

90-90-90 Program to control HIV/AIDS

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مرکز نظارت بر ایدز و عفونت های
آمیزی، مرکز همکار سازمان جهانی بهداشت

Global summary of the AIDS epidemic | 2017

Number of people living with HIV	Total	36.9 million [31.1 million–43.9 million]
	Adults	35.1 million [29.6 million–41.7 million]
	Women (15+ years)	18.2 million [15.6 million–21.4 million]
	Children (<15 years)	1.8 million [1.3 million–2.4 million]

People newly infected with HIV in 2017	Total	1.8 million [1.4 million–2.4 million]
	Adults	1.6 million [1.3 million–2.1 million]
	Children (<15 years)	180 000 [110 000–260 000]

AIDS-related deaths in 2017	Total	940 000 [670 000–1.3 million]
	Adults	830 000 [590 000–1.2 million]
	Children (<15 years)	110 000 [63 000–160 000]

Global estimates for adults and children | 2017

People living with HIV	36.9 million [31.1 million–43.9 million]
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New HIV infections in 2017	1.8 million [1.4 million–2.4 million]
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Fast Track Targets by 2020



Target 1

90%

of all



living with HIV

DIAGNOSED

Target 2

90%

of all



diagnosed with HIV

ON ART

Target 3

90%

of all



on ART

**VIRALLY
SUPPRESSED**

Overall target

73%

of all people living
with HIV

**VIRALLY
SUPPRESSED**

=

Targets for ending the AIDS epidemic

by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

200 000

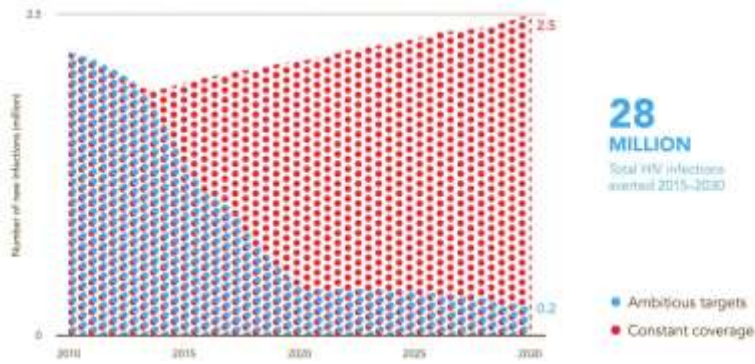
New infections among adults

ZERO

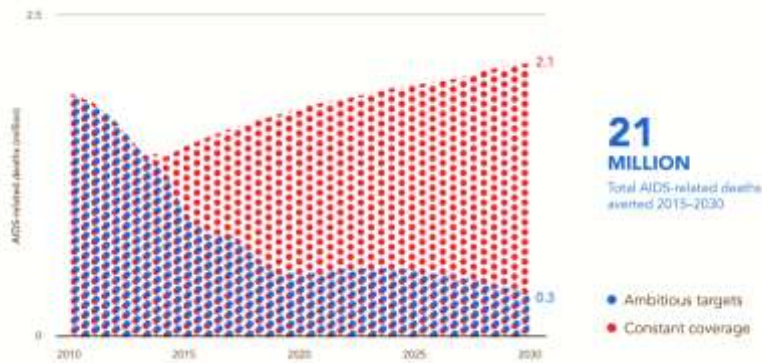
Discrimination



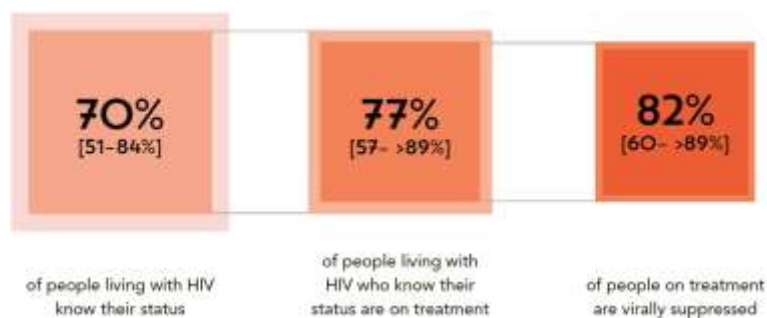
New HIV infections in low- and middle-income countries, 2010–2030, with achievement of ambitious Fast-Track Targets, compared to maintaining 2013 coverage



AIDS-related deaths in low- and middle-income countries, 2010–2030, with achievement of ambitious Fast-Track Targets, compared to maintaining 2013 coverage



