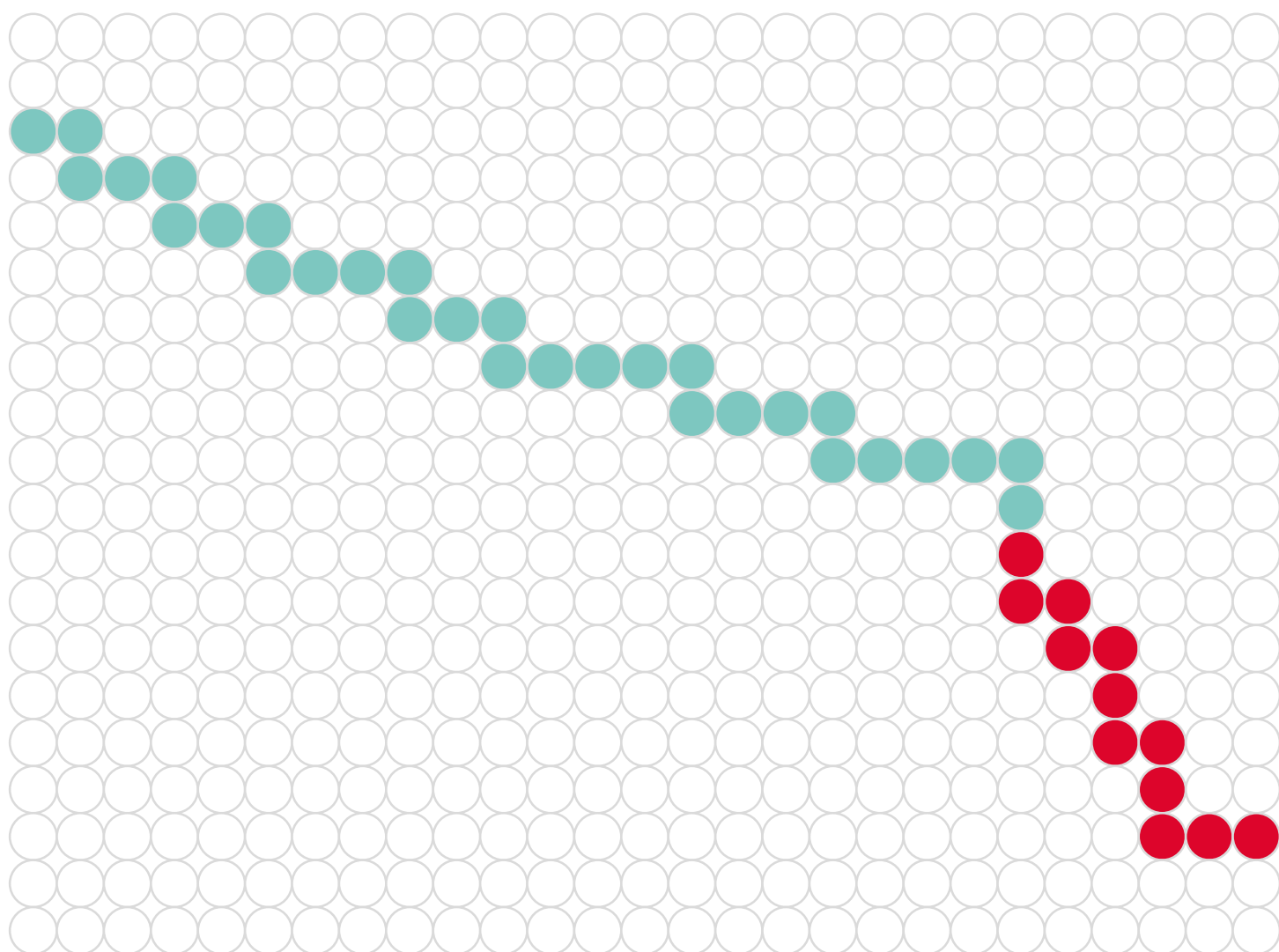


HIV Prevention 2020 Road Map

Accelerating HIV prevention to reduce new infections by 75%



2016 United Nations political declaration on ending AIDS: 2020 Global Prevention Targets and Commitments

Impact

- Reduce the global numbers of people newly infected with HIV globally to fewer than 500 000 (75% reduction against 2010 targets)
- Reduce the number of adolescent girls and young women newly infected with HIV globally to below 100 000

Coverage

- Ensure that 90% of people at risk of HIV infection have access to comprehensive HIV prevention services, including:
 - all young people in high prevalence settings, and
 - key populations everywhere, including sex workers, men who have sex with men, transgender people, people who inject drugs and prisoners

Outputs

- Ensure that:
 - 3 million people at high risk access pre-exposure prophylaxis*
 - an additional 25 million young men are voluntarily medically circumcised in 14 countries in Africa**
 - 20 billion condoms per year are made available in low- and middle-income countries***

Policy

- Remove policy barriers to access to prevention services and commodities
- Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations

Financing and sustainability

- Allocate 'one quarter' of total HIV budget for prevention on average****
- Ensure that at least 30% of service delivery is community-led.

