the success of Treatment 2.0. National and global advocacy and engagement will increase the demand for financial resources, HIV testing and counselling services, ART and related health services. An expanded role for community-based services, including testing, treatment monitoring, and adherence support, is critical to care and support services. Critical to ensuring retention in care, WHO and UNAIDS will continue to advocate for such approaches to service delivery.

5. How will communities be further mobilized to seize the scope of the HIV epidemic? The delivery of these important opportunities to invest further in community system strengthening, and to train community service providers to link with the formal healthcare system to deliver expanded services, such as adherence counselling and to support retention in care. The specific services community organizations deliver will vary from setting to setting. UNAIDS and the community partners are undertaking regional consultations with communities to identify the roles, as well as the financing required, to strengthen community mobilization in Treatment 2.0.

6. What is the role of WHO and UNAIDS in Treatment 2.0? WHO and UNAIDS are co-leading the strategy, with roles and responsibilities allocated across a range of partnerships and with roles in institutional mandates. As the directing and coordinating authority on international health, WHO takes the lead within the UN system for the global health sector response to HIV. This mission is accomplished by providing leadership, setting norms and standards, engaging in partnerships, shaping the research agenda and monitoring the implementation of policies and strategy. It is essential that evidence policy options on matters critical to public health. UNAIDS has a more broad mission, as the executive director of the UNAIDS Programme with roles and responsibilities allocated across the UNAIDS Programme, including advising the UNAIDS Programme on HIV-related issues, including strategic information and guidance for policy and practice. UNAIDS and the community partners are undertaking regional consultations with communities to identify the roles, as well as the financing required, to strengthen community mobilization in Treatment 2.0.

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1. Optimized Drugs: How will Treatment 2.0 facilitate regulatory approval of fixed-dose combinations? Fixed-dose combinations (FDCs) offer convenience for patients and have been shown to improve adherence, however, uptake in many low and middle income countries has been slow. FDCs are recommended by WHO as the preferred drug delivery approach, but access to some of the less toxic and more patient-friendly FDC regimens, such as TDF/3TC/EFV is still limited. In addition, there are concerns about the safety of TDF in children, as well as the potential link between EFV and tolerability, which make it difficult to recommend this regimen for all patients. WHO, UNAIDS and its global partners are working to address these concerns and to incentivize the production of these safer alternative regimens. WHO is working with manufacturers to ensure they address criteria for affordability, reliability, and supply to meet the needs of the WHO’s medicines lists, and working with manufacturers to ensure they address criteria for affordability, reliability, and supply.

2. Simplified Diagnostics: How will Treatment 2.0 deal with a diagnostics market that is fragmented and crowded with many products, none of which meet optimal criteria for affordability, reliability, throughput, and availability at or near the point of care? Simplified diagnostic tools for CD4 estimation that will permit use at the POC or in basic laboratory settings will be commercially available shortly. Other diagnostic technologies in the pipeline include semi-quantitative dipsticks for virologic testing and simplified PCR-based multi-disease platforms for diagnosis of HIV, TB, HTLV and viral hepatitis. Innovative approaches in diagnostics will hold the promise of being able to manage HIV entirely at the POC. WHO, UNAIDS and diagnostic experts are developing an approach to incorporate these newer technologies into normative guidance in order to drive investment, reduce prices and improve access while at the same time ensuring quality, reliability and accuracy.

3. Is the focus on reducing costs and improving efficiencies of existing resources an admission that no new financing for HIV will become available? No, we must advocate for a fully-funded HIV response while at the same time demonstrating we can secure additional efficiencies and costs reductions through innovation in a number of areas such as drugs, diagnostics, procurement mechanisms, service delivery, and by ensuring that services are tailored to most affected populations.

4. How will Treatment 2.0 address resistance to governments or regulatory bodies that delineate which health professionals or health systems can provide certain services and prescribing some treatment delivery activities to lower cadres of HCWs is common in many countries and needs to be expanded to increase health system efficiency, reduce toxicity, and simplified dosing.

5. How will Treatment 2.0 facilitate regulatory approval of fixed-dose combinations? Fixed-dose combinations (FDCs) offer convenience for patients and have been shown to improve adherence, however, uptake in many low and middle income countries has been slow. FDCs are recommended by WHO as the preferred drug delivery approach, but access to some of the less toxic and more patient-friendly FDC regimens, such as TDF/3TC/EFV is still limited. In addition, there are concerns about the safety of TDF in children, as well as the potential link between EFV and tolerability, which make it difficult to recommend this regimen for all patients. WHO, UNAIDS and its global partners are driving a research agenda to definitively address these concerns and to incentivize the production of these safer alternative regimens. WHO is working with manufacturers to ensure they address criteria for affordability, reliability, and supply to meet the needs of the WHO’s medicines lists, and working with manufacturers to ensure they address criteria for affordability, reliability, and supply.
**TREATMENT 2.0 AT-A-GLANCE**

**What is Treatment 2.0?**
- Treatment 2.0 is a WHO/UNAIDS initiative that aims to catalyze the next phase of HIV treatment scale-up and to improve the delivery and efficacy of ART through focused work in five priority areas.

