GLOBAL AIDS STRATEGY 2021–2026
END INEQUALITIES. END AIDS.

EXECUTIVE SUMMARY

Recalling that all aspects of UNAIDS work are directed by the following guiding principles:[1]

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge;
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
- Based on the principle of nondiscrimination.

UNAIDS is mandated, by ECOSOC Resolution 1994/24, to:

a. Provide global leadership in response to the epidemic;

b. Achieve and promote global consensus on policy and programmatic approaches;

c. Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level;

d. Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level;

e. Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions;

f. Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

In fulfilling these objectives, the programme will collaborate with national Governments, intergovernmental organizations, non-governmental organizations, groups of people living with HIV/AIDS, and United Nations system organizations.[2]

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1 19th PCB—Decisions, recommendations and conclusions. Available at https://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/agenda/2006/20061210_final_decisions_19th_pcb_en.pdf.

2 ECOSOC Resolutions Establishing UNAIDS. Available at https://data.unaids.org/pub/externaldocument/1994/19940726_ecosoc_resolutions_establishing_unaids_en.pdf.

FOREWORD

Twenty years ago, as the AIDS pandemic rapidly spread across the world, the international community for the first time collectively set an ambitious target to halt and reverse the spread of HIV by 2015. When this was achieved, we set an even more ambitious goal in 2016—to end AIDS as a public health threat by 2030. The collective vision of UNAIDS underpins these targets: zero new HIV infections, zero discrimination, zero AIDS-related deaths.

Global solidarity and community resilience has saved millions of lives. But far more could have been done. Many of the inequalities that facilitated the spread of the AIDS pandemic are getting worse and continue to fan the spread of HIV in many parts of the world. COVID-19 has brought these inequalities to the forefront and exposed the fragility of the gains we have made. The resilience and experience of the HIV response in addressing inequalities that disproportionately affect the key populations and priority populations is critical to the once-in-a-generation opportunity to 'build back better' from COVID-19.

There is hope. The solutions exist. 40 years of experience in the HIV response has provided the evidence of what works. Some countries have reached control of their AIDS epidemics. We know how to end AIDS, and this is the Strategy to get us there.

End Inequalities. End AIDS. Global AIDS Strategy 2021–2026 is a bold new approach to use an inequalities lens to close the gaps that are preventing progress towards ending AIDS. The Global AIDS Strategy aims to reduce these inequalities that drive the AIDS epidemic and prioritize people who are not yet accessing life-saving HIV services. The Strategy sets out evidence-based priority actions and bold targets to get every country and every community on-track to end AIDS as a public health threat by 2030.

Drawing on key lessons learned from the intersecting HIV and COVID-19 pandemics, the Strategy leverages the proven tools and approaches of the HIV response, identifying where, why and for whom the HIV response

is not working. The Strategy outlines the strategic priorities and actions to be implemented by global, regional, country and community partners to get on-track to ending AIDS. It leverages four decades of experience of the HIV response, supporting governments, partners and communities to "build back better", supporting systems for health to be more resilient and place people at the centre. This Strategy also outlines a new, bold call to action for the UNAIDS Joint Programme to advance our leadership role in the global HIV response and to implement the Strategy. And the Strategy demands that the HIV response is fully resourced and implemented with urgency and optimal efficiency.

This Strategy is the result of extensive analysis of HIV data and an inclusive process of consultation with member states, communities, and partners. I am deeply grateful to the thousands of participants from over 160 countries and partners who contributed to its development.

Let 2021 be a turning point in the history of ending AIDS. It has been forty years since the first AIDS cases were reported, twenty years since the historic United Nations General Assembly Special Session on AIDS and 25 years of UNAIDS. I call on the international community to rally behind the bold targets and commitments in this Strategy to end the inequalities that are preventing people from benefitting from HIV services and ensure that we get on track to ending AIDS by 2030. Let us rededicate ourselves to ensure that we put all our collective might towards ending AIDS and realizing the right to health for all.

