

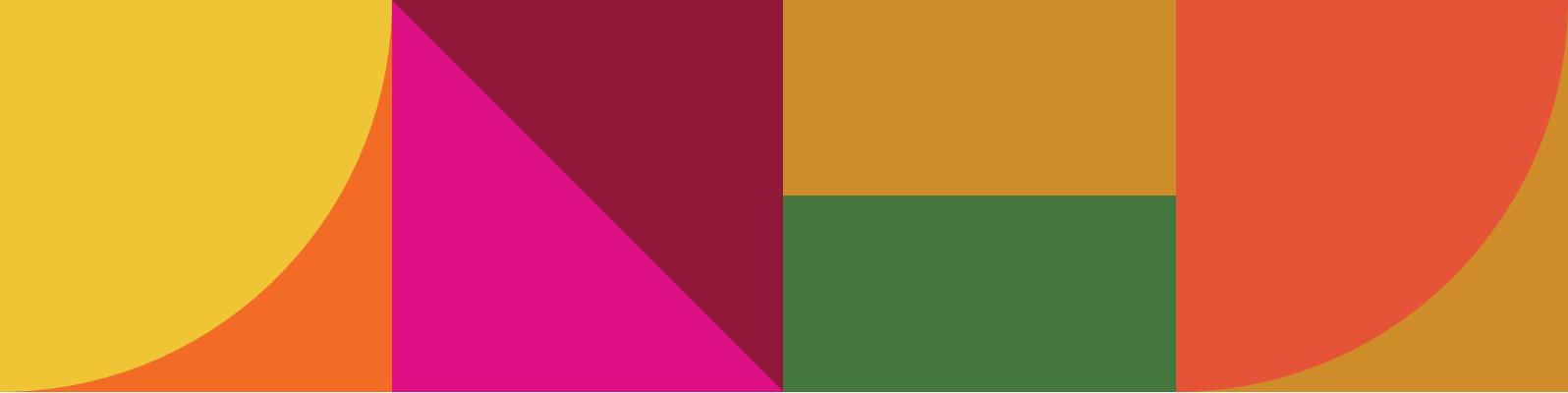


High-Level Meeting on AIDS

END INEQUALITIES. END AIDS.



