
2014-2015 UBRAF thematic report

Access to treatment

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ACHIEVEMENTS

As a result of sustained global commitment to HIV treatment at the global, regional and country level, by 2015 more than 16 million people living with HIV were on ART, surpassing the global target of 15 million by 2015 and achieving 45% treatment coverage. Between 2000 and 2014, HIV treatment prevented an estimated 7.8 million deaths and access to ART continued to increase in all regions - between 2011 and 2014 alone, ART coverage of people living with HIV more than doubled - though there are regional and population variations. The greatest scale-up occurred in sub-Saharan Africa, however, global treatment coverage among children, adolescents, men who have sex with men and key populations lags behind.

In 2014-2015 the following achievements regarding access to treatment were made by the UNAIDS Secretariat and cosponsors:

- Inspired by the success of Option B+ for pregnant and breastfeeding mothers and in the face of mounting evidence, WHO updated the consolidated ARV guidelines to recommend a policy of Treat All – extending the B+ to all people living with HIV. These updated guidelines incorporate 74 recommendations for prevention and management of HIV in all populations and service delivery guidance to implementing the clinical recommendations.
- On World AIDS Day 2014, mayors from around the world came together in Paris, France and joined UNAIDS, the United Nations Human Settlement Programme (UN-Habitat) and the International Association of Providers of AIDS Care (IAPAC) in signing the 2014 Paris Declaration to put cities in the Fast-Track to ending the AIDS epidemic, through a set of commitments. Those commitments include achieving the UNAIDS 90–90–90 targets, which will result in 90% of people living with HIV knowing their HIV status, 90% of people who know their HIV-positive status on antiretroviral treatment and 90% of people on treatment with suppressed viral loads, keeping them healthy and reducing the risk of HIV transmission. In line with these targets, WHO provided a comprehensive normative framework that guides policies and strategies for HIV diagnosis, treatment and care, and outlines priorities for optimizing HIV treatment across the cascade;
- In partnership with the MAC AIDS Foundation, UNICEF completed piloting of decentralized paediatric ART through telemedicine in India, which linked 32 peripheral ART facilities to a Centre of Excellence. Preliminary findings indicate that children and adolescents living with HIV who received care through telemedicine were more likely to initiate ART early, and to be alive and retained on treatment;
- In 2013, an estimated 1 million people living with HIV were affected by emergencies. UNHCR published Guidelines for the Delivery of Antiretroviral Therapy (ART) to Migrants and Crisis affected Persons in Sub-Saharan Africa. By 2015, global access to ART for refugees on par with surrounding nationals rose to 100%, largely as a result of advocacy with governments. UNHCR continues

providing treatment where refugees and other persons of concern lack access, while advocating for inclusive national programmes;

- UN Women conducted a Global Review of Women's Access to HIV Treatment, Care and Support that highlighted gender-specific barriers and facilitators for their treatment access and adherence. It engaged over 200 women living with HIV from 17 countries and was guided by 14 women living with HIV, acting as a reference group. Fear of violence, stigma and discrimination, low treatment literacy, lack of access or control over resources and care responsibilities, fear of disclosure and HIV-related employment refusal or dismissal, and impact of punitive laws were frequently cited barriers;
- Through a Global Fund grant, UNDP supported 2.2 million people living with HIV accessing ART. 1.8 million people living with HIV are receiving ART through UNDP supported programmes, while in 25 countries UNDP transferred grant management to national entities;
- In six countries, UNDP has achieved price reduction for preferred ARV regimens, which saved US\$25 million to put an additional 200 000 people living with HIV on ART;
- UNICEF and WHO convened an Africa regional paediatric and adolescent HIV meeting through which country roadmaps for scale-up services were developed. Following this meeting, Nigeria was the first country to be supported in developing its national paediatric HIV Acceleration Plan in line with the 90-90-90 targets;
- UNAIDS developed iMonitor+, a tool which is being used to inform treatment situation rooms about the realities on the ground, including the barriers to accessing services and stock outs of different commodities. iMonitor+ is running in Indonesia in 75 districts under the National programme financed by the Global Fund for key populations and people living with HIV. It is fully integrated into the national strategy to ending AIDS, as a tool to strengthen community systems and monitoring access to and quality of services. In Cambodia it was launched for people living with HIV and given the good results and feedback it is intended also to be expanded to other locations and key populations as well. Brainstorming is underway regarding the ways to integrate iMonitor+ into the national plan that is also funded by the Global Fund, therefore integrating it into the national response. In the Philippines iMonitor+ is used at city level for key populations and is fully part of the city response for HIV. In Thailand, iMonitor+ was launched by Bangkok Metropolitan Administration (BMA) and UNAIDS Executive Director Michel Sidibe, with sex workers and it has also been expanded to men who have sex with men (MSM) and transgender populations in Bangkok and other locations on the border with Myanmar and Lao, to monitor access to services for key populations, including migrants. In India the transgender community in five states are monitoring access to benefits and entitlements that were recognized when the Supreme Court ruled

