Summary of Retroviruses Conference (Overall Market of Retroviruses with Statistics)

The world has made remarkable inroads against the global HIV epidemic in the past three years. New HIV infections and HIV-related deaths are decreasing at quicker rates than ever before. Treatment programs have expanded rapidly, with unprecedented growth in the numbers of people receiving life-saving antiretroviral (ARV) drugs and other care. New policies and guidance on HIV prevention, diagnosis and treatment, based on the latest evidence, have been issued to improve the quality of services, enhance the efficiency of programs, and optimize HIV and broader health outcomes.

With the lighter note of this back ground "International Conference on RetroViruses and Novel Drugs 2016 welcomes all the delegates and participants Cape Town during Dates. The theme of this year conference is "Synergistic approaches in Anti-Retroviral Drug Research" which brings together renowned experts from the international scientific community to provide a premier inter-multi-trans-disciplinary to exchange their latest results related to retroviral research, infections, rational drug designs and novel therapies. The scientific program paves a way to gather visionaries through the research talks, plenary lectures, symposia, workshops, invited sessions and oral and poster sessions of unsolicited contributions. The researchers whose research interest meets the topics like retrovirus-host interactions, including the anti-virus immune response and the genetics of resistance to retroviral infection and to virally induced tumors.

The International and national agencies working in the AIDS research are The Joint United Nations Program on HIV/AIDS (UNAIDS), Australian AID (AusAID), British AID (DFID), US Government Assistance (USG), German AID (GTZ), Bill and Melinda Gates Foundation (BMGF), Clinton Foundation (CF), Global Fund for AIDS, TB and Malaria (GFATM), International Labour Organization (ILO), United Nations Development Programme (UNDP), UNFPA, United Nations Children's Fund (UNICEF), World Bank (WB), World Health Organization (WHO), IAVI and other key private players include Abbott Laboratories, F. Hoffmann-La Roche Ltd., Shanghai Kehua Bio-engineering Co., Ltd., Siemens Healthcare, bioMerieux S.A., DiaSorin S.p.A, Qiagen N.V., Transasia Bio-Medicals Ltd., Alere Inc., Beckman Coulter, Inc., Gen-Probe Incorporated, Becton, Dickinson and Company, Bio-Rad Laboratories, Inc., PerkinElmer, Inc., Trivitron Healthcare Pvt Ltd., Span Diagnostics Ltd., Thermo Fisher Scientific Inc., Tulip Diagnostics (P) Ltd, Cellestis Limited, Chembio Diagnostics, Inc. and Hologic, Inc

Scope and Importance of Retroviruses

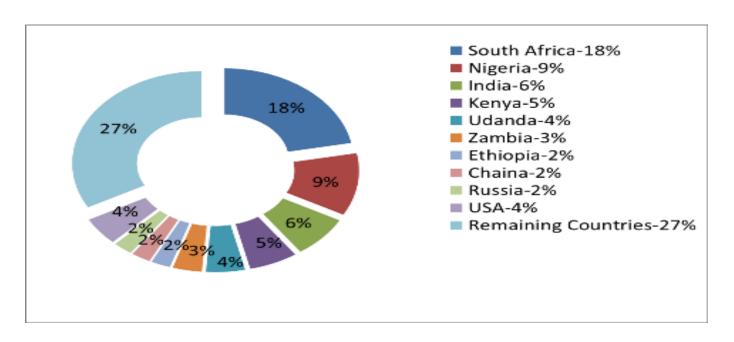
Cape Town is the second most populous urban area in South Africa. It is also the provincial capital and primate city of the Western Cape It forms part of the City of Cape Town metropolitan municipality. As of 2014 it is the 10th most populous city in Africa and home to 64% of the Western Cape's population. Recent data on HIV diagnosis make it clear that HIV touches every corner of United States. According to these data, by region, the number of people diagnosed with HIV and the of HIV diagnoses (number of diagnoses per 100,000 people) is highest in the South (24,323 diagnoses or 20.5 per 100,000 people). Next highest is the Northeast (8,908; 15.9), followed by the West (8,013; 10.8) and the Midwest (6,109; 9.0). From 2009 to 2013, the rate of HIV diagnoses in the West decreased, and the rates in the Northeast, Midwest, and South remained stable.