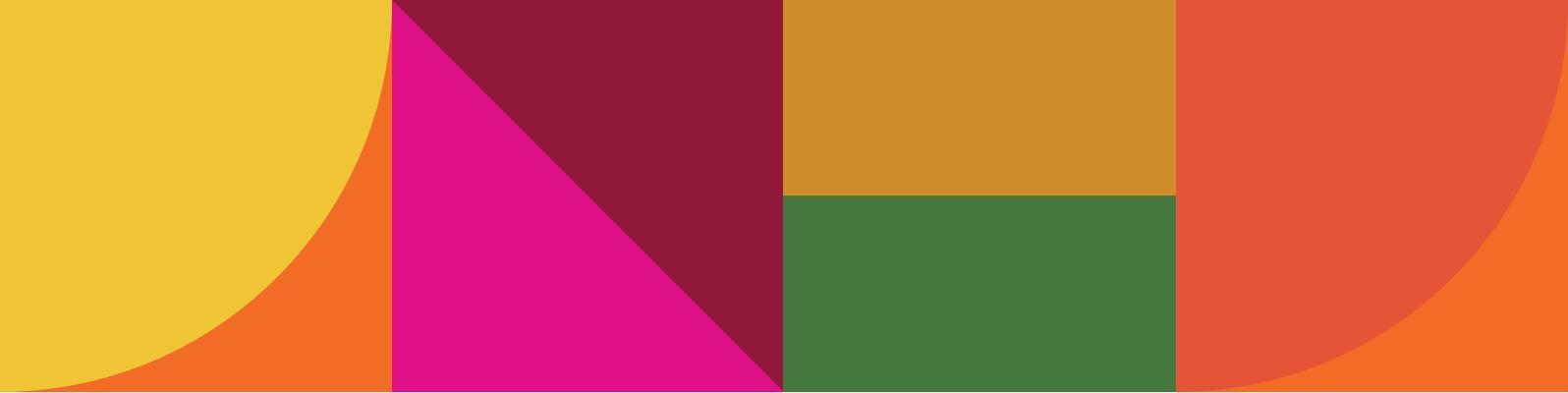




“ENDING THE AIDS EPIDEMIC
BY 2030, AS WE COMMITTED TO
IN THE SUSTAINABLE DEVELOPMENT
GOALS, WILL REQUIRE A CONTINUOUS
COLLABORATIVE EFFORT.”

ANTÓNIO GUTERRES,
UNITED NATIONS SECRETARY-GENERAL





AIDS IS UNFINISHED BUSINESS

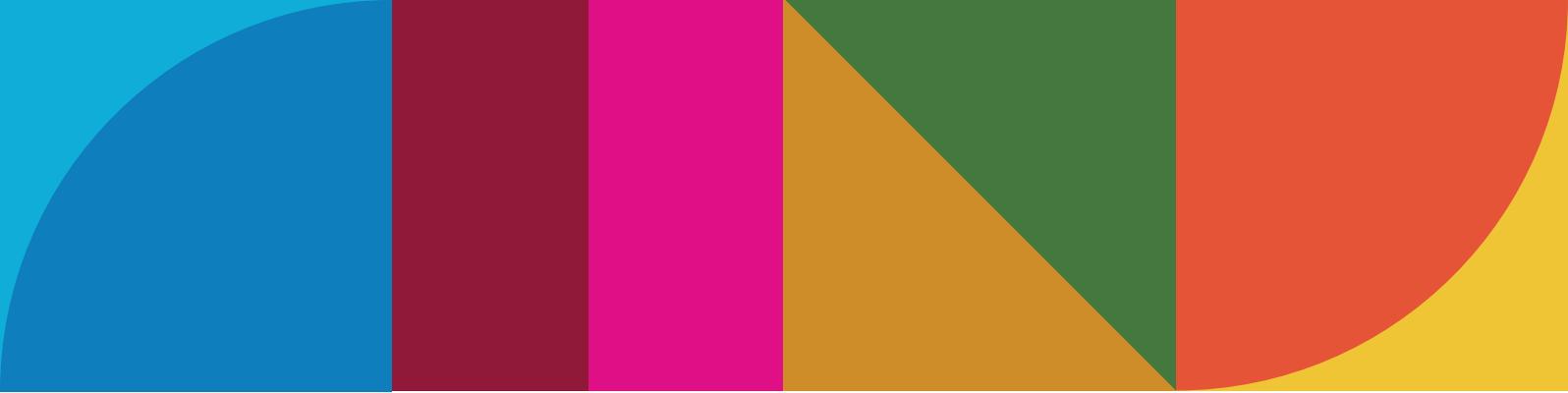
Progress towards ending the AIDS epidemic as a public health threat as part of the 2030 Agenda for Sustainable Development has been highly uneven and the global goals adopted in the 2016 Political Declaration on Ending AIDS were not met.

Stigma and discrimination, gender-based violence, the marginalization and criminalization of entire communities and a lack of access to health, education and other essential services continue to fuel the epidemic. Women and girls in sub-Saharan Africa and key populations (gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in prison) and their partners globally continue to be disproportionately affected by HIV.

The 2021 high-level meeting will be the springboard for a decade of action to reduce inequalities and root out the social determinants that fuel the HIV epidemic. The high-level meeting comes at a historic moment for the AIDS response, 40 years after the emergence of the first cases of HIV and 25 years since the creation of UNAIDS. UNAIDS encourages the highest level of governmental participation in the 2021 high-level meeting and the full engagement of civil society and all other stakeholders through all channels, as agreed in the modalities of the high-level meeting.

