



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR's Data-Driven Response Across Facilities and Communities

Preventing HIV Transmission : Undetectable Viral Load

Preventing HIV : VMMC and DREAMS and Key populations

PEPFAR's 3 Guiding Pillars

Controlling the HIV Pandemic

Accountability

Demonstrate cost-effective programming that maximizes the impact of every dollar invested

Transparency

Demonstrate increased transparency with validation and sharing of all levels of program data

Impact

Demonstrate sustained control of the epidemic; save lives and avert new infections

Where are we?

Eastern and Southern Africa

Expansion of services through constant, **deliberative collaboration** between PEPFAR, GF, governments, and community

Demonstrated outcomes and impact; rapid policy adoption, continuous monitoring of progress

Key gaps

Focus prevention interventions to saturation

15-30 age group awareness of risk and HIV status

Men – all ages

Clinical and prevention cascade for key populations

Inconsistent political will to address all key populations with necessary interventions

High prevalence
generalized
epidemics

Where are we?

West/West Central Africa

Slow expansion of critical prevention and treatment services despite more \$/PLWHA

Unclear epidemiology with mixed epidemics

Slow policy adoption, user fees – formal and informal – prevent access to health services; unrelenting stigma and discrimination; lack of definitive impact despite significant investment

Key gaps

Clinical and prevention cascade for key populations

Inconsistent political will to address all key populations with necessary interventions

Ensuring access to services for young people and men of all ages

Strategies to address stigma and discrimination

Low prevalence
mixed
epidemics

Where are we?

Key population epidemics – Eastern Europe, Central Asia, Asia, Caribbean and Latin/Central America

Dismal performance of prevention and treatment cascades - with PWID>>SW>MSM

Different issues in the cascades by risk group

Pilots without scaling

Unrelenting stigma and discrimination
Investments have not achieved impact

Key gaps

Clinical and prevention cascade for key populations

Inconsistent political will to address all key populations with necessary prevention interventions

Impactful strategies to address stigma and discrimination

Concentrated epidemics

What have we learned?

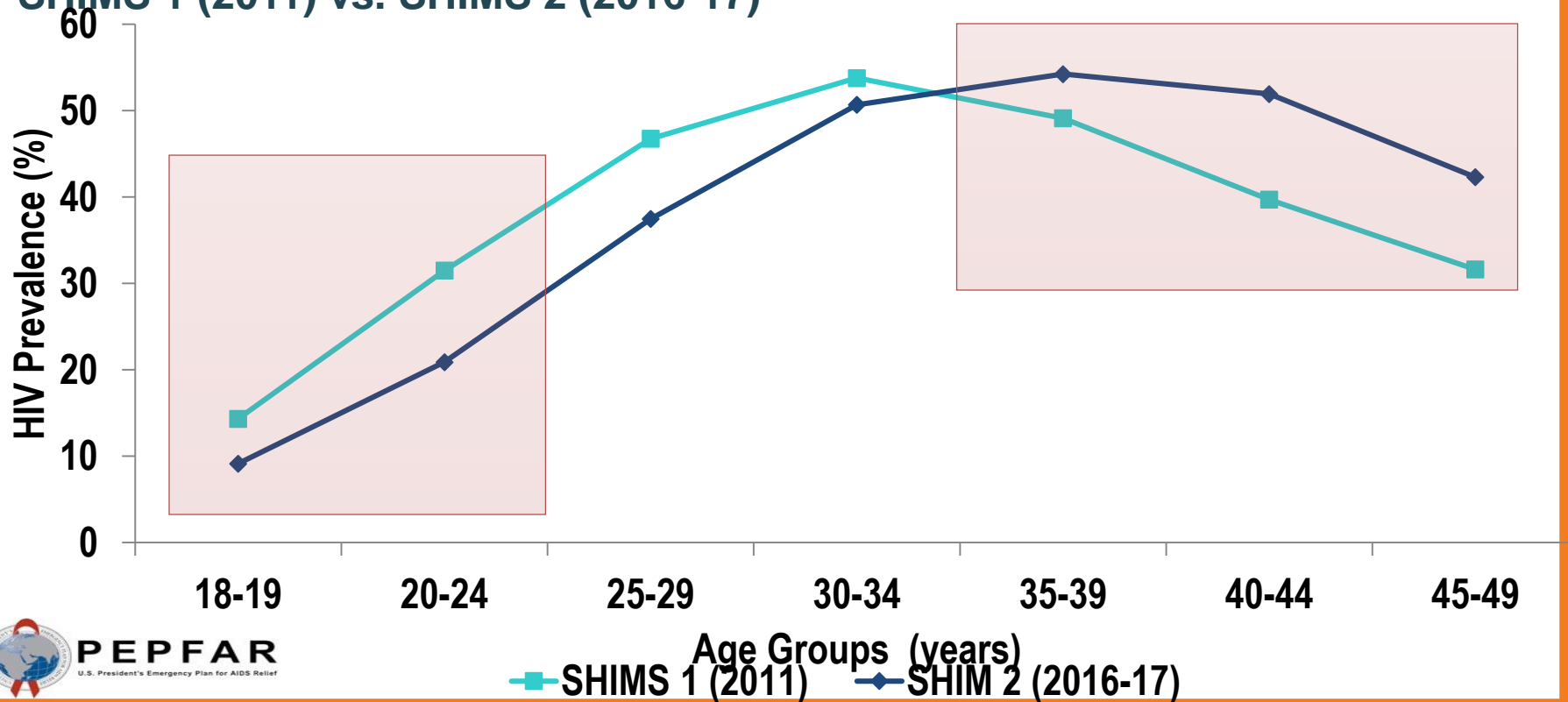
Dramatic expansion is possible if:

The core policies are adopted quickly and continuously evolving based on program needs and gaps

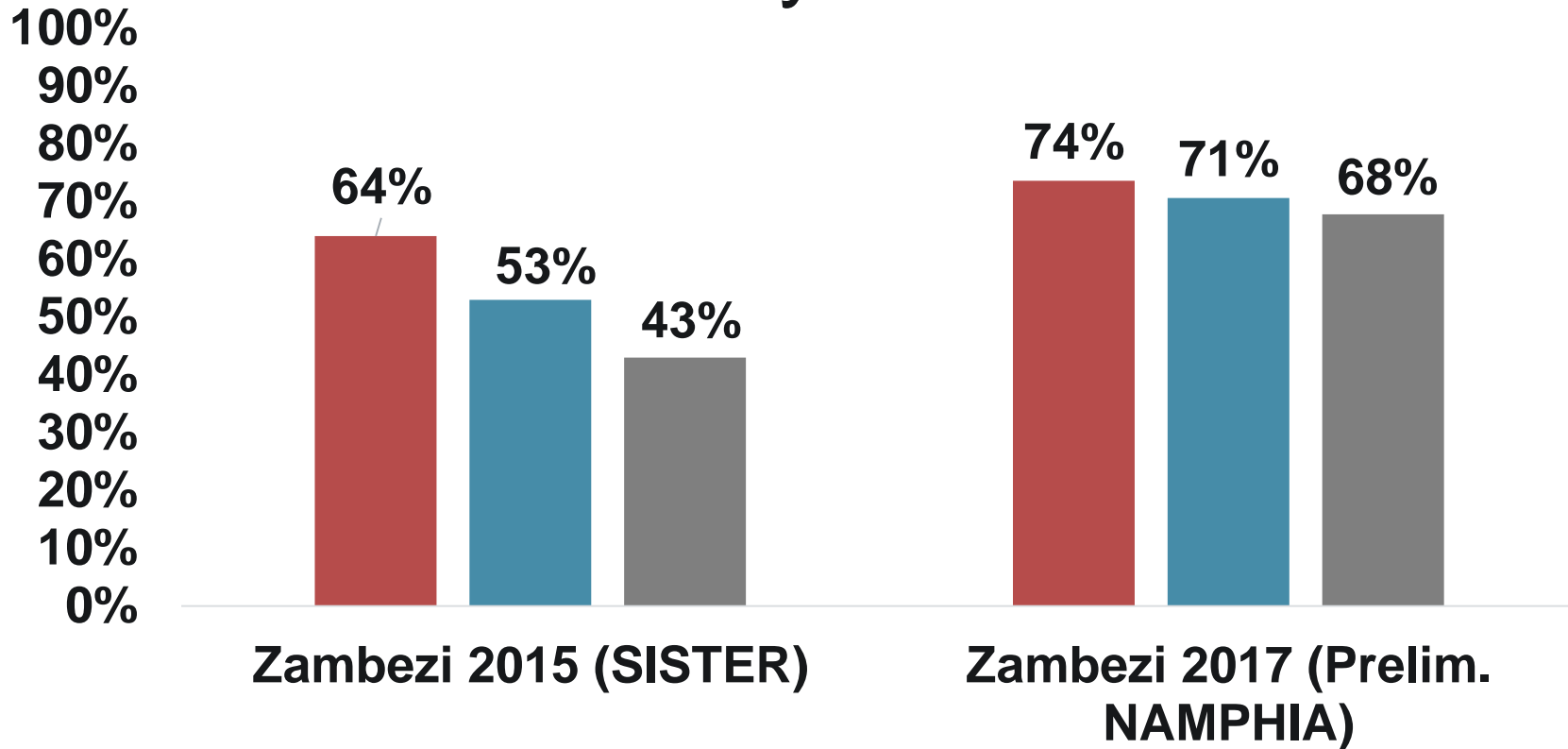
AND we are in constant communication with community and implementing partners to make rapid improvements



Swaziland Trends: HIV Prevalence Among Women 18-49 Years by Age, SHIMS 1 (2011) vs. SHIMS 2 (2016-17)



2015 vs 2017 survey results in Namibia



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Aware of HIV+

ART of HIV+

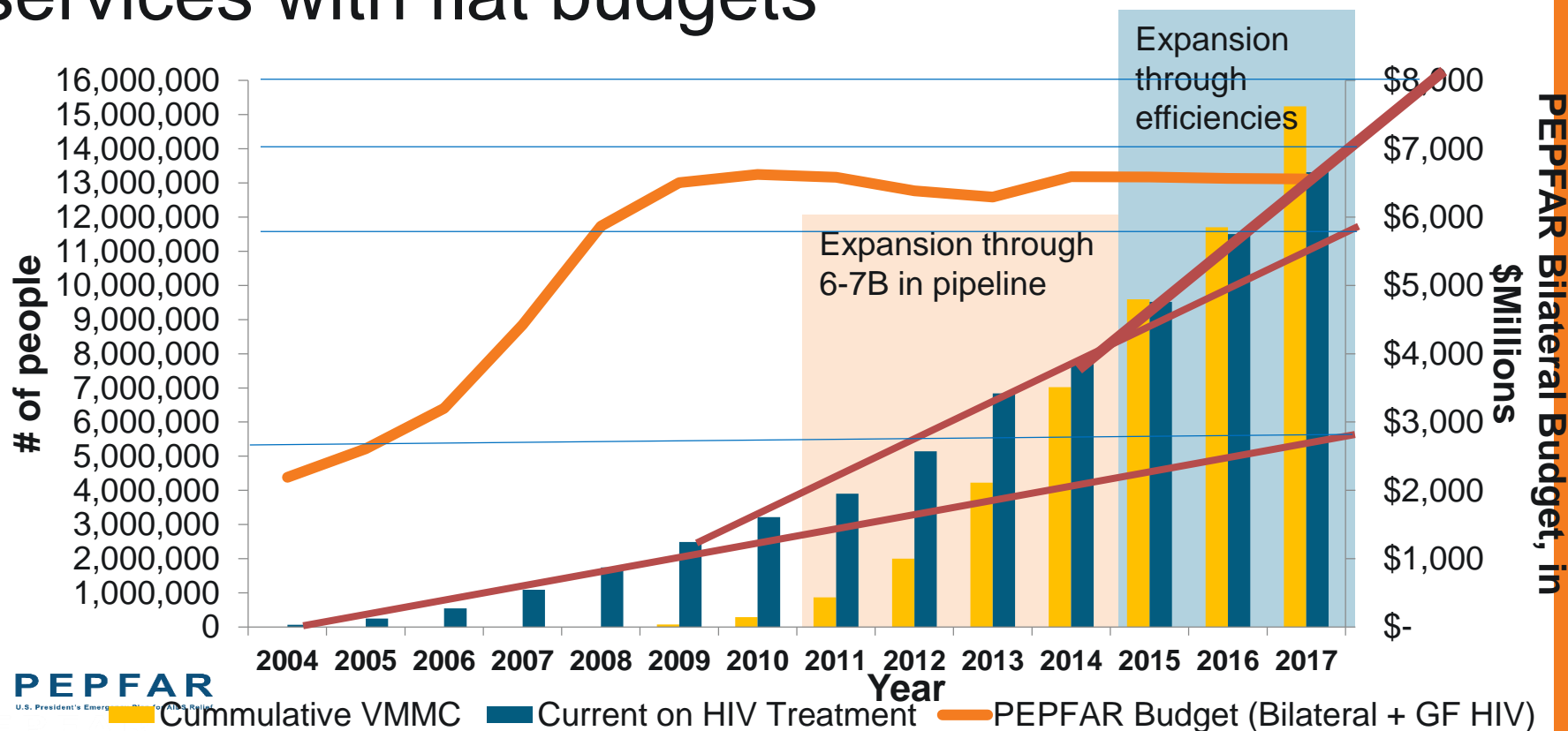
VLS of HIV+ on ART



PEPFAR's Accomplishments

Evidence of impact

PEPFAR: Remarkable Expansion of lifesaving services with flat budgets



PEPFAR PROGRAM RESULTS

Over **14 million** women, men, and children on ART

Over **2.2 million** babies born HIV-Free

Over **15 million** voluntary medical male circumcisions

Over **6.4 million** orphans, vulnerable children, and caregivers provided with critical care and support

Over **65% of DREAMS districts** with a **25-40% decline** in new HIV infections

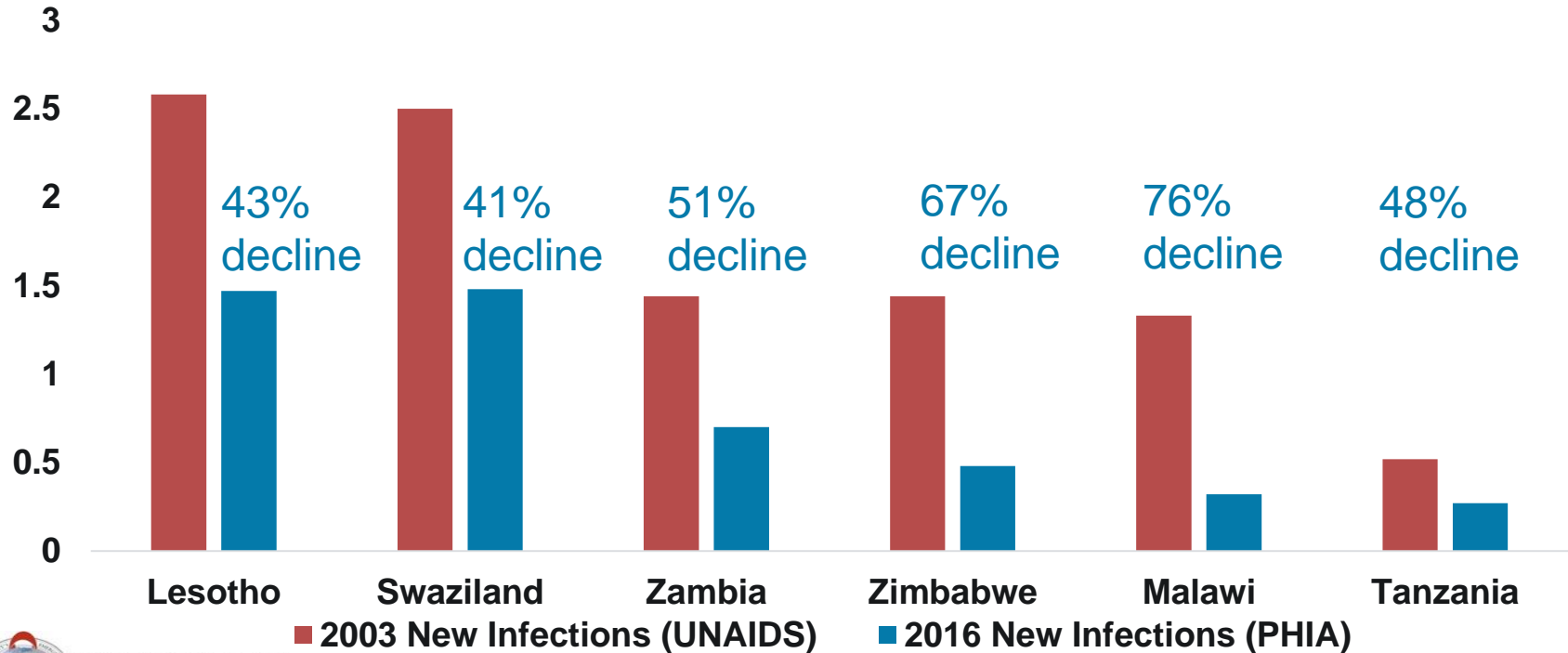


Source: pepfar.gov, 2018



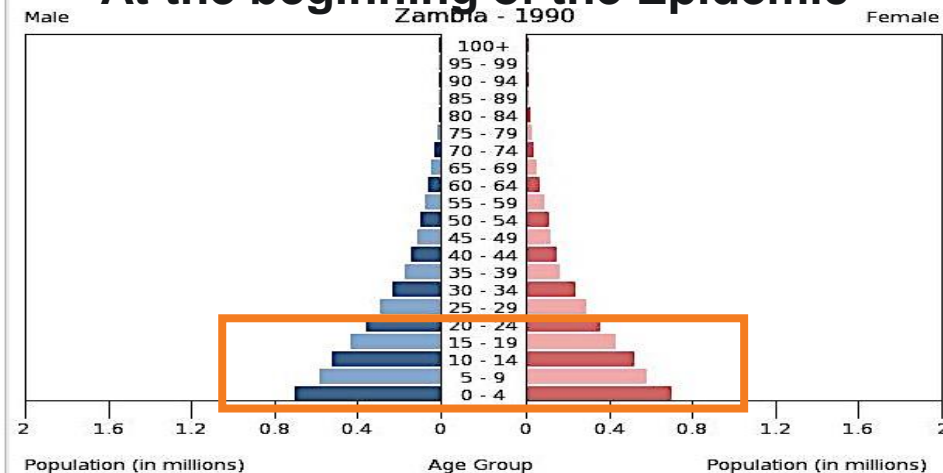
Reaching Epidemic Control

Since the Start of PEPFAR, New HIV Infections Have Declined 41-76%



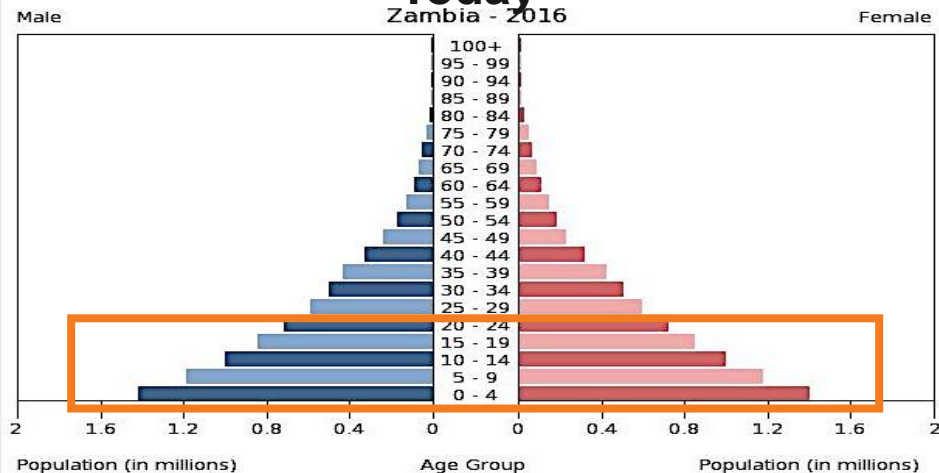
Youth Bulge in Zambia

At the beginning of the Epidemic



Young Men Population: 781,000
Young Men PLHIV: 38,000
Young Women Population: 772,000
Young Women PLHIV: 66,000

