90-90-90 Targets Workshop

July 21-22, 2018 • Amsterdam

Sponsored by:

In partnership with:

@ITPCglobal | www.itpcglobal.org | #TreatPeopleRight
Investment Case: Quantifying Civil Society Contributions towards 90-90-90

Solange Baptiste
Executive Director
July 21, 2018
International Treatment Preparedness Coalition (ITPC)
How do communities measure progress towards 90-90-90 targets?

**Community Monitoring**
Along the HIV Continuum of Prevention, Care and Treatment

**90**
- What prevention services available?
- Quality of testing & counselling?

**Prevention**
- Prevention Services
- Populations Identified
- Received HIV test
- Quality of Risk management counselling
- Who is left behind?

**90**
- Linked to care
- Quality and process of linkage to care?
- Initiated on ART
- What is inclusion criteria, length of time for process, what regimens?

**Care & Treatment**
- Sustained on ART
- Adherence & social support?

**90**
- Continuity of drug supply? 2nd & 3rd regimens offered? Treatment of co-morbidities (HCV, HBV, TB)?
- Viral Suppression
- Received viral load Test
- Speed & use of result for ART Management?

**Viral Suppression**
- Received results

How are structural barriers, such as stigma and discrimination, addressed?

@ITPCglobal | www.itpcglobal.org | #TreatPeopleRight
COMMUNITY MONITORING
Along the HIV Continuum of Prevention, Care and Treatment

How are structural barriers, such as stigma and discrimination, addressed?
Is doing the best for most, doing enough?
What does this picture look like by sub-population?
What does this picture look like by age disaggregation?
What does this picture look like by a rights-based focus / lens?
What does this picture look like by region or geographical location?
What does this picture look like by investment, policy, skill and interest?
What does 90-90-90 really mean?

- 90% Know status
- 81% On ART
- 73% VS
So, how do we bend the curve, achieve epidemic control, deal with this gap, what’s the critical investment?

INVEST IN COMPREHENSIVE COMMUNITY RESPONSES!

Broad Agreement that More Robust Investments in Communities are needed to achieve Epidemic Control.
Investments in Community Responses are Critical to Achieving 90-90-90

**UNAIDS:**

— ...strong civil society engagement is critical for the implementation of its 2016-2021 strategy. The strategy recognizes civil society’s role in the AIDS response as a global public good, with mounting evidence of its positive impact, which requires legal and social space, as well as financial resources to ensure its effectiveness.

Investments in Community Responses are Critical to Achieving 90-90-90

**PEPFAR:**

– ...strengthen commitment to inclusiveness and building a stronger civil society by supporting and building the capacity of global and regional civil society networks.

– ...implement civil society and human rights frameworks in all their priority countries.

Investments in Community Responses are Critical to Achieving 90-90-90

GLOBAL FUND:

• The Global Fund’s investment case for the 2017-2019 replenishment, recognizes the importance of increasing funding for community responses. The Investment Case costing builds in assumptions of shifting more care from facility to community level.

• The Global Fund’s new strategy for the period 2017-2022 also has a heavy focus on community systems and responses, as well as gender and human rights.

Investments in Community Responses are Critical to Achieving 90-90-90

GLOBAL FUND:
• ...maximize impact among key populations by focusing on data systems, strengthening community systems for increased advocacy, monitoring and service delivery capacity
• ... strategy has the building of resilient and sustainable systems for health as one of its four core objectives, with the aim to ensure well-functioning and responsive health and community systems.

UNAIDS-Lancet Commission:
• Called on the global community to “invest in activism as a global public good.”
Increasingly channeling more money towards strengthening community delivery models is both more efficient, in that it is cost-saving, but also more effective, improving the uptake of services by bringing them closer to the people who need them.

Compelling evidence that there are both allocative and technical efficiencies to be realized by investing more money in strengthening community responses.

YET...
State of “Community Response” Funding

• UNAIDS suggests that investments in community mobilization should increase threefold to 3%, and spending on social enablers should reach 8% of total expenditure by 2020.

