50 million
What can we achieve

Projected annual AIDS-related deaths, assuming scale up to 95% coverage by 2020

Zero new HIV infections.
Zero discrimination.
Zero AIDS-related deaths.
Access to treatment: the journey so far

1987
AZT approved by United States FDA

1996
Brazil decrees on free and universal access to antiretroviral therapy

1997
UNAIDS launches Drug Access Initiative- first programme for access in sub-Saharan Africa

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2000
Durban International AIDS Conference: Nelson Mandela speaks about access to treatment in South Africa

2000
Launch of WHO prequalification programme for generic antiretrovirals

2001
Generic manufacturers from India announce lower prices for antiretroviral medicines

2001
UN Declaration of Commitment on HIV/AIDS adopted

2001
Global Fund proposed by United Nations Secretary General

2003
PEPFAR created

2003
WHO/UNAIDS launch 3x5 initiative to provide 3 million people with HIV treatment by 2005

2006
G8 Gleneagles Summit and UN High level meeting: endorsement of the goal to ‘provide as close as possible to universal access to treatment for AIDS by 2010

2010
More than 80% of antiretroviral medicines used in Africa are manufactured by Indian companies

2012
African Union adopts new roadmap to accelerate progress in HIV, TB and malaria responses

2011
UN High Level Meeting on AIDS commits to universal access according to WHO guidelines and reach 15 million people with antiretroviral therapy

2011
Demonstration that antiretroviral therapy is able to significantly reduce HIV transmission

2013
New WHO guidelines on use of antiretroviral therapy (≤500 CD4 cell/mm³)

2013
Treatment 2015 launched by UNAIDS, WHO, PEPFAR and Global Fund

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Science evolved: smarter and better HIV treatment options now available

Pre-HAART Era (Mono/Dual Therapy)
- Potency
- Toxicity
- AZT (1987) 2 tablets 3 x day

HAART Era (Triple Therapy)
- Potency
- Toxicity
- AZT/3TC + LPV/r (2001) 3 tablets 2 x day

TDF/FTC/EFV (2006) 1 tablet once day

1985 1987 1989 1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 2011 2013
Zidovudine Didanosine Lamivudine Stavudine Zalcitabine
Lopinavir/ritonavir Nelfinavir Ritonavir Saquinavir
Amprenavir Atazanavir Enfuvirtide Fosamprenavir
Emtricitabine Tipranavir Tenofovir
Delavirdine Efavirenz
Efavirenz Darunavir Telcabavir Maraviroc
Dolutegravir Etravirine Elvitegravir

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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)

By mid 2013 nearly 11 million people were on antiretroviral therapy.
ARV- critical to preventing new HIV infection among children

Number of new HIV infections among children in low- and middle-income countries, 2001–2012 and 2015 target

Source: UNAIDS 2012 estimates
Much early sex is forced - access to post exposure prophylaxis (PEP) crucial

Percentage sexually experienced women reporting forced first sex


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Setting new targets to 2020

Projected annual AIDS-related deaths, assuming scale up to 95% coverage by 2020
Treatment as prevention - changing the AIDS landscape

Incidence falls by 1.1% [0.8%-1.4%] for each 1% increase in HIV treatment coverage

ART coverage of all people living with HIV 2004-2011, Kwazulu Natal, South Africa

Source: Tanser Science 2013; Williams 2013

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Access to treatment: Non negotiables

- Integral part of right of everyone to enjoy highest attainable standard of physical and mental health
- First and foremost for safeguarding health of people living with HIV
- HIV testing and ART initiation- voluntary and non-coercive
- Ensuring best interests of people living with HIV
- Highest quality of medicines and care
MIND THE COUNTRY CONTEXT

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Country context for treatment access varies

- **Brazil**: 313,175 on ARV, 2012.
- **Nigeria**: 1,537,092 on ARV, 2012. 491,021 eligible, 2010 WHO guidelines.
- **Cameroon**: 275,662 on ARV, 2012. 122,783 eligible, 2010 WHO guidelines.

**Legend:**
- ● Number of people on ARV, 2012
- ○ Number of people eligible for ARV in 2012, 2010 WHO guidelines

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Applying new treatment guidelines: the access gap widens

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South Africa: rapid scale up in a single decade

Total number receiving ART

- 2003: 25,000
- 2005: 206,718
- 2007: 458,951
- 2008: 730,183
- 2009: 971,556
- 2010: 1,389,865
- 2011: 1,702,060
- 2012: 2,150,881

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2 NO ONE LEFT BEHIND

Zero new HIV infections.
Zero discrimination.
Zero AIDS-related deaths.
Children have inequitable access to treatment—two out of three do not have access.
Treatment access to key populations lagging behind

Percentage of men who have sex with men reporting that HIV testing and HIV treatment are easily accessible, by country income level, 2012

Source: Access to HIV prevention and treatment for men who have sex with men: findings from the 2012 Global Men’s Health and Rights Study (GMHR) (44)
3 PRO- TEST

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Rethinking HIV testing to increase access to HIV prevention and treatment

Percentage of adolescent girls and boys aged 15-19 and young women and men aged 20-24 who have ever been tested for HIV and received results, in selected sub-Saharan African countries

Notation: Countries were selected on the basis of data availability.

Source: UNICEF global databases, 2013, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2006-2012.

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Percentage of notified tuberculosis patients tested for HIV, by region, 2012

- 61%* Western and Central Europe and North America
- 77% Caribbean
- 75% Sub-Saharan Africa
- 52% Latin America
- 65% Eastern Europe and Central Asia
- 31% East Asia
- 36% South and South-East Asia
- 21% Oceania

* Median value of Western and Central Europe (43%) and North America (79%)

Source: UNAIDS Global report 2013

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SCALING UP

Zero new HIV infections.
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Zero AIDS-related deaths.
Investment case: scaling up for treatment of key populations

Thailand key features

2012
1. High coverage of preventions services for Sex and MSM- more than 80%
2. Low HIV testing and treatment uptake- less than 30%

2013
1. Maintain high prevention coverage.
2. Accelerate prevention services for people who inject drugs
3. Increase testing and treatment uptake for key population to 90%

Investment case:
Additional US$ 100 million towards key populations prevents 22 000 AIDS-related deaths and prevents 20 000 new HIV infections

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ARV medicine prices around the world 2013

Source: WHO/GPRM; MSF/UTW; Country reports

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Making it work: African Union road map

- Sustainable financing models
- Access to medicines - Local production and regulatory harmonization
- Leadership, governance and oversight
COMMUNITIES AT THE CENTER
Communities deliver

MALAWI

SOUTH AFRICA

With community health workers  | Without community health workers
Alive and on ART  | Lost to follow-up

Health centers  | Hospital
Alive and on ART  | Lost to follow-up


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Engagement with faith organizations for treatment delivery

% estimated share of health services provided by faith based organizations


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Estimated resource needs for scaled up access to HIV treatment
Treatment access has been possible thanks to global solidarity, shared responsibility.

Investments in HIV treatment

Source: GARPR 2013.

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Getting the balance right

New infections, behaviour change and treatment coverage in Botswana

Source: Botswana AIDS indicator survey; UNAIDS; WHO.