



# Sustaining HIV Prevention Achievements: What must countries do to safeguard gains in HIV prevention?

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Windhoek



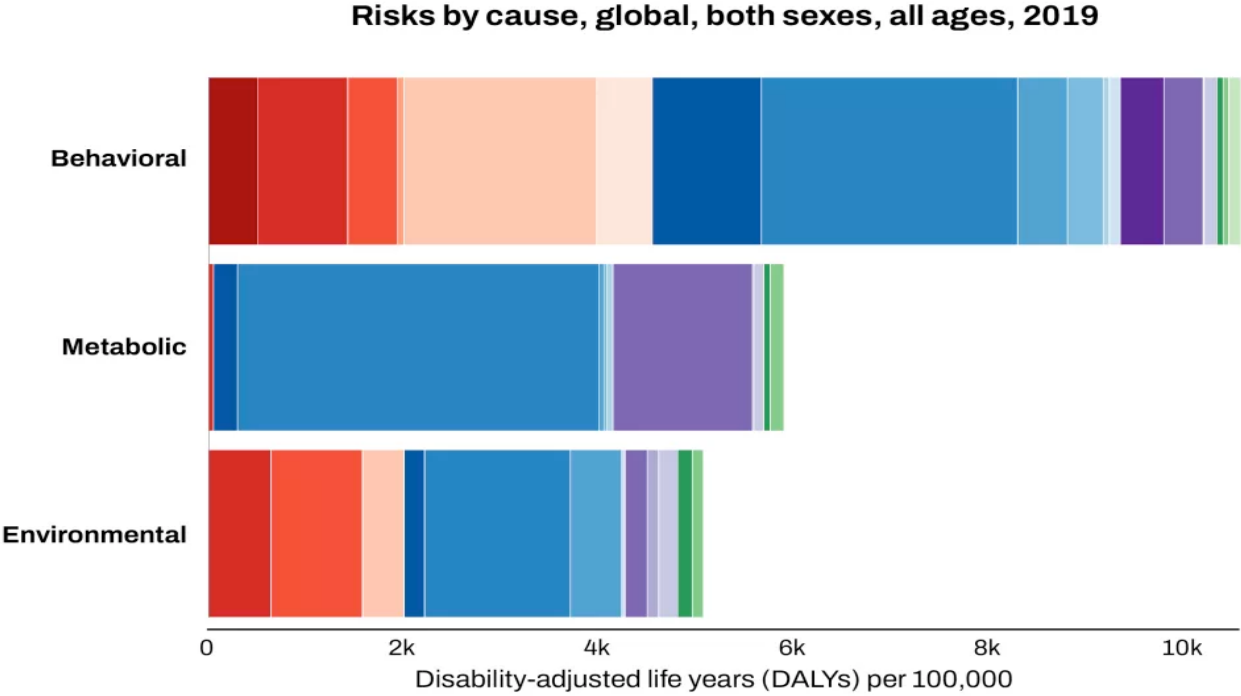
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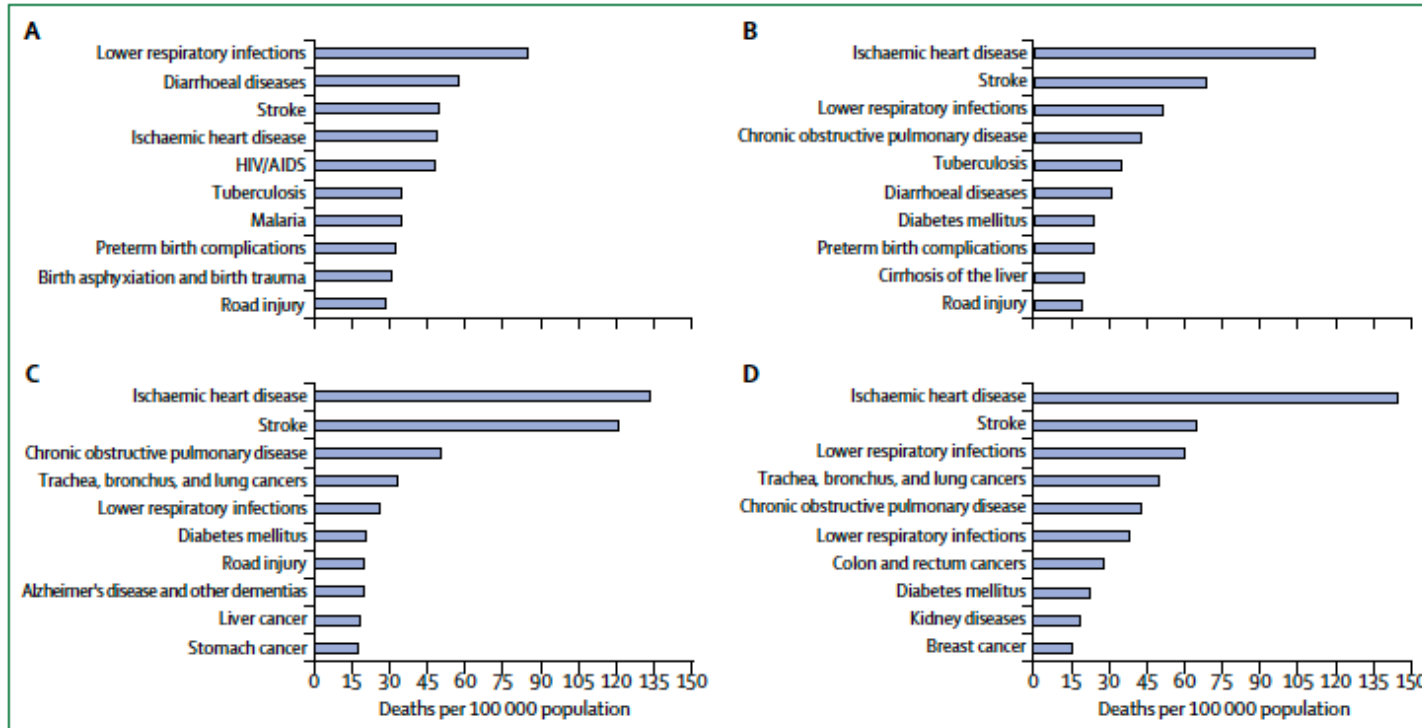
# Overview

