Leadership and Resources in the Response to HIV in Europe

Country reported data – Dublin Declaration 2013

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III HIV Portugal Conference
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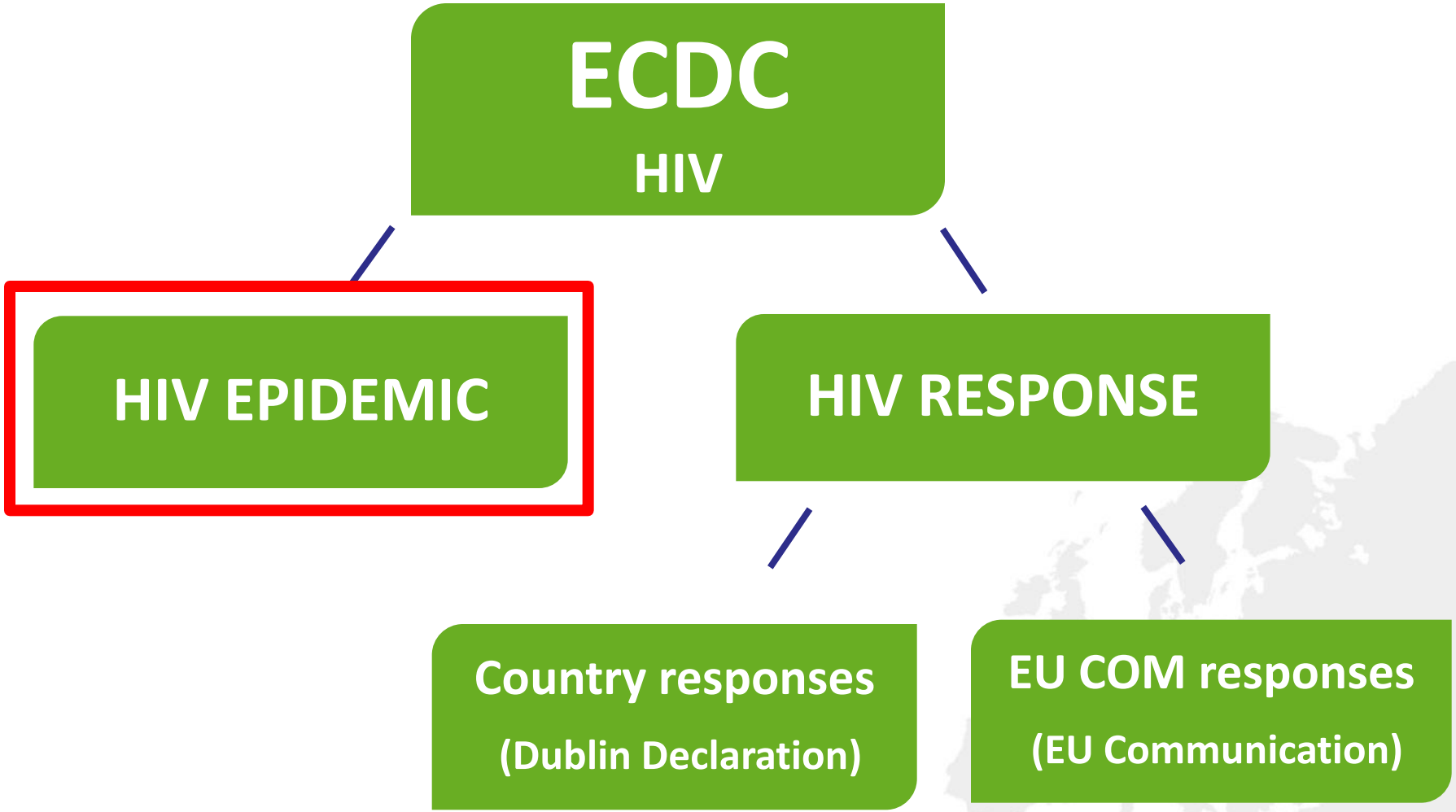
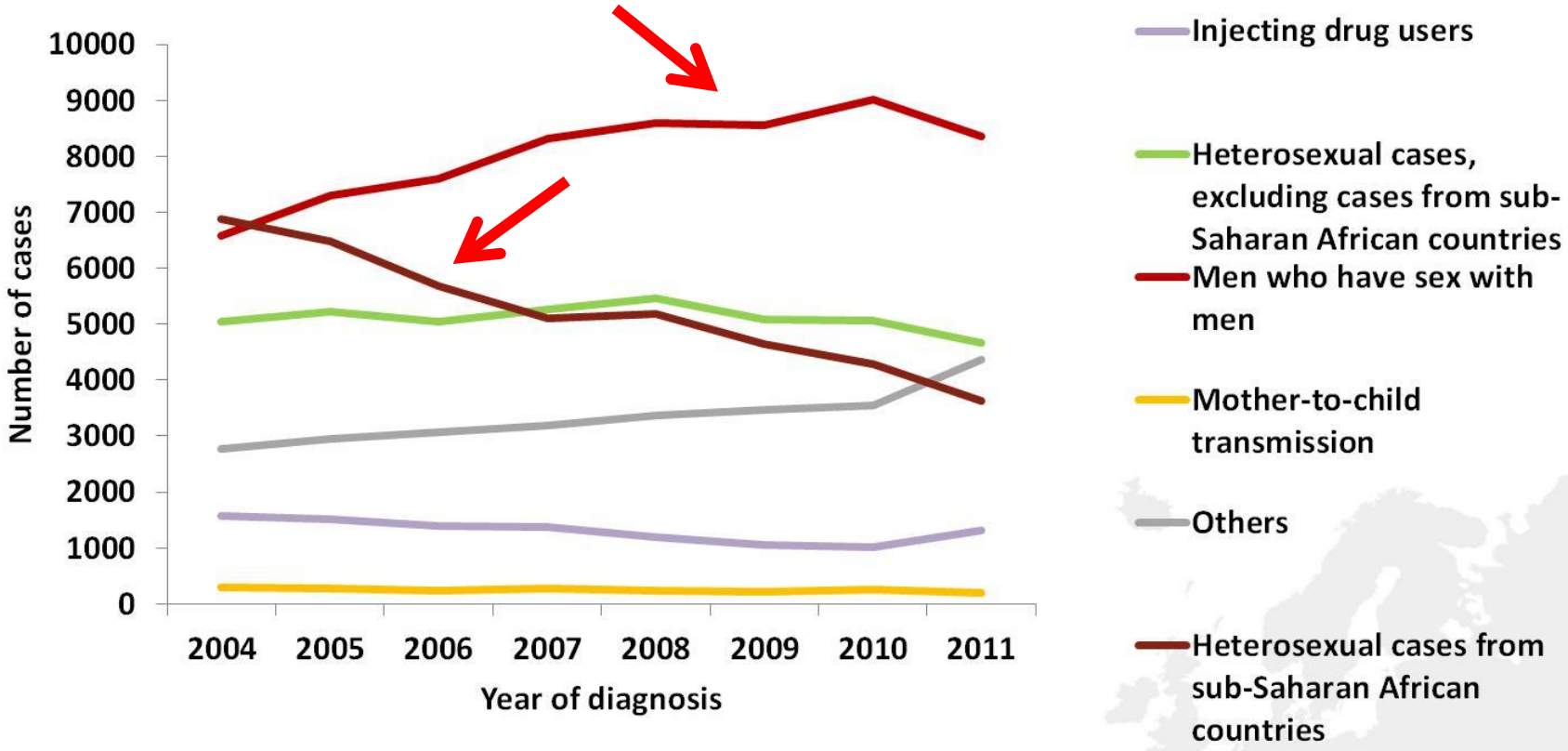
Monitoring HIV in Europe

