

OUTCOME OF THE REVIEW OF THE CURRENT UNAIDS STRATEGY 2016- 2021 AND CONSULTATIONS WITH AN OPTION FOR THE UNAIDS STRATEGY BEYOND 2021

Additional documents for this agenda item: UNAIDS/PCB (47)/20.36; UNAIDS/PCB (47)/CRP4; UNAIDS/PCB (47)/CRP5

The Programme Coordinating Board is invited to:

See draft decision points in the paragraphs below:

35. The PCB is invited to:

- *Take note* of the outcome of the Evidence Review and consultations on the UNAIDS Strategy beyond 2021 as outlined in the paper “Outcome of the review of the current UNAIDS Strategy 2016–2021 and consultations with an option for the UNAIDS Strategy beyond 2021” and *agree* with the Option 2 as proposed by the UNAIDS Executive Director¹;
- *Look forward* to receiving the annotated outline of the next UNAIDS Strategy, reflecting Option 2, at the 47th meeting of the PCB, ensuring that the next UNAIDS Strategy remains ambitious, visionary and evidence-based.

Cost implications for the implementation of the decisions: none *

¹ Option 2: Maintain the critical pillars that have delivered results in the current strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current strategy to prioritize critical areas that are lagging behind and need greater attention.

Introduction

1. The HIV epidemic remains an urgent priority. Despite progress in reducing new HIV infections and increasing access and adherence to HIV treatment, 1.7 million people were newly infected with HIV in 2019 and 690 000 people lost their lives to AIDS-related illnesses. Far too many people continue to encounter stigma, discrimination and violence because of their positive HIV-status or are denied equal access to services because they are marginalized or criminalized.
2. The HIV response is at a pivotal moment. Many countries will fail to reach the global HIV targets that expire at the end of 2020. The current COVID-19 pandemic further threatens the fragile gains of the response. At the same time, recent years have provided powerful knowledge on how best to respond to HIV, how to move rapidly from stagnation to breakthroughs, and how to improve outcomes for the people most affected and vulnerable to HIV.
3. As the expiration of the current 2016–2021 UNAIDS Strategy approaches, the process to develop the next global AIDS strategy is an opportunity to reaffirm the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. It is also an opportunity to renew the political commitment, activism and ambition needed to urgently accelerate progress in the HIV response.
4. It is also expected that the next Strategy, with new global targets and resource needs estimates for 2025, will help inform the next United Nations General Assembly High-Level Meeting on Ending AIDS, as well as the political declaration that should emerge from that meeting. These new targets and resource needs, which will be included in the next Strategy, will be more granular and focused to get country progress back on-track and build momentum and renewed political commitment to achieve the target of ending AIDS as a public health threat by 2030 as part of the Sustainable Development Goals (SDGs).
5. At its 46th meeting in June 2020, the UNAIDS Programme Coordinating Board (PCB) requested the UNAIDS Executive Director to:
 - a. present the findings from the completed review of the current UNAIDS Strategy (2016–2021) and the implications for strategic priorities beyond 2021, along with the findings of the independent evaluation of the UN System Response to AIDS 2016–2019 for consideration by the multistakeholder consultation no later than September 2020;
 - b. following that consultation, present the outcome of the multistakeholder consultation with options for the UNAIDS Strategy beyond 2021 at a briefing for PCB members and observers;
 - c. present, through the PCB Bureau, a paper on the outcome of the review and consultations with an option for the UNAIDS Strategy beyond 2021 for intersessional approval no later than the end of October 2020; and
 - d. present to the 47th PCB meeting in December 2020 an annotated outline of the UNAIDS Strategy beyond 2021 ensuring that it remains ambitious, visionary and evidence-based.²
6. To respond to requests 5.2.a and 5.2.b, UNAIDS has:
 - completed an Evidence Review of the implementation of the 2016–2021 UNAIDS Strategy: on the Fast-Track to end AIDS (July 2020);

² Decision 5.2 of the 46th Programme Coordinating Board meeting:
https://www.unaids.org/sites/default/files/media_asset/Decisions_%28PCB46%29_EN.pdf

