



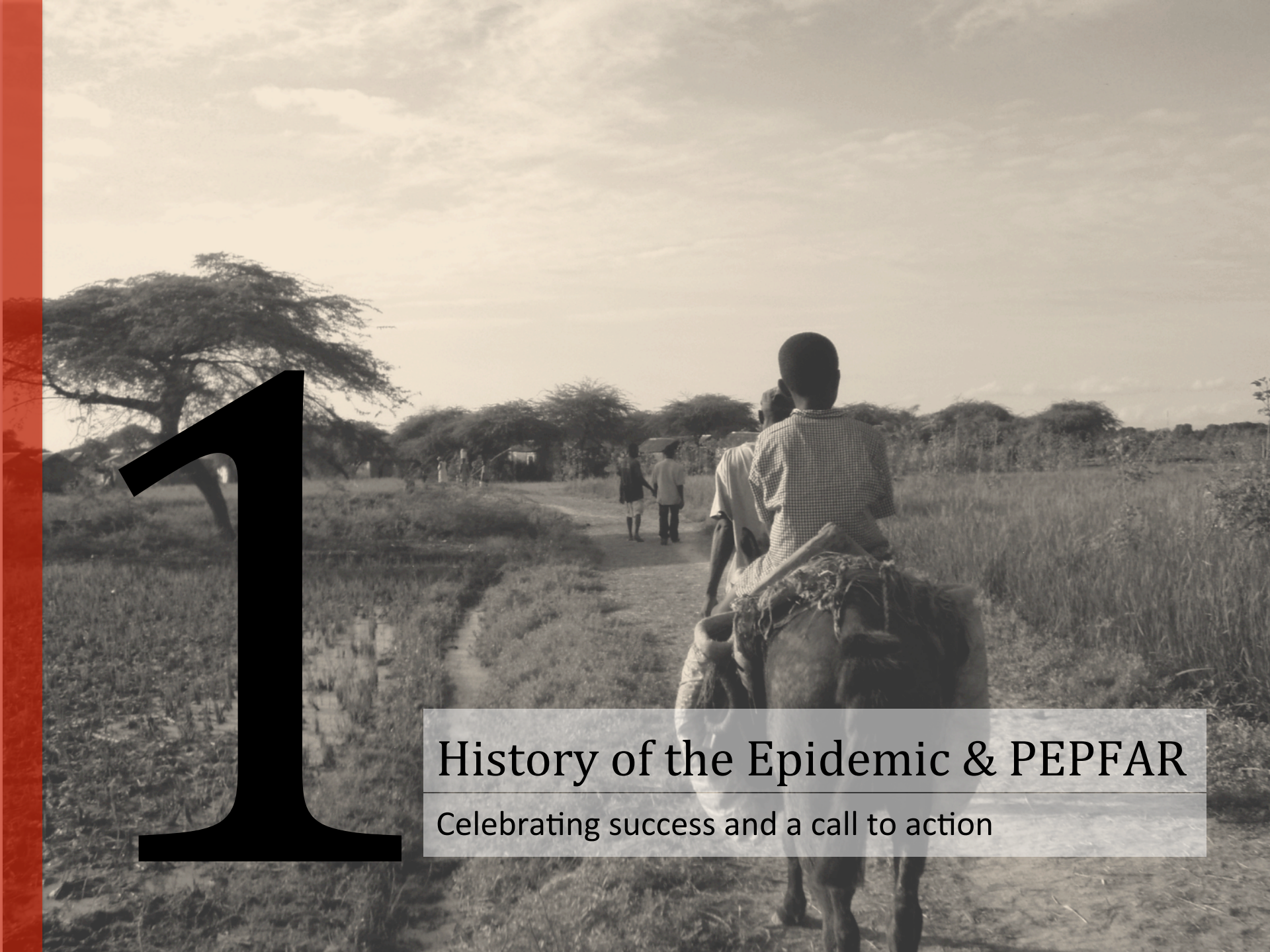
PEPFAR

Achieving an AIDS-Free Generation

Seizing an Historic Opportunity - A Response Based on Sound Science and Fundamental Human Rights

Ambassador Deborah L. Birx, M.D.
U.S. Global AIDS Coordinator
U.S. Department of State

IAPAC Meeting
London, UK
Thursday, September 18, 2014



History of the Epidemic & PEPFAR

Celebrating success and a call to action

Where we were before PEPFAR...

1991 – 2001:

Peak
of the
Pandemic

- **2001:** Nearly 10,000 new HIV infections daily
- **2002:** 50,000 on treatment in sub-Saharan Africa
- Health systems overwhelmed by the epidemic
- Life expectancy declines of over 20 years in some countries
- Loss of working age population – reversing decades of development progress



The World Was Slow to Recognize the Global AIDS Crisis



2013 State of the Union Address

“So the United States will join with our allies to eradicate such extreme poverty in the next two decades by connecting more people to the global economy; by empowering women; by giving our young and brightest minds new opportunities to serve, and helping communities to feed, and power, and educate themselves; by saving the world’s children from preventable deaths; and by realizing the promise of

an AIDS-free generation,

which is within our reach.”

President Obama, Feb. 12, 2013



Celebrating PEPFAR's Remarkable Success

Since its launch in 2003,

PEPFAR has saved millions of lives

- **6.7 M people** on life-saving ART
- More than **one million babies** born HIV-free
- **4.7 M men** received VMMC services
- **17 M people** received care and support, including **5 M orphans and vulnerable children**
- **21 M people** in priority and key populations reached with prevention interventions

- In 2013 alone:
 - 780K HIV+ pregnant women received ARVs for PMTCT
 - 57.7 M people received HTC services

The U.S. government has committed **more than \$52 billion** to bilateral HIV/AIDS programs, the Global Fund, and bilateral TB programs since 2004.

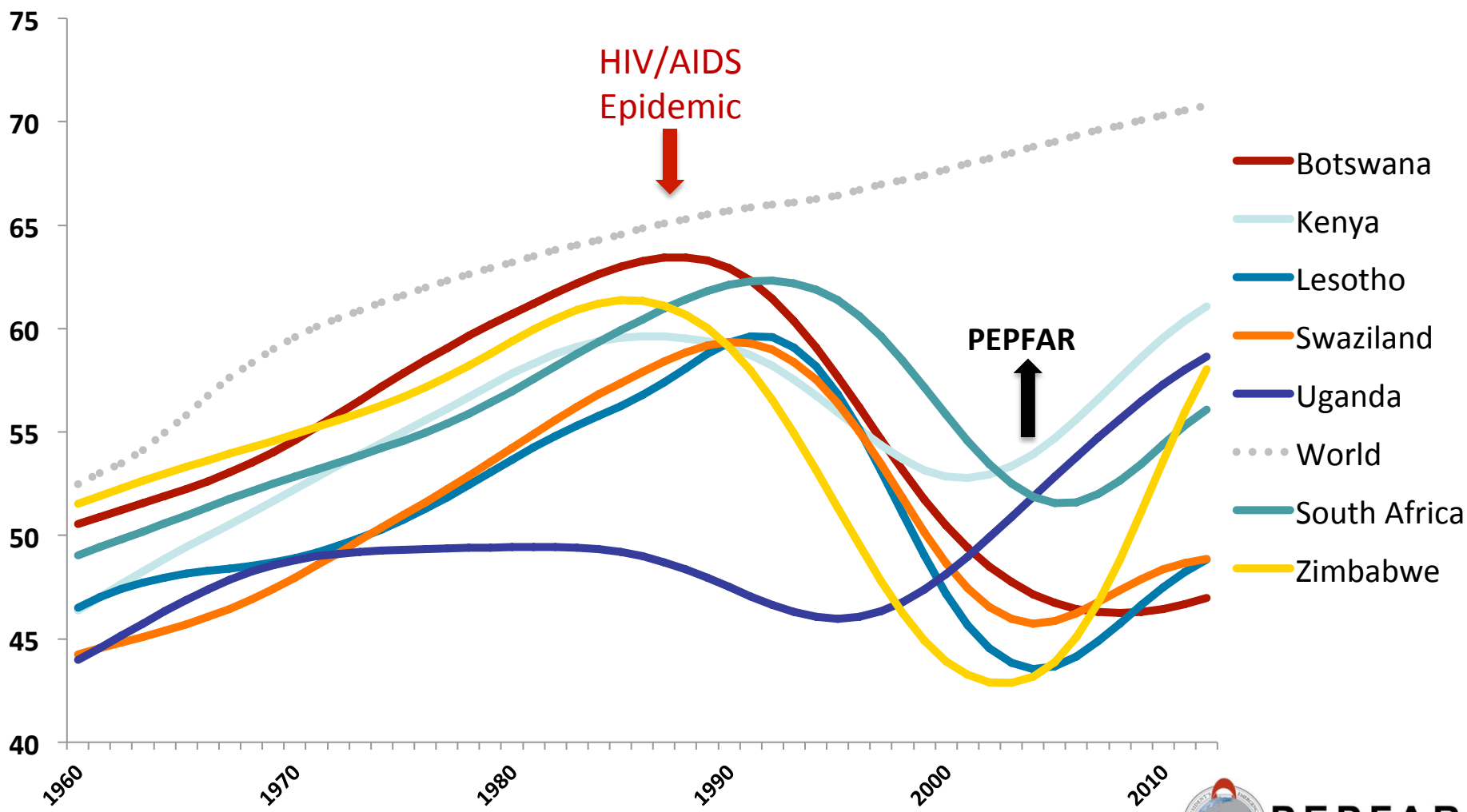
Under the Obama Administration,
unprecedented progress

has been made, building on the strong foundation laid under the Bush Administration.

Dramatic Impact of PEPFAR on Life Expectancy

In Countries Significantly Impacted by HIV/AIDS

Life Expectancy at Birth (in years), 1960-2013; Select Countries

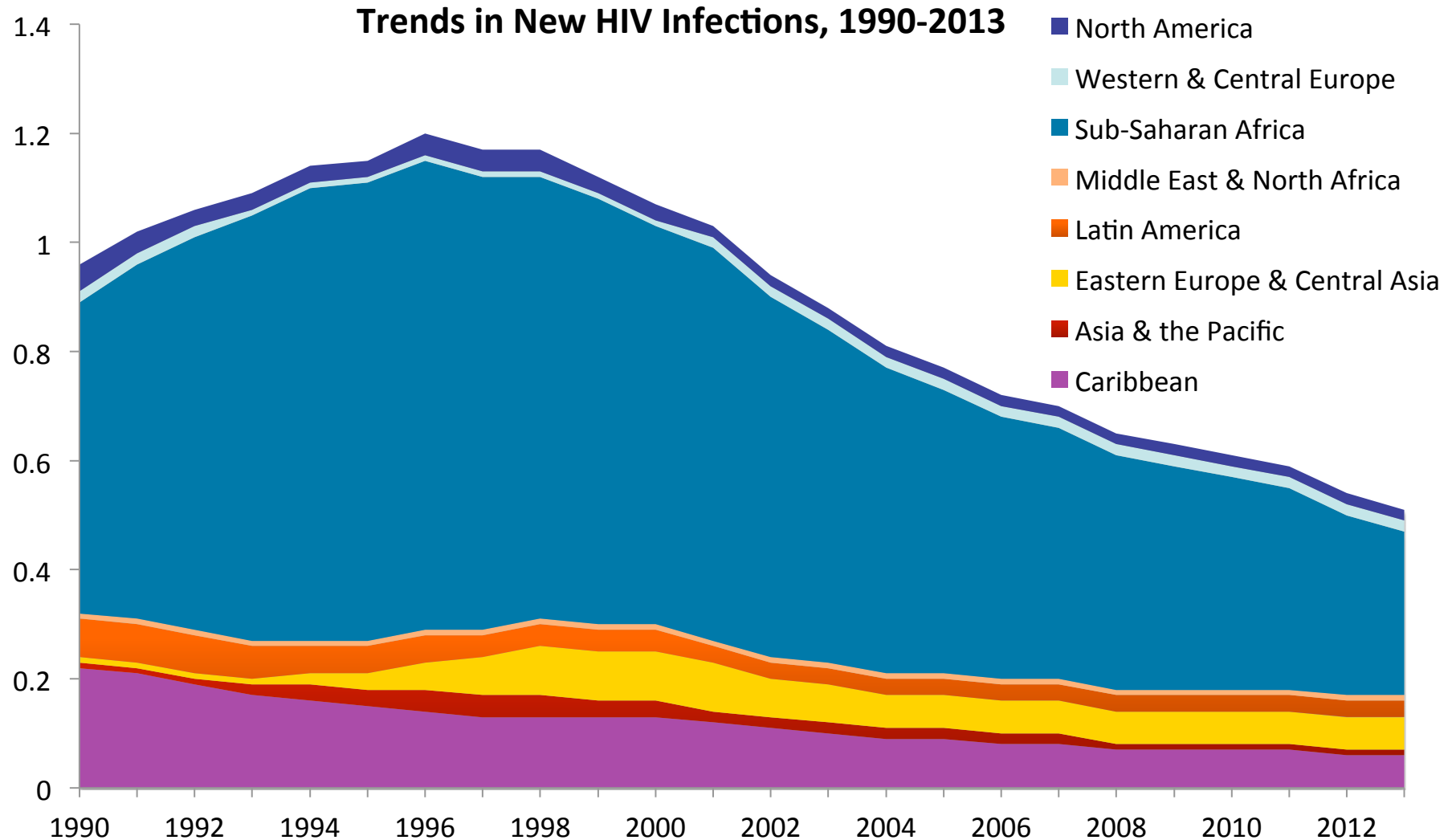


Source: World Bank, 2014



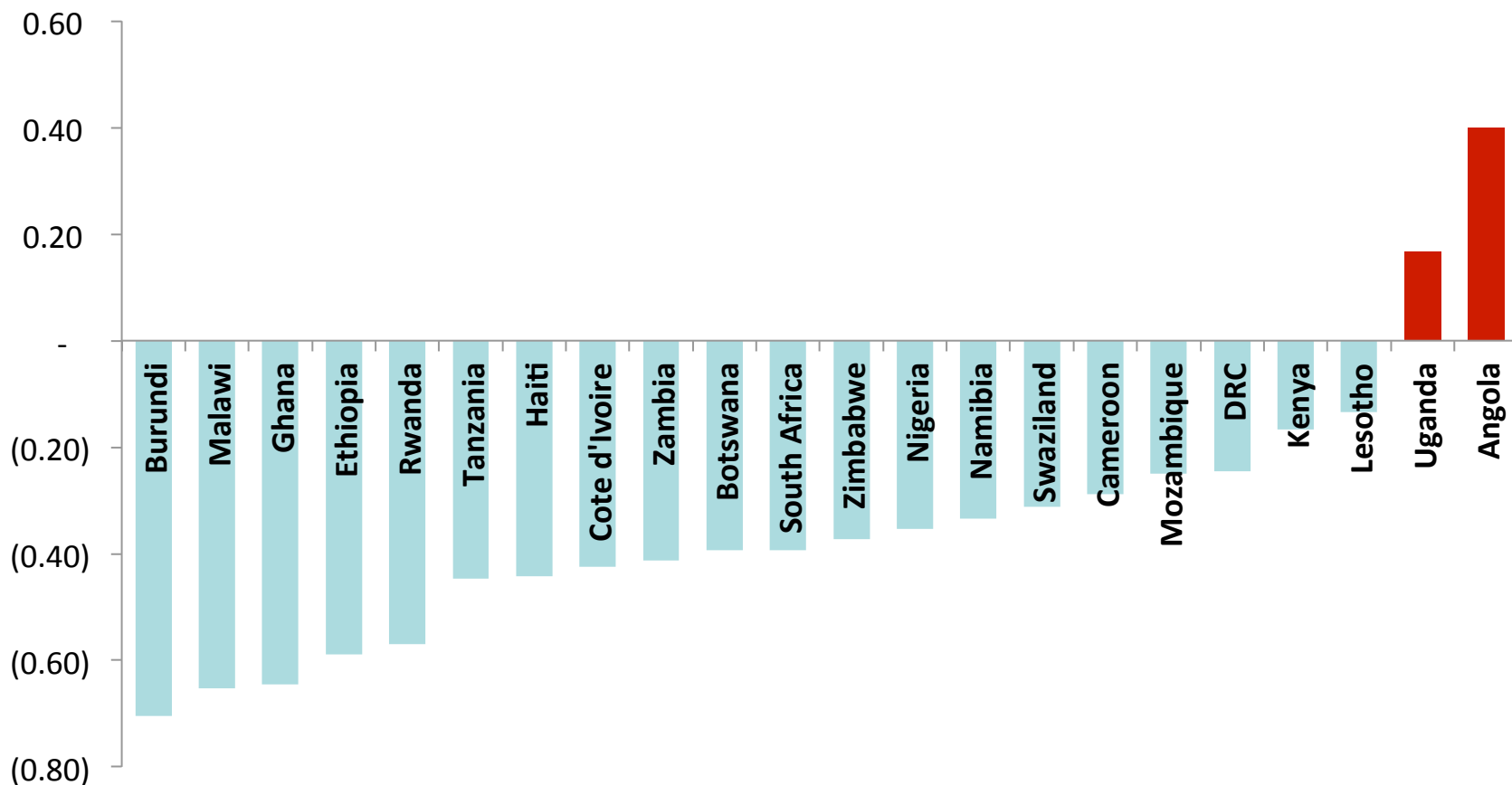
New Infections Halved since Peak of Epidemic

