



ViiV Healthcare Global 'HIV' Policy Position

At first glance, the HIV/AIDS epidemic has seen 'one of the most effective global responses of a generation', the number of people who are newly infected with HIV is continuing to decline in most parts of the world, and between 2011 and 2014 the number of HIV-related deaths globally fell by 19%.ⁱ However, the decline in annual number of new infections has slowed.ⁱⁱ Since 2010, the annual number of new infections amongst adults has remained static at an estimated 1.9 million. New infections are still rising in some geographical areasⁱⁱⁱ and amongst key affected populations, significant issues remain^{iv}.

The UNAIDS 90-90-90 strategy sets out an ambitious target to bring the HIV epidemic to an end. By 2020^v:

- 90% of people living with HIV will know their status
- 90% of people diagnosed with HIV will receive antiretroviral treatment (ART)
- 90% of people receiving ART will have viral suppression

If achieved this should ensure that 73% of all people living with HIV (PLHIV) will be virally suppressed by 2020, allowing for an AIDS free generation by 2030.^{vi}

There is still a lot of work to be done to reach these goals because of the many HIV challenges that continue across the world. Fifteen countries currently account for 75% of the new HIV infections.^{vii} In 2013, there were still over 2 million new HIV infections^{viii} and, in some countries new infection rates are actually rising.^{ix} More than 15.6 million of 36.7 million PLHIV globally do not know their HIV positive status, which can lead to poorer health outcomes and an increased burden on national healthcare systems.^x Key affected populations are still being left behind in care and treatment^{xi} and face disproportionate risk and vulnerability. This is true even in countries where overall HIV incidence rates are declining and treatment rates increasing. The precise make-up of key affected populations varies depending on country, but include: migrants, children, ethnic minorities, people who inject drugs men who have sex with men (MSM), sex workers, transgender people, young women in southern Africa and incarcerated people.

Adding to the challenge are the difficulties presented by a growing ageing PLHIV population. The development of effective treatment has meant that many PLHIV now have a life expectancy comparable to those without the condition^{xii}. With the amount of PLHIV over 50 years of age increasing^{xiii}, there is a need for greater long-term access to treatment and for national health systems to adapt to the management of HIV as a chronic disease, where age-related health complications and conditions associated with HIV that will develop over time, such as cardiovascular disease and diabetes, are managed.^{xiv}

It is clear that much attention and focus is required to maintain an effective response to HIV, and that there is still much work to be done to bring HIV treatment to those who need it. Strengthening the status of HIV as a priority therapy area and translating this into appropriate funding levels, prevention programmes and universal access to treatment and healthcare requires a concerted and proactive approach from all stakeholders.

Mapping an HIV free future: ViiV Healthcare is a company 100% committed to HIV, and we are always looking to move beyond the status quo and find new ways of navigating the challenges of the HIV epidemic. While tremendous progress has been made over the past 30 years, the HIV landscape is constantly changing. We are using our heritage and expertise to refine our approach and map an HIV free future, leaving no patient behind.

By working in conjunction with key stakeholders, we can achieve better outcomes for people impacted by the disease through expertise-sharing, synergy of partnerships, innovative R&D to develop treatments for unmet medical needs for PLHIV (both naïve and treatment-experienced), and ensuring that the care provided supports PLHIV to lead healthy and full lives.

National Policy – Contributing to the end of the HIV/AIDS epidemic: We are contributing to policy agendas worldwide by working in partnership with policymakers, influencers and people living with HIV (PLHIV) to advance HIV support, treatment and care in ways that are sustainable, lead to long term improved outcomes at individual and national levels, and ultimately, to see the end of HIV/AIDS.

It is important that governments recognise the requirement for increasing, or maintaining, HIV budgets in response to the continued need for investment in the treatment of HIV, and to ensure that there is an environment that allows for innovative partnerships to provide universal and sustained access to treatment and healthcare for all PLHIV. This is crucial if we are to see HIV transmission rates reduced, PLHIV remaining in good health for longer, and HIV becoming a more manageable long-term condition.

ViiV Healthcare strongly supports the UNAIDS 90-90-90 strategy, and we recognise the important role we have in contributing to this goal. Whilst these goals are achievable it is clear there is still a lot of work ahead. The importance of this has been recognised in the UN Political Declaration on HIV and AIDS, which calls for all stakeholders to work together to ensure that these targets are met.

