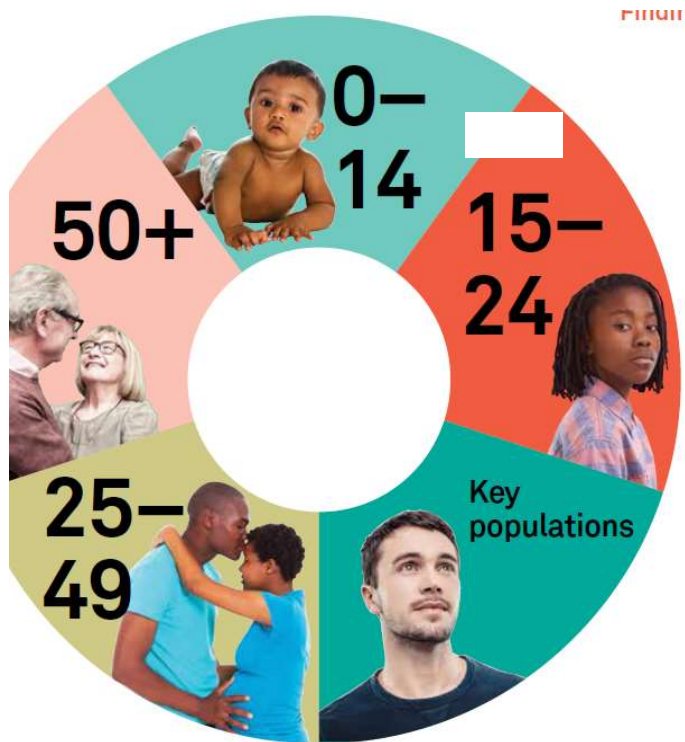


# Get on the Fast-Track-

## “The life-cycle approach to HIV”



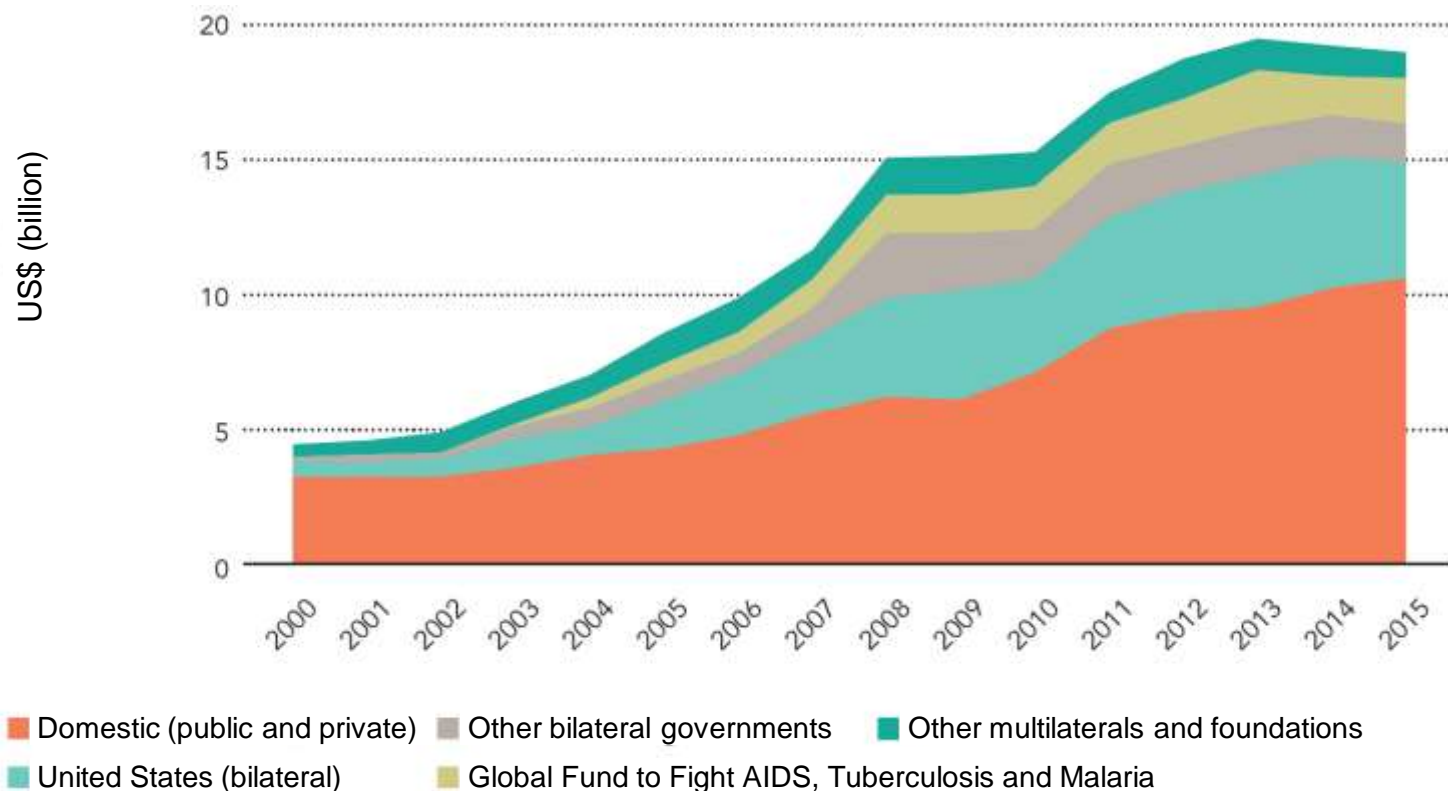
**Miriam Maluwa**  
**Country Director, UNAIDS Ethiopia**



