

Using New AIDS Targets for Impact

Chris Collins

UNAIDS

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Why Targets?

to drive a set of priorities

- The right to treatment, prevention, and being free from discrimination
- Ambition in a time of resource constraints
- New domestic and external funding
- Improved equity; key populations services
- Service quality; retention in care
- Attention to outcomes and “game changers”
- Tackling specific barriers
 - rather than avoiding or minimizing these challenges

Three Zeros

Sustainable Development Goals:
ending the AIDS epidemic by 2030

Programmatic Goals for 2020

Treatment
90 90 90

Prevention
(in development)

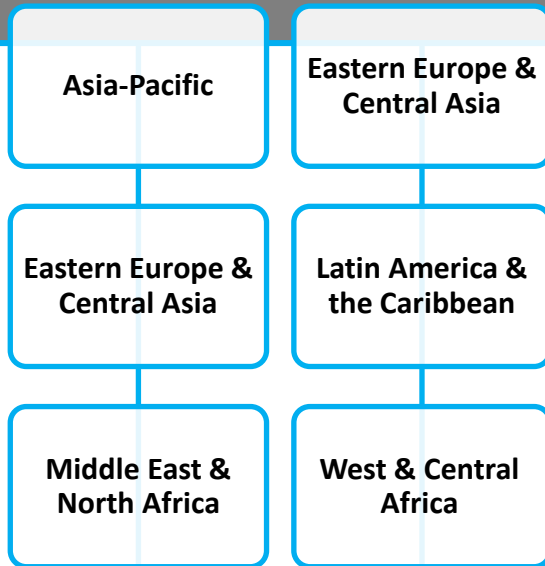
Non-
Discrimination
(in development)

90-90-90

An ambitious treatment target
to help end the AIDS epidemic

Retargeting consultations were held around the world

Country & regional track



Global track

Political stream

AU:
-RECs meeting
-Inter-agency meeting
-AWA Experts meeting
-AU HoS Summit

Vancouver TasP workshop political day

AIDS 2014: High-level panel

Technical stream

Tx 2015 Advisory Committee meetings

Price tag for the next targets

UNAIDS treatment community meeting

Thematic stream

Faith-Based Organizations

Young people and adolescents

Civil Society

Paediatric treatment

The role of laboratory medicine

The result: Ambitious, but achievable, new target

A red square with a white dotted border containing the text "90%".

90%

diagnosed

A red square with a white dotted border containing the text "90%".

90%

on treatment

A red square with a white dotted border containing the text "90%".

90%

virally suppressed

By 2020...

