

HIGHLIGHTS FROM THE 2017
90-90-90 TARGETS WORKSHOP:
Day 1

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90-90-90 Targets Workshop

July 22-23, 2017 • Paris

Sponsored by



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ENDING AIDS

PROGRESS TOWARDS THE
90-90-90 TARGETS

ART

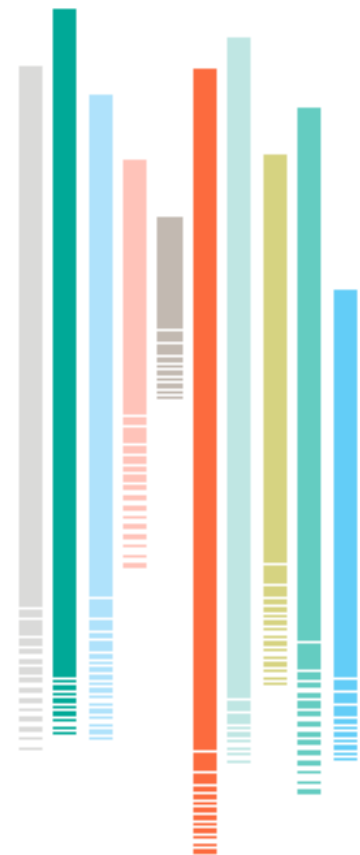
- 19.5 million on ART
- Out of 36.7 million people living with HIV
- Coverage is more than half → 53%
- Trajectory to 30 million target for 2020

HIV deaths

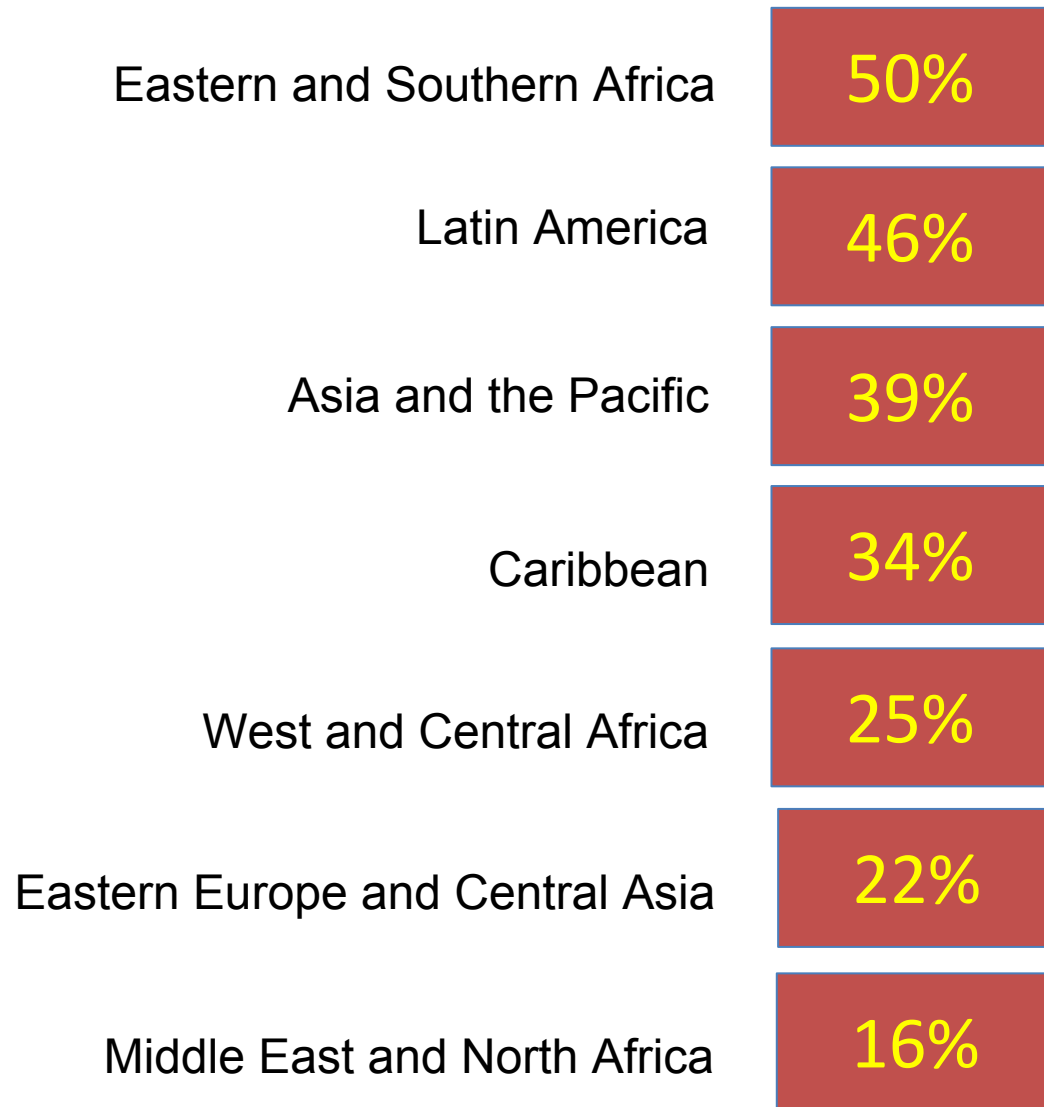
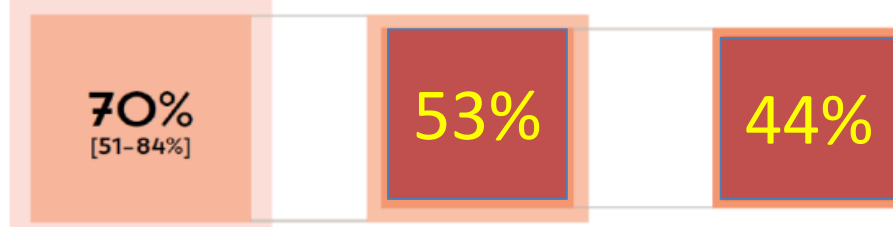
→ Not reducing: 1.1 million in 2015 to 1 million in 2016

