

**UNAIDS 2021 Update
on
Global HIV/AIDS**

**END INEQUALITIES.
END AIDS.**



**High-Level Meeting on AIDS
END INEQUALITIES. END AIDS.**

**NEW YORK | 8–10 JUNE
2021**

THE AIDS EPIDEMIC SO FAR

Since the beginning....

- 76 million people infected with HIV
- 33 million people dead from AIDS

40 Years of AIDS

COMMITMENTS OF MEMBER STATES HAVE BEEN CRITICAL TO PROGRESS AGAINST AIDS

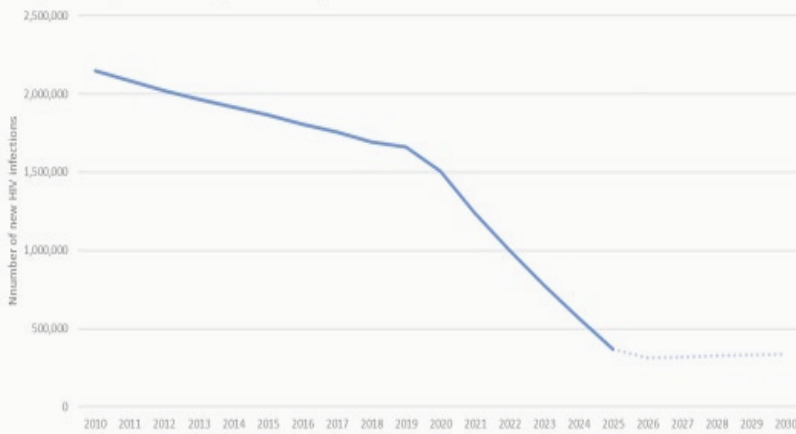
- **SDG 3** has a specific target on AIDS: **End the epidemic of AIDS by 2030.**
- The 2016 Political Declaration operationalized the SDG 3 target on AIDS through a shared vision to:
 - Reduce new infections to fewer than 500,000 by 2020.
 - Reduce AIDS deaths to fewer than 500,000 by 2020.
 - Eliminate HIV stigma and discrimination by 2020.
- Significant progress has been registered since the 2016 Political Declaration, but the world missed the 2020 targets due to:
 - Insufficient resources.
 - Inequalities.
 - Sub-optimal access to services .
- **2021 HLM presents an opportunity to re-enforce strategies to address current gaps in and accelerate progress to end AIDS as a public health threat by 2030.**

Bold Targets for 2025 will get us BACK ON TRACK to END AIDS as a public health threat by 2030

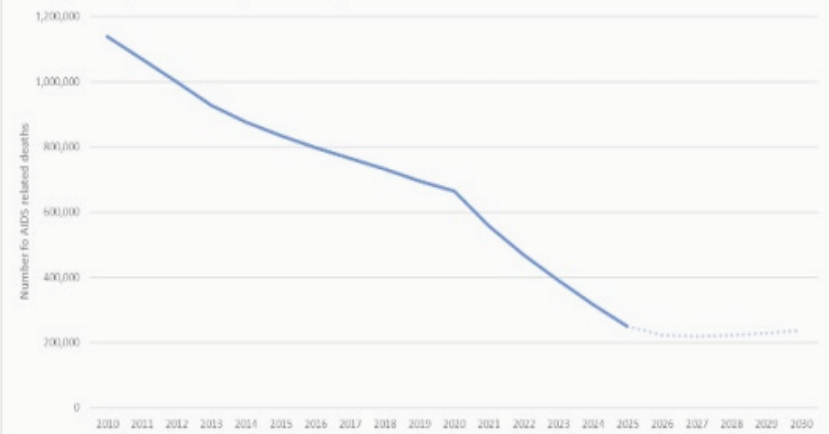
Reaching the 2025 targets will reduce new HIV infections to **under 370 000 in 2025**

Reaching the 2025 targets will reduce AIDS-related deaths to **under 250 000 in 2025**

Projected Impact of Reaching the 2025 Targets on new HIV infections



Projected Impact of Reaching the 2025 Targets on AIDS-related deaths

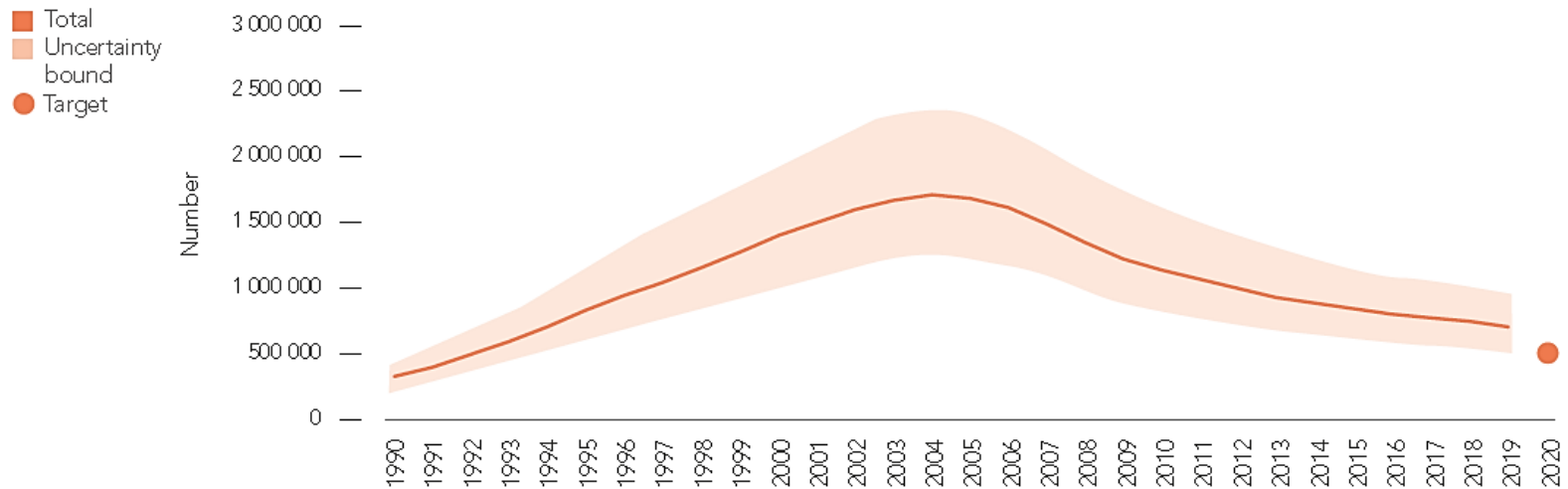


This degree of success in the HIV response will put the international community firmly on-track to end the AIDS epidemic in all settings and for all populations by 2030

