



2030 HIV
Targets

Global HIV Target Setting for 2030

Global Task Team on 2030 Targets
Recommendations

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Foreword

Since 2014, UNAIDS has worked with countries and partners to develop evidence-based global HIV targets that will galvanize and motivate all HIV stakeholders in pursuit of the Sustainable Development Goal (SDG 3.3) of ending AIDS as a public health threat by 2030. Global HIV targets are set in 5-year increments that identify the actions all countries need to take to achieve that overarching SDG goal.

A good example of the success of the HIV targets is the well-recognized global HIV 90-90-90 testing and treatment targets set to be reached by 2020, whereby 90% of people living with HIV are diagnosed, 90% of those diagnosed are on ART and 90% of those are virologically suppressed. There was widespread adoption of the 90-90-90 targets by countries, communities, donors and stakeholders who rallied behind these strategic targets. A few countries achieved the 90-90-90 goals, but not across all sub-populations and ages at highest risk, especially women and girls.

In 2020, the ambition of the testing and treatment targets were raised to 95-95-95 to be achieved by 2025 and established to be more granular to ensure all ages and populations at highest risk were reached and impacted by 2025. This increased aspiration, set in 2020 and adopted by countries in 2021, was important because the higher treatment coverage and viral load suppression would potentially reduce new HIV infections pushing countries closer toward reaching the SDG goal. UNAIDS is currently establishing HIV targets for 2030, building upon the 95-95-95 targets, which will drive toward the end of AIDS as a public health threat.

This next set of targets for 2030 aims to ensure that people living with HIV live long and healthy lives. They also look toward a sustainable future by driving down new HIV infections more rapidly. A new target is being introduced to achieve 90% viral load suppression among people living with HIV. This new target is more aspirational than the 95-95-95 treatment targets. This target complements the prevention targets which emphasize increased prevention options for people at different situations of their lives.

UNAIDS is releasing this recommended set of targets to help inform the next 2026-2031 global AIDS strategy development process, build commitments in advance of the political declaration on HIV and AIDS and to support countries that are already setting national targets. As with the large-scale adoption of the 90-90-90 targets, we hope all countries and stakeholders will focus on these targets in the coming years to get us closer to the 2030 SDG target of ending AIDS as a public health threat.

We appreciate the members of the Global Task Team for developing these recommended 2030 targets.

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Background

In 2021, at the United Nations General Assembly on HIV, member states committed to a set of global targets that would set countries on the path to achieve the Sustainable Development Goal (SDG) of ending AIDS as a public health threat by 2030. These targets were to be reached by 2025.

In March 2024, the UNAIDS Executive Director established a Global Task Team of experts across government, civil society, donors, academic and public health institutes, to recommend a new set of global targets for the HIV response beyond 2025. These targets define what is required to reach the global goal of ending AIDS as a public health threat by 2030 and will be proposed for adoption by United Nations Member States at the 2026 United Nations High-Level Meeting on HIV/AIDS. Finalization of the targets will be followed by the development of a global strategy that will outline how these targets can be achieved. The Global Task Team drafted the following recommendations.

The 2030 HIV targets aim to:

- Generate commitment and action in all countries of the world.
- Ensure continuity with the existing Global AIDS Strategy 2021–2026 where evidence remains relevant and existing 2025 targets have not been achieved.
- Define the highest priorities for the HIV response and simplify accountability by reducing the number of targets as compared with the set of targets for 2025.
- Define a path towards a more integrated effort to achieve the goal of ending AIDS alongside other relevant SDGs and global health targets, such as maternal and child health (MCH), sexual and reproductive health (SRH), tuberculosis and other communicable diseases, non-communicable diseases (NCDs), cervical cancer and education.

The targets support countries to achieve three goals by 2030:

The targets aim to support all countries to achieve three goals by 2030, aligned with SDG target 3.3 on ending AIDS as a public health threat by 2030. These three overarching goals include:

- (1). Reduce new HIV infections by 90% from 2010 and a continued 5% decline per year after 2030.
- (2). Reduce AIDS-related deaths by 90% from 2010.
- (3). Secure the sustainability of the HIV response through 2030 and beyond.

The inclusion of sustainability is critical to the HIV response and is supported by targets on continued decline in new HIV infections after 2030, on financial resources, and on societal enablers and community support.

