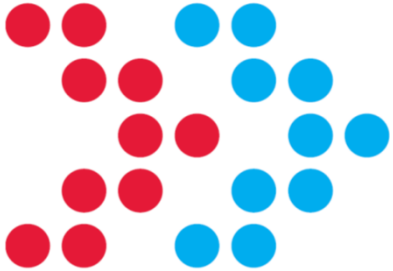


Speed + Equity

Fast Track to save lives

Sally Smith

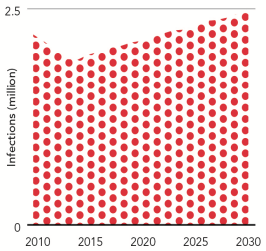
UNAIDS

The Fast-Track

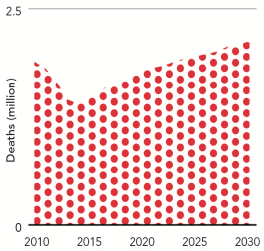
NO SCALE-UP—maintain 2013 coverage levels

2015

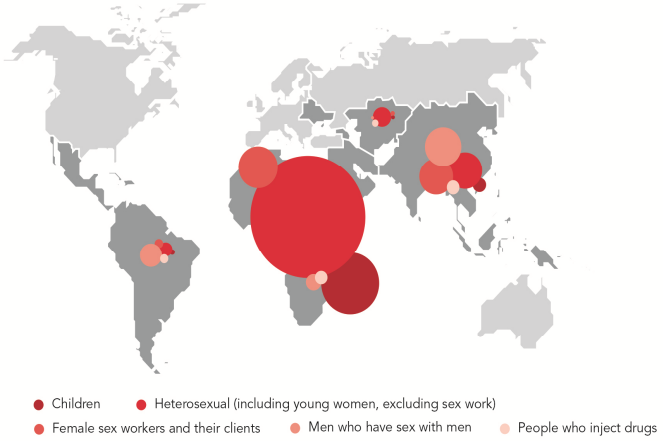
New HIV infections in low- and middle-income countries (millions)



AIDS-related deaths in low- and middle-income countries (millions)



New HIV infections in different population groups, low- and middle-income countries, 2030



2030

Without scale-up,
the AIDS epidemic will continue to outrun the response, increasing the long-term need for HIV treatment and increasing future costs.

RAPID SCALE-UP—achieve ambitious targets

MAJOR BENEFITS:

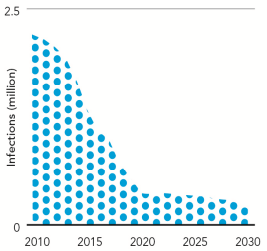
21 MILLION
AIDS-related deaths averted by 2030

28 MILLION
HIV infections averted by 2030

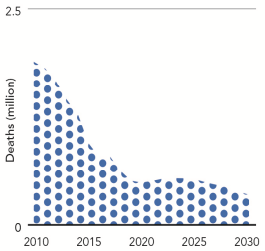
5.9 MILLION
infections among children averted by 2030

15– FOLD
return on HIV investments

New HIV infections in low- and middle-income countries (millions)



AIDS-related deaths in low- and middle-income countries (millions)