90%

**of all people
living with HIV
will know their
HIV status**

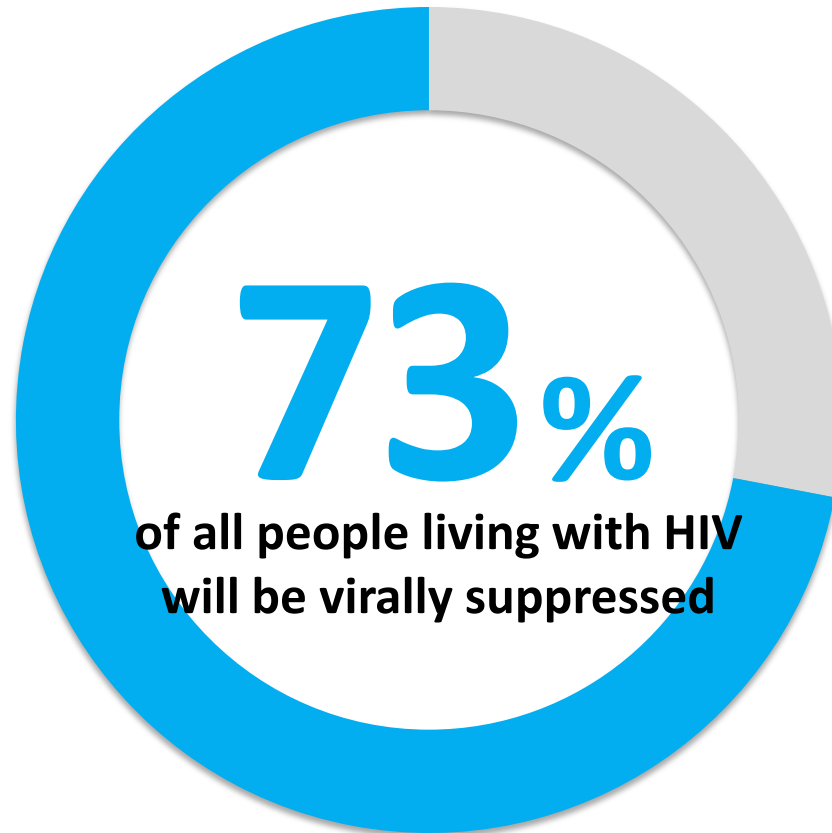
90%

**of all people
diagnosed with
HIV will receive
sustained
antiretroviral
therapy.**

90%

**of all people
receiving
antiretroviral
therapy will have
durable
suppression.**

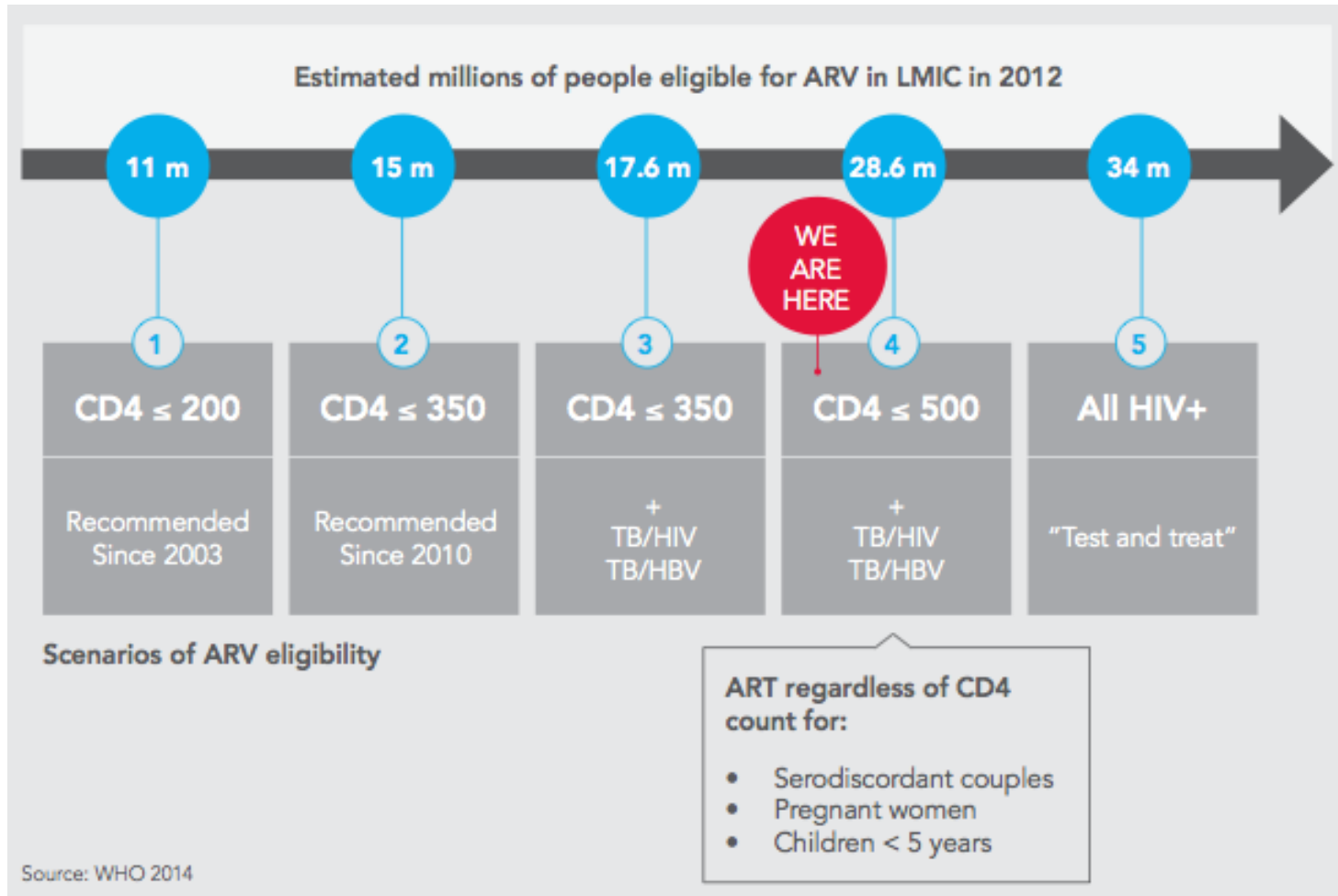
The result



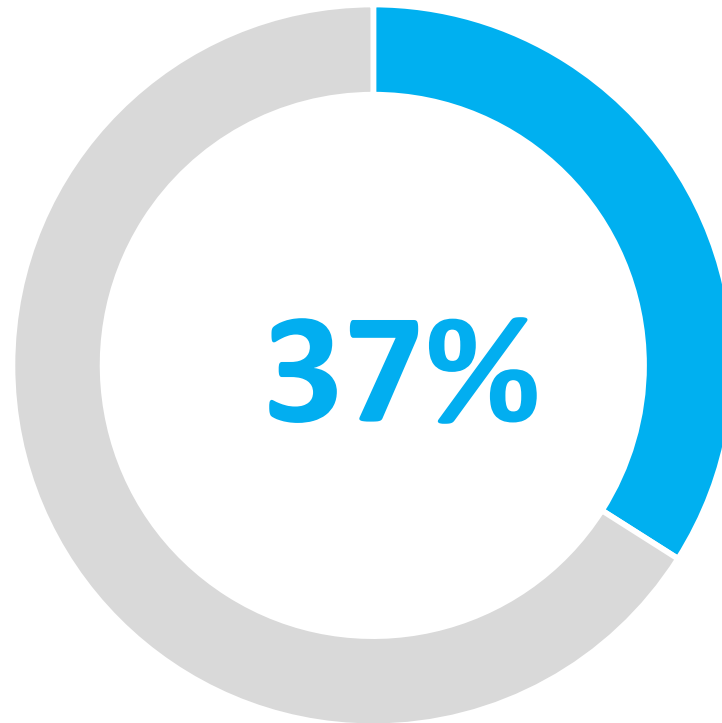
**of all people living with HIV
will be virally suppressed**

