

HIV PREVENTION 2025

ROAD MAP

Getting on track to end AIDS
as a public health threat by 2030

1.5 million
new HIV
infections
in 2020



Fewer than
370,000
annual new HIV
infections by 2025



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ABOUT THE HIV PREVENTION 2025 ROAD MAP

The Global HIV Prevention Coalition works to accelerate progress on HIV prevention with a particular focus on countries where numbers of new HIV infections are highest or where they are rising. Created in 2017, the coalition seeks to build commitment, momentum, investment and accountability across governments, civil society, donors and the private sector to implement large-scale, high-coverage, equitable and high-quality prevention programmes that can end the AIDS epidemic as a public health threat by 2030.

The HIV Prevention 2025 Road Map offers guidance to all stakeholders who are seeking to reduce new HIV infections. All countries—whether or not they participated in the Global HIV Prevention Coalition in the past—have to intensify their HIV prevention efforts to end the AIDS epidemic. The 28 focus countries of the Coalition together accounted for almost three quarters of annual new HIV infections globally in 2020. Exceptional international and national efforts are needed in those countries.¹

Several countries, regions and cities are experiencing rising numbers of new HIV infections and those with ongoing, high burdens of new HIV infections are especially encouraged to implement the new Road Map and report on progress through the Global AIDS Monitoring systems.²⁻⁴

Member States, in the 2021 Political Declaration on HIV and AIDS, agreed to prioritize HIV prevention and reduce new HIV infections to fewer than 370 000 per year by 2025.

This new Road Map charts a way forward for country-level actions (Figure 1) to achieve an ambitious set of HIV prevention targets by 2025. Those targets emerged from the 2021 Political Declaration on HIV and AIDS, which the United Nations General Assembly adopted in June 2021 (Figure 2 and Table 1) and they are underpinned by the Global AIDS Strategy (2021–2026). The Strategy sets out the principles, approaches, priority action area and programmatic targets for the global HIV response.⁵

1 Angola, Botswana, Brazil, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, India, Indonesia, Islamic Republic of Iran, Kenya, Lesotho, Malawi, Mexico, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, South Africa, United Republic of Tanzania, Uganda, Ukraine, Zambia and Zimbabwe.

2 Decisions of the 47th session of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 15–18 December 2020 ([https://www.unaids.org/sites/default/files/media_asset/Decisions_\(PCB47\)_Final_EN_rev1.pdf](https://www.unaids.org/sites/default/files/media_asset/Decisions_(PCB47)_Final_EN_rev1.pdf)).

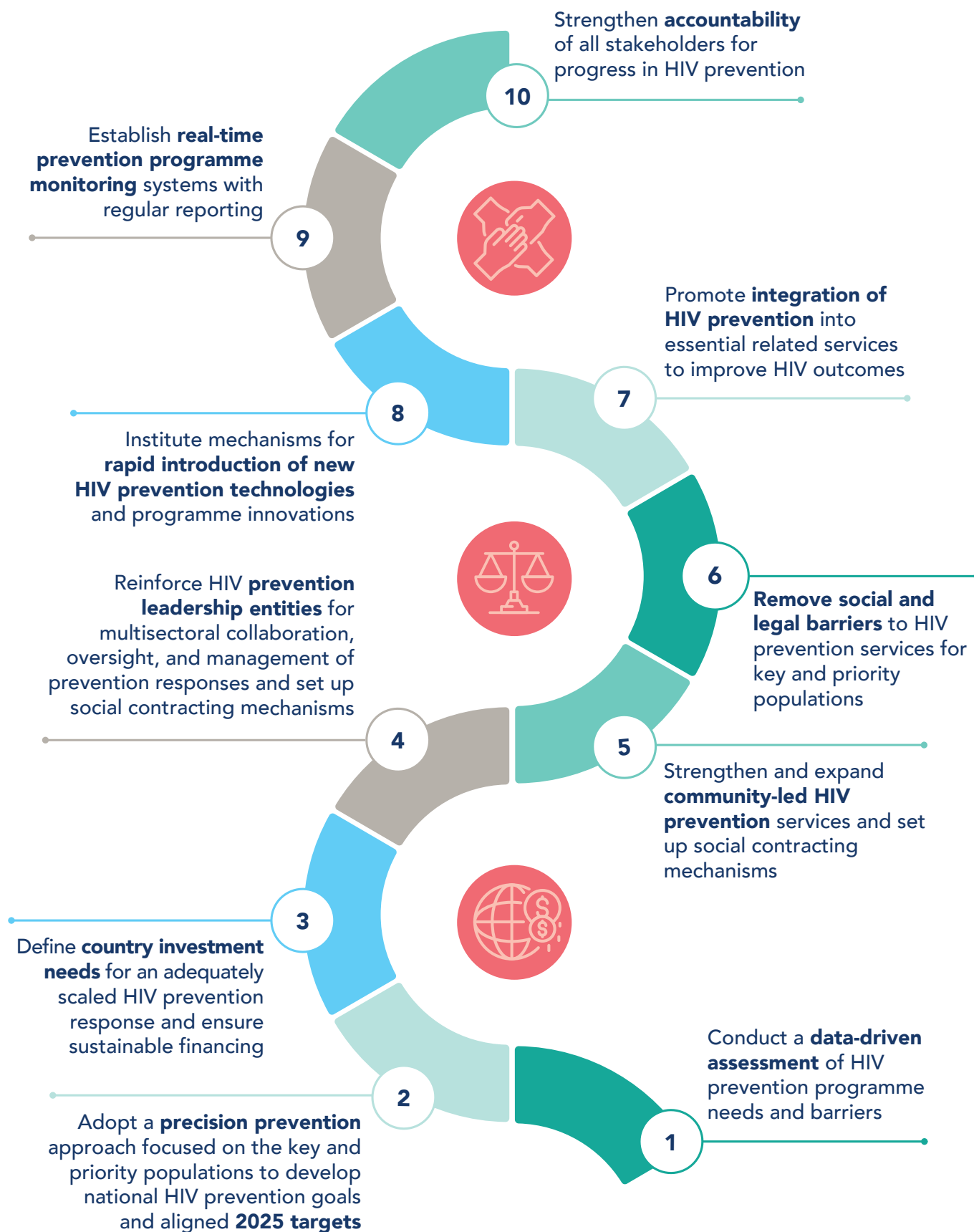
3 2021 Global AIDS Monitoring. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/GAM_reporting_process_en.pdf).

4 2021 Political Declaration on HIV and AIDS. A/RES/75/284. New York: United Nations General Assembly; 2021.

5 Global AIDS Strategy 2021–2026: End inequalities, end AIDS. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).

FIGURE 1.

The HIV Prevention 2025 Road Map: ten point Action Plan



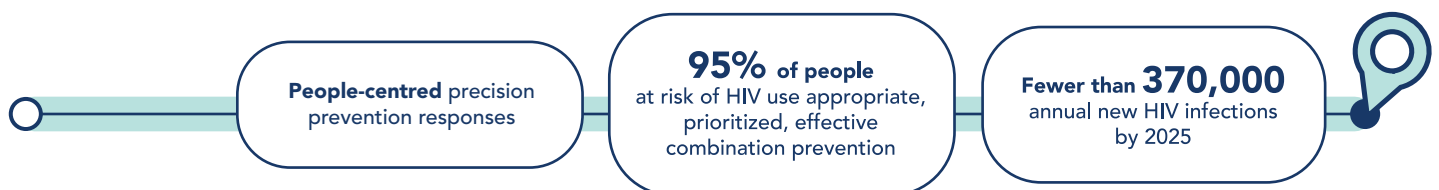
This Road Map builds on the previous HIV Prevention 2020 Road Map⁶ and responds to the need for stronger action against the inequalities that hold back progress. It takes account of an evolving context that is marked by persistent inequalities and overlapping pandemics, economic challenges, shrinking space for civil society activities, and an erosion of human rights.

It reflects an intensified focus on reaching key populations everywhere and adolescent girls and young women and their male partners in sub-Saharan Africa, addressing inequalities that fuel new HIV infections, and strengthening the roles of communities in HIV prevention. The Road Map guides the use of scarce resources in ways that can achieve maximum impact and it emphasizes the need to prepare for wider availability and use of innovative HIV prevention tools (such as long-acting formulations for pre-exposure prophylaxis (PrEP) methods) and approaches (such as telemedicine and other virtual services).

Figure 2 summarizes overarching prevention targets. Detailed programmatic outcome targets disaggregated by population and level of risk are summarized in Annex 2.

FIGURE 2.

The 2025 high-level HIV prevention targets and commitments



The commitments are anchored in the 2025 Global AIDS Strategy targets, which include the: 95–95–95 targets for access to HIV services; the 10–10–10 targets for removing social and legal impediments to accessing or using HIV services; and the use of integrated approaches to link at least 90% of people who are at heightened risk of HIV infection to the services they need for their overall health and well-being.

The 2025 Road Map focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers that can prevent people from acquiring HIV infection. It also highlights the considerable complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV.

⁶ HIV Prevention 2020 Road Map. Geneva: Global HIV Prevention Coalition; 2020 (<https://hivpreventioncoalition.unaids.org/road-map/>).

TABLE 1.

The 2025 targets and commitments:

What is new in the 2021 Political Declaration on HIV and AIDS

Ending inequalities: Take urgent and transformative action to end the social, economic, racial and gender inequalities that perpetuate the HIV pandemic.

Equitable outcomes and granular targets:

Achieve HIV combination prevention, testing and treatment targets across relevant demographics, populations and geographical settings.

Prioritized combination HIV prevention:

Prioritize comprehensive packages of HIV prevention services and ensure they are available and used by 95% of people at risk of HIV infection.

Key populations: Act on the recognition that key populations—including gay men and other men who have sex with men, people who inject drugs, sex workers, transgender people, and people in prisons and other closed settings—are at high risk of HIV infection.

New HIV cascade: Reach the new 95–95–95 testing, treatment and viral suppression targets across all demographics, populations and geographical settings.

