

## PRESS STATEMENT

## UNAIDS welcomes further evidence of the positive impact of antiretroviral therapy on preventing new HIV infections

GENEVA, 8 March 2012—Researchers from the Africa Centre for Health and Population

Studies have presented results which show that in areas where antiretroviral therapy uptake is high (greater than 30%) people who do not have HIV are 38% less likely to acquire the virus than in areas of low uptake (less than 10%).

"These findings are extremely important. UNAIDS encourages all countries and communities to achieve high coverage of antiretroviral therapy, both for the benefit of people living with HIV and for the communities in which they live," said Paul De Lay, Deputy Executive Director, Programme, Joint United Nations Programme on HIV/AIDS (UNAIDS).

It is the first time the positive impact of antiretroviral therapy on HIV incidence has been demonstrated in a community setting. The findings also confirm results from the recent HPTN052 study which showed that if an HIV-positive person adheres to an effective antiretroviral therapy regimen, the risk of transmitting the virus to their uninfected sexual partner can be reduced by 96%.

The study used HIV surveillance data collected since 2003 in a rural area of KwaZulu-Natal in South Africa. In the study area, 20 000 people living with HIV had accessed antiretroviral therapy since 2004 through public-sector primary health care.

More than 16 500 HIV negative people living in the study area were followed from 2004 to 2011 though population-based HIV surveillance. During the study period 1 413 people were newly infected with HIV—an incidence rate of 2.6%. In areas where more than 30% of all people living with HIV were receiving antiretroviral therapy, the incidence rate was significantly lower compared to areas where less than 10% of all people living with HIV were accessing treatment. Holding other risk factors constant, people were nearly 40% less likely to acquire HIV in the 'high uptake' areas.

South Africa has expanded the eligibility criteria for initiation of antiretroviral therapy in recent years, whereby people living with HIV with a CD4 cell count of less than 350 are eligible for antiretroviral therapy—in line with 2010 World Health Organization recommendations.

"The results give clear evidence that HIV incidence is reduced as a result of high coverage of antiretroviral therapy," said Frank Tanser from the Africa Centre for Health and Population Studies, University of KwaZulu-Natal, South Africa. "It is the first time that we have been able to show such results in a population setting—an important finding which will help guide the AIDS response."

Abstract: Effect of ART Coverage on Rate of New HIV Infections in a Hyper-endemic, Rural Population: South Africa http://retroconference.org/2012/

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