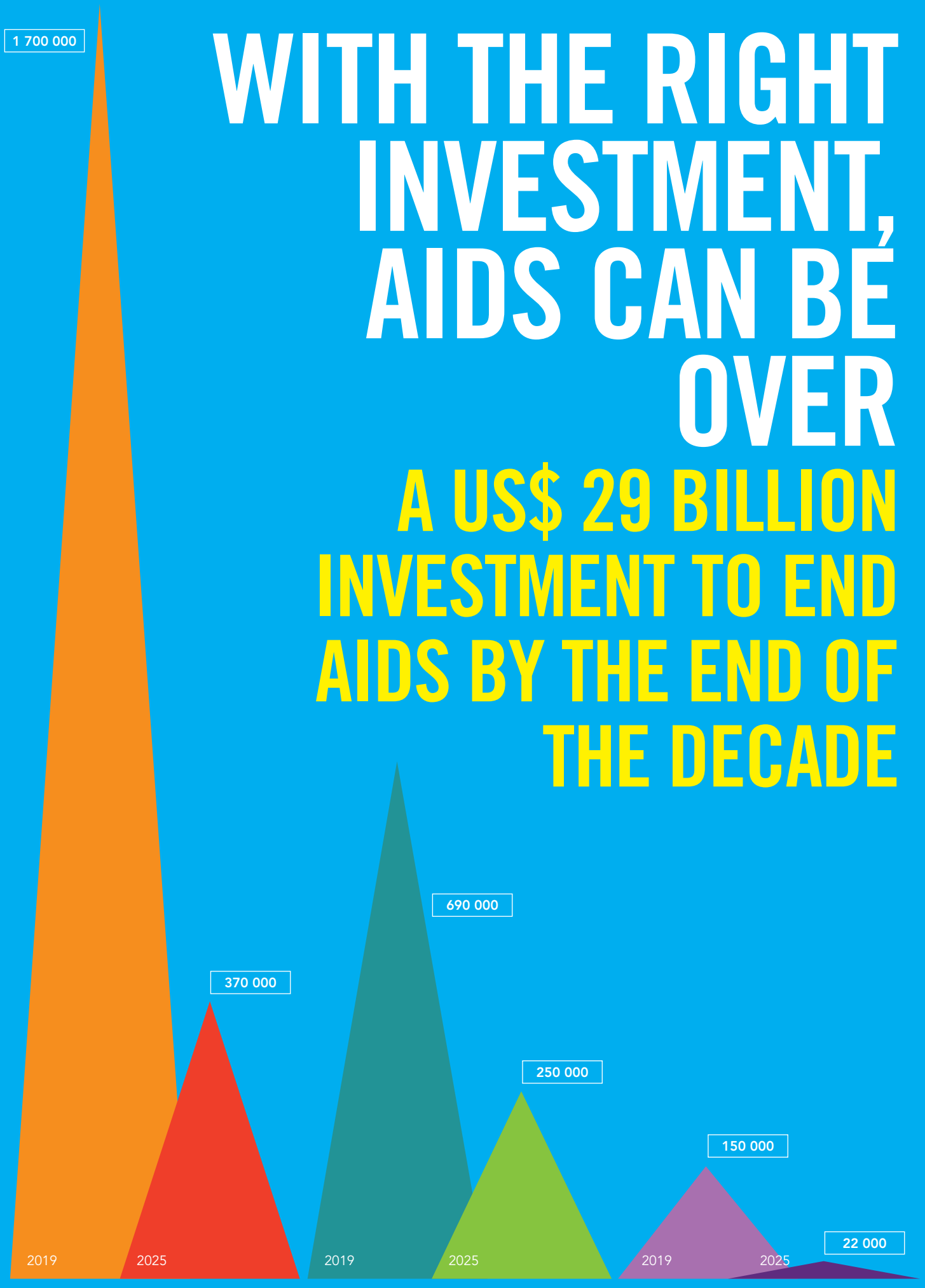
WITH THE RIGHT INVESTMENT, AIDS CAN BE OVER

A US$ 29 BILLION INVESTMENT TO END AIDS BY THE END OF THE DECADE



THE TIME TO INVEST IN THE HIV RESPONSE IS NOW

AIDS is not over, but with the right level of investment it can be. We know how to diagnose and treat HIV. We know how to prevent new HIV infections. We know how to save lives. But scaling up the HIV services that have been shown to work and keep people HIV-free and keep people living with HIV alive needs money, not just commitment.

Investing fully will result in reducing annual new HIV infections from 1.7 million in 2019 to 370 000 in 2025, and annual AIDS-related deaths, including tuberculosis deaths, falling from 690 000 in 2019 to 250 000 in 2025. The goal of eliminating vertical transmission of HIV (from mother to child) will see the number of new HIV infections among children drop from 150 000 in 2019 to less than 22 000 in 2025.