Impact of Reaching the Strategy's Targets and Commitments

AIDS deaths declining but still too high

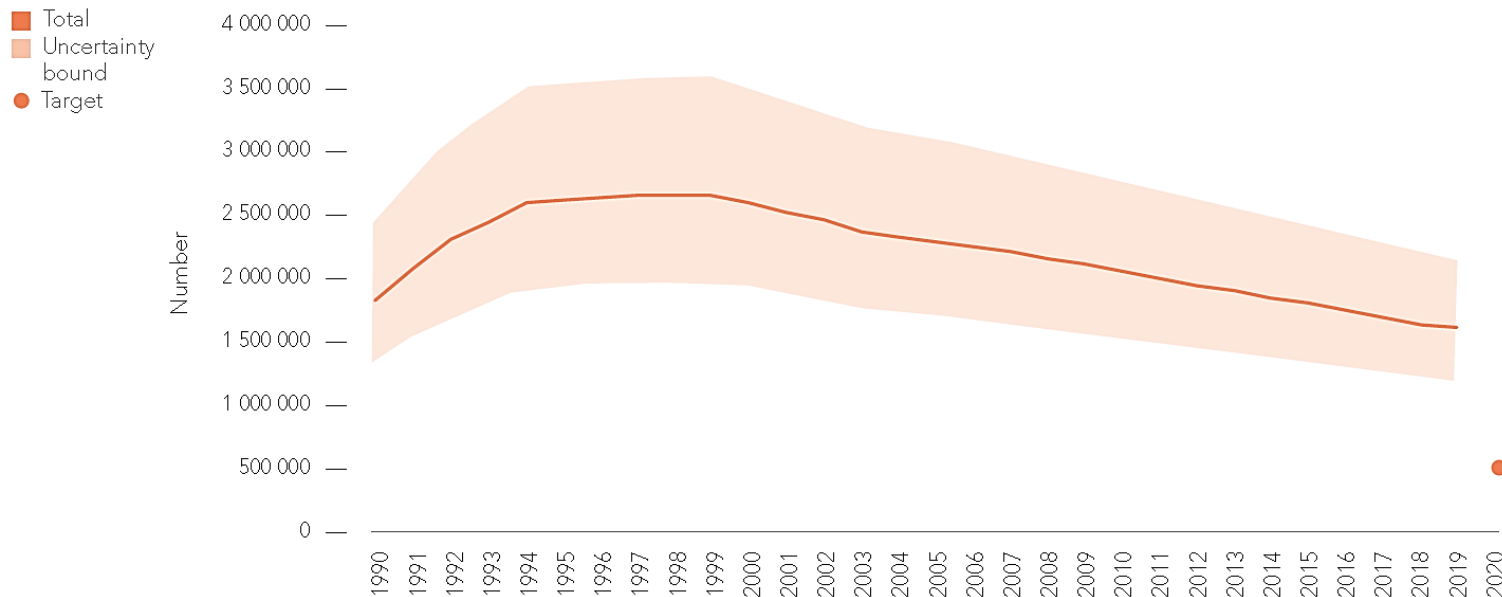
AIDS-related deaths, global, 1990–2019



- 690,000 people died of AIDS-related causes in 2019, exceeding the 2020 target of less than 500,000 deaths.
- More males dying than females – manifestation of inequalities.
- The rate or mortality among children living with HIV higher than adults

New HIV infections declining but not fast enough and not for all people

Number of new HIV infections, global, 1990–2019



- 1.7 million people newly HIV infected in 2019, **3 times** above the 2020 target of 500,000

Inequalities are driving the HIV epidemic

End Inequalities. End AIDS

- Inequality exist by wealth, education, location, key population status, race, gender, nationality, migration status, etc
- UNAIDS' 2020 comprehensive review of data shows that inequalities are the key reason for missing the 2020 targets:
 - **Young people** represent 17% of the world population, accounted for 28% of new infections in 2019.
 - **AGYW in sub-Saharan Africa** are about 10% of the population but represent 23% of new HIV infections
 - Despite increased coverage of treatment among adults, only 53% of **children living with HIV** are on treatment.
 - **Key populations** represent a small proportion of the world population but accounted for 62% of new infection in 2019.
- Reducing intersecting inequalities to end the AIDS epidemic requires the world to:
 - Ensure equal access to HIV services for all.
 - Generate and utilize granular data to identify and reach those left behind.
 - Protect rights of PLHIV, at risk of and affected by HIV.
 - Reform laws and policies that foster inequalities and discrimination.

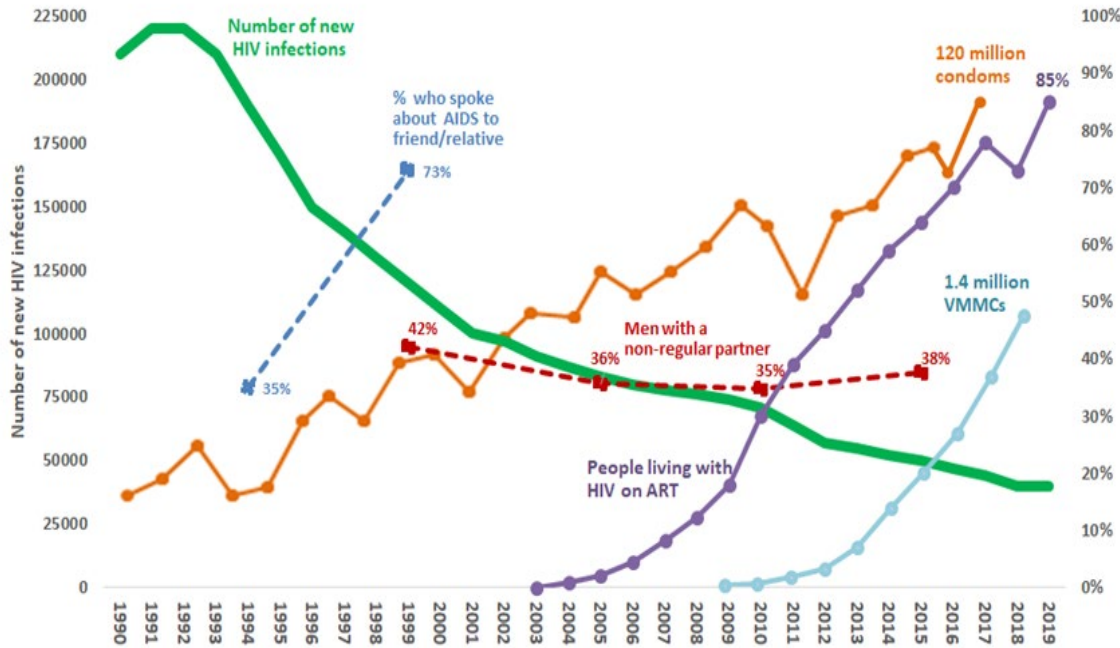
The dual pandemics of HIV and COVID – Challenges & Contributions

- COVID-19 has put the world even further behind its efforts to end AIDS by 2030:
 - Disruption of HIV prevention, diagnosis and treatment due to COVID-19 restrictions.
 - 30% increase in gender-based violence.
 - Interruption of supply chains for health commodities.
 - Violation of rights of key populations.
 - Disruption of education for many young people.
- The HIV response has risen to the challenge of COVID-19, the architecture, human resources and experience of the HIV response proving invaluable to COVID-19 responses:
 - Well established structures for surveillance and laboratories
 - HIV leaders are being tapped to lead and contribute to COVID-19 responses
 - Multisectorality & partnerships
 - Human rights-based approaches
 - The role of communities in service delivery

HIV & COVID-19 responses offer an opportunity to build a bridge to agile, results-driven systems for health

What's needed now for HIV prevention

Combination HIV Prevention Works!



Interpersonal	Peer education programs, school-based HIV education			National behavior change program	DREAMS
Media	TV, radio	Call-in programs, songs	Prime time soap	Campaigns on behaviors/ demand	
HTS	Low coverage		Scale up of voluntary and provider-initiated testing		+Self-testing
ARV-based	Low coverage		Initial scale up	Rapid scale up	+DSD, +PrEP
Condoms	Public sector distribution		Public sector distribution + scale up of social marketing		
VMMC				Policy	Scale up
Key pop's	Sex worker peer education projects		National SW program		+ Other KPs

