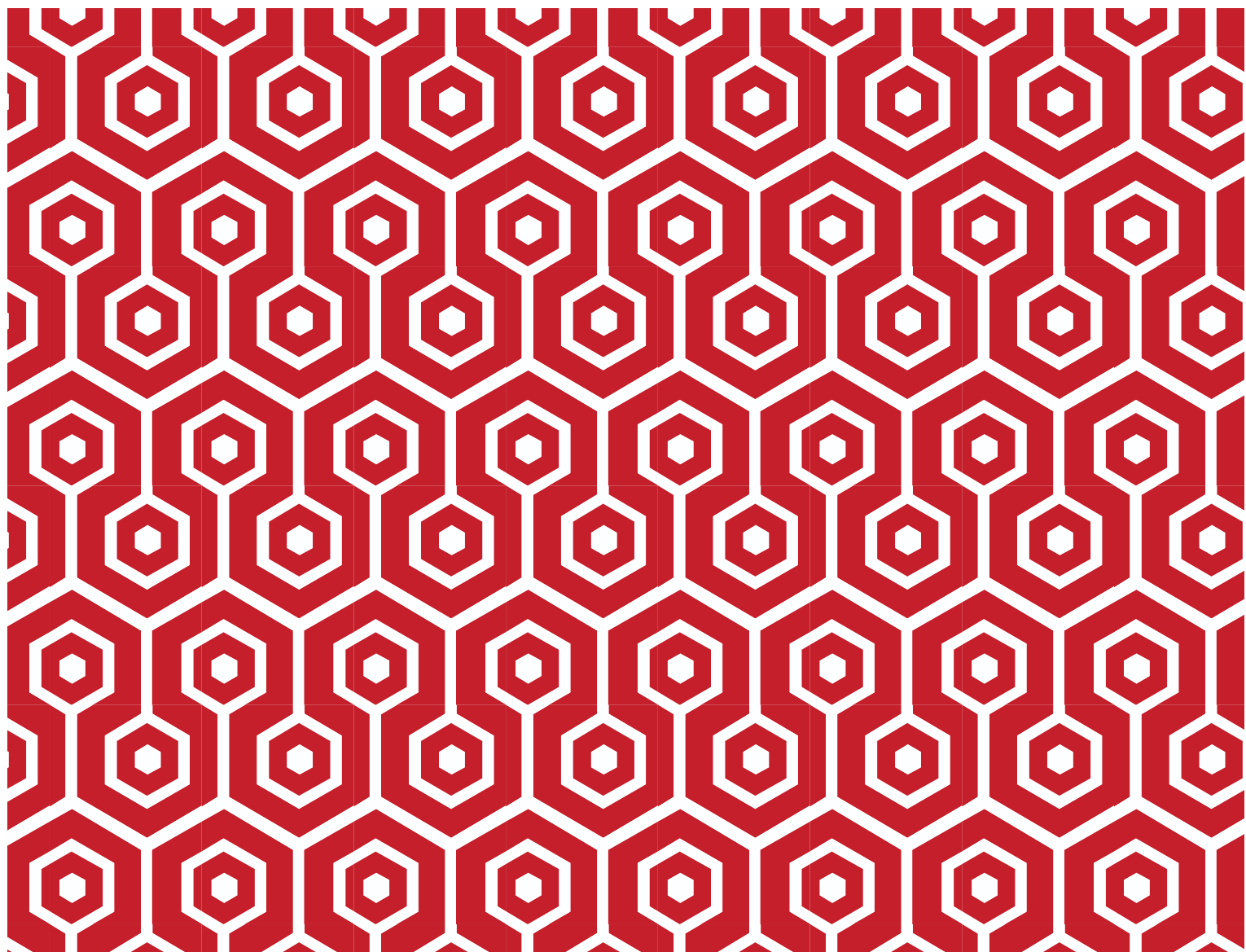


SNAPSHOT | #HLM2016AIDS

# HIV treatment

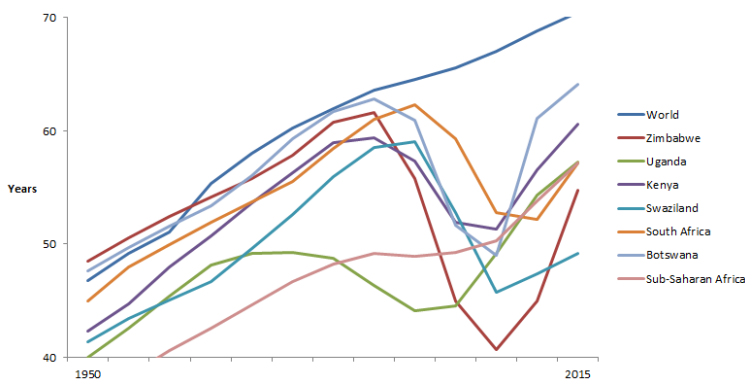


### The UNAIDS 90-90-90 treatment target

The world has embraced the UNAIDS 90–90–90 treatment target, whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing antiretroviral treatment, and 90% of people on treatment have suppressed viral loads. By reaching the 90–90–90 treatment target by 2020, the world will be firmly on track towards ending the AIDS epidemic by 2030.

HIV treatment saves lives and makes the overall AIDS response stronger. Owing primarily to wider access to HIV treatment, AIDS-related deaths globally declined by 42% from 2004 to 2014. Studies have also directly correlated improved access to HIV treatment with reductions in HIV-related stigma and discrimination and a substantial body of evidence indicates that antiretroviral therapy is a pillar of HIV prevention. Countries that have scaled up HIV treatment the fastest over the past decade have achieved the sharpest reductions in new HIV infections.

### Dramatic impact of HIV on life expectancy, 1950–2015

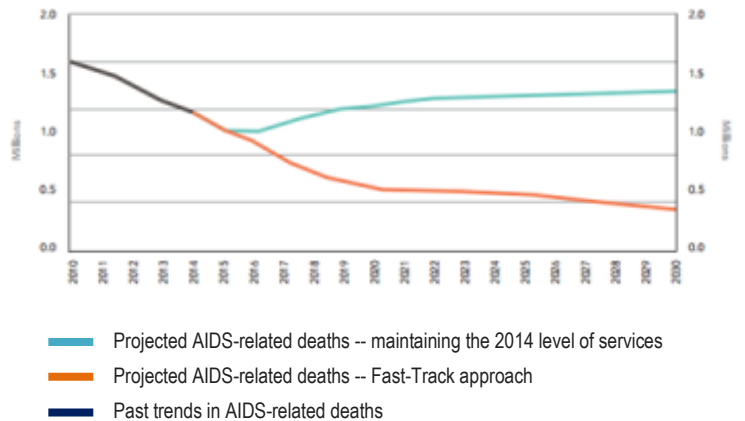


### Front-loading investments

Investments in HIV testing and treatment services need to be front-loaded during the next five years in order to reach the 90–90–90 treatment target. By investing now to accelerate progress towards the target, total expenditures for HIV treatment services will peak in 2017—at US\$ 19.3 billion—before beginning to decline, falling to US\$ 17.6 billion by 2020.

If we do not quicken the pace of action, 17.6 million more people will be newly infected with HIV and 10.9 million more people will die of AIDS-related causes globally between 2016 and 2030, and the HIV epidemic will be unnecessarily prolonged.

