

ENDING AIDS

PROGRESS TOWARDS THE
90-90-90 TARGETS

GLOBAL AIDS UPDATE | 2017



1. INTRODUCTION:

TRANSFORMING THE 90-90-90 VISION INTO REALITY

RESOURCE AVAILABILITY IN DANGER OF FALLING SHORT OF GLOBAL COMMITMENTS

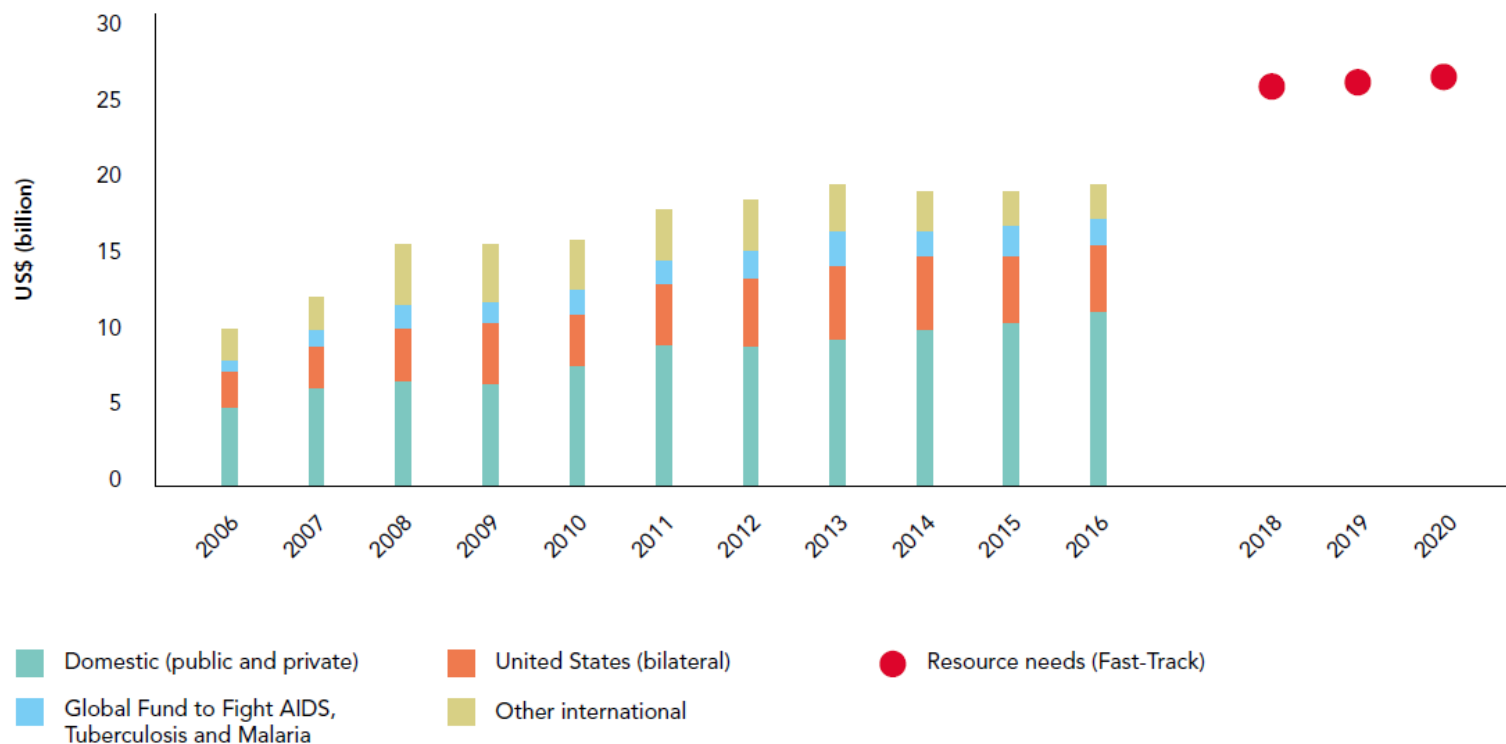


FIGURE 1.5. HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, LOW- AND MIDDLE-INCOME COUNTRIES*

Source: UNAIDS estimates June 2017 on HIV resource availability. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from Donor Governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

2. STATE OF THE EPIDEMIC

DECLINE IN DEATHS MORE RAPID AMONG WOMEN

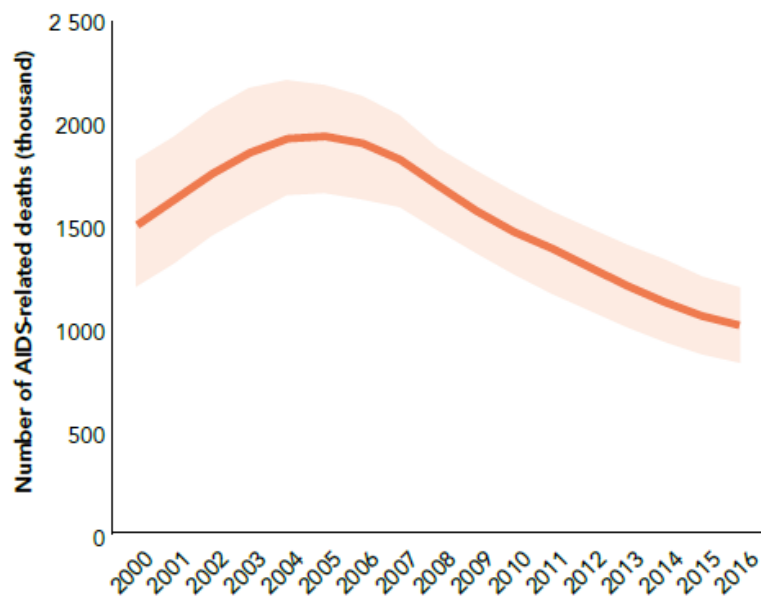


FIGURE 2.1. AIDS-RELATED DEATHS, ALL AGES, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

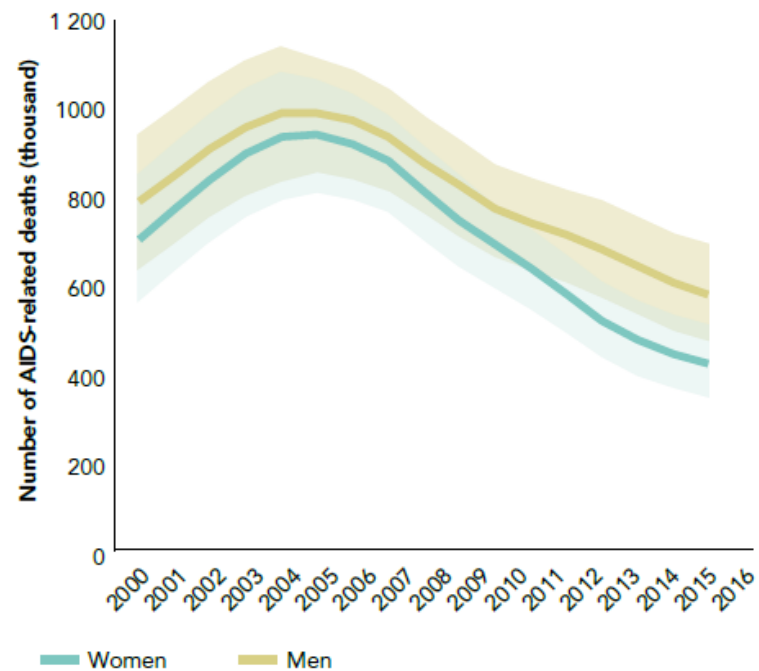


FIGURE 2.2. AIDS-RELATED DEATHS BY SEX, ALL AGES, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