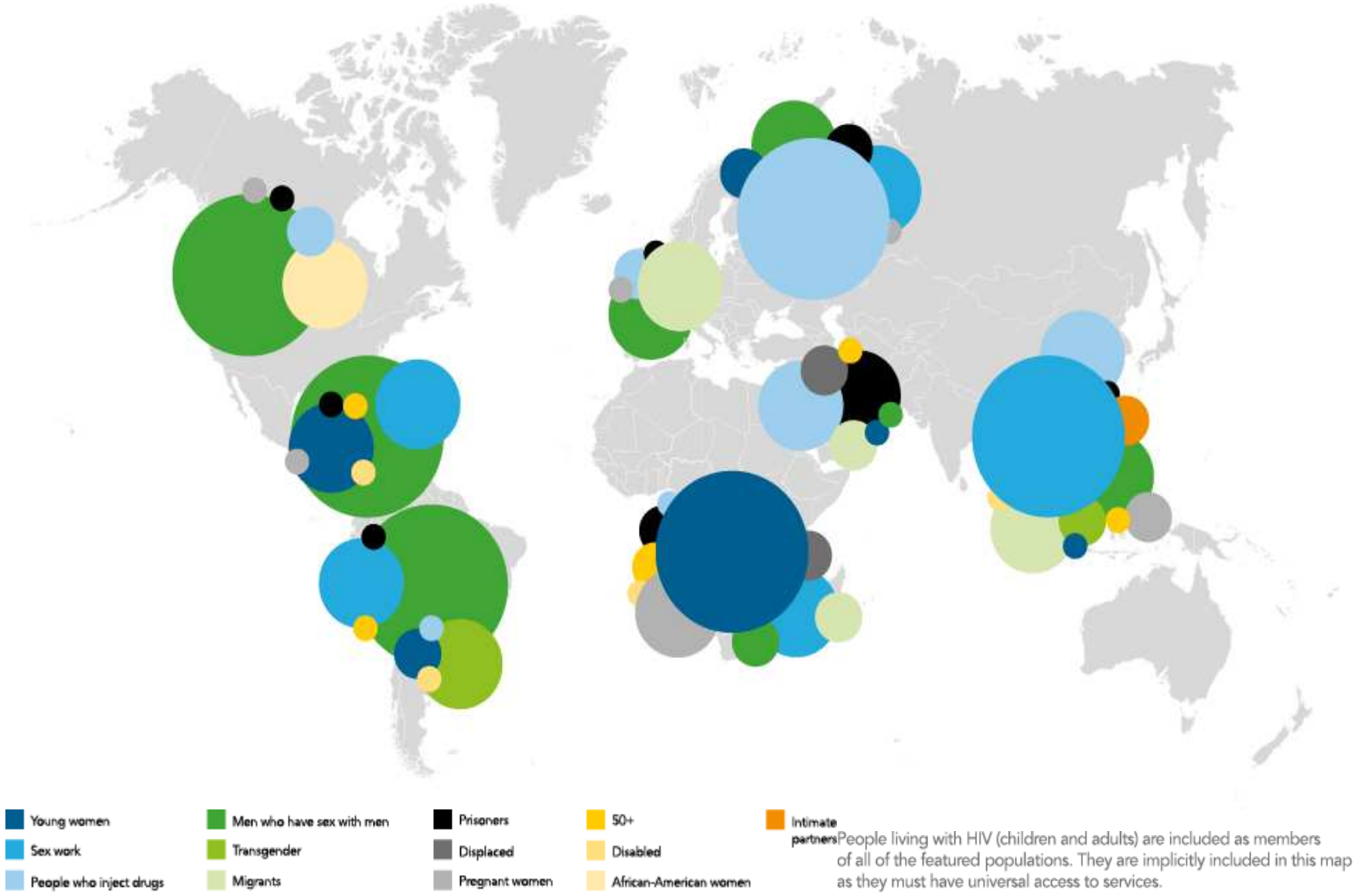


New HIV infections in different population groups, low- and middle-income countries, 2030

Rapid scale-up
of essential HIV prevention and treatment approaches will enable the response to outpace the epidemic.

2030

MIND THE GAP


Young women
Sex work
People who inject drugs
Men who have sex with men
Transgender
Migrants
Prisoners
Displaced
Pregnant women
50+
Disabled
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.

I am an injecting drug user.

I face these issues.

UNAIDS

HIV burden among people who inject drugs

- Injecting drug use is found in nearly every country. It is estimated that worldwide there are nearly 12.7 million people who inject drugs. Approximately 1.7 million, or 13%, are also living with HIV.

- HIV prevalence among people who inject drugs is typically far greater than it is among the rest of the adult population, with people who inject drugs bearing a 28 times higher prevalence.

- People who inject drugs account for 30% of new HIV infections outside sub-Saharan Africa.

- HIV prevalence among young people under 25 years old who inject drugs was 5.2%.

- HIV prevalence appears to be rising in the Asia and the Pacific and in eastern Europe and central Asia.

- Among 30 countries reported data on women who inject drugs, the pooled HIV prevalence among women was 13% compared to 9% among men from the same countries.

UNAIDS

I am gay.

I face these issues.

UNAIDS

HIV burden among men who have sex with other men

- While HIV incidence is declining in most of the world, incidence among gay men and other men who have sex with men appears to be rising in several regions, including in Asia, where this mode of transmission is a major contributor to the HIV epidemics in several countries.

- Worldwide, gay men and other men who have sex with men are 19 times more likely to be living with HIV than the general population.

- The median HIV prevalence among gay men and other men who have sex with men is 19% in western and central Africa and 13% in eastern and southern Africa.

- Gay men and other men who have sex with men often acquire HIV while quite young—HIV prevalence is about 4.2% for young (under 25 years) gay men and other men who have sex with men.

- Seventy-three countries did not report data on HIV prevalence among gay men and other men who have sex with men.

- According to reports from 20 countries in both 2009 and 2013, the percentage of gay men and other men who have sex with men reached by HIV prevention programmes fell from 59% to 40%.

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I am a sex worker.

I face these issues.

UNAIDS

HIV burden in sex workers

- In low- and middle-income countries, the average HIV prevalence among sex workers is estimated to be approximately 12%, with an odds ratio for HIV infection of 13.5 compared to all women aged 15–49.

- In 110 countries with available data, the prevalence of HIV infection is almost 12 times higher among sex workers than for the population as a whole, with prevalence at least 50-fold higher in four countries.

- Even in very high prevalence countries, HIV prevalence among sex workers is much higher than among the general population. An analysis of 16 countries in sub-Saharan Africa in 2012 showed a pooled prevalence of more than 37% among sex workers.

- In Nigeria and Ghana, HIV prevalence among sex workers is 8-fold higher than for the rest of the population.

- HIV prevalence among male sex workers, reported from 27 countries, was 14%.

UNAIDS

I am a migrant.

I face these issues.

UNAIDS

HIV burden

- In KwaZulu-Natal, South Africa, where migration is common, studies found that HIV prevalence among migrant women aged 25–29 was as high as 63%.

- In South-East Asia, HIV prevalence among migrants to Thailand from neighbouring countries is up to four times the rate of HIV prevalence found among the general population.

- In India, HIV prevalence among people who have migrated from rural to urban areas is estimated at 0.9%, almost four times the national prevalence.

UNAIDS

Why migrants are being left behind

- There are approximately 231.5 million international migrants. Combined with some 740 million internal migrants, this means that there are about 1 billion people on the move at any given time.

