THE GLOBAL AIDS STRATEGY FOR 2026–2031

TOWARDS ENDING AIDS

Executive Summary

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UNAIDS/JC3167E — Executive Summary

EXECUTIVE SUMMARY

The global HIV response is at a critical juncture. The world is closer than ever to ending AIDS as a public health threat, yet that progress is at dire risk of being lost amid converging crises, widespread volatility and deepening inequalities.[1]

The landscape of the HIV response has changed dramatically, marked by shifts in health and HIV-specific funding and the overall aid architecture, mounting fiscal pressures, and against human rights. At the same time, the emergence of innovations and technologies offer exciting new opportunities.

A pathway for ending AIDS as a public health threat by 2030 exists—and it remains open. It requires that the global response adapts to this challenging context, confronts the structural inequities that undermine access, and accelerates the expansion of HIV and other essential services in sustainable ways.

The 2026–2031 Global AIDS Strategy presents a framework and actions for doing that—by working together to serve the needs of people affected by, at risk of, and living with HIV in this period of upheaval and uncertainty.

The Strategy keeps people at the centre and outlines strategic directions and priority actions that will enable them to exercise their rights, protect themselves and thrive in the face of the HIV pandemic. It also summarizes the role of the Joint United Nations Programme on HIV/AIDS in implementing the Strategy and its leadership role in coordinating the global HIV response.

How was the Strategy developed?

The 2026–2031 Global AIDS Strategy is the product of extensive consultation with people living with, at risk of, and affected by HIV and with partners at multiple levels of society—from community workers and local organizations, the private sector, to national governments and bilateral and multilateral agencies. It considers the impact of a rapidly changing global health and development ecosystem, worsening inequalities and human rights violations, persistent stigma and discrimination, economic volatility and geopolitical uncertainty.

Development of the Global AIDS Strategy involved four streams of work: (a) the mid-term review of the 2021–2026 Global AIDS Strategy; (b) the development of 2030 global AIDS targets by an advisory Global Task Team on Targets for 2030;[2] (c) support to countries to develop national HIV sustainability roadmaps; and (d) multi-stakeholder consultations.

[1] 2025 Global AIDS Update — AIDS, Crisis and the Power to Transform | UNAIDS
[2] For more information on the work of the Global Task Team, see: Recommended 2030 targets for HIV | UNAIDS

The mid-term review highlighted major gains, especially in the expansion of access to HIV treatment, but also showed persistent inequalities in access to HIV prevention and insufficient progress in removing societal and structural barriers. Those insights provided a basis for the wide-ranging consultations that shaped the Strategy.

Consultations involved representatives from nearly 100 national governments and 379 civil society organizations participated in the meetings, while over 3000 stakeholders also participated in an online survey. The consultations captured people's insights, needs and recommendations for achieving the goal of ending AIDS in a period of flux and uncertainty. Experts from academic and scientific institutions from across the world were engaged throughout the process as members of the Global Task Team on targets.

What's new in the Global AIDS Strategy 2026-2031

The Global AIDS Strategy 2026–2031 links an emphasis on the rapid scale up of HIV services to building a response that can sustain its achievements into the future.

That entails moving from a predominantly intervention-centered approach to a people-centered one, and from a donor- and partner-led system to one that is country-owned and -led (including by communities and civil society) within a framework of shared responsibility (Figure 1).

The Strategy crystallizes a shift from an emergency, donor-driven HIV response to a sustainable, nationally led, rights-based and integrated approach that is embedded in resilient health and social systems. It emphasizes long-term domestic financing and the integration of HIV within Universal Health Coverage and primary health care and other platforms.

