90-90-90

A smart and doable investment

UNAIDS

As of December 2013

Adults and children living with HIV

35.0 million
[33.2 million – 37.2 million]

Adults and children newly infected

2.1 million
[1.9 million – 2.4 million]

Adult & child deaths due to AIDS

1.5 million
[1.4 million – 1.7 million]

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The other side of the story

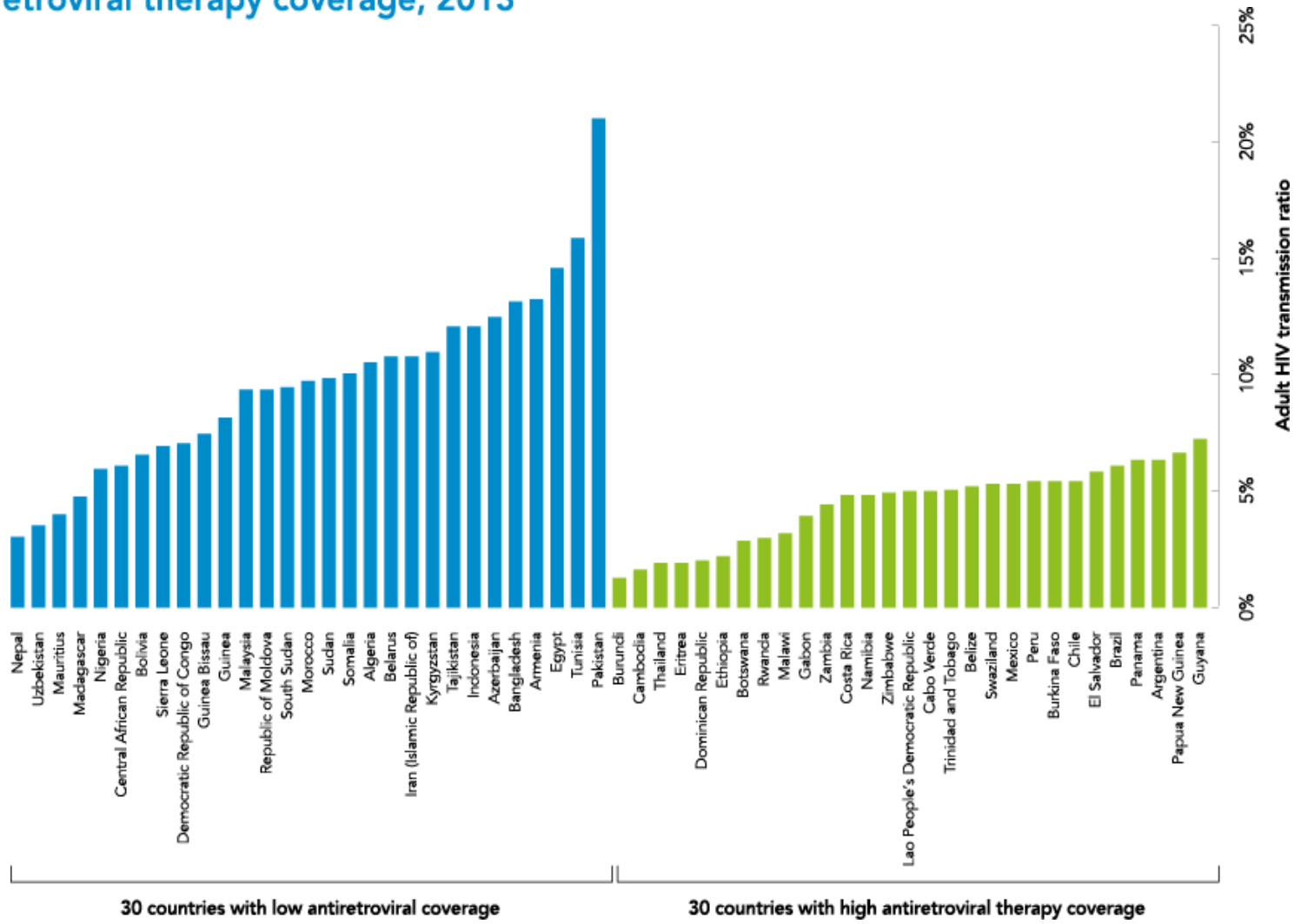
New infections

38%
decrease

Deaths due to AIDS

35%
decrease
]

Adult HIV transmission rate in low- and middle-income countries with high and low antiretroviral therapy coverage, 2013



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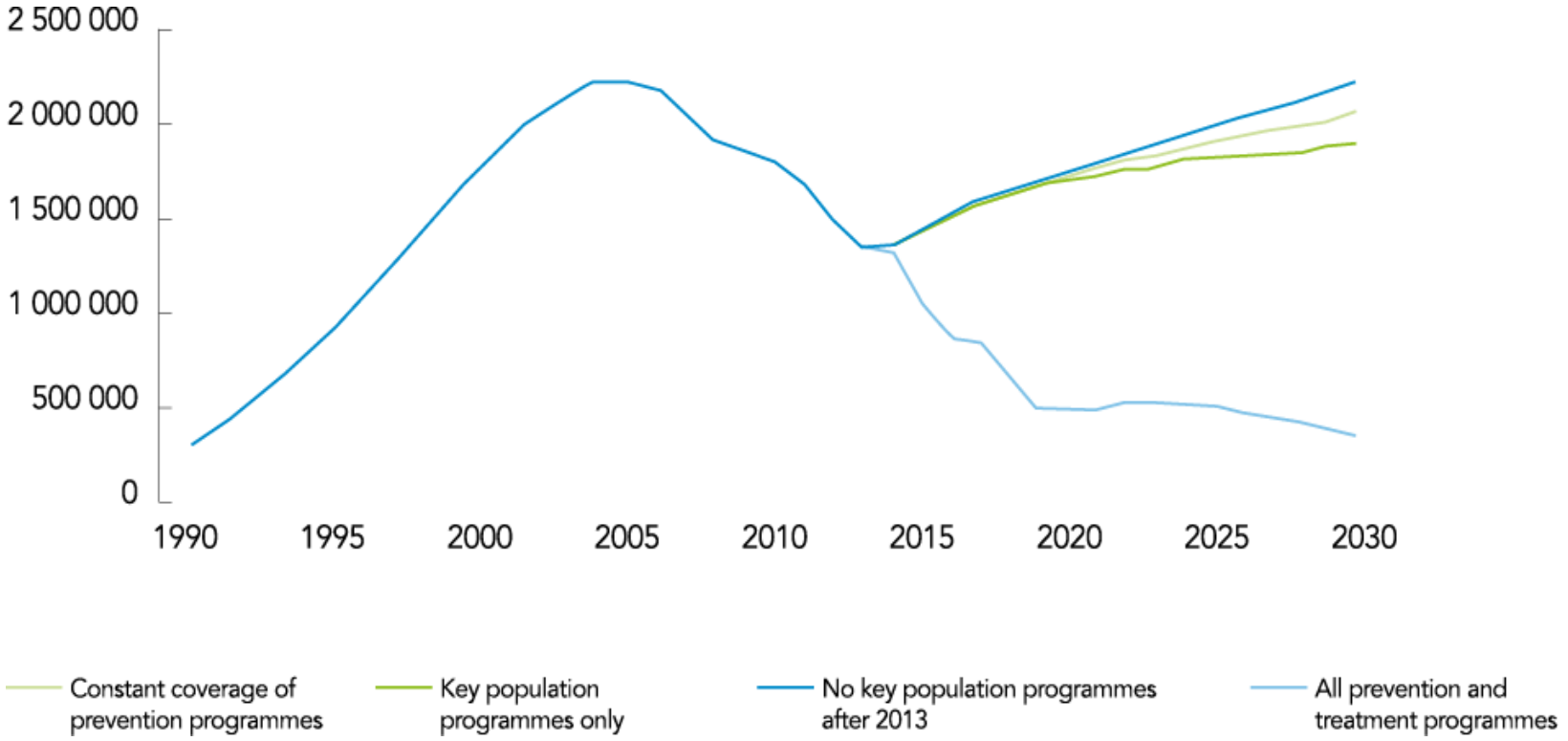
Cost of inaction: number of AIDS-related deaths (2010–2030, various scenarios)