* Equals approximately 10% of those at high risk

** 90% of 10- to 29-year-olds circumcised

*** Equals 25–50 condoms per male per year in high-prevalence countries

**** Depends on HIV prevalence and treatment costs

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About the Prevention 2020 Road Map

The Prevention 2020 Road Map provides the basis for a country-led movement to scale up HIV prevention programmes as part of Fast-Tracking a comprehensive response to meet global and national targets and commitments to end AIDS as a public health threat by 2030.

The Road Map was prepared through a consultative process that brought together more than 40 countries and organizations, including civil society organizations, networks of people living with HIV, faith-based organizations, networks of key populations¹ and international organizations and foundations, to chart the way forward to achieving global HIV prevention goals by 2020. Country assessments and national consultations were organized in participating countries towards reaffirming national leadership for HIV prevention, reviewing progress and discussing accelerated action for prevention. Thematic consultations and case study reviews were also conducted to develop key elements of the Road Map, most of which are also contained in a global results framework first proposed in a journal article in 2016 (Annex 1).

The Road Map is relevant for all low- and middle-income countries, but it focuses on 25 countries² with high numbers of new infections in adolescents and adults in 2016 (referred to in this document as “coalition countries”). Exceptional international and national efforts are needed in these countries, which account for almost 75% of new adult HIV infections globally. All countries, however, need to intensify HIV prevention efforts to meet commitments to end the AIDS epidemic.

The focus of the Road Map is on HIV primary prevention and the promotion and provision of effective tools to prevent HIV infections. It emphasizes the empowerment of adolescent girls, young women and key populations at risk so that they can protect themselves and stay free of infection. Primary prevention complements the preventive effects of treatment—they are mutually supportive. Primary prevention programmes are often the first entry point for individuals to HIV testing and treatment. Community peer-led prevention programmes are also critical to reduce stigma and discrimination, which is key to the success of both prevention and treatment. Meanwhile, expanded access to testing and treatment encourages people at risk to check their HIV status; this in turn provides the opportunity to retain people who test negative in ongoing prevention programmes.

In the past and present, and well into the future, primary prevention is an essential component of the HIV response.

Combination prevention packages all comprise a range of biomedical, behavioural and structural approaches, including testing and linkage to care, and efforts to address policy and human rights barriers.

¹ Includes sex workers, men who have sex with men, people who use drugs (particularly people who inject drugs), transgender people and people in prison.

² Angola, Brazil, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Indonesia, Kenya, Lesotho, Malawi, Mexico, Mozambique, Namibia, Nigeria, Pakistan, South Africa, Swaziland, Uganda, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe.

Declines in new HIV infections remain too slow

Tremendous progress in the AIDS response over the past 15 years has inspired new commitments and targets. In 2016 United Nations Member States committed to reducing new HIV infections to fewer than 500 000 annually by 2020—a 75% reduction compared with 2010—and ending AIDS as a public health threat by 2030.

The United Nations General Assembly agreed in June 2016 that ending AIDS as a public health threat by 2030 requires a Fast-Track response, with three milestones to be reached by 2020:

Reduce new HIV infections to fewer than 500 000 globally.

