

2011 HIGH LEVEL MEETING ON AIDS General Assembly | United Nations | New York 8-10 June 2011

for universal access

2011 – 30 years into the AIDS epidemic

1981 June 5;30:250-2

Pneumocystis Pneumonia – Los Angeles

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In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

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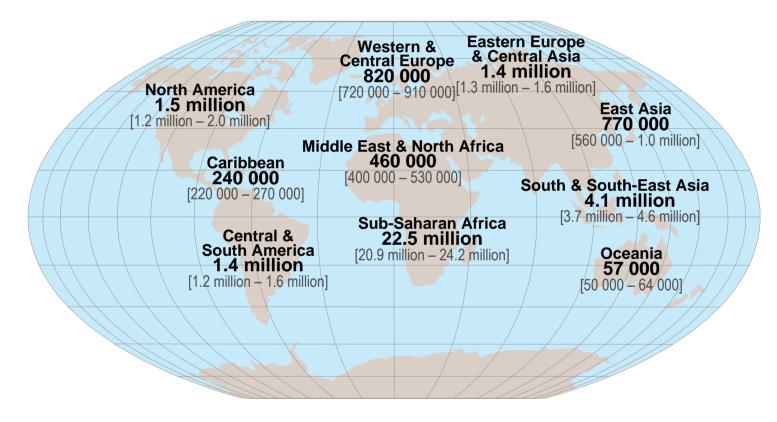
1981 July 4;30:305-8

Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men – New York City and California

During the past 30 months, Kaposi's sarcoma (KS), an uncommonly reported malignancy in the United States, has been diagnosed in 26 homosexual men (20 in New York City [NYC]; 6 in California). The 26 patients range in age from 26-51 years (mean 39 years). Eight of these patients died (7 in NYC, 1 in California)—all 8 within 24 months after KS was diagnosed. The diagnoses in all 26 cases were based on histopathological examination of skin lesions, lymph nodes, or tumor in other organs. Twenty-five of the 26 patients were white, 1 was black. Presenting complaints from 20 of these patients are shown in Table 1.

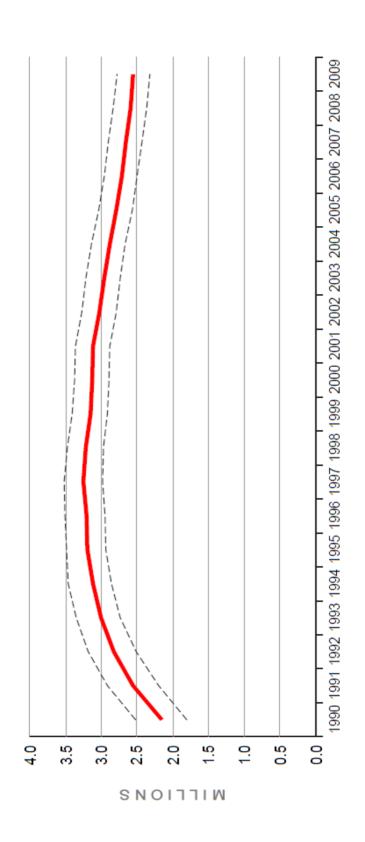
2011 – 30 million people died of AIDS, 60 million have become infected

Adults and children estimated to be living with HIV | 2009



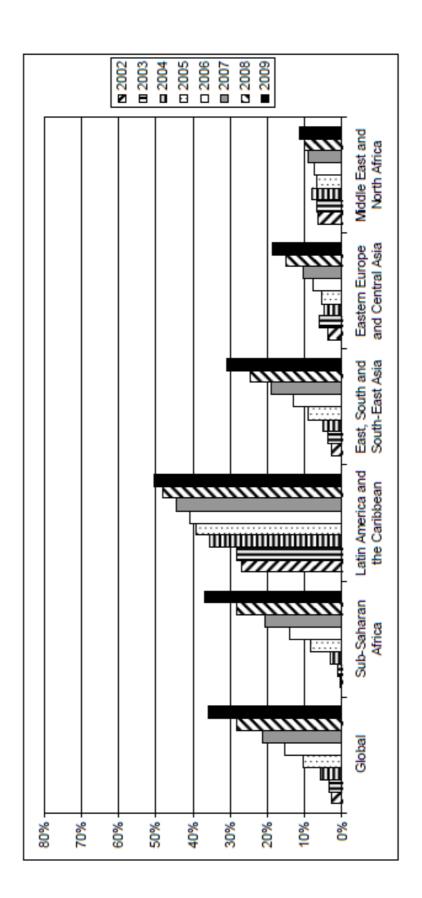
Total: 33.3 million [31.4 million – 35.3 million]

