

ENSURING EFFORTS TO SCALE UP, STRENGTHEN AND SUSTAIN HIV RESPONSES

Meeting the 90-90-90 targets is not the end of AIDS. The millions who are on treatment must take quality ART consistently for the rest of their lives, which in most cases should mean multiple decades. Given current trends and trajectories in new infections and ART scale-up, a world in which 40 million people or more are on HIV treatment until at least the year 2075 is not far off. Planning now is needed for long-term, sustainable solutions to maintaining treatment effectiveness and improving prevention efforts.

INTEGRATION: COORDINATING HIV PREVENTION AND CARE WITHIN BROADER HEALTH SYSTEMS

Challenges:

- Many insurance schemes and UHC-enhancing mechanisms **are not inclusive** of HIV.
- We are **missing valuable data** on disease incidence, particularly for key populations, adolescents and young adults.

Solutions:

- **Develop HIV-inclusive UHC platforms and schemes**, ensuring prevention interventions are covered, marginalized populations are included, and voluntary licensing for generic drugs.
- **Improve data collection on HIV incidence and population size**, involving governments, research institutions, community-based groups and donors.



FACT:

Women between 15-24 are infected with HIV **44% more often** than men of the same age.¹

Compared with young men, the rate of new HIV infections in young women is:



5 TIMES
greater in
Zimbabwe



8 TIMES
greater in
Malawi



14 TIMES
greater in
Zambia²

FINANCING: INNOVATIVE AND SUSTAINABLE FINANCING APPROACHES

Challenges:

- Overall HIV **spending has flatlined**, and the withdrawal of external donor funding from middle-income countries has forced some to restrict access to treatment and prevention interventions.
- **Prevention spending continues to lag**, never yet having come close to the minimum 25% share of all HIV resources required for basic sufficiency.³

Solutions:

- **Pursue financing** for key agencies, including the UN and The Global Fund, to prevent a resurgence of HIV in middle-income countries.
- **Employ innovative financing models**, including pay-for-performance, social contracting, vouchers, sustainability bridge funds, risk pool development, and voluntary and compulsory licenses.



FACT:

To achieve 90-90-90 targets, **funding** for community-delivered services **must increase four-fold** during the next 5 years.⁴

SERVICE DELIVERY: DIFFERENTIATED SERVICE DELIVERY

Challenges:

- Differentiated Service Delivery (DSD), which provides patient-centered service delivery treatment approaches, **is absent** in most settings.
- **Inconsistent drug supply**: stock-outs of ARVs are reported regularly.⁵
- HIV **drug resistance has steadily increased** since 2001 in low- and middle-income countries, with children and adolescents especially affected.⁶
- Rapid scale-up has led to **overburdened health care systems**, and treatment initiation has been emphasized at the expense of critical enabling support services.

Solutions:

- **Confront HIV drug resistance** with increased government investment in laboratory capacity, community-based adherence support services, and improved supply chains.
- **Realize the promise of new and mobile technology** to increase testing, improve ART and PrEP adherence, and monitor and report stockouts.



FACT:

In 6 of 11 Eastern and Southern African countries, drug resistance levels to first-line ARVs exceed 10%.⁷

COMMUNITY ENGAGEMENT: STRENGTHENED COMMUNITY SYSTEMS

Challenges:

- Community-based service delivery and advocacy remains **under resourced and under prioritized**. To meet UNAIDS targets, investments in community mobilization and services must increase **more than threefold** between 2015 and 2020.⁷
- Health systems are **increasingly overwhelmed**, services are **not patient-centered**, and key partners are **left out** of progress made to date.

Solutions:

- **Scale up resources for community-based responses**, seeking support from governments, The Global Fund, other donors, and civil society groups. The UNAIDS strategy aims for "comprehensive systems for health" that integrate community service delivery cover at least 30% of all service delivery by 2030.⁹



FACT:

Community-based programs only accounted for 5% of all service delivery in 2030.⁸

SOURCES

- ¹ UNAIDS. Global AIDS Update. 2017. www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf
- ² Presentation by Deborah Birx, head of PEPFAR, at the July 2017 International AIDS Conference in Paris. The title of her presentation: 'Knowing who has been left behind and evolving programs so no one is left behind: Using data to focus programs on specific locations and populations for maximal impact 90/90/90 across gender, all age bands and all risk populations.'
- ³ UNAIDS 2015. Invest in basic HIV prevention.
- ⁴ UNAIDS. Investing in community-led action will be critical to ending the AIDS epidemic. 2016. www.unaids.org/sites/default/files/20160406_PR_CS_HLM_en.pdf
- ⁵ WHO. HIV drug resistance report 2017. www.who.int/hiv/pub/drugresistance/hivdr-report-2017/en/
- ⁶ Examples available in full report, pages 20 and 21
- ⁷ UNAIDS (2014). Fast-Track – ending the AIDS epidemic by 2030. Available at www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report (accessed 1 November 2015).
- ⁸ UNAIDS. Prevention gap report. 2016. www.unaids.org/en/resources/documents/2016/prevention-gap.
- ⁹ UNAIDS. Press Release. 2015. www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/october/20151030_PR_PCB37.