

Highlights from the
high-level side event

FAST-TRACK: ENDING THE AIDS EPIDEMIC BY 2030

25 September 2014

“

I call on countries, the private sector and civil society to seize this opportunity to end the AIDS epidemic by 2030. This will require innovation, leadership and shared responsibility to ensure that no one is left behind.

Ban Ki-moon

United Nations Secretary-General

”

A high-level panel welcomes a new Fast-Track strategy and emphasizes a fragile five-year window for rapid and massive acceleration of HIV treatment and prevention services. A new agreement to reduce the cost of viral load tests for HIV to below US\$ 10 will improve the quality of life for millions of people on HIV treatment.

The Fast-Track strategy calls for a people-centred approach to ending the AIDS epidemic by 2030.

This call and new commitments were made at a high-level side event entitled Fast-Track: Ending the AIDS Epidemic by 2030.

Jacob Zuma
President of South Africa



We now face a momentous point in our history; for the first time we now have the tools we need to end the AIDS epidemic. To help end the epidemic, the world has established an ambitious but achievable new target for HIV treatment. South Africa enthusiastically embraces this new global treatment target. The 90–90–90 target provides a critical framework to move South Africa and the world towards the final stage in the fight against HIV.

I wish to commend Michel Sidibé and UNAIDS for stepping forward to leverage South Africa's agreement to obtain affordable viral load pricing for the entire world. Although each country grapples with its own national epidemic, AIDS is global in its scope. We are all in this fight together. And this new agreement on viral load pricing demonstrates what can be achieved when commitment, innovation, partnership and global solidarity are combined.

“

**AIDS is global
in its scope.
We are all in this
fight together.**

”

Ending the AIDS epidemic: a priority for the post-2015 agenda

On the margins of the 69th session of the United Nations General Assembly Ghana and Switzerland, in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), co-convened a high level side event entitled Fast-Track: Ending the AIDS Epidemic by 2030. World leaders gathered at the event agreed that ending the AIDS epidemic as a public health threat by 2030 was possible and must be a central agenda of the post-2015 goals.

“An AIDS-free generation is in our reach. It is our responsibility to make it happen. Nations have to unite in this common goal and act together with force of conviction,” said Didier Burkhalter, President of Switzerland. **“The objective is clear: end AIDS by 2030!”**

UNAIDS Fast-Track strategy—speed combined with location and population

This strategy calls on countries, especially those with a high burden of HIV, to provide life-saving HIV treatment and prevention services as a matter of priority to people at higher risk of HIV infection in areas with high HIV prevalence and density of people living with HIV in a short window of five years. Such an approach will drastically reduce the number of new HIV infections and AIDS-related deaths to record low levels.

“I believe strongly that ending AIDS should be part of the post-2015 agenda,” said John Dramani Mahama, President of Ghana. **“This is an epidemic that no one thought we could end, but now with the progress we see we know it can be done.”**

AIDS is not over in any region—30 countries account for more than 80% of the new HIV infections that occur each year in the world. Within these countries, the epidemic is often concentrated in large cities, selected districts and localized areas. And in each setting the affected populations vary. A concerted push to reach the specific populations at higher risk in these countries and local areas will maximize the gains in preventing new HIV infections and stopping AIDS-related deaths.



Mariam Mahamat Nour, Minister of Economy, Planning and International Cooperation, Chad



Ira Magaziner, Chief Executive Officer and Vice-Chairman of the Clinton Health Access Initiative

“We need to focus on data, mutual accountability and transparency for impact, and put our weight behind HIV prevention, treatment and care interventions that work. We also need to continue setting benchmarks, and I am very pleased that PEPFAR is laser focused on achieving ambitious targets in areas of high HIV prevalence. The challenge is obviously big and obviously important,” said John Kerry, Secretary of State, United States of America.

Fragile five-year window

The success of the Fast-Track strategy relies upon countries to frontload investments and step up the pace of delivery of HIV services, especially the roll-out of antiretroviral therapy. This strategy will see the greatest returns on investments.

“I call on countries, the private sector and civil society to seize this opportunity to end the AIDS epidemic by 2030,” said Ban Ki-moon, United Nations Secretary-General. **“This will require innovation, leadership and shared responsibility to ensure that no one is left behind.”**

UNAIDS, together with governments, civil society and other partners, will help countries identify the areas where Fast-Track delivery of HIV-related services will have the most impact.

