

## Global HIV targets



### KEY POINTS:

UNAIDS' Fast Track targets for 2020 include:

- 90% of people living with HIV know their status; of whom 90% are on treatment; of whom 90% are virally suppressed (90-90-90)
- Fewer than 500,000 new HIV infections annually (a 75% reduction since 2010).

Those working in the field of HIV, including policy makers, programmers, governments and community-based organisations operate within the framework of global HIV targets.

Current targets are geared towards ending AIDS as a public health threat by 2030.

## Role of international HIV organisations

International HIV organisations play a key role in advocating for strong targets and indicators by which to measure progress. For example, those focussing on equal access to HIV services for all, call for global indicators to properly include key affected populations.

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International organisations such as UNAIDS and their partners advocate for governments to work

towards global targets within their national strategic plans. This is vital for monitoring progress towards targets and holding governments to account.

## The post-2015 framework

### Sustainable Development Goals

In 2015 the Millennium Development Goals (MDGs) were replaced by 17 Sustainable Development Goals (SDGs), each with specific targets to be achieved by 2030.<sup>1</sup>

Under the SDG framework, the three MDGs relating to health were replaced by the following, overarching health goal:<sup>2</sup>

- SDG 3: Ensure healthy lives and promote wellbeing for all at all ages (including universal access to HIV prevention services, sexual and reproductive health services and drug dependence treatment and harm reduction services)<sup>3</sup>

SDG 3 contains the following targets:

- Target 3.3: end AIDS as a public health threat by 2030
- Target 3.8: achieve universal health coverage, access to quality health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

However, a number of other SDGs also relate to the HIV response. These are

- SDG 4: Quality education, including targets on comprehensive sexual and reproductive health (SRH) education and life skills
- SDG 5: Gender equality, including targets on sexual and reproductive health and rights (SRHR) and the elimination of violence, harmful gender norms and practices
- SDG 10: Reduced inequalities, including targets on protection against discrimination, and the empowerment of people to claim their rights and enhance access to HIV services
- SDG 16: Peace, justice and strong institutions, including reduced violence against key populations and people living with HIV.<sup>4</sup>

