



Meeting the Moment

Wafaa El-Sadr

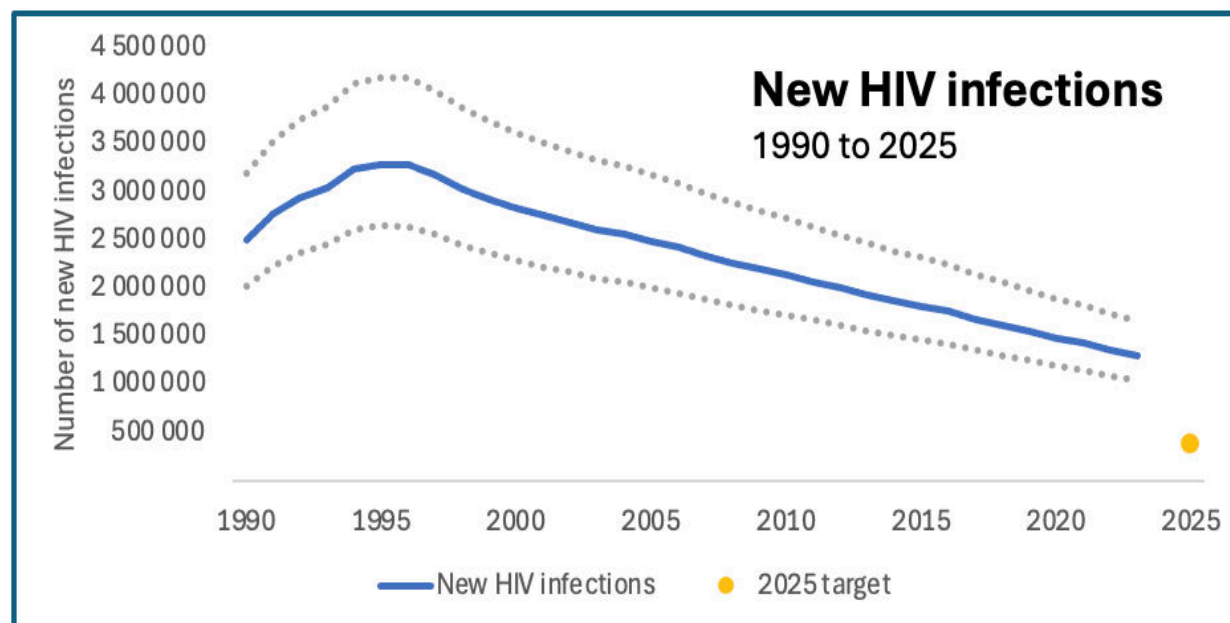
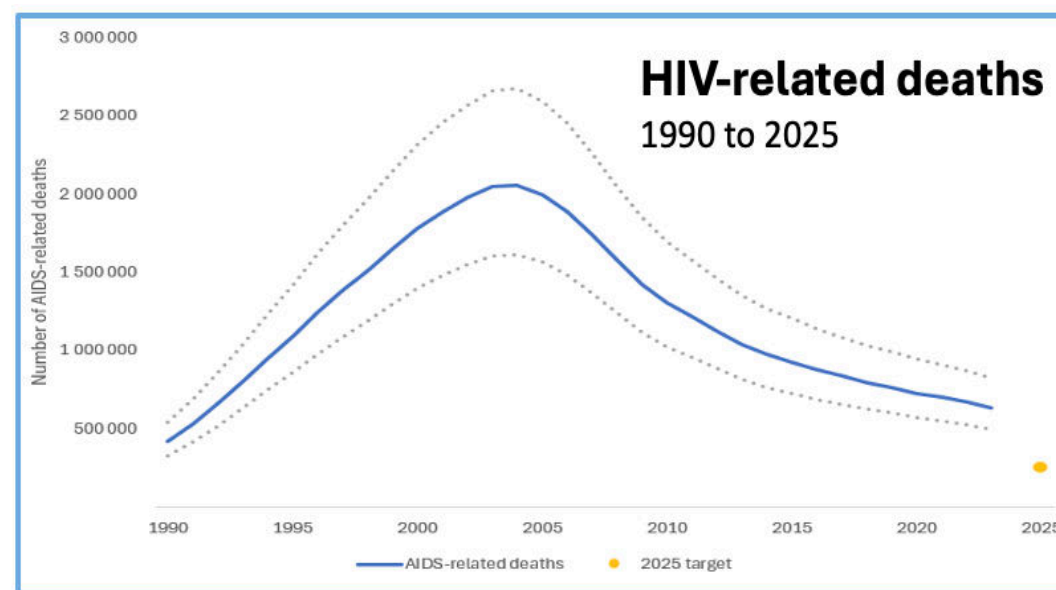
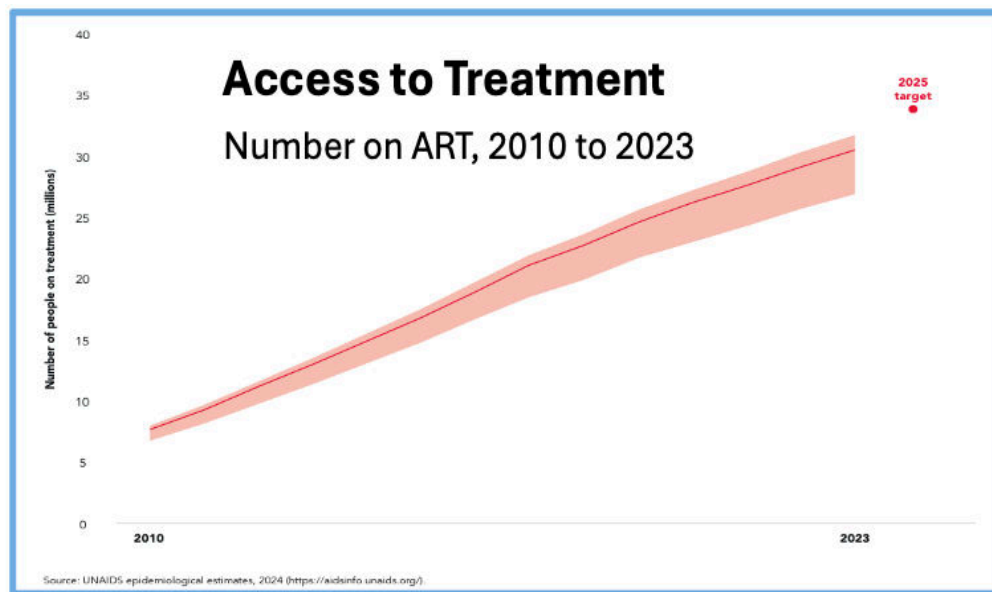