Winnie Byanyima
UNAIDS Excutive Director


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EXECUTIVE SUMMARY

The new Global AIDS Strategy (2021–2026) seeks to reduce the inequalities that drive the AIDS epidemic and put people at the centre to get the world on-track to end AIDS as a public health threat by 2030. Decades of experience and evidence from the HIV response show that intersecting inequalities are preventing progress towards ending AIDS.[3]

Developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS)[4] and adopted by the UNAIDS Programme Coordinating Board (PCB),[5] this Strategy lays out a framework for transformative action to reduce these inequalities by 2025 and to get every country and every community on-track to end AIDS by 2030.[6] The Strategy uses an inequalities lens to identify, reduce and end inequalities that represent barriers to people living with and affected by HIV, countries and communities from ending AIDS.

The Strategy is being adopted during the Decade of Action to accelerate progress towards the Sustainable Development Goals (SDGs), and makes explicit contributions to advance goals and targets across the SDGs.[7]

The Strategy builds on an extensive review of the available evidence and a broad-based, inclusive, consultative process in which over 10 000 stakeholders from 160 countries participated. The results from the UNAIDS Fast-Track Strategy 2016–2021 informed the development of the new Strategy, including the Programme Coordinating Board (PCB) decision to develop the Global AIDS Strategy "by maintaining the critical pillars that have delivered results in the current Fast-Track Strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current Strategy to prioritize critical areas that are lagging behind and need greater attention."

The Strategy keeps people at the centre and aims to unite countries, communities and partners across and beyond the HIV response to take prioritized actions to accelerate progress towards the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The Strategy seeks to empower people with the programmes and resources they need to exercise their rights, protect themselves and thrive in the face of HIV.

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3 Throughout the Strategy, the term "ending AIDS" is used to refer to the full term "ending AIDS as a public health threat by 2030", which is defined as a 90% reduction in new HIV infections and AIDS- related deaths by 2030, compared to a 2010 baseline.

4 The use of UNAIDS in the Strategy refers to the Joint United Nations Programme on HIV/AIDS (UNAIDS).

5 The Global AIDS Strategy 2021-2026 was adopted by the UNAIDS Programme Coordinating Board Geneva, Switzerland on 25 March 2021.

6. The Global AIDS Strategy covers the period 2021–2026, but features targets and commitments to be achieved by the end of 2025. This is to enable a review of these results and the development of the next Global AIDS Strategy in 2026, which will cover the period up to 2030.

7 The 10 Sustainable Development Goals which are explicitly linked to this Strategy are SDG 1 No Poverty; SDG 2 Zero Hunger; SDG 3 Good Health and Well-Being; SDG 4 Quality Education; SDG 5 Gender Equality; SDG 8 Decent Work and Economic Growth; SDG 10 Reduced Inequalities; SDG 11 Sustainable Cities and Communities; SDG 16 Peace, Justice and Strong Institutions; and SDG 17 Partnerships for the Goals.

Drawing on key lessons learned from the intersecting HIV and COVID-19 pandemics, the Strategy leverages proven tools and approaches of the HIV response. It identifies where, why and for whom the HIV response is not working. It outlines strategic directions and priority actions to be implemented by global, regional, country and community partners by 2025 to get the HIV response on-track to end AIDS by 2030.

The Strategy also summarizes the role of the Joint United Nations Programme on HIV/AIDS in implementing the Strategy and its leadership role in coordinating the global HIV response.

Ending AIDS is possible, but a course correction is needed to make it a reality

Forty years since the first cases of AIDS were identified and twenty-five years since UNAIDS was created, the world has proof of concept that ending AIDS as a public health threat by 2030 is possible with the knowledge and tools currently in-hand. With new diagnostics, prevention tools and treatment, we can move even faster until the day we have an HIV vaccine, and a functional cure.