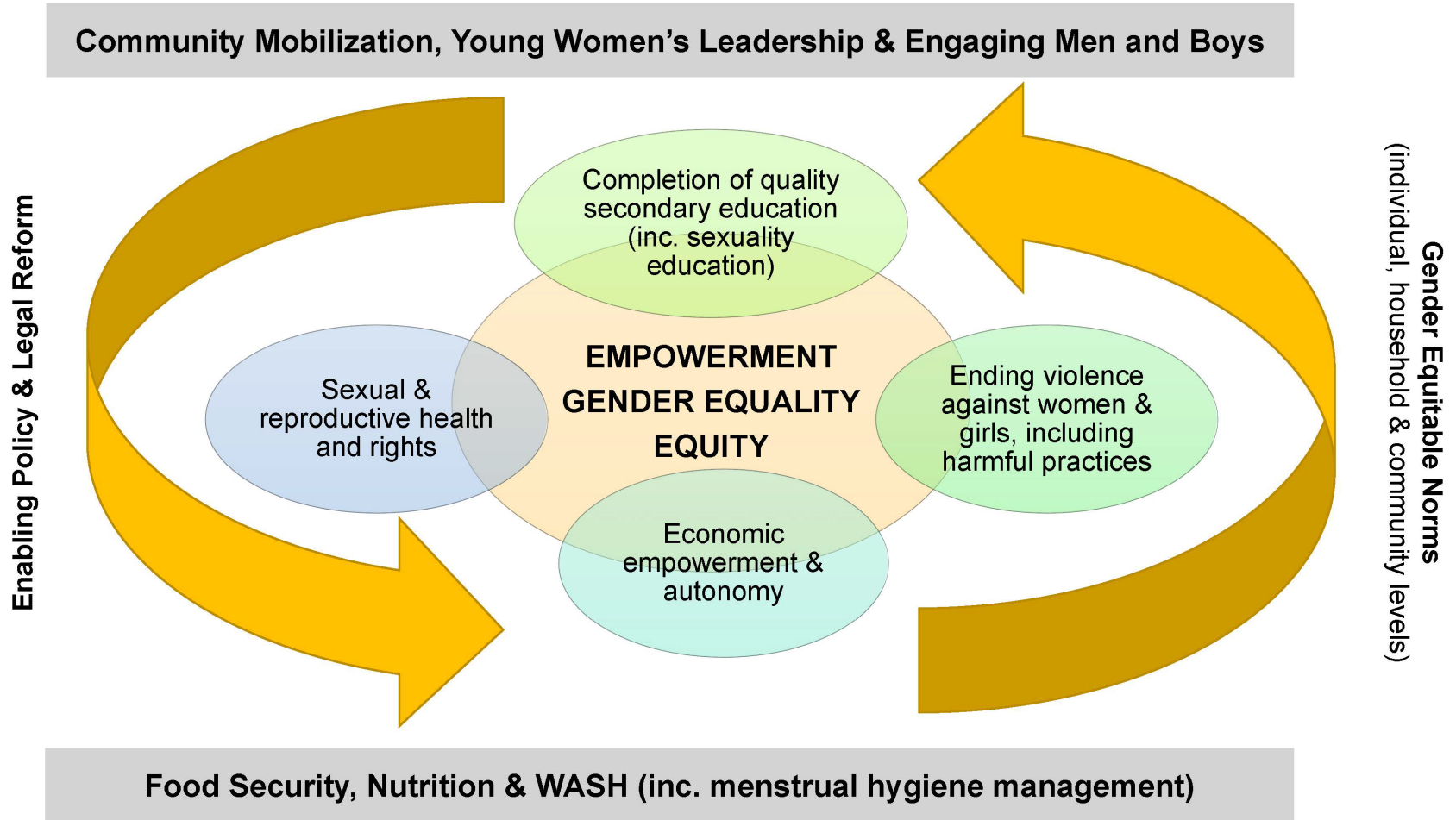
Cumulative effect of scale-up of combination HIV prevention, Zimbabwe, 1990–2019

2030 | Ending the AIDS epidemic

- Combination HIV Prevention ‘layers’ *health and non-health* interventions that together have much greater prevention impact than single interventions alone
- It requires targeting more intensive, multi-layered services to **THOSE WHO ARE MOST AT RISK FOR HIV**...providing options & choices
- Some newer components, such as Pre-Exposure Prophylaxis (PrEP) have NOT been taken to scale

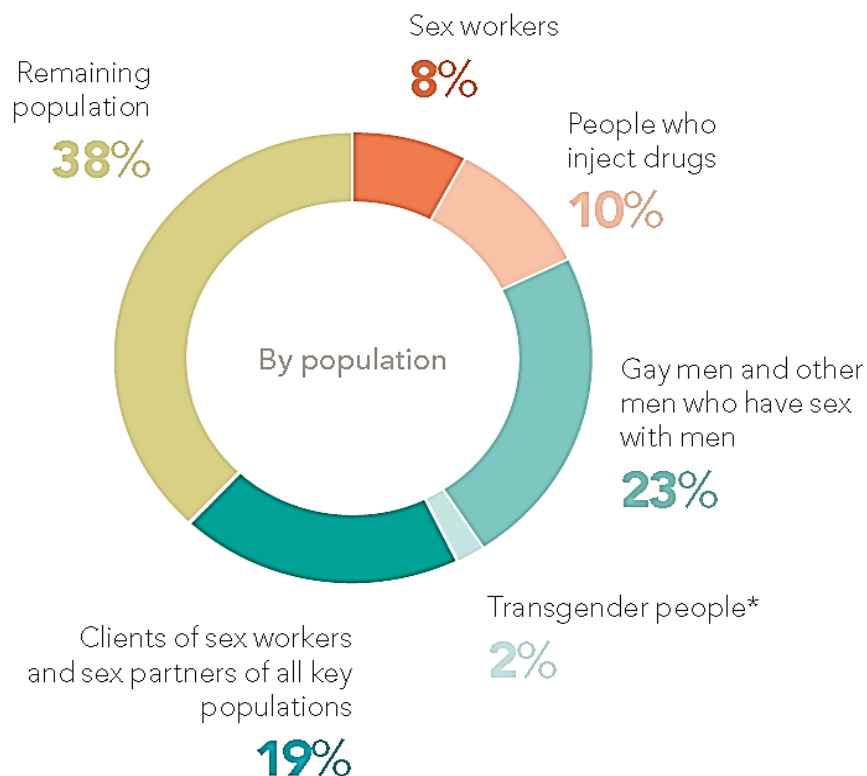


Adolescent Girls & Young Women: Multi-sectoral approaches to empower & protect against HIV: The Education *Plus* approach



More than half of new infections are among key populations

Distribution of new HIV infections by gender and population, global, 2019



- Globally, 62% of new infections are among key populations and their partners, yet key population represent the smallest proportion of the world population.
- Proportion of new infections accounted for by KPs by region:
 - 99% - EECA, 97% - MENA, 96% -WEOG, 98% - AP, 77% - LA.
- Prevention need to be tailored to the context to meet needs of specific population sub-groups.

HIV Testing & Treatment Services:
Great successes with remaining
gaps & disparities

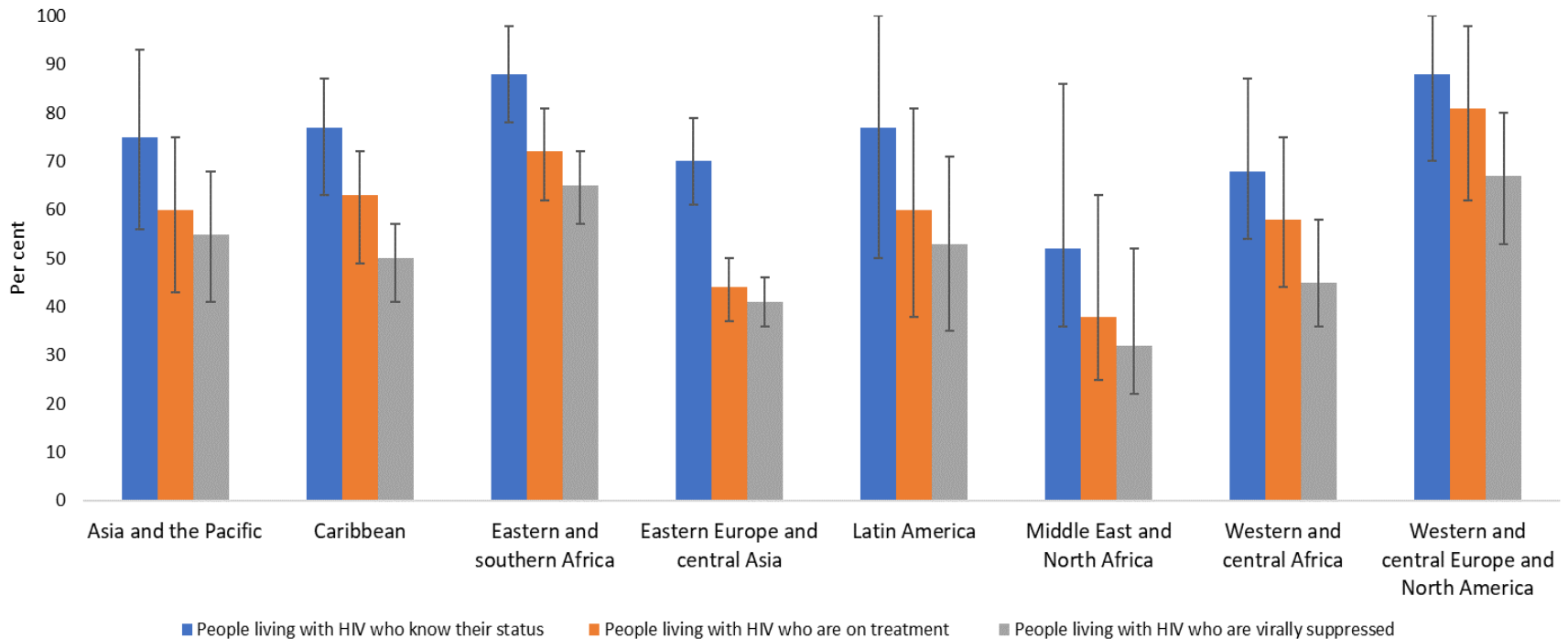
Bold Treatment Targets are Achievable!

