
Findings of the Mid-Term Review of the Global AIDS Strategy 2021–2026

AGENDA ITEM 4

UNAIDS 55th PCB Pre-Meeting

28 November 2024



THE URGENCY OF NOW

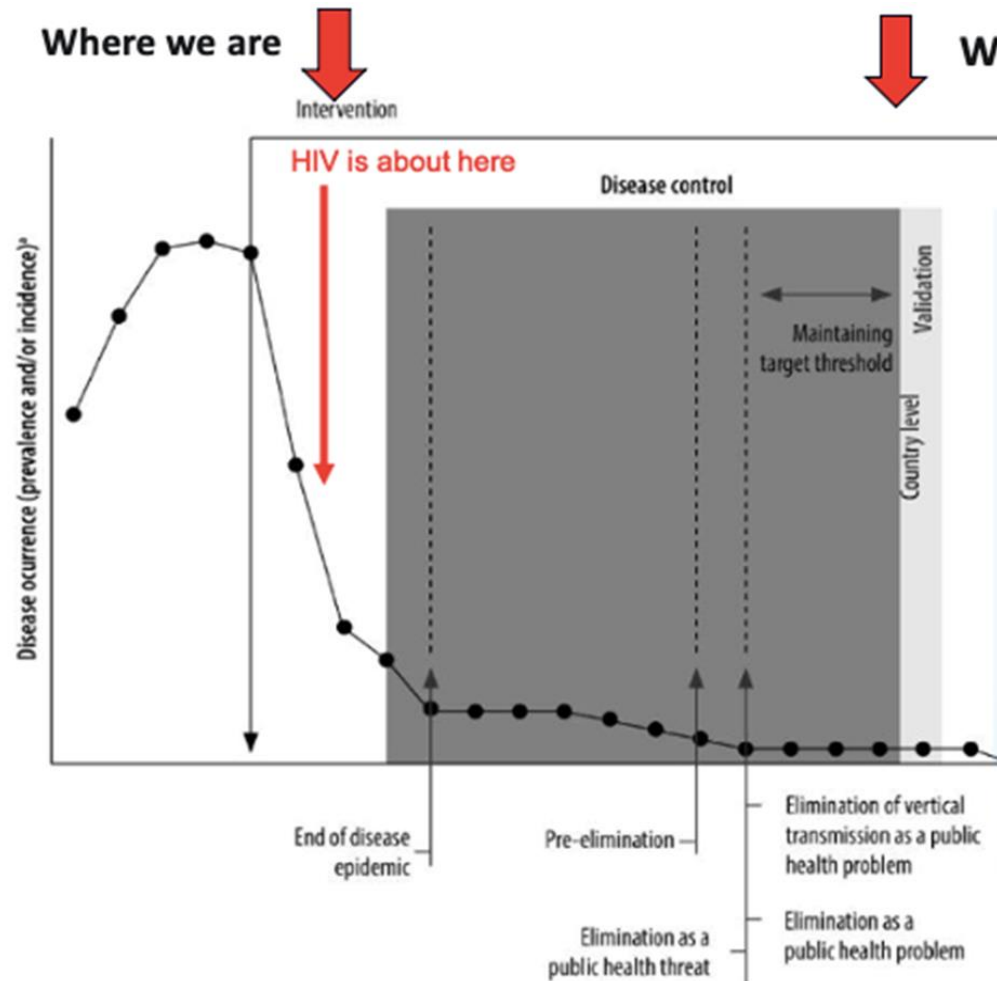


2024 Global AIDS Update Report

Mid-term review of the 2025
targets

AIDS AT A CROSSROADS

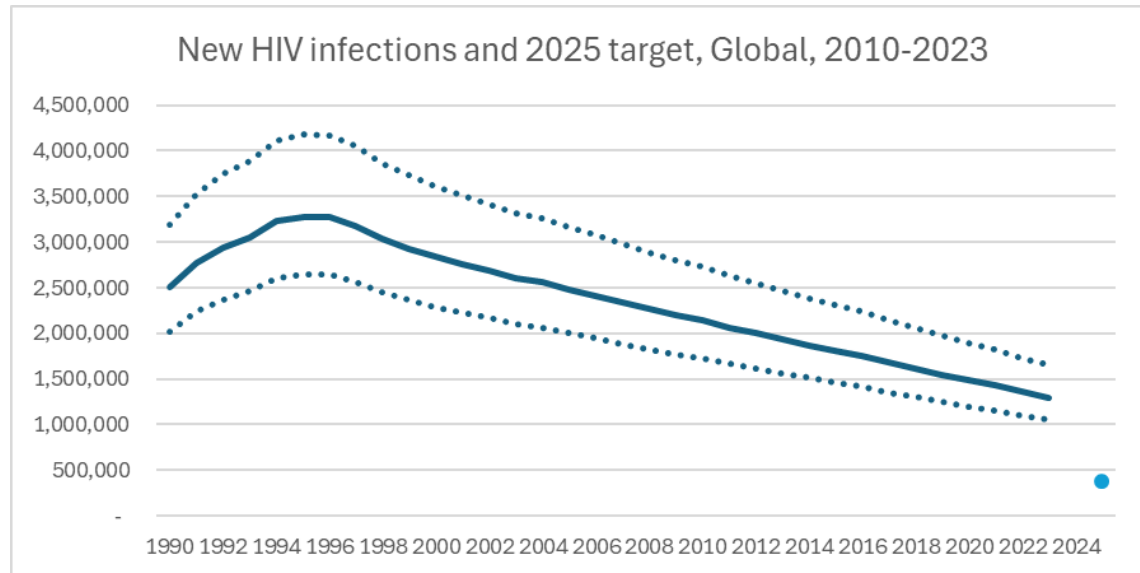
HIV pandemic is not yet at disease control



Interventions to drive down HIV incidence are still critical to reach disease control

Disease control: Reduction in incidence, prevalence, and morbidity or mortality to low level because of deliberate interventions

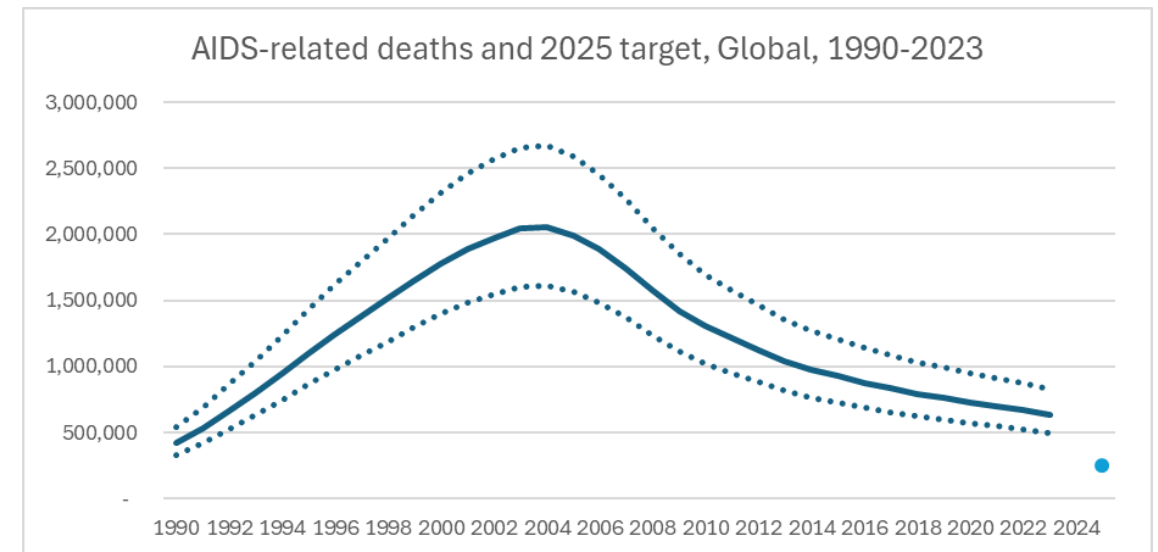
Global trends show progress, but require further unpacking at regional, subnational, and subpopulation levels