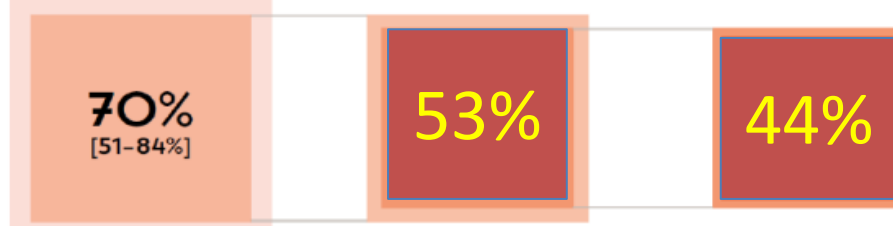
HIV infections

→ Not reducing: 1.9 million in 2015 to 1.8 million in 2016









AIDS in the era of 'test & start'

30% of PLWHA have CD4<200 upon diagnosis

Equity

80% of new infections outside Africa is among key populations

“We are failing in some regions and sub-populations of the world”

Eastern and Southern Africa

Latin America

Asia and the Pacific

Caribbean

West and Central Africa

Eastern Europe and Central Asia

Middle East and North Africa

50%

46%

39%

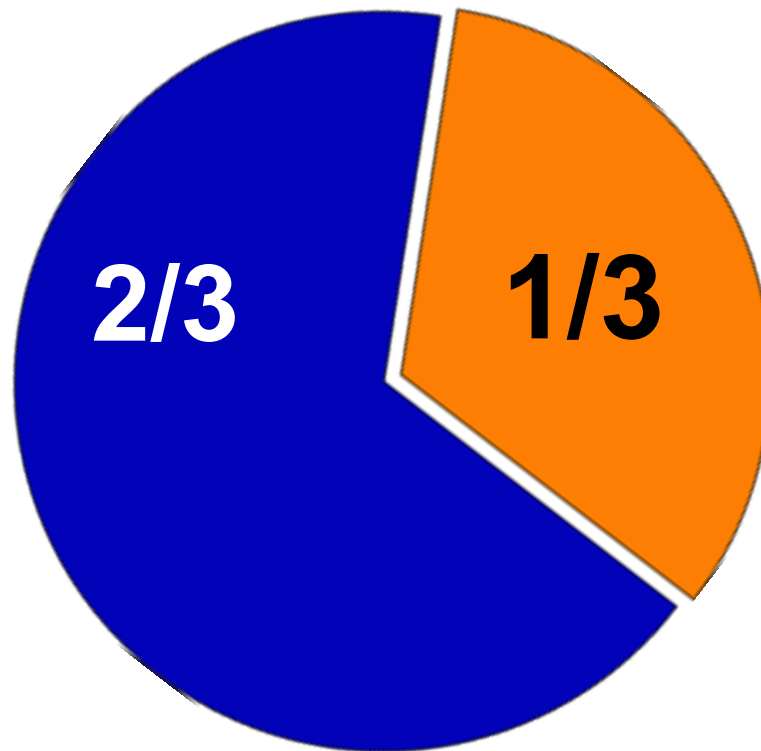
34%

25%

22%

16%

Yesterday's Approach Falls Short of Today's Aspirations



Do not know
HIV infected

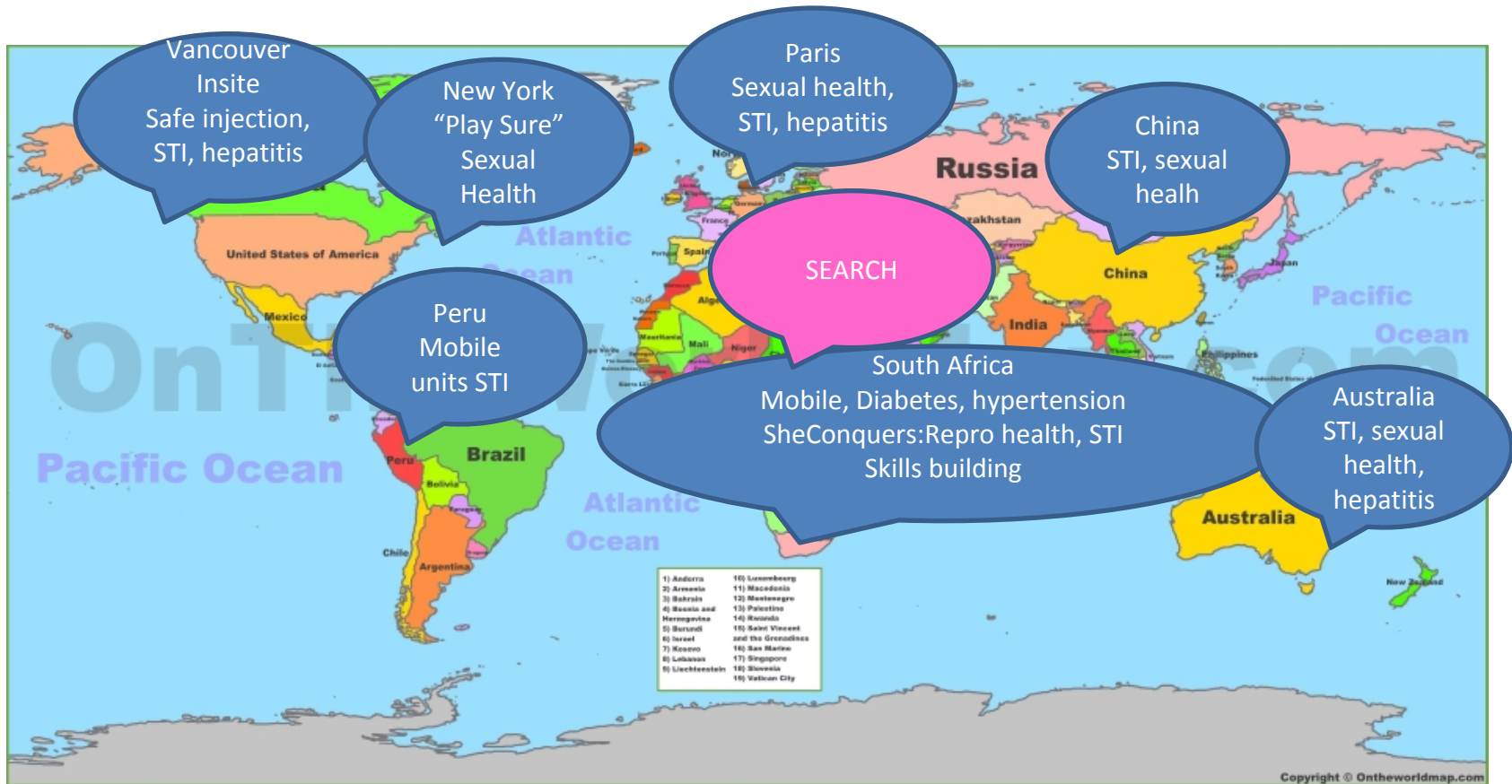
West/Central Africa
2/3 do not know HIV status