Ending AIDS as a public health threat by 2030 is possible

Ending AIDS as a public health threat by 2030 is possible. By 2019, more than 40 countries had crossed or were within reach of a key epidemiological milestone towards ending AIDS.



The Global AIDS Strategy 2021–2026 aims to close the inequalities that drive the AIDS epidemic and put people at the centre and communities in leadership in order to get the world on track to end AIDS as a public health threat by 2030. By achieving the new targets included in the strategy, the number of people newly infected with HIV will fall from 1.7 million in 2019 to 370 000 by 2025, and the number of people dying from AIDS-related illnesses would be reduced from 690 000 in 2019 to 250 000 in 2025.

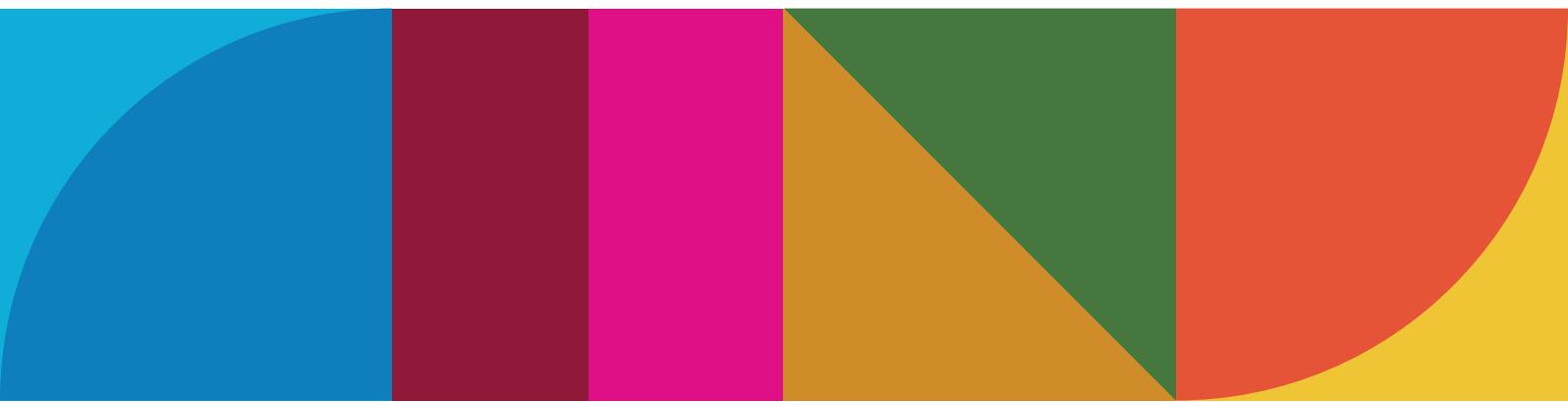
COVID-19 and its impact

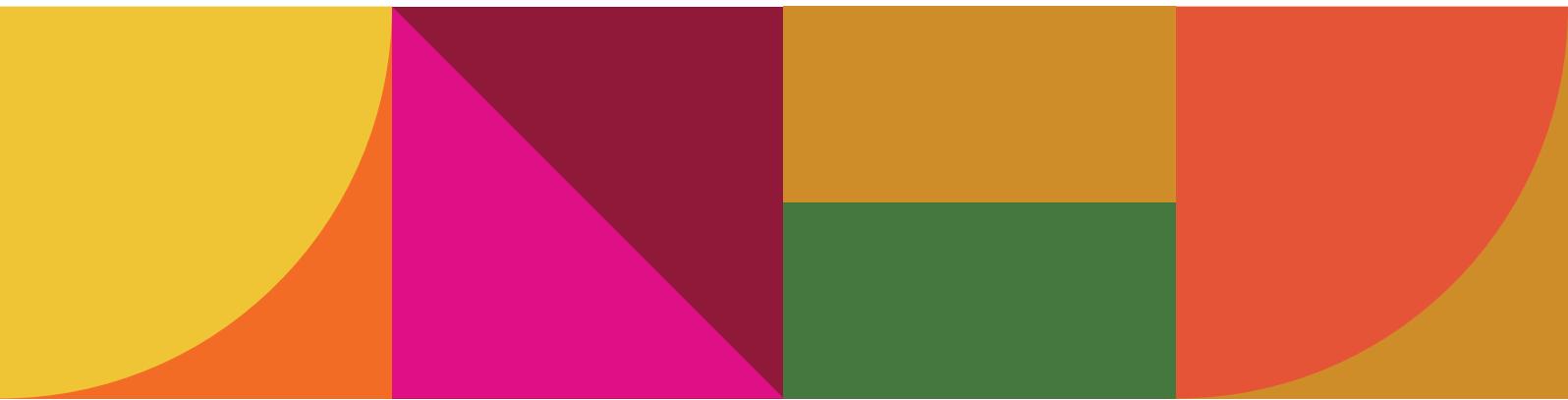
The high-level meeting will take place at a critical moment for global public health policy as COVID-19 has exposed weaknesses in health systems at the global, regional and national levels. The knowledge, expertise and infrastructure built up over 40 years of the AIDS response have been crucial in guiding a human-rights led, people-centred response to the COVID-19 pandemic. But the gains made against HIV are threatened by the disruptions caused by the COVID-19 pandemic.

The high-level meeting creates an opportunity to ensure that the world bolsters the resiliency of the HIV response to date, commits to rapid recovery post-COVID-19 and applies the lessons learned from the colliding epidemics of HIV and COVID-19 to create more resilient societies and health systems that are ready to meet future health challenges.

The meeting will be co-facilitated by Mitch Fifield, Permanent Representative of Australia to the United Nations, and Neville Gertze, Permanent Representative of Namibia to the United Nations.

“THE HIGH-LEVEL MEETING CREATES AN OPPORTUNITY TO ENSURE THAT THE WORLD BOLSTERS THE RESILIENCY OF THE HIV RESPONSE TO DATE, COMMITS TO RAPID RECOVERY POST-COVID-19 AND APPLIES THE LESSONS LEARNED FROM THE COLLIDING EPIDEMICS OF HIV AND COVID-19 TO CREATE MORE RESILIENT SOCIETIES AND HEALTH SYSTEMS THAT ARE READY TO MEET FUTURE HEALTH CHALLENGES.”