CQUIN Network Meeting | June 10-12, 2025 – Johannesburg, South Africa

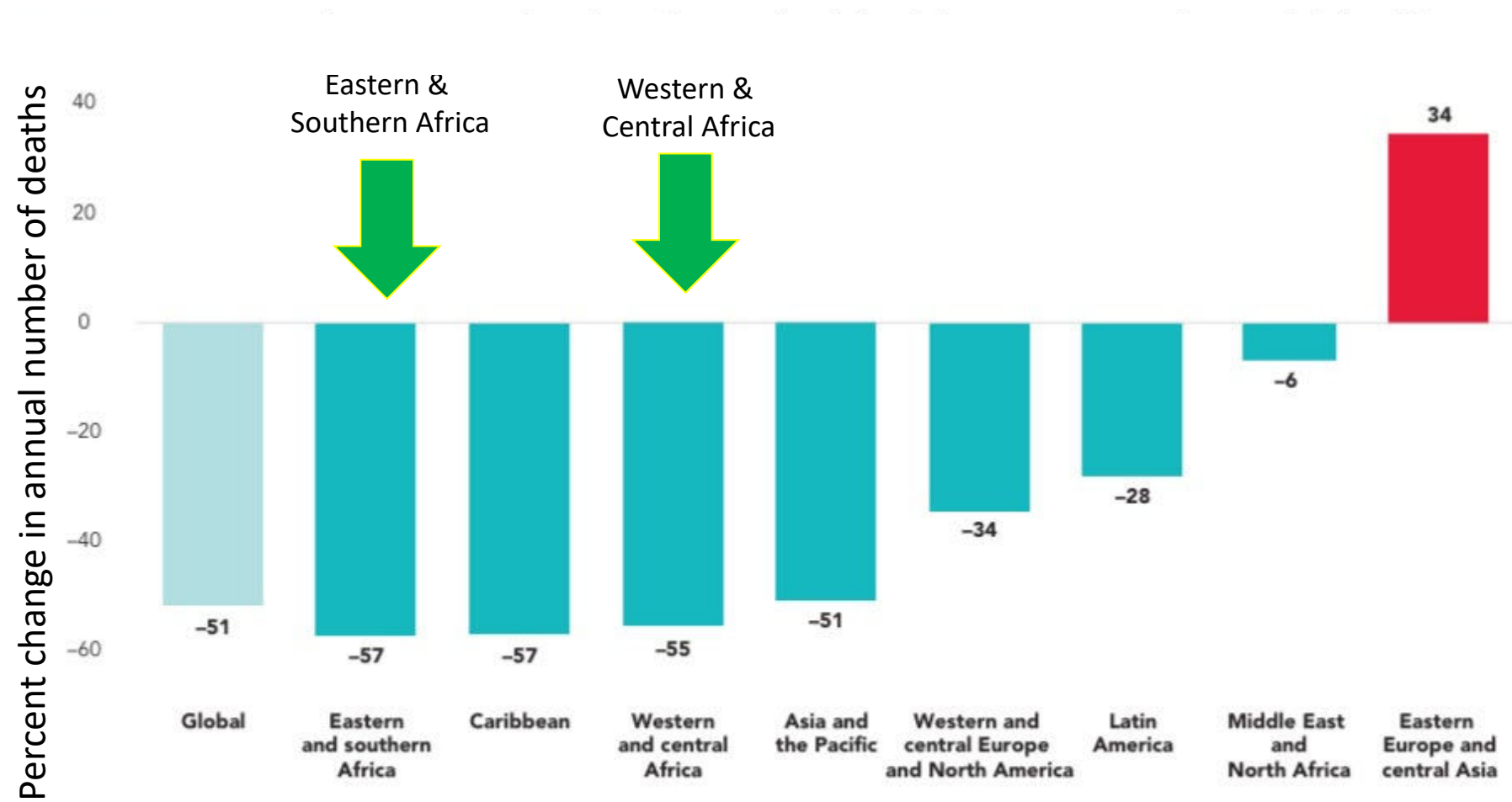
Outline of Presentation

- Status of the HIV epidemic
- Current challenges
- Anticipated impact
- Available assets
- Way forward
- Conclusions

Great progress has been made in confronting HIV

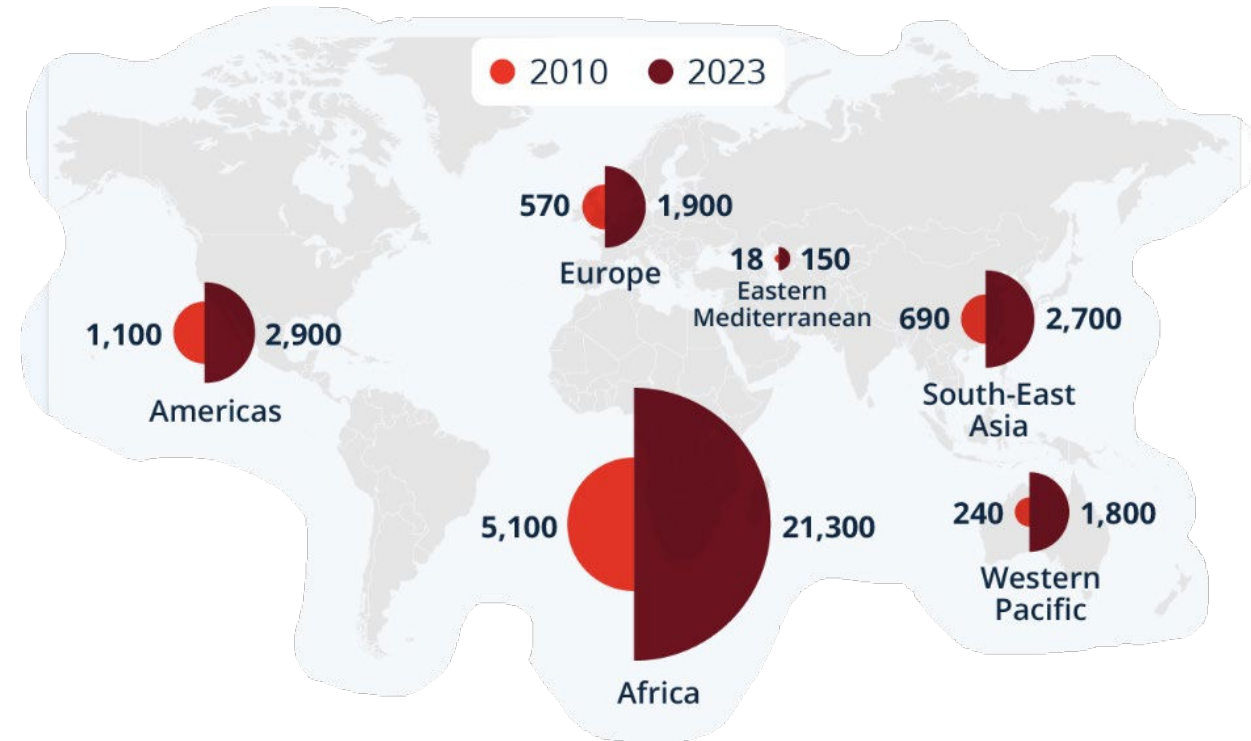


Percent change in annual in number of HIV deaths (2010 and 2023)



