

Global AIDS Monitoring – 2018

Zero new HIV infections.
Zero discrimination.
Zero AIDS-related deaths.



Global AIDS Monitoring 2018 Process



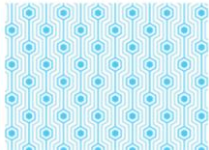
Guidelines out -
December

AIDS reporting tool -
March

GAM submission
deadline - 31 March

Analysis of global
results - 31 May

Global AIDS
Monitoring 2018



Reporting tool
and indicator
updates -
February



Final Spectrum
files - 22 March

Data Validation and
Revisions with countries
April

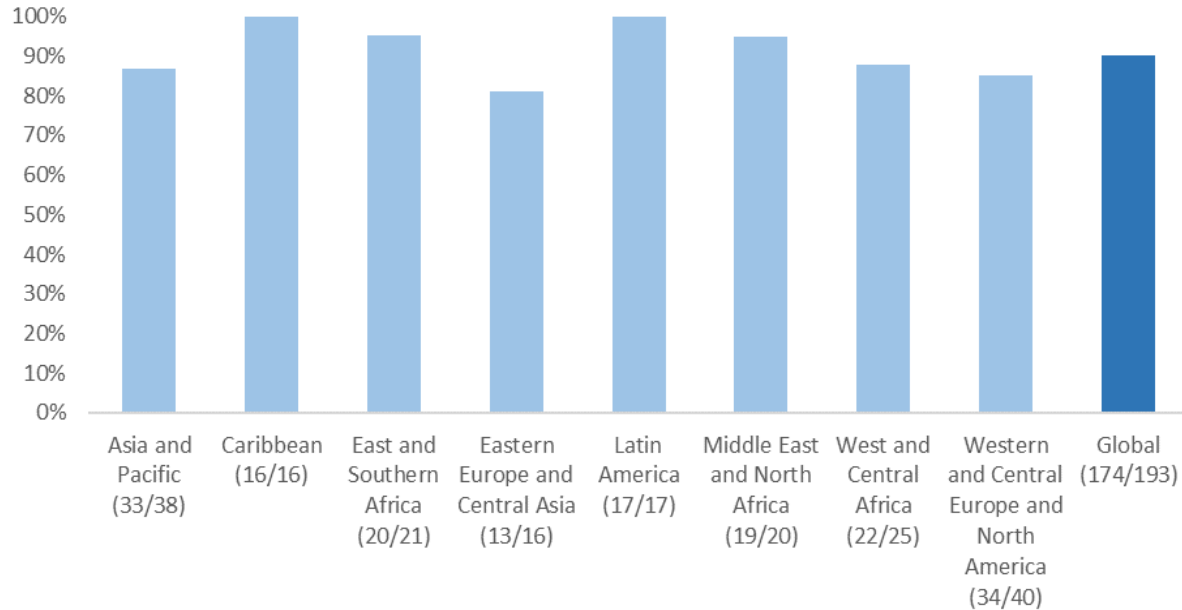
- Global AIDS Report
- World AIDS Day Report
- Data in AIDSInfo



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Global AIDS Monitoring 2017 – response rates by region



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How are indicators different this year (1)

Two indicators have been introduced to report on the progress towards eliminating mother-to-child transmission of HIV and eliminating stigma and discrimination in health-care settings by 2020:

- 2.6 HIV testing among pregnant women
- 4.4 Experience of HIV-related discrimination in health-care settings

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How are indicators different this year (2)

Following indicators have been modified for this year's reporting:

- 2.3 Preventing the mother-to-child transmission of HIV.
Common examples of ARV regimens for Options B+ and B were updated.
- 3.4 HIV testing among key populations (A-D).
These indicators were renamed to avoid confusion with Indicator 1.1 (People living with HIV who know their HIV status), which measures progress towards the first 90.
- 3.14 Viral hepatitis among key populations.
Viral hepatitis among prisoners was removed because this will be captured as a subitem of Indicator 3.13 (HIV prevention programmes in prisons).
- 3.15 People who received PrEP.
*Instead of collecting data of people who received pre-exposure prophylaxis (PrEP) for the first time, data will be collected for people receiving PrEP at least once during the reporting period.
A disaggregation will be added for people receiving PrEP for the first time during the reporting period.*

