

ON THE FAST-TRACK

TO ACCELERATE THE FIGHT AGAINST HIV AND TO END THE AIDS EPIDEMIC BY 2030

2016 Political Declaration

César A. Núñez
04 June 2017





General Assembly

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Agenda item 11

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[without reference to a Main Committee (A/70/L.52)]

70/266. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

The General Assembly

Adopts the political declaration on HIV and AIDS annexed to the present resolution.

*97th plenary meeting
8 June 2016*

Annex

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2016, reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to accelerate and scale up the fight against HIV and end AIDS to reach this target, and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development¹ to accelerate action and to recast our approach to AIDS

Fast-Track commitments to end AIDS by 2030

On the Fast-Track:

- Reduce new HIV infections to fewer than 500,000 by 2020
- Reduce AIDS-related deaths to fewer than 500,000 by 2020
- Eliminate HIV-related stigma and discrimination by 2020



Ensure that 30 million people living with HIV have access to treatment through meeting 90-90-90 targets



Eliminate new HIV infections among children by 2020



Ensure access to combination prevention options to 90% of people by 2020



Eliminate gender inequalities and end all forms of violence and discrimination against women and girls



Ensure that 90% of young people have access to skills, knowledge and capacity to protect themselves from HIV and have access to SRH services by 2020



Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020



Ensure that at least 30% of all service delivery is community-led by 2020



Ensure that HIV investments increase to US\$26 billion by 2020

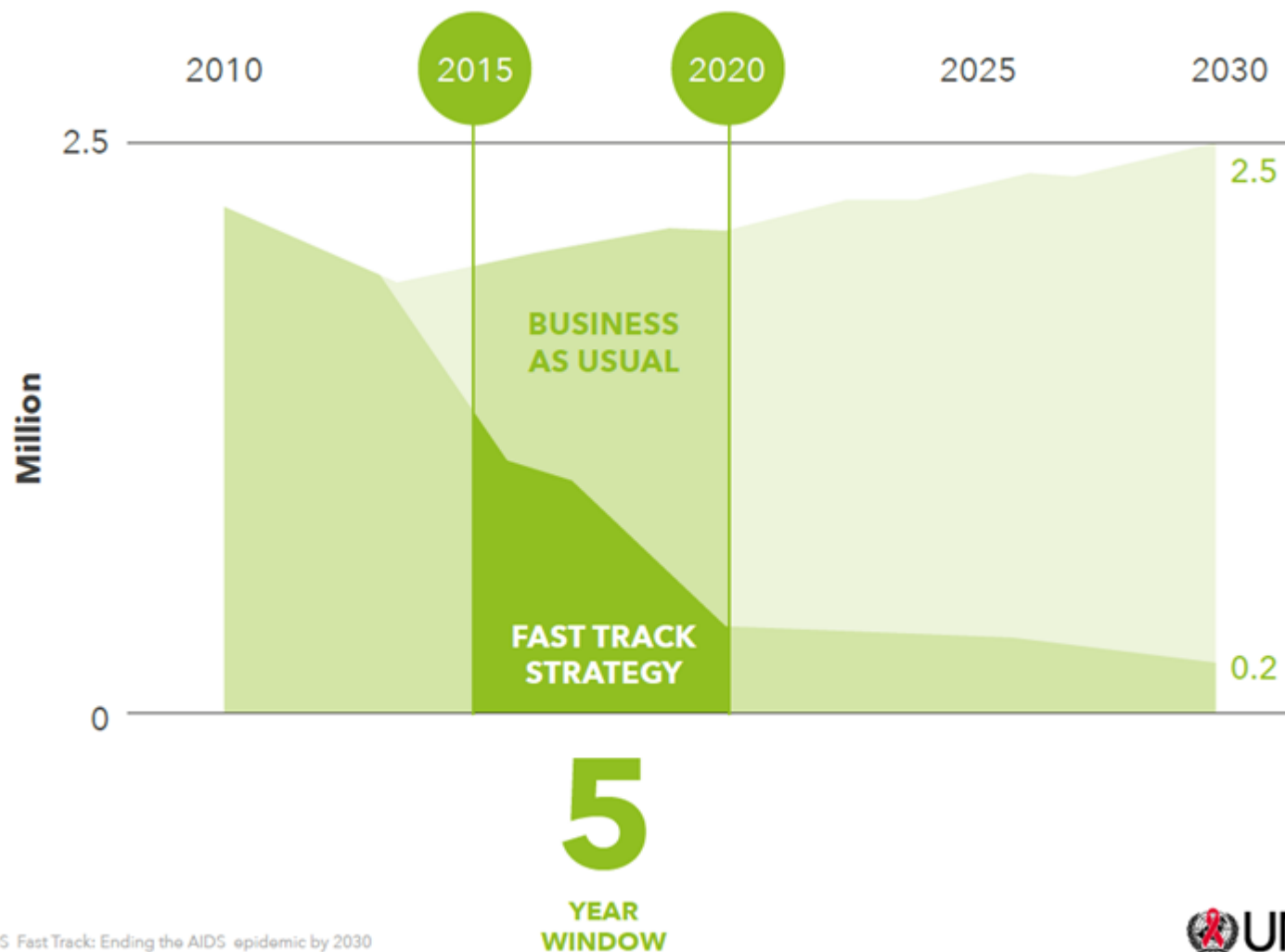


Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

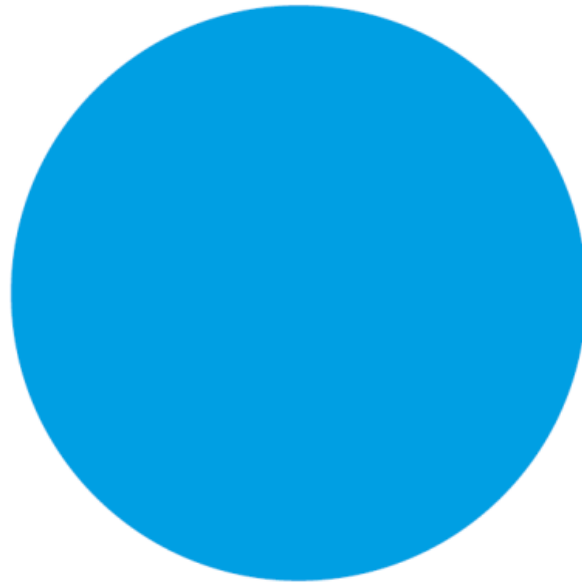


Commit to taking AIDS out of isolation

WHY FAST-TRACK?



BUSINESS AS USUAL



2.5 MILLION
NEW ADULT HIV INFECTIONS

Getting to zero



FAST TRACK



0.2 MILLION
NEW ADULT HIV INFECTIONS

Getting to zero



Fast-Track Priority Countries

High-income

1. Russian Federation
2. United States of America

Upper-middle-income

3. Angola
4. Botswana
5. Brazil
6. China
7. Iran (Islamic Republic of)
8. Jamaica
9. Namibia
10. South Africa

Lower-middle-income

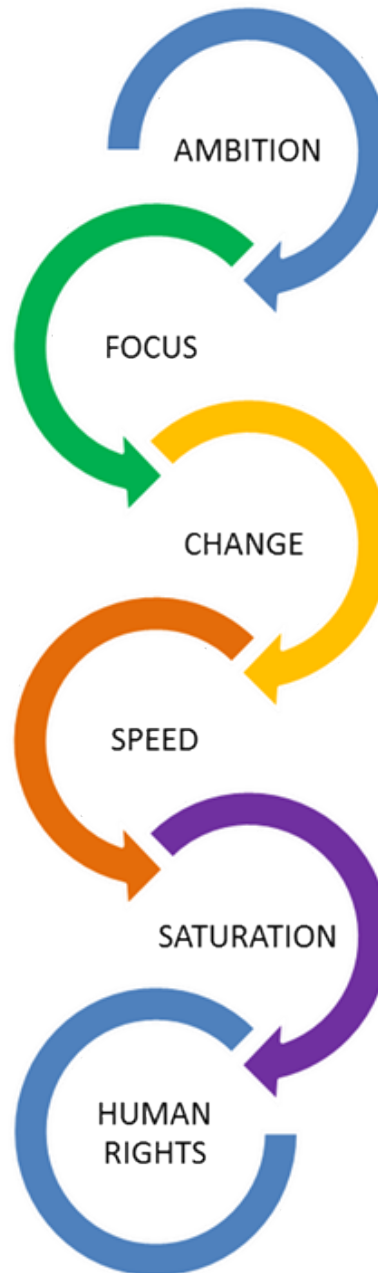
11. Cameroon
12. Côte d'Ivoire
13. Ghana
14. India
15. Indonesia
16. Kenya
17. Lesotho
18. Myanmar
19. Nigeria
20. Pakistan
21. Swaziland
22. Ukraine
23. Viet Nam
24. Zambia

Low-income

25. Chad
26. Democratic Republic of the Congo
27. Ethiopia
28. Haiti
29. Malawi
30. Mali
31. Mozambique
32. South Sudan
33. Uganda
34. United Republic of Tanzania
35. Zimbabwe

a The income categories are based on the 2015 World Bank classification. The Fast-Track countries are subject to change during the Strategy period.

