



UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-FIFTH MEETING

Date: 9 – 11 December 2014

Venue: Executive Board Room, WHO, Geneva

Agenda item 5

Retargeting process for universal access

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to:

See decisions in below paragraphs

57. *Take note* of the progress made by regions and countries in setting global and national targets;

58. *Call* on Member States to take steps to implement the national HIV prevention and treatment targets including accelerating access to HIV treatment using the 90-90-90 treatment targets;

59. *Request* UNAIDS to support countries in undertaking a comprehensive gap analysis based on ambitious targets set for 2020 towards ending AIDS by 2030.

Cost implications for decisions: *none*

BACKGROUND

1. In the efforts to achieve the Millennium Development Goals, in particular Goal 6, the principle of universal access to HIV services (prevention, treatment, care and support) has been reflected consistently through the 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS and the 2011 Political Declaration on HIV/AIDS adopted by Member States at the relative United Nations General Assemblies.
2. At its 33rd meeting, the Programme Coordinating Board committed to accelerate efforts to ensure universal access to HIV treatment, particularly for key populations¹, as well as women, children and adolescents and young people living with HIV, including addressing the barriers to access.
3. Towards the achievement of this, at the same meeting, the Board requested *the Joint Programme to support ongoing national and international processes led by countries and regional institutions to convene national and regional consultations for the definition of revised national targets for universal access to HIV treatment, keeping in mind the need for defining new milestones and targets for the AIDS response beyond 2015, and to provide a report at a future meeting of the Programme Coordinating Board.*
4. In addition at the 34th meeting, the Board called on Member States and the UN Joint Programme to pursue *'in line with the common vision of the three zeros a clear commitment in the post-2015 development agenda to ending the AIDS epidemic as a public health threat and an obstacle for overall sustainable development by 2030, provisionally defined as the rapid reduction of new HIV infections, stigma and discrimination experienced by people living with HIV and vulnerable populations and key populations², and AIDS-related deaths by 90% of 2010 levels, through evidence based interventions to include universal access to HIV prevention, treatment, care, and support, such that AIDS no longer represents a major threat to any population or country.*
5. This paper outlines the progress made by countries in unpacking these commitments into concrete programmatic targets especially for HIV treatment, the guidance and support provided to countries by the Joint Programme as well as the modelling exercise undertaken to determine the elements, quantum of effort and the speed required to end the AIDS epidemic by 2030. There has been significant traction and emerging consensus around setting HIV treatment targets—90-90-90. In addition countries and civil society organizations are actively coalescing around a set of concrete programmatic HIV prevention and anti-discrimination targets and resource needs.
6. The main conclusions emerging from the target setting consultations are a) the AIDS epidemic can be ended, b) the response has to focus on the right populations and locations and c) the next five years from 2015 are the fast track years where

¹ As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41: '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'.

² Ibid

investments and speed of scale up for HIV treatment and prevention services are most crucial to not just bend the epidemic trajectory, but to break it irreversibly.

SUPPORT TO COUNTRIES ON RE-TARGETING FOR UNIVERSAL ACCESS

UNAIDS guidance to countries on setting targets

7. To achieve the end of AIDS, revision of country targets is considered a critical initial step. The rationale for this is that: targets drive progress, new scientific evidence has emerged, new targets are needed to guide action for saving lives (and money) beyond 2015, targets promote accountability, and, finally, bold new targets to end the epidemic demonstrate that AIDS is a winnable fight.
8. UNAIDS and partners have been working with countries, regions, economic commissions, and relevant international groups to review the current state of the epidemic, country by country, and the capacity and potential impact of increasing service targets.
9. In April, 2014 UNAIDS convened a meeting of international and country level technical experts, programme managers, researchers, and major donors to focus on assessing the effectiveness/efficacy of key programme activities, the contribution of critical enablers and developmental synergies, and methods for determining unit costs. There was also an analysis of the strengths and weaknesses of various estimation and projection models that are in current use. After extensive discussion, it was decided that among all of the existing projection models, SPECTRUM/GOALS would be used for this exercise. This meeting laid the scientific basis for determining the HIV prevention and treatment targets and the basis for the guidance to countries.
10. UNAIDS provided guidance to countries on *Setting new targets for the AIDS response: 2015 and beyond*. These guidance documents presented a set of key principles:
 - a. The country-level target-setting exercise will **bring together targets for treatment, HIV prevention, eliminating new HIV infections among children and all other aspects of the AIDS response**, including closing the resource gap at the country level.
 - b. **New targets should be achievable** and should cover the short-term, aspirational medium-term and long-term horizon. The key milestone dates for the targeting exercise are 2020 and 2030.
 - c. The medium-term targets for 2020 **should be aspirational** and at the minimum aim to achieve universal access to HIV treatment and prevention services, according to the latest guidelines and maintain gains (such as eliminating new HIV infections among children and reducing the number of people acquiring HIV infection). The targets for 2020 should include: treatment coverage, HIV incidence reduction, prevention services coverage, and deaths averted; the prevention of new HIV infections among children will continue to focus on elimination.
 - d. Long-term targets for 2030 should be developed with a view to ending AIDS or **achieve the three zeroes** (zero new HIV infections, zero discrimination and zero AIDS-related deaths). A long-term view will help countries in estimating the

returns on investment of an optimized intervention mix.

