



FAST TRACK ENDING THE AIDS EPIDEMIC BY 2030

Ending the AIDS epidemic—four words that hold such hope and promise. Thanks to global commitment and clear goals, spurred by community activism and scientific breakthroughs, the world has halted and reversed the track of the epidemic. So much so that today we can say these words with confidence—we will end the AIDS epidemic by 2030.

But there will be no ending the AIDS epidemic without putting people first. The AIDS response has to be fast-tracked in key locations and populations. People in need must have full access to life-saving HIV treatment and prevention services.

Fast-tracking the end of the AIDS epidemic is possible by working together—by fostering innovation, securing sustainable financing, strengthening health systems and communities, ensuring commodity security, promoting human rights and ensuring access to HIV prevention and treatment services.

WHAT DOES ENDING THE AIDS EPIDEMIC BY 2030 MEAN?

To end the AIDS epidemic by 2030 would mean that AIDS is no longer a public health threat. It means that the spread of HIV has been controlled or contained and that the impact of the virus on societies and on people's lives has been marginalized and lessened, owing to significant declines in ill health, stigma, deaths and the number of orphans. It means increased life expectancy, unconditional acceptance of people's diversity and rights, and increased productivity and reduced costs as the impact of AIDS diminishes.

WHAT MUST WE ACHIEVE?

Fast-tracking the AIDS response and setting ambitious targets are critical to ending the AIDS epidemic. This requires transforming the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths into concrete milestones and endpoints.

Antiretroviral medicines are saving the lives of people living with HIV. They also have a significant preventive impact and can protect people at higher risk of HIV infection. For the first time, there is a global consensus that by ensuring that 90% of people living with HIV know their HIV status and by offering HIV treatment to 90% of people who know their HIV status, 90% of people on HIV treatment can achieve undetectable levels of HIV in their body (known as viral suppression) by 2020. This means that their immune system remains strong and they are no longer infectious.

Correct and consistent use of male and female condoms remains one of the simplest and most effective ways of preventing sexual transmission of HIV. Condom use, combined with voluntary medical male circumcision, harm reduction measures, sexuality education, sexual and reproductive health services, innovative social security programmes such as cash transfers, and antiretroviral therapy, can reduce new adult HIV infections from 2.1 million in 2010 to 500 000 in 2020 and to 200 000 in 2030.

And the bedrock of the AIDS response is an absolute commitment to protecting human rights. Nothing less than zero discrimination is acceptable.



