

ENDING AIDS

PROGRESS TOWARDS THE 90-90-90 TARGETS

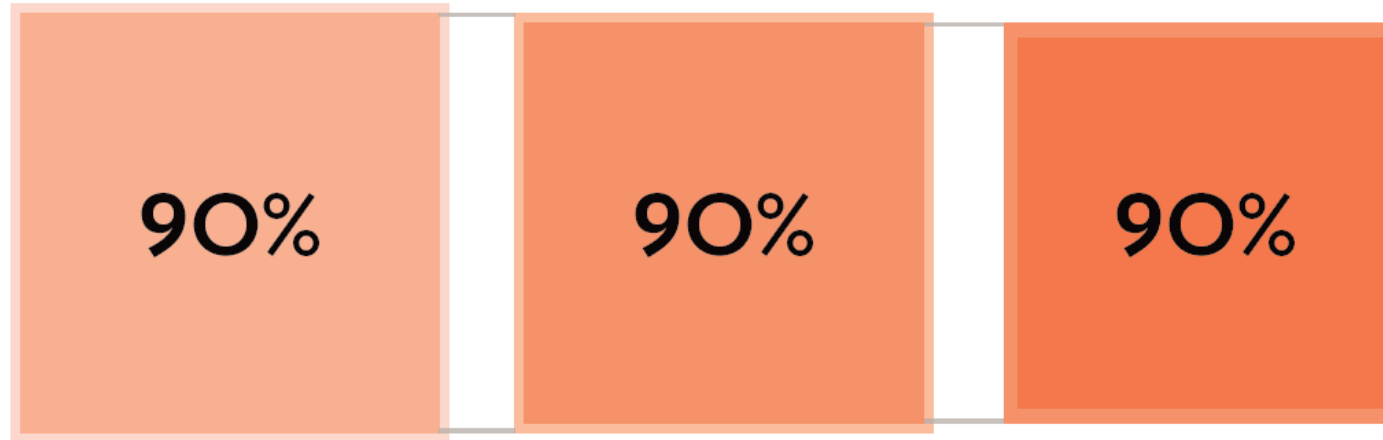
GLOBAL AIDS UPDATE | 2017



1. INTRODUCTION:

TRANSFORMING THE 90-90-90 VISION INTO REALITY

EMPHASIZING VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV



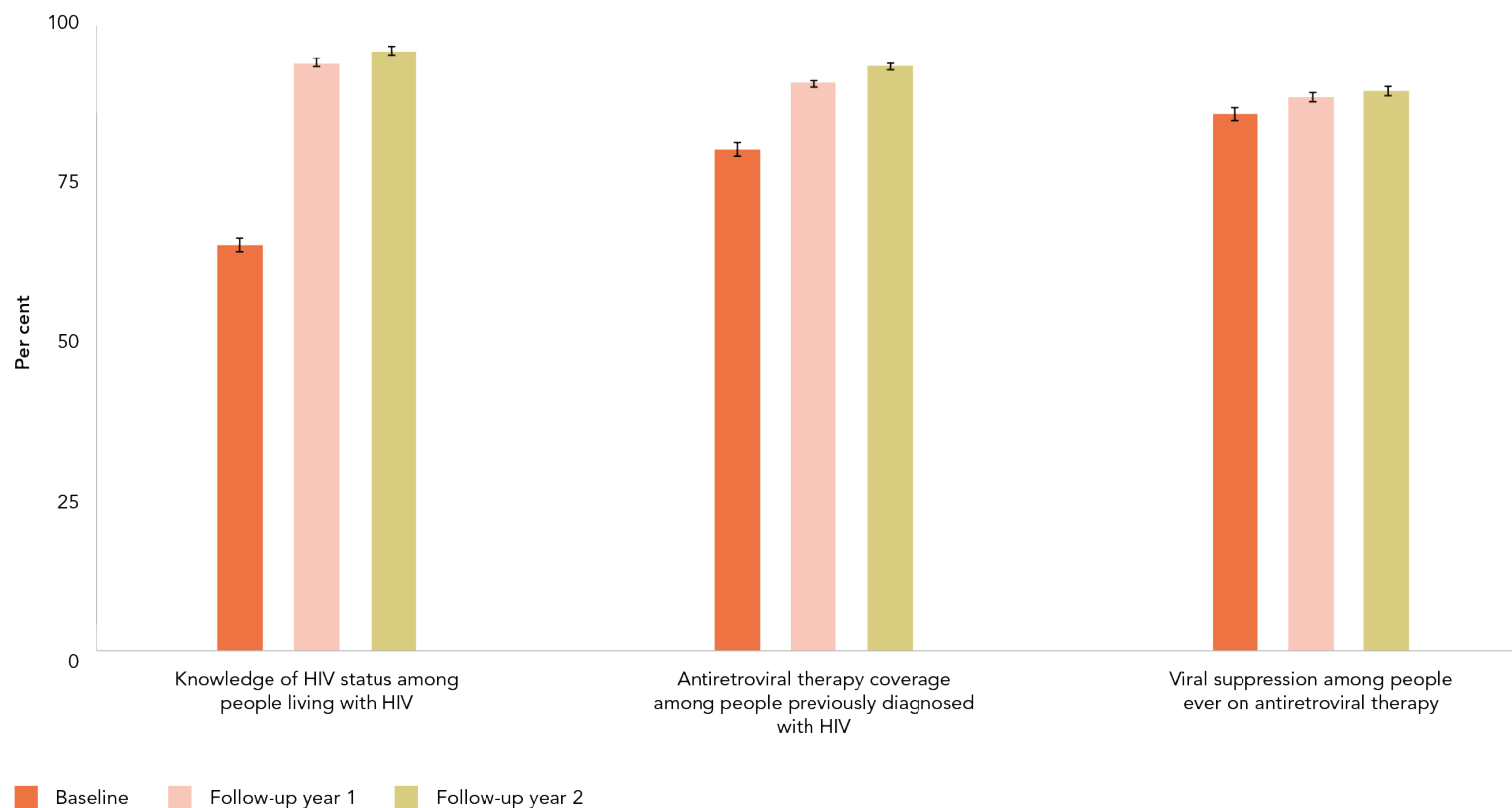
of people living with HIV know their status

of people living with HIV who know their status are on treatment

of people on treatment are virally suppressed

THE 90-90-90 TARGETS FOR 2020

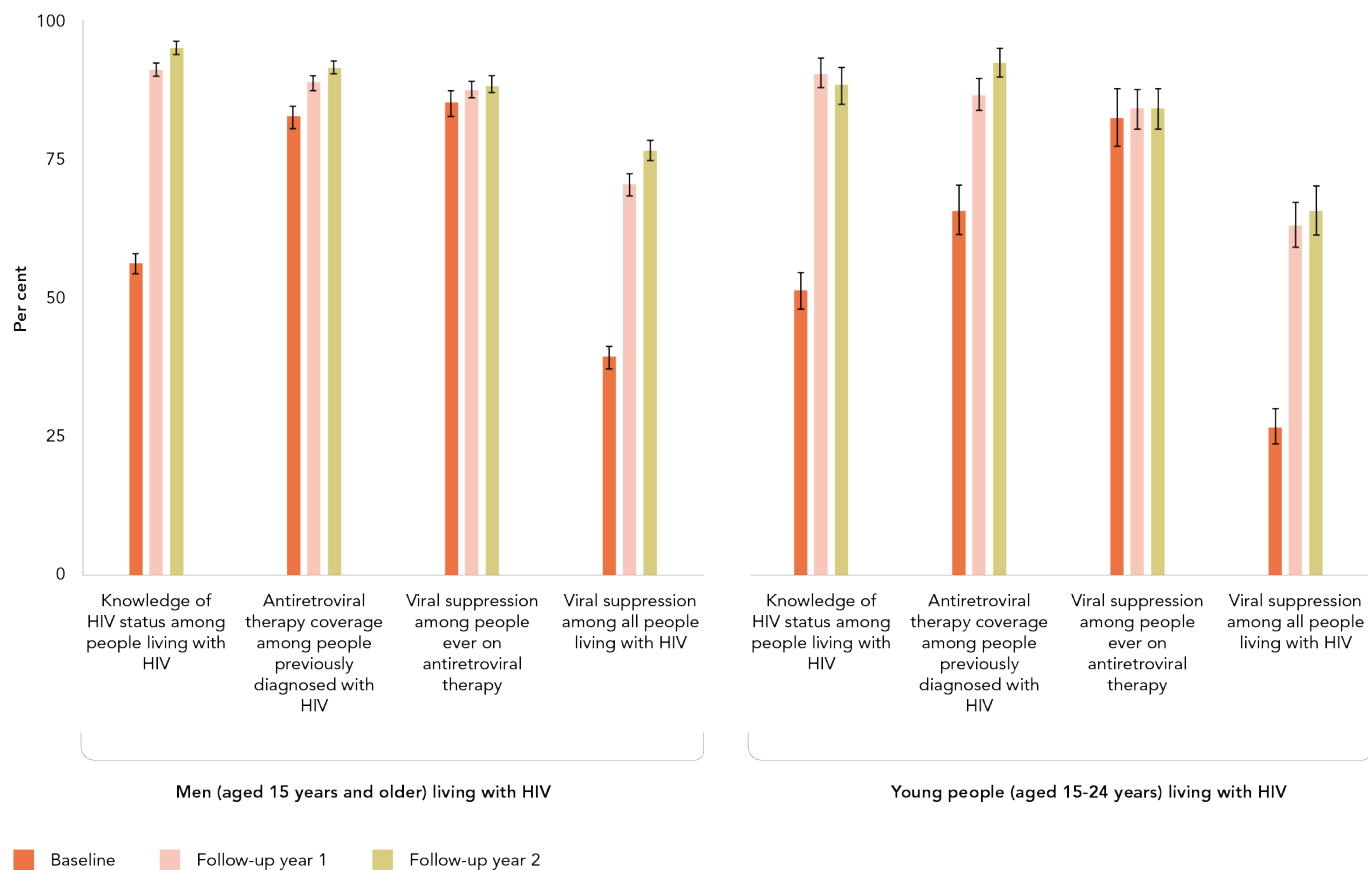
90–90–90 ACHIEVED IN RURAL EAST AFRICA



PROGRESS TOWARDS THE 90–90–90 TARGETS, ALL AGES, 16 COMMUNITIES IN RURAL KENYA AND UGANDA

Source: Petersen M, Balzer L, Kwarisiima D, Sang N, Chamie G, Ayieko J et al. Association of implementation of a universal testing and treatment intervention with HIV diagnosis, receipt of antiretroviral therapy, and viral suppression in East Africa. JAMA. 2017;317(21):2196–2206.

REACHING MEN AND YOUNG PEOPLE

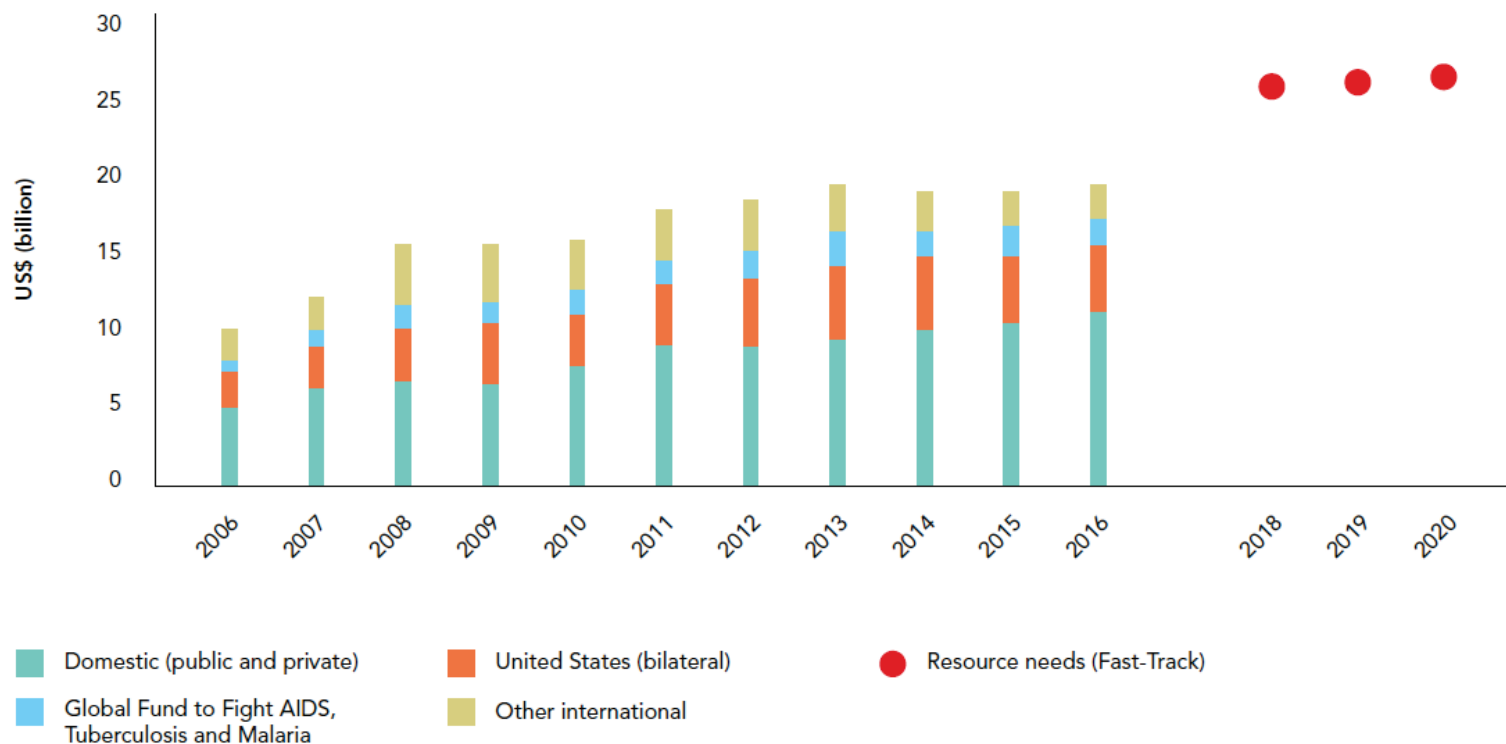


PROGRESS TOWARDS THE 90–90–90 TARGETS, MEN (AGED 15 YEARS AND OLDER) AND YOUNG PEOPLE (AGED 15–24 YEARS), 16 COMMUNITIES IN RURAL UGANDA AND KENYA

Source: Petersen M, Balzer L, Kwarsiima D, Sang N, Chamie G, Ayieko J et al. Association of implementation of a universal testing and treatment intervention with HIV diagnosis, receipt of antiretroviral therapy, and viral suppression in East Africa. JAMA. 2017;317(21):2196–2206.



RESOURCE AVAILABILITY IN DANGER OF FALLING SHORT OF GLOBAL COMMITMENTS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, LOW- AND MIDDLE-INCOME COUNTRIES*

Source: UNAIDS estimates June 2017 on HIV resource availability. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from Donor Governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

FAST-TRACK CITIES

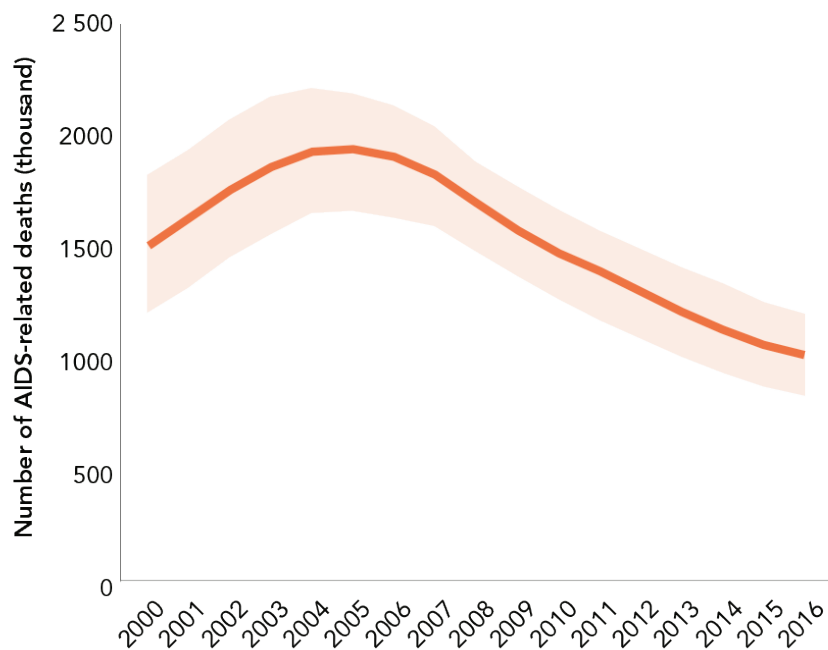


CITIES AND MUNICIPALITIES THAT HAVE SIGNED ON TO THE 2014 PARIS DECLARATION ON ENDING THE AIDS EPIDEMIC, 2017

Source: UNAIDS 2017.

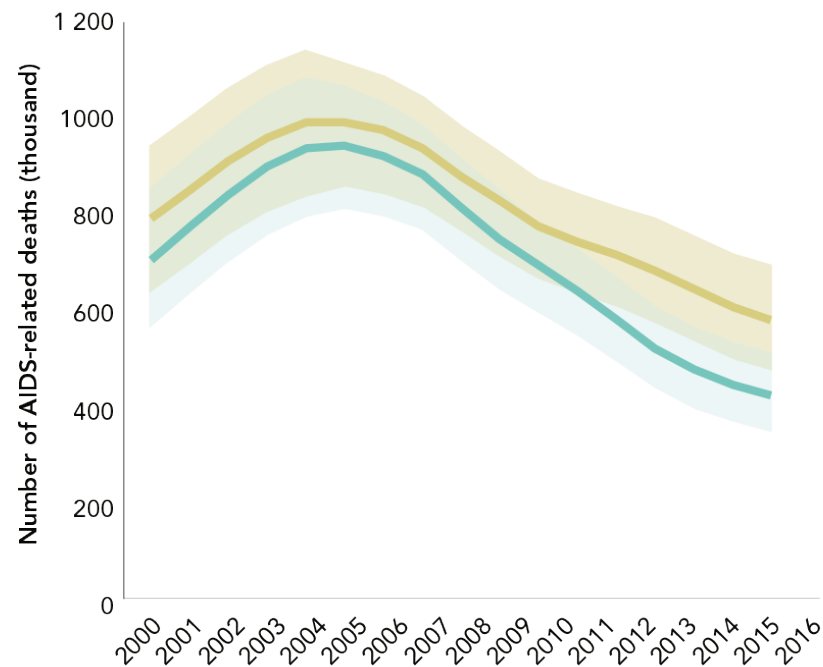
2. STATE OF THE EPIDEMIC

DECLINE IN DEATHS MORE RAPID AMONG WOMEN



AIDS-RELATED DEATHS,
ALL AGES, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

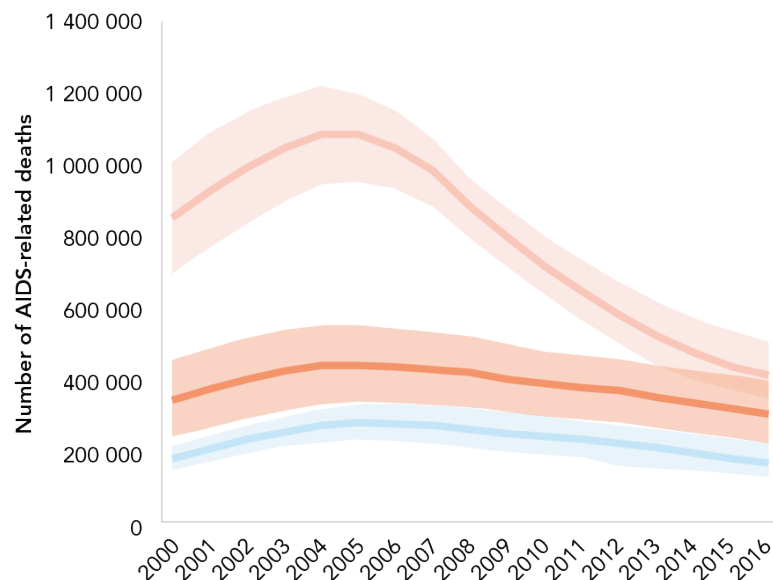


— Women — Men

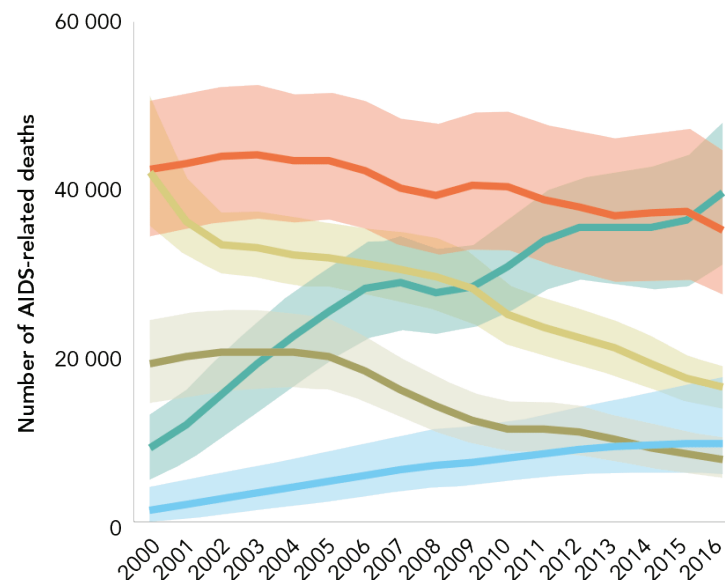
AIDS-RELATED DEATHS BY SEX,
ALL AGES, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

DECLINE IN DEATHS SHARPEST IN EASTERN AND SOUTHERN AFRICA



- Eastern and southern Africa
- Western and central Africa
- Asia and the Pacific

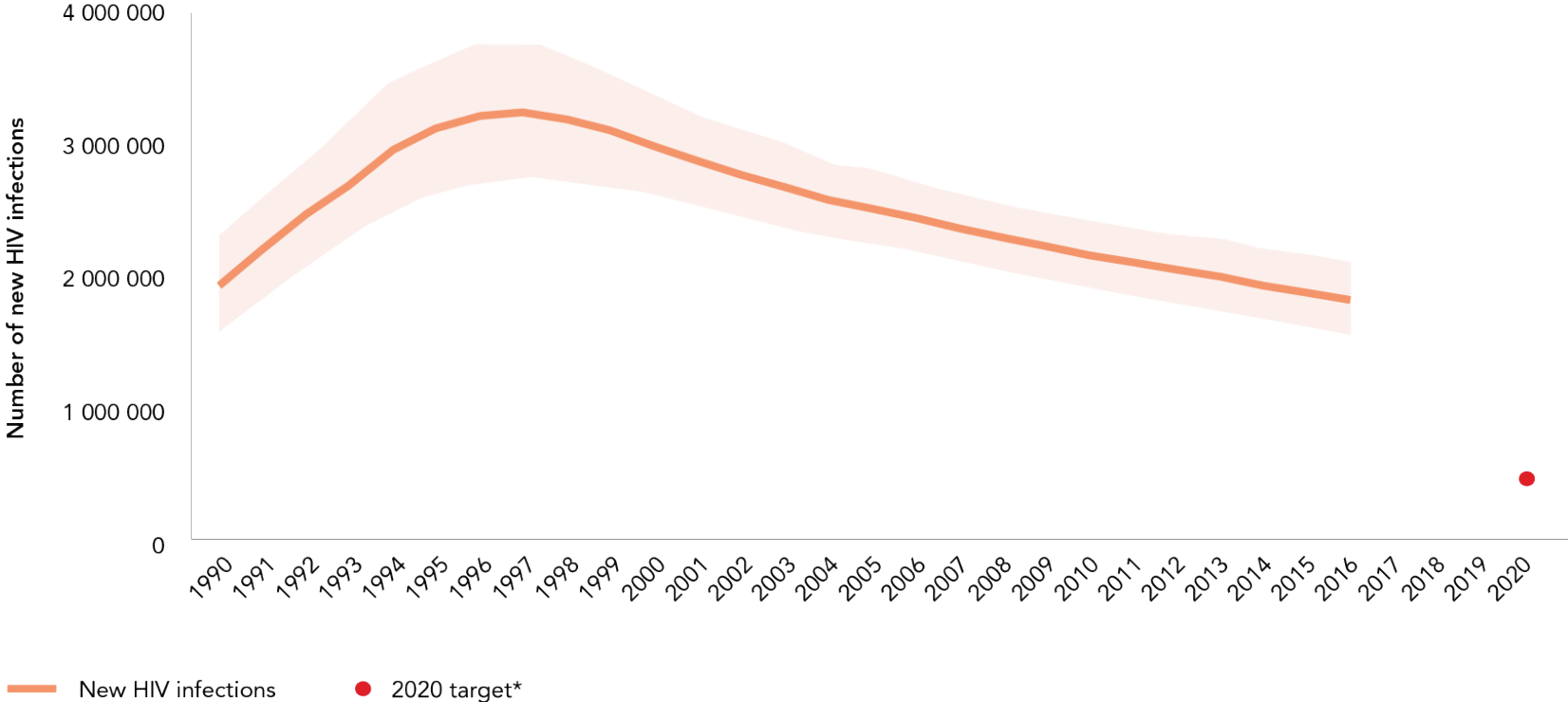


- Eastern Europe and central Asia
- Western and central Europe and North America
- Caribbean
- Latin America
- Middle East and North Africa

AIDS-RELATED DEATHS, BY REGION, 2000–2016

Source: UNAIDS 2017 estimates

REDUCTIONS IN NEW INFECTIONS ARE OFF TARGET



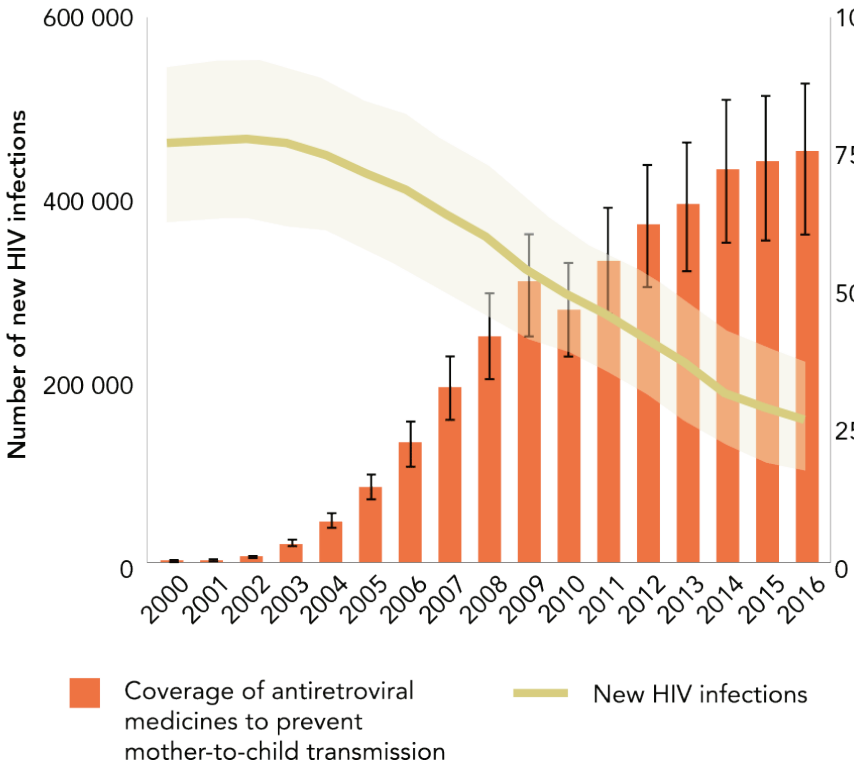
NEW HIV INFECTIONS, ALL AGES, GLOBAL, 1990–2016 AND 2020 TARGET

Source: UNAIDS 2017 estimates.

*The 2020 target is fewer than 500 000 new HIV infections, equivalent to a 75% reduction since 2010.



DECLINES IN NEW INFECTIONS VARY BY AGE AND SEX



NEW HIV INFECTIONS AMONG CHILDREN (AGED 0–14 YEARS) AND COVERAGE OF ANTIRETROVIRAL REGIMENS TO PREVENT MOTHER-TO-CHILD TRANSMISSION, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

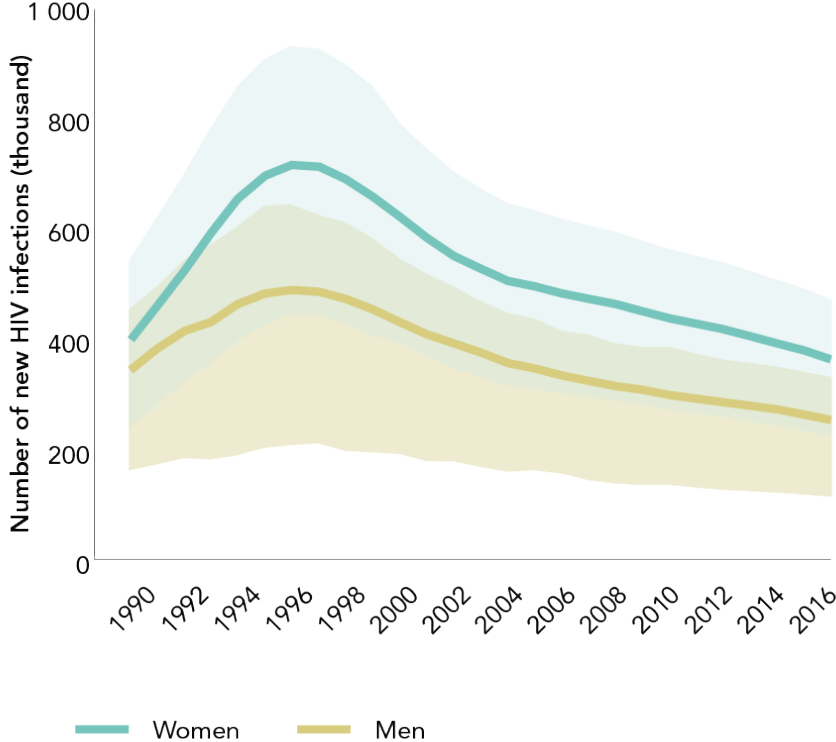
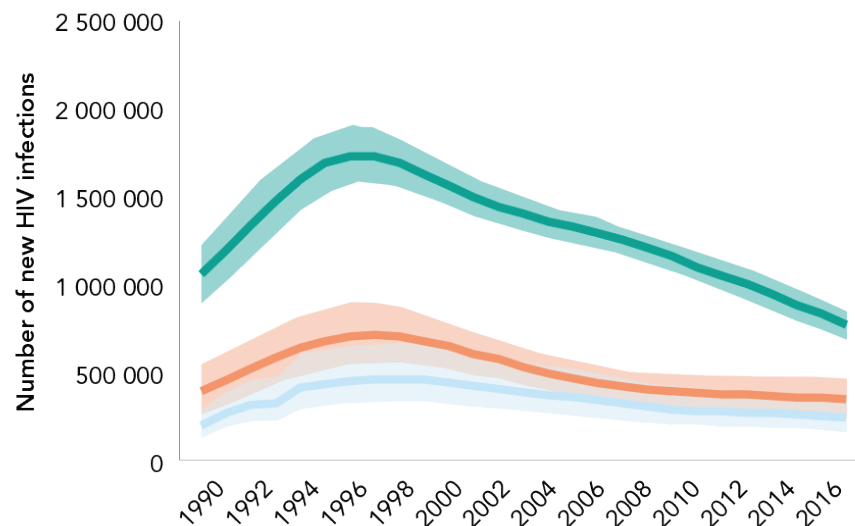


FIGURE 2.6. NEW HIV INFECTIONS, YOUNG PEOPLE (AGED 15–24 YEARS), BY SEX, GLOBAL, 1990–2016

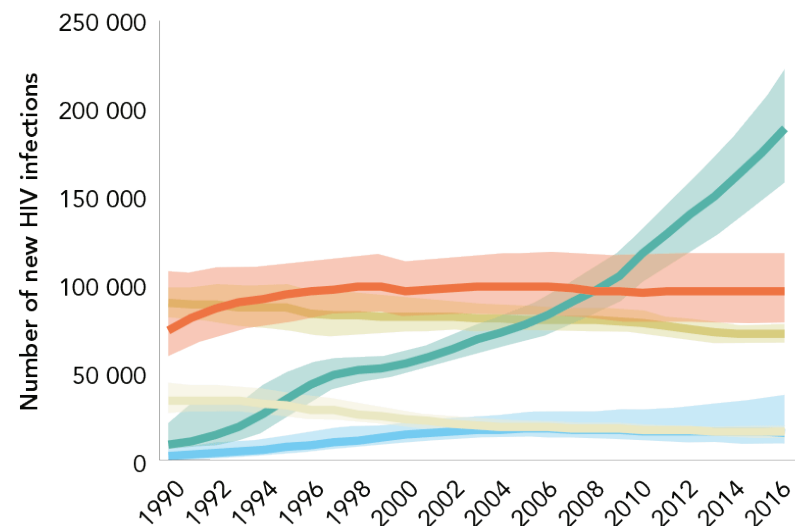
Source: UNAIDS 2017 estimates



ALARMING RISE IN NEW INFECTIONS IN EASTERN EUROPE AND CENTRAL ASIA



- Eastern and southern Africa
- Western and central Africa
- Asia and the Pacific

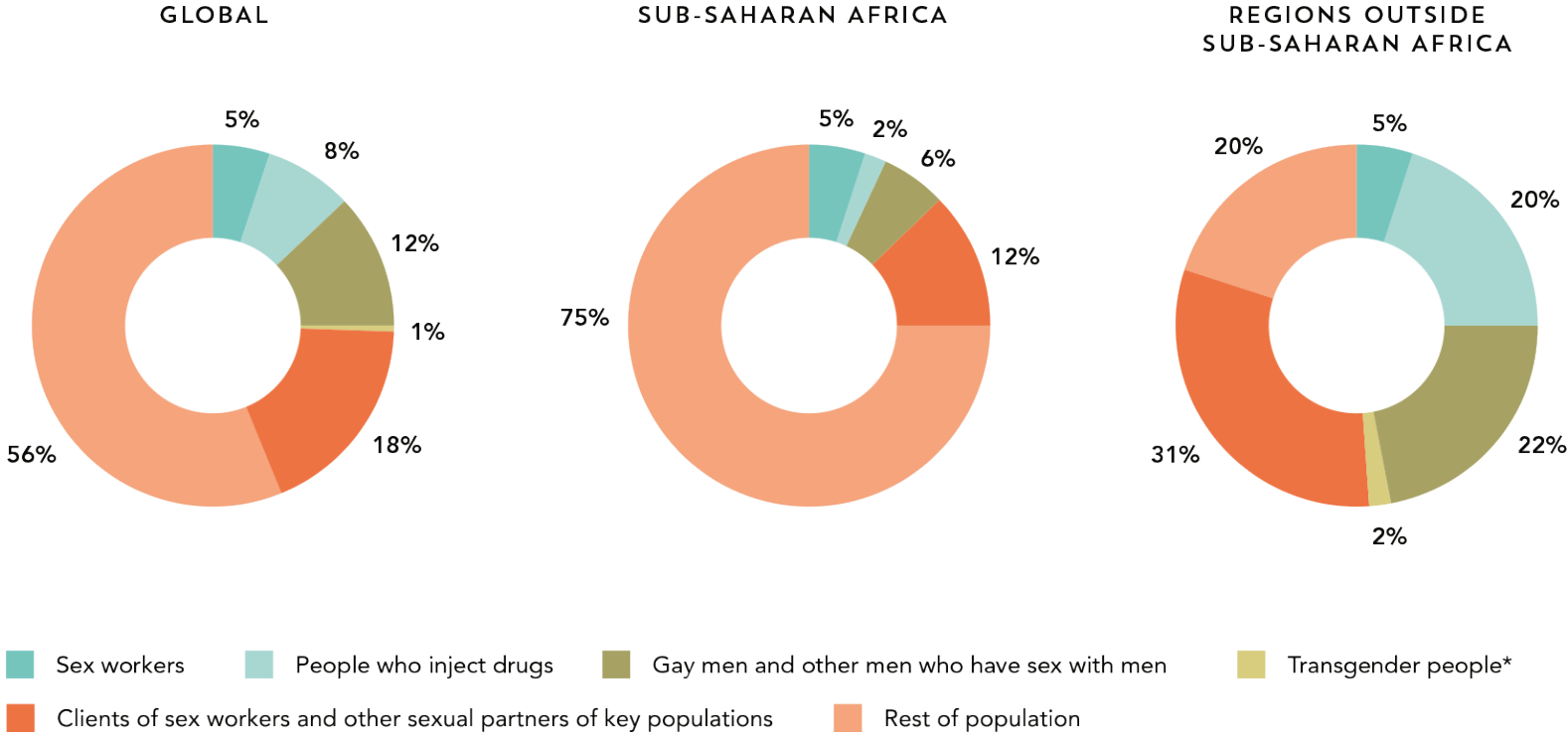


- Eastern Europe and central Asia
- Western and central Europe and North America
- Caribbean
- Latin America
- Middle East and North Africa

NEW HIV INFECTIONS, ALL AGES, GLOBAL, 1990–2016 AND 2020 TARGET

Source: UNAIDS 2017 estimates.

KEY POPULATIONS ARE IMPORTANT IN ALL EPIDEMIC SETTINGS



DISTRIBUTION OF NEW HIV INFECTIONS, BY POPULATION, GLOBAL, SUB-SAHARAN AFRICA AND COUNTRIES OUTSIDE OF SUB-SAHARAN AFRICA, 2015

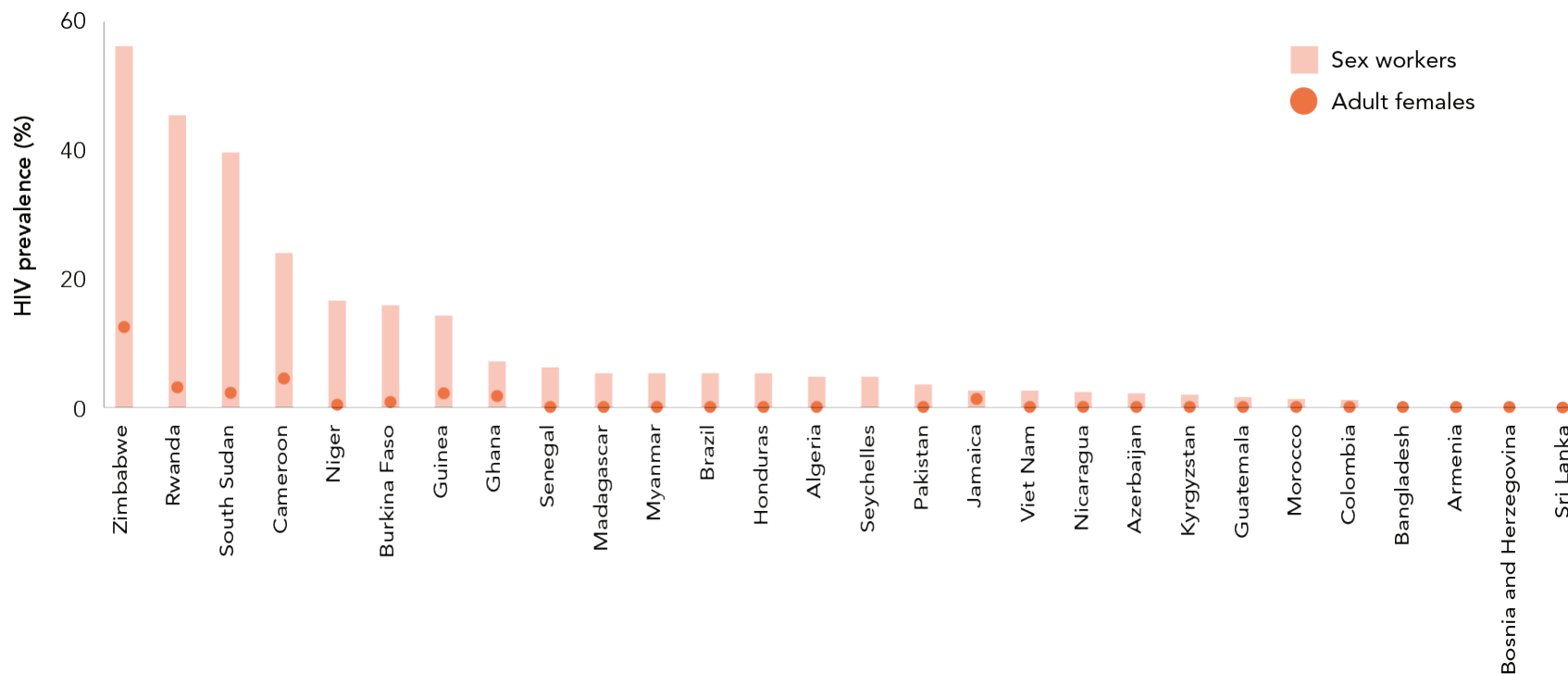
Source: UNAIDS special analysis, 2017.

*Only reflects Asia and the Pacific, Latin America and Caribbean regions.



HIGH HIV PREVALENCE AMONG KEY POPULATIONS

Female sex workers and the adult female population

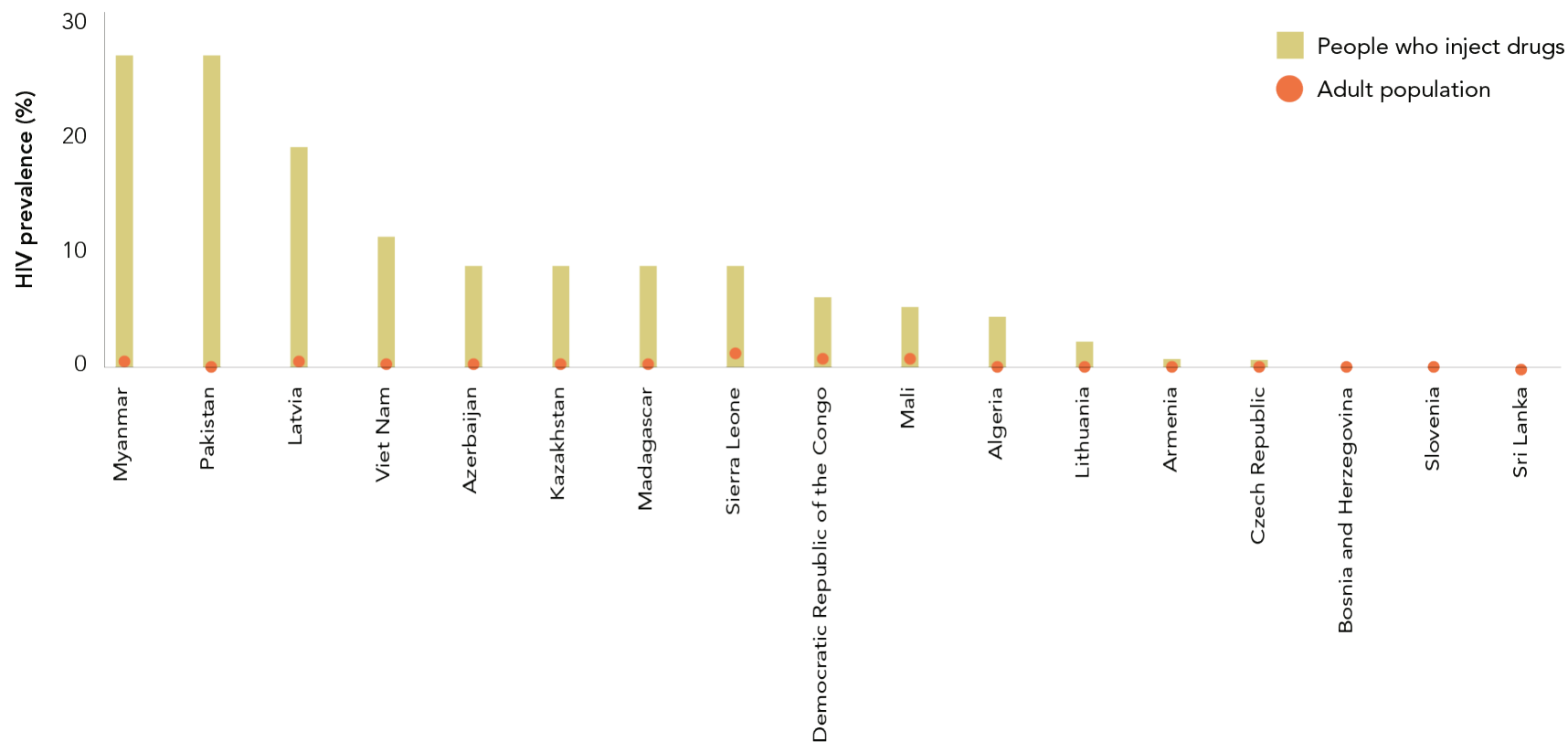


HIV PREVALENCE AMONG KEY POPULATIONS AND GENERAL POPULATION, SELECT COUNTRIES, 2014–2016 (first of 3 slides)

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

HIGH HIV PREVALENCE AMONG KEY POPULATIONS

People who inject drugs and the adult population

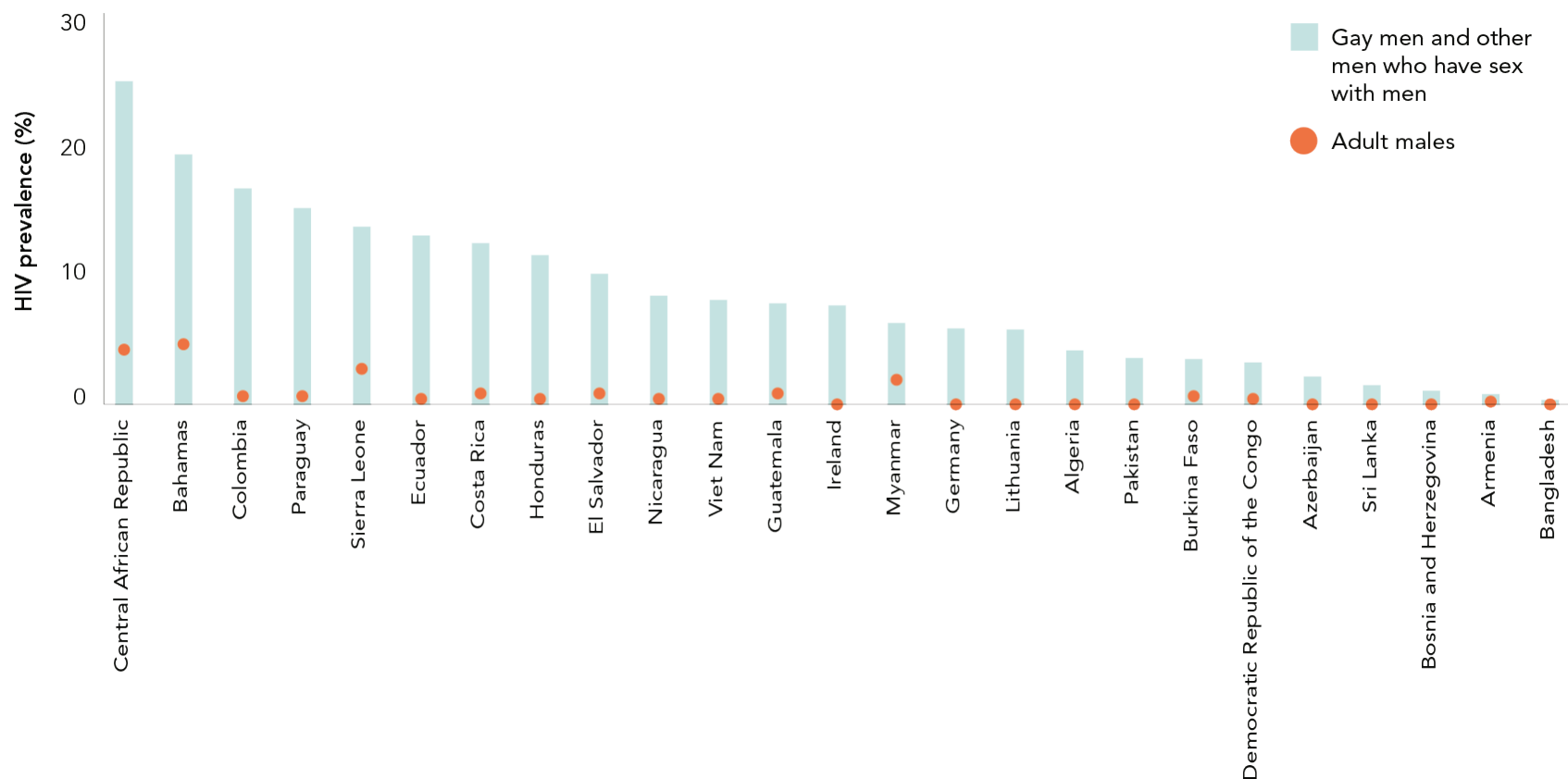


HIV PREVALENCE AMONG KEY POPULATIONS AND GENERAL POPULATION, SELECT COUNTRIES, 2014–2016 *(second of 3 slides)*

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

HIGH HIV PREVALENCE AMONG KEY POPULATIONS

Gay men and other men who have sex with men and the adult male population



HIV PREVALENCE AMONG KEY POPULATIONS AND GENERAL POPULATION, SELECT COUNTRIES, 2014–2016 *(last of 3 slides)*

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

3. MIDTERM PROGRESS TOWARDS 90-90-90

CLOSING IN ON A FAST-TRACK TARGETS



PROGRESS TOWARDS THE 90-90-90 TARGETS, GLOBAL, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ACHIEVING THE 90–90–90 TARGETS, 2016

	FIRST 90	SECOND 90	THIRD 90	VIRAL LOAD SUPPRESSION AMONG ALL PEOPLE LIVING WITH HIV	
Achieved (90% or greater)	Australia Belarus Denmark Ecuador Malaysia Sweden Thailand	Australia Algeria Botswana Cambodia Comoros Denmark France Haiti Ireland Malawi Malta	Mongolia Niger Portugal Rwanda Spain Sweden Switzerland Uganda United Kingdom Zambia Zimbabwe	Botswana Brazil Belgium Cambodia Chile Comoros Czechia Denmark France Germany Hungary Iceland Kuwait ³ Luxembourg Malaysia Myanmar Netherlands Philippines Poland Romania Singapore Serbia Sweden Switzerland United Kingdom	Achieved (73% or greater) Botswana Cambodia Denmark Iceland Singapore Sweden United Kingdom
Nearly achieved (85–89%)	Austria Botswana Cuba Fiji Germany Hungary Ireland Italy Lithuania Luxembourg Netherlands Nicaragua Rwanda Romania South Africa United Kingdom	Austria Ethiopia Gambia Italy Luxembourg Mozambique Nigeria Netherlands United Republic of Tanzania	Afghanistan Bulgaria Burundi Canada Ethiopia Georgia Italy Malawi Malta Mongolia Nepal Portugal Spain Swaziland Uruguay Zambia	Nearly achieved (65–72%) Australia Belgium France Germany Italy Kuwait ³ Luxembourg Netherlands Swaziland Spain Switzerland	

COUNTRIES THAT HAVE ACHIEVED THE 90–90–90 TARGETS OR ARE NEAR TO ACHIEVING THEM, MOST RECENT COUNTRY DATA^{1,2}

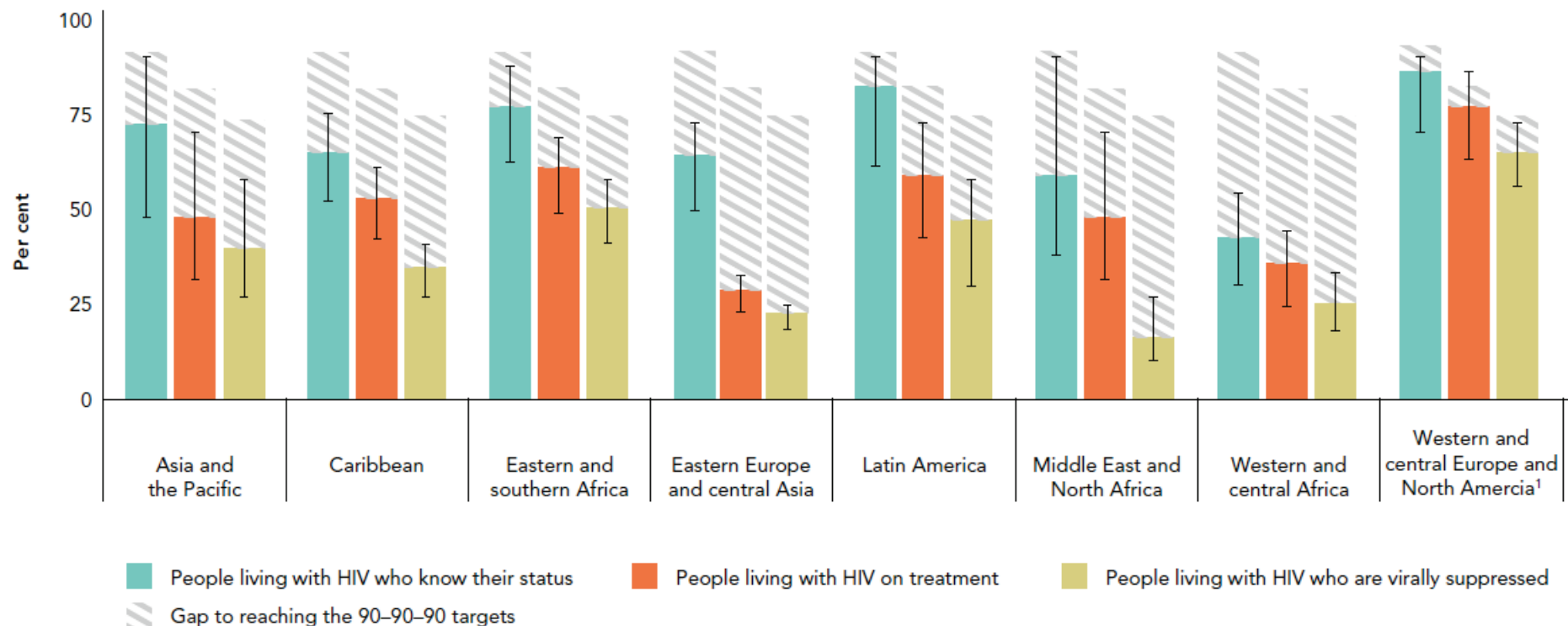
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ Data are for 2016, except as follows: 2015: Bulgaria, Germany, Hungary, Netherlands, Sweden, Switzerland, United Kingdom. 2014: Belgium, Canada, Serbia, Spain. 2013: Austria, France. 2012: Italy.