- e. **Target setting should have a location and population focus.** Reaching the ambitious HIV treatment and prevention targets will require substantially more intensive focus on the geographic settings and populations where new HIV infections are most likely to occur and people living with HIV reside. In particular, access to treatment and prevention services and commodities for key populations must dramatically increase if the goal of ending the AIDS epidemic by 2030 is to be achieved. In addition, ending the epidemic will require scale-up of the strategic use of condoms, PrEP and other antiretroviral-based prevention methods.
11. Country guidance for setting targets were based on what it would take to achieve the end of AIDS the epidemic by 2030—reduction of new HIV infections to less than 200 000 new HIV infections and reduce AIDS related mortality to less than 300 000 among adults in low- and middle-income countries, and zero discrimination. These targets also reflect that high coverage levels are achievable in low and middle income countries. Country by country analysis has shown that selected countries have already or nearly achieved these levels of coverage.³

Regional and country target-setting consultations

12. Over the past nine months, since the request for re-targeting, all the seven UNAIDS regions have completed regional consultations on country and regional target setting. These consultations primarily focused on setting HIV treatment targets for beyond 2015 and also included other AIDS response targets. From these consultations, guided by evidence, modelling and implementation science, a clear call for 90-90-90 targets for HIV treatment emerged. The 90-90-90 HIV treatment target aims to achieve by 2020 :
 - 90% of all people living with HIV will know their HIV status;
 - 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and
 - 90% of all people receiving antiretroviral therapy will have durable viral suppression.
13. In July 2014, to aid the target setting guidance to countries, UNAIDS convened a meeting of experts to develop a new scientific and technical narrative for HIV treatment to inform advocacy and policy efforts post 2015. This meeting endorsed the new and ambitious 90-90-90 treatment target. Achieving the proposed target will lead to 73% of people living with HIV to be virologically suppressed, and significantly contribute towards the goal of ending the AIDS epidemic as a public health threat by 2030.
14. Given the momentum behind the 90-90-90 target, as well as the need to monitor progress and continuously update the strategies and approaches in light of new scientific and technical developments, the UNAIDS Executive Director decided to institutionalize a committee of treatment experts to form a core scientific and technical hub that can strategically advise and evaluate the implementation of this new target. The UNAIDS 90-90-90 Scientific and Technical HIV Treatment Advisory Committee (STAC), consisting of top HIV treatment scientists and experts and chaired by the UNAIDS Executive Director, had its first formal meeting in connection with the United Nations General Assembly in September 2014. The group is

³ Ambitious Targets – 90- 90-90, UNAIDS Working paper

expected to meet regularly to help develop high-level strategies and offer advice to the Executive Director to fully leverage UNAIDS's influence to accelerate treatment scale-up. The STAC will advise on strategies to identify and overcome implementation bottlenecks, partnership approaches to accelerate treatment scale-up and optimal use of innovative new diagnostic and therapeutic tools as they emerge.

15. Some of the highlights of the target setting consultations focusing on HIV treatment include:

Latin America developed a "Call to Action" for the region, which encouraged countries to specifically adopt the "90 – 90 – 90" treatment goals. This "First Latin American and Caribbean Forum on the Continuum of Care" stated that all commitments related to improving the cascade of the continuum of care be based on respect and the guarantee of human rights and gender perspective.

In West and Central Africa, regional momentum from the consultation led to several consultations at country level to define the targets as well as examine the challenges in implementing the targets.

Following the target setting consultation in East and Southern Africa, many countries including Botswana, Comoros, Lesotho, Malawi, Madagascar, Namibia, Rwanda, Seychelles and Swaziland have set targets for treatment on the lines of the 90-90-90 HIV treatment target. Several other countries in the region are in advanced stages of finalizing their targets. Regional bodies including SADC, REC, IOC and ECA have held regional consultations to endorse the 90-90-90 HIV treatment targets.

In the Caribbean, countries attending the meeting endorsed the new targets for the scale up of treatment, but expressed concerns about achieving the 90-90-90 target by 2020, based on the economic environment in the region. In Eastern Europe and Central Asia, participants agreed that each country should continue working on revision and /or setting new HIV treatment targets based on the country situation and available resources. In the Middle-East and North Africa most countries have agreed to set ambitious targets for HIV treatment in line with others.

Significant progress has been made in the Asia and the Pacific region towards reaching the targets of the 2011 United Nations Political Declaration on HIV and AIDS, and the region aspires to ending the AIDS epidemic by 2030. The 90-90-90 targets are seen as a transformative force for social justice: Thailand, through its innovative "Ending AIDS by 2030 strategy" became the first country in Asia to offer life-saving treatment to everyone living with HIV (including documented and undocumented migrants), while Viet Nam is the first country in the region to commit reaching 90-90-90 targets by 2020. In addition, following the regional consultation, Bangladesh, Bhutan, Mongolia, India, Philippines, Thailand, and Viet Nam, used the development of the Global Fund concept notes as an opportunity to set ambitious targets and incorporate efforts for scaling up prevention and treatment services in the proposals.

16. Taking advantage of the momentum behind setting ambitious HIV prevention targets, several regions also combined the effort with defining HIV prevention and antidiscrimination targets for 2020 and 2030. The emerging consensus around HIV prevention and anti-discrimination targets are described later in the document.

