

“CONTROLLING THE HIV EPIDEMIC” – WHAT DO WE MEAN?

Tim Martineau

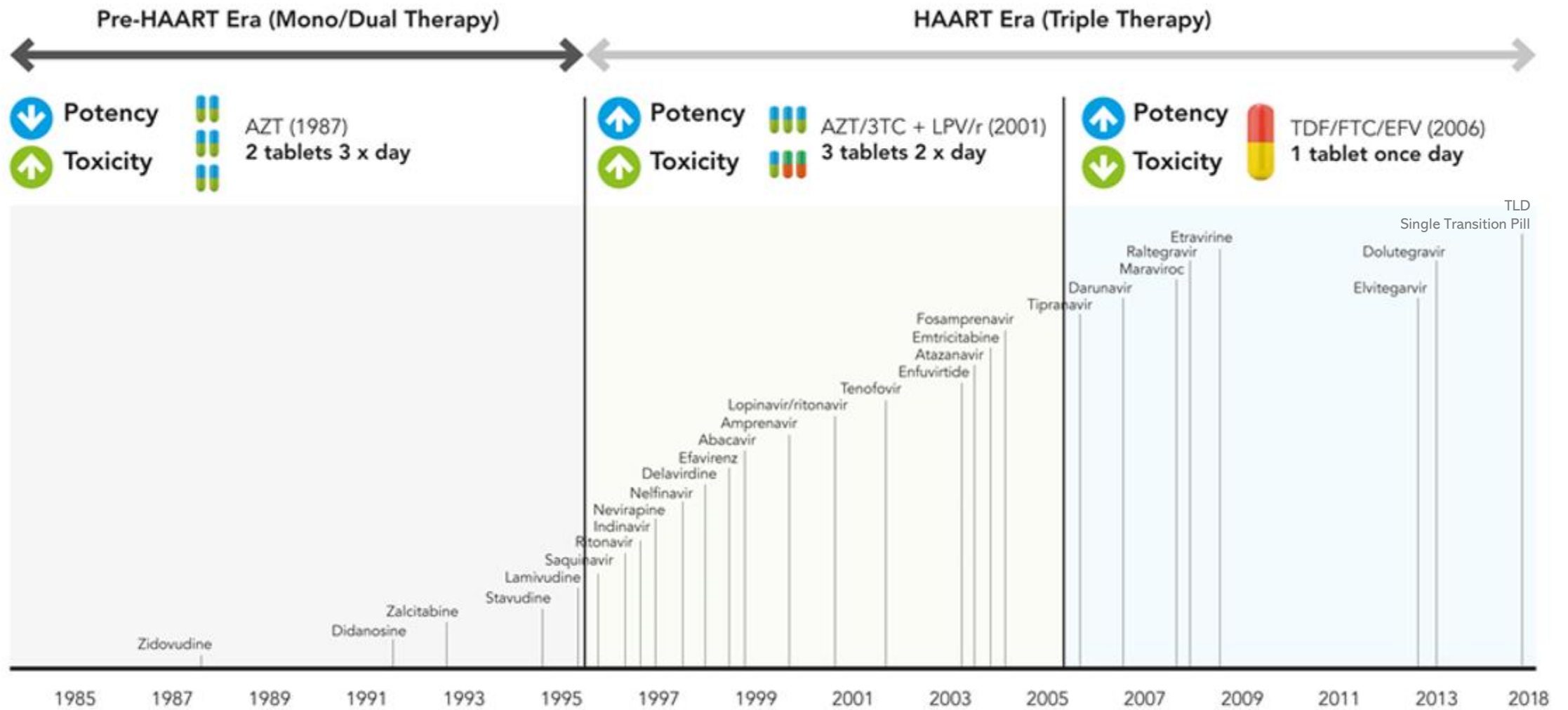
Acting Deputy Executive Director, Programme Branch, UNAIDS







SCIENCE EVOLVED: SMARTER AND BETTER HIV TREATMENT OPTIONS AVAILABLE

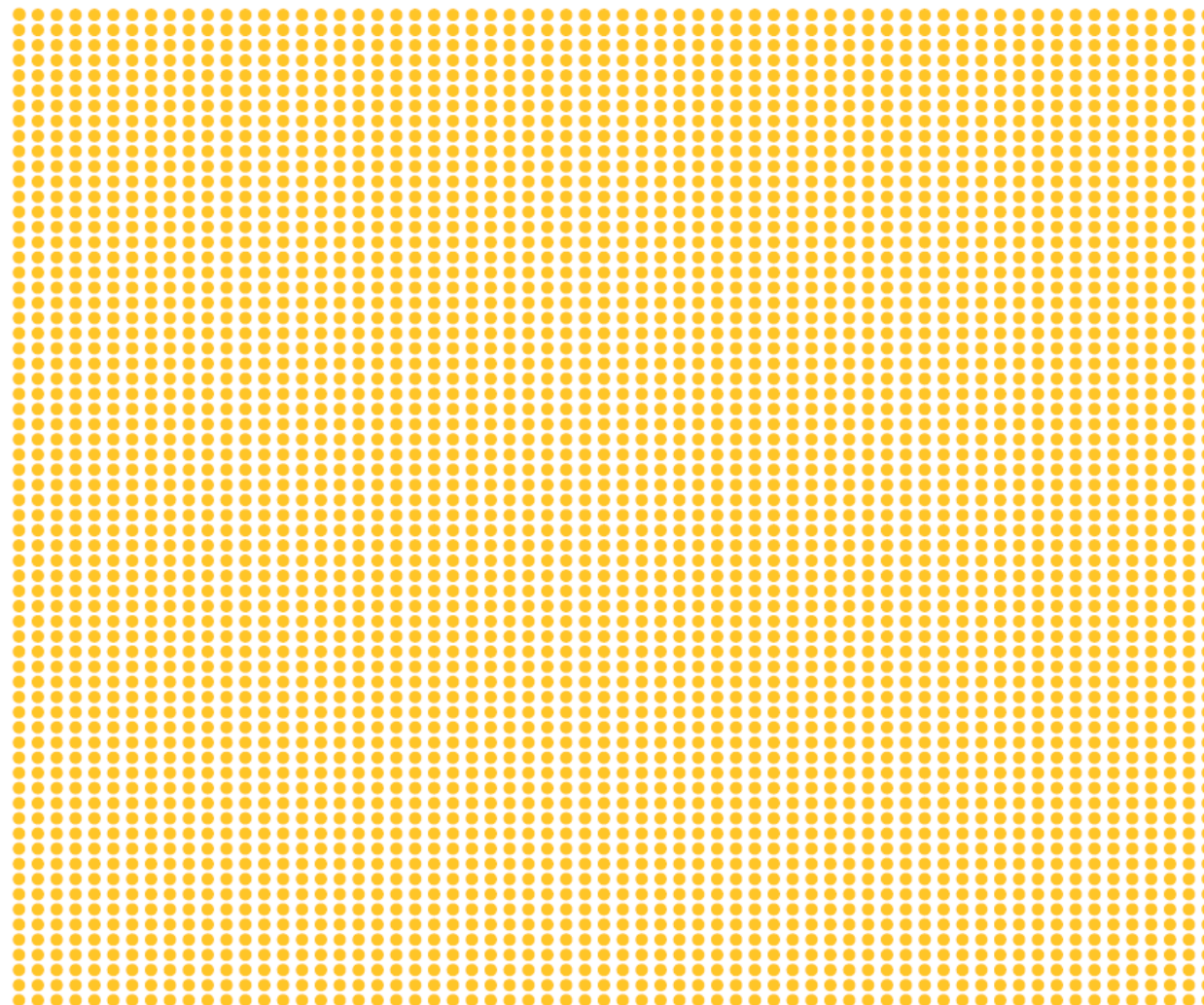


SOUTH AFRICA'S TREATMENT JOURNEY

By mid-2017, 4.2 million people were receiving antiretroviral treatment in South Africa. Another 2.9 million need access to HIV treatment.

Source: UNAIDS Right to Health Report 2017.

- In 2000, 90 people* were accessing HIV treatment.



- =100 people.

20.9

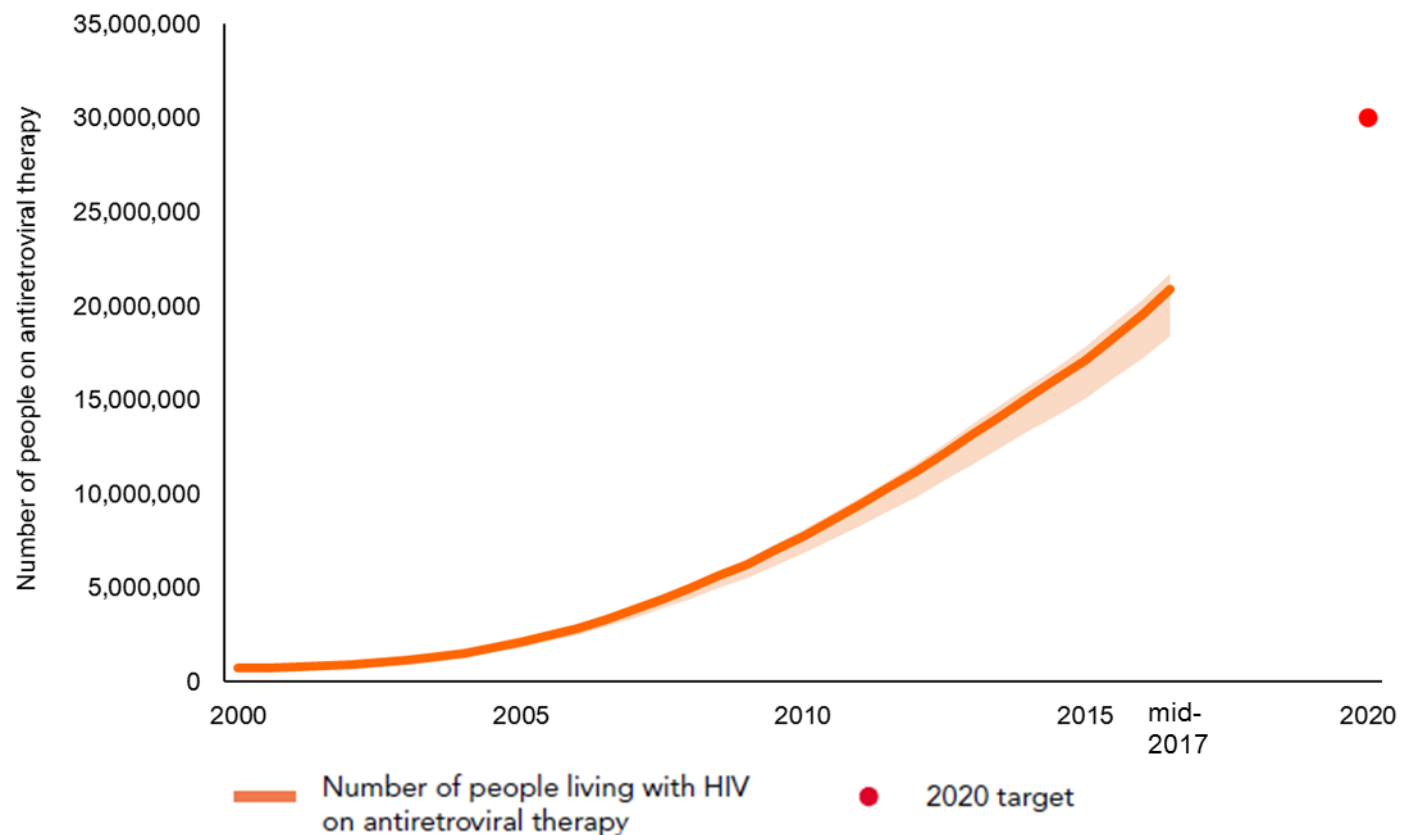
MILLION PEOPLE
ON TREATMENT

MID-2017

ON TRACK TO 30 MILLION PEOPLE ACCESSING TREATMENT

Number of people living with HIV ON antiretroviral therapy, global, 2000–mid-2017 and the 2020 target.