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

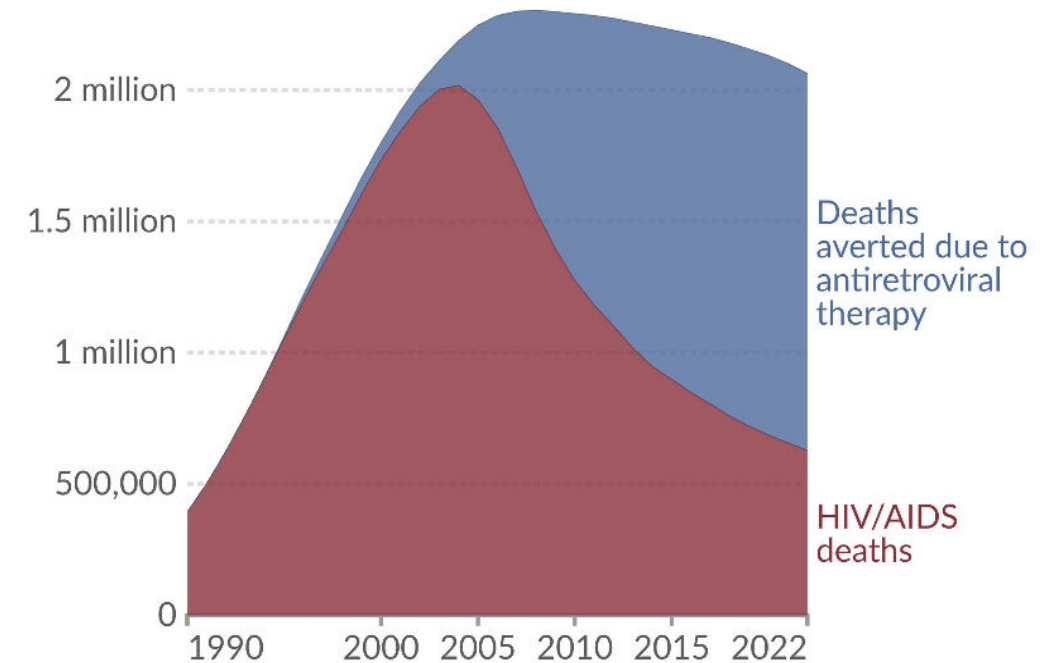
Global Scale-Up of HIV Treatment



Number of people living with HIV who are on antiretroviral treatment (ART), by world region (in 1,000s)

Annual HIV/AIDS deaths averted by antiretroviral therapy, World

Our World
in Data

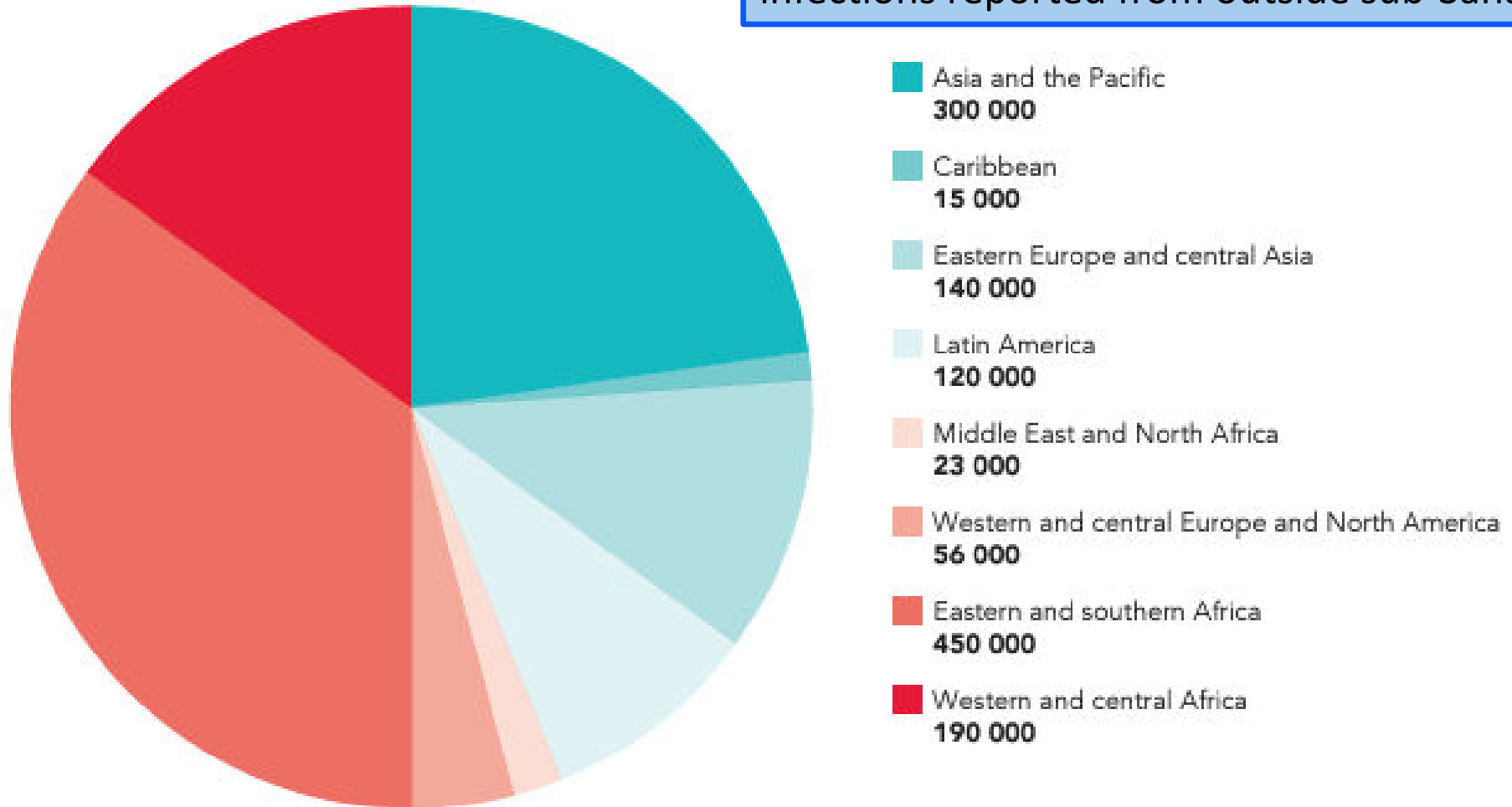


Data source: UNAIDS (2023)

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A Global Epidemic

For the first time, more than half of new HIV infections reported from outside sub-Saharan Africa



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

However, challenges remain.....

Globally:

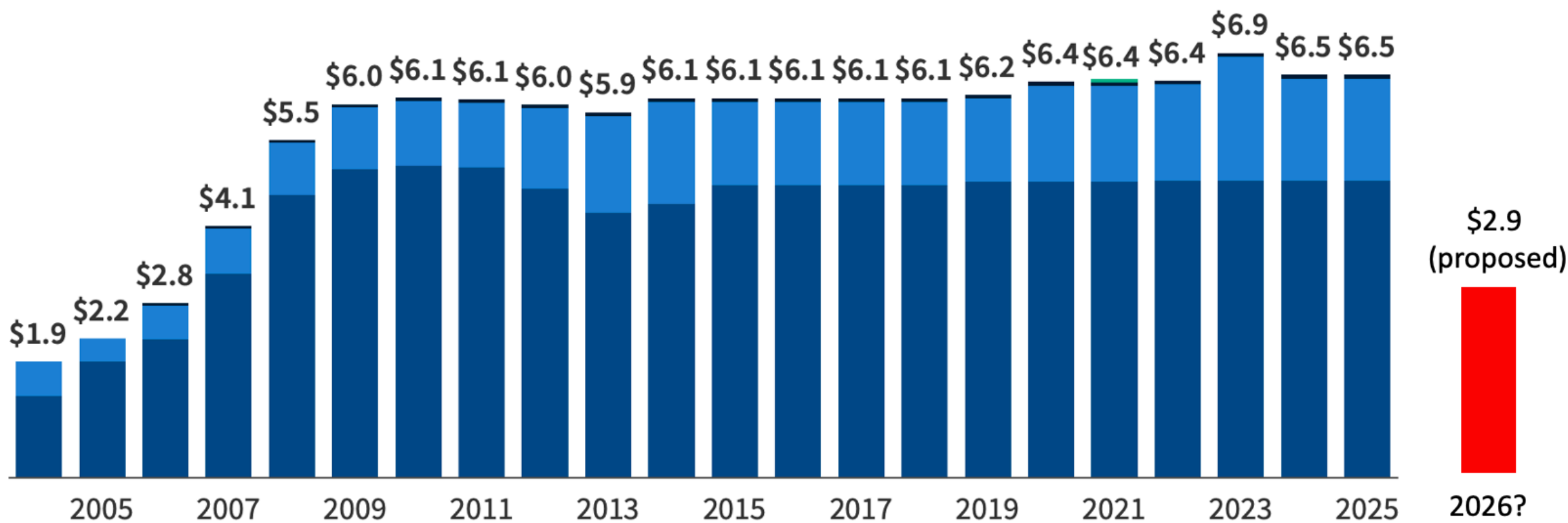
- Not on track to meet prevention targets
- Nearly 25% of PWH not on treatment
- Progress lagging for specific geographies and groups:
 - Asia, Latin America, Eastern Europe and Central Asia, and Middle East and North Africa
 - Adolescent girls and young women
 - Key populations
 - Infants and children