Much progress has been made among some groups of people and in some parts of the world. A few countries have reached AIDS epidemic control, and others are close to doing so. By 2019, more than 40 countries had surpassed or were within reach of the key epidemiological milestone towards ending AIDS.[8] Millions of people living with HIV now enjoy long and healthy lives and the number of new HIV infections and AIDS-related deaths are on the decline. Of the 38 million people living with HIV, 26 million were accessing life-saving antiretroviral therapy (ART) as of June 2020. This treatment results in viral load suppression which prevents the spread of HIV.

Science continues to generate new technologies and mechanisms to advance HIV prevention, treatment, care and support, including progress towards an HIV vaccine and a functional cure. Innovative delivery strategies have enhanced the reach and impact of HIV services.

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8 Defined as an HIV incidence:prevalence ratio of 3.0% or less, which 25 countries had achieved by 2019, including: Australia, Barbados, Botswana, Burkina Faso, Burundi, Cambodia, Côte d'Ivoire, Djibouti, Eritrea, Eswatini, Ethiopia, Gabon, Italy, Kenya, Nepal, Netherlands, Rwanda, Singapore, South Africa, Spain, Switzerland, Thailand, Trinidad & Tobago, Viet Nam, Zimbabwe. At the end of 2019, an additional 16 countries were on-track to reach a milestone of an incidence:prevalence ratio of 4.0% or lower, including: Cameroon, Dominican Republic, El Salvador, Guatemala, Haiti, Lesotho, Malawi, Morocco, Namibia, New Zealand, Niger, Peru, Senegal, Sri Lanka, Togo and Uganda.

9 Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

10 Inequality refers to an imbalance or lack of equality. The term "inequalities" in this Strategy encompasses the many inequities (injustice or unfairness that can also lead to inequality), disparities and gaps in HIV vulnerability, service uptake and outcomes experienced in diverse settings and among the many populations living with or affected by HIV.

Despite the successes, AIDS remains an urgent global crisis. The world did not reach the 2020 Fast-Track prevention and treatment targets committed to in the 2015 UNAIDS Fast-Track Strategy and the 2016 United Nations Political Declaration on Ending AIDS. Most countries and communities are not on-track to end AIDS by 2030.

This was true before the COVID-19 pandemic, but the impact of that pandemic is making continued progress against HIV, including the need for more urgent action, more difficult. We must identify and address the factors that prevented us from reaching the 2020 targets. And we must do so while simultaneously safeguarding HIV programmes from the impact of COVID-19 and keeping people living with HIV and affected by HIV safe from COVID-19 and other imminent threats. When developing priority population groups for vaccines against COVID-19, the Strategy calls on countries to include all people living with HIV in the category of high-risk medical conditions.

Despite all our efforts, progress against HIV remains fragile in many countries and acutely inadequate among key populations globally and among priority populations,[9] such as children and adolescent girls and young women in sub-Saharan Africa. A range of social, economic, racial and gender inequalities,[10] social and legal environments that impede rather than enable the HIV response, and the infringement of human rights are slowing progress in the HIV response and across other health and development areas.

Inequalities exist not only between countries, but also within countries. Even in those countries that have achieved the 90–90–90 treatment targets, averages conceal the reality that too many people are still being left behind. The aggregate global and national averages, while reflecting positive trends, mask areas of continued concern—areas which, unless addressed, will prevent the world from ending AIDS.

In 2019, 1.7 million people newly acquired HIV infection. At the end of 2020, there were 12 million people living with HIV who are likely to die of AIDS-related causes if they do not receive treatment. Even though effective treatment exists, almost 700 000 people died of AIDS-related causes in 2019. The HIV response must refocus on how to extend life-saving services to all who need them, in every country and community.

For the majority of key populations and other priority populations, including millions of people living with HIV who are unaware of their HIV status or lack access to treatment, the benefits of scientific advances and HIV-related social and legal protection remain beyond reach. Key populations—people living with HIV, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients—are at higher risk of exposure to HIV than other groups.[11,12] In specific contexts, effective HIV responses must also focus on other priority populations, such as adolescent girls and young women in sub-Saharan Africa and 47% of children living with HIV globally who are not receiving access to treatment that will save their lives.