- Migration can place people in situations of heightened vulnerability to HIV and has been identified in certain regions as an independent risk factor for HIV.

- In a majority of countries, undocumented migrants face complex obstacles, such as a lack of access to health-care services or social protection. Social exclusion also leaves migrants highly vulnerable to HIV.

- Social, economic and political factors in both the country of origin and destination countries influence migrants' risk of HIV infection.

- Whatever their diverse reasons for travel, migrants often find themselves separated from their spouses, families and familiar social and cultural norms. They may experience language barriers, substandard living conditions, exploitative working conditions and a lack of social protection, such as health insurance and other social security benefits.

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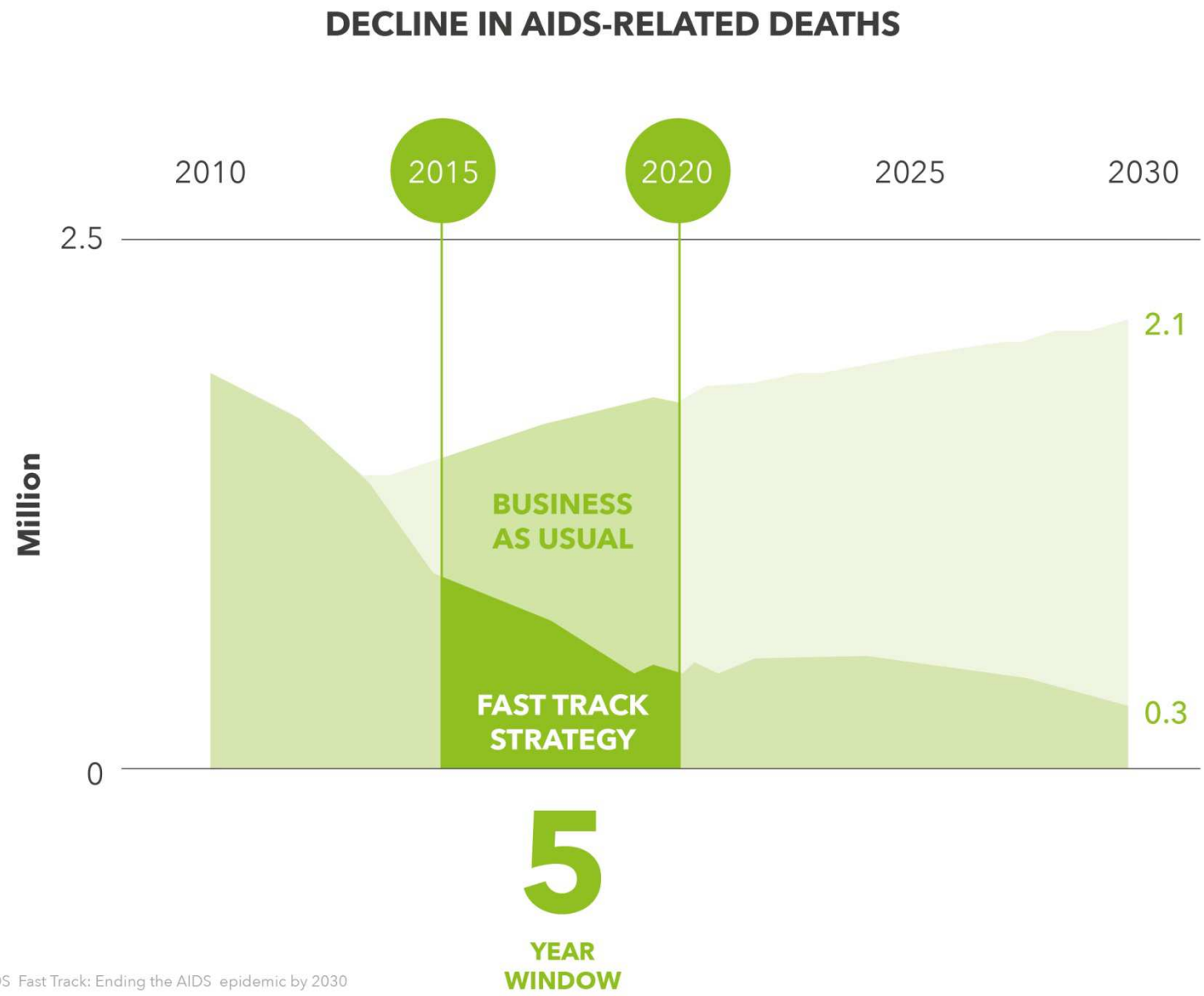
A SHORT FIVE-YEAR WINDOW

