

40+20 Call for Action



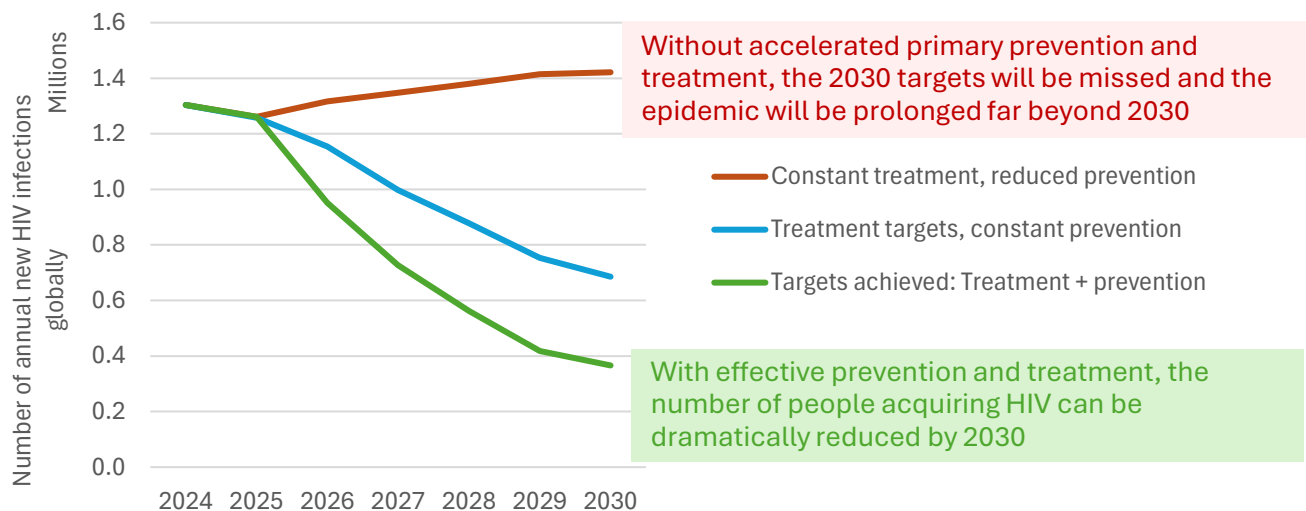
To Ensure Access to Effective HIV Treatment & Prevention by 2030

The world's HIV response is at a tipping point

The world is closer than ever to ending one of the worst epidemics in modern history: AIDS. Decades of hard work, innovation and solidarity have reduced the number of people acquiring HIV to the lowest point in almost three decades. People-centered prevention programmes that introduce new long-acting prevention options and sustain widespread access to condoms and other proven prevention tools would drive that number much lower.

But this huge opportunity will slip away if it is not seized quickly and firmly. Funding withdrawals by major donors and the limited means of many countries to make up the shortfall are applying the brakes to prevention programmes that should be accelerating. Countries' HIV treatment programmes are saving lives *and* preventing more people from acquiring HIV. But the evidence shows that treatment alone will not halt the epidemic: **a combination of treatment and primary prevention is needed.**

