

PRESS RELEASE

Countries ready to “Fast Track” response to end the AIDS epidemic by 2030

High-level panel emphasizes fragile five-year window for rapid and massive acceleration of HIV treatment and prevention services. New agreement to reduce cost of viral load tests for HIV to below US\$ 10 will improve the quality of life for millions of people on HIV treatment

GENEVA/NEW YORK, 25 September 2014—A new fast-track strategy proposes rapid and massive acceleration of HIV prevention and treatment programmes with a people-centred approach for ending the AIDS epidemic by 2030. This call and new commitments were made at a high-level side event entitled *Fast track: Ending the AIDS epidemic by 2030*.

Ending the AIDS epidemic: priority for post 2015 agenda

The high-level side event took place during the 69th United Nations General Assembly and was co-convened by Ghana and Switzerland in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS). World leaders agreed that ending the AIDS epidemic as a public health threat by 2030 was possible and must be a central agenda of the post 2015 goals.

“An AIDS-free generation is in our reach. It is our responsibility to make it happen. Nations have to unite in this common goal and act together with force of conviction,” said Didier Burkhalter, President of Switzerland. “The objective is clear: end AIDS by 2030!”

Fast Track Strategy—speed combined with location and population

This strategy calls on countries, especially those with high burden of HIV, to provide lifesaving HIV treatment and prevention services as a matter of priority to people most at risk of HIV infection in areas with high HIV prevalence and density of people living with HIV in a short window of five years. Such an approach will drastically reduce the number of new HIV infections as well as AIDS-related deaths to record low levels.

“I believe strongly that ending AIDS should be part of the post 2015 agenda,” said John Dramani Mahama, President of Ghana. “This is an epidemic that no one thought we could end, but now with the progress we see we know it can be done.”

AIDS is not over in any region—30 countries account for more than 80% of new HIV infections that occur each year in the world. Within these countries, the epidemic is often concentrated in large cities, select districts and localized areas. And in each setting, the affected populations vary. A concerted push to reach the specific populations most at risk in these countries and local areas will maximize the gains in preventing new HIV infections and stopping AIDS-related deaths.

Fragile-five year window

The success of the fast-track strategy relies upon countries to frontload investments and step up the pace of delivery of HIV services, especially the roll out of antiretroviral therapy. This strategy will see the greatest returns on investments.

“I call on countries, the private sector and civil society to seize this opportunity to end the AIDS epidemic by 2030,” said Ban Ki-Moon, United Nations Secretary-General. “This will require innovation, leadership and shared responsibility to ensure that no-one is left behind.”

UNAIDS, together with governments, civil society and other partners, will help countries identify the areas where fast-track delivery of HIV-related services will have the most impact.

“We have a fragile-five year window to ensure that the world is on-track to end the AIDS epidemic,” said Michel Sidibé, Executive Director of UNAIDS. “Seizing the opportunity to fast track the response to HIV will save millions of lives—the cost of inaction is unthinkable.”

If fully implemented the fast-track approach will avert 18 million new HIV infections and 11 million deaths by 2030. This will have a huge impact on reducing the amount of investment needed for the AIDS response beyond 2020. However, UNAIDS modelling shows that if the targets for 2020 are not achieved until a decade later costs will continue to spiral upwards.

Ambitious 2020 HIV treatment and prevention targets

To get on-track, new targets will focus on closing the access gap to HIV treatment and prevention by setting new targets for 2020. These include a bold target of providing access to antiretroviral treatment by 2020. Target—90-90-90—would enable 90% of people living with HIV to know their HIV status, 90% of people who know their status to access HIV treatment and 90% of people on HIV treatment to achieve viral suppression.

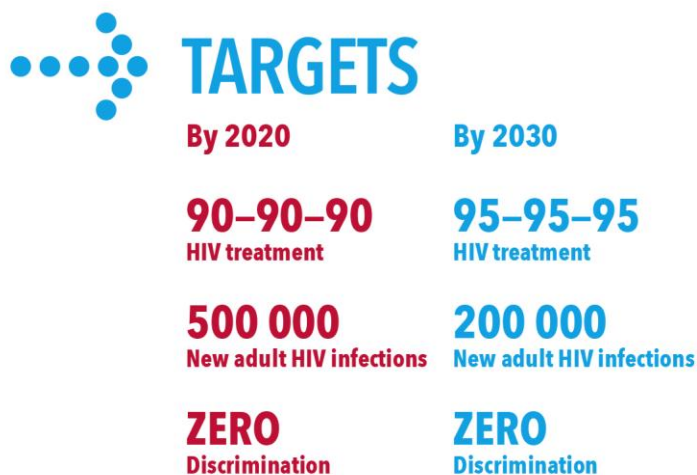
“Thanks to the Clinton Health Access Initiative, UNAIDS, PEPFAR and the Global Fund, our negotiations secured reduction of the price of viral load testing not only for South Africa but the whole world,” said Jacob Zuma, President of South Africa. “We now have the tools we need to end the AIDS epidemic.”

The new agreement on lowering the cost of viral load tests was announced by South Africa, the Clinton Health Initiative, UNAIDS and pharmaceutical company Roche. Viral load tests are essential to monitor the impact of HIV treatment on individuals. The high price of the viral load test is a barrier to its widespread use in low- and middle income countries. With this price reduction, these lifesaving diagnostic tools will become more widely available.

Based on consultations with global treatment experts and regional consultations, UNAIDS also released an issues brief *90-90-90 an ambitious target to help end the AIDS epidemic* to support the implementation of the new 2020 HIV treatment target. This document outlines the rationale, scientific evidence and strategy to rapidly expand access to HIV treatment.

In addition to ensuring that no child is newly infected with HIV, a new target of reducing new adult HIV infections from 2.1 million in 2010 to 500 000 in 2020 and to 200 000 in 2030 is

proposed. This can be achieved by combining the potential of antiretroviral therapy to prevent new HIV infections with other proven HIV prevention methods such as male and female condoms, harm reduction measures, voluntary medical male circumcision, sexual and reproductive health services and innovative social security programmes such as cash transfers.



“We need to focus on data, mutual accountability and transparency for impact, and put our weight behind HIV prevention, treatment and care interventions that work. We also need to continue setting benchmarks, and I am very pleased that PEPFAR is laser focused on achieving ambitious targets in areas of high HIV prevalence. The challenge is obviously big and obviously important,” said John Kerry, United States Secretary of State.

Zero discrimination - Leaving no one behind

Together with ambitious targets for HIV treatment and prevention, the global goal of zero discrimination needs to be reaffirmed. The success of the AIDS response is primarily due to the unflinching commitment to protecting human rights. Human rights targets are indispensable to ensure that people living with HIV do not face stigma and discrimination, marginalised populations are protected and the right to health becomes a reality.

Key populations—sex workers, gay men and other men who have sex with men, transgender people and people who use drugs—regardless of where they live or the legal status of their behaviour need access to HIV services in close proximity that are free of stigma and discrimination.

Young women and girls in countries with high HIV prevalence need choices to mitigate their vulnerability and risk of acquiring HIV. In sub-Saharan Africa, HIV prevalence among young women and girls is higher than among their male peers.

“When I think about ending AIDS I dream of wanting to be alive by 2030. I want to see my husband stay free from HIV and my daughter protected from HIV infection,” said Teresia Njoki Otieno, Chair of the International Community of Women Living with HIV. “I do not want to

come back here in 2030 and talk about the same thing. We should end this epidemic but we can only do this if we put women living with HIV at the centre.”

AIDS by the numbers

UNAIDS is reporting the lowest levels of new HIV infections this century, at 2.1 million [1.9 million–2.4 million]. In the last three years alone new HIV infections have fallen by 13%.

It is estimated that 35 million people were living with HIV in the world at the end of 2013. AIDS-related deaths are at their lowest since the peak in 2005, having declined by 35%.

New HIV infections among children have fallen by 58% since 2001 and have now dropped below 200 000 in the 21 most affected countries in Africa.

Defining ending the AIDS epidemic

Ending the AIDS epidemic means that the spread of HIV has been controlled or contained and that the impact of the virus on societies and on people’s lives has been marginalized and lessened, owing to significant declines in ill health, stigma, deaths and the number of orphans. It also means increased life expectancy, unconditional acceptance of people’s diversity and rights, increased productivity and reduced costs as the impact of AIDS diminishes.

[END]

Contact

UNAIDS Geneva | Sophie Barton-Knott | tel. +41 22 791 1697 | bartonknotts@unaids.org

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 to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.