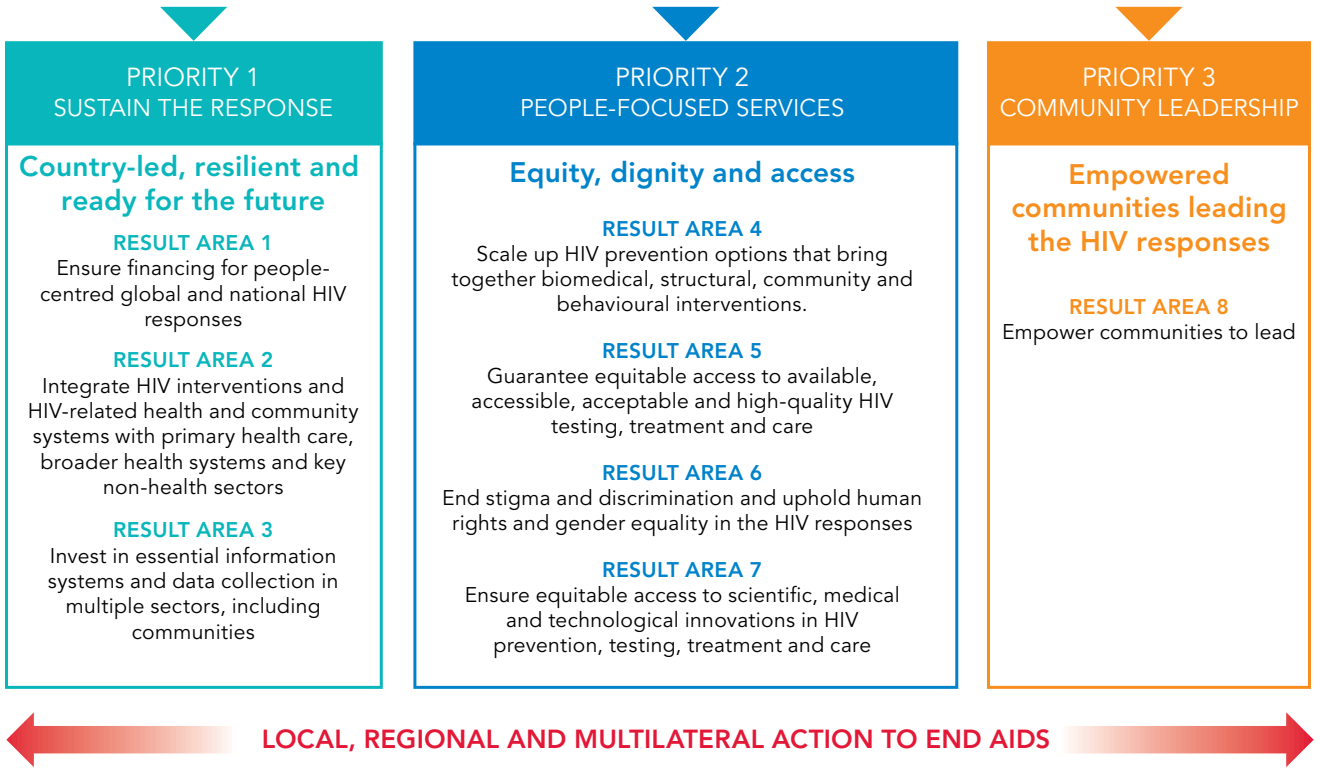
Clear actions are proposed across the Strategy's three core priorities and eight results areas, along with measurable targets, which countries can monitor, and an integrated approach for providing services within national health and social systems.

PRIORITY 1 emphasizes domestic leadership, diversified financing and integration of HIV into UHC systems. It calls for fiscal innovation, multisectoral collaboration, integration into primary health care, and data governance that is grounded in equity and privacy.

PRIORITY 2 focuses on integrated, differentiated and people-centred HIV services that ensure access to HIV prevention, testing, treatment and care for people living with, affected by or at risk of HIV by combining biomedical tools and social behaviour change, and by pursuing local manufacturing of health commodities.

PRIORITY 3 champions rights-based and gender-responsive approaches and community-led governance. Legal reform, resourcing of community-led organizations, and safeguarding are key.

Figure 1. Priorities and results areas for achieving a sustainable response to end AIDS as a public health threat by 2030



Great progress shadowed by major threats

The 2026–2031 Global AIDS Strategy arrives at a moment of great opportunity and challenges. Tremendous social, scientific and economic efforts have brought the world to the brink of ending AIDS as a public health threat. At the same time, public health is being deprioritized, conflict is increasing, and inequalities are forcing people apart.