	People living with HIV who know their status	People living with HIV who know their status and are on treatment	People living with HIV who are virally suppressed		Viral load suppression among people living with HIV
ACHIEVED 2030 TARGET (95%)	<i>Eswatini</i> Namibia	Burundi Cambodia Denmark <i>Eswatini</i> Haiti Rwanda Senegal Switzerland United Kingdom Zambia	Australia Botswana Cambodia <i>Eswatini</i> Germany Ireland Japan Myanmar Netherlands Switzerland Thailand Viet Nam, UK	ACHIEVED 2030 TARGET (86%)	<i>Eswatini</i> Switzerland
ACHIEVED 2020 TARGET (90%)	Australia Botswana Chile Guyana Ireland Kenya Malawi Netherlands South Africa Switzerland United Kingdom Zambia Zimbabwe	Australia Burkina Faso Ethiopia Germany Morocco Namibia Netherlands Singapore Spain Uganda United Republic of Tanzania Zimbabwe	Brazil Chile Kenya Malawi Morocco Namibia Rwanda Singapore South Africa Spain Trinidad and Tobago Uganda United Republic of Tanzania Zambia	ACHIEVED 2020 TARGET (73%)	Australia Botswana Cambodia Ireland Namibia Netherlands Rwanda Spain Thailand Uganda Zambia Zimbabwe
NEARLY ACHIEVED 2020 TARGET (85–89%)	Brazil Burundi Cuba Italy Romania Rwanda Spain Uganda United States of America	Algeria Botswana Cuba Ireland Italy Luxembourg Malawi Peru Portugal Slovakia	Ethiopia Guyana Italy Luxembourg Portugal Zimbabwe	NEARLY ACHIEVED 2020 TARGET (68–72%)	Italy Kenya Malawi Myanmar United Republic of Tanzania

- >40 Countries on-track to meet **90-90-90 Targets**
- 2 Countries (Switzerland, eSwatini) have met **95-95-95**
- **BUT: All countries with more to do:** National averages mask inequalities within the countries that if unaddressed will hinder achievement of the 2030 target.

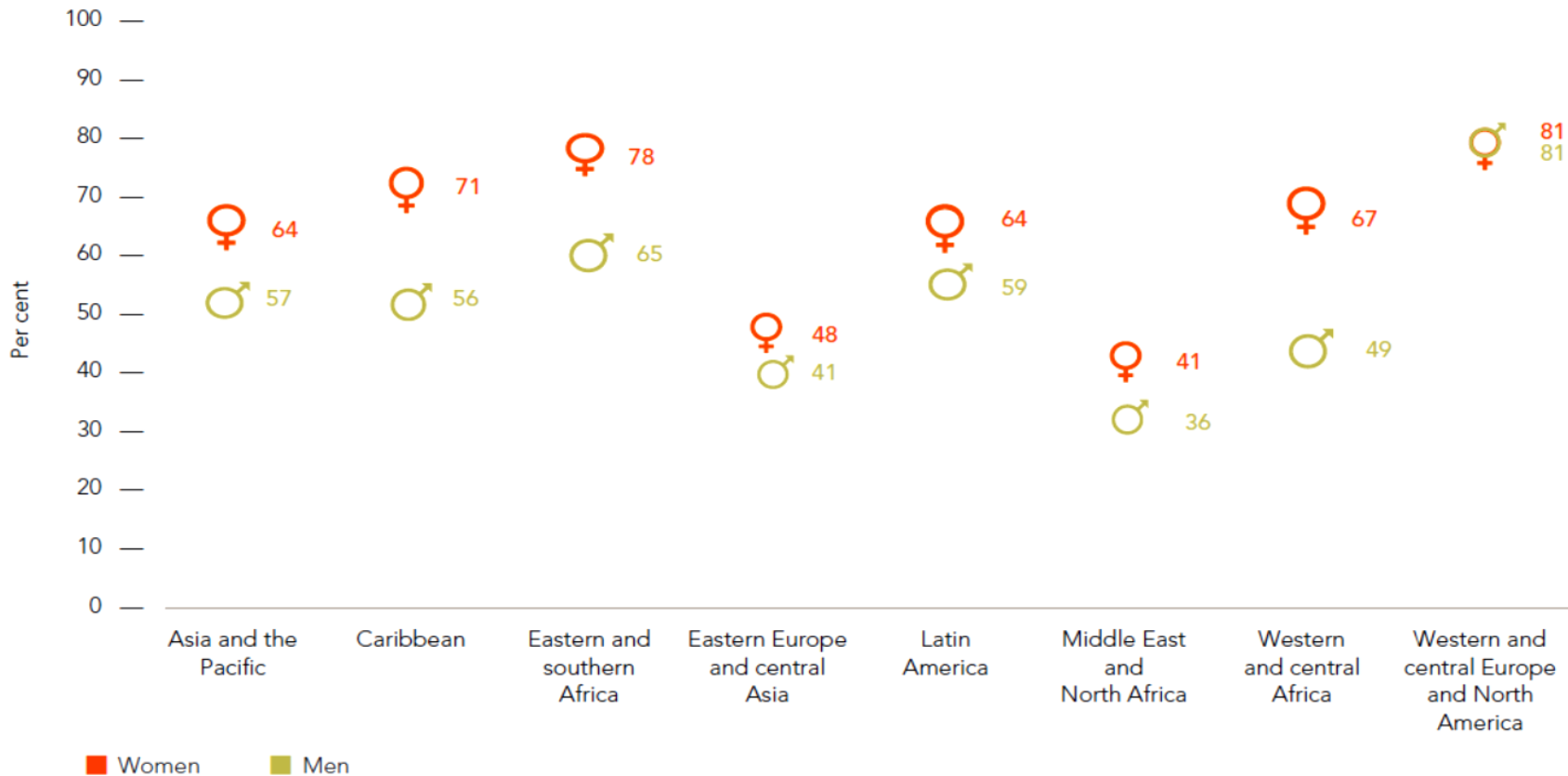
HIV Testing & Treatment: Progress unequal & gaps vary by region

HIV testing and treatment cascade, by region, 2019



- Progress towards the 90-90-90 targets varies by region, evidence of inequalities across geographical regions, between countries within regions, and within countries themselves.

