

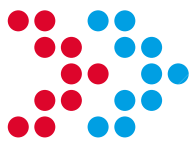
# UNDERSTANDING FAST-TRACK

ACCELERATING ACTION TO END THE AIDS  
EPIDEMIC BY 2030



**FAST-TRACK**

ENDING THE AIDS EPIDEMIC BY 2030



# Fast-Track Targets

by 2020

**90-90-90**

HIV treatment

**500 000**

New HIV infections or fewer

**ZERO**

Discrimination

by 2030

**95-95-95**

HIV treatment

**200 000**

New HIV infections or fewer

**ZERO**

Discrimination

## WE CAN END THE AIDS EPIDEMIC BY 2030

Impressive advances in science, accumulated implementation experience, political commitments, community activism, human rights advances, global solidarity and attendant resources have offered us an historic opportunity to end the AIDS epidemic as a public health threat by 2030.

### Business as usual is not delivering fast enough

The AIDS response has produced astonishing results. Nevertheless, the gap between achievements to date and the goal of ending the AIDS epidemic remains much too wide. In too many countries, significant numbers of people, often the most marginalized, are being left behind. Resources are not being used for maximum impact and are often insufficient. Stigma, discrimination and human rights violations are widespread and remain major barriers. Maintaining today's response at the current pace is not enough to end an epidemic that is constantly evolving. The number of people newly infected with HIV will increase, pushing the numbers of people living with HIV ever higher and leading to HIV treatment costs that keep growing far into the future.

### The Fast-Track approach will get us to zero

The Fast-Track approach is an agenda for quickening the pace of implementation, focus and change at the global, regional, country, province, district and city levels. It involves setting ambitious targets and accelerating the delivery of high-impact HIV prevention and treatment services. It means using innovation to expand services, to better address people's needs and perspectives and focus on the locations and populations with the highest HIV burden. It addresses social and legal barriers and advances human rights and gender equality.

Fast-Track drives the 90–90–90 targets: that by 2020, 90% of people living with HIV know their HIV status, 90% of people who know their status are receiving treatment and 90% of people on HIV treatment have a suppressed viral load so their immune system remains strong and the likelihood of their infection being passed on is greatly reduced. Fast-Track also includes ambitious targets for HIV prevention and zero discrimination. This includes major reductions in new HIV infections, particularly among the populations most affected, and the elimination of discriminatory laws and practices in health care settings.

By implementing focused, high-impact prevention; accelerated HIV testing; treatment and retention in care; anti-discrimination programmes; and an unwavering commitment to respect, protect and promote human rights and gender equality, the number of adults acquiring HIV infection can be reduced from 2.1 million in 2010 to fewer than 500 000 in 2020 and fewer than 200 000 in 2030. This would mark the end of the AIDS epidemic as a public health threat.

*"We have a fragile five-year window to ensure that the world is on track to end the AIDS epidemic. Seizing this opportunity to Fast-Track the response to HIV will save millions of lives—and the costs of not doing so are unthinkable."*

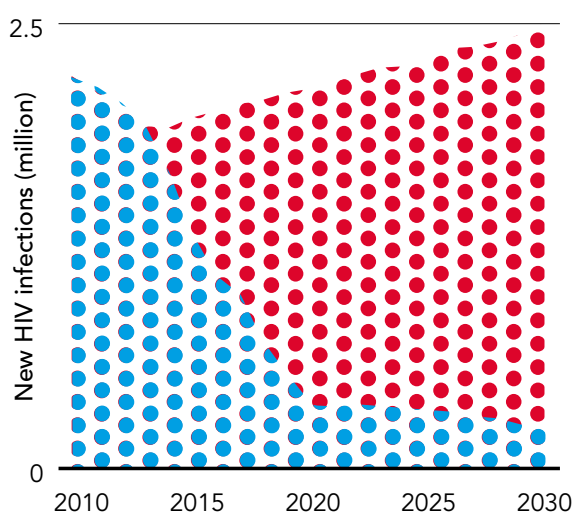
**Michel Sidibé, UNAIDS  
Executive Director**