Civil society engagement in target setting

17. UNAIDS held two in-person consultations and one webinar to discuss the HIV treatment targets with members of civil society. The first consultation, in May 2014, was held in Amsterdam and co-sponsored by GNP+. It brought together a diverse group of over 20 members of civil society with UNAIDS staff to review and get input on the treatment targets and hear reactions from a variety of perspectives. Meeting attendees emphasized the need to ensure target setting leads to more equitable delivery of treatment and other services. Attendees at the Amsterdam meeting requested a more detailed briefing to review the modelling work underpinning the targets. The following month, UNAIDS sponsored a webinar with 10 civil society representatives to review the details of the modelling and costing exercise. In addition two webinars on the prevention and discrimination targets were also held.
18. The second 'in-person' consultation, in June 2014, was held in Geneva and included over 15 civil society representatives. The target-setting and costing methods and assumptions were discussed in detail. Attendees were encouraged to work closely with UNAIDS in utilization of the targets. The group discussed next steps and encouraged UNAIDS to rally political support for the targets in the coming months.
19. Following these three events, UNAIDS discussed the targets at numerous civil society events during the International AIDS Conference in Melbourne. In August, UNAIDS sent the draft discussion document on the proposed targets out widely to civil society for comments, and the document was revised based on this input. UNAIDS has maintained ongoing contact with members of civil society to explore collaborative work on the targets at global, regional and national levels.
20. The prevention and non-discrimination targets were developed through an extensive collaborative process in October-November 2014. Draft target concepts were drafted by UNAIDS Secretariat and then refined based on comments, first from Cosponsors, civil society and countries. For the consultation with civil society, hundreds of civil society organizations and numerous civil society networks were approached using multiple communication methods including hosting webinars, emails and online collaboration methods. All these inputs were taken into account in finalizing the prevention and non-discrimination targets.

EMERGING CONSENSUS ON AIDS RESPONSE TARGETS AND CRITICAL PROGRAMME ELEMENTS

21. From the various international, regional and country level consultations, there is an emerging consensus on the targets that will help achieve the end of the AIDS epidemic by 2030– 90% reduction of new HIV infections and AIDS related mortality, compared to 2010. The acceptance of these targets also reflects that these coverage levels are achievable in low and middle income countries. Countries and civil society partners have also clearly expressed the view that the achievement of the targets hinge upon the ensuring that the critical enablers and synergies are an integral part of the response and are fully funded.

HIV treatment: 90-90-90

22. There is now strong global support for a new HIV treatment target, which was launched at the International AIDS Conference in July.⁴ This target provides that by

⁴ 90-90-90, An ambitious target to help end the AIDS epidemic, UNAIDS, 2014

2020:

- 90% of all people living with HIV will know their HIV status;
 - 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and
 - 90% of all people receiving antiretroviral therapy will have durable viral suppression.
23. This three-pronged HIV treatment target would more than double the percentage of people living with HIV who access antiretroviral therapy—from 37% in 2013 to 81% by 2020, with further increases in coverage in 2021-2030. Under this target, at least 73% of people living with HIV will have viral suppression by 2020—an increase of two—to three-fold over current estimates.
24. To reach the target, treatment services will need to be further decentralized and brought closer to the people who need them, which in turn will require increased reliance on robust, well supported community service delivery systems that increase demand, help lower unit costs of treatment and effectively reach those currently being left behind. The model used to estimate impact of a scaled-up response assumes that achievement of these targets will reduce infectiousness among people living with HIV by 95%, drawing from results of a major international clinical trial.⁵
25. This target also includes children living with HIV and reaffirms the goal of the Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (Global Plan) to reach 100% of all HIV-exposed children with HIV testing and treatment, with intensified testing recommended for older children who may be missed through services for the prevention of mother-to-child transmission. Every child born to a woman living with HIV has the right to timely diagnostic testing and, if infected, immediate HIV treatment, in accordance with the WHO 2013 consolidated antiretroviral guidelines, which recommend immediate initiation of HIV treatment for all children under five years who are living with HIV.
26. As envisaged in the Global Plan and further recommended in the 2013 WHO, consolidated HIV treatment guidelines, particular emphasis will be given to provide pregnant women living with HIV with access to lifelong HIV treatment. Roll out of option B+ must be given high priority in all settings, while at the same time ensuring that women living with HIV have full understanding and give informed consent.
27. A HIV treatment situation room has been established in the UNAIDS headquarters to monitor the progress made in the roll out of antiretroviral treatment at national and sub-national levels. The treatment situation room allows programmes planners to visualize how national coverage may obscure provincial or district level coverage and to identify areas that are left behind. The facility also help identifying and addressing stock outs in real time and track HIV treatment policy implementation at a global level.

HIV prevention: reduce new infections to 500 000 by 2020

28. With dramatic scale up in HIV treatment, under the 90-90-90 target and roll out of population and location specific combination prevention programmes it is possible to break the HIV transmission trajectory irreversibly.

⁵ Cohen MS et al., Prevention of HIV-1 infection with early antiretroviral therapy, *New Eng J Med*, 2011, 365:493-505.

29. There is emerging consensus, backed by modelling and scientific evidence around the HIV prevention target to :
- By 2020, reduce to less than 500,000 new adult HIV infections per year. This target is further disaggregated as:
 - to reduce by 2020, new infections in young women and girls⁶ by 75%
 - to reduce by 2020, new infections in key populations⁷ by 75%
30. This prevention target is consistent with the overall target of reducing new HIV infections to less than 200 000 by 2030. In addition, countries will also have eliminated new HIV infections among children in every setting and sustain these gains through 2020 and 2030.
31. Each country would determine and plan how to reach these targets, e.g. determine what a 75% reduction would imply for them. This will require choosing a mix of prevention tools and options, such as tailored programs to reach and empower key populations, including community strengthening and access to condoms, Pre-exposure Prophylaxis (PrEP), needle and syringe programme, Opioid Substitution Therapy (OST) and other evidence-based drug dependence treatment and Treatment as Prevention (TasP), Voluntary Medical Male Circumcision (VMMC), intensified condom programming and cash transfers for young women and girls in high-prevalence areas, sexuality education, among others.
32. It also recognizes that the environment in which interventions are delivered has a great impact on uptake and long term effectiveness; programmatic action is therefore needed to transform social norms and reach gender equality. Along with addressing punitive laws that affect key populations, these interventions will have a positive impact on reducing new infections in the future.

