

- **Turning the Tide - Erreichtes und Hindernisse**
- **Guidelines**

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International AIDS Conferences			
number and external link	year	location	theme and link
I	1985	Atlanta, Georgia, USA	(no theme)
II	1986	Paris, France	(no theme)
III	1987	Washington, D.C., USA	(no theme)
IV	1988	Stockholm, Sweden	(no theme)
V	1989	Montreal, Canada	The Scientific and Social Challenge of AIDS
VI	1990	San Francisco, USA	AIDS in the Nineties: From Science to Policy
VII	1991	Florence, Italy	Science Challenging AIDS
VIII	1992	Amsterdam, Netherlands	A World United Against AIDS
IX	1993	Berlin, Germany	(no theme)
X	1994	Yokohama, Japan	The Global Challenge of AIDS: Together for the future
XI	1996	Vancouver, Canada	One World One Hope
XII <a href="#">↗</a> , <a href="#">mirror ↗</a>	1998	Geneva, Switzerland	Bridging the Gap
XIII	2000	Durban, South Africa	Breaking the Silence
XIV <a href="#">↗</a>	2002	Barcelona, Spain	Knowledge and Commitment for Action
XV	2004	Bangkok, Thailand	Access for All
XVI <a href="#">↗</a>	2006	Toronto, Canada	Time to Deliver
XVII <a href="#">↗</a>	2008	Mexico City, Mexico	Universal Action Now
XVIII <a href="#">↗</a>	2010	Vienna, Austria	Rights Here, Right Now
XIX <a href="#">↗</a>	2012	Washington, D.C., USA	Turning the Tide Together
XX	2014	Melbourne, Australia	(not yet announced)



**After 22 yrs again in the USA**

# More implementation, More efficiency

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- 23'000 Teilnehmer
- **Science:** Optimism, implementation NOW , all instruments are available **Fauci**
- **Politics:** We can, continuous support **Hillary Clinton**
- **Financial:** Ending the poverty, more value for money **Jim Yong Kim, Bill Gates**
- **Celebrity:** Solidarity and love **Sharon Stone, Elton John**

# More implementation, more efficiency

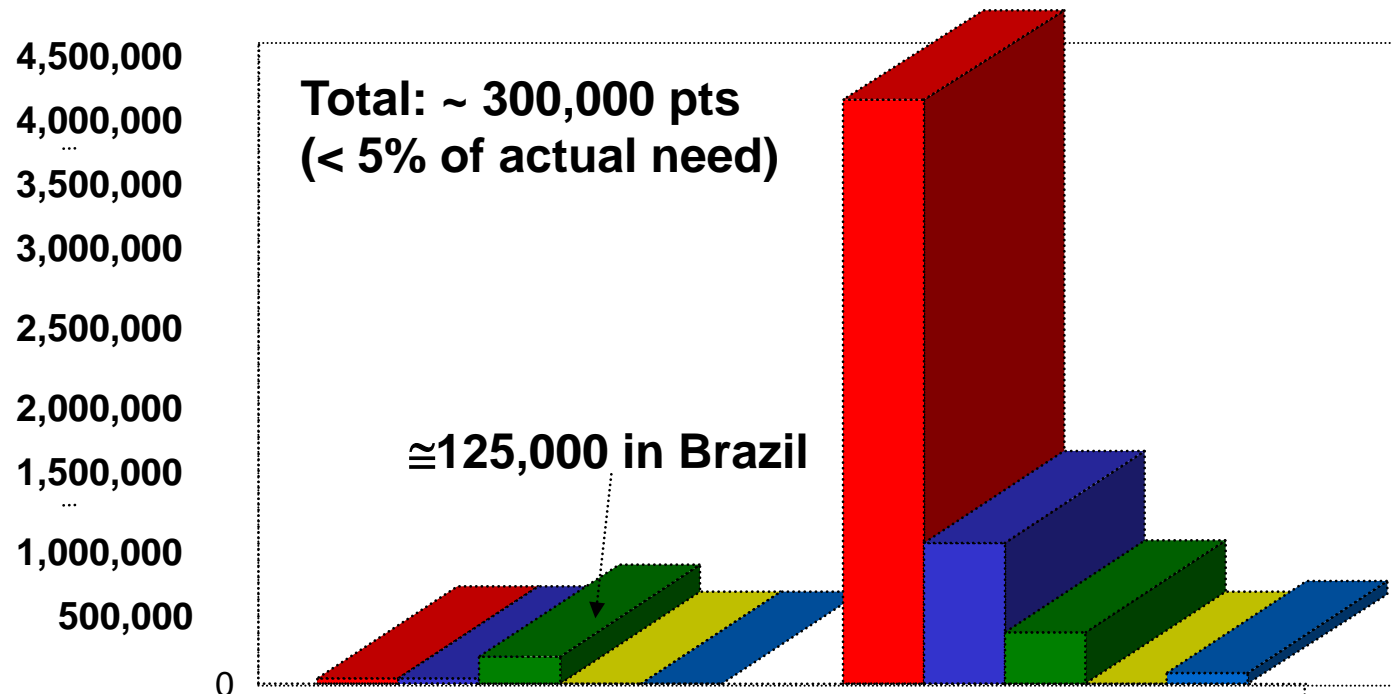
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- **Patients, activists:** In the richest nation on the planet, barely a quarter of the people with HIV are in fully-effective treatment. More than 70 percent are either not in treatment at all or on sub-optimal treatment. That's bad for them and it's bad for everyone else because when they are not on treatment, they are much, much more likely to spread the virus. Everyone living with AIDS must come out. It confronts stigma and increases demand for civil society. It's in the caring, loving and fighting that we can live forever. Together we are greater than AIDS.