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How are indicators different this year (3)

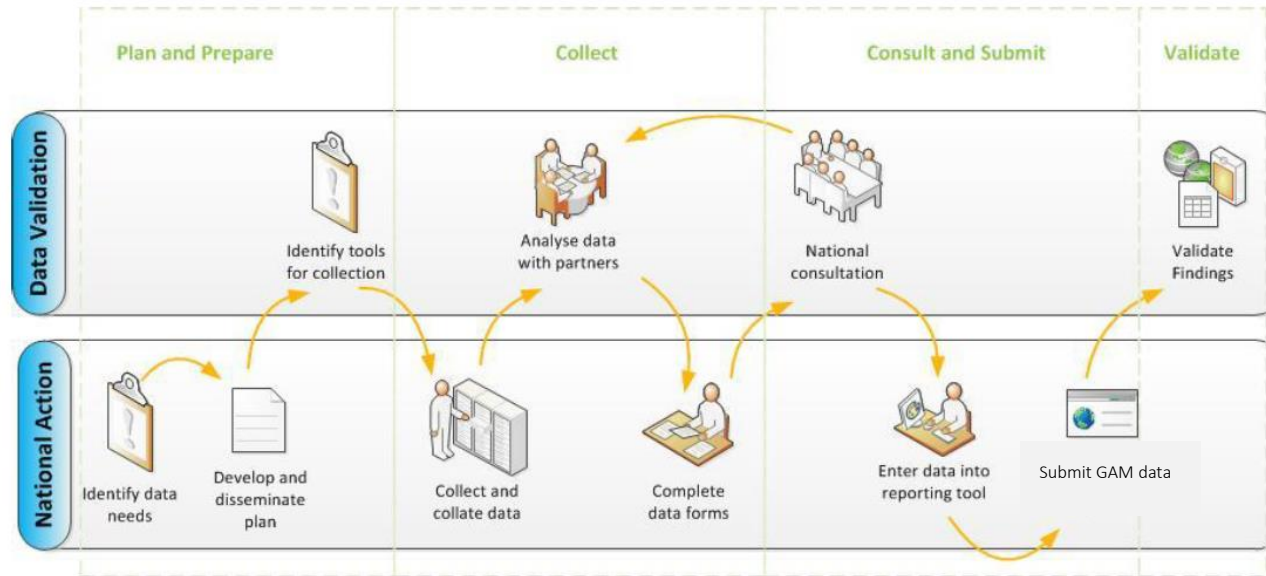
Following indicators have been modified for this year's reporting (continued)

- 4.2 Avoidance of health-care because of stigma and discrimination among key populations (A-D).
The definition of this Indicator was broadened from avoidance of HIV services to avoidance of any health-care services.
- 8.1 Total HIV expenditure.
A new matrix has been included to capture the volumes and unit prices of antiretroviral commodities.
- 10.3 People living with HIV who started TB preventive therapy.
Countries that cannot report on the number of people living with HIV newly enrolled in HIV care who started Tuberculosis (TB) preventive therapy, can provide the number of people living with HIV currently enrolled in HIV care who started TB preventive therapy.
- 10.10 Cervical cancer screening among women living with HIV.
*Countries will be given the opportunity to report on HIV testing among women screened for cervical cancer if data on cervical cancer screening among women living with HIV are not available.
Countries can also provide the number of positive HIV test results among screened for cervical cancer.*

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Recommended Country Level Process



National AIDS or health authorities submit their data by 29th of March 2018 to UNAIDS through the online reporting tool.

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This is in accordance with the UNAIDS mandate on reporting back to the UN General Assembly on progress made against the targets of the declaration of commitment signed by member states in June 2016.

