Overview on Global HIV Prevention Coalition: Roadmap Commitments and Progress

Shannon Hader

Nairobi, 11 November 2019
Key points

• Countries in the Global HIV Prevention Coalition have **adopted the 2020 Roadmap**, a focused framework for prevention around a set of concrete programmatic targets, aligned to the common vision of reducing new HIV infections

• We have **good examples of scale up** for all priority prevention interventions

• The **core focus** of the next 12 months is to make a final **push towards 2020 targets** we set ourselves

• Key **gaps in implementation at scale** are adequate **financing**, slow pace of addressing **structural barriers**, promotion of **community based responses**
GLOBAL SDG COMMITMENT to end AIDS* by 2030:
2020 Fast-Track Targets INVEST UP FRONT
to Save MILLIONS of more lives & Prevent MILLIONS of new infections

Projected new HIV infections and AIDS-related deaths, reaching Fast-Track Targets in 2020 vs reaching Fast-Track Targets in 2025, 10 countries with highest HIV burden, 2017–2030

Urgent! PACE MATTERS!

2020 Fast-Track Targets
2016 HLM set global programmatic PREVENTION targets for first time

FEWER than 500,000*
New HIV Infections per yr

FEWER than 500,000
AIDS-Related Deaths per yr

*<100,000 new HIV infections among AGYW
(Adolescent Girls & Young Women)

3 million
PEOPLE ON PREP

90 – 90 – 90
HIV TREATMENT

25 million more
VMMCS

30 MILLION ON TREATMENT

20 billion
CONDOMS PER YEAR

ZERO
DISCRIMINATION
The global rate of new HIV infections decline among adults (15+ years, 2010-2018) is not on track to reach 2020 target.
Declines in new HIV infections in GPC countries show regional variation

GPC Countries: 75% of Global HIV Infections
PROGRESS IN REDUCING NEW HIV INFECTIONS – shows variation in GPC countries

Change in new HIV infections among adults aged 15+ between 2010 and 2018

Staying
- Stagnation or increase
- Iran
- Mozambique
- Mexico
- Angola
- Nigeria
- Brazil
- Pakistan

Walking
- Decline 12.5-25%
- Ukraine
- Zambia
- Ghana
- Malawi
- Ethiopia
- Tanzania

Jogging
- Decline 25-37.5%
- Kenya
- DR Congo
- Cameroon

Running
- Decline 37.5%-50%
- Uganda
- Lesotho
- Myanmar
- Eswatini
- Indonesia
- Zimbabwe

Sprinting
- Decline 50%-60%
- Lesotho
- Namibia
- Indonesia
- Zimbabwe

Winning
- Decline >60%
- South Africa
- Botswana
- Cote d'Ivoire

On track for 2020 target

To achieve a 75% reduction in new HIV infections by 2020, countries should have recorded a 60% decline in 2018.

No 2018 estimates: China, India

Global HIV Prevention Coalition

Source: Prepared from UNAIDS 2018 Estimates for 28 Global Prevention Coalition countries
October, 2017;
Ten-point action plan for accelerating primary HIV prevention at the country level

HIV Prevention Roadmap Commitments

1. Conduct a strategic assessment of key prevention needs and identify policy and program barriers to progress.
2. Develop or revise national targets and road maps for HIV prevention 2020.
3. Strengthen national prevention leadership and make institutional changes to enhance HIV prevention oversight and management.
4. Introduce the necessary policy and legal changes to create an enabling environment for prevention programs.
5. Develop guidance, formulate intervention packages and identify service delivery platforms, and update operational plans.
7. Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based programs.
8. Assess available resources for prevention and develop a strategy to close financing gap.
9. Establish or strengthen HIV prevention program monitoring systems.
10. Strengthen accountability for prevention, including all stakeholders.

GAPS TO ADDRESS:
• Leadership
• Prevention $$$
• Implementation Scale
• Legal/Policy/Structural

Global HIV Prevention Coalition
Countries with progress in implementing 10 Roadmap Actions show greater reductions in new HIV infections

- Higher score is reflective of greater progress in implementation of the 10 Roadmap actions
- Countries with higher scores cluster under greater reductions in new HIV infections categories
Coalition countries have transformed how they frame, measure and organise national prevention responses.