- Global burden of disease context
- HIV response progress
- Global governance and financing context
- Threats and risks to sustaining progress
- Opportunities to enhance the momentum
- Innovating for success

# Global burden of disease – NCDs (Source: IHME, 2019)



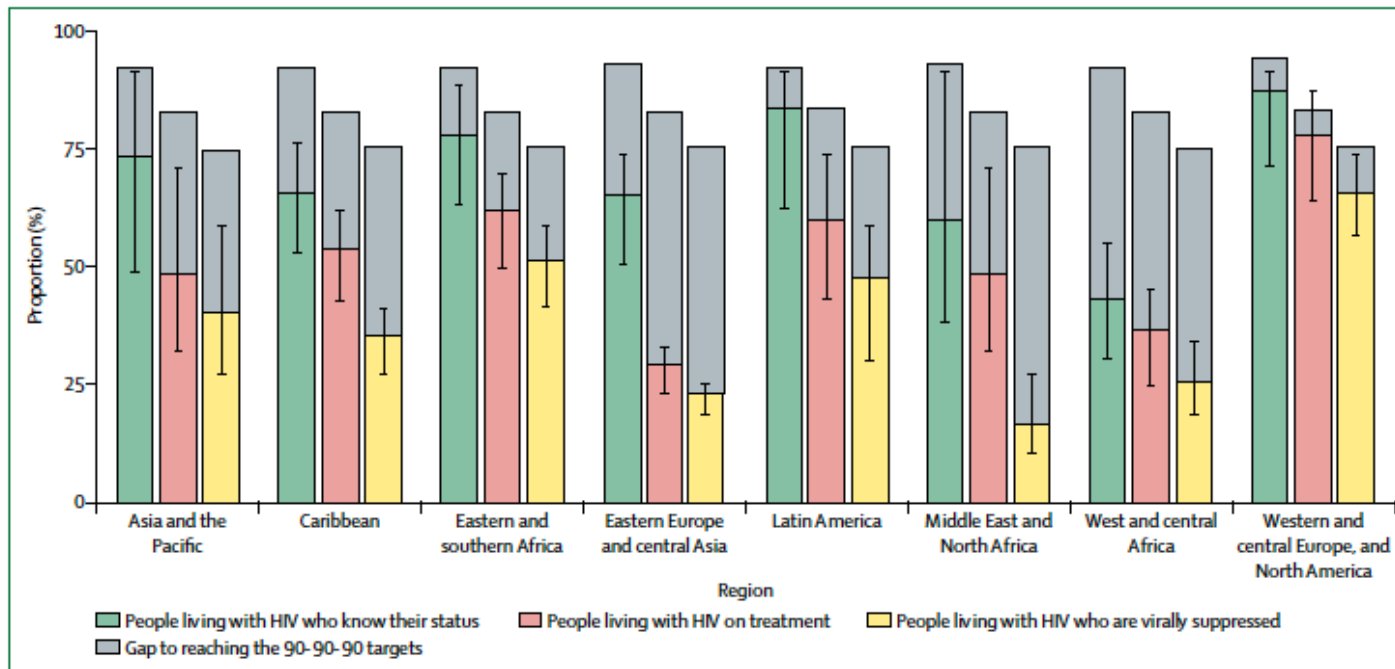
# Global burden of disease



**Figure 1: Ten leading causes of death in 2015**

(A) Low-income economies. (B) Low-middle-income economies. (C) Upper-middle-income economies. (D) High-income economies. Source: WHO.