In particular, ViiV Healthcare believes that ongoing improvements in care for PLHIV will only be possible if all key stakeholders recognise and support the following principles:

- **Universal access to treatment and healthcare** should be achieved to ensure that PLHIV receive the quality care and medicines they need without experiencing financial hardship. Reaching this goal will be a different journey for each country, government and payer.
- Increased **funding and investment** for HIV programmes and interventions are crucial to maintain and improve a continuous and effective response to the global HIV epidemic. The UNAIDS 90-90-90 strategy, estimated that 73% of all people living with HIV (PLHIV) will be virally suppressed by 2020 if its goals are achieved and that this will enable an end to the AIDS epidemic in 2030, which in turn will *'bring profound health and economic benefits'*.^{xv} The long-term benefits of investment in HIV care should be recognised more consistently. The expansion of HIV programmes generates economic returns in terms of averted medical costs, averted orphan care for children who have lost parents to HIV, labour productivity gains, and the prevention impact. As a case-study, the rapid expansion of HIV treatment to all PLHIV in South Africa is projected to save US\$30 billion through to 2050^{xvi}. It was estimated that \$22-24 billion would be required to address the global HIV pandemic in low- and middle-income countries by 2015. The latest projections suggest that investments fall just short of this target. With future targets demanding an extra \$12 billion annually by 2020 and \$8 billion by 2030, investments need to be rapidly scaled up for the next five years to ensure the long-term sustainability of the HIV response.^{xvii} Governments and national health systems should continue to view HIV as a public health priority and recognise the need to meet the financial requirements of the UNAIDS 90-90-90 strategy.
- Stakeholders should recognise the need for continual research and development across the care continuum in order to make further progress against the HIV epidemic. In order to ensure ongoing progress in HIV diagnostics and treatment options, the community must work together to ensure that **innovations are continued, valued and utilised**.
- **HIV prevention strategies** are a key component of an effective HIV response. By using a combination of scientifically proven, cost-effective and scalable interventions targeted to the right populations in the right geographic areas, HIV stakeholders can help to reduce HIV transmission.
- **Testing levels need to be increased**, particularly to ensure they include all key affected populations. In order to achieve this, they should be made available in convenient and easily accessible settings. Expansion of testing programmes is essential in order to achieve the UNAIDS 90-90-90 strategy. As such, investment in, and expansion of, targeted anonymized programmes should be viewed as a priority for all HIV stakeholders.
- Access to HIV medicines is a complex and multifaceted issue. Pricing of medicines is important, but there are many other more significant barriers to access. Other factors that play a part are inadequate healthcare resources, lack of clinics and hospitals, poor distribution networks, low numbers of trained healthcare providers, high levels of patient illiteracy, stigma and discrimination, and a lack of political will and inadequate prioritisation of HIV care in national budgets. All HIV stakeholders should work in collaboration to

ensure that **access to treatment and care** is appropriate in each country, and where required, current treatment programmes should be scaled up to respond to the size of the country's epidemic.

- **Retention in care** is key to ensuring better outcomes for the individual, but also for reducing the risk of transmission and lowering the cost of HIV to society as a whole. The factors that impact retention in care vary greatly across different countries and populations. These issues should be understood at the local level in order to be addressed effectively. There is evidence to suggest that more tailored services are better able to retain PLHIV in care and that community-based services improve ART adherence and retention in care.^{xviii} As such, these services should be supported in national HIV treatment and care policies. Integration with other related services, such as sexual and reproductive health services and those related to ageing and comorbidities such as cardiovascular disease and diabetes, should also be considered to improve linkage to, and retention in care.
- In order to effectively ensure universal access to treatment and healthcare for PLHIV, **stigma and discrimination will need to be addressed**. Stigma and discrimination against PLHIV, whether conscious or unconscious, can dramatically hinder interventions designed to address the condition. National and local HIV strategies should specifically consider the impact of stigma and discrimination and incorporate policies that seek to minimise this impact. Programmes that combat these issues not only help protect basic human rights, but are also critical enablers to the success of a country's HIV response.

ViiV Healthcare is focused on continuing to improve health outcomes for PLHIV and society. ViiV Healthcare acknowledges we have a responsibility to participate in the ongoing fight against HIV. Through our efforts in R&D, community investment, as well as innovative partnerships and solutions, we are committed to supporting the achievement of the UNAIDS 90-90-90 strategy and bringing an end to the AIDS epidemic.

ⁱ UNAIDS. GAP Report. 2014.

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf Accessed July 2016.

ⁱⁱ UNAIDS, Gap Prevention Report, July, 2016. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf Last accessed July, 2016

ⁱⁱⁱ UNAIDS, Gap Prevention Report, July, 2016. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf Last accessed July, 2016

^{iv} UNAIDS, Gap Prevention Report, July, 2016. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf Last accessed July, 2016

^v UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014.

http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016

^{vi} UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014.

http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Accessed July 2016.

^{vii} UNAIDS. GAP Report. 2014.

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf Accessed July 2016.

^{viii} UNAIDS. GAP Report. 2014.

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf Accessed July 2016.

^{ix} UNAIDS, Gap Prevention Report, July, 2016. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf Last accessed July, 2016

^x UNAIDS, Gap Prevention Report, July, 2016. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf Last accessed July, 2016

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http://www.unaids.org/sites/default/files/media_asset/12_Peopleaged50yearsandolder.pdf. Accessed July 2016.
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http://www.unaids.org/sites/default/files/media_asset/12_Peopleaged50yearsandolder.pdf. Accessed July 2016.
- ^{xiv} UNAIDS. GAP Report. HIV in people aged 50 years and older.
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- ^{xviii} UN AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014.
http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf Last accessed July, 2016