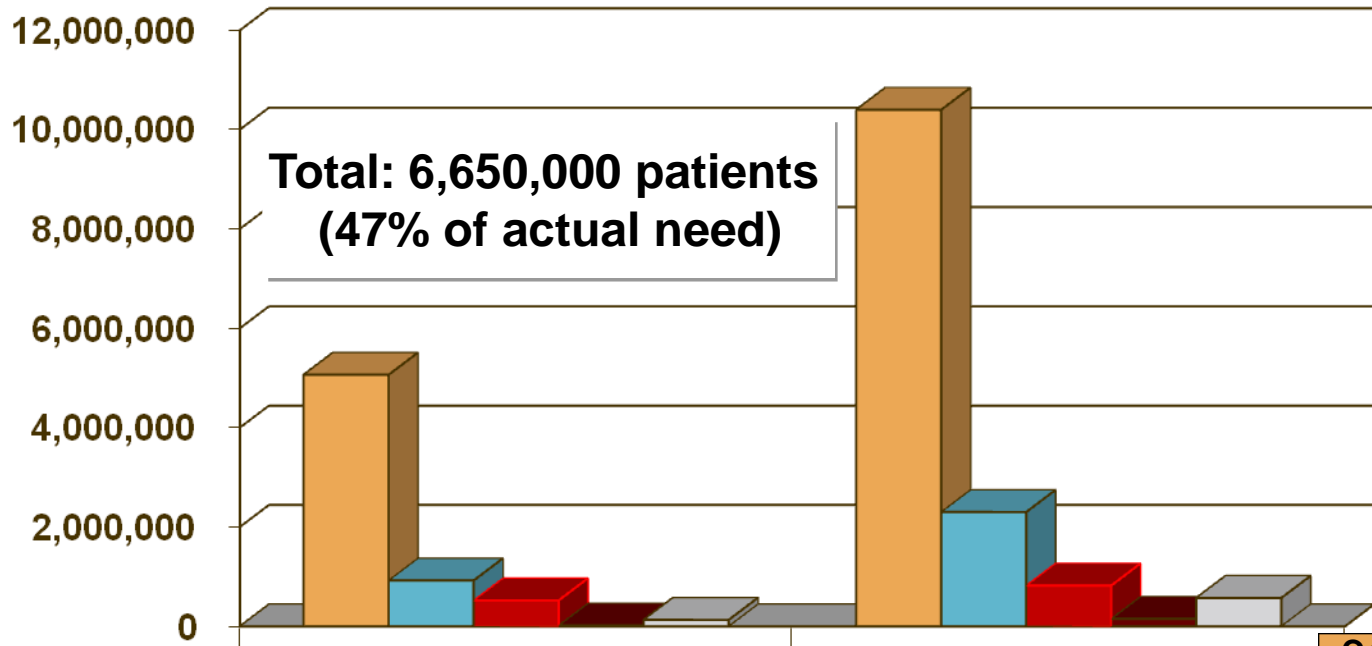
**Black AIDS Institute's President and CEO Phill Wilson**

# Access to HAART in Developing Countries (estimated as of end of 2002)



	Using HAART	Need & Coverage (%)
■ Sub-Saharan Africa	50,000	4,100,000 (1%)
■ Asia	43,000	1,000,000 (4%)
■ Latin America & Caribbean	196,000	370,000 (53%)
■ North of Africa & Middle East	3,000	7,000 (29%)
■ East Europe & Central Asia	7,000	80,000 (9%)

