Policy, Funding, and Equity at IAS 2025: Reflections and Road Ahead

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Funding Updates
IAS 2025

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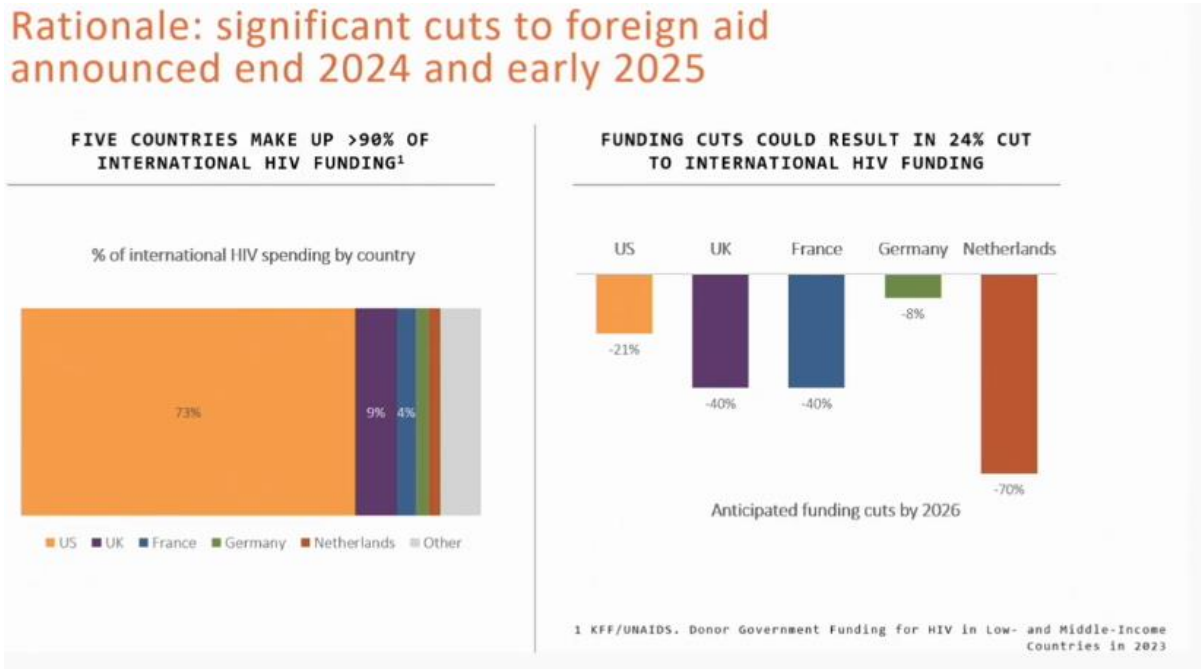
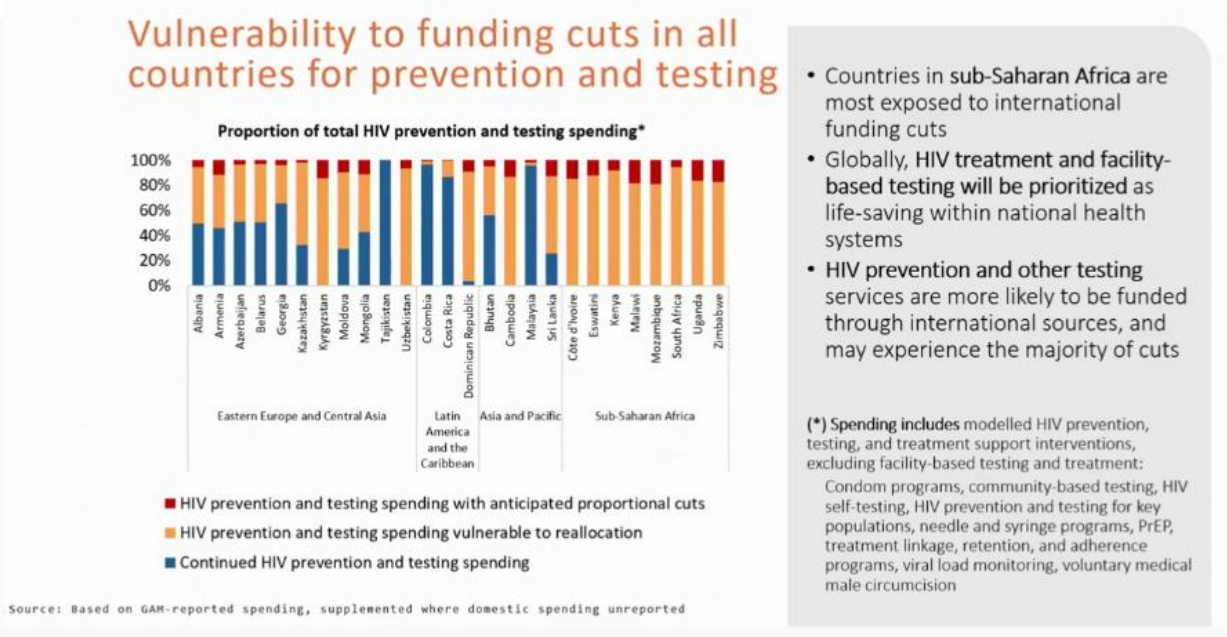
Financial Updates

"Big money and the big picture"



