging population of people of living with HIV.

Challenges: Persistent stigma, criminalization, and health disparities.

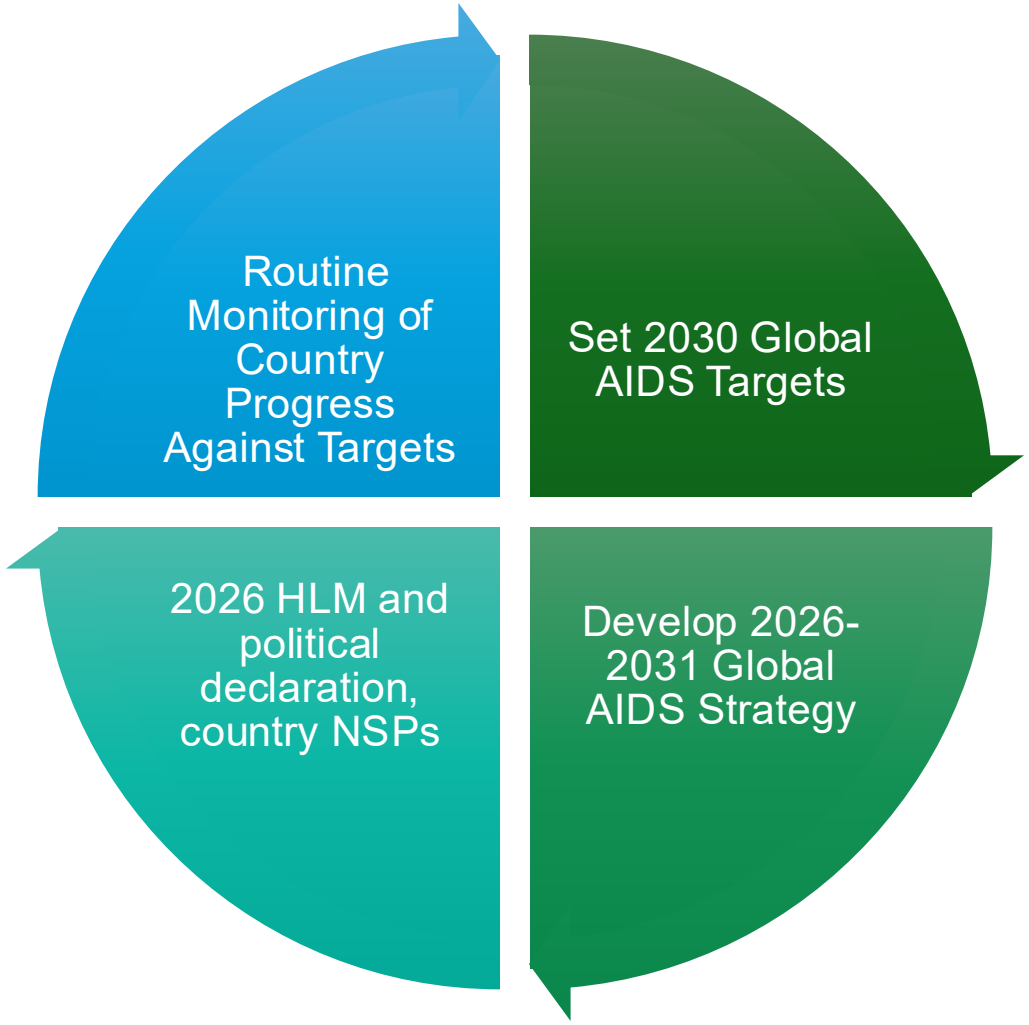
Priorities: Long-term care for people living with HIV, digital tools, equity-driven data, and community engagement.

Focus: Integrated care, social determinants, and legal reform.