"Know your epidemic – Know your response"



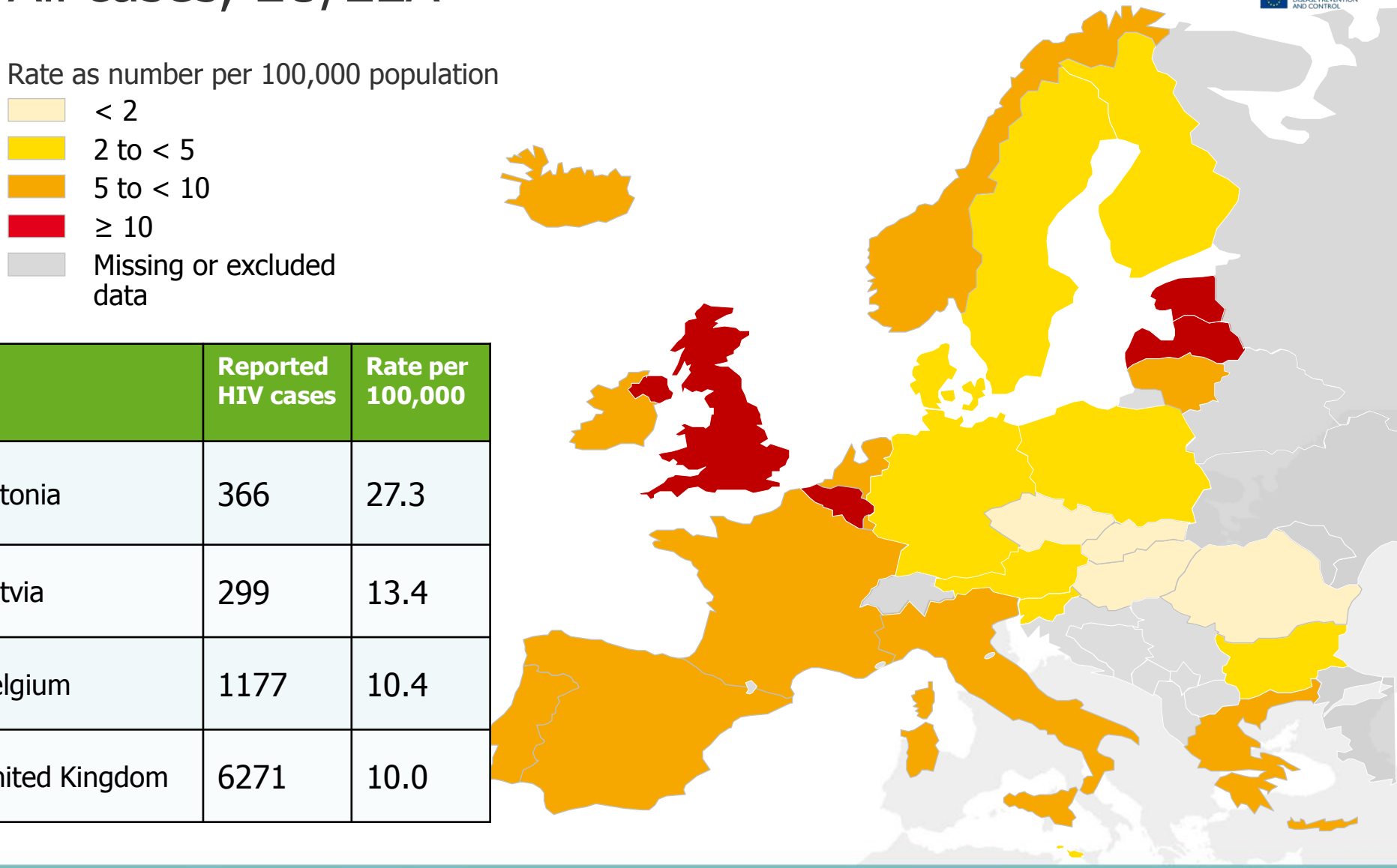
Diagnosed HIV infections by transmission mode, 2004-2011, EU/EEA



Predominant transmission mode: men who have sex with men

Source: ECDC/WHO. HIV/AIDS Surveillance in Europe, 2011

Newly diagnosed HIV infections, 2011
All cases, EU/EEA

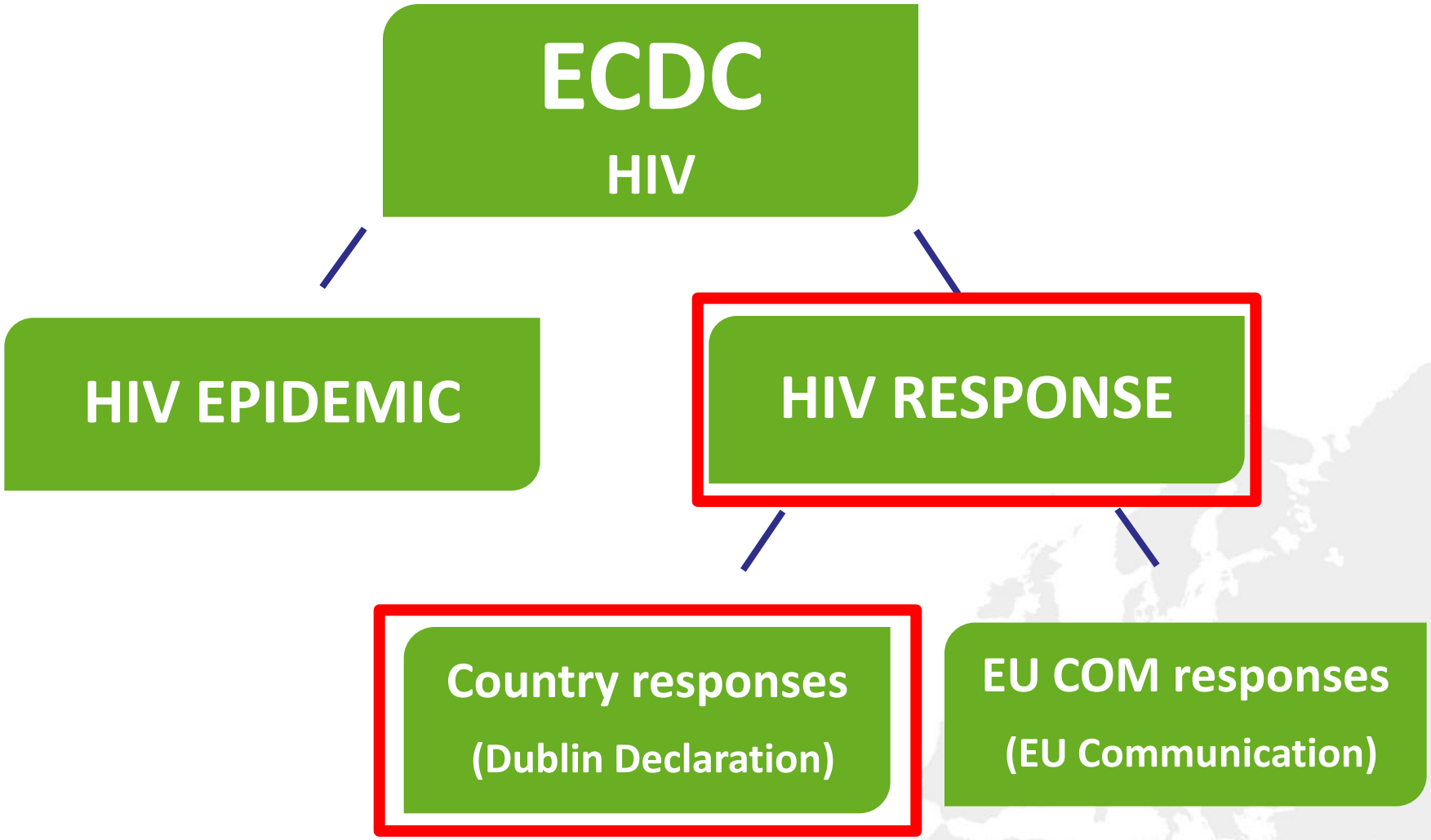


	Reported HIV cases	Rate per 100,000
Estonia	366	27.3
Latvia	299	13.4
Belgium	1177	10.4
United Kingdom	6271	10.0