UNAIDS is calling for an investment of US$ 29 billion by 2025 to meet the needs of low- and middle-income countries in the AIDS response.

A SHARED RESPONSIBILITY

The US$ 29 billion price tag is a shared responsibility, covering all low- and middle-income countries, including upper-middle-income countries, which account for approximately 53% of the investment that is needed. Upper-middle-income countries finance their HIV responses themselves, so the investment required to end the AIDS epidemic by 2030 is a shared burden, paid for by both donor countries and the domestic resources of the countries most affected by the epidemic. The total resource needs for lower-income- and lower-middle-income countries is around US$ 13.7 billion. Donor resources are mainly needed for low-income and lower-middle-income countries, while in upper-middle-income countries domestic resources are the predominant source of investments.

THERE IS ENOUGH MONEY

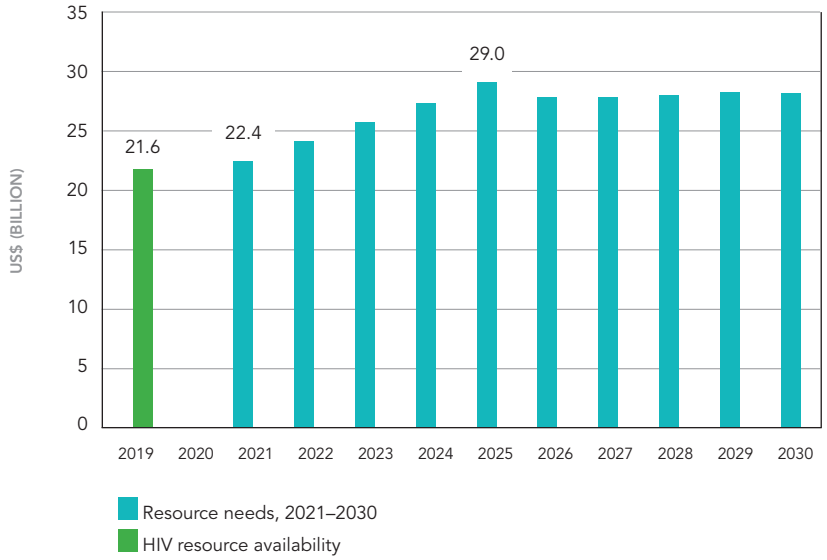
According to the World Health Organization, in 2018 global spending on health reached US$ 8.3 trillion. A fully funded HIV response is but a fraction of that total—an investment of US$ 29 billion a year by 2025 in low- and middle-income countries will put the world on track to end AIDS as a public health threat by 2030.

The COVID-19 pandemic has cost the world trillions of United States dollars in just one year; UNAIDS is calling for the world to spend mere billions to end a pandemic that in the 40 years since HIV was discovered has claimed 32.7 million lives. The COVID-19 pandemic has shown the harm that a failure to invest in

A MODEST 17% INCREASE (AN ADDITIONAL US$ 1.3 BILLION) IN RESOURCES FOR HIV TESTING AND TREATMENT BY 2025 WILL ENABLE

A 35% INCREASE IN THE NUMBER OF PEOPLE ON TREATMENT, TO 32 000 000

HIV estimated expenditures, 2019, and resource needs estimates in low- and middle-income countries, 2021–2030



Source: UNAIDS financial estimates and projections, 2020 and 2021.

Note: the estimated expenditures and the resource needs projections include countries recently classified as upper-middle-income countries that were previously classified as high-income countries.

health can have on both lives and the world's economy. Even in times of economic hardship, the world must step up and invest in people's health and strengthen the health systems that we have seen are unable to absorb the shocks of a crisis—we simply must not repeat the mistakes of the past. The time to invest is now.

THE IMPACT OF NOT INVESTING ENOUGH

The resources needed to fully finance the HIV response and end the AIDS epidemic by 2030 are not unaffordable. In fact, the danger comes from not making the right level of investment at the right time.

In 2016, United Nations Member States committed to reach, by 2020, US$ 26 billion (in constant 2016 United States dollars, which were used in order to make resource needs estimates comparable for the 2016 to 2020 period) in annual investments in the HIV response in low- and middle-income countries—a figure similar to the worldwide revenue of the McDonald's Corporation in the year the commitment was made.

UNAIDS modelling showed that under the Fast-Track approach a high upfront investment would have led to large reductions in new HIV infections and AIDS-related deaths—each additional dollar invested brings significant economic returns in low- and middle-income countries.