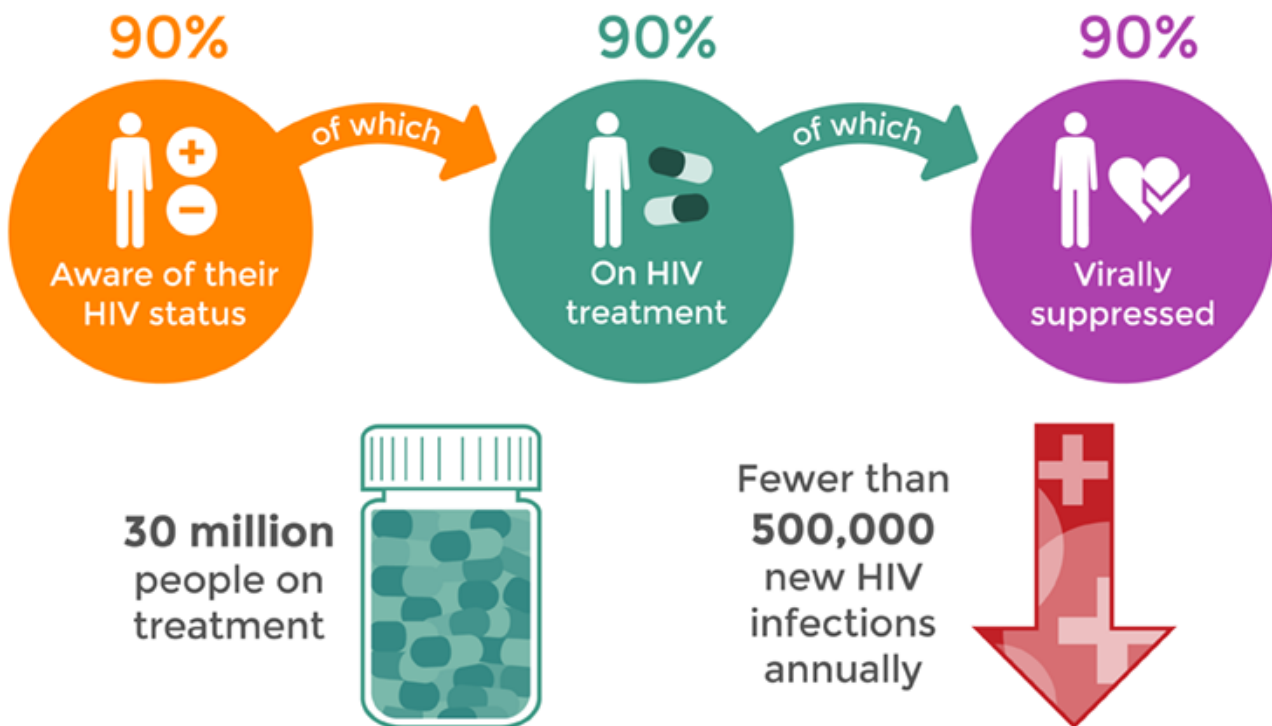
## UNAIDS Fast-Track strategy

Launched in 2014, the UNAIDS Fast-Track strategy <sup>5</sup>outlined plans to step up the HIV response in low- and middle-income countries to meet the SDG 3 target to end AIDS by 2030.

The strategy acknowledges that, without rapid scale-up, the HIV epidemic will continue to outrun the response. To prevent this, it outlines the need to reduce new HIV infections and AIDS related deaths by 90% by 2030, compared to 2010 levels. To achieve this, the Fast Track strategy sets out targets for prevention and treatment, known as the 90-90-90 targets <sup>6</sup>. This includes, reducing new annual HIV infections to fewer than 500,000 by 2020 and to fewer than 200,000 by 2030 – ending AIDS as a public health threat.<sup>7</sup>

