

***THE FINAL PHASE OF THE AIDS PANDEMIC:
ENDING THE HIV/AIDS PUBLIC HEALTH CRISIS BY 2030***

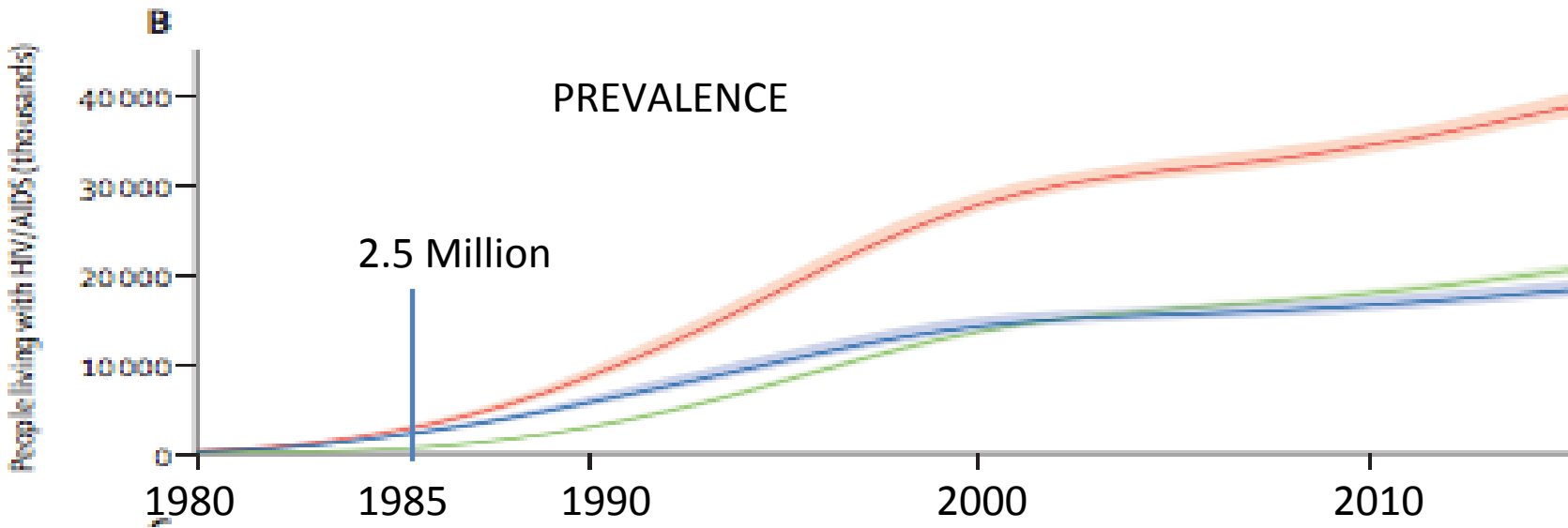
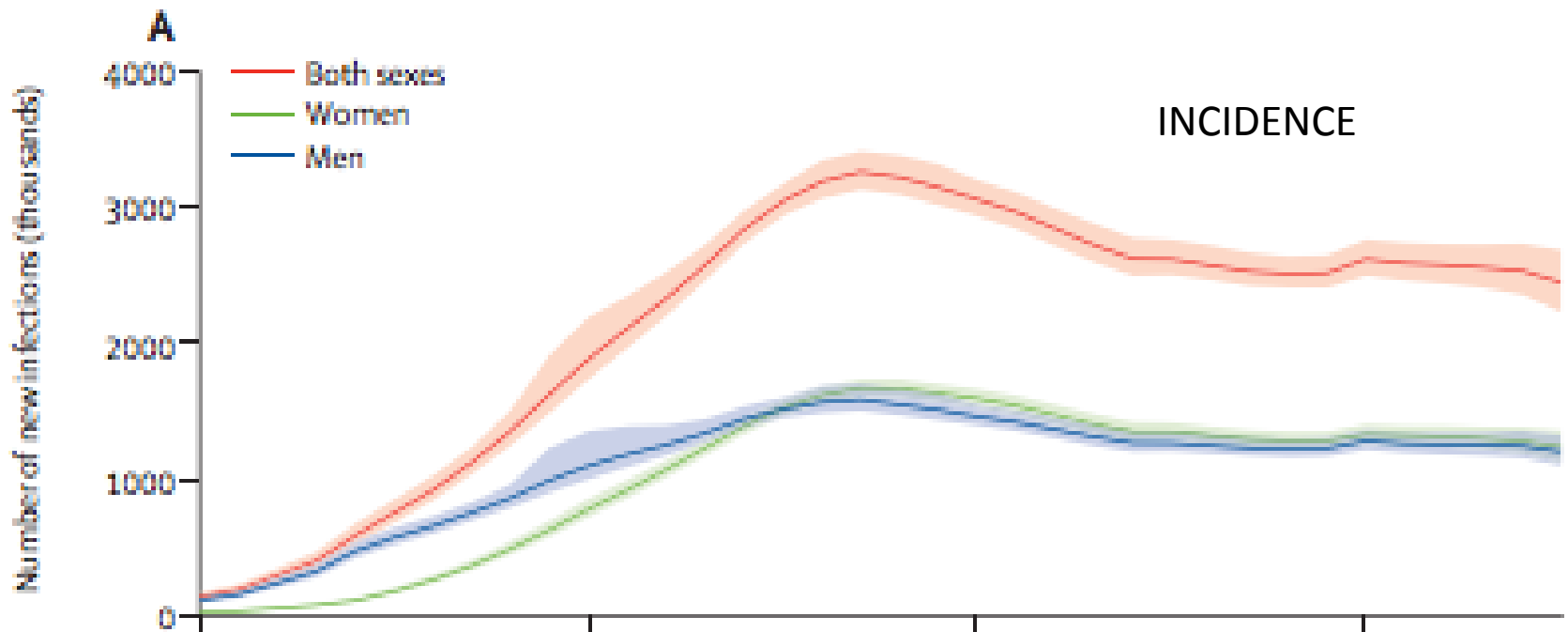
Jeffrey D. Sachs
University Professor
Columbia University

