



90-90-90 Targets Workshop

July 21-22, 2018 • Amsterdam

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BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS



GLOBAL NETWORK OF
PEOPLE LIVING WITH HIV



Action, Innovation and Solidarity In
Motion -- Building on momentum to
close the gaps and leave no one
behind in West and Central Africa

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Context in West and Central Africa

- Tangible progress made since the call for actions in 2016 (HLM)
- Concerns in key trends of the epidemic
 - 7% of world population but 17% of all People Living with HIV worldwide (6.1 million in 2017)
 - 30% of all AIDS related deaths and 21% of new infection worldwide
 - 26% coverage of ART treatment among children
- Humanitarian and security situation
- Low scale up efforts to reach the 90-90-90 targets



The WCA catch-up plan

To be implemented from 2017 to end 2018

- 8 countries in the 1st wave (80% of PLHIV in WCA)
- 10 additional countries thereafter

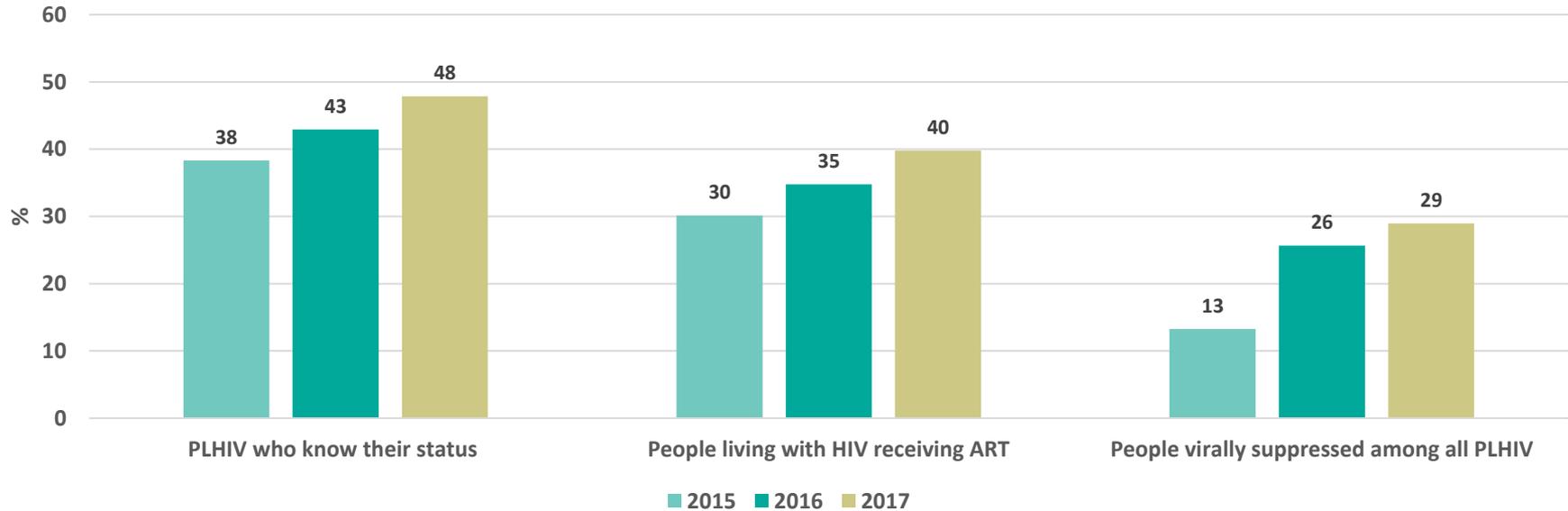
Strategic objectives by end 2018

- At least 850 000 people, including 60 000 children, diagnosed as living with HIV but not yet enrolled in care will receive sustained high-quality antiretroviral therapy by mid-2018. This represents an estimated 65% of the number of previously tested but untreated people.
- An additional 250 000 people living with HIV, including 60 000 children, have been newly tested, know their HIV-positive status and are linked to sustained high-quality antiretroviral therapy by mid-2018.
- An additional 100 000 pregnant women living with HIV will receive sustained high-quality antiretroviral therapy.