Undetectable = Untransmittable (U = U):

Recognize that viral suppression through antiretroviral therapy is a powerful component of combination HIV prevention (since people living with HIV who have undetectable viral loads cannot transmit the infection to others).

Elimination of new HIV infections in children:

Ensure that 95% of pregnant and breastfeeding women have access to combination HIV prevention, antenatal testing and retesting; 95% of women living with HIV achieve and sustain viral suppression before delivery and during breastfeeding; and 95% of HIV-exposed children are tested within two months of birth and, if HIV-positive, receive optimized treatment.

Fully fund the HIV response: Invest US\$ 29 billion annually in low and middle-income countries, including at least US\$ 3.1 billion for societal enablers.

10–10–10 targets for societal enablers:

Reduce to less than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.

Ensure that less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services. Ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination.

Sexual and reproductive health: Ensure that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health care service needs met.

Access to affordable medicines, diagnostics, vaccines and health technologies: Ensure the global accessibility, availability and affordability of safe, effective and quality assured medicines and other health technologies for preventing, diagnosing and treating HIV infection and its coinfections and comorbidities.

Service integration: Invest in health and social protection systems to provide 90% of people living with, at risk of and affected by HIV with people-centred and context specific integrated services.

Community leadership, service delivery and monitoring:

Increase the proportion of community-led HIV services to achieve 30–60–80 targets⁷ and ensure relevant networks and organizations are sustainably financed, participate in decision-making and can generate data through community monitoring and research.

GIPA: Uphold the Greater Involvement of People Living with or Affected by HIV principle.

Source: UNAIDS, *Global AIDS Update 2021*⁸

⁷ The term community-led refers to leadership by and for people living with and affected by HIV, including and especially key populations, women and young people. The 30–60–80 targets are defined as follows in the Global AIDS Strategy: 30% of testing and treatment services to be delivered by community-led organizations; 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations; 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community, key population and women-led organizations.

⁸ *Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS. Global AIDS Update 2021.* Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf).



The “Hands up for #HIVprevention” campaign in 2016 in Tajikistan united more than 500 people, including Government officials, health professionals, celebrities and young people. Credit: UNAIDS

The new Road Map draws on lessons emerging from implementation of the 2020 Road Map (see Annex 5). Specifically, it builds on the findings of regular prevention programme progress reports⁹⁻¹² and on the recommendations of an external review of the Global HIV Prevention Coalition and the previous Road Map, conducted in 2020.¹³ Table 2 summarizes the progress made in implementing the 2020 Road Map and the key gaps remaining that require action.

The development of the new Road Map built on the consultative processes that shaped the Global AIDS Strategy (2021–2026) and involved additional consultations with partners in the Global HIV Prevention Coalition including national AIDS coordinating authorities from all regions, United Nations teams at global, regional and country levels, funding partners, civil society organizations and networks of key populations and adolescent girls and young women.

9 Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. First progress report, March 2018. Geneva: UNAIDS; 2018 (https://hivpreventioncoalition.unaids.org/wp-content/uploads/2018/06/JC2927_UNAIDS-WHA-Report.pdf).

10 Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. Second progress report, April–December 2018. Geneva: UNAIDS; 2019 (https://hivpreventioncoalition.unaids.org/wp-content/uploads/2019/05/Second-Progress-Report_HIV-Prevention-Roadmap_2019.pdf).

11 Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. Third progress report, October 2019. Geneva: UNAIDS; 2019 (https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/02/20200205_JC2980_GPC-Report-2019_En.pdf).

12 Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. Fourth progress report, November 2020. Geneva: UNAIDS; 2020 (<https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/11/fourth-annual-progress-report.pdf>).

13 de Zaluondo BO, Gelmon L, Jackson H. External review of the Global HIV Prevention Coalition. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/PCB47_CPR2_External_Review_GPC.pdf).

TABLE 2.

Progress made and actions for addressing the remaining HIV prevention gaps

KEY BARRIERS IDENTIFIED IN 2017	PROGRESS MADE	ACTIONS TO BE TAKEN BY 2025
<p>Limited political leadership in HIV prevention</p>	<p>HIV prevention firmly established on the global agenda and in the Global AIDS Strategy (2021–2026).</p> <p>Active national HIV prevention coalitions and working groups in several focus countries.</p>	<p>Commitment of leaders at all levels to increase investments in HIV prevention, recognizing the increased resource needs.</p> <p>National leadership structures to mobilize all relevant sectors to take meaningful actions for HIV prevention.</p>
<p>Policy and structural obstacles to HIV prevention services</p>	<p>Greater recognition of key populations in national plans everywhere.</p> <p>Stronger commitment to address multifaceted vulnerability of adolescent girls and young women and their male partners in sub-Saharan Africa.</p>	<p>Advocate for and take practical steps to address barriers to service access and adopt all recommended elements of HIV prevention and harm reduction packages.</p> <p>Accelerate policy reform and decriminalization of key populations, and reduce discrimination against key and priority populations.</p> <p>Strengthen collaboration with other Initiatives such as the Global Partnership to Eliminate HIV-related Stigma and Discrimination and the Education Plus Initiative.</p>
<p>Limited HIV prevention financing</p>	<p>Large and stable PEPFAR investment in HIV prevention.</p> <p>Trend of declining HIV prevention financing through the Global Fund halted and reversed.</p> <p>Increasing number of countries providing domestic financing for HIV prevention.</p>	<p>Make an evidence-based investment case for HIV prevention (including a focus on key populations, new prevention technologies and community-led responses), mobilize sustainable financing, and improve allocative efficiency to close the large remaining financing gap.</p> <p>Manage financing transitions to enable full domestic funding of HIV prevention in middle-income countries.</p>
<p>Limited implementation at scale</p>	<p>Increased coverage of voluntary medical male circumcision and pre-exposure prophylaxis.</p> <p>Increased coverage of specific programmes for adolescent girls and young women.</p> <p>Increases in key population service access in countries.</p>	<p>Scale up HIV prevention services for all populations and locations with high or growing HIV incidence.</p> <p>Develop and implement systematic and sustainable HIV prevention programmes (not just projects).</p> <p>Set up systems to manage and coordinate decentralized services.</p>

GETTING HIV PREVENTION ON TRACK TO END AIDS

Every region offers inspiring examples of countries that have shown the commitment, mobilized the resources and applied rights-based public health approaches to curb their HIV epidemics. The most successful countries have directed resources towards high-impact combination HIV prevention programmes and they have supported and worked with community-led responses that reach the populations and places most in need (see box).



HIV PREVENTION TARGETS CAN BE ACHIEVED IN DIVERSE EPIDEMICS

Several countries have had striking success in reducing HIV incidence by scaling up combination prevention programmes. **Zimbabwe** has reduced new HIV infections by nearly 90% since the late 1990s, while **Côte d'Ivoire's** early expansion of key population programmes and an increase in antiretroviral coverage contributed to a 72% decline in new HIV infections in 2010–2020. In **South Africa**, new HIV infections decreased by 45% in that same period as the country expanded HIV treatment and voluntary medical male circumcision, while **Kenya** used the same approach, along with high coverage of prevention services among key populations, to reduce HIV incidence by 44%.

In other regions, several countries have achieved steep reductions in new HIV infections by focusing their combination prevention programmes on the needs of key populations. In **Cambodia, Thailand** and **Viet Nam**, new HIV infections declined by more than 60% in 2010–2020, and they declined by about half in **El Salvador, Republic of Moldova** and **Sri Lanka**. In Estonia, the expansion of comprehensive harm reduction services was followed by a 61% countrywide reduction in HIV infections and a 97% reduction in new diagnoses among people who inject drugs between 2007 and 2016.

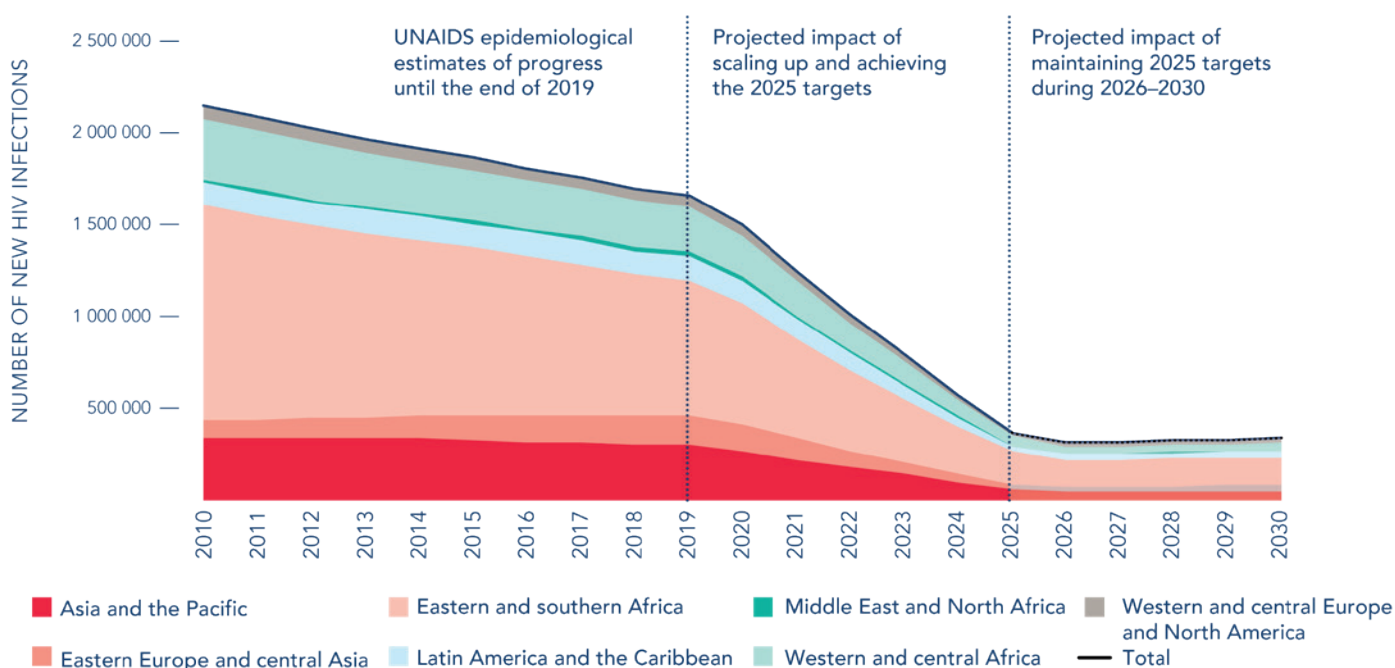
Sources: Evidence review: Implementation of the 2016–2021 UNAIDS Strategy: on the fast-track to end AIDS. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/PCB47_CRP3_Evidence_Review_EN.pdf);

Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS. Global AIDS Update 2021. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf).