“We have a fragile five-year window to ensure that the world is on track to end the AIDS epidemic,” said Michel Sidibé, Executive Director of UNAIDS. **“Seizing the opportunity to Fast-Track the response to HIV will save millions of lives—the cost of inaction is unthinkable.”**



John Kerry
Secretary of State, United States of America



I want to thank President Burkhalter of Switzerland, President Mahama of Ghana, President Zuma of South Africa and my good friend Michel Sidibé, Executive Director of UNAIDS, for their commitment to helping to write a new chapter in the fight against AIDS. It's more than fair to say that the work we are doing together here is work that was once just a distance dream. We are making an AIDS-free generation a closer reality for a lot of people around the world. We now have to complete the task. We need to continue setting benchmarks. I am very pleased that the United States President's Emergency Plan for AIDS Relief's (PEPFAR) investment supports UNAIDS' 90-90-90 targets.

We need to ensure that the post-2015 development agenda reflects the United States' continued commitment to ending the AIDS epidemic and creating an AIDS-free generation. I want to emphasize that the United States' commitment to fighting HIV/AIDS is undiminished, just as our work is unfinished. And our commitment has only been strengthened by the progress we made, the lives we have saved and the fact we have learned we know what to do: we just need to do it. It's a story worth telling and a story that compels us to continue.

“

... we have learned we know what to do: we just need to do it. It's a story worth telling and a story that compels us to continue.

”

John Dramani Mahama
President of Ghana



I believe strongly that the progress we have made in rolling back AIDS should not mean that we sit back and do no more. I believe that ending the AIDS epidemic must be one of the targets that we should set for the post-2015 agenda. I thought AIDS was a disease that we could never conquer, but now it's obvious that if we continue to work together in a determined manner by 2030 we could see the end of the AIDS epidemic.



I believe that ending the AIDS epidemic must be one of the targets that we should set for the post-2015 agenda.



US Secretary of State John Kerry and UNAIDS Executive Director Michel Sidibé



Victoria Beckham, UNAIDS International Goodwill Ambassador

Ambitious 2020 HIV treatment and prevention targets

New targets for closing the HIV treatment and prevention access gap by 2020 will be set. These include a bold target of providing access to antiretroviral treatment by 2020. The 90–90–90 target would enable 90% of people living with HIV to know their HIV status, 90% of people who know their status to access HIV treatment and 90% of people on HIV treatment to achieve viral suppression.

