Overview of the GAP strategic objectives, consultation and getting to the ‘who’ and ‘how to’

12-13 December 2016
Global Action Plan on HIVDR:
Aligns with & contributes to global goals and strategies

Greater use of ARVs
Treat All/ PrEP

90-90-90
End AIDS by 2030

AMR Global Action Plan

WHO Global HIV Strategy

Political Declaration on ending AIDS

HIVDR Global Action Plan

Make the case: why HIVDR matter?
• Cost of inaction

Framework for action: 5 strategic objectives
• Actions for each objective for 2017-2021

Who does what?
• Policy makers; researches; civil society and communities; donors; international stakeholders; WHO

Scale-up plan for HIVDR surveillance in 35 fast track countries
• Cost of scale up plan

Monitoring and Evaluation: indicators to monitor GAP’s implementation

Vision on how to implement each strategic objectives
Using consultation feedback to shape the GAP

- Initial expert meetings
- Regional consultations

Draft 0

- Online consultations
- Community consultation

Draft 1

- Review of all feedback
- Endorsement webinar

GAP: High-level review towards endorsement
6 December 2016
Overview of GAP consultations

Consultations begin with HIVResNet

HIVResNet Meeting @ CROI

Bilateral consultations (Canada, CHAI, ASLM, ICAP, EGPAF, etc)

Oct 2015

February 2016

April

May

July

December

Feb/Jun 2017

High-level dinner during WHA

Six regional consultations April-September
- Africa
  - Anglophone
  - Francophone
  - Lusophone
- Americas
- Asia & Pacific
- Europe

Feedback from NIH Expert Meeting on HIVDR

Zero draft of GAP released @ HIVDR satellite in Durban

Final one-to-one consultations with key stakeholders

Online survey and civil society consultation

Final open consultation through webinars

Launch of GAP @ CROI or IAS

Launch of the HIVDR Progress Report

100 participants

71 countries: MoH and other partners

More than 80 experts

215 submissions > 100 organizations 90 countries

1,200-person HIVResNet list invited
Guiding principles

- Public health approach
- Comprehensive, coordinated and integrated action
- Standardized methods
- Sustainable investment
- Country ownership
- Focus on high impact countries

GAP: High-level review towards endorsement
6 December 2016
Aims of the HIVDR GAP

1. To prevent HIVDR from undermining the attainment of global targets on health and HIV;

2. To provide the most effective treatment to all people living with HIV, including key populations, pregnant women, children and adolescents.
216 individual components of feedback from over 90 countries
Online consultation response

- Majority of respondents felt SO highly relevant

- 61% agreed GAP should:
  - Increase awareness at all levels
  - Be used as an advocacy tool
  - Be comprehensive, outlining all actions for national and international actors
  - Ensure accountability and measure progress

- 88% agreed the V0 conveyed the need and importance of assessing and addressing HIVDR
Community and civil society consultation from 25 countries

- **98% agreed importance of GAP**
  - GAP opportunity for raising awareness
  - High level of knowledge of drivers of HIVDR
  - Lower awareness of EWI
- **Priorities groups for increased awareness:**
  - People living with HIV, and especially marginalised groups and key populations
  - Governments (MoH), and National AIDS Councils. Those responsible for developing and disseminating national policies, and for allocating budgets.
  - Donors and international development partners
  - Prescribing physicians, pharmacists and other team members of ARV treatment programmes

Which target population do you work with or represent?

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>General Population</td>
<td>30</td>
</tr>
<tr>
<td>People living with HIV</td>
<td>40</td>
</tr>
<tr>
<td>Sex Workers</td>
<td>20</td>
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<tr>
<td>LGBTI</td>
<td>10</td>
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<tr>
<td>People who use or inject drugs</td>
<td>5</td>
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<tr>
<td>Children or adolescents</td>
<td>5</td>
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<tr>
<td>Migrants or displaced people</td>
<td>5</td>
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<tr>
<td>Prisoners</td>
<td>5</td>
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<tr>
<td>People affected by conflicts and</td>
<td>5</td>
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<tr>
<td>humanitarian disasters</td>
<td>5</td>
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<tr>
<td>Pregnant Women</td>
<td>5</td>
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</table>
Key themes emerging from consultation responses

• Readdress balance of prevention, monitoring and response.
• Outline the prevalence of HIVDR in sub-groups: children, adolescents, pregnant women, key populations
• Ensure actions are relevant and specific to all populations
• Provide a clearer link between strategic objectives and actions
• Include the mechanisms to implement SO
• Revise and reorganize document to prevent overlap/reduce density of text
### Strategic Objectives