GLOBAL AIDS STRATEGY 2021–2026:

an inequalities framework
that puts people at the centre

Result Areas

- 1 HIV prevention
- 2 HIV testing, treatment, care, viral suppression and integration
- 3 Vertical HIV transmission, paediatric AIDS

Strategic priority 1

Maximize equitable and equal access to HIV services and solutions

2025 targets and commitments
95% coverage of a core set of evidence-based HIV services

Cross-cutting issues

1. Leadership, country ownership and advocacy
2. Partnerships, multisectorality and collaboration

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Resource needs
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Develop

5 as a public health threat by 2030

Development Goals



Discrimination

Discrimination
HIV infections
related deaths

Strategic priority 2

Break down barriers to achieving HIV outcomes

2025 targets and commitments
10–10–10 targets for the removal of societal and legal barriers to accessing services

Result Areas

- 4 Community-led responses
- 5 Human rights
- 6 Gender equality
- 7 Young people

Applying a quality lens to the strategic priorities

Cross-cutting issues

- 3. Data, science, research and innovation
- 4. Stigma, discrimination, human rights and gender equality
- 5. Cities

Strategic priority 3

Fully fund and efficient HIV response and integrate into health, social and humanitarian settings and pandemic responses

2025 targets and commitments
Targets and commitments in response to advance HIV coverage, pandemic response and the Sustainable Development Goals

Result Areas

- 8 Fully funded and efficient HIV response
- 9 Integration of HIV into systems for health and social protection
- 10 Humanitarian settings and pandemics

SECRETARY-GENERAL'S Recommendations

In order to advance the decade of action for the Sustainable Development Goals, get the world on track to end AIDS as a public health threat by 2030 and accelerate progress towards the Sustainable Development Goals, Member States and all stakeholders are encouraged to urgently implement the recommendations below.