# Fast Tracking the HIV Response

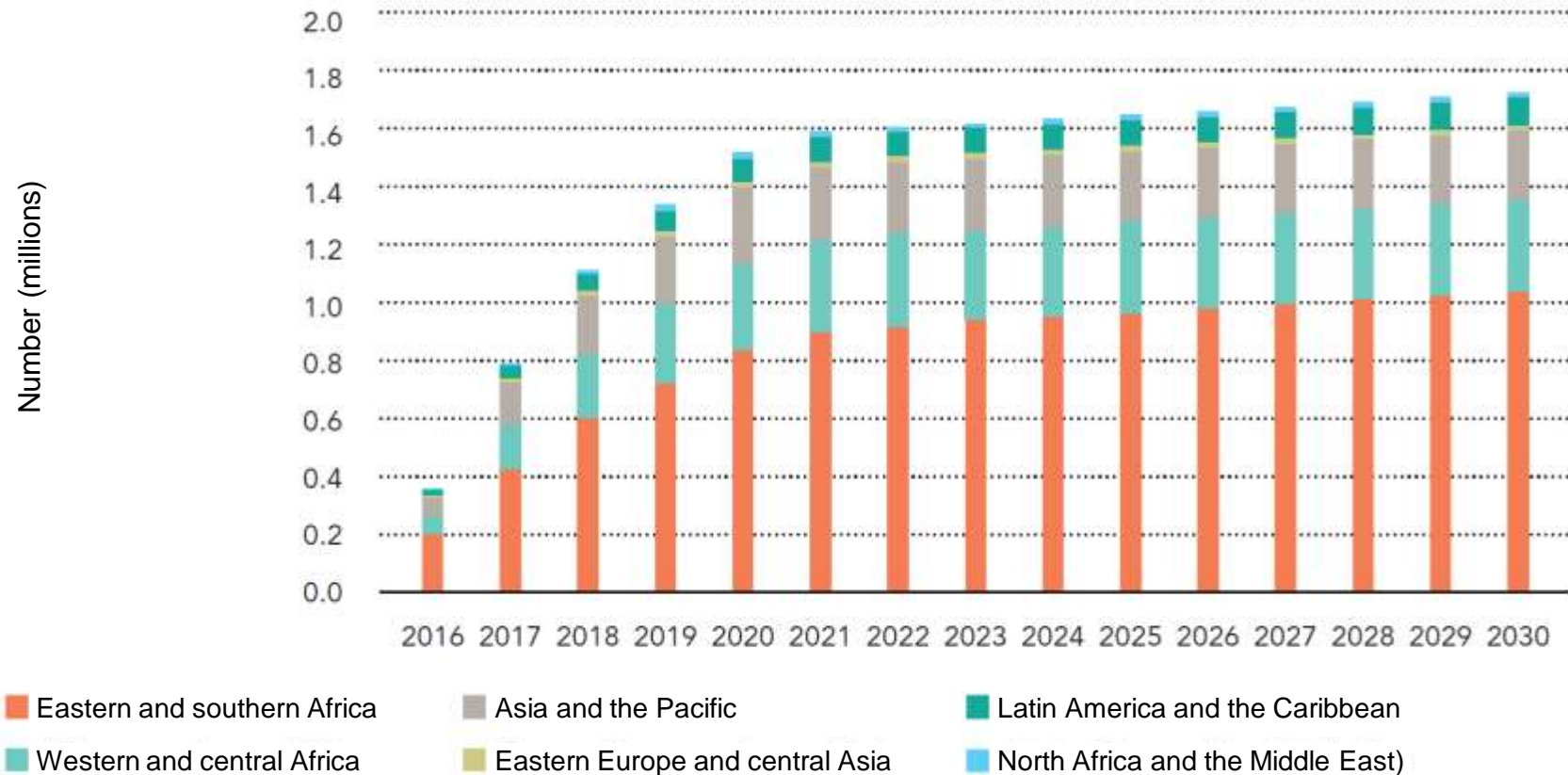


# Investments in the AIDS responses of low- and middle-income countries, by source of funding, 2000–2015

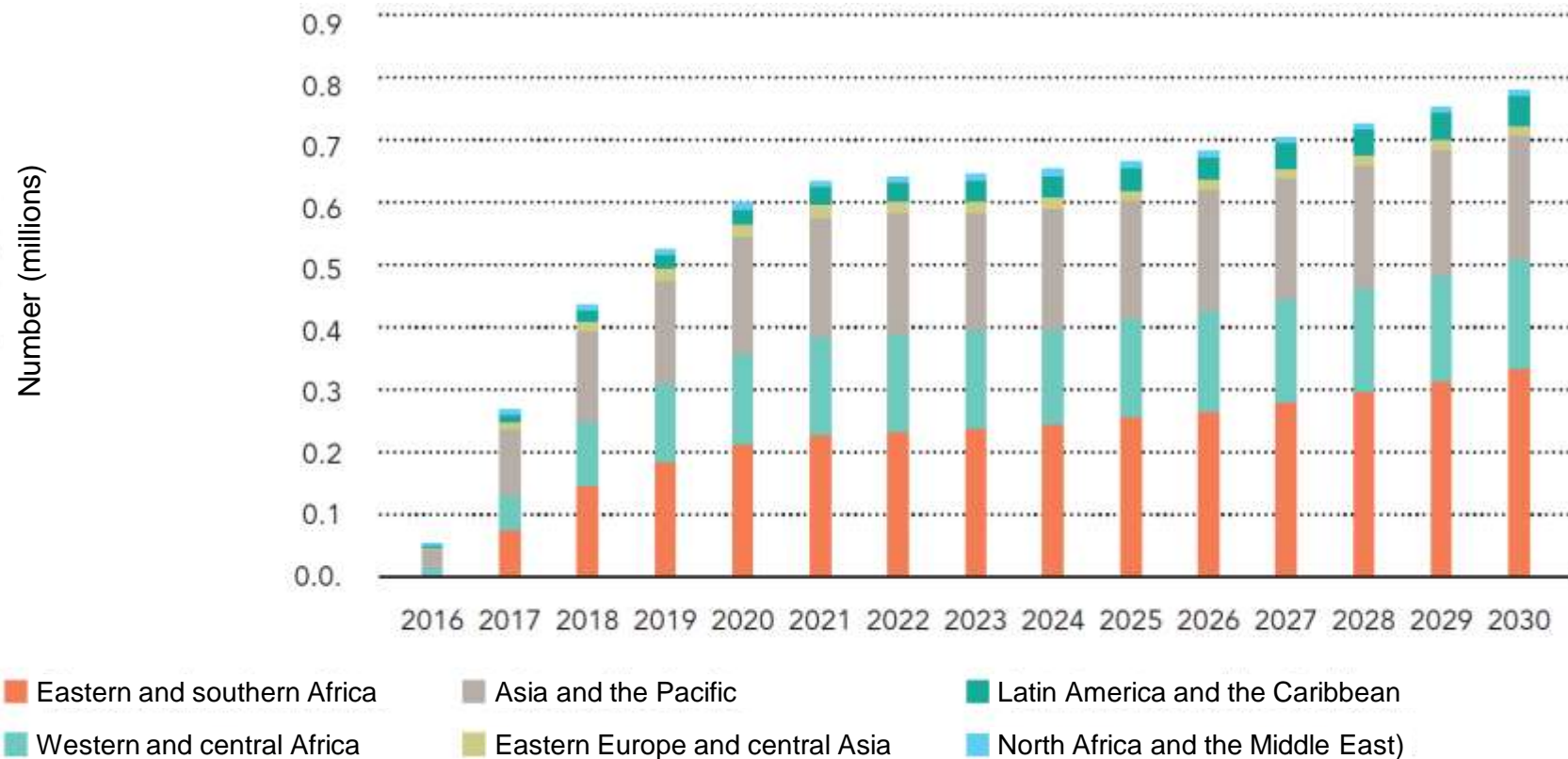


- **At the end of 2015, US\$ 19 billion** was invested in the AIDS response in low- and middle-income countries (not including the countries that have recently transitioned into high-income categories).
- **Domestic resources constituted 57% of the total resources for HIV in low- and middle-income countries in 2015.**
- **BUT** recent updated UNAIDS estimates indicate that **US\$ 26.2 Billion** will be required for the AIDS response **in 2020**, with US\$ 23.9 billion required in 2030.

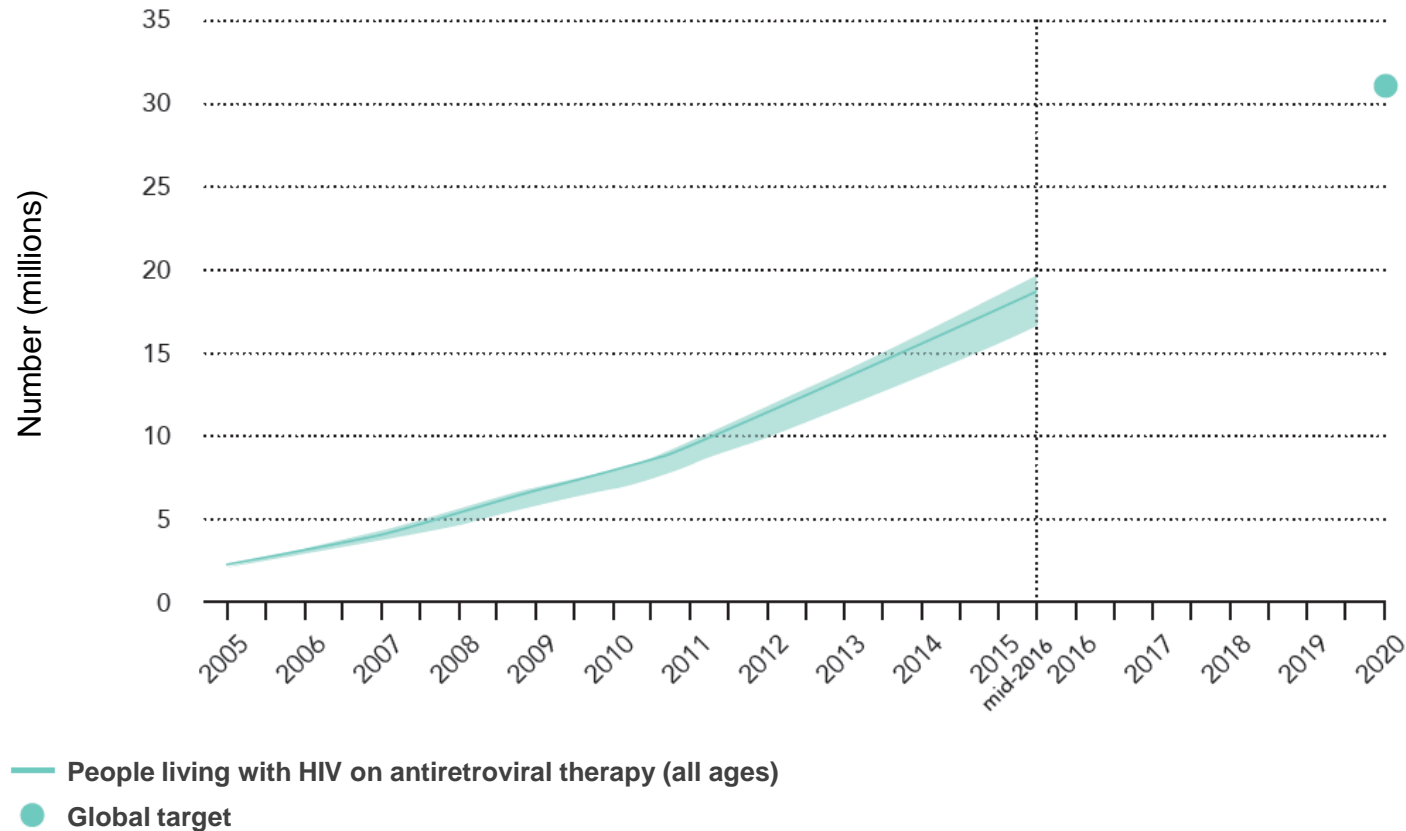
# Additional **HIV infections averted** through a Fast-Track response, compared to 2015 levels of coverage, 2016–2030



# Additional **AIDS-related deaths averted** through a Fast-Track response, compared to 2015 levels of coverage, 2016–2030



# People living with HIV on antiretroviral therapy, all ages, global, 2010–July 2016: **18m**



# Capitalizing on Gains

UNAIDS recent detailed report on the complexities of HIV data confirms that :

- People are particularly vulnerable to HIV at certain points in their lives
- A “life-cycle approach” to find solutions for everyone at every stage of life is required
- This “life cycle approach” is essential to achieving SDG3 Target 3:3 “Ending AIDS by 2030”.

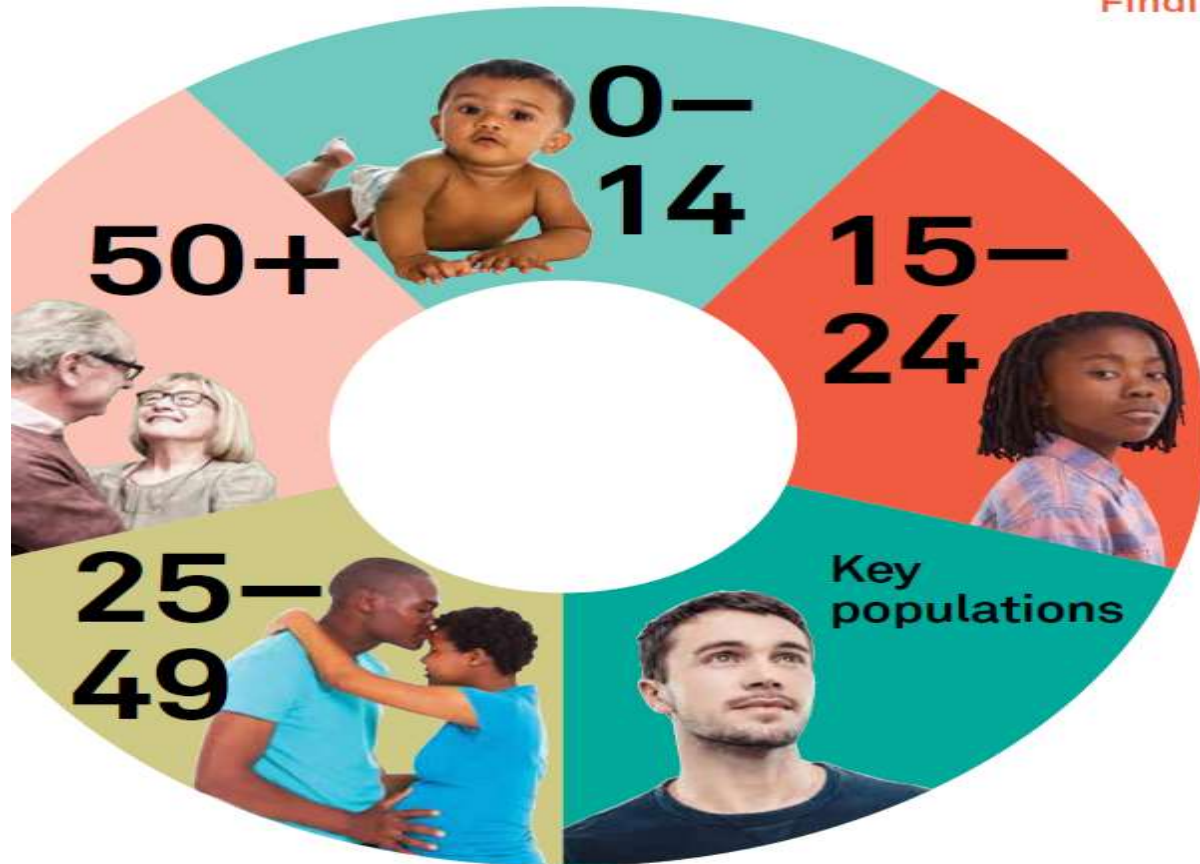


# Capitalizing on Gains

- The report **examines the gaps & approaches needed in HIV programming across the life cycle and**
- **Offers tailored HIV Prevention & Treatment solutions for every stage of life.**

