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A Call to Action to Treat 15 Million People Living with HIV by 2015

Dr Badara Samb, Chief of Special Initiatives, UNAIDS

UN POLITICAL DECLARATION TARGET No. 4

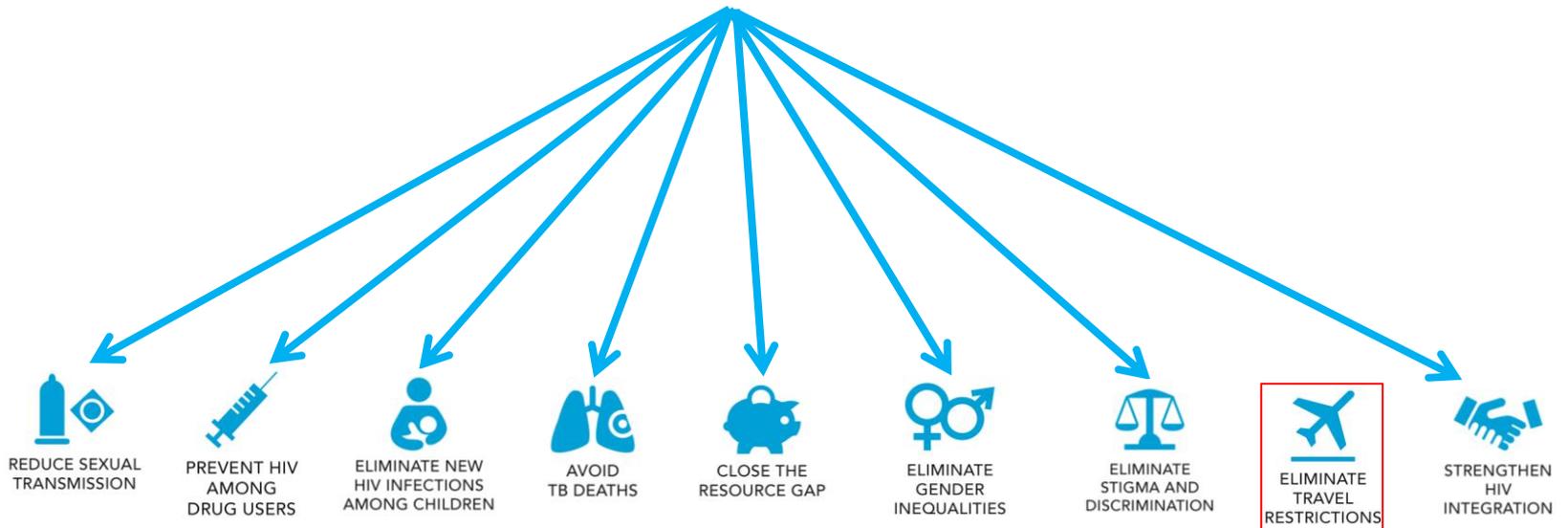


15 MILLION ACCESSING TREATMENT

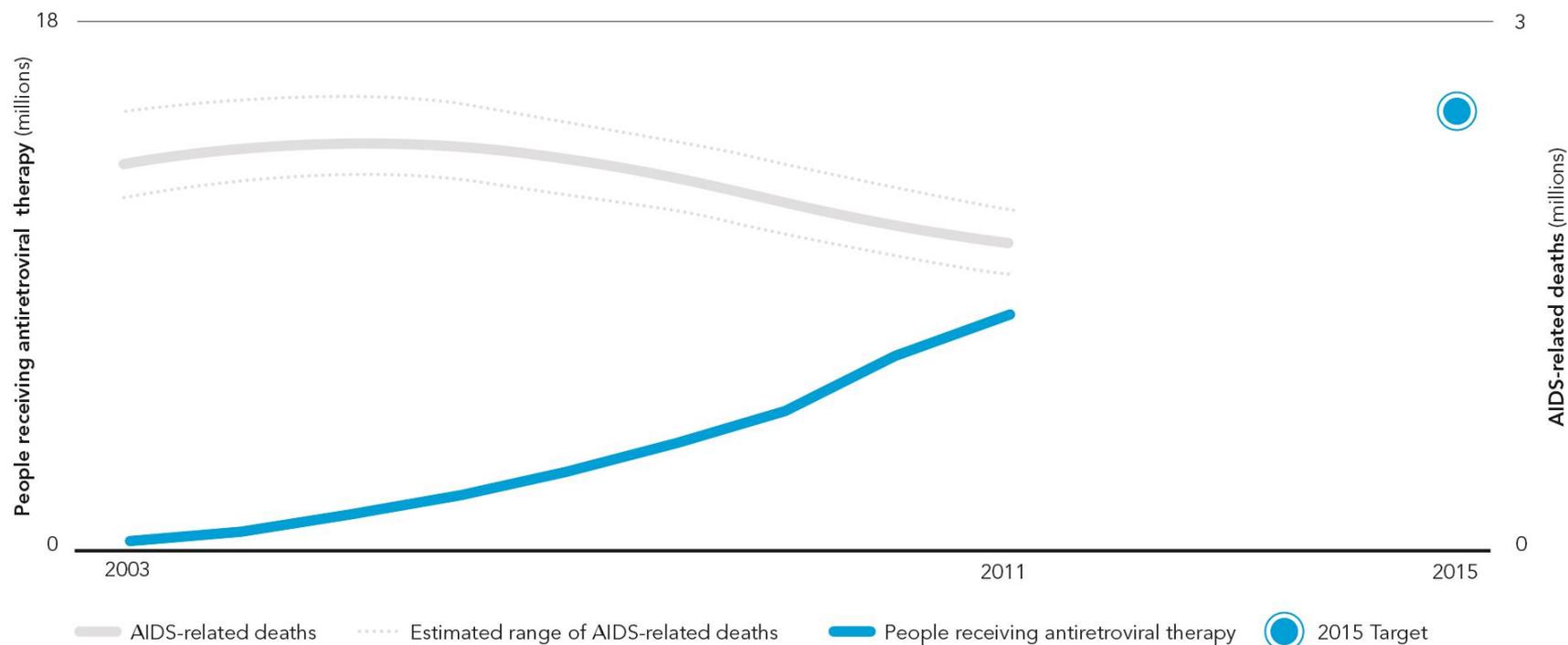




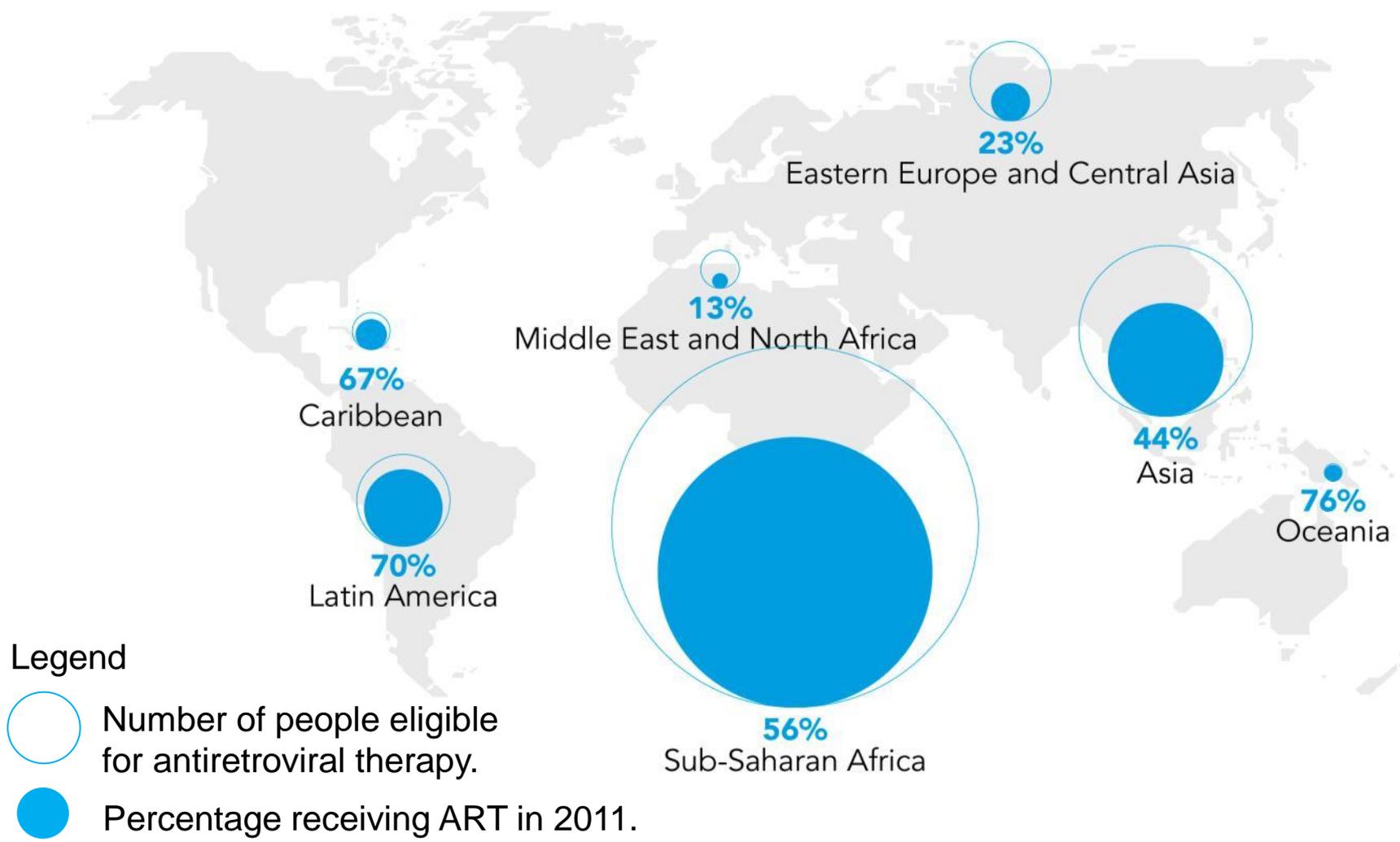
15 MILLION
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People receiving antiretroviral therapy versus the 2015 target and the number of AIDS-related deaths, low- and middle-income countries, 2003–2011



54% of all people eligible were receiving antiretroviral therapy in low- and middle-income countries in 2011



Success stories in the North and in the South...

