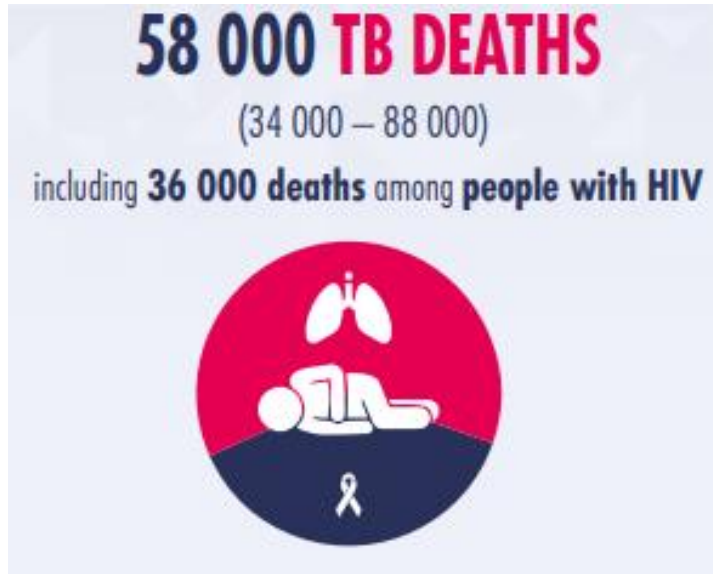


New Commitments on HIV and TB



Dr. Pride Chigwedere
Senior Advisor, UNAIDS South Africa

TB is the top infectious killer in the world



- **547 000** people died from TB in Africa including **169 000** people with HIV.
- SA saw 58 000 deaths due to TB

Reaching people early with care can prevent death and suffering.

Key Global Commitments

- Sustainable Development Goal 3
 - SDG 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria...
- End TB Strategy
- UNGA Political Declaration on TB 2018
- **Global AIDS Strategy 2021 – 2026**
- **UNGA Political Declaration on AIDS 2021**

Continental and National Guidance

- Africa Health Strategy
- AU Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030
- **NSP on HIV/AIDS, TB and STIs 2017 – 2022**
- **Health Catch-up Plans**

The End TB Strategy: Vision, Targets and Pillars



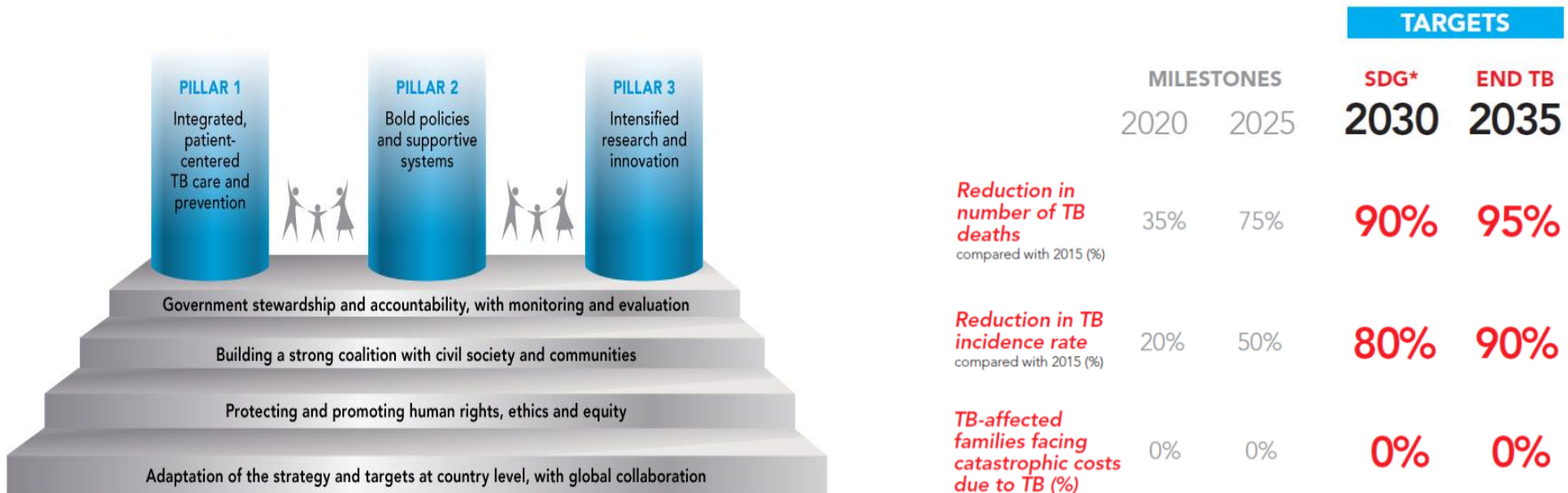
Vision:

A world free of TB

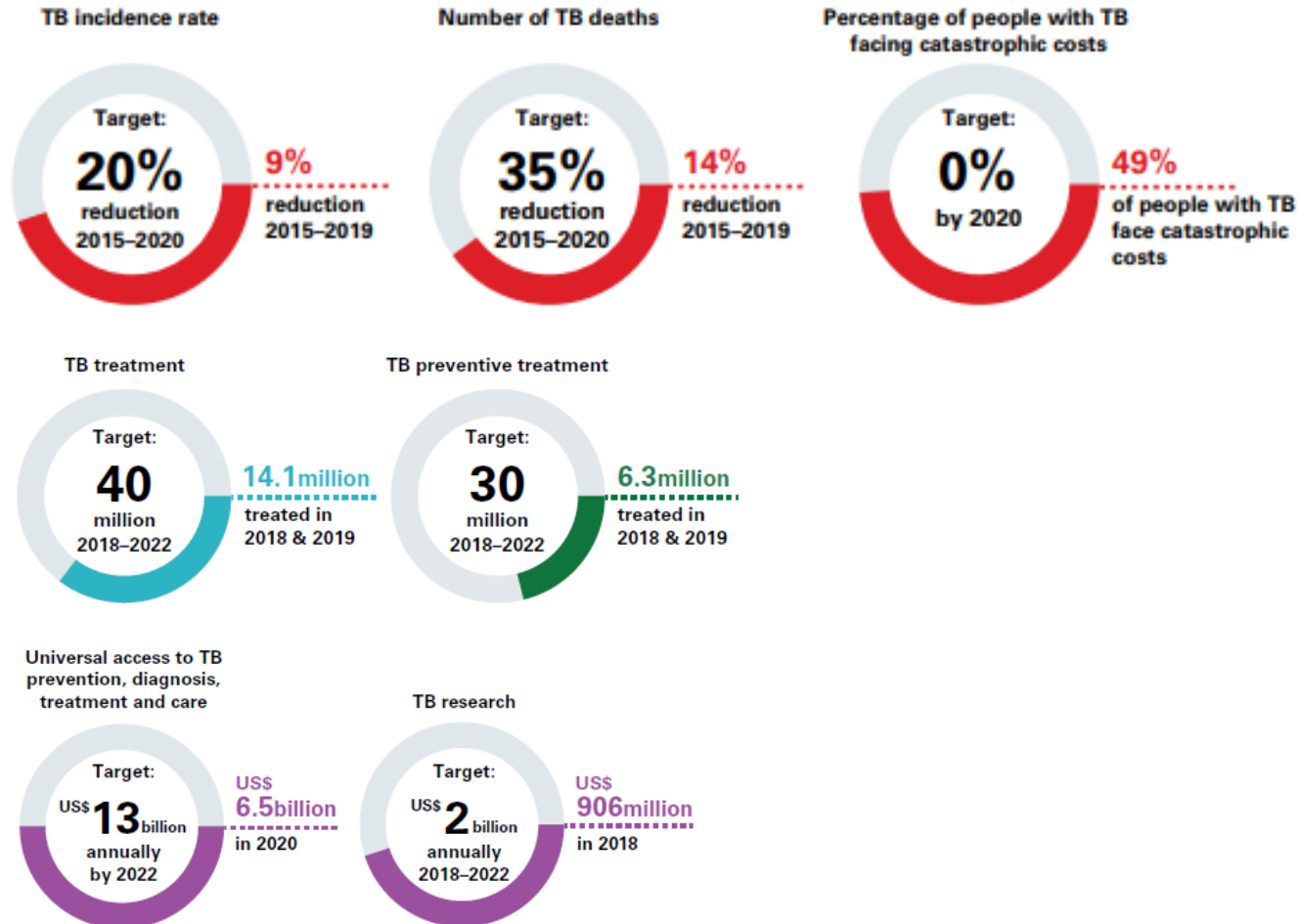
Zero TB deaths, Zero TB disease, and Zero TB suffering

