

2025 AIDS TARGETS



Why we need targets for 2025

1. 2020 Fast Track targets will soon elapse
 2. Current UNAIDS strategy concludes in 2021
 3. Informs possible UN General Assembly Special Session on AIDS in 2021 where a new Political Declaration on AIDS would be adopted
 4. Informs the strategies of other organisations (Global Fund, PEPFAR)
1. An updated set of programmatic targets for 2025 is needed to keep us on track for 2030

Objectives of the 2025 Target Setting Process



Targets for 2025

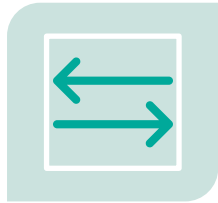


**Estimate of
epidemiological impact
from 2021-2030**



**Global price
tag/resource needs for
2021-2030**

What is different from previous target setting exercises?



More consultative process (June 2018 to November 2020)



Greater focus on integration with other health and non-health services



Greater focus on removing societal and legal impediments to service delivery



Focus on people-centered approaches:

- equitable outcomes
- service packages and combination approaches appropriate for the many populations living with or at risk of HIV

Steering Committee

- Co-chairs: Paul Delay and Adele Benzaken
 - 21 experts from various backgrounds and regions provide oversight for this process
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- ABDOOL-KARIM, Quarraisha
 - ALIYU, Sani
 - AMOLE, Carolyne
 - AYALA, George
 - CHALKIDOU, Kalypso
 - CHANG, Judy
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 - GORGENS, Marelize
 - LOW-BEER, Daniel
 - MANZANERO, Marvin
 - MESBAH, Ismail
 - PILLAY, Yogan
 - SAVEEDRA, Jorge
 - SIRINIRUND, Petchsri
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Technical inputs made through six consultative thematic groups

1. Testing and Treatment

2. Prevention

3. Societal Enablers

4. PMTCT

5. Integration

6. Costs

Civil Society

National Programmes

Academia

UNAIDS Cosponsors

Modellers

PLHIV

Other partners

- Programme Impact Modelling Advisory Group (PIMAG): An advisory group of modelling experts
- Global Stakeholders (PEPFAR, Global Fund, BMGF) are updated on process

Consolidating the evidence base



Targets informed by comprehensive reviews of current evidence of impact on HIV outcomes



Consolidated list of targets refined in iterative process with co-chairs of the Steering Committee, modellers, cosponsors, and UNAIDS technical focal points

2025 TARGETS



Top-line 2025 targets

HIV services			Integration	Social 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 and sexual and reproductive health service needs met; 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads; and 95% of HIV-exposed children are tested by 2025.	95% of people at risk of HIV infection use appropriate, prioritized, 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		

HIV services target #1

95–95–95 testing and treatment targets achieved among people living with HIV within all sub- populations and age groups by 2025

95%

Of people within the sub-population who are living with **HIV know their HIV status.**

95%

Of people within the sub-population who are living with HIV who know their HIV status are **on antiretroviral therapy.**

95%

Of people within the sub-population who are on antiretroviral therapy have **suppressed viral loads.**

Children (aged 0-14 years)

Adolescent girls and young women (aged 15-24 years)

Adolescent boys and young men (aged 15-24 years)

Adult women (aged 25 years and older)

Adult men (aged 25 years and older)

Gay men and other men who have sex with men

Transgender people

Sex workers

People who inject drugs

People in prisons and other closed settings

People on the move (migrants, refugees, IDPs, etc)

HIV services target #2

95% of women of reproductive age have their HIV and sexual and reproductive health service needs met; 95% of pregnant and breastfeeding women living with HIV achieve viral suppression; and 95% of HIV-exposed children are tested by 2025.

Women of reproductive age in high HIV prevalence settings, within key populations and living with HIV	95% have their HIV prevention and sexual and reproductive health service needs met
Pregnant and breastfeeding women	95% of pregnant women are tested for HIV, syphilis and hepatitis B surface antigen at least once and as early as possible. In high HIV burden settings, pregnant and breastfeeding women with unknown HIV status or who previously tested HIV-negative should be re-tested during late pregnancy (third trimester) and in the post-partum period.
Pregnant and breastfeeding women living with HIV	90% of women living with HIV on antiretroviral therapy before their current pregnancy.
	All pregnant women living with HIV are diagnosed and on antiretroviral therapy, and 95% achieve viral suppression before delivery.
	All breastfeeding women living with HIV are diagnosed and on antiretroviral therapy, and 95% achieve viral suppression (to be measured at 6-12 months).
Children (aged 0-14 years)	95% of HIV-exposed infants receive a virologic test and parents provided the results by age 2 months.
	95% of HIV-exposed infants receive a virologic test and parents provided the results between ages 9 and 18 months.
	95–95–95 testing and treatment targets achieved among children living with HIV.

HIV services target #3

95% of people at risk of HIV infection use appropriate, *prioritized*, person-centred and effective combination prevention options by 2025.

