

We can ensure that people living with HIV receive treatment



Joint Action for Results

UNAIDS Outcome Framework:
Business Case 2009–2011



Cover photo: UNAIDS / O. O'Hanlon

UNAIDS / JC1969E (English original, January 2011)

ISBN 978-92-9173-950-9

© Joint United Nations Programme on HIV/AIDS (UNAIDS) 2010. All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.



Photo UNAIDS



Photo UNAIDS / P. Viroit



Photo UNAIDS / P. Viroit

Uniting the world against AIDS

UNAIDS Joint Action for Results

In *The Joint Action for Results: UNAIDS Outcome Framework, 2009–2011*, UNAIDS Executive Director, Michel Sidibé, called for a new and more focused commitment to the HIV response. The Outcome Framework committed the UNAIDS Secretariat and cosponsors to leverage their respective organizational mandates and resources to work collectively with national and global partners to deliver results for people at country level. It outlined 10, interconnected priority areas, each representing a pivotal component of the AIDS response, all of which are reflected in the UNAIDS 2010–2011 Unified Budget and Workplan. It opened each of the ten areas with an affirmative challenge (see inside back cover).

For each priority area, a business case was developed by a global UNAIDS interagency working group, building upon and complementing action on the ground. Each business case is different, due to differences in the scope, knowledge base and stage of development of the policies and programmes involved. However, each business case succinctly explains the rationale for the priority area and outlines why success in this area will dramatically decrease new HIV infections and improve the lives of people living with and affected by HIV. The business cases delineate what is currently working and what needs to change in order to make headway in the 10 areas. They are intended to guide future investment and to hold UNAIDS accountable for its role in achieving tangible results. Each priority area business case presents three results to be achieved globally by 2011, which mark important progress towards our shared 2015 goals. These business cases informed both the UNAIDS 2011–2015 Strategy and the development of the 2012–2015 Unified Budget, Results and Workplan.

In 2009, UNAIDS' Executive Director asked each country Joint United Nations Team on AIDS, in consultation with their national AIDS programme, to identify three to five of the priority areas for intensified, unified United Nations (UN) support in 2009–2011. The global priority area working groups also proposed strategies to maximize UNAIDS' impact – some focusing on countries with the largest disease burden, and others on phasing waves of research or technical support according to learning opportunities and demand from local stakeholders. The work at country, regional and global levels has strengthened the foundations and baselines for action toward the ten goals of UNAIDS' 2011–2015 Strategy, *Getting to Zero*.

Focused, concrete and synergistic actions in the ten areas have the potential to change the trajectory of the epidemic. They will help to achieve universal access to HIV prevention, treatment, care and support, and contribute to achieving the Millennium Development Goals. Optimizing partnerships between national governments, communities, the UN, development partners and other stakeholders, the business cases recommend ways forward that build on decades of research and experience, and focus our work, hearts and minds on a unified and strategic vision.



KAPPA

Photo UNAIDS

We can ensure that people living with HIV receive treatment

1. WHY IS THIS A PRIORITY AREA?

As the number of people living with HIV worldwide continues to grow, HIV-related illness remains a leading cause of death. It is likely to continue to be a significant cause of premature mortality in the coming decades. Antiretroviral therapy (ART) enables people to regain control over their lives, dignity, productivity and employment and contributes to reducing further transmission of HIV and tuberculosis (TB). People living with HIV have a basic human right to equitable access to quality, efficient and sustainable interventions for HIV prevention and treatment.

Where ART is widely available, it has had an extraordinary impact on HIV-related morbidity and mortality, enabling people to lead relatively normal, healthy lives. The number and proportion of people in need who are receiving ART is growing. Approximately 5.2 million people were receiving it in December 2009, up from 300 000 in 2003. Between 2001 and 2009, the number of new infections globally declined by 19%. Despite these rapid and remarkable gains, and high coverage of ART in some countries, coverage in many other countries remains below the commitments made to achieve universal access by 2010. National AIDS programmes have worked with funding partners, the UN and others to set ambitious new targets for 2015 to accelerate the pace of scale-up.