Accountability for the targets

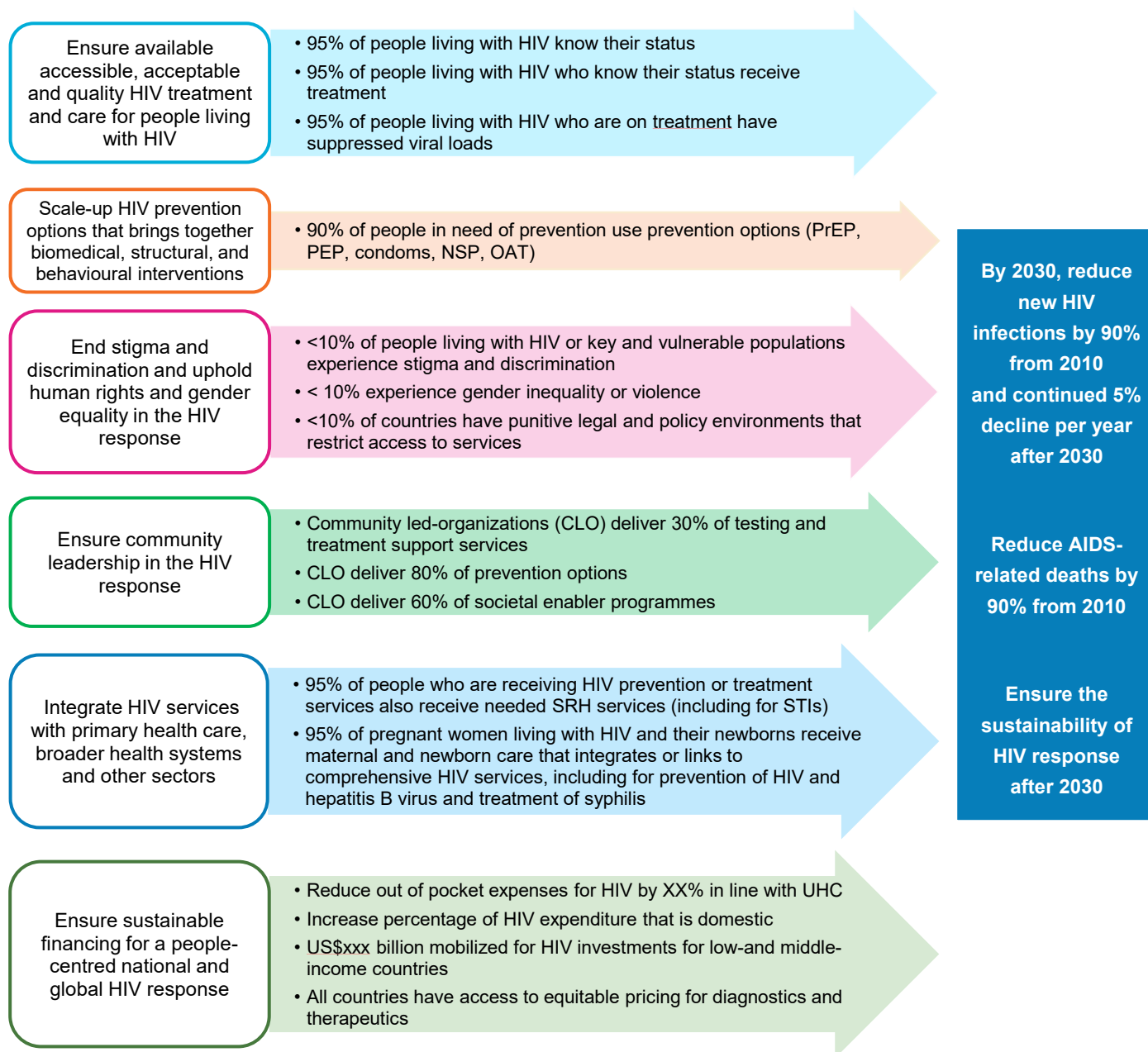
Progress will be monitored through country reporting within the Global AIDS Monitoring (GAM)¹ framework, which will be updated to align with the new set of targets. UNAIDS will release these data annually through the [AIDSinfo](https://aidsinfo.unaids.org/) website (<https://aidsinfo.unaids.org/>) and the Global AIDS Update Report.

¹ [Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS — Global AIDS Monitoring 2025](#).

16 topline targets to reach by 2030

In support of the global goals to reduce new HIV infections and AIDS-related deaths by 90% and secure a sustainable HIV response beyond 2030, the Global Task Team has defined 16 topline targets in six priority areas (Figure 1). Achieving these targets will secure an impactful and sustainable HIV response and support efforts to address persistent inequalities that prevent countries from reaching their development goals. The Global Task Team has further recommended a set of 50 second-tier targets (see page 7) that countries should consider in national HIV response strategies and programmes if they fail to reach the 16 topline targets outlined below.