Inequalities in the HIV response remain stark and persistent—they block progress toward ending AIDS

Decades of evidence and experience, synthesized in a comprehensive evidence review undertaken by UNAIDS in 2020,[13] show that inequalities are a key reason why the 2020 global targets were missed. The inequalities that underpin stigma, discrimination and HIV-related criminalization, enhance people's vulnerability to acquire HIV and make people living with HIV more likely to die of AIDS-related illnesses.

The majority of people who are newly infected with HIV and who are not accessing life-saving HIV services are from the key population groups and they live in vulnerable contexts, where inadequate political will, funding and policies prevent their access to health care. Key populations and their sexual partners account for an estimated 62% of new infections globally and 99%, 97%, 96%, 89%, 98% and 77% of new infections in eastern

11 See the glossary in Annex 4, where the definitions of these populations are provided.

12 The term "key populations" is also used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population.

13 Evidence review: Implementation of the 2016–2021 UNAIDS Strategy: on the Fast-Track to end AIDS. Available at https://www.unaids.org/sites/default/files/media_asset/PCB47_CRP3_Evidence_Review_EN.pdf.

European and central Asia, the Middle East and North Africa, western and central Europe and North America, Asia and the Pacific and Latin America, respectively.

The risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men, 29 times higher among people who inject drugs, 30 times higher for sex workers, and 13 times higher for transgender people. Every week, about 4 500 young women aged 15–24 years acquire HIV. In sub-Saharan Africa, 5 in 6 new infections among adolescents aged 15–19 years are among girls. Young women are twice as likely to be living with HIV than men. Only 53% of children 0–14 years who are living with HIV have access to the HIV treatment that will save their lives.

A central reason why disparities in the HIV response remain so stark and persistent is that we have not successfully addressed the societal and structural factors that increase HIV vulnerability and diminish people's abilities to access and effectively benefit from HIV services. Recognizing the equal worth and dignity of every person is not only ethical, it is critical for ending AIDS. Equal access to HIV services and the full protection of human rights must be realized for all people.

The Global AIDS Strategy 2021–2026 is focused on reducing inequalities

Building on the historic achievements of the HIV response and acknowledging the most pressing challenges and opportunities, this Strategy recognizes that key shifts are needed if the world is to end AIDS.

The Strategy places the SDGs that relate to the reduction of inequalities at the heart of its approach to guide and drive action in every country and community. The Strategy outlines a comprehensive framework for transformative actions to confront these inequalities and, more broadly, respect, protect and fulfil human rights in the HIV response. By reducing the inequalities driving the AIDS epidemic, we can close the gaps for HIV prevention, testing, treatment and support by 2025 and put the world back on course to end AIDS by 2030.

The Strategy keeps people at the centre to ensure that they benefit from optimal standards in service planning and delivery, to remove social and structural barriers that prevent people from accessing HIV services, to empower communities to lead the way, to strengthen and adapt systems so they work for the people who are most acutely affected by inequalities, and to fully mobilize the resources needed to end AIDS.

The Strategy calls on national governments, development and financing partners, communities and the UNAIDS Joint Programme to identify and address these inequalities. Countries and communities everywhere must