# Life Cycle-

## 4 Clusters & Targeted Focus



# Through Childhood [0-14 years]

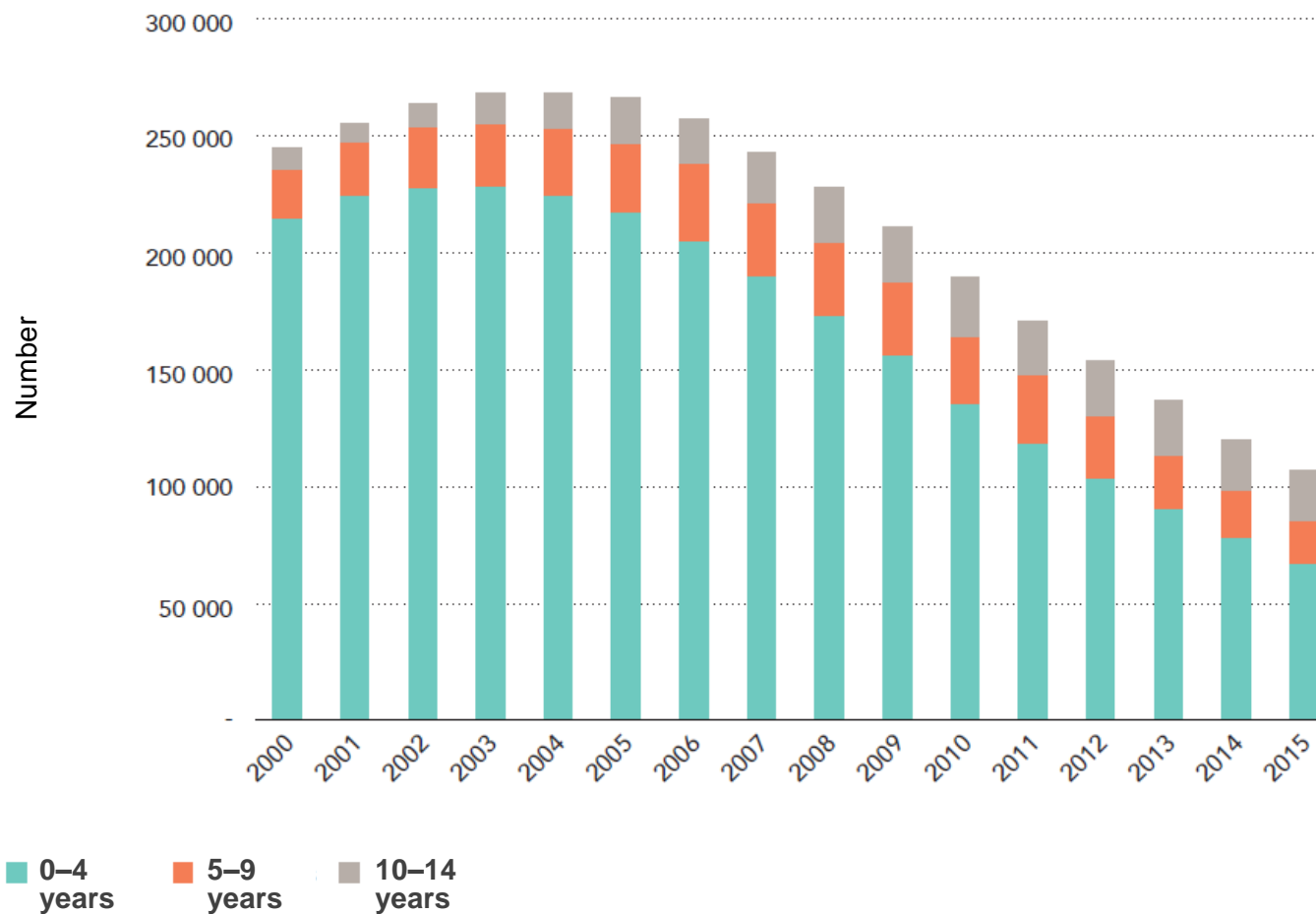


Finding solutions for everyone  
at every stage of life

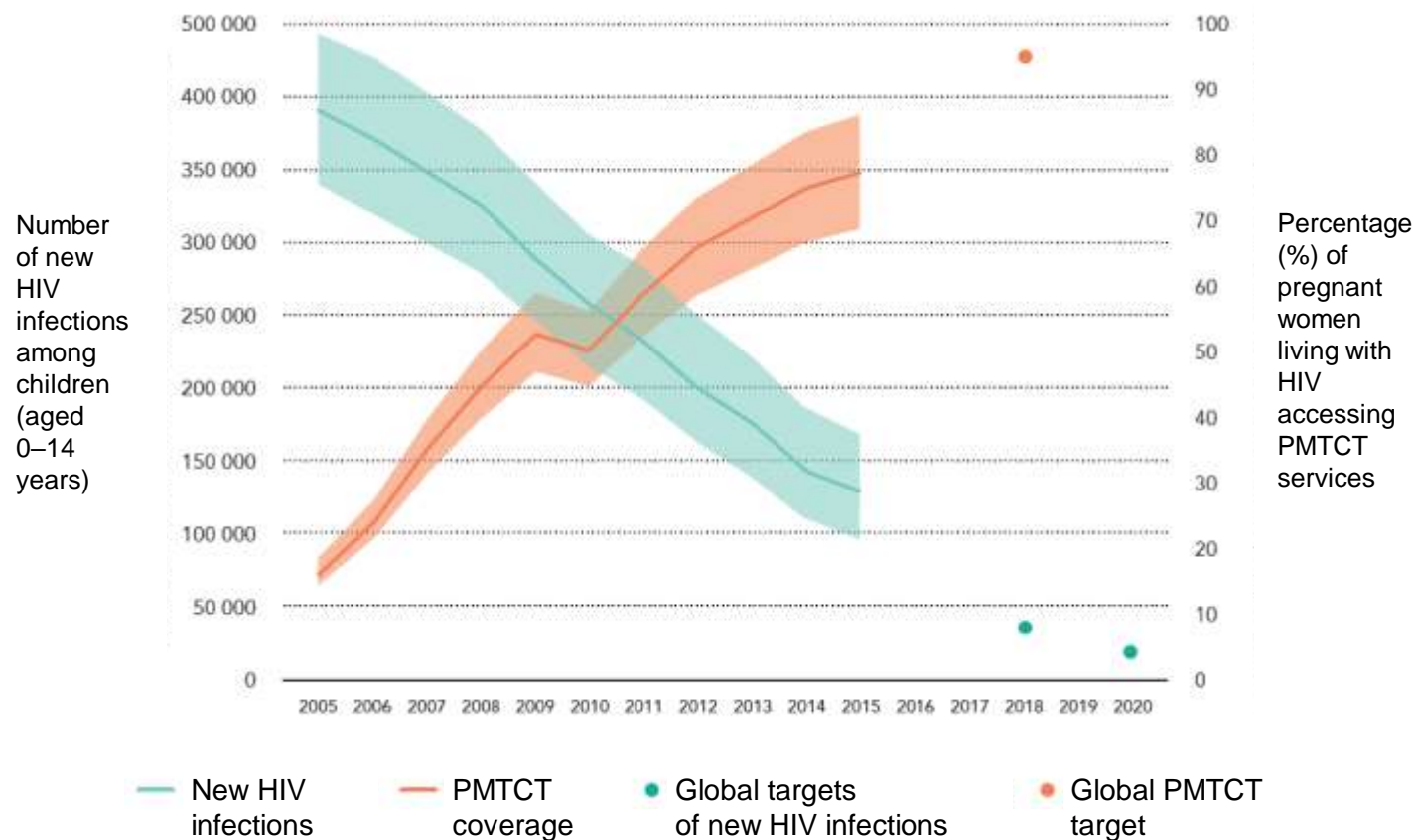
## Children (0–14)