DECLINE IN DEATHS SHARPEST IN EASTERN AND SOUTHERN AFRICA

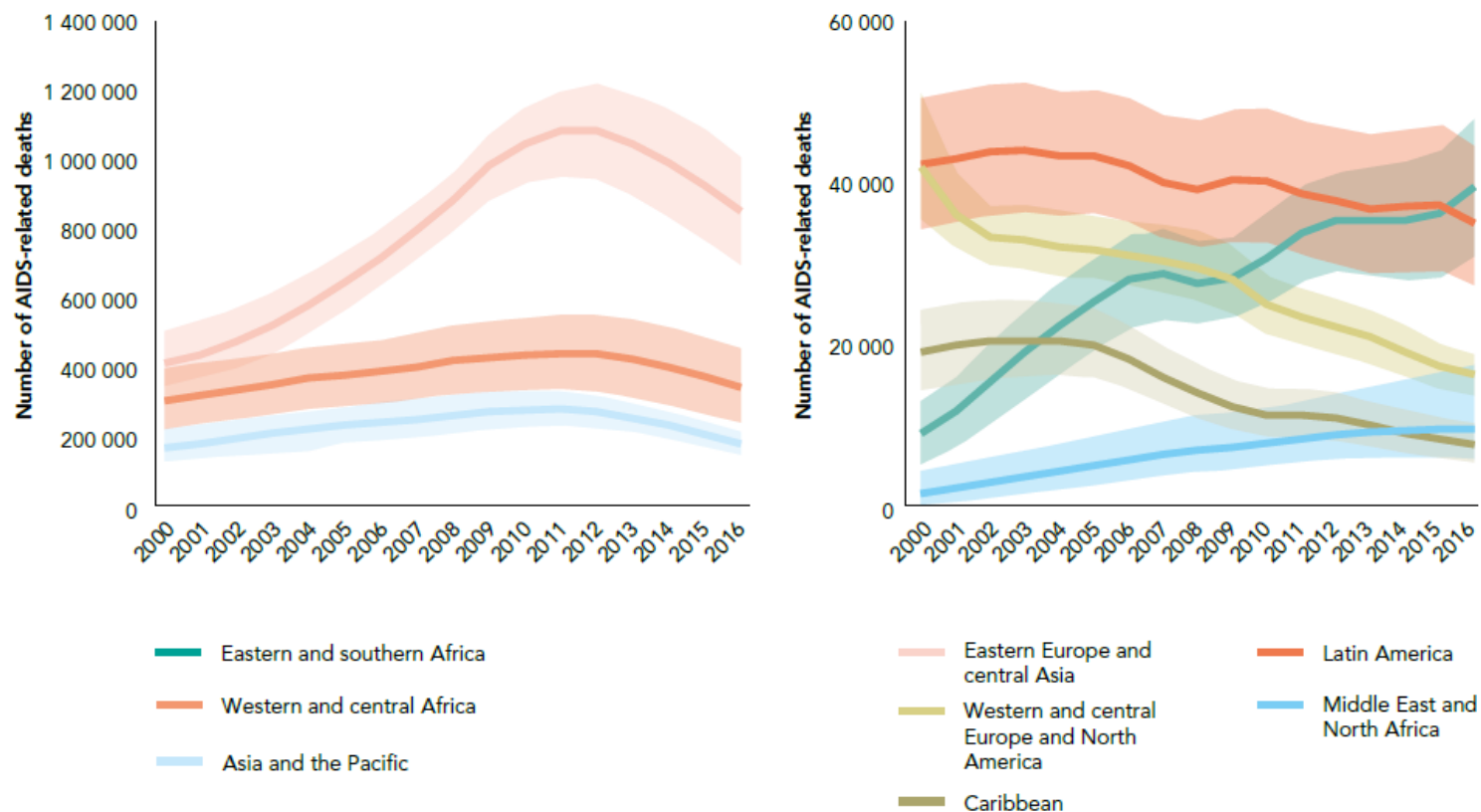


FIGURE 2.3. AIDS-RELATED DEATHS, BY REGION, 2000–2016

Source: UNAIDS 2017 estimates

REDUCTIONS IN NEW INFECTIONS ARE OFF TARGET

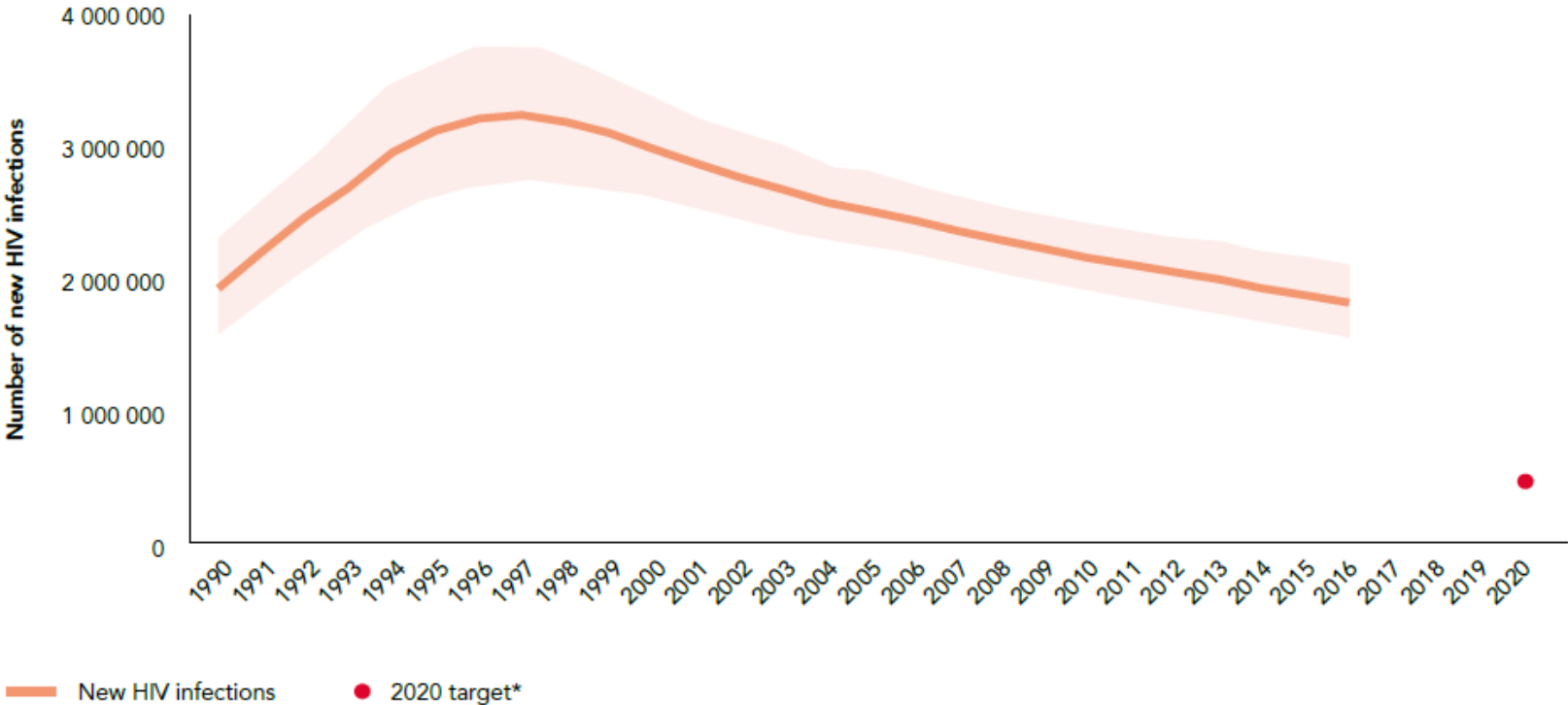


FIGURE 2.4. NEW HIV INFECTIONS, ALL AGES, GLOBAL, 1990–2016 AND 2020 TARGET

Source: UNAIDS 2017 estimates.

*The 2020 target is fewer than 500 000 new HIV infections, equivalent to a 75% reduction since 2010.



DECLINES IN NEW INFECTIONS VARY BY AGE AND SEX

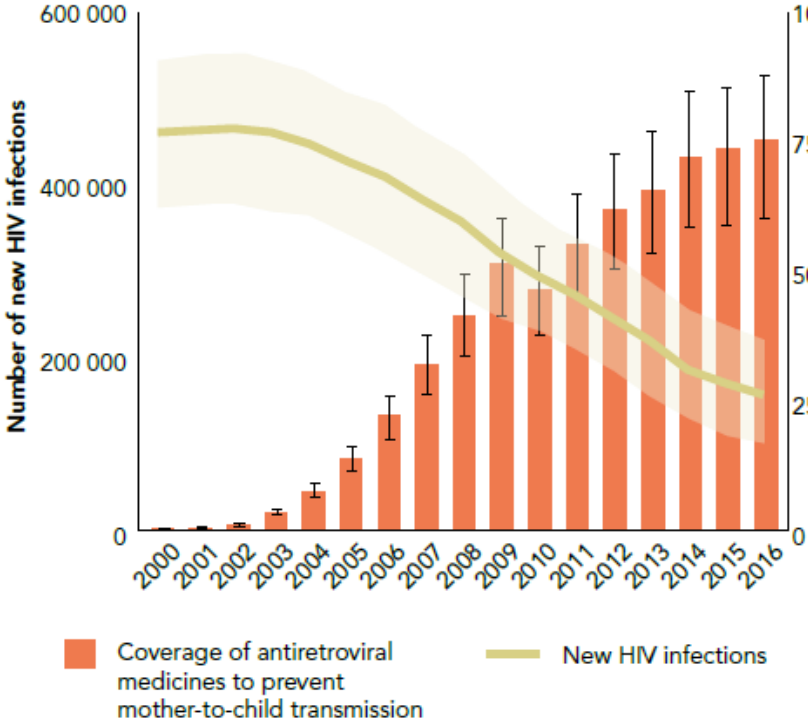


FIGURE 2.5. NEW HIV INFECTIONS AMONG CHILDREN (AGED 0–14 YEARS) AND COVERAGE OF ANTIRETROVIRAL REGIMENS TO PREVENT MOTHER-TO-CHILD TRANSMISSION, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates

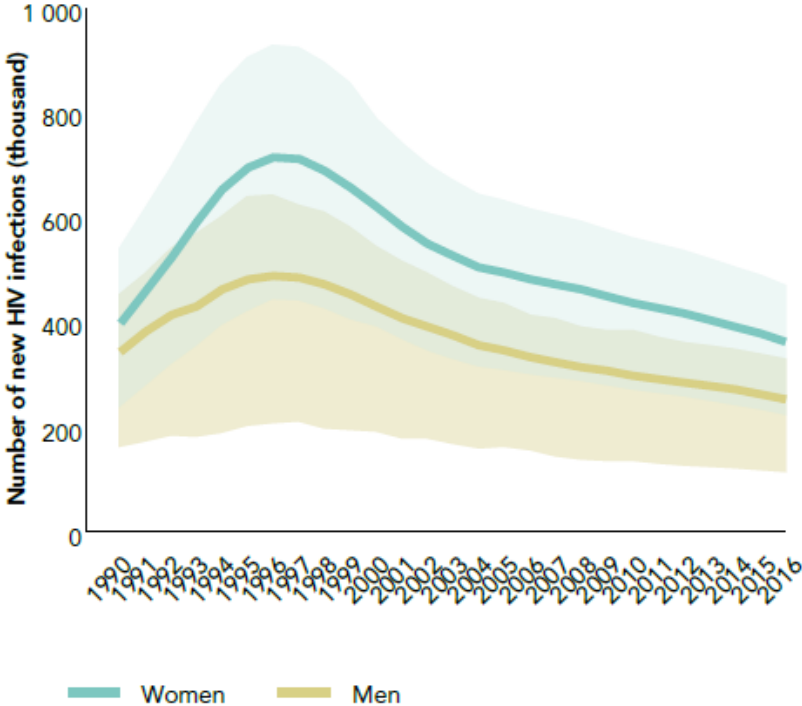


FIGURE 2.6. NEW HIV INFECTIONS, YOUNG PEOPLE (AGED 15–24 YEARS), BY SEX, GLOBAL, 1990–2016

Source: UNAIDS 2017 estimates

ALARMING RISE IN NEW INFECTIONS IN EASTERN EUROPE AND CENTRAL ASIA

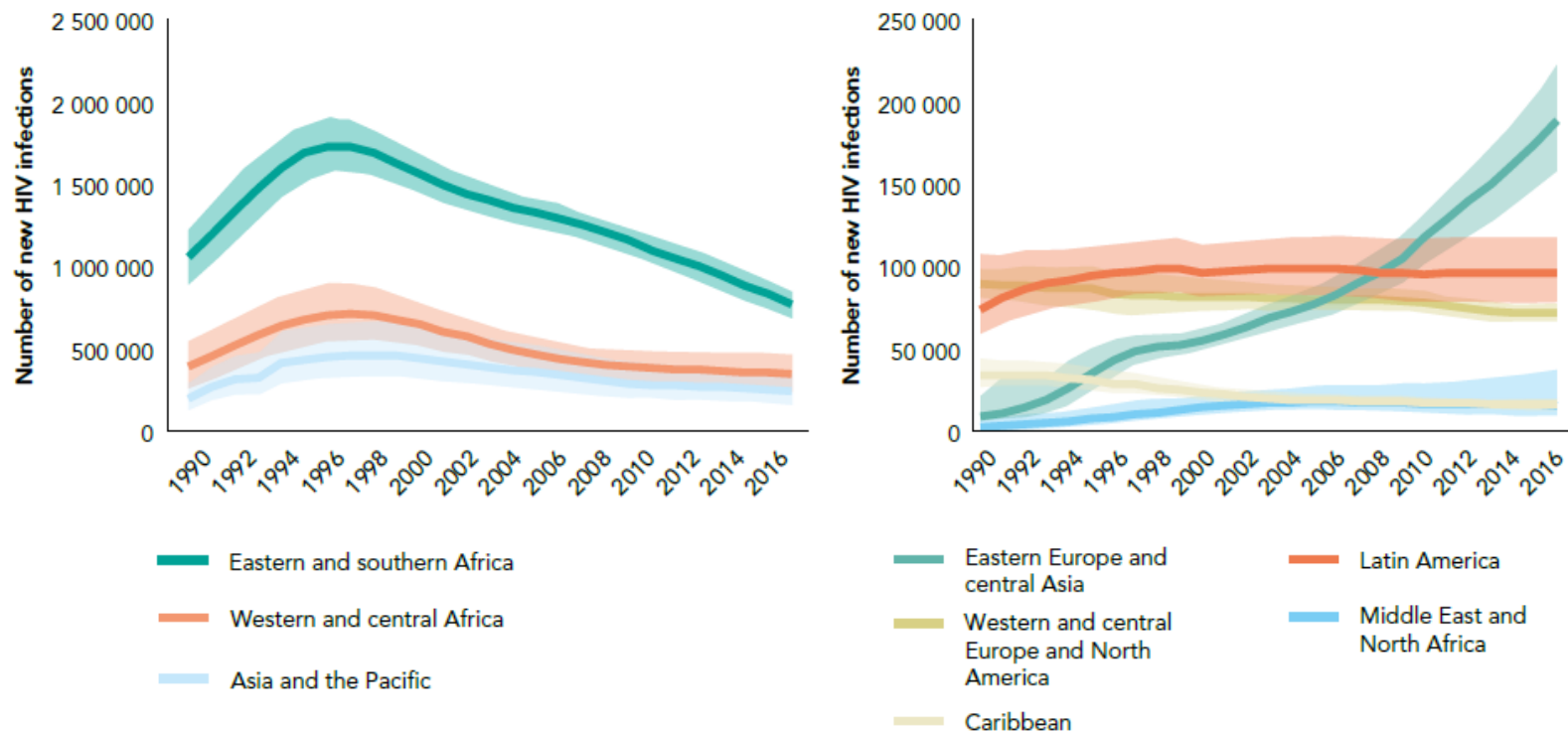


FIGURE 2.7. NEW HIV INFECTIONS, ALL AGES, GLOBAL, 1990–2016 AND 2020 TARGET

Source: UNAIDS 2017 estimates.

KEY POPULATIONS ARE IMPORTANT IN ALL EPIDEMIC SETTINGS

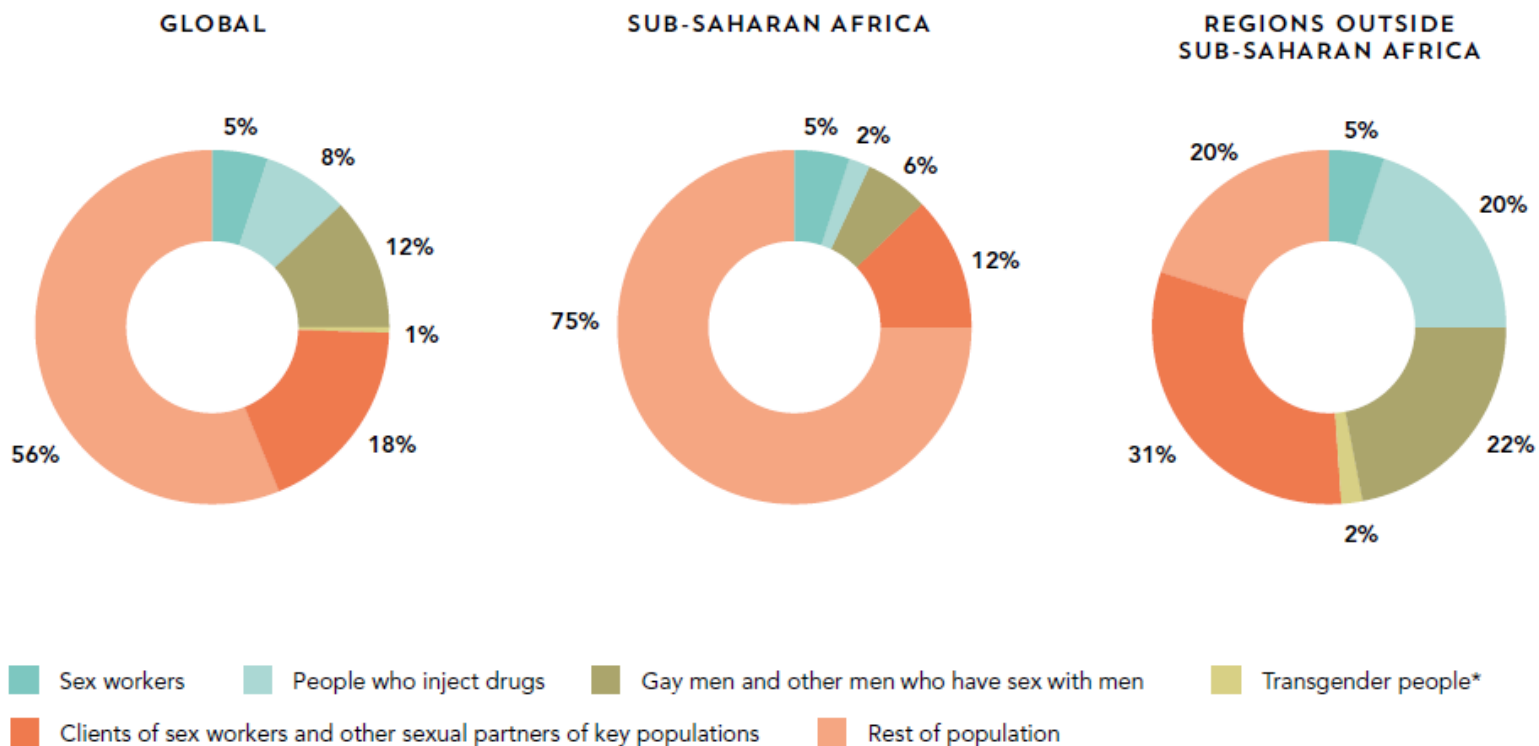


FIGURE 2.8. DISTRIBUTION OF NEW HIV INFECTIONS, BY POPULATION, GLOBAL, SUB-SAHARAN AFRICA AND COUNTRIES OUTSIDE OF SUB-SAHARAN AFRICA, 2015

Source: UNAIDS special analysis, 2017.

*Only reflects Asia and the Pacific, Latin America and Caribbean regions.

HIGH HIV PREVALENCE AMONG KEY POPULATIONS

Female sex workers and the adult female population

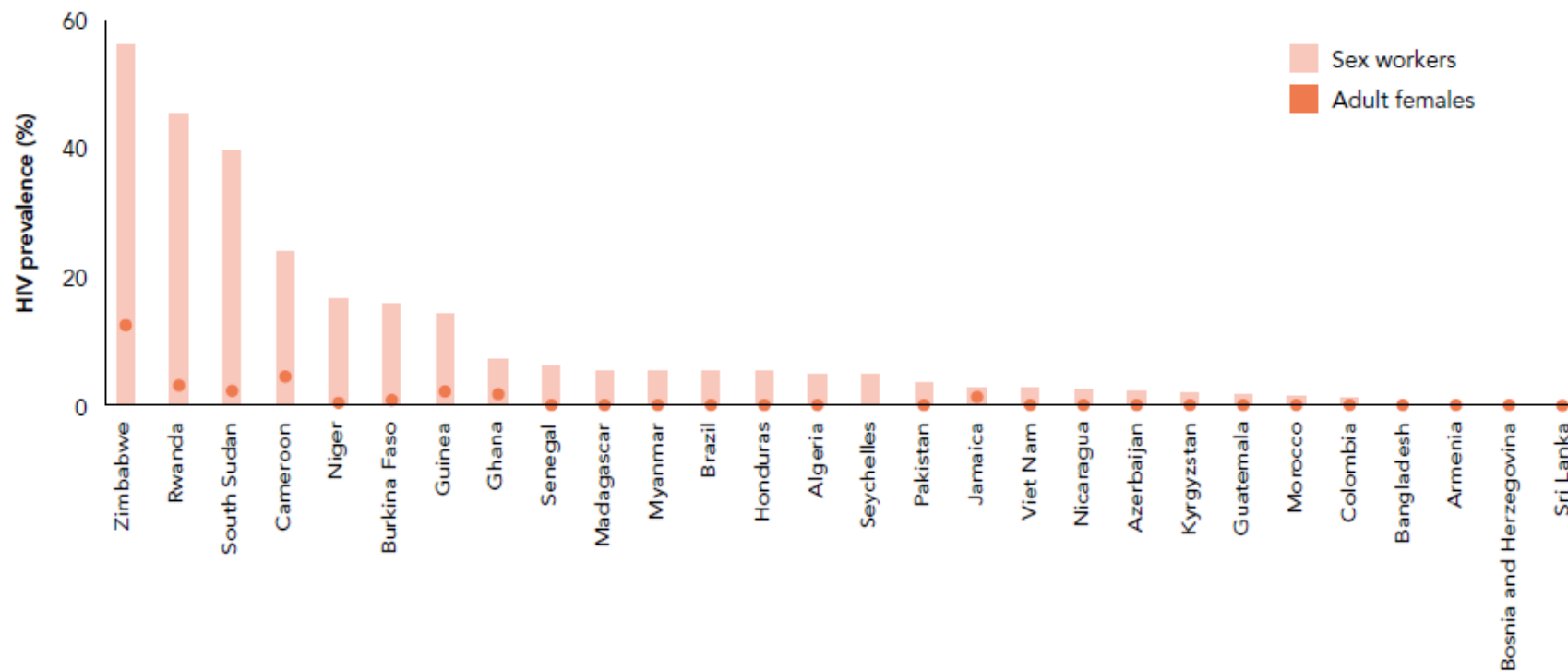


FIGURE 2.9. HIV PREVALENCE AMONG KEY POPULATIONS AND GENERAL POPULATION, SELECT COUNTRIES, 2014–2016 (1/3)