Fast-Track targets

By 2020

90-90-90
Treatment

500 000
New infections

ZERO
Discrimination

By 2030

95-95-95
Treatment

200 000
New infections

ZERO
Discrimination

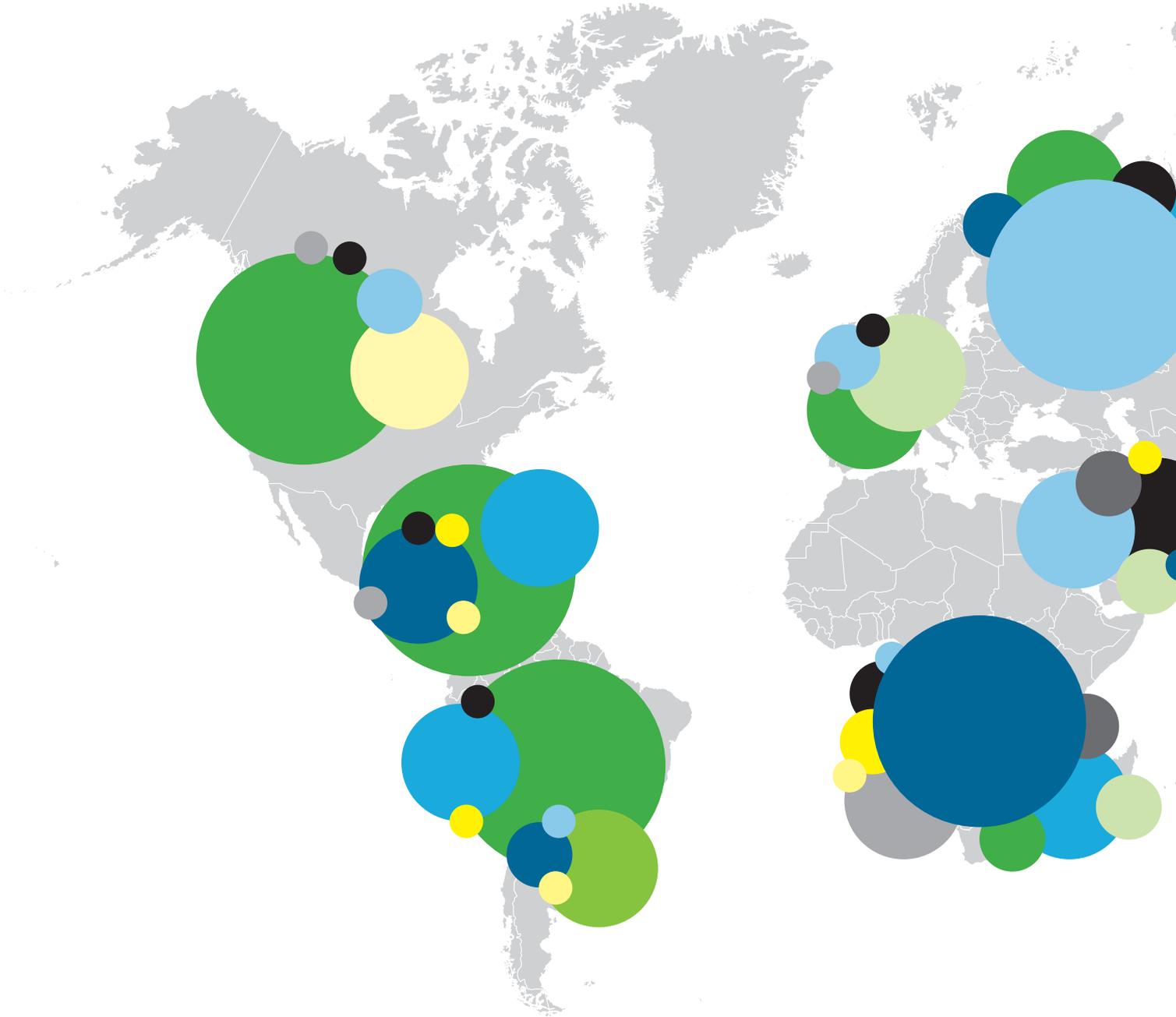
“Thanks to the Clinton Health Access Initiative, UNAIDS, PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria, our negotiations secured reduction of the price of viral load testing not only for South Africa but the whole world,” said Jacob Zuma, President of South Africa. “We now have the tools we need to end the AIDS epidemic.”