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Rapid Treatment Scale up …

- Prevents death
- Prevents new HIV infection
- Saves money

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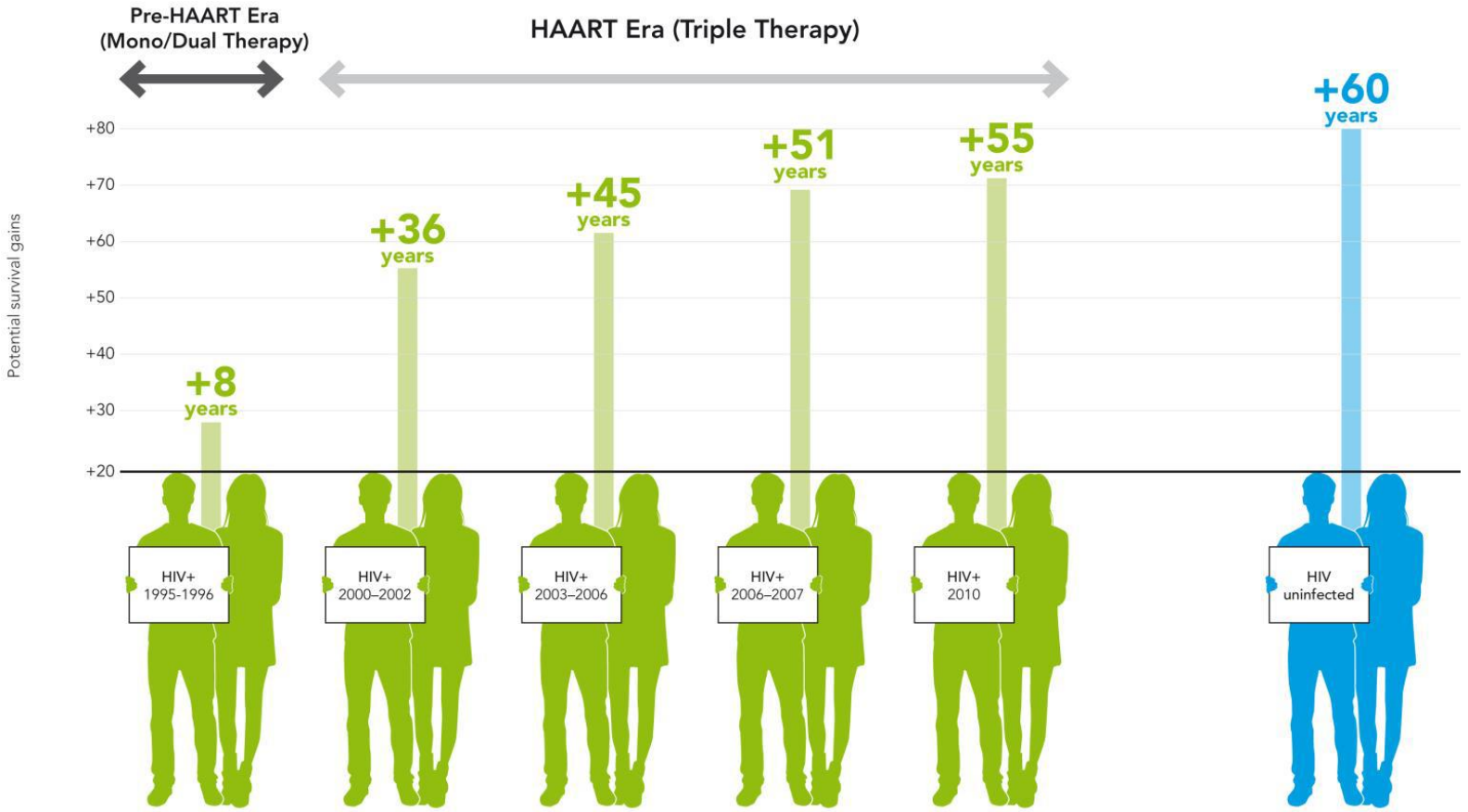
HIV treatment can normalize survival



Expected impact of HIV treatment in survival of a 20 years old person living with HIV in a high income setting (different periods)

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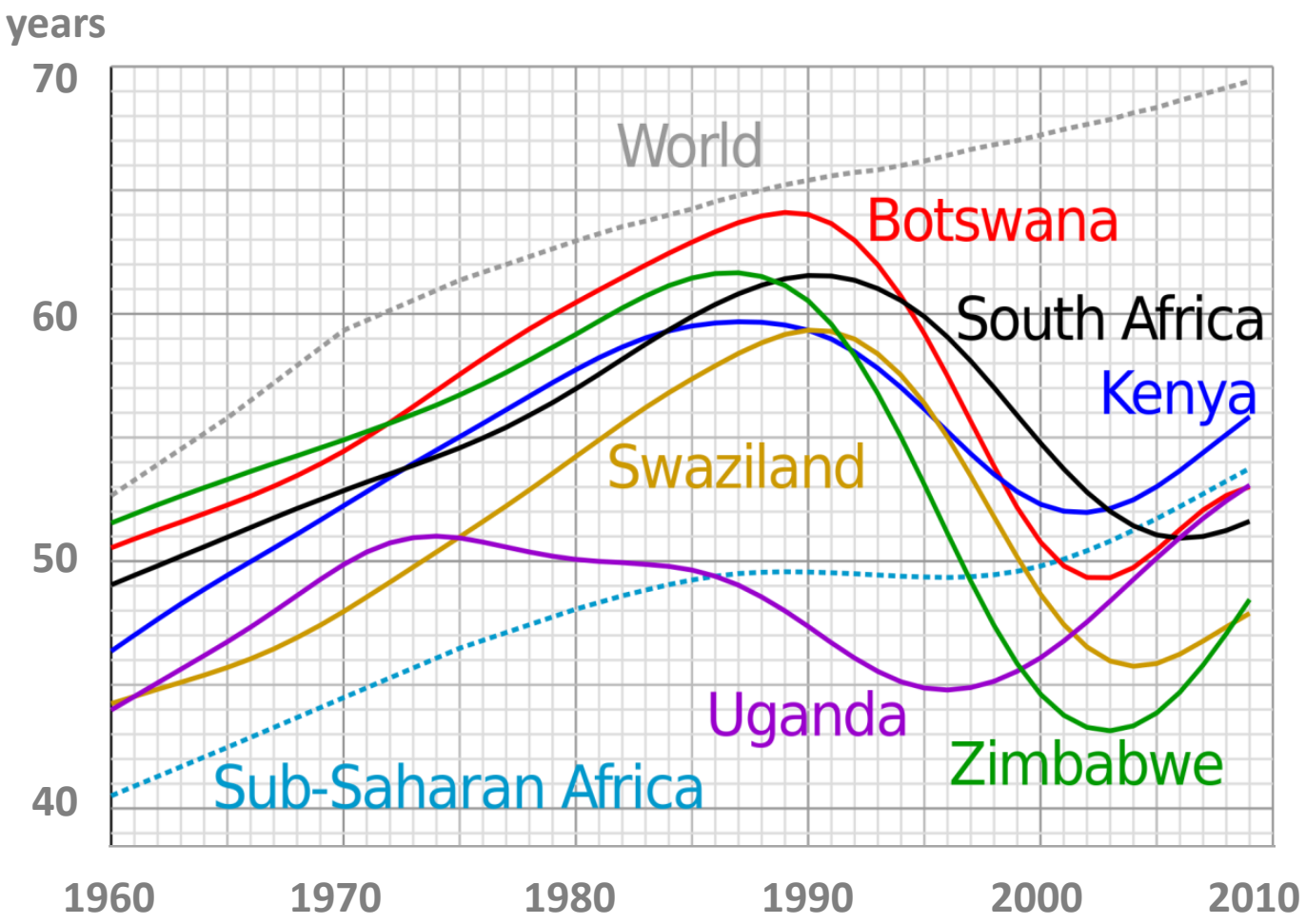
Dramatic impact of HIV response on life expectancy



Source: World Bank life expectancy data

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PARTNER study:
No transmission when viral load undetectable

- 1110 serodiscordant couples
- Two-year interim analysis shows no cases where someone with a viral load under 200 copies/ml transmitted HIV

