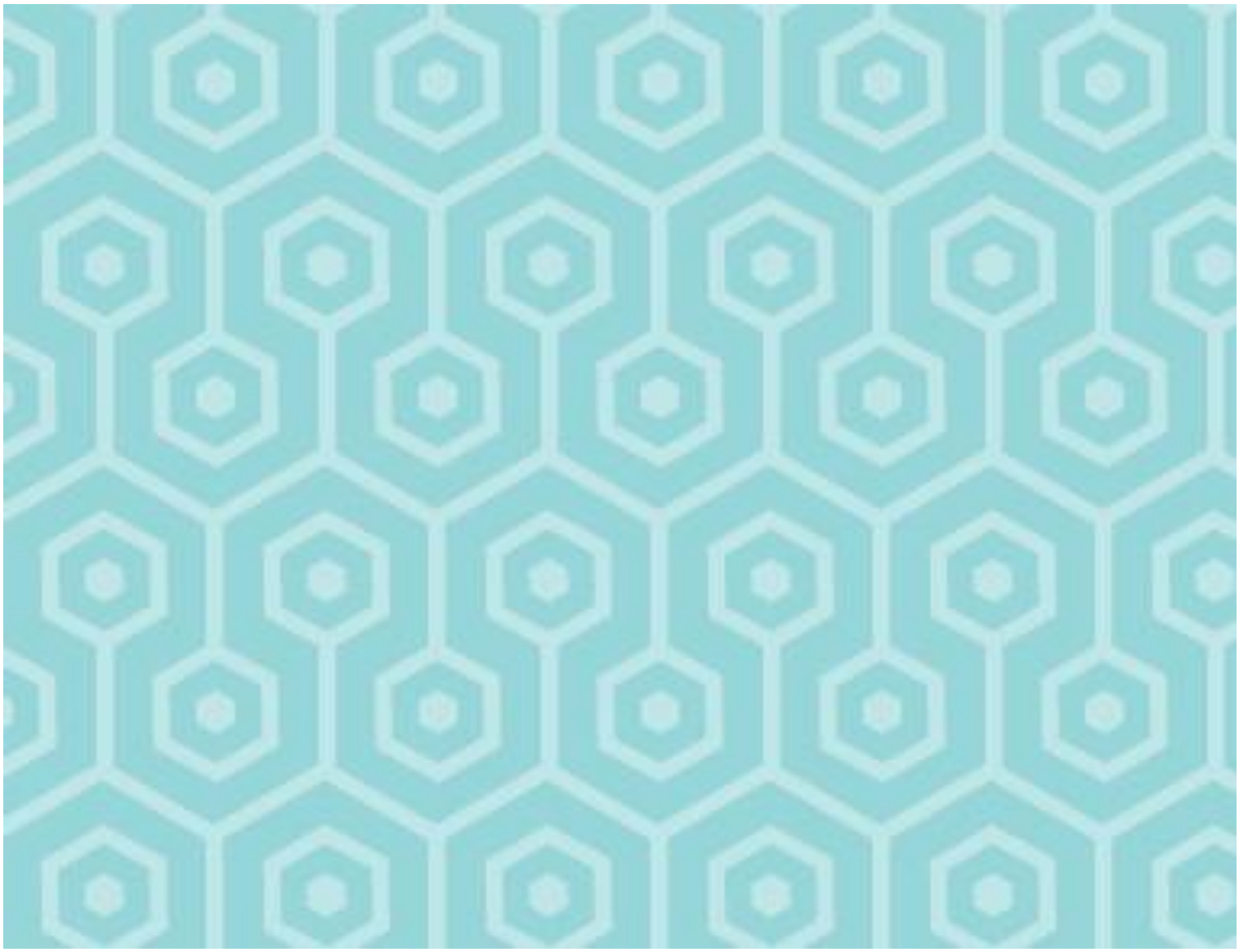
HIV testing and treatment

UBRAF 2016-2021 Strategy Result Area 1



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Achievements

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

In mid-2016 the Joint Programme celebrated a critical milestone in the history of the global response to AIDS, when UNAIDS announced that 18.2 million people were accessing antiretroviral therapy (ART). With the massive expansion of ART in the past ten years, supported by coordinated activities across the Joint Programme, came a reduction in the global number of people dying from HIV-related causes, from two million [1.7 million – 2.3 million] to around 1.1 million [940 000 – 1.3 million] in 2015. Treatment coverage is lower for men than for women living with HIV in every region. Globally 52% of women living with HIV access treatment compared to 40% of men living with HIV. Accelerated treatment access continues to underpin the 90-90-90 targets for HIV diagnosis, treatment and viral suppression, as the pathway to reducing new HIV infections to below 500 000 by 2020.