Goal:

End the Global TB epidemic



Progress towards Global TB targets



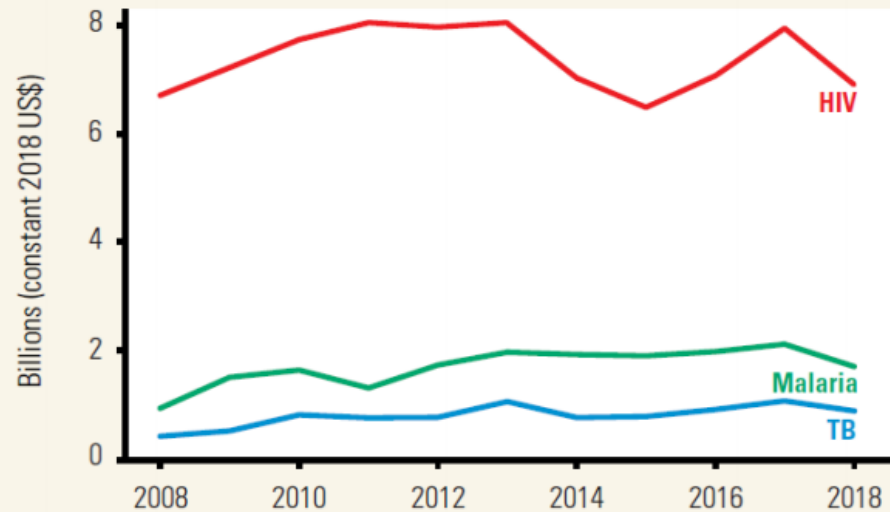
SDGs and End TB Strategy

UNHLM

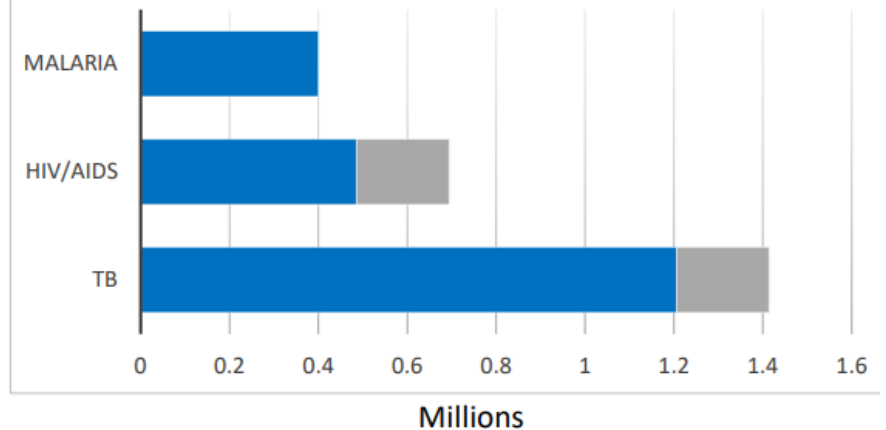
UNHLM

Insufficient funding

International donor funding for TB, HIV and malaria, 2008–2018



Estimated number of deaths worldwide from TB (2019), HIV (2019) and Malaria (2018)



^a For HIV/AIDS, the latest estimates of the number of deaths in 2019 that have been published by UNAIDS are available at <http://www.unaids.org/en/> (accessed 16 August 2020). For TB, the estimates for 2019 are those published in this report.