DISPARITIES IN ACCESS, HIV INFECTIONS AND AIDS-RELATED DEATHS RESULT FROM INEQUALITIES

The gaps in HIV responses and resulting HIV infections and AIDS-related deaths lie upon fault lines of inequality. From its beginning, the HIV epidemic has represented an acute health inequality, affecting some key populations much more disproportionately. Inequalities illustrate why the HIV response is working for some people, but not for others. Structural inequalities and determinants of health: education, occupation, income, home and community all have direct impact on health and HIV outcomes. The lower someone's social and economic status, the poorer their health is likely to be. Societal forces, such as discrimination based on race, gender and sexual orientation, add to the stress level of certain population groups. Unequal gender norms that limit the agency and voice of women and girls, reduce their access to education and economic resources, stifle their civic participation and contribute to the higher HIV risk faced by women in settings with high HIV prevalence. Key populations: gay men and other men who have sex with men, sex workers, transgender people and people who use drugs, particularly those who inject drugs, are subject to discrimination, violence, and punitive legal and social environments, each of which contributes to HIV vulnerability. Some people with disabilities, older people living with HIV and migrants and internally displaced people are often disproportionately affected by HIV. While new HIV infections declined globally by 23% between 2010 and 2019, new infections increased by more than 10% in over 30 countries. Young people (aged 15–24 years) represent about 15% of the global population, but accounted for and estimated 28% of new HIV infections in 2019. Adolescent girls and young women in sub-Saharan Africa are three times more likely to acquire HIV infection than male peers their own age. Key populations and their sexual partners comprised an estimated approximately 62% of all new HIV infections in 2019, but represent a small fraction of the world's population. Children living with HIV have poorer HIV treatment coverage than adults and comprise a higher proportion of AIDS-related deaths. The HIV burden on poorer households has increased, due in part to the difficulties poor people experience in obtaining the HIV services and social protection they need. To improve health and HIV outcomes, the Global AIDS Strategy calls for all policies and future practice to be assessed to determine whether they do not further stigmatise HIV diagnosis, perpetuate discrimination and exacerbate health inequalities.

achieve the full range of targets and commitments outlined in the new Strategy—in all geographic areas and across all populations and age groups—to achieve the Three Zeros: zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination.

If the targets and commitments in the Strategy are achieved, the number of people who newly acquire HIV will decrease from 1.7 million in 2019 to less than 370 000 by 2025, and the number of people dying from AIDS-related illnesses will decrease from 690 000 in 2019 to less than 250 000 in 2025.

HIV prevention receives unprecedented urgency and focus in the Strategy

To realize the full potential of HIV prevention tools to prevent new HIV infections, the Strategy calls for the urgent strengthening and rapid scale-up of HIV combination prevention services that will have the greatest impact. The Strategy includes ambitious coverage targets for HIV prevention interventions and for all key populations and priority populations, and calls for total annual investments in prevention to increase to over US$ 9.5 billion by 2025.[14] The Strategy also seeks to fulfil the potential of treatment as prevention, and it recommends the reallocation of finite resources away from less-effective HIV prevention approaches to those that are high-impact.

At the same time, the Strategy emphasizes the importance of avoiding artificial dichotomies in the HIV response between treatment and prevention, focusing instead on fully leveraging the synergies between combination prevention and treatment. If the underlying inequalities are addressed, including gender inequality, stigma and discrimination, both prevention and treatment outcomes will improve.

The Strategy calls for transformative results that demand ambition, speed and urgency in implementation

Stakeholders across the HIV response will need to do more to ensure that their actions are strategic, smart and focused on outcomes. The Strategy prioritizes urgent implementation and scale-up of evidence-based tools, strategies and approaches that will turn incremental gains into transformative results. Maintaining and further scaling up existing tools and strategies will be essential.

14 Resource needs are explained in detail in Chapter 7.

The Strategy should be implemented as a comprehensive package, but it requires differentiated responses that meet the needs of people, communities and countries in all their diversity, and that sustain progress in the HIV response

The Strategy is designed to be implemented as a comprehensive package, with equal importance given to biomedical interventions, enabling environments, community-led responses and the strengthening and resilience of systems for health. The Strategy seeks to ensure progress is sustained and enhanced with respect to the care, quality of life and well-being of people living with HIV across the life course. It also aims to strengthen links to integrated services, such as those for other communicable diseases, sexual and reproductive health, mental health and noncommunicable diseases.

Communities are at the forefront and must be fully empowered to play their crucial roles

While communities are pivotal in the HIV response, the capacity of community-led responses, key populations and youth to contribute fully towards ending AIDS by 2030 is undermined by acute funding shortages, shrinking civic space in many countries and a lack of full engagement and integration in national responses. The Strategy outlines strategic actions to provide community-led and youth-led responses with the resources and support they need to fulfil their role and potential as key partners in the HIV response.