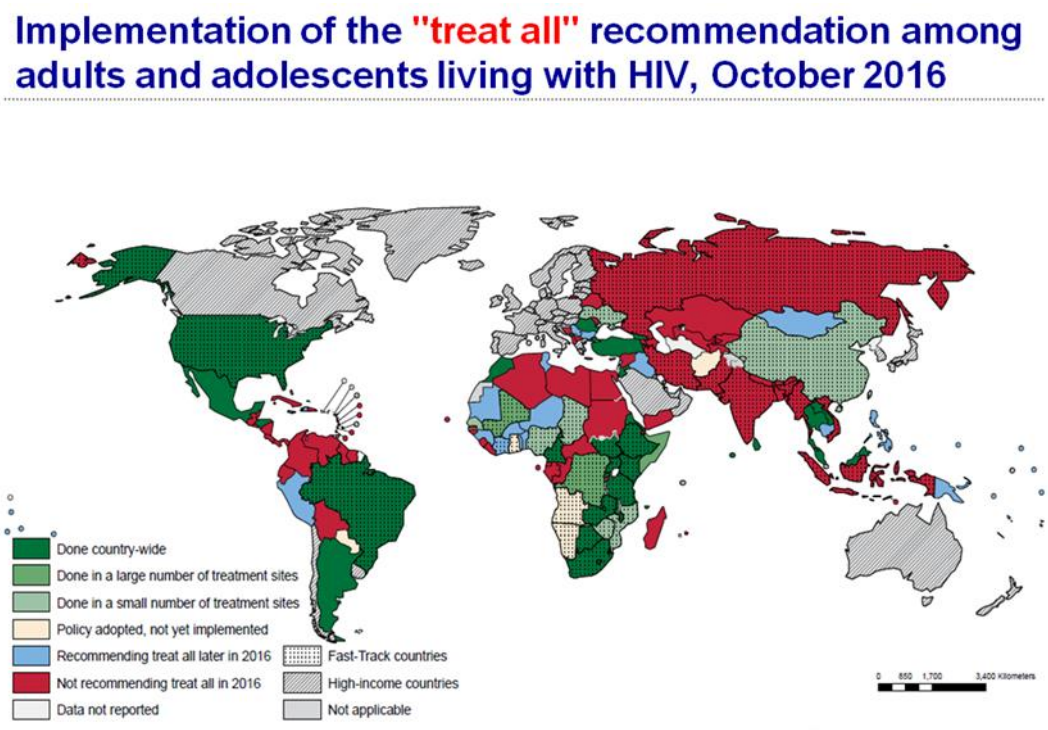
However, challenges towards reaching the 90-90-90 targets remain - in 2016, 40% of all people with HIV did not know their HIV positive status. In many countries, critical gaps exist in HIV testing services and key populations (KPs) are still not being reached. Treatment access and adherence is a central pillar in the global HIV response and has been successfully promoted, collectively and individually within the Joint Programme, as key to reducing mortality, morbidity and HIV transmission. However more needs to be done. For example, efforts to expand treatment do not sufficiently address gender dynamics, hindering access for both women and men.

Innovative testing strategies

In 2016 the Joint Programme leveraged results in the acceleration of testing and treatment access, through coordinated action. Updated WHO normative guidance ensured that the latest science was applied to treatment policy, with 45 low and middle income countries adopting “Treat All” guidelines in 2016 and an additional 31 indicating imminent adoption. The Joint Programme ensured high visibility for testing and treatment at a number of critical events in 2016, including the UN General Assembly (UNGA) High Level Meeting (HLM) to end AIDS at the UN in New York and at the 21st International AIDS Conference in Durban (AIDS 2016), with a particular focus on paediatric treatment. Agencies including WHO, UNDP, the World Bank and UNICEF, joined together to ensure that international financing was unlocked for national treatment programmes, through coordinated collaboration with the Global Fund and PEPFAR.

In December 2016, WHO released guidelines on HIV self-testing and assisted partner notification as a supplement to consolidated guidelines on HIV testing services. Both sets of guidance are informing much of the work of the Joint Programme on testing and treatment. The guidance encourages: the routine offer of voluntary assisted HIV partner notification services as part of a public health approach to delivering HIV testing services; and advice on how HIV self-testing and assisted HIV partner notification services can be integrated into both community-based and facility-based approaches and be tailored to specific population groups. A number of critical partnerships that focus on testing and treatment also progressed in 2016, including with the Global Fund, PEPFAR and UNITAID, offering important opportunities for international partners to leverage technical inputs from across the Joint Programme, in support of research and implementation.