Key achievements (a)

Increase in test and treatment outcomes

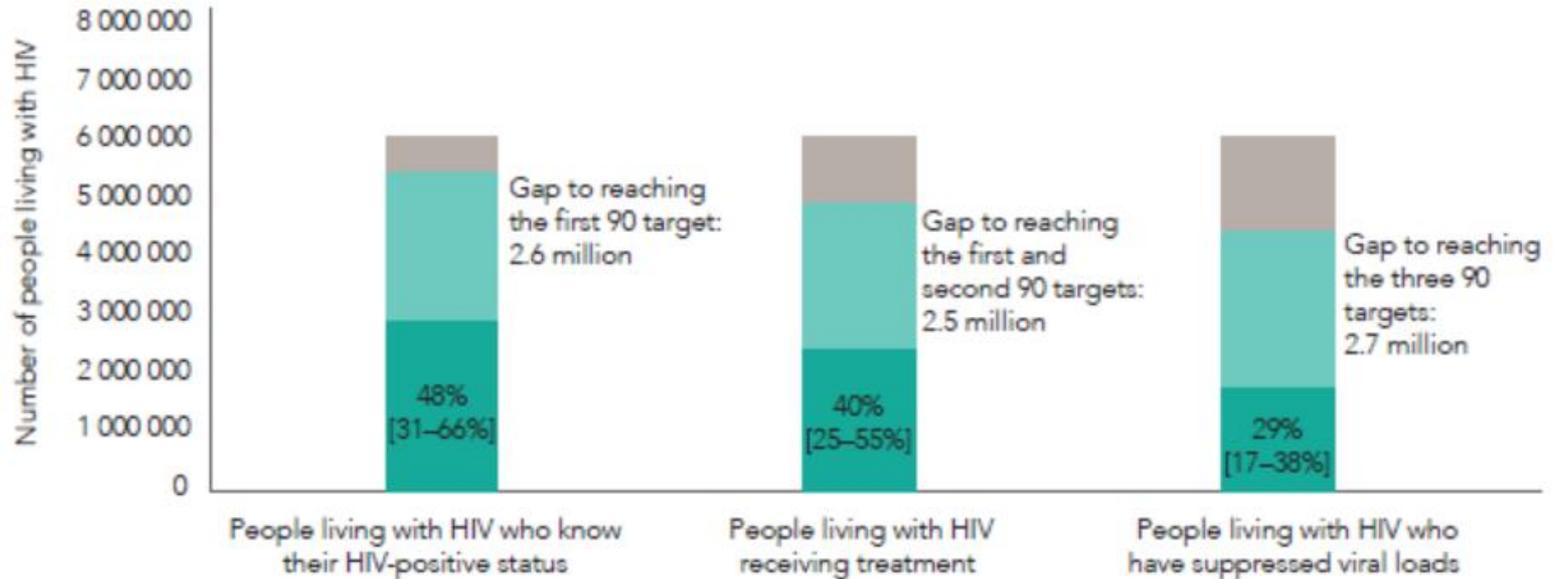
Trends in test and treatment cascade in WCA
2015-2017



Key achievements (a)

Increase in test and treatment outcomes

Test and treatment cascade in WCA in 2017



Sources: UNAIDS 2018 estimates; Global Aids Monitoring, 2018.

Key achievements (b)

Changes in service delivery

WCA political leadership exerts robust leadership to Fast-Track the response

Existing and new resources are increasingly focalised on the fast-track efforts

Increased use of new technologies:

- PreP
- Point-of-Care tests
- VL - testing

Communities, affected populations and local authorities plan and lead the AIDS response

Health service delivery is becoming more and more diversified – *user fees an issue to address*

Testing options are being broadened:

- Focus on index-based testing
- Self- and home-based testing
- Location-based testing
- Public-private partnerships
- Voluntary and provider-initiated counselling
- Engaging the most affected populations in testing