2023:
1,300,000

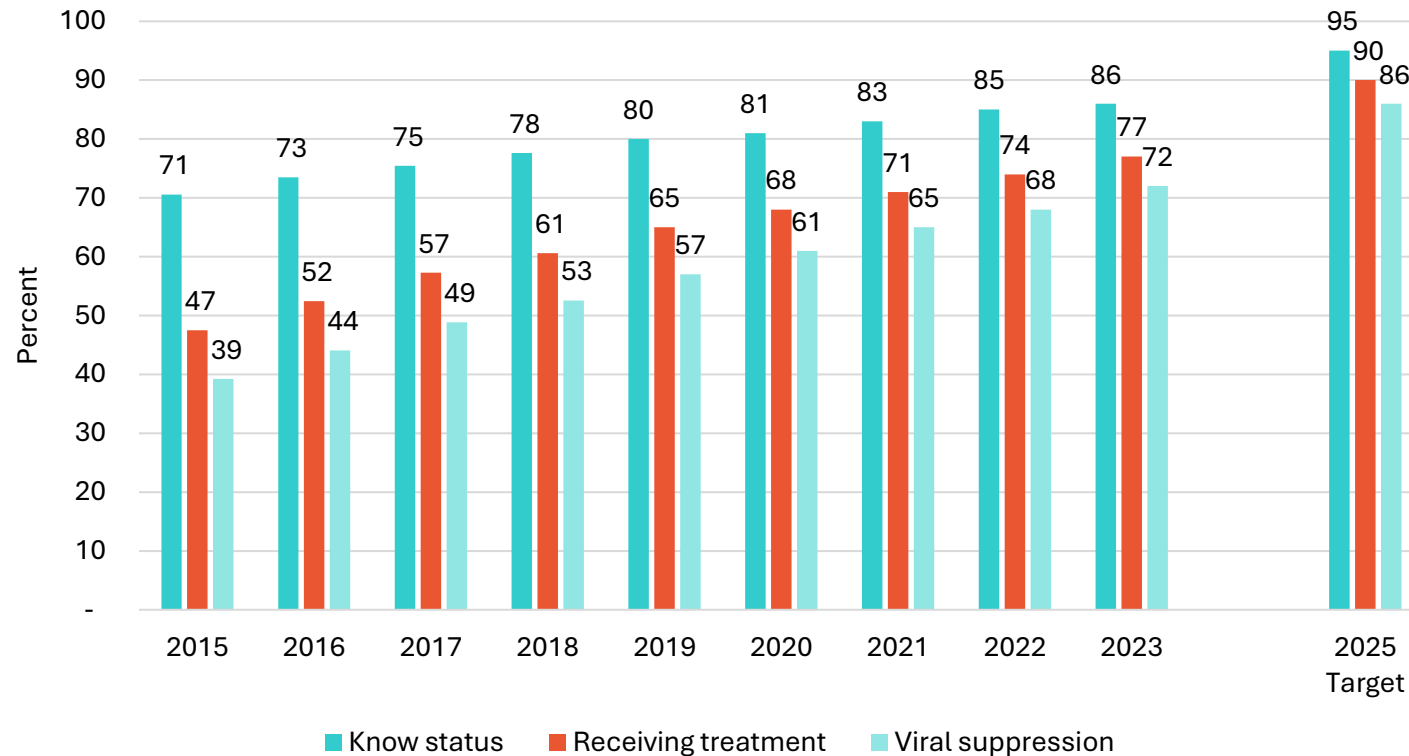
Source: UNAIDS 2024 epidemiological estimates

2023:
630,000



Scale up of HIV treatment has been a major public health success...

Testing and treatment cascade among people living with HIV, Global, 2015-2023



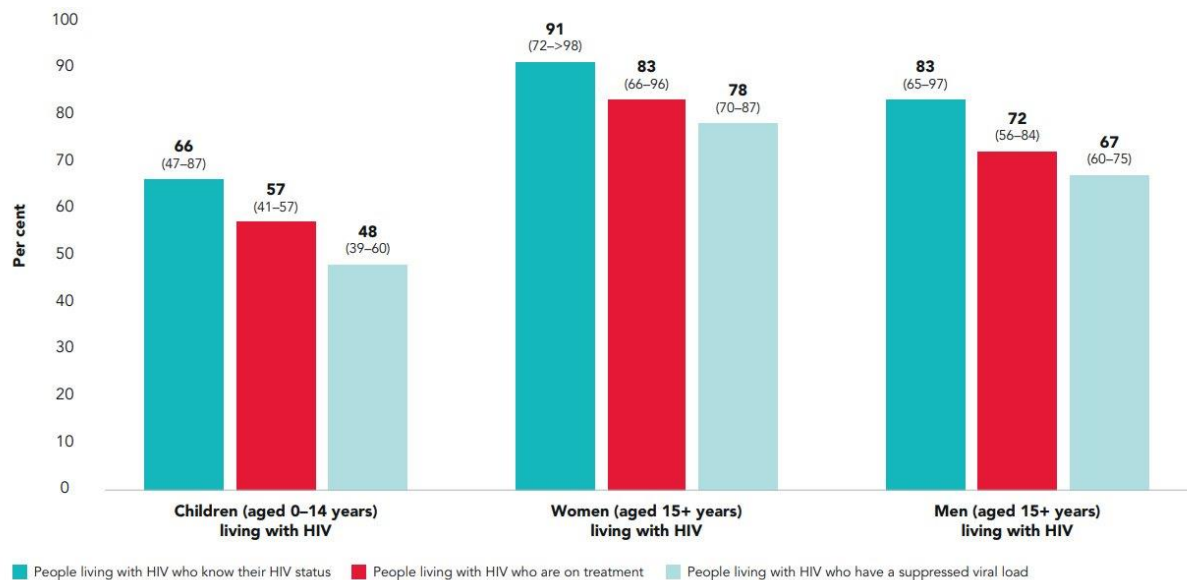
Presented among all people living with HIV

95-95-95 testing and treatment targets have motivated programmes, districts, countries, and organizations around the world behind a singular effort

