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2014 UBRAF thematic report

Access to treatment

CONTENTS

ACHIEVEMENTS

By June 2014, nearly 13.6 million people living with HIV were on antiretroviral treatment, with global coverage reaching 39% of all people living with HIV.

Although access to antiretroviral treatment continued to increase in all regions in 2014, there is considerable regional and population variation. Global treatment coverage among children was still lagging at the end of 2013: less than 25% of children living with HIV in low- and middle-income countries were receiving antiretroviral treatment (compared with 38% of adults). HIV prevalence among key populations also remains high in all regions, while antiretroviral treatment coverage remains disproportionately low.

The World Health Organization (WHO) produced two supplements that provide technical guidance on clinical, operational and programmatic treatment recommendations, update selected chapters of the 2013 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, and produced new recommendations on post-exposure prophylaxis (PEP) and the use of cotrimoxazole. To support the UNAIDS 90-90-90 targets, WHO also has provided a comprehensive normative framework to guide the health sector response and strategies for HIV diagnosis, treatment, care and prevention, outlining priorities for the implementation of scientific and clinical research agenda for optimizing HIV treatment across the treatment cascade.

WHO worked with ministries of health to facilitate implementation of the 2013 Consolidated guidelines via regional workshops that reached representatives from more than 100 countries. Since the launch of the 2013 Consolidated guidelines, nearly 80% of the 58 WHO focus countries adopted at least one major recommendation. . WHO also has provided technical assistance to countries that are developing concept notes for HIV and tuberculosis (TB) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), as well as for programme reviews and strategic planning. In addition, WHO and partners have revised existing modeling tools to estimate the global need for paediatric antiretrovirals, and have convened more than five scoping consultations to establish priority topics for the 2015 update of antiretroviral guidelines and inform future research agendas.

The United Nations Children's Fund (UNICEF), WHO and the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) convened a multipartner meeting in Zimbabwe to operationalize the Double Dividend initiative and pilot improved integration of the HIV response in maternal and newborn child health in Nigeria. UNICEF also completed paediatric HIV program reviews in Ghana and Nigeria, two countries where long early infant diagnosis turnaround time, low testing coverage at 18 months of age, delayed paediatric treatment and high loss to follow-up were common. The reviews identified bottlenecks to the scale-up of early infant diagnosis and paediatric antiretroviral treatment. UNICEF assessed outcomes of integration of HIV infant testing in immunization in Uganda and Zimbabwe, leveraging resources to support video-linked initiation of paediatric antiretroviral treatment in India. Together with the Clinton Health Access Initiative (CHAI), UNICEF also enhanced advocacy for market entry of point-of-care diagnostics in seven

countries.

The Office of the United Nations High Commissioner for Refugees (UNHCR) published the Guidelines for the delivery of antiretroviral therapy to migrants and crisis-affected persons in sub-Saharan Africa in 2014. This update included all types of migrants and crisis-affected populations (including those who have been forcibly displaced), while stressing that migration and forced displacement must not be used as an excuse to deny treatment. UNHCR—with UNICEF, the World Food Programme (WFP), WHO and the UNAIDS Secretariat—developed an advocacy and guidance brief on the need for the continuation of a minimum HIV programme in the context of the Ebola emergency, recommending a minimum HIV package of interventions and actions to ensure the continuity of HIV services.

The Adolescents' HIV prevention and treatment literacy toolkit for eastern and southern Africa was rolled out in Botswana, Kenya, Namibia, Swaziland and Uganda. In Uganda, the United Nations Educational, Scientific and Cultural Organization (UNESCO) worked with young people living with HIV to provide capacity-development and promote access to (and demand for) treatment. At least 150 schools received a workplace policy to protect the rights and needs of learners and educators living with HIV. In Brazil, UNESCO and national authorities collaborated on prevention, health education and expanding access to treatment and services for sexually transmitted infections, HIV and viral hepatitis.

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) has commissioned a review of barriers to HIV treatment and care encountered by women that will complement existing evidence. The review explores the role of gender inequality on access to services and adherence, focusing on social and structural factors.

The United Nations Office on Drugs and Crime (UNODC) organized a global consultation on HIV treatment and care in prison settings to consider the nature and magnitude of the current situation, and to review progress made in addressing HIV in prisons. Participants included national HIV programs, prison authorities, civil society experts, international organizations and donor agencies.

The International Labour Organization (ILO) supported ministries of labour, trade unions and business coalitions on AIDS in 21 countries to develop action plans to scale up integrated HIV and TB interventions in health and wellness workplace programmes. In Kenya, the capacity of the National Union of Nurses' was built to help nurses become trainers in enhancing health workers' occupational safety and health related to HIV and TB, using the joint ILO and WHO HealthWISE guidelines. The VCT@WORK initiative—created jointly by ILO with support from UNAIDS—resulted in an average of 3% of 1.2 million workers testing positive, enabling early detection and referral for treatment of those who might not have sought HIV treatment.

WFP provided technical assistance for the development and implementation of surveys that measure the food security and nutritional status of people living with HIV. These were used to design context-appropriate interventions to increase access, uptake and

adherence to HIV treatment. WFP also provided food and nutrition support to malnourished people living with HIV on antiretroviral therapy in 23 countries, while supplementary household rations were granted in 11 countries to minimize sharing. In the Congo, Ghana, Guinea, Kenya and Myanmar, WFP-supported beneficiaries had antiretroviral therapy adherence rates above 90%. WFP, the UNAIDS Secretariat and the United States President's Emergency Plan for AIDS Relief (PEPFAR) also jointly published a programming guide on nutrition assessment, counselling and support for adolescents and adults with HIV.