Men and young people are less likely to be on Treatment



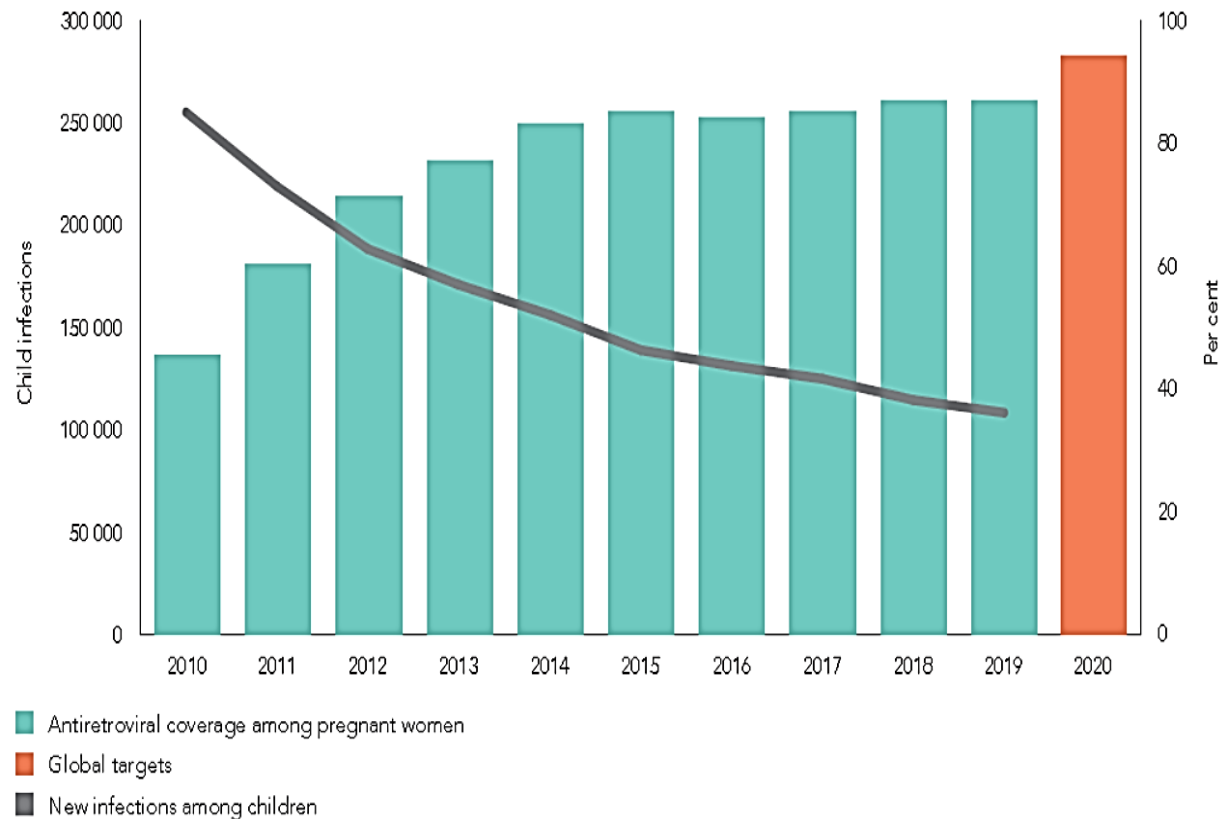
Source: UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>); UNAIDS Global AIDS Monitoring, 2020 (see <https://aidsinfo.unaids.org/>).

- There are variations in treatment coverage by sex and region
- In all regions, except Europe and America, more women access treatment than men.

Vertical transmission and pediatric AIDS

Great progress in reducing new HIV infections in children, but progress has stalled

Figure 2. Percentage coverage of pregnant women reached with antiretroviral therapy and number of children acquiring HIV, focus countries, 2010–2019

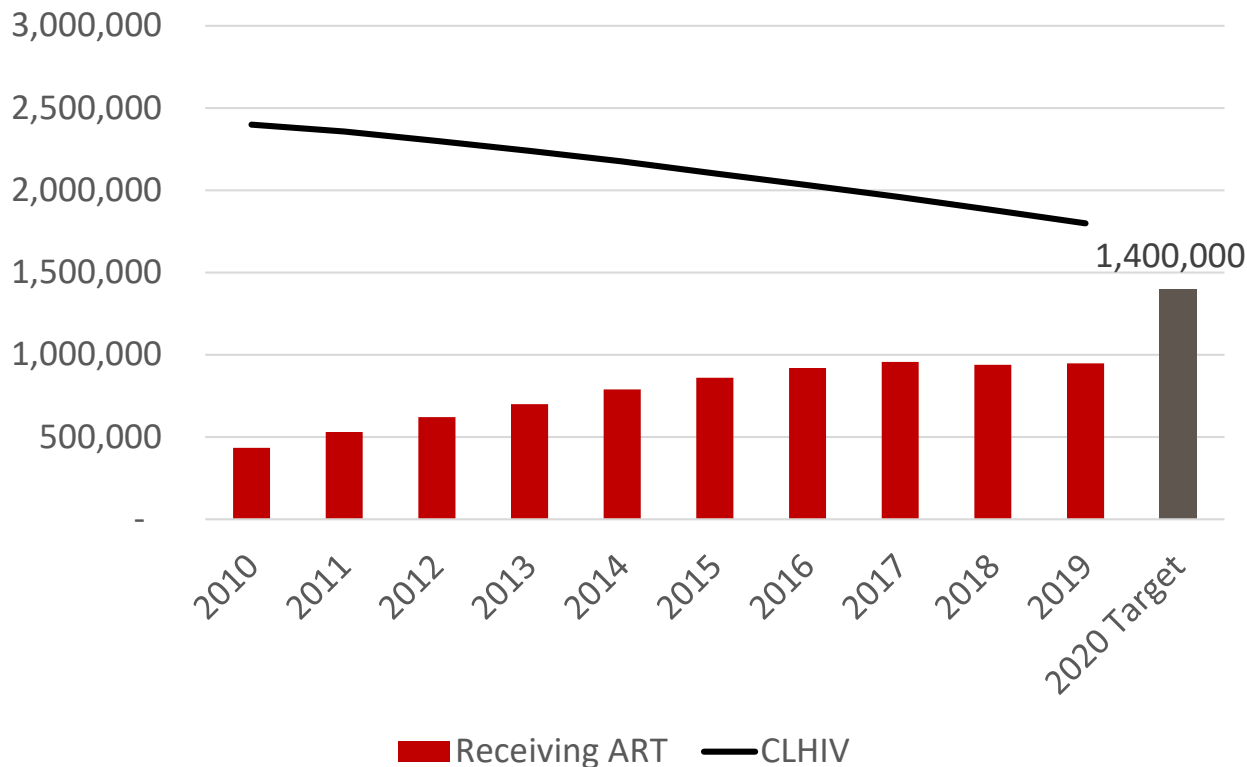


- New infections among children fell by half between 2010 and 2019, but still too high
- Different reasons in different programs for pregnant / breast-feeding women:
 - Not accessing HIV services at all
 - Falling out of services during pregnancy/Breast-feeding
 - NEW infections during pregnancy/Breastfeeding
 - On treatment, but not virologically suppressed

Note: the 2020 targets are for all countries and not just the focus countries. Globally, 85% of pregnant women were receiving antiretroviral therapy in 2019 and 150 000 children acquired HIV.
Source: UNAIDS epidemiological estimates, 2020.