During the period covered by the previous Strategy—covering the period from 2021 to 2025—fewer people acquired HIV in 2024 than at any point since the late 1980s, almost 32 million people were receiving HIV treatment and AIDS-related deaths had been reduced to their lowest levels since the early 2000s.[3] Modelling indicates that the HIV response has saved 26.9 million lives.[4, 5]

[3] The HIV estimates cited here were published by UNAIDS in July 2025 and reflect data up to December 2024.
[4] AIDS, crisis and the power to transform: Global AIDS update 2025. Geneva: UNAIDS; 2025.
[5] The starting point of the Strategy development process was the status of the response to the HIV pandemic, as described in the mid-term review of the Global AIDS Strategy 2021–2026 and the 2024 Global AIDS Update. Since then, UNAIDS published the Global AIDS Update 2025, which presents a mixed picture of the HIV response and describes the initial impact of the funding cuts imposed in early 2025.

That has been achieved through decades of global solidarity, political will and activism driven by people living with HIV, affected communities, civil society, health workers, scientists, researchers, governments and donors.

However, the progress is not occurring quickly enough to reach the targets set in the previous Strategy. Of the estimated 40.8 million people living with HIV in 2024, 9.2 million were not receiving antiretroviral therapy and an estimated 1.3 million people acquired HIV, more than triple the 2025 target of 370 000. Funding gaps and barriers that block access to prevention and treatment service still leave many people behind.

The Organisation for Economic Co-operation and Development forecasts that external health assistance will have dropped by 30–40% in 2025 compared with 2023. Many countries face economic uncertainty and fiscal restrictions that limit their spending on public health. Several are also contending with humanitarian emergencies, political volatility or armed conflict. That is causing severe disruption to health services, including for HIV, in low- and middle-income countries.[6] Less funding also hinders efforts to address inequalities and to scale up the vital work of communities.

Persistent inequalities and stigma exacerbate the situation, amid attacks on human rights and gender equality. HIV incidence among adolescent girls and young women (15–24 years) remains extraordinarily high in parts of eastern and southern Africa and western and central Africa. Members of key populations[7] everywhere are still at heightened risk of acquiring HIV yet face formidable obstacles when trying to protect themselves against the virus.

When governments defund HIV responses, it becomes more difficult for marginalized people to access the medicines and support they need to survive. When governments underfund community interventions that are on the frontline delivering services, people living with, affected by or at risk of HIV populations suffer the consequences.

This context demands renewed urgency, revitalized solidarity and the prioritization of proven interventions and approaches that respond to the different conditions and needs in countries.

Despite the challenges, there is a clear path to ending AIDS by 2030. The tools and knowledge to end AIDS exist, and they include new cutting-edge innovations. Resources can be reallocated to make

[6] https://www.oecd.org/en/publications/2025/06/cuts-in-official-development-assistance_e161f0c5/full-report.html

[7] Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, gay men and other men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. See: UNAIDS Strategy 2011–2015: getting to zero. Geneva: UNAIDS; 2010.

sustainable financing of HIV responses a reality. The experiences and knowledge of communities of people living with, at risk of, or affected by HIV are available to guide and drive the responses forward. Collectively, the world has the means for ending the pandemic. Needed most of all is a renewed sense of urgency, community, leadership and solidarity.

The Global AIDS Strategy 2026–2031 lays out a path for collective action over the next five years and beyond, even as the world shifts on its foundations. It is aimed at ensuring that, by 2030:

- 40 million people living with HIV are on HIV treatment and virally supressed;
- 20 million people are accessing ART-based HIV prevention options;
- and all people can access discrimination-free HIV-related services.

Sustainability is the watchword

Sustainability is a recurring theme in the Strategy: the global HIV response must protect the gains made against the pandemic, extend those gains and ensure that they can endure.

Sustainability requires planning beyond the current emergencies by building health-care and social systems that are durable. Strengthened public health systems build resilience against HIV and other health threats.

That means having financing and service delivery systems for health care that deliver accessible and quality services to people living with, affected by, or at risk of HIV and that reduce out-of-pocket expenditures. It requires supporting communities so they can provide prompt and adequate support. And it demands addressing the structural inequalities that keep people from using life-saving services and receiving support.[8]

Finally, sustainability calls for strategic investments in national and local capacities, including flexible financing arrangements that respond to local priorities. Reliable funding alongside efficient and effective service delivery improves health outcomes, which generates secondary social, economic and political benefits. For that to happen, a range of entities, including those who might not traditionally be active in public health, have to work together across sectors and levels.