The United Nations Development Programme (UNDP) served as principal recipient for 21 Global Fund HIV grants and managed regional grants for seven countries in South Asia. Combined, these grants supported 1.4 million people accessing antiretroviral therapy. For example, in Zambia and Zimbabwe, uptake of HIV prevention and treatment services increased, resulting in declines in AIDS-related deaths and prevalence. UNDP also supported the revision of draft intellectual property legislation in Cambodia, Kyrgyzstan, Lesotho, Myanmar, the Republic of Moldova, Swaziland and Zambia, and it developed a guidebook entitled Using competition law to promote access to health technologies: a guidebook for low- and middle-income countries.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Achieving the post-2015 goals and the new UNAIDS 90-90-90 target requires greater innovation, stronger health and community systems, improved quality of services and increased international commitment to reduce and remove structural barriers. At the same time, strengthening the cost effectiveness of antiretroviral therapy services is critical for progress to be sustained. New technologies and approaches to optimize HIV diagnosis, treatment and care outcomes have been progressively introduced, but they have not been implemented in sufficient scale.

Despite recommendations to initiate antiretroviral therapy earlier, patients continue to start treatment late, leading to illness and death, as well as additional costs. Quality programming and adherence to treatment requires adaptation to the context of different settings, including those with humanitarian concerns. A shortage and high turnover of human resources for health are challenges in many settings. While access to HIV testing is improving and the numbers of people who have started on antiretroviral therapy is increasing, there is substantial patient attrition across the cascade of care, from HIV testing and counselling to long-term adherence and viral suppression. Even in high-income countries, urgent work is required from Cosponsors in order to better support uptake, treatment adherence and retention.

Safeguarding human rights and enhancing health equity is critical to reaching targets, but discrimination due to sexual orientation, gender identity, behaviour or drug use persists. For example, UNAIDS reports 77 countries criminalize adult consensual same sex conduct.

There are considerable inequalities related to gender. Women and girls face multiple forms of exclusion and discrimination, which poses obstacles in accessing HIV services. Targeted research is needed on women's experiences of treatment availability, their decision-making around uptake and the impact of treatment programs on women and girls living with HIV. At the same time, men test less often and have reduced access to treatment.

Within prison settings, challenges to the HIV response are posed by legal and policy barriers to address overcrowding, insufficient engagement of civil society organizations and the lack of a continuum of care. Scaling up a comprehensive package of HIV treatment, care, support and prevention in prisons was promoted by UNODC to guide national responses. This includes HIV testing, counselling, treatment, care, support and prevention, as well as the diagnosis and treatment of TB.

Food and nutrition support is often lost or scaled down among competing priorities. For example, while programmatic data on the nutritional status of antiretroviral therapy clients is collected in some contexts, it is not always effectively aggregated to shape policies and programmes. More evidence is needed on the cost-effectiveness of food and nutrition interventions and their relation to treatment. Furthermore, planning for future handover of the programmes to national counterparts often is challenging in situations where funding may not be stable or where government capacity may still need strengthening.

The Global Fund's new funding model demands a transition to sustainable domestic financing of AIDS responses. This has immediate implications for many middle-income countries with concentrated epidemics, including significantly reduced Global Fund support—or even the end of support eligibility.

KEY FUTURE INTERVENTIONS

- WHO and other members of the Joint Programme will continue to support the expansion of testing and treatment, focusing on children, adolescents, adults and key populations. This will be promoted through innovations in HIV testing and counselling, including expansion of self-testing, birth testing with integrated HIV testing for children, targeted testing in low prevalence epidemics, and the inclusion of HIV testing within multi-disease campaigns. WHO and other members of the Joint Programme will also support programmes to optimize outcomes by strengthening the cascade of HIV care and quality of services.

- Technical support for targeted service integration and task shifting to maximize paediatric testing, treatment and retention also will be enhanced. WHO will produce programmatic updates that outline the support of antiretroviral guidelines for achieving the UNAIDS 90-90-90 targets, and the documentation of country experiences and progress in implementing the WHO Consolidated guidelines will continue.

- UNICEF and WHO will scale up targeted interventions and strategies for increasing postnatal retention of mother–baby pairs, and they will continue to build evidence on the most effective HIV treatment options for children and their mothers, focusing on the impact of various models of integrated delivery on HIV and health outcomes.

- UN Women will provide evidence on how gender inequalities and power imbalances create barriers to access to treatment for women, and how those barriers influence their willingness to stay on treatment. It also will produce recommendations for addressing those barriers through policy and programmatic actions and interventions.

- UNODC will share the experiences of some countries—including low- and middle-income countries—in an effort to persuade policy-makers and the public of the crucial importance of HIV prevention and care in closed settings.

- ILO and its partners will advocate and promote HIV and TB joint responses into workplace wellness and health programmes for employees. They will particularly focus on the 30 priority countries for the UNAIDS Fast-Track 90-90-90 response.

- WFP and its partners will support new research and utilization of evidence-based practices for the implementation of food and nutrition support for people living with and affected by HIV.

- UNDP has embarked on direct support to countries in sustainable AIDS financing, chiefly through modelling options under different budget scenarios. It also has involved the Global Fund and other partners in the Equitable Access Initiative, which seeks to bring together a number of new indicators to establish a way to measure a country's health needs and capacities.

- UNDP will promote price, patent status and registration status in select countries in the Latin American and Caribbean and eastern Europe and central Asia regions to strengthen regional cooperation, policy coherence and multisectoral action to improve treatment and retention.

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