Source: ECDC/WHO. HIV/AIDS Surveillance in Europe, 2011

Monitoring HIV in Europe

"Know your epidemic – Know your response"



Dublin Declaration countries

Albania	Finland	Liechtenstein	Serbia
Andorra	France	Lithuania	Slovakia
Armenia	Georgia	Luxembourg	Slovenia
Austria	Germany	Malta	Spain
Azerbaijan	Greece	Moldova	Sweden
Belarus	Hungary	Monaco	Switzerland
Belgium	Iceland	Montenegro	Tajikistan
Bosnia & Herzeg.	Ireland	Netherlands	TFYROM
Bulgaria	Israel	Norway	Turkey
Croatia	Italy	Poland	Turkmenistan
Cyprus	Kazakhstan	Portugal	Ukraine
Czech Republic	Kosovo	Romania	United Kingdom
Denmark	Kyrgyzstan	Russian Federation	Uzbekistan
Estonia	Latvia	San Marino	

Overall submission rate: 51/55 = 93%

Dublin reports 2013

Findings:
Leadership and resources

How do we measure leadership?

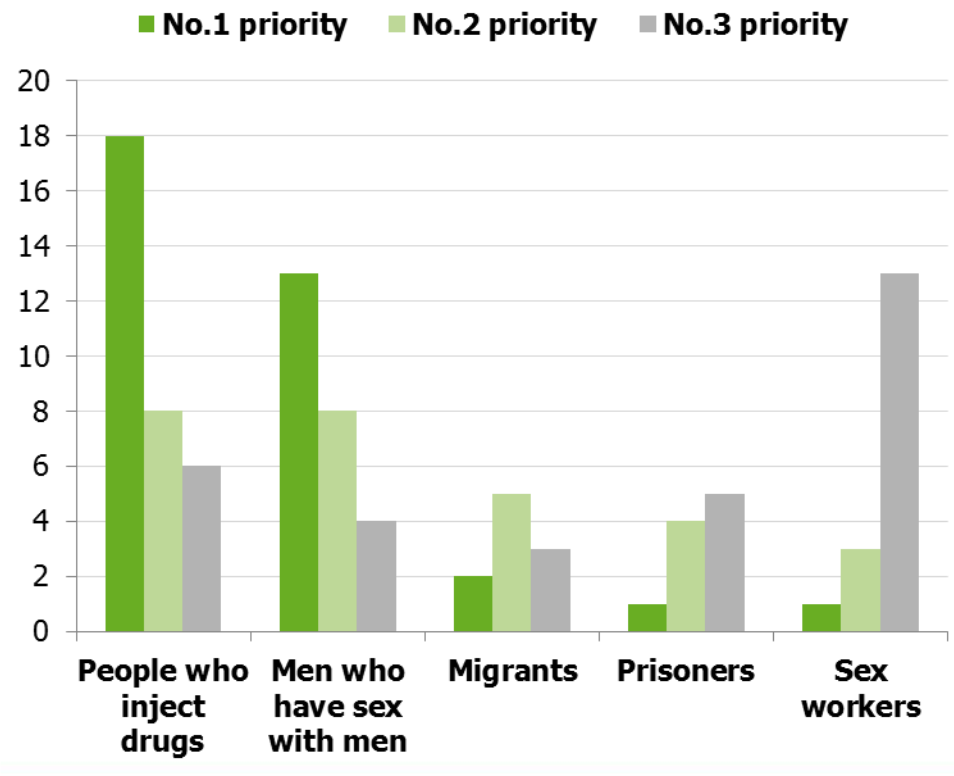
- Political leadership and financial resources are essential components to an effective HIV response

UNAIDS	ECDC
Do senior government officials 'speak publically and favourably about HIV efforts in major domestic forums at least twice a year	The extent to which HIV prevention **funding is prioritized** towards key populations
Does the country have a national multisectoral HIV coordination body	The degree to which relevant and **effective policies** are in place to prevent and respond to HIV
Has the country developed a national multisectoral strategy to respond to HIV	The degree to which essential **programmes are delivered at scale**, even if they lack widespread political support
Does the multisectoral strategy include an operational plan	The extent to which countries are **providing ART** for key populations
Does the multisectoral strategy or operational plan include clear targets or milestones	

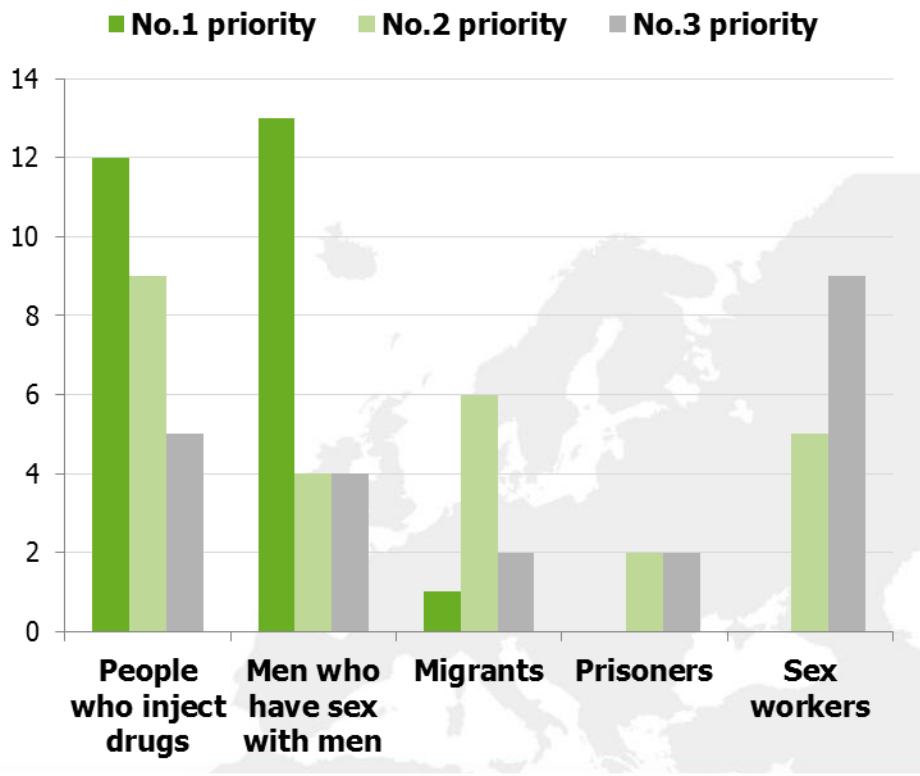
Is prevention funding prioritized to the key populations?

