



ViiV Healthcare's Position on Funding and Investment in HIV

ViiV Healthcare is a company 100% committed to HIV, and we are always looking to move beyond the status quo and find new ways of navigating the challenges of the HIV epidemic. While tremendous progress has been made over the past 30 years, the HIV landscape is constantly changing. We are using our heritage and expertise to refine our approach and map an HIV free future, leaving no patient behind. We are a patient-centric company with patients at the forefront of all our decisions.

We will work in partnership with all stakeholders and policy-makers in order to

1. Focus on key affected populations
2. Focus on most impacted geographies
3. Support priority interventions with meaningful partnerships.

By working in conjunction with key stakeholders, we can achieve better outcomes for people impacted by the disease through expertise-sharing, synergy of partnerships, innovative R&D, and ensuring that the care provided supports PLHIV to lead healthy and full lives.

The Issue

The HIV epidemic has seen 'one of the most effective global responses of a generation', the number of people who are newly infected with HIV is continuing to decline in most parts of the world, and between 2011 and 2014 the number of HIV-related deaths globally fell by 19%.ⁱ As a result UNAIDS, set out an ambitious target to bring the epidemic to an end in its landmark 90-90-90 strategy.ⁱⁱ If achieved, this would ensure that 73% of all people living with HIV (PLHIV) globally will be virally suppressed by 2020, allowing for an AIDS free generation by 2030.ⁱⁱⁱ

However, it will be impossible to achieve this goal without rapidly increased and front-loaded funding and investment. In 2014, there were still 2.1 million new HIV infections^{iv} and, in some regions new infection rates are actually rising.^v The number of new infections in Eastern Europe, central Asia, the Middle East and North Africa have continued to rise, with the rate of new infections in the Middle East and North Africa peaking at 31% since 2001.^{vi} Despite this, evidence from across the world suggests that key stakeholders view the epidemic as stable already, and many countries are either decreasing or simply maintaining their current funding levels for

HIV.^{vii} It is important that policy-makers continue to recognise that HIV still poses a serious public health threat, prioritise resources and respond accordingly.

Varied and evolving HIV challenges exist across the world. New infections are rising in some areas and large treatment gaps persist in several regions, with 15 countries accounting for nearly 75% of all PLHIV.^{viii} More than 14.5 million of 36.7 million PLHIV globally do not know their HIV positive status, which can lead to poorer health outcomes and an increased burden on national healthcare systems.^{ix} Key affected populations are still being left behind in many countries and face disproportionate risk and vulnerability. This is true even in countries where overall HIV incidence rates are declining and treatment rates increasing. The precise make-up of at-risk populations varies depending on the region, but include: migrants, children of women living with HIV, ethnic minorities, injectable drug users, men who have sex with men (MSM), sex workers, transgender people, young women in Southern Africa and the incarcerated.

An additional challenge is a growing ageing PLHIV population, mostly currently seen in developed countries. The development of effective treatments has meant that many PLHIV have a life expectancy comparable to those living without the condition.^x There are currently 4.2 million people aged 50 and older living with HIV globally.^{xi} With this number continuing to increase there is a need for greater long term access to treatment and for national healthcare systems to adapt to the management of HIV and other age-related health complications.^{xii} This challenge will inevitably continue to increase in size and complexity over time, and therefore, increased allocation of resources over the long term will be required.

Investment must increase in order to continue to make progress against the HIV epidemic. Marginalised and at-risk groups must be targeted by effective interventions and engaged. Rapid diagnostic tests, self-tests, and diagnostics must be funded and made widely available, including diagnostics specifically for children.

