

# PREVAILING AGAINST PANDEMICS

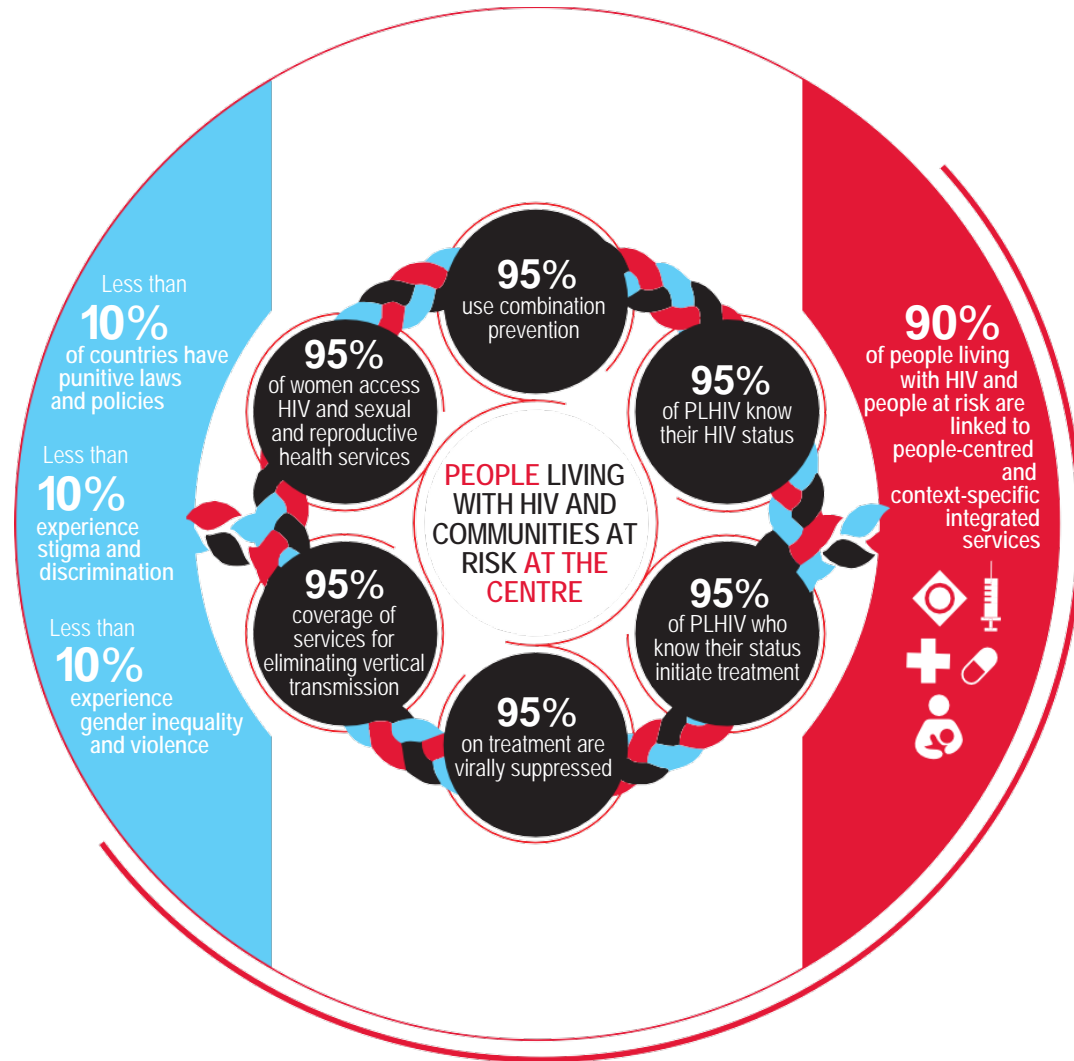
## BY PUTTING PEOPLE AT THE CENTRE



# INTRODUCTION AND SUMMARY



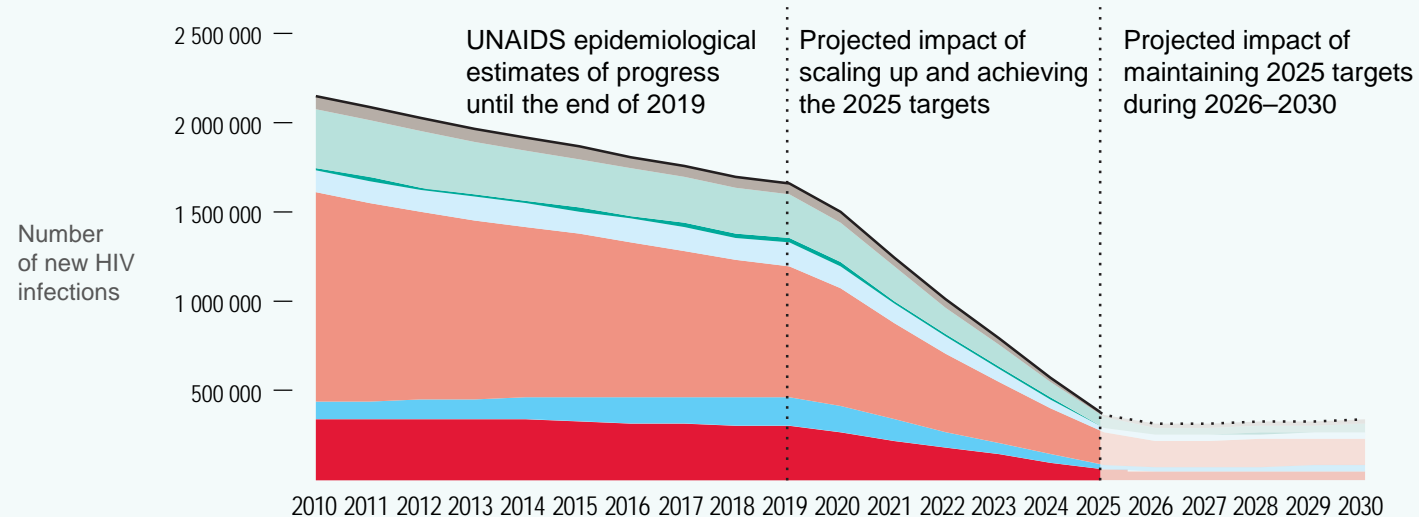
# Top-line targets for 2025



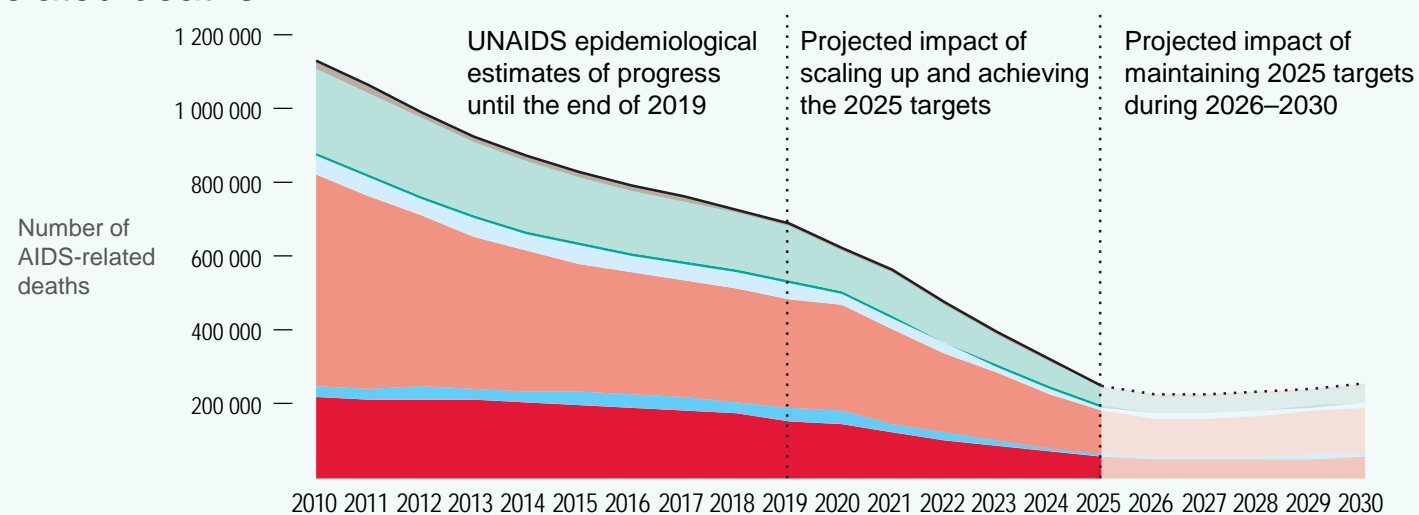
# Projected impact of reaching the 2025 targets



## HIV infections

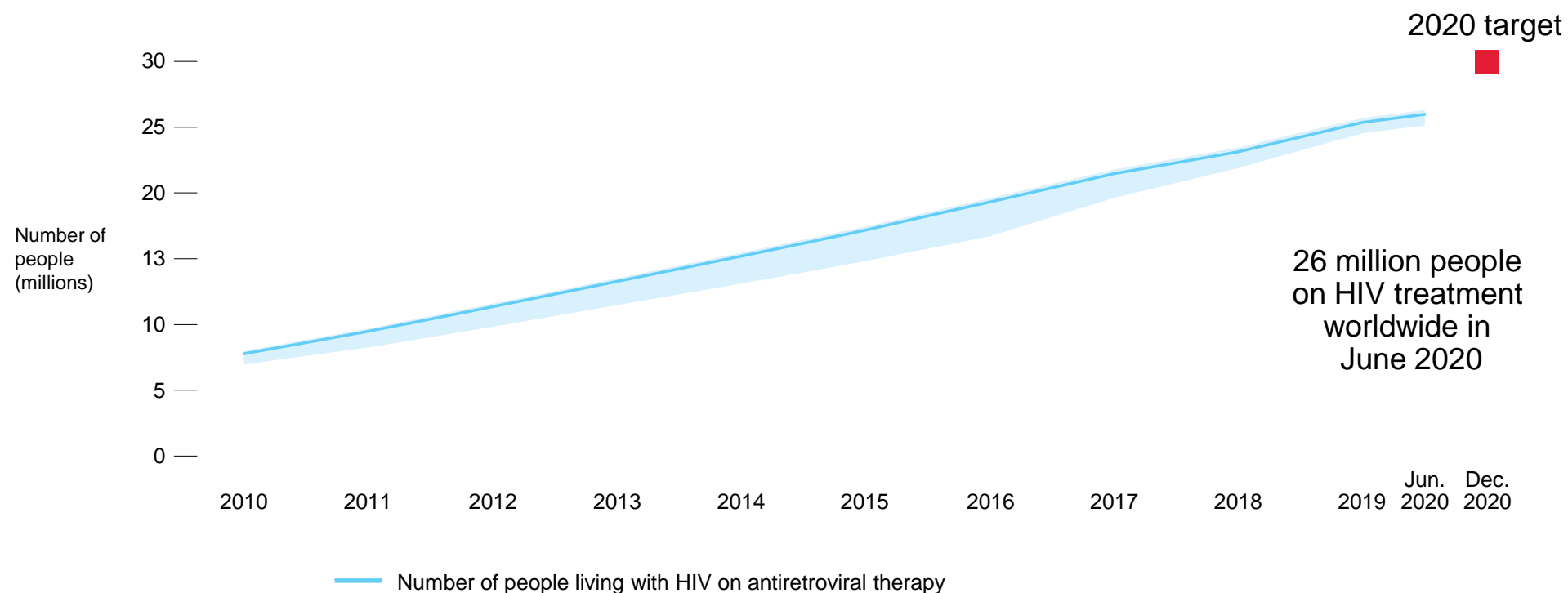


## AIDS-related deaths



**Source:** Special analysis by Avenir Health using 2025 targets and UNAIDS epidemiological estimates, 2020 (<https://aidsinfo.unaids.org/>) (see annex on methods).

# Number of people living with HIV accessing antiretroviral therapy, global, 2010–June 2020 and end–2020 target



# THE FAST-TRACK LEGACY—SUCCESSIONS AND SHORTCOMINGS



# Fast-Track commitments for 2020

## 2020 TARGETS MISSED

### IMPACT-LEVEL MILESTONES

To reduce new HIV infections to fewer than 500 000 by 2020

To reduce AIDS-related deaths to fewer than 500 000 by 2020

To eliminate HIV-related stigma and discrimination by 2020

#### 10 COMMITMENTS

1

90-90-90



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 and 1.4 million by 2020.

3



Ensure access to combination prevention options, including preexposure 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 HIV-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 that they 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.

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



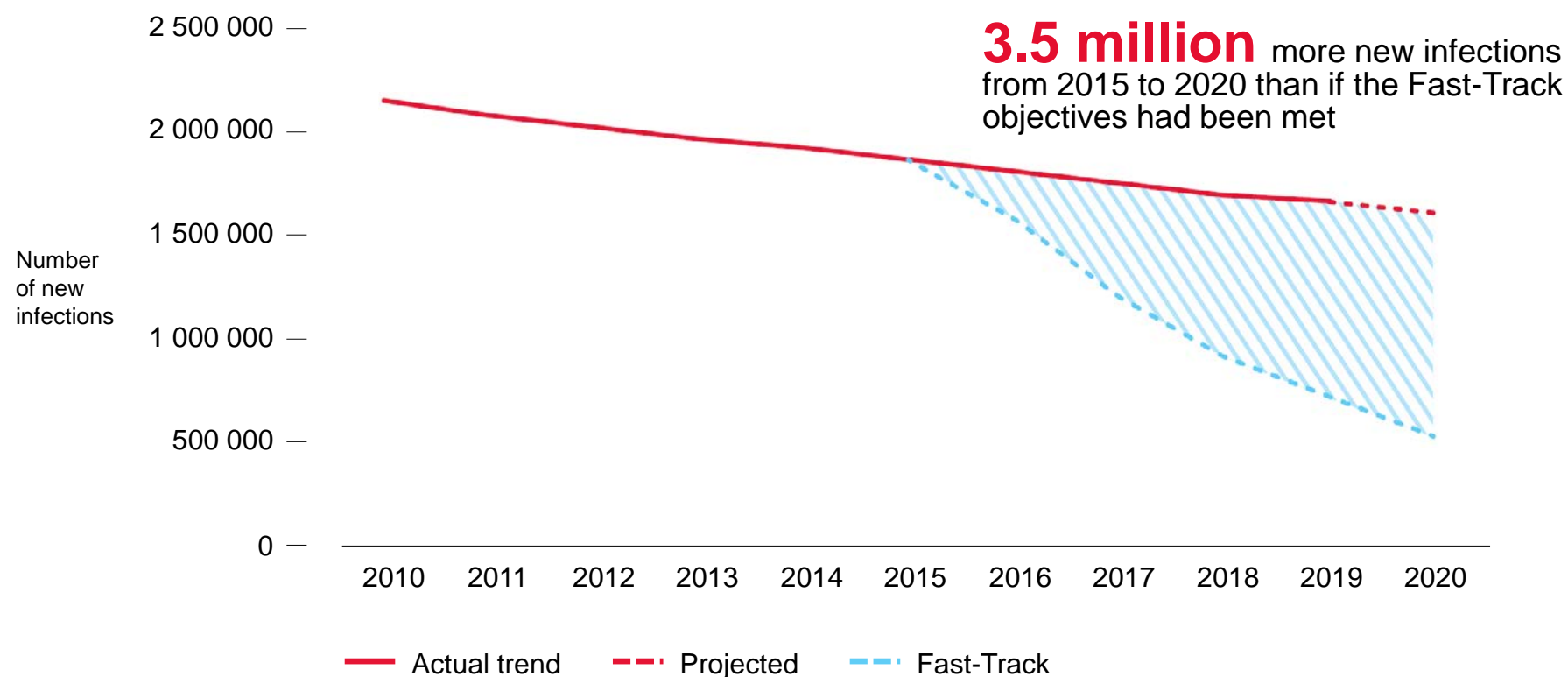
Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

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.