RECOMMENDATION 01

Member States are urged to reduce and end the acute and intersecting inequalities that are obstructing progress to end AIDS by:

- A** Committing to achieve the holistic set of 2025 targets that address inequalities and will reduce annual new HIV infections to under 370 000 and annual AIDS-related deaths to under 250 000 by 2025;
- B** Establishing epidemiological, behavioural and programmatic monitoring and evaluation systems that provide the granular data needed to reach the populations that are currently being left behind;
- C** Establishing policy and programmatic frameworks that protect the rights of people living with, at risk of and affected by HIV throughout their life course in healthcare, education, workplace, housing, legal and justice systems, humanitarian emergency situations, community and family settings;
- D** Prioritizing funding and actions that bring to scale proven innovative solutions for impact, based on the best available scientific evidence and technical knowledge, as well as in research and development of more effective HIV prevention and treatment methods, including an HIV vaccine and a functional cure for HIV.



RECOMMENDATION 02

Member States are urged to prioritize HIV prevention and ensure that 95 per cent of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options by 2025 by:

- A** Increasing national leadership and resource allocation for proven HIV combination prevention, including condom promotion and distribution, pre-exposure prophylaxis, voluntary male medical circumcision, harm reduction, enabling legal and policy environments and comprehensive sexuality education;
- B** Meeting the diverse HIV prevention needs of key populations, including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings and all people living with HIV;
- C** Delivering integrated services that prevent HIV and unintended pregnancy among adolescent girls and women, including economic empowerment, protection and promotion of their sexual and reproductive health and rights, and interventions that transform unequal gender norms;
- D** Strengthening the role of the education sector as an entry point for HIV prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social and structural factors that perpetuate inequalities and increase HIV risk;
- E** Providing access to quality, gender-responsive and age-appropriate comprehensive sexuality education, both in and out of school, that addresses the realities faced by adolescents and young people in all their diversity;
- F** Removing parental and spousal consent requirements for sexual and reproductive health services, and HIV prevention, testing and treatment services.



RECOMMENDATION

03

Member States are urged to close gaps in HIV testing, treatment and viral suppression that are limiting

the impact of HIV responses, and achieve by 2025 the 95–95–95 testing and treatment targets within all subpopulations, age groups and geographic settings, including children living with HIV by:

- A** Establishing differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including HIV self-testing, and rapidly link newly diagnosed people to treatment;
- B** Using differentiated service delivery models for testing and treatment, including community-led and community-based services that overcome challenges such as those created by the COVID-19 pandemic by delivering treatment to the people in greatest need where they are;
- C** Achieving equitable and reliable access to affordable, high-quality medicines, health commodities and technologies by accelerating their development and market entry, reducing costs, strengthening local development, manufacturing and distribution capacity, including through aligning trade rules and public health objectives under a human rights framework, as well as encouraging the development of regional markets;
- D** Expanding access to the latest technologies for tuberculosis prevention, screening, diagnosis and treatment, ensuring that 90 per cent of people living with HIV receive preventive treatment for tuberculosis by 2025.



RECOMMENDATION

04

Member States are urged to eliminate vertical HIV transmission and end paediatric AIDS by:

- A** Identifying and addressing gaps in the continuum of services for preventing HIV infection among pregnant and breastfeeding women, diagnosing and treating pregnant and breastfeeding women living

with HIV, and preventing vertical transmission of HIV to children;

- B** Ensuring by 2025 that 95 per cent of pregnant women are tested for HIV, syphilis and hepatitis B, that 95 per cent pregnant and breastfeeding women in high HIV burden settings are re-tested during late pregnancy and in the post-partum period, and that all pregnant and breastfeeding women living with HIV are on life-long antiretroviral therapy, with 95 per cent achieving viral suppression before delivery;
- C** Testing, by 2025, 95 per cent of HIV-exposed children by two months of age and after the cessation of breastfeeding, and ensuring that children living with HIV are provided treatment regimens and formulas optimized to their needs;
- D** Finding undiagnosed older children and providing all adolescents living with HIV with a continuum of treatment, care and social protection proven to improve health outcomes as they grow and progress through youth and into adulthood.