## 90-90-90 treatment targets:

### KEY 2020 FAST TRACK TARGETS



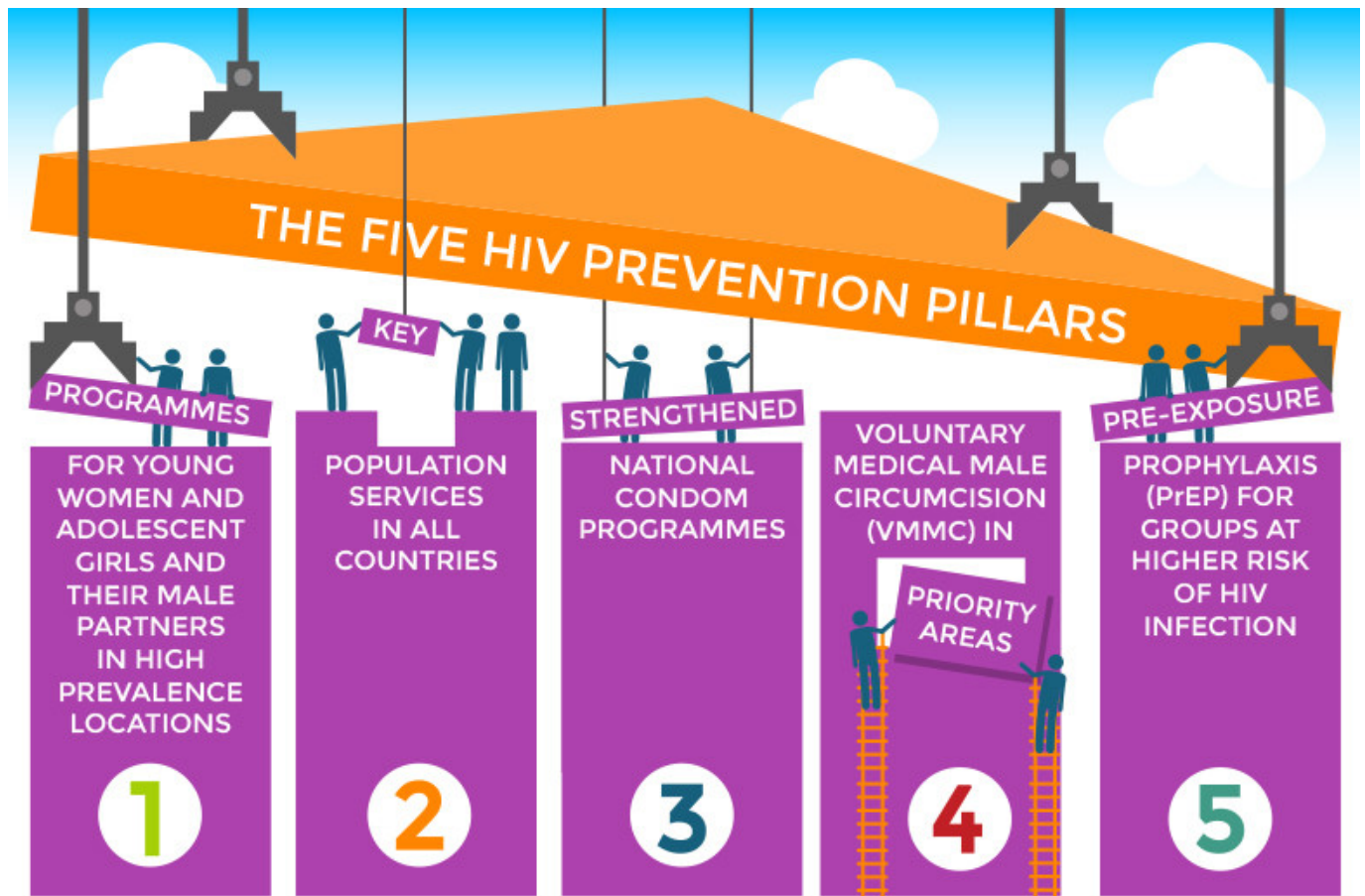
Source: UNAIDS data 2017

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The 90-90-90 targets refer to the pathway by which a person is tested, linked and retained in HIV care, and initiates and adheres to antiretroviral drugs (ARVs), also known as the [treatment cascade](#), to achieve viral suppression. At this point a person's health is not adversely affected by HIV and HIV will not be transmitted through sex to someone else.

In support of the treatment target, WHO recommends that everyone living with HIV is eligible for treatment, regardless of CD4 count.<sup>8</sup>

To achieve the 90-90-90 targets, UNAIDS emphasises the need to focus on five prevention pillars delivered through a rights-based, people-centred, combination approach.



- 1** Reduce new HIV infections among women and girls to under 100,000.
- 2** Ensure that 90% of people at risk of HIV can access prevention services.
- 3** Make 20 billion condoms available annually in low- and middle-income countries.
- 4** Provide 25 million more men with VMMC.
- 5** Provide PrEP to 3 million people at high risk of HIV.

To go with these headline targets, there are a number of expanded commitments, including regional targets.<sup>9</sup>

The Fast-Track strategy emphasises the need for the global response to be ‘front-loaded’ to prevent the epidemic from rebounding. For this reason, it has set the following targets to be reached by 2020, in order to keep on track for 2030:

- fewer than 500,000 people newly infected with HIV (a 75% reduction from 2010)
- fewer than 500,000 people dying from AIDS-related illnesses
- elimination of HIV-related discrimination.

Every five years we have more than doubled the number of people

on life-saving treatment. We need to do it just one more time to break the AIDS epidemic and keep it from rebounding.

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- Michel Sidibé, Executive Director, UNAIDS [10](#)

In conjunction with the Fast-Track strategy, the Global health sector strategy on HIV, published by WHO in 2016, sets out a sector-wide strategy for ending AIDS by 2030. The strategy promotes a people-centred approach, grounded in principles of human rights and health equity.[11](#)

## The 2016 Political Declaration on Ending AIDS

In 2016, the (fourth) Political Declaration on HIV and AIDS: 'On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030' saw countries committing to targets that mirror UNAIDS' Fast Track targets.[12](#) As part of this, at least US\$26 billion annually was pledged to the HIV response by 2020.[13](#)

Among the ambitious commitments is the goal of ensuring 30 million people access HIV treatment by 2020.

HIV prevention targets encourage countries to promote access to tailored comprehensive prevention services for key populations, especially in locations with high levels of HIV transmission.[14](#) However, at the time of the Declaration key population-led organisations raised concerns about the lack of explicit language in relation to those most affected by HIV or explicit recognition of why these groups are at heightened risk (such as the criminalisation of same-sex practices, drug use and sex work).