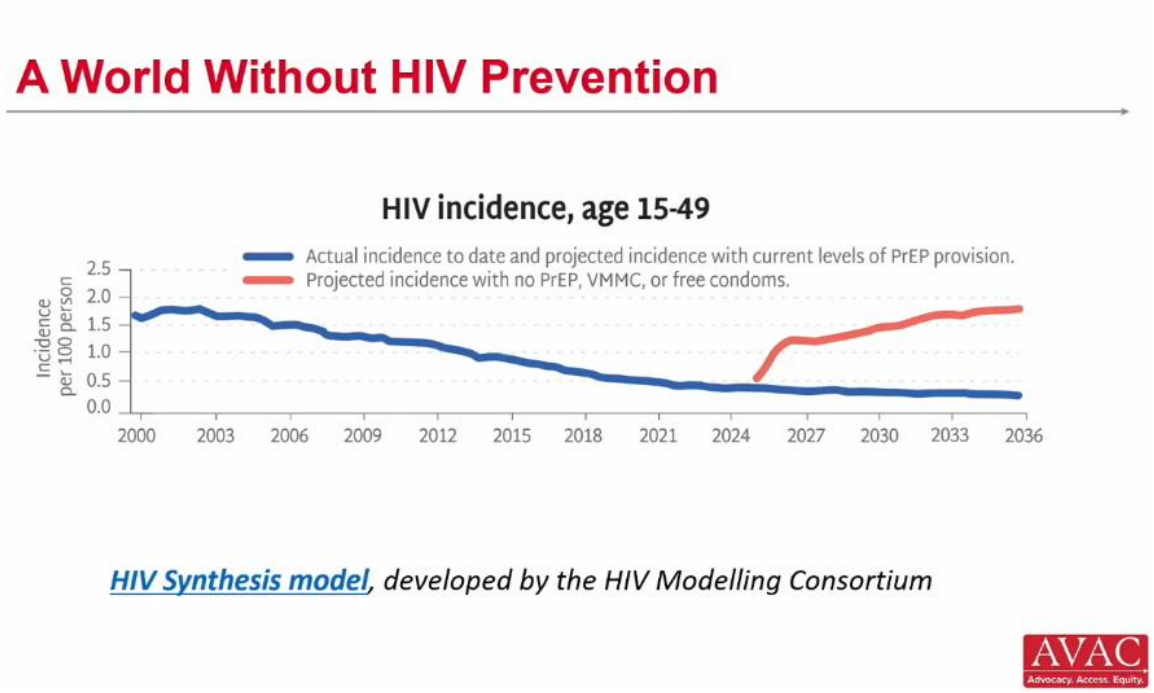


"If funding falls short: projecting the impact of international HIV budget cuts across 26 countries" (Anna BOWRING)

Financial Updates

"From freeze to forward" and "Re-imagining prevention"

"Strategies to mitigate HIV commodity shortfalls and service delivery interruptions in Malawi" (Tione CHILAMBE)



"Where we are now in HIV prevention" (Mitchell WARREN)

Financial Updates

"No retreat, no surrender" and "Protecting progress amid the rise of the anti-rights movement"

"Eroding rights, exacerbating risks: The impact of anti-rights movement on HIV outcomes" (Skyler Masen DAVIS)

Key Elements of Effective DRM for HIV: Building a Robust and Sustainable HIV Response

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Effective Domestic Resource Mobilization for HIV/AIDS relies on a multi-faceted approach, manifesting from countries' policies and strategies studied in this research.

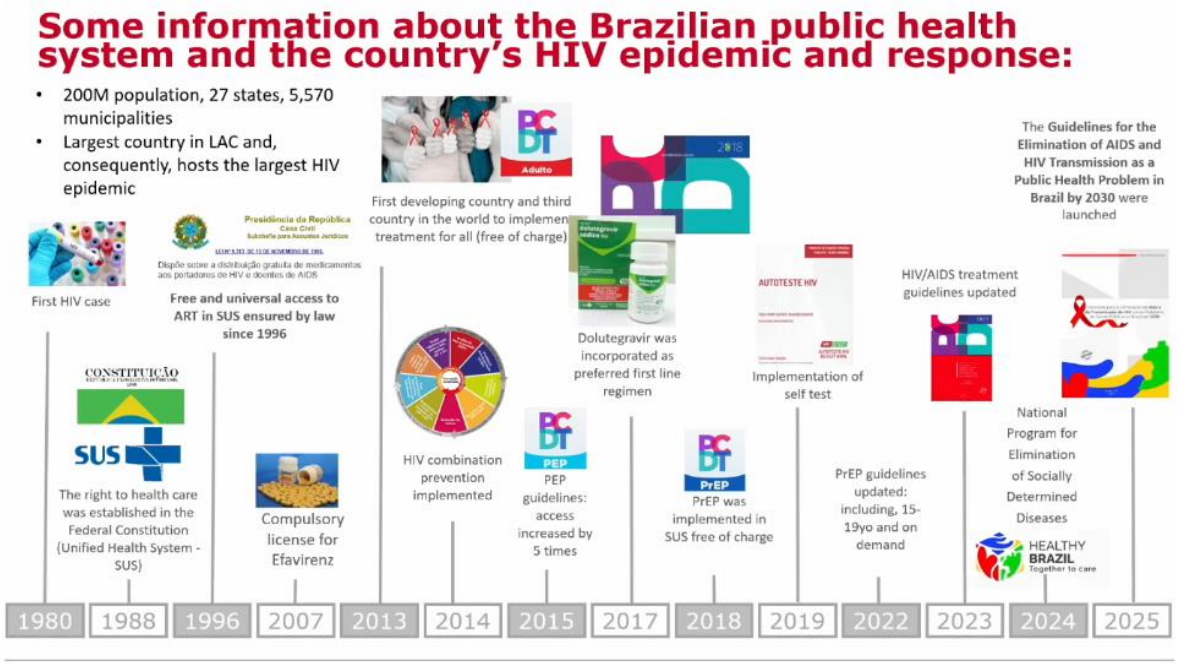
These elements are interconnected and vital for achieving self-reliance and ending the HIV/AIDS epidemic.