THE CORE FAST-TRACK PRINCIPLES



Building solid political commitment for ambitious prevention, testing, treatment and rights targets for 2020 and beyond. Set national and sub-national targets, informed by global targets

Achieving detailed, localized understanding of country epidemics and drivers, and focus services and resources on locations and populations with the largest HIV burden.

Stopping what does not work. Quickly introduce new evidence-based approaches. Broaden options for service delivery to reduce the burden on strained health systems and extend the reach of services, including greater use of community-based approaches and new partnerships.

Drastically quickening the pace and accelerate the scale up of services over the next five years.

Delivering HIV services in the intensity and quality needed to reach the targets within the next five years. Implement the full complement of high-impact HIV services in prioritized locations and populations.

Ensuring that services are people-centred. Repeal laws, reform policies and end practices that hold back a more effective and equitable AIDS response.

What we know

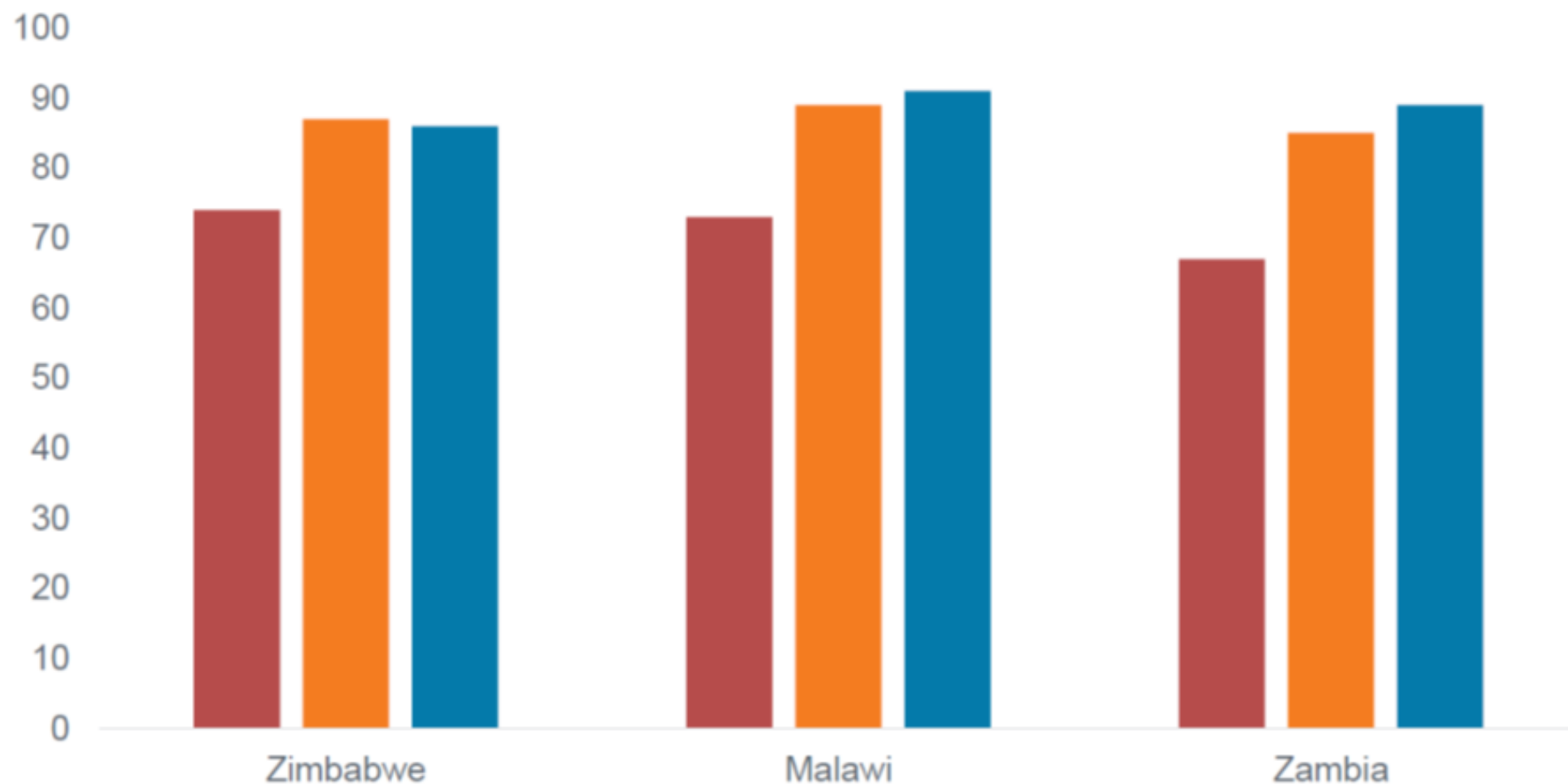
PEPFARs recent Population-based HIV Impact Assessments (PHIA) have shown:

- Retention, adherence and durability of first line ART is much better than expected
- More than half of men <35 years do not know their HIV status and are not on treatment
- Vast differences in HIV prevalence within each country – investments must be focused for impact
- Testing without linking to treatment is a programme failure

Ambition

- ✓ Most countries have adopted the WHO treatment guidelines (i.e. all in ESA)
 - ✓ Renewed political commitment at the highest level in several countries – especially in WCA which is lagging behind
-
- Few countries have set ambitious prevention and treatment targets based on the 2016 Political Declaration
 - Domestic investment in the AIDS response often low
 - While policies are adopted, implementation is slow

Progress to 90-90-90 in Adults (%)