## FAST-TRACK IS NOT BUSINESS AS USUAL

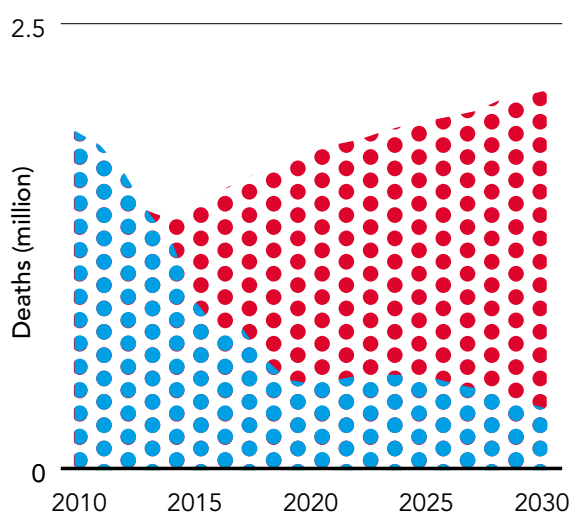
Achieving the Fast-Track milestones by 2020 will put the world on a trajectory to end the AIDS epidemic by 2030. The gains will be massive. UNAIDS calculations show that reaching the 2020 milestones will produce multiple major benefits compared to maintaining the current approach.

### The impact of Fast-Track

#### New HIV infections in low- and middle-income countries



#### AIDS-related deaths in low- and middle-income countries



- Business as usual (no scale-up)
- Fast-Track results (rapid scale-up)

### Major benefits of the Fast-Track approach:

**21**  
**MILLION**

AIDS-related deaths averted by 2030

**5.9**  
**MILLION**

infections among children averted by 2030

**28**  
**MILLION**

HIV infections averted by 2030

**15-**  
**FOLD**

return on HIV investments

## FAST-TRACK HAS AMBITIOUS TARGETS

The Fast-Track approach means rapidly scaling up effective HIV services during the next five years. It involves using rights-based approaches to reach the people who need these services and focuses the programmes in locations and among populations where they can have the greatest impact.

The Fast-Track approach means reaching the following milestones by 2020:

- Fewer than 500 000 people newly infected with HIV per year globally—a 75% reduction across all populations compared with 2010, with particular emphasis on men who have sex with men, transgender people, sex workers, people who inject drugs, prisoners and adolescent girls and young women in certain high-burden settings,.
- Ensure 90% of people living with HIV know their HIV status; 90% of people who know their HIV status are receiving antiretroviral therapy; and 90% of people on treatment have a suppressed viral load.
- Everyone, everywhere, living a life free from HIV-related discrimination.
- Achieve and sustain the elimination of new HIV infections among children.

The Fast-Track approach combines targets for service coverage, impact, and zero-discrimination. These targets will be further refined to include specific outcome and coverage milestones.

## The principles of the Fast-Track approach

### AMBITION

Building solid political commitment for ambitious HIV prevention, testing, treatment and human rights targets for 2020 and beyond. Setting national and subnational Fast-Track milestones, informed by global targets.

### FOCUS

Achieving detailed, localized understanding of country epidemics and focusing services and resources on the locations and populations most affected.

### CHANGE

Stopping what does not work and scaling up proven programmes. Broadening options for service delivery to reduce the burden on strained health systems and extend the reach of services, including greater use of community-based and rights-based approaches and new partnerships.

### SPEED

Quickening the pace and accelerating the scale-up of effective and efficient services over the next five years.

### SATURATION

Delivering HIV services with the intensity and quality needed to reach the targets within the next five years. Implementing the full range of high-impact HIV services for prioritized locations and populations within the context of equality and non-discrimination.

### HUMAN RIGHTS

Ensuring that services are people-centred and based on recognized human rights standards. Working toward the fulfillment of the highest achievable standard of health, including through accessible, good quality health services. Repealing laws, reforming policies and ending punitive practices for a more effective and equitable AIDS response and advancing a broader rights-based development agenda.