Today



Young Men Population: 1.6 million
Young Men PLHIV: 48,000
Young Women Population: 1.6 million
Young Women PLHIV: 77,000

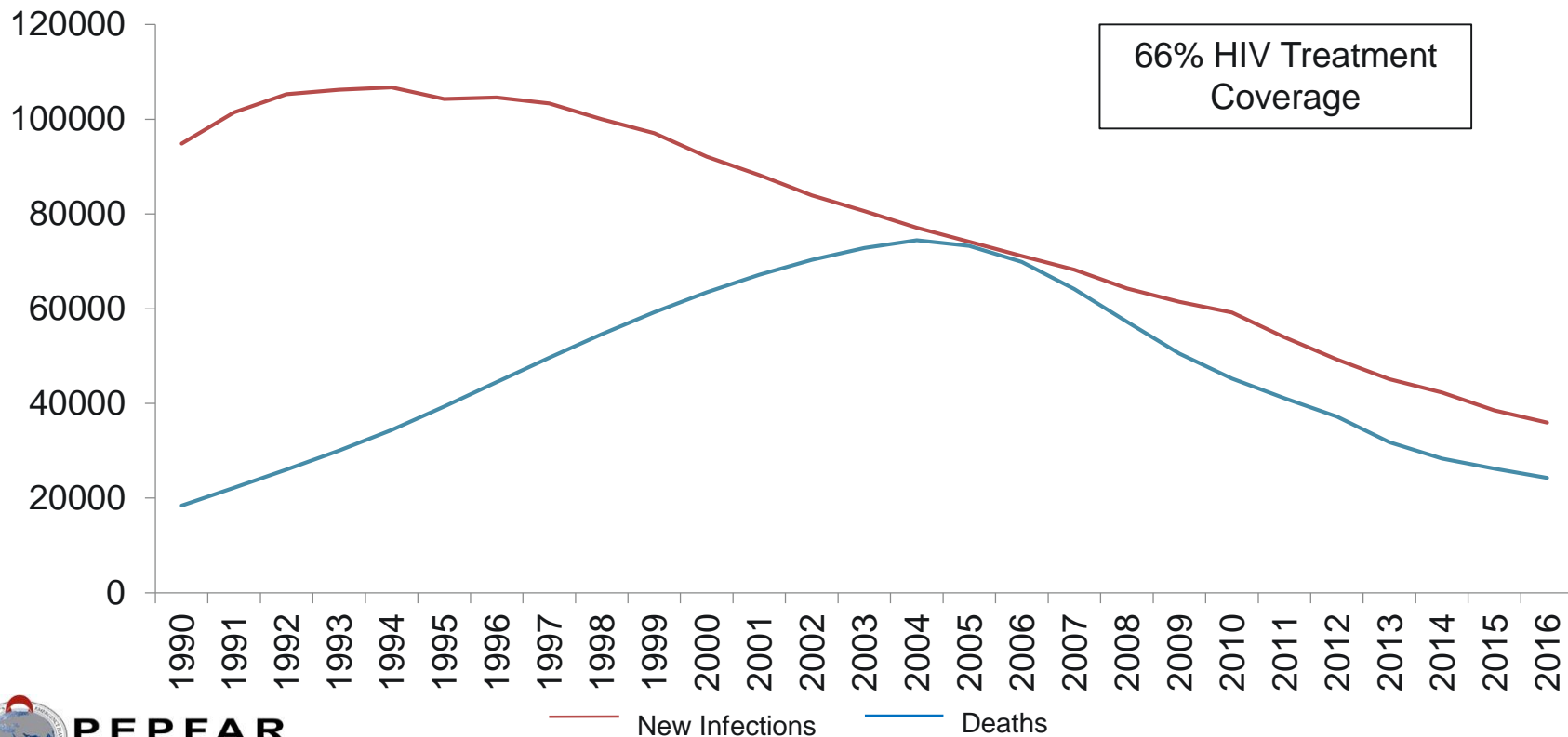
Source: US Bureau of the Census , 2017 & UNAIDS, 2017

Where are we in progress to epidemic control

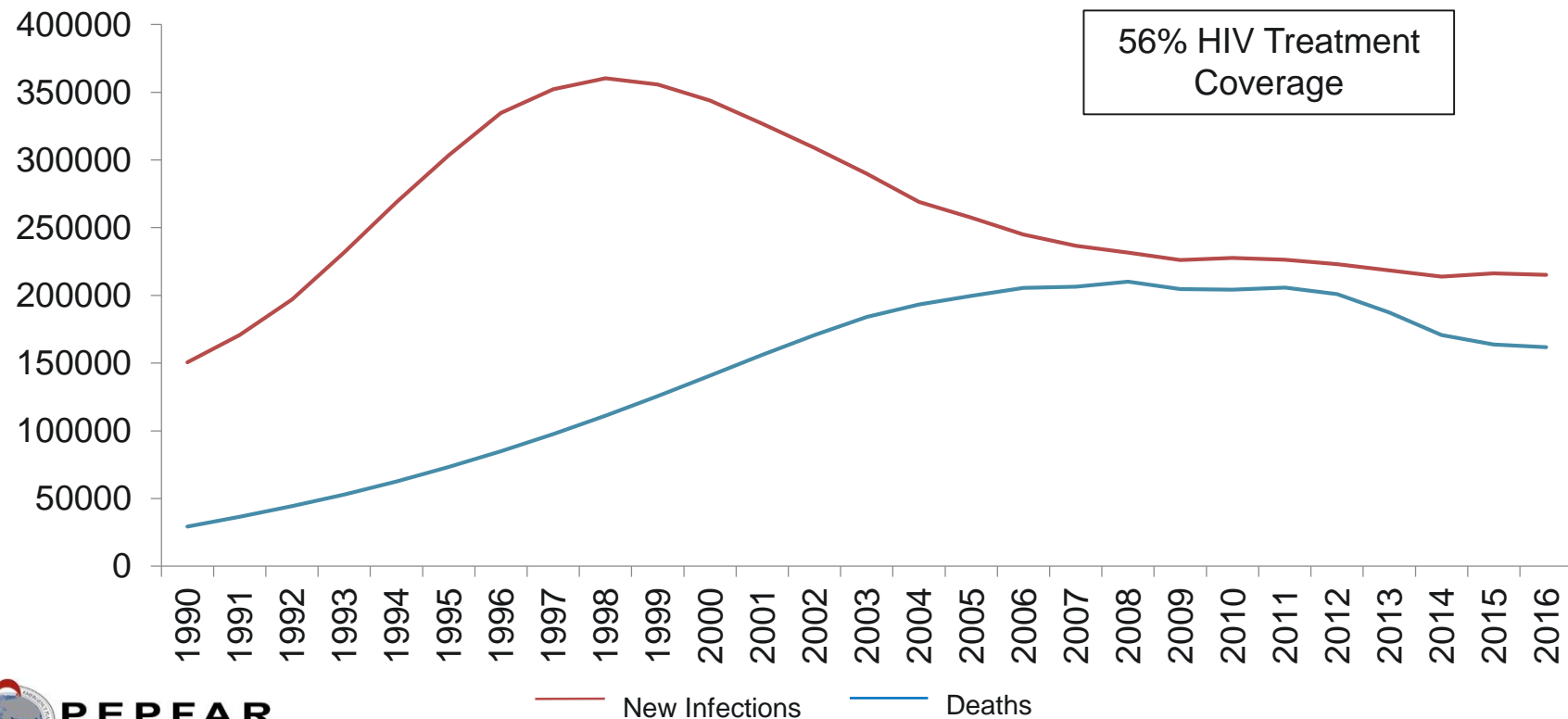
What Is “Epidemic Control”? And How Do We Define Success?

- PEPFAR defines epidemic control in standard epidemiologic terms, i.e., the point at which the annual number of new infections falls below the total number of deaths of HIV positive patients*; some have recently discussed 1/1,000 incidence rate
- We support UNAIDS’ 90-90-90 targets (i.e., 90% of PLHIV to be diagnosed, 90% of those diagnosed to be covered on ART, and 90% of those on ART to be virally suppressed) $.9 \times .9 \times .9 = 73\%$ of all PLHIV virally suppressed is a sound alternative way to assess progress towards epidemic control

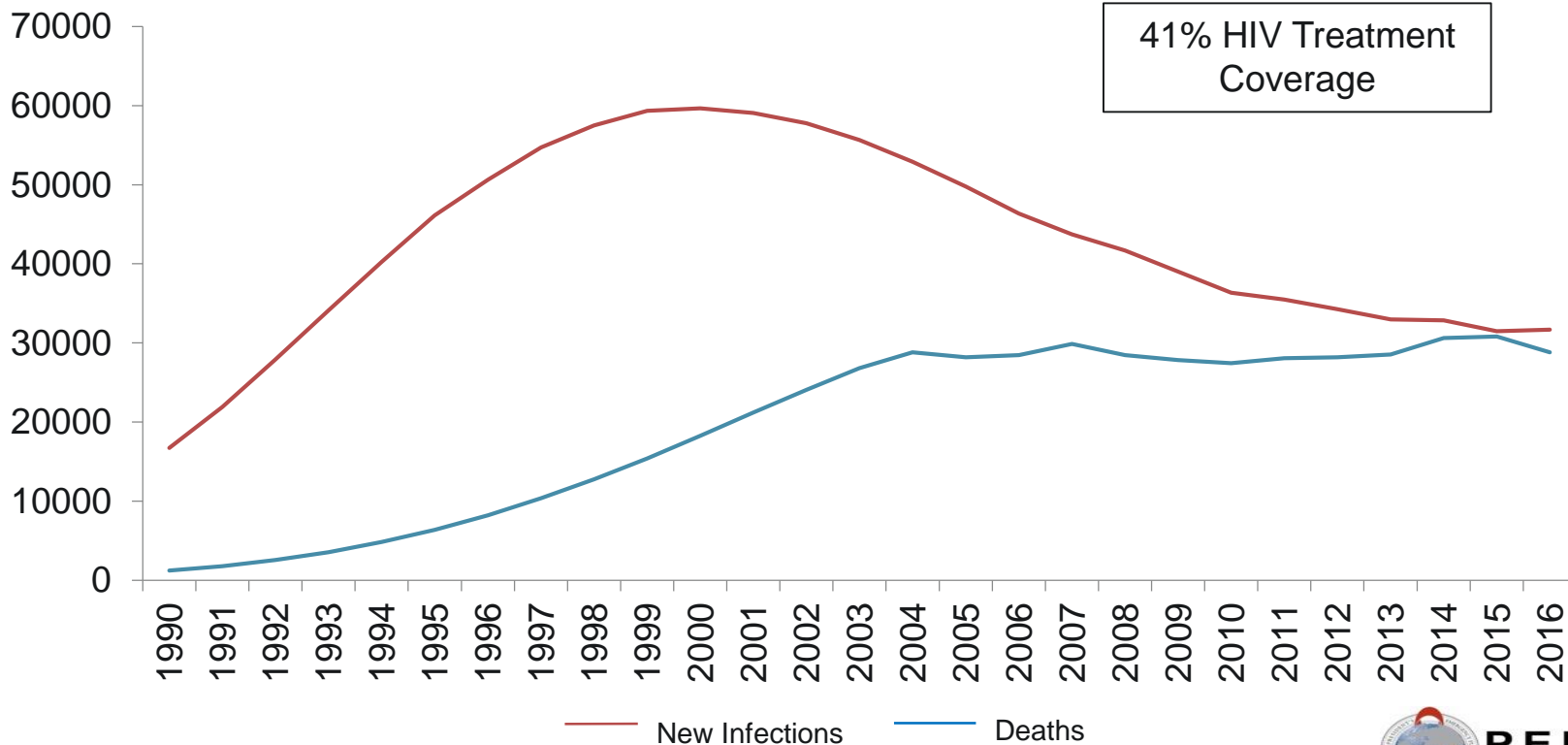
Malawi



South Africa



Cote D'Ivoire

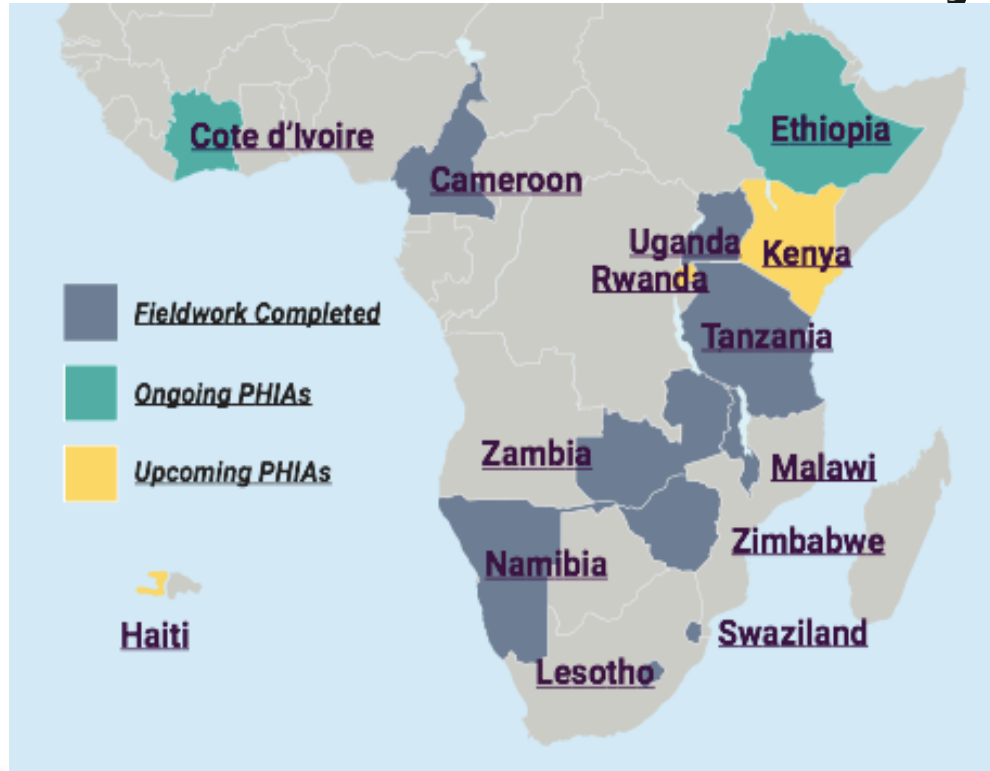


Source: AIDSINFO, UNAIDS 2017



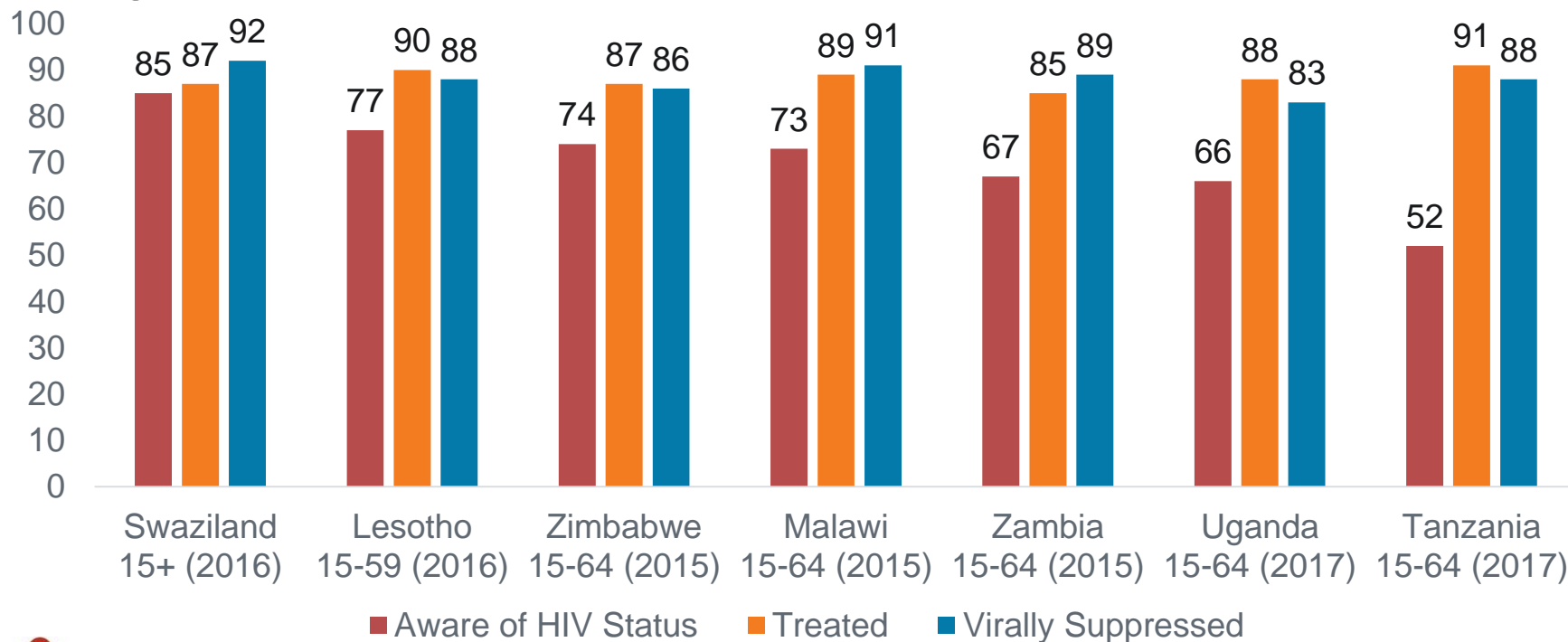
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Rollout of PHIA Surveys