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

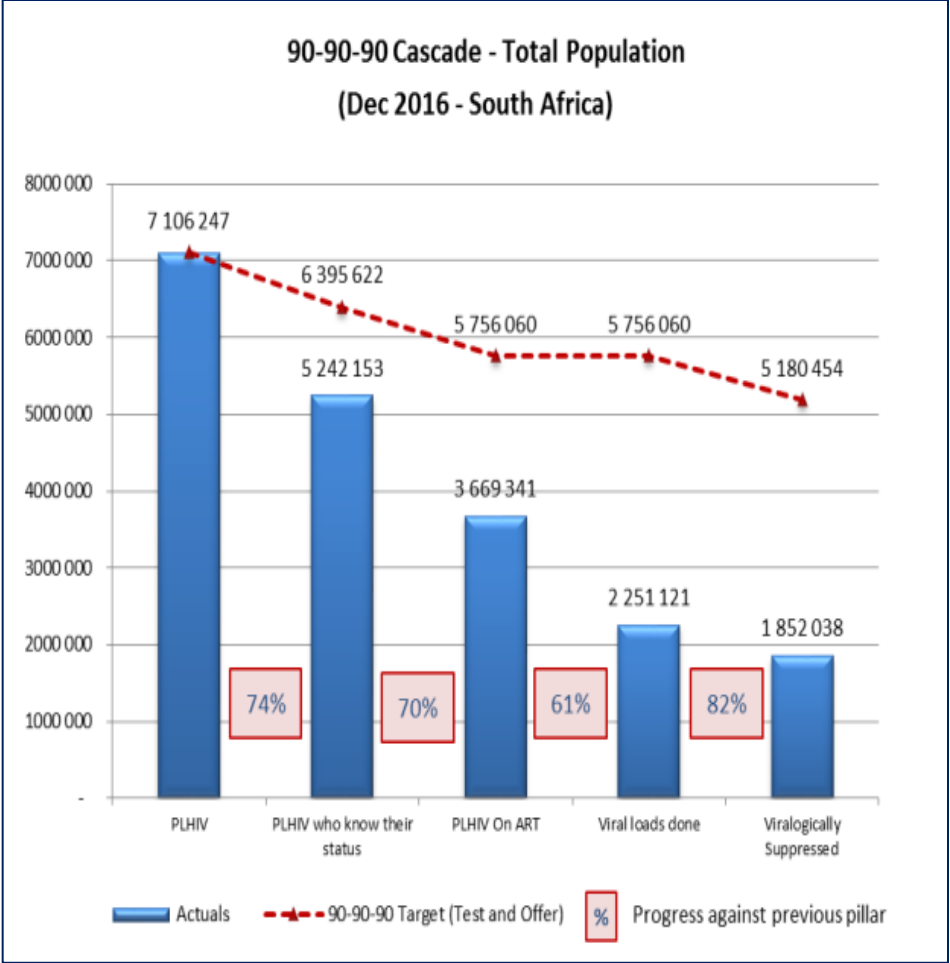
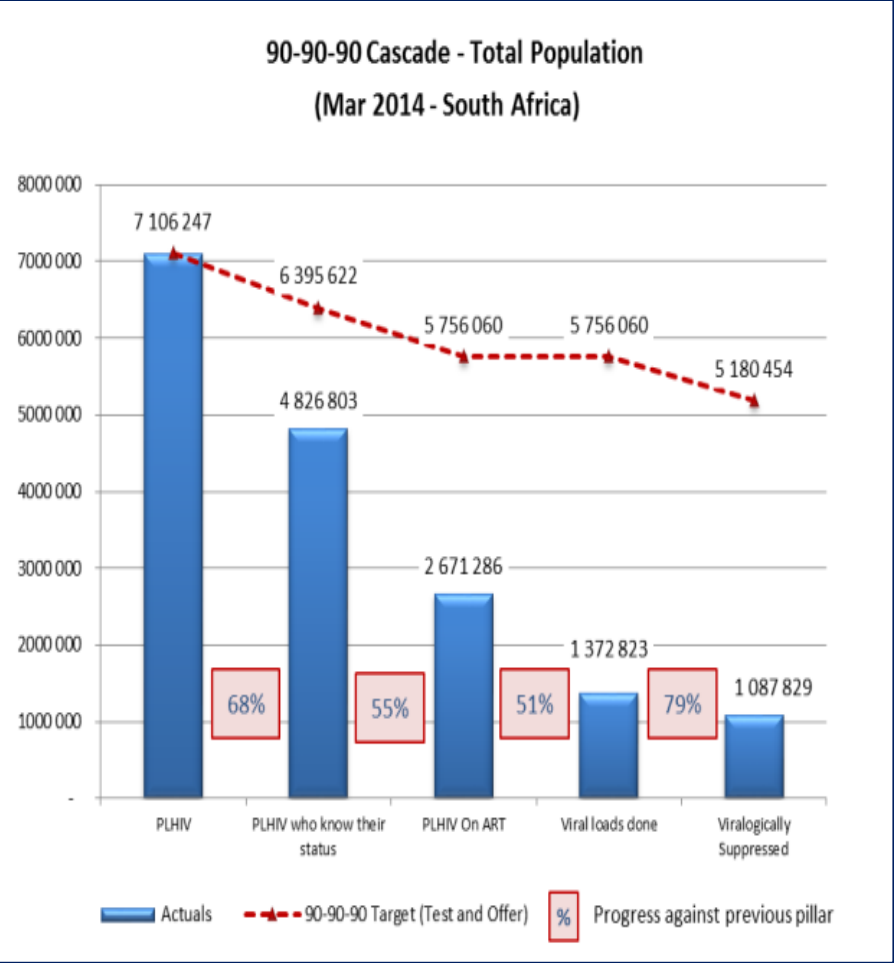
■ Aware of HIV Status

■ Treated

■ Virally Suppressed

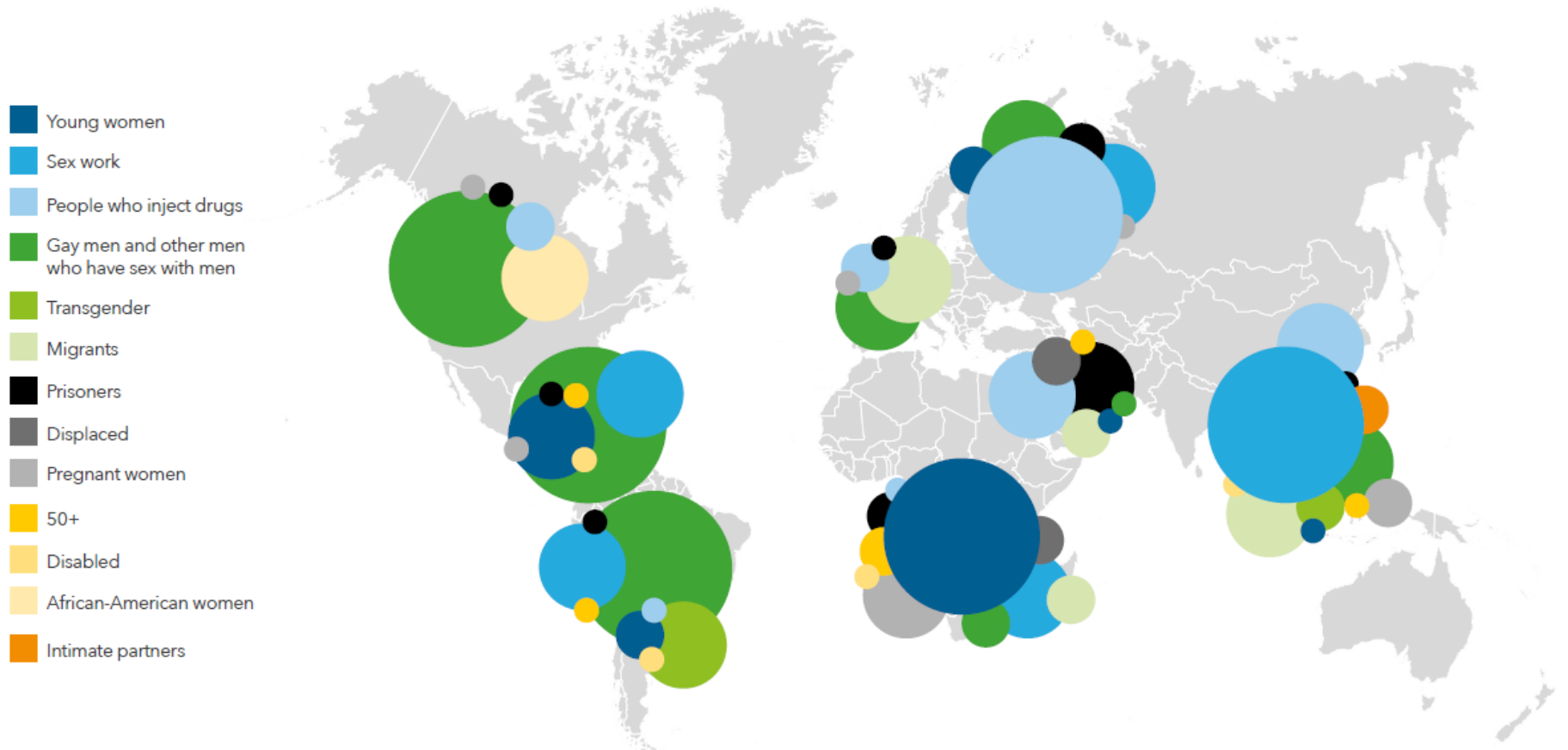
Source: Population-Based HIV Impact Assessments (PHIA) IMPACT Studies, 2016