# State of HIV Response



**Figure 4: Knowledge of HIV status, treatment coverage, and viral load suppression by region in 2016**

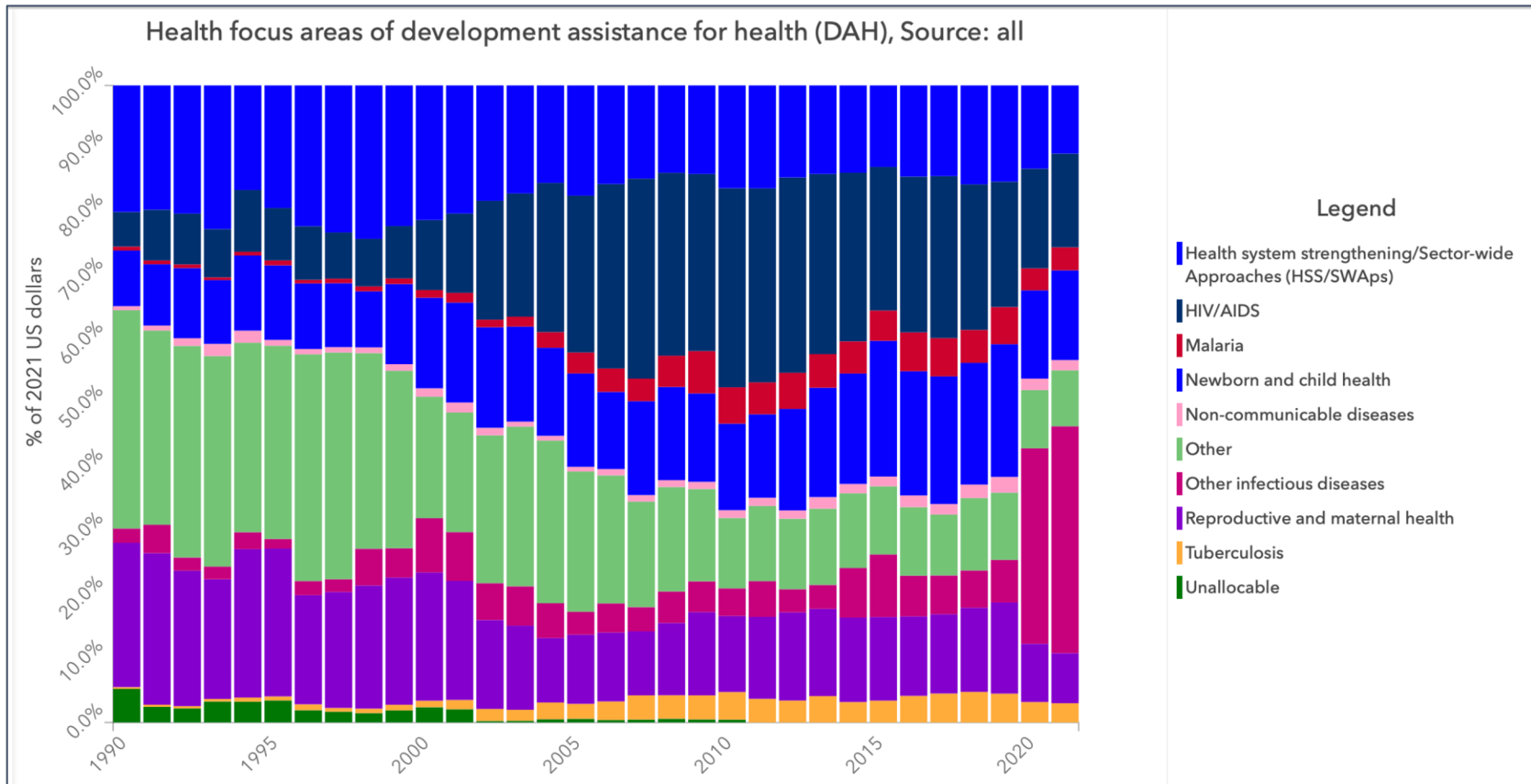
Comparison of HIV testing and treatment cascades by region reveals different patterns of progress. Western and central Europe and North America are approaching global targets. Latin America and eastern and southern Africa show high levels of achievement across the cascade. Eastern Europe and central Asia, the Middle East and North Africa, and western and central Africa are clearly off track. Source: UNAIDS special analysis, 2017.

## Summary of the global HIV epidemic, 2022

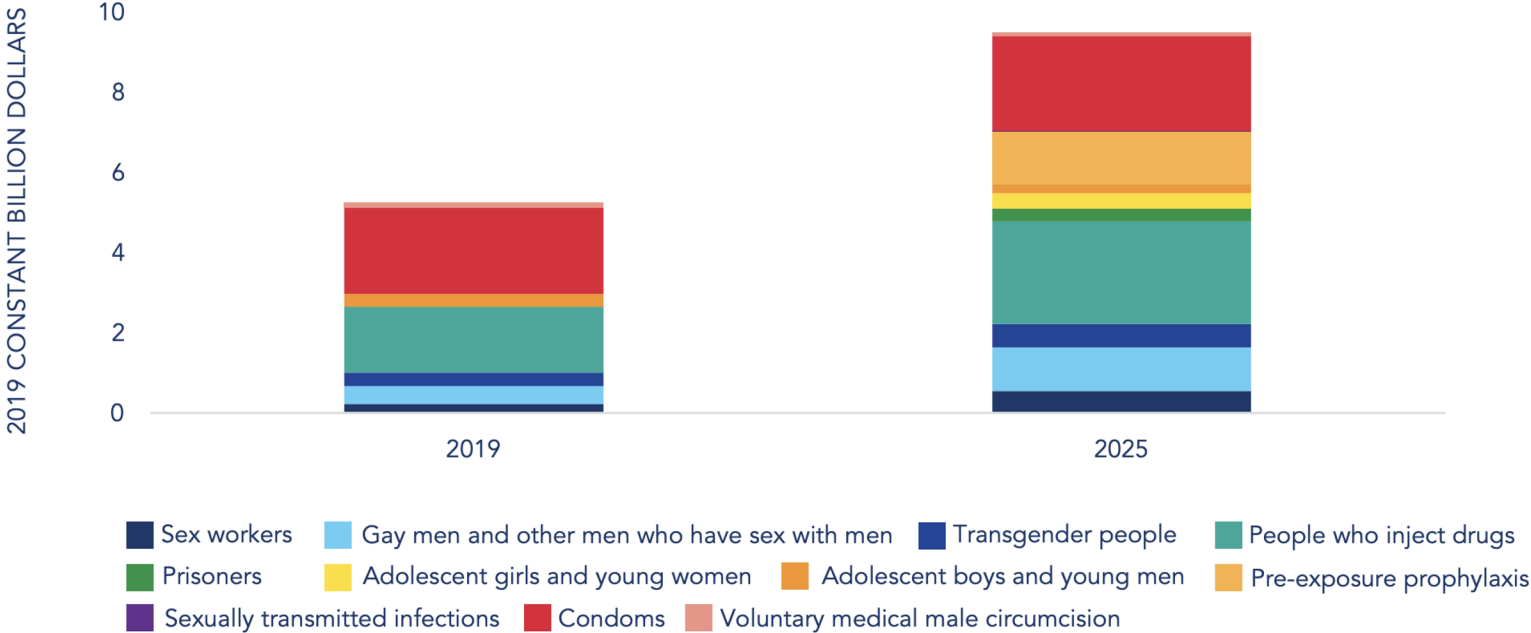
	People living with HIV	People acquiring HIV	People dying from HIV-related causes
 <b>Total</b>	<b>39.0 million</b> [33.1–45.7 million]	<b>1.3 million</b> [1.0–1.7 million]	<b>630 000</b> [480 000–880 000]
 <b>Adults (15+ years)</b>	<b>37.5 million</b> [31.8–43.6 million]	<b>1.2 million</b> [900 000–1.6 million]	<b>540 000</b> [410 000–770 000]
 Women (15+ years)	20.0 million [16.9–23.4 million]	540 000 [400 000–740 000]	230 000 [170 000–340 000]
 Men (15+ years)	17.4 million [14.7–20.4 million]	640 000 [490 000–850 000]	310 000 [230 000–440 000]
 <b>Children (&lt;15 years)</b>	<b>1.5 million</b> [1.2–2.1 million]	<b>130 000</b> [90 000–210 000]	<b>84 000</b> [56 000–120 000]

