

The Node *... where a leaf arises from a stem*



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

PRESS RELEASE

UNAIDS announces that the goal of 15 million people on life-saving HIV treatment by 2015 has been met nine months ahead of schedule

The world has exceeded the AIDS targets of Millennium Development Goal (MDG) 6 and is on track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs).

ADDIS ABABA/GENEVA, 14 July 2015 — The AIDS targets of MDG 6—halting and reversing the spread of HIV—have been achieved and exceeded, according to a new report released today by the Joint United Nations Programme on HIV/AIDS (UNAIDS). New HIV infections have fallen by 35% and AIDS-related deaths by 41%. The global response to HIV has averted 30 million new HIV infections and nearly 8 million (7.8 million) AIDS-related deaths since 2000, when the MDGs were set.

“The world has delivered on halting and reversing the AIDS epidemic,” said Ban Ki-moon, Secretary-General of the United Nations. “Now we must commit to ending the AIDS epidemic as part of the Sustainable Development Goals.”

Released in Addis Ababa, Ethiopia, on the sidelines of the Third International Conference on Financing for Development, the report demonstrates that the response to HIV has been one of the smartest investments in global health and development, generating measurable results for people and economies. It also shows that the world is on track to meet the investment target of US\$ 22 billion for the AIDS response by 2015 and that concerted action over the next five years can end the AIDS epidemic by 2030.

“Fifteen years ago there was a conspiracy of silence. AIDS was a disease of the “others” and treatment was for the rich and not for the poor,” said Michel Sidibé, Executive Director of UNAIDS. “We proved them wrong, and today we have 15 million people on treatment—15 million success stories.”

How AIDS changed everything—MDG 6: 15 years, 15 lesson of hope from the AIDS response celebrates the milestone achievement of 15 million people on antiretroviral treatment—an accomplishment deemed impossible when the MDGs were established 15 years ago. It also looks at the incredible impact the AIDS response has had on people’s lives and livelihoods, on families, communities and economies, as well as the remarkable influence the AIDS response has had on many of the other MDGs. The report includes specific lessons to take forward into the SDGs, as well as the urgent need to front-load investments and streamline programmes for a five-year sprint to set the world on an irreversible path to end the AIDS epidemic by 2030.

Achieving MDG 6: halting and reversing the spread of HIV

2 In 2000, the world was witnessing an extraordinary number of new HIV infections. Every day, 8500 people were becoming newly infected with the virus and 4300 people were dying of AIDS-related illnesses. *How AIDS changed everything* describes how, against all odds, huge rises in new HIV infections and AIDS-related deaths were halted and reversed.

New HIV infections

In 2000, AIDS began to be taken seriously. Far-sighted global leadership rallied, and the response that ensued made history. Between 2000 and 2014, new HIV infections dropped from 3.1 million to 2 million, a reduction of 35%. Had the world stood back to watch the epidemic unfold, the annual number of new HIV infections is likely to have risen to around 6 million by 2014.

In 2014, the report shows that 83 countries, which account for 83% of all people living with HIV,

have halted or reversed their epidemics, including countries with major epidemics, such as India, Kenya, Mozambique, South Africa and Zimbabwe.

“As a mother living with HIV I did everything in my capacity to ensure my children were born HIV-free, said Abiyot Godana, Case Manager at the Entoto Health Center. “My husband has grabbed my vision of ending AIDS and together we won’t let go of this hope. Our two children are a part of an AIDS-free generation and will continue our legacy.” Ethiopia has made significant progress in preventing new HIV infections among children. In 2000, around 36 000 children became infected with HIV. However, by 2014 that number had dropped by 87%, to 4800, as coverage of antiretroviral therapy to prevent new HIV infections among children increased to 73%.

Stopping new HIV infections among children has been one of the most remarkable successes in the AIDS response. In 2000, around 520 000 children became newly infected with HIV. In the absence of antiretroviral therapy, children were dying in large numbers. This injustice prompted the world to act—ensuring that pregnant women living with HIV had access to medicines to prevent their children from becoming infected with the virus became a top global priority.

The unprecedented action that followed achieved results. Between 2000 and 2014, the percentage of pregnant women living with HIV with access to antiretroviral therapy rose to 73% and new HIV infections among children dropped by 58%.

By 2014, UNAIDS estimates that 85 countries had less than 50 new HIV infections among children per year, and in 2015 Cuba became the first country to be certified by the World Health Organization as having eliminated new HIV infections among children.