South Africa Cascades: March 2014 - December 2016



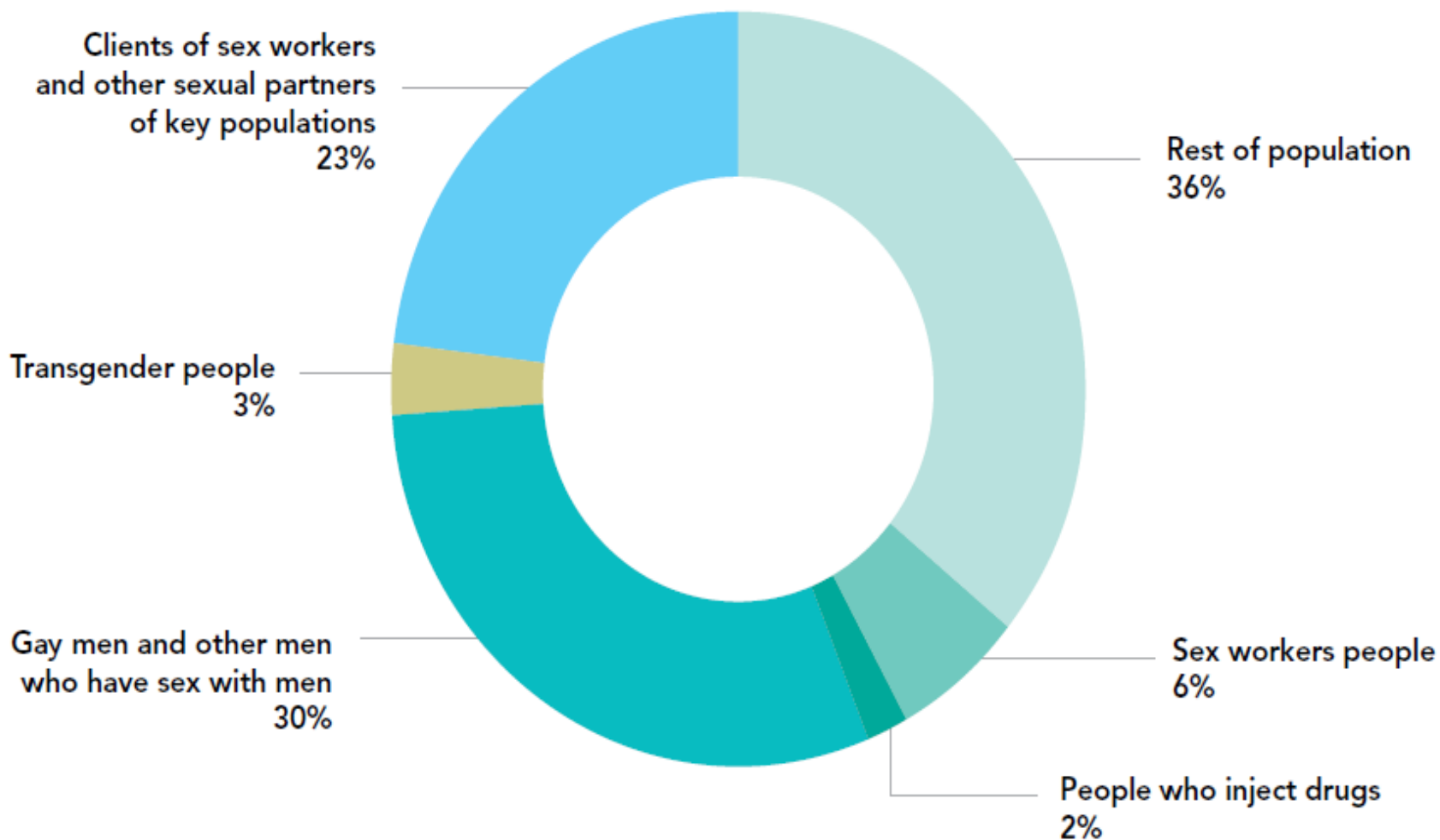
*Derived primarily via DHIS, NHLS. Represents coverage via the public sector.