In addition to preventing HIV-related mortality, expanded access to, and earlier initiation of, ART reduces HIV transmission and TB incidence and mortality. Health surveys in Zambia and Rwanda have reported that 55–93% of new, heterosexually acquired HIV infections among adults occurred within serodiscordant marital or cohabiting relationships. An intervention for discordant couples that reduced transmission from 20% to 7% per year could prevent 36–60% of new HIV infections. In these settings, ART is therefore a “two for one” investment—in treatment and prevention—for controlling severe, generalized HIV epidemics.

To realize these added TB and HIV preventive benefits of earlier access to treatment, key priorities are radical expansion of HIV testing and counselling—both provider and client initiated—and systematic research into the potential role of ART in helping to prevent the spread of HIV.

Scale up of access to ART directly contributes to achieving MDG6 (combat HIV/AIDS, malaria and other diseases), MDG4 (reduce child mortality) and MDG5 (improve maternal health). Scaling up ART also supports related UNAIDS priority areas, such as preventing people living with HIV from dying of TB and preventing mother-to-child transmission of HIV. Paediatric HIV has been virtually eliminated in industrialized countries, but children still account for close to one in six new infections in sub-Saharan Africa. Although paediatric treatment numbers have increased significantly, children remain the population with the lowest coverage of HIV services. Approximately 50% of all untreated HIV-positive children die by two years of age, and improving access to treatment in HIV-positive infants and children is critical to reducing mortality of children aged under five years in many parts of the developing world.

¹ Devereux S, Sabates-Wheeler R. Transformative social protection. Brighton, UK, Institute of Development Studies, 2004 (IDS Working Paper 232).

Investment in scaling up access to HIV treatment to a level that can serve all who need it also strengthens overall health systems. It is widely recognized that the effective management of HIV and other chronic diseases in many low- and middle-income countries will require stronger health systems; weak and dysfunctional health systems in many low-income countries are slowing the progress of HIV prevention, treatment and care programmes. Investments in staff training and management, forecasting, procurement, commodities distribution, laboratory infrastructure and community engagement from scaling up HIV treatment access in diverse settings—including humanitarian emergencies and fragile states—can drive concurrent improvements in overall health systems and speed progress towards achieving health-related MDGs more broadly.

Although enormous progress has been made towards increasing access to HIV treatment in the past five years, universal access and MDG6 have not been achieved. A number of countries have begun to see the benefits of ART scale-up, including improvements in quality of life and longevity, but a great deal of work remains to be done.

Key points concerning the work that lies ahead include the following:

- ▶ Important new evidence on the preventive benefits of ART suggests that prevention impacts are likely to come from a combination of prevention interventions and simplified ART, which through suppressing viral load significantly reduces the infectiousness of people living with HIV.
- ▶ Paediatric AIDS, which contributes significantly to under-five mortality, is readily preventable. Expanding treatment for HIV-positive pregnant women and children (one of the four prongs of prevention of mother-to-child transmission) is a top priority that is also directly linked to the MDG goals of improving maternal and child health and strengthening health systems.
- ▶ Global economic challenges have put domestic and donor resources for HIV under pressure. Mobilizing the increased political and financial commitments needed to expand and sustain treatment access will require bold efforts to improve efficiencies in treatment programmes and strong advocacy based on solid evidence demonstrating the many positive HIV and non-HIV health outcomes from investment in ART programmes.
- ▶ The global recession has also led to deteriorating financial situations in many HIV-affected households. Evidence shows that many households are reducing their expenditure on food and, with that, their dietary diversity, with negative consequences for overall nutritional status and health. Individuals and families are increasingly facing economic difficulties in accessing health care and related supportive services.
- ▶ Countries and UN organizations that support them must move more rapidly towards a development response, with a long-term perspective on how to align the AIDS response with the goals of national development frameworks. The shift towards a development response is in line with broader donor thinking and increased commitments to strengthening health systems. Greater strategic engagement is needed between the World Health Organization (WHO), other UNAIDS cosponsors and the UNAIDS Secretariat, and major treatment players and implementers to reduce inefficiencies and leverage resources and expertise.
- ▶ Provision of HIV services must address the needs of populations who are most at risk (sex workers, people who inject drugs and men who have sex with men) and vulnerable populations (forcibly displaced populations and others affected by humanitarian crisis situations, those in closed settings, pregnant women and children).