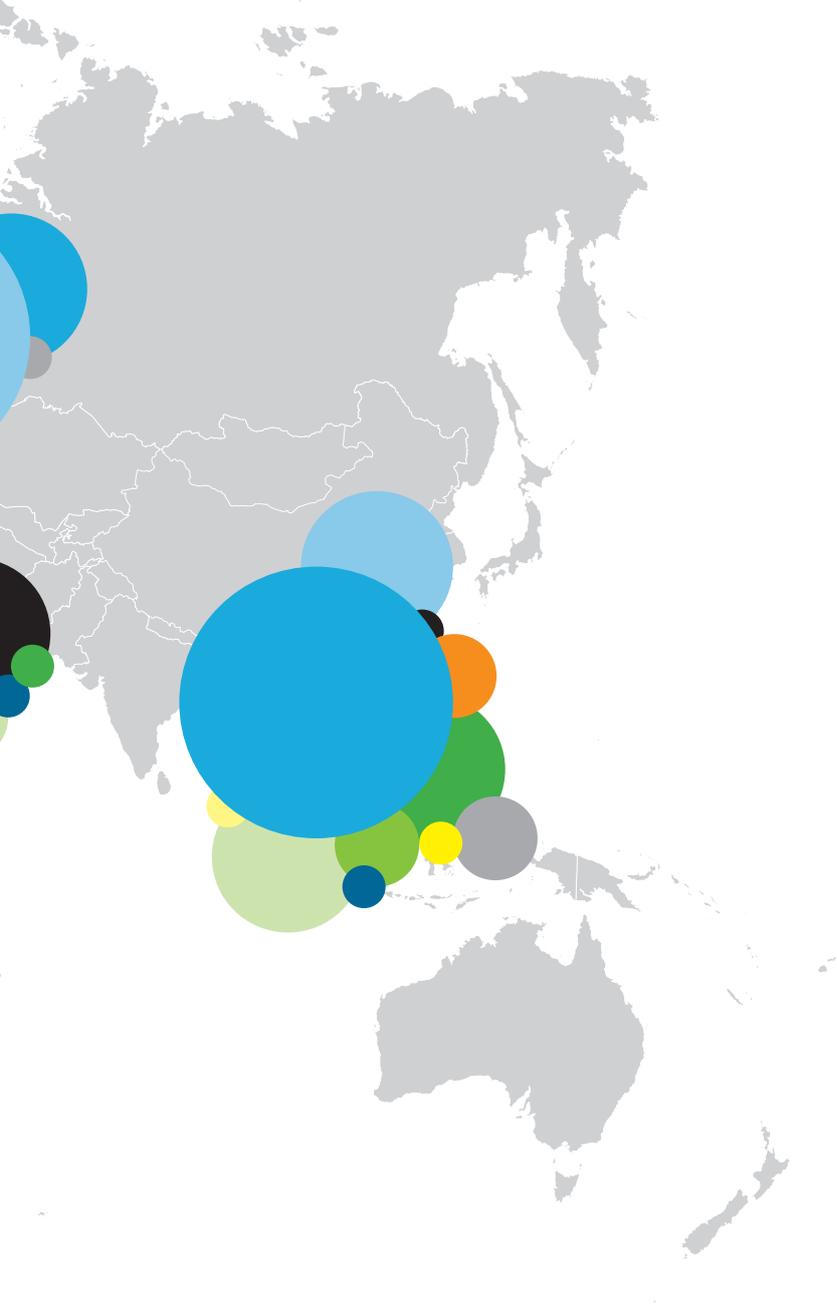
The new agreement on lowering the cost of viral load tests to below US\$ 10 was announced by South Africa, the Clinton Health Access Initiative, UNAIDS and Roche, the pharmaceutical company. Viral load tests are essential to monitor the impact of HIV treatment on individuals. The high price of the viral load test is a barrier to its widespread use in low- and middle income countries. With this price reduction, these life-saving diagnostic tools will become more widely available.

“We applaud all the global partners who came together to ensure that over 31 million people living with HIV/AIDS in low- and middle-income countries will be able to access viral load testing at this reduced price,” said President Bill Clinton, Chairman of the Clinton Health Access Initiative.

Based on consultations with global treatment experts and regional

The importance of location and population





- Young women
- Sex workers
- People who inject drugs
- Gay men and other men who have sex with men
- Transgender people
- Migrants
- Prisoners
- Displaced people
- Pregnant women
- People aged 50+
- Disabled people
- African-American women
- Intimate partners

People living with HIV (children and adults) are included as members of all of the featured populations. They are implicitly included in this map as they must have universal access to services.

Source: UNAIDS Gap Report, 2014

Michel Sidibé
Executive Director of UNAIDS



AIDS is a transformative force—it has brought us together—creating a greater solidarity that we have never experienced before in global health. People were scared, but with unprecedented civil society movements we broke the conspiracy of silence. What we are experiencing today with Ebola is something we should learn from our own experience. We went through discrimination, stigmatization, people hiding, no drugs, and prevention not working. And we managed to demonstrate that we could influence and bring global solidarity and break the trajectory of AIDS and now work towards ending the epidemic.

“

... AIDS has brought us together—creating a greater solidarity that we have never experienced before in global health.

”

Ibrahim Boubacar Keïta
President of Mali



I have come to render homage to a man, a man I have known for quite a long time. I believe that nothing great can be achieved without a solid human foundation. And I believe what my friend Michel is achieving as the head of UNAIDS cannot surprise anyone in Mali who knows him. This man has humanity in him, this man is the person that the international community has set up as the head of this organization whose importance does not need to be demonstrated to anyone. Mali is proud of Michel. I am here today to say how proud I am of you.