RECOMMENDATION

05

Member States are urged to put gender equality and the human rights of women and girls in all their diversity at the forefront of efforts to mitigate the risk and impact of HIV by:

- A** Fulfilling the right to education of girls and young women, economically empowering women through skills trainings and employment opportunities, scaling up social protection interventions for girls and young women, and engaging men and boys in intensified efforts to confront unequal socio-cultural gender norms and undo harmful masculinities;
- B** Providing tailored services to prevent gender-based and sexual violence, including interventions that address multiple and intersecting forms of discrimination and violence faced by women living with HIV, indigenous women, women with disabilities, transgender women, sex workers, migrant women and other marginalized populations;
- C** Ensuring, by 2025, that 95 per cent of women of reproductive age have their HIV and sexual and reproductive health service needs met;

- D Reducing to no more than 10 per cent the number of women, girls, people living with HIV and key populations who experience gender-based inequalities and gender-based violence by 2025.



RECOMMENDATION

06

Member States are urged to implement the Greater Involvement of People Living with HIV/AIDS principle and empower

communities of people living with HIV, women, adolescents and young people and key populations to play their critical HIV response roles by:

- A Ensuring their global, regional, national and sub-national networks are included in decision-making and provided with sufficient technical and financial support;
- B Revising, adopting and implementing laws and policies that enable the sustainable financing of people-centred, community-led HIV service delivery, including through social contracting and other public funding mechanisms;
- C Supporting community-led monitoring and research, and ensuring that community-generated data are used to tailor responses to protect the rights and meet the needs of people living with HIV and other key populations;
- D Greatly increasing the proportion of HIV services delivered by community-, key population- and women-led organizations, including ensuring that 30 per cent of testing and treatment services are delivered by community-led organizations by 2025.



RECOMMENDATION

07

Member States are urged to respect, protect and fulfil the human rights of people living

with, at risk of and affected by HIV and ensure by 2025 that less than 10 per cent of people living with HIV and key populations experience stigma and discrimination by:

- A Removing punitive and discriminatory laws, policies and practices that block effective responses to HIV—including those that criminalize sex work, gender identity, sexual orientation, drug use, consensual same-sex relations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—with the aim of ensuring that less than 10 per cent of countries have punitive legal and policy environments that lead to the denial or limitation of access to services by 2025;
- B Adopting and enforcing legislation, policies and practices that realize the rights to health, education, food and nutrition support, housing, employment, and social protection, and that prevent the use of criminal and general laws to discriminate against people living with HIV and key populations;
- C Expanding investment in societal enablers in low-income and middle-income countries to \$ 3.1 billion by 2025 and accelerating interventions to end stigma and discrimination;
- D Ensuring accountability for HIV-related human rights violations by securing access to justice for people living with or affected by HIV and key populations through the establishment of legal literacy programmes, increasing their access to legal support and representation, and expanding sensitization training for health-care workers and other duty bearers.



RECOMMENDATION

08

Member States are urged to enhance global solidarity to close the HIV response resource gap

and increase annual HIV investments in low- and middle-income countries to \$29 billion by 2025 by:

- A Mobilizing additional domestic resources for HIV investments through a wide range of mechanisms, including public-private partnerships, debt cancellation and restructuring, and progressive integration of HIV response financing within domestic financing systems for health, social protection, emergency responses and pandemic responses;

- B** Complementing domestic resources through greater South-South, North-South and triangular cooperation and renewed commitments from bilateral and multilateral donors—including through the Global Fund to Fight AIDS, Tuberculosis and Malaria—to fund remaining resource needs, especially for HIV responses in countries with limited fiscal ability, with due attention to the financing of services for key populations and community-led responses.