In a joint statement, the Global Forum on MSM & HIV and the Global Network of Sex Work Projects said:

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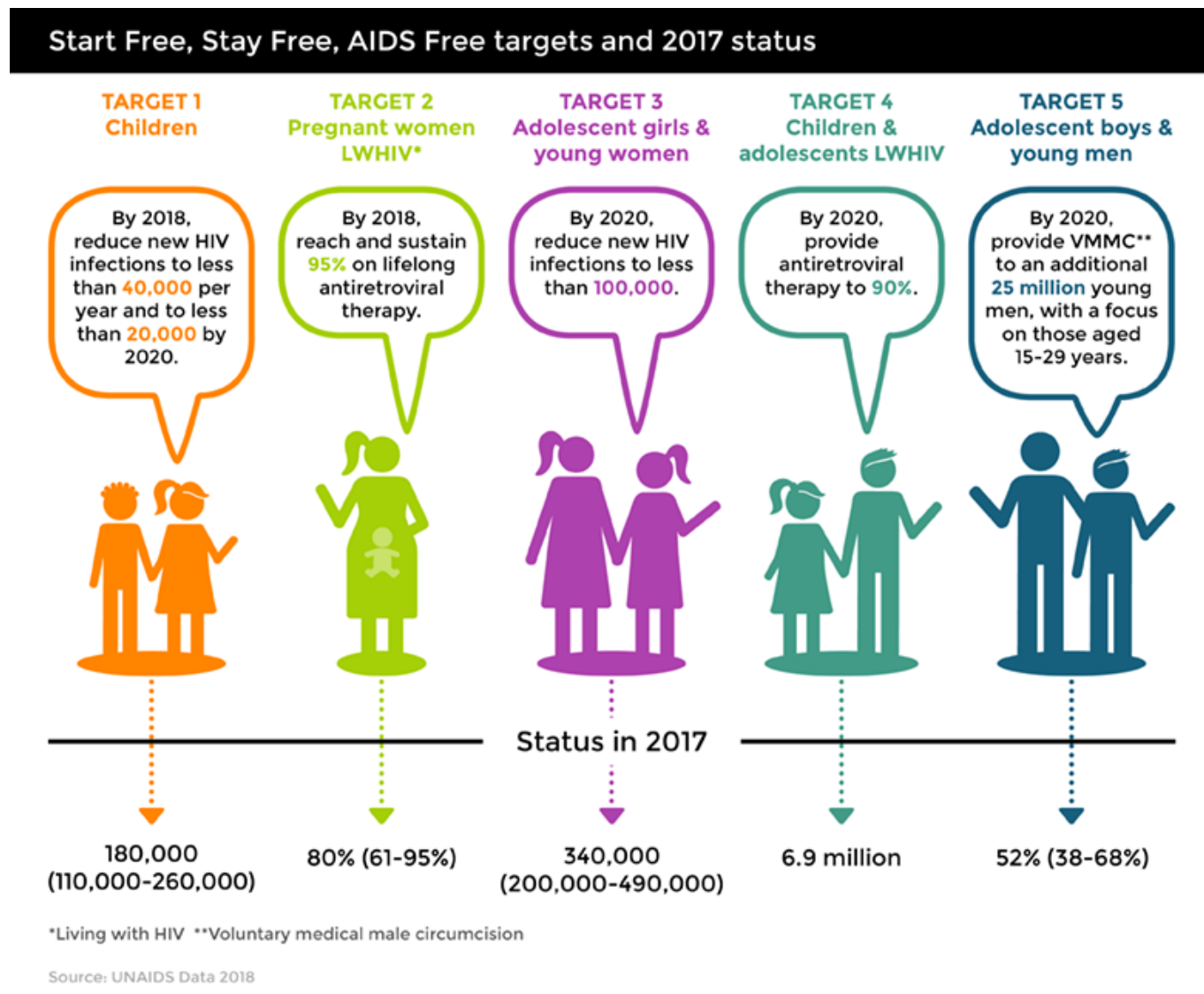
In a 14,000-word document that includes over 76 discrete points, men who have sex with men; sex workers are only mentioned; people who use and/or inject drugs; and transgender people are only mentioned twice [15](#)

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The Declaration also commits to achieving gender equality and highlights the importance of male involvement in achieving this. However, it stops short of including an explicit target for comprehensive sex education. The Global Network of People Living with HIV (GNP+) said their "excitement" was "tempered by the continued failure to get the full language of 'sexual reproductive health and rights'" [16](#)

The Political Declaration also commits to universal health coverage and integrated health approaches to tackle related epidemics such as tuberculosis, hepatitis B and C.[17](#)

The Start Free, Stay Free, AIDS Free targets embrace the goals adopted by United Nations Member States in the 2016 Political Declaration on Ending AIDS. The targets focus on a lifecycle approach to reach children, adolescents and young men and women to prevent new infections, make treatment available and support people living with HIV.<sup>18</sup>



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## What needs to be done to achieve these ambitious new targets?