HIV remains mainly an urban disease, with the majority of individuals diagnosed with HIV in 2013 residing in areas with 500,000 or more people. Areas hardest hit (by ranking of HIV cases per 100,000 people) include Atlanta, GA; Miami, FL; Washington DC; Baton Rouge and New Orleans, LA; Memphis, TN and Baltimore. In 2010, an estimated 280,000 South Africans died of HIV/AIDS. In the aught, it is estimated that between 42% and 47% of all deaths among South Africans were HIV/AIDS deaths. However, the Death Notification Forms Survey of 2010, which estimates a 93% completion rate, shows that out of a total of 543,856 deaths nationwide only 18,325 deaths were attributed to HIV/AIDS Diseases. The effects of this slow and interrupted response are still being felt in a country that currently has the world's largest HIV epidemic. Though certain groups are more at risk of HIV transmission than others, South Africa has a serious generalized epidemic affecting people from all sectors of society.

Why it's in Cape Town South Africa

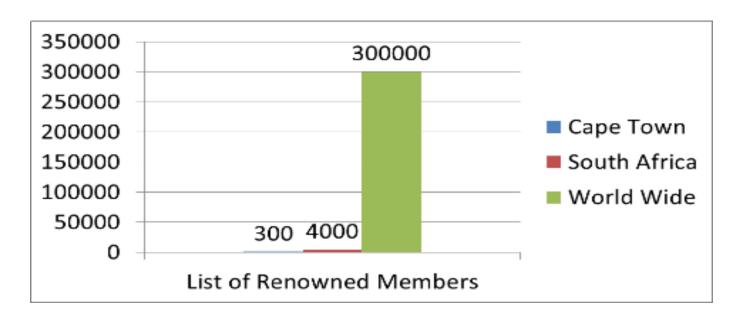
South Africa has the largest antiretroviral treatment rollout program in the world. Life expectancy has also increased by 5 years since the height of the epidemic. 2 Moreover, these efforts have been largely financed from its own domestic resources. The country now invests more than \$1 billion annually to run its HIV and AIDS programs. Depending on the Compound annual growth rate of retrovirus market of South Africa stands in first rank in European countries and Asia. So the Retroviruses-2016 in going to be held in South Africa

People Living with HIV by Country wise



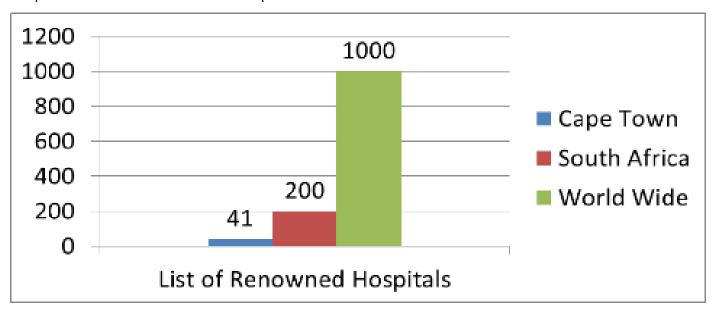
Members Associated with Retroviruses

As per the recent analysis reports we mentioned the approximate values such as we noted 300 members working on retroviruses in Cape Town, 4000 members in South Africa and 300000 members associated with retroviruses across the world.



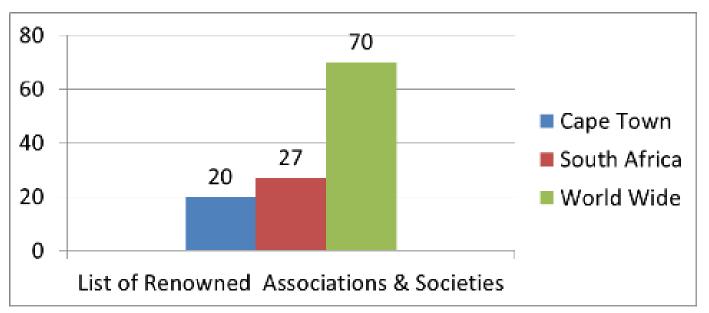
Hospitals Associated with Retroviruses

As per our estimation there are 41 Hospital which treating antiretroviral diseases in Cape Town, 200 Hospitals in South Africa and 1000 Hospitals associated with retroviruses across the world.