Significant investment since 2003 and the setting of global treatment targets by WHO and UNAIDS Secretariate—through the "3 by 5" strategy and, more recently, universal access—are bearing fruit; lives are being saved and improved through access to ART. Furthermore, increased national and international support and action for treatment have expanded the availability and coverage of priority health-sector interventions for HIV prevention and care, and increased political and financial commitment to scale-up. The challenge now is to ensure that the gains made in the past five years are sustained and expanded.

Goal and bold results

The **goal** to be achieved by 2015 is universal access to ART for people living with HIV who are eligible for treatment. Universal access to ART is not just a question of health service provision. To be effective, treatment must be in the context of care and support, including adherence and nutritional support.

In order to deliver on this goal, the following **bold results are envisioned for 2010–2011**:

- ▶ Increase by at least 1 million the number of new people initiating ART per year in the 10 countries with the highest numbers of people in need and among high prevalence groups in countries with concentrated epidemics. (Approximately 5.2 million people were on ART at the end of 2009.)
- ▶ Increase by at least 150 000 the number of new children initiating ART per year in the 10 countries with the highest numbers of people in need. (Approximately 355 000 children were on ART at the end of 2009.)
- ▶ By 2011, 60% of 15–49-year-olds living with HIV worldwide will know their HIV status, and 80% of HIV-positive people worldwide will know their HIV status by 2015.



2. WHAT NEEDS TO BE DONE?

Based on the experience of countries in all world regions, the UNAIDS expert working group on ART has identified four critical outcomes that must be achieved through national HIV programmes to optimize treatment and sustain and expand access to treatment into 2015 and beyond:

1. **Widespread knowledge of HIV status** through widely available HIV testing and counselling services that protect human rights in all settings; and HIV care, support and treatment for those who test HIV-positive. Parents should know the HIV status of their infants and children so that they can oversee their care, treatment and social integration.
2. **Equitable and non-discriminatory access to HIV services** as a basic human right, with affordable HIV-related commodities, including an uninterrupted supply of antiretroviral drugs, nutritional support, and diagnostic and monitoring tools.
3. **Quality HIV treatment and care services** that are scaled up and available at all levels of health systems, including for key populations most at risk (sex workers, injecting drug users and men who have sex with men) and vulnerable populations (displaced and incarcerated persons, pregnant women and children).
4. **Political and financial support** for expanded, long-term access to AIDS treatment.

These outcomes illustrate the important linkages across the diverse UNAIDS priority areas and the promise of synergies when these priority areas are planned and coordinated together. The linkages apply to the outcome areas that focus explicitly on services that employ the use of antiretroviral drugs (such as prevention of mother-to-child transmission, post-exposure prophylaxis and antiretroviral therapy), and also to outcome areas seeking to remove punitive laws, stigma and discrimination; to empower young people and key populations (including men who have sex with men, sex workers and their clients, and transgender people); and to provide social protection services—including food security—for families in need.

TREATMENT 2.0

Treatment 2.0 is a platform launched by UNAIDS Secretariat and WHO to radically simplify how HIV treatment is currently provided, and to energize and strengthen national programmes to scale up towards universal access to life-saving ART. Modelling suggests that, compared with current treatment approaches, Treatment 2.0 could avert an additional 10 million deaths by 2025.

Achieving the full benefits of treatment requires progress across five areas:

Optimize drug regimens. UNAIDS calls for the development of new drugs, leading to a “smarter, better pill” that will be less toxic, longer acting and easier to use. Combined with dose optimization and improved sequencing of first- and second-line regimens, this will simplify treatment protocols and improve efficacy. Optimizing HIV treatment will also result in other health benefits, including reducing HIV and TB transmission.