Figure 1. New HIV infections: Trends and projections for three scenarios



Source: UNAIDS estimates and projections from Avenir Health, 2025

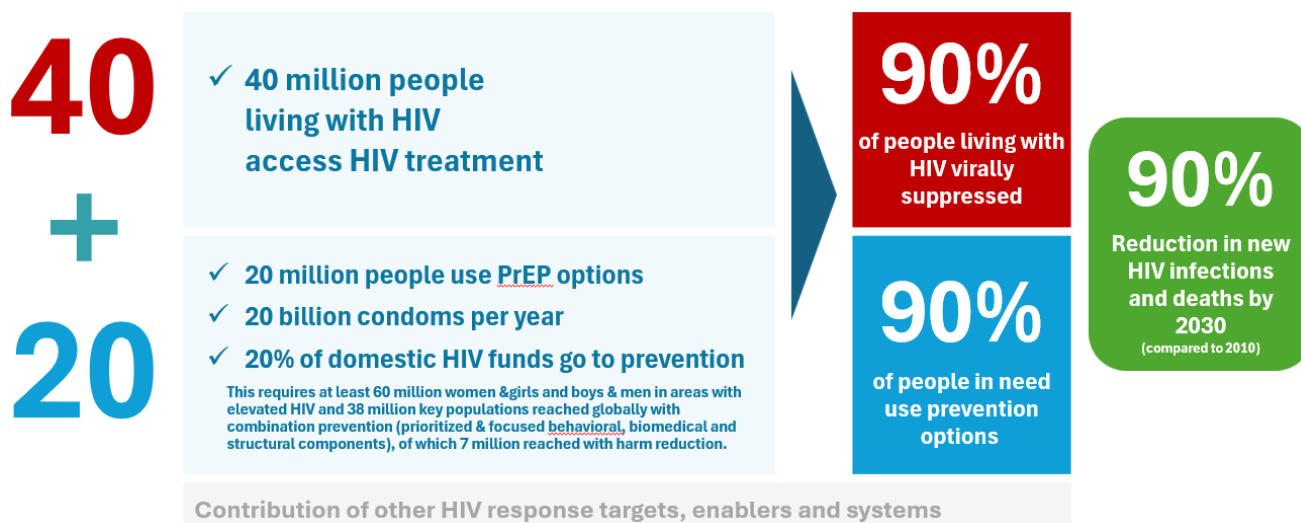
A global push that ensures **40 million people can access HIV treatment** and **20 million people use new prevention technologies and other prevention options** would put the 2030 targets of reducing AIDS-related deaths and new HIV infections by 90% well within reach.

In 2025, about 32.1 million people with HIV were receiving antiretroviral treatment and an estimated 30.2 million of them had viral suppression, making it impossible for them to transmit the virus to others.¹ It's feasible to raise the global number of people receiving HIV treatment to **40 million** and the number who have viral suppression to **38 million** by 2030. When used as prophylactics, antiretrovirals are also highly effective at preventing HIV infection. **Two injections per year of the long-acting injectable antiretroviral lenacapavir have been shown to have almost 100% efficacy in protecting against HIV.**²

¹ Preliminary 2026 UNAIDS epidemiological estimates.

² Jogiraju V, Pawar P, Yager J, Ling J, Shen G, Chiu A, et al. Pharmacokinetics and safety of once-yearly lenacapavir: a phase 1, open-label study. *Lancet*. 2025 Apr 5;405(10485):1147-1154. doi: 10.1016/S0140-6736(25)00405-2. Epub 2025 Mar 11. Cabotegravir, which is administered once every two months, is also highly efficacious.

Figure 2. The 40+20 global milestones to be achieved by 2030



If long-acting pre-exposure prophylaxis (PrEP) is made affordable and accessible to the people who need it most, this prevention tool could steeply reduce new infections in communities who are at very high risk of acquiring HIV. Oral PrEP is also safe and very effective for people who can adhere to pill taking. In 2024, fewer than 4 million people used PrEP options—a fraction of the estimated annual need of **20 million person-years of use**.³

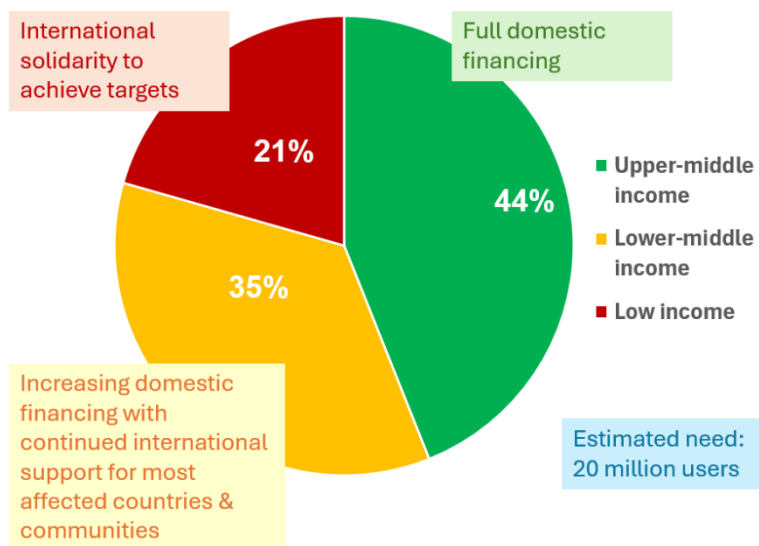
No single prevention approach will suit everyone, all the time. For maximum impact, countries need to **offer prevention options that fit their epidemics and suit diverse needs of women and girls, men and boys and all key populations**. This will include different forms of PrEP, condoms, clean needles, syringes, opioid agonist treatment, voluntary medical male circumcision, people-centered communication and addressing social barriers and enablers.