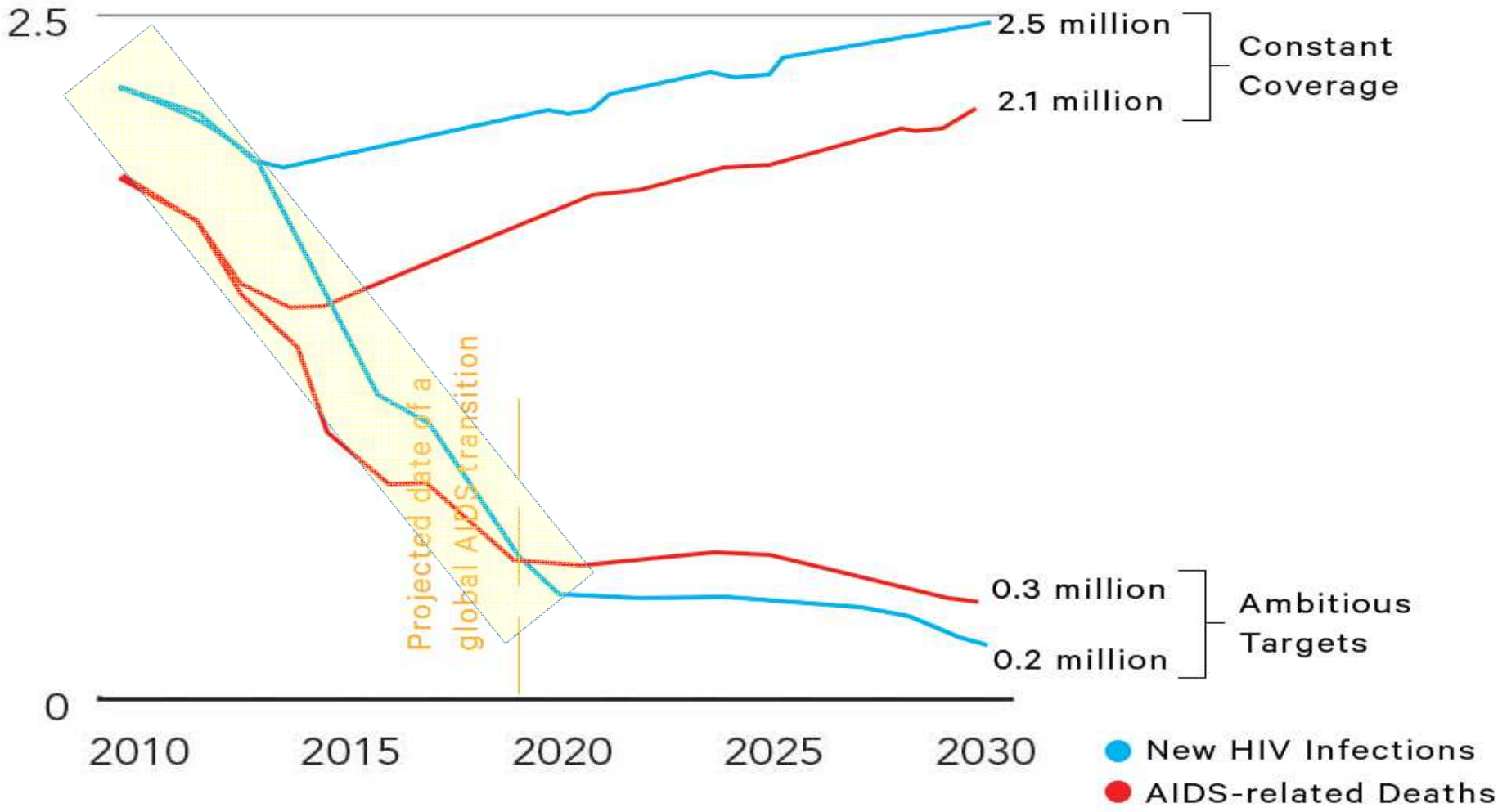


Source: UNAIDS Fast Track: Ending the AIDS epidemic by 2030

Fast-Track Targets

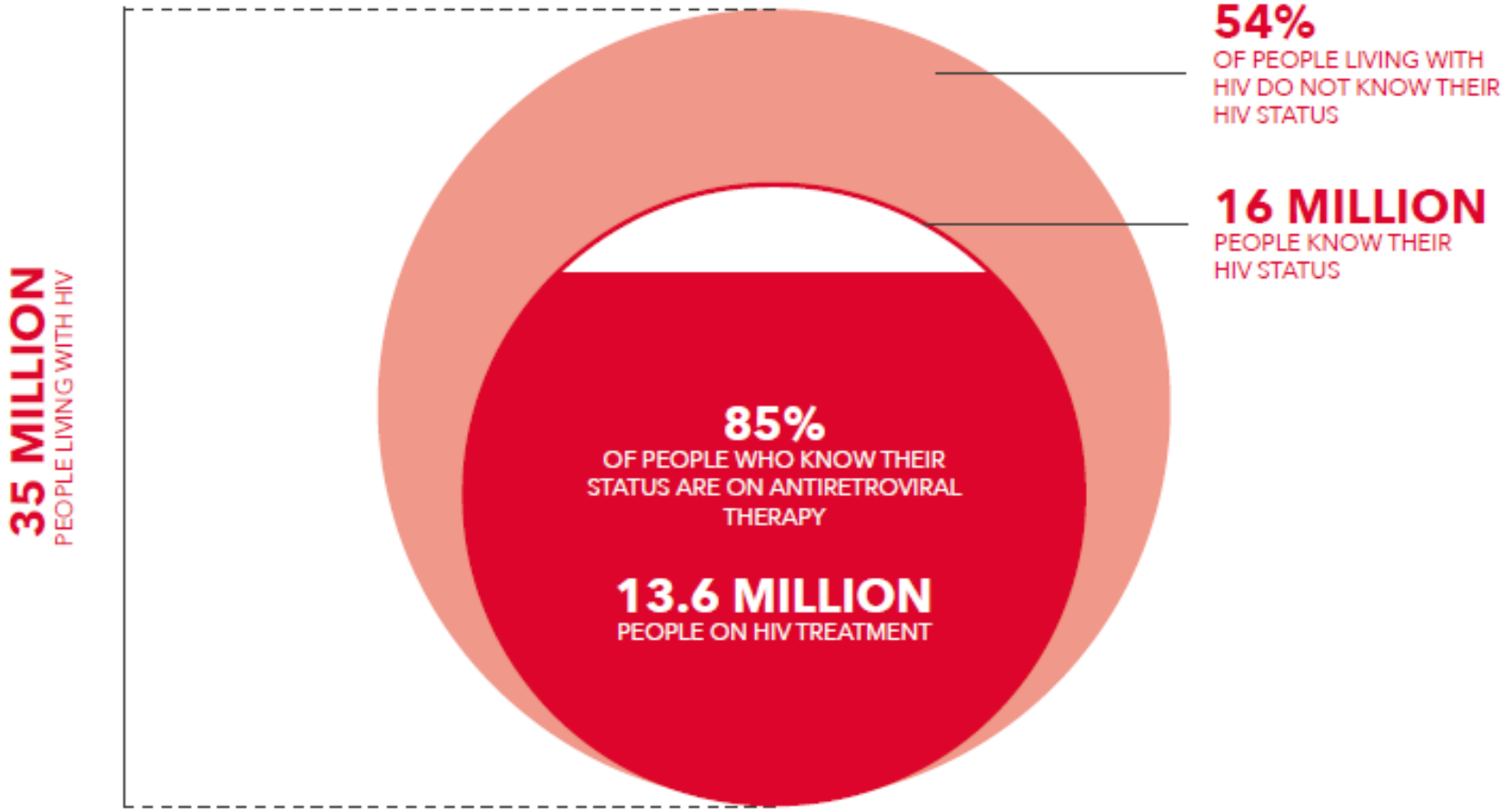
	by 2020	by 2030
90% of people living with HIV knowing their HIV status.	**90-90-90** Treatment	**95-95-95** Treatment
90% of people who know their HIV-positive status on treatment.	**500 000** New infections among adults	**200 000** New infections among adults
90% of people on treatment with suppressed viral loads.	**ZERO** Discrimination	**ZERO** Discrimination

