The Future of PEPFAR
Sustainable Results with Accountability, Transparency, and Impact

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Office of the U.S. Global AIDS Coordinator
Department of State

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HPTN Meeting
History of the Epidemic

Celebrating success and a call to action
Maintaining Focus & Momentum is Critical

Number of New HIV Infections Halved since Peak of Epidemic
Dramatic Impact of PEPFAR on Life Expectancy
In Countries Significantly Impacted by HIV/AIDS

Life Expectancy at Birth (in years), 1960-2012; Select Countries

HIV/AIDS Epidemic

Source: World Bank, 2014
Budget Realities Necessitate Focus on Core Interventions

Reviewing our fiscal environment
PEPFAR Bilateral Budget vs. Results
(FY 2008 - FY 2015 Request)

*FY 2014 includes targets submitted with COP13, to be updated upon completion of COP14 submissions.

**FY 2015 targets to be submitted with COP14

- Millions of People Served
- Other U.S. Government Agencies Bilateral
- People on Treatment
- OVCs receiving care & support
- PMTCT: Pregnant women who were tested for HIV
- PMTCT: HIV-positive pregnant women who received ARVs
- Males Circumcised

*FY 2014 targets included in the COP13.
**FY 2015 targets to be submitted with COP14.
Budgetary Realities Require Focus on Critical Activities (Core) Focusing on Highest Impact Interventions

• Combination Prevention (PMTCT, ART, Condoms, VMMC)
• Prevention (effective/targeted)
• OVC – holistic services for families
• Neglected & Hard to Reach Populations
  – Pediatrics
  – Adolescent girls
  – Key populations – MSM & Transgender, FSW, PWID
• Targeted strengthening of Health Systems specifically to support the activities above
  – Human resources for health, supply chain, laboratory, and strategic information
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Country Example of Focus on Core Interventions

Meeting Care & Treatment Directive Naturally and Achieving Impressive Program Scale-Up
PROGRAM FOCUS: Prioritizing Activities: Core, Near Core, Non Core

**Core**
- Activities critical to saving lives, preventing new infections - and/or which USG is uniquely qualified

**Near Core**
- Activities that directly support our goals and cannot yet be done well by other partners or host gov’t.

**Non Core**
- Activities that do not directly serve our HIV/AIDS goals and/or can be taken on by other partners or host gov’t or civil society.

**Must Do**

**Should Do**

**Nice to Do**
Geographic Focus: Ethiopia
Unequal Burden Requires Review and Re-focusing of Response (Hot Spots)

Challenge of matching program & disease burden
- 80% positive clients in 22% of facilities
- 400 PMTCT sites with no HIV+ women
Kenya
Estimated Annual New HIV Infections & AIDS Deaths

Uganda
Estimated Annual New HIV Infections & AIDS Deaths

Uganda: Focusing on Core with Flat Budget

Treatment Results

PEPFAR Uganda COP Budget & Current on Treatment
2008 - 2013

Uganda Program Review

Budget

Current on ART
Uganda: Focusing on Core with Flat Budget
PMTCT Testing and ARV Results Including B+ Scale-Up

PEPFAR Uganda PMTCT Testing & ARV Results, 2008 - 2013

- PMTCT Testing
- PMTCT ARVs
- PMTCT Lifelong ART

Uganda Program Review

- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
Uganda: Focusing on Core with Flat Budget
VMMC Scale-Up

PEPFAR Uganda COP Budget & Voluntary Medical Male Circumcision (VMMC) Results, 2008 - 2013

Budget VMMC


Uganda Program Review
Implementing for Epidemic Impact
Program Priorities for Key Interventions
Focusing Our Programs to Control the Epidemic & Achieve a Sustainable Response

• Demonstrate Effective control of the HIV epidemic
• Using data to inform programmatic decisions
  – Going where the epidemic is: populations with high incidence and risk of infection and geographic focus based on prevalence & disease burden
• Rapid scale-up of combination prevention
• Improve coverage for neglected populations:
  – Key populations
  – TB/HIV co-infected
  – Pediatrics
  – Young women and girls
Core Interventions & Infections Averted

Projected Infections Averted by Modality, 2012 - 2016

Percent of Infections Averted Compared to Baseline Scenario

Uganda

CD4 < 550...
CD4 < 350...