Source: UNAIDS/WHO estimates, 2023.

# The Problem: HIV Funding is shrinking



# Estimated global resource needs by populations and primary prevention interventions (2019 and 2025)



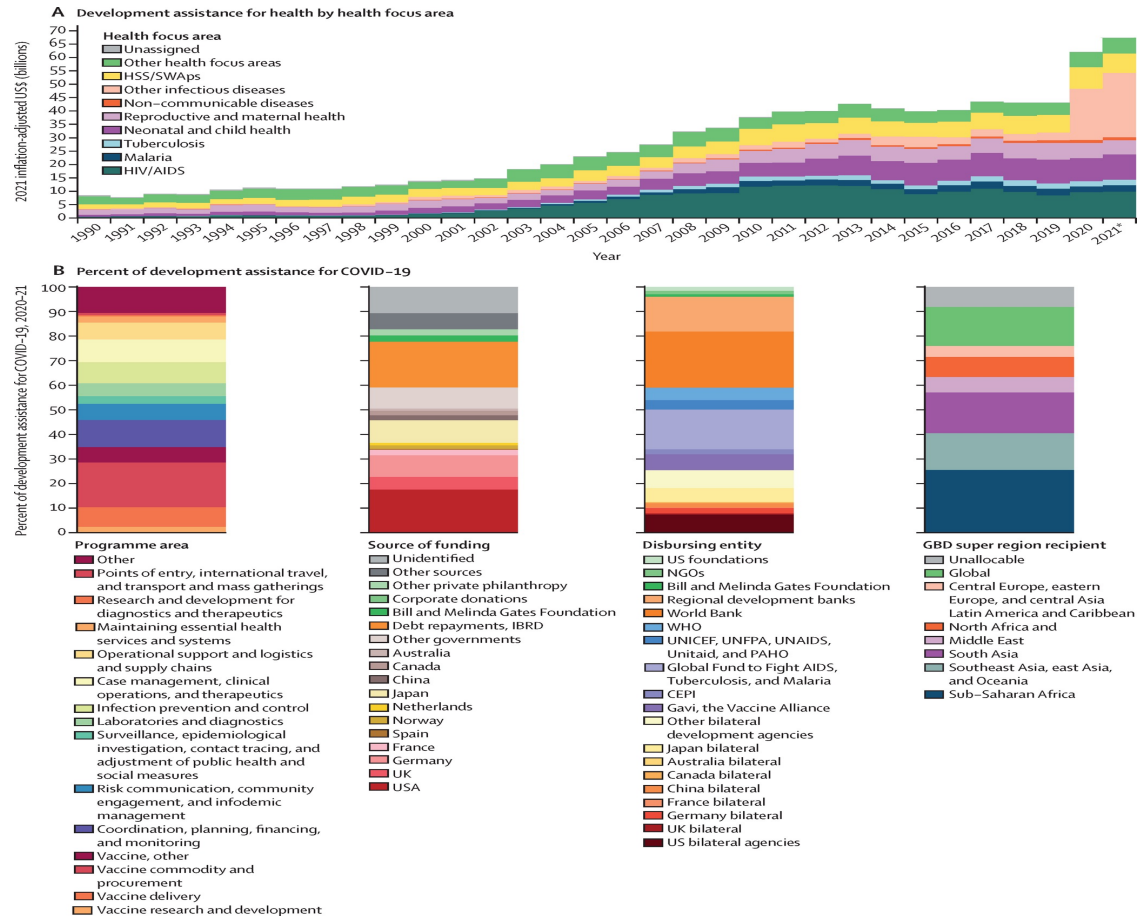
Prevention programmes for key populations and core services to achieve the targets, low- and middle-income countries, 2019 and 2025 (2019 US\$ billion).  
 Source: UNAIDS financial estimates and projections, 2021.