At the same time in 2025, we face new challenges

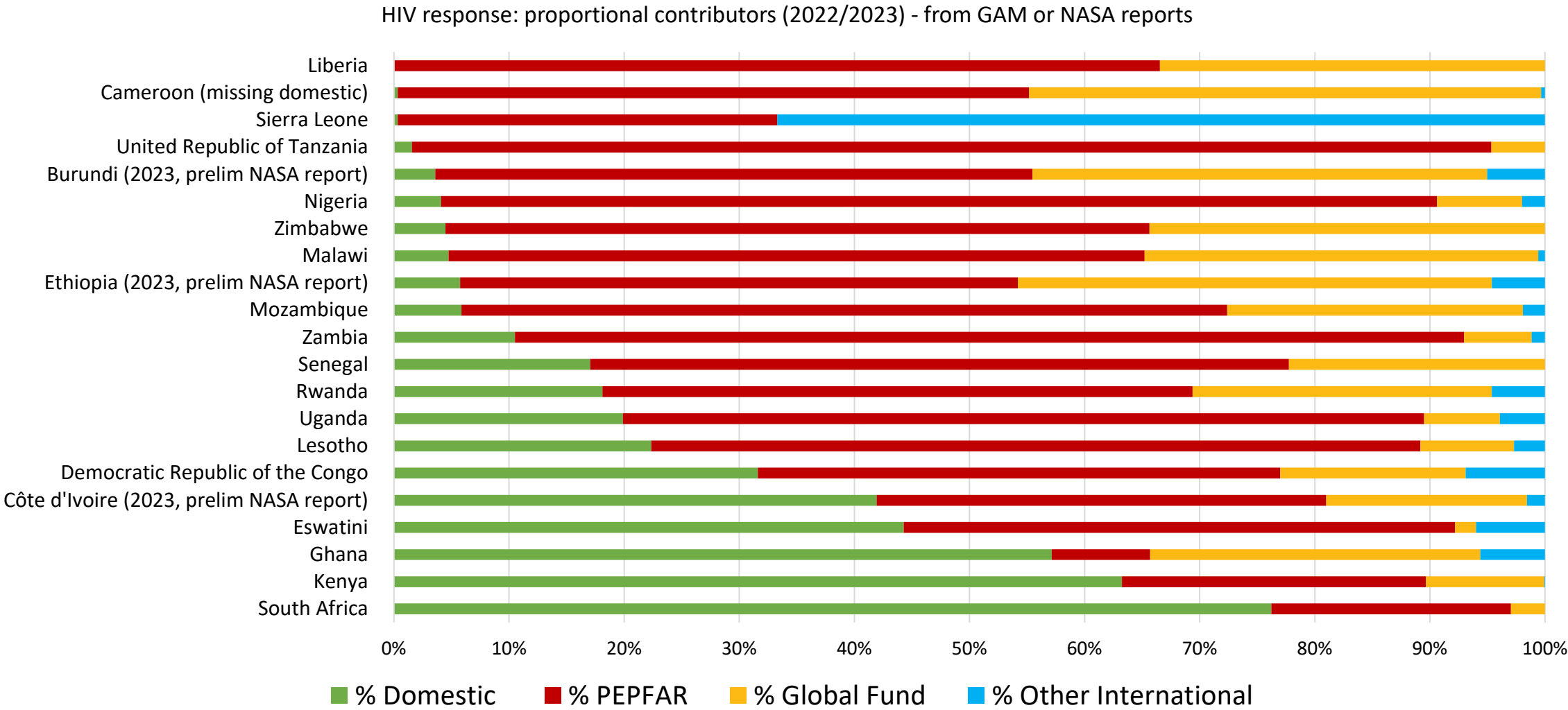
U.S. spending in billions

■ Bilateral HIV ■ Global Fund ■ UNAIDS



Source: KFF analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov. • [Get the data](#) • [Download PNG](#)

HIV Funding Sources, CQUIN member countries

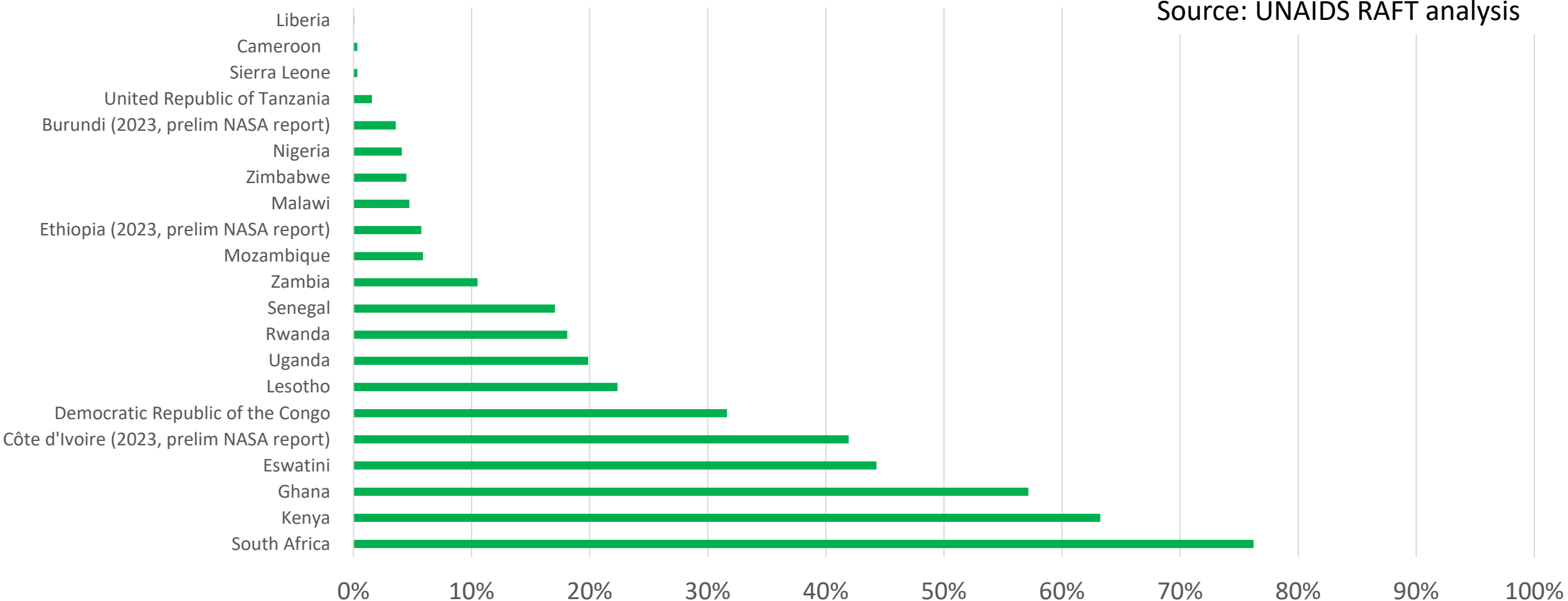


CQUIN member countries – vulnerability to external funding cuts

Proportion of national HIV response funded domestically (2022/2023)