Zambia

CD4 < 550...
CD4 < 350...

Kenya

CD4 < 550...
CD4 < 350...

ART
PMTCT
Option B+
MC
Condoms
HTC
Close Gaps in ART Coverage for TB/HIV Patients

Reaching 100% ART coverage for all TB/HIV patients must be a priority

TB is leading cause of death among PLHIV
320,000 PLHIV died of TB in 2012 alone

Current ART coverage* among eligible PLHIV

Goal

*ART Coverage at ART eligibility of CD4<350

World Health Organization, Global TB report 2012
Treatment Priorities

• Rapidly and strategically scale-up ART, for the greatest impact in achieving epidemic control
  – Saturate the high prevalence provinces (states)
• Support adoption of 2013 WHO guidelines for expanded ART eligibility
• Maintain prioritization for the sickest patients
• Improve adherence and retention in care with goal of achieving virologic suppression
  – Ensure community support
Acceleration Needed for EMTCT by 2015

Number of new child HIV infections in 2013
21 countries

Pre-Global Plan

6.5% annual decline

Global Plan Progress

12.7% annual decline

Source: Preliminary UNAIDS 2013 Estimates
PMTCT Priorities

• Accelerate: strategic scale-up of PMTCT services
  – Prioritize high-burden areas for saturation

• Focus on quality
  – Ensure 100% access to PITC in PMTCT sites
  – Rapid testing quality
  – Improving ART initiation rate among identified positive clients
  – Improving adherence and retention rates

• Support adoption of WHO guidelines – Options B/B+

• Rapidly expand access to and uptake of EID services

• Improve post natal follow-up of mother-baby pair
Disparity in ART Coverage Rates for Pediatrics

8 large PEPFAR countries have pediatric coverage <30%
Pediatrics Priorities
Persistent disparity between adult and pediatric coverage is unacceptable

To Scale-Up Pediatric Treatment, PEPFAR will:

- Improve **pediatric case-finding** & immediate linkage to care & ART
  - Expansion of early infant diagnosis (EID) & improved turn-around time
  - Targeted PITC for children in high yield clinical settings
  - Ensure OVC know status and are linked with care & ART

- Engage **peer mothers** or expert clients to track LTFU

- Link families of pediatric patients with **OVC services**

- Train and **mentor clinical providers** on peds & support **task sharing** and decentralization

- Support **pooled procurement with GFATM** for peds ARVs & advocate for better formulations

- Tailor services for **Adolescents**
Laboratory Priorities

• Quality assurance for rapid HIV testing
  – Ensure accurate results are provided to clients
  – Rapid testing quality improvement initiative (RTQII)

• Develop country-specific strategies for scale-up of viral load testing and development of viral load networks
  – VL Implementation Guide to be launched at IAS (collaboration between PEPFAR, WHO, GF, ASLM).
Viral Load in Resource-Limited Settings

Viral load is the gold standard for ART monitoring

• 2013 WHO Guidelines
  – VL testing at 6 months and then annually for patients on ART to monitor adherence and detect treatment failure
  – WHO historically focused on clinical & immunologic monitoring for patients on ART → poor predictive value for virologic failure
  – Delayed detection of failure leads to accumulation of HIV drug resistance

• New developments have made VL more feasible
  – Prices fallen to as low as $10.50/test* in some countries (compared to $40-85/test)
  – Use of dried blood spots (DBS) mitigates many specimen collection and transport issues