“

**I believe that
nothing great
can be achieved
without a solid
human foundation.**

”

Didier Burkhalter
President of Switzerland



Truly, we have a shared goal in common. We want to end the AIDS epidemic by 2030. It's possible and it will require team spirit and our political will. There are some ambitions that are also our duty, and that is the case here. We really need to reach the goal of the three zeros—zero new HIV infections, zero discrimination and zero AIDS-related deaths. An AIDS-free generation is now possible and it is our responsibility to make this happen.



It's possible and it will require team spirit and our political will.



Jan Eliasson,
Deputy Secretary-
General of the
United Nations



Moderators
Annemarie Hou
and Mahesh
Mahalingam,
UNAIDS

consultations, UNAIDS released a document entitled *90–90–90: an ambitious target to help end the AIDS epidemic* to support the implementation of the new 2020 HIV treatment targets. This document outlines the rationale, scientific evidence and strategy to rapidly expand access to HIV treatment. In addition to ensuring that no child is newly infected with HIV, a new target of reducing new adult HIV infections from 2.1 million in 2010 to 500 000 in 2020 and to 200 000 in 2030 is proposed. This can be achieved by combining the potential of antiretroviral therapy to prevent new HIV infections with other proven HIV prevention methods, such as male and female condoms, harm reduction measures, voluntary medical male circumcision, sexual and reproductive health services and innovative social security programmes, for example cash transfers.

“The Global Fund welcomes this new initiative,” said Global Fund Executive Director Mark Dybul. “Due in large part to the high price of available technologies, many treatment programs have yet to prioritize scale-up of viral load testing. The Roche Access Program offers an important incentive to rapidly expand access to viral load testing.”

Zero discrimination—leaving no one behind

Together with ambitious targets for HIV treatment and prevention, the global goal of zero discrimination needs to be reaffirmed. The success of the AIDS response is primarily due to the unflinching commitment to protecting human rights. Human rights targets are indispensable to ensuring that people living with HIV do not face stigma and discrimination, marginalized populations are protected and the right to health becomes a reality.

Key populations—including sex workers, gay men and other men who have sex with men, transgender people and people who use drugs—regardless of where they live or the legal status of their behaviour need access to HIV services in close proximity that are free of stigma and discrimination. Young women and girls in countries with high HIV prevalence need choices to mitigate their vulnerability and risk of acquiring HIV. In sub-Saharan Africa, HIV prevalence among young women and girls is higher than among their male peers.

“When I think about ending AIDS I dream of wanting to be alive by 2030. I want to see my husband stay free from HIV and my daughter protected from HIV infection,” said Teresia Njoki Otieno, Chair of the International Community of Women Living with HIV. “I do not want to come back here in 2030 and talk about the same thing. We should end this epidemic but we can only do this if we put women living with HIV at the centre.”

Defining ending the AIDS epidemic

Ending the AIDS epidemic means that the spread of HIV has been controlled or contained and that the impact of the virus on societies and on people’s lives has been marginalized and lessened, owing to significant declines in ill health, stigma, deaths and the number of orphans. It also means increased life expectancy, unconditional acceptance of people’s diversity and rights, increased productivity and reduced costs as the impact of AIDS diminishes.

AIDS by the numbers

13%

Fall in new HIV infections in the last three years alone. UNAIDS is reporting the lowest levels of new HIV infections this century, at 2.1 million [1.9 million–2.4 million].

35%

Decline in AIDS-related deaths—they are at their lowest since the peak in 2005. It is estimated that 35 million people were living with HIV in the world at the end of 2013.

58%

Fall in new HIV infections among children since 2001. New HIV infections have now dropped below 200 000 in the 21 most affected countries in Africa.