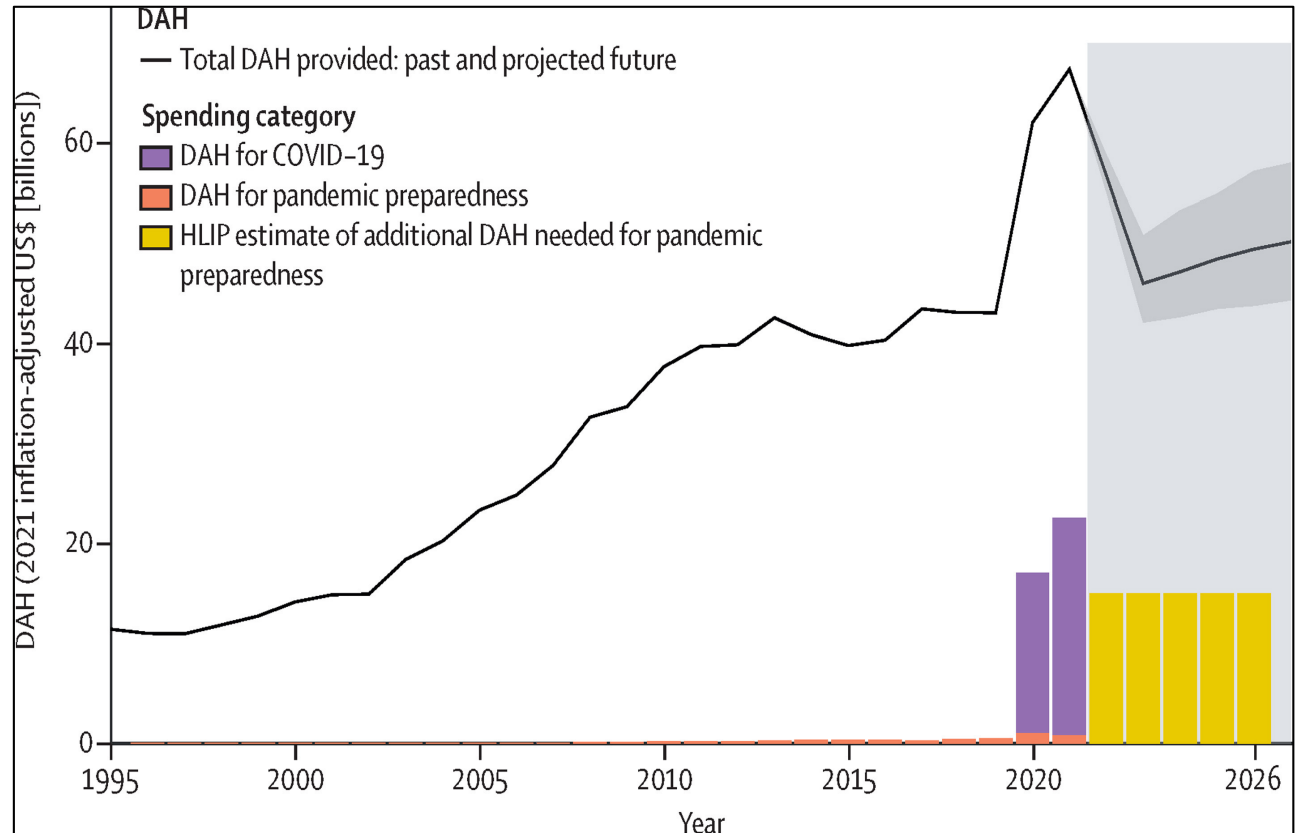
# Development Assistance Funding by Health Focus and COVID-19 Response



The Lancet Global Health 2023 11e385-  
e413DOI: (10.1016/S2214-  
109X(23)00007-4)



# Total Development Assistance for Pandemic Preparedness Over Time



The Lancet Global Health 2023  
 11e385-e413DOI:  
 (10.1016/S2214-  
 109X(23)00007-4)

# Sustaining HIV Response

# Sustainability Five Constructs

- After a defined period of time,
- The program, health intervention, and/or implementation strategies continue to be delivered and/or
- Individual behavior change (i.e., policy makers, providers, clients, stakeholders etc...) is maintained;
- The program/intervention/response and individual behavior change may evolve or adapt while
- Continuing to produce benefits for individuals/systems.

Source: Moore JE et al, 2017

# The HIV Response Sustainability Challenge

Increasing disease burden and competing priorities

- Initiatives that catalyze local innovation, spread and scale up
- Deliberate commitment to political and community engagement
- Comprehensive response against drivers of vulnerabilities to syndemic diseases and other health risks

Limited fiscal space for health financing

- Mobilization of domestic financial resources for health
- Harmonization of different financing mechanisms

