

# **Ensuring Efforts to Scale up, Strengthen and Sustain HIV Responses**

**A Project of the Joep Lange Institute**

- **Protect the quality of HIV treatment delivery**
- **Scale up community-based service delivery and advocacy**
- **Reinvigorate primary prevention**
- **Develop sustainable and equitable funding approaches**
- **A commitment to human rights protection**

JOEP LANGE INSTITUTE

# Primary HIV prevention goals are not being met

- Prevention funding is well below the recommended level of 25% of total HIV funding
- Prevention targets will not be reached through treatment alone
- Population growth in sub-Saharan Africa presents significant threat of widespread new infections among adolescents and young adults
- Key populations remain underserved.

**1 900 000**  
new HIV infections  
among adults in 2015

## PREVENTION GAPS

Only 38% of people living with HIV are virally suppressed.

Condoms available in sub-Saharan Africa cover less than half of the need.

Two-thirds of young people do not have correct and comprehensive knowledge of HIV.

Condom use is much too low across all population groups at higher risk of infection.

43% of countries with documented injecting drug use do not have needle-syringe programmes in place.

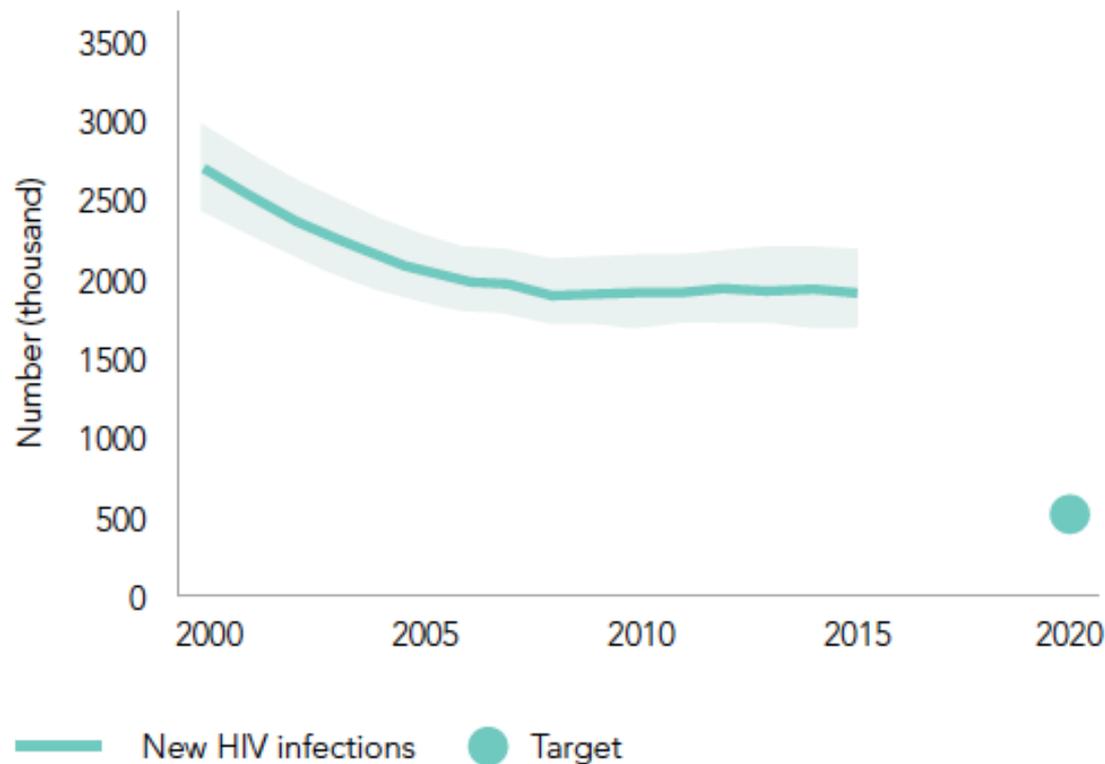
The annual number of voluntary medical male circumcisions must nearly double to reach the 2020 target.

PrEP coverage is less than 5% of the 2020 target.