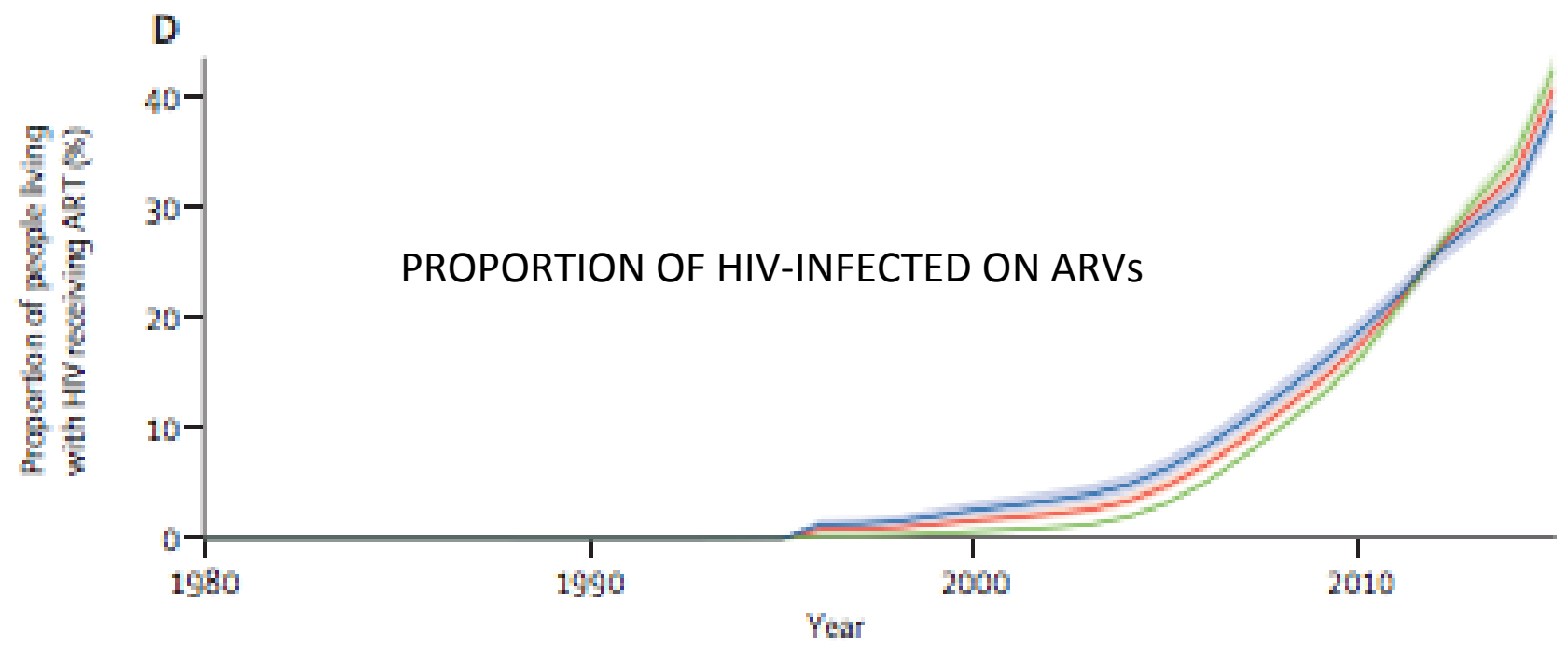
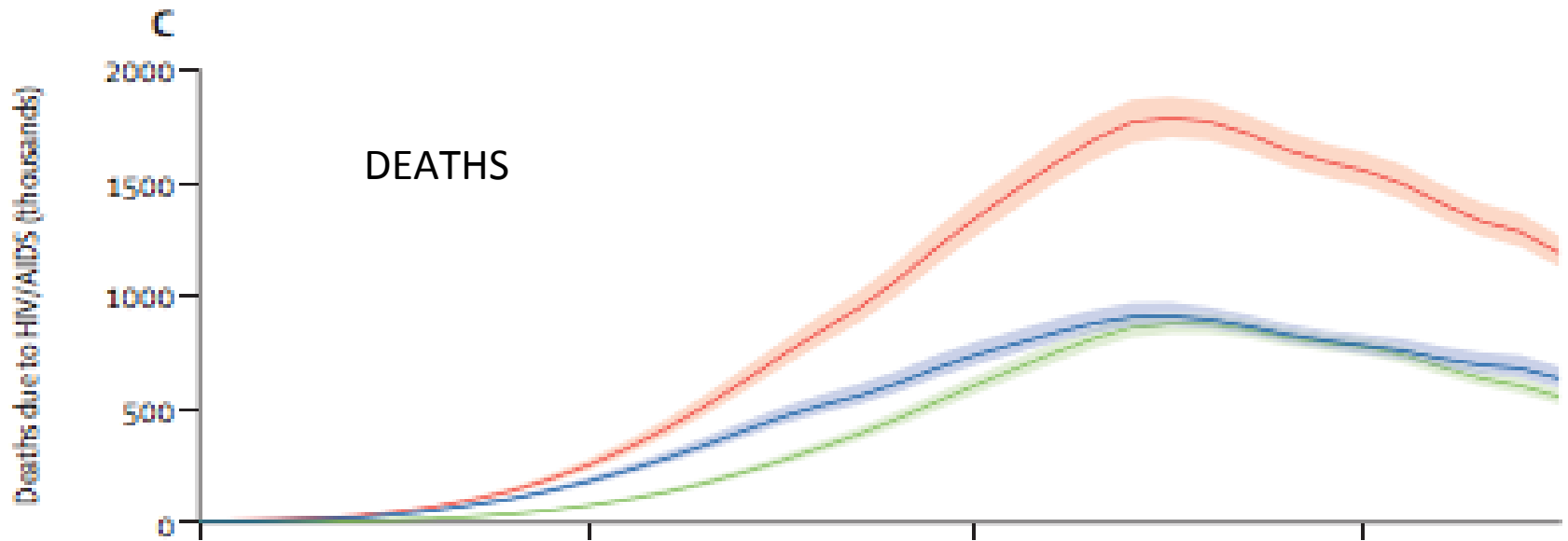
Jonathan Mann Memorial Lecture
IAPAC Conference on
Controlling the HIV Epidemic with Antiretrovirals

