ON THE FAST-TRACK
TO ACCELERATE THE FIGHT AGAINST HIV
AND TO END THE AIDS EPIDEMIC BY 2030

2016 Political Declaration

César A. Núñez
04 June 2017
Resolution adopted by the General Assembly on 8 June 2016

[without reference to a Main Committee (A/70/L.52)]

70/266. 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 General Assembly

Adopts the political declaration on HIV and AIDS annexed to the present resolution.

97th plenary meeting
8 June 2016

Annex

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2016, reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to accelerate and scale up the fight against HIV and end AIDS to reach this target, and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development to accelerate action and to recast our approach to AIDS
Fast-Track commitments to end AIDS by 2030

On the Fast-Track:
• Reduce new HIV infections to fewer than 500,000 by 2020
• Reduce AIDS-related deaths to fewer than 500,000 by 2020
• Eliminate HIV-related stigma and discrimination by 2020

Ensure that 30 million people living with HIV have access to treatment through meeting 90-90-90 targets

Eliminate new HIV infections among children by 2020

Ensure access to combination prevention options to 90% of people by 2020

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls

Ensure that 90% of young people have access to skills, knowledge and capacity to protect themselves from HIV and have access to SRH services by 2020

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

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

Ensure that HIV investments increase to US$26 billion by 2020

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

Commit to taking AIDS out of isolation
WHY FAST-TRACK?

Source: UNAIDS Fast Track: Ending the AIDS epidemic by 2030
BUSINESS AS USUAL

2.5 MILLION
NEW ADULT HIV INFECTIONS

Getting to zero

UNAIDS
FAST TRACK

0.2 MILLION
NEW ADULT HIV INFECTIONS
# Fast-Track Priority Countries

<table>
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<tr>
<th>High-income</th>
<th>Upper-middle-income</th>
<th>Lower-middle-income</th>
<th>Low-income</th>
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<td>7. Iran (Islamic Republic of)</td>
<td>15. Indonesia</td>
<td>29. Malawi</td>
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<td>10. South Africa</td>
<td>18. Myanmar</td>
<td>32. South Sudan</td>
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<td>19. Nigeria</td>
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<td>20. Pakistan</td>
<td>34. United Republic of Tanzania</td>
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<td>23. Viet Nam</td>
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<td>24. Zambia</td>
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*a* The income categories are based on the 2015 World Bank classification. The Fast-Track countries are subject to change during the Strategy period.
THE CORE FAST-TRACK PRINCIPLES

AMBITION

Building solid political commitment for ambitious prevention, testing, treatment and rights targets for 2020 and beyond. Set national and sub-national targets, informed by global targets.

FOCUS

Achieving detailed, localized understanding of country epidemics and drivers, and focus services and resources on locations and populations with the largest HIV burden.

CHANGE

Stopping what does not work. Quickly introduce new evidence-based approaches. Broaden options for service delivery to reduce the burden on strained health systems and extend the reach of services, including greater use of community-based approaches and new partnerships.

SPEED

Drastically quickening the pace and accelerate the scale up of services over the next five years.

SATURATION

Delivering HIV services in the intensity and quality needed to reach the targets within the next five years. Implement the full complement of high-impact HIV services in prioritized locations and populations.

HUMAN RIGHTS

Ensuring that services are people-centred. Repeal laws, reform policies and end practices that hold back a more effective and equitable AIDS response.
What we know

PEPFARs recent Population-based HIV Impact Assessments (PHIA) have shown:

• Retention, adherence and durability of first line ART is much better than expected
• More than half of men <35 years do not know their HIV status and are not on treatment
• Vast differences in HIV prevalence within each country – investments must be focused for impact
• Testing without linking to treatment is a programme failure
Ambition

✓ Most countries have adopted the WHO treatment guidelines (i.e. all in ESA)
✓ Renewed political commitment at the highest level in several countries – especially in WCA which is lagging behind

- Few countries have set ambitious prevention and treatment targets based on the 2016 Political Declaration
- Domestic investment in the AIDS response often low
- While policies are adopted, implementation is slow
Progress to 90-90-90 in Adults (%)

- **Zimbabwe**:
  - Aware of HIV Status: 75%
  - Treated: 90%
  - Virally Suppressed: 90%

- **Malawi**:
  - Aware of HIV Status: 70%
  - Treated: 90%
  - Virally Suppressed: 90%

- **Zambia**:
  - Aware of HIV Status: 65%
  - Treated: 85%
  - Virally Suppressed: 90%

Source: Population-Based HIV Impact Assessments (PHIA) IMPACT Studies, 2016
South Africa Cascades: March 2014 - December 2016

*Derived primarily via DHIS, NHLS. Represents coverage via the public sector.*
Focus - Location, Population

- Young women
- Sex work
- People who inject drugs
- Gay men and other men who have sex with men
- Transgender
- Migrants
- Prisoners
- Displaced
- Pregnant women
- 50+
- Disabled
- African-American women
- Intimate partners
Focus - Population

Latin America and Caribbean

- Clients of sex workers and other sexual partners of key populations: 23%
- Transgender people: 3%
- Gay men and other men who have sex with men: 30%
- Sex workers people: 6%
- Rest of population: 36%
- People who inject drugs: 2%

