



Advocacy guide to the 2030 targets

Introduction

Global HIV targets can be pretty confusing.
The Fast-track targets, 2020 targets.
2030 targets. 2025 targets. Political Declaration. HLM. SDGs. UHC. The
10-point plan. Is it 90-90-90, or 95-95-95??

Whose targets?

It can be hard for civil society activists to keep up with all the terminology and the acronyms. This guide which is part of a series of the AIDS & Rights Alliance for Southern Africa's issue briefs to help activists to fully participate in decision-making processes around HIV, explains the key global HIV targets, and the processes behind them. This guide will help activists understand why these targets are important to the work of activists and civil society organisations working with communities on the ground.

Global HIV goals: a shared responsibility

Working towards ending the global threat of HIV and AIDS is a shared responsibility for governments, civil society, communities, donors, multilateral institutions such as the United Nations, regional bodies, and other stakeholders. Global goals and targets provide a framework within which the diverse partners can coordinate their efforts to end the HIV pandemic. They motivate all role-players by providing ambitious, yet realistic goals to work towards. When governments have agreed to certain goals, they have made a commitment to putting effort and resources into meeting those goals. These commitments are often made at UN level, but regional commitments are also

made. The HIV pandemic differs in each region, so regional bodies such as the Southern African Development Community (SADC) or the East African Community (EAC) make commitments that take into account the regional context. These regional commitments are usually in line with the global commitments.

When civil society uses the framework of global goals, we are signalling that we are committed to working in partnership with other stakeholders in a coordinated and complementary way. We are also able to use the global goals for advocacy, in order to remind governments of their commitments and hold them accountable.

The role of UNAIDS

UNAIDS is a programme of the United Nations, which leads global efforts to respond to the HIV pandemic. It does this through coordination; collecting and sharing information, guiding the development of strategy, advocating for resources, and convening a broad range of stakeholders.

2014

September: UNAIDS 'Fast Track' targets call for the dramatic scaling-up of HIV prevention and treatment programmes to avert 28 million new infections and end the epidemic as a public health issue by 2030. UNAIDS also launched the ambitious 90-90-90 targets, to be reached by 2020.

These are:



90% of all people living with HIV will know their HIV status



90% of all people with diagnosed HIV infection will receive antiretroviral therapy



90% of all people receiving antiretroviral therapy will have viral suppression HIV status

2015

July: The Millennium Development Goals (MDGs) are replaced by 17 Sustainable Development Goals (SDGs), each with specific targets to be achieved by 2030. The target of ending HIV as a public health threat is included under SDG 3, which relates to health for all.

2016

The Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (The Political Declaration) was the outcome of a High-Level Meeting (HLM) convened by the United Nations General Assembly in New York.

2017

October: The global HIV Prevention Coalition is launched.