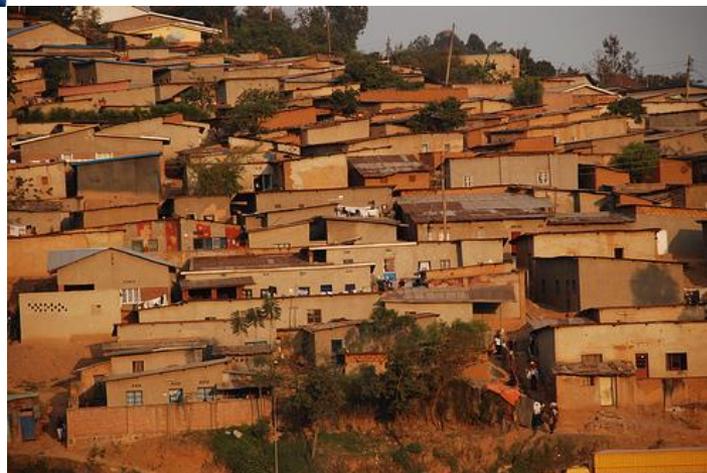


39%

decline in AIDS
related deaths in
Germany

68%

decline
in AIDS related
deaths in
Rwanda

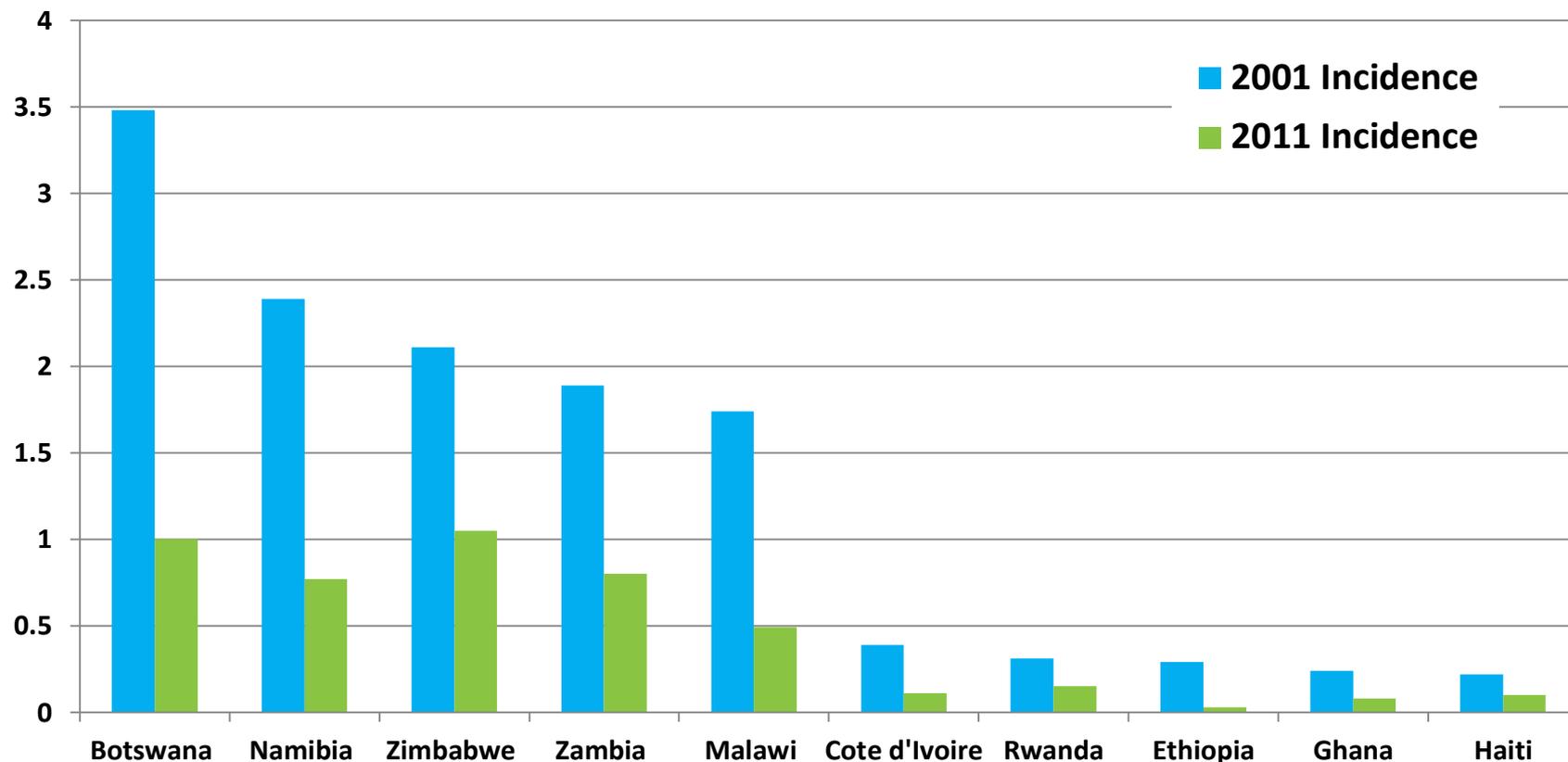


Treating more: broad societal benefits

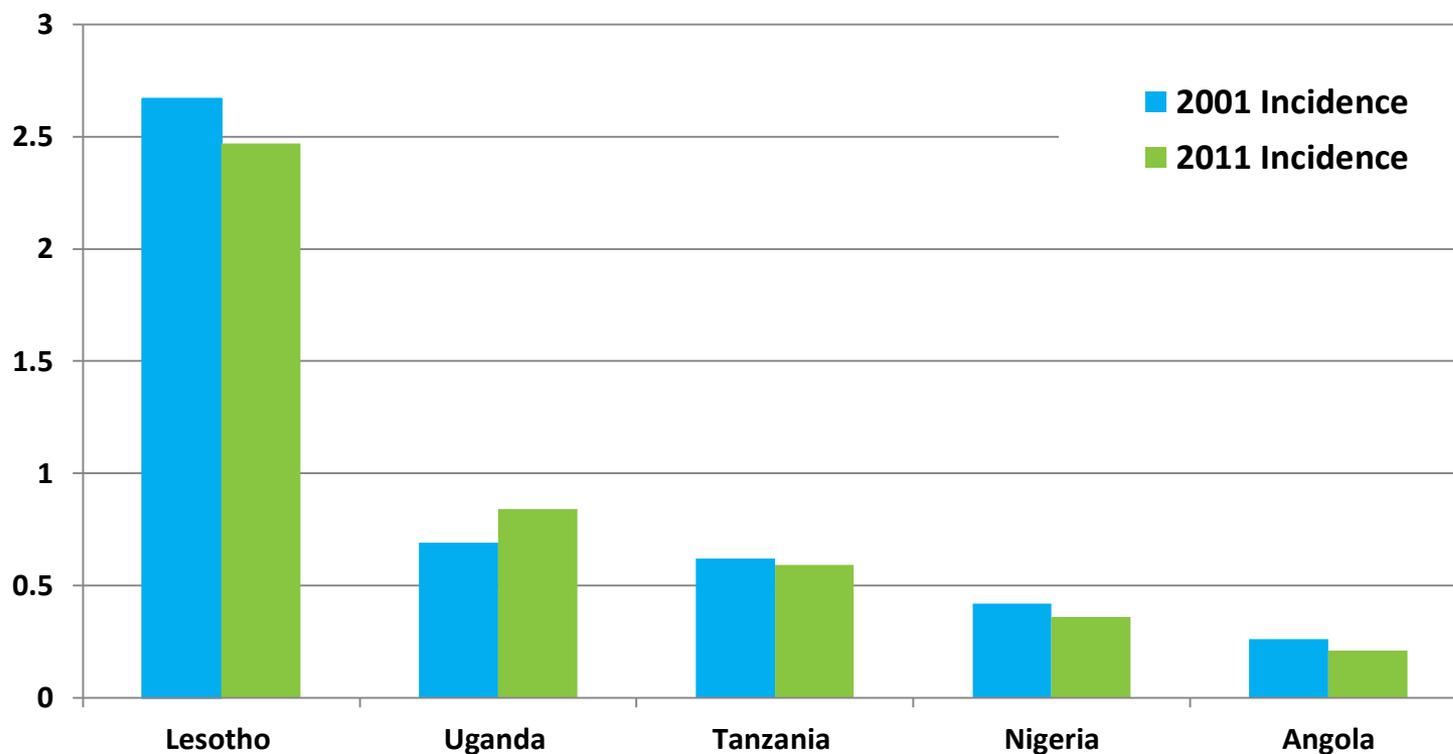
For every 1000 patient-years of treatment:

- **228** patient deaths averted
- **449** children not orphaned
- **61** sexual transmissions of HIV averted
- **26** vertical (mother-to-child) infections averted
- **9** TB cases averted among HIV patients
- **2,200** life-years gained

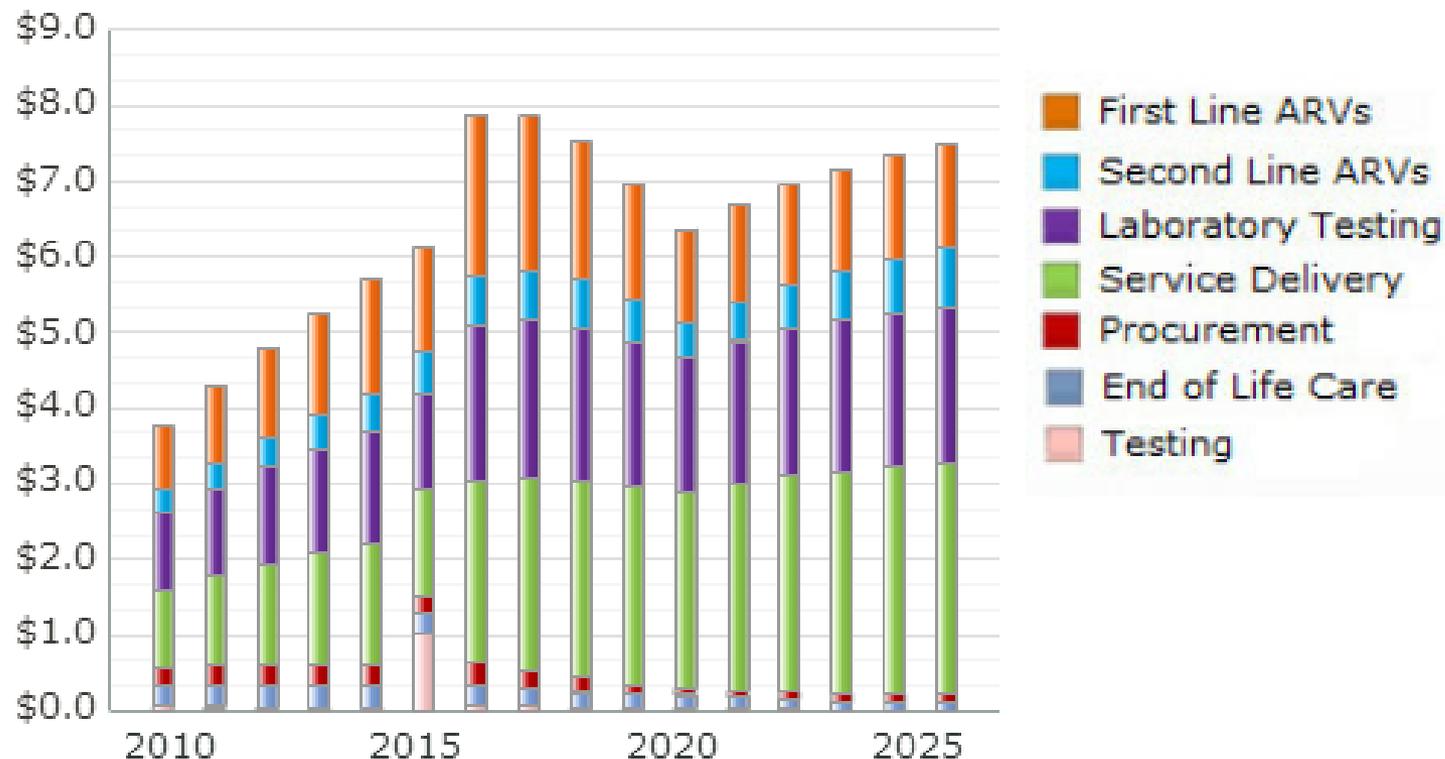
HIV incidence in countries with rapid scale-up of combination prevention services