Maintaining momentum is key to achieving epidemic control



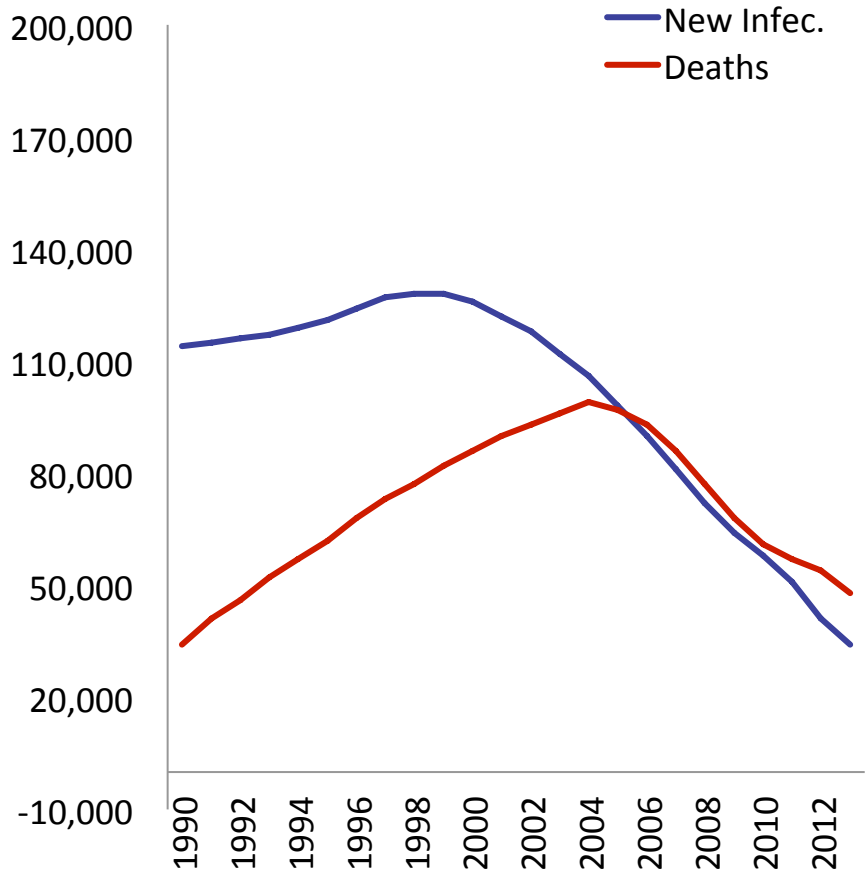
Unequal Decline in New HIV Infections

Percent Change in Number of New HIV Infections,
Select Countries, 2005 - 2013



Malawi

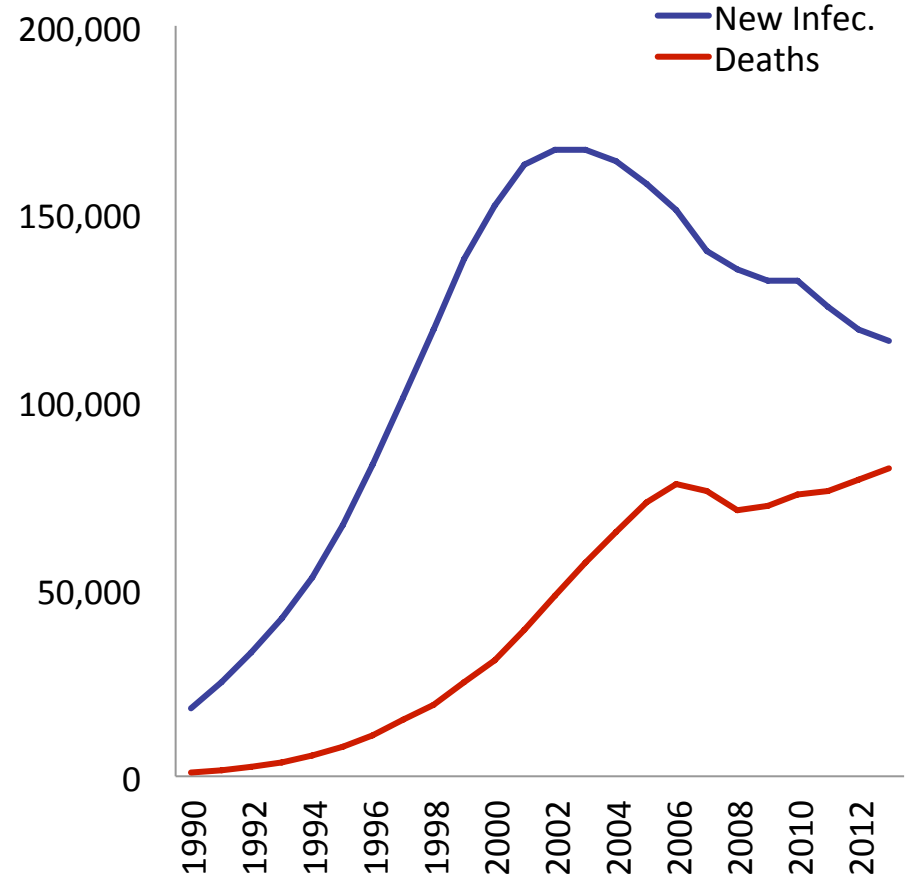
Estimated Annual New HIV Infections & AIDS Deaths
1990 - 2013



Effective scale-up of combination prevention – the right thing at speed

Mozambique

Estimated Annual New HIV Infections & AIDS Deaths
1990 - 2013

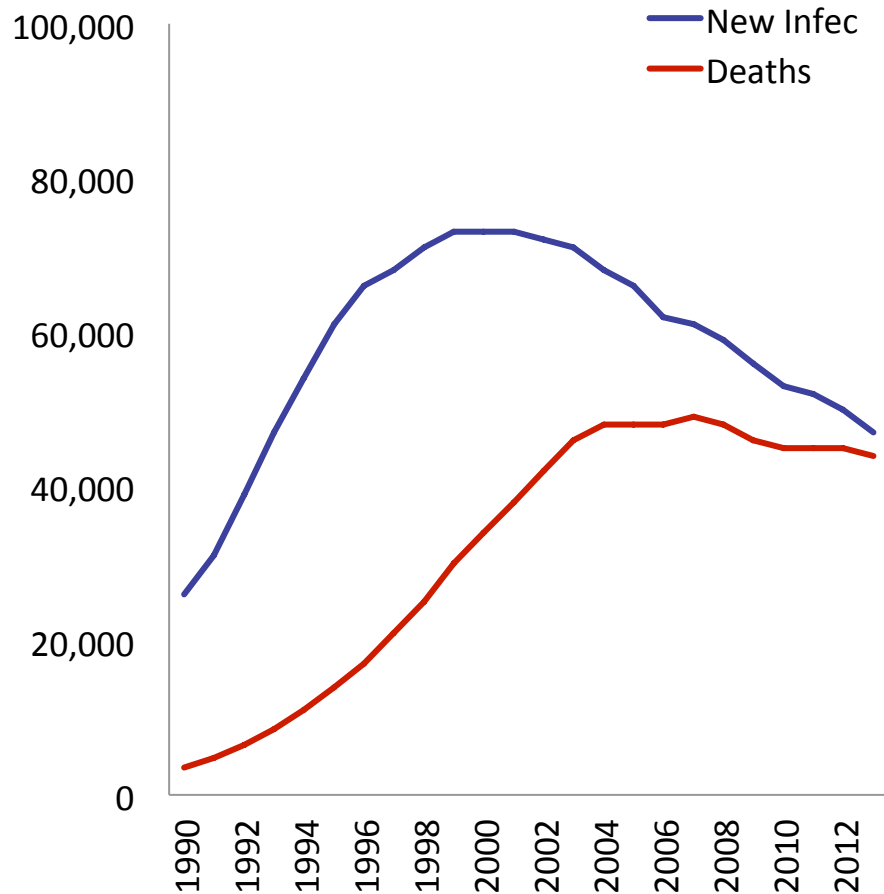


Delayed scale-up of combination prevention

Source: UNAIDS Report on the Global AIDS Epidemic – 2013. Accessible at: <http://www.unaids.org/en/dataanalysis/epidemiology/>.

Cameroon

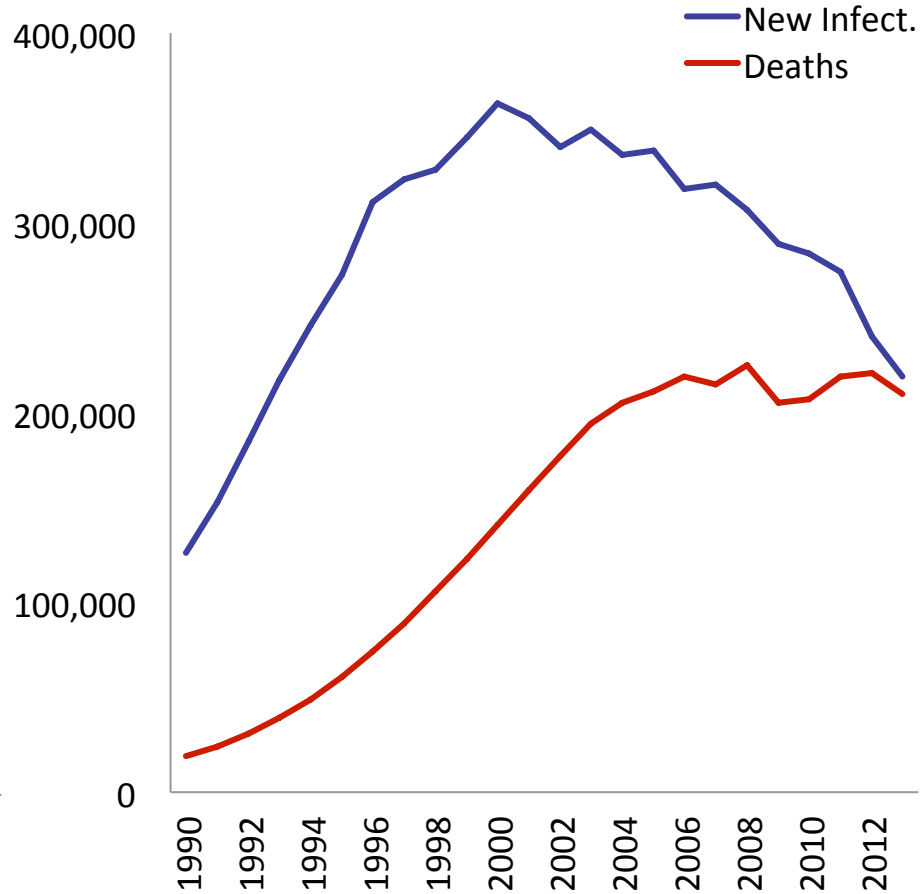
Estimated Annual New HIV Infections & AIDS Deaths
1990 - 2013



Delayed scale-up of combination prevention

Nigeria

Estimated Annual New HIV Infections & AIDS Deaths
1990 - 2013

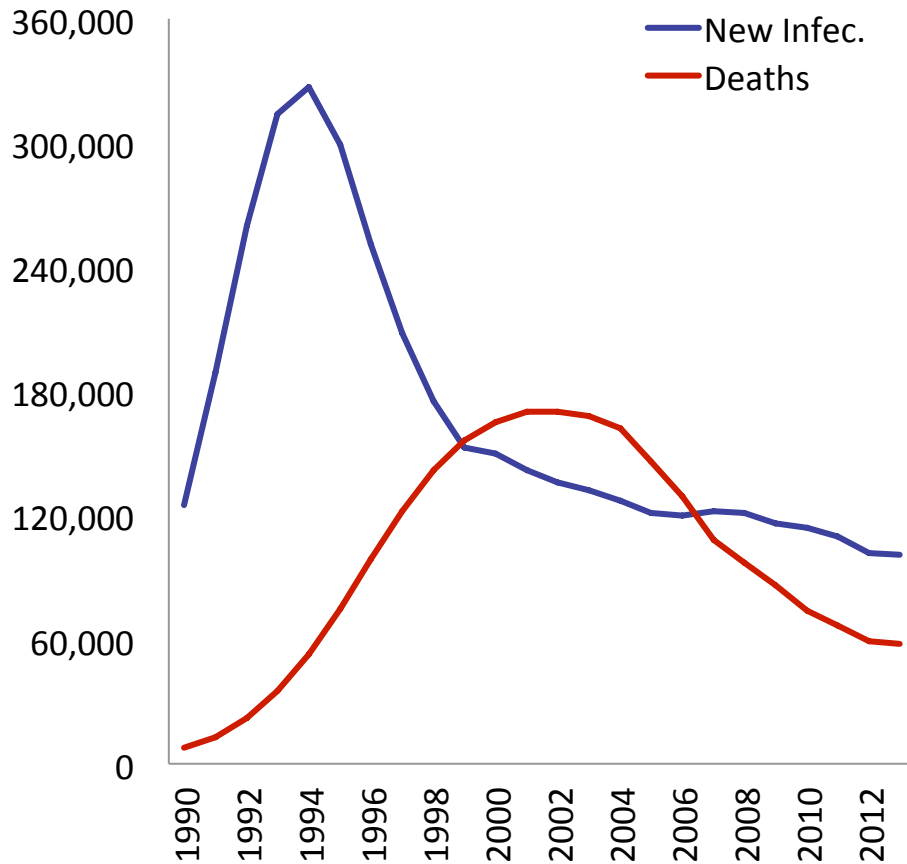


Delayed scale-up of combination prevention and poor coverage

Source: UNAIDS Report on the Global AIDS Epidemic – 2013.
Accessible at: <http://www.unaids.org/en/dataanalysis/epidemiology/>

Kenya

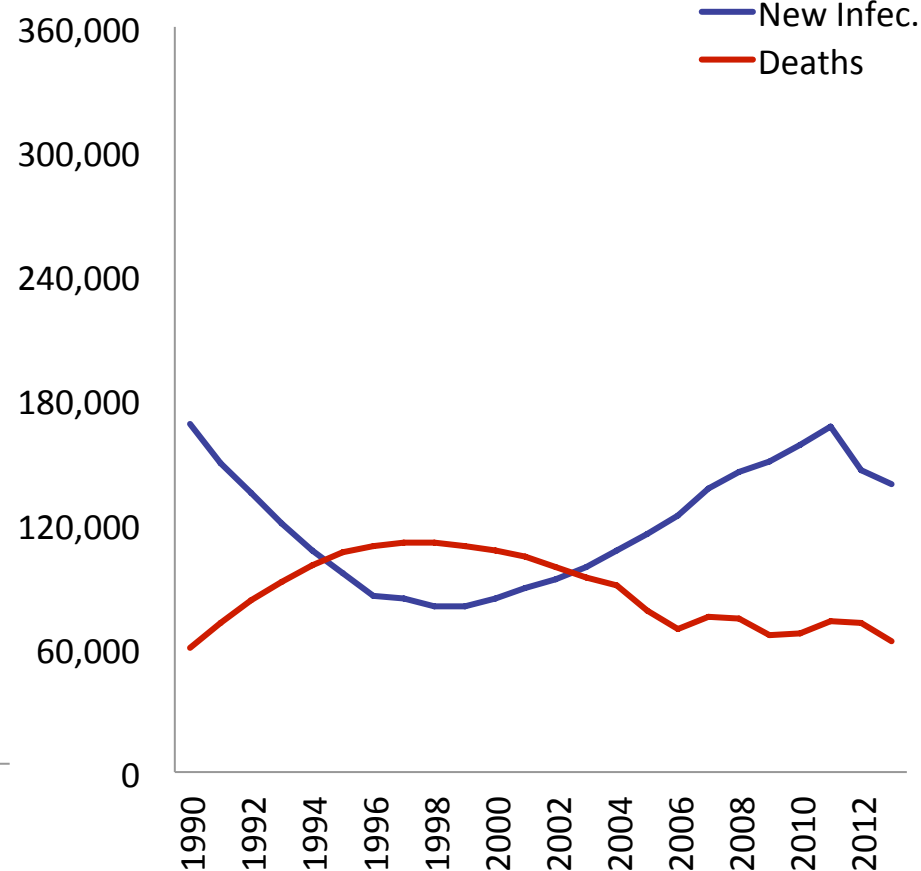
Estimated Annual New HIV Infections
and AIDS Deaths
1990-2013