Children being left FAR behind

Number of children living with HIV and receiving ART, globally, 2010-2019

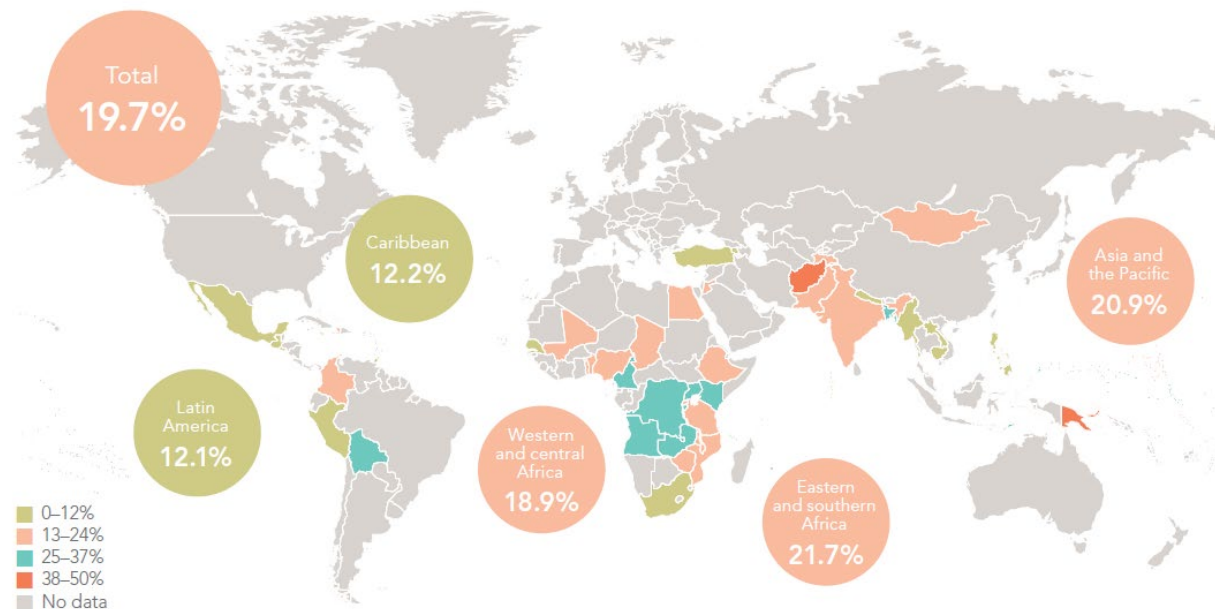


- **Only 53% of children** were on treatment in 2019 compared to **68% of adults** living with HIV..
- In 2019, there were **840,000 children living with HIV NOT ON TREATMENT**
- **2/3** of the missing children are **5 yrs old or older**

Gender Equality

Violence against women and other forms of gender-based violence (GBV) undermine the HIV response

Percentage of ever-married or partnered women aged 15 to 49 years who experienced physical and/or sexual violence by an intimate partner in the past 12 months, 2014-2018



Source: Population-based surveys, 2014–2018.

Note: Aggregates refer to the most recent data available from population-based surveys during the period of 2014 to 2018. Data coverage of aggregates: total: 46 countries, 43% of 2018 population; Asia and the Pacific: 12 countries, 48% of 2018 population; Caribbean: 3 countries, 40% of 2018 population; eastern and southern Africa: 11 countries, 84% of 2018 population; Latin America: 6 countries, 41% of 2018 population; western and central Africa: 10 countries, 85% of 2018 population. Aggregates for eastern Europe and central Asia, the Middle East and North Africa, and western Europe and North America are not shown, as data were available for few countries for the period of 2014 to 2018.

Empowered communities play critical
roles in the HIV response

Communities at the center

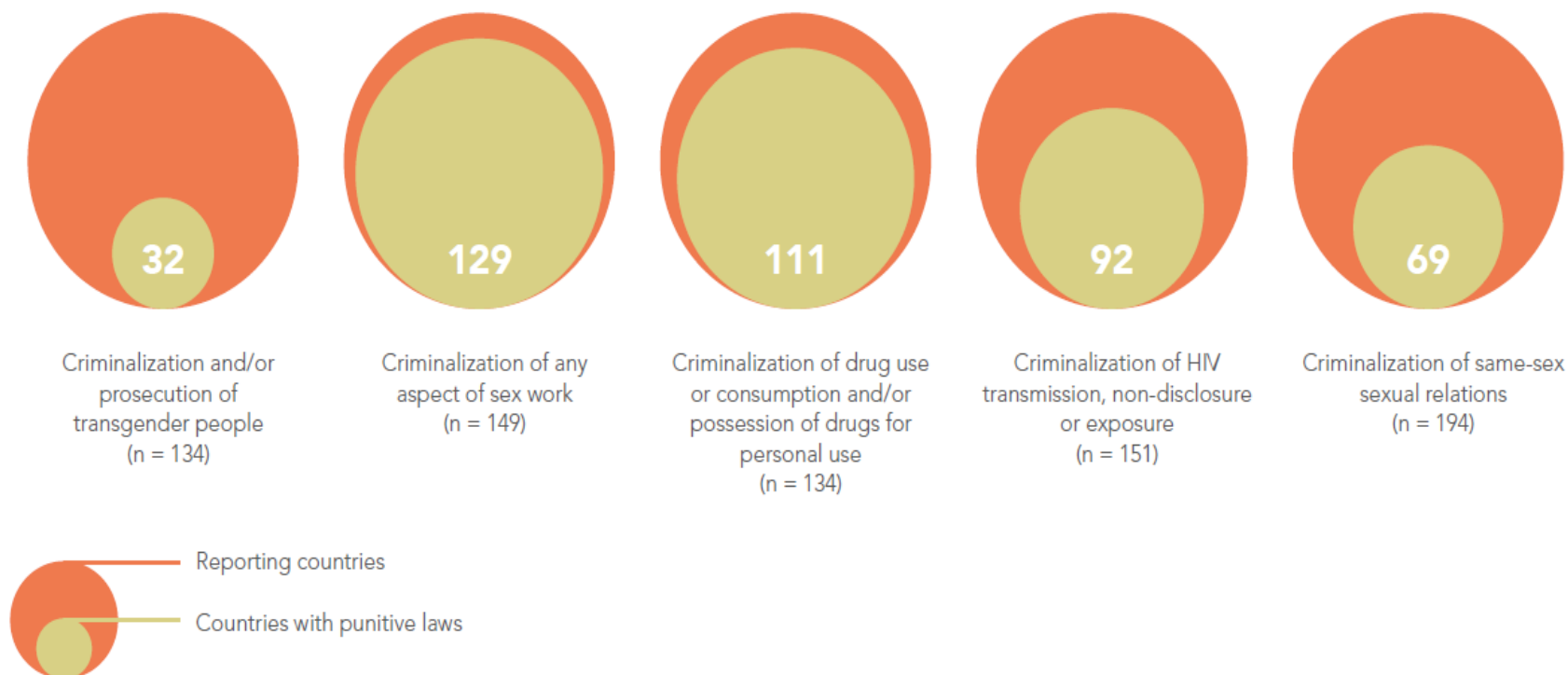
- Communities living with or affected by HIV have played a key role in the HIV responses:
 - Policy/Advocacy/**governance**/decision-making
 - Planning, design and **delivery of services** including to hard-to-reach populations.
 - **Accountability** and monitoring of HIV responses
- Ways to strengthen communities for a transformative and sustainable HIV response:
 - Implement **social contracting** to directly fund community-led organizations.
 - Improve resourcing, engagement, capacity building and leadership.
 - Fully implementing **GIPA Greater Involvement of People living with HIV/AIDS** principle.
 - Support community-led research.
 - Increase proportion of services delivered by communities.

Stigma & Discrimination: how the rights of all people matter to ending AIDS

Stigma & Discrimination Persist

- Human rights violations, stigma and discrimination are drivers of inequalities that undermine HIV responses
- Stigma & discrimination persists and the target on zero discrimination remains unachieved:
 - In 25 of the 36 countries with recent data, 25% of people aged 15-49 years showed discriminatory attitudes towards PLHIV.
 - Key populations face multiple and overlapping forms of discrimination.
 - In humanitarian settings, PLHIV, KPs and survivors of SGBV face social exclusion, mandatory HIV testing, and stigma and discrimination.
- Breaking down human rights barriers to ending the AIDS epidemic:
 - Legal reform to remove consent, punitive and discriminatory laws.
 - Keep girls in school to protect them against HIV acquisition.
 - Resource interventions to end stigma and discrimination.
 - Protect rights of people living with HIV, KPs, and other people at high risk of contracting HIV.