In the UN 2016 Political Declaration on Ending AIDS, five global programmatic targets on HIV prevention were set for the first time in the history of the HIV response. On this basis, the HIV Prevention 2020 Road Map defined five pillars and 10 key actions. This 2017 baseline reflects the degree to which the new framework for prevention was adopted by countries at the time the Coalition was launched.

In September 2018, one year after the launch of the Coalition, all countries had national coalitions or working groups established, had developed 100-day action plans, had mobilized political leadership and had reinvigorated momentum for prevention. Gaps still existed in key population size estimation, service location mapping, social contracting, capacity development, financial gap analysis and performance review.

In the 2019 progress survey, most countries reported continued progress across a majority of the 10 steps. Targets and strategies are in place in most countries, and as part of 2019 reporting, several countries engaged in performance reviews and financial gap analyses. Gaps were still recorded in terms of policy reform around key populations, capacity estimates, social contracting.

### Key Population: Policies, Data, Services

#### 2017

- Needs assessment
- Prevention targets
- Policy reform
- KP size estimates
- Defined KP package
- AGYW size estimates
- AGYW package
- Capacity & TA plan
- Social contracting
- Financial gap analysis
- Strengthen monitoring
- Performance review

#### 2018

- Needs assessment
- Prevention targets
- Policy reform
- KP size estimates
- Defined KP package
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#### 2019

- Needs assessment
- Prevention targets
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- AGYW package
- Capacity & TA plan
- Social contracting
- Financial gap analysis
- Strengthen monitoring
- Performance review

### Civil Society: Social Contracting, $
Progress on Roadmap Actions: Examples

Leadership

28 of 28 countries
aligned their HIV prevention responses to the 2016 Political Declaration & GPC roadmap, re-established prevention WGs, renewed strategies and/or developed roadmaps

Address policy barriers

Botswana, India:
Decisions to decriminalize same-sex relations

Implement at scale

Zambia conducted 482,000 VMMCs in 2018 and exceeded 100% against the fast-track target including through community-based demand generation.

Close financing gaps

South Africa increased its annual domestic public HIV spending by US$ 650 million over 7 years including large-scale prevention programmes.
Progress on the Five Pillars

Multi-sectoral interventions for prevention:
- Health
- Education
- Poverty/Economics
- Safety against Violence
- Justice/Citizen Rights
Programmatic targets by GPC countries over time -
Progress across pillars, but too slow to achieve 2020 targets

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Indicator</th>
<th>2017</th>
<th>2018</th>
<th>2020 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevention</td>
<td>% of high-incidence locations covered</td>
<td>&lt;25%</td>
<td>34%</td>
<td>90%</td>
</tr>
<tr>
<td>AGYW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key populations</td>
<td>% of key populations who reported receiving at least two prevention services in the past three months</td>
<td>SW: 46%</td>
<td>SW: 47%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MSM: 28%</td>
<td>MSM: 33%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>PWID: 30%</td>
<td>PWID: 32%</td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td>% of condom distribution need met</td>
<td>49%</td>
<td>55%</td>
<td>90%</td>
</tr>
<tr>
<td>VMMC</td>
<td>% of VMMC target achieved</td>
<td>Annual: 83%</td>
<td>Annual: 83%</td>
<td>25 million VMMCs (=100%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cumulative: 35%</td>
<td>Cumulative 46%**</td>
<td></td>
</tr>
<tr>
<td>PrEP</td>
<td>Number of people on PrEP</td>
<td>47,000</td>
<td>87,000</td>
<td>3 million (~2.25m GPC)</td>
</tr>
</tbody>
</table>
## Pillar 1: HIV prevention among adolescent girls and young women: Progress in developing programmes, but large gaps in coverage