CLOSING IN ON A FAST-TRACK TARGETS



PROGRESS TOWARDS THE 90-90-90 TARGETS, GLOBAL, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details



THE HIV TESTING AND TREATMENT CASCADE

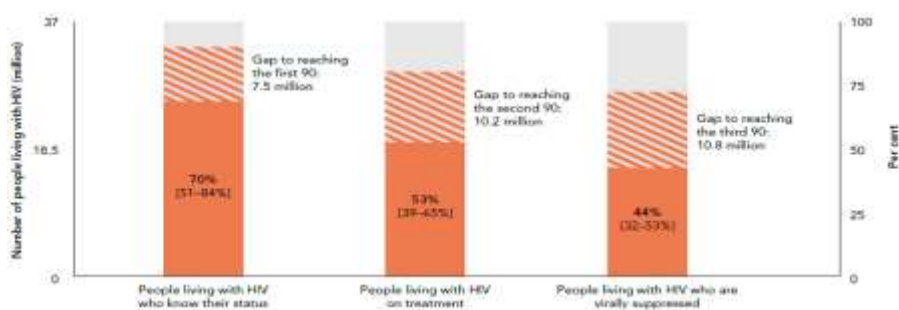


FIGURE 3.4. KNOWLEDGE OF HIV STATUS, TREATMENT COVERAGE AND VIRAL LOAD SUPPRESSION, GLOBAL, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.



ONE-YEAR GAINS ACROSS THE CASCADE

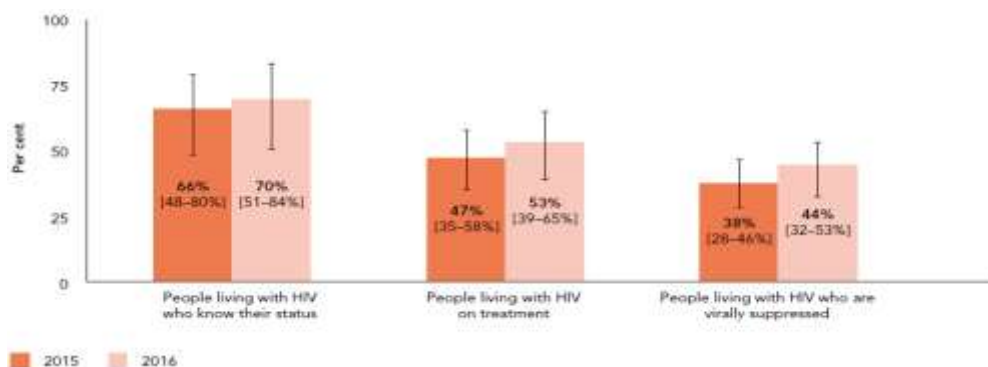


FIGURE 3.8. KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, GLOBAL, 2015 AND 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.



