Spotlight on HIV

GFAN sounds an alarm!

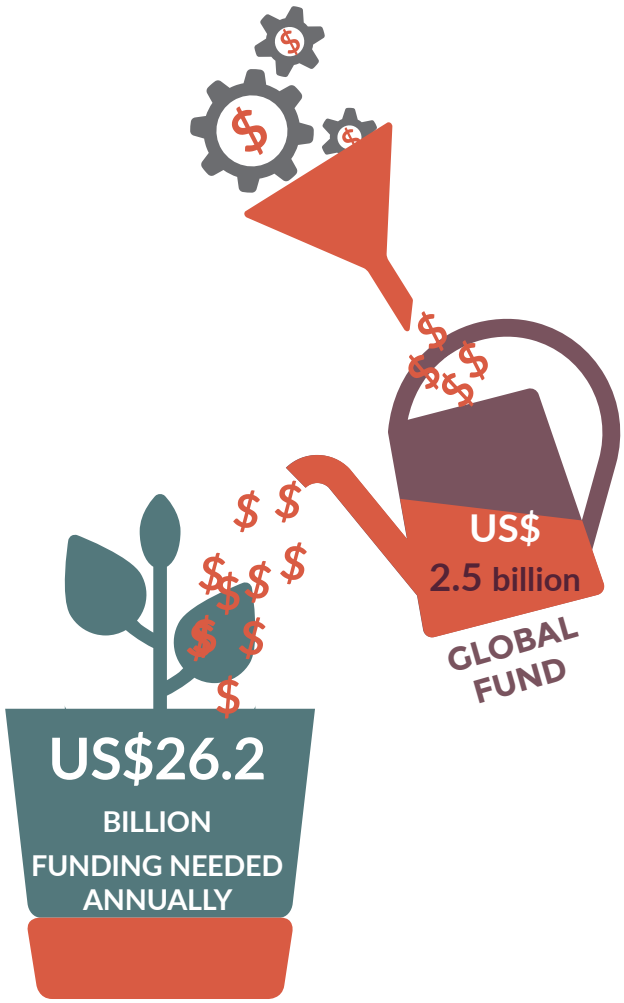
Without action, the HIV epidemic will persist and potentially resurge.

gfan global fund advocates network

Ending the HIV epidemic is possible.

But there is a warning.

Significant increases in international funding are needed, immediately, if the global goal to end HIV/AIDS is to be met.



	What is spent now? In low- and middle-income countries (2017)		Annual need in 2020–2022 In low- and middle-income countries	
	Total investment	Total international aid	Total investment needed	Total international aid needed
HIV	**$17.9 billion**	**$8.9 billion** (of which $1.7 billion through the Global Fund)	**$26.2 billion in 2020** **$22.3 billion in 2030**	**$11.6 billion by 2020** (of which at least $2 to 2.5 billion through the Global Fund)

Despite impressive global progress, HIV continues to be one of the world's leading cause of illness and premature deaths. HIV is the leading cause of early death among women ages 15–49 and causes over 5% of disability among adults ages 15–49. A total of 37.6 million people are living with the virus, and 1.8 million become newly infected every year.

Major global successes against HIV have been achieved. Over half of all people living with HIV – 20.9 million people – have been initiated on HIV treatment. The annual number of people dying from HIV each year has dropped from 1.9 million in 2005 to 1 million in 2016, while the number of people infected each year has dropped by half over the past decade. Seven countries, including one high-prevalence country (Botswana), have reported achieving their full '90-90-90' targets,[1] and several other high-burden countries – including Haiti, Malawi, Rwanda, Eswatini (formerly known as Swaziland), and Uganda – may likely reach these levels of coverage during the coming one to three years.

Building on this progress, experts have set global 'fast-track' goals of achieving the 90-90-90 targets for testing, treatment and viral suppression in all countries by 2020 and targets of 95-95-95 for the same measures by 2030.[2] Additional goals have been set to scale up key HIV prevention interventions, including condom distribution, harm reduction programs for people who use drugs, voluntary medical male circumcision, pre-exposure prophylaxis (PrEP), and provision of HIV treatment to HIV-positive pregnant women to ensure their health and prevent infection of infants. Ambitious goals have also been defined for key and vulnerable populations, including scaling up comprehensive HIV prevention and treatment services to achieve universal coverage for all adolescent girls and young women globally by 2020.[3]

Achievement of these coverage targets would potentially result in a 90% reduction in annual HIV infections – down to fewer than 200,000 new infections per year by 2030 -- and a 90% reduction in annual HIV-related deaths (fewer than 200,000 HIV-related deaths per year).[4] Epidemic models calculate that achievement of the Fast-Track targets by 2030 could avert 28 million HIV infections, saving over 10.8 million lives and avoiding vast costs in disability and health care.