- conducted a global online survey in 16 languages, with a total of over 8300 respondents from 163 countries, to gauge stakeholder feedback on the current strategy as well as priorities, barriers and gamechangers for the next global AIDS strategy (from 27 May to 2 August 2020);
 - conducted 65 in-depth stakeholder interviews (June 2020);
 - held a series of over 60 focus group discussions, in collaboration with partners and stakeholders (June-October 2020);
 - organized an internal workshop to analyse the inputs received and review recurring themes and issues that need to be addressed in the next Strategy (August 2020);
 - held a multistakeholder consultation with over 180 participants to discuss a range of strategic priorities arising from the review of the current Strategy, identify gamechangers and discuss how to move from commitments to action and increase accountability (16 September 2020); and
 - organized a briefing for PCB members and observers on the outcome of the multistakeholder consultation (15 October 2020).
7. This paper responds to the request in Decision Point 5.2.c (from the 46th PCB meeting in June 2020) to “present, through the PCB Bureau, a paper on the outcome of the review and consultations with an option for the UNAIDS Strategy beyond 2021 for intersessional approval no later than the end of October 2020”.
 8. The paper summarizes the main findings of the Evidence Review of the implementation of the 2016–2021 UNAIDS Strategy: on the Fast-Track to end AIDS and the key themes and priorities emerging from inclusive consultations, including the multistakeholder consultation. The paper presents a recommended option for the next UNAIDS Strategy, based on the evidence and identified priorities, to ensure that the Strategy remains ambitious, visionary and evidence-based.
 9. In her report to the 46th PCB in June 2020, the Executive Director of UNAIDS outlined the possible options for the next strategy:
 - Option 1: Maintain the focus and structure of current Strategy, extending the timeline to the end of 2025;
 - Option 2: Maintain the critical pillars that have delivered results in the current Strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current Strategy to prioritize critical areas that are lagging behind and need greater attention;
 - Option 3: Develop a comprehensive new UNAIDS Strategy from scratch.
 10. At the 46th meeting of the PCB, as well as during the PCB briefing on 15 October 2020, the PCB members and observers who expressed views on the options, voiced support for Option 2. The findings of the evidence review of the current Strategy, as well as the extensive global consultations, also point towards Option 2 as the most appropriate way to ensure that the next UNAIDS Strategy remains ambitious, visionary and evidence-based.
 11. The Evidence Review and consultations demonstrate that the strategic priorities of the current UNAIDS Strategy remain highly relevant. However, they also show that critical areas are lagging behind and need to be prioritized. In addition, the next Strategy should not only accelerate action, but should also address uneven progress across different contexts and populations. It should place people living with, other key populations (men who have sex with men, transgender people, people who inject drugs, prisoners and sex workers) and those at risk of HIV more explicitly at the centre of the

response. It should also adopt a more holistic approach that reflects the interconnectedness of Strategic Result Areas and that focuses on achieving equitable HIV outcomes.

Key findings of the review of the current UNAIDS Strategy and consultations

12. The Review of the current UNAIDS Strategy and the consultations addressed the following questions, among others.
 - What is working in the HIV response under the current Strategy and how does it need to be sustained or scaled-up?
 - Where are we falling behind and why?
 - What do we need to do differently to reach those most affected by HIV in all countries and settings?
 - How do we overcome generalities, conventional wisdoms and sometimes out-dated assumptions to get back on-track to end AIDS as a public health threat by 2030?
 - What are the implications for strategic priorities in the next Strategy?
13. The key findings and emerging messages from the Evidence Review and consultations are presented below. Full reports are available at https://www.unaids.org/en/Global_AIDS_strategy.

Key findings from the Evidence Review

14. UNAIDS reviewed the available data to assess the implementation of the current strategy and the results obtained. This Evidence Review critically assessed what is working and needs to be sustained or scaled up in HIV responses. It also analysed why progress in the global and country HIV responses is lagging. It explored whether the response needs to do things differently or needs to intensify what is already being done. Some of the main findings are summarized in Table 1.

