



PEPFAR 3.0

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

AMB Deborah Birx, MD

11th International Conference on HIV Treatment and Prevention Adherence

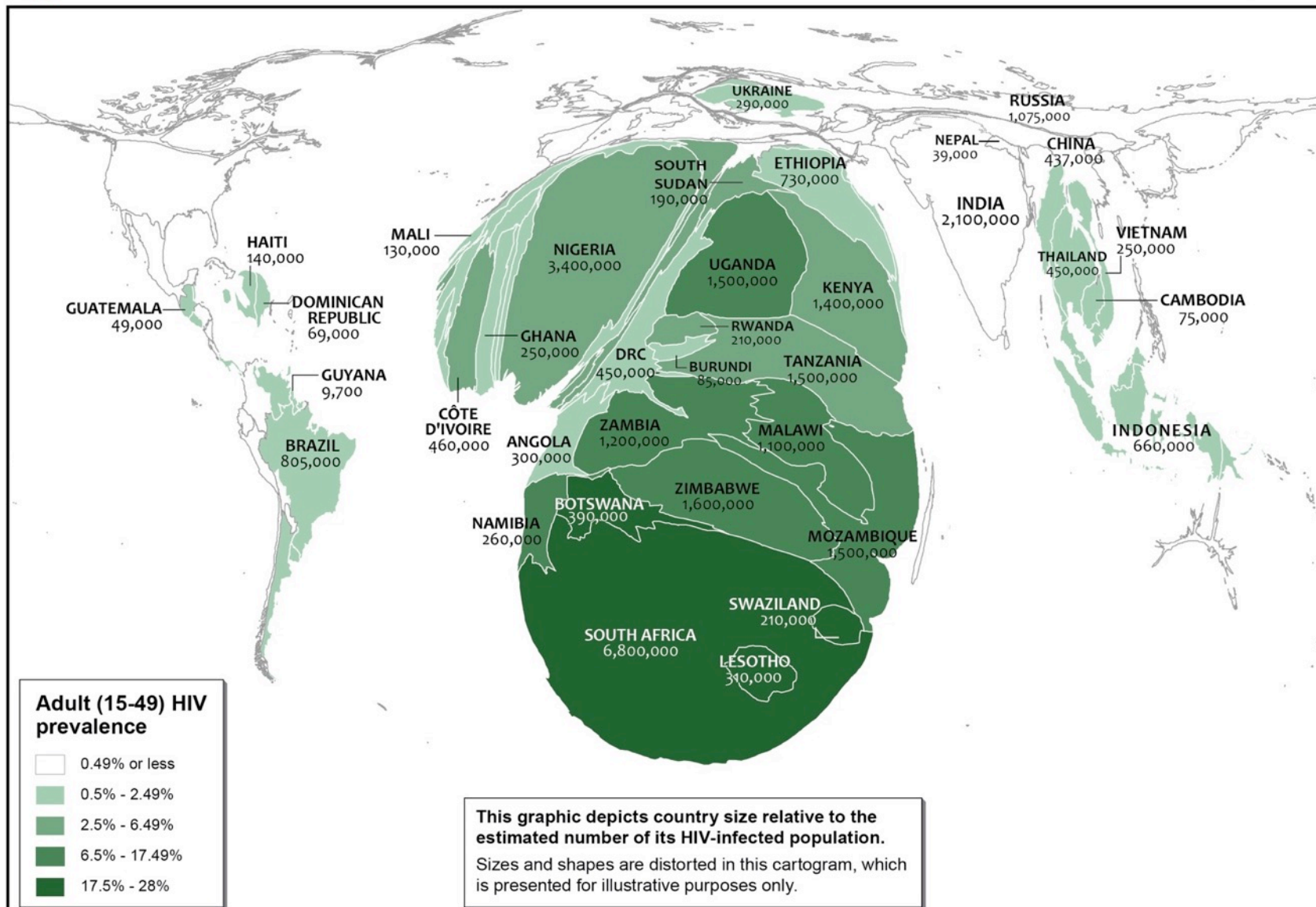
May 2016

1

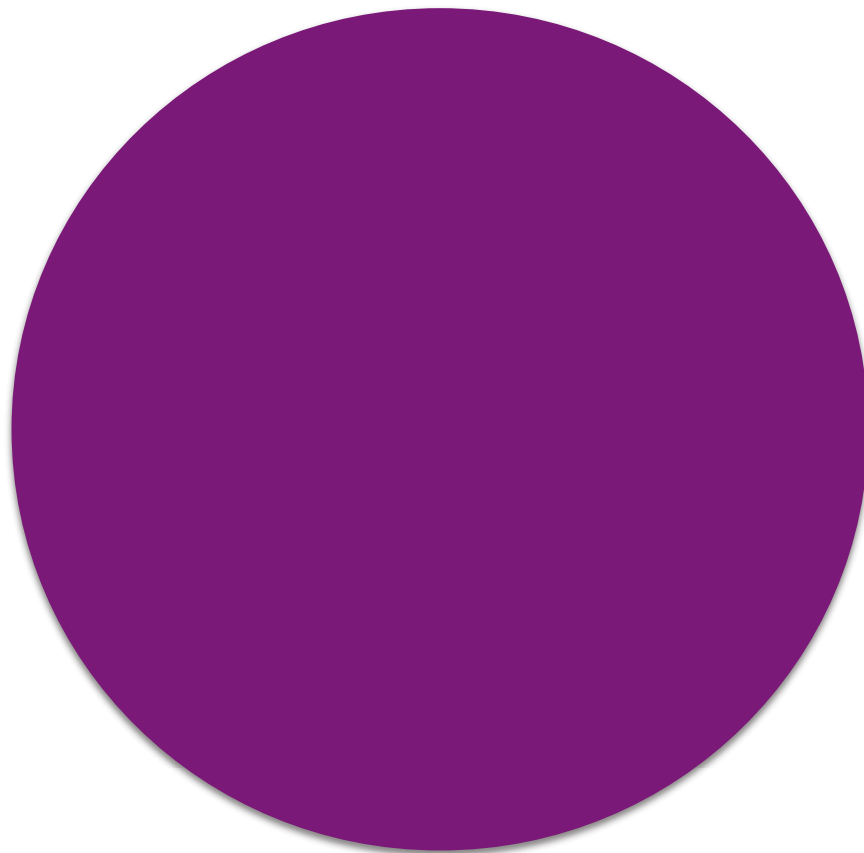
THE HIV EPIDEMIC TODAY

And what we need to do to control it

HIV Prevalence and Estimated Number of Adults and Children Infected with HIV, 2014



Business as usual : escalating costs year after year



2.5 MILLION
NEW ADULT HIV INFECTIONS PER YEAR

Source: UNAIDS, 2015

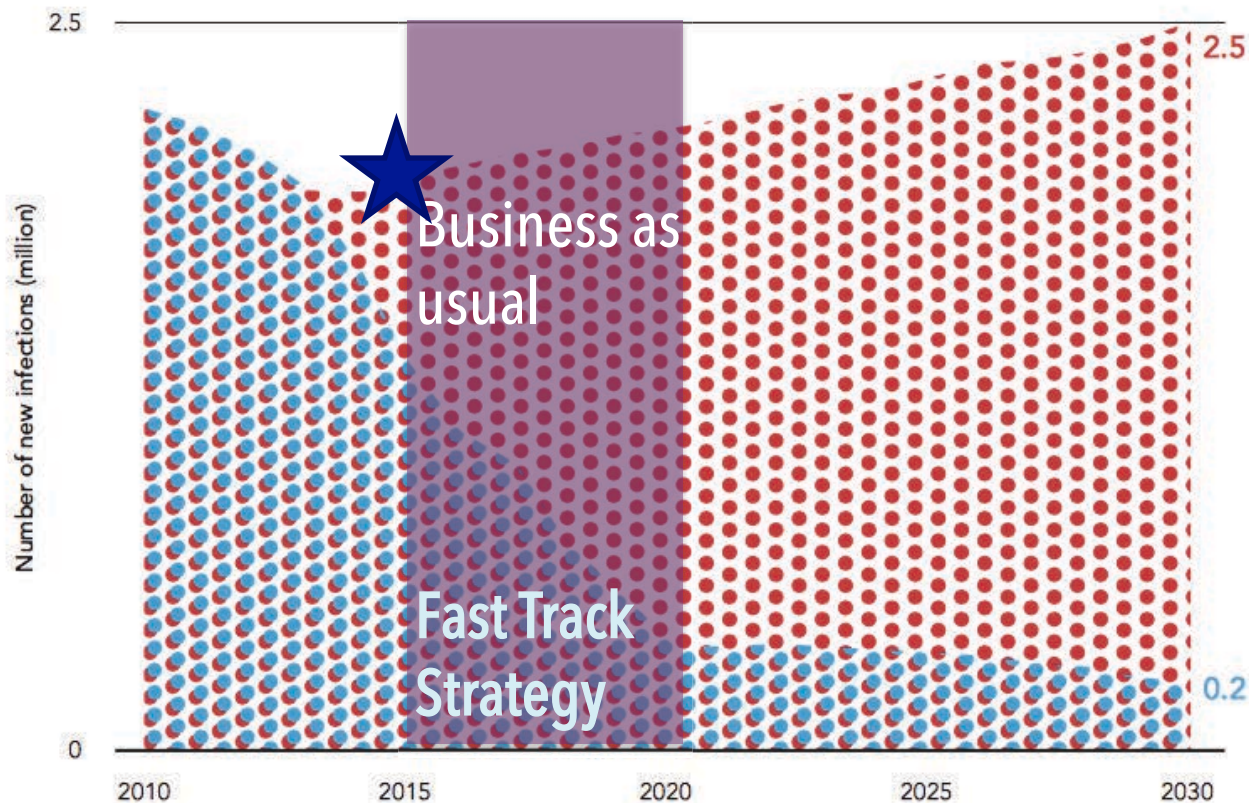


Fast Track Strategy: Program costs decline in out years



0.2 MILLION
NEW ADULT HIV INFECTIONS PER YEAR

We have a **5**-YEAR WINDOW



28
MILLION

Total HIV infections
averted 2015–2030

- Ambitious targets
- Constant coverage



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

2

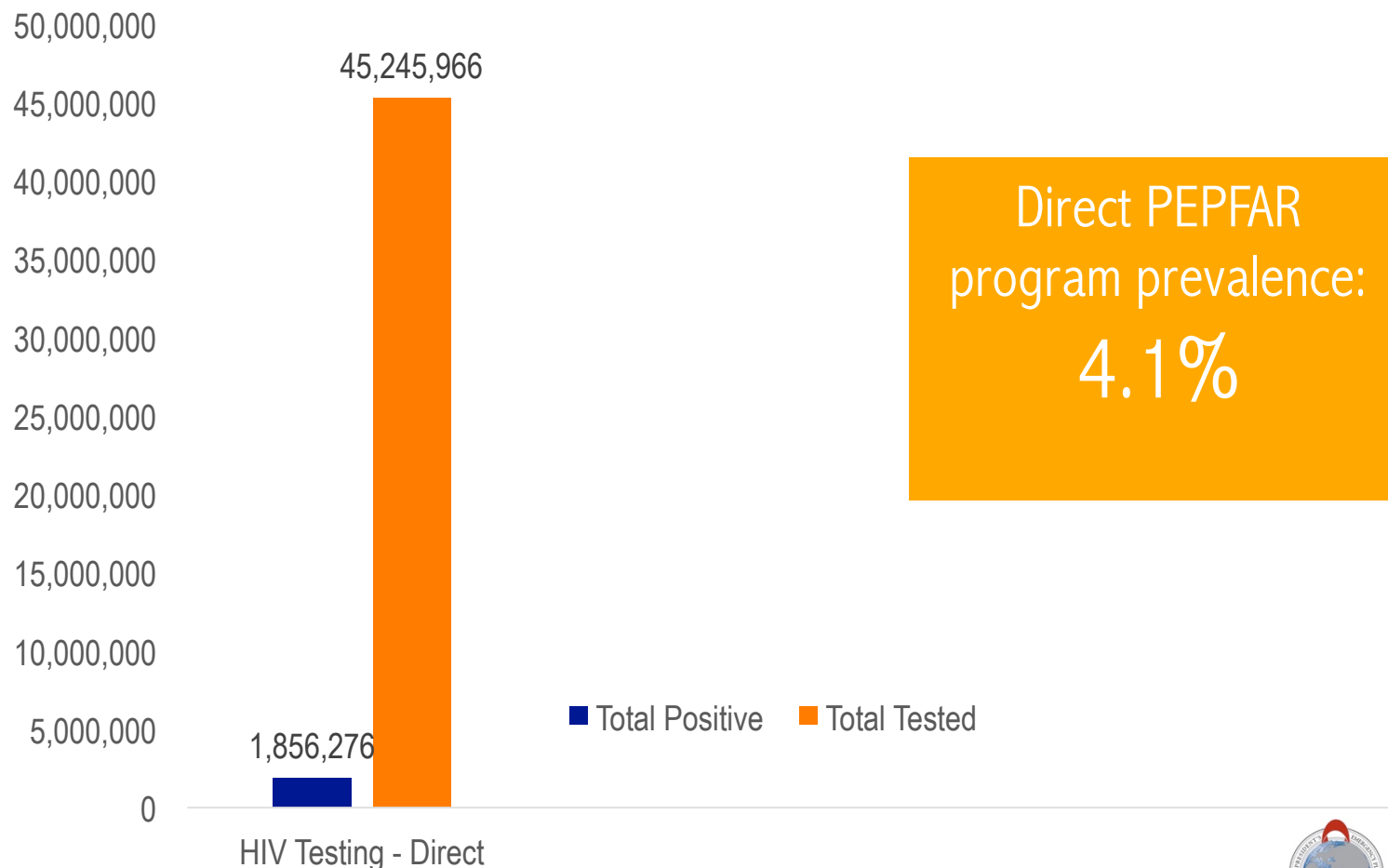
THE CHALLENGE :

LOW TESTING YIELD IN CONCENTRATED AND GENERALIZED EPIDEMICS

And the steps needed to reach those in need of services

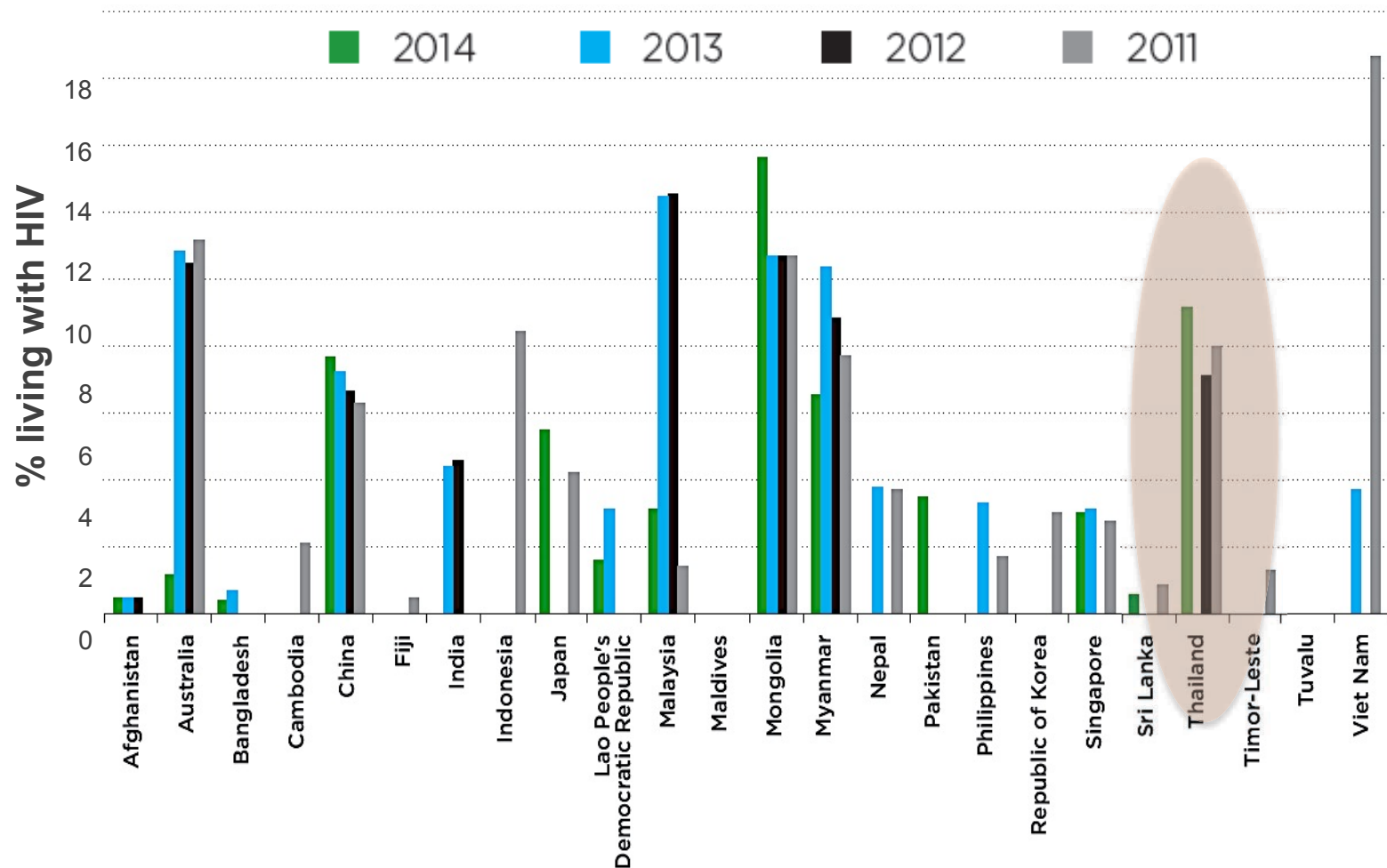
HIV Positive People Identified & Number Tested

PEPFAR Direct Service Delivery Results, FY 2015

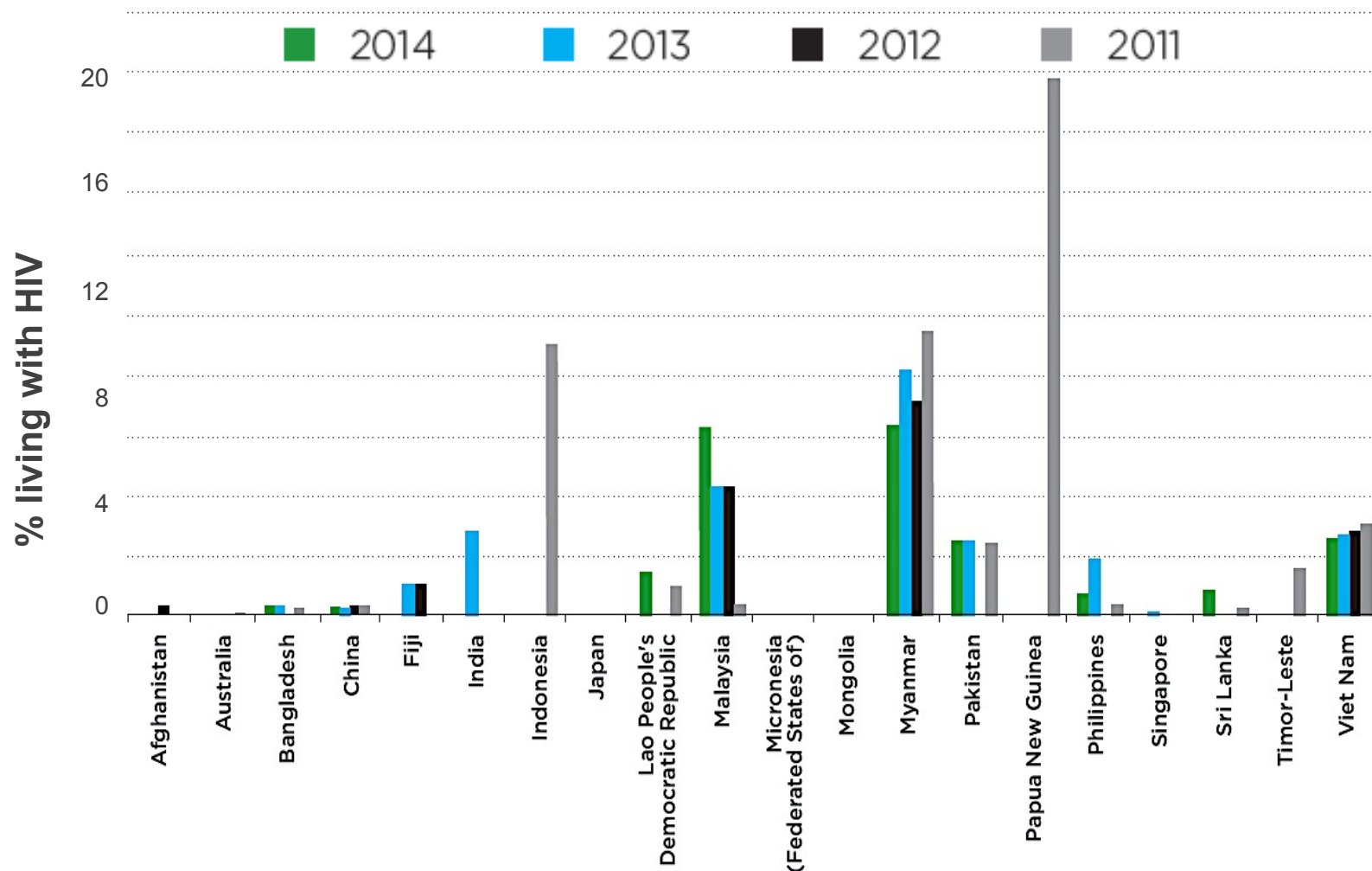


Source: PEPFAR, 2015

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

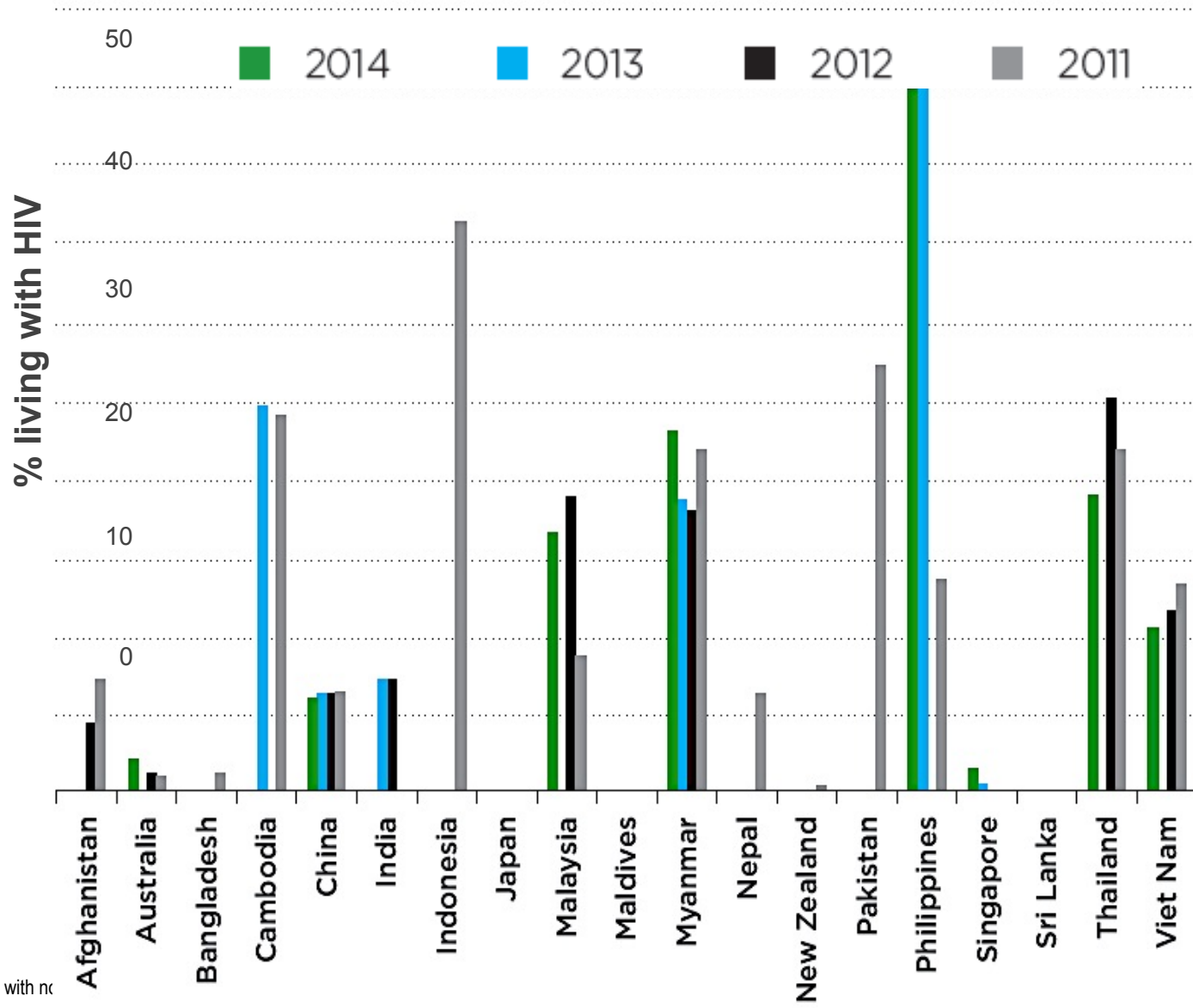


HIV prevalence among sex workers in Asia and the Pacific, 2011–2014

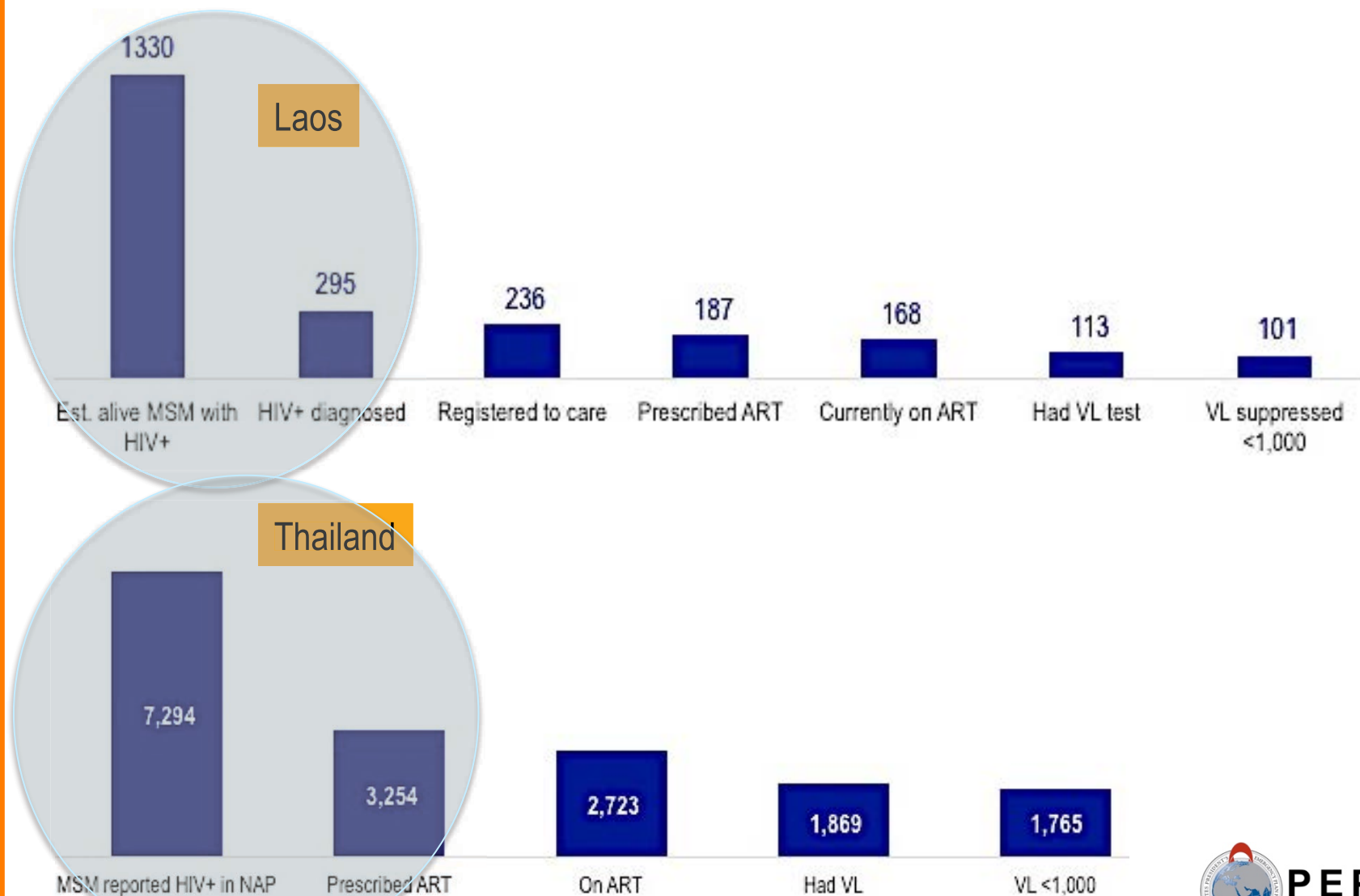


Source: GARPR 2015. Countries with no bars reflect HIV prevalence measured at 0% at least once.