HIV incidence in countries with slow scale-up of combination prevention services



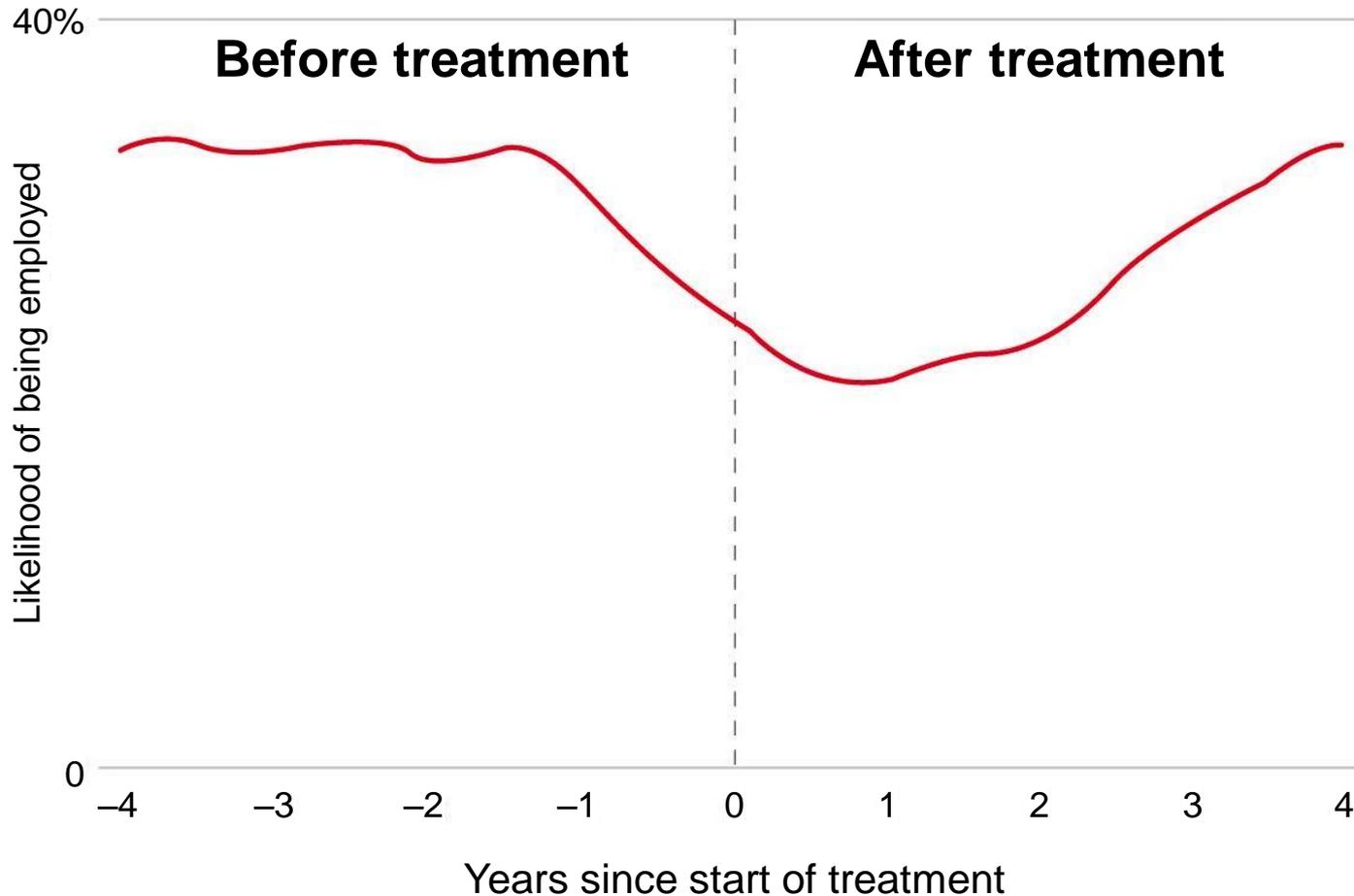
Annual Cost of HIV / AIDS Treatment (Billions 2010 US\$)



Assumptions:

2010: CD4<350; 2015: CD4<500; 2020: CD4>500 (treat all regardless of CD4)

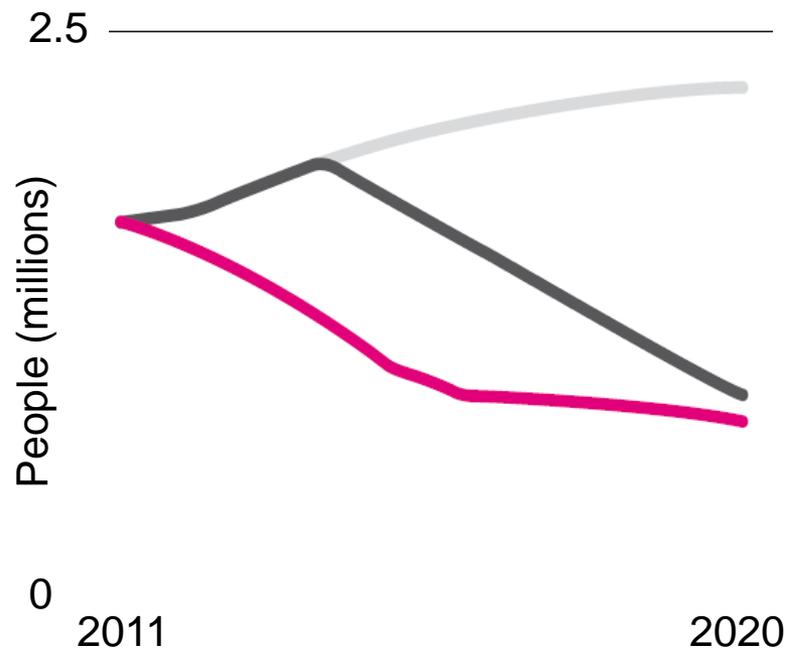
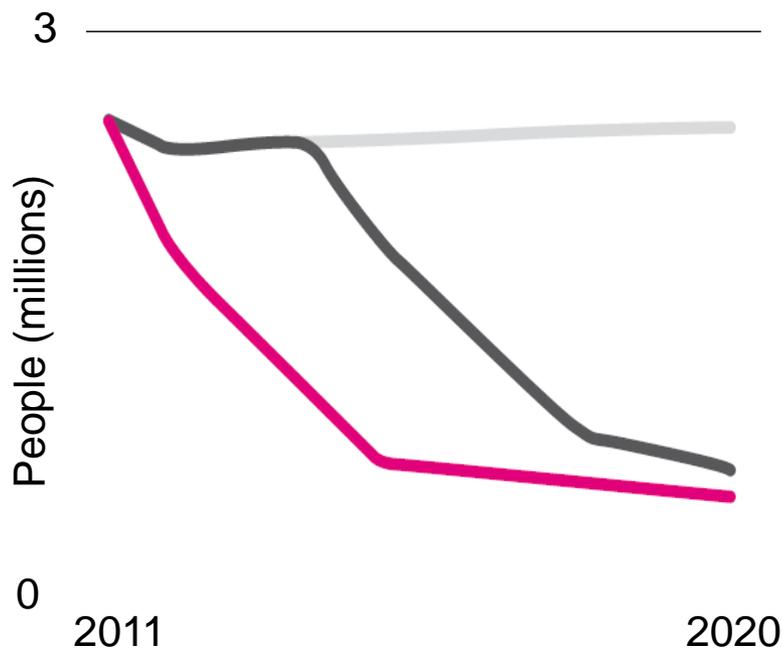
Likelihood of employment before and after antiretroviral therapy in Kwazulu-Natal, South Africa