<table>
<thead>
<tr>
<th>1. <strong>PREVENTION AND RESPONSE</strong></th>
<th>• Use all available evidence in a timely manner to <strong>inform public health actions to prevent and control HIVDR.</strong></th>
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</thead>
</table>
| 2. **STRENGTHEN SURVEILLANCE AND ROUTINE PROGRAMME DATA** | • Obtain quality data from **periodic HIVDR surveys** while expanding the coverage and quality of routine VL and HIVDR testing to inform **continuous HIVDR surveillance**;  
• **Monitor quality of service delivery** and collect and analyze data recorded as part of routine patient care for the purpose of evaluating programme performance to prevent HIVDR. |
| 3. **RESEARCH** | • Encourage **relevant and innovative research** leading to interventions which will have the greatest public health impact in minimizing HIVDR;  
• **Fill existing knowledge gaps** on the risk of HIVDR for newer antiretroviral drugs and the impact of service delivery interventions to increase viral load suppression and contain HIVDR. |
| 4. **LABORATORY CAPACITY** | • **Strengthen laboratory capacity** and quality to support and expand use of viral load and resistance testing in low- and middle-income countries |
| 5. **GOVERNANCE AND ENABLING MECHANISMS** | • Ensure that enabling mechanisms (**awareness/advocacy, country ownership, coordinated action and sustainable funding**) are in place to support action on HIVDR |
HIVDR is a shared responsibility

- HIVDR can be prevented from being a public health problem
  - if health providers, communities, funders, decision makers are aware and have the capacity to act

- Antiretroviral stewardship
  - a responsible, committed and coordinated responses to HIVDR require the engagement of everybody
  - with immediate collective and sustained action at all levels
**Member States**
recognize, under the last revision of the IHR; the Global Health Sector Strategies for HIV, viral hepatitis, STIs, 2016-2021; and the Global Action Plan on AMR adopted by the sixty-eighth WHA (2015) their responsibility to strengthen surveillance and develop and implement national strategy to prevent, monitor and respond to AMR, including HIVDR as a public health threat.

**Implementation partners and non-governmental organizations**
play an important role in building capacity and supporting countries in the planning and implementation of their national strategy for HIVDR. Partners and NGOs are vital enablers who catalyse country-driven activities and support governments to ensure timely interpretation and use of findings.

**People living with HIV, community organizations and civil society**
are heavily engaged in approaches to prevent and manage HIVDR and can demand identification and implementation of locally generated and sustainable solutions. Communities and PLHIV can advocate for access to uninterrupted treatment, quality provision of HIV care and appropriate monitoring, including VL testing.

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<thead>
<tr>
<th><strong>Member States</strong></th>
<th><strong>Implementation partners and non-governmental organizations</strong></th>
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<tbody>
<tr>
<td>Country Ministries of Health</td>
<td>PEPFAR</td>
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<td>Country led Technical working groups</td>
<td>CDC</td>
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<td>Country and regional SI teams</td>
<td>USAID</td>
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<tr>
<th><strong>People living with HIV, community organizations and civil society</strong></th>
<th><strong>Civil Society Networks</strong></th>
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<tr>
<td></td>
<td>NGOs</td>
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<td>CBOs</td>
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The research community
provide critical data to inform global and national recommendations and evidence-based policies.

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<tr>
<th>Bilateral and multilateral donors</th>
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<tr>
<td>Enacting principles of ARV stewardship, the investment in HIV treatment must be protected. Funds to address the HIV epidemic should be spent in a responsible, effective and sustainable manner and sufficient resources should be regularly allocated to support the development and implementation of national HIVDR strategies. Bilateral and multilateral donors play a pivotal role to advocate and raise awareness on the importance of HIVDR prevention, monitoring and response with national counterpart.</td>
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<td>• NIH</td>
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<td>• ANRS</td>
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<td>• Research institutes</td>
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<td>• PEPFAR</td>
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<td>• Global Fund</td>
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<td>• BMGF</td>
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<td>• UNITAID</td>
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WHO
has committed to implementing drug resistance surveillance and quality assessment in each WHO region; provide technical assistance to countries; and produce regular report on the status of AMR, including HIVDR. WHO provides strategic leadership to the development of norms and standards for HIVDR prevention and surveillance and articulates evidence-based policy to promote an effective response to HIVDR. WHO has a global convening role to engage partners on HIVDR and coordinate a platform to support implementation of HIVDR national strategies.

| • WHO HIV/Hep |
| • WHO TDR |
| • WHO AMR |
Global Action Plan for HIVDR (2017-2021)

WHO
Convening, norms and standards, monitor health situation and assess trends, stimulate knowledge generation and its translation into policy