

PRESS RELEASE

Countries adopt UNAIDS Fast-Track Strategy to double number of people on life-saving HIV treatment by 2020

An estimated 15.8 million people are now on HIV treatment, a doubling from five years ago, as countries adopt the UNAIDS Fast-Track Strategy using data to fine-tune delivery of HIV prevention and treatment services to reach people being left behind

GENEVA, 24 November 2015—Ahead of World AIDS Day 2015, UNAIDS has released a new report showing that countries are getting on the Fast-Track to end AIDS by 2030 as part of the Sustainable Development Goals. By adapting to a changing global environment and maximizing innovations, countries are seeing greater efficiencies and better results.

Progress in responding to HIV over the past 15 years has been extraordinary. By June 2015, UNAIDS estimates that 15.8 million people were accessing antiretroviral therapy, compared to 7.5 million people in 2010 and 2.2 million people in 2005. At the end of 2014, UNAIDS estimates that new HIV infections had fallen by 35% since the peak in 2000 and AIDS-related deaths have fallen by 42% since the 2004 peak.

“Every five years we have more than doubled the number of people on life-saving treatment,” said Michel Sidibé, Executive Director of UNAIDS. “We need to do it just one more time to break the AIDS epidemic and keep it from rebounding.”

The life-changing benefits of antiretroviral therapy mean that people living with HIV are living longer, healthier lives, which has contributed to an increase in the global number of people living with HIV. At the end of 2014, UNAIDS estimates that 36.9 million people were living with HIV. Once diagnosed, people need immediate access to antiretroviral therapy.

Countries are gearing up to double the number of people accessing HIV treatment by 2020. This Fast-Track approach will be instrumental in achieving the UNAIDS 90–90–90 treatment target of ensuring that 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are on treatment and 90% of people on treatment have suppressed viral loads.

“Today, we have more HIV prevention options than ever before. And with better data, we can become better match makers, finding the right prevention options for the right people,” said Mr Sidibé.

To end AIDS as a public health threat, an accelerated and more focused response is needed using better data to map and reach people in the places where the most new HIV infections occur. To support countries with this approach, UNAIDS has released a new report, ***Focus on location and population: on the Fast-Track to end AIDS by 2030***, which gives examples of more than 50 communities, cities and countries that are using innovative approaches to reach more people with comprehensive HIV prevention and treatment services.

Through the responsible use of detailed national data sets, countries are able to focus at a more granular level, mapping where new HIV infections occur and where people need services most. The report demonstrates how countries can redistribute resources to improve access to HIV prevention and treatment services. With the Fast-Track approach and front-loaded investments, gaps are closed faster and resources go further and from 2020 annual resource needs will begin to fall.

The report highlights how high-impact HIV prevention and treatment programmes, such as pre-exposure prophylaxis, voluntary medical male circumcision and sexual and reproductive health services, are being successfully implemented in various locations and for different populations, including adolescent girls and young women and their partners, pregnant women living with HIV, sex workers, transgender people, gay men and other men who have sex with men and people who inject drugs.

Examples of high-impact programmes are:

- A nationwide mapping in **Kenya** has helped to reach more female sex workers with a comprehensive package of HIV services and reduce the number new HIV infections among sex workers. Most dramatic has been the reduction in the incidence of sexually transmitted infections, from 27% among people screened in 2013 to just 3% in 2015.
- In **Botswana**, a policy change increased access to secondary school. Each additional year of secondary education was shown to reduce the cumulative risk of acquiring HIV by 8.1 percentage points.
- In the **Islamic Republic of Iran** in 2002–2003 only one prison provided methadone for just 100 prisoners dependent on opioids. By 2009, however, 142 prisons across all 30 provinces offered this vital harm reduction service, reaching 25 000 prisoners.
- A quarter of **El Salvador's** transgender people live in the capital, San Salvador. In 2014, community centres were established in the country's three largest cities to provide a comprehensive package of HIV prevention and health-care services tailored to the specific needs of this highly marginalized population. Within the first six months of 2015, these specialist services had reached a quarter of San Salvador's transgender population.

These innovative programmes use national and subnational data and local knowledge from populations at higher risk of HIV to direct tailored HIV and related services to reach the people currently being left behind, resulting in greater impact at lower cost.

- Since July 2014 the community organization Colectivo Amigos contra el SIDA (CAS) has provided comprehensive HIV services in **Guatemala City** that are promoted on popular social networking websites and gay dating apps. The services are then provided through outreach activities in popular meeting places, such as parks, pedestrian walkways, saunas and nightclubs. These efforts have increased the reach of HIV prevention services by 61%, and the number of people tested increased by 32%. However, the map shows that coverage of services is still very low in many parts of the city.
- In the **Blantyre district of Malawi**, self-test kits were provided to 16 000 residents. Some 76% of residents self-tested and shared their results with a volunteer counsellor within one year.

- In 2012 and 2013, health facilities in **Guangxi, China**, began offering immediate initiation of antiretroviral therapy following diagnosis of HIV. As a result, the average time between diagnosis of HIV and initiation of treatment plummeted from 53 days to five days. Mortality also fell by approximately two thirds, from 27% to 10% during that same time period.
- **Rwanda** has integrated programmes to prevent mother-to-child transmission of HIV into maternal, neonatal and child health services and by 2014 had reduced new HIV infections among children by 88% compared to 2009.

In the report UNAIDS identifies 35 Fast-Track countries that account for 90% of new HIV infections. Focusing on location and population and programmes that deliver the greatest impact will reap huge benefits by 2030: 21 million AIDS-related deaths averted; 28 million new HIV infections averted; and 5.9 million new infections among children averted.

“Everyone has the right to a long and healthy life,” said Mr Sidibé. “We must take HIV services to the people who are most affected, and ensure that these services are delivered in a safe, respectful environment with dignity and free from discrimination.”

The report shows that areas with fewer numbers of people living with HIV and lower HIV prevalence are more likely to have discriminatory attitudes than areas that have more cases of HIV. This seemingly contradictory result is explained by education and understanding about HIV usually being higher in countries where HIV is more prevalent and where more people are receiving treatment. However, these discriminatory attitudes make it more difficult for people in low-prevalence areas to come forward to seek HIV services for fear of stigma and reprisals.

Adopting the UNAIDS Fast-Track approach through strong leadership and investment within the communities, cities and countries most affected, the AIDS epidemic can be ended by 2030 as part of the Sustainable Development Goals.

In 2014/2015 an estimated:

- 15.8 million people were accessing antiretroviral therapy (June 2015)
- 36.9 million [34.3 million–41.4 million] people globally were living with HIV (end 2014)
- 2 million [1.9 million–2.2 million] people became newly infected with HIV (end 2014)
- 1.2 million [980 000–1.6 million] people died from AIDS-related illnesses (end 2014)

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Contact

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

UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related

deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter and Instagram.