Day One

9:00 – 9:30:  Introductions, agenda review (Kesete Admasu, Mark Dybul, Alexander Kohnstamm)

9:30 – 10:15:  The Potential Impact of Reduced Funding for HIV on Scale Up Strategies: Opening remarks that set the stage for the meeting (Ale Trossero, Nduku Kilonzo, Francois Venter – 10 minute each)
   •  The potential for harm by trying to do too much with too little
   •  Does meeting 90-90-90 end HIV as a public health threat?
   •  Who is being left behind now?

10:15 – 10:30  Break

10:30 – 1:00  Threats to sustaining and expanding success in the HIV response (David Barr co-facilitates):
   1.  Continued poor uptake and retention in testing, treatment and prevention among key populations, young people, micro-epidemics, mobility (Wafaa El-Sadr)
   2.  Weak links in human resources and health systems (Meg Doherty)
   3.  Weak links in the drug supply chain, (Dave Ripen)
   2.  Growing rates of drug resistance and need for 2nd line regimens (Tobias Rinke de Wit)
   5.  Insufficient commitment for critical enablers and human rights protection in the HIV response and its effect on outcomes (Carolyn Gomes)

1:00 – 2:00  Lunch

2:00 – 3:00  Examining resource needs
   1.  Current state of HIV funding compared with the estimated need through 2030 (Peter van Rooijen)
   2.  The state of domestic investment and transition planning in MICs

3:00 – 4:00  What do you pay for if there isn’t enough money? (Kesete Admasu facilitates)
   Three 10-minute presentations followed by group discussion
   •  Results from modeling: what happens to outcomes when services are reduced or cannot expand due to funding cuts? (David Paltiel)
   •  How are countries prioritizing funding allocations now? What is driving those priorities? Could re-prioritization improve outcomes and save resources? (Two views: Regis Choto, Mit Philips)
4:00 – 4:15  Break

4:15 – 5:30  Getting the most out of what we have: (Mark Dybul facilitates)
- What are the cost drivers?
- Where can efficiencies be found by reducing costs for commodities and services?
- Where can efficiencies be found through more targeted and strategic approaches for treatment and prevention uptake?
- Are the current resource needs estimates accurate?
- Can cost savings alone make up the shortfall?

Day Two

8:45 – 9:00  Recap from Day One and Agenda Review

9:00 – 10:30  Getting serious about social determinants (David Barr facilitates)
One speakers set stage for group discussion (5 minutes each) (Svetlana Moroz,)
- How do the structural factors that drive vulnerability to HIV infection and illness, particularly among key populations and young people affect the ability to reach current targets?
- What is the value of an HIV-specific approach for the near and long-term?
  o How can efforts to address social determinants be better incorporated into HIV programming?
  o How can structural interventions to improve development and rights effect and create leverage to improve HIV outcomes?
- What do the SDGs mean for HIV? How can/should HIV advocates and programs maximize resources and decisions that governments are being pressured to make across all the SDGs?

10:30 – 10:45  Break

10:45 – 12:00  As resource-limited countries and civil society consider their responses to potential contractions in support for HIV programs, what kinds of data are needed and available to best evaluate the clinical, epidemiological, and budgetary consequences of alternative HIV program scale-back strategies?
Break out groups
- Incidence and provision of prevention services
- HIV, TB and HCV treatment needs, scale up and maintenance
- HIV testing and linkage to care needs and delivery
- Funding levels, costs, and allocations
- Human rights and critical enablers

12:00 – 1:00  Report backs and discussion
1:00 – 2:00  Lunch

2:00 – 4:00  Developing ethical and strategic parameters for priority setting when facing low and/or decreasing funding levels (Two discussants (Jerome Singh, Wame Mosime) set the stage for a full group discussion – 10 minutes each – and co-moderate the session. David Barr facilitates)

- Do you continue to initiate even though it stretches systems thin? Or do you deepen systems to be more comprehensive and effective for those who are already in care and treatment?
- Do you focus primarily on reducing new infection rates or keeping people from getting sick and dying?
- Preserving ART effectiveness and first-line regimens
- Protecting human rights and equity

4:00 – 4:30  Next steps and closure (Chairpersons Mark Dybul, Kesete Admasu)