**= a three-fold increase
over current estimates**

Scenarios of ARV eligibility

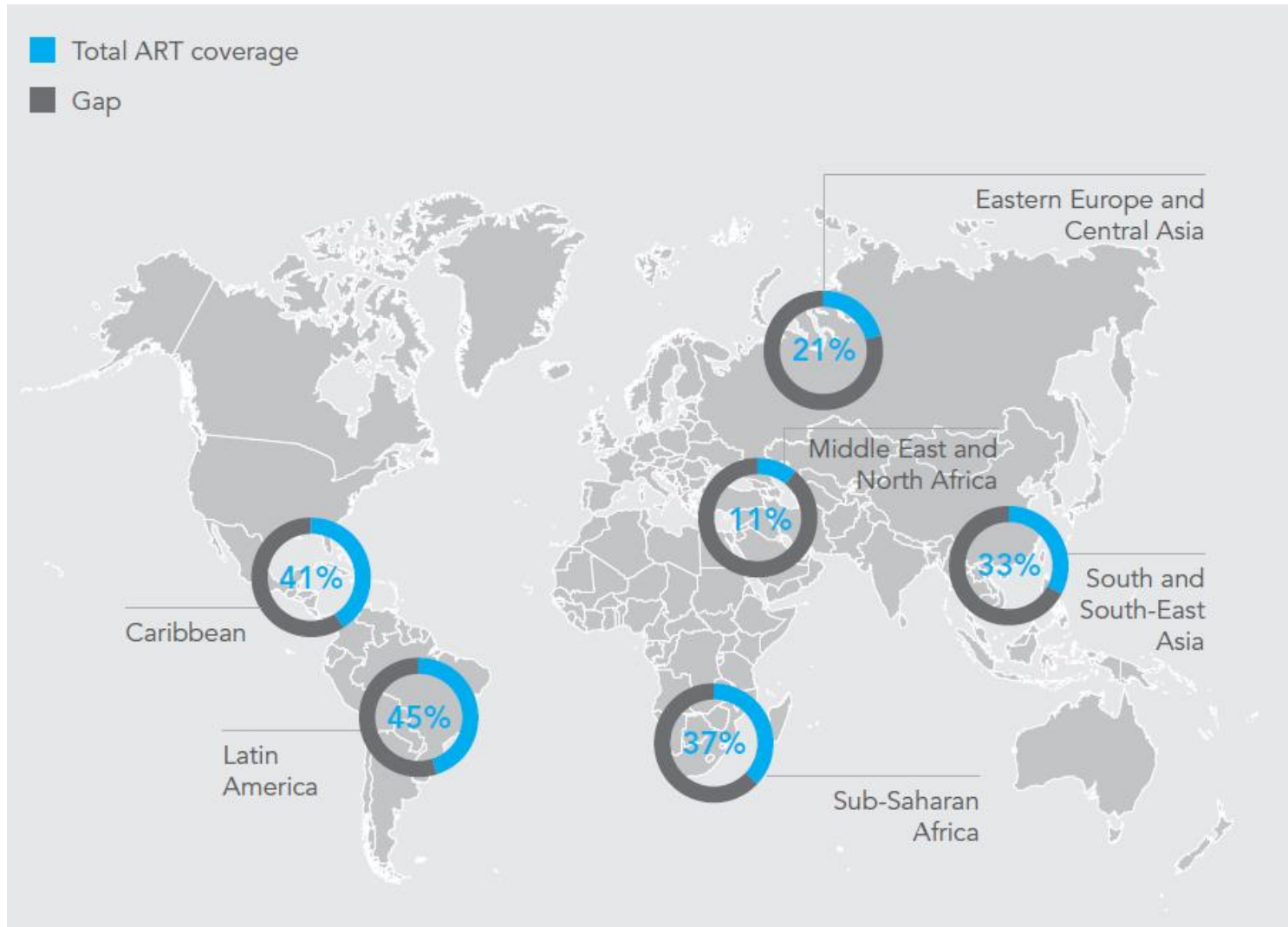


Global ART coverage



Adults and children

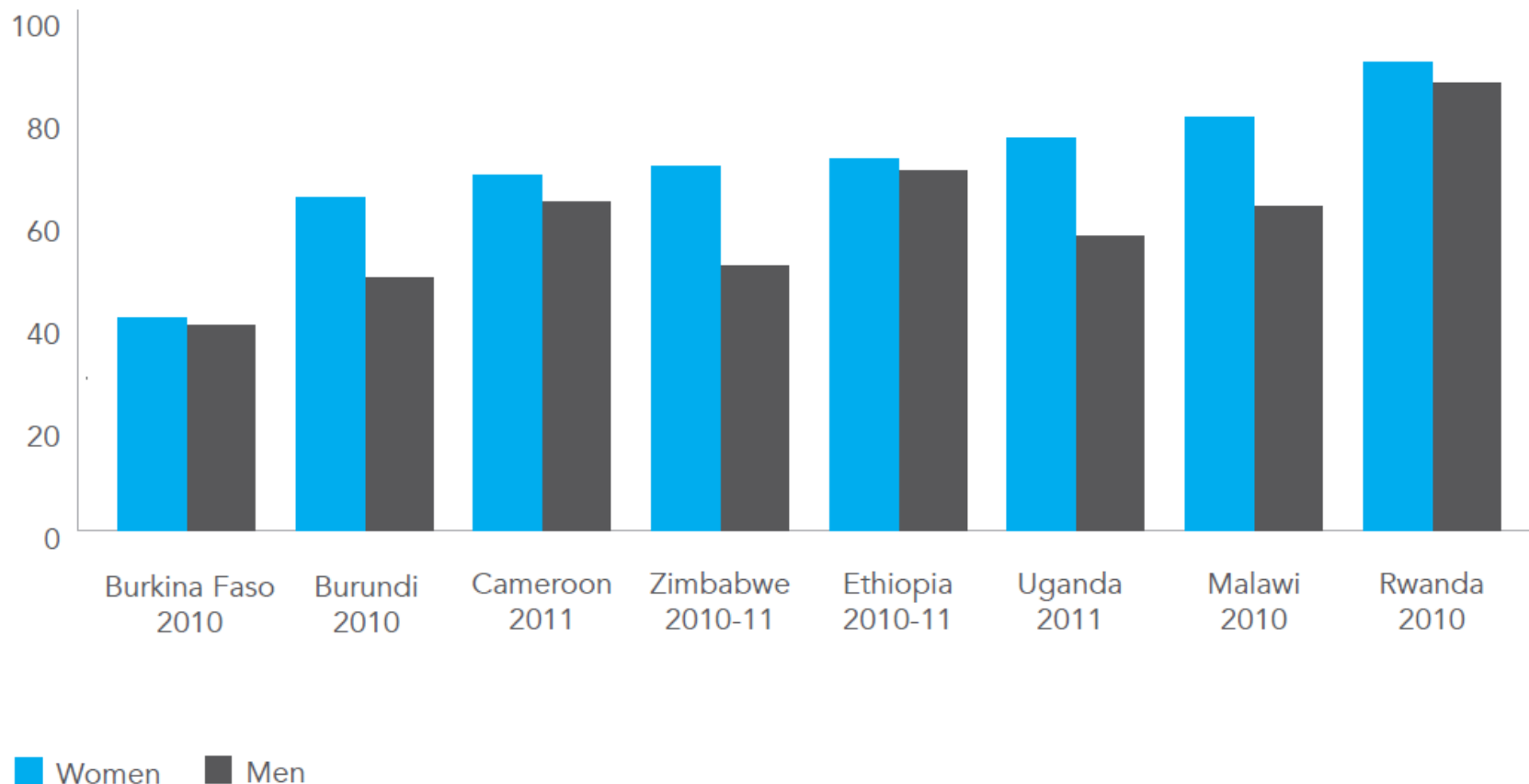
Antiretroviral treatment coverage varies between regions