Moderate scale-up of combination prevention

Uganda

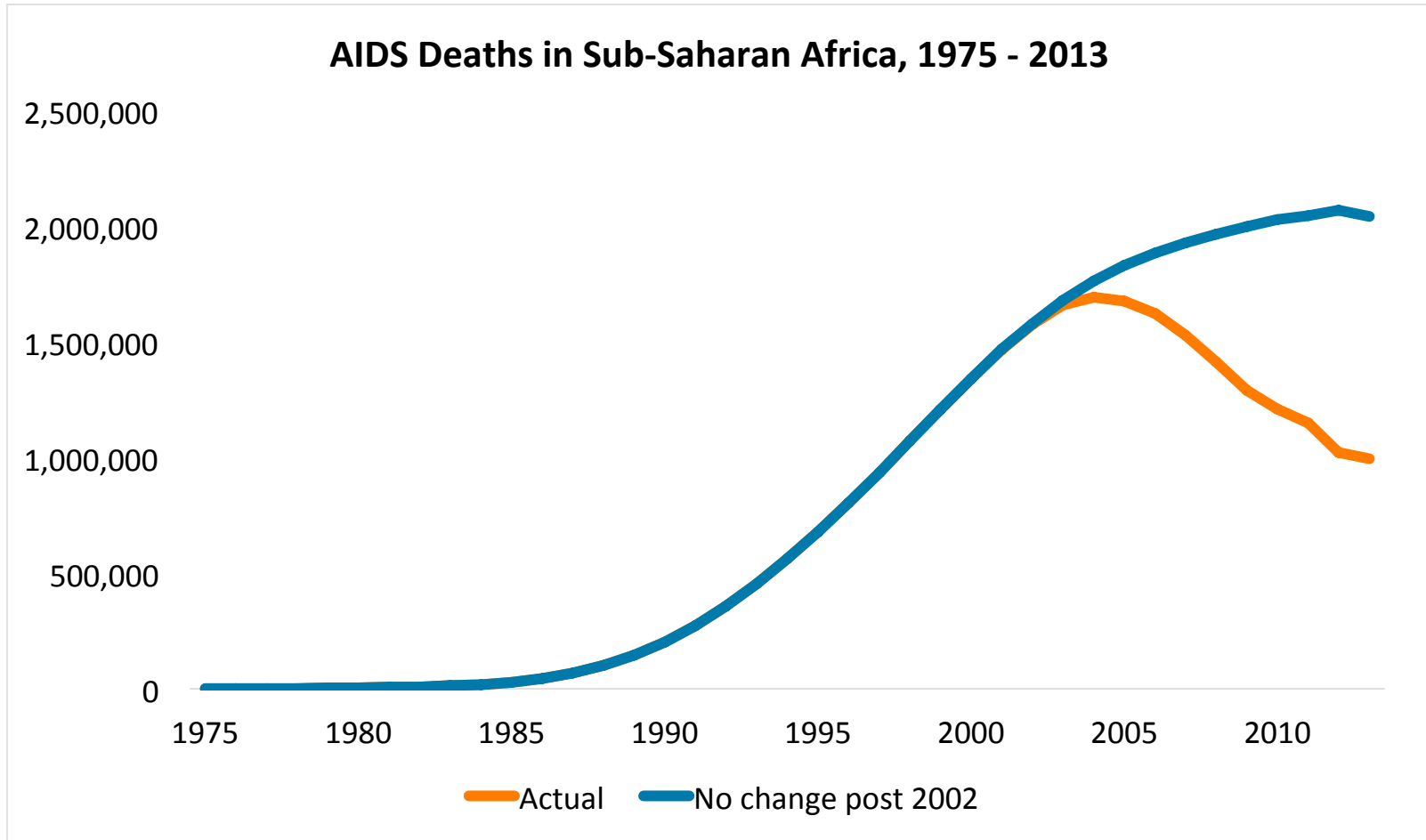
Estimated Annual New HIV Infections
and AIDS Deaths
1990-2013



Early response w/ stalled scale-up of combination prevention

Modeled Impact with No Global AIDS Response

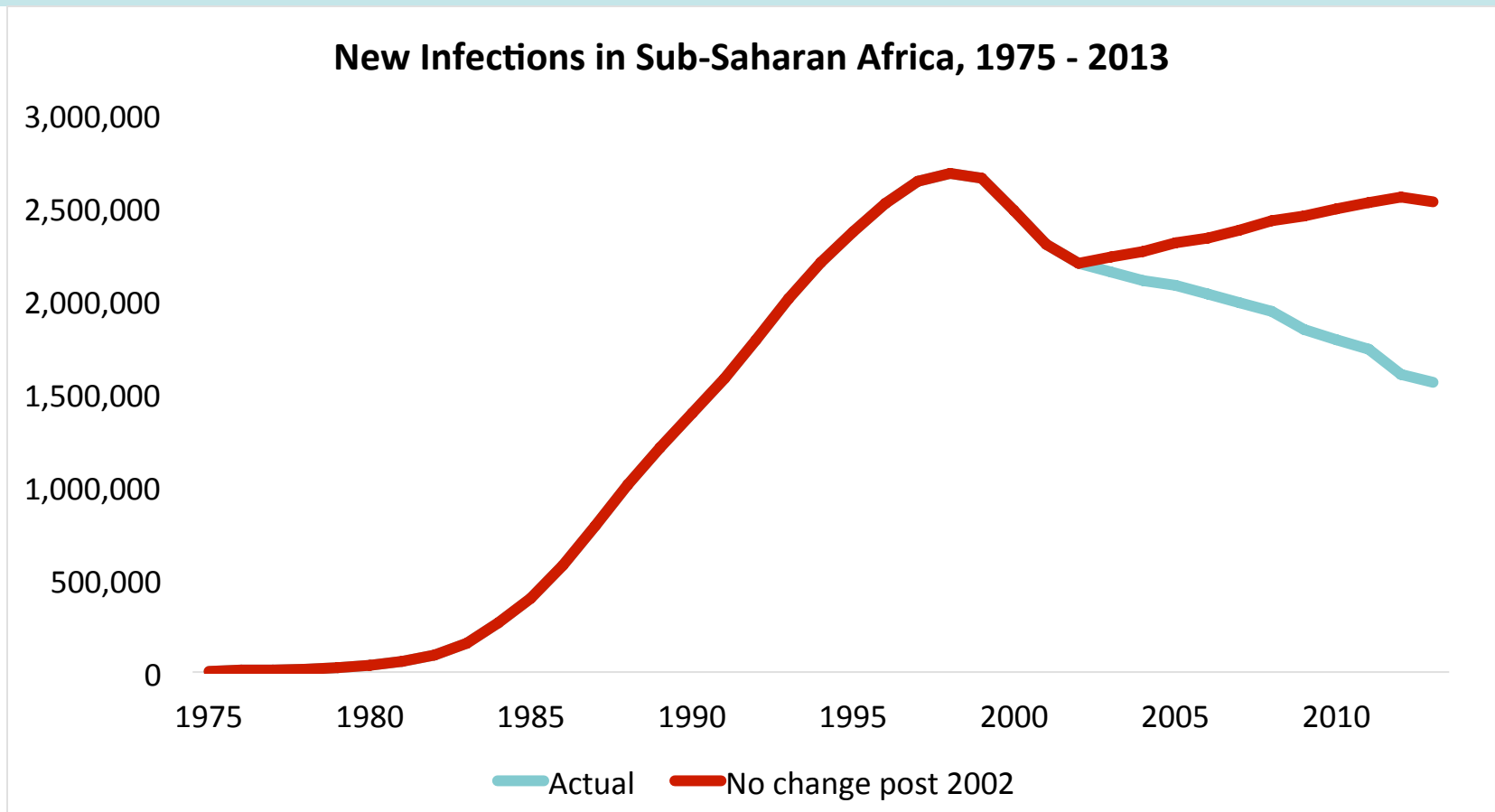
AIDS Deaths



Dramatic impact of Care and Treatment Programs in averting deaths

Modeled Impact with No Global AIDS Response

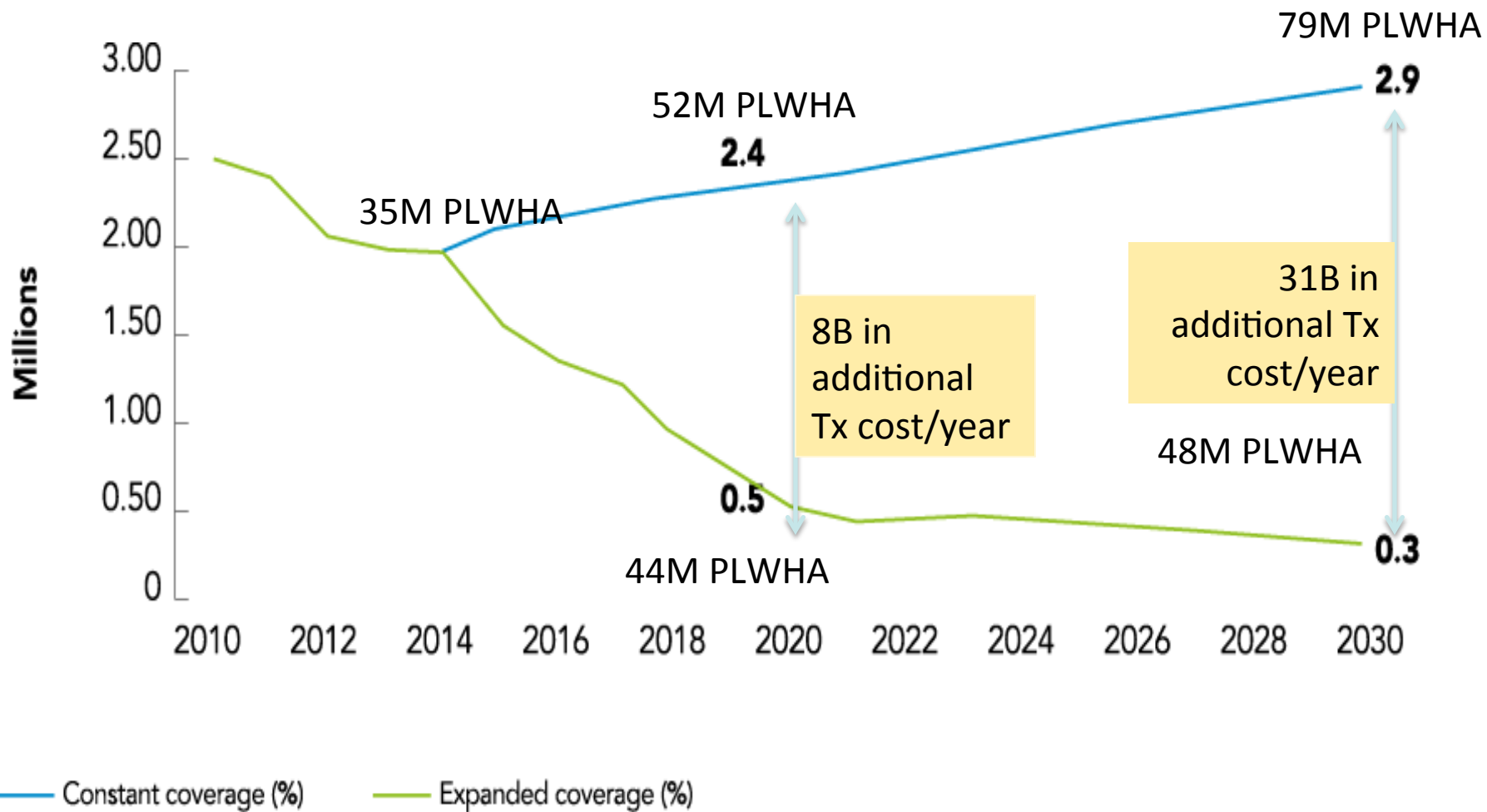
New HIV Infections

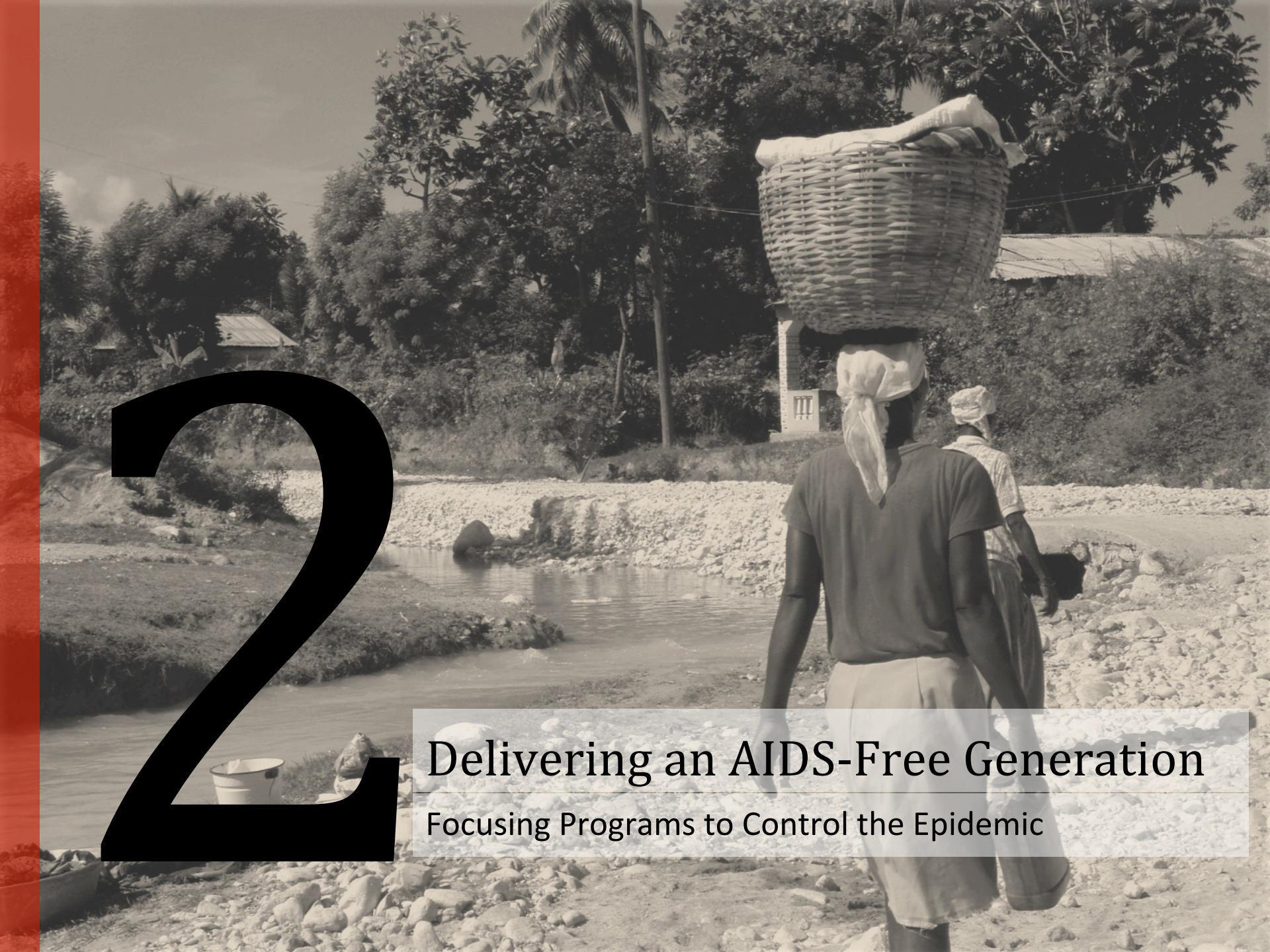


Scaling up VMMC, Treatment, PMTCT, and Condoms Programs has Drastically Reduced New HIV Infections

