



PEPFAR

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

Data use in PEPFAR

Focusing programs on locations and populations for maximal impact and partner management to improve effectiveness

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IAPAC

June 2017

PEPFAR's 3 Guiding Pillars

Controlling the HIV Pandemic

Active Program and Partner Management

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

What we know now

Thanks to the PHIAs we know:

Retention, adherence and durability of first line ART is much better than expected

From program data and PHIAs we know:

More than half of men <35 yo do not know their status and are not on treatment – this is fueling the epidemic in the 15-24 yo women

From program data we know:

Increased funding alone is not adequate to accelerate VMMC progress

30% of DREAMS beneficiaries receiving only 1 intervention and VMMC and testing and Tx of 25-35 males is lagging in the DREAMS districts

Gaps that need to be addressed

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

Epidemic continues unchecked in men <35 and women < 25 : focused prevention and treatment interventions must continue

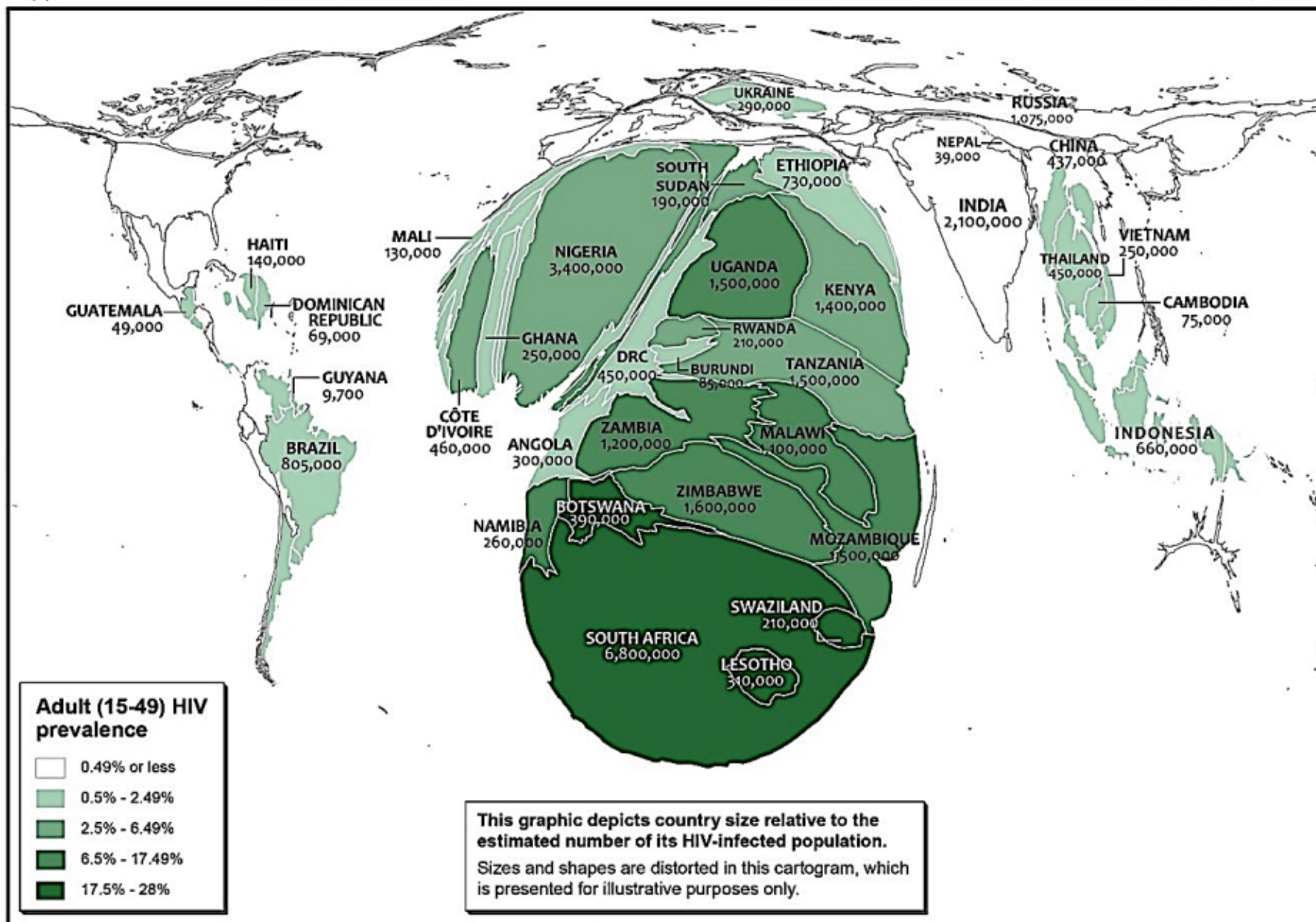
Testing without linking is a program failure

A large blue number 1 is positioned on the left side of the slide. The background is a solid orange color with a faint, dotted pattern of a world map, primarily showing the continents of Africa and Europe. The dots are arranged to form the outlines of the continents.

1

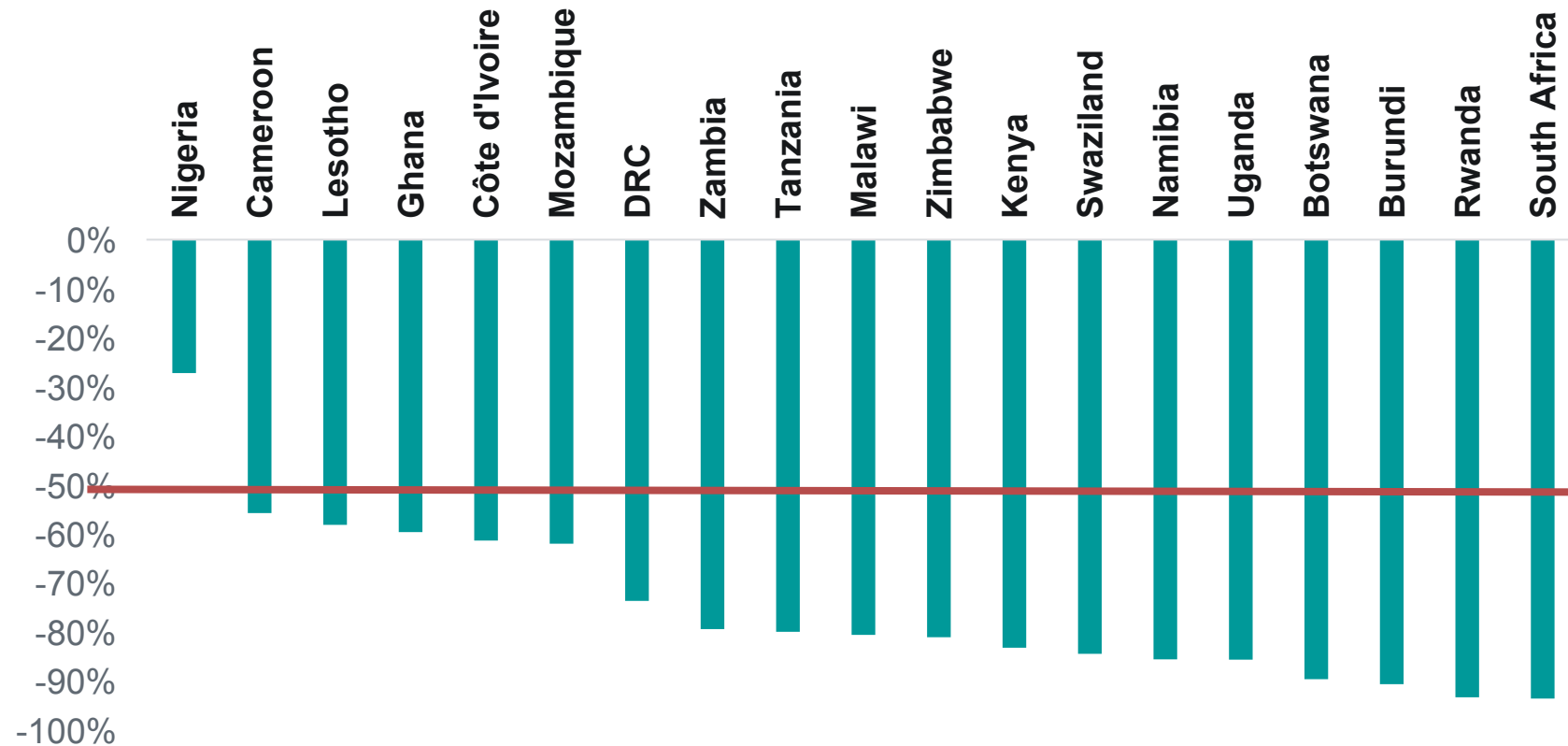
The HIV epidemic today: importance of location and populations

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



Percent declines in new **pediatric** HIV infections (2000 – 2015)

Percent change in number of new pediatric HIV infections
(2000 - 2015)

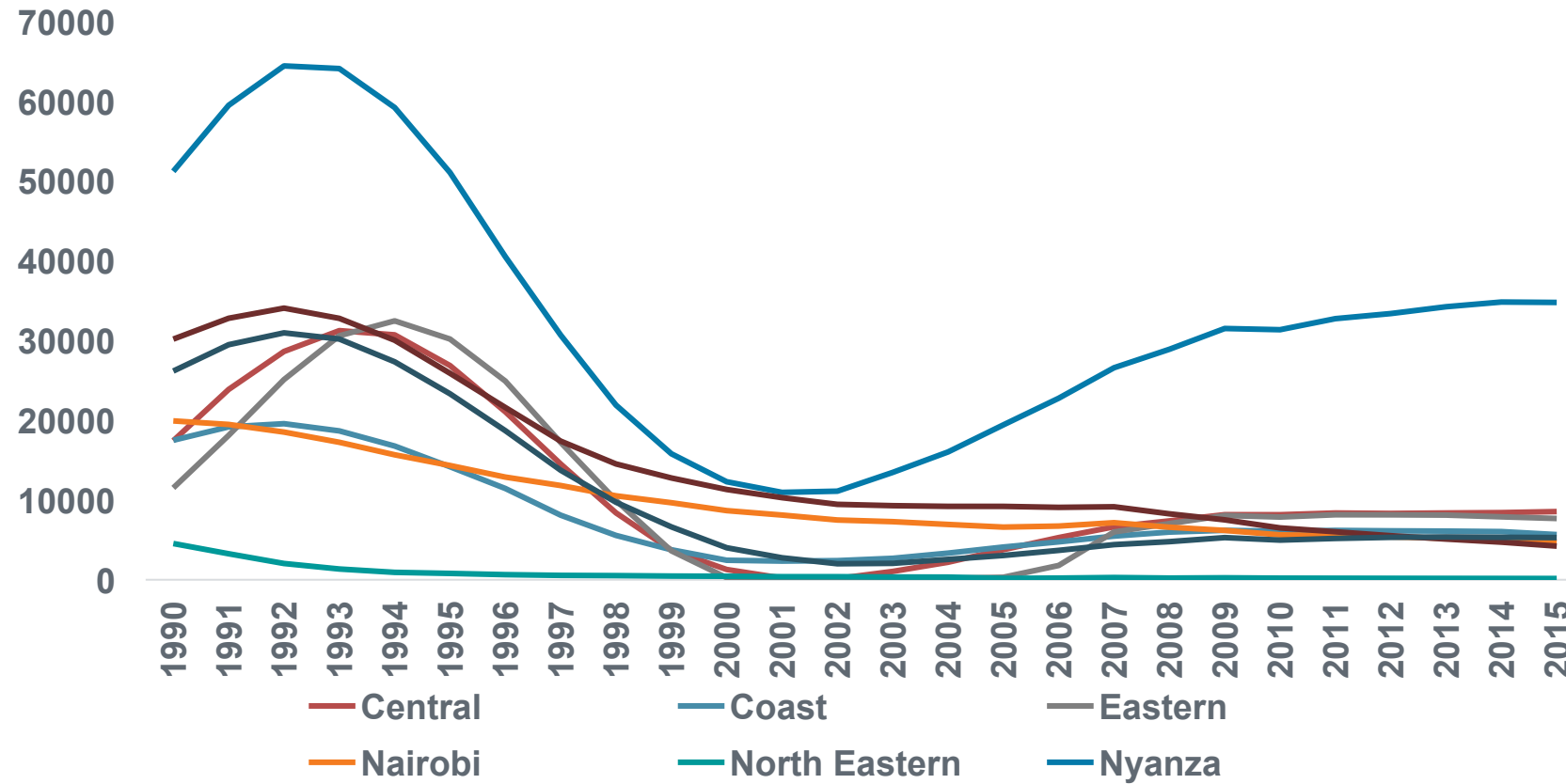


Percent change in new adult HIV infections (2000 – 2015)

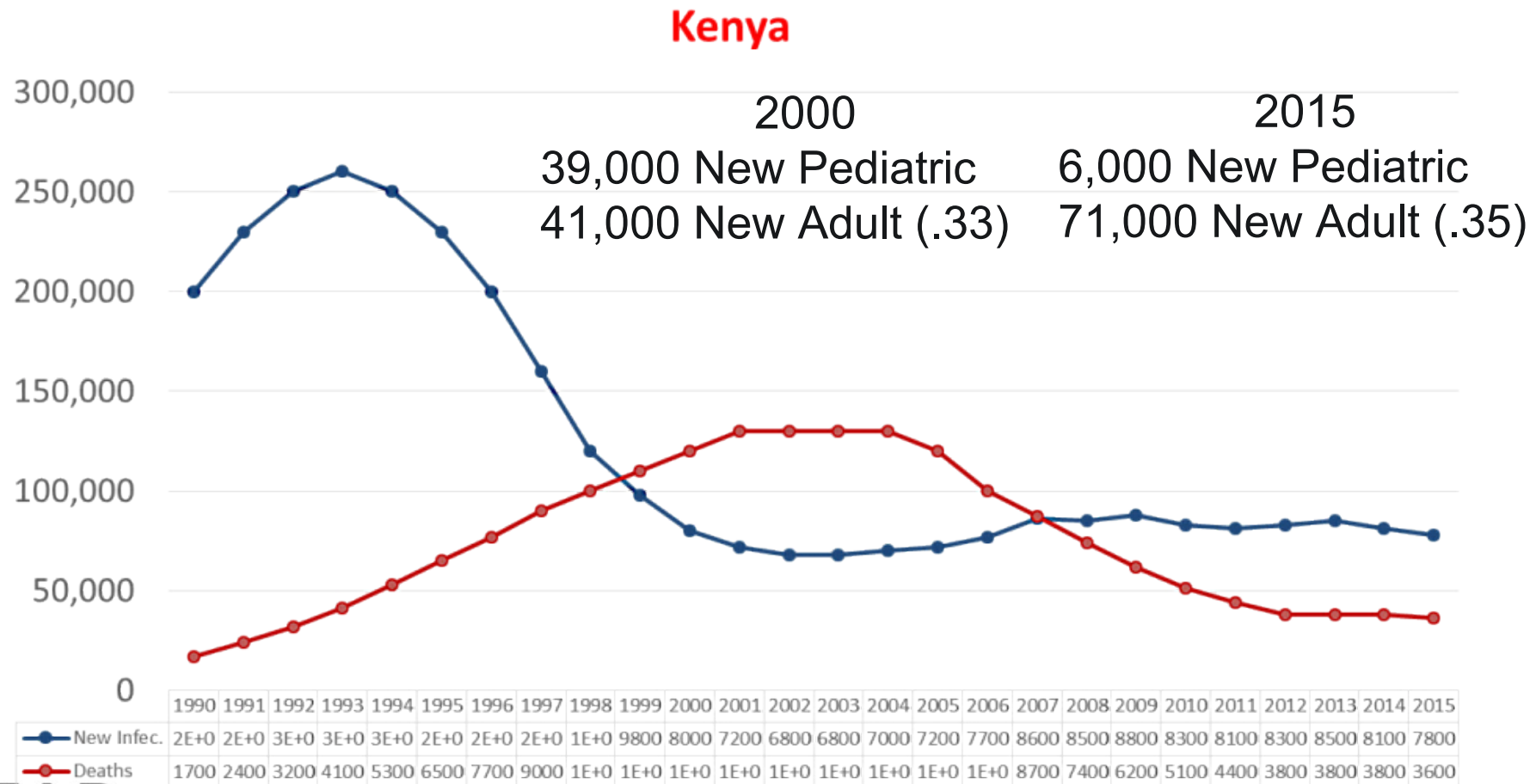
Percent Change in New Adult HIV Infections (2000 - 2015)



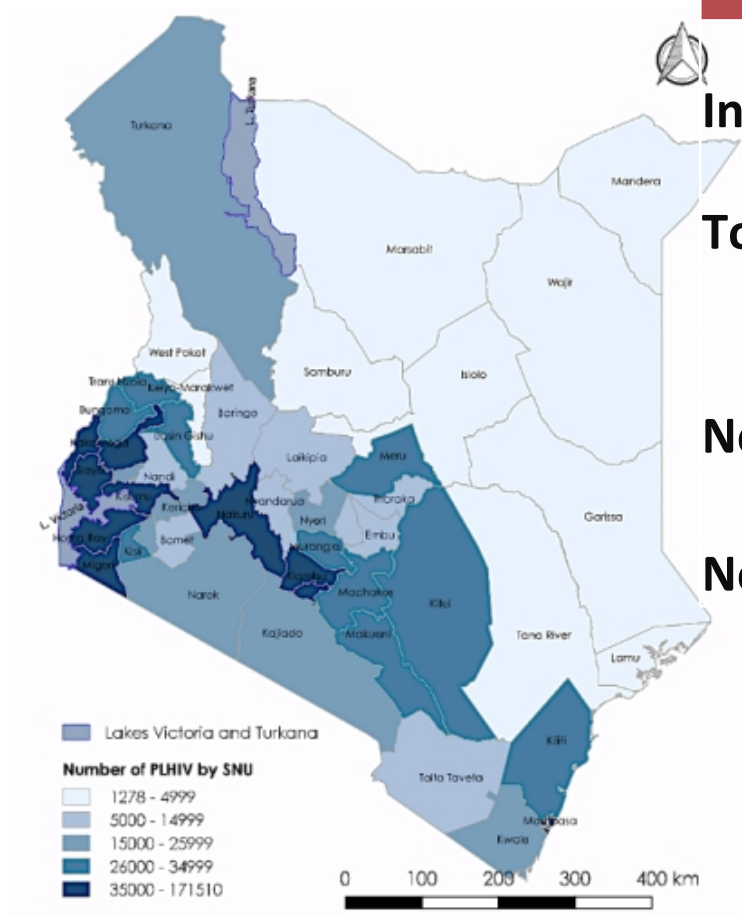
LOCATION : Number of New Adult (15+) HIV Infections in Kenya by Province (1990-2015)



POPULATIONS: New HIV Infections & AIDS Deaths by Year in Kenya



HIV Epidemic in Kenya



Indicator

Total PLHIV

-Child PLHIV

-Adult PLHIV

New Infections

-Adult

Need for PMTCT

COP16

COP17

**2015 projection
(2014 estimate)**

**2016 projection
(2015 estimate)**

1,366,923

1,517,705

159,731

98,169

1,207,668

1,419,536

69,745

77,648*

42,326

71,034

74,764

79,477

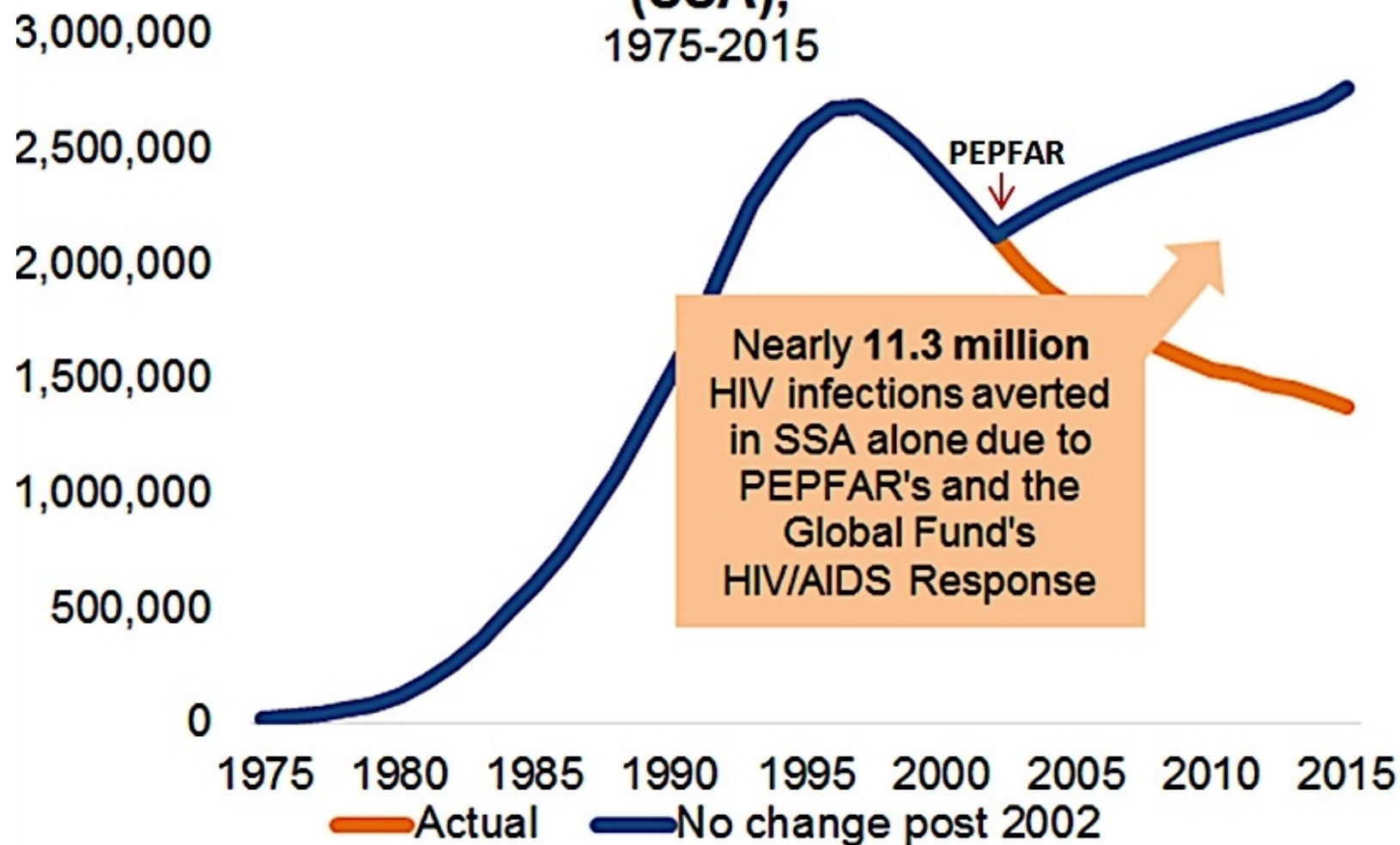
***46% of all new HIV
infections occurred in
15-24 year olds**