But every year HIV resources have fallen far short of those global targets. Resources in low- and middle-income countries peaked in 2017 and started decreasing in 2018, with only US$ 18.6 billion (in constant 2016 United States dollars) available in 2019—just 71% of the 2020 target. As a result, none of the global programmatic targets set for

2020 were met. And the failure to achieve the targets has come at a tragic human cost: an additional 3.5 million people were infected with HIV and an additional 820 000 people died of AIDS-related illnesses between 2015 and 2020. The world has seen the cost of inaction—and that cost is too high.

THE COST OF INACTION IS HIGHER THAN THE COST OF ACTION

If the resource and programmatic targets had been met by 2020, overall resource needs for the global HIV response would have peaked in 2020 and then decreased to US$ 25.6 billion in 2025 and US$ 23.9 billion in 2030. However, the cost of investing too little, too late, combined with more ambitious targets, is reflected in larger resource needs for 2025 to get the world on track to end AIDS by 2030.

To achieve the goals and targets of the new global AIDS strategy 2021–2026 requires that annual HIV investments in low- and middle-income countries rise to a peak of US$ 29 billion (in constant 2019 dollars, which are used in order to make investments comparable for the whole period, up to 2025, comparable) by 2025. Increased annual resources are needed to address the excess HIV infections and AIDS-related morbidity and mortality in 2016–2021 stemming from the world's failure to reach the 2020 Fast-Track Targets. However, by fully funding the 2025 resource targets and using those resources to efficiently implement the strategy, the year-on-year growth in resource needs can be halted after 2025.

A FULLY FUNDED HIV RESPONSE IS AN HIV RESPONSE THAT WORKS

We know that when the right level of investment is made in the HIV response, the money works. Under the Fast-Track strategy 2016–2021, in settings where funding was sufficient and spent well, people living with and affected by HIV got the services they needed, leading to declines in AIDS-related deaths and new HIV infections.

Investments in eastern and southern Africa have seen new HIV infections decline by 38% and AIDS-related deaths by 49% since 2010. In countries such as Botswana, Eswatini and Namibia, where significant investments have been made—both domestic and international—there has been significant progress towards meeting the Fast-Track Targets. In western and central Africa, however, where investments have been lower, since 2010 new HIV infections have decreased by only 25% and AIDS-related deaths by only 37%. In too many countries and communities, resources are inadequate.

By investing fully in the next five years, the world has a unique opportunity to achieve epidemic transition—a state where the number of new HIV infections is less than 3 per 100 people living with HIV, or less than the number of people living with HIV dying, thus breaking the transmission cycle.

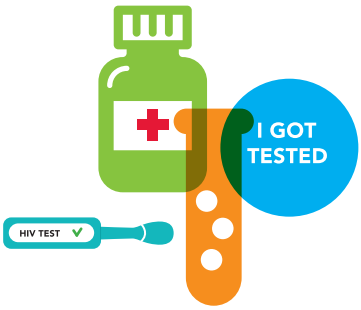
WHAT THE MONEY WILL GET US: LIVES SAVED AND NEW HIV INFECTIONS AVERTED WITH RESPECT AND DIGNITY

Ambitious but achievable targets for 2025

The new global AIDS strategy 2021–2026 has a set of bold, ambitious but achievable targets for 2025 that if met in all geographic areas and across all populations will get every country and every community on track to reach the 2030 target of ending AIDS.

WHAT WILL THE US$ 29 BILLION BE INVESTED IN?

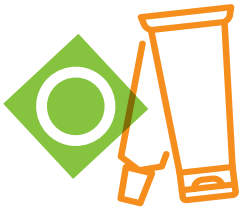
HIV PREVENTION AND TREATMENT SERVICES



- HIV testing
- Antiretroviral therapy for adults
- Viral load testing
- Retention support for people on treatment

- HIV testing and treatment of pregnant women
- Early infant diagnosis
- Paediatric treatment

- Pre-exposure prophylaxis



- Condoms, lubricants and other commodities

- Voluntary medical male circumcision

- Services for people who inject drugs
- Opioid substitution therapy
- Needle–syringe programmes

- Comprehensive sexuality education
- Economic empowerment of adolescent girls and young women
- Services for adolescent girls and young women

- Services for sex workers

- Services for gay men and other men who have sex with men

- Services for transgender people

- Services for prisoners

INTEGRATION AND OTHER HEALTH SERVICES

- Tuberculosis diagnosis for people living with HIV
- Tuberculosis treatment and prevention for people living with HIV
- Sexually transmitted infection treatment

- Treatment of opportunistic infections

SOCIETAL ENABLERS

- Reducing stigma and discrimination

- Removing legal and social barriers

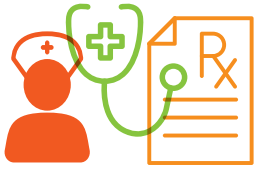
- Addressing gender inequality

- Defending human rights

- Civil society and community engagement

MANAGING AND TRACKING THE RESPONSE

- Strategic information on the HIV epidemic



- Health systems strengthening

- Policy advocacy

The targets fall into three categories: (1) comprehensive HIV services, (2) people-centred, context-specific service integration and (3) the removal of societal and legal impediments to create an enabling environment for HIV services. These categories combine to create a whole that is stronger than the individual elements.