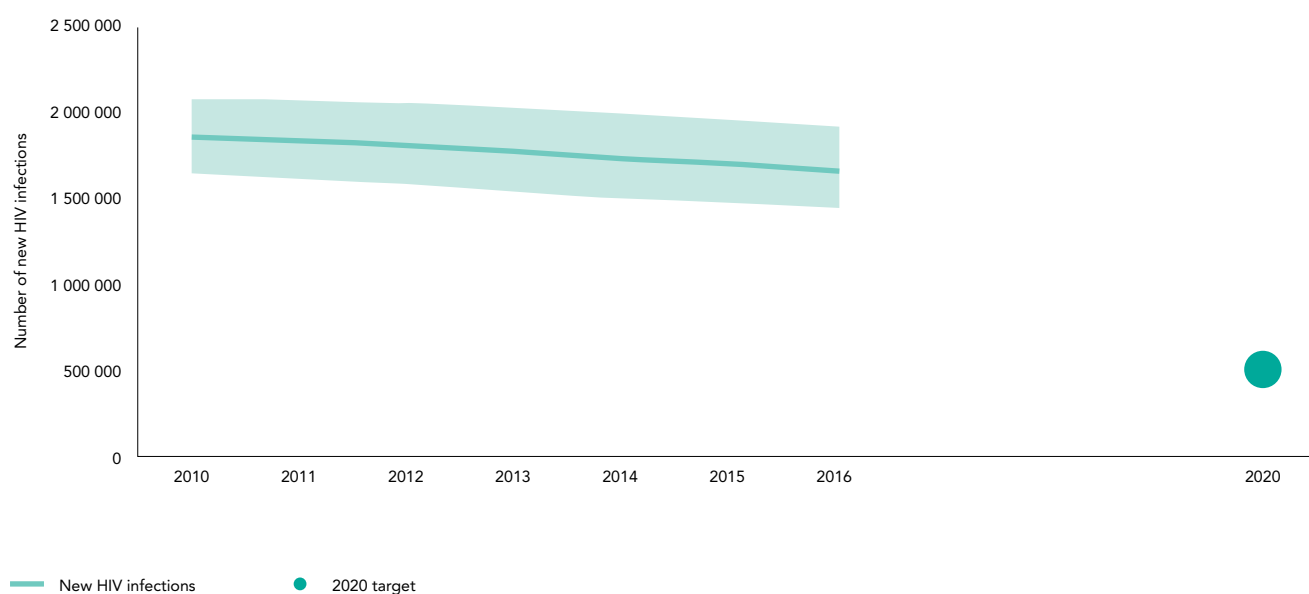
Reduce AIDS-related deaths to fewer than 500 000 globally.

Eliminate HIV-related stigma and discrimination.

The remarkable scale-up of antiretroviral therapy has put the world on track to reach the target on AIDS-related deaths. Intensive efforts to eliminate new HIV infections among children and keep their mothers alive have achieved steep declines in the annual number of new infections among children. Declines in new HIV infections have been too slow, however, and global HIV prevention targets are being missed by a wide margin, with 1.7 million new infections among adults still estimated to have occurred in 2016, a decline of only 11% since 2010 (Figure 1). Most reductions have occurred in high-prevalence countries in eastern and southern Africa, whereas new HIV infections in other regions have declined more modestly or even increased, as in eastern Europe and central Asia. Trends in new infections among key populations globally have either stagnated (among sex workers) or increased (among people who inject drugs and men who have sex with men).

UNAIDS and partners are considering new metrics related to epidemic transition and progress toward the end of AIDS. These measurements will be included in global and country frameworks as they become operational.

Figure 1. New HIV infections among adults (15+ years), globally, 2010–2016 and 2020 target



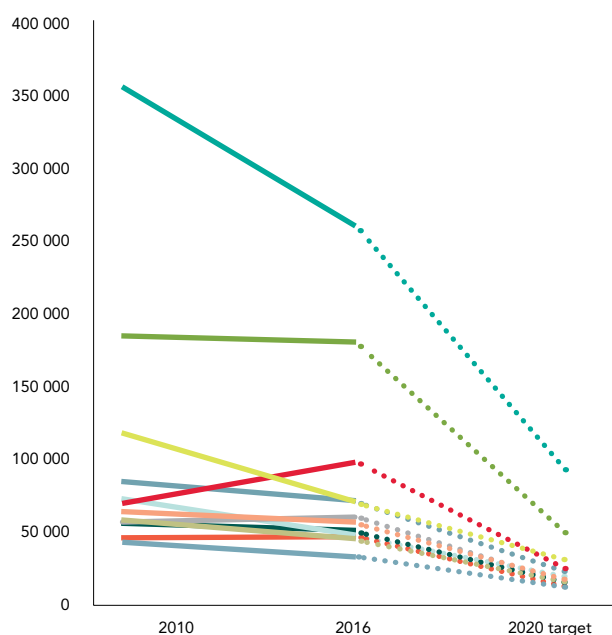
Source: UNAIDS Global AIDS Update, 2017.

* The 2020 target is fewer than 500 000 new HIV infections, equivalent to a 75% reduction since 2010.

