

# UNAIDS STRATEGY BEYOND 2021

Agenda item 3  
UNAIDS/PCB (46)/20.7

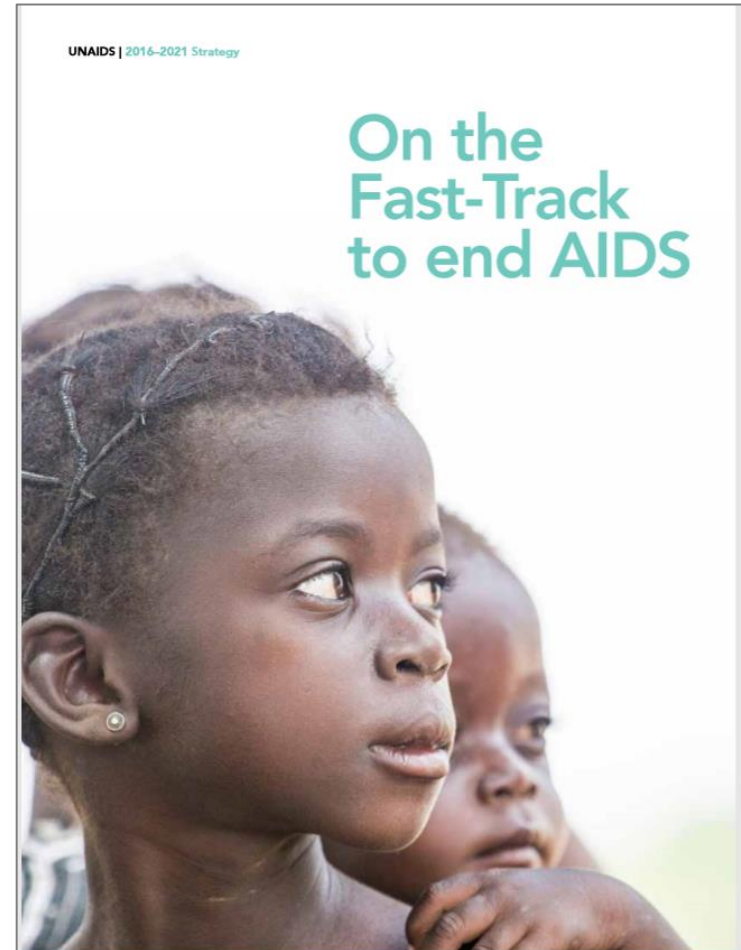
Krittayawan Tina Boonto



# INTRODUCTION

The UNAIDS 2016–2021 Strategy: On the Fast Track to end AIDS was a bold call to action. It set out to inspire the world for a people-centred and rights-based HIV response.


It was an urgent call to front-load investments, close the testing gap, reach the 90–90–90 targets, advance tailored HIV combination prevention and drastically reduce new HIV infections among adults and children, and eliminate HIV-related discrimination.



# INTRODUCTION

The Strategy set out the core actions with goals and targets aligned the 2030 Agenda and have inspired collaborative actions across diverse sectors of society, as well as investments in areas where HIV and other health and development priorities intersect.

The Strategy aimed to put the world on-track to achieve the goal of ending AIDS as a public health threat by 2030 as part of the Sustainable Development Goals.



**Result area 1:** Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

**Result area 2:** New HIV infections among children eliminated and their mother's health and well-being is sustained.

**Result area 3:** Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.

**Result area 4:** Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants.

**Result area 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.

**Result area 6:** Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed. Punitive laws, policies and practices removed, including overly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services.

