



Dr Ade Fakoya

Senior Disease Coordinator, HIV

The Global Fund to Fight AIDS, Tuberculosis and
Malaria

“we have this unique moment in history where the science and implementation advances of the last 10 years are at a point where, if we just invest a little more and stick with it, we can contain the epidemics and have the next generation be free of HIV, tuberculosis, and malaria”

Mark Dybul , ED the Global Fund

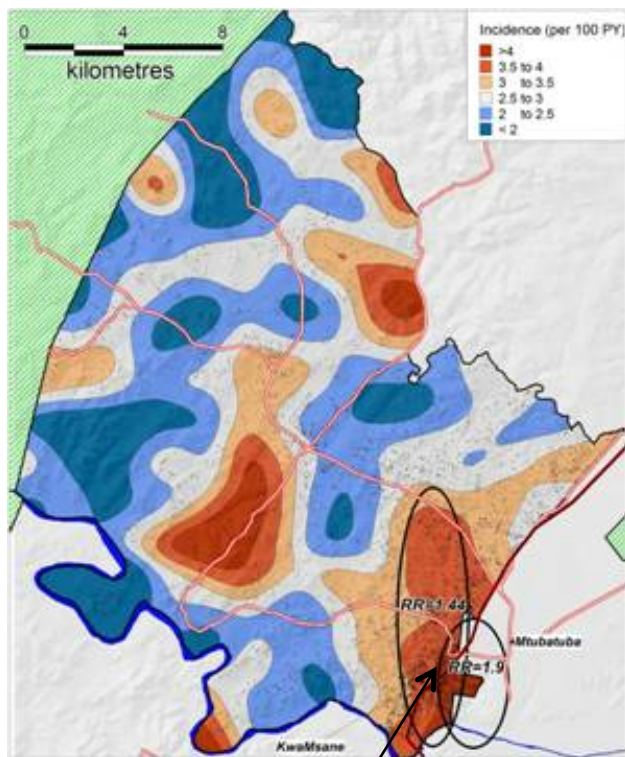
The Good....

BEGINNING OF THE END OF THE AIDS EPIDEMIC

- 12.9 million people on ART
- Decline of 38% of new infections from 2001
- 27 countries of declines of >50%
- AIDS-related deaths fallen by 35% since 2005
- In 2013, 240 000 children were newly infected with HIV: 58% lower than 2002.
- 6 million VMMC to date

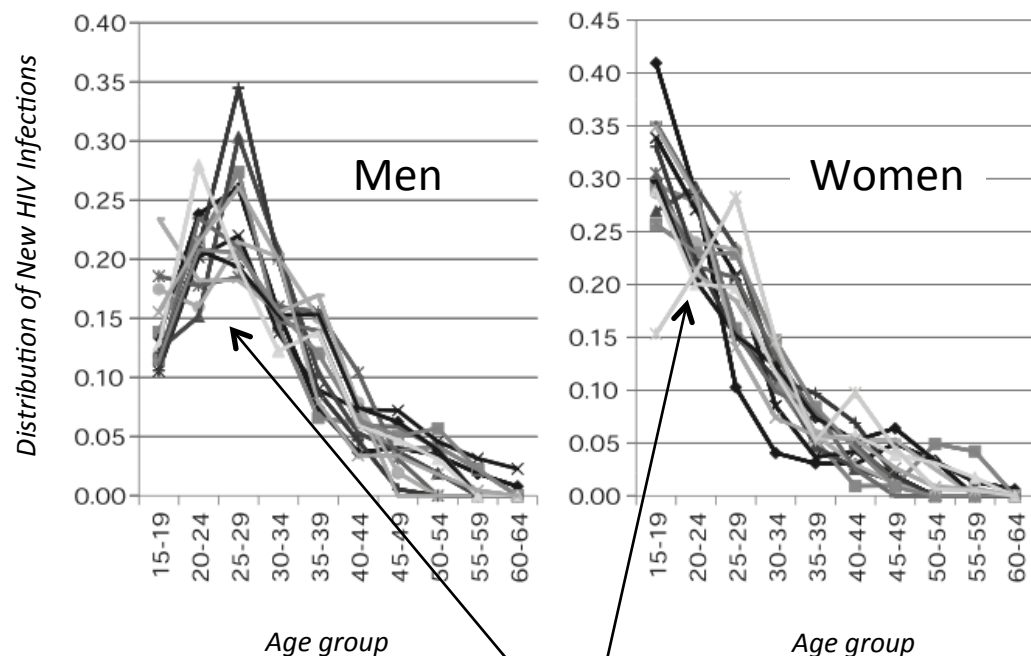
Leave no one behind – location, location, location

