



5.2 Million People With HIV in Low- and Middle-Income Countries Now on Treatment

July 20, 2010 By [Tim Horn](#)

An estimated 5.2 million people in low and middle-income countries were receiving lifesaving HIV treatment at the end of 2009, according to a World Health Organization (WHO) update on Monday, July 19, at the XVIII International AIDS Conference (IAC) in Vienna.

Since 2003—which marked the launch of the historic “3 by 5” initiative to provide access to HIV treatment to 3 million people living in low- and middle-income countries by the end of 2005—the number of people receiving HIV treatment has increased 12-fold.

WHO estimates that 1.2 million people started treatment in 2009, bringing the total number of people receiving treatment to 5.2 million, compared with 4 million at the end of 2008.

“This is the largest increase in people accessing treatment in a single year. It is an extremely encouraging development,” said Hiroki Nakatani, MD, PhD, the WHO assistant director-general for HIV, Tuberculosis, Malaria and Neglected Tropical Diseases.

At IAC, WHO is calling for earlier treatment for people with HIV, in the form of a [2010 revision to its treatment guidelines](#). The objective is to begin HIV treatment before they become ill because of weakened immunity.

WHO previously recommended starting HIV treatment when a person’s CD4 count drops below 200 cells, but it now advises starting HIV treatment at 350 cells or below.

“Starting treatment earlier gives us an opportunity to enable people living with HIV to stay healthier and live longer,” said Gottfried Hirnschall, MD, WHO director of HIV/AIDS.

Estimates developed through epidemiological modeling suggest that HIV-related mortality can be reduced by 20 percent between 2010 and 2015 if these guidelines for early treatment are broadly implemented.

Earlier treatment can prevent opportunistic infections including tuberculosis (TB), the No. 1 killer of people with HIV. Deaths from TB can be reduced by as much as 90 percent, Hirnschall suggested, if people with both HIV and TB start treatment earlier.

Along with reductions in morbidity, earlier HIV treatment in low- and middle-income countries will ultimately reduce the costs of hospital care.

Hirnschall also pointed out that earlier treatment might have prevention benefits. “Because treatment reduces the level of virus in the body,” he said, “it means HIV-positive people are less likely to pass the virus on to their partners.”

WHO’s treatment guidelines expand the number of people recommended for HIV treatment from an estimated 10 million to an estimated 15 million. The cost needed for HIV treatment in 2010 will be about \$9 billion, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS).

“The investments we make today can save not only millions of lives but millions of dollars tomorrow,” said Bernhard Schwartlander, MD, director, evidence, strategy and results, UNAIDS. “People with weaker immune systems who come late for treatment require more complex and costly drugs and services than those who start treatment earlier and are healthier.”

Unfortunately, the new WHO treatment guidelines are being published just as wealthy nations are reducing support for HIV prevention and treatment programs in low- and middle-income countries. Nakatani, however, stressed that cost should not be a factor in WHO policy. “Guidelines should be evidence-based and should be applicable to anyone—rich or poor.”