THE EQUITY DEFICIT: UNEQUAL AND UNFAIR ACCESS TO HIV TREATMENT, CARE AND SUPPORT FOR KEY AFFECTED COMMUNITIES

33RD MEETING OF THE UNAIDS PROGRAMME COORDINATING BOARD

GENEVA, SWITZERLAND

17-19 DECEMBER 2013
NGO REPORT 2013

- Focuses on inequalities in access to HIV treatment, care and support across regions and communities
- Based on review of evidence, interviews, focus group discussions and case studies by constituents of the NGO Delegation.
- Presentation:
  - Part 1: The crises and their impact on civil society
    - ‘Make or Break’ Factor 1: Human rights and ethics
    - ‘Make or Break’ Factor 2: Data and “what works”
    - ‘Make or Break’ Factor 3: Financial investment
    - ‘Make or Break’ Factor 4: Meaningful involvement
    - ‘Make or Break’ Factor 5: Technical capacity
  - Part 2: Recommendations
BURDEN OF NEW INFECTIONS AMONG KEY POPULATIONS

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent of new infections from key populations</th>
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<tbody>
<tr>
<td>Dominican Republic</td>
<td>47%</td>
</tr>
<tr>
<td>Kenya</td>
<td>33%</td>
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<tr>
<td>Morocco (minimum)</td>
<td>80%</td>
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<tr>
<td>Mozambique</td>
<td>51%</td>
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<tr>
<td>Nigeria</td>
<td>65%</td>
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*Percent of new infections from key populations*

*Treatment 2015, UNAIDS, 2013.*
HIV EQUITY DEFICIT

- ART Coverage in Swaziland:
  - Overall: 88%
  - Gay men and other MSM: 33%

- Proportion of people who inject drugs in Europe:
  - Of all PLHIV: 59%
  - Of all people receiving ART: 21%

‘MAKE OR BREAK’ FACTOR 1: Human rights and ethics

- Any initiatives to expand the use of and access to ART must occur alongside concerted action to address stigma, discrimination and human rights violations.

- The 2013 Treatment Guidelines and strategies such as treatment as prevention (TasP) should be further developed/rolled-out with full respect to equity and ethics.
TREATMENT AS PREVENTION

• Main concerns:
  - Should be a part of a package, including condoms & lubricants, harm reduction etc.
  - Should be safe for those that use it (potential side effects and resistance associated with the long-term use of ART).

• Primary purpose and goal of ART is for someone living with HIV to benefit their own health.

• Implementation of TasP in all contexts must be imbedded within a human rights-based approach.
RECOMMENDATIONS

a. *Ensure* that any implementation/guidance on new biomedical preventative technologies proceeds with the full and meaningful engagement of key populations,

b. *Ensure* the potential impacts of treatment as prevention will be aligned to the principle of treatment being first and foremost to **benefit those living with HIV**.
‘MAKE OR BREAK’ FACTOR 2: DATA AND ‘WHAT WORKS’

- **Lack of data** about:
  - the number of key affected communities living with HIV;
  - the number accessing treatment, care and support;
  - the barriers to access.

- **Coverage data across affected communities** hardly available.
  - For example: 98 countries that reported drug use and provided data on the number of ART sites, only 47 offered estimates of the number of PWID receiving ART (Mathers et al.)

- Leads to inadequate program priorities and budget allocations.
TREATMENT FOR PREVENTION

- Go beyond bio-medical responses
- Address full needs of communities
- Be a part of combination prevention package
- Need for integrated services

- Community-based services: empowering and cost-effective
‘MAKE OR BREAK’ FACTOR 3: FINANCIAL INVESTMENT

- Ending the ‘Equity Deficit’ requires a significant increase in investment in treatment, care and support for sex workers, MSM, transgender people and PWID.

- Affordable medicines, political mobilisation and sound investment approaches are critical to achieving the 2013 Treatment Guidelines and an ‘end to AIDS’.
EQUITY OPPORTUNITY FOR PEOPLE WHO INJECT DRUGS

Reduction in unmet needs for ART, OST, and NSPs

Reduction in HIV incidence

-41%  -43%  -30%

Odessa  Karachi  Nairobi

Bayer et al. 2010
‘MAKE OR BREAK’ FACTOR 4: MEANINGFUL INVOLVEMENT

- Key affected communities must have a ‘place at the table’ of all relevant decision-making and resource-allocation forums.

- Such involvement should be both meaningful and comprehensive, including all relevant groups and sub-groups.
‘MAKE OR BREAK’ FACTOR 5: TECHNICAL CAPACITY

- High quality information and technical support is vital for enabling groups of key affected communities to play their full role in treatment, care and support.

- The critical and significant role key community organisations and networks play in providing technical support must be recognised, respected and resourced.
RECOMMENDATIONS

- To intensify coordinated technical support to governments, civil society and key affected communities

- UNAIDS to periodically report to the Programme Coordinating Board on progress in the effectiveness of technical support interventions at the country level in key areas
RECOMMENDATIONS

- To convene a **High Level Meeting** on HIV by the end of **2016** to reaffirm and renew political commitments, and to ensure accountability towards the achievement of universal access to HIV prevention, treatment, care and support in the post 2015 era.