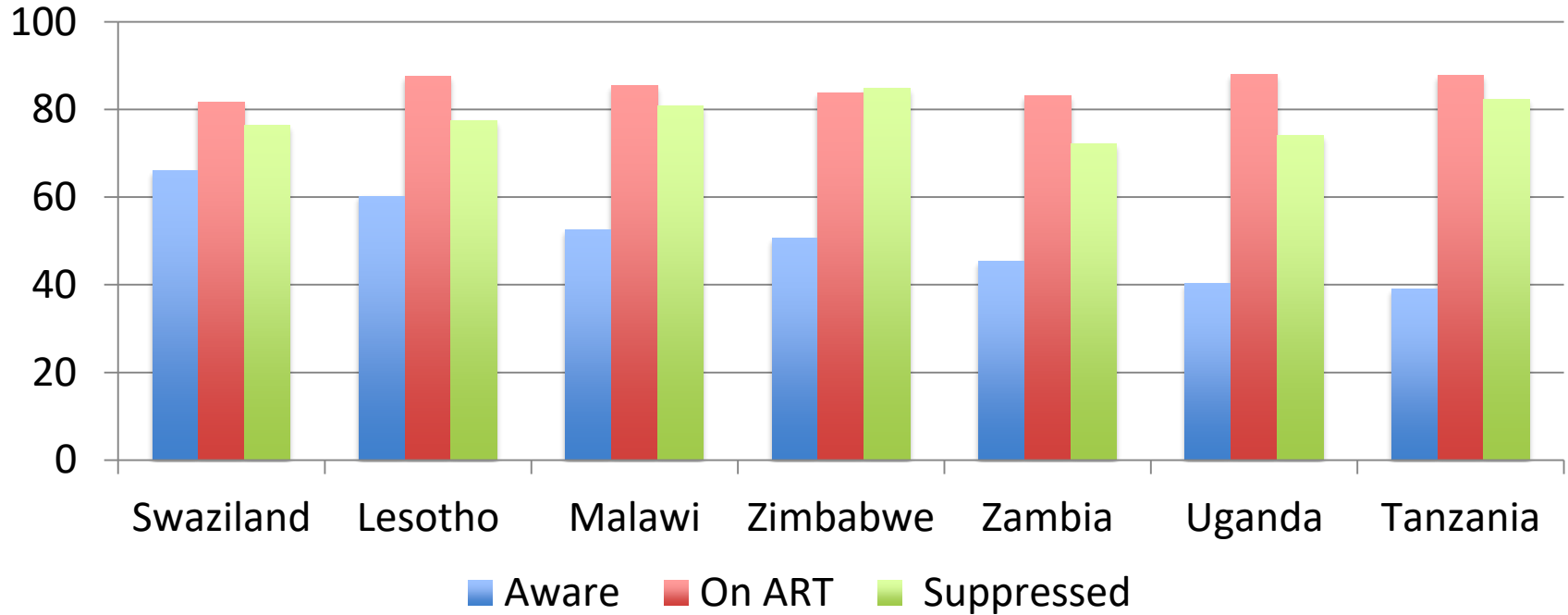
Achieving Epidemic Control

Progress toward 90/90/90 in Adults



Focus on Young People

Progress to 90/90/90 in 15 to 24 year olds



Note: Results based on self-report of HIV awareness and ART status (plus ARV testing in Malawi and Zambia), and on viral load testing.

Viral load suppression at the community level after 15 years

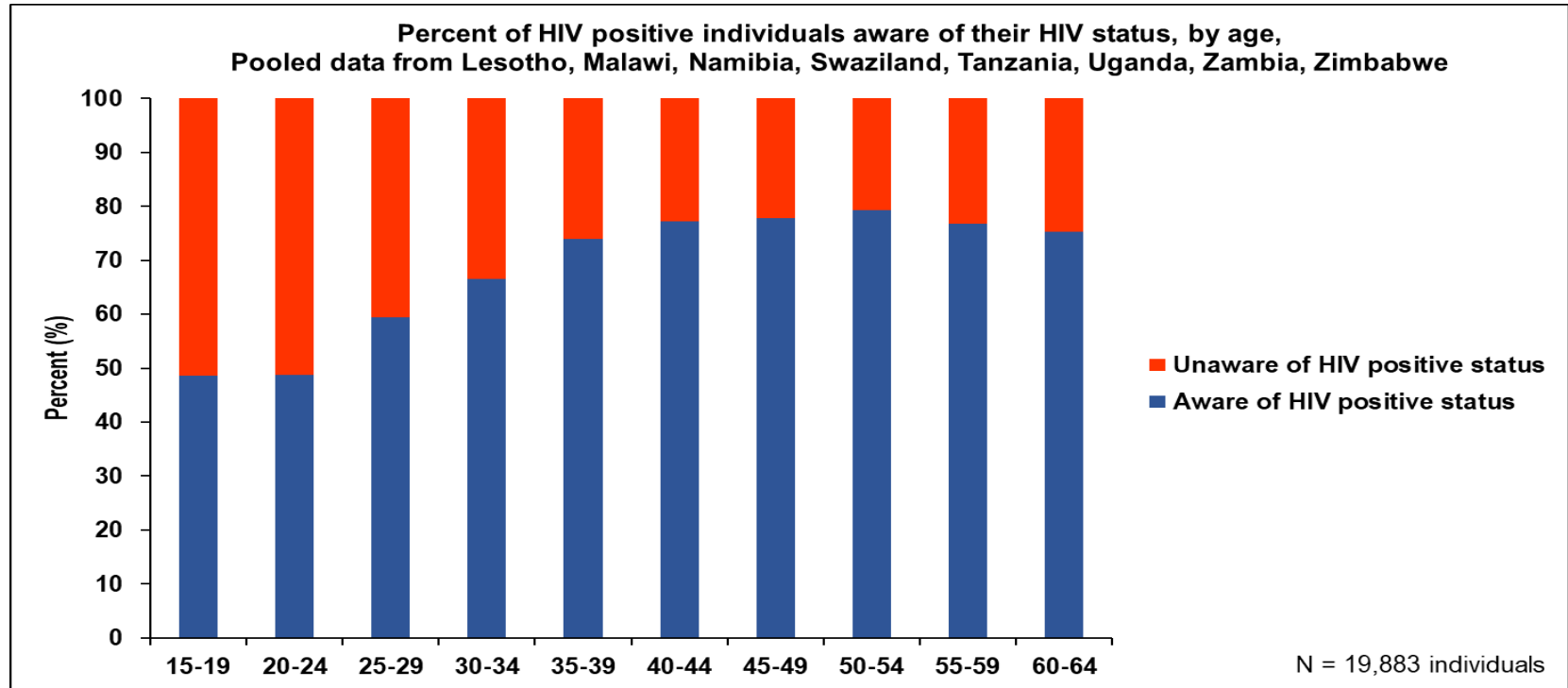
Aged 15-64

- Swaziland **68%**
- Lesotho **61%**
- Zimbabwe **55%**
- Malawi **59%**
- Zambia **51%**
- Uganda **48%**
- Tanzania **42%**

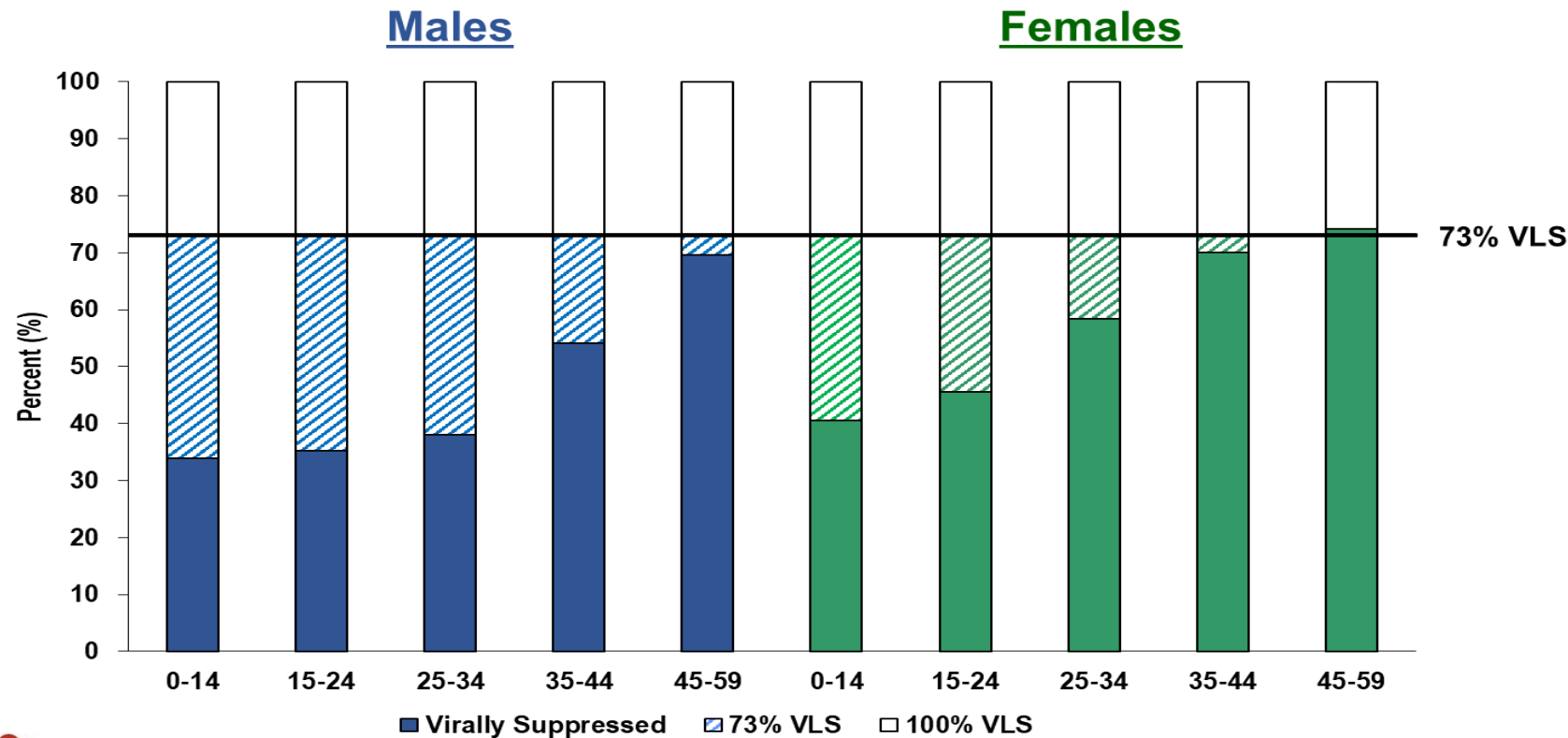
Aged 15-24

- Swaziland **42%**
- Lesotho **42%**
- Zimbabwe **34%**
- Malawi **34%**
- Zambia **26%**
- Uganda **26%**
- Tanzania **28%**

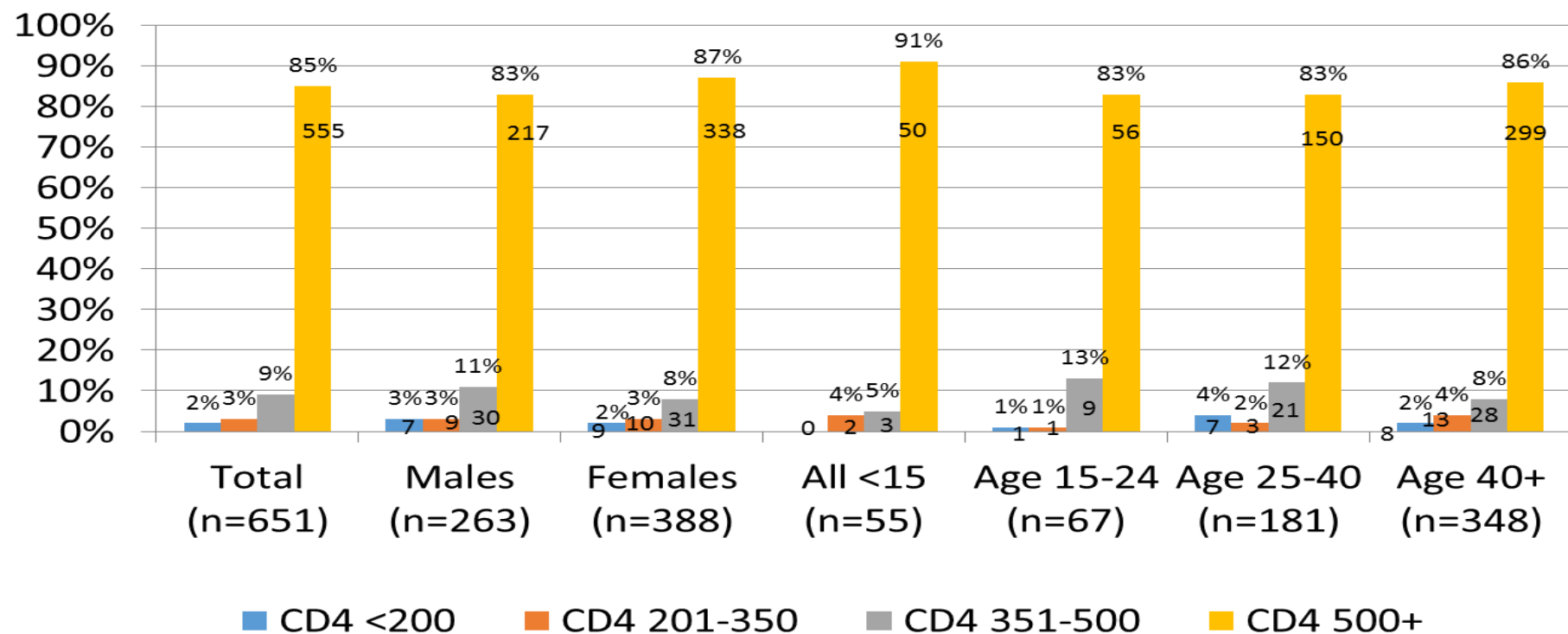
The Largest Overall Gap: Awareness of HIV Positive Status by Age – Those Under 30 Often Unaware



Progress Towards Epidemic Control



Rwanda





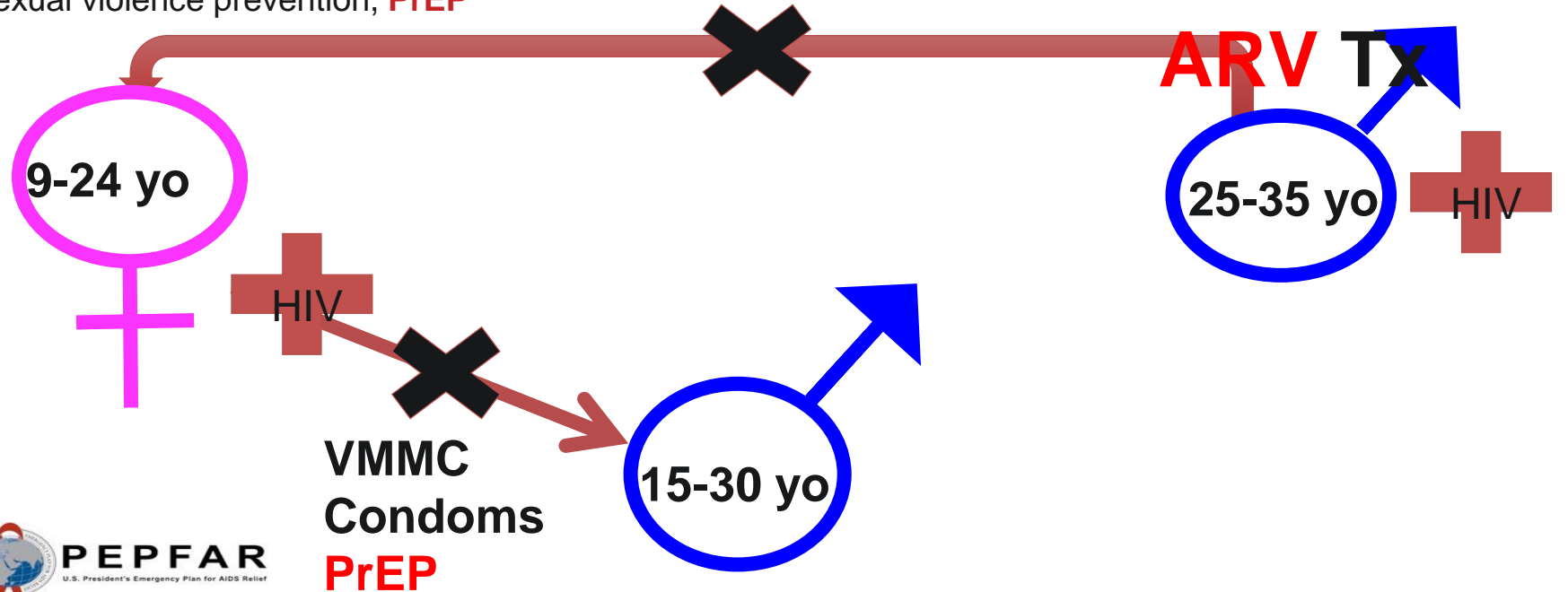
Evolving the program to end the epidemic:

All populations by age, sex, and risk

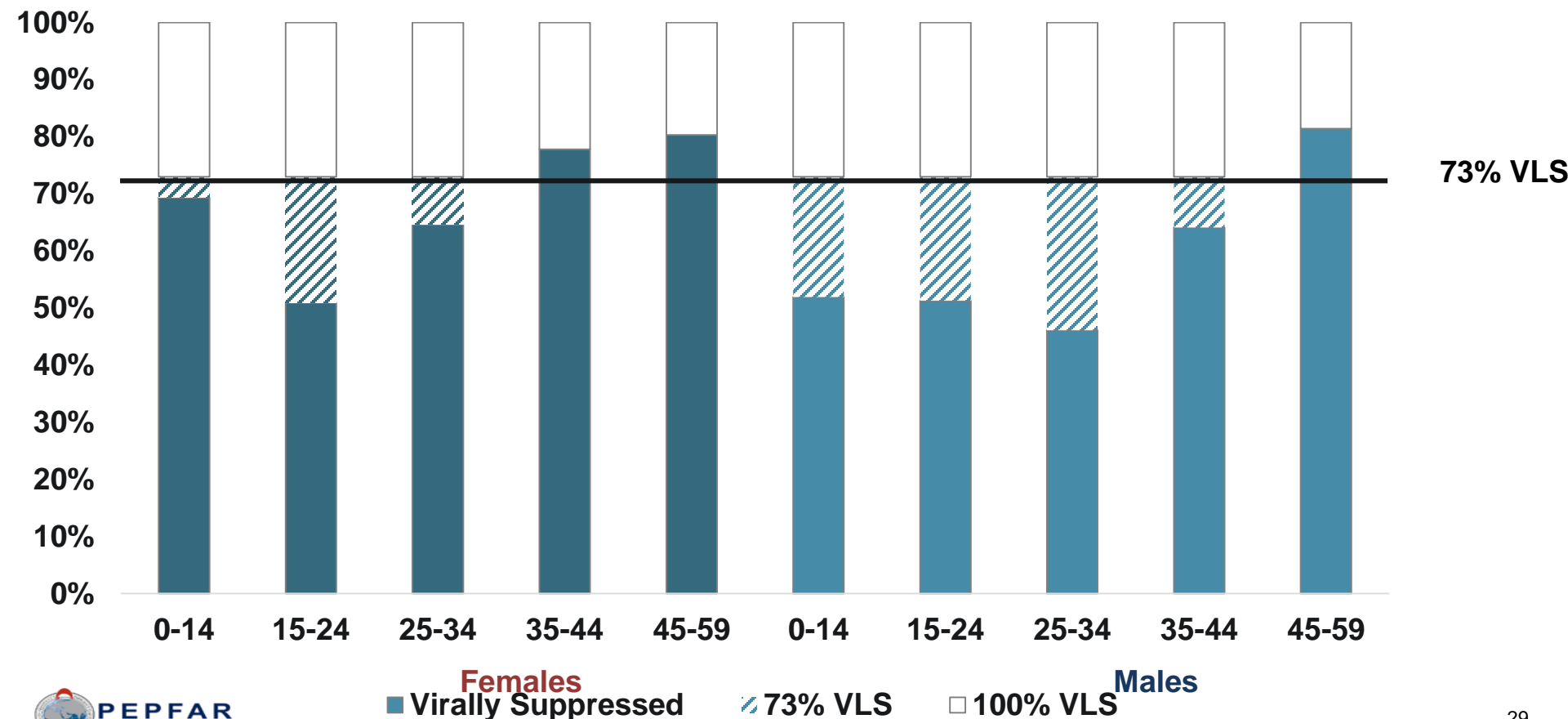
GAP : Prevention and treatment Services for Young Men AND Adolescent Girls & Young Women

Young Women
DREAMS

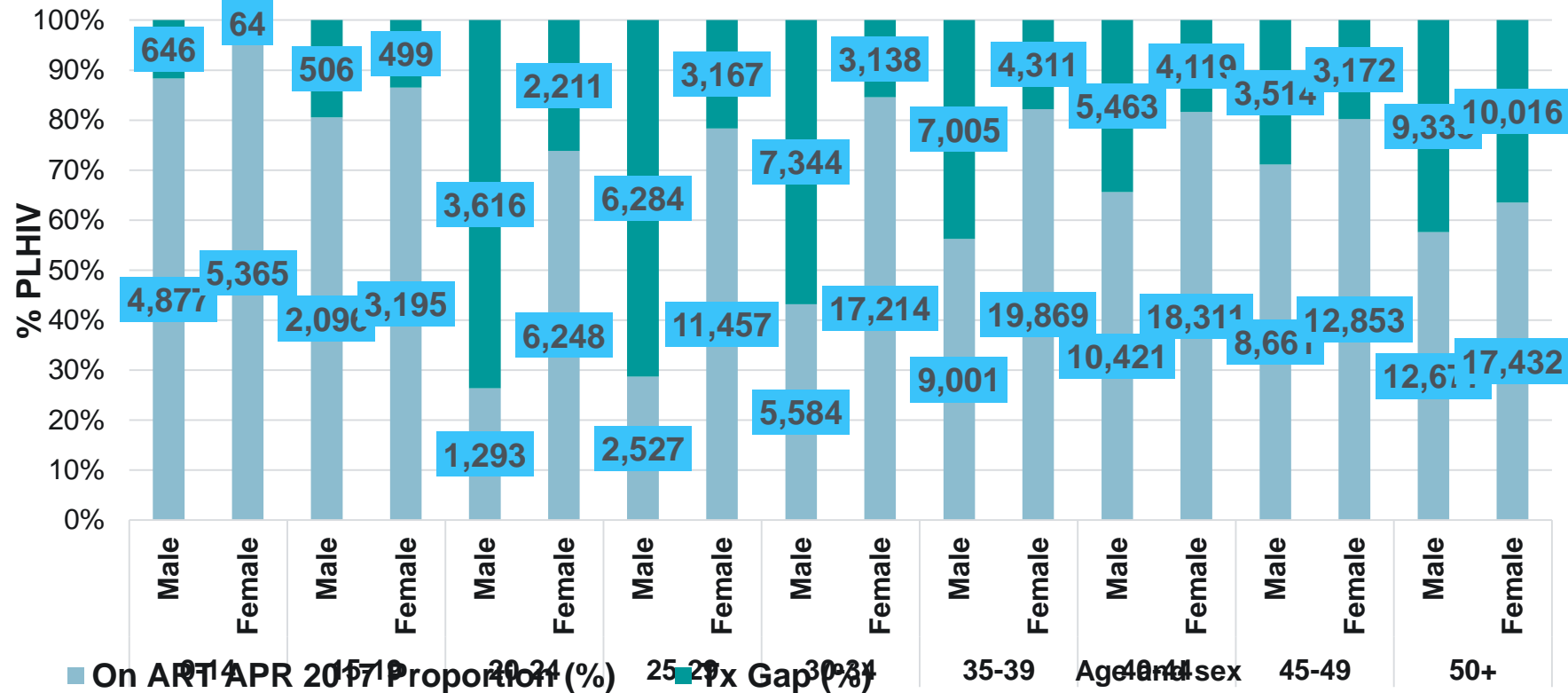
Risk avoidance and reduction
Sexual violence prevention, **PrEP**



Progress Towards Community Viral Load Suppression

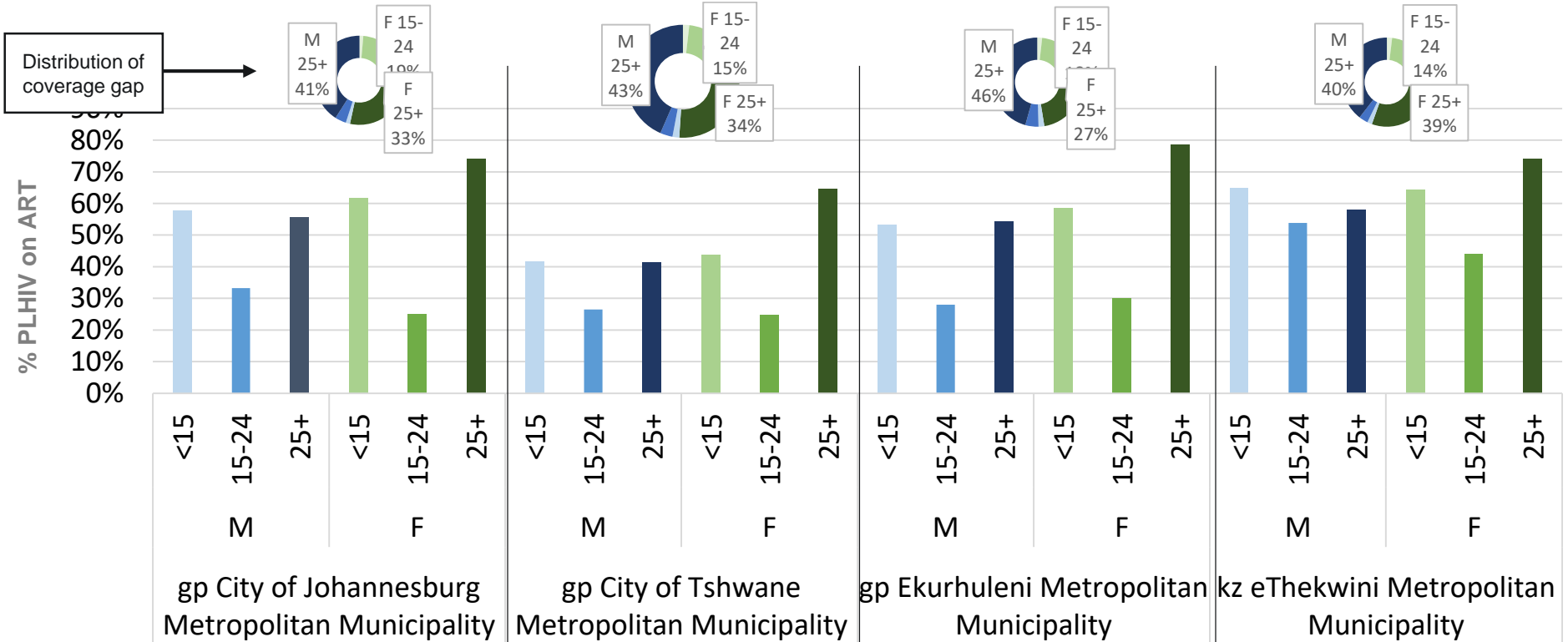


ART Gap – Program Data and 2018 PLHIV PHIA Estimates



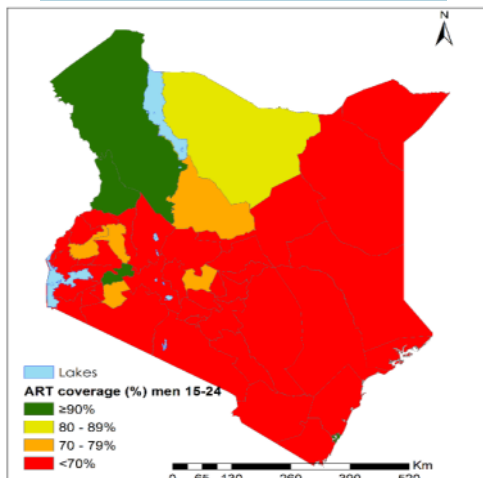
ePMS showed 169,081 people on ART in the public sector as of September 30, 2017, but does not include private sector patients on ART, currently reported to be ~18,600 of all ages. That would be ~**185,000 PLHIV on ART**.

Highest-Burden Districts

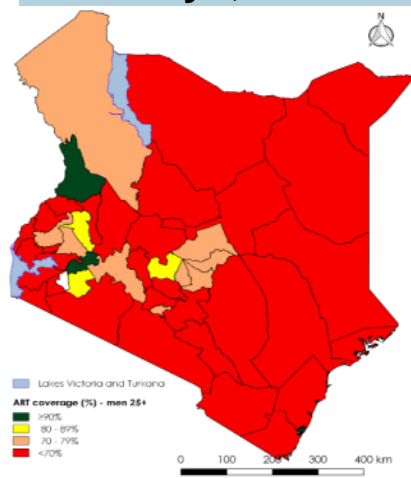


Uneven Progress in Treatment Coverage, Spectrum 2016 Projection

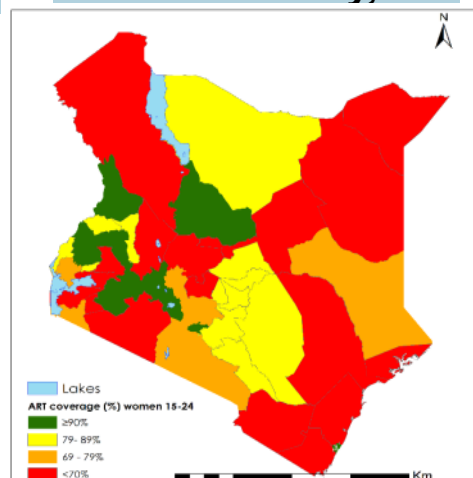
**ART Coverage,
Men**



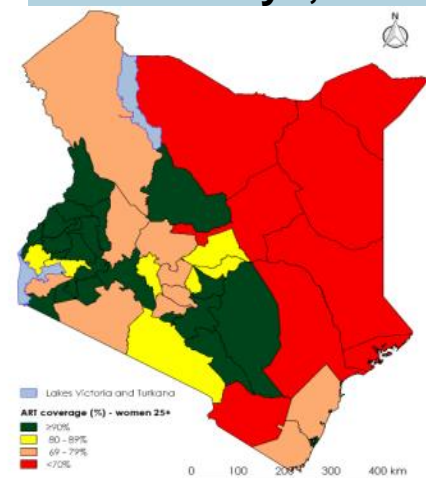
**ART Coverage,
Men 25y+, FY17**



**ART Coverage,
Women 15-24y,**



**ART Coverage,
Women 25y+,**



ART Coverage	38%	47%	59%	82%
Unmet Need	55,949	94,245	186,737	126,087

GREEN

≥90%

YELLOW

81-89%

ORANGE

71-79%

RED

<70%

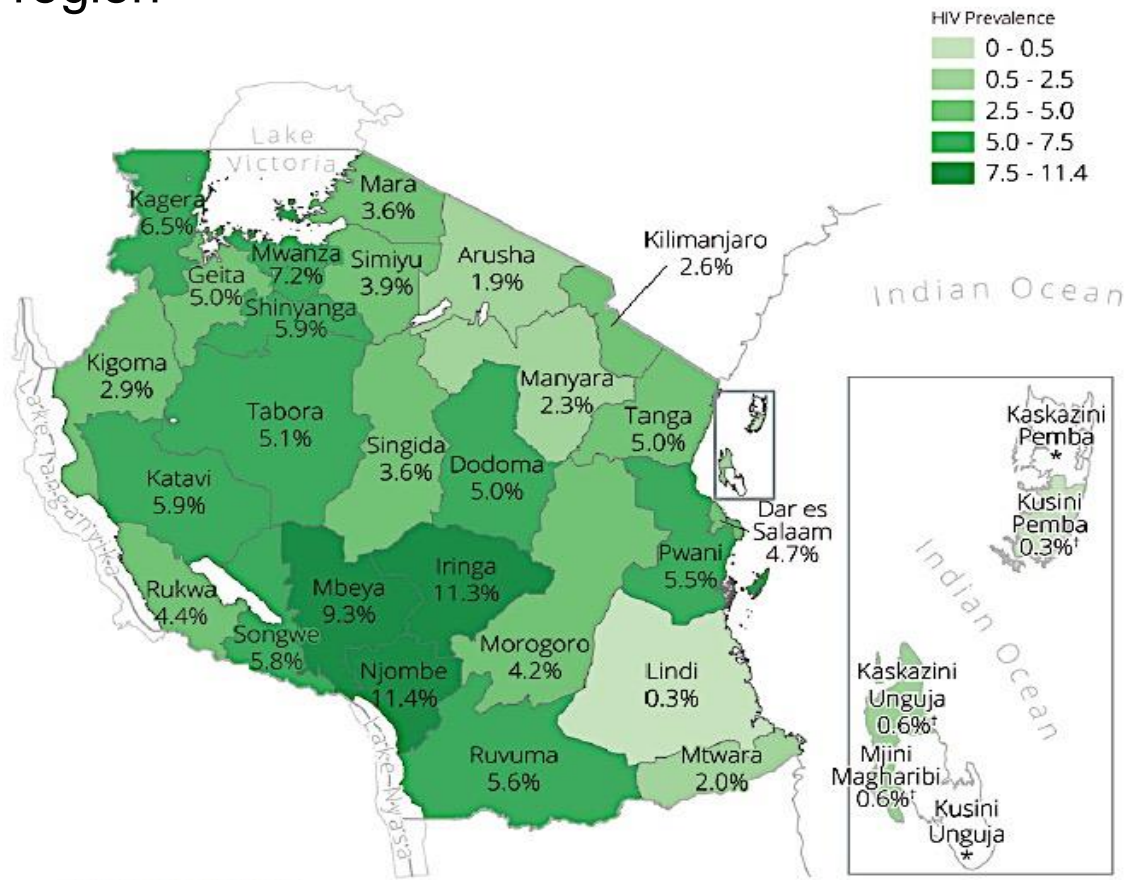
“WHERE” – Geographical data on PLHIV burden