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

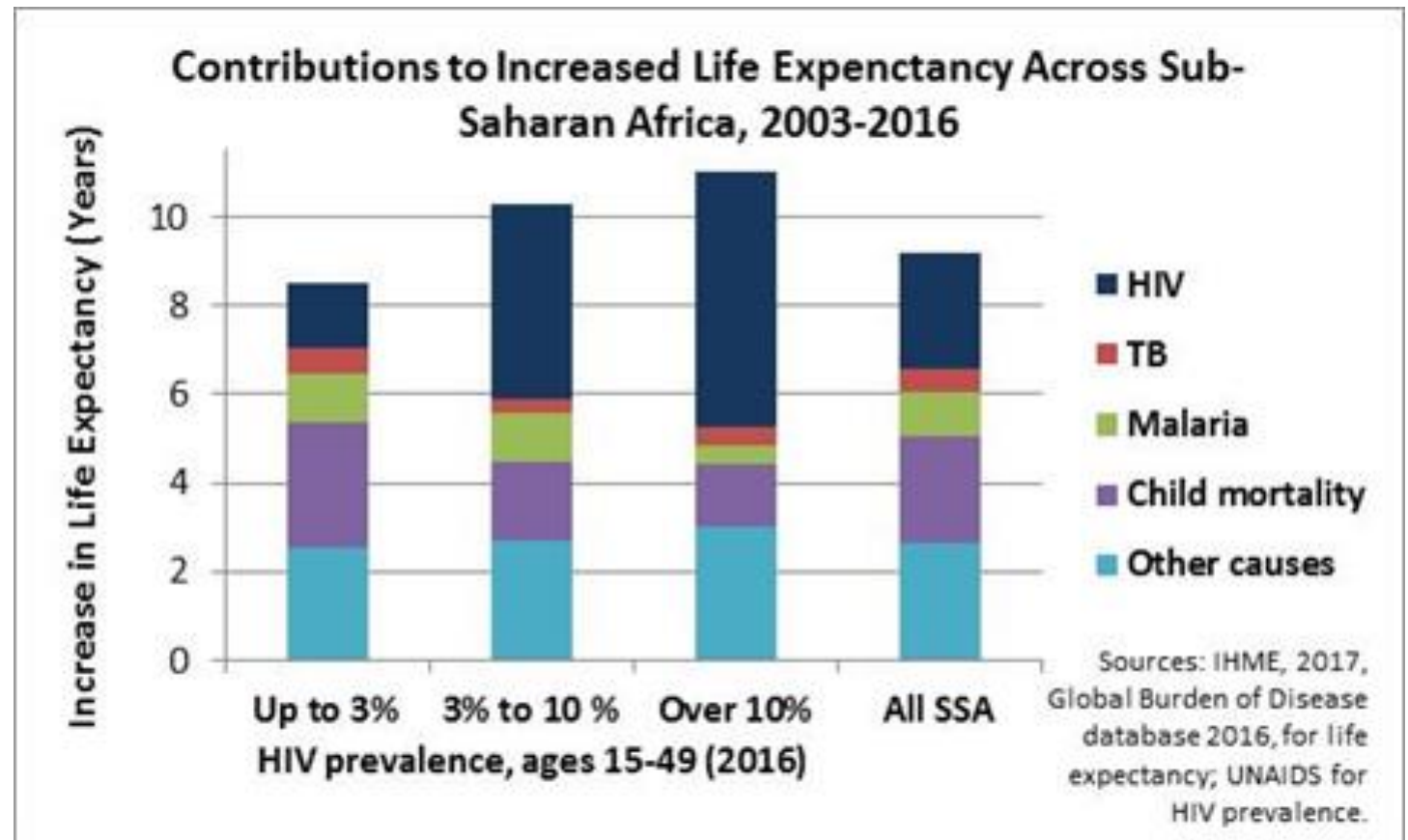


NUMBER OF PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL THERAPY, GLOBAL, 2000–MID-2017 AND THE 2020 TARGET

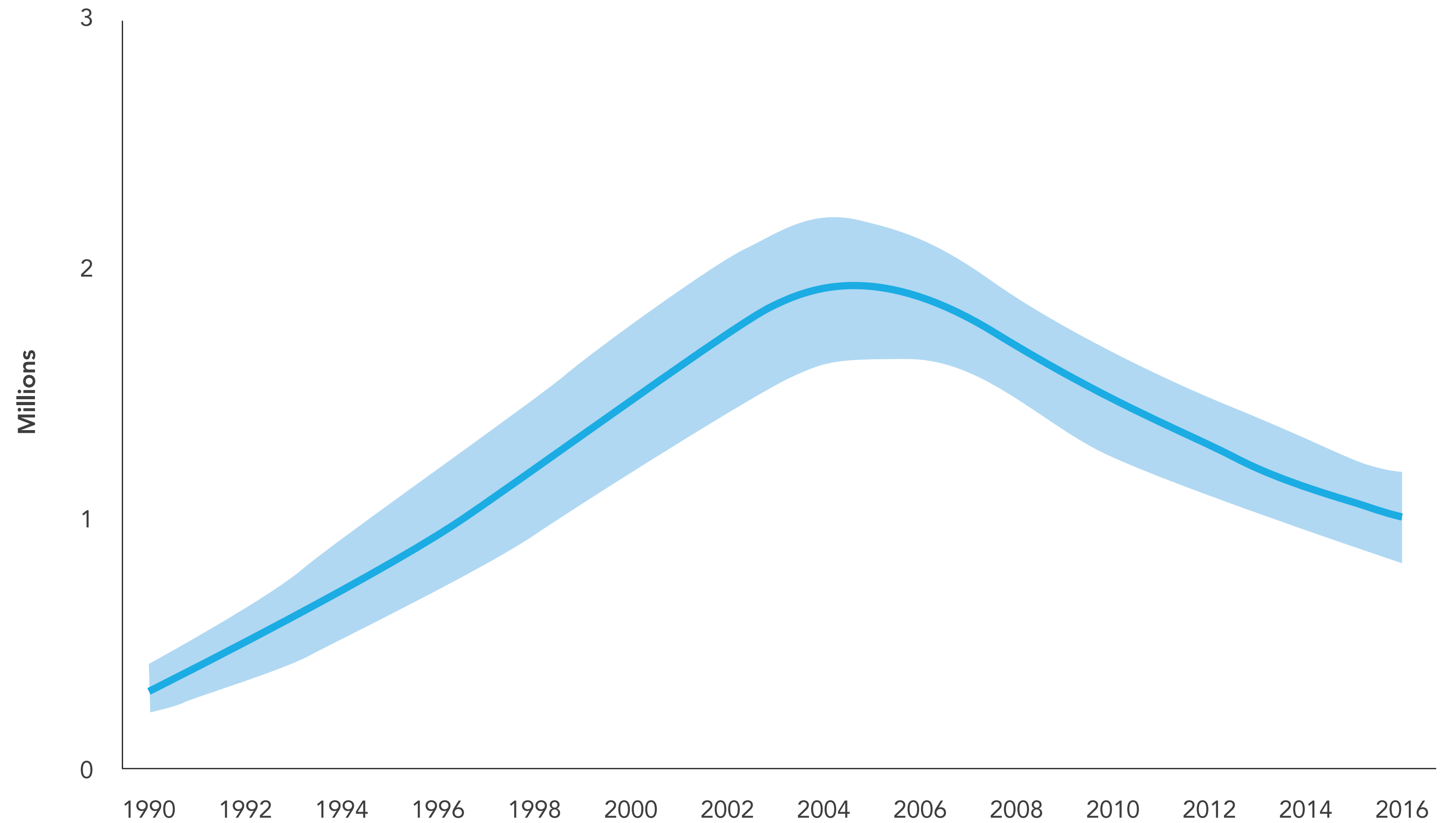
Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

CONTRIBUTIONS TO LIFE EXPECTANCY ACROSS SUB- SAHARAN AFRICA, 2003-2016

As AIDS mortality goes down, economic growth goes up: reductions in mortality account for about 11% of recent economic growth in low-income and middle-income countries as measured in their national income accounts (Lancet, 2013).



ADULT AND CHILD DEATHS DUE TO AIDS | 1990-2016





ENDING THE AIDS EPIDEMIC BY 2030

Fast-Track Targets



by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

200 000

New infections among adults

ZERO

Discrimination

GAPS
IN PROGRESS

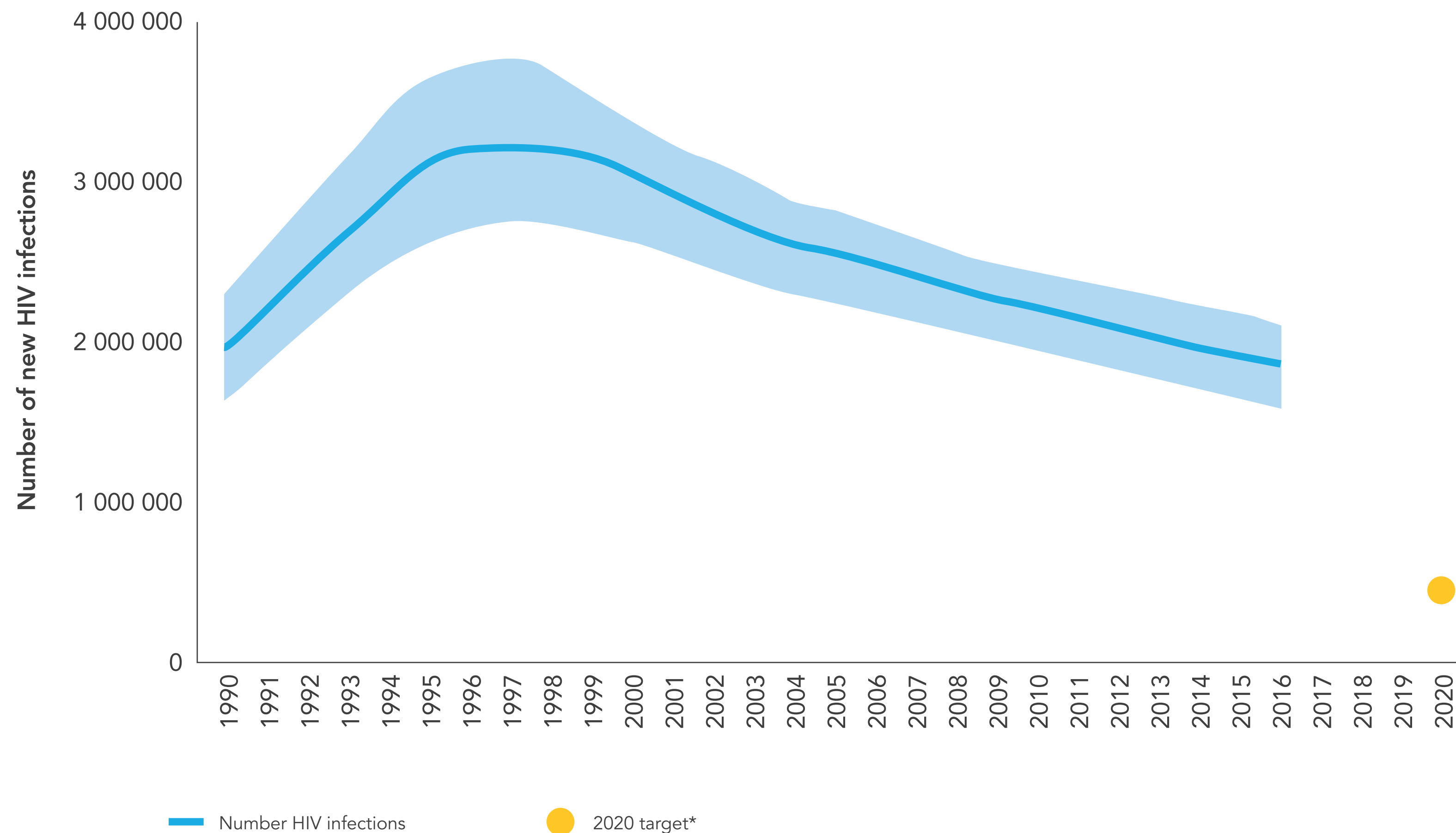
GAPS IN PROGRESS

15.8

MILLION PEOPLE STILL
NEED HIV TREATMENT

REDUCTIONS IN NEW INFECTIONS ARE OFF TARGET

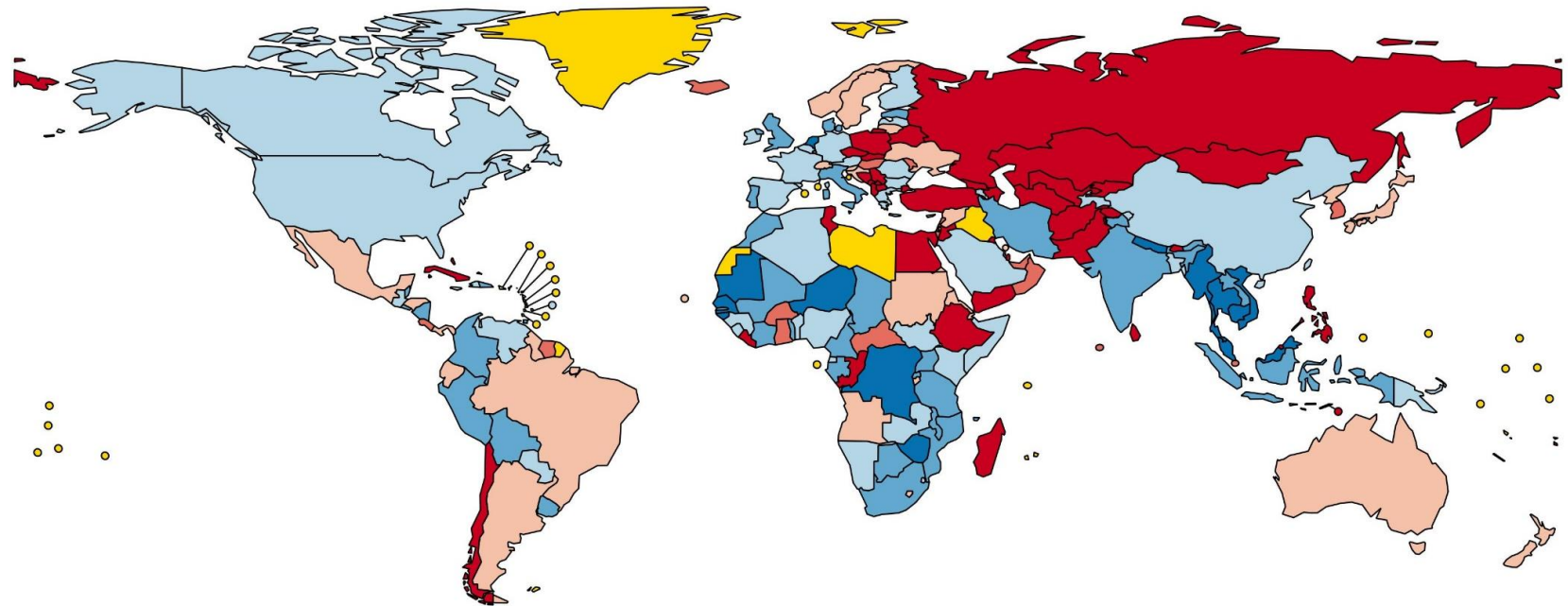
New HIV infections, all ages, global, 1990–2016 and 2020 target.