AIDS Transition: the Tipping Point



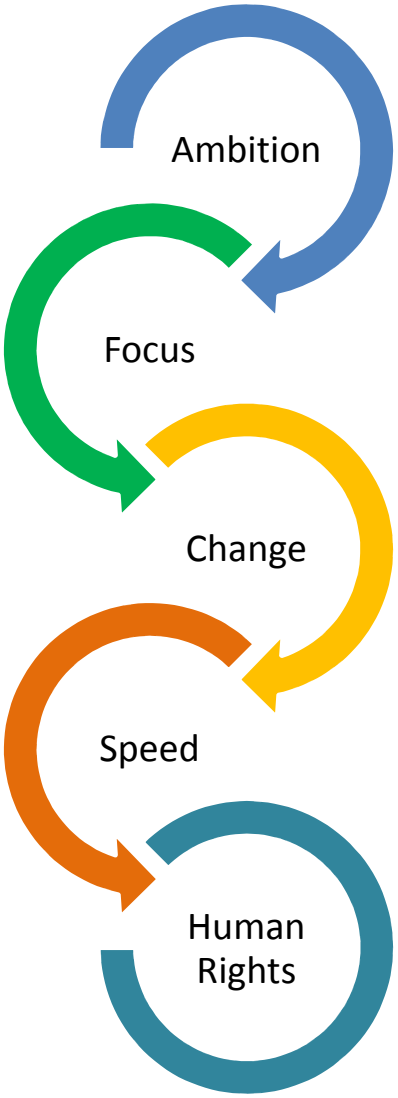
UNAIDS

35 MILLION PEOPLE LIVING WITH HIV



UNAIDS

An Accelerated Implementation Agenda



Setting highly ambitious HIV prevention and treatment targets—aiming to reach maximum numbers in the shortest amount of time

Highly-effective programme interventions in locations and populations with the highest HIV burdens

Discarding what does not work, adopting new ways of delivering services including community service delivery, fostering innovation and early adoption of new technologies and methods

HIV service delivery in the intensity and quality needed to reach the ambitious targets within the short time frame of the next five years

People centred, zero discrimination

What can you do?- Civil Society and Activist response

- UNAIDS Consultations on Fast Track in Bangkok and Geneva
- Advocacy to governments in both the global north and at national level for sustained financial support
- Advocacy to national governments in-country for sound, equitable policies
- Influence more inclusive national policies and laws
- Develop concrete action steps for advocacy and action in each country- link up with UNAIDS country offices
- Build capacity of FBO health service providers to address stigma and discrimination in health care settings

Working Together

Dialogue:

- Facebook group “Civil society dialogue space”

Updates:

- Join list
- advocacy@unaids.org
- @chriscollinsgva
- @SallyLynnSmith

Contact:

- collinsch@unaids.org
- smiths@unaids.org

I am a young woman.