Variation WITHIN a Small District

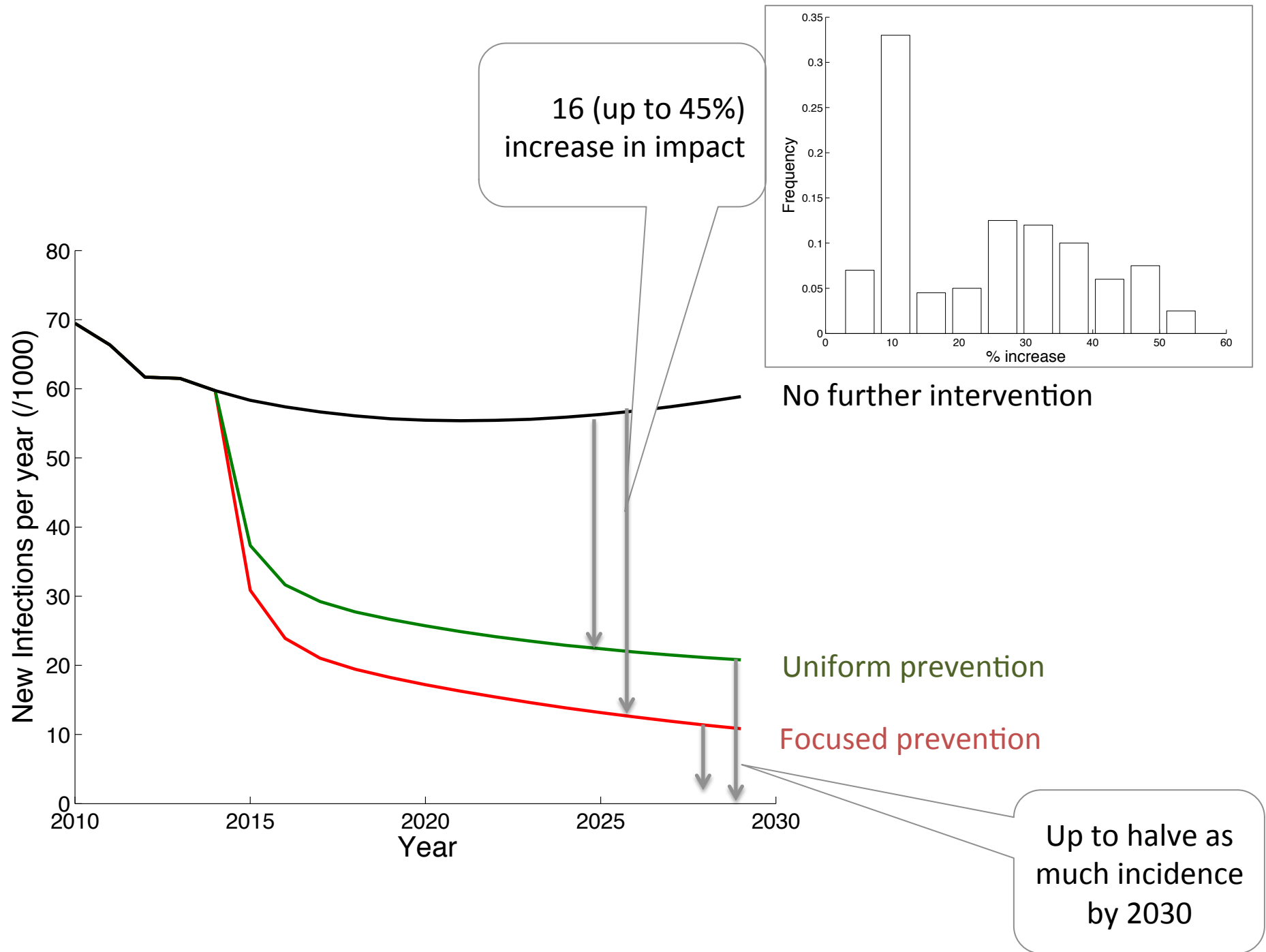


5.7% of study area.
1 in 3 new HIV infections

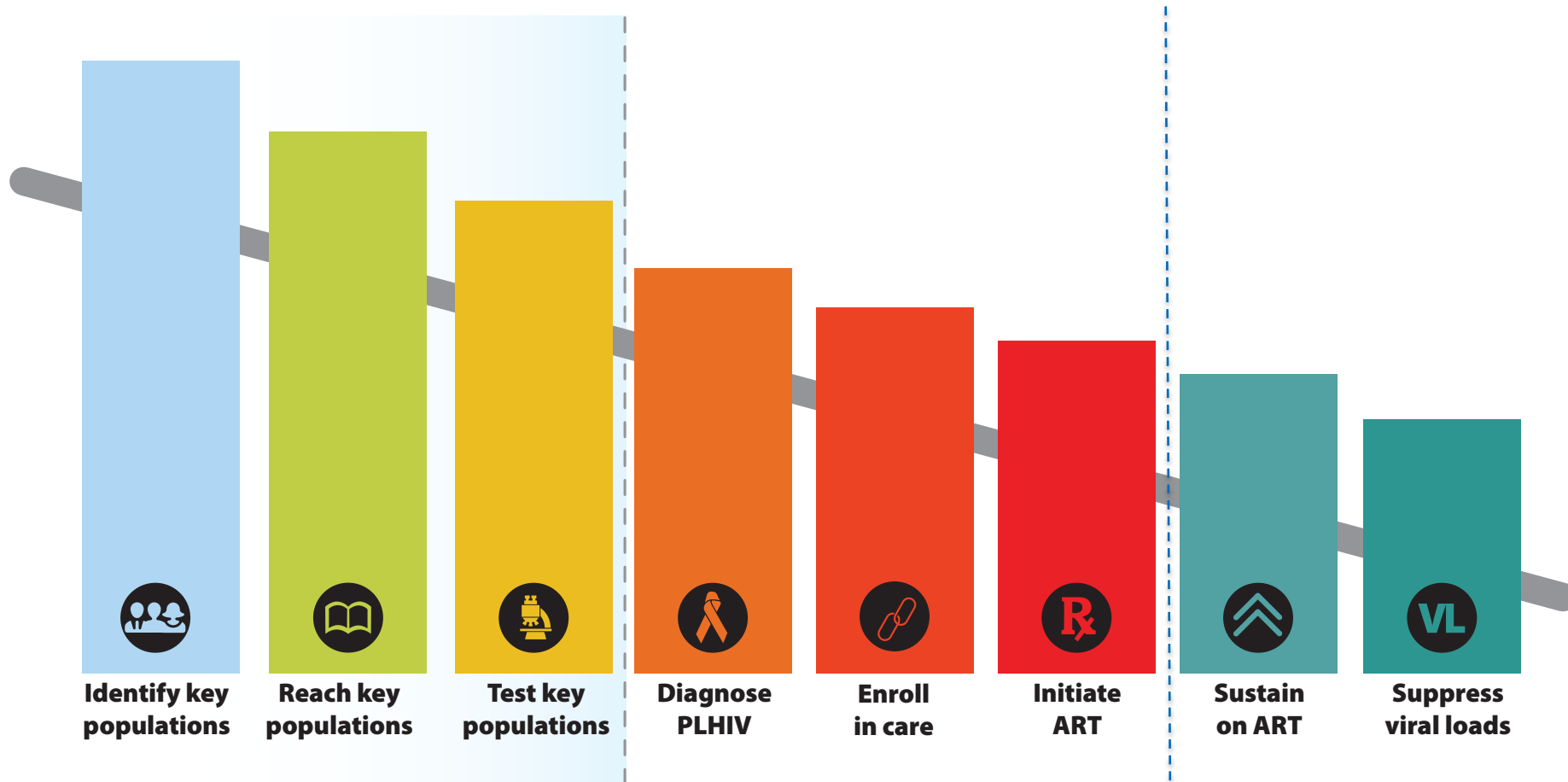