Focus - Location, Population



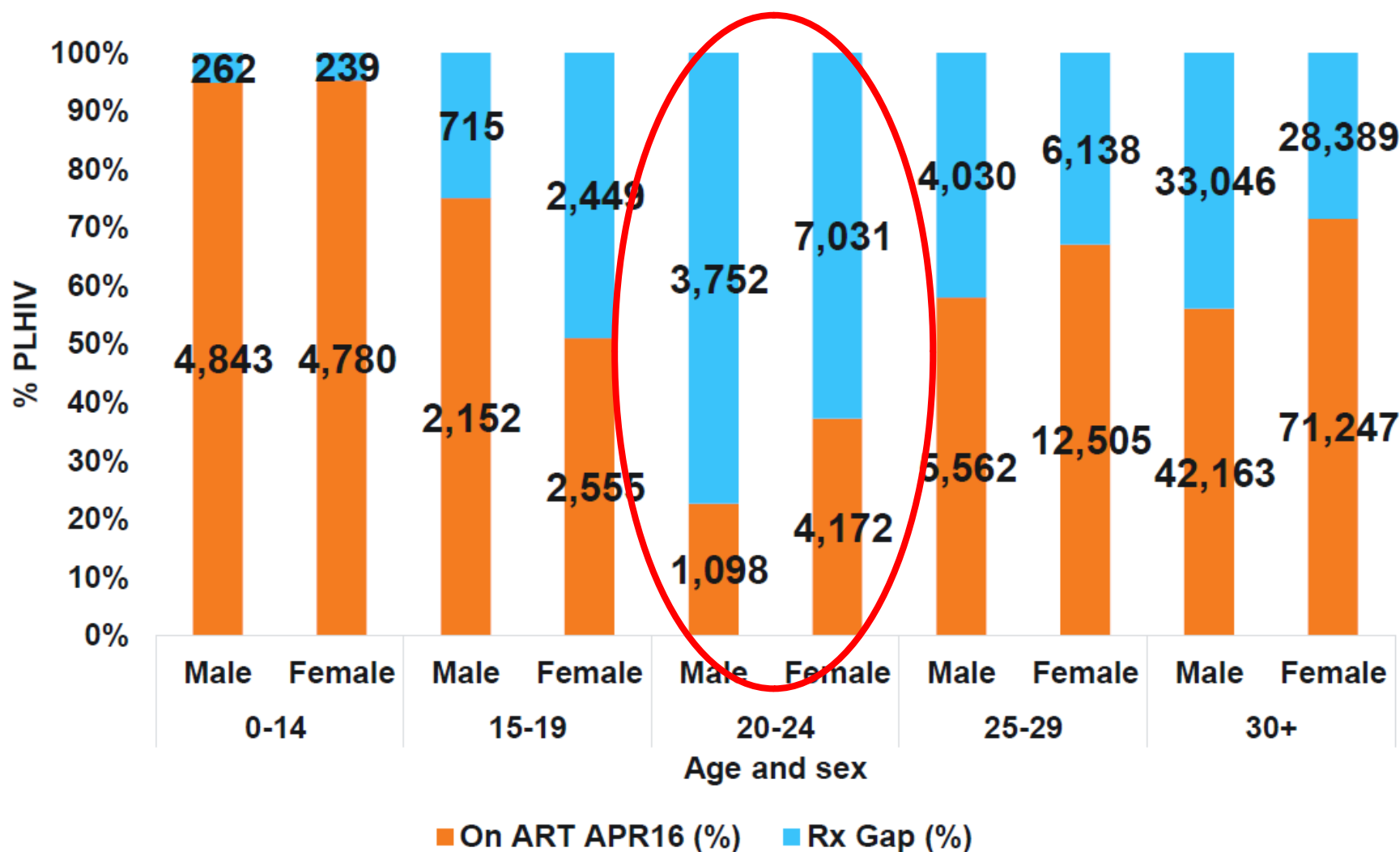
Focus - Population

Latin America and Caribbean



Namibia: National ART Gap by Age and Sex

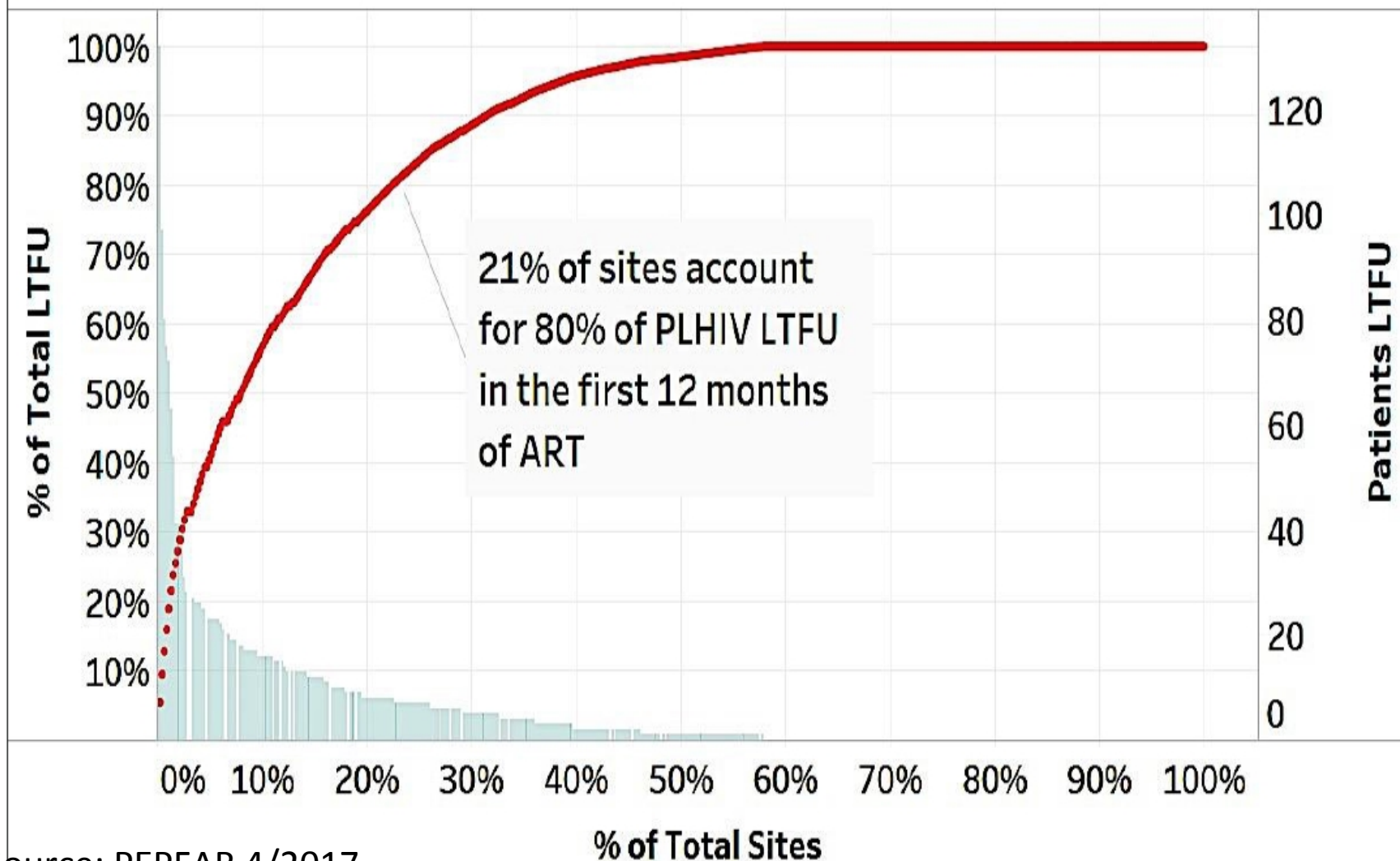
Young men and women aren't on treatment



Source: PEPFAR Namibia & UNAIDS, 2017

Patients Lost to Follow-up (LTFU)

Pareto graph of patients LTFU after 12 months (TX_RET D - TX_RET N) by site, APR16