HIV prevalence among people who inject drugs in Asia and the Pacific, 2011–2014



MSM Clinical Cascades in Laos & Thailand



Source: PEPFAR, Asia Regional Program, 2016

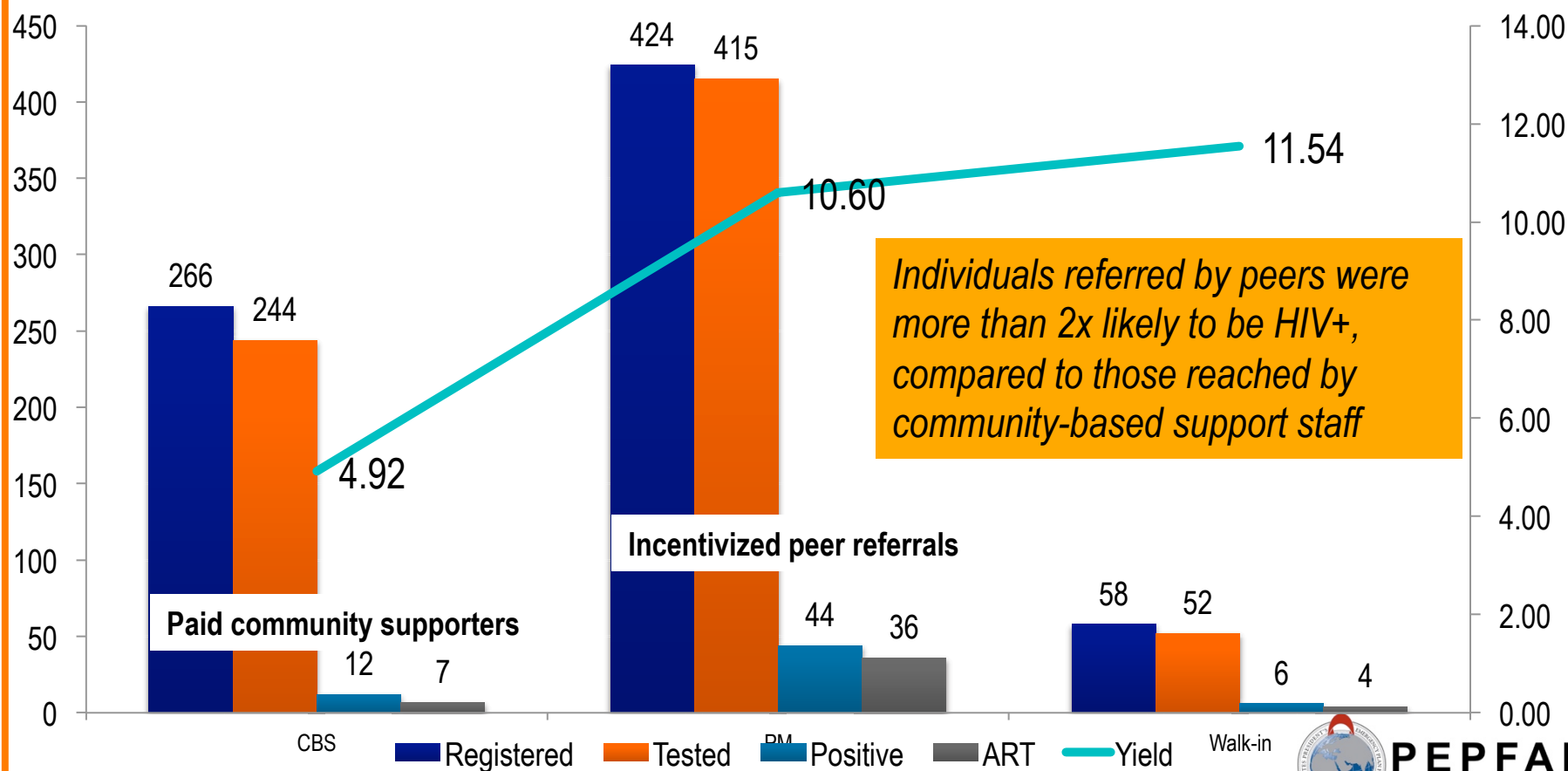


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Promising Innovations to improve 90-90-90 outcomes

And reduce unit costs

Chiang Mai Community Performance by Recruitment Channel



Source: The USAID LINKAGES Project, FHI360



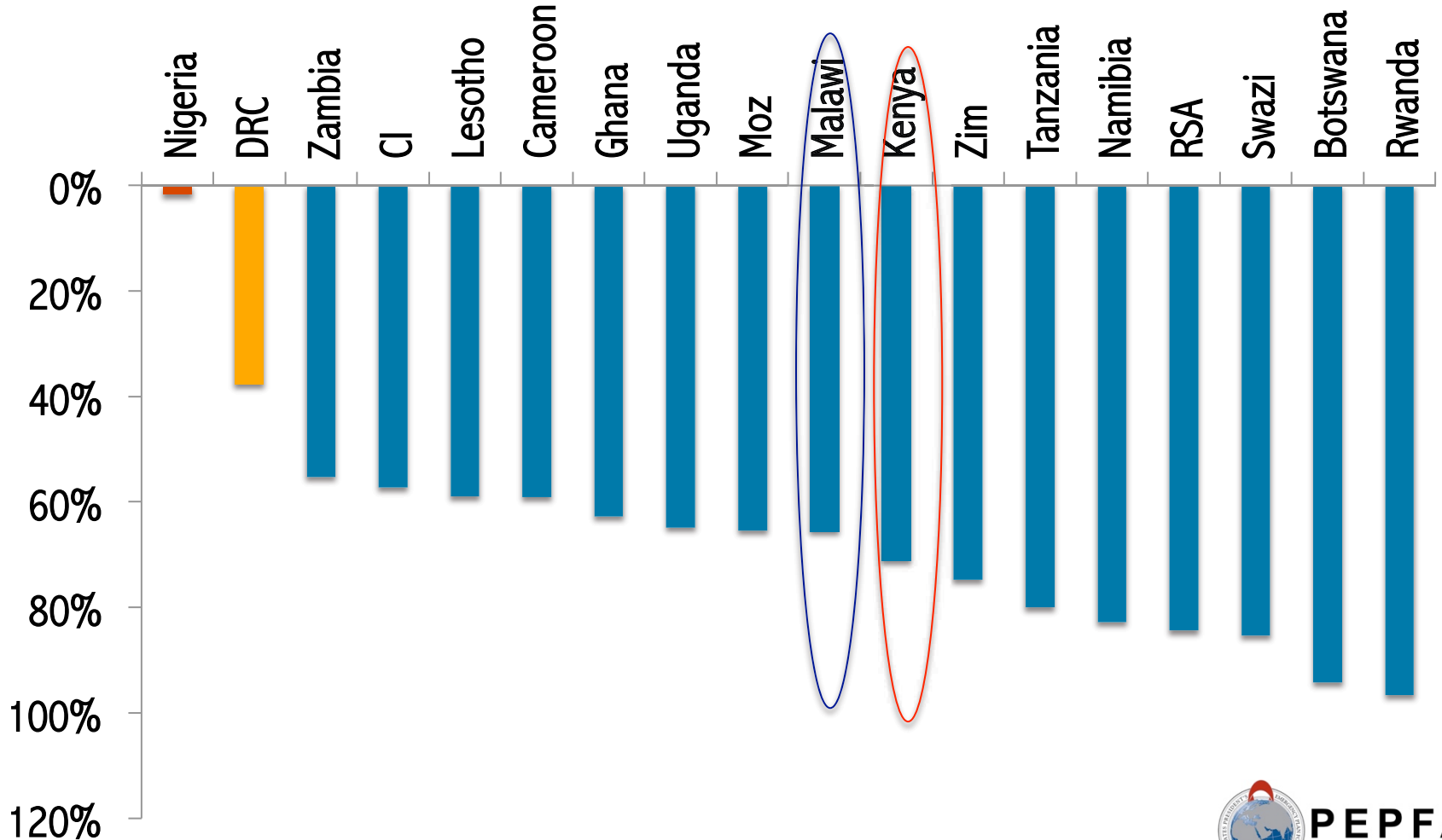
PEPFAR
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3

THE CHALLENGE : NEW INFECTIONS IN ADULTS — TESTING AND TREATING MEN

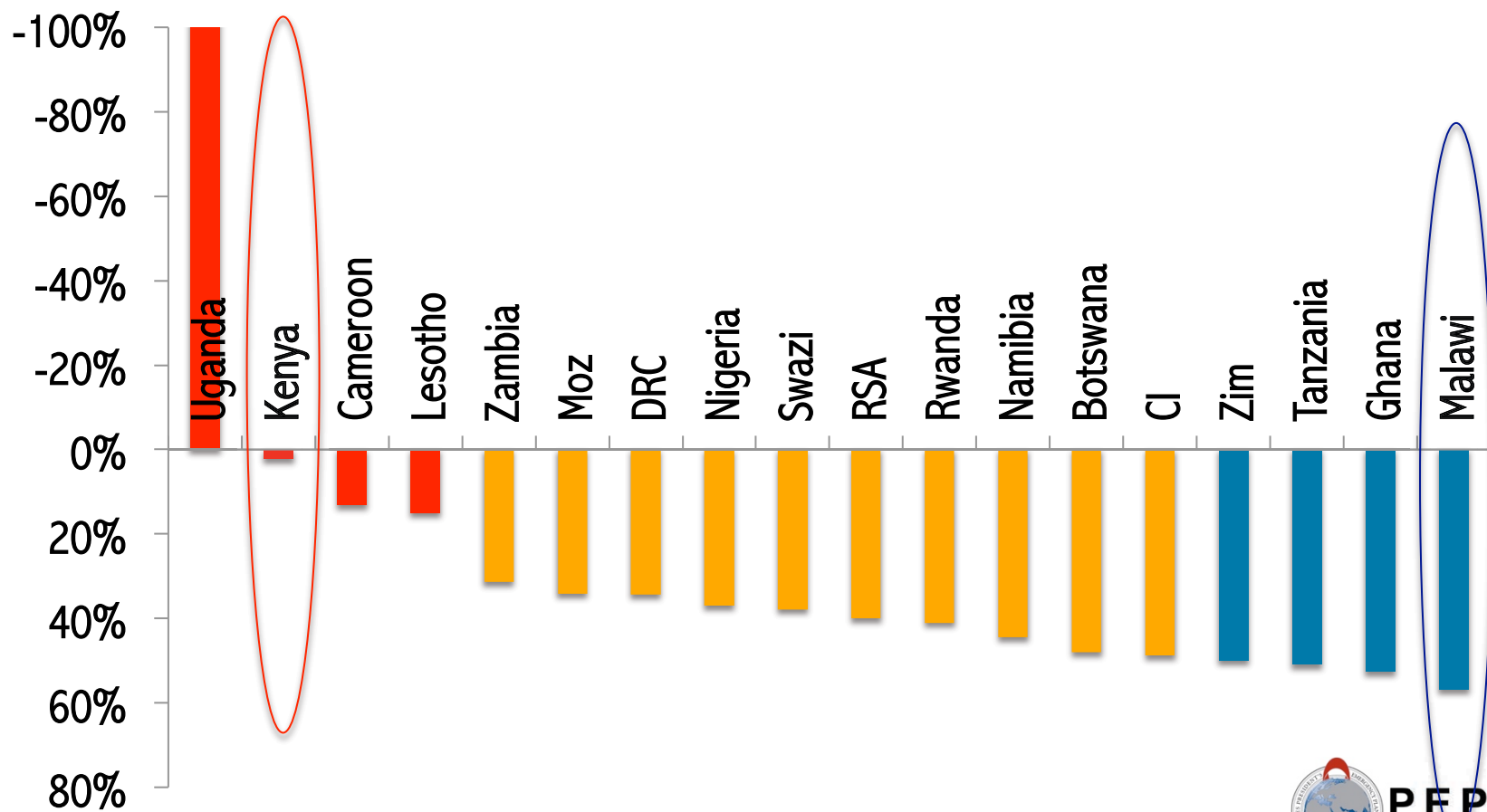
And the steps needed to achieve epidemic control

% Change in New Pediatric HIV Infections (2000-2014)



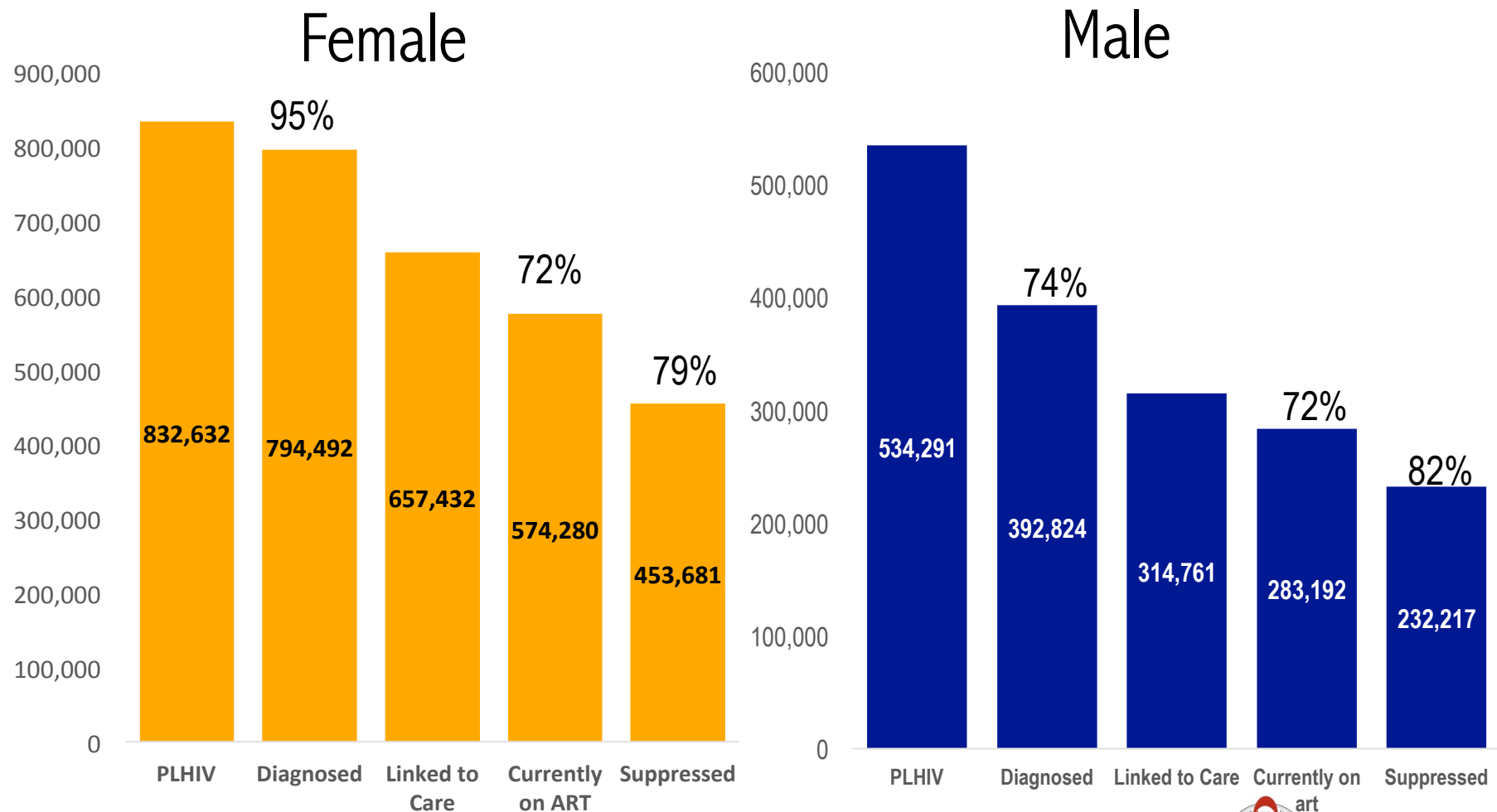
Source: UNAIDS, 2015

% Change In Adult New HIV/AIDS Infections (2000-2014)



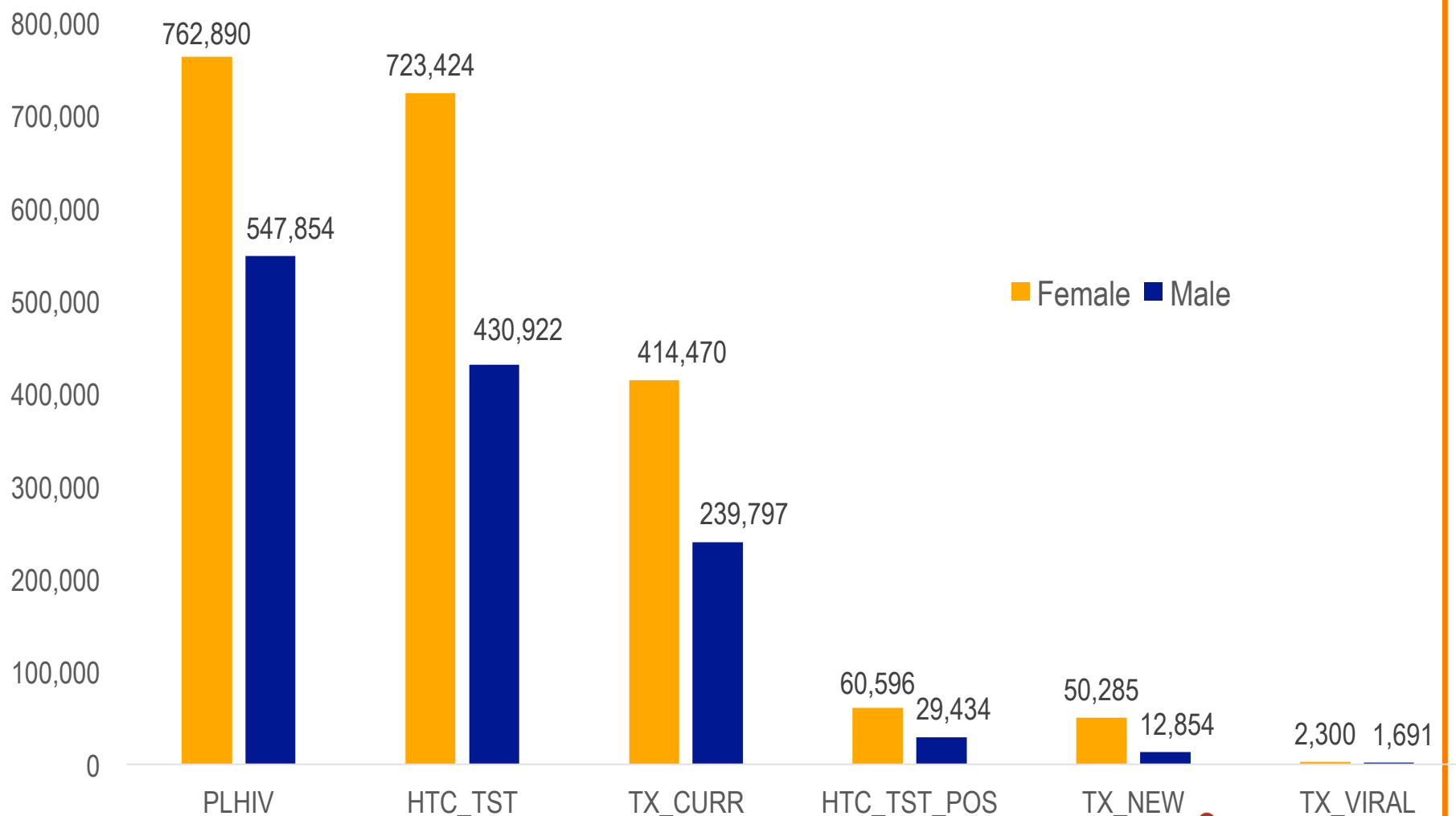
Source: UNAIDS, 2015

Kenya Clinical Cascade, by Gender, FY15



Source: PEPFAR, Kenya, 2015

Zimbabwe ART cascade by sex, FY 2015



Source: PEPFAR Zimbabwe, FY 2015



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4

THE CHALLENGE :
DRAMATIC INCREASE IN THE POPULATION OF ADOLESCENT GIRLS &
YOUNG WOMEN IN SSA

PEPFAR & the Millennium Development Goals

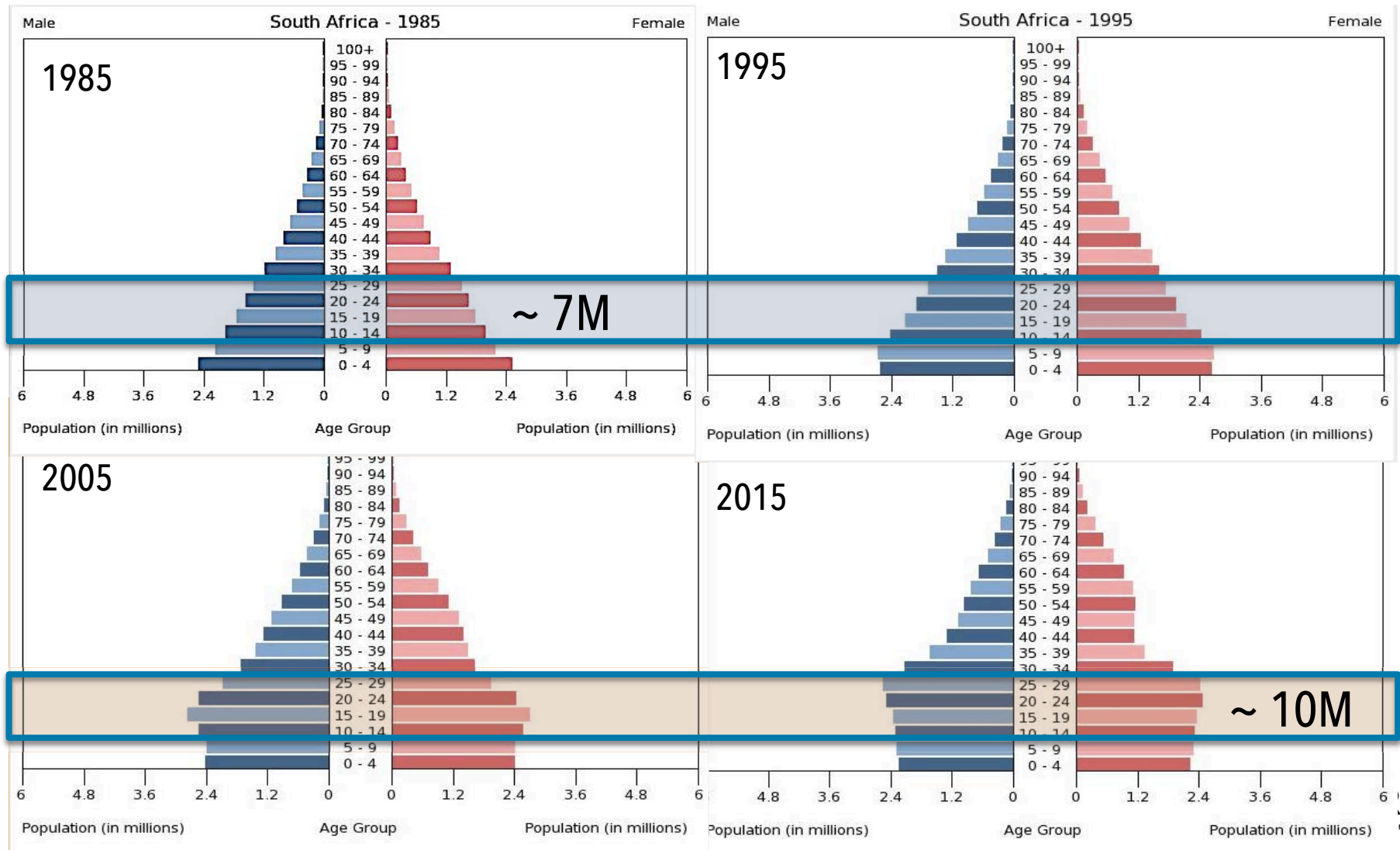
The 8
Millennium
Development
Goals



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

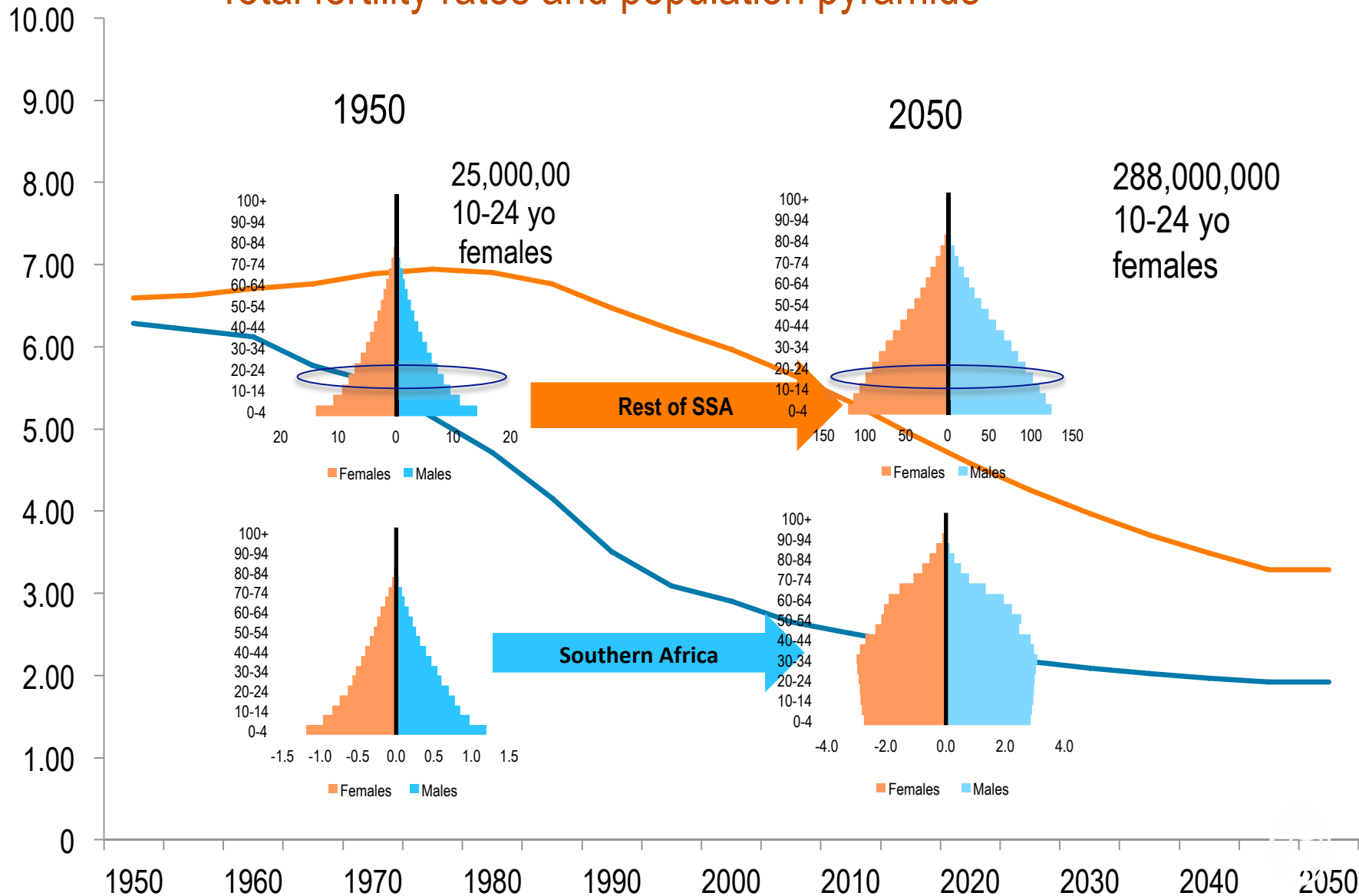
Demographic shift in SSA: 10-29 year olds

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



Southern Africa differs substantially from SSA

Total fertility rates and population pyramids



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.



