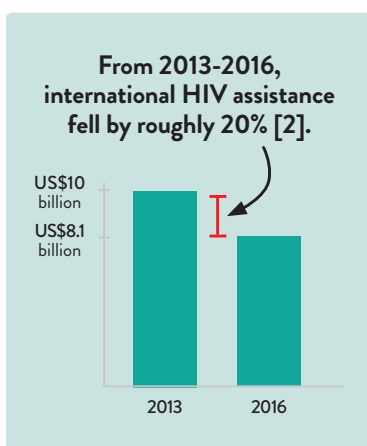


GETTING BACK ON TRACK: MODELLING A MORE INTEGRATED HIV RESPONSE

In 2016, the International AIDS Society (IAS) and The Lancet convened an international commission of global experts and stakeholders to assess the future of the HIV response in the context of a more integrated approach to health [1]. The IAS-Lancet Commission investigated both the successes and shortcomings of the HIV response and the lessons that this experience holds for the broader effort to achieve the ambitious health targets in Sustainable Development Goal (SDG) 3. After extensive review of available data, the Commission reached the following findings and recommendations.

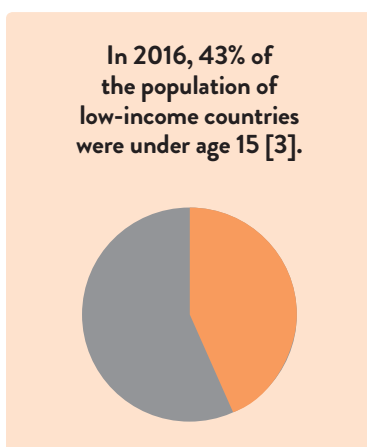


URGENT EFFORTS ARE NEEDED TO REJUVENATE A FLAGGING HIV RESPONSE



Despite the spirit of global solidarity exemplified by the SDGs, there are immense and growing challenges to achieving them. In many contexts, democracy is in retreat and human rights violations are on the rise. Elsewhere, inward-looking nationalism is edging out the belief that global collaboration is essential to addressing shared challenges.

The HIV response is not immune to this changing landscape, and there are concerning signs that the response itself is not on track. **International HIV assistance is declining and domestic spending on HIV is flagging.** While new HIV infections and AIDS-related deaths have declined significantly since the epidemic peaked, the pace remains too slow to achieve epidemic control. Numerous populations and key regions are being left behind in the HIV response. **A resurgence of the epidemic is likely without further reductions in HIV incidence, especially as the largest-ever generation of young people age into adolescence and adulthood.**



Rejuvenating the HIV response is an urgent global priority, underscoring the need to preserve and strengthen vertical HIV financing for the foreseeable future. At the same time, immediate action is needed to link, integrate and synergize HIV services with other health services. Where possible, services for multiple health problems should be co-located and well-coordinated. Not only would closer integration meet the diversifying health needs of an aging population of people living with HIV; it also offers the opportunity of generating a “win-win” scenario that benefits both the HIV response and the broader global health agenda.

PROVIDE INTEGRATED, CO-LOCATED SERVICES FOR HIV AND RELATED HEALTH CONDITIONS



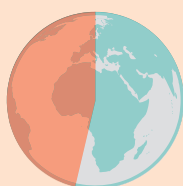
TB accounts for about 40% of all deaths among people living with HIV [4].

Many diseases and disease areas are closely related to HIV in that they share routes of transmission, have overlapping groups at high risk and/or commonly occur as comorbidities in people living with HIV. These include sexual and reproductive health, tuberculosis [5], viral hepatitis [6], substance use disorders [7,8,9] and mental health disorders [10,11,12,13]. Integration of HIV with health services for these closely linked conditions should have occurred long ago, but these services remain fragmented in separate professional and funding silos.

MODELLING SPOTLIGHT: NIGERIA

To assess opportunities for integrating HIV with related health services, the Commission modelled the potential outcomes of integrating HIV and reproductive health services in Nigeria over a 10-year period, with the aim of doubling contraceptive coverage and reaching 90% of pregnant women living with HIV with prevention of mother-to-child transmission (PMTCT) services. Integrating these services was found to avert more than 8 million unintended pregnancies and reduce the number of infants acquiring HIV by 56%.

INTEGRATE SERVICES FOR CHRONICALLY UNDERSERVED POPULATIONS



Marginalized populations at elevated risk of HIV infection account for 44% of new HIV infections worldwide [14].

For marginalized and/or underserved populations, a promising approach to integration is to cluster a range of services tailored to each population's needs in the same service site. For example, cities such as London and New York have taken steps to create "one-stop shopping" approaches for sexual health services for men who have sex with men (MSM), combining fast-track STI and HIV screening and same-day initiation of antiretroviral therapy (ART) or PrEP, as appropriate [15]. Young people are better served by co-located, adolescent-friendly programmes [16], and tailoring service platforms to men's needs has been associated with a narrowing or elimination of gender disparities in HIV service outcomes [17].