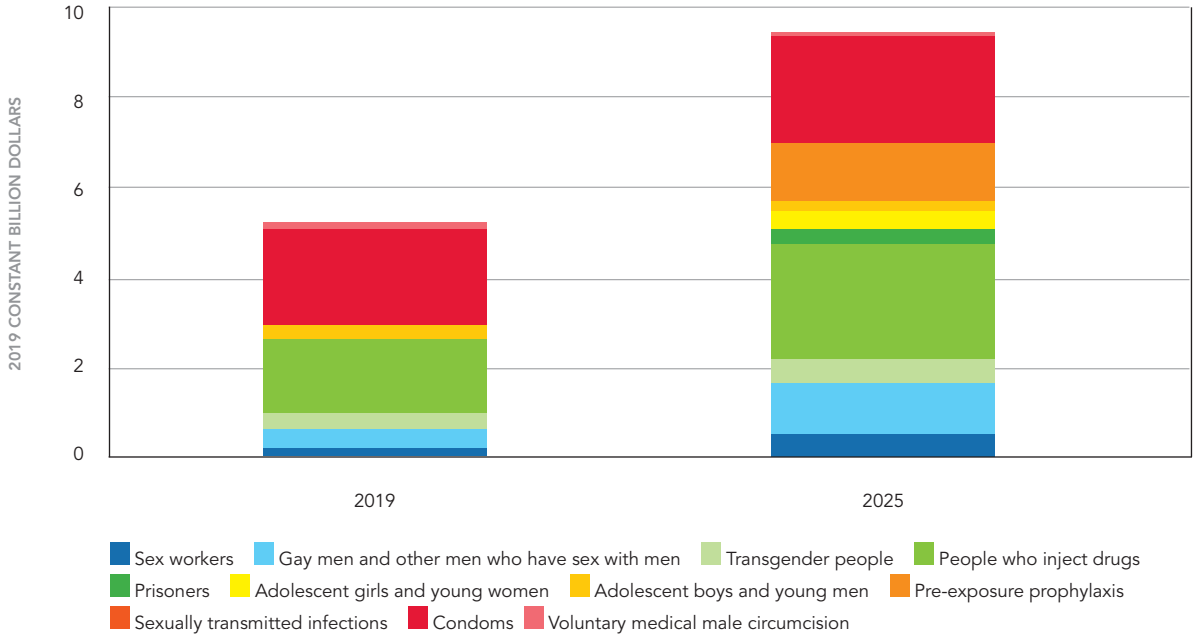
Epidemic modelling shows that the achievement of the comprehensive 2025 targets in the strategy will reduce annual HIV infections from 1.7 million in 2019 to 370 000 in 2025, and annual AIDS-related deaths, including tuberculosis deaths, from 690 000 in 2019 to 250 000 in 2025. The goal of eliminating vertical transmission of HIV (from mother to child) will see the number of new HIV infections among children drop from 150 000 in 2019 to less than 22 000 in 2025.

Key populations (sex workers, transgender people, people who use drugs, gay men and other men who have sex with men and people in prisons and other closed settings) account for a small fraction of the world's population, but globally, together with their sexual partners, comprised 62% of new HIV infections in 2019.

Prevention to be radically scaled up

Implementation of the new strategy requires substantially greater investments in evidence-informed primary prevention services—investments will almost double, from the estimated US$ 5.3 billion expenditures in 2019 to US$ 9.5 billion in 2025. Investment must be scaled up in the range of HIV prevention options—including condoms and lubricants, pre-exposure prophylaxis (PrEP), voluntary medical male circumcision, sexually transmitted infection services, harm reduction for people who use drugs, economic empowerment of adolescent girls and young women and comprehensive sexuality education—that can stop the 1.7 million new HIV infections that still occur each year.