# AIDS-related deaths among children by age group, global, 2000–2015



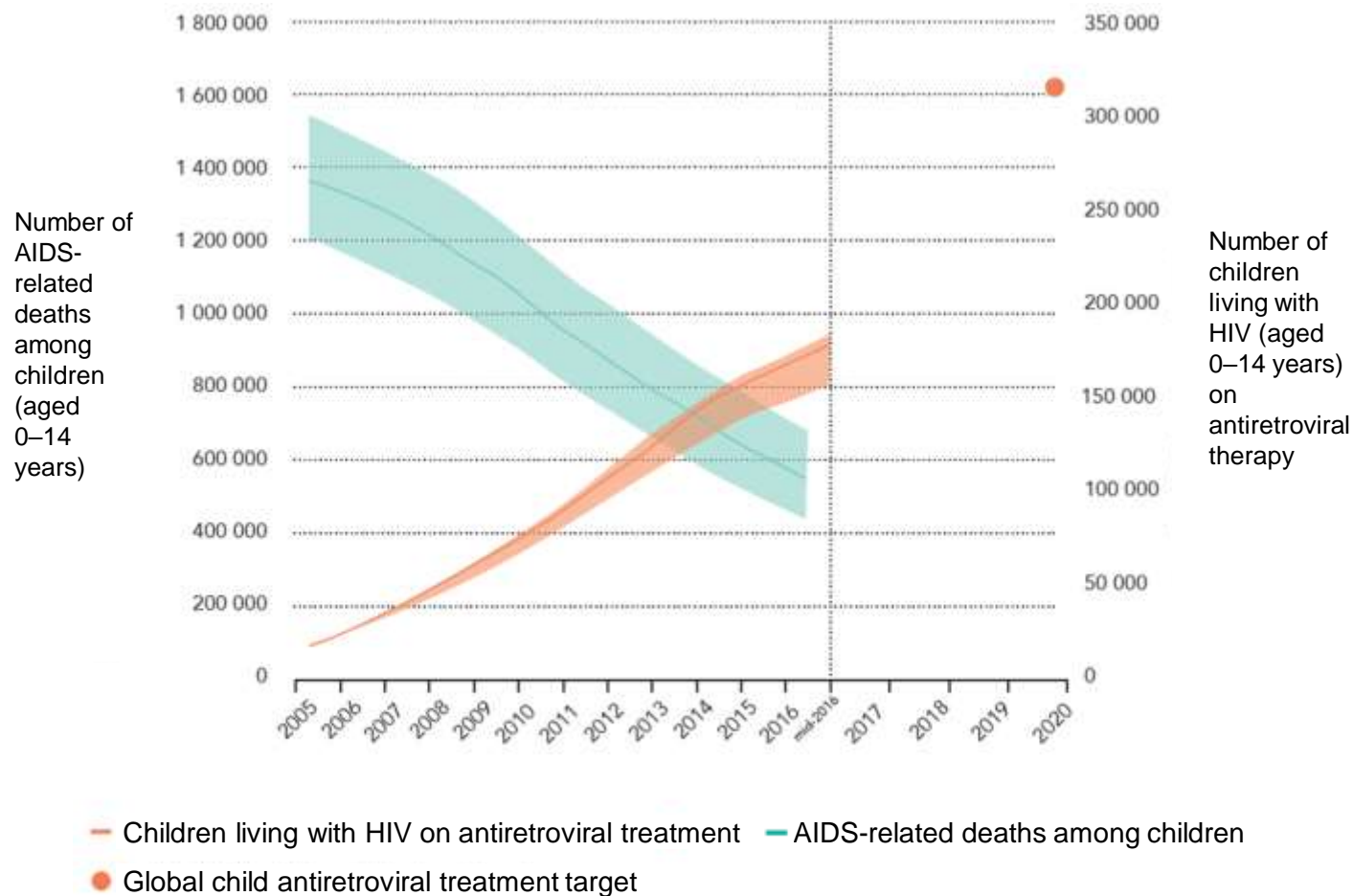
# New HIV infections among children (aged 0–14 years) and % of pregnant women living with HIV receiving ARV medicines (either prophylaxis or lifelong therapy) to Prevent Mother-to-Child Transmission, Global, 2005–2015



Source: UNAIDS 2016 estimates.

Note: In 2010, single-dose nevirapine was no longer included in ARV coverage as an effective regimen for the prevention of mother-to-child transmission.

# Children (aged 0–14 years) living with HIV on ART & number of **AIDS-related deaths among children**, Global, 2005–July 2016

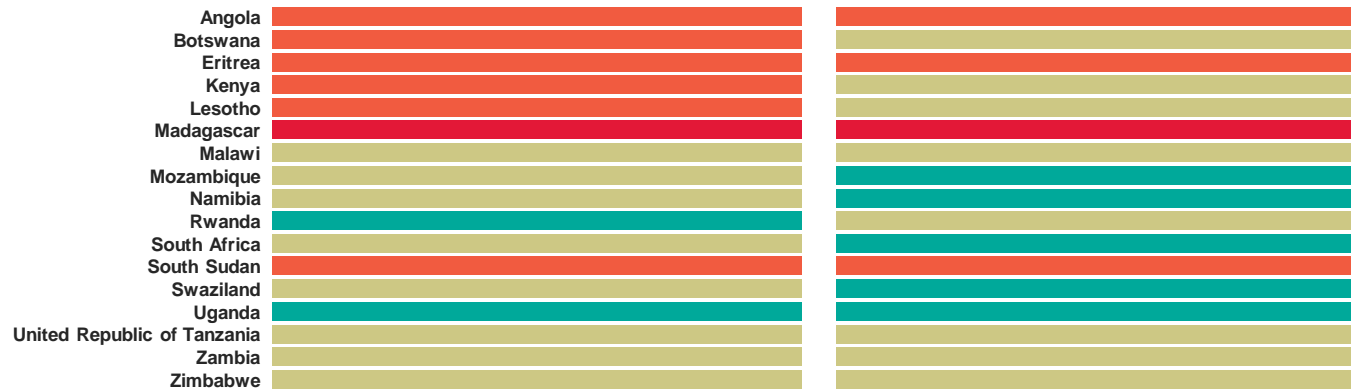


# Progress towards Elimination of HIV infections among children (0–14 years), by country, 2015

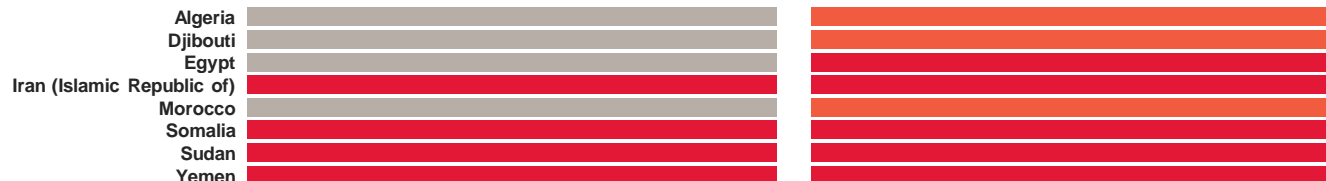
Decline in new HIV infections among children (aged 0-14 years), low- and middle-income countries, 2010-2015

Percentage of pregnant women living with HIV receiving antiretroviral medicines (either prophylaxis or lifelong therapy) to prevent mother-to-child transmission, low- and middle-income countries, 2015

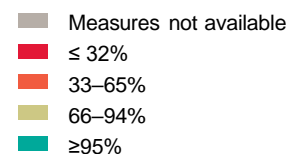
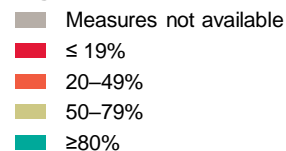
## Eastern and southern Africa



## Middle East and North Africa



### Legend



For countries not shown, both measures are not available or under review.



# Children (0-14)

- Globally, access to HIV medicines to **prevent mother-to-child transmission of HIV has increased to 77% in 2015** (up from 50% in 2010). As a result, new HIV infections among children have declined by 51% since 2010.
- **150 000 children who were newly infected with HIV in 2015, around half were infected through breastfeeding.** Infection through breastfeeding can be avoided if mothers living with HIV are supported to continue taking antiretroviral medicines, allowing them to breastfeed safely and ensure that their children receive the important protective benefits of breastmilk.

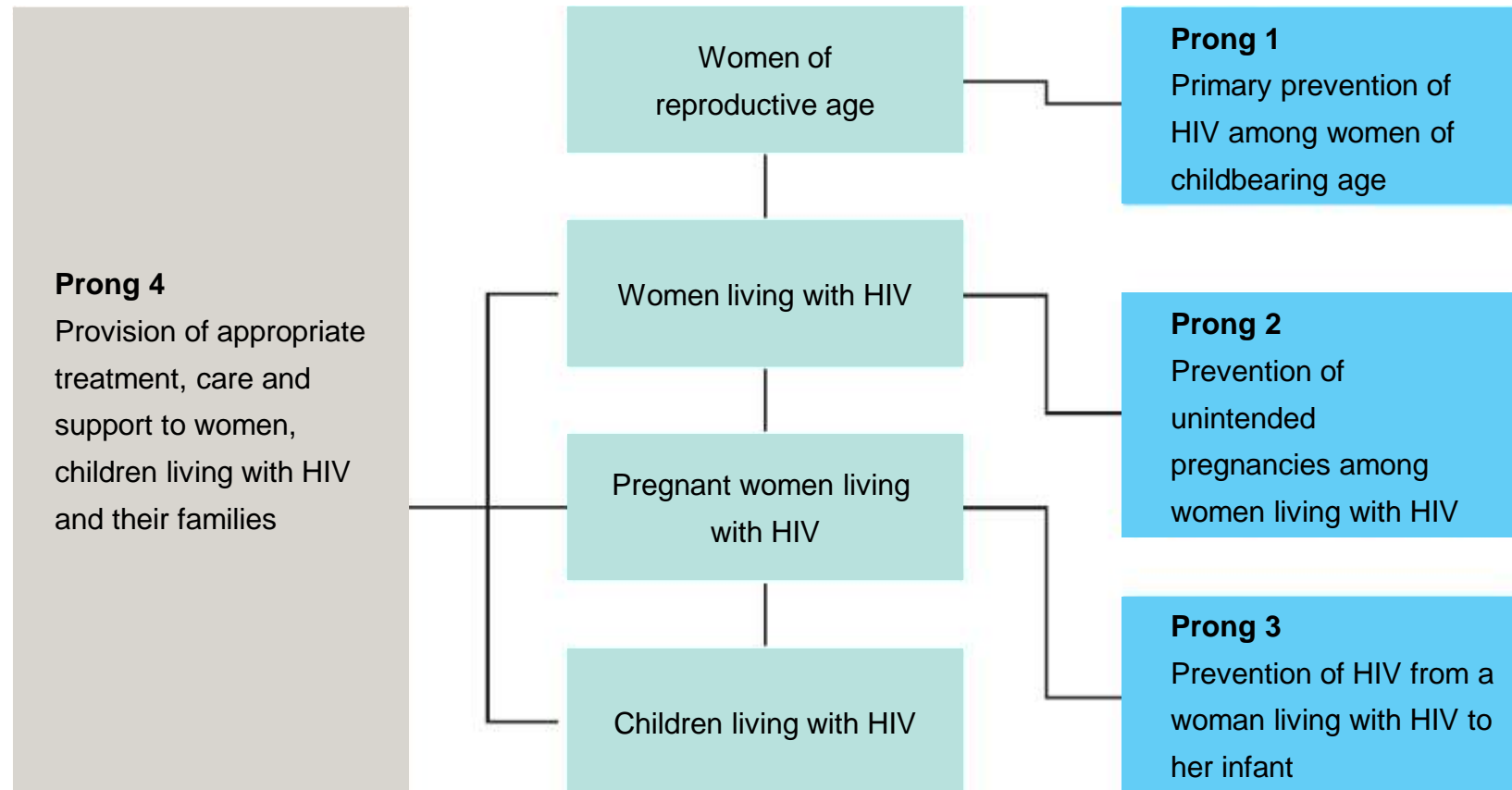


# Children (0-14)

- **More effort is needed to expand HIV testing for pregnant women, expand treatment for children & improve and expand early infant diagnosis by using new diagnostic tools and innovative methods, such as SMS reminders, to retain mothers living with HIV and their babies in care.**
- **The report also encourages countries to adopt the targets of the [Start Free, Stay Free, AIDS Free](#) framework led by UNAIDS & PEPFAR to reduce the number of new HIV infections among children, adolescents & young women, ensure lifelong access to ARVs if they are living with HIV.**