Geneva, 13 October 2017

The Four Phases of the Epidemic

Period	Characteristic	New Institutions	Science	Epidemiology
1920-1980	Silent	None	None	Reaching > 1M
1981-2001	Awareness	GPA, Activists, NGOs	HIV, ARV	Reaching > 20M
2001-2016	Control	GFATM, PEPFAR, UNAIDS, IAPAC, Many Others	HAART, Testing, Control technologies	Incidence declining, Deaths declining
2016-2030	End of Epidemic	UNAIDS 90-90-90 and supporting institutions	Improved Cascade, advances in prevention and treatment	





Global Program on AIDS

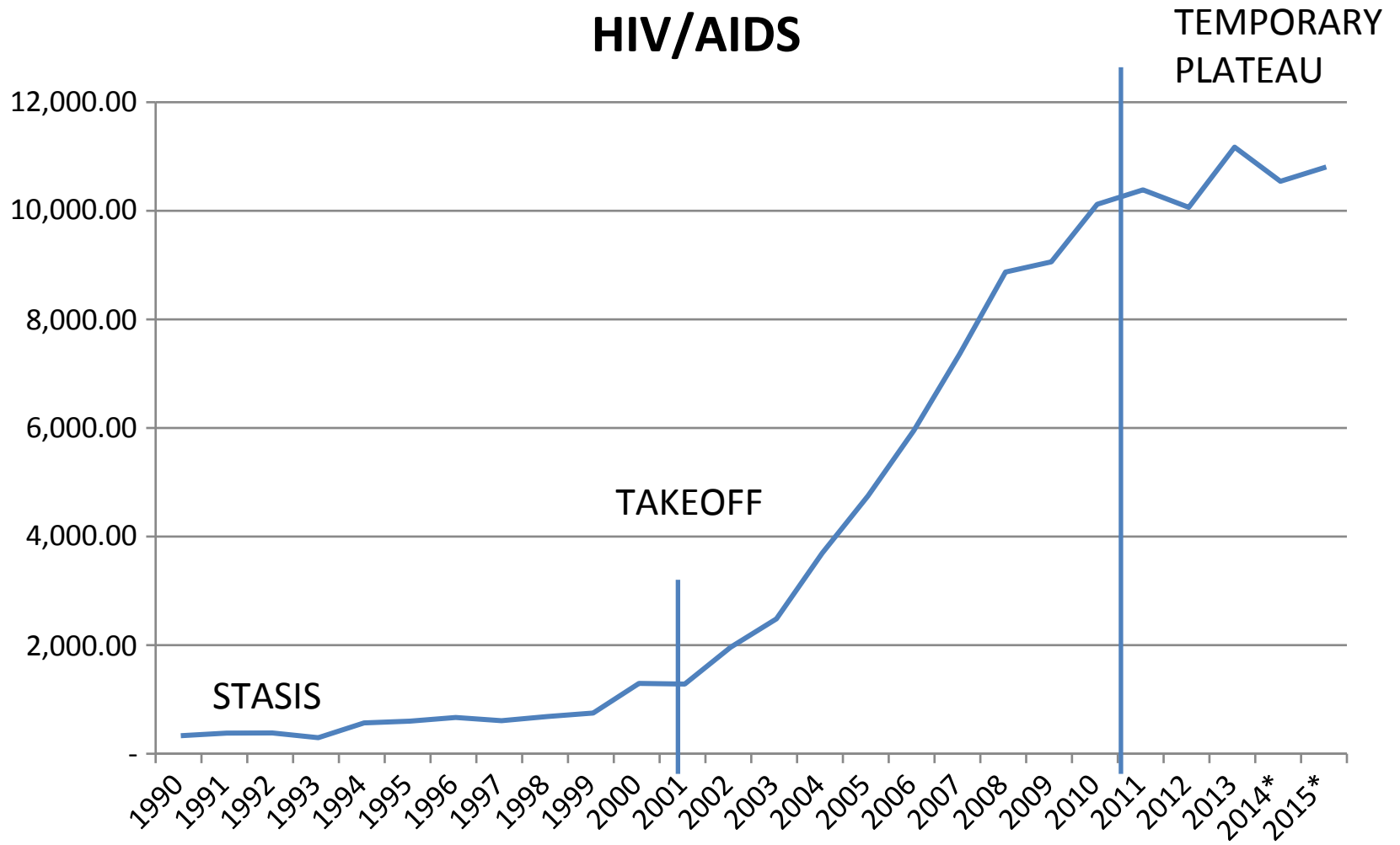
Following the official endorsement of the national medium-term plan, national donor meetings have been jointly organised by the Ministry of Health and WHO in 8 Member States: Uganda (May 1987), United Republic of Tanzania (July 1987), Rwanda (July 1987), Kenya (July 1987), Ethiopia (August 1987), Zaire (February 1988), Senegal (February 1988) and Zambia (March 1988).