- A majority of government and civil society respondents reported that their country's prevention funding was prioritised to key populations, particularly for PWID and MSM

Prevention funding prioritised by population
(government respondents)



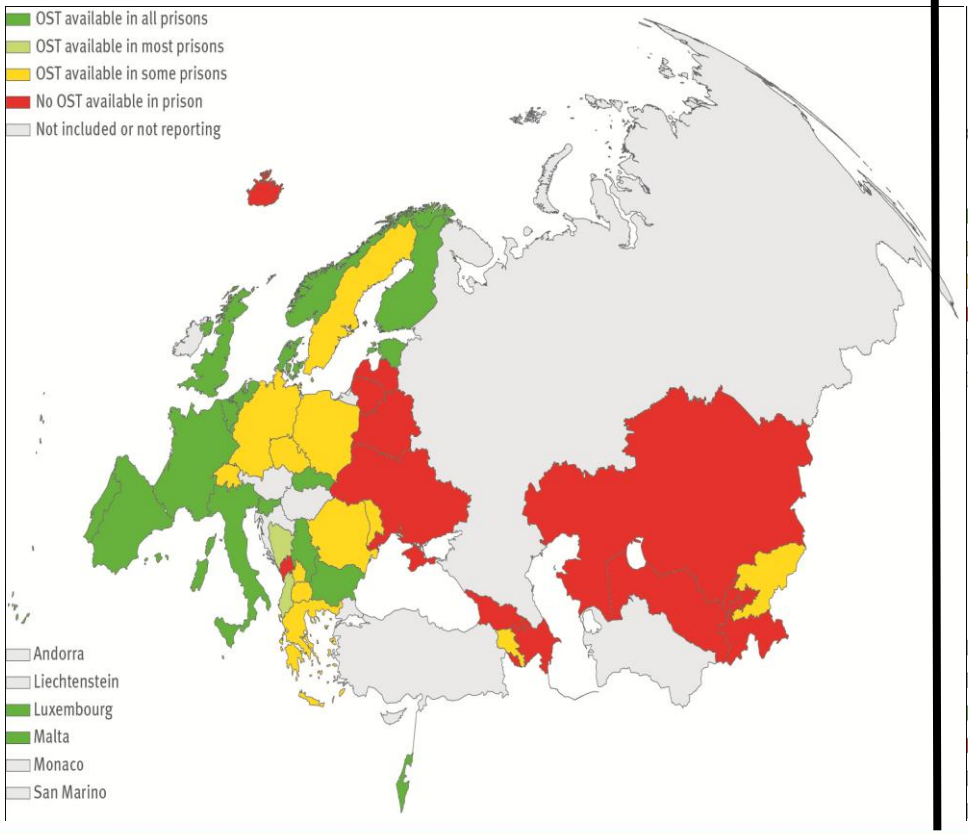
Prevention funding prioritised by population
(civil society respondents)



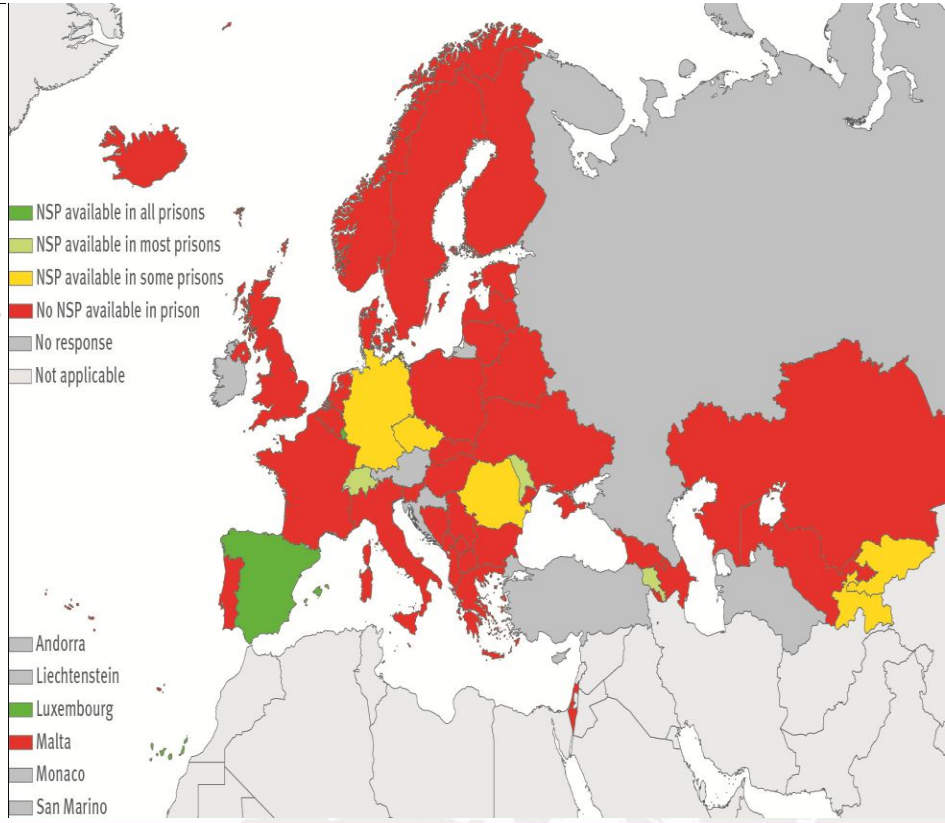
Are effective HIV programmes being delivered at scale?

- Not when it comes to the provision of OST and NSP in prisons

Reported availability of opioid substitution therapy in prisons in Europe and Central Asia



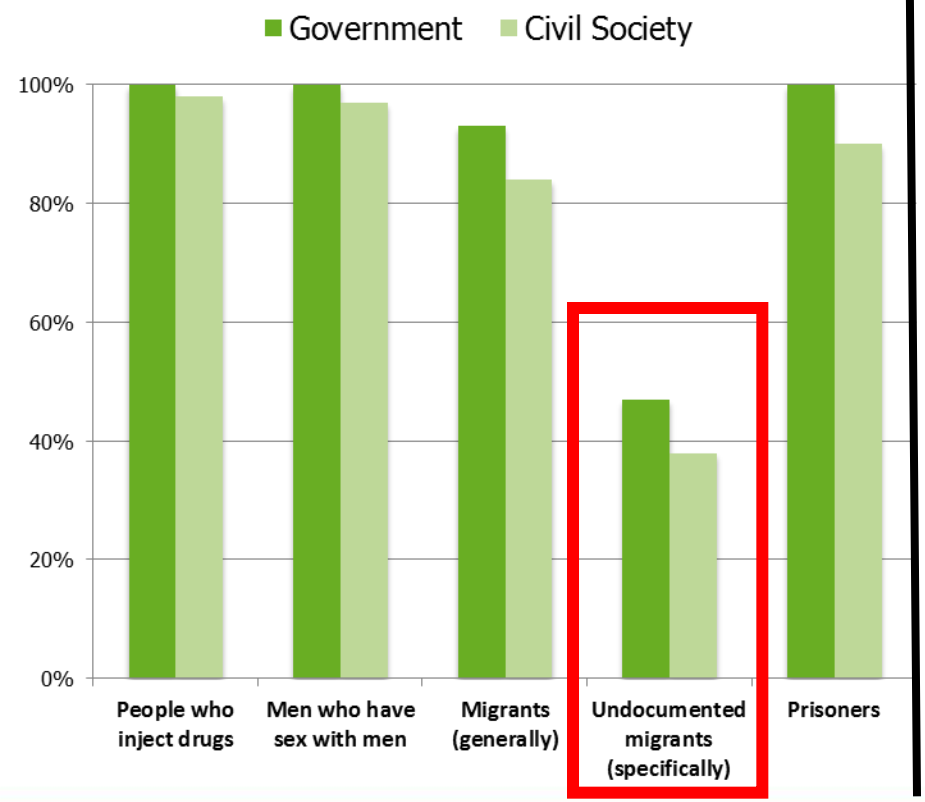
Reported availability of needle and syringe programmes in prisons in Europe and Central Asia