RECOMMENDATION 09

Member States are urged to accelerate progress towards universal health coverage and strong primary health care

systems, build forward better and fairer from COVID-19 and humanitarian crises, and strengthen global health security and future pandemic preparedness by:

- A** Investing in robust, resilient, equitable, and publicly-funded health and social systems that provide 90 per cent of people living with HIV and people at risk with people-centred and context-specific integrated services for HIV and other communicable diseases, noncommunicable diseases, sexual health and gender-based violence, mental health, alcohol and drug dependence, and other services they need for their overall health and well-being by 2025;
- B** Utilizing the experience, expertise, infrastructure and multisectoral coordination of HIV actions across diverse sectors such as health, education, law and justice, economics, finance, trade, information, social protection and health as well as among development, humanitarian and peace-building actions;
- C** Building on the resilience and innovation demonstrated by community systems during the COVID-19 pandemic in reaching affected communities with essential health services, including multi-month dispensing of antiretroviral medicines and other lifesaving medications, COVID-19 testing and other health and social services;

- D** Increasing the availability of essential medicines and health technologies and ensuring their fair allocation among and within countries through pooled procurement mechanisms, voluntary licensing, financial incentives and the full use of the Trade-Related Aspects of Intellectual Property Rights flexibilities.



RECOMMENDATION 10

Member States are urged to leverage the 25 years of experience, expertise and mandate of the Joint United

Nations Programme on HIV/AIDS (UNAIDS) in building multisectoral, multi-stakeholder and rights-based collaborative action to end AIDS and deliver health for all as global public good by:

- A** Fully resourcing the UNAIDS Joint Programme and supporting its efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS and to remain a pathfinder for the United Nations reform;
- B** Reporting progress to UNAIDS annually on national HIV epidemics and responses, using robust monitoring systems that identify inequality gaps in service coverage and HIV response outcomes, to inform the General Assembly, the Economic and Social Council and the high-level political forum on sustainable development.

Looking forward, Member States should consider a holistic and comprehensive approach to reviewing progress on the commitments made in 2021, including the achievement of the agreed 2025 global targets, at relevant future high-level meetings, such as the high-level meeting on Universal Health Coverage in 2023, reflecting the multisectoral nature of efforts to end the AIDS pandemic by 2030.

75.7 MILLION

people have become infected with HIV since the start of the epidemic (end 2019)

32.7 MILLION

people have died from AIDS-related illnesses since the start of the epidemic (end 2019)