2

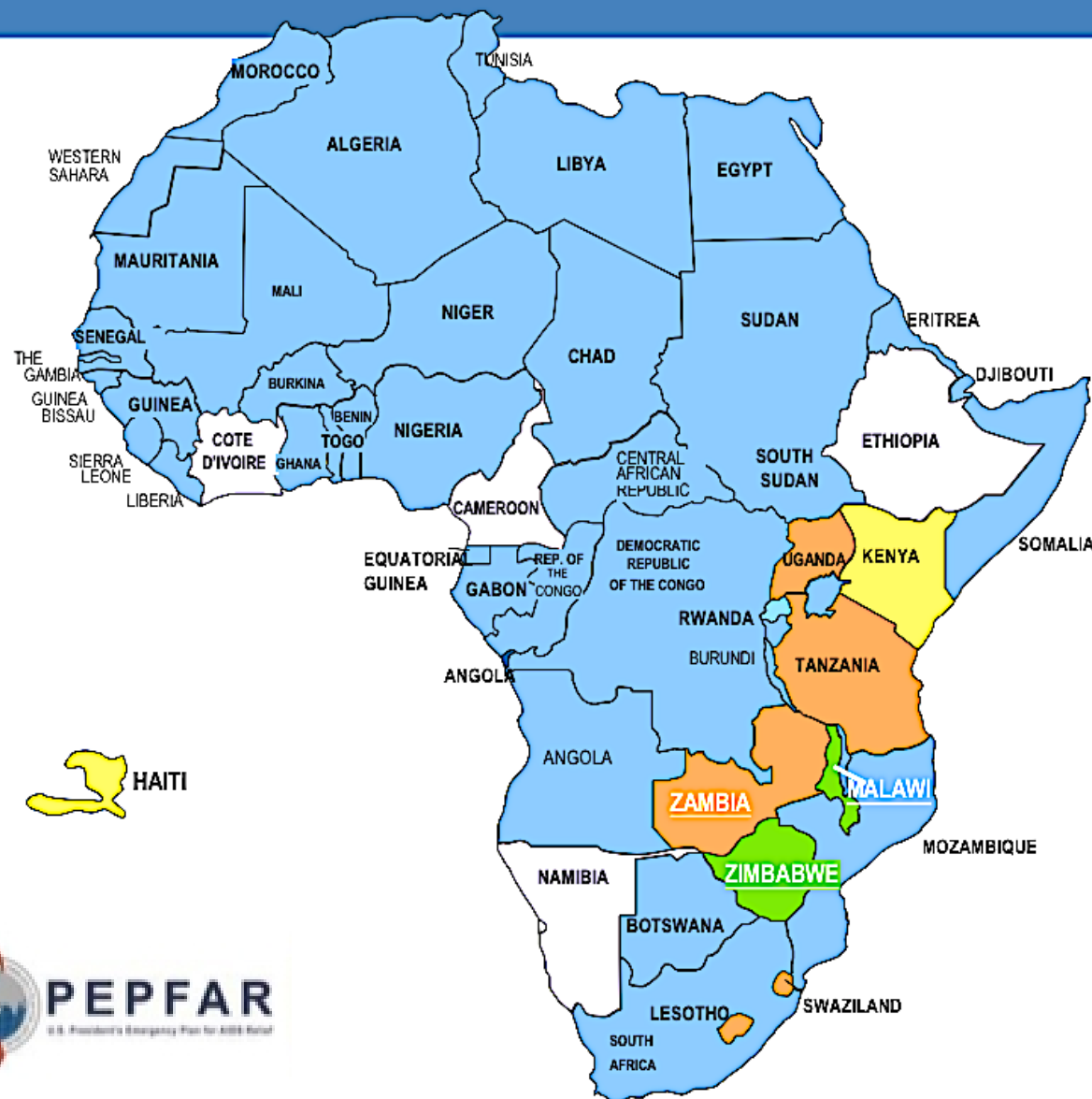
Population-based HIV Impact Assessments (PHIAs)

Documenting the Amazing Impact of PEPFAR and Global Fund

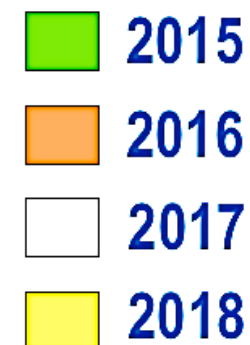
New HIV Infections in Sub-Saharan Africa (SSA), 1975-2015



Rollout of 13 PHIA Surveys



Year of Survey Implementation



PEP
U.S. President's Emerg



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



ICAP
Global Health Action
Columbia University
Mailman School of Public Health

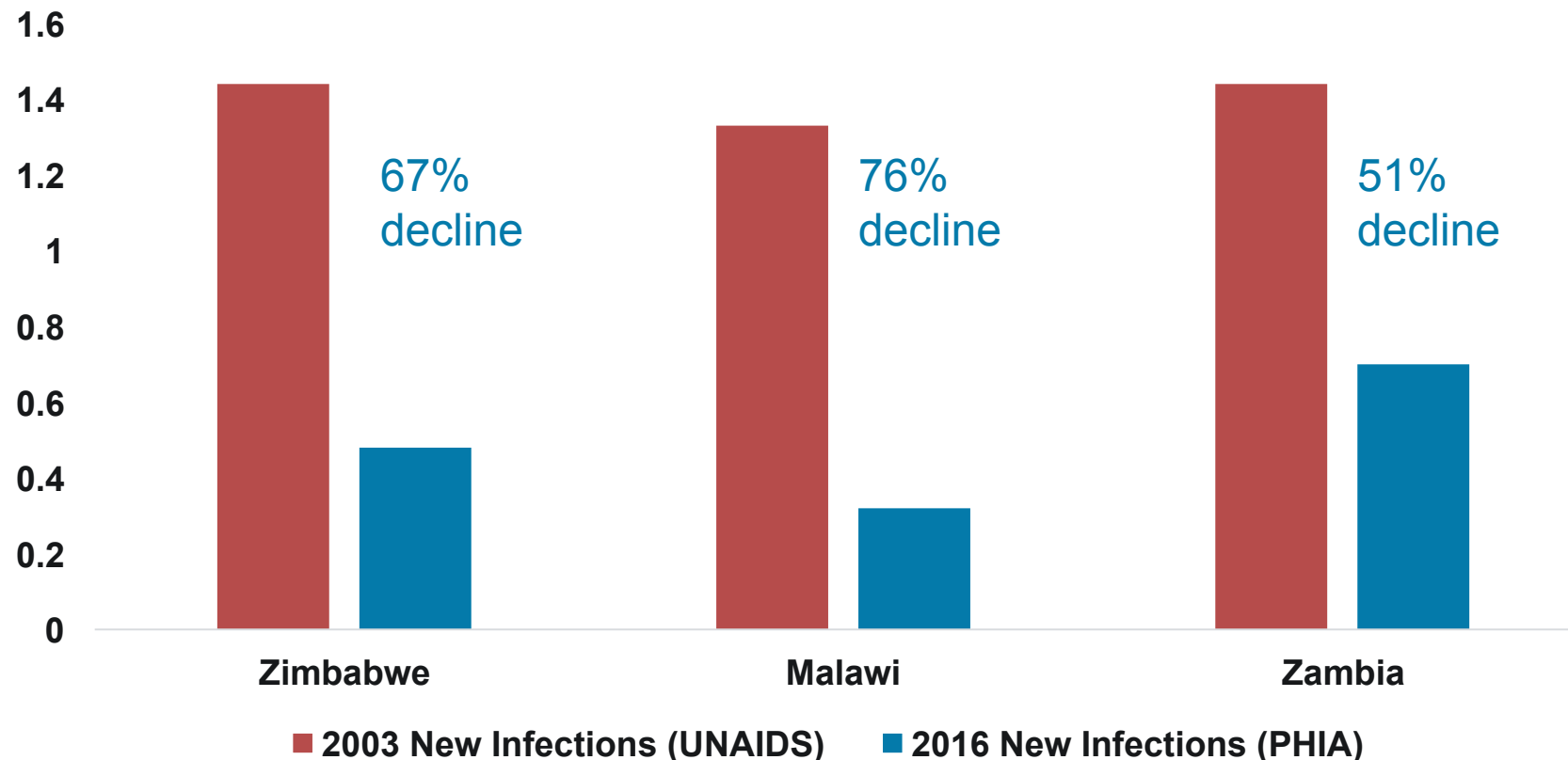


PHIA Results:

Validating the UNAIDS modeled data and showing we are impacting the epidemic

Since the Start of PEPFAR, New HIV Infections Have Declined 51-76%

Reduction in rate of new HIV infections (incidence rate) during 12 years of PEPFAR implementation



Celebrating the remarkable success of PEPFAR, GFATM, and the global HIV/AIDS response

Since the beginning of the epidemic, HIV prevalence has declined by

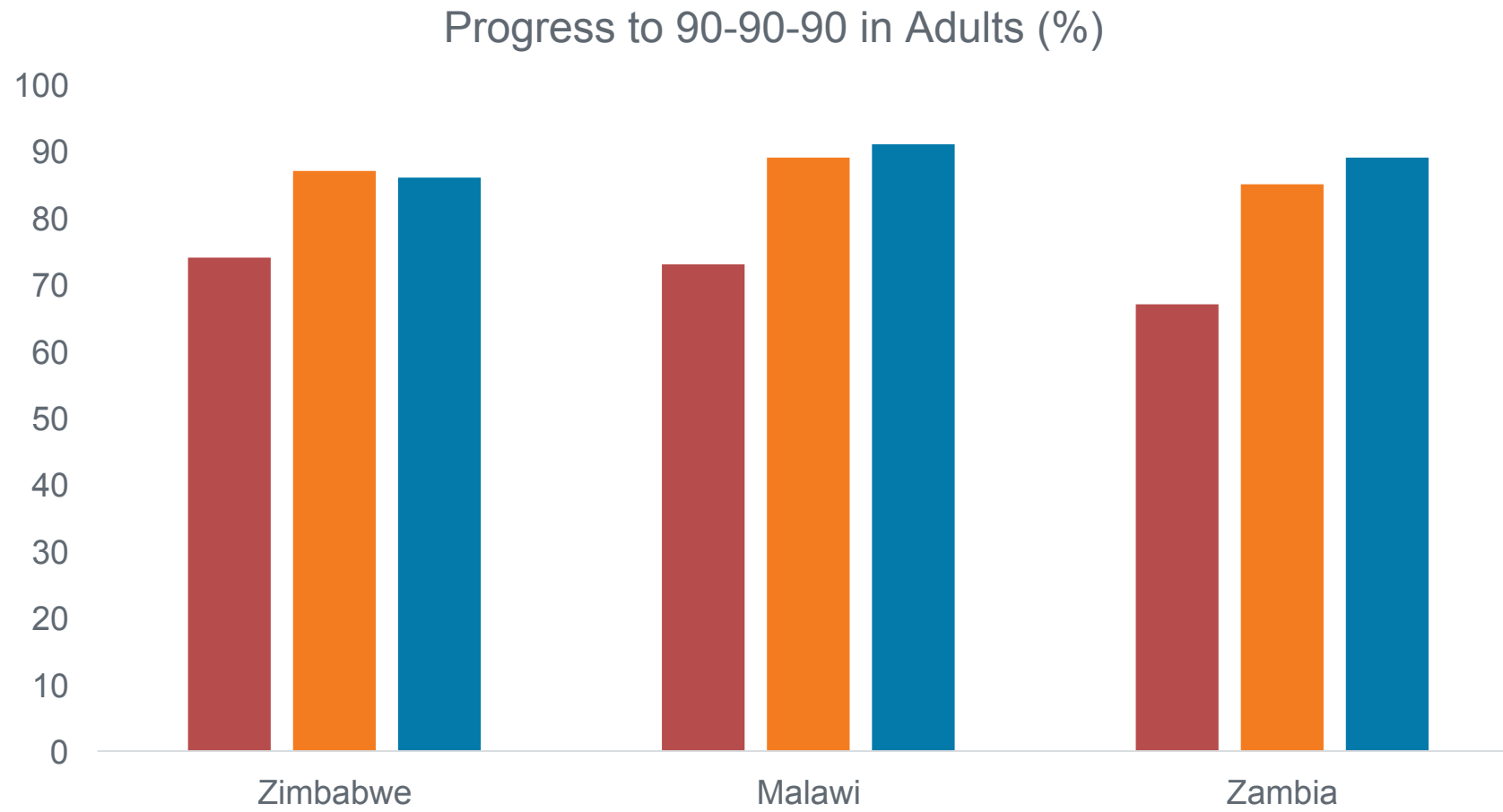
31% in Zimbabwe

34% in Malawi

21% in Zambia

Achieving Epidemic Control

Astounding Results from Zimbabwe, Malawi, and Zambia

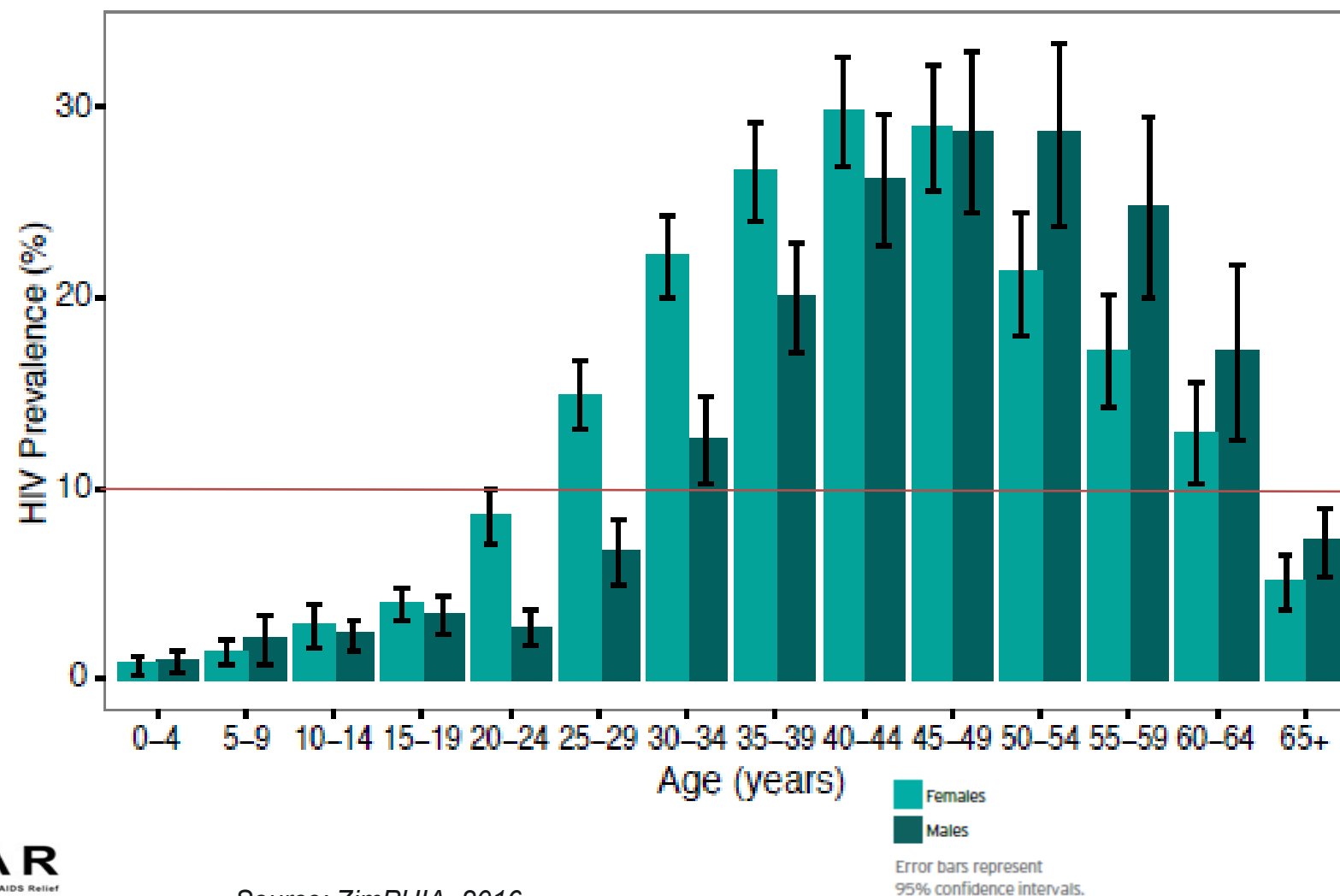


■ Aware of HIV Status ■ Treated ■ Virally Suppressed

Source: Population-Based HIV Impact Assessments (PHIA) IMPACT Studies, 2016

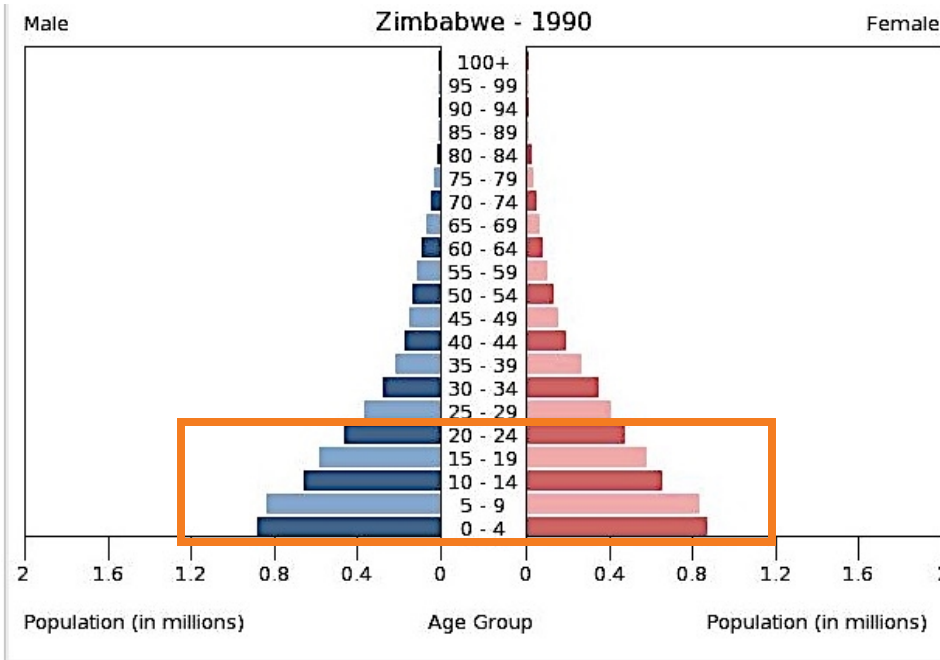
HIV Prevalence by Age & Sex

Zimbabwe



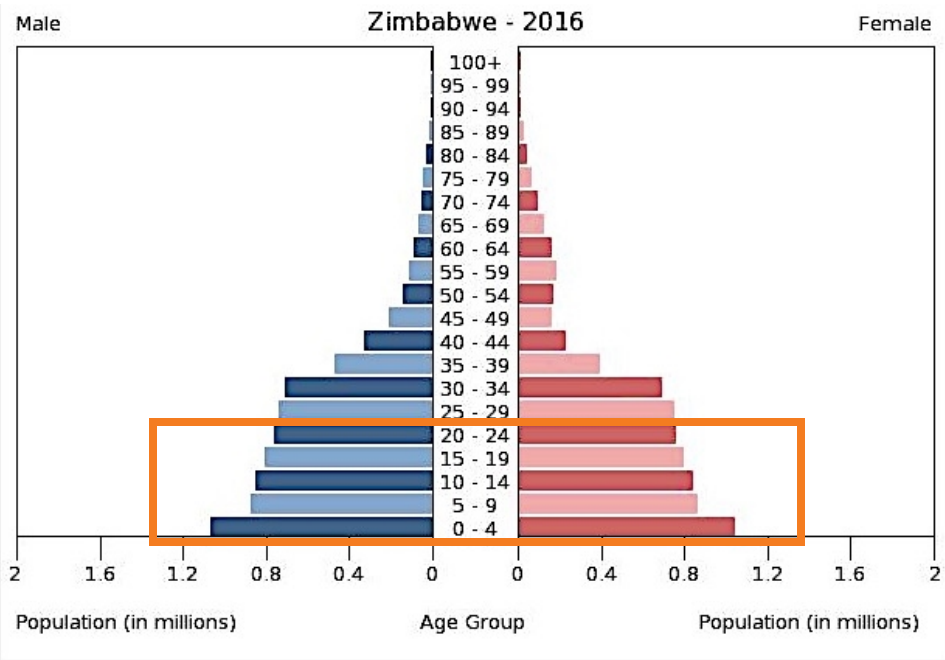
Youth Bulge in Zimbabwe

At the beginning of the Epidemic



Young Men Population: 1 million
Young Men PLHIV: 72,000
Young Women Population: 1 million
Young Women PLHIV: 119,000