90-90-90 can happen:
the basis for the new treatment target

90%
of HIV+
people tested
is possible

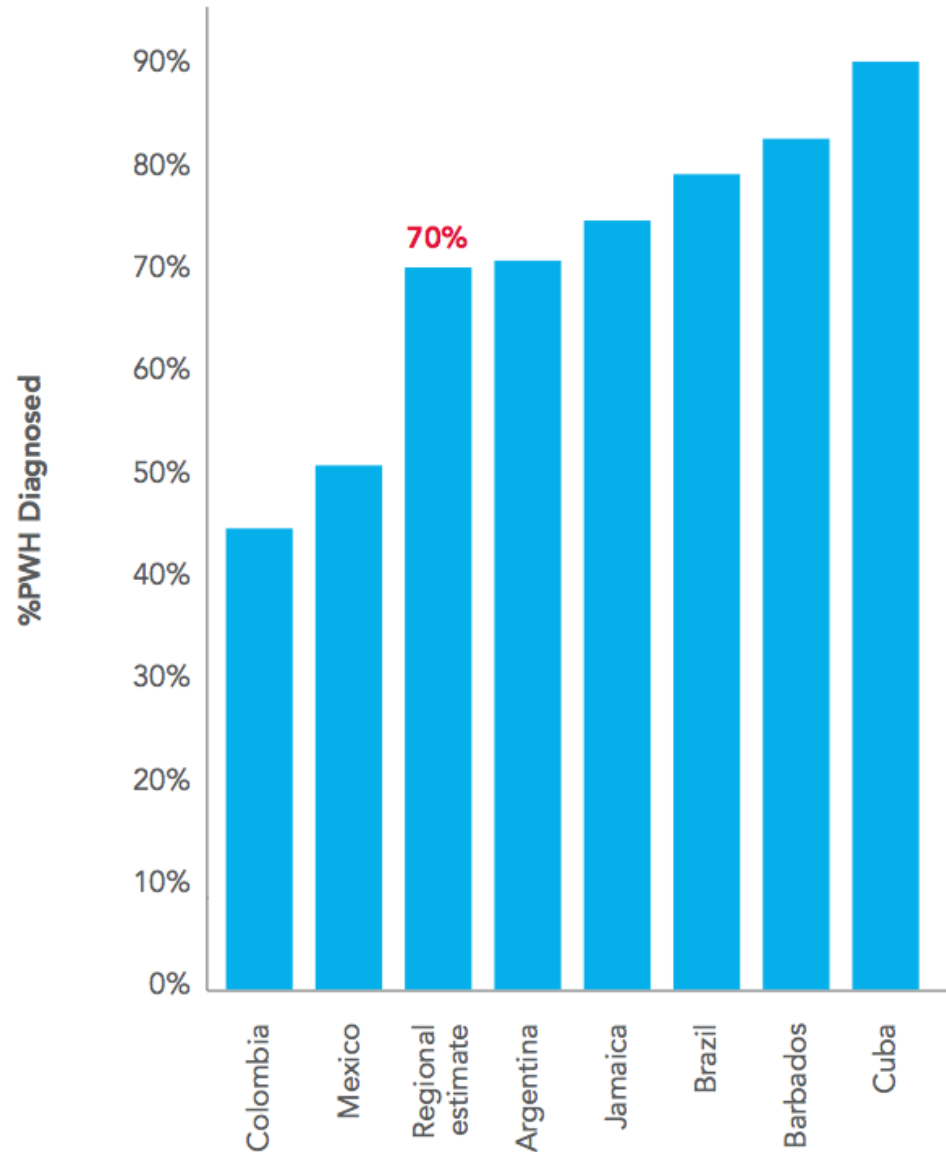
PLHIV tested at least once



Source: Staveteig et al., Demographic Patterns of HIV Testing Uptakes in Sub-Saharan Africa. DHS Comparative Reports no. 30. ICF International.

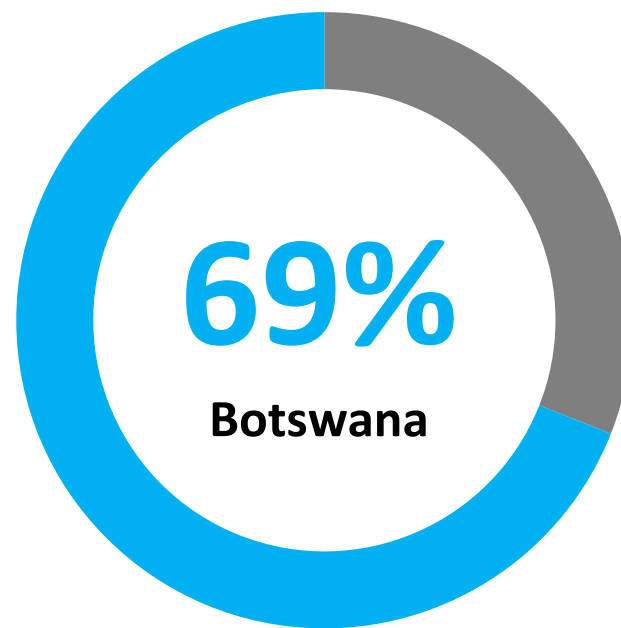
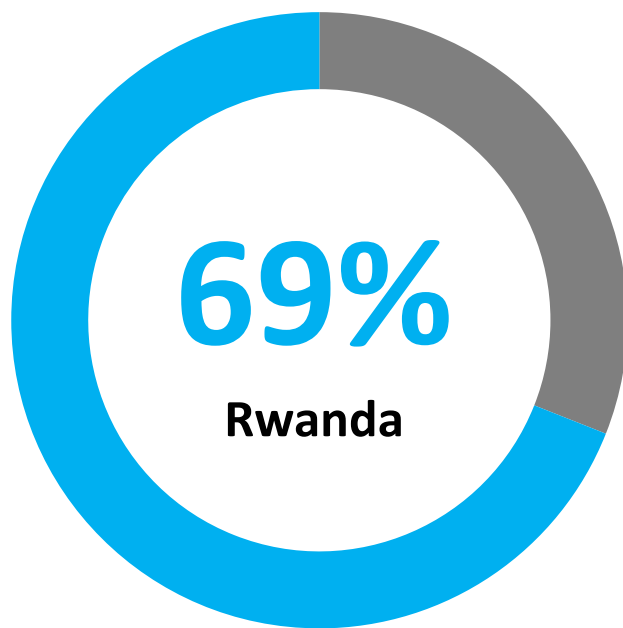
It is estimated that 70% of PLHIV in Latin America and the Caribbean know their status

Data corresponds to 62% of PLHIV in Latin America and the Caribbean.