Figure 1. The 16 topline targets to end AIDS as a public health threat by 2030 and ensure the sustainability of the response post-2030^{2,3}



*NSP: needle/syringe programme; PEP: post-exposure prophylaxis; PrEP: pre-exposure prophylaxis; OAT: opioid agonist therapy; PHC: primary health care).

² The targets will be disaggregated as appropriate by gender, age and key population

³ Targets on financing will only be available after April 2025.

Recommended 2030 Targets

The full list of targets for 2030 proposed by the Global Task Team are listed below, including two overarching targets, 16 topline targets and 50 second-tier targets. These targets will be proposed for adoption by United Nations Member States at the 2026 United Nations High-Level Meeting on HIV/AIDS.

The targets listed below have been designed to be clear and measurable. Their aim is to guide countries to adopt an evidence-based and rights-based approach to achieving the overall goal of ending AIDS as a public health threat by 2030 (SDG 3.3).

Note: In the below tables, the 16 topline targets are highlighted in bold and with a color matching their corresponding priority area from figure 1.

Overarching targets

| Target | Data source | Previous target |
|---|----------------------------------|-------------------------------------|
| A 90% reduction in new HIV infections between 2010 and 2030 and a continued reduction of 5% per year post-2030. | UNAIDS epidemiological estimates | 2025 ⁴ target (adjusted) |
| A 90% reduction in AIDS-related deaths since 2010. | UNAIDS epidemiological estimates | 2025 target |

Area 1. Ensure available, accessible, acceptable and quality HIV treatment and care for people living with HIV.

| | Target | Data source | Previous target |
|---|---|---|-----------------|
| 1 | 95% of people who are living with HIV know their HIV status⁵. | GAM 2.1, 1.4. ⁶ Programme data plus epidemiological estimates. For key populations (KPs): integrated biological and behavioural surveillance (IBBS). | 2025 target |
| 2 | 95% of people living with HIV who know their status are on treatment. | GAM 2.2, 2.6. Programme data plus epidemiological estimates. For key populations: IBBS. | 2025 target |
| 3 | 95% of people living with HIV on treatment have a suppressed viral load. | GAM 2.3. | 2025 target |

⁴ “2025 targets” are the existing 2025 targets that are proposed to be extended to 2030 as they have not been achieved and are still relevant. “New” are newly proposed recommendations. WHO targets are existing targets in WHO strategies and frameworks that are being adopted here as priority for the HIV response and would be monitored only once against both programmes.

⁵ *Disaggregations may include, as appropriate:* For key population groups (sex workers, gay men and other men who have sex with men, people who inject drugs, people in prisons and other closed settings and transgender people), pregnant women, breastfeeding women and core age groups (i.e. children younger than 15, young adults 15–24, adults 15–49 and adults 50+).

⁶ [Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS — Global AIDS Monitoring 2025.](#)

| | | | |
|----|--|---|------------------------|
| | | Programme data plus epidemiological estimates. | |
| 4 | 95% of people newly diagnosed with HIV and people reinitiating antiretroviral therapy (ART) are screened for advanced HIV disease (AHD) as measured by CD4 count or WHO staging when CD4 is not available. | Programme data. | New |
| 5 | 30% of HIV testing and supportive services related to care and treatment are delivered by community-led organizations, including key population led and women-led organizations. | Advisory group on monitoring these targets working on measurement sources and methods. Currently, policy data are used as proxy measures. | 2025 target |
| 6 | 95% of HIV-exposed children are tested by two months of age. | GAM 3.2. Programme data plus epidemiological estimates. | 2025 target |
| 7 | 95% of HIV-exposed infants and children are tested after cessation of breastfeeding. | Programme data plus epidemiological estimates. | 2025 target |
| 8 | 95% of pregnant women receive antenatal care and know their HIV status. | GAM 3.1. Programme data plus epidemiological estimates. | 2025 target (reworded) |
| 9 | 90% of people living with HIV entering care through either HIV or TB services receive testing (and treatment if needed) for the other disease. | Programme data | 2025 target (reworded) |
| 10 | 95% of people living with HIV have received preventive therapy for TB. ⁷ | Programme data | Existing WHO target |
| 11 | 90% reduction in TB-related deaths among people living with HIV (compared to 2010). | WHO estimates | 2025 target |