CASCADE PROGRESS VARIES AMONG REGIONS

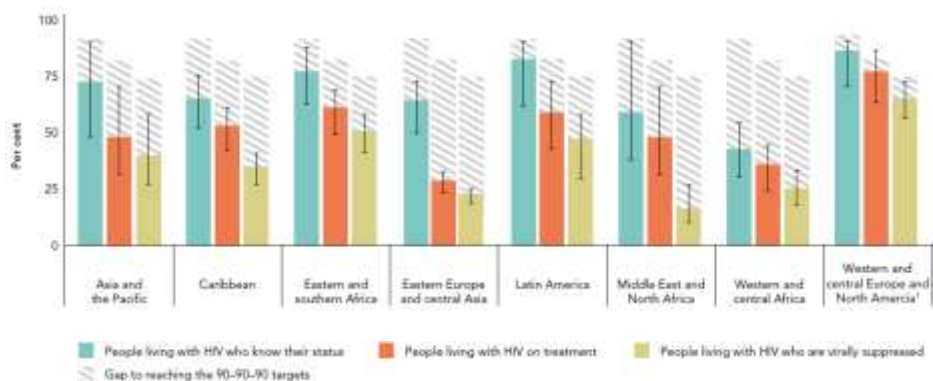


FIGURE 3.3. KNOWLEDGE OF HIV STATUS, TREATMENT COVERAGE AND VIRAL LOAD SUPPRESSION, BY REGION, 2016

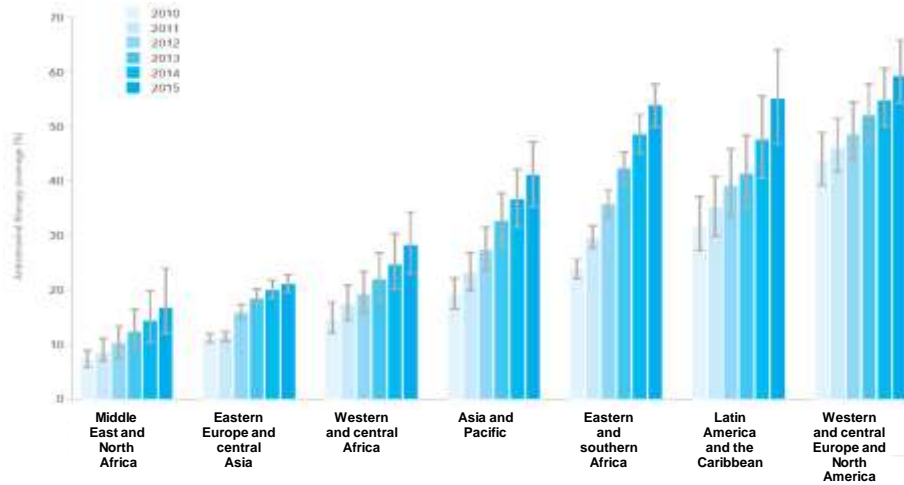
Comparison of HIV testing and treatment cascades by region reveals different patterns of progress. Western and central Europe and North America are approaching global targets. Latin America and eastern and southern Africa show high levels of achievement across the cascade. Eastern Europe and central Asia, the Middle East and North Africa, and western and central Africa are clearly on track.

Source: UNAIDS special analysis, 2017; see annex on methods for more details.

* Cascade for the western and central Europe and North America region is for 2015.

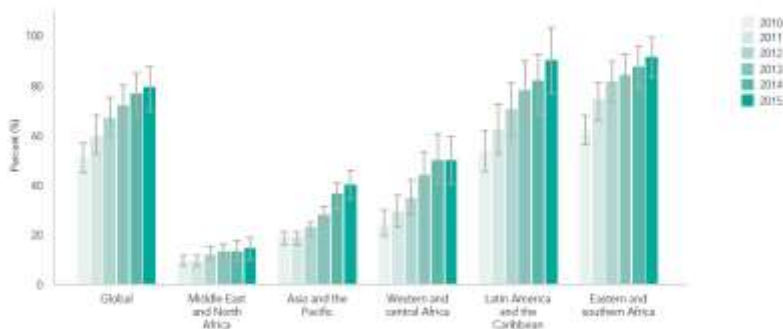


Antiretroviral therapy coverage among people living with HIV, by region, 2010–2015



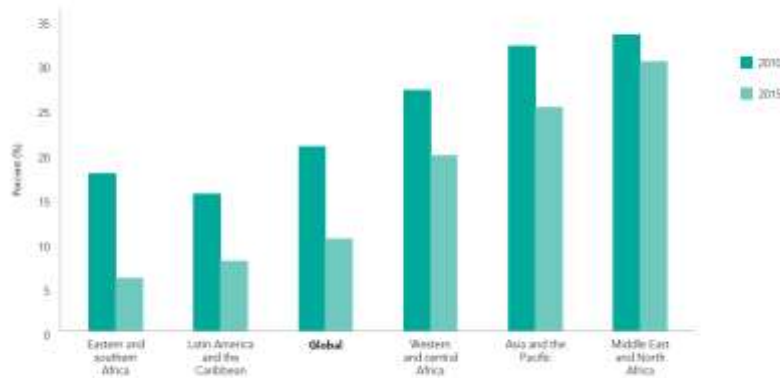
Sources: GARPR 2016; UNAIDS 2016 estimates.

Percent of women receiving antiretroviral medicines to prevent vertical transmission, by region, 2010–2015



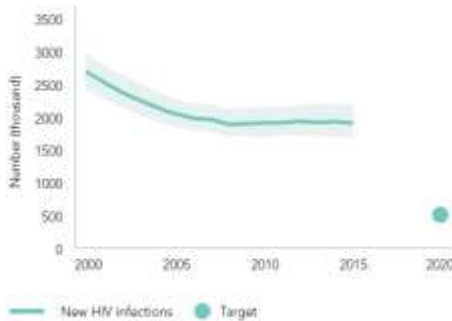
Sources: 2016 Global AIDS Response Progress Reporting and UNAIDS 2016 estimates.