Table 1. Summary of key findings from the Evidence Review of the implementation of the 2016–2021 UNAIDS Strategy: on the Fast-Track to end AIDS

Overall findings	<p>Strategic priorities of the current UNAIDS Strategy remain relevant but have not always been adequately implemented or prioritized.</p> <p>HIV responses are often lagging behind in contexts where HIV is concentrated among populations who are marginalized and/or criminalized.</p> <p>There are major differences in access, uptake and impact of HIV services within and between countries, and between populations within countries.</p> <p>HIV responses must become more granular and tailored to the needs of the people who are most affected in each national and subnational context.</p> <p>Political commitment, directing resources to the most effective programmes and involvement communities are crucial for success.</p>
-------------------------	--

HIV prevention	<p>New HIV infections have declined by only 23% globally since 2010, far slower than the 75% reduction called for in the current UNAIDS Strategy.</p> <p>Where combination prevention approaches have been scaled up, HIV incidence has declined.</p> <p>One size does not fit all, but combination HIV prevention programmes and services must be tailored to the needs of the people who are at greatest risk and must comprise the right mix of biomedical, behavioural and structural interventions.</p>
EMTCT and paediatric HIV treatment	<p>Different actions are needed in different contexts to eliminate vertical transmission of HIV.</p> <p>More focus is needed to reach children living with HIV who are not on treatment.</p>
HIV testing, knowledge of HIV status, treatment and viral load suppression	<p>Progress continues in expanding access to HIV testing and treatment and reducing AIDS-related deaths. However, there are major differences in progress between countries and regions.</p> <p>Even in high-performing countries, the most vulnerable people often have limited access to services and have suboptimal HIV outcomes.</p> <p>Gaps in the HIV testing and treatment cascade vary by country and setting. Closer focus is needed to remove the gaps and reach the individuals, populations and communities that are being left behind.</p>
HIV-related stigma and discrimination and enabling legal environments	<p>Few countries have made sufficient progress towards the elimination of HIV-related stigma and discrimination, and the creation of enabling legal and policy environments.</p> <p>Punitive laws, policies and practices remain common and hinder access to HIV and other essential services.</p>

Global context for the HIV response

15. The Strategy Review and consultations reveal that the global context has changed since the current UNAIDS Strategy was adopted by the PCB in 2015. At the same time, the Review and consultations demonstrate that many factors have also remained constant. Table 2 summarizes some of the findings and themes related to the context for the HIV response beyond 2021.

Table 2. Summary of key findings and themes emerging from global strategy consultations about the context for the HIV response beyond 2021

Many issues have changed in the global context since 2015

The majority of new HIV infections occur now in key populations and their sexual partners (62% in 2019, an increase from previous years).

Domestic and international HIV funding declined in 2018 and 2019, leaving the world 30% short of the 2020 funding target for an effective HIV response. Onset of a global recession may further impact investments in HIV.

Competing political priorities and an erroneous belief that AIDS has been “solved” have weakened the multisectoral engagement and high-level political leadership that are needed to ensure strong, sustainable and people-centred HIV responses.

The COVID-19 pandemic has demonstrated the cost of underinvesting in health and pandemic responses. In some settings, people living with HIV, other key populations and people at higher risk of HIV infection are facing life-threatening disruptions to HIV and other essential services due to COVID-19. At the same time, the strength and agility of HIV responses have averted many of the harms that were forecast when COVID-19 first emerged. It is important that HIV responses leverage lessons learnt from the COVID-19 experience.

A growing wave of complex, overlapping inequalities threaten progress towards HIV targets and the SDGs.

Technological leaps and scientific innovations present opportunities for the next phase of the HIV response.

Other issues have remained constant

HIV prevention and treatment scale-up remain urgent priorities. Progress remains slow and the 2020 targets are not being reached.

Key social and structural enablers such as equitable access to quality education, employment, and health care, social protection and laws and justice systems that protect the rights of the most marginalized communities remain vital to an effective HIV response, but are neglected or underused in many settings.

Gender inequalities and gender-based violence continue to drive the HIV epidemic among women and girls, particularly adolescent girls and young women.

Many people and communities are still being left behind: people living with HIV, people who use drugs, sex workers, gay men and other men who have sex with men, transgender people, children and young people, migrants, refugees and people in humanitarian settings, prisoners and detainees, indigenous populations, etc.

Country ownership and political leadership remain crucial.

Communities play a crucial role in the HIV response, but community-led responses are often underutilized and their ability to maximize impact is undermined by chronic underfunding.

Multistakeholder consultation

16. As requested by the PCB, UNAIDS organized a multistakeholder consultation on 16 September 2020 to present the findings of the review of the current UNAIDS Strategy and the implications for the strategic priorities beyond 2021, along with the findings of the independent evaluation of the UN System Response to AIDS 2016–2019. During this consultation, UNAIDS provided an update on the 2025 target-setting and resource needs estimates process, which is integral to the development of the next Strategy. The consultation was attended by over 180 participants, including Member States, representatives of networks of people living with HIV and of key populations and youth organizations, civil society organizations, partners, donors and foundations, and representatives of all the UNAIDS Cosponsors.
17. Participants at the multistakeholder consultation discussed the themes summarized in Table 3 to identify gamechangers and how to move from commitments to action and increase accountability.

Table 3. Priority issues discussed at the multistakeholder consultation

Political leadership and financing	Partnerships and accountability
COVID-19	Key populations
Adolescent girls and young women	Community-led responses
Inequalities	Multisectorality
Regional specificity	HIV and Universal Health Coverage
Eliminating stigma, discrimination and punitive laws: towards enabling social and legal environments	

18. Participants at the multistakeholder consultation raised a range of issues. They emphasized, for example, that combination HIV prevention should have clear targets and include tailored biomedical, behavioural and structural interventions. They highlighted the importance of country ownership, multilateralism and global solidarity. They insisted that the next Strategy be based on evidence and that human rights and gender equality must remain core to the HIV response. They stressed the importance of integrating HIV with other health and essential non-health services, and of innovative and effective partnerships, including between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria. Participants emphasized that stigma and discrimination must be overcome to end the AIDS epidemic. Improved understandings are needed about people and communities who tend to be invisible and marginalized. UNAIDS needs to work with partners to analyse data on multi-dimensional and overlapping inequalities (e.g. data on education, employment, gender issues, civic participation, relevant laws, policies and regulations). Participants also stressed that people living with, other key populations and people at risk of HIV must be at the centre of the next Strategy.

Key messages emerging from the Evidence Review and consultations

19. Several crucial, overarching messages emerged from the consultations and the Evidence Review. These are summarized in Table 4.

Table 4. Key messages emerging from the Evidence Review and consultations**Key message: There is a need to restore urgency to the HIV response**

Complacency is unacceptable when almost 700 000 AIDS-related deaths and 1.7 million new HIV infections occurred in 2019.

The need for stronger leadership, collective responsibility and accountability for results and failures was highlighted. Larger investments by international donors and national governments are needed to close the resource gap. Country ownership is crucial.

Consultations demonstrated that the HIV response can serve as a catalyst for progress across several SDGs.

Applying lessons learnt from current COVID-19 pandemic and building preparedness for future global crises and health threats was also emphasized.

Key message: Strategic priorities of the current UNAIDS Strategy remain relevant, but should be adapted and refined

Consultations and the Evidence Review reaffirmed the principles underpinning the current UNAIDS Strategy and the continued relevance of the current strategic priorities.

Consultations emphasized the need to continue to strengthen the programmatic approaches that have delivered results, but also noted the need to increase focus and investments in the areas that are lagging behind.

Key message: People living with HIV, other key populations and communities should be at the centre of the next UNAIDS Strategy

The importance of placing people living with HIV, other key populations, people who are vulnerable to HIV, and communities at the centre of the HIV response was a strong message from all consultations.