Data are accessible through UNAIDS website

UNAIDS:

www.unaids.org

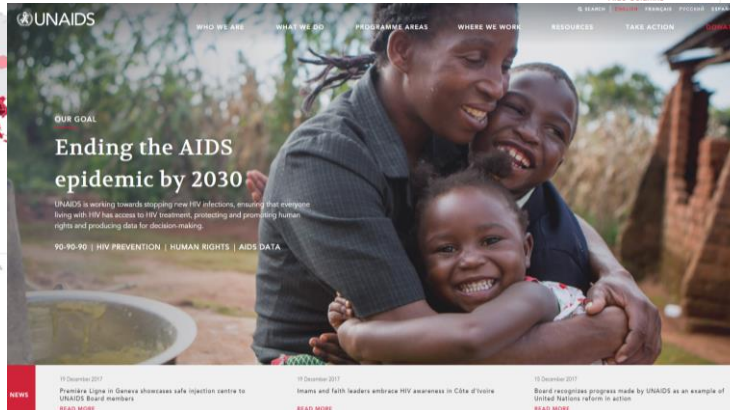
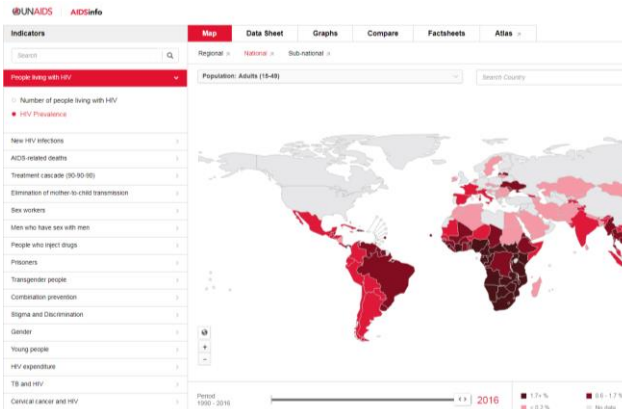
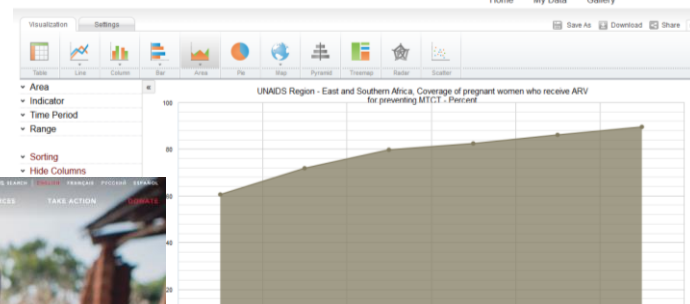
AIDSinfo:

<http://AIDSinfo.unaids.org>

Full database:

www.aidsinfoonline.org

AIDSinfo Online Database



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Fast-track commitments (1) - HLM, June 2016

ON THE FAST-TRACK

- To reduce new HIV infections to fewer than 500 000 by 2020
- To reduce AIDS-related death to fewer than 500 000 by 2020
- To eliminate HIV-related stigma and discrimination by 2020

90-90-90



1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020.



2

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018.



3

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.



4

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.



5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

Fast-track commitments (2) - HLM, June 2016



6

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.



7

Ensure that at least 30% of all service delivery is community-led by 2020.



8

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.



9

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.



10

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.

ON THE FAST-TRACK

- To reduce new HIV infections to fewer than 500 000 by 2020
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Fast-track commitments (1) - HLM, June 2016

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90-90-90



1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020.

COMMITMENT 1: ART and 90-90-90

- People living with HIV who know their HIV status
- Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV
- Percentage of adults and children with HIV known to be on treatment 12 months after starting antiretroviral therapy
- Percentage of adults and children living with HIV who were virally suppressed in the reporting period
- Percentage of HIV-positive people with first CD4 cell count <200 cells/μL and <350 cells/μl in during the reporting period
- Percentage of treatment sites that had a stock-out of one or more required medicines during a defined period
- Number of people who have died from AIDS-related causes

Fast-track commitments (1) - HLM, June 2016

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- To eliminate HIV-related stigma and discrimination by 2020

90-90-90



1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020.



2

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018.