Source: UNAIDS special analysis, 2016.
Namibia: National ART Gap by Age and Sex

Young men and women aren’t on treatment

![Bar chart showing the percentage of PLHIV on ART and Rx Gap by age and sex in Namibia.](chart)

- **0-14**: Male 4,843, Female 4,780
- **15-19**: Male 2,152, Female 2,555
- **20-24**: Male 1,098, Female 4,172
- **25-29**: Male 4,030, Female 6,138
- **30+**: Male 33,046, Female 42,163

Source: PEPFAR Namibia & UNAIDS, 2017
Patients Lost to Follow-up (LTFU)

Pareto graph of patients LTFU after 12 months (TX_RET D - TX_RET N) by site, APR16

21% of sites account for 80% of PLHIV LTFU in the first 12 months of ART

Source: PEPFAR 4/2017
Focus - Location

South Africa: HIV and TB High Burden Districts

Legend
- Other
- TB high burden districts
- HIV high burden districts
- HIV and TB high burden districts
New infections in Haiti by province, all ages in 2015

New infections in Haiti by province, women 15+, in 2015

Source: Aidsinfo.unaids.org database/Atlas, 2015
Impact of geographic prioritization in Kenya

Estimated new HIV infections among women in the general population, by county, Kenya, 2011

Impact of setting programme priorities based on distribution of new HIV infections, Kenya

Source: Hallett, 2013
80% of the population live in cities in Latin America and the Caribbean. Cities like Lima and Kingston account for more than 70% of the people living with HIV.
End the AIDS epidemic in cities by 2030
Put people at the center of everything we do
Address the causes of risk, vulnerability, and transmission
Use our AIDS response for positive social transformation
Build and accelerate an appropriate response to local needs
Mobilize resources for integrated public health and development
Unite as leaders
Cities across the world are making progress towards reaching the 90-90-90 treatment targets, 2015/2016.
• Resources are not allocated towards scaling up the programmes that are most effective within the local context
• Resources are not focused in locations with the highest HIV burden
• Resources are not focused on the populations with the greatest need
• High impact HIV services are not delivered in a way that meets the needs of the target population or at the lowest possible cost. For example, inefficient procurement of antiretroviral medicines can dramatically raise the cost of HIV treatment.
• Efficiency analysis have been conducted in many countries, but the tough decisions required to follow-up on the resulting recommendations have not always been made.
# Provision of Oral HIV Self-test Kits Triples Uptake of HTS among Male Partners of ANC Clients

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<tr>
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<th>Standard of Care</th>
<th>Improved letter</th>
<th>Self-testing</th>
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<tbody>
<tr>
<td>Proportion male partners reporting HIV testing during study period</td>
<td>28.3%</td>
<td>36.7%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Proportion women who discussed HIV testing with male partners</td>
<td>96.8%</td>
<td>95.9%</td>
<td>97.9%</td>
</tr>
<tr>
<td>Proportion women reporting testing together with male partners (couple)</td>
<td>27.0%</td>
<td>35.1%</td>
<td>79.1%</td>
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</tbody>
</table>

Source: PEPFAR 4/2017, HIV testing among male partners of ANC clients in Kenya
HIV treatment cascade in Malawi, for 2016 and 2030 with current allocation of resources, and 2030 with optimized allocation of resources.

Source: Estimates from Optima Model 2016), and MOH routine data.
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HUMAN RIGHTS

- Ensure that services are **people-centred**.
- Repeal laws, reform policies and end punitive practices, for a more **effective and equitable** AIDS response.
- Upholding human rights will advance the **broader development agenda**.
Five Prevention Pillars

1. Young women and adolescent girls and their male partners

2. Key populations

3. Condoms

4. Voluntary medical male circumcision

5. Pre-exposure prophylaxis

United Nations General Assembly prevention targets

Ensure that 90% of people at risk of HIV infection access comprehensive prevention services, including harm reduction, by 2020.

Reduce below 100,000 per year the number of adolescent girls and young women aged 15–24 years newly infected with HIV globally by 2020.

Ensure that 90% of people at risk of HIV infection access comprehensive prevention services, including harm reduction by 2020.

Make 20 billion condoms annually available in low- and middle-income countries by 2020.

Reach 25 million additional young men in high HIV incidence areas with voluntary medical male circumcision by 2020.

Reach 3 million people at higher risk of HIV infection with pre-exposure prophylaxis by 2020.
Get on the Fast-Track
The life-cycle approach to HIV
Finding solutions for everyone at every stage of life

Fast-Track and human rights
Advancing human rights in efforts to accelerate the response to HIV

A SUPER FAST-TRACK FRAMEWORK FOR ENDING AIDS IN CHILDREN, ADOLESCENTS AND YOUNG WOMEN BY 2020

UNAIDS 2017 | GUIDANCE
Going Forward

• Know locations of higher transmission and understand transmission risk by age and population group
• Improved use of granular programme data (implementation) for targeting and programme modifications
• Rapid scale-up of home and self-testing
• Continued expansion of VMMC
• Accelerated expansion of community service delivery and differentiated models of care
• Improved monitoring of programme quality
• Analysis and application of programme efficiencies