Variation by AGE in populations



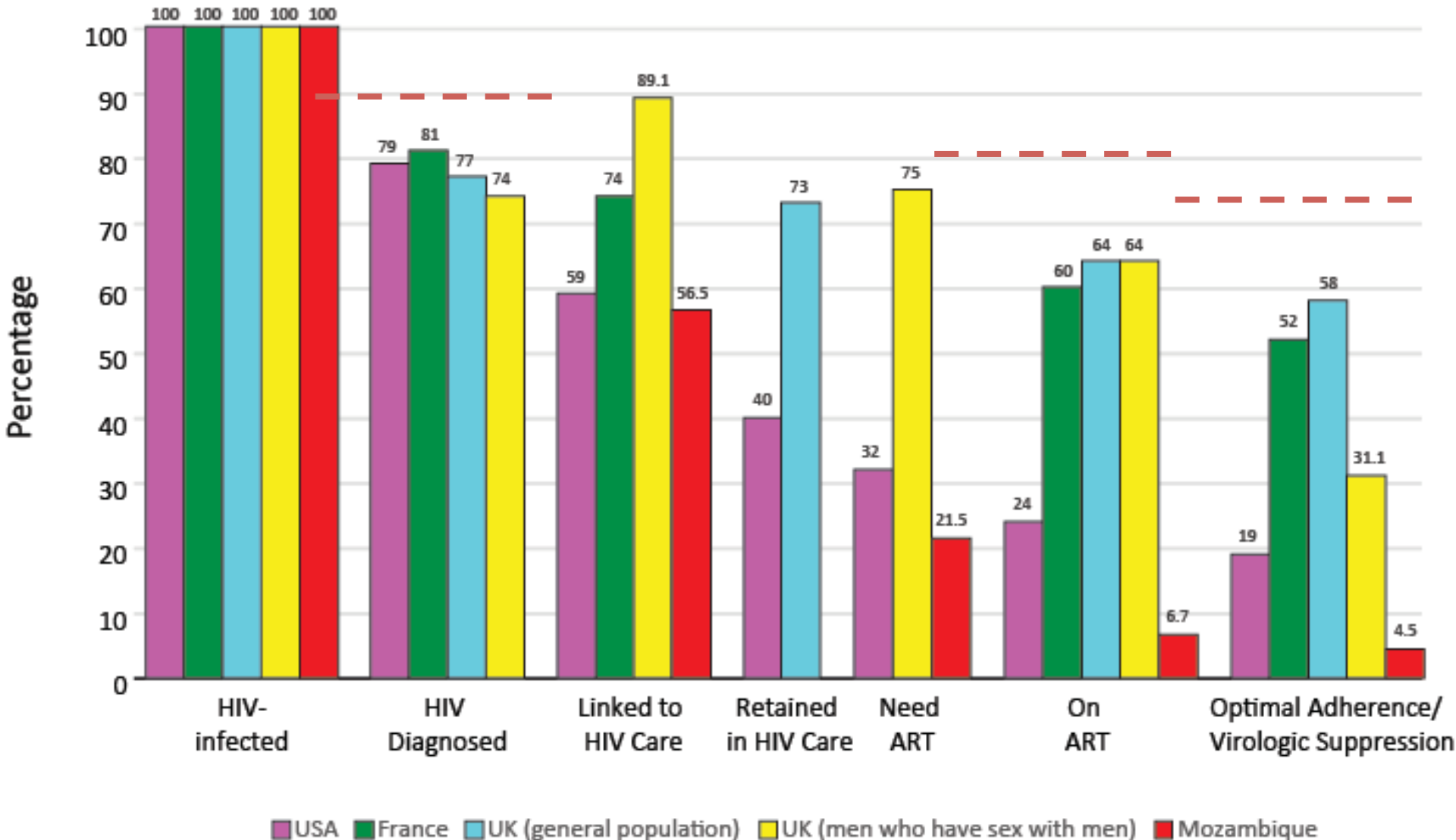
> 50% of infections occur among men
and women aged < 25 years