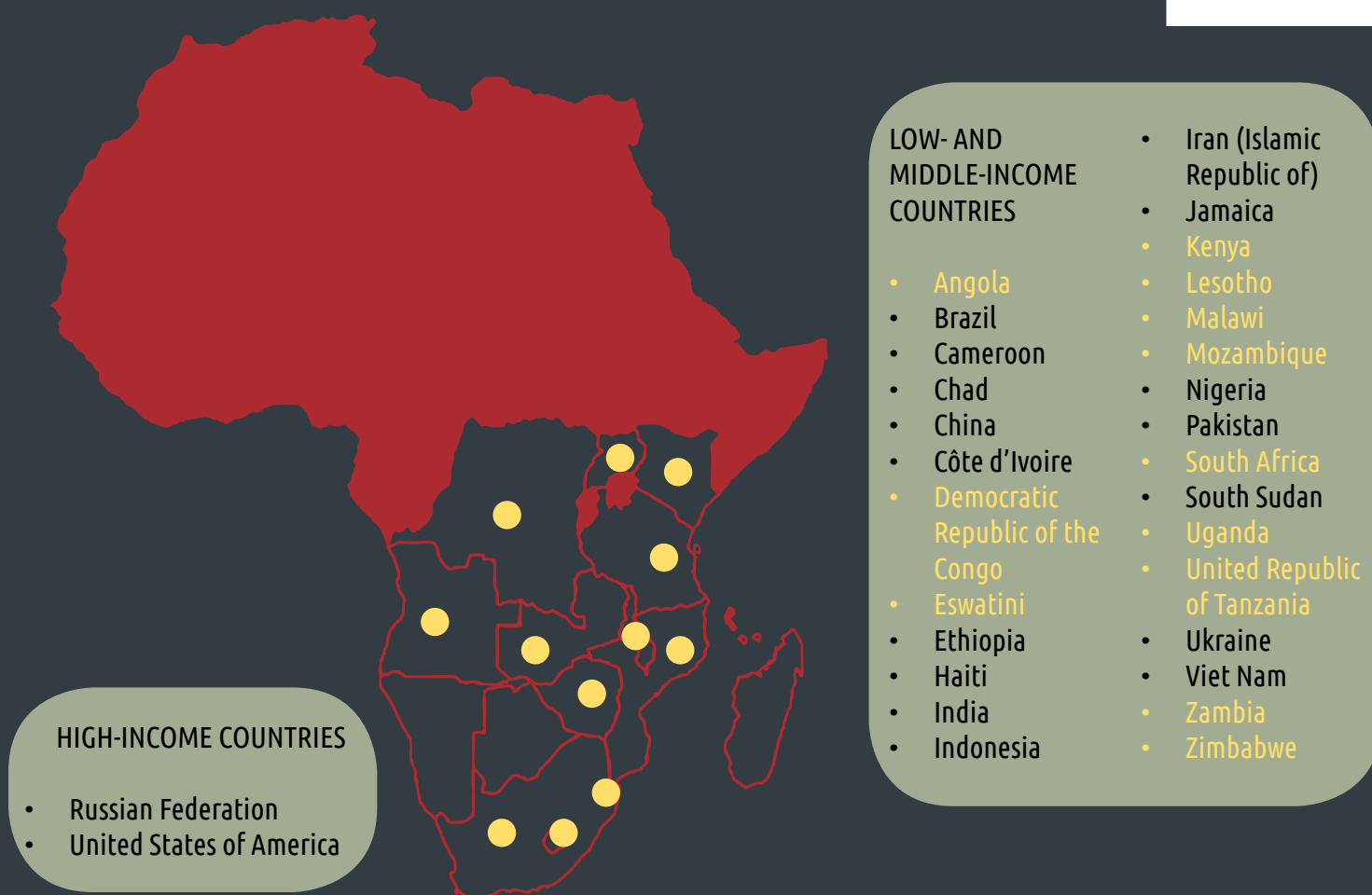
December: SADC Ministers of Health endorse a Framework for HIV Prevention in the SADC Region, based on the HIV prevention targets in the Political Declaration.

UNAIDS reviews its strategy periodically, as the HIV epidemic changes, and new treatments and technologies become available, or new threats emerge. In 2014, UNAIDS launched its Fast-Track strategy.ⁱ The main goal of the Fast-Track strategy is to end AIDS by 2030. It is called a Fast-Track strategy because in order to reach the target of ending AIDS by 2030, immediate and urgent action to scale up the HIV response needed to be taken between 2014 and 2020.

The Fast-Track targets were also meant to shake people out of complacency. New HIV infections have been falling steadily year by year since they peaked at 3.4 million new infections in 1996.ⁱⁱ In 2018, there were 1.7 million new HIV infections globally.ⁱⁱⁱ However, this drop has not been not significant enough to bring the HIV epidemic to an end. What's more, the decline is largely due to the scale up of antiretroviral treatment (treatment as prevention).

The focus of the Fast-Track strategy is on the 30 countries which represent 89% of the global population of people living with HIV.^{iv} Many of these countries are in mainland sub-Saharan Africa including in East and southern Africa.

Countries that account for 89% of all new HIV infections



“Ending AIDS as a public health threat” – what does this mean?

Throughout history, epidemics of infectious diseases have a lifespan. They rise over a period of time, they peak, and then they start to decline. Ending AIDS as a public health threat is not quite the same thing as ending AIDS completely. However, UNAIDS has determined that when the number of people newly infected with HIV globally has declined to less than 200 000 per year, this will mean that the HIV epidemic is under control.^v

2030 Targets

The 2030 targets involve reducing new HIV infections and AIDS-related deaths by 90% by 2030, compared to 2010 levels.

In order to achieve this, by 2030, 95% of people living with HIV should have been tested and know their status; 95% of those who are HIV positive should be on treatment; and 95% of those on treatment should be virally suppressed.^{iv}

So what are the 2020 Fast-Track targets?