- from GAM or NASA reports

Source: UNAIDS RAFT analysis



UNAIDS Predictions

UNAIDS predicts, by 2030:

- 4.2 million additional deaths
- 6.6 million additional HIV infections
- 3.4 million additional children orphaned

Should HIV programs previously supported by the PEPFAR be permanently discontinued

UNAIDS (April 2025)

Projected impact
from different models for variable periods of time

	Workbook	Goals model from Avenir Health	Optima model from Burnet Institute	HIV Modelling Consortium
Period covered	2025–2029	2025–2029	2025–2030	2025–2040
Countries covered	55 PEPFAR supported countries	55 PEPFAR supported countries	26 countries, 14 of which were supported by PEPFAR	55 countries used for Goals, 13 for Optima and 1–4 countries for the other models
Assumed change	All PEPFAR supported activities are permanently discontinued	All PEPFAR supported activities are permanently discontinued	All PEPFAR and other funding sources are reduced	Complete cessation of US funding and programmes
Additional new HIV infections	8.7 million	6.6 million	4.4 million–10.7 million	15 million
Additional AIDS-related deaths	6.3 million	4.2 million	0.8 million to 2.9 million	28 million
Comments	This calculation used the number of people reached with services to determine impact	This model used the proportion of total HIV expenditure paid for by PEPFAR to reduce prevention and treatment coverage	Results also provided if mitigation efforts are undertaken	This model used the averages from six HIV models (including Goals and Optima).

Impact on the US Epidemic

With halting of national HIV prevention efforts, modelling estimates indicate an increase between 2025 and 2030 in:

- Number of new infections by over **213,300**
- Number of total deaths by over **10,600**

AIDS and Behavior
<https://doi.org/10.1007/s10461-025-04757-0>

COMMENTARY



Epidemiologic and Economic Impacts of Halting National HIV Prevention Efforts

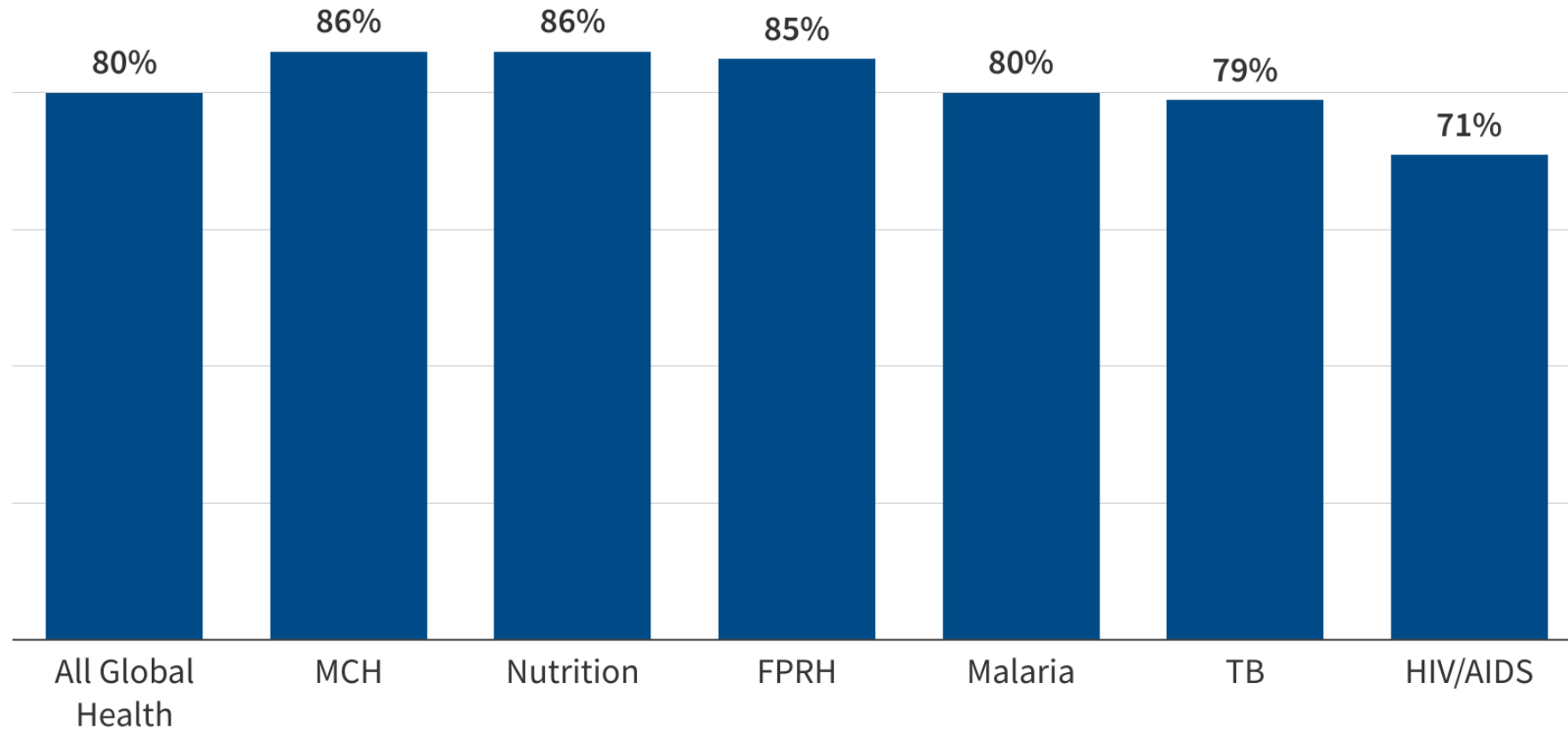
David R. Holtgrave^{1,2}

Accepted: 30 April 2025

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Funding decisions reach beyond HIV

Terminated share of Global Health Awards, by Sub-sector



Source: KFF analysis of terminated and active awards included in a list the Trump Administration recently sent to Congress and data available on [ForeignAssistance.gov](https://www.foreignassistance.gov).

We have come a long way....



We are in a different place...

We have:

- ✓ Deeper skills and experience
- ✓ Stronger structures and systems
- ✓ Better diagnostic and monitoring tests and strategies
- ✓ More prevention methods
- ✓ Better drugs for treatment
- ✓ More effective methods for prevention of vertical transmission
- ✓ Novel service delivery models (DSD)
- ✓ Strong community leadership
- ✓ Stronger procurement and laboratory systems
- ✓ Robust monitoring and evaluation systems
- ✓ A transformed health system