Ending AIDS Scenario: New HIV Infections (2010 - 2030)

Total number of people living with HIV/AIDS (PLWHA)





2

Delivering an AIDS-Free Generation

Focusing Programs to Control the Epidemic

Achieving epidemic control
will require delivering the

Right Things

in the

Right Places

at the

Right Time



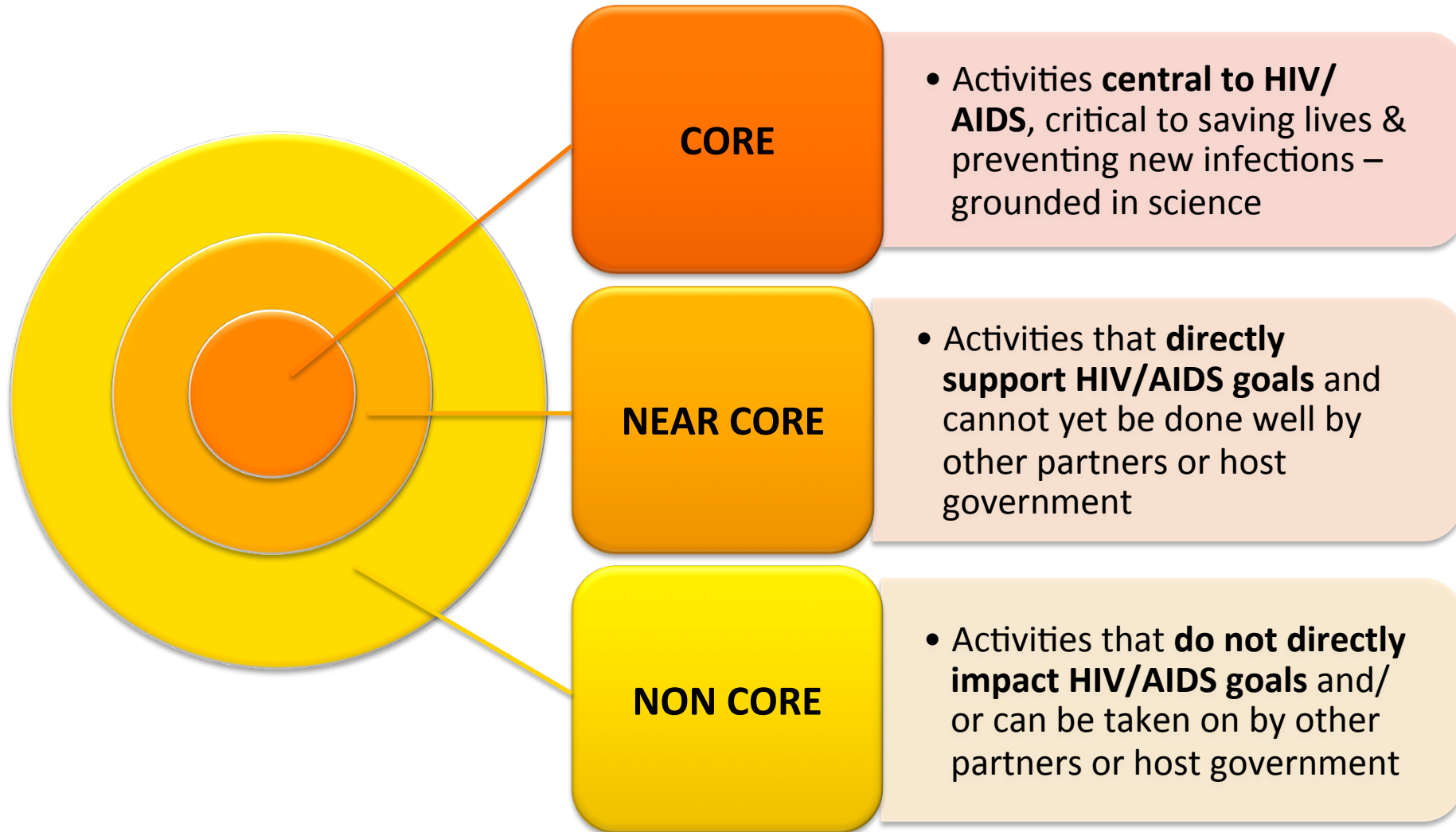
Focusing on the Right Things

Core Activities to Maximize Epidemic Impact

- Combination Prevention (PMTCT, ART, Condoms, VMMC)
- Prevention (effective/targeted)
- OVC – comprehensive services for families
- Neglected & Hard to Reach Populations
 - Pediatrics
 - Young women
 - Key populations – MSM & transgender persons, sex workers, people who inject drugs
- Strengthening Health Systems as specifically required to support the core activities
 - Human resources for health, procurement & supply chain, laboratory, and strategic information

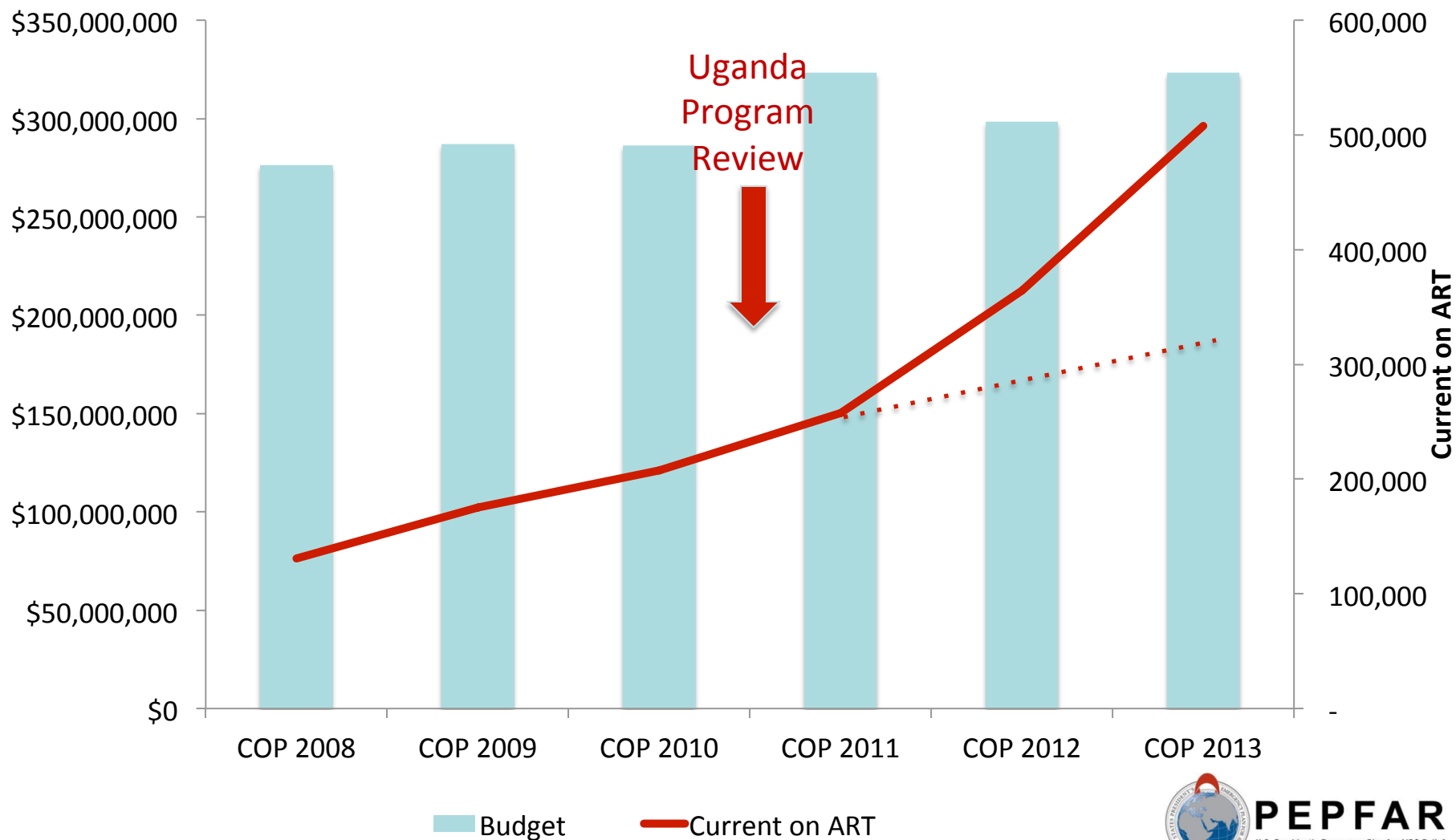
The Right Things

Defining Core, Near Core, & Non Core Activities



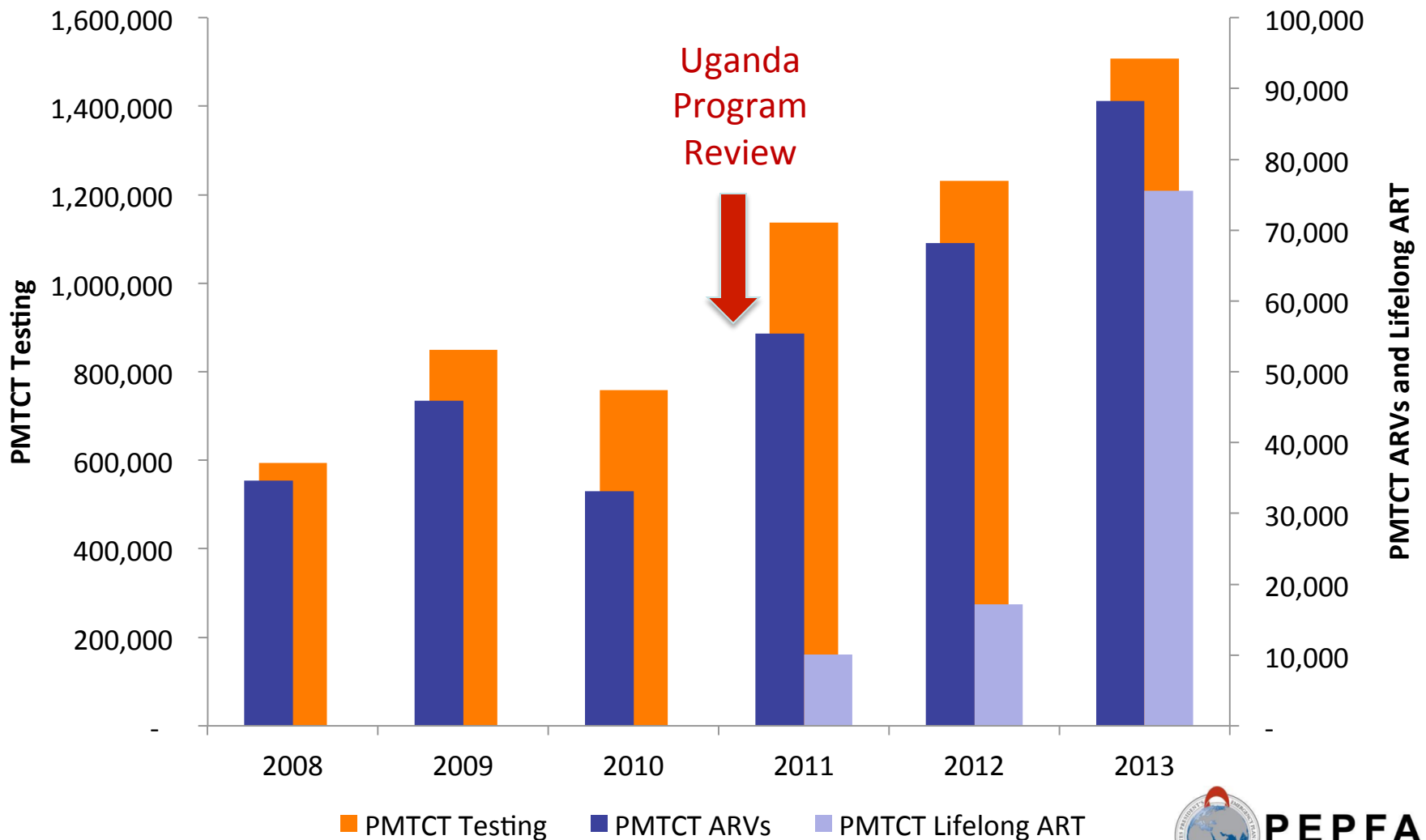
Uganda: Focus on Core (Treatment)

PEPFAR Uganda COP Budget & Current on Treatment
2008 - 2013



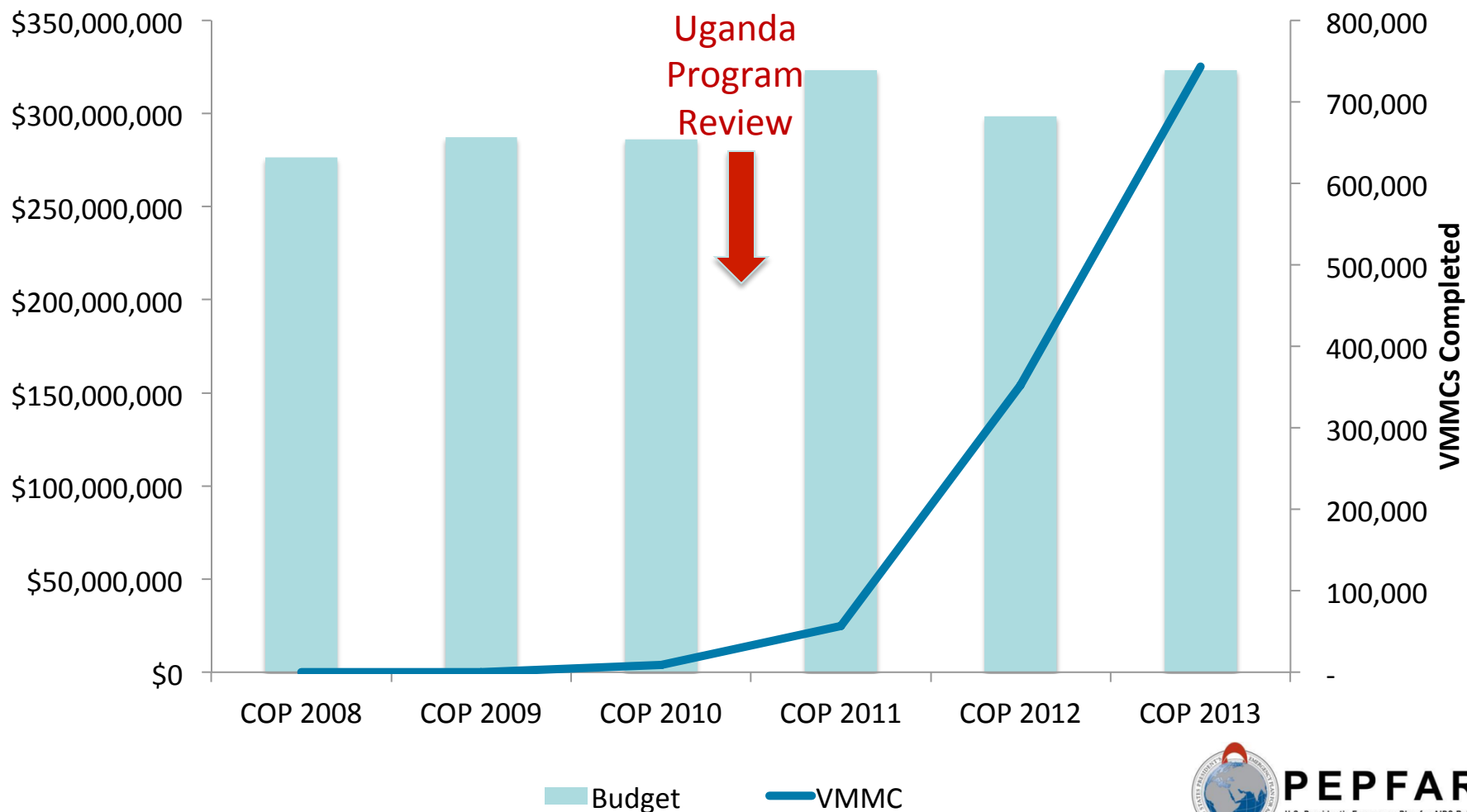
Uganda: Focus on Core (PMTCT)