The idea behind the 2020 targets was that there needed to be a focused strategy in order to meet the 2030 targets. The idea is that we will not meet the 2030 targets unless we step up our efforts immediately.

Modelling in this context means using mathematic calculations to weigh up different scenarios, and to figure out what will need to be done, and at what level of intensity, in order to reach a particular goal.

UNAIDS used **modelling** to look at the difference between acting immediately and acting later, and showed how intensifying the HIV response was necessary in order to start to bring the epidemic under control, and move towards ending AIDS as a public health threat.^{vii} On the other hand, if the response is too slow, the AIDS epidemic would continue to grow out of control, with a heavy human and financial toll of increasing demand for antiretroviral therapy and expanding costs for HIV prevention and treatment.

To prevent this from happening, by 2020, 90% of people who are HIV positive should have been tested and know their status; 90% of those who are positive should be on treatment, and 90% of those who are on treatment should be virally suppressed, these are the 90-90-90 targets part of the political declaration. In addition, new HIV infections should decrease to fewer than 500,000 per year by 2020.

Fast-Track Targets

by 2020

90-90-90
HIV treatment

500 000
New HIV infections or fewer

ZERO
Discrimination

by 2030

95-95-95
HIV treatment

200 000
New HIV infections or fewer

ZERO
Discrimination

The Sustainable Development Goals

Since 2000, the countries of the world have come together, in processes convened by the United Nations, to agree on and commit to the world we want to see in the future. From 2000 to 2015 we had the Millennium Development Goals (MDGs). Goal 6 specifically related to HIV, malaria and other infectious diseases, including tuberculosis.^{viii} The world made progress on almost all the MDGs, but on the whole, fell short of most of the targets which were set.

After the Millennium Development Goals lapsed in 2015, UN Member States adopted the 2030 Agenda for Sustainable Development. This is a shared blueprint for peace and prosperity for people and the planet. The Agenda contains 17 Sustainable Development Goals (SDGs), each with specific targets to be achieved by 2030. These goals are meant to be interconnected: they recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth.^{ix}



SUSTAINABLE DEVELOPMENT GOALS



Sustainable Development Goal 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).

3 GOOD HEALTH AND WELL-BEING



Instead of a specific goal for HIV, as in the MDGs, the SDG framework now includes one overarching health goal: **Sustainable Development Goal 3**.

Each SDG has specific targets as part of it.

The 3rd target under SDG 3 - TARGET 3.3 - is specific to HIV and states that, *“By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.”*

The UNAIDS Fast-Track Strategy influenced the HIV-related targets of the SDGs.^x

However, several of the other targets also relate to HIV and/or sexual and reproductive health and rights. For example:

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.^{xi}

In addition to SDG 3, a number of other SDGs are also relevant to HIV response. This is because addressing the HIV response can only be effective if structural drivers are also addressed. These SDGs are:

SDG 4: Quality education, including targets on comprehensive sexual and reproductive health (SRH) education and life skills



SDG 16: Peace, justice and strong institutions, including reduced violence against key populations and people living with HIV.^{xii}



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 5: Gender equality, including targets on sexual and reproductive health and rights (SRHR) and the elimination of violence, harmful gender norms and practices



Structural drivers of HIV refer to forces in the social, political, economic, legal and cultural environment, which exert an influence on individuals and groups

The 2016 Political Declaration on Ending AIDS











The UNAIDS Fast-Track Strategy also influenced the **2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030**^{xiii} (which we will call the Political Declaration for short here). The Political Declaration was the outcome of a **High Level Meeting** (or HLM) convened by the United Nations General Assembly in New York. This was the fourth High Level Meeting since the AIDS epidemic began.

The United Nations General Assembly is where all 193 of the world's governments come together to discuss issues of global importance, and to build consensus and cooperation between the countries of the world. Each country of the world sends an Ambassador to the United Nations.

The Political Declaration contains a shared vision for a comprehensive response to HIV, and includes many goals and targets. The Political Declaration committed to many of the goals and targets in the Fast-Track strategy. It touches on human rights, removing legal barriers, gender equality, universal health care, integrated health care, finances needed for the HIV response, community-led service delivery, and accountability mechanisms.^{xiv}

However, the Political Declaration was not a perfect process. It has been criticised because it shied away from specific language and targets around key populations, and also failed to set a specific target for comprehensive sexuality education.^{xv}

The political declaration includes 10 commitments.^{xvi}

- 1** Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020.

- 2** Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018.