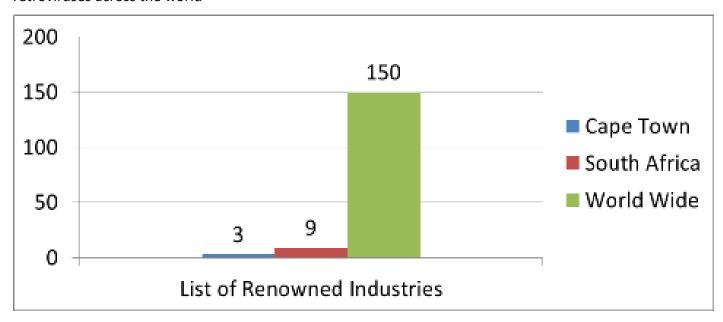
Societies Associated with Retroviruses

There will be 20 societies in Cape Town, 27 in South Africa and 70 societies may be associated with retroviruses across the world



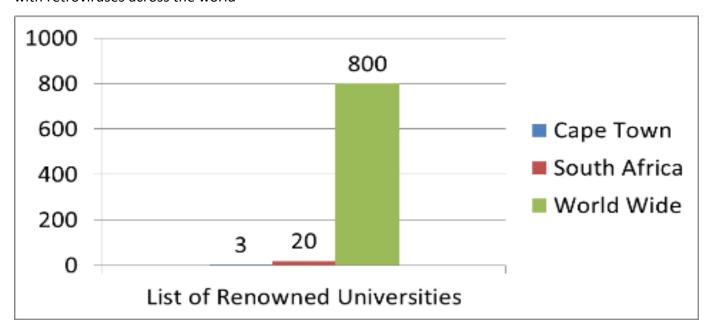
Industries Associated with Retroviruses

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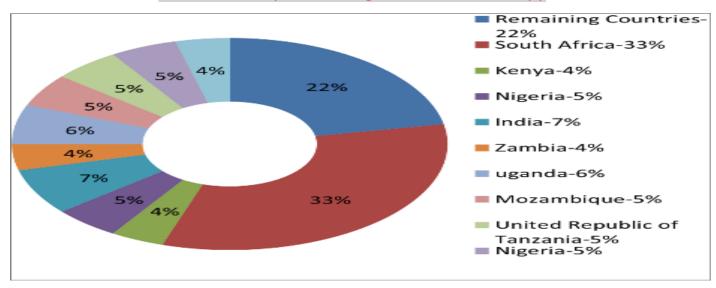
Universities Associated with Retroviruses

There are 3 major universities in Cape Town, 20 in South Africa and 800 universities may be associated with retroviruses across the world



Market Value on Retroviruses

Number of People Receiving Antiretroviral Therapy



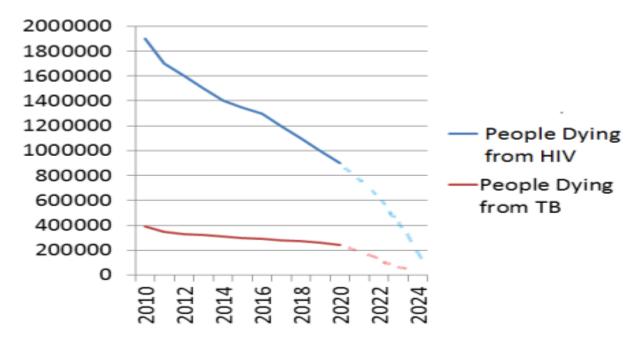
Worldwide efforts continue to reduce the number of new annual HIV infections. Globally in 2012, an estimated 2.3 million [1.9 million–2.7 million] people newly acquired HIV – 12% fewer than the estimated 2.6 million [2 million–2.8 million] new infections in 2009. Similarly, the number of new HIV infections among young people aged 15–24 decreased by around 10% from 865 000 to 780 000 between 2009 and 2012 putting the targeted 50% decrease by 2015 out of reach unless prevention efforts are intensified considerably. The current steady, albeit slow, decrease in new HIV infections has been due largely to reductions in the African Region. Encouragingly, the overall pace at which new infections are decreasing may now be quickening, as countries continue to scale-up prevention services and focus them more sharply where most HIV transmission is occurring.