Source: UNAIDS 2017 estimates.

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

PERCENT CHANGE IN NEW HIV INFECTIONS AMONG ADULTS (AGED 15 YEARS AND OLDER), FROM 2005 TO 2016



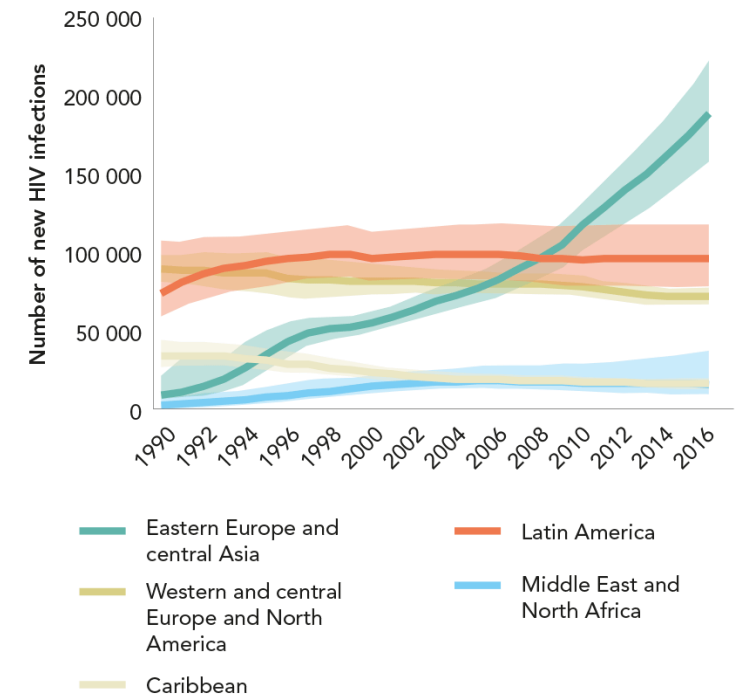
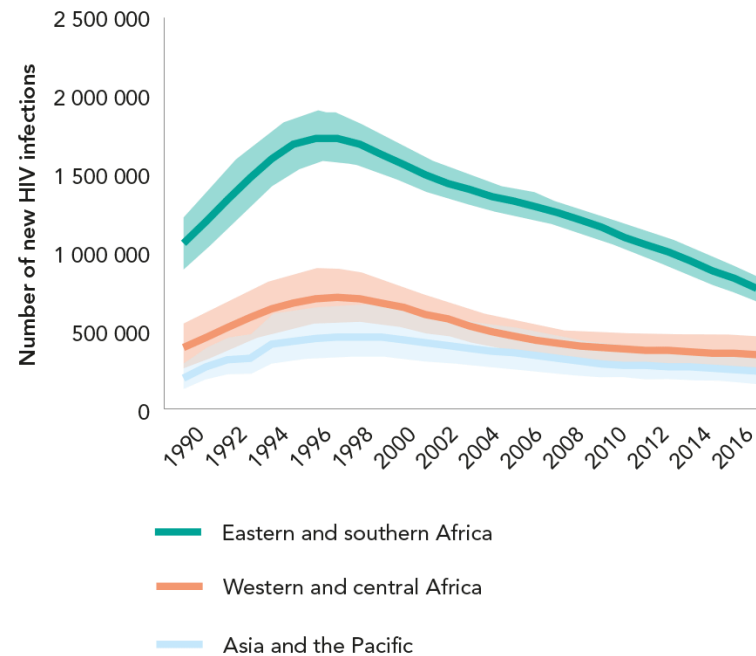
■ >49% decrease ■ 25-49% decrease ■ 0-24% decrease ■ 1-24% increase ■ 25-49% increase ■ >49% increase ■ No data

Source: UNAIDS 2018

ALARMING RISE IN NEW INFECTIONS IN EASTERN EUROPE AND CENTRAL ASIA

New HIV infections, all ages, global, 1990–2016 and 2020 target

Source: UNAIDS 2017 estimates.

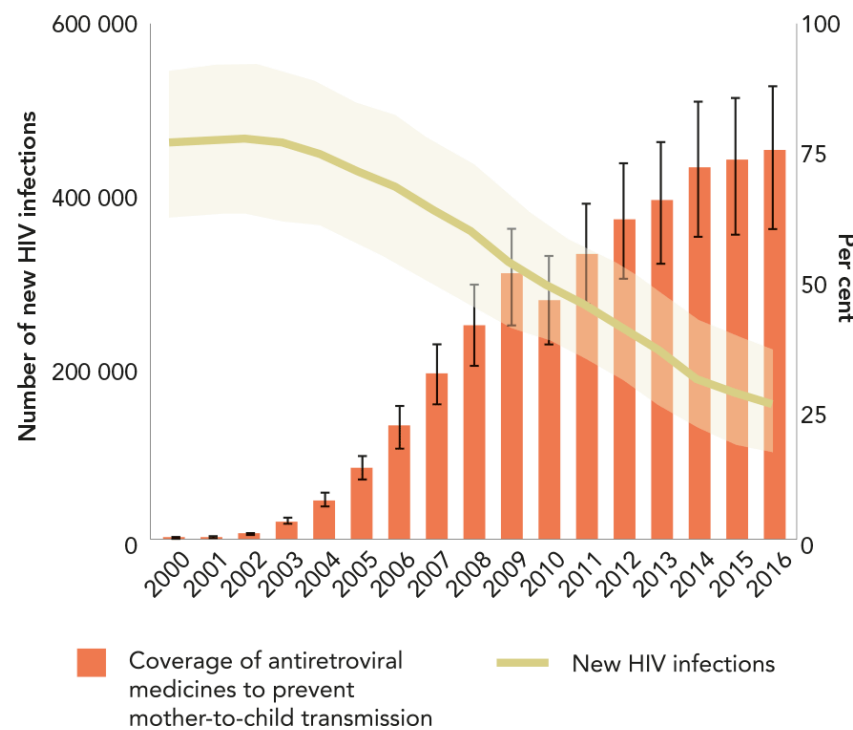


NEW HIV INFECTIONS, ALL AGES, GLOBAL, 1990–2016 AND 2020 TARGET

Source: UNAIDS 2017 estimates.

DECLINES IN NEW INFECTIONS VARY BY AGE AND SEX

New HIV infections among adolescents and adults have been declining far too slowly: more than 1.8 million new infections still occur every year worldwide.



NEW HIV INFECTIONS AMONG CHILDREN (AGED 0–14 YEARS) AND COVERAGE OF ANTIRETROVIRAL REGIMENS TO PREVENT MOTHER-TO-CHILD TRANSMISSION, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

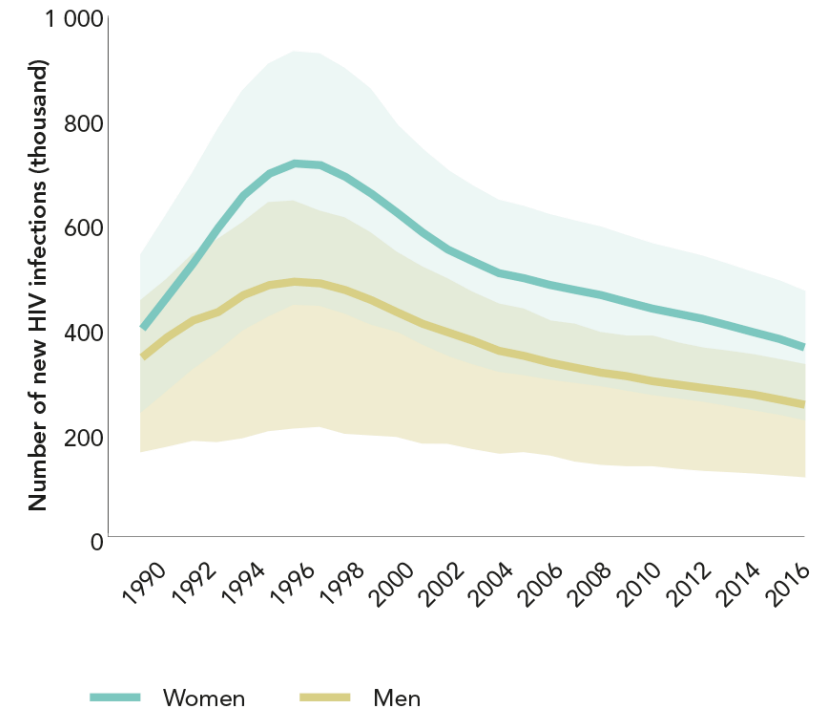


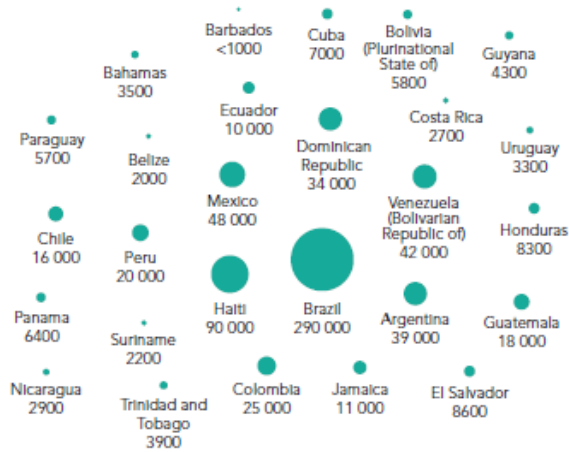
FIGURE 2.6. NEW HIV INFECTIONS, YOUNG PEOPLE (AGED 15–24 YEARS), BY SEX, GLOBAL, 1990–2016

Source: UNAIDS 2017 estimates

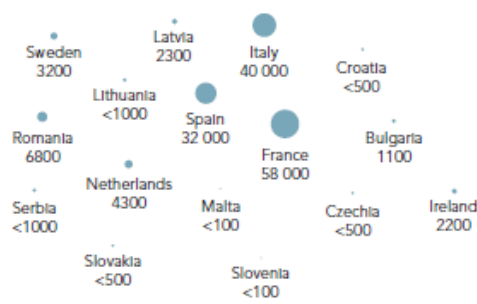
18.8 MILLION GIRLS AND WOMEN LIVING WITH HIV

Girls and women make up more than half of the 36.7 million people living with HIV. Ending AIDS by 2030 requires that we address girls' and women's diverse roles by putting them at the centre of the response.