Provide access to point-of-care diagnostics. Monitoring treatment requires complex equipment and specialized laboratory technicians. Simplifying diagnostic tools to monitor treatment at the point of care could reduce the burden on health systems.

Reduce costs. The bulk purchasing of HIV medicines by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), UNITAID and the US President’s Emergency Plan for AIDS Relief (PEPFAR), and work on forecasting needs for antiretrovirals led by the Clinton Health Access Initiative (CHAI) and WHO have all greatly improved access to HIV drugs. Economies of scale and price reductions for antiretroviral drugs have been critical for treatment scale-up, and should be followed by further reductions, especially for newer first- and second-line drugs currently under patent. Although drug prices can be reduced, the potential gains are highest in reducing other costs of providing treatment, such as diagnostics, hospitalization, monitoring treatment and out-of-pocket expenses, which are currently twice the cost of the drugs themselves.

Adapt delivery systems. Simpler diagnostics and treatment regimens will enable service delivery systems to be further decentralized and integrated, thereby reducing redundancy and complexity and facilitating a more effective continuum of treatment, care and support, including access to nutrition support. Task-shifting and strengthening procurement and supply systems will be important elements of this change.

Mobilize communities. Access and adherence to treatment can be improved by involving the community in managing treatment programmes—by promoting the scaling up of voluntary testing and counselling, and reducing stigma and discrimination in health-care settings and communities. Strengthening the demand and uptake for testing and treatment will both improve treatment coverage and help to reduce costs for extensive outreach. Greater involvement of community-based organizations in treatment maintenance, adherence support and monitoring will reduce the burden on health systems. UNAIDS has facilitated several models of partnership, centred on civil society and the “greater involvement of people living with HIV/AIDS” (GIPA). This ongoing engagement with civil society partners has been key to increasing access to affordable treatment—especially for populations that are most at risk and vulnerable—as well as to establishing, monitoring and implementing the universal access targets.

UNAIDS Secretariat, WHO and other cosponsors have a successful track record of advocating for and mobilizing unprecedented financial resources for treatment from international, domestic and philanthropic sources. Through the “Three Ones” principles, UNAIDS has also established harmonization and alignment strategies to increase efficiency, coherence and accountability. UNAIDS is working closely with important health initiatives to offer further opportunities to leverage funds that will significantly influence progress towards universal access goals. These initiatives include the International Health Partnership and related initiatives (IHP+), the Taskforce on Innovative Financing for Health Systems, and proposals for a joint platform for health systems strengthening involving the Global Alliance for Vaccines Initiative, the Global Fund and the World Bank.

HIV treatment programmes can and should be used to support health system strengthening. The HIV response has drawn attention to prevailing constraints and shortfalls within public health-care systems in many low- and middle-income countries and has helped initiate a renewed dialogue on health system strengthening overall. The WHO Positive Synergies Project provides the most recent synthesis of evidence on how disease-specific global health partnerships support health system strengthening. Its findings suggest that HIV funding has supported health systems by freeing up resources for other health services at the facility level (due to reductions in case loads from HIV patients) and has strengthened workforce productivity through task-shifting and in-service training. HIV funding should continue to promote and expand such synergies.

Finally, access to life-saving therapy needs to be understood as an inalienable human right and a public health necessity that can be delivered, as evidence shows, in a range of settings—from workplace settings to faith-based and government health services, and multipartner services in settings affected by emergencies and humanitarian crises.

The past decade has brought evidence of what is working and has also pointed to areas that need improvement. More than 10 million of the estimated 15 million people needing ART are still without access to treatment (based on estimates from the end of 2009). Action is required on the following significant challenges to universal access:

- ▶ **Globally, initiation of ART is often late.** Many people living with HIV continue to be diagnosed late, preventing timely initiation of treatment when its potential to improve survival is greatest. Putting more people onto treatment earlier, in accordance with WHO 2010 guidelines, will reduce both the health-care costs for each patient and the number of new infections. Although implementation of these guidelines will cause additional financial pressures in the short term, it is likely to lower costs over the longer term as people start treatment earlier, continue healthy and productive lives, and become less likely to transmit HIV and TB.
- ▶ **HIV testing and counselling services are widely underused.** Although significant progress has been made towards making HIV testing and counselling available worldwide, population-based surveys conducted in low- and middle-income countries indicate that less than 40% of people aged 15–49 living with HIV have ever received an HIV test and test results. WHO estimates that only 15% of all HIV-exposed infants received a diagnostic test for HIV in 2009.
- ▶ **Stigma and discrimination, in the community and in the health-care system,** and criminalization of behaviour that puts people at risk for HIV remain significant challenges and barriers to accessing services for HIV prevention and treatment.
- ▶ **Some at-risk and vulnerable populations have poor access to HIV treatment.** Rural populations, pregnant women, children and key populations at higher risk have particular difficulty accessing HIV treatment.



- ▶ **Scale-up of services for prevention of mother-to-child transmission has been slow**, despite being a proven cost-effective and efficacious intervention, and the treatment gap for children is especially grave.
- ▶ **The retention of people on ART continues to be an enormous challenge.** For example, in sub-Saharan Africa, it is estimated that only 75% of people remain on therapy at 12 months after initiation, and only 67% remain at 24 months. More work and investment in promoting adherence are critical.
- ▶ **Nutritional support is still not available to many people living with HIV** who start ART and require nutritional support, and many regions of the world lack the capacity to carry out essential nutrition assessment, education and counselling. Evidence shows that food insecurity and poverty are important barriers to taking up and adhering to treatment. More research is needed to better understand the nature of these obstacles and how to overcome them.
- ▶ **Weak health systems undermine progress towards universal access** to treatment, especially in low-income and some middle-income countries. Outdated infrastructure, under-equipped facilities, human resource constraints, unreliable supply chains and inadequate domestic health funding jeopardize efforts to expand and sustain progress. In addition, the weakness of country management information systems hinders the establishment of robust and manageable **monitoring and evaluation schemes for HIV programmes**. Importantly, opportunities do exist to scale up the use of alternative models for reaching people with HIV-related services—for example, in workplace and humanitarian settings. Such opportunities need to be affirmatively and aggressively taken.
- ▶ **The current treatment financing model is outdated.** Treatment needs are outstripping available financial resources, and the levels of funding required to achieve universal access are outstripping existing commitments from national governments and donors. The current funding model needs to be thoroughly reviewed and updated, taking into account the successes, opportunities, costs and returns of investing in AIDS treatment. Strategic partnerships with the private sector could generate additional resources from beyond the health sector. Funding from domestic sources must increase. However, donor funding—particularly in low-income countries—will also probably be necessary over the next decade.
- ▶ **Funds already secured must be used more efficiently.** Inefficiencies at every level in the current HIV response can be traced to poor governance, weak institutional capacity and unsound or inappropriate policies and incentives, and sometimes to corruption. In addition, there is insufficient integration of HIV programming with services for TB and sexual and reproductive health, and with primary care, harm reduction and other services for people who use drugs. Further integration would improve efficiencies. Closing the “efficiency gap” and making better use of existing funding could potentially generate better overall results in HIV treatment and care.
- ▶ **Maintaining long-term political commitment and keeping HIV high on the global agenda** are significant challenges that require sustained and vigorous action. The global economic crisis, donor fatigue with HIV, uncertainty about the implications of long-term treatment and conflicting priorities are challenging the place of HIV on the global health and development agenda. Developing different scenarios to illustrate the human and economic benefits of expanding long-term treatment—as well as the costs of inaction—may boost political and financial support for HIV over the coming years.