38.0 MILLION

people living with HIV in 2019

26 MILLION

people living with HIV accessing HIV treatment in June 2020

1.7 MILLION

new HIV infections in 2019

690 000

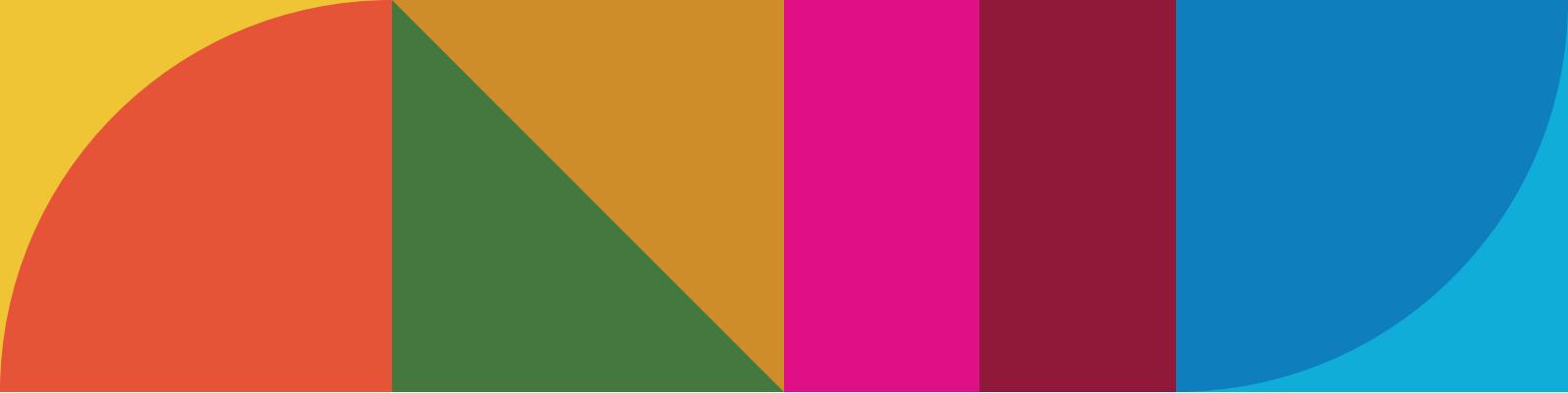
AIDS-related deaths in 2019

60%

reduction in AIDS-related deaths since the peak in 2004

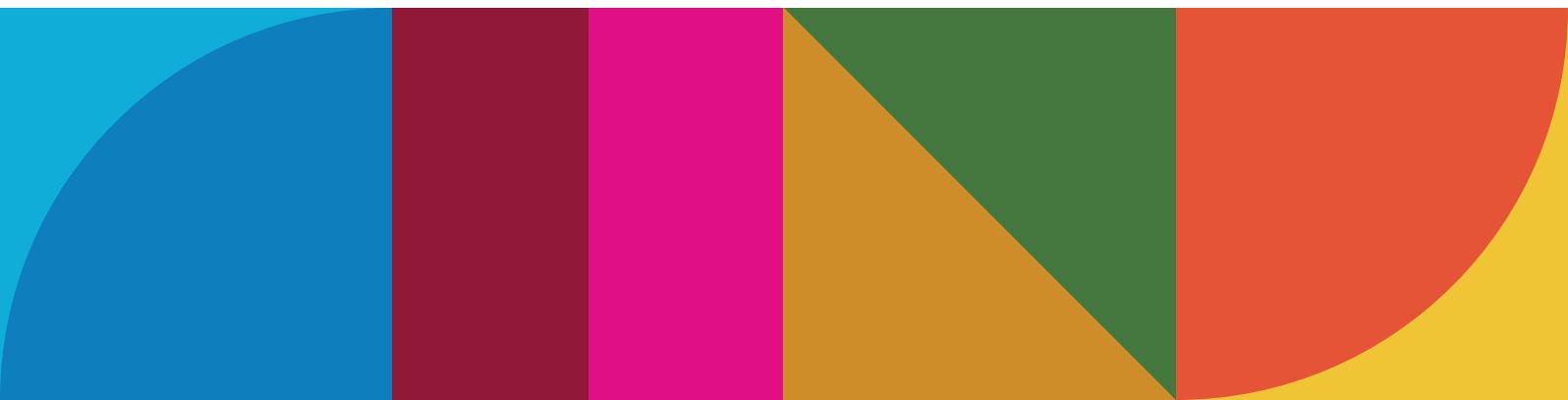
40%

reduction in new HIV infections since the peak in 1998



“OUR GOAL OF ENDING THE AIDS EPIDEMIC WAS ALREADY OFF TRACK BEFORE COVID-19. WE MUST PUT PEOPLE FIRST TO GET THE AIDS RESPONSE BACK ON TRACK. WE MUST END THE SOCIAL INJUSTICES THAT PUT PEOPLE AT RISK OF CONTRACTING HIV. AND WE MUST FIGHT FOR THE RIGHT TO HEALTH.”

WINNIE BYANYIMA
EXECUTIVE DIRECTOR, UNAIDS



#HLM2021AIDS

