90-90-90
A smart and doable investment
As of December 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children living with HIV</td>
<td>35.0 million</td>
<td>[33.2 million – 37.2 million]</td>
</tr>
<tr>
<td>Adults and children newly infected</td>
<td>2.1 million</td>
<td>[1.9 million – 2.4 million]</td>
</tr>
<tr>
<td>Adult &amp; child deaths due to AIDS</td>
<td>1.5 million</td>
<td>[1.4 million – 1.7 million]</td>
</tr>
</tbody>
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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
Cost of inaction: number of AIDS-related deaths (2010–2030, various scenarios)

- Constant coverage of prevention programmes
- Key population programmes only
- No key population programmes after 2013
- All prevention and treatment programmes

UNAIDS
Rapid Treatment Scale up ...

- Prevents death
- Prevents new HIV infection
- Saves money
Expected impact of HIV treatment in survival of a 20 years old person living with HIV in a high income setting (different periods)
Dramatic impact of HIV response on life expectancy

Source: World Bank life expectancy data
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
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.

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

Treatment continues to expand
Treatment continues to expand
UNAIDS PCB calls for new targets

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

- Status quo
- Continue the current pace
- WHO 2013 guidelines
- Rapid scale-up to universal access
The treatment target

- 90% diagnosed
- 90% on treatment
- 90% virally suppressed

UNAIDS
The new treatment paradigm

Single target → Cascade target
Death → Death and transmission
Number → Equity
Incremental funding → Frontload Investments
Global ART coverage

37%

Adults and children

Source: UNAIDS 2014
Antiretroviral coverage varies by region

Source: UNAIDS estimates 2014
90% of HIV+ people tested is possible
HIV+ population tested at least once

Source: Demographic and Health Surveys
90% of eligible people on treatment is possible
high coverage in several countries

72% Brazil

71% Botswana

Brazil UNGASS Country Progress Report (2012)
UNAIDS Situation Room
Record number of people who tested positive for HIV went on to access ARV HIV, Sub-Saharan Africa

Source: UNAIDS 2014
90% virally suppressed is possible
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
Preparedness is key
Challenges ahead: 1- Societal

- Lack of knowledge of HIV status
- Punitive policies and laws
- Stigma and discrimination
Countries reporting that their national AIDS strategies addressed transgender people (2014)

39% Countries reporting that their national AIDS strategies addressed transgender people (2014)

61% Strategic plans do not include transgender people

Source: UNAIDS / National Commitments and Policy Instrument (NCPI)
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
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.
Scenario 1: Countries adopt new guidelines for both VL and CD4

Source: Clinton Health Access Initiative, 2013
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

Source: Clinton Health Access Initiative, 2013
The share of Lab portfolio varies by country

- **Malawi**: 4%
- **Ethiopia**: 9%
- **Rwanda**: 6%
- **Zambia**: 5%
- **RSA**: 15%

Source: ASLM
DIAGNOSTICS
ACCESS INITIATIVE

to achieve final HIV
treatment targets