Mother-to-child transmission rate by region, 2010 and 2015



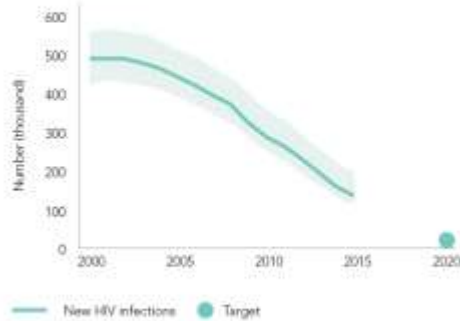
Source: UNAIDS 2016 estimates.

New HIV infections among adults (aged 15 years and older), global, 2000–2015



Source: UNAIDS 2016 estimates.

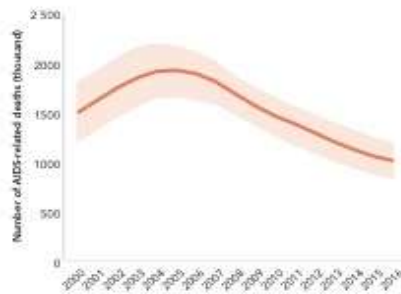
New HIV infections among children (aged 0–14 years), global, 2000–2015



Source: UNAIDS 2016 estimates.

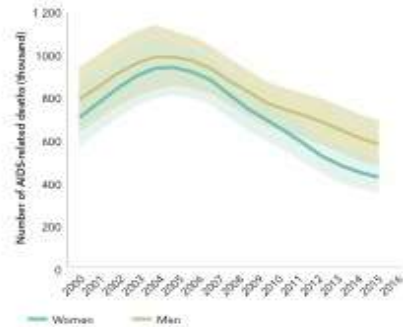
Gender and AIDS related deaths

DECLINE IN DEATHS MORE RAPID AMONG WOMEN



AIDS-RELATED DEATHS, ALL AGES, GLOBAL, 2000–2016

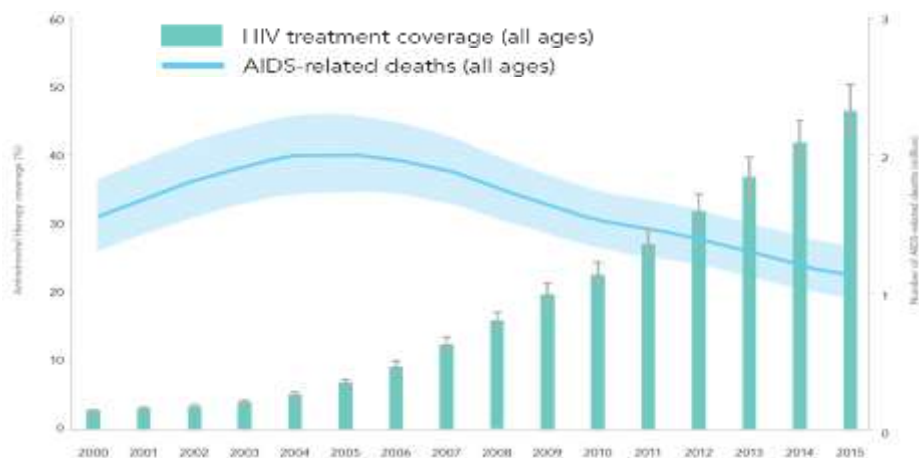
Source: UNAIDS 2017 estimates



AIDS-RELATED DEATHS BY SEX, ALL AGES, GLOBAL, 2000–2016

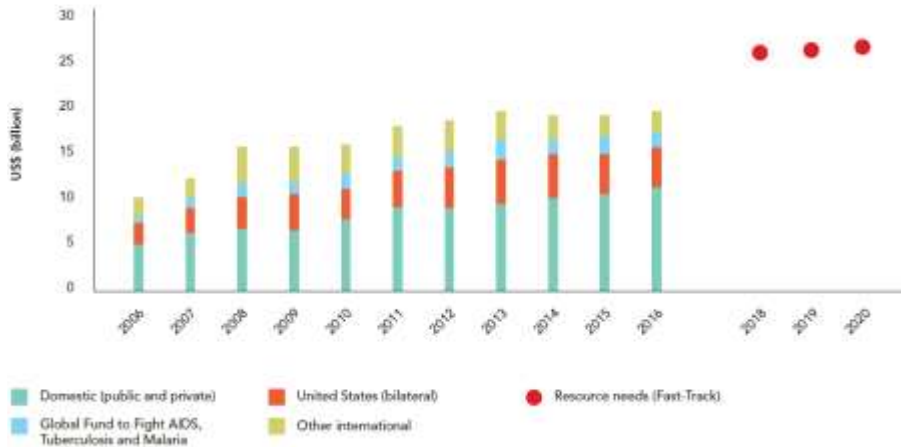
Source: UNAIDS 2017 estimates

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



Sources: GARPR 2016; UNAIDS 2016 estimates.