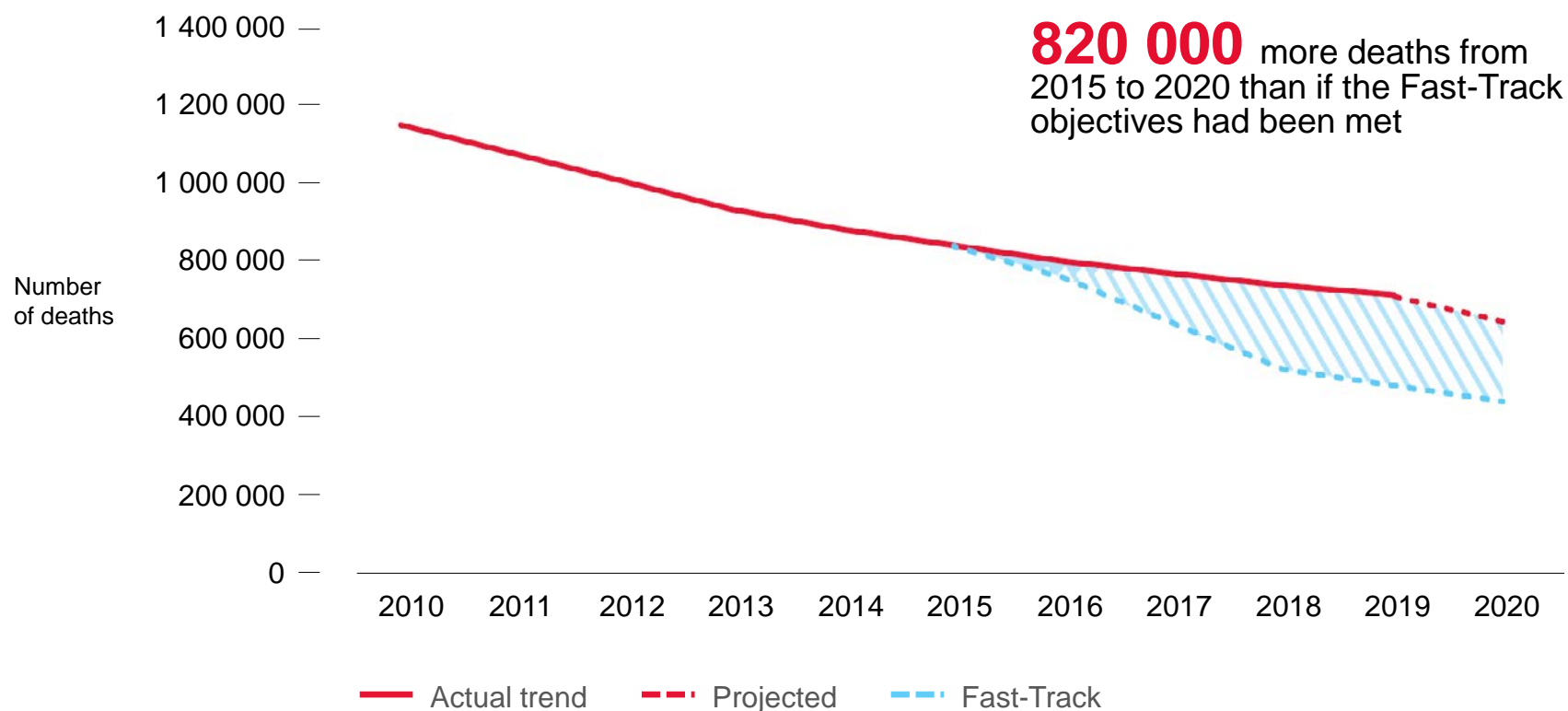
# New HIV infections projected through 2020, and modelled prediction resulting from Fast-Track interventions, global, 2010–2020



Source: Special analysis by Avenir Health using UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>).

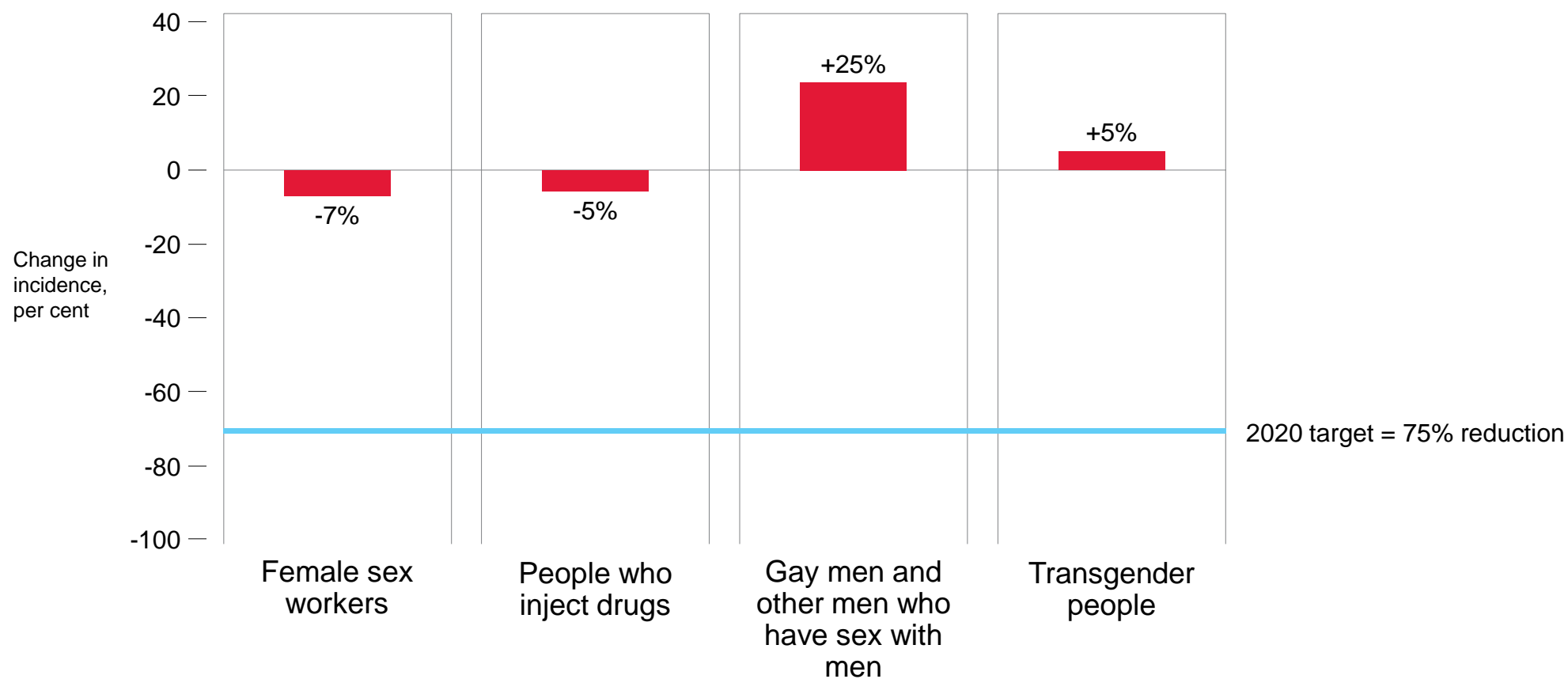


# AIDS-related deaths projected through 2020, and modelled prediction resulting from Fast-Track interventions, global, 2010–2020



**Note:** Methods for the estimation of AIDS-related mortality have been improved since 2016. As a result, the most recent estimates for AIDS-related mortality (orange line) are lower before 2016 than the estimates that were used to calculate the 2020 targets (green dotted line).

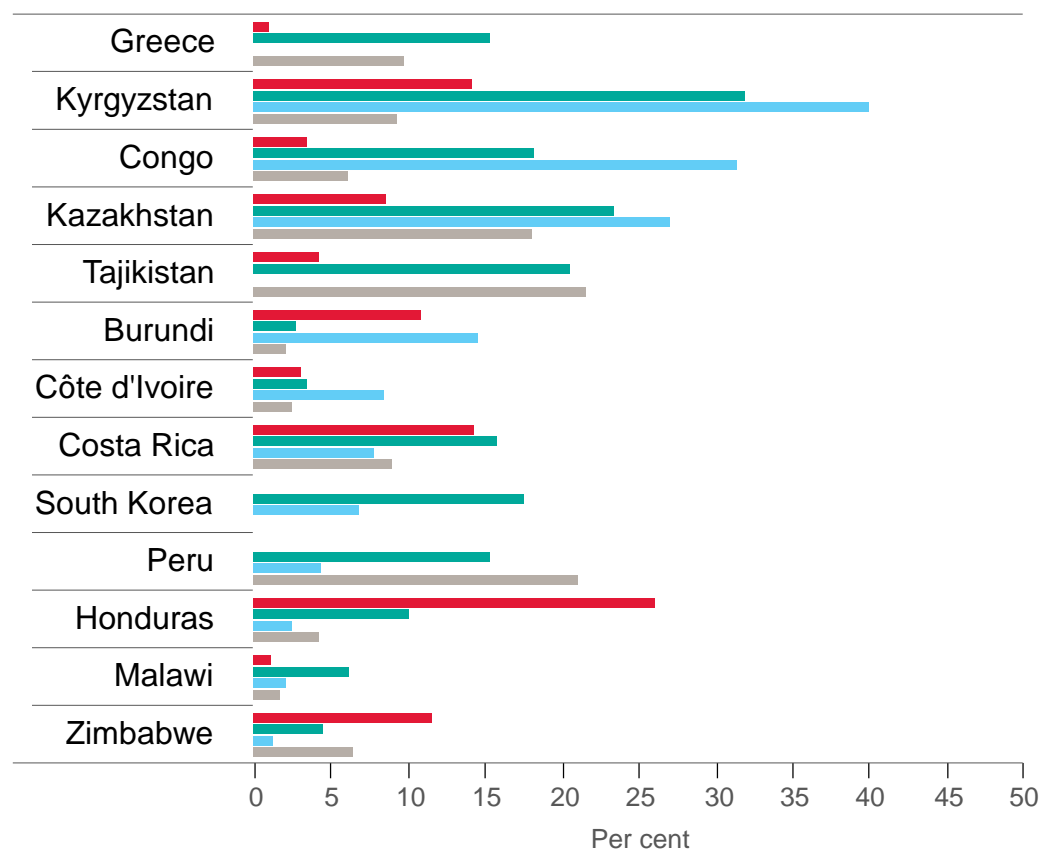
# Percentage change in HIV incidence among key populations, global, 2010–2019



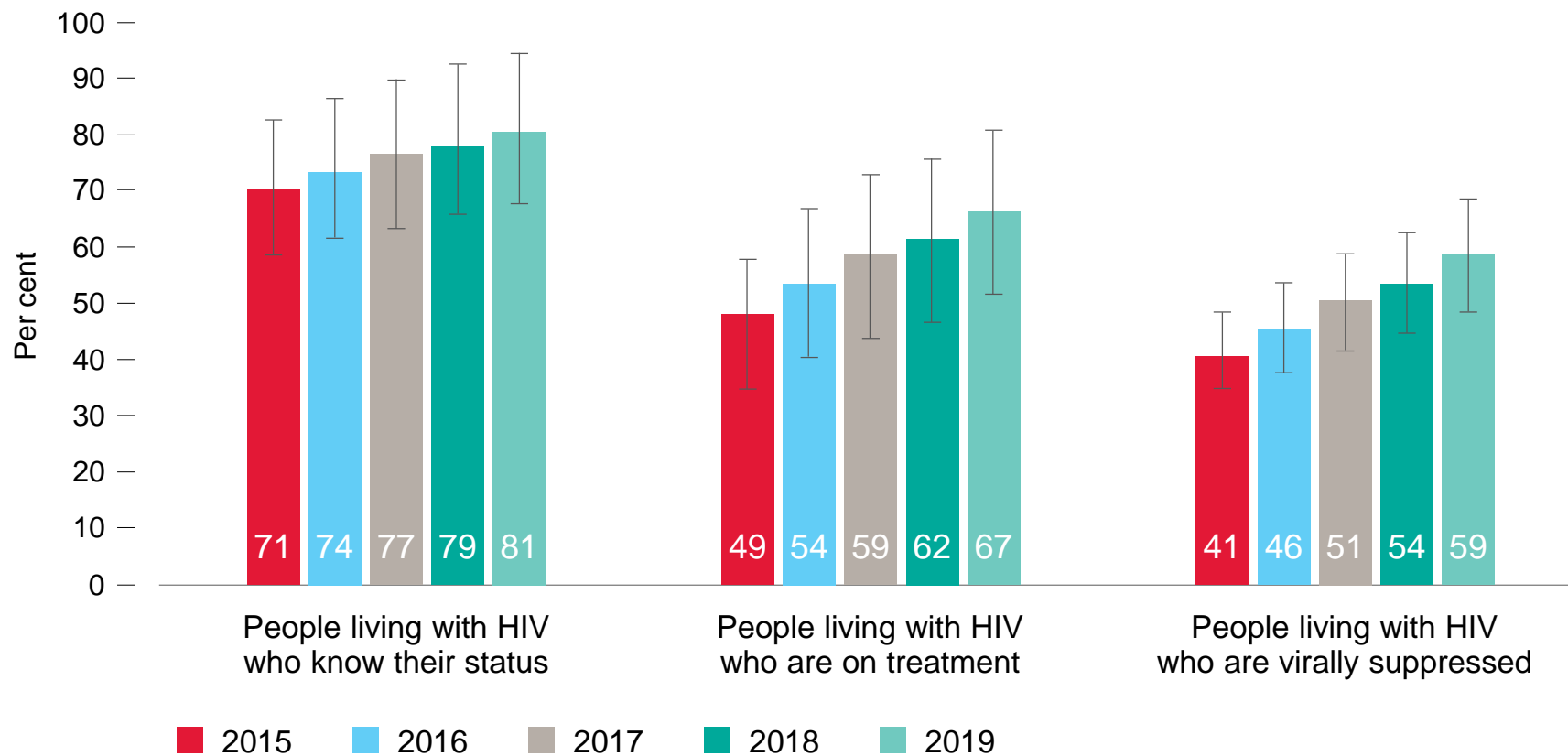
Source: UNAIDS special analysis of available key population data, 2020.