"Cascade" conceptual framework

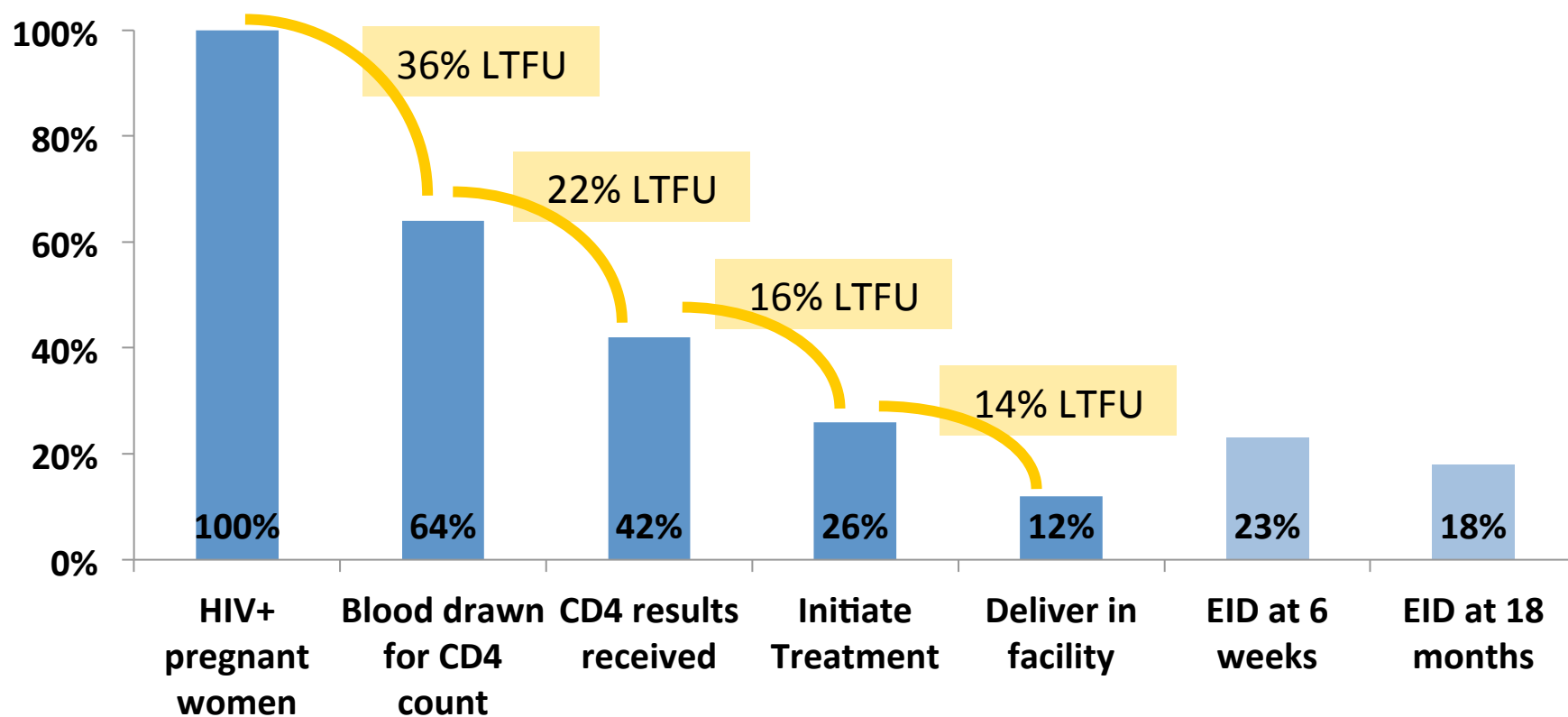


The spectrum of engagement in HIV Care in US, UK, France, Mozambique





Retention and the Leaky PMTCT & Paeds Cascade



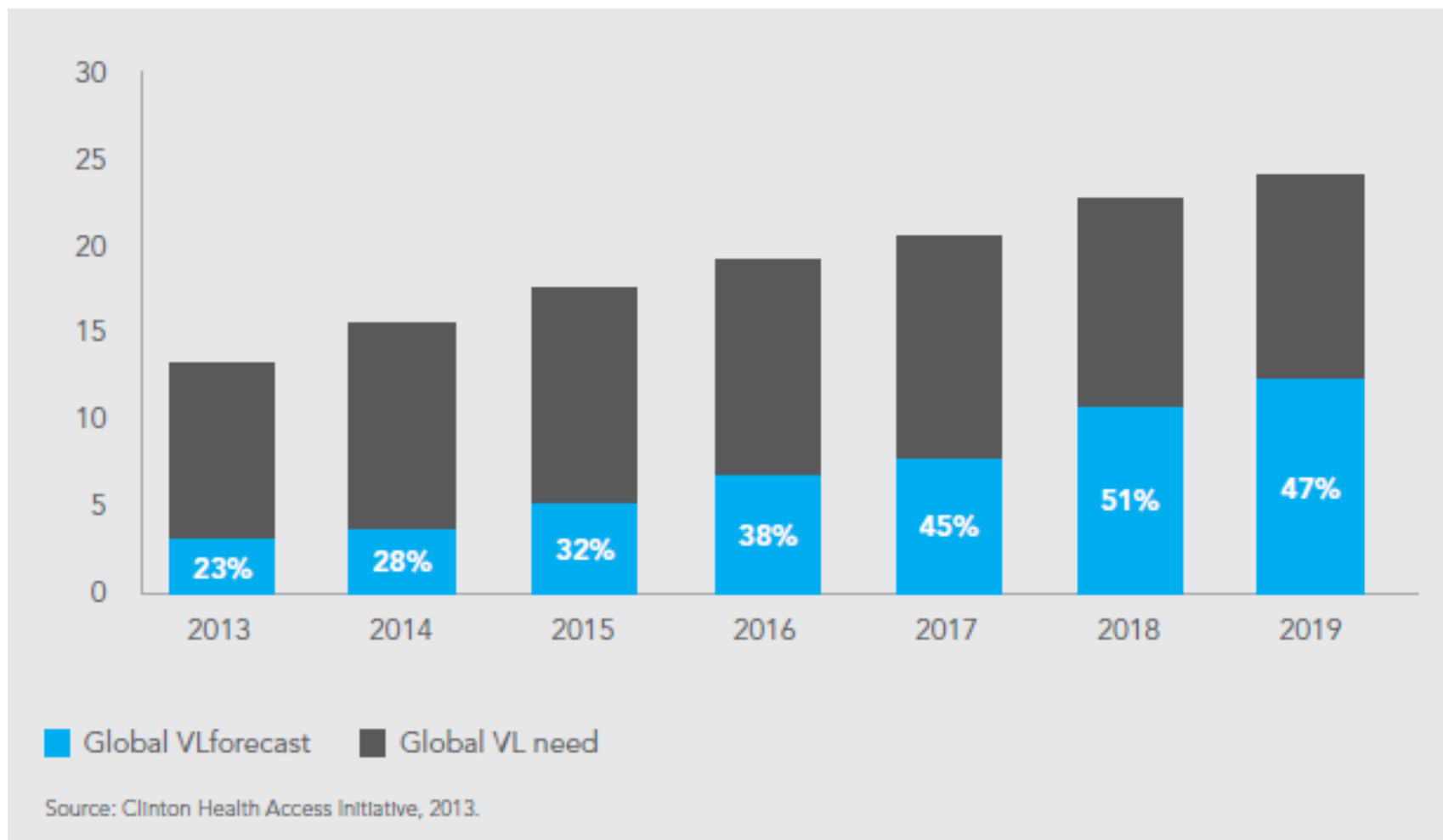
Among infants testing HIV positive via EID, an estimated 38% will initiate treatment, and an estimated 28% will be retained and alive on treatment after 12 months

Cascade based on Data from Lesotho, Malawi, South Africa, Uganda, Zambia, & Zimbabwe