# 4 prongs to eliminate mother-to-child transmission of HIV & improve maternal health



# Through Adolescence [15-24 years]



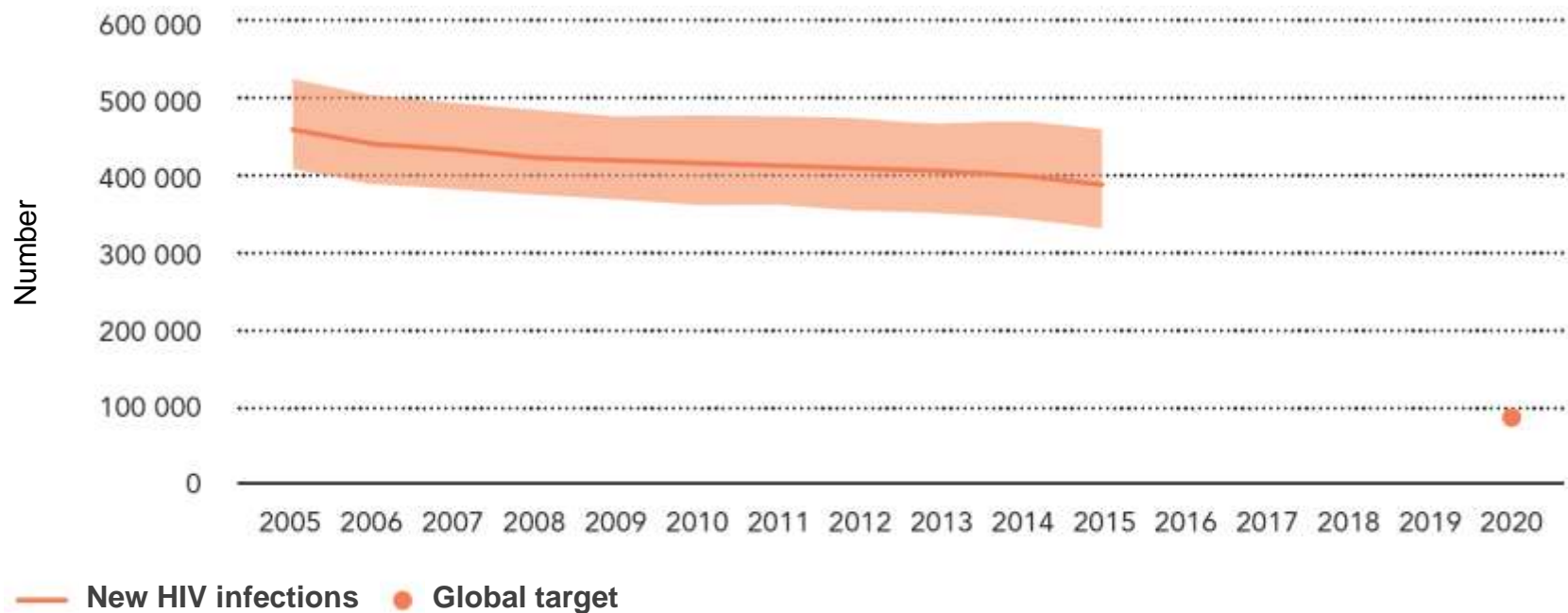
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# Young people (15–24)

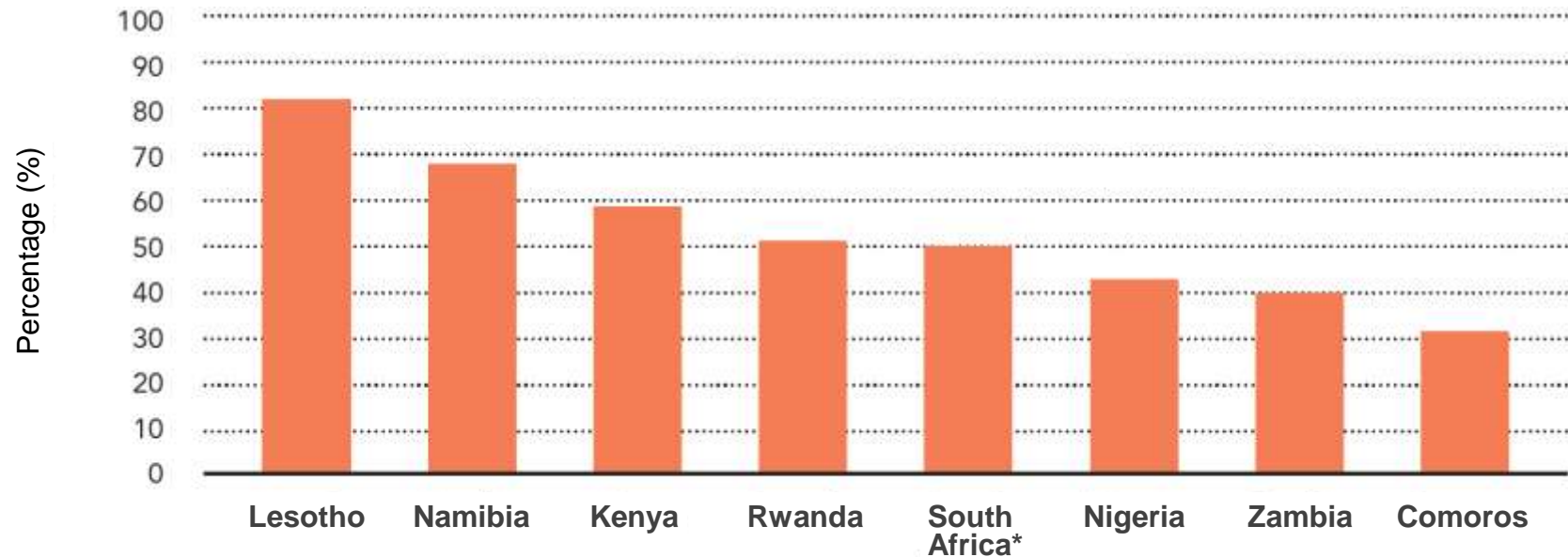
Through adolescence



# New HIV infections among young women (15–24 years), Global, 2005–2015



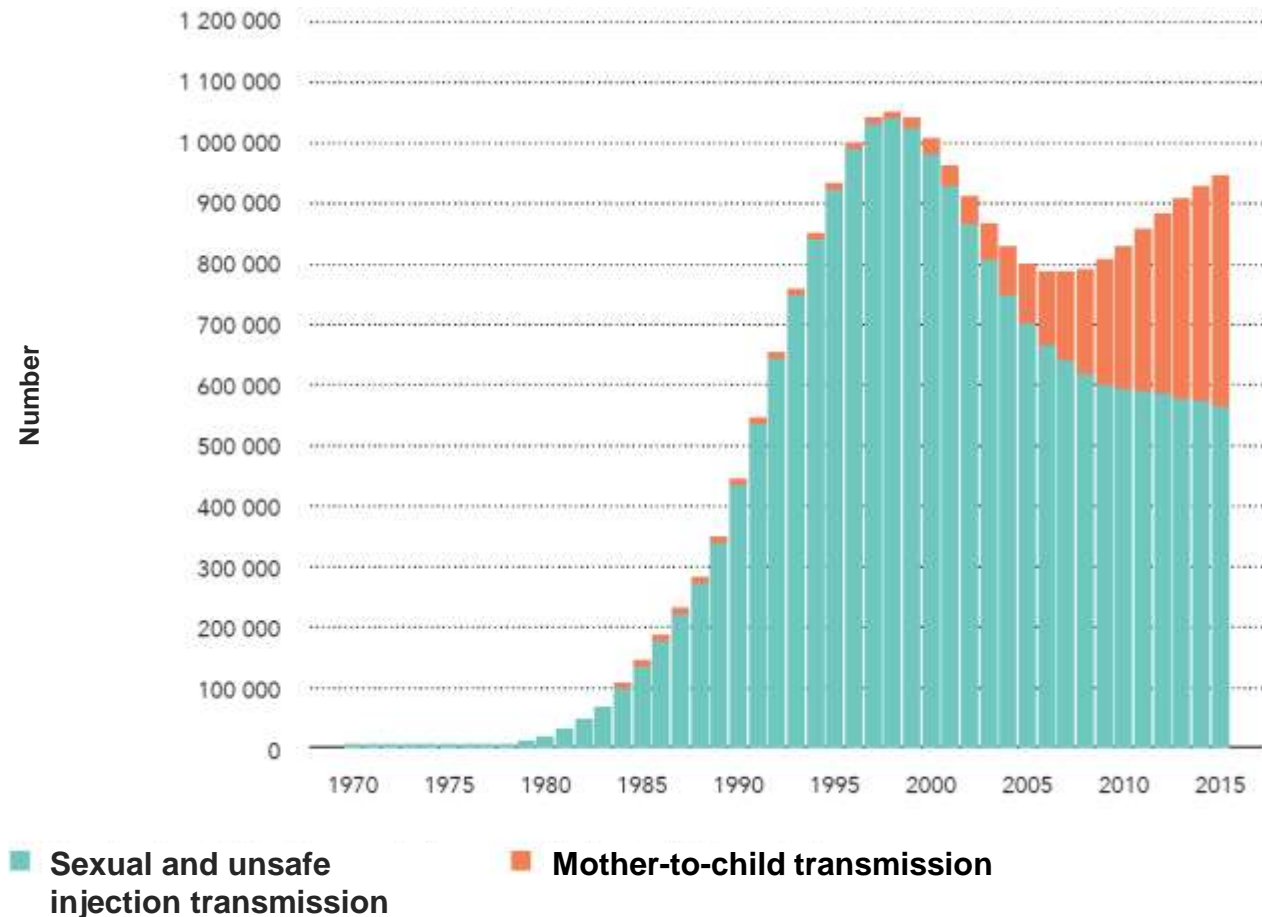
**% of Young Women (aged 15–24 years) reporting use of a Condom  
at last sexual intercourse with a non-regular partner in the 12 months prior  
to the survey, Eight countries in sub-Saharan Africa, 2012–2015**



Source: Population-based surveys, 2012–2015.