# Access to HAART in Developing Countries (estimated as of end of 2010)

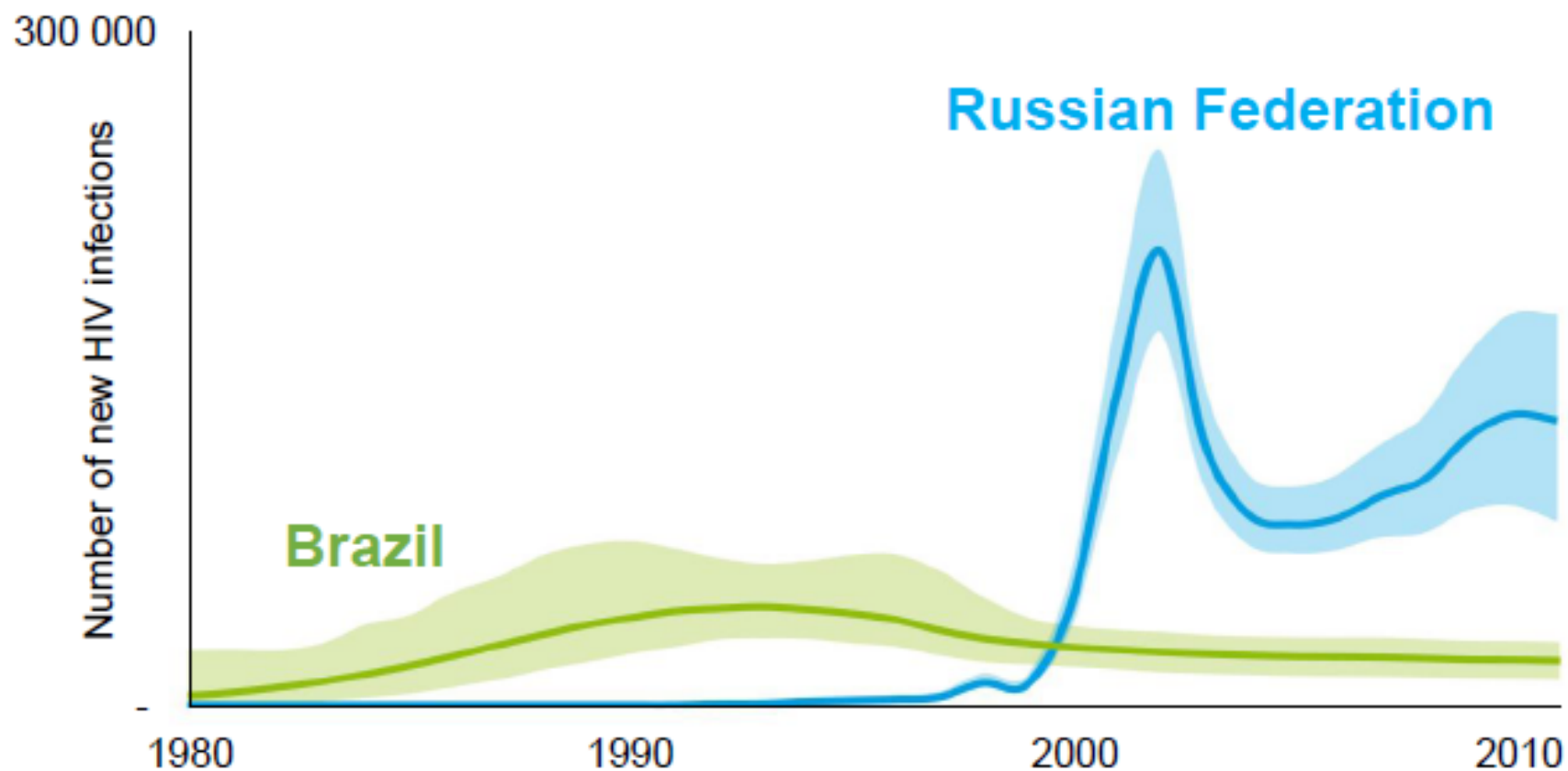


	Using HAART	Need HAART	Coverage %
■ Sub-Saharan Africa	5,064,000	10,400,000	49%
■ Asia	922,000	2,300,000	39%
■ Latin America & Caribbean	521,000	820,000	63%
■ North of Africa & Middle East	14,900	150,000	10%
■ East Europe & Central Asia	129,000	570,000	23%



**201,279 in Brazil**

## Value for money: doing the right things



## Decline in new HIV infections among children, 2009–2011

**TOGETHER  
WE WILL  
END AIDS.**

### Rapid decline

Will reach the target if the 2009–2011 decline of 30% or more continues through 2015.

