

FACT SHEET

Treatment 2.0

- According to UNAIDS, Treatment 2.0 is a radically simplified HIV treatment platform that decreases AIDS-related deaths drastically and could also greatly benefit HIV prevention efforts.
- Treatment 2.0 seeks to simplify the way HIV treatment is currently provided and scale up access to treatment.
- Under Treatment 2.0, an additional 10 million deaths could be averted by 2025.
- The new UNAIDS treatment platform can reduce new HIV infections by one-third if treatment is provided to everyone who needs it.
- Currently only an estimated 5 million of the 15 million people in need of HIV treatment are accessing life-saving medicines.
- Treatment 2.0 includes the development of better combination treatment regimens, cheaper and simplified diagnostic tools, and a low-cost community-led approach to delivery.
- The five pillars of Treatment 2.0 are:
 - Pillar 1 – Creating a better pill and diagnostics
 - Pillar 2 – Treatment as prevention
 - Pillar 3 – Stop cost being an obstacle
 - Pillar 4 – Improve uptake of HIV testing and linkage to care
 - Pillar 5 – Strengthen community mobilization

1 – Creating a better pill and diagnostics

- Easy to use pills that are low in toxicity and do not lead to drug resistance are needed, as well as cheaper diagnostics that can be used at home.
- Second-line treatment is still rare in low- and middle-income countries due to the high cost of the pills and more complex monitoring systems and supply-chain management.
- Developing a simple diagnostic tool can help reduce the burden on health systems and reduce costs.

2 – Treatment as prevention

- Evidence shows that successful viral suppression through treatment can substantially reduce the risk of vertical, sexual and blood-borne HIV transmission.

- According to a recent University of Washington study of heterosexual couples (each with one HIV-positive and one HIV-negative person) in seven countries in sub-Saharan Africa, the HIV transmission rate was 92% lower when the HIV-positive partner was on treatment.
- Treatment can become part of a combination prevention strategy.
- Effective implementation of antiretroviral therapy will also result in other prevention benefits, including lower rates of tuberculosis, lower incidence of pregnancy-related deaths among women, and fewer cases of malaria.
- According to a recent study, AIDS is responsible for 61 000 of the 350 000 annual maternal deaths worldwide.

3 – Stop cost being an obstacle

- Although the cost of first-line drug treatments in 2008 was US\$ 143 per person, a price reduction of 48% since 2004, second-line treatments continue to be more expensive.
- A better, single-dose pill with low toxicity that was resistant-proof would have fewer needs for treatment monitoring, thus reducing costs. This would lead to less health-care time monitoring patients and lower out-of-pocket costs, such as transport fees, for the patient.
- Treatment 2.0 is a smart investment – with higher treatment coverage, lower morbidity and mortality, and the secondary benefit of prevention.

4 – Improve uptake of HIV testing and linkage to care

- Globally only about 40% of people living with HIV know their HIV status.
- Stigma and discrimination remain the biggest obstacle to HIV testing.
- Results of programmes in Bolivia, Botswana, China, India, the Russian Federation, Rwanda and Uganda all show the positive impact that individual engagement with community-based services has on increased HIV testing rates and increased use of HIV prevention and treatment services – as well as improved treatment adherence and prevention practices and a reduction in stigma.
- Starting treatment at the right time increases the efficacy of current treatment regimens, reduces resistance and increases life expectancy.

5 – Strengthen community mobilization

- Community-based approaches can improve the ability of populations at high risk of HIV (drug users, men who have sex with men, sex workers) to access HIV services and to benefit from antiretroviral therapy and prevent new infections.
- A WHO evaluation of 186 community-based service delivery projects in Europe, South-East Asia and Latin America, found that local community-based organizations led by people living with HIV are best placed to reach populations at higher risk of HIV.

Treatment 2.0 graphs

Figure 1: Expected number of deaths under two hypothetical scenarios: compared with current antiretroviral therapy approaches an additional 10 million lives could be saved under Treatment 2.0.

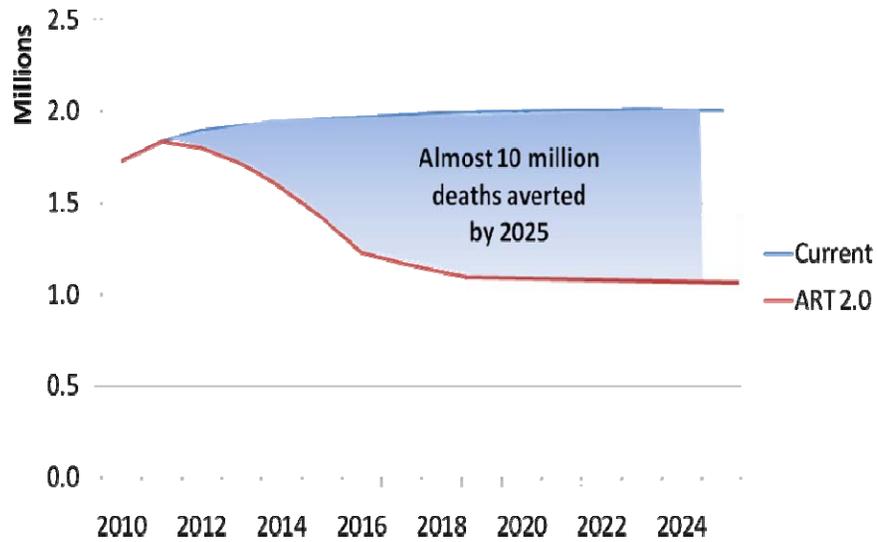


Figure 2: Incidence of new infections in four different scenarios.