Determined

Resilient

Empowered

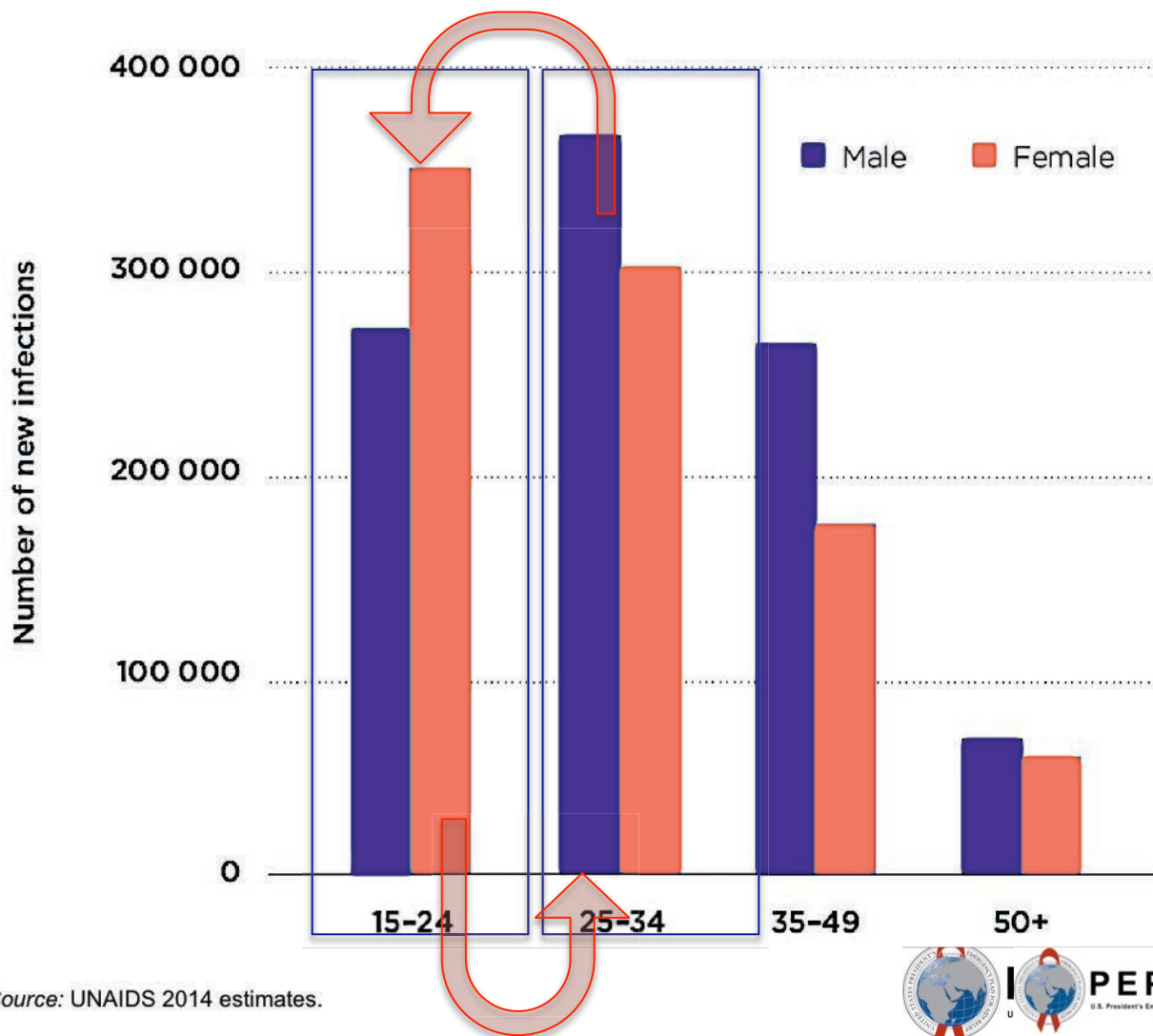
AIDS-Free

Mentored

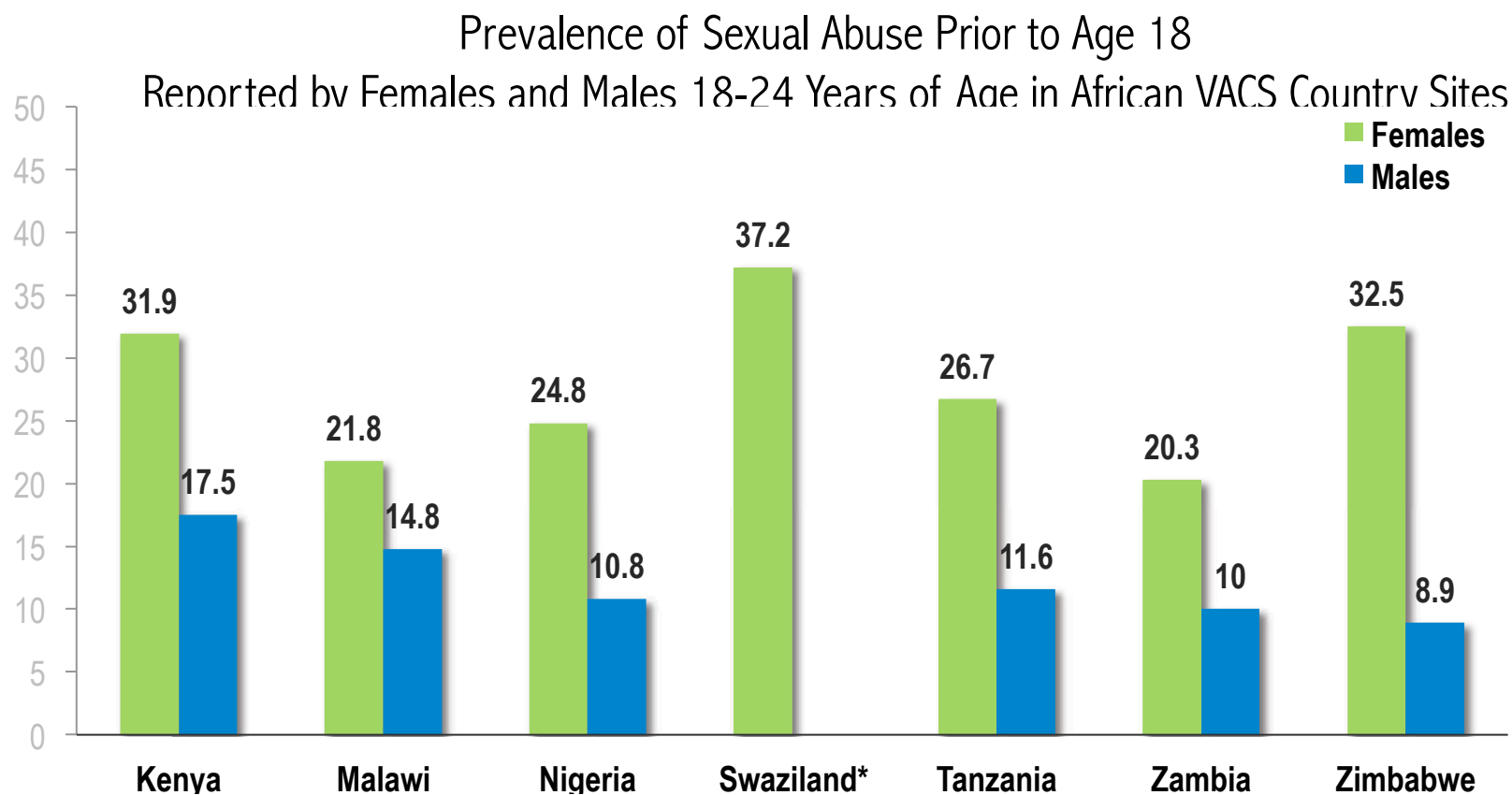
Safe

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

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



Violence Against Children Surveys (VACS)



**Only girls interviewed in Swaziland*

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



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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

DREAMS COUNTRIES

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



Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

DREAMS Interventions

- Management & Coordination
- Strategic Information

SUPPORTING ACTIVITIES

- Characterization of Male Partners
- Linking Male Partners to Services

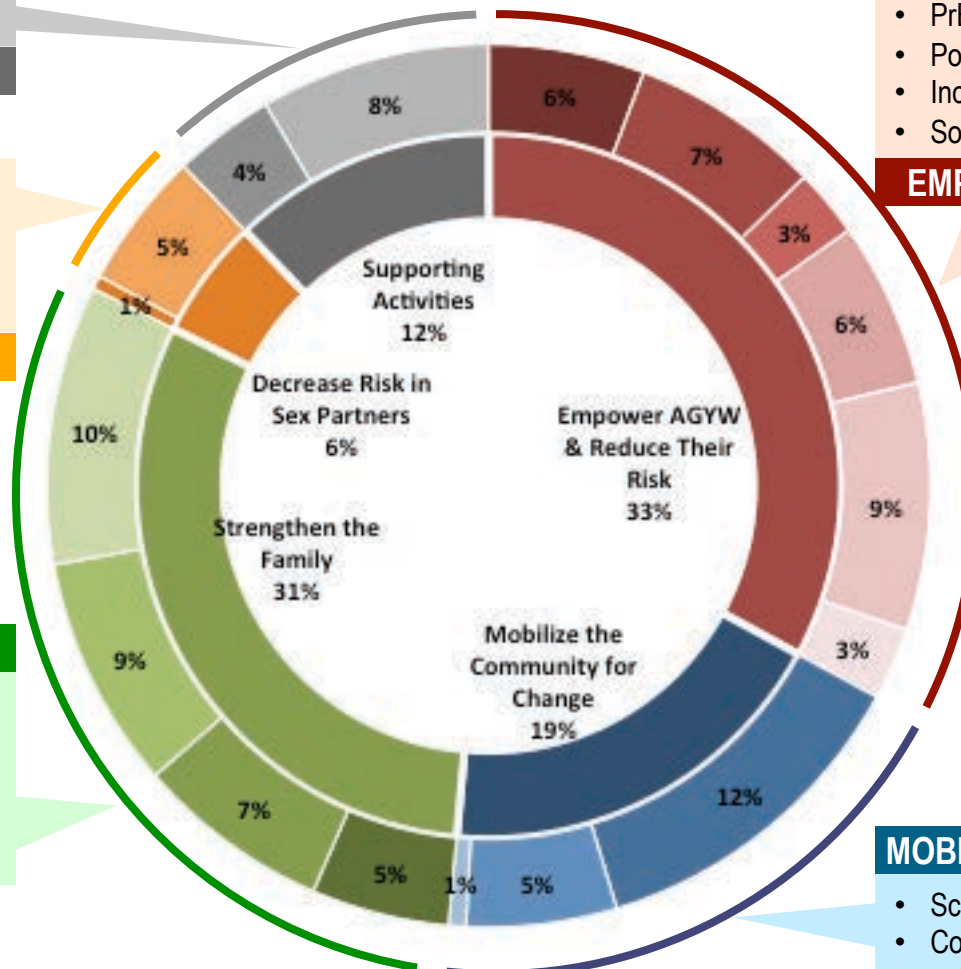
DECREASE PARTNER RISK

STRENGTHEN THE FAMILY

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

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

EMPOWER AGYW & REDUCE RISK



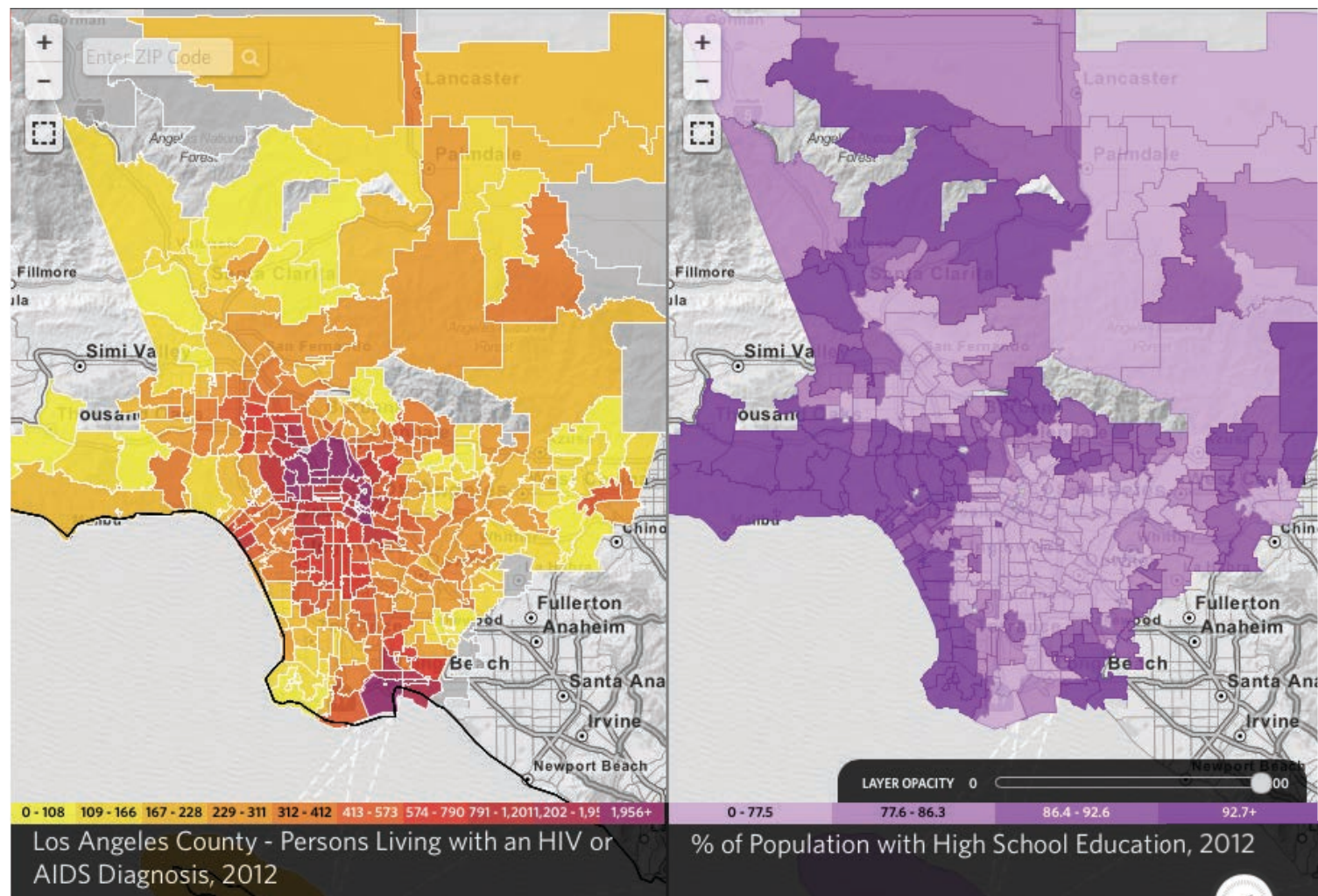
MOBILIZE COMMUNITY FOR CHANGE

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



Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

DREAMS

INNOVATION

CHALLENGE

Innovating for an
AIDS-free future for
girls and women



BILL & MELINDA
GATES foundation

GirlEffect

Johnson & Johnson



GILEAD

6

THE SOLUTION: VOLUNTARY MEDICAL MALE CIRCUMCISION

Preventing HIV Infection in young men

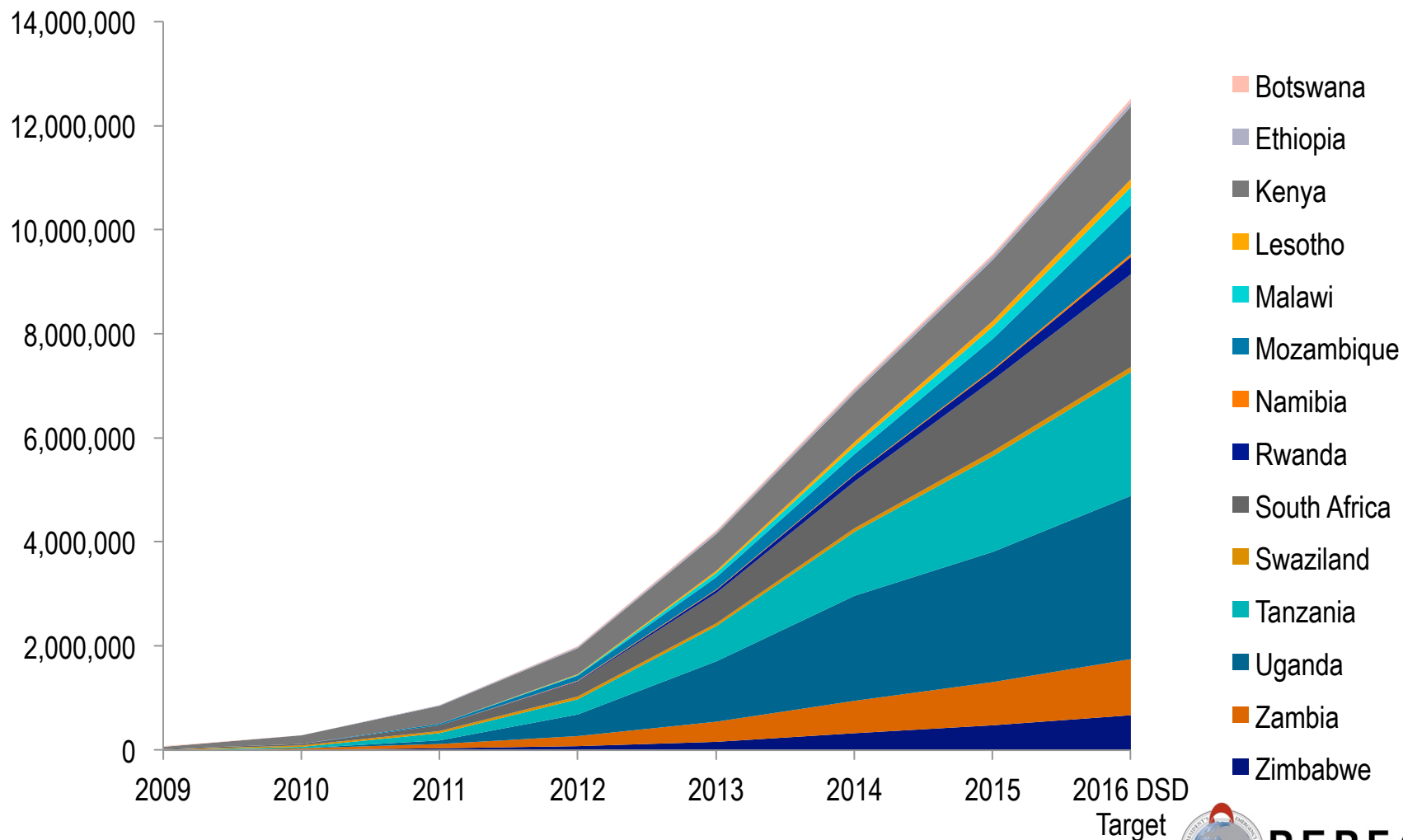
PEPFAR Results for 2015

8.9 Million

Voluntary Medical Male Circumcisions

Cumulative PEPFAR-Supported VMMC's

through FY 2016

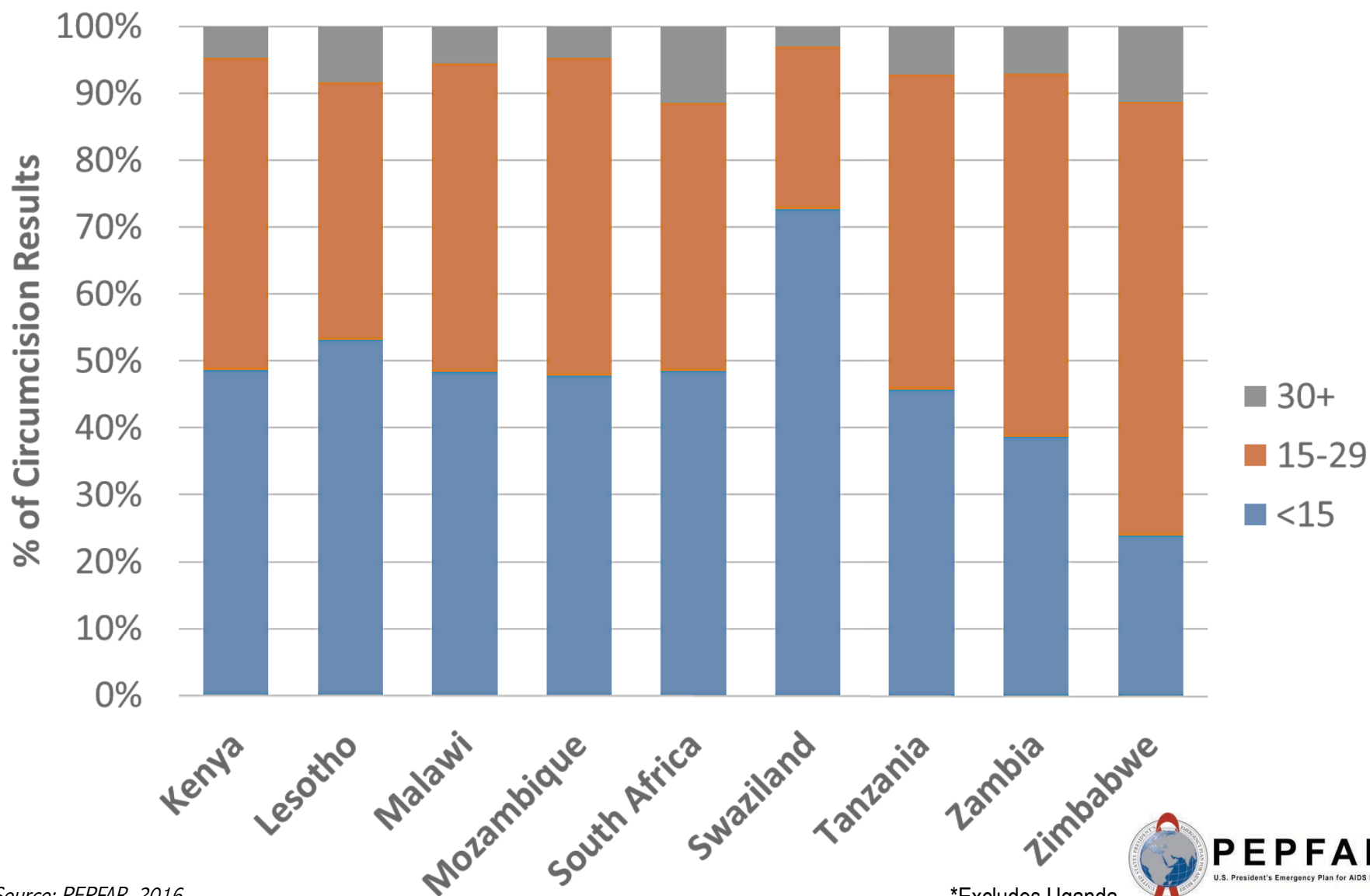


Source: PEPFAR, 2016



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



Source: PEPFAR, 2016

*Excludes Uganda



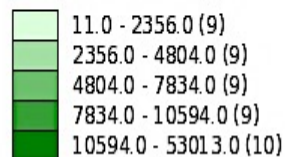
PEPFAR
U.S. President's Emergency Plan for AIDS Relief

VMMC in South Africa, 2015

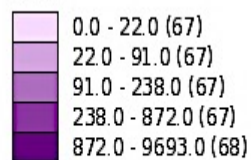
Number of PEPFAR-supported VMMCs by site (purple) and district (green)

SouthAfrica2

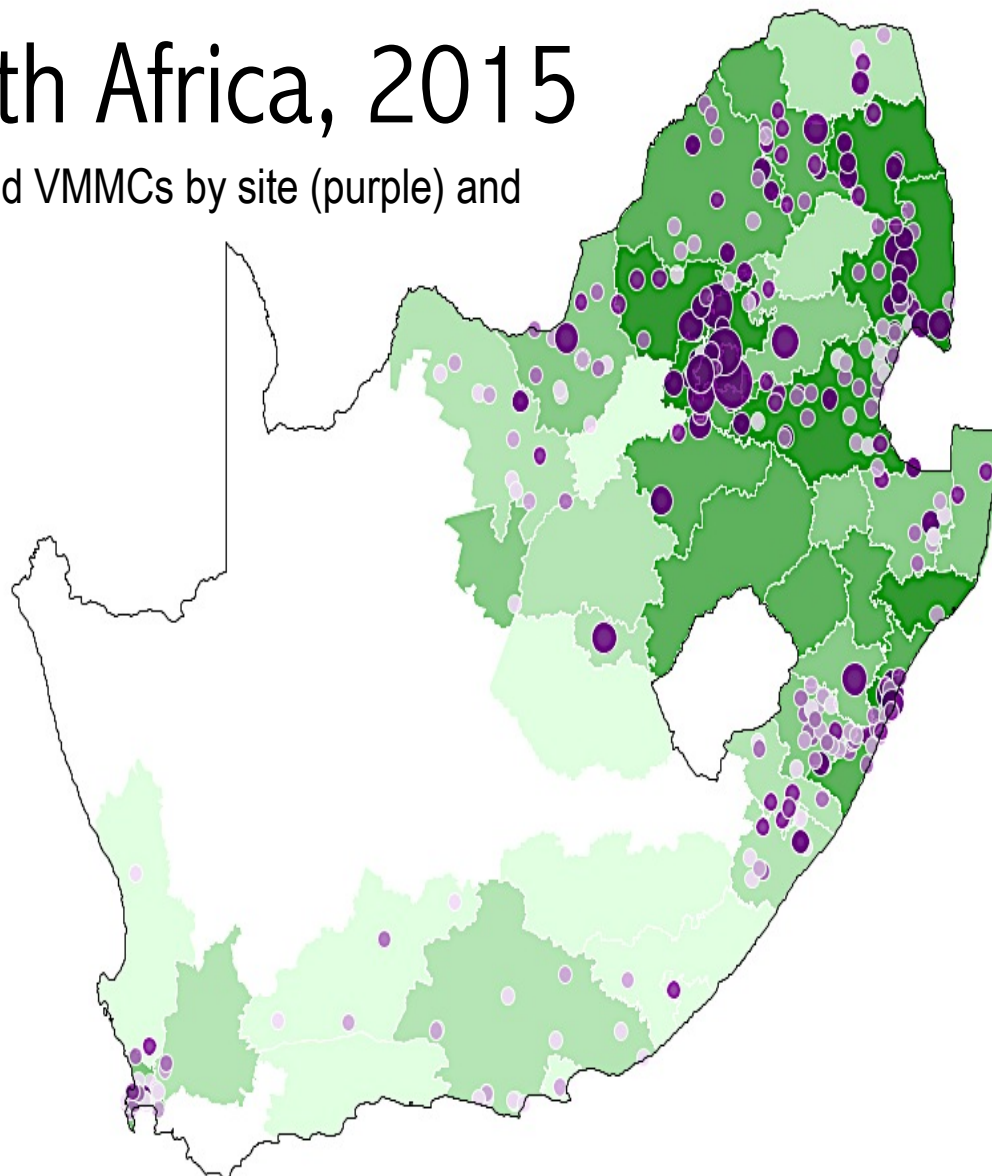
VMMC_CIRC (N, DSD): Voluntary Circumcised
2015