Sources: Chatterjee et al, BMC Public Health 2011; 11:553;

UNICEF, 2012. Available at: http://www.unicef.org/aids/files/DISCUSSION_PAPER.A_BUSINESS_CASE_FOR_OPTIONS_B.pdf

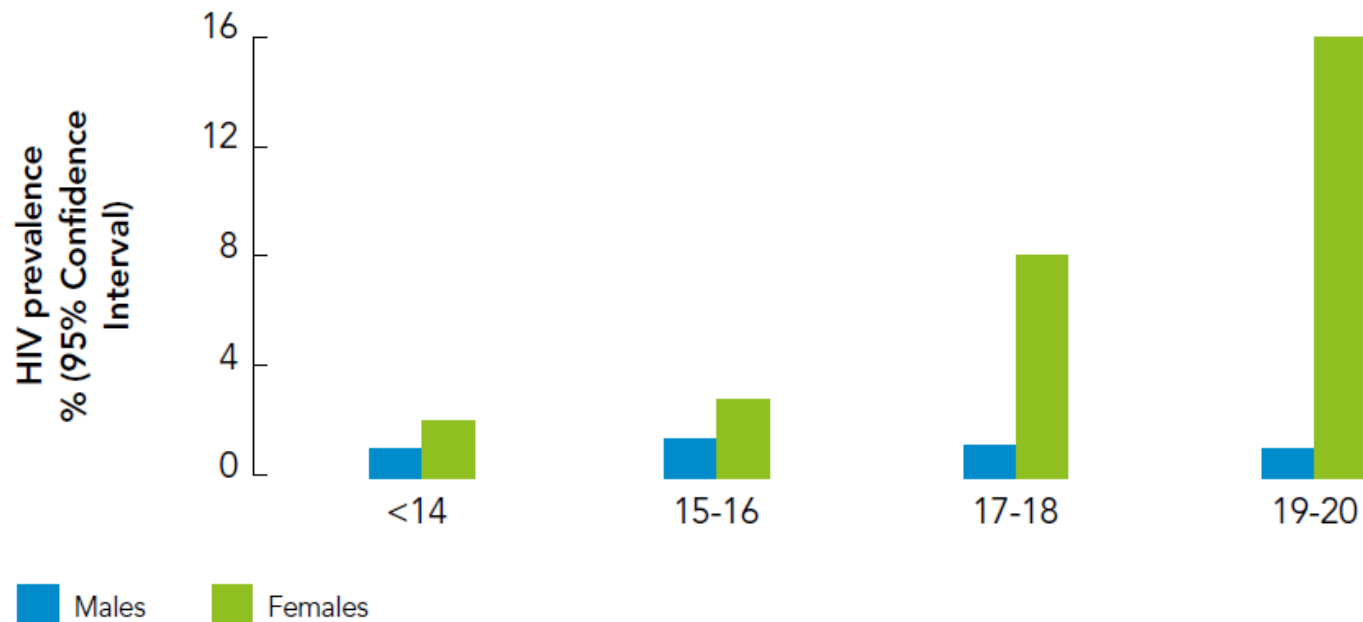
Predicted viral load scale up will not meet projected need



Children and adolescents

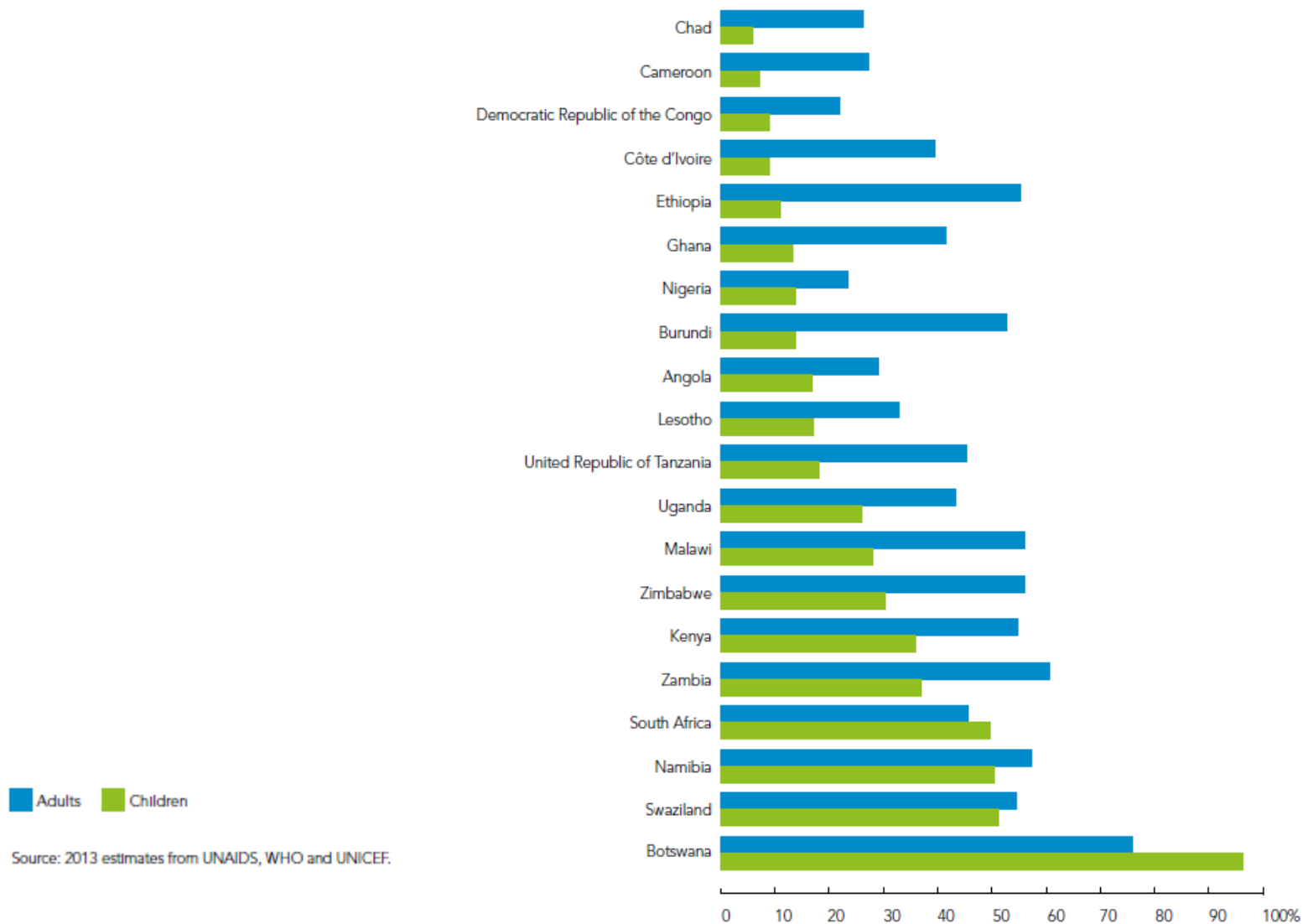
- No progress with Adolescents: 10-19 years
- HIV positive: 1.6 million – 2.1 million (2001-2012)
- New infections (2001-2012)
 - 38,000- 107,000: 10- 19 yrs
 - 73,000 - 48,000: 20-24 yrs
- Adolescent girls represent 60% of those infected in Africa
- National and Global data very weak
- 24% of HIV positive children on ART (2014)