Key Element of Effective DRM	Manifestation in Countries (Examples)
1. Budgetary Planning & Allocation	**All Countries:** Prioritizing health in national budgets; **Nigeria, Zambia, Ethiopia:** Advocacy for increased allocations, budget tracking.
2. Prioritization of Expenditures	**All Countries:** Focusing on prevention, treatment, care, and health system strengthening; **Kenya, Tanzania:** Scaling up ART access; **Malawi, Zambia:** VMMC, condom distribution.
3. Diversification of Funding Sources	**All Countries:** Reducing reliance on external aid; **Tanzania:** AIDS Trust Fund (ATF); **Nigeria, Kenya:** National Health Insurance Schemes.
4. Innovative Financing Mechanisms	**Nigeria, Tanzania, Zimbabwe:** Earmarked taxes (e.g., AIDS Levy); **Ethiopia:** Community-Based Health Insurance (CBHI); **Malawi, Kenya:** Public-Private Partnerships (PPPs); **Tanzania, Kenya:** Community fundraising (e.g., Harambees).
5. Equity-Oriented Approaches	**Tanzania, Malawi, Ethiopia, Zambia:** Expanding service delivery to rural areas; **Tanzania, Kenya, Zimbabwe:** Subsidizing HIV services; **Nigeria, Ethiopia:** Integrating HIV services into primary healthcare.
6. Sustainable Financing Models	**Tanzania:** AIDS Trust Fund (ATF); **Kenya, Nigeria:** National Health Insurance Schemes; **Ethiopia:** Health Sector Transformation Plan (HSTP); **Malawi:** Sector-Wide Approach (SWAp).
7. Community Engagement & Ownership	**Tanzania, Malawi, Zimbabwe:** Active involvement of CBOs/NGOs in decision-making; **Kenya, Tanzania:** Community health workers, grassroots initiatives.
8. Policy & Regulatory Frameworks	**Tanzania:** National Multi-Sectoral Strategic Framework (NMSF); **Nigeria:** National Agency for the Control of AIDS (NACA); **Zambia:** National HIV/AIDS Strategic Framework; **Ethiopia:** Health Sector Transformation Plan.
9. Monitoring & Evaluation Mechanisms	**Tanzania:** Tanzania HIV Impact Survey (THIS); **Nigeria:** National HIV/AIDS Indicator and Impact Survey (NAIIS); **Zambia, Ethiopia:** Health Management Information Systems (HMIS).

"Domestic resource mobilisation for HIV in Africa: a comparative analysis of country policies and practices" (Richard OCHANDA)

Financial Updates

"Owning and sustaining the response in LMICs"



Artur KALICHMAN (Ministry of Health, Brazil)

James NYIKAL (Parliament of Kenya, Kenya)

The HIV response is at a financial crossroads. **Diversified, sustainable funding** — through community budgets, resilient supply chains, and stronger domestic investment — is not optional but essential for survival.

Equity Updates
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Equity Updates

"Advancing equity in the HIV response" and"Health equity in challenging times"

How It Works: CFM in Practice

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- **Feedback submitted** via the **MyRights** App — by peers trained to collect and report cases from the ground.
- **Local CFM Committees** (supported by the National AIDS Program) verify and respond to cases.
- Support offered includes:
  - Legal aid
  - Emergency assistance (e.g., food, transport)
  - Counseling and mediation
- CFM is currently active in **six townships**, led by PPSSM (a member of the CNC), reaching highly vulnerable groups.

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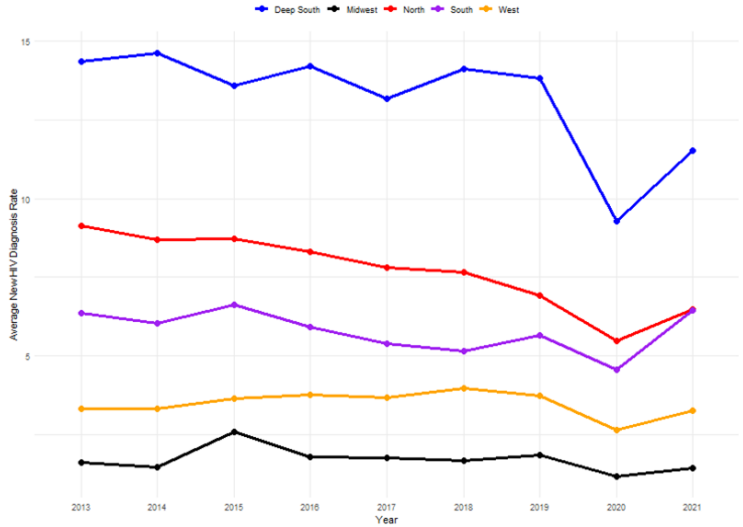
"Improving the health and human rights of PLHIV and key populations in Myanmar: Community Feedback Mechanism project" (Khin WIN)

Time Trend of County-level New HIV Diagnosis Rate by U.S. Region 2013-2021



"New HIV diagnoses, social determinants of health, and systemic racism by US region 2013 to 2021" (Bankole OLATOSI)

Equity Updates

"The double burden: HIV incidence and prevalence in conflict"

Attacks on healthcare in 2024

- Over 3600 attacks on healthcare in 2024, 15% more than 2023 and 62% more than 2022
- More than 36% of these took place in Gaza and the West Bank
- Over 470 health workers arrested or detained, over 55% by the Israeli Forces
- 900 health workers killed in 23 countries and territories, nearly 50% of these from Lebanon and 25% from oPt
- 140 health workers were kidnapped, nearly 40% from just three countries, Nigeria, Myanmar and DRC

Source: *Safeguarding Health in Conflict Coalition (SHCC)*

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"Attack on healthcare workers in conflict settings" (Sameer SAH)

Central African Republic

- HIV prevalence 3.6% (**11.9%** in Haut-Mbomou region)
- **COMMUNITY ART GROUPS:**
  - 4 CAG sites: Zemio, Bossangoa, Boguila, and Bambari
- **1573 PLHIV followed** *(2016 – 2023)*
  - **88%** enrolled in DSD models, including **70%** enrolled in CAG
  - 19% chose Pharmacy Fast-track ART refill
  - **56%** RIC similar to many African countries
  - 6% overall mortality
  - **PLHIV enrolled in CAG had 3.9 times fewer hazards of being LTFU and 2.2 times lower risk of dying compared with fast-track refill.**
  - DSD models enhanced treatment adherence, peer support, reduced stigma, facilitated retention, and reduced pressure on health facilities.