Source: UNAIDS 2024 epidemiological estimates

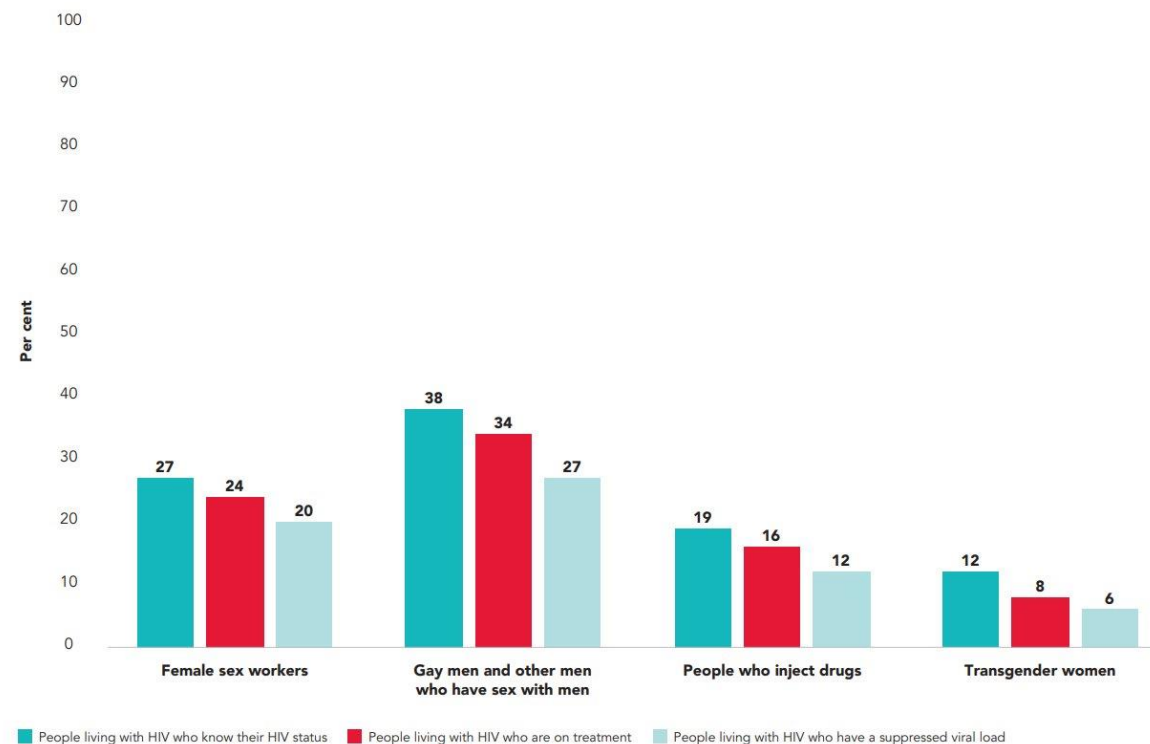
... But progress is not equal across populations: Inequalities continue to drive the pandemic

Testing and treatment cascade among children, women and men, global, 2023



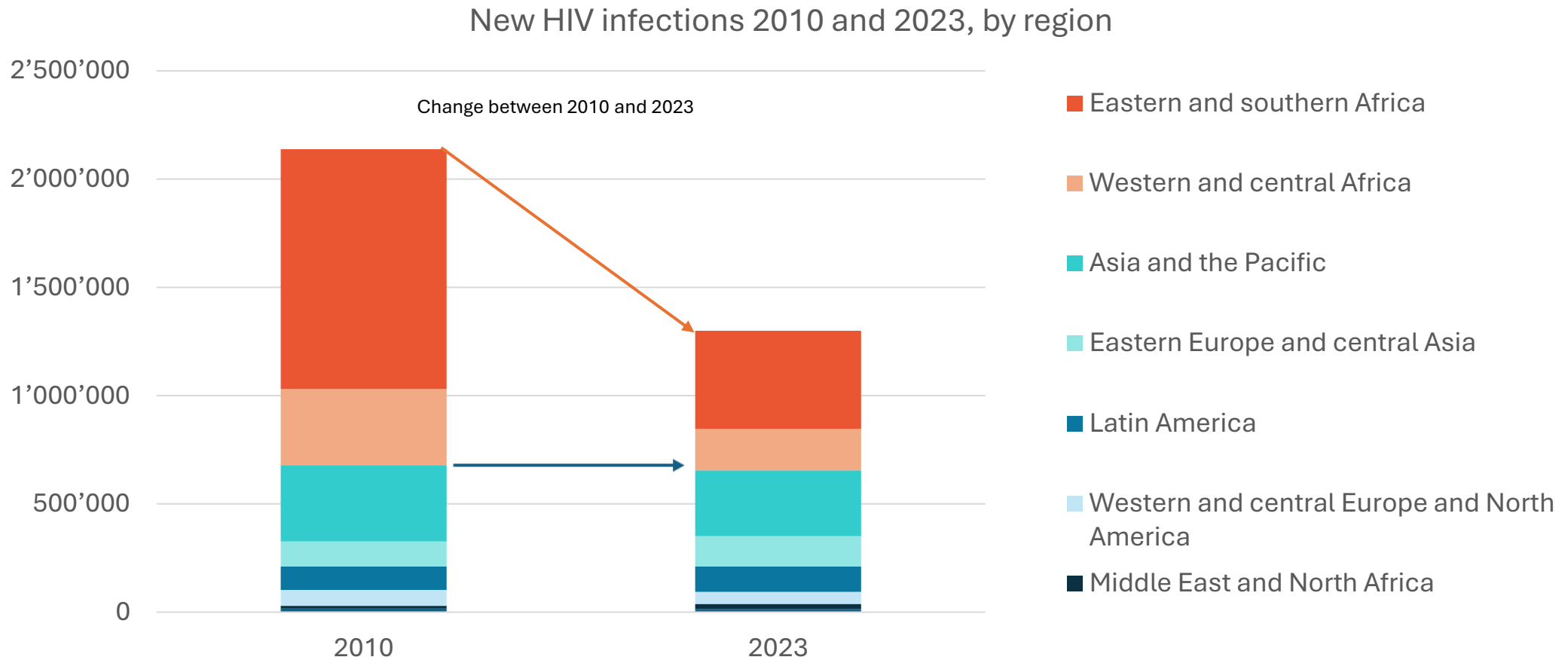
Source: UNAIDS 2024 epidemiological estimates

Treatment cascade among key populations, 12 states, Nigeria, 2020



Source: Aguolu R, Ejeckam C, Green K, Ashefor G. Did Nigeria achieve the UNAIDS 90–90–90 treatment target among key populations? An analysis of the national HIV treatment cascade. Presented at the 24th International AIDS Conference, 29 July–2 August 2022, Montreal, Canada (<https://programme.aids2022.org/Abstract/Abstract/?abstractid=12068>).

