

Achieving Universal Coverage of HIV Prevention Services and Commodities

Global HIV Prevention Coalition side event at the 71st World Health Assembly

Date: 22 May 2018, 12:30 to 14.00

Venue: Palais des Nations, Room XXIV

Comments from Peter Sands, Executive Director, the Global Fund

1. **HIV prevention is a priority for TGF.** We have been a part of the Global HIV Prevention Coalition since its inception, and in 2017, alongside many of our country partners, we endorsed the Global HIV Prevention Roadmap and its commitments.
2. We have witnessed some successes in HIV epidemic control. Rates of HIV transmission from mother to child have been cut dramatically leading to sharp reductions in under 15 infections. Over 20 m people are on ART – enabling people who otherwise faced a death sentence to look forward to many more years of productive and enjoyable lives, albeit while managing a chronic disease, through viral suppression. **However progress on prevention needs to be improved.** Along with other Coalition members, we believe that HIV treatment alone will not end the epidemic. New HIV infections are declining too slowly, and in some countries new infections are increasing.¹ Our investments need to address this.
3. We are **prioritising high impact HIV prevention interventions**, especially HIV prevention that targets adolescent girls and young women and key populations. We want to invest in people with the highest HIV prevention needs, with interventions that have the greatest impact, guided by our technical partners. Sometimes this means improving condom programming, sometimes it means addressing gender-based violence. Sometimes it means investing in new prevention technologies such as PrEP. Sometimes it means investing in harm reduction interventions for people who inject drugs, or interventions that protect transgender people or sex workers from violence, and sometimes it means investing in programmes that aim to change attitudes and laws, so that high need populations can access the services they need.
4. HIV prevention is an important challenge to our global **Universal Health Coverage** aspirations. Because the very people that most need HIV services, including HIV prevention services, are often the people who are the most distant – literally and symbolically – from health services. The rural poor, the socially marginalised, the incarcerated, the criminalised. For UHC to really mean something for HIV, yes it will mean universal access to HIV treatment. And it will also have to mean getting to the people most outside the system, with HIV prevention interventions that are often best delivered outside the clinic.

¹ UNAIDS 2017 [HIV Prevention 2020 Roadmap](#) “Although a few countries have achieved declines in new HIV infections among adults of 50% or more over the past 10 years, most countries have not made significant progress, and yet others have experienced worrying increases. Among the 25 prevention coalition countries, between 2010 and 2016 only 3 countries showed a decline in new infections of more than 30%, 14 countries had a modest decline of less than 30%, and 8 countries had either no decline or an increase in the number of new infections. No country achieved the target of the 2011 United Nations Political Declaration on HIV/AIDS to reduce sexual and drug-related transmission by 50% by 2015.”

5. The need to move outside the clinic, and into communities, using outreach and peer-based methods, underpins our interest in **funding community-based services and in strengthening community systems**. We need to be reaching the people with high HIV prevention needs who don't or can't go to clinics. And we need to reach them with services that are relevant and valued, and that protect peoples' dignity and privacy. That is Universal Health Coverage, as applied to HIV prevention. Without outreach to key populations and young women in high incidence settings, new infections will not sufficiently decline nor will they be reached with testing and treatment. We think we can demonstrate that investing in this way – through both health and community systems – we will achieve significant HIV impact. Together.
6. We have taken note of the first coalition **progress report** UNAIDS is launching here. It shows the course of action we need to take and the support countries will need. I want to draw attention to **progress on the leadership, planning and coordination of national HIV prevention efforts that the report describes**. We have longstanding partnerships for HIV prevention in countries represented here, such as Kenya and Ukraine. And I want to draw attention to some of the notable leadership on HIV prevention in both countries. Leadership in particular on ambitious plans and targets for HIV prevention, for attention to decentralisation of the prevention effort and for commitment to greater domestic financing for prevention. Both countries draw heavily on the capacity of community-based organisations to plan and deliver high quality HIV prevention for people with the highest needs.

And while we welcome the progress report, let me provide further information on the Global Fund investments in prevention, as presented to the Global Fund's Strategy Committee in March this year. Our analysis looked at two funding cycles 2014-16 and 2017-19; the latter being incomplete. Although with one very wide lens the picture suggests our overall and % investments in prevention have decreased, our focused investments, including catalytic funding, show that for AGYW and KPs the country matched investment across the cycles has actually increased. This is not enough yet, but we are working on this, and we're trying to get the balance right.

7. A final word on financing. The global community have committed huge sums to fighting AIDS, but the reality is that we need more resources. The numbers of people receiving ART have surged, largely due to PEPFAR and TGF. The challenge is that individuals on ART are going to need continued treatment for the rest of their lives. To secure these investments, we need to increase investment in prevention. But because resources will never be enough, we also have to be **constantly striving to find ways to make our interventions more effective**. I came from an environment where it was simply assumed that every year you would achieve at least 10% more with the current level of resources (or achieve the same with 10% less resources). We need that mindset of continuous improvement if we are to make our dollars stretch as far as they will need to – and that's all about using data to target interventions, to streamlining processes, and it's about scaling up what works as quickly as possible.