HIV prevalence among South African boys and girls in grades 9 and 10 in a rural district



Source: Kharsany, A. B., M. Mlotshwa, et al. (2012). HIV prevalence among high school learners - opportunities for schools-based HIV testing programmes and sexual reproductive health services. BMC Public Health 12: 231.

Percentage of adults (aged 15+) and children (aged 0-14) living with HIV who were receiving antiretroviral therapy in 2013,in 21 priority countries



Source: 2013 estimates from UNAIDS, WHO and UNICEF.

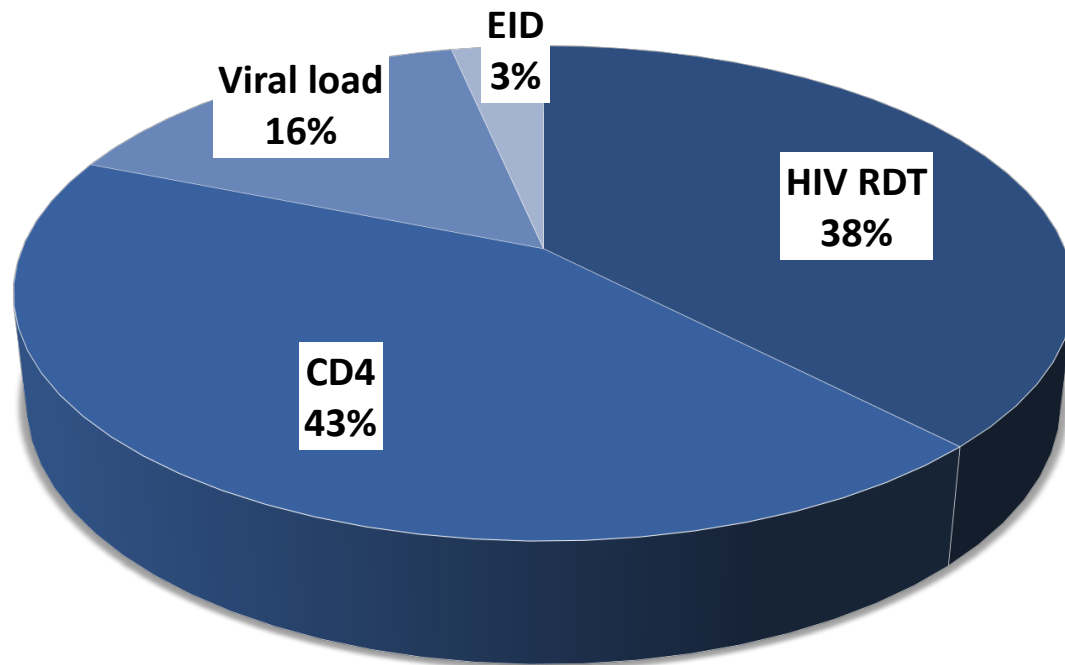
Problem: HIV Diagnosis is challenging

... but is the entry point to treatment

- Early infant diagnosis at the primary care level is challenging to perform
- Often unclear testing guidelines for infants and weak systems for referral & follow-up; Losses along the PMTCT/ Paeds cascade
- Current technology is complex and often centralized
- Complex referral system for specimens; return of results; and location of the child which can take many months
- Requires functional complex supply chains
 - sample collection materials to be available at the clinic
 - samples to be sent for testing at higher level
 - function and available analyzers & reagents
 - results to be returned to the clinic









Global Fund: current HIV diagnostics spend estimated to be USD 90 million in 2014



- = 10% spend on ARVs
- Expected increase in viral load from 2015 with the New Funding Model

Approved funds for procurement in 2014	USD	Estimated number of tests planned for procurement
Rapid tests	34 million	40 million
CD4 tests	39 million	5 million
Viral load tests	14 million	500,000
EID tests	3 million	200,000

6 challenges and 6 interventions for better access; Interagency Task team on the Prevention and Treatment

- | | | | |
|---|---|--|--|
| 1 | Infants are hard to diagnose yet very vulnerable |  | Expand access to Early Infant Diagnosis (EID) |
| 2 | Too few pediatric specialists |  | Task shift pediatric ART |
| 3 | Fragmentation of the ARV market by many similar products |  | Rationalize ARV formularies |
| 4 | Increasing number. of adolescents with particular needs |  | Meet special needs of adolescents |
| 5 | Too many children are LTFU – all along the care continuum |  | Increase retention |
| 6 | Access to treatment lags partly due to low targets |  | Set higher targets for testing & treatment; improve linkages of diagnosis & treatment |



Cascade Targets Addressed by Interventions for *Children*

	Testing	Linkage	Staging	ART initiation	Pre-ART retention	Retention on ART	Adherence	Viral suppression
Service Delivery	2	1	0	1	0	3	2	2
Counseling	0	0	0	0	0	0	2	1
Demand Creation	0	0	0	0	0	0	0	0
Management	0	0	0	2	0	0	0	0
Social support	0	0	0	0	0	0	0	0
Technology	1	0	0	1	0	0	0	0