PEPFAR Uganda PMTCT Testing & ARV Results, 2008 - 2013



Uganda: Focus on Core (VMMC)

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

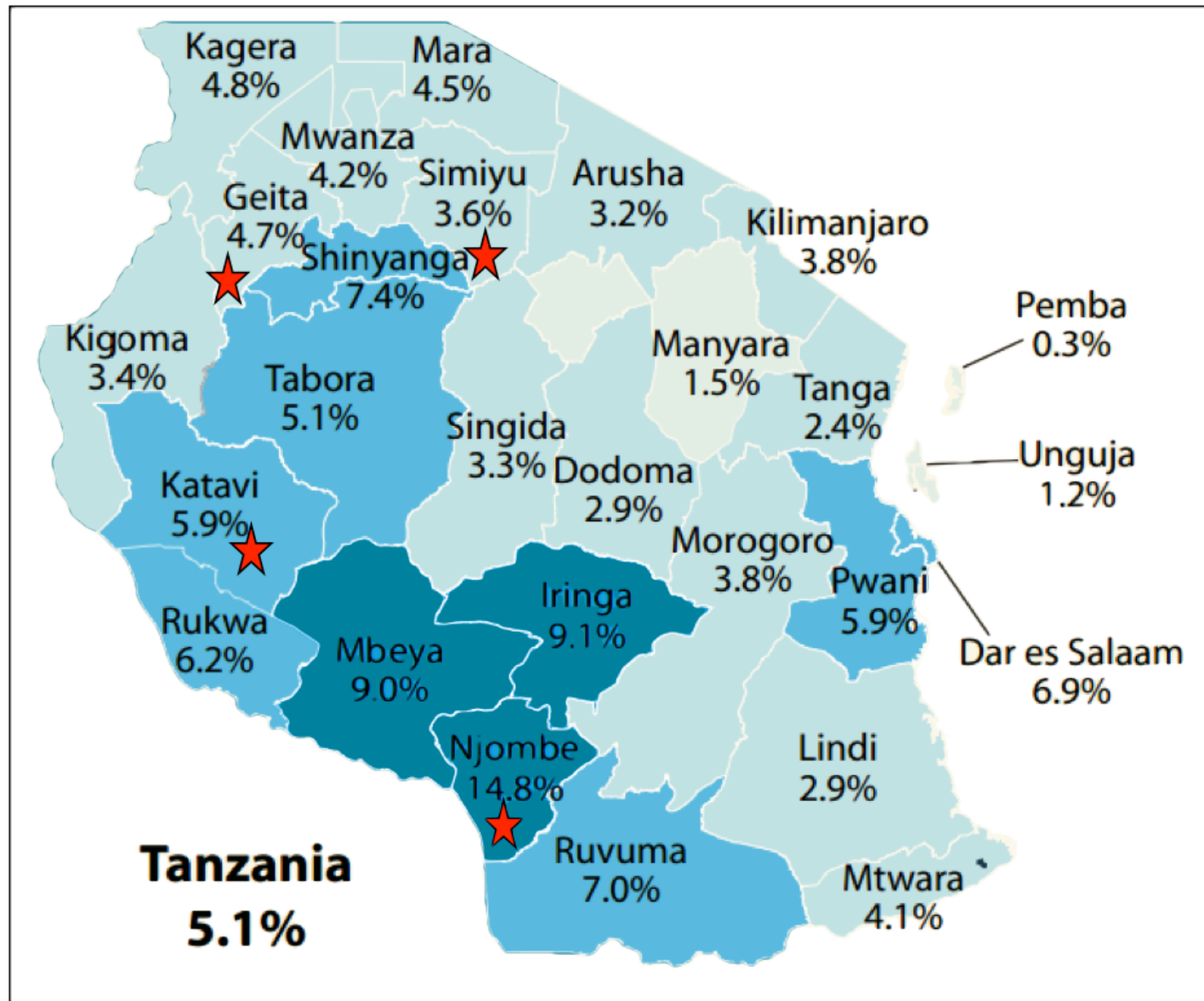


Focusing Programs in the Right Places

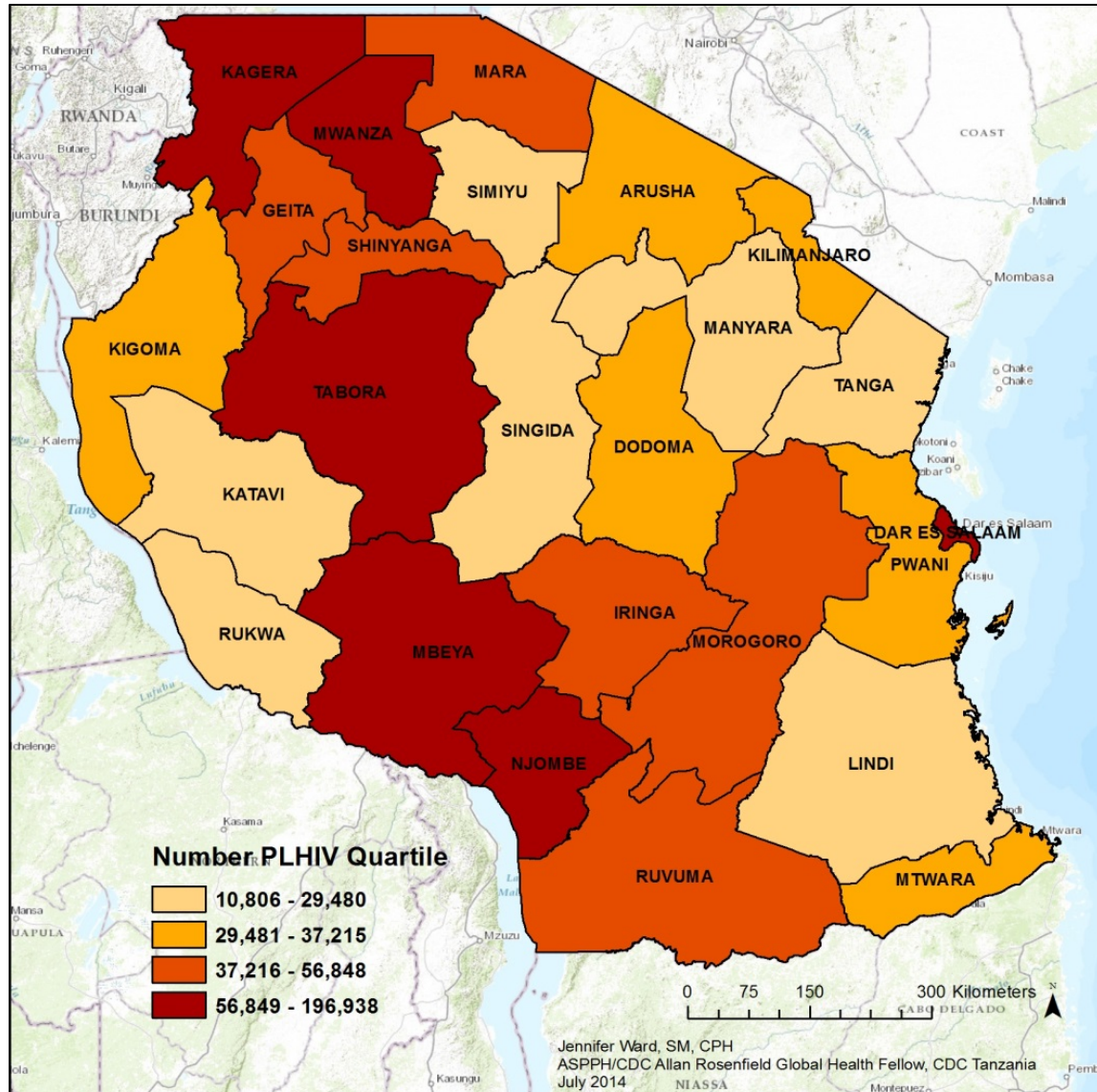
- Highest burden countries
 - Prevalence & number of PLHIV
- Countries with greatest unmet need for services
 - Among general population
 - Among specific neglected populations
- Sub-national regions/districts with highest burden
 - Analyzing data to target programming geographically & among neglected populations
- Highest volume facilities
 - Analyzing site-level data to prioritize support to facilities and communities with greatest need

Tanzania: HIV Prevalence by Region

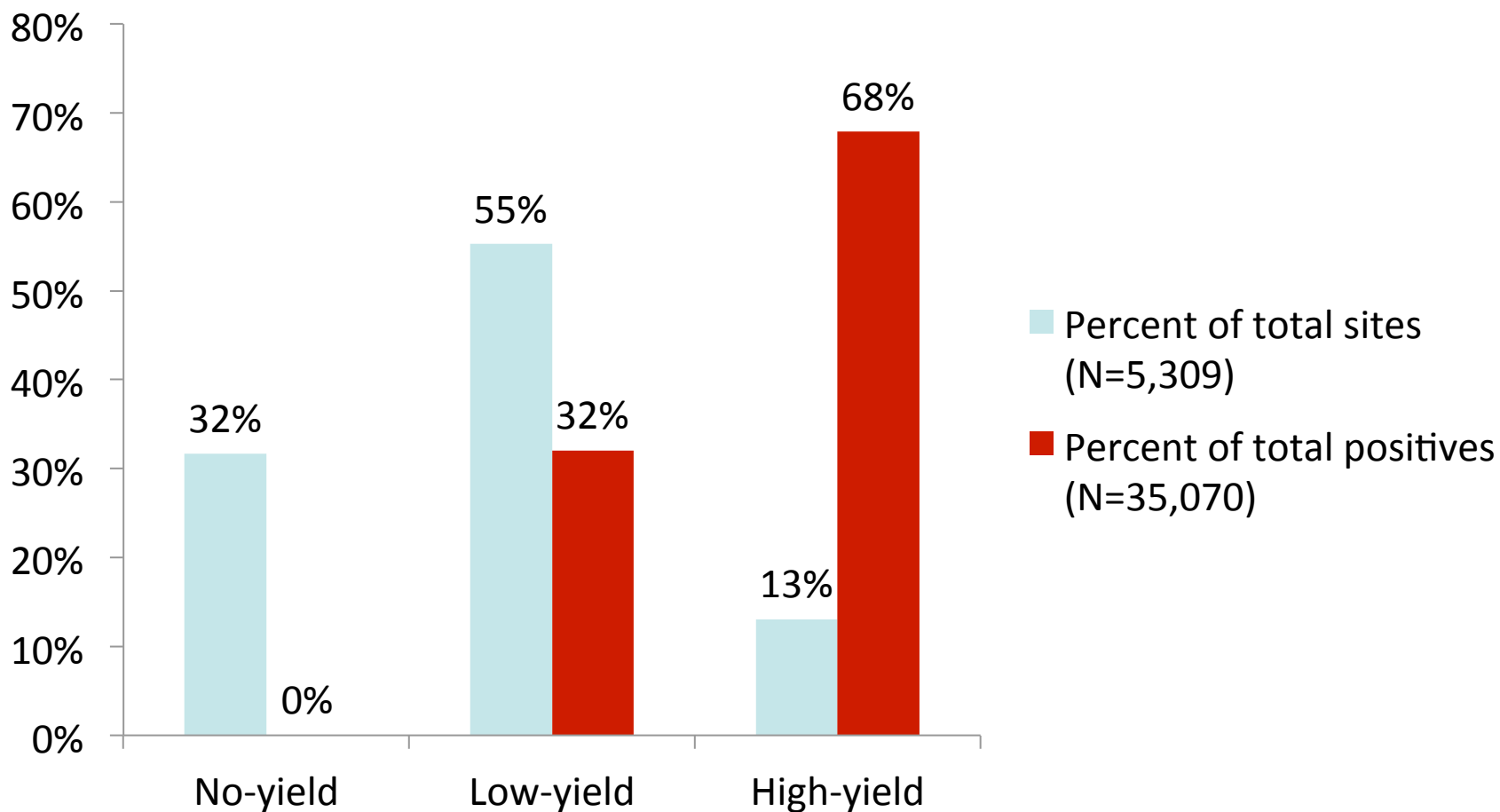
2011-2012 Tanzania HIV/AIDS and Malaria Survey



Tanzania: Number of People Living with HIV, 2014



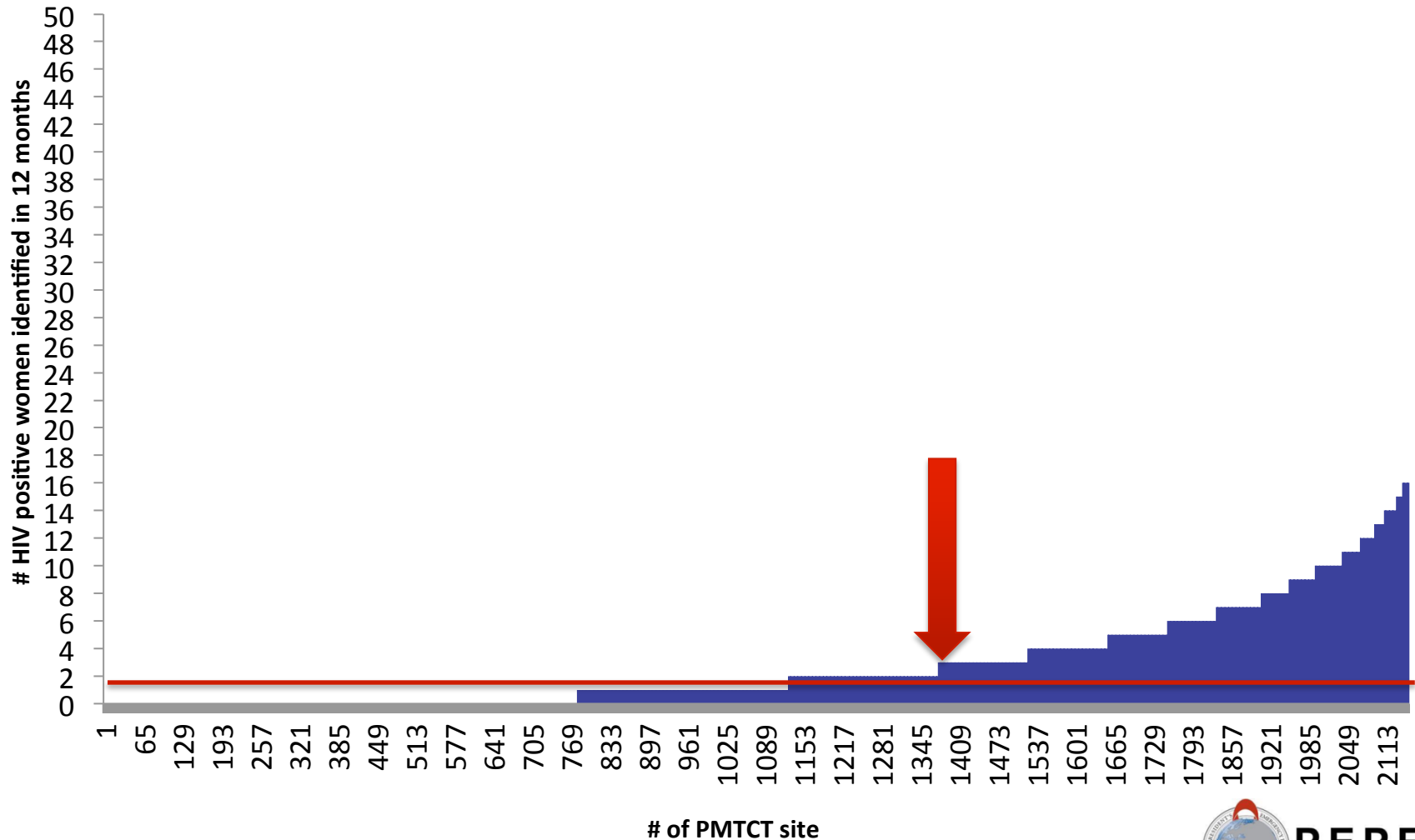
Geographic Focus: Tanzania – the right places: PMTCT (SAPR 14)