COMMITMENT 2: Eliminate new child infections by 2020; 1.6 million on ART by 2018

- Percentage of infants born to HIV-positive women receiving a virological test for HIV within two months of birth (EID)
- Percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months
- Percentage of HIV-positive pregnant women receiving ARV to reduce transmission risk
- Percentage of women accessing antenatal care services tested, tested positive and treated for syphilis
- Percentage of reported congenital syphilis cases (live births and stillbirths)
- Percentage of pregnant women with known HIV status

Fast-track commitments (1) - HLM, June 2016

COMMITMENT 3: Combination prevention and key populations (1)

- Number of adults and children newly infected with HIV
- Size estimates, HIV prevalence, knowledge of status and ART coverage for sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners
- Condom use among key populations
- Coverage of HIV prevention programmes among key populations
- Safe injection practices, needles and syringes distributed and opioid substitution therapy among people who inject drugs
- Active syphilis among sex workers and men who have sex with men
- HIV prevention programmes in prisons
- Viral hepatitis among key populations



3

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.



4

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.



5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

Fast-track commitments (1) - HLM, June 2016

COMMITMENT 3: Combination prevention and key populations (2)

- Number of people receiving oral PrEP at least once during the calendar year
- Number of male circumcisions performed according to national standards during the past 12 months
- Percentage of men aged 15–49 that are circumcised
- Percent of men and women age 15–49 who had sexual intercourse in the past 12 months with a non-marital, non-cohabiting partner and who used a condom during last sexual intercourse with such a partner
- Number of condoms distributed (Interim NCPI)



3

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.



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COMMITMENT 4: Gender, violence and discrimination among women and girls, PLHIV and key populations

- Percentage of women and men 15–49 years old who report discriminatory attitudes towards people living with HIV
- Avoidance of HIV services because of stigma and discrimination among key populations
- Proportion of ever-married or partnered women 15–49 years old who experienced physical or sexual violence from a male intimate partner in the past 12 months
- Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings



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COMMITMENT 5: Young people

- Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
- Percentage of women of reproductive age (15–49 years old) who have their demand for family planning satisfied with modern methods



5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

Fast-track commitments (2) - HLM, June 2016



6

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.



7

Ensure that at least 30% of all service delivery is community-led by 2020.

COMMITMENT 6: Social protection and

- Indicators to be included in Global AIDS Monitoring 2019
- Policy questions through the Interim National Commitments and Policy Instrument (Interim NCPI)

COMMITMENT 7: Community-led service delivery

- Indicators to be included in Global AIDS Monitoring 2019
- Policy questions through the Interim National Commitments and Policy Instrument (Interim NCPI)

ON THE FAST-TRACK

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Fast-track commitments (2) - HLM, June 2016



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Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.

COMMITMENT 8: AIDS spending

- Expenditure on HIV testing and counselling
- Expenditure on antiretroviral therapy
- Expenditure on HIV-specific laboratory monitoring
- Expenditure on TB and HIV
- Expenditure on the five pillars of combination prevention
- Expenditure on preventing the mother-to-child transmission of HIV
- Expenditure on social enablers
- Expenditure on cash transfers for young women and girls

Fast-track commitments (2) - HLM, June 2016

COMMITMENT 9: Human rights and justice

COMMITMENT 10: Integration

- Co-managing TB and HIV treatment
- Proportion of people living with HIV newly enrolled in HIV care with active TB disease/ who started on TB preventive therapy
- Number of men reporting urethral discharge in the past 12 months
- Rate of laboratory-diagnosed gonorrhoea among men in countries with laboratory capacity for diagnosis
- Proportion of people starting antiretroviral therapy who were tested for hepatitis B and C
- Proportion of people coinfecting with HIV and HBV receiving combined treatment
- Proportion of people coinfecting with HIV and HCV starting HCV treatment
- Cervical cancer screening among women living with HIV



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Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.



10

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.

Summary of GAM set

- Total of 72 indicators (as opposed to 70 in the past year)
- Interim NCPI: subset of the NCPI with questions on policies that change more frequently
- New area: Experience of HIV-related stigma and discrimination among people living with HIV
- Alignment with SDGs and WHO Consolidated SI guidelines

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