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

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UN POLITICAL DECLARATION TARGET No. 4

15 MILLION ACCESSING TREATMENT
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- Reduce sexual transmission
- Prevent HIV among drug users
- Eliminate new HIV infections among children
- Avoid TB deaths
- Close the resource gap
- Eliminate gender inequalities
- Eliminate stigma and discrimination
- Eliminate travel restrictions
- Strengthen HIV integration
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

Source: United States Centers for Disease Control and Prevention (CDC), 2013
HIV incidence in countries with rapid scale-up of combination prevention services

Source: United States Centers for Disease Control and Prevention (CDC), 2013
HIV incidence in countries with slow scale-up of combination prevention services

Source: United States Centers for Disease Control and Prevention (CDC), 2013
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

Sources: Bärnighausen T et al. The economic benefits of ART: evidence from a complete population cohort in rural South Africa. 2nd International HIV Workshop on Treatment as Prevention, Vancouver, Canada, 22–25 April 2012.
The costs of inaction

3-year delay = 5 million new HIV infections

3-year delay = 3 million AIDS deaths

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?

• Lack of knowledge of HIV status
• Punitive policies and laws
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Source: Demographic and Health Surveys (www.measuredhs.com).
Percentage of countries reporting non-discrimination laws or regulations for specific populations

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**I am gay: 5 things I fear**

- **Nearly 80 countries** have laws that criminalize same-sex sexual relations.
- **19%** of men who have sex with men are afraid to walk in their own community.
- **21%** of men who have sex with men report being blackmailed.
- **42%** of men who have sex with men reported receiving an HIV test and knowing the result in the past 12 months.
- **I am scared of the police.**
- **I am worried to walk around my neighborhood.**
- **I decided to get married so nobody thinks I'm gay.**
- **My gay friend was put in jail.**
- **The nurse was really rude to me.**

**I am afraid to be openly gay.**

**5%** of men who have sex with men are denied health care based on their sexuality.

**I am afraid to go to the clinic.**

**<10%** Fewer than 10% of men who have sex with men have access to HIV prevention services.

**I am not able to get condoms and lubricants.**

**I worry about getting an HIV test.**

**I might not get treatment.**

**It shouldn’t be like this...**

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Numbers of doctors and nurses in selected countries

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

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Source: UNAIDS, HIV Expenditure Studies, 2011
Demand

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

Invest

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

Deliver

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

Deliver

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

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• Testing days
• Primary healthcare approach
• Strong community systems
Reduce time lapse between scientific discovery and implementation of policies

Moving ahead

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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.