However, the progress in reducing new infections has been too slow and it is occurring in too few countries to reach the global targets. The number of new infections among adults decreased by only 31% in 2010–2020, far short of the 75% target for 2020 which the UN General Assembly had set in 2016. A much steeper decline is needed very quickly if the 2025 global target is to be reached (Figure 3). Doing so demands that countries employ evidence-based prevention methods on a sufficient scale, remove structural hindrances, such as punitive laws and policies, that impede their HIV responses, and tackle the inequalities and the stigma and discrimination that fuel their epidemics.

FIGURE 3.

Estimated new HIV infections globally and by region, 2010–2020, and projected new infections if the 2025 targets are met



Source: *Prevailing against pandemics by putting people at the centre—World AIDS Day report*. Geneva: UNAIDS; 2020 (<https://www.unaids.org/en/resources/documents/2020/prevailing-against-pandemics>).

In every region of the world, populations which face the highest risk of HIV are being left behind when it comes to accessing and using HIV prevention services and tools. Persistent inequalities, harassment and discrimination push them to the margins and sabotage their health and well-being. Those experiences typify the lives of key populations such as gay men and other men who have sex with men, people who inject drugs, sex workers, transgender people, and people in prisons and other closed settings. Key populations and their sexual partners accounted for an estimated 65% of new HIV infections worldwide in 2020 and 93% of infections outside sub-Saharan Africa. Systematic inequalities also blight the lives of women and girls, who account for half of all new HIV infections globally. In high-incidence settings in sub-Saharan Africa, adolescent girls and young women (aged 15–24 years) accounted for 25% of HIV infections in 2020, even though they represented only 10% of the total population.¹⁴

The COVID-19 pandemic and other international crises add further challenges. They have widened inequalities and threaten to push the HIV response further off track. COVID-19-related demands on health services, reallocations of health and other resources, and disrupted HIV and other health programmes threaten to set back progress made against the HIV pandemic. Social restrictions and shutdowns have thrust many millions of people (especially women) deeper into poverty and have interrupted the education of hundreds of millions more. COVID-19 has been characterized by worsening gender inequalities and increased violence against women and girls and key populations. It has also seen an erosion of human rights and a surge in punitive legal and policy measures in some settings. The provision of HIV services to key and priority populations is also threatened in conflict situations and humanitarian crises.¹⁵

The HIV Prevention 2025 Road Map lays out the actions that must be taken to overcome these and other challenges. It recognizes that the HIV epidemic is constantly evolving and that it differs across and within countries. National, regional and local epidemics often have distinct characteristics that may shift over time and that make fixed, one-size-fits-all responses inappropriate and ineffective. Differentiated programmes and interventions that correspond to their specific contexts are needed.

14 *Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS. Global AIDS Update 2021.* Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf).

15 *Preventing HIV infections at the time of a new pandemic: a synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020.* Geneva: UNAIDS; 2021 (https://www.unaids.org/en/resources/documents/2021/20210701_HIVPrevention_new_pandemic).

Crucially, the Road Map sharpens the focus on achieving the 95% coverage target for all individuals who are at risk of HIV infection.¹⁶ It emphasizes high-impact prevention programmes for key and priority populations and the vital roles of community-led activities to implement them on a scale that will decisively reduce new HIV infections. It calls for discontinuing investments in interventions of limited effectiveness and efficiency, and for reallocating those resources. It underscores the need to end the inequalities that fuel the HIV epidemic and hold back efforts to end it. And it highlights the importance of sound management and accountability processes as part of a multisectoral response.



HIV thematic party for adolescents and young people organized by Teenergizer's team in Kyiv, Ukraine, in June 2019. Teenergizer provides peer psychological support to adolescents living with HIV, HIV prevention, testing and counselling services and supports youth leadership in the region. Credit: Teenergizer

16 Prevailing against pandemics by putting people at the centre: World AIDS Day report 2020. Geneva: UNAIDS; 2020 (https://www.unaids.org/sites/default/files/media_asset/prevailing-against-pandemics_en.pdf).

TEN POINT ACTION PLAN FOR COUNTRY-LEVEL ACTIONS TO REACH THE 2025 TARGETS AND GET ON TRACK TO END AIDS BY 2030

The **2025 Road Map** identifies ten priority actions that countries must take to resolve the remaining gaps and rebuild momentum to end AIDS as a public health threat by 2030.

1. CONDUCT AN EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS

MILESTONES	DUE BY
12-week Road Map acceleration phase—define country-specific action agendas for accelerating HIV prevention up to 2025	February 2023
Identify key country-level barriers and priorities related to (1) leadership, (2) financing, (3) policy and structural barriers, (4) implementation at scale	April 2023

- Using disaggregated data, conduct an up-to-date analysis of epidemic patterns and trends at national and subnational levels for all key populations and priority populations (including new infections in children using stack bar analysis).
- Conduct a stock-taking exercise (with the participation of relevant national stakeholders) to review national progress in implementing prevention programmes at scale.
- Ensure that stock-taking identifies the policy, legal and societal obstacles affecting service access and use by key and priority populations, as well as critical technical and capacity needs to address gaps.
- Draw on available data in annual country HIV prevention scorecards to identify priorities and gaps.

2. ADOPT A PRECISION PREVENTION APPROACH TO DEVELOP NATIONAL HIV PREVENTION GOALS AND ALIGNED 2025 TARGETS

MILESTONES	DUE BY
All countries translate global HIV prevention targets into granular national and subnational HIV prevention targets based on detailed subnational and population-specific data	February 2023
Update national HIV Prevention Road Map based on new global and national targets and country-specific barriers	April 2023

- Organize inclusive national consultations for agreement on programme priorities based on evidence-driven assessments.
- Identify the populations and locations with the greatest HIV prevention needs, as well as those who are not being reached with services.
- Adopt or adjust interventions and approaches shown to reduce new HIV infections, with an appropriate balance between biomedical, behavioural and structural approaches.
- Focus resources and set coverage and uptake targets that are high enough to achieve large impact.

3. DETERMINE COUNTRY INVESTMENT NEEDS FOR ADEQUATELY SCALED HIV PREVENTION RESPONSES AND ENSURE SUSTAINABLE FINANCING

MILESTONES	DUE BY
All countries define HIV prevention investment needs for 2023–2026 and identify viable financing sources	February 2023
All countries develop and begin implementing fundraising strategies to address key gaps in current response	May 2023
All countries accurately report annual prevention budget allocations and spending	December 2023

- Develop country-specific financing targets and benchmarks for HIV prevention, in line with national priorities and global recommendations.
- Prioritize allocations to evidence-based interventions and programmes for people at greatest risk, respecting equity and efficiency, and ensure proportionate allocations for all essential components of a combination prevention response.
- Promote complementarity of resources (not competition) for a holistic HIV response and as part of the overall resource planning, mobilization, and allocation. Avoid pitting prevention against testing and treatment, or biomedical interventions against behavioural and structural ones.
- Identify and resolve inefficiencies. Reallocate investments from low-impact and low-efficiency interventions to evidence-based alternatives that have greater impact, equity and efficiency.
- Promote public financing of community-led prevention services through social contracting and similar mechanisms.
- Pursue diversified resource mobilization approaches and partnerships (as appropriate to the country context).
- Identify opportunities for multisectoral investment in combination prevention components—with multiple sectors investing in mutually supportive interventions (e.g. education, social protection, violence mitigation, legal reform, access to justice, and reduction of stigma and discrimination).



March in support of AIDS response in South Africa in 2016. Credit: UNAIDS



INVESTING ADEQUATELY IN HIV PREVENTION

More resources are needed to get the HIV pandemic response back on track to end AIDS as a public health threat by 2030. UNAIDS has calculated that annual HIV investments in low and middle-income countries need to rise from the US\$ 21.5 billion in resources available in 2020 to US\$ 29 billion in 2025. International resources have flat-lined in recent years and have been prioritized in low income and high burden settings. The majority of the funding to reach the 2025 targets may be expected from domestic resources; development partners must commit to sustainably fund the remaining resource needs.

Significantly larger investments are needed in three areas:

- **Primary HIV prevention.** An almost two-fold increase in resources for evidence-based prevention, from US\$ 5.3 billion per year in 2019 to US\$ 9.5 billion in 2025 (Figure 4).
- **HIV testing and treatment.** Investments must increase by 18%, from US\$ 8.4 billion in 2019 to US\$ 10.1 billion by 2025. Even though the number of people on HIV treatment is expected to increase by 35%, efficiency gains from price reductions in commodities and cost savings in service delivery are estimated to keep the overall costs down. Reaching the treatment targets will contribute to additional reductions in new HIV infections and in treatment costs in the long term.
- **Societal enablers.** Investments in societal enablers in low and middle-income countries need to increase from US\$ 1.3 billion in 2019 to US\$ 3.1 billion in 2025 (to 11% of total resource needs). These investments should be focused on removing legal and policy barriers to HIV services, ending the criminalization of key populations, providing legal literacy training and aid to people living with HIV and key populations whose rights are violated, and contributing to efforts to achieve gender equality.

FIGURE 4.

Estimated global resource needs by populations and primary prevention interventions, 2019 and 2025



Prevention programmes for key populations and core services to achieve the targets, low- and middle-income countries, 2019 and 2025 (2019 US\$ billion)

Source: UNAIDS financial estimates and projections, 2021.