² Estimates of people living with HIV are supplied by the country and not validated by UNAIDS: Austria, Belgium, Bulgaria, Canada, Denmark, France, Germany, Hungary, Iceland, Italy, Luxembourg, Malta, Netherlands, Portugal, Singapore, Spain, Switzerland, and the United Kingdom

³ Estimates for citizens of the country only.

CASCADE PROGRESS VARIES AMONG REGIONS



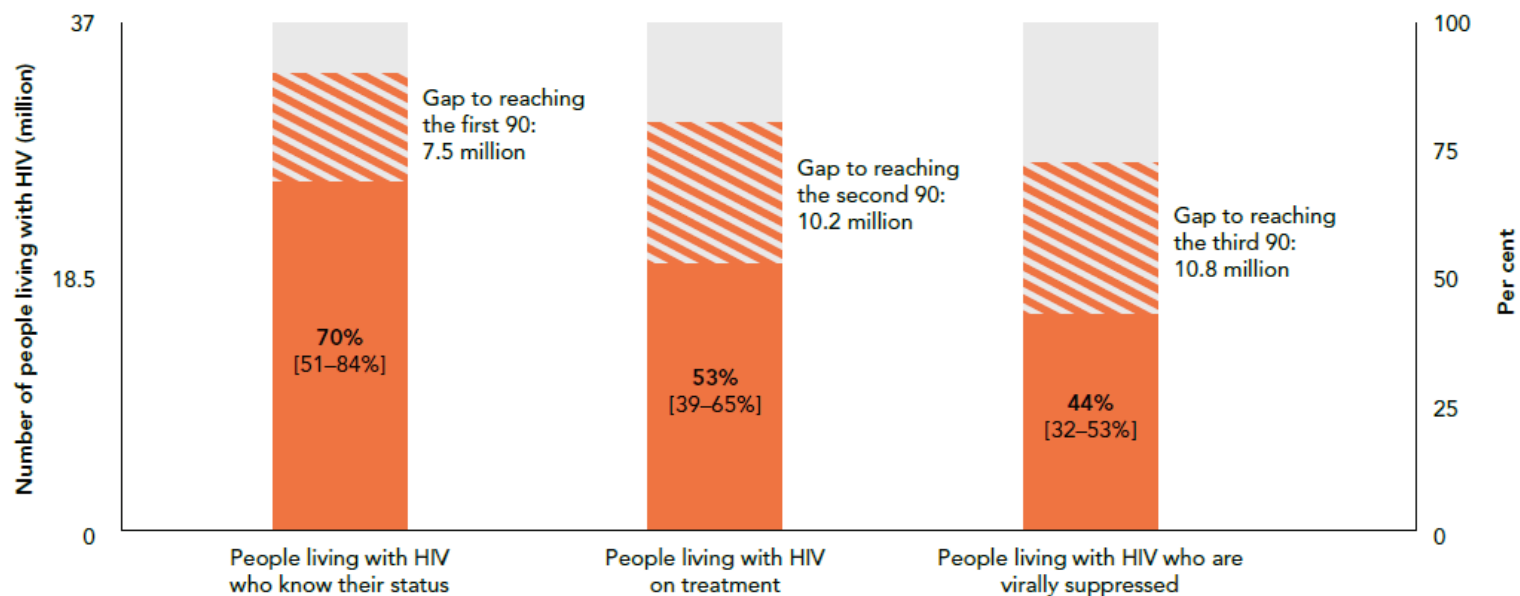
KNOWLEDGE OF HIV STATUS, TREATMENT COVERAGE AND VIRAL LOAD SUPPRESSION, BY REGION, 2016

Comparison of HIV testing and treatment cascades by region reveals different patterns of progress. Western and central Europe and North America are approaching global targets. Latin America and eastern and southern Africa show high levels of achievement across the cascade. Eastern Europe and central Asia, the Middle East and North Africa, and western and central Africa are clearly on track.

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ Cascade for the western and central Europe and North America region is for 2015.

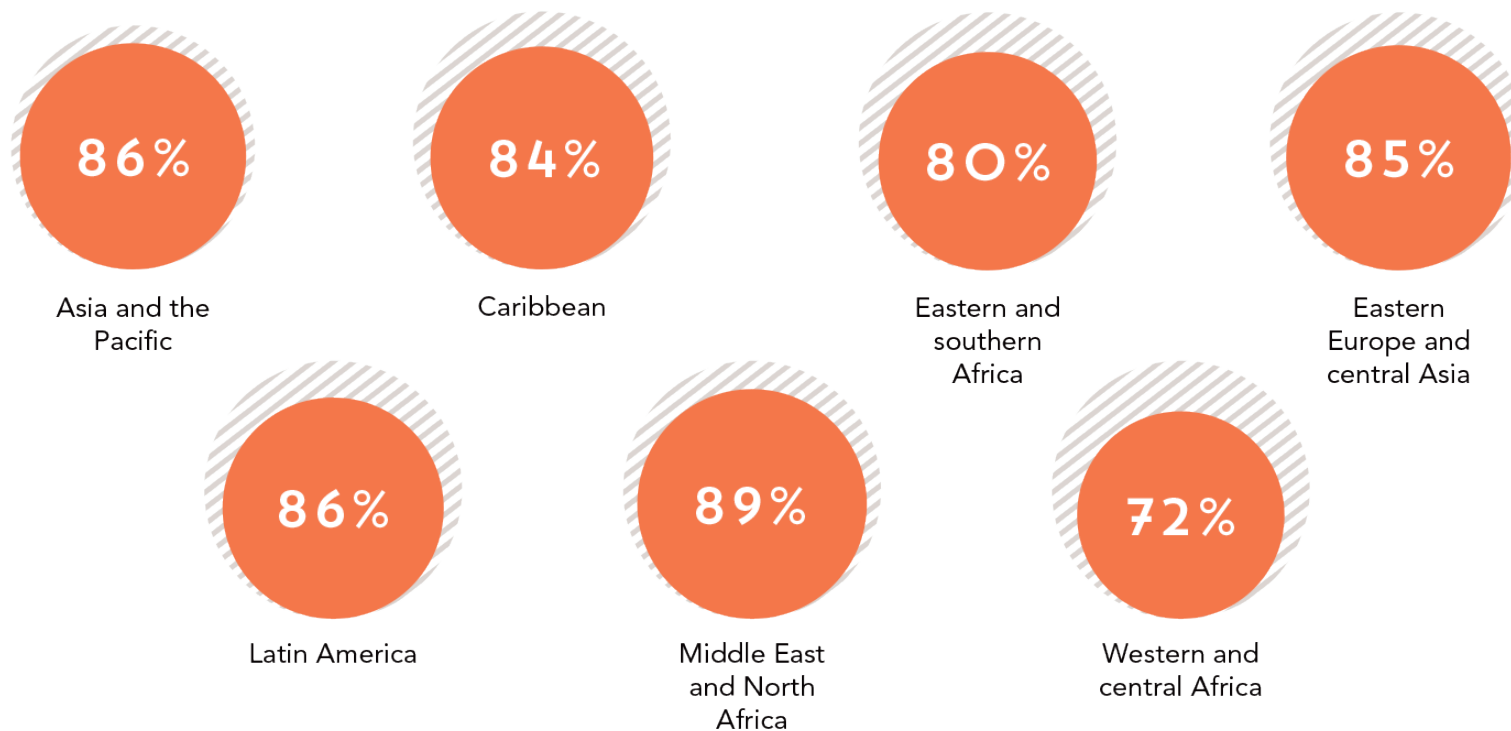
THE HIV TESTING AND TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, TREATMENT COVERAGE AND VIRAL LOAD SUPPRESSION, GLOBAL, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

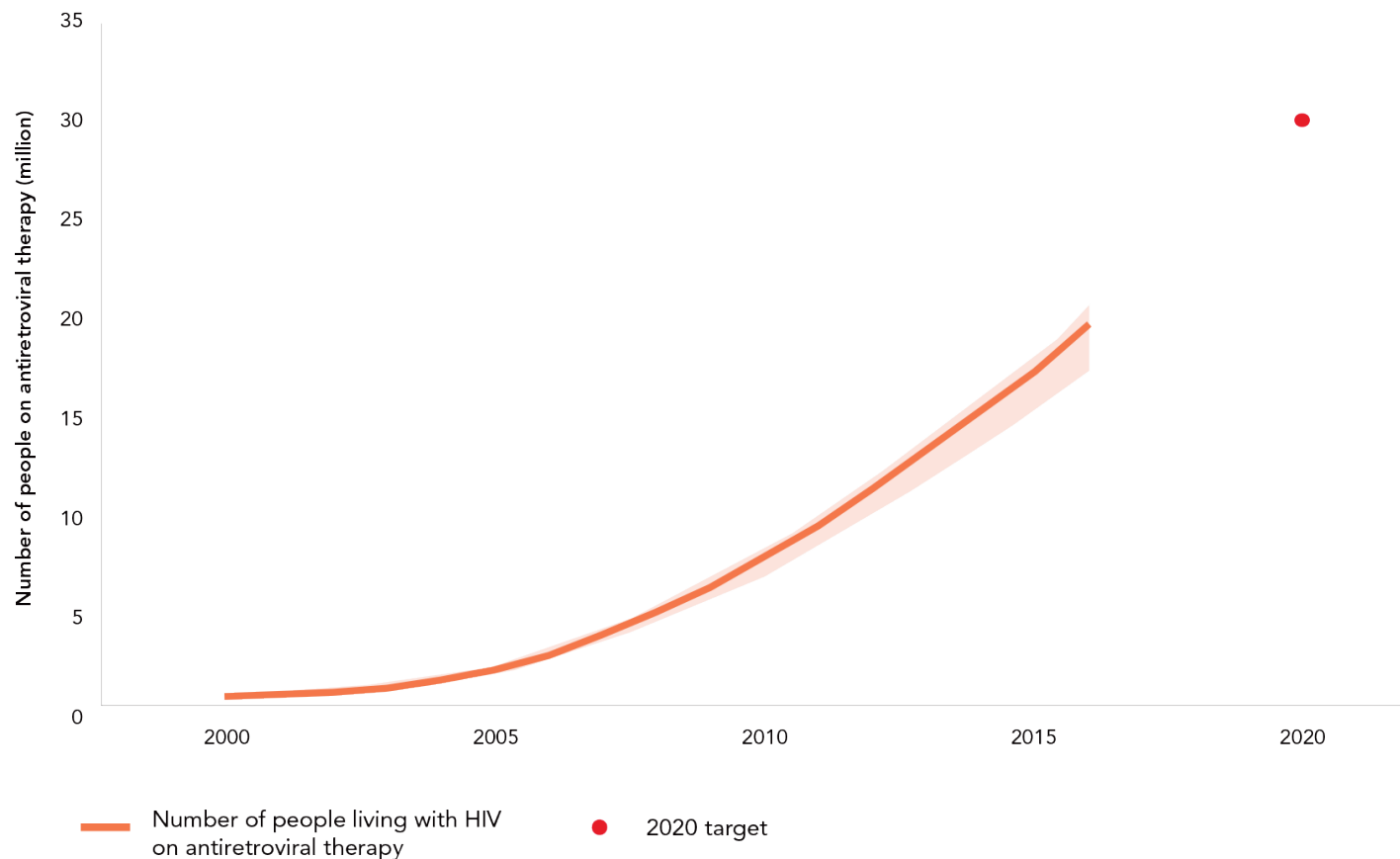
HIGH RETENTION RATES SUPPORT HIGH RATES OF VIRAL SUPPRESSION



PERCENTAGE OF PEOPLE LIVING WITH HIV RETAINED ON TREATMENT 12 MONTHS AFTER INITIATION, BY REGION, 2016

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

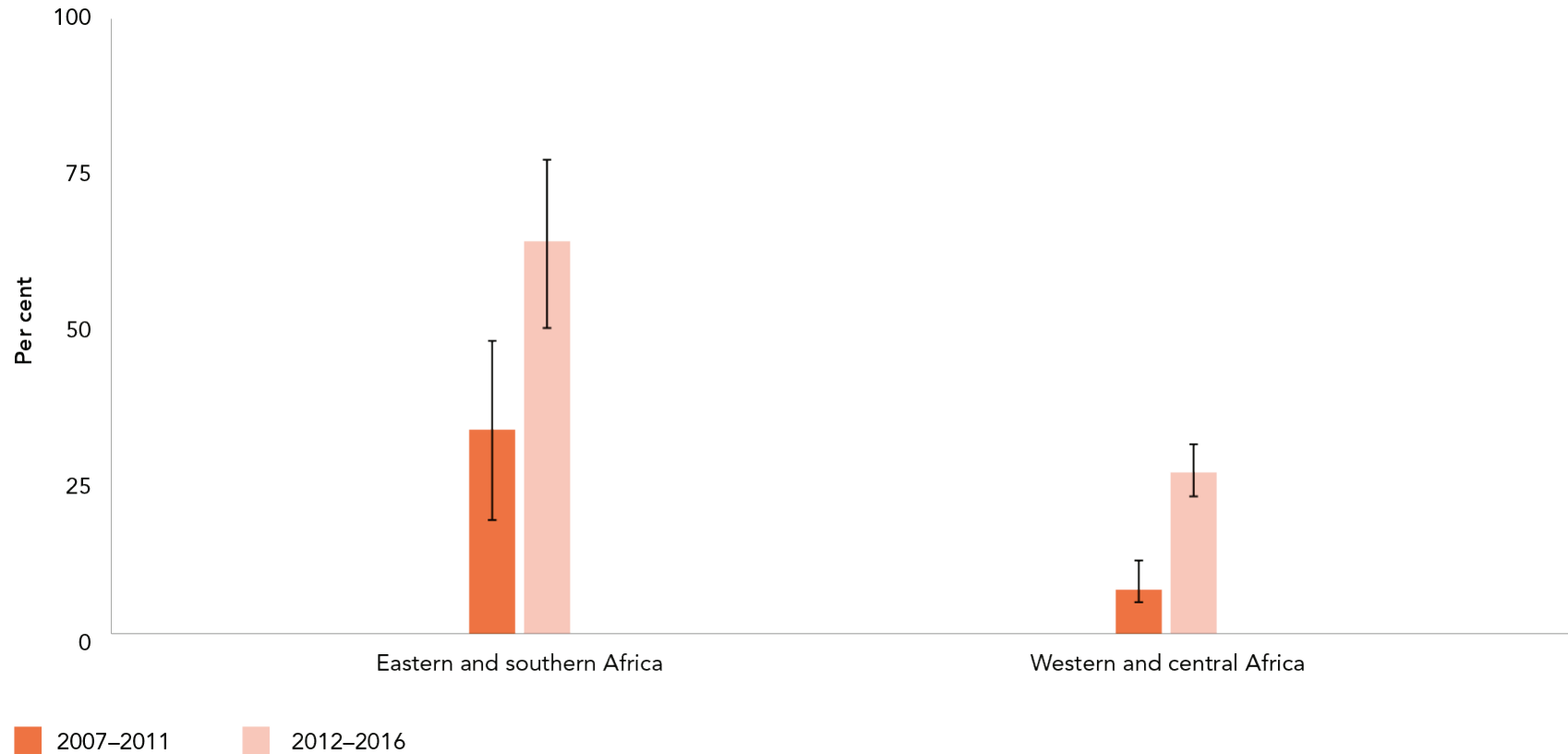
ON TRACK TO 30 MILLION PEOPLE ACCESSING TREATMENT



NUMBER OF PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL THERAPY, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

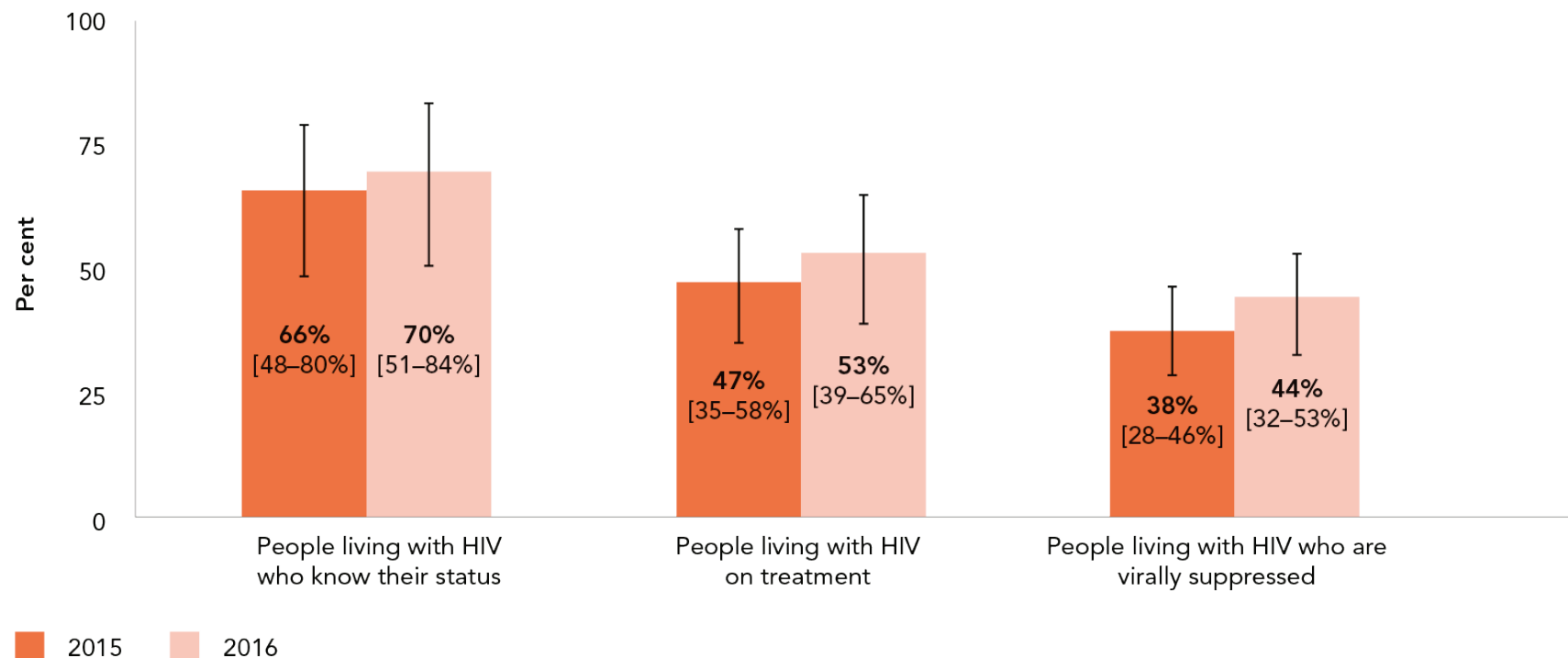
REMARKABLE INCREASE IN KNOWLEDGE OF HIV STATUS OVER THE PAST DECADE



KNOWLEDGE OF HIV STATUS AMONG ADULTS AGED 15-49 YEARS, EASTERN AND SOUTHERN AFRICA AND WESTERN AND CENTRAL AFRICA, 2007-2011, COMPARED TO 2012-2016

Source: UNAIDS special analysis, 2017.

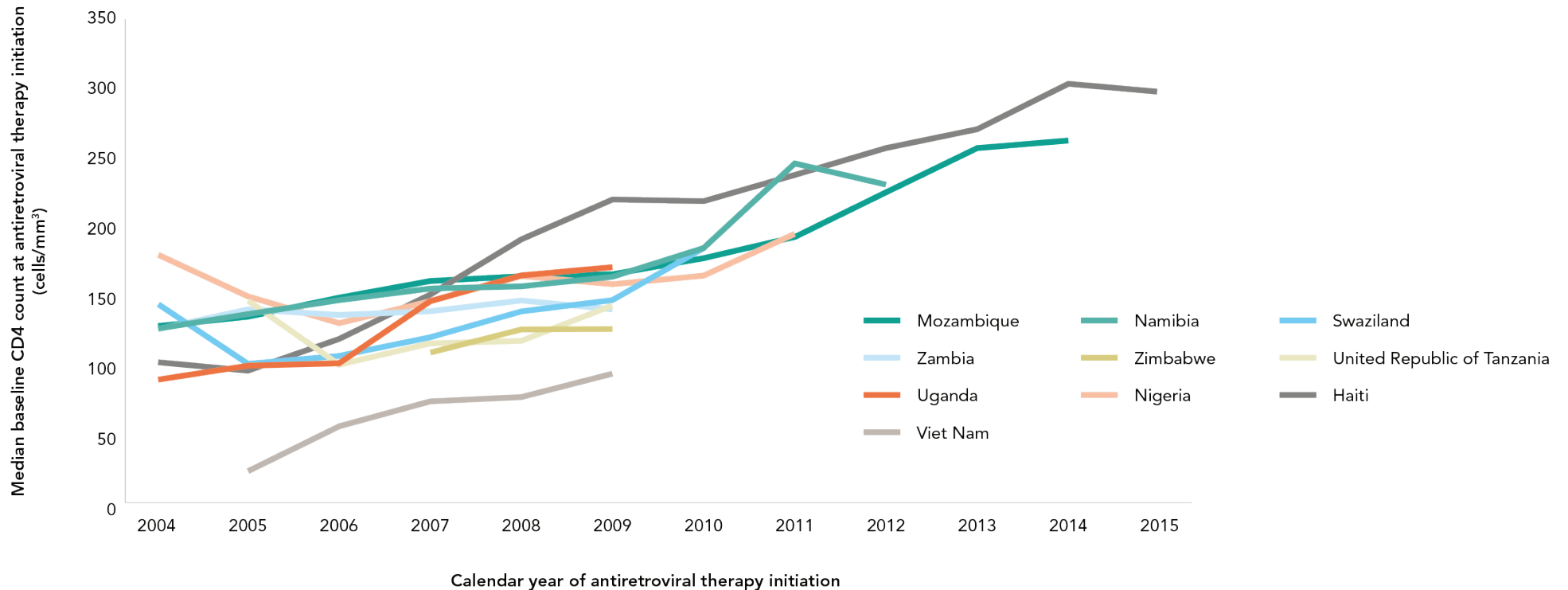
ONE-YEAR GAINS ACROSS THE CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, GLOBAL, 2015 AND 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

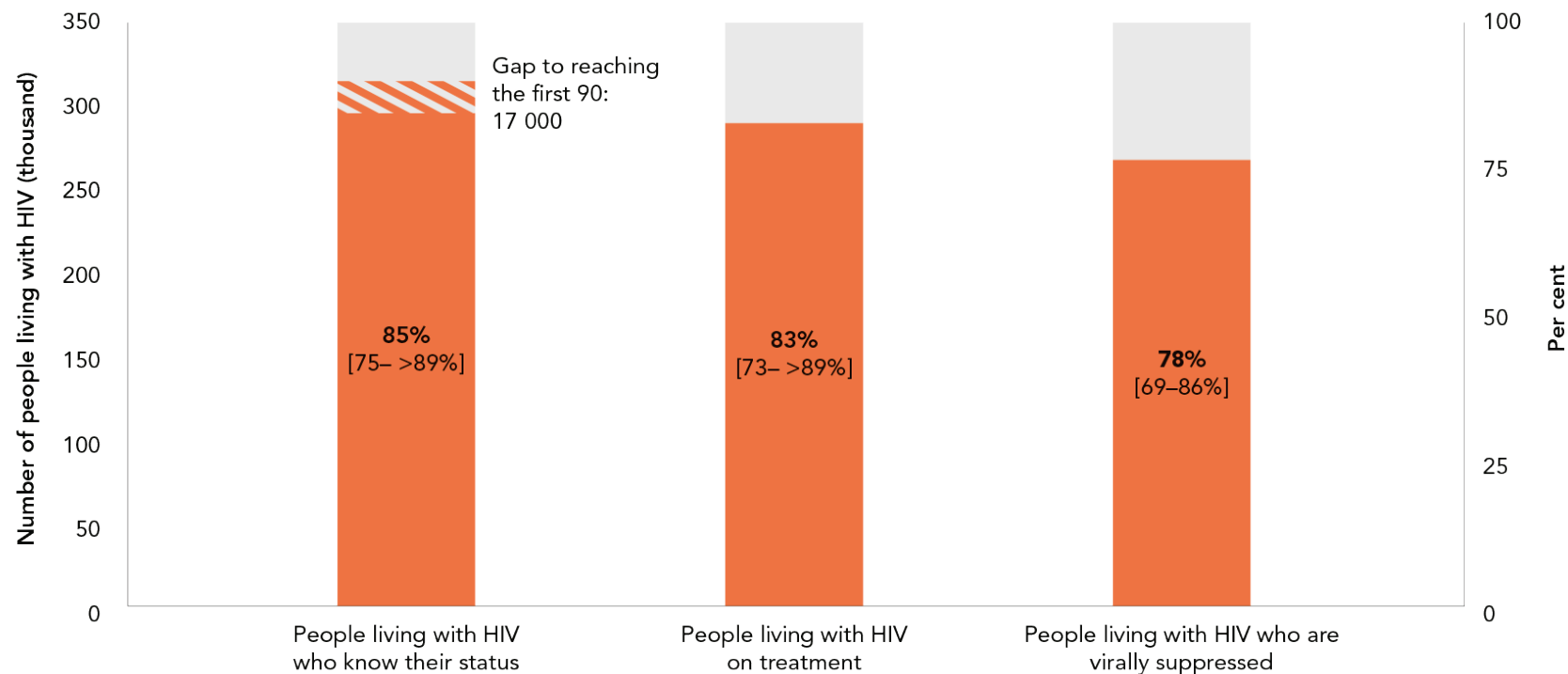
PEOPLE INITIATING TREATMENT EARLIER, BUT MANY STILL START WITH ADVANCED DISEASE



TRENDS IN MEDIAN CD4 T-CELL COUNT AT ANTIRETROVIRAL THERAPY INITIATION, 10 COUNTRIES, 2004–2015

Source: Auld AF, Shiraishi RW, Oboho I et al. Trends in Prevalence of Advanced HIV Disease at Antiretroviral Therapy Enrollment—10 Countries, 2004–2015. MMWR Morb Mortal Wkly Rep 2017;66:558–563. doi: <http://dx.doi.org/10.15585/mmwr.mm6621a3>.

BOTSWANA AND THE 90–90–90 TARGETS

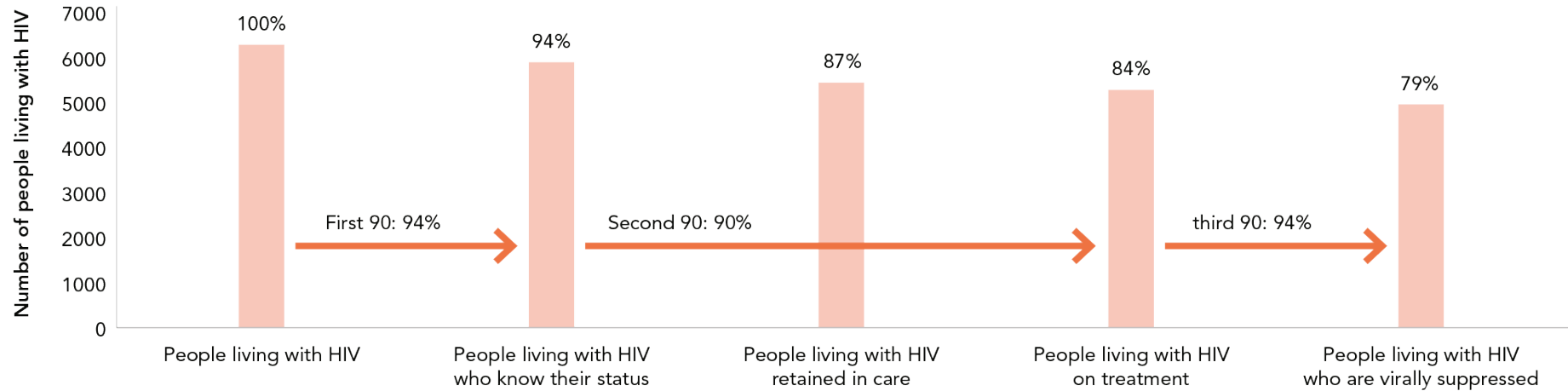


KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, BOTSWANA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

AMSTERDAM

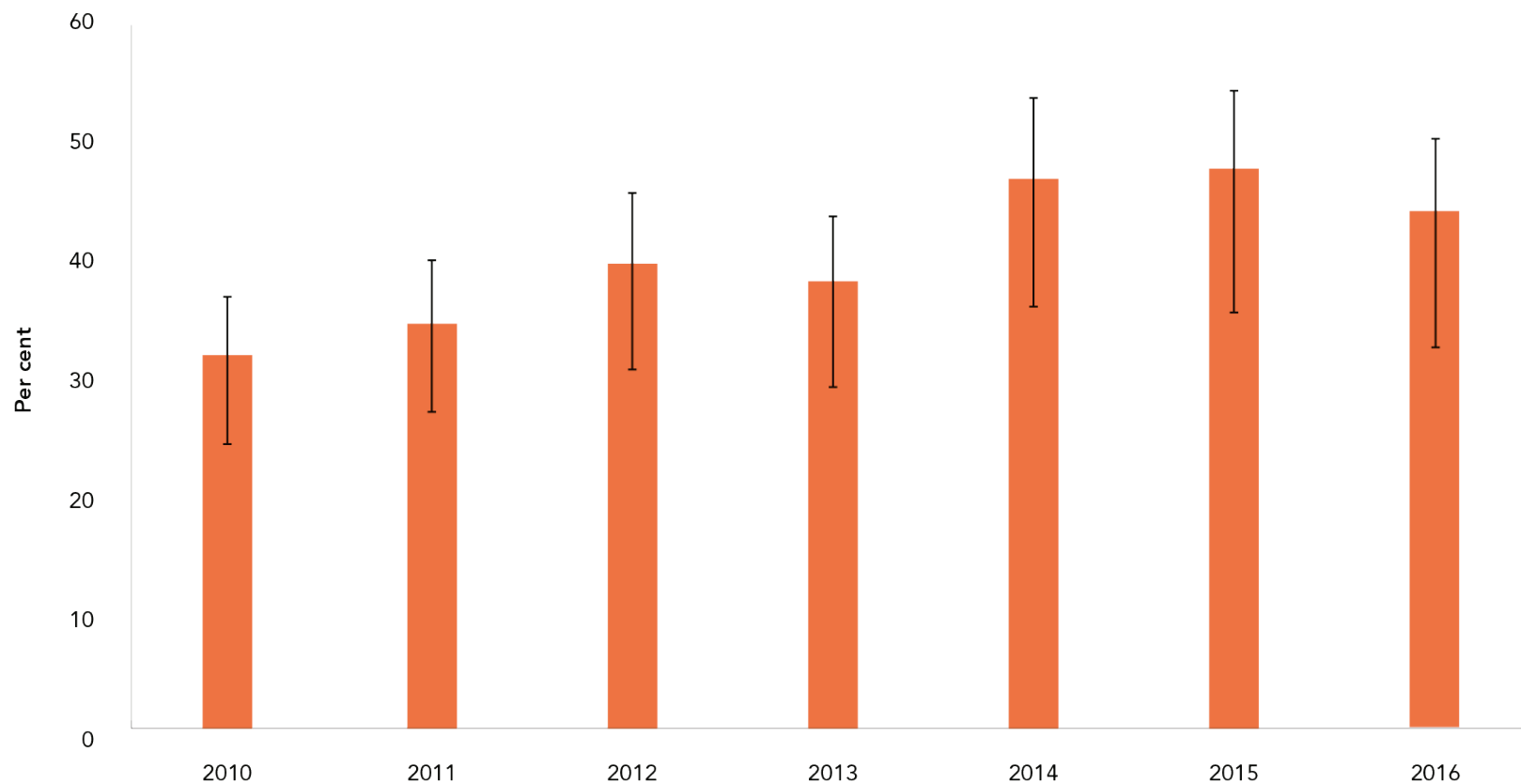
CITY CASE STUDY



HIV TESTING AND TREATMENT CASCADE, AMSTERDAM, 2015

Source: Stichting HIV Monitoring, 2017.

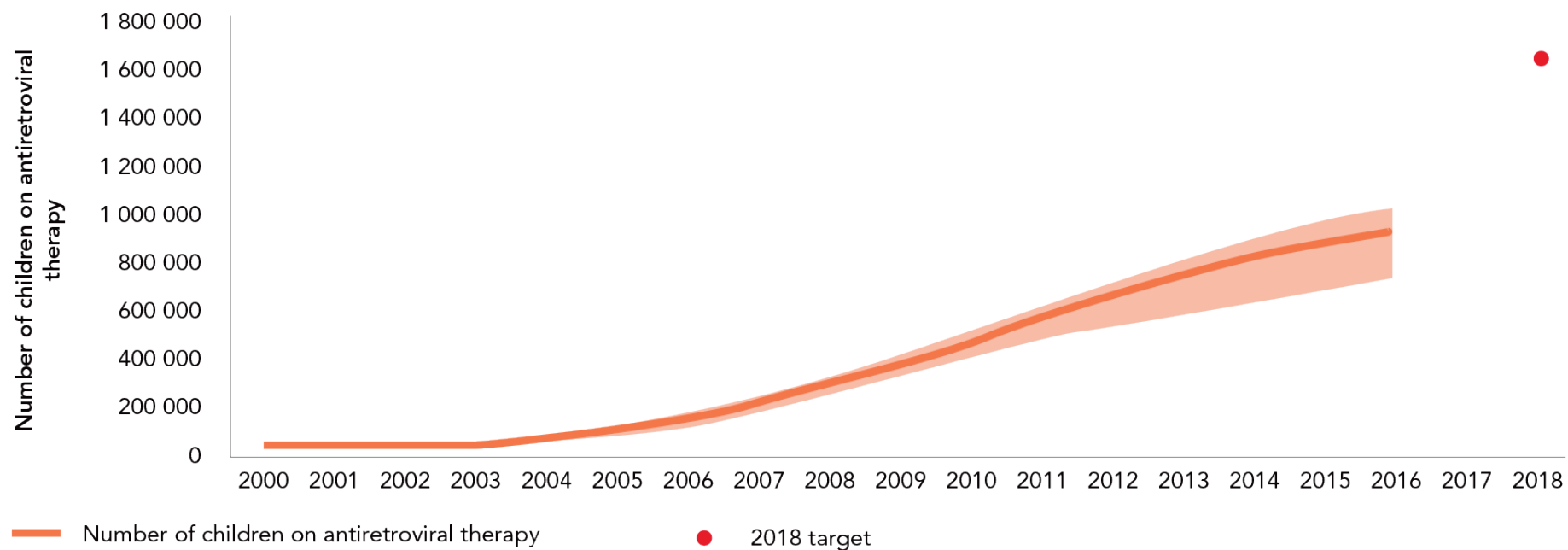
EARLY INFANT DIAGNOSIS



PERCENTAGE OF HIV-EXPOSED INFANTS WHO HAVE BEEN DIAGNOSED WITHIN TWO MONTHS OF BIRTH, 21 HIGH-BURDEN COUNTRIES, 2013 AND 2016

Source: Global AIDS Monitoring, 2017; UNAIDS 2017 estimates.

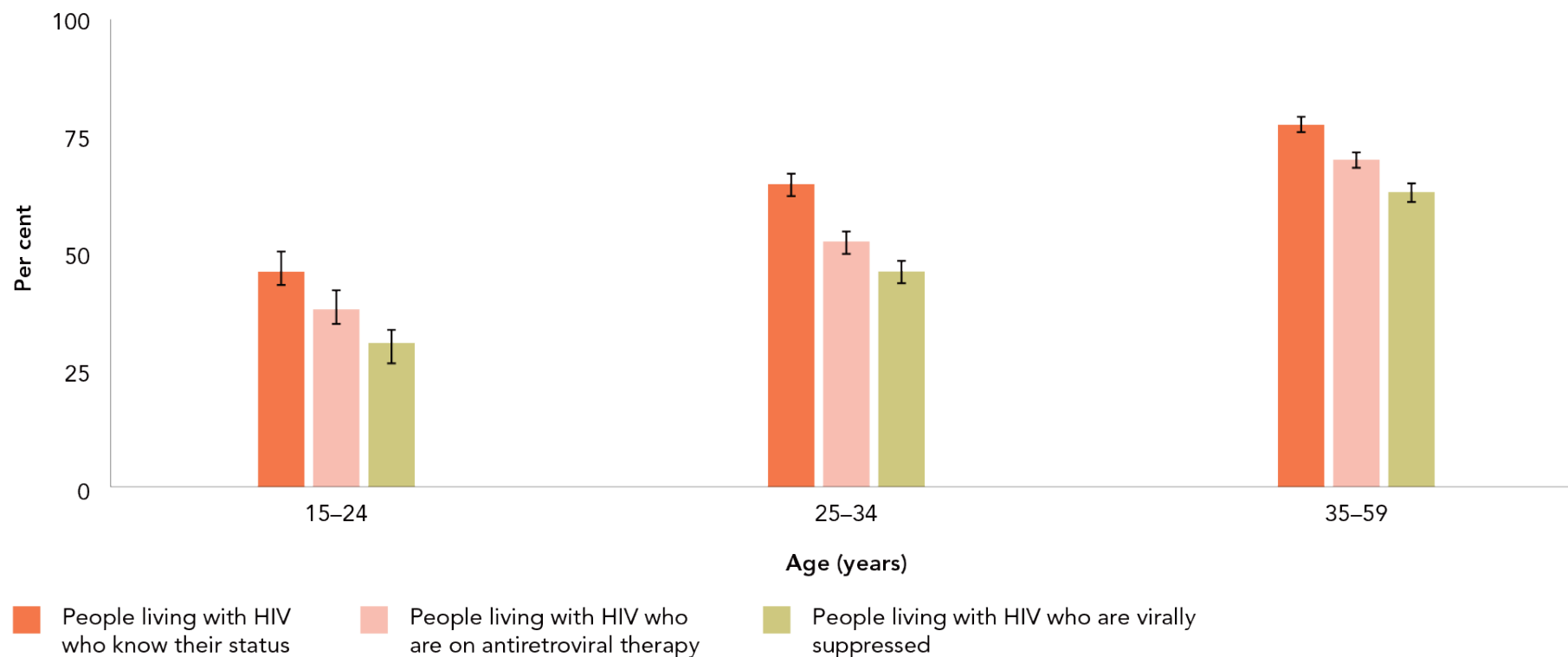
SLOWING SCALE-UP OF PAEDIATRIC TREATMENT



NUMBER OF CHILDREN AGED 0–14 YEARS ACCESSING ANTIRETROVIRAL THERAPY, GLOBAL, 2000–2016 PLUS 2018 TARGET

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

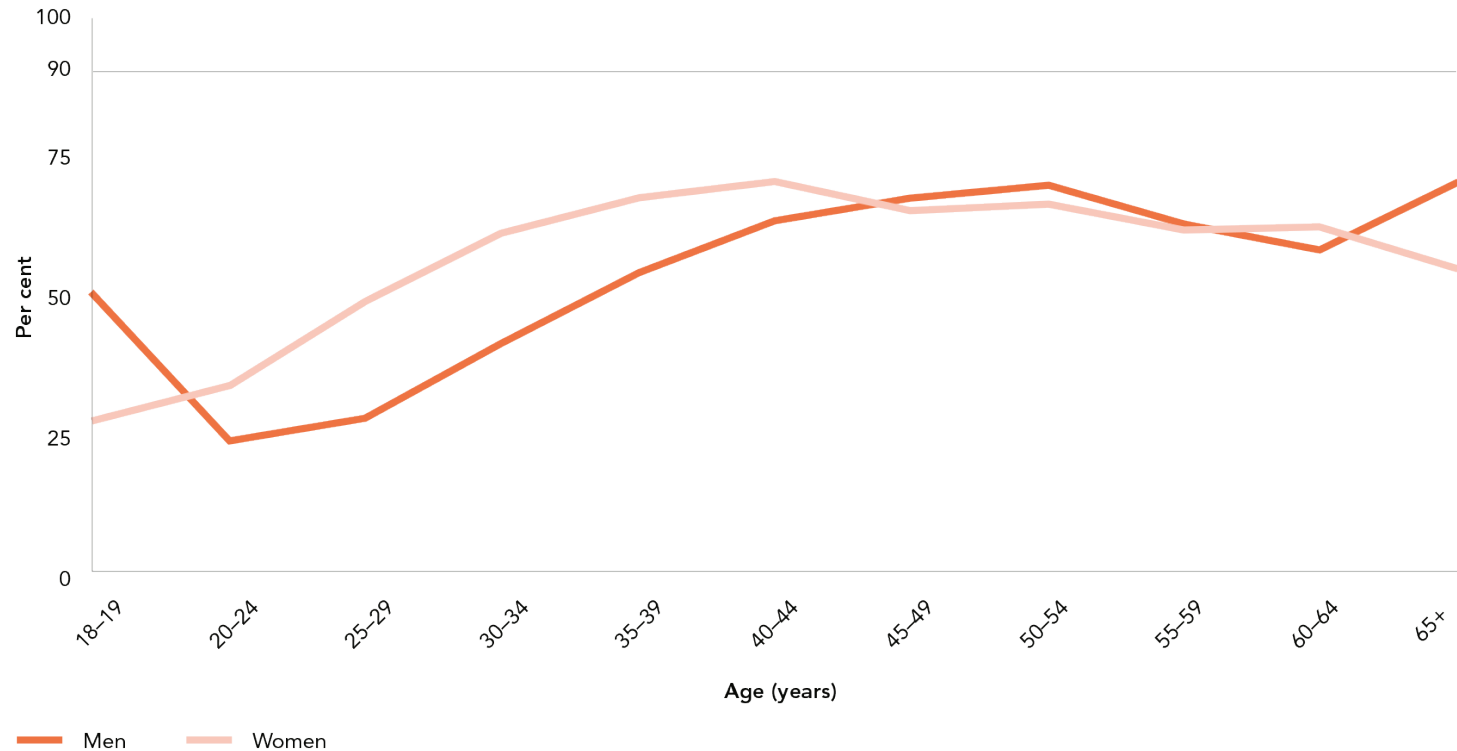
LARGER GAPS FOR YOUNG PEOPLE ACROSS THE CASCADE



KNOWLEDGE OF HIV STATUS, TREATMENT COVERAGE AND VIRAL LOAD SUPPRESSION, MALAWI, ZAMBIA AND ZIMBABWE, BY AGE, 2015-2016

Source: Malawi population-based HIV impact assessment (MPHIA), 2015-2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zambia population-based HIV impact assessment (ZAMPHIA), 2015-2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zimbabwe population-based HIV impact assessment (ZIMPHIA), 2015-2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016.