The costs of inaction

3-year delay =
5 million new HIV infections

3-year delay =
3 million AIDS deaths

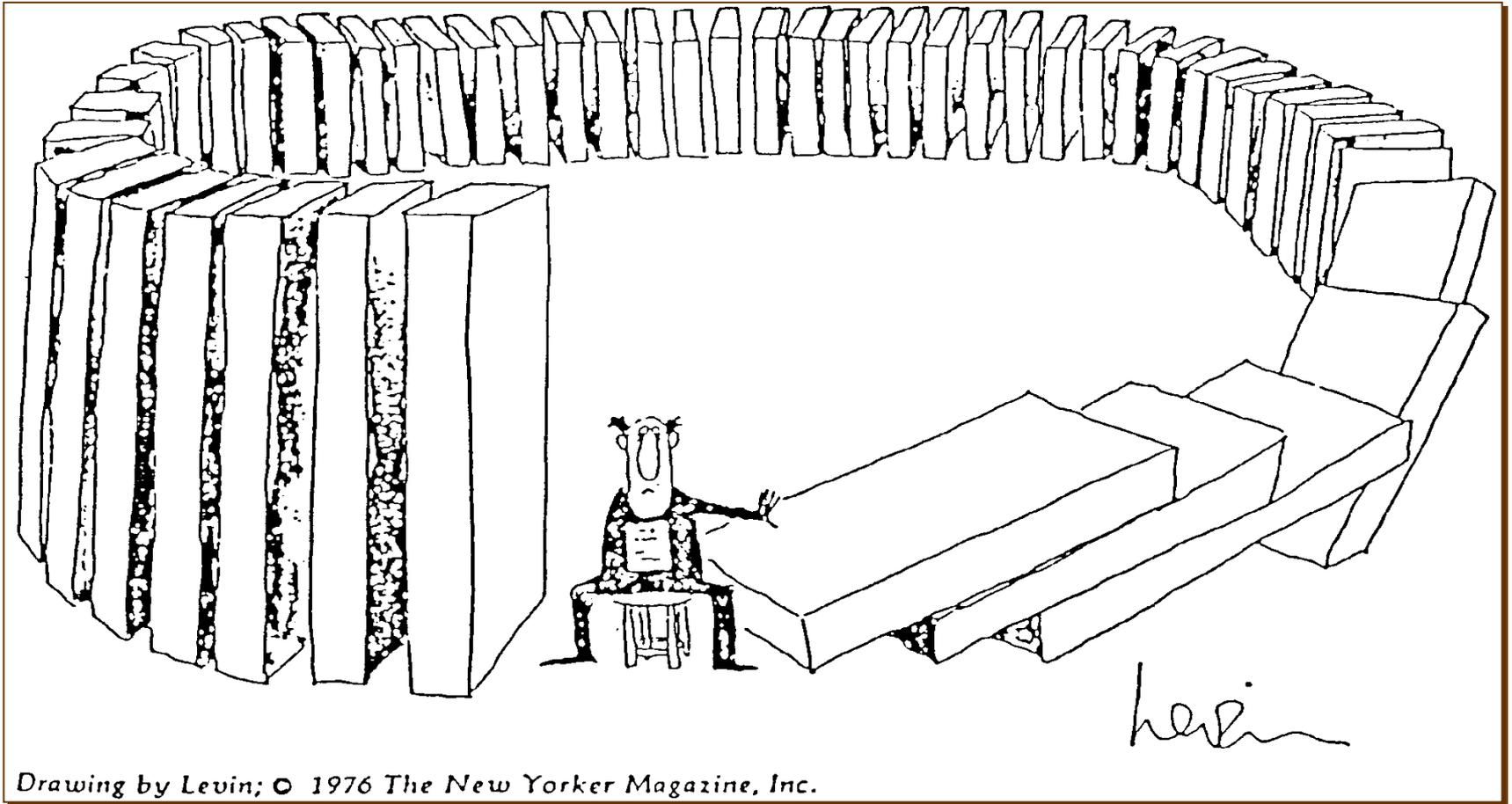


— Baseline — Investment Framework — 3-year delay

Making it happen



We need to look at the big picture



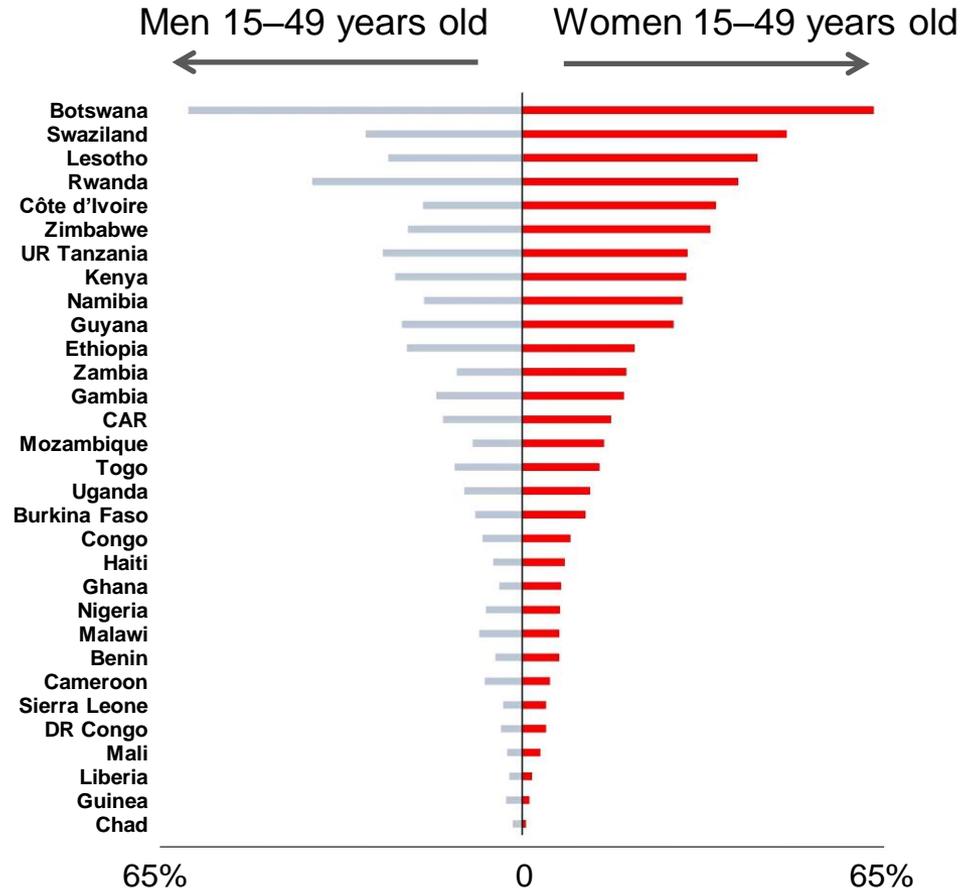
Why are people not accessing treatment?

- Lack of knowledge of HIV status
- Punitive policies and laws
- Stigma and discrimination in health care settings and the community
- Stretched health care workers
- Disparities in access to affordable medicines
- Disparities in investments

Percentage of women and men aged 15–49 years who received an HIV test in the past 12 months and received their results, 2004–2011

WHY ARE PEOPLE NOT ACCESSING TREATMENT?

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Percentage of countries reporting non-discrimination laws or regulations for specific populations

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Stigma and discrimination in health care settings and the community

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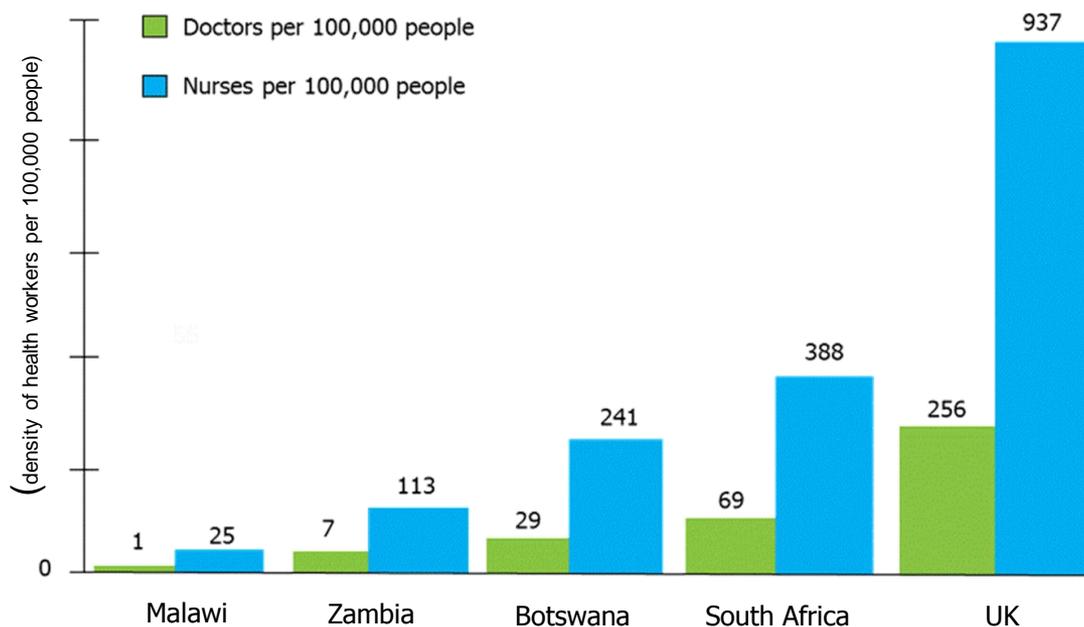
I am gay: 5 things I fear



Numbers of doctors and nurses in selected countries

WHY ARE PEOPLE NOT ACCESSING TREATMENT?