**Figure 1: Priority work areas of Treatment 2.0**

**Where are we in 2011?**
- The number of people accessing treatment has increased over the last 20 years.
- An estimated 6.6 million people living in low- and middle-income countries (LMICs) were on ART at the end of 2010.
- Between 8 and 9 million treatment-eligible people still do not have access to ART and many do not yet know their HIV status. If aggressive action is not taken to expand testing and ART access, many of these individuals will be at risk of death before 2015.

**ART has enormous clinical, preventive, and cost benefits**
- An additional 1.4 million people were started on ART in 2010 and fewer people died from AIDS-related causes than in prior years. Annual deaths have been reduced by 20% when compared with 2005 and more than 1 million life years have been gained due to the provision of ART since 1996. In countries with high ART coverage, the annual AIDS associated death rates have decreased by more than 50% in LMICs, with dramatic reductions in the incidence of TB and some other opportunistic infections.
- New infections are declining globally; the incidence of new infections declined approximately 20% in the last decade, and in 33 countries, including 22 in Sub-Saharan Africa, this decline exceeded 25%.
- A randomized controlled trial of serodiscordant couples (HPTN 052) found that the risk of transmission dropped by 96% among couples when the HIV-infected partner was on ART, the trial confirms findings from a number of earlier observational studies indicating that ART significantly reduces transmission.
- Not only does provision of ART reduce illness and death rates, it is also cost-effective, in many settings it costs less than US$ 300/year to provide HIV care, including ART, with earlier treatment initiation, versus more than US$ 1,000/year to provide ART at an initial late and there are associated with significant hospital costs.

**Simplification, standardization, decentralization, community mobilization and cost reduction**
- The above principles were the foundation for the previous ‘3 by 5’ initiative and the first phase of treatment scale-up. Treatment 2.0 is expanding on these principles, applying them across the five priority work areas to accelerate the development and delivery of drugs, diagnostics and services and put into place the cost-effectiveness and cost-savings needed to achieve universal access in a way which maximizes value for money.

**TREATMENT 2.0: FIVE PRIORITY AREAS**

1. **Optimize Drug Regimens**
   - **2010 Goal:** Affordable, one pill, once-daily potent ARV regimens, suitable for most settings and populations, with drug interactions and high barrier to resistance are available in low and middle income countries (LMICs).
   - **WHO, UNAIDS, and its global partners and technical experts are working to incentivize the development and marketing of drugs, diagnostics and services close to the community, and LMICs can take better advantage of these programmes are available where and when people need them can be achieved by promoting local, decentralized service delivery approaches, including expanded community services, to ensure that community-based, decentralized service delivery approaches that will meet expanded demands on scarce resources for maximum effect. Increasing HIV testing and counselling (HCT) and improved links to care, in significantly expanded and integrated public health services, will help achieve universal access for all in need. WHO, UNAIDS and its partners are undertaking a comprehensive review of service delivery models to develop recommendations on optimal integration, decentralized service delivery approaches that will meet expanded demands on substandard and counterfeit medicines.在 drug delivery systems, Reduce costs, Mobilize communities.

2. **Reduce costs**
   - **2010 Goal:** High-quality HIV prevention, care and treatment programmes are available at the lowest possible cost with optimal efficiency to all in need in LMICs.
   - **WHO, UNAIDS, and its global partners and technical experts are working to incentivize the development and marketing of drugs, diagnostics and services close to the community, and LMICs can take better advantage of these programmes are available where and when people need them can be achieved by promoting local, decentralized service delivery approaches, including expanded community services, to ensure that community-based, decentralized service delivery approaches that will meet expanded demands on scarce resources for maximum effect. Increasing HIV testing and counselling (HCT) and improved links to care, in significantly expanded and integrated public health services, will help achieve universal access for all in need. WHO, UNAIDS and its partners are undertaking a comprehensive review of service delivery models to develop recommendations on optimal integration, decentralized service delivery approaches that will meet expanded demands on substandard and counterfeit medicines.在 drug delivery systems, Reduce costs, Mobilize communities.

3. **Mobilize communities**
   - **2010 Goal:** People living with HIV and key populations are fully involved in the demand for prevention, care and treatment services close to the community, and LMICs can take better advantage of these programmes are available where and when people need them can be achieved by promoting local, decentralized service delivery approaches, including expanded community services, to ensure that community-based, decentralized service delivery approaches that will meet expanded demands on scarce resources for maximum effect. Increasing HIV testing and counselling (HCT) and improved links to care, in significantly expanded and integrated public health services, will help achieve universal access for all in need. WHO, UNAIDS and its partners are undertaking a comprehensive review of service delivery models to develop recommendations on optimal integration, decentralized service delivery approaches that will meet expanded demands on substandard and counterfeit medicines.在 drug delivery systems, Reduce costs, Mobilize communities.

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**Figure 1:** Priority work areas of Treatment 2.0

- **Strategy**
  - **Mobilize communities**
  - **Provide point-of-care diagnostics**
  - **Optimize drug regimens**
  - **Reduce costs**
  - **Adapt delivery systems**

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**Figure 2:** Treatment 2.0 Framework for Action, Catalysing the Next Phase of Treatment, Care and Support (available at: http://www.who.int/hiv/pub/arv/treatment/en/index.html.)