Fewer than  
**500 000**  
new HIV infections  
among adults in 2020

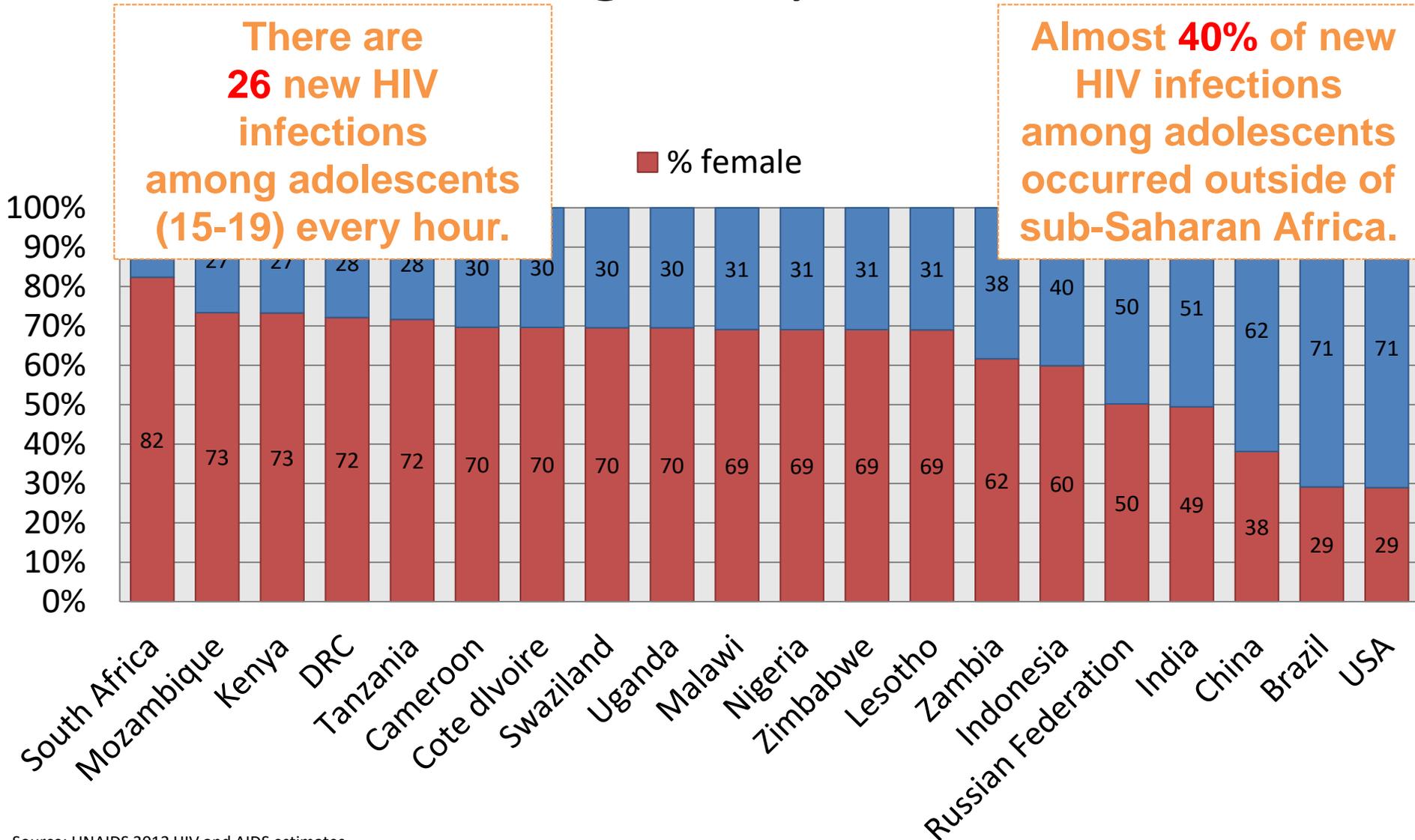
# New infections in adults >15 yrs

## New