Positive Women Identified in PMTCT Sites

Measured over 12 months

Tanzania PMTCT Site Distribution (SAPR14)



Delivering Core Services at the Right Time

- Earlier treatment initiation for adults & children
- Immediate treatment initiation for key populations, TB/HIV, discordant couples
- Earlier testing for HIV exposed infants and children with immediate linkage to care & treatment services
- Accelerating scale-up of all core interventions to achieve sustainable epidemic control as quickly as possible
- Preventing new infections in young women and ensuring all adolescents impacted by HIV/AIDS are served well in our OVC and ART programs

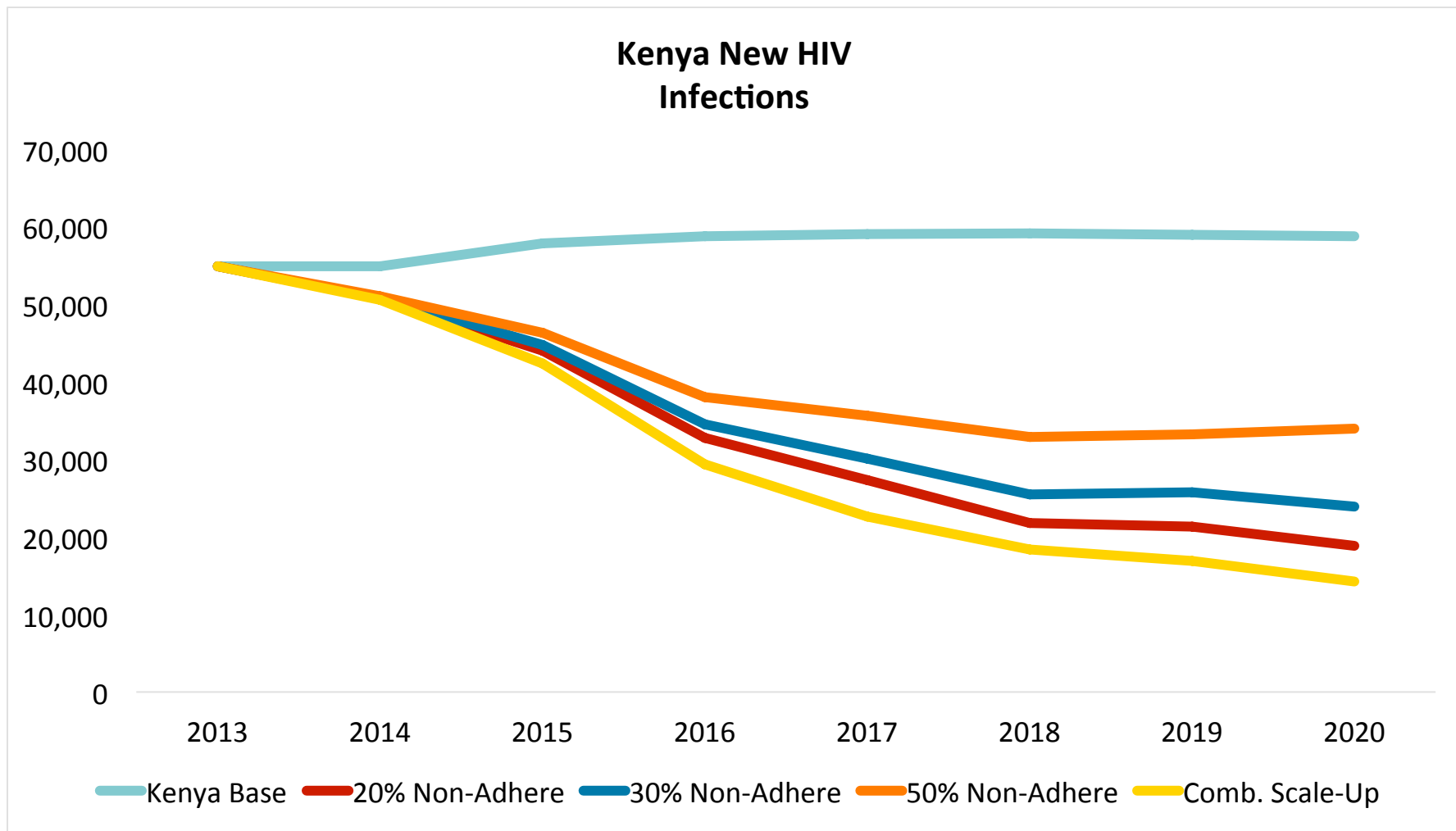


3

Quality is Critical to Success

Scaling programs without quality does not save lives and will not yield epidemic control.

Poor Adherence Sharply Reduces Prevention Impact of Scaled-up ART

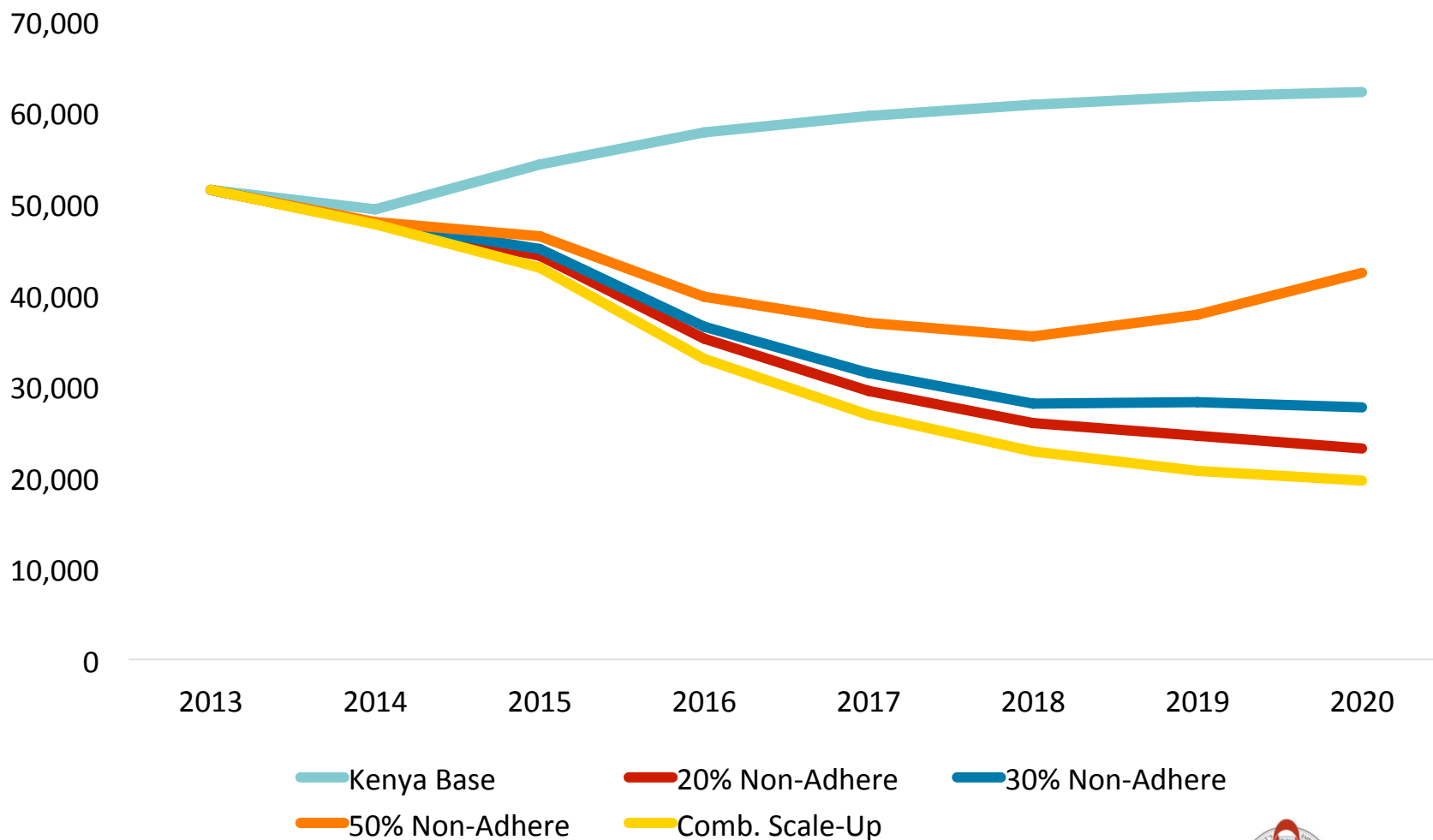


Source: Stover, 2014. Analysis for Office of the US Global AIDS Coordinator



Poor Adherence Also Sharply Reduces Mortality Impact

Kenya HIV-Attributable Deaths

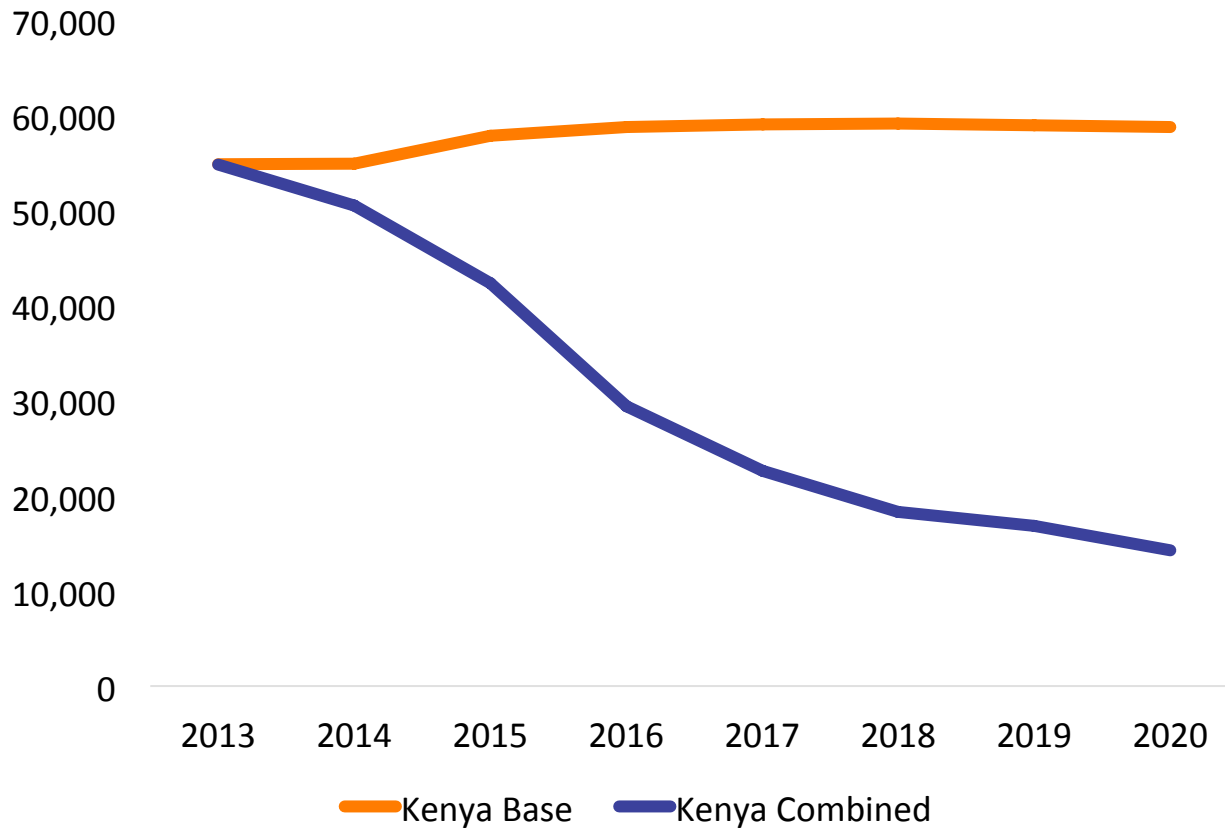


Source: Stover, 2014. Analysis for Office of the US Global AIDS Coordinator

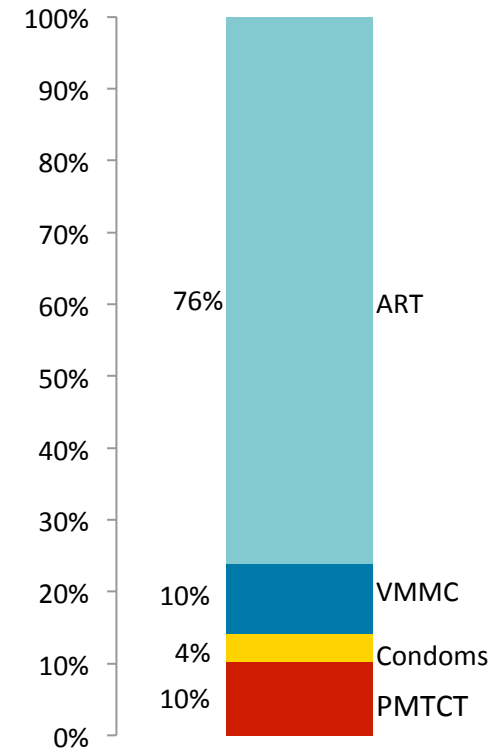


New HIV Infections with Scale Up of PMTCT, VMMC, Condom Use and ART: Kenya 2013-2020

New Infections 2013-2020



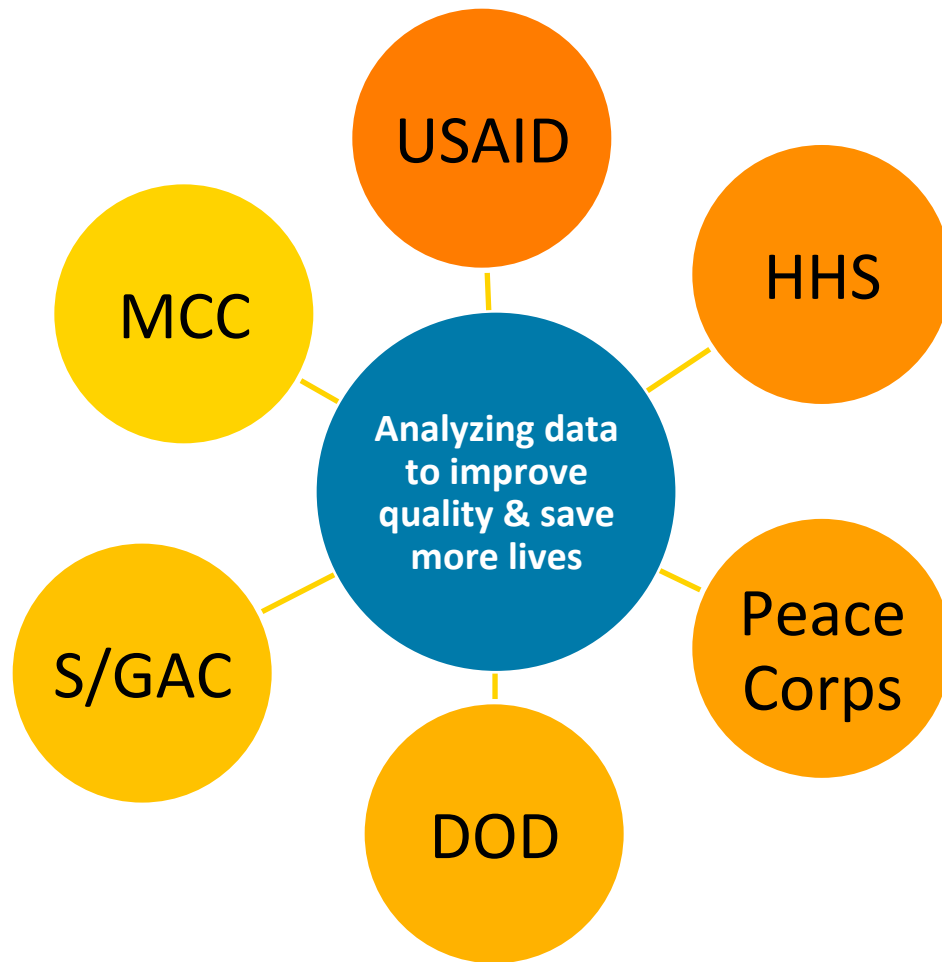
% Contribution to Infections Averted 2013-2020



