Global AIDS Strategy 2021–2026
A People-Centred HIV Response
Even before the COVID-19 pandemic, the AIDS response was off track to reach the 2020 targets. 1.7 million people were newly infected with HIV in 2019 and 690,000 people lost their lives to AIDS-related illnesses.

We are failing on HIV prevention: Every week, 5500 young women and girls aged 15-24 become infected with HIV. In 2019, key populations accounted for 62% of all new infections.

Major inequities persist in availability, accessibility and quality of HIV treatment and care services within and between populations and countries.

At the end of 2020, we have not achieved expected results because we are not making progress on addressing the key social and structural enablers.

Gains in the HIV response remain fragile. 90% of countries reported disruption of essential health services, including HIV services due to COVID-19.
Zero HIV-related Discrimination

- Laws criminalizing HIV transmission or key populations remain in most countries.
- Stigma and discrimination continue to constitute a major barrier to an effective HIV response.
- No country has achieved gender equality. Gender-based violence is widespread.

Proactively remove barriers in access to services and justice for key populations and people living with HIV.

Zero New HIV Infections

- The 1.7 million new infections in 2019 are 3x higher than global target, and most are among key populations.
- Newly infected young women in 2019 nearly 3x higher than global target of less than 100,000 by 2020.
- The 150,000 new infections among children in 2019 are almost 8x higher than the target for 2020

Direct investments to the most effective programmes and to populations most at risk.

Zero AIDS-related Deaths

- Despite seeing the most progress treatment remains inadequate and fragile.
- AIDS remains one of the leading causes of death for women of reproductive age worldwide and adolescents in Eastern and Southern Africa.
- In 2019 690,000 lives were lost due to AIDS-related illnesses

Prioritise those that are the most marginalised and left behind, even in countries with high treatment coverage.

2030 | Ending the AIDS epidemic
# Global AIDS Strategy 2021-2026: A People-Centered HIV Response

**SDGs**

- **Goal**: End AIDS as a public health threat by 2030

**Vision**

<table>
<thead>
<tr>
<th>Zero Discrimination</th>
<th>Zero New HIV Infections</th>
<th>Zero AIDS-related Deaths</th>
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**Priorities**

- **Breakdown barriers to achieving HIV and health outcomes**
  - RA 6 Community-led responses
  - RA 7 Human Rights and Justice of PLHIV, people at risk
  - RA 8 Gender-Equality

- **Maximise equitable and equal access to HIV services and solutions**
  - RA 1 Test, Treat, Care, Viral Suppression
  - RA 2 Vertical Transmission, Paediatric AIDS
  - RA 3 Prevention Young People
  - RA 4 Prevention Key Population
  - RA 5 Social Protection PLHIV, people at risk

- **Strengthen resilient, inclusive and fully resourced HIV and pandemic responses**
  - RA 9 HIV and health services support
  - RA 10 Resources for effective and equitable HIV responses
  - RA 11 Conflict, Natural Disasters, Humanitarian Crises
  - RA 12 Resilient HIV responses (pandemics)

**2025 targets**

- **Set clear targets for the removal of societal and legal barriers to accessing services.**
- **Call for 95% coverage of a core set of evidence-based HIV services.**
- **Emphasize the importance of integrating the HIV response with efforts to achieve Universal Health Coverage and the SDGs.**

**Principles**

- Prioritise those left behind and remove social and economic vulnerabilities
- Empower agency in health and well-being as well as adhere to, advance and protect human rights
- Ensure HIV response is a multisector response that is evidenced-based
- Promote People-centred services that recognise and consider the holistic needs of people living with and most at risk of HIV
- Community-led delivery of actions aimed to reach them
The new Global Strategy promise

2025 Targets

Set clear targets for the removal of societal and legal barriers to accessing services.
- < 10% countries have punitive laws and policies
- < 10% experience stigma and discrimination
- < 10% experience gender inequality and violence

Call for 95% coverage of a core set of evidence-based HIV services.
- 95% use combination prevention
- 95% of PLHIV know their status
- 95% of PLHIV know their status initiate treatment
- 95% of women access HIV and sexual reproductive health services
- 95% coverage of services for eliminating vertical transmission
- 95% on treatment are virally suppressed

Emphasize the importance of integrating the HIV response with efforts to achieve Universal Health Coverage and the SDGs.
- 90% of people living with HIV and people at risk are linked to people centered and context-specific integrated services

GAME CHANGERS

➢ Enable all components of and accelerate prevention.
➢ Prioritise key populations and people left behind
➢ End inequities and inequalities
➢ Tailor responses to population and location contexts
➢ Close the most glaring gaps

Vision
Zero AIDS Related Deaths
Zero New Infections
Zero Discrimination

Priority 1: Breakdown barriers to achieving HIV and health outcomes
RA 6 Community-led responses
RA 7 Human Rights and Justice of PLHIV, people at risk
RA 8 Gender-Equality

Priority 2: Maximise equitable and equal access to HIV services and solutions
RA 1 Test, Treat, Care, Viral Suppression
RA 2 Vertical Transmission, Paediatric AIDS
RA 3 Prevention Young People
RA 4 Prevention Key Population
RA 5 Social Protection PLHIV, people at risk

Priority 3: Strengthen resilient, inclusive and fully resourced HIV and pandemic responses
RA 9 HIV and health services support
RA 10 Resources for effective and equitable HIV responses
RA 11 Conflict, Natural Disasters, Humanitarian Crises
RA 12 Resilient HIV responses (pandemics)

CROSS CUTTING ISSUES

FINANCIAL COMMITMENT, LEADERSHIP AND POLITICAL ACTION, KNOW YOUR EPIDEMIC, MULTISECTORALITY AND PARTNERSHIPS, SCIENCE, RESEARCH AND INNOVATION, INTERSECTION ACROSS HEALTH & DEVELOPMENT RESPONSES
Projected impact of reaching the 2025 targets and delivering on the new Strategy
## Strategy finalisation timeline

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
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<tbody>
<tr>
<td>16 December</td>
<td>PCB Discussion on Strategy</td>
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<tr>
<td>11 – 20 January</td>
<td>Regional consultations on Strategy and HLM</td>
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<tr>
<td>22 January</td>
<td>Draft Strategy circulated</td>
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<tr>
<td>29 January</td>
<td>Final touchpoint</td>
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<tr>
<td>15 March 2021</td>
<td>PCB Special Session - PCB adopts the Strategy</td>
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<tr>
<td>15 – 22 March</td>
<td>SG Report - Deadline for Secretariat to submit</td>
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<tr>
<td>26 April – 5 May 2021</td>
<td>SG report 12 weeks before HLM</td>
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<tr>
<td>TBC</td>
<td>HLM on AIDS - SG report published 6 weeks before HLM</td>
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