<table>
<thead>
<tr>
<th>Country</th>
<th>Sub-national areas</th>
<th>High</th>
<th>Very high</th>
<th>Extremely high</th>
<th>Total Priority areas</th>
<th>Covered (2017-18) with adequate packages</th>
<th>% Coverage estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>18</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>To be updated</td>
</tr>
<tr>
<td>Botswana</td>
<td>27</td>
<td>15</td>
<td>12</td>
<td>0</td>
<td>27</td>
<td>11</td>
<td>41%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>To be updated</td>
</tr>
<tr>
<td>Kenya</td>
<td>47</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Malawi</td>
<td>28</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>161</td>
<td>60</td>
<td>63</td>
<td>32</td>
<td>155</td>
<td>71</td>
<td>46%</td>
</tr>
<tr>
<td>Namibia</td>
<td>38</td>
<td>32</td>
<td>1</td>
<td>0</td>
<td>33</td>
<td>4</td>
<td>12%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>37</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>To be updated</td>
</tr>
<tr>
<td>South Africa</td>
<td>52</td>
<td>9</td>
<td>27</td>
<td>16</td>
<td>52</td>
<td>15</td>
<td>29%</td>
</tr>
<tr>
<td>eSwatini</td>
<td>55</td>
<td>0</td>
<td>0</td>
<td>55</td>
<td>55</td>
<td>39</td>
<td>71%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>194</td>
<td>96</td>
<td>0</td>
<td>0</td>
<td>96</td>
<td>15</td>
<td>16%</td>
</tr>
<tr>
<td>Uganda</td>
<td>128</td>
<td>61</td>
<td>1</td>
<td>0</td>
<td>62</td>
<td>20</td>
<td>32%</td>
</tr>
<tr>
<td>Zambia</td>
<td>103</td>
<td>88</td>
<td>19</td>
<td>0</td>
<td>107</td>
<td>18</td>
<td>17%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>60</td>
<td>46</td>
<td>14</td>
<td>0</td>
<td>60</td>
<td>10</td>
<td>17%</td>
</tr>
<tr>
<td><strong>All countries</strong></td>
<td><strong>983</strong></td>
<td><strong>453</strong></td>
<td><strong>150</strong></td>
<td><strong>104</strong></td>
<td><strong>707</strong></td>
<td><strong>228</strong></td>
<td><strong>32%</strong></td>
</tr>
<tr>
<td><strong>Countries with data</strong></td>
<td><strong>917</strong></td>
<td><strong>436</strong></td>
<td><strong>148</strong></td>
<td><strong>104</strong></td>
<td><strong>688</strong></td>
<td><strong>228</strong></td>
<td><strong>34%</strong></td>
</tr>
</tbody>
</table>
Declines in new HIV infections among AGYW in Lesotho: Increasing coverage of a combination of programmes

90% coverage target

- All 10 high AGYW HIV incidence districts in Lesotho have programmes providing comprehensive package of services for AGYW (DREAMS and GF packages)
  - Condom use among young women 15-24 with NR partner increased
  - Increased comprehensive HIV knowledge
  - Increased HIV testing, linkage to care & ART
  - Community approach to PrEP including PrEP clubs – generation Aspire to increase retention

Overall, in Lesotho has reduced HIV infections by 41% among adolescent girls and young women
Coalition countries show progress in developing programmes, but there are large gaps in coverage.

Geographical coverage of priority subnational areas range from 12% to 100% in different countries mainly by DREAMS and GF AGYW supported programmes.

DREAMS results promising:

- In 2017, the majority (>60%) of DREAMS districts showed a decline in new HIV diagnoses among AGYW attending ANC clinics.
- In 2018, new diagnoses among AGYW continued to decline in 85% of these communities/districts implementing DREAMS.
- Eight DREAMS-supported districts progressed from a less than a 25% decline in new HIV diagnoses among AGYW in 2017 to a greater than 25% decline in 2018 (including communities in Lesotho & South Africa).
ECHO Trial: High HIV incidence calls for business unusual

- No large difference in HIV risk between DMPA-IM, a copper IUD or an LNG implant

- **BUT**: young adult women had extremely high rates of HIV acquisition (3.8 in 100 PY) and high prevalence of STIs

- Need to re-think HIV and STI prevention in the context of contraceptive services for women at higher risk

- We cannot go back to business-as usual
  - Programmatic action brief under development
  - Multi-country initiative focused on HIV prevention for women using contraceptive services in southern Africa

### Intention-to-treat analysis

<table>
<thead>
<tr>
<th></th>
<th>DMPA-IM</th>
<th>Copper IUD</th>
<th>LNG Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td># HIV infections</td>
<td>143</td>
<td>138</td>
<td>116</td>
</tr>
<tr>
<td>HIV incidence, per 100 woman-years (95% CI)</td>
<td>4.19 (3.54-4.94)</td>
<td>3.94 (3.31-4.66)</td>
<td>3.31 (2.74-3.98)</td>
</tr>
</tbody>
</table>
Pillar 2: Key populations and their partners and clients are over half (54%) of new HIV infections

- Remaining population: 46%
- Sex workers: 6%
- People who inject drugs: 12%
- Gay men and other men who have sex with men: 17%
- Transgender women: 1%
- Clients of sex workers and sex partners of other key populations: 18%

Source: UNAIDS 2019 estimates.
Pillar 2:
Key populations are important in all regions

Source: UNAIDS 2019 estimates.
We know what works, but have not taken it to scale.