Suggested thresholds to define *prioritisation-strata*– key populations

	Criterion	Low-moderate	High	Very high
Sex workers	National Adult (15-49) HIV prevalence	≤0.3%	>0.3%	>3%
Prisoners	National Adult (15-49) HIV prevalence	<1%	>1%	>10%
Gay men and other men who have sex with men	UNAIDS analysis by country/region	Proportion of populations estimated to have incidence <0.3%	Proportion of populations estimated to have incidence 0.3-3%	Proportion of populations estimated to have incidence >3%
Transgender people	Mirrors MSM in absence of data	Proportion of populations estimated to have incidence <0.3%	Proportion of populations estimated to have incidence 0.3-3%	Proportion of populations estimated to have incidence >3%
People who inject drugs	UNAIDS analysis by country/region	High NSP coverage with adequate needles and syringes per PWID; OST available	Some NSP; some OST	Low NSP and OST coverage.

Targets for key populations

Intervention	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	Prisoners and others in closed settings
Condoms/lube use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	--	95%	95%	95%	--
Condom/lube use at last sex with a client or non-regular partner	90%	--	--	--	90%
PrEP use (by risk category)					
• Very high	80%	50%	15%	50%	15%
• High	15%	15%	5%	15%	5%
• Moderate and low	0%	0%	0%	0%	0%
Sterile needle and syringes	--	--	90%	--	90%
Opioid substitution therapy among people who are opioid dependent	--	--	50%	--	--
STI screening and treatment	80%	80%	--	80%	--
Regular access to appropriate health system or community-led services	90%	90%	90%	90%	100%
Access to PEP as part of package of risk assessment and support	90%	90%	90%	90%	90%

Suggested thresholds to define strata for prioritisation – other populations

	Criterion	Low	Moderate	Very high	
Adolescent girls and young women	Combination of [National or subnational incidence in 15-24 yr old women] AND [Reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	<0.3% incidence OR 0.3-<1% incidence and low risk reported behaviour	0.3-<1% incidence and high risk reported behaviour OR 1-3% incidence and low risk reported behaviour	1-3% incidence AND high risk reported behaviour	>3% incidence
Adolescent boys and young men	Combination of [National or subnational incidence in 15-24 yr old men] AND [Reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	<0.3% incidence OR 0.3-<1% incidence and low risk reported behaviour	0.3-<1% incidence and high risk reported behaviour OR 1-3% incidence and low risk reported behaviour	1-3% incidence AND high risk reported behaviour	>3% incidence
Adults (aged 25 and older)	Combination of [National or subnational incidence in 25-49 yr old adults] AND [Reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	<0.3% incidence OR 0.3-<1% incidence and low risk reported behaviour	0.3-<1% incidence and high risk reported behaviour OR 1-3% incidence and low risk reported behaviour	1-3% incidence AND high risk reported behaviour	>3% incidence
Sero-discordant partnerships	Estimated number of HIV negative regular partners of someone newly starting on ART	Risk stratification depends on choices within the partnership – choice of timing and regimen of ART for the positive partner; choice of behavioural patterns (condoms, frequency of sex); choice of PrEP			

Targets for other populations

		Strata based on prioritisation criteria			
		Very high	Moderate	Low	
All ages and genders	Condoms/lube use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	95%	70%	50%	
	PrEP use (by risk category)	50%	5%	0%	
	STI screening and treatment	80%	10%	10%	
Adolescents and young people	Comprehensive sexuality education in schools, in line with UN international technical guidance	90%	90%	90%	
		Strata based on geography alone			
		Very high (>3%)	High (1-3%)	Moderate (0.3-1%)	Low (<0.3%)
All ages and genders	Access to PEP (non-occupational exposure) as part of package of risk assessment and support	90%	50%	5%	0%
	Access to PEP (nosocomial) as part of package of risk assessment and support	90%	80%	70%	50%
Adolescent girls and young women	Economic empowerment	20%	20%	0%	0%
Adolescent boys and men	Voluntary medical male circumcision	90% in 15 priority countries			
		All HIV negative people in serodiscordant relationships			
People within serodiscordant partnerships	Condoms/lube use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known	95%			
	PrEP until positive partner has suppressed viral load	30%			
	PEP	100% after high-risk exposure			

Integration

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.