The Strategy amplifies the broader benefits of the HIV response and ending AIDS

A strong body of evidence shows that intersecting inequalities fuel the HIV epidemic and block progress towards ending AIDS. By reducing inequalities, we will be able to dramatically reduce new HIV infections and AIDS-related deaths. That, in turn, will contribute to a host of positive social and economic outcomes and accelerate progress towards sustainable development for all.

Investments in the HIV response have strengthened the functioning and resilience of systems for health across the world. The Strategy was developed while the COVID-19 pandemic disrupted many HIV services, exacerbating inequalities and undermining national economies. It therefore features actions that are needed to protect people living with or affected by HIV and the HIV response from current and future pandemics. Recognizing the pivotal role that the HIV infrastructure has played in helping diverse countries respond to COVID-19, the Strategy aims to leverage the HIV response to prepare for and respond to future pandemics, and enhance synergies with other global health and development movements.

The Strategy's three related strategic priorities

The Strategy builds on three interlinked strategic priorities:

Strategic Priority 1: maximize equitable and equal access to HIV services and solutions;

Strategic Priority 2: break down barriers to achieving HIV outcomes; and

Strategic Priority 3: fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.

Priority actions across 10 result areas and five cross-cutting issues are proposed to accelerate progress towards realizing the vision of zero new infections, zero discrimination and zero AIDS-related deaths. The 10 result areas include:

Result Area 1: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence

Result Area 2: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, know their status and are immediately offered and retained in quality, integrated HIV treatment and care that optimize health and well-being

Result Area 3: Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence

Result Area 4: Fully recognized, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response

Result Area 5: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination

Result Area 6: Women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV

Result Area 7: Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS

Result Area 8: Fully funded and efficient HIV response implemented to achieve the 2025 targets

Result Area 9: Systems for health and social protection schemes that support wellness, livelihood, and enabling environments for people living with, at risk of, or affected by HIV to reduce inequalities and allow them to live and thrive

Result Area 10: Fully prepared and resilient HIV response that protects people living with, at risk of, and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks

The cross-cutting issues include:

i. Leadership, country ownership and advocacy: leaders at all levels must renew political commitment to, ensure sustained engagement with, and catalyse action from key and diverse stakeholders.