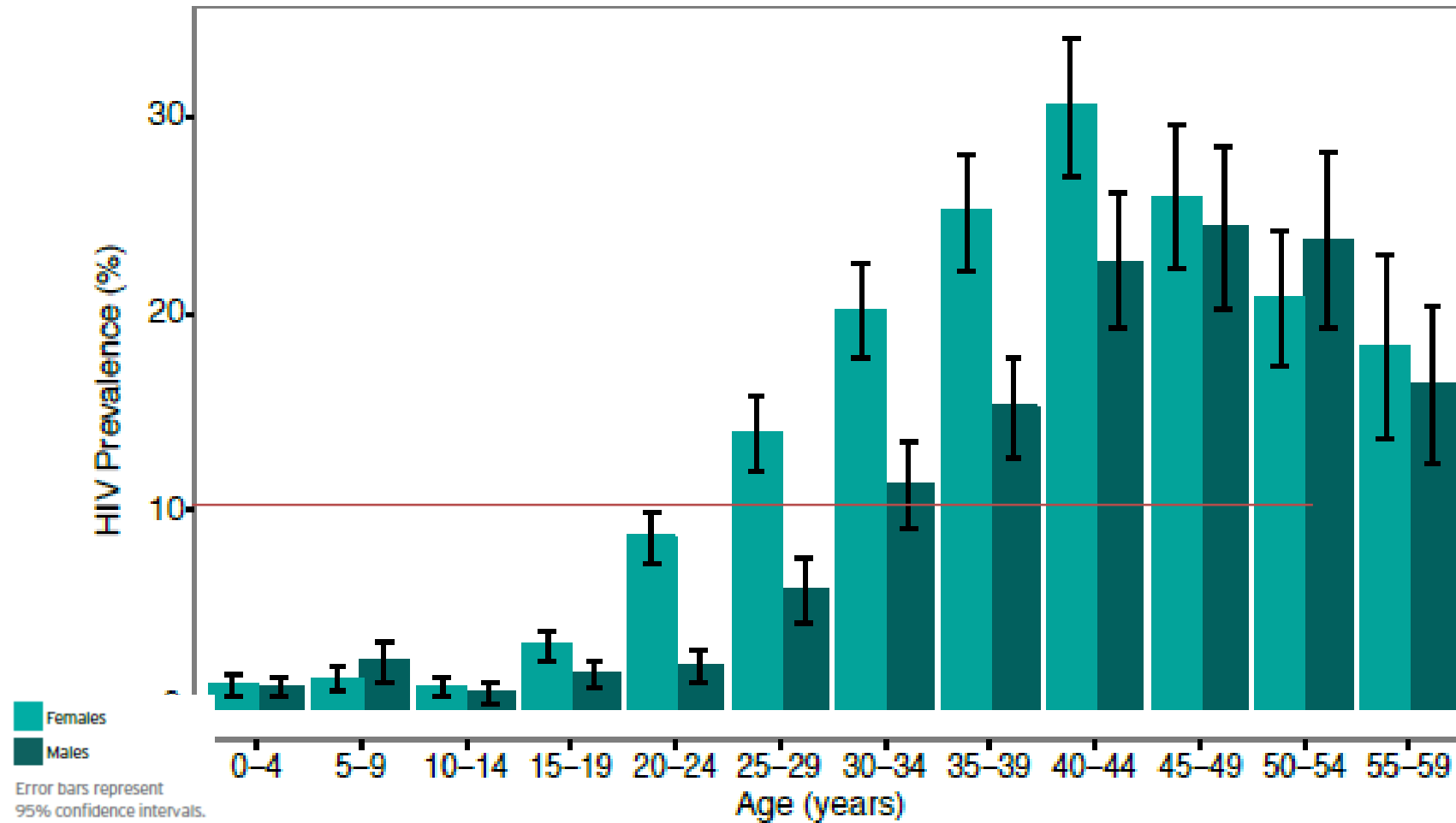
Today



Young Men Population: 1.6 million
Young Men PLHIV: 59,000
Young Women Population: 1.5 million
Young Women PLHIV: 91,000

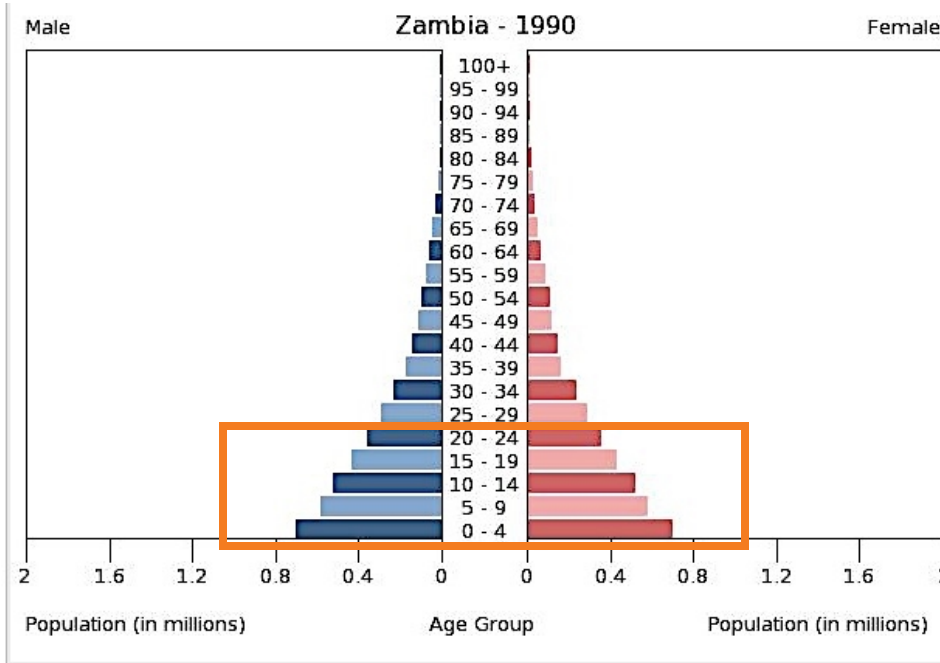
HIV Prevalence by Age & Sex

Zambia



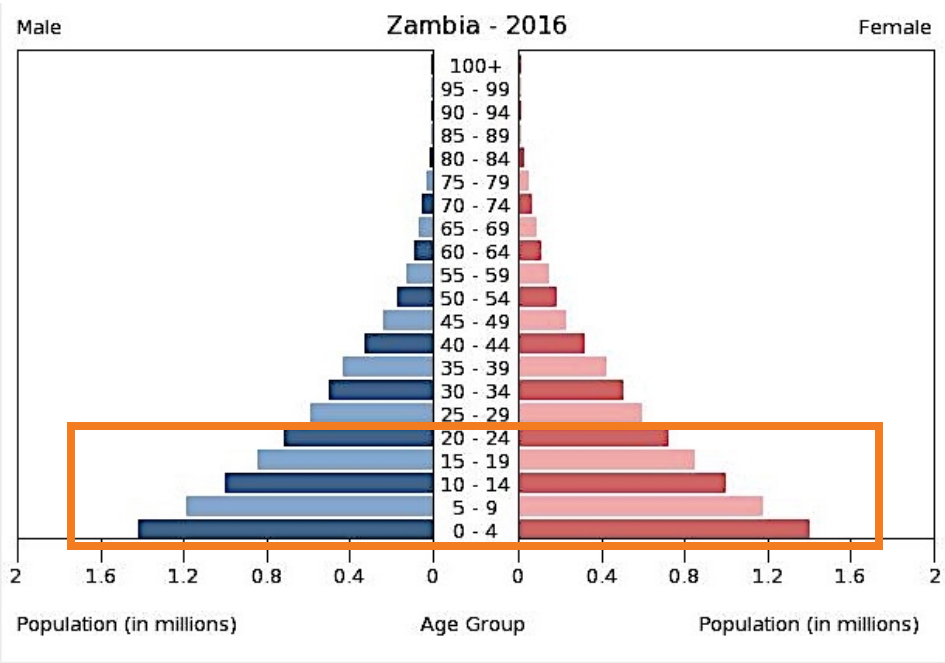
Youth Bulge in Zambia

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

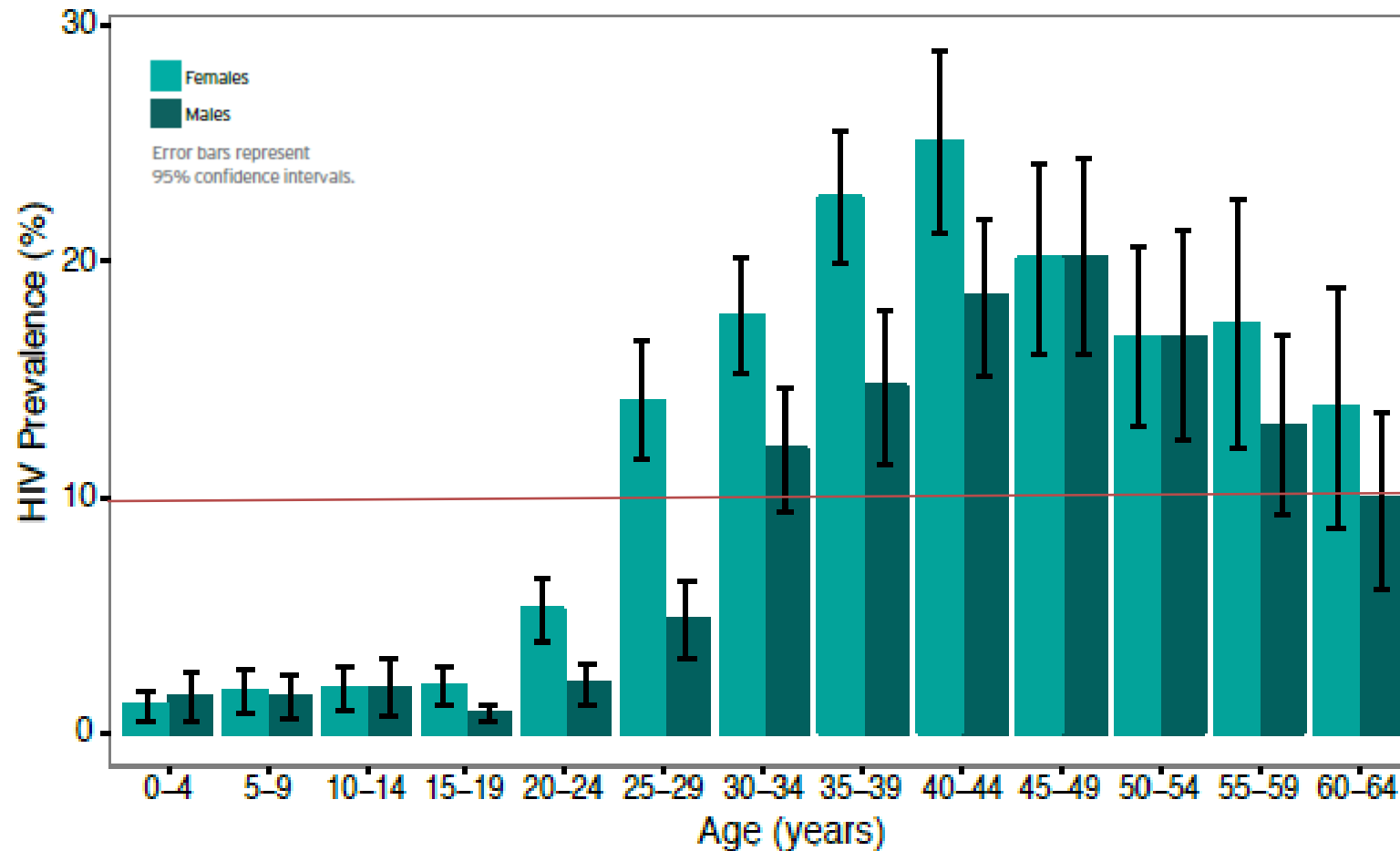
Today



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

HIV Prevalence by age and sex

Malawi : Significant new infections in young women between age 19 and 29, men between 24 and 34

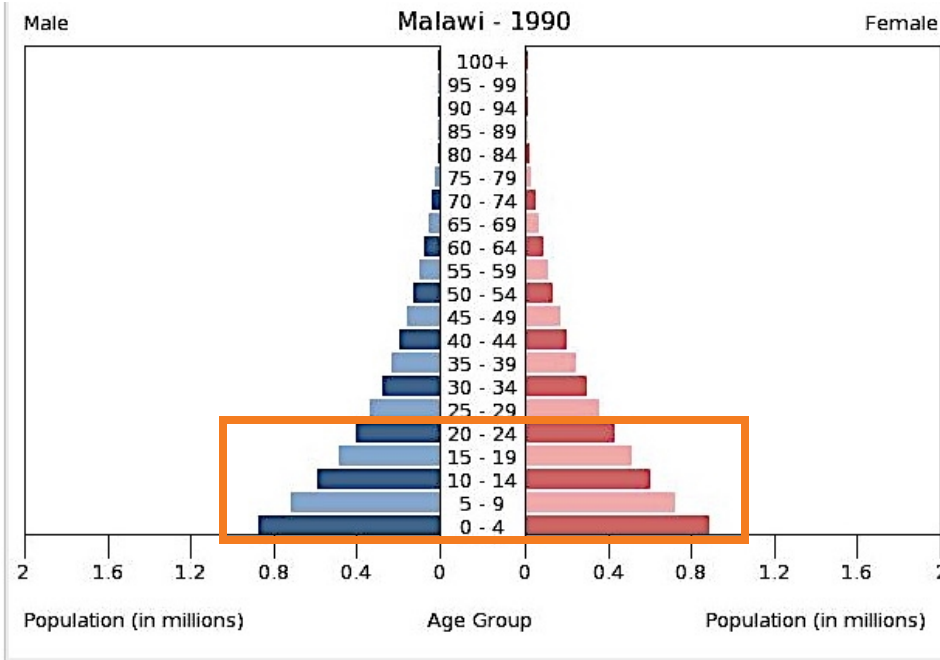


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Malawi PHIA, 2016

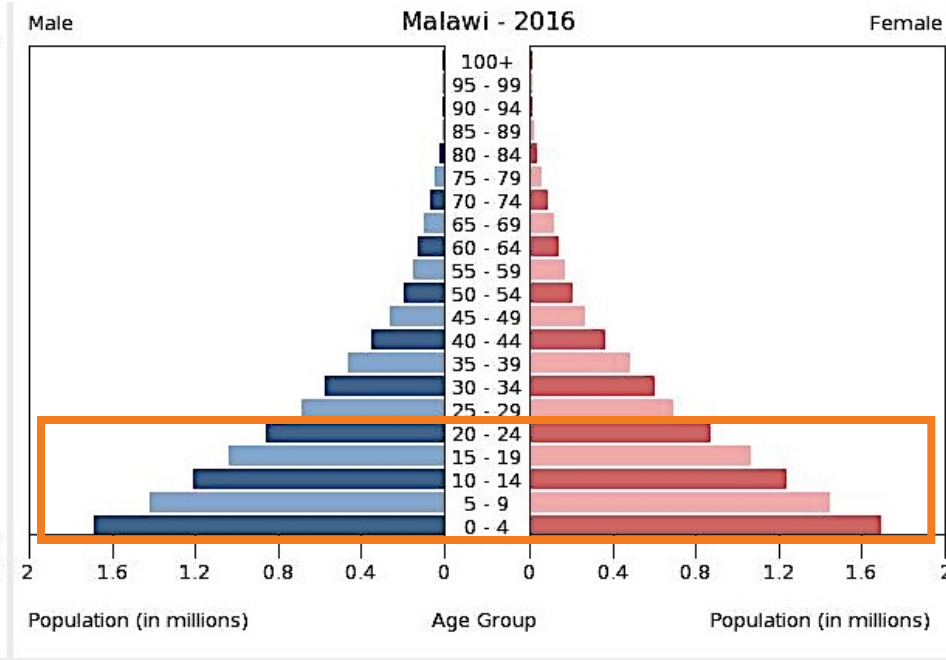
Youth Bulge in Malawi

At the beginning of the Epidemic



Young Men Population: 880,000
Young Men PLHIV: 23,000
Young Women Population: 922,000
Young Women PLHIV: 62,000

Today



Young Men Population: 1.9 million
Young Men PLHIV: 34,000
Young Women Population: 1.9 million
Young Women PLHIV: 61,000



Young women are at elevated risk for HIV infection

Compared to young men,
the rate of new HIV infections
in young women is

5 times greater* in Zimbabwe
8 times greater* in Malawi
14 times greater* in Zambia

Acknowledgments for Impact Surveys

OGAC	CDC – Atlanta	ICAP – New York
Ministry of Health and Child Care, Zimbabwe	CDC – Zimbabwe	ICAP in Zimbabwe
Ministry of Health, Malawi	CDC – Malawi	ICAP in Malawi
Ministry of Health, Zambia	CDC – Zambia	ICAP in Zambia

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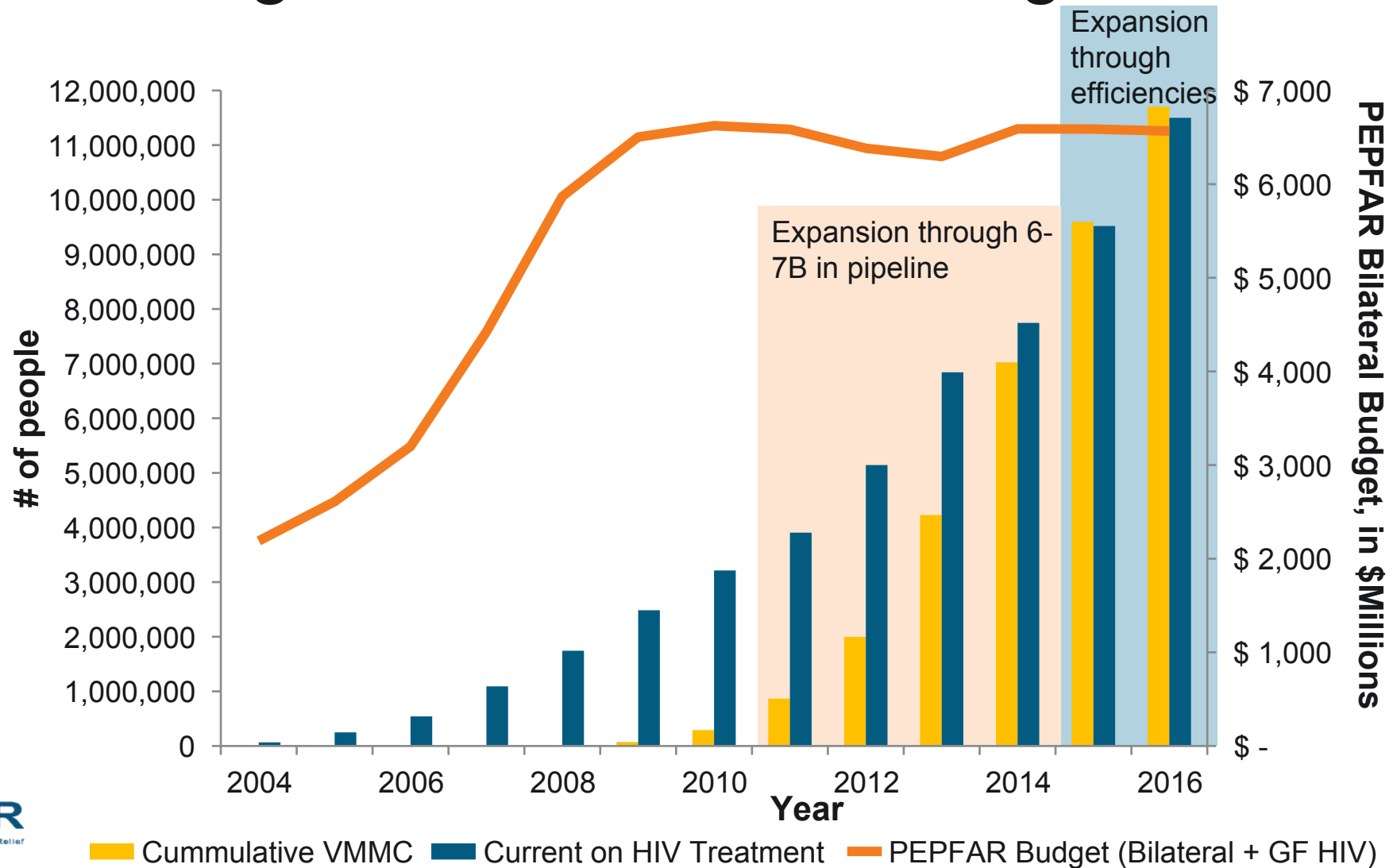


3

Transparency and accountability

Using data to achieve more with flat budgets

PEPFAR: Remarkable Expansion of lifesaving services with flat budgets



PEPFAR Results for 2016

74.3 Million

People were tested
& counseled for HIV

PEPFAR Results for 2016

11.5 Million

Men, Women, & Children on
Treatment

1.1 Million

Children on Treatment – a 97% increase in 2 years

PEPFAR Results for 2016

11.7 Million

VMMC

(voluntary medical male circumcisions)

PEPFAR Results for 2016

Nearly **250,000**

Babies born HIV Free in 2016

Cumulative total of **nearly 2 million** since the start of PEPFAR

PEPFAR Results for 2016

6.2 Million Orphan
and Vulnerable Children
received care and support

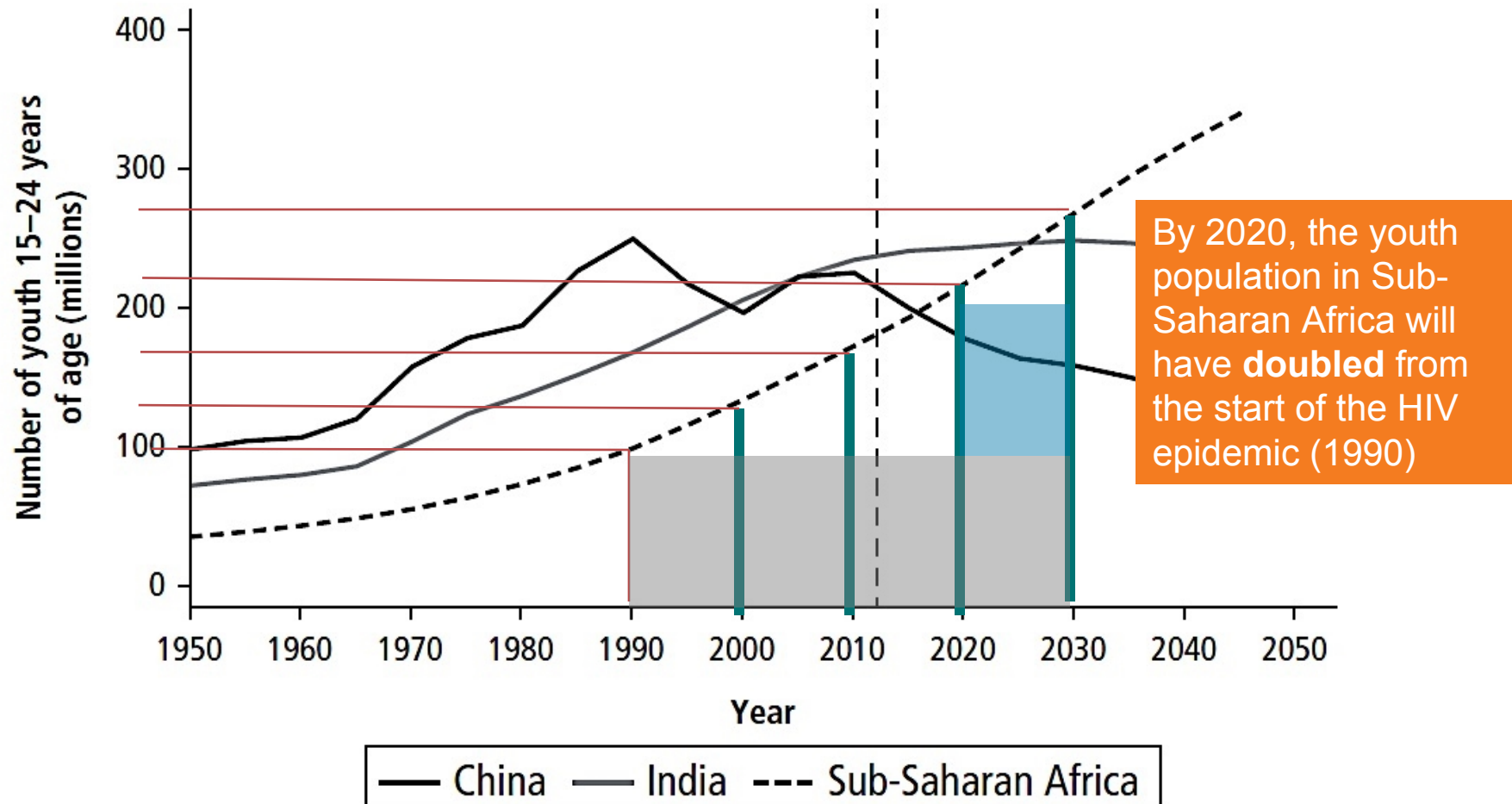
4

Youth Bulge

Overview of demographic shifts and the need to adjust our response accordingly

Youth Bulge in Sub-Saharan Africa: Larger than in China and India, with **double** the number of 15-24 youth compared the start of the epidemic