[8] Centering Human Rights in Sustainable HIV Responses - UNAIDS Sustainability Website

2026

Global AIDS Strategy

Ending AIDS as a public health threat by 2030 and building a sustainable response

HOW DO WE GET THERE ?

Country leadership for people-centered sustainable, integrated multisectoral responses

- Systems strengthening
- Data informed responses
- Addressing inequalities
- Engaging people living with, affected by or at risk of HIV at all levels

- Sub-national Action
- Regional Action
- Partner and multilateral action

Priorities and result areas

Outputs

The strategy recommends actions under each result area

Sustain the Response

Financing
Sustainable financing for people-centred national and global HIV responses

Integration
Integration of HIV interventions and HIV-related health and community systems with primary health care, broader health systems, and key non-health sectors

Data
Essential information systems and data collection by sectors and communities

People-focused services

Prevention
Biomedical, structural, community and behavioural options for HIV prevention

Testing, treatment and care
Available, accessible, acceptable and quality HIV testing treatment and care for people living with HIV

Human rights and gender equality
End stigma and discrimination and uphold human rights and gender equality in the HIV response

Access to innovation
Equitable access to scientific, medical and technological innovations in HIV prevention, treatment and care

Community leadership

Community
Community leadership in the HIV response across services and systems

2031

2030 Targets
Outcomes

95% of people living with HIV know their status, 95% of people living with HIV who know their status receive treatment, and 95% of people living with HIV who are on treatment have suppressed viral loads

90% of people in need of prevention use prevention options (PrEP, PEP, condoms, NSP, OAT)

<10% of people living with HIV or key and vulnerable populations experience stigma and discrimination, <10% experience gender inequality or violence, <10% of countries have punitive legal and policy environments that restrict access to services

Community led-organizations (CLO) deliver 30% of testing and treatment support services. 80% of prevention options and 60% of societal enabler programmes

95% of people who are receiving HIV prevention or treatment services also receive needed SRH services (including for STIs)

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 HIV and hepatitis B virus and treatment of syphilis

Reduce out of pocket expenses for HIV in line with Universal Health Coverage

Increase percentage of HIV expenditure that is domestic

$21.9 billion mobilized for HIV investments for low-and middle- income countries

All countries have access to equitable pricing for diagnostics and therapeutics

GOAL

Ending AIDS as a public health threats

IMPACT

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

Ensure the sustainability of HIV response after 2030

Three core priorities & eight results areas

The Global AIDS Strategy sets out three priorities and eight results areas, each entailing practical actions for achieving a successful and sustainable HIV response.

Priority 1: Country-led, resilient and ready for the future

Governments and communities are at the forefront of national HIV responses. As international funding declines, domestic and donor investments must focus on sustainable approaches that strengthen broader health systems, deliver integrated and people-centred services, and address the social and structural determinants of health for people living with, affected by, or at risk of HIV.

Results Area 1. *Ensure financing for people-centered global and national HIV responses*

Results Area 2. *Integrate HIV interventions and HIV-related health and community systems with primary health care, broader health systems, and key non-health sectors*

Results Area 3. *Invest in essential information systems and data collection in multiple sectors and including communities*

Priority 2: People-focused services—equity, dignity, and access

The Strategy is people centred. Ending AIDS demands that people can access quality sustainable HIV prevention, testing and treatment services in environments that are free of stigma, discrimination and violence. That requires reducing inequalities and upholding everyone's right to access HIV and other health services.

Results Area 4. *Scale up HIV prevention options that bring together biomedical, structural, community and behavioural interventions*

Results Area 5. *Guarantee equitable access to available, accessible, acceptable and quality HIV testing, treatment and care*

Results Area 6. *End stigma and discrimination and uphold human rights and gender equality in the HIV response*

Results Area 7. *Ensure equitable access to scientific, medical and technological innovations in HIV testing, prevention, treatment and care*

Priority 3: Community leadership

Communities of people living with, at risk of and affected by HIV must continue to lead the way by shaping policies, delivering services and achieving accountability.