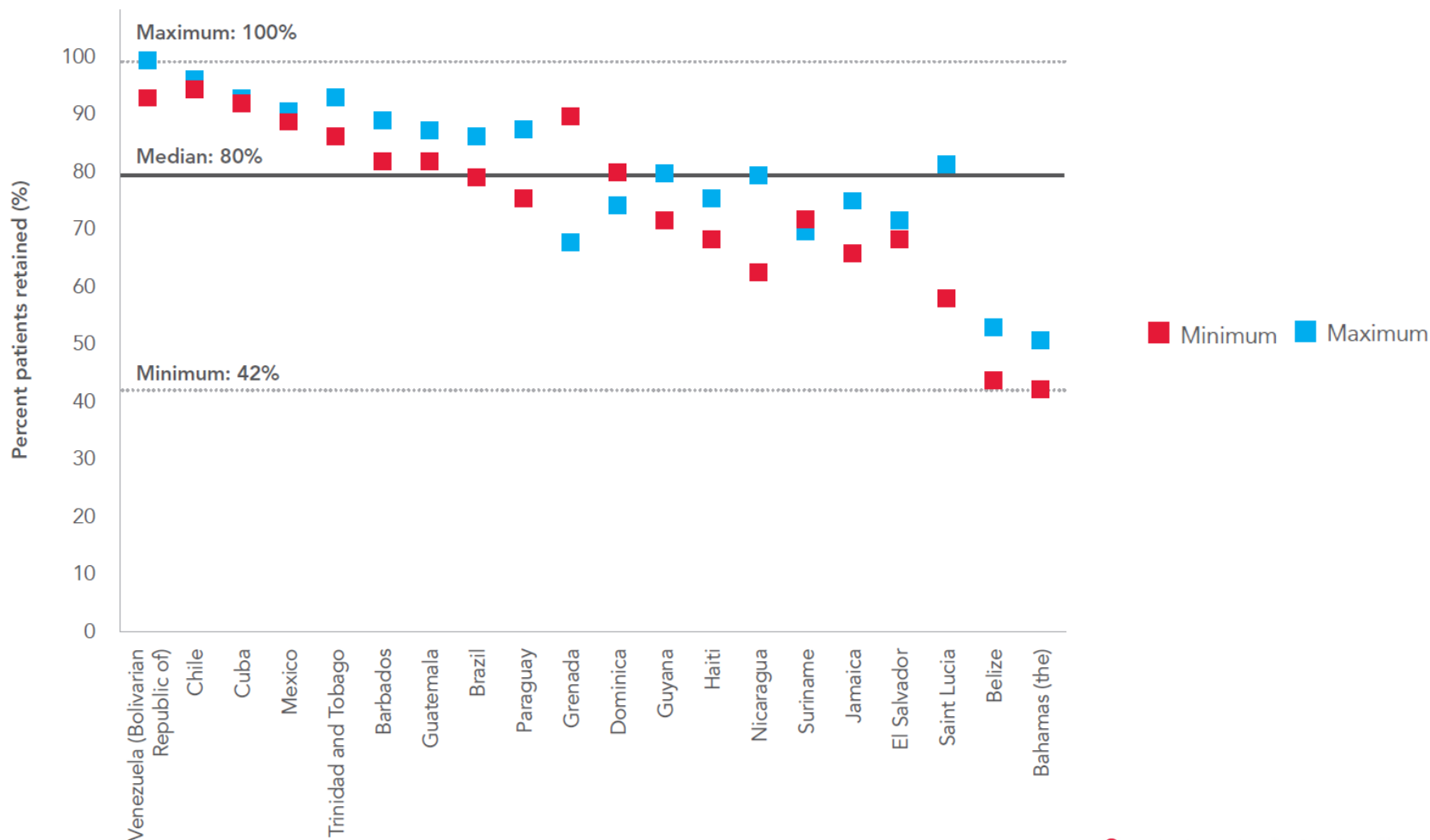
90%
of eligible people
on treatment
is possible