Figure 4.9 Projected Growth of Youth Population 15–24 Years of Age in Sub-Saharan Africa, China, and India, 1950–2050



5

The Solutions:

Risk Avoidance, risk reduction and sexual violence prevention through DREAMS, VMMC and Finding 25-39 yo Men

Young women and girls
account for

75%

of new HIV infections
among adolescents in sub-Saharan
Africa



1 in 3 girls
in the developing world are
married
before age 18

Young adult men (23-35)

INFECT

**adolescent girls & young
women (16-23)**

**who then grow up to
infect**

their male peers (24-29)

**AND THE CYCLE
CONTINUES...**

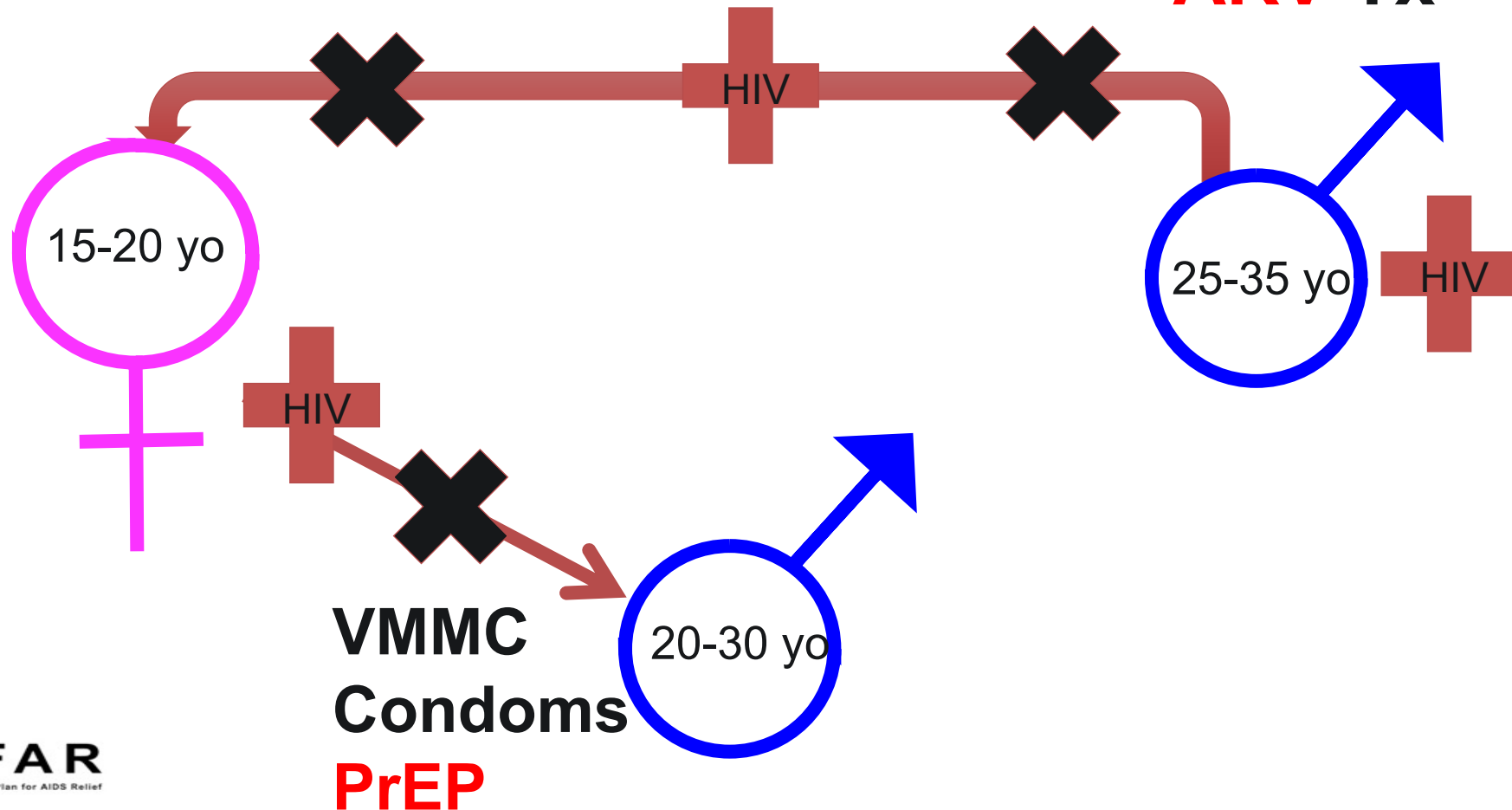


Matching core interventions with population

DREAMS

Risk avoidance and reduction

Sexual violence prevention, **PrEP**



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-like countries

5 new countries will receive funding through their Country Operational Plans for **DREAMS**-like activities for FY18 with a focus on risk Avoidance in 9-14 year old girls.

Botswana

Cote D'Ivoire

Haiti

Namibia

Rwanda



DREAMS Programming

STRENGTHEN THE FAMILY

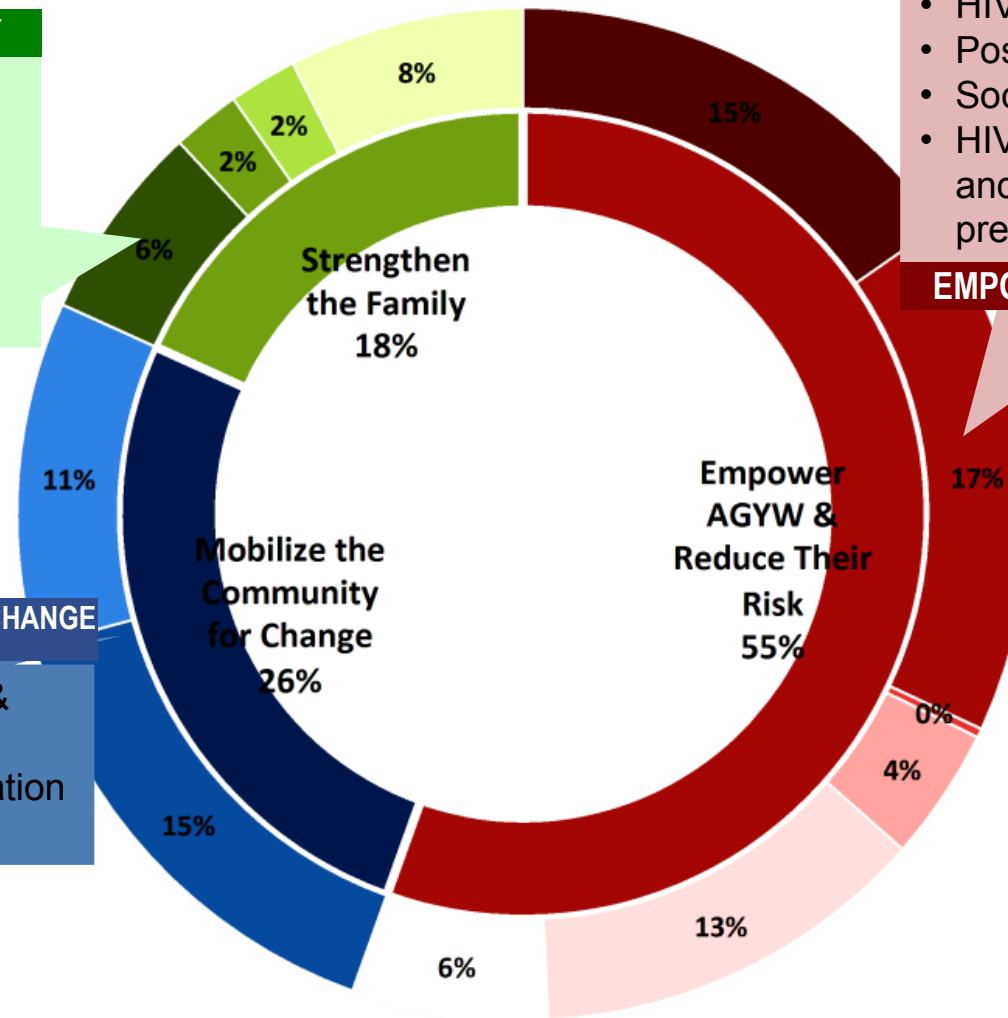
- Parenting/Caregiver Programs
- Cash Transfers
- Education Subsidy
- Socioeconomic Approaches

MOBILIZE COMMUNITY FOR CHANGE

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

- Condom Promotion & Provision
- HIV Testing & Counseling
- Post-Violence Care
- Social Asset Building
- HIV risk avoidance, reduction and sexual violence prevention

EMPOWER AGYW & REDUCE RISK



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Swaziland Priority Populations for Prevention

OVC

primarily 10-17, and a focus on 9-14 y/o for risk avoidance and sexual violence preventions

Population:
353,178
71% are OVC†

Adolescent Girls

15 – 19

Risk avoidance and reduction

*Prevalence: 10.1**

Young Women

20 – 29

Risk reduction

*Prevalence: 32-47%***

Young Men

VMMC, Condoms, PrEP

20 – 39

Prevalence: 7-47%

20-24: 7%

25-29: 21%

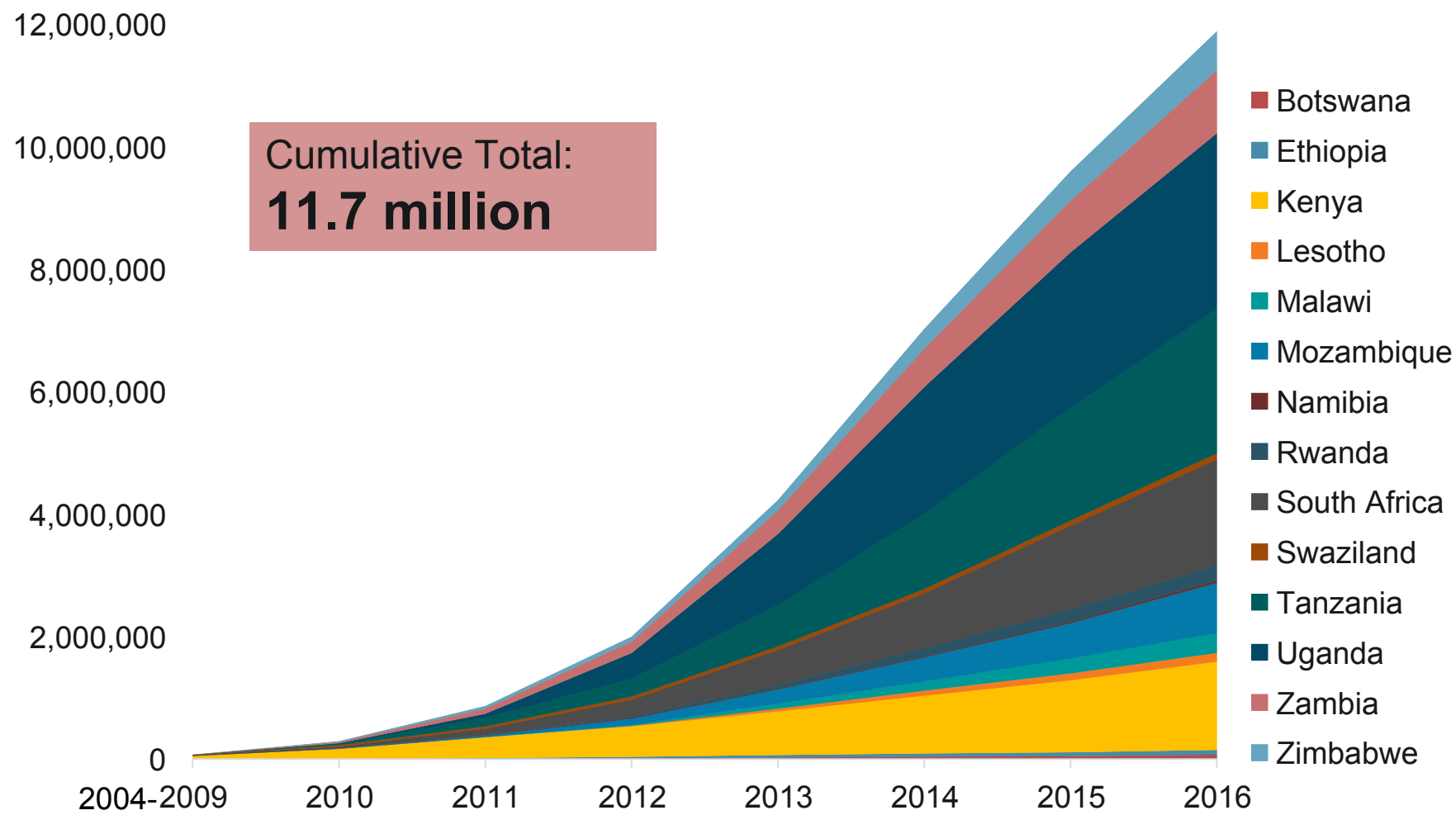
30-34: 37%

35-39:

47%**

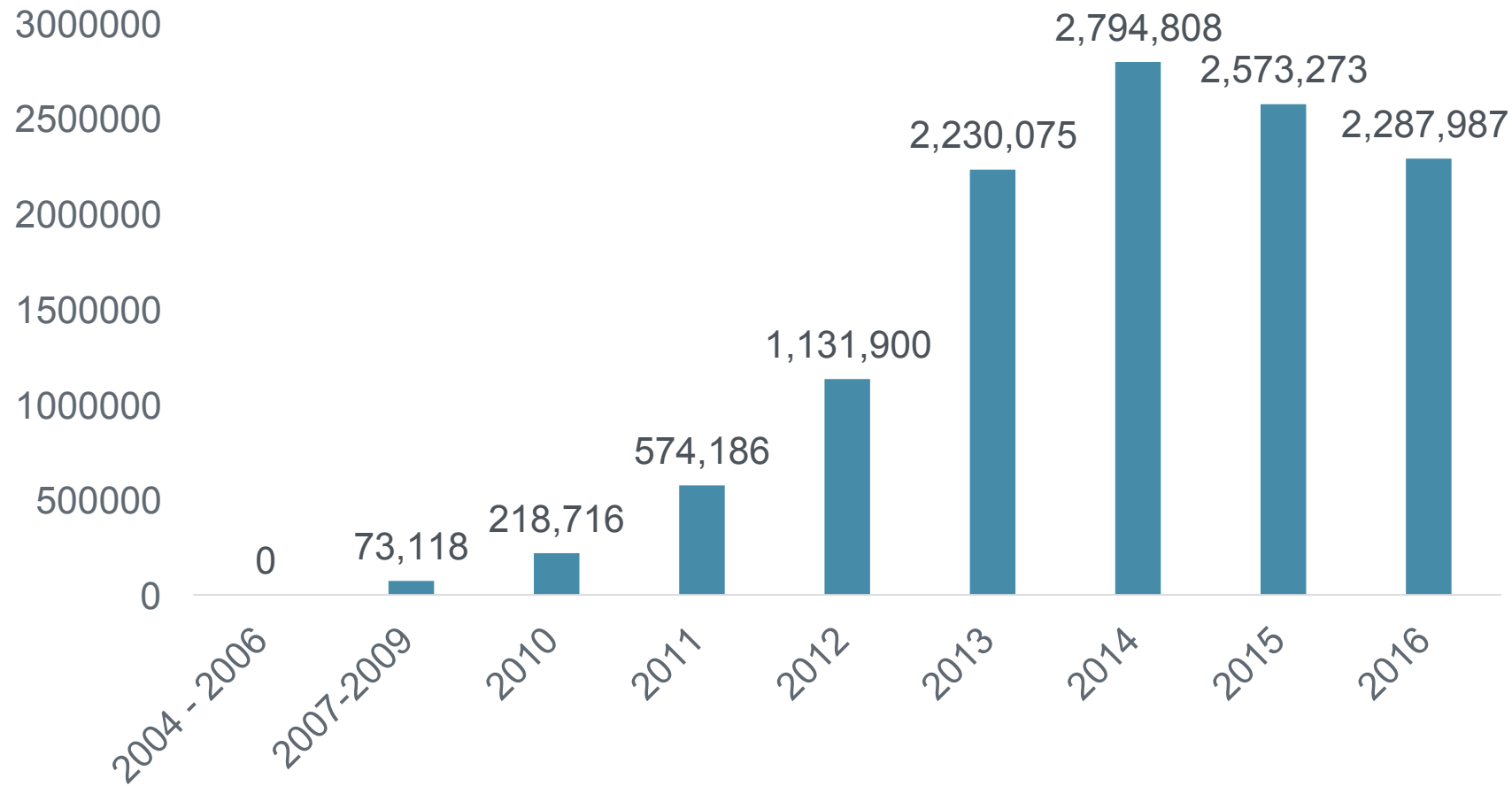
Increased focus on identifying the most vulnerable age/sex segments (e.g. out-of-school rural adolescent girls, remote poor, mobile males with money)

Cumulative Number of PEPFAR-Supported Voluntary Medical Male Circumcisions, through 2016



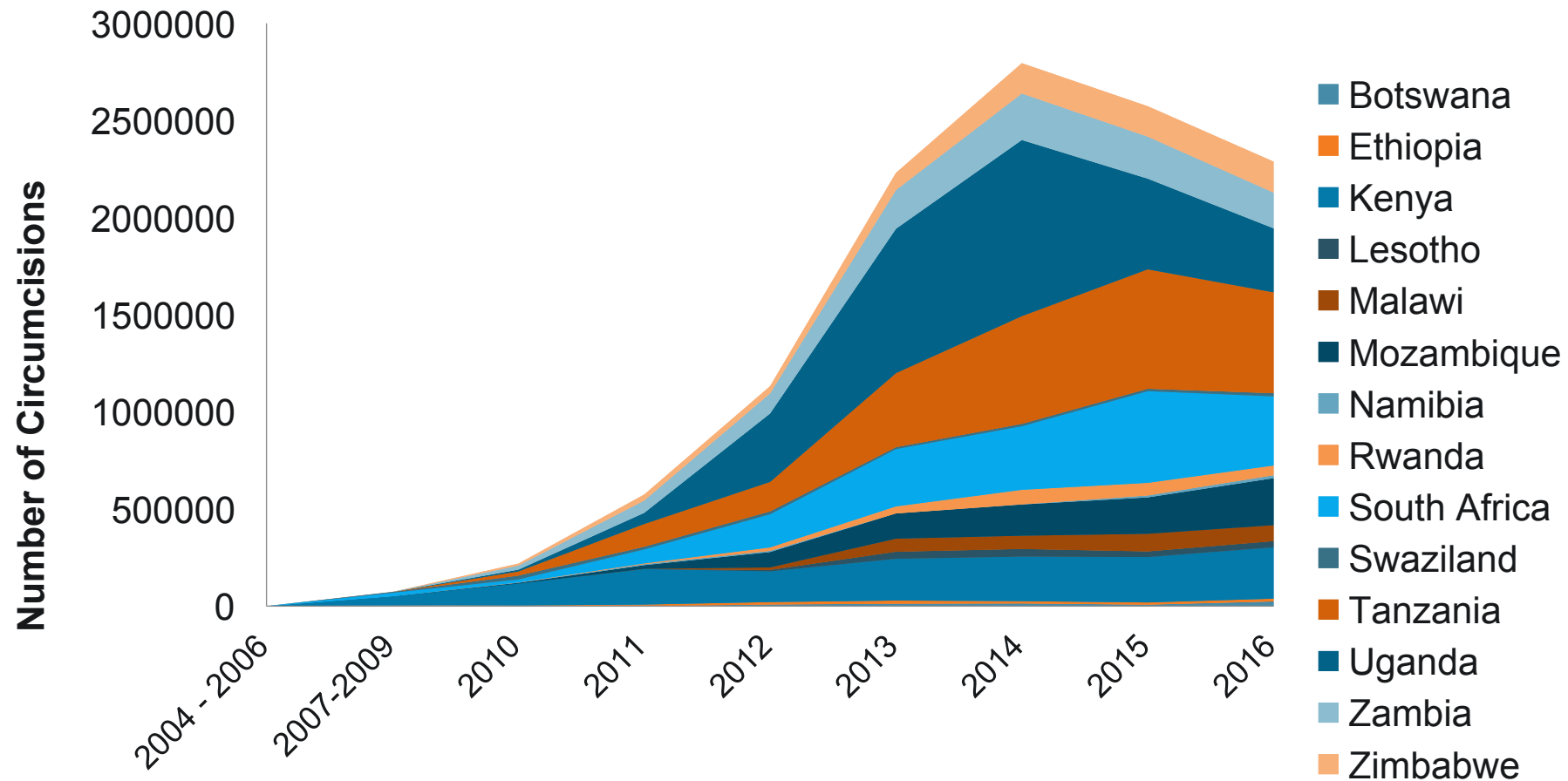
Annual VMMC Results (2009 – 2016)

Annual Number of PEPFAR-Supported Voluntary Medical Male Circumcisions, through 2016



Annual VMMC Results (2009 – 2016)