Latin America and the Caribbean



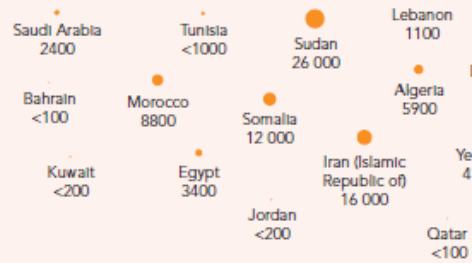
Western and central Europe and North America



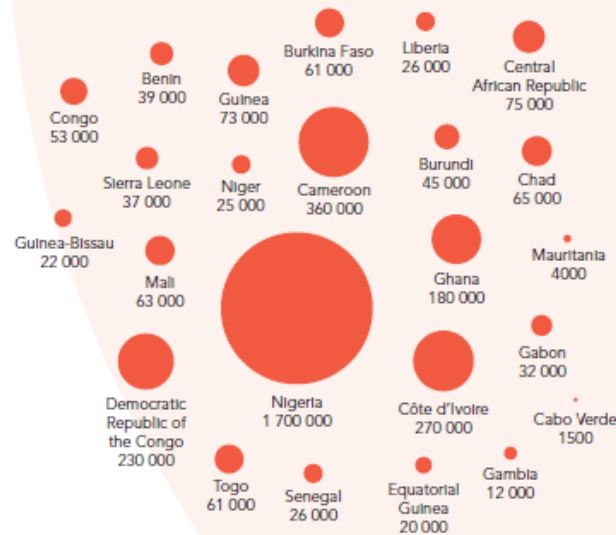
Eastern Europe and central Asia



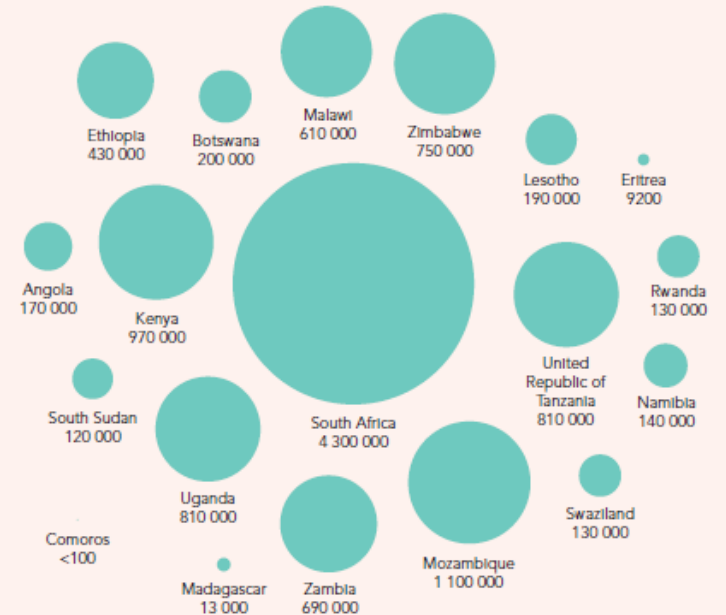
North Africa and Middle East



Africa—western and central Africa

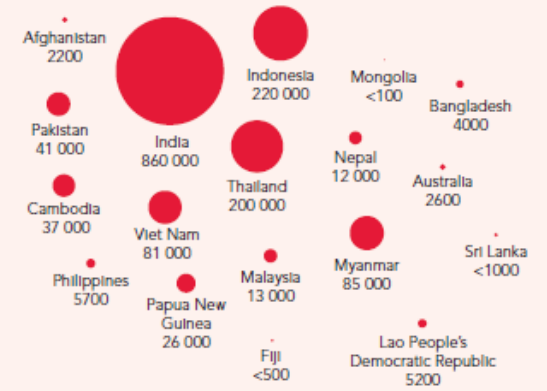


Africa—eastern and southern Africa

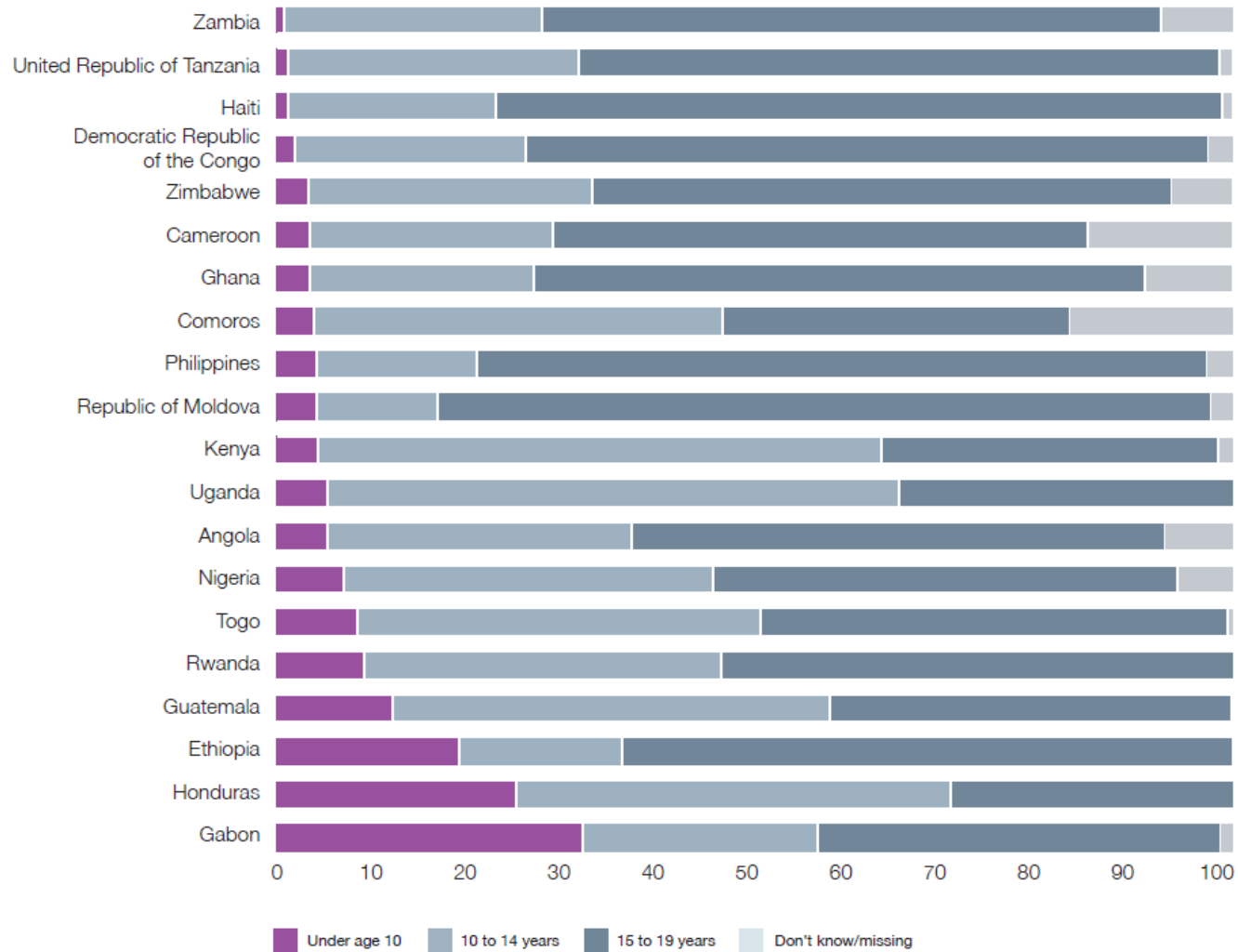


Global 18 800 000

Asia and the Pacific



15 MILLION ADOLESCENT GIRLS HAVE EXPERIENCED SEXUAL VIOLENCE



Percentage distribution of girls aged 15 to 19 years who ever experienced forced sex, by age at first incident

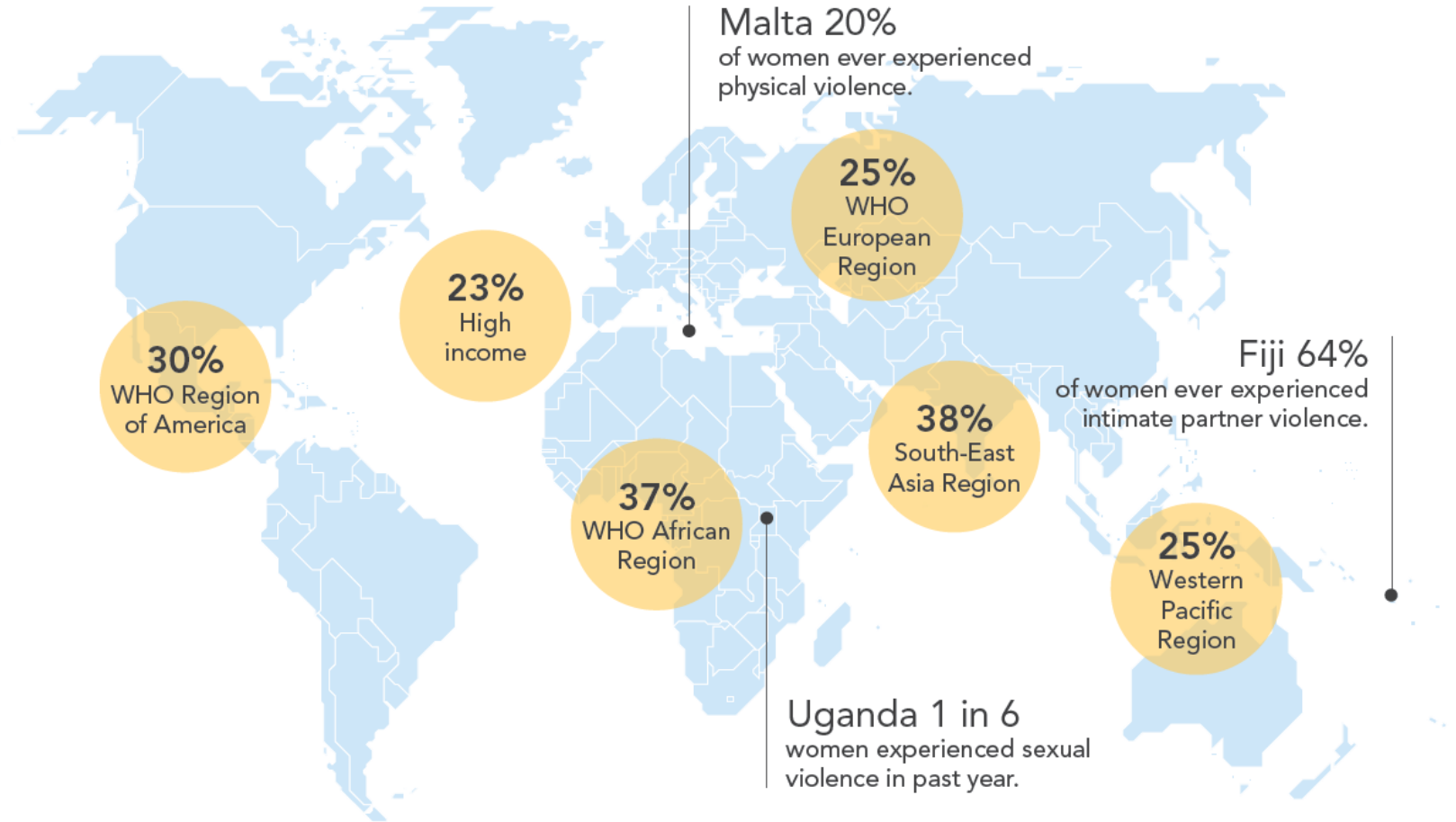
Notes: These data need to be interpreted with caution since there are significant proportions of girls who could not recall the exact age at which they first experienced forced sex and of missing data overall in many countries. Only those countries where the proportion of 'don't know/missing' was less than 20% are included in the chart. Data for Comoros, Ethiopia and Kenya are based on 25 to 49 unweighted cases.

Source: UNICEF global databases, 2017, based on DHS, 2005–2016.

GLOBAL EVER-EXPERIENCED INTIMATE PARTNER VIOLENCE

Globally, 30% of ever-partnered women have experienced physical and/or sexual violence by an intimate partner.

Source: World Bank Group



Low birth weight baby



Risk of HIV



Risk of syphilis, chlamydia of gonorrhea



Risk of alcohol problem



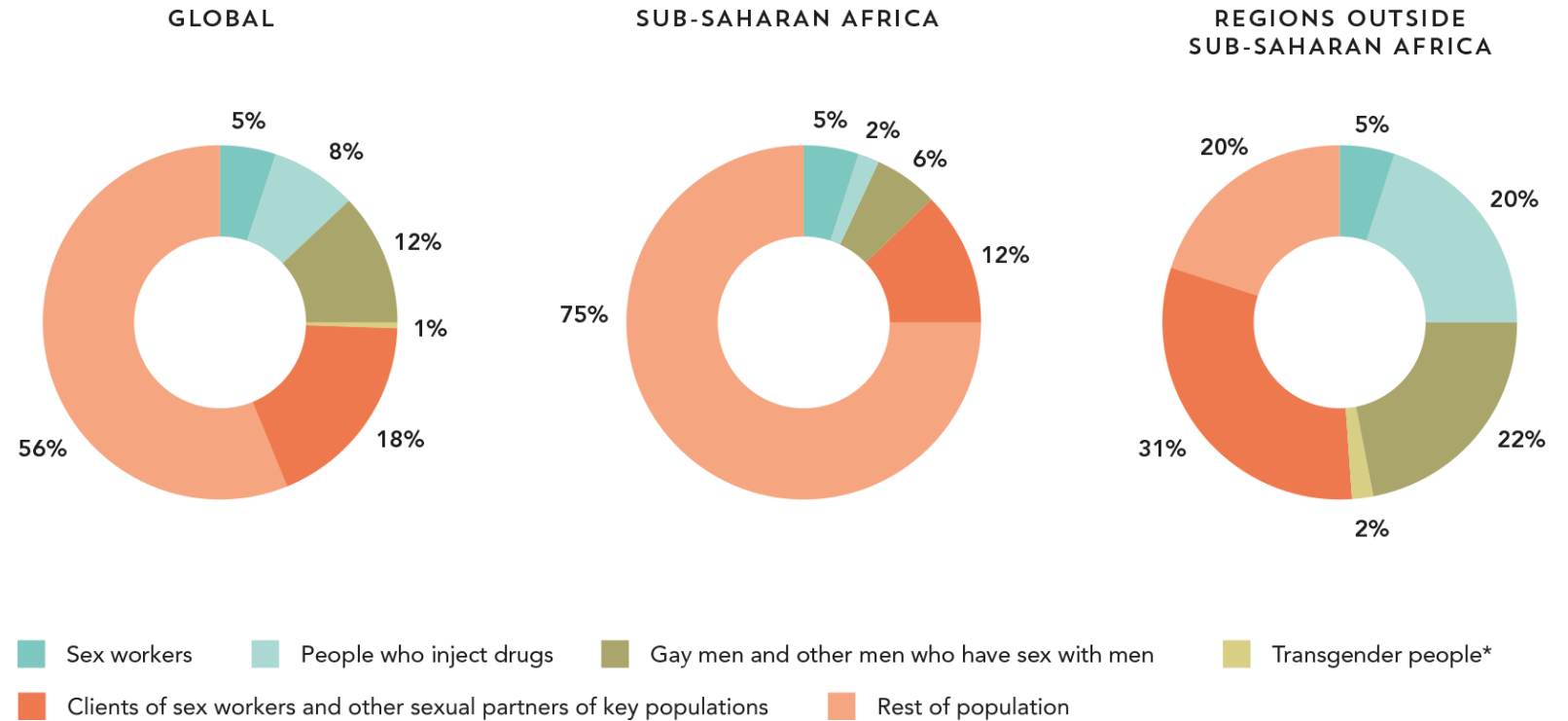
Risk of depression



Risk of suicide

KEY POPULATIONS ARE IMPORTANT IN ALL EPIDEMIC SETTINGS

HIV prevalence among key populations is often substantially higher than it is among the general population.



