IAS

Reaching the 95-95-95 targets: The importance of multi-stakeholder collaboration

Key considerations to reach the 95-95-95 targets

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Background

On 9 June 2021, United Nations Member States adopted a political declaration[1] calling on countries to provide access to people-centred and effective HIV combination prevention options for 95% of people vulnerable to acquiring HIV within epidemiologically relevant groups, age groups and geographic settings. The declaration also calls on Member States to ensure that 95% of people living with HIV know their HIV status, 95% of people who know their status are receiving HIV treatment, and 95% of people on treatment are virally suppressed. This declaration reinforces and accelerates the UNAIDS Fast-Track strategy to end the AIDS pandemic by 2030[2], adopted on 18 November 2014, which included achieving the 90-90-90 testing and treatment targets by 2020.

Globally and regionally, the 90-90-90 targets were missed. However, progress has been steady and, at the end of 2022, 86% (73-98%) of people living with HIV knew their status; among those who knew their status, 76% (65-89%) were on treatment; and 71% (60-83%) of those on treatment were virally suppressed[3]. At least eight countries in settings as diverse as Botswana and Switzerland[4] had reached the 90-90-90 targets on time, showing that with sufficient funding, political will and evidence-informed interventions, the targets were achievable.

The UNAIDS 95-95-95 targets extend the 90-90-90 framework, incorporating additional priorities, such as meeting women's needs for HIV and sexual and reproductive health services, promoting person-centred combination prevention for people living with and affected by HIV, adopting an integrated approach to well-being and healthcare, and addressing social and legal barriers that limit access to and use of HIV services.

To assess progress and identify strategies for advancing towards the 95 targets, the Industry Liaison Forum at IAS – the International AIDS Society – organized a three-part online roundtable with key stakeholders and experts in the field. Each event focused on a particular target and explored how the biomedical industry can play an active role in achieving its goal.

This document summarizes key considerations that emerged from the roundtable, highlighting key themes and perspectives that were shared. The discussions covered a wide range of topics, including policy frameworks, access to testing and treatment, stigma and discrimination, community engagement, and innovation in HIV prevention, treatment and care. These considerations provide valuable guidance for industry, policy makers, healthcare professionals, community organizations and other stakeholders involved in the global HIV response. The overarching takeaway is that collaborative approaches, evidence-based interventions and targeted strategies are needed to overcome barriers and accelerate progress towards achieving the UNAIDS 95 targets.

1. Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.
    https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids.

2. Fast-Track - Ending the AIDS epidemic by 2030.
    https://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

3. Pathways to Success in the HIV Response.
    https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report_chapter_1.pdf

4. Marukutira, T. et al. A tale of two countries: progress towards UNAIDS 90-90-90 targets in Botswana and Australia. Journal of the International AIDS Society 21, e25090 (2018).

Key considerations to improve HIV testing, linkage to ART and retention in care for viral suppression

Testing for HIV is an essential first step towards linking people with effective HIV prevention and treatment programmes. People who know their HIV status are empowered to make informed decisions about their lives. Knowledge of HIV status contributes to preventing new HIV acquisitions and facilitating timely treatment initiation for those who test positive. Despite progress with HIV testing technology and uptake, many individuals vulnerable to HIV acquisition do not know their HIV status, in particular, gay men and other men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and their clients, and trans people (henceforth referred to as key populations). To effectively increase HIV testing uptake, it is imperative to recognize that individuals vulnerable to HIV acquisition have diverse needs, preferences, behaviours and experiences. Tailored testing strategies, services and diagnostics tools are essential to creating more accessible and acceptable pathways to testing that meet their needs.
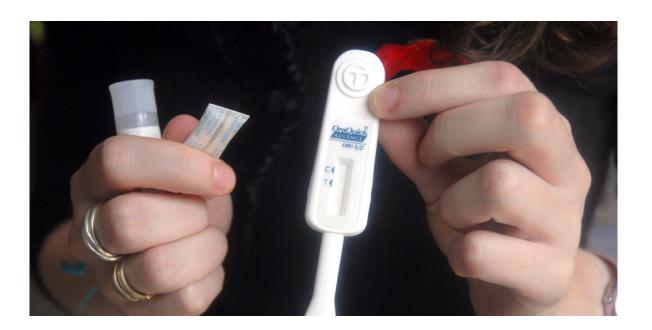
Beyond testing, improving linkage to care and retention in the HIV care continuum is crucial in addressing the gap between knowledge of HIV status and treatment initiation. While substantial progress has been made in engaging individuals who are aware of their HIV status in antiretroviral therapy (ART), a strong emphasis on sustaining retention in care remains paramount. A comprehensive set of targeted strategies must be developed and implemented to ensure that people living with HIV consistently engage with the treatment process.