- 3** Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.

- 4** Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.

- 5** Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

- 6** Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.

- 7** Ensure that at least 30% of all service delivery is community-led by 2020.

- 8** Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.

- 9** Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

- 10** Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.


The Political Declaration affirms that these goals can only be realised with strong leadership and the engagement of people living with HIV, communities and civil society.^{xvii}

What about 2025 targets?

From late 2018 to the middle of 2021, programmatic targets for 2025 and resource needs estimates for 2021–2030 are being developed by UNAIDS in collaboration with its partners.^{xviii} The 2025 targets, once they are released, will not change the 2030 impact targets of 90% reductions in HIV incidence and AIDS-related mortality, compared to a 2010 baseline. Rather, they will provide updated guidance on how to get there, based on the latest research, latest scientific advances, and current costing of the response.^{xix}

UNAIDS has recommended 5 pillars for HIV prevention:

Pillar



2025 Target

Combination prevention for adolescent girls and young women (AGYW) and their male partners - including comprehensive sexuality education, economic empowerment and access to sexual and reproductive (SRH) health services – in in high-prevalence locations.

1

Reduce new infections among women and girls to under 100 000.

Evidence-informed and human rights-based combination prevention programmes for key populations (KPs), including dedicated key population-friendly services, community mobilisation and empowerment.

2

Ensure 90% of people at risk for HIV can access HIV prevention services.

Strengthened national condom programmes, including procurement, distribution, social marketing, private-sector sales and demand creation.

3

Make 20 billion condoms available annually in low- and middle-income countries.

Voluntary medical male circumcision (VMMC) in priority countries that have high levels of HIV prevalence and low levels of male circumcision (10 SADC Member States), as part of wider SRH service provision for boys and men.

4

Provide 25 million more men with VMMC.

Pre-exposure prophylaxis (PrEP) for population groups at higher risk of HIV infection.

5

Provide PrEP to 3 million people at high risk.

What are combination prevention programmes?

... rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioural, and structural interventions, prioritised to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infections.

HIV Prevention is off track!

There has been remarkable progress towards the various targets, including the 2020 Fast-Track targets, across the globe. The scale-up of antiretroviral therapy has put the world on track to reach the target on AIDS-related deaths. Preventing mother-to-child transmission of HIV has also been very successful.

HIV prevention on the other hand, is not doing so well. Remember the goal of reducing new infections to under 500 000 per year by the year 2020? This figure represents a 75% reduction from the number of new infections which occurred in 2010. Well, by 2018, new infections had only declined by an estimated 16%, (from around 2.1 million in 2010 to around 1.7 million in 2018).^{xx} This means that we are way off the 75% target.

UNAIDS also set regional targets. For East and Southern Africa, the target for 2020 was to reduce