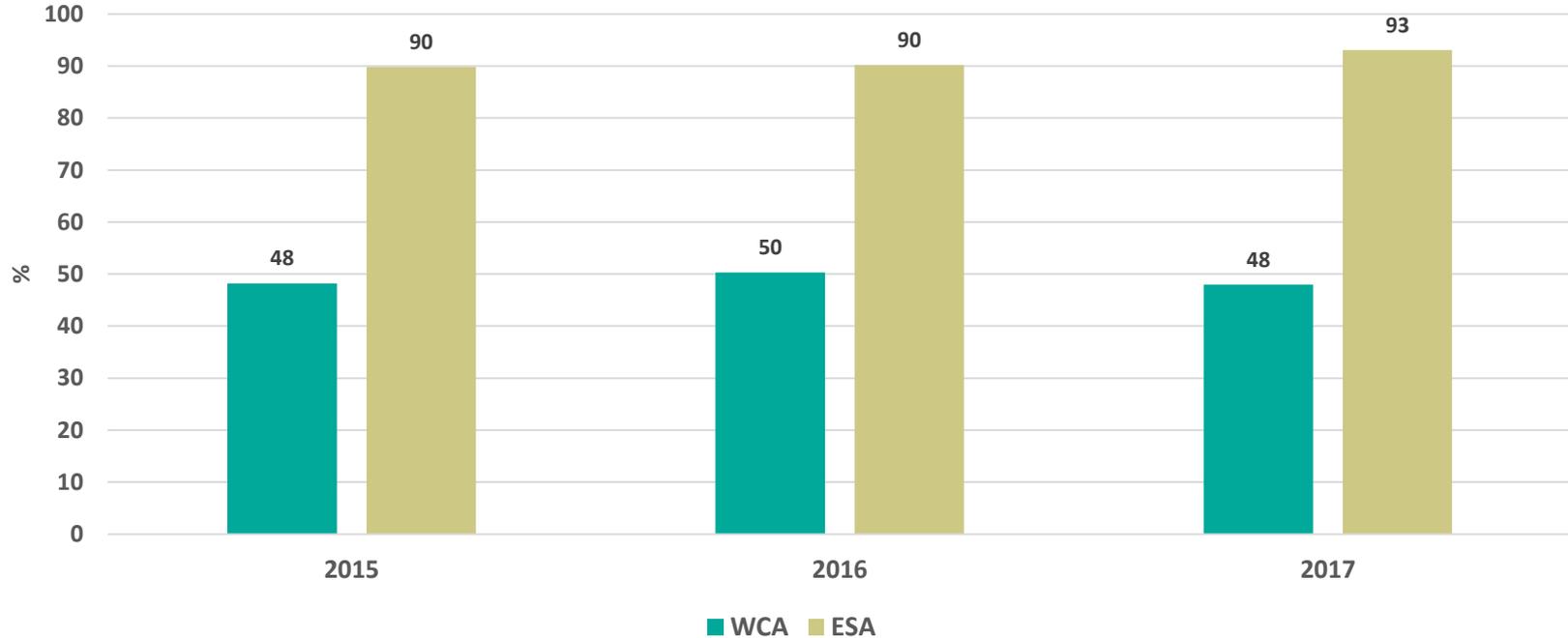
Delivery of treatment is more flexible:

- Offer treatment immediately after a positive test
- Longer-lasting prescriptions
- Community-based
- Seek and treat men who miss treatment

Unfinished business (a)

Stagnation in pregnant women access to ARV

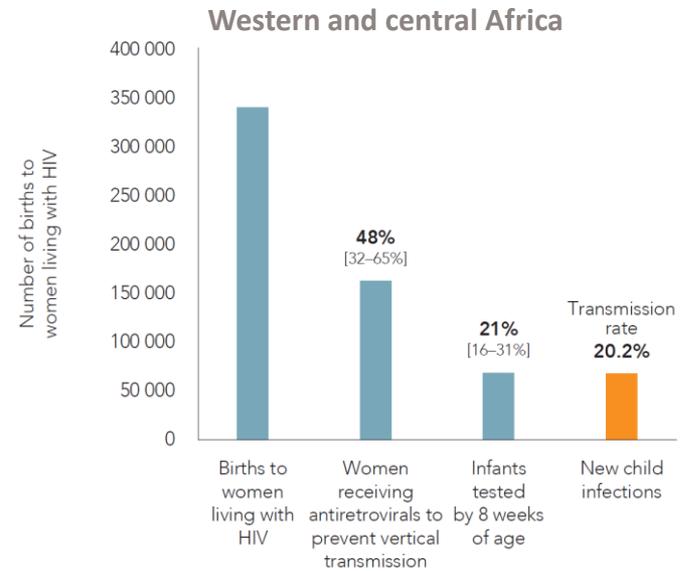
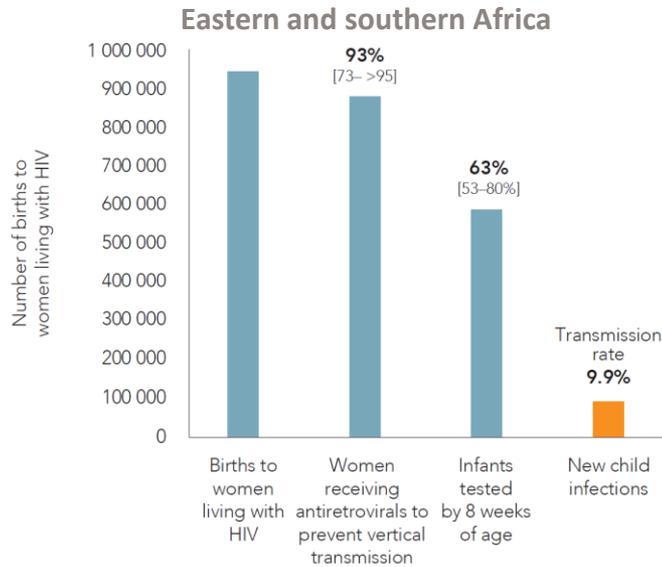
Trends in PMTCT coverage WCA and ESA 2015-2017



