

# **90-90-90** Targets Update

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### Metrics for HIV epidemiological transition and for monitoring stigma and discrimination

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## Background

- Sustainable Development Goal target for 2030
- 2016 High Level Meeting Political Declaration targets
- 2017 Glion meeting on Epidemic control

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# 1. Metrics for measuring epidemiological transition

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# Metrics for epidemic transition

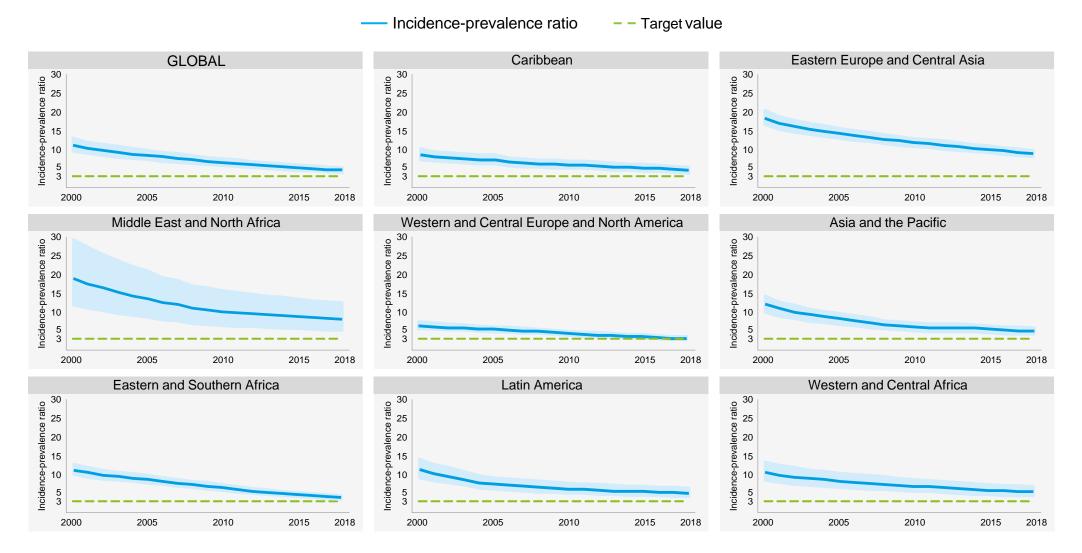
- Existing: Incidence rate per 1,000 uninfected (SDG indicator)
- Ratio of Incidence to Prevalence (IPR)
  - New infections / people living with HIV
- Ratio of Incidence to Mortality (IMR)
  - New infections / total deaths to HIV population







Ratio of new infections to people living with HIV, global and by region (incidence-prevalence ratio)



Source: UNAIDS 2019 estimates.

## **IPR** interpretation

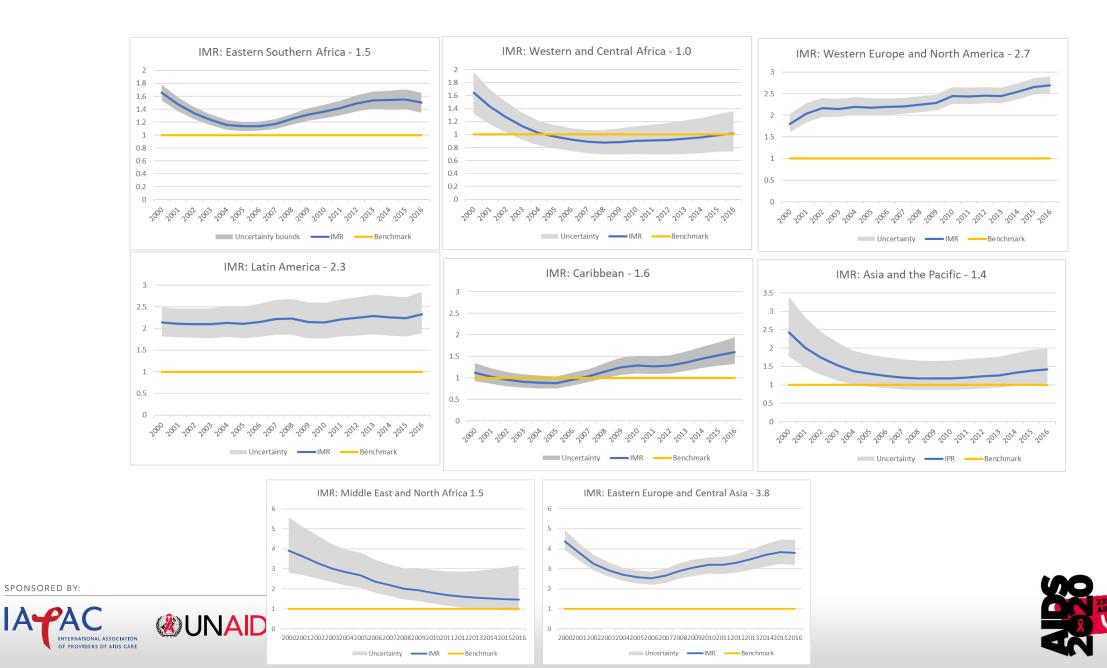
Definition:	The ratio of new HIV infections to number of people living with HIV
Benchmark:	0.03
Strengths:	Identifies an epidemiological relevant shift in the epidemic.
Limitations:	This metric cannot be disaggregated by sex, age or key population as the metric reflects an entire epidemic including transmission across population groups.
Interpretation:	The average number of new HIV infections per each person living with HIV. When this ratio is maintained below 0.03 (incidence and/or mortality declining) the epidemic will decline over time.