It was emphasized that to be people-centred, HIV responses must be multisectoral to address the multiple needs of people living with HIV and people affected by the epidemic. It was stressed that social and structural enablers are not optional: they are essential for achieving improved HIV outcomes for individuals and communities. Social protection was highlighted as key to building resilience and reducing vulnerability.

The importance of scaling up and providing sustainable funding community-led responses was highlighted.

Key message: More granular, targeted and prioritized approaches are needed for different contexts to effectively respond to the needs of people living with, other key populations and those vulnerable to HIV

The Evidence Review and consultations showed clearly that a one-size-fits-all approach is not effective. HIV responses must be based on granular data so that programmes and services can be targeted and tailored to the context and can reach the populations most in need.

The need to transcend the divisions between HIV prevention and treatment was emphasized, as was the need for more holistic and integrated approaches.

Key issues requiring further discussion in the strategy development process

20. The Evidence Review and consultations highlighted several important issues that require further discussion as the Strategy development process moves towards the annotated outline that will be presented to the PCB at its 47th meeting in December 2020. Those issues have to be addressed in the pending phases of the strategy development process. This paper does not address those issues, since the purpose of the paper is to present a summary of outcomes of the Evidence Review and consultations, along with a recommended option for the next Strategy for intersessional decision-making by the PCB. There will be other opportunities to discuss those issues in more detail as the process moves forward.
21. Some issues emerging from the consultations pertain to how the next Strategy can be better organized to respond to the new environment and challenges. Specific suggestions and issues relate to increasing accountability of all actors, regionalization, increasing country ownership, partnerships and global solidarity, science and innovations, COVID-19 and responding to crises.
22. Some technical issues and areas are reflected in the existing Strategy and remain relevant, but continue to attract debate. They include sexual and reproductive health and rights, comprehensive sexuality education, harm reduction, law reform and decriminalization and equitable access to medicines and medical commodities, among others.
23. Some issues are partially reflected in current Strategy, but were repeatedly singled out during the consultation process and Evidence Review for stronger presence in the next Strategy. These include the importance of community-led responses, the protection of human rights of people living with HIV and key populations, adolescent girls and young women and youth, addressing HIV-related inequalities and HIV-sensitive social protection.

Proposed option for ensuring that the UNAIDS Strategy remains ambitious, visionary and evidence-based beyond 2021

24. The PCB requested UNAIDS to present options for ensuring that the next UNAIDS Strategy remains ambitious, visionary and evidence-based. In her report to the 46th PCB in June 2020, the Executive Director of UNAIDS outlined the possible options for the next strategy as follows:
 - Option 1: Maintain the focus and structure of current Strategy, extending the timeline to the end of 2025;
 - Option 2: Maintain the critical pillars that have delivered results in the current Strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current Strategy to prioritize critical areas that are lagging behind and need greater attention;
 - Option 3: Develop a comprehensive new UNAIDS Strategy from scratch.
25. **Recommended option:** Option 2 (“Maintain the critical pillars that have delivered results in the current strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current strategy to prioritize critical areas that are lagging and need greater attention”) is proposed as the most appropriate option for ensuring that the next UNAIDS Strategy remains ambitious, visionary and evidence-based. There are several key reasons for that choice:

- The Review and consultations demonstrate that the strategic priorities of the UNAIDS Strategy 2016–2021 remain highly relevant. The number of countries that are on-track to end their national AIDS epidemics continues to rise, providing “proof of concept” that a future without the epidemic is achievable, and that proven approaches can be replicated more broadly, especially in settings where progress is too slow.
 - At the same time, there are critical areas that need greater attention and refocused efforts.
 - The global context has changed and the next Strategy must respond to HIV in this new context, while building on lessons learnt and the pillars of the current Strategy.
26. Option 1 (“Maintain the focus and structure of the current strategy, extending the timeline to the end of 2025”) is not proposed. Although the Evidence Review and Consultation process emphasize the continued relevance of the strategic priorities of the current Strategy, they also show that the global context has changed since 2015 when the current Strategy was adopted. There is an urgent need to adjust the next Strategy to achieve results across all countries, contexts and populations. The Strategy must be adjusted to better respond to HIV in the context of other global health threats and crises, including COVID-19, and to leverage and scale important new scientific developments, research-based knowledge and key trends such as digital disruption.
27. Option 1 would maintain the focus of the current Strategy, with accelerated efforts focused on 35 Fast-Track countries. However, the evidence indicates that many countries have not sufficiently “fast-tracked” their national responses and that differentiated strategies and actions are needed, based on epidemiological context, to achieve equitable outcomes for the people who are most affected by HIV in all countries and locations. Retaining the current Strategy by updating the targets and extending the timeline would also limit the ability to link the next Strategy more clearly to all relevant SDGs and to build on the commitments of the 2016 Political Declaration on Ending AIDS which are not reflected in the current Strategy.
28. Option 3 (“Develop a comprehensive new UNAIDS Strategy from scratch”) is also not proposed. The completed Strategy Review and consultations affirm the relevance of the foundations of the current Strategy. In particular, the Evidence Review demonstrates that, while substantial policy and implementation gaps remain at the country level, the priorities, principles and policies in the current Strategy remain sound and relevant. The Evidence Review highlighted that several countries successfully used the current Strategy to adopt and implement an urgent, targeted approach to reach or even exceed the 2020 targets. Option 3 risks neglecting the opportunities to learn from and build on those positive experiences, and to use the experience of countries where progress towards the 2020 targets is lagging.
29. Option 3 could also entail a long and complex process at a time when the targets in the current Strategy and the 2016 Political Declaration on Ending AIDS expire at the end of 2020. There is an urgent need to build on the successes of the current Strategy and to adopt new global targets as part of the next Strategy.
30. Based on the Evidence Review and consultations, it is anticipated that:
- the next UNAIDS Strategy would continue to be based on the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths;
 - the strategic priorities of the current UNAIDS Strategy would remain, however, the next Strategy would reflect a more holistic, integrated and comprehensive approach, which would place people living with and at risk of HIV, other key

populations and those vulnerable to HIV at the centre, encourage multisectorality and community engagement, and catalyze progress through HIV responses that are tailored to local context, data and the needs of populations;

- the next Strategy would be a *global* AIDS Strategy, a roadmap that guides global, regional and country-level HIV responses to achieve new 2025 targets and accelerate progress towards ending AIDS as a public health threat by 2030, with clearer, more explicit linkages across the broader SDGs;
- the contribution and added value of the UNAIDS Joint Programme will be clearly articulated in the next Strategy;
- the timeline for the next Strategy would run from the point of adoption in 2021 to the end of 2026, and the Strategy will include targets for the end of 2025 to enable a review of progress and preparation for the subsequent UNAIDS Strategy; and
- the next strategy will build on the current UNAIDS Strategy and the 2016 Political Declaration on Ending AIDS.

Next steps

31. After the PCB takes a decision on the option for the next UNAIDS Strategy, UNAIDS will organize a virtual workshop in early November 2020, with participation of PCB members and other stakeholders, to obtain inputs for the development of the annotated outline of the next Strategy. That outline will be presented to the 47th meeting of the PCB in December 2020.
32. A PCB premeeting on the agenda item on UNAIDS Strategy beyond 2021, which has been scheduled for 3 December 2020, will provide PCB members with an opportunity to discuss the annotated outline in advance of the PCB meeting.
33. The actual PCB discussion on the Strategy at the 47th PCB meeting is scheduled for Wednesday, 16 December 2020. It is anticipated that the new Strategy will be finalized after the PCB discussion and presented to the PCB for adoption by March 2021.