Area 2. Scale-up HIV prevention options that bring together biomedical, structural, and behavioural interventions.

| | Target | Data source | Previous target |
|---|--|--|-----------------|
| 1 | 90% of people in need of prevention use appropriate, prioritized, person-centred and effective prevention options (pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), condoms, needle/syringe programmes (NSPs), opioid agonist therapy (OAT) (topline). | Population-based surveys | 2025 target |
| 2 | 80% of people use a condom at last sex with a non-regular partner. | GAM 1.14. Population-based surveys. | New |

⁷ Global tuberculosis programme. Geneva: WHO; 2024. [Global Tuberculosis Programme](#).

| | | | |
|----|--|---|-------------|
| 3 | 50% of people at high risk of acquiring HIV (including key populations) use effective, ARV-based, prevention options: oral PrEP, long-acting PrEP, PEP (target levels in line with epidemiology and people's choices). | Programme records. | New |
| 4 | 95% of sex workers and their clients used a condom at last paid sex. | IBBS, population-based surveys. | New |
| 5 | 95% of people who inject drugs used safe injecting equipment during their last injection. | GAM 1.8. IBBS. | New |
| 6 | 50% use of opioid agonist maintenance treatment among people who inject opioids. | GAM 1.10. Programme data, IBBS. | 2025 target |
| 7 | 95% of adolescent girls and young women, adult women, pregnant and breastfeeding women, and adolescent boys and men, effectively reached with people-centred HIV prevention programmes (HIV prevention related contact with health services, (including SRH quality services), community outreach, virtual interventions, schools or other providers). | Population-based surveys or programme data. | New |
| 8 | 90% of schools provide life skills-based HIV and sexuality education. | Annual School Census questionnaire or the UNESCO Institute for Statistics (UIS) Annual Survey of Formal Education questionnaire. | 2025 target |
| 9 | 95% of key populations effectively reached with people-centred HIV prevention programmes. | GAM 1.6, 1.7. Programme data, IBBS. | 2025 target |
| 10 | 95% of the estimated need for condoms is available and distributed. | Programme data versus needs estimates. | New |
| 11 | 95% of the estimated need for PrEP is available and distributed. | Programme data versus needs estimates. | New |
| 12 | 95% of the estimated need for PEP is available and distributed. | Programme data versus needs estimates. | New |
| 13 | 95% of the estimated need for sterile syringes is available and distributed. | Programme data versus needs estimates. | New |
| 14 | 80% of people-centred HIV prevention programmes for key populations to be delivered by community-led organizations. | Work is ongoing on measurement sources and methods. Policy data on the operating environment for community-led service delivery are being used as proxy measures. | 2025 target |
| 15 | 90% of all people living with HIV are virally suppressed by 2030, increasing to 95% by 2040. ⁸ | GAM 2.3. Programme data plus epidemiological estimates. | New |

⁸ This target is closely related to the target that 95% of people receiving treatment are virally suppressed. However, it is measured among all people living with HIV and recognizes the importance of population-level viral suppression and its contribution to preventing new HIV infections. It is also more ambitious than the 95–95–95 targets, which would lead to 86% of people living with HIV having a suppressed viral load, reflecting the important need for countries to be more ambitious with the testing and treatment programmes.

Area 3. Integrate HIV services into primary health care (PHC), broader health systems and other sectors

| | Target | Data source | Previous target |
|---|--|---|--|
| 1 | 95% of people who are receiving HIV prevention or treatment services also receive sexual and reproductive health services they need (including for STIs). | To be determined. | 2025 target (reworded). |
| 2 | 95% of pregnant women living with HIV and their newborns receive maternal and newborn care that integrates or links to comprehensive HIV services, including for prevention of the triple vertical transmission of HIV and hepatitis B virus and treatment of syphilis. | To be determined. | 2025 target |
| 3 | 90% of women living with HIV screened for cervical cancer at least once in the last five years. | Programme data. | New |
| 4 | 90% of women living with HIV identified with cervical disease are treated and 90% of women with precancer are treated. | GAM 7.10, 7.11. Programme data. | New |
| 5 | 80% of people living with HIV in need receive screening for hypertension and diabetes ⁹ . | Programme data. | Aligned with WHO's 2030 target for diabetes. |
| 6 | 90% of people living with HIV in HIV care receive screening for depression. | Programme data. | New |
| 7 | 90% of gay men and other men who have sex with men and sex workers are screened for syphilis. | GAM 7.3. IBBS ¹⁰ or programme data. | 2025 target (revised). |
| 8 | 90% of people living with HIV tested for hepatitis C ¹¹ . | Programme data. | Existing 2030 WHO target for Hep C |
| 9 | 90% of people living with hepatitis B diagnosed ¹² | Programme data plus biomarker surveys or epidemiological estimates. | Aligned with the WHO target for Hep B. |