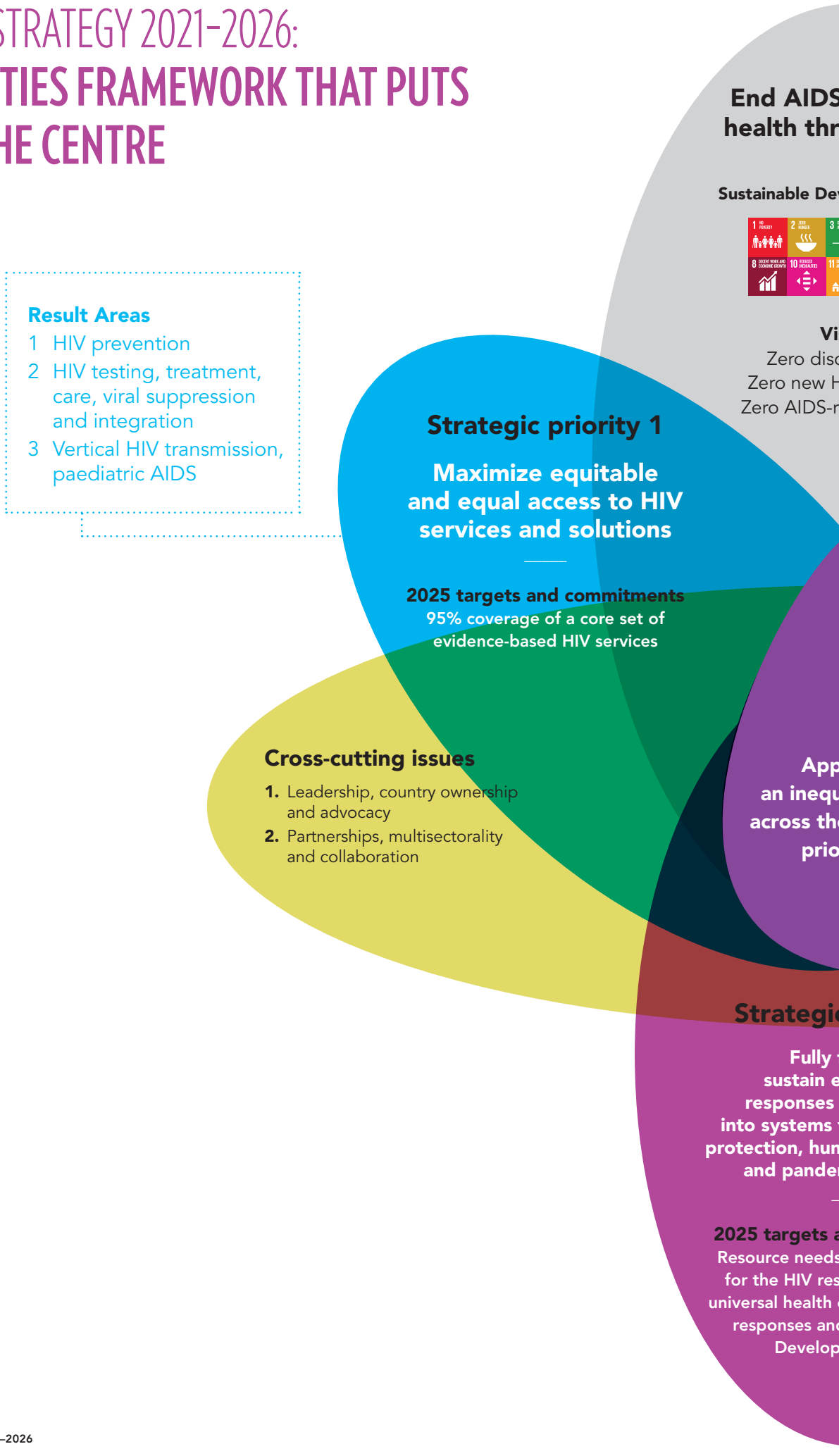
ii. Partnerships, multisectorality and collaboration: partners at all levels must align strategic processes and enhance strategic collaboration to fully leverage and synergize the contributions to ending AIDS.

iii. Data, science, research and innovation: data, science, research, and innovation are critically important across all areas of the Strategy to inform, guide and reduce HIV related inequalities and accelerate the development and use of HIV services and programmes.

iv. Stigma, discrimination, human rights and gender equality: human rights and gender inequality barriers that slow progress in the HIV response and leave key populations and priority populations behind must be addressed and overcome in all areas of the Strategy.

v. Cities, urbanization and human settlements: cities and human settlements as centres for economic growth, education, innovation, positive social change and sustainable development to close programmatic gaps in the HIV response.

GLOBAL AIDS STRATEGY 2021–2026:
AN INEQUALITIES FRAMEWORK THAT PUTS PEOPLE AT THE CENTRE



Result Areas
4 Community-led responses
5 Human rights
6 Gender equality
7 Young people

Strategic priority 2

Break down barriers to achieving HIV outcomes

2025 targets and commitments
10–10–10 targets for the removal of societal and legal barriers to accessing services

Cross-cutting issues

3. Data, science, research and innovation
4. Stigma, discrimination, human rights and gender equality
5. Cities

Result Areas
8 Fully funded and efficient HIV response
9 Integration of HIV into systems for health and social protection
10 Humanitarian settings and pandemics

Ambitious targets and commitments for 2025 to put the world on course to end AIDS

The Strategy features ambitious, new targets and commitments[15] to be achieved in every country and community for all populations and age groups by 2025.[16]

The Strategy's three strategic priorities are reflected in the three categories of the targets and commitments: comprehensive, people-centred HIV services; breaking down barriers by removing societal and legal impediments to an effective HIV response; and robust and resilient systems to meet the needs of people.