Steps undertaken for the elaboration of targets related to the integration of HIV and other health services

1. Systematic review and meta-analysis of existing quantitative evidence on the benefits of HIV service integration with other health services (integrated vs non-integrated services)
2. Simultaneous, consultation with WHO, UNFPA and The World Bank for their support and suggested areas for integration
3. Technical consultation (Rio de Janeiro, March 2020) with members of the different communities, country representatives, academics, implementers, cosponsors
4. Development of integration targets and discussion with UNAIDS colleagues, Rio participants, and cosponsors

Integration (1 of 3)

People living with HIV	90% of patients entering care through HIV or TB services are referred for TB and HIV testing and treatment at one integrated, collocated or linked facility, depending on the national protocol. And 90% PLHIV with latent TB infection receive tuberculosis preventive treatment.
	90% have access to integrated or linked services for HIV treatment and cardiovascular diseases, cervical cancer, mental health, diabetes diagnosis & treatment, education on healthy lifestyle counselling, smoking cessation advice and physical exercise.
Children (aged 0-14 years)	95% of HIV-exposed new-born and infants have access to integrated services for maternal and newborn care, including prevention of the triple vertical transmission of HIV, syphilis and hepatitis B virus
Adolescent boys and young men (aged 15-24 years)	90% of adolescent boys (15+) and men (aged 25-59 years) have access to voluntary medical male circumcision integrated with a minimum package of services ¹ and multi-disease screening ² within male-friendly healthcare service delivery in 15 priority countries.
Adult men (aged 25+)	

1: Minimum package of services delivered along with VMMC includes safer sex education, condom promotion, the offer of HIV testing services and management of STIs

2: Additional services such as diabetes, hypertension and/or TB screening, and malaria management. To be adjusted depending on the location

Integration (2 of 3)

School-aged young girls (aged 9-14 years)	90% of school-aged young girls in priority countries ³ have access to HPV vaccination, as well as female genital schistosomiasis (<i>S. haematobium</i>) screening and/or treatment in areas where it is endemic.
Adolescent girls and young women (aged 15-24 years)	90% have access to sexual and reproductive health services that integrate HIV prevention, testing and treatment services. These integrated services can include, as appropriate to meet the health needs of local population, HPV, cervical cancer and STI screening and treat, female genital schistosomiasis (<i>S. haematobium</i>) screening and/or treatment, intimate partner violence (IPV) programmes, sexual and gender-based violence (SGBV) programmes that include PEP ⁴ , emergency contraception and psychological first aid.
Adult women (aged 25+)	
Pregnant and breastfeeding women	95% have access to maternal and newborn care that integrates or links to comprehensive HIV services, including for the prevention of the triple vertical transmission of HIV, syphilis and hepatitis B virus.

3: Low- and middle-income countries with HPV and HIV coinfections.

4: Post-exposure prophylaxis (PEP) includes HIV testing and risk exposure assessment.

Integration (3 of 3)

Gay men and other MSM	90% have access to HIV services integrated with (or link to) STI, mental health and IPV programmes, SGBV programmes that include PEP ⁴ , and psychological first-aid.
Sex workers	90% have access to HIV services integrated with (or link to) STI, mental health and IPV programmes, SGBV programmes that include PEP ⁴ and psychological first-aid.
Transgender people	90% of transgender people have access to HIV services integrated with or linked to STI, mental health, gender-affirming therapy, IPV programmes and SGBV programmes that include PEP ⁴ , emergency contraception and psychological first aid.
People who inject drugs	90% have access to comprehensive harm reduction services integrating or linked to HCV, HIV and mental health services.
People in prisons and other closed settings	90% have access to integrated TB, HCV and HIV services.
People on the move (migrants, refugees, humanitarian settings, etc)	90% have access to integrated TB, HCV and HIV services, in addition to IPV programmes, SGBV programmes that include PEP ⁴ , emergency contraception and psychological first aid. These integrated services should be person-centred and tailored to the humanitarian context, the place of settling and the place of origin.

Societal enablers

10–10–10 for removing barriers to the establishment of supportive legal and policy environments, access to justice, gender equality and a society free of stigma and discrimination limiting access or utilization of HIV services

Steps undertaken to update the framework on societal enablers

1. Face-to-face consultation with main stakeholders including CSOs, Activists, Academia, Government representatives, UNAIDS Cosponsors and other international organizations
2. Development and continuous consultation and refinement of findings from technical consultation (in consultation with stakeholders, e.g. Global partnership, Human Rights Reference Group, CSOs, academia and Montreux consultation)
3. Re-Envisioned societal enablers framework
 - Suggested 2025 and 2030 SE targets and indicators
4. Modelling effect of SE on HIV programme effectiveness
 - Rigorous statistical analysis (structural equations model and Seemingly unrelated regression)
5. Costing of programmes with proven impact on HIV outcomes leading to the 2025 and 2030 targets

10–10–10: Supportive legal environment and access to justice

<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex behavior and HIV transmission, exposure or non-disclosure by 2025

<10% of countries lack mechanisms in place for people living with HIV and key populations to report abuse and discrimination and seek redress by 2025

<10% of people living with HIV and key populations lack access to legal services by 2025

>90% of people living with HIV who experienced rights abuses have sought redress by 2025

10–10–10: Gender equality and living free of violence

<10% of women and girls experience physical or sexual violence from an intimate partner by 2025

<10% of key populations (i.e. MSM, SWs, TG, PWID) experience physical or sexual violence by 2025