Figure 1



In partnership with the UNAIDS Secretariat and other cosponsors, the World Bank is also building evidence around innovative testing and counselling programmes. In South Africa for example, the ART Adherence Guideline evaluation will help government's decision-making processes on the national roll-out of adherence interventions. ILO continued to prioritize HIV testing (VCT@WORK Initiative), in the context of an ongoing collaboration with the UNAIDS Secretariat, WHO, UNDP, UNICEF and UNESCO, to drive up results in the first two 90s of the 90-90-90 targets. A total of 1.2 million workers, families and community members undertook the HIV test in 2016; 17 773 tested positive and were referred to treatment and care services. Cumulatively, 4.1 million have taken the HIV test since the launch of the VCT@WORK Initiative by the ILO Director General and the UNAIDS Executive Director in June 2013. 104 926 have tested positive and 103 286 have been referred to treatment and care services.

Access to treatment cascade

WHO, the UNAIDS Secretariat, Futures and the HIV Modelling Consortium created a tool for countries to develop and analyse results from their own cascades; to ensure a better understanding of the data quality and gaps and ensure programmatic actions to improve these gaps or weaknesses in the cascade. WHO also convened 25 high burden countries, covering 85% of the epidemic, to establish testing and treatment gaps, analyse cascades and prioritise actions to fill these.

Extensive work was carried out in the first half of 2016 to bring all partners and stakeholders together to further the implementation of 90-90-90, focusing primarily on diagnostics, paediatric treatment and human resources for health. The UNAIDS Secretariat also had two strong collaborative partnerships as a platform to advance work on HRH and paediatrics with the One Million Community Health Care Workers (1mCHW) and the Government of Côte d'Ivoire, respectively. These close partnerships have helped to ensure that advocacy on 90-90-90 is broadly shared, widely disseminated and optimally coherent.

In 2016 the Secretariat and Cosponsors, including WHO, UNDP, UNHCR, WFP and the World Bank, also continued to emphasise the importance of TB-HIV co-infection and people-centred linkages across health and community systems. TB remains the leading cause of death among people living with HIV. Large gaps exist both in diagnosis and treatment of HIV-associated TB. In 2016, WHO undertook an analysis of bottlenecks to scale up key TB/HIV interventions in 20 countries with extremely high burden. The World Bank led initiatives in Swaziland and South Africa to accelerate access to services for HIV-TB co-infection in 2016 and approved US$ 122 million worth of financial assistance for TB in some of Southern

Africa's high burden TB countries -Lesotho, Malawi, Mozambique and Zambia. UNDP provided support through the Multi-Country Western Pacific HIV/TB grant covering 11 countries.

90-90-90 for children and adolescents

Ambitious new targets for antiretroviral treatment coverage for children and adolescents were adopted in the 2016 Political Declaration on HIV and AIDS and included in the Start Free, Stay Free, AIDS Free framework launched at the 2016 High Level Meeting on ending AIDS. Addressing testing and treatment among adolescents and children, UNICEF led the ongoing evolution of the All In initiative on ending AIDS among adolescents, together with the UNAIDS Secretariat, UNFPA, WHO, PEPFAR, the Global Fund and other partners, through All In assessments. UNICEF also focused on enhanced HIV case finding among young children, through integrating HIV testing in immunization clinics, children's sick child platforms and nutrition clinics, as well as introducing new point of care technologies for early infant diagnosis to allow for decentralization of HIV testing in infants and timely linkage to treatment services in seven African countries, with UNITAID support. During a meeting organized by CARITAS, UNAIDS Secretariat, and PEPFAR in Vatican City in May 2016, a statement was provided by Pope Francis in support of widening access to testing and treatment services for children. Participants also committed to finding collective solutions, such as multi-partner agreements, to encourage more research on HIV treatment for children, to accelerate the process of testing, approving and registering new HIV medicines for children, to find innovative solutions to prevent medicine supply stock-outs and to strengthen health systems.

WHO, together with the International AID Society (IAS), CIPHER and the IATT, have additionally developed a research prioritization ranking for clinical and operational research related to paediatrics and adolescence. This will be shared at the Paris IAS conference in July 2017. WHO is supporting the adaptation of the Adolescent Friendly Health Services and the Differentiated Service Delivery (DSD) models developed with and/for adolescents.