RESOURCE AVAILABILITY IN DANGER OF FALLING SHORT OF GLOBAL COMMITMENTS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, LOW- AND MIDDLE-INCOME COUNTRIES*

Number of new HIV infections in 2015 and change since 2010

2.1 million people newly infected in 2015 globally

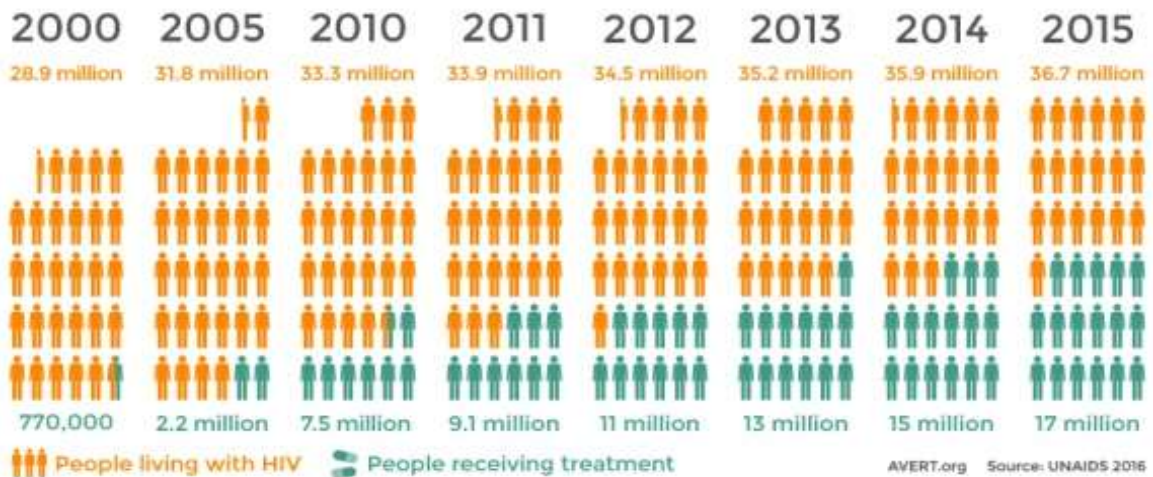
Decrease in number of infections globally since 2010:

6%

AVERT.org
Source: UNAIDS 2016

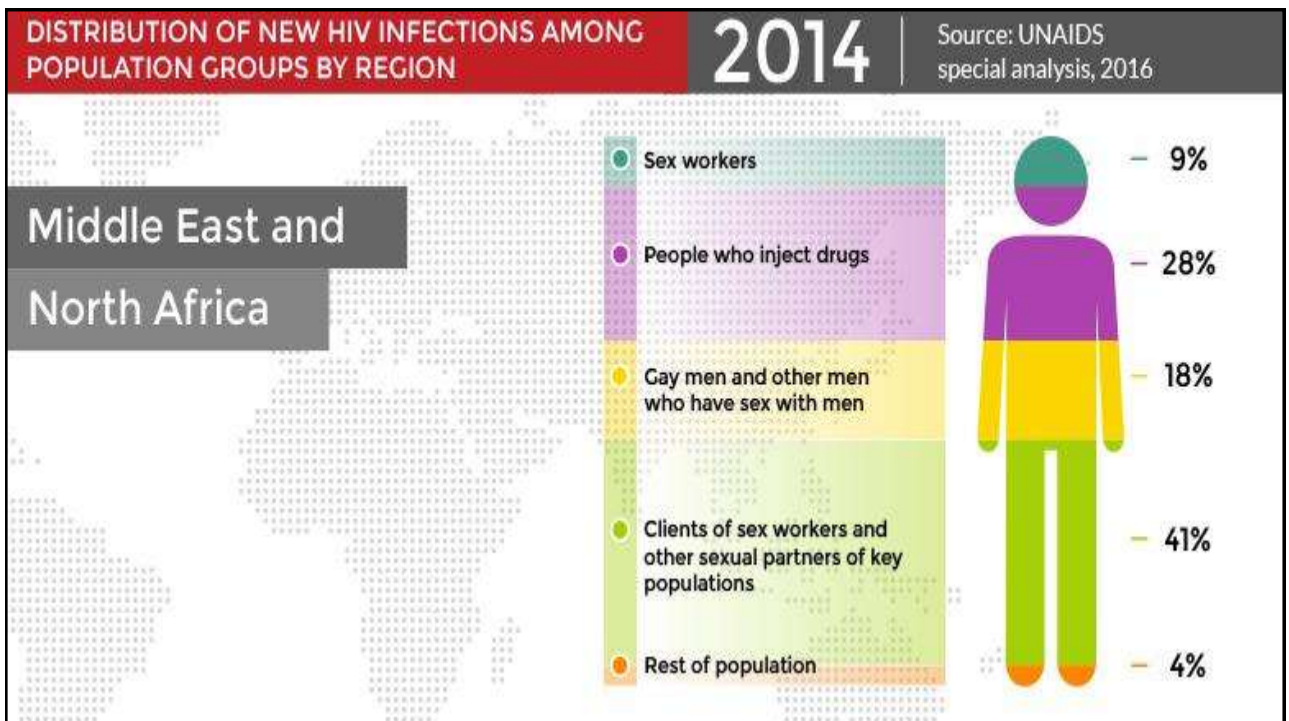
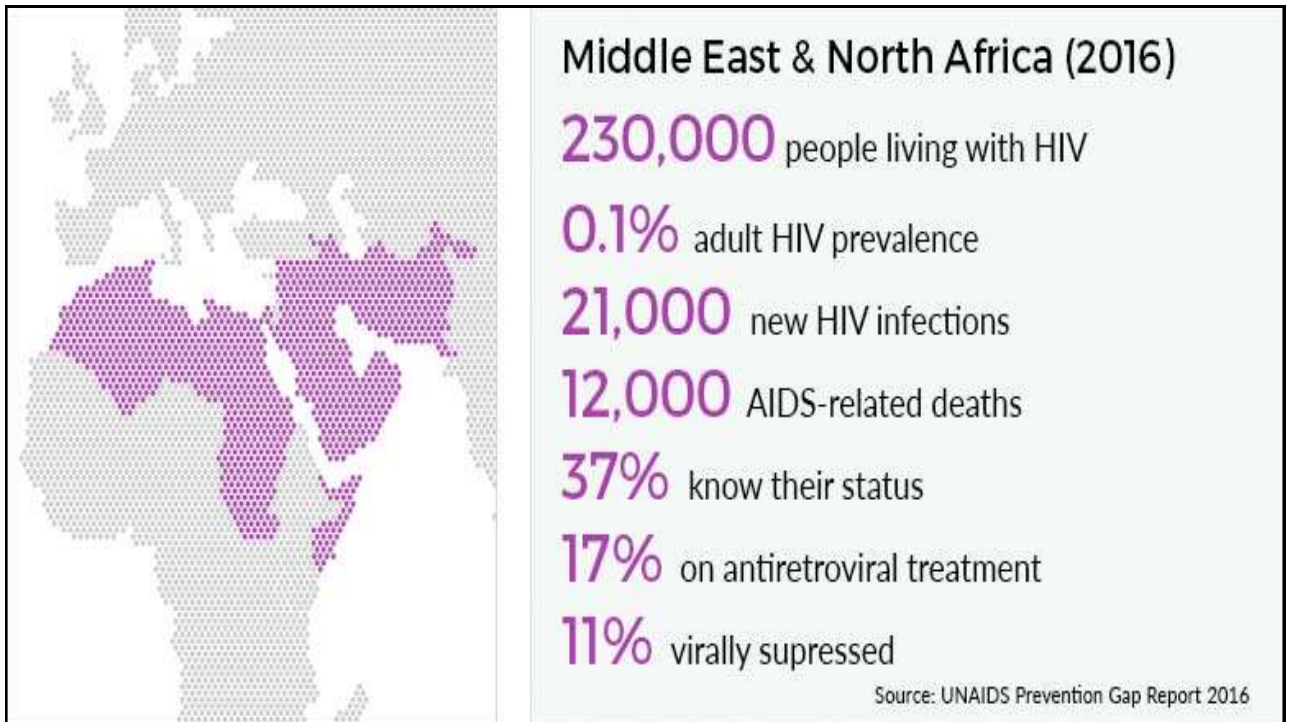