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

HIGH HIV PREVALENCE AMONG KEY POPULATIONS

People who inject drugs and the adult population

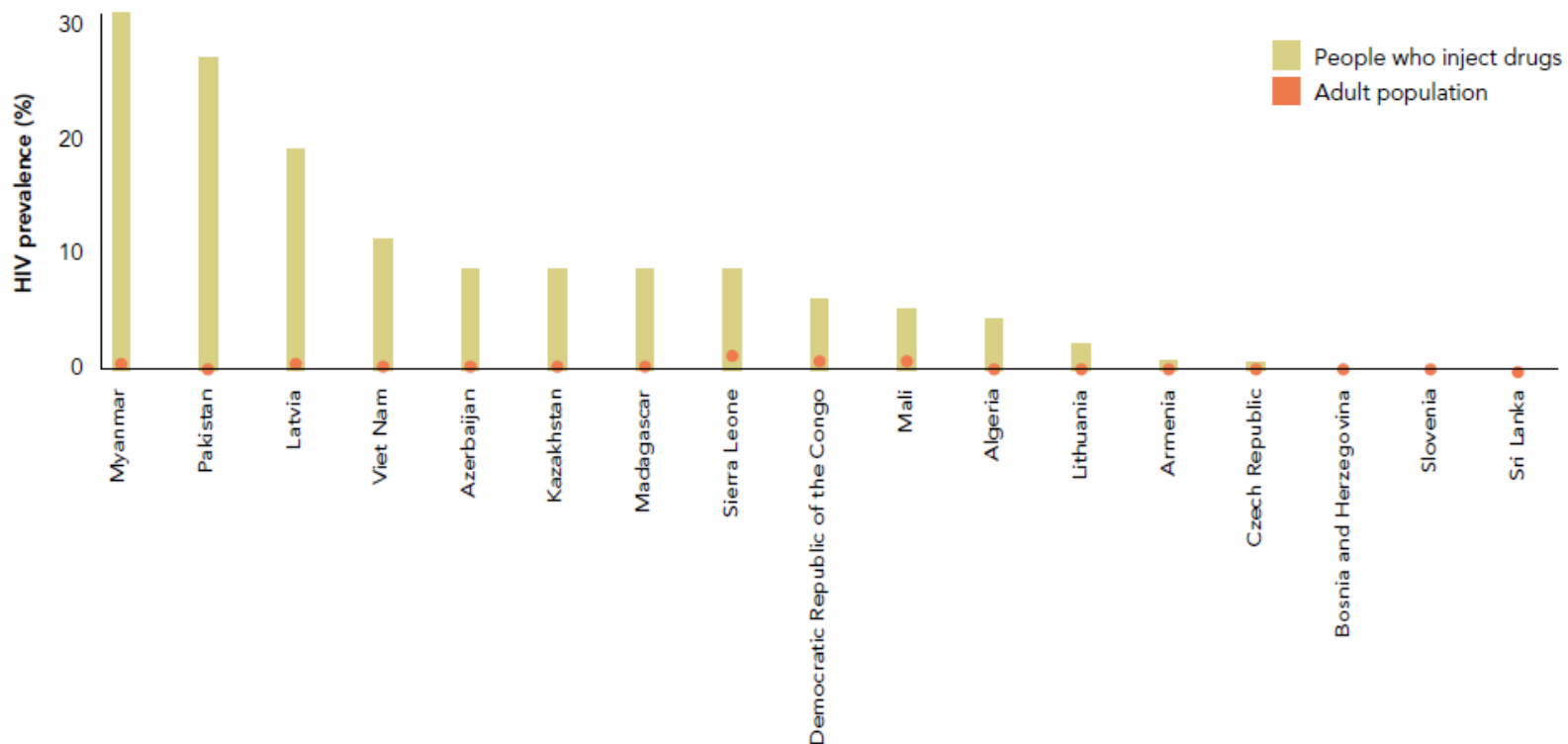


FIGURE 2.9. HIV PREVALENCE AMONG KEY POPULATIONS AND GENERAL POPULATION, SELECT COUNTRIES, 2014–2016 (2/3)

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

HIGH HIV PREVALENCE AMONG KEY POPULATIONS

Gay men and other men who have sex with men and the adult male population

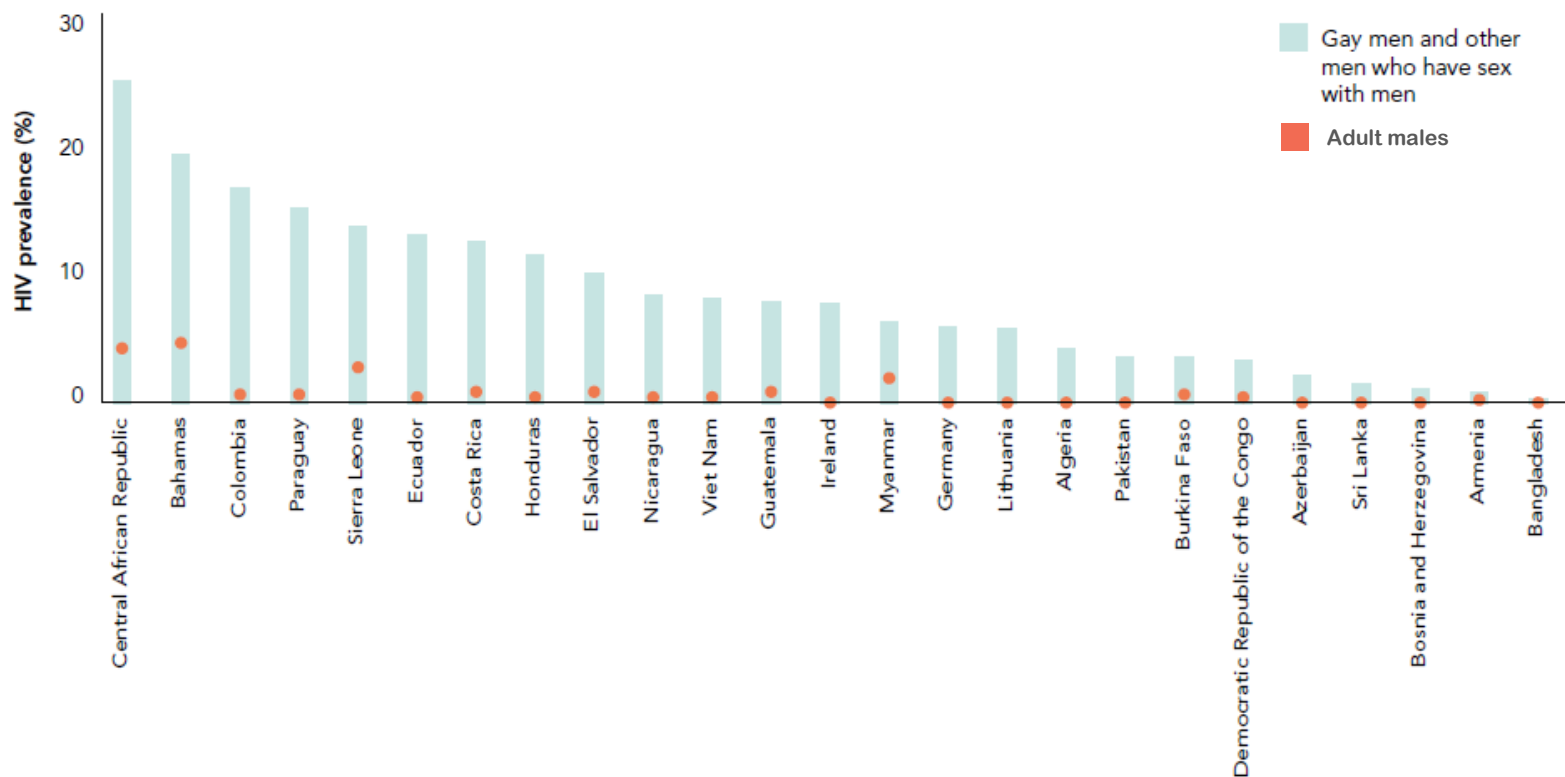


FIGURE 2.9. HIV PREVALENCE AMONG KEY POPULATIONS AND GENERAL POPULATION, SELECT COUNTRIES, 2014–2016 (3/3)