HIV services in high-burden cities

Through collaboration with the China AIDS Center and China Association for STD-AIDS Prevention and Control, demonstration projects were established in three cities, to explore innovative models for service delivery to adolescents. In all three pilots, partnership has been strengthened with local health providers, community organizations and adolescent networks, especially key affected populations. In addition, a training manual was developed on adolescent friendly health services with technical support from UNICEF regional office, WHO

and the UNAIDS Secretariat in China. The Secretariat convened a high-level side event during the 2016 HLM in collaboration with the cities of Paris and New York, UN Habitat and the International Association of Providers of AIDS Care, and supported by MACAIDS Fund. Inputs to this side event to the 2016 HLM in New York, were made by the Secretariat, UNDP, UNFPA, WHO and other cosponsors. UNFPA facilitated sex worker advocacy inputs by the Sex Workers Project of the Urban Justice Center, NYC (http://sexworkersproject.org/info/), with a statement on the human rights needs of sex workers.

As part of the joint Secretariat, USAID, World Bank programme in West Africa, the World Bank conducted several size estimation and programmatic mapping studies. The studies, such as the one conducted in Cote d'Ivoire for the cities of Abidjan, Bouake and San Pedro, provide programme managers, planners and implementers with the granular level of information needed to fast-track services at city level. In partnership with the UNAIDS Secretariat and other cosponsors, the World Bank additionally conducted an allocative efficiency study in Johannesburg. The study provided epidemic and programmatic projections to 2020 and 2030. The analysis directly responded to the city fast-track initiative by assessing past HIV care cascade achievements and future needs to reach the 2020 and 2030 targets.

Under the guidance of the UNDG, a human rights dialogue on urbanisation was conducted, feeding into the Habitat 3 meeting (https://habitat3.org/). Municipal HIV programming and civil society engagements were highlighted as important elements of rights-based urban plan.

HIV services in humanitarian emergencies

UNHCR and WFP led in addressing HIV in humanitarian contexts, including through the IATT on HIV in Emergencies, with participation from partners including UNICEF, UNFPA, UNODC, the AIDS Alliance, the UNAIDS Secretariat, World Vision and the International Rescue Committee. In 2016, this platform provided thought leadership and technical guidance, advocated for funding and policy outcomes acted as a coordination mechanism and facilitated country-level partnerships. Joint initiatives in 2016 included: updating the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings; convening a working group on El Niño; working with WHO, OCHA, FAO and the Special Envoys on El Niño and Climate's team to integrate HIV into Standard Operation Procedures; working with the Global Fund and UNDP to improve supply chains to prevent stock-outs in emergencies; and engaging with the cluster system to integrate HIV into emergency responses. In collaboration with DPKO and UNHCR, The Secretariat led the preparation of a report on the Security Council Resolution 1983, which was sent by the SG to the Security Council in November 2016.

In South Sudan, UNHCR and WFP engaged in the HIV and TB in Emergencies sub working group, engaging in dialogues on the HIV in Humanitarian Settings Action Plan and the HIV Minimum Service Package. UNICEF worked with International NGOs and IOM to reach over 55 000 pregnant women with integrated antenatal care/PMTCT and maternal services in Western State in South Sudan.

Intense El Niño conditions in 2016, coupled with multi-year drought, led to a food security crisis that impacted an estimated 40 million people in southern Africa. In response to this, WFP advocated for resources and worked with partners to ensure a multi-sector to this Level 3 Emergency. This global level advocacy work led to a substantial award from PEPFAR to support 225,216 malnourished and food insecure beneficiaries affected by HIV in five Fast Track countries. WFP also continues to provide food and nutrition support to vulnerable people, including people living with HIV/TB in emergency and refugee contexts in: South Sudan, Ukraine, CAR, the Lake Chad Basin, Haiti, Horn of Africa, and Myanmar.

Access to medicines and commodities

Regarding availability, affordability and accessibility of treatment and diagnostics for HIV and co-infections, the Secretariat led a Joint Programme activity that drew on UNDP, WHO and other Cosponsor inputs to generate a synthesis report of existing research and literature on intellectual property (IP)-related and other factors including: access to medicines and other health technologies in the context of the Political Declaration on HIV and AIDS; common barriers to accessing HIV-related products; global initiatives that were put in place to overcome these barriers; and global initiatives regarding access to HIV-related products.