"How to reach people in conflict areas with HIV services" (Daniela GARONE)

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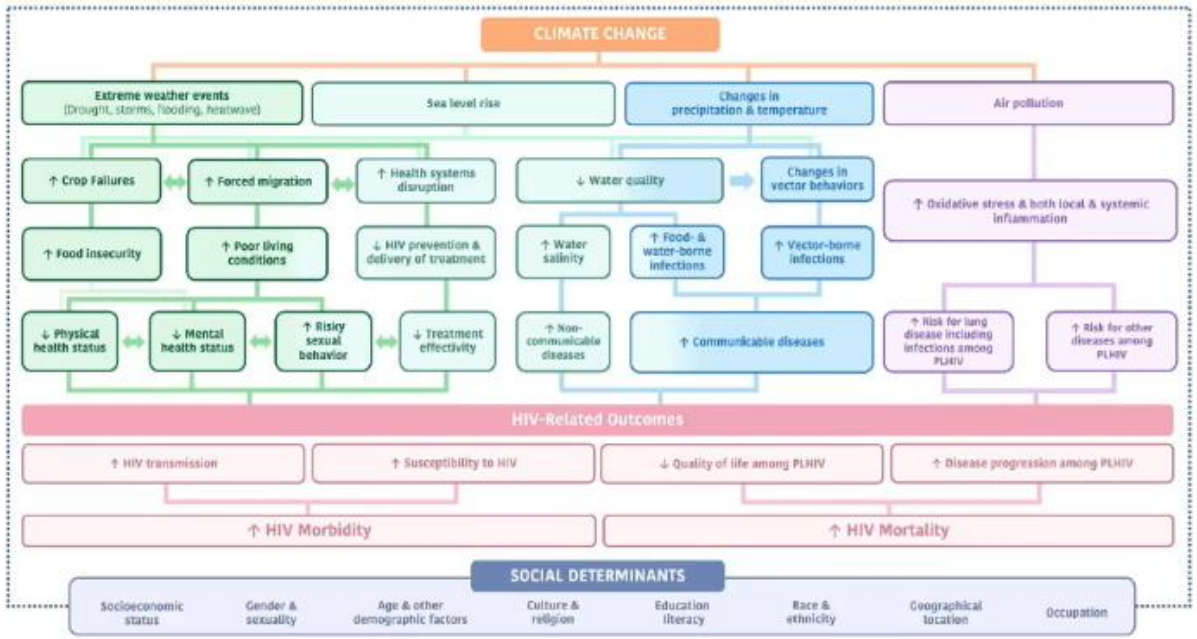
Equity Updates

"Identifying and intervening on structural determinants" and "Advancing HIV monitoring"

Climate Change and HIV/AIDS



SingHealth DukeNUS ACADEMIC MEDICAL CENTRE | GLOBAL HEALTH INSTITUTE

Guinto, et al., 2022

"Climate change events: How they impact HIV vulnerabilities" (Renzo GUINTO)

What Real Intelligence Requires:

Scale + Speed + **Context**

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Component	Role	Without it…	Status
Operational Intelligence (Big Data)	Scale, breadth	You **miss the full picture**	Existing and growing
Artificial Intelligence (AI)	Speed, pattern detection	You are **slow to respond**	Rising exponentially
Community Intelligence (e.g. CLM)	Context, grounded prioritization	You **act on the wrong assumptions**	**Under-invested and often invisible**

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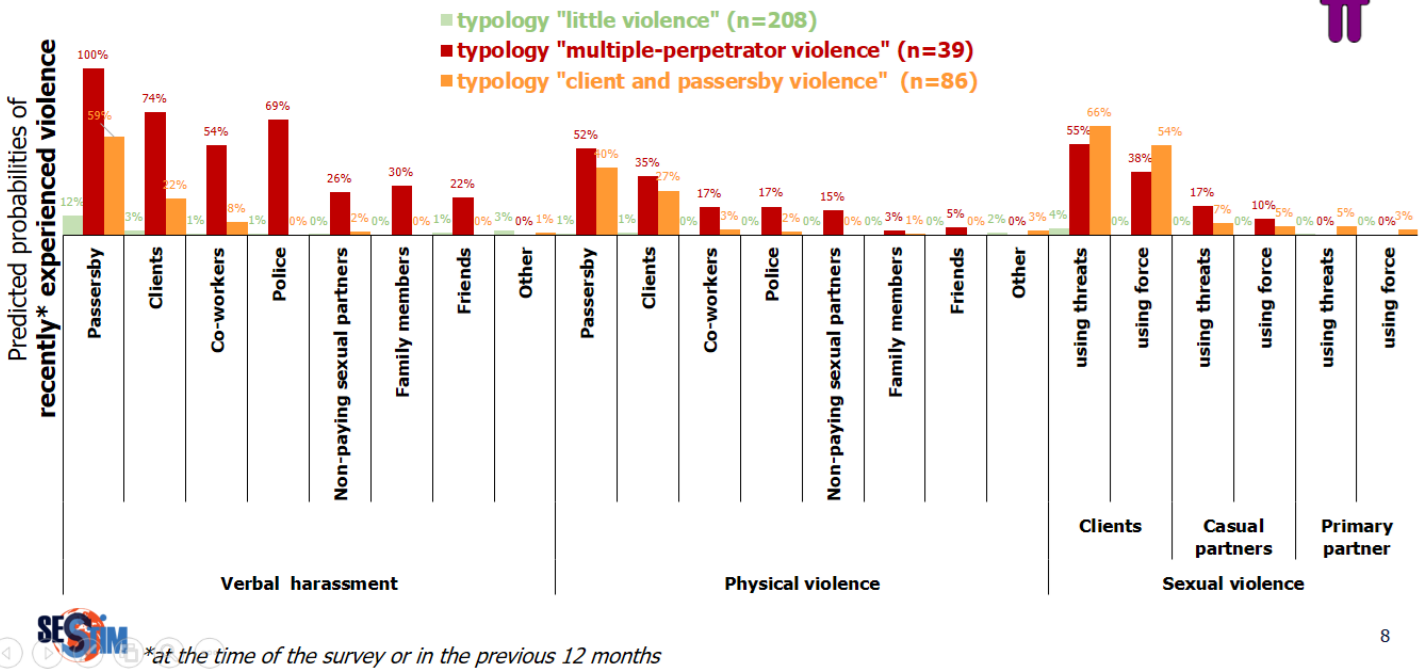
"Community-led monitoring" (Solange BAPTISTE)