VMMC_CIRC (N, DSD): Voluntary Circumcised
2015



200 km



Source: PEPFAR, 2015



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7

THE SOLUTION : TEST & START: EXPANDING TREATMENT

.....
Translation of the science into guidelines and adoption, rapid expansion of VL

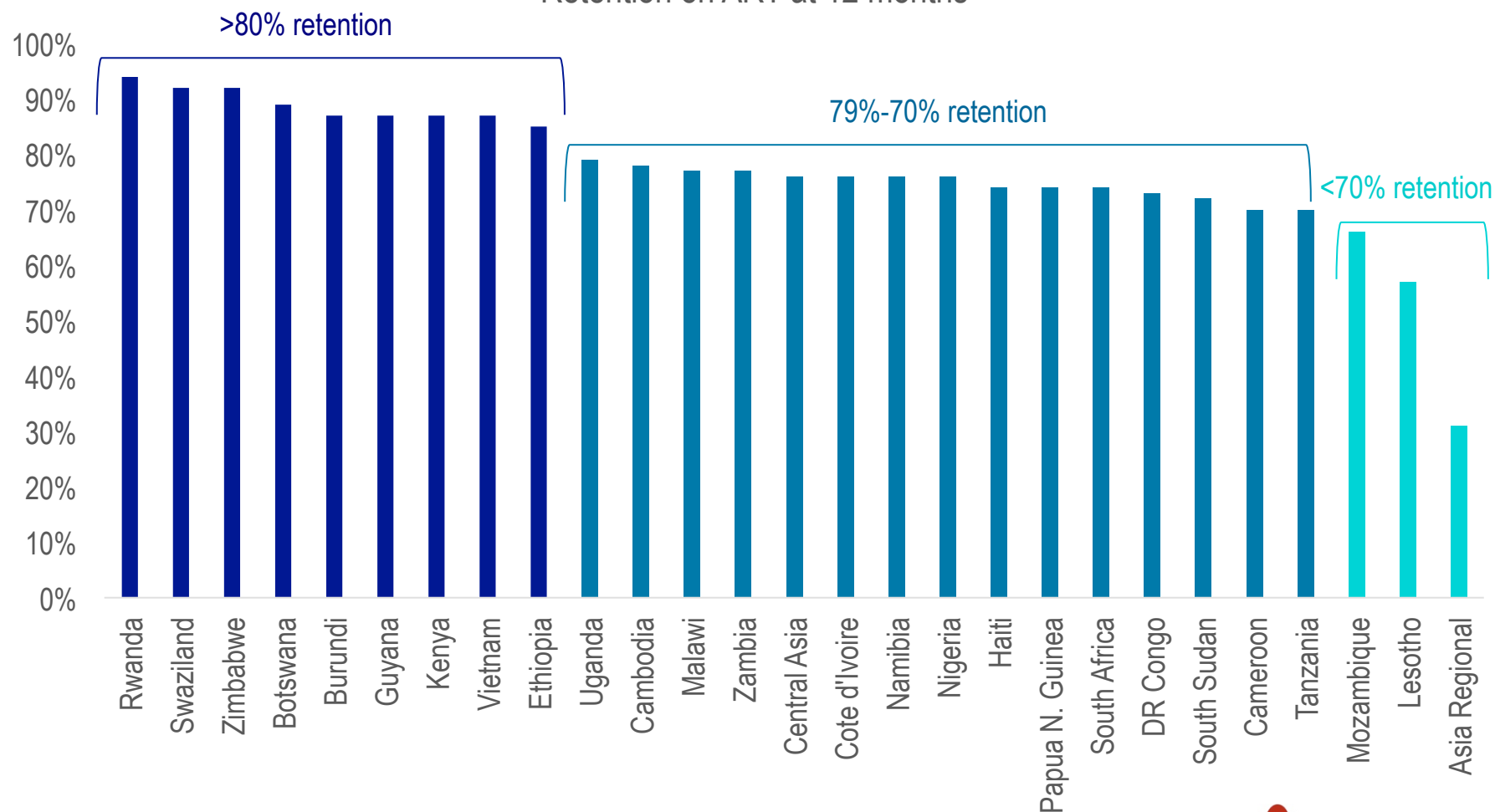
PEPFAR Results for 2015

9.5 Million

Men, Women, & Children on Treatment

12 Month Retention Across PEPFAR OUs

Retention on ART at 12 months

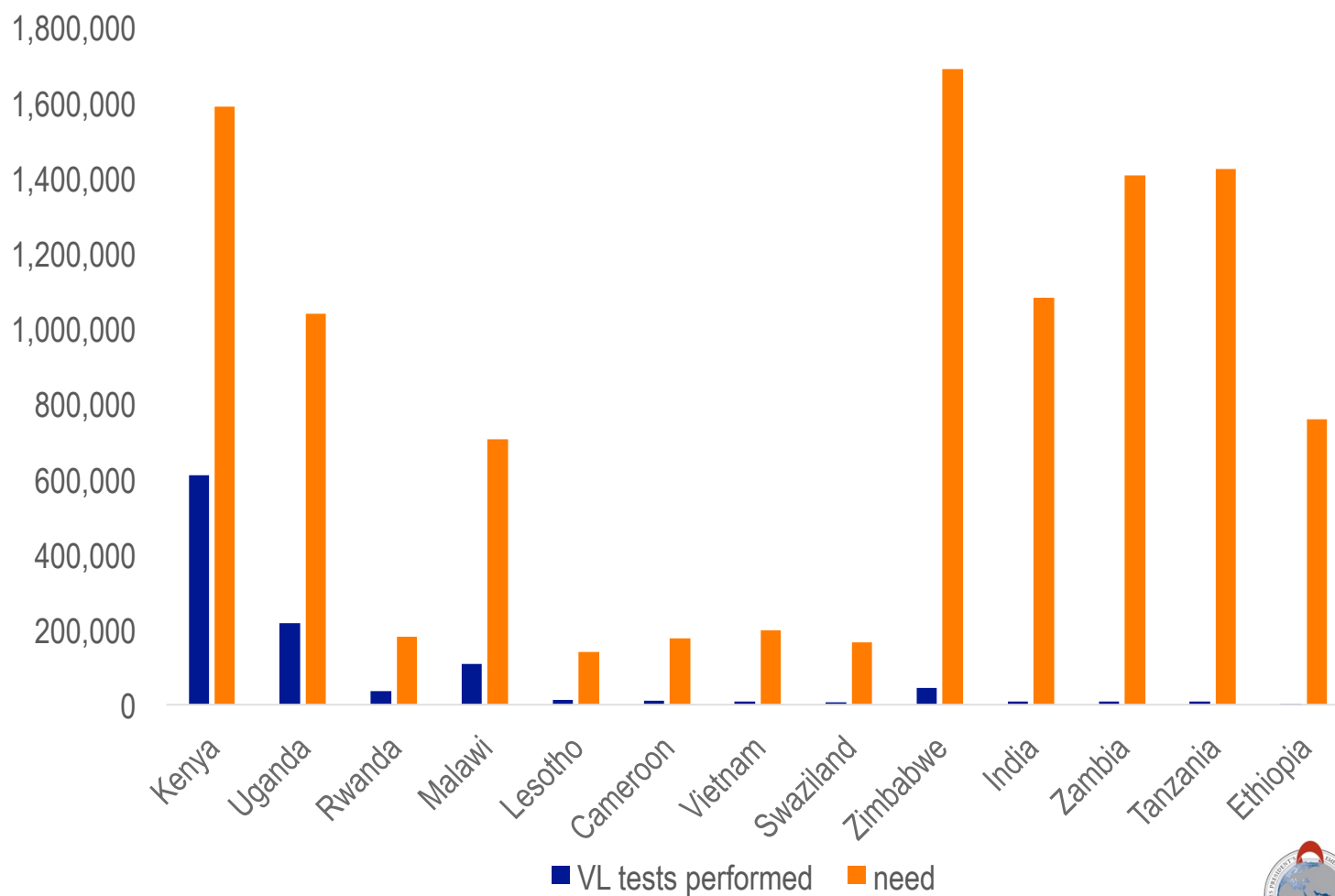


Source: PEPFAR, FY15



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Actual Viral Load Tests versus Need 2015



Source: PEPFAR, 2015

What if we could

double

the number of people

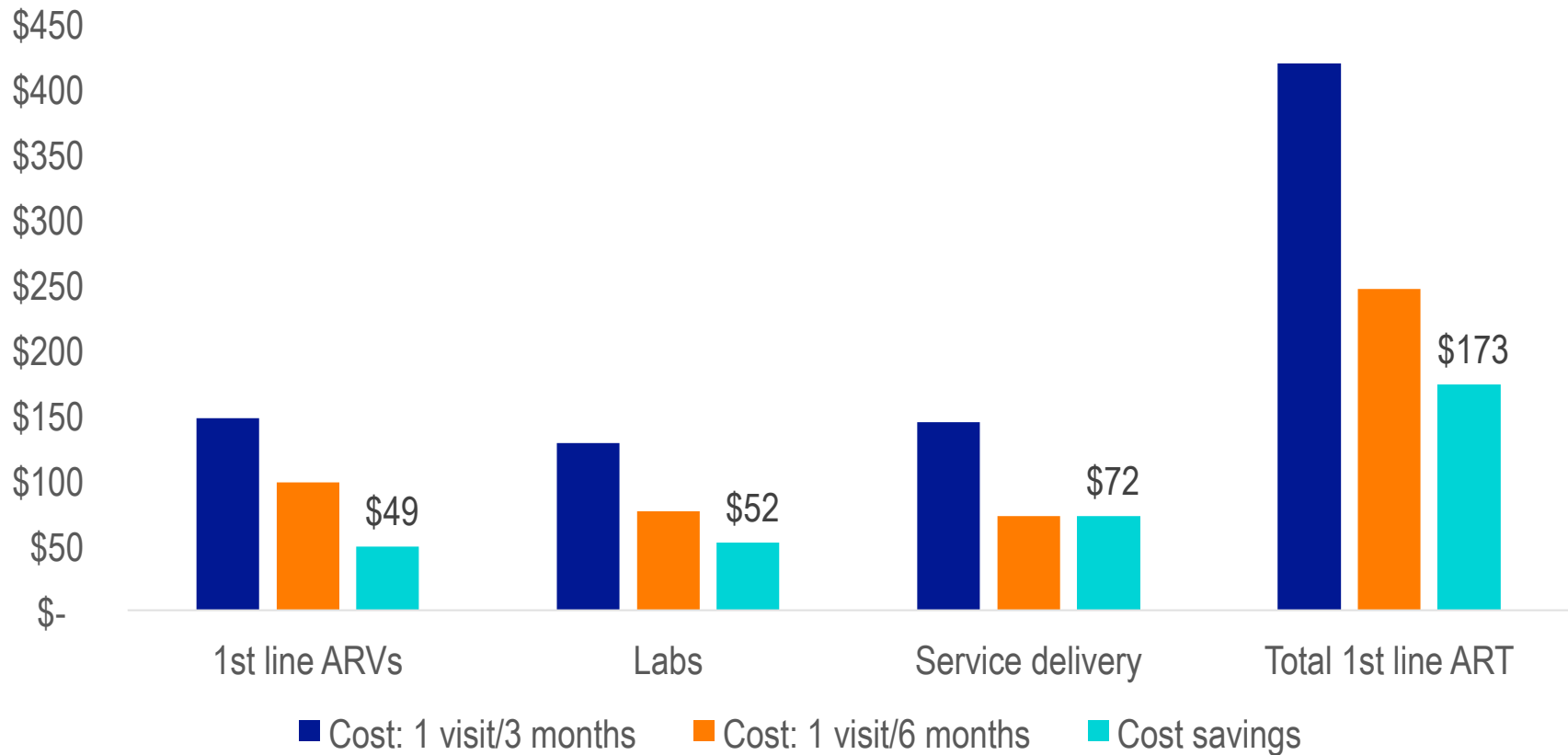
on lifesaving treatment

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

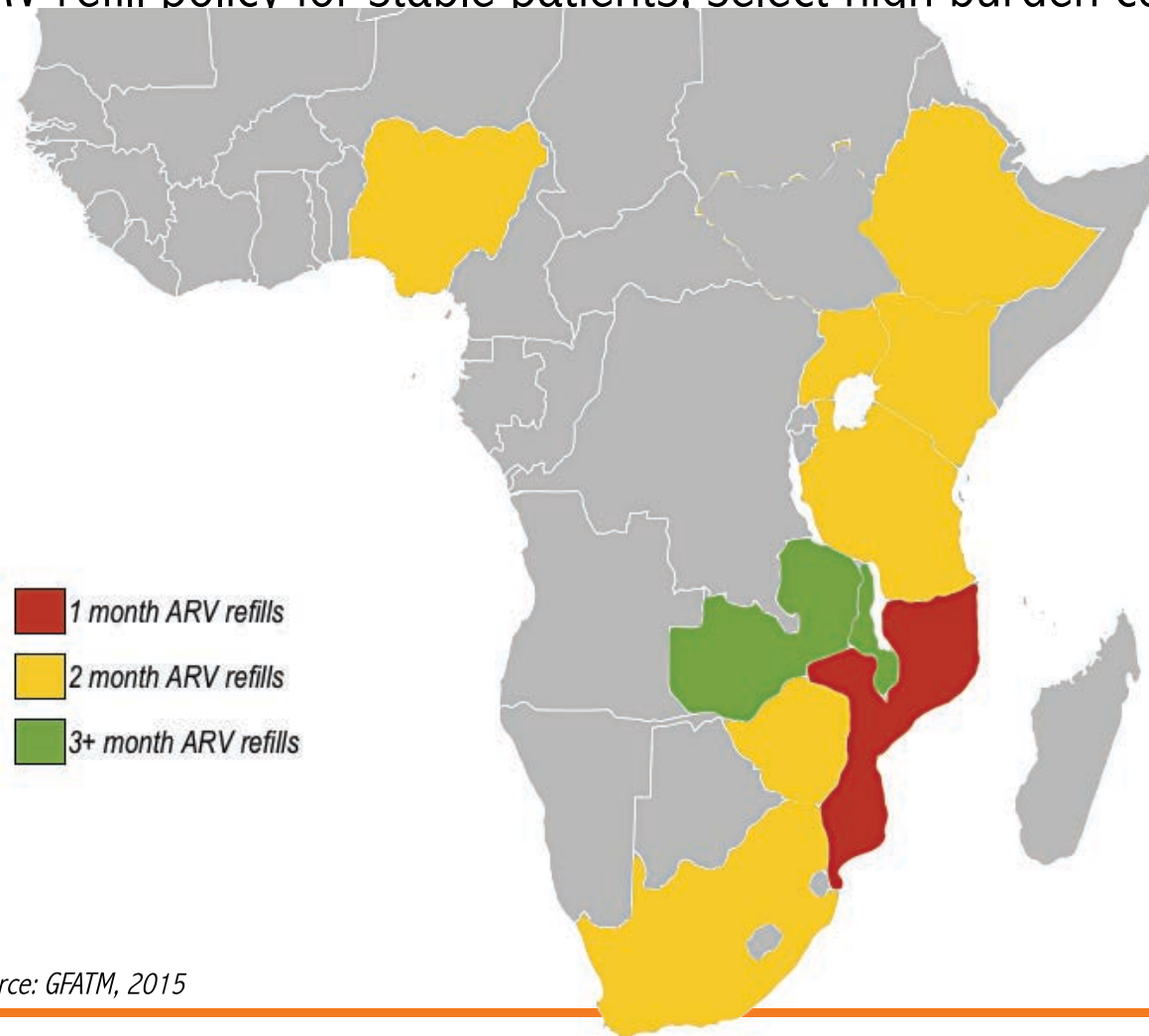
Cost savings with 6 month ART refill policy



Source: John Stover, 2016

ARV refill policies affect treatment cost and adherence

ARV refill policy for stable patients, select high burden countries



1 month ARV refills

Mozambique

2 month ARV refills

Nigeria

Kenya

Tanzania

Uganda

Ethiopia

South Africa

Zimbabwe

3+ month ARV
refills

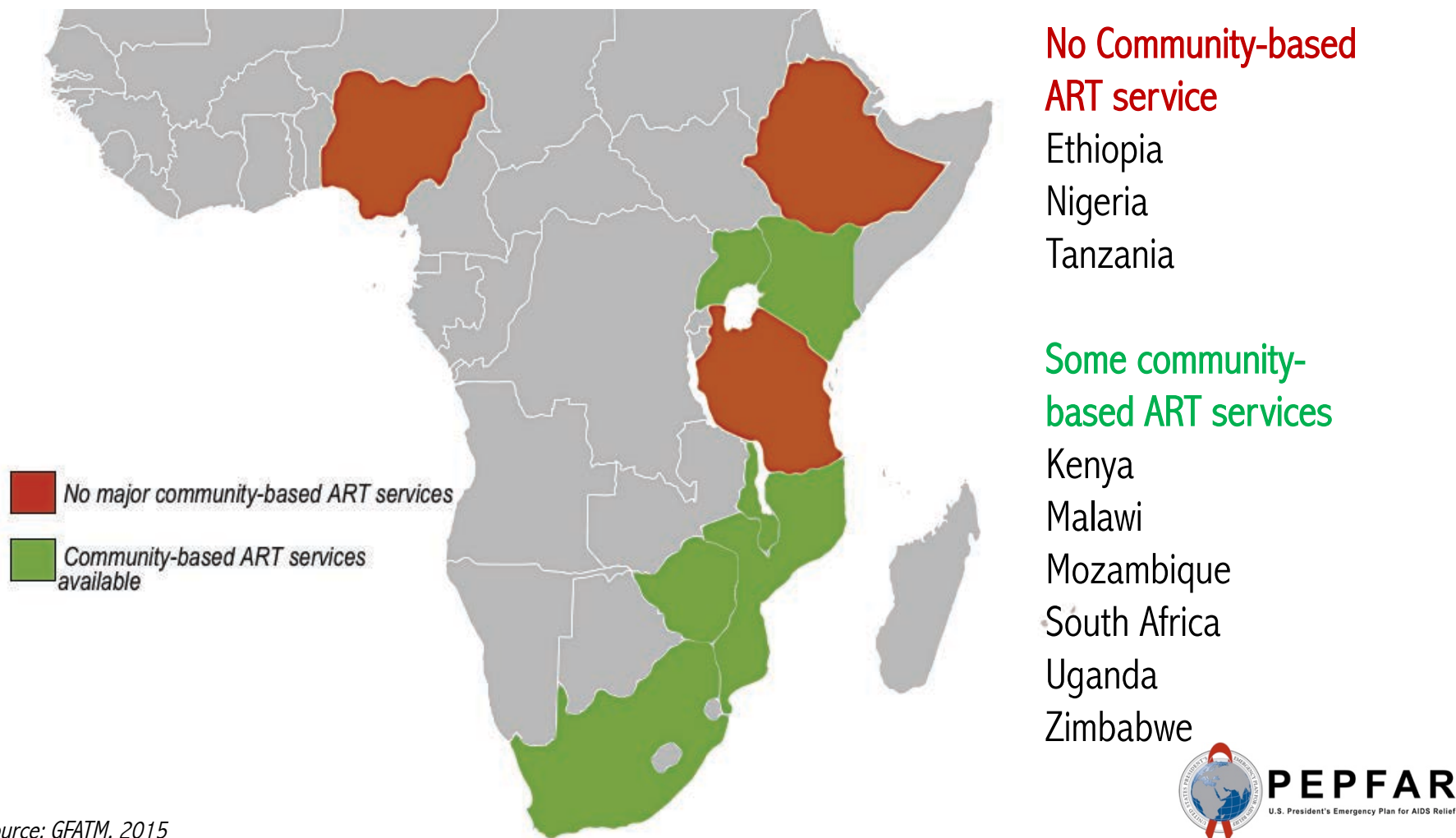
Malawi

Zambia

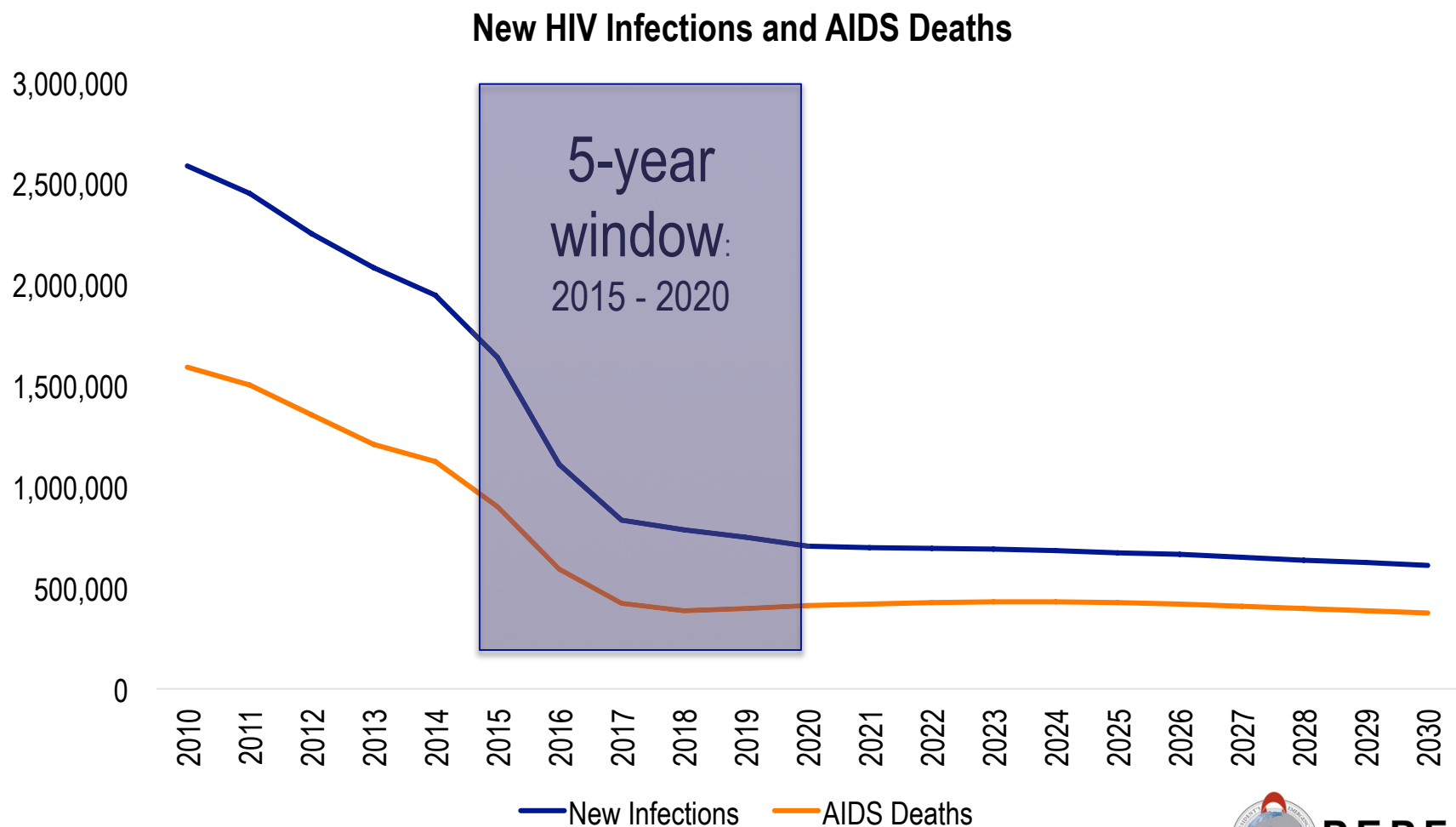


Decentralizing ART services

Countries with policies to decentralize ART offer more cost effective services

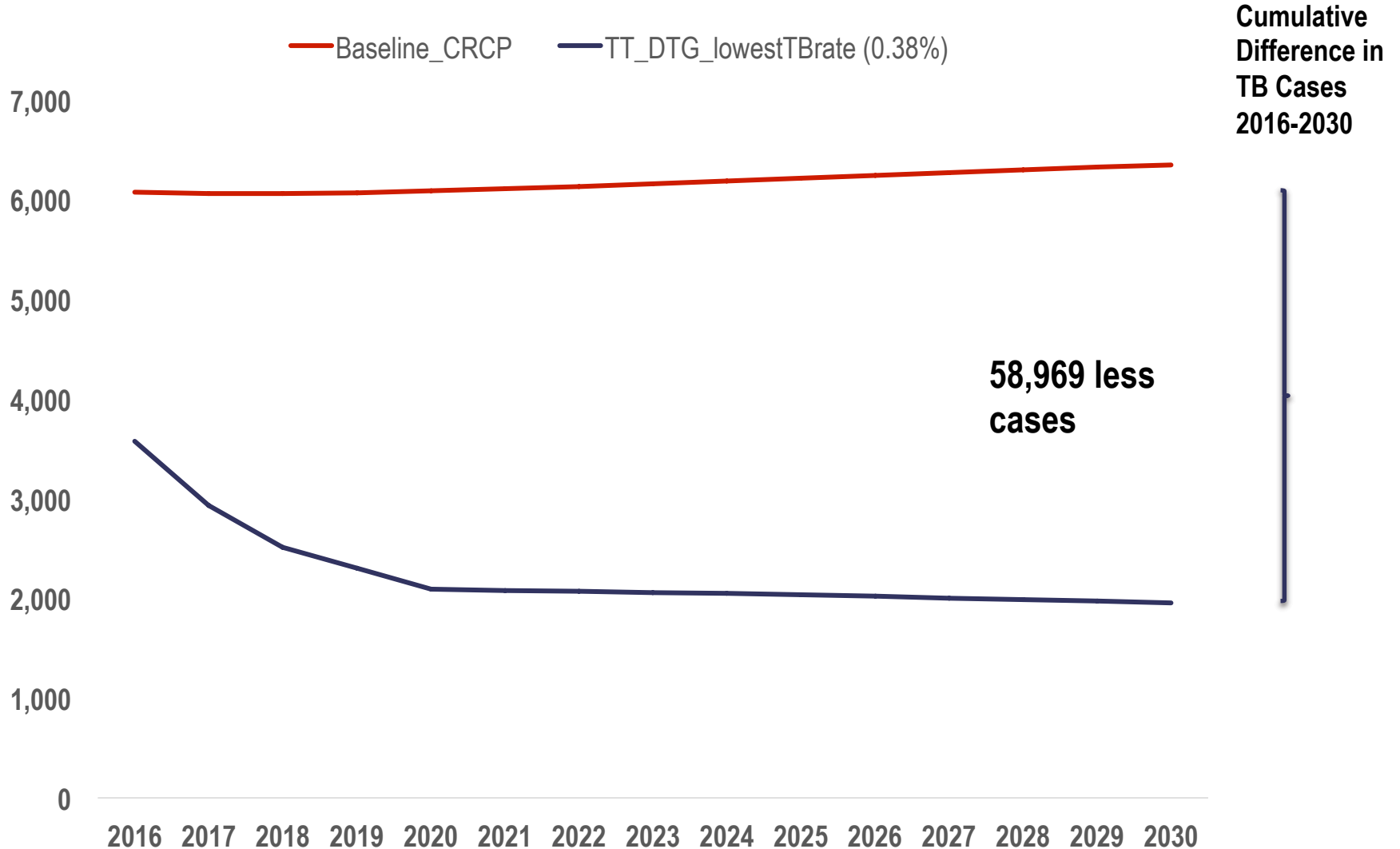


Treatment for All: 28M on ART by 2020

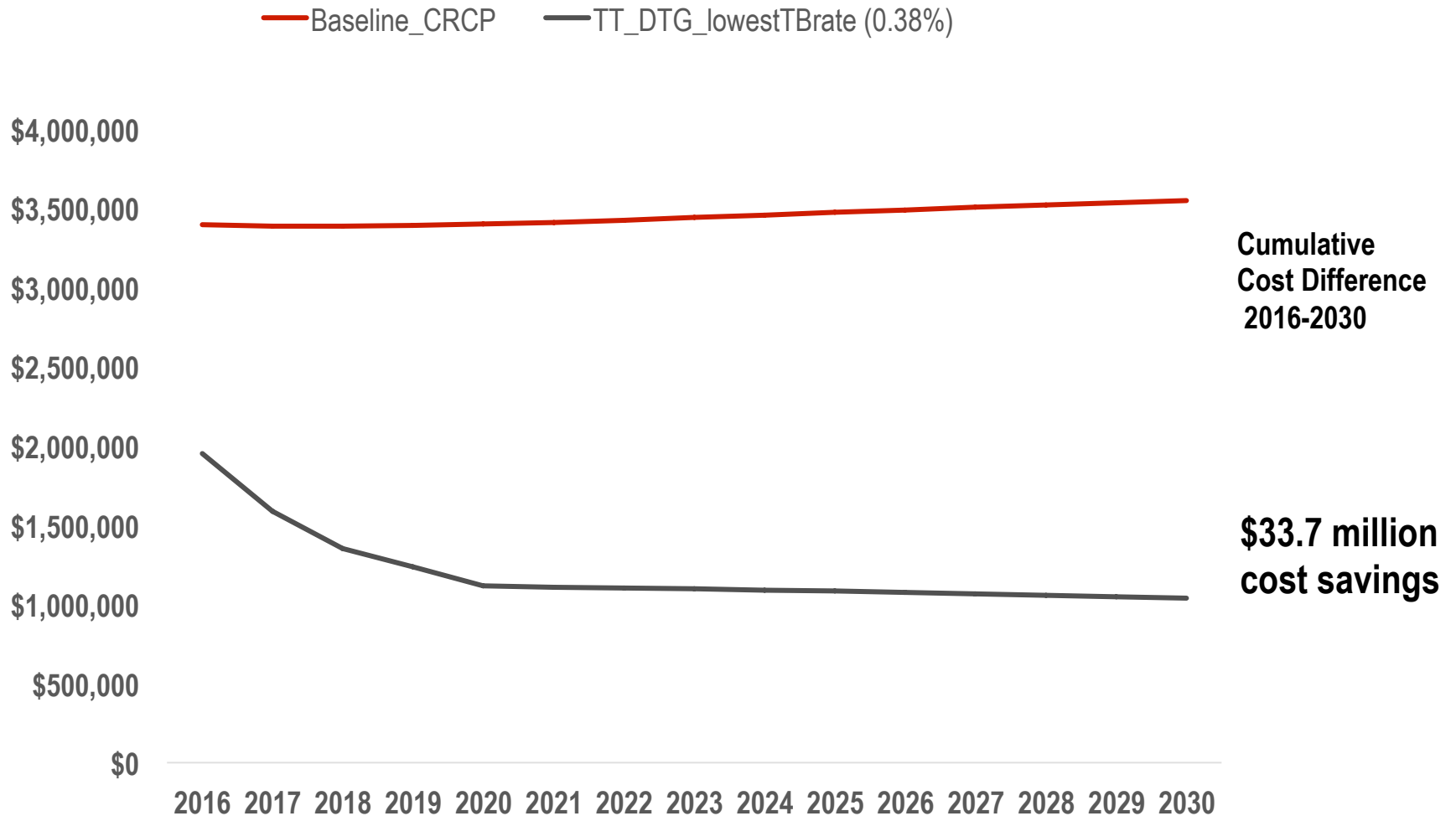


Source: Stover, 2015

Annual Total TB HIV Cases by ART Treatment



Annual Costs of TB Treatment by ART Scenario



8

ENDING MTCT, KEEPING MOTHERS HEALTHY, AND TREATING CHILDREN

Virtual elimination of new pediatric infections & accelerating children's treatment (ACT)