^b Deaths from TB among HIV-positive people are officially classified as deaths caused by HIV/AIDS in the International Classification of Diseases.

END INEQUALITIES. END AIDS. GLOBAL AIDS STRATEGY 2021-2026



End Inequalities. End AIDS

Global AIDS Strategy 2021-2026

This Global AIDS Strategy aims to reduce and end the inequalities that drive the AIDS epidemic and **put people at the centre** to get the world on track to end AIDS.

The Strategy draws on decades of experience and evidence that shows how **intersecting inequalities are preventing progress to ending AIDS** as a public health threat by 2030.

This Strategy sets out a framework for **transformative action to upend these inequalities** by 2025 and to get every country and every community on track to end AIDS by 2030.

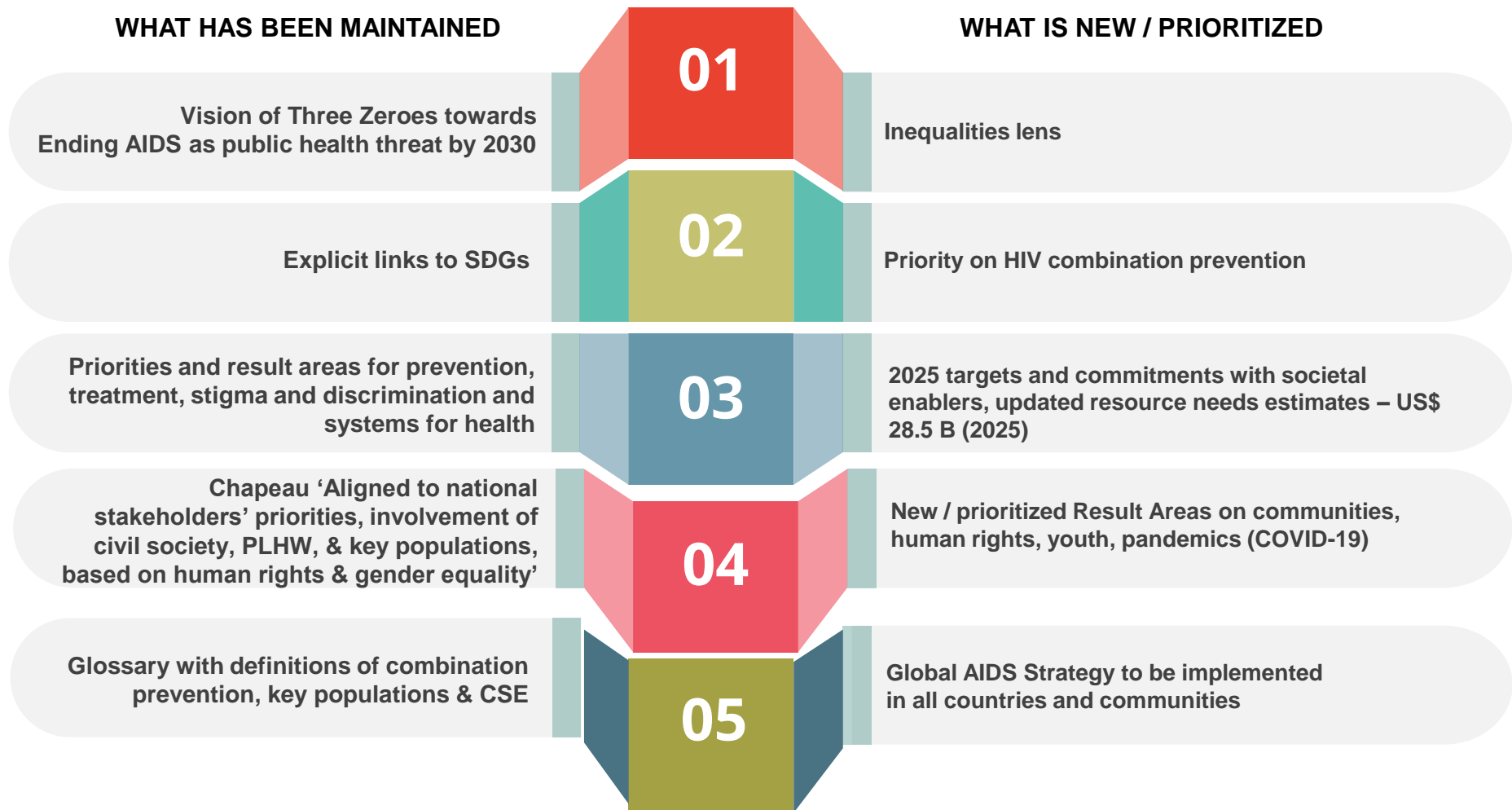
#GlobalAIDSStrategy

#EndInequalities

#TransformativeAction

#OntracktoEndAIDSby2030

Reflection of Option 2: develop the Global AIDS Strategy ‘by maintaining the critical pillars that delivered results in the current Fast-Track Strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current Strategy to prioritize critical areas that are lagging behind and need greater attention.’”



STRATEGIC
PRIORITY 1

Maximise equitable
and equal access to
HIV services and
solutions

Maximize equitable and equal access to HIV services and solutions

HIGH LEVEL TARGETS

RESULT AREA

RA 1: Primary **HIV prevention** for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence

RA 2: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, know their status and are immediately offered and retained in quality, integrated HIV **treatment and care** that optimize health and well-being