Equity Updates

"I will not lower my voice: Experiences from trans and gender-diverse communities"

Results - Description of violence typologies, by type and perpetrator

in TWLH **engaged in transactional sex (TWLH-nTS, n=333)**



*at the time of the survey or in the previous 12 months

8

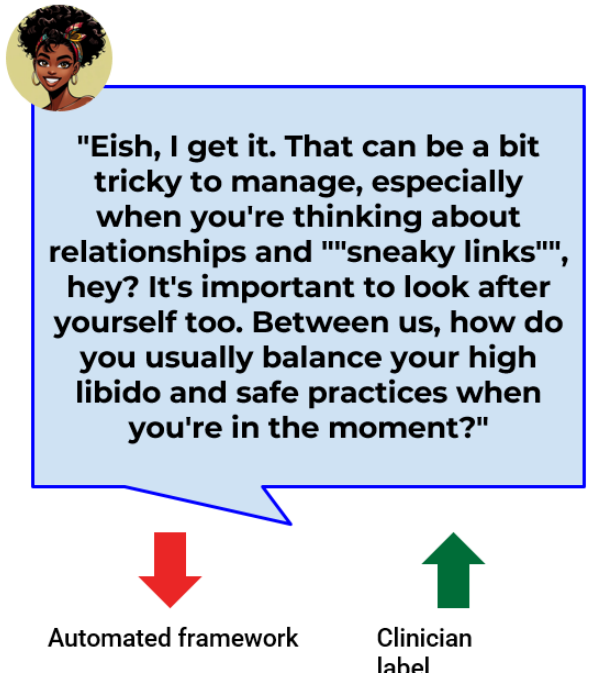
"Exposure to violence among transgender women living with HIV in France, engaged or not in sex work: results from the national ANRS-14056 TRANS&VIH study" (Marion FIORENTINO)

Equity Updates

"Revolutionizing HIV: AI, equity and the next frontier"

What we've seen - learnings from the field

What we learned – and optimized



Metric misses → metric tuning

Learning: AI companion is doing great at clinical appropriateness but the metric sometimes treats clinical data as non-clinical →

Action taken: Tune clinical appropriateness metric so it better understands nuances such as GBV, mental health is also relevant clinical data.

Human bias → human evaluator training

Learning: The automated framework is better than humans at looking at metrics in isolation (without bias) →

Action taken: Humans were provided additional training to evaluate metrics independently.

"Building a safe, accurate AI companion: lessons from the Field" (Rouella MENDONCA)

Equity is the compass of the HIV response. Without it, policy and funding lose their meaning, and those most affected are left behind.

Policy Updates
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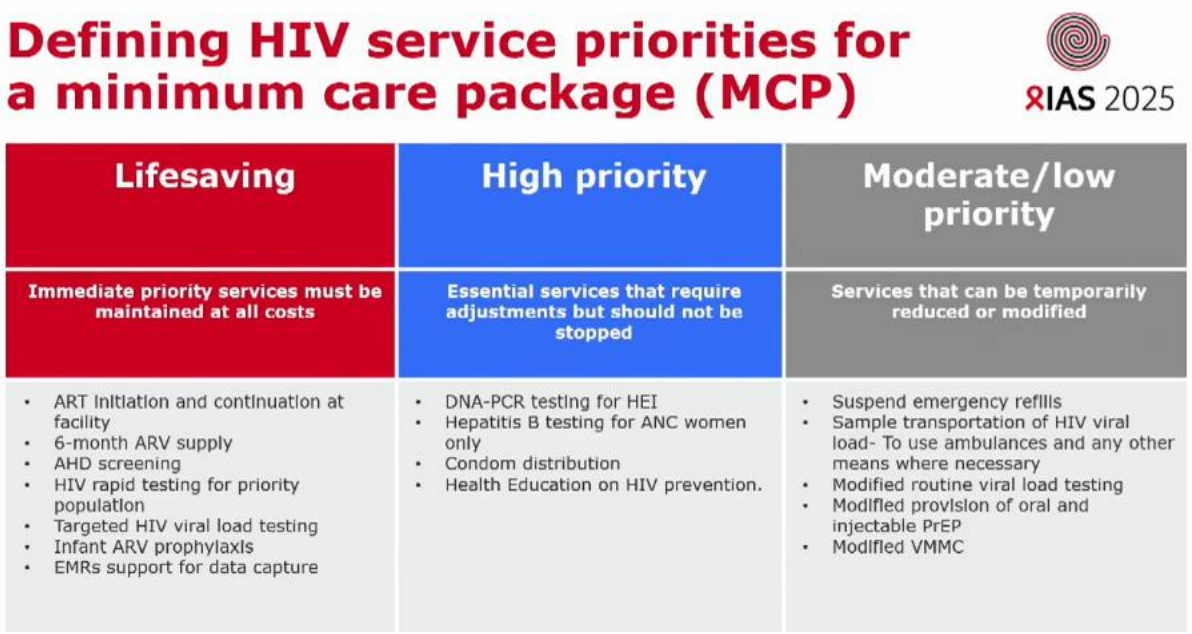
Policy Updates

