PEPFAR 3.0

Progress in and Outcomes of Data-Driven Reorientation of HIV Services

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11th International Conference on HIV Treatment and Prevention Adherence

May 2016
THE HIV EPIDEMIC TODAY
And what we need to do to control it
HIV Prevalence and Estimated Number of Adults and Children Infected with HIV, 2014

This graphic depicts country size relative to the estimated number of its HIV-infected population. Sizes and shapes are distorted in this cartogram, which is presented for illustrative purposes only.

Adult (15-49) HIV prevalence:
- 0.49% or less
- 0.5% - 2.49%
- 2.5% - 6.49%
- 6.5% - 17.49%
- 17.5% - 28%

Sources: WHO, CDC, UNAIDS, National Health and Family Planning Commission of The People’s Republic of China

September 25, 2015 U1293 STATE (HIU)
Business as usual: escalating costs year after year

2.5 MILLION
NEW ADULT HIV INFECTIONS PER YEAR

Source: UNAIDS, 2015
Fast Track Strategy: Program costs decline in out years

0.2 MILLION
NEW ADULT HIV INFECTIONS PER YEAR

Source: UNAIDS 2015
We have a 5-YEAR WINDOW

Source: UNAIDS 2015
Defining “A Sustainable HIV Response”

Sustainability is *not* only about funding.

A sustainable response can only be achieved when the epidemic is under control and no longer expanding.
Achieving epidemic control with the current global budget will require delivering the **Right Things** in the **Right Places** in the **Right Way** **Right Now**.
New PEPFAR Targets for 2017

12.9 million women, men, and children on ART

40% reduction in new HIV infections in young women in 10 countries

Total of 13 million voluntary medical male circumcisions

Source: pepfar.gov
THE CHALLENGE:
LOW TESTING YIELD IN CONCENTRATED AND GENERALIZED EPIDEMICS

And the steps needed to reach those in need of services
HIV Positive People Identified & Number Tested
PEPFAR Direct Service Delivery Results, FY 2015

Source: PEPFAR, 2015

Direct PEPFAR program prevalence: 4.1%

HIV Testing - Direct

Total Positive: 1,856,276
Total Tested: 45,245,966

Source: PEPFAR, 2015
HIV prevalence among gay men and other men who have sex with men in Asia and the Pacific, 2011–2014

Source: GARPR 2015. Countries with no bars reflect HIV prevalence measured at 0% at least once.
HIV prevalence among sex workers in Asia and the Pacific, 2011–2014

Source: GARPR 2015. Countries with no bars reflect HIV prevalence measured at 0% at least once.
HIV prevalence among people who inject drugs in Asia and the Pacific, 2011–2014

Source: GARPR 2015. Countries with no bars reflect HIV prevalence measured at 0% at least once.

% living with HIV

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Source: GARPR 2015. Countries with no bars reflect HIV prevalence measured at 0% at least once.
MSM Clinical Cascades in Laos & Thailand

Laos:
- Estimated alive MSM with HIV+: 1330
- HIV+ diagnosed: 295
- Registered to care: 236
- Prescribed ART: 187
- Currently on ART: 168
- Had VL test: 113
- VL suppressed <1,000: 101

Thailand:
- MSM reported HIV+ in NAP: 7,294
- Prescribed ART: 3,254
- On ART: 2,723
- Had VL: 1,869
- VL <1,000: 1,765

Source: PEPFAR, Asia Regional Program, 2016
Promising Innovations to improve 90-90-90 outcomes
And reduce unit costs

Chiang Mai Community Performance by Recruitment Channel

 Individuals referred by peers were more than 2x likely to be HIV+, compared to those reached by community-based support staff

Paid community supporters

Registered | Tested | Positive | ART | Yield | Walk-in
---|---|---|---|---|---
266 | 244 | 424 | 415 | 11.54 |
12 | 7 | 44 | 36 | 58 | 52 | 6 | 4

Source: The USAID LINKAGES Project, FHI360
THE CHALLENGE:
NEW INFECTIONS IN ADULTS — TESTING AND TREATING MEN

And the steps needed to achieve epidemic control
% Change in New Pediatric HIV Infections (2000-2014)

Source: UNAIDS, 2015
% Change In Adult New HIV/AIDS Infections (2000-2014)