Specific laws and policies increase vulnerability to HIV

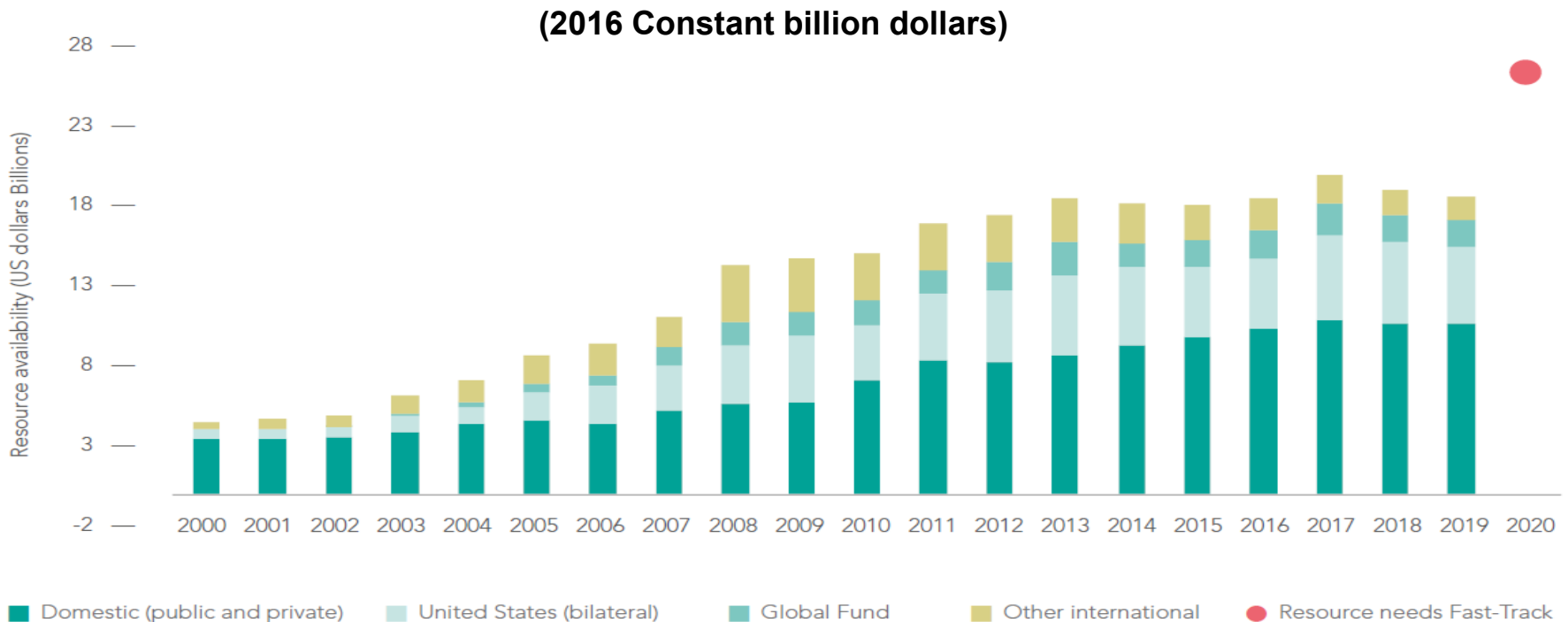


- Specific laws and policies lead to criminalization, social marginalization, stigma and discrimination that prevent key populations from accessing services.
- There is need to reform laws and policies to support uptake and utilization of services especially among key populations.

Funding the HIV response: What's needed now?

2020 Resource needs were NOT fully funded, and the world DID NOT achieve HIV goals.

Resource availability for HIV in Low-and-middle-income countries 2000-2019 and 2020 resource needs



Source: UNAIDS financial estimates, July 2020 (see <http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

Note: Constant 2016 US dollars.

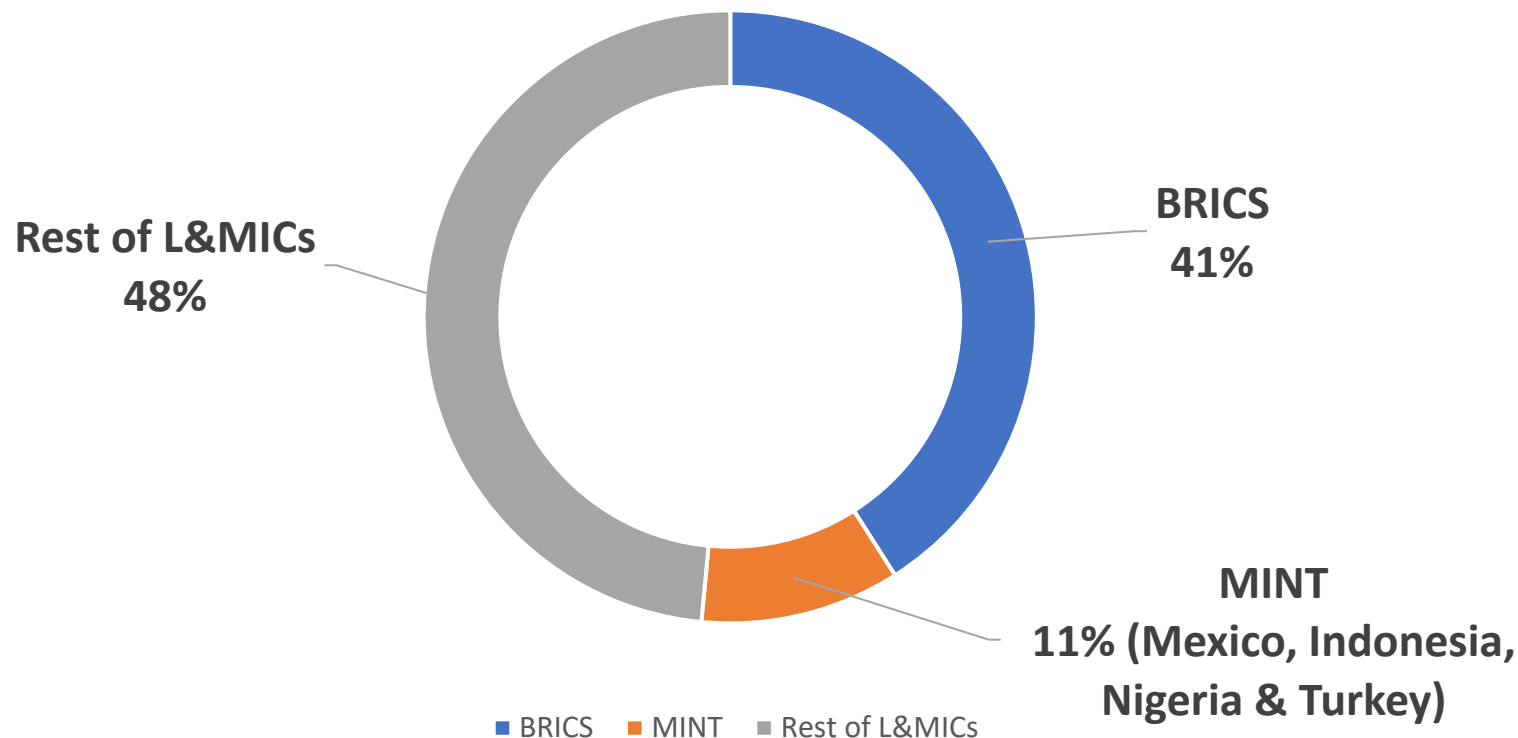
HIV resources in recent years have fallen short of the requirement to end the AIDS epidemic by 2030.

\$29 Billion USD needed to reach the 2025 targets



Resource needs will peak by 2025 (USD 29 Billion) and will remain stable up to 2030

Largest proportion of resources needed in upper middle-income countries



- 53% of the total resources are needed in upper middle-income countries.
- Majority of resource needs concentrated in BRICS and MINT countries.