TOP 5 INCREASES in burden by region

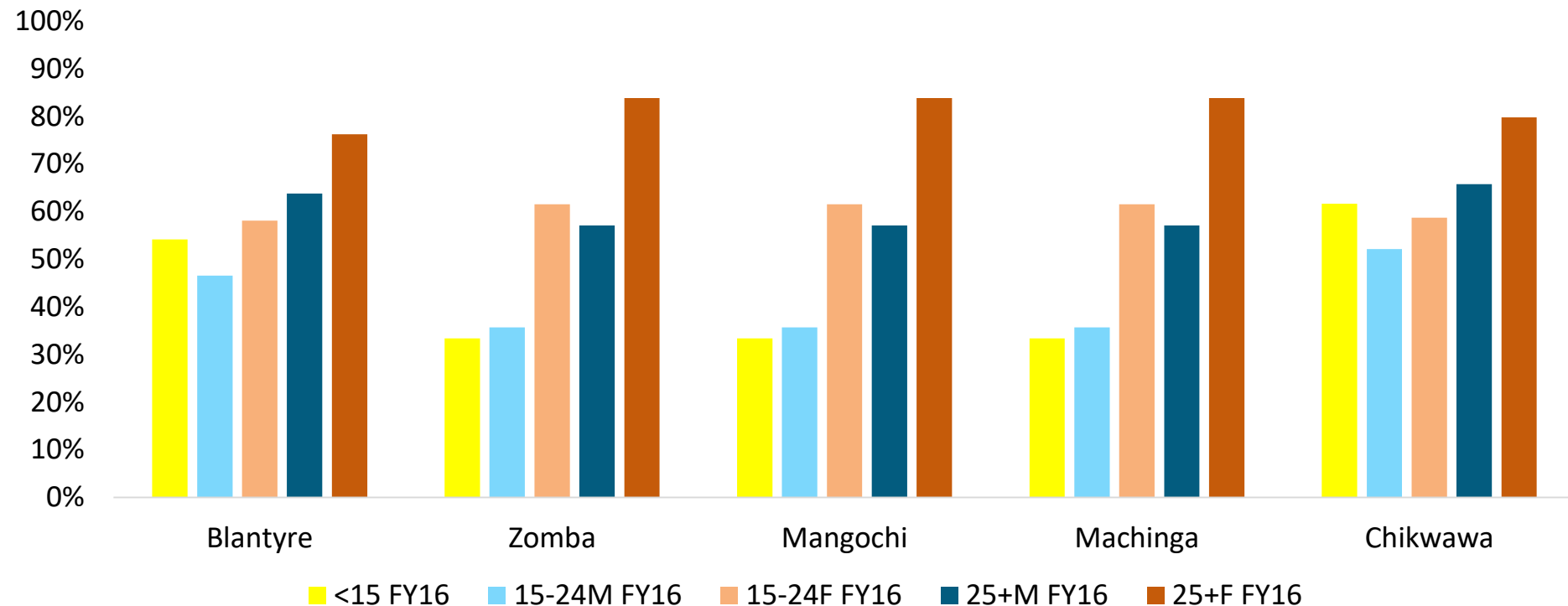
Region	Change in burden
Tanga	27,322
Mwanza	19,714
Iringa	18,671
Geita	18,173
Mara	12,275

TOP 5 DECREASES in burden

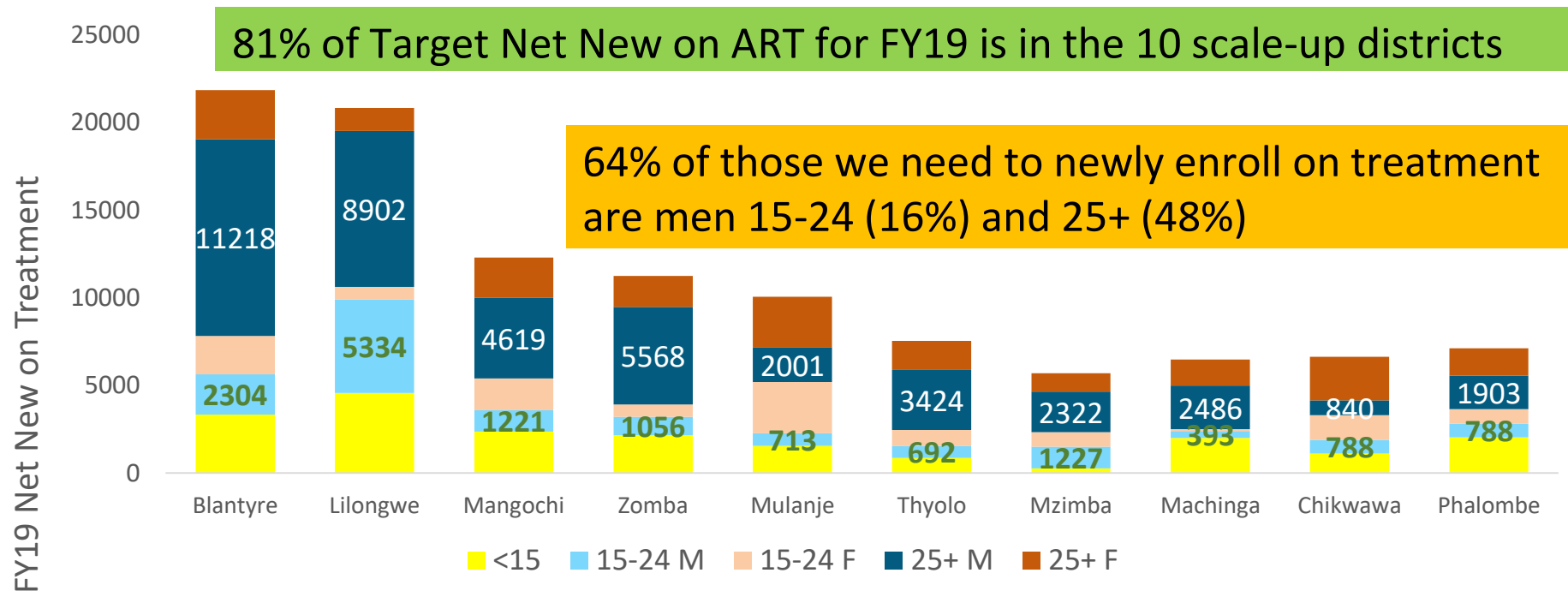
Region	Change in burden
Dar es Salaam	-54,939
Arusha	-8,154
Mbeya/Songwe	-7,165
Kilimanjaro	-6,635
Kigoma	-6,934



Gap to 95-95-95 by Age and Sex: Focus Must be on **Men and Youth**



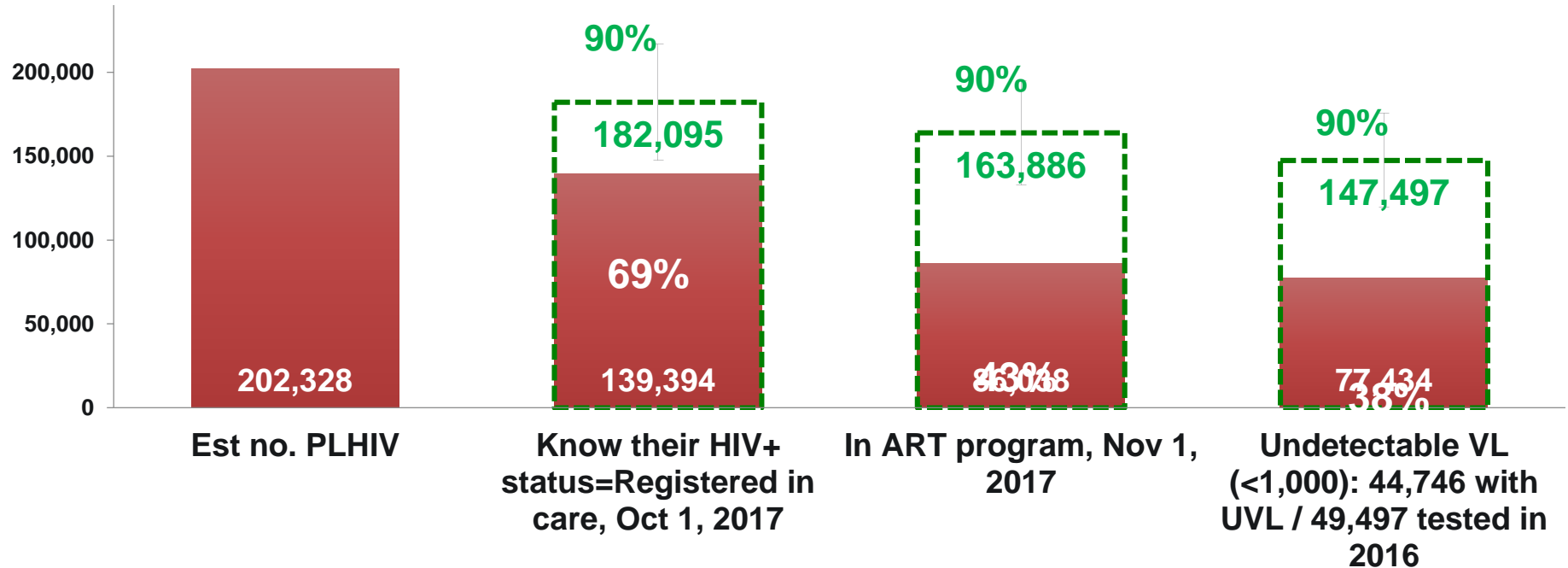
Reaching Men 25 Years and Older is Crucial to Reaching 95-95-95



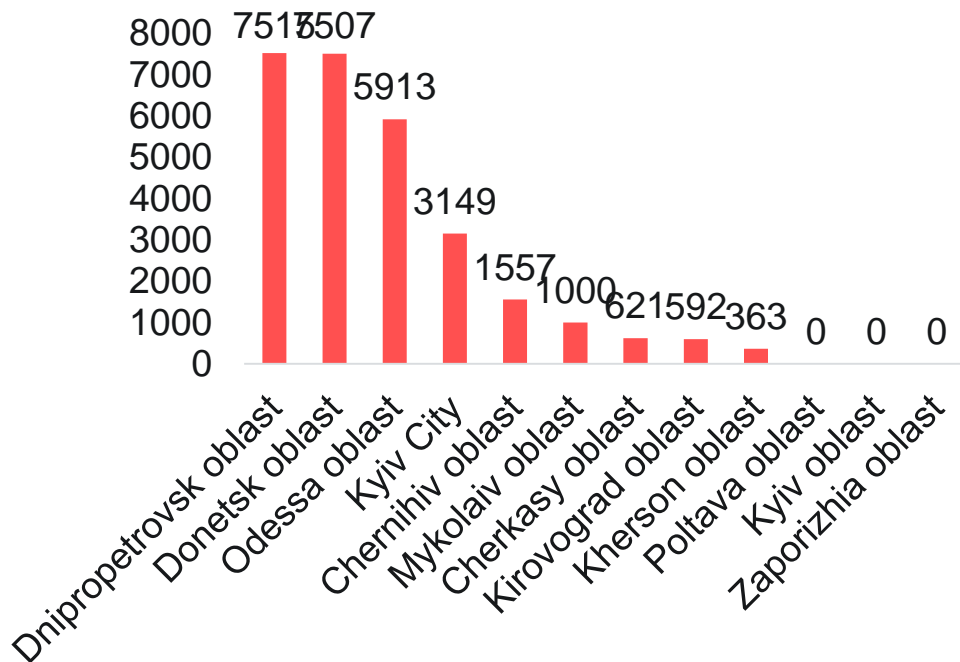
Some of the greatest
gaps are in key
population cascades

Ukraine National Cascade

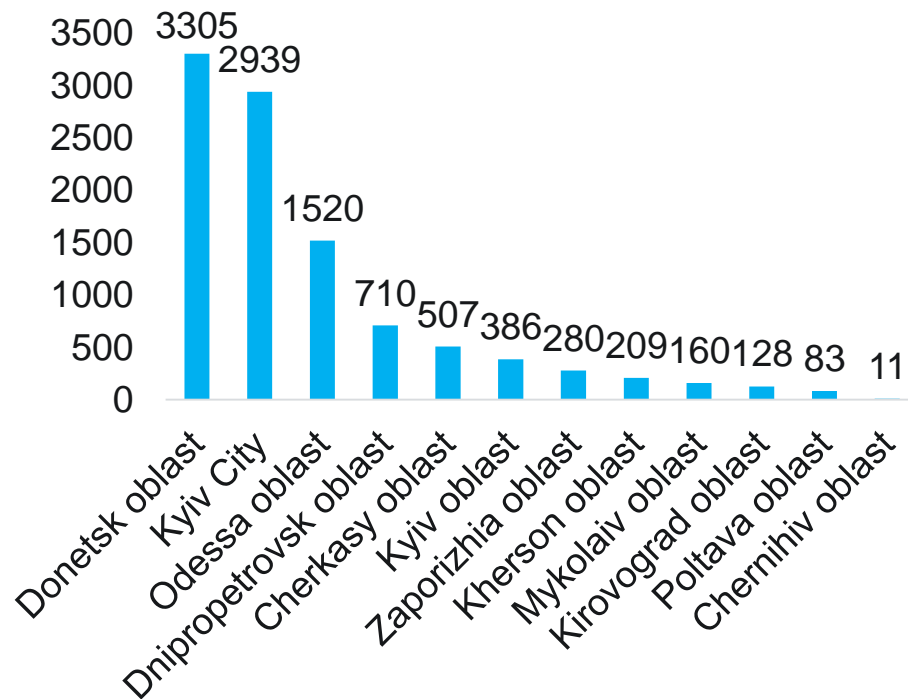
excluding non-government controlled areas in est. PLHIV



Ukraine : Estimated undiagnosed PWID PLHIV and MSM PLHIV

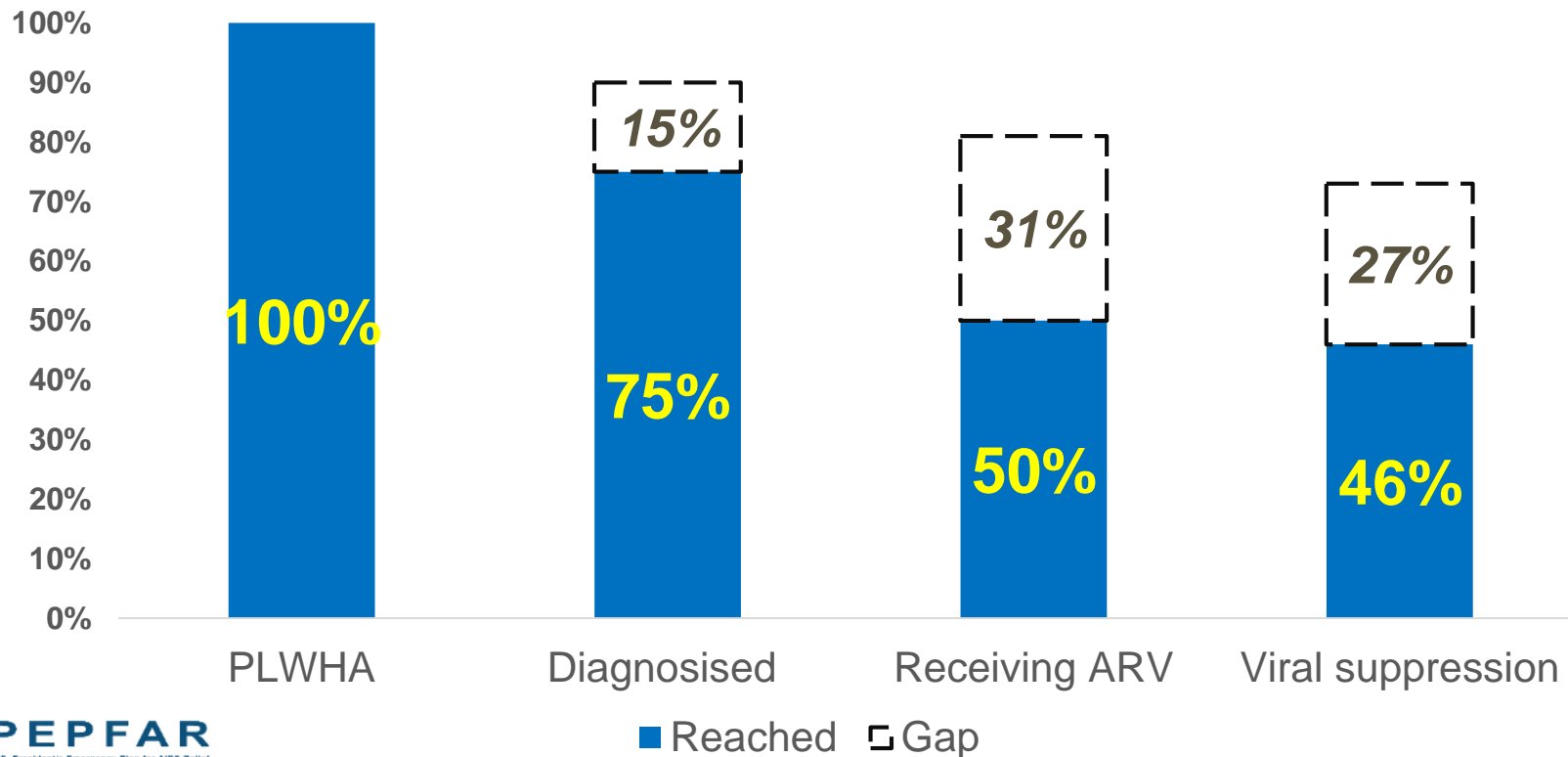


■ Estimated number of undiagnosed HIV-positive PWID-PLHIV



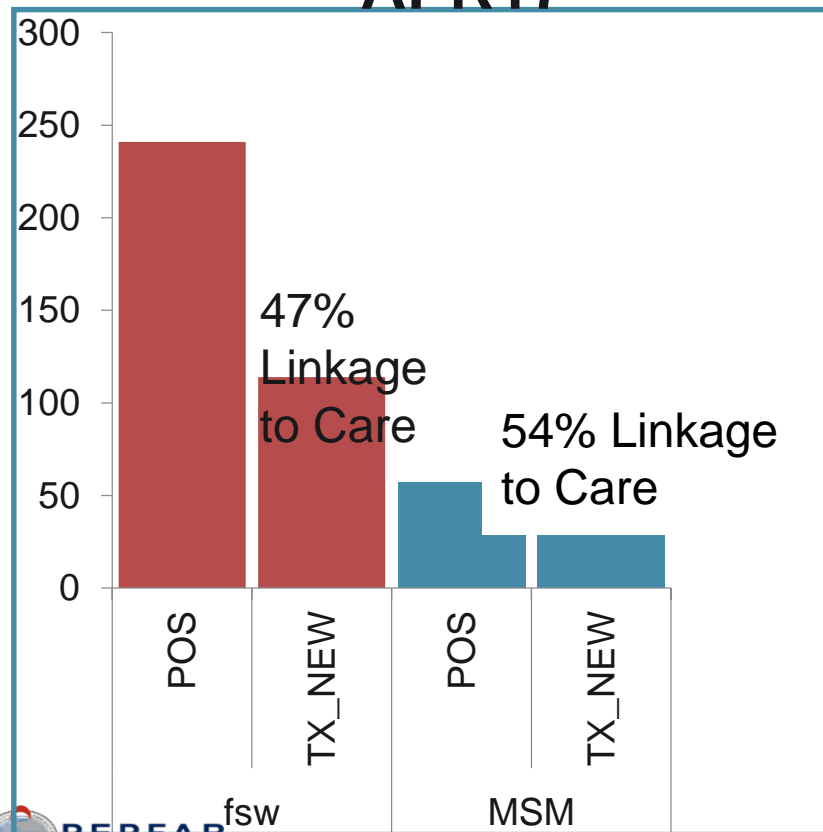
■ Estimated number of undiagnosed HIV-positive MSM-PLHIV