Testing and linkage

- Status-neutral approach
- Self-testing
- Duo-testing
- DSD for testing
- EID

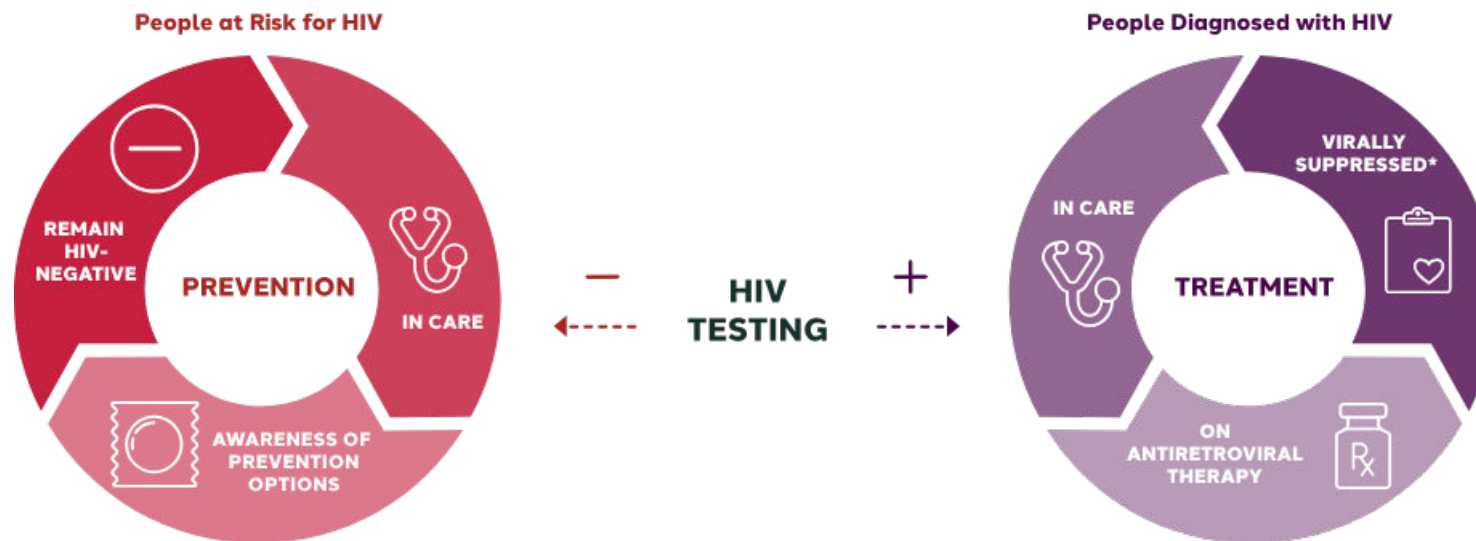
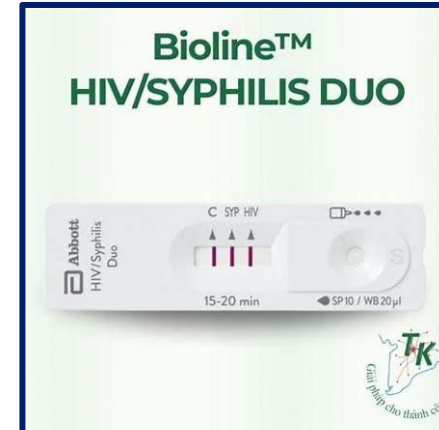
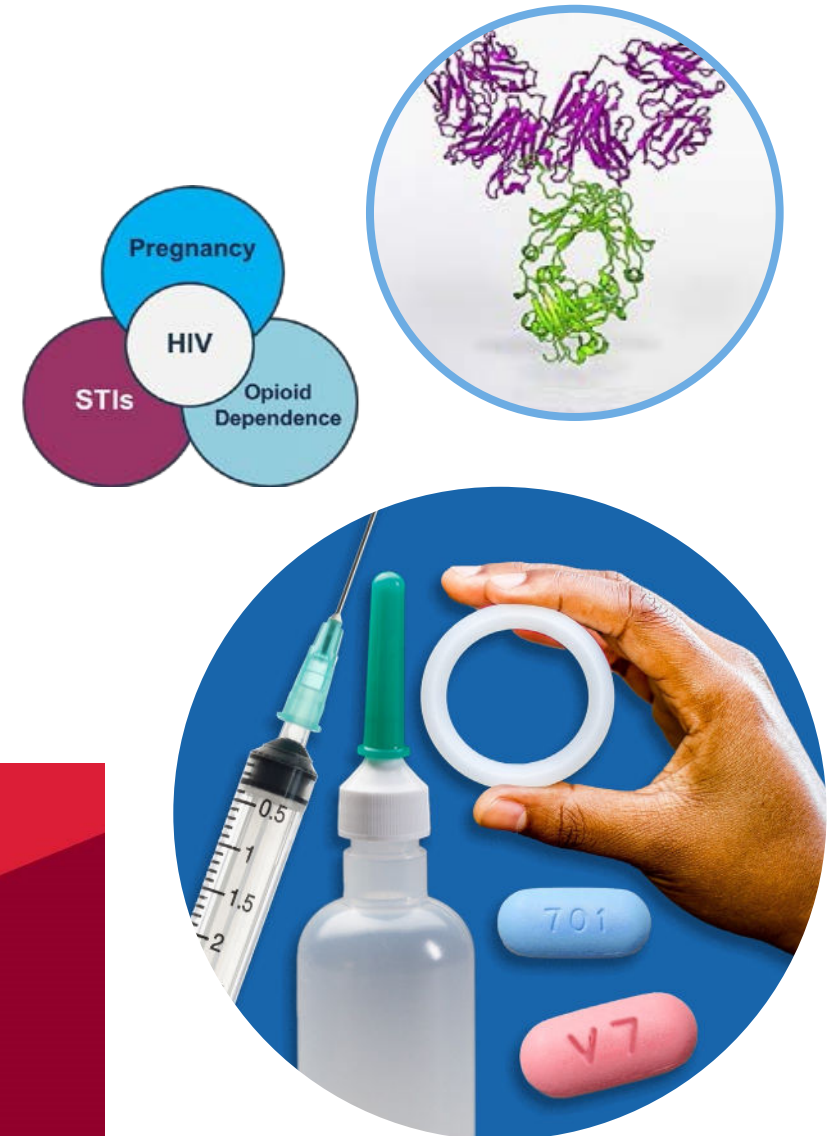


Figure: Gilead

HIV Prevention: New methods and modalities

- Novel long-acting antiretroviral methods and delivery systems
- Integrated multi-purpose prevention technologies (MPT)
- Broadly neutralizing antibodies
- U=U
- Differentiated service delivery models

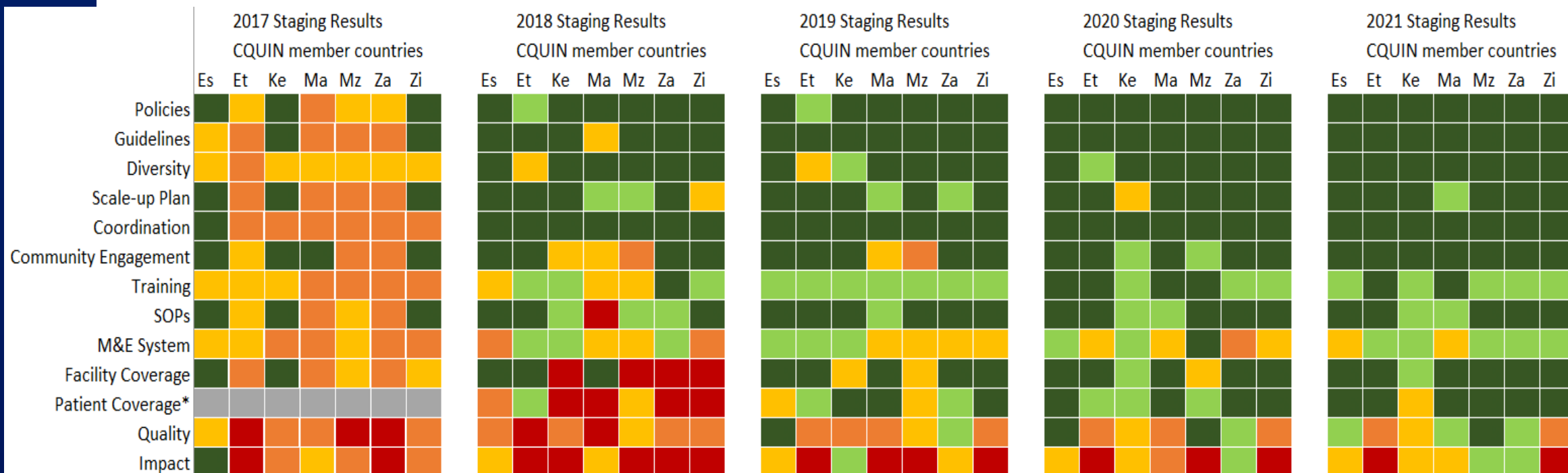


HIV Treatment: New methods and modalities

- Once daily dosing
- Long-acting antiretrovirals
- Dispersible dolutegravir for children
- Differentiated service delivery models