4. REINFORCE HIV PREVENTION LEADERSHIP ENTITIES FOR MULTISECTORAL COLLABORATION, OVERSIGHT AND MANAGEMENT OF PREVENTION RESPONSES

MILESTONES	DUE BY
Nationally Developed Milestones: three strategic milestones are determined	February 2023
Report on achievement of Nationally Defined Milestones	December 2023

- Strengthen national and subnational entities responsible for overseeing implementation of HIV prevention programmes, including those outside the public health sector.
- Maximize synergies between different components of combination prevention programmes.
- Build unity of purpose between government, communities, implementers, and other partners around an evidence-based HIV prevention agenda, with clearly defined roles and functions and in line with their comparative advantages.
- Include community-led organizations and other civil society actors in mechanisms for coordination, decision-making and oversight of prevention responses.
- Provide the assigned national entity with adequate resources to lead cross-sectoral collaboration, support joint planning processes, and support the management of programme implementation at all levels.
- Assign sufficient authority to the national entity to hold all actors accountable for progress towards national targets and commitments (national AIDS commissions typically perform this role).

5. STRENGTHEN AND EXPAND COMMUNITY-LED HIV PREVENTION SERVICES AND SET UP SOCIAL CONTRACTING MECHANISMS

MILESTONES	DUE BY
All countries have convened government entities, programme implementers and communities of key and priority populations to define the scaling-up of trusted community access platforms for HIV prevention, testing, treatment and support	February 2023
Nationally Developed Milestones: three strategic milestones are determined by local communities, and achieved	December 2023

- Promote community leadership and foster community-led activities so that communities have the knowledge, power and capacity to decide on priorities in HIV prevention programmes and deliver services.
- Set national and subnational targets for increasing the proportion of HIV prevention services delivered by community-led organizations, in line with commitments in the 2021 Political Declaration on HIV and AIDS, and the Global AIDS Strategy (2021-2026).
- Provide adequate funding to community-led and other civil society organizations that are active in HIV prevention.
- Establish legal frameworks, effective mechanisms and transparent procedures for social contracting to enable public financing of community-led and other nongovernmental organizations to implement HIV-related programmes, provide services and conduct advocacy work.
- Invest in strengthening technical and managerial capacity of community-led organizations.
- Facilitate augmenting international financing of community-led services with domestic funding to enhance programme ownership and sustainability.



THE IMPORTANCE OF COMMUNITY LEADERSHIP IN HIV PREVENTION

Communities play vital roles in the HIV response by promoting accountability, driving prevention activism, implementing activities and contributing innovations that are crucial for sustainable progress.^{17, 18} Community-led service delivery platforms are often more effective than formal health facility-based platforms for reaching marginalized and under-served populations, especially in settings where stigma and discrimination are rife.¹⁹ Community-led organizations are well placed to identify gaps in services, constraints that hold back service delivery and uptake, and opportunities to make services more people-centred, convenient and effective.

Community-led service delivery extends beyond the health domain. This is seen in the valuable contributions made to advocacy for legal and policy reforms, the monitoring of human rights violations, and actions to support communities with violence mitigation, legal literacy and livelihood assistance.

The 2021 Political Declaration on HIV and AIDS, and the Global AIDS Strategy (2021–2026) call for increasing the proportion of HIV services delivered by communities, including by ensuring that, by 2025, community-led organizations deliver, as appropriate in the context of national programmes:

- **30%** of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- **80%** of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- **60%** of programmes to support the achievement of societal enablers.^{20, 21}



Empowering young Brazilians to talk to their peers about HIV as part of the Viva Melhor Sabendo Jovem (VMSJ) Salvador project led by UNICEF in 2019. The project goal is to raise awareness among other young people about the importance of HIV testing and prevention. Credit: UNICEF

17 Communities at the centre: *Global AIDS Update 2019*. Geneva: UNAIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf).

18 Preventing HIV infections at the time of a new pandemic: a synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020. Geneva: UNAIDS; 2021.

19 Communities at the centre: *Global AIDS Update 2019*. Geneva: UNAIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf).

20 Political Declaration on HIV and AIDS: ending inequalities and getting on track to end AIDS by 2030. New York: United Nations; 2021 (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf).

21 Global AIDS Strategy 2021–2026: End inequalities, end AIDS. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).

6. REMOVE SOCIAL AND LEGAL BARRIERS TO HIV PREVENTION SERVICES FOR KEY AND PRIORITY POPULATIONS

MILESTONES	DUE BY
All countries have defined and are implementing specific actions to address policy and structural barriers	February 2023
Nationally Developed Milestones: local communities decide on and achieve three to five strategic milestones	December 2023

- Support the creation of enabling legal and policy environments (including by achieving the 10-10-10 targets, see box), and increased access to justice, gender equality and freedom from stigma and discrimination, in line with the Global AIDS Strategy (2021–2026).
- Act to address key impediments blocking access to and utilization of prevention services (e.g. HIV-related stigma and discrimination; the criminalization of drug use, sex work and same-sex sexual relationships; gender inequalities and obstructive age related consent policies and practices). Base the actions on the findings of available assessments of policy, legal and societal environments (e.g. the HIV Stigma Index, legal environment assessments, integrated biobehavioural surveys, Global AIDS Monitoring and the National Commitments and Policy Instrument databases^{22, 23}, gender assessment tools and community-led research).
- Engage national policymakers and opinion leaders to participate in cross-country briefings on reducing policy barriers.
- Strengthen collaboration between the Global HIV Prevention Coalition and other global initiatives, such as the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination²⁴, the Education Plus Initiative²⁵, and others.²⁶



THE 10-10-10 TARGETS FOR REMOVING SOCIETAL AND LEGAL BARRIERS TO HIV SERVICES

The 2025 targets can only be achieved in an environment where people living with HIV and people at risk of HIV infection can use the services and adopt the behaviours that will protect their health. Those conditions are lacking in many countries. As a result, HIV-related stigma and discrimination, gender inequalities, the criminalization of drug use, sex work and same sex sexual relationships, and age related consent requirements continue to undermine people's health.

The 2021 UN Political Declaration on HIV and AIDS and the Global AIDS Strategy (2021–2026) require that countries undertake reforms so that, by 2025:

- Less than 10% of countries have legal and policy frameworks that lead to the denial or limitation of access to HIV-related 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.

Source: UNAIDS Global AIDS Strategy 2021–2026

22 2021 Global AIDS Monitoring. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/GAM_reporting_process_en.pdf).

23 See AIDSInfo website: <https://onlinedb.unaids.org/ncpi/libraries.aspx/Home.aspx>.

24 Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. Geneva: UNAIDS; 2018 (https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf).

25 Every adolescent girl in Africa completing secondary school, safe, strong, empowered: Time for Education Plus. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/JC3016_EducationPlusBrochure_En.pdf).

26 For example, the Global Fund's Breaking Down Barriers Initiative and the Global Commission on HIV and the Law.

7. PROMOTE THE INTEGRATION OF HIV PREVENTION INTO ESSENTIAL RELATED SERVICES TO IMPROVE HIV OUTCOMES

MILESTONES	DUE BY
Nationally Developed Milestones: three strategic milestones are determined	February 2023
Report on achievement of Nationally Defined Milestones	December 2023

- Capitalize on programme synergies to achieve the best possible HIV outcomes.
- Colocate, link or integrate services so they respond to people's needs, and are convenient and easy to use. Of particular relevance is the integration of HIV prevention services with services for sexual and reproductive health, mental health, prevention and care of sexual and gender based violence, drug dependence treatment, hepatitis C prevention and care, tuberculosis control, prison health, noncommunicable diseases, and legal and social support services.
- Support service integration for people who are typically underserved by formal health systems, including people who use drugs, people in prisons and other closed settings, people on the move (such as migrants), and people in emergency and humanitarian contexts (such as refugees, displaced populations and asylum seekers).

8. SET UP MECHANISMS FOR THE RAPID INTRODUCTION OF NEW HIV PREVENTION TECHNOLOGIES AND PROGRAMME INNOVATIONS

MILESTONES	DUE BY
All countries define specific actions for adapting new HIV prevention technologies (additional PrEP options, virtual HIV intervention approaches)	February 2023
Nationally Developed Milestones: three strategic milestones are determined	February 2023
Report on achievement of Nationally Defined Milestones	December 2023

- Promote the adoption of proven new HIV prevention technologies as part of combination prevention packages (e.g. antiretroviral drug releasing vaginal rings or long -acting PrEP regimens).
- Take forward a consultative process involving all stakeholders (including community representatives, training institutions and professional bodies) to support the use of effective new technologies and approaches.
- Resolve policy, regulatory, logistical and guidance challenges, and ensure the availability and affordability of new technologies over time.
- Support community delivery models to achieve wide availability and use of HIV services and technologies, including by strengthening virtual interventions across prevention planning, community engagement, outreach, demand generation, retention and programme monitoring. Draw on innovations pioneered or popularized by health service providers and community-led organizations during the COVID-19 pandemic (e.g. HIV self-testing, multimonth dispensing of HIV treatment and prevention, digital platforms and virtual meeting spaces).

9. ESTABLISH REAL-TIME PREVENTION PROGRAMME MONITORING SYSTEMS WITH REGULAR REPORTING

MILESTONES	DUE BY
Assess gaps in monitoring and evaluation systems and processes that lead to incomplete HIV prevention scorecards (coverage and outcomes of programmes)	February 2023
Nationally Developed Milestones: 3 strategic milestones determined to address gaps	February 2023
Complete reporting to Global AIDS Monitoring allows for full country scorecard report	March 2023
Strengthen subnational monitoring and evaluation systems, including non health data, and put the subnational scorecard system into operation	December 2023

- Make real-time tracking of progress central to implementation of the ten point Action Plan.
- Regularly update global, national and subnational HIV prevention scorecards.
- Monitor the strengthening of national HIV prevention coordination and management institutions.
- Incorporate assessments of cost, cost-effectiveness and value for money into traditional programme performance measurements.
- Include data from civil society and community-led organizations when reporting on progress in relation to the ten point Action Plan.
- Introduce regular high-level dialogues, joint reviews and data reviews at subnational, national, regional and global levels to inform prevention programme improvements, course corrections and strategic planning.