DISTRIBUTION OF NEW HIV INFECTIONS, BY POPULATION, GLOBAL, SUB-SAHARAN AFRICA AND COUNTRIES OUTSIDE OF SUB-SAHARAN AFRICA, 2015

Source: UNAIDS special analysis, 2017.

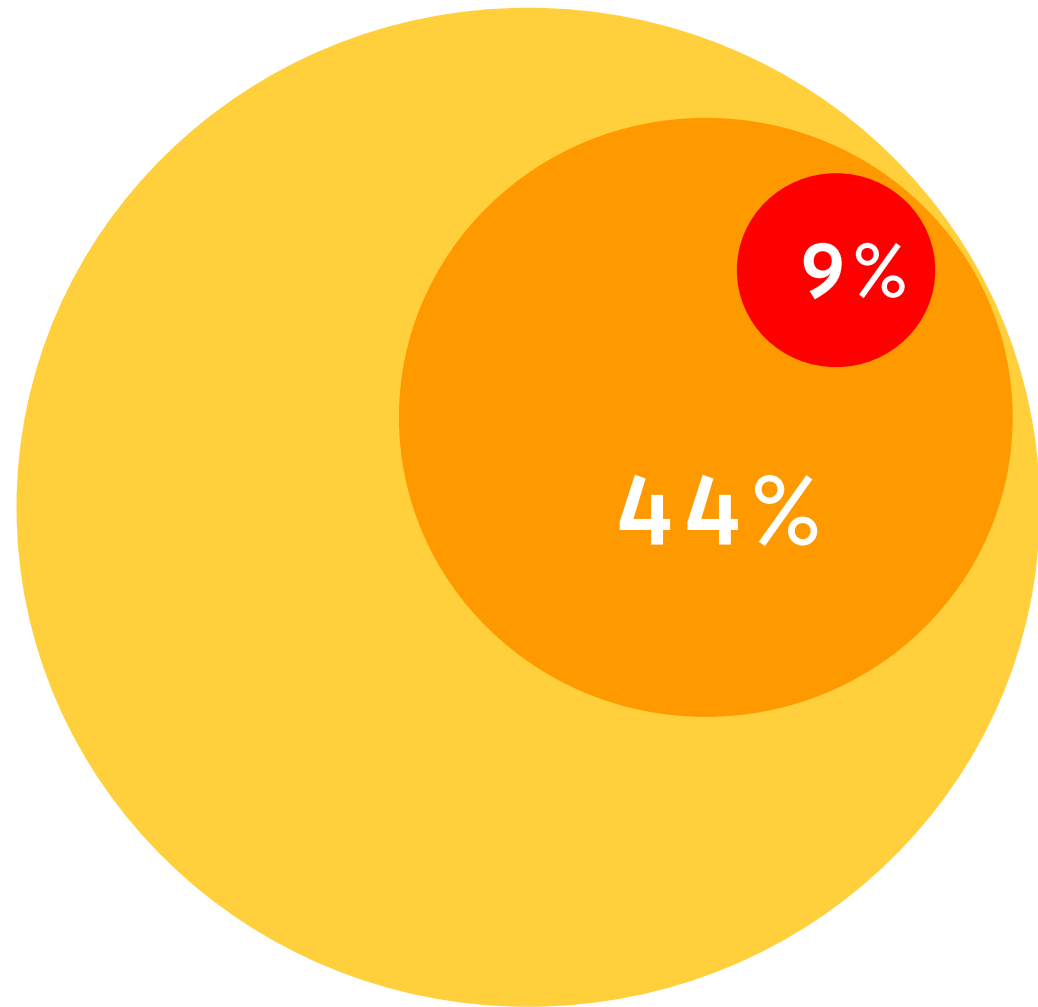
*Only reflects Asia and the Pacific, Latin America and Caribbean regions.

VIETNAM:

9%

OF MSM LIVING WITH
HIV HAVE ACCESS TO
TREATMENT,
COMPARED TO 44%
OF MALE ADULTS
FROM THE GENERAL
POPULATION

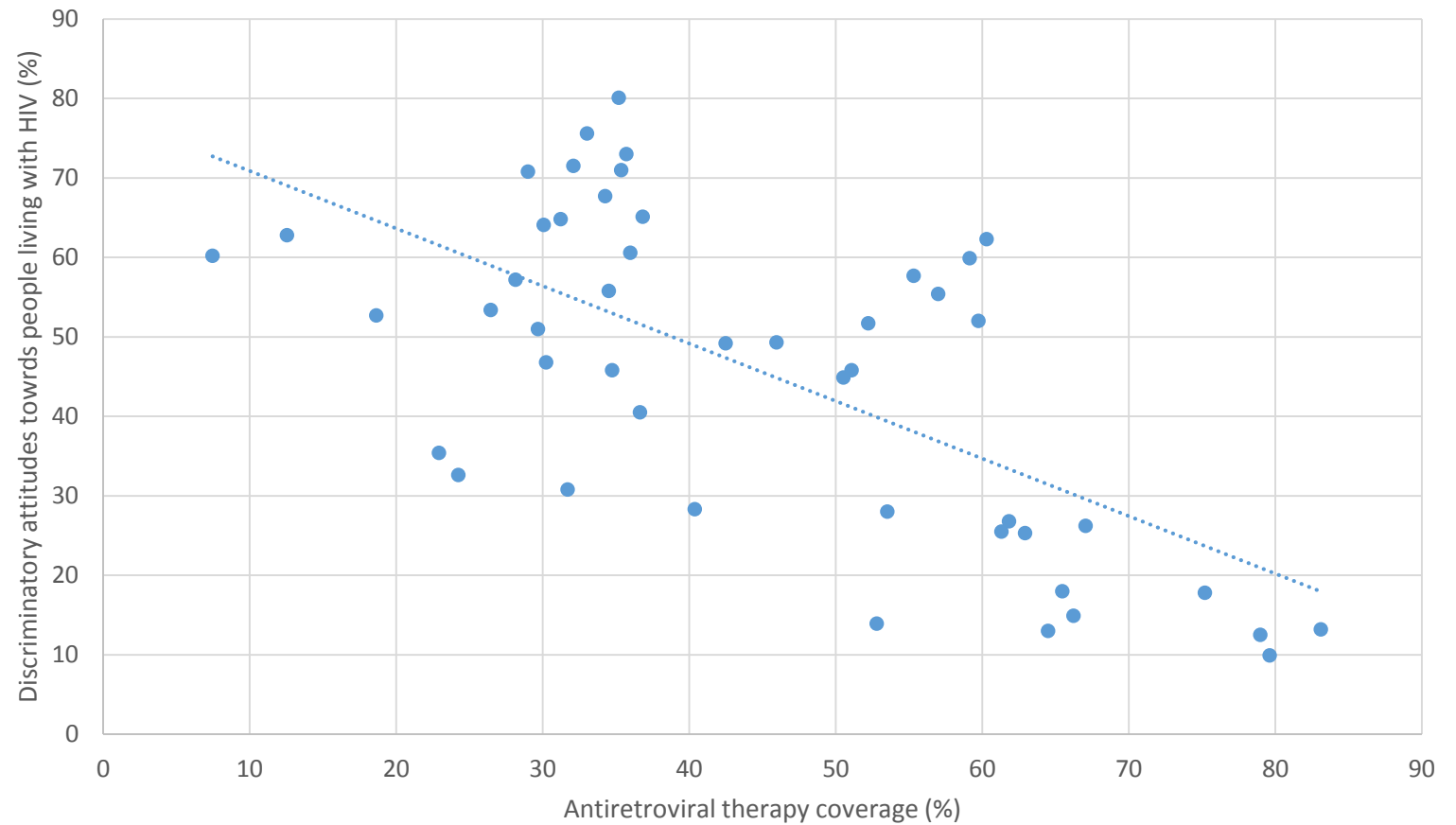
Source: UNAIDS GAM 2016



DISCRIMINATORY ATTITUDES TOWARDS PEOPLE LIVING WITH HIV AND THE THREE NINETIES

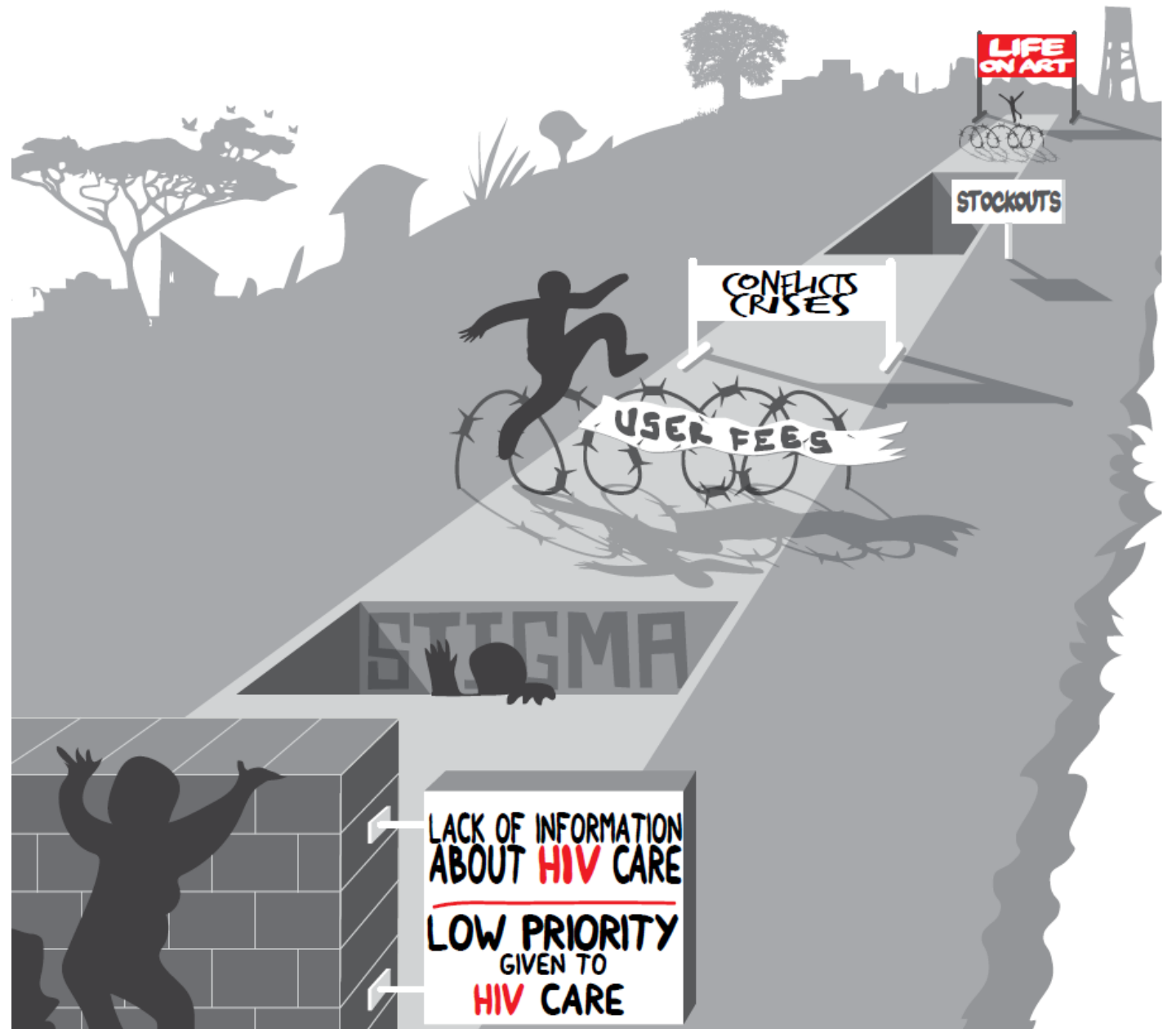
Discriminatory attitudes and ART coverage, by country

Source: AIDSinfo 2016.