Figure 2.1 Number of people newly infected with HIV

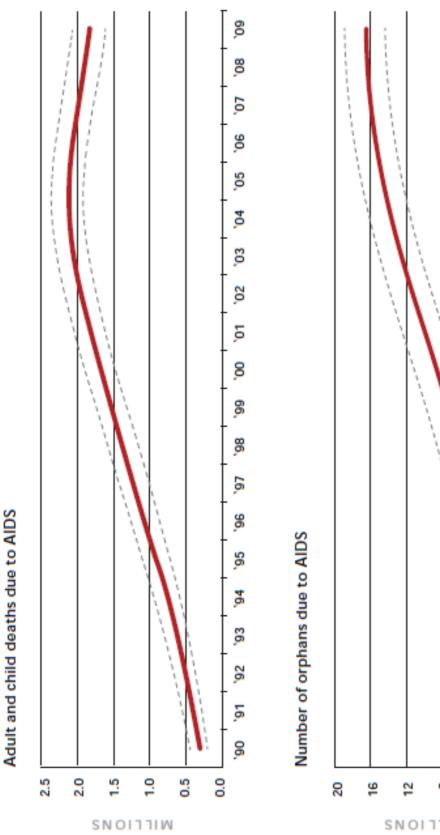


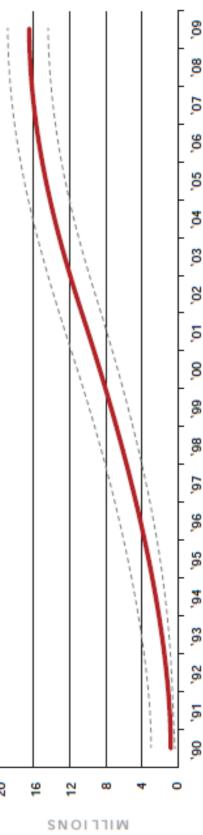
Dotted lines represent ranges, solid lines represent the best estimate.

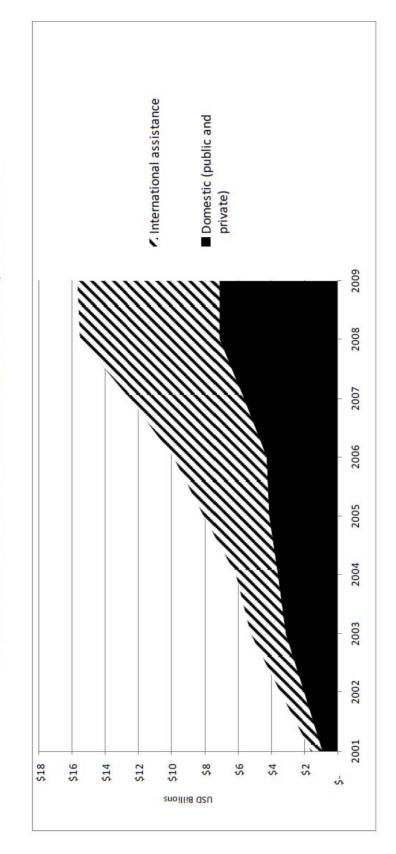
Antiretroviral therapy coverage in low- and middle-income countries, globally and by region, 2002-2009



Source: WHO, UNAIDS and UNICEF. Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: progress report 2010.