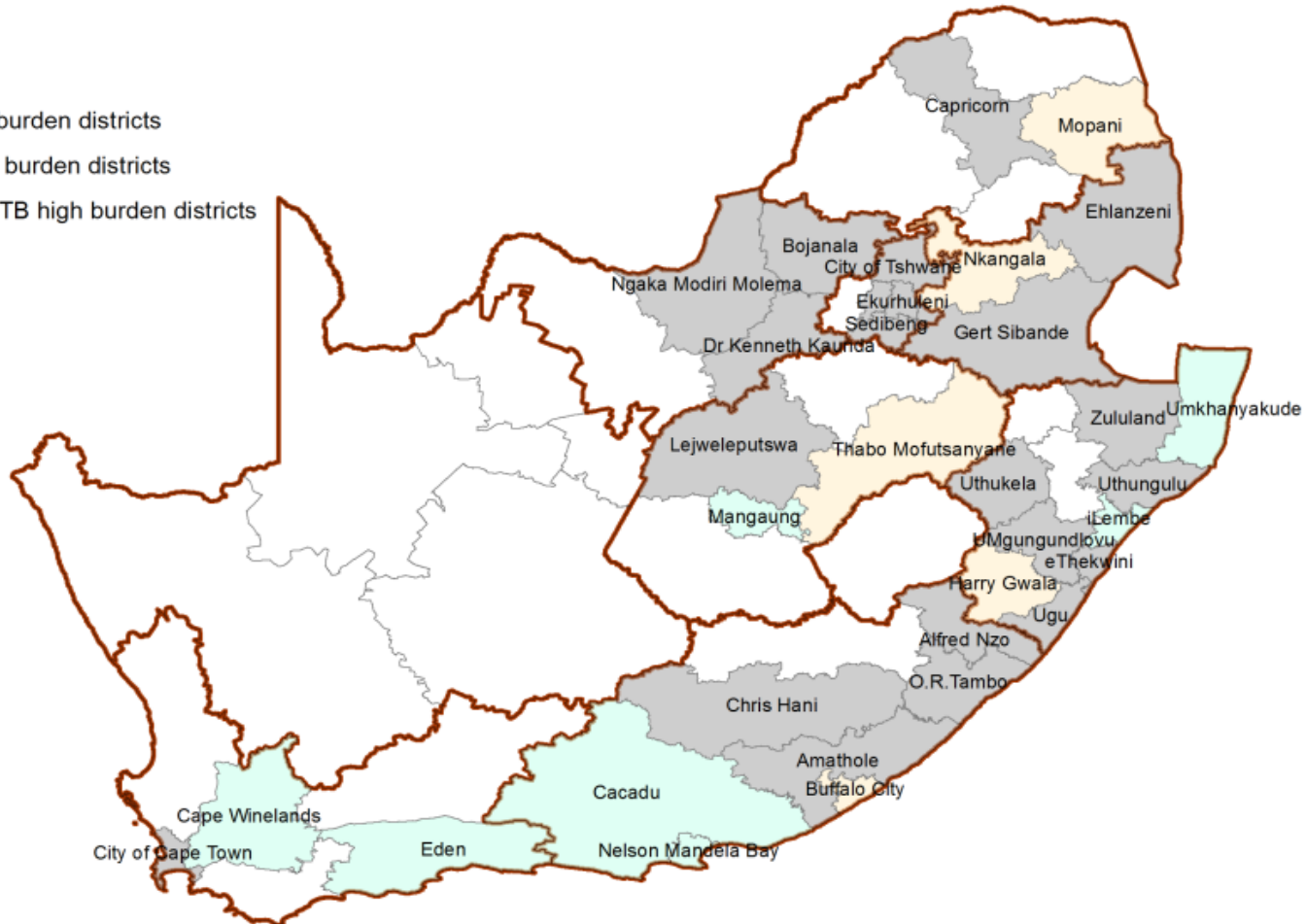
Source: PEPFAR 4/2017

Focus - Location

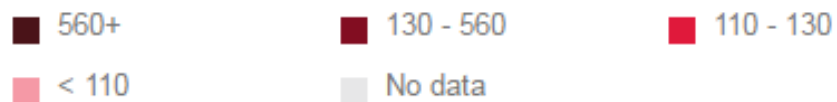
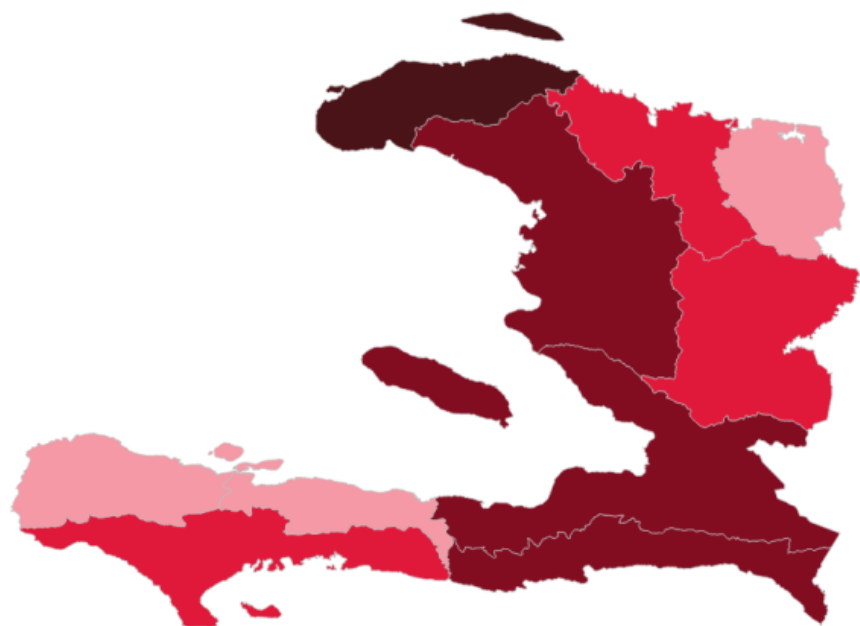
South Africa: HIV and TB High Burden Districts

Legend

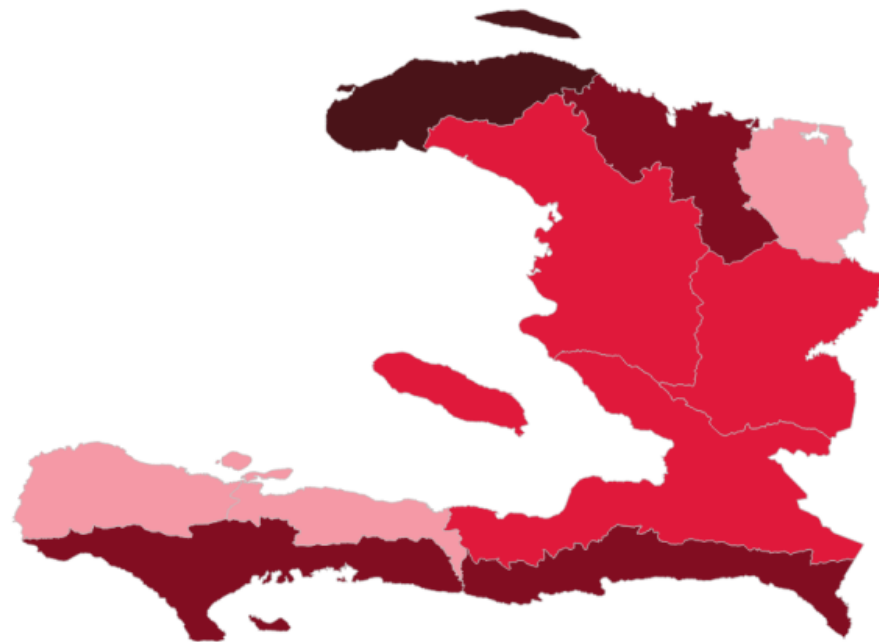
- Other
- TB high burden districts
- HIV high burden districts
- HIV and TB high burden districts



New infections in Haiti by province, all ages in 2015



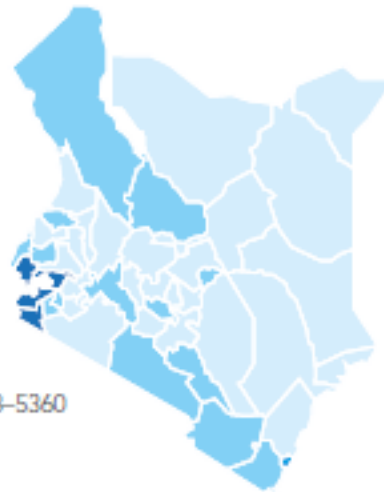
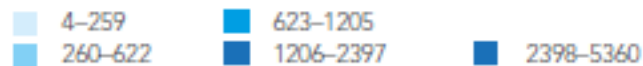
New infections in Haiti by province, women 15+, in 2015



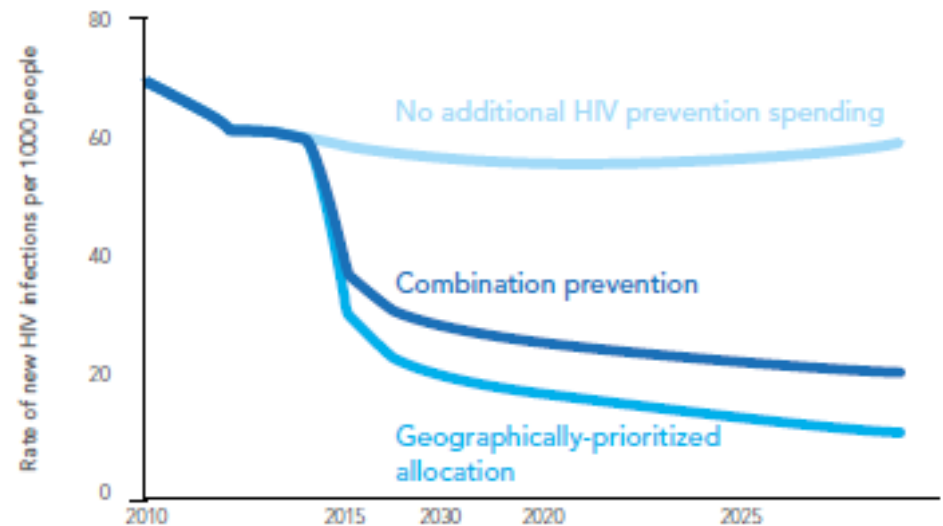
Impact of geographic prioritization in Kenya

Estimated new HIV infections among women in the general population, by county, Kenya, 2011

