“Treat All”: From Policy to Action - What will it take?

Thursday, 9 June, 13.00 – 14.30
Conference Room 11, United Nations
Questions for discussion

1. 90-90-90 - What’s the progress?

2. From recommendations to policy uptake: where are we?

3. From policy to implementation: what will it take?
Progress in access to antiretroviral therapy: 2000–2016

Number of people living with HIV on antiretroviral

Antiretroviral therapy coverage and number of AIDS-related deaths, global, 2000–2015

Sources: Global AIDS Response Progress Reporting (GAPPR) 2016; UNAIDS 2016 estimates.

Sources: CAFTR 2016; UNAIDS 2016 estimates.
Progress in Paediatric Infection and Access to Treatment, 2010-2016
High impact of ART in survival and HIV transmission

Global targets for HIV programmes

90-90-90 global targets

- HIV Positive People: 36.9 million
- Diagnosed: 33.2 million
- On ART: 29.5 million
- Viral Suppression: 26.9 million

The reality

- HIV Positive People: 36.9 million
- Diagnosed: 19.8 million
- On ART: 15.0 million
- Viral Suppression <1000: 11.6 million


World Health Organization

UNAIDS 2014-2015
WHO ARV Consolidated Guidelines 2016

Reach the Treatment targets by 2020
What’s new in the ARV Guidelines?

- **Treat all** - PLHIV of all ages and populations eligible to start at any CD4 cell count
- **Using ARVs for Prevention** – Pre-exposure prophylaxis (PrEP) to prevent HIV among people at significant risk of HIV
- **Optimized ARV regimens** – new ARV drug classes and better formulations
- **Improved service delivery approaches** - to reach all people at all ages
- **Health systems strengthening** – to avoid ARV stocks-out and risk the development of HIV drug resistance
Improved service delivery through differentiated models of care

New recommendations for:

- Linkage to care with Rapid initiation of ART
- Adherence
- Retention
- “people-centered” integration with other services including STIs and NCDs

New policies to improve programme efficiency:

- Less frequent clinic visits
- Less frequent medication pick-up visits for stable patients
- Trained lay providers can distribute ART in the community
Movement to ‘Treat All’ happening
Policy uptake for adults and adolescents, June 2016
Policy uptake to full implementation, June 2016
The success story of ‘treat all’ for pregnant women, June 2016
From policy to implementation: what will it take?

- Rapid policy adoption
- Costed scale-up plans and upfront investments
- Identify efficiency gains through **better testing, differentiated care & affordable drugs**
- Use data to address gaps in the **prevention and treatment cascade**
- Strong focus on key **populations and locations**
Panel Questions

1. **South Africa** has taken the bold decision to finance “test and treat” and has almost 3.4 million people on treatment – more than any other country on the world. How will you sustain progress?

2. **Thailand** has eliminated mother to child transmission of HIV and syphilis – a tremendous achievement – what lessons from that initiative can Thailand bring to securing treatment cover for all in need?

3. **West Africa** faces some of the world’s most significant challenges in strengthening health systems. What lessons and insights can Cote D’Ivoire share on building sustainable health systems that work for people living with HIV?
Panel Questions

4. **The United States** has been a remarkable partner in the global AIDS response – we are now starting to engage in a new era for development. What does the future look like for development partnerships? How can they be optimized around a Treat All focus?

5. **China** is currently developing a national HIV strategy – given the size of China and the highly concentrated nature of the epidemic – how will Treat All be secured for populations that are hard to reach?

6. **Civil society** voices are critical in driving global and local progress towards expanded treatment access and quality. What messages will civil society bring to ensure implementation of our collective Treat All agenda?
Panel

Open Discussion
Evolution of global ART coverage and eligibility criteria according WHO guidelines (2003-2016)

1. At CD4 < 350: active TB disease and HIV+ pregnant women
2. At any CD4: active TB disease and HBV co-infection requiring HBV treatment
3. At any CD4: active TB disease, HBV co-infection with severe liver disease, HIV+ pregnant women and HIV serodiscordant couples