USER FEES AN OBSTACLE TO TREATMENT

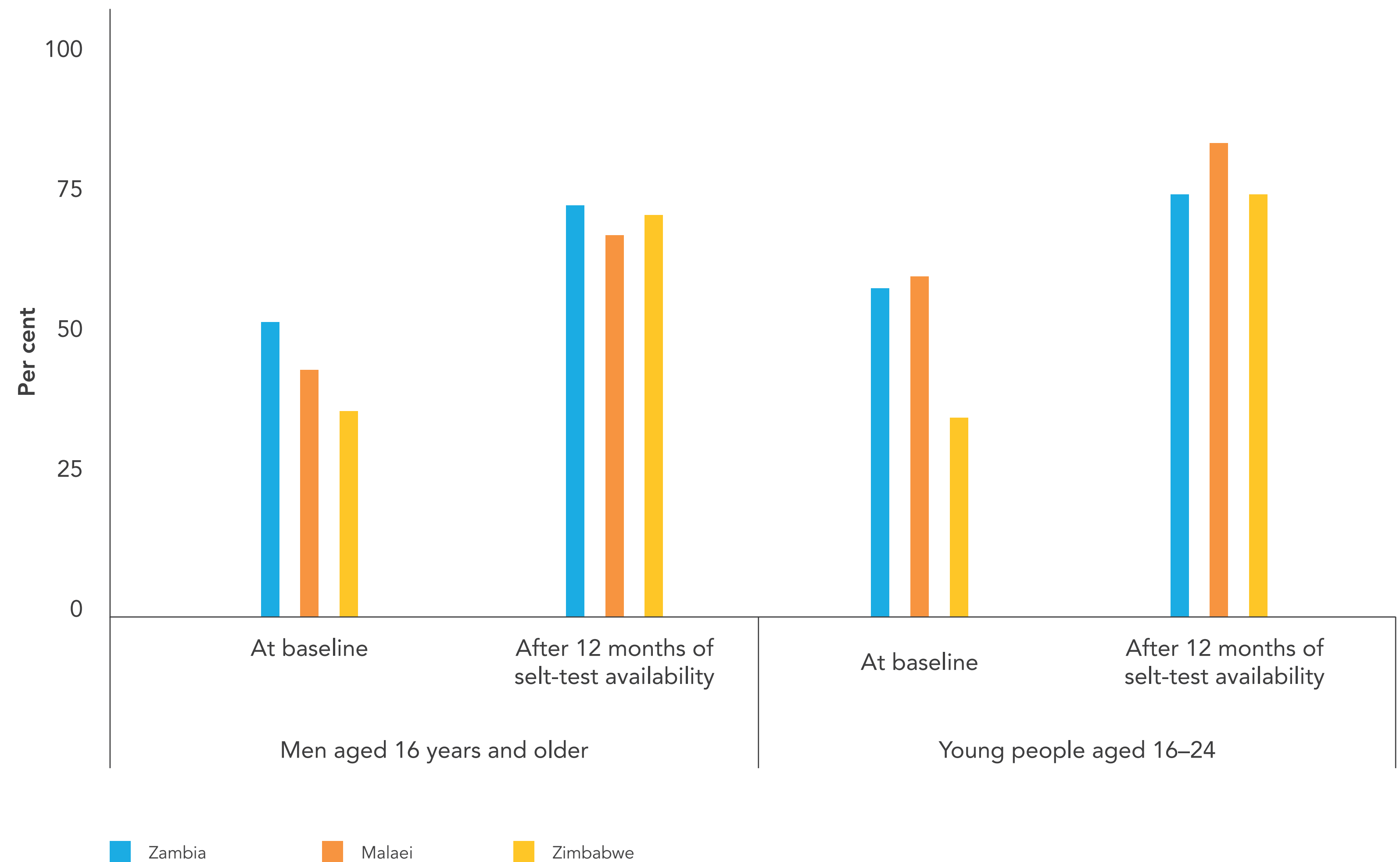
Source: Medecins Sans Frontiers, *Out of Focus* (2016).



WHAT IS NEEDED

SELF-TESTING REACHING YOUNG PEOPLE AND MEN

Testing coverage, men (aged 16–65 years) and young people (aged 16–24 years), baseline and after 12 months of self-test availability, STAR self-testing project, Malawi, Zambia and Zimbabwe, 2016–2017.



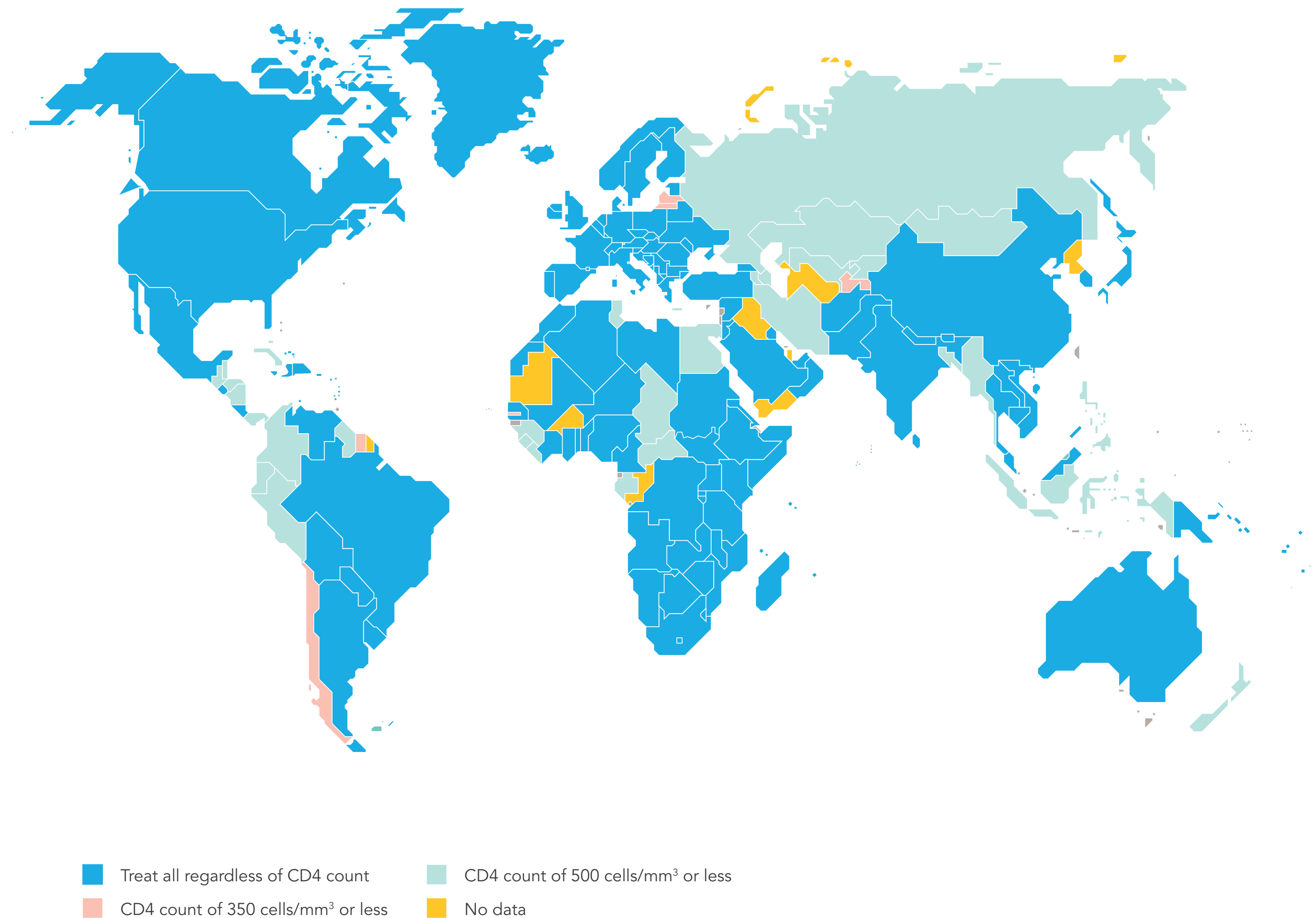
Source: UNAIDS GAUD 2017.

COUNTRIES ADOPTING THE TREAT ALL GLOBAL STANDARD

Recommended antiretroviral therapy initiation threshold among people living with HIV per Ministry of Health guidelines, by country, global, MID-2017.

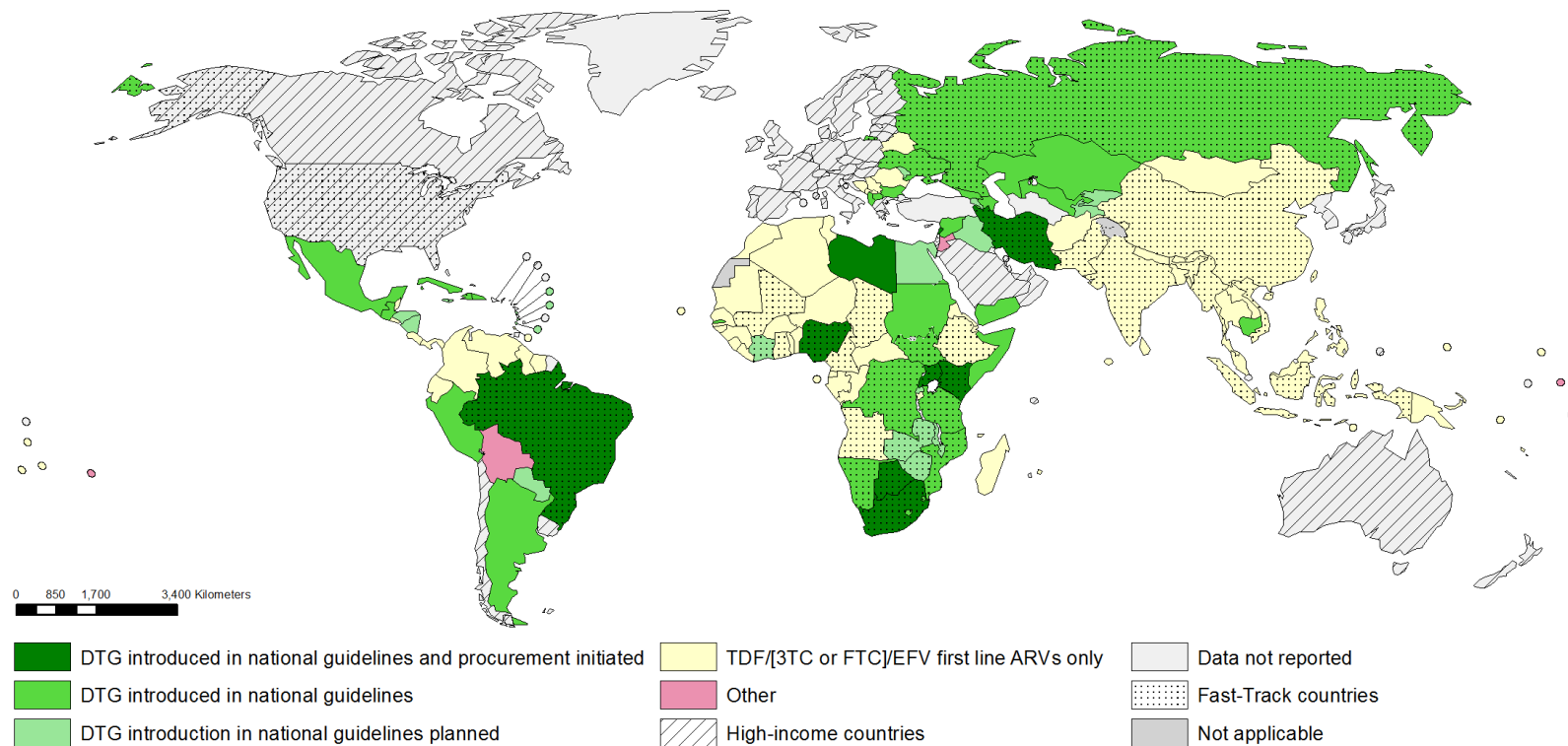
Drawing on the rapidly growing body of data demonstrating the clear preventive and therapeutic effects of early antiretroviral therapy, the World Health Organization (WHO) recommended in 2015 that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count. Among the 194 countries that reported information to WHO and UNAIDS, 123 of them—including 29 of 35 Fast-Track countries—had adopted this treat all approach within their national HIV treatment guidelines. Among the remaining reporting countries, eight continue to limit treatment to people living with HIV who have a CD4 count of 350 cells/mm³ or lower.

Source: GAUD 2017.