⁶The definition of young women and girls used here includes age groups 10-24 and comprises diverse sub-groups, for which specific targets in line with an overall target of 75% reduction of new infections could be agreed. A prevention focus on young women and girls is particularly important in sub-Saharan Africa where the vast majority of infections occur.

⁷Key populations, or populations at higher risk, are groups of people who are more likely to be exposed to HIV or transmit it and whose engagement is critical to successful response. 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 than other groups. However, each country should define the specific populations that are “key” to their epidemic. (Getting to Zero: UNAIDS Strategy 2011-2015)

33. Some of the programmatic indicators to achieve the above HIV prevention targets being considered by countries include:

	2020	2030
Key populations <ul style="list-style-type: none"> Reached with basic services including condoms and needles/syringes for PWIDs. Opiate-dependent people who use drugs (PWIDs) reached with OST 	85%	90%
Young women and girls in high-prevalence settings <ul style="list-style-type: none"> Young women and girls access cash or other economic support 	30%	50%
Men in selected high-prevalence countries⁸ <ul style="list-style-type: none"> Voluntary medical male circumcision (for specific countries) uptake among males 15-29 years Condoms and lubricants distributed and sold per male adult per year (in high-prevalence countries) 	80%	80%
General population and young people in (high-prevalence countries) <ul style="list-style-type: none"> Access to information including digital media communication on HIV prevention and demand generation for population Young people attending schools benefiting from comprehensive quality sexuality education as part of their curriculum 	50%	80%
New HIV infections in children	Achieve and sustain 2015 elimination of new HIV infections goal	Achieve and sustain 2015 elimination of new HIV infections goal

34. In addition to the above targets, some countries are also considering the inclusion of targets for making available pre-exposure prophylaxis for key populations in all settings, negative partners in sero-discordant couples and for young women and girls in countries with high prevalence.

35. The programmatic interventions chosen were those that have proven over the past decade to be effective in reducing incidence and AIDS related mortality. There are also new interventions. Cash transfers for girls in hyper-endemic countries have been added as a basic prevention programmatic activity to the global targets based on results from three randomized controlled trials in sub-Saharan Africa that found

⁸An alternative or additional condom indicator would be global condom supply in all countries, e.g. 20 billion by 2020

that different types of cash transfers (e.g., lotteries, conditional transfers for health or educational outcomes) were associated with reductions in HIV/STI infections. In 2014, WHO formally recommended administration of pre-exposure antiretroviral prophylaxis (PrEP) for members of selected key populations, citing results from multiple clinical trials demonstrating the efficacy of PrEP in reducing the risk of HIV acquisition.

Zero discrimination

36. To reach the 2030 goal of ending AIDS, ending HIV-related discrimination is a prerequisite. HIV-related discrimination goes beyond discrimination based on real or perceived HIV status, including behaviours or practices associated with HIV risk. Respecting, protecting and fulfilling human rights and gender equality, without discrimination, are essential to ensure that no one is left behind in ending the AIDS epidemic. This requires addressing structural, legal and socio-cultural factors that create and reinforce risks and vulnerability to HIV transmission. This also entails services being available, accessible, acceptable, of good quality, and non-discriminatory for key populations and girls and young women, as preconditions to reducing new HIV infections and AIDS-related deaths.

37. Some of the targets being considered for ending discrimination include:

- By 2020, no new HIV related discriminatory laws, regulations and policies are passed, and 50% of countries that have such laws, regulations and policies repeal them.
- By 2020, all people living with or affected by HIV enjoy healthcare services with no discrimination
- By 2020, less than 10% of people living with or affected by HIV are discriminated within community and less than 10% of general population report discriminatory attitudes towards people living with HIV or acceptance of intimate partner violence

The role of critical enablers

38. While available technologies and strategies are highly efficacious, translating these tools into effective responses confronts a host of implementation challenges. Ending AIDS by 2030 will require investments in critical enablers that enhance the reach, effectiveness and efficiency of prevention and treatment programmes.⁹

39. In particular, intensified efforts will be required to address stigma, discrimination and other structural barriers that impede service uptake. It is clear that investments in critical enablers improve programmatic outcomes. For example, a recent analysis found that decriminalization of sex work would reduce new HIV infections in this population by 33-46% globally.¹⁰

40. While social enablers help address structural impediments to service effectiveness, programme enablers improve the technical functioning of prevention and treatment programmes. Programme enablers strengthen oversight and monitoring, use data to

⁹ UNDP, UNAIDS, Understanding and acting on critical enablers and development synergies, 2012, New York: United Nations Development Programme.

¹⁰ Shannon K et al., Global epidemiology of HIV among female sex workers: influence of structural determinants, *Lancet*, 2014, doi:10.1016/S0140-6736(14)60931-4.

improve programme performance, enhance the efficiency of programmes and ensure sufficient human and physical capacity to meet clients' needs.