Unfinished Business (b)

Children are being left behind

Cascade of services for preventing vertical transmission, number of new infections and transmission rate, 2017

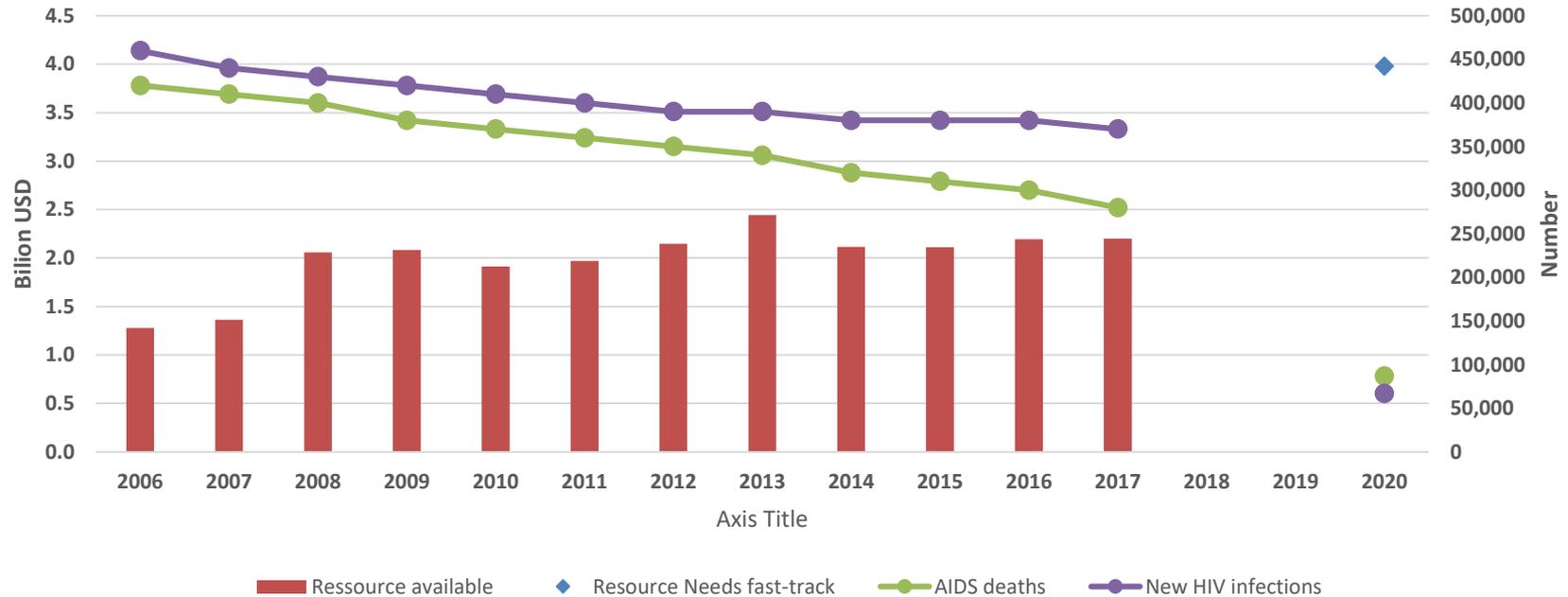


Source: UNAIDS 2018 estimates; 2018 Global AIDS Monitoring.

Unfinished business (c)

Insufficient resources to sustain the gains

Annual new infections, AIDS related deaths, Resource availability and 2020 impact targets



Action, Solidarity and Innovation to achieve fast-track targets by 2020 (a)

- (1) Enhanced political mobilization, advocacy and policy change to support innovation, investment and acceleration – leadership needed now more than ever.
- (2) Increased and renewed involvement of and partnership with civil society in community-based service delivery for 90-90-90 – community responses to reach those being left behind:
 - ✓ Focus on index-case testing (and treatment) for young women, young men and adolescents
 - ✓ Accelerated pediatric testing and treatment – elimination is the goal
 - ✓ Address stigma, discrimination and service access for key populations and PLHIV

Action, Solidarity and Innovation to achieve fast-track targets by 2020 (b)

- (3) Innovate, promote and expand diversified testing and treatment service delivery approaches – “demedicalisation”
- (4) Renewed and intensified focus on prevention is critical → for every three dollars going to treatment, one should go to combination prevention efforts
- (5) Shared Responsibility and Global Solidarity on the Fast Track if we are to succeed
 - ✓ Sustained and increased domestic financial resources
 - ✓ Partners must continue to invest strategically to leverage results
 - ✓ Innovation in the financing of health -- elimination of user fee models throughout the region, adoption of UHC