### Certainty of failure with business as usual, AIDS-related deaths



Recently released modelling by UNAIDS demonstrates that a failure to front-load investments will permit the epidemic to continue indefinitely and rebound in many countries, effectively losing the historic opportunity to end the epidemic as a public health threat.

*Political leadership and commitment will be essential to reach the 90–90–90 treatment target and end the AIDS epidemic.*

### Achievable targets

Evidence from a growing number of countries indicates that the 90–90–90 treatment target is achievable. In 2016, data emerged from low-, middle- and high-income countries demonstrating that many countries are either already on track to achieve the 90–90–90 treatment target or are making substantial gains towards it.

There are additional causes for optimism about achieving the 90–90–90 treatment target. Antiretroviral medicine prices continue to decline, and newer antiretroviral compounds, if manufactured as generics, have the potential to lower per-patient treatment costs further still. As HIV treatment programmes are being brought to scale, facility-level costs are falling, while treatment outcomes are improving. Innovative, community-centred service delivery strategies that have proved highly successful locally in closing gaps across the HIV treatment cascade are now being taken to scale in many settings.

In addition, recent World Health Organization (WHO) guidelines indicate the need for much less intensive care for people who are stable on antiretroviral therapy and who have viral suppression. Fewer visits per person per year plus fewer laboratory costs together drive down projected costs by about 40% for people who are stable on treatment and who have viral suppression, without reducing the quality of care.