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31%	Ethiopia
31%	Ghana
43%	Kenya
59%	Namibia
49%	South Africa
55%	Zambia
45%	Zimbabwe

### Moderate decline

Can reach the target if the decline in 2009–2011 of 20–29% is accelerated.

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22%	Botswana
30%	Burundi
24%	Cameroon
20%	Côte d'Ivoire
21%	Lesotho
26%	Malawi
29%	Swaziland
24%	Uganda

### Slow or no decline

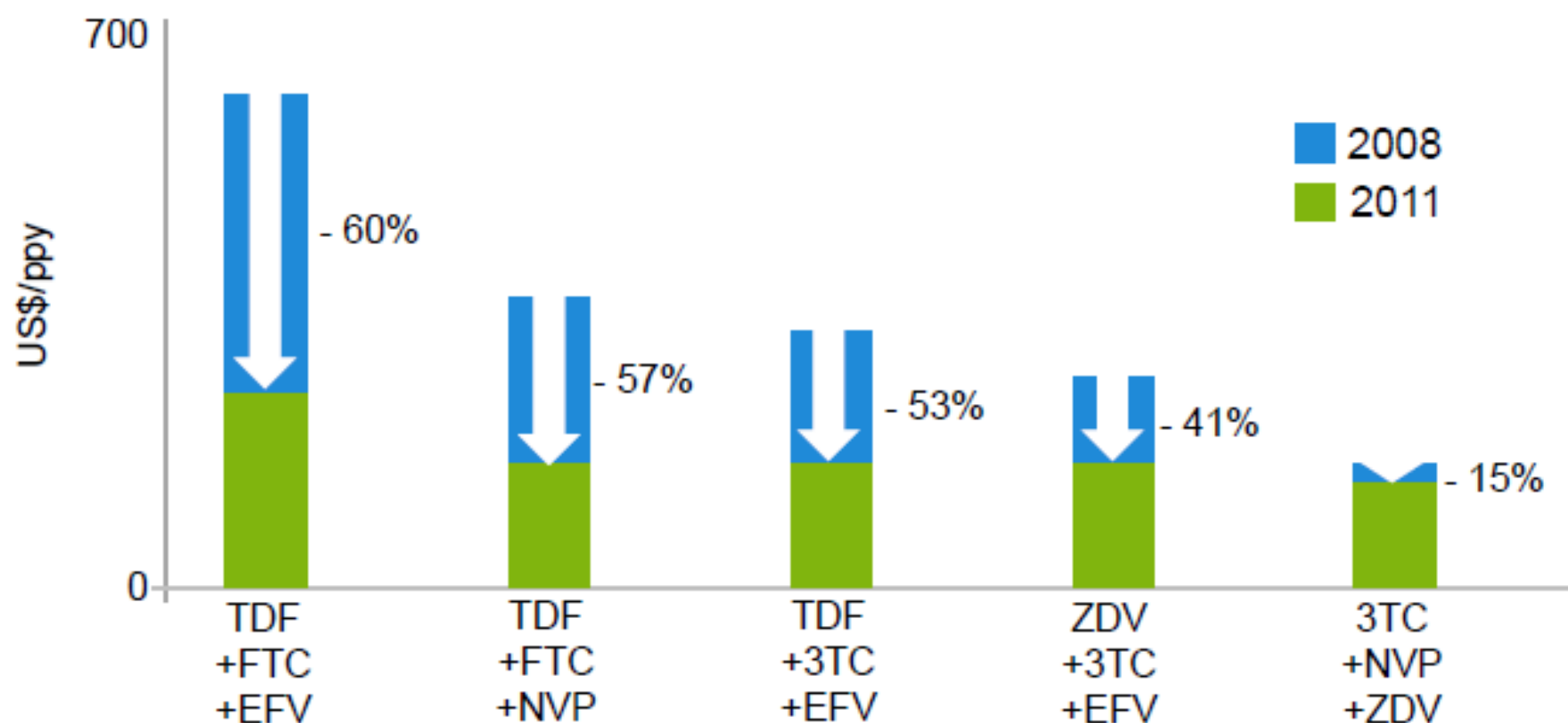
In danger of not reaching the target, with a decline in 2009–2011 of less than 20%.