Modelled number of new HIV infections among women (15–49), 2013

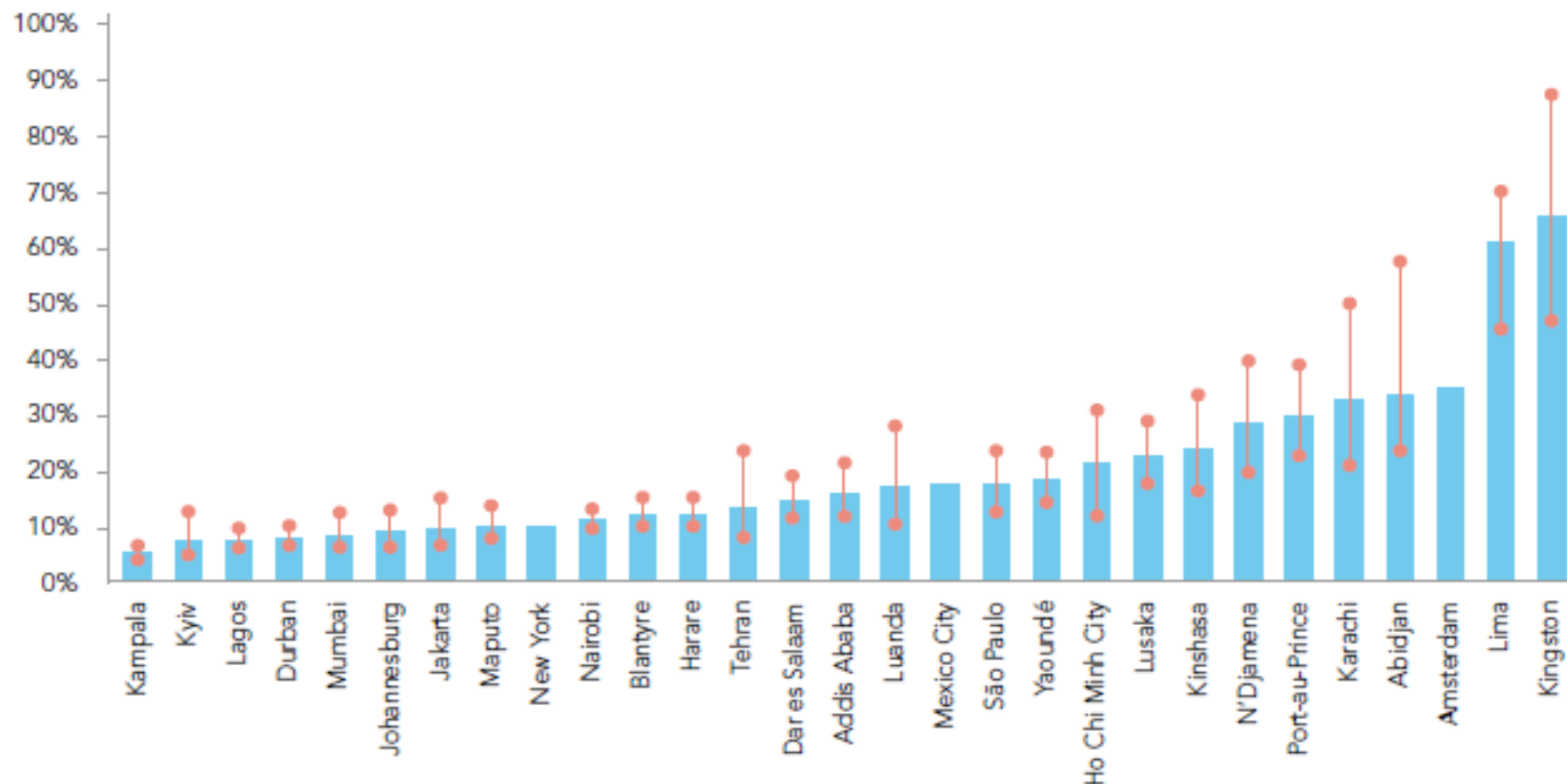


Impact of setting programme priorities based on distribution of new HIV infections, Kenya



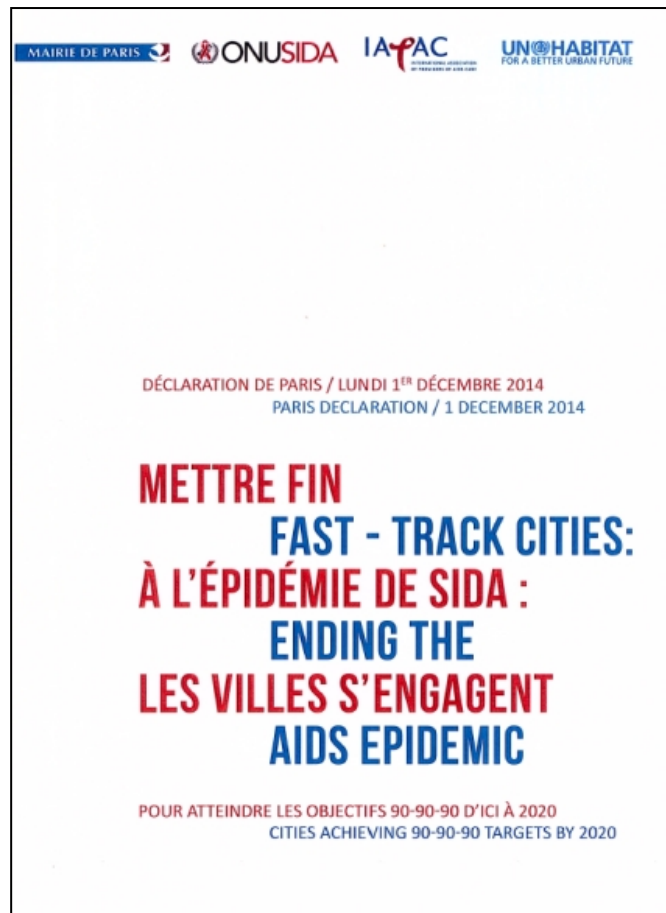
Focus - Location

Proportion of the national number of people living with HIV in major cities 2014 - 2015



Source: UNAIDS 2015, Ending the Urban AIDS Epidemic; City specific reported data 2016

80% of the population live in cities in Latin America and the Caribbean. Cities like Lima and Kingston account for more than 70% of the people living with HIV.

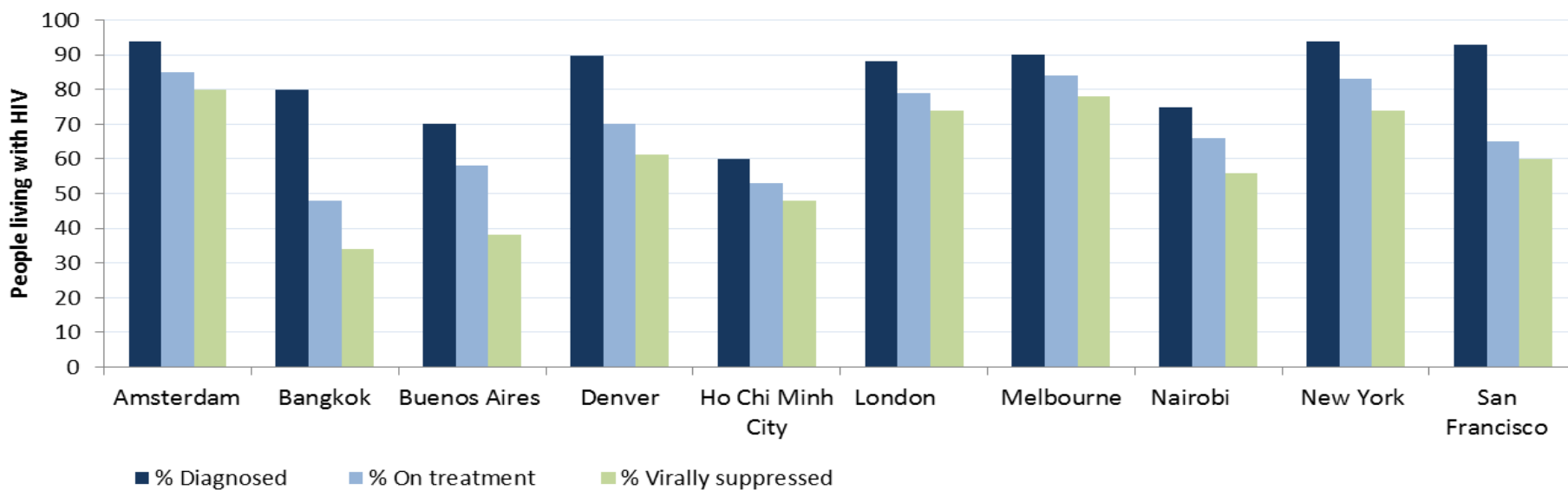


DÉCLARATION DE PARIS / LUNDI 1^{ER} DÉCEMBRE 2014

PARIS DECLARATION / 1 DECEMBER 2014

- End the AIDS epidemic in cities by 2030
- Put people at the center of everything we do
- Address the causes of risk, vulnerability, and transmission
- Use our AIDS response for positive social transformation
- Build and accelerate an appropriate response to local needs
- Mobilize resources for integrated public health and development
- Unite as leaders

Cities across the world are making progress towards reaching the 90-90-90 treatment targets, 2015/2016