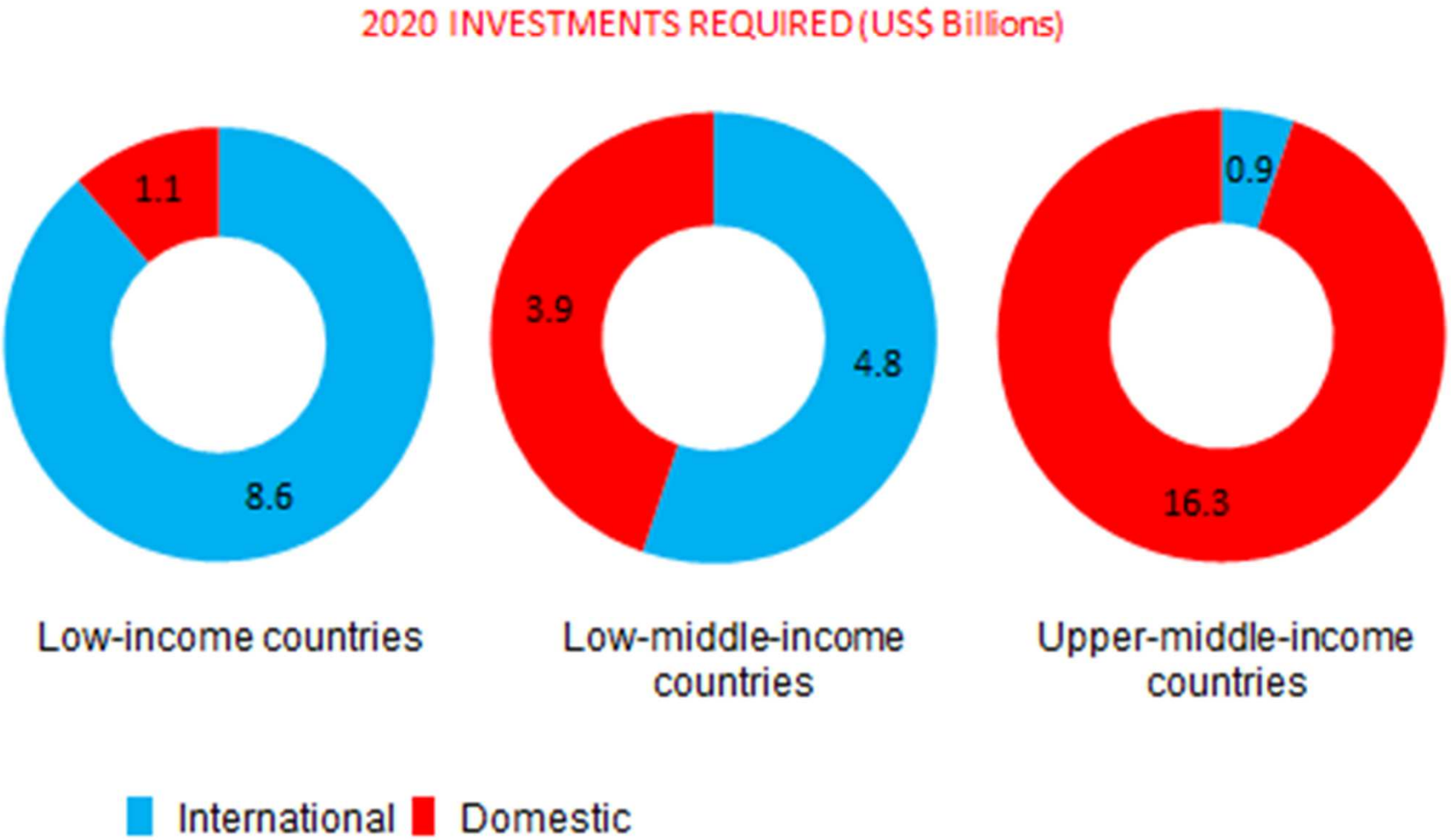
I face these issues.