Coverage of HIV prevention for key populations

Percentage of **gay men & other MSM** who reported receiving at least two prevention services in the past three months, selected countries, 2016–2018

Key population programmes have been taken to scale in very different context

- Zimbabwe scaled up its national HIV prevention programme among sex workers
  - Condom use at last paid sex reported as 96% by sex workers and 90% among clients
  - Scale up of PrEP for sex workers
  - Major improvements in treatment cascade for sex workers
- 2019-20 implementation plan for different key populations
Pillar 3: High condom use is achievable with active promotion and distribution: Cities and other locations are leading the way

Condom use among men (aged 15–49 years) at last high risk sex with a nonmarital, noncohabiting partner, national and subnational, countries with available data, 2012–2018

Global target (90%)

Zimbabwe
Namibia
Malawi
Lesotho
Kenya
Gabon
South Africa
Senegal
Gambia
Rwanda
Uganda
Togo
Comoros
Nigeria
Zambia
Ethiopia
Angola
Burundi
Guinea
Mozambique
Liberia
Chad
Mali
Ghana
Benin
DR Congo
Sierra Leone

Harare-Chitungwiza
Oshana
Zomba City
Maseru
Nyanza
Haut-Ogooué
North-West
Dakar
Brikama
Kigali
Acholi
Lomé
Ngazidja
Kogi
Lusaka
Harari
Zaire
Bujumbura Mairie
Conakry
Maputo City
Monrovia
N’Djaména
Bamako
Upper West
Littoral (Cotonou)
Kinsasha
Western Urban

Successful programmes go beyond procurement

- Government leadership and market stewardship;
- Analytics, population and location data
- Investment in demand creation;
- People-centered programmes with non-health sector access
- Better, more targeted, provider-initiated efficient public sector distribution
- Link to HTS/ART, new prevention options and broader HIV, SRH

Pillar 4: Voluntary medical male circumcision (VMMC)
Momentum continues but varies across countries

Annual number of voluntary medical male circumcisions, 15 priority countries, 2008–2018

*South Sudan has only recently initiated a pilot voluntary medical male circumcision programme, and data were reported for the first time in 2018. This is the reason for low numbers.


About 11 million have been performed in 15 priority countries since 2016, including. The rate of scale-up differs by country. (2020 Target: 25 million since 2016)
Equipping community mobilisers in Malawi increased VMMC uptake and proportion of older high risk clients
Pillar 5: ARV-based prevention - Countries are gradually adopting pre-exposure prophylaxis (PrEP) as an additional HIV prevention option, but access to PrEP in LMICS less is than 5% of target

Adoption of World Health Organization PrEP recommendation and guideline development, 2018

New South Wales, Australia:

13:1
- 3700 people on PrEP vs. 295 new diagnoses;
- Only 2 new infections among PrEP users*
- New diagnoses declined to 221 (25% reduction in 12 months)

28 GPC countries
0.07:1
- 87,000 on PrEP vs. 1.2 million new HIV infections
- Namibia, Kenya, Lesotho with highest coverage


Grulich et al Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study. Lancet HIV 2018; 5: e629–37 Published Online October 17, 2018
http://dx.doi.org/10.1016/S2352-3018(18)30215-7
Princess PrEP programme in Thailand

PrEP success is in terms of uptake, coverage and community service provision.

PrEP success factors:
- Political ownership
- Community involvement and owned
- Financial commitment
  - Now covered by NHIS
HIV prevention financing: Fast-track financing targets were missed
Reducing new infections NOW reduces treatment and other costs in FUTURE

Estimated resources for Prevention services in low and middle income countries in 2014 and estimated resource needs by 2020 to reach Fast Track targets of services with proven impact (per five pillars)

- Other prevention activities
- PMTCT
- VMCC
- PrEP
- Key populations
- Condoms
- Economic empowerment of young women and adolescent girls

Sources: Izazola/Mattur: Better targeting of existing investments in prevention is needed to focus on interventions with proven impact: Prevention resources need to double by 2020 to reach Fast Track targets. AIDS 2018, Amsterdam.

