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# Where are we now ?

Dr Badara Samb Director, Office of Special Initiatives



## World Wide Commitment to 90-90-90 June 2016





### Epidemic rebound without change in coverage







## **Progress is uneven**





### Rwanda

Zimbabwe

Malawi

Zambia

85-90-85 74-87-86 73-89-91 67-85-89



## **ART** initiation

2015 WHO Recommendation: Irrespective of CD4 count



## **SEARCH** project



### Key interventions

- Community led
- Multi-disease campaigns
- Door-to- door testing
- Training programs for LC/HCWs
- Partnering with local leaders



## **Testing challenges**

- Policies and laws
- Stigma and discrimination
- Delivery accessibility, convenience







### Achieving the first 90-ingredients for success

Enabling environment, 5C testing

Mixed testing mix (population/testing method) that evolves over time 2016-20

Reducing wasteful testing (targeting, procurement) Affordable VL testing for infants Cost benefit, adequate funding

Immediate treatment for HIV+ Online referral/linkage for HIVST Testing over the counter or at point of care/service

Incidence testing Programmatic performance (diagnostic yield over time)

CHW; partner notification, patient tracing, incentives, integration



Innovation

Leverage

Technology to increase uptake (mhealth, HIVST)



Reduce Complexity

Security

Agility

Cost

M&E

## Global ART coverage is lower among men





## **HCW shortage in Africa**

Density of physicians, non-physician clinicians, nurses and midwives in key sub-Saharan African countries (per thousand population)



WHO has made the case for a minimum primary health care worker threshold of 2.28 physicians, nurses and midwives per thousand population WHO, Working Together for Health. For a background on the WHO's analysis, see N. Speybroeck et al., "Reassessing the Relationship Between Human Resources for Health, Intervention Coverage and Health Outcomes: Evidence and Resources for Health, Intervention Coverage and Health Outcomes: Evidence and Information for Policy," 2006, http://www.who.int./entity/hrh/documents/reassessing\_relationship.pdf. More recently, WHO has developed a higher threshold incorporating SDGs Human Resources for Health Observer, 17 – 2016.

## Community support keeps people on treatment: The experience in Mozambique, 2008-2010





## **Retention in antiretroviral therapy**





## Creating 2 million community jobs in Africa

Harnessing the demographic dividend, ending AIDS and ensuring sustainable health for all













#### AVERAGE COST OF HEALTH WORKERS ACROSS 9 EAST & SOUTHERN AFRICAN COUNTRIES\*

Discounted present value of training plus compensation over 25 years of service



\*Ethiopia, Kenya, Malawi, Mozambique, Rwanda, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

## **10 key action steps**

- 1. Political priority
- 2. Reform policy networks
- 3. Develop national scale-up plan
- 4. Empower communities to drive recruitment
- 5. Use and adapt existing tools

- 6. Provide fair compensation
- 7. Ensure supervision and monitoring
- 8. Train other health care workers
- 9. Ensure CHWs have a voice
- 10. Mobilize financing

#### 

## Resource Needs by Intervention (Billions of US\$)



In 2030 ART = 35%, Testing = 6%, other prevention = 29% ART costs peak at \$11 billion in 2017 then decline to \$8.5 billion by 2030



## **Resource Needs for Treatment, Care and Support US\$ Millions**





## **Return on investment**



## **Beyond Treatment targets**

Number of people receiving antiretroviral therapy, 2000-2015



## **Building blocks for success**





## The 90-90-90 imperative



28 million HIV infections prevented
21 million AIDS-

related deaths averted

US\$ 24 billion saved