TARGETS

By 2020

By 2030

90-90-90
HIV treatment

95-95-95
HIV treatment

500 000
New adult HIV infections

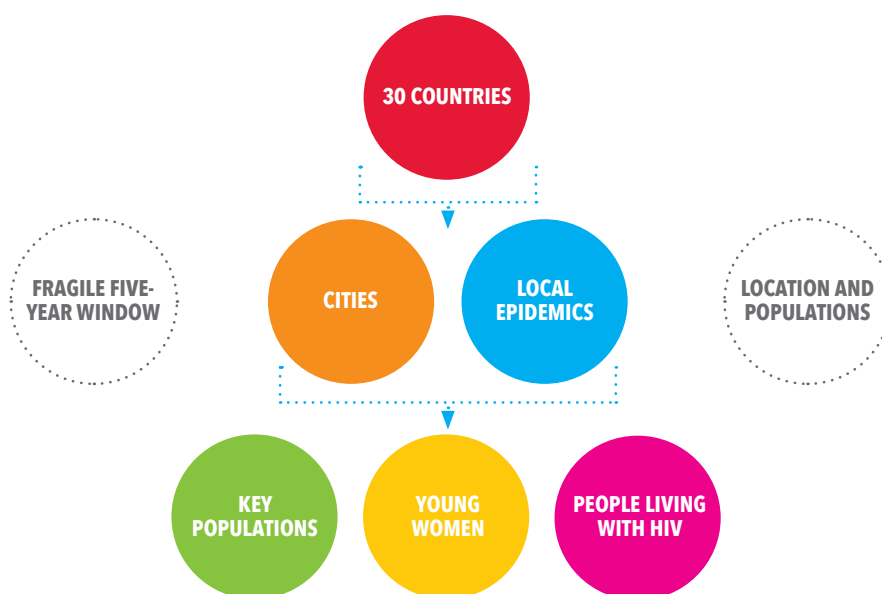
200 000
New adult HIV infections

ZERO
Discrimination

ZERO
Discrimination

UNAIDS FAST-TRACK STRATEGY

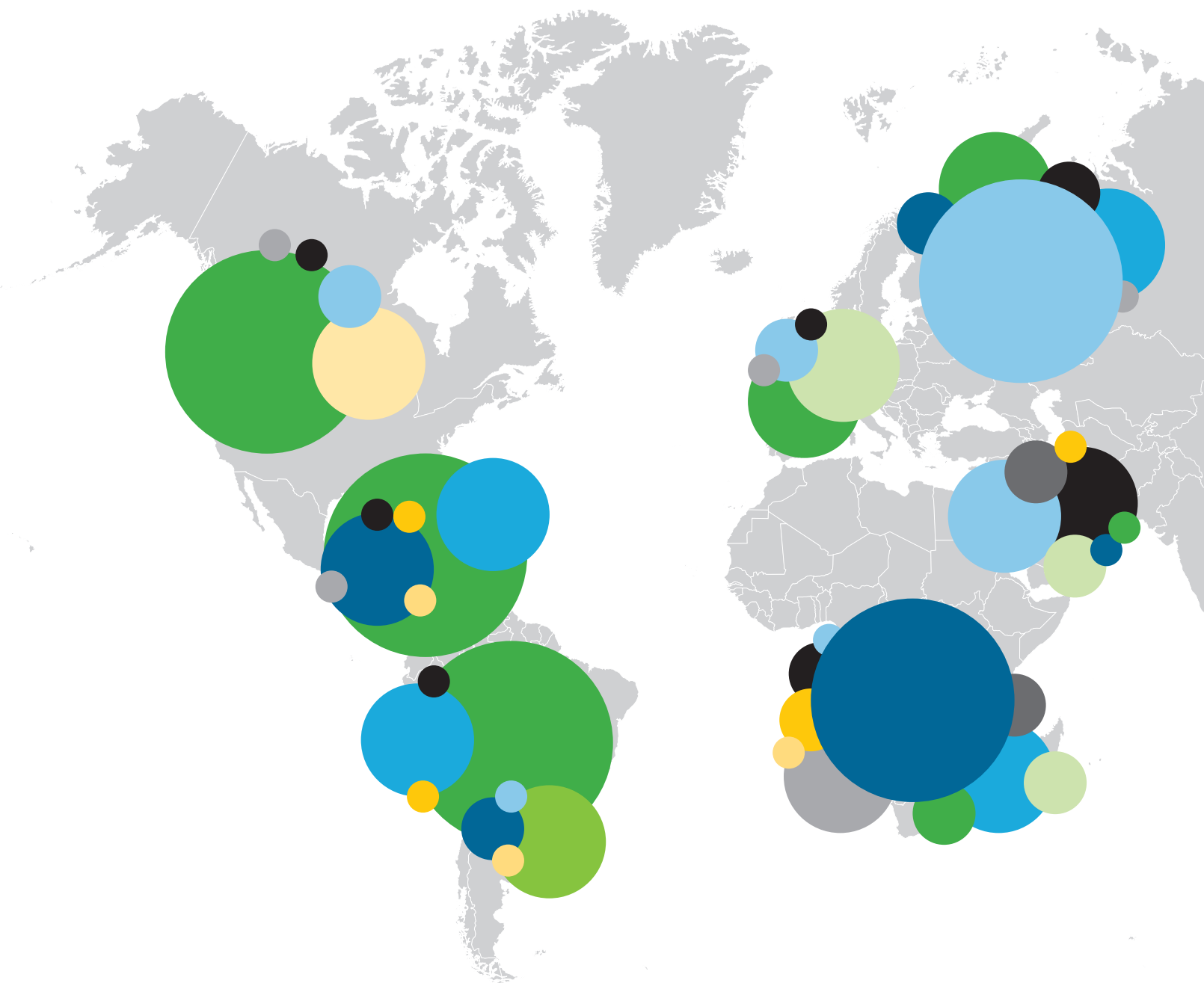
The AIDS response has produced spectacular results. However, the gap between where the response is now and where it should be is wide. Rapid acceleration of HIV prevention and treatment programmes, rooted in a human rights, people-centred approach, is needed. This can be achieved by intense scale up in the next five years as well as a strategic equity-based focus on key locations and populations.