HIV infections among adults (aged 15 years and older), global, 2000–2015

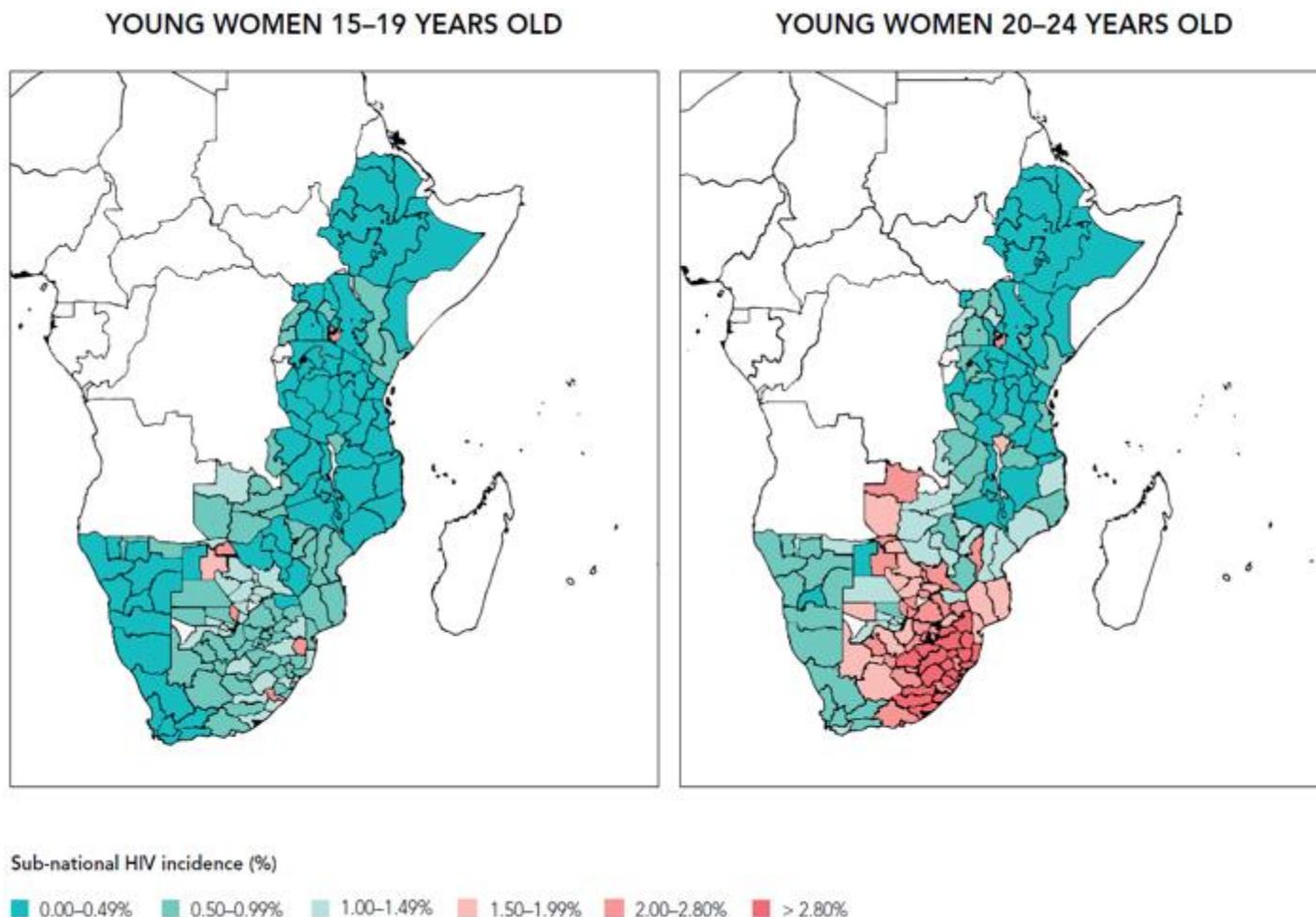


Source: UNAIDS 2016 estimates.