RA 3: Tailored, integrated and differentiated **vertical transmission and paediatric service** delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence

95% of people at risk of HIV infection have access to and use effective combination prevention options.

95% of women of reproductive age have their HIV and sexual and reproductive health service needs met.

95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV.

90% of people living with HIV receive preventive treatment for TB

95% of pregnant and breastfeeding women living with HIV have suppressed viral loads.

95% of HIV-exposed children are tested by two months of age and again after cessation of breastfeeding

75% of all children living with HIV have suppressed viral loads by 2023 (interim target)

**STRATEGIC
PRIORITY 3**

Fully resource and sustain efficient HIV responses and integrate into systems for health, social protection, humanitarian settings and pandemic responses

Fully resource and sustain efficient HIV responses and integrate into systems for health, social protection, humanitarian settings and pandemic responses

HIGH LEVEL TARGETS

RESULT AREA

RA 8: Fully funded and efficient HIV response implemented to achieve the 2025 targets

RA 9: Systems for health and social protection schemes that support wellness, livelihood, and enabling environments for people living with, at risk of, or affected by HIV to reduce inequalities and allow them to live and thrive

RA 10: Fully prepared and resilient HIV response that protects people living with, at risk of, and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks

Increase global HIV investments to US\$ 28.5 billion per year by 2025.