Vietnam National Cascade by the end of 2017

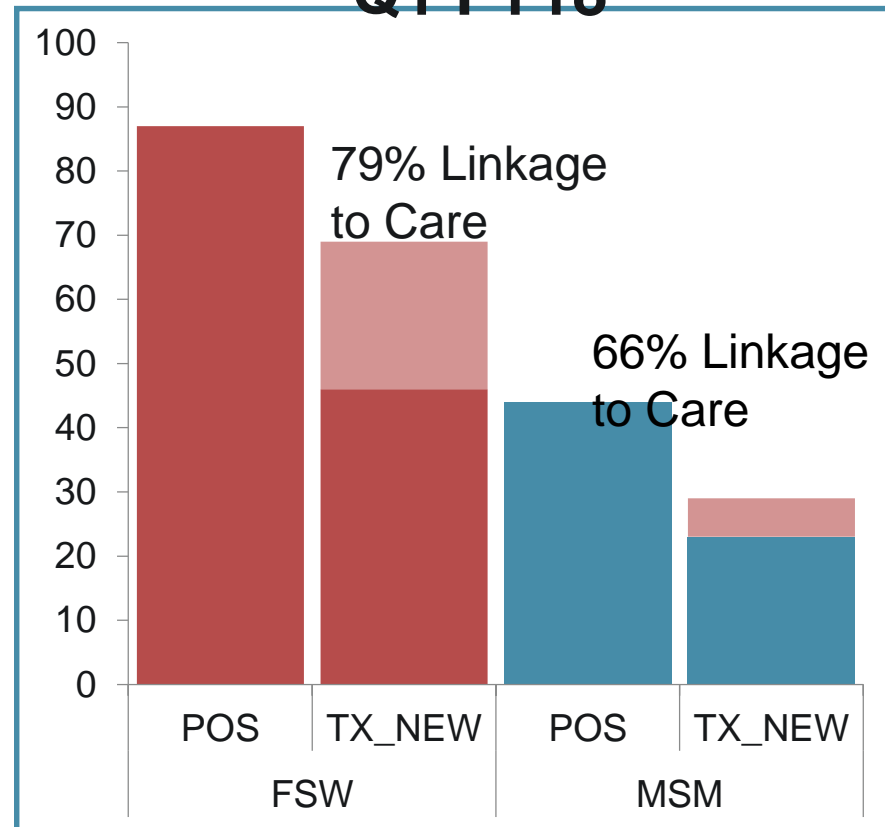


Linkage to ART: Improving Key Populations Access to Treatment

APR17



Q1 FY18



FIRST 90

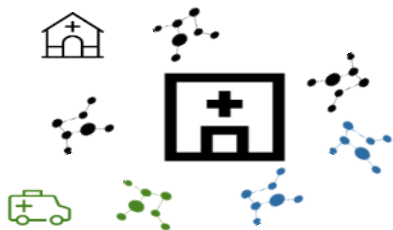
Missing: men under 35, women under 25, well children and infants, MSM

Optimizing testing strategies



Adjust the intensity
of support & testing
modalities to reach
95-95-95
by district & by sub-
population

46,224 PLHIV Gap
Harare



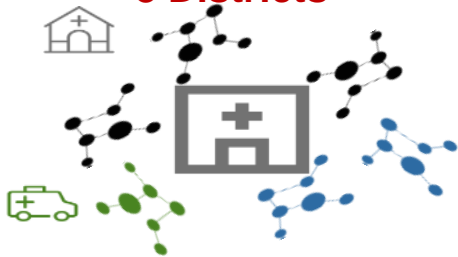
High ART Gap

3,000-10,000 PLHIV Gap
17 Districts



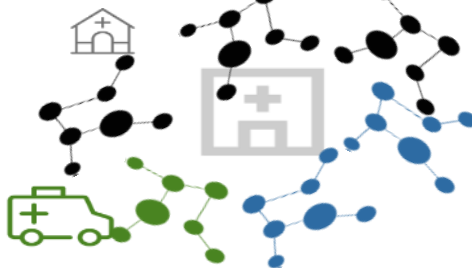
High ART Gap

1,500—3,000 PLHIV Gap
8 Districts



Medium ART Gap

<1,500 PLHIV Gap
7 Districts



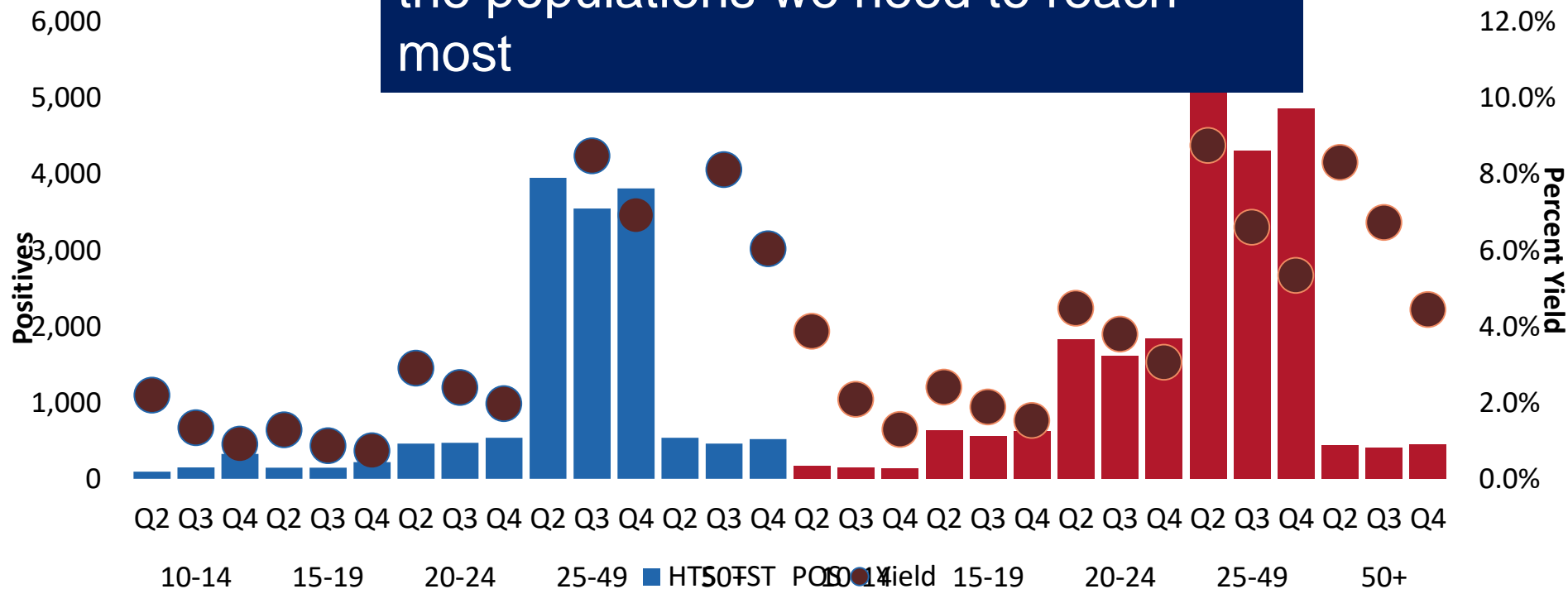
Low ART Gap

0 PLHIV Gap
7 Districts

Maintenance

In the Five Acceleration Districts, Q2-Q4 Yield Dropped Across All Age and Sex Groups

Decreases in yield are highest among the populations we need to reach most



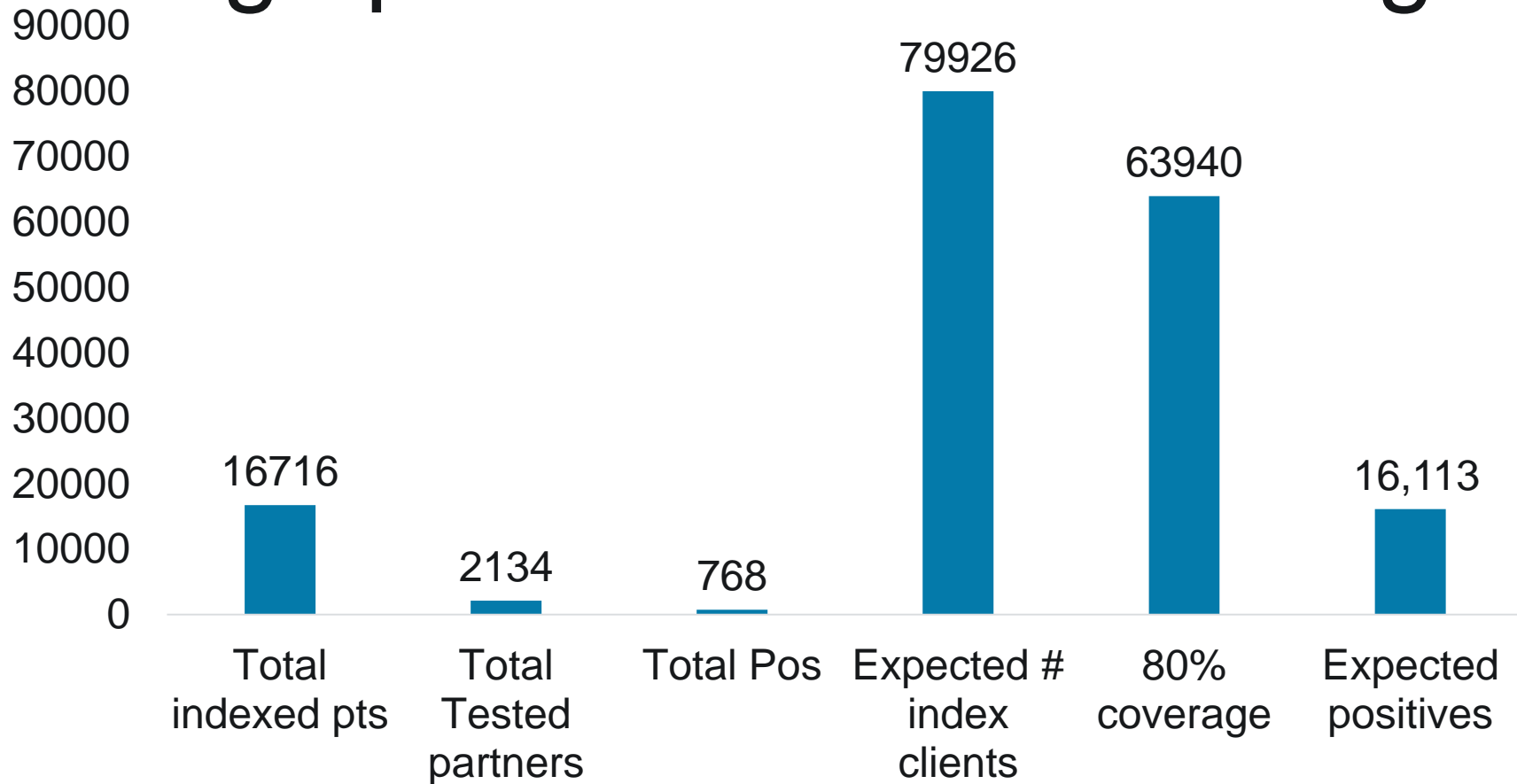
Tanzania MAINTAINING YIELD: SYMPTOM AND RISK-BASED SCREENING

In Tanzania, ICAP collected data on symptoms and HIV risk on ALL people tested in community setting (December/January)

	Tested	Positive	% yield
HIV Risk* only	13775	466	3.4%
Symptoms only	229	35	15.3%
Symptoms AND risk	182	30	16.5%
NO symptoms OR risk	12745	32	0.25%
TOTAL	26,931	563	2.1%



Scaling up Index Partner Testing



Why Male Friendly Corners

- Lesotho has the 2nd highest prevalence of HIV worldwide
- 25.6% of adult population (15-49) is living with HIV
- HIV-related disease leading cause of death
- Adult incidence high
 - 52 new infections occur daily
- Men believed to drive HIV epidemic among AGYW
- Men have poor health seeking behaviour
- Those who seek care do so very late (Lubega et al: 2015)



Key Strategies for HIVST Rollout

- Routine offer of HIVST for declining partners
- Integration of HIVST in all testing modalities
- Prioritize men, youth, and workplace distribution for HIVST distribution
- HIVST for key and priority populations
- Global Fund and GOL will procure HIVST kits