"Building forward: DSD as a catalyst for sustained and integrated HIV services amid funding uncertainty"

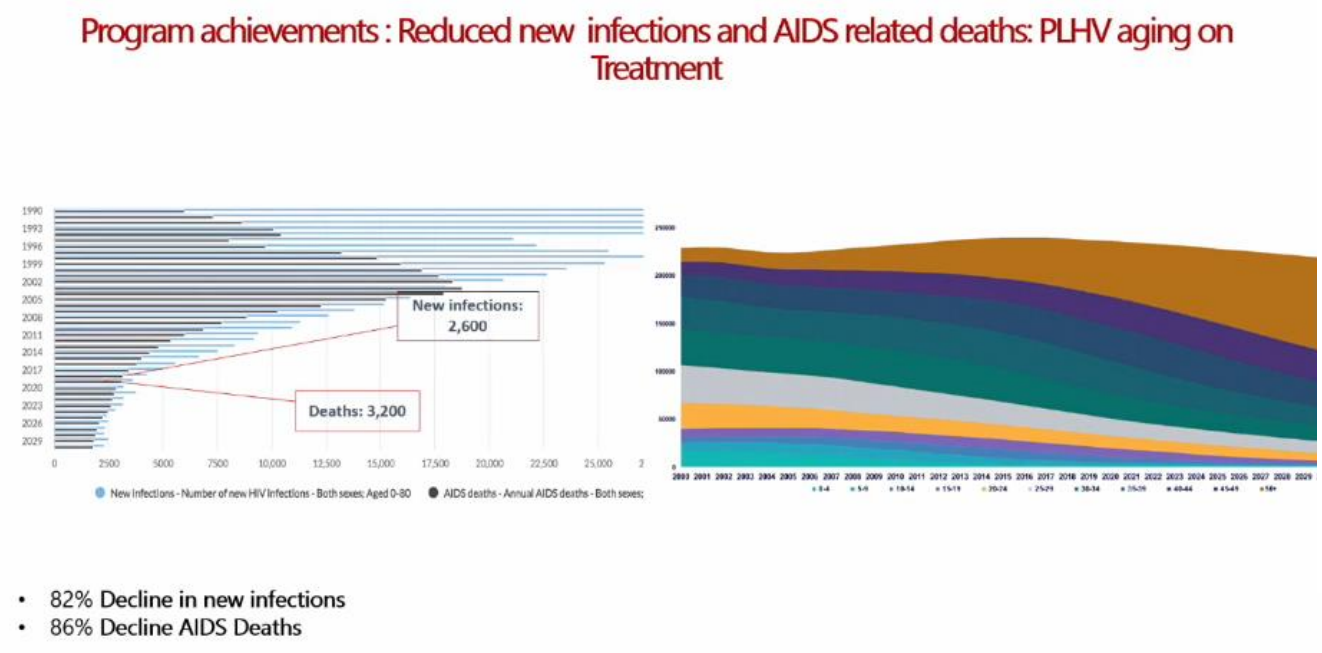
"Confronting a new reality for HIV service delivery" (Anna GRIMSRUD)



"Lessons from Malawi: DSD plans and agreeing on a minimum package" (Stephen MACHESO)

Policy Updates

"Leading the way" and "Leadership for Sciente"



- 82% Decline in new infections
- 86% Decline AIDS Deaths

"Rwanda's Ground breaking achievements in HIV response: Key Enablers of Rwanda's Success in HIV Program Implementation" (Gallican RWIBASIRA)

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Challenges, Old & New

Recognition of a complex landscape involving other infections, and non-communicable diseases

Old

- Stigma
- Complacency
- Reliance on a relatively homogenous portfolio (USG dominance)
- "Slow" progress on HIV vaccine front
- Limited coverage w/ PEPFAR, with incomplete viral suppression & stubbornly high perinatal transmission rates in non-PEPFAR countries
- Threats to delivery infrastructure: politics, natural disasters, conflict

New

- Dramatic reduction in USG funding (NIH, USAID)
- Requirements for compliance with "new" priorities (language & populations)
- Interruptions in clinical trials & related research → erosion of community trust
- Complex administrative requirements to restore international funding from US

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"Maintaining scientific momentum amid emerging challenges" (Jeanne MARRAZZO)

Policy Updates

"WHO Session: towards the finish line"

WHO's Strategic approach to the ongoing crisis: mitigate, simplify and integrate

- Support countries to **maintain the continuity of essential HIV, hepatitis, and STI services** while adapting country programmes to emerging disruptions and the evolving landscape, strengthening data use, supporting communities, and ensuring effective coordination and communications amid a rapidly evolving global health crisis.
- In the short-term – **MITIGATE**
- In the medium to long term – **SIMPLIFY AND INTEGRATE**

This satellite is dedicated to what WHO and others can do to simplify to sustain over the medium to long-term

