Investing for Impact – Prioritizing HIV Programs for GF Concept Notes

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Top 5 Lessons Learned

1. Prioritize within the allocation amount
2. Separate above allocation request
3. Refocus health system strengthening efforts
4. Demonstrate learning from previous grants
5. Concept notes should cover the period to the end of 2017

Source: The GF, July 2014
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Source: The GF, July 2014
TARGETS FOR ENDING THE AIDS EPIDEMIC BY 2030

We aim to bring the HIV epidemic under control so that it no longer represents a public health threat to any population or country.

- **90%** reduction in new HIV infections
- **90%** reduction in stigma and discrimination
- **90%** reduction in AIDS-related deaths
About 6,000 new HIV infections a day in 2013

- About 68% are in Sub Saharan Africa
- About 700 are in children under 15 years of age
- About 5,200 are in adults aged 15 years and older, of whom:
  - almost 47% are among women
  - about 33% are among young people (15-24)
The Case for Optimized Investments

CRITICAL ENABLERS

Social enablers
- Political commitment & advocacy
- Laws, policies & practices
- Community mobilization
- Stigma reduction
- Mass media
- Local responses, to change risk environment

Programme enablers
- Community-centered design & delivery
- Programme communication
- Management & incentives
- Production & distribution
- Research & innovation

BASIC PROGRAMME ACTIVITIES

Key populations
Children & mothers
Condoms
Male circumcision
Care & treatment
Behaviour change

SYNERGIES WITH DEVELOPMENT SECTORS

Social protection; Education; Legal Reform; Gender equality; Poverty reduction; Gender-based violence; Health systems (incl. treatment of STIs, blood safety); Community systems; Employer practices.

RETURN

Less new infections
Keeping more people alive
Inclusive Country Dialogue

Civil Society Contribution

NSPs

Investment Approach/Case

CN
The Challenge: Prioritization – Program/Financial Gap Analysis

- **Sustainability Impact**
- **Efficiency - How to implement at lowest cost without reducing quality?**
- **Implementation Strategy and Feasibility**
- **Is what we are doing working to reduce HIV infection/AIDS disease burden?**
- **Who, where and on what to spend?**
- **Focus where the gaps are to reach targets**

- How much money do we need, from which sources, to implement what we know works?
Proportional allocation to investment framework
basic programme activities,
2011-2015, sub-Saharan Africa

- 68%: Treatment, care, and support
- 16%: Prevention of mother-to-child transmission
- 7%: Condom promotion
- 4%: Male circumcision
- 4%: Behaviour change programmes
- 1%: Most at risk populations
Main Challenges in the GF submissions

- **Priority Setting:** not always based on program and financial gap analysis, donor landscape
- **Strategic choices:** based on evidence and national plans and investment cases for long term impact, strengthened when they draw on sub-national and sub-population epidemiological data.
- **The “how” strategies:** Lack of evidence about coverage and results achieved based on assessments at national coverage
- **Key populations:** limited investments in programs and coverage
- **Human Rights, Gender, Critical Enablers:** Limited recognition and resources
- **Community systems/civil society:** dependent on external resources and not integrated in the public funded systems
- **HSS:** need to be integrated and innovations for scaling up
- **Human resources:** Investments to implement the protocol, prevention, and community links
The Challenge - Prevention

- General concern that the quality/focus of prevention strategies in HIV proposals is lacking
- Many applicants did not elaborate how prevention strategies would be evaluated
- Lack of mechanisms would be used to ensure the quality and appropriateness
- Not sufficient budget for implementation and impact assessment
- Integration SRH/HIV

Sources of new HIV infections

- 13,000 new HIV infections occur among children every year
- 85,000 new infections occur among adults each year
- 30% (25,500) of these new HIV infections occur among young women aged 15-24

- 2.5% Health Facility Related
- 3.8% Injecting Drug Use (IDU)
- 15.2% MSM and Prison
- 14.1% Sex workers and Clients
- 20.3% Casual heterosexual sex
- 44.1% Heterosexual sex within union
The Challenge – Geographic and Population Prioritization