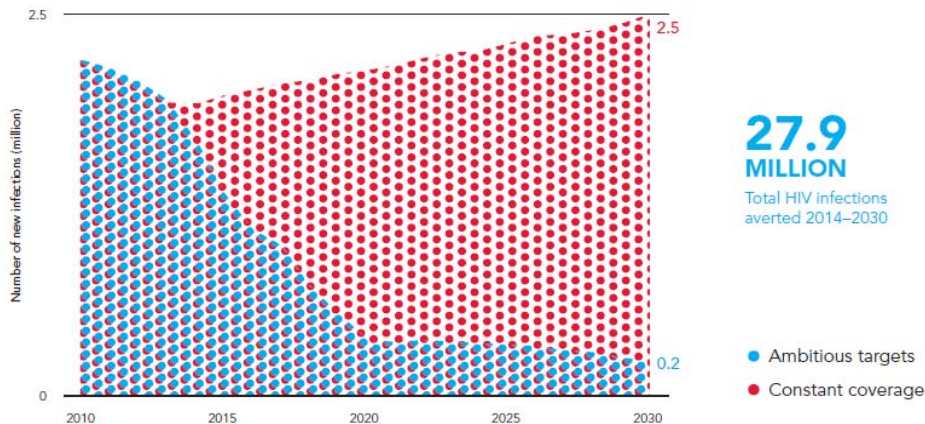
The role of development synergies

41. Ending AIDS cannot be achieved by solely relying on health programmes. Other sectors—social services, education, justice, labour, defence— all must play a role. It is increasingly clear that the synergies across these sectors must be optimized and a clear roles be established that recognizes how each sector can best contribute to achieving the defined targets and where financing can come from.
42. Development synergies are investments in other sectors that help improve HIV outcomes. These include social protection programmes including care and support for children orphaned or made vulnerable by AIDS, education, health systems strengthening and prevention of violence against women.

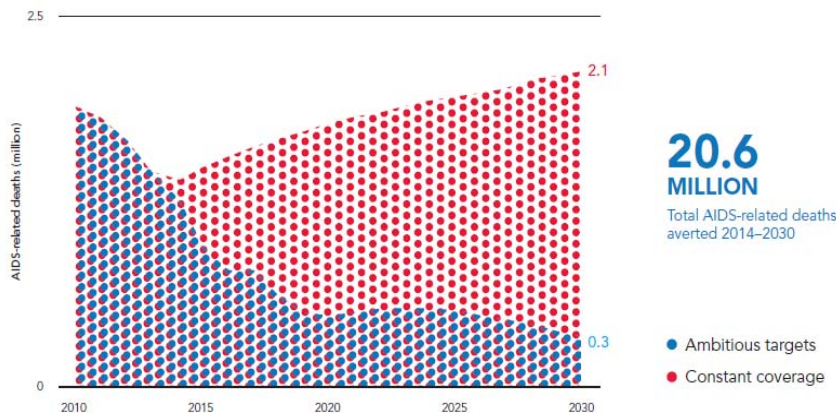
UNIQUE WINDOW OF OPPORTUNITY FOR IMPACT: MODELLING RESULTS OF ACHIEVING OF AMBITIOUS TARGET

43. The choices made in the coming years will largely determine whether the world ends the epidemic by 2030. New UNAIDS modelling, commissioned to support the re-targeting exercise requested by the Board, shows that globally, the next six years to 2020 are crucial years where the epidemic must be fast tracked. Countries have a unique opportunity to rapidly scale up proven prevention and treatment strategies to reduce new HIV infections and lower the annual number of AIDS-related deaths. By contrast, continuing current coverage levels would allow the epidemic to persist and, in some regions, result in its actual worsening (see figure below).
44. There are major benefits of fast-tracking the AIDS response in low- and middle-income countries:
 - 28 million HIV infections will be averted between 2015 and 2030.
 - 21 million AIDS-related deaths will be averted between 2015 and 2030.
 - The economic return on fast-tracked investment is expected to be 17 to 1.
 - US\$ 24 billion of additional costs for HIV treatment will be averted.
45. However, if the world reaches the 2020 targets only by 2030, there would be 3 million more new HIV infections and 3 million additional AIDS-related deaths between 2020 and 2030.

New HIV infections in low- and middle-income countries, 2010–2030, with achievement of ambitious Fast-Track Targets, compared to maintaining 2013 coverage



AIDS-related deaths in low- and middle-income countries, 2010–2030, with achievement of ambitious Fast-Track Targets, compared to maintaining 2013 coverage

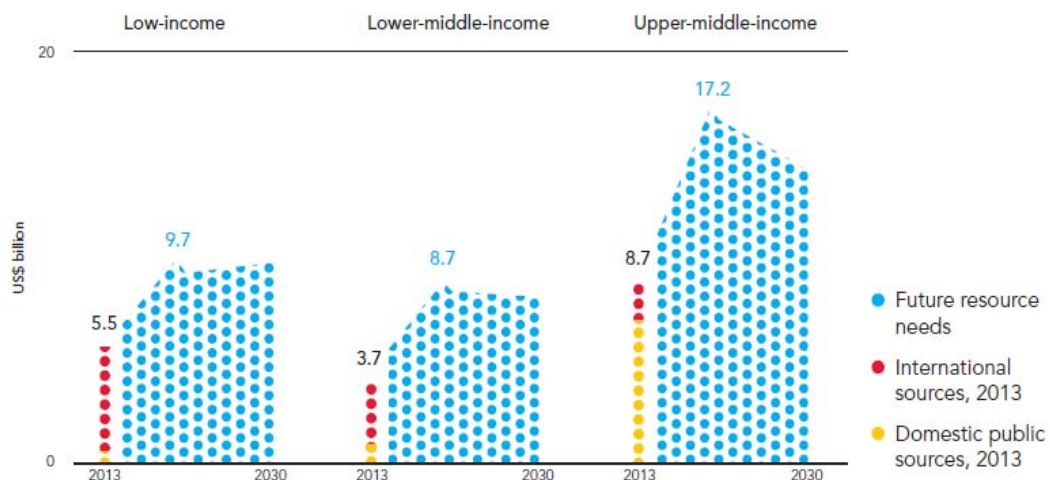


46. The modelling underscores the importance of the speed of progress in bringing priority interventions to scale in 2015-2020. Rapid scale-up enables countries and regions to achieve immediate health gains. In sub-Saharan Africa for example, accelerated scale-up towards the 2020 targets would result in reducing new HIV infections from 1.5 million in 2013 to about 300 000 new HIV infections in 2020. On the other hand it will rise to 1.6 million new infections in 2020 if we only continue with current coverage levels. The reductions projected by 2030 (ending the AIDS epidemic) depend on achieving the 2020 targets in 2020. The UNAIDS report *Fast-Track: Ending the AIDS epidemic by 2030* provides more details on the impact.