MODELLING SPOTLIGHT: INDIA

In India, the Commission modelled the potential outcomes of integrating HIV and STI services for MSM and female sex workers. If the modelled programme was expanded to reach 60% of MSM and 90% of female sex workers with an integrated package of ART, PrEP and syphilis screening and treatment services, it could lead to a 54% and 81% reduction in the unmet need for ART among the two groups, respectively. As a result, the number of new HIV infections among MSM would fall by 34% by 2028, averting 43,000 new infections and 59,000 AIDS-related deaths.

MODELLING SPOTLIGHT: RUSSIA

To assess the epidemiological impact of tailored, clustered, co-located services for people who inject drugs, the Commission modelled the potential impact of removing structural and funding barriers to harm reduction services and integrating these services with ART in two cities in Russia over 10 years. Expanded coverage of needle and syringe programmes (NSPs) and non-naltrexone medication-assisted treatment (MAT) could significantly reduce the number of new HIV infections and fatal overdoses. For example, scaling up non-naltrexone MAT and NSP coverage to reach 50% of people who inject drugs, in conjunction with ART, could avert 53% and 36% of new HIV infections in the two focus cities, respectively.

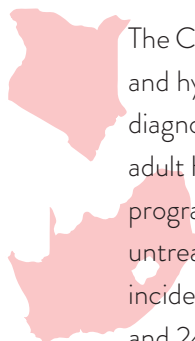
LEVERAGE HIV PLATFORMS TO INTEGRATE SERVICES FOR HIV AND NCDs

More than 75% of NCD-related deaths occur in low- and middle-income countries [18].



The long-term care of people living with HIV will increasingly focus on the prevention and management of non-communicable diseases (NCDs). The HIV population is steadily aging, and people living with HIV have an increased risk of many age-associated diseases [19], including cardiovascular diseases [20], neurocognitive disorders [21], end-stage renal disease and non-AIDS-defining cancers. Furthermore, multi-disease health screening models have already proven effective in addressing not only HIV, but also hypertension, diabetes and childhood illnesses [22].

MODELLING SPOTLIGHT: SOUTH AFRICA & KENYA



The Commission modelled the impact of introducing an integrated mobile screening programme for HIV, diabetes and hypertension over 10 years in South Africa and Kenya. In South Africa, such a programme would lead to the diagnosis of an additional 492,000 HIV, 1.21 million diabetes and 6.35 million hypertension cases. As a result, adult HIV incidence would likely decline by 3.5%. In Kenya, reaching 90% of eligible adults with a similar screening programme for HIV, diabetes and hypertension would over 10 years identify 686,000 individuals with previously untreated diabetes and 7.57 million individuals with previously untreated hypertension. As a result, adult HIV incidence would decline by as much as 44% over the 10-year period, corresponding to 216,655 new infections and 244,374 AIDS deaths averted.

THE HIV RESPONSE MUST JOIN WITH THE BROADER GLOBAL HEALTH FIELD TO USHER IN A NEW ERA OF GLOBAL HEALTH SOLIDARITY

Despite expected increases in health spending, a projected financing gap of

\$20–54 billion
per year

must be filled to achieve the SDGs [23].

Although the past two decades have witnessed enormous gains in global health outcomes [24], health systems in low- and middle-income countries are largely unprepared to achieve universal health coverage and ensure sustainable health for all. **Projections indicate that available financing for health is likely to fall far short of amounts needed to achieve the health targets in the SDGs** [25]. Developing countries, especially in Africa, confront an acute shortage of health workers [26]. In addition, the world has yet to find a workable balance between access to health commodities, intellectual property and global trade; as a result, the extraordinary declines in prices for HIV medicines have yet to occur for priority conditions such as cancer and cardiovascular disease. These weaknesses in health systems, if not addressed, will frustrate global ambitions not only for HIV, but also for the broad array of health priorities.

The HIV response must make common cause with the global health field to achieve sustainable health for all. Prioritized, sustained efforts – including major new investments by countries and international donors – are required to make health systems fit for the purpose of delivering sustainable services tailored to the needs of individual patients. The key attributes that have contributed so much to the success of the HIV response must be mainstreamed across global health practice. These attributes include respect for human rights and gender equality, sufficiently resourced participatory mechanisms for community inclusion and engagement, a commitment to equitable access for all, and multi-sectorality to address the structural determinants of health.

For more information and to read the full report, visit:
<http://www.thelancet.com/commissions/global-health-hiv>



8 MILLION+
unintended pregnancies averted

56% reduction in number of infants acquiring HIV

through integration of HIV with reproductive health services over 10 years.



43,000
new infections averted

59,000
AIDS-related deaths averted

34% reduction in new HIV infections among MSM

through an integrated package of ART, PrEP and syphilis screening and treatment services reaching 60% of MSM.



36% AND 53%
reduction in new HIV infections in two focus cities

by extending non-naltrexone MAT and NSP, in conjunction with ART, to reach 50% of people who inject drugs.



69,000
new infections averted

3.5% reduction in HIV incidence

through integration of screening for HIV, diabetes and hypertension over 10 years.



216,555
new infections averted

244,374
AIDS-related deaths averted

44% reduction in adult HIV incidence

through integration of screening for HIV, diabetes and hypertension over 10 years.



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