⁹ First-ever global coverage targets for diabetes adopted at the 75th World Health Assembly. Geneva: WHO; 28 May 2022. [First-ever global coverage targets for diabetes adopted at the 75th World Health Assembly](#)

¹⁰ IBBS: Integrated Biological and Behavioral Surveillance.

¹¹ Global HIV, hepatitis and STIs programmes. Geneva: WHO; 2024; p. 62.

¹² Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030. Geneva: WHO; 2024; p. 62. [Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030](#)

Area 4. End stigma and discrimination and uphold human rights and gender equality in the HIV response

| | Target | Data source | Previous target |
|----|---|--|-----------------|
| 1 | Less than 10% of countries have punitive legal and policy environments that deny or limit access to services (topline target). | Topline target not measured; sub-targets measured. | 2025 target |
| 2 | Less than 10% of people living with HIV and people from key populations lack access to legal services. | NCPI ¹³ . | 2025 target |
| 3 | Less than 10% of countries criminalize sex work, possession of small amounts of drugs, same-sex sexual behaviour and HIV transmission, exposure, or non-disclosure. | NCPI plus national legal document reviews. | 2025 target |
| 4 | Less than 10% of countries lack mechanisms for people living with HIV and people from key populations to report abuse and discrimination and seek redress. | NCPI. | 2025 target |
| 5 | Over 90% of people living with HIV who experienced rights abuses have sought redress. | GAM 6.7. People living with HIV Stigma Index 2.0. | 2025 target |
| 6 | Less than 10% of key populations experienced harassment, arrest, detention, or incarceration in the past year at the individual level. | IBBS. | New |
| 7 | Less than 10% of people living with HIV and key populations (gay men and other men who have sex with men, sex workers, transgender and people who inject drugs) experience stigma and discrimination (topline target). | Topline target not measured, sub-targets measured. | 2025 target |
| 8 | Less than 10% of the general population reports discriminatory attitudes towards people living with HIV. | GAM 6.1. Population-based surveys. | 2025 target |
| 9 | Less than 10% of health workers report negative attitudes towards people living with HIV. | GAM 6.8. Health facility survey. | 2025 target |
| 10 | Less than 10% of health workers report negative attitudes towards key populations. | GAM 6.9. Health facility survey. | 2025 target |
| 11 | Less than 10% of law enforcement officers report negative attitudes towards key populations. | GAM 6.10. Police survey. | 2025 target |
| 12 | Less than 10% of people from key populations experience stigma and discrimination. | GAM 6.5. IBBS. | 2025 target |

¹³ National Commitments and Policy Instrument https://indicatorregistry.unaids.org/sites/default/files/2024-global-aids-monitoring_en.pdf

| | | | |
|----|--|---|-----------------------|
| 13 | Less than 10% of people living with HIV experience stigma and discrimination in healthcare and community settings. | GAM 6.3, 6.4. People living with HIV Stigma Index 2.0. | 2025 target |
| 14 | Less than 10% of people living with HIV report internalized stigma. | GAM 6.2. People living with HIV Stigma Index 2.0. | 2025 target |
| 15 | Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence (topline target). | Topline target not measured, sub-targets measured. | 2025 target |
| 16 | Less than 10% of women and girls experience psychological, physical, or sexual violence from an intimate partner. | SDG 5.2.1. Population-based surveys. | 2025 target |
| 17 | Less than 10% of people from key populations (gay men and other men who have sex with men, sex workers, transgender and people who inject drugs) experience physical or sexual violence. | IBBS. | 2025 target |
| 18 | Less than 10% of people support inequitable gender norms. | GAM 4.2. Population-based surveys. | 2025 target (GAM 4.2) |
| 19 | More than 90% of HIV services are gender responsive. | GAM 4.3. Facility checklist. | 2025 target (GAM 4.3) |
| 20 | Less than 10% of people living with HIV experience physical or sexual violence. | No source available. | 2025 target |
| 21 | Less than 10% of women living with HIV experience coercion, mistreatment, or abuse in sexual and reproductive health services. | People living with HIV Stigma Index 2.0. | New |