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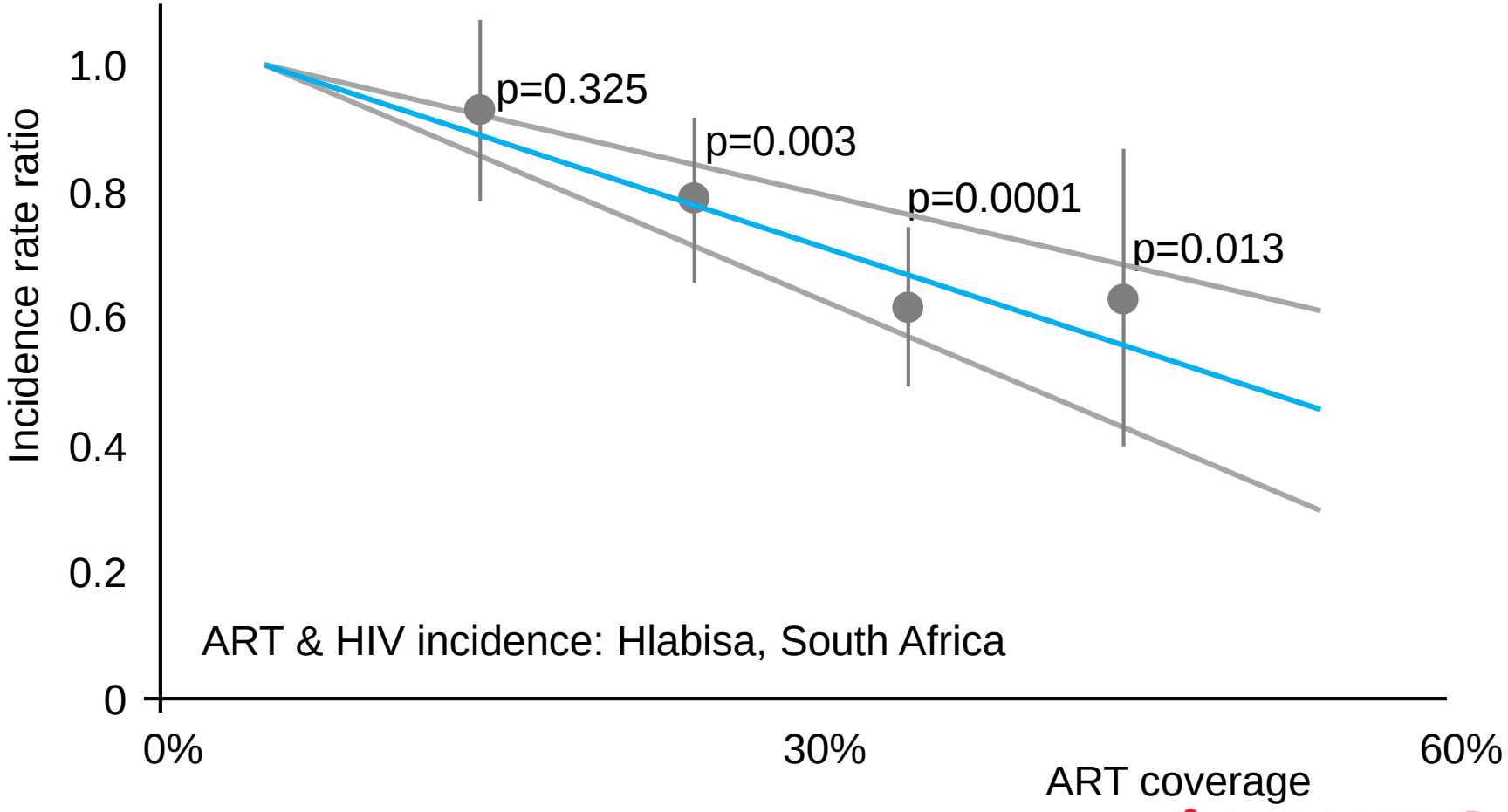
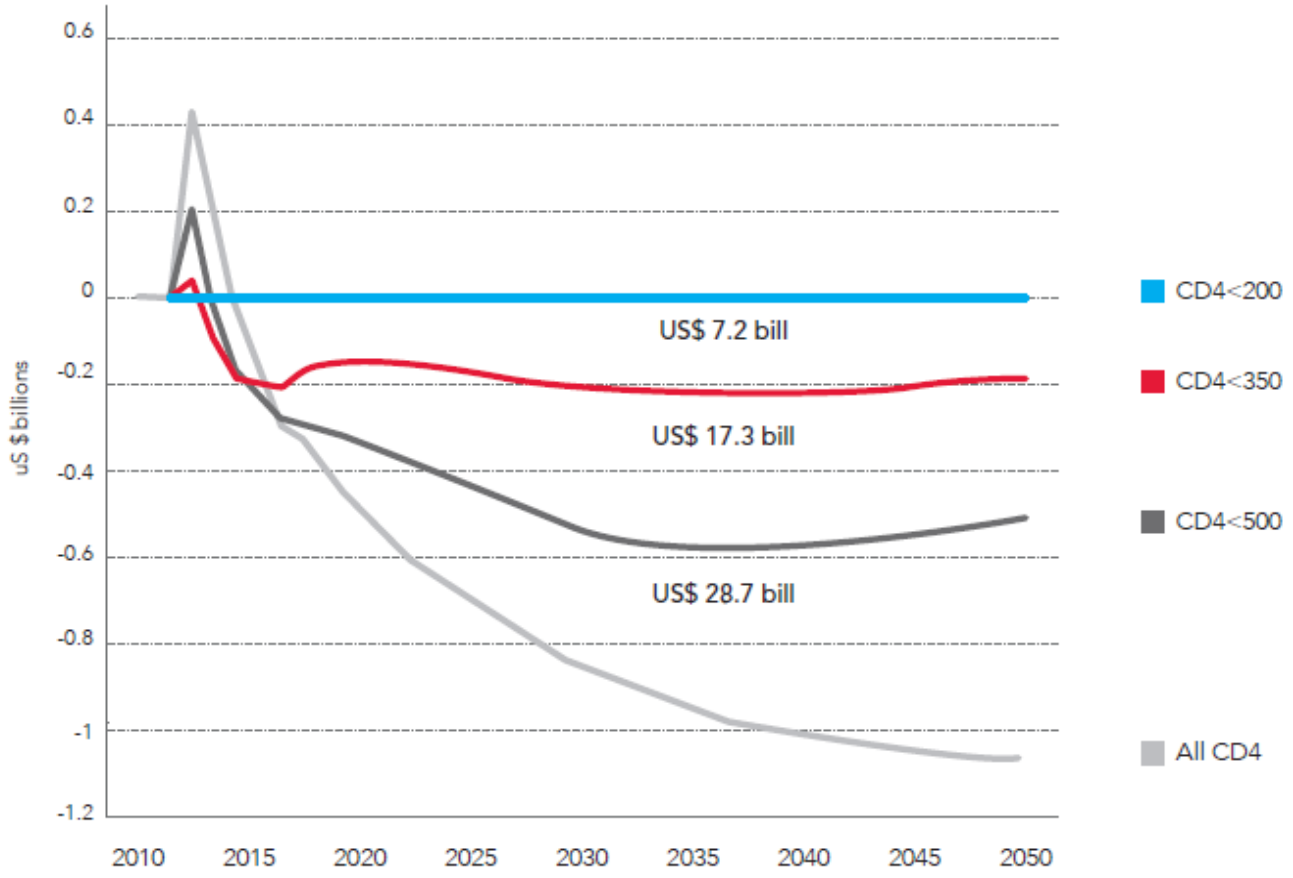
A clear correlation between HIV treatment and incidence

1.1% (0.8%-1.4%) reduction in HIV incidence, for each 1.0% increase in treatment coverage.



Source: Tanser et al. Science 2013;339:966-971

Expanding access to ART is a smart investment: Case of South Africa



Source: Expanding ART for Treatment and Prevention of HIV in South Africa: Estimated Cost and Cost-Effectiveness 2011-2050. PLoS ONE 7(2):e30216

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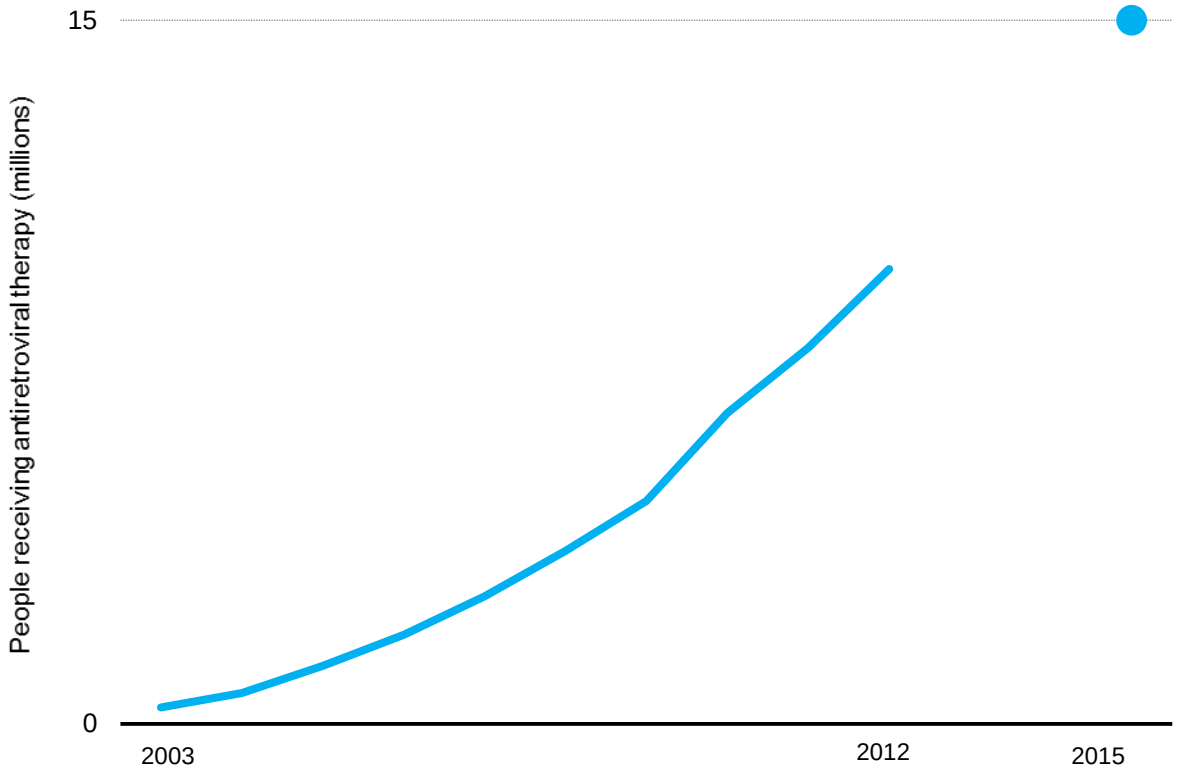
Treatment continues to expand