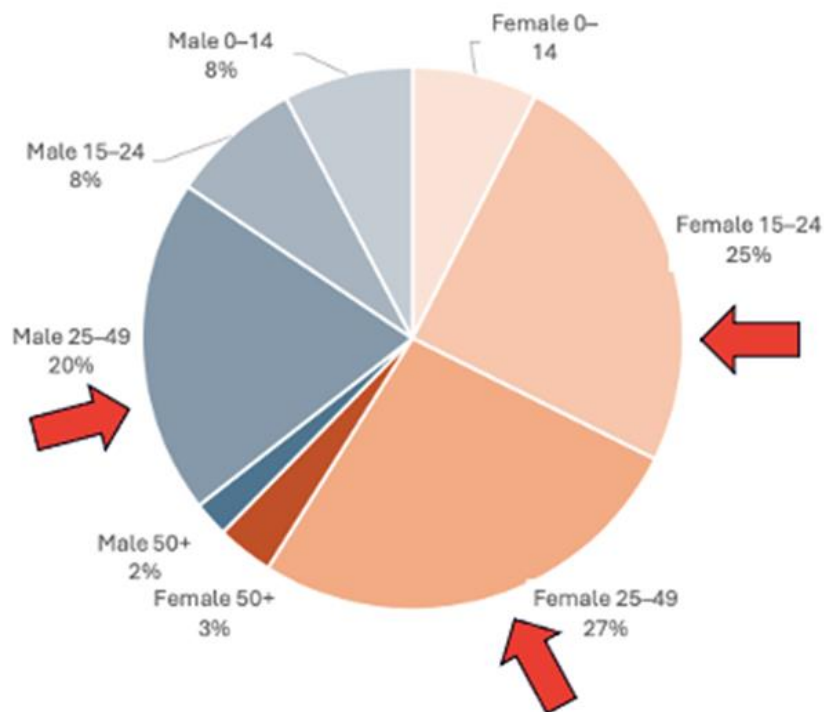
Strong declines in new infections in Africa. However, relatively no change outside of sub-Saharan Africa.



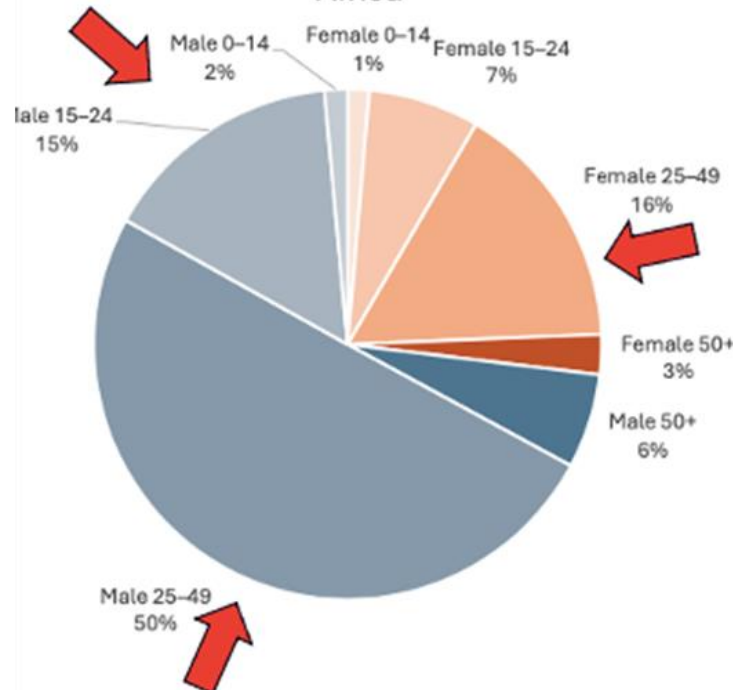
Source: UNAIDS 2024 epidemiological estimates

Prevention options need to be tailored to different populations

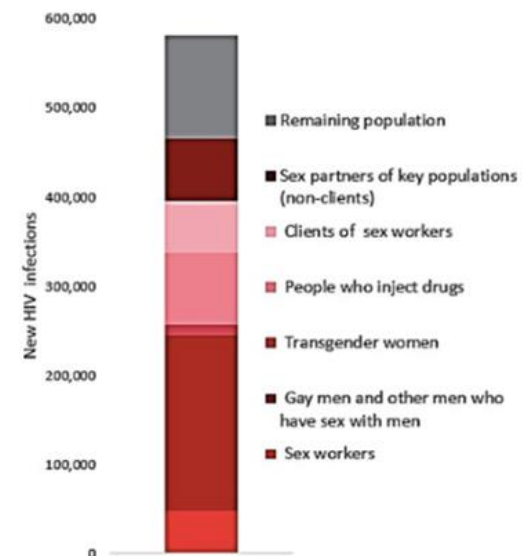
New HIV infections, sub-Saharan Africa



New HIV infections, outside sub-Saharan Africa



New HIV infections, outside of sub-Saharan Africa 2022



Adolescent girls and young women have HIV incidence more than triple their male counterparts in Africa

Outside of sub-Saharan Africa, 80% of new HIV infections are among key populations and their partners

Source: UNAIDS 2024 epidemiological estimates

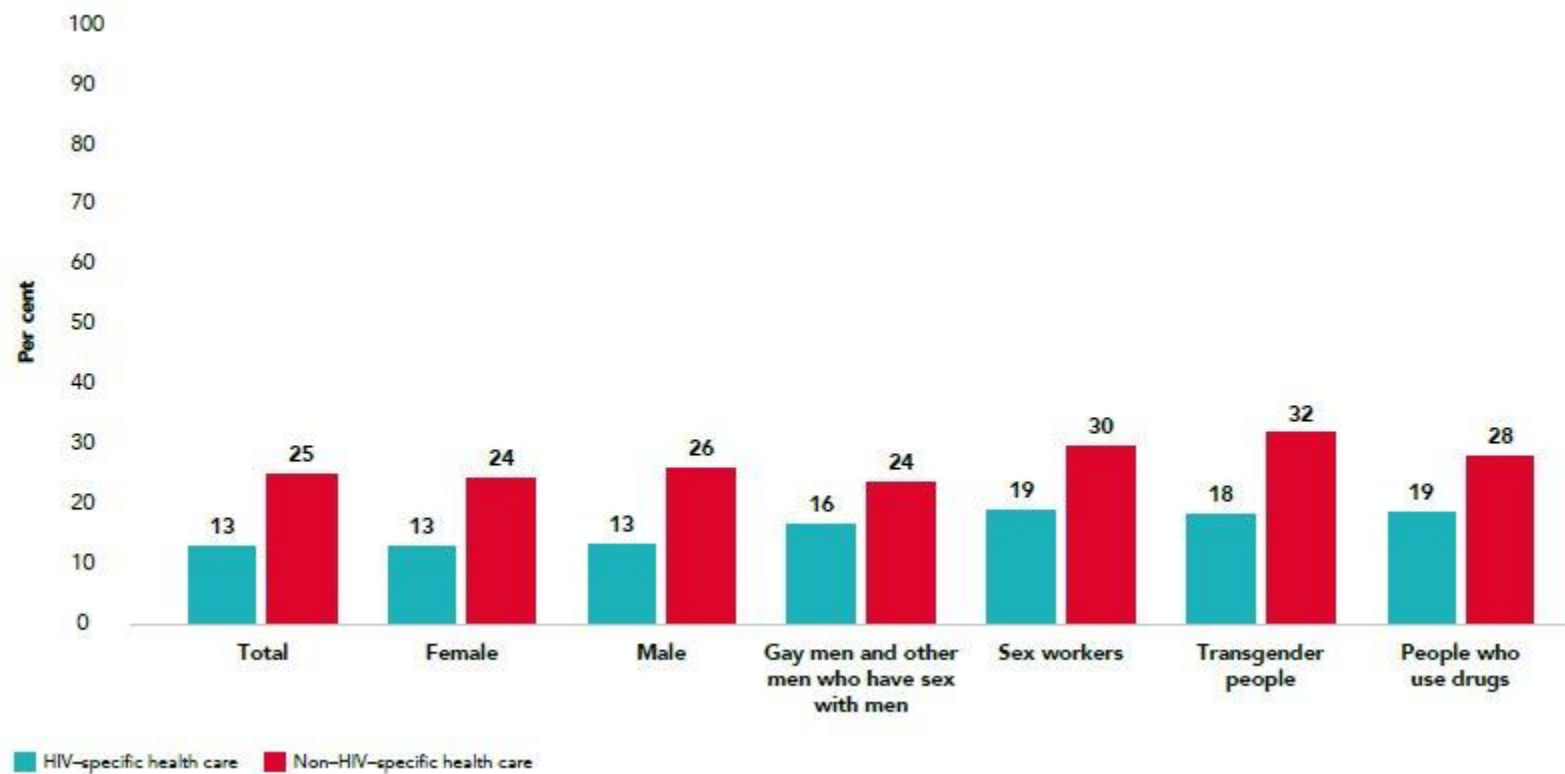
Barriers to care, such as stigma and discrimination, need to be removed