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 TREATMENT

95% OF WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES

95% COVERAGE OF SERVICES FOR ELIMINATING VERTICAL TRANSMISSION

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

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

Implementing the Strategy

To implement tailored and differentiated responses, individual regions and countries will need to adapt the Strategy in ways that respond to their epidemiological and economic circumstances, address key HIV-related inequalities, promote and protect human rights and drive progress towards ending AIDS by 2030. The Strategy includes profiles of seven regions, outlining priority actions to put regional HIV responses on-track.

Country ownership is emphasized as a sustainable driver of change in the HIV response, through diversified funding, service integration and by matching the response to national, subnational and community needs.

Achieving the goals and targets of the new Strategy will require annual HIV investments in low- and middle-income countries to rise to a peak of US$ 29 billion by 2025. Upper-middle-income countries account for 51% of the total resource needs in the Strategy. The majority of resources are expected to come from domestic resources, while development partners must commit to sustainably funding remaining resource needs. The Strategy calls for sufficient resources to achieve these targets and commitments in order to change the dynamics of the epidemic and get on track to ending AIDS by 2030.

Chronic under-investment in the global HIV response has not only translated to millions of additional new HIV infections and AIDS-related deaths but also increased the global resource needs to reach the Strategy's targets and commitments. Significantly greater investments are needed in three areas:

i. **HIV prevention:** an almost two-fold increase in resources for evidence-based combination prevention, from US$ 5.3 billion per year in 2019 to US$ 9.5 billion in 2025. Resources should also be reallocated from ineffective prevention methods to the evidence-based prevention programmes and interventions called for in the Strategy.

ii. **HIV testing and treatment:** investments must increase by 18%, from US$ 8.3 billion in 2019 to US$ 9.8 billion by 2025, but the number of people on treatment will increase by 35%, due to efficiency gains from the price reductions in commodities and costs to deliver the services. Reaching such treatment targets will contribute to additional reductions in new HIV infections, which will in turn lead to reductions in resource needs for testing and treatment from 2026–2030.

iii. **Societal enablers:** investment in societal enablers must more than double to US$ 3.1 billion in 2025 (representing 11% of total resources). These investments should focus on establishing the legislative and policy environment required to implement the Strategy. Societal enablers will need to be co-financed by the HIV response and non-health sectors.

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15 The full list of targets is detailed in Annex 1.

16 The Global AIDS Strategy covers the period 2021–2026, and features targets and commitments to be achieved by the end of 2025. This is to enable a review of these results and the development of the next Global AIDS Strategy in 2026, which will cover the period up to 2030.

As a Joint Programme, UNAIDS brings together the diversity and expertise of the UN system, Member States and civil society around a shared vision of ending AIDS and achieving the Three Zeroes. UNAIDS is a unique vehicle to drive transformation, incubate innovative multisectoral approaches and address the crosscutting challenges essential to implement this Strategy.

UNAIDS will work to catalyse the rapid implementation of the priority actions outlined in the Strategy. Upon adoption of the Strategy, UNAIDS will align its footprint, capacity, ways of working and resource mobilization efforts with the Strategy's strategic priorities and result areas. UNAIDS will measure its performance, contributions, and results against progress in country, regional and global HIV responses, with a specific focus on how it will work with countries and communities to reduce inequalities by 2025 to get the response on-track to ending AIDS by 2030.

In summary, the Strategy aims to unite countries, communities and partners across and beyond the HIV response to take prioritized actions that will accelerate progress towards the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. It seeks to empower people with the programmes, knowledge and resources they need to claim their rights, protect themselves and thrive in the face of HIV. The Strategy identifies where, why and for whom the response is not working. Drawing on key lessons learned from the intersecting AIDS and COVID-19 pandemics, the Strategy leverages the proven tools and approaches of the HIV response. And it outlines strategic priorities and priority actions to get the HIV response on-track to end AIDS as a public health threat by 2030.

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