Source: UNAIDS, 2015
Kenya Clinical Cascade, by Gender, FY15

Female
- PLHIV: 832,632
- Diagnosed: 794,492
- Linked to Care: 657,432
- Currently on ART: 574,280
- Suppressed: 453,681

Male
- PLHIV: 534,291
- Diagnosed: 392,824
- Linked to Care: 314,761
- Currently on ART: 283,192
- Suppressed: 232,217

72% Suppressed
79% Suppressed

Source: PEPFAR, Kenya, 2015
Zimbabwe ART cascade by sex, FY 2015

Source: PEPFAR Zimbabwe, FY 2015
THE CHALLENGE:
DRAMATIC INCREASE IN THE POPULATION OF ADOLESCENT GIRLS &
YOUNG WOMEN IN SSA
PEPFAR & the Millennium Development Goals

The 8 Millennium Development Goals:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
Demographic shift in SSA: 10-29 year olds

30% more girls and young women since beginning of the epidemic

Source: US Bureau of Census, 2015
Southern Africa differs substantially from SSA

Total fertility rates and population pyramids

1950

- 25,000,000 females
- 10-24 yo

2050

- 288,000,000 females
- 10-24 yo
5

THE SOLUTION: DREAMS FOR YOUNG WOMEN & GIRLS

Preventing infections in girls and young women
Why DREAMS?

Girls and young women account for 71% of new HIV infections among adolescents in Sub-Saharan Africa.

More than 1000 new infections a day.

This must change.
Age-Gender Disparity in New HIV Infections Globally, 2014: Example from South Africa

720,000 new infections primarily driven by infection of young women

Source: UNAIDS 2014 estimates.
Prevalence of Sexual Abuse Prior to Age 18
Reported by Females and Males 18-24 Years of Age in African VACS Country Sites

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*Only girls interviewed in Swaziland

Source: CDC Violence Against Children Surveys (VACS), 2016
The DREAMS Partnership

- Launched on WAD 2014
- Goal: to reduce new HIV infections in adolescent girls & young women
- Ensure that girls have an opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives.
- $385 million partnership with Bill & Melinda Gates Foundation, Girl Effect, Johnson and Johnson, ViiV Healthcare & Gilead
- 2015 WAD: Launched the Innovation Challenge — $85 million (including $80 from PEPFAR) to attract and support new thinking and approaches
Solutions must be ready for rapid implementation in one or more of the 10 DREAMS countries:

- Kenya
- Lesotho
- Malawi
- Mozambique
- South Africa
- Swaziland
- Tanzania
- Uganda
- Zambia
- Zimbabwe
DREAMS Interventions

- Management & Coordination
- Strategic Information

SUPPORTING ACTIVITIES

- Characterization of Male Partners
- Linking Male Partners to Services

DECREASE PARTNER RISK

- Condom Promotion & Provision
- HIV Testing & Counseling
- PrEP
- Post-Violence Care
- Increased Contraceptive Method Mix
- Social Asset Building

EMPOWER AGYW & REDUCE RISK

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

STRENGTHEN THE FAMILY

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

MOBILIZE COMMUNITY FOR CHANGE

Percentages are from initial country plans and are currently under revision.
HIV prevalence vs high school education
Los Angeles County, 2012
Education reduces risk of HIV acquisition

Study in Botswana compared young women and men completing 9 versus 10 years of education.

One additional year of education for adolescents can reduce HIV acquisition before age 32 by one third.

- The protective effect of education is even stronger among young women – risk of HIV acquisition was cut nearly in half.

Source: De Neve et al., The Lancet, 2015
Innovating for an AIDS-free future for girls and women
THE SOLUTION: VOLUNTARY MEDICAL MALE CIRCUMCISION

Preventing HIV Infection in young men
8.9 Million
Voluntary Medical Male Circumcisions
Cumulative PEPFAR-Supported VMMCs through FY 2016

Source: PEPFAR, 2016
DREAMS Countries*, Proportion of Circumcisions by Priority Age Bands, **PEPFAR APR15 Results**

- **Kenya**
- **Lesotho**
- **Malawi**
- **Mozambique**
- **South Africa**
- **Swaziland**
- **Tanzania**
- **Zambia**
- **Zimbabwe**

*Excludes Uganda

Source: PEPFAR, 2016
VMMC in South Africa, 2015

Number of PEPFAR-supported VMMCs by site (purple) and district (green)