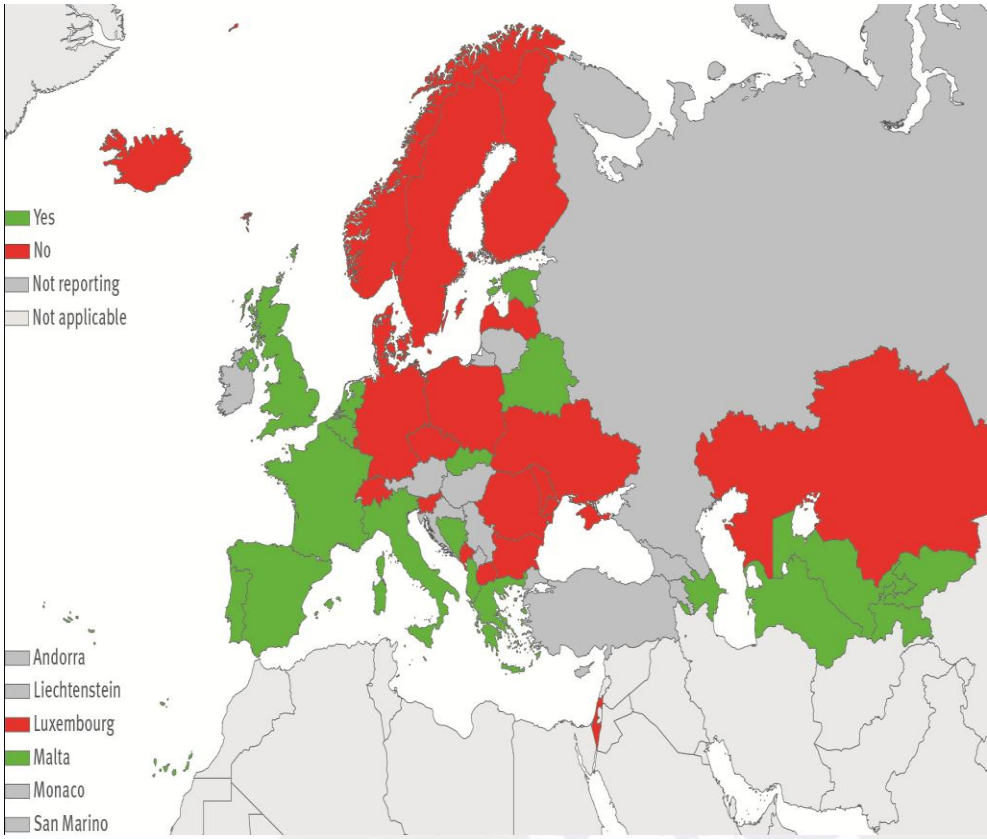
Are effective HIV programmes being delivered at scale?

- Not when it comes to providing ART to undocumented migrants

Availability of ART for key populations



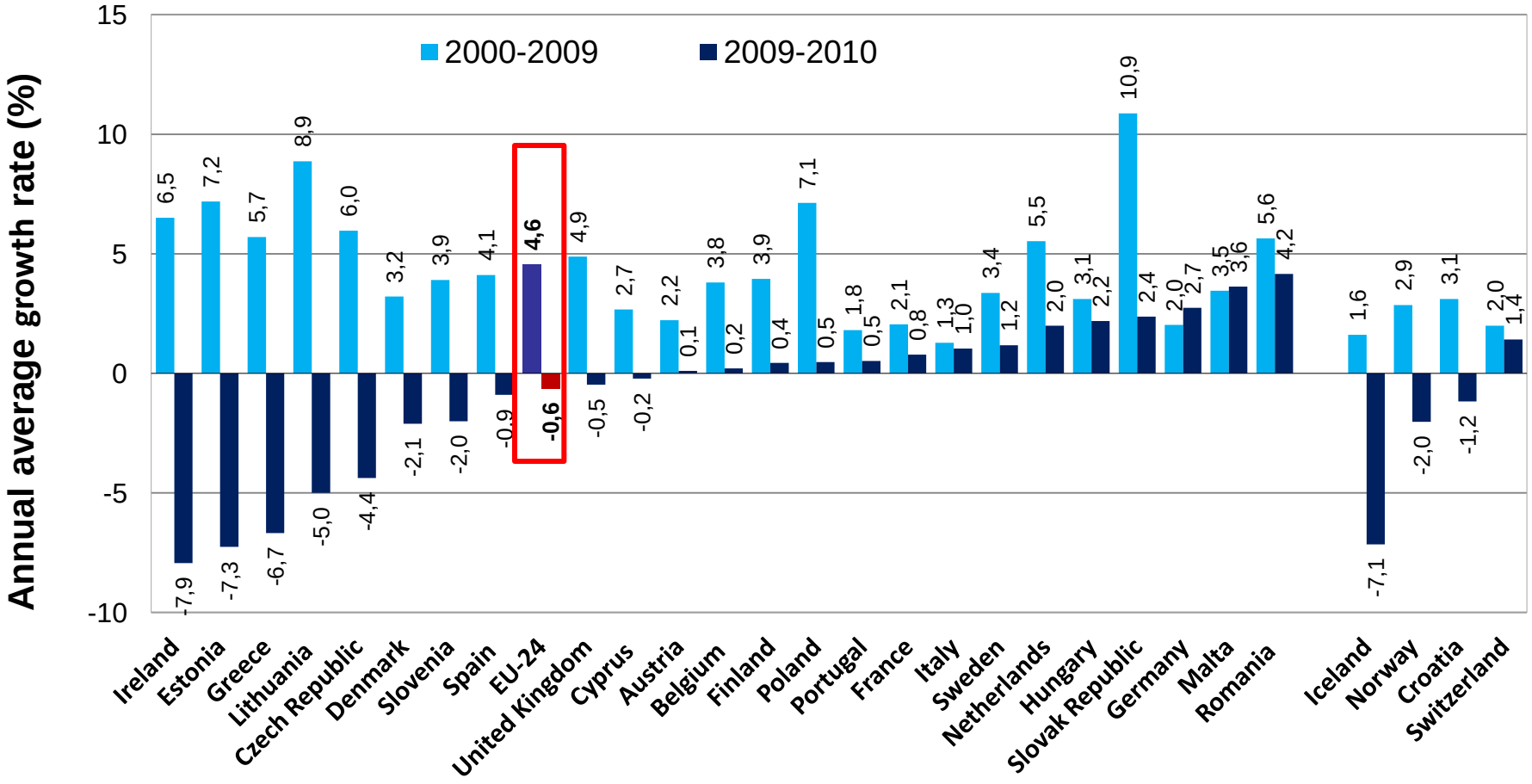
ART availability for undocumented migrants



Financial resources

Context is important

- Annual average growth rate in health expenditure per capita has declined for the first time since 1975



Source: OECD Health Data 2012; Eurostat Statistics Database; WHO Global Health Expenditure Database.