Number of people living with HIV and accessing treatment globally

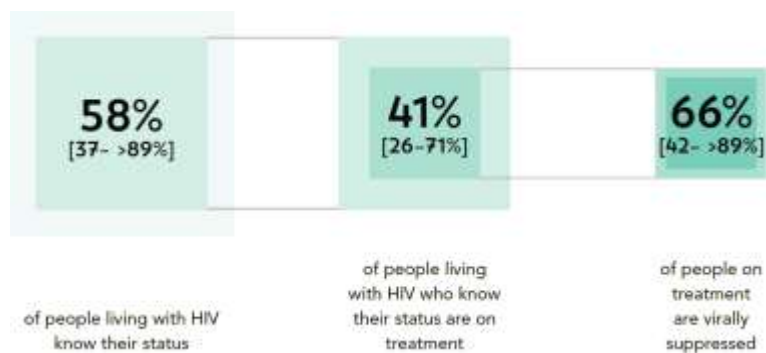


Why did the incidence decrease?

- ▶ **1. Male and female condom use**
- ▶ **2. Testing and counselling for HIV and STIs**
- ▶ **3. Voluntary medical male circumcision**
- ▶ **4. Antiretroviral (ARV) drug use for prevention**
 - ▶ **4.1 Prevention benefits of ART:** the risk of transmitting the virus to their uninfected sexual partner can be reduced by 96%. The WHO recommendation to initiate ART in all people living with HIV will contribute significantly to reducing HIV transmission.
 - ▶ **4.2 Pre-exposure prophylaxis (PrEP) for HIV-negative partner**
 - ▶ **4.3 Post-exposure prophylaxis for HIV (PEP)**
- ▶ **5. Harm reduction for injecting drug users**
- ▶ **6. Elimination of mother-to-child transmission of HIV (EMTCT)**
 - ▶ In 2015, 77% (69–86%) of the estimated 1.4 (1.3–1.6) million pregnant women living with HIV globally received effective ARV drugs to avoid transmission to their children. A growing number of countries are achieving very low rates of MTCT and some (**Armenia, Belarus, Cuba and Thailand**) have been formally validated for elimination of MTCT of HIV. Several countries with a high burden of HIV infection are closing in on that goal.
- ▶ **7. Testing and counselling, linkages to tuberculosis care**
- ▶ **8. Decreasing stigma from the perspective of health providers and general population**



PROGRESS TOWARDS THE 90-90-90 TARGETS

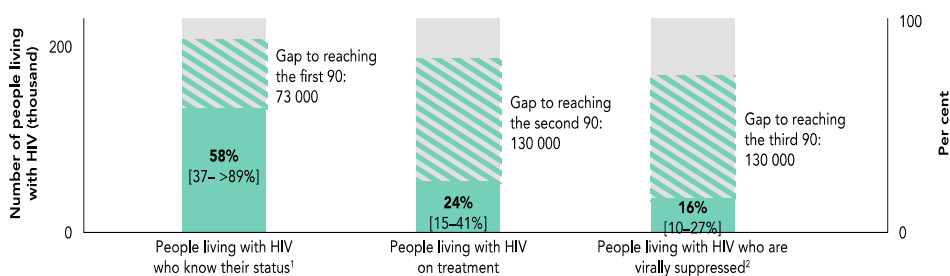


PROGRESS TOWARDS THE 90-90-90 TREATMENT TARGET, MIDDLE EAST AND NORTH AFRICA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

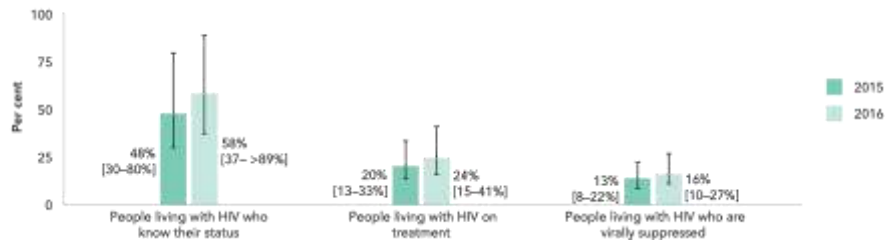


HIV TESTING AND TREATMENT CASCADE IN THE MIDDLE EAST AND NORTH AFRICA



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, MIDDLE EAST AND NORTH AFRICA, 2016