The remarkable scale-up of ART, which has seen 20.7 million people living with HIV on treatment as of June 2017,<sup>19</sup> has put the world on track to reach the 2030 target on AIDS-related deaths. For this progress to continue, the quality of the treatment cascade must remain a key focus. Groups that are less likely to access treatment, in particular men from high HIV prevalence settings and key populations, must also be prioritised.

The target that needs the greatest attention, however, is prevention. HIV infections are being missed by a wide margin, with 1.7 million new infections among adults

Tackling prevention holds

estimated to have occurred in 2016, a decline of only 11% since 2010.[20](#)

the key to ending AIDS as public health threat.

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Tackling prevention holds the key to ending AIDS as public health threat. A lack of progress here will see the strain on treatment services continue and could threaten to derail other progress.

Trends in new infections among key populations globally have either stagnated (among sex workers) or increased (among people who inject drugs and men who have sex with men).[21](#) Most reductions in new infections have occurred in Eastern and Southern Africa but new HIV infections in other regions have declined more modestly. In eastern Europe, Russia and central Asia new infections have been increasing rapidly.[22](#)

In 2017, UNAIDS released its Prevention 2020 Road Map, which outlines 10 ways to intensify prevention efforts.[23](#)

The Road Map emphasises the need to focus on the empowerment of adolescent girls, young women and key populations. It also highlights how community peer-led prevention programmes are critical to reduce stigma and discrimination, which is key to the success of both prevention and treatment.[24](#)

Gaps in financing for prevention and a lack of large scale prevention programmes must also be addressed if the global response is to bring HIV infections down to reach the 2030 targets.[25](#)

In addition, greater political leadership is needed to champion progressive policies that enable the most vulnerable and marginalised people to access HIV prevention, testing and treatment alongside sexual and reproductive health services. Without this, the goal to end AIDS as a public health threat by 2030 may be missed.

## A brief history of previous targets

The '3 by 5' initiative, launched by UNAIDS and the World Health Organization (WHO) in 2003, aimed to get three million people living with HIV on treatment by 2005.[26](#)

This initiative is widely credited with jump-starting the global effort to widen treatment access to people living with HIV in low- and middle-income countries.

Despite falling short of its goal, 1.3 million people were accessing antiretroviral treatment (ART) by 2005, tripling the number of people on treatment and preventing an estimated 250,000 to 350,000 AIDS-related deaths.[27](#)

## Millennium Development Goals

In 2000, the United Nations (UN) agreed eight Millennium Development Goals (MDGs), to be reached by 2015. Targets included halving extreme poverty, halting the spread of HIV and AIDS and providing universal primary education.[28](#)

The HIV and reproductive health-related targets were:

- Goal 4: Reduce child mortality

- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases.

## Political Declarations on HIV and AIDS

The first UN Political Declaration on HIV/AIDS was made in 2001, the second in 2006, and the third in 2011. The Declarations signal countries' commitment to tackling HIV in line with UNAIDS' targets, and include an agreement to report progress every two years.<sup>29</sup>

The 2011 Political Declaration on HIV and AIDS <sup>30</sup>, set 10 targets to be achieved by 2015, in line with the MDG deadline.<sup>31</sup>

As part of the 2011 Declaration, a '15 by 15' target was adopted which called for 15 million people to be reached with HIV treatment by 2015.<sup>32</sup>

Alongside this, UNAIDS developed 10 interlinking targets in their 'Getting to Zero' strategy 2011-2015.<sup>33 34</sup> Its vision was to get to:

- zero new HIV infections
- zero AIDS-related deaths
- zero discrimination.

The '15 by 15' treatment target was reached in March 2015, nine months ahead of schedule. By the end of 2015, 17 million people were receiving ART.<sup>35 36</sup>

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We provide all this for FREE, but it takes time and money to keep Avert.org going.

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Every contribution helps, no matter how small.

**PLEASE DONATE NOW**



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Last full review:

03 January 2018

Next full review:

02 January 2021