HIV Prevention 2020: A Global Partnership For Delivery

STRUCTURAL APPROACHES AND THE ECONOMICS OF PREVENTION

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What does the data tell us?
New HIV infections among adults (aged 15 years and older), global, 2000–2015

Source: UNAIDS 2016 estimates.
Percent change in new HIV infections among adults (aged 15 years and older), from 2005 to 2015
350,000 New Infections among girls & young women, 15-24 years, in 2015
15–24 year-old women accounted for just 17% of the adult population in sub-Saharan Africa.
New Infections, by Population Group, 2016

- Sex workers: 6%
- People who inject drugs: 7%
- Men who have sex with men: 11%
- Transgender people*: 1%
- Clients & other sex partners: 19%
- Rest of population: 56%

* Reflects two regions only: Asia-Pacific and Latin America-Caribbean
What Works
Combination prevention – proven impact

- Condom and behavioural change programmes
- Pre-exposure prophylaxis
- Voluntary medical male circumcision
- Needle-syringe programmes and OST
- Treatment to reduce onward transmission
Combination prevention – proven impact

- Women’s empowerment – e.g. cash transfers
- Secondary education for girls and young women
- Community empowerment of sex workers
- Harm reduction policies and programmes
What are the prevention programme gaps?
Combination prevention - 5 pillars

1. Young women and adolescent girls and their male partners
2. Key populations
3. Condoms
4. Voluntary medical male circumcision
5. Pre-exposure prophylaxis
Combination prevention targets by 2020

Coverage
- 90% of young people in high-prevalence settings
- 90% of key populations

Outputs
- 20 billion condoms per year
- 3 million people on pre-exposure prophylaxis (PrEP)
- 25 (additional) million voluntary medical male circumcisions
Gap in condom procurement and distribution

- 0.5 billion
- 2.7 billion
- 7 billion
- 20 billion

2000, sub-Saharan Africa
2015, sub-Saharan Africa
2020, sub-Saharan Africa
2020 global target

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Condom distribution and use in Mozambique & Zimbabwe

- Condoms distributed per man
- Condom use with non-regular partner among men

Zimbabwe: Condoms distributed per man = 80

Mozambique: Condoms distributed per man = 20

Condom use with non-regular partner (men): Zimbabwe = 64, Mozambique = 20

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Gap in Voluntary Medical Male Circumcisions
(14 priority countries in Africa)
HIV prevention services for sex workers in 4 cities, 2012-2013

Why few prevention programmes are at sufficient scale...

...but there are exceptions
3 Main Reasons for Insufficient Scale-up

- Complex to address sensitive issues in some settings
- Political leadership & commitment to prevention – lack of or inadequate investments
- Prevention programmes management and service delivery - insufficient capacity or not results based
Addressing sensitive issues - legal, policy and structural barriers

Some examples

- Age of consent
- Harmful gender norms and notions of masculinity
- Punitive laws
- Stigma and discrimination
- Lack of harm reduction policies in many countries
Estimated Prevention Spending and Resource Needs to reach 90% prevention coverage targets (per five pillars)

- VMMC
- PrEP
- Key populations
- Condoms
- Economic empowerment of young women and adolescent girls

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Belarus: Optimized allocations

25% for prevention among key populations: together with treatment scale-up would avert 10,000 new infections by 2020 compared to current allocations.

Global Fund: Declining % of Primary HIV Prevention spending

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Systematic implementation scale up: India Sex Worker program

- National leadership
- More than 150 implementing Community Based Organizations
- Supportive monthly supervision and mentoring;
- Intensive 3-days onsite visits each month to review implementation
- Quarterly grading of implementers

No. of female sex workers contacted through outreach (in thousands)
Systematic implementation scale up: Condoms in Kwazulu Natal

- Strong political & technical leadership at provincial & district level
- Provincial target in line with national 1 billion distribution target by 2016
- Focus on high-transmission areas
- Emphasis on free distribution through public health facilities + community-based distribution
- Reinvigoration demand with rebranding and new brightly coloured and flavoured condoms
Addressing lack of systematic implementation: a management framework for HIV prevention

- **Speed**
  - Leadership
  - Push and track
  - Real-time data
  - Urgency of action for realising long-term benefits

- **Quality**
  - Evidence-informed design of services or demand generation
  - Standard operating procedures
  - Data for rigorous monitoring and evaluation, and decision making
  - Prevention cascades

- **Scale**
  - Scale up with geographical focus
  - Decentralisation: cascade models
  - Integrate use of technology and new media
  - Subnational targets

- **Sustainability**
  - Transition to domestic financing
  - Integration with ART, health services, and other sector platforms
  - Institutional capacity to contract community-based organisations

**Investments, conducive policies, community engagement**
In summary

- Adult new infections not declining fast enough
- Proven effective interventions, tailored programme packages - guidance available to support implementation
- Rapid prevention scale-up against national targets is possible
- Urgent need to address a) prevention financing, b) policy and c) implementation
HIV prevention is about empowerment, choices and protection
New Opportunities
New Opportunities

- Prevention as a right!
- Leverage the SDGs
- Universal Health Coverage
- Regional, City Initiatives
- New technologies
New Opportunities

A global prevention coalition of governments, civil society, international funders and implementers
COMBINATION HIV PREVENTION SAVES LIVES
INVEST A QUARTER FOR HIV PREVENTION