# 2.1 Million new infections in young populations globally

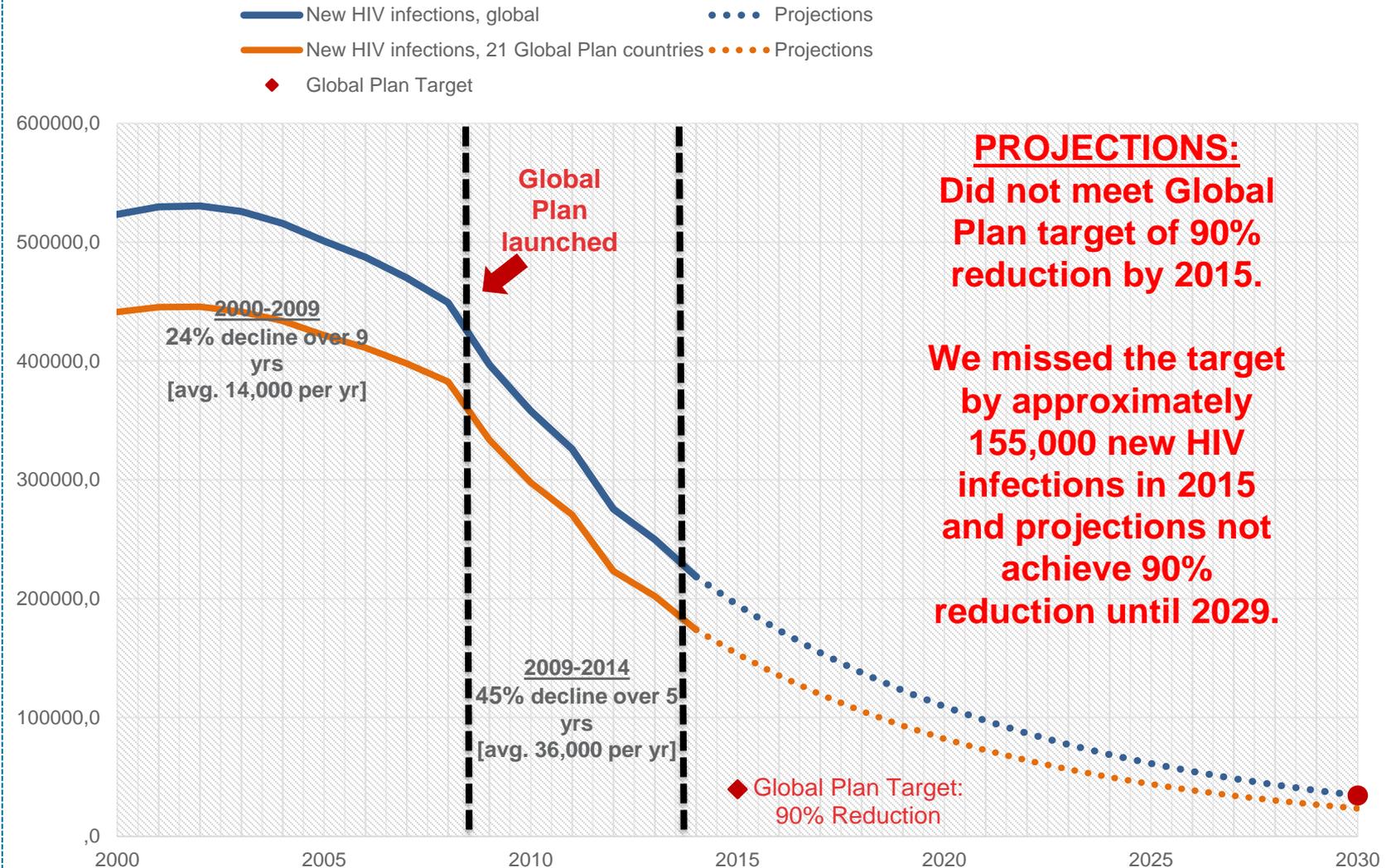


# Subnational HIV incidence (%) among young women (aged 15–24 years), by age group, eastern and southern Africa, 2014–2015



Source: UNAIDS special analysis, 2016; for more details, see annex on methodology.

## Trends and projections in the estimated number of new HIV infections among children (aged 0-14), global and 21 sub-Saharan African Global Plan countries, 2000-2030



Source: UNICEF analysis of UNAIDS 2014 HIV and AIDS estimates, July 2015.

# 12 populations being left behind



**I am a person living with HIV.**  
Worldwide, 19 million of the 35 million people living with HIV today do not know that they have the virus.



**I am a young woman.**  
76% of adolescent girls in sub-Saharan Africa do not have comprehensive and correct knowledge about HIV.



**I am a prisoner.**  
HIV prevalence among prisoners in some settings is 50 times higher than among the general population.



**I am a migrant.**  
Around the world, 39 countries have an HIV-related travel restriction.



**I am an injecting drug user.**  
Only 55 of 192 countries offer a needle-syringe programme.



**I am a sex worker.**  
HIV prevalence among sex workers is 12 times greater than among the general population.



**I am a man who has sex with other men.**  
Same-sex sexual conduct is criminalized in 78 countries.



**I am a transgender woman.**  
Transgender women are 49 times more likely to acquire HIV than all adults of reproductive age.



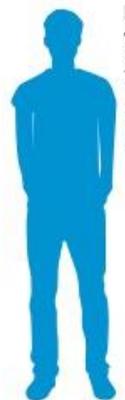
**I am a pregnant woman.**  
Only 44% of pregnant women in low- and middle-income countries received HIV testing and counselling in 2013.



**I am a child.**  
Of the 3.2 million children under the age of 15 living with HIV, 2.4 million are not accessing antiretroviral therapy.