In 2016 WHO and other Cosponsors developed an updated IATT Formulary and Adult Think Tank Priorities, as well as conducting price reporting of HIV drugs and diagnostics, providing market information and profiles on benchmarked prices to countries. The 2016 Annual meeting with Pharma/ Diagnostic agencies established global, regional and country wide forecasting for ARVs and Diagnostics. WFP and UNDP remained committed to working together to improve HIV supply chains, exploring new ways to prevent stock outs in challenging operating environments.

In November 2015, the United Nations Secretary General announced the appointment of a High-Level Panel on Access to Medicines. UNDP served as the Secretariat for the High-Level Panel, in collaboration with the UNAIDS Secretariat, developing a report with a simple and powerful message: no one should suffer because he or she cannot afford medicines, diagnostics or vaccines. The report has been welcomed by the Secretary General, several

UN Member States and civil society groups and was included in a resolution of the UNGA in December 2016, as well as a 2016 resolution of the Human Rights Council.

Joint Programme advocacy led to the inclusion of a target of 20 billion condoms in the 2016 Political Declaration on HIV and AIDS. The target is based in estimates of global condom need. UNFPA and USAID remained the larger suppliers of male and female condoms to the developing countries, with around 70% of the commodities going to countries in Sub-Saharan Africa. UNFPA continues to manage the prequalification programme for male and female condoms on behalf of and in conjunction with WHO. In 2016, UNFPA prequalified 30 male condom manufacturers and four female condom manufacturers. UNFPA also convened a "Partnerships for Impact: Prequalification, Quality Assurance, Quality Control and Post-market Surveillance of Condoms" meeting in 2016, which brought together heads of National Regulatory Authorities responsible for condom regulation and heads of national laboratories responsible for testing condoms from Botswana, Ethiopia, Ghana, Kenya, Namibia, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. As a result, a forum was established for scientific discussions and information sharing to promote the use of personal lubricants with condoms. In addition, the Secretariat led the development of a condom fast-track tool to support countries to set realistic needs based and people centred condom targets in line with 2016 Political Declaration on HIV and AIDS, leading to the first ever comprehensive condom gap analysis for sub-Saharan Africa, presented in July 2016. The tool was also used to support condom needs' estimates done by USAID/PEPFAR in specific countries.

Examples of other notable individual Cosponsor achievements in this Strategic Results area in 2016 include:

- UNICEF supported a legal review of age of consent laws and policies in 22 countries, combined with a review of ethical, social and cultural barriers in 11 countries, to understand the context behind and the general practice around consent for adolescents;

- WFP assisted 318 555 people living with HIV, TB patients and their households in 24 countries, through HIV-specific programmes. For example, WFP provided assistance in the form of food support and cash or vouchers to people living with HIV in emergency and refugee contexts in CAR, Haiti, Horn of Africa, Myanmar, South Sudan, the Lake Chad Basin and Ukraine. WFP also provided technical assistance to a number of governments to integrate food services into HIV responses, for example

through the development of national guidelines on Nutrition Assessment, Counselling and Support.

- The UNDP-Global Fund partnership evolved to span 19 countries and 34 grants. Currently 2two million people are on life-saving ART treatment through the partnership. Thirty-eight million people were tested for HIV and given the opportunity to know their status (with quality counselling support to help them cope with a positive or a negative test result) - an increase of four million in 2016. 700 000 women living with HIV were given antiretroviral therapy to help prevent HIV infection in their babies;

- WHO HQ, regions and countries undertook seven joint guideline dissemination meetings that covered all recent guidelines and reached more than 100 countries, nearly 700 programme managers and implementers and resulted in the rapid knowledge transfer and uptake of the ARV guidelines as well as the testing, key populations, hepatitis and strategic information guidelines;

- The World Bank funded major health system strengthening operations and funding for HIV testing and treatment as part of broader health projects. For example, in Nigeria, the Saving One Million Lives project aims at increasing the utilization and quality of high impact reproductive and child health interventions, including the provision of HIV counselling and testing during antenatal care. Through its analytical work, the World Bank is also building evidence and providing direct technical assistance to improve the design and implementation of HIV testing and treatment services. For example, in South Africa, an ART South Africa Adherence Guideline evaluation is intended to help government's decision-making process about the national roll-out of adherence interventions;

- UNFPA continued to lead linking HIV with sexual and reproductive health at the legal, policy, health systems and service delivery levels. For example, in Uganda UNFPA directly contributed to 867 404 young people accessing sexual reproductive health (SRH)/HIV services, of which 37% sought HIV counselling and testing. To increase access to an integrated package of services for young key populations, UNFPA Egypt's advocacy for HIV Prevention among young women left behind resulted in reaching more than 1134 young sex workers in Cairo and 1017 in Alexandria through HIV Testing and Counselling. In Tajikistan, 88% of sex workers and 49% of men who have sex with men were tested for HIV and know their results: in total, 8197 sex workers and men who have sex with men were counselled and tested for HIV.