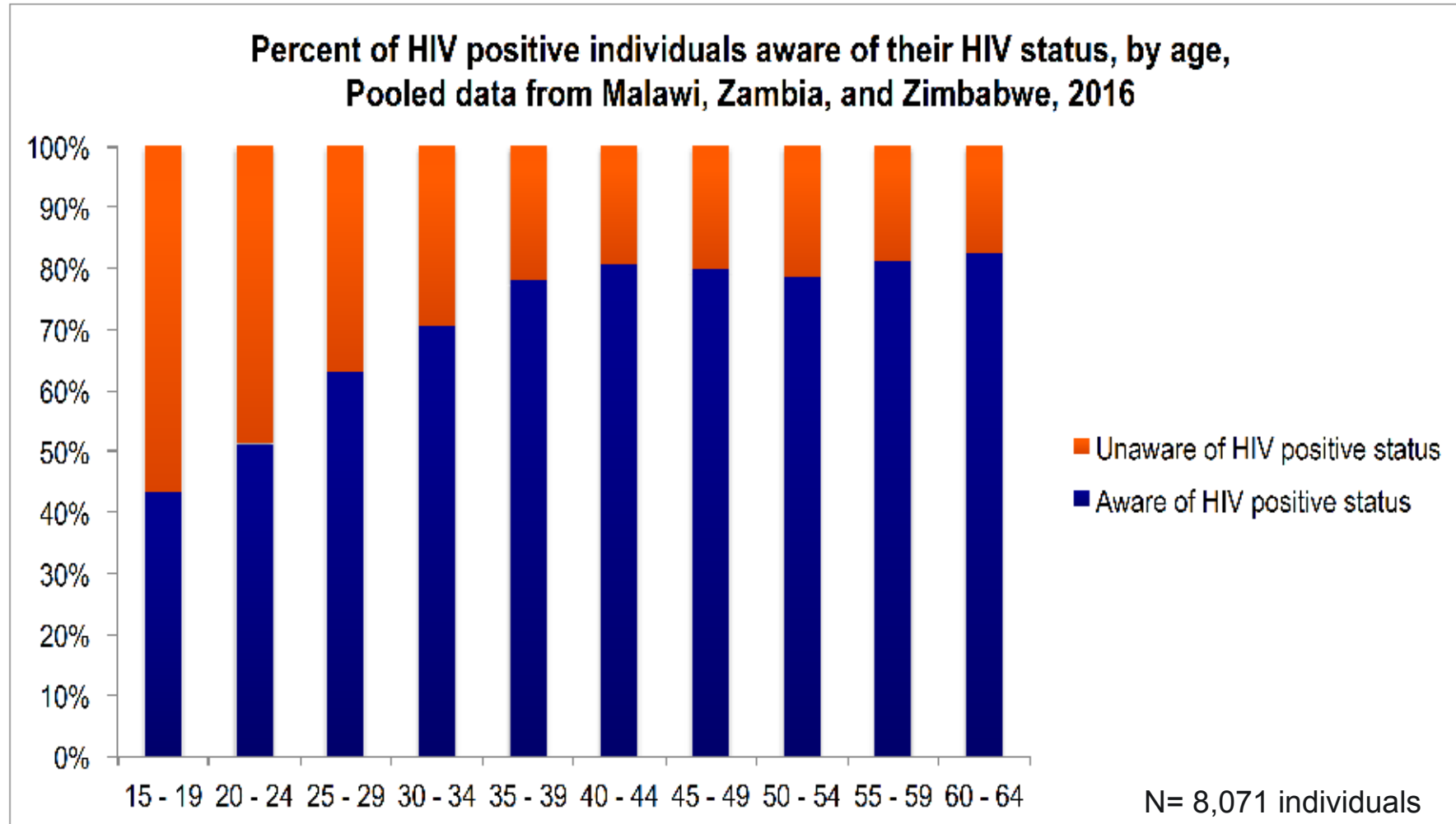
PEPFAR-Supported Voluntary Medical Male Circumcisions, Annual Results FY2004-2016



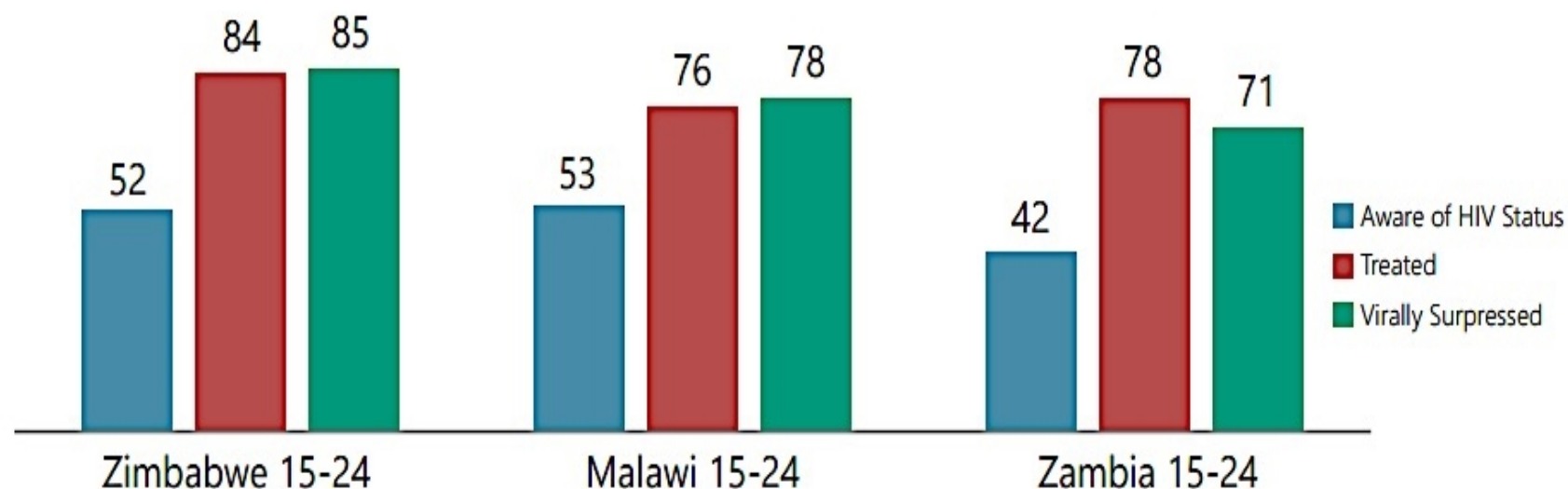


Who are we missing? Its not the
last 10%.
More often, it's 50%.

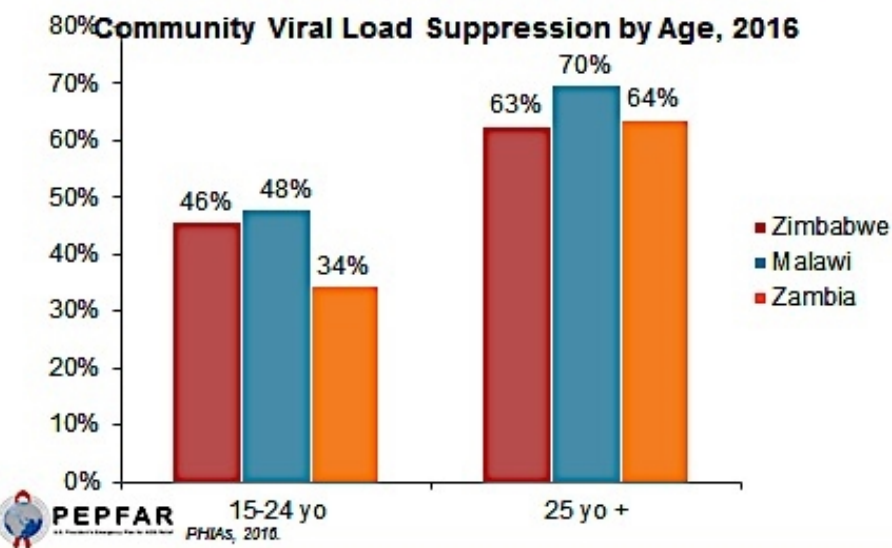
Awareness of HIV positive status by age – those under 30 unaware they are HIV positive



Progress to 90/90/90 in adolescents and young adults (15-24 years old) (%)



Viral Load Suppression in the community by age groups



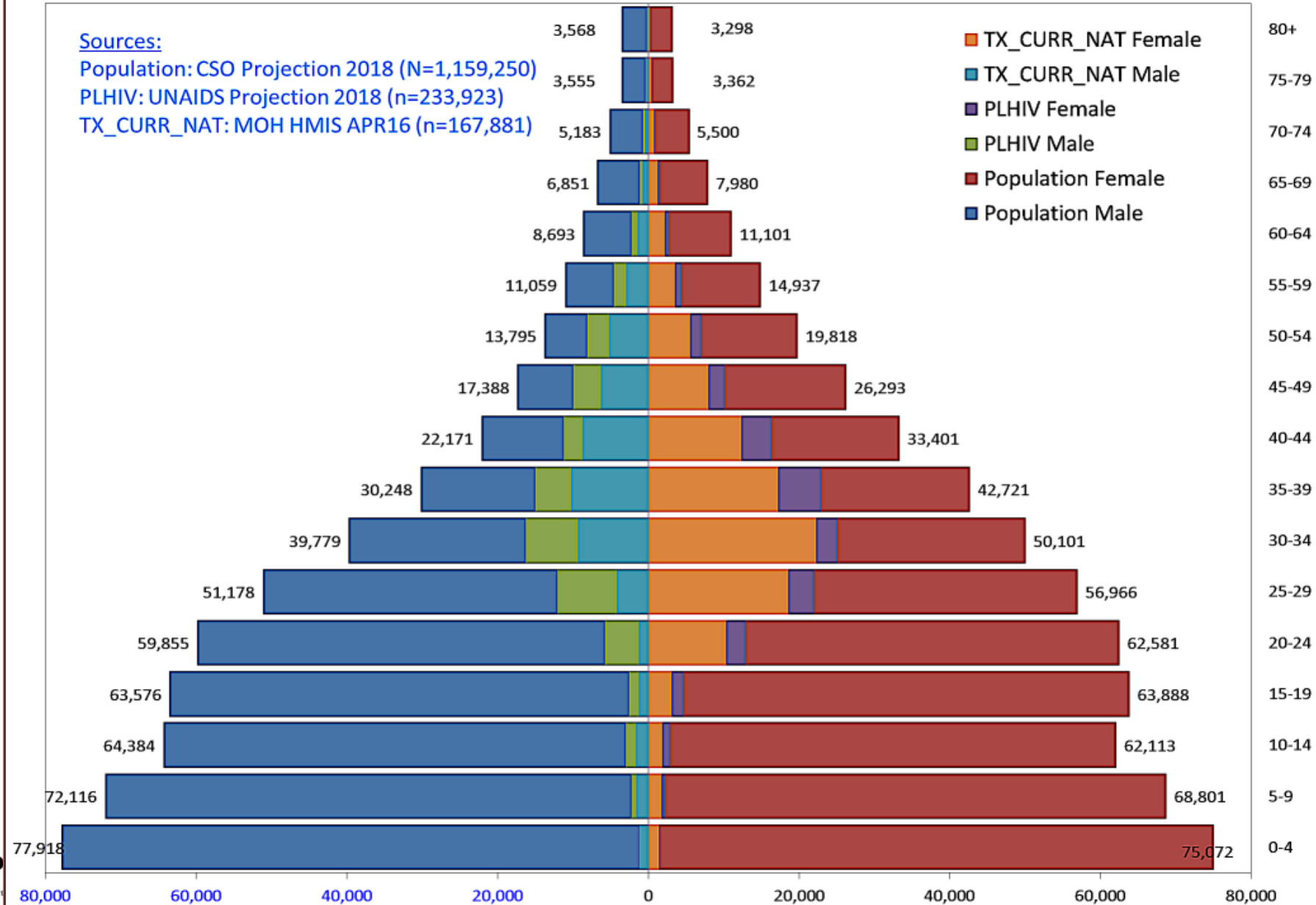
Population, PLHIV, & TX_CURR Pyramid, Swaziland

Sources:

Population: CSO Projection 2018 (N=1,159,250)

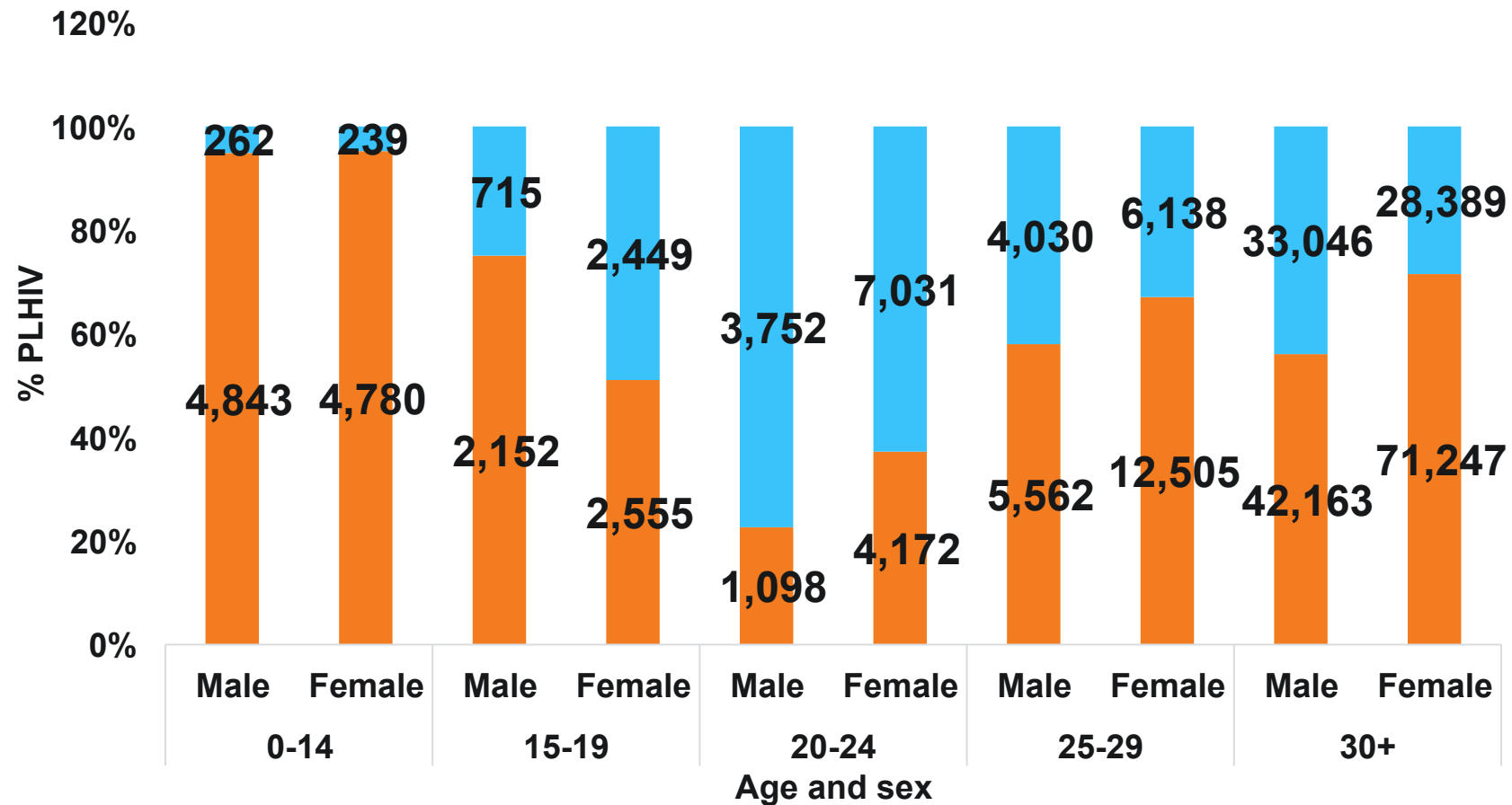
PLHIV: UNAIDS Projection 2018 (n=233,923)

TX_CURR_NAT: MOH HMIS APR16 (n=167,881)



Namibia: National ART Gap by Age and Sex

Young men and women aren't on treatment

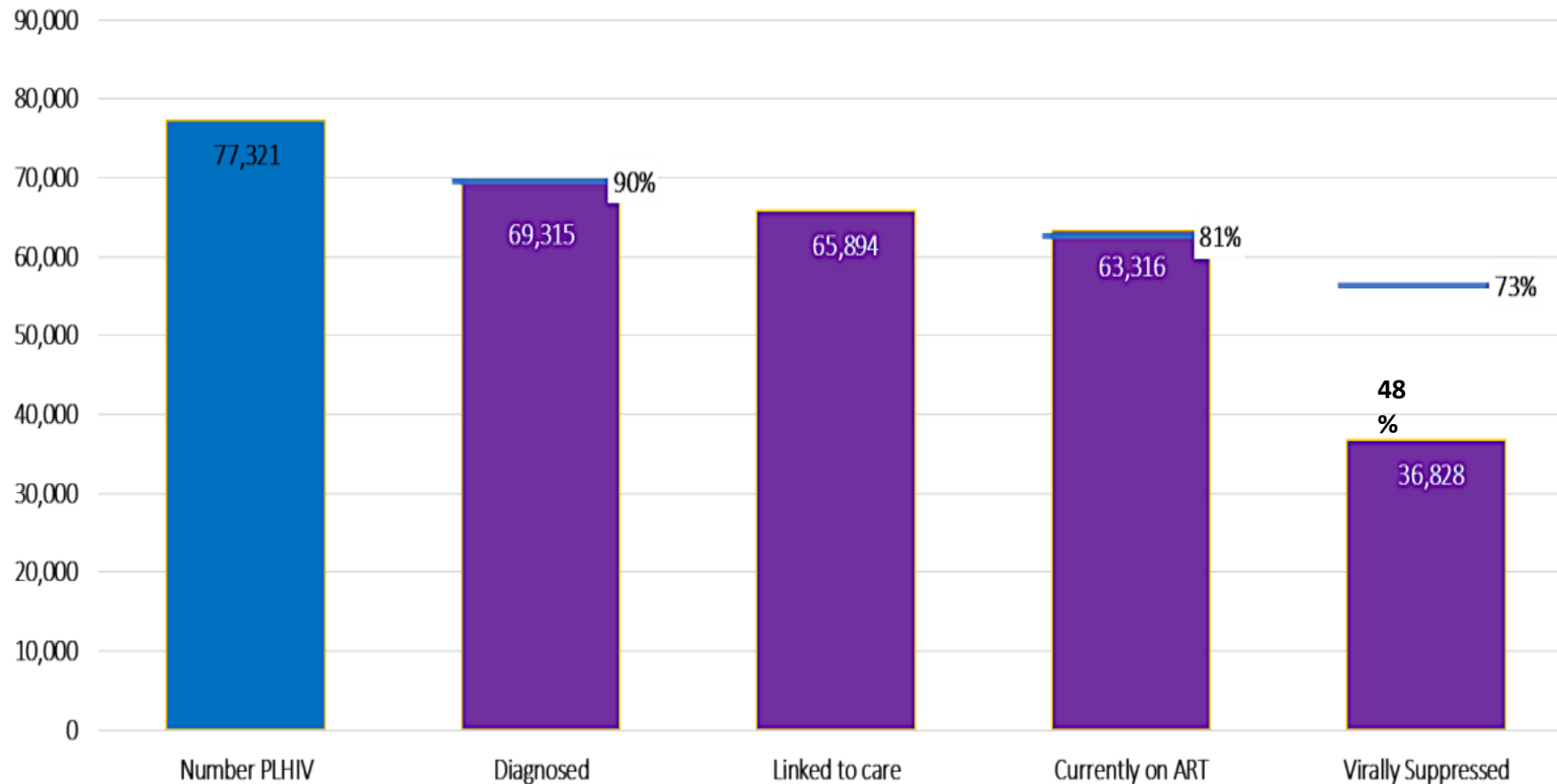


Cote d'Ivoire: Treatment Targets through 2020

Years	Target ART (All)	Target ART Coverage (All)	Male Target	Coverage Male	Female Target	Coverage Female
2016	211,600	46%	70,533	36%	141,067	53%
2017	262,200	57%	87,400	45%	174,800	66%
2018	312,800	68%	125,120	64%	187,680	71%
2019	363,400	79%	145,360	74%	218,040	82%
2020	414,000	90%	165,600	85%	248,400	94%

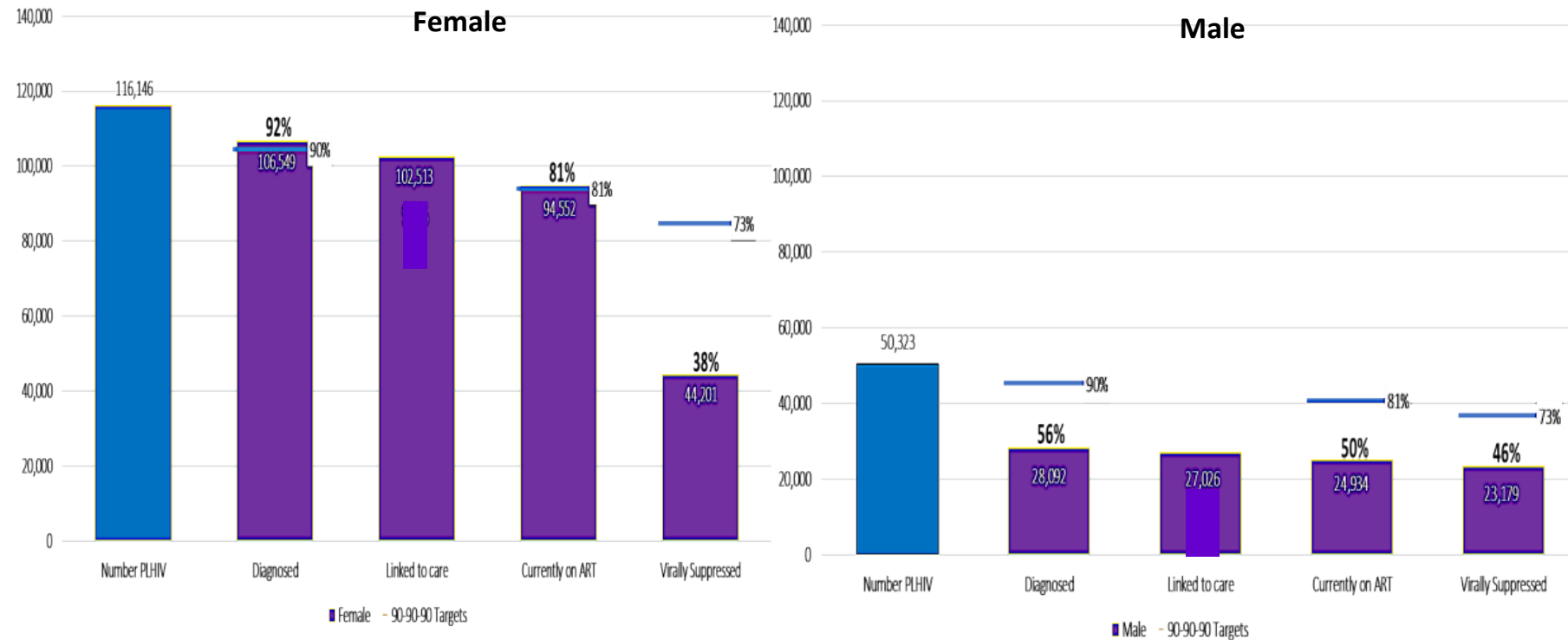
Uganda Clinical Cascade: <15

(FY17Q1)