10. STRENGTHEN ACCOUNTABILITY OF ALL STAKEHOLDERS FOR PROGRESS IN HIV PREVENTION

MILESTONES	DUE BY
Institutionalize annual national HIV prevention performance review and accountability process / meeting involving government, communities and other partners	April 2023
Establish quarterly subnational performance and accountability process that involves government, communities and other partners	June 2023
Annual global and regional meetings for accountability	Annually by December

- Strengthen data systems to underpin strong accountability among all stakeholders.
- Track national and subnational progress in implementing the Road Map actions to identify weaknesses and take corrective steps, and share lessons learned and good practices.
- Clearly identify, for each of the ten Action Plan points, the key milestones that can realistically be achieved by each country by the end of 2025.
- Invest adequate resources in accountability processes for optimal functionality and sustainability.
- Given the pivotal role of community-led and other civil society organizations in the HIV response, ensure that accountability processes involve those organizations in leading roles and reflect their assessments of progress, and empower and fund them to expand community-led monitoring capacity and systems.
- Develop and monitor an accountability framework that is grounded in government and community leadership, transparency and sustainability (see pages 26-29 for more details).

STAYING FOCUSED ON THE FIVE PREVENTION PILLARS

Alongside the HIV testing and antiretroviral treatment scale-up, countries have to continue implementation of combination HIV prevention responses that encompass biomedical, behavioural and structural interventions. The five central pillars for national HIV prevention responses described in the 2020 Road Map remain fundamentally important to orient those efforts (Figure 5).

The five-pillar approach has been refined in the 2025 Road Map to reflect the emphasis in the Global AIDS Strategy (2021–2026) and the demands of an evolving epidemic. Highlighted now are people-centred approaches addressing persistent inequalities in access to and use of services and promoting integration and complementarity between service delivery platforms.

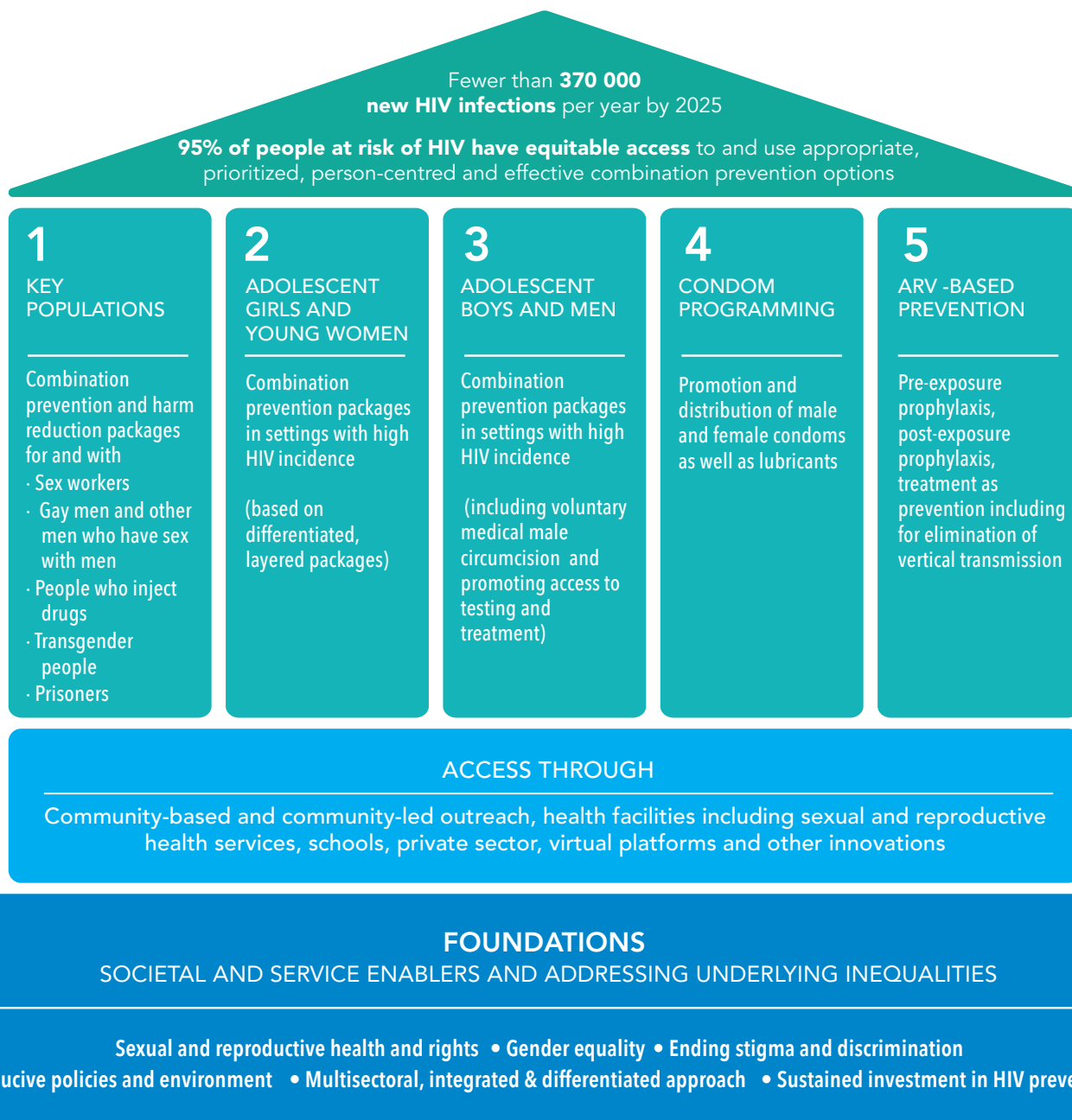
Pillars 1–3 describe people-centred combination prevention packages for key populations everywhere and for adolescents and young adults in geographical areas with high HIV incidence. Programmes in these pillars include population specific behavioural and structural actions that ensure access by communities to the full range of prevention choices. Pillar 4 on condoms and Pillar 5 on antiretroviral-based prevention describe high-impact prevention tools that are relevant to all populations. Pillar 5 emphasizes the vital complementarity between HIV prevention and HIV treatment and care services.

Pillar 1, on key populations, applies globally, while Pillars 2 and 3 apply mostly in eastern and southern Africa and in some locations in western and central Africa (settings with high HIV incidence). Pillar 4 is also relevant globally, although outside sub-Saharan Africa it mostly relates to prevention programmes for key populations (due to low HIV incidence among other populations and generally widespread availability of condoms on the commercial market). Pillar 5 is also relevant globally, with a focus on key populations and HIV-discordant couples, though it is relevant for other populations as well as in settings in eastern and southern Africa where HIV incidence is high.

The pillars rest on a foundation of other enhancements. These include sustained investments, integrated service delivery platforms, the use of a multisectoral approach, the creation of enabling environments, and actions to reduce inequalities. There is a strong focus on addressing policy and structural barriers that hinder access to prevention services, on ending stigma and discrimination, and on advancing gender equality.

FIGURE 5.

The five prevention pillars for 2025



PILLAR 1.

Combination prevention for key populations

Much stronger and more extensive prevention programmes are needed for key populations, which now account for almost two thirds of new HIV infections globally. Good examples of programmes and required policy changes exist for all key populations, but coverage of HIV services remains low and structural hindrances persist in a majority of countries.

Programmes for key populations must be evidence- and human rights-based, driven by key population leadership and empowerment, and they must ensure stigma- and discrimination-free access to services. That requires removing structural, policy and legal barriers, including the criminalization of key populations, and ending stigma and discrimination by health workers, law enforcement, justice sector, employers, education providers and others. Trusted service platforms require robust outreach systems that are peer-led and clinical services that are nonjudgmental, accessible and competent in addressing key populations' needs on the continuum of prevention, testing and treatment services. Universal health coverage systems need to be structured in ways that make these services accessible to all key populations.

Strengthened programmes should be implemented at scale and should be tailored to the HIV and wider health needs of key populations. The programmes must encompass services for preventing and treating HIV, tuberculosis, viral hepatitis and sexually transmitted infections (including provision of condoms, lubricants and, where appropriate, PrEP and post-exposure prophylaxis). Given the prominence of unsafe injecting drug use due to the limited availability of needle and syringe programmes in the HIV epidemics in many countries, comprehensive harm reduction services are vitally important, including in prisons and other closed settings. The services therefore should include needle and syringe programmes, opioid substitution therapy and naloxone, and should address the specific needs of women who use drugs. All forms of compulsory drug and HIV testing and compulsory drug treatment should be replaced with voluntary schemes.



Methadone distribution as opioid substitution therapy at Putao District Hospital in Myanmar, 2019. Credit: UNAIDS

PILLAR 2.

Combination prevention for adolescent girls and young women in high-prevalence locations.

Despite a 39% decline in HIV incidence among young women aged 15–24 years in sub-Saharan Africa between 2010 and 2020, adolescent girls and young adult women remain greatly affected by HIV in parts of the region. Increased investment, including through the United States President’s Emergency Plan for AIDS Relief’s (PEPFAR) and the Global Fund, has enabled more than 40% of locations with high HIV incidence in 19 focus countries in sub-Saharan Africa to implement dedicated combination prevention programmes for young women. Those efforts must become more widespread to ensure access in 95% of locations with high HIV incidence.

Combination prevention for adolescent girls and young women entails layered programmes that address risk, vulnerability and service barriers and that provide a range of reinforcing services. Recommended service packages include comprehensive sexuality education (in and out of school), HIV and sexual and reproductive health services (including male and female condoms and other contraceptive tools), antiretroviral-based prevention and harm reduction for women who use drugs.