HIV burden among young women

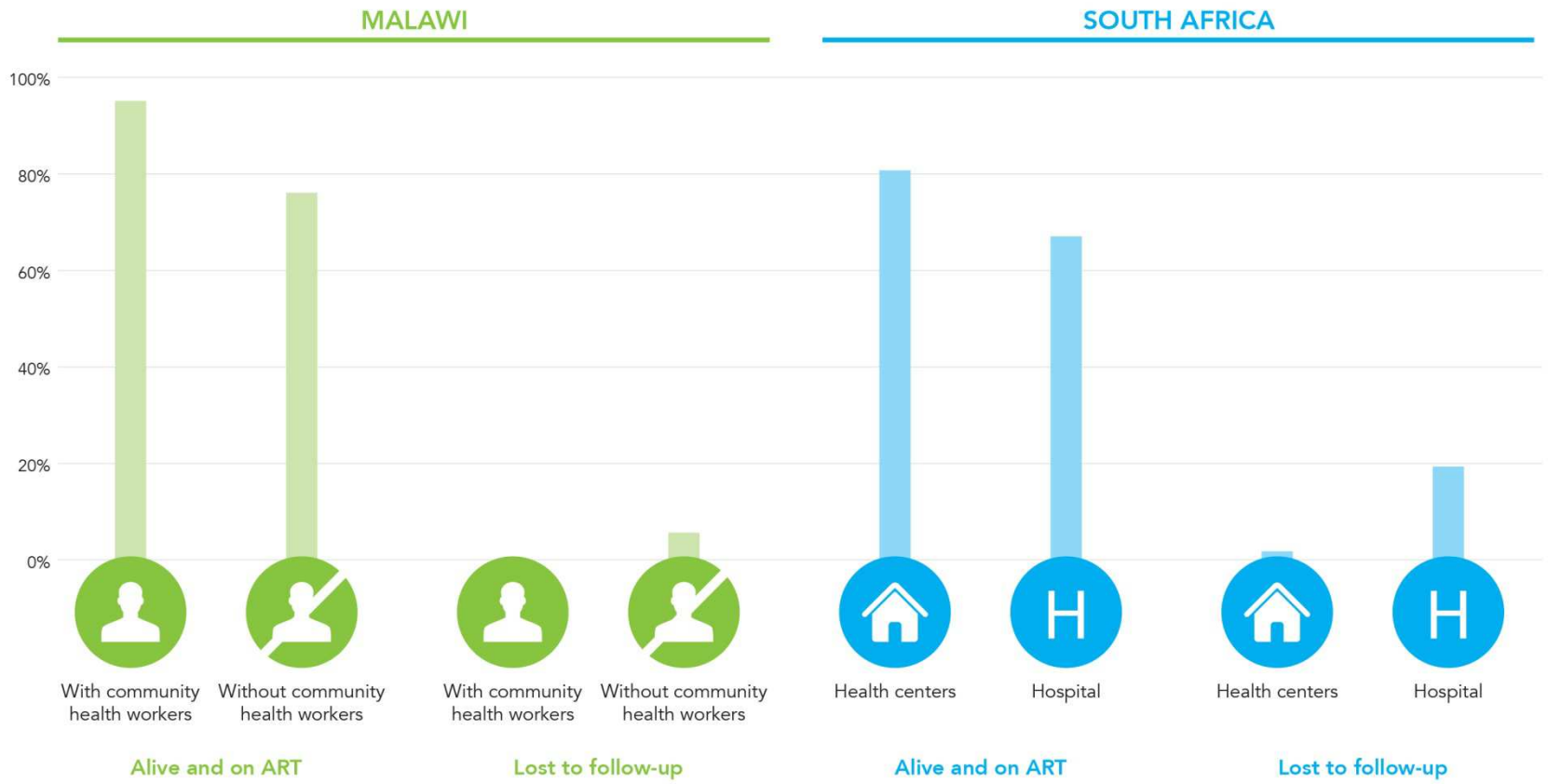
- Globally there are about 380 000 new HIV infections among adolescent girls and young women(10–24) every year.
- Globally, 15% of women living with HIV are aged 15–24, of whom 80% live in sub-Saharan Africa.
- Women represent 50% of all adults living with HIV globally. However in the most affected region, sub-Saharan Africa, 59% of adults living with HIV are women.
- In sub-Saharan Africa, women acquire HIV five to seven years earlier than men.
- Young women (15-24 years old) in sub-Saharan Africa are twice as likely as young men to be living with HIV.
- In some settings, up to 45% of adolescent girls report that their first sexual experience was forced.
- Young women who experience intimate partner violence are 50% more likely to acquire HIV than women who have not.