In everyone’s interest: Shared domestic and international financing to achieve targets

Financing prevention is the other big challenge. Not only is HIV prevention underfunded, but many programmes have relied heavily on donor aid. That support is declining, with the biggest donors continuing to cut their HIV funding and other foreign assistance. Countries are working hard to assume greater ownership of their HIV programmes by turning donor-reliant programmes into self-sustaining ones. That process takes time.

But there are also opportunities. The cost of PrEP has fallen steeply, making wider coverage more feasible. In a changing world, the bulk of the need is now in middle-income countries, where domestic financing can increase and total market approaches can combine free, subsidized and private sector access to prevention. International solidarity and prevention financing will remain essential, with an even stronger focus on the lowest-income countries and most-affected communities. **Through shared financing of a well-prioritized mix of programmes, 2030 prevention targets can still be achieved.**

Figure 3. Resource needs for ARV-based prevention by country income category



Source: HIV Prevention 2030. A global access framework for country-led responses. Geneva: Global HIV Prevention Coalition; 2026.

³ Beyrer C. The global HIV/AIDS pandemic: where are we now? Abstract 17. Conference on Retroviruses and Opportunistic Infections, San Francisco, 9–12 March 2025. Note: Assuming average use for 6 months, 4 million people using PrEP would be 2 million person-years.

A CALL FOR ACTION

Get HIV prevention options to the people who need them

A challenge and historic opportunity

Where we are

1.2 million new HIV infections in 2025, 43% fewer than in 2010

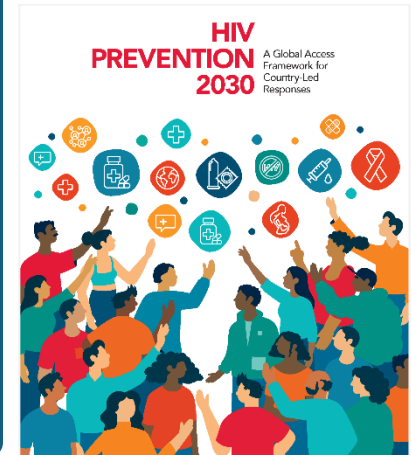
Where we should be

~200 000 new HIV infections in 2030
90% fewer than in 2010

We can speed up the end of the epidemic by boosting access to HIV prevention options that work, including new long-acting ones, so that by 2030:

- 20 million people access antiretroviral-based prevention options (alongside existing effective, lower-cost prevention and harm reduction options)
- 20 billion condoms are distributed
- 20% of domestic HIV funding goes to prevention

For more detail see the HIV Prevention 2030 Access Framework



The time to act is now

Countries can

- Adapt & translate the 40+20 and all other global prevention targets into country targets that fit their epidemics, with clear annual milestones based on precise needs estimates
- Advance integrated, country-led prevention programmes and build national prevention systems
- Increase domestic allocations to HIV prevention, starting in 2027, in line with countries' ability to pay
- Facilitate rapid introduction of long-acting prevention products as part of an optimized prevention mix
- Sustain or revive investments in condoms, using a “total market approach”, and harm reduction to ensure continued and more equitable access to basic and highly cost-effective prevention options
- Develop support mechanisms for community prevention systems, including through social contracting

Communities and civil society can

- Pinpoint gaps and advocate for equitable access to suitable HIV prevention options with modalities that reflect needs and preferences of diverse communities including key populations, women, men and young people
- Engage closely in planning, implementing and monitoring of prevention programmes and take leading roles in outreach, including peer-led and innovative virtual approaches
- Hold governments and other actors accountable for progress towards prevention targets
- Engage in problem solving with government systems, including for prevention programme delivery and addressing access barriers affecting the different communities

Funding and technical partners can

- Adequately invest in the Global Fund and bilateral funding of prevention programmes to ensure 40+20 can become a reality, like the “3 by 5” treatment campaign did
- Align those contributions with sustainable national prevention plans and invest in ways that strengthen country systems and sustainably costed national prevention programmes
- Extend special support to the most-affected and lower-income settings
- Offer technical assistance for needs estimations, programme adjustment and delivery
- Work with partners to achieve affordability, licensing and rapid regulatory approval of new prevention options
- Continue supporting access to a mix of innovative long-acting technologies and basic prevention options such as condoms, oral PrEP, and harm reduction

Key indicators for 40+20 and what they could translate to in countries

Global targets only really matter when they are validated and translated into country targets. Table 1 shows preliminary estimates of country needs, current status, and targets. Needs estimates are available through and can be refined by countries in the UNAIDS Spectrum model.