Geographical focus

54% of new HIV infections in Kenya occur in 9 counties

Source: Investment approach – Kenya, 2013

16% decline versus a blanket combination prevention package

Graph showing the impact of different approaches on new HIV infections (1/1000) from 2010 to 2030:
- Business as usual
- Combination Prevention
- Combination Prevention + Geographical Prioritization
Overview: Results chain for Prevention 2030:  Generalised epidemics

Reduced number of new youth and adult HIV infections by 70% by 2020 and by 90% by 2030 (against 2010 baselines)

Pillar 1: Targeted services for key populations
- Increased utilization of targeted services for KPs
- Increased access to a standard Sex Worker/MSM service package
- Increased access to NSP/OST
- Increased availability of PrEP

Pillar 2: SBC/Young women & Male partners
- Reduced higher-risk sexual practices
- Increased access to communications on social & sexual norms & practices

Pillar 3: Condoms
- Increased consistent use of condoms
- Increased condom choice, distribution & sales

Pillar 4: Voluntary medical male circumcision
- Increased uptake of VMMC
- Increased availability of VMMC (device, surgical, early infant)

Pillar 5: HTC and ART
- Increased utilization of HTC and ART
- Increased availability of HTC
- Increased availability of ART

Demand generation including interpersonal & new media

... action funded through other sectors
Key Recommendations: 2013 WHO Consolidated ARV Guidelines

Clinically relevant

- Earlier initiation of ART (CD4 count ≤ 500 cells/mm3) for adults & adolescents
- Immediate ART for children below 5 years
- More potent regimens for children < 3 years (LPV/r)
- Immediate & lifelong ART for all pregnant and breastfeeding women (Option B/B+)
- Simplified, less toxic 1st-line regimens (TDF/XTC/EFV)

Operationally relevant

- Use of Fixed Dose Combinations (FDCs)
- Improved patient monitoring with increased use of viral load
- Recommend task shifting, decentralization, and integration
- Community based testing and ARV delivery
HIV Care and Treatment Cascade

Need to provide additional guidance to countries on the HOW.
What Is Needed for Universal HTC?
(ensure HIV test kit availability)

Effective Provider-Initiated Testing and Counseling (PITC)

- Generalized epidemics
  - PITC in every health contact
- Low and concentrated epidemics
  - PITC in select services (TB, STI, key populations)

Couples/partner testing

- Generalized epidemics
  - offer to all
- Low and Concentrated epidemics
  - offer to partners of PLHIV

Community approaches

- Generalized epidemics
  - outreach for key populations, consider door–to-door, workplace, schools augmented by campaigns
- Low and Concentrated epidemics
  - outreach to key populations

- Self-testing
- Community companions
- e-technology
- Strengthen anti-discrimination laws
- Strengthen linkages to prevention, care, & ART
Experience from Mozambique

**FIGURA 1.6: COMPARAÇÃO DA PREVALÊNCIA, TAXAS DE CM E PRIORIZAÇÃO DE PROVÍNCIAS**

Fonte: INSIDA, 2009

**GRÁFICO 1**

Distritos com Priorização para intervenções de cuidados e tratamento (com base na necessidade não atingida estimada para TARV)

- **2013 Prioritário**
- **2014 Prioritário**
- **2015 Prioritário**
- **Não Prioritário**

Prevalência de HIV:
- 3.7% - 4.6%
- 4.6 - 9.4%
- 9.4% - 12.6%
- 12.6% - 19.8%
- 19.8% - 25.1%
ART and PMTCT Scale up in Mozambique

Implementation Plan

Graph showing the implementation plan for ART and PMTCT from 2004 to 2013.
PERCENTAGE OF ART COVERAGE AMONG ELIGIBLE ADULTS (AGED 15+), CHILDREN (AGED 0–14) AND ALL AGES 21 AFRICAN GLOBAL PLAN PRIORITY COUNTRIES, 2012