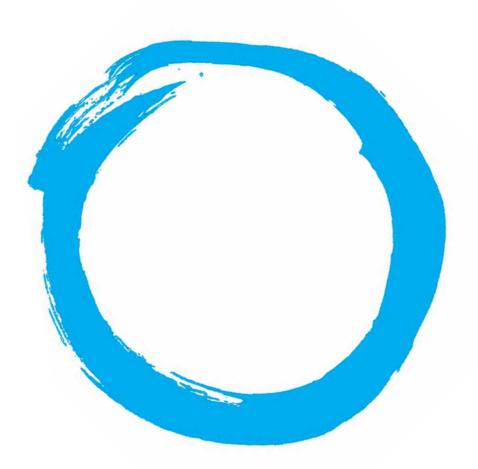
Total annual resources available for AIDS, 2001–2009

Source: UNAIDS, 2011.

Gaps in achieving universal access

- Access to treatment
- For every one person starting treatment, two are newly infected
- Human rights barriers, gender inequality
- Global AIDS resources have flatlined
- The trajectory of costs is wholly unsustainable
- We continue to toil in silos
- Critical sources of leadership and accountability remain untapped







Revolutionize HIV prevention

Vision – to get to Zero new infections Goals for 2015:

- Sexual transmission reduced by half, including among young people, men who have sex with men and transmission in the context of sexwork
- Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half
- All new HIV infections prevented among people who use drugs

Treatment 2.0 – catalyze the next phase of treatment care and support

Vision: To get to Zero AIDS-related deaths Goals for 2015:

- Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment
- TB deaths among people living with HIV reduced by half
- People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Advance human rights and gender equality for the HIV response

Vision: To get to Zero Discrimination Goals for 2015:

- Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half
- HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions
- HIV-specific needs of women and girls are addressed in at least half of all national HIV responses
- Zero tolerance for gender-based violence

Core themes

- People inclusive responses reach the most vulnerable, communities mobilized, human rights protected
- Countries nationally owned sustainable responses, financing diversified, systems strengthened
- Synergies movements united, services integrated, efficiencies ensured across the MDGs

Six global goals for 2015

- 1. Reduce sexual transmission by half, including among young people, men who have sex with men and in the context of sexwork; prevent all new infections as a result of injecting drug use
- 2. Ensure that 13 million people are receiving HIV treatment by 2015
- 3. Reduce by 50% TB deaths among people living with HIV
- 4. Eliminate vertical transmission of HIV, and in doing so, keep mothers alive, prevent children from becoming orphans and improve the health of women, children and families
- 5. Equal education access between orphans and nonorphans by 2015*
- 6. Reduce by 50% the number of countries with HIVrelated restrictions on entry, stay and residence

Role of Europe Union

- European Consensus on Development
- European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis (2007-2011)
- Global Fund to Fight AIDS. Tuberculosis and Malaria
- Communication on Combating HIV/AIDS in the European Union and its neighbouring countries (2009-2013)
- Research Framework Programme 7 budget line on poverty-related diseases

Future of EU response?

- How to make health systems and global health deliver on HIV?
- What else to be done?
- Financing volumen and modalities?
- The neighbouring countries?
- Research?
- Policy coherence?

Financing of HIV/AIDS programme scale-up in low-income and middle-income countries, 2009–31

Lancet 2010; 37 6: 1254-60

	Cumulative resources required, US3 billions	Cumulative Cumulative Cumu resources required, life-yearsgained, from USS billions millions	Cumulative deaths from AIDS, millions	ulative deaths Cumulative adult* AIDS, millions HN-1 infections, millions	Resources required per year, USS billions (2031)	Cumulative deaths Cumulative adult* Resources required Number of people Number of people Number of new from AID5, millions HIV-1 infections, per year, U55 on ART, millions on ART, millions HIV-1 infections, millions (2031) (2015) (2031)	Number of people on ART, millions (2031)	Number of new HIV-1 infections, millions (2031)
Current trends	490	148	45	47.5	13-7	8-8	10	2.1
Rapid scale-up	722	235	88	33.3	353	11-6	13	13
Hard choices	397	232	39	394	18-5	11.3	13.2	17
Structural change 579	6/3	66	445	36.4	31.9	23	8.6	12
ART-antiretroviral th	ART-antiretroviral therapy. "Older than 15years.	đ						
Table 1: Results of a	Table 1: Results of aids2031 global modelling, 2009-31	ling, 2009-31						

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