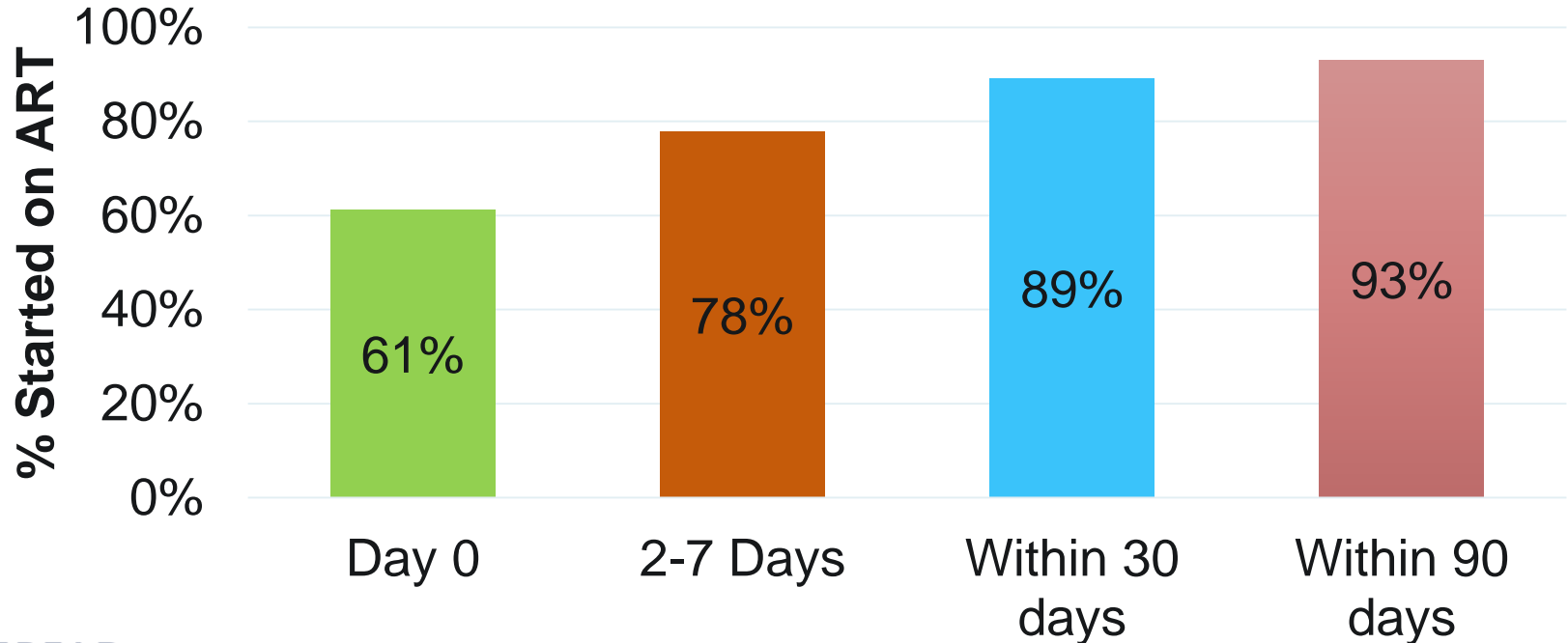




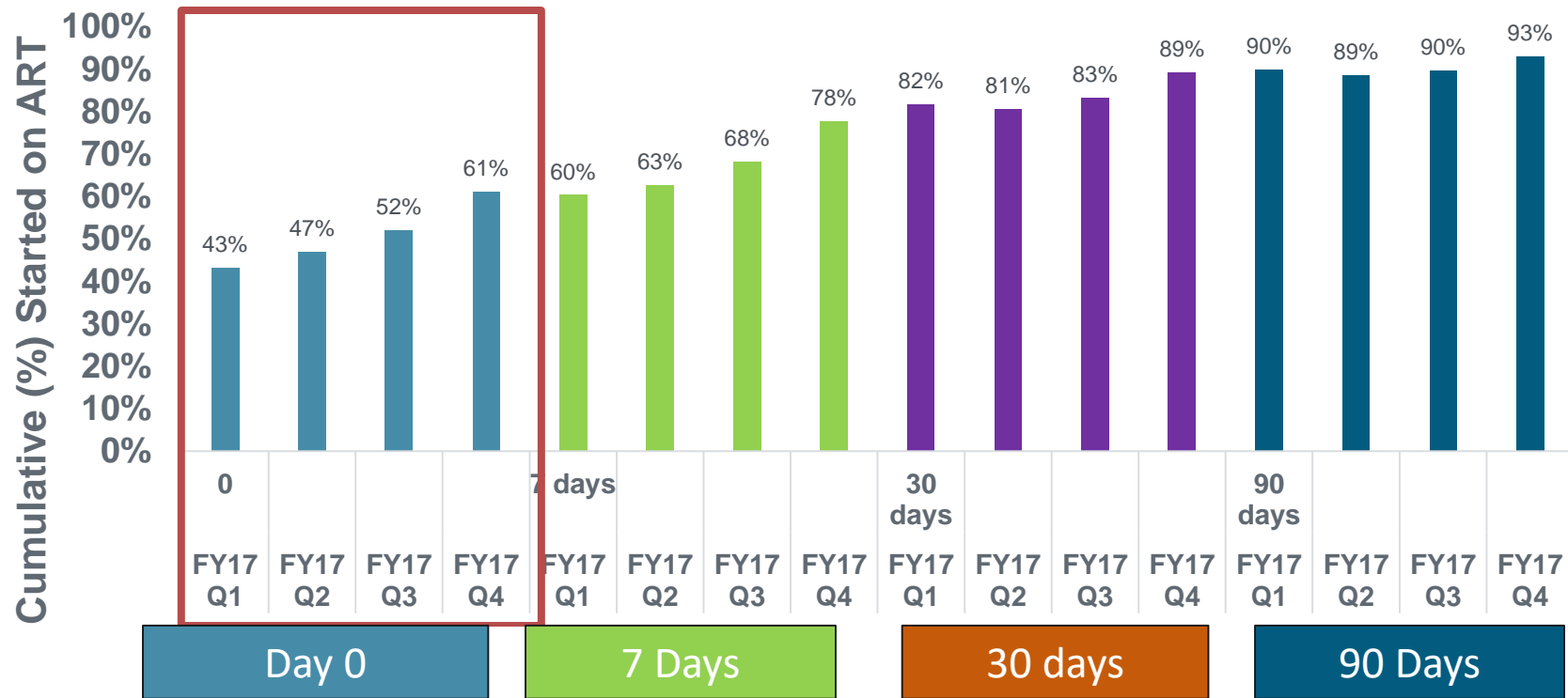
SECOND 90 : same day linkage

Linkage to ART: Days to Treatment

Days Between HIV Diagnosis and ART Start, FY17

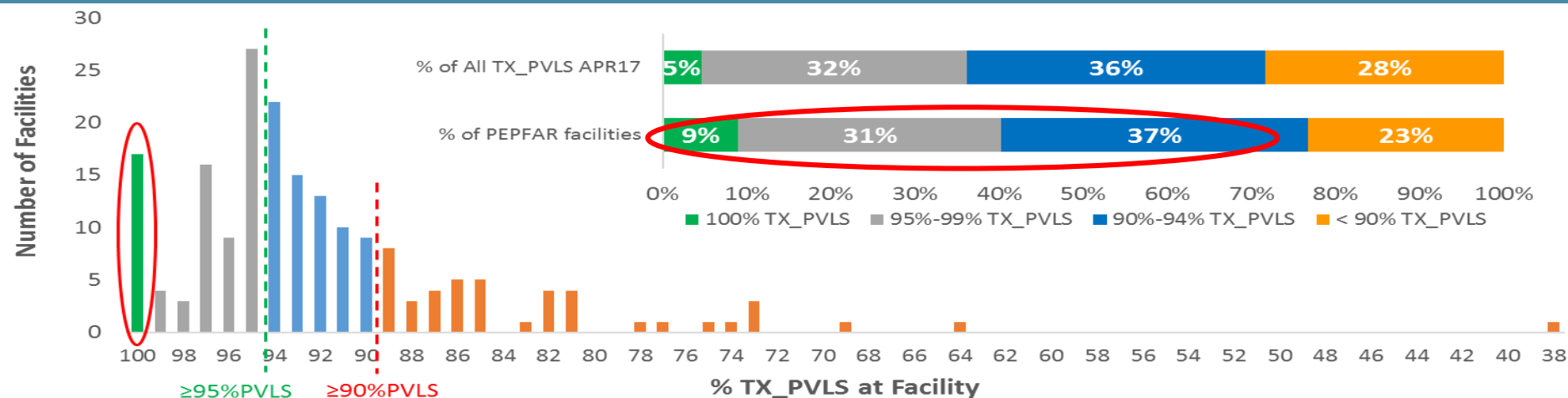


Namibia: FY17 Tx_New; Time from HIV Diagnosis to ART Initiation, FY17 Q1 –Q4

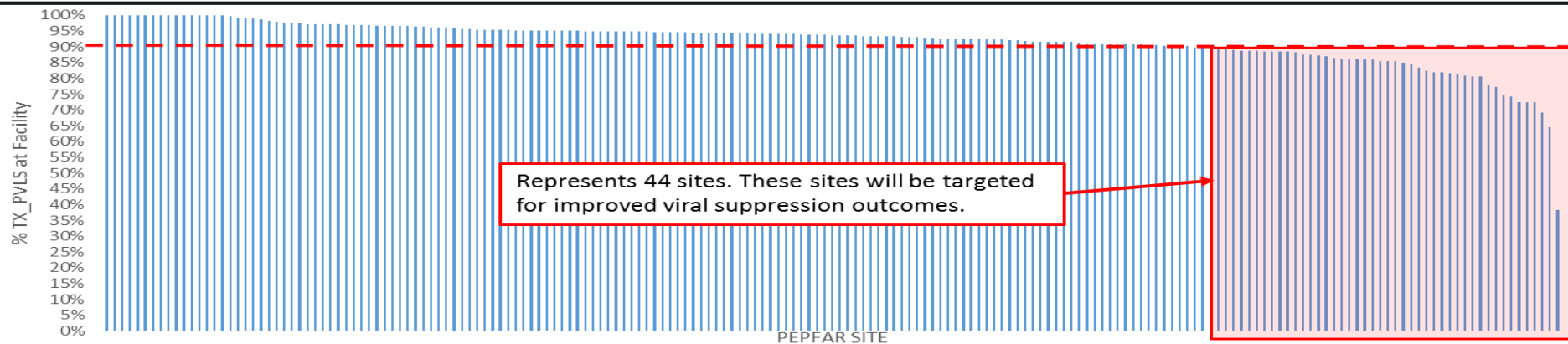


THIRD 90

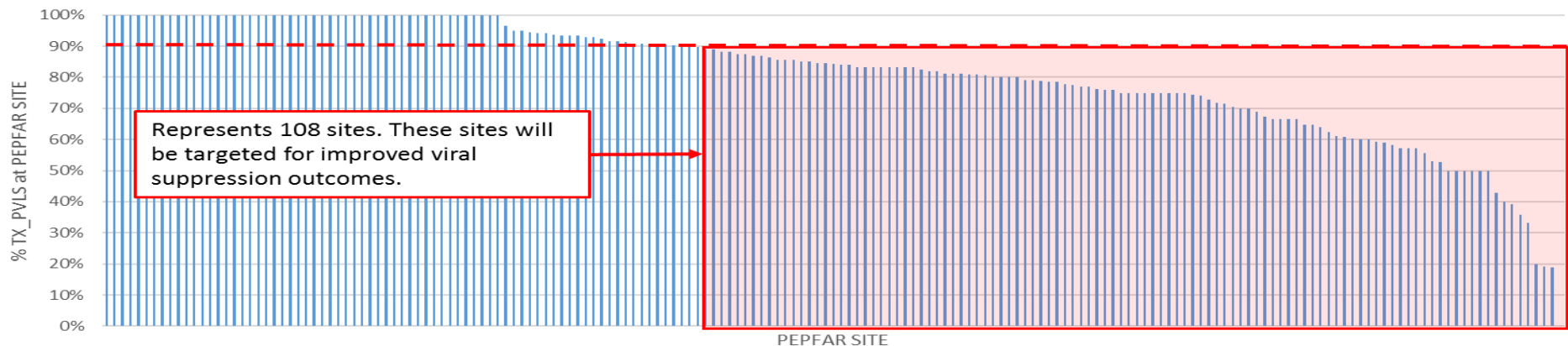
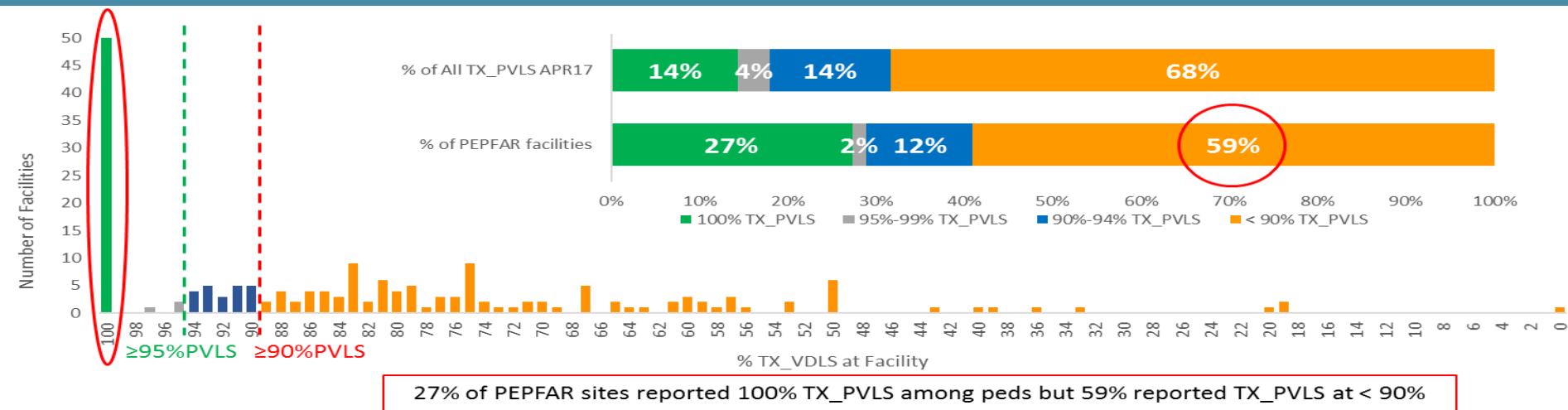
Sites targeted for intervention to improve viral suppression



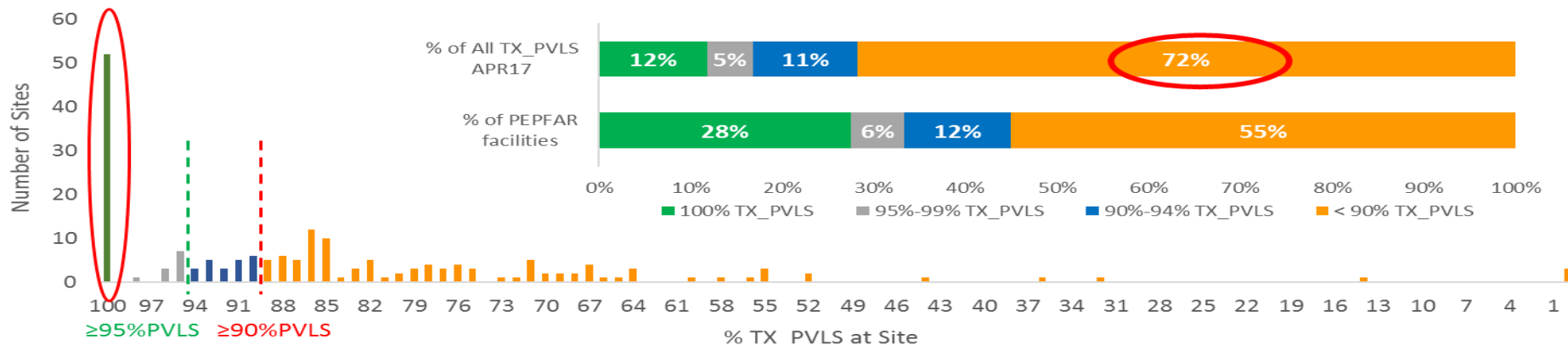
9% of PEPFAR sites reported 100% TX_PVLS and 77% of PEPFAR sites reported TX_PVLS at ≥ 90%



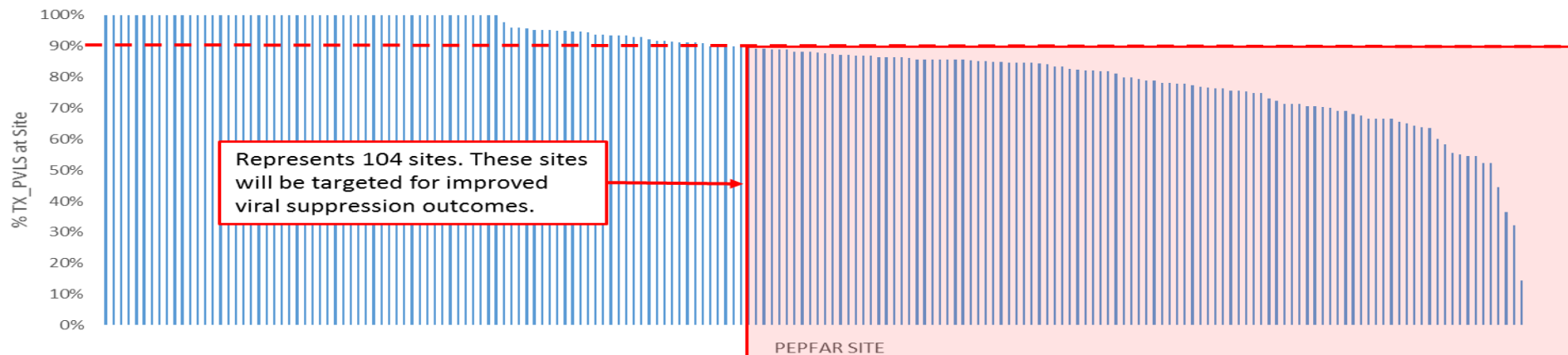
Challenges in viral suppression among children <15



Challenges in viral suppression among young people 15-24 yrs



28% of PEPFAR sites reported 100% TX_PVLS among 15-24 year olds but 72% 15-24 were receiving care at sites with reported TX_PVLS at < 90%





Preventing infections in young men

15.2M voluntary medical male circumcisions

**Largest single-year increase (3.5M) in
PEPFAR's history**

Cumulative Total: **15 million**

12,000,000 **Cost effective onetime intervention**

10,000,000 **60% relative risk reduction for acquisition of HIV for men**

8,000,000 **Observational evidence for protection of women for HIV and STI**

6,000,000

4,000,000

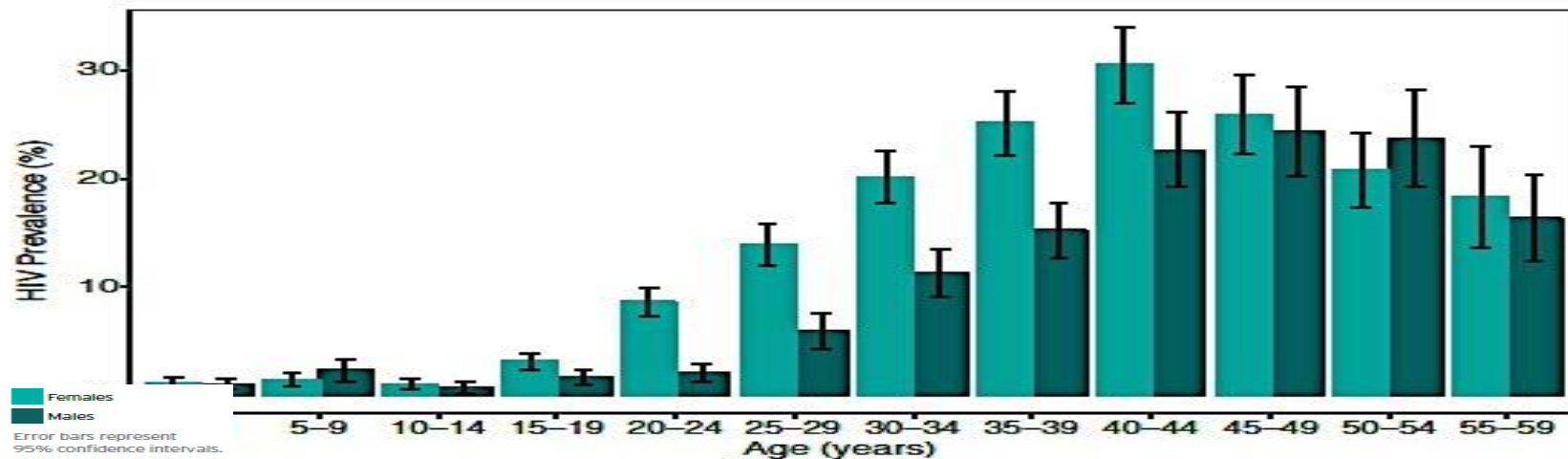
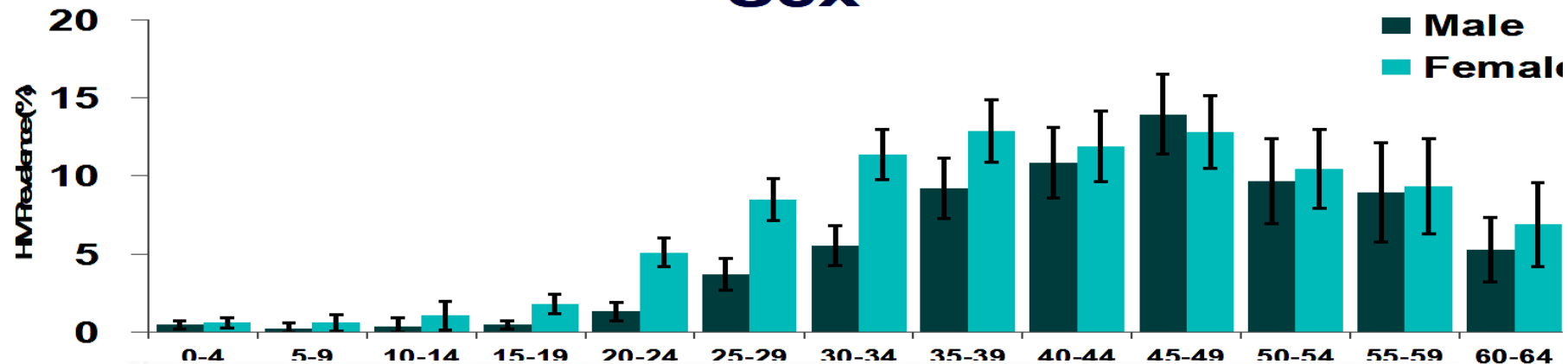
2,000,000