<10% of people living with HIV experience physical or sexual violence by 2025

<10% of people support inequitable gender norms by 2025

>90% of HIV services are gender-responsive by 2025

10–10–10: Society free of HIV-related stigma and discrimination

<10% of people living with HIV report internalized stigma by 2025

<10% of people living with HIV report experienced stigma and discrimination in healthcare and community settings by 2025

<10% of key populations (i.e. MSM, SWs, TG, PWID) report experienced stigma and discrimination by 2025

<10% of general population reports discriminatory attitudes towards people living with HIV by 2025

<10% of health workers report negative attitudes towards people living with HIV by 2025

<10% of health workers report negative attitudes towards key populations by 2025

<10% of law enforcement officers report negative attitudes towards key populations by 2025

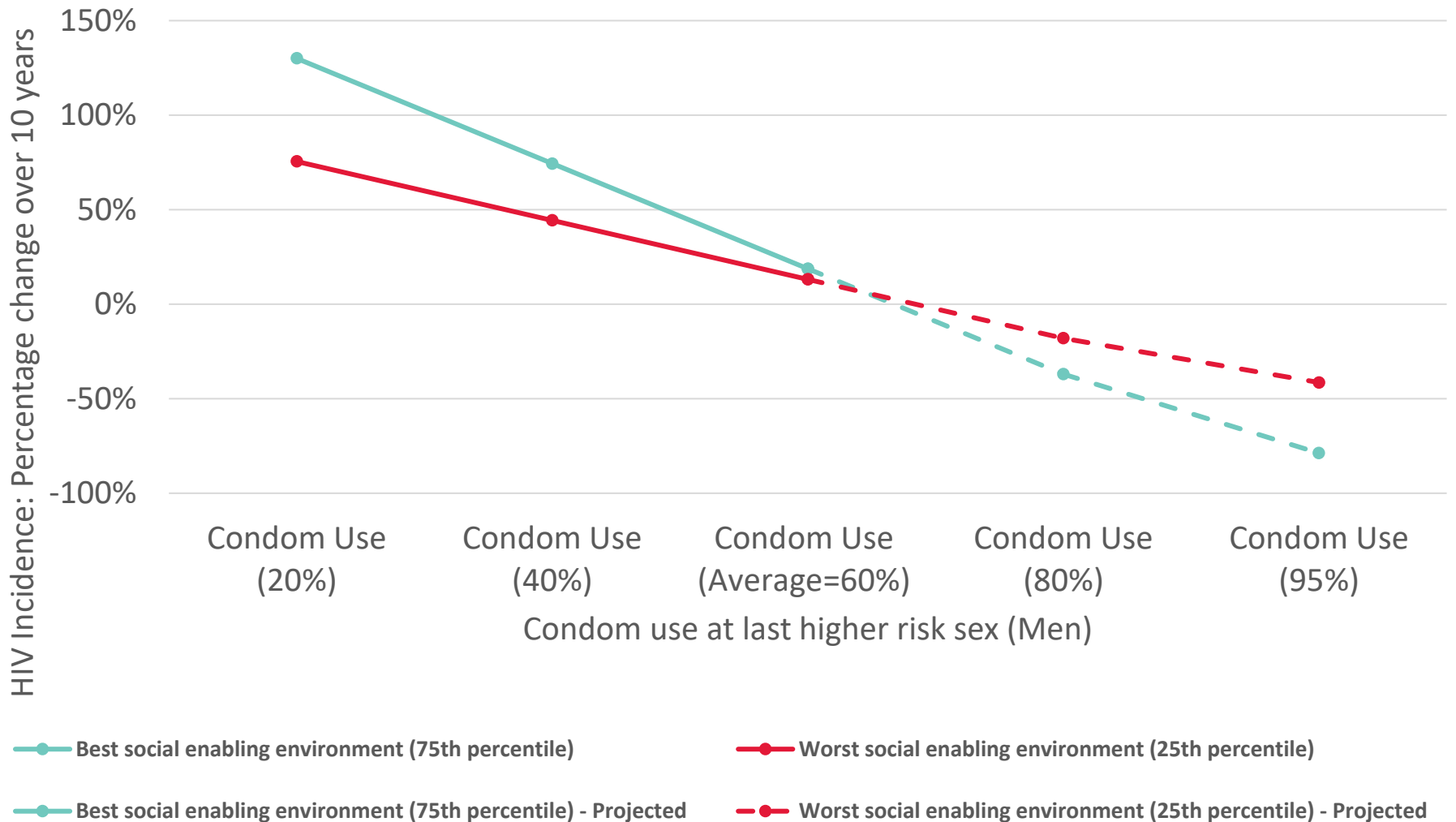
Co-action across development sectors

Achieve SDG targets critical to the HIV response (i.e. 1, 2, 3, 4, 5, 8, 10, 11, 16, 17) by 2030:

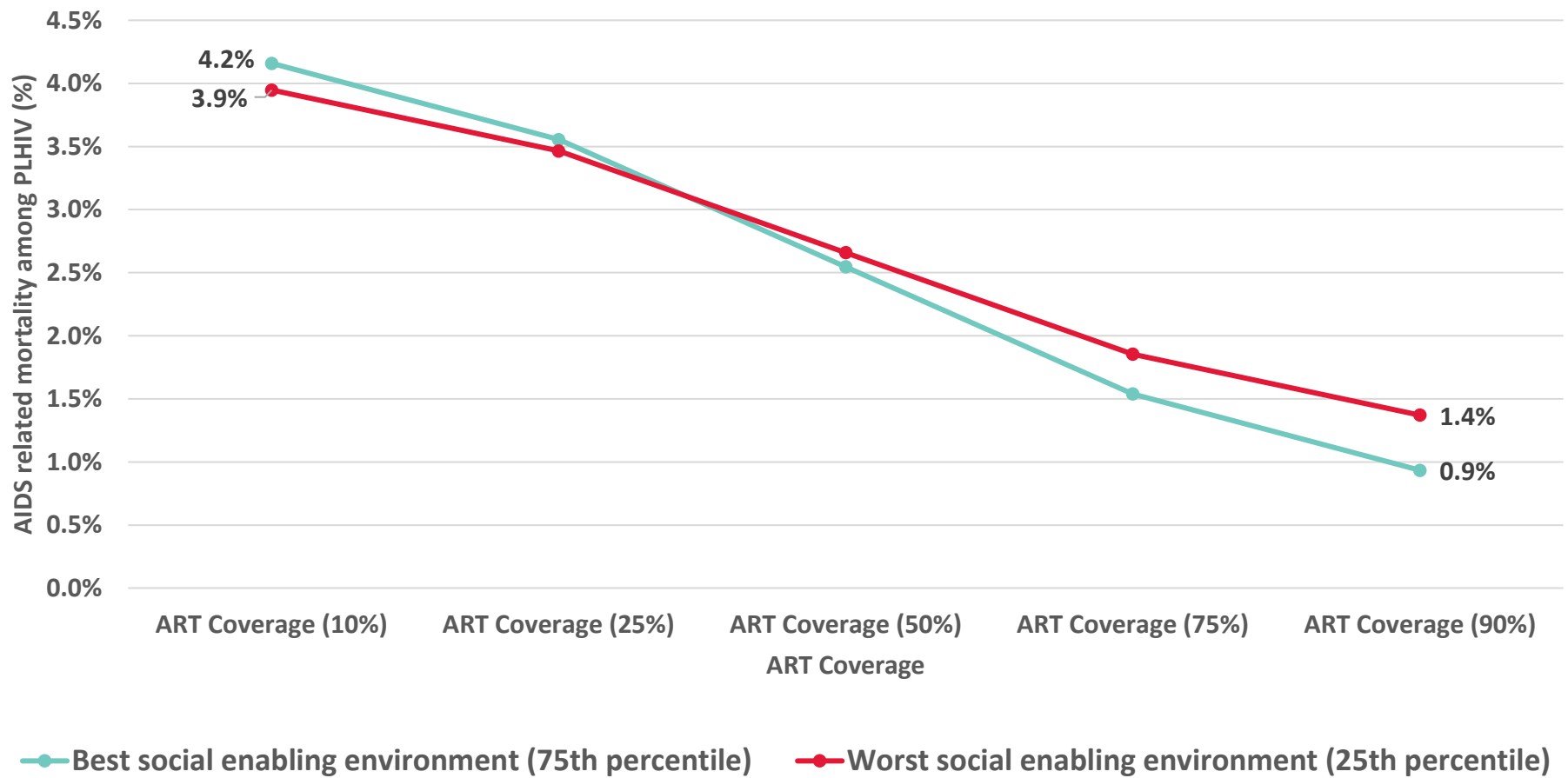
- 1 No Poverty
- 2 Zero Hunger
- 3 Good Health and Well-being
- 4 Quality Education
- 5 Gender Equality
- 8 Decent Work and Economic Growth
- 10 Reducing Inequality
- 11 Sustainable cities and communities
- 16 Peace, Justice and strong institutions
- 17 Partnership for the goals

* The achievement of these goals are not within the management umbrella of the HIV programmes, but are necessary to achieve the HIV 2030 goals

Societal Enablers modify relationship between condom use and 10-year change of HIV incidence, 2010-2019