13% of people living with HIV experienced stigma and discrimination at HIV care

25% reported similar experiences when seeking non-HIV-related health care

34% of those who had experienced stigma and discrimination at HIV care also had interrupted or stopped their HIV treatment

Percentage of people living with HIV who experienced stigma or discrimination due to their HIV status when seeking HIV or other health-care services in the previous 12 months, 25 countries, 2020–2023



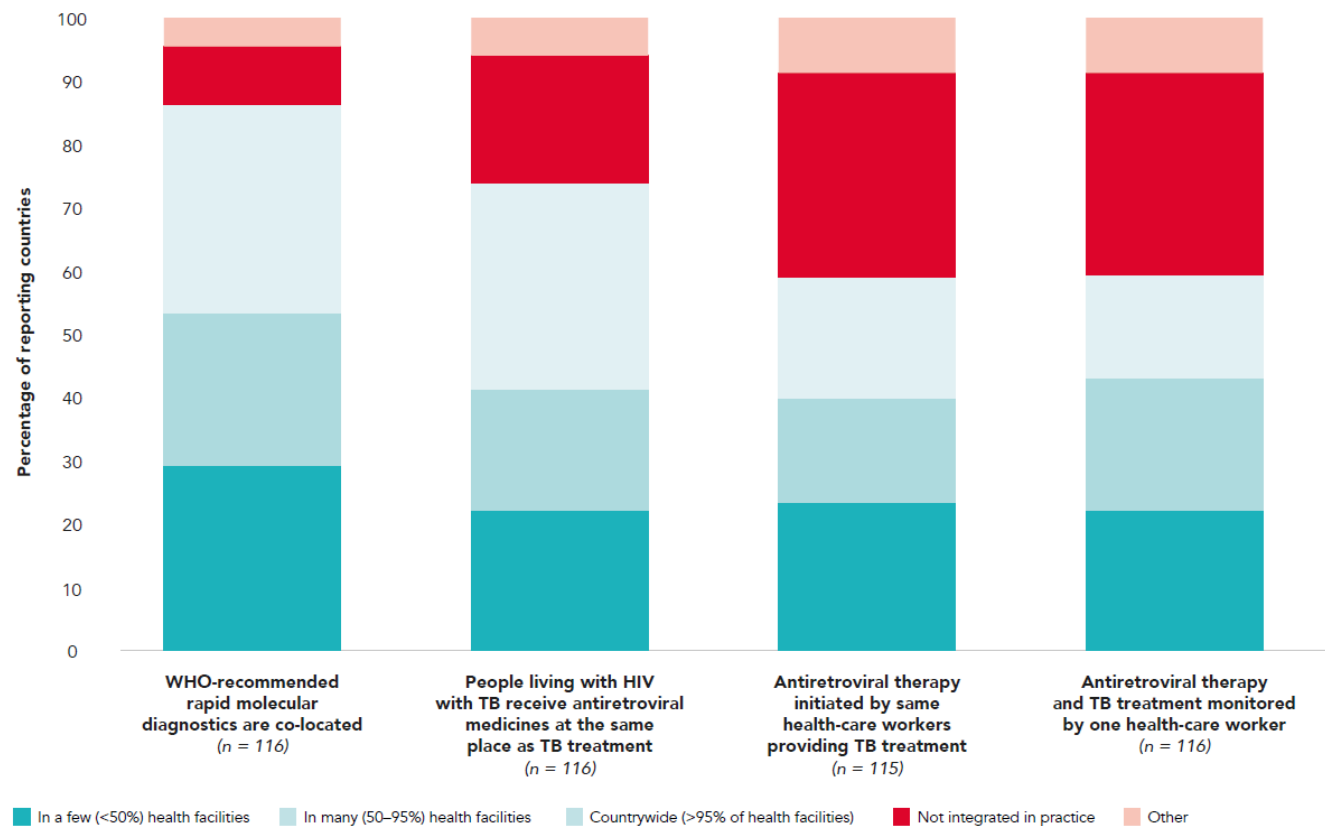
Integration requires immediate, but careful, efforts

Even with tuberculosis there are important opportunities for further integration, especially for initiating and managing antiretroviral therapy and TB treatment.

Efforts are needed to integrate HIV care with other services, while also ensuring the quality of those services.

The “exceptionalism” of the HIV response — that has responded to the needs of diverse populations — must remain a priority

Status of integration of HIV and tuberculosis services, countries with available data, 2020–2024



Source: National Commitments and Policy Instrument, 2020–2024 (<https://lawsandpolicies.unaids.org/>).

Critical shortfall in funding for HIV response for low- and middle-income countries

US\$ 19.8 billion (2019 US dollars) was available in 2023 for HIV programmes - almost US\$ 9.5 billion short of the amount needed in 2025.

Development assistance for HIV and will continue to be crucial, with PEPFAR and the Global Fund playing essential roles. They are also the largest funders of grants for health systems generally.