Table 1. Baselines and estimated need in 34 countries engaged in the Global HIV Prevention Coalition

Country	HIV treatment		PrEP		Condoms			Financing	
	People living with HIV with viral suppression (%)		Number of people using PrEP (person-years)		Condom use with non-regular partners (%) and estimated 2030 condom need			Domestic HIV financing spent on prevention (%)	
	2024	2030 target	2024 (person-years)*	2030 estimated need	Latest data on use	2030 target	2030 need (million condoms)	2024	2030 target
Angola	na	90	na	61'000	37	80	250	9	20
Botswana	94	90	8'809	70'000	na	80	40	na	20
Cameroon	82	90	8'282	55'000	53	80	190	na	20
Central African Republic	na	90	na	24'000	na	80	34	na	20
Congo	na	90	na	28'000	52	80	52	na	20
Cote d'Ivoire	na	90	678	53'000	36	80	na	na	20
Democratic Rep. of the Congo	na	90	na	75'000	na	80	550	na	20
Eswatini	92	90	15'276	170'000	63	80	na	na	20
Ethiopia	86	90	10'863	290'000	36	80	280	12	20
Ghana	42	90	3'668	81'000	19	80	130	1	20
Kenya	83	90	81'950	190'000	52	80	310	5	20
Lesotho	93	90	14'212	130'000	66	80	20	na	20
Malawi	86	90	27'167	140'000	59	80	110	na	20
Mozambique	75	90	178'029	1'600'000	42	80	250	na	20
Namibia	93	90	36'450	130'000	74	80	32	na	20
Nigeria	79	90	194'667	210'000	50	80	900	na	20
Rwanda	93	90	10'849	49'000	58	80	31	na	20
South Africa	74	90	429'211	3'900'000	64	80	700	5	20
South Sudan	na	90	na	48'000	na	80	79	na	20
Uganda	82	90	112'914	330'000	48	80	250	na	20
United Republic of Tanzania	85	90	62'699	500'000	na	80	370	na	20
Zambia	92	90	210'316	270'000	44	80	150	na	20
Zimbabwe	91	90	18'650	140'000	73	80	99	na	20
Brazil	69	90	82'737	530'000	na	80	1800	7	20
Colombia	na	90	5'427	180'000	50	80	540	na	20
Egypt	36	90	na	140'000	na	80	420	na	20
Indonesia	38	90	20'022	480'000	na	80	570	na	20
Iran (Islamic Republic of)	45	90	61	100'000	na	80	370	na	20
Madagascar	na	90	na	150'000	7	80	340	na	20
Mexico	61	90	15'354	430'000	na	80	630	na	20
Myanmar	72	90	3'786	150'000	39	80	110	na	20
Peru	66	90	2'638	71'000	14	80	210	44	20
Philippines	na	90	18'078	660'000	9	80	530	6	20
Thailand	86	90	na	210'000	na	80	160	12	20

* Please note that 2024 PrEP coverage is expressed in person-years of PrEP use. It was assumed that average duration of PrEP use was 6 months. Therefore 2 people using PrEP in 2024 translates into 1 person-year of use. This table includes PrEP data from 2024 as it is the latest fully validated data set. However, since then PrEP use appears to have declined in several countries due to funding cuts.

Sources: Targets are based on the Global AIDS Strategy 2026–2031 and the 2030 Prevention Access Framework. Data on viral suppression are from the 2025 UNAIDS Estimates; data on PrEP and domestic financing are from Global AIDS Monitoring 2025; PrEP and condom needs estimates are based on a special Goals model analysis in support of the 2030 global targets process and should be validated and revised in-country. Condom use data are an average of male and female reporting to Demographic and Health Surveys (DHS) as per statcompiler.com.