

IAPAC-Led Study Estimates that 3.4 Million Lives Could be Saved in Nigeria & South Africa with Improved Access to Antiretroviral Therapy

Study Examined Antiretroviral Therapy Access & AIDS-Related Mortality in 30 High HIV Burden Countries

(WASHINGTON, DC, July 6, 2015) – Results from a study published today in *PLoS One* indicate that millions of AIDS-related deaths could be averted in high HIV burden countries – an estimated 3.4 million in the countries of Nigeria and South Africa alone – with improved and earlier access to antiretroviral therapy (ART). According to the study’s authors, “expanding access to earlier ART beyond the currently reported 14 million people will have significant individual and public health impact. Additionally, the geographic disparity in mortality trends and rates illustrates the need for further focus and rapid action to reduce AIDS-related deaths in those countries where the problem is most severe.”

A team led by the International Association of Providers of AIDS Care (IAPAC), used global surveillance data to examine the relationship between ART access and AIDS-related deaths in the 30 highest HIV burden countries of the world. The team consisted of researchers from IAPAC, the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, BC, Canada; the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Geneva, Switzerland; and University of the Witwatersrand in Johannesburg, South Africa.

“It is abundantly clear from the latest science that ART prevents AIDS-related morbidity and mortality as well as HIV transmission, and that its early initiation nets greater benefit than waiting for now obsolete ART initiation thresholds based on CD4 cell counts,” said Reuben Granich, MD, MPH, the article’s lead author and IAPAC Vice President/Chief Technical Officer. “Our analysis of the available global surveillance data demonstrates the importance of expanding earlier access to ART to both save millions of lives and as an integral part of global efforts to control the HIV epidemic.”

The study’s authors acknowledge that the estimated number of annual AIDS-related deaths has decreased 38% from 2.4 million (2.2 million-2.6 million) in 2005 to 1.5 million (1.4 million-1.7 million) in 2013 – in some measure reflective of ART’s prevention impact on illness, death, transmission, and costs. However, although early ART can now provide a near normal lifespan, globally in 2013 there were still an estimated 1.5 million ART-related deaths.

The study combined surveillance data with modelling projections to examine the impact of achieving the UNAIDS 90-90-90 Target for HIV testing and treatment on averting AIDS-related deaths – 90% of people living with HIV diagnosed, 90% of those diagnosed on ART, and 90% of those on ART achieving viral suppression and thus triggering its therapeutic and preventative benefits.

“Given the benefits of early ART initiation, it is an appalling human rights violation that far too many HIV-positive people are dying unnecessarily in so many countries around the globe,” said José M. Zuniga, PhD, MPH, IAPAC President/CEO and article co-author. “IAPAC is mobilizing its network of 20,000-plus clinical and lay providers to support the President’s Emergency Plan for AIDS Relief (PEPFAR); Global Fund to Fight AIDS, Tuberculosis & Malaria; governments of high HIV burden countries; and affected communities in their efforts to overcome barriers to HIV testing, ART initiation, and long-term viral suppression.”

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The study illustrated the importance of focusing the global AIDS response according to geography. Eight countries – India, Kenya, Nigeria, Mozambique, South Africa, Tanzania, Uganda, and Zimbabwe – bear 58% of the burden of AIDS-related deaths, with Nigeria and South Africa accounting for 27% of the global estimate. Although ART coverage is improving, the high HIV burden can, in part, be attributed to inadequate access to ART.

In 2013, expanded ART coverage in Nigeria and South Africa had averted an estimated 422,448 and 1,051,354 AIDS-related deaths, respectively. According to the study’s analyses, increasing ART coverage in these two countries alone to attaining the 90-90-90 Target by 2020 could avert 1.2 million and 2.2 million AIDS-related deaths in Nigeria and South Africa, respectively.

Additionally, the study’s geographic analyses illustrated that some countries with significant resource constraints had, through increased access to ART, achieved remarkable reductions in estimated AIDS-related mortality comparable to countries with far more resources. Still, ART access was not uniform across countries with many having less than half of their people living with HIV on treatment.

“Failing to focus our attention on and resources toward expanding early access to ART in the highest HIV burden countries of the world represents a significant missed public health opportunity,” said Julio Montaner, MD, an article co-author and Director of the British Columbia Centre for Excellence in HIV/AIDS. “Our analyses support the new shift towards prioritizing resources to ensure that people living with HIV have access to early testing and treatment.”

The 90-90-90 Target, which has been adopted by PEPFAR, the World Health Organization (WHO), and a number of countries, provides a framework for accelerating the current global AIDS response. According to the study’s authors, international donors, governments, and community organizations should review and reviewing the new science around early ART access and align their efforts to offer ART as soon as possible after an HIV-positive diagnosis.

Click <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0131353> to access:

Granich R et al. Trends in AIDS deaths, new infections and ART coverage in the top 30 countries with the highest AIDS mortality burden; 1990-2013. *PLoS One*. 2015;10(7):e0131353. doi:10.1371/journal.pone.0131353

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About IAPAC

The International Association of Providers of AIDS Care (IAPAC) represents more than 20,000 clinicians and allied health care professionals in over 150 countries. Its mission is to improve the quality of prevention, care, treatment, and support services provided to men, women, and children affected by and living with HIV and comorbid conditions such as tuberculosis and viral hepatitis. Visit www.iapac.org for more information about IAPAC and its global activities.