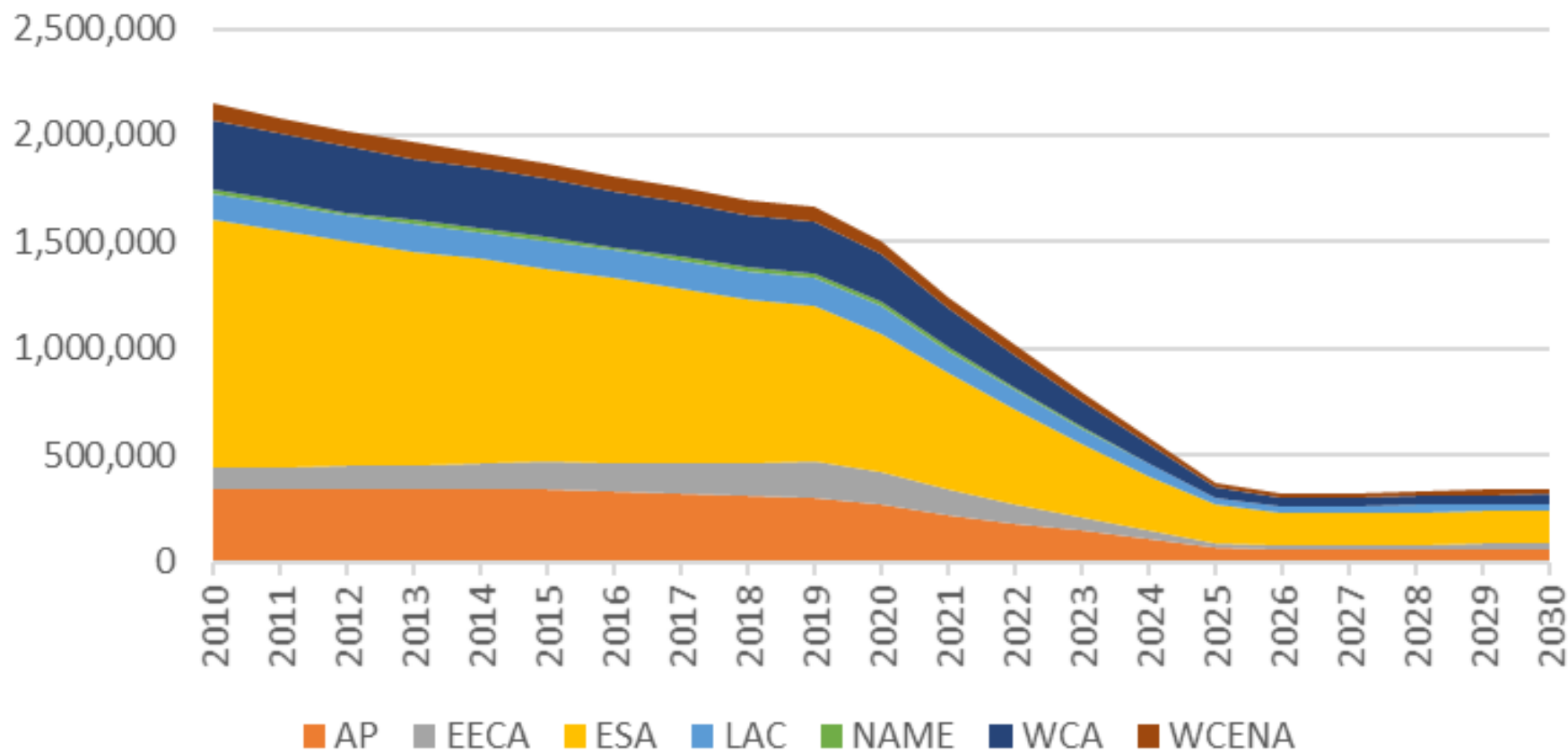
Societal Enablers modify relationship between antiretroviral treatment (adjusted by CD4 levels) and AIDS-related mortality among PLHIV, 2017-2019