# Percent of people living with HIV who experienced different forms of discrimination in health-care settings, countries with available data, 2013–2018

- Ability to obtain antiretroviral therapy conditional on the use of certain forms of contraception
- Health-care professional has ever told other people about their HIV status without their consent
- Forced to submit to a medical or health procedure (including HIV testing) because of their HIV status in the past 12 months
- Denied health services because of their HIV status at least once in the last 12 months



# HIV testing and treatment cascade, global, 2015–2019

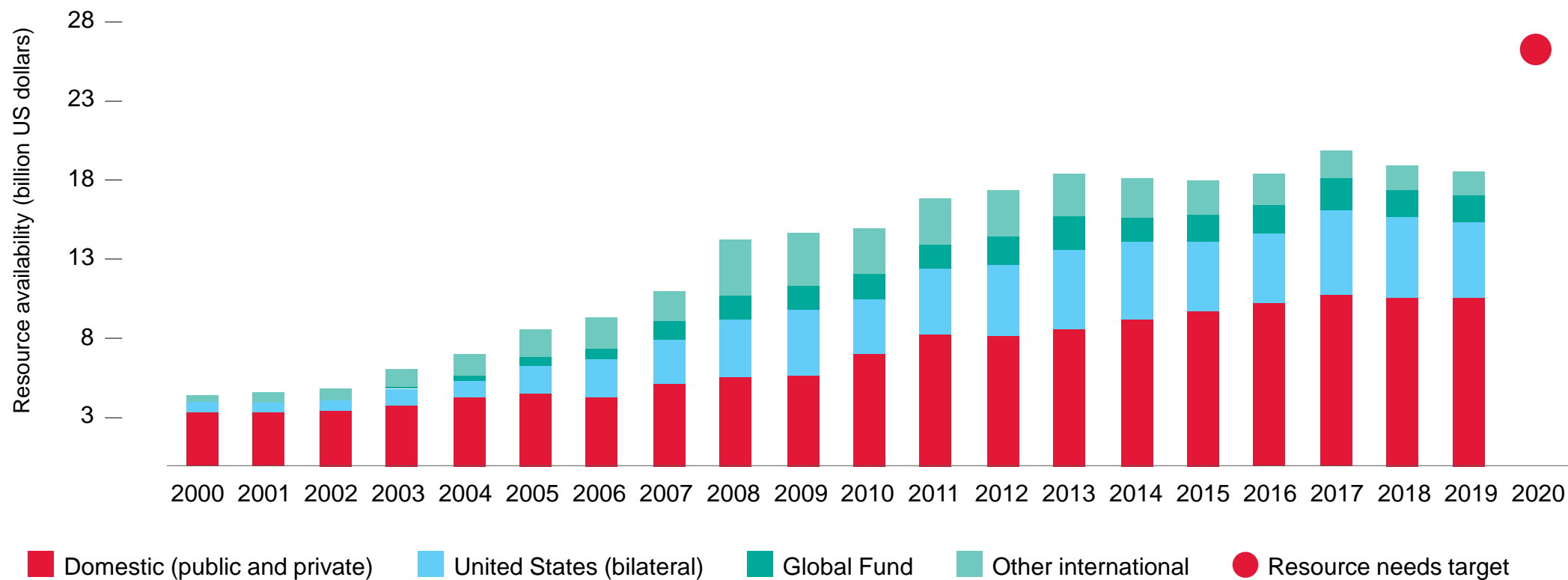


## Major gaps towards HIV prevention coverage targets (28 Global HIV Prevention Coalition countries, unless otherwise indicated), 2018–2019

2020 commitments made by the United Nations General Assembly in 2016	Indicator (date of assessment)	Progress achieved by end-2019
90% of adolescent girls and young women in high prevalence setting have access to comprehensive prevention services	% of high-incidence locations covered with comprehensive programmes for adolescent girls and young women	41%
90% of key populations everywhere have access to comprehensive prevention services	% of key populations who reported receiving at least two prevention services in the past three months	Sex workers: 44% Gay/MSM: 30% People who inject drugs: 34%
20 billion condoms per year are made available in low- and middle-income countries	% of condom distribution need met	59%
An additional 25 million young men are voluntarily medically circumcised in 15 countries in Africa between 2016 and 2020	% of VMMC target achieved	15 million VMMCs (cumulative since 2016)
3 million people at high risk access PrEP	Number of people on PrEP (global data)	590 000

**Source:** Global HIV Prevention Coalition special analysis of Global AIDS Monitoring data, 2019 and 2020 (see <https://aidsinfo.unaids.org/>), and other programmatic data reported by countries through the Global HIV Prevention Coalition.

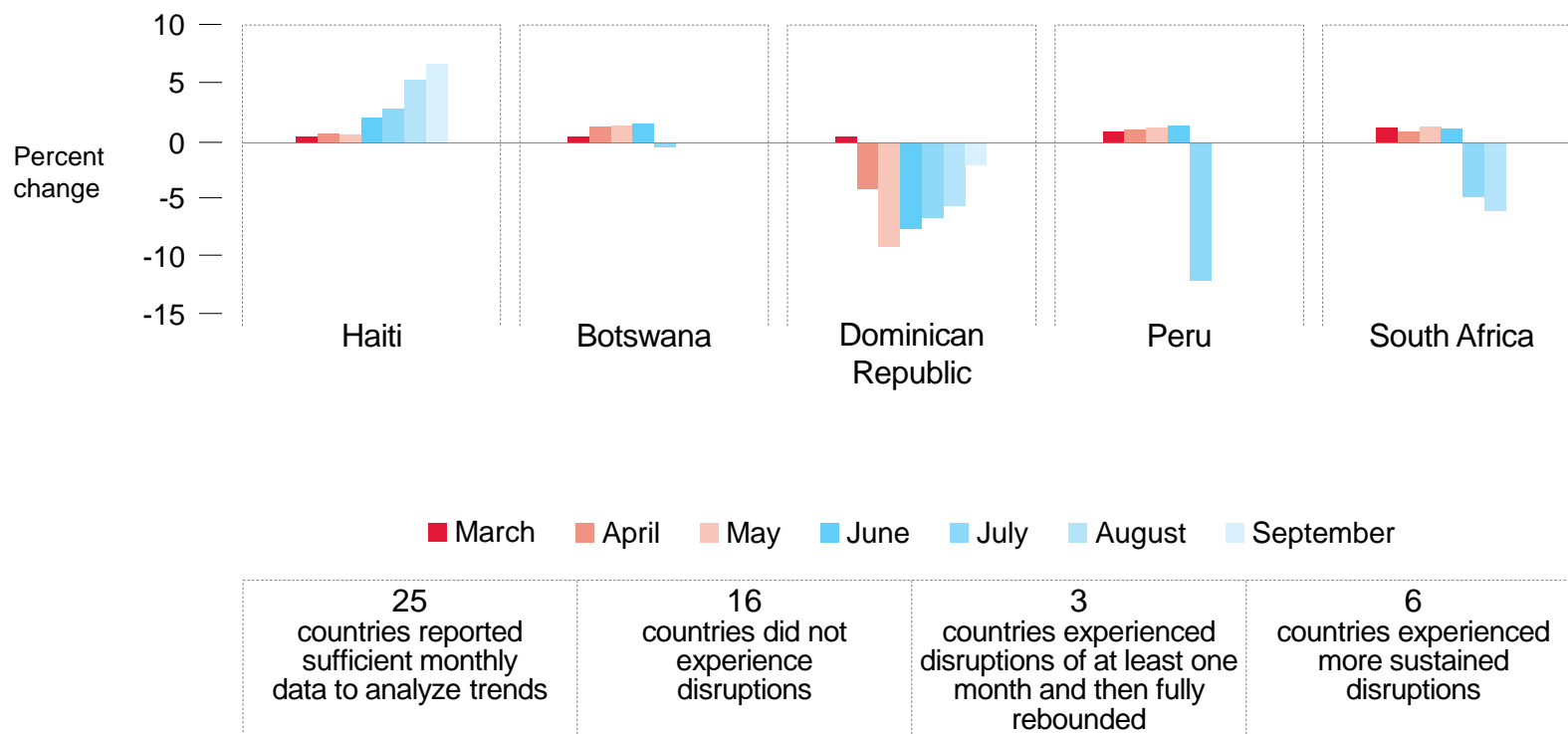
# Resource availability and key funding sources for HIV in low- and middle-income countries, 2000–2019, with 2020 resource needs target



# RESPONDING TO AND LEARNING FROM COVID-19



# Change in the number of people currently on antiretroviral therapy per month, compared to baseline, selected countries, 2020



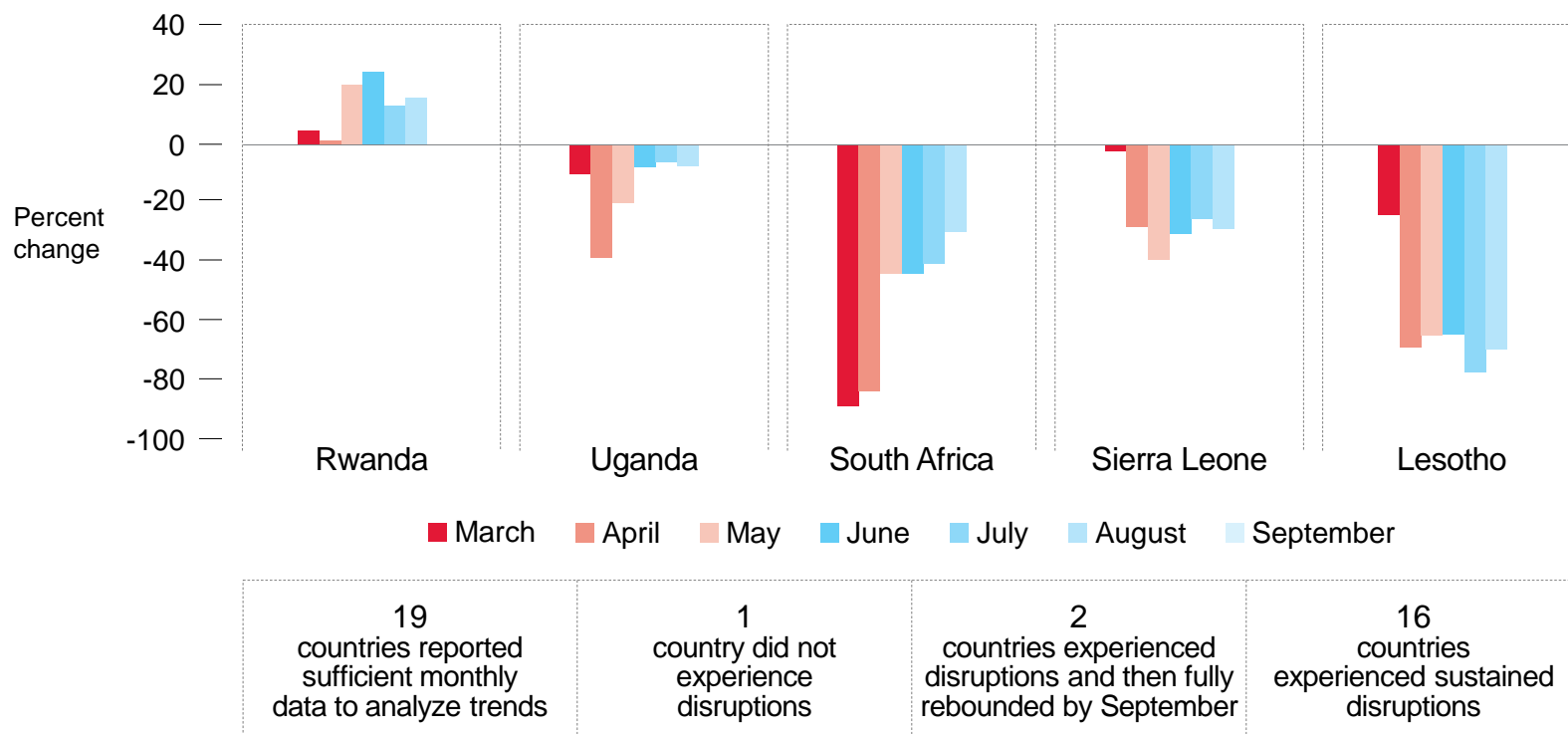
**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports.

**Note:** Selected countries fulfilled the following criteria: (a) provided data for January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had at least 50% of facilities reporting during the month; and (d) had at least six months of data.