Inefficient programming approach

- Effective integration across common platforms
- Systems approach across board

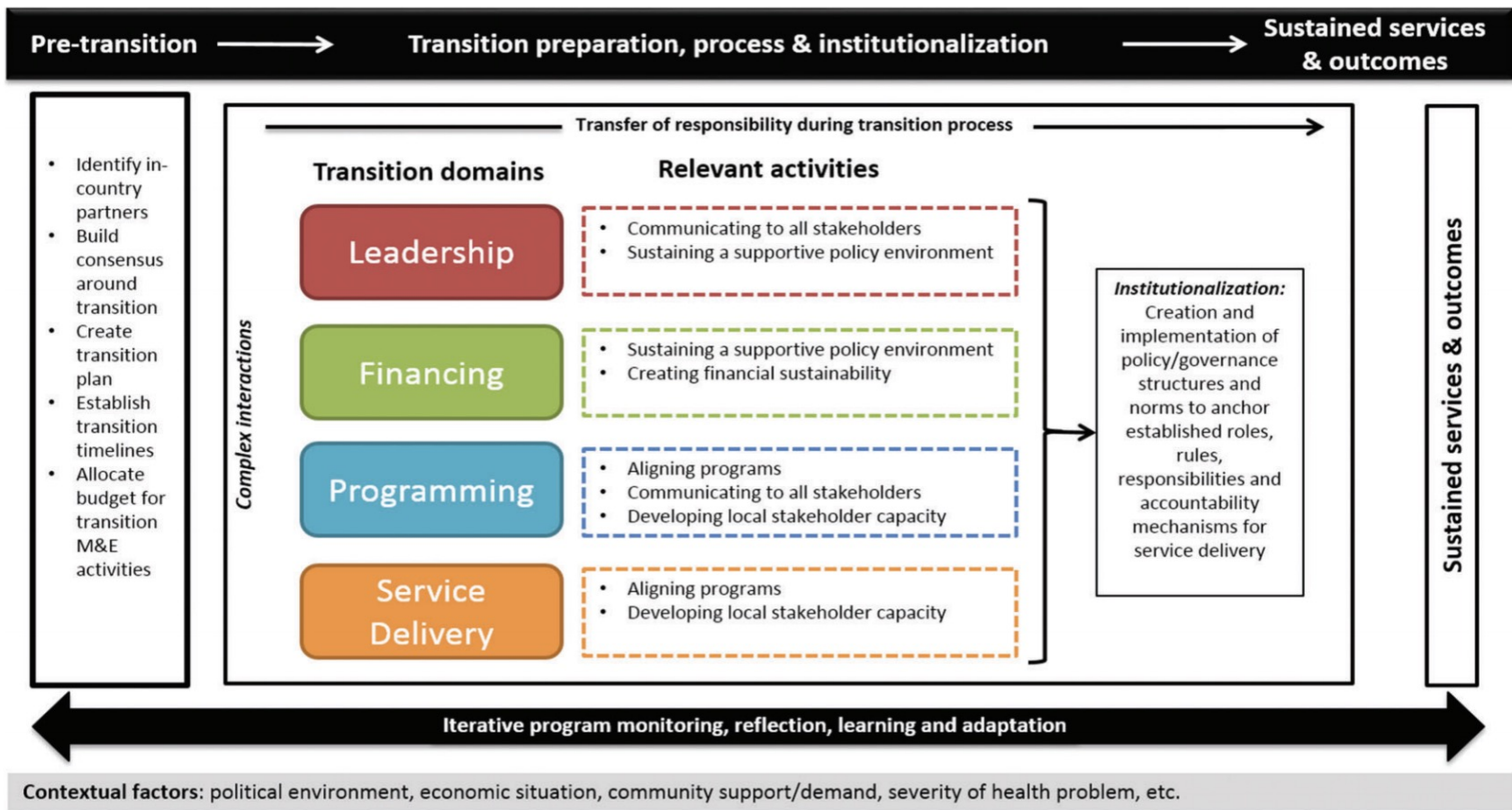
Widening gap between research, evidence, knowledge and action

- Enhancing data science capacity
- Local stakeholder led research, implementation and impact evaluation
- Integrating pre-service education and practice
- Multi-disciplinary and interprofessional approaches

# UNAIDS Successful HIV Response (UNAIDS: 2023)

## Building blocks for a successful HIV response





Adopted from: Bao J et al : Glob Health Sci Pract. 2015;3(4):591-605

# Opportunities to Keep the Momentum



Progress can be sustained



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# The G7 Summit: Hiroshima May 2022

- *Resilient health systems - Health of all people should be protected*
  - UHC should incorporate resilience to respond to health emergencies without disrupting delivery of essential health services
- *Global health architecture including financing mechanisms*
  - Should be transformed by enabling multilayered systems that facilitate multilevel and multisectoral collaboration
  - Mutual solidarity and equity in governance and decision making at the global level
- Changing global politics
  - Geopolitical interests
  - Countries are becoming more inward looking

# HIV response exceptionalism

- Advocacy
  - External
  - Internal
- Multi-sectoral multi-stakeholder involvement
- Reframe the messaging
  - Investing in HIV prevention and HIV response in general is an economical imperative ([otherwise forget the demographic dividend](#))
  - Investing in health is good for HIV response and vice versa
- Science and evidence should drive comprehensive delivery

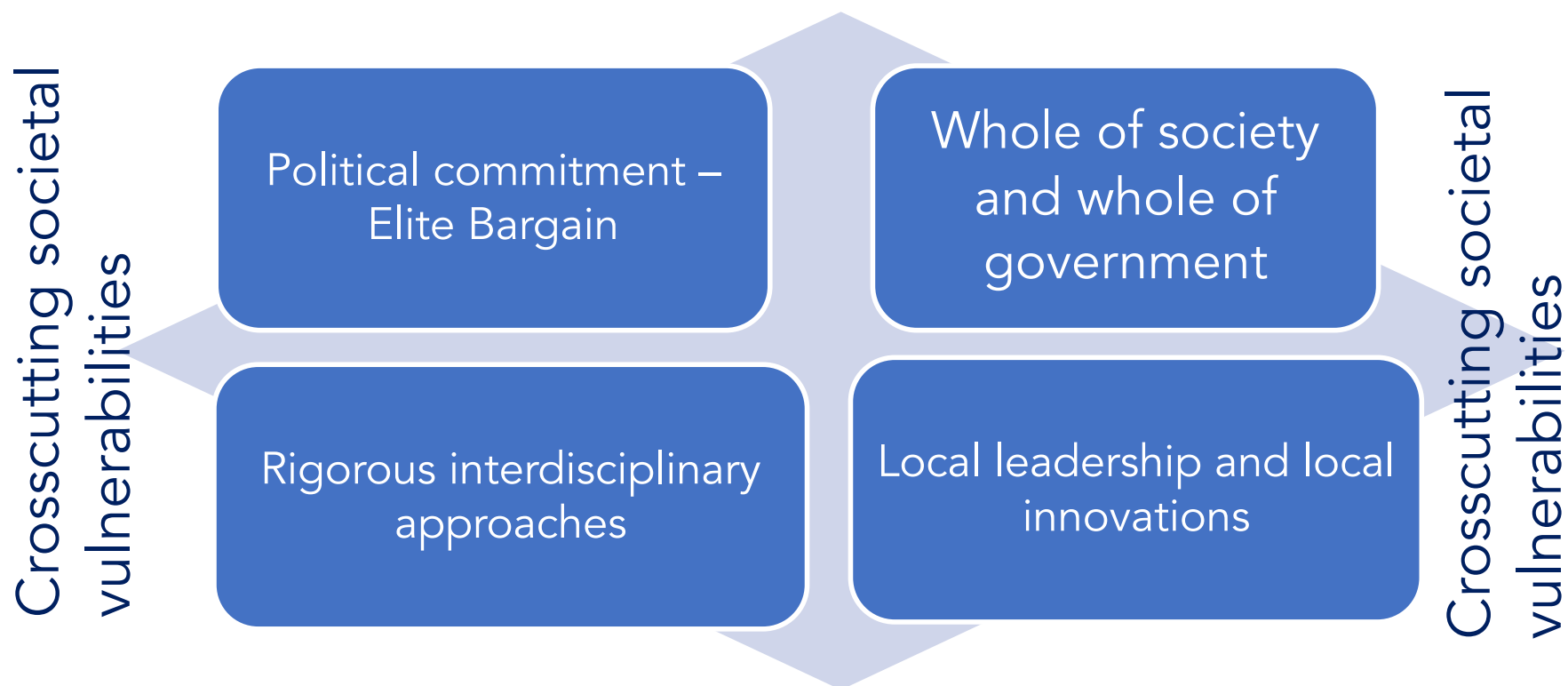
# Tackling HIV and Responding to other Priorities