Community members reported improved satisfaction with the HTC services in 2016 over previous years;

- UNAIDS Secretariat and UNFPA organized a regional Condom Fast-track workshop in West and Central Africa, attended by 10 countries, CSO and regional partners, following the recommendations of the Global Condom meeting in early 2016.
- The UNAIDS Secretariat partnered with the Government of Côte d'Ivoire in three major events in the bid to advance the 90-90-90 agenda for children. At a ministerial meetings in Abidjan (May 2016), health ministers from Africa endorsed a Fast-Track approach for children. This approach called for reaching 95% coverage of antiretroviral therapy for both pregnant women and children living with HIV by 2018.

Challenges

Innovations in HIV testing: Current costs of rapid diagnostic tests for HIV are high. Advocacy and application of price reduction strategies (including increasing volumes of tests purchased) are needed, including shaping the market for other products. HIV self testing approaches need to be developed to reach un-tested populations with high positivity, such as men, young people and key populations;

Treatment and care: Efforts will need to be made to ensure that 'Treat All' is fully implemented in all fast track countries and in the those countries with lower ART coverage and higher incidence (WCA and EECA). When new ARVs (DTG, Integrase Strand Transfer Inhibitors (NSTIs) are brought into countries, this will need to be done safely with appropriate monitoring of outcomes and responses. As treatment coverage increases, programmes will need to ensure quality people-centred care. Implementing Differentiated Service Delivery (Differentiated Service Delivery) models can help to build service delivery programmes that are sustainable. Given that treatment coverage for men living with HIV is 40% globally compared to 52% for women living with HIV and is lower for men in every region of the world, renewed efforts to reach males are urgently required. Efforts to enhance treatment access and adherence should also address gender-related barriers in access to HIV treatment faced by women and men across their life-cycle, with a focus on how gender norms impact female decision-making around uptake. In the tightening funding environment, it is increasingly challenging to advocate and address non-medical aspects such as poverty and food insecurity as drivers of the HIV epidemic.

Paediatrics and adolescents: There continues to be limited access to early infant diagnosis, while poor retention in the testing to treatment cascade continue to lead to unacceptable HIV-related mortality, which disproportionately affects infants and young children. Timely treatment initiation and adequate virological suppression are further limited by lack of age-appropriate ARV formulations. Lack of effective service delivery models to retain children in care and ensure positive transition into adolescence is also challenging. Additionally adolescents living with HIV, whether vertically or horizontally infected, continue to have poor access to services, which are not tailored to their specific needs and challenges, leading to excess mortality, particularly between 14 to 19 years. Differentiated Service Delivery models for families can improve these outcomes.

Key future actions

Looking to the immediate future, the Joint Programme recognizes the importance of placing further emphasis on HIV testing as the key to unlocking blockages in the 90-90-90 cascade and ensuring the effective use of funding for testing and treatment. A major focus for cosponsors will be on country implementation of WHO policies, through country adaptation and capacity building of national staff and partners. There will also need to be greater support for the scale up of viral load testing and ensuring utilization of results to improve patient outcomes.

The Joint Programme will support the scale up and implementation of Differentiated Service Delivery Models for all people living with HIV, including for families, key populations and those affected by humanitarian emergencies.

Towards innovation, the Secretariat will also engage the private sector, governmental and international institutions to support access to medicines and bring together new partners e.g. the AfDB and the African Network for Drugs and Diagnostics Innovation.

To reduce mortality, the profile of HIV-associated TB will need to be raised at global level, to seek enhanced country commitment for eliminating TB deaths among people living with HIV, including through the Global Ministerial Conference on ending TB in the SDG era (in Moscow in November 2017) and the UN General Assembly High-Level meeting on TB in 2018.

Finally while testing and treatment success requires strong health systems, a well-coordinated multisectoral response is required to ensure all populations and settings are reached in efforts to achieve 90-90-90 targets. For example, efforts by the Joint Programme to enhance treatment access and adherence need to reach overlooked men and address gender-related barriers that women face in accessing treatment across their life-cycle.

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