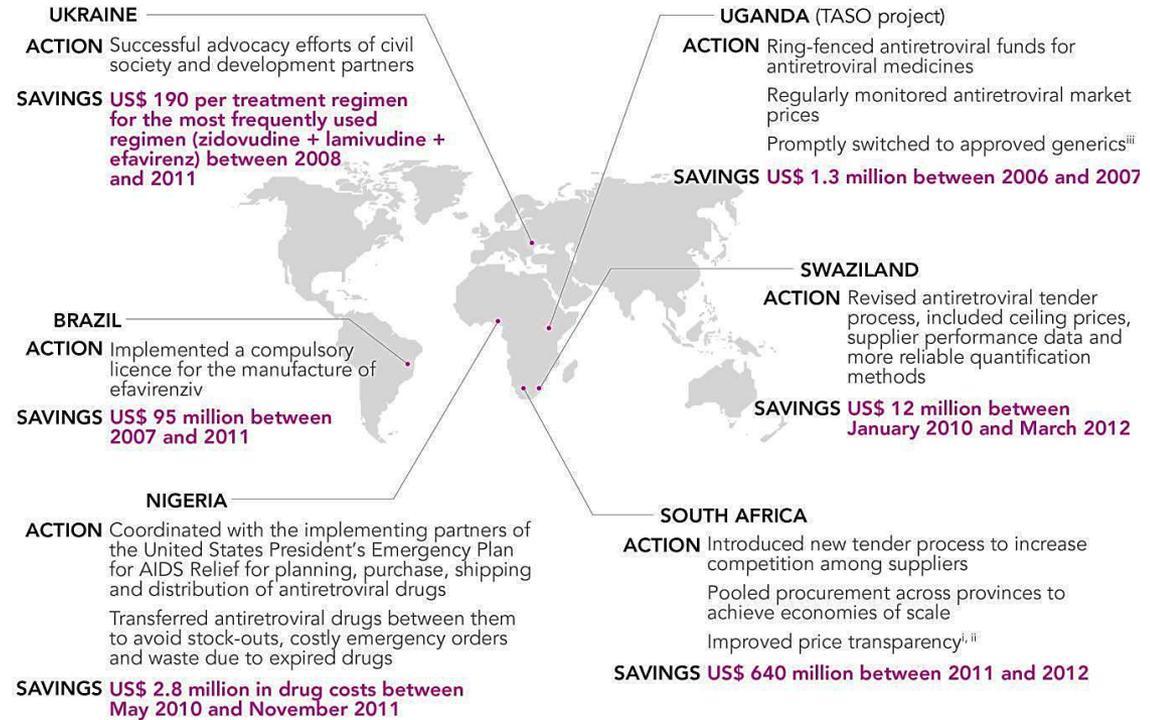
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Disparities in access to affordable medicines

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Note: At an exchange rate of 7.40 ZAR/USD, the savings amounted to R 4.7 billion.

Sources: Government of South Africa; Mutabaazi I.I., International AIDS

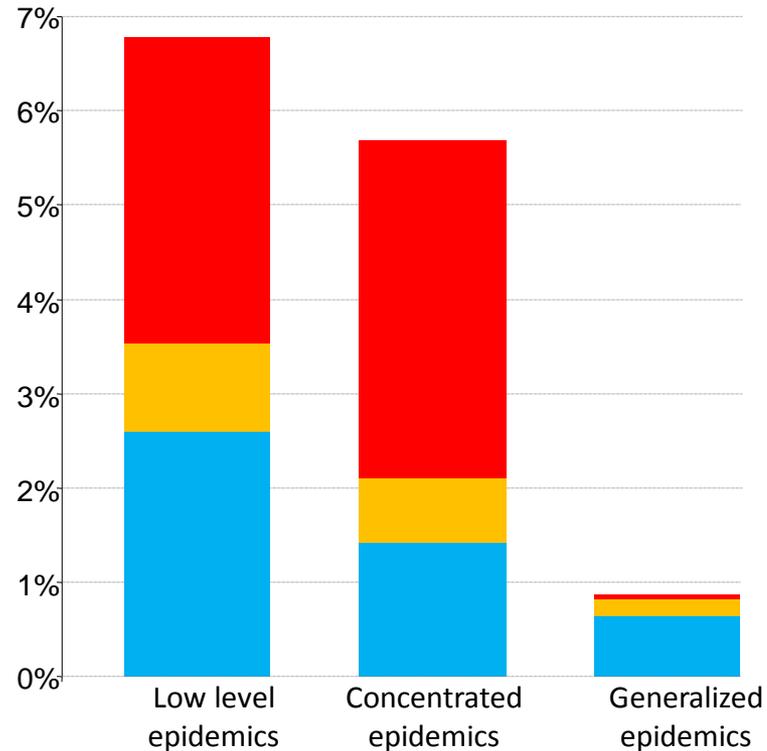
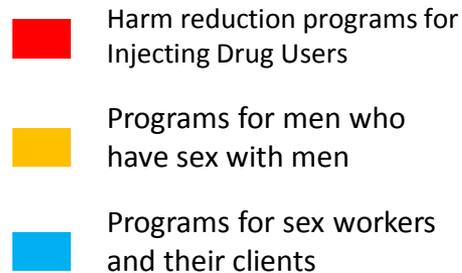
Conference, 2012; Viegas Neves da Silva F. et al., International AIDS Conference, 2012.



Key populations at the highest risk of HIV infection get relatively little investment

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Creating demand for HIV treatment—led by people living with HIV and sustained by pressure from civil society and the international community.



Mobilizing investments for the sustained availability and smart use of financial resources.



Ensuring that health, infrastructure, legal protection and community systems are in place to deliver treatment to all people living with HIV.





- **The right to know your HIV status**
- **The right to HIV treatment**
- **The right to prevent**
- **The right to be protected**

↓ **unknown status**

0 AIDS deaths

0 denied treatment

0 mandatory service





- **Invest financially at optimal levels**
- **Invest in innovation**
- **Health & community systems**
- **Produce generic ARVs in Africa**

Full funding

↓ time disc. to practice

↓ transport time

African production



- **Scale up**
- **Ensure equity**
- **Clear accountability**
- **Decentralized delivery models**

15 by 15

Parity

0 stock-outs

Community systems

Moving ahead

Innovation to:

- 1.** Strengthen community systems
- 2.** Re-engineer HIV testing
- 3.** Reduce time lapse between scientific discovery and implementation of policies
- 4.** Monitor and evaluate the expansion of testing and of treatment

Community support keeps people on treatment

Moving ahead

Innovation to:

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CLINIC-BASED TREATMENT

70%

still receiving treatment
after two years

people receiving ART
from specialist clinics



COMMUNITY TREATMENT MODEL

98%

still receiving treatment
after two years

Mozambique: self-
initiated community
model



Scaling up testing in Brazil

Moving ahead

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- Testing days
- Primary healthcare approach
- Strong community systems

Reduce time lapse between scientific discovery and implementation of policies

Moving ahead
Innovation to:

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If every **18 seconds** someone starts on HIV treatment, we'll have **15 million** people on treatment by 2015. Today, every **19 seconds** someone somewhere in the world starts on HIV treatment . We are only **1 second away** from our target.

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