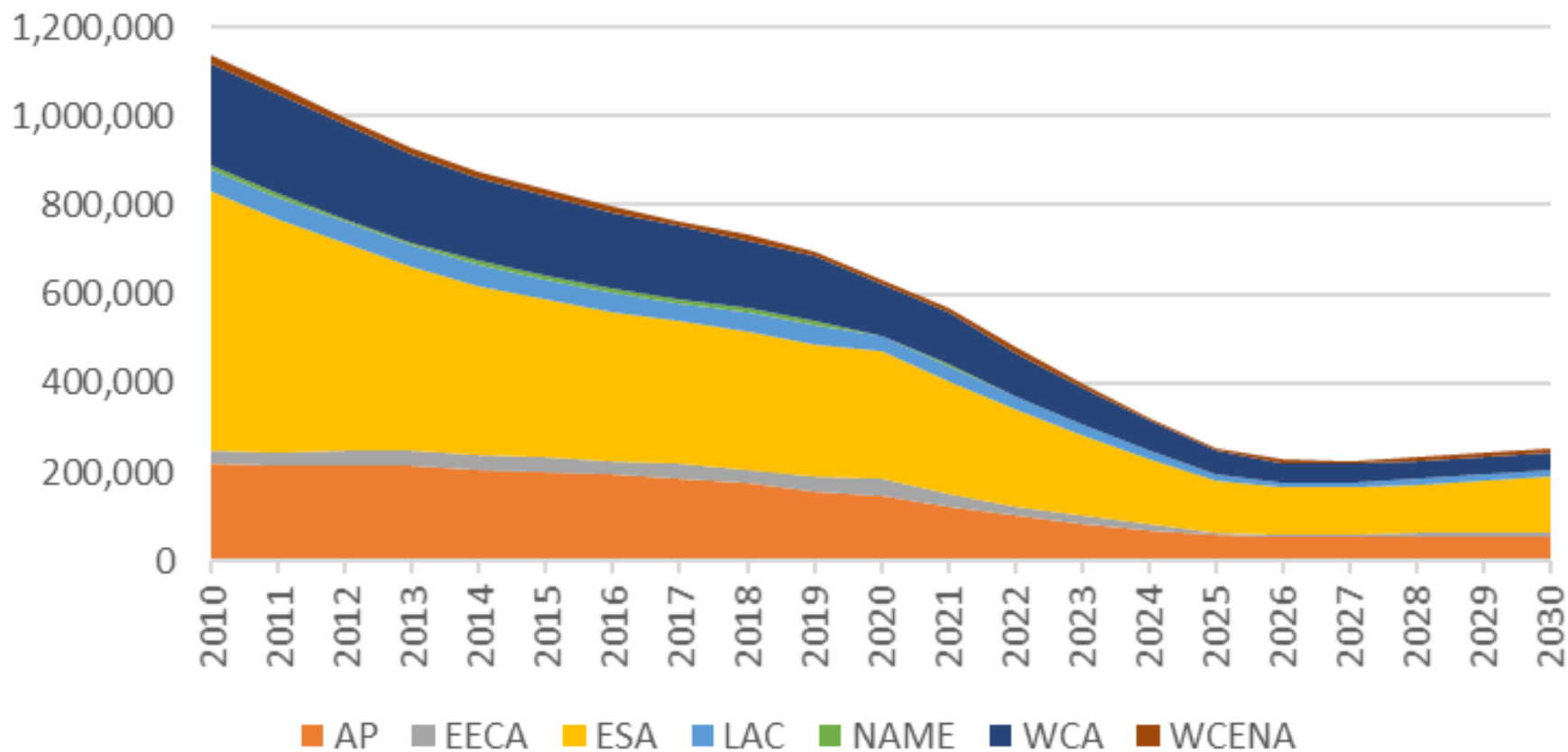
EPIDEMIOLOGICAL IMPACT



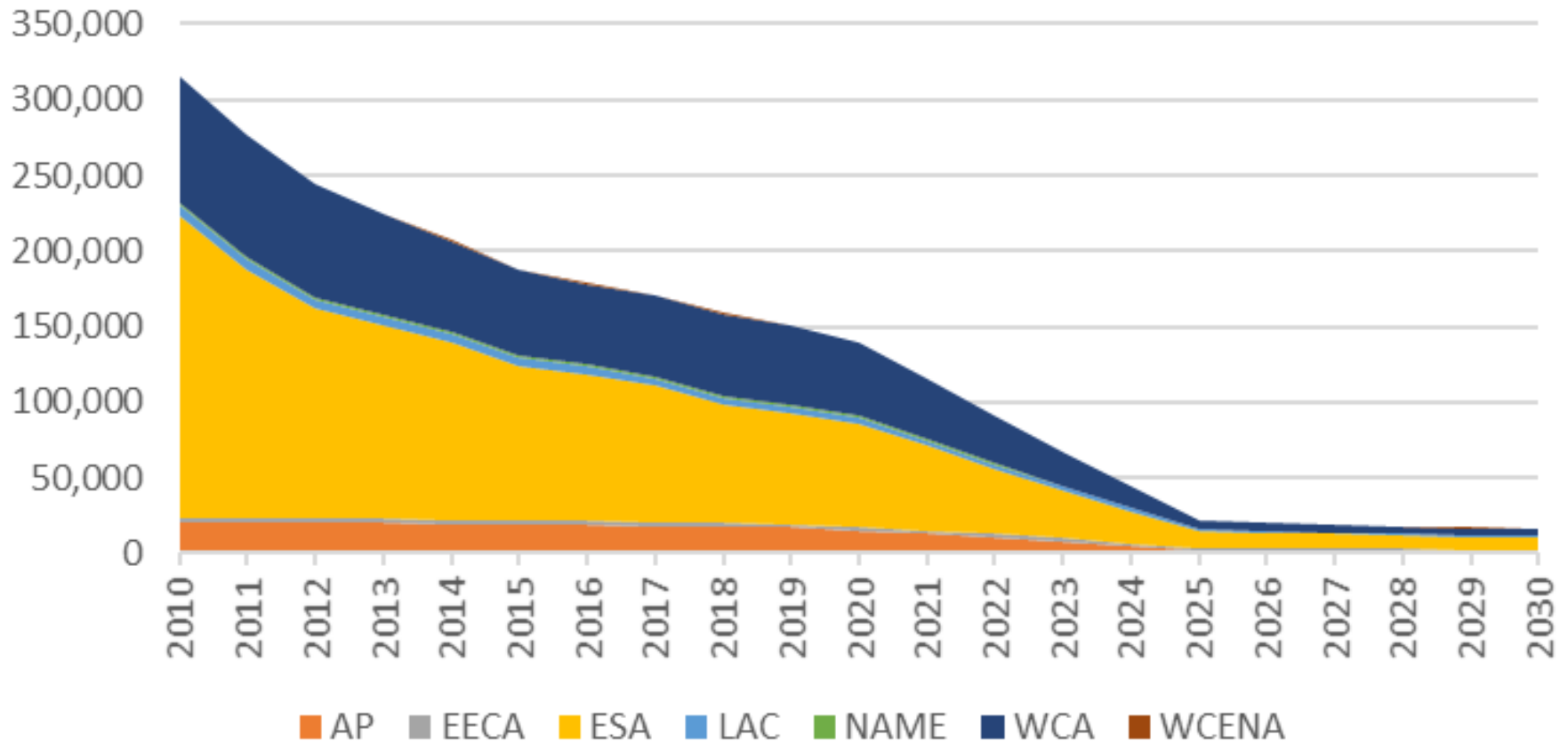
New HIV Infections: All Ages