The first 90

- Where we need the most improvement
 - Especially among key populations
- Namibia- it costs more to yield a HIV positive result to testing efforts than a year of treatment
- Need a testing revolution
- Lesotho: testing radically increased from 193K to 243K within a short time period

Multi-Disease testing around the world

STIs, TB, HCV, Hep-B, malaria, hypertension & diabetes, cancer, eye/skin



Self testing

- Brazil: “A hora e agora” (the time is now) online/video support
- Lesotho planning
- \$2 a test, prequalified by WHO
- Self testing Africa (STAR) 4.8 million HIV ST distributed across Malawi, Zambia, Zimbabwe, South Africa, Lesotho and Swaziland by 2020.
 - Distributed 380,000 HIV self test kits in first year
 - Door to door , lay-workers sex worker peers, men workplace, VAMC
 - Increased uptake in youth and men



Young women

- 46% of all new HIV infections occurred in the 15-24 year old age group
- Rate of new HIV infections in young women is
 - **5 times greater** in Zimbabwe
 - **8 times greater** in Malawi
 - **14 times greater** in Zambia

Missing men

- HIV transmission chain
 - Young adult men (23-35)
 - adolescent girls & young women (16-23)
 - ...male peers (24-29)
- AND THE CYCLE CONTINUES...

Key populations & areas

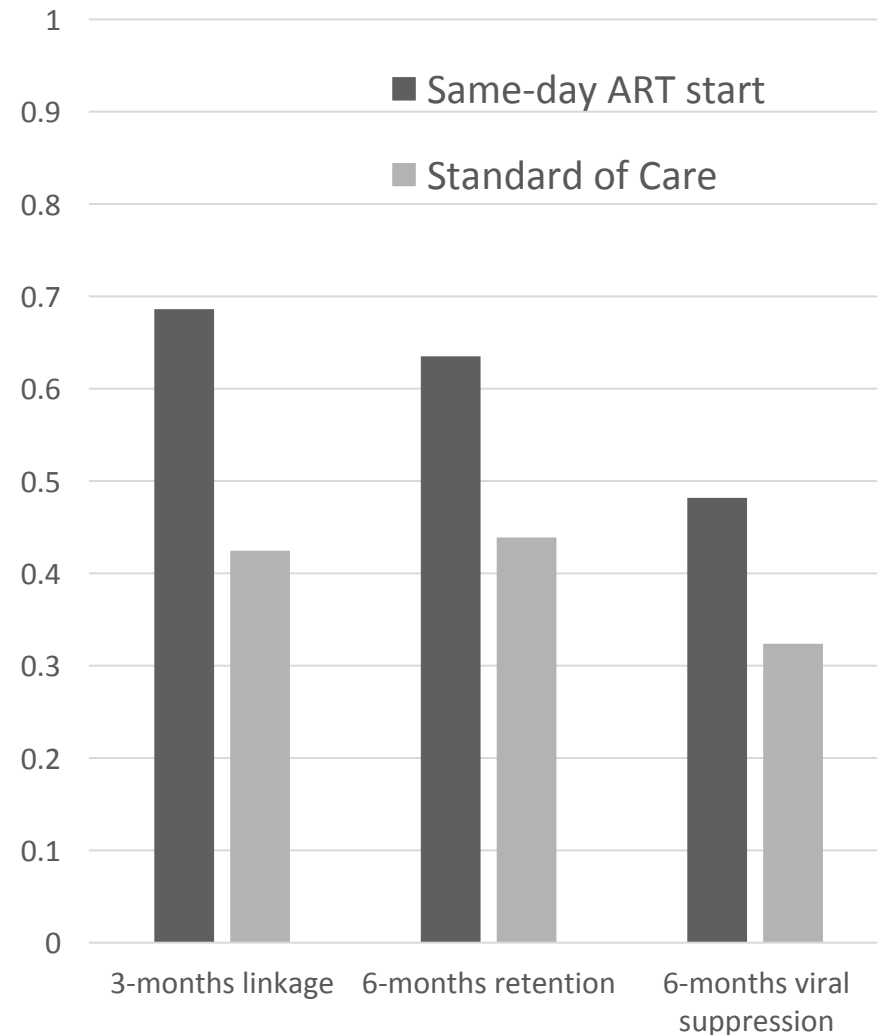
- Lesotho
 - 49K apparel workers through mobile outreach
 - Miners and domestic workers coming back from RSA through border clinics
- Senegal
 - Mobile clinics/outreach to PUD, CSWs, focus on border populations where there is higher HIV
 - Health navigator/programmatic mapping to improve services- best days, hours, etc.
 - Including access to STIs Rx for KPs, distribution of condoms for KPs