**I am a displaced person.**  
At the end of 2013, there were 51.2 million people forcibly displaced worldwide.

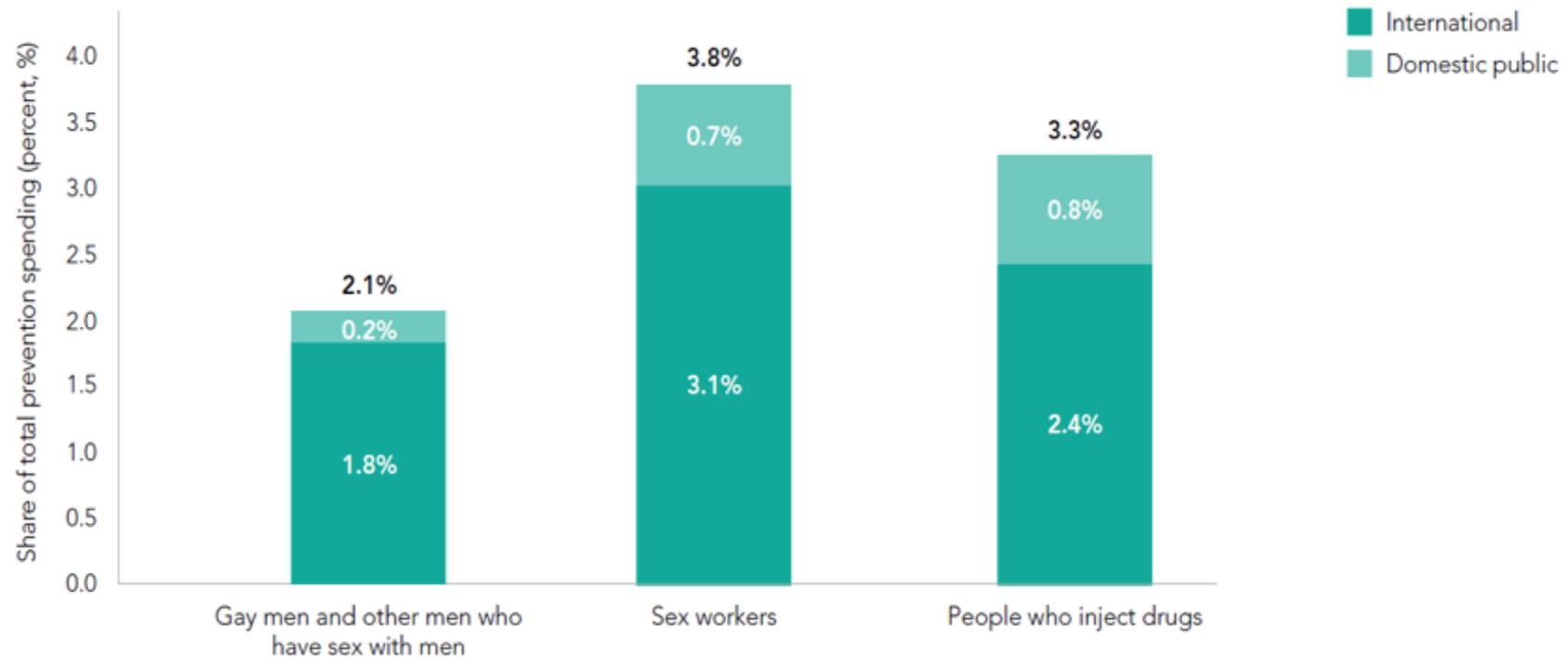


**I am a person living with a disability.**  
23% of men with a disability do not return to seek health care because they were treated badly at a previous visit.



**I am 50+.**  
The life expectancy of people aged 50 and older living with HIV and accessing treatment is the same as the life expectancy of others of the same age.