DOMESTIC FUNDING:

HIV-related financial resources

Total spending on HIV (ART & prevention)

- Only 15 countries could provide HIV spending data, difficult to draw conclusions
- In those countries with data, total spending on HIV continues to increase
- Much of this appears to be related to increasing number of people receiving ART
- In 2011, treatment accounted for more than 95% of all HIV spending

Reported spending on national HIV responses in 2011 in 15 countries (all figures in millions of Euros)

	Total	Prevention	Percentage
EU/EFTA countries (8)	1 551	27	1.7%
Non-EU/EFTA countries (7)	91	32	35.8%
All countries (15)	**1 642**	**59**	**3.6%**

Spending on HIV prevention

- Government and civil society agree that **prevention funding is prioritised** for those key populations most affected by the epidemic, particularly for PWID/MSM

- Trend data for HIV prevention **spending is available for 18 countries** across two rounds of Dublin reporting

- In most of these (12; 66%), **spending on HIV prevention has increased**

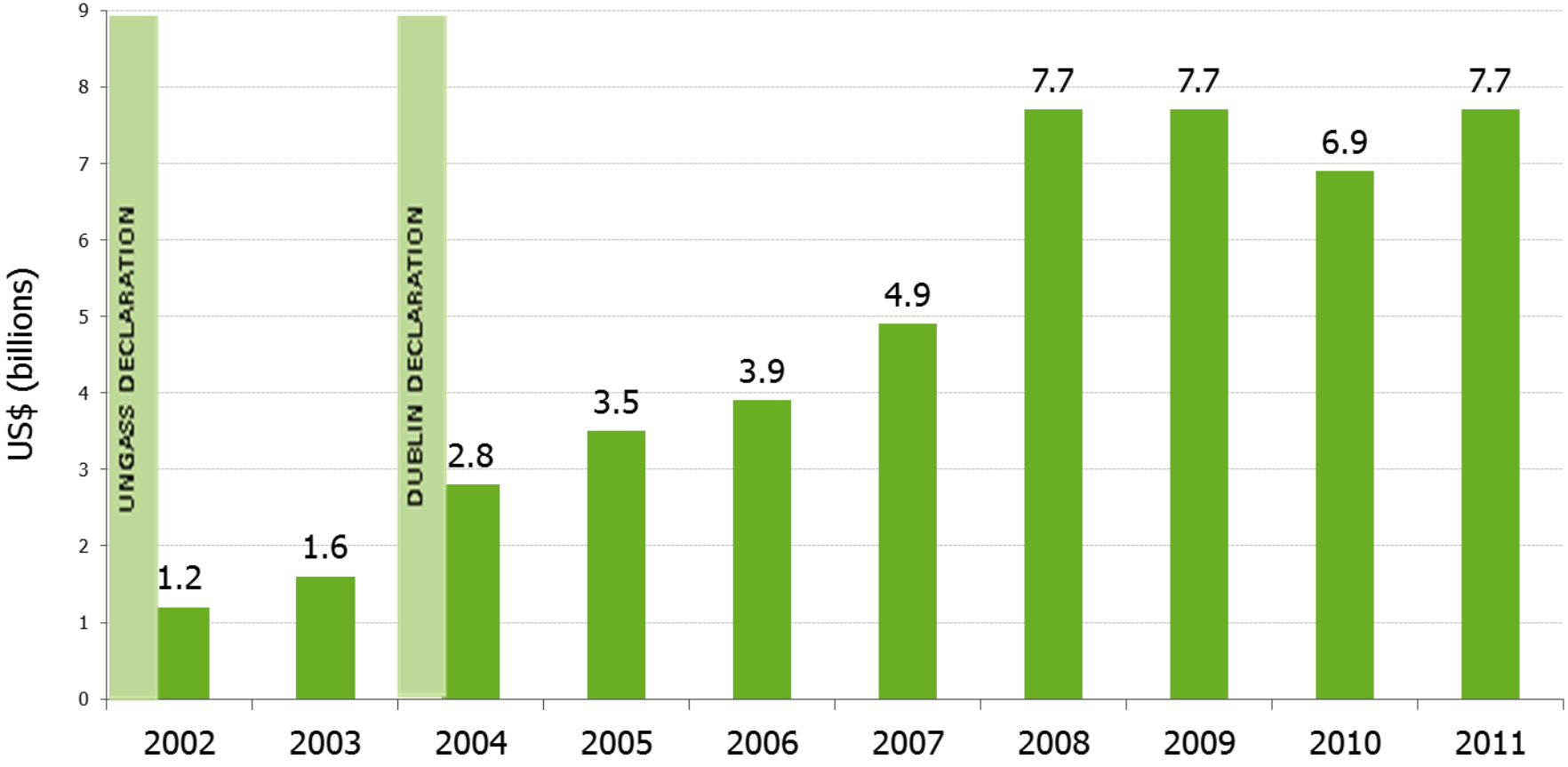
- In **four countries** (Estonia, Kyrgyzstan, Poland and Romania) HIV prevention **spending has declined**
  - In Kyrgyzstan, Poland and Romania spending declined considerably
  - For example, in Poland, reported spending on HIV prevention fell from more than €3m in 2007 to just over €1m in 2011

INTERNATIONAL FUNDING:

HIV-related contributions from European countries

Global international AIDS assistance

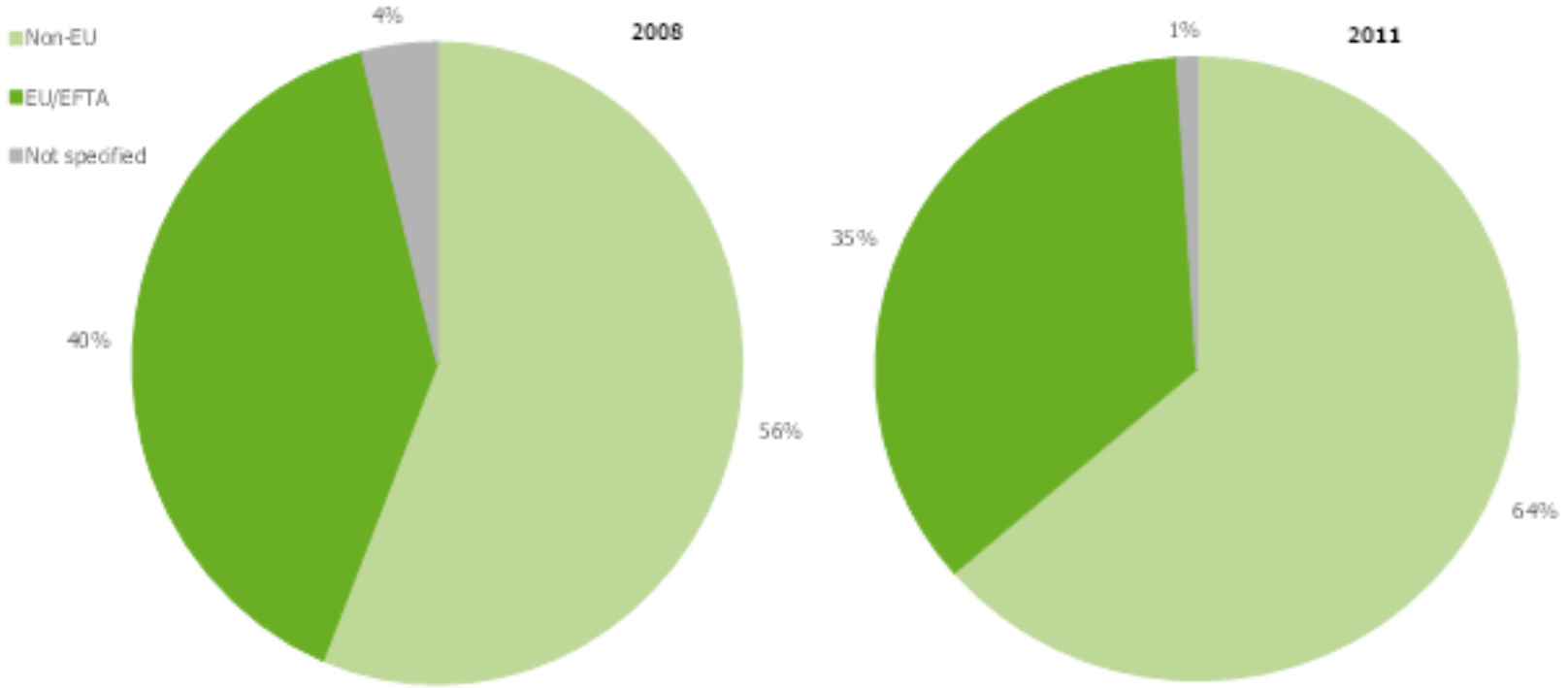
- Although international AIDS assistance rose dramatically from 2002 to 2008, it has plateaued in the following years since the onset of the global financial crisis