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

3. MIDTERM PROGRESS TOWARDS 90-90-90

CLOSING IN ON A FAST-TRACK TARGETS



FIGURE 3.1. PROGRESS TOWARDS THE 90–90–90 TARGETS, GLOBAL, 2016

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

CASCADE PROGRESS VARIES AMONG REGIONS

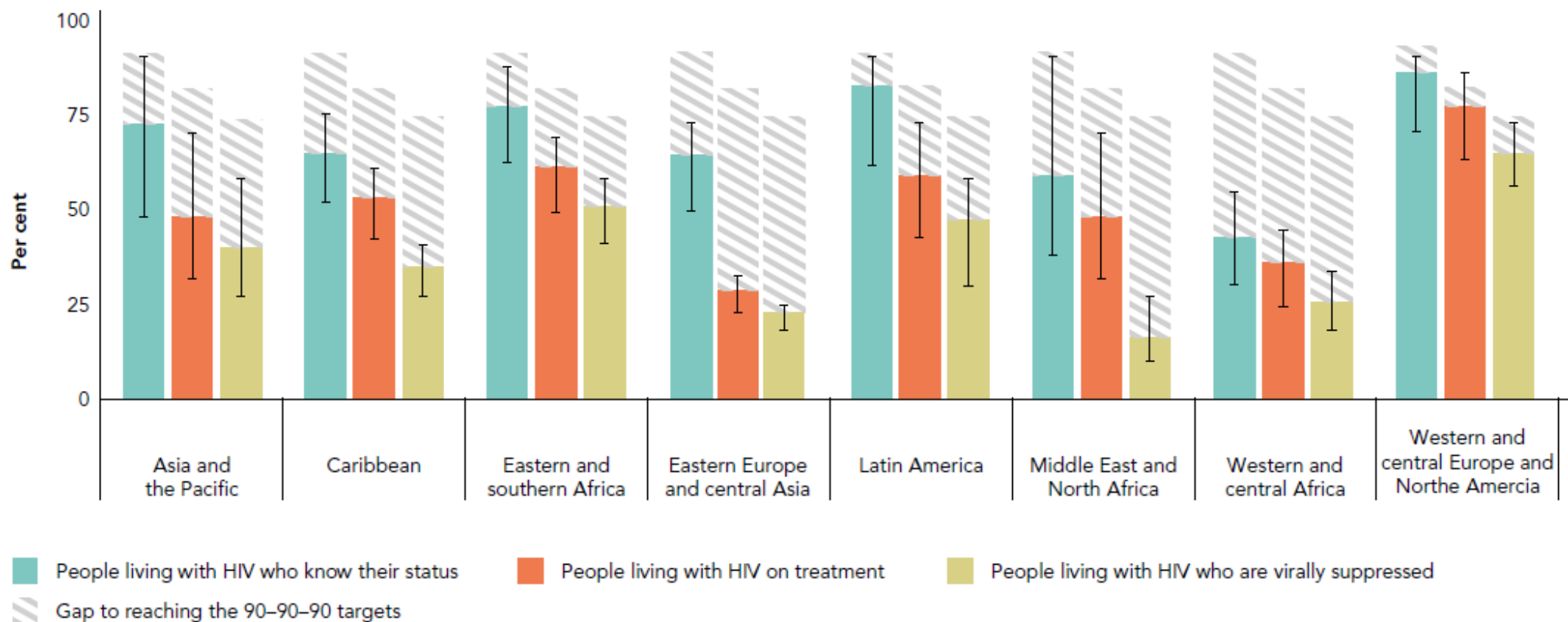


Figure 3.3. Knowledge of HIV status, treatment coverage and viral load suppression, by region, 2016

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. Other regions are clearly off track.



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

THE HIV TESTING AND TREATMENT CASCADE

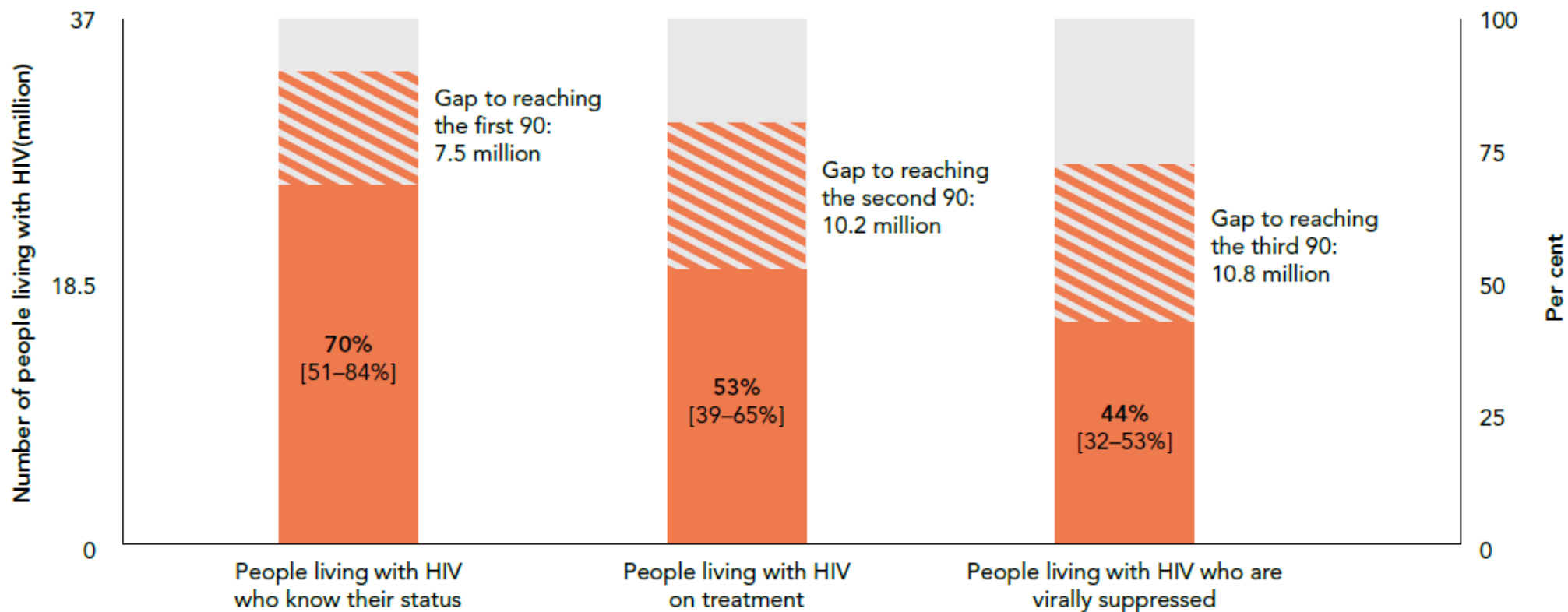


Figure 3.4. Knowledge of HIV status, treatment coverage and viral load suppression, global, 2016

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

HIGH RETENTION RATES SUPPORT HIGH RATES OF VIRAL SUPPRESSION

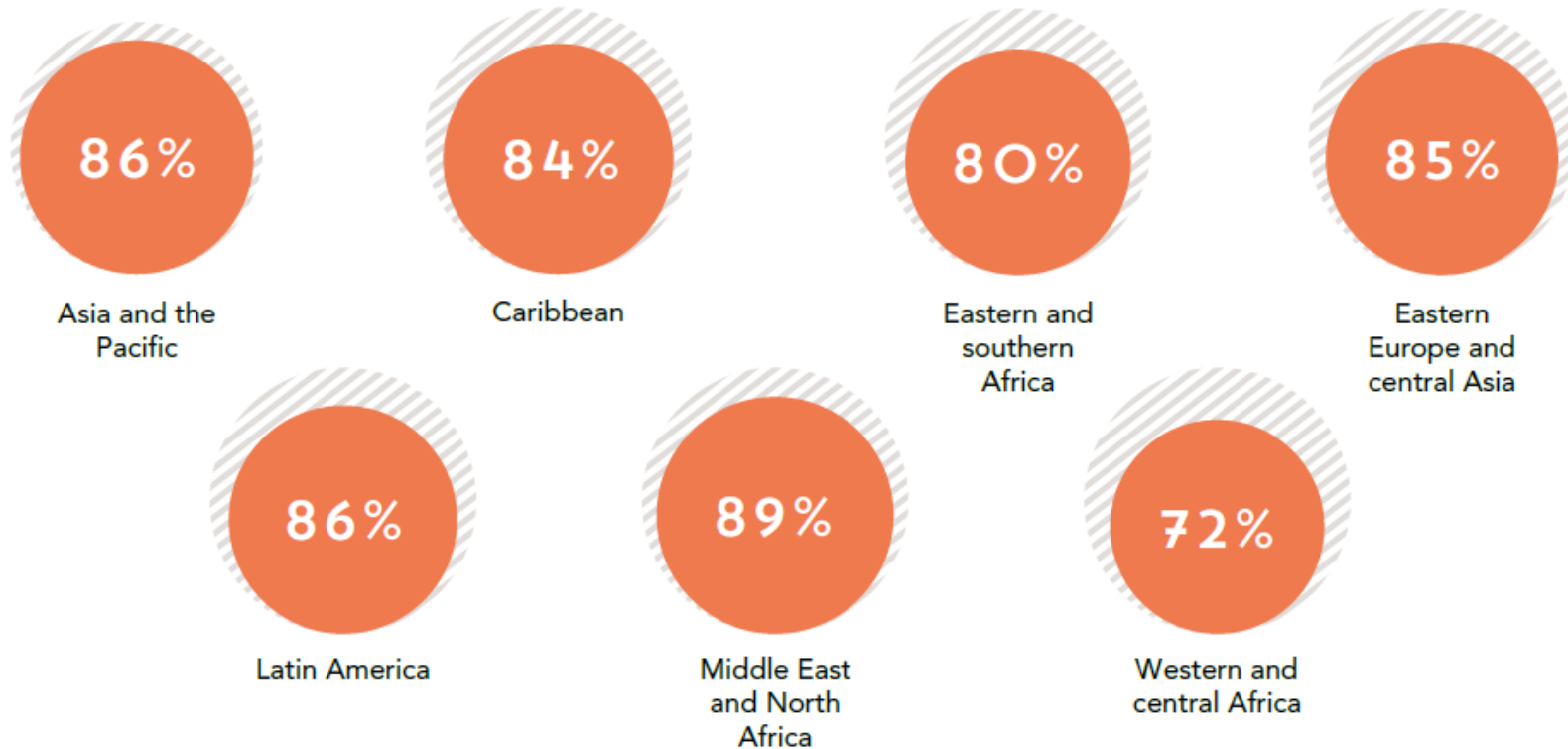


Figure 3.5. Percentage of people living with HIV retained on treatment 12 months after initiation, by region, 2016