Gender inequalities and discrimination deny women and girls the ability to realize their basic rights, including their right to education, good health, bodily autonomy and economic well-being—all of which can also reduce their risk of HIV infection. Combination prevention packages therefore comprise interventions to: change harmful gender norms; end gender-based discrimination, inequalities and violence; improve social protection; and support economic empowerment. These approaches feature in programmes such as Stepping Stones, SASA!, South Africa’s national She Conquers programme and the PEPFAR-supported Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) programmes. There are opportunities to strengthen synergies between HIV and other endeavours, such as those taken under the Education Plus Initiative and the Generation Equality Forum Action Coalitions, as well as a range of sexual and reproductive health and rights initiatives.²⁷

PILLAR 3.

Combination prevention for men and adolescent boys in settings with high HIV incidence.

HIV prevention programmes for boys and men remain essential for their own health and for the health of their female partners. Therefore, an expanded package on HIV prevention for men and boys in settings with high HIV incidence is prioritized in the 2025 Road Map, while maintaining a strong focus on the provision of condoms, as well as on voluntary medical male circumcision in 15 priority countries.²⁸ HIV prevention for men and boys requires greater focus on increasing access to services within and outside clinic settings including male-friendly services. This could entail community-based HIV testing, self-testing, linkages to early antiretroviral treatment as required, condoms, pre-exposure and post-exposure prophylaxis, comprehensive sexuality education and other sexual and reproductive health services, and harm reduction.

²⁷ United Nations Population Fund. *Sexual and reproductive health and rights: an essential element of universal health coverage*. New York: UNFPA; 2019 (https://www.unfpa.org/sites/default/files/pub-pdf/UF_SupplementAndUniversalAccess_30-online.pdf).

²⁸ Voluntary medical male circumcision should continue to be promoted in 15 priority countries in eastern and southern Africa: Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

Voluntary medical male circumcision services need to reach greater numbers of adult uncircumcised men who are at high risk of acquiring HIV infection. That calls for adaptations to build demand and improve access, especially for men with lower incomes. It is essential that these services be viewed as part of broader sexual and reproductive health services for men and boys. They therefore should be offered as part of a package of services that includes education on safe sex, on condom use and provision, and on healthy gender norms, as well as information on HIV testing (and linkages to care and treatment, if required), and prevention and management of sexually transmitted infections.

It is important to support these services with systematic efforts to promote gender equitable norms and reduce gender-based violence. Several gender transformative programmes implemented in sub-Saharan Africa, such as One Man Can and others,²⁹ have shown potential for helping improve gender norms, address harmful aspects of masculinities and reduce gender-based violence.³⁰

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PILLAR 4.

Promotion of condoms and lubricants

Condoms remain the most widely used HIV prevention method and they are a low cost option for the large numbers of people who are at moderately high risk of acquiring HIV. Increased condom use is estimated to have averted more than 100 million new HIV infections globally since 1990.³¹ It also carries other sexual and reproductive health benefits, including the prevention of other sexually transmitted infections and unintended pregnancies. However, gaps and inequities in condom access and use persist, and they are widening in several countries in the context of reduced investment.

Strengthened national condom programmes are required. This entails enhanced demand creation (especially for new generations of potential users), procurement and supply of male and female condoms as well as lubricants through free distribution, social marketing and private sector sales to ensure full-scale access. Countries should act urgently to revive condom programme stewardship, evidence-based design and total market approaches in which the public, private and social marketing sectors complement one another.



Condom demand generation needs to reach a new generation of users. Credit: UNFPA

29 *Engaging men and boys in gender equality and health: a global toolkit for action*. New York: UNFPA; 2010 ([https://www.unfpa.org/sites/default/files/pub-pdf/Engaging Men and Boys in Gender Equality.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Engaging_Men_and_Boys_in_Gender_Equality.pdf)).

30 *Global sexual and reproductive health package for men and adolescent boys*. New York: UNFPA; 2017. (https://www.unfpa.org/sites/default/files/pub-pdf/IPPF_UNFPA_GlobalSRHPackageMenAndBoys_Nov2017.pdf).

31 Stover J, Teng Y. *The impact of condom use on the HIV epidemic [version 1]*. *Gates Open Res.* 2021;5:91.

PILLAR 5.

Wider access to antiretroviral based prevention, including PrEP

Pre-exposure prophylaxis is highly effective in preventing HIV infection. Despite progress made in providing PrEP in a few Coalition focus countries, access in low and middle-income countries remains very low (less than 10% of the 2025 target). It is particularly important to ensure access to key populations and other populations in settings with high HIV incidence, as specified in Global AIDS Strategy (2021–2026) targets.

Such a scale-up requires increased investment and actions that address barriers to consistent use. It calls for linking the roll-out of PrEP with related services (for example, HIV testing and sexual and reproductive health) and with supportive social networks. Also needed are rapid response mechanisms to introduce new prevention technologies and approaches as they become available. The latter include the Dapivirine vaginal ring, which expands the choices for HIV prevention available to women and adolescent girls at substantial risk of HIV infection, and long-acting injectable antiretroviral formulations for PrEP.

Post-exposure prophylaxis has been under-utilized in HIV prevention response. It has been a critical component of the clinical management of rape survivors³² and in reducing occupational risk, but remains largely unavailable outside clinical settings. There is urgent need to address demand and supply-side barriers to the use of post-exposure prophylaxis and increase access to the nonhealth sector for key and priority populations.

Gaps in HIV testing and treatment, including among key populations and men, need to be addressed urgently to realize the full benefits of HIV testing and treatment. Necessary actions include capitalizing more effectively on HIV testing as an entry for prevention and on HIV prevention as an entry point for testing and treatment. Knowledge of HIV prevention benefits of treatment (undetectable = untransmittable, or U=U) also needs to increase.

Primary prevention, HIV treatment and programmes for elimination of vertical transmission need to work hand in hand. New infections in children are also driven by newly acquired maternal HIV infections during pregnancy and the breastfeeding period. This requires increased focused on primary prevention for women and their partners through platforms for the prevention of vertical transmission of HIV. HIV prevention for women and their partners should be included in national guidelines for preventing vertical transmission and proven HIV prevention choices, including PrEP, should be promoted for pregnant and lactating women and their partners in areas of high HIV incidence.

32 Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings. Geneva: WHO, UNFPA, UNHCR; 2019.
<https://www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/>

AN ACCOUNTABILITY FRAMEWORK FOR HIV PREVENTION

Accountability is a priority in the 2025 Prevention Road Map as outlined earlier in Road Map Action 10. Political leaders, HIV authorities, funding partners, private sector and civil society partners have to be held accountable for promoting and managing multisectoral prevention responses, and for mobilizing and allocating adequate financing. They are also responsible for implementing prevention programmes that match the scale and characteristics of HIV epidemics in countries, and for establishing enabling environments for those programmes.

A sound accountability framework (Table 3) achieves clarity and transparency about the respective commitments and responsibilities. It is backed by adequate resources and support for action, and it draws on regular monitoring and reliable reporting on progress.



Country teams using the Coalition scorecard for reviewing prevention results, GPC High-Level Meeting, 2019, Kenya, Nairobi. Credit: UNAIDS

TABLE 3.

Accountability framework at all levels for HIV prevention

ACCOUNTABILITY FOR	ENSURING ACCOUNTABILITY AT THE COUNTRY-LEVEL LED BY NATIONAL AIDS COORDINATING BODIES AND SUPPORTED BY IN-COUNTRY COALITION MEMBERS	CROSS-CUTTING MECHANISMS
Strong political leadership in HIV prevention.	Semi-annual senior political leadership briefings. Semi-annual reviews of political action agenda.	Annual high-level global and regional HIV Prevention Coalition meetings. National Coalition multistakeholder consultations before and after annual global and regional meetings. Global tracking of commitments followed by problem-solving dialogues.
Addressing legal and policy barriers.	Annual briefings with senior legislators and/or policy-makers. Semi-annual dialogues on actions to address legal and policy barriers (in collaboration with the Global Partnership to eliminate all HIV-related stigma and discrimination and building on the Global Commission on HIV and the Law).	
Adequate HIV prevention financing.	Annual HIV prevention financing dialogues with senior leadership in health and finance ministries. Annual prevention finance and investment tracking at global and country levels.	
Implementation at scale.	Annual performance reviews based on national and subnational scorecards. Quarterly programmatic progress-tracking and problem-solving dialogues.	

Ideally, accountability processes go beyond the necessary monitoring and evaluation of performance (see box). In addition to being transparent regarding data and other evidence, they should involve inclusive dialogue, set pragmatic deliverables and focus on actions. Crucially, these processes need to involve all stakeholders in HIV prevention, particularly the communities of people most affected by the HIV epidemic.



CORE CHARACTERISTICS OF WELL-FUNCTIONING ACCOUNTABILITY PROCESSES

Accountability processes should be:

- Participatory, inclusive, government-led and community-led. All stakeholders in HIV prevention should participate in the design and implementation of accountability processes. Affected communities have key roles in these processes.
- Transparent. The processes should be developed and conducted in a transparent manner providing access to data, programme reviews, reports and scorecards to the public and communities.
- Contextualized. The processes should be adapted to their contexts. They should reflect the political context and the level of civic participation in governance and decision-making.
- Distinct. Monitoring and evaluation are crucial for accountability processes (e.g. providing evidence to assess the performance of HIV prevention activities). Accountability also involves assessing aspects of the prevention response that go beyond indicators and targets; it includes aspects such as transparency of decision-making, dialogue among stakeholders and the upholding of human rights.

Several practical steps can be taken to strengthen the accountability processes related to the 2025 HIV Prevention Road Map:

- Host initial multistakeholder dialogues at national level shortly after the launch of the 2025 Road Map. These meetings will customize milestones and set annual progress markers for each of the ten Action Plan points in the Road Map. The progress markers can be selected by drawing on existing in-country work and can be supported through existing facilities such as the UNAIDS Technical Support Mechanism. Ideally, a minimum of three progress markers should be identified for each of the ten Action Plan points. Where possible, markers can be aligned to indicators in the UNAIDS National Commitments and Policy Instrument.
- Make national dialogues inclusive (e.g. national AIDS councils, ministries of health and other frontline ministries, donors, HIV service implementers, community-led organizations and other civil society organizations, and the private sector) and uphold the Greater Involvement of People living with or affected by HIV principle.
- Incorporate the milestones and annual progress markers into a national accountability plan, to be published on the Global HIV Prevention Coalition website. The multistakeholder dialogues can be repeated annually to evaluate progress towards the milestones.
- Prepare a joint accountability report incorporating government and community perspectives and data. The report complements the national prevention scorecards and encompasses a broader scope of accountability.