**Result area 7:** AIDS response is fully funded and efficiently implemented based on reliable strategic information.

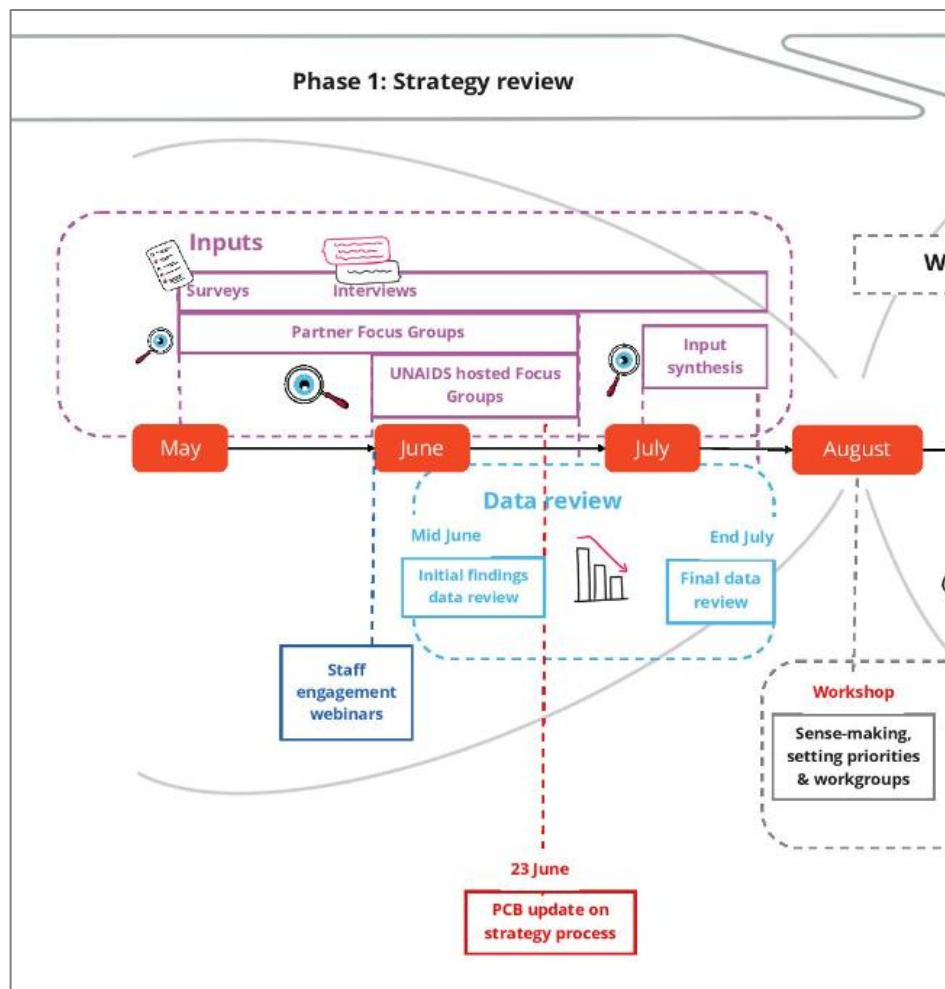
**Result area 8:** People-centred HIV and health services are integrated in the context of stronger systems for health. HIV-sensitive universal health coverage schemes implemented.

# CONSULTATIONS WITH PARTNERS

## First phase of consultations

To determine stakeholders' needs and identify the priority issues they would like to address in the strategy process, the following qualitative input-seeking consultations have been initiated:

- **Multilingual Online Survey;**
- **Dialogue Interviews;** and
- **Focus Group Discussions.**



# FINDINGS FROM THE RAPID SCAN OF DATA

Initial review of available reports and data indicates that the Strategy has been used extensively by countries, communities and partners to rally around targets such as the 90-90-90. Progress has been made possible through the UNAIDS Joint Programme support to countries, including in coordinating HIV investments from partners such as the Global Fund and PEPFAR and increasing domestic investments for HIV response.

However, results have been uneven across and within countries, and many of the global 2020 targets will not be reached, even with remarkable progress in some countries.

There are significant disparities in HIV service availability and uptake. Services access gaps are unfortunately largest for the people who are most in need, with major differences in legal and policy environment – leading to blockages for advancing the response where policies are not supportive.

# FINDINGS FROM THE RAPID SCAN OF DATA



**90-90-90:** impressive progress has been made towards 90-90-90 testing and treatment targets. Almost 4 out of 5 people living with HIV knew their status and 78% of those were on treatment. 86% of people who were on treatment were virally suppressed\*.

An estimated 24.5 million people living with HIV were on treatment globally in mid-2019, but 14.6 million people were not accessing HIV treatment. The 770,000 people who died of HIV related illnesses were fewer than at any point since 1994, but undoubtedly this is still far too high. In humanitarian context, 54% of all adults, 43% of pregnant women, 65% of children and 79% of adolescents living with HIV do not have access to HIV treatment. While we applaud success for the 15 countries that have reached the 90-90-90 targets, there is inadequate progress among others, including those that have high GDP and strong health metrics scores. This presents grave concerns.

\* All data unless otherwise stated from Global AIDS Monitoring, 2018

# FINDINGS FROM THE RAPID SCAN OF DATA



**Prevention:** while the UNAIDS strategy calls for 90% coverage of combination prevention options for key populations and women and men in high-prevalence settings, only around a third of locations had dedicated HIV prevention programmes for adolescent girls and young women, and less than 50% of key populations

were reached with combination prevention services in more than half of the countries that reported data to UNAIDS. Globally, new HIV infections have declined only by 16% since 2010 although the target entailed a 75% reduction. The estimated 1.7 million new infections (all ages) were more than three times higher than the 2020 target of fewer than 500,000. HIV prevention efforts are too often leaving behind the people at highest risk, resulting in larger proportions of new infections occurring among key populations and their sexual partners – accounting for 54% of new HIV infections globally.