0

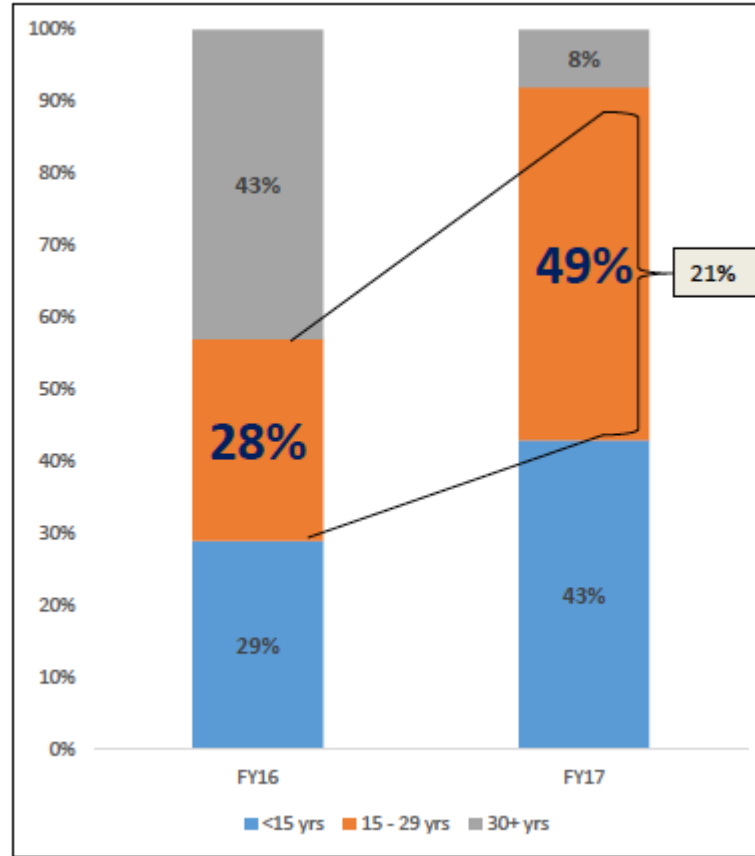


Source: PEPFAR Results, 2004-2016

UPHIA 2016: HIV Prevalence by Age and Sex



Continue pivoting to focus VMMC on priority age bands

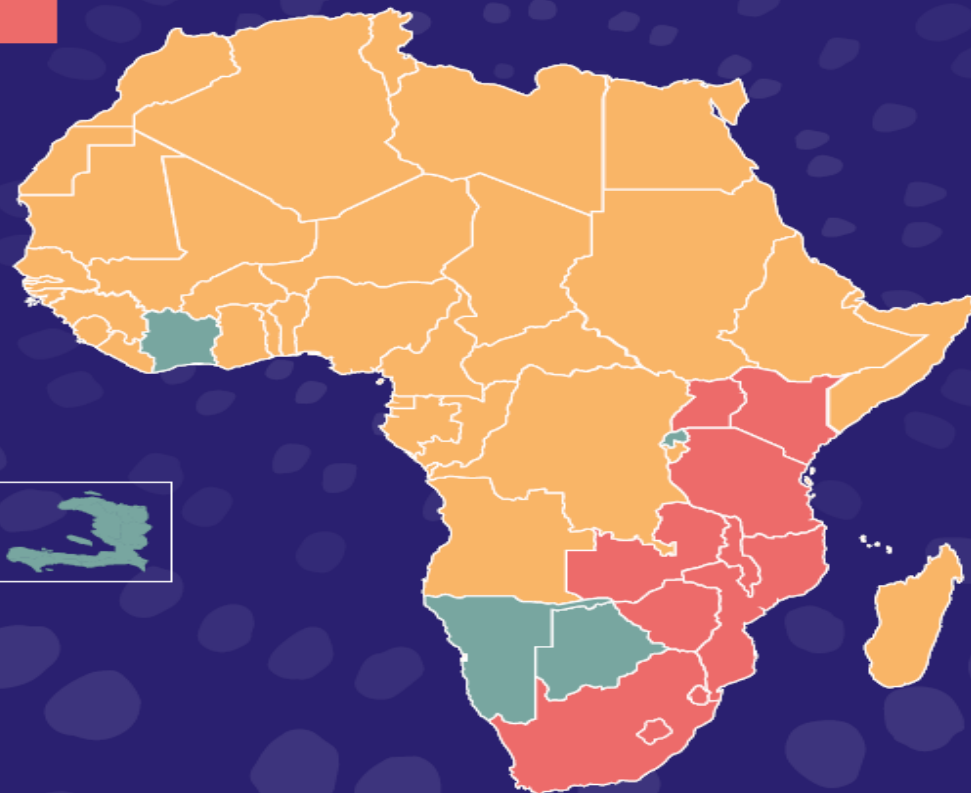




Preventing new infections in young women

15 DREAMS COUNTRIES

-  Botswana
-  Cote d'Ivoire
-  Haiti
-  Kenya
-  Lesotho
-  Malawi
-  Mozambique
-  Namibia
-  Rwanda
-  South Africa
-  Swaziland
-  Tanzania
-  Uganda
-  Zambia
-  Zimbabwe



ORIGINAL
NEW

Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe



The **DREAMS** Partnership
has reached more than

2.5 million

**ADOLESCENT GIRLS
AND YOUNG WOMEN**

with critical comprehensive HIV
prevention interventions



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Greater than 25-40% reduction in new HIV diagnoses among young women in nearly two-thirds (65%) of DREAMS-supported districts since 2015. 14 districts that had a decline of greater than 40%. Importantly, new diagnoses declined in nearly all DREAMS intervention districts.

Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

DREAMS Programming

STRENGTHEN THE FAMILY

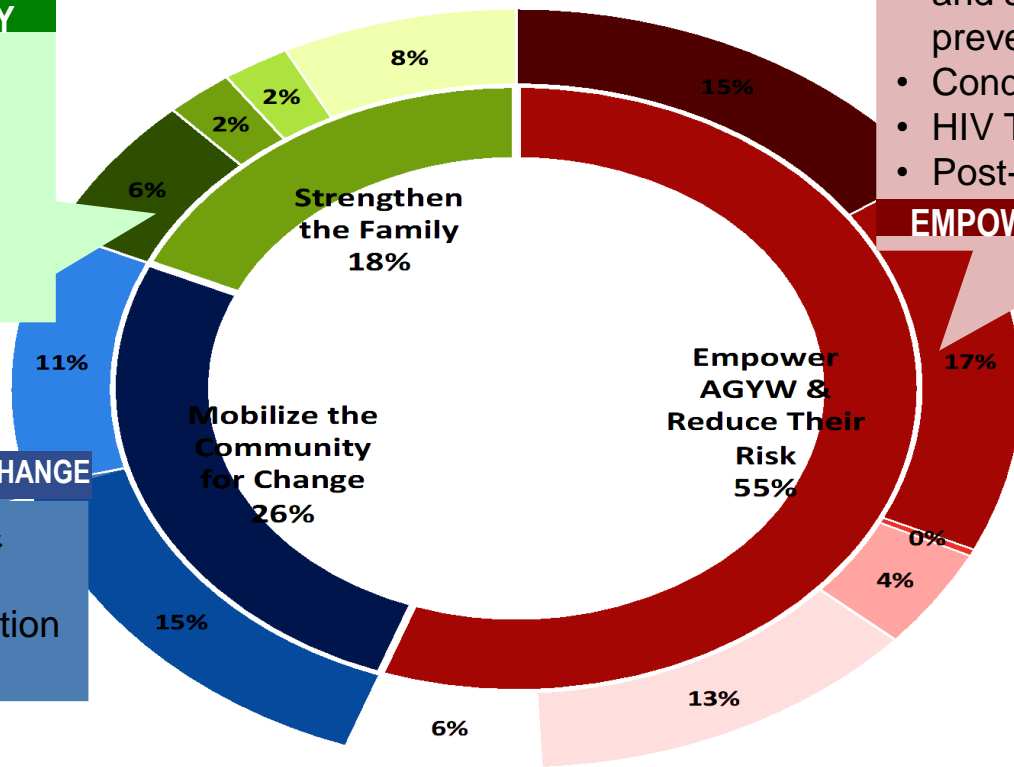
- Parenting/Caregiver Programs
- Cash Transfers
- Education Subsidy
- Socioeconomic Approaches

MOBILIZE COMMUNITY FOR CHANGE

- School-Based HIV & Violence Prevention
- Community Mobilization & Norms Change

- HIV risk avoidance, reduction and sexual violence prevention
- Condoms
- HIV Testing & Counseling
- Post-Violence Care

EMPOWER AGYW & REDUCE RISK



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Malawi DREAMS Efficiency

Building on Synergies with the OVC Platform

OVC

Education Support

Household Economic Strengthening

Sexual Violence and HIV prevention programming for girls and boys 9-14

Case Management

Parenting Programs

Post violence care

Social Assets

Community mobilization and norms change

Parenting Programs 9-14

Case management services

DREAMS

School based GBV and HIV Prevention Programming

Condom Promotion and Distribution

Sexual Violence and HIV prevention programming for girls 9 -14

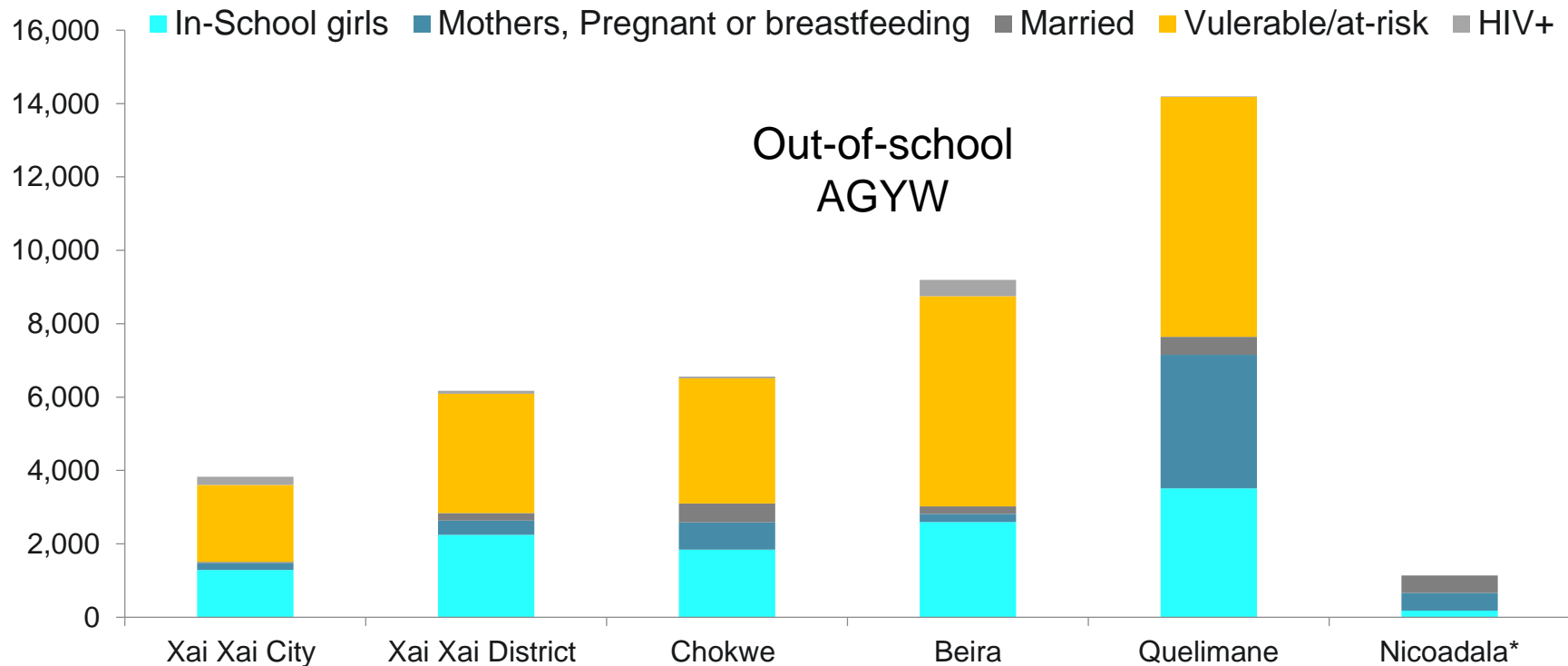
Sexual and Reproductive Health Services

Post Violence Care for 18+

PrEP

Mozambique :DREAMS is Reaching Targeted Sub-Groups

DREAMS Active Beneficiaries FY18 Q1, by Sub-Group and District*

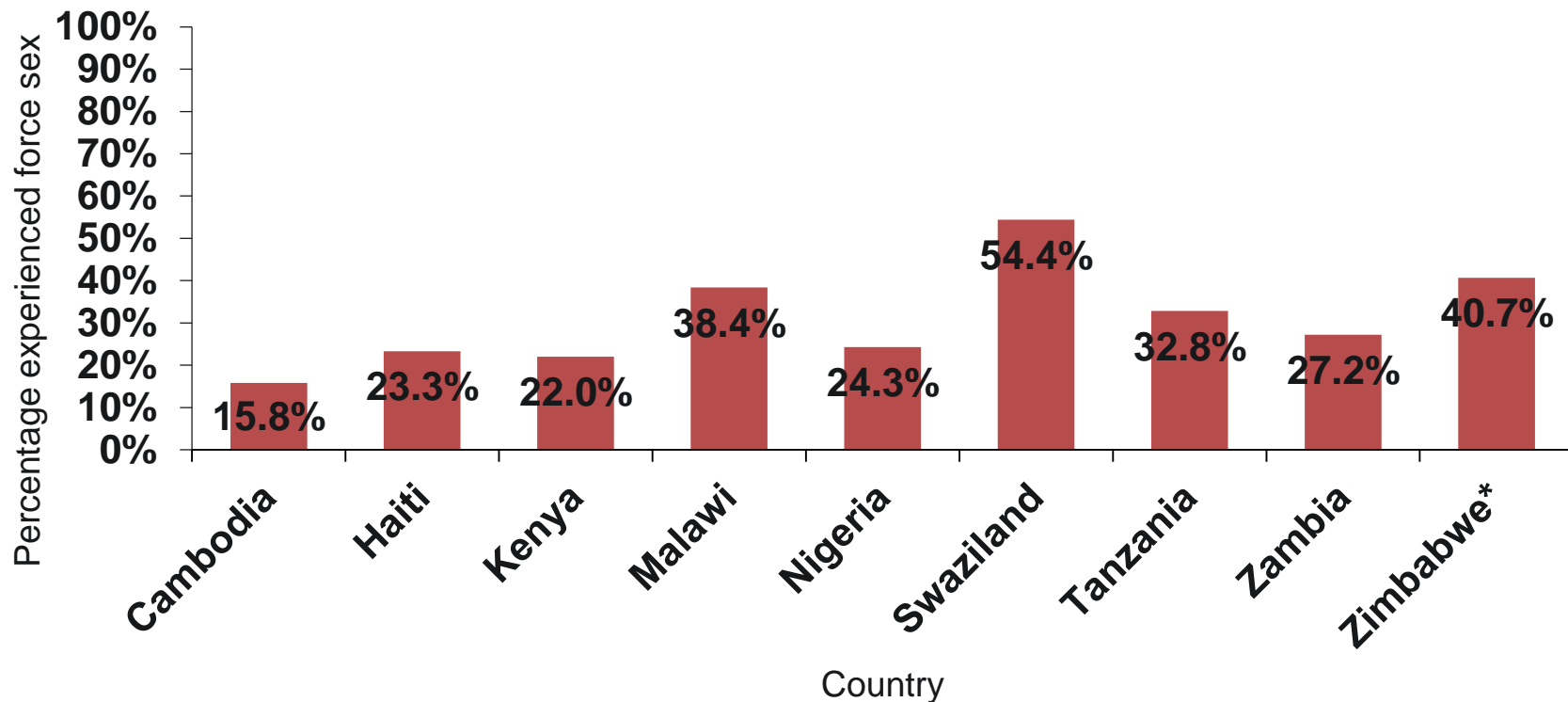


***Early sexual debut associated with exposure to violence:
Adjusted Odds Ratios for early sexual debut among sexually***

Adjusted Odds Ratios for Sexual Debut ≤15 years (95% Confidence Interval)

	No childhood violence	1-2 types of childhood violence	3 types of childhood violence
Malawi	1.0	3.0 (1.2-8.0)	3.6 (1.6-8.4)
Rwanda	1.0	2.5 (1.5-4.1)	6.4 (3.1-13.2)
Haiti	1.0	2.6 (1.9-3.7)	6.3 (4.0-10.0)
Botswana	1.0	2.0 (1.3-3.0)	7.6 (3.5-16.4)

Percentage of 13-24 Year Old Female Respondents Who Reported First Sex as Forced/Coerced





PEPFAR's Focus for COP18 & Beyond

Current State of the Epidemic and PEPFAR's laser focus

Epidemic continues unchecked in **men <35 and women < 25**

Depth of the **key population** epidemic in SSA remains unknown

Access to health services is the key barrier in West Africa due to policies & formal/informal user fees

Focused prevention and treatment interventions must continue

Success is **95/95/95** across **all age bands, genders and risk groups**

Prevention: Increased focus needed to accelerate **VMMC** progress and **DREAMS** beneficiaries

- Ensure **laser focused prevention** interventions with new **recency assay** to map evolving epidemic

Geography – vast difference in HIV prevalence within each country; investments must continue to be targeted for impact

Populations – significant age gap in those we have reached and not reached impacting epidemic control: we have successfully reached **women > 25 and men > 35**, **key population** cascades are different and issues need to be addressed

Policies and political will to address the epidemic that exists

- Ensure an effective prevention and treatment cascade for children, young men and women and key populations
- Increased index and self testing as routine
- Increased TPT (IPT) as part of routine HIV treatment
- Implementation of the new cervical cancer strategy as part of routine HIV treatment of HIV + women
- Pilots to scale; talk and planning to action
- TLD transition

Going Forward: PEPFAR-specific priorities

- **Partner performance** must be constantly improved – especially in the high volume partners
- **Expenditures and results** must be monitored
- **Work plans** must:
 - Reflect the **targets and quarterly funding** linked to performance
 - Reflect the changes in **testing strategies** and funding dependent on **meeting results**
 - Reflect **outcomes** expected– ie VLS
- **Future funding will be linked to partner and country performance**

Thank You!

We are poised to
make the impossible -
possible



PEPFAR Dashboards
Using Data for Decision Making