Teresia Njoki Otieno

Chair of the International Community
of Women Living with HIV



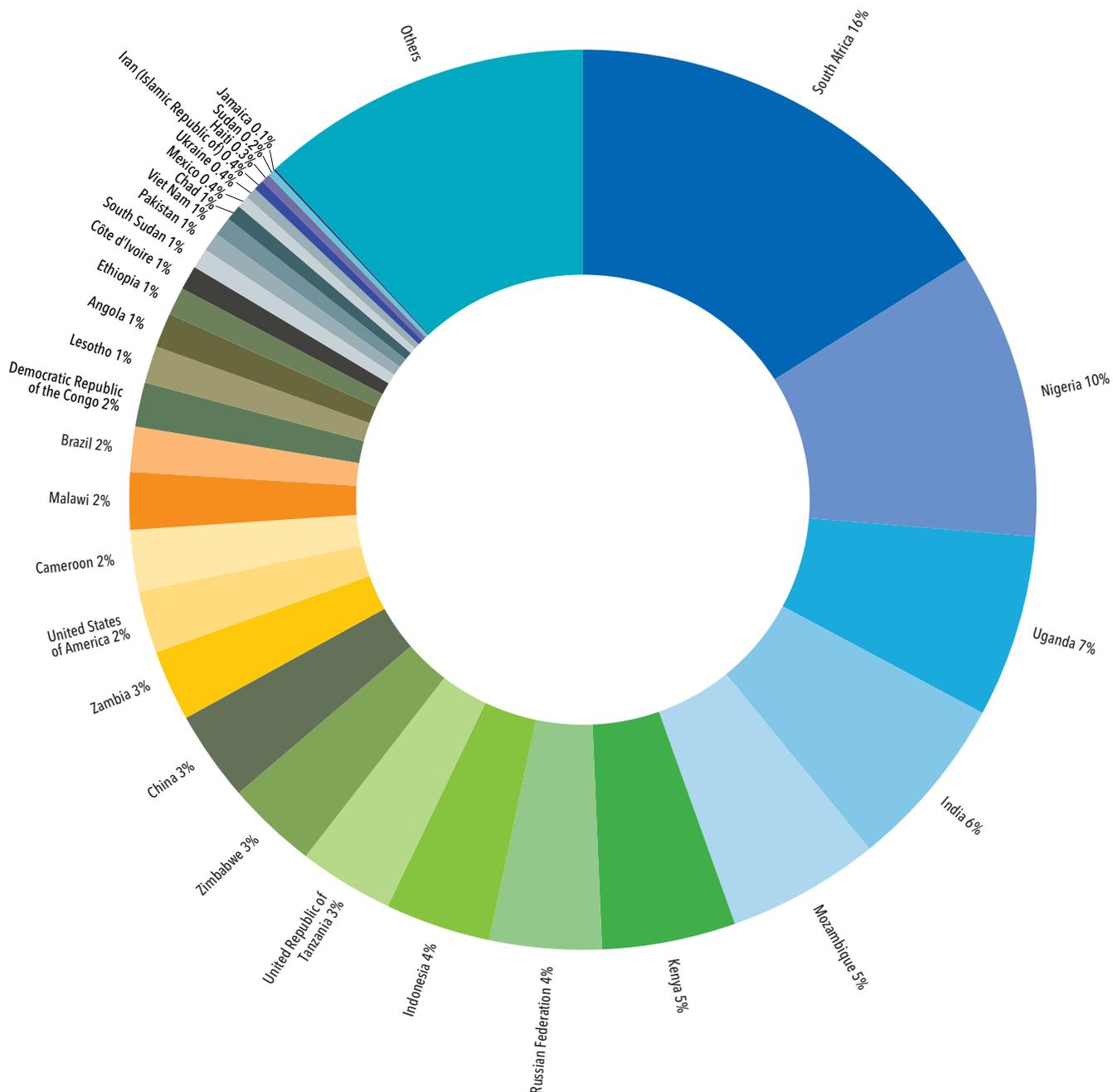
As women living with HIV, we recognize the role and the critical component that civil society organizations play in the AIDS response. We know there are unique opportunities to scale up the response. But we know we cannot scale up the response if I am not there, if other women living with HIV are not there.



**We know there
are unique
opportunities
to scale up
the response.**



New HIV infections by country, 2013



Jeffrey Sachs,
Director, Earth Institute, Columbia University



It is extremely important to remember where we came from, to understand what can be achieved. We live in a world that is often very cynical, very neglectful, doesn't pay attention and believes that things cannot be done. What we have seen here is a demonstration of what can be done. And what can be done for people who were suffering, voiceless, powerless and discarded. Now there are vibrant leaders and we see this epidemic on its way down and on its way out. It is not a dream or rhetoric, it's not just empty words to say that this epidemic can be closed and finished. It is within reach.

“

What we have seen here is a demonstration of what can be done.

”



20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 36 66

unaids.org