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

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

HIV deaths
$\rightarrow$ Not reducing: 1.1 million in 2015 to 1 million in 2016

HIV infections
$\rightarrow$ Not reducing: 1.9 million in 2015 to 1.8 million in 2016
70% [51–84%] of people living with HIV know their status.

77% [57–>89%] of people living with HIV who know their status are on treatment.

82% [60–>89%] of people on treatment are virally suppressed.
Eastern and Southern Africa: 50%
Latin America: 46%
Asia and the Pacific: 39%
Caribbean: 34%
West and Central Africa: 25%
Eastern Europe and Central Asia: 22%
Middle East and North Africa: 16%
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”
Yesterday’s Approach Falls Short of Today’s Aspirations

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

![Graph showing 3-months linkage, 6-months retention, and 6-months viral suppression comparison between Same-day ART start and Standard of Care.]
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”
“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$)


$1.2 $1.6 $2.8 $3.5 $3.9 $5.0 $7.8 $7.7 $6.9 $7.6 $7.9 $8.5 $8.6 $7.5 $7.0

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.