RESOURCES REQUIRED FOR ACHIEVING THE END OF THE AIDS EPIDEMIC BY 2030

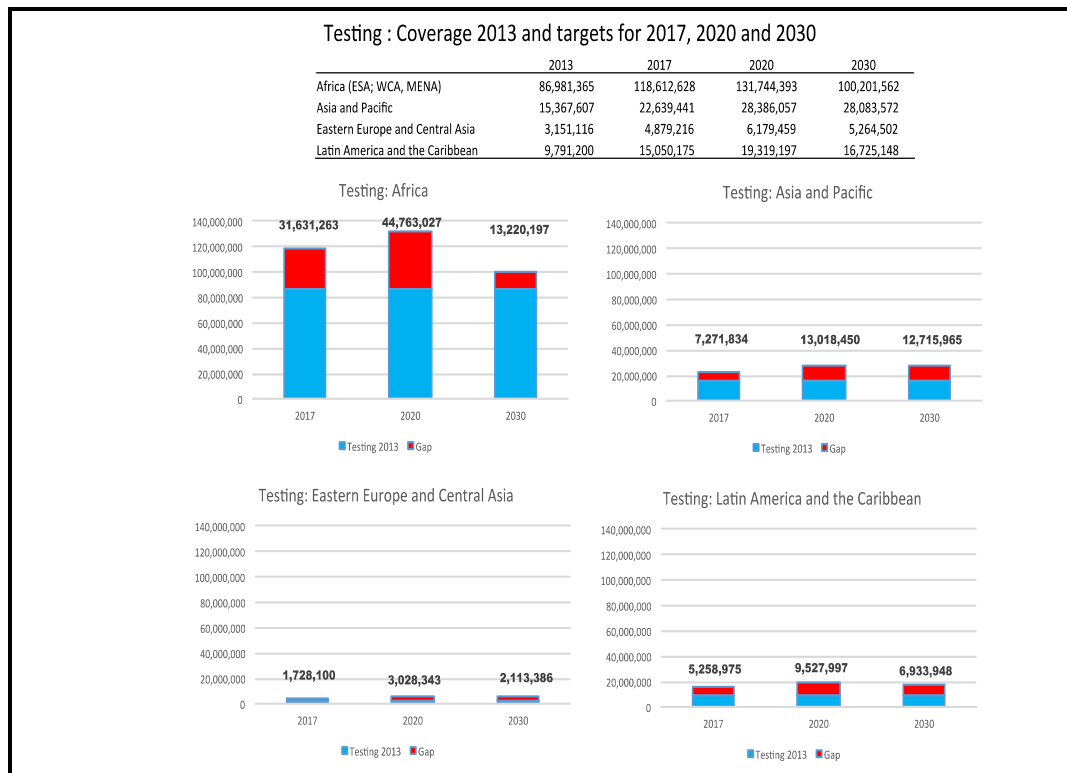
47. To end the AIDS epidemic by 2030, resources required in low- and middle-income countries need to be scaled up. In low-income countries, US\$ 9.7 billion will be required in 2030, while the amount required for lower-middle-income countries will be US\$ 8.7 billion and for upper-middle-income countries the resources needs would be US\$ 17.2 billion. Of the regions, sub-Saharan Africa will require newly US\$ 19.4 billion in 2020.
48. Investments in HIV—domestic and international—have to increase to meet the 2020 and 2030 resource need targets. Shared responsibility and global solidarity is required now, more than before. It is therefore clear that low-income countries should be the main focus of international investments, followed by lower-middle-income countries. Lower-middle-income and low-income countries contribute about 22% and 10% of the current investments on AIDS from domestic sources. These countries should continue to find ways to increase their domestic contributions.
49. Upper-middle-income countries already finance most of the total HIV related investments from domestic public sources—nearly 80% in 2013. As their economies grow, these countries will tend to rely less on international assistance. However, some upper- middle-income countries with high burden of disease will require additional innovative financing support from new international and domestic sources.
50. Investments in the AIDS response provide a proven return on investments. It is expected that if the AIDS response is fully funded between now and 2020, for every US\$ 1 invested, the return would be fifteen times the amount invested. Sub-Saharan Africa will reap most of the benefits. In fact if the AIDS response is fully funded, the global resource needs will start to reduce from 2020.