The second 90: test & start

- 123 of 194 countries adopted test & treat
 - Birx: “We asked that policy changes were made in weeks, not months”
- Botswana: using as a preventative approach in addition to therapeutic benefits
- Lesotho: First to adopt, 4-fold increase in ART enrollment after launch of T&T
- Panama: Working with BC Centre, based on their success in reducing new HIV infection

The second 90: Same day initiation

- Malawi ART on the spot uptake two-fold
- Lesotho: 87% same-day initiation, 89% linked to facility within 14 days
- Lesotho SolidarMed: ART initiation following HBT, 134 (98%) ready to start ART that day, 1 month ART supply
- San Francisco (RAPID): treatment upon diagnosis, Uber/Lyft to clinic to start treatment the same day,
→75 days median time diagnosis to suppression



The 3rd 90

44% of PLWHA are VL suppressed, goal is 73%

- Do we have the right ARVs for adols? No.
- Lesotho: dramatic increase in VL testing (from 1,500 to 30,000 patients per quarter)
- Smart programmatic monitoring
 - NYC dashboard
 - Lesotho situation room
 - Senegal localizes the 90/90/90 goals
 - PEPFAR

Reducing mortality

1.1 mn deaths in 2015 → 1 mn deaths in 2016

- Botswana
 - Life expectancy from <50 to 64 and still climbing
- South Africa
 - Life expectancy from 55.2 (2002) to 65 in 2016
 - AIDS from 48% to 26% AIDS of overall mortality
 - TB: 80% of deaths among PLWHA
 - Scaling up IPT among PLWHA
 - “it’s been a challenge, but we believe it’s reduced MORTALITY and TB incidence”

Resources

“What keeps me up at night – treat-all led to major increase in ART initiation – economy is growing at around 2% -- my budget has grown much faster – some things are going to give”

“If we don’t have sustainable funding we will have **rebounding epidemic**”

Many LMICs have increased domestic financing **“but we can’t pretend all countries have ability to do that”**

PEPFAR - will have a model focus in a dozen or so countries— **“we’re not limiting our work in the 50+ countries”** ...”continue to push, but We need other countries stepping up”

“It’s going to take another billion to beat the epidemic in South Africa”

Resources

- Medicines should be considered as a public good (UNAIDS)
- Reduce out of pocket costs
 - West and Central Africa: Costs for PLWHA for ARVs, CD4, VL, etc.
 - Differentiated models of care to reduce transport costs, etc.
 - Free care in Panama
 - Reason for success in Eastern and Southern Africa
- 2 million community health workers

