



Treatment Action Campaign • Treatment Action Group • HIV iBase • International Treatment Preparedness Coalition (ITPC) • Health GAP • AIDS and Rights Alliance of Southern Africa (ARASA) • Asian Network of People Living with HIV/AIDS (ANP+) • MSF Access Campaign • AfroCAB • International Community of Women Living with HIV/AIDS East Africa (ICW EA) • AIDS Law Project, Kenya • Housing Works • TASO Uganda • Zimbabwe Network of People Living with HIV/AIDS (ZNNP+) • Positive Generation Cameroon • International Civil Society Support • Thai AIDS Treatment Action Group (TTAG) • Thai Network of People Living with HIV (TNP+) • ACCESS Foundation Thailand • Delhi Network of People Living with HIV (DNP+) • National Network of Tanzanian Women with HIV/AIDS • Africa Young Positives (AY+) • Africa Japan Forum • Japan AIDS and Society Association (JASA) • Gays and Lesbians of Zimbabwe • Treatment Advocacy and Literacy Campaign (TALC), Zambia • Coalition for Health Promotion and Social Development (HEPS) Uganda • DRC National Grassroots Association of People Living with HIV • Zimbabwe HIV/AIDS Activist Union Community Trust (ZHAAUCT) • Ngibalulekile • Services for Health in Asian and African Regions (SHARE) • Rede Nacional de Associações de Pessoas Vivendo Com HIV/SIDA • National Association of People Living with HIV, Mozambique (ENSIDA) • Movement for Access to Treatment In Mozambique (MATRAM) • Mozambique Association of AIDS Service Organizations (MONASO) • Mozambique Network of NGOs working In Health and HIV/AIDS (NAIMA+)

“Undetectable” viral load—opportunity for all by 2020!

We call for an ambitious target of undetectable viral load to form the core of new global goals being debated by United Nations institutions and national governments and demand not just the promises but the funding, treatment options, laws and policies needed to meet those targets.

To achieve success in the fight against the HIV epidemic, reporting and tracking HIV testing and treatment as success indicators are simply not good enough. We need to know how well HIV-positive people are actually doing. Currently, reaching and maintaining an “undetectable viral load” is the closest thing we have to a cure for HIV. The best measure of whether HIV is being suppressed in an HIV-positive person’s body is a viral load test. Durable suppression of HIV helps HIV positive people stay alive and healthy while also helping prevent HIV transmission through sex, injecting drug use, and during pregnancy, labour and breastfeeding.

Yet today most people living with HIV outside wealthy countries don't know their viral load and too many do not have the treatment they need to control the virus—often because they do not even have access to testing. This is a violation of basic human rights—all people deserve the information, medicine, and support needed to control and suppress the virus.

We must therefore be monitoring viral load suppression rates to ensure HIV treatment programmes are delivering maximum impact for HIV positive people. Viral load tests are also recommended for the optimal management of people receiving antiretroviral treatment. The World Health Organization recommends routine viral load monitoring to ensure antiretroviral treatment is working and to ensure timely and accurate detection of treatment failure.

In addition, the cost-effectiveness of viral load testing is improving and new technologies promise further price reductions, along with expanding economies of scale. We do not consider cost to be a sufficient excuse for failing to offer every person on antiretroviral treatment on the planet an annual viral load test by 2020. We also do not consider a lack of current testing capacity in some developing countries to be either an insurmountable obstacle or an acceptable excuse. When ARV treatment was introduced in the early 2000s, sceptics argued that providing treatment in resource-limited settings would be impossible due to cost, complexity and lack of technical capacity. The same arguments are being used today regarding viral load monitoring, even though the benefits of the technology are indisputable.

We know, too, that viral load monitoring is just one piece of the puzzle. To achieve undetectable targets leaders must commit to:

- **Using every tool available to eliminate patent barriers that make ARVs and other drugs unaffordable in many countries.**
- **No single viral load test anywhere in the world should cost more than 10 USD and further price reductions should be possible.**
- **Fully funding the HIV treatment response including fully funding national programs, the Global Fund, PEPFAR, and other initiatives.**
- **Fully funding strong, accountable, community-based treatment literacy and adherence support along with strong social protection programs.**
- **Committing to a human rights based HIV response by combating criminalization, discrimination, and stigma and averting coercive practices by putting in place a strong community led rights infrastructure.**

If United Nations agencies and national governments are serious about truly turning the tide against the HIV epidemic, they will set ambitious viral load suppression targets and ensure that everyone has the opportunity to have an 'undetectable' viral load. The target we want is as follows: "At least 80% of all treatment eligible HIV-positive persons must have undetectable viral loads by 2020 (persons who did not have viral load tests in the preceding 12 months must be considered not to be virally suppressed)."¹

¹ At least 80% of **ALL treatment eligible people** must have undetectable viral loads by 2020, which means a significant increase in **voluntary HIV testing** and **enrollment** on treatment and care programs, reflecting that 90% of people eligible for ART have access, and 90% of people on ART reach and maintain an undetectable viral load.