REGIONAL SNAPSHOT

Where we need to go to end the
AIDS epidemic by 2030

2025 Targets to accelerate progress towards ending the AIDS epidemic

HIV services			Integration	Societal enablers		
95–95–95 testing and treatment targets achieved within all sub-populations and age groups.	95% of women of reproductive age have their HIV service needs met and their sexual and reproductive health and rights fulfilled, and 95% of HIV-exposed children are tested by 2025.	95% of people at risk of HIV infection use appropriate, person-centred and effective combination prevention options.	Adoption of people-centred and context-specific integrated approaches that support the achievement of 2025 HIV targets and result in at least 90% of people living with HIV and individuals at heightened risk of HIV infection linked to services for other communicable diseases, non-communicable diseases, sexual and gender-based violence, mental health and other services they need for their overall health and wellbeing.	10–10–10 targets for removing social and legal impediments towards an enabling environment limiting access or utilization of HIV services		
				Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.	Less than 10% of people living with HIV and key populations experience stigma and discrimination.	Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.
				Achieve SDG targets critical to the HIV response (i.e. 1, 2, 3, 4, 5, 8, 10, 11, 16, 17) by 2030		

- If targets are achieved across populations and geographical areas, less than 370,000 new infections and less than 250,000 AIDS-related deaths will be occurring in 2025.

Conclusion

Significant progress has been made in the HIV response, to secure gains and close gaps to end the AIDS Epidemic by 2030, the upcoming High-Level Meeting provides an opportunity to re-energize the world to:

- Reduce inequalities
- Prioritize prevention
- Close gaps in services
- Eliminate vertical transmission of HIV and pediatric AIDS
- Promote gender equality and rights of women and girls
- Empower communities to play critical roles in HIV response
- Respect and protect human rights of all people
- Close the funding gap
- Build stronger systems for health

Asia Pacific

Number PLWHIV	<ul style="list-style-type: none"> • 5.8 Million 	Deaths	<ul style="list-style-type: none"> • #:160,000 • decreasing by 29% since 2010
New HIV Infections	<ul style="list-style-type: none"> • #: 300,000 • DECREASED by 12% since 2010. 	Who:	<ul style="list-style-type: none"> • 98 % Key Populations, their partners & clients. • 33% Young key populations.
Key Issues	Low knowledge of HIV status; prevention not being prioritized; insufficient scale-up of services.		
Important Contexts	Concentrated epidemics, disparate progress – some of the best and lowest performers		
Strategic priorities	<ul style="list-style-type: none"> • Scale-up of innovative and effective service delivery models. • Focus on key populations policies and programmes. • Addressing vulnerabilities – gender, sexuality. • Mobilization of domestic resources • Social contracting for delivery of key population services 		

Eastern Europe & Central Asia

Number PLWHIV	<ul style="list-style-type: none"> • 1.7 Million 	Deaths	<ul style="list-style-type: none"> • #: 35,000 • Increased by 24% since 2010
New HIV Infections	<ul style="list-style-type: none"> • #: 170,000 • Increased by 72% since 2010 	Who:	<ul style="list-style-type: none"> • 48% increase in PWID • 72% increase in young women & girls.
Key Issues	Criminalization, low coverage of effective prevention service for key populations.		
Important Contexts			
Strategic priorities	<ul style="list-style-type: none"> • Effective leadership & political will including law reform • Optimized testing and linkage to treatment services for all. • Address harmful gender norms, stigma and discrimination • Transition of HIV donor prevention programmes to full domestic financing . • Civil society led service delivery 		

Eastern and Southern Africa

Number PLWHIV	<ul style="list-style-type: none"> • 20.7 Million 	Deaths	<ul style="list-style-type: none"> • #: 300,000 • 49% reduction since 2010.
New HIV Infections	<ul style="list-style-type: none"> • #: 730,000 • Declined by 38% since 2010 	Who:	<ul style="list-style-type: none"> • 37% reduction in women and girls. • 39% reduction in boys and men.
Key Issues	Women most affected (60% of new infections)– AGYW 5 times more likely to get infected vs their male peers		
Important Contexts			
Strategic priorities	<ul style="list-style-type: none"> • Fair share for combination prevention – among AGYW, key pops and other priority groups • Multisectoral and layered responses –address gender, sexuality and poverty disparities and vulnerabilities • Communities lead, deliver and hold to account –establish formal mechanisms for inclusion in governance, service delivery and accountability structures • Address donor dependency – increase domestic commitment, programme effectiveness and resilience. 		

West & Central Africa

Number PLWHIV	<ul style="list-style-type: none"> • 4.9 Million 	Deaths	<ul style="list-style-type: none"> • #: 140,000 • 37% decrease since 2010
New HIV Infections	<ul style="list-style-type: none"> • #: 240,000 • Decreased by 25% since 2010 	Who:	
		69% key populations	
		58% women and girls	
		33% children	
Key Issues	Criminalization of key populations, harmful gender norms, poverty, low priority to health and financial barriers		
Important Contexts	Fragility and crisis prone region – conflict, humanitarian, man made disasters – fragile states and institutions, informality		
Strategic priorities	<ul style="list-style-type: none"> • Build up, capacitate and formalize a community led response in a context of fragile states. • Deploy effective programme strategies for testing, linkage to treatment and viral suppression. • Boost political will and ownership of HIV programmes and health in general • Address punitive laws and discrimination alongside harmful gender norms, poverty and inequality. 		

Middle East & North Africa

Number PLWHIV	<ul style="list-style-type: none"> • 240 000 	Deaths	<ul style="list-style-type: none"> • #: 8,000 • Increased by 10% men • Decreased by 16% women (2010)
New HIV Infections	<ul style="list-style-type: none"> • #: 20,000 • Increased by 22% since 2010 	Who:	<ul style="list-style-type: none"> • 97% key populations and their partners
Key Issues	Criminalization of key populations; Harmful social, sexuality, gender norms; rampant stigma& discrimination; low international priority for HIV		
Important Contexts	Conflict, humanitarian disasters, fragile states		
Strategic priorities	<ul style="list-style-type: none"> • Political will and social mobilization in addressing punitive laws, harmful societal norms and power dynamics re sexuality and gender • Effective and key population tailored and led service delivery across the cascade – capacity building for civil society organizations • Increased domestic financing and international solidarity for social contracting 		

Latin America & the Caribbean

Number PLWHIV	<ul style="list-style-type: none"> LA 2.1 Million CAR 330 000 	Deaths	<ul style="list-style-type: none"> LA #: 37,000 Decreased by 8%(2010) CAR #: 6,900 Decreased by 37%(2010)
New HIV Infections (2019) % change as of 2010	<ul style="list-style-type: none"> LA#: 210,000 Increased by 21% CAR#: 13,000 Decreased by 29% 	Who <ul style="list-style-type: none"> LA – 77% key populations and partners CAR: 60% key populations – 25% young key population 	
Key Issues	Punitive laws, pervasive homophobia, xenophobia, gender harmful norms; people displacement		
Important Contexts	Humanitarian crisis and disaster prone – people displacement		
Strategic priorities	<ul style="list-style-type: none"> Address punitive laws, harmful social norms and stigma and discrimination across the region. Focus on effective and efficient prevention strategies for key populations Establish formal mechanisms for social contracting – progressively fully funded by domestic public financing 		

West and Central Europe & North America

Number PLWHIV	<ul style="list-style-type: none"> • 2.2 Million 	Deaths	<ul style="list-style-type: none"> • #: 12,000 • Decreased by 37% since 2010
New HIV Infections	<ul style="list-style-type: none"> • #: 65, 000 • Decreased by 15% since 2010. 	Who:	<ul style="list-style-type: none"> • 96% Key populations • 25% decrease in women and girls. • 12% decrease in boys and men.
Key Issues	Central Europe low coverage and performance results due to punitive laws, xenophobia, homophobia, conservatism, PWID most discriminated against		
Important Contexts	Uneven progress, some countries reached epidemic transition		
Strategic priorities	<ul style="list-style-type: none"> • Political will, law reform, address homophobia, xenophobia and stigma and discrimination. • Scale up efficient and effective prevention programmes for key populations. • Sustainable funding base alongside financial incentives for achieving health outcomes. • Motivate and involve young people 		