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0%	Angola
4%	Chad
–	Democratic Republic of the Congo
5%	Mozambique
4%	Nigeria
19%	United Republic of Tanzania
–	India

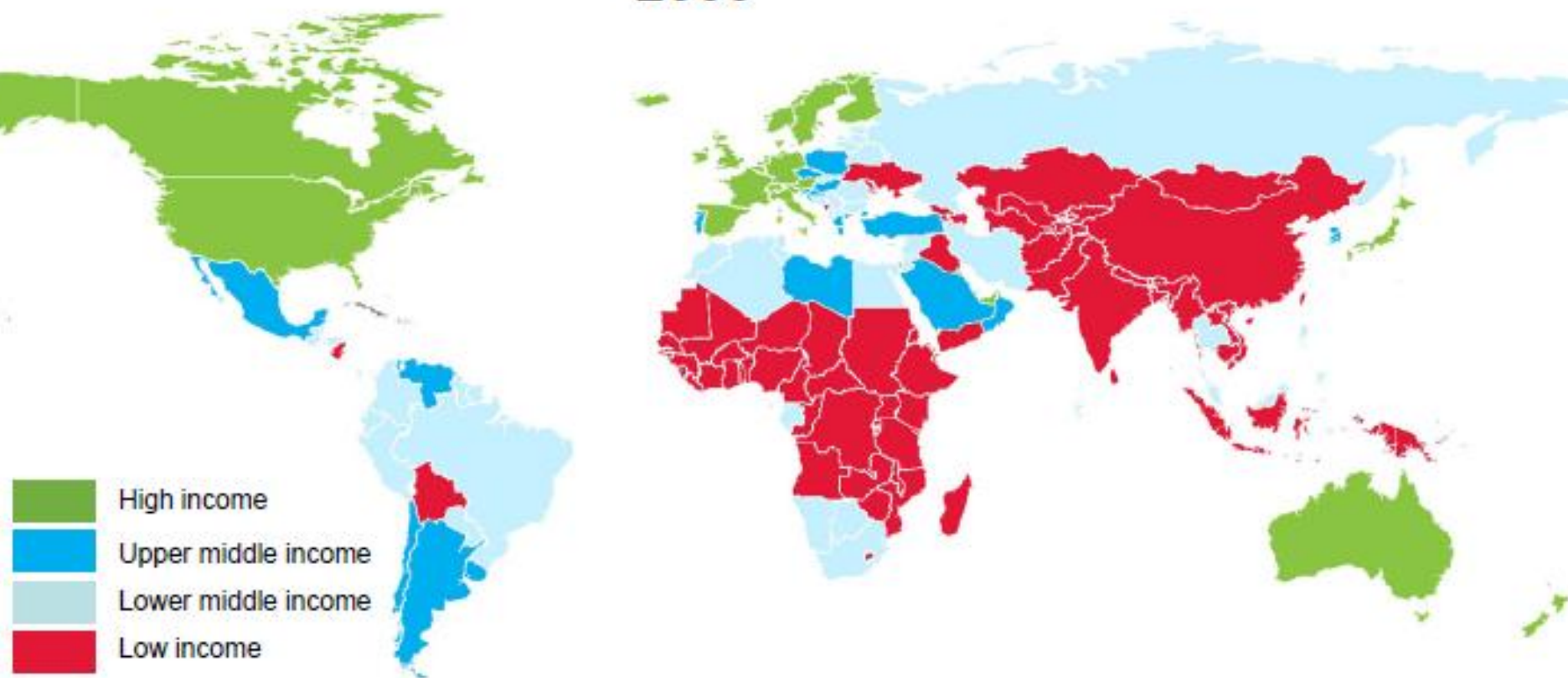