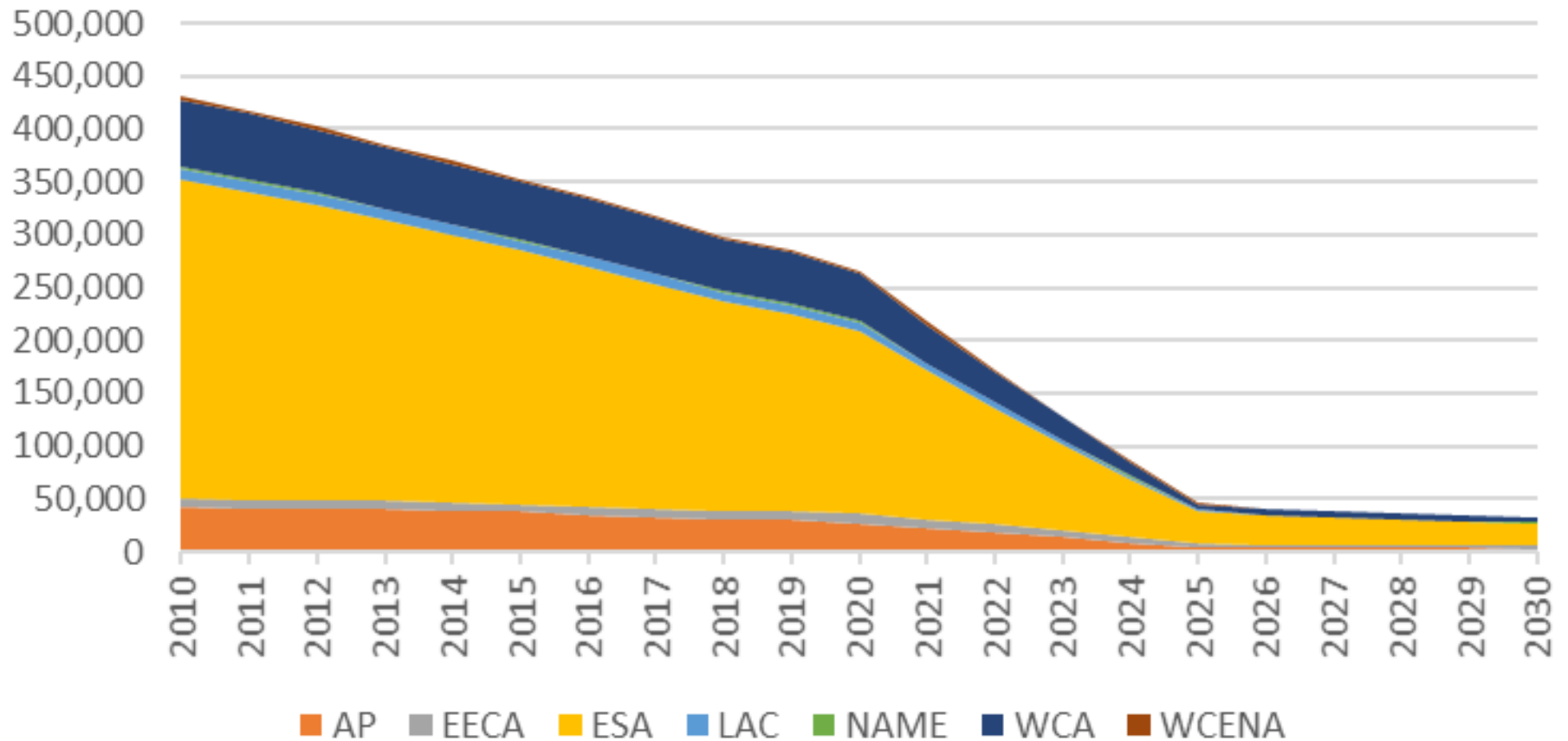
AIDS Deaths: All Ages



New Child HIV Infections



New Infections among AGYW



PRICE TAG

(Results available December 2020)