Viral suppression or control through ART not only reduces the likelihood of people living with HIV developing pathologies associated with the virus, but also reduces the chance of transmission to sexual partners and newborns "almost to zero or negligible risk", as the recently published WHO policy brief explained. Yet, achieving and maintaining viral suppression remains a global challenge, marked by disparities across countries and settings. To achieve and maintain viral suppression among people living with HIV, strategies must encompass community engagement and the promotion of long-term treatment adherence.

In essence, a multifaceted approach is needed to effectively address all aspects of HIV testing, treatment and viral suppression. The following key considerations and recommendations emerged during the roundtable discussion. These insights are geared towards acknowledging diverse needs, customizing strategies, enhancing care linkage and nurturing community engagement within the HIV response.

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Tailored and user-centred approaches

Recognize that individuals vulnerable to HIV acquisition have diverse needs, preferences, behaviours and experiences.

Gaining a better understanding of end-user preferences can enhance the acceptability of HIV testing strategies, linkage and retention in care and ultimately lead to HIV suppression. For example, the use of saliva instead of blood for HIV self-testing can play a significant role in improving acceptance and use of a particular testing kit.

Different context-specific interventions can be developed to bring services to where and when people need them. These include online outreach, mobile testing clinics, telemedicine platforms, community-based testing, peer education and outreach, index testing, partner services and pharmacy-based services (see case study 1).

Case study 1:

The Columbia University Mailman School of Public Health (ICAP) has found remarkable improvement in HIV testing uptake where self-test kits have been ordered online or/and bought through vending machines.

Recommendations:

○ Diversify and adapt HIV service delivery to the client's needs to reach individuals with limited or inadequate access to traditional healthcare services.

○ Invest and supply services and products that meet the needs of key populations, such as multi-month refills for antiretrovirals (ARVs) and endorsing the use of affordable long-term injectable ARVs.

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Comprehensive and integrated care for better health outcomes

Provide integrated health services encompassing HIV testing, prevention, treatment and care, as well as tuberculosis (TB), hepatitis B and C and sexually transmitted infection (STI) screening, alongside other services like mental health support, offered at a single facility or site.

This multipronged approach can help in reaching out to populations who may not specifically seek HIV services, as well as eliminate the need for multiple visits, reducing logistical barriers and costs while enabling early diagnosis and timely intervention. It also reduces stigma associated with standalone HIV testing and care sites, optimizing the use of existing healthcare resources, and improving data integration and monitoring of HIV-related outcomes.

For example, telemedicine, telehealth and mobile applications can provide a comprehensive digital health ecosystem that enables better access to care and facilitates communication between service provider and client in a stigma-free environment (see case study 2).

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Case study 2:

The Stepped Care Model is focused on providing young people with the appropriate information and services at the right time and place, using digital technology or by connecting them with the appropriate healthcare provider. This approach takes a systems-level perspective on both digital and non-digital health services.

Recommendations:

o Integrate HIV testing, prevention, treatment and care with other health services, such as TB, hepatitis, STI screening and mental health support. Reduce barriers, optimize resources and improve overall health outcomes.

o Utilize telemedicine, telehealth and mobile applications for better access and communication.

o Foster supportive online communities to promote adherence.

Support "nothing about us, without us"

Collaborate with civil society and community-led organizations from design to implementation of programmes to address the needs of key populations.

Empowering and involving community members, particularly those most affected by HIV, in all stages of research, from design to implementation, is imperative to ensure and improve equitable access to care. Engagement of community members leads to better-designed programmes that effectively reach key populations and address the challenges they face. Equipping individuals with a deeper understanding of their health condition and empowering them to make informed choices enables them to achieve better health outcomes, better treatment adherence and an overall better quality of life. Consequently, funding should be strategically allocated to community programmes that have demonstrated effectiveness through community engagement.