INITIAL SHIFTS TOWARDS DOLUTEGRAVIR (DTG) IN LOW- AND MIDDLE-INCOME COUNTRIES (AS OF NOVEMBER 2017)

TDF/3TC(FTC)/EFV as the preferred first line ARV combination
among adults and adolescents and initial shifts towards Dolutegravir (DTG) in low- and middle-income countries
(situation as of November 2017)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

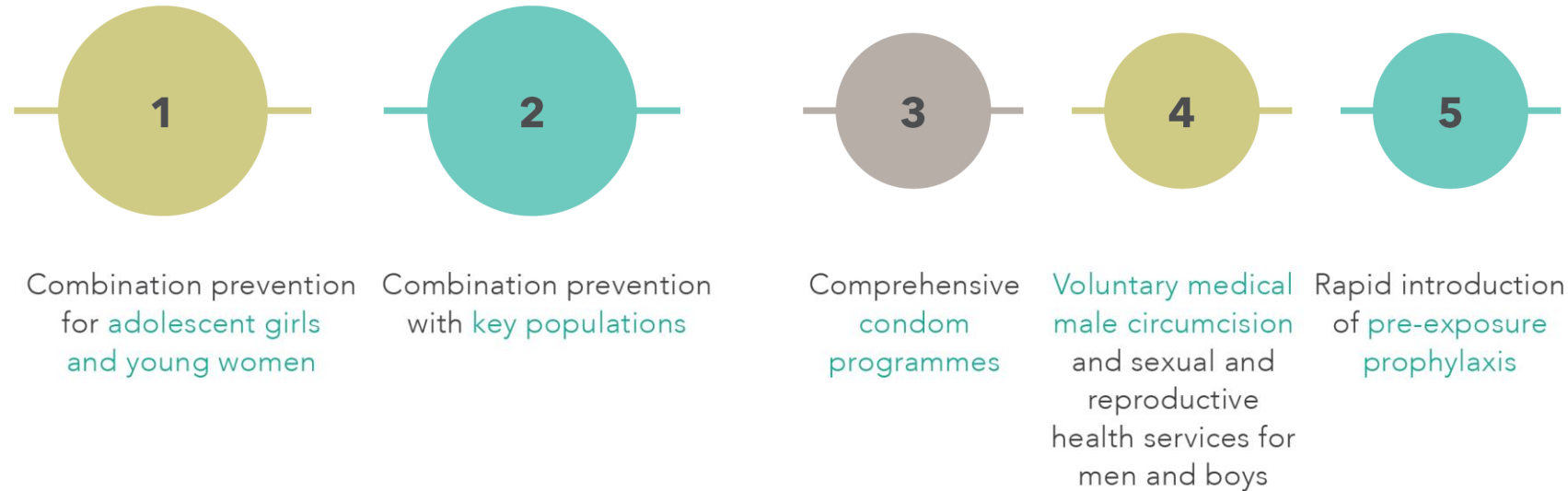
Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization



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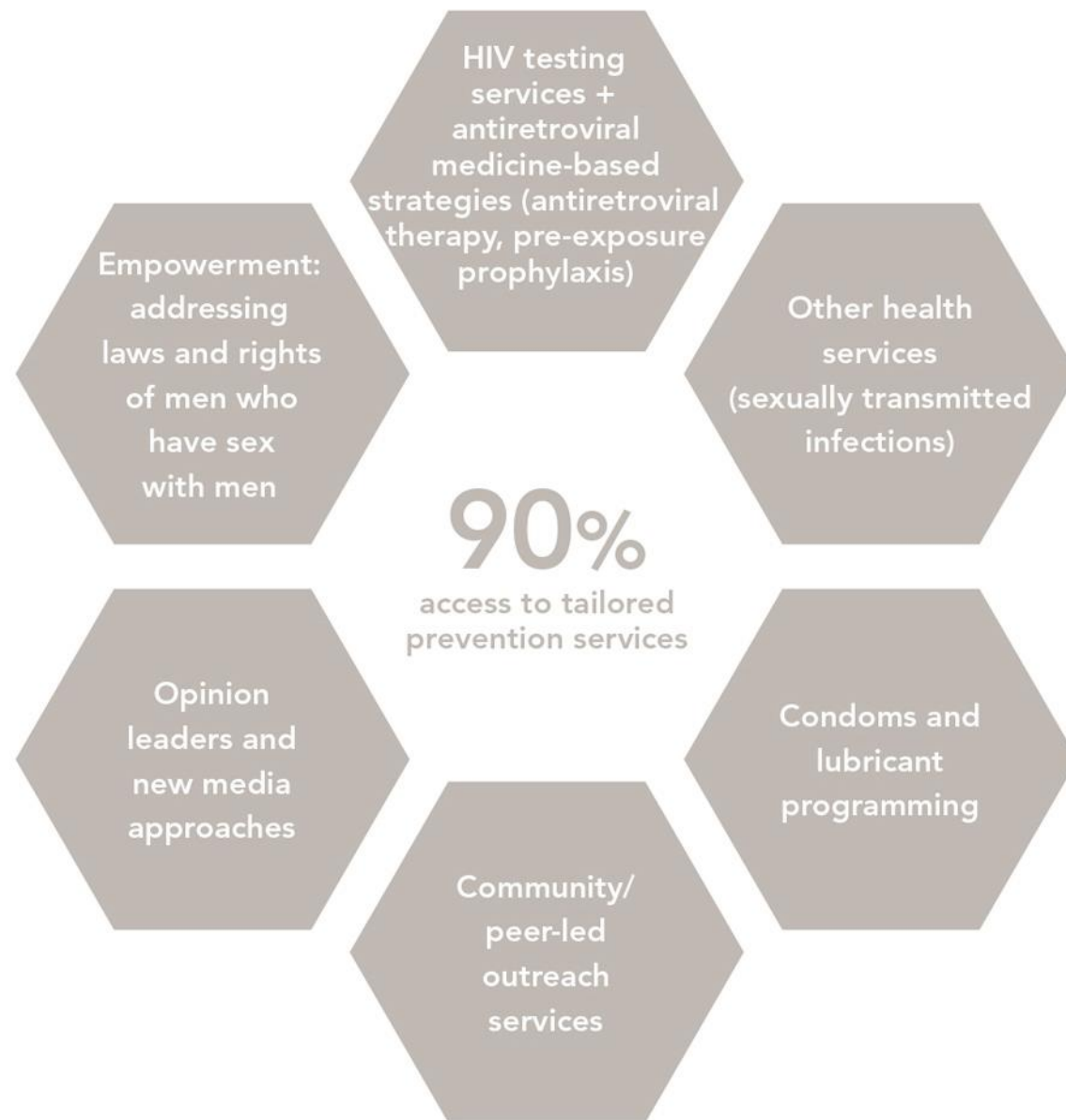
Source: World Health Organization.

FIVE PILLARS OF COMBINATION PREVENTION



Source: UNAIDS Prevention Gap report 2016.

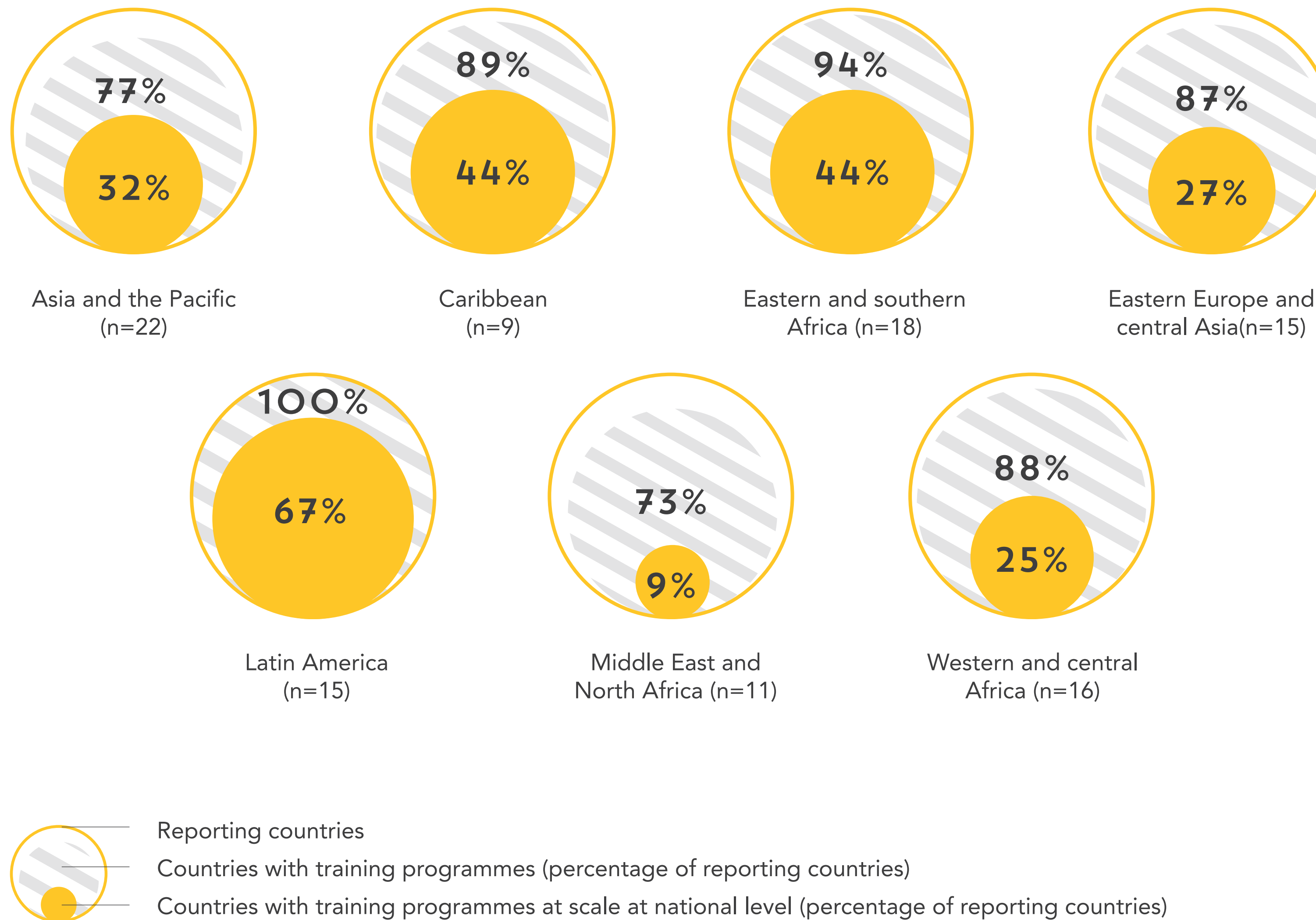
EXAMPLE OF A COMBINATION HIV PREVENTION PACKAGE FOR MEN WHO HAVE SEX WITH MEN



Source: UNAIDS 2017-2021 Strategy; On the Fast-Track to End AIDS.

TRAINING FOR STIGMA AND DISCRIMINATION REDUCTION

Percentage of countries that have HAD training and/or capacity-building on HIV-related rights for people living with HIV and key populations in the past two years, by region, 2016.



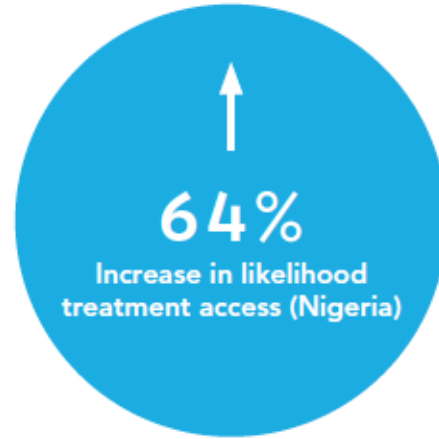
Source: UNAIDS GAUD 2017.

COMMUNITY RESPONSE DELIVERS RESULTS

Community engagement leads to greater access to treatment and prevention.

For an increase of 1 community-based organization per 100 000 people.

Source: Rodriguez-Garcia, R, Bonnel, R, Wilson & D, N'Jie, Investing in Communities achieves results. World Bank, 2013.