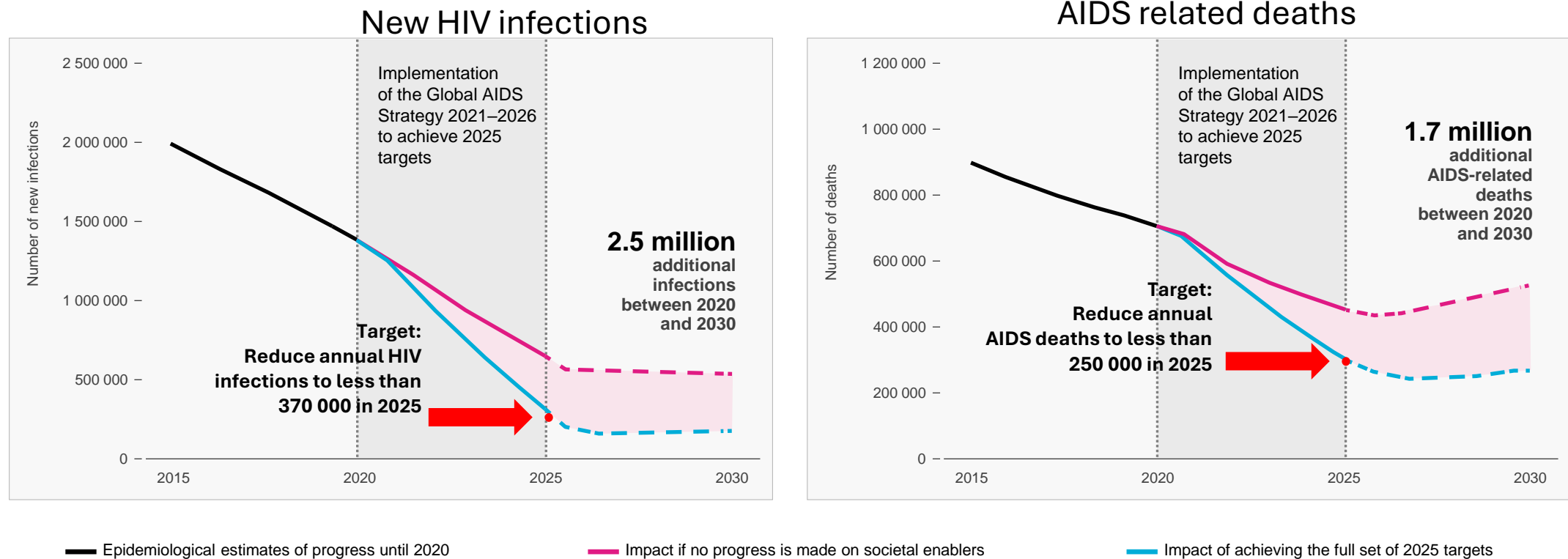
Source: UNAIDS financial estimates, July 2024

Resource availability for HIV in low- and middle-income countries, by source, 2000–2023, and 2025 target



Societal enablers are critical to HIV impacts

HIV infections and AIDS-related deaths estimated through 2020, and modelled projections, with and without **societal enablers**, 2021–2030



Source: Special analysis by Avenir Health using data from UNAIDS/WHO/UNICEF HIV services tracking tool, January 2021; and UNAIDS epidemiological estimates, 2020.

Progress towards the 2025 targets

Combination HIV prevention for all

Reduce new HIV infections to under 370 000

Reduce new HIV infections among AGYW below 50 000

95% of people at risk of HIV access effective combination prevention

PrEP for (10 million) people at substantial risk of HIV

50% opioid agonist therapy coverage among people who are opioid-dependent

90% sterile injecting equipment at last injection

90% of 15+ men in 15 priority countries have access to VMMC

95–95–95 for HIV testing and treatment

Reduce annual AIDS-related deaths to under 250 000

34 million people are on HIV treatment by 2025.

95–95–95 testing, treatment and viral suppression targets

95-95-95 testing, treatment and viral suppression for key populations

90% of PLHIV receive preventive treatment for tuberculosis (TB) by 2025

Reduce numbers of TB-related deaths among PLHIV by 80%

End paediatric AIDS and eliminate vertical transmission

75% of children living with HIV have suppressed viral loads by 2023

100% of pregnant and breastfeeding women with HIV receive ART and 95% achieving viral suppression

Gender equality and empowerment

<10% of women and girls experienced physical or sexual violence from a male intimate partner in the past 12 months

<10% of key populations experience physical and/or sexual violence in the past 12 months

< 10% people support inequitable gender norms by 2025

95% of women and girls 15–49 get SRH-care service needs met

Realize human rights and eliminate stigma and discrimination

<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex sexual behaviour and HIV transmission, exposure or non-disclosure

< 10% of countries lack mechanisms for PLHIV and KP to report abuse and discrimination and seek redress

< 10% of PLHIV and KP lack access to legal services

>90% of PLHIV who experienced rights abuses have sought redress

< 10% of general population reports discriminatory attitudes towards PLHIV

< 10% of PLHIV report internalized stigma

<10% of key populations report experiencing stigma and discrimination

<10% of PLHIV experiencing stigma and discrimination in health-care and community settings

Community-led services

Community led orgs deliver 30% of testing and treatment services

Community led orgs deliver 80% of HIV prevention services for populations at high risk of HIV infection and women

Community led orgs deliver 60% of programmes to support societal enablers.

Universal health coverage and integration

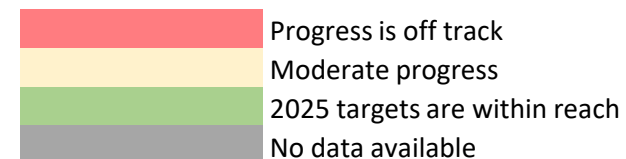
Systems for health and social protection that provide 90% of people living with, at risk of and affected by HIV with integrated HIV services

90% of people in humanitarian settings access integrated HIV services.

45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits.

Investments and resources

Fully fund the HIV response by increasing annual HIV investments in low- and middle-income countries to US\$ 29 billion



See UNAIDS 2024 Global AIDS Update report for details. Annex 1



Ending AIDS

The world committed to end AIDS by 2030 through Sustainable Development Goal 3.3.

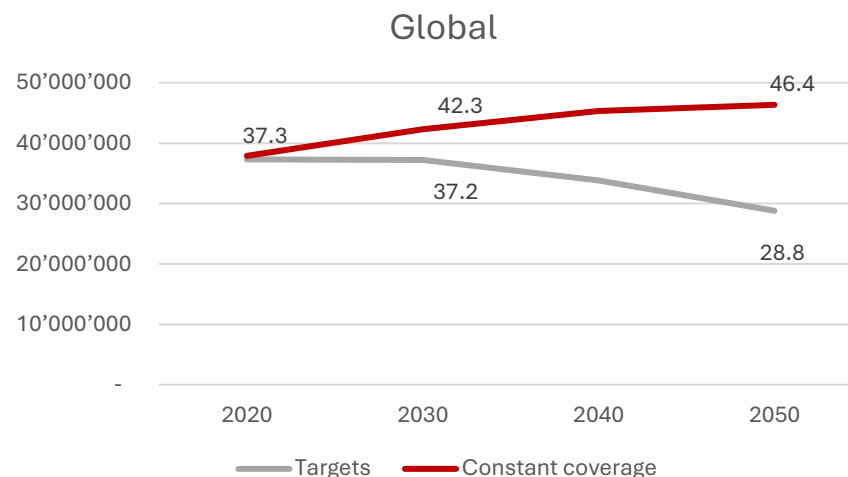
However, we are still far from that goal...

Even if all countries met the 2025 targets there will be 37 million people living with HIV in 2030.

And by 2050 there will still be between 30 and 46 million people living with HIV.

Country-owned services and systems must be in place for populations living with, and at risk of, HIV to avoid future resurgence.