Tragically, the world is off-track, currently unlikely to meet the 2020 targets for funding or program scale-up for HIV. Progress is incomplete and uneven in every region of the world and annual new HIV cases, though declining, are unlikely to drop below 1 million without accelerated efforts.[5] The results will almost certainly fall short of all countries achieving the 90-90-90 targets for testing, treatment and viral suppression by 2020, and reducing annual new HIV infections down to 500,000 people by 2020.

Getting back on course requires urgent attention to several issues.

OFF-TRACK!
The health of adolescent girls and young women

Of the **1.8 million people who become newly infected with HIV every year, nearly 1 million are women and girls**. A disproportionate number of these new HIV infections – over 350,000 each year – occur in adolescent girls (10–19 years) and young women (15–24 years), and over half of these are in the highest-burden countries of East and Southern Africa.[6,7]

The world's countries committed in 2016 to scale up HIV-related programming so that by 2020 annual HIV infections in adolescent girls and young women would be reduced to below 100,000 per year, 90% of adolescent girls and young women at high risk of HIV infection would be reached with comprehensive prevention services, 90% of young people in need would have access to sexual and reproductive health services and combination HIV prevention options, and all countries would eliminate gender inequalities and end all forms of violence and discrimination against women and girls.[8]

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At current levels of effort, such ambitious and vital progress against HIV will not happen. Evidence in many countries points to ongoing barriers for adolescent girls and young women in accessing sexual and reproductive health services, education and economic opportunity, and autonomy in negotiating sex and marriage.[9,10] Barriers to gender equality and the rights of women and girls are not falling easily.[11] Evidence also shows that global progress in reducing rates of HIV infections is due largely to successes in reductions in cases among newborns and older adults and weakest among adolescents and young adults, in part because health systems are not yet capable of adequately reaching adolescent girls and boys with HIV testing, treatment, care and support.[12]

Now, the world's largest-ever generation of young people is entering adolescence and young adulthood in sub-Saharan Africa. As of 2018, approximately 40% –45% of sub-Saharan Africa's population is below the age of 14, about to enter in to the age when HIV risks are greatest, and yet programming is not in place at sufficient scale to prevent HIV and other sexually transmitted infections and to promote and ensure sexual and reproductive health.

Intensive and innovative HIV programs for adolescent girls and young women have been proven to reduce rates of new HIV infections by 25%–40%.[13] However, these interventions have been implemented in fewer than 10% of districts in only 10 countries.[14,15] Accelerated funding is needed, through the Global Fund and other global institutions and mechanisms, if the HIV response is to hope to control the epidemic.

OFF-TRACK!
The health of key and vulnerable populations

Key populations for HIV – including men who have sex with other men, sex workers, transgender people, and people who inject drugs, all people who are often socially, politically, and economically marginalized or criminalized – account for 80% of new HIV infections outside of sub-Saharan Africa.

Global commitments for HIV include that all key populations will be reached with comprehensive HIV prevention and harm reduction services by 2020, steps needed to achieve significant and ongoing reductions in HIV infections among these populations in all low-prevalence countries with concentrated HIV epidemics.

Sufficient progress in meeting these commitments is not happening. HIV infection rates among men who have sex with other men and transgender people remain stubbornly high and even increasing in many parts of the world. Increases in HIV infection rates are also documented among people who inject drugs.[16] Most people at highest risk for HIV in key populations live in countries classified by the World Bank as 'middle income' in regions such as West Africa, Eastern Europe, Latin America, South Asia, and Southeast Asia. Many of these countries' health systems lack funding and programming to reach key and vulnerable populations with quality HIV-related prevention, treatment, and care, including harm reduction and other services to address specific population needs. Furthermore, key populations are especially at risk in the worsening human rights environments documented in many countries.[17,18,19,20,21]

In countries as diverse as Brazil, Mexico, Pakistan, Indonesia, Vietnam, Russia, and Ukraine, reductions in international support for HIV programs have had a negative impact on HIV services and engagement of key and vulnerable populations in health.[22] The result has been slower progress in efforts to diagnose and treat people and prevent new infections. In regions such as Eastern Europe, where international assistance for health has been withdrawn, some countries have seen a rapid resurgence of HIV epidemics among key populations.[23,24]

To get on track, international funding needs to be directed to key populations wherever they live and to provide a 'safety net' of support for HIV-related health programming wherever significant health disparities exist.