*Achieving the 90-90-90 target will account for 60% of the reduction in new HIV infections under the Fast-Track approach.”*

However, achieving the 90–90–90 treatment target will require that a number of challenges are overcome. Many countries have yet to adopt WHO’s 2015 treatment guidelines. While rates of HIV drug resistance remain manageable in most settings, they are on the rise, underscoring the critical need to improve treatment retention and adherence. Future access to generic antiretroviral medicines may be in jeopardy, as the generic market is becoming increasingly concentrated, and as trade agreements increasingly seek to impose patent requirements that exceed those under international intellectual property law.

### Centring services in communities

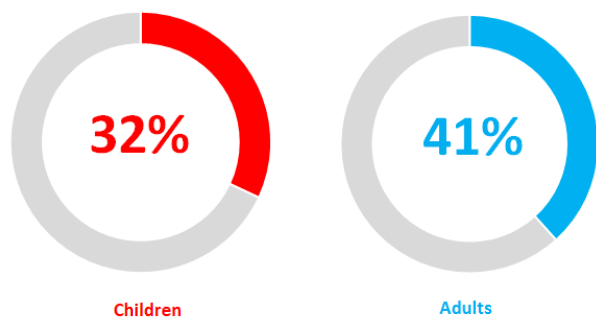
In 2014, more than 17 million people living with HIV were unaware of their HIV status, and far too many people who begin antiretroviral therapy do not remain on treatment which results in viral suppression not being sustained. To overcome these challenges, testing and treatment services must become more community-centred and less facility-based. UNAIDS estimates that the proportion of services provided in community settings needs to rise from 5% to 30% to achieve the 90–90–90 treatment target.

Decentralizing service delivery is not only needed to bring services closer to the people who need them, but also offers new options to alleviate the health workforce crisis by training and empowering community workers to assume key HIV testing and treatment delivery tasks. Centring services in communities also offers opportunities to scale up innovative approaches, such as self-testing technologies, adherence clubs and community antiretroviral medicine distribution.

### 90-90-90 to leave no one behind

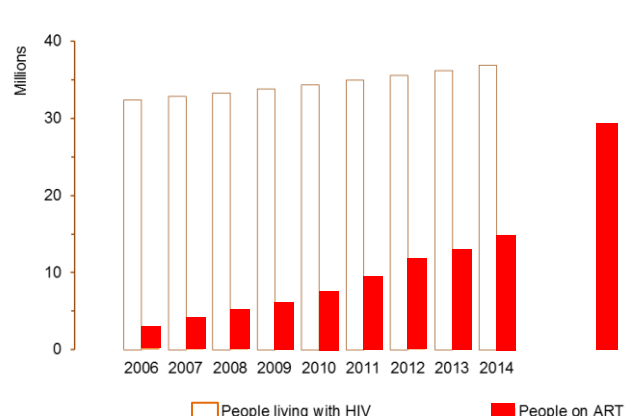
Particular efforts are also needed to ensure access to testing and treatment services for populations at risk of being left behind, including children, adolescents, young women and key populations. Although the HIV treatment access gap between children and adults has declined, in 2014 only 32% of children living with HIV had access to antiretroviral therapy, compared to 41% of adults.

### Global ART coverage is lower among children, 2014



Political leadership and commitment will be essential to hopes for reaching the 90–90–90 treatment target and for ending the AIDS epidemic. Renewed focus and determination is needed to accelerate scale-up of HIV testing and treatment services. Opportunities should be pursued to integrate HIV services with broader health-care systems. The 90–90–90 agenda offers an effective mechanism for strengthening health-care systems, quickening progress towards universal health coverage and realizing the goal of sustainable health for all.

### People living with HIV and people on treatment 2006–2014, and 2020 estimate and Fast-Track target



## KEY FACTS

# 1 million

people had access to antiretroviral therapy in 2002.

# 15.8 million

people had access to antiretroviral therapy in June 2015.

# 96%

Antiretroviral therapy reduces the risk of HIV transmission by up to 96%.

# 42%

AIDS-related deaths declined by 42% from 2004 to 2014 largely as a result of scaled-up HIV treatment.

# 75%

of people who tested positive for HIV in sub-Saharan Africa in 2014 went on to access HIV treatment, higher than any previous year

# 17.1 million

The number of people living with HIV who did not know their HIV status in 2014.

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