\* Data for South Africa refers to condom use at last sex among young women aged 15–24 who reported being sexually active.

# Number of young people living with HIV (aged 15–19 years) by mode of HIV acquisition, 25 countries,\* 1970–2015



\*\* The 25 countries included in the analysis are Botswana, Brazil, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, India, Indonesia, Iran (Islamic Republic of), Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Thailand, Uganda, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe.

Source: UNAIDS special analysis, 2016; for more details, see annex on methodology.



# Young People 15-24

- The report shows that the ages between 15 & 24 years are an incredibly dangerous time for young women.
- In 2015, around 7, 500 young women became newly infected with HIV **every week**. Data from studies in six locations within eastern and southern Africa reveal that in southern Africa girls aged between 15 and 19 years accounted for 90% of all new HIV infections among 10–19-year-olds, and more than 74% in eastern Africa.
- Globally, between 2010 and 2015, the number of new HIV infections among young women aged between 15 and 24 years was reduced by just 6%, from 420 000 to 390 000.
- To reach the target of less than 100 000 new HIV infections among adolescent girls and young women by 2020 will require a 74% reduction in the 4 years between 2016 and 2020.

# Young People 15-24

- **Many children who were born with HIV and survived are now entering adulthood.** Studies from 25 countries in 2015 show that 40% of young people aged between 15 and 19 years became infected through mother-to-child transmission of HIV. **This transition is also magnifying another major challenge—high numbers of AIDS-related deaths among adolescents. Adolescents living with HIV have the highest rates of poor medication adherence and treatment failure.**
- **A range of solutions are needed to respond to the specific needs of adolescents, including:**
  - increased HIV prevention efforts,
  - keeping girls and boys in school,
  - increasing HIV testing
  - voluntary medical male circumcision,
  - pre-exposure prophylaxis &
  - immediate access to antiretroviral therapy.

**Through Adulthood  
[25-49 years]**

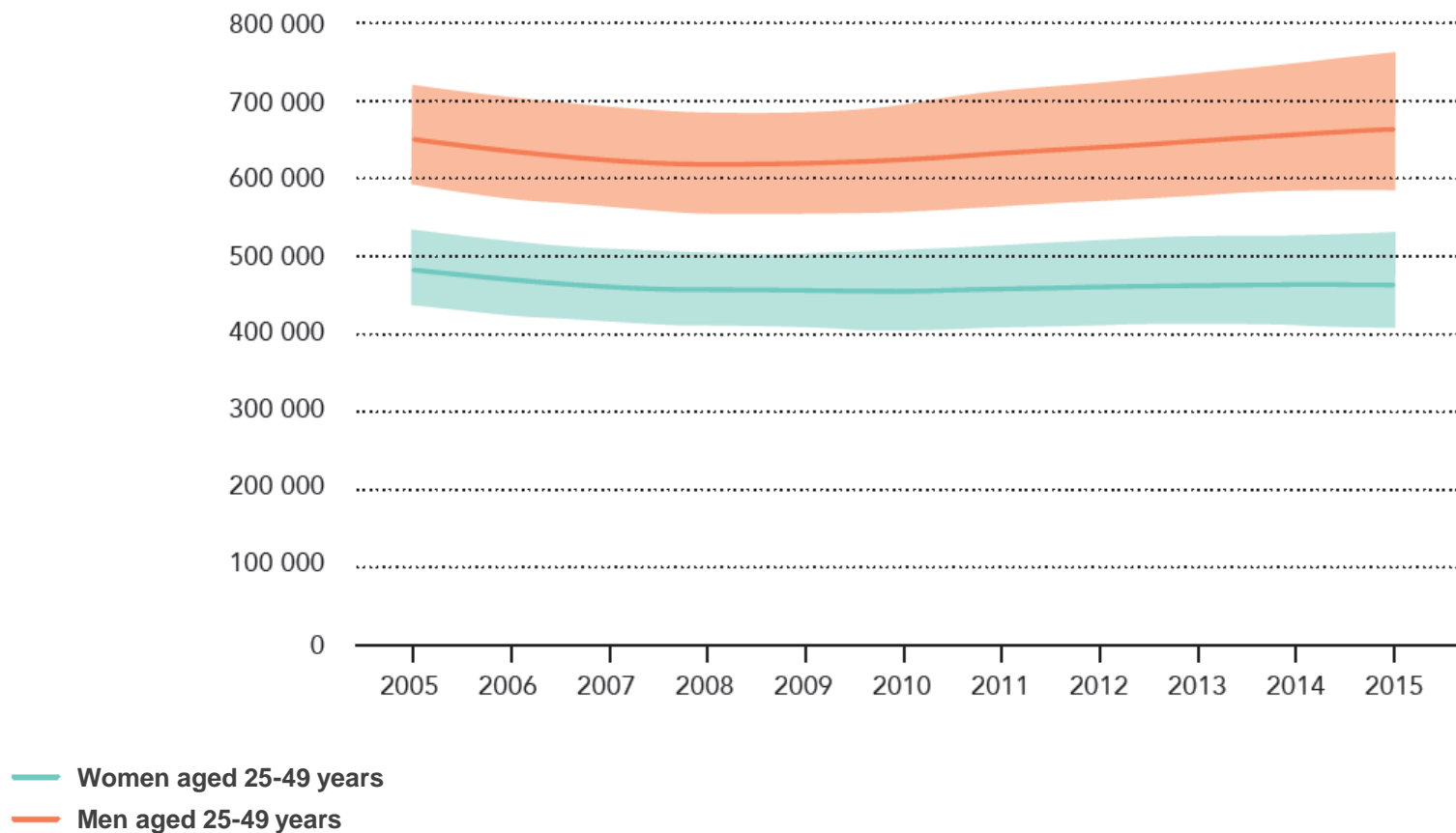


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# Adulthood (25–49)



# New HIV infections among men and women (aged 25–49 years), Global, 2005–2015



# Adulthood 25-49

- **New HIV infections among adults have failed to decline for at least five years.** The Report cites concerns that western and central Africa is off-track in responding to HIV. The region accounts for 18% of people living with HIV, but a serious lack of access to treatment means that the region accounts for 30% of all AIDS-related deaths globally.
- **The report sheds new light on HIV infection and Treatment among adult Men, showing that Men are much less likely to know their HIV status & access treatment than women.**
- **Additionally that the viral load among men living with HIV was extremely high, making onward transmission of the virus much more likely.**



# Into later life [50+ Years]



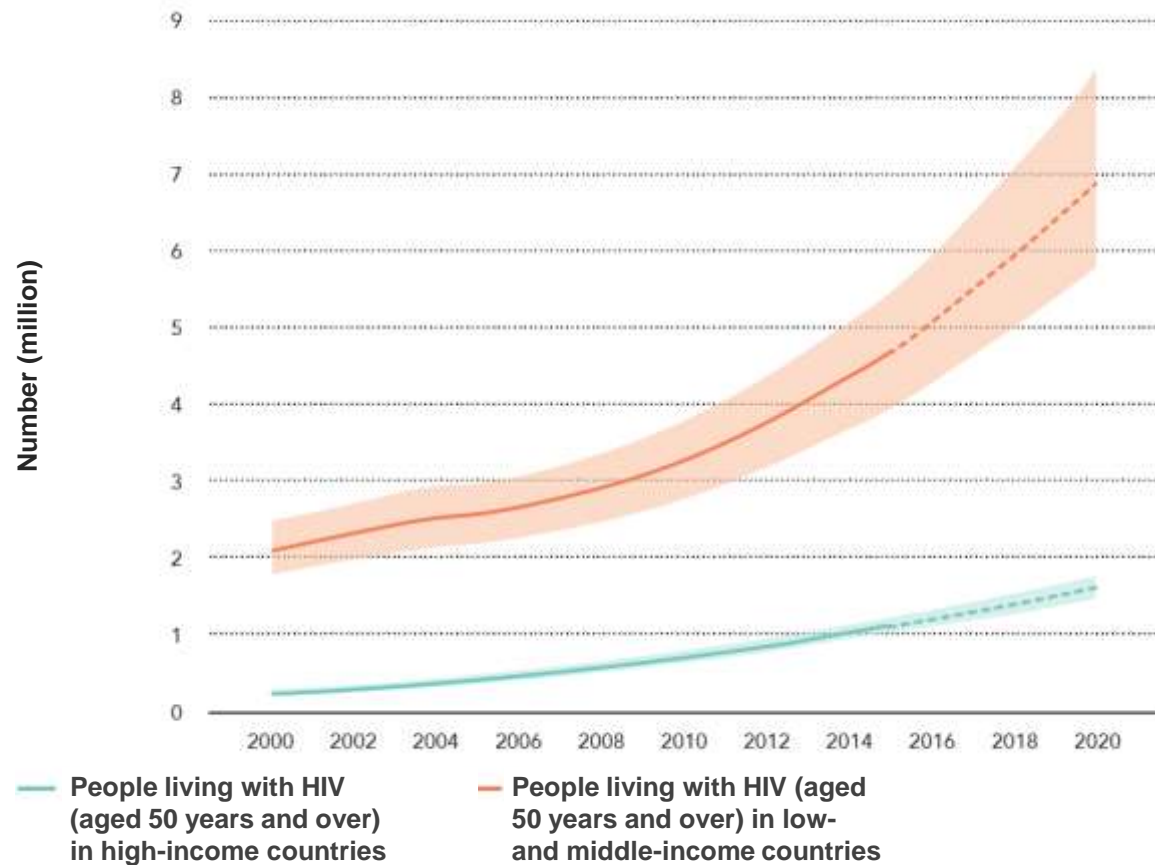
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# **Ageing (50+)**





# Number of people living with HIV (aged 50 years+), high-income countries and low- and middle-income countries, 2000–2015 and projected to 2020



Source: UNAIDS 2016 estimates.

Note: Projections 2016–2020 are based on an assumption that scale up of antiretroviral treatment will reach 81% coverage of all people living with HIV by 2020. Country income classifications are from 2015.