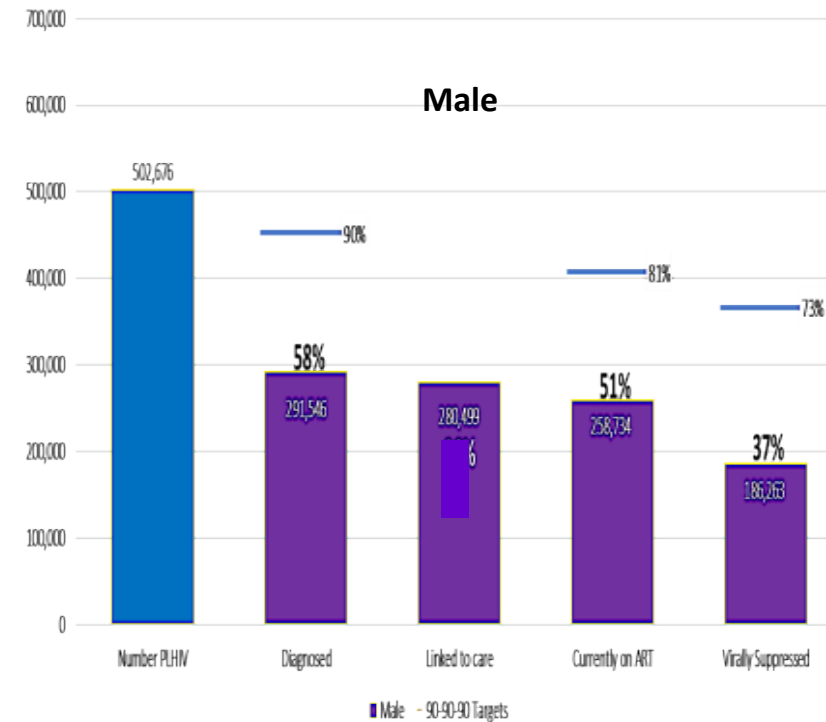
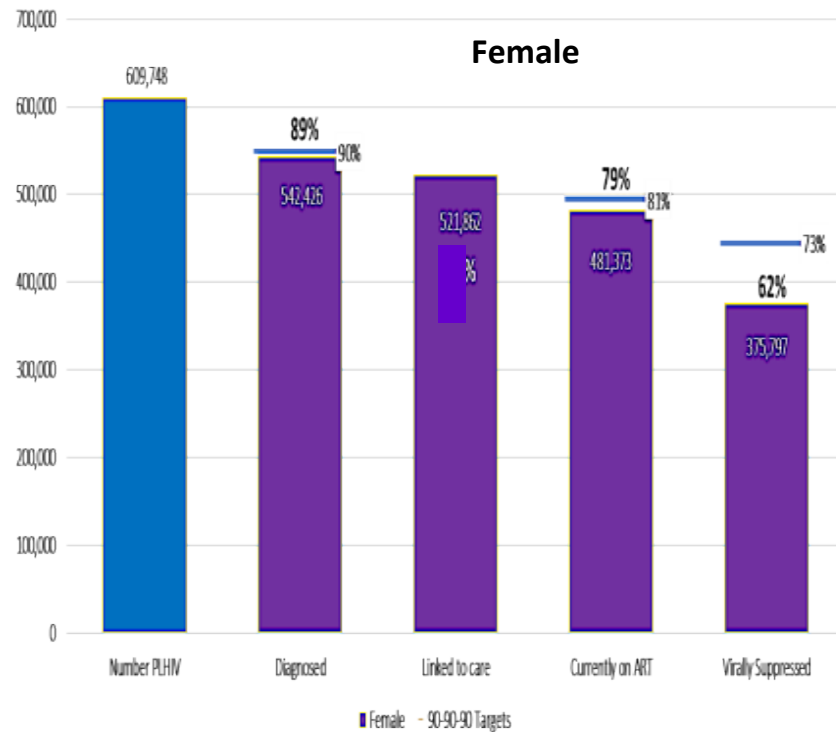
Know who you are missing

Uganda Cascade: 15-24 (FY17Q1)



Know who you are missing

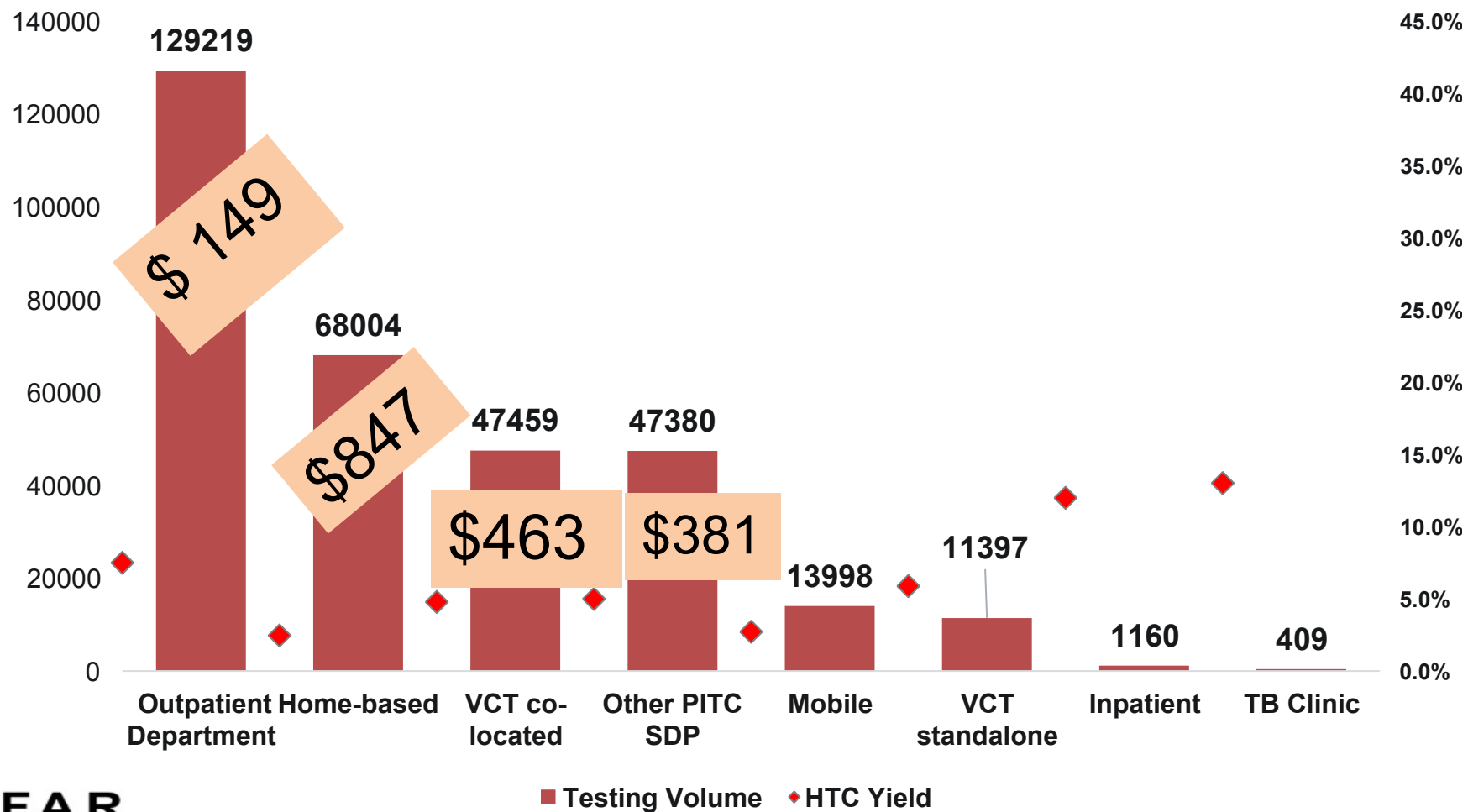
Uganda Clinical Cascade: 25+ (FY17Q1)



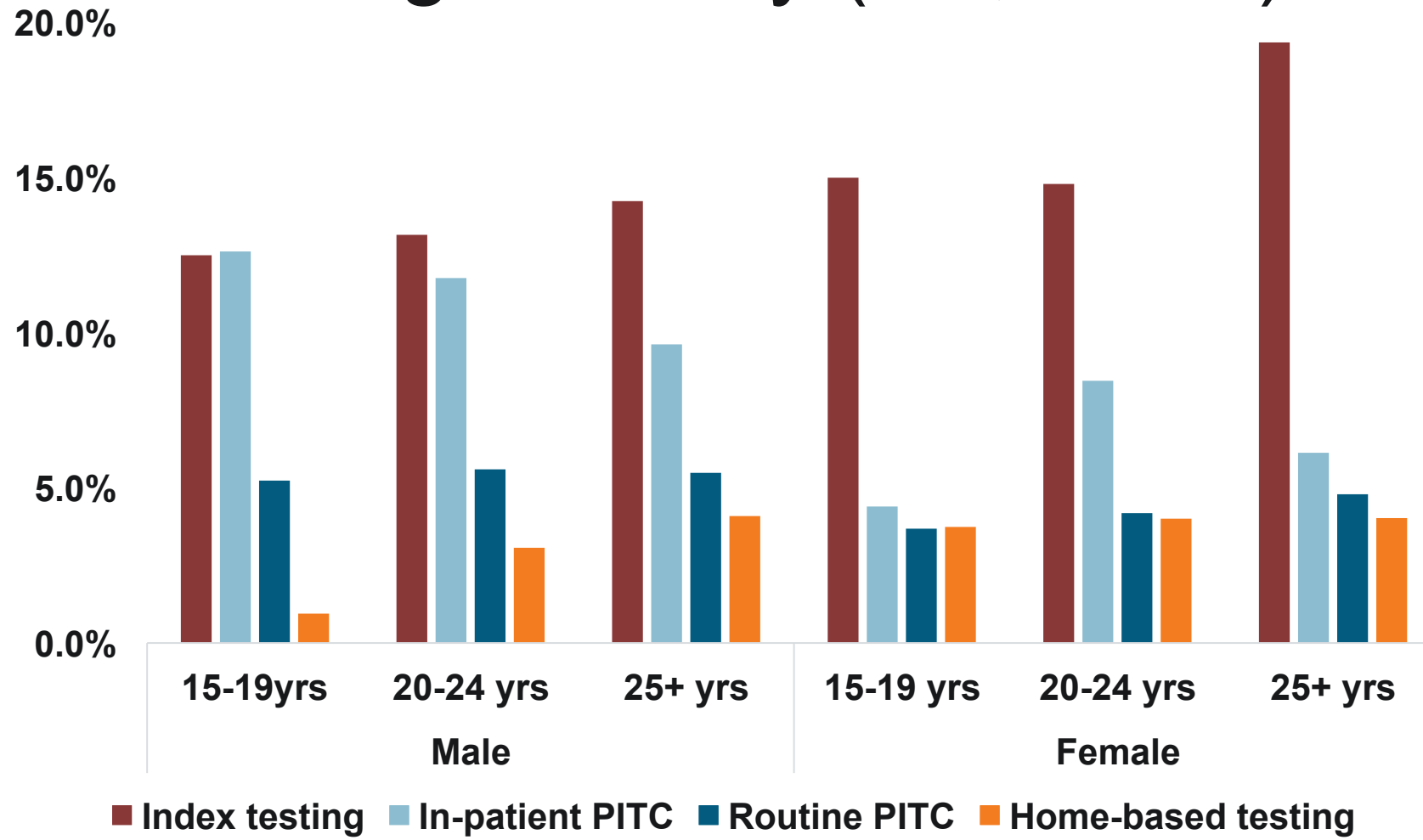


Evolving testing approaches to meet population-specific needs

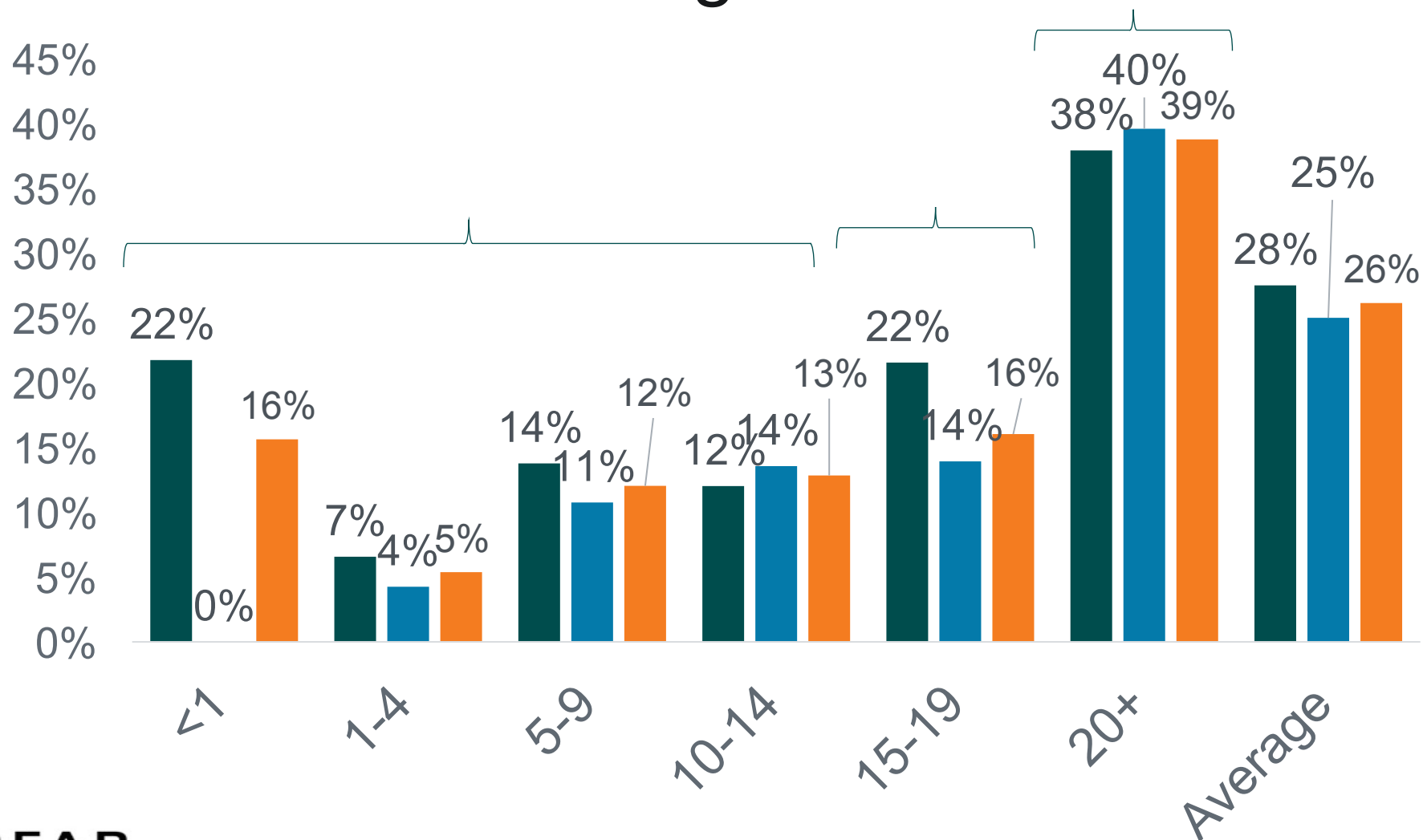
FY16 results: HIV Testing Models, Yield and Cost Per Positive Case Identified



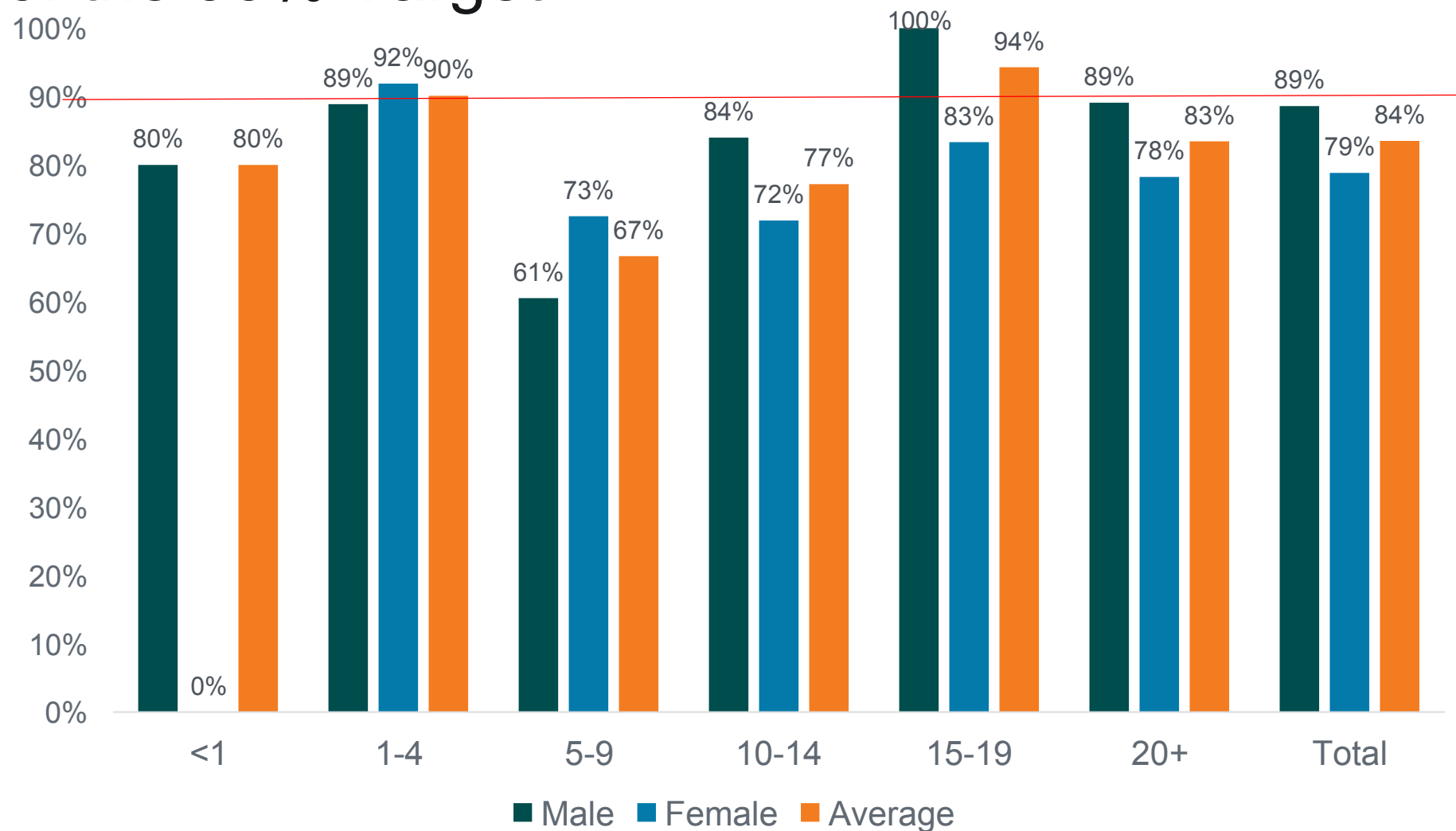
HIV Test Yield by Age, Sex and Testing Modality (Q1, FY17)



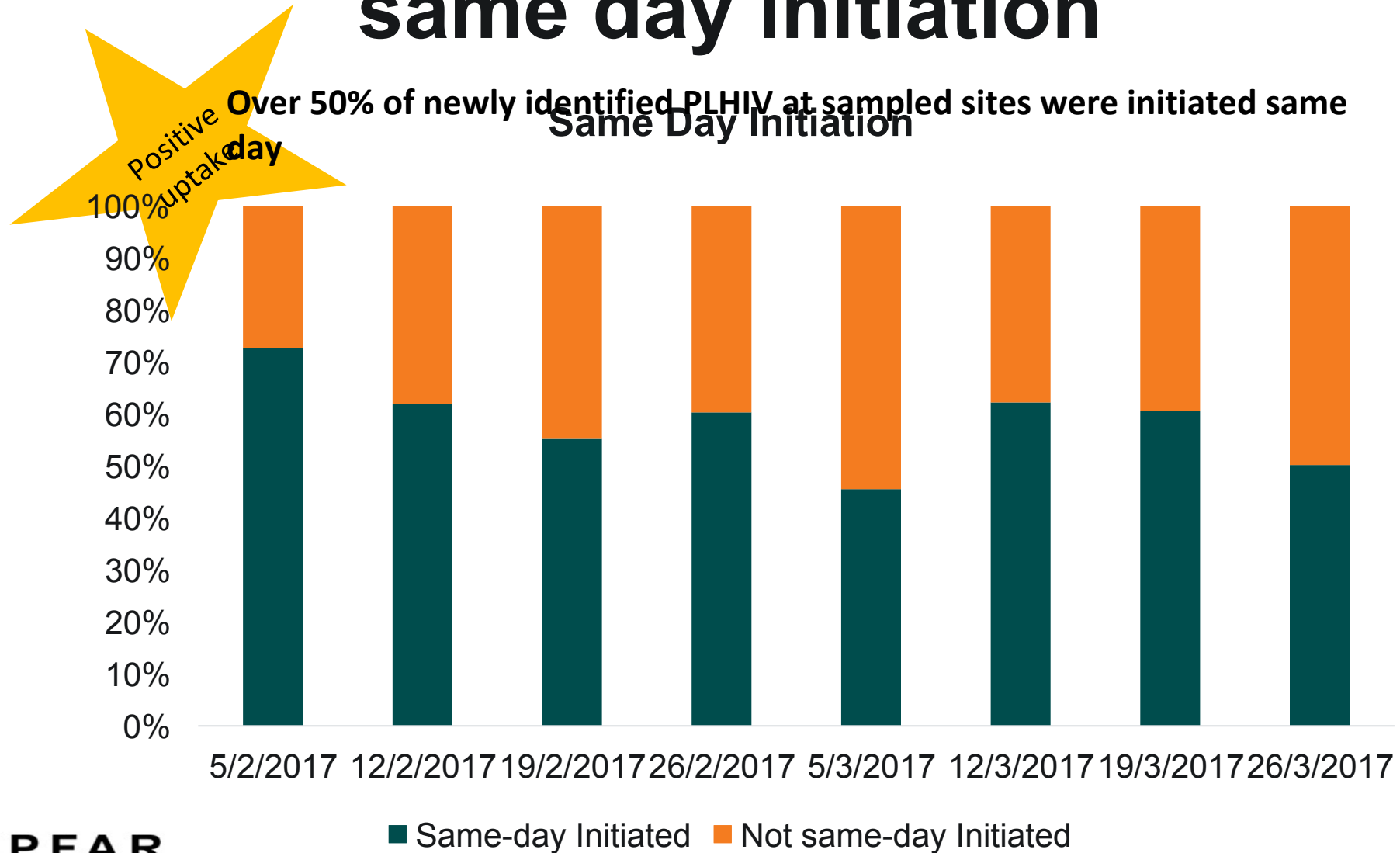
High Diagnostic Yield among both Adults and Children with Index Testing