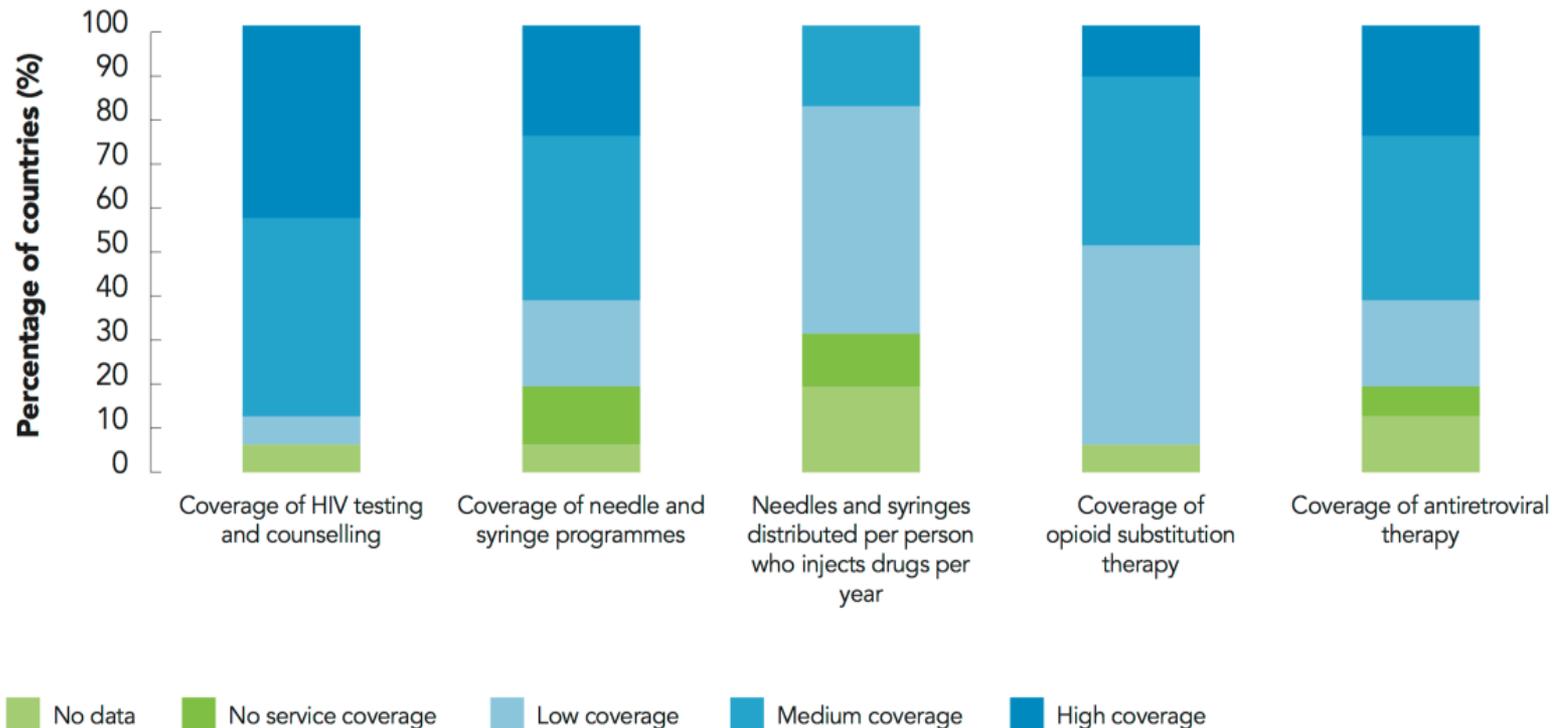
# Spending on programmes specifically for key populations as a percentage of total prevention spending by source, 2010–2014



# Harm Reduction

Nearly 1/3 of all new HIV infections outside of sub-Saharan Africa are caused by injection drug use with shared, unsterilized equipment, yet access to prevention remains inadequate

Percentage of countries reporting HIV prevention service coverage for people who inject drugs by level of coverage



Source: UNAIDS (2014) The Gap Report

# Antiretroviral therapy coverage among select key population groups and the general adult male population (aged 15 years and older), matched by survey year, 2013–2015



Without an increased effort to reduce HIV transmission, epidemic control is not possible. This requires a ***significant increase in funding***.

- **Governments** should eliminate laws and policies that discriminate and/or criminalize consensual sexual behavior, drug use and eliminate bans on effective prevention activities such as syringe exchange and substitution therapy.
- **Governments** should seek to rapidly scale up PrEP access that is accompanied with quality support services and diagnostic testing.
- **UNAIDS, the World Bank, and the Global Fund** should take an active role in proposing innovative financing tools for prevention. Pay-for-performance funding coupled with social impact bonds is a promising method of funding these services, as are mobile vouchers.
- The **Global Fund, PEPFAR and other donors** should develop ways to more successfully incentivize countries to focus more on primary prevention. The **Global Fund** should seek to boost prevention funding in its grants, perhaps by setting strict minimum targets both for proposals and signed agreements.
- It is not possible to control the HIV epidemic without more and better information to guide decision-making about how and where to prioritize prevention interventions, particularly information about key populations, adolescents, and young adults. Improved, targeted data on HIV incidence and key population sizes, disaggregated by sex, age and demographics, are needed to identify micro-epidemics and 'hotspots' at national and sub-national levels.