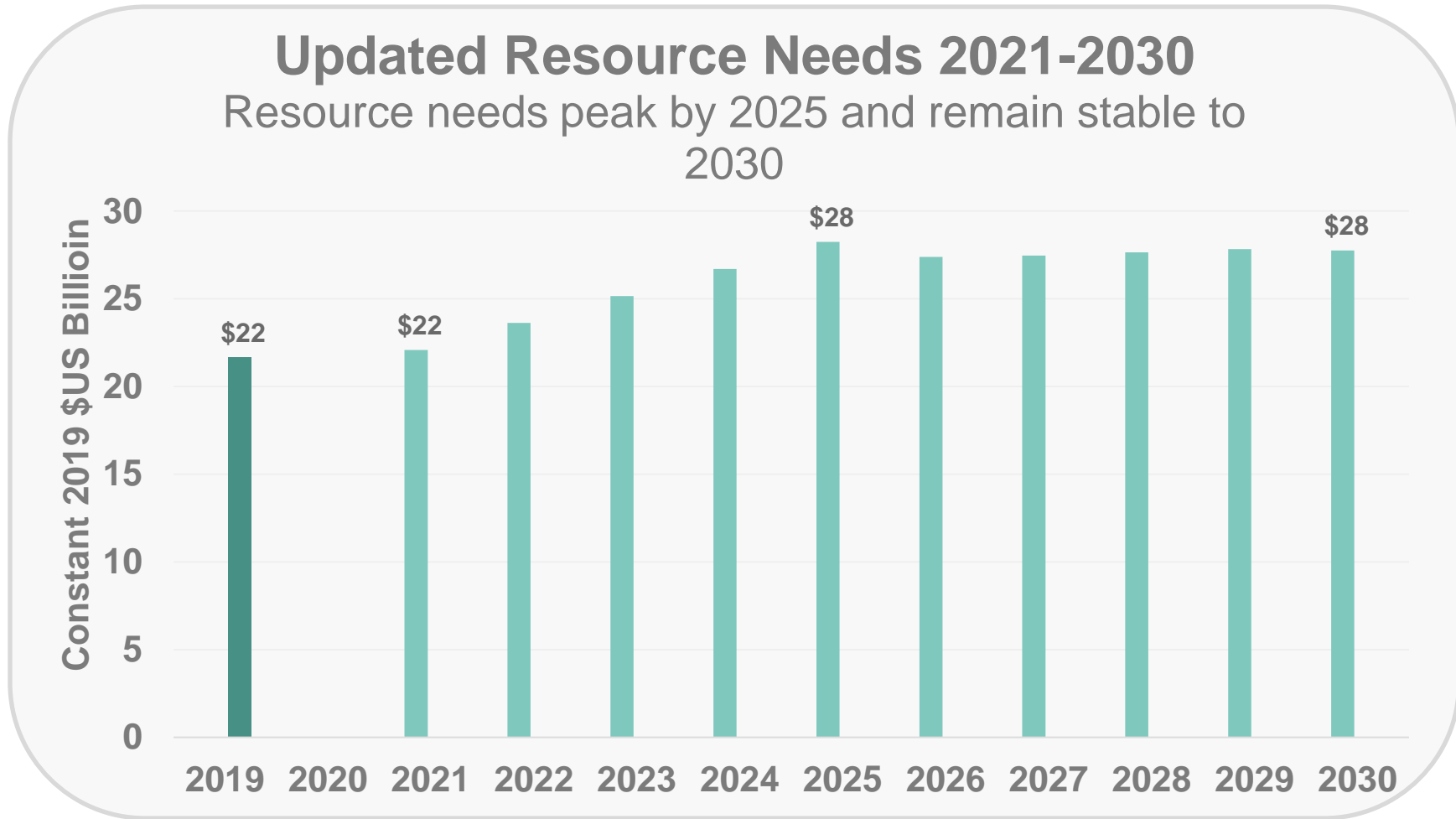
45% of people living with, at risk of and affected by HIV and AIDS have access to one or more social protection benefits.

95% of people within humanitarian setting at risk of HIV use appropriate, prioritized, people-centered and effective combination prevention options.

90% of people in humanitarian settings have access to integrated TB, hepatitis C and HIV services, in addition to programs to address gender-based violence (including intimate-partner violence)

95% of people living with, at risk of and affected by HIV are better protected against health emergencies and pandemics including COVID-19.