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OFF-TRACK!
Drug resistance

Underinvestment in the HIV response is creating a crisis of drug resistance. People throughout the world are told to start HIV treatment as soon as they are diagnosed, and yet health systems cannot ensure them access to a life-long supply of medicines. Funding is lacking for viral load testing to monitor treatment success or community-based programs to support people in adhering to treatment.

As of 2017, WHO has documented high levels of HIV resistance to efavirenz and nevirapine in Africa, Central America and Southeast Asia, undermining the effectiveness of the two most affordable and widely used non-nucleoside reverse transcriptase inhibitor (NNRTI) drugs used in HIV treatment.[25] To date, rates of resistance among other classes of drugs – nucleoside reverse transcriptase inhibitors (NRTIs), protease inhibitors, and integrase inhibitors – remain relatively low (below 5%) and many countries are changing first-line regimens accordingly. But the root causes of emergent drug resistance – challenges of medicine supplies, diagnostics, and community-based supports – are not being addressed fully. The global ART scale-up effort risks starting millions of people on HIV treatments and then seeing rising rates of treatment failure.

Major investments are needed in expanded viral load testing, improved national procurement and supply chains, and community-based HIV treatment adherence support.

OFF-TRACK!
Global access to affordable quality medicines

HIV advocates have had many hard-won successes in advancing the global availability, accessibility, and affordability of HIV treatments, diagnostic tests, and other commodities such as condoms and contraceptives. Funding entities such as the Global Fund have contributed to this success through supporting large-scale demand, reinforcing country procurement and supply systems, and negotiating lower prices for HIV treatments through internationally pooled procurement. A year's supply of HIV treatment now costs about $75 per person in low- and middle-income countries that have access to generic treatment combinations.

This access to affordable HIV treatments and related diagnostic and monitoring technologies is under threat.

Almost 60% of people with HIV live in the 109 countries classified as middle-income. Many of these countries have seen drastic reductions in international development assistance for health and many are also not eligible for competitively priced medicines offered through global patent-pool licensing.[26]

HIV is a particular risk for TB:

An estimated 1.2 million people living with HIV fell ill with active TB in 2016.

Perhaps a third of the 37.6 million people living with HIV are at high risk for active TB and are recommended for routine TB screening and preventive TB treatment.

Africa is home to approximately 75% of people coinfected with HIV/TB, many of them women and girls. They and many others coinfected are currently living or have lived in contexts such as poor or rural communities or prisons or other confined settings, where routine screening, preventive TB treatment, and access to care are unavailable or unreliable.

In other high-burden countries such as Pakistan and Russia, people coinfected with HIV/TB face high levels of stigma, discrimination, criminalization, and poverty because of risk factors such as drug use or incarceration, and thus do not have access to regular screening and preventive treatment for TB.

In too many middle-income countries, the priorities of public health and universal health care access are confronting powerful political and economic forces that value corporate profits, international trade relationships, and intellectual property protections over public interests. Countries that have used their right to challenge patents and implement public health safeguards included in trade-related intellectual property (TRIPS) agreements have faced severe pressures and sanction threats from developed countries.[27,28] Other challenges such as drug registration and low volumes are also creating challenges for countries, whether low or middle income, in procuring HIV medicines with domestic funds.

The presumption that national governments in middle-income countries can and will ensure access and affordability of HIV medicines is frequently false, especially in contexts where people living with HIV are stigmatized, criminalized, or economically and politically marginalized and where abusive patent monopolies block market entry of more affordable generic medicines.

Continued advocacy at national and global levels is needed, along with international financing, to promote access to medicines and prevent an emerging crisis.