High coverage in several countries



Source: UNAIDS estimates 2013

High retention throughout Latin America and the Caribbean

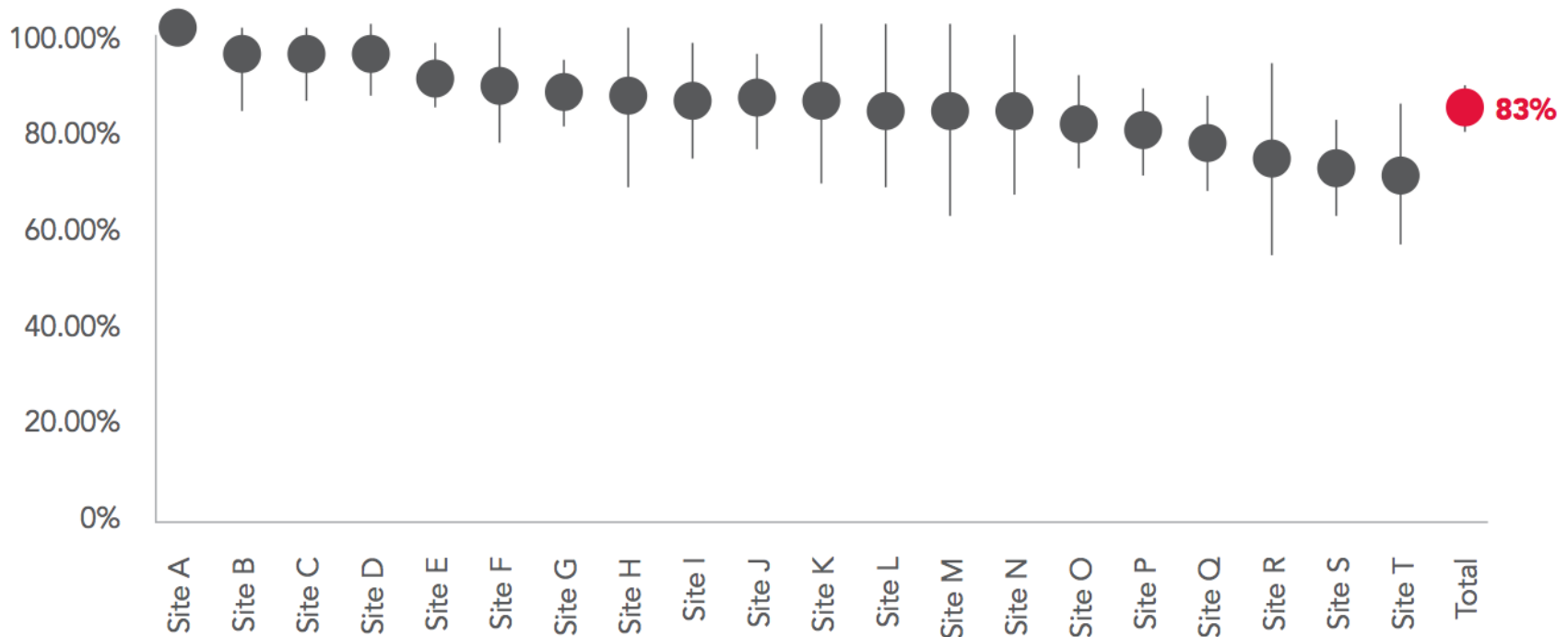


Source: UNAIDS GARPR 2013 and WHO, Country Progress Reports 2014

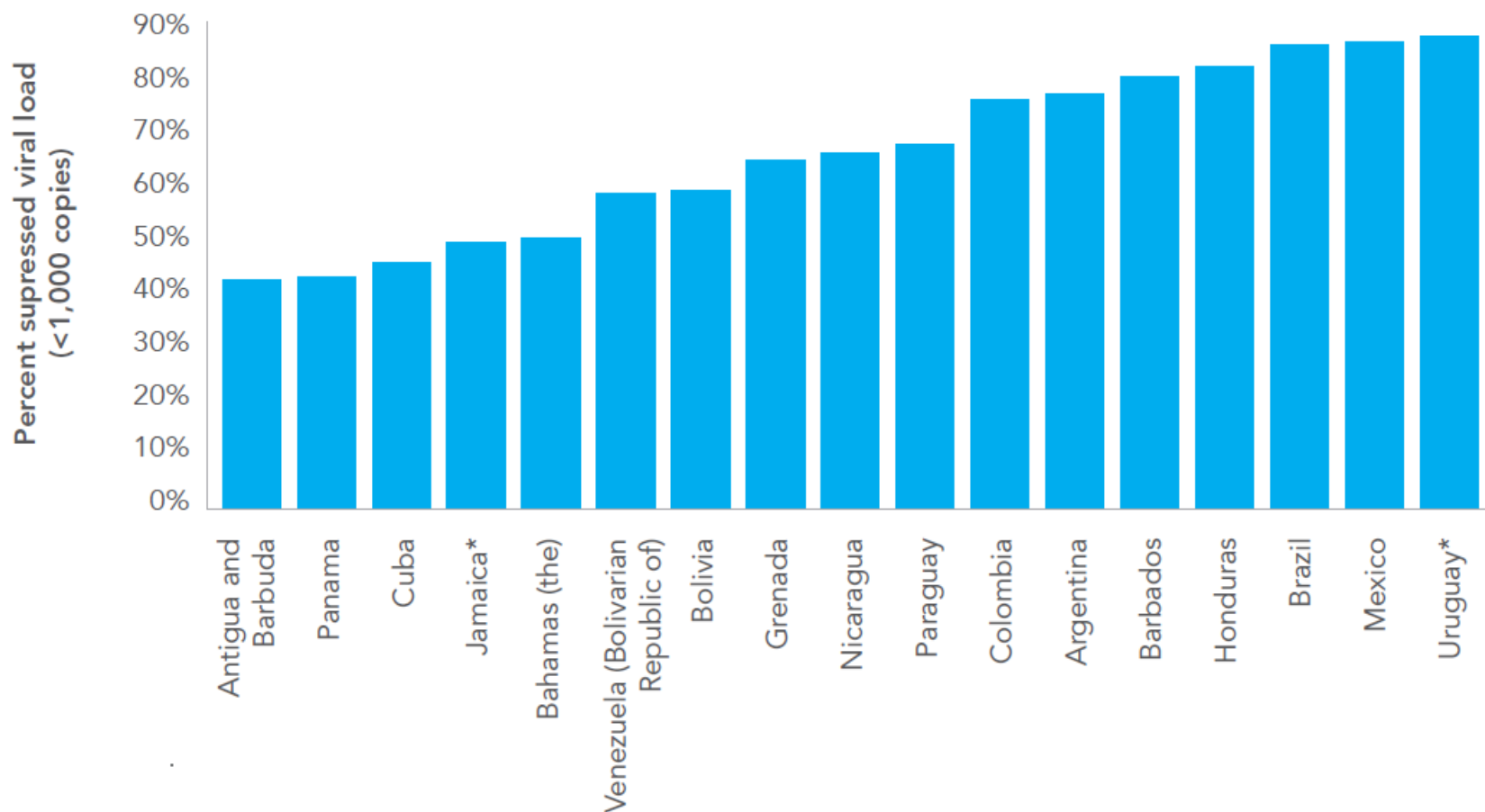


90%
virally suppressed
is possible

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



Proportion of people on ART with viral suppression in Latin America and the Caribbean in 2013



Source: WHO, country universal access reports 2014 (unpublished data)

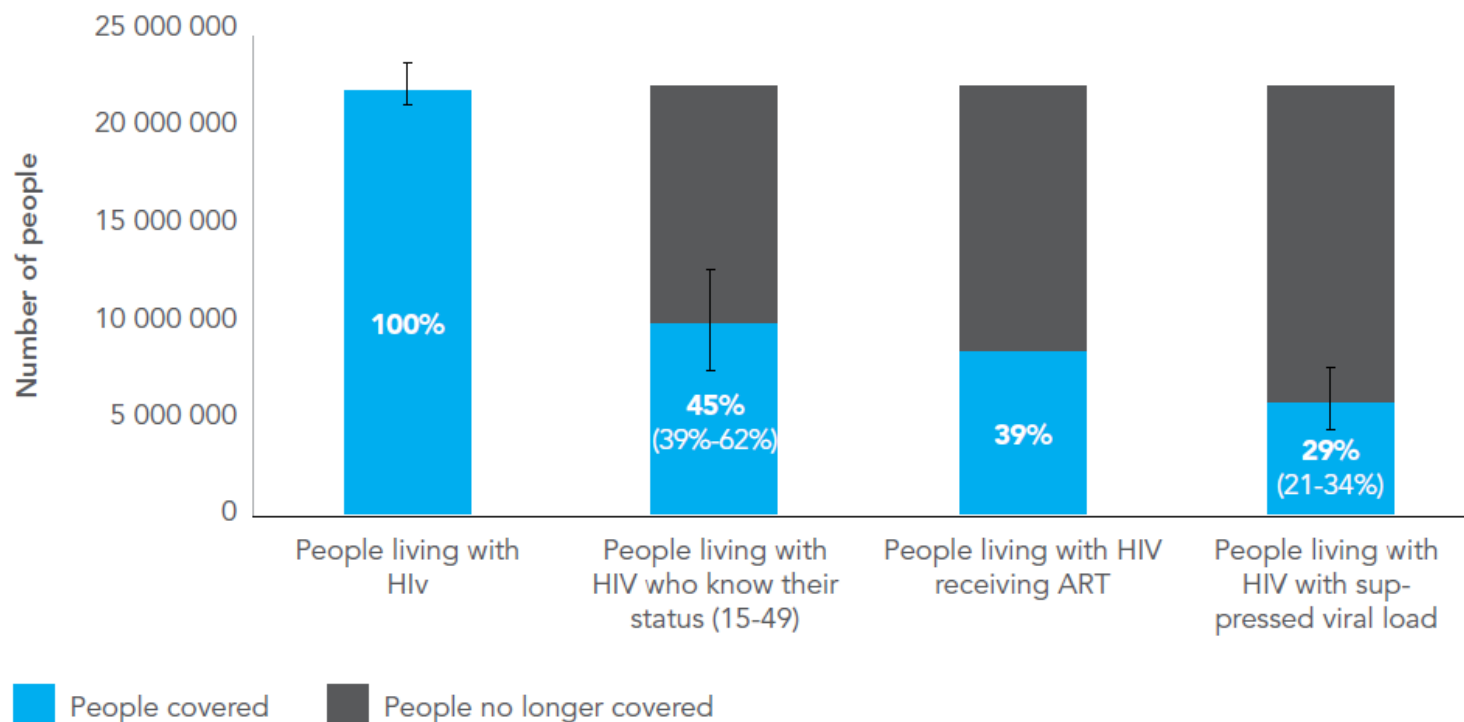
* Uruguay figure represents only 35% of patients on ART, Jamaica data from 2012