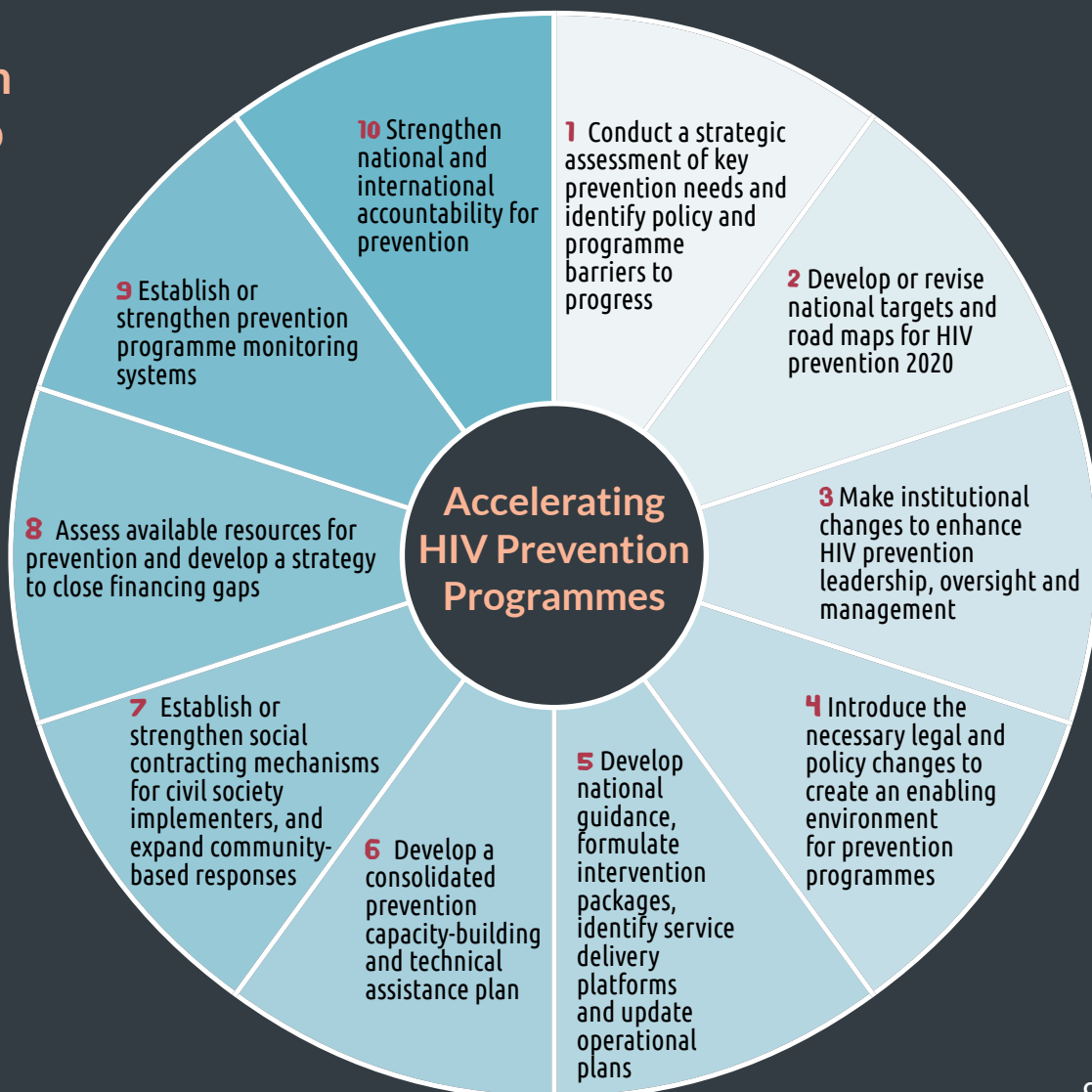
new infections to 210 000.^{xxi} Even though East and Southern Africa – where 54% of people living with HIV reside – is doing better than any other region in the world, new infections have not reduced at rate that have put the 2020 targets within reach.^{xxii}

There are many proven HIV prevention strategies. These include condom programming; behaviour change communication; voluntary medical male circumcision; post-exposure prophylaxis (PEP); pre-exposure prophylaxis (PrEP) and comprehensive programmes with key populations. HIV programmes are dramatically strengthened when they are combined with social and structural approaches such as women's empowerment, education, stigma reduction and a strong community mobilisation component.^{xxiii}

Countries committed to reporting progress on HIV prevention, including progress on the 10-point plan, to UNAIDS twice a year.