Limitation: IHME estimates are based on purchasing power parity adjustments, i.e. the trend in actual spending in current US$ might not be exactly the same.

- Since 2015, annual prevention funding has remained relatively flat and stable at US$1.5B, after significant declines from 2012-15.
- In 2017, global HIV prevention accounted for 17% of total investments for HIV – below the ‘quarter for prevention’ UNAIDS target.
- Funding for prevention overall is increasingly targeted, including integrated funding for condoms.
- Meanwhile, interventions targeting general populations engaging in high risk behaviors, such as sex with a non-regular partner, are generally not prioritized.
Call for Action

- **Accelerate** for key locations and key/priority populations needs to remain the core focus of the Coalition in 2020
  - Close gaps on all 10 Roadmap actions & improve quality
  - Make a final push on 2020 programmatic targets

- Strengthen **community platforms** for prevention, testing, treatment and rights – and take them to scale

- Re-enforce **multisectoral response**: recruit non-health leadership & investments

- Increase **financing** and efficient **resource allocation**: Develop a full expression of prioritized need

- Build critical **prevention capacities** at country level: oversight, technical, implementation and programmatic monitoring
Thank you!
Countries with progress in implementing 10 Roadmap Actions show greater reductions in new HIV infections

- Higher score is reflective of greater progress in implementation of the 10 Roadmap actions
- Countries with higher scores cluster under greater reductions in new HIV infections categories
Regional trends in new HIV infections are driven by specific country epidemics.

**Trends in new HIV infections, by region, 2010–2018**

- **Asia and the Pacific**: -18% reduction from 199,000 to 159,000.
- **Latin America**: A net increase from 57,000 to 64,000.
- **Eastern and southern Africa**: A net increase from 290,000 to 350,000.
- **Middle East and North Africa**: A net increase from 5,000 to 10,000.
- **Eastern Europe and central Asia**: A net increase from 200,000 to 229,000.
- **Western and central Africa**: A net increase from 396,000 to 409,000.

Source: UNAIDS 2019 estimates.
The 2016 UN Political Declaration on ending AIDS set global programmatic targets for prevention for the first time.

<table>
<thead>
<tr>
<th>IMPACT</th>
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<tbody>
<tr>
<td>Reduce the global number of people newly infected with HIV to fewer than 500,000 (a 75% reduction against 2010 targets).</td>
</tr>
<tr>
<td>Reduce the global number of adolescent girls and young women newly infected with HIV to fewer than 100,000.</td>
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<table>
<thead>
<tr>
<th>COVERAGE</th>
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<tbody>
<tr>
<td>Ensure that 90% of people at risk of HIV infection have access to comprehensive HIV prevention services, including:</td>
</tr>
<tr>
<td>- All young people in high-prevalence settings.</td>
</tr>
<tr>
<td>- Key populations everywhere, including sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs and prisoners.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTPUTS</th>
</tr>
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<tbody>
<tr>
<td>Ensure the following:</td>
</tr>
<tr>
<td>- Three million people at high risk access pre-exposure prophylaxis (PrEP).(^a)</td>
</tr>
<tr>
<td>- An additional 25 million young men voluntarily medically circumcised in 14 countries in Africa.(^b)</td>
</tr>
<tr>
<td>- Twenty billion condoms per year are made available in low- and middle-income countries.(^c)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>POLICY</th>
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<tbody>
<tr>
<td>Remove policy barriers to prevention services and commodity access.</td>
</tr>
<tr>
<td>Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV, and key populations.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>FINANCING AND SUSTAINABILITY</th>
</tr>
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<tbody>
<tr>
<td>On average, allocate one quarter of total HIV budgets for prevention.(^d)</td>
</tr>
<tr>
<td>Ensure that at least 30% of service delivery is community-led.</td>
</tr>
</tbody>
</table>

\(^a\) Equals approximately 10% of people at high risk.

\(^b\) This equates to 90% of voluntary circumcisions among those aged 10–29 years.

\(^c\) Equals 25–50 condoms per male per year in high-prevalence countries.

\(^d\) Depends on HIV prevalence and treatment costs.
Great progress on 90-90-90 but inequities persist, in particular for KPs and other priority populations (M25-34, W15-29) for prevention

Antiretroviral therapy coverage among sex workers versus adult population, selected countries, 2016–2018

Note: The use of an asterisk (*) indicates that data for marked countries come from programme data (which tend to show higher values) and not from a survey.