Bringing Together an Interagency Collaborative

Vision: All USG Agencies in the same space with a common mission and common tools

PEPFAR Interagency Collaborative



Real-Time Analysis of:

- Expenditure data
- Site-level quality data
- Routine monitoring & evaluation data

PEPFAR Quality Improvement

Site Improvement through Monitoring System (SIMS)

Goal: To standardize site monitoring of quality of care to increase the impact of PEPFAR programs on the epidemic

- Monitor **community, facility & above-site level** activities
- Data-driven sub-national, national, and global **decision- making**
- Demonstrate **accountability for impact**
- **All PEPFAR staff** have a role in accountability, monitoring, and improvement
- **Build local capacity** with real-time feedback on site performance

Site Improvement through Monitoring

2012 –2014, n= 21 countries, 3,444 sites

Domain	Surpasses Expectations	Meets basic Expectations	Needs Improvement	Needs Urgent Remediation
Adult Care & Treatment	37.7%	35.2%	19.7%	7.3%
Pediatric Care & Treatment	37.8%	32.7%	17.6%	11.9%
PMTCT	43.8%	32.9%	15.9%	7.4%
VMMC (9 countries)	56.9%	20.0%	17.2%	5.9%
HIV Testing & Counseling	32.4%	36.6%	22.5%	8.5%
TB/HIV	26.2%	34.6%	26.4%	12.9%
Lab	16.4%	32.3%	32.8%	18.4%

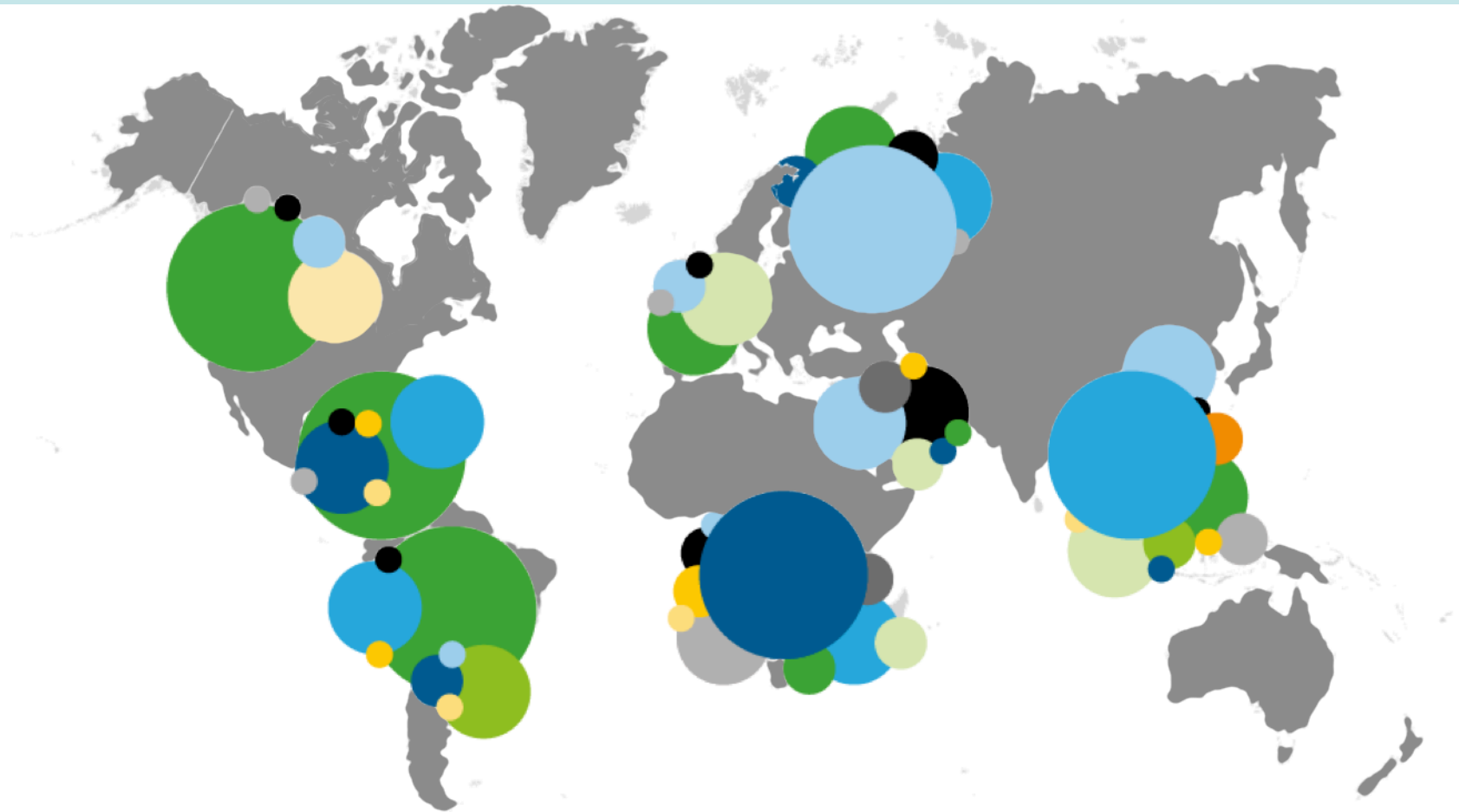


4

Leaving No One Behind

Focusing on Key Remaining Disparities

Key Populations Vary by Location

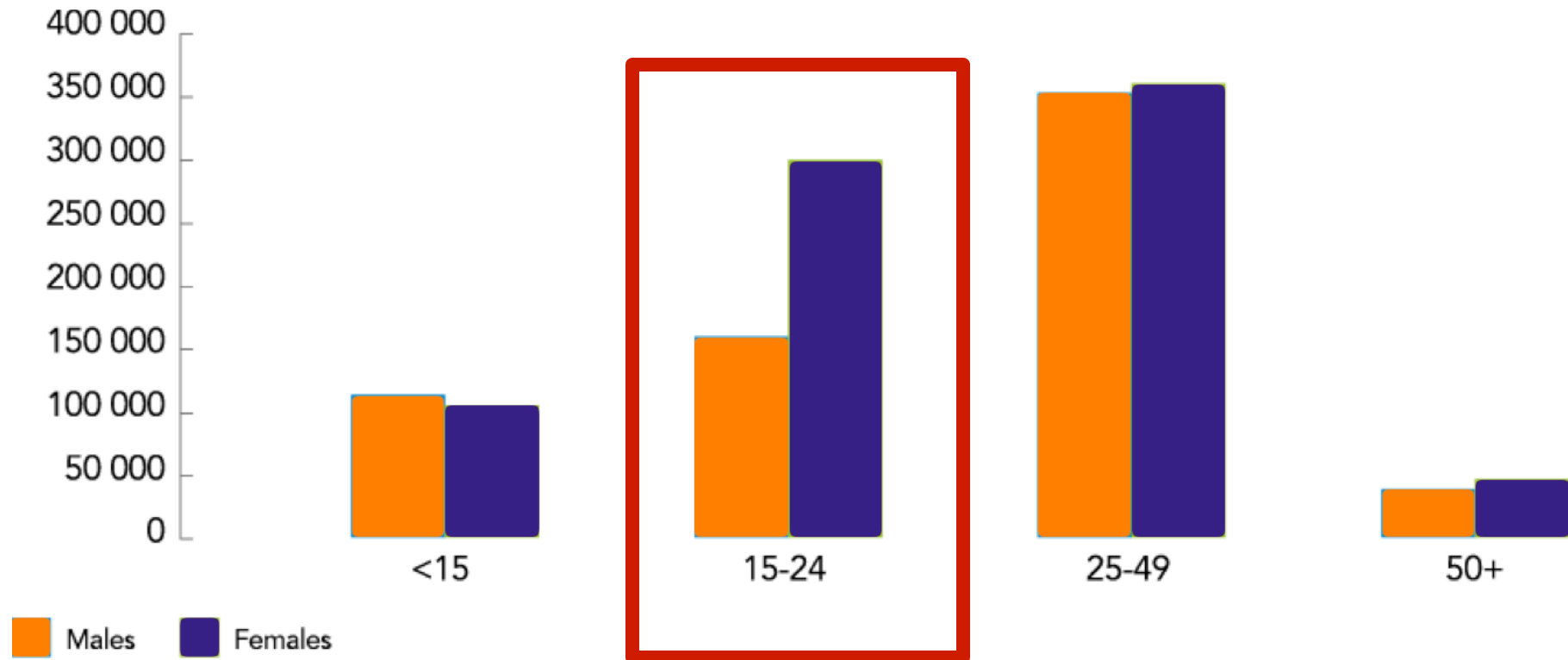


- | | | | | |
|---------------------------|-----------------------------|------------------|--------------------------|---------------------|
| ■ Young women | ■ Men who have sex with men | ■ Prisoners | ■ 50+ | ■ Intimate partners |
| ■ Sex work | ■ Transgender | ■ Displaced | ■ Disabled | |
| ■ People who inject drugs | ■ Migrants | ■ Pregnant women | ■ African-American women | |

People living with HIV (children and adults) are included as members of all of the featured populations. They are implicitly included in this map as they must have universal access to services.

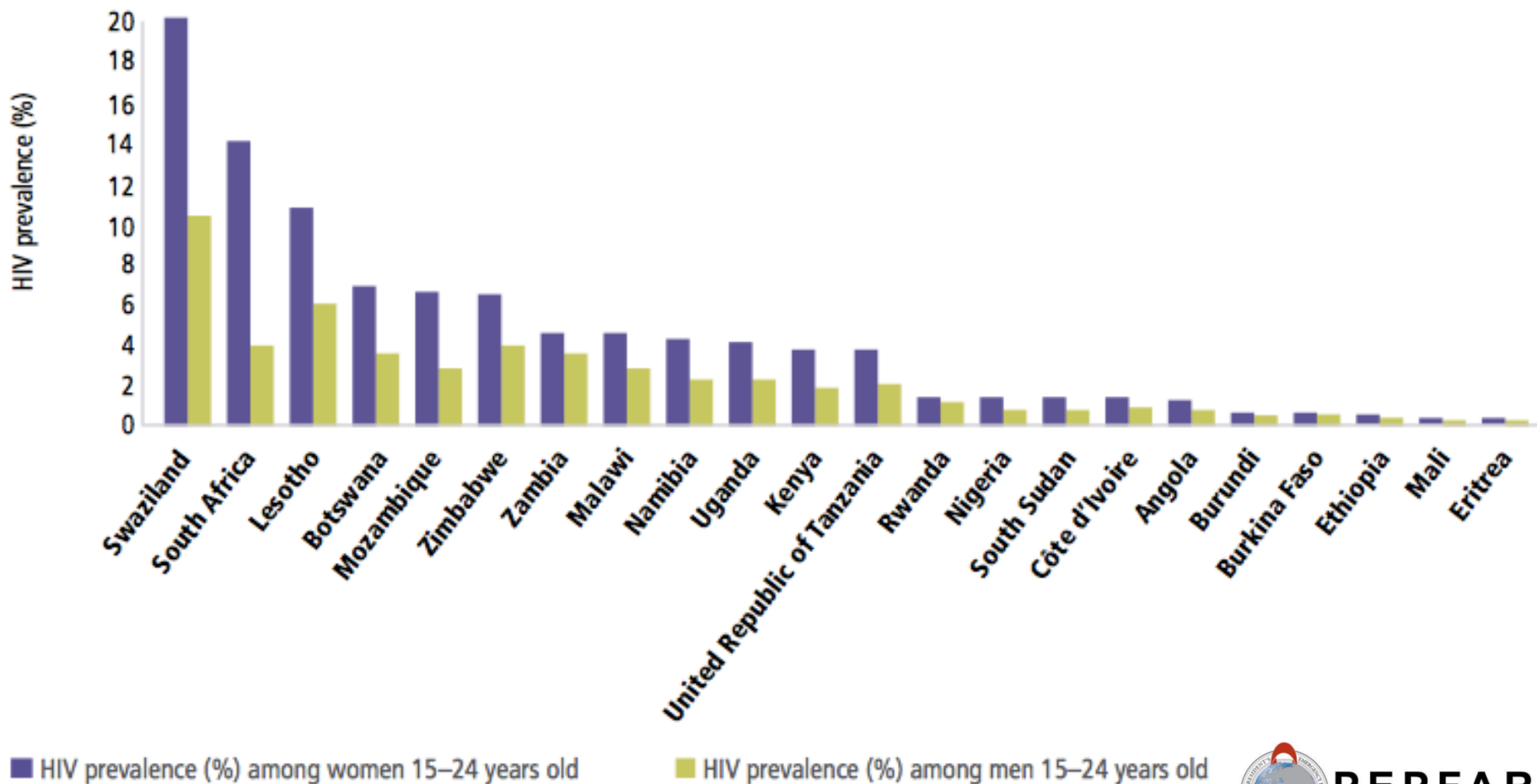
Disparately High HIV Prevalence among Young Women Compared to Young Men

New HIV Infections in Sub-Saharan Africa by Age & Sex, 2013



HIV Prevalence among Young Adults (15-24)

HIV Prevalence among Young Women & Young Men (15-24 years old) in Select African Countries, 2012

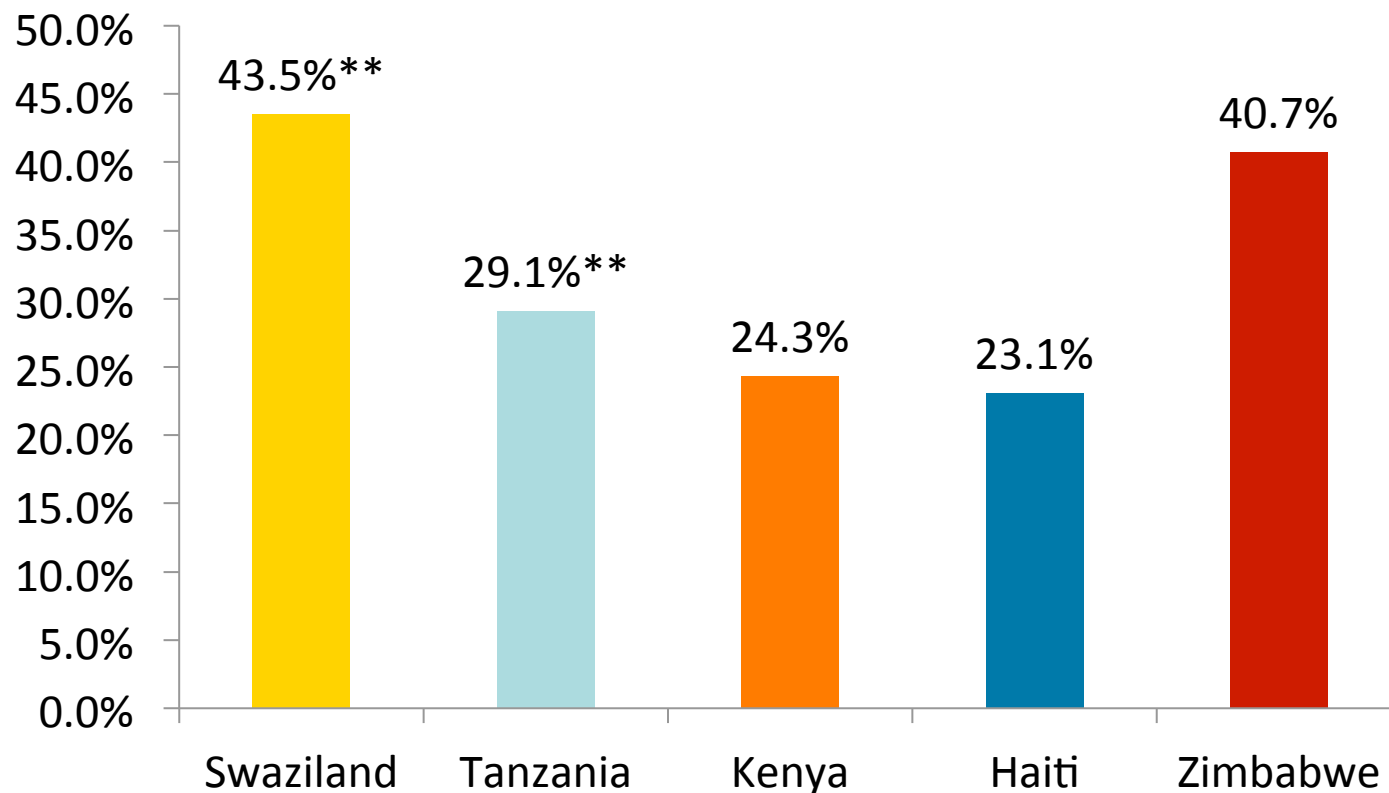


Source: WHO, 2014

Violence Against Children Surveys (VACS)