US$ 9.5 billion needed to meet HIV prevention targets

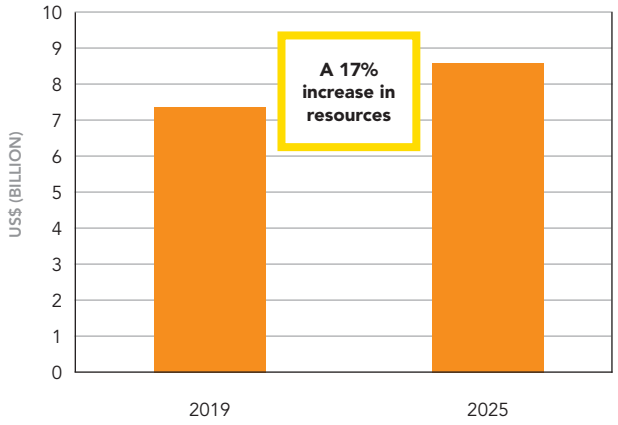


Prevention progammes for key populations and core services to achieve the targets, low- and middle-income countries, 2019 and 2025 (2019 US$ billion).

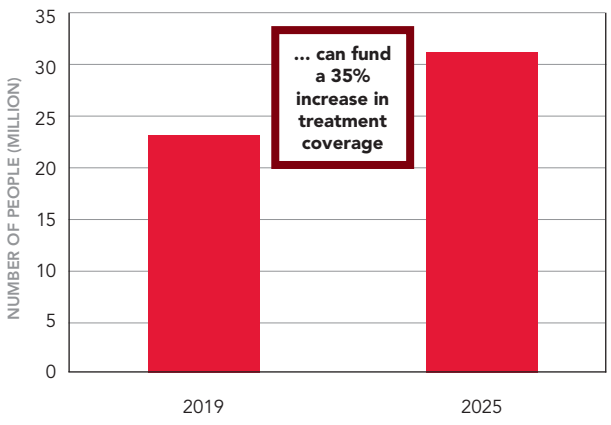
Source: UNAIDS financial estimates and projections, 2021.

INVESTMENTS FOR PRIMARY HIV PREVENTION MUST BE RADICALLY SCALED UP. INVESTMENTS MUST DOUBLE, FROM THE ESTIMATED US$ 5.3 BILLION EXPENDITURES IN 2019 TO US$ 9.5 BILLION IN 2025.

Antiretroviral therapy estimated expenditures, 2019, and resource needs, 2025



Number of people on antiretroviral therapy



Source: UNAIDS financial estimates and projections, 2021.

Note: the costs include only direct service delivery costs and commodities (antiretroviral therapy, diagnostics). These costs do not include above-site costs, programme management or the necessary investments in societal enablers to allow programme effectiveness. Estimates are presented in constant 2019 US dollars.

Much of the additional resource needs for evidence-informed HIV prevention should be focused on key populations, a previously overlooked group in HIV prevention funding strategies who globally account for the majority of new HIV infections. Resources for key populations account for 47% of the total primary prevention resource needs in the new strategy (not including PrEP for key populations). Within programmes for key populations, a significant increase in resources is needed for harm reduction services for people who use drugs. Greater resources are also needed for condom promotion, PrEP and services for adolescent girls and young women in high-prevalence settings.

A repurposing of current expenditure on HIV prevention will see the US$ 1.2 billion now being spent on non-core prevention services diverted to more effective programmes that evidence has shown to work.

Big gains in treatment at a low cost

Huge gains can be made in the scale-up of HIV treatment at a low financial cost. Because of an estimated reduction in the price of commodities and a forecast reduction of costs to deliver the services, together with a more effective use of the resources, a modest 17% increase (an additional US$ 1.3 billion) in resources for testing and treatment by 2025 will enable a 35% increase in the number of people on treatment, to 32 million people, and will enable the world to reach the 95–95–95 targets by 2025. This requires national programmes to adopt innovative delivery mechanisms, increase efficiencies and negotiate price reductions. Reaching such high treatment coverage levels will contribute to additional reductions in new HIV infections, which will in turn lead to reductions in resource needs for testing and treatment in 2026–2030.

AMBITIOUS TARGETS AND COMMITMENTS FOR 2025

LESS THAN 10%
LESS THAN 10% OF PEOPLE LIVING WITH HIV AND KEY POPULATIONS EXPERIENCE STIGMA AND DISCRIMINATION

LESS THAN 10%
OF PEOPLE LIVING WITH HIV, WOMEN AND GIRLS AND KEY POPULATIONS EXPERIENCE GENDER-BASED INEQUALITIES AND GENDER-BASED VIOLENCE