# Critical risks, services & strategic information for people living with HIV aged 50+

Risks	Age-appropriate HIV services	Other health care services	Strategic information
<ul style="list-style-type: none"><li>• Cardiovascular diseases</li><li>• Frailty</li><li>• Depression</li><li>• Smoking</li></ul>	<ul style="list-style-type: none"><li>• Antiretroviral therapy</li><li>• HIV prevention and harm reduction</li><li>• Gender-responsive sexual health care</li></ul>	<ul style="list-style-type: none"><li>• Dietary counselling and support</li><li>• Nutrition assessment</li><li>• Smoking cessation</li><li>• Exercise promotion</li><li>• Blood-pressure monitoring</li><li>• Cholesterol management</li><li>• Mental health care</li><li>• Palliative care</li></ul>	<ul style="list-style-type: none"><li>• Research on ageing with HIV</li><li>• Improved epidemiological data on HIV in people aged over 50 years</li><li>• Improved understanding of HIV incidence among people aged over 50 years</li></ul>

# Ageing +50

- **The report shows that ART is allowing people living with HIV to live longer.** In 2015, people more than 50 years old accounted for around 17% of the adult population (15 years & older) living with HIV. In high-income countries, 31% of People Living with HIV were over the age of 50 years.
- **The Report also shows that around 100 000 people in low & middle-income countries aged 50 years & over are estimated to newly acquire HIV every year, confirming the need to include older people in HIV prevention, as well as treatment, programming.**
- **As people living with HIV grow older, they are also at risk of developing long-term side-effects from HIV treatment, developing drug resistance and requiring treatment of co-morbidities, such as TB and hepatitis C, which can also interact with antiretroviral therapy.**
- Continued research and investment is needed to discover simpler, more tolerable treatments for HIV and co-morbidities and to discover an HIV vaccine and cure.

**Targeted:  
Addressing Key Populations  
Through out the Life cycle**

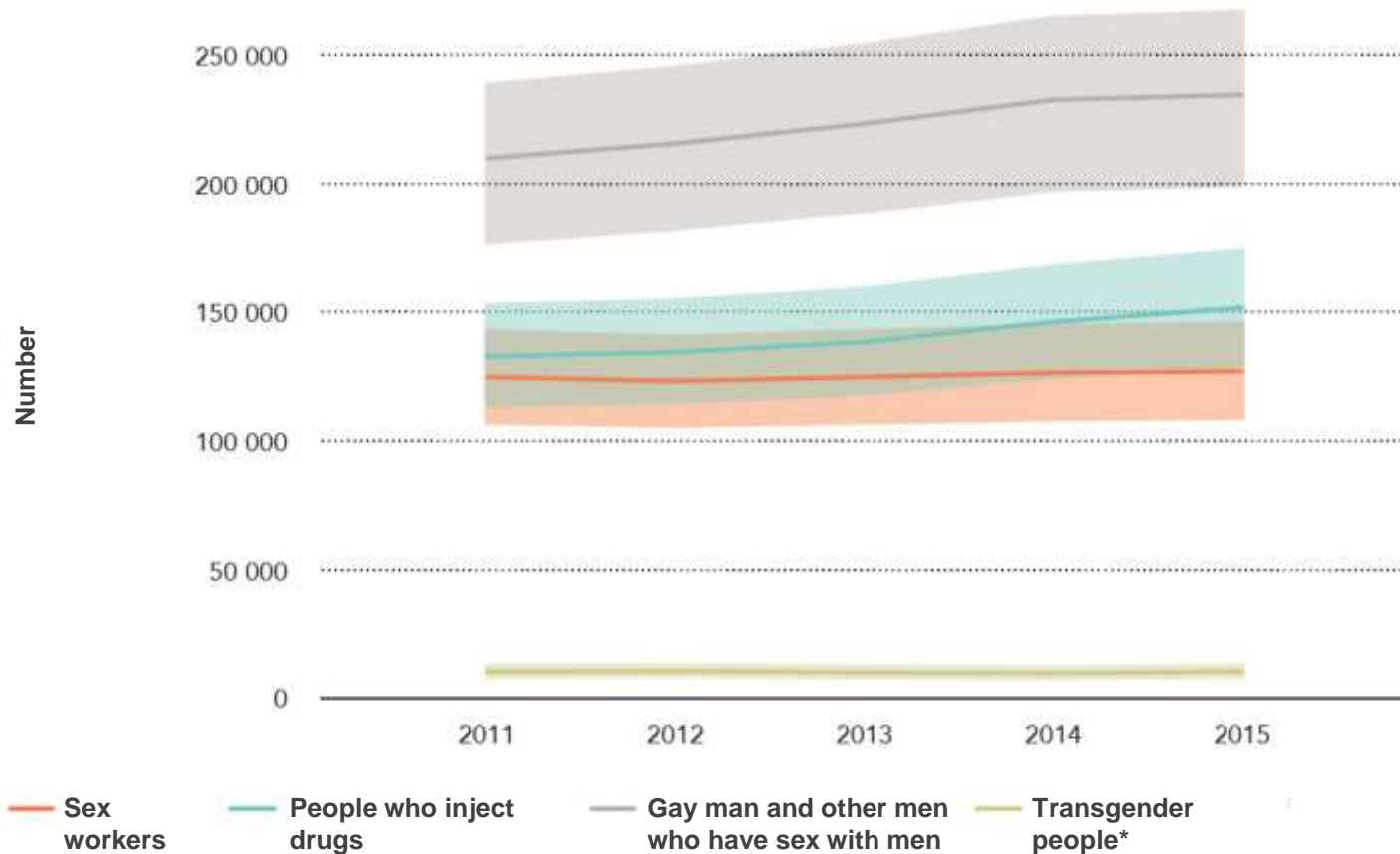


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at every stage of life**



**Key  
populations  
throughout  
the life cycle**

# Trends in new HIV infections among key populations, Global, 2011–2015

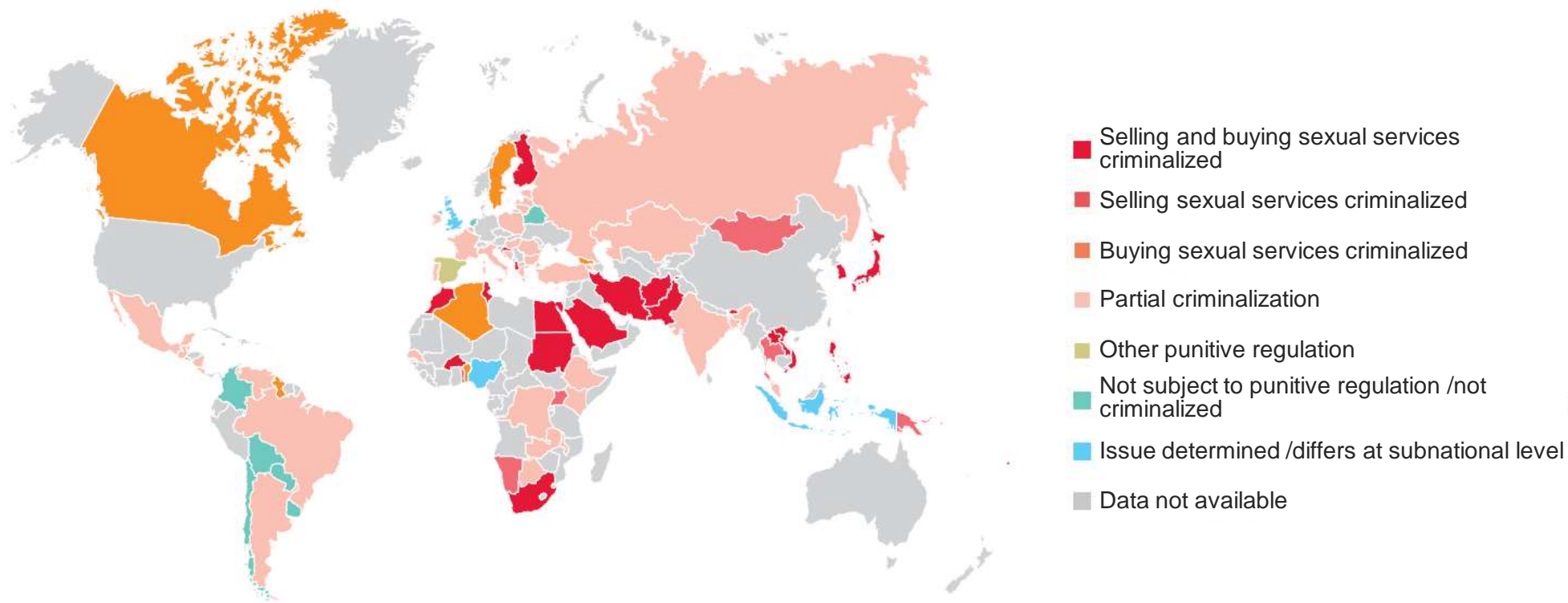


\* Data on transgender people are from the Asia-Pacific and Latin America and Caribbean regions only.

Source: UNAIDS special analysis, 2016.

# Country status

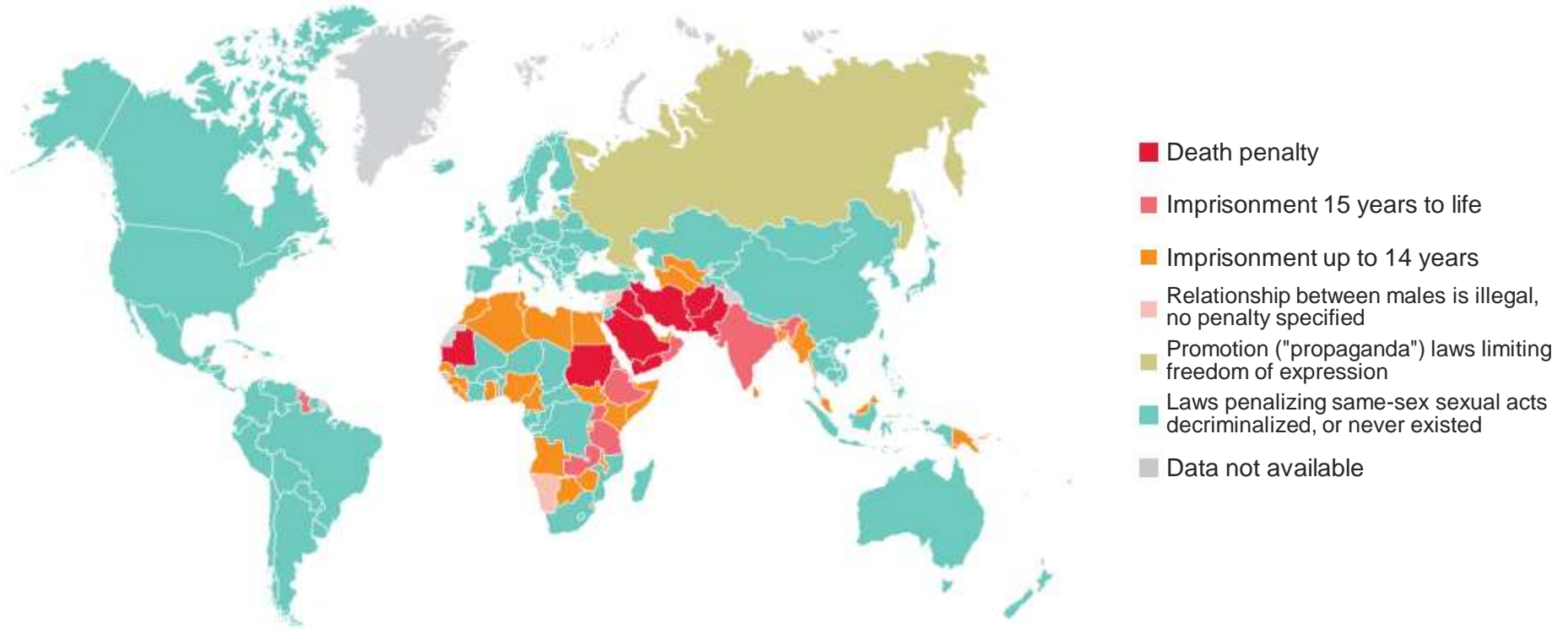
## Criminalization of any aspect of sex work, by country, 2016