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

ON TRACK TO 30 MILLION PEOPLE ACCESSING TREATMENT

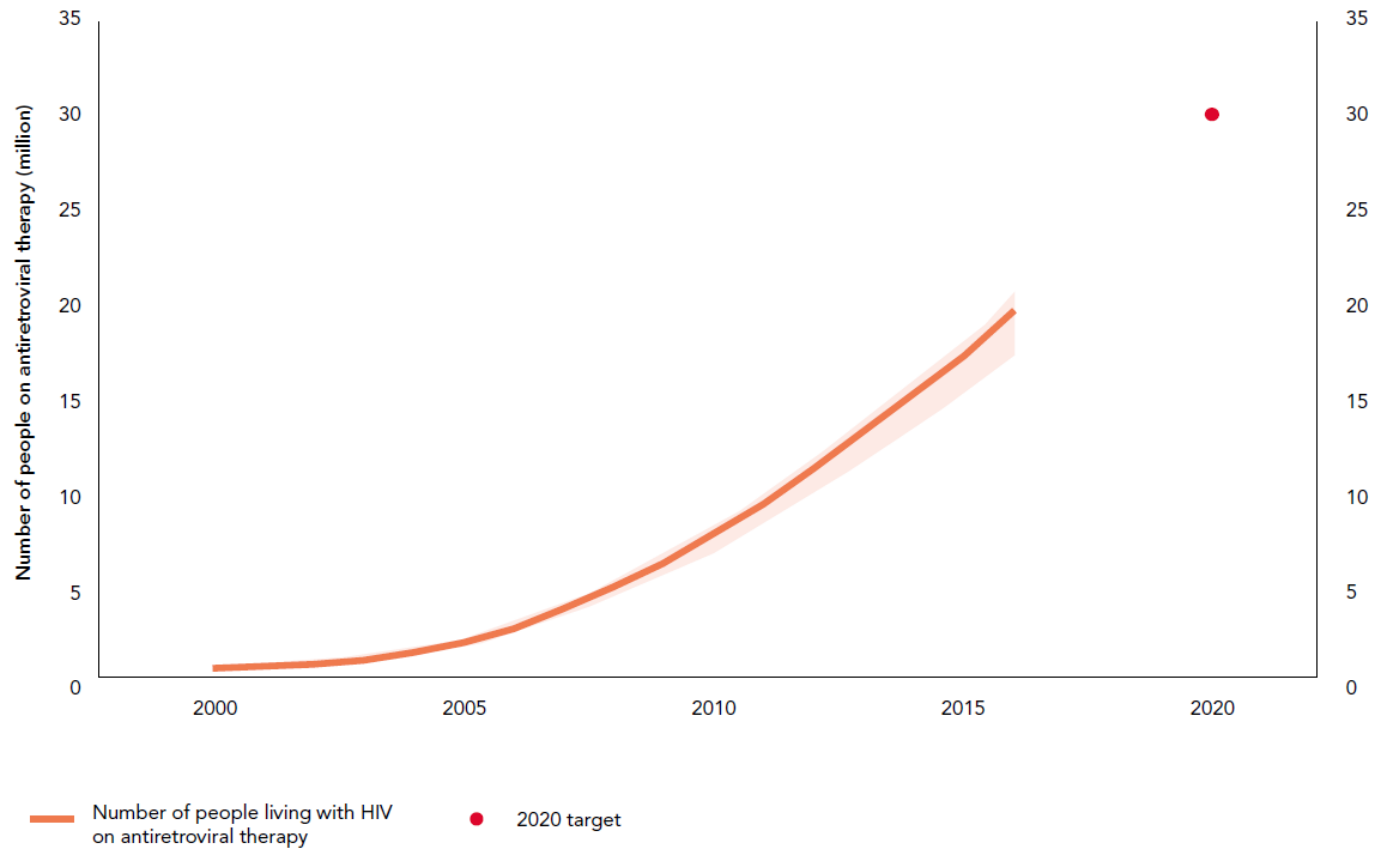


Figure 3.6. Number of people living with HIV ON antiretroviral therapy, global, 2000–2016

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

REMARKABLE INCREASE IN KNOWLEDGE OF HIV STATUS OVER THE PAST DECADE

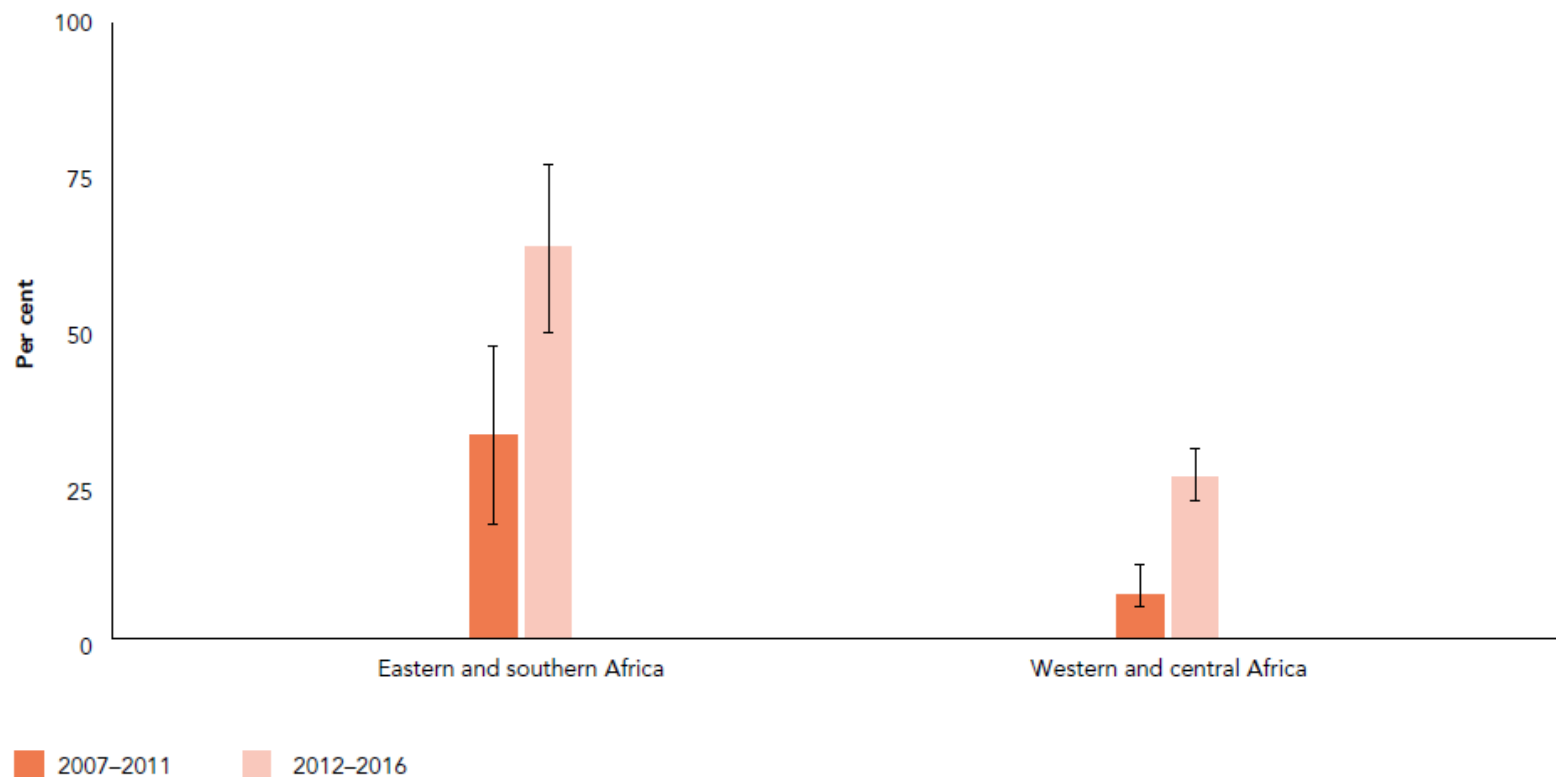


Figure 3.7. Knowledge of HIV status among adults aged 15–49 years, eastern and southern Africa and western and central Africa, 2007–2011, compared to 2012–2016

Source: UNAIDS special analysis, 2017.

ONE-YEAR GAINS ACROSS THE CASCADE

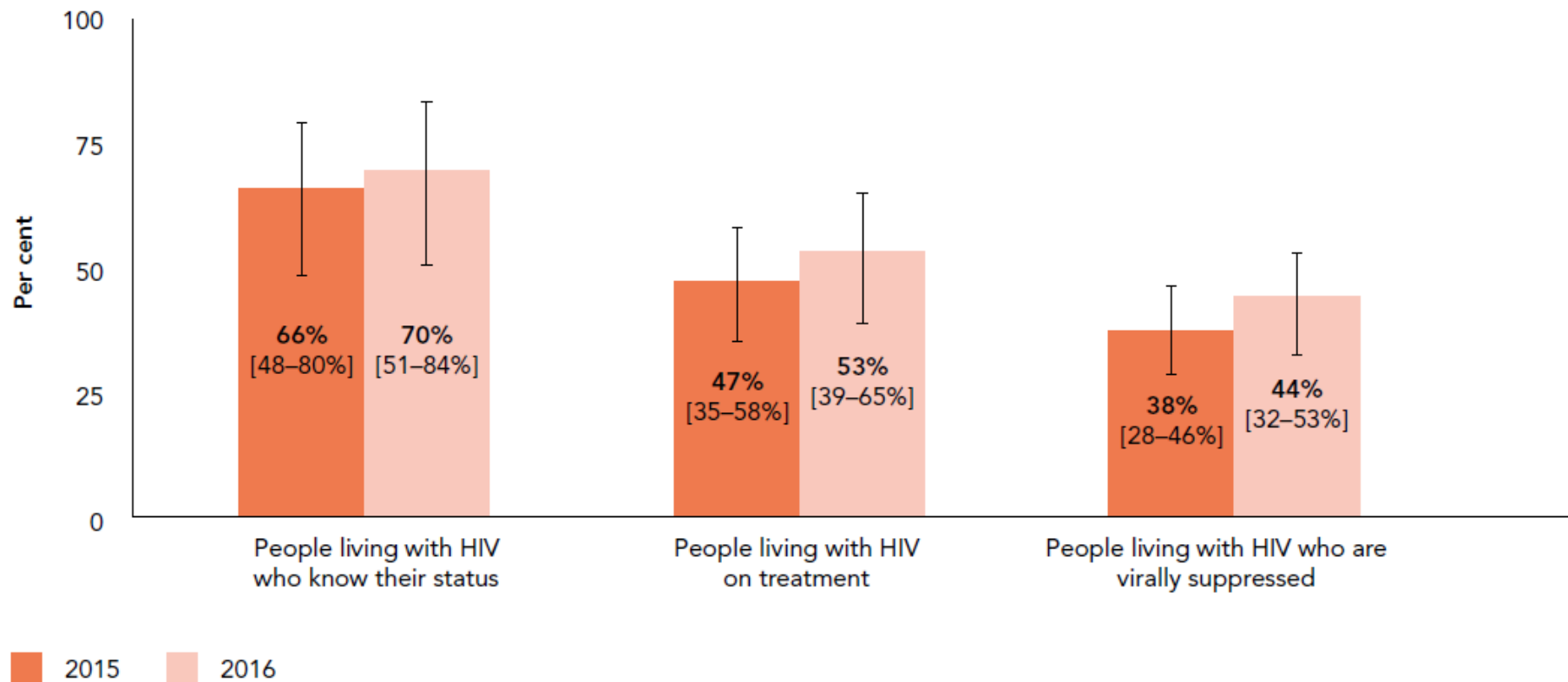


Figure 3.8. Knowledge of HIV status, antiretroviral therapy coverage and viral suppression among people living with HIV, global, 2015 and 2016