Linkage to ART Among New Positives Good (84%) but Short of the 90% Target



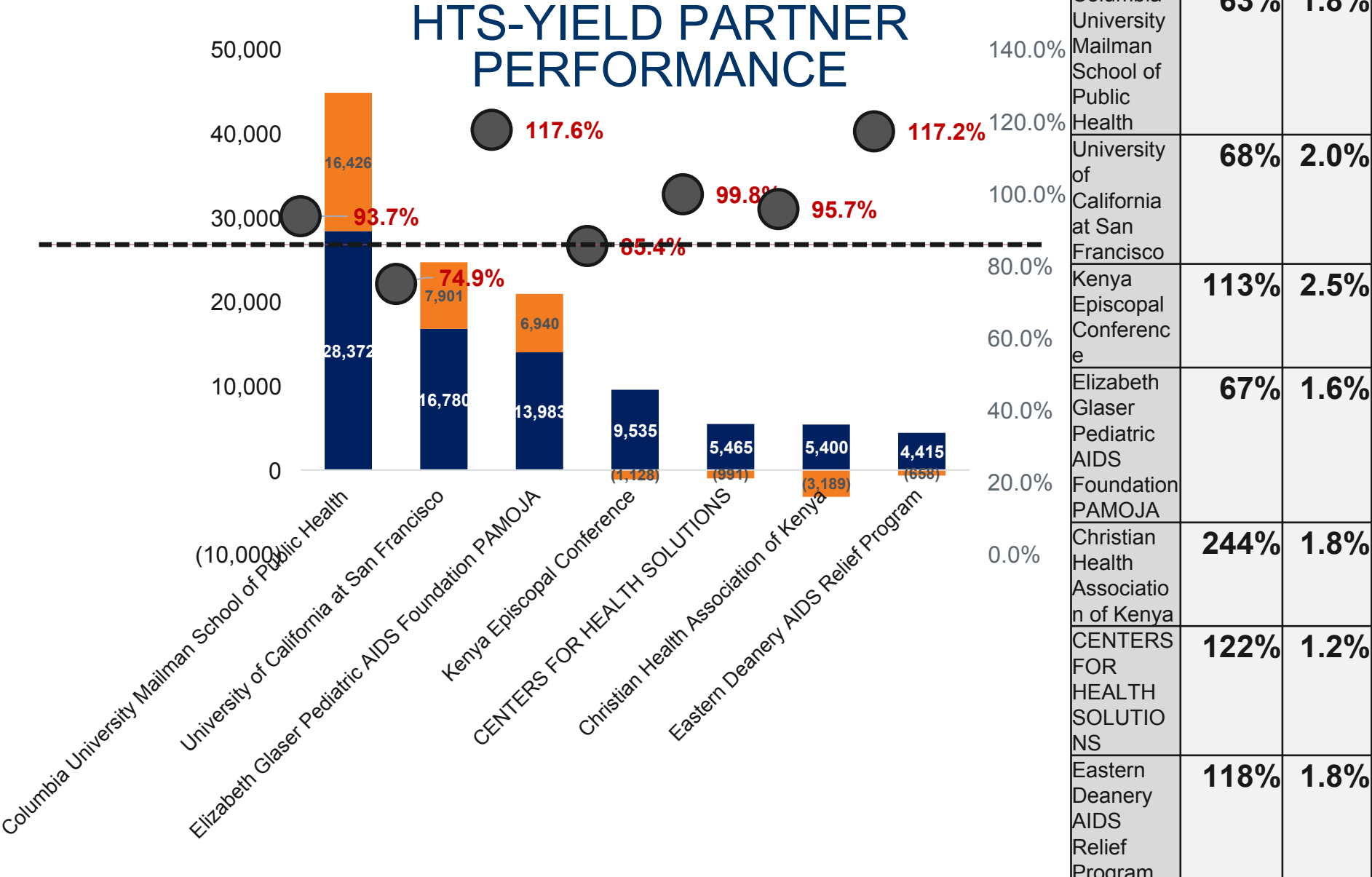
Over the past 6 weeks, positive uptake of same day initiation





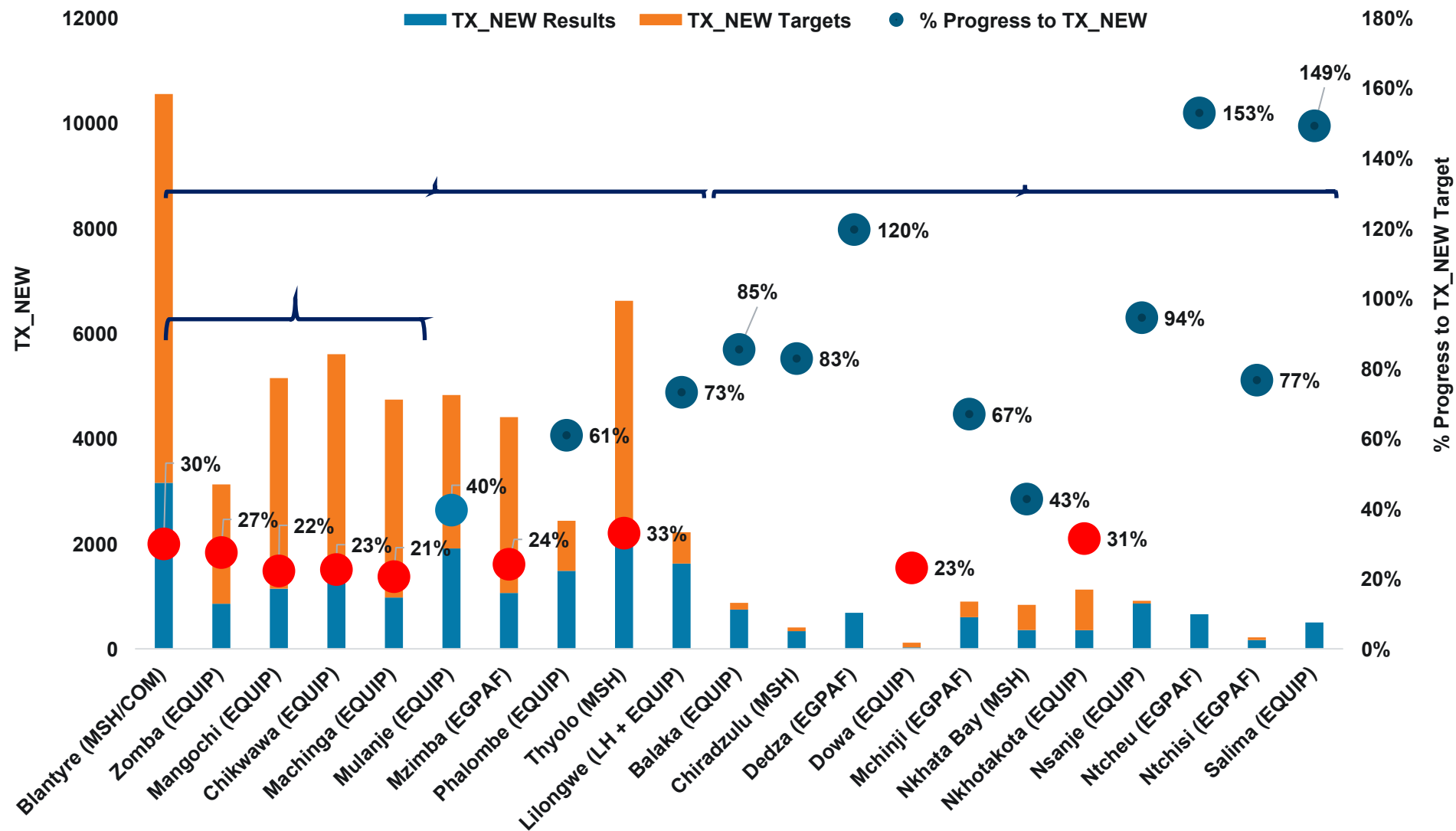
Achieving More: Country-Specific Partner Management

Kenya Partner Monitoring Strategy



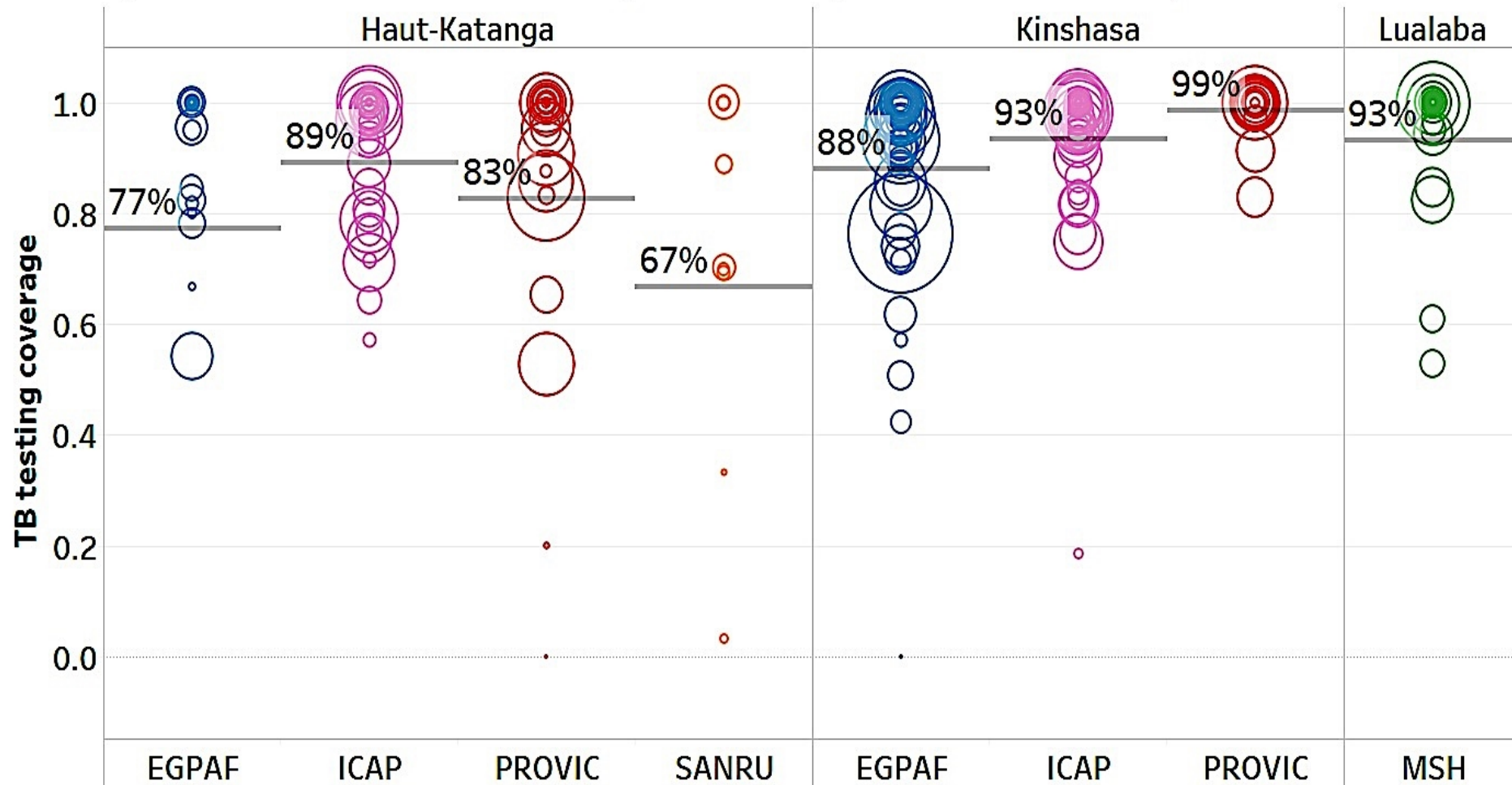
IM	FY 16 HTC-TST % PERFOR MANCE	HTC YIELD
Columbia University Mailman School of Public Health	63%	1.8%
University of California at San Francisco	68%	2.0%
Kenya Episcopal Conferenc e	113%	2.5%
Elizabeth Glaser Pediatric AIDS Foundation PAMOJA	67%	1.6%
Christian Health Associatio n of Kenya	244%	1.8%
CENTERS FOR HEALTH SOLUTIO NS	122%	1.2%
Eastern Deanery AIDS Relief Program	118%	1.8%

FY17 TX_NEW by District: Urgent Geographic Focus Needed Towards the 5 Acceleration Districts

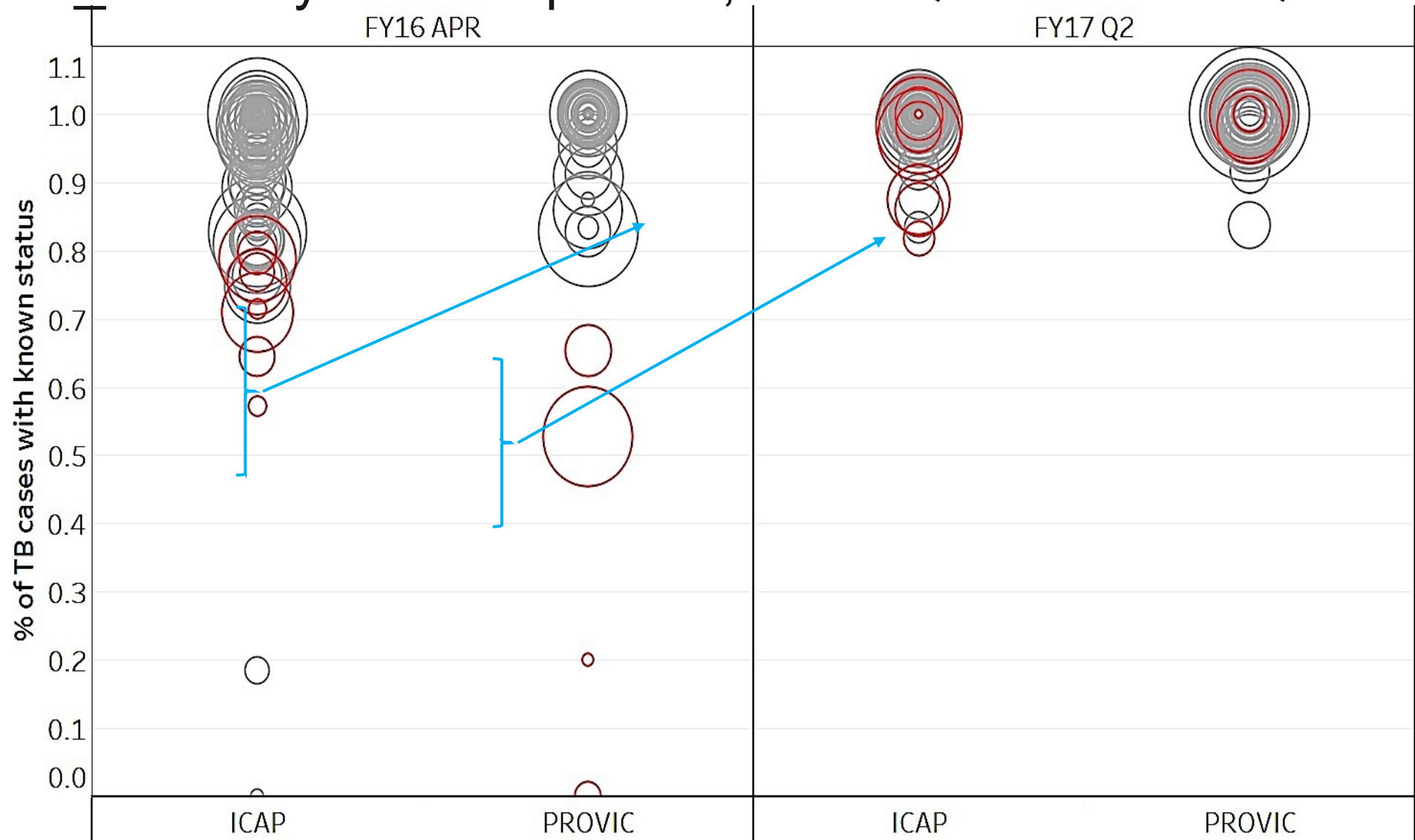


DRC: Examining distribution of site performance to find under-performing sites hidden within good overall results

Coverage of HIV known status among TB cases, by site, Province and partner, APR16



Improving Partner Management at the site level: TB_STAT by site and partner, FY16 Q4 and FY17 Q2



PEPFAR South Sudan Performance

Indicator	FY 16 APR			FY17 Q1		
	Results	Target	% Achieved	Results	Target	% Achieved
HTC_TST	130,278	147,997	88%	35,488	134,437	26%
HTC_TST_PO S	8,525	10,361	82%	1,461	12,107	12%
TX_CURR	16,812	19,916	84%	15,557	31,675	49%
TX_NEW	6,915	9,228	75%	1,792	17,500	10%
PMTCT_STAT	42,242	32,187	131%	7,758	35,551	22%
PMTCT_ARV	1,671	1,821	92%	481	1,824	26%
TB_STAT	2,539	5,255	48%	--	1,913	--
TB_ART	626	1,084	58%	--	--	--
KP_PREV	4,369	5200	84%	1405	4820	29%

Mozambique : Preliminary Q2 Data ON TRACK to Achieve FY17 Targets

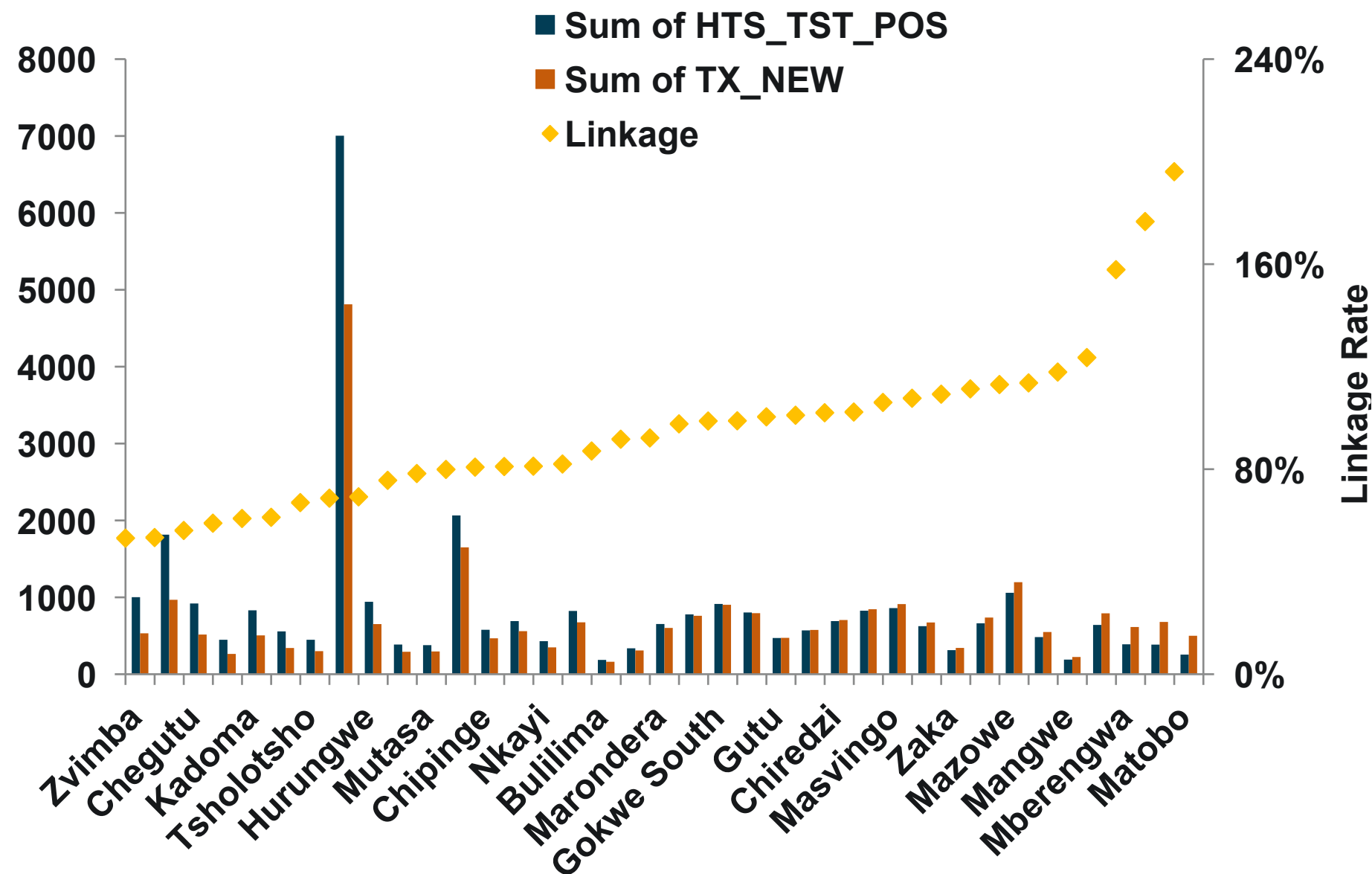
	TOTAL	FY17 Target	% of Annual
HTC_TST	3,320,223	4,840,529	69%
HTC_TST_POS	201,192	443,739	45%
HTC_TST Yield	6.1 %	9.2%	N/A
TX_NEW	154,913	339,649	46%
TX_CURR	908,347	981,469	93%
PMTCT_STAT (96% Coverage)	667,929	1,153,686	58%
PMTCT_ART (95% Coverage)	50,797	98,208	52%
PMTCT_EID (<9 mo.) (69%)			
Coverage	37,163	89,849	41%