***Results Area 8.** Strengthen community leadership*

Taken together, the priorities and results areas constitute a costed, measurable and focused agenda for ending AIDS by 2030 and sustaining national HIV responses into the future. At a time of global upheaval and uncertainty, they lay out a realistic path towards what would be an historic public health achievement: ending AIDS as a public health threat.

Renewed commitments and clear, realistic targets

The Strategy proposes 16 top-line targets, which are organized into six priority areas, and 50 second-tier targets.[9] These targets disaggregate the global response into distinct, manageable sections and serve to simplify accountability while addressing evolving challenges (Figure 2).

Some targets are maintained from the previous Strategy[10] because they have not yet been achieved by all countries and remain crucial. Those include the 95–95–95 targets which aimed for 95% of all people living with HIV to know their HIV status; 95% of all people with diagnosed HIV infection to receive sustained ART, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2025.[11]

Achievement of the targets is expected to avert 3.3 million new HIV infections and 1.4 million AIDS-related deaths between 2025 and 2030, effectively meeting the 2030 goal of ending AIDS as 90% reduction in new HIV infections and AIDS-related deaths compared with 2010. A further 5% reduction in new infections and deaths due to AIDS per year after 2030 would ensure the sustainability of that feat in countries and communities after 2030.[12]

That goal can be achieved if people are able to access HIV treatment to live healthy lives and reduce onward transmission; if they can access other effective and appropriate prevention options; if stigma and discrimination is reduced; and if policies and laws that prevent them from accessing services are removed.

[9] https://www.unaids.org/en/recommended-2030-targets-for-hiv.
[10] Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. | UNAIDS.
[11] Frescura L, Godfrey-Faussett P, Feizzadeh A, El-Sadr W, Syarif O, Ghys PD, et al. (2022) Achieving the 95 95 95 targets for all: A pathway to ending AIDS. PLoS ONE 17(8): e0272405. https://doi.org/10.1371/journal.pone.0272405.
[12] Stover, J Mattur D, Siapka M. The impact and cost of reaching the UNAIDS global HIV targets.medRxiv 2025.07.01.25330647; doi: https://doi.org/10.1101/2025.07.01.25330647 (Preprint).

Partnerships for progress: local, regional and multilateral actions to end AIDS

In many countries, health and other key services are managed and provided at local levels. This allows for productive partnerships to be developed between communities, local authorities, service providers, philanthropies, faith-based organizations, the private sector and other actors. The Strategy presents recommendations for integrating the HIV-related activities of subnational political units.

Regional entities, including networks of civil society organizations, have critical roles. They are well-placed to harmonize public health strategies, pool technical support and procurement, promote national accountability, mobilize shared resources, promote local and regional production capacity for HIV-related products, conduct research, and disseminate information.

Multilateral action is necessary to generate and sustain political commitment, facilitate and coordinate action, advance normative guidance and international standards, achieve sustainable financing, and strengthen accountability. The Strategy therefore also features recommendations for regional and multilateral action.

A central theme in the Strategy, as well, is the understanding that the AIDS pandemic cannot be overcome in isolation. HIV interventions must be integrated with other public health and development agendas and systems, including for sexual and reproductive health and rights, tuberculosis, viral hepatitis, noncommunicable diseases, mental health and social protection.

No single actor can end this pandemic alone—by standing together we can end AIDS by 2030.

The role of the Joint United Nations Programme on HIV/AIDS

The Strategy recognizes that multilateral leadership on HIV, embodied in the Joint Programme, remains indispensable. As the context evolves, the Joint Programme will continue to provide the political leadership, convening power, data and accountability, and community engagement that has served the global HIV response for almost three decades.

Guided by the three priorities of the Global AIDS Strategy, the Joint Programme will tailor its support to country and regional contexts and work with governments, communities, civil society partners and other stakeholders (including regional institutions, the U.S. President's Emergency Plan for AIDS Relief, or PEPFAR, and the Global Fund) to enable countries to sustain their HIV responses and close the remaining gaps.

