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A Future without AIDS – Approaching a Vision

Ending AIDS

An investment framework for the global HIV response

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Substantial changes to the way global HIV investments are made, with an accompanied boost to investment by 2015, could dramatically change the future trajectory of the AIDS pandemic.



That's according to Dr. Bernhard Schwartländer and other members of the Investment Framework Study Group convened by the Joint United Nations Program on HIV/AIDS (UNAIDS), who developed a new model to the Global AIDS response that was published in *The Lancet* in June 2011.

By 2010, extraordinary amounts of political commitment, social mobilisation, and HIV/AIDS funding had resulted in an unprecedented scale-up of HIV/AIDS prevention, treatment, care, and support, a decline in incidence of new HIV infections in several countries, more than 6.5 million people receiving antiretroviral therapy, and millions of orphans able to receive basic education, health, and social protection. Such large-scale investments helped progress towards more tolerant and enabling social environments. However, despite these impressive gains, universal access to prevention, treatment, care, and support for HIV/AIDS is not available worldwide, and is unlikely to be achieved with the present pace of change and with the present approaches to investment.

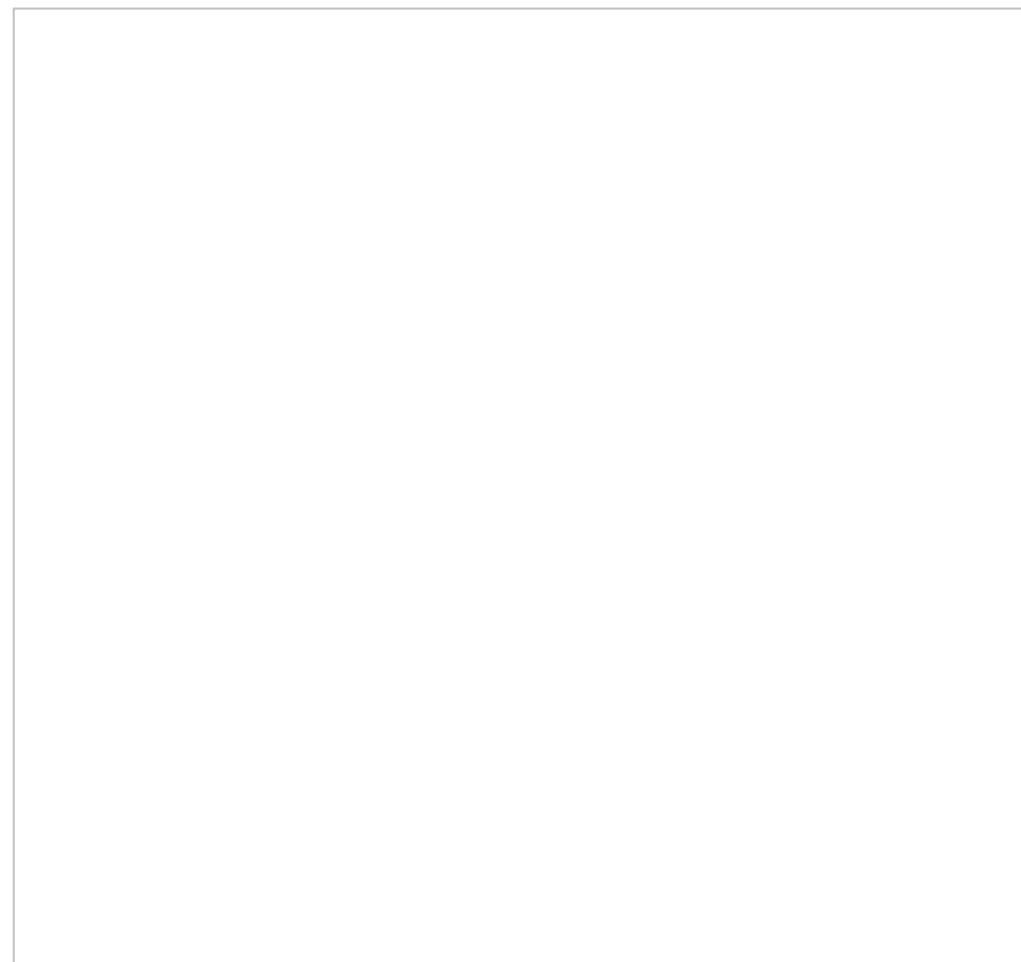
The new framework proposes a paradigm shift in the way AIDS funding is approached, with a greater emphasis on priority setting and optimization of AIDS responses, a shift to community mobilization to deliver programmes and greater synergies between programme elements. Implementing the model would require 30% more funding than currently available when expenditure would be projected to peak, in 2015.

The implementation of the new investment framework would avert 12.2 million new HIV infections and 7.4 million deaths from AIDS between 2011 and 2020 compared with continuation of present approaches, and result in 29.4 million life-years gained. The framework

is cost effective at 1'060 US-\$ per life-year gained, and the additional investment proposed would be largely offset from savings in treatment costs alone.

Key components of the investment framework

The approach is based on human rights, and is universal, equitable, and assures inclusion, participation, informed consent and accountability. The investment framework approach identifies 6 targeted HIV programming priorities, critical enablers and advocates for synergies with development sectors.



Basic programme activities: Based on existing evidence, the framework identifies the following basic programme activities that should be delivered as a package, at scale, according to the size of the relevant population:

- PMTCT: Elimination of new HIV infections in children
- Condom promotion and distribution
- Programmes focusing on key populations at higher risk (particularly sex workers, men who have sex with men, and drug users)
- Treatment, care and support for people living with HIV (including facility based testing)

- Behaviour change programmes
- Voluntary medical male circumcision (Africa)

Critical enablers: Critical enablers are interventions that create an enabling environment for achieving maximum impact. These are defined in two categories:

1. Social enablers that create environments where responses can flourish, such as community mobilisation, stigma reduction, political commitment and enabling laws, policies and practices.
2. Programme enablers that support more effective programmes, such as community centred design and delivery, communication, management, procurement and research and innovation.

Synergies with other development sectors: The final component of the framework calls for links between HIV programmes, critical enablers and other development sectors including social protection, education, legal reform, gender equality, poverty reduction, gender-based violence, health systems, community systems, and employer practices.

The International HIV/AIDS Alliance confirms that the proposed targeted key intervention and implementation of HIV programs is based evidence what works:

- Funding must be targeted to interventions that focus on communities most at risk and affected by HIV and AIDS.
- People must have access to ARV treatment (responding to the increasing new evidence of the significant health improvements and HIV/TB prevention potential of ART).
- Values and supports community mobilization and service delivery by communities themselves as critical enablers.
- Human rights-based programming (such as advocacy, stigma reduction and efforts towards supportive laws) is 'critical' to the model, rather than optional or additional.
- Gender

Aidsfocus.ch appreciates that the Investment Framework focuses on the most effective program activities for prevention and treatment which need to be accompanied by 'critical enablers' that make these programs work. It also appreciates that the framework takes as its starting point a human rights approach to the HIV response, to ensure that it is universal, equitable, inclusive, and fosters participation. These are relevant concepts for the partner organisations of aidsfocus.ch and their work, and it is about the first time that a technical model of the AIDS response gives these 'soft factors' high recognition, even recognises them as 'critical' in the global AIDS response. This is one of the main reasons why aidsfocus.ch took this model as framework for the discussions at the aidsfocus.ch conference.

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