OFF-TRACK!
International and domestic financing of the HIV response

HIV prevention and treatment programs are among the most cost-effective public health interventions, because they avert costs of intensive health care for people progressing to AIDS, avoid the loss of adults who are otherwise primary workers and caregivers in their communities, and prevent a cascade of onward infections. Experts calculate that scale-up of HIV treatment in high-prevalence communities, including treatment for prevention, costs less than $200 for each year of life lost to disability or early death (DALY), and that every DALY averted yields a measurable economic return of over $3,000 per capita in saved costs and increased productivity.[29,30,31]

The world's experts also recommend, and countries have committed to, a significant investment in HIV prevention and community-based services. The United Nations targets in 2016 included a commitment to at least a quarter of HIV spending invested in HIV prevention; at least 6% of all HIV spending focused on social enablers such as HIV advocacy, community and political mobilization, community monitoring, outreach programs and public communications; and at least 30% of all HIV-related service delivery being community-based or community-led.[32,33] In addition, health experts have recommended routine use of trade-related intellectual property (TRIPS) flexibilities to achieve affordable prices for medicines and other commodities to help countries expand HIV programming within limited national budgets.[34]

To reach the 90-90-90 targets by 2020 there needs to be a 37% increase over current spending

According to UNAIDS, to reach the 90-90-90 targets by 2020, total domestic and international investments in HIV programs in low- and middle-income countries need to increase to at least $26 billion annually, translating to more than $75 billion during the three-year period 2020–2022, and representing a 37% increase over current spending.[35]

However, despite the clear value and benefit of HIV programs and the global targets for HIV prevention and community-based programming and funding, many countries struggle to reach these goals because of health system structures and constraints; prevailing policy, legal, and political environments; and lack of political will.[36,37] Domestic government and household spending in low- and middle-income countries, which totaled $12 billion (60% of total) in HIV-related financing as of 2016, now accounts for most of the global investments against HIV, but HIV expenditures account for only 1% of national health investments by low- and middle-income countries.[38]

At current levels of programming and investment, the world is facing tens of millions of people needlessly infected and potentially an irreversible loss of momentum and ability to control resurgent epidemics.[39,40]

International aid will be central to achieving global targets for HIV spending and service coverage. The UNAIDS Fast-Track strategy describes a need for international assistance of $11.6 billion annually by 2020, an increase from the $7 billion spent in 2016.[41] Most of this international assistance -- $6.5 billion – is needed to sustain and scale up HIV programming in 31 low-income countries, mostly in sub-Saharan Africa, with an additional $5.1 billion needed for targeted HIV programming across 85 middle-income countries.[42,43]

Total international assistance for HIV programming in 2017 was only 60% of what experts say is required and has plateaued during the past five years.[44] The U.S. government, the world's largest contributor to the HIV effort, has scaled back its goals, dropping its 2014 hope of epidemic control in 50 countries by 2018 to aiming in 2017 for epidemic control in only 13 countries.[45] UNAIDS estimates that, even with a projected increase in domestic spending in low- and middle-income countries to $14.6 billion by 2020, there will be an approximate annual $6 billion gap for HIV programs in 2020.[46]

Withdrawal of international aid for HIV from middle-income countries and insufficient HIV program funding in low-income countries has driven the global HIV response off-course.[47,48,49,50,51] Funding shortfalls are creating gaps within budget portfolios, and are forcing governments to make difficult choices, each with deep implications for people's lives and epidemic control. Significant gaps are opening in funding of prevention and health promotion, funding of health care systems to deliver quality clinical care, funding of community-based and community-led health programming, provision of second-line and third-line regimens and scaling up of treatment for all who need it.[52]

Flat funding for the HIV response may cause the world to lose control of epidemics in every region.

Immediate action is needed to increase investments and get the global HIV response back on target.

Epidemic models calculate that achievement of the Fast-Track targets by 2030 could avert 28 million HIV infections, saving over 10.8 million lives and avoiding vast costs in disability and health care.

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GFAN unites voices and efforts from all over the world to support a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria

Web: www.globalfundadvocatesnetwork.org
Twitter & Facebook: @GFAdvocates
YouTube: www.youtube.com/user/HereIAmCampaign

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Endnotes

1 The targets associated with '90-90-90' refer to 90 percent of people living with HIV knowing that they have the virus, 90 percent of those diagnosed with HIV having access to HIV treatment, and 90 percent of those treated for HIV achieving sustained viral suppression. These targets are at the core of the UNAIDS Fast-Track agenda introduced in 2014.

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