A total of US\$ 35 million was pledged at these meetings, with the funds to be made available either through WHO/GPA or bilaterally within the framework of the approved national AIDS plan.

Towards an Implementation Strategy for HIV/AIDS

- AIDS control is hampered by a shocking extent of under-funding and the lack of needed scientific scrutiny in many donor-funded projects
- UNAIDS, centered at WHO, should manage a global fund of some \$4 Billion per year, with project funding based on independent scientific review, monitoring and evaluation
- FROM: SACHS, PRESENTATION IN DURBAN, JULY 2000

Development Assistance for HIV/AIDS



Towards 90-90-90 and the End of the Epidemic

	Know Status	Of Those, On ARVs	Of Those, Viral Suppression
Australia	86	77	94
Denmark	85	73	95
France	81	74	87
US	82	40	76
Global	54	76	77

The Main Reason for the Low Coverage In the United States is Economic. ARVs currently cost >\$20,000 per year.

Total Care Per Person on ARVs: \$45,000

Abacavir Sulfate/Zidovudine/ Lamivudine				
- Generic	300/300/150 mg tablet	1 tablet twice daily	60 tablets	\$1,738.46
- Trizivir	300/300/150 mg tablet	1 tablet twice daily	60 tablets	\$1,931.64

ABC+3CT+AZT: \$23,180 in US; \$235 at the Global Fund

Table 1: Federal Funding for HIV/AIDS by Category, FY 2011 - FY 2017 Request (US\$ Billions)

Category	FY 2011	FY 2012	FY 2013 ^a	FY 2014	FY 2015	FY 2016	FY 2017 Request
Domestic	\$21.8	\$22.0	\$22.5	\$23.9	\$25.5	\$26.4	\$27.5
Care	\$15.3	\$15.5	\$16.1	\$17.4	\$18.9	\$19.7	\$20.8
Cash/Housing	\$2.7	\$2.8	\$2.9	\$3.0	\$3.0	\$3.0	\$3.1
Prevention	\$0.9	\$1.0	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9
Research	\$2.8	\$2.8	\$2.7	\$2.7	\$2.7	\$2.7	\$2.7
Global	\$6.5	\$6.4	\$6.3	\$6.6	\$6.6	\$6.6	\$6.6
TOTAL	\$28.3	\$28.5	\$28.8	\$30.5	\$32.1	\$33.0	\$34.0

NOTES: (a) indicates FY 2013 includes the effects of sequestration.

THREE STEPS TO SUCCESS:

DRUG PRICES (ESPECIALLY US AND SOME OTHER HIGH-INCOME COUNTRIES)

COMMUNITY HEALTH DELIVERY (CHWS) IN ALL COUNTRIES

ADDITIONAL \$10 BILLION OF DEVELOPMENT ASSISTANCE PER YEAR FOR GLOBAL FUND + PEPFAR, TO ROUGHLY \$20 BILLION PER YEAR

PUTTING THE EXTRA \$10 BILLION PER YEAR IN PERSPECTIVE:

U.S. MILITARY SPENDS ROUGHLY \$2.5 BILLION PER DAY.

THE WARS IN IRAQ AND AFGHANISTAN COST THE US \$5 TRILLION.

THE TOP 12 HEDGE FUND MANAGERS EARNED \$10.2 BILLION IN 2015

EQUALS 0.02% OF ANNUAL INCOME OF THE HIGH-INCOME COUNTRIES