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

BOTSWANA HAS ACHIEVED THE 90–90–90 TARGETS

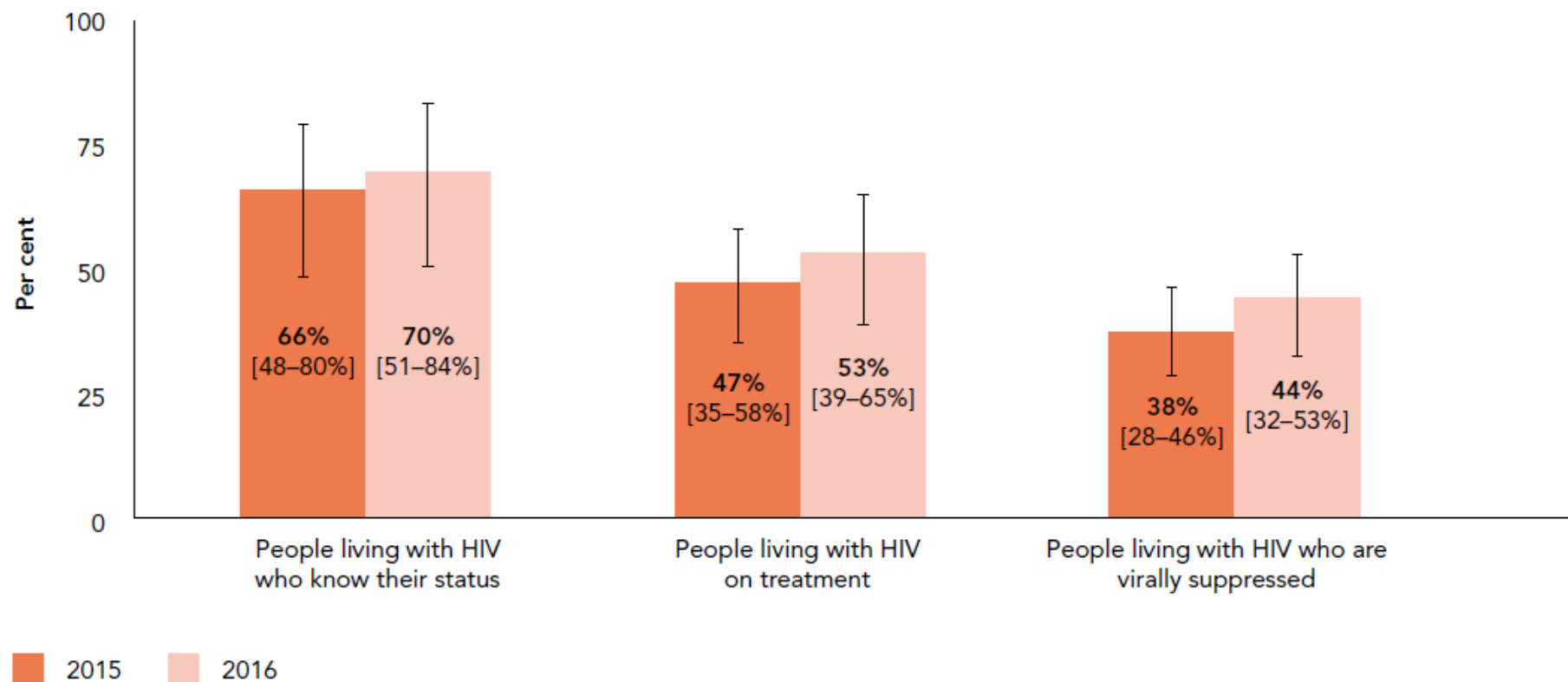


Figure 3.10. Knowledge of HIV status, antiretroviral therapy coverage and viral suppression among people living with HIV Botswana, 2016

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

SLOWING SCALE-UP OF PAEDIATRIC TREATMENT

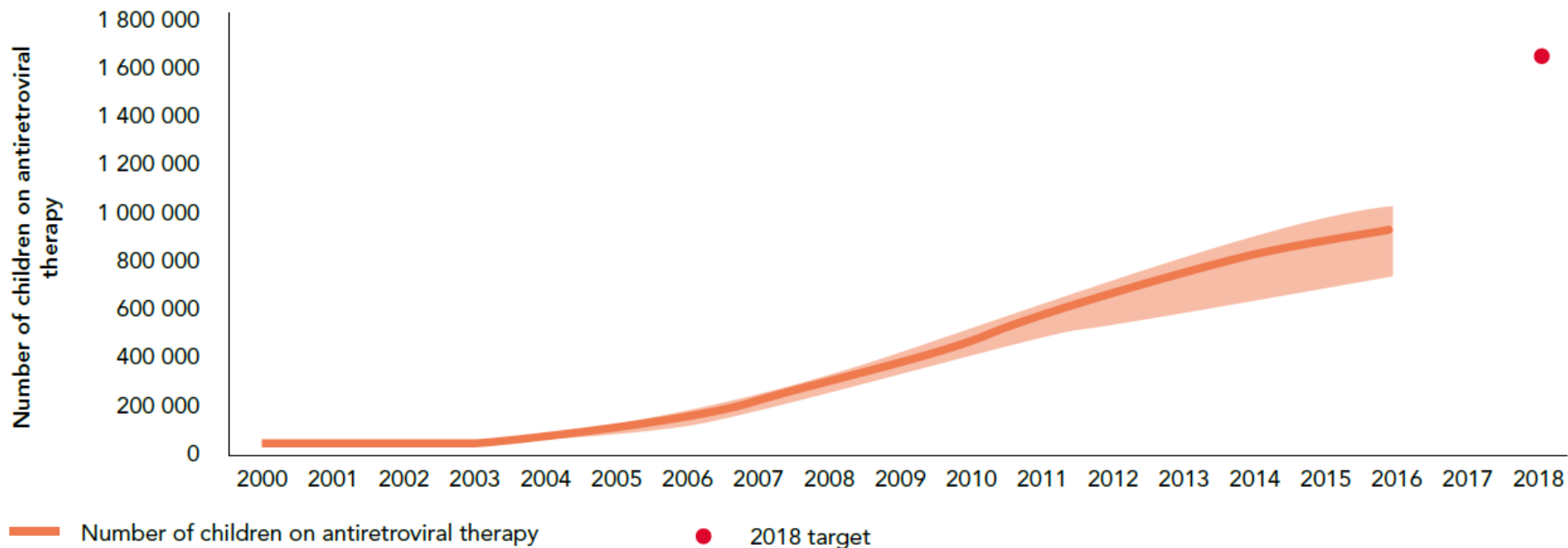


Figure 3.13. Number of children aged 0–14 years accessing antiretroviral therapy, global, 2000–2016 plus 2018 target

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.

LARGER GAPS FOR YOUNG PEOPLE ACROSS THE CASCADE

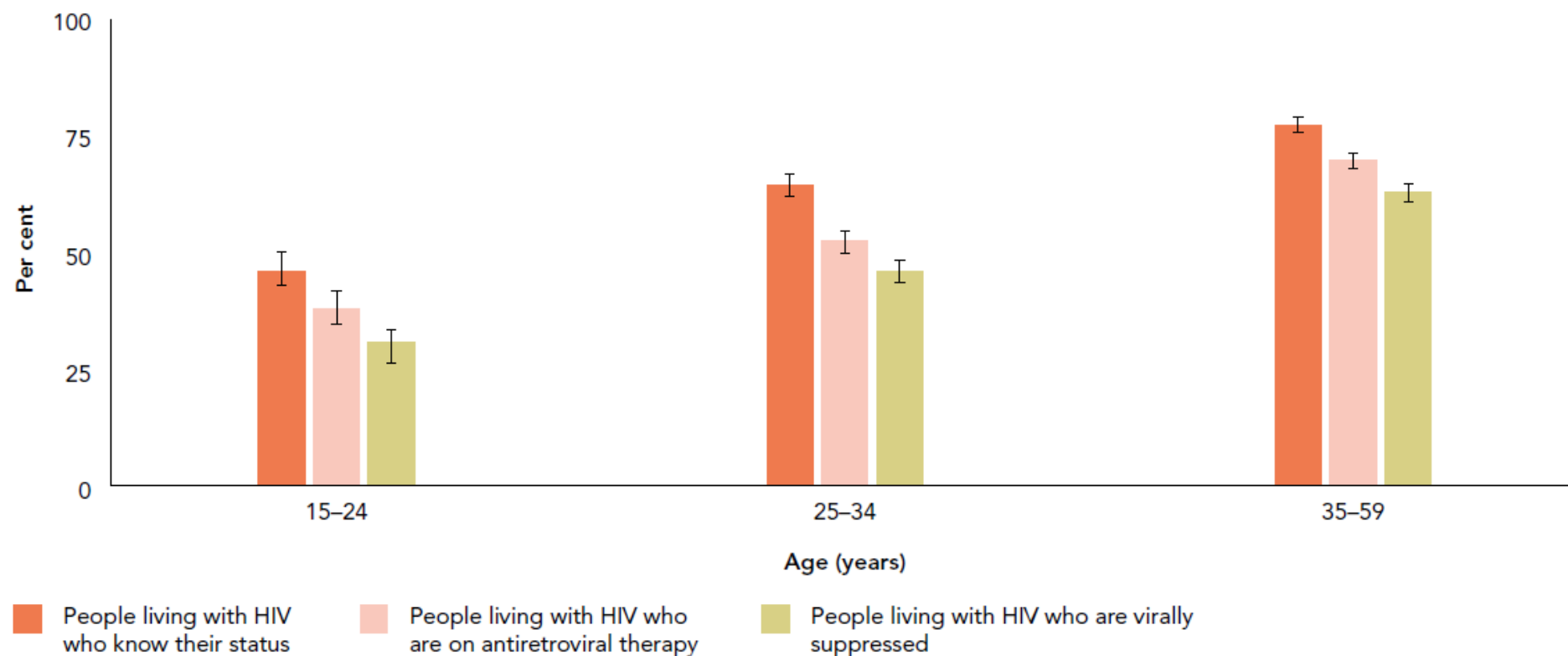


Figure 3.14. Knowledge of HIV status, treatment coverage and viral load suppression, Malawi, Zambia and Zimbabwe, 2015–2016