Region (lower- and middle-income countries)	Antiretroviral therapy coverage	Estimated number of people receiving antiretroviral therapy	Estimated number of people eligible for antiretroviral therapy
Sub-Saharan Africa	56%	6,200,000	11,000,000
Latin America and the Caribbean	68%	580,000	850,000
Asia and the Pacific	46%	1,100,000	2,400,000
Eastern Europe and Central Asia	25%	130,000	510,000
North Africa and the Middle East	15%	17,000	116,000
Total	54%	8,000,000	14,800,000

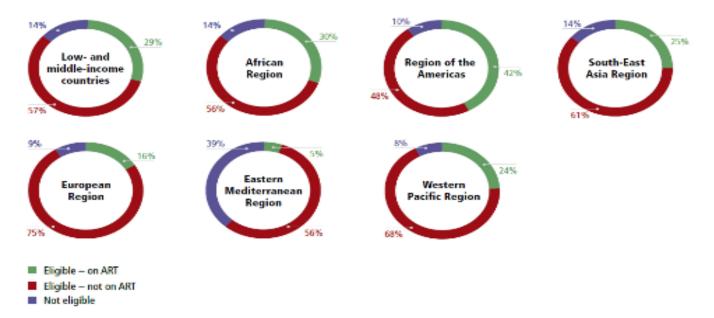
Market Growth of Retroviruses in the last and upcoming ten years

HIV Prevalence & Incidence by Region, 2013 1,2					
Region	Total No. (% Living with HIV)	Newly Infected	Adult Prevalence Rate		
Global Total	35.0 million (100%)	2.1 million	0.80%		
Sub-Saharan Africa	24.7 million (71%)	1.5 million	4.70%		
Asia and the Pacific	4.8 million (14%)	350,000	0.20%		
Western and Central Europe and North America	2.3 million (7%)	88,000	0.30%		
Latin America	1.6 million (5%)	94,000	0.40%		
Eastern Europe and Central Asia	1.1 million (3%)	110,000	0.60%		
Caribbean	250,000 (<1%)	12,000	1.10%		
Middle East and North Africa	230,000 (<1%)	25,000	0.10%		

Expanded access to ART and declining incidence of HIV infection have led to a steep fall globally in the number of adults and children dying from HIV-related causes. The estimated 1.6 million [1.4–1.9 million] HIV-related deaths globally in 2012 were 30% fewer than in 2005 and 20% fewer than in 2009. This puts the world on track to exceed the target of reducing HIV-related deaths by 25% by 2015. So, that the ART drugs usage and its market growth will also reduce globally in coming years.



Percentages of people living with HIV in low- and middle-income countries who were eligible for ART* and who were receiving or were not receiving ART, and percentages who were not eligible for ART.



Products manufactured by the industry related Retroviruses and its Market Value.

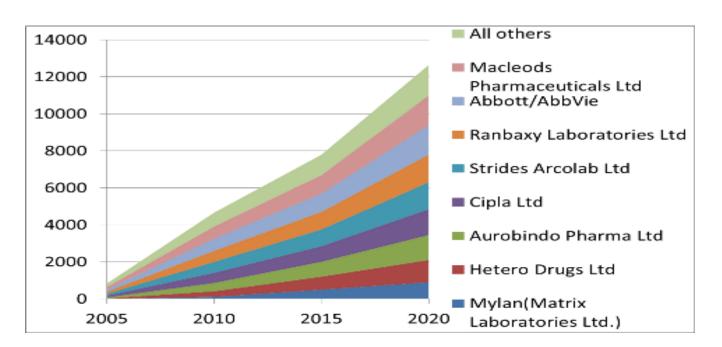
The antiretroviral drug Tivicay, will become the leading integrase inhibitor for the treatment of HIV by 2016, according to independent analyst firm Datamonitor Healthcare. It is expected to generate annual sales of up to \$2.1bn by 2022 in the US, Japan and five major EU markets*, equating to 12.6% of the total combined value of these markets.