Note: Some numbers do not add up due to rounding. The coverage estimate is based on the estimated unrounded number of children receiving and eligible for ART.
Optimal Treatment Regimen at Optimal Prices

- Overall prices of ARVs have declined, permitting replacement with more effective and less toxic regimens
- Median cost of first-line treatment in 2013 = $115 per patient per year
- Need to review unit costs for high volume commodities
- High uptake of TDF/XTC/EFV, low uptake of 2nd/3rd line and paediatric formulations
  - 3% of children received LPV/r in 2013
  - Ongoing need to address supply chain, quality assurance, regulation
- Demand for ARVs projected to increase by 70% in next 3 years
  - Need to plan transition and adequate lead time
• Adherence to ART
• Retention across the continuum of care
• Service delivery
  — Integration & linkage
  — Decentralization
• Task shifting
• Laboratory and diagnostic services
• Procurement and supply management

• Community ART
• Option B+ and family-centred models
Business as usual will only take us to 46% reduction in new HIV infections among children by 2015

Source: Preliminary UNAIDS 2013 Estimates
Transition to Option B+ in Malawi

- Breastfeeding women starting ART
- Pregnant women starting ART
- Women already on ART when starting ANC
- ANC women on AZT proph.
- ANC women given sd NVP
- Infants given ARVs at maternity

Yearly data from 2010 to 2012:
- Q1, 2010: 1,190
- Q2, 2010: 1,219
- Q3, 2010: 1,219
- Q4, 2010: 1,242
- Q1, 2011: 1,141
- Q2, 2011: 1,257
- Q3, 2011: 3,361
- Q4, 2011: 7,599
- Q1, 2012: 6,839
- Q2, 2012: 4,478
- Q3, 2012: 2,698
- Q4, 2012: 2,689
- Q1, 2013: 7,974
- Q2, 2013: 6,094
- Q3, 2013: 3,053
- Q4, 2013: 2,614
Intensive Preparations for Implementation

- **Integrated Guidelines:** only 79 pages
- **5-day** training curriculum for all clinicians, nurses, midwives
- Support for district PMTCT/ART coordinators
- Reprogramming of **USD 30 million for ARVs** (GF Grant)
- **4,600** health workers retrained (most in first 6 months)
- Ongoing quarterly supervision
Geographic Prioritization—Importance of Integration

- ART Services (including paeds)
- TB
  - Decentralized services
- MNCH
  - Decentralized services

- Common geographic prioritization
- Mapping of services and existing partners
- Plan related investments (lab network)
The Challenge: Human rights and Key Populations

• The people we need to reach now are the key populations who are facing human rights violations

• Focus on adolescents, young girls and men, key populations

• Lack of knowledge/data for MARPs—smokescreen for inaction – Invest on data collection and operational research

• Invest on programs for most at risk populations in hot spot and high risk setting

• Reflect strategies for most at risk population to create an enabling legal and social environment (it will influence the extent to which interventions will be operationalized)

• Reduction of investments on community system strengthening and civil society, in particular those working on this domain

• Access to treatment for the most at risk populations
No more homosexiual park and live
Change in funding for civil society organizations for human rights-related work

The majority of survey respondents reported experiencing decreases in funds for HIV and human rights work in 2012 and 2013.

- **24%** HIV and human rights funding stayed at same level
- **17%** HIV and human rights funding increased
- **59%** HIV and human rights funding decreased
The challenge – address gender, structural drivers, Civil Society

• Used appropriate terminology, but
  – Not systematic gender assessment to identify the gender inequalities

• When gender inequalities and gender based violence identified -
  – Limited investments on gender sensitive intervention

• Invest on civil society for uptake, adherence, equality of access to services and rights-based approach
The Challenge – Sustainability of balanced investments for treatment and prevention

Source: GARPR 2013
Extensive consultation and helpful feedback
MAKE END AIDS by 2030
GOAL NO. 1 IN POST 2015 DEVELOPMENT AGENDA