Area 5. Ensure community leadership in the HIV response [to be read in conjunction with areas 1 and 2]

| | Target | Data source | Previous target |
|---|--|---|-----------------|
| 1 | 60% of programmes that support achievement of the societal enablers to be delivered by community-led organizations, including key population-led and women-led organizations. | Work is ongoing on measurement sources and methods. Policy data on the operating environment for community-led service delivery are being used as proxy measures. | 2025 target |
| 2 | 90% of countries remove regulatory barriers for HIV-related community-led organizations (registration, eligibility, etc.). | To be determined | New |
| 3 | 90% of countries incorporate community-led monitoring data into national decision-making processes to strengthen accountability in HIV and TB programmes. | To be determined | New |

Area 6. Ensure sustainable financing for a people-centered national and global HIV response

| | Target | Data source | Previous target |
|---|--|---|--------------------------|
| 1 | Countries commit to sustaining the HIV response by progressively increasing domestic funding; low-income countries reach 30%, low and middle-income countries reach 50%, and upper and middle-income countries reach 95% of their total funding for HIV. | National AIDS spending assessments (NASAs), national health accounts (NHA) and GAM 8.3. | 2025 target |
| 2 | Countries monitor and report on resources allocated to community-led and other civil society organizations to deliver: community-led monitoring (CLM); programmes addressing societal enablers; and HIV prevention, testing and supportive services to treatment and care from both national governments and international sources | GAM 8.3 NASAs with an enhanced focus on resource tracking for community-led responses, as introduced in GAM in 2024 and health accounts. | New |
| 3 | National policies specify a reduction in out-of-pocket expenditures (OOPEs)¹⁴ in accordance with WHO Universal Health Coverage guidelines. | GAM 8.3. NHA-HIV sub accounts that report OOPEs and NASAs. | Aligned with WHO targets |
| 4 | MEASURED AT GLOBAL LEVEL Mobilize HIV Investments of XX billion annually in LMICs by 2030. (Exact number being estimated). | GAM 8.3 Donor reporting and NASA. | 2025 target |
| 5 | MEASURED AT GLOBAL LEVEL Mobilize an average of XX% of the required resources for HIV prevention in low- and middle-income countries tailored to the unique needs of each country. | GAM 8.3. NASA | 2025 target |
| 6 | MEASURED AT GLOBAL LEVEL Mobilize an average of XX% of the required resources for societal enablers in low- and middle-income countries, tailored to the specific needs of each country and leveraging the latest opportunities. | GAM 8.3, NASA. | New |
| 7 | MEASURED AT GLOBAL LEVEL All countries have access to equitable pricing for diagnostics and therapeutics.¹⁵ | GAM 8.2 | Existing WHO target |