CQUIN: Progress in DSD for ART (2017-2021)



The 5 stages of the capability maturity model:

- Early or preliminary stages of planning and development; useful in identifying next steps to take in the scale-up process
- Work has begun and the initial efforts are ongoing; highlights areas that can be prioritized for improvement
- Efforts have resulted in measurable progress, such as a draft for review of achievement of more than 25% progress to a target
- Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization
- Achievement of a highly-evolved implementation; further improvements and refinements can be made as needed

*Patient coverage was not assessed in 2017 CMM

Community Engagement

- Community Advocacy Networks
- Systematic assessment of community engagement
- Community-led monitoring



What is the best we can do with the resources we have?

What Got
You Here
Won't Get
You There



Consensus strategies:

- Use modeling, community consultation, and intersectoral planning to redefine the **core package**
 - Clinical and psychosocial services
 - Laboratory services (diagnostic and monitoring)
 - M&E indicators
- Leaner, more efficient and more **integrated programs**
 - Integration of HIV programs into national health *systems*
 - Integration of HIV services into routine and/or chronic health care *service delivery* models
- **Country-owned and community-driven** health services

Prioritizing HIV Services

Health Products - Considerations on deprioritization

Consider deprioritizing:

- **HIV Treatment, Care and Support:**
 - Cotrimoxazole continuation for those stable on ART in line with WHO guidance
 - Active Hep B case finding and management among adults (could be supported in high prevalence settings among people at higher risk)
 - Hep C testing and management as part of HIV or harm reduction services in countries with lower levels of coinfection
 - New cervical cancer screening initiatives
 - Treatments for non-communicable diseases (NCDs)
 - HIV drug resistance surveys and surveillance can be deferred until resources are available
 - In some countries, economize in the procurement of HIV services, although Global Fund encourages high quality of care
- **TB/HIV:**
 - Procurement of TB drugs
 - Procurement of TB diagnostic tests
 - IGRA and skin tests
- **Elimination of Vertical Transmission:**
 - Hep B testing and management
 - Investments in maternal and child health networks to continue to provide high quality of care
- **HIV Testing:**
 - Higher cost tests for HIV
 - Higher cost HIV testing services
 - Higher cost HIV market
- **HIV Prevention:**
 - PrEP ring for new users
 - TDF/3TC; TDF/FTC
 - Female condoms



GC7 Programmatic Reprioritization Approach

Date published: 16 May 2025 (interim version)

Date updated: 6 June 2025 (full version)






Tool for Intervention Evaluation and Ranking (TIER)

THIS IS A DRAFT FOR CONSIDERATION AND INPUTS

	SCENARIO 1	SCENARIO 2	SCENARIO 3	SCENARIO 4
	A high-burden country with limited, possible services	A high-burden country with Adolescent and Young People services	A high-burden country with Clinically unstable populations	A low-burden country with Clinically unstable populations
Home tracing if no response to calls for clients with abnormal lab results	Minimum	Minimum	Minimum	Minimum
Home tracing if not response to phone calls: those with active OIs, (re)started ART stage 4, CD4 <200, children and adolescents, pregnant and breastfeeding women	Minimum	Minimum	Minimum	Minimum
Home tracing if no response to phone calls for all who have missed their scheduled appointment by more than 28 days	Standard	Standard	Standard	Optimal
Home tracing if no response to calls for clients with abnormal lab results	Standard	Standard	Standard	Optimal
Home tracing if not response to phone calls: those with active OIs, (re)started ART stage 4, CD4 <200, children and adolescents, pregnant and breastfeeding women	Standard	Standard	Standard	Optimal
Home tracing if no response to phone calls for all who have missed their scheduled appointment by more than 28 days	Optimal	Optimal	Optimal	Optimal






Prioritizing HIV indicators

VALUE OF INFORMATION

-  Clinically significant*
-  Impacts epidemiology of HIV (population-level)
-  Provides critical early warning signal
-  Enables managers to address important gaps
-  Provides relevant evidence for community and researchers

*and included in the national package of HIV services

CONTEXTUAL FACTORS

-  Disease burden, morbidity, mortality
-  Resources *needed* to document, manage, and use data
-  Resources *available* to document, manage, and use data
-  Capacity of program/stakeholders to use data for action
-  Confidentiality and security of information, and risks of breach

Integration of HIV Services into Primary Care

Systems: Integration at the health system level

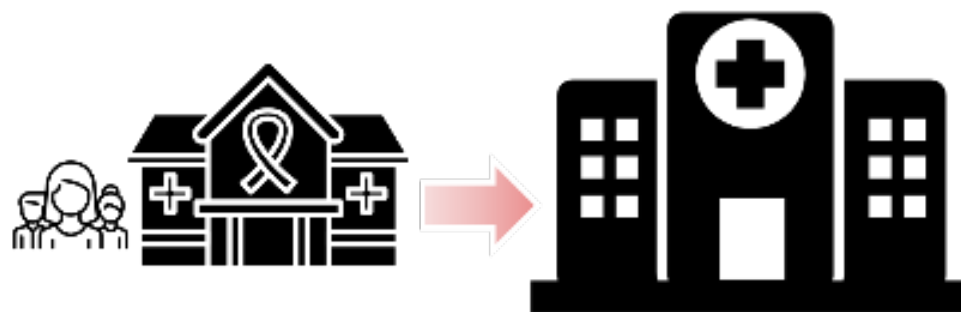
The assimilation of health interventions into each of the critical functions of a health system - Atun et al.

- For example: Governance/stewardship, policies, financing, supply chain, laboratory systems, healthcare workforce, standards and quality management, health information systems

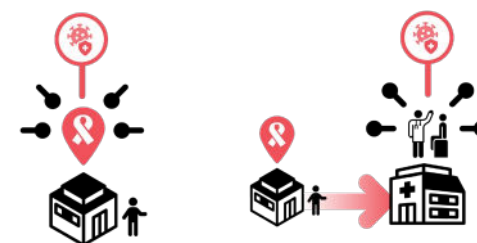
Services: Integration at the point of service (models of care)

Joining together different kinds of services or operational programmes to maximize outcomes – UNAIDS