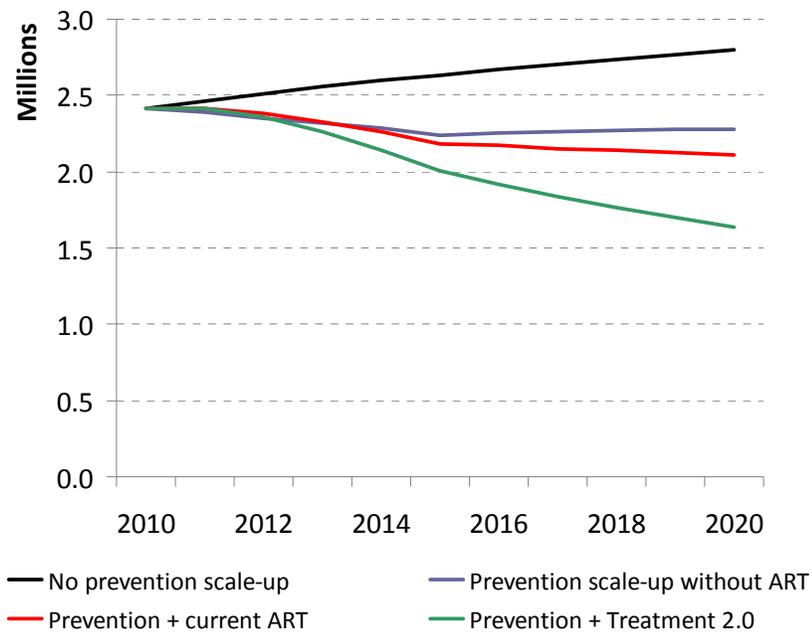


Figure 3: On average, the largest share of treatment costs in low- and middle-income countries is not drug-related

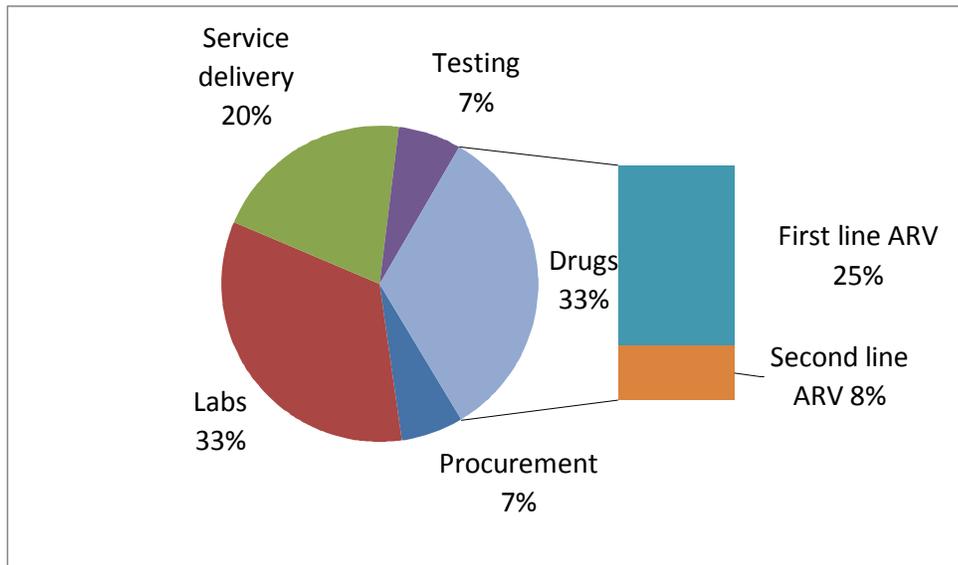
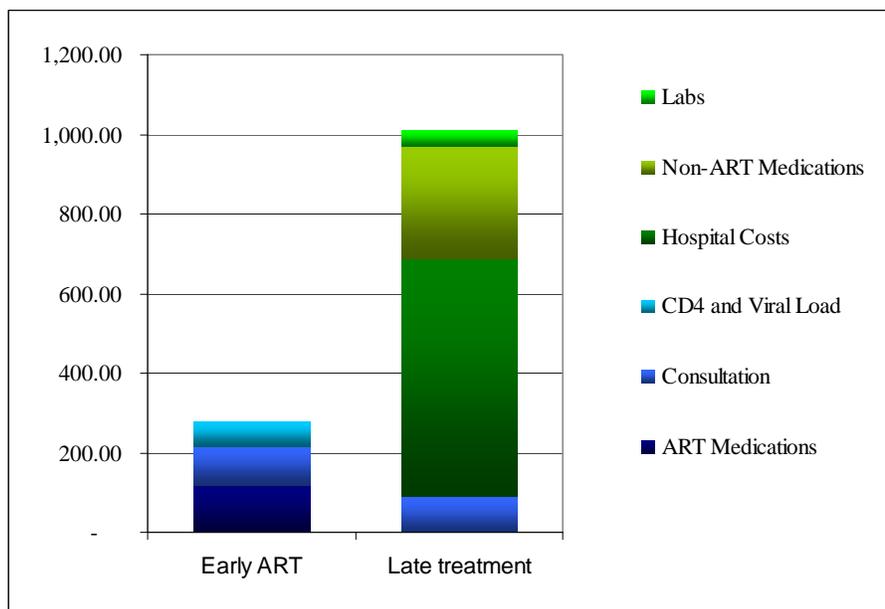


Figure 4: Comparison of antiretroviral therapy costs per person-year for early and late treatment initiation. Late treatment initiation for patients with often severe clinical conditions requires significant levels of clinical care. This is avoidable through treatment initiation prior to the development of severe HIV-related disease.



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