AIDS-related deaths

The second, critical measure for determining the success of MDG 6 is progress in halting and reversing the number of AIDS-related deaths. In 2000, AIDS was a death sentence. People who became infected with HIV had just a few years to live and the vast majority of children born with the virus died before they reached their fifth birthday.

Against incredible odds, the pace of antiretroviral therapy scale-up increased, ensuring more people remained alive and well. By 2005, AIDS-related deaths began to reverse, falling by 42% from 2004 to 2014.

Making the impossible, possible—15 million people on HIV treatment

Ensuring access to antiretroviral therapy for 15 million people is an achievement deemed impossible 15 years ago. In 2000, fewer than 1% of people living with HIV in low- and middle-income countries had access to treatment, as the sky-high prices of medicines—around US\$ 10 000 per person per year—put them out of reach. The inequity of access and injustice sparked global moral outrage, which created one of the most defining achievements of the response to HIV—massive reductions in the price of life-saving antiretroviral medicines.

By 2014, advocacy, activism, science, political will and a willingness by the pharmaceutical companies has brought the price of medicines for HIV down by 99%, to around US\$ 100 per person per year for first-line formulations.

In 2014, 40% of all people living with HIV had access to antiretroviral therapy, a 22-fold increase over the past 14 years. In sub-Saharan Africa, 10.7 million people had access, 6.5 million (61%) of whom were women. Ensuring treatment for 15 million

people around the world proves beyond a doubt that treatment can be scaled up even in resource-poor settings.

As access to treatment increased, the world raised the bar and has repeatedly set ambitious targets, culminating in today's call of ensuring access to treatment for all 36.9 million people living with HIV.

Progress in ensuring access to HIV treatment has, however, been slower for children than for adults. As of 2014, only 32% of the 2.6 million children living with HIV had been diagnosed and only 32% of children living with HIV had access to antiretroviral therapy.

While the price of first-line medicines has reduced significantly, the prices of second and new generation medicines are still much too high and need to be urgently negotiated down.

Knowledge ensures access

How AIDS changed everything includes exciting new information about access to treatment once people know their HIV status. Some 75% of people who know they have the virus are accessing antiretroviral therapy, showing that the majority of people do come forward for treatment and have access once they are diagnosed with HIV.

This emphasizes the urgent need to scale up HIV testing. In 2014, only 54% (19.8 million) of the 36.9 million people who are living with HIV knew that they are living with the virus.

An investment, not a cost

How AIDS changed everything shows how the economic impact is one of the greatest achievements of the response to HIV and one that will continue to yield results in years to come.

“The world went from millions to billions and each dollar invested today is producing a US\$ 17 return,” said Mr Sidibé. “If we frontload investments and Fast-Track our efforts over the next five years, we will end the AIDS epidemic by 2030.”

Since 2000, an estimated US\$ 187 billion has been invested in the AIDS response, US\$ 90 billion of which came from domestic sources. By 2014, around 57% of AIDS investments came from domestic sources and 50 countries invested more than 75% of their responses from their own budgets—a big success for country ownership.

The United States of America has invested more than US\$ 59 billion in the AIDS response and is the largest international contributor. The Global Fund to Fight AIDS, Tuberculosis and Malaria invests nearly US\$ 4 billion each year towards AIDS programmes and has disbursed more than US\$ 15.7 billion since its creation in 2002.

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The report also shows that the next five years will be critical. Front-loading investments in the fragile five-year window up to 2020 could reduce new HIV infections by 89% and AIDS-related deaths by 81% by 2030.

Current investments in the AIDS response are around US\$ 22 billion a year. That would need to be increased by US\$ 8–12 billion a year in order to meet the Fast-Track Target of US\$ 31.9 billion in 2020. By meeting the 2020 target, the need for resources would begin to permanently decline, reducing to US\$ 29.3 billion in 2030 and far less in the future. This would produce benefits of more than US\$ 3.2 trillion that extend well beyond 2030.

The report underscores that international assistance, especially for low-income and low-middle-income countries, will be necessary in the short term before sustainable financing can be secured in the long

term. Sub-Saharan Africa will require the largest share of global AIDS financing: US\$ 15.8 billion in 2020.