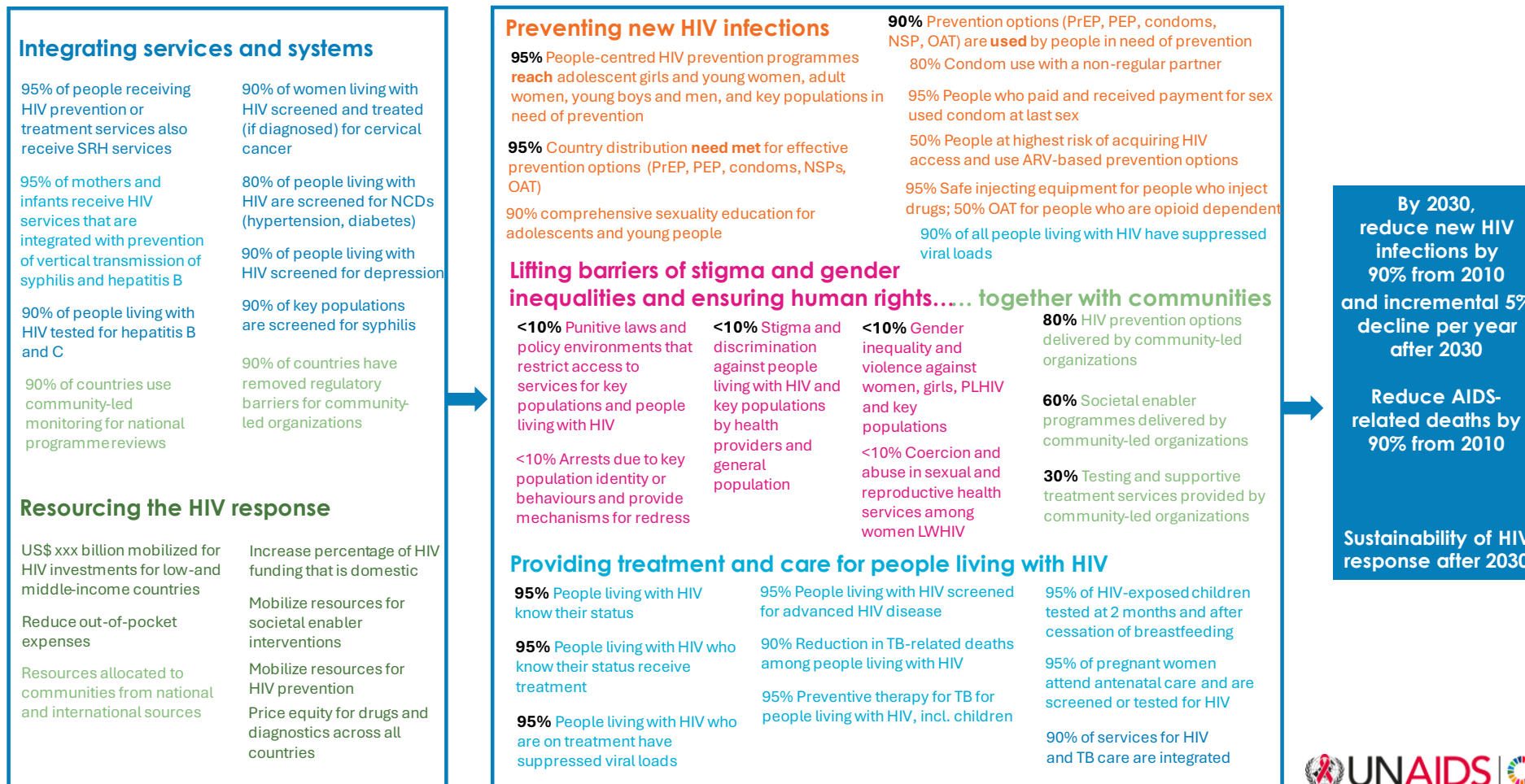
¹⁴ SDG Target 3.8.2. New York: United Nations; SDG 3.8.2 Catastrophic health spending (and related indicators)

¹⁵ WHO UHC technical brief. Geneva: WHO; 2017. [Equitable access to medicines.indd](https://iris.who.int/bitstream/handle/10665/258914/Equitable_access_medicines.indd) (accessed: 17 January 2025): https://iris.who.int/bitstream/handle/10665/258914/Equitable_access_medicines.pdf?sequence=1

A framework for the 2030 targets

A summary representation of the targets and their linkages, showing how they can support achievement of the 2030 goals is provided below.

HIV targets to achieve the 2030 goals



Annex 1. Key messages

What's new in the recommended 2030 targets?

The 2030 proposed targets incorporate the latest evidence, science and experience while building on the 2025 targets for the HIV response. The targets incorporate evidence-based and rights-based approaches and, as the disaggregated results are reviewed and gaps are addressed, will support efforts to remove inequalities that limit the ability of countries to end AIDS. There are five key messages within the 2030 targets.

1. Expand access and ensure continuity of treatment to close the persisting treatment gaps and achieve viral load suppression.

- A call for the 95-95-95 targets to be scaled up for everyone—children, young people, women and men and all key populations.
- A new target to monitor advanced HIV disease, or AIDS, will indicate whether services are reaching people who need them in a timely manner and whether people are being missed in diagnoses and treatment services.
- A call on countries to provide equitable access to medicines, including HIV treatment.
- Participation of communities in delivering supportive services related to care and treatment.

2. Scale-up HIV prevention options and access for all vulnerable populations, taking advantage of new HIV prevention technologies (e.g. long-acting PrEP).

- A new target for population-level viral load suppression aims to ensure countries that have met or are close to meeting the 95-95-95 targets continue to make progress in their testing and treatment efforts to allow people living with HIV to have healthy lives and also to recognize that treatment is prevention and ultimately reduces viremia in the total population.
- An ambitious target to leverage the power of ARV-based HIV prevention (PrEP), ensuring that 50% of people at high risk of acquiring HIV have access to PrEP.
- A call on countries to provide equitable access to medicines, including for prevention.
- Participation of communities in service delivery of HIV prevention programmes.