Existing treatment regimens must be optimised, and expanded in order to improve retention in care, improve quality of life for PLHIV, and to ensure innovation as a means of addressing issues around viral resistance. New, evidence-based prevention technologies must be utilised, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and treatment as prevention (TasP) as these carry the potential to dramatically impact on HIV incidence rates. Adequate funding will be required for all prevention, test, treatment and care strategies, as a multi-faceted approach will carry the greatest likelihood of success.^{xiii}

Whilst the UNAIDS 90-90-90 strategy predicts that an increase in funding could effectively end the HIV epidemic by 2030, it also warns that maintaining the status quo of funding will actually lead to a progressive expansion of the global HIV burden despite continuing current efforts to address the infection.^{xiv} While many countries are facing ongoing financial austerity, now is not the time to reduce investment in HIV programmes. Governments have several options to expand the fiscal space for HIV programmes nationally, including mobilising new funding from regular domestic public budgets, introducing new and innovative financing mechanisms, and improving the efficiency and effectiveness of existing programmes. It is therefore a clear imperative that investment must continue to be made, and in fact increased across the broad spectrum of prevention, testing, treatment, care and support

programmes. This makes financial sense. It has previously been predicted that for every US\$1 invested in HIV services, US\$17 will be generated in economic returns as a global average.^{xv}

ViiV Healthcare's Position

Global, regional, national and local initiatives must see increased investment in order to deliver the aims of the UNAIDS 90-90-90 strategy, and ViiV Healthcare supports this ambition.

In particular, the points below should be considered by all stakeholders:

- The UNAIDS 90-90-90 strategy, estimated that 73% of all people living with HIV (PLHIV) will be virally suppressed by 2020 if its goals are achieved and that this will enable an end to the AIDS epidemic in 2030, which in turn will bring **profound health and economic benefits**.ⁱⁱ The long-term benefits of investment in HIV care should be recognised more consistently.
- The UN originally estimated that the delivery of the UNAIDS 90-90-90 strategy will require extra funding to 'ramp up incrementally each year, reaching US\$18 billion by 2020'. However, latest projections are in the range of US\$26 billion by 2020 and in 2015 it was estimated between US\$22-24 billion was needed in low and middle income countries and it is suggested that investments were likely to have fallen short of this target.^{xvi} Governments and national health systems should continue to view HIV as a public health priority and recognise the need to meet the financial requirements of the UNAIDS 90-90-90 strategy.
- Drawing on principles of global solidarity and shared responsibility, as well as addressing the UN resolution on universal access to healthcare, a strategic approach is needed to mobilise available funding sources.^{xvii} Strong leadership is necessary to ensure that resources are allocated in a way that maximises value and delivers high impact interventions. As the UNAIDS 90-90-90 strategy clearly states, 'only a partnership approach will enable the world to end the AIDS epidemic.'^{xviii} It has previously been estimated that every US\$1 invested in HIV services will generate US\$17 in economic returns as a global average.^{xix}
- The long-term benefits of investment should be more widely and consistently recognised, as UNAIDS has noted expenditure on HIV services actually represents strategic investment.^{xx} The expansion of HIV programmes generates economic returns in terms of averted medical costs, averted orphan care for children who have lost parents to HIV, labour productivity gains, and the averted individual and societal affects due to prevention programmes leading to fewer infections.
- Investment should not only target the expansion of existing programmes, but also fund innovations in diagnostics, treatments and prevention methods. Increased funding in research and development will contribute to continued improvements in health outcomes and quality of life for PLHIV. This need will become particularly pertinent as the population of ageing PLHIV increases.