- Actively use the HIV Prevention Scorecard, with scores based on a combination of coverage, output and outcome indicators for key programme components and societal enablers in the Global AIDS Monitoring system. The Prevention Scorecard would continue to guide the regular review of performance at all implementation levels and highlight gaps in data that need to be addressed.
- Collaborate with learning networks and create a knowledge-sharing platform on accountability where countries can share their experiences. The Global HIV Prevention Coalition Secretariat can convene discussions of significant problems and challenges.
- Convene an initial global meeting of Global HIV Prevention Coalition members to review national accountability plans and decide which progress markers for which the Coalition Secretariat and other members will be accountable. Using country-level national accountability plans as a starting point, Global Coalition members can determine the specific actions and targets for which they are responsible.
- Annually review progress in the Global HIV Prevention Working Group and the National AIDS Council managers' community of practice before presenting results at annual high-level Coalition meetings.



The international community must lead a global push towards investment in HIV prevention. Executive Directors of UNAIDS and UNFPA, Co-Conveners of the Global Prevention Coalition during the 45th PCB of UNAIDS. Credit: UNAIDS

ANNEXES

ANNEX 1.

Commitments towards reducing new HIV infections to fewer than 370 000 per year by 2025

Governments will:

- Lead the implementation of the ten point Action Plan.
- Set ambitious national and subnational HIV prevention programme, financing and impact targets for 2025, in accordance with the 2021 Political Declaration and the Global AIDS Strategy (2021-2026).
- Develop national action plans that are in line with the scale-up targets. The plans should be based on population size estimates and should define priority locations, populations and service packages, and should emphasize delivery platforms for differentiated services.
- Adjust national result frameworks to ensure that 95% of key and priority groups in settings with high HIV prevalence are accessing high-impact prevention services.
- Take practical steps to achieve adequate and sustainable investments in HIV primary prevention as part of a fully funded national HIV response.
- Strengthen the national entity leading HIV prevention and empower it to hold actors accountable, strengthen national and local accountability frameworks, and increase national and local HIV prevention management capacity.
- Build the capacity of the national entity leading HIV prevention to advance the systematic integration of gender transformative approaches in national HIV responses.
- Provide the necessary funding and support to ensure the meaningful engagement of community-led and other civil society organizations—including organizations and networks of key populations and young people—in all aspects of the design, implementation, and monitoring and evaluation of HIV policies and programmes.
- Develop or revise social contracting mechanisms to facilitate government funding for civil society implementers, and increase investments towards fulfilling the global commitments for community-led service delivery.
- Accelerate the necessary legal reforms and policy changes to remove legal, social, economic and gender-related barriers that hold back HIV prevention.
- Adopt proven new technologies and innovative strategies for HIV prevention.

Community-led and other civil society organizations will:

- Sensitize decision-makers at all levels about the continued importance of primary prevention, alongside the 95-95-95 testing and treatment agenda, and advocate for evidence-informed policies and adequate investments.
- Participate in the design and implementation of prevention programmes, as well as in monitoring and accountability structures.
- Advocate for funding, capacity building and support to expand community service delivery platforms for key and priority populations.

- Strengthen community systems, including community-led monitoring and surveillance, to improve the quality of prevention services and of data, progress tracking and reporting.
- Hold governments and other actors accountable for progress towards prevention targets through constructive advocacy, and further develop community accountability structures for feedback, communication and problem solving between community entities and government systems.
- Advocate for legal and policy reforms, including the removal of punitive laws, the lowering of obstructive age of consent requirements, and the abandonment of HIV-related travel restrictions.
- Develop and implement interventions to reduce HIV-related stigma and discrimination across health, community, justice, workplace, education and humanitarian settings.

Funding and other development partners will:

- Intensify their support for HIV prevention, considering the need to scale up both treatment and prevention, including by financing implementation of the HIV Prevention 2025 Road Map.
- Place greater emphasis on actions for achieving the HIV prevention targets, as well as share lessons and promote best practices in planning, implementing and managing prevention interventions.
- Where needed, provide new or additional resources to neglected prevention components such as condom programming and key population programmes, and support community-led implementation and advocacy.
- Support and facilitate price and access negotiations for making new prevention technologies, including pharmaceutical products available at affordable prices in low and middle-income countries.
- Increase and sustain adequate funding for HIV prevention across the five pillars in countries that need donor support, and sustain funding in other countries to allow them sufficient time to transition to domestic financing of prevention programmes.
- Establish and/or support fit for purpose mechanisms for technical assistance for HIV prevention, develop and disseminate implementation tools, and collect best practice examples with designated leads for each pillar's key functions.
- Invest in scaling up gender transformative interventions to change harmful gender norms and end gender-based violence and harmful practices.
- Provide support for creating and operating harmonized accountability mechanisms (e.g. scorecards or dashboards).

The private sector will:

- Expand corporate responsibility schemes to ensure comprehensive primary prevention services for employees, their families and communities, and act to reduce stigma and discrimination.
- Support innovations in HIV prevention commodities, interventions and service delivery approaches, and invest in health-related communication technologies and systems.
- Share lessons for strengthening results based planning and service delivery systems, such as logistics, supply chain management systems and the use of new media technologies, as well as provide technical and other necessary support in those areas.

ANNEX 2.

Detailed HIV prevention targets in the Global AIDS Strategy 2021–2026

The Global AIDS Strategy 2021–2026 requires the achievement of ambitious targets in all populations and settings. To develop the targets for 2025, UNAIDS worked with partners to review available evidence, including modelling, to determine the specific actions needed to make the 2030 goal possible. As in prior target-setting exercises, this process used an investment framework to identify the level and allocation of resources required for achievement of the targets. A technical consultation on prevention targets was held involving experts and stakeholders to review evidence and determine what is currently working and needs to be continued, what is not working and needs to be changed, and which key gaps in the response need to be addressed.

Detailed prevention targets were set for key populations (Table 4) and young people and adults (Table 5). Both sets of targets are differentiated by the level of risk and are based on the principle that higher coverage and more comprehensive services should be provided where risk is higher.

Prevention targets for key populations were defined as follows:

- Specific targets were set for all five key populations for all programme areas.
- Within key populations, PrEP targets are further disaggregated by three risk categories.
- Risk categories for PrEP targets are based on the following criteria (see Table 6 for details):
 - For sex workers and prisoners, risk categories are based on HIV prevalence in the overall population as a proxy for the risk in the two populations.
 - For gay men and other men who have sex with men and transgender people, risk categories are based on the estimated level of HIV incidence.
 - For people who inject drugs, risk categories for PrEP are based on the coverage of harm reduction services.

Prevention targets for young people and adults were defined along the following lines:

- Targets are disaggregated by age and sex.
- Risk categories were defined based on the level of HIV incidence in specific geographical areas and individual risk behaviours (see Table 7 for details).
- For some programme areas, risk categories are defined based on the level of HIV incidence by geography alone. This includes programmes that reduce susceptibility and vulnerability over longer periods of time including voluntary medical male circumcision and economic empowerment of women. It also includes post-exposure prophylaxis.
- For other programme areas, risk categories are defined based on a combination of behaviours and HIV incidence in the geographical area. This includes targets for services that respond more directly to individual risk exposures such as condoms, PrEP and STI screening.

In addition to programmatic targets, the Global AIDS Strategy calls for ensuring that 80% of service delivery for HIV prevention programmes for key populations and women be delivered by community, key population and women-led organizations. This target specifically refers to those programme components designed to reach key populations, young people and women.

TABLE 4.

Prevention targets for key populations

KEY POPULATIONS	SEX WORKERS	GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN	PEOPLE WHO INJECT DRUGS	TRANS-GENDER PEOPLE	PRISONERS AND OTHERS IN CLOSED SETTINGS
Condom/lubricant use at last sex by those not taking PrEP with a nonregular 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/lubricant use at last sex with a client or nonregular 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 needles 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 post-exposure prophylaxis as part of a package of risk assessment and support	90%	90%	90%	90%	90%

TABLE 5.

Targets for young people and adults by level of risk

YOUNG PEOPLE AND ADULTS 15–49		RISK BY PRIORITIZATION STRATUM			
		VERY HIGH		MODERATE	LOW
ALL AGES AND GENDERS	Condoms/lubricant use at last sex by those not taking PrEP with a nonregular 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					
		HIGH (1–3%)	VERY HIGH (>3%)	MODERATE (0.3–1%)	LOW (<0.3%)
ALL AGES AND GENDERS	Access to post-exposure prophylaxis (nonoccupational exposure) as part of package of risk assessment and support	90%	50%	5%	0%
	Access to post-exposure prophylaxis (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			
PEOPLE WITHIN SERODISCORDANT PARTNERSHIPS	Condoms/lubricant use at last sex by those not taking PrEP with a nonregular partner whose HIV viral load status is not known	95%			
	PrEP until positive partner has suppressed viral load	30%			
	Post-exposure prophylaxis	100% after high-risk exposure			

TABLE 6.

Thresholds for the prioritization of HIV prevention methods for key populations

	CRITERION	VERY HIGH	HIGH	MODERATE AND LOW
SEX WORKERS	National adult (15–49 years) HIV prevalence	>3%	>0.3%	<0.3%
PRISONERS	National adult (15–49 years) HIV prevalence	>10%	>1%	<1%
GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN	UNAIDS analysis by country/region	Proportion of populations estimated to have incidence: >3%	Proportion of populations estimated to have incidence: 0.3–3%	Proportion of populations estimated to have incidence: <0.3%
TRANSGENDER PEOPLE	Mirrors gay men and other men who have sex with men in the absence of data	Proportion of populations estimated to have incidence: >3%	Proportion of populations estimated to have incidence: 0.3–3%	Proportion of populations estimated to have incidence: <0.3%
PEOPLE WHO INJECT DRUGS	UNAIDS analysis by country/region	Small needle–syringe programme and low opioid substitution therapy coverage	Limited needle–syringe programme; limited opioid substitution therapy	Wide needle–syringe programme coverage with adequate needles and syringes per person who injects drugs; opioid substitution therapy available

TABLE 7.