Conclusion

34. The Evidence Review of the implementation of the current UNAIDS Strategy and inclusive consultations carried out by UNAIDS underscore the need for a renewed sense of urgency in the HIV response. The Review and the consultations show that the strategic priorities of the current UNAIDS Strategy remain highly relevant and should be maintained in the next global AIDS Strategy. However, adjustments are needed to enable the next Strategy to respond to a changed global context, accelerate implementation of evidence-based strategies (especially where the response is lagging), and effectively address key gaps in the response, and meet the needs of people and communities who are being left behind. This approach is best suited to help get the response back on-track to end AIDS as a public health threat by 2030.
35. The PCB is therefore invited to:
 - *Take note* of the outcome of the Evidence Review and consultations on the UNAIDS Strategy beyond 2021, as outlined in the paper “Outcome of the review of the current UNAIDS Strategy 2016–2021 and consultations with an option for

the UNAIDS Strategy beyond 2021”; and agree with the Option 2, as proposed by the UNAIDS Executive Director;³

- *Look forward* to receiving the annotated outline of the next UNAIDS Strategy, reflecting the Option 2, at the 47th meeting of the PCB, ensuring that the next UNAIDS Strategy remains ambitious, visionary and evidence-based.

[Annexes follow]

³ Option 2: Maintain the critical pillars that have delivered results in the current strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current strategy to prioritize critical areas that are lagging behind and need greater attention.

Annex 1: The current UNAIDS 2016–2021 Strategy at a glance

1. The UNAIDS 2016–2021 Strategy: On the Fast-Track to end AIDS was based on the vision of zero new HIV infections, zero discrimination and zero HIV-related deaths. It set out to achieve, by the end of 2020, the following targets:
 - fewer than 500 000 people newly infected by HIV;
 - fewer than 500 000 people dying from AIDS-related causes; and
 - elimination of HIV-related discrimination.
2. The strategy was a bold call to action, aimed at inspiring a global, 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, drastically reduce new HIV infections among adults and children, and eliminate HIV-related discrimination by 2020. Many of the targets and approaches of the Strategy inspired Member States to agree to ambitious commitments in the 2016 UN General Assembly Political Declaration on Ending AIDS.
3. The Strategy set out the core actions to ensure that all people, especially key populations, as well as young women and girls in settings with a high prevalence of HIV infection, can access the HIV services they need, and to redress the low treatment coverage for children living with HIV. Its goals and 2020 targets are aligned with the 2030 Agenda and organized around the five SDGs that are most relevant for the HIV response. It has 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 was designed to reach the fast track targets by 2020, and thus get on track towards ending the epidemic by 2030.



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.

Annex 2: Additional documents

Name of document	Description
Independent evaluation of UN-system response to AIDS in 2016–2019	The evaluation was commissioned by the UNAIDS Evaluation Office and was carried out by an independent evaluation team, ITAD Limited, from August 2019 to March 2020. It focuses on the contribution of the UN Joint Programme to the goals and targets of the UNAIDS 2016–2021 Strategy. The evaluation report will be discussed by the PCB in December 2020, along with the management response.
Interim UNAIDS management response to independent evaluation of the UN system response to AIDS 2016–2019	An interim UNAIDS Joint Programme management response to the independent evaluation of the UN system response to AIDS was presented as background to the multistakeholder consultation on the next UNAIDS Strategy (16 September 2020). The final management response will be presented to the PCB at its 47th meeting in December 2020.
Evidence Review, implementation of the 2016–2021 UNAIDS Strategy: On the Fast-Track to end AIDS	The report presents in-depth analysis of data available on each of the strategy result areas and the 10 Fast-Track targets, comparing successes and challenges across regions, countries and populations.
Synthesis of dialogue interviews	A synthesis report of 65 in-depth interviews with diverse stakeholders which continue to be deeply involved in the global AIDS response.
Results of global online survey	The survey report presents findings from over 8500 respondents from 120 countries on priorities from the current Strategy that should be retained, as well as suggestions for new areas and gamechangers that make support achievement of the goal of ending AIDS by 2030.
Additional document to inform strategy development process (available by end-October 2020)	
Summary of key issues arising from focus group discussions	Thematic focus group discussions led by UNAIDS, Cosponsors, the UNAIDS Advisory Groups, civil society partners, key population networks have been conducted at global, regional and country levels.

[End of document]