

CURRENT STRATEGY 2016-2021



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.

NEXT GLOBAL AIDS STRATEGY BEYOND 2021

The HIV pandemic is not over yet!

In 2019

- 12.6 million people living with HIV were still not accessing life-saving treatment
- 690,000 people died from AIDS- illnesses
- One in three AIDS related deaths due to TB
- 1.7 million people acquired HIV



Risk of inaction

Without urgent efforts to avoid interruptions due to COVID-19, we could face a 50% disruption in HIV services and as a result 300,000 additional deaths in sub-Saharan Africa alone.



Strategic areas that remain relevant / require more attention in next global AIDS strategy

Key strategic areas from current strategy remain relevant, but require reframing to make stronger progress

- HIV testing and treatment
- Prevention
- EMTCT, effective treatment of children / MCH
- Gender equality and gender-based violence
- Human rights, law, stigma & discrimination
- Funding and resources
- HIV service integration
- Social protection

Areas that require stronger attention / more distinct attention

- Granularity and prioritization, including for more detailed targets
- Inequalities
- Communities at centre
- AGYW and young people
- Key populations, PLHIV
- Science, R&D and innovation
- Investment and efficiency
- Regional specificity
- COVID-19 / pandemic preparedness & response (leverage lessons)

Strategic approaches (cross-cutting issues) that remain relevant / need stronger attention

Alignment around relevance of key aspects / approaches in current strategy

- Visionary, ambitious, evidence-based
- Must continue to focus on human rights
- Should continue to be people-centered and community-based, with full partnership with PLWH and civil society
- Collaboration and partnerships remain key (within and beyond UNAIDS)

Key issues / approaches that require additional focus in the next strategy

- Moving beyond one size fits all to ensure countries implement (not pick & choose)
- Enabling more urgent, sustainable progress (successful implementation)
- Accountability
- Renewing multi-sectorality (not at expense of leadership from health sector)
- Need to leverage and complement other strategies, serve as catalyst
- Stronger political & financial engagement to advance essential priorities

SELECT INTERVIEW QUOTES

“There’s a funny thing that goes on in the multilateral world. Everyone talks a lot about cooperation but their own lenses are so tightly defined that their own space for manoeuvre and notion of cooperation is so small. Their notion of cooperation is getting someone else to do what I want them to, or helping me with my objectives.”

“In 2010, when we reiterated the language of the 10 reasons why human rights need to be at the centre of the HIV pandemic. ... A real movement was built to say: this is unacceptable. Now it’s become so mainstream that it’s almost meaningless. So people are saying the right things but not necessary doing the right things.”

SELECT INTERVIEW QUOTES

“We're not yet built for creating a specific enough response, that's tailored to populations and tailored to geography enough that we can actually reach those people that are not reached by generalised programmes. We give a lot of lip service to it, but we haven't actually built the programmatic response that would achieve that.”

“So we spent years talking that the approach should be multidisciplinary, that you need to have a multi-stakeholder engagement, but at the end, our response was very vertical, very isolated.”

“Stop using “getting to zero” and “leave no-one behind” statements. I think they trip off the tongue so lightly, but they become meaningless.”