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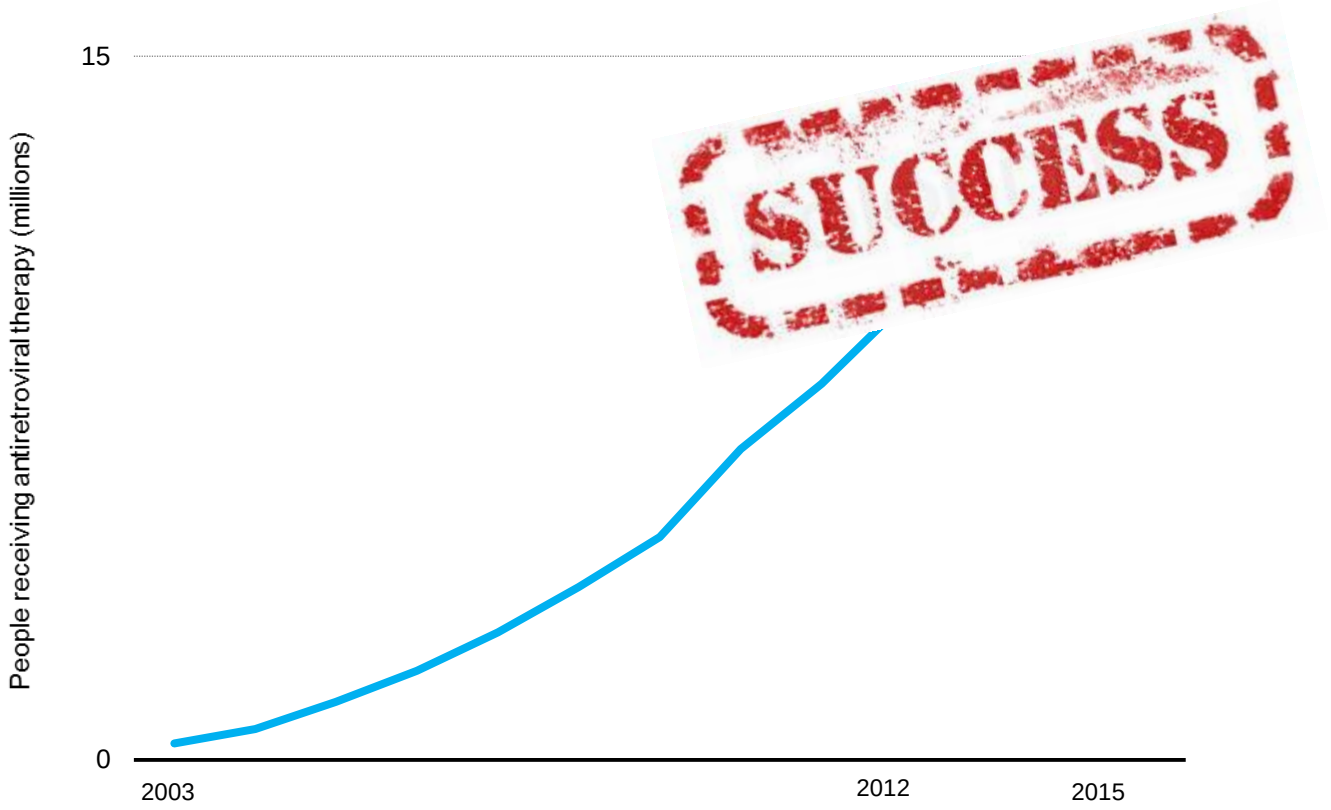
Treatment continues to expand



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UNAIDS PCB calls for new targets

- Targets drive progress
- New scientific evidence
- Post 2015
- Accountability
- A winnable challenge

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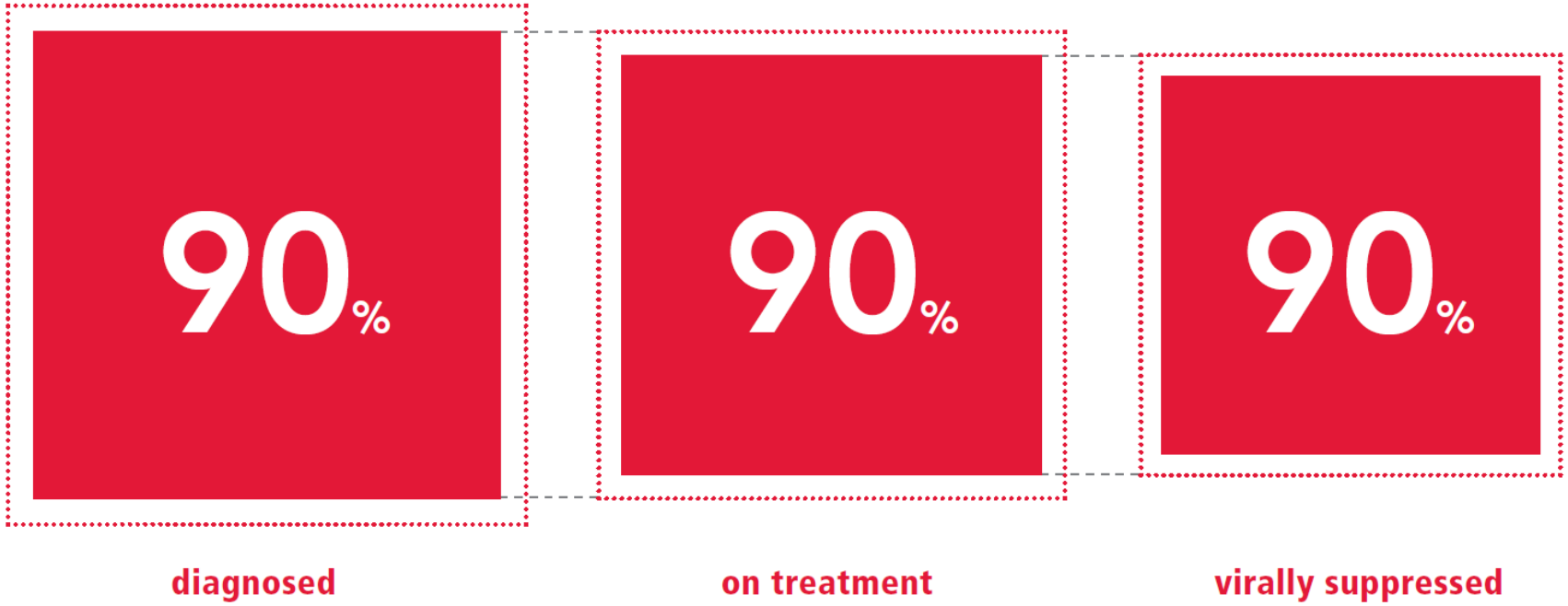
The choices

UNAIDS

The treatment target



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The new treatment paradigm

Single target → **Cascade target**

Death → **Death and transmission**

Number → **Equity**

Incremental funding→ **Frontload Investments**

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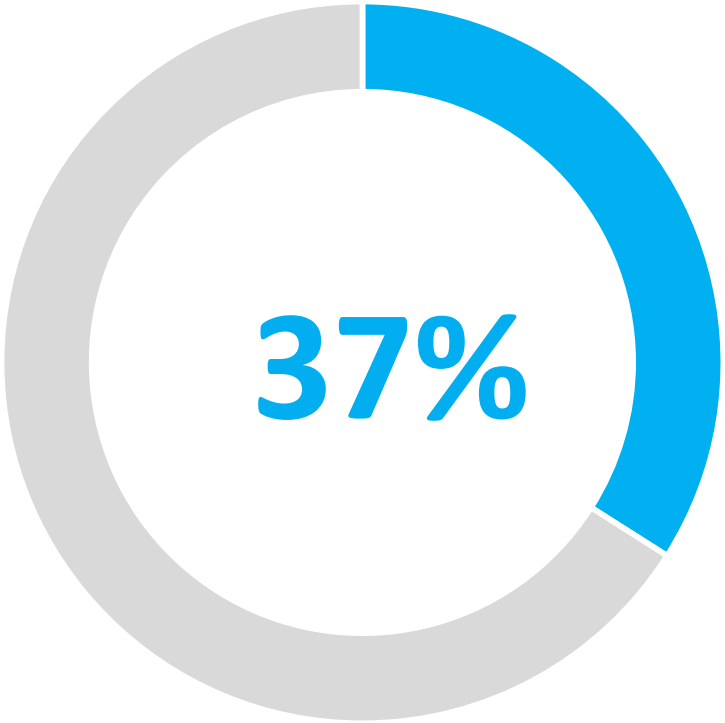
Global ART coverage



Adults and children

Source: UNAIDS 2014

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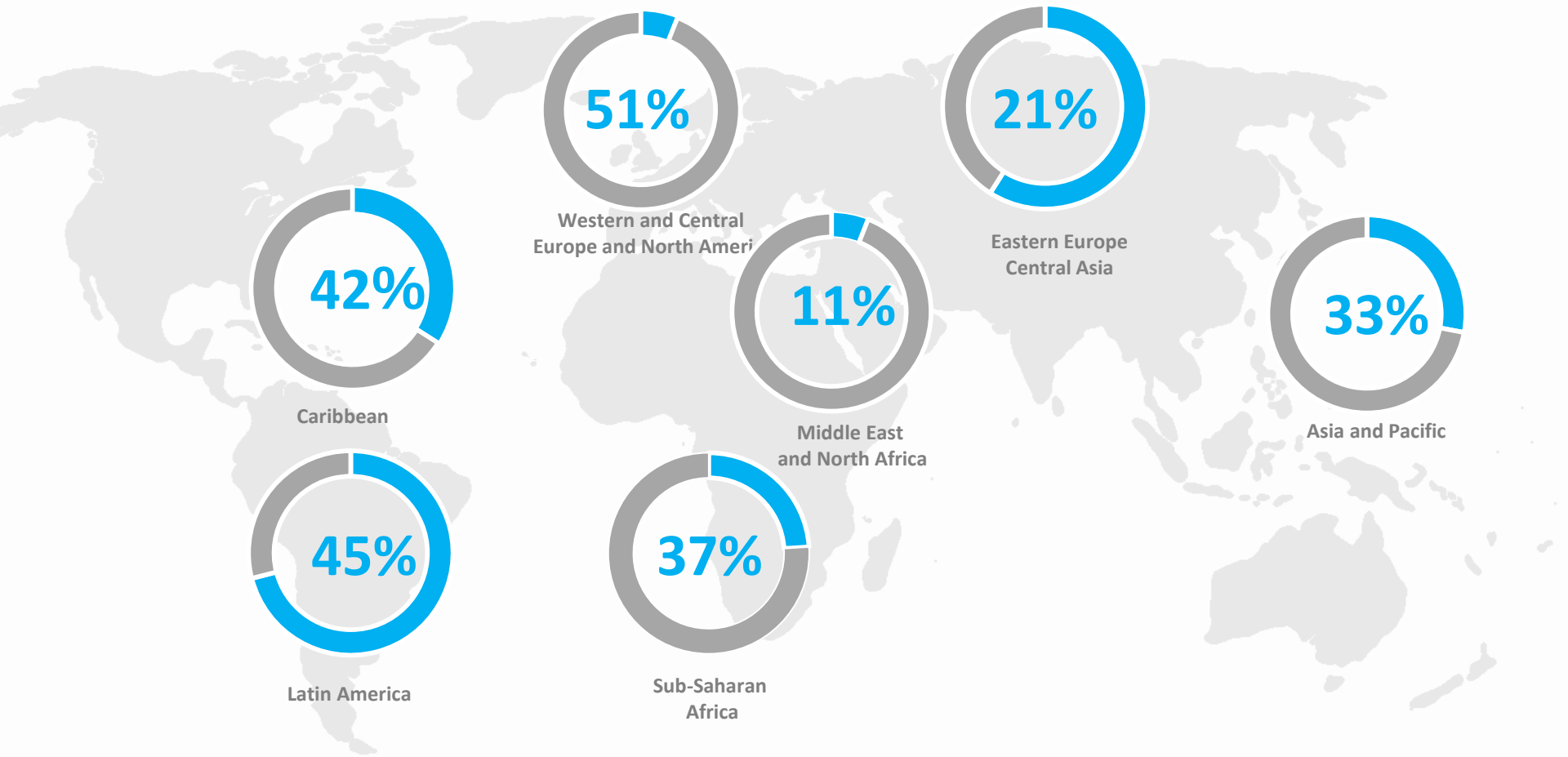
Antiretroviral coverage varies by region