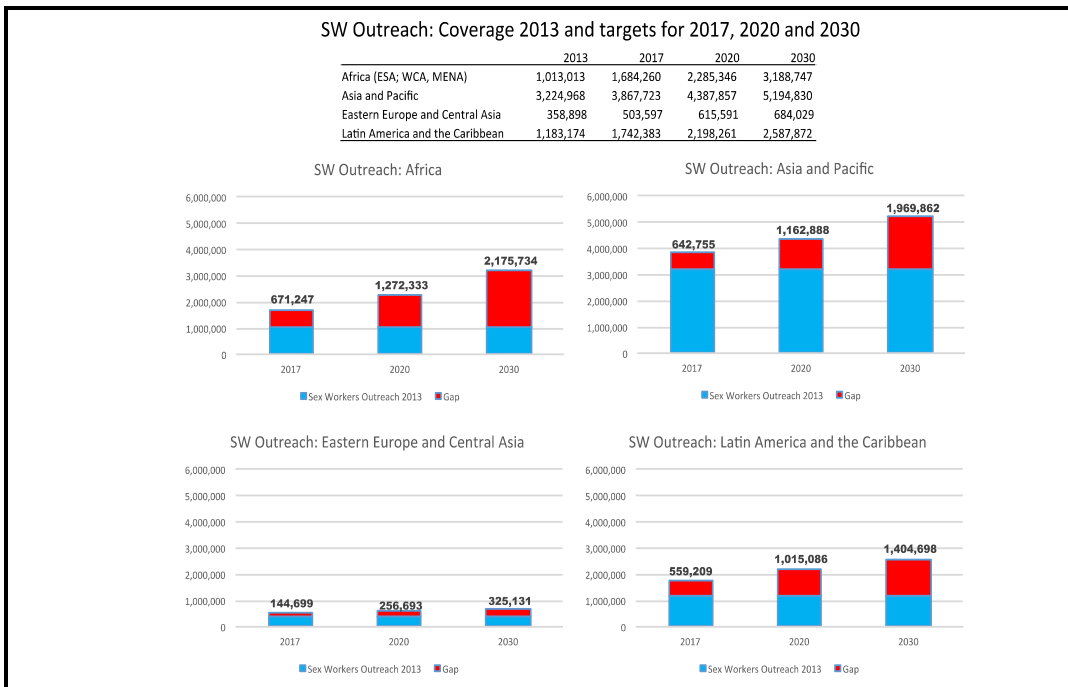
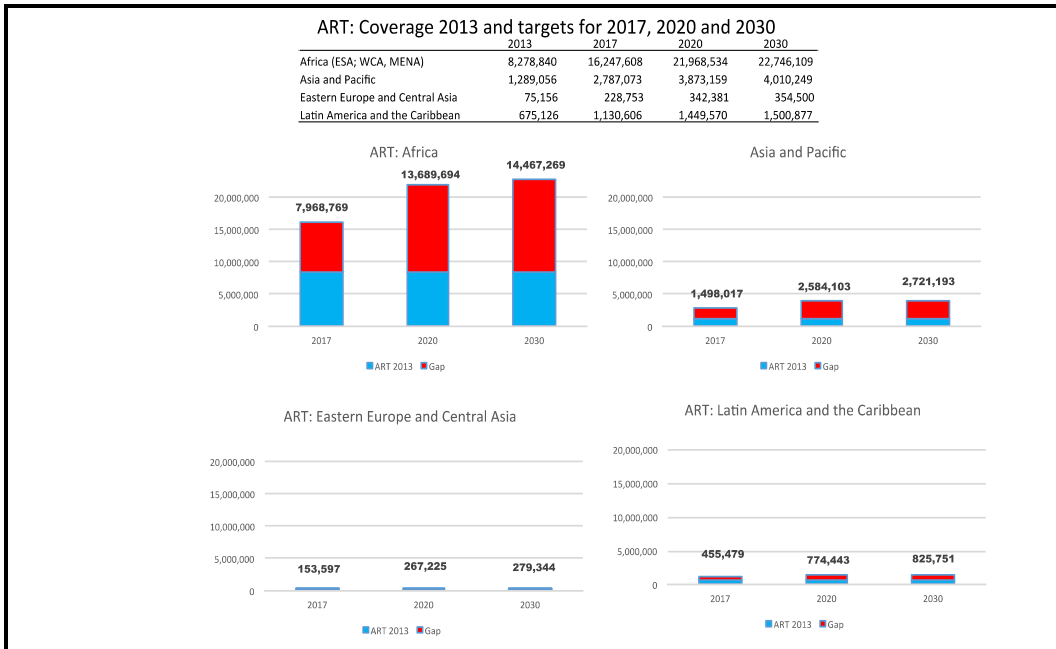
Resources available in 2013 and resources required 2014–2030, by level of income in low- and middle-income countries