## Value for money: price reductions

Median price of selected first-line regimens in low-income countries



# Economic growth is rapidly changing the world order

2000

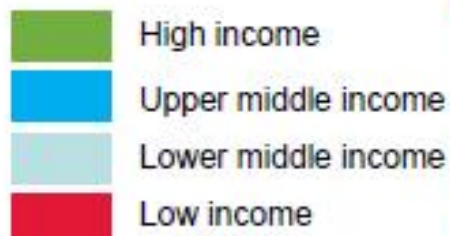
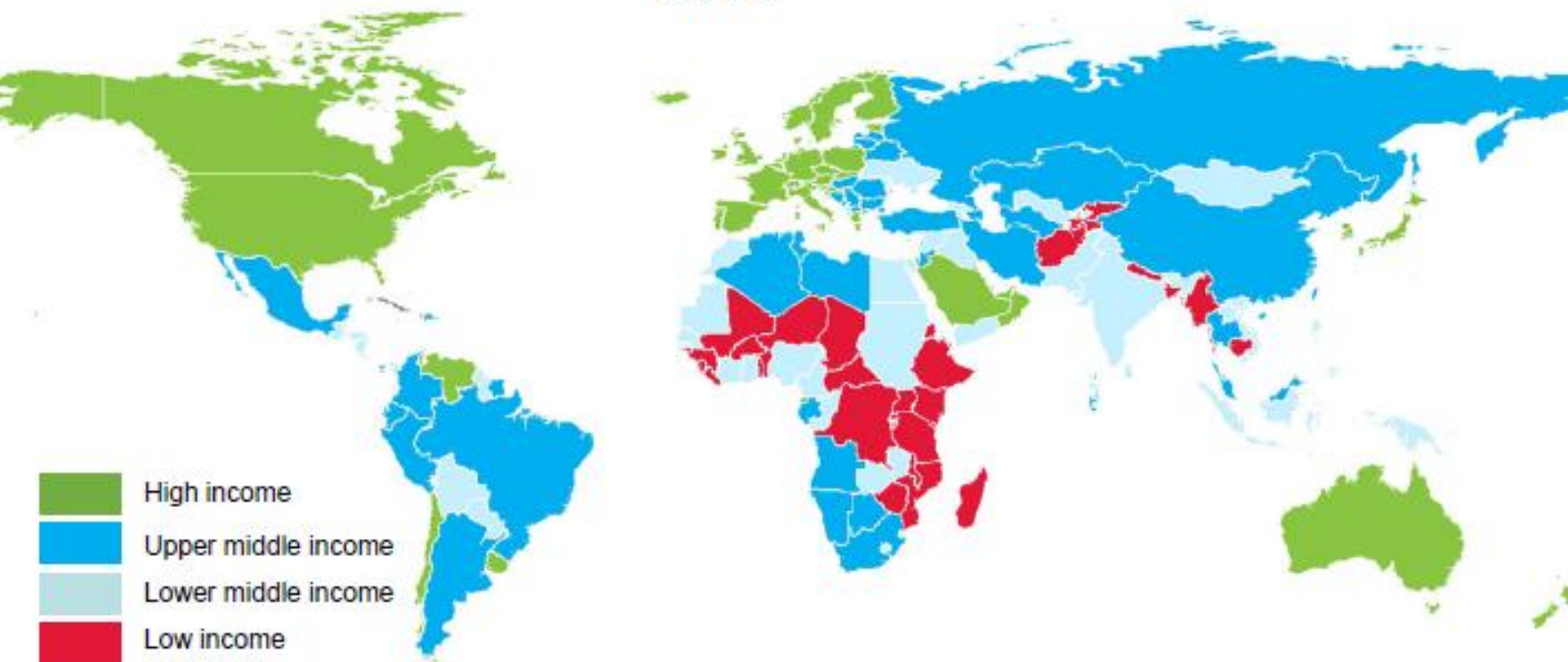