UNAIDS

FAST TRACK FINANCING: SHARED RESPONSIBILITY, GLOBAL SOLIDARITY



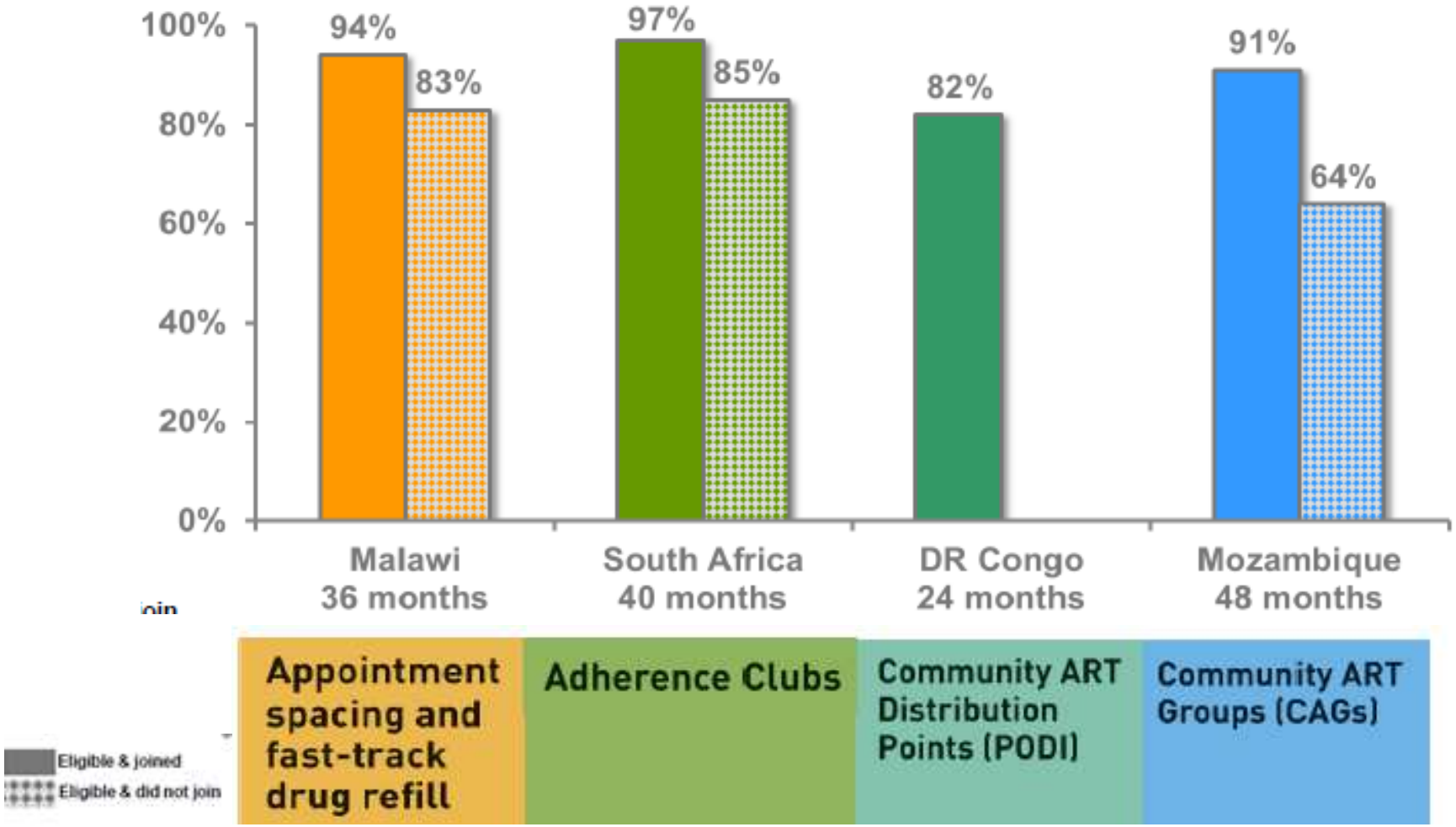
Communities deliver



Task Shfting in HIV/AIDS: opportunities, challenges and proposed actions for sub-saharan Africa. Zachariah et al. 2009. Transactions of the Royal Society of Tropical Medicine and Hygiene (2009) 103, 549—558.

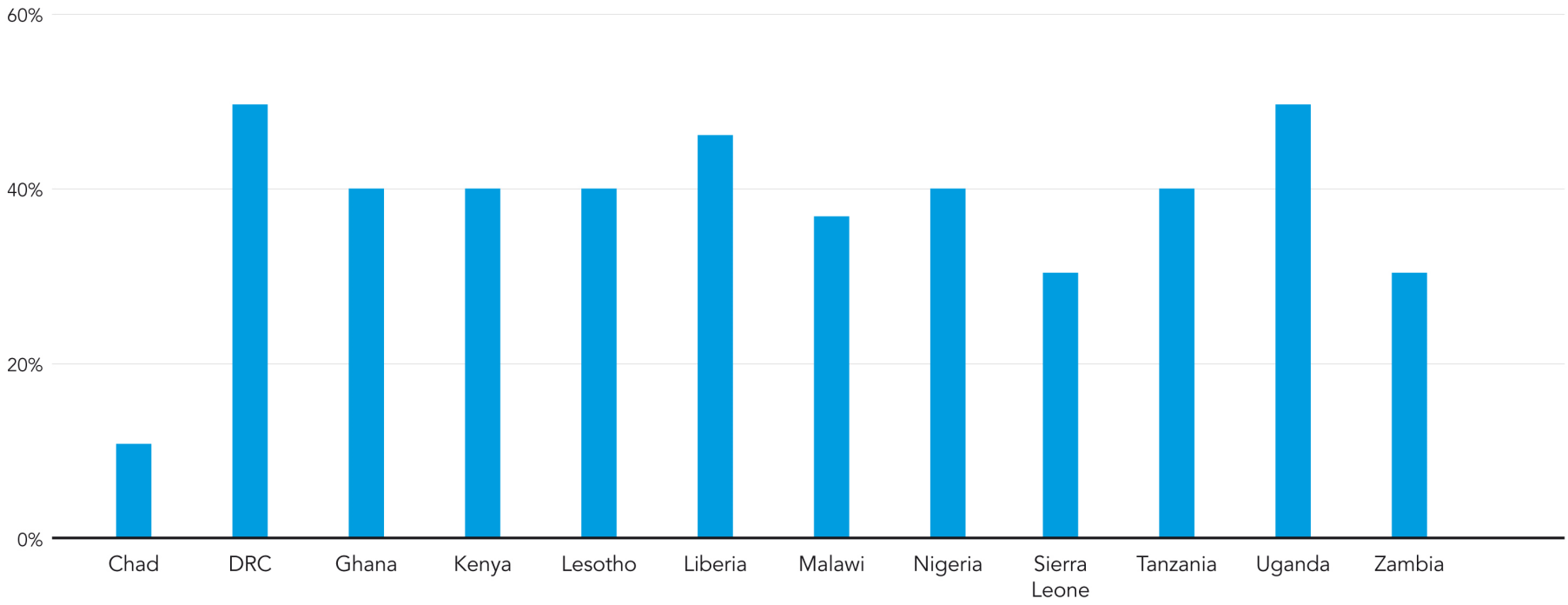
IMPROVED HEALTH OUTCOMES

BETTER RETENTION THAN IN CONVENTIONAL CARE



Engagement with faith organizations for treatment delivery

% estimated share of health services provided by faith based organizations



Sources: Boulenger et al 2009; Kintaudi 2006; EPN 2005; Mwenda 2007; MOH-Lesotho 2007; Chand and Patterson 2007; Mhango 2006; CHAN 2007; CCIH 2005; Dimmock 2007; Todd et al 2009; HERA 2005; MOH-Zambia 2002; Green et al 2002.