*$10.50/test reflects reagents only; total cost of test is ~$20/test with overhead, transport, other equipment costs.
Prevention Priorities
Focus, Measurement, Quality

Focus
– High impact interventions
  • VMMC, Condoms, HTC and demand creation for clinical services
– High need populations
  • KPs, fishing communities, adolescent girls
– High impact locations

Measurement
– Define population sizes
– Set aggressive targets to reach meaningful coverage
– Quantify the impact in the short and long term

Quality
– Define a standard package of evidence-based services
– Track partner performance
– Be accountable for improvement
– Support policy-level interventions for maximum impact
Moderate Increase in Condom Use

Condom use with non-regular partners
(men – change over time - two most recent surveys)

Condoms are a core combination prevention intervention
VMMC Priorities

- Continue **scale-up** with focus on **efficiencies** to decrease unit cost while maintaining quality
- Introduce **non-surgical devices** to facilitate task sharing and appeal to clients
- Innovations in demand creation including **social marketing**
- Continuing focus on **safety and infection control**
- Prioritizing outreach to **age groups** most at risk of acquiring HIV

Source: PEPFAR program data, 2013
Broad Societal Benefits of ART

FY2013 Societal Cost Savings Attributable to PEPFAR Investment in ART: $2.8B

For every 1000 patient-years of treatment:
- 226 patient deaths averted
- 432 children not orphaned
- 60 sexual transmissions of HIV averted
- 39 vertical (mother-to-child) infections averted
- 9 TB cases averted among HIV patients
- 2,419 life-years gained

Source: CDC estimates from the PEPFAR ART Cost Model (PACM) for the Office of the U.S. Global AIDS Coordinator, based on PEPFAR FY2013 APR results
The number of children who have lost their parents due to HIV has increased from 14.6 million in 2005 to 17.8 million in 2013.

Source: UNAIDS & UNICEF, 2013
PEPFAR OVC Mission: To mitigate the social, emotional and economic impacts of HIV/AIDS on children and to reduce their risk and vulnerability while increasing their resilience.

OVС Strategic Principles

1. **Strengthen families** as primary caregivers of children;
2. Support the **capacity of communities** to create protective and caring environments;
3. Build the capacity of **social service systems** to protect the most vulnerable; and
4. Allocate resources for children **according to need** in the context of HIV/AIDS by integration with the broader PEPFAR platform and response
South Africa: OVC 2014 Q1 & Q2 data

OVC ART Adherence support by age and quarter

<table>
<thead>
<tr>
<th>Age</th>
<th>Q1</th>
<th>Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to &lt;2</td>
<td>255</td>
<td>226</td>
</tr>
<tr>
<td>2 to &lt;6</td>
<td>757</td>
<td>786</td>
</tr>
<tr>
<td>6 to &lt;12</td>
<td>1513</td>
<td>2057</td>
</tr>
<tr>
<td>12 to &lt;14</td>
<td>999</td>
<td>1085</td>
</tr>
<tr>
<td>14 to &lt;18</td>
<td>1374</td>
<td>1776</td>
</tr>
</tbody>
</table>

OVC supported in accessing anti-retroviral therapy (ART) services and/or adhering to an ART program:
Disparities in Access to Lifesaving Services

Getting the right services to the right populations in the right places
Disparately High HIV Prevalence among Young Women Compared to Young Men


Source: UNAIDS 2013
HIV Incidence among Young Women
More than 1/3 New HIV Infections Globally Occur among Young Women in Africa

Estimated number of new HIV infections *per week* among young women aged 15-24 years in East and Southern Africa, 2012
Data source: UNAIDS 2013

Over 5,000 new HIV infections every week among young women in these 14 countries alone; over 7,000 globally
Violence Against Children Surveys (VACS)
Reducing Gender Based Violence is a Critical Priority