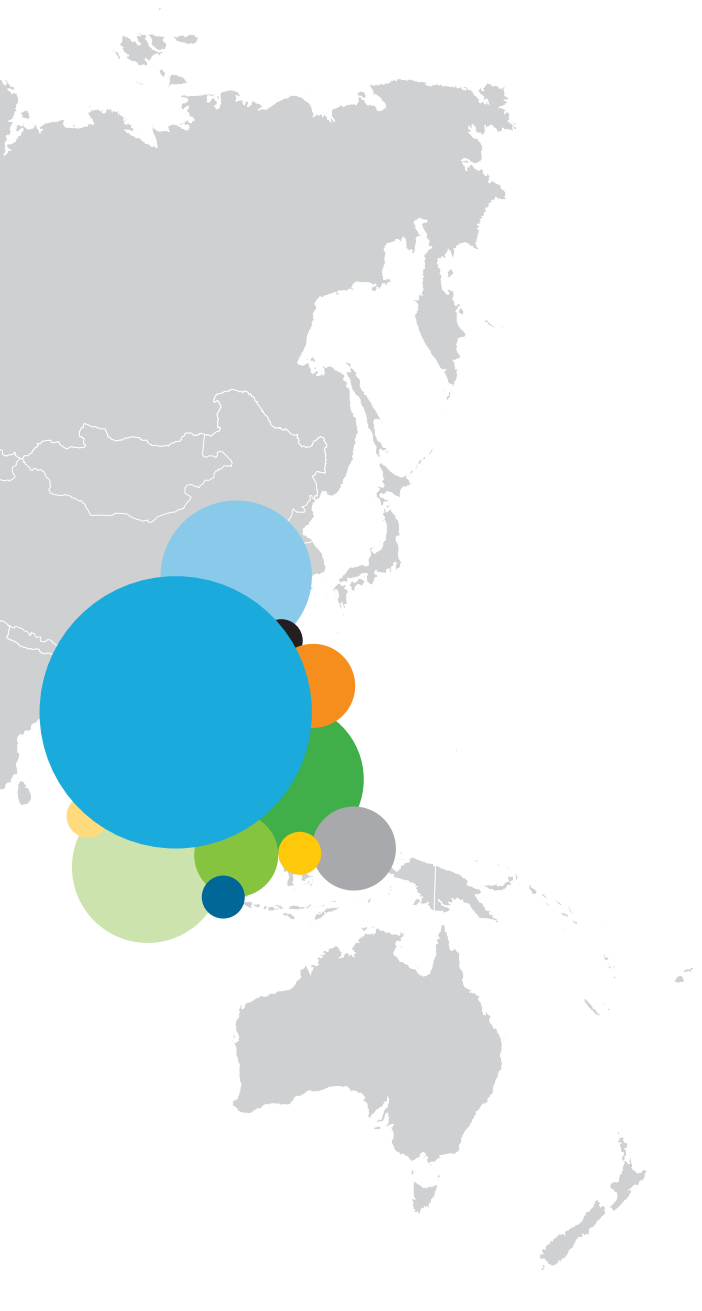


2020: FRAGILE FIVE-YEAR WINDOW

2015–2020 is a fragile window of opportunity in which a significant difference can be made. The fast-track approach will ultimately lead to averting 18 million new HIV infections and 11.2 million deaths by 2030. But UNAIDS modelling shows that if the targets for 2020 are not achieved until a decade later, almost 3 million AIDS-related deaths and 3 million new HIV infections will not be averted. The next five years represent the best hope for humanity to put the epidemic on the fast track towards the end.