PEPFAR Results for 2015

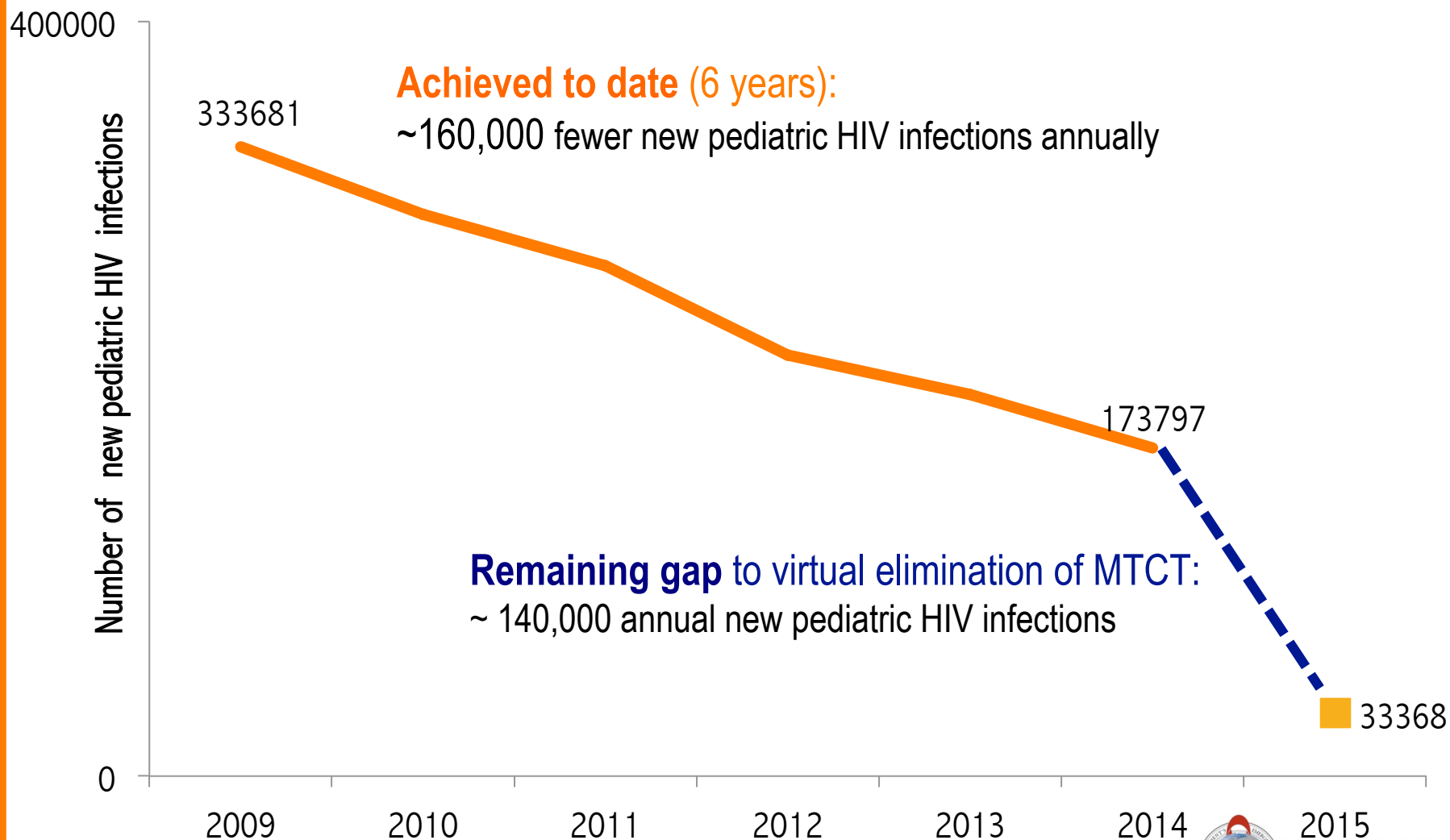
14.7 Million

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

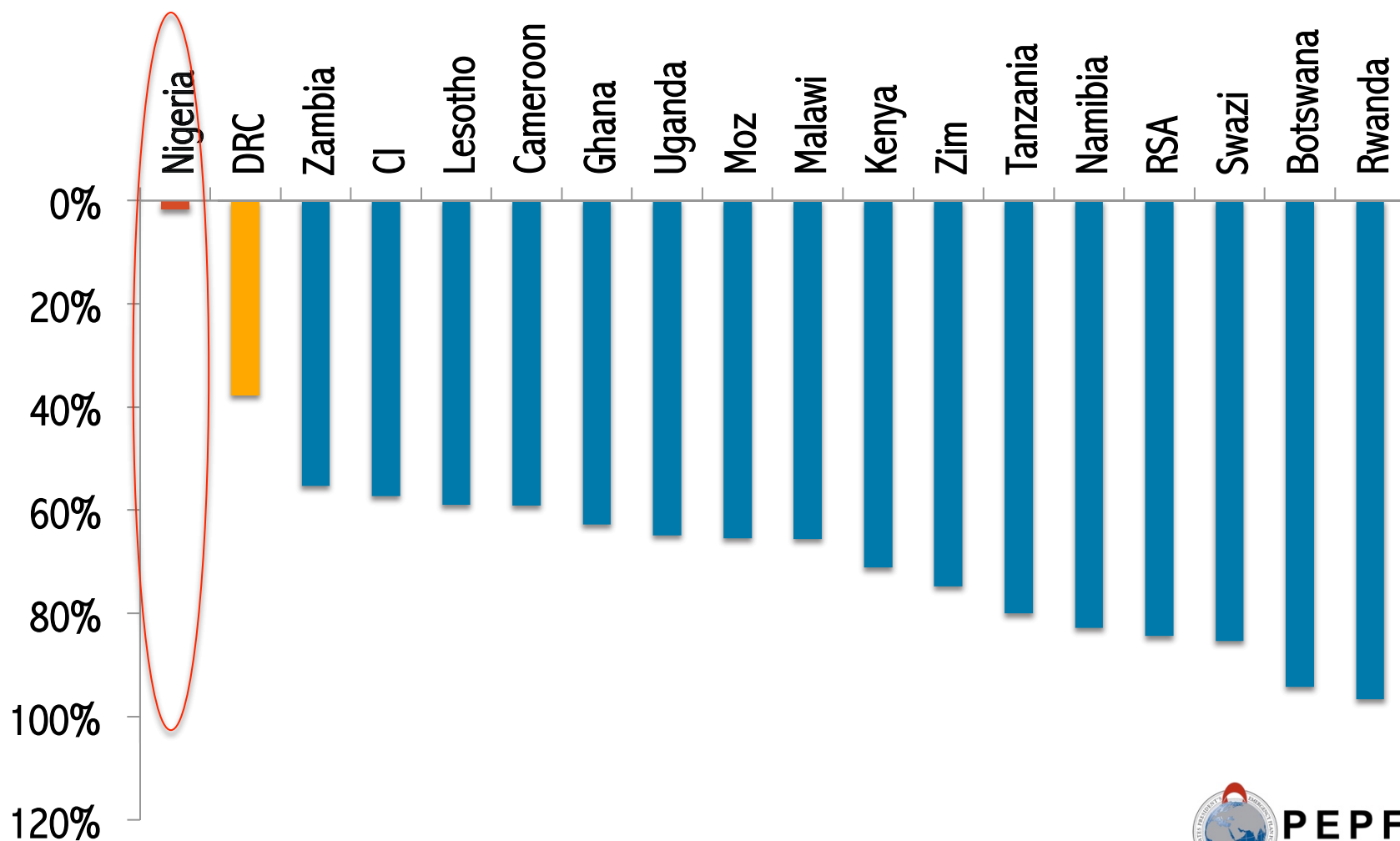


Source: UNAIDS Estimate, 21 Countries, 2015



2015
PEPFAR
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% Change in New Pediatric HIV Infections (2000-2014)

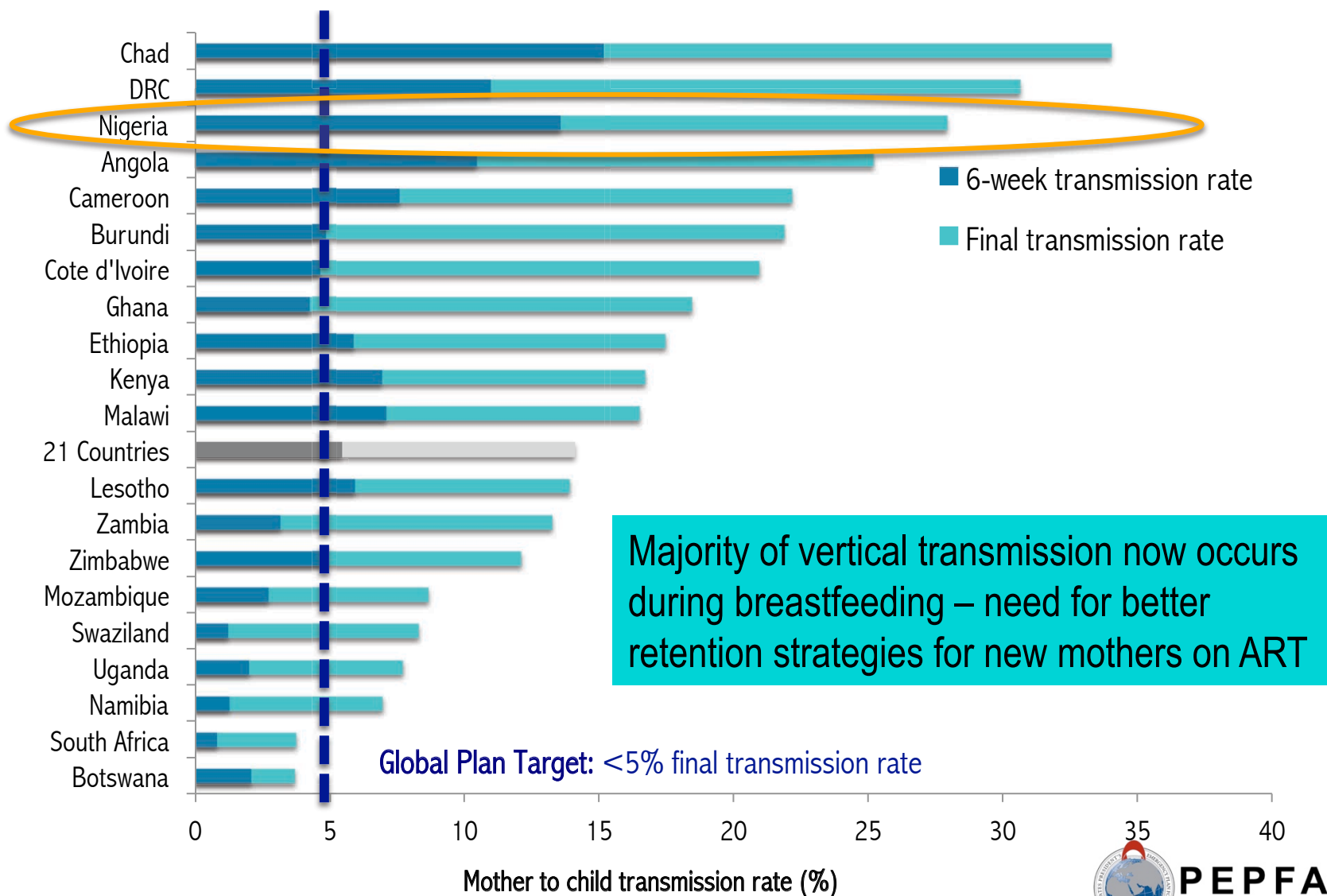


Source: UNAIDS, 2015



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Mother-to-Child Transmission Rates at 6 weeks and final status



Source: UNAIDS Estimate, 21 Countries, 2015



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Without lifesaving
antiretroviral therapy for
HIV-infected children,
50% will die before their
2nd birthday.

**80% will die
before age 5.**

PEPFAR Results for 2015

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



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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.

9

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

Figure 12. New HIV Diagnoses in 2010-2012 by ZIP Code and Service Planning Area (SPA) in Los Angeles County (N = 5,958)

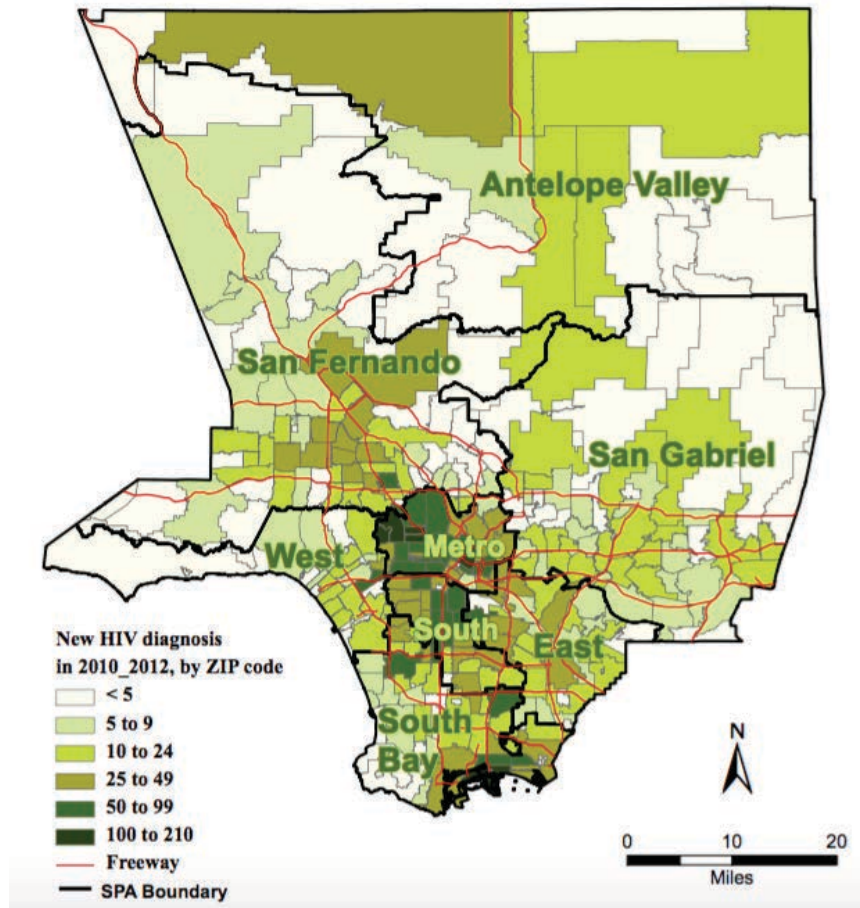
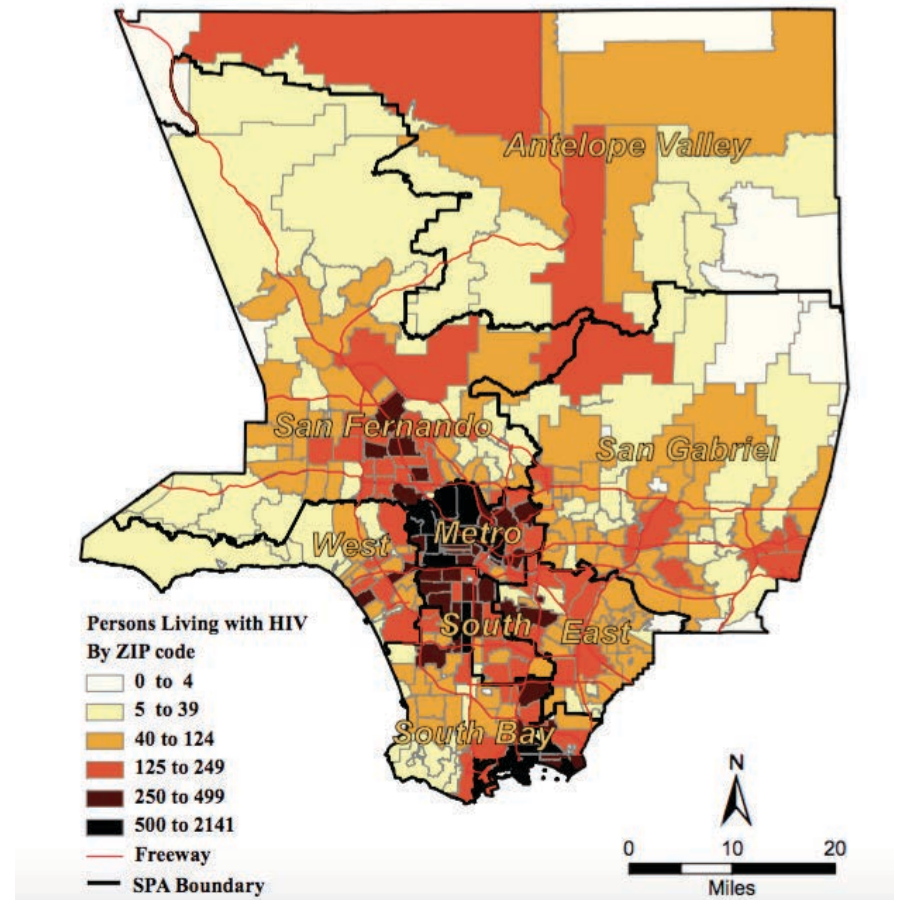


Figure 13. Persons Living with a Diagnosis of HIV Infection as of 12/31/2013 by ZIP Code and Service Planning Area (SPA) in Los Angeles County (N=47,148)

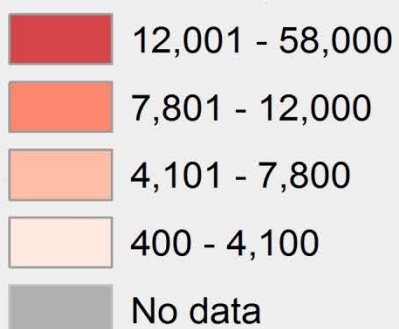


Uganda



Uganda: Persons Living with HIV (PLHIV) Age 15-49, with PEPFAR support, by District (SNU1), 2014

Persons Living with HIV



UNCLASSIFIED

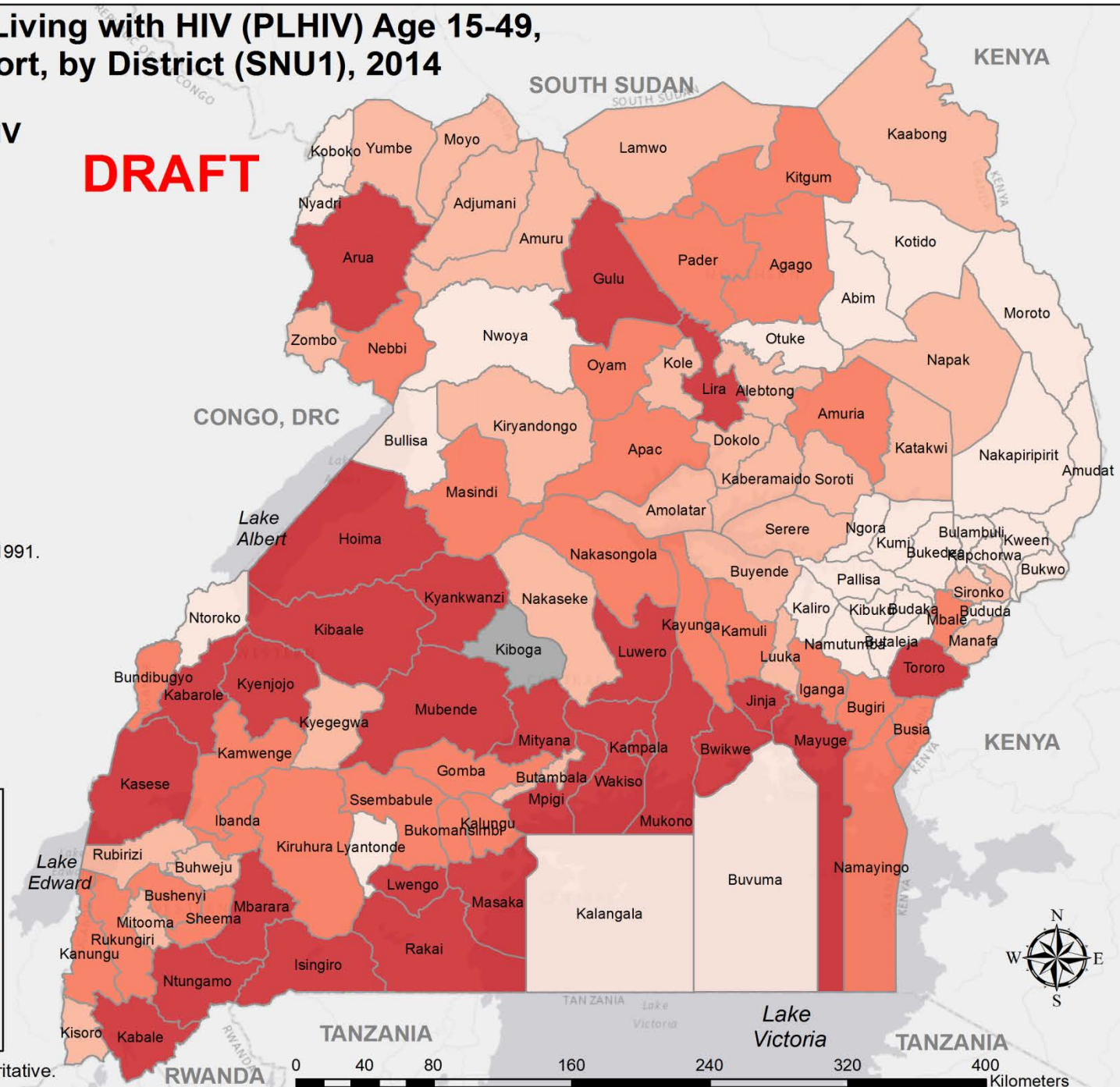
SNU1 = Districts (n=112)

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

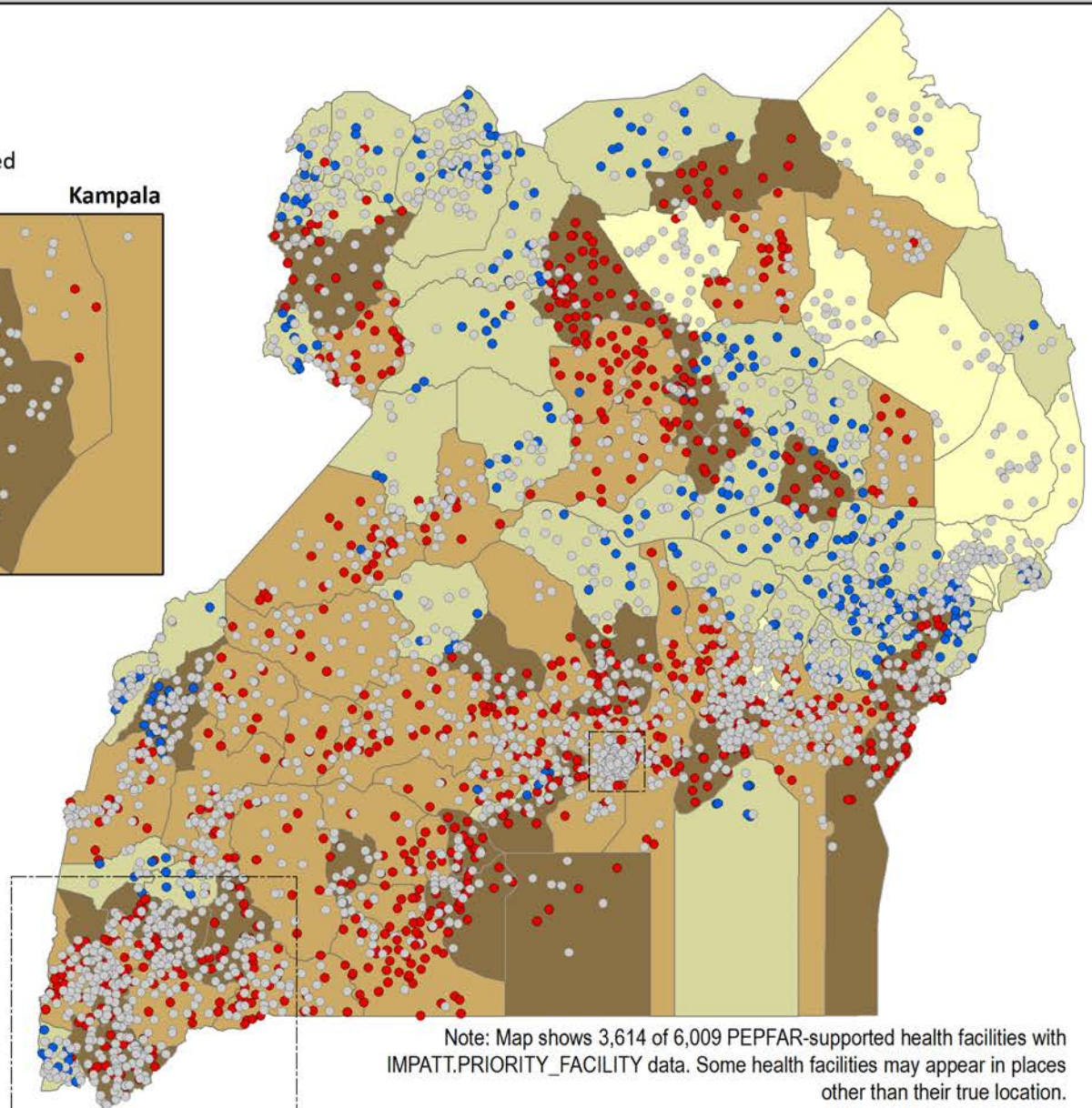
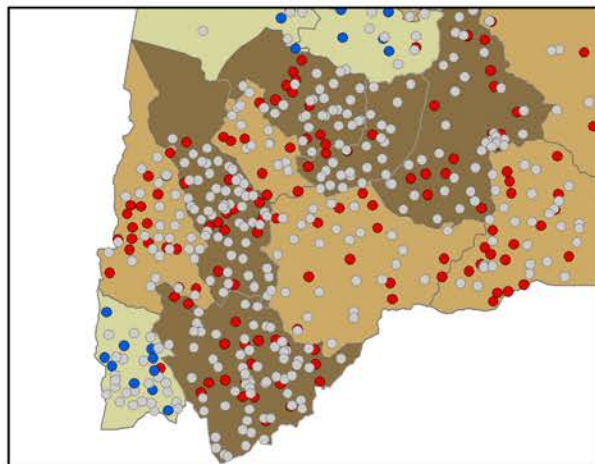
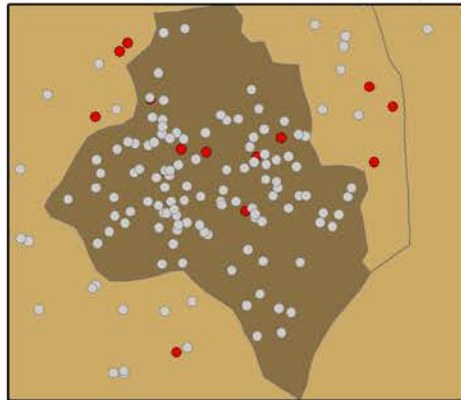
Priority Districts

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

Priority Facilities

- Scale-Up
- Sustained
- Centrally Supported

Kampala



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.

Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED

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

Uganda: Facility-level HTC Yield and PLHIV, FY15

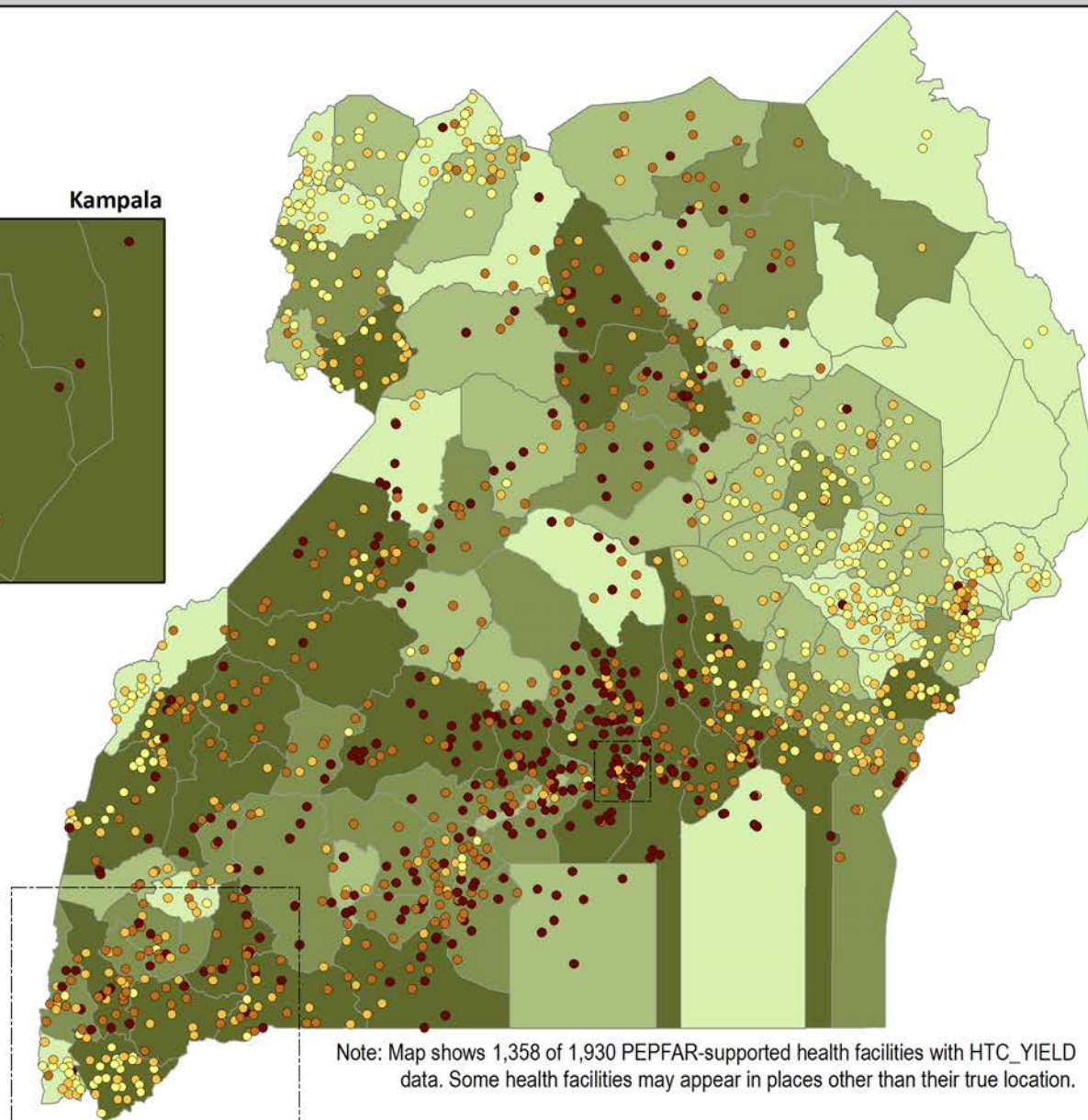
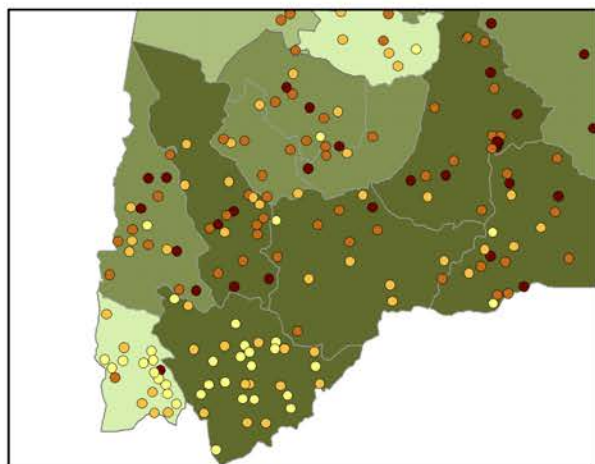
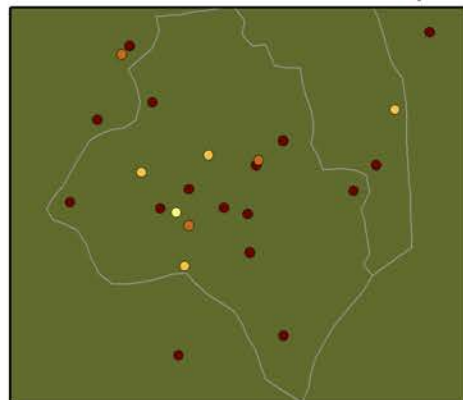
FY15 HTC_YIELD

- 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

Kampala



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.

Names and boundary representation are not necessarily authoritative.

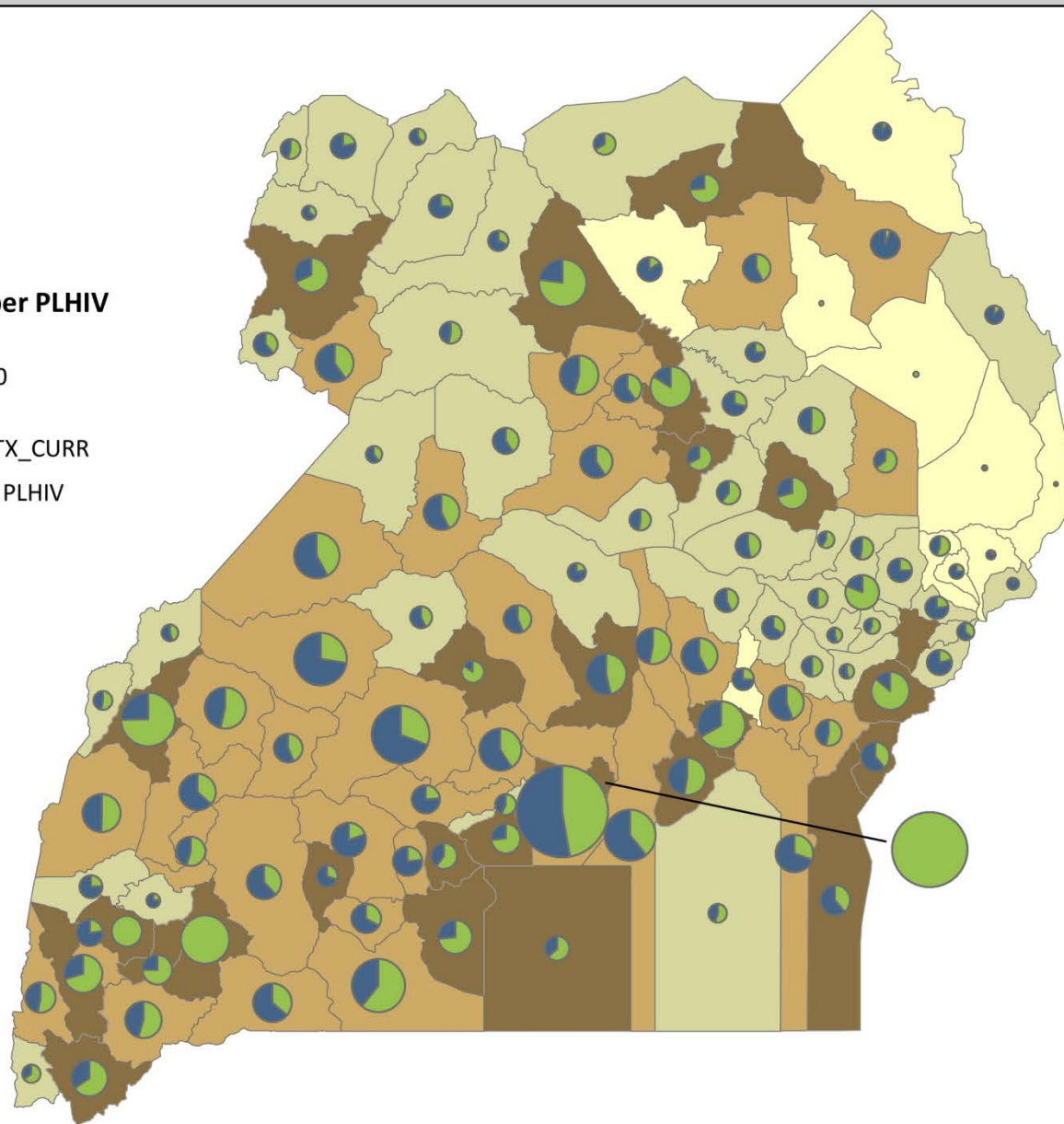
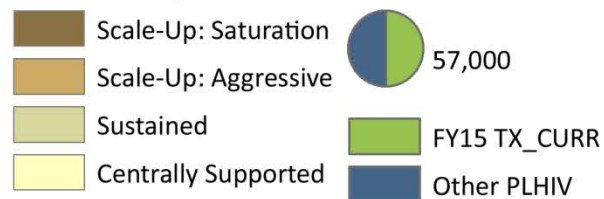
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Sources:

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: Priority Districts FY16 and PEPFAR ART Coverage FY15

FY16 Priority Districts FY15 Number PLHIV



Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED

Sources:

1. IMPATT.PRIORITY_SNU [Oct. 2015 - Sept. 2016], DATIM 2016.02.08
2. IMPATT.PLHIV_NUM [Oct. 2015 - Sept. 2016], DATIM 2016.02.08
3. TX_CURR [APR15], DATIM 2016.02.08

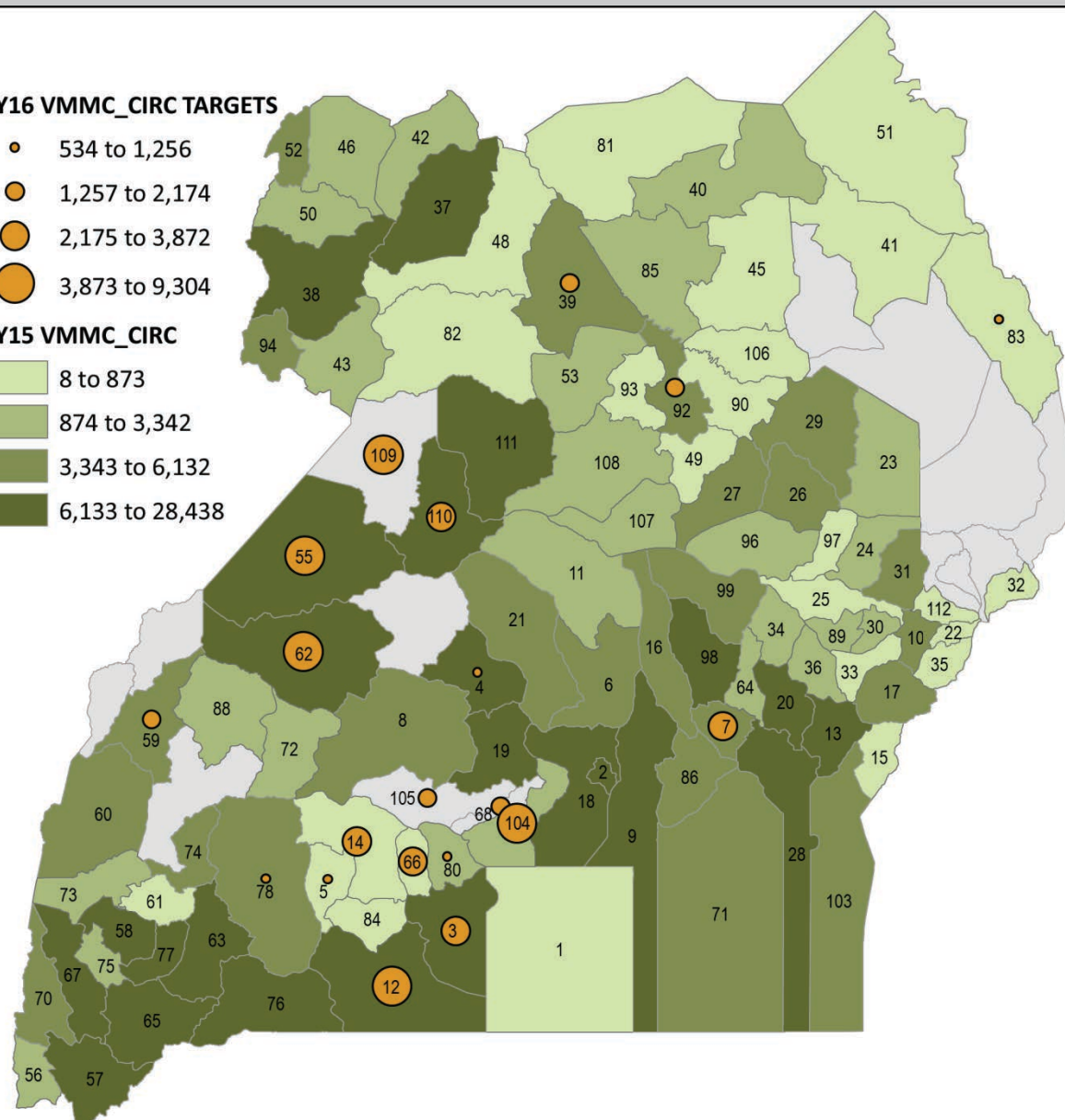
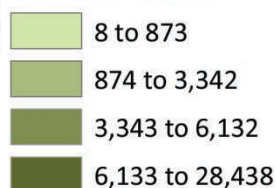
Uganda: Voluntary Medical Male Circumcisions Performed by District, FY15 Results and FY16 Targets

ID	District	ID	District	ID	District
1	Kalangala District	49	Dokolo District	97	Ngora District
2	Kampala District	50	Maracha District	98	Kamuli District
3	Masaka District	51	Kaabong District	99	Buyende District
4	Kiboga District	52	Koboko District	100	Bulambuli District
5	Lyantonde District	53	Oyam District	101	Kween District
6	Luwero District	54	Bundibugyo District	102	Ntoroko District
7	Jinja District	55	Hoima District	103	Namayingo District
8	Mubende District	56	Kisoro District	104	Mpigi District
9	Mukono District	57	Kabale District	105	Gomba District
10	Mbale District	58	Bushenyi District	106	Otuke District
11	Nakasongola District	59	Kabarole District	107	Amolatar District
12	Rakai District	60	Kasese District	108	Apac District
13	Bugiri District	61	Buhweju District	109	Buliisa District
14	Sembabule District	62	Kibaale District	110	Masindi District
15	Busia District	63	Mbarara District	111	Kiryandongo District
16	Kayunga District	64	Luuka District	112	Sironko District
17	Tororo District	65	Ntungamo District		
18	Wakiso District	66	Bukomansimbi District		
19	Mityana District	67	Rukungiri District		
20	Iganga District	68	Butambala District		
21	Nakaseke District	69	Kamwenge District		
22	Bududa District	70	Kanungu District		
23	Katakwi District	71	Buvuma District		
24	Kumi District	72	Kyegegwa District		
25	Pallisa District	73	Rubirizi District		
26	Soroti District	74	Ibanda District		
27	Kaberamaido District	75	Mitooma District		
28	Mayuge District	76	Isingiro District		
29	Amuria District	77	Sheema District		
30	Budaka District	78	Kiruhura District		
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36	Namutumba District	84	Lwengo District		
37	Adjumani District	85	Pader District		
38	Arua District	86	Buikwe District		
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45	Agago District	93	Kole District		
46	Yumbe District	94	Zombo District		
47	Abim District	95	Kyankwanzi District		
48	Amuru District	96	Serere District		

FY16 VMMC_CIRC TARGETS



FY15 VMMC_CIRC



Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED

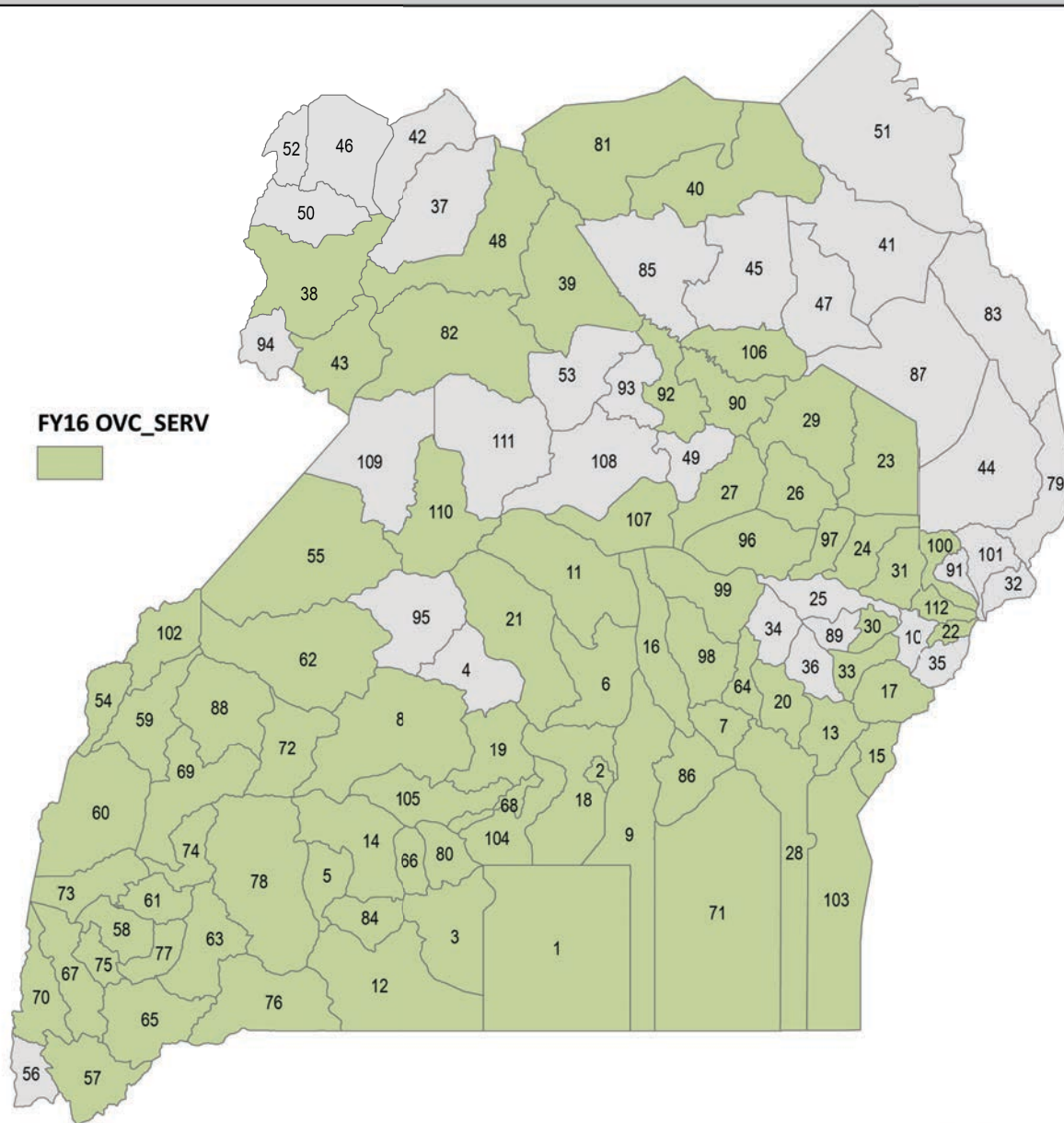
Sources:

1. VMMC_CIRC [APR15], DATIM 2016.02.08

1. VMMC_CIRC TARGET [Oct. 2015 - Sept. 2016], DATIM 2016.02.08

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

ID	District	ID	District	ID	District
1	Kalangala District	49	Dokolo District	97	Ngora District
2	Kampala District	50	Maracha District	98	Kamuli District
3	Masaka District	51	Kaabong District	99	Buyende District
4	Kiboga District	52	Koboko District	100	Bulambuli District
5	Lyantonde District	53	Oyam District	101	Kween District
6	Luwero District	54	Bundibugyo District	102	Ntoroko District
7	Jinja District	55	Hoima District	103	Namayingo District
8	Mubende District	56	Kisoro District	104	Mpigi District
9	Mukono District	57	Kabale District	105	Gomba District
10	Mbale District	58	Bushenyi District	106	Otuke District
11	Nakasongola District	59	Kabarole District	107	Amolatar District
12	Rakai District	60	Kasese District	108	Apac District
13	Bugiri District	61	Buhweju District	109	Buliisa District
14	Sembabule District	62	Kibaale District	110	Masindi District
15	Busia District	63	Mbarara District	111	Kiryandongo District
16	Kayunga District	64	Luuka District	112	Sironko District
17	Tororo District	65	Ntungamo District		
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45	Agago District	93	Kole District		
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47	Abim District	95	Kyankwanzi District		
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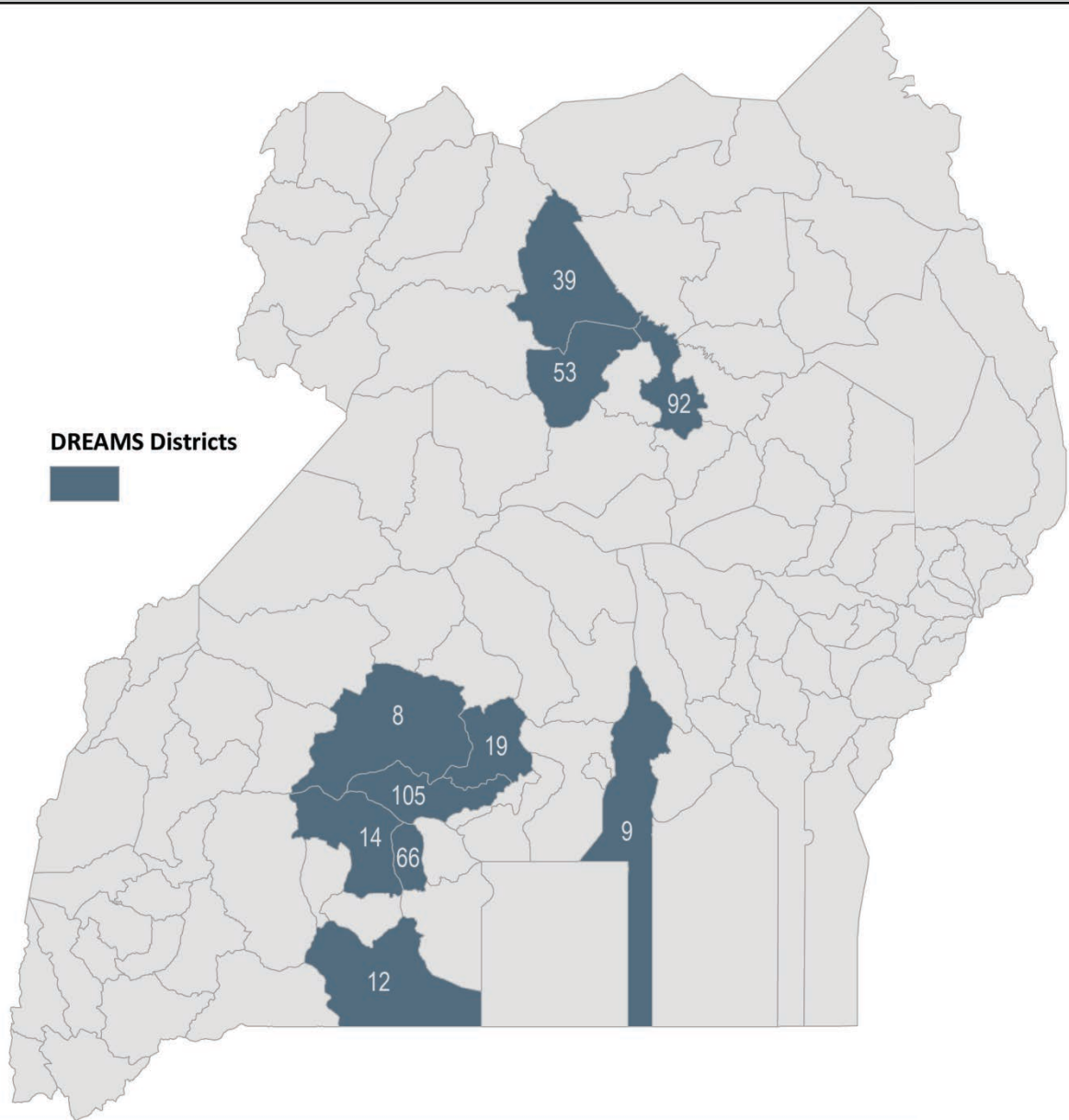
Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED

Source: OVC_SERV TARGET [Oct. 2015 - Sept. 2016], DATIM 2016.02.08

Uganda: DREAMS Districts

ID	District	ID	District	ID	District
1	Kalangala District	49	Dokolo District	97	Ngora District
2	Kampala District	50	Maracha District	98	Kamuli District
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Names and boundary representation are not necessarily authoritative.