# Change in the number of HIV tests and results returned per month, compared to baseline, selected countries, 2020

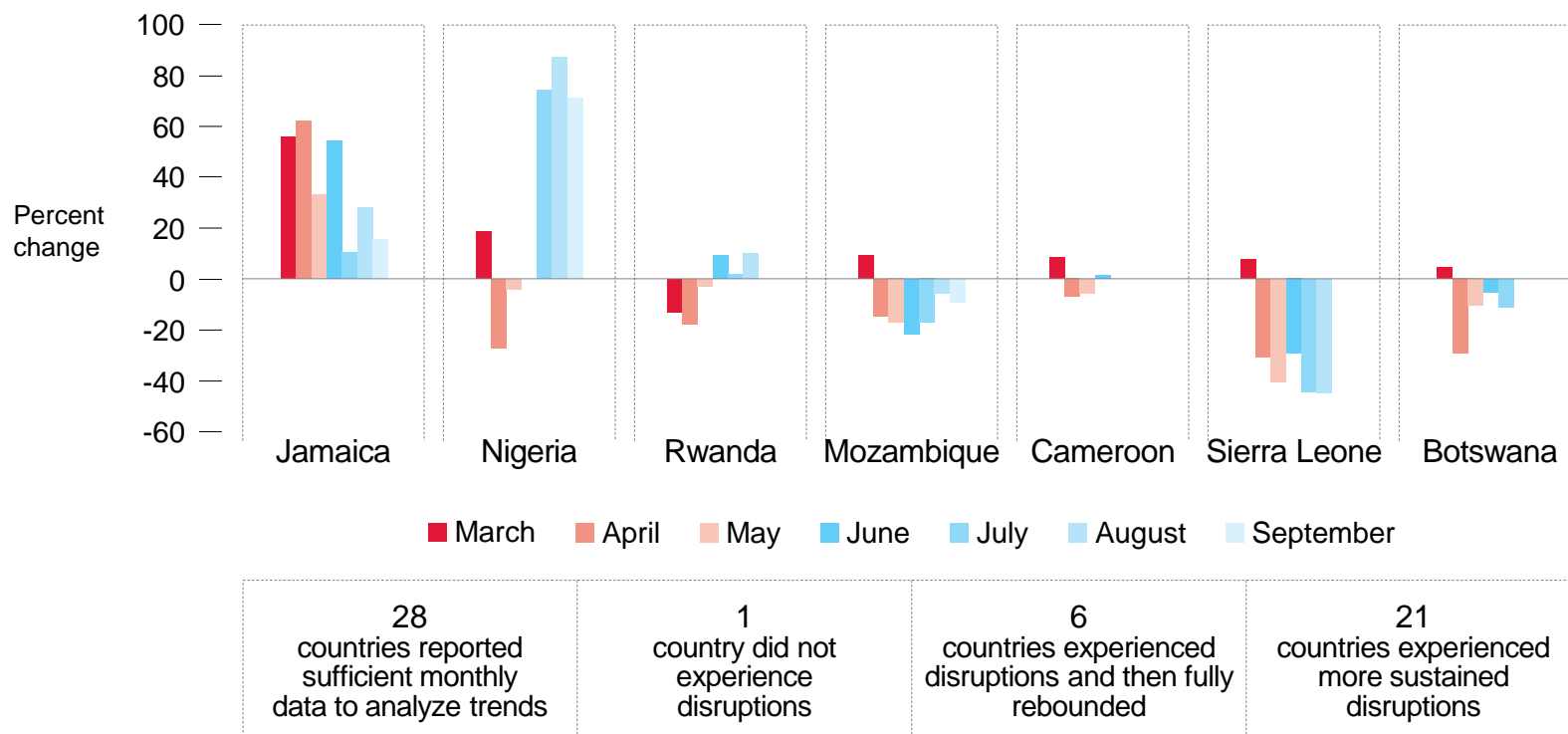


**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports

**Note:** Selected countries fulfilled the following criteria: (a) provided data for January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had at least 50% of facilities reporting during the month; and (d) had at least six months of data.

# Change in the number of people newly initiating antiretroviral therapy per month, compared to baseline, selected countries, 2020

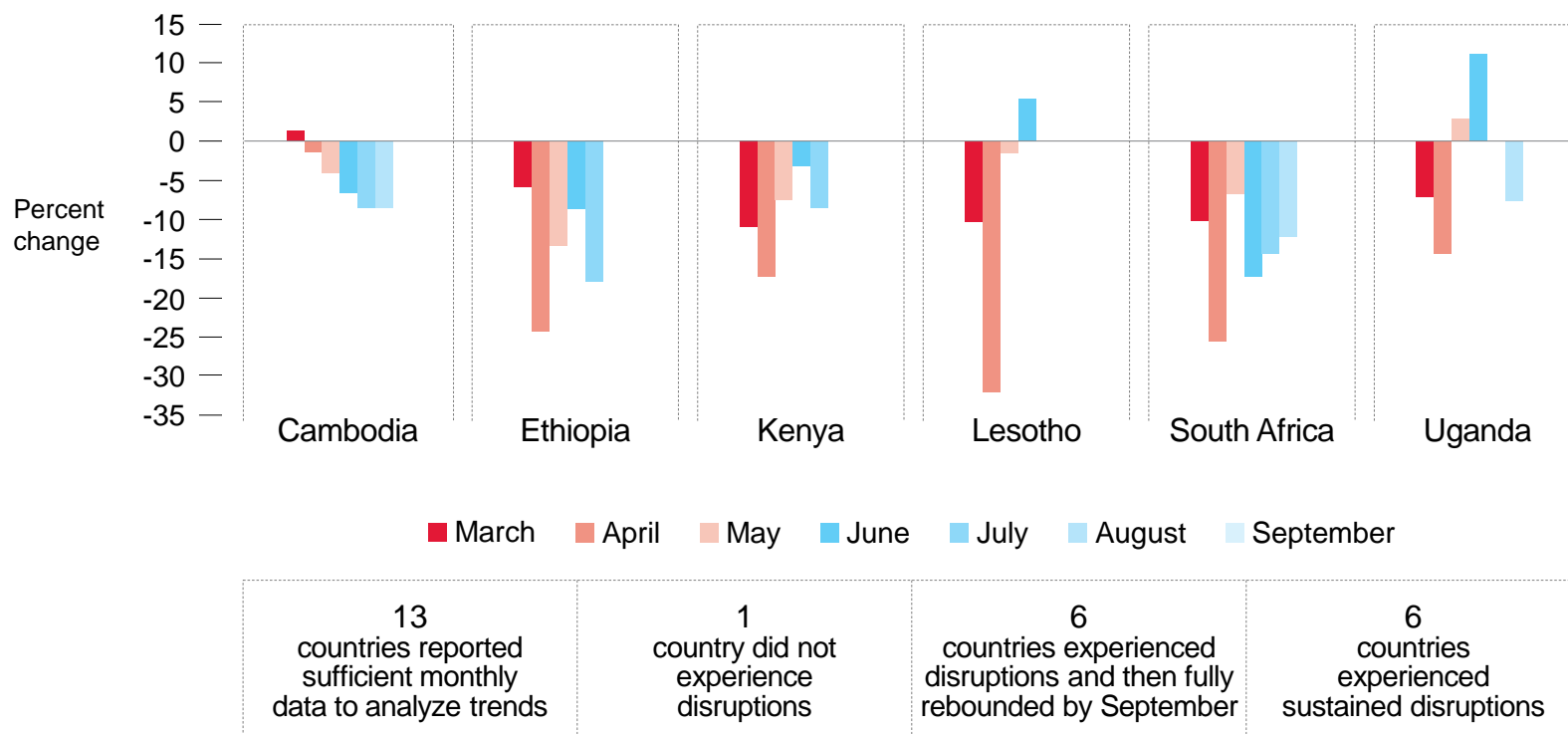


**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports.

**Note:** Selected countries fulfilled the following criteria: (a) provided data for January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had at least 50% of facilities reporting during the month; and (d) had at least six months of data.

# Change in the number of pregnant women tested for HIV per month, compared to baseline, selected countries, 2020

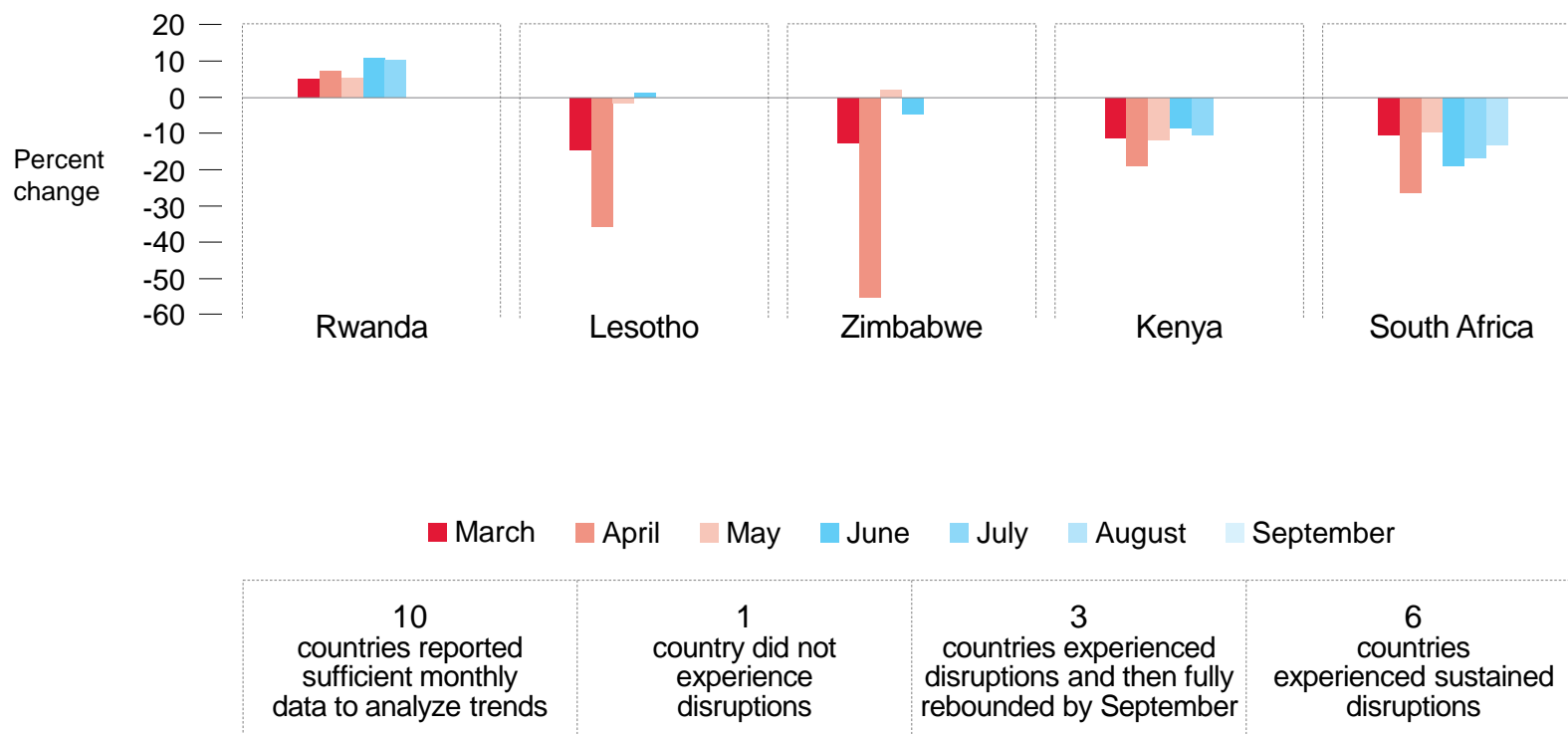


**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports.

**Note:** The six countries selected were among 13 that fulfilled the following criteria: (a) had data for January 2020; (b) had more than 50 pregnant women in January data; (c) had more than 50% of facilities reporting or data from 50% of estimated births; and (d) had at least six months of data.

# Change in the number of pregnant women receiving antiretroviral therapy during pregnancy per month, compared to baseline, selected countries, 2020

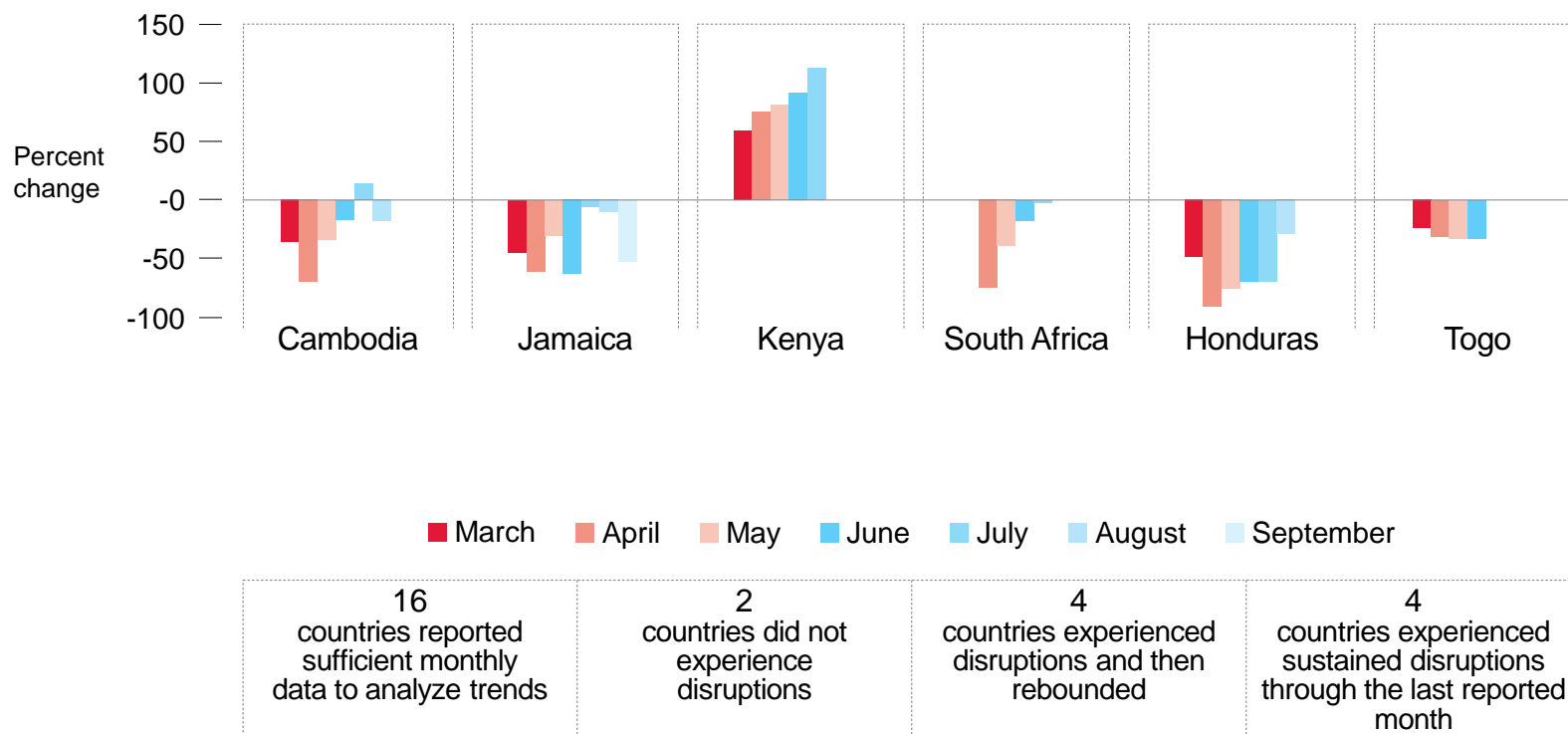


**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports.

**Note:** Selected countries fulfilled the following criteria: (a) provided data for January 2020; (b) reported on at least 50 pregnant women living with HIV in January; (c) had at least 50% of facilities reporting, or data from 50% of pregnant women living with HIV; and (d) had at least six months of data.

