

HIV TREATMENT IN AFRICA: A looming crisis



*“HIV treatment ensures your
quality of life”*

Zandi Mqwathi, South Africa

Antiretroviral therapy in Africa: great progress – great risks

Africa's leadership on AIDS has sharply increased life expectancy and steadily reduced new HIV infections. Hopes are high, but these gains are at grave risk.

Continued dependency on external AIDS funding and imported medicines and diagnostics threatens to put the future of AIDS beyond Africa's control.

The Stakes

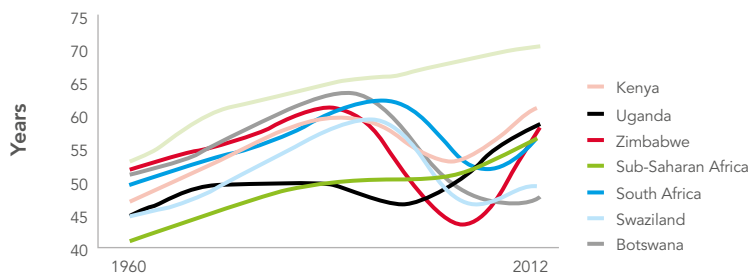
A resurgent and evolving epidemic. Failing to expand current treatment coverage would by 2030 cause the number of new HIV infections to rise to 2 million (from 1.5 million in 2013), and the number of AIDS-related deaths to increase to 1.7 million (from 1.1 million in 2013). Drug-resistant strains may develop, generating an epidemic for which less costly first-line HIV treatment regimens may be ineffective and inadequate.

Deepening industrial dependency. Africa imports 98% of its antiretroviral medicines and this market is becoming increasingly monopolized and uncompetitive. Two manufacturers now dominate 71% of the African market. A disruption at either of these two companies could have negative effects on drug supplies and prices.

Potential humanitarian strife. Millions of households now have experienced living successfully with HIV. Not ending AIDS will lead to a missed opportunity to save 760 million life-years. This would have dire humanitarian consequences in the most affected communities.

Fig.1

DRAMATIC IMPACT OF HIV RESPONSE ON LIFE EXPECTANCY

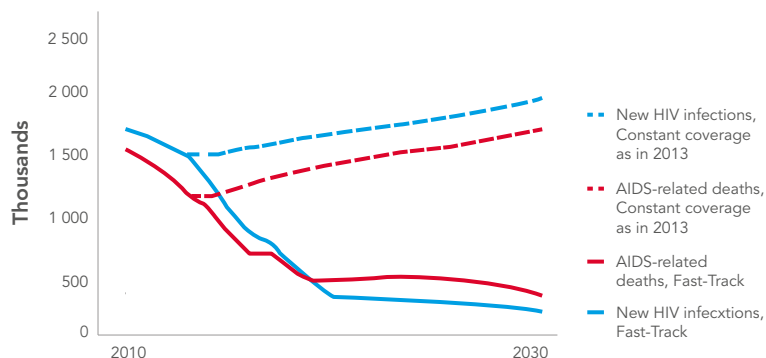


Source: The World Bank life expectancy data. <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>. Accessed 15 September 2014.

Fig. 2

THE FUTURE OF HIV IN AFRICA

Saving lives, averting infections, creating opportunities for sustainable development



Source: UNAIDS, unpublished analysis.

37%
of people living
with HIV in Africa
are accessing
treatment

How to avoid this crisis

Reaching the 90-90-90 target by 2020 in Africa will help end the AIDS epidemic by reducing the number of new HIV infections by 89% and the number of AIDS-related deaths by 81%.

Achieving this target will require three key actions:

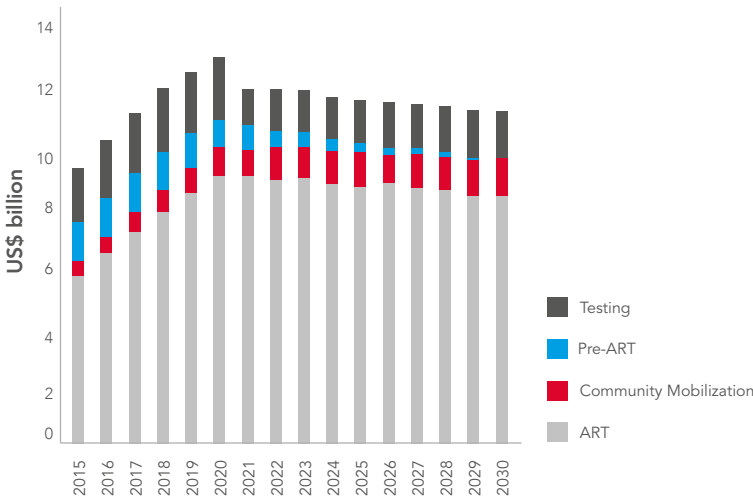
Frontload investments. Africa will inevitably need more funding for its AIDS response. Mobilizing the domestic and international resources required will generate profound, long-lasting health and economic benefits and save money in the long run. If the fast track approach is implemented, every US\$1 invested will yield a 17 fold economic return. This offers an unparalleled public health investment.

Scale-up local production of medicines. The African pharmaceutical market is ripe for investment: local spending is forecast to reach US\$ 45 billion in 2016 and will continue growing. The African Union Pharmaceutical Manufacturing Plan for Africa has set the scene for national and regional investment in this vital industry, to meet growing demand for quality-assured medicines.

Build new strategic partnerships. The African Union Roadmap on Shared Responsibility and Global Solidarity provides a foundation for developing partnerships that support strategic investments, improve technology transfer and help create centres of excellence to build domestic capacity in health care.

Fig. 3

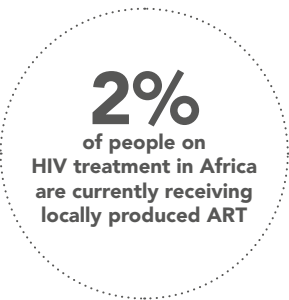
RESOURCE NEEDS FOR TREATMENT, CARE AND SUPPORT FOR AFRICA, 2015-2030



These figures do not include the service package for women and girls and key populations.

Source: UNAIDS, unpublished analysis.

The opportunity presented to Africa could not be more promising, nor could the results of inaction be any graver. Delay is not an option. Countries need to act now to make AIDS a thing of the past.



HIV TREATMENT IN AFRICA

BIG STAKES

- A resurgent and evolving epidemic
- Industrial and financial dependency
- Humanitarian strife

STRONG OPTIONS

- Front-load investments
- Scale-up local production of medicines
- Build new strategic partnerships

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