for the recognition of Transgender people with access to entitlements and benefits in all states.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

However, challenges remain. High prices of second and third-line medicines and the care related to health needs associated to chronic conditions (co-morbidities) and co-infections pose a major challenge to be addressed in order to achieve the 90-90-90 Targets. Delayed ART initiation and loss to follow up are proving challenging in many contexts. While HIV testing services (HTS) have expanded and the numbers of people initiated on ART are increasing, there is substantial patient attrition across the cascade of care. Urgent work from UNAIDS cosponsors is required to better support treatment uptake, adherence and retention in HIV care. Retention in care and ART adherence specifically requires adaptation to different contexts and settings, including those of humanitarian concern. For the UNAIDS 90-90-90 fast track targets to be achieved, innovation, strengthening of health and community systems and programme quality, more commitment to reduce and remove structural barriers, safeguarding human rights and enhancing health equity, as well as sustained funding, are critical. New technologies and approaches to optimize HIV prevention, treatment and care outcomes have been progressively introduced, but they need sufficient scale of implementation, including expanded use of routine viral load monitoring in resource limited settings and point of care technologies for EID.

Discrimination because of sexual orientation, gender identity and drug use persistently hinder timely access to care. Women and girls face multiple forms of exclusion and discrimination, which poses obstacles in accessing HIV services. Targeted research on women's experiences of HIV care and their decision-making around uptake, as well as how treatment programmes are impacting women living with HIV is needed. Legal and policy barriers to address overcrowding are challenges for HIV response in prison settings. Scaling up a comprehensive package of HIV services in prison settings still needs to be promoted in several settings. In several high HIV burden settings, greater understanding is required on barriers and facilitators to improving men's and boy's accesses to HIV services, as well as men's engagement in HIV care. Integrated TB/HIV responses in the workplace where both diseases are associated with stigma and discrimination is also a challenge. Engaging relevant ministries and integrating HIV/TB responses into a broader employees' health and wellness workplace programme has been effective in overcoming some of these barriers. Food and nutrition support is often lost or scaled down among competing priorities. Programmatic data on nutritional status of ART clients might be collected but more effort to effectively aggregate data to shape policies and programmes is needed.

More evidence is also needed on the cost-effectiveness of food and nutrition interventions in the HIV response. Planning for future handover of the programmes to national counterparts is often challenging in situations where funding may not be stable, or government capacity may still need strengthening. Finally, the Global Fund's New Funding Model is a transition to sustainable domestic financing of AIDS responses. This has

immediate implications for many middle-income countries with concentrated epidemics, including an end of their eligibility for Global Fund support or significantly reduced support.

KEY FUTURE INTERVENTIONS

- WHO and cosponsors will continue supporting expansion of HIV testing and treatment with a specific focus on children, adolescents, adults and key populations for achieving the 90-90-90 targets;
- Technical support to expand 'Treat All', adherence, retention and viral load will be enhanced. WHO will continue providing technical support for the adaptation and implementation of the ARV guidelines as well as documentation of country experiences and implementation progress in providing treatment for all;
- UNICEF and WHO will continue supporting scale up of targeted interventions and strategies for increasing mother-baby postnatal retention, building evidence around service delivery models for children and adolescents. Community strengthening and integrated strategies for EID, paediatric ART and postnatal retention are priority;
- UNDP will launch price, patent status and registration status tools to strengthen regional cooperation, policy coherence and multi-sectoral action to improve treatment and retention.

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