# Change in the number of gay men and other men who have sex with men reached by HIV interventions per month, compared to baseline, selected countries, 2020

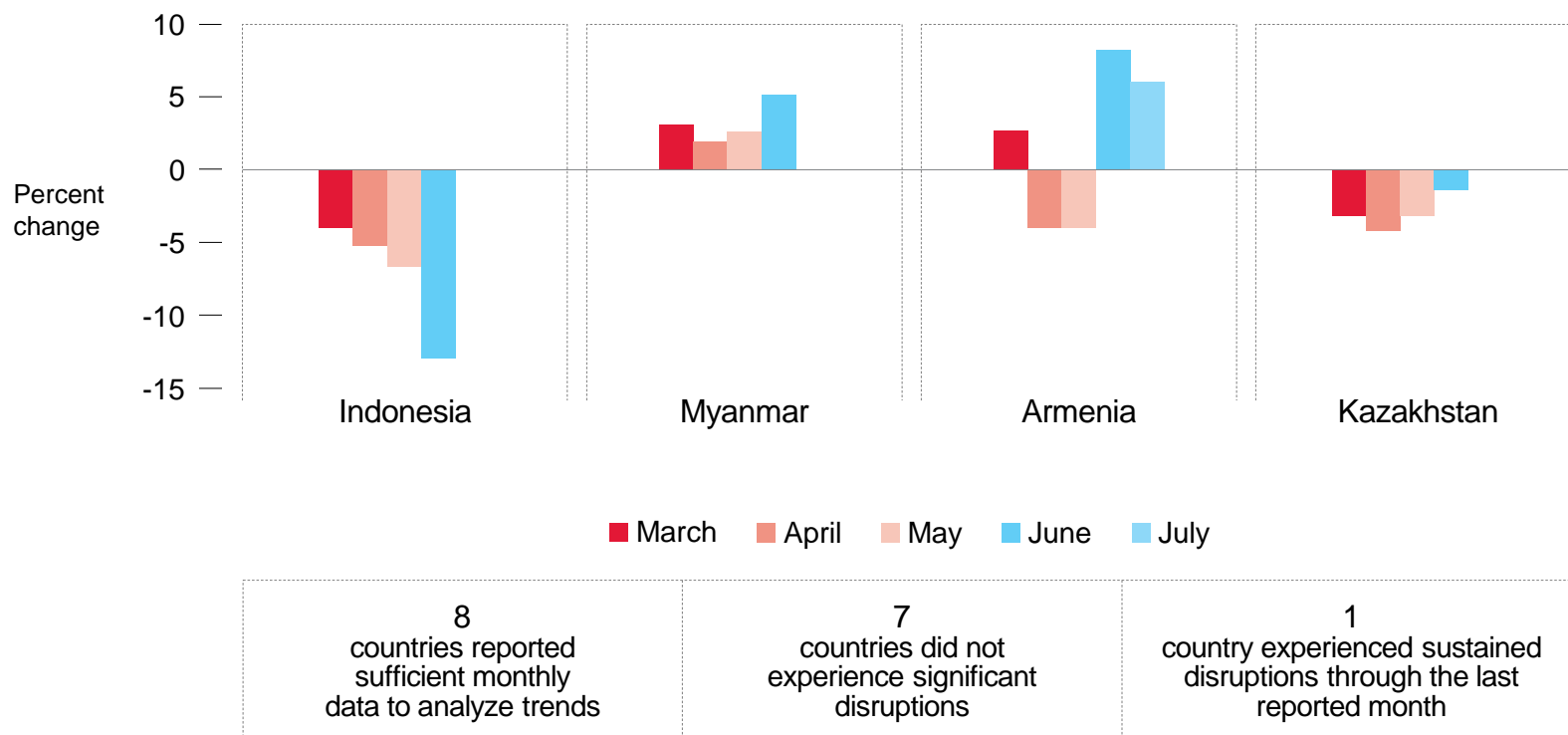


**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports.

**Note:** The six countries selected were among 13 that fulfilled the following criteria: (a) provided data for January 2020; (b) had no significant change in the number of facilities reporting; (c) provided monthly, not cumulative, data; and (d) had at least six months of data.

# Change in the number of people who inject drugs receiving opioid substitution therapy per month, compared to baseline, selected countries, 2020



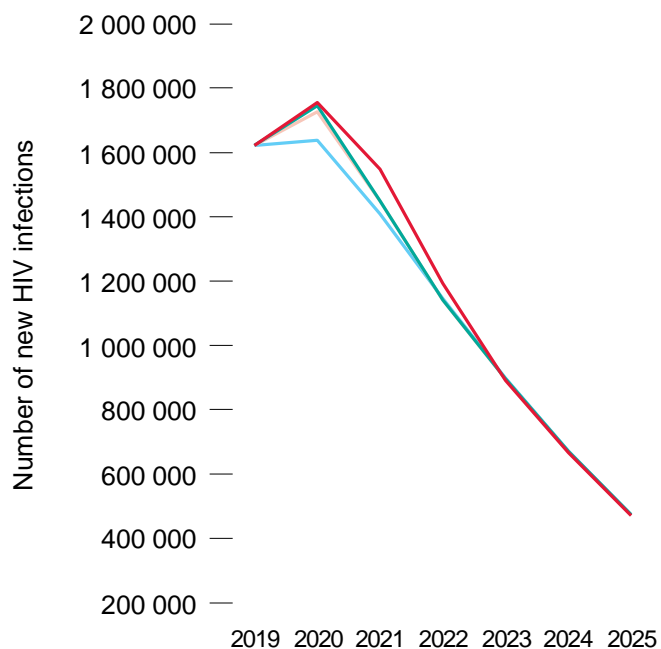
**Source:** UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

**Note:** The baseline is the average of January and February reports.

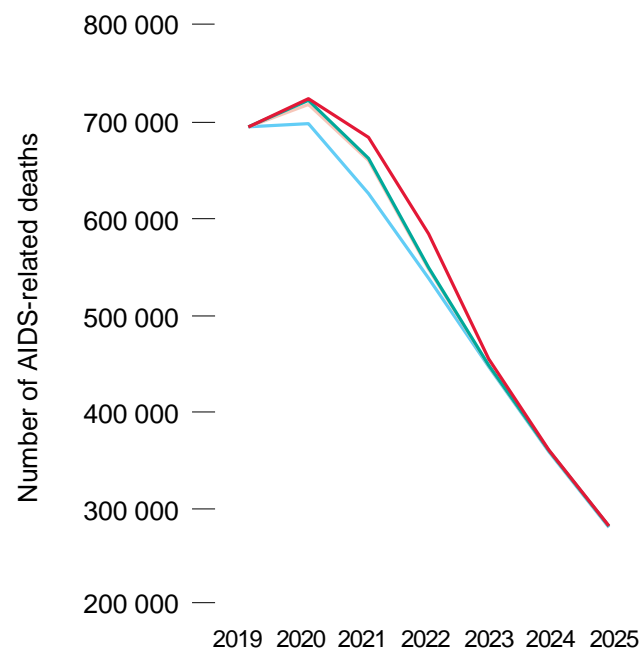
**Note:** Selected countries fulfilled the following criteria: (a) provided data for January 2020; (b) had no significant change in the number of facilities reporting; (c) provided monthly, not cumulative, data; and (d) had at least six months of data.

# Modelled projection of new HIV infections and AIDS-related deaths in three different scenarios of disruption associated with the COVID-19 pandemic, global, 2019–2025

New HIV infections



AIDS-related deaths



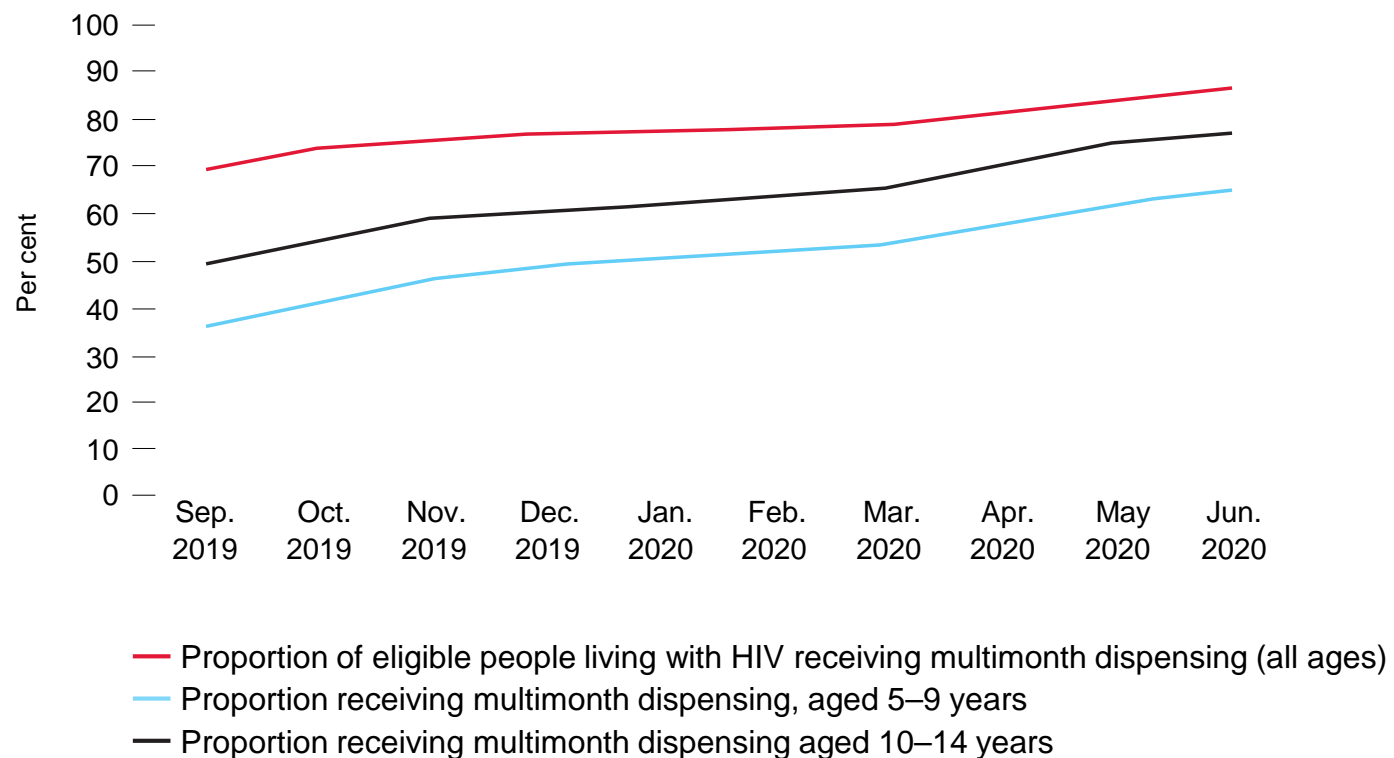
- No disruption
- Disruption for 3 months
- Disruption for 6 months
- Disruption for 2 years

**Source:** Special analysis by Avenir Health using data from UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020 and UNAIDS epidemiological estimates, 2020 (<https://aidsinfo.unaids.org/>). See annex on methods.

**Note:** Several scenarios with different disruption durations (3 months, 6 months and 2 years) have been modelled. Based on a UNAIDS review of the impact of COVID-19 on HIV services, we assumed that during a disruption: (a) the rate of increase in antiretroviral therapy coverage would be half the pre-COVID-19 rate; (b) there would be no VMMC; (c) 20% of the population would experience a complete disruption of services to prevent vertical transmission; and (d) there would be no PrEP scale-up.

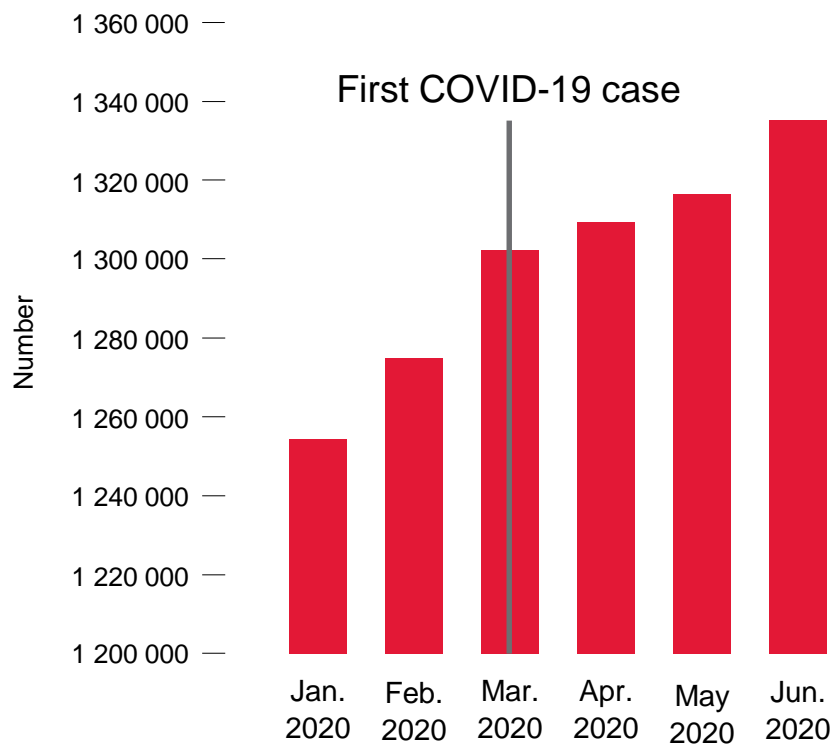
	Additional new HIV infections	Additional AIDS-related deaths
Three-month disruption	123 000	69 000
Six-month disruption	142 000	79 000
Two-year disruption	293 000	148 000