**Data for Tanzania and Swaziland reported by 13-24 year olds**

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of females 18-24 unwilling first sexual intercourse prior to age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaziland</td>
<td>43.5%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>29.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>24.3%</td>
</tr>
<tr>
<td>Haiti</td>
<td>23.1%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

*Among females reporting sexual debut before age 18

**Sources:**
- UNICEF Swaziland and CDC. Findings from a National Survey on Violence Against Children in Swaziland. CDC, Atlanta. 2007
- Port-au-Prince, Haiti: Centers for Disease Control and Prevention, 2013
Association between childhood sexual violence and selected health conditions, reported by females 13-24 years old in Swaziland

*Adjusted for age, community setting, SES, and orphan status

Source:
UNICEF Swaziland and CDC. Findings from a National Survey on Violence Against Children in Swaziland. CDC, Atlanta. 2007
Elevated Incidence Among Key Populations in Concentrated Epidemics

New HIV Infections by Population in Regions with Majority Concentrated Epidemics

<table>
<thead>
<tr>
<th>Region</th>
<th>IDU</th>
<th>MSM</th>
<th>CSW</th>
<th>CSW clients</th>
<th>All others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>67%</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
<td>17%</td>
</tr>
<tr>
<td>Latin America</td>
<td>19%</td>
<td>26%</td>
<td>4%</td>
<td>13%</td>
<td>38%</td>
</tr>
<tr>
<td>South and South-East Asia*</td>
<td>22%</td>
<td>8%</td>
<td>5%</td>
<td>41%</td>
<td>24%</td>
</tr>
</tbody>
</table>

IDU: Injecting Drug Users
MSM: Men having sex with men
CSW: Commercial Sex Workers

* India was omitted from this analysis because the scale of its HIV epidemic (which is largely heterosexual) masks the extent to which other at-risk populations feature in the region’s epidemics.

Source: UNAIDS, 2013
Discriminatory Cultural & Legal Environments
Substantial Impact on MSM, TG, PWID, and Other Vulnerable Populations

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Malawi</th>
<th>Namibia</th>
<th>Botswana</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM afraid to seek health services</td>
<td>18%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>MSM afraid to walk in community</td>
<td>16%</td>
<td>17%</td>
<td>29%</td>
</tr>
<tr>
<td>MSM blackmailed because of sexuality</td>
<td>18%</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>MSM beat up by govt/policeman</td>
<td>8.%</td>
<td>22%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Beyrer et al, 2010

Cultural and political environments contributing to stigma and discrimination significantly impact access to life-saving services for many populations.

Source: Amnesty
The Power of PEPFAR

Focusing our collective energy to end AIDS
Defining Success for PEPFAR

Controlling the Epidemic

• All long term strategy countries reach 80% coverage for all core elements of combination prevention
• Dramatically improve pediatric treatment coverage & linkage with OVC services
• Ensure prevention and key pops programs are focused and evidence-based
• VL strategically rolled-out and ART patients with full viral suppression
• Adherence to ART at 80-85% with full viral suppression

Sustainability & Partnership

• Full transparency, data sharing, and renewed engagement with civil society
• Collaborative planning, monitoring, and TA with GFATM/PEPFAR
• Coordination with multilateral, faith-based, and private sector partners

Accountability and monitoring

• 100% site monitoring achieved and all countries reporting real-time data
• Interagency Collaborative successfully operating – use of program data for budget formulation and TA prioritization
Celebrating Progress

• 6.7 million women, men and children on life-saving antiretroviral treatment
• 780,000 HIV+ pregnant women received ARVs to prevent mother-to-child transmission
• 2.2 million men received VMMC services
• 17 million people received care and support
• 5 million orphans and vulnerable children supported
• 57.7 million people received HIV testing and counseling services
• 21 million people in priority and key populations reached with risk behavior prevention interventions
Focus on those we serve: This WEEK

Over 4,000 babies were infected

Over 7,000 young women were infected

Over 24,000 people living with HIV died on this continent
THANK YOU