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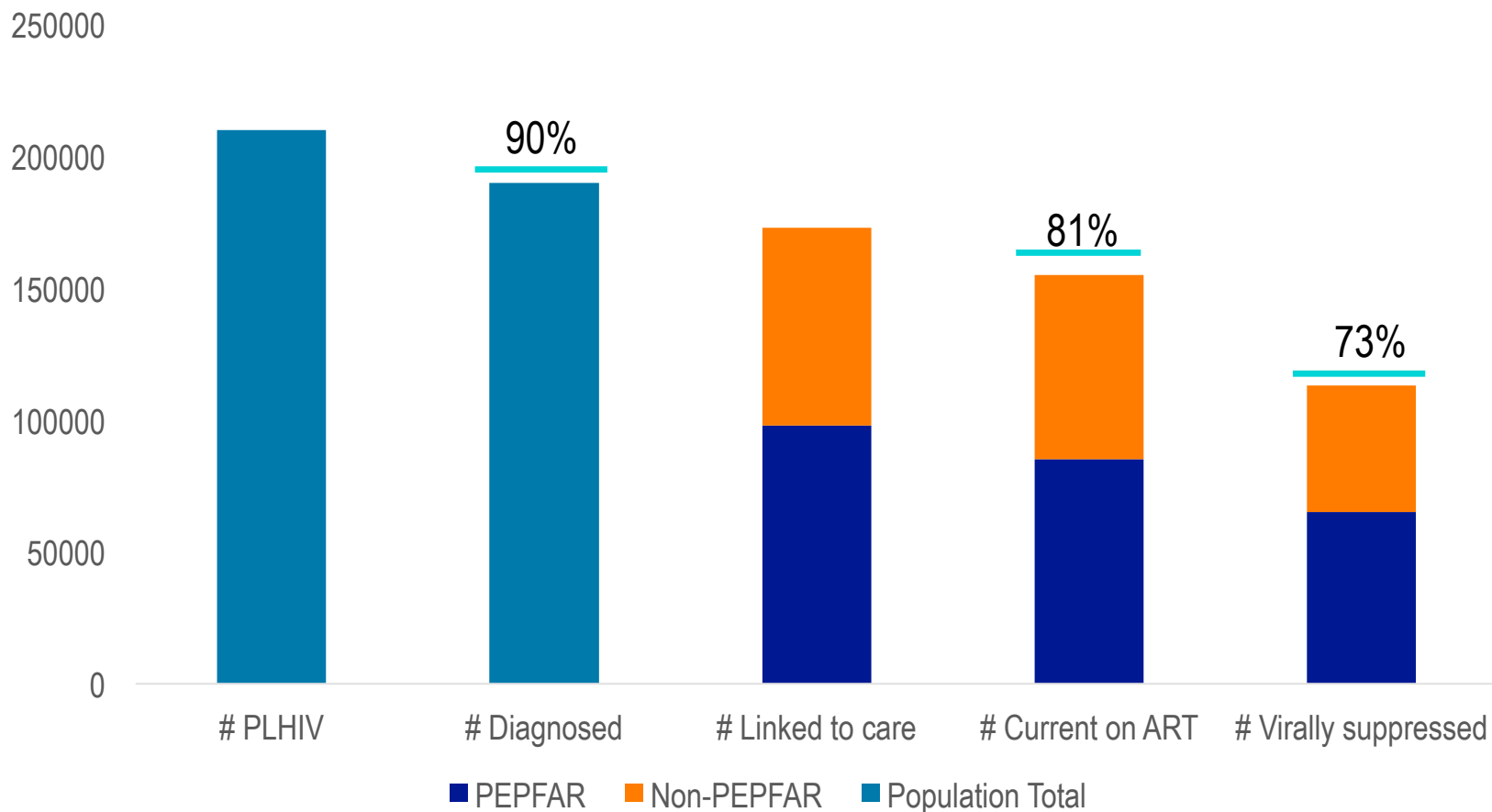
Sources:
1. S/GAC, Country Impact Team

Rwanda



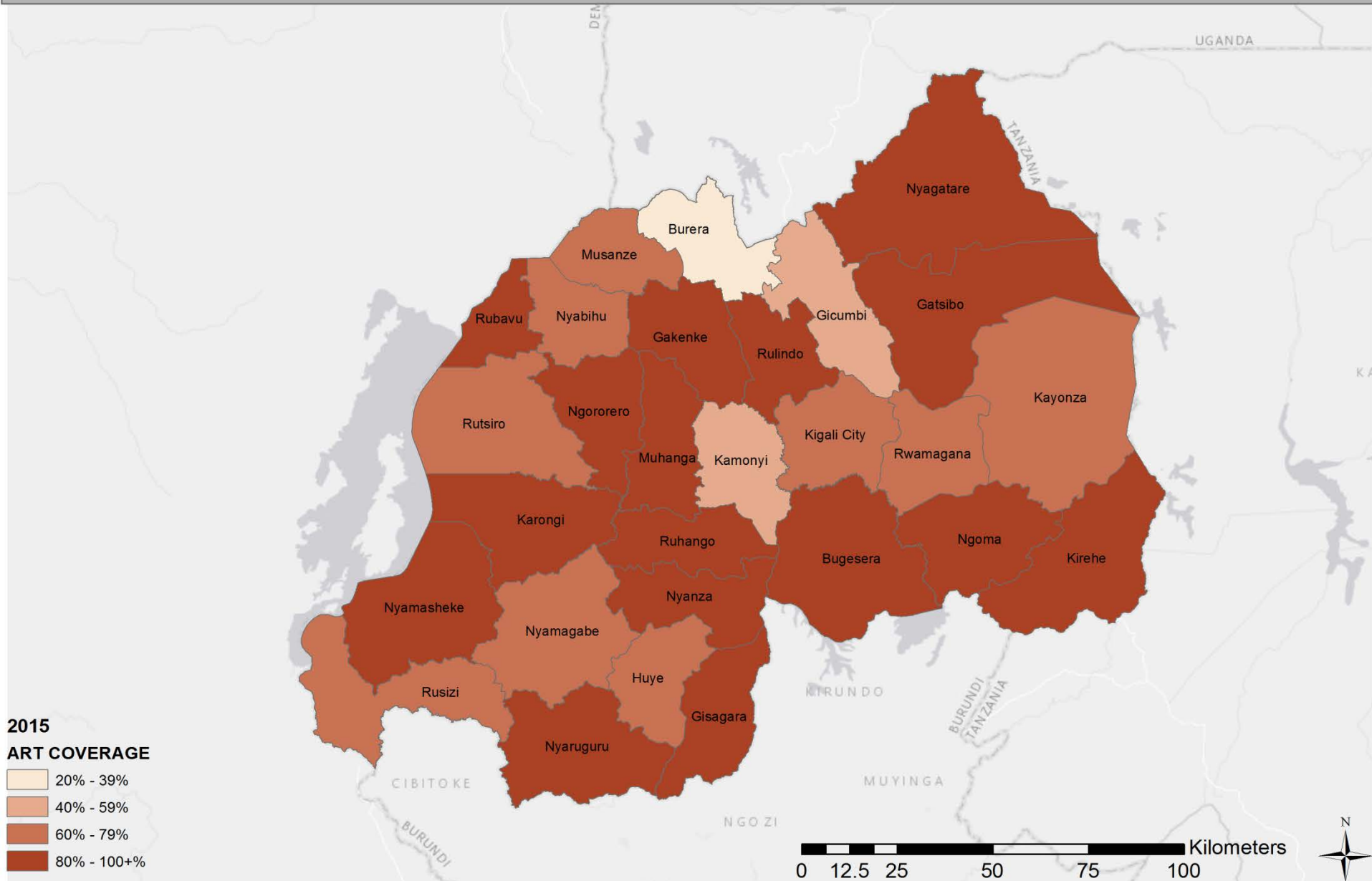
FY15 Rwanda National and PEPFAR Clinical Cascade Results

Clinical Cascade & 90-90-90 Targets



Source: PEPFAR; * # diagnosed is estimated; # virally suppressed based on average VL suppression in PEPFAR

RWANDA: ART Coverage FY15 Results



Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED

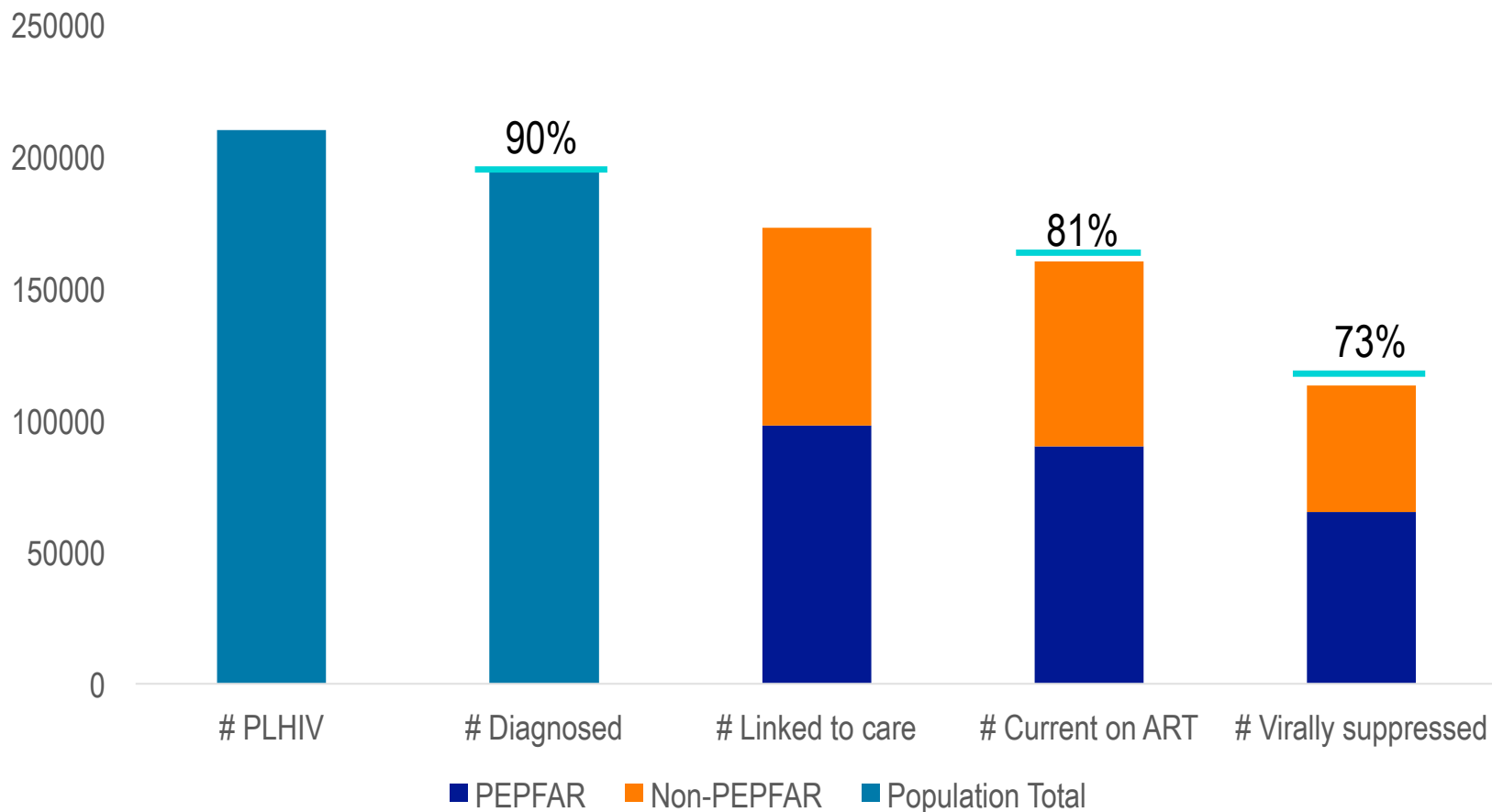
March 9, 2016

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

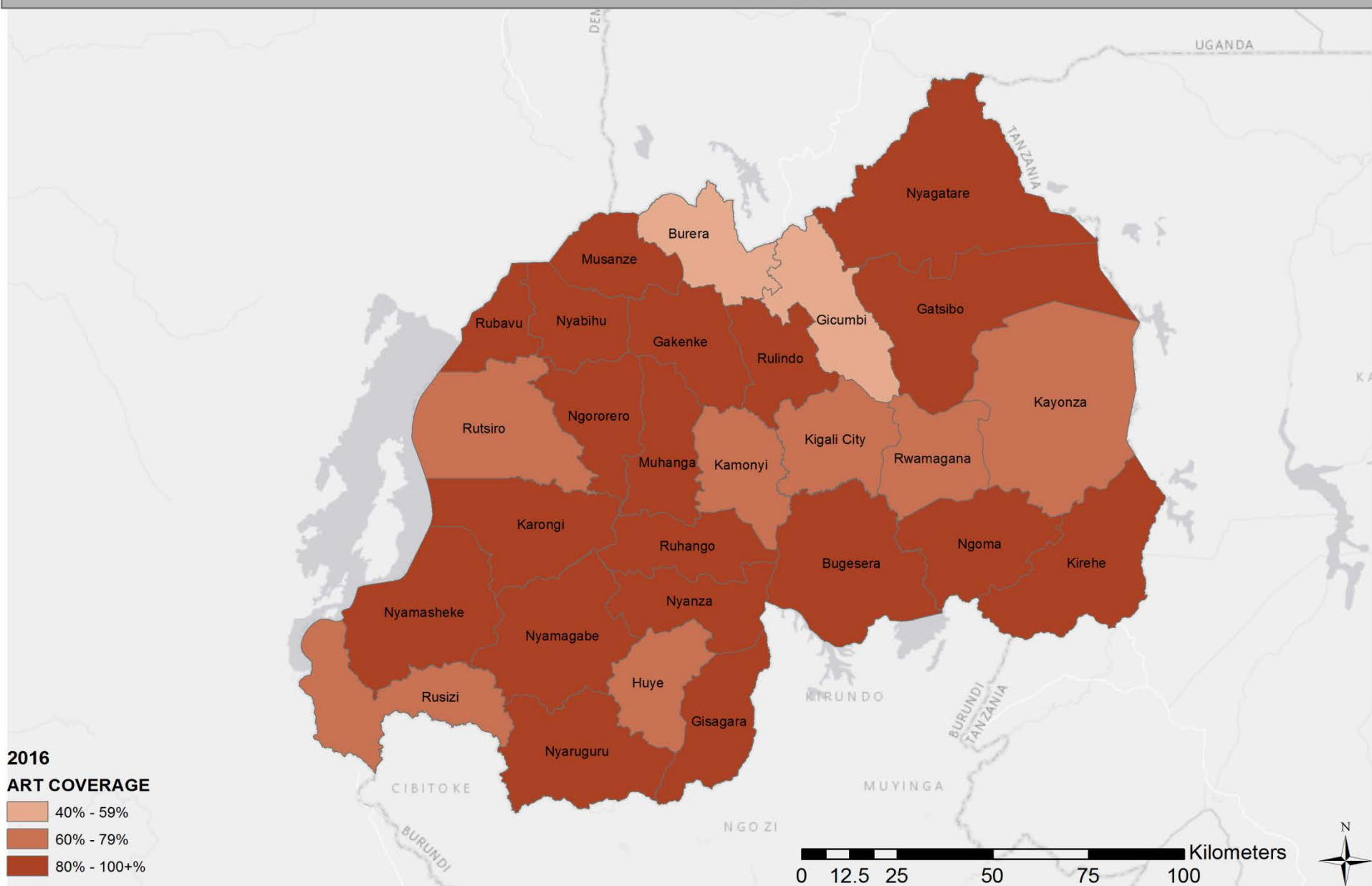
Expected Results

Clinical Cascade & 90-90-90 Targets



Source: PEPFAR; * # diagnosed is estimated; # virally suppressed based on average VL suppression in PEPFAR

RWANDA: ART Coverage FY16 Expected Results



Names and boundary representation are not necessarily authoritative.

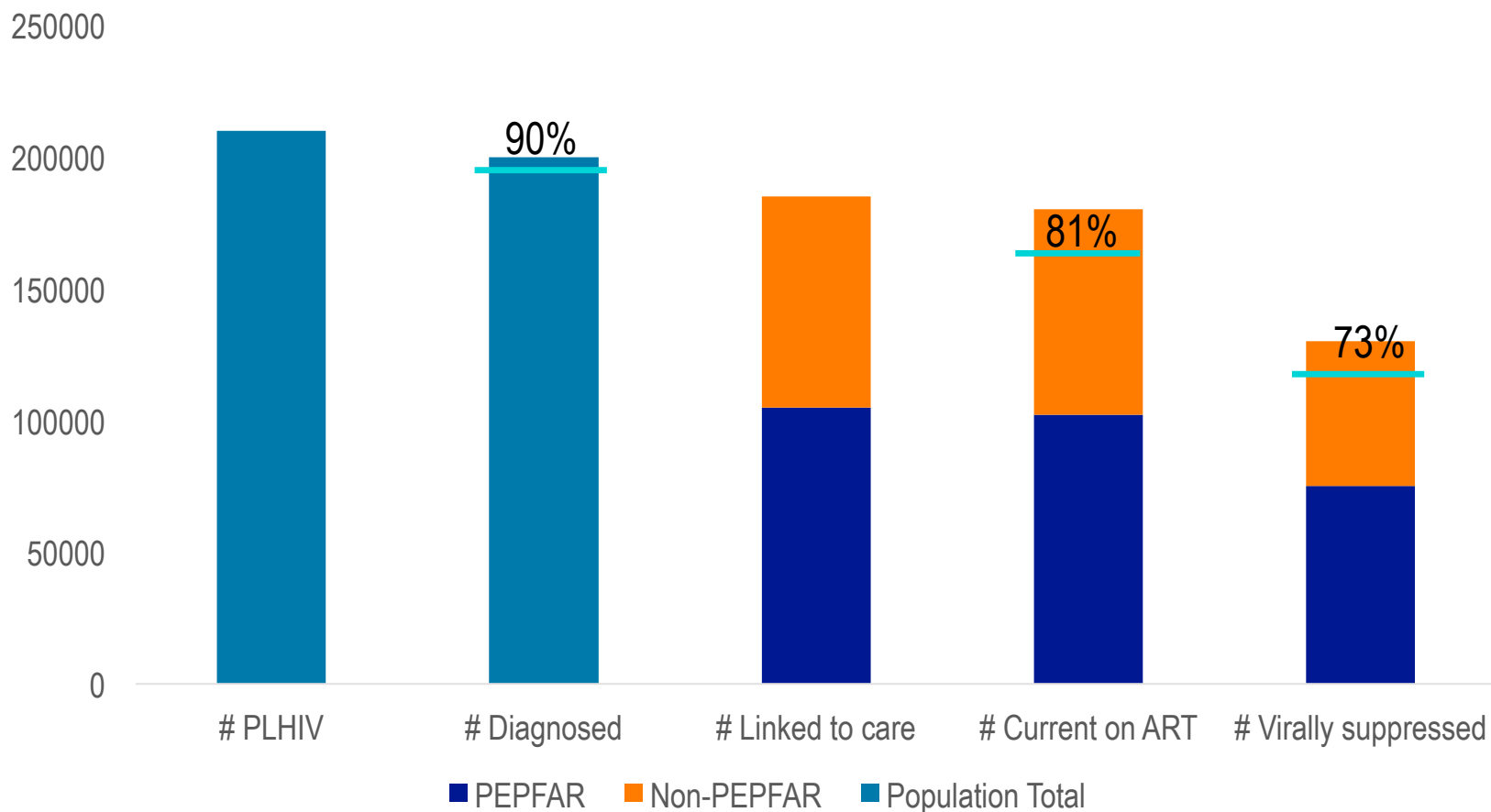
UNCLASSIFIED

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).

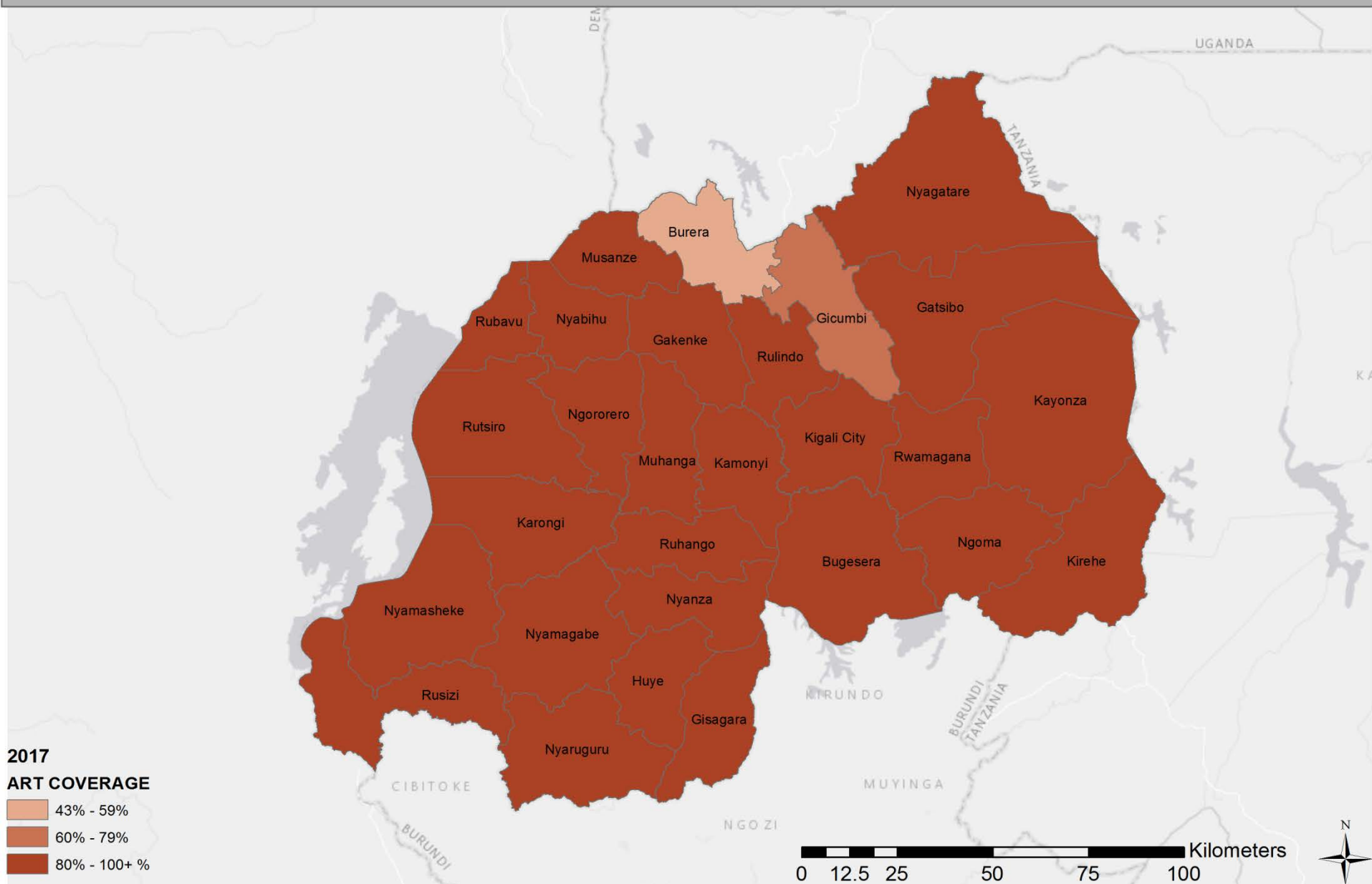
FY17 Rwanda National and PEPFAR Clinical Cascade Results and Targets

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



Names and boundary representation are not necessarily authoritative.