Change



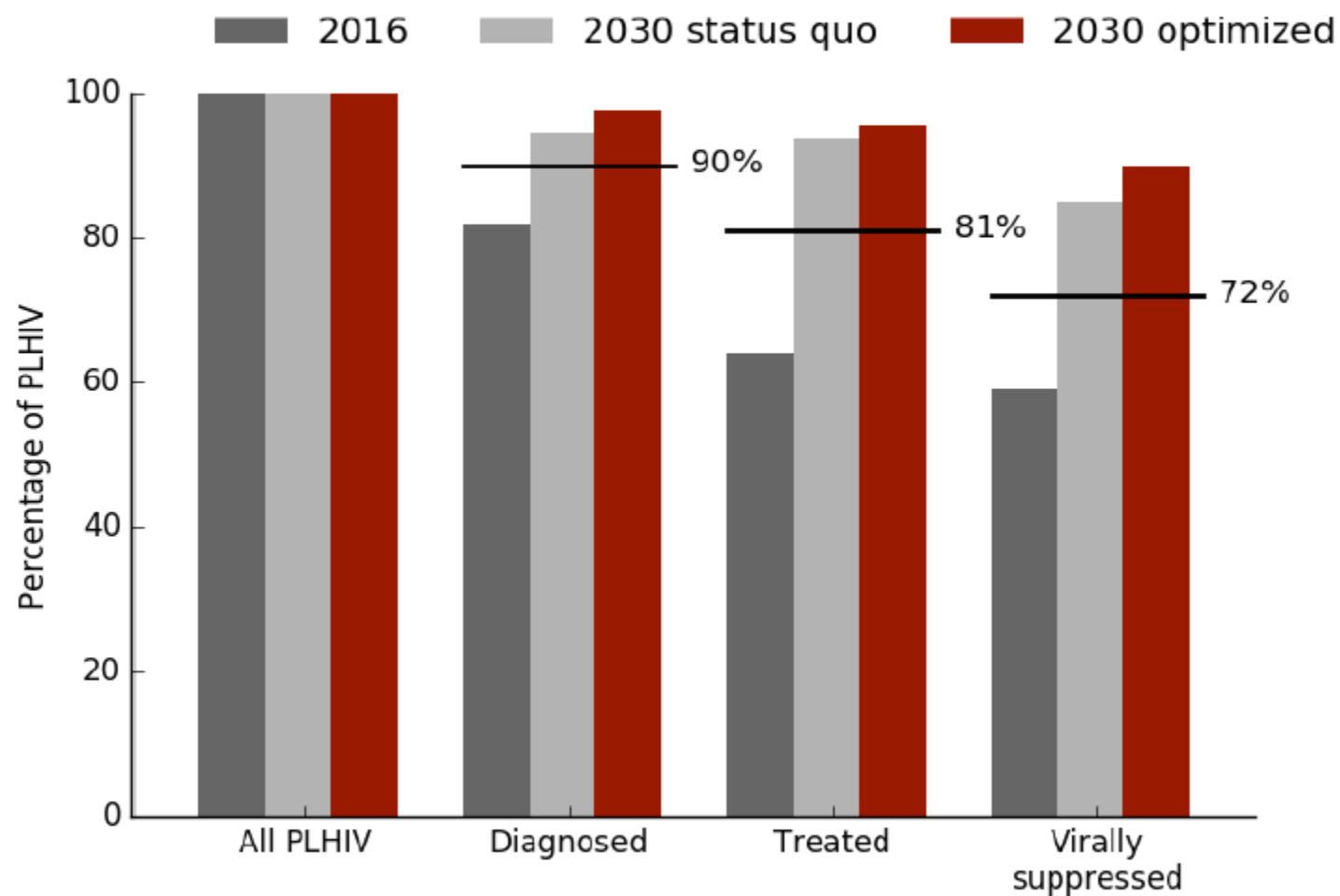
- Resources are not allocated towards scaling up the programmes that are most effective within the local context
- Resources are not focused in locations with the highest HIV burden
- Resources are not focused on the populations with the greatest need
- High impact HIV services are not delivered in a way that meets the needs of the target population or at the lowest possible cost. For example, inefficient procurement of antiretroviral medicines can dramatically raise the cost of HIV treatment.
- Efficiency analysis have been conducted in many countries, but the tough decisions required to follow-up on the resulting recommendations have not always been made.

Provision of Oral HIV Self-test Kits Triples Uptake of HTS among Male Partners of ANC Clients

	Standard of Care	Improved letter	Self-testing
Proportion male partners reporting HIV testing during study period	28.3%	36.7%	82.6%
Proportion women who discussed HIV testing with male partners	96.8%	95.9%	97.9%
Proportion women reporting testing together with male partners (couple)	27.0%	35.1%	79.1%

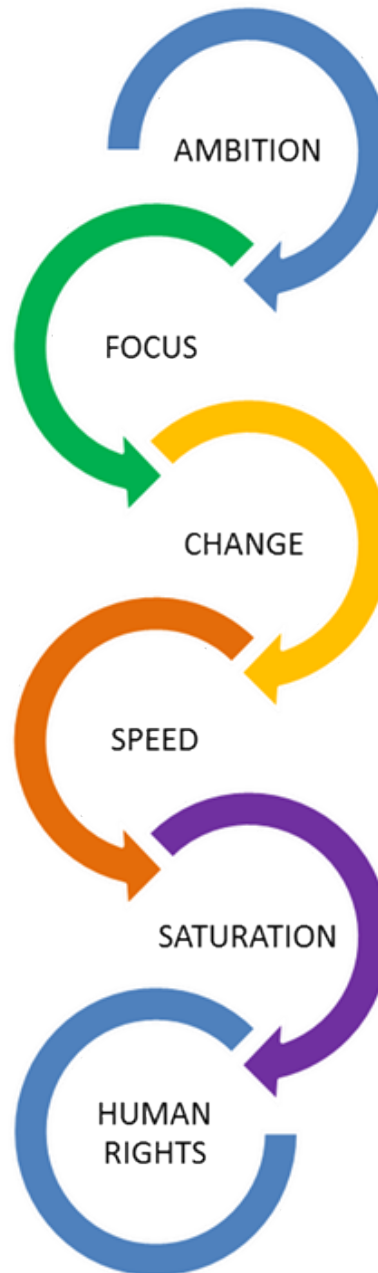
Source: PEPFAR 4/2017, HIV testing among male partners of ANC clients in Kenya

HIV treatment cascade in Malawi, for 2016 and 2030 with current allocation of resources, and 2030 with optimized allocation of resources.



Source: Estimates from Optima Model 2016), and MOH routine data.

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HUMAN RIGHTS

- Ensure that services are **people-centred**.
- Repeal laws, reform policies and end punitive practices, for a more **effective and equitable** AIDS response.
- Upholding human rights will advance the **broader development agenda**.



Five Prevention Pillars



United Nations General Assembly prevention targets



Get on the Fast-Track

The life-cycle approach to HIV

Finding solutions for everyone at every stage of life

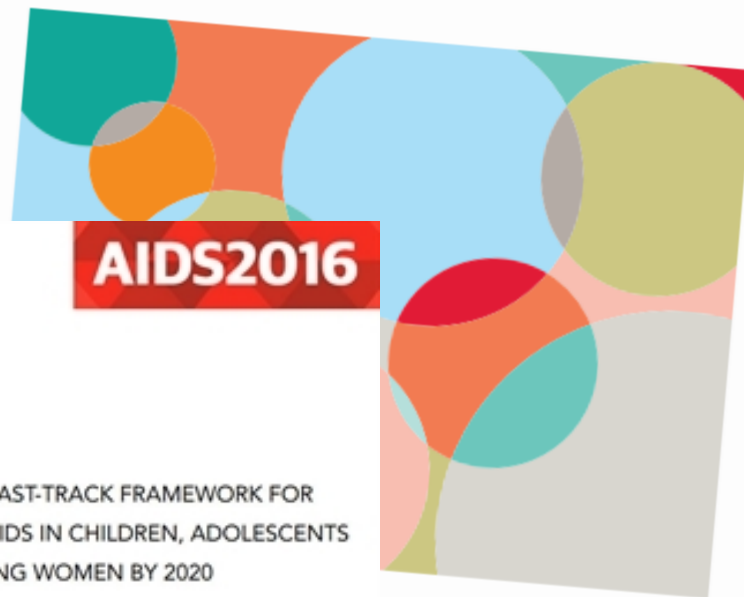


A SUPER FAST-TRACK FRAMEWORK FOR
ENDING AIDS IN CHILDREN, ADOLESCENTS
AND YOUNG WOMEN BY 2020

UNAIDS 2017 | GUIDANCE

Fast-Track and human rights

Advancing human rights in efforts to accelerate the response to HIV



Going Forward

- Know locations of higher transmission and understand transmission risk by age and population group
- Improved use of granular programme data (implementation) for targeting and programme modifications
- Rapid scale-up of home and self-testing
- Continued expansion of VMMC
- Accelerated expansion of community service delivery and differentiated models of care
- Improved monitoring of programme quality
- Analysis and application of programme efficiencies



FAST-TRACK

ENDING THE AIDS EPIDEMIC BY **2030**