Source: Malawi population-based HIV impact assessment (MPHIA), 2015–2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zambia population-based HIV impact assessment (ZAMPHIA), 2015–2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016. Zimbabwe population-based HIV impact assessment (ZIMPHIA), 2015–2016. Summary sheet: preliminary findings. New York: PHIA Project; December 2016.

TREATMENT COVERAGE LOWER AMONG MEN

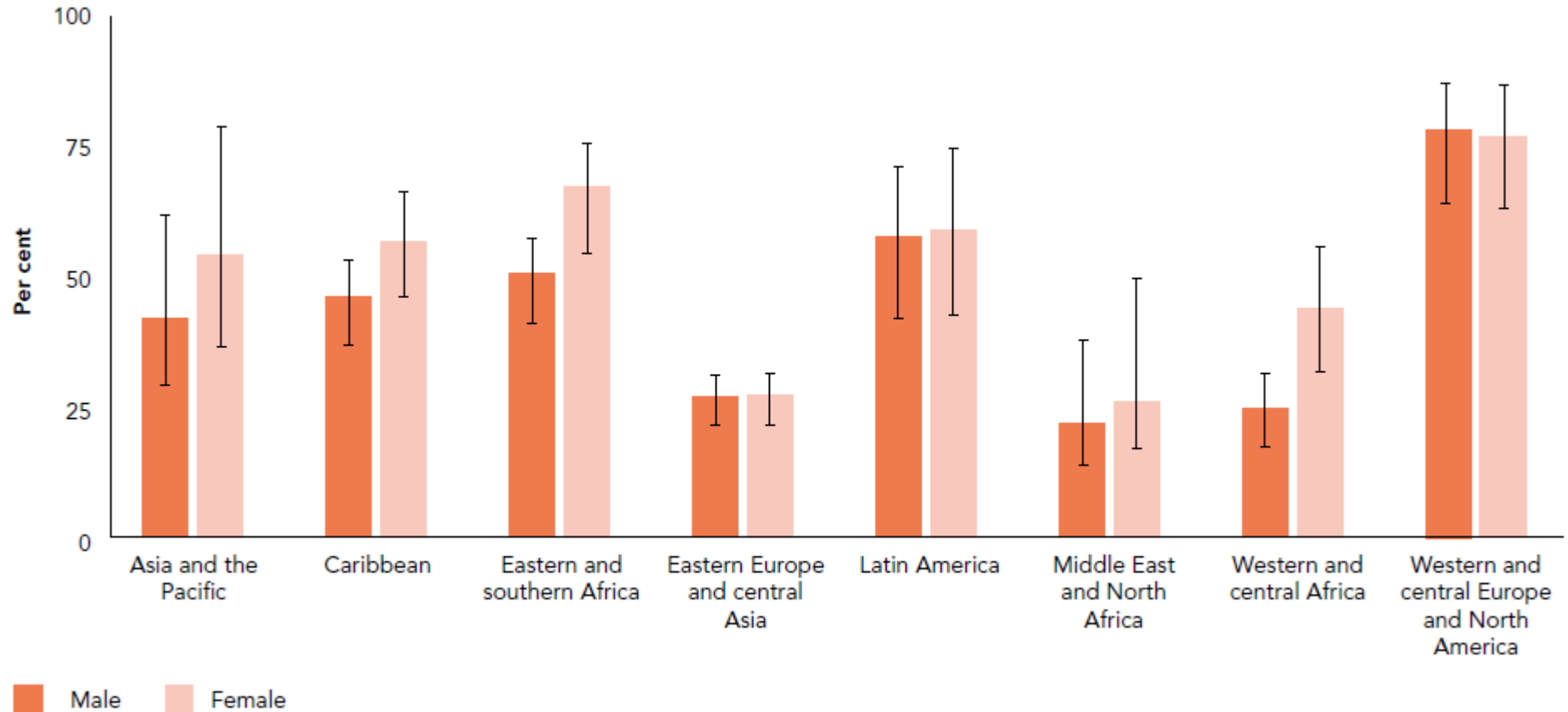
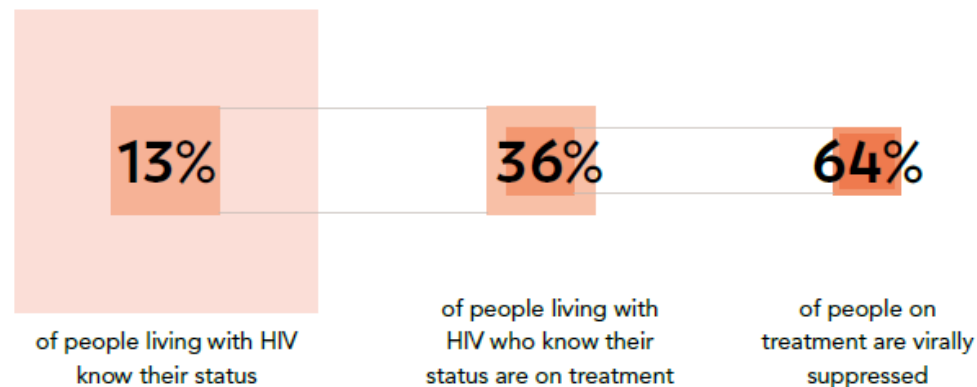


Figure 3.17. Antiretroviral therapy coverage among adults living with HIV aged 15 years and older, by sex, by region, 2016

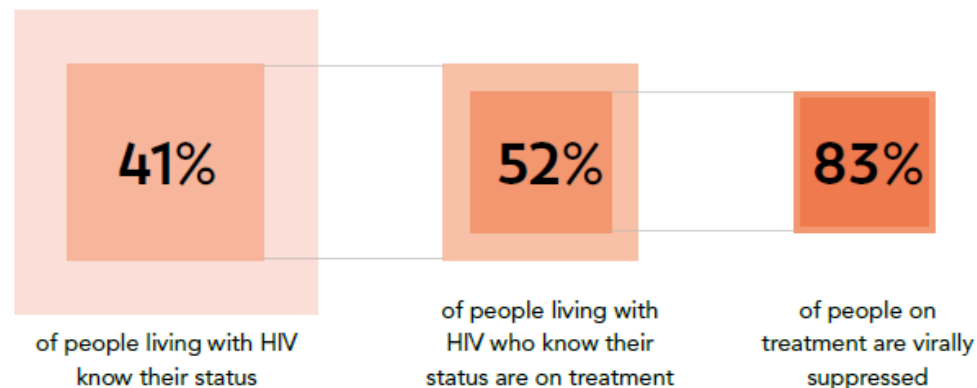
Source: Global AIDS Monitoring, 2017. UNAIDS 2017 estimates.

ALARMING GAPS IN THE 90–90–90 CONTINUUM AMONG KEY POPULATIONS

Gay men and other men who have sex with men, Moscow



People who inject drugs, India



Gay men and other men who have sex with men, India

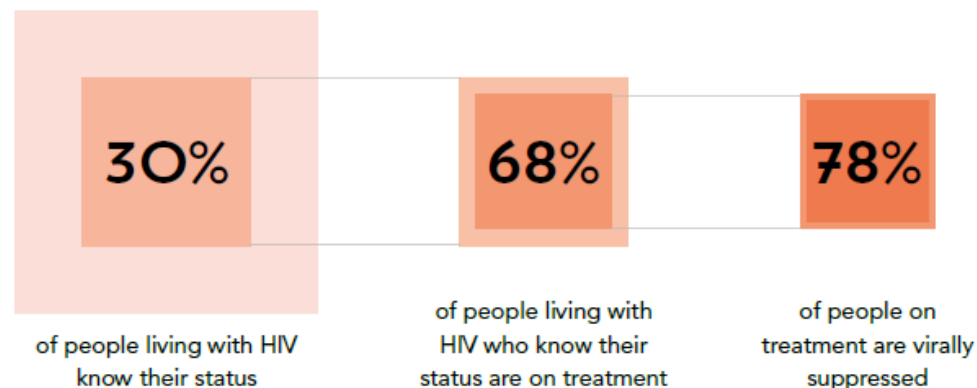


Figure 3.20. 90–90–90 among key populations in India and THE RUSSIAN FEDERATION, 2013.

Source: Mehta SH, Lucas GM, Solomon S, Srikrishnan AK, McFall AM, Dhingra N et al. HIV care continuum among men who have sex with men and persons who inject drugs in India: barriers to successful engagement. Clin Infect Dis. 2015 Dec 1;61(11):1732–41. Wirtz A, Zelaya C, Latkin C, Peryshkina A, Galai N, Mogilnyi V et al. The HIV care continuum among men who have sex with men in Moscow, Russia: a cross-sectional study of infection awareness and engagement in care. Sexually Transm Infect. 2016;92(2):161–167. doi:10.1136/sextrans-2015-052076..