



**Statement by Dr. José M. Zuniga  
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The International Association of Providers of AIDS Care (IAPAC) supports the newly released U.S. “Strategy for Accelerating HIV/AIDS Epidemic Control,” which will guide the President’s Emergency Plan for AIDS Relief (PEPFAR) activities over the next 3.5 years. The bold, data-driven strategy, which includes assisting 13 high HIV burden countries on a trajectory towards HIV epidemic control, demonstrates U.S. commitment to infuse with action the “end of AIDS” rhetoric that has permeated public discourse around HIV/AIDS for the past several years.

In partnership with Ministries of Health, the US Centers for Disease Control and Prevention (CDC) and Columbia University, PEPFAR has undertaken Population-based HIV Impact Assessments (PHIAs) in six countries – Lesotho, Malawi, Swaziland, Uganda, Zambia, and Zimbabwe. In each of these countries, PHIA data indicate that HIV care continuum optimization efforts to attain 90-90-90 targets, facilitated politically by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and technically by PEPFAR and other partners, have yielded remarkable results. Each of these countries has increased the number of adults living with HIV (PLHIV) who are aware of their status (66-85%), initiated on antiretroviral therapy (ART, 85-90%), and achieving viral suppression (83-92%). Furthermore, PHIA data indicate that in Malawi, Zambia, and Zimbabwe, new HIV infections have decreased by more than 50%. The PHIAs have noted progress across age bands, including, though less significantly, in adolescents and children.

Building upon these successes and expanding HIV prevention interventions, including risk avoidance strategies, can create the epidemiological threshold necessary for HIV epidemic control – when the total number of new HIV infections falls below the total number of AIDS-related deaths. To be clear, attaining the UNAIDS 90-90-90 targets by 2020 has always been a starting point on the pathway towards HIV epidemic control. For that reason, IAPAC is encouraged by PEPFAR’s commitment to support these 13 countries to reach 95-95-95 targets across all ages, genders, and risk groups within the next 3.5 years. HIV epidemic control will only be attained when these benchmarks for HIV status knowledge, ART utilization, and viral suppression are met for adults, adolescents, and children.

To be sure, challenges loom in attempting to take this bold step towards HIV epidemic control. Large numbers of PLHIV – notably men aged <35 years – are unaware of their status and therefore not linked to care and initiated on ART. Additionally, there is a pressing need to expand innovative HIV prevention interventions tailored to the realities of young women aged <25 years and men aged <30. Moreover, children and adolescents cannot be left behind and, thankfully, PEPFAR remains a primary source of funding for national, regional, and international pediatric and adolescent HIV/AIDS activities. The health workforce, including community health workers, requires assistance to re-double efforts to seek and test, link and treat, and support those PLHIV who have not yet benefited from ART’s therapeutic and preventative effects. And, health systems need reinforcement through the implementation of innovative models of service delivery, including differentiated care, to ease the burden on health workers and the facilities in which they deliver services to their patients.

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Notably, and no less important, the PEPFAR strategy commits to maintaining U.S. investment in more than 50 country AIDS responses. This investment that makes possible access to ART, services for orphans and vulnerable children, and essential services for vulnerable and key populations. This continued U.S. investment in the global AIDS response represents the single largest contribution made by any country and, through data and accountability frameworks, is the most efficient, performance-driven, and results oriented investment in the global AIDS funding space. As pioneering countries – such as South Africa – increase domestic investments in their country AIDS responses, it is more than fair to ask additional national governments, as well as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, to invest in placing more countries on a trajectory towards HIV epidemic control.

Failure to seize the momentum, capitalize on political will, finance the AIDS response, and leverage existing HIV treatment and prevention interventions is unacceptable. High HIV burden countries, with ongoing support from partners including PEPFAR and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, must continue to accelerate access to HIV testing and treatment, within the context of robust AIDS responses, to avert millions more premature AIDS deaths, sustainably reduce new HIV infections, and achieve HIV epidemic control.

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*The International Association of Providers of AIDS Care (IAPAC) represents more than 30,000 clinicians and allied health care professionals in over 150 countries. Its mission is to improve the quality of and increase access to HIV prevention, care, treatment, and support services for men, women, and children affected by and living with HIV and comorbid conditions such as tuberculosis and viral hepatitis. For more information about IAPAC and its 30-year history of marshaling the health professions to end the AIDS epidemic, please visit [www.iapac.org](http://www.iapac.org).*