Source: PEPFAR, 2015
THE SOLUTION: TEST & START: EXPANDING TREATMENT

Translation of the science into guidelines and adoption, rapid expansion of VL
PEPFAR Results for 2015

9.5 Million

Men, Women, & Children on Treatment
12 Month Retention Across PEPFAR OUs

Retention on ART at 12 months

Source: PEPFAR, FY15
Actual Viral Load Tests versus Need 2015

Source: PEPFAR, 2015
What if we could double the number of people on lifesaving treatment over the next 5 years?
We can support 2 ART clients for the price of 1
Smart policy and service delivery choices yield tremendous cost savings

Source: John Stover, 2016

Cost savings with 6 month ART refill policy

- 1st line ARVs
  - Cost: 1 visit/3 months: $49
  - Cost: 1 visit/6 months: $52
  - Cost savings

- Labs
  - Cost: 1 visit/3 months: $72
  - Cost: 1 visit/6 months: $49
  - Cost savings

- Service delivery
  - Cost: 1 visit/3 months: $72
  - Cost: 1 visit/6 months: $52
  - Cost savings

- Total 1st line ART
  - Cost: 1 visit/3 months:
  - Cost: 1 visit/6 months: $173
  - Cost savings

Source: John Stover, 2016
ARV refill policies affect treatment cost and adherence

ARV refill policy for stable patients, select high burden countries

Source: GFATM, 2015

1 month ARV refills
- Mozambique

2 month ARV refills
- Nigeria
- Kenya
- Tanzania
- Uganda
- Ethiopia
- South Africa
- Zimbabwe

3+ month ARV refills
- Malawi
- Zambia

Source: GFATM, 2015
Decentralizing ART services
Countries with policies to decentralize ART offer more cost effective services

Source: GFATM, 2015
Treatment for All: 28M on ART by 2020

New HIV Infections and AIDS Deaths

5-year window: 2015 - 2020

Source: Stover, 2015
Annual Total TB HIV Cases by ART Treatment

Cumulative Difference in TB Cases 2016-2030

58,969 less cases

Baseline_CRCP  TT_DTG_lowestTBrate (0.38%)
Annual Costs of TB Treatment by ART Scenario

Cumulative Cost Difference 2016-2030

- $33.7 million cost savings

Baseline_CRCP  TT_DTG_lowestTBrate (0.38%)
ENDING MTCT, KEEPING MOTHERS HEALTHY, AND TREATING CHILDREN

Virtual elimination of new pediatric infections & accelerating children’s treatment (ACT)
14.7 Million
Pregnant women tested for HIV

831,500
HIV+ pregnant women started ART to protect their babies & improve maternal health
Number of new pediatric HIV infections, 2009-2014

Achieved to date (6 years):
~160,000 fewer new pediatric HIV infections annually

Remaining gap to virtual elimination of MTCT:
~ 140,000 annual new pediatric HIV infections

Source: UNAIDS Estimate, 21 Countries, 2015
% Change in New Pediatric HIV Infections (2000-2014)

Source: UNAIDS, 2015
Mother-to-Child Transmission Rates at 6 weeks and final status

Majority of vertical transmission now occurs during breastfeeding – need for better retention strategies for new mothers on ART

Global Plan Target: <5% final transmission rate
Without lifesaving antiretroviral therapy for HIV-infected children, 50% will die before their 2nd birthday. 80% will die before age 5.
5.5 Million

Orphans & vulnerable children received care and support services

Critical for identifying and ensuring all medical needs are address and a key platform of DREAMS outside of the DREAMS districts.
ACT Results, 2015

PEPFAR is supporting 489,000 children with life-saving antiretroviral treatment in the ACT countries up from 300,000 just 12 months, 189,000 additional children on treatment and lives saved due to ACT.

PEPFAR has more than doubled HIV testing for children during the first year of ACT to 4.3 million in 2015.
RIGHT PLACES: COUNTRY EXAMPLES

Using Data to Understand micro-epidemics and refine our response
The Right Places for epidemic control

• Focusing limited resources on the highest burden areas
  – Strategic scale-up
  – “Catching up” on coverage of prevention and treatment services in high burden areas
  • High burden area access to services both between and within countries lags substantially behind low burden areas
  – Collect & use facility-level data
  – Refine approach to targeting interventions to populations
New HIV infections & PLHIV by zip code: LA

Source: County of Los Angeles Public Health Department, 2014
Uganda
Uganda: Persons Living with HIV (PLHIV) Age 15-49, with PEPFAR support, by District (SNU1), 2014

Persons Living with HIV

- **12,001 - 58,000**
- **7,801 - 12,000**
- **4,101 - 7,800**
- **400 - 4,100**
- **No data**

DRAFT

UNCLASSIFIED

SNU1 = Districts (n=112)

Note:
Kiboga district split from Mubende in 1991.
No data provided for this district.