# FINDINGS FROM THE RAPID SCAN OF DATA



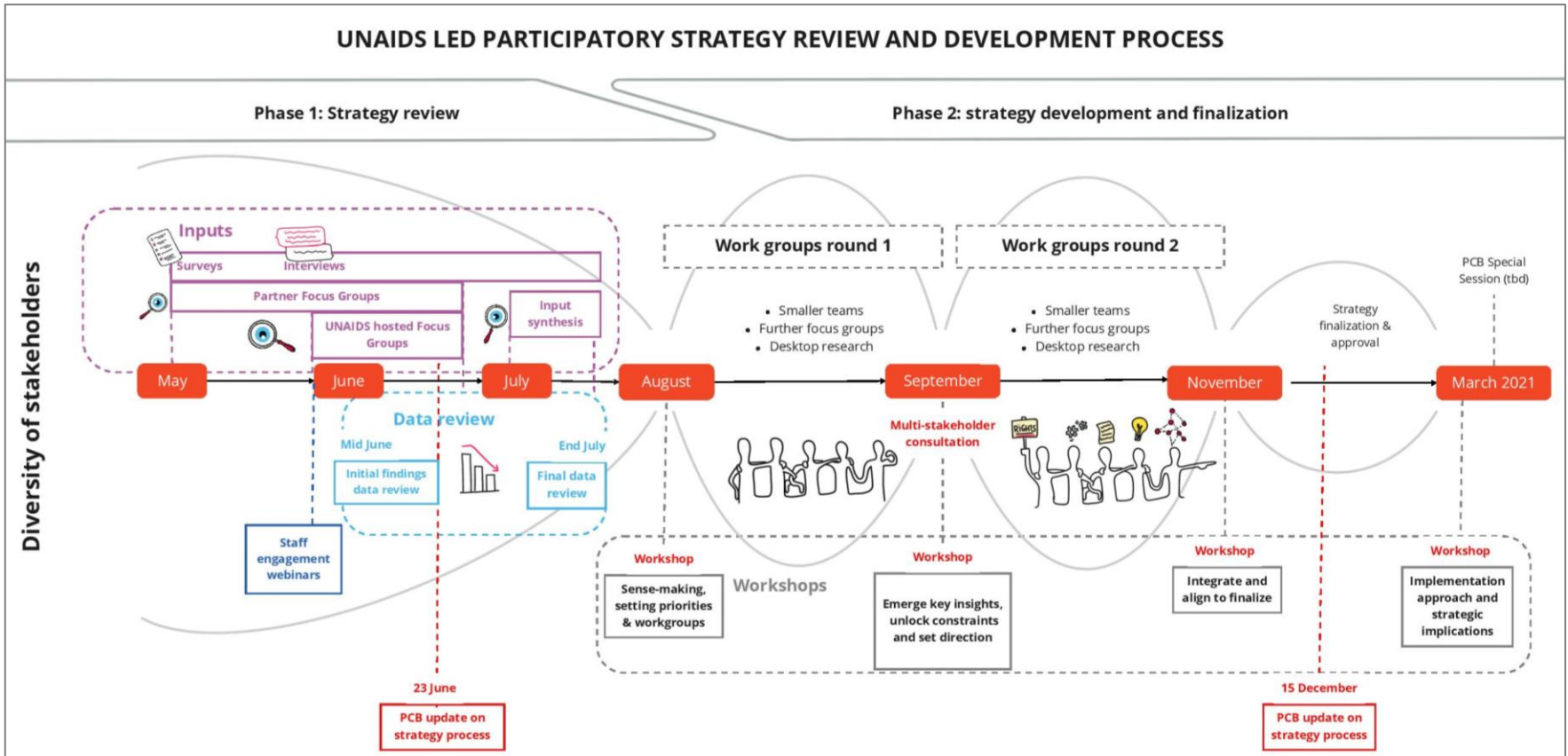
**Stigma and discrimination:** discriminatory attitudes towards people living with HIV and key populations remain high in far too many countries. Key populations continue to face high levels of criminalization, 67 countries still criminalize same-sex sexual activity. Only 7 countries report not criminalizing possession of drugs for personal use and only 23 countries report no laws criminalizing some aspects of sex work.

17 countries still criminalize gender diverse people. People who are at greatest need of HIV services continue to be denied health care, employment, housing and social protection and face stigma and discrimination from their families, communities, employers, teachers, healthcare workers, police, prosecutors and judges because of their HIV status or they are suspected of being sex workers, people who use drugs, or lesbian, gay, bisexual, transgender or intersex people.



# NEXT PHASE OF THE STRATEGY PROCESS

The review of the current Strategy will draw on various sources and will bring together different processes that will add important insights and perspectives.



# TIMELINE

SCHEDULE	NEXT STEPS
End July	Evidence review of current strategy
Early September	Multistakeholder Consultation
October	2025 Targets and Resource Needs
October-December	Strategy Development and Preparation of Draft Strategy
December	Draft strategy with updated 2025 targets and resources needs presented to 47th PCB
March 2021	PCB to adopt final strategy (tbc)
June 2021	UNGA High Level Meeting on AIDS (tbc)

# NEXT STRATEGY BEYOND 2021

## The HIV pandemic is not over yet, each year

- Millions of people are still not accessing life-saving HIV treatment
- 700,000 people are dying from HIV-related illnesses
- 1.7 million people acquire HIV

## Risk of inaction

Without urgent efforts to avoid interruptions of health services and supplies brought by Covid-19, we could face 500,000 additional deaths in Africa alone.



**TOGETHER  
WE CAN END  
AIDS: BE PART  
OF MAKING  
HISTORY.**

**[strategyteam@unaids.org](mailto:strategyteam@unaids.org)**