LESS THAN 10%
OF COUNTRIES HAVE PUNITIVE LAWS AND POLICIES

People living with HIV and communities at risk at the centre

95% OF PEOPLE AT RISK OF HIV USE COMBINATION PREVENTION

95%–95%–95% HIV TESTING, TREATMENT AND VIRAL SUPPRESSION AMONG ADULTS AND CHILDREN

95% OF WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES

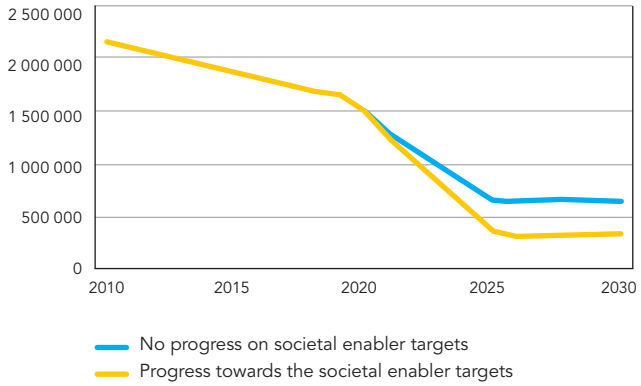
95% COVERAGE OF SERVICES FOR ELIMINATING VERTICAL TRANSMISSION OF HIV

90% OF PEOPLE LIVING WITH HIV RECEIVE PREVENTIVE TREATMENT FOR TUBERCULOSIS

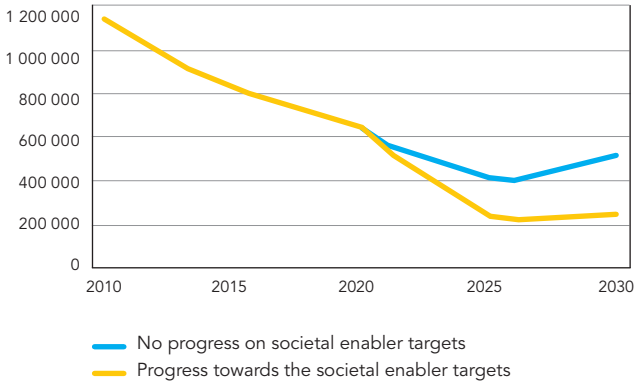
90% OF PEOPLE LIVING WITH HIV AND PEOPLE AT RISK ARE LINKED TO OTHER INTEGRATED HEALTH SERVICES

Reaching the societal enabler targets will prevent 2.5 million new HIV infections and 1.7 million AIDS-related deaths by 2030

Projected impact of progress made towards the societal enabler targets on the number of new HIV infections, global, 2010–2030



Projected impact of progress made towards stigma and discrimination targets on the number of AIDS-related deaths, global, 2010–2030



Societal enablers are a prerequisite for prevention and treatment success

Reaching the societal enabler targets—societal enablers are factors rooted in society as a whole that modify the effectiveness of HIV programmes: access to justice and law reform, stigma and discrimination and gender equality, including gender-based violence—in the strategy is crucial.

The other targets will not be able to be achieved, or would be extremely more difficult to reach, in the absence of progress in improving the societal enabling environment. Modelling shows that the failure to reach the 10–10–10 societal enabler targets would lead to an additional 1.7 million AIDS-related deaths between 2020 and 2030 and an additional 2.5 million new HIV infections over the same period. To achieve these targets, the investment in societal enablers must more than double, from US$ 1.3 billion in 2019 to US$ 3.1 billion in 2025, and grow to 11% of total resource needs.

WHERE THE RESOURCES WILL NEED TO BE SPENT

The resource needs in upper-middle-income countries, countries that predominantly self-finance their HIV responses, account for 53% of the total resources required to achieve the results and targets outlined in the new strategy. The majority of resource needs are also concentrated in key geopolitical groupings. The BRICS (Brazil, Russian Federation, India, China and South Africa) countries and MINT (Mexico, Indonesia and Nigeria) countries represent 41% and 9% of all resource needs, respectively.

Eastern and southern Africa has the highest per capita resource needs, reflecting the higher HIV prevalence compared to other regions. Asia and the Pacific, by contrast, has a lower disease burden and thus lower per capita resource needs. The much higher population size of Asia and the Pacific—which has combined unit costs in many countries in the region that are higher than those in sub-Saharan Africa—increases the region's share of total resource needs to 32%, compared to 38% for sub-Saharan Africa. Higher unit costs (e.g. for human resources and antiretroviral medicines) contribute to the relatively high per capita resource needs in Latin America and eastern Europe and central Asia.