Source: UNAIDS estimates 2014

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90%

of HIV+

people tested

is possible

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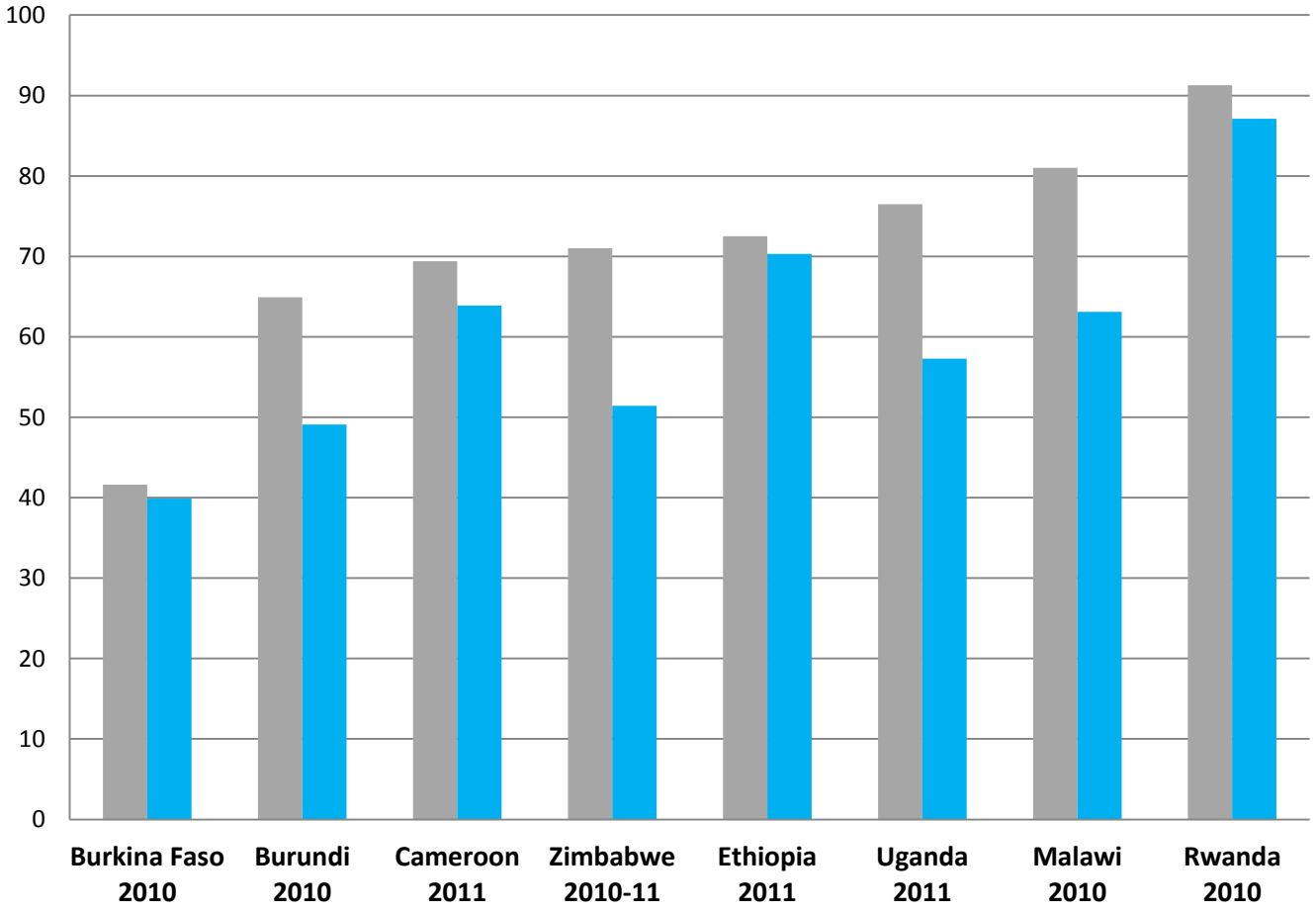
HIV+ population tested at least once



Women

Men

Source: Demographic and Health Surveys

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90%
of eligible people
on treatment
is possible

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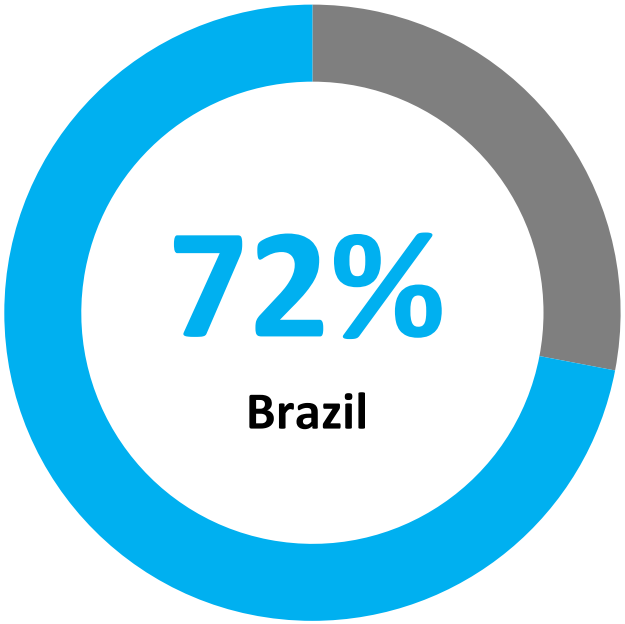
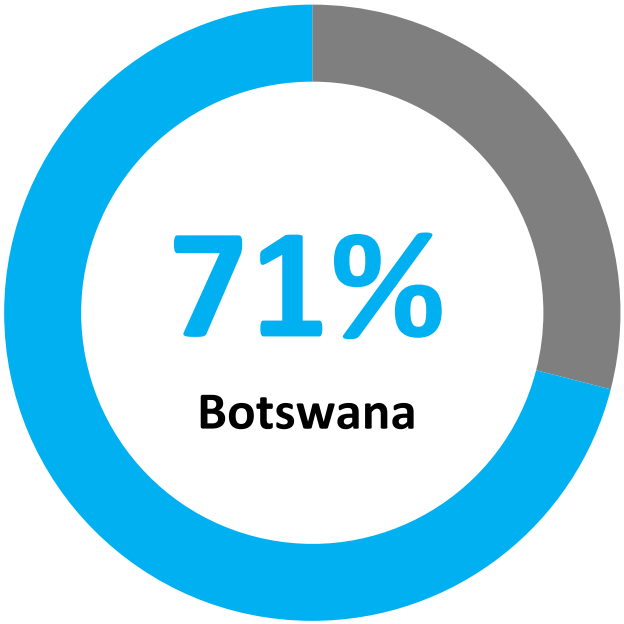
high coverage in several countries



Brazil UNGASS Country Progress Report (2012)



UNAIDS Situation Room

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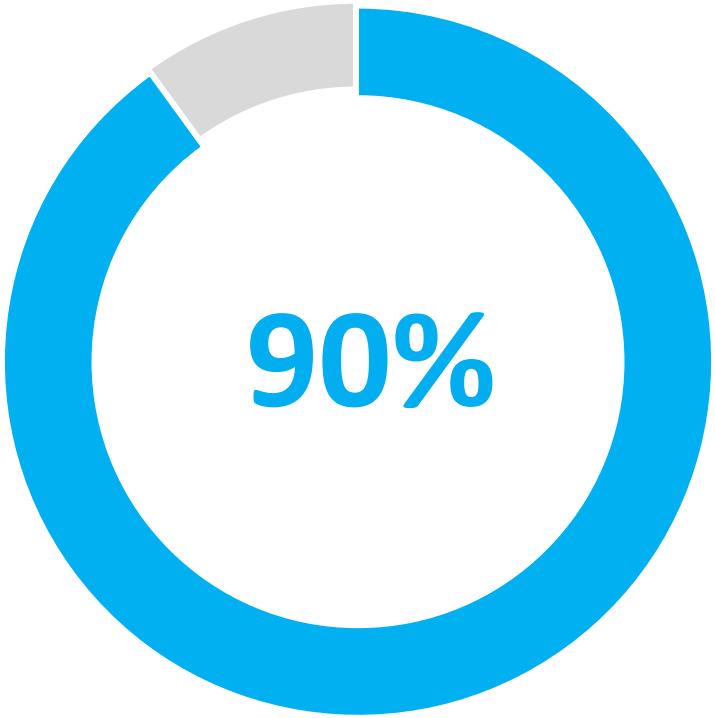
Record number of people who tested positive for HIV went on to access ARV HIV, Sub-Saharan Africa