Source: UNAIDS, 2014

Boundaries are not necessarily authoritative.
Uganda: Priority Districts and Facilities, FY16

Priority Districts
- Scale-Up: Saturation
- Scale-Up: Aggressive
- Sustained
- Centrally Supported

Priority Facilities
- Scale-Up
- Sustained
- Centrally Supported

Note: Map shows 3,614 of 6,009 PEPFAR-supported health facilities with IMPATT.PRIORITY_FACILITY data. Some health facilities may appear in places other than their true location.

Sources:
1. IMPATT.PRIORITY_SNU [Oct. 2015 - Sept. 2016], DATIM 2016.02.08
2. IMPATT.PRIORITY_FACILITY [Oct. 2015 - Sept. 2016], DATIM 2016.02.08

Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED
Uganda: Facility-level HTC Yield and PLHIV, FY15

**FY15 HTC_YIELD**
- 0 to 1%
- 1 to 2.6%
- 2.7 to 4.5%
- 4.6 to 27.9%

**FY15 Number PLHIV**
- 222 to 4,831
- 4,832 to 7,964
- 7,965 to 15,015
- 15,016 to 99,528

Note: Map shows 1,358 of 1,930 PEPFAR-supported health facilities with HTC_YIELD data. Some health facilities may appear in places other than their true location.

Sources:
1. IMPATT.PLHIV_NUM [Oct. 2015 - Sept. 2016], DATIM 2016.02.08
2. HTC_TST_POS, HTC_TST_NEG [APR15], DATIM 2016.02.08
## Uganda: Voluntary Medical Male Circumcisions Performed by District, FY15 Results and FY16 Targets

### FY16 VMMC_CIRC TARGETS
- 534 to 1,256
- 1,257 to 2,174
- 2,175 to 3,872
- 3,873 to 9,304

### FY15 VMMC_CIRC
- 8 to 873
- 874 to 3,342
- 3,343 to 6,132
- 6,133 to 28,438

### Sources:
1. VMMC_CIRC [APR15], DATIM 2016.02.08
1. VMMC_CIRC TARGET [Oct. 2015 - Sept. 2016], DATIM 2016.02.08

Names and boundary representation are not necessarily authoritative.

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Uganda: Expected Location of Orphans and Vulnerable Children Served in FY16

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<td>45</td>
<td>Agago District</td>
<td>93</td>
<td>Kole District</td>
</tr>
<tr>
<td>46</td>
<td>Yumbe District</td>
<td>94</td>
<td>Zombo District</td>
</tr>
<tr>
<td>47</td>
<td>Abim District</td>
<td>95</td>
<td>Kyanwamihigo District</td>
</tr>
<tr>
<td>48</td>
<td>Amuru District</td>
<td>96</td>
<td>Serere District</td>
</tr>
</tbody>
</table>

Names and boundary representation are not necessarily authoritative.

Source: OVC_SERV TARGET [Oct. 2015 - Sept. 2016], DATIM 2016.02.08
Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED
FY15 Rwanda National and PEPFAR Clinical Cascade Results

Clinical Cascade & 90-90-90 Targets

# PLHIV | # Diagnosed | # Linked to care | # Current on ART | # Virally suppressed

| PEPFAR | Non-PEPFAR | Population Total |

Source: PEPFAR; * # diagnosed is estimated; # virally suppressed based on average VL suppression in PEPFAR
RWANDA: ART Coverage FY15 Results

2015 ART COVERAGE

Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED
March 9, 2016

ART coverage is total people on ART (Rwanda HMIS) over the total people living with HIV (PLHIV) estimated for that year. Annual national PLHIV estimates are from Epi Spectrum (2015 analysis), distributed to Districts by weighting population (Rwanda Housing and Population Census 2012) and adult HIV prevalence (Rwanda DHS 2010).
FY16 Rwanda National and PEPFAR Clinical Cascade Expected Results

Clinical Cascade & 90-90-90 Targets

- # PLHIV
- # Diagnosed
- # Linked to care
- # Current on ART
- # Virally suppressed