THE NEED FOR CONTINUED GLOBAL SOLIDARITY AND SHARED RESPONSIBILITY

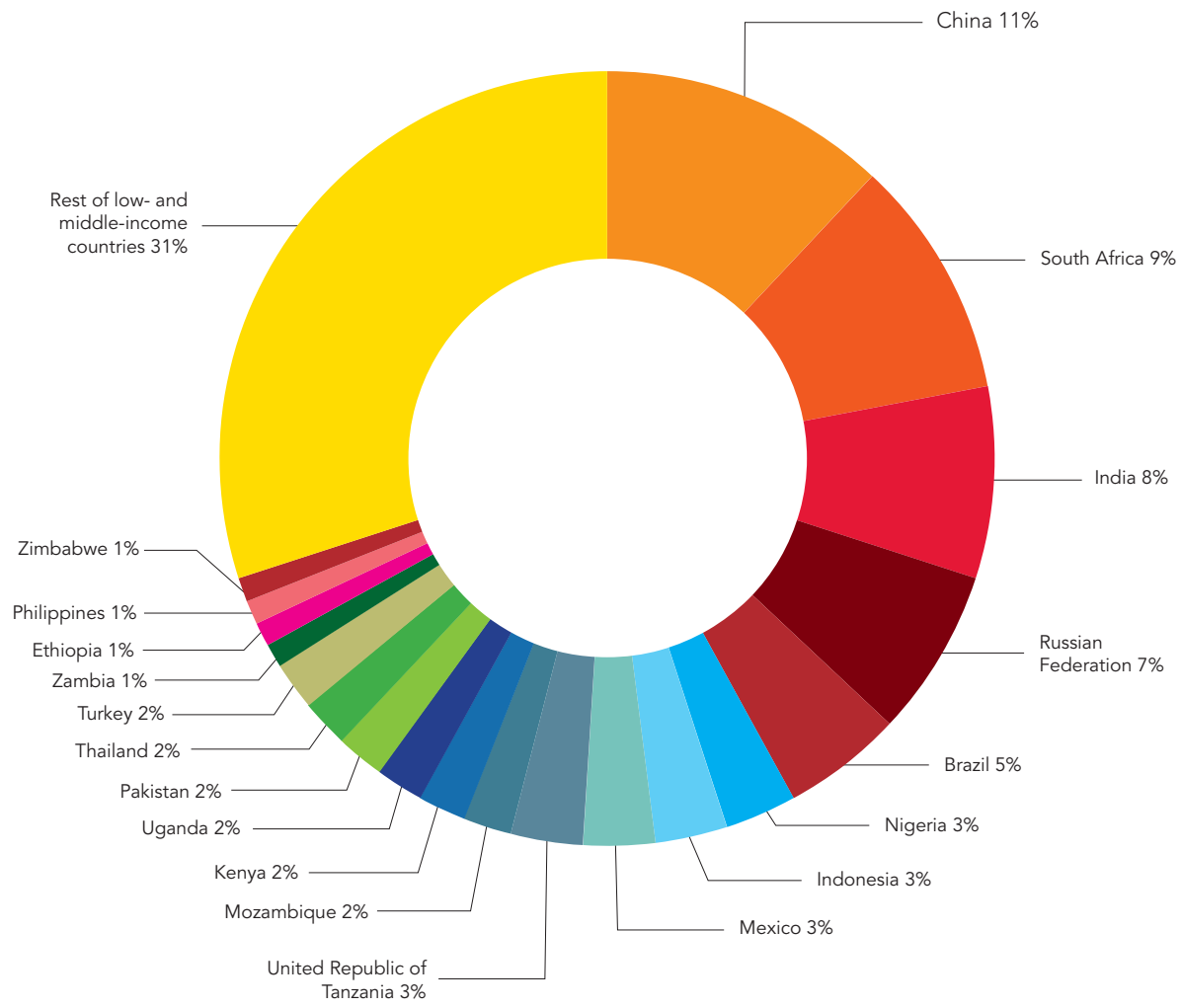
The funding mobilized for HIV over the past decades has saved millions of lives and strengthened the health systems of dozens of countries. Many of these resources are now playing important roles in the response to the COVID-19 pandemic.

There have been big changes in the landscape for funding the AIDS response since 2010. In constant 2016 United States dollars, overall funding in low- and middle-income countries increased from US$ 15 billion in 2010 to US$ 18.6 billion in 2019.[1]

Within that increase in funding, there have been significant changes in the sources of the funding. The amount of money that countries

[1] UNAIDS estimates for low- and middle-income countries July 2020, based on World Bank income- level classification published by the World Bank in July 2015.

