Overview

1. Strategy process: in short

2. Consultation process: January–August

3. Consultation process: September–October

4. UNAIDS 2016–2021 Strategy
Development process: in short

In light of the 35th PCB request to update and extend the Strategy

10-month intensive multistakeholder consultation process

January – August

Large-scale, formal regional, virtual and global consultations

September – October

Small group and bilateral consultations and negotiations
January – August
Consultation process

Objectives
Design a consultative, accessible process
Be in “listening mode”
Generate shared understanding of priorities, opportunities and challenges; how to accelerate progress

Consultations
7 regional consultations + 2 in North America + 1 in Western Europe
1st virtual consultation, 280 inputs, 50 countries, 5 languages
Global consultation with 50 MS; 4 PCB NGOs
2nd virtual consultation, 140+ inputs, 4 languages

Outputs
Synthesis and annotated outline delivered to 36th PCB
First draft (Aug 3) for consultation
Objectives
Technically validate Strategy and framework
Identify and generate consensus on challenging issues
Produce widely-owned Strategy that is focused, bold, with best practices

Consultations
Briefings with each constituency
Missions Briefing with EXD
HRRG
Ongoing collaboration with PCB Chair & Co-Chair
CCO

Outputs
Second/final draft, Sept 17 (ahead of Missions Briefing)
Final Strategy, 19 Oct

September – October
Consultation process
Key features
UNAIDS 2016 – 2021 Strategy

- Evidence-informed, balanced, towards ending the epidemic by 2030
- Firmly situated in broader SDG agenda – emphasizes “accelerators”
- Focus on women, girls and young people
- Discrete, focused, people-centred targets
- Builds on previous strategy – 3 Zeros, 3 Strategic Directions
- Global
The importance of location and population

North America

Western Europe

Caribbean

Middle East and North Africa

Eastern and Southern Africa

Western and Central Africa

Eastern Europe and Central Asia

Legend:
- Young women and adolescent girls
- Sex work
- People who inject drugs
- Gay men and other men who have sex with men
- Transgender
- Migrants
- Prisoners
- Displaced
- Pregnant women
- 50+
- Disabled
- African-American women
- Intimate partners
- Young adult men
Strategy Contents

Executive summary

1. Building on solid foundations
   • A defining moment
   • On solid ground: unprecedented progress under 2011–2015 Strategy
   • Imperative for change

2. Time to Fast-Track: strategic leadership agenda
   • By Fast-Tracking today, we can end the AIDS epidemic by 2030
   • Result areas to Fast-Track the response and accelerate progress on SDGs

3. How UNAIDS will deliver on this Strategy
   • Optimizing the comparative advantages of the Joint Programme
   • Results and accountability of the Joint Programme

Annexes:

1. Overview of the process of developing the UNAIDS 2016–2021 Strategy
2. Enhancing the leadership role of the regions: regional profiles
3. Illustrative list of indicators
4. Glossary
5. Abbreviations
Goal and target framework

**Zero**
new HIV infections

**Zero**
discrimination

**Zero**
AIDS-related deaths

SDG AIDS target for 2030

**End the AIDS epidemic**

Key AIDS-related SDGs for 2030

- SDG 3: Good health and well-being
- SDG 5: Gender equality
- SDG 10: Reduced inequalities
- SDG 16: Just, peaceful and inclusive societies
- SDG 17: Global partnerships

**Strategic milestones for 2020**

- Fewer than 500 000 new HIV infections
- Fewer than 500 000 AIDS-related deaths
- Elimination of HIV-related discrimination

Targets for 2020

- Fewer than 500 000 new HIV infections
- Fewer than 500 000 AIDS-related deaths
- Elimination of HIV-related discrimination
10 targets for 2020

90% of PLHIV (children, adolescents and adults) know their status; 90% PLHIV who know their status are receiving treatment; 90% of people on treatment have suppressed viral loads

Zero new HIV infections among children, and mothers are alive and well

90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV

27m additional men in high-prevalence settings are voluntarily medically circumcised, as part of integrated SRH services for men

90% of key pops, incl. SWs, MSM, PWID, TG people, and prisoners, as well as migrants have access to HIV combination prevention services

90% of women and men, especially young people and those in high-prevalence settings have access to HIV combination prevention and SRH services

90% of women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV

90% of people living with, at risk of and affected by HIV report no discrimination, esp. in health, education and workplace

Overall financial investments for the AIDS response in low- and middle-income countries reach at least USD 30 billion, with continued increase from the current levels of domestic public sources

75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection
Good health and well-being
SDG 3

Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

- Testing
- Infant diagnostics
- Services upon diagnosis
- Regular monitoring
- Affordable treatment
- Humanitarian emergencies
- R&D

New HIV infections among children eliminated and their mother’s health and well-being is sustained

- Immediate treatment for pregnant women
- HIV, SRH, FP, TB, MCH integrated
- Services for male partners
### Result areas 3 and 4

#### Reduced inequalities

**SDG 10**

**Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV**

- Independent and equal access to services
- Combo prevention, including primary
- 20 billion condoms
- 27 million VMMC
- CSE
- Young people engaged

**Tailored HIV combination prevention services are accessible to key populations, including SWs, MSM, PWID, transgender people, and prisoners, as well as migrants**

- Combo prevention, including primary
- New media
- 3 million on PrEP
- Harm reduction
- Crisis affected populations
- PLHIV and key pops engaged
Gender equality
SDG 5

Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

- Women, girls, men, boys involved
- Supportive laws, policies and practices
- [SRR]
- Economic empowerment
- Women, including WLHIV, engaged
Result area 6

Just, peaceful and inclusive societies

SDG 16

Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

- Punitive laws removed
- Know your rights
- Access to justice
- Non-discrimination in health, workplace, education
- Violence against key pops prevented
Global partnership
SDG 17

AIDS response is fully funded and efficiently implemented based on reliable strategic information

- > $31b available
- Sustainability transition plans
- Strategic info
- Efficiencies
- Technology transfer
- Support to civil society

People-centred HIV and health services are integrated in the context of stronger systems for health

- HIV-sensitive UHC
- Social protection
- Community systems
- HR for health
- Procurement and supply chain
Thank YOU