UNCLASSIFIED

March 9, 2016

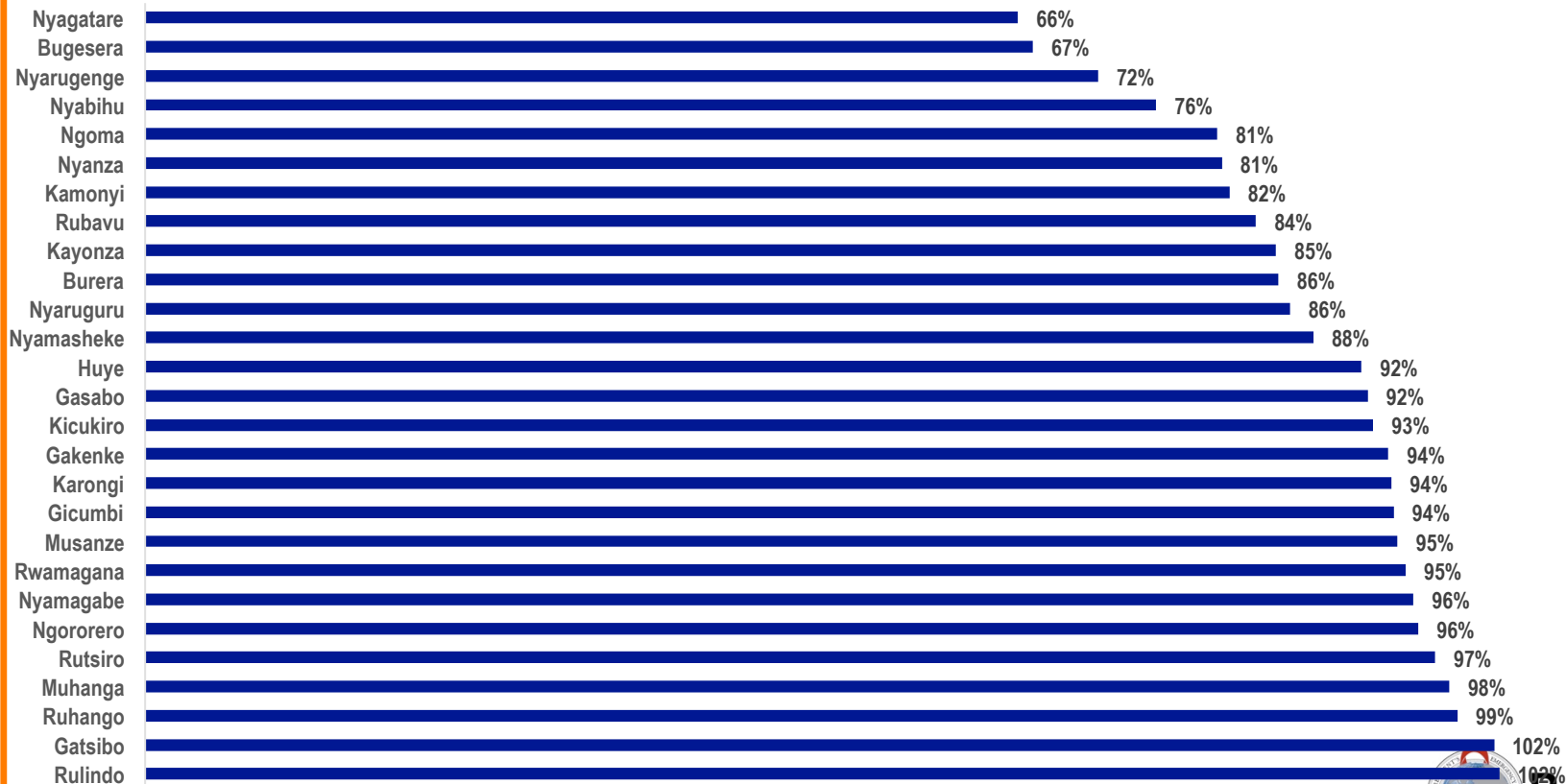
ART coverage is total people on ART (Rwanda HMIS) over the total people living with HIV (PLHIV) estimated for that year. Annual national PLHIV estimates are from Epi Spectrum (2015 analysis), distributed to Districts by weighting population (Rwanda Housing and Population Census 2012) and adult HIV prevalence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



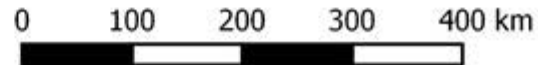
Zambia



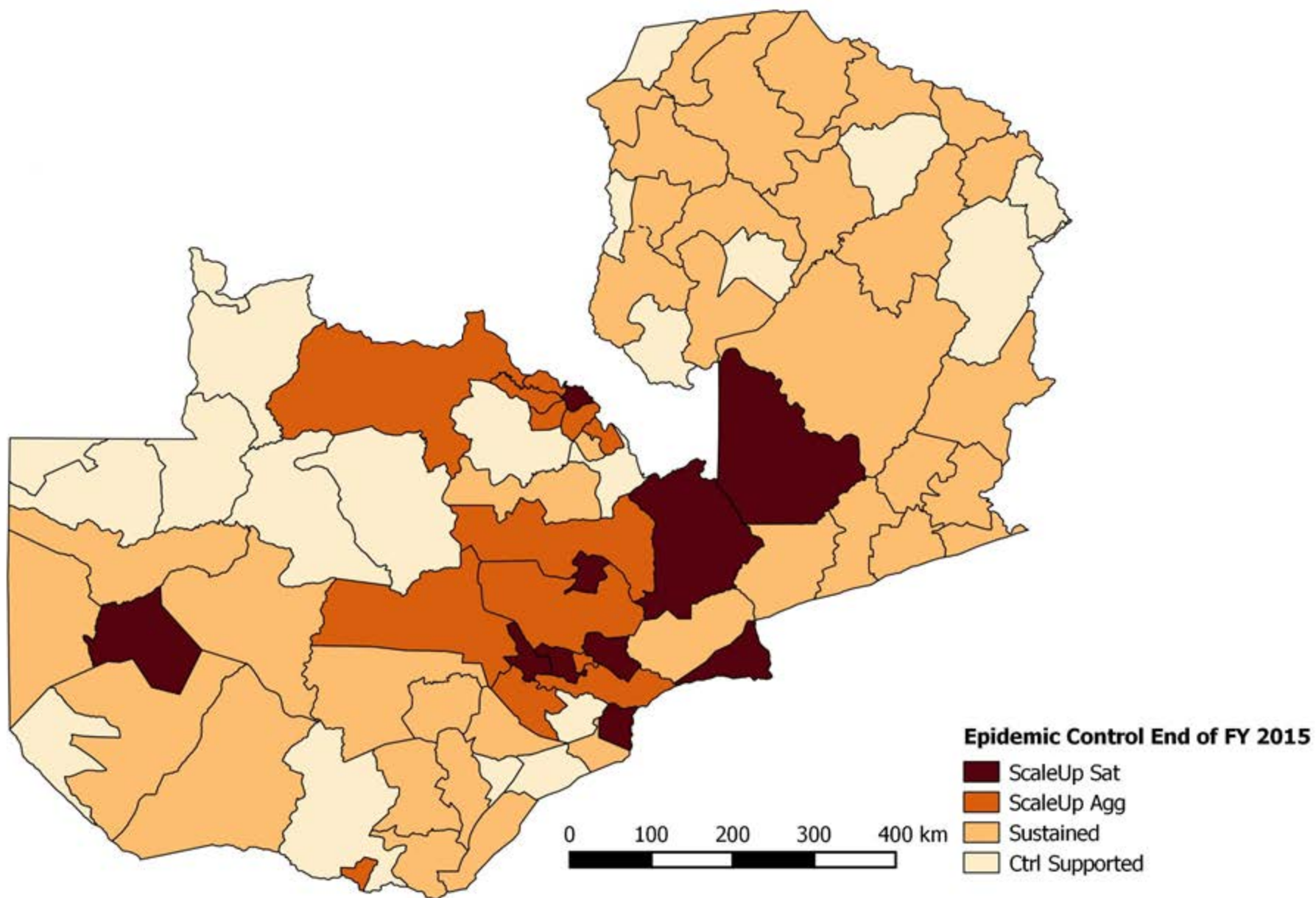
FY15 PLHIV

- 640 - 5000
- 5000 - 15000
- 15000 - 25000
- 25000 - 100000
- 100000 - 246249

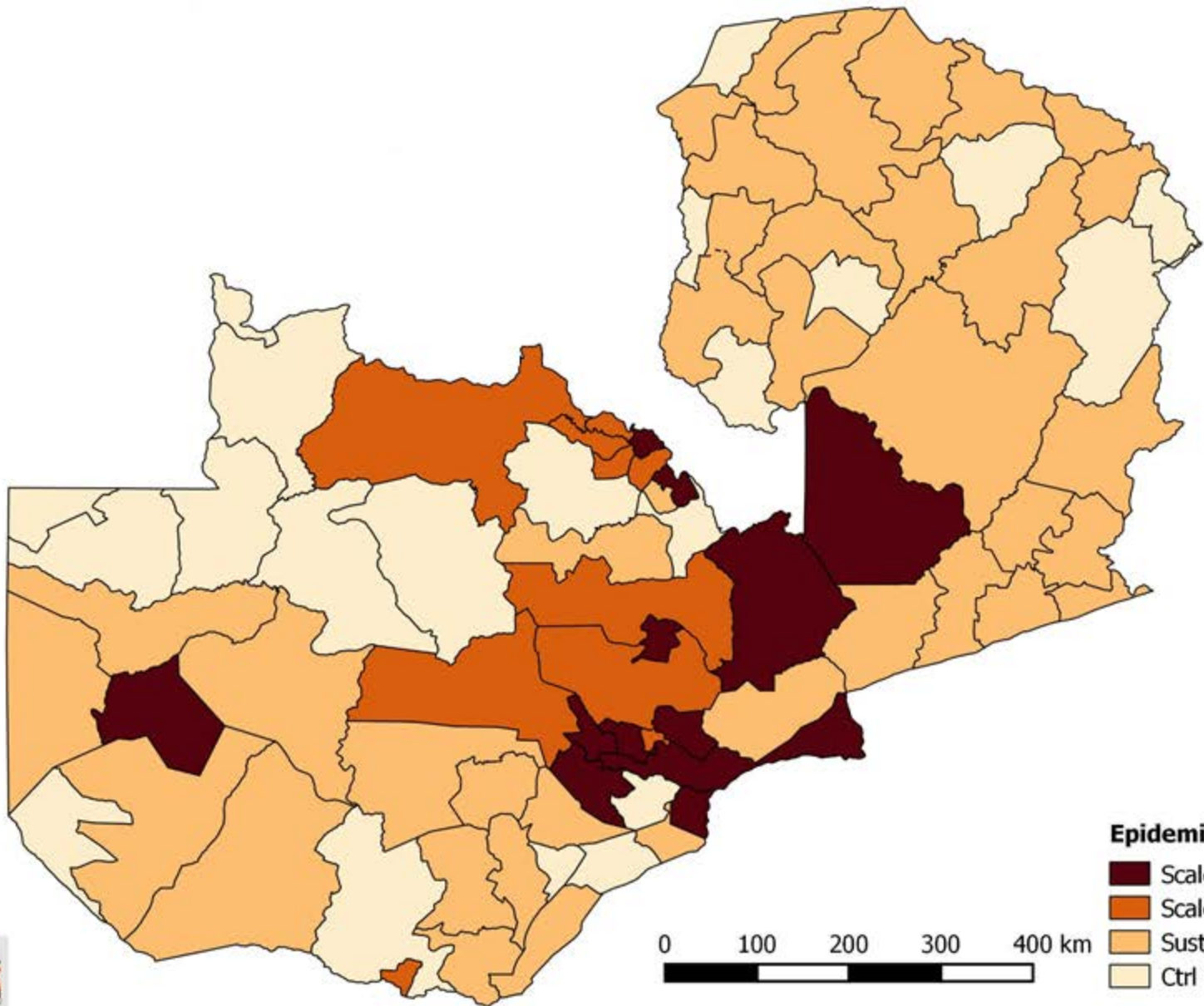
0 100 200 300 400 km



Epidemic Control End of FY 2015



Epidemic Control End of FY 2016



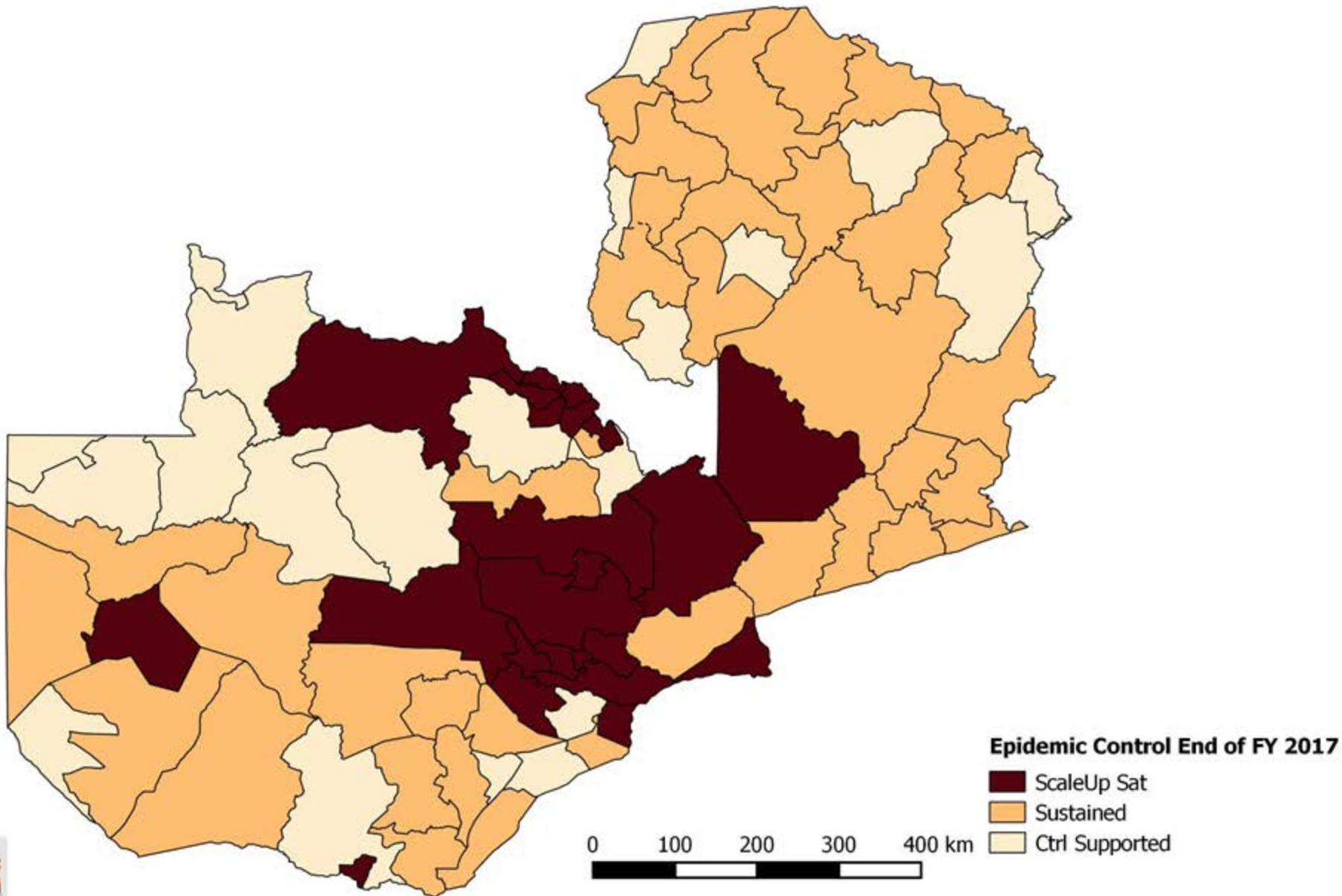
Epidemic Control End of FY 2016

- ScaleUp Sat
- ScaleUp Agg
- Sustained
- Ctrl Supported

0 100 200 300 400 km

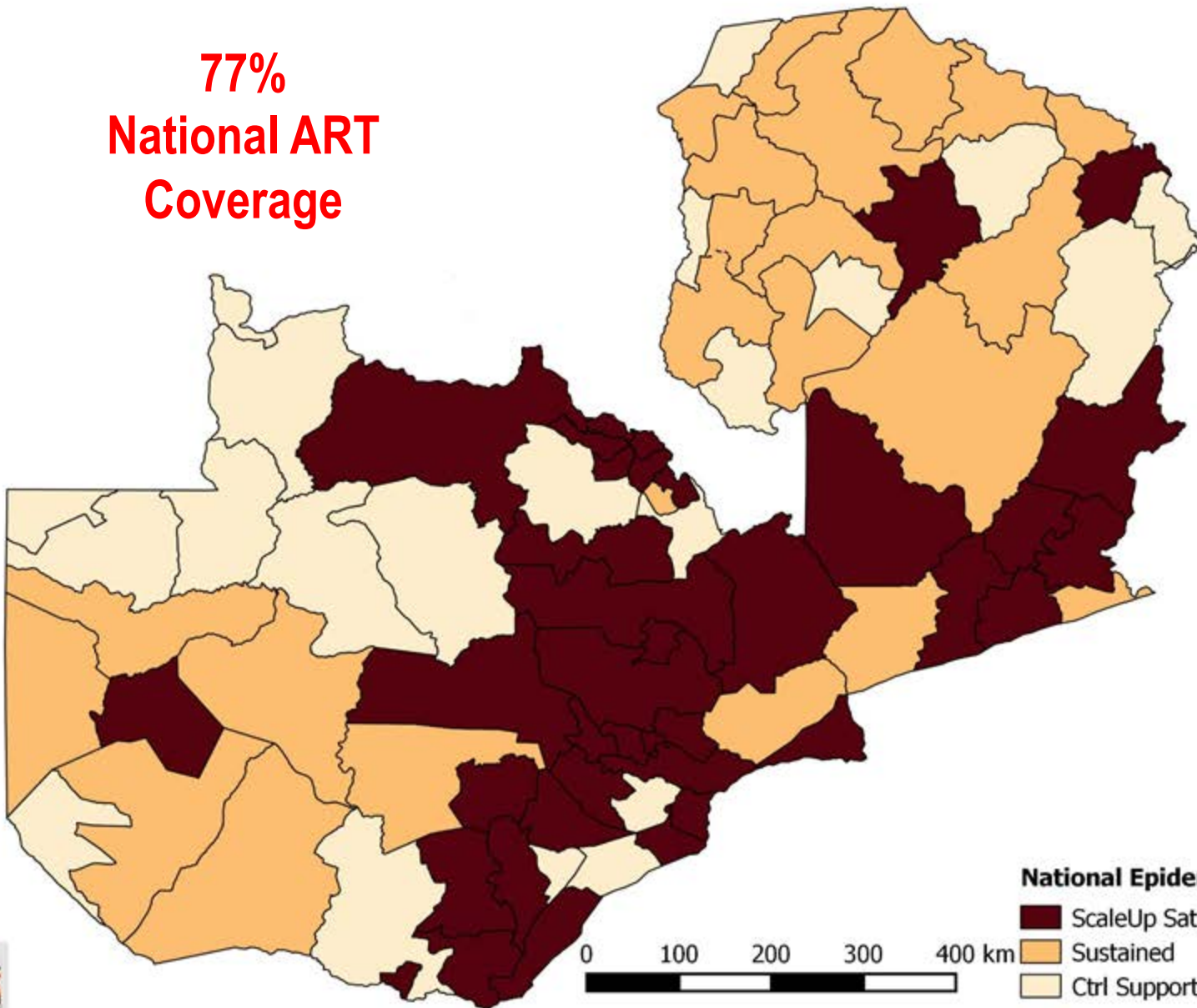


Epidemic Control End of FY 2017



National Epidemic Control End of FY 2017

77%
National ART
Coverage

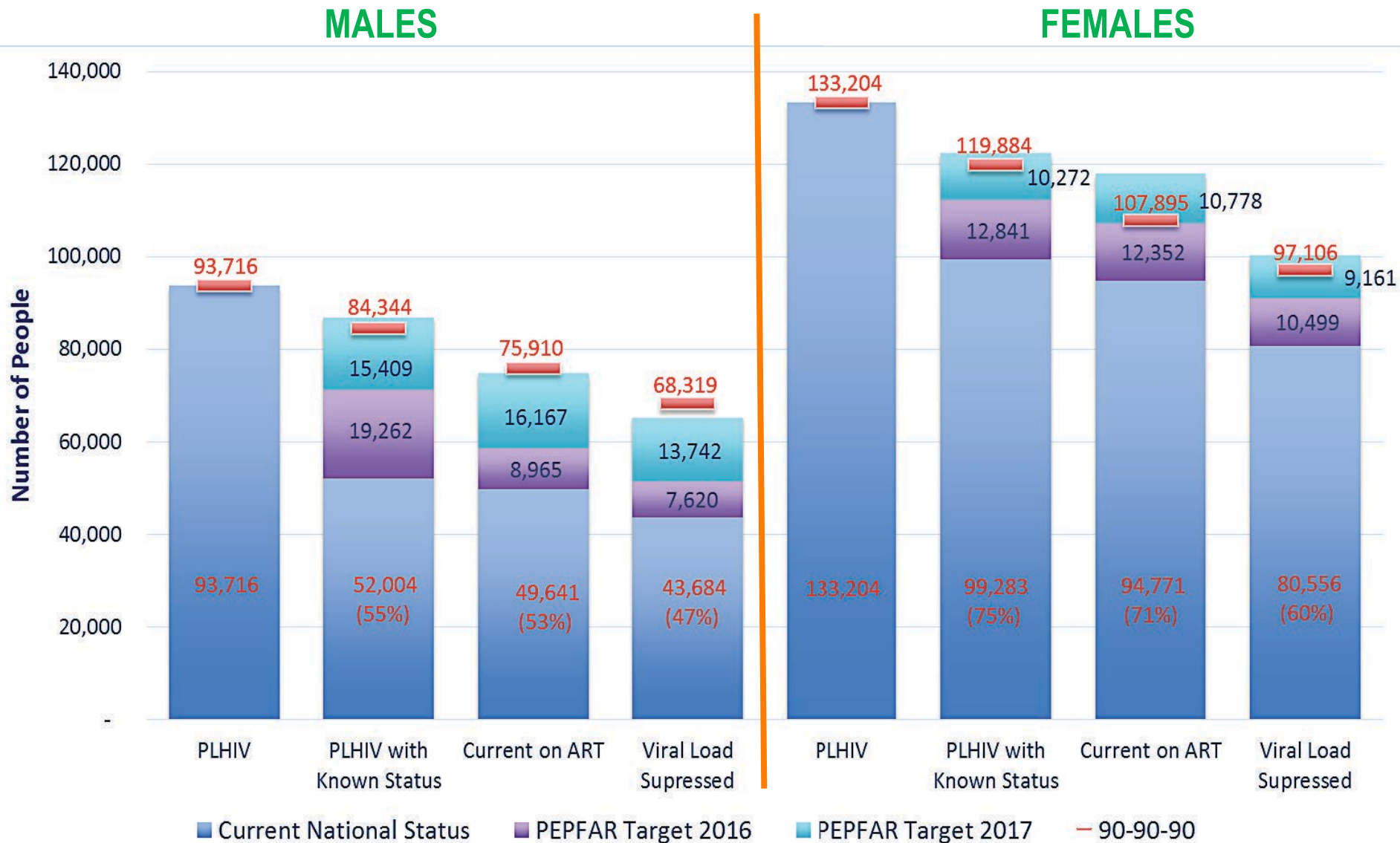


National Epidemic Control End of FY 2017

- ScaleUp Sat
- Sustained
- Ctrl Supported



Swaziland Clinical Cascade – Sex Disaggregated

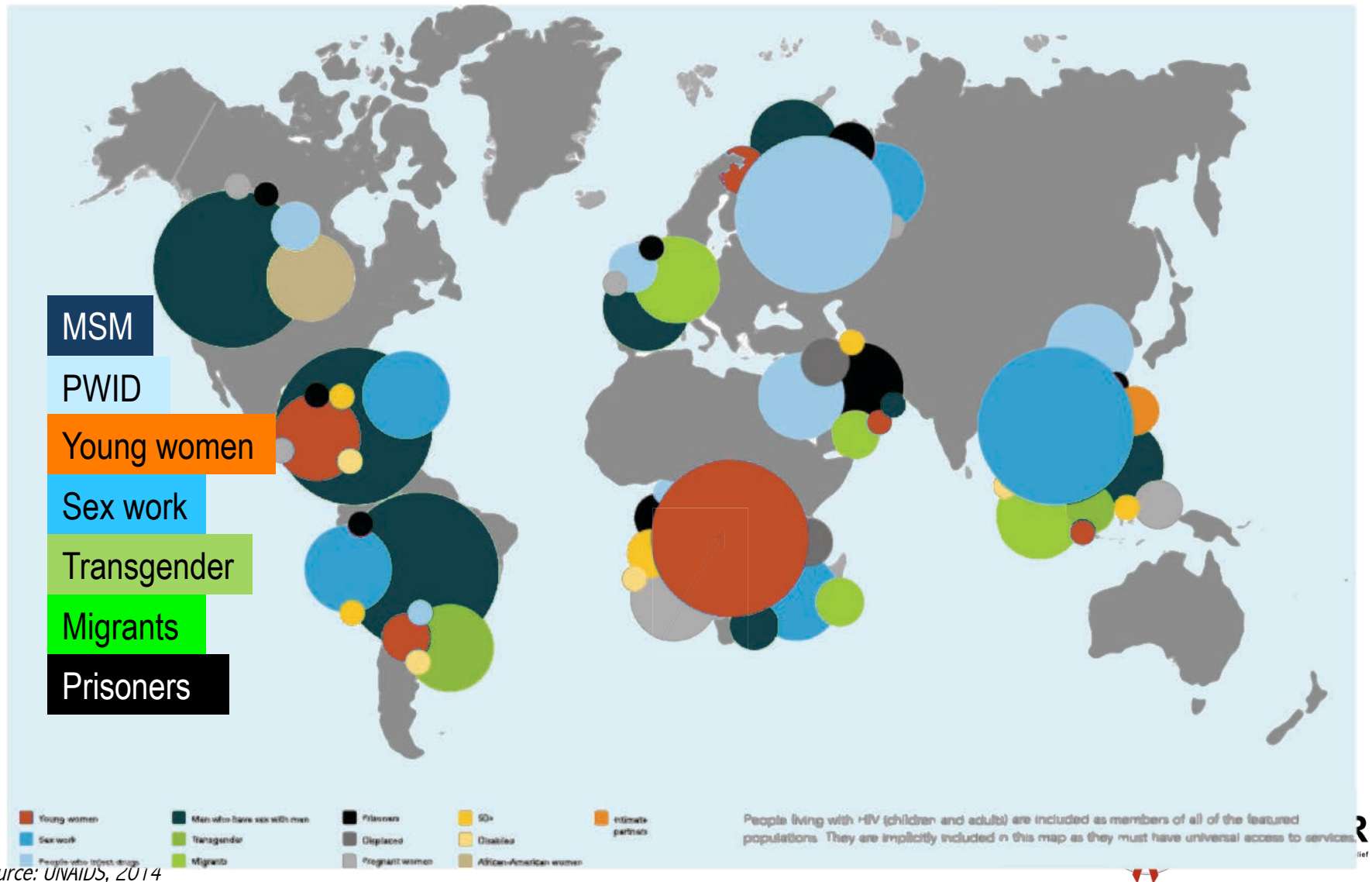


10

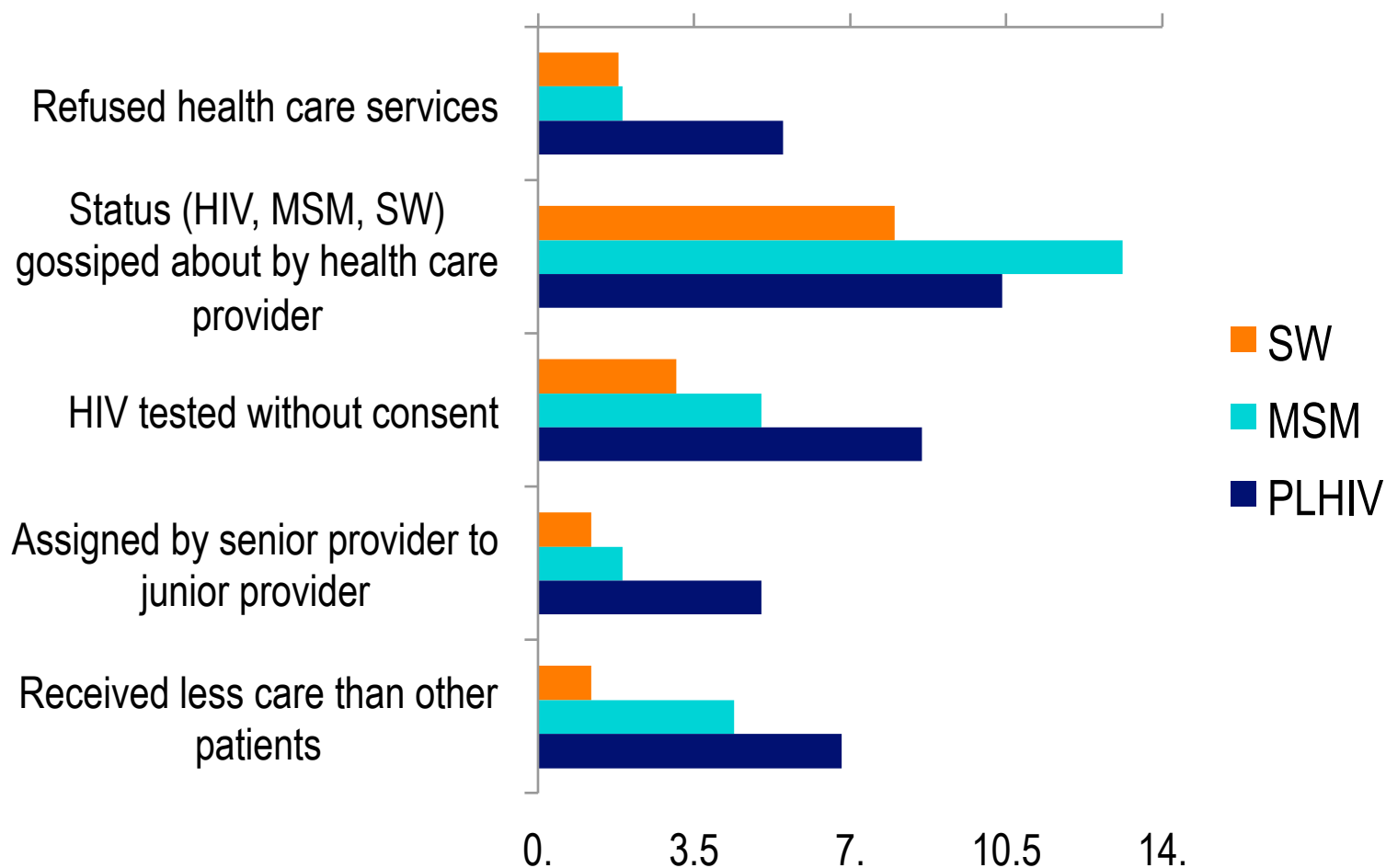
EMPOWERING CIVIL SOCIETY & PLHIV

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



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



11

SUMMARY

Key take-aways & top priorities

PEPFAR & the Sustainable Development Goals



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

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 2880 children died
this week from HIV

Over 20,000 adults died
this week from HIV

Over 4,230 babies were infected with HIV

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



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



THANK YOU