Key challenges

1. Societal
2. Diversity of facility costs
3. Gaps in the treatment cascade
4. Delivery challenges
5. Financing
6. Addressing the epidemic in adolescents and children

3) Gaps in the treatment cascade

(Adults in Sub-Saharan Africa, 2013)



Sources:

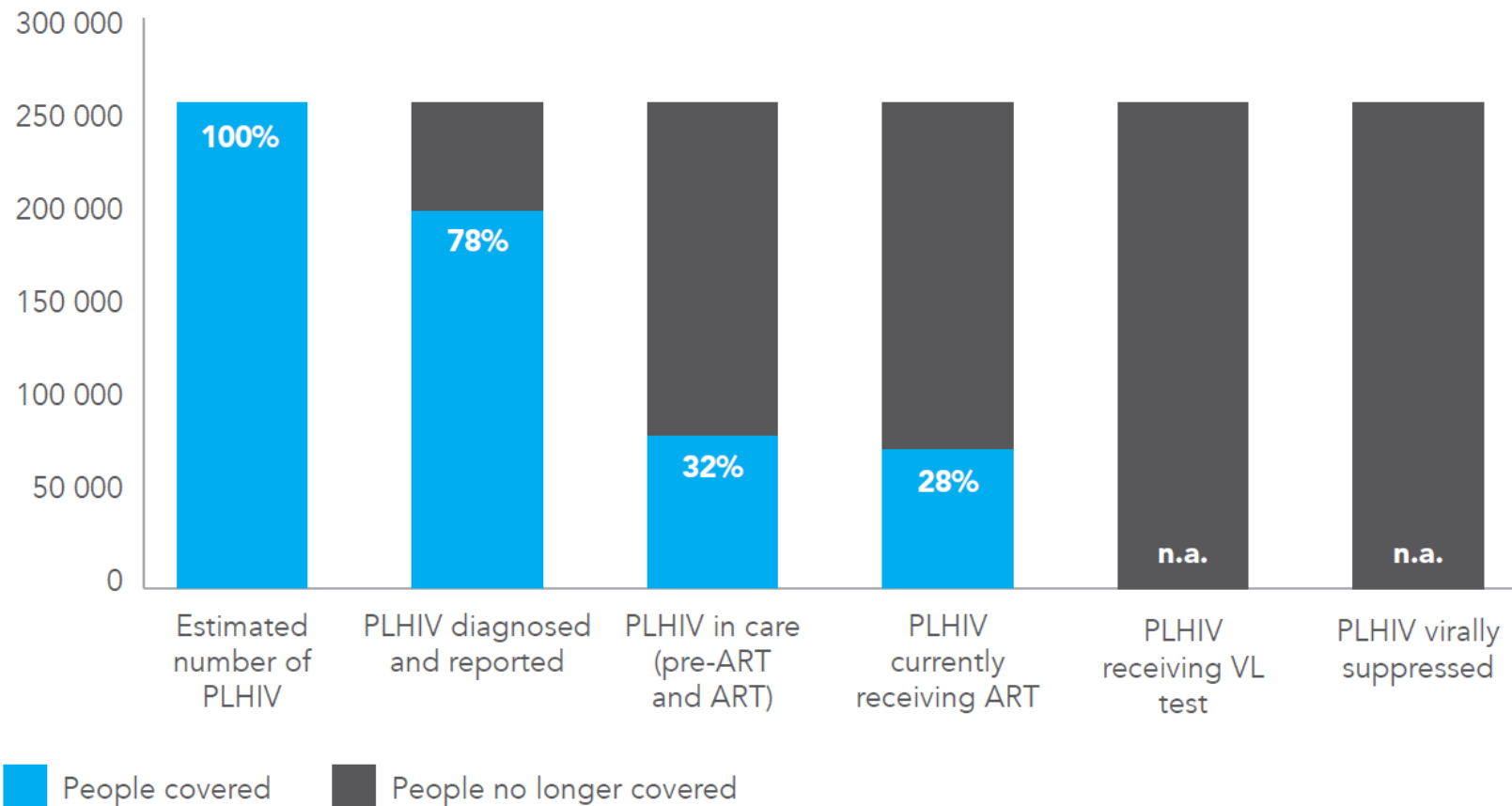
UNAIDS 2013 estimates.

Demographic and Health Surveys, 2007-2012 and Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press. 45% is the mid-point between the low and high bounds. The low bound (33%) is the percentage of people living with HIV who are very likely to know their status (tested positive in the survey and report receiving the results of an HIV test in the previous twelve months). The high bound (57%) is calculated as the percentage who tested positive in the survey who self-report ever being tested for HIV (the test conducted in the survey is not disclosed to the recipients). Those persons who report never having been tested for HIV do not know their HIV status and make up the remaining 43%.

Barth RE, van der Loeff MR, et al. (2010). Virological follow-up of adult patients in antiretroviral treatment programmes in sub-Saharan Africa: a systematic review. *Lancet Infect Dis* 10(3):155-166 and Kenya AIDS Indicator Survey 2012: National AIDS and STI Control Programme, Ministry of Health, Kenya. September 2013. Kenya AIDS Indicator Survey 2012: Preliminary Report. Nairobi, Kenya, giving 50% weight to the work by Barth and 50% weight to KAIS 2012. Proportional bounds from Barth et al. were applied.