Source: Kaiser Family Foundation and UNAIDS Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011, July 2012

The proportion of AIDS assistance provided from Europe reduced from 2008 to 2011

- In 2008, 40% of all AIDS assistance originated from EU/EFTA countries and the European Commission. By 2011, this proportion had fallen to 35% (-5%=US$350m)



Source: Kaiser Family Foundation and UNAIDS Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011, July 2012

Has the economic crisis adversely affected spending on the HIV response?

Domestic spending – NO (at least not up until 2011)

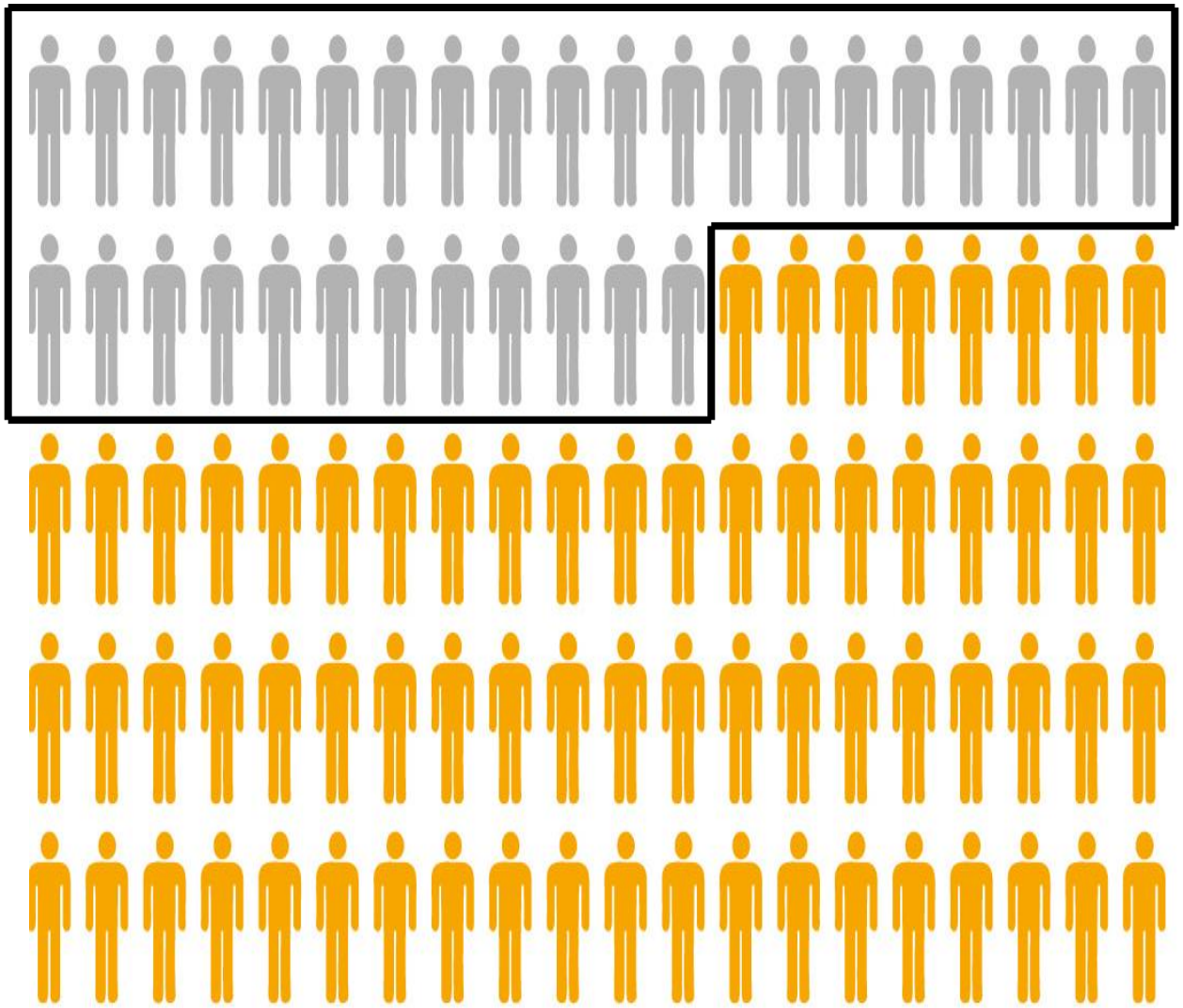
- Despite the economic crisis, many countries have continued to increase funding for their HIV responses
- Much of this appears to be related to increasing number of people receiving ART
- The cost of providing treatment accounts for more than 95% of all HIV spending (will earlier treatment guidelines affect prevention funding even more?)

International spending – YES

- The overall level of funding has plateaued since 2008
- The percentage of AIDS assistance from Europe fell between 2008 and 2011
- However, some countries, such as Sweden and the United Kingdom maintained or increased their contributions, as did the European Commission
- Levels of European funding to the Global Fund and UNAIDS has declined