3. MOVING FORWARD

Consultations undertaken to develop this business case have identified a number of changes that UNAIDS can make to increase the joint programme's contribution in this priority area. Recommended improvements include the following:

- ▶ **Enhance strategic advocacy to sustain political commitment to universal access at the global and country levels.** WHO and UNAIDS Secretariat are accelerating their advocacy efforts to support treatment scale-up through the Treatment 2.0 approach. Efforts to foster new strategic alliances, in collaboration with eminent opinion leaders, must build greater awareness of why treatment should be pursued over other challenges and health priorities.
- ▶ **Make treatment access an essential and sustainable component of all development responses.** Defining AIDS as a public health emergency that requires an emergency response has contributed significantly to the scaling up of the AIDS response, particularly access to treatment. UNAIDS will continue to make the case for universal access to treatment, while also leading the way towards sustainable, high-quality responses to HIV and other public health challenges by the health sector.
- ▶ **Ensure agile responses to each country's technical support needs**—in particular, through the country offices of WHO, other UNAIDS cosponsors and the UNAIDS Secretariat.
- ▶ **Provide nutritional support in all countries as appropriate.** This should include NAEC (nutrition assessment, education and counselling) for all and the provision of food supplements for those in need.
- ▶ **Improve and promote efficiency.** UNAIDS has a key role to play in making existing resources work better by identifying inefficiencies, and advising on and demonstrating efficiency gains in HIV responses.

Recognizing the need for innovative financing, WHO and the UNAIDS Secretariat will continue to work towards greater collaboration with philanthropy and developing further innovative financing mechanisms over the coming years.

Since 2004, the WHO Member States, joined by the Joint United Nations Teams on AIDS, have identified access to ART as a priority area and a continued need. UNAIDS remains firmly committed to addressing this need.



The role of UNAIDS

As a provider of credible information, a developer of internationally recognized clinical guidelines for ART, and a central convener and coordinator for current and emerging issues in the health sector at the global and country levels, WHO is UNAIDS's lead agency and convener for this priority area. As such, WHO is uniquely situated to set global norms and standards, provide countries with needed technical support related to the health sector, and provide a platform for rights-based and evidence-informed planning and advocacy for the issues prioritized in this business case.

Engaging external partners and other stakeholders

The most significant programmes and sources of finance for treatment lie with national governments, the affected community and international donors, particularly PEPFAR, the Global Fund, CHAI and UNITAID. It is important that WHO interacts and coordinates with the major players at the global and country levels in ways that reinforce mutual priorities and future directions, particularly strategic directions.

How to ensure accountability and measure progress

International commitments to scaling up the HIV response are accompanied by efforts to track achievements and maintain accountability towards these goals. Treatment scale-up is a key feature of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) reporting system, and should remain prominent in the next-generation accountability framework.

The International Labour Organization, WHO, the United Nations Children's Fund and UNAIDS Secretariat regularly collect data from countries to monitor progress towards international targets, including those identified in the 2001 Declaration of Commitment on HIV/AIDS (UNGASS), 3 by 5 and, more recently, universal access and MDG goals. The indicators selected for tracking progress towards universal access are selected in accordance with the WHO monitoring requirements on the health sector's response towards universal access, WHO's framework for global monitoring and reporting, and the Inter-Agency Task Team on Prevention of HIV Infection in Pregnant Women, Mothers and their Children.

In addition, the UNAIDS United Budget and Workplan (UBW) performance and monitoring framework monitors and assesses the results of the efforts of UNAIDS, primarily at country level. It uses a combination of UNGASS core and additional indicators and UBW indicators.

The outcome objectives in this plan rely mainly on routine country reporting of performance on indicators in the March 2009 WHO framework for global monitoring and reporting. Where available and appropriate, some UBW and cosponsor indicators have also been included.

Joint Action for Results

UNAIDS Outcome Framework:



We can reduce sexual transmission of HIV.



We can prevent mothers from dying and babies from becoming infected with HIV.



We can ensure that people living with HIV receive treatment.



We can prevent people living with HIV from dying of tuberculosis.



We can protect drug users from becoming infected with HIV.



We can meet the HIV needs of women and girls and can stop sexual and gender-based violence.



We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.



We can support the ability of men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health, and realise their human rights.



We can empower young people to protect themselves from HIV.



We can enhance social protection for people affected by HIV.

20 Avenue Appia
CH-1211 Geneva 27
Switzerland
+41 22 791 3666
distribution@unaids.org
unaids.org