# Scale-up of 3-month dispensing of HIV antiretroviral therapy, all ages and children, mainland Tanzania, 2019–2020

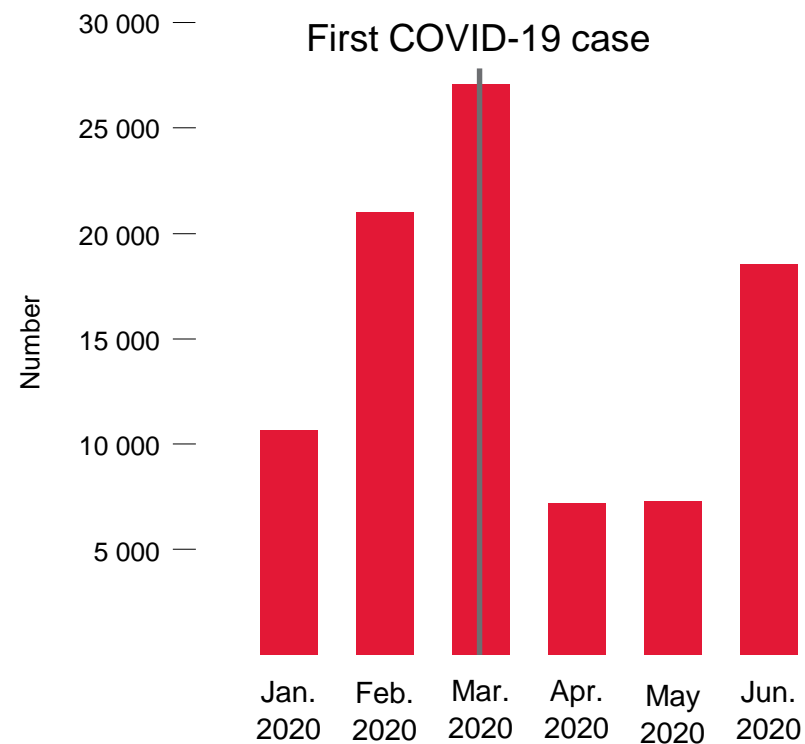




## Number of people receiving antiretroviral therapy by month, all ages, mainland Tanzania, January–June 2020



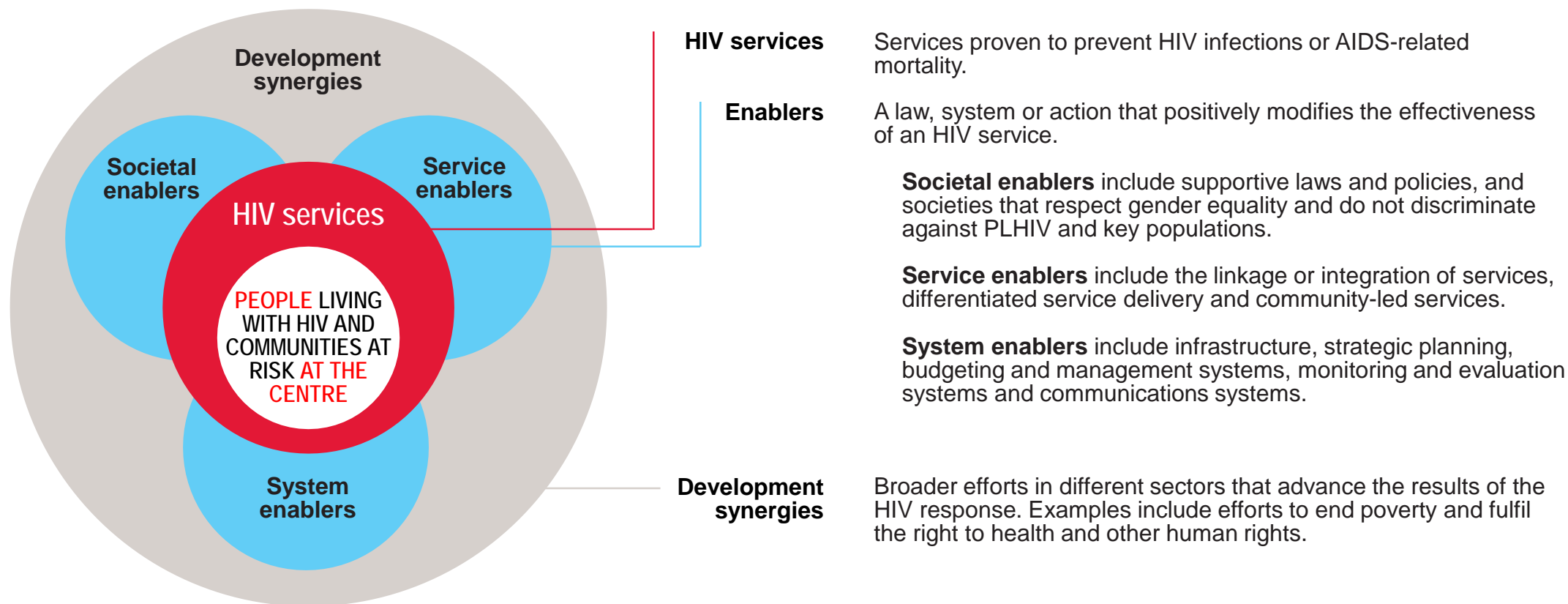
## Net increase in the number of people receiving antiretroviral therapy by month, all ages, mainland Tanzania, January–June 2020



# 2025 AIDS TARGETS



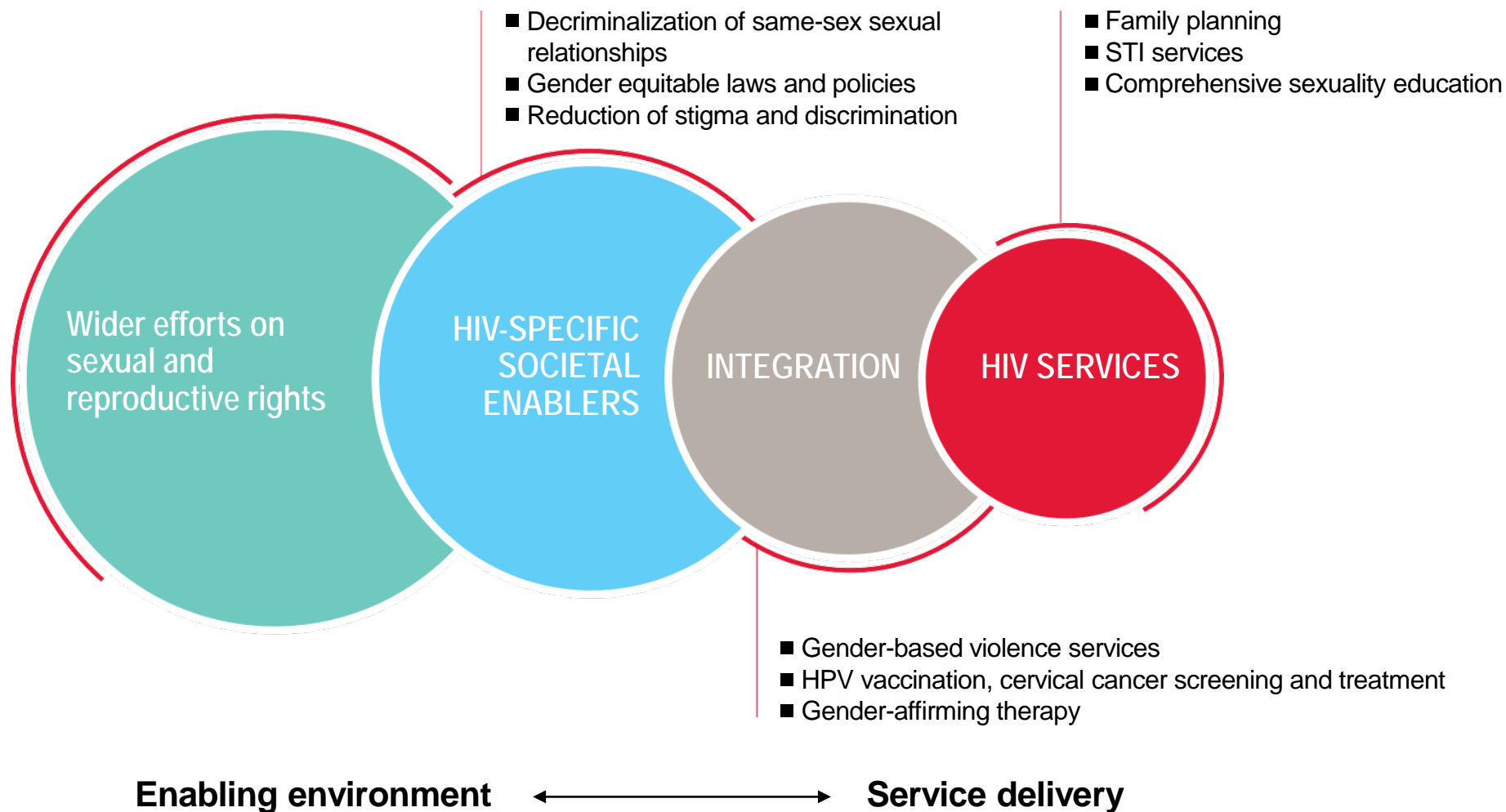
# Investment framework for the development of the 2025 AIDS targets



# Top-line targets for 2025

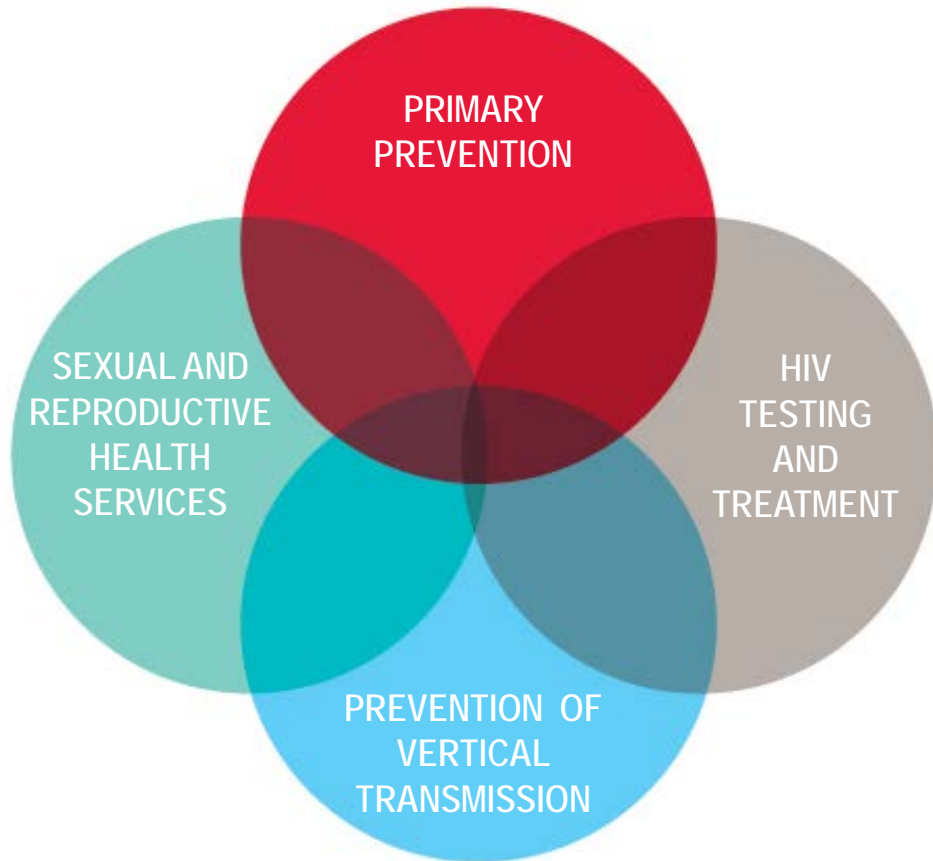
HIV services			Integration	Social enablers		
95–95–95 testing and treatment targets achieved within all subpopulations and age groups.	95% of women of reproductive age have their HIV and sexual and reproductive health service needs met; 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads; and 95% of HIV-exposed children are tested by 2025.	95% of people at risk of HIV infection use appropriate, prioritized, person-centred and effective combination prevention options.	Adoption of people-centred and context-specific integrated approaches that support the achievement of the 2025 HIV targets and result in at least 90% of people living with HIV and individuals at heightened risk of HIV infection linked to services for other communicable diseases, non-communicable diseases, sexual and gender-based violence, mental health and other services they need for their overall health and well-being.	10–10–10 targets for removing societal and legal impediments to an enabling environment that limit access or utilization of HIV services.		
				Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.	Less than 10% of people living with HIV and key populations experience stigma and discrimination.	Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.
				Achieve SDG targets critical to the HIV response (i.e., 1, 2, 3, 4, 5, 8, 10, 11, 16 and 17) by 2030.		

# Sexual and reproductive health and rights within the 2025 AIDS targets



## HIV service areas have considerable overlap

There are no clear divisions among HIV prevention, testing and treatment, the prevention of vertical transmission, and sexual and reproductive health services



## Detailed testing and treatment targets

<b>Children (aged 0–14 years)</b>	<b>Adolescent girls and young women (aged 15–24 years)</b>	<b>Adolescent boys and young men (aged 15–24 years)</b>	<b>Adult women (aged 25 years and older)</b>	<b>Adult men (aged 25 years and older)</b>	<b>People on the move (such as migrants and refugees)</b>
<b>Gay men and other men who have sex with men</b>	<b>Transgender people</b>	<b>Sex workers</b>	<b>People who inject drugs</b>	<b>People in prisons and other closed settings</b>	

95% of people within the subpopulation who are living with HIV know their HIV status

95% of people within the subpopulation who are living with HIV and who know their HIV status are on antiretroviral therapy

95% of people within the subpopulation who are on antiretroviral therapy have suppressed viral loads

# Detailed targets for sexual and reproductive health services and eliminating vertical HIV transmission

Population	Target
<b>Women of reproductive age in high HIV prevalence settings, within key populations and living with HIV</b>	95% have their HIV prevention and sexual and reproductive health service needs met
<b>Pregnant and breastfeeding women</b>	95% of pregnant women are tested for HIV, syphilis and hepatitis B surface antigen at least once and as early as possible. In high HIV burden settings, pregnant and breastfeeding women with unknown HIV status or who previously tested HIV-negative should be re-tested during late pregnancy (third trimester) and in the post-partum period.
<b>Pregnant and breastfeeding women living with HIV</b>	90% of women living with HIV on antiretroviral therapy before their current pregnancy
	All pregnant women living with HIV are diagnosed and on antiretroviral therapy, and 95% achieve viral suppression before delivery
<b>Children (aged 0–14 years)</b>	All breastfeeding women living with HIV are diagnosed and on antiretroviral therapy, and 95% achieve viral suppression (to be measured at 6–12 months)
	95% of HIV-exposed infants receive a virologic test and parents provided the results by age 2 months
	95% of HIV-exposed infants receive a virologic test and parents provided the results after the cessation of breastfeeding
	95–95–95 testing and treatment targets achieved among children living with HIV