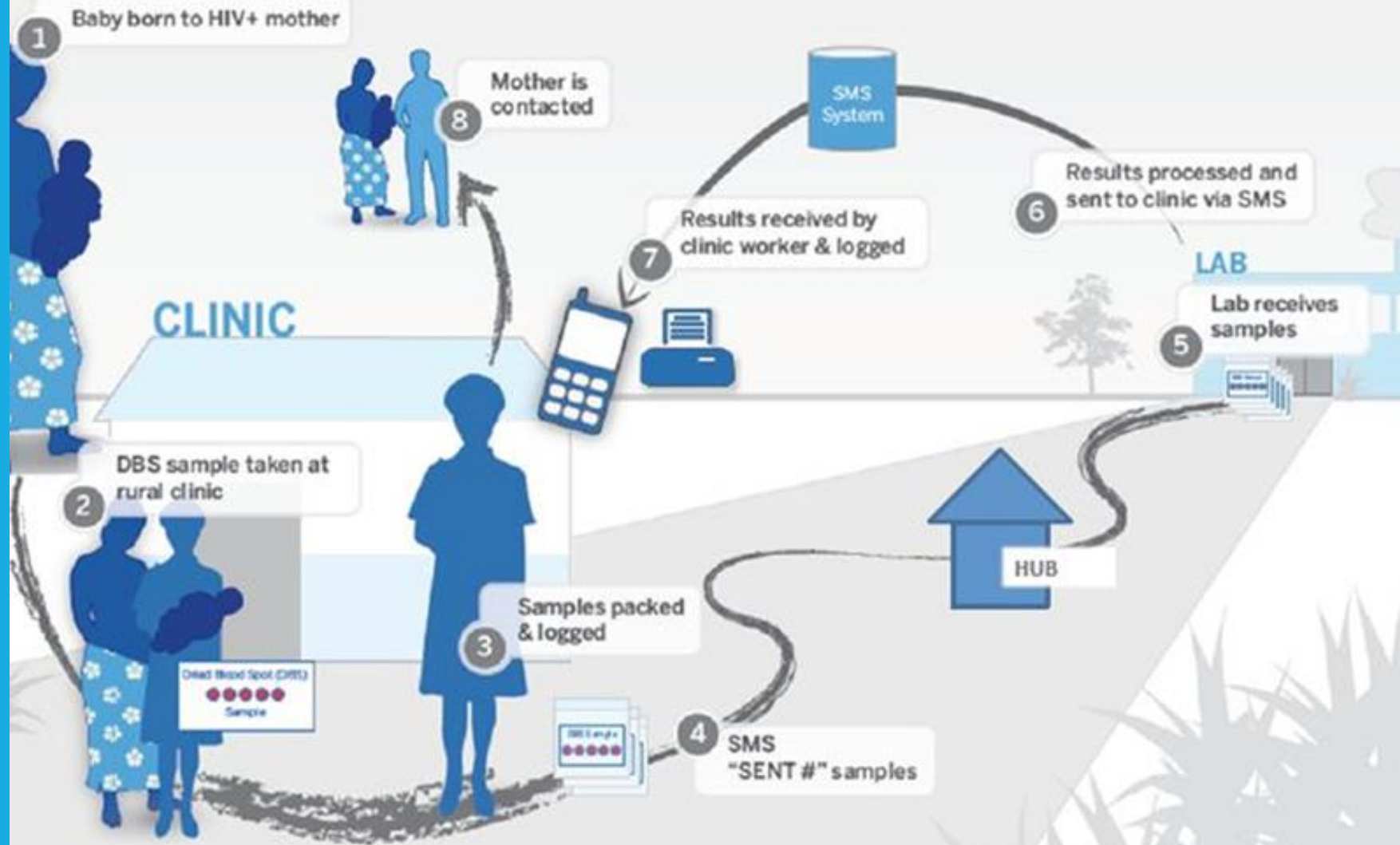


MOBILE HEALTH IN ZAMBIA

Use of mobile technology to ensure proper transmission of lab results and reduce turnaround time.

Source: Peter Funsani, Ministry of Health, Zambia (2018).

Results160 Process



FAST-TRACK CITIES

Cities and municipalities that have signed on to the 2014 Paris declaration on ending the AIDS epidemic, 2017.



19 municipalities have signed in Cameroon
 34 municipalities have signed in Côte d'Ivoire
 17 municipalities have signed in Honduras
 3 municipalities have signed in Panama
 15 municipalities have signed in Senegal
 12 municipalities have signed in South Africa

2 municipalities have signed in Togo
 51 municipalities have signed in Zambia
 9 municipalities have signed in Spain
 15 municipalities have signed in Sierra Leone
 31 municipalities have signed in Brazil

Source: UNAIDS 2017.

FINANCING THE RESPONSE

RESOURCE AVAILABILITY IN DANGER OF FALLING SHORT OF GLOBAL COMMITMENTS

HIV resource availability by source, 2006-2016, and projected resource needs by 2020, low- and middle-income countries*.

Source: UNAIDS estimates June 2017 on HIV resource availability. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from Donor Governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.



PRICE COMPARISONS

1st line



TDF/3TC/EFV

2nd line



AZT/3TC+ATV/r

2.7 X

more expensive than first line

3rd line



RAL+DRV+r+ETV

17.4 X

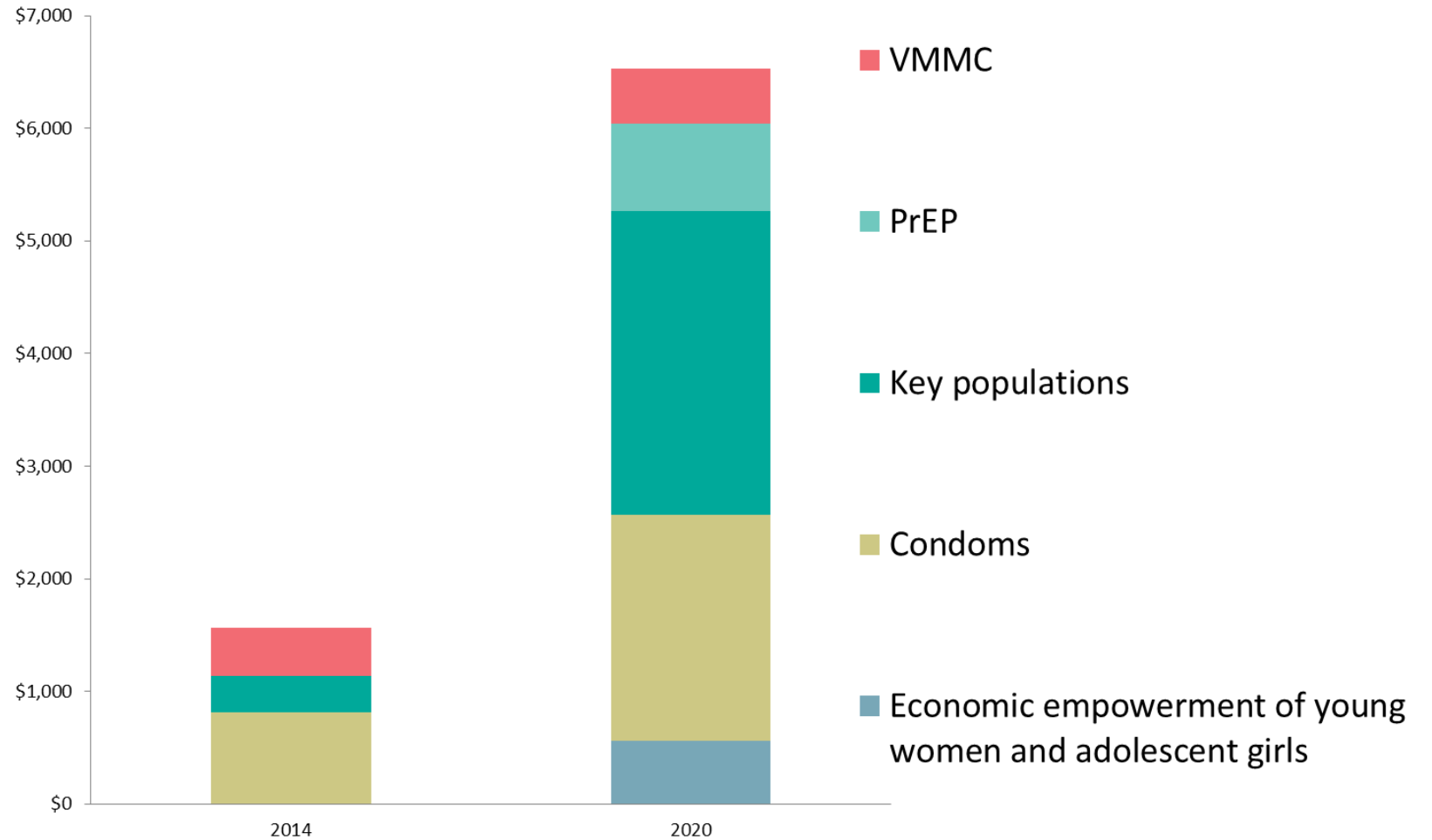
more expensive than first line

no fixed dose combination

Source: MSF, Untangling the Web, 2016.

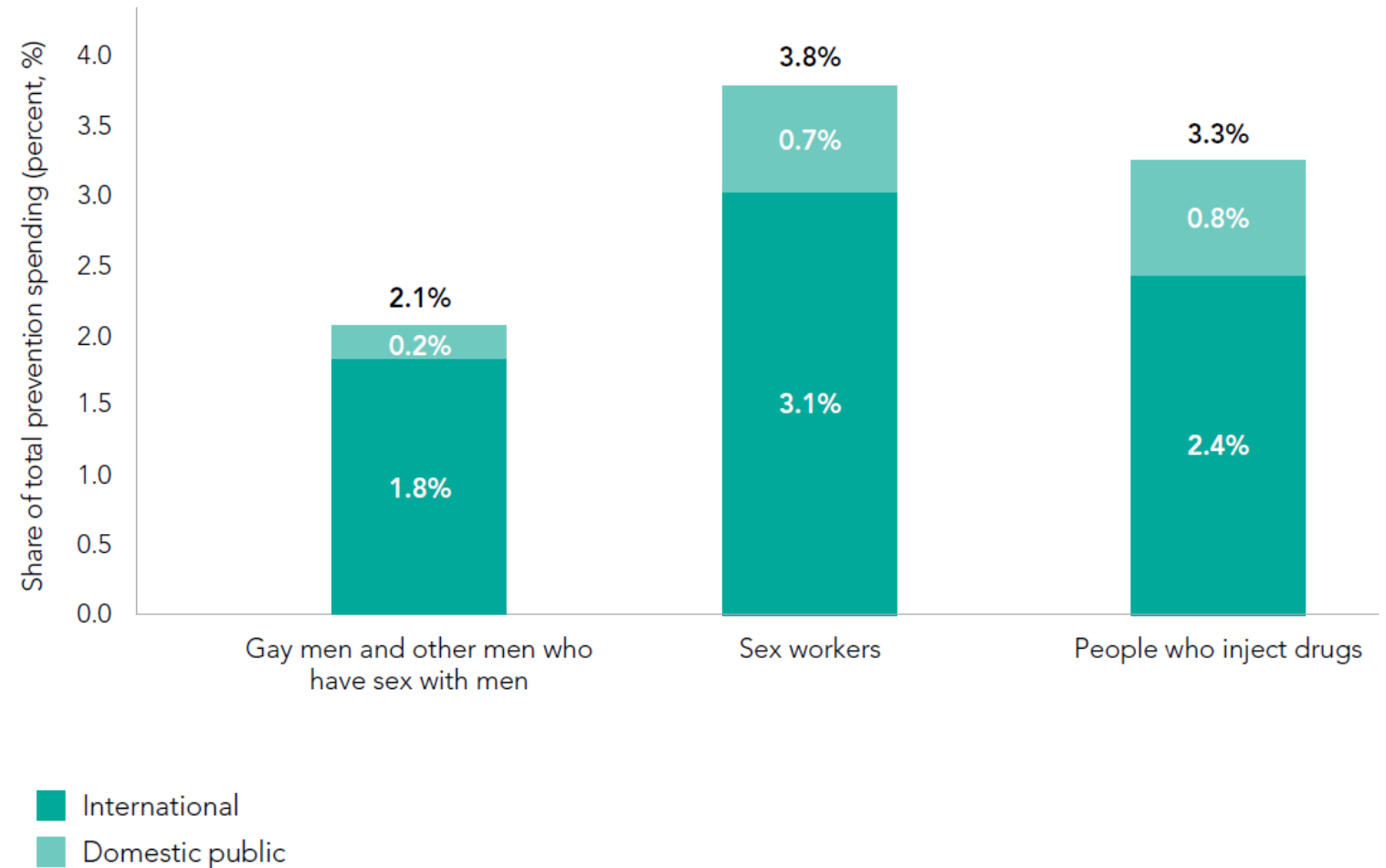
ESTIMATED PREVENTION SPENDING AND RESOURCE NEEDS TO REACH 90% PREVENTION TARGETS (PER FIVE PILLARS)

Source: UNAIDS, June 2017.



SPENDING ON PROGRAMMES SPECIFICALLY FOR KEY POPULATIONS AS A PERCENTAGE OF TOTAL PREVENTION SPENDING BY SOURCE, 2010-2014

Source: Global AIDS Response Progress Reporting, 2010-2014.



THE RIGHT TO HEALTH

Everyone. Everywhere.

Fulfilling the right to health enables everyone to
fulfil their promise and their dreams.

Iman Ithabi is accessing antiretroviral therapy after being referred for treatment by a traditional healer in Mupatira village in the Shaberi region, south of Swaziland. Credit: Giorgio Montali

**“THE AIDS RESPONSE
WAS BOTH A DRIVER
OF AND DRIVEN BY THE
PROGRESS ACHIEVED
AT THE INTERSECTION
BETWEEN HEALTH
AND HUMAN RIGHTS.”**