Source: UNAIDS 2014

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90%

virally suppressed

is possible

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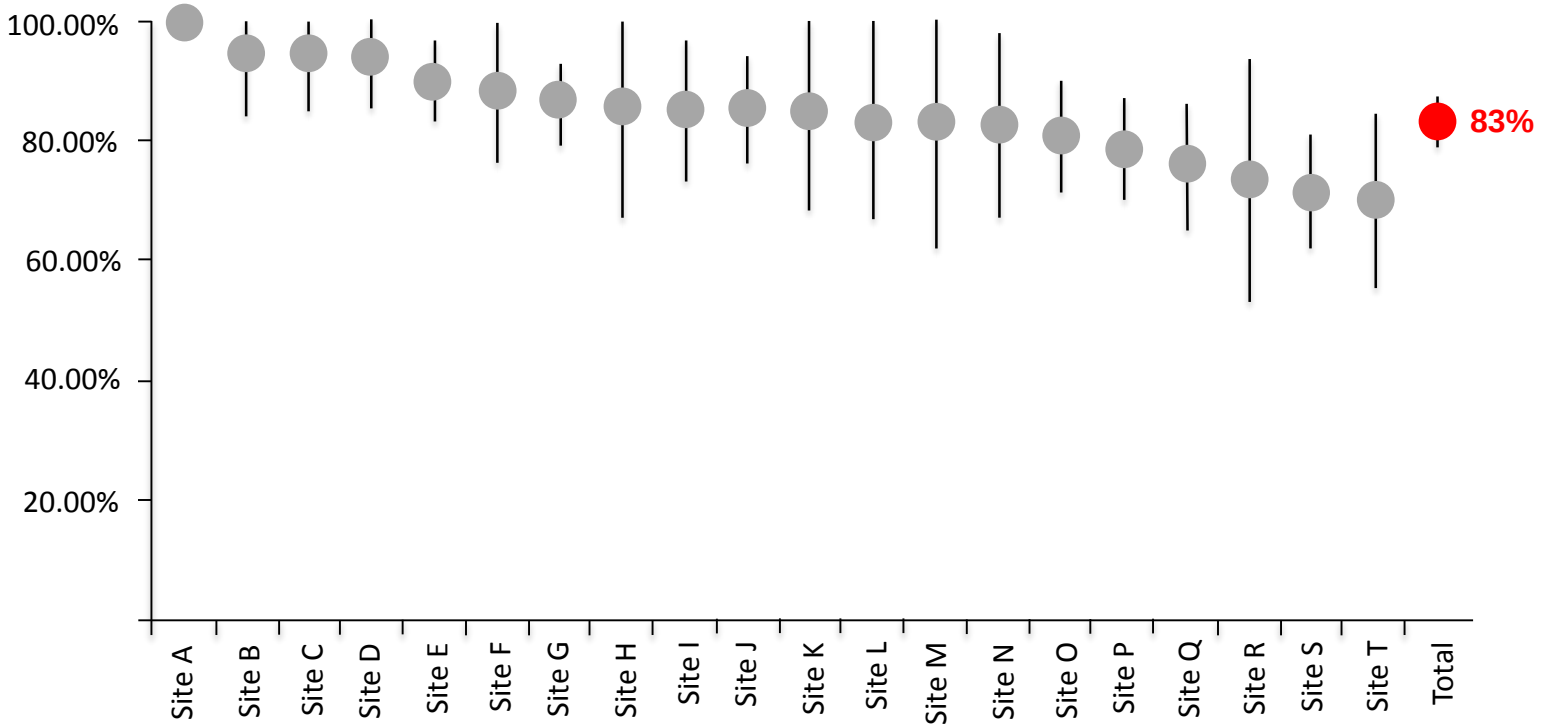
Proportion (95% CI) of patients with undetectable VL in a nationally representative sample of HIV-infected adults on ART in Rwanda



Source: Basinga P et al. (2013) PLoS

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Preparedness is key

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Challenges ahead: 1- Societal

- Lack of knowledge of HIV status
- Punitive policies and laws
- Stigma and discrimination

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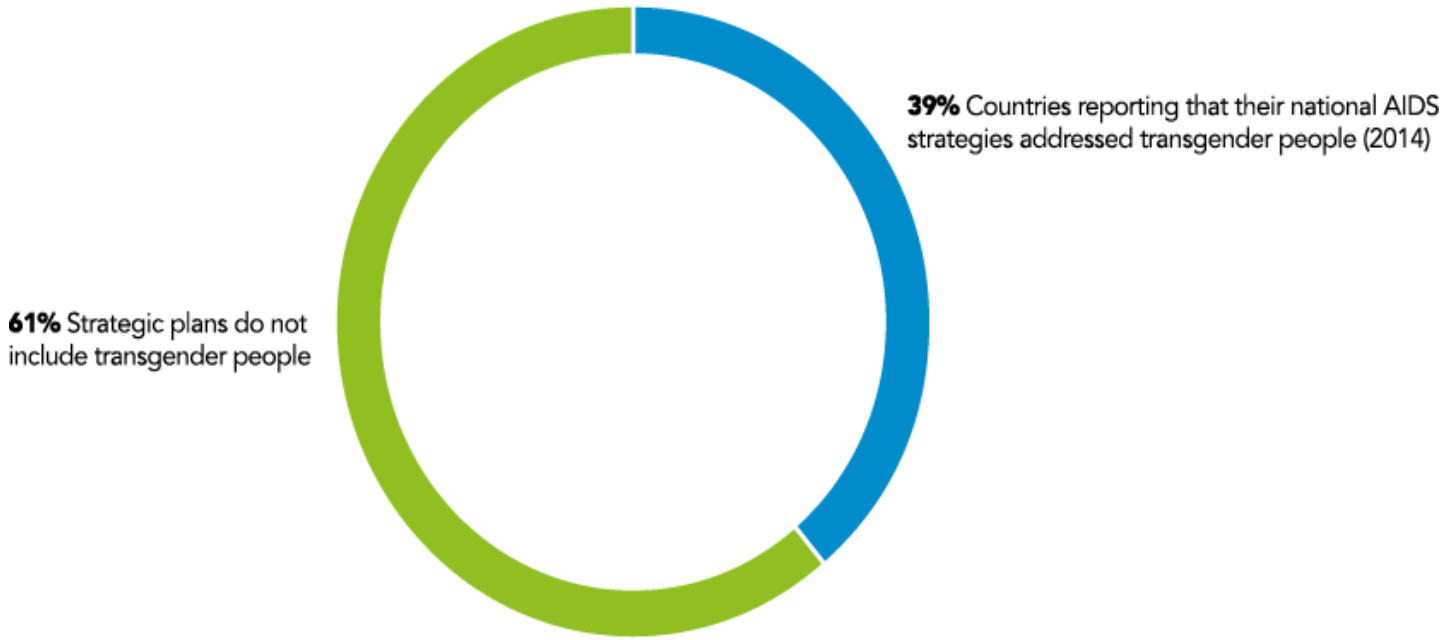
Countries reporting that their national AIDS strategies addressed transgender people (2014)



Source: UNAIDS / National Commitments and Policy Instrument (NCPI)