The benchmark was chosen based on models that suggest that the mean life expectancy for a person living with HIV is 30 years. If over an individual's life time they passed infection on to only one person, the replacement or transmission rate would be 1/30 or 0.03. This is closely linked to the basic epidemiological concept of incidence = prevalence / duration. The mean life expectancy of a PLHIV of 30 years is based on an average of all PLHIV, whether on ART or not





### 90-90-90 Targets Update Incidence Mortality Ratio (IMR), by region, 2005-16



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## **IMR** interpretation

### Definition:

Benchmark: Strengths: Limitations:

Interpretation:

The ratio of new HIV infections to the total number of deaths among the HIV population (not AIDS deaths)

Identifies a point at which HIV related health care costs will diminish Requires to be interpreted together with a measure of low mortality among people living with HIV or high ART coverage (otherwise IMR<1 could be attained in the presence of high mortality) When this value is less than one, the size of the population living with HIV decreases, lowering costs of antiretroviral therapy and services.

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# 2. Metrics for measuring progress in reducing stigma and discrimination

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# Measuring HIV-related stigma and discrimination

- Complexity of drivers and manifestations of HIV-related stigma and discrimination
- Various survey questions, indicators and scales have been developed to measure stigma across various contexts and populations
- The number and variety of measures allow to understand diverse drivers and manifestations of stigma and discrimination
- Data availability varies across measures and countries









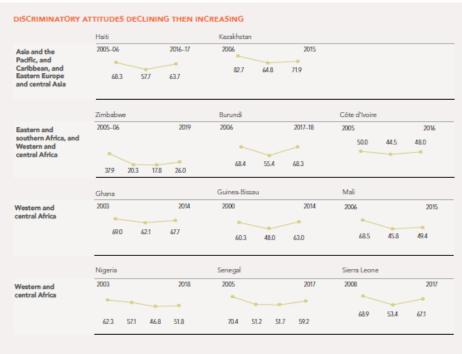
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Trends in the percentage of people aged 15–49 years who would not buy vegetables from a shopkeeper living with HIV, countries with available data, 2000–2019

### DISCRIMINATORY ATTITUDES CONSISTENTLY DECLINING

36.6 44.9 35.4 35.9





#### DISCRIMINATORY ATTITUDES WITH PERSISTENT INCREASE OR UNCHANGING

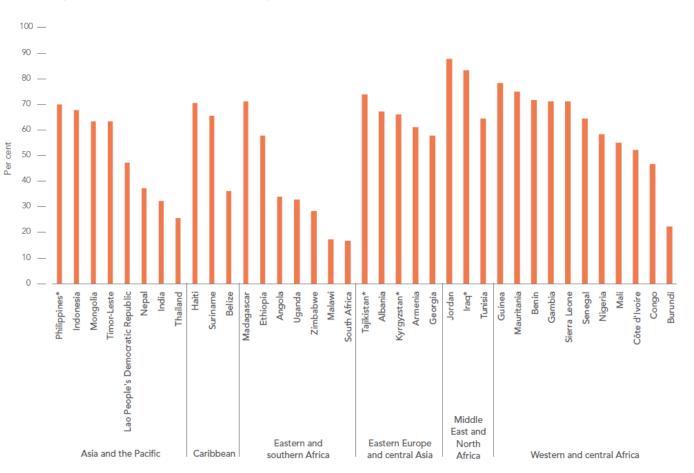


Note: Data for one survey in Mongolis, two surveys in Theiland, two surveys in Belins, one survey in Goyane, two surveys in Kasekhetan, one surveys in Mauritania, two surveys in Jordan, two surveys in Cameroon, surveys in Guineas Bissus and for all surveys for Kyrgystan and Viet Nam are for female neppondents only. Source: Population-based surveys, 200–2019

Progress in reducing discriminatory attitudes towards people living with HIV is mixed – they are declining in some countries, while increasing in others



Despite progress in some countries, discriminatory attitudes towards people living with HIV persist at high levels



Percentage of people aged 15–49 years who report discriminatory attitudes towards people living with HIV, countries with available data, 2014–2019

\*Data are for women aged 15-49 only.