Source: IMF data, extrapolated 2017-2020

# Economic growth is rapidly changing the world order

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2012



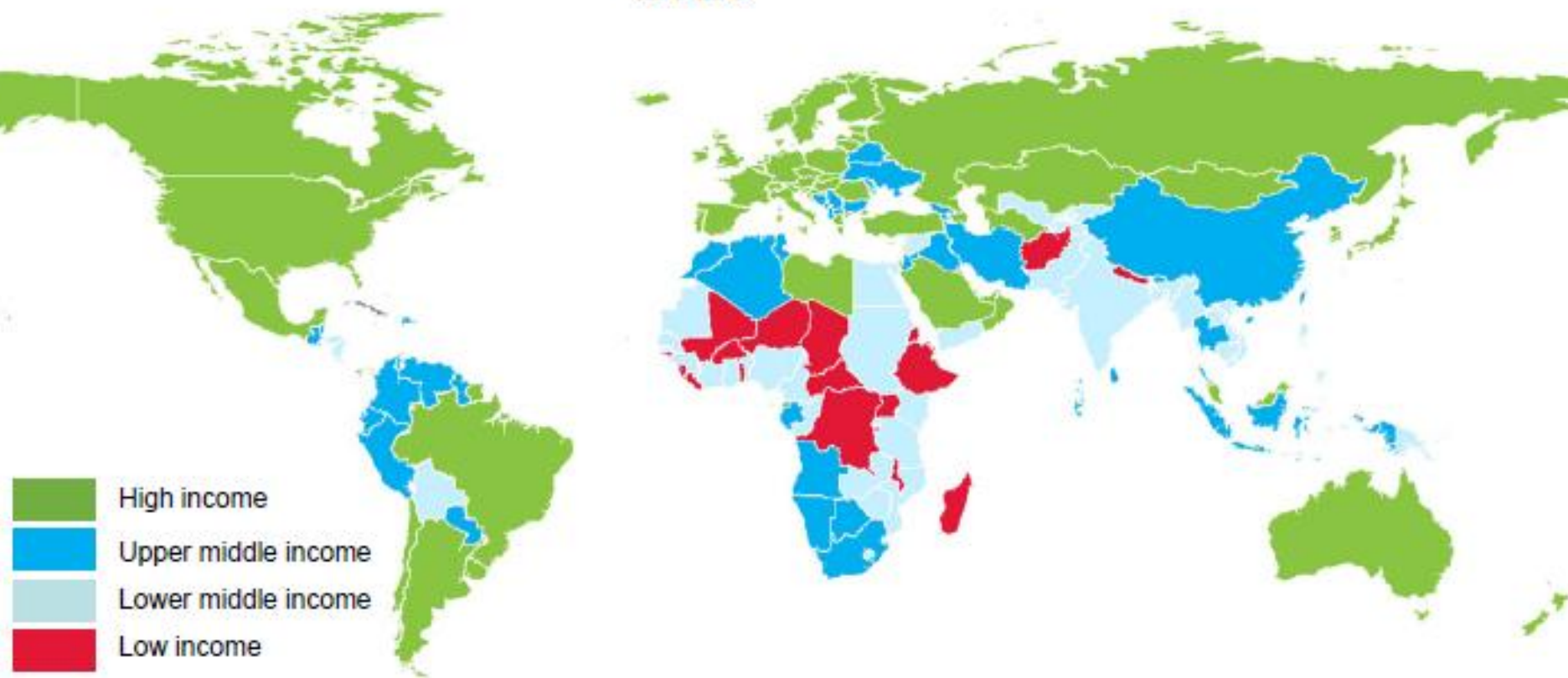
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Source: IMF data, extrapolated 2017-2020