3. Integrate HIV services with broader health services, in relevant health interventions (MCH/ANC, SRH/STIs, TB and chronic care for non-communicable diseases) and in other sectors of development (such as education, gender, justice).

- These targets are intended to be well aligned with existing global and country commitments made at the World Health Assembly and other international forums.
- New targets on the integration of services for people living with HIV with services for SRH, viral hepatitis, NCDs, cervical cancer, and mental health.
- A new target measuring access to syphilis screening among selected key populations.

- A new target specifically measuring experience of coercion or abuse in SRH services in addition to the existing targets on stigma and discrimination, criminalization and gender inequality.
- A new target calling for wider access to HIV testing integrated within antenatal care services for women.

4. Empower community leadership in all areas of the HIV response, with a focus on reducing inequalities and supporting access to quality, stigma-free services.

- The current 2025 targets for societal enablers (the 10-10-10 targets) to remove criminalizing laws, end stigma and discrimination (including in health-care settings) and end gender-based violence are retained.
- A new target to monitor the harassment and arrest of people living with or at risk of HIV is included for 2030.
- Leveraging the power of communities and putting in place the mechanisms for their participation in a long-term, sustainable response by reconfirming the existing three 2025 targets relating to the role of community-led organizations in the delivery of testing, treatment, prevention and societal enabler services.
- Two new targets for communities are proposed:
 - Addressing the shrinking space for civil society with a target to ensure that countries make a regulatory framework available for communities of people living with or affected by HIV to operate and fully support results in the HIV response.
 - A target to ensure that countries use data from community-led monitoring to inform programmes.

5. Lay the foundation for sustainable financing of the HIV response through incremental increases in domestic financing, while also limiting out-of-pocket expenses.

- On financing, there will be a global resource needs target.
- A new target for domestic resources to improve sustainability of the HIV response and a specific target for limiting out of pocket expenses, in line with the goals of Universal Health Coverage and to ensure that the costs of HIV services are not borne by the individuals affected.
- There are also specific targets on financing HIV prevention, societal enablers and communities to bridge the gaps and current inequalities that prevent progress.

What is the difference between “ending AIDS” and “epidemic control”?

- Ending AIDS as a public health threat, or ending AIDS in short, is defined as a 90% reduction in both the number of people newly acquiring HIV and the number dying of an AIDS-related cause from the 2010 estimates. Achieving the proposed 2030 HIV targets will bring most countries in reach of this goal.
- Epidemic control is an epidemiological concept that occurs when the HIV epidemic is contracting. There are multiple ways of measuring epidemic control¹⁶. The most frequently used metric is the incidence mortality ratio, suggesting that epidemic control is achieved when there are fewer new HIV infections than total deaths to the HIV population. The two overarching targets on decline in new HIV infections and AIDS-related deaths therefore provide an indication that countries are heading towards epidemic control.
- Even if we end AIDS as a public health threat, there will still be about 40 million people living with HIV in 2030 who will require the services and systems to live healthy lives. Thus, the 2030 targets have a focus on sustainability after 2030. A concerted effort will continue to be needed to keep HIV from re-emerging as a public health threat as indicated in the overall goal that proposes a 5% annual decline in the new infections after 2030.

How will the proposed 2030 HIV targets be used?

The 2021 Political Declaration on HIV/AIDS envisaged a transformative response to end AIDS as a public health threat by 2030. Countries agreed on targets to be reached by 2025 that would put them on the path to achieve this goal.

- While a number of countries have made considerable progress towards achieving those goals there are still many gaps (see the Global AIDS Update Report 2024¹⁷). The 2030 targets provide the latest guidance to countries on how to focus their response to achieve the 2030 goals. The next high-level meeting on HIV/AIDS will be convened in 2026 at the UN General Assembly, where countries will be asked to commit to achieving specified targets by 2030 in support of the goal of ending AIDS as a public health threat.
- Progress towards the targets will be monitored through annual country reporting, as committed to in the political declaration and the results and progress toward these targets will be shared on the UNAIDS website and the Global AIDS Update Report.
- Countries should consider adopting these targets within their next national strategic plans. Communities should use these targets to advocate for the services that are evidence- and human-rights based. Donors should use these as accountability mechanisms.

¹⁶ See the summary report on this topic:

https://www.unaids.org/sites/default/files/media_asset/glion_oct2017_meeting_report_en.pdf

¹⁷ 2024 global AIDS report — The Urgency of Now: AIDS at a crossroads | UNAIDS, 2025

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