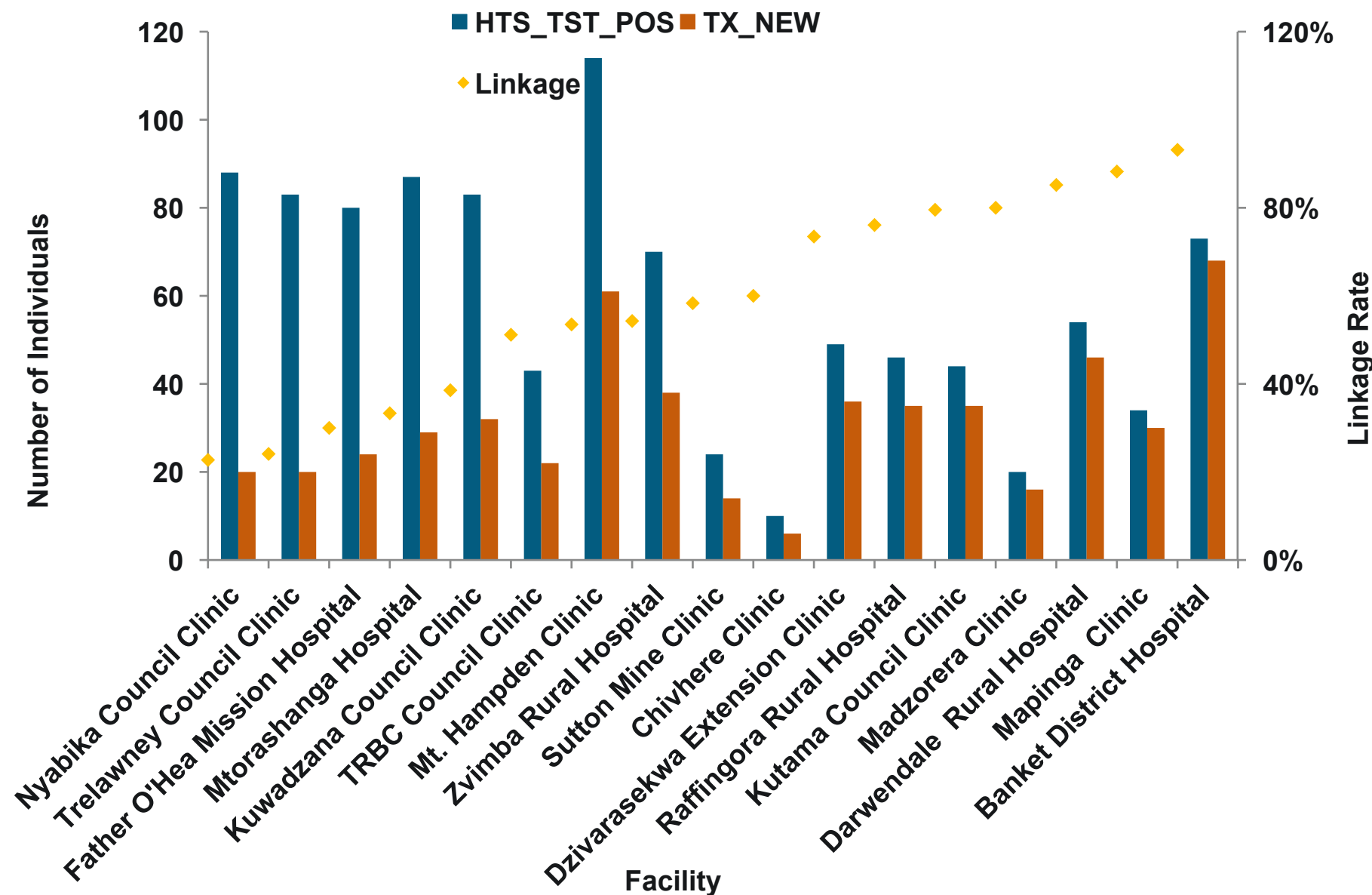
Achievement Against Target and Trend Across Key Indicators for FY 16 and FY 17

	FY16Q1		FY16Q2		FY16Q3		FY16Q4		FY17Q1		FY17Q2		
Indicators	Result	Cum % Ach	Result	Cum % Ach	Result	Cum % Ach	Result	Cum % Ach	Result	Cum % Ach	Preliminary Result	FY17 Target	Cum % Ach
Tested	1,034,996	25%	1,452,259	60%	1,888,206	106%	1,879,383	152%	1,581,296	24%	1,899,411	6,608,245	53%
Tested Positive	55,283	20%	68,055	45%	77,598	74%	69,233	100%	64,658	24%	71,093	306,988	44%
New on Treatment	38,968	17%	49,312	38%	51,642	60%	49,170	81%	65,181	20%	62,046	319,623	40%
Current on Treatment			670,824	79%			784,995	93%	805,055	77%	Pending	1,040,081	N/A
Medical Circumcisions	71,334	13%	138,456	39%	202,134	77%	107,513	98%	119,421	17%	154,652	693,449	40%
Key Population Prevention			40,707	55%			61,993	140%			24,036	92,796	26%

Zimbabwe: Linkage Rate by District



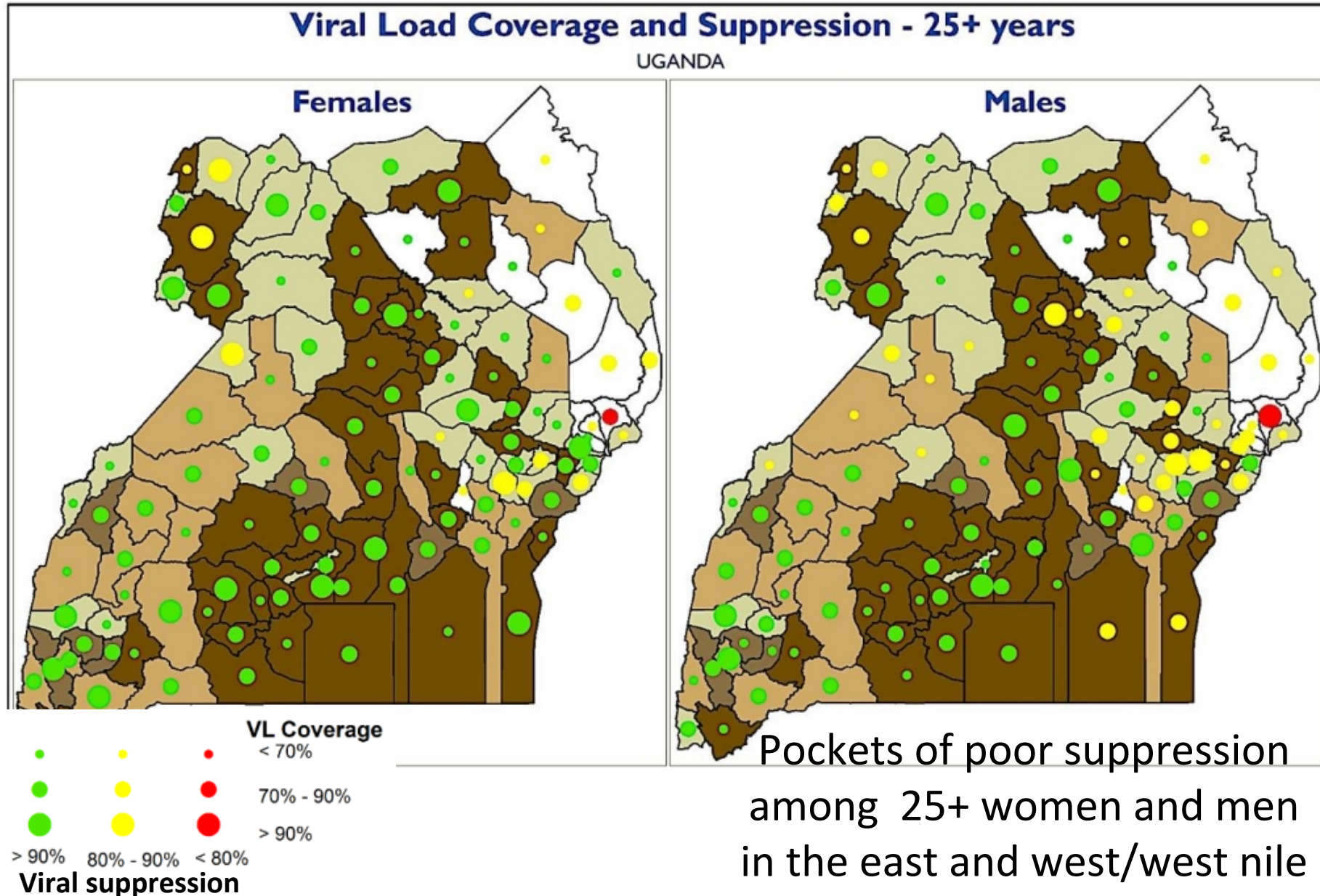
Linkage Rate by Site: Zvimba District



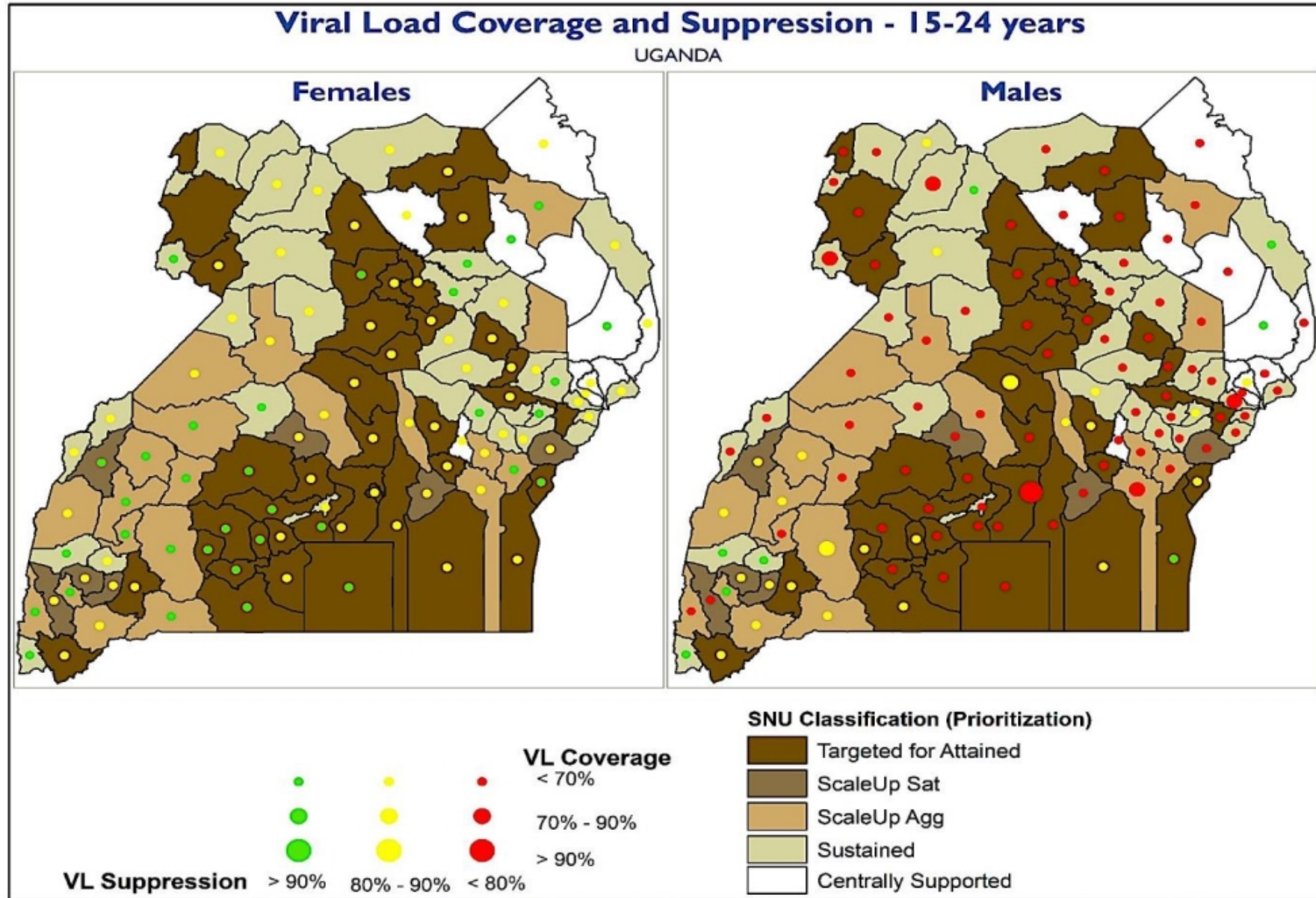
Haiti Annual Investment Profile PEPFAR & Global Fund

Program Area	Total Expenditure (1)	PEPFAR FY17 (COP16) Budget allocation	% PEPFAR	GF CY17 Budget allocation	% GF
Clinical treatment and Community-based care, treatment	\$65,463,062	\$51,872,796	79%	\$13,590,266 (2)	21%
PMTCT	\$4,690,510	\$4,584,723	98%	\$105,787	2%
HTS	\$7,001,374	\$7,001,374	100%		0%
VMMC	\$0				
Priority population prevention Key population prevention	\$5,214,779	\$3,514,944	67%	\$1,699,835	33%
OVC	\$9,421,604	\$9,421,604	100%		0%
Blood Safety	\$1,899,361	\$0	0%	\$1,899,361	100%
Laboratory	\$3,924,074	\$3,924,074	100%	(3)	0%
SI, Surveys and Surveillance	\$5,082,116	\$4,168,282	82%	\$913,834	18%
HSS	\$4,092,895	\$2,792,987	68%	\$1,299,908	32%
Total	\$107,288,509	\$87,280,784	81%	\$20,007,725	19%

Geospatial Mapping of all PEPFAR sites : Age and gender patterns in coverage and suppression consistent across districts (25+)



Age and gender patterns in coverage and suppression consistent across districts (15-24)





6

Accelerating Children's Treatment (ACT)

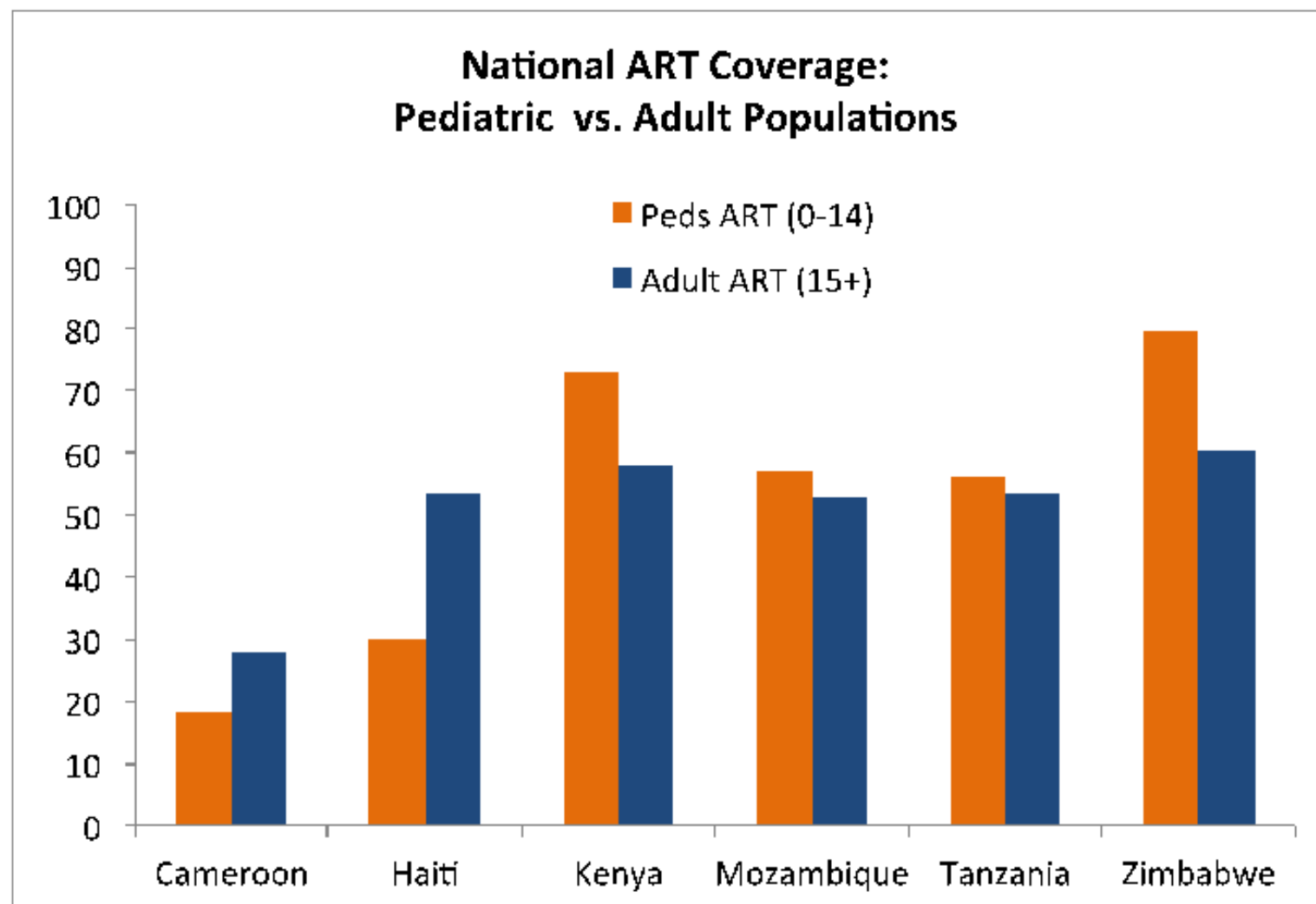
ACT Results, 2016

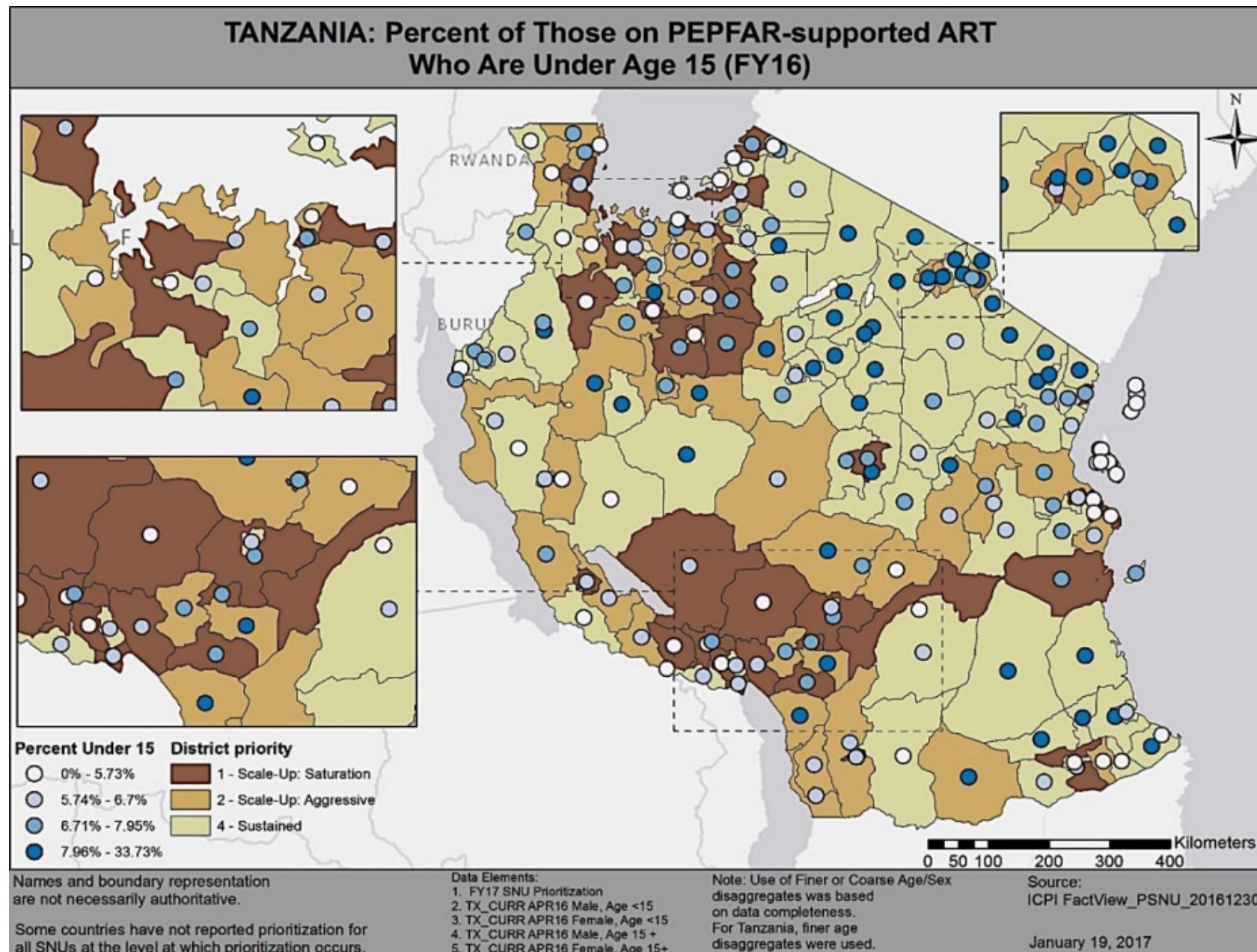
PEPFAR is supporting

567,000 children with life-saving antiretroviral treatment in the ACT countries up from 300,000 just 12 months, 267,000 additional children on treatment and lives saved due to ACT

Importantly, **1.1 million children** are now on treatment through PEPFAR a 97% increase in 2 years.

Pediatric vs Adult ART Coverage,





In high burden regions, lower proportion of children on ART as compared to adults. Missed opportunities for active-case finding through index-case testing.

7

Summary

Need for Continuous Assessment of The Epidemic in
Real Time and Partner Performance

Going forward

- Developing an **assay** that not only will diagnosis HIV but determine **recency of infection**
- Continuous improved **partner performance** using quarterly data and cost analysis
- Must know the areas of higher transmission and understand the **primary transmission risk by age group and population**
- More **aggressive prevention for young women** 15-19 utilizing successful elements out of the DREAMS core package

Going forward

- Aggressive Prevention for young men: continued **expansion of VMMC**
- New testing and treatment strategies needed to **reach < 35 yo** to ensure access to treatment
- Evolving role for PEPFAR in **program evaluation, implementation science**
- **MoH/PEPFAR Collaboration on Data Alignment** for joint monitoring to ensure country gains are not lost as we reach critical thresholds towards epidemic control

Our work is far from done BUT Possible. This week:



Over 2,000 children died
from HIV

Over 19,200 adults died
from HIV

Over 2,800 babies were infected with
HIV

Over 37,000 adults were infected
with HIV, of which more than 7,500
were young women



Thank You!

We are poised to
make the impossible -
possible



PEPFAR Dashboards
Using Data for Decision Making