# Economic growth is rapidly changing the world order

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2020

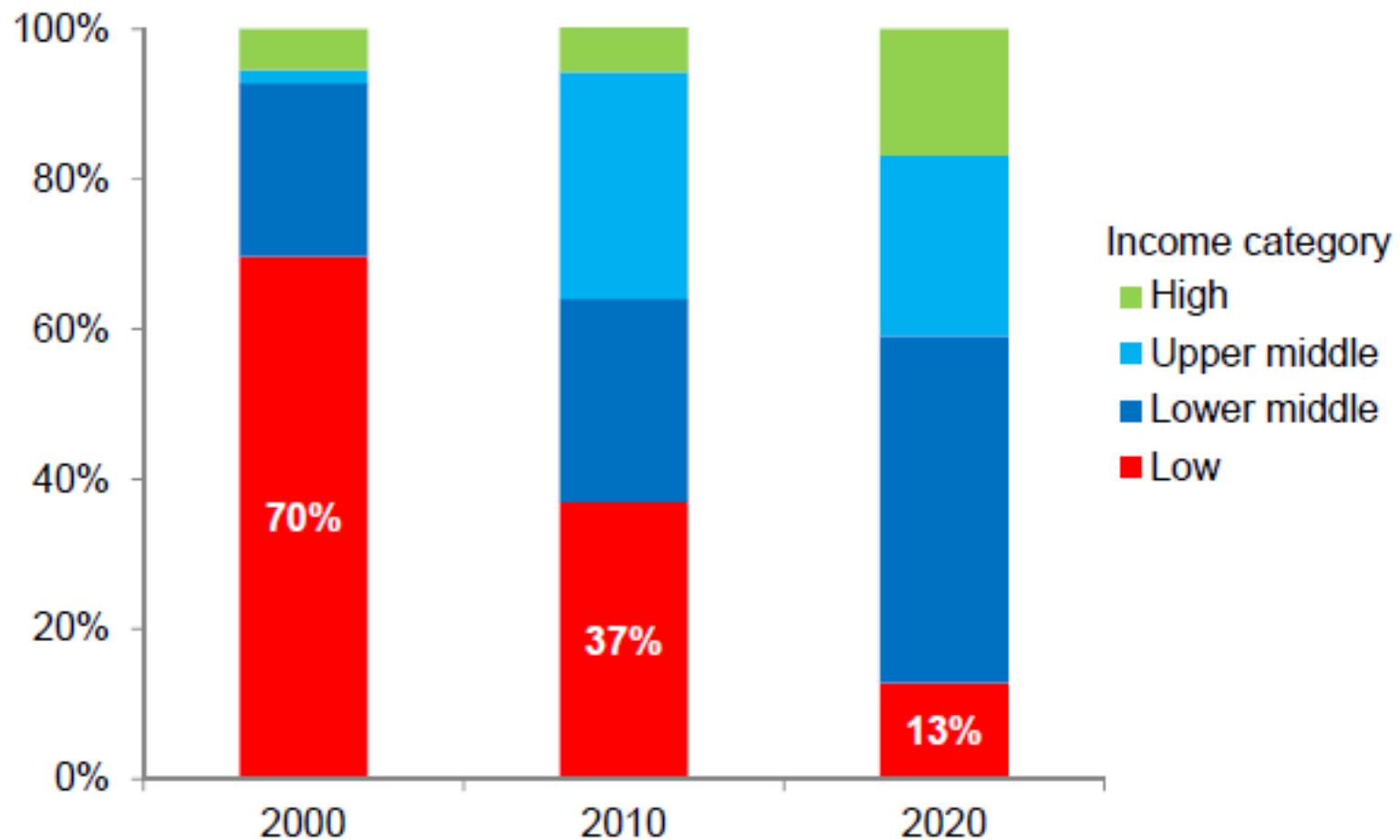


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Source: IMF data, extrapolated 2017-2020

# The vast majority of people living with HIV will be in middle income countries

Proportion of people living with HIV by country income category, 2000 - 2020



Those that say it can't be done  
should get out of the way of those doing it

*Chinese Proverb*

Together we will end **AIDS**

Zero new HIV infections.  
Zero discrimination.  
Zero AIDS-related deaths.



# Now 8 Mio under cART Aim 15 by 15

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# Barriers to treatment - Thailand

- Prevalence 1%
- Many undiagnosed HIV cases
  - Uptake extremely low despite twice yearly free HIV testing for all Thai nationals
  - Stigma and misinformation about HIV are major barriers
- Access to ARV through the Thai Government universal health care coverage
  - Only available for Thai nationals. Poor non-Thai migrants no access
  - ARVs for salvage therapy are not available, more need

# Key concerns - Thailand

- Increasing new infections in MSM
  - Incidence above 5% in MSM ages 18-22 years<sup>1</sup>
  - Most persons with acute HIV infection are MSM<sup>2</sup>
- Treatment: Limited access and availability of
  - ART beyond second line regimen
  - Paediatric ARV formulations and fixed dose combinations
  - Monitoring for HIV & ARV complications such as non-AIDS complications

# Barriers to treatment - Uganda

- Prevalence 6-7%
- Poor health seeking behaviour
  - Patients still present late even aware of status
- Poor health systems
  - Frequent drug stock outs even when drugs are in the country
  - Shortage of qualified staff
  - Long distances to travel by patients
  - Poorly equipped health institutions

# Key concerns - Uganda

- Continued HIV transmission
  - Poor uptake of male circumcision recommendations
- Inadequate investment into health care
  - Current dependency on international donations not sustainable
  - Need to train more HCW and pay them better

# Barriers to treatment - South Africa

- Prevalence depending on region 3.5 – 17%
- Human resources: nurses, doctors and pharmacists
- District level management expertise
- Drug “stock outs”
- Laboratory capacity
- Key populations: MSM, migrants
- Criminalisation of sex work

# Key concerns - South Africa

- Short-term funding gap
- Long term sustainability of large ART program
- Central planning with poor local implementation
- High youth unemployment
- Increasing numbers of young PLWAs due to failure of MTCT policies
- Prior tolerance of virologic failure in children resulting in loss of future treatment options

# When to start?

	AIDS/ sympts.	CD4 <200	CD4 200- 350	CD4 >350
<b>US DHHS '12</b> <a href="http://www.aidsinfo.nih.gov">www.aidsinfo.nih.gov</a>	YES	YES	YES	YES
<b>IAS-USA '12</b> Thompson JAMA 2012;308:387	YES	YES	YES	<b>YES</b>
<b>UK '12</b> <a href="http://www.bhiva.org">www.bhiva.org</a>	YES	YES	YES	certain patients
<b>EACS '11</b> <a href="http://www.eacs.eu">www.eacs.eu</a>	YES	YES	YES	certain patients
<b>WHO '10</b> <a href="http://www.who.int/hiv/pub/arv/adult2010/en">http://www.who.int/hiv/pub/arv/adult2010/en</a>	YES	YES	YES	NO