THE IMPORTANCE OF LOCATION AND POPULATION





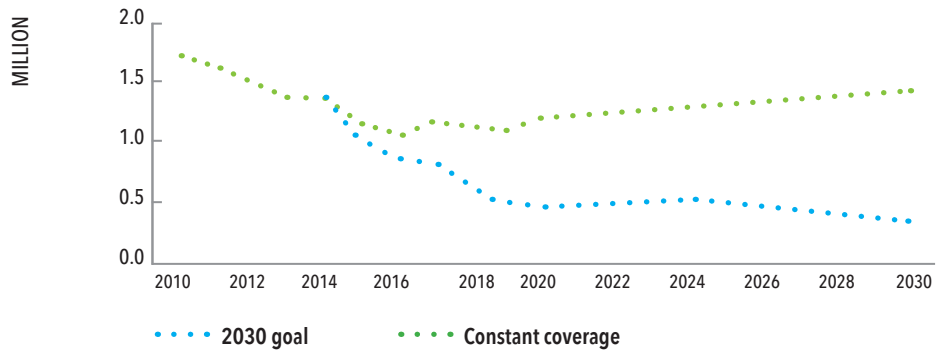
- Young women
- Sex workers
- People who inject drugs
- Gay men and other men who have sex with men
- Transgender people
- Migrants
- Prisoners
- Displaced people
- Pregnant women
- People aged 50+
- Disabled people
- African-American women
- Intimate partners

People living with HIV (children and adults) are included as members of all of the featured populations. They are implicitly included in this map as they must have universal access to services.