HIV Prevention 2020 Roadmap

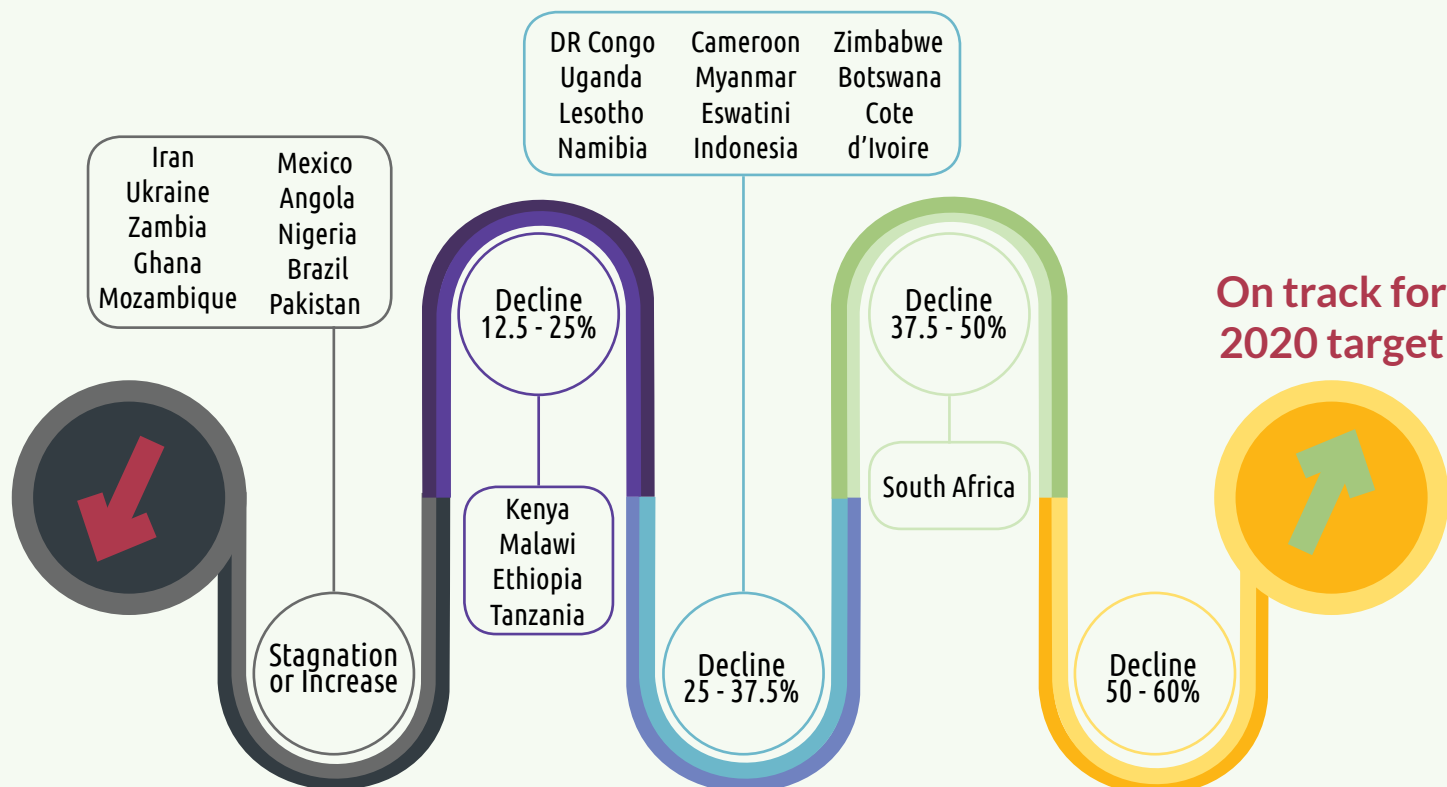
In 2017, UNAIDS convened a Global Prevention Coalition (GPC), consisting of 28 countries, civil society partners, donors and scientists. The Global Prevention Coalition released its Prevention 2020 Road Map, which outlines a 10-point plan, contained immediate concrete steps that each country should take in order to meet their 2020 commitments.^{xxiv}



2020 is here: Where are we now?

The Global Prevention Coalition met in November 2019, 12 months away from the 2020 deadline, to review progress. While there has been some encouraging declines in new infections in some countries, others have shown no progress, and worse, some have even seen an increase in new infections.^{xxv}

Change in new HIV infections among adults aged 15+ between 2010 and 2018



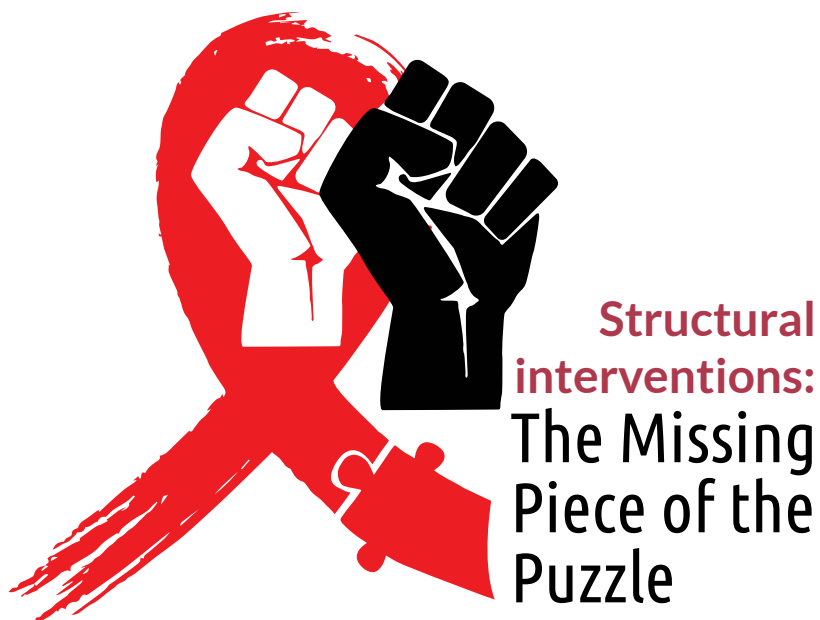
To achieve a 75% reduction in new HIV infections by 2020, countries should have recorded a 60% decline in 2018. No country has achieved this.