World Health Organization

Key highlights from new WHO Guidance to get us to the finish line

Operational guidance on sustaining priority services (aligned with GC7 prioritization):
- Supports countries in making ethical, evidence-informed and transparent decisions to set priorities for services in this evolving landscape
- Stepwise adaptable approach to tiered priority setting for services, integration with primary care, workforce support, financing and monitoring
- Engaging communities and using innovative delivery models, countries can safeguard health gains and strengthen sustainability

Integrating HIV, viral hepatitis, STI with PHC:
- Provides outcomes from a series of case studies of integration of HIV, Hepatitis and STI into PHC using the PHC levers and operational framework

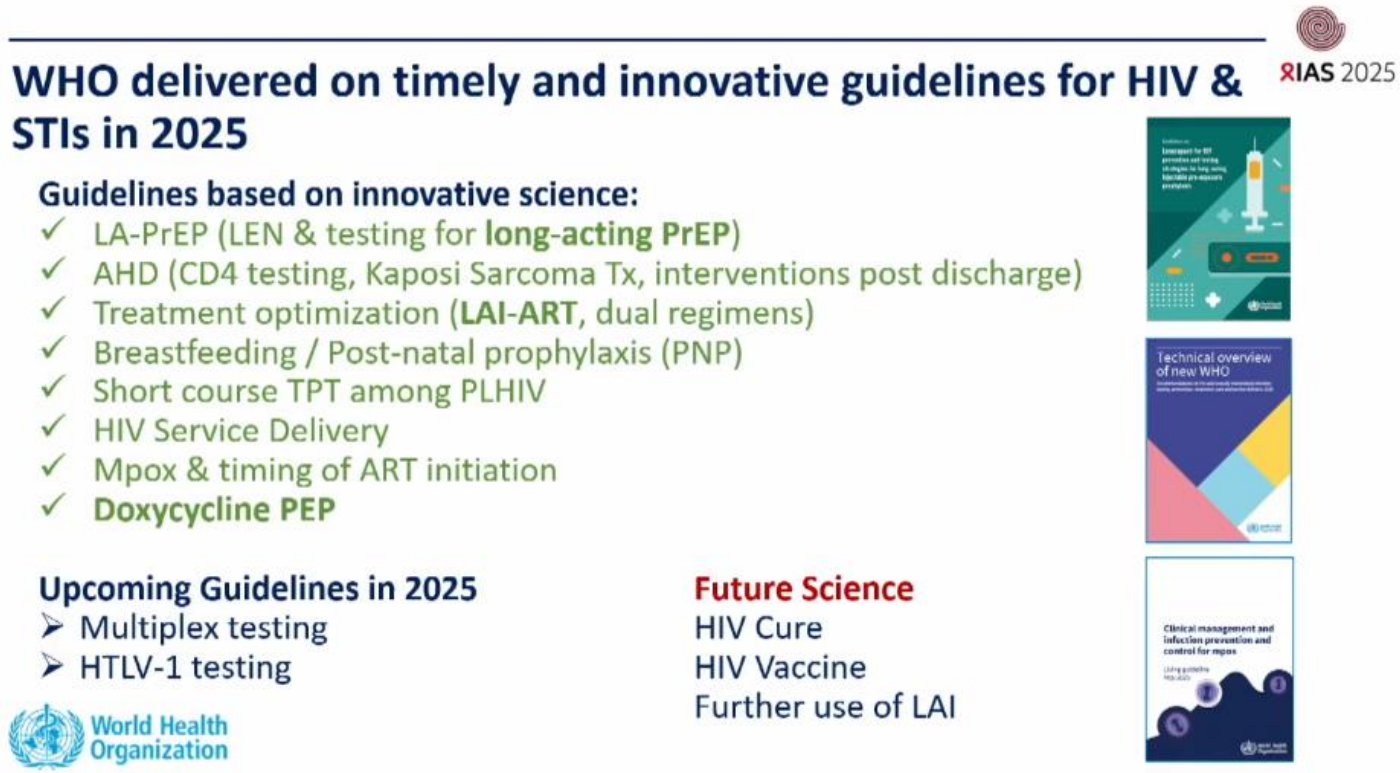
Country Guidance for planning triple elimination of HIV, Syphilis and Hepatitis B:
- Stepwise planning for introduction of EVT – and triple elimination; an example of integration

World Health Organization

"Keynote address: Leading with Science: WHO's vision for a sustainable and impact-driven HIV response" (Meg DOHERTY)

Policy Updates

"What's new in WHO guidelines?"



"What's new in WHO guidelines: updates on recent WHO normative work" (Meg DOHERTY)

HIV policy is evolving toward sustainability and integration. **Its true test is not technical efficiency**, but whether it reaches and serves the people who need it most.

Belle of the Ball at IAS 2025 Integration

Policy, Funding, and Equity at IAS 2025: Reflections and Road Ahead

Belle of the Ball: Integration

"Accelerating integration in a new operating environment", "Pathways to integrated people-centered HIV and PHC"

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Many different "levels" & typologies of integration—conceptual clarity is needed!

Many terms and concepts are used interchangeably with integration:

- coordination, convergence, linkage, collaboration, alignment, and networks
- integrated care, integrated health services, coordinated care, continuum of care, and integrated delivery networks

Source: Shigayeva et al., 2010

Integrated care systems typologies

- **Policy integration:** whether and how policies bring together and align aspects of health care management, delivery, M&E
- **Systems integration:** degree to which health systems building blocks across health areas are harmonized.
- **Organizational integration**, where different organizations coordinate with each other using a single governing structure
- **Functional integration**, when non-clinical services are integrated to facilitate health service delivery
- **Service integration**, where multiple providers and/or facilities across the level of health system organize themselves for service provision
- **Clinical integration**, when providers or facilities streamline their clinical care procedures based on a standardized protocol for care.

Source: WHO (2018). Integrated Care Models: an overview.