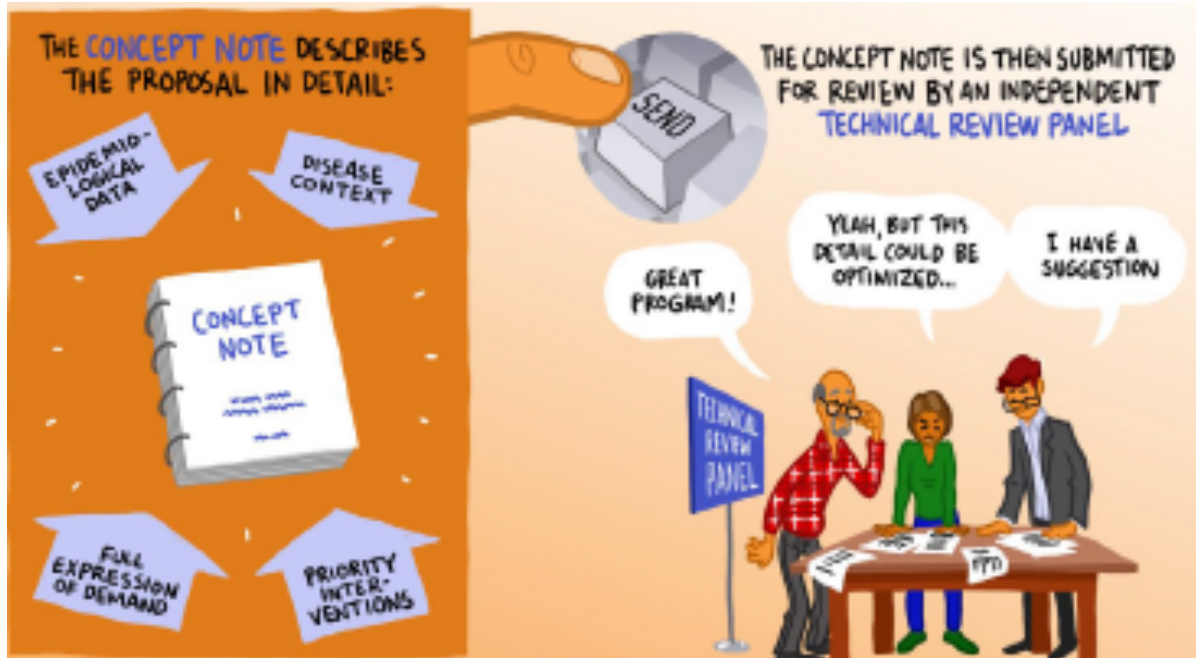
White=
More
Studies



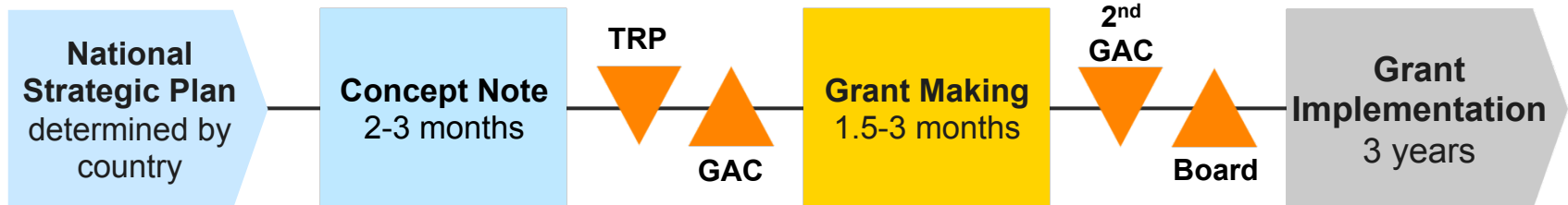
Red=
Fewer
Studies

- Service delivery approaches were the most common with retention on ART as the most examined outcome
- Overall there is a paucity of approaches and steps in the cascade