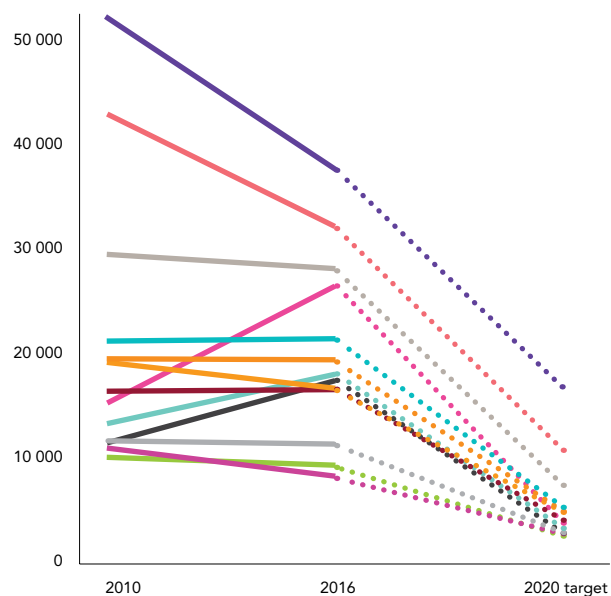
Although a few countries have achieved declines in new HIV infections among adults of 50% or more over the past 10 years, most countries have not made significant progress, and yet others have experienced worrying increases. Among the 25 prevention coalition countries, between 2010 and 2016 only 3 countries showed a decline in new infections of more than 30%, 14 countries had a modest decline of less than 30%, and 8 countries had either no decline or an increase in the number of new infections (Figure 2). No country achieved the target of the 2011 United Nations Political Declaration on HIV/AIDS to reduce sexual and drug-related transmission by 50% by 2015.

The slow decline of new HIV infections threatens further progress towards ending AIDS. It increases the need to expand treatment programmes further, incurring significant additional costs in future years, with every new infection requiring lifelong treatment. It also leads to an unabated need to maintain programmes to eliminate HIV infections among children. These programmes have been successful in providing pregnant women with access to HIV testing and early antiretroviral treatment, but have not yet sufficiently reduced HIV incidence among women of reproductive age.

Figure 2. New HIV infection trends among adults (15+ years), by country*, 2010–2016, and 75% reduction targets



	Country	2016	2020 target
	South Africa	260 000	88 000
	Nigeria	180 000	46 000
	Russian Federation**	100 000	21 000
	India	70 000	21 000
	Mozambique	70 000	30 000
	Kenya	56 000	16 000
	Zambia	50 000	14 000
	Brazil	47 000	11 000
	Uganda	47 000	18 000
	China***		
	United Republic of Tanzania	45 000	14 000
	Indonesia	45 000	15 000
	United States of America****	38 000	11 000



	Country	2016	2020 target
	Zimbabwe	37 000	16 000
	Malawi	32 000	11 000
	Cameroon	28 000	7 000
	Ethiopia	26 000	4000
	Angola	21 000	5000
	Lesotho	19 000	5000
	Pakistan	18 000	3000
	Ghana	17 000	3000
	Ukraine	16 000	4000
	Côte d'Ivoire	16 000	5000
	Mexico	12 000	3000
	Namibia	9000	3000
	Swaziland	8000	3000

* Coalition countries, Russian Federation and United States of America.

** HIV infection in the Russian Federation on 31 December 2016. Federal Scientific and Methodological Centre for Prevention and Control of AIDS, Federal Budget Institution of Science, Central Research Institute of Epidemiology of The Federal Service on Customers' Rights Protection and Human Well-being Surveillance.

*** Data will be available end of December 2017.

**** S Singh, R Song, AS Johnson, et al. HIV Incidence, Prevalence, and Undiagnosed Infections in Men Who Have Sex with Men. Conference on Retroviruses and Opportunistic Infections. Seattle, February 13-16, 2017. Abstract 30.

A call to action: a 10-point plan for accelerating HIV prevention at the country level

This 10-point plan for accelerated action lays out the immediate concrete steps that each country can take to accelerate progress towards meeting its 2020 commitments on HIV prevention (Figure 3). All actions need to be adjusted to each country's realities and planning processes, and completed through an inclusive and participatory approach. Proposed milestones and dates are included at the end of the document.

1. Conduct a strategic assessment of key prevention needs and identify policy and programme barriers to progress

Countries will undertake an up-to-date analysis of the epidemic and carry out a stocktaking exercise to review progress in scaling up programmes in prevention priority pillars relevant to the context of their local epidemics. This will include identifying the critical policy, programmatic and structural gaps and barriers to increasing coverage and reducing HIV incidence.

2. Develop or revise national targets and road maps for HIV prevention 2020

National prevention consultations will be organized to define current prevention programme coverage and output levels based on existing data, to identify gaps in relevant prevention programme components, to set national and subnational (including city) targets, and to plan and implement key actions to fill gaps. National and subnational plans or road maps will need to be developed or revised accordingly, specifying steps for rapid scale-up to meet coverage and output targets.

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