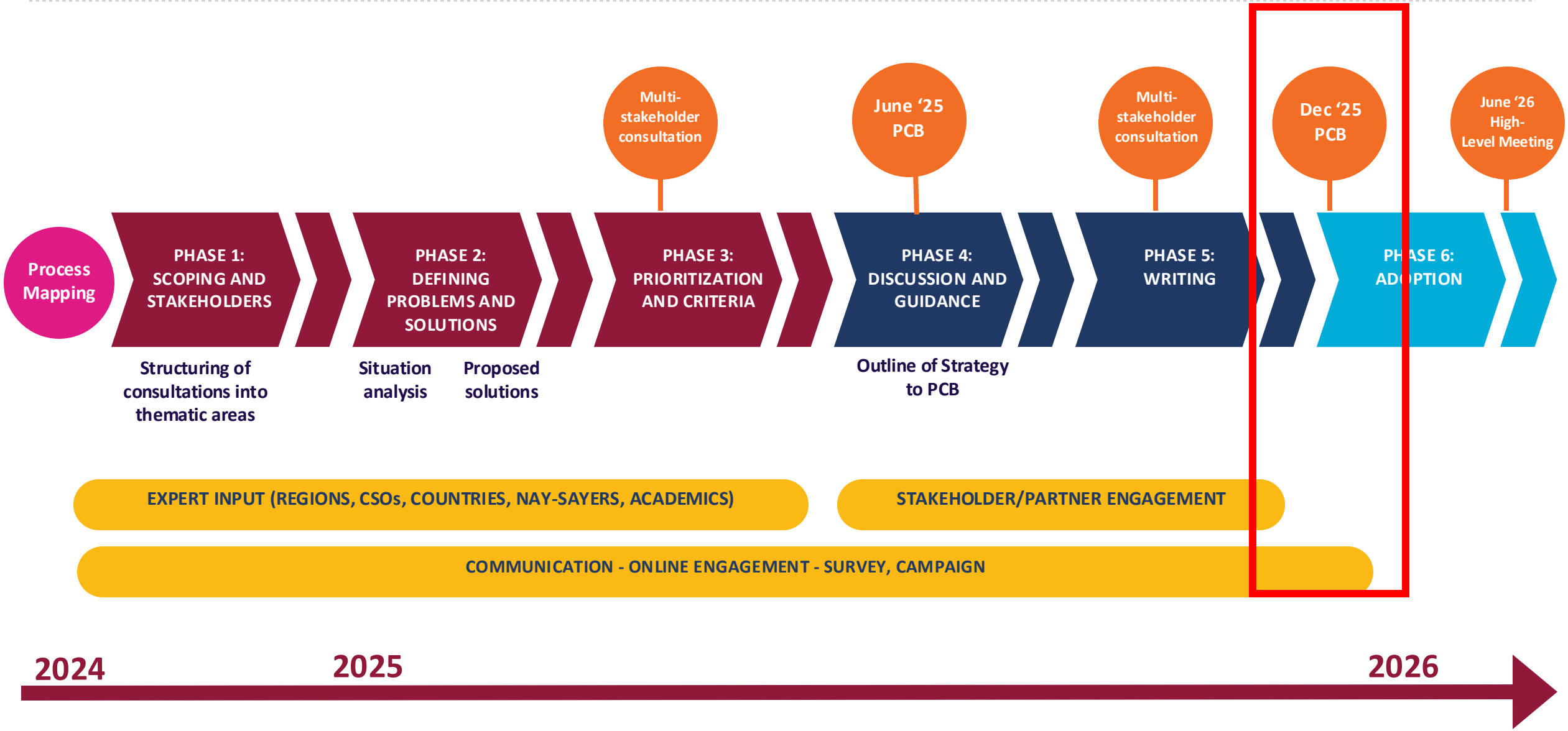
Partnerships for Progress: Local, Regional and Multilateral Actions to End AIDS

- Local Action for Greater Impact
- Regionalism and the Global Response to HIV
- Inclusive Multilateralism and the Global Response to HIV
- The role of the Joint Programme in support to the Global AIDS Strategy

UNAIDS Global Accountability System for HIV



Global AIDS Strategy 2026-2031 Timeline



Thank you!

We thank all of you for your contributions


UNITED
TO END AIDS