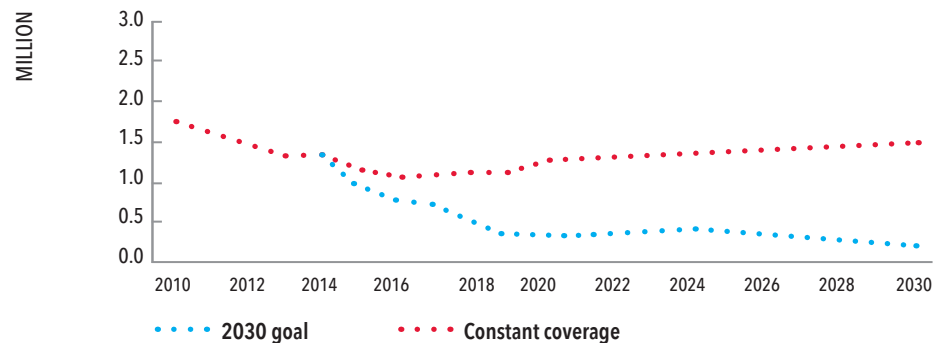
Source: UNAIDS Gap Report, 2014

IMPACT OF AMBITIOUS NEW TARGETS ON HIV INFECTIONS AND AIDS-RELATED DEATHS, 2010–2030

NEW HIV INFECTIONS



AIDS-RELATED DEATHS



Source: UNAIDS 2014 estimates

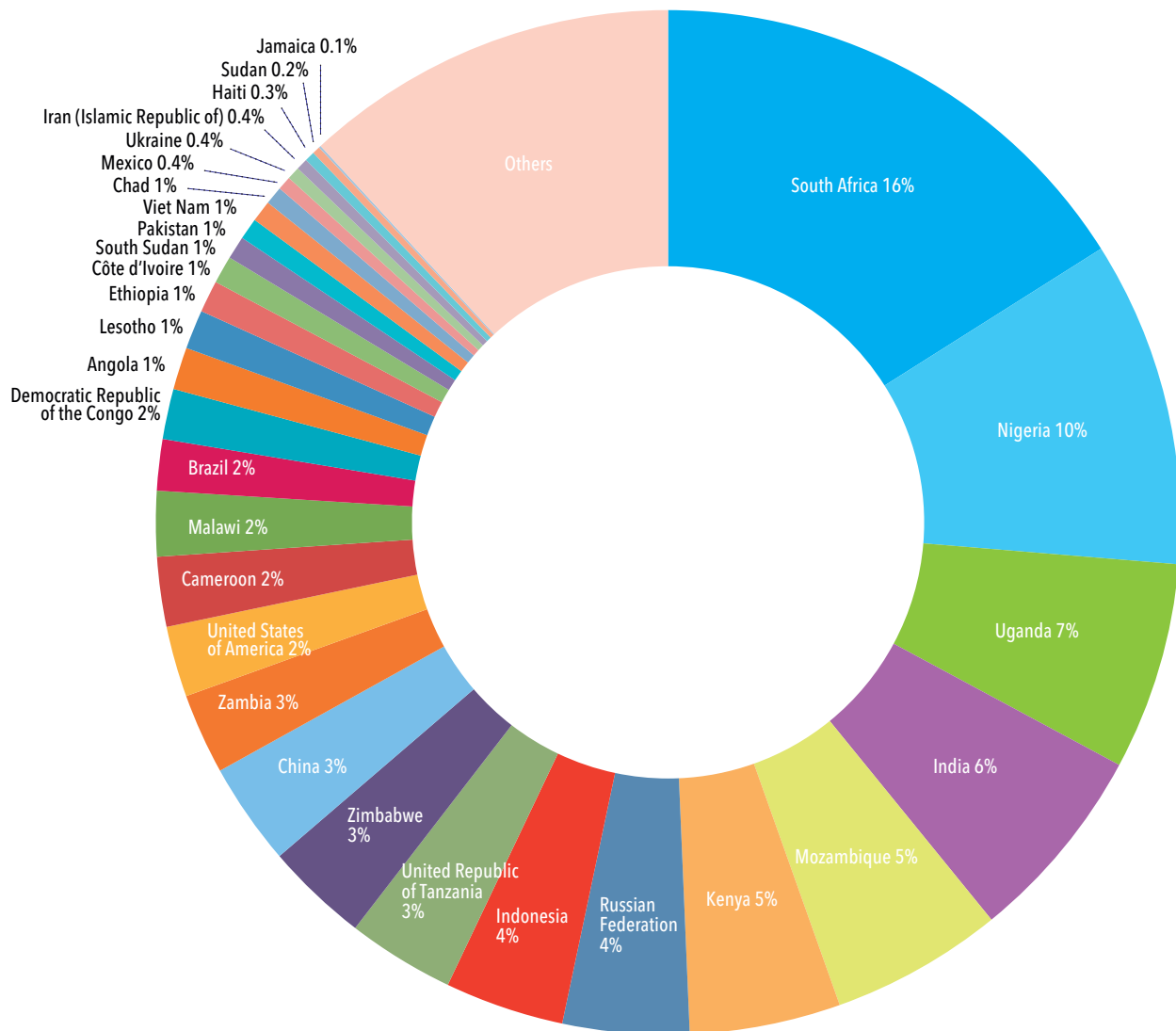
LOCATION AND POPULATIONS

The old concept of concentrated, mixed and generalized epidemics is making way for a new approach to understanding and responding to the AIDS epidemic—an approach based on location and populations. The AIDS epidemic is the sum of several interconnected local epidemics, within which key populations are affected.

HIV is everywhere and can affect anyone. However, globally 30 countries account for more than 80% of the world's new HIV infections. Within those countries, large cities, select districts and localized areas have a higher HIV prevalence than other areas. And in each setting, the affected populations vary. By making HIV services available in places where the density of people living with HIV and the populations at higher risk is substantial, the impact of investments can be maximized. UNAIDS, together with governments, civil society and other partners, will help countries identify such areas in which to fast-track the delivery of HIV-related services.

A differentiated approach, country by country, city by city and district by district, will ensure that people in need are not left behind. Young women and girls in countries with high HIV prevalence need strategic choices to mitigate their vulnerability and risk of acquiring HIV. People who inject drugs need access to harm reduction services closer to their place of residence or drug use. Key populations—sex workers, gay men and other men who have sex with men, transgender people and people who use drugs—regardless of where they live or the legal status of their behaviour need access to high-quality HIV services that are free of stigma and discrimination.

NEW HIV INFECTIONS BY COUNTRY, 2013



Source: UNAIDS 2013 estimates



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