Figure 2. The 16 top-line targets to end AIDS as a public health threat by 2030 and ensure sustainability of the HIV response after 2030*

Ensure available accessible, acceptable and high-quality HIV treatment and care for people living with HIV	• **95%** of people living with HIV know their HIV status • **95%** of people living with HIV know their HIV status receive treatment • **95%** of people living with HIV who are on treatment have a suppressed viral load
Scale up HIV prevention options that bring together biomedical, structural and behavioral interventions	• **90%** of people in need of prevention use prevention options (PrEP, PEP, condoms, needle-syringe programmes, opioid against maintenance therapy)
End stigma and discrimination and uphold human rights and gender equality in the HIV response	• **<10%** of people living with HIV and people from key and vulnerable populations experience stigma and discrimination • **<10%** experience gender inequality or violence • **<10%** of countries have punitive legal and policy environment that restrict access to services
Ensure community leadership in the HIV response	• Community led-organizations deliver **30%** of testing and treatment support services • Community led-organizations deliver **80%** of prevention options • Community led-organizations deliver **60%** of social enabler programmes
Integrate HIV services, with primary health care, broader health systems and other sectors	• **95%** of people receiving HIV prevention or treatment services also receive needed sexual and reproductive health services(including for sexually transmitted infections) • **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 HIV and hepatitis B virus and treatment of syphilis
Ensure sustainable financing for person-centered national and global HIV responses	• Reduce out-of-pocket expenses for HIV in line with universal health coverage • Increase percentage of HIV expenditure that is domestic • **US$21.9 billion** mobilized for HIV investments for low- and middle-income countries • All countries have access to equitable pricing for diagnostics and therapeutics

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

Ensure sustainability of the HIV response after 2030

PEP: post-exposure prophylaxis
PrEP: pre-exposure prophylaxis

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

New estimates of resource needs

UNAIDS projections indicate that achieving the targets set out in the Strategy will require annual resources ranging from US$ 21.9 billion to US$ 23 billion in low- and middle-income countries by 2030. This is lower than the previous estimate of US$ 29.3 billion, due to price reductions and other savings achieved in recent years. The new estimate also reflects more efficient and targeted service delivery, as well as prioritized approaches based on HIV risk.

Most annual resource needs for HIV in 2030 will be in upper-middle-income countries (46%), with the remainder in lower-middle-income countries (34%) and low-income countries (20%).[13, 14] It is envisaged that low-income countries would fund about one third, lower-middle-income countries about two thirds, and upper-middle income countries almost the entirety of their HIV responses with domestic resources.

In 2024, HIV funding globally amounted to US$ 18.7 billion, with domestic funding accounting for 52% of that total. The Strategy recognizes, however, that the option of rapidly increasing domestic resources for HIV is not available to all countries, especially low-income countries, due to debt obligations, lack of fiscal space and slow economic growth. International resources will remain crucially important in some countries, including those affected by conflict.

United to end AIDS

The goal of ending the HIV pandemic by 2030 as a public health threat is ambitious, but it is grounded in real achievements. Frontline workers and communities have shown that community-driven responses can slow the pandemic and reduce its worst impacts. Scientific innovation has delivered transformative treatments and diagnostics. For many years, global solidarity enabled countries to overcome resource limitations. The world has confronted the worst of the AIDS crisis and demonstrated that grounding public health in solidarity and community leadership is both necessary and possible.

Yet the global response to HIV is now in great peril.

Even though over 40 million people are living with HIV and more than one million people newly acquire HIV each year, the commitment and solidarity that is needed to end the pandemic appears to be fraying.

[13] The new estimates exclude upper-middle-income countries which the World Bank recently reclassified as high-income countries.
[14] Stover J, Mattur D, Siapka M et al. The impact and cost of reaching the UNAIDS global HIV targets. medRxiv. 2025. doi: https://doi.org/10.1101/2025.07.01.25330647.

Access to key biomedical interventions like PrEP and ART, vital data systems, and research and innovation are in jeopardy due to funding cuts. Prevention services have been disrupted, health workers have lost their jobs, and community-led organization are reducing or halting their HIV activities.

No community or country can end AIDS alone: we must stand together. The Global AIDS Strategy 2026–2031 provides a basis for revitalizing the collective determination and action that can end AIDS as a public health threat.

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