- As the HIV epidemic changes, we need to adapt and respond by proactively tailoring programmes in order to deliver improved outcomes. In 2015, only 40% of PLHIV were receiving treatment and a large proportion of these are likely to be those that are easiest to reach: universal access to treatment and healthcare will require locally tailored strategies.^{xxi} The centralisation of HIV treatment in many settings reduces the success of programmes, as PLHIV have to travel lengthy distances to receive treatment, and services should shift into community systems where possible.^{xxii}
- The global focus for HIV is changing from vulnerable countries to vulnerable communities.^{xxiii} These groups are fluid, and will depend on the individual region and country. In sub-Saharan Africa, adolescent girls and young women account for one in four new HIV infections^{xxiv}. In Asia, the number of MSM with HIV is increasing^{xxv}. In the US, African Americans account for almost half of all deaths among PLHIV.^{xxvi} Globally, mortality rates in adolescents are rising^{xxvii}, and infants continue to face low access to the appropriate paediatric diagnostic tests^{xxviii}. Ensuring appropriate and effective access to treatment and care for these underserved populations is a public health issue that should be prioritised by governments.
- Existing societal structures and social attitudes frequently penalise key affected populations and prevent them accessing HIV programmes. Same-sex sexual acts are criminalised in 78 countries^{xxix}, sex work is criminalised in 116 countries^{xxx}, and drug use is subject to the death penalty in 15 countries.^{xxxi} Investment should target human rights programmes as well as infrastructure, yet a UNAIDS survey in 2014 showed that 59% of the civil society organisations that implement human rights programmes are reporting decreases in funding.^{xxxii}
- Even in countries where the above activities are not criminalised, they are often subject to damaging stigma. HIV-related stigma and discrimination exists worldwide, although they manifest themselves differently across countries, communities, religious groups and individuals, resulting in PLHIV not seeking testing and treatment. Investment in programmes that focus on the rights of PLHIV can go a long way to helping stifle stigma.
- There is a continuing need for donor countries to contribute to international efforts. Many low and middle income countries remain heavily dependent on donations. For instance, in 2014, 44 countries internationally received 75% or more of their HIV financing from external sources.^{xxxiii} Key affected populations are often dependent on international sources of funding, as an example the majority of harm reduction programmes for injectable drug users in Eastern Europe and central Asia are funded by external sources.^{xxxiv}

Conclusion

As a specialist HIV company, ViiV Healthcare is focused on continuing to improve health outcomes for society and for PLHIV. ViiV Healthcare has continued to invest heavily in research and development of new innovative and clinically-effective treatments for HIV.

Through the establishment and funding of programmes such as its Positive Action programmes, ViiV Healthcare provides funding streams for projects around the globe that deliver vital benefits to the most vulnerable HIV groups. Positive Action works with those communities most affected by HIV on projects covering education, prevention, care, tackling stigma and treatment related activity.

ViiV Healthcare also partners with external stakeholders around innovative approaches to continue to fund and invest in research, treatment and care. For instance, ViiV Healthcare collaborates with the Medicines Patent Pool (MPP). The MPP is a United Nations backed organisation founded in 2010 to increase access to HIV treatment and to help spur new innovation worldwide. ViiV Healthcare first began discussions with the MPP in early 2010, which in 2013 resulted in a partnership that granted the MPP a voluntary licence to its intellectual property Kivexa (abacavir/lamivudine/3TC) for paediatric formulations. In 2014, ViiV Healthcare extended its voluntary licensing programme with MPP to Tivicay (dolutegravir), including its paediatric formulations (which are under development).^{xxxv}

A reduction in funding and investment would critically jeopardise the progress that has been made so far in the battle against HIV^{xxxvi}. Even maintenance of the current funding may pose a threat to the effectiveness of existing programmes and will almost certainly not be sufficient to achieve the aims of the UNAIDS 90-90-90 strategy. Turning the tide against HIV requires all stakeholders to recognise not only the individual need, but the overall societal and economic benefits of tackling HIV and, hopefully, bringing an end to the epidemic. Governments have several options to expand the fiscal space for HIV programmes nationally, including mobilising new funding from regular domestic public budgets, introducing new and innovative financing mechanisms, and improving the efficiency and effectiveness of existing programmes.

Funding and investment should be sufficient, but also flexible with the aim to striking a balance between the needs of all stakeholders, including PLHIV, healthcare systems, national governments and the innovative pharmaceutical industry. Crucially, no PLHIV should be left behind and key affected populations should be specifically considered in national approaches.

ⁱ UNAIDS. GAP Report. 2014.

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^{iv} UNAIDS. Fact Sheet 2016. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf. Last accessed July, 2016

^v UNAIDS. The Prevention Gap Report.2016 http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf Last accessed July, 2016

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