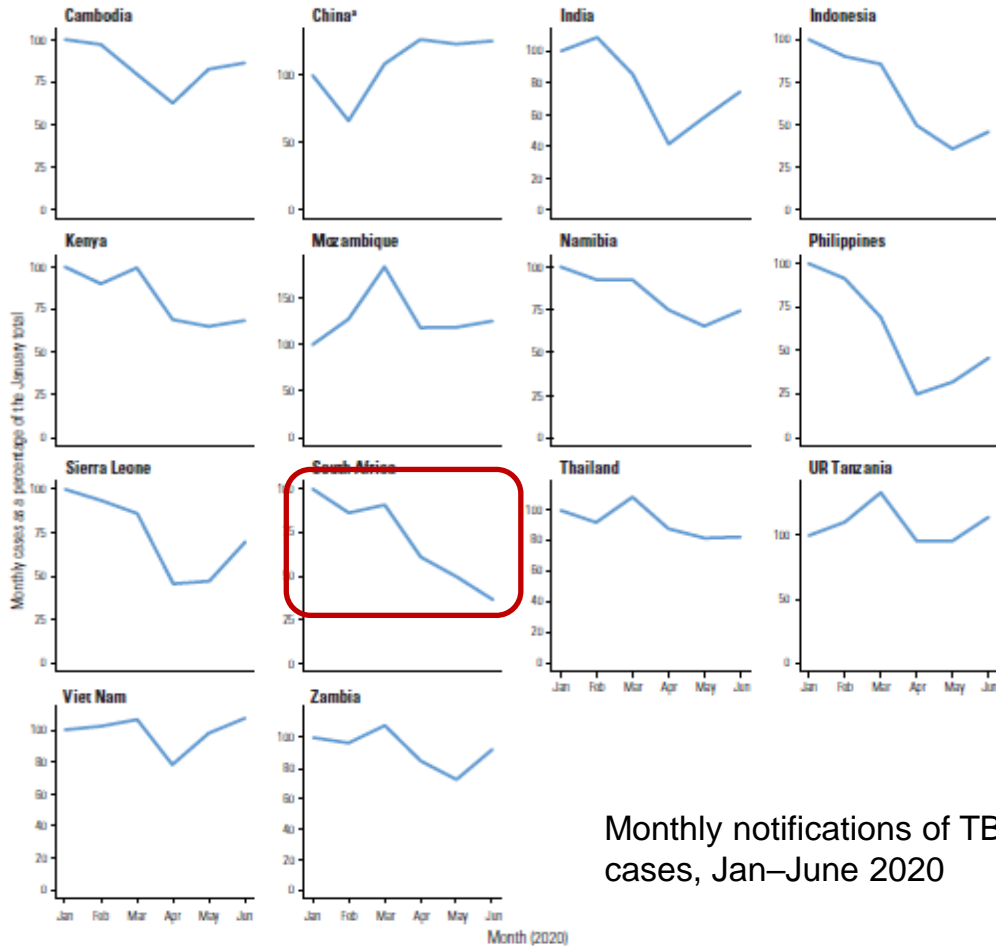
Resources needed to implement the Strategy