The combined sales value of HIV drugs in the seven major markets** is expected to increase by 40% in the next decade, rising from \$11.9bn in 2013 to \$16.8bn in 2022. It is forecast that the market will peak at \$17.3bn in 2020 after a strong period of growth stimulated by new drug launches and the increasing prevalence of HIV.

Between the forecast dates, the global patient population for HIV is expected to increase slowly, from 1.23 million in 2013 to just less than 1.4 million in 2022. Out of the five major EU markets*, the UK will remain largest by patient number over the next decade, with the patient population estimated to be 135 million by 2022. The projected annual growth rate for the UK is 6.2%, the fastest of all the major markets. At a cost of US\$10,000-15,000 per person per year, these antiretroviral drugs (ARVs) were far too expensive for the majority of people infected with HIV in resource poor countries. Five years after

HAART was introduced in the West, only 2 percent of people in developing countries were receiving the life-saving drugs. 4 In order for treatment to reach people living with HIV in the developing world, the price of the drugs clearly needed to come down to an affordable level.

At the beginning of the new millennium there was a breakthrough in treatment provision for resource poor areas when an Indian pharmaceutical company started to produce generic Antiretrovirals that were exactly the same as those made by large pharmaceutical companies, but significantly cheaper. This sparked a price war between branded and generic drug makers, which forced the large pharmaceutical companies to lower the price of their HIV drugs. This competition, coupled with pressure from activists, organizations - such as the Clinton Foundation - and governments of poor countries with severe HIV epidemics, dramatically reduced the price of ARVs for developing countries. By the middle of 2001, triple combination therapy was available from Indian generic manufacturers for as little as \$295 per person per year. The price of ARVs for low and middle income countries (LMICs) has continued to fall. In 2013, the average cost of first-line antiretroviral treatment (ART) for LMICs was \$115 per patient per year (PPY) and \$330 PPY for second-line ART. The price of third-line ART has also decreased but LMICs still pay on average, more than \$1500 PPY. Many middle-income countries in Asia, Latin America, Eastern Europe and Central Asia continue to pay higher prices due their inability to access cheaper generic ARVs.



Fund Allotment to Retroviruses

The HIV response is funded by various stakeholders, including multilateral institutions, the private sector and low- and middle-income country governments. Donor governments account for most of the funding for HIV in many hard hit countries, mainly through the Global Fund to Fights AIDS, Tuberculosis and Malaria and other channels such as UNITAID.

Despite the rise in resources in the last decade to address HIV in low- and middle-income countries, in 2010 UNAIDS estimated an annual resource gap of \$6 billion. In 2012, continued gains were made in mobilizing financial resources for the AIDS response. In 2013, an estimated US\$ 18.9 billion was available for HIV program in low- and middle-income countries – a 10 percent increase over 2011. The estimated annual need by 2015 is considered to be between US \$22-24 billion.

South Africa Partners, Inc., has received a \$17.5 million grant over five years from the U.S. Centers for Disease Control and Prevention. The grant, of \$3.5 million each year from 2015 through 2019, will fund technical assistance and support for the development and implementation of key aspects of HIV/AIDS care and support services in South Africa.

In 2013, funding for the global HIV and AIDS response reached its highest ever level with an estimated \$19.1 billion made available for programs in low and middle-income countries.

However, though progress has been made in mobilizing resources for the response, the increasing number of new HIV infections in many countries coupled with stagnating international assistance is increasing the need for more innovative funding mechanisms and new sources of domestic funding. With an estimated \$22-24 billion needed to address the global HIV epidemic in 2015, a significant resources gap is anticipated.

In 2013, funding from donor governments actually fell to \$8.07 billion a 3 percent drop on 2012. This drop was primarily the result of declining annual commitments by the United States government - the world's largest HIV donor. However, disbursements (resources made available to the field) increased by 8 percent to \$8.46 billion.

Statistics of Physicians, Researchers and Academicians working on Retroviruses Research

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