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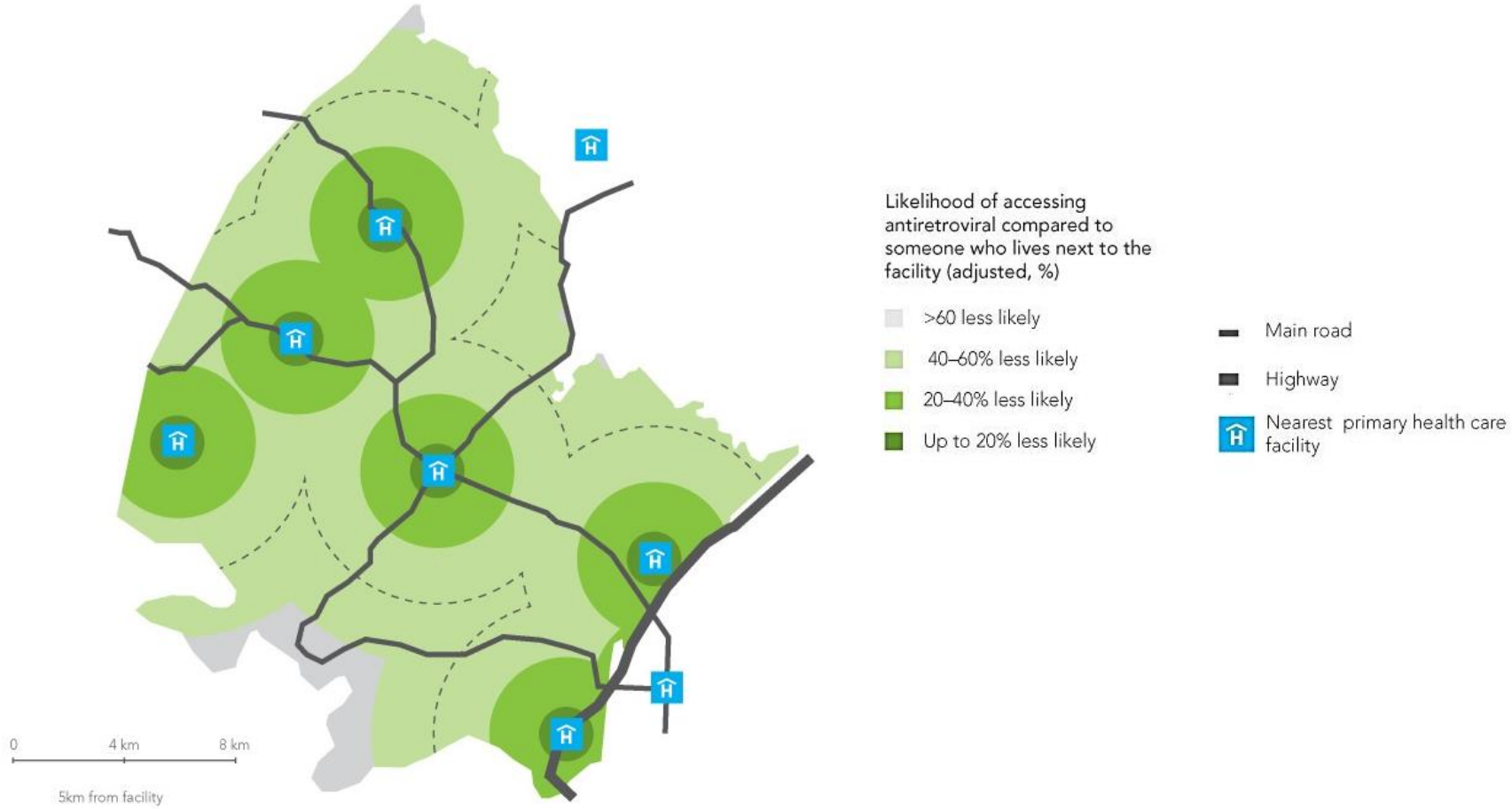
Challenges ahead: 2- delivery systems



Relative likelihood of HIV-positive adults (15-49 years) accessing antiretroviral therapy due to the distance from their nearest primary healthcare facility.

Source: Location, Location: Connecting people faster to HIV services, UNAIDS; Geneva, 2013

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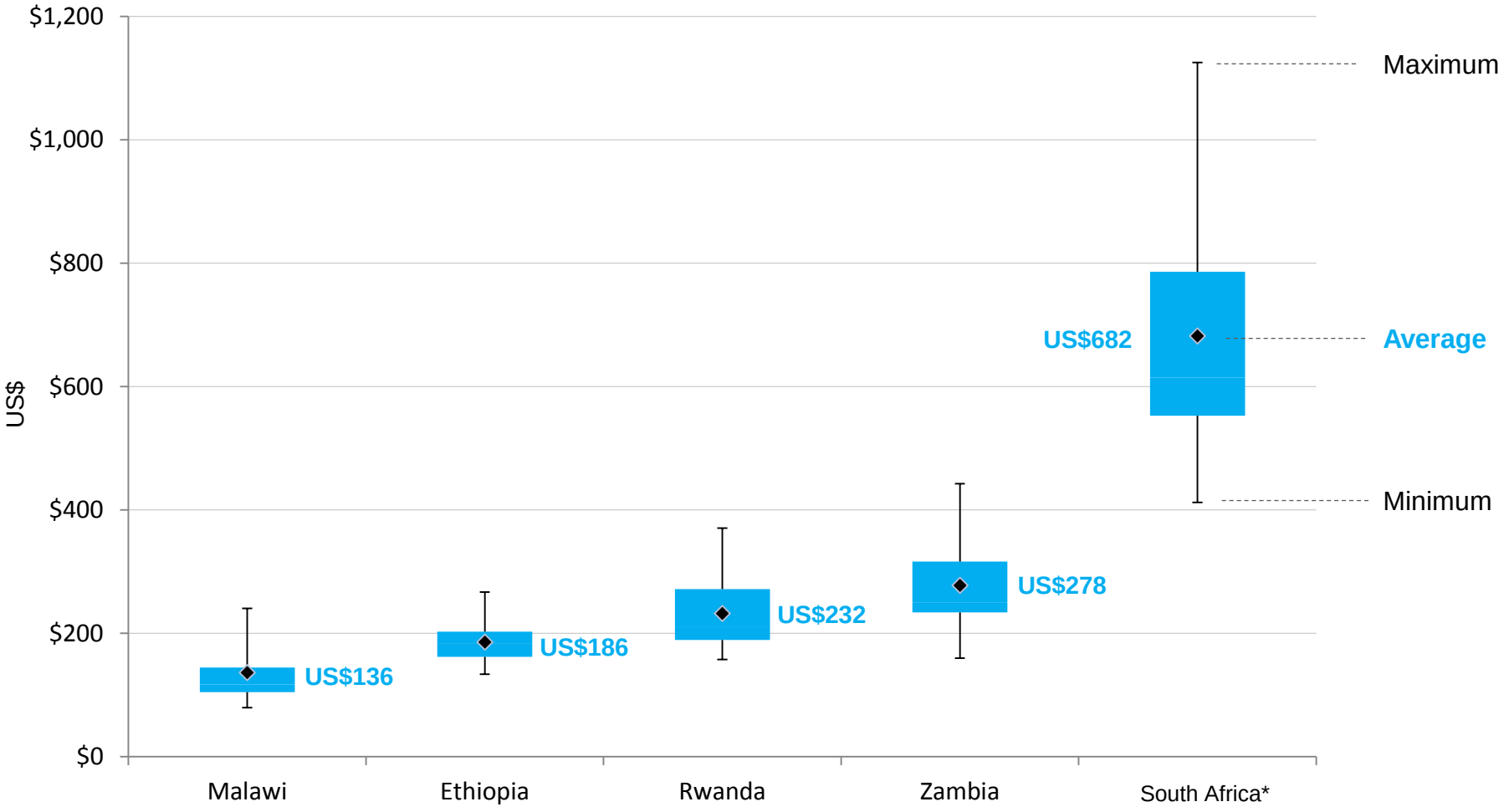
Challenges ahead: 3- diverse facility level costs



*Republic of South Africa: costs include updated antiretroviral prices, which were renegotiated by the RSA government in early 2010 and are 53% lower than those observed during the costing period.

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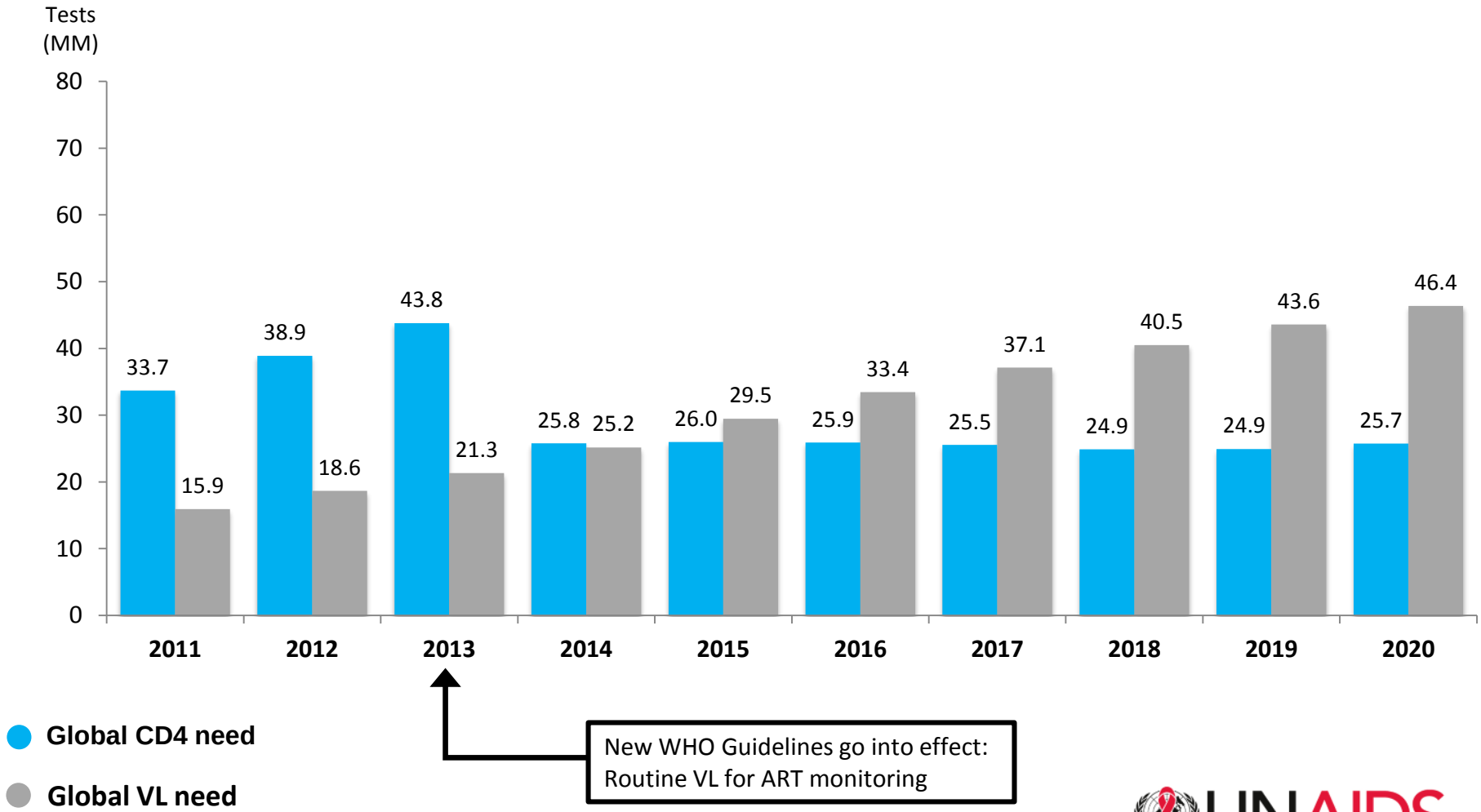
Scenario 1: Countries adopt new guidelines for both VL and CD4