Countries that took charge have produced results

Countries that rapidly mounted robust responses to their epidemics saw impressive results. In 1980, life expectancy in Zimbabwe was around 60 years of age. In 2000, when the MDGs were set, life expectancy had dropped to just 44 years of age, largely owing to the impact of the AIDS epidemic. By 2013, however, life expectancy had risen again to 60 years of age as new HIV infections were reduced and access to antiretroviral treatment expanded.

Ethiopia has been particularly affected by the AIDS response, with 73 000 people dying of AIDS-related illnesses in 2000. Concerted efforts by the Ethiopian government have secured a drop of 71% in AIDS-related deaths between the peak in 2005 and 2014.

In Senegal, one of the earliest success stories of the global AIDS response, new HIV infections have declined by more than 87% since 2000. Similarly, Thailand, another success story, has reduced new HIV infections by 71% and AIDS-related deaths by 64%.

South Africa turned around its decline in life expectancy within 10 years, rising from 51 years in 2005 to 61 by the end of 2014, on the back a massive increase in access to antiretroviral therapy. South Africa has the largest HIV treatment programme in the world, with more than 3.1 million people on antiretroviral therapy, funded almost entirely from domestic sources. In the last five years alone, AIDS-related deaths have declined by 58% in South Africa.

Leaving no one behind

Much progress has been made in expanding HIV prevention services for key populations, even though significant gaps remain. Although more than 100 countries criminalize some form of sex work, sex workers continue to report the highest levels of condom use in the world—more than 80% in most regions.

Drug use remains criminalized in most countries, yet many do allow access to needle-syringe programmes and opioid substitution therapy. In 2014, HIV prevalence appears to have declined among people who inject drugs in almost all regions.

However, new HIV infections are rising among men who have sex with men, notably in western Europe and North America, where major declines were previously experienced. This indicates that HIV prevention efforts need to be adapted to respond to the new realities and needs of men who have sex with men.

The number of adult men who have opted for voluntary medical male circumcision to prevent HIV transmission continues to increase. From 2008 to December 2014, about 9.1 million men in 14 priority countries opted to be circumcised. In 2014 alone, 3.2 million men in 14 priority countries were circumcised. Ethiopia and Kenya have both already exceeded their target of 80% coverage.

Tuberculosis (TB) remains a leading cause of death among people living with HIV, accounting for one in five AIDS-related deaths globally. However, between 2004 and 2014, TB deaths declined by 33% thanks to the rapid increase in antiretroviral treatment, which reduces the risk that a person living with HIV will develop TB by 65%.

Some 74 countries reported having laws in place prohibiting discrimination against people living with HIV. However, at present, 61 countries have

legislation that allows for the criminalization of HIV non-disclosure, exposure or transmission. In 76 countries, same-sex sexual practices are criminalized. In seven countries they are punishable by death.

Transgender people are not recognized as a separate gender in most countries and are generally absent from public policy formulation and social protection programmes. The world remains far short of achieving its goal of eliminating gender inequalities and gender-based violence and abuse.

Better data

Countries have invested heavily in monitoring and evaluating their responses to HIV. In 2014, 92% of United Nations Member States reported HIV data to UNAIDS. State-of-the-art epidemic monitoring, data collection and reporting have made HIV data the most robust in the world, far more complete than data for any other disease. This has not only enabled the world to have a clear picture of HIV trends, it has also enabled HIV programming to be tailored to the specific dynamics of each country's epidemic.

Together with *How AIDS changed everything*, UNAIDS is launching its new data visualization feature *AIDSinfo*. This innovative visualization tool allows users to view global, regional and national data on HIV through easy-to-use maps, graphs and tables adapted for all devices.

How AIDS changed everything

The UNAIDS book gives a vivid and insightful description of the impact the AIDS response has had on global health and development over the past 15 years and of the incredible importance of the lessons learned for ensuring the success of the SDGs.

How AIDS changed everything—MDG 6: 15 years, 15 lesson of hope from the AIDS response is both a look back on the journey of the last 15 years and a

look forward to the future of the AIDS response and the path to ending the AIDS epidemic by 2030.

The flagship publication from UNAIDS was released at a community event at Zewditu Hospital in Addis Ababa, Ethiopia, on 14 July 2015 by United Nations Secretary-General Ban Ki-moon, Minister of Health, Kesetebirhan Admassu of the Federal Democratic Republic of Ethiopia, Executive Director of UNAIDS Michel Sidibé and Abiyot Godana, Case Manager at the Entoto Health Center.

