

Towards HIV Treatment on Demand for All

Key points

1

Fewer than 1 out of 10 people living with HIV worldwide live in a country where the science of immediate antiretroviral therapy (ART) or “treatment on demand” is currently policy for all people. Instead, many are sent home from clinics after diagnosis, to come back only once they are sick enough to be eligible for treatment.

2

Of the 114 countries with published guidelines, 101 countries will need to move quickly to adopt the current global consensus to provide ART for all irrespective of CD4 count. Fifty-five countries are severely out of compliance (even with the previous guidance), and only provide for treatment initiation at either <350, <250 or <200 CD4 counts.

3

The 13 countries that offer immediate treatment to all people with HIV represent just 4.4% of the estimated global burden of 1.2 million AIDS-related deaths in 2014.

4

While the majority of HIV burden is among low and middle-income countries, all 13 countries that extend HIV treatment for all are either high income (62%) or upper middle income (38%).

5

The average GNI per capita among the 13 countries adhering to WHO- recommended standards of care is \$29,388, whereas for the 20 countries accounting for approximately 80% of global disease burden, the average GNI per capita is only \$9003.

6

43% of people living with HIV are reported to be on treatment (June 2015) and only 53% of people living with HIV know their status. In 2014 there were approximately 1.2 million AIDS-related deaths and 2 million new HIV infections. UNAIDS estimates that treatment access would avert approximately 65% of these new infections.

7

HIV is the number one risk factor for TB. There were 1.2 million people with HIV-associated TB in 2014 and 0.4 million TB deaths in HIV-positive people (33% of HIV deaths)—many of these are preventable since early treatment reduces the risk of TB by 65% and can cut mortality by 50%.

8

Across all countries, people living with HIV experience other routine barriers to quality treatment, including outmoded models of clinical care, poor quality of treatment effectiveness monitoring, intellectual property barriers that prevent affordable access to the most effective medicines with the least side-effects, and stigma, discrimination and criminalization that undermine access to quality, non-judgmental services.