Be fearless and bold

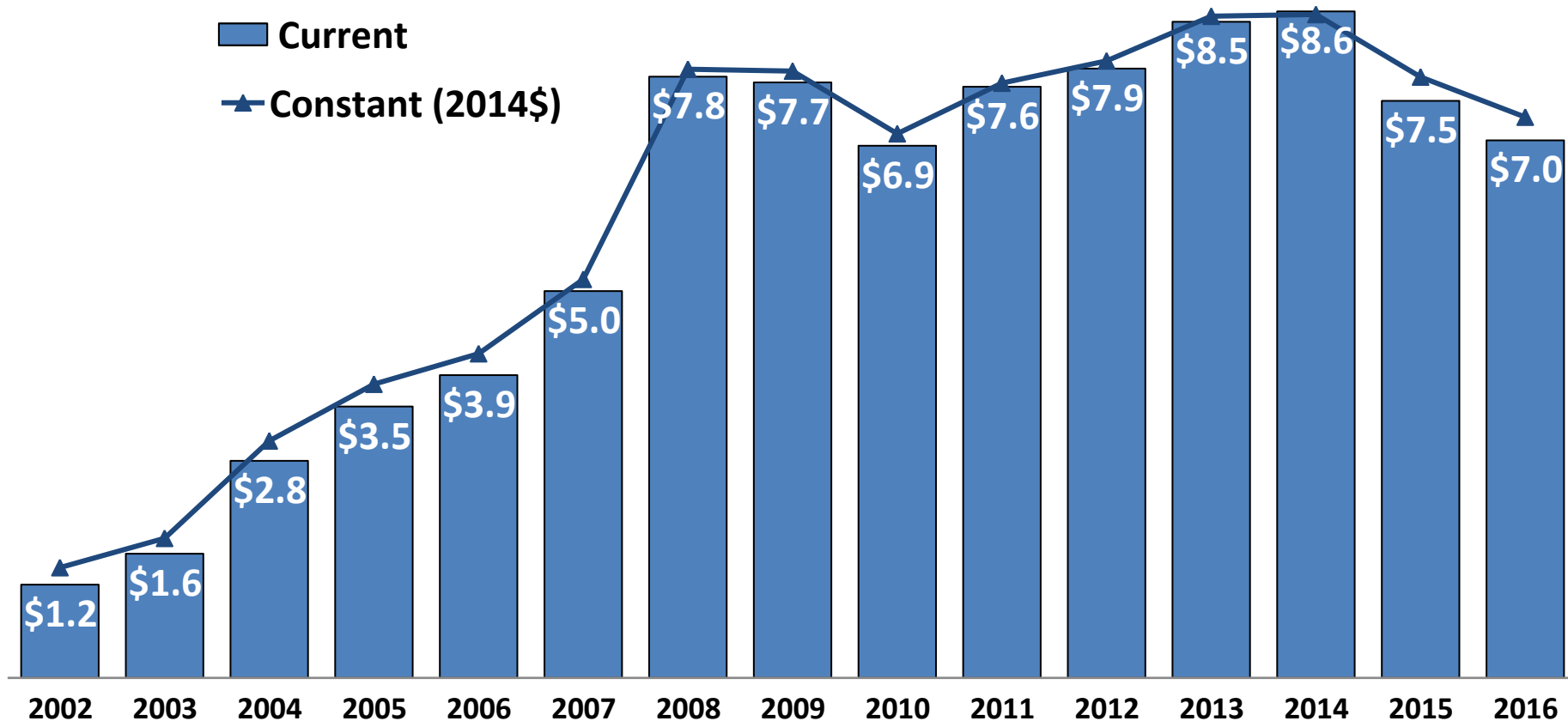
Donor Government Disbursements for HIV, 2002-2016

2016 dropped to 2010 levels

US\$ Billions

■ Current

▲ Constant (2014\$)



SOURCES: UNAIDS and Kaiser Family Foundation analyses; Global Fund to Fight AIDS, Tuberculosis and Malaria online data queries; UNITAID Annual Reports and direct communication; OECD CRS online data queries.

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