2014/2015* GLOBAL STATISTICS

15 million* people accessing antiretroviral therapy (March 2015)

36.9 million [34.3 million–41.4 million] people globally were living with HIV

6 2 million [1.9 million–2.2 million] people became newly infected with HIV

1.2 million [1 million–1.5 million] people died from AIDS-related illnesses

How AIDS changed everything—MDG 6: 15 years, 15 lesson of hope from the AIDS response

THE STORY CONTINUES AT THE
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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030. Learn more at unaids.org and connect with us on Facebook and Twitter.

IAS 2015 in Vancouver, Canada

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The 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention was held at the Vancouver Convention Centre from 19-22 July 2015. It was organised by the International AIDS Society (IAS) in partnership with University of British Columbia Division of AIDS. This biennial scientific meeting is the largest conference on HIV/ AIDS-related issues and attracts an attendance of over 6000 from all over the world.

The programme included daily plenary sessions featuring distinguished researchers and experts in the field, symposia, bridging sessions which aimed to bring about cross-track discussions across different

disciplines, as well as abstract-driven sessions in which the latest research were being presented. The topics ranged from HIV virology and pathogenesis, HIV co-infections, antiretroviral therapy, preventive strategies such as PrEP and development of vaccines, and new insights on HIV cure. It was hoped that new developments in HIV treatment and prevention could spur improvements in clinical practice and provide scientific evidence for HIV-related programme implementation.

One of the most exciting research presented in the conference was the results of the START (Strategic Timing of Antiretroviral Treatment) study, which was a multicentre, randomised trial recruiting more than 4000 HIV-infected individuals with CD4 greater than 500 cells/mm³. The study demonstrated that immediate antiretroviral treatment as compared to deferred treatment when CD4 reaches 350 cells/mm³ or below or till AIDS develops could reduce the risk for serious AIDS or non-AIDS events (including death). In the immediate treatment group there were significantly less cases of tuberculosis, Kaposi's sarcoma, and non-AIDS-related cancers. This finding held regardless of the patient's age and gender, ethnicity, baseline viral load and CD4 counts, and risk factors for cardiovascular diseases. In other words, early antiretroviral therapy benefits all, the newly diagnosed as well as those at a later stage of the disease. This study result will make profound changes to the antiretroviral treatment guidelines with important implications to drug policies and





resource allocation. During the conference, the World Health Organization (WHO) announced its new directions in the forthcoming treatment guidelines endorsing treatment for all. Apart from the timing of treatment, participants were also informed of new drugs and new strategies with old drugs, such as reduced dosing and 2-drug combinations.

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Early antiretroviral therapy is the cornerstone for “Treatment as Prevention”. More evidence of using antiretroviral therapy to prevent HIV transmission in serodiscordant, heterosexual couples were presented during the conference. The need to achieve continuous virologic suppression to stop HIV transmission was highlighted. Antiretroviral therapy can also be taken in HIV negative individuals in the form of Pre-exposure Prophylaxis (PrEP) to protect them from HIV acquisition. A variety of sessions were dedicated to discuss and present the latest knowledge about PrEP, ranging from dosing method, safety of use in pregnancy and demonstration projects showing uptake in different high risk populations and barriers to use. Other modalities on biomedical prevention, progress of HIV vaccine development, and the potential of broadly neutralising antibodies for prevention were also covered in the conference.

By treating all people living with HIV with potent antiretrovirals, the next challenge to attain UNAIDS’

target of 90-90-90 would be how to reach the undiagnosed population, get people tested for HIV and link them to care. These involved innovative strategies such as self-testing and community mobilisation and there were inspiring talks from workers in the field. The move towards task shifting and decentralisation of HIV care could be conducive in removing stigma and linking the infected to the health systems. New technologies in diagnostics would facilitate self-testing and testing by lay providers. To control the HIV epidemic, a concerted effort in each and every part of the HIV cascade is necessary.

In the International AIDS Conference 19 years ago at this very convention centre, researchers announced the discovery of HAART using combination of antiretrovirals - nucleoside reverse transcriptase inhibitors and protease inhibitor or non-nucleoside reverse transcriptase inhibitor. In the last two decades we have witnessed how HAART as well as other advances have revolutionised HIV care and brought hope to many afflicted by the disease. But this is not the time for complacency, for the road to ending the epidemic and achieving HIV cure is still long. Ongoing research will foster advancement in clinical practice and drive fair and effective policies in realisation of this goal.