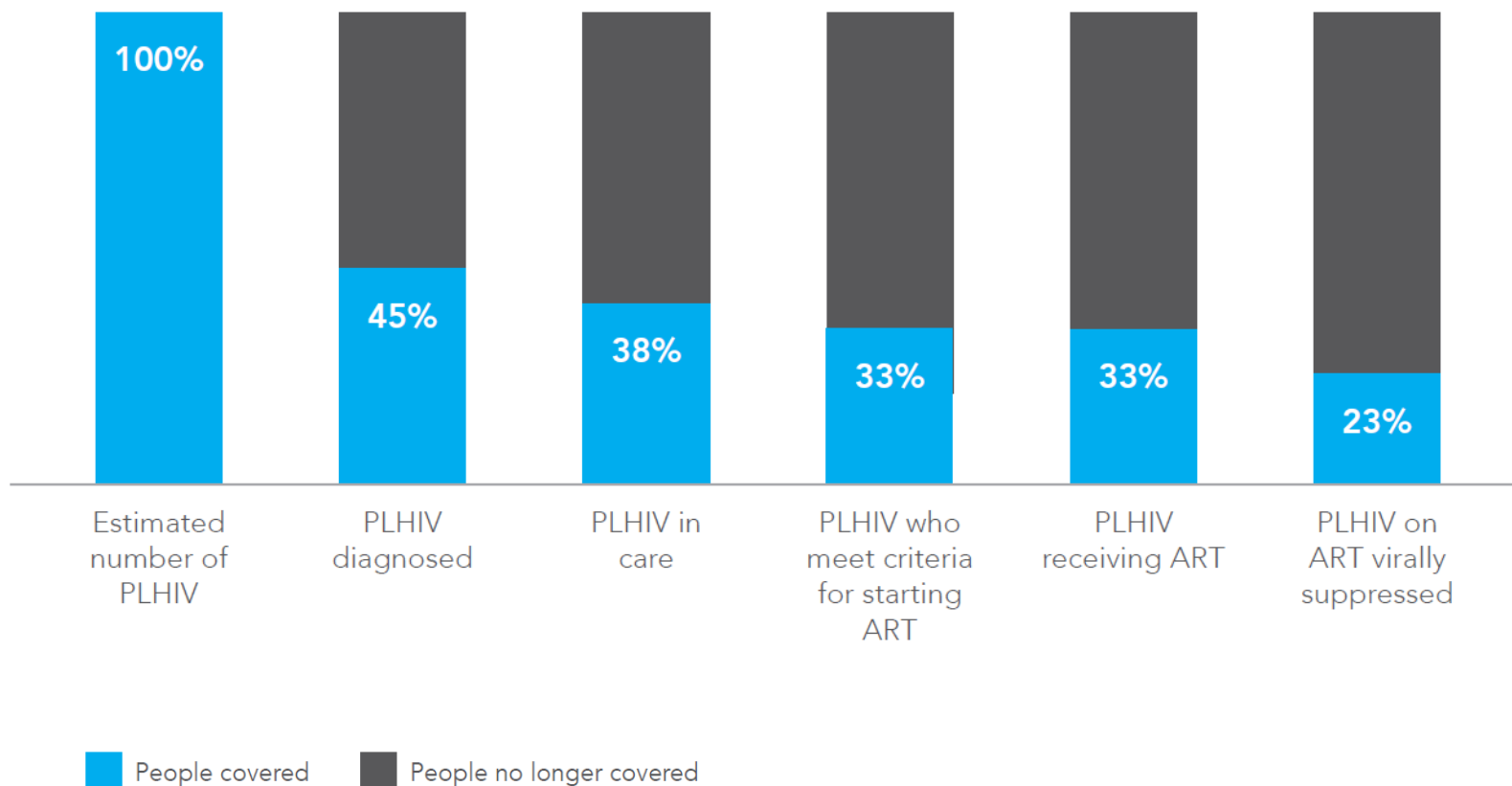


The “cascade” of HIV diagnosis to viral suppression in Vietnam, 2012



Sources: UNAIDS estimates 2013, WHO-UNAIDS National AIDS Programme Managers Meeting, Beijing, Feb 2013.

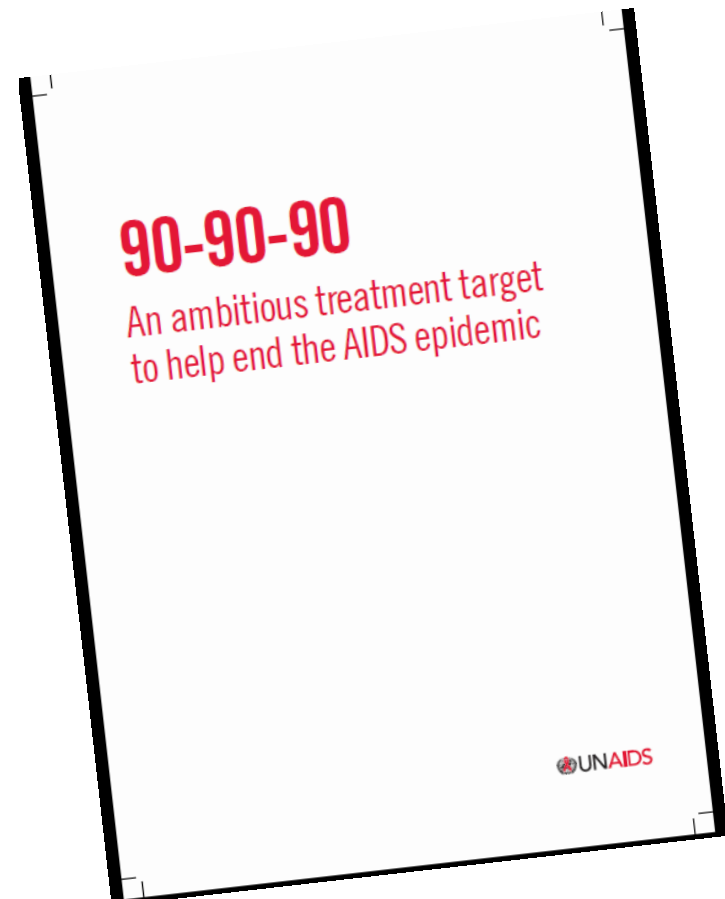
Colombia has achieved high rates of HIV treatment access and retention, but most people living with HIV remain undiagnosed



Source: Government of Colombia, Ministry of Health and Social Protection, 2014.

Treatment Targets Report

- Need to found delivery in human rights approach
- Percentages apply in all countries
- Quality and outcomes along the treatment cascade
- Equity of access
- Speed of scale up



Status of 2020 Targets

- 90 90 90 treatment target report: revised and available
 - Support at UN General Assembly
 - Reduction in viral load test cost
- Prevention and non-discrimination targets in development
 - 500,000 incidence target announced
 - Request for input on targets to come soon
- The test of targets: *are they used to drive progress?*
 - “3 by 5” became 3 by 7, but it changed things

Putting the Targets to Work

What will help make the targets useful in advocacy in countries?

- Advocacy and analysis materials
- Scorecards and other accountability measures
- Regional strategy development
- Webinars and other dialogues
- Connection to UNAIDS staff
- Facilitating contact with government, donors, industry



UNAIDS Community Mobilization

- Community response, including community-provided services
- Youth engagement
- Faith-based services and advocacy
- Post-2015 Sustainable Development Goals
- UN+
- Prevention, treatment and non-discrimination targets in advocacy
- Communications, including on implications of research for policy
- Connecting civil society and UNAIDS staff in regions/countries
- *Comments and for updates:*
 - collinsch@unaids.org @chriscollinsgva