# Thresholds for the prioritization of HIV prevention methods

	Criterion	Very high	High	Moderate and low	
<b>Sex workers</b>	National adult (15–49 years) HIV prevalence	>3%	>0.3%	<0.3%	
<b>Prisoners</b>	National adult (15–49 years) HIV prevalence	>10%	>1%	<1%	
<b>Gay men and other men who have sex with men</b>	UNAIDS analysis by country/region	Proportion of populations estimated to have incidence >3%	Proportion of populations estimated to have incidence 0.3–3%	Proportion of populations estimated to have incidence <0.3%	
<b>Transgender people</b>	Mirrors gay men and other men who have sex with men in absence of data	Proportion of populations estimated to have incidence >3%	Proportion of populations estimated to have incidence 0.3–3%	Proportion of populations estimated to have incidence <0.3%	
<b>People who inject drugs</b>	UNAIDS analysis by country/region	Low needle–syringe programme and opioid substitution therapy coverage	Some needle–syringe programme; some opioid substitution therapy	High needle–syringe programme coverage with adequate needles and syringes per person who injects drugs; opioid substitution therapy available	
	Criterion	High and very high	Moderate	Low	
<b>Adolescent girls and young women</b>	Combination of [national or subnational incidence in women 15–24 years] AND [reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	1–3% incidence AND high-risk reported behaviour	>3% incidence	0.3–<1% incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	<0.3% incidence OR 0.3–<1% incidence and low-risk reported behaviour
<b>Adolescent boys and young men</b>	Combination of [national or subnational incidence in men 15–24 years] AND [reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	1–3% incidence AND high-risk reported behaviour	>3% incidence	0.3–<1% incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	<0.3% incidence OR 0.3–<1% incidence and low-risk reported behaviour
<b>Adults (aged 25 and older)</b>	Combination of [national or subnational incidence in adults 25–49 years] AND [reported behaviour from DHS or other (>2 partners; or reported STI in previous 12 months)]	1–3% incidence AND high-risk reported behaviour	>3% incidence	0.3–<1% incidence and high-risk reported behaviour OR 1–3% incidence and low-risk reported behaviour	<0.3% incidence OR 0.3–<1% incidence and low-risk reported behaviour
<b>Serodiscordant partnerships</b>	Estimated number of HIV-negative regular partners of someone newly starting on treatment	Risk stratification depends on choices within the partnership: choice of timing and regimen of antiretroviral therapy for the HIV-positive partner; choice of behavioural patterns (condoms, frequency of sex); choice of PrEP			

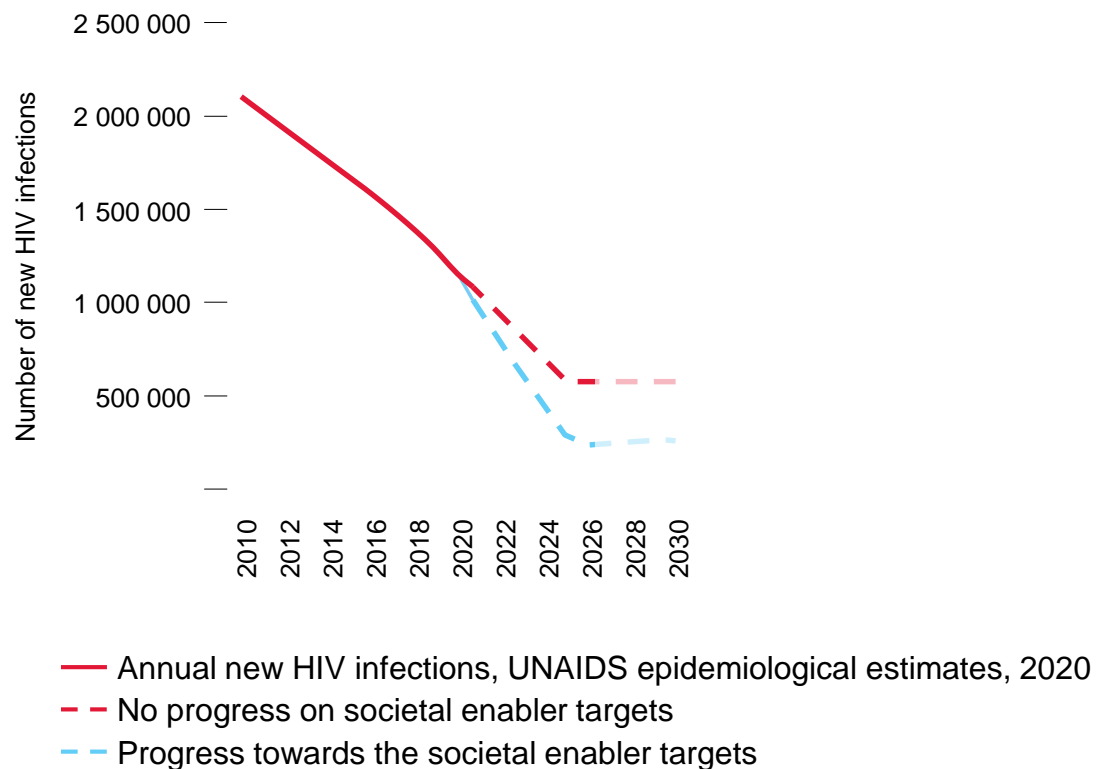
## Detailed HIV prevention targets for key populations

KEY POPULATIONS	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Transgender people	Prisoners and others in closed settings
Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	--	95%	95%	95%	--
Condom/lubricant use at last sex with a client or non-regular partner	90%	--	--	--	90%
PrEP use (by risk category) <ul style="list-style-type: none"> <li>▪ Very high</li> <li>▪ High</li> <li>▪ Moderate and low</li> </ul>	80% 15% 0%	50% 15% 0%	15% 5% 0%	50% 15% 0%	15% 5% 0%
Sterile needles and syringes	--	--	90%	--	90%
Opioid substitution therapy among people who are opioid dependent	--	--	50%	--	--
STI screening and treatment	80%	80%	--	80%	--
Regular access to appropriate health system or community-led services	90%	90%	90%	90%	100%
Access to post-exposure prophylaxis as part of package of risk assessment and support	90%	90%	90%	90%	90%

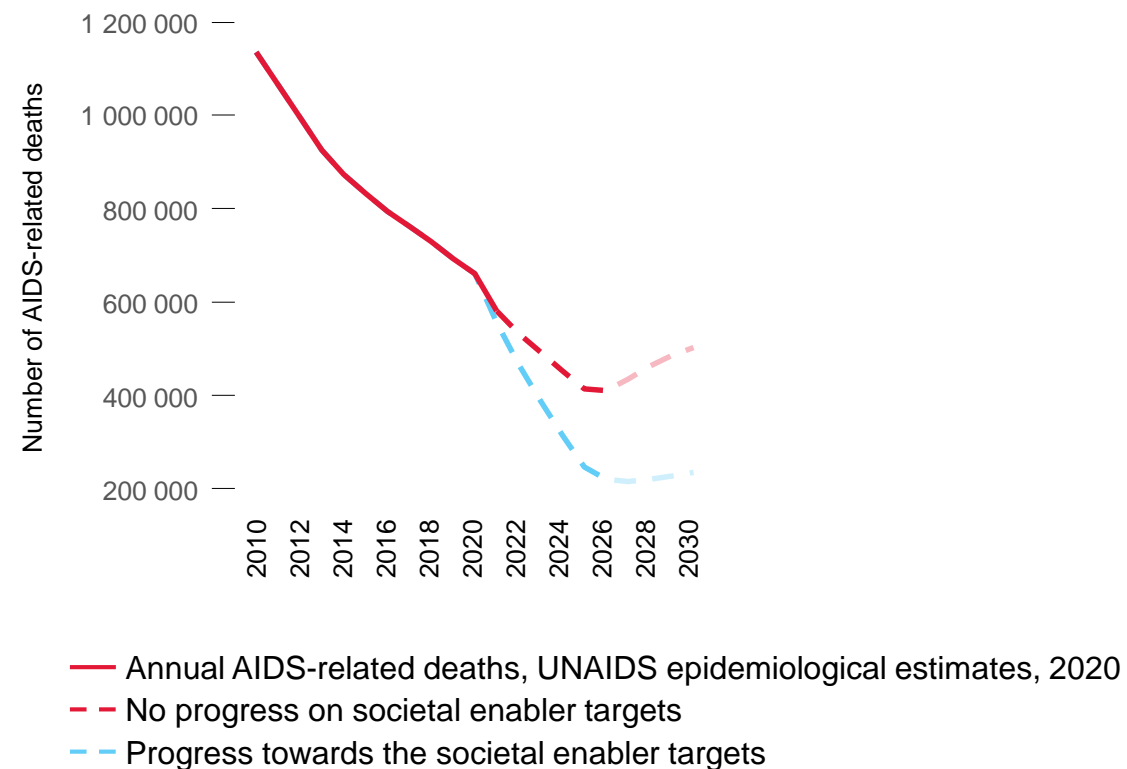
# Detailed HIV prevention targets for the general population

GENERAL POPULATION		Risk by prioritization stratum			
		Very high	Moderate	Low	
All ages and genders	Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	95%	70%	50%	
	PrEP use (by risk category)	50%	5%	0%	
	STI screening and treatment	80%	10%	10%	
Adolescents and young people	Comprehensive sexuality education in schools, in line with UN international technical guidance	90%	90%	90%	
		Strata based on geography alone			
		Very high (>3%)	High (1–3%)	Moderate (0.3–1%)	Low (<0.3%)
All ages and genders	Access to post-exposure prophylaxis (PEP) (non-occupational exposure) as part of package of risk assessment and support	90%	50%	5%	0%
	Access to PEP (nosocomial) as part of package of risk assessment and support	90%	80%	70%	50%
Adolescent girls and young women	Economic empowerment	20%	20%	0%	0%
Adolescent boys and men	VMMC	90% in 15 priority countries			
People within serodiscordant partnerships	Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known	95%			
	PrEP until positive partner has suppressed viral load	30%			
	PEP	100% after high-risk exposure			

## HIV infections projected through 2020, and modelled predictions related to progress on societal enablers, 2021–2030

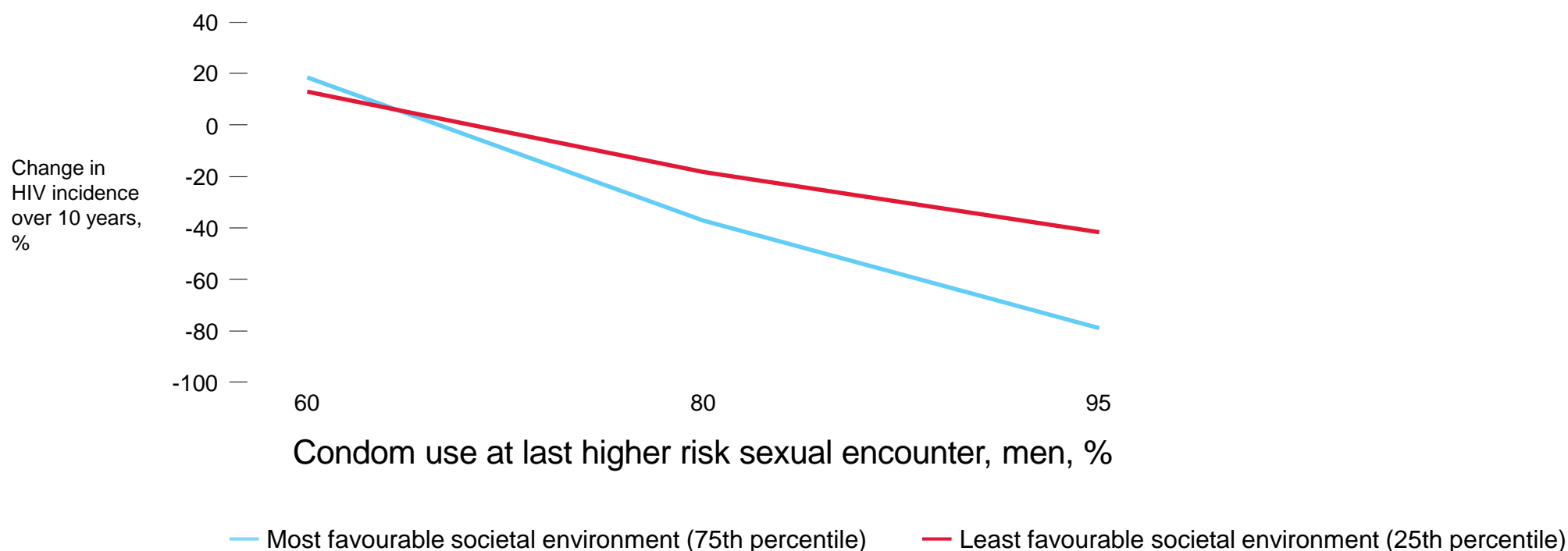


## AIDS-related deaths projected through 2020, and modelled predictions related to progress on societal enablers, 2021–2030



**Source:** Special analysis by Avenir Health using data from UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020; and UNAIDS epidemiological estimates, 2020 (<https://aidsinfo.unaids.org/>). See annex on methods.

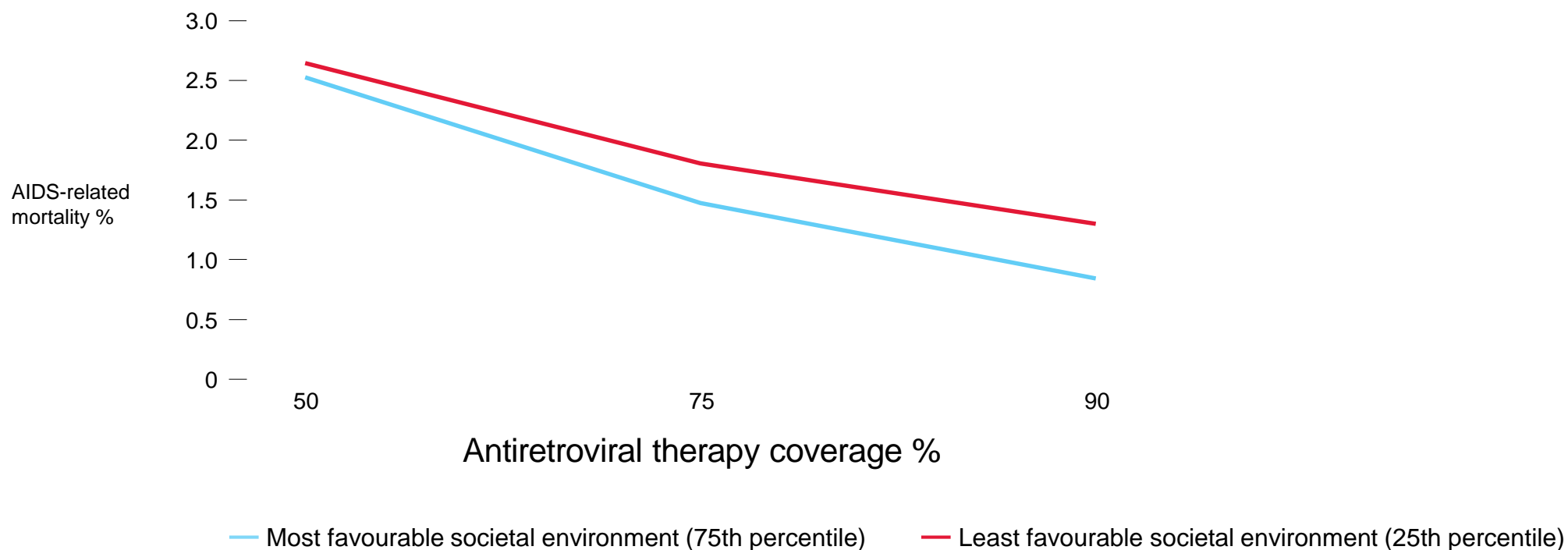
# Change in HIV incidence over 10 years in countries with favourable and unfavourable societal environments, by male condom use at last higher risk sex, 2010–2019



**Source:** UNAIDS special analysis using structural equation modelling; see methods annex.

**Note:** The level of the societal enabling environment is a composite indicator based on four groups of societal enabling environments: (1) gender-equal societies; (2) societies free from stigma and discrimination; (3) improved access to justice and punitive laws lifted; and (4) joint action with broader development sector. The estimation was performed by applying multivariate panel regression data with structural equations modeling for the statistical analysis of unobserved constructs.