Thresholds for the prioritization of HIV prevention methods for young people and adults

	CRITERION	HIGH AND VERY HIGH		MODERATE	LOW
Adolescent girls and young women	Combination of national or subnational incidence in women 15–24 years AND reported behaviour from DHS or other ≥ 2 partners; or reported STIs in previous 12 months	1–3% incidence AND high-risk reported behaviour	$>3\%$ incidence	0.3– $<1\%$ incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	$<0.3\%$ incidence OR 0.3– $<1\%$ incidence and low-risk reported behaviour
Adolescent boys and young men	Combination of national or subnational incidence in men 15–24 years AND reported behaviour from DHS or other ≥ 2 partners; or reported STIs in previous 12 months	1–3% incidence AND high-risk reported behaviour	$>3\%$ incidence	0.3– $<1\%$ incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	$<0.3\%$ incidence OR 0.3– $<1\%$ incidence and low-risk reported behaviour
Adults (aged 25 and older)	Combination of national or subnational incidence in adults 25–49 years AND reported behaviour from DHS or other ≥ 2 partners; or reported STI in previous 12 months	1–3% incidence AND high-risk reported behaviour	$>3\%$ incidence	0.3– $<1\%$ incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	$<0.3\%$ incidence OR 0.3– $<1\%$ incidence and low-risk reported behaviour
Serodiscordant partnerships	Estimated number of HIV negative regular partners of someone newly starting on treatment	Risk stratification depends on choices in the partnership: choice of timing and regimen of antiretroviral therapy for the HIV positive partner; choice of behavioural patterns (condoms, frequency of sex); choice of PrEP			

ANNEX 3:

Members of the Global HIV Prevention Coalition

Co-conveners

Winnie Byanyima, Executive Director, Joint United Nations Programme on HIV/AIDS

Natalia Kanem, Executive Director, United Nations Population Fund

Focus countries

Angola

Botswana

Brazil

Cameroon

China

Côte d'Ivoire

Democratic Republic of the Congo

Eswatini

Ethiopia

Ghana

India

Indonesia

Islamic Republic of Iran

Kenya

Lesotho

Malawi

Mexico

Mozambique

Myanmar

Namibia

Nigeria

Pakistan

South Africa

Uganda

Ukraine

United Republic of Tanzania

Zambia

Zimbabwe

Donor countries

France

Germany

Netherlands

Norway

Sweden

United Kingdom

United States of America

International and regional organizations

African Union

Bill & Melinda Gates Foundation

Children's Investment Fund Foundation

Joint United Nations Programme on HIV/AIDS Secretariat and Cosponsors

Reproductive Health Supplies Coalition

Southern African Development Community

The Global Fund

United States President's Emergency Plan for AIDS Relief

Civil society organizations and networks

African Youth and Adolescent Network on Population and Development (AFRIYAN)

AVAC

FP2020

Frontline AIDS

Global Action for Trans Equality (GATE)

Global Action for Gay Men's Health and Rights (MPACT)

Global Network of People living with HIV (GNP+)

Global Network of Sex Work Projects (NSWP)

International Association of Providers of AIDS Care (IAPAC)

International Community of Women Living with HIV (ICW)

International Network of People Who Use Drugs (INPUD)

International Network of Religious Leaders Living with or personally affected by HIV and AIDS (INERELA+)

International Planned Parenthood Federation (IPPF)

Others

Centre for the AIDS Programme of Research in South Africa (CAPRISA)

International AIDS Society (IAS)

Reference Group on HIV and Human Rights

ANNEX 4.

Successful HIV prevention supports achievement of the Sustainable Development Goals

Preventing HIV is vital for ending the AIDS epidemic as a public health threat and for achieving the Sustainable Development Goals.

TABLE 8.

The HIV response in the context of the Sustainable Development Goals

3 GOOD HEALTH AND WELL-BEING 	4 QUALITY EDUCATION 	5 GENDER EQUALITY 	10 REDUCED INEQUALITIES 	16 PEACE, JUSTICE AND STRONG INSTITUTIONS 	17 PARTNERSHIPS FOR THE GOALS 
Healthy lives and well-being for all, at all ages	Inclusive and equitable quality education and promotion of lifelong learning opportunities for all	Gender equality and empowerment of all women and girls	Reduced inequality within and among countries	Reduced violence including against key populations and people living with HIV	Global partnership for sustainable development
Universal health coverage, including HIV prevention services	High-quality education, including on comprehensive sexual and reproductive health	Sexual and reproductive health and rights	Protection against discrimination alongside legal services	Promotion of the rule of law	Policy coherence
Universal access to sexual and reproductive health	Empowerment of young people and life skills for responsible and informed sexual and reproductive health decisions	Elimination of violence and harmful gender norms and practices	Rights literacy, access to justice and international protection	Effective, accountable and transparent institutions	International support for implementing effective capacity building
Universal access to drug dependence treatment and harm reduction			Empowerment of people to claim their rights and enhance access to HIV services	Inclusive, participatory and representative decision-making	

ANNEX 5.

Summary of achievements and lessons from implementation of the 2020 HIV Prevention Road Map

The 2020 HIV Prevention Road Map helped to anchor HIV prevention within national HIV responses. Coalition members have all reported using the Road Map to chart the way forward at a national level. Other countries can also use it to guide national their responses. The Road Map has provided many leaders and decision-makers with a basis for implementing the Global HIV Prevention Coalition vision by developing frameworks and crafting strategies to scale up country-led HIV prevention programmes.

The ten point Action Plan described in the 2020 Prevention Road Map laid out the steps which each country needed to take to accelerate progress in HIV prevention. It called for a streamlined but robust strategic planning and programme management effort. It also offered a framework for supporting monitoring and accountability by using country scorecards and the Coalition's progress reports.

Guided by the Action Plan and Road Map, countries have made considerable progress, as shown in Table 9. Key elements of those achievements included strong political commitment, increased investments in HIV prevention, a clear vision and practical strategy that encompasses well-defined core packages, decentralized service delivery, community-led action and peer led outreach, and continuous monitoring and quality assurance. Partnerships with civil society and community engagement have markedly strengthened national and subnational responses.

According to the final survey of the 2020 Road Map actions, however, none of the focus countries had completed all ten steps. Côte d'Ivoire, India, Kenya and South Africa had completed or initiated action on all but two of the steps, while Cameroon, Democratic Republic of the Congo and Lesotho had done so for all but three of the steps. Even though the overall targets were not met, there had been heartening progress against most of the ten Action Plan points.

Almost all the focus countries had carried out prevention needs assessments, set prevention targets and drafted or updated their prevention strategies. There was increased action towards legal and policy reforms, and a large majority of focus countries had done financial gap analyses and had strengthened their programme monitoring and performance review processes. But key population size estimates had been completed in only four of the 28 reporting countries (although they were under way in all but two countries) and policy reforms to facilitate more effective prevention among key populations were progressing too slowly. Defined service packages for key populations were not yet in place in most of the focus countries. Progress on capacity building and technical support plans was also slow and social contracting was uncommon and becoming more difficult.

Underlying factors included insufficient political commitment and investment, inadequate attention to data systems and management, and insufficient action to address the social and contextual complexities experienced by vulnerable and marginalized groups—particularly key populations and adolescent girls and women. These populations continue to face numerous barriers in accessing HIV and sexual and reproductive health services, including legal and policy hindrances, stigma and discrimination, gender inequalities, and gender based violence. Laws that criminalize key populations remain in place in most countries, although they have been relaxed or reformed in some. With such minimal progress, such laws and prohibitions remain a major barrier to HIV prevention programming in many countries. In most of the focus countries, prevention programmes are still weakest in delivering and monitoring interventions with and for key populations.

ANNEX 6

The Global HIV Prevention Coalition in the context of other initiatives

The Global HIV Prevention Coalition operates alongside other key initiatives (Table 10).

TABLE 10.

The Global HIV Prevention Coalition and its complementarity to other global initiatives

	GLOBAL HIV PREVENTION COALITION	95-95-95 AND ASSOCIATED WORKING GROUPS	10-10-10 TARGETS AND ASSOCIATED INITIATIVES	GLOBAL ALLIANCE TO END AIDS IN CHILDREN	EDUCATION PLUS INITIATIVE
FOCUS	HIV prevention among young people and adults	HIV testing and treatment, and differentiated service delivery	Includes the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination as well as a global initiative on women and HIV	Elimination of vertical transmission of HIV, treatment of children and prevention services for adolescent girls and young women	Access to education for girls and young women, gender equality
CONTRIBUTION TO THE PREVENTION AGENDA	Lead and track the global HIV prevention response	Increased viral suppression directly reduces new HIV infections HIV testing is an entry point for prevention HIV treatment is an entry point for prevention for partners	Reduce legal and policy barriers to accessing HIV prevention services affecting key populations, young people and women in settings with high HIV incidence	Reduce new HIV infections in children Reduction of new infections in adolescent girls and young women and pregnant and breastfeeding women	Increase access through secondary education plus comprehensive sexuality education; access to sexual and reproductive health services; end violence against women and girls; promote women's economic empowerment; strengthen leadership of women living with and affected by HIV
AREAS OF COLLABORATION	Key population community access platforms for prevention, testing, treatment and rights				
	Access platforms for women, particularly adolescent girls and young women as well as women and their partners, and actions to address harmful gender norms and gender inequalities that affect HIV prevention				
	National strategic planning and coordination to minimize duplication and maximize complementarity				

ANNEX 7.

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