For example, engaging end-users in product design that prioritizes discretion and safeguards individual confidentiality (including considerations for ease of use and portability) can help reduce stigma and motivate more individuals to undergo testing.

Additionally, ensuring diversity in clinical trial populations and developing recruitment and retention strategies specifically tailored to reach underrepresented populations contribute to the development of better products and programmes that have better chances of being utilized by end-users (see case studies 3 and 4).

Case study 3:

Elizabeth Glaser Pediatric AIDS Foundation's Red Carpet Programme aims to improve linkage and retention in care through meaningful youth engagement and involves various stakeholders to provide quality care for young people. The programme provides same-day linkage to care and physically accompanies young people to receive necessary prevention, care and treatment services with the help of peer champions. It focuses beyond health outcomes and aims to create a welcoming and empowering environment for young people.

Case study 4:

Gilead's PURPOSE studies enrols participants in locations that include historically underrepresented populations. Community advisory groups have been established, and trials are conducted in various locations. PURPOSE 1 is taking place in South Africa and Uganda in cisgender adolescent girls and young women. PURPOSE 2 is taking place in the US, South Africa, Brazil, Peru, Mexico, Argentina and Thailand, involving cisgender gay men and other men who have sex with men, trans women, trans men and gender-nonbinary people. Learn more here and here.

Recommendations:

○ Engage civil society and community-led organizations throughout programme lifecycles to cater for the requirements of key populations, involving those most impacted by HIV in all research, design and implementation phases.

○ Consider factors such as cost, ease of use, portability, scalability and how the products can be effectively incorporated into existing testing programmes, clinics or community centres to maximize their reach and impact.

○ Ensure diversity in clinical trial populations and develop recruitment and retention strategies specifically tailored to reach underrepresented populations.

Address stigma and create a supportive environment

Organize health services around the health needs of people rather than focusing on one disease, shifting towards a person-centred approach across the continuum of care.

Health services should be organized around the diverse requirements of each person, acknowledging the uniqueness of their circumstances. Additionally, advocating for societal enablers like the "Undetectable equals Untransmittable" (U=U) message is vital as it contributes to dispelling misconceptions and reducing stigma associated with HIV. U=U is a powerful message that not only contributes to educating the public but also aids in promoting a more inclusive society (see case study 5).

Case study 5:

In Vietnam, a consortium of partners collaborated with the government to officially adopt the U=U message and use various means to disseminate it to healthcare workers and the community. The U=U message is being explored as part of "three moments of U=U counselling". The first moment is at the time of a positive HIV test to encourage linkage to care. The second is during the initiation of ART to encourage adherence and achieve an undetectable viral load. The third is during the annual visit to review viral load to encourage ongoing adherence and retention in care.

Further, the promotion of inclusive social, legal and health policies reinforces the need for a supportive environment (see case study 6).

Implementing targeted training and awareness programmes for healthcare workers within healthcare settings is key to empowering professionals to confront and diminish stigma effectively, improving their counselling skills, and to better connect healthcare clients with appropriate services. By enhancing the expertise of healthcare providers, a more empathetic and proficient approach to care can be achieved, fostering a nurturing atmosphere for individuals impacted by health challenges.

Case study 6:

The Middle East and North Africa region exhibits a high mortality due to AIDS compared with other regions. Stigma, lack of knowledge and criminalization of same-sex relations and forms of gender expression,, as well as personal political and religious beliefs, lead to significant delays in screening for HIV and seeking care.

Recommendations:

- Organize health services around the needs of individuals.

- Advocate for societal enablers like the "Undetectable equals Untransmittable" (U=U) message.

- Promote inclusive social, legal and health policies.

- Implement targeted training and awareness programmes for healthcare workers to reduce stigma within healthcare settings.

Strengthen partnerships and learn from successful examples

Cultivate robust collaborative partnerships among stakeholders, uniting industry, government and civil society.

Drawing insights and inspiration from successful programmes and best practices for meeting HIV targets can significantly enhance and refine implementation strategies.

Strategic multi-stakeholder partnerships at the macro level have notable impact and influence within their respective local contexts. These partnerships have the potential to yield more effective and precisely tailored programmes that align with the specific needs of key populations. On a micro level, fostering alliances with community-based organizations and forging alliances with unconventional allies, such as barbershops, hair salons and churches, can effectively reach people living with and affected by HIV.