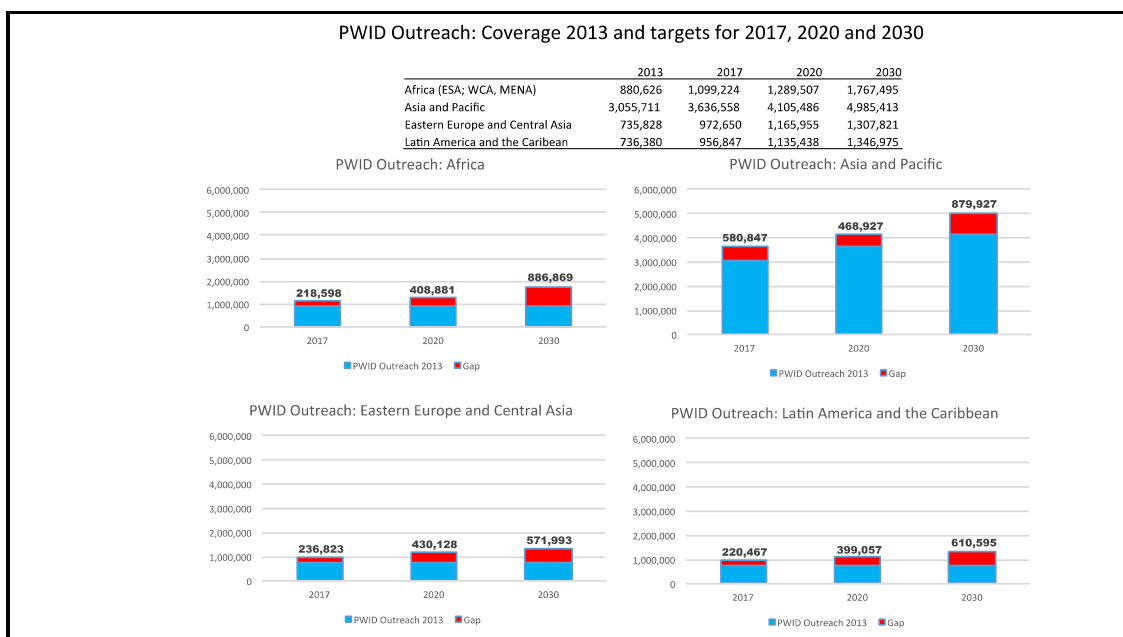
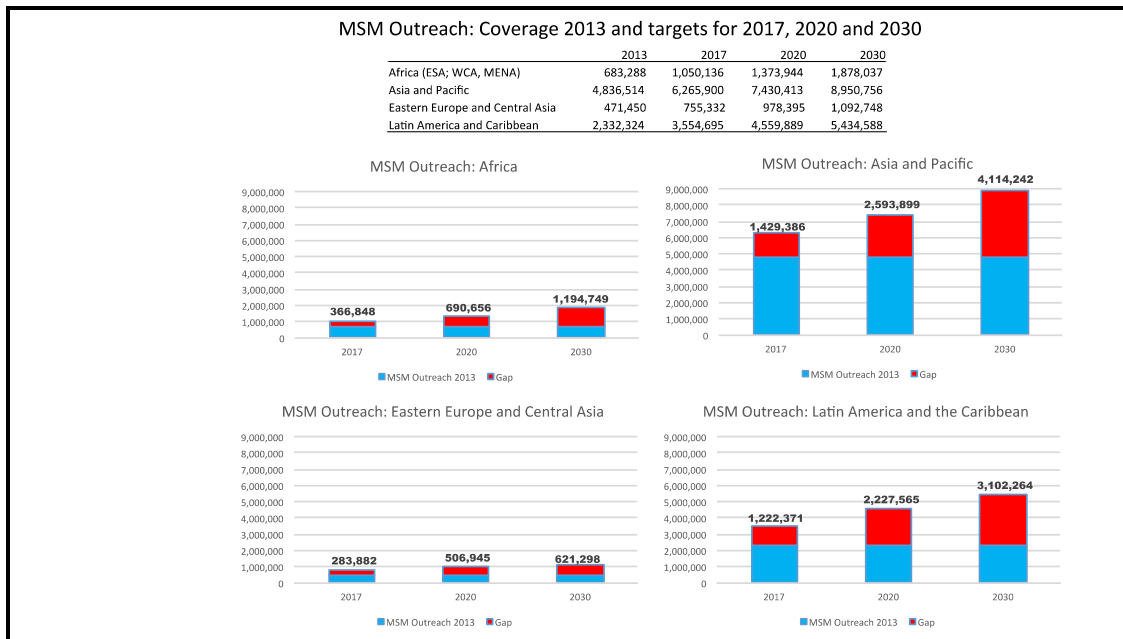


CLOSING THE GAP

51. The gap between existing coverage levels for the indicative targets and the target numbers for upcoming milestone years is significant. Preliminary analyses of these gaps are presented below. These graphs show the gaps for four regions: Africa, Asia and the Pacific, Eastern Europe and Central Asia, and Latin America and the Caribbean. The differences between current coverage and target coverage for 2017, 2020, and 2030 are provided in actual numbers and visually, as stacked bar charts. These graphs do not present all of the programme targets, but show illustrative data for selected HIV prevention and treatment targets and targets for key populations.







CONCLUSIONS

52. The main conclusions emerging from the target setting consultations are:

- The AIDS epidemic can be ended by 2030 if ambitious targets are set and the necessary investments made.
- The AIDS response has to focus on the right populations and locations in every country and setting.

- The next five years from 2015 are the fast track years where investments and speed of scale up for HIV treatment and prevention services are most crucial to not just bend the epidemic trajectory, but to break it irreversibly.
53. The proposed global and programmatic targets are realistic and implementable. Countries should be encouraged to set targets that lead to sustainable impacts. These targets should include clear indicators for measuring success.
 54. Based on the set national targets, UNAIDS should support countries in undertaking a comprehensive gap analysis, using the principles of the “location and population” approach and available scientific evidence to determine the right programmatic elements that ensure effectiveness and increase efficiencies. These analyses should support the country’s resource mobilization and programme implementation strategy.
 55. UNAIDS should support countries in developing a AIDS response financing strategy, based on the principles of global solidarity and shared responsibility, that increases the efficiency and effectiveness of the investments made as well as fosters innovation in filling the resource gap and sustaining them over time.
 56. Achieving the end of the AIDS epidemic by 2030 is a monumental goal, but one that is achievable, using current interventions in more effective and innovative ways. Prevention and treatment services must be scaled up on a massive scale, with special focus on marginalized, vulnerable and key populations.

RECOMMENDATIONS

The Programme Coordinating Board is invited to:

57. *Take note* of the progress made by regions and countries in setting global and national targets
58. *Call on* Member States to take steps to implement the national HIV prevention and treatment targets including accelerating access to HIV treatment using the 90-90-90 treatment targets.
59. *Request* UNAIDS to support countries in undertaking a comprehensive gap analysis based on ambitious targets set for 2020 towards ending AIDS by 2030.

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