Note: Discriminatory attitudes are measured through "No" responses to either of two questions: (1) Would you buy fresh vegetables from a shopkeeper or vendor if you knew this person had HIV?; and (2) Do you think that children living with HIV should be able to attend school with children who are HIV-negative?

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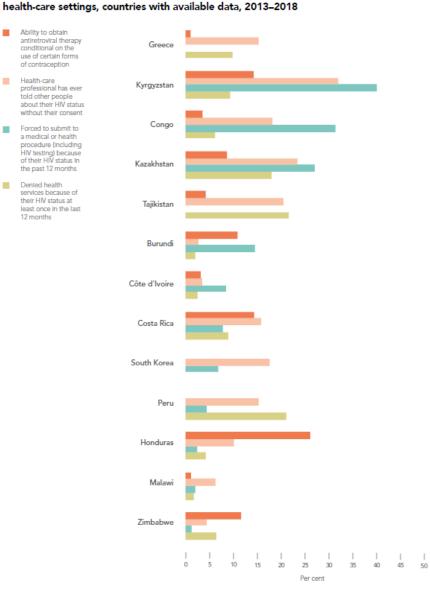
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Source: Population-based surveys, 2014–2019



People living with HIV continue to experience stigma and discrimination in healthcare facilities



Percentage of people living with HIV who experienced different forms of discrimination in



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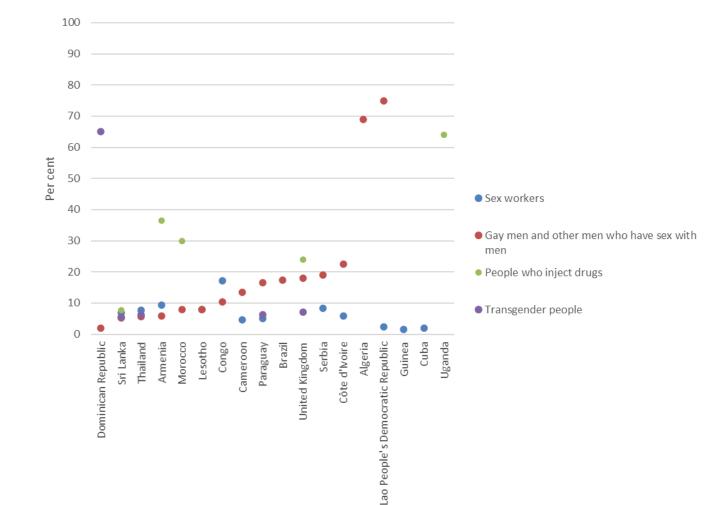
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Source: People Living with HIV Stigma Index surveys, 201382018

Avoidance of health care because of stigma and discrimination, by key population, 2017–2018



Among key populations, many people avoid accessing healthcare services due to fear of stigma and discrimination

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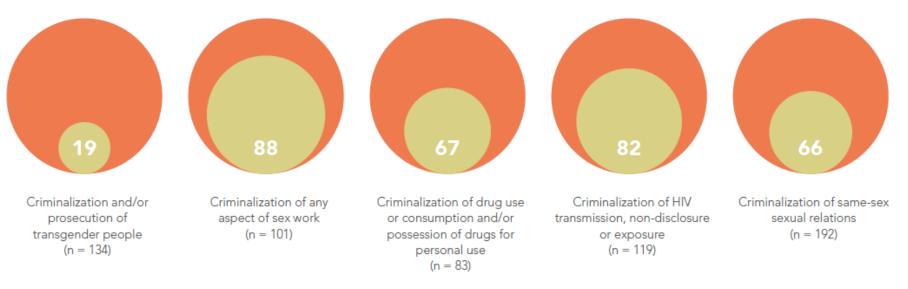
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Source: UNAIDS Global AIDS Monitoring, 2019 (see https://aidsinfo.unaids.org/).



### Countries with criminalizing laws, global, 2019

Laws criminalizing key populations and people living with HIV limit access to rights and services





Sources: National Commitment and Policy Instrument, 2017 and 2019; supplemented by additional sources (see references in Annex).

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### 90-90-90 Targets Update

## Developing summary measures of HIV-related stigma and discrimination

- Summary measures may allow more comprehensive understanding of the situation and impact on people's lives
- A 2019 virtual consultation identified the following key domains to be included in summary measures:
  - Social norms and attitudes
  - Laws and policies and access to justice
  - Violence
  - Anticipated and experienced stigma and discrimination
  - Internalized stigma/self-stigma
  - Gender-based factors
- Data gathering and analyses for constructing measures are ongoing; draft results are expected in August 2020

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# Thank you!

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