Case study 7:

Botswana is set to become the first country with a generalized epidemic to reach the 95-95-95 targets. Factors leading to its success include:

- ○ Implementation of fourth-generation HIV testing and broadening the use of self-testing

- ○ Expanding and improving PrEP (daily oral and long-acting injectable) access

- ○ Government providing over 65% of finances needed for the national HIV response

- ○ Successfully galvanizing donor partners and government to support ongoing financial support

- ○ Adopting an early test-and-treat strategy

- ○ Establishing strong partnerships with research partners (Botswana Harvard Partnership, Baylor Pediatric Center of Excellence, UPenn and the University of Botswana)

Recommendations:

- ○ Learn from Botswana's experience in achieving the 95-95-95 targets. It provides valuable lessons on how strong political support, financial investment, establishment of research partnerships, and the adoption of innovative strategies like test and treat and rapid ART initiation led the path to long-term success (see case study 7).

Ensure sustainable and scalable interventions

Address the challenges of scalability and sustainability of HIV services through concerted actions and investments to mitigate fragmentation among diverse initiatives.

Coordinated effort and investment allocation in key areas are needed to create a resilient, sustainable and responsive framework to address the evolving needs of HIV care and management. This includes ensuring that the national government possesses the necessary resources to respond effectively to emergencies, safeguarding supply chains, mitigating drug shortages, and establishing effective regulatory systems and meticulous documentation for the seamless continuity of care (see case study 8).

To collectively ensure the uninterrupted delivery of HIV care, healthcare systems must integrate tactics that equip them with heightened resilience and adaptability, particularly during crises or periods of resource constraints. This includes the strategic utilization of remote programmes and innovative delivery methods. Implementing models like pharmacy fast track (PFT) and community ART groups (CAGs) as part of differentiated service delivery (DSD) can notably enhance client retention and improve care outcomes (see case study 9). Improving regulatory harmonization enables clarifying and streamlining regulatory processes to eliminate duplicative requirements that hinder progress and delay the entry of essential products into the market. This approach aims to facilitate more efficient and accelerated access to and availability of products at the national level. Notably, harmonization also strengthens the overall regulatory process, increasing transparency and coherence, which benefits both regulatory authorities and stakeholders within the healthcare system.

Case study 8:

Mobile outreach and services became a key model for HIV testing and access to treatment when hospitals were destroyed during the Russia-Ukraine war. Pact Ukraine developed a chatbot that serves as an online outreach platform for care in conflict-affected regions. The model uses community-initiated treatment intervention, voluntary counselling and testing, and treatment initiation and retention, with a case manager maintaining contact for over a year after treatment initiation to ensure retention during the conflict.

Case study 9:

After war broke out in Zemio, Central African Republic, Médecins Sans Frontières piloted a DSD programme building on CAGs, which showed better retention rates – approximately 97% retention compared to 79% in the pre-intervention cohort.

Recommendations:

- Prevent drug supply constraints by strengthening drug procurement processes, establishing robust forecasting systems for ART, and enhancing stock management mechanisms.

- Allocate resources to improve national regulatory approval authorities, especially in the field of diagnostics.

The Corporate Partnership Programme (CPP) of IAS – the International AIDS Society – actively promotes and facilitates the meaningful engagement of industry with non-industry partners in the global HIV response.

The IAS CPP achieves its goals by initiating conversations among multiple stakeholders, forming partnerships, leveraging collaborative efforts and coordinating unified actions to overcome barriers in the HIV prevention, diagnosis and care continuum. This is accomplished by:

- Purposefully involving industries in the HIV response to ensure that evidence-based research is utilized to address pressing issues in the field

- Enhancing effective collaboration with industry partners to translate research outcomes into practical applications

- Fostering a dialogue between industry and non-industry stakeholders to promote a comprehensive, accelerated and impactful response to the complex challenges posed by HIV

This guidance document results from three virtual roundtable series led by the IAS CPP.

To access the virtual roundtable series recordings, please click below:

Session 1: HIV testing strategies to reach key populations

Session 2: Ensuring linkage to and retention in care

Session 3: Overcoming global challenges: Achieving and sustaining viral suppression

Interested in learning more about the Corporate Partnership Programme? Want to get involved? Visit the website here or contact us at cpp@iasociety.org.

The CPP thanks all the speakers, panellists and attendees who participated and helped shape the document.

Acknowledgements: