

PRESS RELEASE**UNAIDS announces lower price tag on investments needed to Fast-Track ending the AIDS epidemic**

Projected price drops for life-saving HIV treatment and streamlined delivery are driving down costs—investment needs for 2020 are US\$ 26 billion

GENEVA, 1 April 2016—Ahead of the United Nations General Assembly High-Level Meeting on Ending AIDS, UNAIDS announced new investment needs to Fast-Track the AIDS response. The projected need of US\$ 26.2 billion in 2020 is down from a previous estimate of US\$ 30 billion. New findings suggest that the world can reach ambitious Fast-Track targets for preventing new HIV infections, AIDS-related deaths and discrimination with fewer resources.

“Under the Fast-Track approach the world is driving down costs quickly to close the gap between people who have services and people being left behind,” said Michel Sidibé, Executive Director of UNAIDS. “Urgently and fully funding and front-loading investments will save lives and lead us to ending the AIDS epidemic by 2030.”

The new UNAIDS reference document entitled *Fast-Track—update on investments needed in the AIDS response* explains improvements to the investment model with critical new inputs from the revised 2015 World Health Organization guidelines on HIV treatment. The guidelines recommend HIV treatment for all people living with HIV to reduce illness and deaths, which will increase the total cost of treatment. The guidelines also recommend streamlining care and support services that will contribute to lower costs per patient per year compared to earlier guidelines while retaining quality standards.

Other inputs include new evidence that projects lower costs for HIV medicines and supplies particularly in high burden countries that will further offset the increased investment associated with expanded treatment coverage.

Failure to Fast-Track would translate into an additional 17.6 million HIV infections worldwide and an additional 10.8 million AIDS-related deaths globally between 2016 and 2030.

“The cost of inaction is too high. We have a real opportunity to end the AIDS epidemic by 2030,” said Mr Sidibé. “If we do not quicken the pace of action, millions of people will die needlessly. Failure to Fast-Track risks prolonging the epidemic indefinitely.”

Global solidarity and shared responsibility

The report shows that countries from all economic levels will be required to invest more. Resources available for the AIDS response in low- and middle-income countries were US\$ 19.2 billion in 2014. The new projections in the report show that combined domestic and international investment in HIV will need to increase by about one third, to US\$ 26.2 billion in 2020. After this peak, projected investments steadily decrease to US\$ 22.3 billion in 2030. The Global Fund to Fight AIDS, Tuberculosis and Malaria has announced that it requires US\$ 13 billion from 2017 to 2019 to close the investment gap for the three diseases.

To reach the Fast-Track targets, total annual international assistance for HIV must increase by US\$ 2.8 billion compared with 2014 levels. This includes an additional US\$ 1.8 billion for low-income countries and an additional US\$ 1.9 billion for lower-middle-income countries, while upper-middle-income countries' international assistance declines. The remaining annual international investment in upper-middle-income countries of US\$ 0.5 billion in 2020 is required for countries with a particularly high burden of HIV, and challenges are expected regarding the transition to self-reliance and the provision of services to key populations.

Building on the principles of global solidarity and shared responsibility, the report includes the results of an analysis of the fiscal space of Fast-Track countries. This analysis indicates that the largest potential increase in future financing for the AIDS response could be achieved by increasing domestic health budgets, with the allocation for HIV services proportional to national disease burden. This would enable the majority of countries to finance the Fast Track approach. However, countries with the lowest income and highest burden of HIV will continue to require international support.

Investing in communities

Greater investment in civil society and community-based service delivery is critical to the Fast-Track approach. Outreach to key populations in low- and middle-income countries should grow to 7.2% of total investments by 2020, and the estimated resource needs for community-based delivery of antiretroviral therapy should grow to 3.8% of total investment. Social enablers—including advocacy, political mobilization, law and policy reform, human rights, and stigma reduction—should reach 8% of total expenditure by 2020.

Investment needs for HIV prevention – including condom promotion, prevention of mother-to-child transmission, pre-exposure prophylaxis, voluntary medical male circumcision and a proportion of outreach to key populations—increase from US\$ 4.5 billion in 2016 to US\$ 7.3 billion in 2020.

Data show early indications that country adoption of the Fast-Track approach is working. Since 2012, levels of HIV service coverage have increased and over the same time period there has been a decline in new HIV infections and AIDS-related deaths. Between the end of 2012 and the end of 2014, HIV treatment coverage increased by 3.6 million (37%) and the annual coverage of services to prevent mother-to-child transmission of HIV increased by 140 000 (16%) in low- and middle-income countries. During the same time period, annual coverage of voluntary medical male circumcision increased by 1.4 million (82%) in 14 priority countries.

Ending AIDS as a public health threat by 2030

The new projections bring the world closer to the Sustainable Development Goal target of ending AIDS as a public health threat by 2030. The annual global number of new HIV infections will fall by nearly 90% compared to 2010, and AIDS-related deaths will fall by 79% compared to 2010. Scientific advances in the next few years are expected to push future projections to attain the targeted 90% reduction in AIDS-related deaths.

The UNAIDS 2016–2021 Fast-Track Strategy has established a set of three people-centred goals and 10 measurable targets that must be met by 2020 to end the AIDS epidemic by 2030. This includes achieving the 90–90–90 treatment target for 2020 whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing antiretroviral treatment and 90% of people on treatment to have suppressed viral loads. Other

targets include zero infections among children and that 90% of women and men, especially young people and people living in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services. The targets are firmly based on an approach that leaves no one behind and that is grounded in human rights. If achieved, global health outcomes will be significantly improved.

[END]

Contact

UNAIDS Geneva | Alasdair Reid | tel. +41 22 791 1352 | reida@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 towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter and Instagram.