LOWER AWARENESS OF HIV STATUS AMONG YOUNG PEOPLE LIVING WITH HIV *(first of 2 slides)*

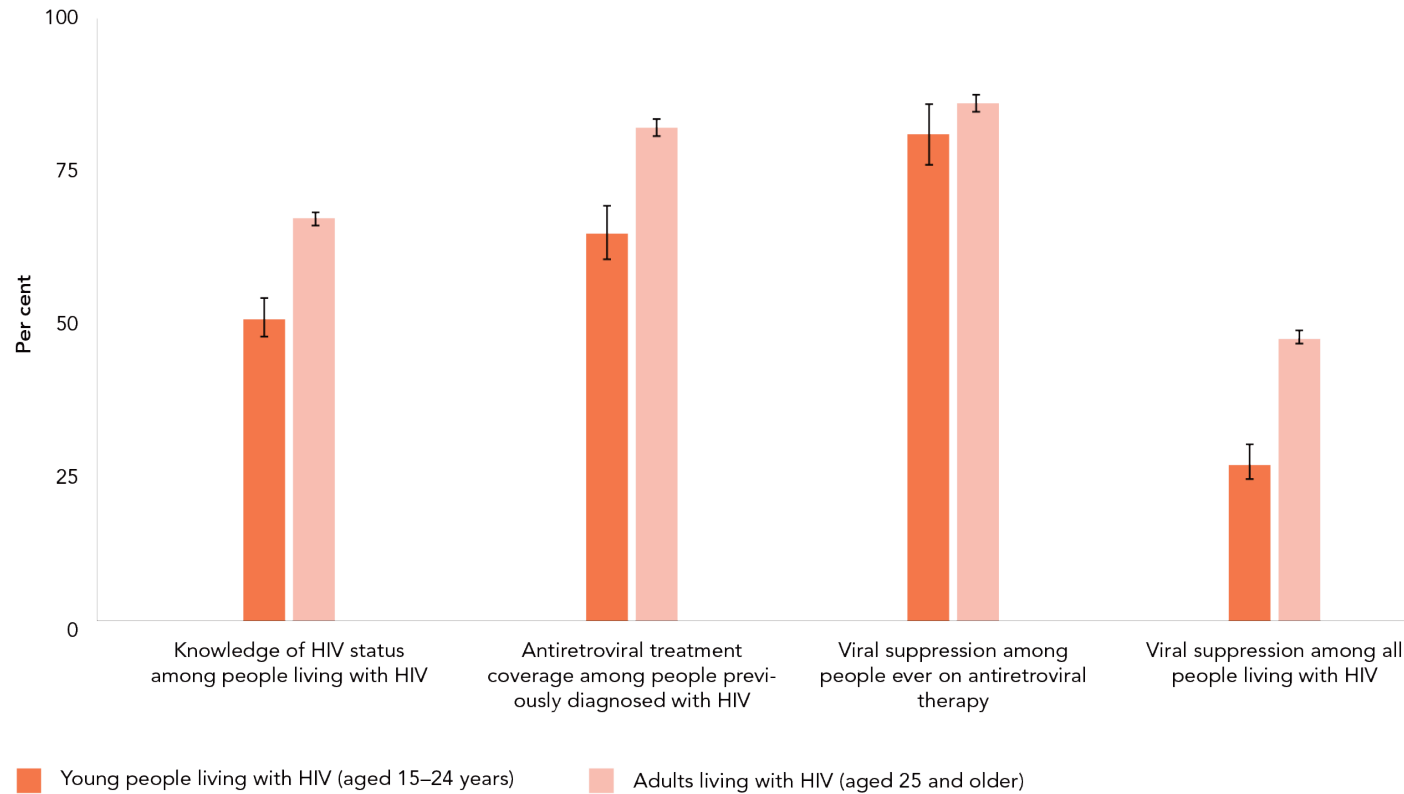


HPTN 071 (POPART) TRIAL: KNOWLEDGE OF HIV STATUS AMONG MEN AND WOMEN LIVING WITH HIV, BY AGE, BEFORE COMMUNITY-BASED SERVICES, ZAMBIA, NOVEMBER 2013 TO JUNE 2015

Source: Hayes R, Floyd S, Schapp A, Shanaube K, Bock P, Sabapathy K et al. A universal testing and treatment intervention to improve HIV control: one-year results from intervention communities in Zambia in the HPTN 071 (PopART) cluster-randomised trial. PLoS Med. 2017;15(5):e1002292.

* Data are extrapolated to the total adult population.

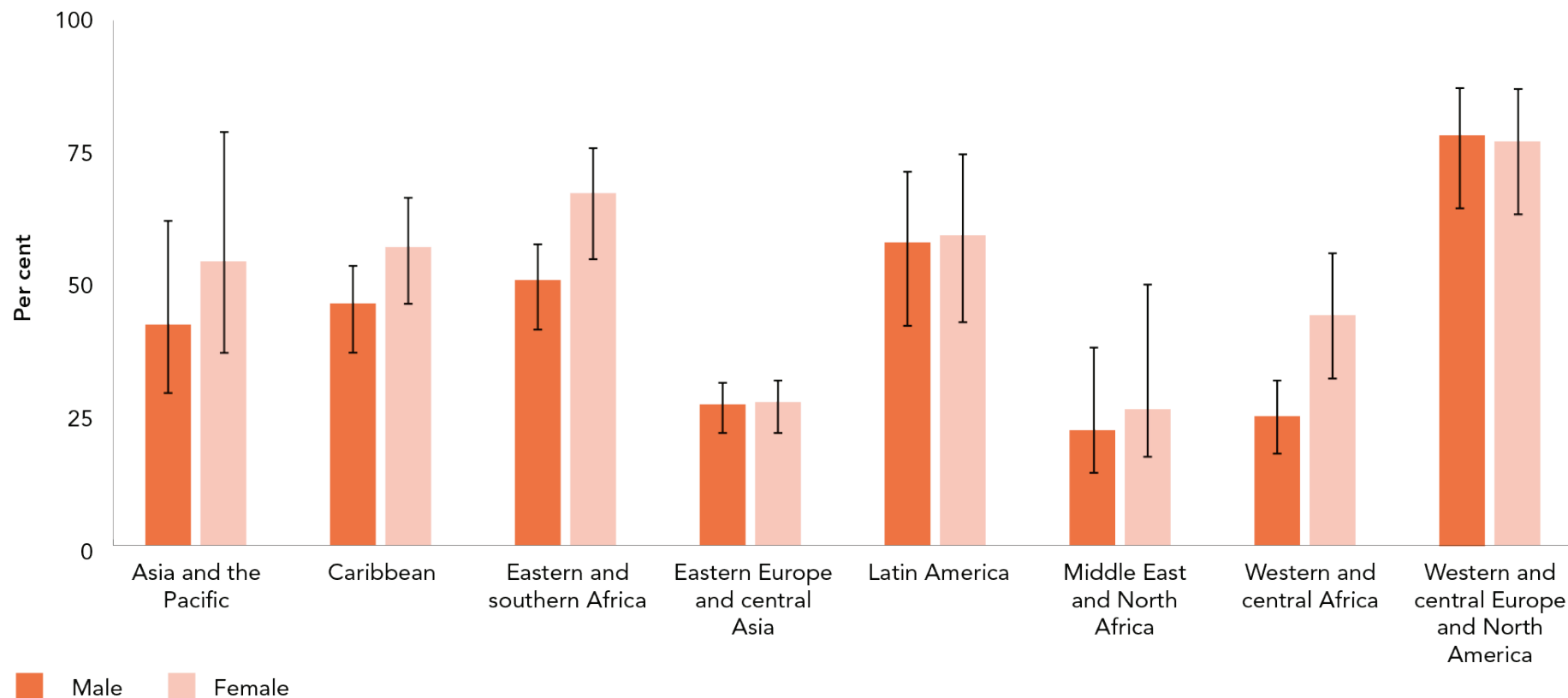
LOWER AWARENESS OF HIV STATUS AMONG YOUNG PEOPLE LIVING WITH HIV *(last of 2 slides)*



90–90–90 AT BASELINE AMONG PEOPLE LIVING WITH HIV AGED 15 YEARS AND OLDER, BY AGE, 16 COMMUNITIES IN RURAL KENYA AND UGANDA, JUNE 2013 TO JUNE 2014

Source: Petersen M, Balzer L, Kwarsiima D, Sang N, Chamie G, Ayieko J et al. Association of implementation of a universal testing and treatment intervention with HIV diagnosis, receipt of antiretroviral therapy, and viral suppression in East Africa. JAMA. 2017;317(21):2196–2206.

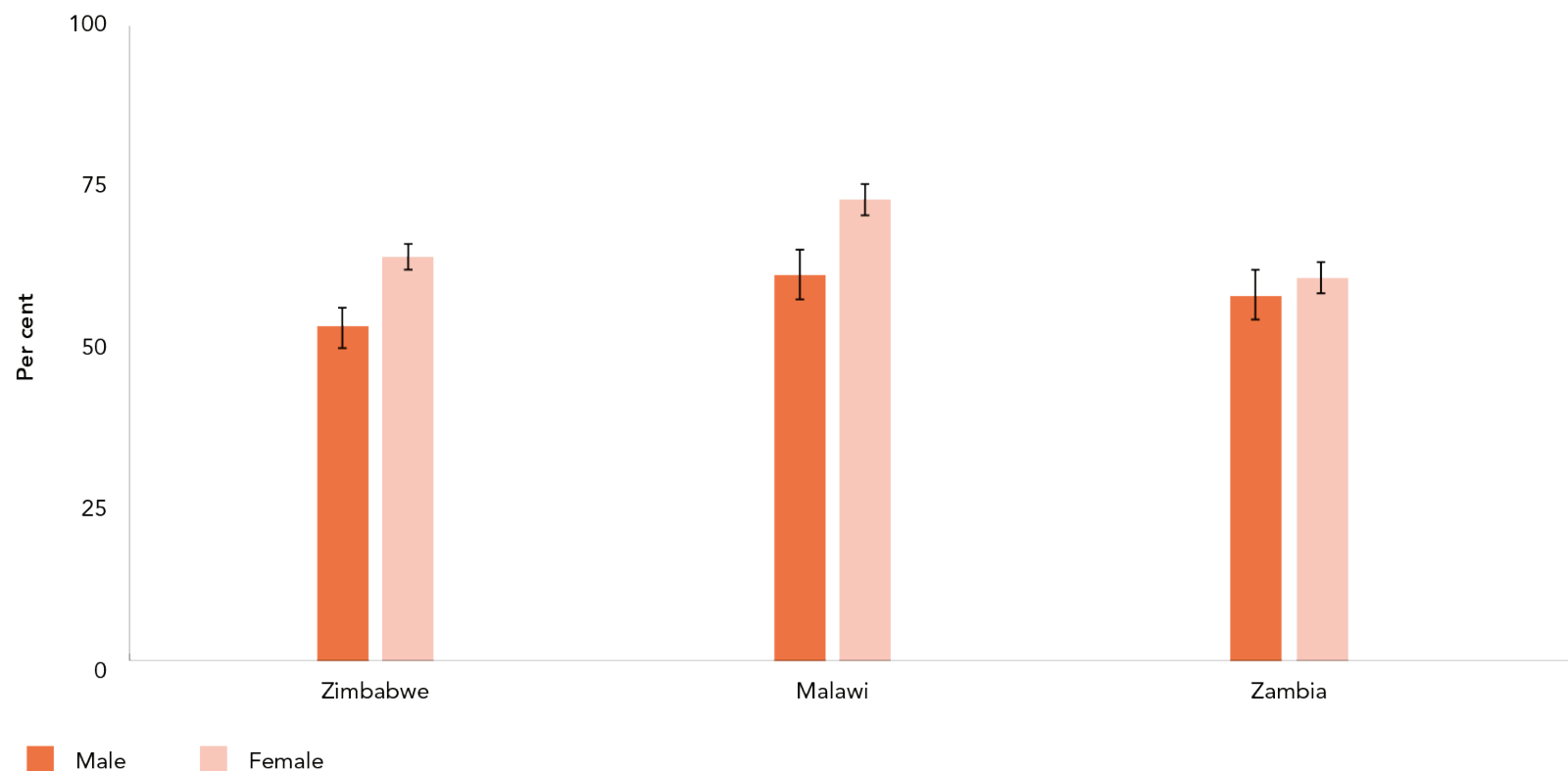
TREATMENT COVERAGE LOWER AMONG MEN



ANTIRETROVIRAL THERAPY COVERAGE AMONG ADULTS LIVING WITH HIV AGED 15 YEARS AND OLDER, BY SEX, BY REGION, 2016

Source: Global AIDS Monitoring, 2017. UNAIDS 2017 estimates.

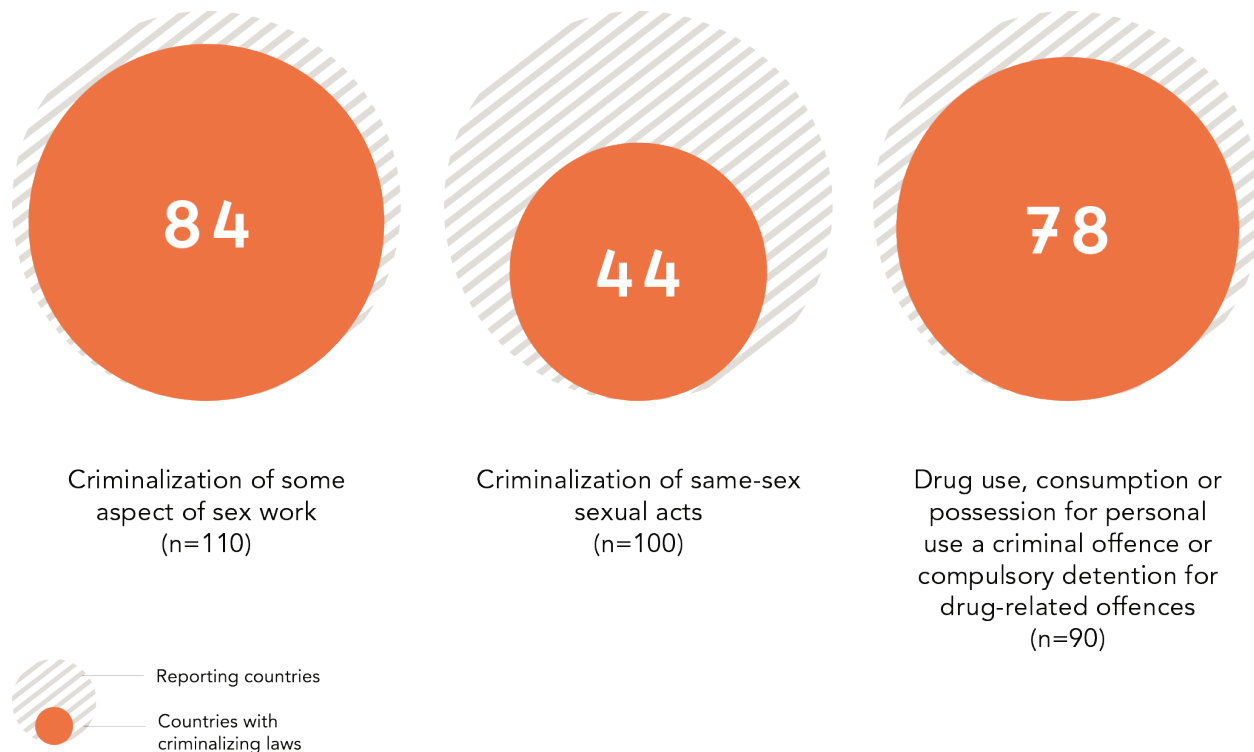
MEN LESS LIKELY THAN WOMEN TO HAVE SUPPRESSED VIRAL LOADS



PERCENTAGE OF ADULTS (AGED 15–59 YEARS) LIVING WITH HIV WHO ARE VIRALLY SUPPRESSED, BY SEX, MALAWI, ZAMBIA AND ZIMBABWE, 2015–2016

Source: Malawi population-based HIV impact assessment (MPHIA), 2015–2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zambia population-based HIV impact assessment (ZAMPHIA), 2015–2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zimbabwe population-based HIV impact assessment (ZIMPHIA), 2015–2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016.

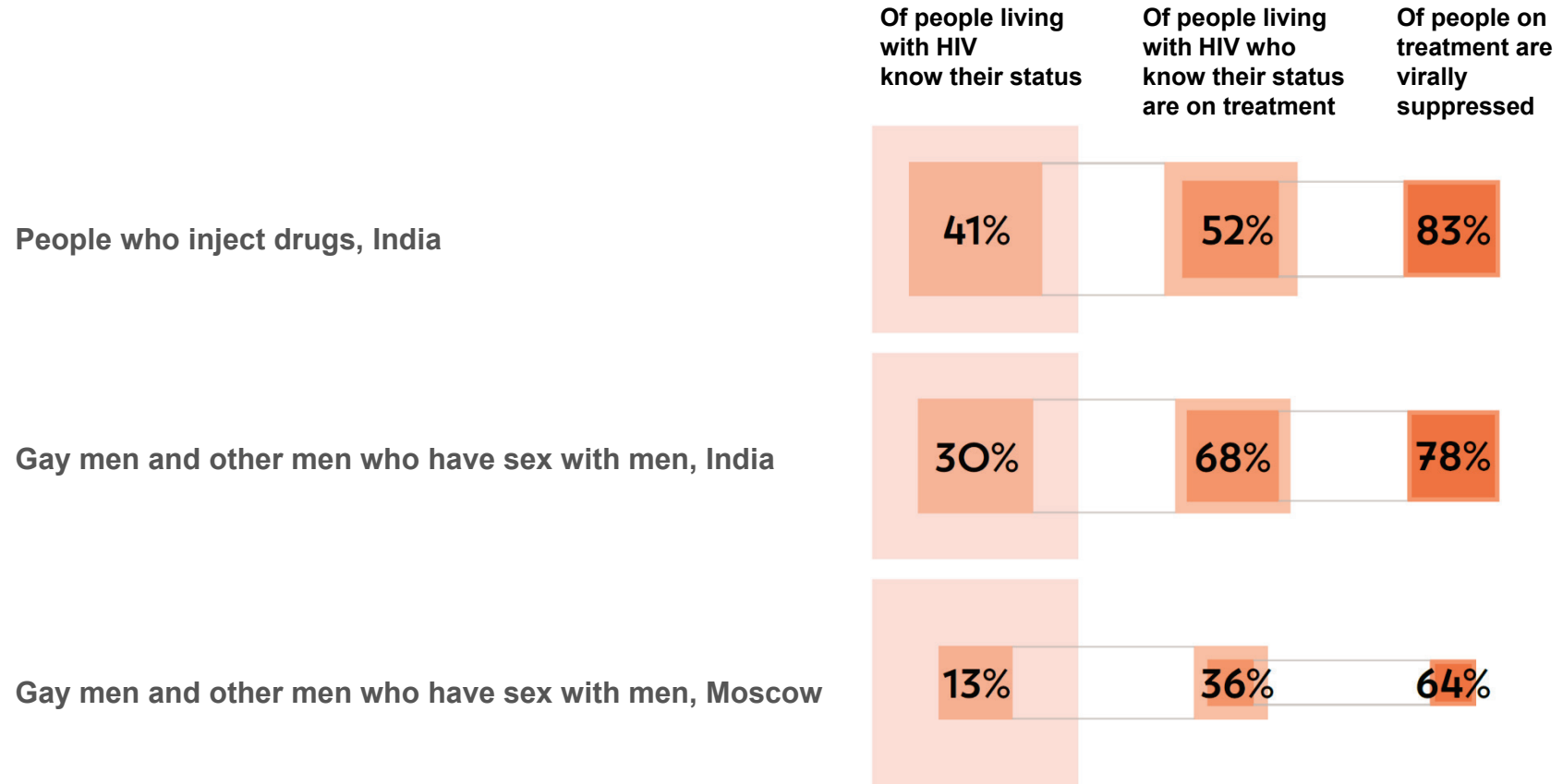
CRIMINALIZATION OF KEY POPULATIONS IS A BARRIER TO TESTING AND TREATMENT SERVICES



COUNTRIES WITH LAWS THAT CRIMINALIZE SOME ASPECTS OF SEX WORK, SAME-SEX SEXUAL RELATIONS OR THE POSSESSION OR USE OF DRUGS, 2016

Source: 2017 National Commitments and Policy Instrument.

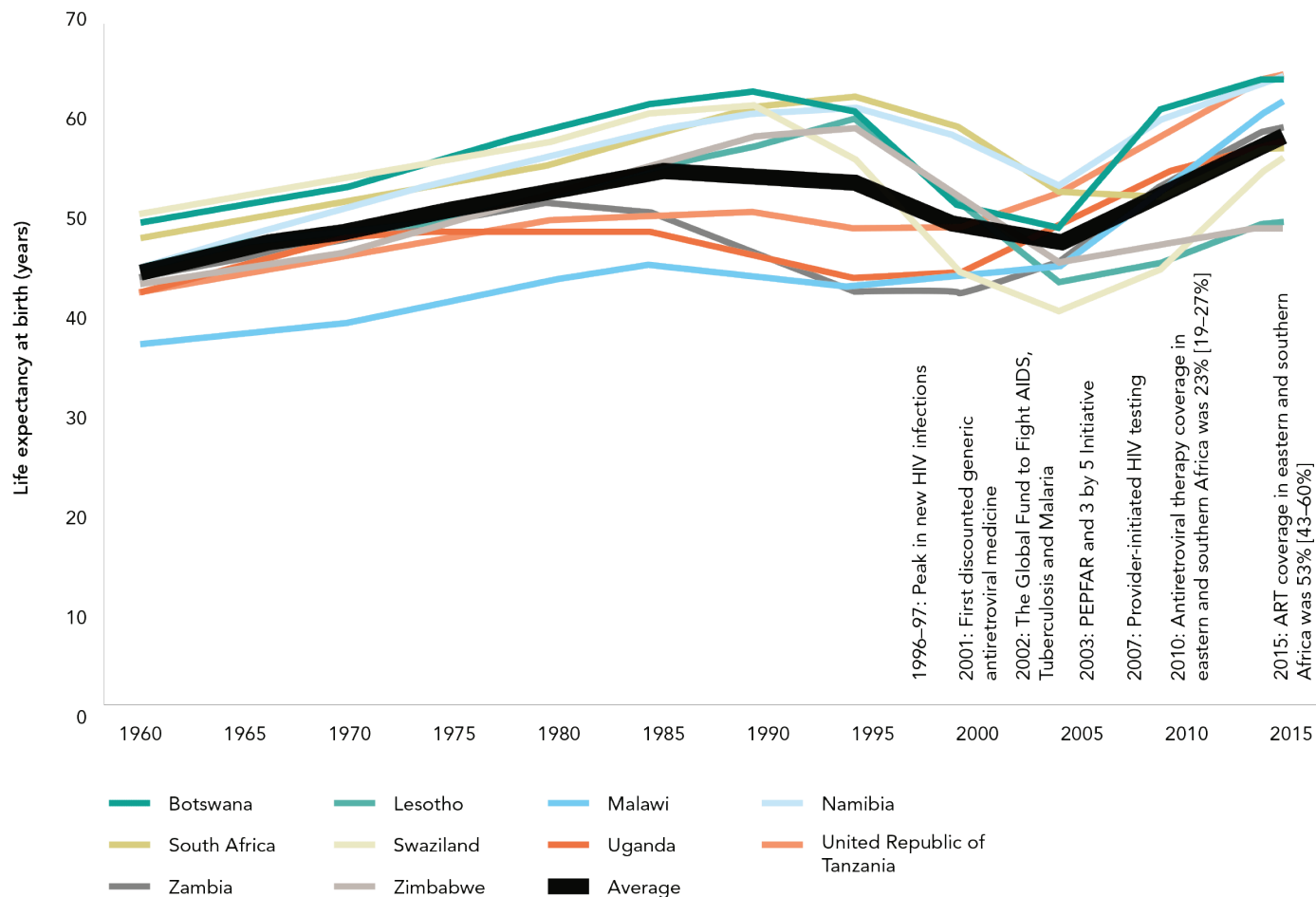
ALARMING GAPS IN THE 90–90–90 CONTINUUM AMONG KEY POPULATIONS



90–90–90 AMONG KEY POPULATIONS IN INDIA AND THE RUSSIAN FEDERATION, 2013.

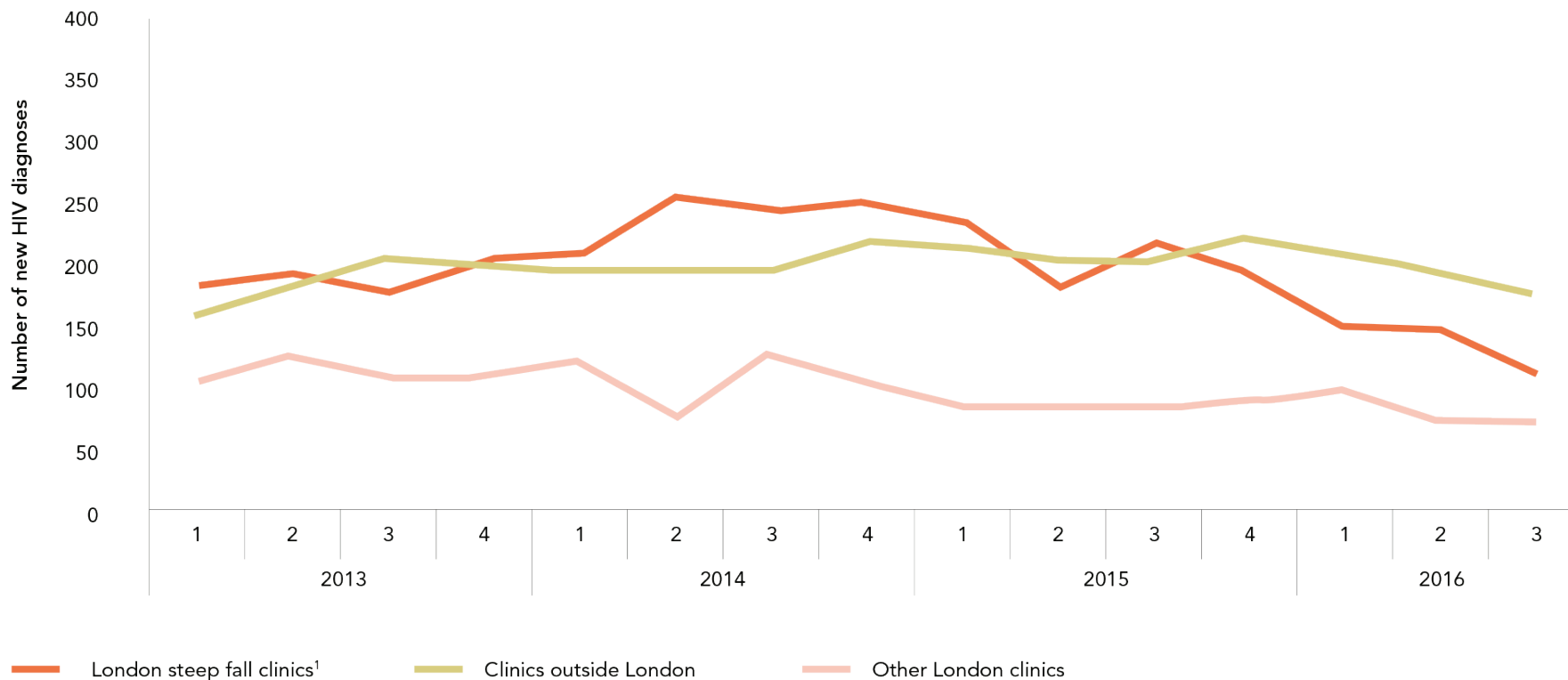
Source: Mehta SH, Lucas GM, Solomon S, Srikrishnan AK, McFall AM, Dhingra N et al. HIV care continuum among men who have sex with men and persons who inject drugs in India: barriers to successful engagement. Clin Infect Dis. 2015 Dec 1;61(11):1732–41. Wirtz A, Zelaya C, Latkin C, Peryshkina A, Galai N, Mogilnyi V et al. The HIV care continuum among men who have sex with men in Moscow, Russia: a cross-sectional study of infection awareness and engagement in care. Sexually Transm Infect. 2016;92(2):161–167. doi:10.1136/sextrans-2015-052076..

LIFE EXPECTANCY REBOUND FOLLOWING TREATMENT SCALE-UP



LIFE EXPECTANCY FOR 10 COUNTRIES IN EASTERN AND SOUTHERN AFRICA, 1960-2016

Source: UNAIDS analysis of data from United Nations Department of Economic and Social Affairs, Population Division, World Population Prospects: 2015 revision.



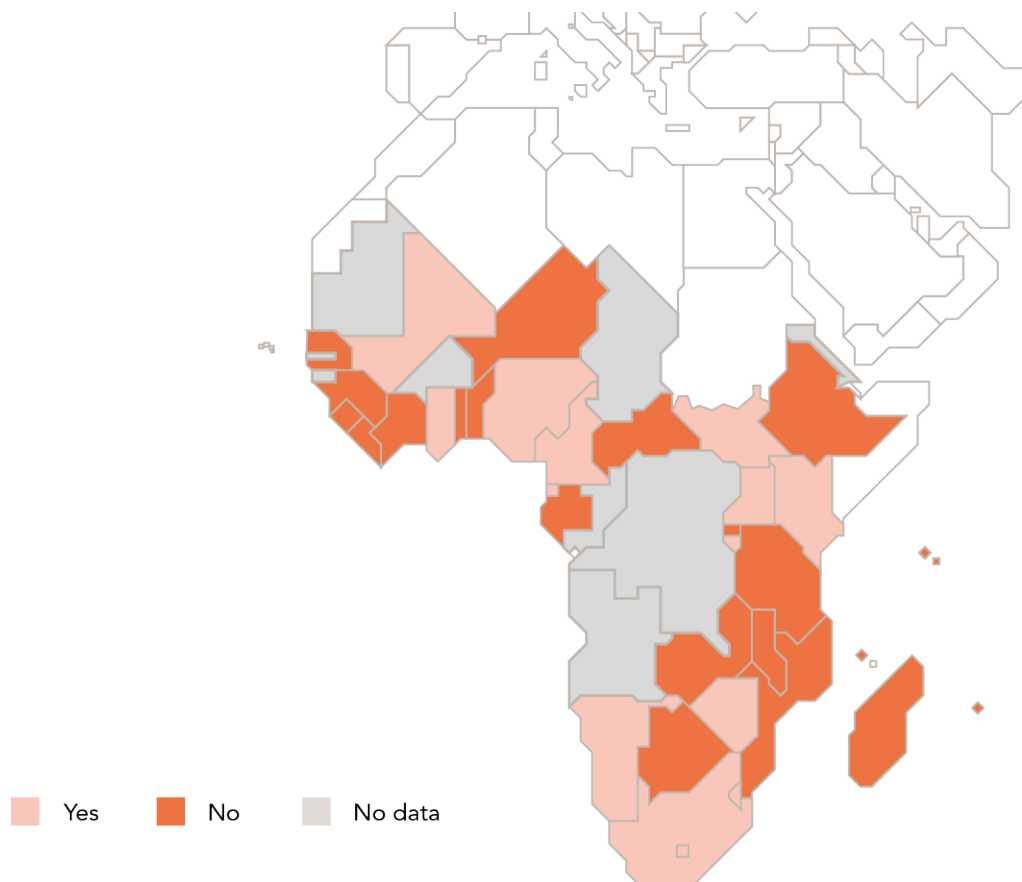
NEW HIV DIAGNOSES AMONG GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN ATTENDING SEXUAL HEALTH CLINICS, ENGLAND, UNITED KINGDOM, 2013–2016

Source: UNAIDS analysis of data from United Nations Department of Economic and Social Affairs, Population Division, World Population Prospects: 2015 revision.



4. CLOSING THE GAPS

POLICIES FOR COMMUNITY-BASED TREATMENT

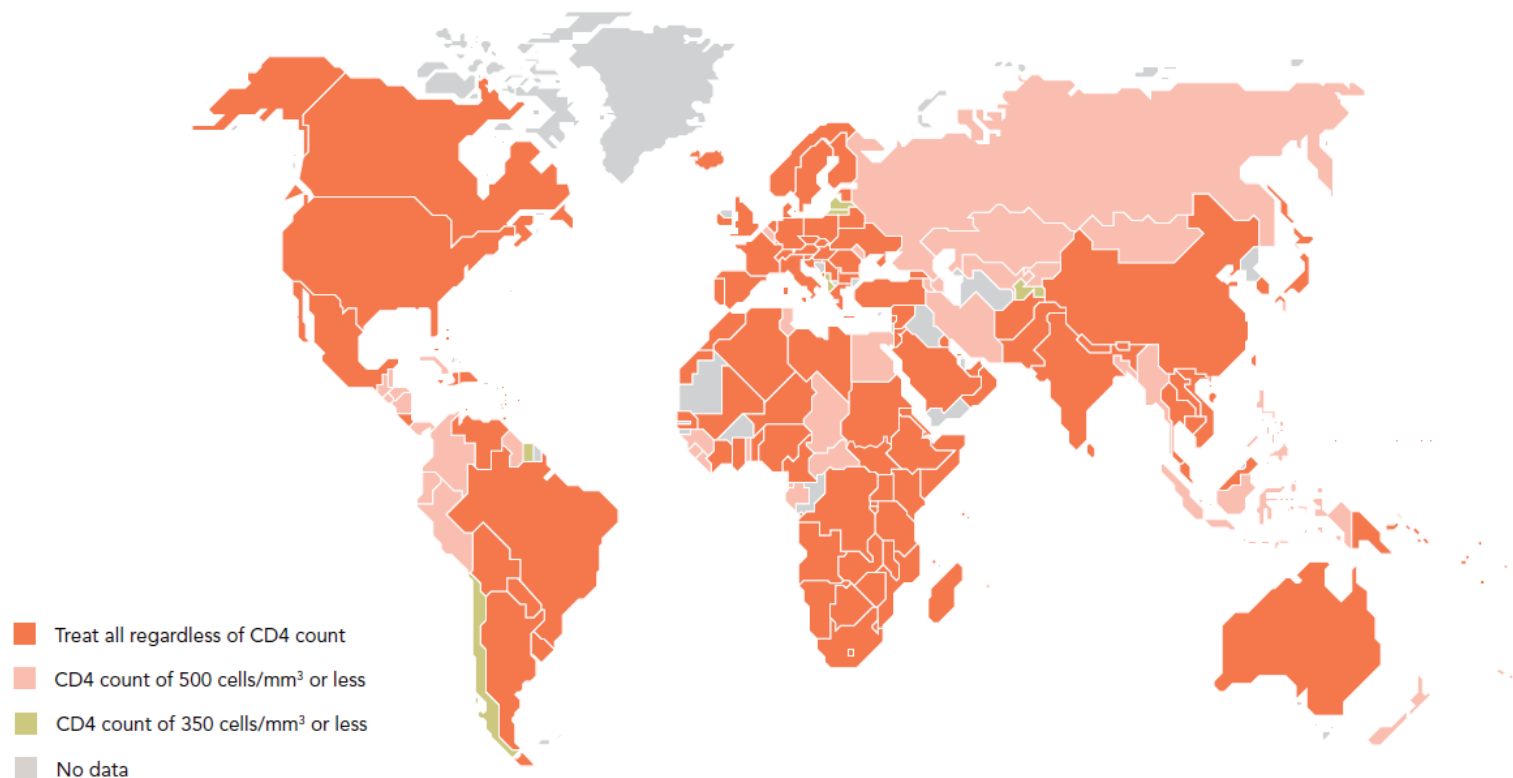


COUNTRIES WITH A NATIONAL POLICY PROMOTING COMMUNITY DELIVERY OF ANTIRETROVIRAL THERAPY, SUB-SAHARAN AFRICA, 2016

A key characteristic of most differentiated care approaches is the expansion of care beyond secondary and tertiary health centres into community settings. In 2016, 25 of 118 reporting countries had a national policy promoting community delivery of antiretroviral therapy, including 40% of reporting countries in eastern and southern Africa..

Source: National Commitments and Policy Instrument.

COUNTRIES ADOPTING THE TREAT ALL GLOBAL STANDARD

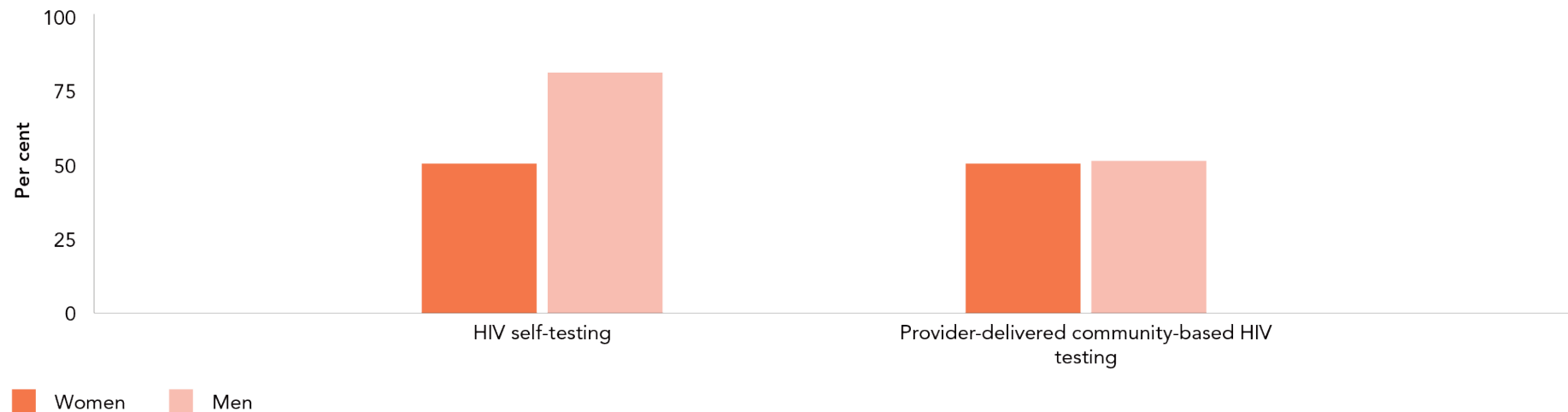


RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, GLOBAL, MID-2017

Drawing on the rapidly growing body of data demonstrating the clear preventive and therapeutic effects of early antiretroviral therapy, the World Health Organization (WHO) recommended in 2015 that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count. Among the 194 countries that reported information to WHO and UNAIDS, 123 of them—including 29 of 35 Fast-Track countries—had adopted this treat all approach within their national HIV treatment guidelines. Among the remaining reporting countries, eight continue to limit treatment to people living with HIV who have a CD4 count of 350 cells/mm³ or lower.

Source: World Health Organization, 2017.

LINKING SELF-TESTERS TO TREATMENT



PROPORTION OF HIV SELF-TESTERS WHO INITIATED TREATMENT FOLLOWING A REACTIVE SELF-TEST, ZIMBABWE, 2016–2017*

HIV self-testing, which enables users to learn their HIV status by themselves in private, could play a pivotal role in reaching the first 90. The result of a self-test is not a diagnosis, however, and an important challenge is linking an individual with a reactive self-test to a confirmatory diagnosis and HIV treatment initiation. The UNAIDS-supported Self-Testing Africa (STAR) project, led by Population Services International (PSI) in partnership with the World Health Organization (WHO), is addressing this problem. During the first year of the project, 80% of reactive male self-testers in Zimbabwe initiated HIV treatment, compared to 51% among men who received reactive tests through provider-delivered, community-based testing. Among women, the proportion of reactive testers initiating HIV treatment was equivalent between the two testing options.

Source: STAR project, 2017.

* Proportion linked to care following HIV self-testing is based on the total number of reactive HIV self-test results over the total number of self-testers with a reactive test result, who were linked to a health facility for both confirmatory testing and treatment from March 2016 to May 2017. Comparative data is based on PSI Zimbabwe programmatic data from January to October 2016.

HPTN 071 (POPART) TRIAL: REACHING THE FIRST 90

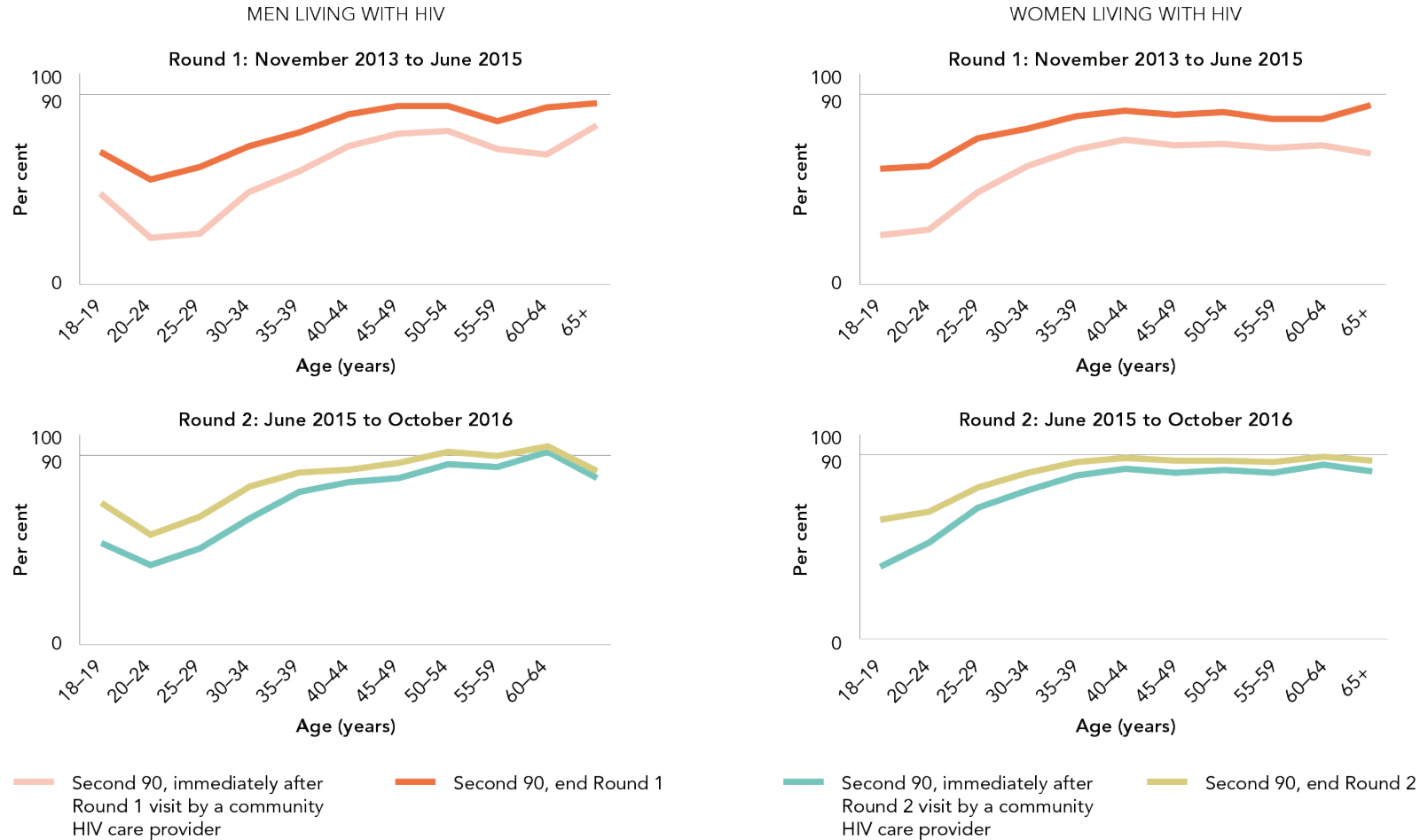
KNOWLEDGE OF HIV STATUS BEFORE AND AFTER COMMUNITY-BASED SERVICES



KNOWLEDGE OF HIV STATUS AND ANTIRETROVIRAL THERAPY COVERAGE, BY AGE AND SEX, HPTN 071 (POPART) TRIAL COMMUNITIES BEFORE AND AFTER TWO ROUNDS OF SERVICE DELIVERY, ZAMBIA, 2013-2016. (first of 2 slides)

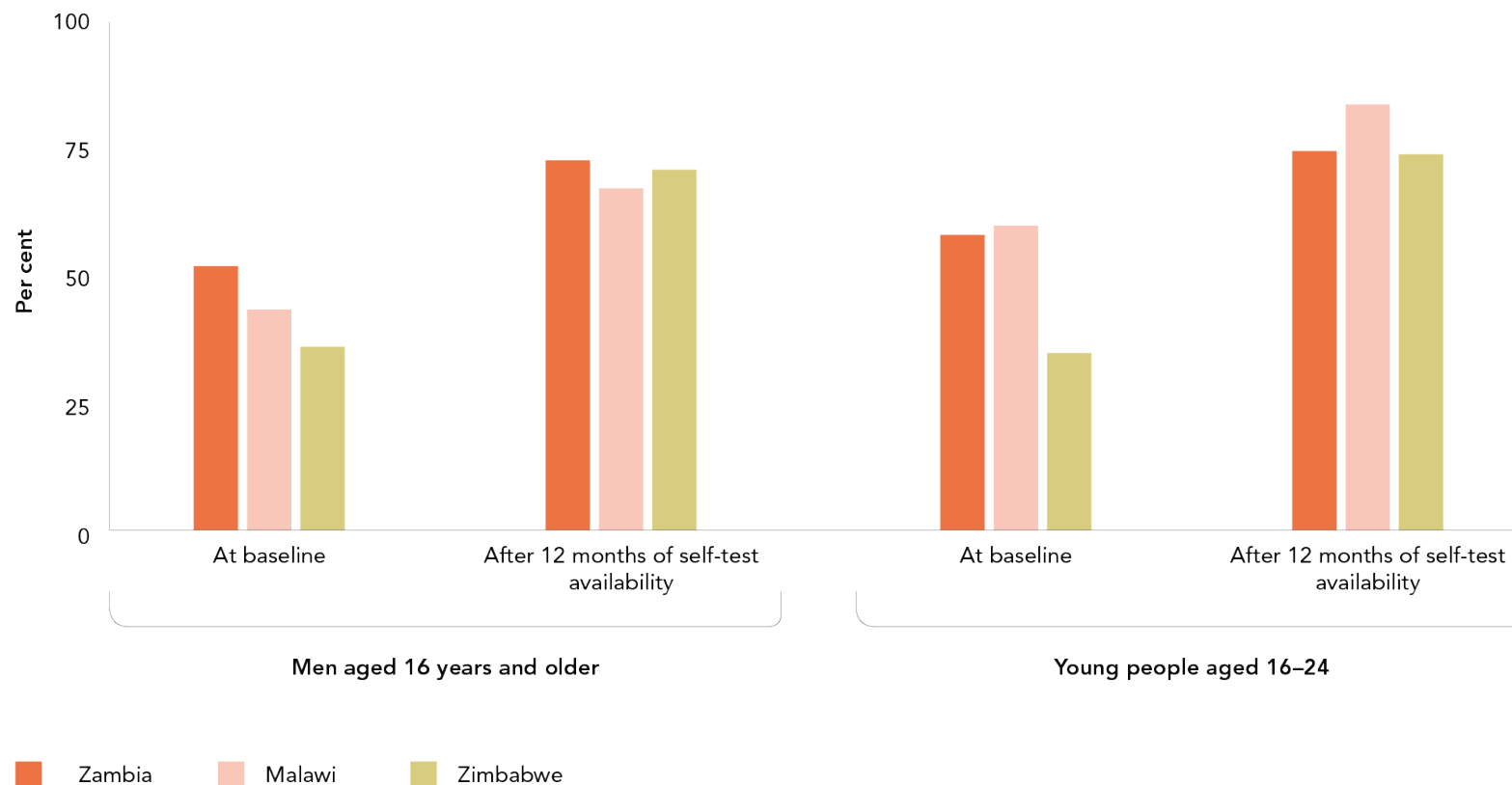
HPTN 071 (POPART) TRIAL: REACHING THE SECOND 90

ANTIRETROVIRAL THERAPY COVERAGE BEFORE AND AFTER COMMUNITY-BASED SERVICES



KNOWLEDGE OF HIV STATUS AND ANTIRETROVIRAL THERAPY COVERAGE, BY AGE AND SEX, HPTN 071 (POPART) TRIAL COMMUNITIES BEFORE AND AFTER TWO ROUNDS OF SERVICE DELIVERY, ZAMBIA, 2013-2016 *(last of 2 slides)*

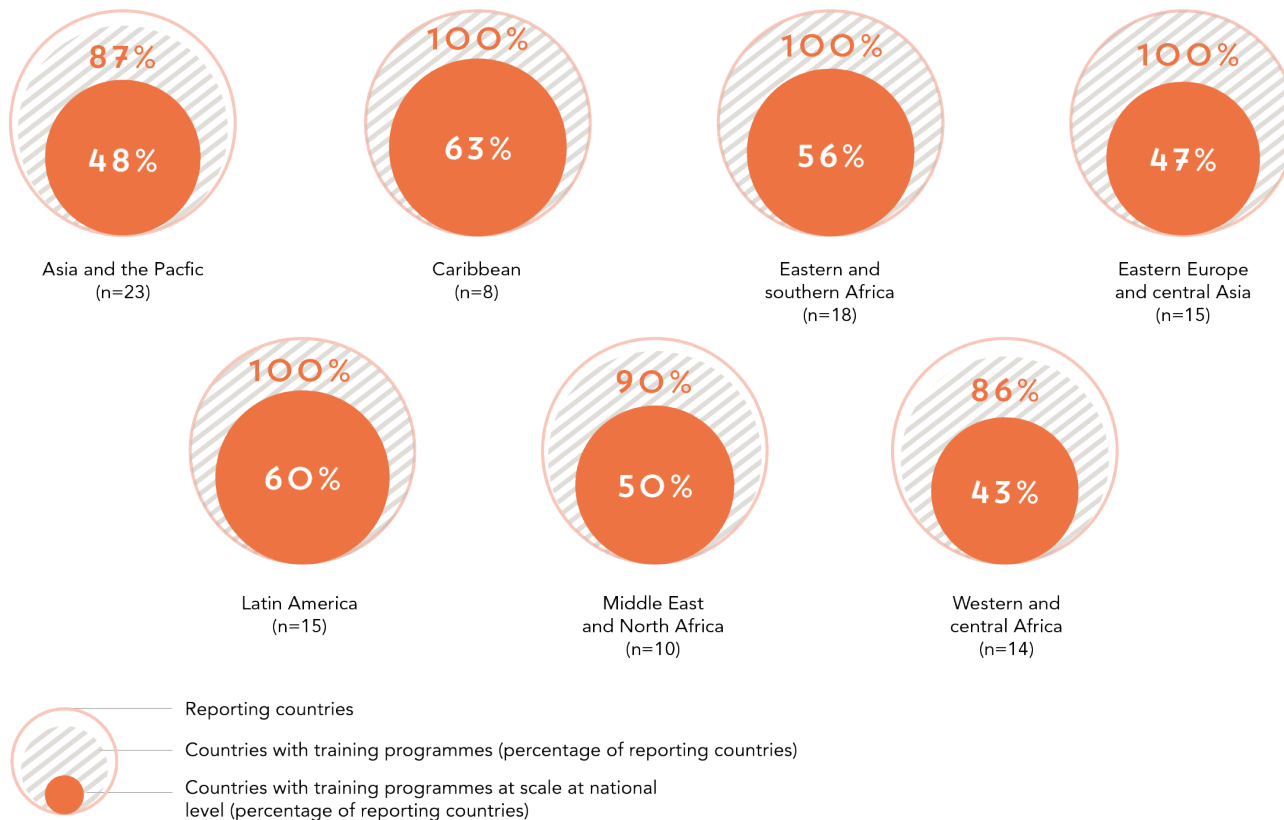
SELF-TESTING REACHING YOUNG PEOPLE AND MEN



TESTING COVERAGE, MEN (AGED 16–65 YEARS) AND YOUNG PEOPLE (AGED 16–24 YEARS), BASELINE AND AFTER 12 MONTHS OF SELF-TEST AVAILABILITY, STAR SELF-TESTING PROJECT, MALAWI, ZAMBIA AND ZIMBABWE, 2016–2017

Source: STAR project, 2017.