Projections of people living with HIV in 2030 and 2050



Red projection at current effort

Grey projections if countries meet 2025 targets

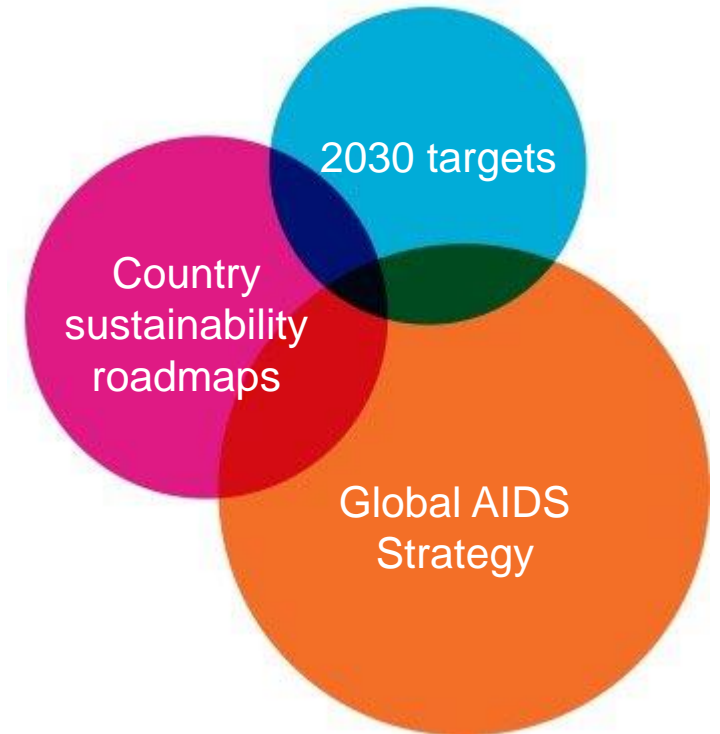
Conclusions

1. Concerted effort is still required to reduce HIV incidence - drive down new HIV infections and AIDS related deaths
 - Without a major, innovative, prevention push with new technologies, new HIV infections will continue into the future
 - Accelerate to close gaps in treatment cascade
 - Effort needed to overcome complacency and galvanize the HIV response to maintain the existing success
2. In 2030, 30-40 million people will be living with HIV and will require care and treatment to be healthy and virally suppressed
3. Structural and societal barriers for the populations in need of prevention or treatment must be removed to succeed in reducing HIV as a public health threat
 - This requires a strong multisectoral response – health, finance, justice, education, social welfare, etc.
4. Integration of services will require a careful effort to ensure quality, stigma-free, services are available to all those in need

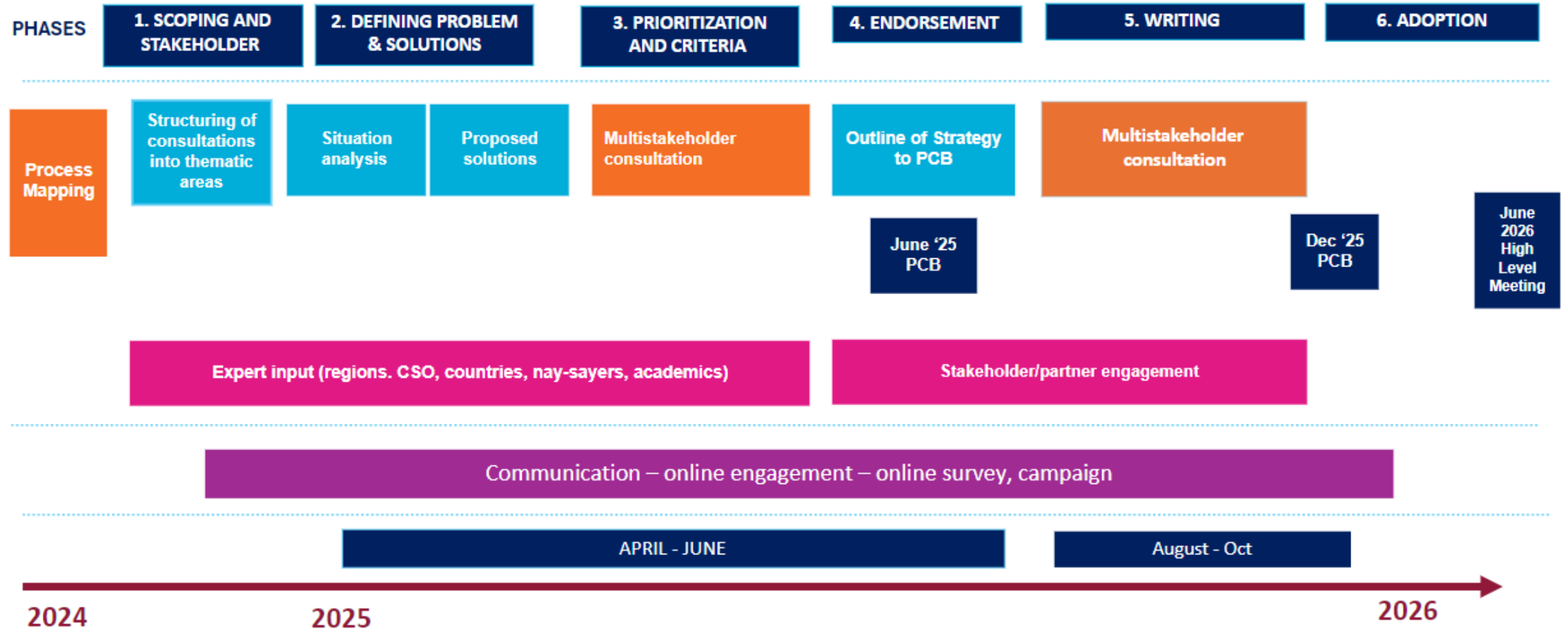
Development of the next Global AIDS Strategy 2026-2031

Vision and building blocks for the next Global AIDS Strategy

- **Envisions a bold and unified global movement to end AIDS as a public health threat, through a powerful and exciting narrative.** Driven by innovation, inclusivity, and an unwavering commitment to eliminating inequalities. The Strategy is a call to action to redefine what we can achieve together.
- July 2024 UNAIDS published the **mid-term review** of the 2021-2026 Global AIDS Strategy in our Global Report.
- In 2024, the Executive Director on behalf of the Joint Programme established a Global Task Team of 33 experts across government, civil society, public health experts, and donors to recommend a set of balanced, evidence-informed targets to reach by 2030, building on the targets set for 2025. These **2030 targets** will allow countries to reach the overall goals of reducing new HIV infections and AIDS related deaths by 2030 and to sustain the HIV response beyond 2030.
- The mid-term review, the 2030 targets and sustainability roadmaps along with a strong philosophical basis will be the framework for the **Global AIDS Strategy 2026-2031**.



Six phases of the Strategy development process



The Global Task Team on 2030 targets

Key considerations

- The targets are central to define our 2030 goals (the **WHAT**) and the strategy outlines **HOW** we get there (operationalizing the targets);
- Support for continuity with existing strategy 2021-2026, where evidence remains relevant and 2025 targets have not been achieved;
- Concerted effort to reduce the number of targets and ensure relevance to country programme managers;

The 2030 targets will identify ambitious country actions to:

- Drive progress to reduce new infections and AIDS-related deaths by 2030;
- Set up an integrated HIV response that secures sustainable HIV services and systems after 2030 **[new]**.

In the next phase of the AIDS response, bridging inequalities will remain a central theme. Priority areas include:

- Promoting sustainable empowered integration of HIV that tackles inequalities and stigma and discrimination;
- Accelerating innovations in prevention, including long-acting PrEP, along with behavioural and structural interventions;
- Strengthening community leadership in the HIV responses.