Share of global HIV resource needs in low- and middle-income countries, 2025



Ten countries contribute to 55% of global resource needs; four are in sub-Saharan Africa

Nine countries contribute to 15% of global resource needs; five are in sub-Saharan Africa

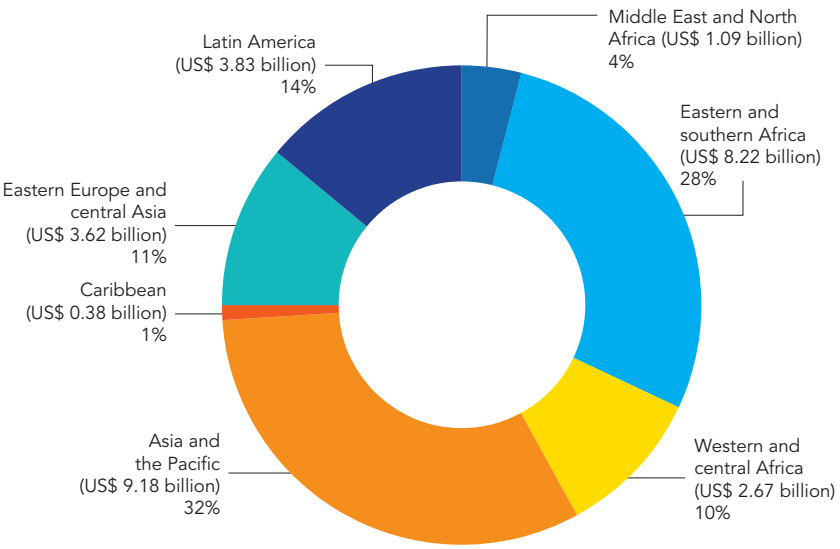
Ninety-nine countries contribute to 30% of global resource needs

Source: UNAIDS financial estimates and projections, resource needs modelling, 2021.

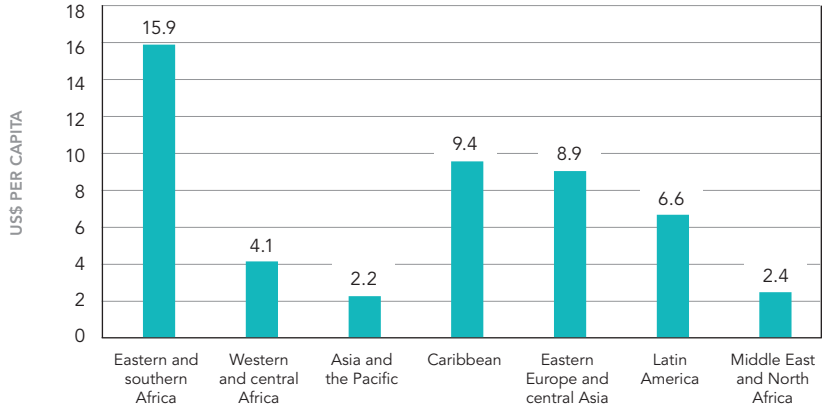
SOCIETAL ENABLERS ARE A PREREQUISITE FOR PREVENTION AND TREATMENT SUCCESS

INVESTMENT IN SOCIETAL ENABLERS MUST MORE THAN DOUBLE, FROM US$ 1.3 BILLION IN 2019 TO US$ 3.1 BILLION IN 2025

Resource needs of low- and middle-income countries, by region, 2025



Resource needs for the HIV response per capita vary widely by region



Source: UNAIDS financial estimates and projections, 2021.

Note: estimates are presented in constant 2019 United States dollars.

have invested in their own responses to HIV has increased hugely, from US$ 7.1 billion to US$ 10.6 billion, equivalent to 57% of all funding. Bilateral aid from the United States of America increased from US$ 3.5 billion in 2010 to US$ 4.8 billion in 2019. The Global Fund to Fight AIDS, Tuberculosis and Malaria invested a significant US$ 1.7 billion in 2019.

National HIV responses in low-income countries still heavily rely on external funding, while many middle-income countries have struggled to transition to primarily domestically financed responses. There is a continued need for both international assistance and domestic financing for the HIV response to be increased in the coming years. Innovative ways of financing the AIDS response are also needed.

A FULLY FINANCED AIDS RESPONSE: WE CAN'T AFFORD NOT TO

UNAIDS' call for a US$ 29 billion investment by 2025 in the lives of some of the most word's marginalized and vulnerable people is a call for equity. We know how to end the AIDS epidemic by 2030. A fully financed HIV response investing US$ 29 billion by 2025 in services to scale up HIV treatment and prevention services, to enable the people-centred, context-specific service integration that is needed to put people living with and at risk of contracting HIV at the centre of the HIV response and to tackle the inequalities that put so many of our fellow citizens of the world at risk of contracting HIV, or prevent them from accessing the health-care services they need, will put the world on track to ending AIDS by the end of this decade.

Ending the AIDS epidemic by 2030 as a public health threat was a commitment made unanimously by the countries of the world in 2015 as part of the Sustainable Development Goals.

The commitment to invest US$ 26 billion a year by 2020 was not kept—the result was more people dying, more people becoming infected with HIV and a higher financial cost to get the HIV response on track.

The question isn't, "Should we make the investment in the HIV response?"

The question is, "Since we know the human cost of not investing, and we know the return on the investment, can we afford not to?"