The biggest obstacles which countries seemed to be facing related to the HIV Prevention 2020 Road Map were:

- Point 4: introducing legal and policy changes to create an enabling environment;
- Point 5: establishing service delivery packages and plans for adolescent girls and young women, and especially for key populations;
- Point 7: creating mechanisms for social contracting to strengthen service delivery by civil society and community-based organisations.^{xxvi}

One of the greatest challenges for countries seems to be meeting the Fast-Track HIV Prevention target of 90% coverage for key populations, and for adolescent girls and young women. While we know what works,^{xxvii} we are struggling to make it happen. Where countries have scaled up the necessary programmes, they have been shown to have impact.

For example in Lesotho, all 10 districts in the country are implementing a comprehensive Adolescent Girls and Young Women prevention package. As a result condom use among young women has increased; comprehensive HIV knowledge has increased; HIV testing and uptake of Anti-Retroviral Treatment has increased; and uptake of Pre-Exposure Prophylaxis has increased. As a result, new infections amongst Adolescent Girls and Young Women in Lesotho had gone down by 41% by 2018.^{xxviii}



Many of the key barriers to HIV prevention are structural. Structural issues are the 'upstream' factors, that is, conditions outside the control of individuals which influence their perceptions, behaviour and health. Overarching structural barriers to HIV prevention include poverty, violence, human rights violations, and punitive laws and policies. Social, cultural and religious norms, and particular patriarchy and heteronormativity are overarching structural barriers to progress in ending HIV as a public health threat.

These harmful norms impact all of the 5 pillars set by UNAIDS. They drive punitive, stigmatising and discriminatory attitudes towards key populations, women and young people. These attitudes are further used to justify violence.^{xxix}

Structural interventions are the missing piece of the puzzle that will push HIV prevention forward.

Structural interventions include:^{xxx}



- strengthening legislation to end intimate partner violence (IPV)
- increasing girls' access to secondary education
- empowering women economically
- removing barriers to sexual and reproductive health rights (SRHR)
- decriminalising same-sex relationships, sex work, and drug use and possession for personal consumption
- ensure gender affirming health care for transgender people
- community empowerment programmes that have been proven to reduce stigma, discrimination and marginalisation of HIV positive people and those marginalised such as LGBTI persons, sex workers, people who use drugs, and others.

We have reached 2020. What next?

It is clear that efforts to address the HIV pandemic don't just need to be sustained, but need to increase. Stronger collaborations between the many stakeholders is needed.

Governments need to invest in health care and in HIV prevention. Political will is needed with regards to the commitment to end AIDS as a public health threat by 2030. Most of all, accountability of all stakeholders is needed to strengthen the HIV response.

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About ARASA

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 as a regional partnership of civil society organisations working in 18 countries in southern and East Africa. Between 2019 and 2021, the partnership will work to promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality and promote health, dignity and wellbeing in southern and East Africa.

ARASA

53 Mont Blanc Street

Windhoek, Namibia

Tel: +264 61 300381

Fax: +264 61 227675

Email: communications@arasa.info



@_ARASAcotts



@AIDSandRightsAllianceforSouthernAfrica



@ARASA_network

ARASA
AIDS & Rights
Alliance
for Southern Africa

The Partnership to Inspire, Transform and Connect the HIV response (PITCH) enables people most affected by HIV to gain full and equal access to HIV and sexual and reproductive health services.

The partnership works to uphold the sexual and reproductive health and rights of lesbian, gay, bisexual, and transgender people, sex workers, people who use drugs and adolescent girls and young women. It does this by strengthening the capacity of community-based organisations to engage in effective advocacy, generate robust evidence and develop meaningful policy solutions.

PITCH focuses on the HIV response in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. Partners in these countries also share evidence from communities to influence regional and global policies that affect vulnerable populations.

PITCH is a strategic partnership between Aidsfonds, FrontlineAIDS and the Dutch Ministry of Foreign Affairs.



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