## WHAT FAST-TRACK MEANS FOR COUNTRIES

The Fast-Track approach is a locally led global implementation agenda with a particularly strong focus on the 30 countries that account for most of the world's people newly infected with HIV.

### Countries that account for 89% of all new HIV infections

#### LOW- AND MIDDLE-INCOME COUNTRIES

- Angola
- Brazil
- Cameroon
- Chad
- China
- Côte d'Ivoire
- Democratic Republic of the Congo
- Ethiopia
- Haiti
- India
- Indonesia
- Iran (Islamic Republic of)
- Jamaica
- Kenya
- Lesotho
- Malawi
- Mozambique
- Nigeria
- Pakistan
- South Africa
- South Sudan
- Swaziland
- Uganda
- United Republic of Tanzania
- Ukraine
- Viet Nam
- Zambia
- Zimbabwe

#### HIGH-INCOME COUNTRIES

- Russian Federation
- United States of America

Fast-Track is also an opportunity for regional and subregional solutions to complement and strengthen country HIV responses. While every country and subnational area faces its own specific challenges, many countries share similar epidemiological characteristics and implementation challenges. These include weak service delivery capacity or complex procurement and supply chain challenges, punitive legal and social environments, discriminatory and coercive practices that deter access to services and discriminatory gender norms that prevent women from making decisions about their own health.

Each country will design its own Fast-Track approach and set its own Fast-Track milestones for 2020, informed by the global targets. UNAIDS will focus its work on supporting them.

Countries will determine how they will:

- Accelerate the implementation of HIV prevention and treatment services and address underlying barriers to access.
- Implement programmes with the greatest impact to reach 90% of the populations at higher risk (including gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people).
- Reach men and young women and adolescent girls in the geographical locations where most HIV transmission is occurring.
- Ensure all programmes are implemented based on equality and non-discrimination.
- Adapt the delivery of HIV services for maximum efficacy and efficiency.
- Substantially increase investment in community-based services and community mobilization.
- Reallocate and use maximum available resources for the greatest effectiveness and generate new domestic and international investment.
- Improve legal environments, including those needed for harm reduction and other evidence-informed services.
- Ensure full respect for human rights and eliminate stigma and discrimination, coercion and violence. This includes the establishment of accountability mechanisms, the participation of affected populations and the establishment of processes to redress human rights violations.

The Fast-Track approach will require forward-thinking partnerships at all levels to design, align, finance and support their accelerated response. Although external funding will remain crucial for most countries, AIDS responses will need to progress from central planning and management with a heavy reliance on external funding, to more localized responses with stronger local governance and increased domestic investments.



## FAST-TRACK CITIES

In all regions of the world, cities and urban areas bear a large share of the HIV burden. Cities are important locations for increased vulnerability to HIV, due to risks associated with city life. Key populations most at risk of HIV infection often lack access to basic services such as HIV prevention and treatment services. Effective action in cities is therefore essential if the world is to end the AIDS epidemic.

Cities offer exceptional opportunities for effective Fast-Track action. They are centres of innovation and sustainable development. A Fast-Track AIDS response offers cities a platform for social transformation—uniting social inclusion and protection, safety and health.<sup>1</sup>

## HOW UNAIDS WILL ASSIST

UNAIDS, with the support of its international partners, will assist stakeholders in countries and cities in:

- Setting and pursuing country and city Fast-Track milestones.
- Assessing gaps in the current AIDS response and adopting a strategic investment approach that increases investment in high-impact locations and reallocates resources from less effective activities.
- Identifying programmes with the maximum potential impact.
- Advocating for continued use of the flexibilities in intellectual property agreements to maximize access to treatment and other commodities.
- Supporting cities to translate the commitments of the Paris Declaration on Fast-Track Cities: Ending the AIDS Epidemic into concrete actions.
- Mobilizing domestic and global resources for a sustainable response.
- Identifying and implementing service delivery innovations and strengthening service delivery partnerships with communities and the private sector.
- Respecting, protecting and fulfilling human rights, including removing legal and other barriers that block an equitable and fully effective AIDS response and eliminating HIV-related stigma and discrimination and other human rights violations.
- Strengthening public accountability and ensuring that affected communities and civil society are involved closely in the response.