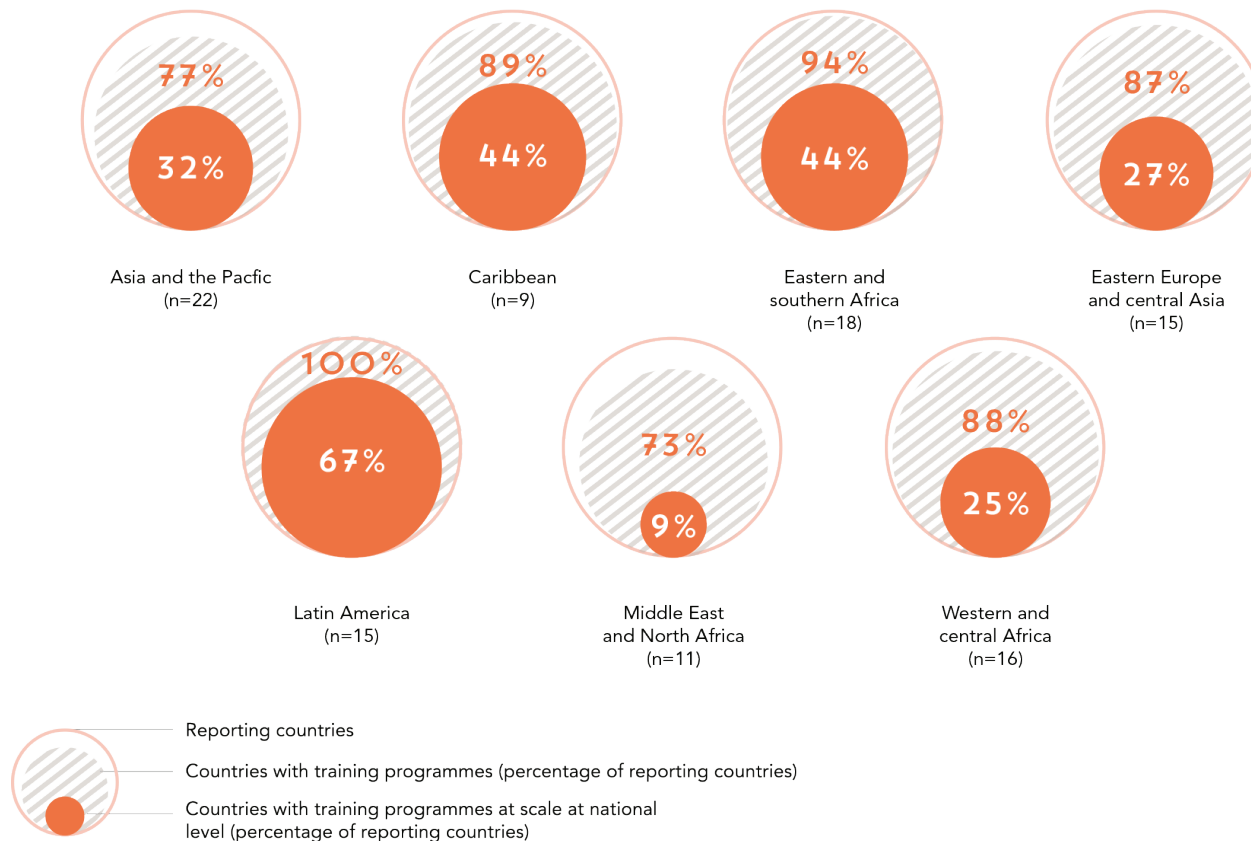
TRAINING FOR STIGMA AND DISCRIMINATION REDUCTION *(first of 2 slides)*



PERCENTAGE OF COUNTRIES WITH TRAINING PROGRAMMES FOR HEALTH-CARE WORKERS ON HUMAN RIGHTS AND NON-DISCRIMINATION LEGAL FRAMEWORKS AS APPLICABLE TO HIV, BY REGION, 2016

Source: 2017 National Commitments and Policy Instrument.

TRAINING FOR STIGMA AND DISCRIMINATION REDUCTION *(last of 2 slides)*

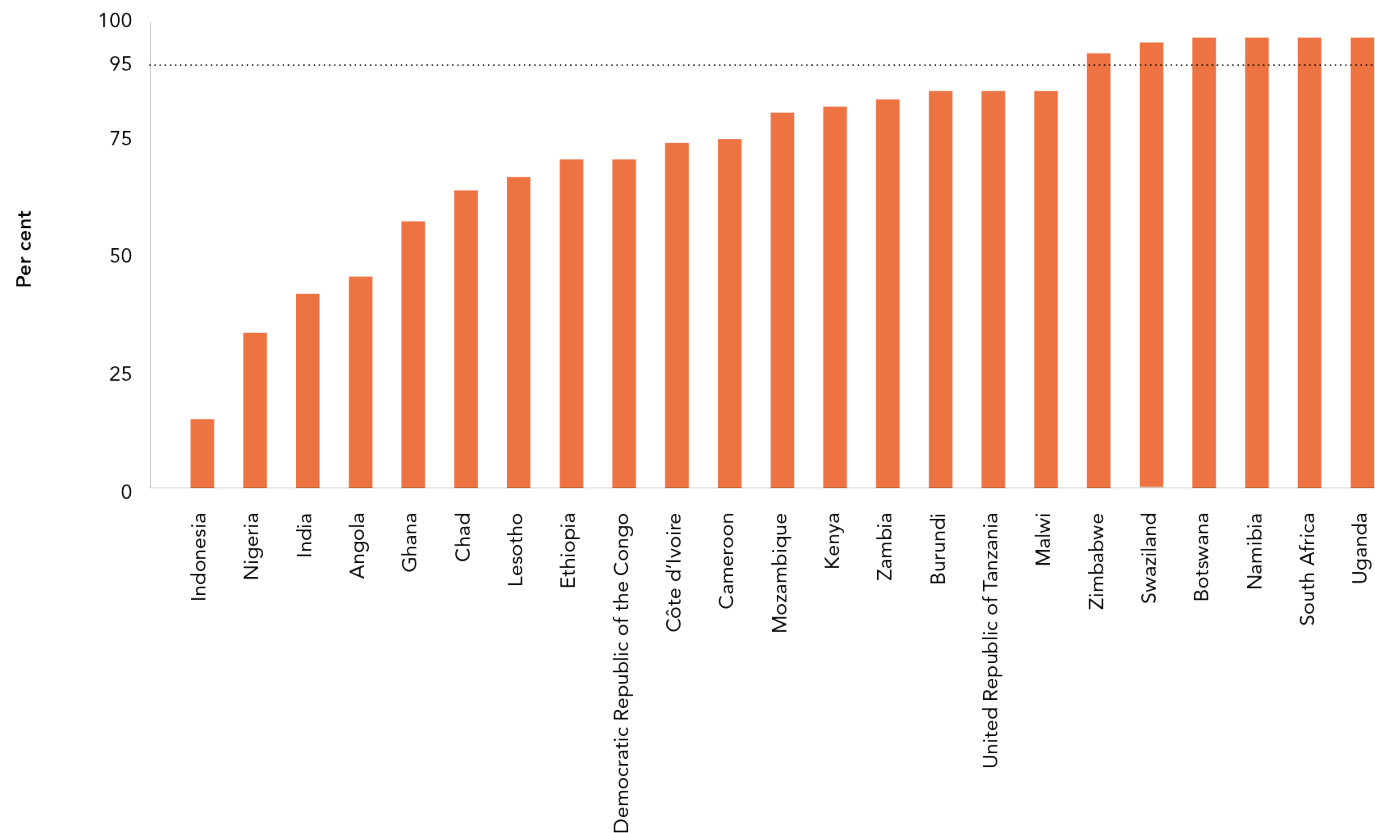


PERCENTAGE OF COUNTRIES THAT HAVE HAD TRAINING AND/OR CAPACITY-BUILDING ON HIV-RELATED RIGHTS FOR PEOPLE LIVING WITH HIV AND KEY POPULATIONS IN THE PAST TWO YEARS, BY REGION, 2016

Source: 2017 National Commitments and Policy Instrument.

5. 90-90-90 WITHIN A COMPREHENSIVE APPROACH

REACHING A MILESTONE TOWARDS ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION



PERCENTAGE OF PREGNANT WOMEN LIVING WITH HIV RECEIVING ANTIRETROVIRAL MEDICINES* TO PREVENT MOTHER-TO-CHILD TRANSMISSION, 23 PRIORITY COUNTRIES**, 2016

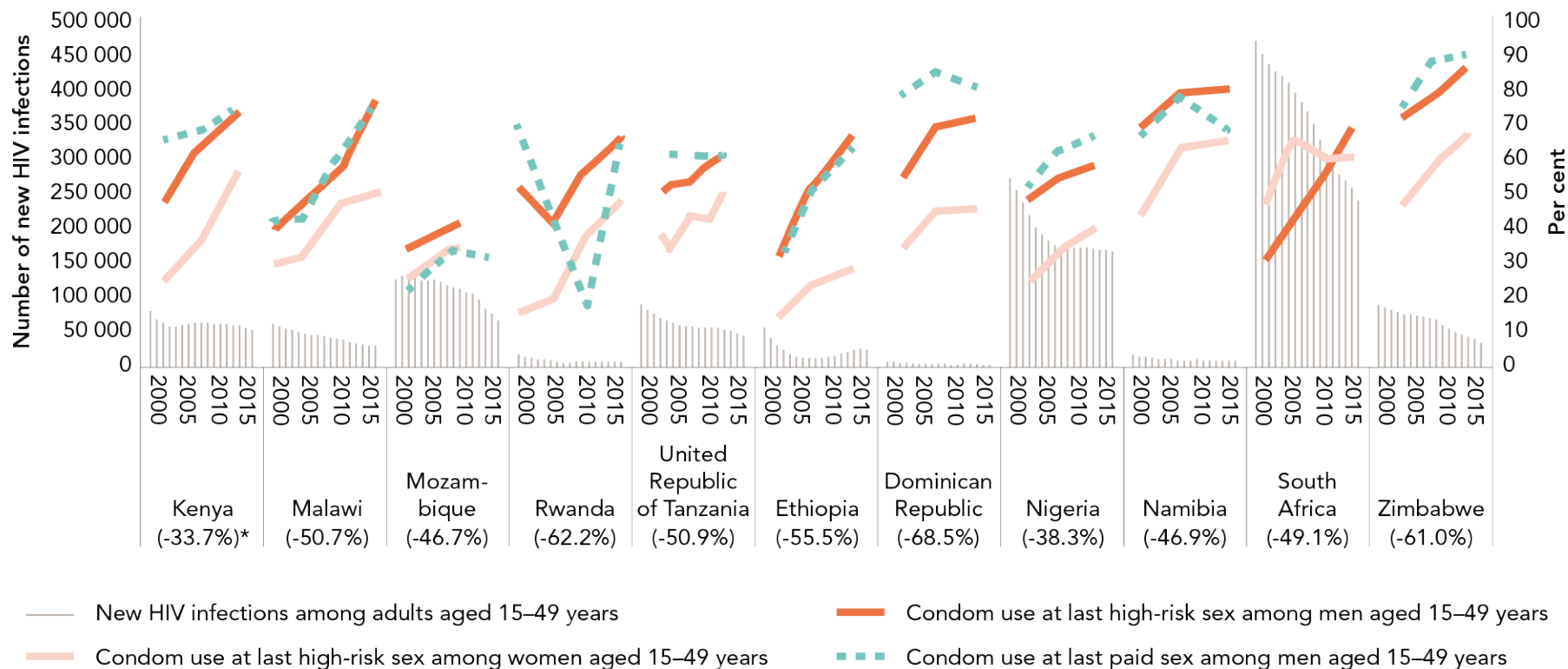
Source: UNAIDS 2017 estimates.

* Either prophylaxis or lifelong therapy.

** Start Free Stay Free AIDS Free priority countries.



INCREASES IN CONDOM USE COINCIDE WITH DECLINES IN NEW HIV INFECTIONS

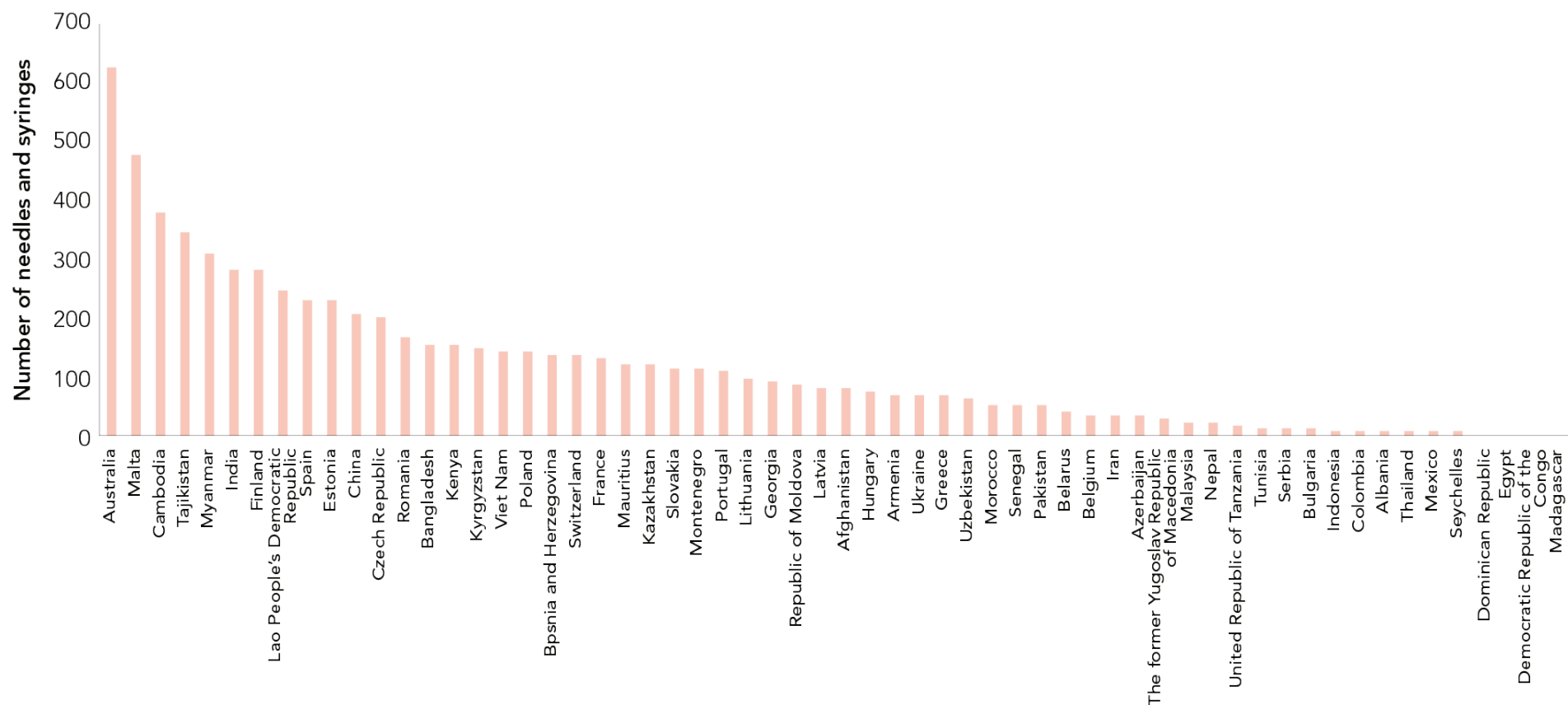


CONDOM USE AT LAST HIGH-RISK SEX AND NEW HIV INFECTIONS, ADULTS (AGED 15–49 YEARS), 11 COUNTRIES, 2000–2016

Source: UNAIDS 2017 estimates. Population-based surveys, 2000–2016.

* Percent decrease in new infections between 2000 and 2016.

INSUFFICIENT DISTRIBUTION OF A CRITICAL AND COST-EFFECTIVE PREVENTION TOOL

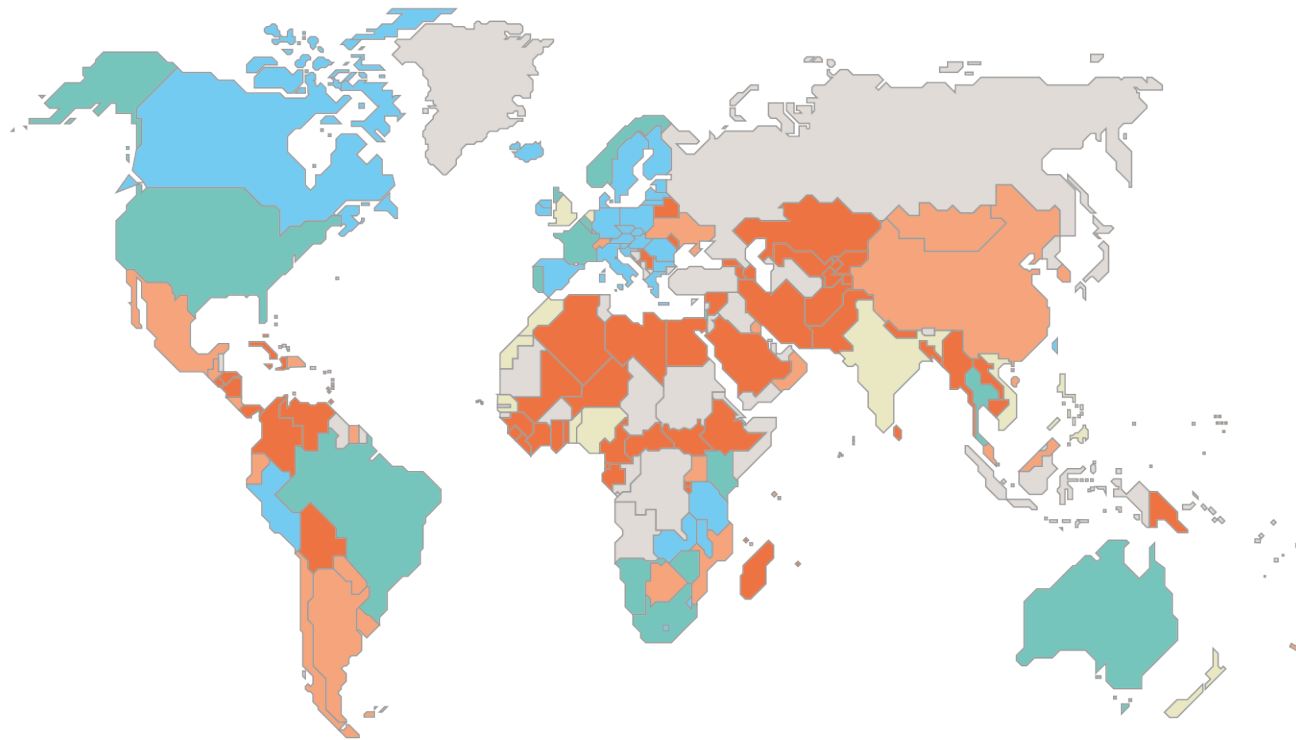








NUMBER OF STERILE NEEDLES AND SYRINGES DISTRIBUTED PER PERSON WHO INJECTS DRUGS, BY COUNTRY, 2014–2016.

Source: Global AIDS Monitoring, 2015–2017.

*Most recently available data from 2014 to 2016.

AVAILABILITY OF PREP STILL LIMITED



- | | | |
|---|--|---|
|  Regulatory approval, framework** being put in place, PrEP use scaling up* |  Regulatory approval, but any PrEP use is private |  Demonstration project |
|  No regulatory approval; reported low-level off-label PrEP use |  PrEP not available |  No data |

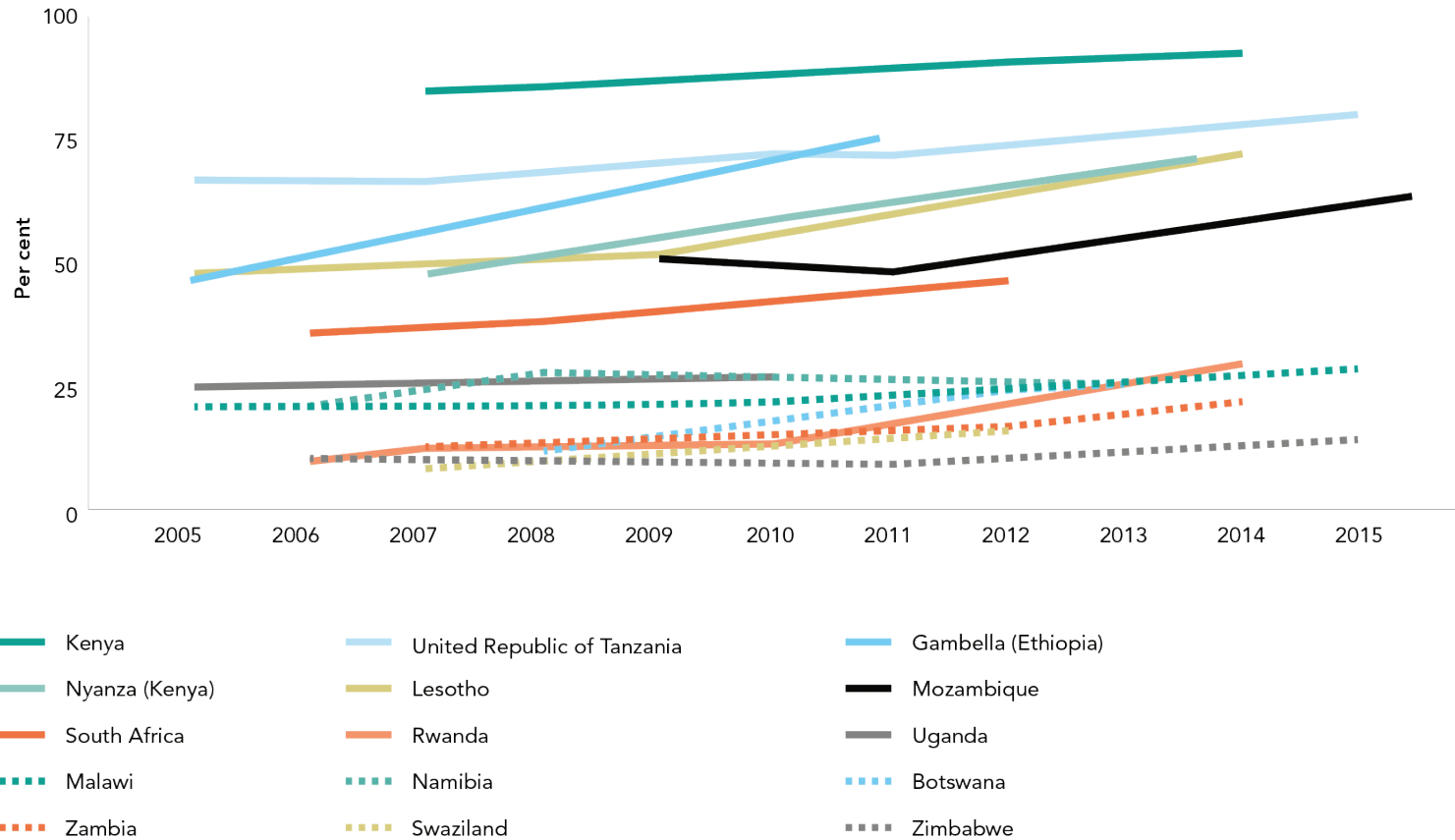
AVAILABILITY OF PRE-EXPOSURE PROPHYLAXIS, BY COUNTRY, 2017

Source: 2017 National Commitments and Policy Instrument.

* See text for further explanation.

** A framework for PrEP scale-up includes clinical guidelines; service provider training; access-oriented PrEP services; use of generic PrEP, price subsidy or reimbursement; effective demand creation.

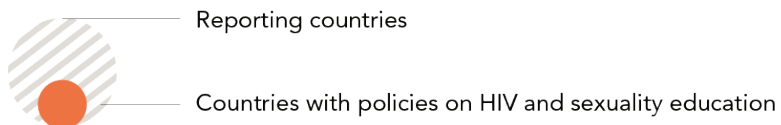
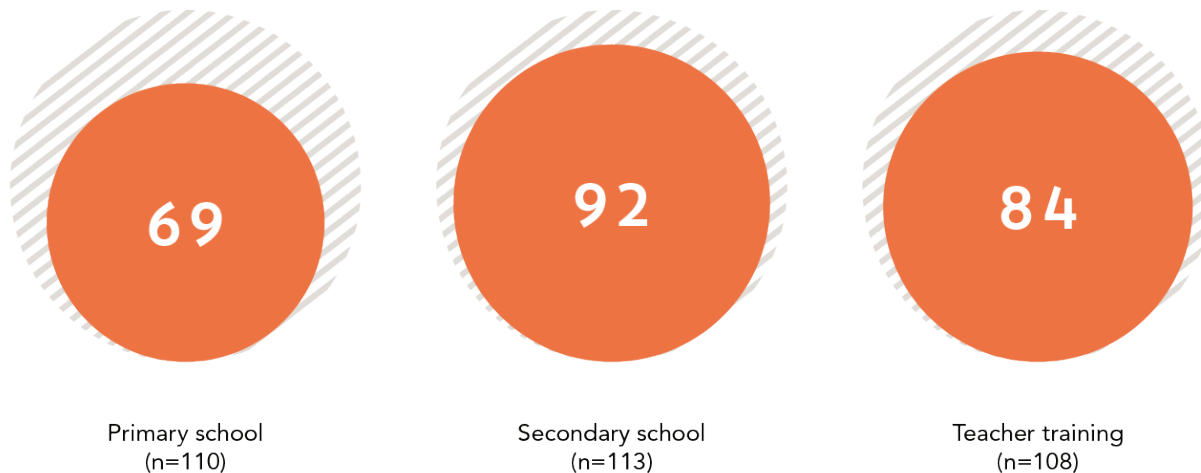
VOLUNTARY MEDICAL MALE CIRCUMCISION NEEDS A BOOST IN KEY COUNTRIES



PREVALENCE OF MALE CIRCUMCISION (AGED 15–49), 14 PRIORITY COUNTRIES, 2005–2015

Source: Population-based surveys, 2005–2015.

ENSURING YOUNG PEOPLE HAVE THE KNOWLEDGE THEY NEED



COUNTRIES WITH EDUCATION POLICIES THAT PROVIDE FOR LIFE SKILLS - BASED HIV AND SEXUALITY EDUCATION IN SCHOOLS AND TEACHER TRAINING, 2016

Source: 2017 National Commitments and Policy Instrument.

LAWS ON DOMESTIC VIOLENCE

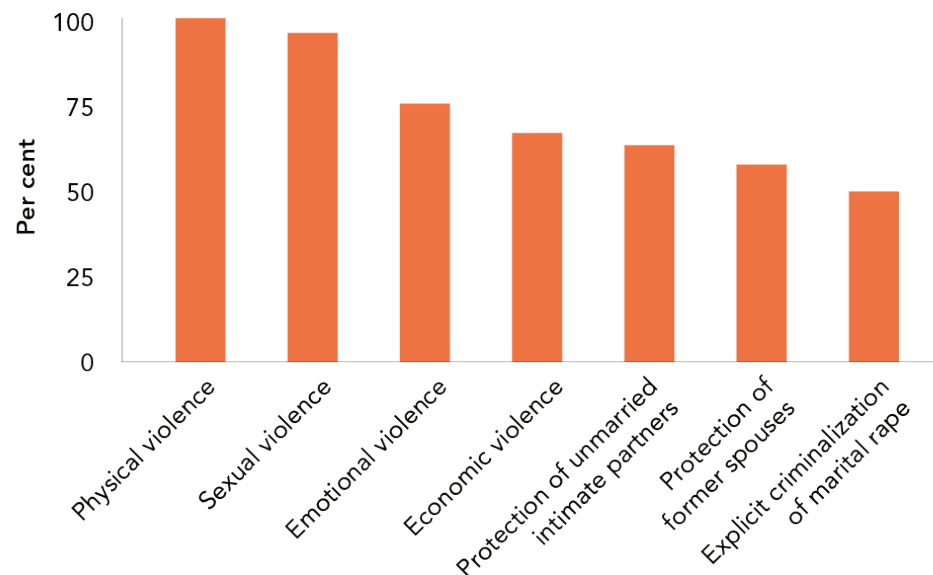


COUNTRIES REPORTED
THEY HAD DOMESTIC
VIOLENCE LEGISLATION

Reporting countries
(n=107)

Of these 89
countries

Percentage of countries with domestic violence legislation reporting different forms of violence are integrated in legislation



PERCENTAGE OF COUNTRIES WITH DOMESTIC VIOLENCE LEGISLATION REPORTING THAT DIFFERENT FORMS OF VIOLENCE ARE INTEGRATED IN LEGISLATION, REPORTING COUNTRIES, 2016

Source: 2017 National Commitments and Policy Instrument.

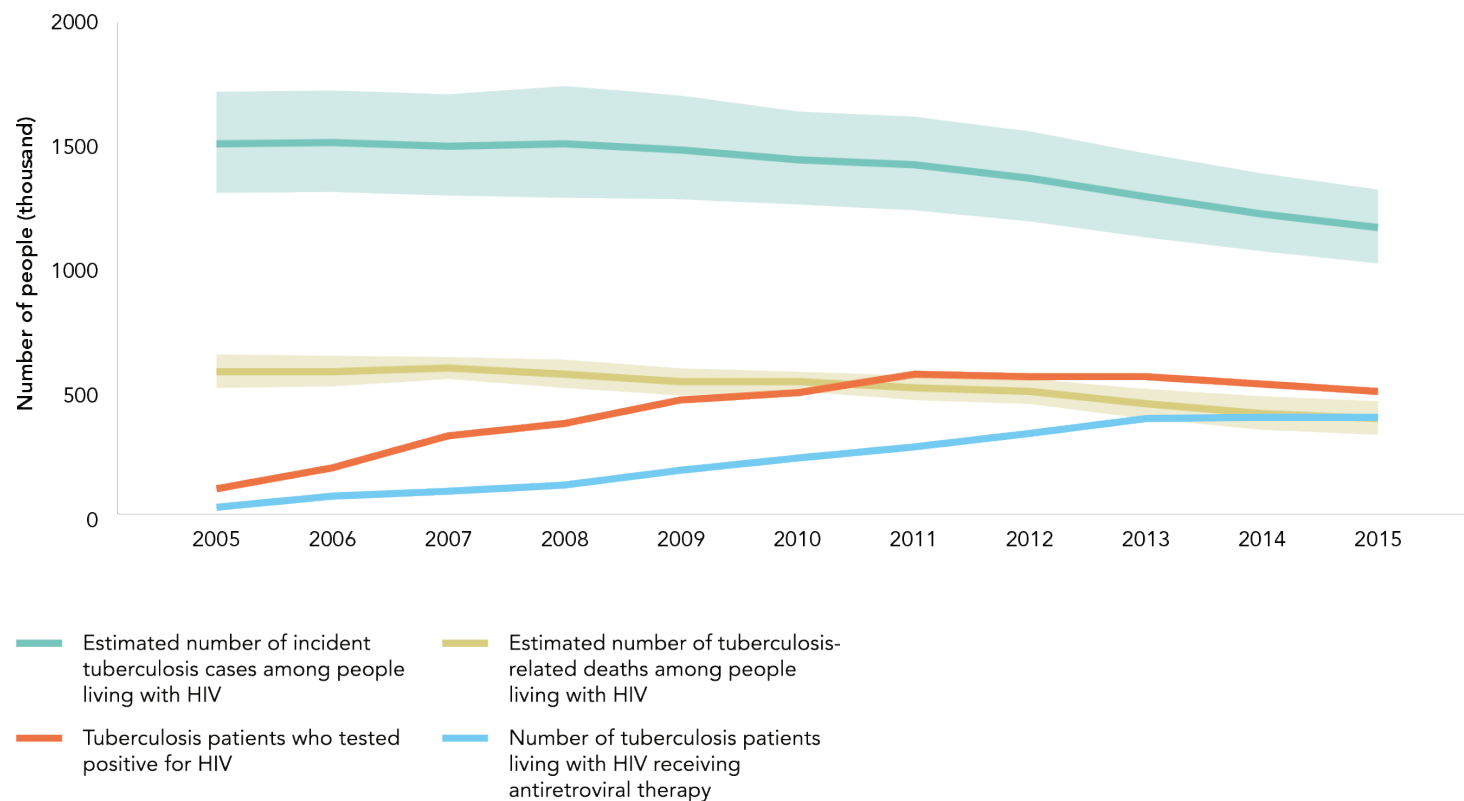
KEEPING GIRLS IN SCHOOL



COUNTRIES WHERE CASH TRANSFER PROGRAMMES FOR YOUNG WOMEN (AGED 15–24 YEARS) ARE BEING IMPLEMENTED, BY REGION, 2016

Source: 2017 National Commitments and Policy Instrument.

GAINS IN THE GLOBAL RESPONSE TO TUBERCULOSIS AND HIV

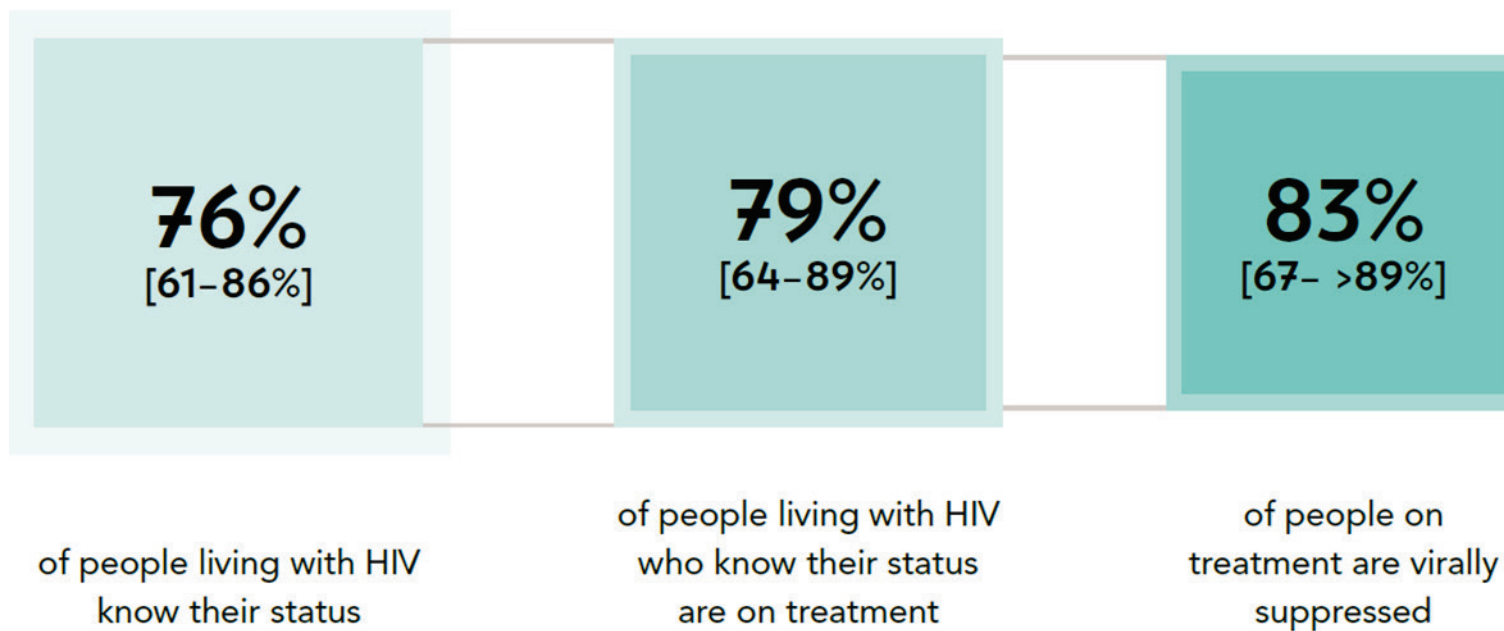


TUBERCULOSIS CASES AND TUBERCULOSIS-RELATED DEATHS AMONG PEOPLE LIVING WITH HIV, NUMBER OF NOTIFIED TUBERCULOSIS PATIENTS WHO WERE KNOWN TO BE LIVING WITH HIV, AND NUMBER OF TUBERCULOSIS PATIENTS LIVING WITH HIV ON ANTIRETROVIRAL THERAPY, GLOBAL, 2005–2015

Source: Global tuberculosis report, 2016. Geneva: World Health Organization; 2016.

6. EASTERN AND SOUTHERN AFRICA

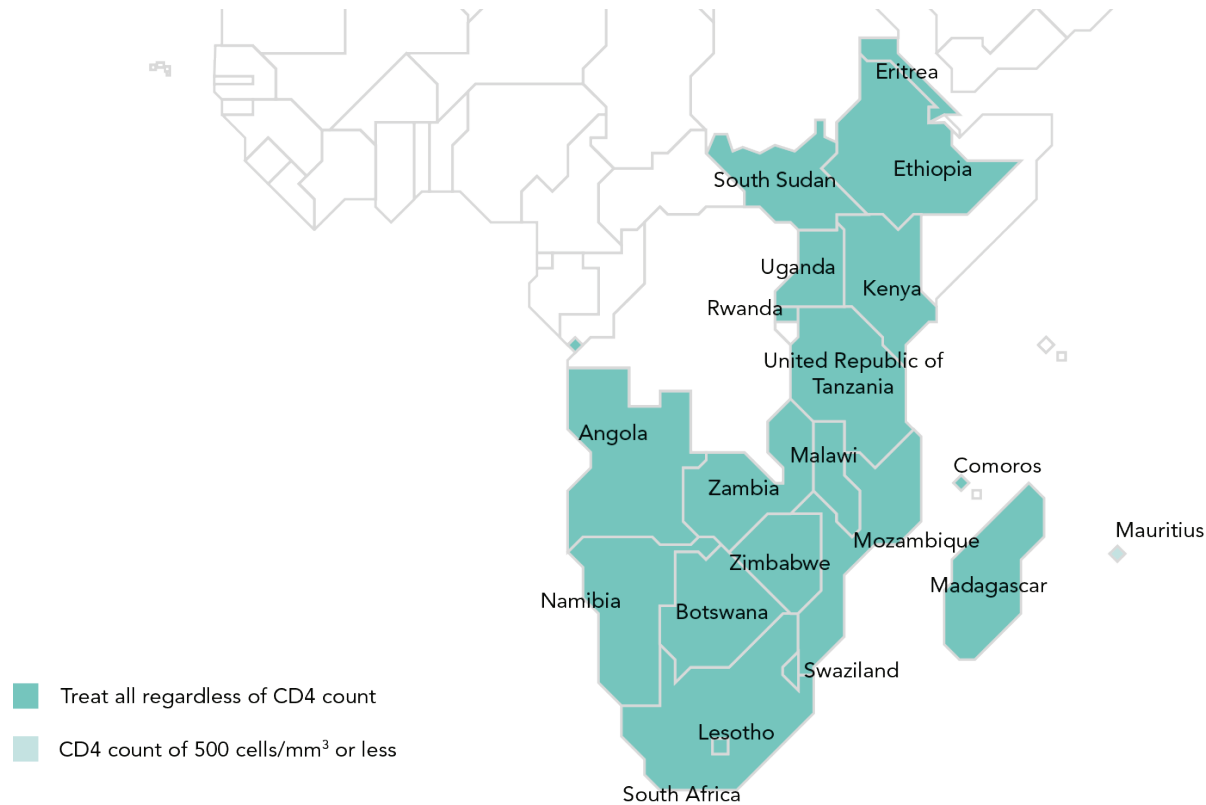
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, EASTERN AND SOUTHERN AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH

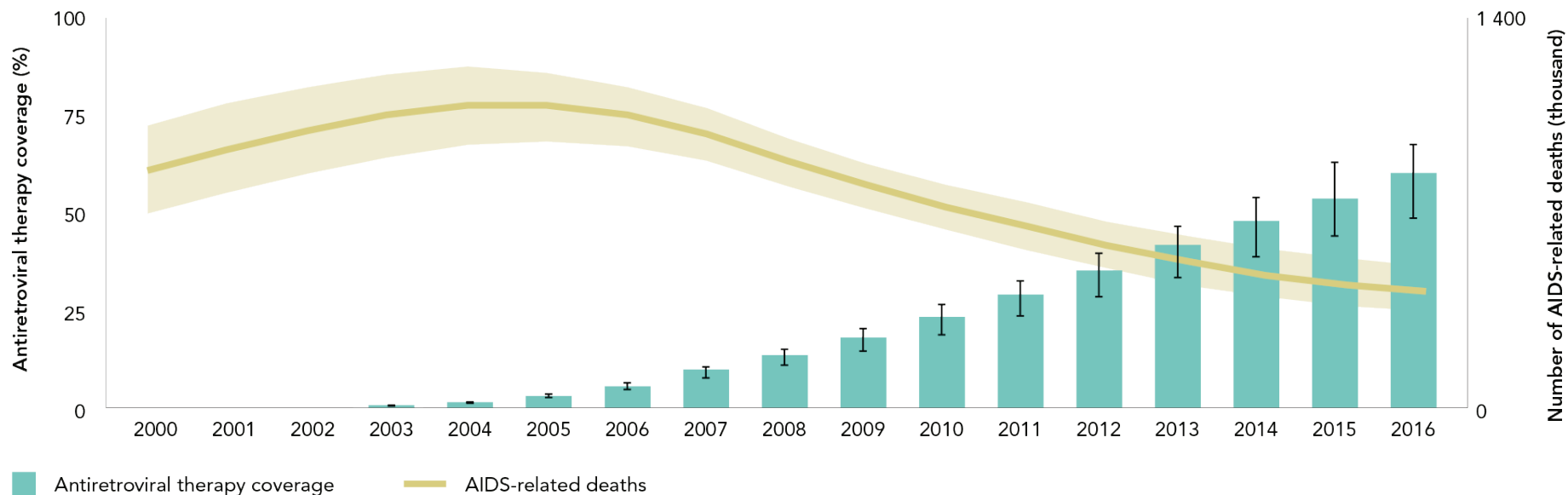


RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, EASTERN AND SOUTHERN AFRICA, 2016

Twenty of 21 countries in eastern and southern Africa have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count. Eleven countries are already implementing their treat all policies nationally.

Source: World Health Organization, 2017.

AIDS-RELATED DEATHS NEARLY CUT IN HALF IN SIX YEARS

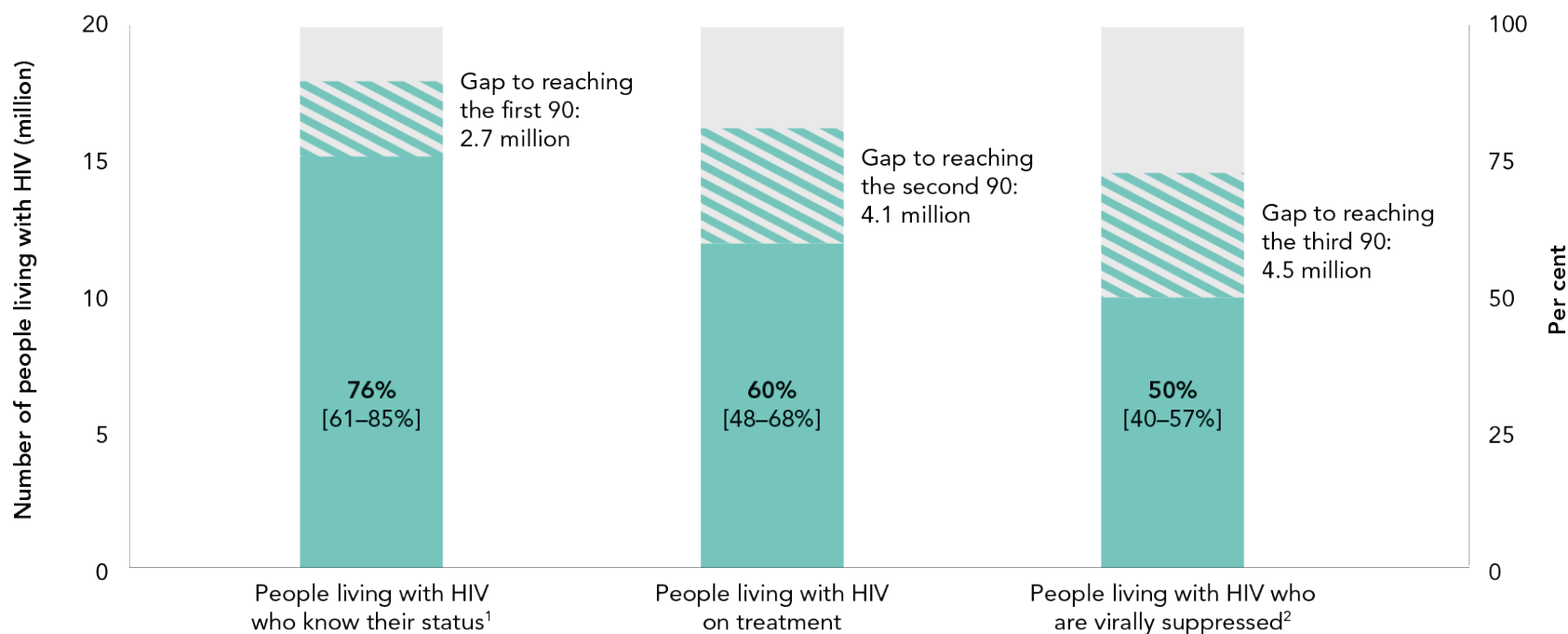


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, EASTERN AND SOUTHERN AFRICA, 2000–2016

Antiretroviral therapy scale-up has been largely responsible for a steep decline in AIDS-related mortality in eastern and southern Africa: the estimated 420 000 [350 000–510 000] AIDS-related deaths in 2016 were 42% fewer than in 2010. The drop in deaths due to AIDS-related illnesses has been even greater among children (aged 0–14 years), declining from an estimated 130 000 [99 000–150 000] in 2010 to 58 000 [41 000–80 000] in 2016. AIDS-related illness remains a leading cause of death in the region, however, especially among young women and girls aged 15–24 years (1).

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

HIV TESTING AND TREATMENT CASCADE IN EASTERN AND SOUTHERN AFRICA



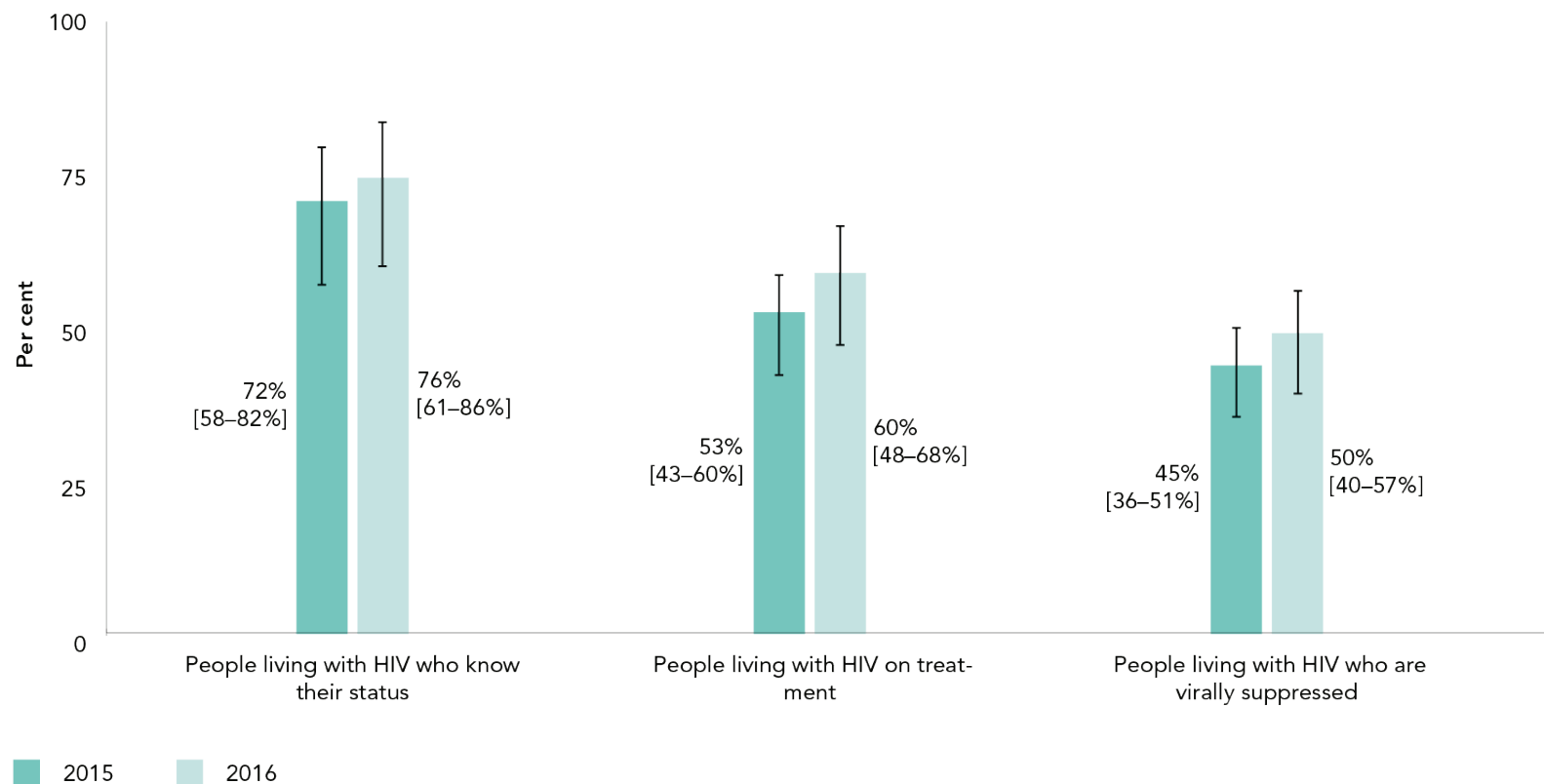
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, EASTERN AND SOUTHERN AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 17 countries, which accounted for 99% of people living with HIV in western and central Africa.