• 40% of organizations tasked with implementing community activities reported a funding decrease since 2013. Two thirds expected flat or declining funding in the future. PEPFAR reduced its investments in community-based care, treatment and support by 12.6% from 2013 to 2014.

• The Global Fund’s Technical Review Panel has expressed concern that the majority of concept notes are not including funding requests for the community systems strengthening module at all. An investment case for community responses is needed to motivate the necessary levels of funding.

Invest and You Shall Receive...

Communities:

– Use funds for intended purpose and ultimately save lives
– Know what’s best in their context, innovates and scales
– Produce reliable, actionable data
– Sustain work beyond the project as much as is possible
– Demand what they need from their governments
– Are a partner in the HIV response, not a victim
Value for Money

REACH & RESULTS

With our networks and partners, we ran projects to improve access to optimal HIV treatment in these countries in 2017:

- Groundwork laid for expanded community monitoring
  - Zimbabwe
- Training delivered to increase capacity on HIV treatment, rights and advocacy
  - Benin, Côte d'Ivoire, Ghana, Guinea, Guinea Conacry, India, Indonesia, Kenya, Kyrgyzstan, Liberia, Lithuania, Malaysia, Mali, Moldova, Mongolia, Myanmar, Nepal, Senegal, Sierra Leone, Swaziland, Tajikistan, Tanzania, Thailand, Uganda, Ukraine, Vietnam, Zimbabwe
- Training delivered on intellectual property and access to medicines
  - Algeria, Argentina, Armenia, Azerbaijan, Belarus, Benin, Bolivia, Burkina Faso, Cameroon, Chile, Colombia, Congo, Costa Rica, Côte d'Ivoire, Dominica, Dominican Republic, El Salvador, France, Georgia, Guatemala, Kazakhstan, Kyrgyzstan, Latvia, Lebanon, Mexico, Moldova, Morocco, Peru, Russia, Switzerland, Tajikistan, Tunisia, Ukraine, Uzbekistan, Venezuela
- Community monitoring systems established
  - Benin, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea Conacry, Kyrgyzstan, Liberia, Mali, Pakistan, Russia, Senegal, Sierra Leone, ToGo, Ukraine
- Treatment activists mobilized to demand differentiated service delivery
  - India, Kenya, Malawi, South Africa, Tanzania, Vietnam, Zimbabwe
- IP intervention resulted in price reduction of 50% or more on at least two ARVs
  - Brazil, Argentina, Thailand, Ukraine
- Community-based research conducted
  - Egypt, Kyrgyzstan, Morocco, Pakistan, Tunisia
- Treatment activists mobilized to demand routine viral load testing
  - India, Kenya, Malawi, South Africa, Tanzania, Thailand, Vietnam, Zimbabwe
- Patent oppositions filed
  - Brazil, Ukraine
Civil society actions lead to **PRICE REDUCTIONS** on 2 key HIV drugs*

Fundación GEP’s combined actions: legal interventions, meetings with government and media activity, led to significant price reductions

**KEY**

**HIV DRUGS:**
- TDF/FTC/EFV
- TDF/FTC

**CIVIL SOCIETY ACTIONS:**
- PATENT OPPOSITION: Filed opposition to patent
- MEDIA: Organized media alerts/briefing
- MEETINGS WITH GOVT.: Engaged and influenced officials
REduced Prices mean US $50 million annual savings for public health budget

$50 million Annual Savings

56,000 NOT ON HIV TREATMENT

27,000 MORE COULD BENEFIT

70,000 ON HIV TREATMENT

126,000 people living with HIV

Savings mean 27,000 more people could receive treatment for 10 years

= 1,000 people
So, what now?

• Fund community responses **NOW**, to secure the returns from 30+ years of investments already made and to save money in the future.

• Have honest discussions about why donors are hesitant to invest in communities!!

• Conduct better **resource tracking of investments** in community responses.

• Conduct more frequent and more rigorous **impact assessments** for community responses.

• **Fund** communities for: treatment education, monitoring, systems strengthening (organizations, financial, programmatic, governance) and advocacy!

**Invest in communities as a global public good!!**