

Modeling the global HIV treatment funding gap for 2020 targets

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With currently projected funding, countries around the world are unlikely to achieve the Joint United Nations Programme on HIV/AIDS 90-90-90 treatment target (which includes 90% of people diagnosed as living with HIV being treated with anti-retroviral therapy (ART) by 2020), according to a modeling study publishing this week in *PLOS Medicine*. The study, conducted by Arin Dutta and colleagues at Palladium, Washington, District of Columbia, U.S., suggests that while the funding gap may be smaller than previously projected, meeting the 90-90-90 target will require currently unsecured funding for the broad adoption of a test-and-offer approach and other measures to rapidly increase ART coverage.

The researchers estimated annual numbers of people eligible for and receiving ART treatment under three scenarios: countries' current eligibility criteria for treatment, the World Health Organization (WHO) 2013 eligibility criteria, and expanded eligibility to meet the WHO 2015 guidelines and the 90-90-90 targets. In these simulations, the estimated gap over six years between the resources needed for ART scale-up and the domestic and external financial resources available ranged from US\$19.8 billion to US\$25.0 billion depending on the scenario and the level of financial support provided by PEPFAR (the U.S. President's Emergency Plan for AIDS Relief) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The study analysis is novel in considering all facility-level costs of delivering this life-saving intervention at a global scale for [countries](#) with

significant HIV epidemics, incorporating predictions on shift in epidemics as well as in the costs of medicines and diagnostic supplies. The accuracy of this study's findings may be limited by the quality of country- and region-specific data, assumptions about available [funding](#), and the fact that only the facility-level costs of ART provision were considered. Nonetheless, the predictions broadly suggest that additional resources must be made available through domestic or external financing sources or efficiency gains. The authors state, "As the world moves towards adopting the WHO 2015 guidelines, advances in technology, including the introduction of lower-cost, highly effective antiretroviral regimens ... may prove to be 'game changers' that allow more people to be on ART with the resources available."

More information: Dutta A, Barker C, Kallarakal A (2015) The HIV Treatment Gap: Estimates of the Financial Resources Needed versus Available for Scale-Up of Antiretroviral Therapy in 97 Countries from 2015 to 2020. *PLoS Med* 12(11): e1001907. [DOI: 10.1371/journal.pmed.1001907](#)

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