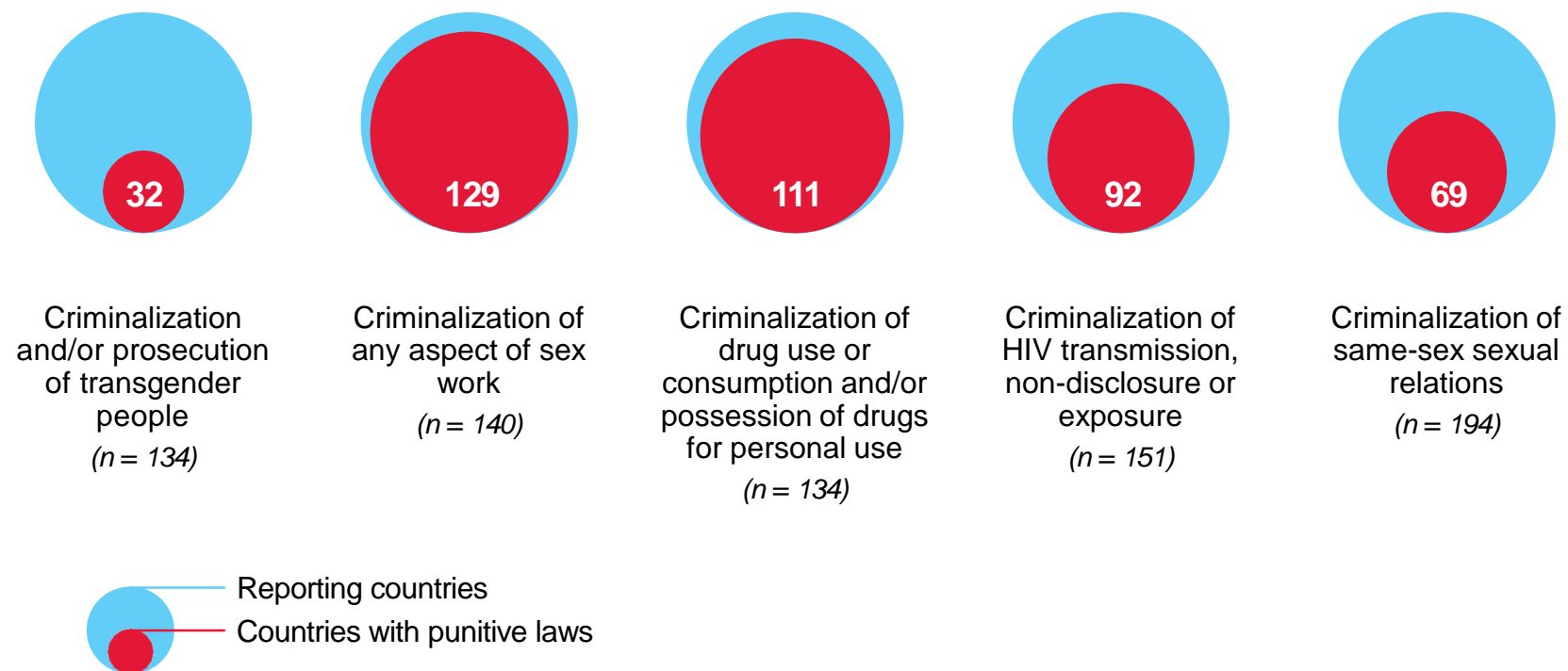
# AIDS-related mortality among people living with HIV by antiretroviral therapy coverage in countries with favourable and unfavourable societal environments, 2017–2019



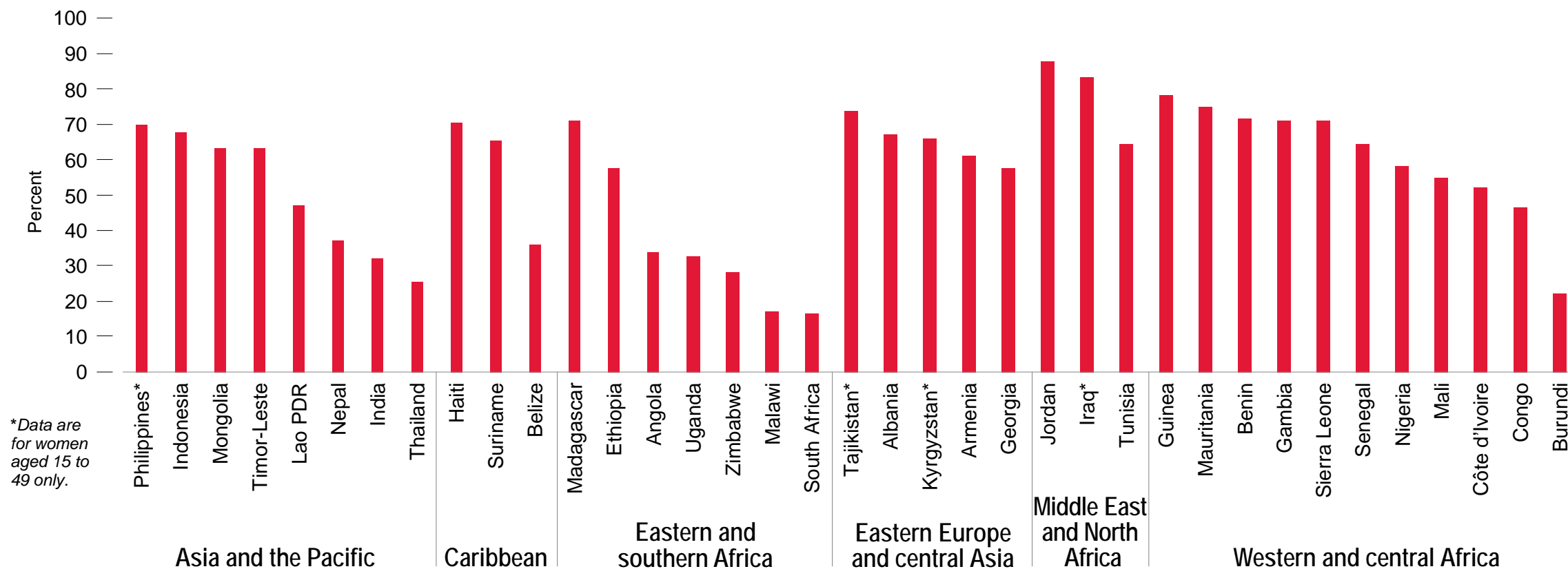
**Source:** UNAIDS special analysis using structural equation modelling; see methods annex.

**Note:** The level of the societal enabling environment is a composite indicator based on four groups of societal enabling environments: (1) gender-equal societies; (2) societies free from stigma and discrimination; (3) improved access to justice and punitive laws lifted; and (4) joint action with broader development sector. The estimation was performed by applying multivariate panel regression data with structural equations modeling for the statistical analysis of unobserved constructs.

# Countries with discriminatory and punitive laws, global, 2019



# Percentage of people aged 15 to 49 years who report discriminatory attitudes towards people living with HIV, countries with available data, 2014–2019

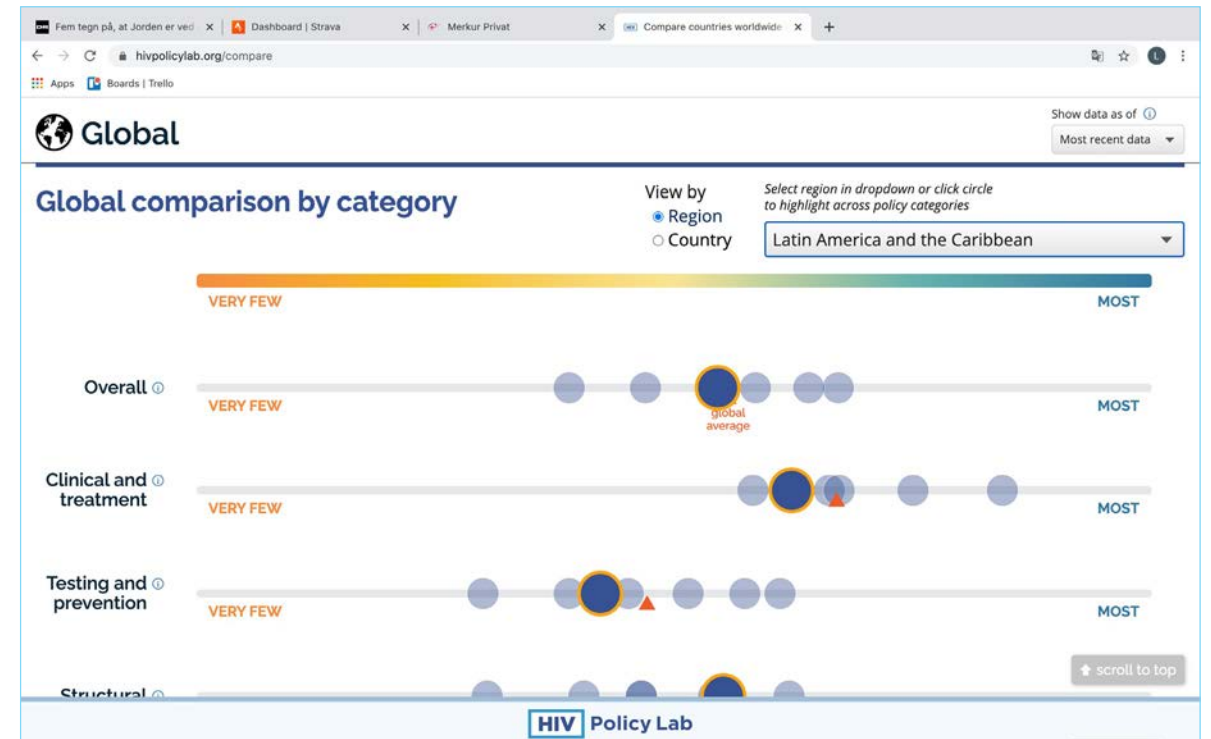


Source: Population-based surveys, 2014–2019.

Note: Discriminatory attitudes are measured through "No" responses to either of two questions: (1) Would you buy fresh vegetables from a shopkeeper or vendor if you knew this person had HIV?; and (2) Do you think that children living with HIV should be able to attend school with children who are HIV-negative?



# Illustrations of data presentation on the HIV Policy Lab website



# Detailed targets for integration

Population	Target
<b>People living with HIV</b>	90% of patients entering care through HIV or tuberculosis services are referred for tuberculosis and HIV testing and treatment at one integrated, collocated or linked facility, depending on the national protocol. And 90% of people living with HIV receive tuberculosis preventive treatment.
	90% have access to integrated or linked services for HIV treatment and cardiovascular diseases, cervical cancer, mental health, diabetes diagnosis and treatment, education on healthy lifestyle counselling, smoking cessation advice and physical exercise.
<b>Children (aged 0–14 years)</b>	95% of HIV-exposed newborns and infants have access to integrated services for maternal and newborn care, including prevention of the triple vertical transmission of HIV, syphilis and hepatitis B virus.
<b>Adolescent boys and young men (aged 15–24 years)</b>	90% of adolescent boys (aged 15+ years) and men (aged 25–59 years) have access to VMMC integrated with a minimum package of services <sup>5</sup> and multidisease screening <sup>6</sup> within male-friendly health-care service delivery in 15 priority countries.
<b>Adult men (aged 25+)</b>	
<b>School-aged young girls (aged 9–14 years)</b>	90% of school-aged young girls in priority countries have access to HPV vaccination, as well as female genital schistosomiasis ( <i>S. haematobium</i> ) screening and/or treatment in areas where it is endemic. <sup>7</sup>
<b>Adolescent girls and young women (aged 15–24 years)</b>	90% have access to sexual and reproductive health services that integrate HIV prevention, testing and treatment services. These integrated services can include, as appropriate to meet the health needs of local population, HPV, cervical cancer and STI screening and treat, female genital schistosomiasis ( <i>S. haematobium</i> ) screening and/or treatment, intimate partner violence (IPV) programmes, sexual and gender-based violence (SGBV) programmes that include post-exposure prophylaxis (PEP), emergency contraception and psychological first aid. <sup>8</sup>
<b>Adult women (aged 25+)</b>	
<b>Pregnant and breastfeeding women</b>	95% have access to maternal and newborn care that integrates or links to comprehensive HIV services, including for the prevention of the triple vertical transmission of HIV, syphilis and hepatitis B virus.
<b>Gay men and other men who have sex with men</b>	90% have access to HIV services integrated with (or link to) STI, mental health and IPV programmes, SGBV programmes that include PEP, and psychological first-aid.
<b>Sex workers</b>	90% have access to HIV services integrated with (or link to) STI, mental health and IPV programmes, SGBV programmes that include PEP and psychological first-aid.
<b>Transgender people</b>	90% of transgender people have access to HIV services integrated with or linked to STI, mental health, gender-affirming therapy, IPV programmes, and SGBV programmes that include PEP, emergency contraception and psychological first aid.
<b>People who inject drugs</b>	90% have access to comprehensive harm reduction services integrating or linked to hepatitis C, HIV and mental health services.
<b>People in prisons and other closed settings</b>	90% have access to integrated tuberculosis, hepatitis C and HIV services.
<b>People on the move (migrants, refugees, those in humanitarian settings, etc.)</b>	90% have access to integrated tuberculosis, hepatitis C and HIV services, in addition to IPV programmes, SGBV programmes that include PEP, emergency contraception and psychological first aid. These integrated services should be person-centred and tailored to the humanitarian context, the place of settling and the place of origin.

# REACHING THE TARGETS





# **ANNEX** **ON METHODS**

## Detailed targets for sexual and reproductive health services and eliminating vertical HIV transmission

Component	Study	Indicator	aOR	Odds of 90	Odds with stigma	Achievement with stigma
Testing	Golub and Gamarel (2013)	Likelihood of testing	0.54	9	4.86	0.83
Linkage	Sabapathy et al. (2017)	Late linkage to care	1.71–1.82	9	5.10	0.84
	Gesesaw et al (2017)	Late presentation to care	2.4 (1.6–3.6)	9	3.75	0.79
Adherence	Katz et al. (2013)	Non-adherence	1.74	9	5.17	0.84