HIV targets to achieve the 2030 goals

Integrating services and systems

Integrated HIV (prevention and treatment) and sexual and reproductive health services

Screening for syphilis among key populations

Mothers and infants receive HIV services that are integrated with prevention of vertical transmission of syphilis and hepatitis B

Screening for NCDs (hypertension, diabetes) for PLHIV

Screening and treatment for cervical cancer among women living with HIV

Community-led monitoring used for national programme reviews

Screening for depression among people living with HIV

Repeated Remove stigma and discrimination against people living with HIV and key populations from service providers

Screening for hepatitis C among people living with HIV

Laws that allow communities to operate



Resourcing the HIV response

HIV investments for low- and middle-income countries

Share of HIV funding that is domestic

Resources allocated to communities from national and international sources

Resources for societal enabler interventions

Price equity for drugs and diagnostics across all countries

Out of pocket expenditures reduced

Share of HIV funding for prevention

Preventing new HIV infections

95% Prevention options (PrEP, PEP and condoms) **reach** adolescent girls and young women, adult women, young boys and men in need

People-centered HIV prevention programs reach key populations

90% Prevention options (PrEP, PEP and condoms) are **used** by people in need of prevention

Safe injecting equipment for people who inject drugs and OAT for people who are opioid dependent

People at highest risk of acquiring HIV access and use ARV-based prevention options

People who paid and received payment for sex used condom at last sex

Comprehensive sexuality education

Population-level viral suppression

Lifting barriers of stigma and gender inequalities and ensuring human rights..... together with communities

<10% Remove punitive law and policy environments that restrict access to services for key populations and people living with HIV

<10% Remove stigma and discrimination against people living with HIV and key populations

<10% End gender inequality and violence against women, girls, PLHIV and key populations
No women LWHIV experience coercion/abuse in sexual/reproductive health services

80% HIV prevention options delivered by community led organizations

60% Societal enabler programmes delivered by community-led organizations

30% Testing and supportive treatment services provided by community-led organizations

Reduce arrests due to key population identity or behaviours and provide mechanisms for redress

Providing services for people living with HIV

95% People living with HIV know their status

People with HIV screened for advanced HIV disease

95% People living with HIV who know their status receive treatment

Reduce TB-related deaths among people living with HIV

95% People living with HIV who are on treatment have suppressed viral loads

Preventive therapy for TB for people living with HIV, including children

Population-level viral suppression

HIV-exposed infants and children tested at 2 months and after cessation of breastfeeding

Integrated HIV and TB care



By 2030, reduce new HIV infections by 90% from 2010 and continued 5% decline per year after 2030

Reduce AIDS-related deaths by 90% from 2010

Sustainability of HIV response after 2030

(content will be updated with final GTT target recommendations)

Sustainability of the HIV response

The next Global AIDS Strategy must position the world to **sustain the achievements of the HIV response after 2030.**

Political, financial and programmatic sustainability will require immediate, medium-term and long-term visions for meeting the 2025 targets.

The long-term HIV response sustainability roadmaps being developed in countries will:

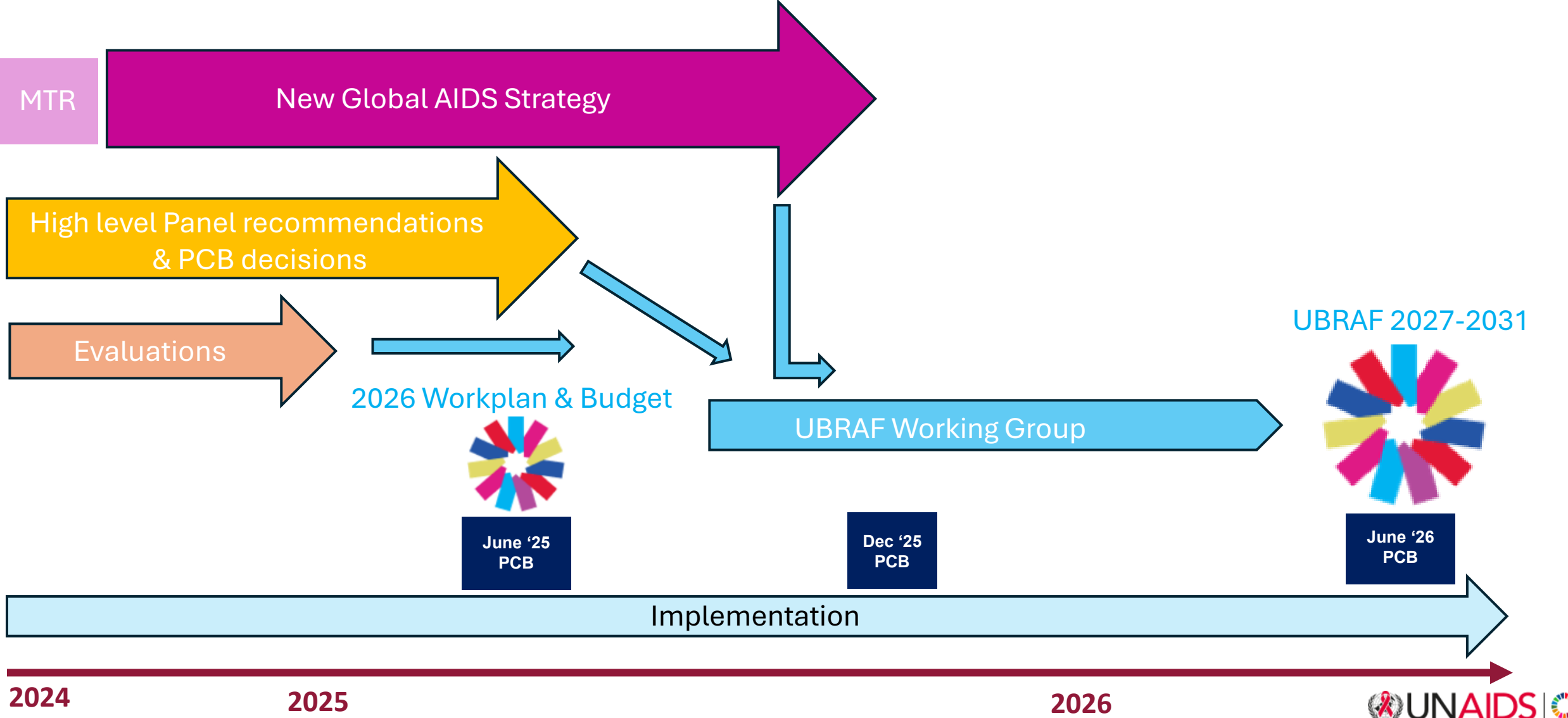
- build on regional and global partnerships to achieve sustainable HIV responses;
- provide frameworks for all relevant stakeholders to align their action plans with overarching, country-owned visions;
- sketch pathways for countries to leverage multisectoral collaboration and resources within their borders, with a special role for communities;
- ensure that sustainability planning is integrated into all aspects of HIV responses.

As countries look to boost and sustain their HIV responses, the roadmap processes will also highlight the priorities and areas of work that must inform the target-setting process and the development of the next Global AIDS Strategy.

The 2027–2031 Unified Budget, Results and
Accountability Framework (UBRAF)
.....
and revisiting of the operating model of the
Joint Programme

Next Unified Budget Results and Accountability Framework (UBRAF)

Joint Programme's next strategic framework to define and operationalize its contribution to the implementation of the next Global AIDS Strategy for the period 2027–2031



High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme

TIMELINE

High-level panel on a resilient and fit-for-purpose UNAIDS Joint Programme
in the context of the sustainability of the HIV response