Source: Clinton Health Access Initiative, 2013

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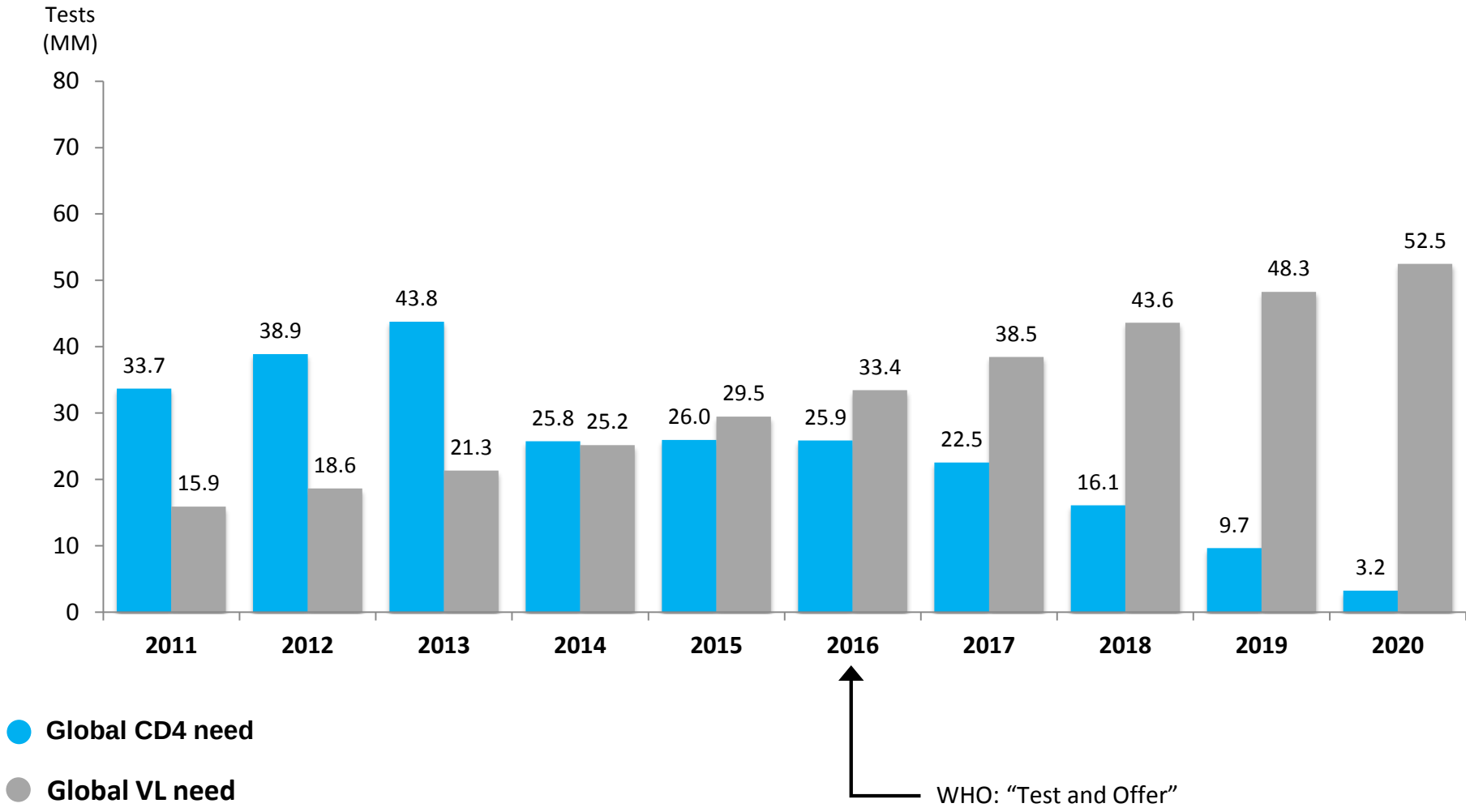
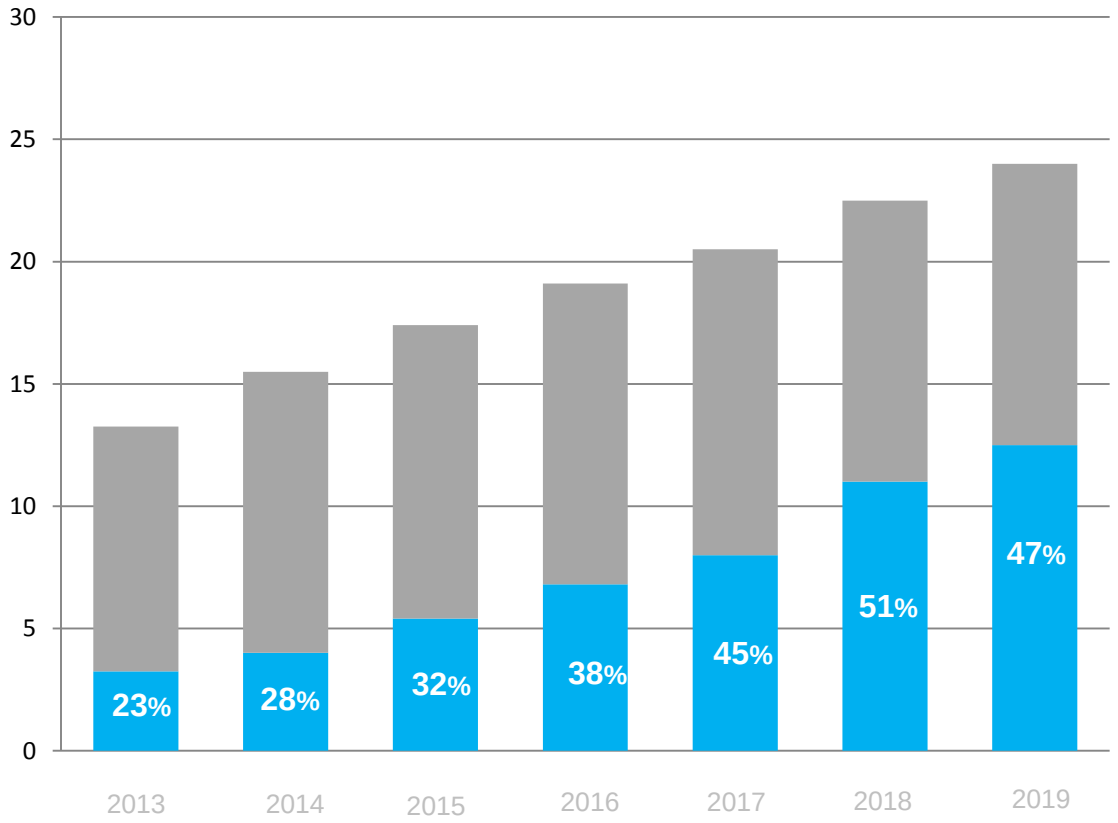
Scenario 2: WHO recommends a universal "Test and Offer" approach



Source: Clinton Health Access Initiative, 2013

Predicted VL scale up will not meet the need



Global VLforecast

Global VL need

Source: Clinton Health Access Initiative, 2013

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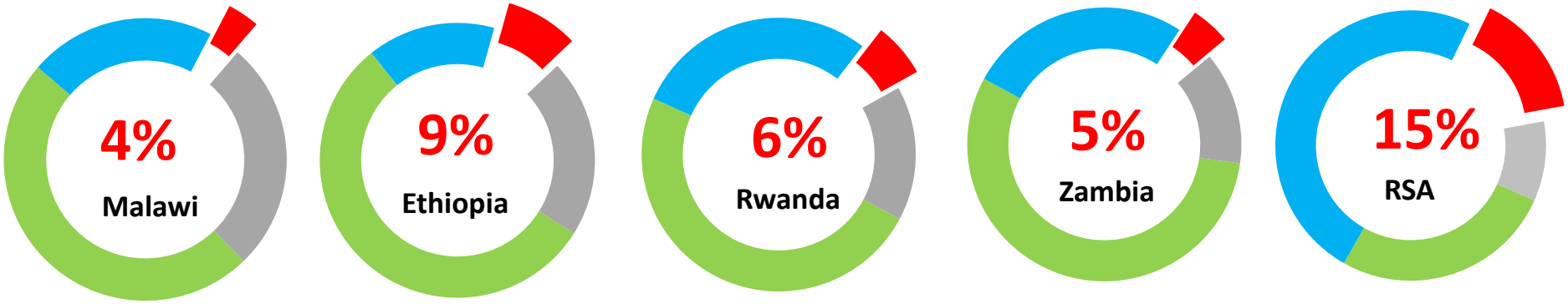
The share of Lab portfolio varies by country



ARVs
Personnel
Lab
Other

Source: ASLM

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DIAGNOSTICS ACCESS INITIATIVE

to achieve final HIV treatment targets