Late diagnosis

CD4 count at time of diagnosis, 2011



32%

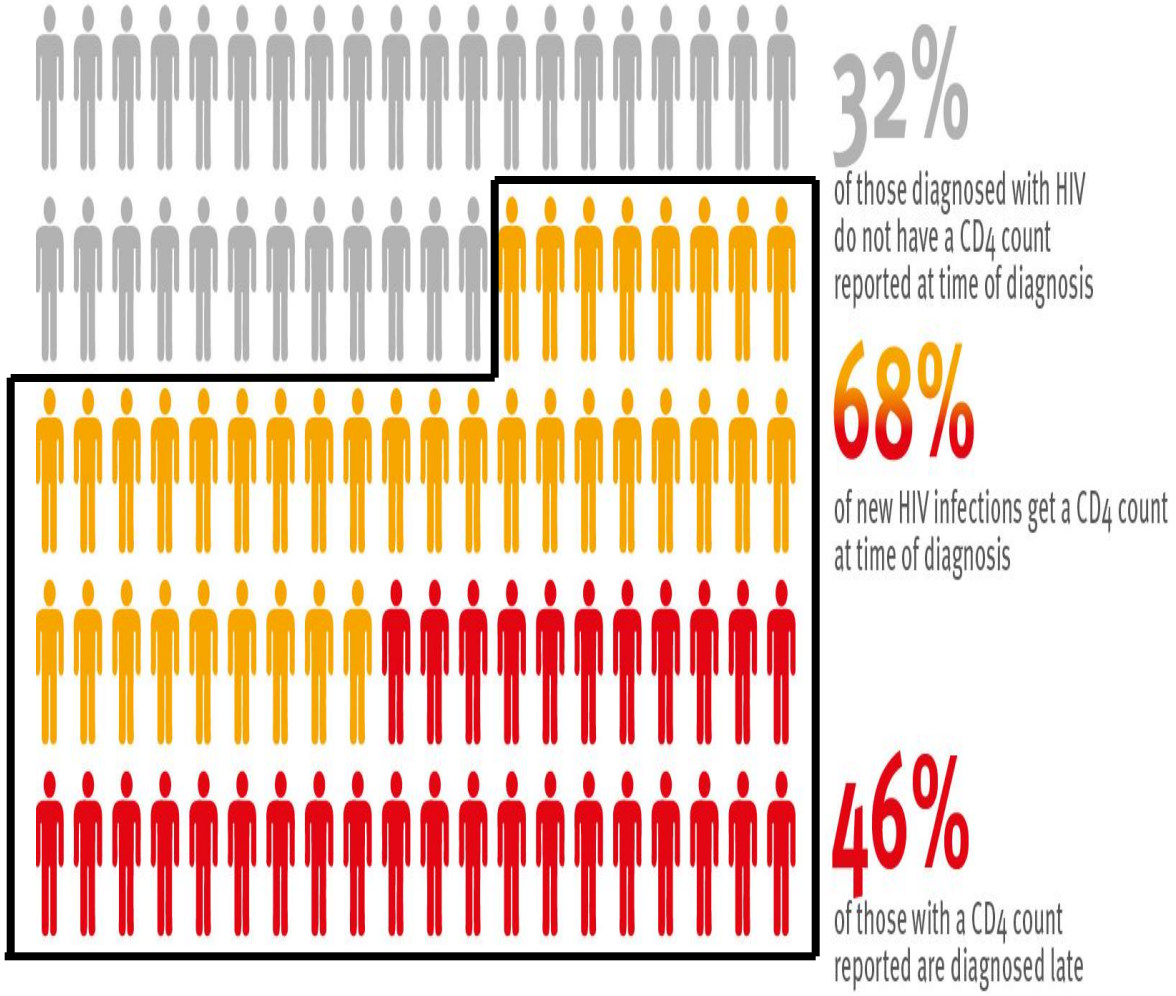
of those diagnosed with HIV do not have a CD_4 count reported at time of diagnosis

68%

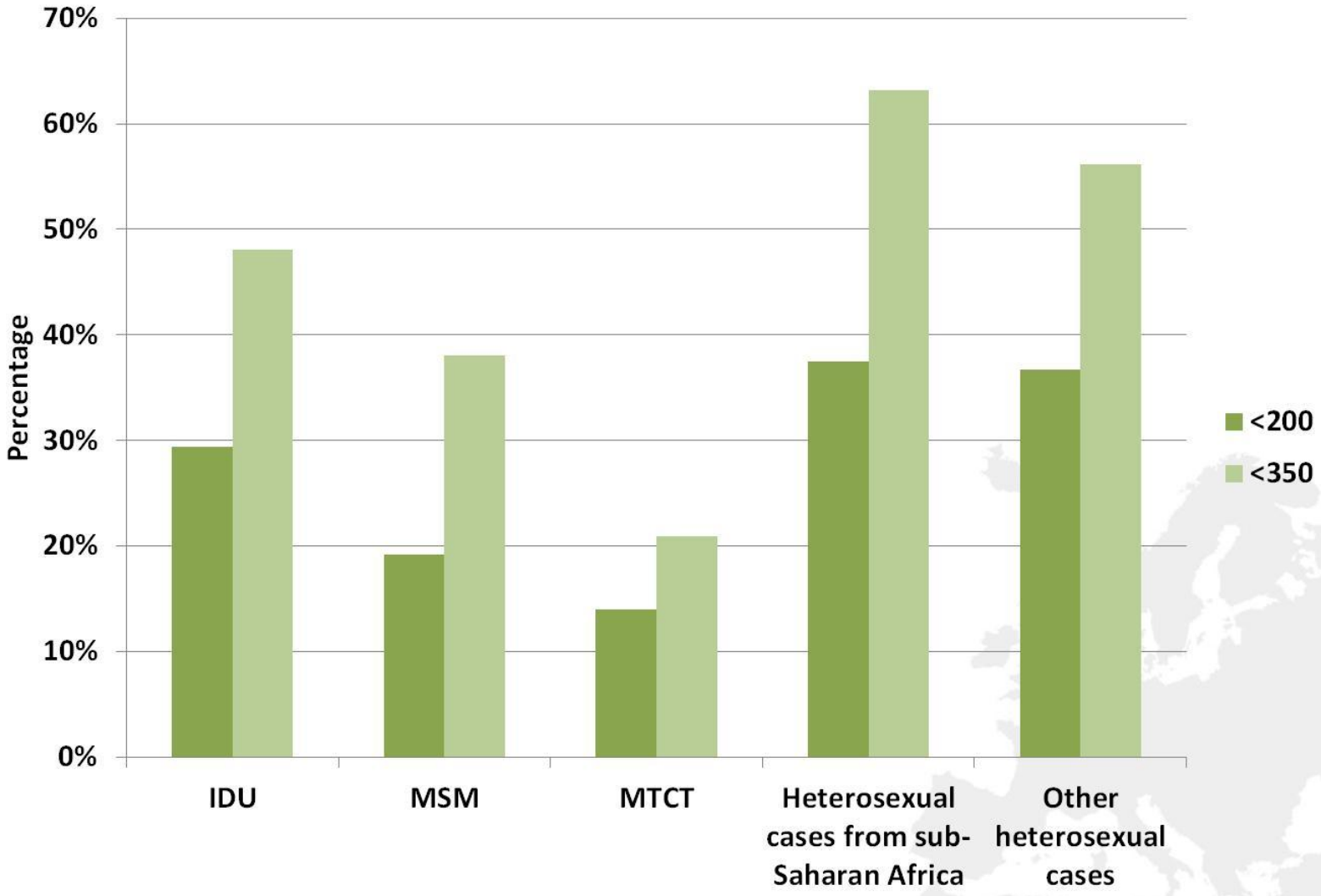
of new HIV infections get a CD_4 count at time of diagnosis

Late diagnosis is a critical issue in Europe and Central Asia

- Almost half (46%) of people in the region are diagnosed late
- As a result, there are a large number of people that need ART but are not receiving it
- Why is early diagnosis and treatment important?
  - Those who are diagnosed with HIV early are more likely to respond well to treatment
  - Early diagnosis and treatment reduces the likelihood of onward transmission
  - Late diagnosis leads to increased morbidity and mortality



Late HIV diagnosis by transmission mode, 2011



Source: ECDC/WHO. HIV/AIDS Surveillance in Europe, 2011

Conclusions

Challenges in relation to political leadership

Countries need to:

- **Better monitor** how they are responding to HIV among the key populations (data is not good enough to inform the development of effective programmes and policies)

- Ensure that provision and coverage of HIV-related services for key populations (MSM, migrants and PWID) is a **programmatic** and **financial priority**

- Ensure value for money by **focusing responses on key populations** (mainly on MSM, but also on migrants and PWID) and by reducing costs of treatment

Challenges in relation to political leadership

Countries need to:

- Develop a clear **strategy to ensure the sustainability of future financing** for national responses to HIV, especially for those countries not eligible for support through the Global Fund

- **Tackle difficult but essential policy issues**, such as the provision of harm reduction programmes in prison settings for PWID and access to ART for undocumented migrants

- Tackle the critical issue of **late HIV diagnosis**

- **Keep HIV on the political agenda**

Thank you

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