² 2016 measure derived from data reported by 11 countries. Regionally, 37% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

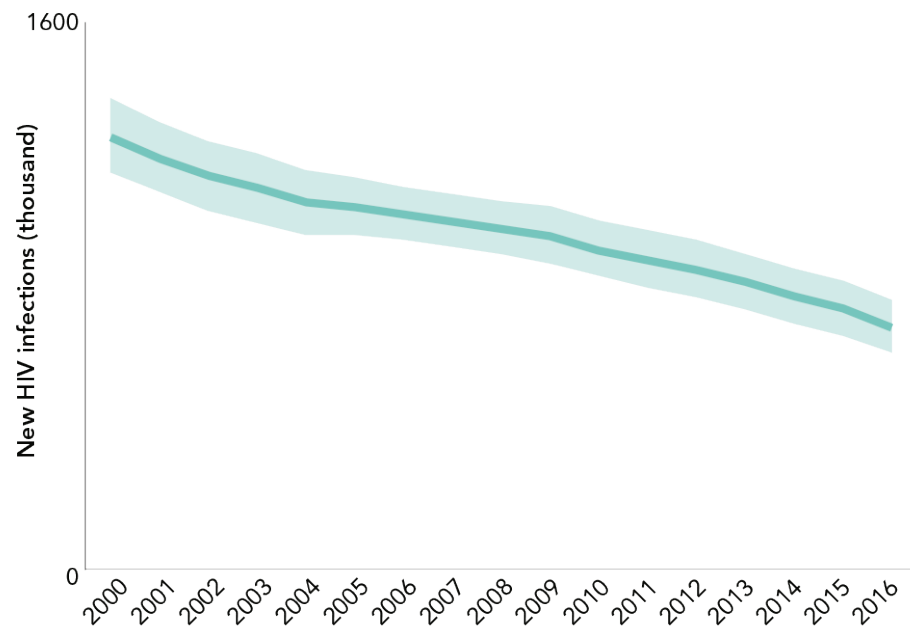
GAINS ACROSS THE TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, EASTERN AND SOUTHERN AFRICA, 2015 AND 2016

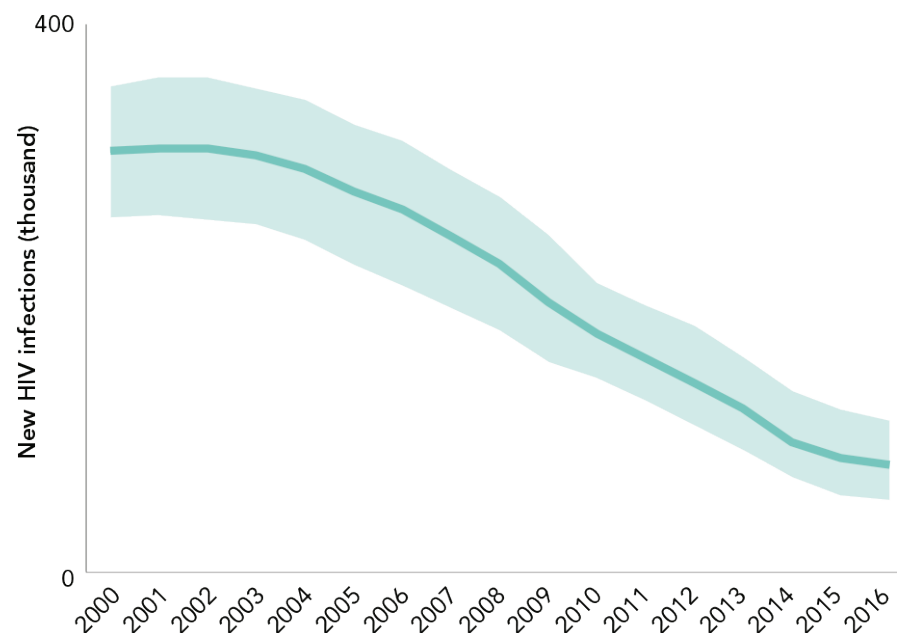
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

HIV INFECTIONS IN WORLD'S MOST AFFECTED REGION DECLINED BY NEARLY A THIRD *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS,
ADULTS (AGED 15 YEARS AND OLDER),
EASTERN AND SOUTHERN AFRICA, 2000–2016

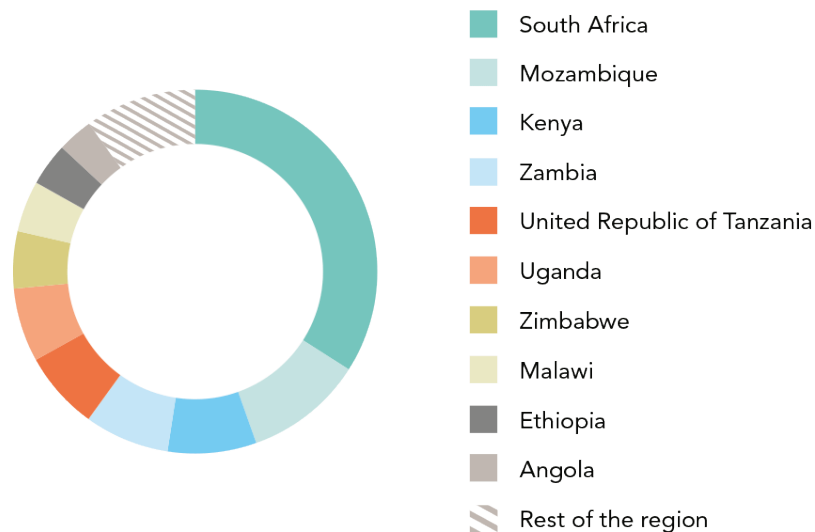
Source: UNAIDS 2017 estimates.



NUMBER OF NEW HIV INFECTIONS,
CHILDREN (AGED 0–14 YEARS),
EASTERN AND SOUTHERN AFRICA, 2000–2016

Source: UNAIDS 2017 estimates.

HIV INFECTIONS IN WORLD'S MOST AFFECTED REGION DECLINED BY NEARLY A THIRD *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, EASTERN AND SOUTHERN AFRICA, 2016

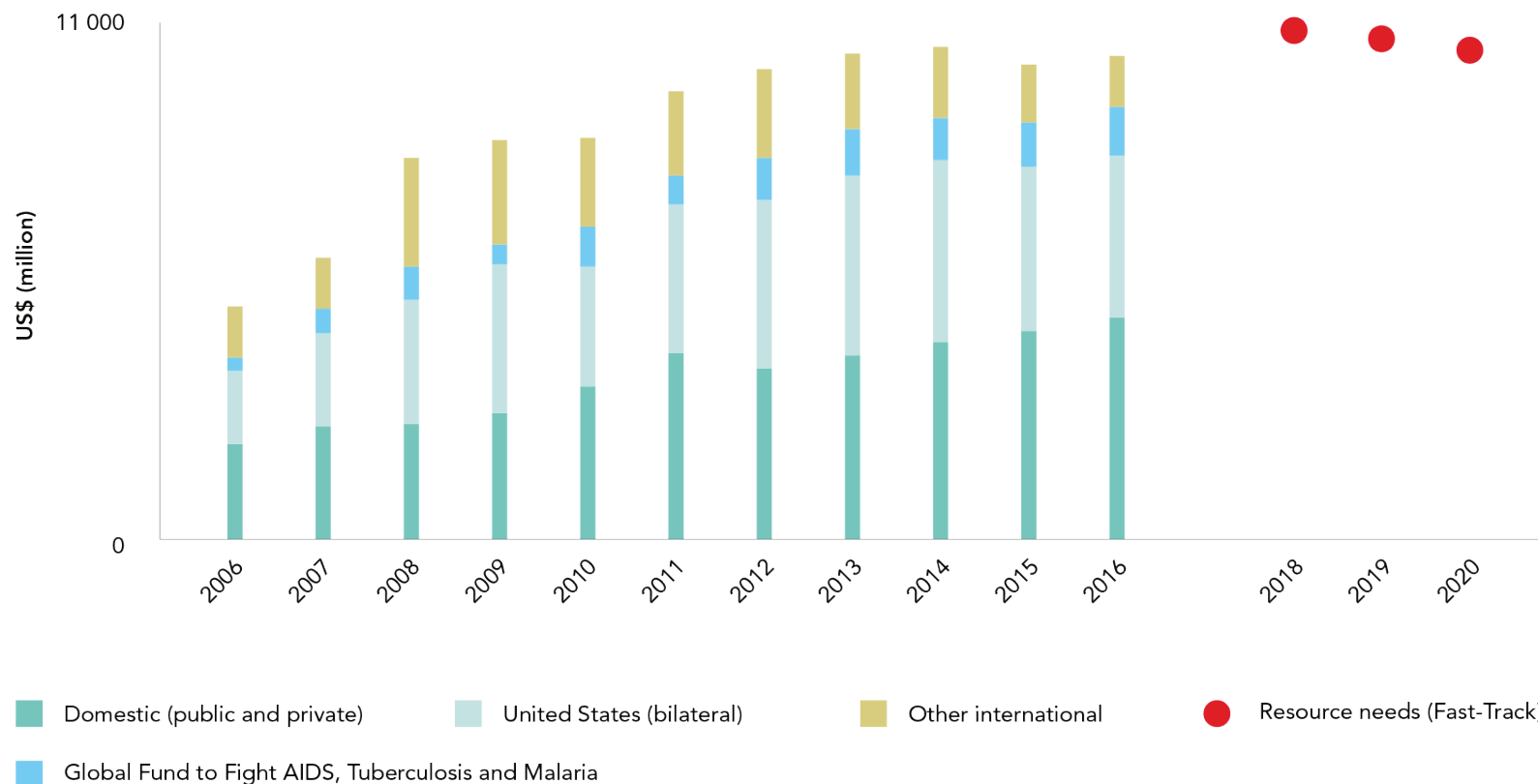
Source: UNAIDS 2017 estimates.



PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, EASTERN AND SOUTHERN AFRICA, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates.

RESOURCE AVAILABILITY IS NEAR FAST-TRACK LEVELS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, EASTERN AND SOUTHERN AFRICA*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

90-90-90 COUNTRY SCORECARDS

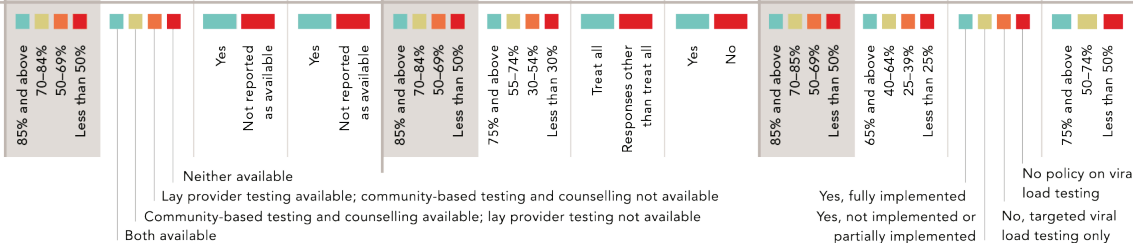
EASTERN AND SOUTHERN AFRICA

	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV *	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment*	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health-facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ANGOLA	40%				55%	22%			72%	16%		
BOTSWANA	85%				>89%	>81%			>89%	>73%		
COMOROS	38%				>89%	35%			>89%	32%		
ERITREA						59%						
ETHIOPIA	67%				88%	59%			86%	51%		
KENYA						64%			79%	51%		
LESOTHO	72%				74%	53%						
MADAGASCAR	7%				76%	5%			50%	3%		
MALAWI	70%				>89%	66%			89%	59%		
MAURITIUS ¹						31%			58%	18%		
MOZAMBIQUE	61%				88%	54%						
NAMIBIA	77%				84%	64%						
RWANDA	87%				>89%	80%						
SEYCHELLES ¹						61%			83%	51%		
SOUTH AFRICA	86%				65%	56%			81%	45%		
SOUTH SUDAN						10%						
SWAZILAND						79%			86%	68%		
UGANDA	74%				>89%	67%						
UNITED REPUBLIC OF TANZANIA	70%				88%	62%						
ZAMBIA	66%				>89%	65%			89%	58%		
ZIMBABWE	75%				>89%	75%			81%	64%		
EASTERN AND SOUTHERN AFRICA	76%				79%	60%			83%	50%		

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument. European Centres for Disease Control and Prevention Continuum of HIV care 2017 progress report.

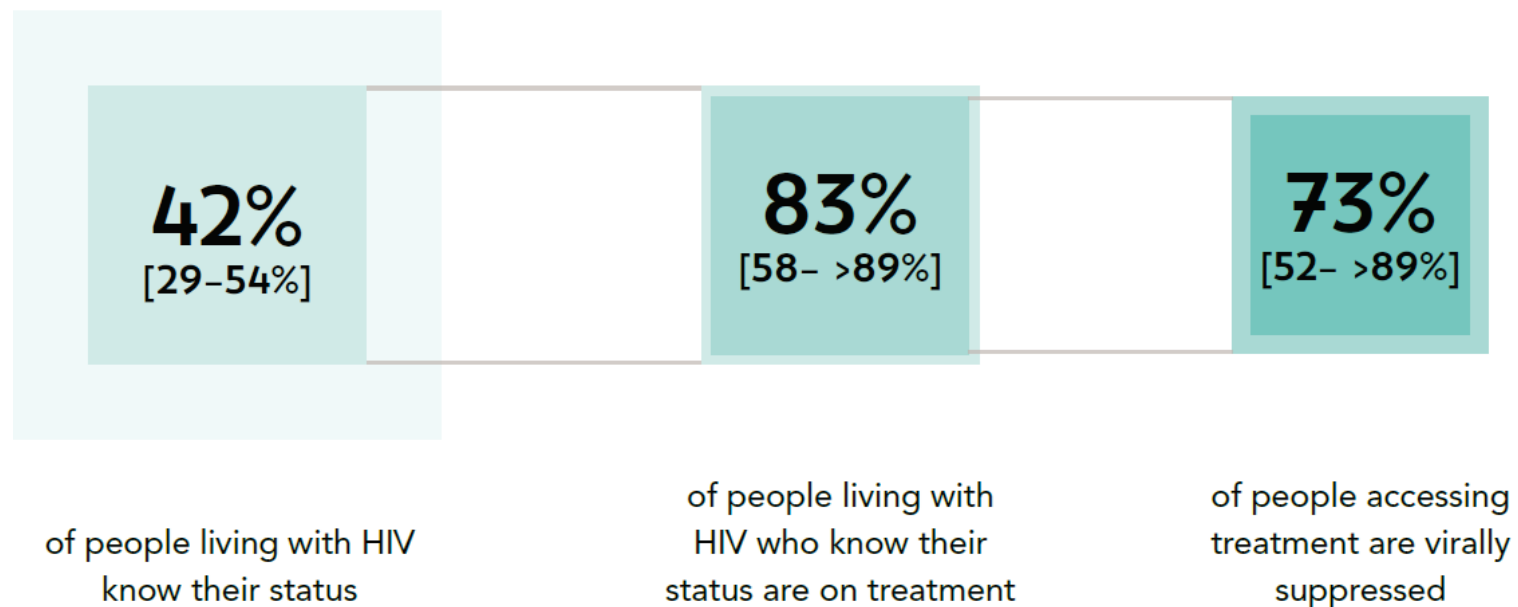
* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

¹ Estimates of people living with HIV that inform progress towards 90-90-90 are country-supplied and have not been validated by UNAIDS.



7. WESTERN AND CENTRAL AFRICA

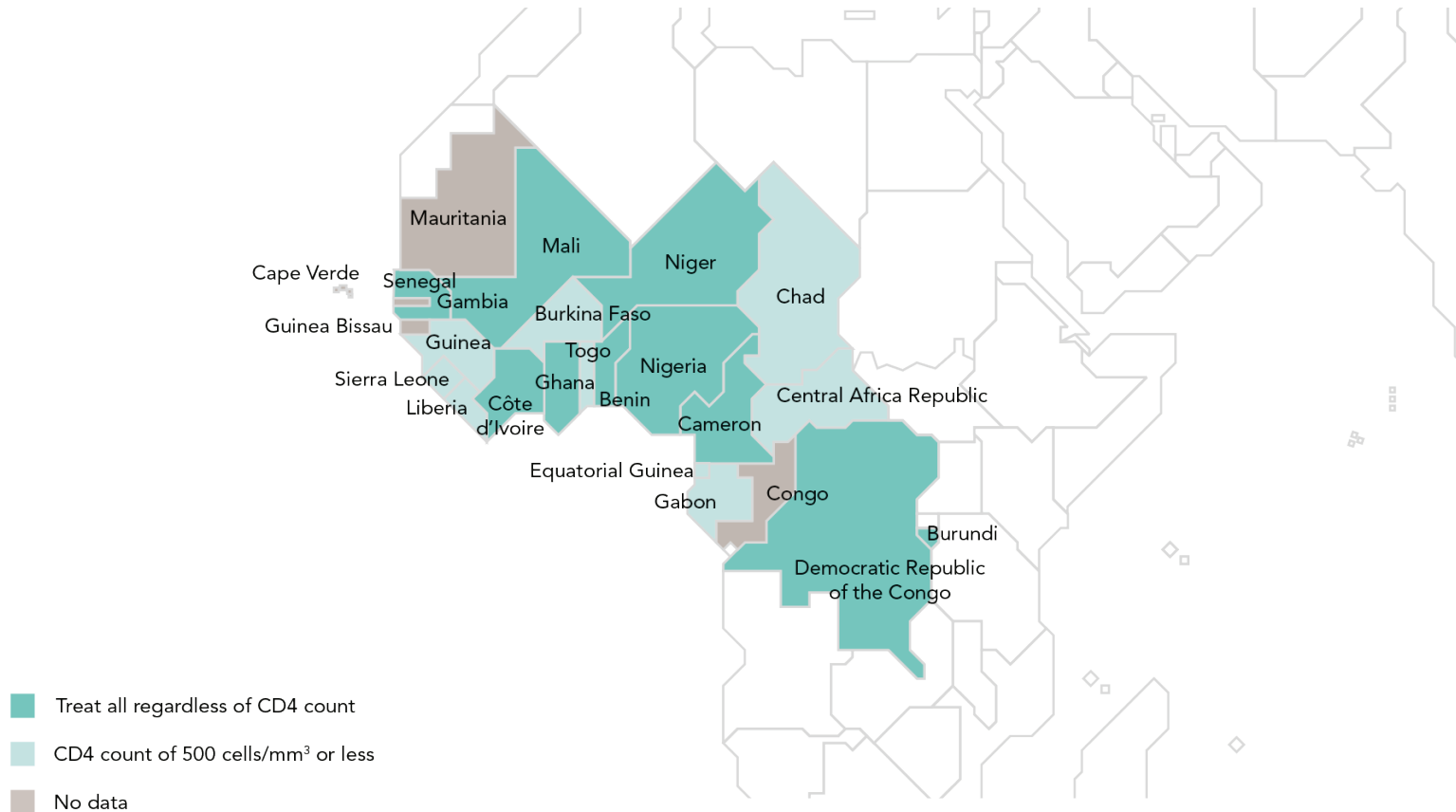
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, WESTERN AND CENTRAL AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH

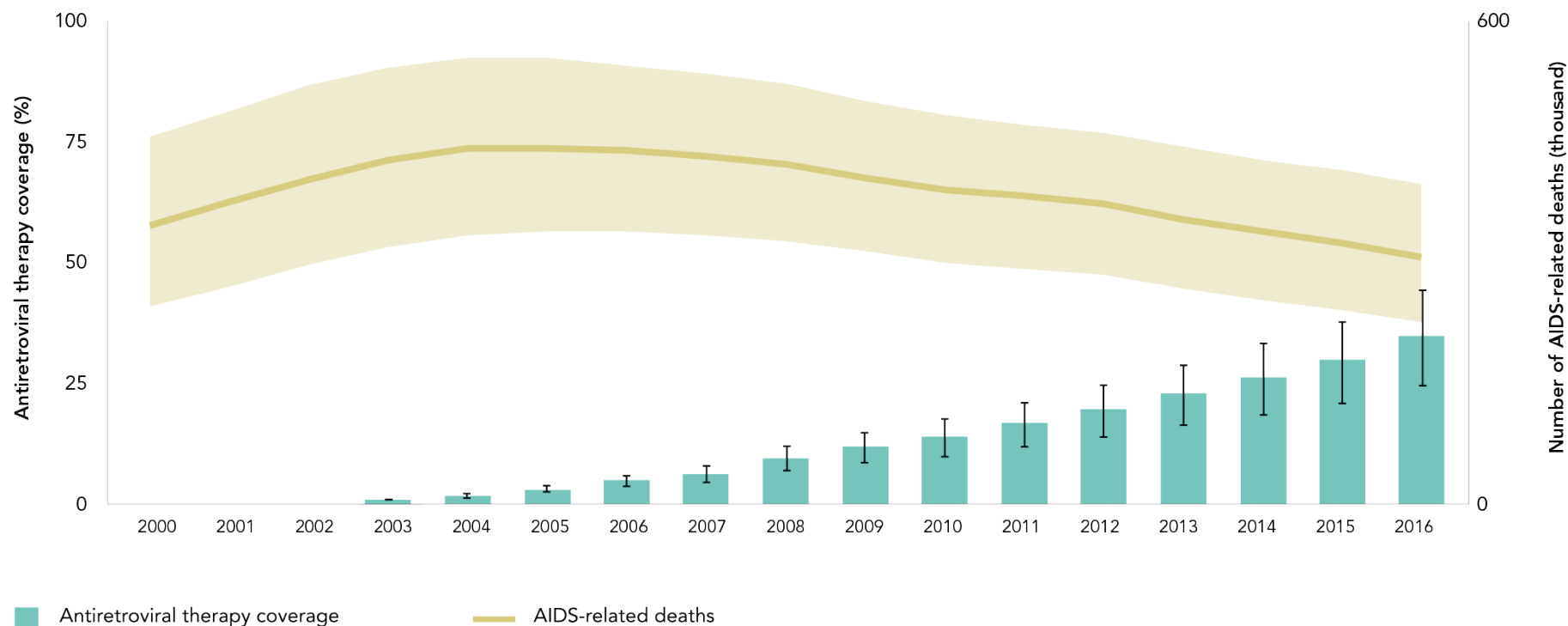


RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, WESTERN AND CENTRAL AFRICA, 2016

Ten of 24 countries in western and central Africa have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count.

Source: World Health Organization, 2017.

AIDS-RELATED DEATHS REMAIN HIGH IN REGION

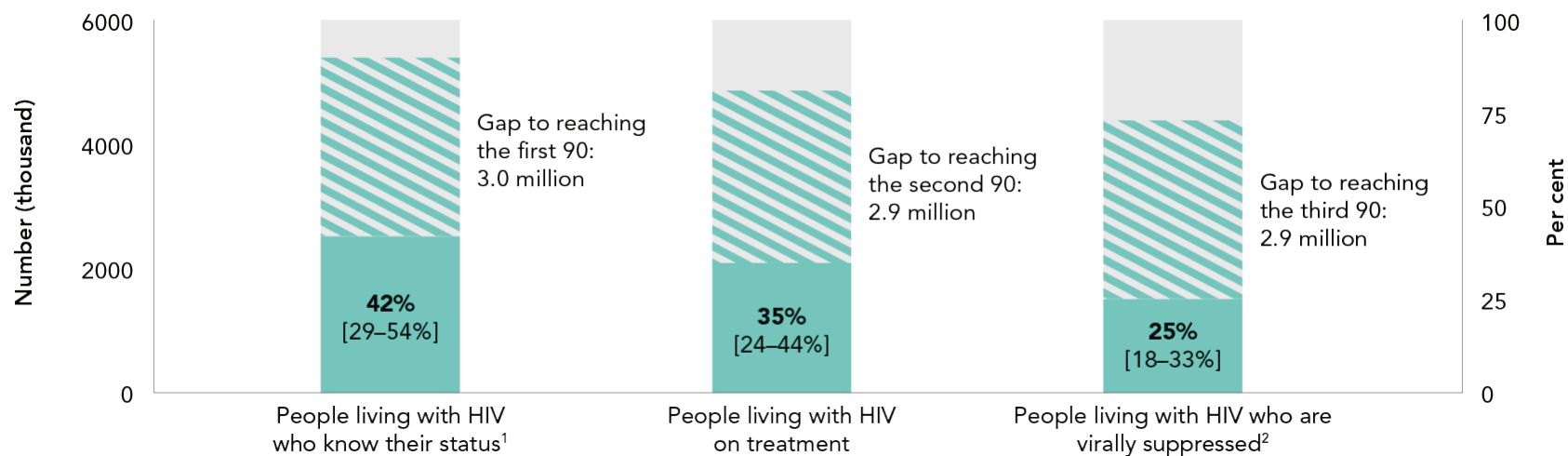


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, WESTERN AND CENTRAL AFRICA, 2000–2016

The comparatively slow expansion of HIV treatment services has held back the reduction of AIDS-related deaths in western and central Africa. The epidemic claimed the lives of an estimated 310 000 [220 000–400 000] adults and children in 2016, 21% fewer than the estimated 390 000 [300 000–480 000] who died due to AIDS-related causes in 2010.

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

HIV TESTING AND TREATMENT CASCADE IN WESTERN AND CENTRAL AFRICA



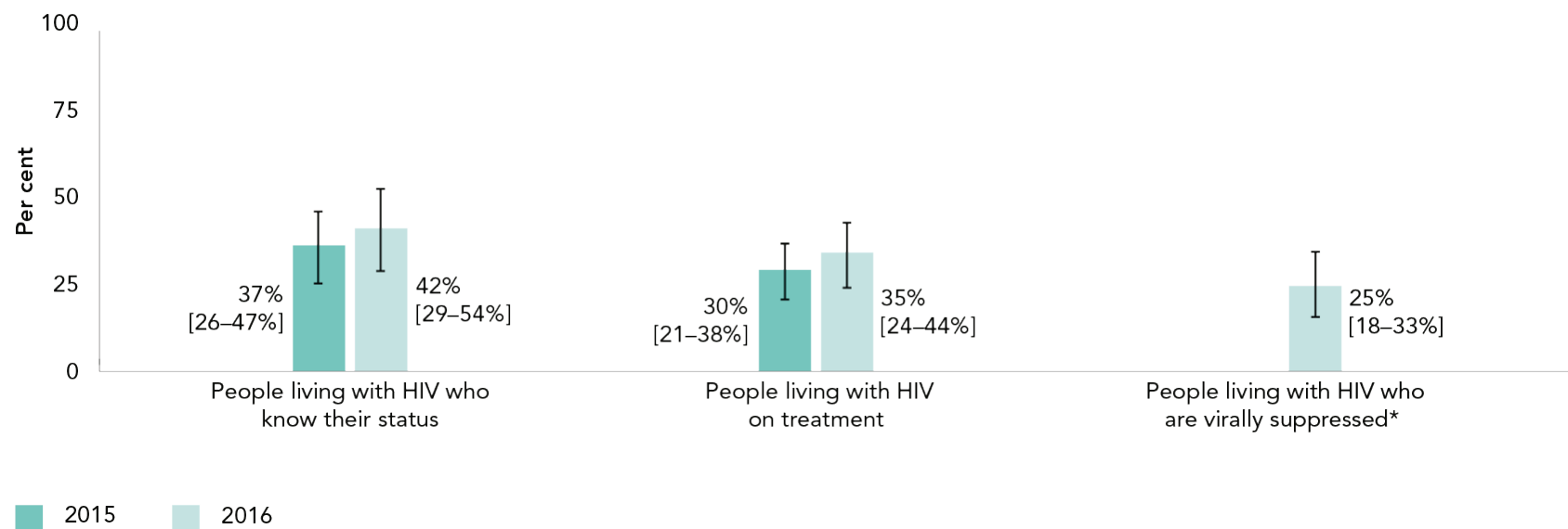
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, WESTERN AND CENTRAL AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 13 countries, which accounted for 88% of people living with HIV in the region.

² 2016 measure derived from data reported by 14 countries. Regionally, 13% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

GAINS ACROSS THE TREATMENT CASCADE

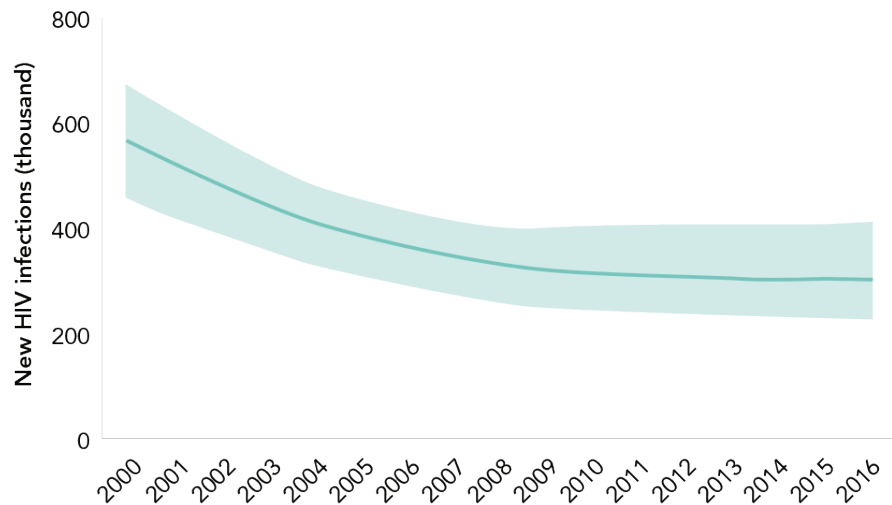


KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, WESTERN AND CENTRAL AFRICA, 2015 AND 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

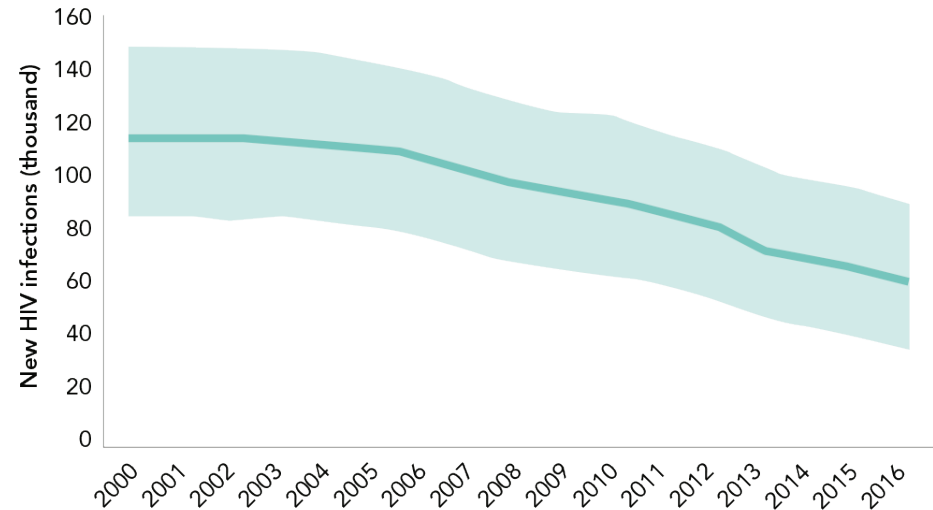
*Insufficient data available for a 2015 estimate.

HIV INFECTIONS AMONG CHILDREN DECLINED BY A THIRD; ADULTS REMAINED STABLE *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS,
ADULTS (AGED 15 YEARS AND OLDER),
WESTERN AND CENTRAL AFRICA, 2000–2016

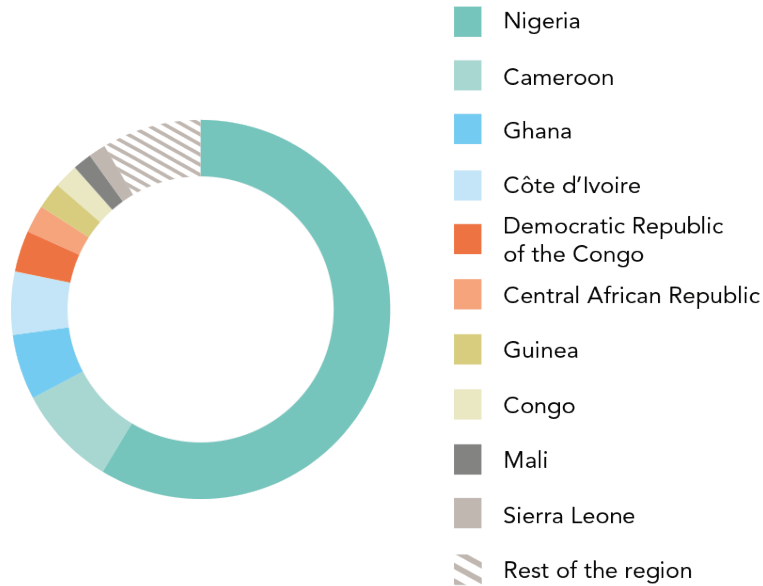
Source: UNAIDS 2017 estimates.



NUMBER OF NEW HIV INFECTIONS,
CHILDREN (AGED 0–14 YEARS),
WESTERN AND CENTRAL AFRICA, 2000–2016

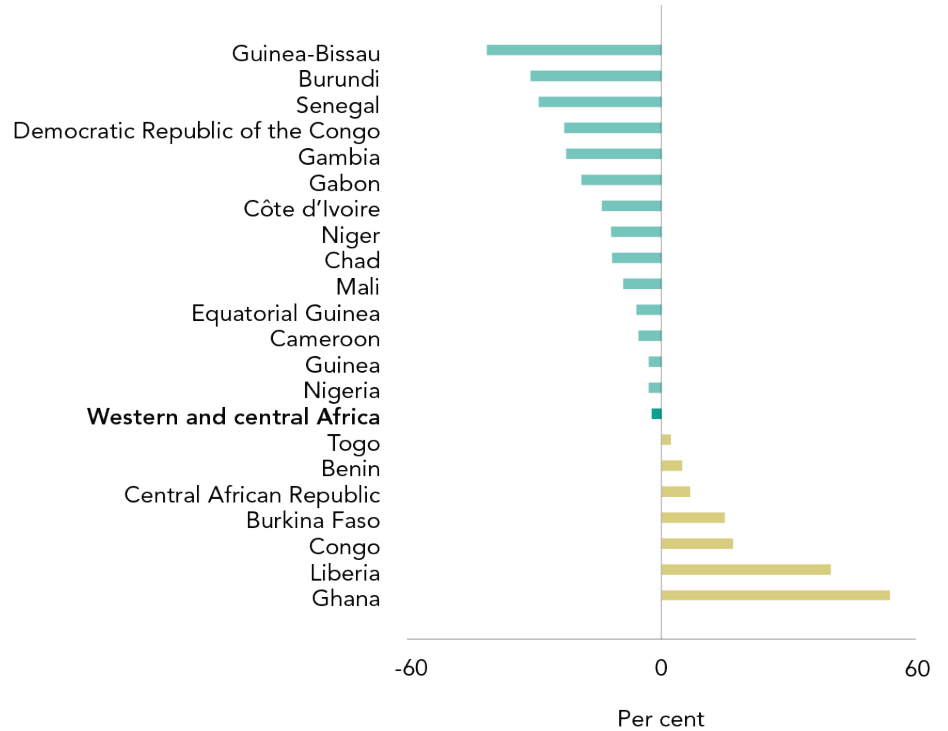
Source: UNAIDS 2017 estimates.

HIV INFECTIONS AMONG CHILDREN DECLINED BY A THIRD; ADULTS REMAINED STABLE *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS,
BY COUNTRY, WESTERN AND
CENTRAL AFRICA, 2016

Source: UNAIDS 2017 estimates.



PERCENT CHANGE IN NEW HIV INFECTIONS,
BY COUNTRY, WESTERN AND CENTRAL AFRICA,
FROM 2010 TO 2016

Source: UNAIDS 2017 estimates.

SUBSTANTIAL FINANCING GAP IN WESTERN AND CENTRAL AFRICA



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, WESTERN AND CENTRAL AFRICA*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.



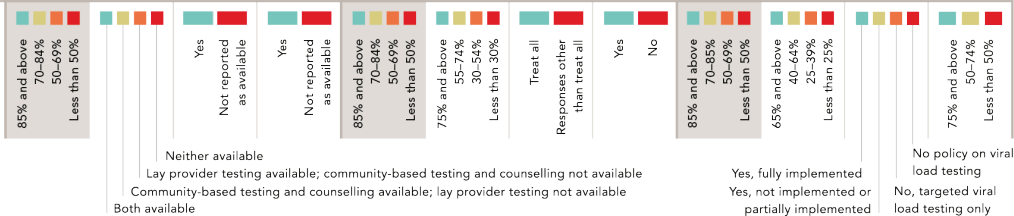
90-90-90 COUNTRY SCORECARDS

WESTERN AND CENTRAL AFRICA

	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV *	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment*	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
BENIN						57%			41%	23%		
BURKINA FASO						60%						
BURUNDI	75%				82%	61%			86%	53%		
CABO VERDE						57%						
CAMEROON	58%				63%	37%			52%	19%		
CENTRAL AFRICAN REPUBLIC						24%						
CHAD						39%			82%	32%		
CONGO	29%				79%	23%						
CÔTE D'IVOIRE	58%				71%	41%			78%	32%		
DEMOCRATIC REPUBLIC OF THE CONGO						42%			73%	31%		
EQUATORIAL GUINEA						43%						
GABON	79%				80%	63%			11%	7%		
GAMBIA	35%				86%	30%						
GHANA	45%				77%	34%						
GUINEA						35%						
GUINEA-BISSAU						33%						
LIBERIA	33%				57%	19%			69%	13%		
MALI						35%			26%	9%		
MAURITANIA						23%			79%	18%		
NIGER	35%				>89	32%			57%	18%		
NIGERIA	34%				88%	30%			81%	24%		
SÃO TOME AND PRÍNCIPE												
SENEGAL						52%			77%	40%		
SIERRA LEONE	35%				75%	26%						
TOGO	63%				81%	51%			82%	42%		
WESTERN AND CENTRAL AFRICA	42%				83%	35%			73%	25%		

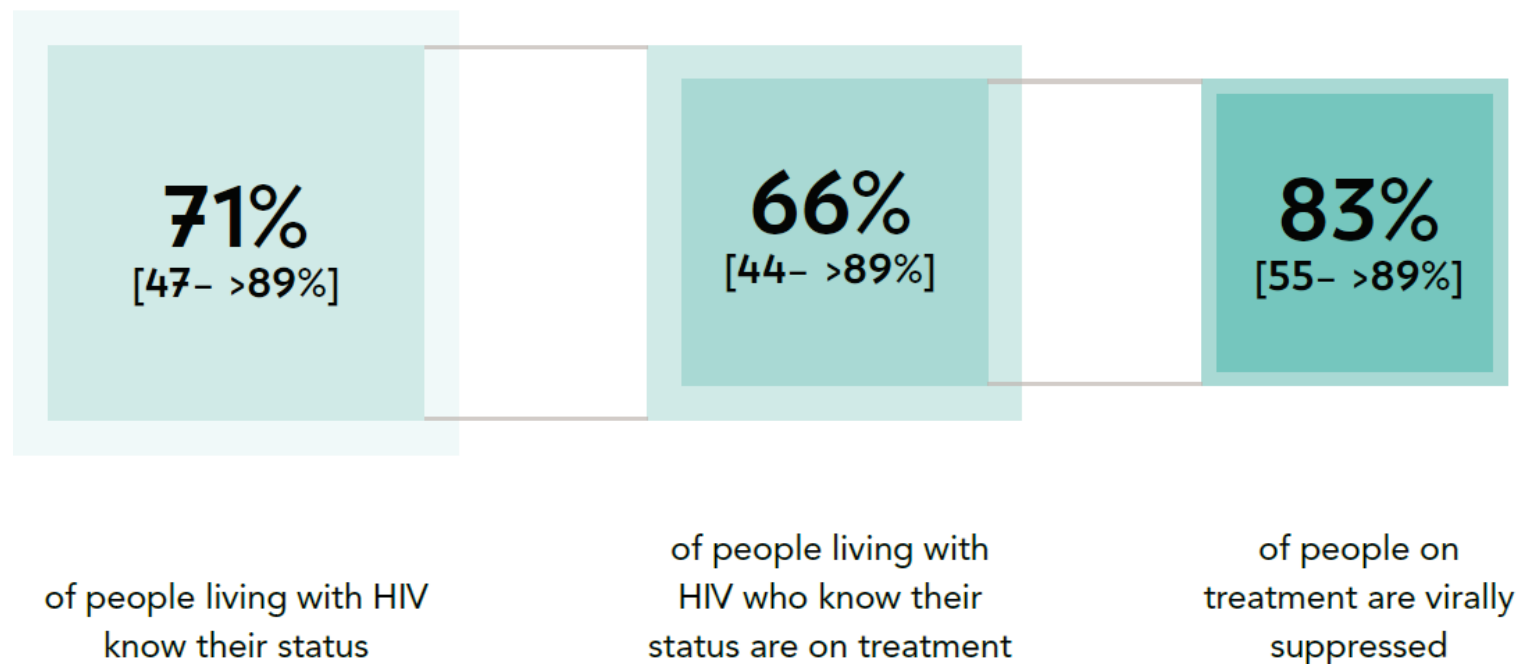
Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.



8. ASIA AND THE PACIFIC

PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, ASIA AND THE PACIFIC, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH

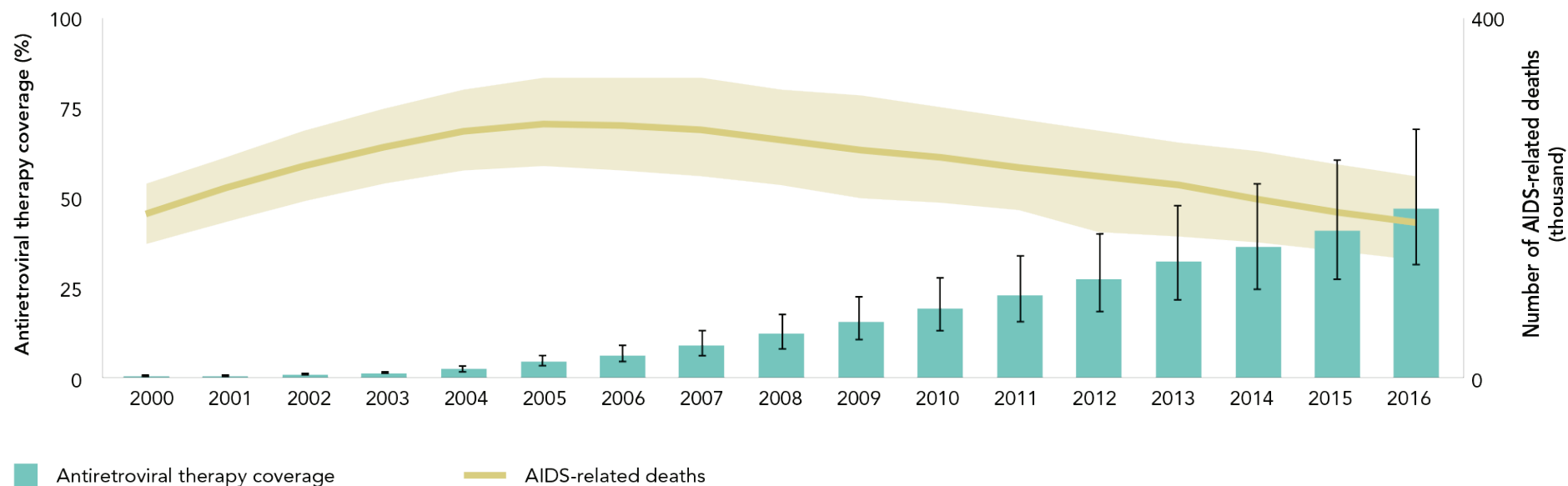


RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, ASIA AND THE PACIFIC, 2016

Thirty countries in Asia and the Pacific have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count. Treat all policies are being implemented nationally in 25 countries, including Afghanistan, Australia, Bhutan, Cambodia, China, Cook Islands, Fiji, India, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Mongolia, Nauru, Nepal, Niue, Palau, Republic of Korea, Samoa, Solomon Islands, Sri Lanka, Thailand, Tonga, Viet Nam and Vanuatu.

Source: World Health Organization, 2017.

ONE-THIRD REDUCTION IN AIDS-RELATED DEATHS

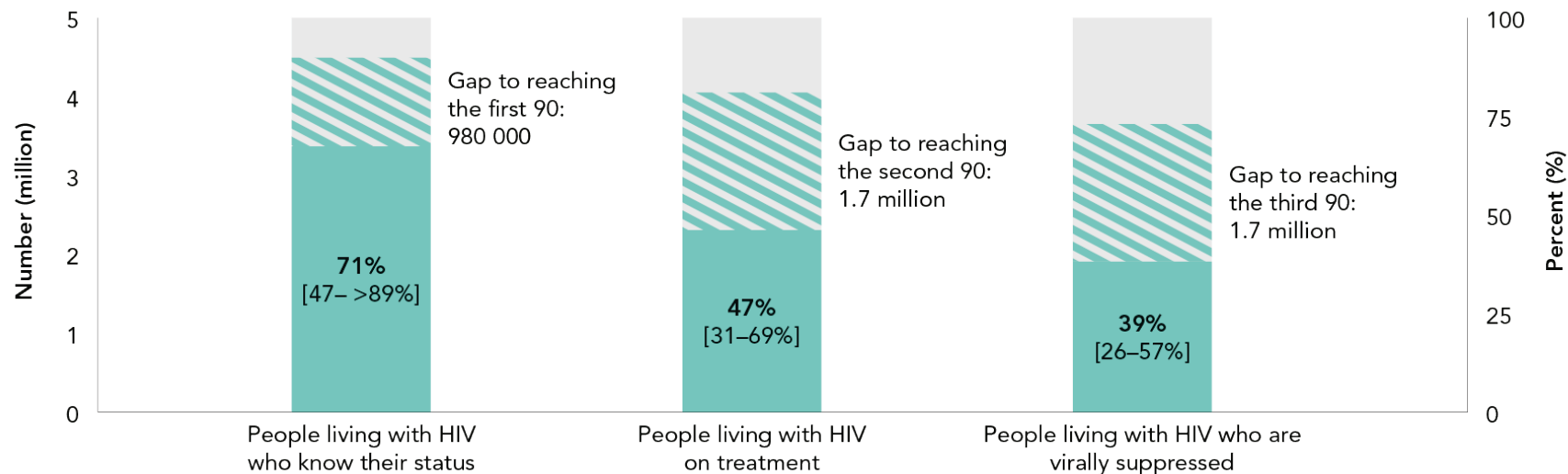


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, ASIA AND THE PACIFIC, 2000–2016

The wider availability of antiretroviral therapy has led to a nearly one-third reduction in deaths from AIDS-related illnesses in the region, down from an estimated 240 000 [190 000–300 000] in 2010 to 170 000 [130 000–220 000] in 2016. AIDS-related deaths fell by an estimated 52% in Myanmar, while AIDS-related deaths in Indonesia increased by 68% and in Pakistan by 319%.