<sup>1</sup> For further details on Fast-Track Cities see The Cities Report (<http://www.unaids.org/en/resources/documents/2014/thecitiesreport>).

## THE FAST-TRACK APPROACH CHANGES HOW WE DO BUSINESS

	BUSINESS AS USUAL	FAST-TRACK RESPONSE
<b>HIV TESTING</b>	<ul style="list-style-type: none"> <li>Complex</li> <li>Provider-initiated testing</li> <li>Health facilities</li> <li>Restricted to medically trained staff</li> <li>Mass testing not focused on the right populations and locations</li> </ul>	<p>Re-examine current approaches and broaden testing options:</p> <ul style="list-style-type: none"> <li>Community-based</li> <li>Self- and home-based testing</li> <li>Event- and location-based testing</li> <li>Community mobilization for testing</li> <li>Public-private partnerships</li> <li>Voluntary and provider-initiated counselling</li> <li>Engaging the most affected populations in testing</li> </ul>
<b>HIV TREATMENT DELIVERY</b>	<p>Reliance on:</p> <ul style="list-style-type: none"> <li>Facility-based treatment</li> <li>Medically trained staff</li> </ul>	<p>Flexible delivery:</p> <ul style="list-style-type: none"> <li>Community-based</li> <li>Rights-based</li> <li>Seek and treat men who miss treatment</li> <li>Longer-lasting prescriptions</li> <li>Offer treatment immediately after a positive test</li> </ul>
<b>INTENSIFIED COMBINATION PREVENTION</b>	<ul style="list-style-type: none"> <li>Unfocused, scattered projects</li> <li>Low coverage among key populations</li> <li>Misallocation of resources</li> <li>Poor use of mass media</li> <li>Providing information only</li> </ul>	<p>Intensified (saturated) combination prevention in high-prevalence areas, including:</p> <ul style="list-style-type: none"> <li>Condoms</li> <li>High coverage of key populations</li> <li>Pre-exposure prophylaxis for specific populations</li> <li>Young women and girls</li> <li>Cash transfers</li> <li>Voluntary medical male circumcision</li> <li>Focused communication and demand creation, using new and digital media</li> </ul>
<b>OWNERSHIP</b>	<ul style="list-style-type: none"> <li>Top-down</li> <li>Non-inclusive</li> </ul>	<ul style="list-style-type: none"> <li>Communities, affected populations and local authorities plan and lead the AIDS response</li> </ul>
<b>INNOVATION</b>	Same response as past years	<ul style="list-style-type: none"> <li>Use of new technologies e.g. PreP, Point-of-Care tests, and better treatment formulations</li> <li>New business processes</li> <li>Agility and commitment to the change agenda</li> </ul>
<b>ZERO DISCRIMINATION</b>	<ul style="list-style-type: none"> <li>Discriminatory laws and practices continue to hinder the AIDS response and violate the human rights of the most marginalized people</li> <li>Lack of a holistic framework to galvanize and mobilize commitments to achieving zero discrimination</li> <li>Lack of a comprehensive monitoring framework to measure progress in achieving zero discrimination</li> </ul>	<ul style="list-style-type: none"> <li>Concrete benchmarks for reaching zero discrimination</li> <li>Increasing investment in programmatic action to reduce HIV-related discrimination</li> <li>Increasing commitment to achieving gender equality and eliminating gender-based violence</li> <li>Integration of human rights and zero discrimination in training and education programmes</li> </ul>
<b>MONITORING AND EVALUATION</b>	Complex monitoring and reporting systems	<ul style="list-style-type: none"> <li>Real-time monitoring, leading to rapid programme corrections</li> <li>Web-based data visualization (such as situation rooms) and alert systems (such as for stock-outs)</li> <li>Increased transparency and public accountability</li> </ul>





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