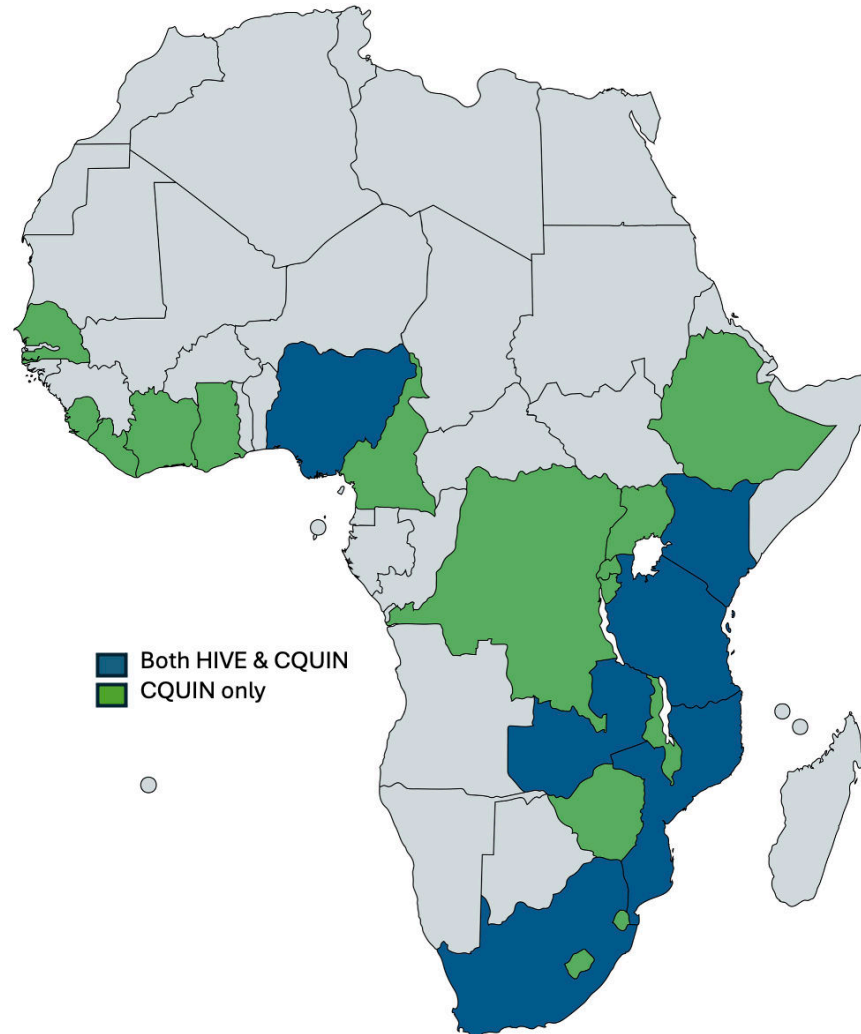
- HIV clinical, lab, pharmacy and support **services co-located** with those for other health conditions
- HIV services provided by the **same health workers** as those for other health conditions
- HIV services **documented & monitored** with the same systems used for other health condition



Integration of HIV Services into Primary Care (non-HIV Programs)



A Unique Assets: CQUIN and HIVE



ICAP Supported countries in

HIVE: Kenya, Mozambique, Nigeria, South Africa, Zambia, Tanzania

PATA Supported countries:

Mozambique, Nigeria, South Africa

Way Forward



Country-to-country support and cross-learning



Shared resources, tools and strategies, including those from WHO, GF, IAS, and ITPC



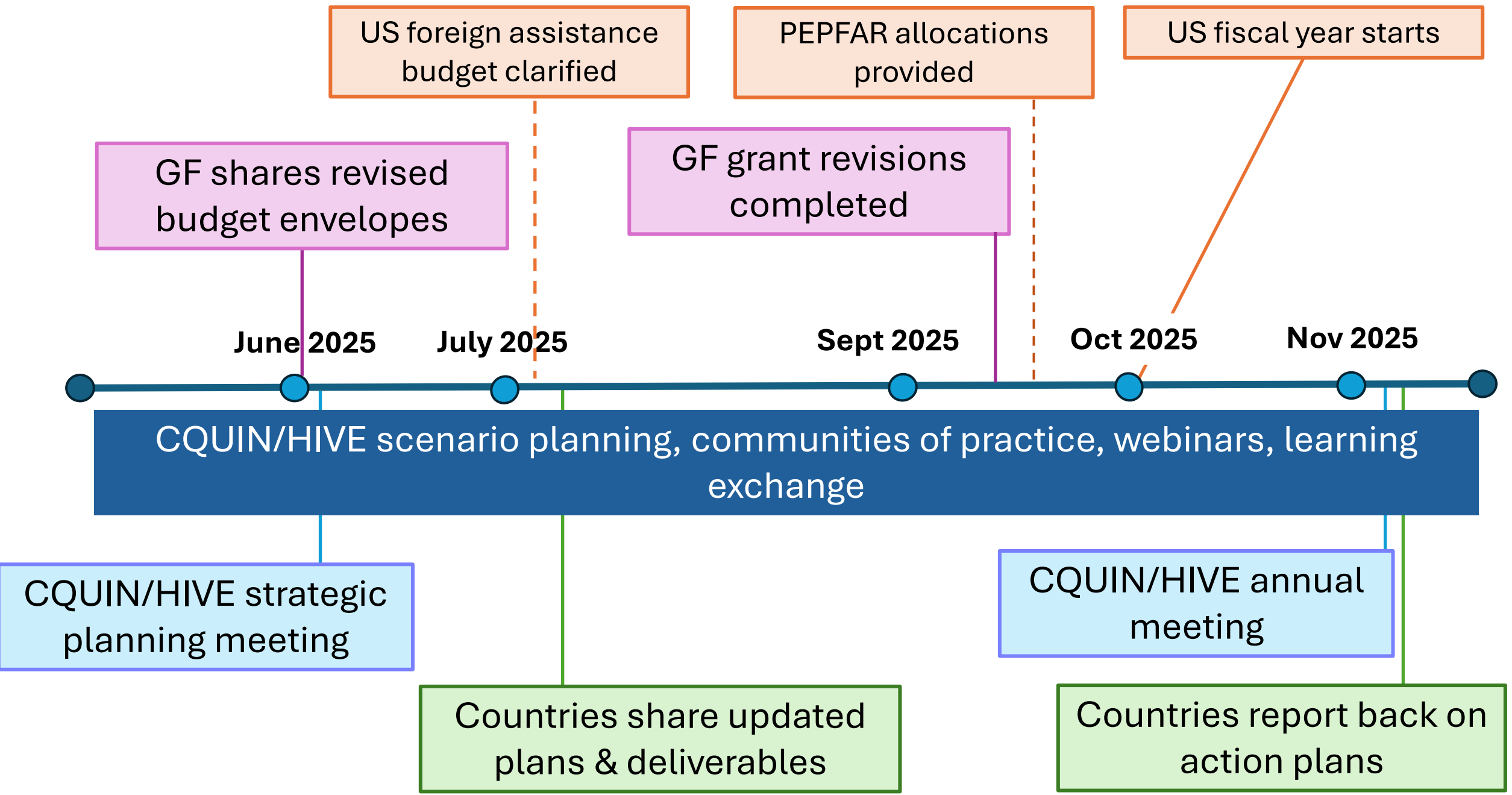
CQUIN communities of practice, refined for the current context



CQUIN and HIVE-specific tools (e.g. frameworks, prioritized services, prioritized HIV program indicators, capability maturity models, minimum)

Principles to hold on to:

- Innovation
- Quality
- Community engagement & leadership
- Person-centered services
- Impact
- Efficiency



Conclusions

- Sudden and profound changes in the past months have major implications for recipients of services, both children and adults, and HIV programs
- This moment compels coming together to preserve the gains and maintain the momentum in the HIV response
- The urgency now is to streamline systems and prioritize services and indicators, while maintaining the principles that have guided our work
- Scenario planning is necessary, with the need for iterative adjustments based on evolving information and ongoing review of critical data points
- The CQUIN and HIVE communities are uniquely positioned to advance the response to this moment



Thank You!



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