Source: PEPFAR; * # diagnosed is estimated; # virally suppressed based on average VL suppression in PEPFAR
RWANDA: ART Coverage FY16 Expected Results

2016

ART COVERAGE

- 40% - 59%
- 60% - 79%
- 80% - 100%

ART coverage is total people on ART (Rwanda HMIS) over the total people living with HIV (PLHIV) estimated for that year. Annual national PLHIV estimates are from Epi Spectrum (2015 analysis), distributed to Districts by weighting population (Rwanda Housing and Population Census 2012) and adult HIV prevalence (Rwanda DHS 2010).

Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED
March 9, 2016
FY17 Rwanda National and PEPFAR Clinical Cascade Results and Targets

Clinical Cascade & 90-90-90 Targets

Source: PEPFAR; * # diagnosed is estimated; # virally suppressed based on average VL suppression in PEPFAR
RWANDA: ART Coverage FY17 Proposed Targets

2017
ART COVERAGE
- 43% - 59%
- 60% - 79%
- 80% - 100+

Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED
March 9, 2016

ART coverage is total people on ART (Rwanda HMIS) over the total people living with HIV (PLHIV) estimated for that year. Annual national PLHIV estimates are from Epi Spectrum (2015 analysis), distributed to Districts by weighting population (Rwanda Housing and Population Census 2012) and adult HIV prevalence (Rwanda DHS 2010).
VIRAL LOAD COVERAGE

BASED ON APR15 PEPFAR DATA ESTIMATED 88% OF PEOPLE ELIGIBLE HAD VIRAL LOAD TEST

87% of VL ELIGIBLE HAVE VL SUPPRESSION

PEPFAR FY15: Viral Load Coverage

- Nyagatare: 66%
- Bugesera: 67%
- Nyarugenge: 72%
- Nyabihu: 76%
- Ngoma: 81%
- Nyanza: 81%
- Kamonyi: 82%
- Rubavu: 84%
- Kayonza: 85%
- Burera: 86%
- Nyaruguru: 86%
- Nyamasheke: 88%
- Huye: 92%
- Gasabo: 92%
- Kicukiro: 92%
- Gakenke: 93%
- Karongi: 94%
- Gicumbi: 94%
- Musanze: 94%
- Rwanmgana: 95%
- Nyamagabe: 95%
- Ngororero: 96%
- Rutsiro: 96%
- Muhanga: 97%
- Ruhango: 98%
- Gatsibo: 99%
- Rulindo: 102%
Zambia
77% National ART Coverage
EMPOWERING CIVIL SOCIETY & PLHIV

Supporting civil society groups is key
Key Populations Vary by Location: KNOWING LOCATION AND POPULATION is essential
Enacted Stigma in Jamaica – Reported by Health Care Staff

- Refused health care services
- Status (HIV, MSM, SW) gossipied about by health care provider
- HIV tested without consent
- Assigned by senior provider to junior provider
- Received less care than other patients

Source: PEPFAR & FHI360, 2015
Civil Society Plays Critical Role in HIV Response

• We would not have a global HIV response if not for civil society groups that demanded it
• People living with HIV must play a meaningful role in shaping HIV programs & have powerful voices within their countries
• Support from donors has been inadequate
• We can all do more to support efforts of networks of PLHIV and civil society groups
• Expanded the Country Operational Plan process to include community in the planning and the review of the plans
Strengthening Civil Society, including FBOs

- PEPFAR has committed $10 million to the Robert Carr Civil Society Networks Fund over the next three years to build the capacity of civil society.
- $4 million two-year initiative PEPFAR/UNAIDS faith initiative.
- PEPFAR with the Elton John AIDS Funds has committed $10 million to support key population advocacy.
- DREAMS innovation Challenge Fund.
SUMMARY

Key take-aways & top priorities
PEPFAR & the Sustainable Development Goals

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Renewable Energy
8. Good Jobs and Economic Growth
9. Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals
We can prevent >50% of new HIV infections and reduce the number of AIDS deaths by nearly 50%.

This is bold. This is extraordinary.

And it is possible.
Our work is far from done.

How can we do better?

Over 4,230 babies were infected with HIV

Over 34,615 adults were infected of which more than 7000 were young women

Over 2880 children died this week from HIV

Over 20,000 adults died this week from HIV
THANK YOU