GAINS ACROSS THE TREATMENT CASCADE

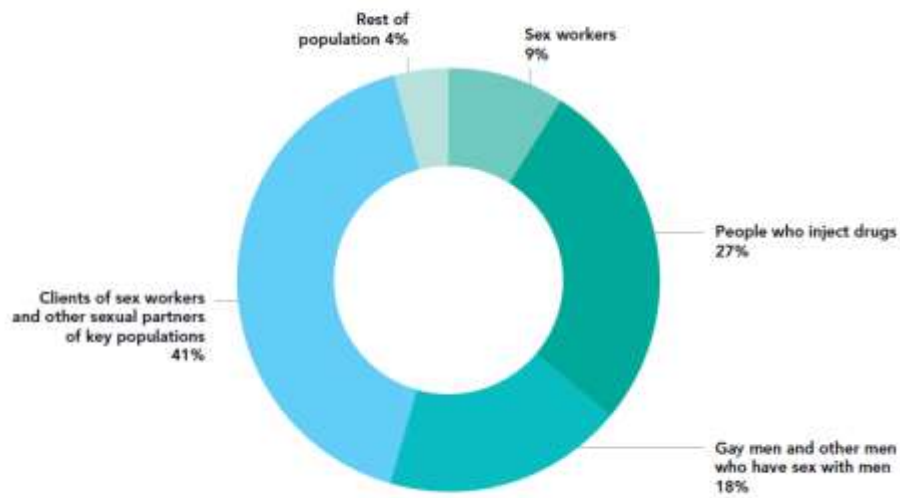


KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION
AMONG PEOPLE LIVING WITH HIV, MIDDLE EAST AND NORTH AFRICA, 2015 AND 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details.



Distribution of new HIV infections among population groups, Middle East and North Africa, 2014



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

Why did the incidence in EMR increased?

- ▶ Lack of reliable enough information
- ▶ Lack of enough resources
- ▶ Internal conflicts
- ▶ Some barriers e.g. stigma, lack of enough knowledge and ...
- ▶ Access to treatment barriers

MIDDLE EAST AND NORTH AFRICA

	FIRST 90				SECOND 90				THIRD 90			
	Knowledge of status among all people living with HIV*	Is community-based testing and counselling and/or lay provider testing available?	Is self-testing available?	Is assisted partner notification available?	Percentage of people living with HIV who know their status who are on treatment*	Percentage of all people living with HIV who are on treatment	Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines	Is antiretroviral therapy provided in community settings (such as mobile health facilities) for people who are stable on antiretroviral therapy in your country?	Percentage of people living with HIV on treatment who are virally suppressed*	Percentage of all people living with HIV who are virally suppressed*	Is there a national policy on routine viral load testing for adults and adolescents?	Percentage of people living with HIV on antiretroviral therapy who received a viral load test
ALGERIA	76%				>89%	76%			73%	55%		
BAHRAIN ²						42%						
DJIBOUTI						26%						
EGYPT	57%				48%	27%			44%	12%		
IRAN (ISLAMIC REPUBLIC OF)	88%				87%	14%			58%	8%		
IRAQ												
JORDAN ³						55%			73%	40%		
KUWAIT ²						80%			>89%	72%		
LEBANON						51%			82%	42%		
LIBYA ¹						68%						
MOROCCO	63%				77%	48%						
OCCUPIED PALESTINIAN TERRITORY												
OMAN ¹												
QATAR ²						70%						
SAUDI ARABIA ¹						86%			77%	57%		
SOMALIA						74%						
SUDAN	39%				27%	11%						
SYRIAN ARAB REPUBLIC						10%						
TUNISIA	58%				50%	29%						
UNITED ARAB EMIRATES												
YEMEN						18%						
MIDDLE EAST AND NORTH AFRICA	58%				61%	24%			66%	16%		
	85% and above 70-84% 50-69% Less than 50%	Yes Not reported Not available	Yes Not reported Not available	Yes Not reported Not available	85% and above 70-84% 50-69% Less than 50%	75% and above 50-74% 25-49% Less than 25%	Treat all Respones other than treat all	Yes No	85% and above 70-84% 50-69% Less than 50%	85% and above 70-84% 50-69% Less than 50%	Yes, fully implemented Yes, not implemented or partially implemented	No policy on viral load testing No, targeted viral load testing only
	* Neither available † Lay provider testing available; community-based testing and counselling not available ‡ Community-based testing and counselling available; lay provider testing not available Both available											

Why did the incidence in EMR increased?

- ▶ Lack of reliable enough information
- ▶ Lack of enough resources
- ▶ Internal conflict
- ▶ Some barriers e.g. stigma, lack of enough knowledge and ...
- ▶ Access to treatment barriers



ENDAIDS2030

WORLD AIDS DAY
1 DECEMBER

#HIVSelfTest
Up to 30% of men in some African countries have never tested for HIV. HIV self-test can improve access to HIV services.

END AIDS 2030 World Health Organization