- Invest in people-centered innovations
  - Prioritize adolescent health and what causes their vulnerability to HIV infection and other health risks
  - Maximize equitable and equal access to HIV services and solutions
- Tailored, integrated and differentiated vertical transmission and pediatric service delivery for women and children
  - Address children's health in a holistic manner
  - Invest in creating an environment that promotes women's health
  - Address gender gap in health through effective service delivery for men
  - Understand and meet needs of different sub-populations: PWID, MSM, Migrants and the Displaced etc..

# HIV Response and Integration within Health Systems: Opportunities and Risks

- Increasing burden of emerging and recurring health threats: consider effective integration and alignment
  - Differences and effects
- Protect infrastructure and systems built through HIV vertical programming but intentionally breakdown professional silos
- Evolve a new culture of interdisciplinary approaches
- Exploit win-win situations for integrating HIV with NCDs given potential to address structural determinants of health
- Re-integrate HIV and sexual reproductive health services
- Structure financing to align with integration goals

# Sustaining HIV Response and Responding to other Health Priorities



# Local leadership: decision choices and actions

- Demonstrate political commitment
  - Set agendas and see them through
  - Demand harmonization in DAH
  - Set accountability frameworks and subject yourselves to external review
  - Ensure multi-sectoral approaches and collaboration
- Invest in systems even when designing individual programs
- Sustainability will be led by people working in institutions and at community level
  - Hence pay attention to decision making enablers and barriers
- Primary health care as common platform for integrated delivery
- Promote and be intentional about interdisciplinary approaches to break down professional silos
- No trade-offs between equity, effectiveness and allocative efficiency
- Demand co-design of interventions and sometimes say “NO”
- Fast track efforts to increase domestic financing for health

# Layering Behavioral Insights and Design into Hiv Response Sustainability Agenda

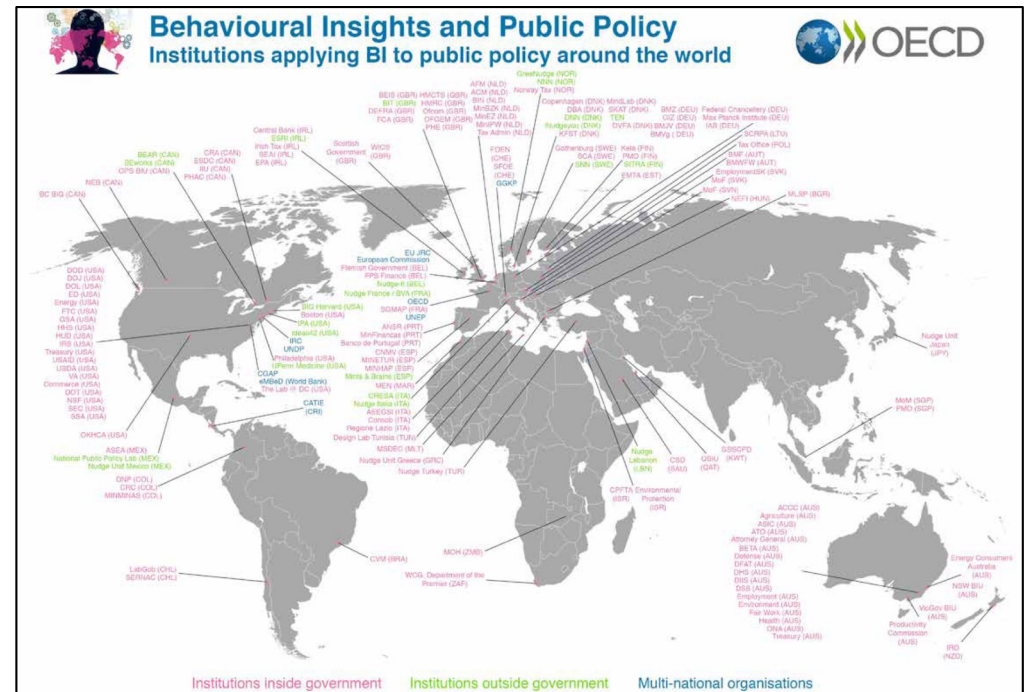


# Behavioral Insights, Design and Understanding Vulnerabilities

- Explore people's needs
- Recognize people's agency and move stakeholders to design interventions around existing behaviors, rather than attempting to change them
- Create an environment for active participation (co-design)
- Segment needs and behaviors based on understanding vulnerabilities that inform choices, susceptibility to certain risks and poor outcomes of interest (
  - Predictive modeling)
- Move away from mechanistic world views and re-design one's environment if we are to catalyze structural and political change to sustain HIV response.