Draft 2021 Political Declaration on HIV

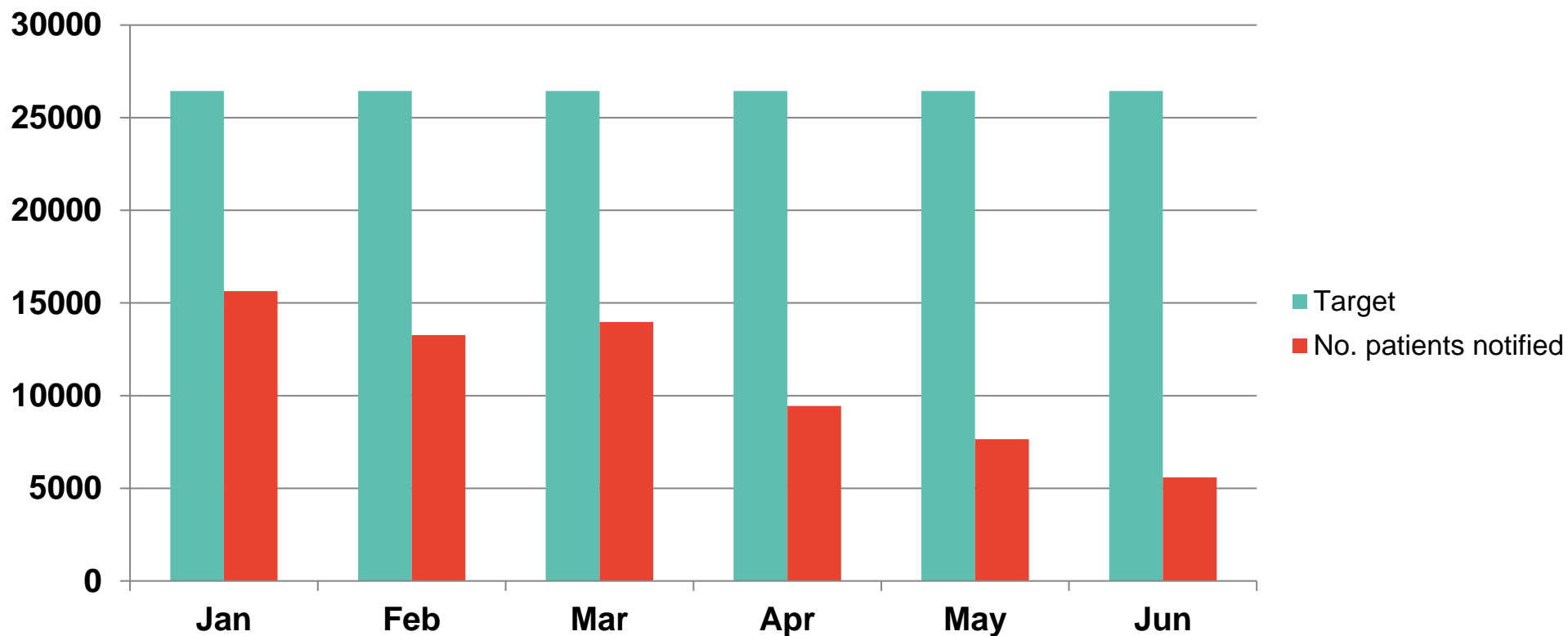
- Expanding access to the latest technologies for TB prevention, screening, diagnosis and treatment, ensuring that 90% of people living with HIV receive preventive treatment for TB by 2025, and reducing tuberculosis-related deaths among people living with HIV by 80% by 2025 (compared to a 2010 baseline);

Impact of the COVID-19 pandemic



- The COVID-19 pandemic threatens to reverse recent progress in reducing the global burden of TB disease.
- Large drops in the reported number of people diagnosed with TB between Jan and June 2020
- Impact on livelihoods resulting from lost income or unemployment could also increase the percentage of people with TB and their households facing catastrophic costs.

NUMBER OF TB PATIENTS NOTIFIED JAN – JUN 2020 AGAINST TARGETS



Health Catch-up Plans

- Integration of TB and Covid-19 screening and testing, due to the overlap of symptoms and clinical signs for both diseases,
- Strengthening of community outreach services for contact tracing
- Strengthening of linkage and retention in care for TB confirmed patients
 - Use of mHealth solutions to communicate lab results to patients
 - Enabling use of facility phones for patient recall
 - Delivery of TB medicines at home by CHW
 - Enrolment of stable patients on TB treatment on CCMDD programme
- Strengthen infection control practises for airborne diseases in health facilities
- Demand creation through social mobilisation

Conclusion

High-level commitments have galvanized global, regional and national progress towards ending TB, but **urgent and more ambitious investments and actions are required to put the world on track to reach targets**, especially in the context of the **COVID-19 pandemic**.