Conceptualizing the "how" of integration

Mapping *degrees of integration* ("how"—coordination, co-location, and convergence) across *types of integration* ("what"—service delivery, organization and professional, and systems) to determine integration degree/type best suited for the context and goals.

Degree of integration: Conceptualizing examples across integration types.

	DEGREE OF INTEGRATION		
	COORDINATION Communication and information sharing that aims to enable increased access to care	CO-LOCATION Physical and/or digital proximity of services and collaboration in care planning/delivery	CONVERGENCE Systemic health practice change to enable increased people-centered life-course care
SERVICE DELIVERY			
SERVICE DELIVERY MODELS	Initial service encounter by a health care worker/organizational unit for the primary reason for visit, with communication and information sharing to enable referrals between organizational units for additional service offerings (usually on a different day, and/or in a different part of the clinic)	Initial service encounter by a health care worker/organizational unit for the primary reason for visit, plus at least one additional service (screening, treatment) offered by the same provider at the same clinical encounter (e.g., "bilateral" 1:1 integration: NCD screening added to an HIV service)	Initial service encounter by a health care worker/organizational unit for the primary reason for visit, plus additional screening and care for any relevant PHC services based on a life-course approach
ORGANIZATIONAL AND PROFESSIONAL			
PARTNERSHIPS	Informal partnership linkages supported through information sharing between organizations and health care professionals to deliver a comprehensive continuum of care to a defined population	Formation of networks among organizations or professionals, or agreements (e.g., Memorandum of Understanding) that outline formalized arrangements for how different organizations and partners will work together	When different organizations work together under a single governance structure and/or merge to form a new entity to pool their skills, resources, and expertise

	DEGREE OF INTEGRATION		
	COORDINATION Communication and information sharing that aims to enable increased access to care	CO-LOCATION Physical and/or digital proximity of services and collaboration in care planning/delivery	CONVERGENCE Systemic health practice change to enable increased people-centered life-course care
SYSTEMS			
LEADERSHIP AND MANAGEMENT	Separate leadership and management structures for each individual health area; while updates are communicated across health areas, there is limited co-planning and no shared targets	Leadership and management structures remain separate by health area but utilize existing governance mechanisms for co-planning, identifying shared targets, and aligning strategies through multisectoral coordination	One leadership and management structure outlines collective planning, policies, financing, data, stakeholder engagement (including private sector), and targets to enable integrated, people-centered PHC
HUMAN RESOURCES FOR HEALTH	Health care workers are trained to predominantly provide care in one health subject area	Health care workers are trained to predominantly provide care in one health subject area plus one or more additional health areas to enable "bilateral" 1:1 service integration	Health care workers are trained across multiple health subject areas to provide holistic, integrated services at the point of care and anchored in a life-course approach
COMMUNITY HEALTH SYSTEMS	Community-based cadre trained in one select health area; conduct household visits for targeted health promotion and education in a single health area	Community-based cadres trained on selected health areas to work side by side (household visits, mobile events) to provide health promotion and education across several health areas	Community-based cadre trained in an integrated scope of work to provide holistic health promotion anchored in a life-course approach
INFORMATION SYSTEMS	Separate data collection and analysis across multiple health areas; communication required to access data across systems that are not interoperable	Data largely remain in separate systems by health areas; some limited data from one health area may be collected alongside the primary health area (e.g., people living with HIV screened for hypertension)	Interoperable data systems across health areas, ideally tracked at the individual level to allow better understanding (e.g., through electronic medical records and integrated reporting) of population-level trends to inform policy- and decision-making
SUPPLY CHAIN MANAGEMENT	Separate forecasting, procurement, and management of essential health commodities by health area	Some overlap in forecasting, procurement, and management of essential health commodities given shared location and opportunities for service integration	Collective forecasting, procurement, and management of essential health commodities considering all PHC needs for integrated service models
FINANCING	Siloed financing and planning, budget, and expenditure analysis managed separately by health area programs without a centralized view of domestic and donor financing in one place	Some joint financing and planning to support integration, but largely remains unstructured and opportunistic, and potentially tied to time-limited grants or pilot programming	Collective/joint financing and planning—one budget covering all health areas is centrally managed at the subnational level and includes a centralized view of all funding, including domestic and donor sources

"Setting the Scene: Prepping for integration: Overview of integration readiness assessments" (Kimberly GREEN)

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Belle of the Ball: Integration

"Are integration and equity at odds?

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What Are We Talking About?

Integration is often positioned as a win-win, consolidating services, reducing duplication, and making care more efficient. But we need to ask: efficient for whom?

For government budgets?

For healthcare systems?

Or for the communities most affected by HIV?

Challenges (actual and potential) in integration (Numan AFIFI)

What needs to be integrated and funded to sustain the gains in health equity?

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Integrate and fund what works to ensure equity….

- Fundamental to health equity:
  - **Service choice**
  - **Differentiated Service Delivery (DSD)** models and targeted service delivery platforms
  - **Community-led services and peer outreach**
  - **Innovation -**Private sector models, telehealth/virtual interventions, self care
  - **Disaggregated health data** (by age, sex, ethnicity, key population type, etc.)
- *Without these specialized access points, criminalization, stigma, and discrimination remain significant barriers to health access.*

"Innovative funding models and data needs" (Meghan DICARLO)

Calls to Action

- Policy: Translate WHO guideline updates, differentiated service delivery, and PHC integration into practice by **embedding community leadership at every stage**.

- Funding: **Protect and expand community budgets.** Push for domestic financing and diversified funding streams to safeguard progress in the face of donor retrenchment.

- Equity: **Make equity non-negotiable.** Address the needs of conflict-affected and trans communities, and demand that every policy and funding decision be assessed against its equity impact.

¡Muchas gracias!

Thank you very much!

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