# Leverage Behavioral Science to Enhance Response

Use of behavioral insights has spread to over 200 public policy units all over the world, within governments and in large donor organizations as well. There have been over 100 case studies of the application of behavioral science across policy areas globally (OECD, 2007). The role of these units has been to fill in the gap of understanding behavioral enablers and barriers to inform design of effective policies and intervention ideas.



# Academic Learnings versus Behavioral Science Units

## **Nudges in Labs**

Academic behavioral science insights tend to be generated through small-sample lab studies, with sometimes small effects, under ostensibly controlled conditions. Most problems are complex, so nudge interventions typically provide only incremental and sometimes transient effect.

## **Local Context Matters**

Studies often fail to account for deeper social, cultural, historical, political and structural factors that play an important role and have an impact on the application of interventions. Behavioral science teams have seen that interventions often don't travel and translate from one place to another, as the context varies drastically. Hence the need for a decentralized approach to support scale at local levels.

## **Actionability**

Behavioral science units' researchers focus on complex conceptual issues but often have trouble turning those into concrete and actionable interventions. Key is to integrate with design.

# Behavioral Insights Units Vision

Behavioral Insights Units >> Embedded capacity across all departments and levels of government and public machinery

The ideal state of behavioral insights is when interest, understand and process for BI is built into every department and level of government, but practiced at different scales and fidelities. But in order to reach the idea state we need to move from specialized top-down behavioral insights units, to networks to embedded capacities.

# Conceptual Model: BIU as a Network

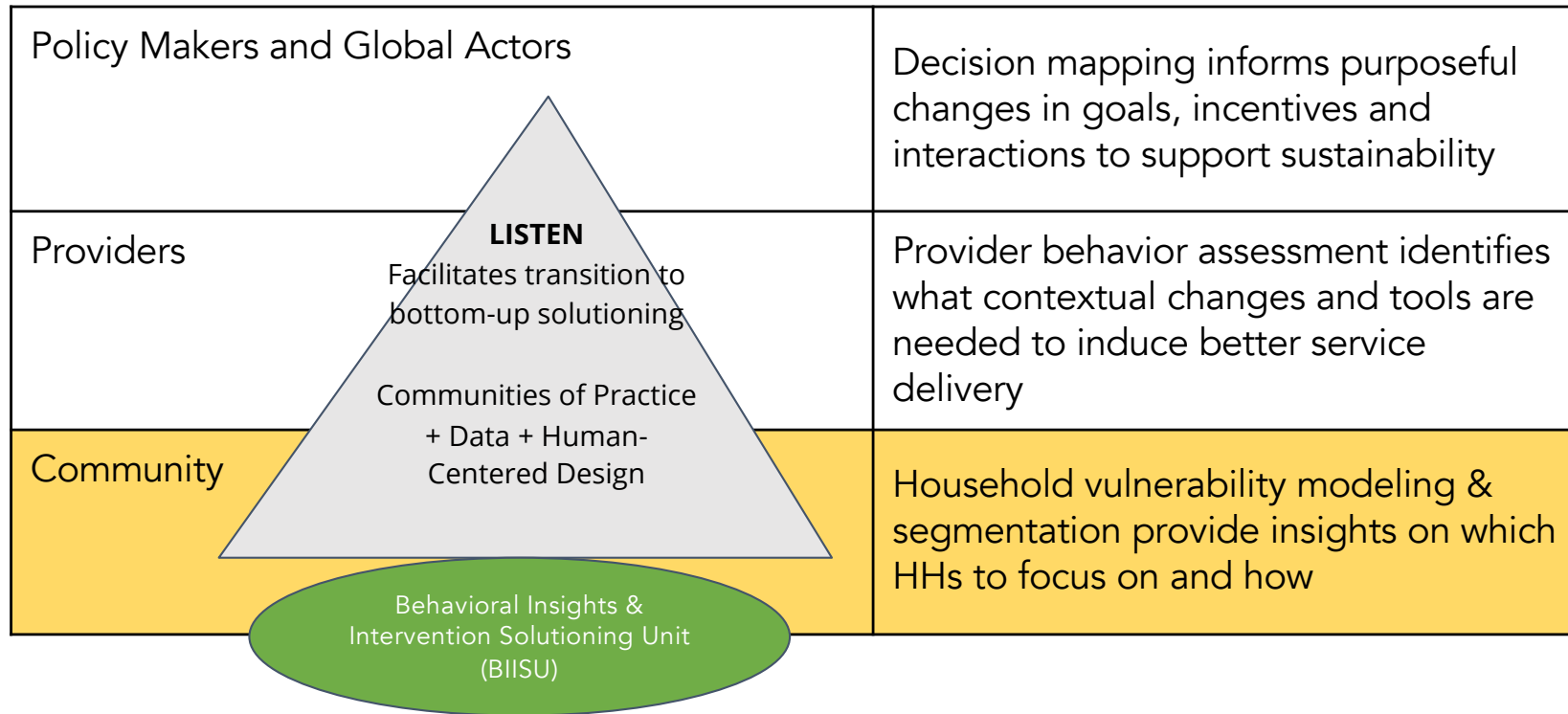
BIU with a fundamental purpose to be an **action-oriented implementation focused unit**.

**Driven by a strong government and BI leadership**, and a bottom-up philosophy where the unit uses the **local expertise to do research in local context and pilot ideas** in a rapid and agile way.

**BI capacity developed at all levels** and rooted right down to the ground level.

Unit feeds off the expertise of external partners that may play a role of being **knowledge partner and facilitator** enabling identification of the key members of the unit and advocating the unit's value proposition at the sub-national and national levels.

# Putting It All Together





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