New funding model: strategic investment for maximum impact

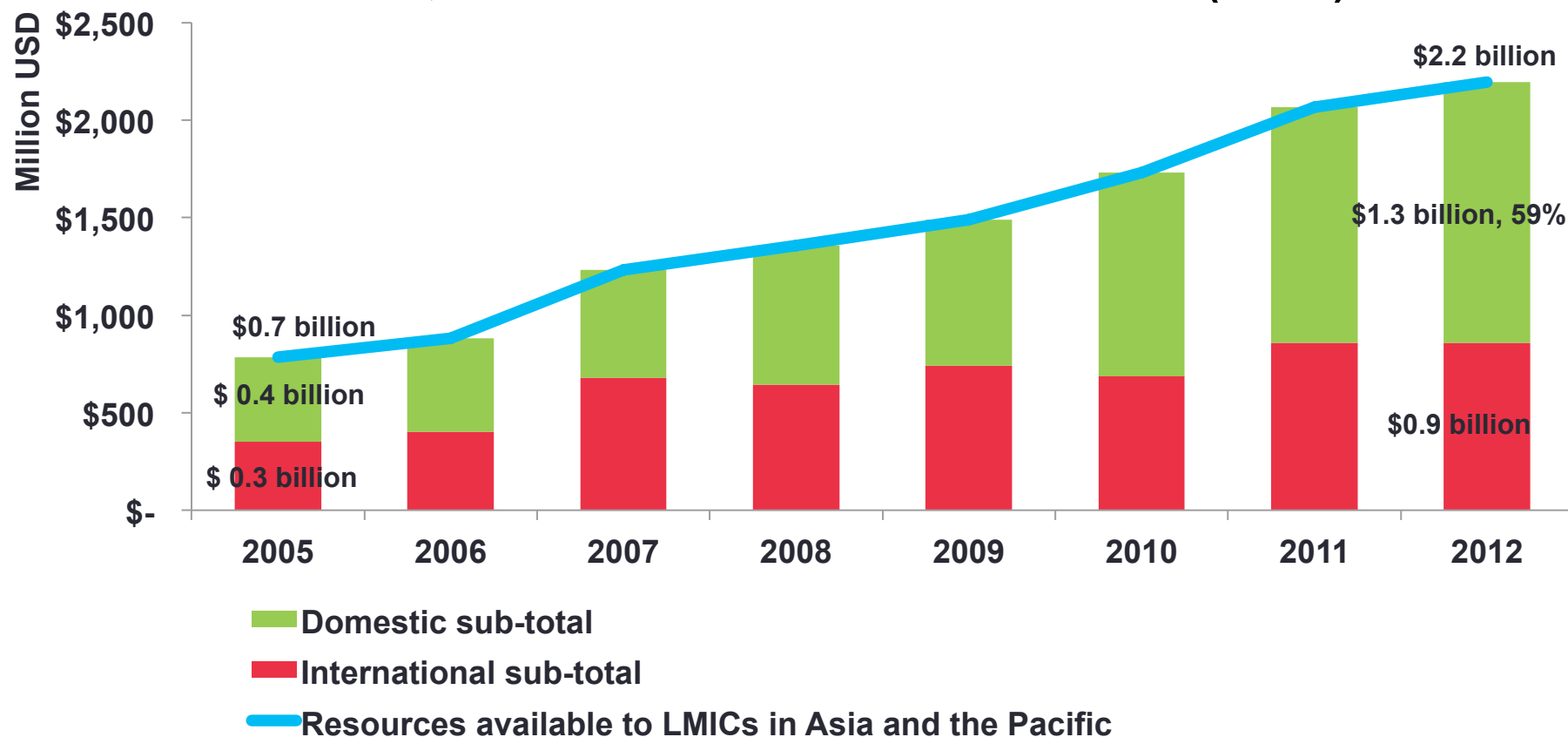


Ongoing Country Dialogue

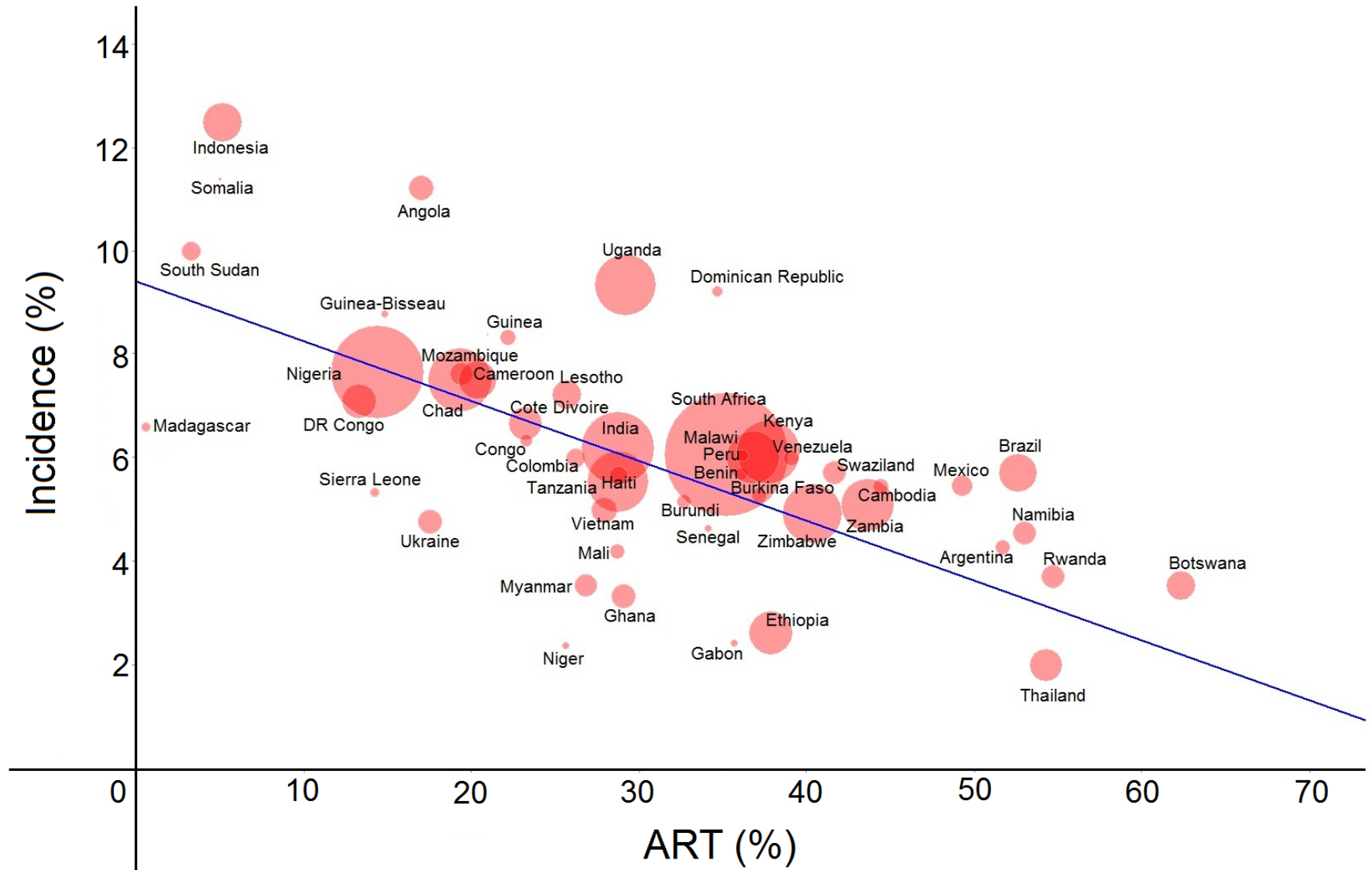


Domestic funding has increased to make up for leveling off of international financing

Resources available for AIDS response in Asia and the Pacific, low-and middle-income countries (LMIC)



New HIV infections (percentage growth) versus ART coverage in 51 countries.



Acknowledgements

- **Global Fund – Martin Auton, Mark Dybul, Annette Reinisch,**
- **Imperial College – Tim Hallett, Shelui Collinson**
- **WHO – Meg Doherty**
- **University of Liverpool – Andrew Hill**