# Country status

## Criminalization of same-sex sexual relations, by country





# Targeted- Key Populations

- In 2014, an estimated 45% of all new HIV infections globally were amongst Key Populations and their sexual partners.
- The report warns that new HIV infections among Key Populations are continuing to rise among people who inject drugs (by 36% from 2010 to 2015) & among Gay men and other Men who have Sex with Men (by 12% from 2010 to 2015) and are not declining among Sex Workers or Transgender people.
- The report outlines the critical need to reach key populations with HIV prevention & treatment programmes that meet their specific needs throughout their lives. However, the Report notes that total funding, particularly from domestic sources, is far below what is needed for HIV programmes to reach Key Populations.



**Conclusions:**  
**Finding solutions for everyone  
at every stage of life**

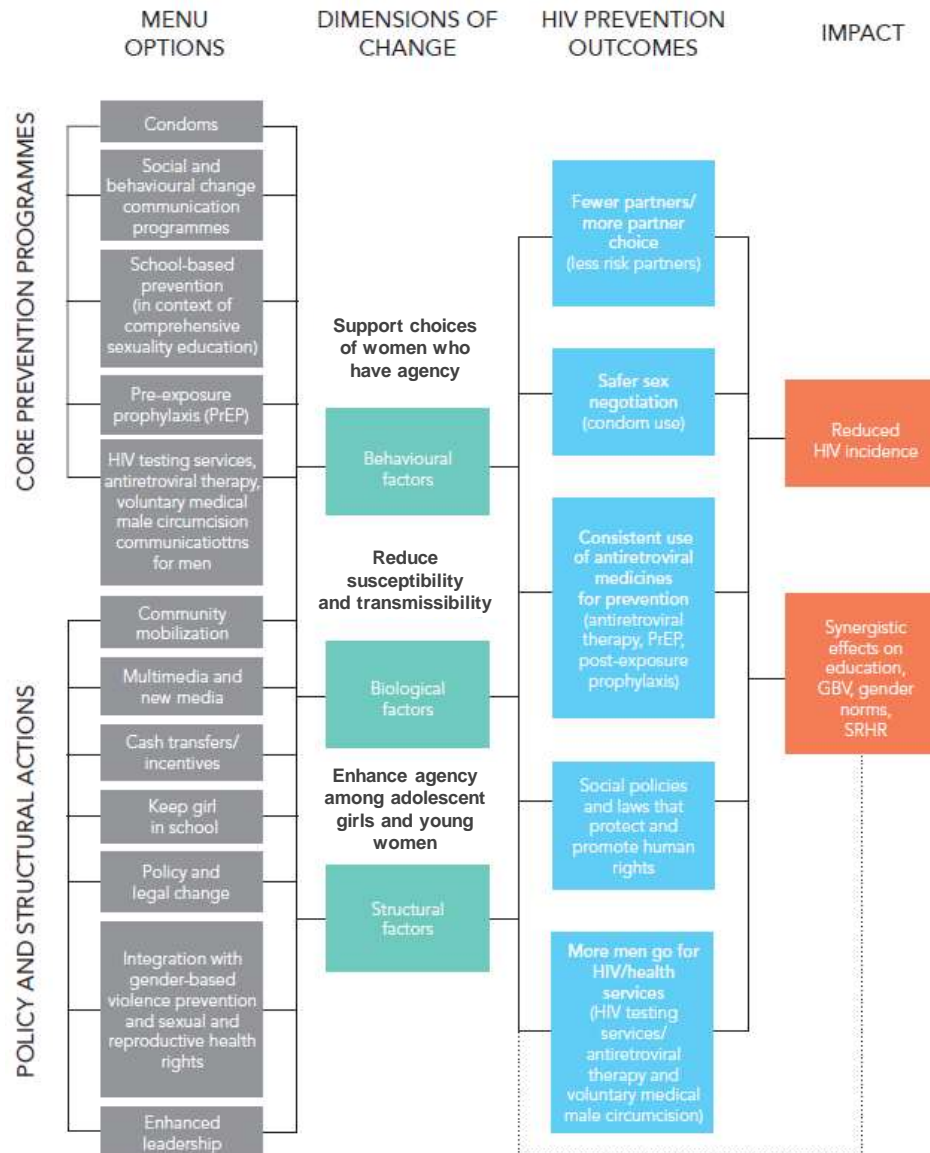


# Conclusions

- **Investments must be made wisely across the life cycle**
- **The location–population approach should be used** to ensure that evidence-informed, high-impact programmes are available in the geographical areas and among the populations in greatest need.
- **Countries must continue to Fast-Track HIV Prevention, Testing & Treatment in order to end the AIDS epidemic as a public health threat by 2030 &**
- **Countries must strive towards future generations are free from HIV.**



# Detailed strategy mix for HIV prevention among young women—a menu of options

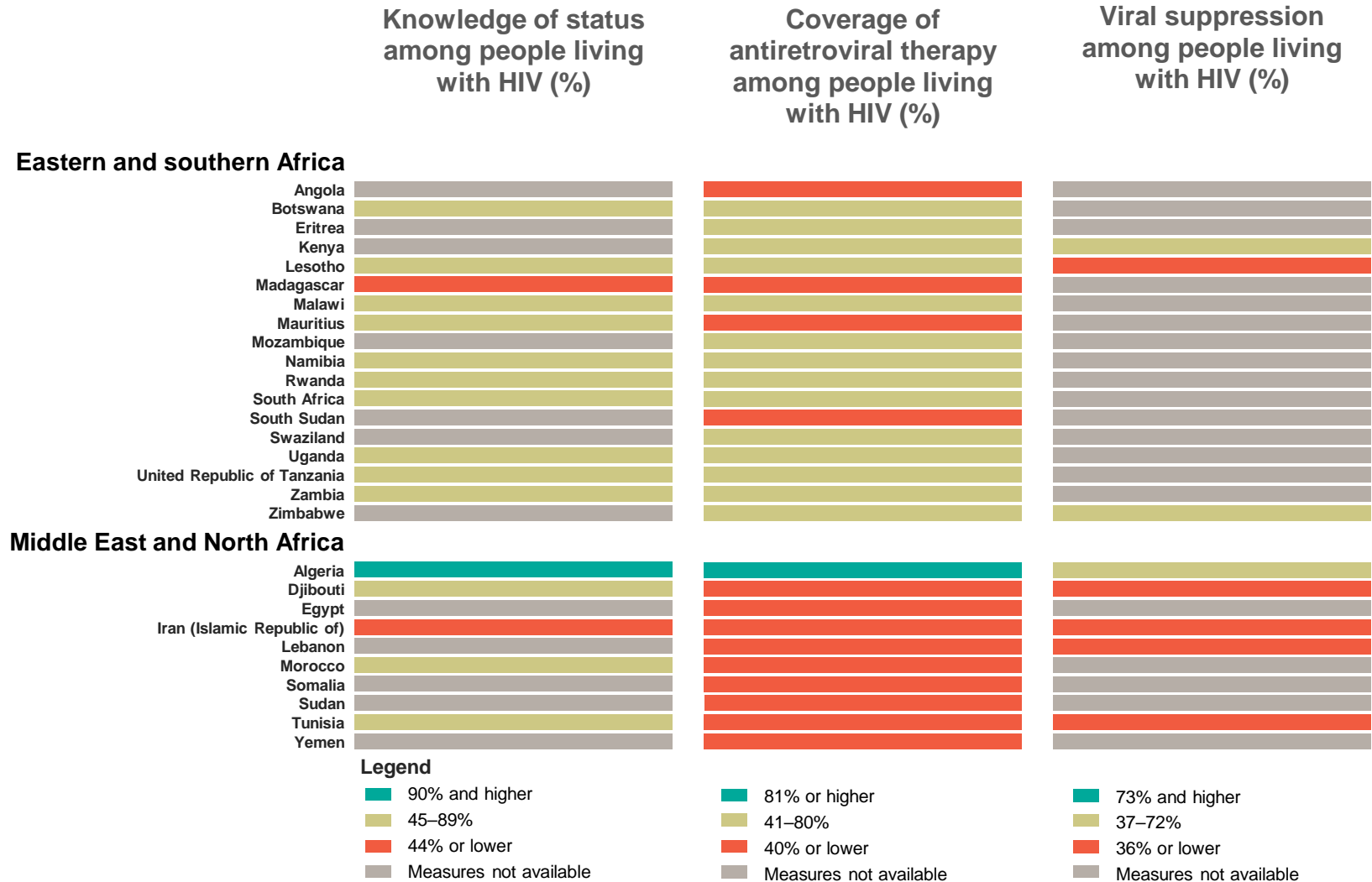


# How far to go?



# Country status

## Progress toward the 90–90–90 targets, all ages, by country, 2015



For countries not shown, both measures are not available or under review.

**AIDS is not over, but it can  
be!**

# Thank you

Unaids.org

[http://www.unaids.org/sites/default/files/media\\_asset/Get-on-the-Fast-Track\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf)