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

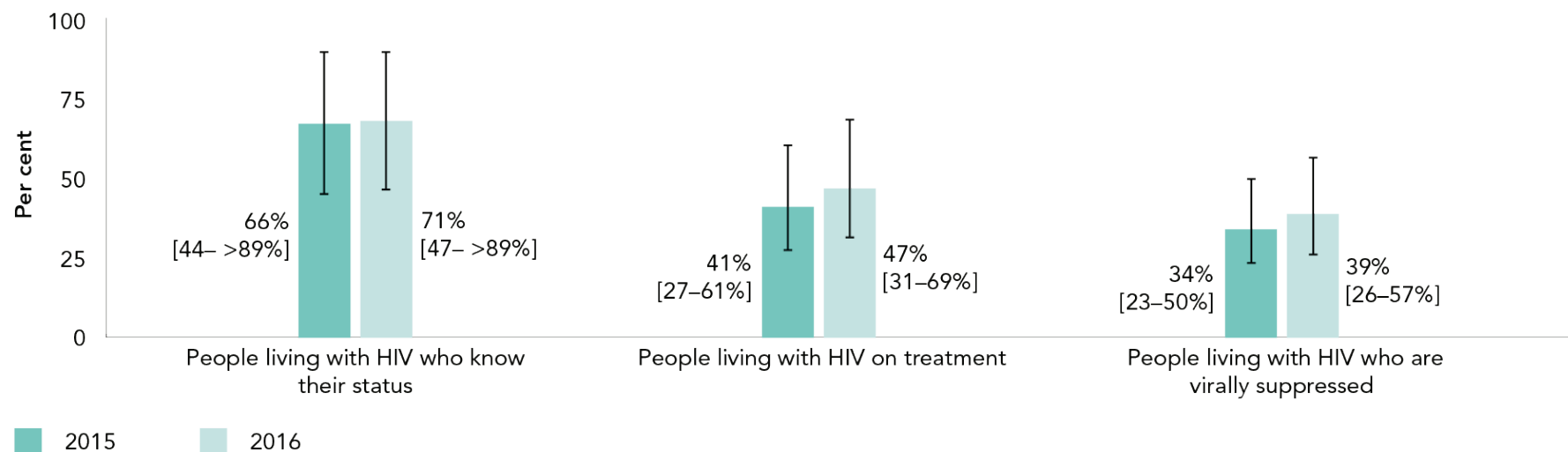
HIV TESTING AND TREATMENT CASCADE IN ASIA AND THE PACIFIC



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, ASIA AND THE PACIFIC, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

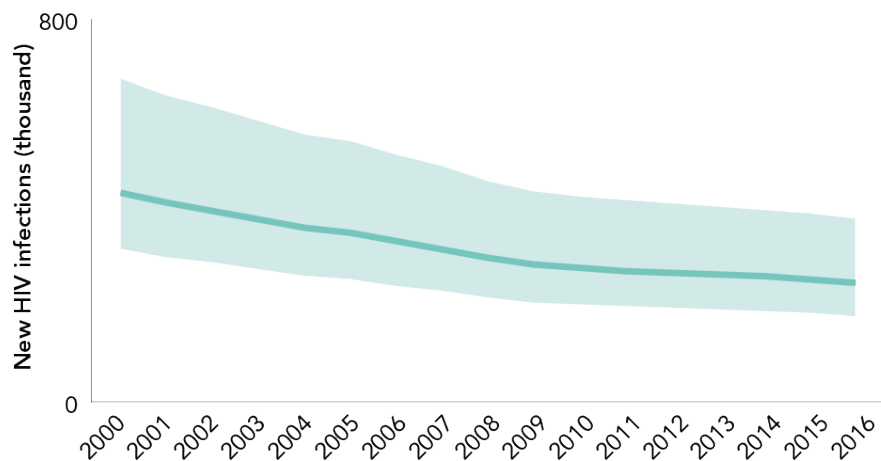
GAINS ACROSS THE TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, ASIA AND THE PACIFIC, 2015 AND 2016

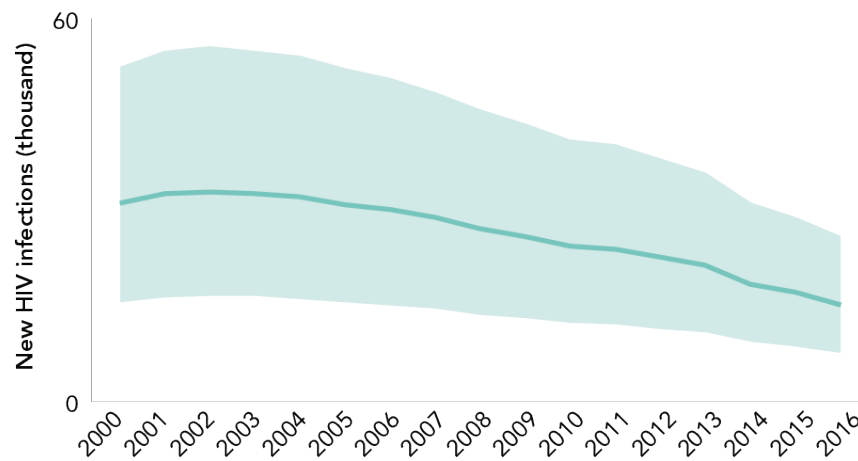
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

OVERALL DECLINES IN NEW HIV INFECTIONS HIDES A VARIETY OF COUNTRY TRENDS *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS,
ADULTS (AGED 15 YEARS AND OLDER),
ASIA AND THE PACIFIC, 2000–2016

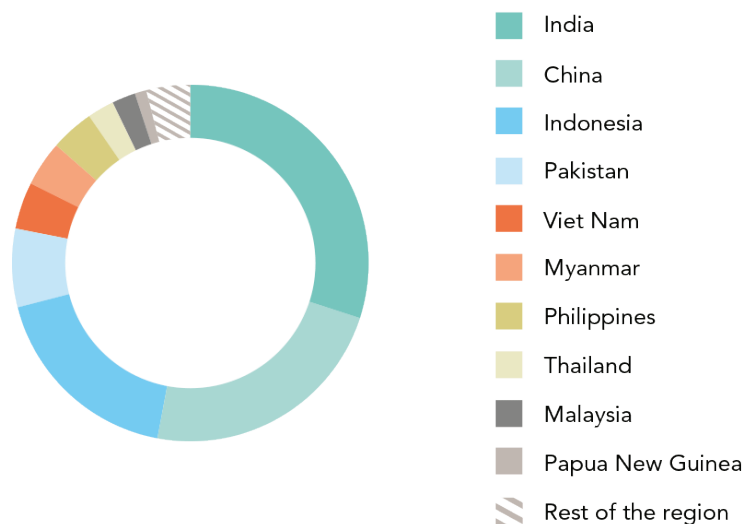
Source: UNAIDS 2017 estimates.



NUMBER OF NEW HIV INFECTIONS,
CHILDREN (AGED 0–14 YEARS),
ASIA AND THE PACIFIC, 2000–2016

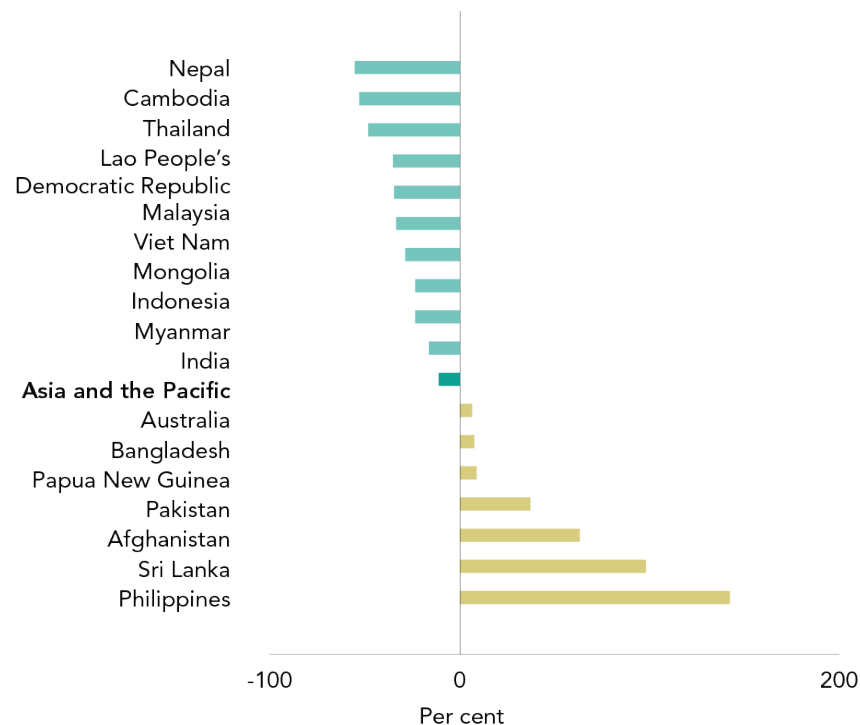
Source: UNAIDS 2017 estimates.

OVERALL DECLINES IN NEW HIV INFECTIONS HIDES A VARIETY OF COUNTRY TRENDS *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, ASIA AND THE PACIFIC, 2016

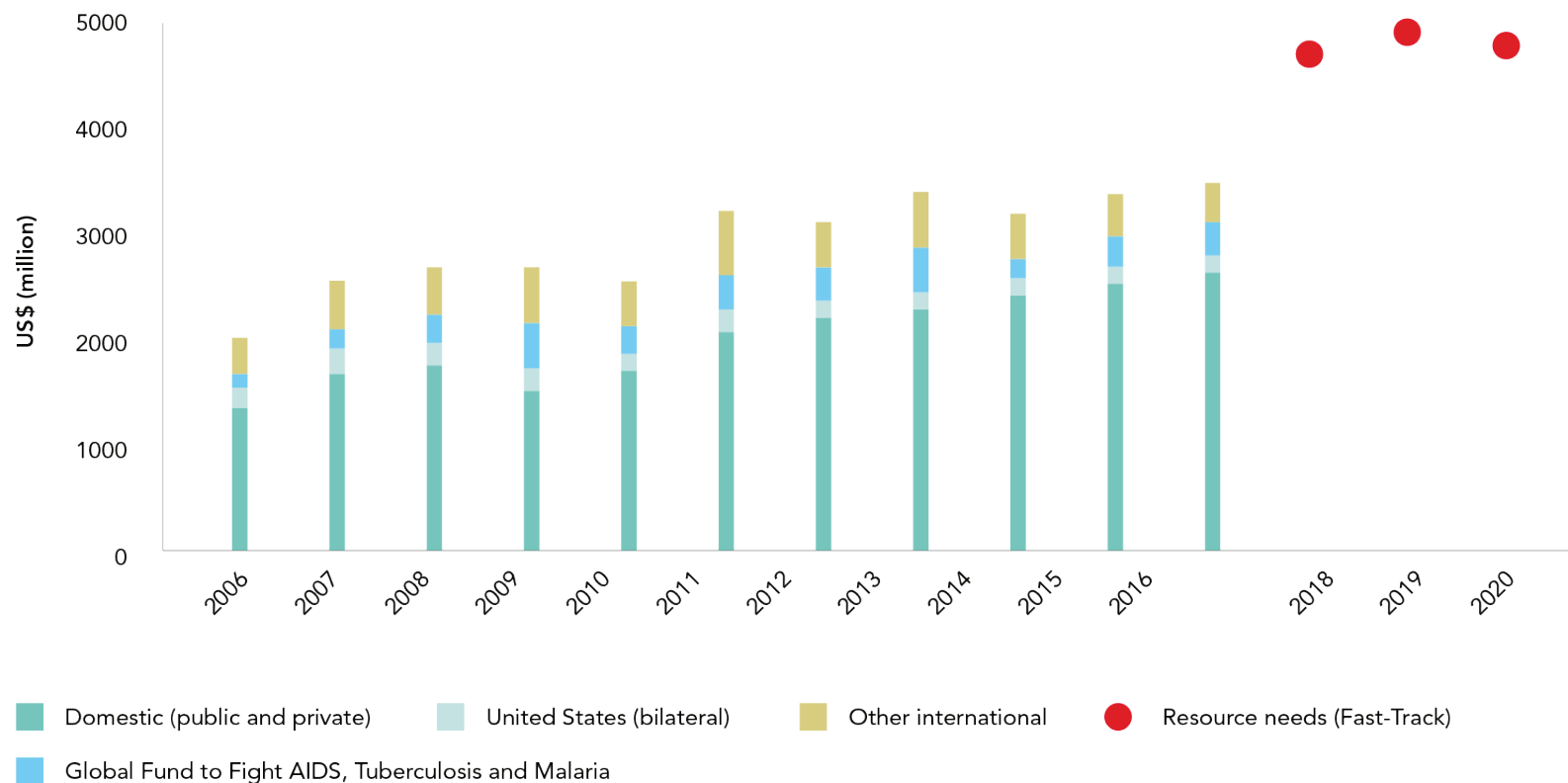
Source: UNAIDS 2017 estimates.



PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, ASIA AND THE PACIFIC, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates.

DOMESTIC RESOURCES FOR HIV HAVE DOUBLED IN A DECADE



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, ASIA AND THE PACIFIC*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016. Shan D, Sun J, Yakusik A, et al. "Total HIV/AIDS Expenditures in Dehong Prefecture, Yunnan Province in 2010: The First Systematic Evaluation of Both Health and Non-Health Related HIV/AIDS Expenditures in China". PLoS ONE 8(6): e68006. <https://doi.org/10.1371/journal.pone.0068006>.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.



90-90-90 COUNTRY SCORECARDS

ASIA AND THE PACIFIC

	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV ¹	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment ¹	Percentage of all people living with HIV who are on treatment ¹	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed ¹	Percentage of all people living with HIV who are virally suppressed ¹	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
AFGHANISTAN	29%				26%	7%			86%	6%		
AUSTRALIA	>89%				>89%	>81%			79%	71%		
BANGLADESH	34%				46%	16%						
BHUTAN												
BRUNEI DARUSSALAM												
CAMBODIA	82%				>89%	80%			>89%	>73%		
CHINA					74%							
COOK ISLANDS												
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA												
FIJI	87%				36%	32%			42%	13%		
INDIA	77%				63%	49%						
INDONESIA	35%				36%	13%						
JAPAN												
KIRIBATI ¹						26%			33%	9%		
LAO PEOPLE'S DEMOCRATIC REPUBLIC						41%			78%	32%		
MALAYSIA	>89%				39%	37%			>89%	35%		
MALDIVES ¹						>81%						
MARSHALL ISLANDS												
MICRONESIA ¹						21%						
(FEDERATED STATES OF) MONGOLIA	35%				>89%	33%			86%	29%		
MYANMAR						55%			>89%	51%		
NAURU												
NEPAL	56%				72%	40%			88%	36%		
NEW ZEALAND												
NIUE												
PAKISTAN						7%			65%	4%		
PALAU												
PAPUA NEW GUINEA	81%				64%	52%						
PHILIPPINES	67%				48%	32%			>89%	29%		
REPUBLIC OF KOREA												
SAMOA ¹						>81%			57%	57%		
SINGAPORE ¹						>81%			>89%	>73%		
SOLOMON ISLANDS												
SRI LANKA	47%				56%	27%						
THAILAND	>89%				75%	69%			79%	54%		
TIMOR-LESTE												
TONGA												
TUVALU												
VANUATU												
VIET NAM	70%				67%	47%			73%	34%		
ASIA AND THE PACIFIC	71%				66%	47%			83%	39%		

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

¹ Estimates of people living with HIV that inform progress towards 90-90-90 are country-supplied and have not been validated by UNAIDS.

85% and above
70-84%
50-69%
Less than 50%

Yes
Not reported as available
Yes
Not reported as available

85% and above
70-84%
50-69%
Less than 50%

75% and above
55-74%
30-54%
Less than 30%

Treat all
Responses other than treat all

Yes
No

85% and above
70-84%
50-69%
Less than 50%

65% and above
40-64%
25-39%
Less than 25%

75% and above
50-74%
Less than 50%

Neither available
Lay provider testing available; community-based testing and counselling not available
Community-based testing and counselling available; lay provider testing not available
Both available

Yes, fully implemented
Yes, not implemented or partially implemented

No policy on viral load testing
No, targeted viral load testing only

9. LATIN AMERICA

PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, LATIN AMERICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH



RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, LATIN AMERICA, 2016

Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Mexico, Paraguay, Uruguay and Venezuela (Bolivarian Republic of) have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count.

Source: World Health Organization, 2017.

AIDS-RELATED DEATHS DECLINING IN LATIN AMERICA DESPITE WORRYING INCREASES IN SOME COUNTRIES

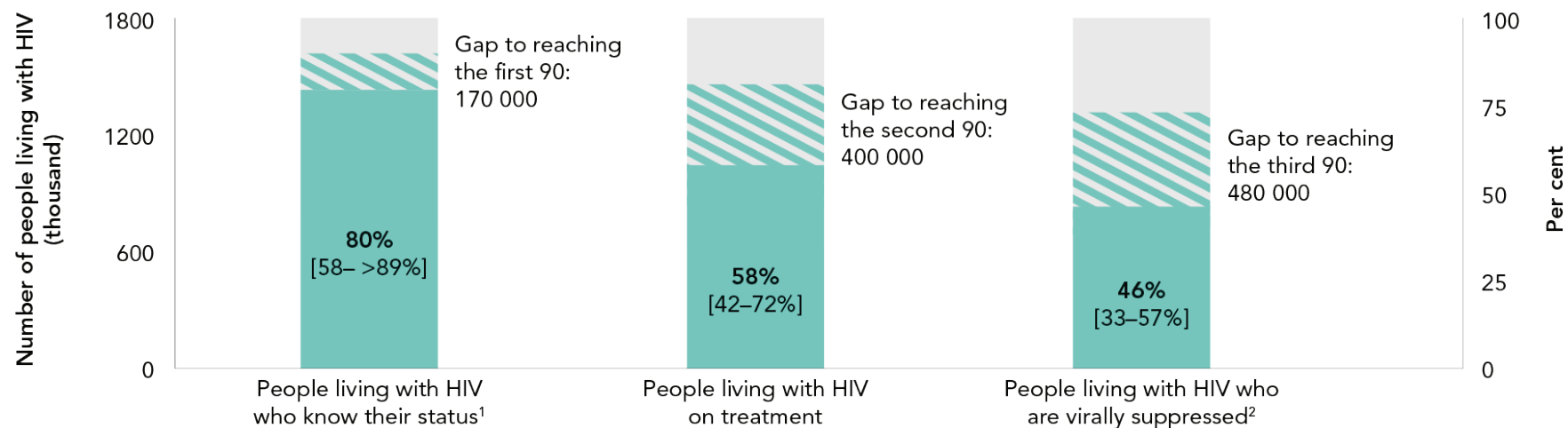


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, LATIN AMERICA, 2000–2016

Relatively high and rising HIV treatment coverage has played a primary role in reducing AIDS-related mortality by about 12%, from an estimated 43 000 [35 000–51 000] in 2000 to 36 000 [28 000–45 000] in 2016. The bulk of the decline was achieved in Peru, Honduras and Colombia, where AIDS-related deaths declined by 62%, 58% and 45%, respectively. AIDS-related death rates were still rising in a number of countries, notably Guatemala and Paraguay.

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

HIV TESTING AND TREATMENT CASCADE IN LATIN AMERICA



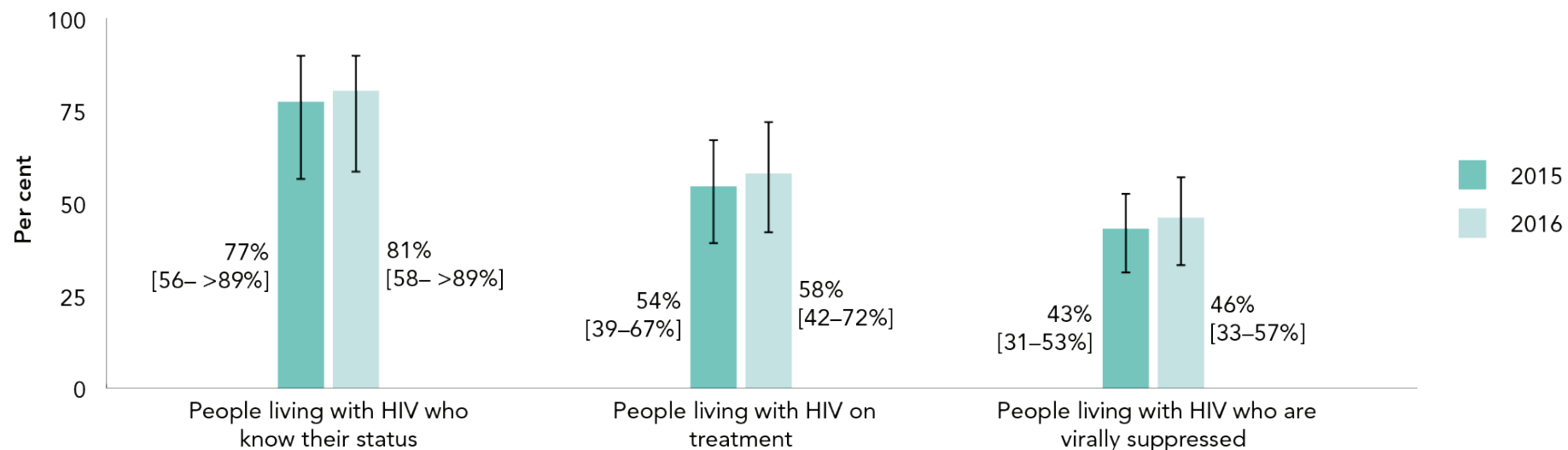
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, LATIN AMERICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 14 countries, which accounted for 87% of people living with HIV in Latin America.

² 2016 measure derived from data reported by 14 countries. Regionally, 87% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

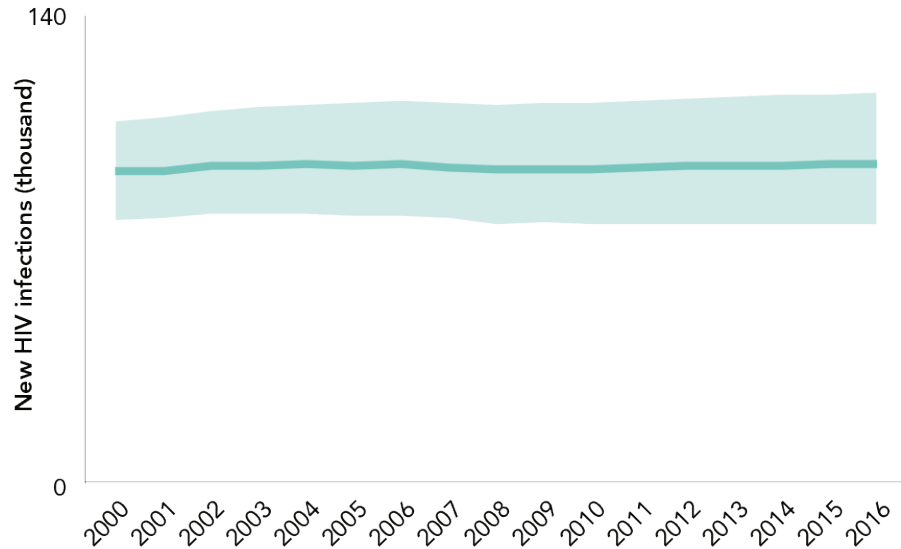
GAINS ACROSS THE TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, LATIN AMERICA, 2015 AND 2016

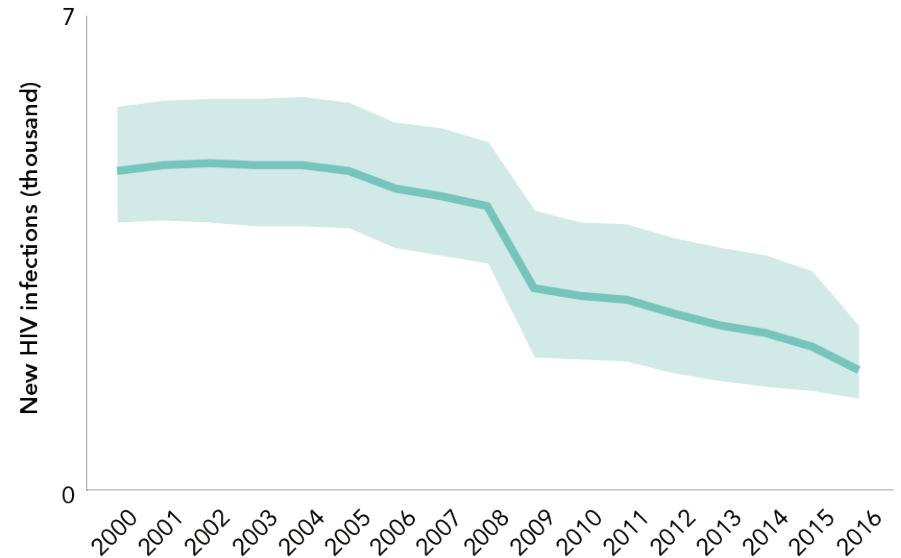
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

STABLE REGIONAL TREND IN NEW INFECTIONS HIDES DIFFERENCES AMONG COUNTRIES *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS,
ADULTS (AGED 15 YEARS AND OLDER),
LATIN AMERICA, 2000–2016

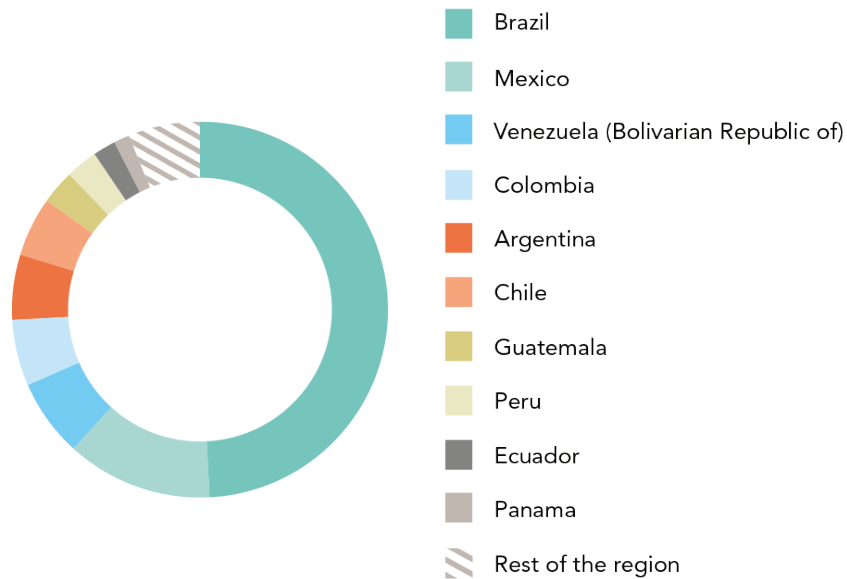
Source: UNAIDS 2017 estimates.



NUMBER OF NEW HIV INFECTIONS,
CHILDREN (AGED 0–14 YEARS),
LATIN AMERICA, 2000–2016

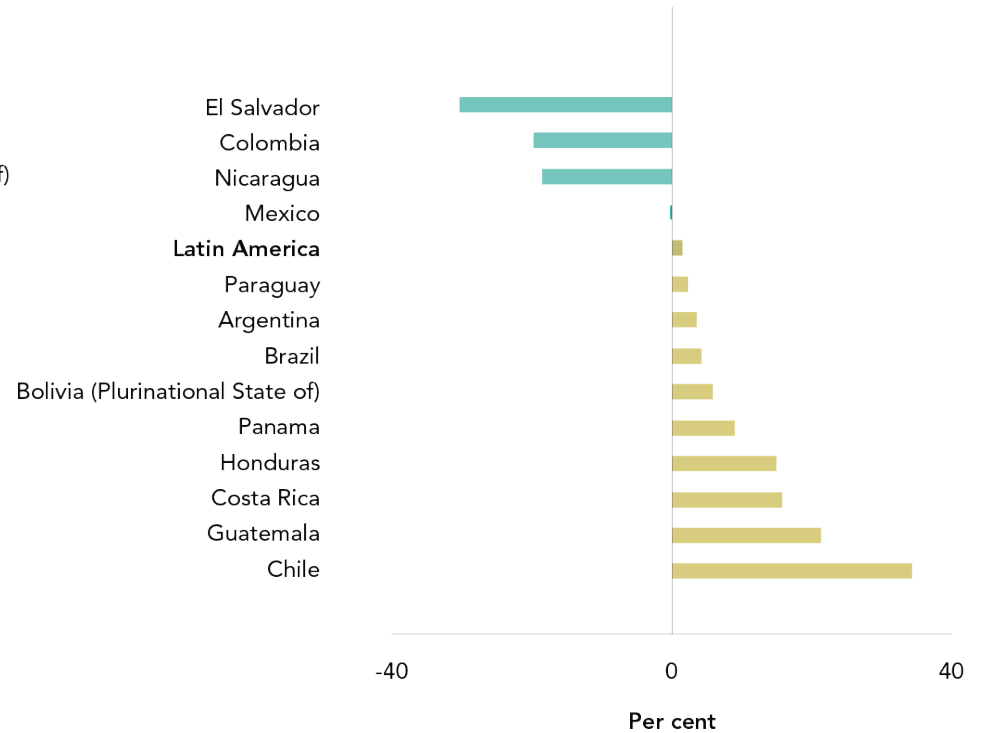
Source: UNAIDS 2017 estimates.

STABLE REGIONAL TREND IN NEW INFECTIONS HIDES DIFFERENCES AMONG COUNTRIES *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, LATIN AMERICA, 2016

Source: UNAIDS 2017 estimates.



PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, LATIN AMERICA, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates.

MORE RESOURCES NEEDED TO REACH FAST-TRACK TARGETS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, LATIN AMERICA*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

90-90-90 COUNTRY SCORECARDS

LATIN AMERICA

FIRST 90

SECOND 90

THIRD 90

	Knowledge of status among all people living with HIV *	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment*	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ARGENTINA	79%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	82%	64%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	77%	50%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
BOLIVIA (PLURINATIONAL STATE OF)	73%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	47%	35%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	71%	25%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
BRAZIL		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■		60%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	>89%	54%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
CHILE	69%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	77%	53%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	>89%	48%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
COLOMBIA		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■			■ ■ ■ ■ ■	■ ■ ■ ■ ■		36%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
COSTA RICA		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■		49%	■ ■ ■ ■ ■	■ ■ ■ ■ ■			■ ■ ■ ■ ■	■ ■ ■ ■ ■
ECUADOR	>89%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	56%	52%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	36%	19%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
EL SALVADOR		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■		48%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	82%	40%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
GUATEMALA	65%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	55%	36%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	68%	25%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
HONDURAS	61%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	83%	51%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	77%	39%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
MEXICO		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■		60%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	84%	50%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
NICARAGUA	85%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	51%	43%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	57%	25%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
PANAMA	75%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	73%	54%	■ ■ ■ ■ ■	■ ■ ■ ■ ■			■ ■ ■ ■ ■	■ ■ ■ ■ ■
PARAGUAY	66%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	53%	35%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	69%	24%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
PERU		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■		60%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	57%	35%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
URUGUAY		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■		53%	■ ■ ■ ■ ■	■ ■ ■ ■ ■	86%	46%	■ ■ ■ ■ ■	■ ■ ■ ■ ■
VENEZUELA (BOLIVARIAN REPUBLIC OF)		■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■			■ ■ ■ ■ ■	■ ■ ■ ■ ■			■ ■ ■ ■ ■	■ ■ ■ ■ ■
LATIN AMERICA	81%				72%	58%			79%	46%		

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

85% and above
70-84%
50-69%
Less than 50%

■ ■ ■ ■ ■
■ ■ ■ ■ ■
■ ■ ■ ■ ■
■ ■ ■ ■ ■

Yes
Not reported as available
Not reported as available

85% and above
70-84%
50-69%
Less than 50%

75% and above
55-74%
30-54%
Less than 30%

Treat all
Responses other than treat all

Yes
No

85% and above
70-85%
50-69%
Less than 50%

65% and above
40-64%
25-39%
Less than 25%

75% and above
50-74%
Less than 50%

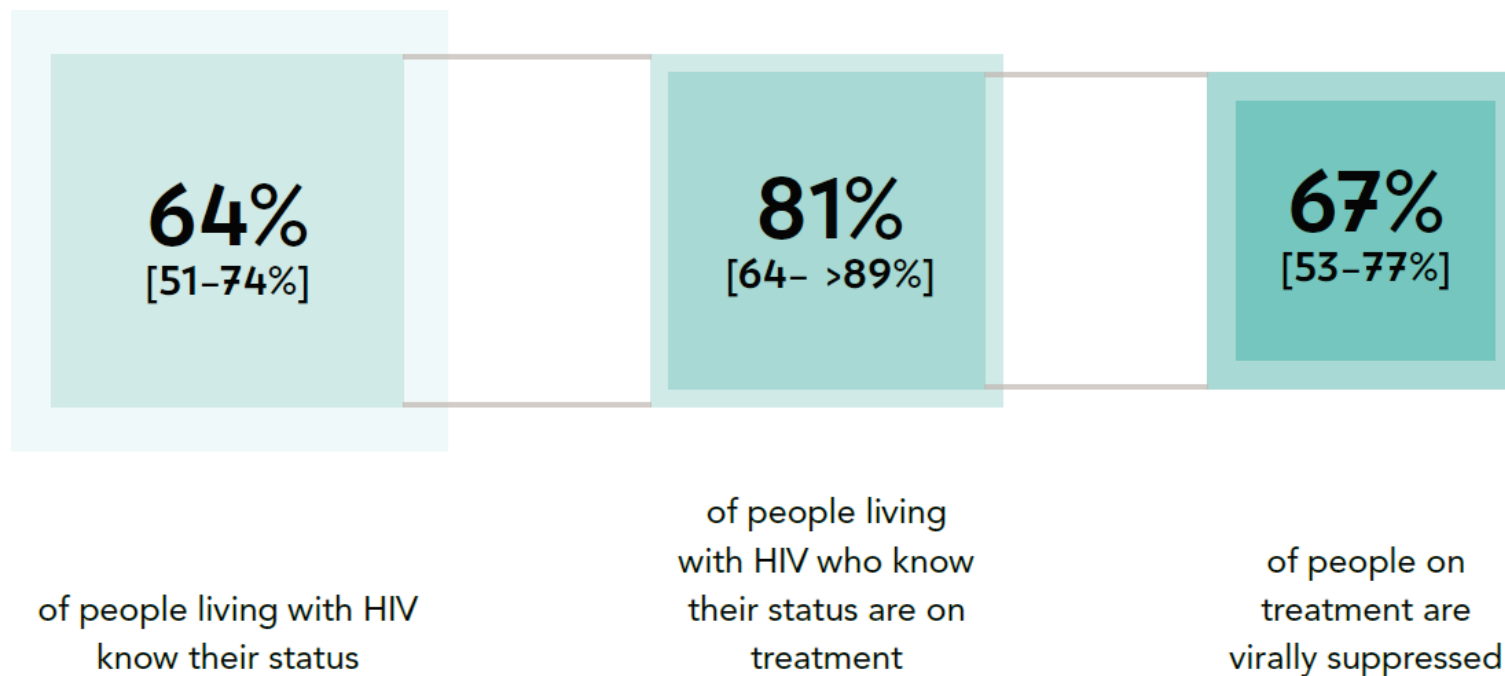
Neither available
Lay provider testing available; community-based testing and counselling not available
Community-based testing and counselling available; lay provider testing not available
Both available

Yes, fully implemented
Yes, not implemented or partially implemented

No policy on viral load testing
No, targeted viral load testing only

10. CARIBBEAN

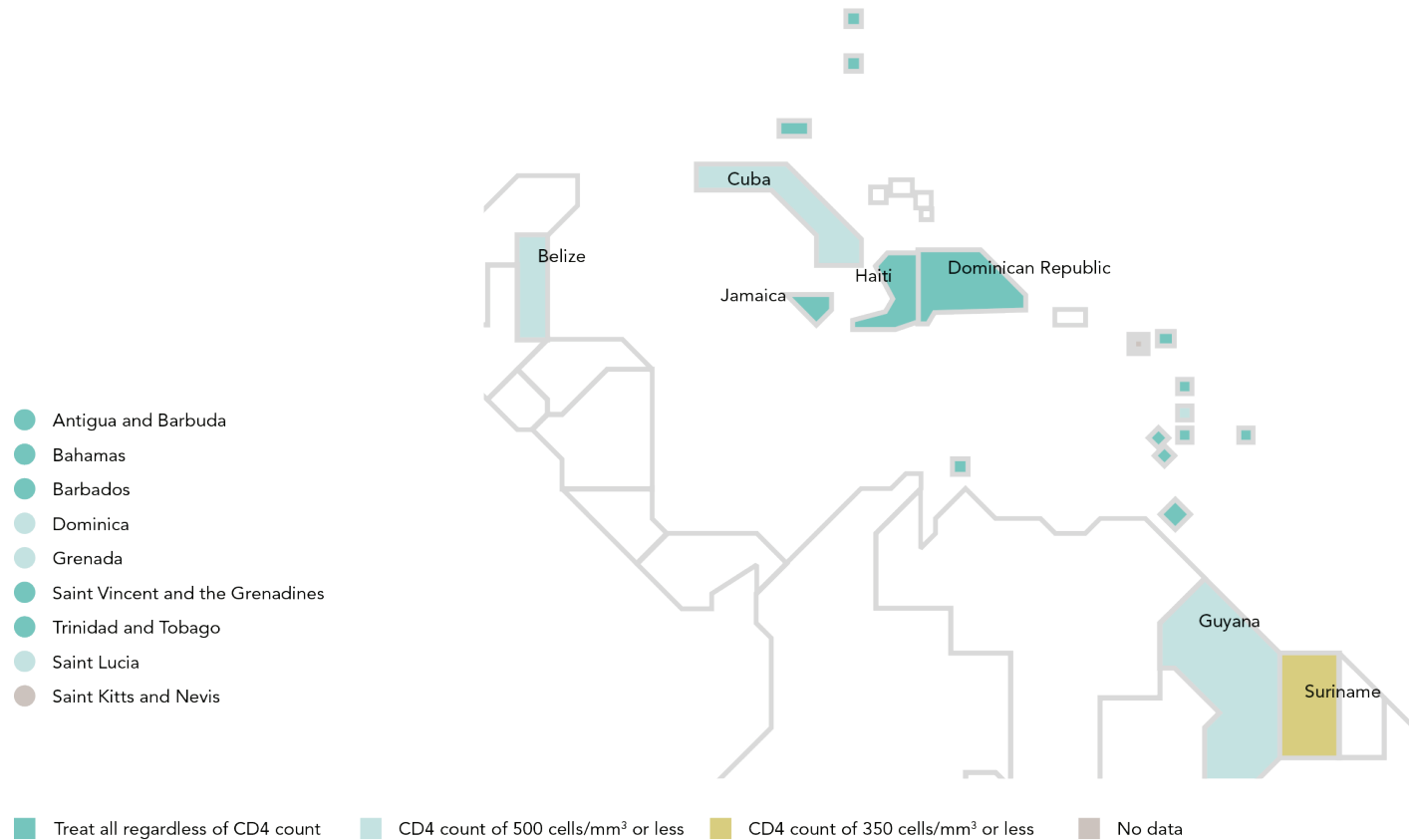
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, CARIBBEAN, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH

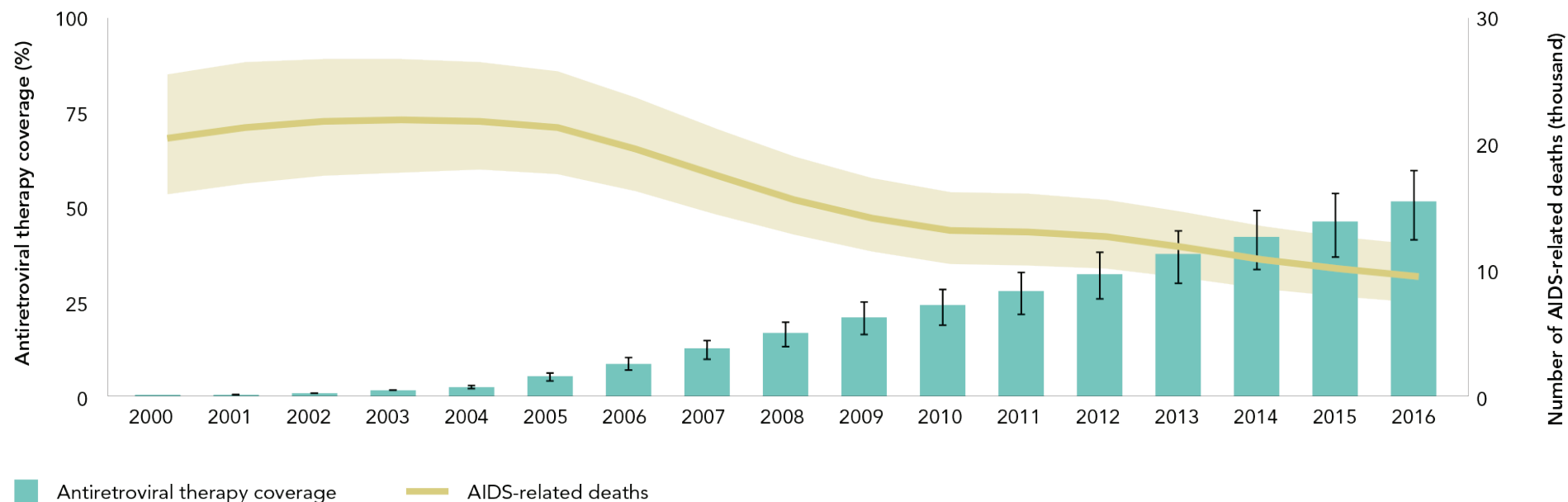


RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, CARIBBEAN, 2016

Eight countries in the Caribbean have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count. The majority of the other countries in the region start antiretroviral therapy for individuals who have a CD4 count of under 500 cells/mm³. Countries receiving support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) appear to be shifting more quickly to a treat all approach.

Source: World Health Organization, 2017.

AIDS-RELATED DEATHS DROP BELOW 10 000

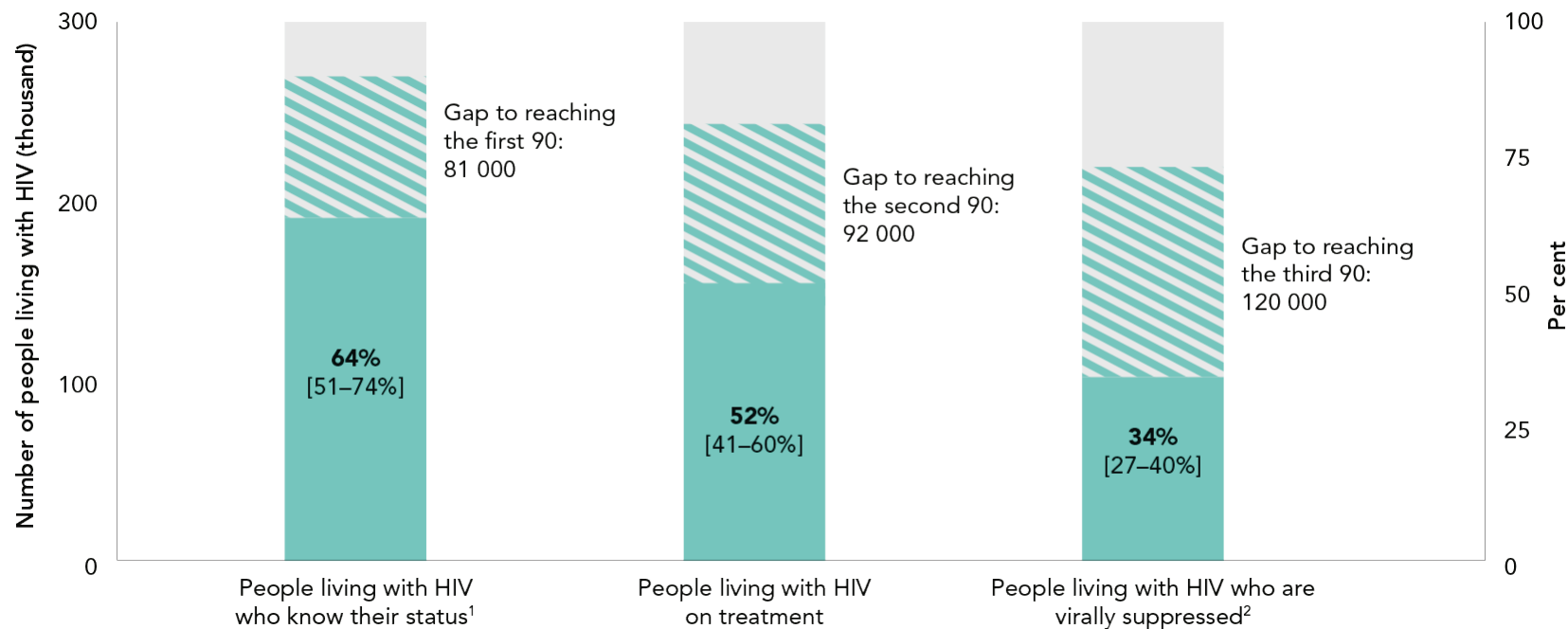


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, CARIBBEAN, 2000–2016

The number of people accessing antiretroviral therapy over the last six years has more than doubled, and this has played a primary role in the reduction of AIDS-related deaths from an estimated 21 000 [16 000–26 000] in 2000 to an estimated 9400 [7300–12 000] in 2016.

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

HIV TESTING AND TREATMENT CASCADE IN THE CARIBBEAN



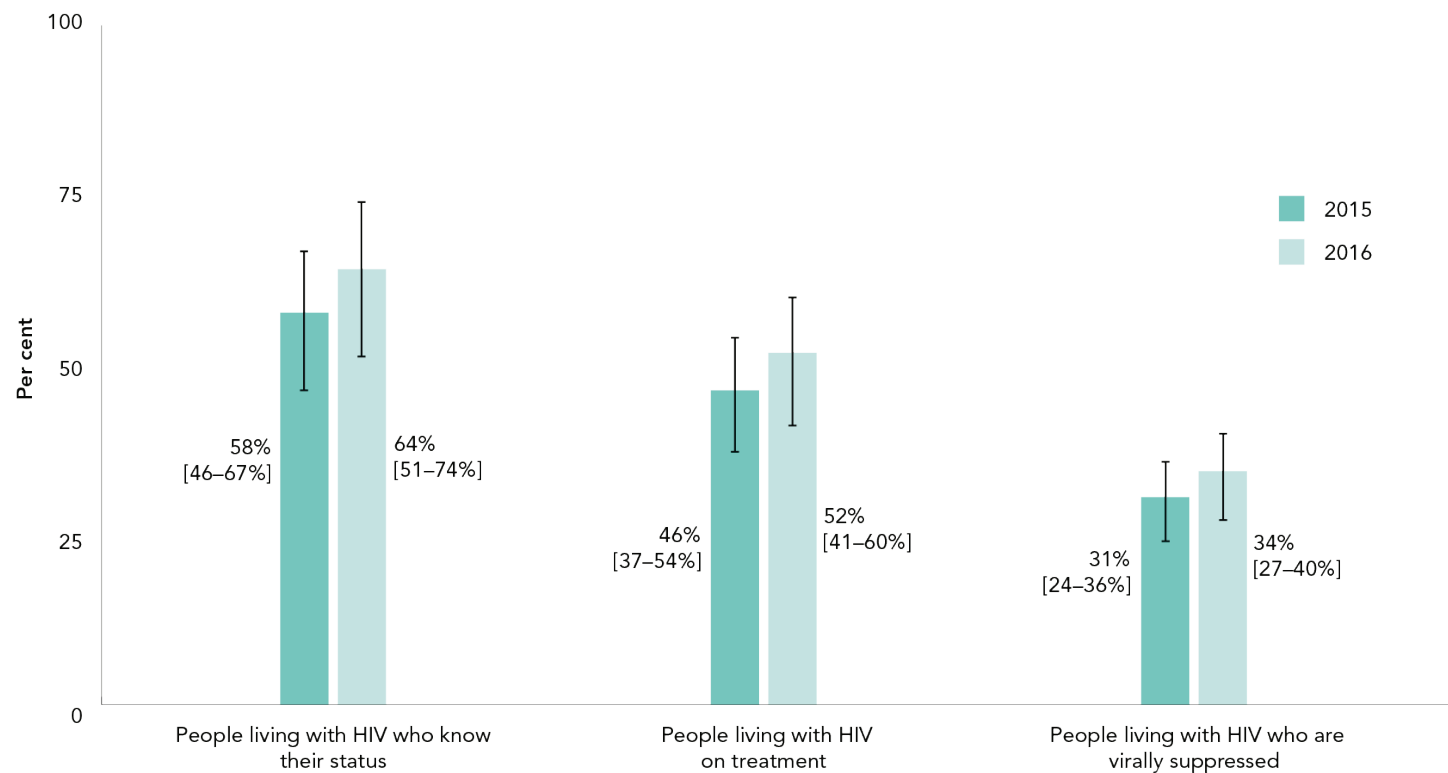
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, CARIBBEAN, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 14 countries, which accounted for 87% of people living with HIV in Latin America.

² 2016 measure derived from data reported by 14 countries. Regionally, 87% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

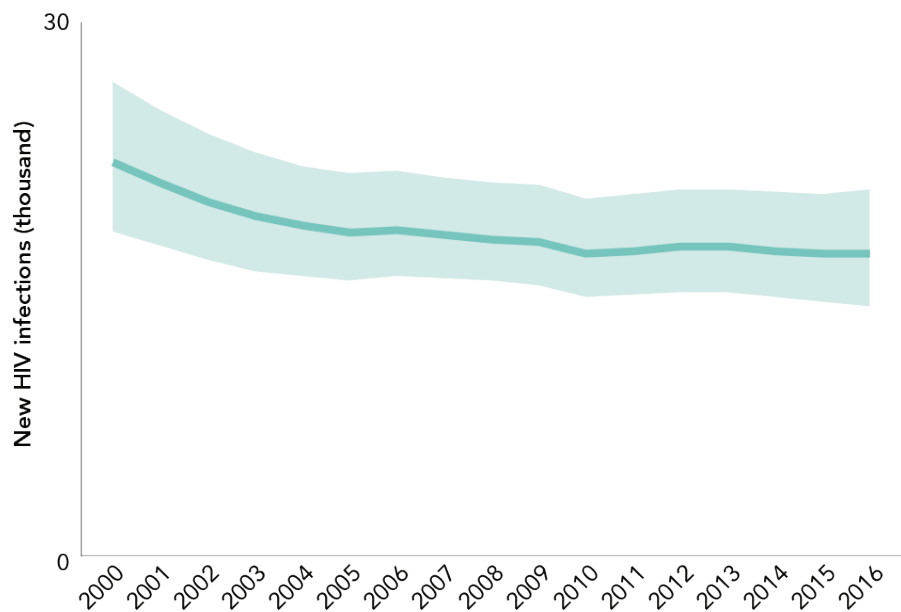
GAINS ACROSS THE TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, CARIBBEAN, 2015 AND 2016

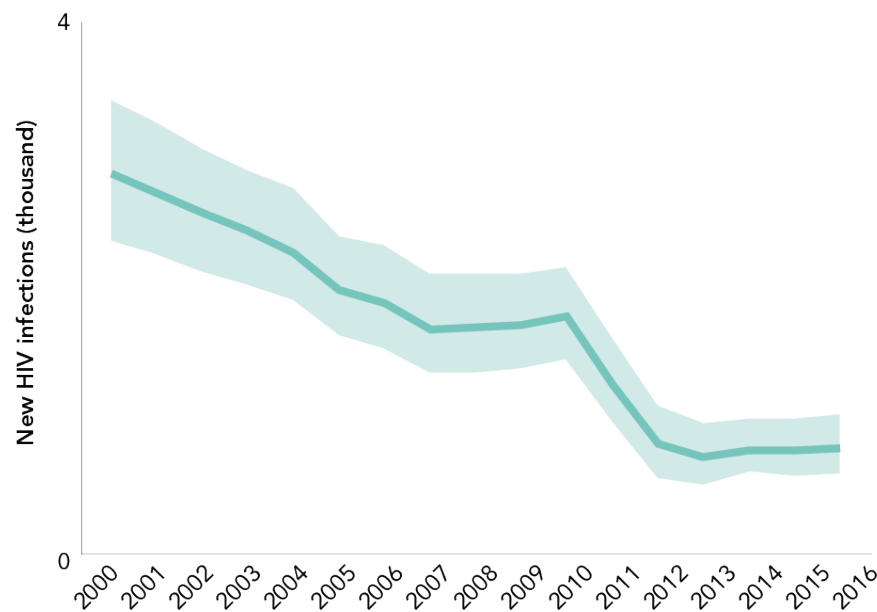
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

NEW HIV INFECTIONS RISING IN CUBA, FALLING IN HAITI *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS,
ADULTS (AGED 15 YEARS AND OLDER),
CARIBBEAN, 2000–2016

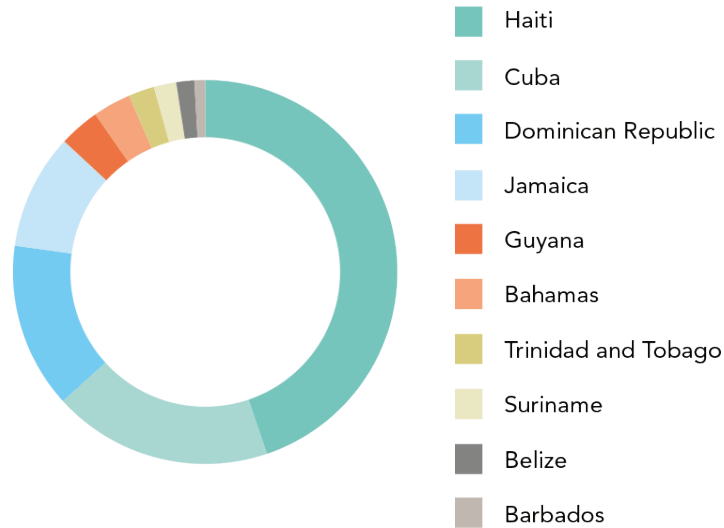
Source: UNAIDS 2017 estimates.



NUMBER OF NEW HIV INFECTIONS,
CHILDREN (AGED 0–14 YEARS),
CARIBBEAN, 2000–2016

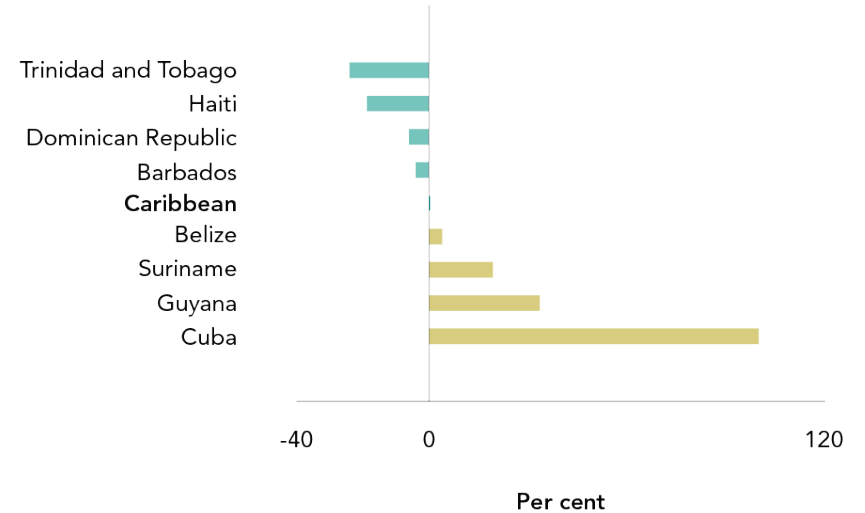
Source: UNAIDS 2017 estimates.

NEW HIV INFECTIONS RISING IN CUBA, FALLING IN HAITI *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, CARIBBEAN, 2016

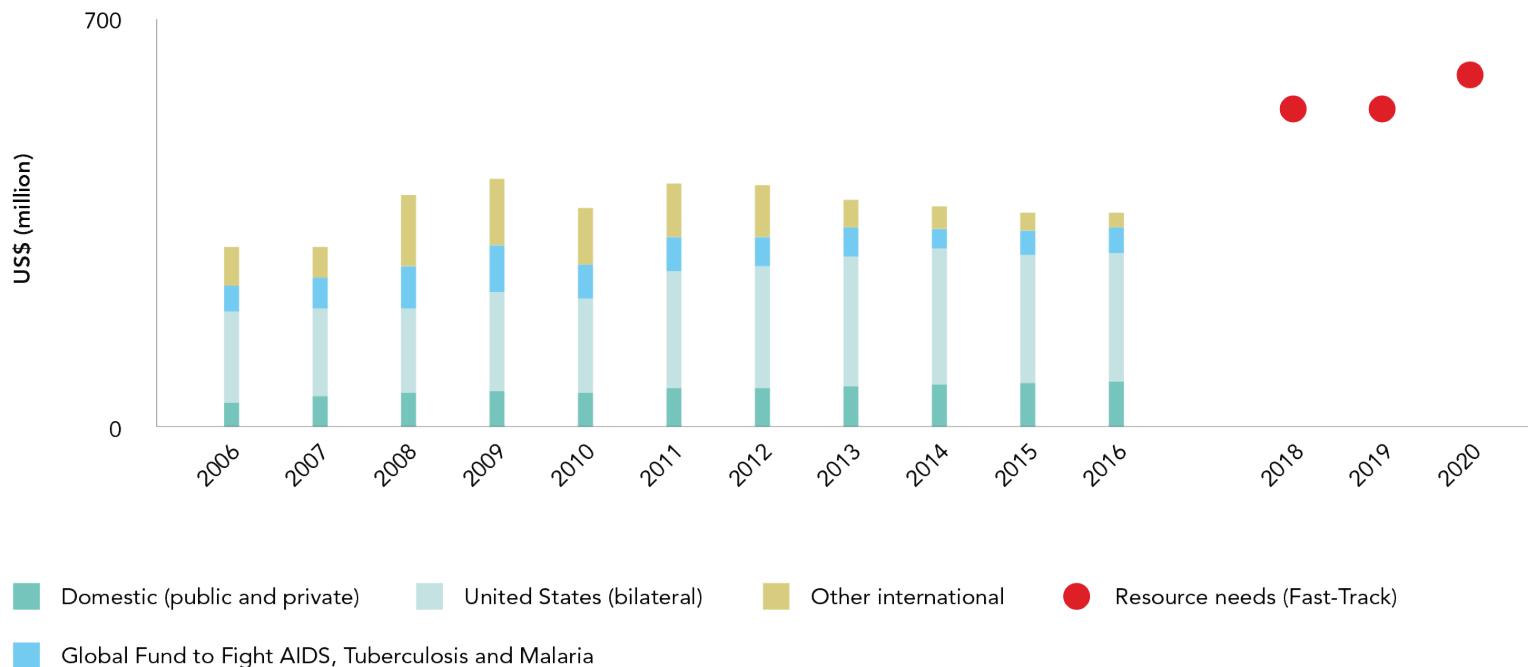
Source: UNAIDS 2017 estimates.



PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, CARIBBEAN, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates.

DIMINISHING EXTERNAL FUNDING IN THE CARIBBEAN



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, CARIBBEAN*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

90-90-90 COUNTRY SCORECARDS

CARIBBEAN

	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV *	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment*	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ANTIGUA AND BARBUDA ¹						38%			60%	23%		
BAHAMAS						28%			65%	18%		
BARBADOS						46%			74%	34%		
BELIZE						32%			69%	22%		
CUBA	87%				81%	70%			58%	41%		
DOMINICA ¹						21%			77%	17%		
DOMINICAN REPUBLIC	69%				66%	46%			61%	28%		
GRENADA ¹									68%			
GUYANA	69%				84%	58%			82%	47%		
HAITI	61%				>89%	55%			69%	38%		
JAMAICA	81%				43%	35%			61%	21%		
SAINT KITTS AND NEVIS ¹									58%			
SAINT LUCIA ¹									78%			
SAINT VINCENT AND THE GRENADINES ¹						50%						
SURINAME	62%				79%	48%			74%	36%		
TRINIDAD AND TOBAGO						62%			74%	46%		
CARIBBEAN	64%				81%	52%			67%	34%		

* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

¹ Estimates of people living with HIV that inform progress towards 90-90-90 are country-supplied and have not been validated by UNAIDS.

85% and above
70-84%
50-69%
Less than 50%

Yes
Not reported as available
Not reported as available

85% and above
70-84%
50-69%
Less than 50%

75% and above
55-74%
30-54%
Less than 30%

Treat all
Responses other than treat all

Yes
No

85% and above
70-84%
50-69%
Less than 50%

65% and above
40-64%
25-39%
Less than 25%

75% and above
50-74%
Less than 50%

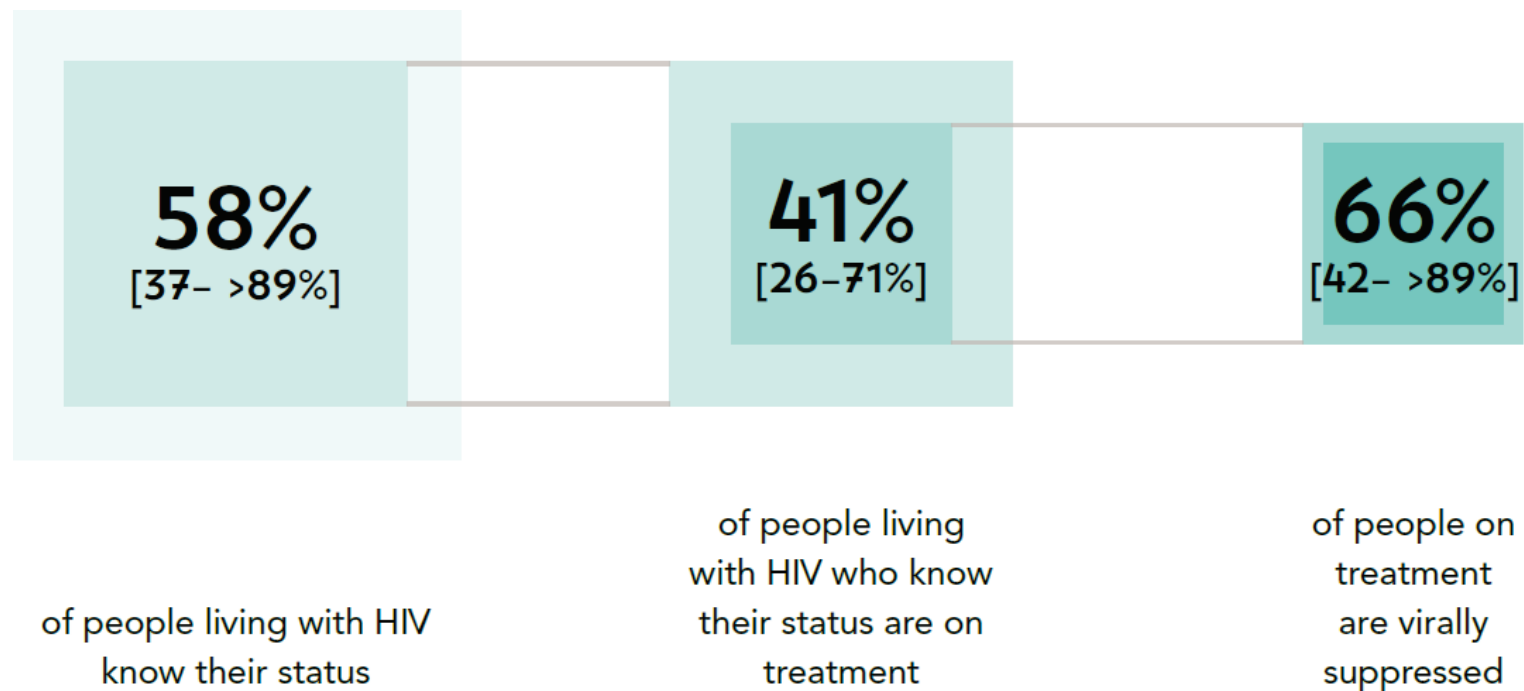
Neither available
Lay provider testing available; community-based testing and counselling not available
Community-based testing and counselling available; lay provider testing not available
Both available

Yes, fully implemented
Yes, not implemented or partially implemented

No policy on viral load testing
No, targeted viral load testing only

11. MIDDLE EAST AND NORTH AFRICA

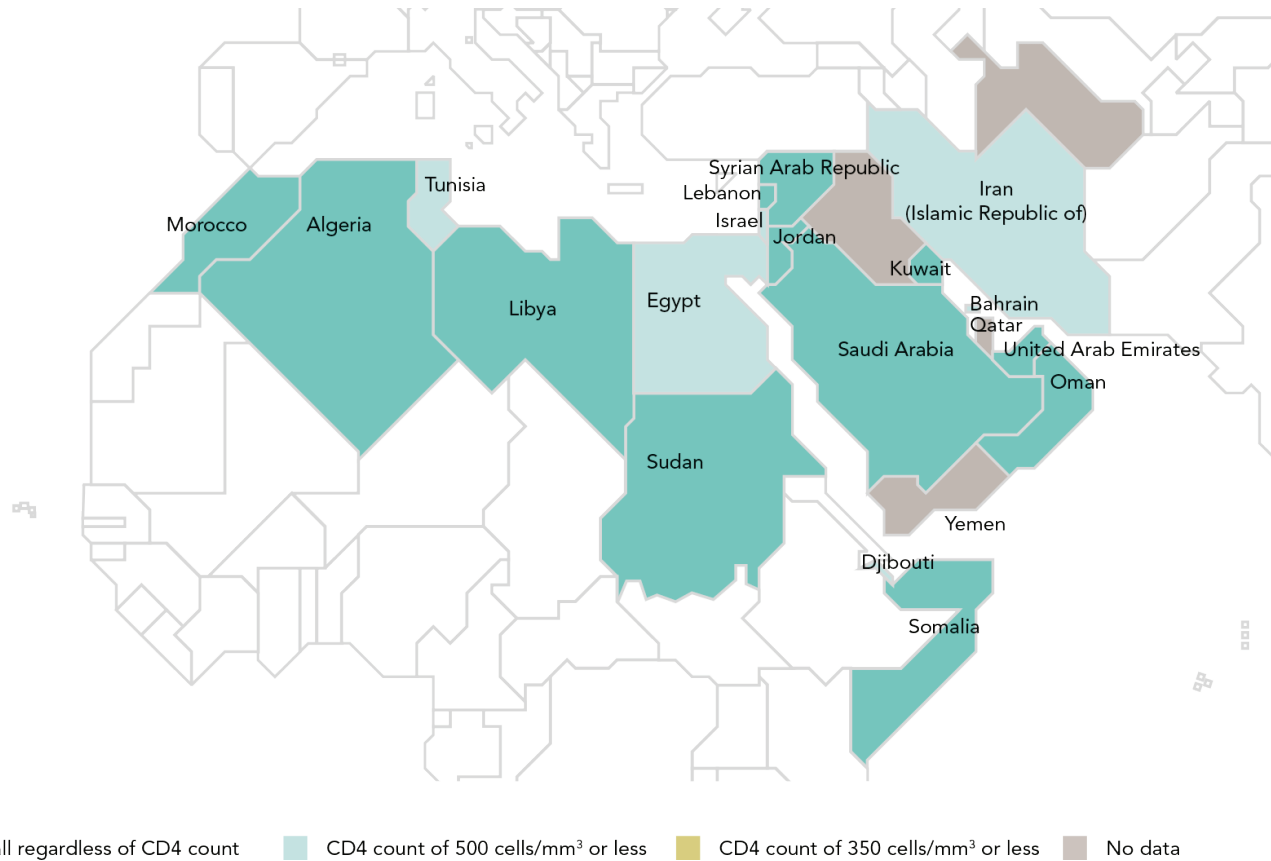
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, MIDDLE EAST AND NORTH AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

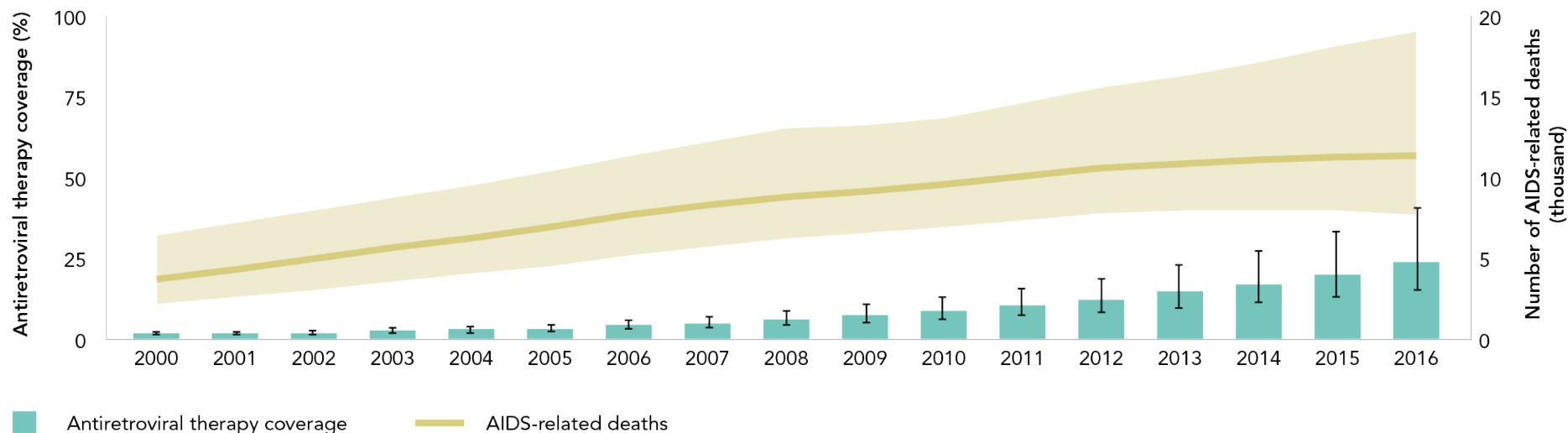
ADOPTING A TREAT ALL APPROACH



RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, MIDDLE EAST AND NORTH AFRICA, 2016

Source: World Health Organization, 2017.

AIDS-RELATED DEATHS CONTINUE TO RISE



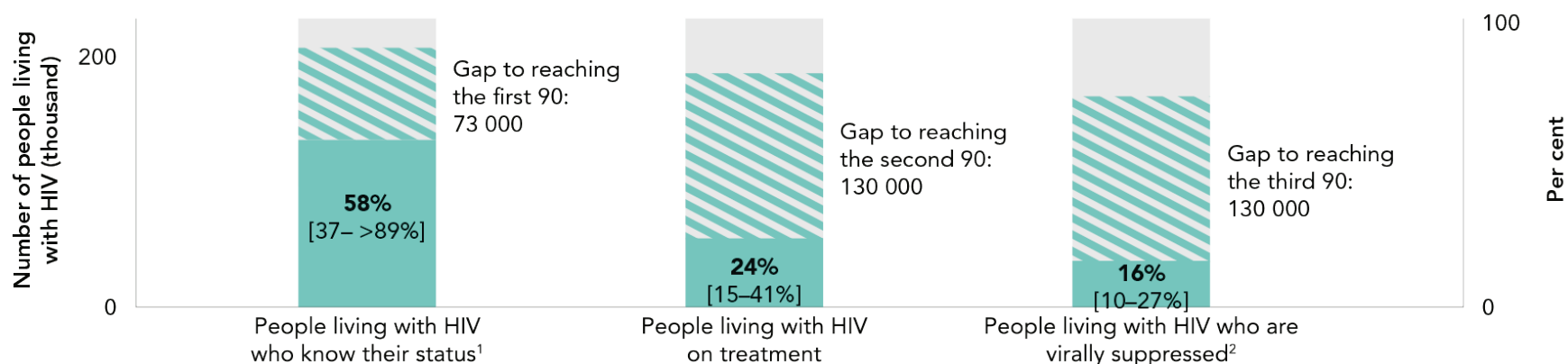
ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, MIDDLE EAST AND NORTH AFRICA, 2000–2016*

The Middle East and North Africa is one of two regions in the world where AIDS-related deaths continue to rise. The annual number of adults and children dying due to AIDS-related illnesses increased from an estimated 3600 [2200–6400] in 2000 to more than 11 000 [7700–19 000] in 2016. AIDS-related deaths more than doubled between 2000 and 2010 in Egypt, the Islamic Republic of Iran, Kuwait, Morocco, Sudan, Tunisia and Yemen, which can be explained by increasing incidence in some countries and limited access to treatment in others. In countries where treatment coverage has expanded, AIDS-related deaths have decreased significantly since 2010 (e.g. by 37% in Algeria and 28% in Djibouti).

Source: 2017 Global AIDS Monitoring; UNAIDS 2017 estimates.

* Estimates for Kuwait are for citizens of the country only.

HIV TESTING AND TREATMENT CASCADE IN THE MIDDLE EAST AND NORTH AFRICA



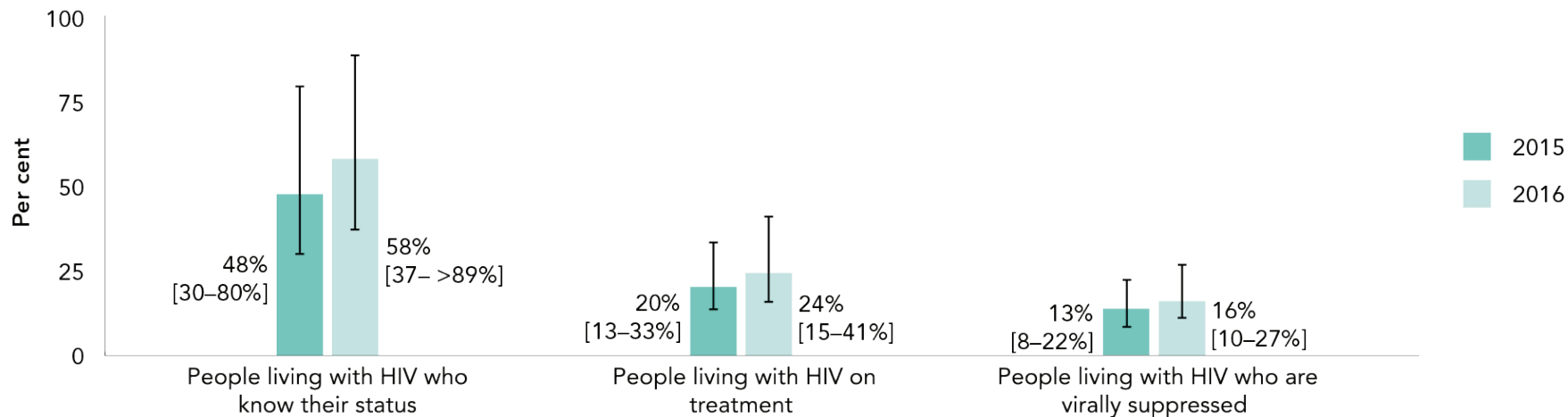
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, MIDDLE EAST AND NORTH AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by six countries, which accounted for 80% of people living with HIV in the region.

² 2016 measure derived from data reported by six countries. Worldwide, 34% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

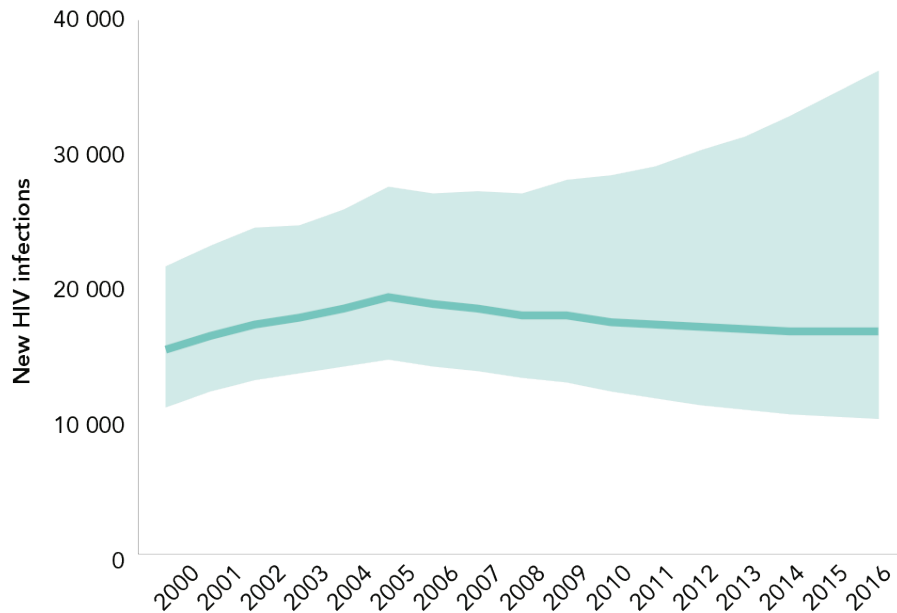
GAINS ACROSS THE TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, MIDDLE EAST AND NORTH AFRICA, 2015 AND 2016

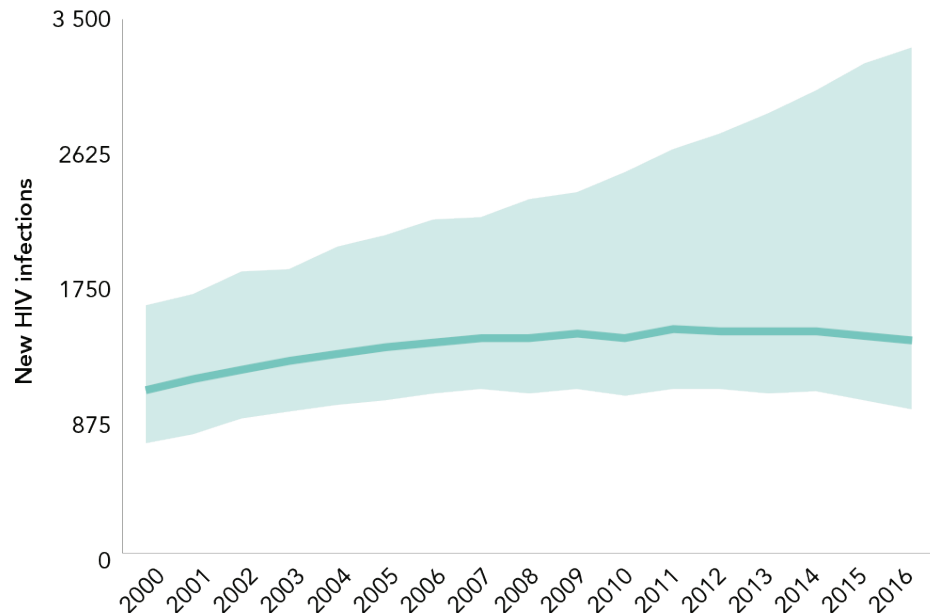
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

NEW INFECTION TRENDS VARY WIDELY IN THE MIDDLE EAST AND NORTH AFRICA *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS,
ADULTS (AGED 15 YEARS AND OLDER),
MIDDLE EAST AND NORTH AFRICA, 2000–2016

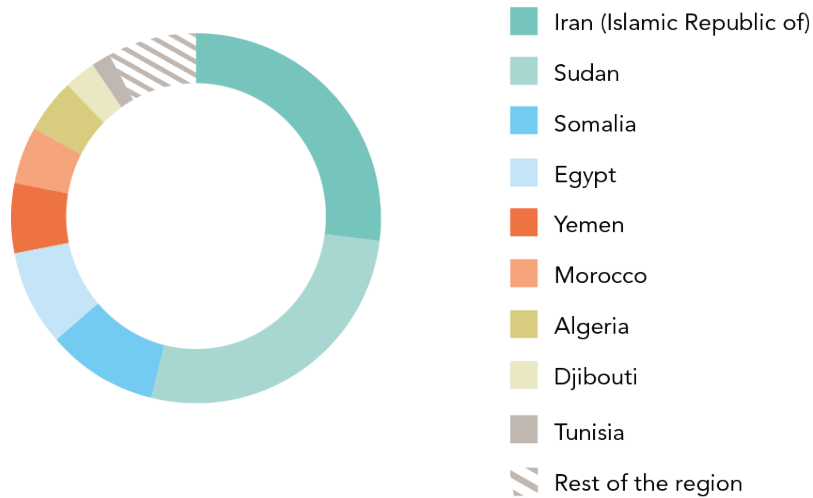
Source: UNAIDS 2017 estimates.



NUMBER OF NEW HIV INFECTIONS,
CHILDREN (AGED 0–14 YEARS),
MIDDLE EAST AND NORTH AFRICA, 2000–2016

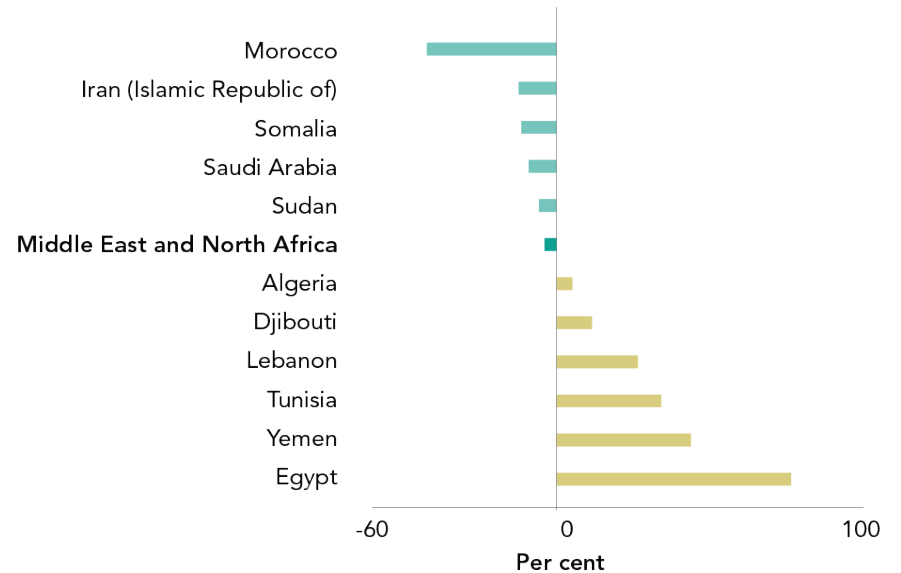
Source: UNAIDS 2017 estimates.

NEW INFECTION TRENDS VARY WIDELY IN THE MIDDLE EAST AND NORTH AFRICA *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, MIDDLE EAST AND NORTH AFRICA, 2016

Source: UNAIDS 2017 estimates.

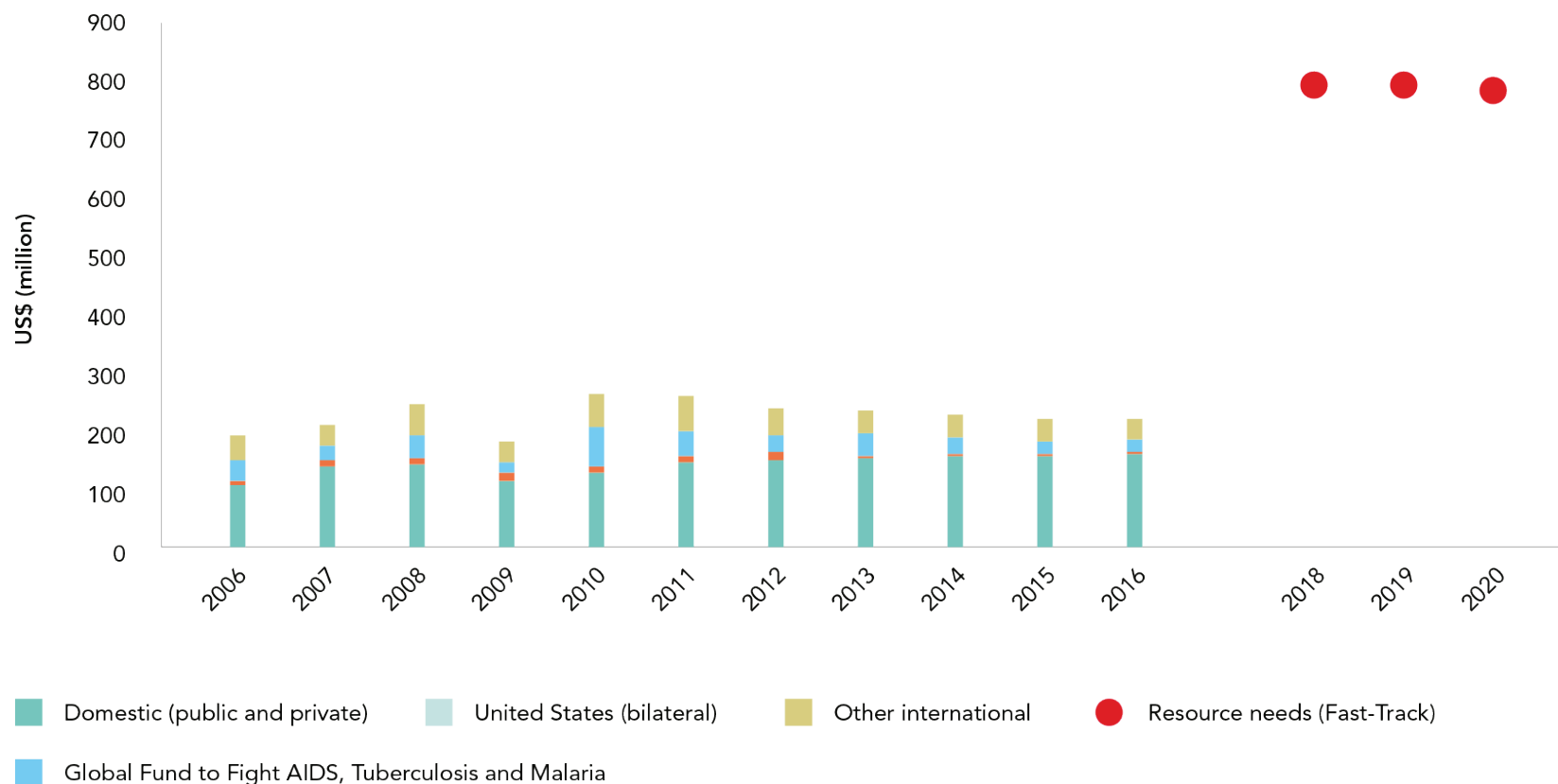


PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, MIDDLE EAST AND NORTH AFRICA, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates.

*Estimates for Bahrain, Kuwait, Jordan and Qatar are for citizens of the country only.

RESOURCE AVAILABILITY IS SHORT OF FAST-TRACK NEEDS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, MIDDLE EAST AND NORTH AFRICA*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

90-90-90 COUNTRY SCORECARDS

MIDDLE EAST AND NORTH AFRICA

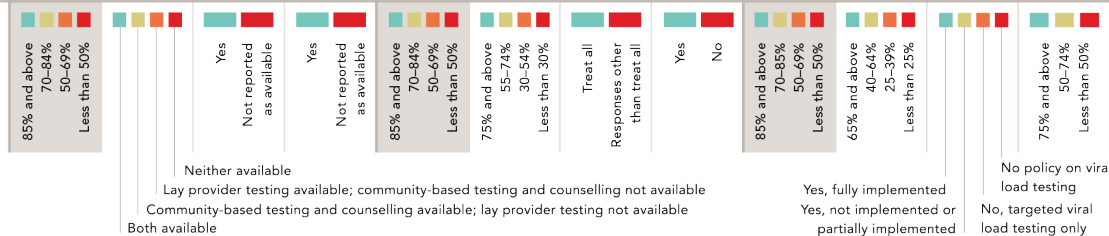
	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV *	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment†	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ALGERIA	76%				>89%	76%			73%	55%		
BAHRAIN ²						42%						
DJIBOUTI						26%						
EGYPT	57%				48%	27%			44%	12%		
IRAN (ISLAMIC REPUBLIC OF)	38%				37%	14%			58%	8%		
IRAQ												
JORDAN ²						55%			73%	40%		
KUWAIT ²						80%			>89%	72%		
LEBANON						51%			82%	42%		
LIBYA ¹						48%						
MOROCCO	63%				77%	48%						
OCCUPIED PALESTINIAN TERRITORY												
OMAN ¹						70%						
QATAR ²						86%						
SAUDI ARABIA ¹						74%			77%	57%		
SOMALIA						11%						
SUDAN	39%				27%	10%						
SYRIAN ARAB REPUBLIC												
TUNISIA	58%				50%	29%						
UNITED ARAB EMIRATES												
YEMEN						18%						
MIDDLE EAST AND NORTH AFRICA	58%				41%	24%			66%	16%		

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

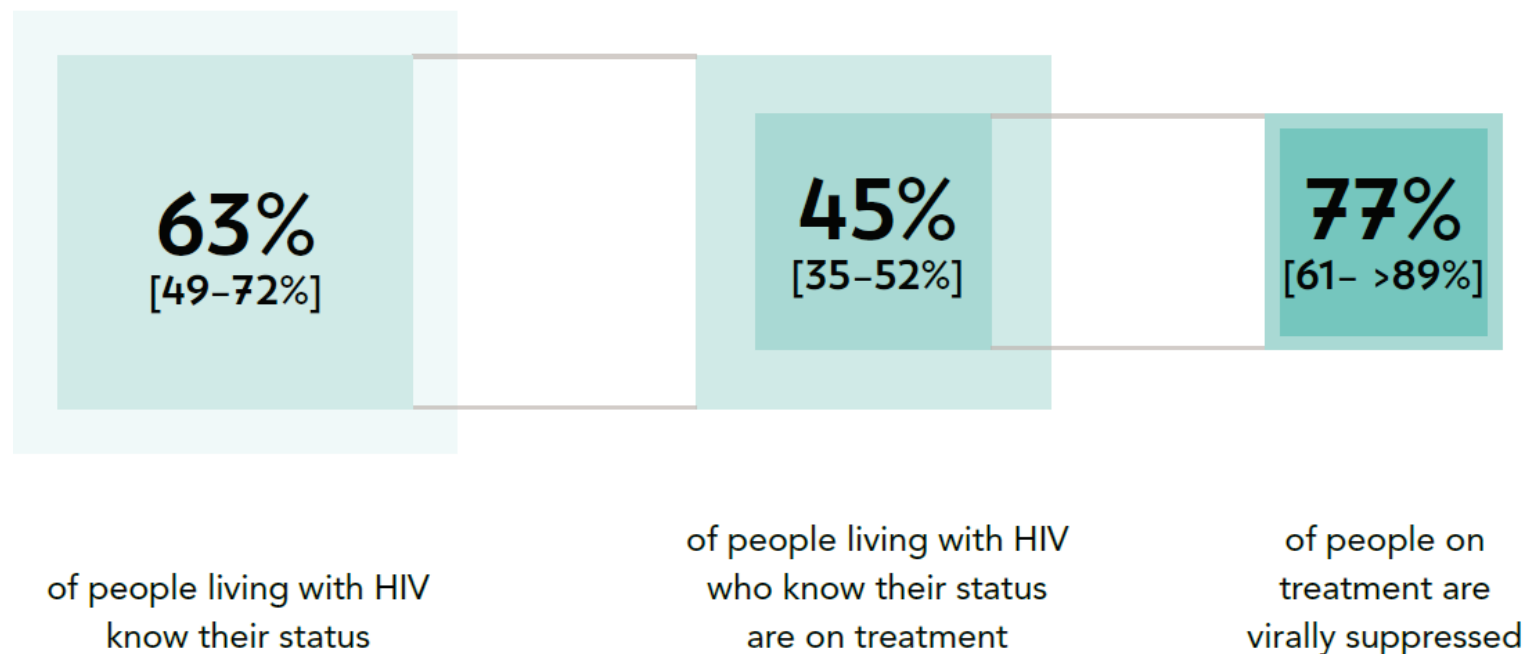
¹ Estimates of people living with HIV that inform progress towards 90-90-90 are country-supplied and have not been validated by UNAIDS.

² Estimates of people living with HIV are only for citizens of the country.



12. EASTERN EUROPE AND CENTRAL ASIA

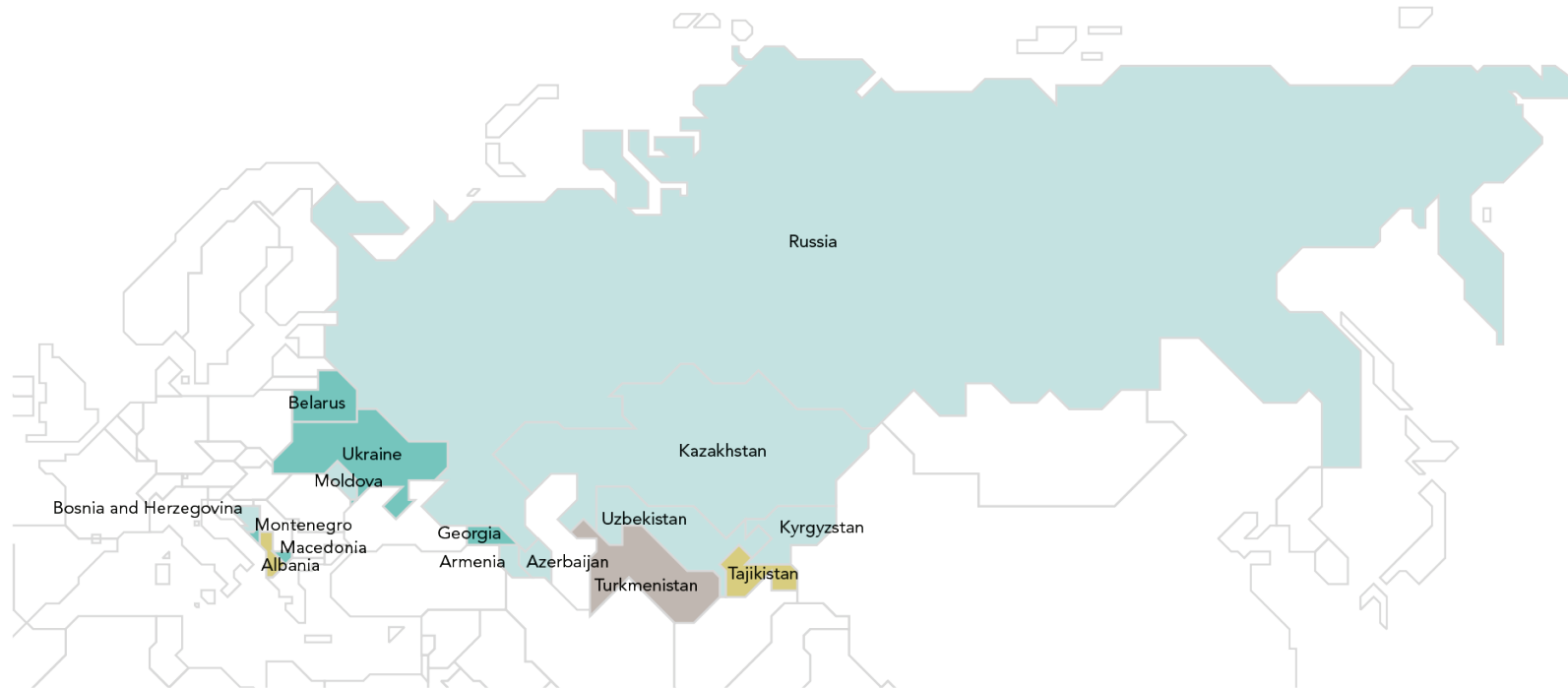
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, EASTERN EUROPE AND CENTRAL ASIA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH



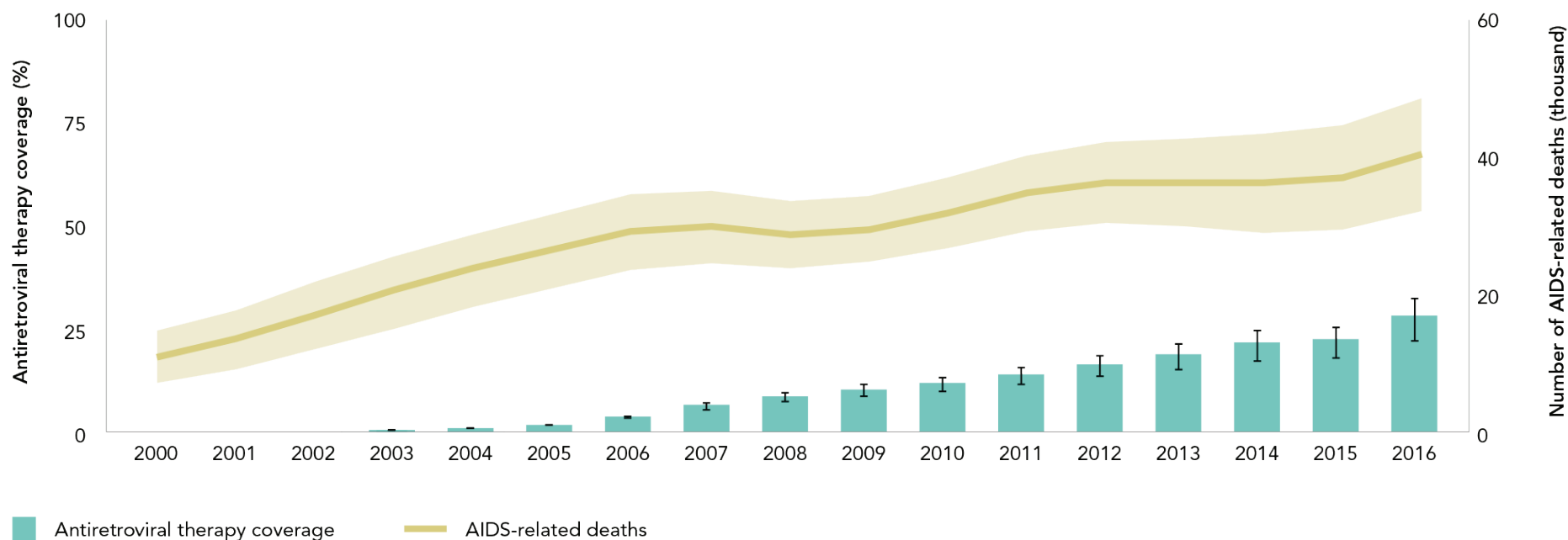
■ Treat all regardless of CD4 count ■ CD4 count of 500 cells/mm³ or less ■ CD4 count of 350 cells/mm³ or less ■ No data

RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, EASTERN EUROPE AND CENTRAL ASIA, 2016

Four countries—Belarus, Georgia, Montenegro and Ukraine—have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count.

Source: World Health Organization, 2017.

AIDS-RELATED DEATHS CONTINUE TO INCREASE

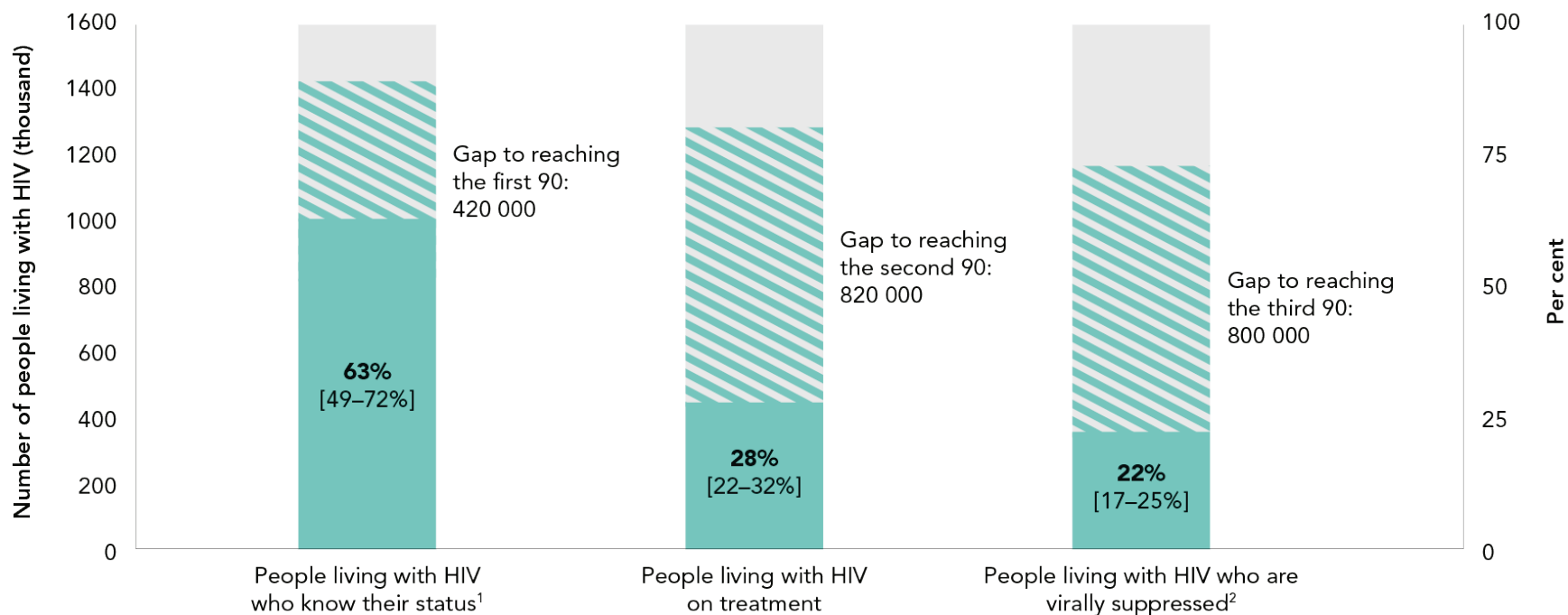


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, EASTERN EUROPE AND CENTRAL ASIA, 2000–2016

Low coverage of HIV testing and treatment programmes and rising numbers of new infections are contributing to an increasing trend in AIDS-related mortality. The annual number of deaths due to AIDS-related causes rose from an estimated 32 000 [27 000–37 000] in 2010 to 40 000 [32 000–49 000] in 2016, a 25% increase. The bulk of this increase occurred in the Russian Federation, where the epidemic claimed a reported 30 550 lives in 2016 (1).

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

HIV TESTING AND TREATMENT CASCADE IN EASTERN EUROPE AND CENTRAL ASIA



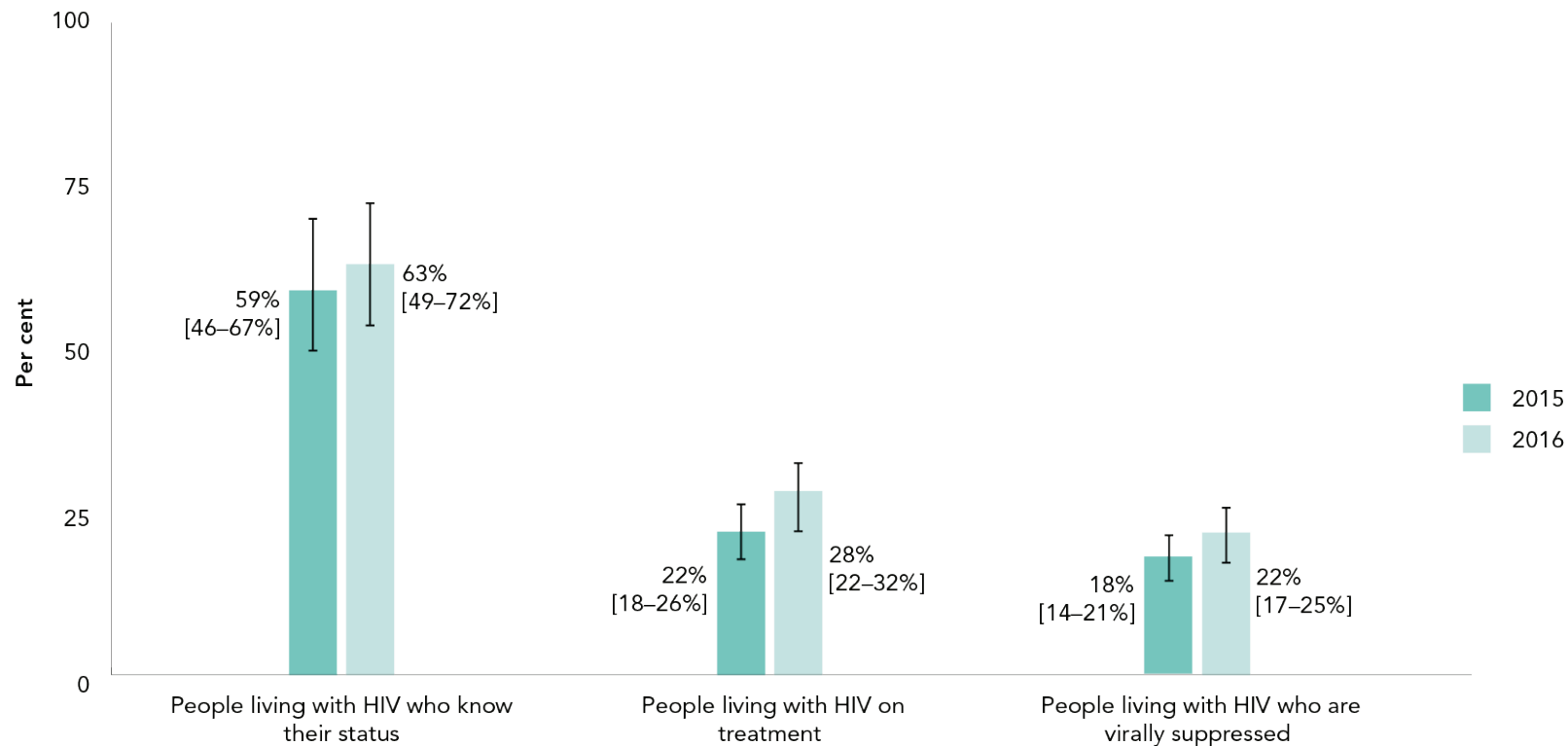
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, EASTERN EUROPE AND CENTRAL ASIA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 12 countries, which accounted for 99% of people living with HIV in the region.

² 2016 measure derived from data reported by 13 countries. In the region, 93% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

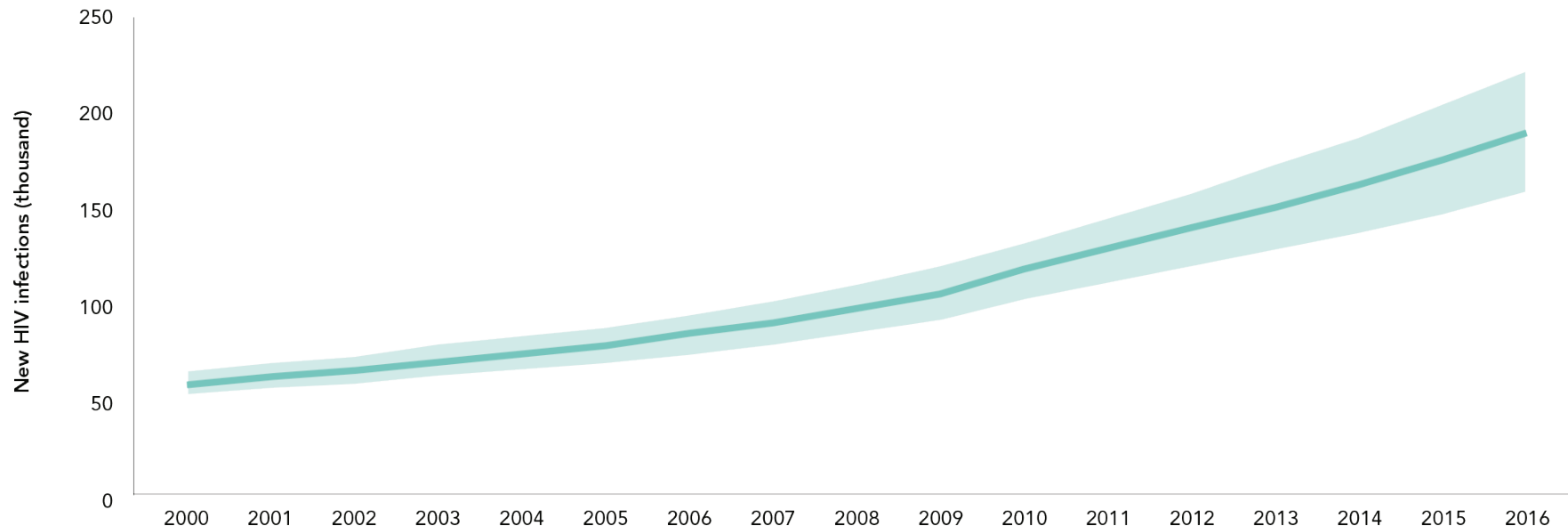
GAINS ACROSS THE TREATMENT CASCADE



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, MIDDLE EAST AND NORTH AFRICA, 2015 AND 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

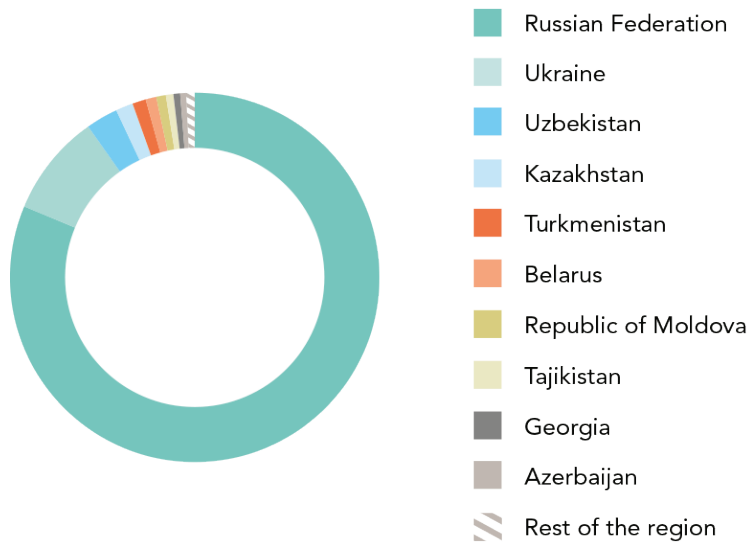
HIV INFECTIONS CONTINUE TO CLIMB IN EASTERN EUROPE AND CENTRAL ASIA *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS, ADULTS (AGED 15 YEARS AND OLDER), EASTERN EUROPE AND CENTRAL ASIA, 2000–2016

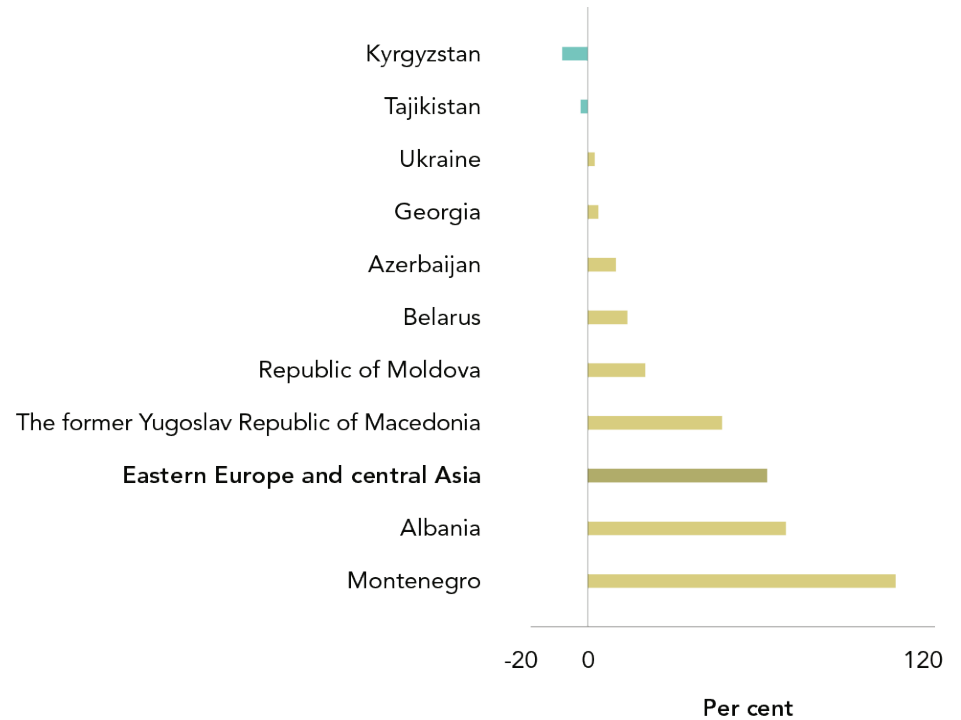
Source: UNAIDS 2017 estimates

HIV INFECTIONS CONTINUE TO CLIMB IN EASTERN EUROPE AND CENTRAL ASIA *(last of 2 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, EASTERN EUROPE AND CENTRAL ASIA, 2016

Source: UNAIDS 2017 estimates



PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, EASTERN EUROPE AND CENTRAL ASIA, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates

DOMESTIC FUNDING INCREASING, BUT A LARGE RESOURCE GAP REMAINS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, EASTERN EUROPE AND CENTRAL ASIA*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.



90–90–90 COUNTRY SCORECARDS

EASTERN EUROPE AND CENTRAL ASIA

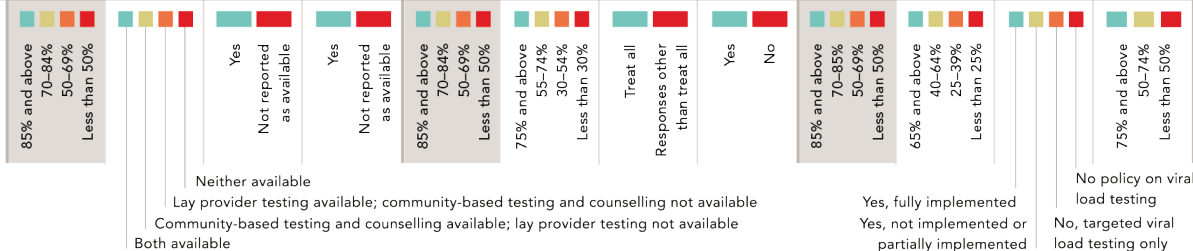
	FIRST 90			SECOND 90			THIRD 90					
	Knowledge of status among all people living with HIV*	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment*	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ALBANIA	47%				64%	30%			79%	24%		
ARMENIA	60%				59%	36%			69%	25%		
AZERBAIJAN	58%				52%	30%			61%	19%		
BELARUS	>89%				50%	45%			79%	35%		
BOSNIA AND HERZEGOVINA ¹						81%						
GEORGIA	42%				74%	32%			88%	28%		
KAZAKHSTAN	74%				42%	31%			64%	20%		
KOSOVO ¹						37%						
KYRGYZSTAN	61%				46%	28%			62%	18%		
MONTENEGRO ^{1,2,3}	76%				67%	51%			69%	35%		
REPUBLIC OF MOLDOVA ^{1,2,3}	57%				38%	21%			69%	15%		
RUSSIAN FEDERATION												
TAJIKISTAN	48%				63%	30%			74%	22%		
THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA						48%						
TURKMENISTAN												
UKRAINE	56%				66%	37%			59%	22%		
UZBEKISTAN ^{1,2,3}	52%				69%	36%						
EASTERN EUROPE AND CENTRAL ASIA	63%				45%	28%			77%	22%		

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

* The complete set of 90–90–90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

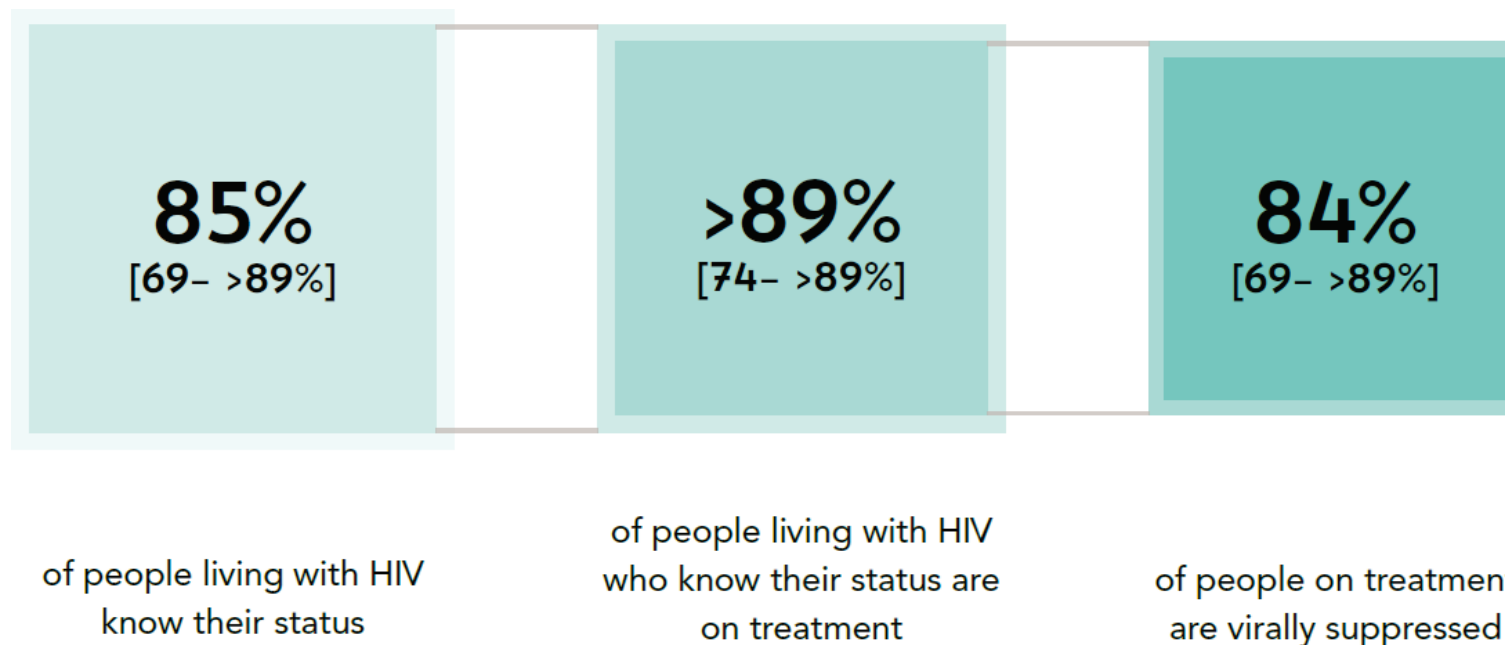
¹ Estimates of people living with HIV that inform progress towards 90–90–90 are country-supplied and have not been validated by UNAIDS.

² Estimates of people living with HIV are only for citizens of the country.



13. WESTERN AND CENTRAL EUROPE AND NORTH AMERICA

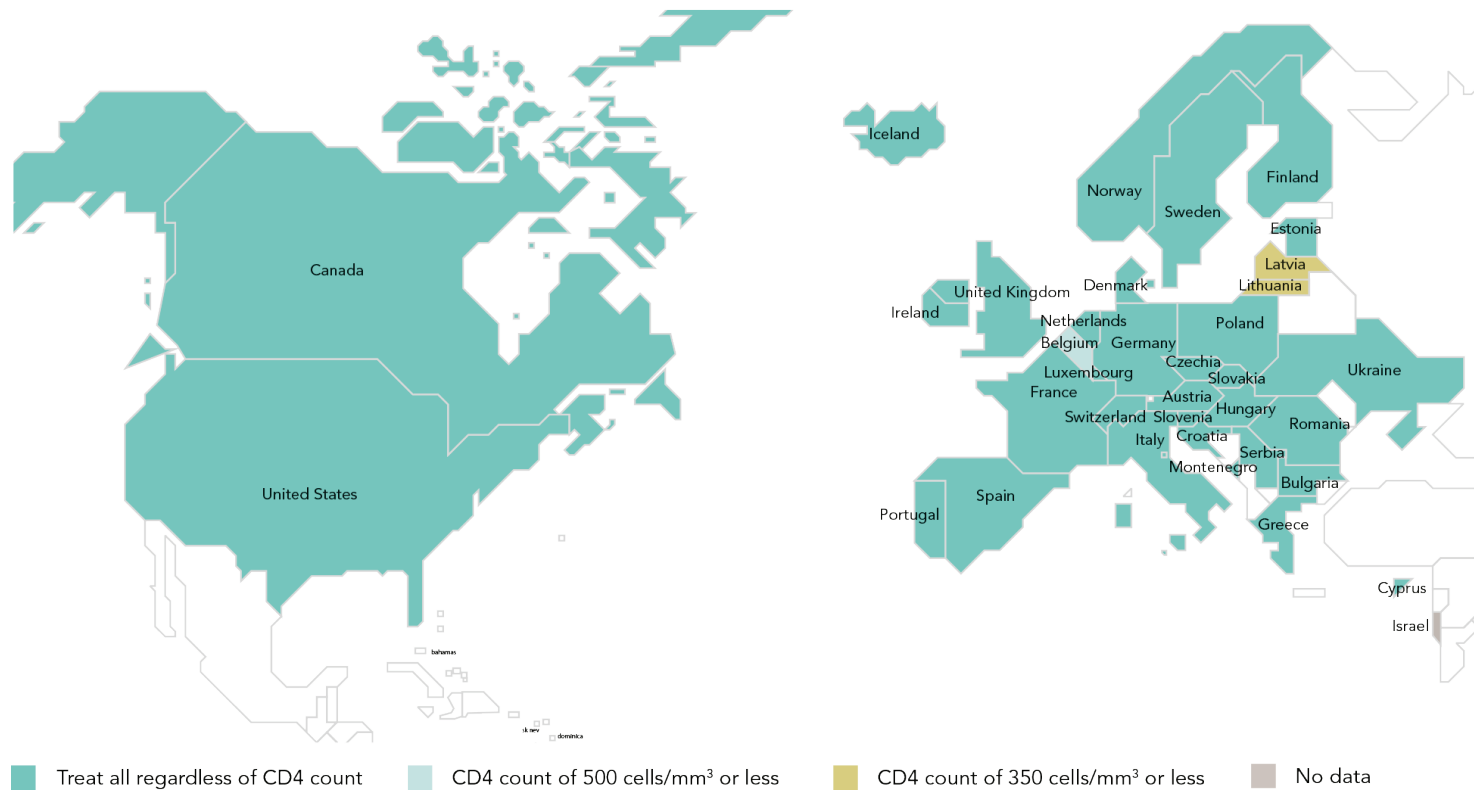
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

ADOPTING A TREAT ALL APPROACH

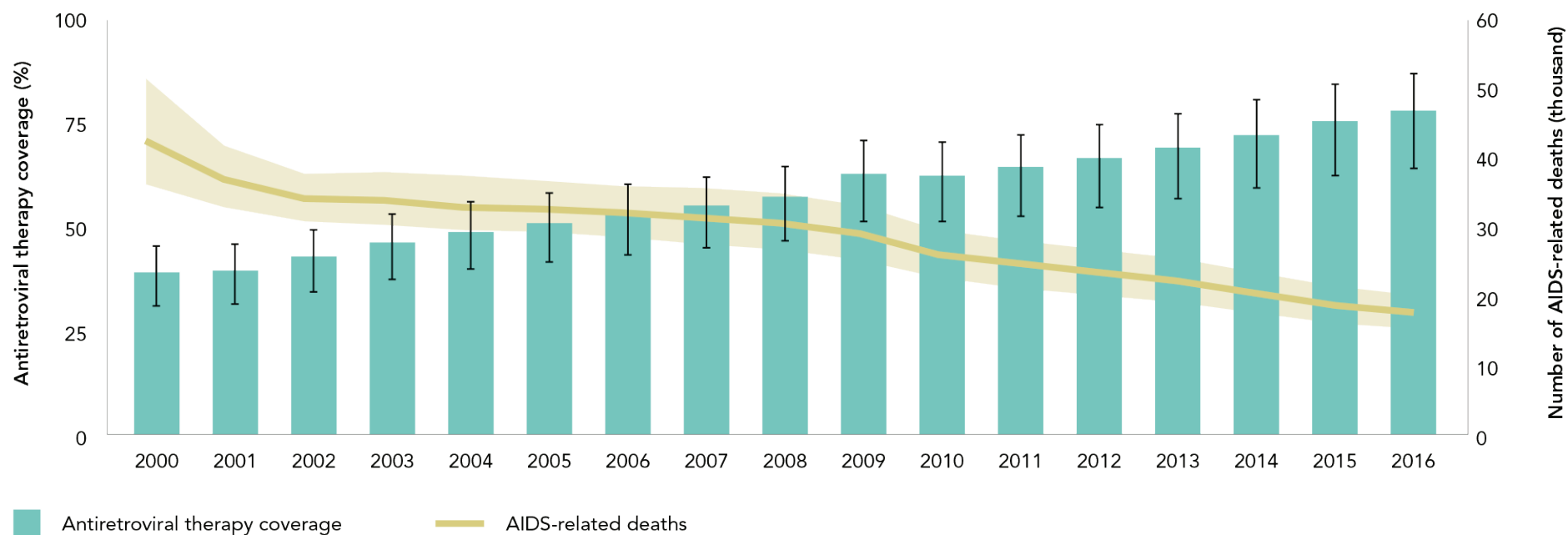


RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, 2016

Most countries in the region have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV regardless of CD4 cell count. In Latvia and Lithuania, the threshold for antiretroviral therapy initiation is CD4 T-cell counts of under 350 cells/mm³, and in Belgium it is under 500 cells/mm³.

Source: World Health Organization, 2017.

HIGH COVERAGE OF TREATMENT BRINGS AIDS-RELATED MORTALITY UNDER 20 000 A YEAR

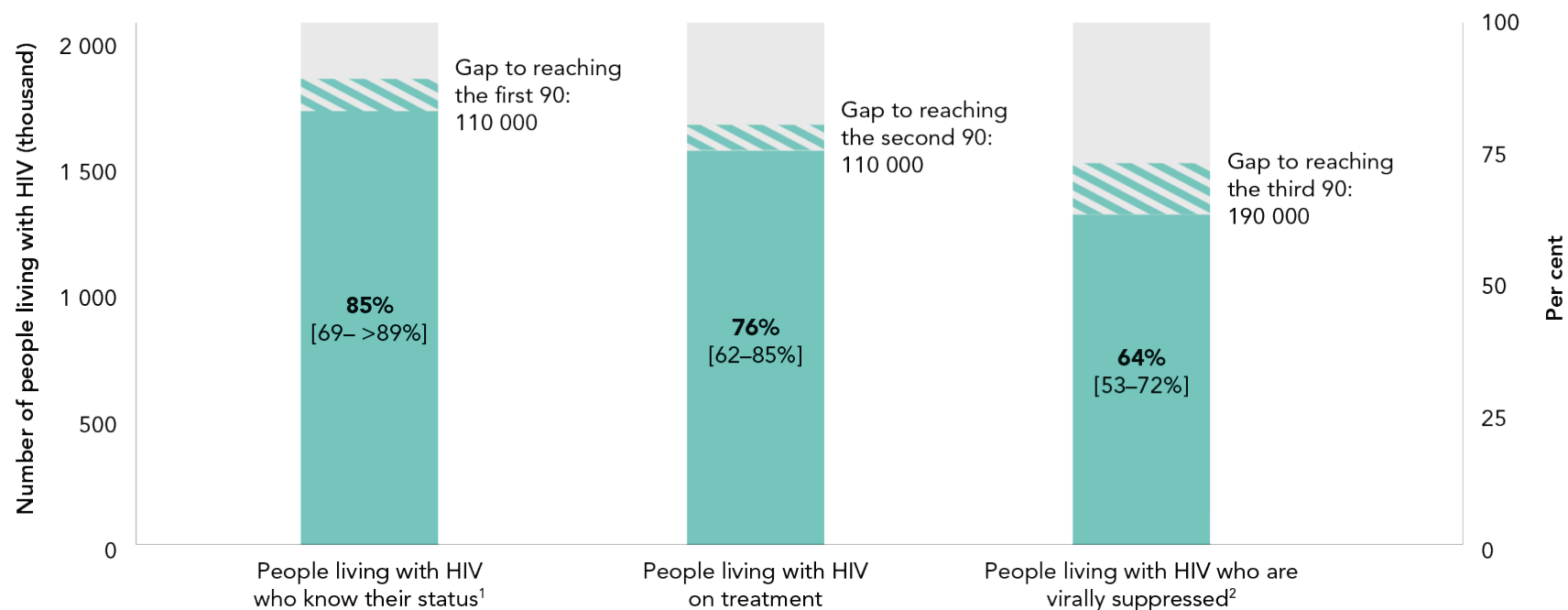


ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, 2000–2016

High and rising coverage of antiretroviral therapy has played a primary role in the reduction of AIDS-related deaths from an estimated 43 000 [36 000–52 000] in 2000 to an estimated 18 000 [15 000–20 000] in 2016.

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

HIV TESTING AND TREATMENT CASCADE IN WESTERN AND CENTRAL EUROPE AND NORTH AMERICA



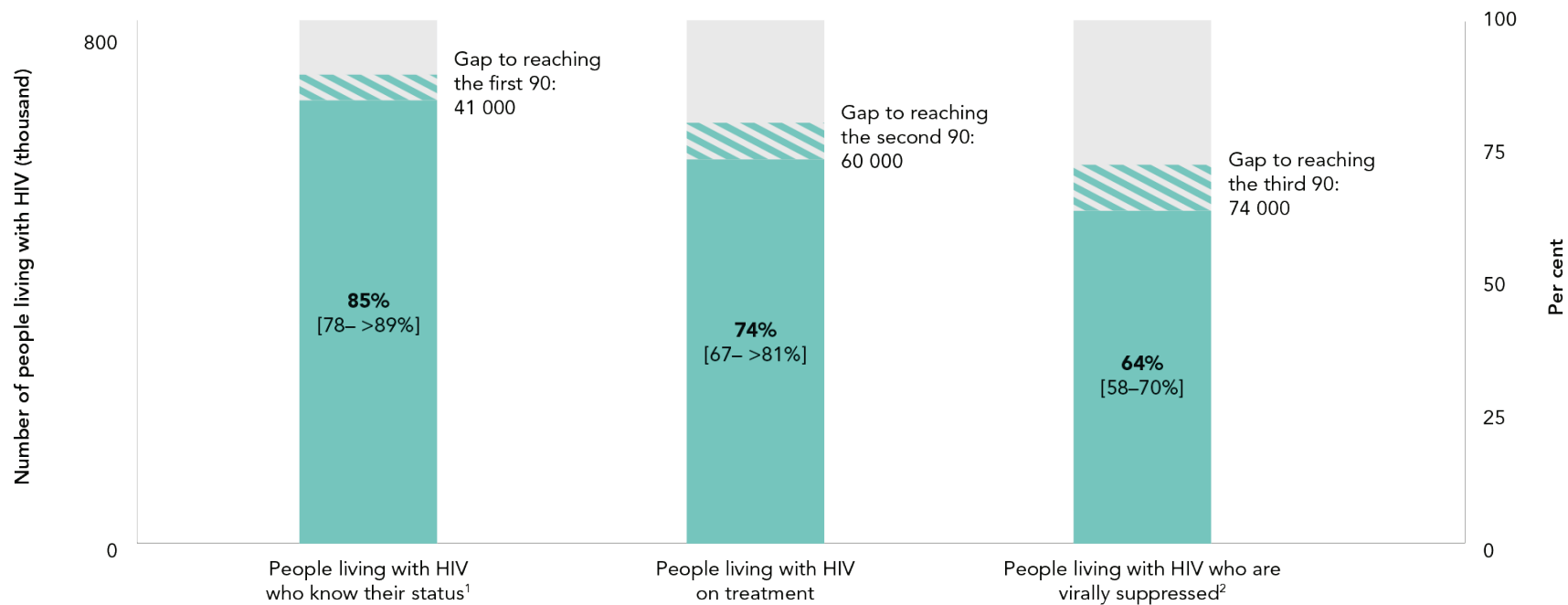
KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 25 countries, which accounted for 99% of people living with HIV in western and central Europe and North America.

² 2016 measure derived from data reported by 14 countries. Regionally, 100% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

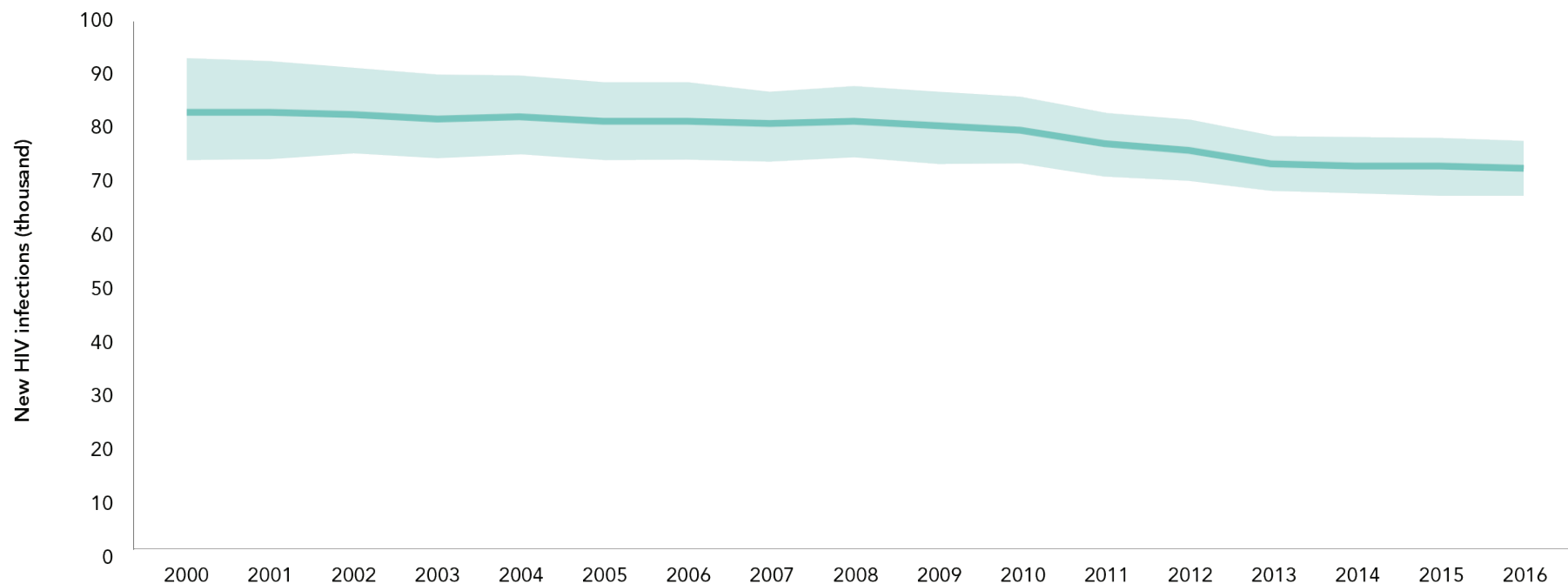
HIV TESTING AND TREATMENT CASCADE IN THE EUROPEAN UNION



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, EUROPEAN UNION, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

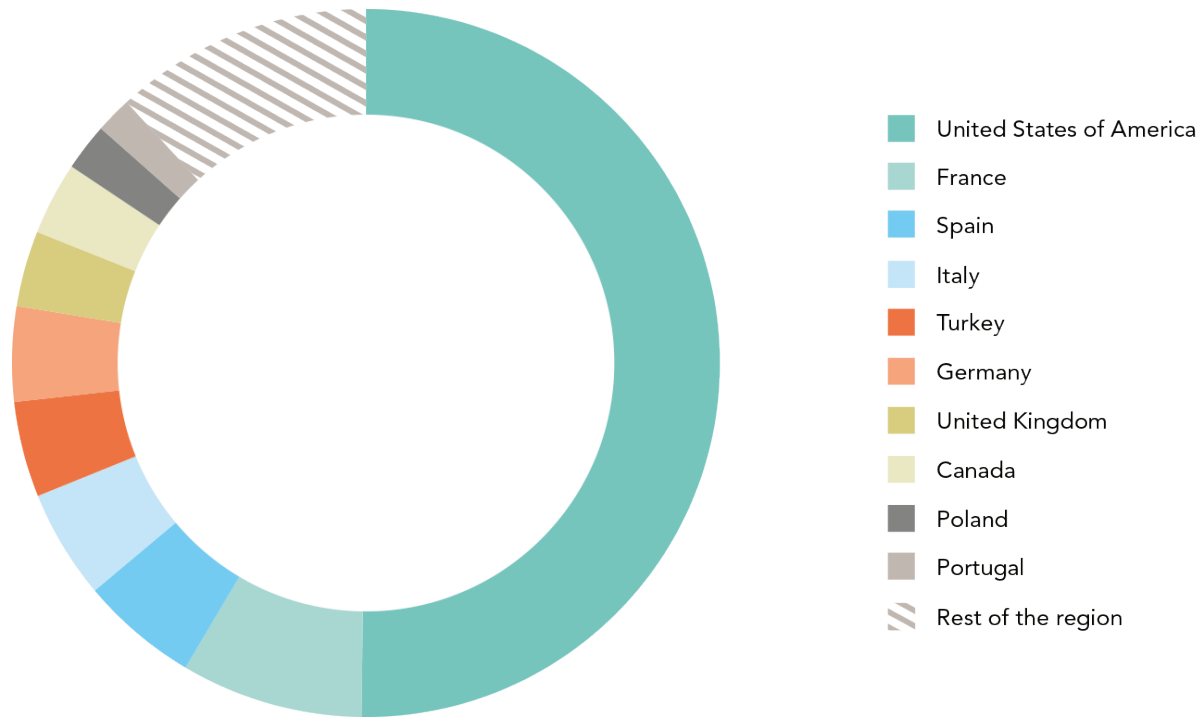
DECLINES IN NEW INFECTIONS IN THE REGION TEMPERED BY INCREASES IN CZECHIA, SERBIA AND SLOVAKIA *(first of 3 slides)*



NUMBER OF NEW HIV INFECTIONS, ADULTS (AGED 15 YEARS AND OLDER), WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, 2000–2016

Source: UNAIDS 2017 estimates

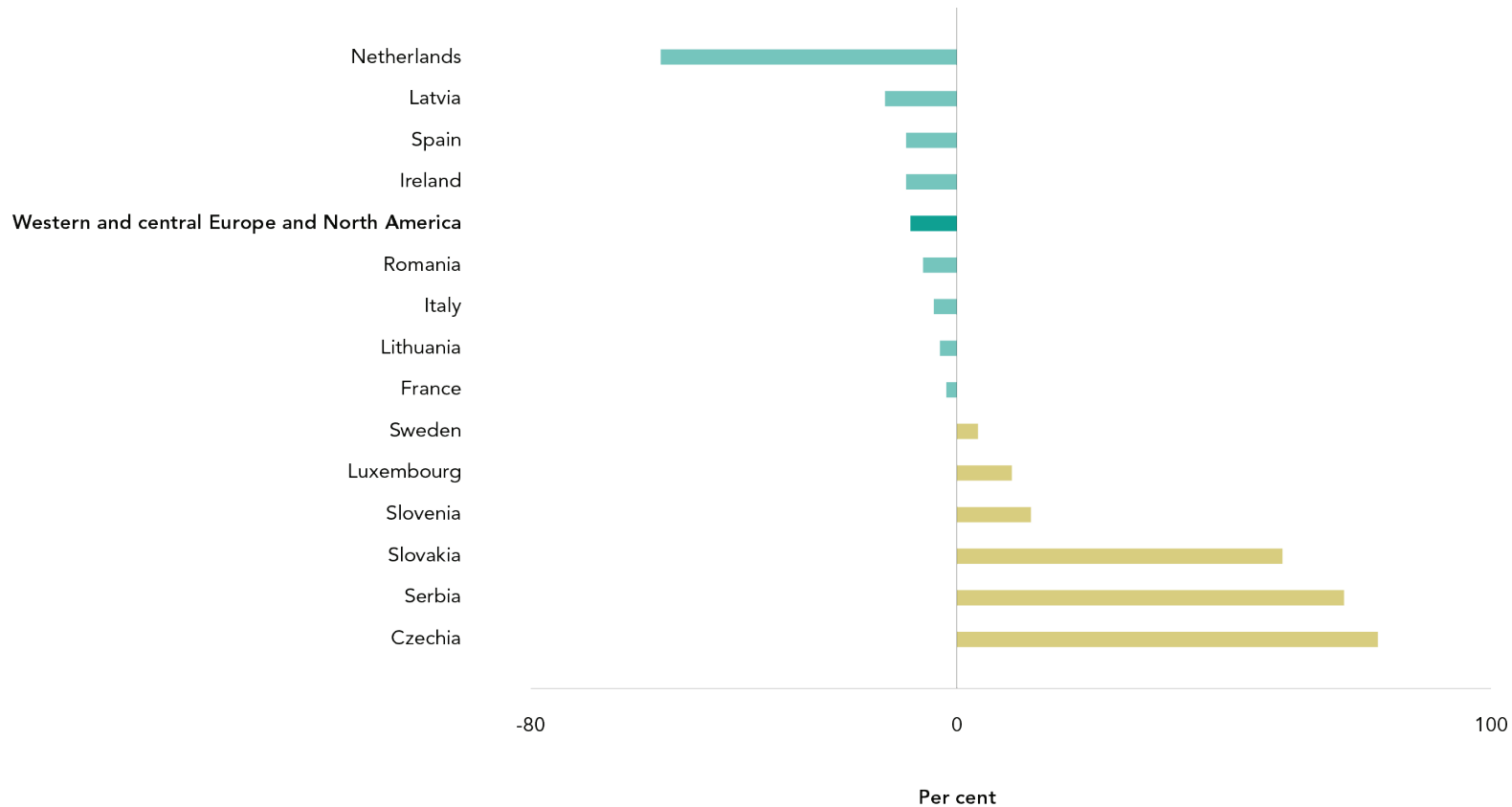
DECLINES IN NEW INFECTIONS IN THE REGION TEMPERED BY INCREASES IN CZECHIA, SERBIA AND SLOVAKIA *(second of 3 slides)*



DISTRIBUTION OF NEW HIV INFECTIONS, BY COUNTRY, WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, 2016

Source: UNAIDS 2017 estimates

DECLINES IN NEW INFECTIONS IN THE REGION TEMPERED BY INCREASES IN CZECHIA, SERBIA AND SLOVAKIA *(last of 3 slides)*



PERCENT CHANGE IN NEW HIV INFECTIONS, BY COUNTRY, WESTERN AND CENTRAL EUROPE AND NORTH AMERICA, FROM 2010 TO 2016

Source: UNAIDS 2017 estimates

90-90-90 COUNTRY SCORECARDS

EASTERN EUROPE AND CENTRAL ASIA

* The complete set of 90-90-90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

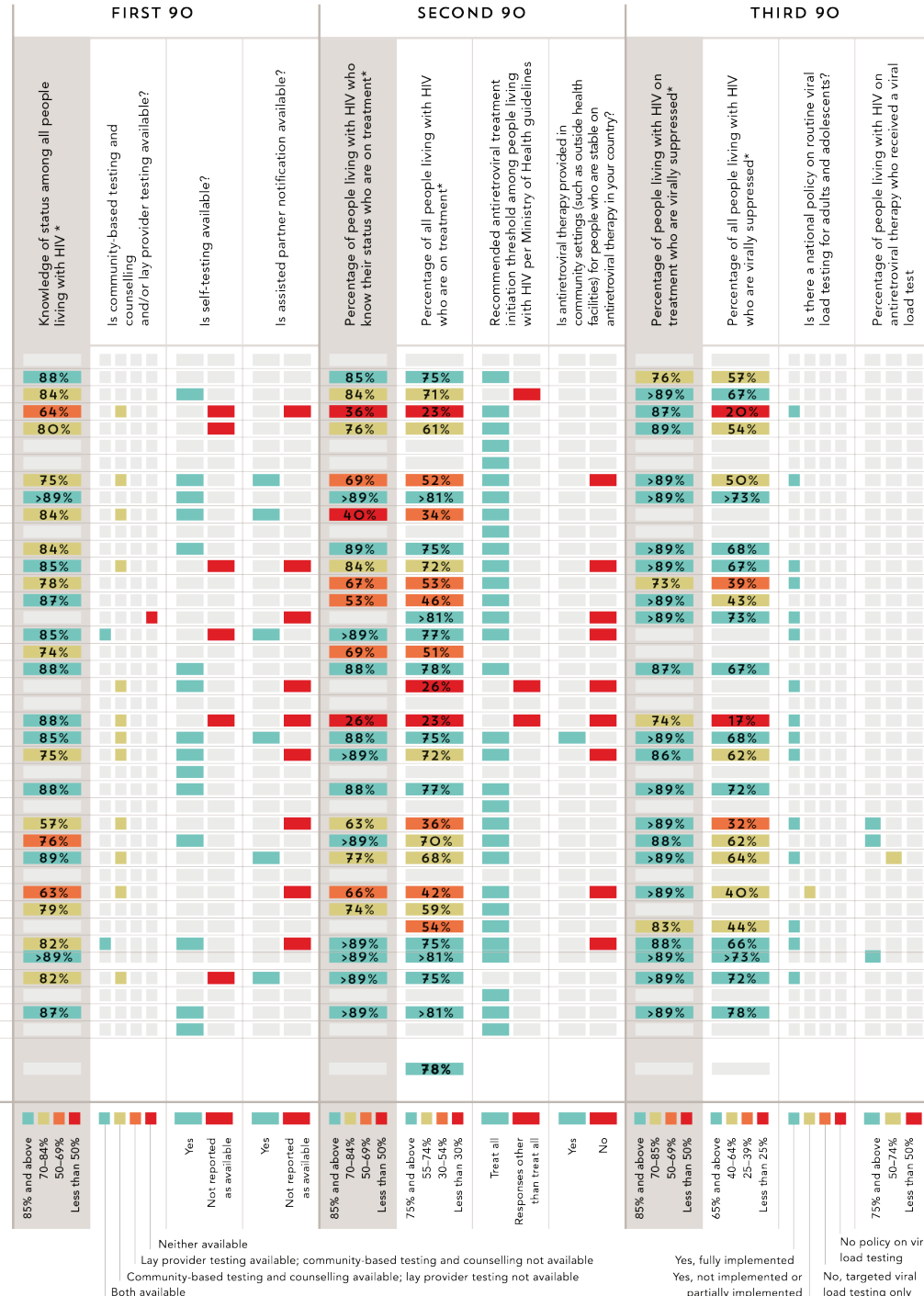
¹ All measures of progress toward 90-90-90 and the testing and treatment cascade are for 2016 except as follows: 2015: Bulgaria, Germany, Hungary, Israel, Netherlands, Sweden, Switzerland, United Kingdom. 2014: Belgium, Canada, Serbia, Spain. 2013: Austria, France, Greece. 2012: Italy. Policy measures are as of 2016.

² Estimates of people living with HIV that inform progress towards 90-90-90 are country-supplied and have not been validated by UNAIDS.

³ Data from European Centres for Disease Control and Prevention Continuum of HIV care 2017 progress report.

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument. European Centres for Disease Prevention and Control. Continuum of HIV care 2017 progress report. Stockholm: European Centres for Disease Prevention and Control; 2017.

	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV*	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment*	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ANDORRA												
AUSTRIA ^{1,2,3}	88%				85%	75%			76%	57%		
BELGIUM ^{1,2,3}	84%				84%	71%			>89%	67%		
BULGARIA ^{1,2,3}	64%				36%	23%			87%	20%		
CANADA ^{1,2}	80%				76%	61%			89%	54%		
CROATIA												
CYPRUS												
CZECHIA	75%				69%	52%			>89%	50%		
DENMARK ^{2,3}	>89%				>89%	>81%			>89%	>73%		
ESTONIA ^{2,3}	84%				40%	34%						
FINLAND												
FRANCE ^{1,2,3}	84%				89%	75%			>89%	68%		
GERMANY ^{1,2,3}	85%				84%	72%			>89%	67%		
GREECE ^{1,2,3}	78%				67%	53%			73%	39%		
HUNGARY ^{1,2,3}	87%				53%	46%			>89%	43%		
ICELAND ²									>89%	73%		
IRELAND	85%				>89%	77%						
ISRAEL ^{1,2,3}	74%				69%	51%						
ITALY ^{1,2,3}	88%				88%	78%			87%	67%		
LATVIA												
LIECHTENSTEIN												
LITHUANIA	88%				26%	23%			74%	17%		
LUXEMBOURG ²	85%				88%	75%			>89%	68%		
MALTA ^{2,3}	75%				>89%	72%			86%	62%		
MONACO												
NETHERLANDS ^{1,2,3}	88%				88%	77%			>89%	72%		
NORWAY												
POLAND ^{2,3}	57%				63%	36%			>89%	32%		
PORTUGAL	76%				>89%	70%			88%	62%		
ROMANIA	89%				77%	68%			>89%	64%		
SAN MARINO												
SERBIA ^{2,3}	63%				66%	42%			>89%	40%		
SLOVAKIA	79%				74%	59%						
SLOVENIA												
SPAIN ³	82%				>89%	75%			83%	44%		
SWEDEN ^{1,2,3}	>89%				>89%	>81%			88%	66%		
SWITZERLAND ^{1,3}	82%				>89%	75%			>89%	>73%		
TURKEY												
UNITED KINGDOM ^{1,2,3}	87%				>89%	>81%			>89%	78%		
UNITED STATES												
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						78%						



85% and above
70-84%
50-69%
Less than 50%

Yes
Not reported as available
Neither available
Lay provider testing available; community-based testing and counselling not available
Community-based testing and counselling available; lay provider testing not available
Both available

85% and above
70-84%
50-69%
Less than 50%

75% and above
55-74%
30-54%
Less than 30%

Treat all
Responses other than treat all

Yes
No

85% and above
70-85%
50-69%
Less than 50%

65% and above
40-64%
25-39%
Less than 25%

75% and above
50-74%
Less than 50%

Yes, fully implemented
Yes, not implemented or partially implemented
No policy on viral load testing
No, targeted viral load testing only