Reducing Gender Based Violence is a Critical Priority

Percentage of females 18-24 who reported unwilling first sexual intercourse prior to age 18 *



*Among females reporting sexual debut before age 18

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

Sources:

UNICEF Swaziland and CDC. Findings from a National Survey on Violence Against Children in Swaziland. CDC, Atlanta. 2007

UNICEF Tanzania, CDC, and Muhimbili University of Health and Allied Sciences. Violence against Children in Tanzania: Findings from a National Survey 2009. Dar es Salaam, Tanzania. 2011

UNICEF Kenya, CDC, and Kenya National Bureau of Statistics. Violence against Children in Kenya: Findings from a 2010 National Survey. Nairobi, Kenya. 2012

Zimbabwe National Statistics Agency. National Baseline Survey on Life Experiences of Adolescents in Zimbabwe 2011. Preliminary Report. 2012

CDC, Interuniversity Institute for Research and Development, Comité de Coordination. Violence against Children in Haiti: Findings from a National Survey, 2012. Port-au-Prince, Haiti: Centers for Disease Control and Prevention, 2013



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

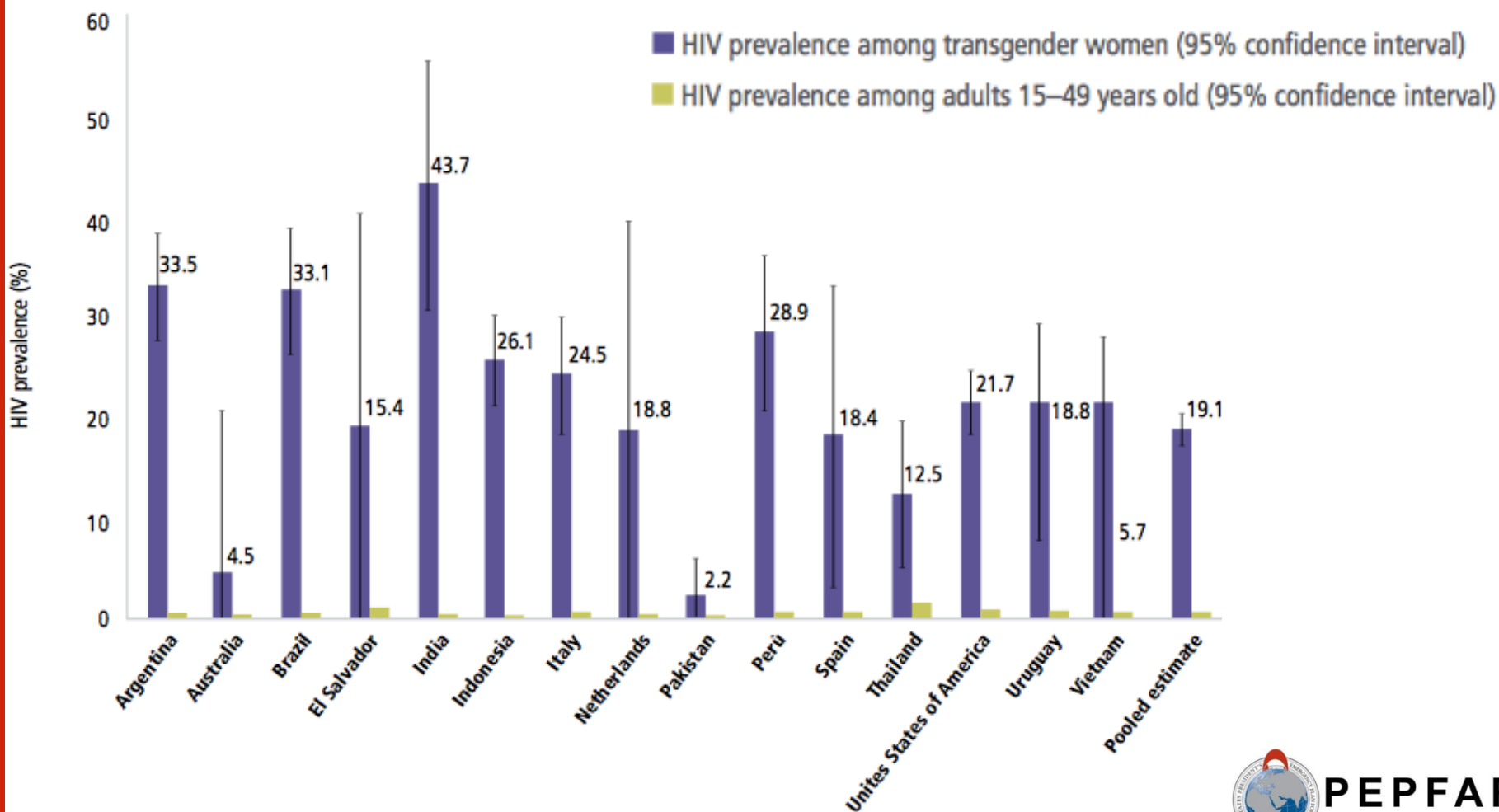
Disparate Burden of HIV among Female Sex Workers versus General Population of Women

Pooled HIV Prevalence among Female Sex Workers by Region, 2007-2011



Disparity in HIV Prevalence among Transgender Women versus General Population of Adults

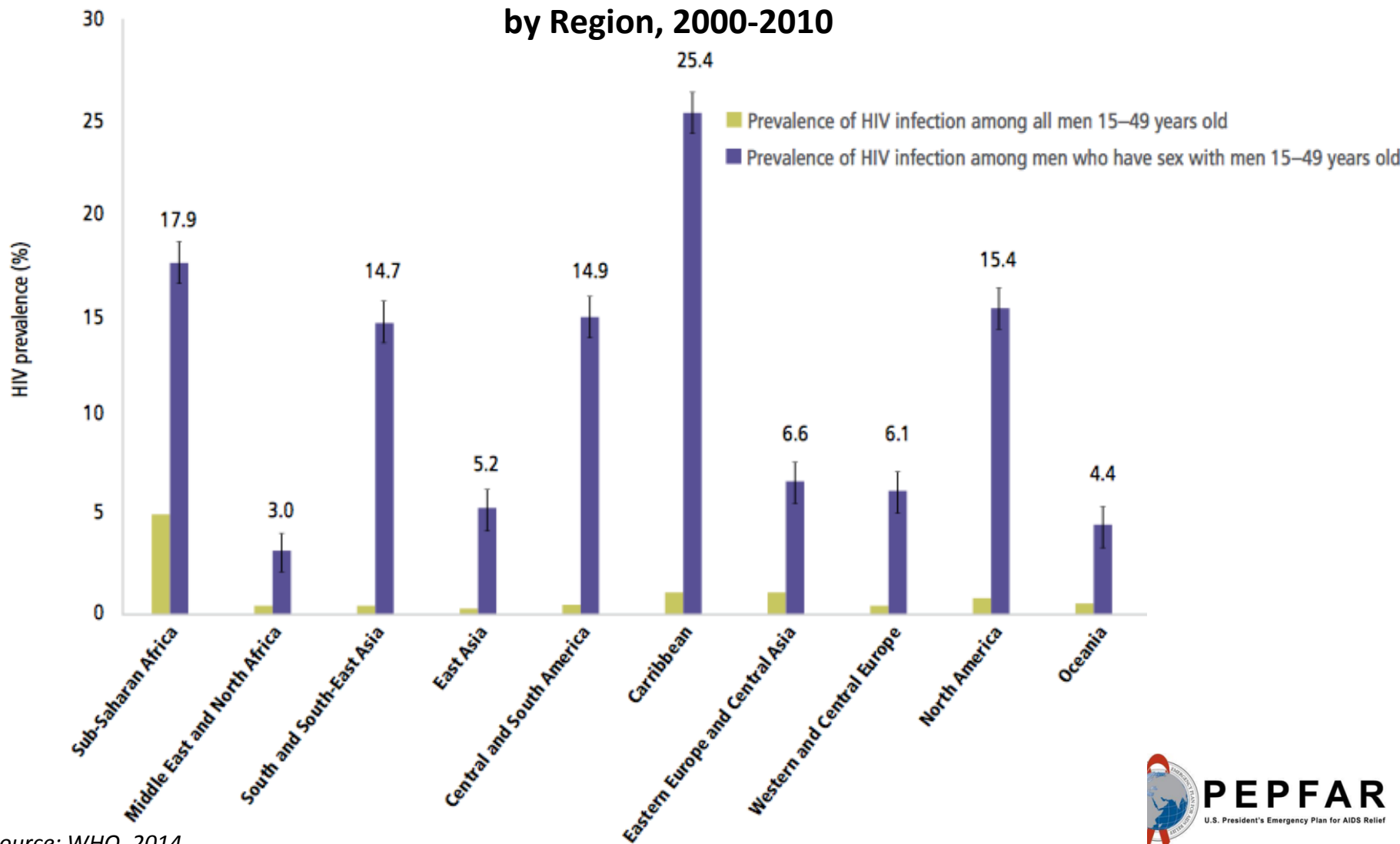
Figure 7.3. Aggregate HIV prevalence among transgender women in selected countries, 2000–2011



Source: WHO, 2014

Disproportionate Burden of HIV among MSM

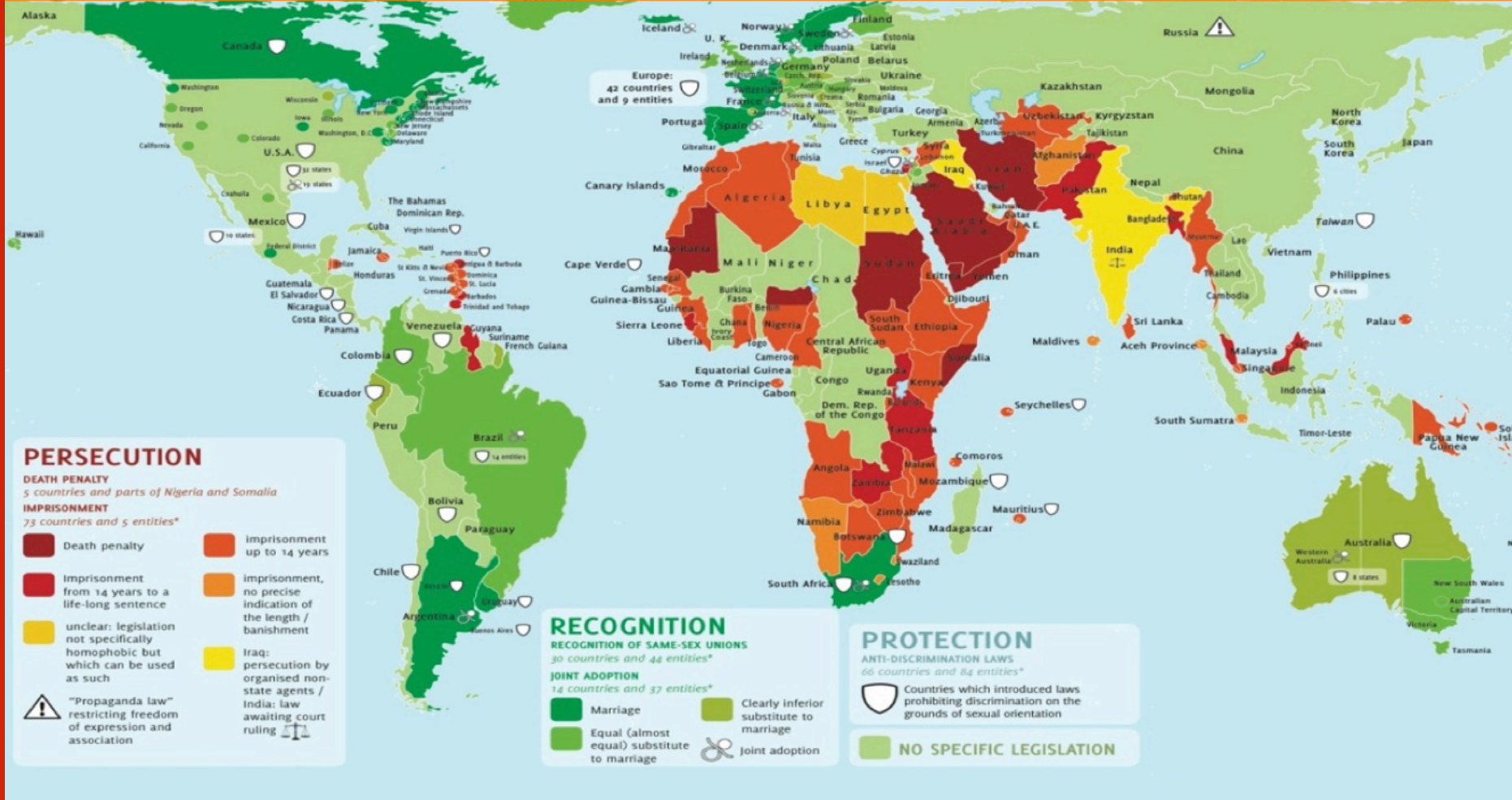
**Pooled HIV Prevalence among Men who have Sex with Men
by Region, 2000-2010**



Source: WHO, 2014

Discriminatory Cultural & Legal Environments

Nearly 80 countries have laws that persecute same-sex sexual relations



Discriminatory Environments Impede Effective HIV Service Delivery

Characteristic	Malawi	Namibia	Botswana
MSM afraid to seek health services	18%	18%	21%
MSM afraid to walk in community	16%	17%	29%
MSM blackmailed because of sexuality	18%	21%	27%
MSM beat up by govt/police official	8%	22%	2%



Cultural and political environments contributing to **stigma and discrimination** impede access to life-saving services for many populations

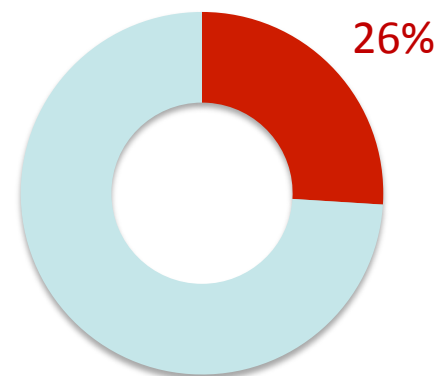
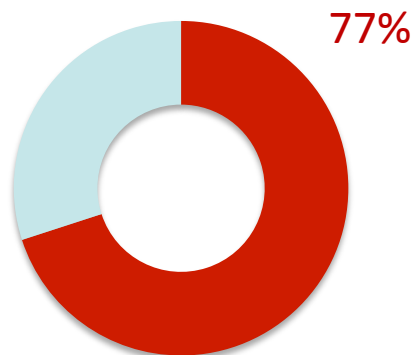
Disparity in Burden of HIV and Access to Lifesaving ART among People who Inject Drugs

2006

Burden of HIV in Europe

People on ART in Europe

- People who Inject Drugs
- Others

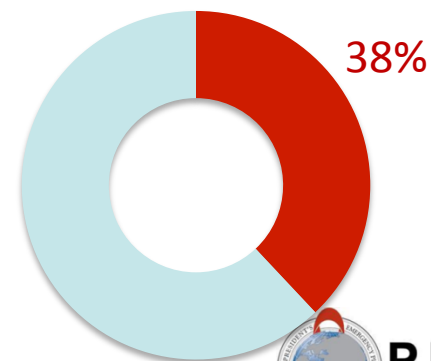
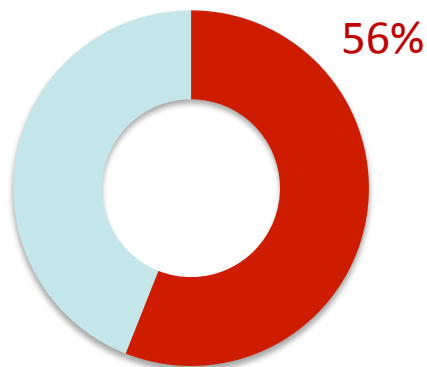


2012-2013

Burden of HIV in Europe

People on ART in Europe

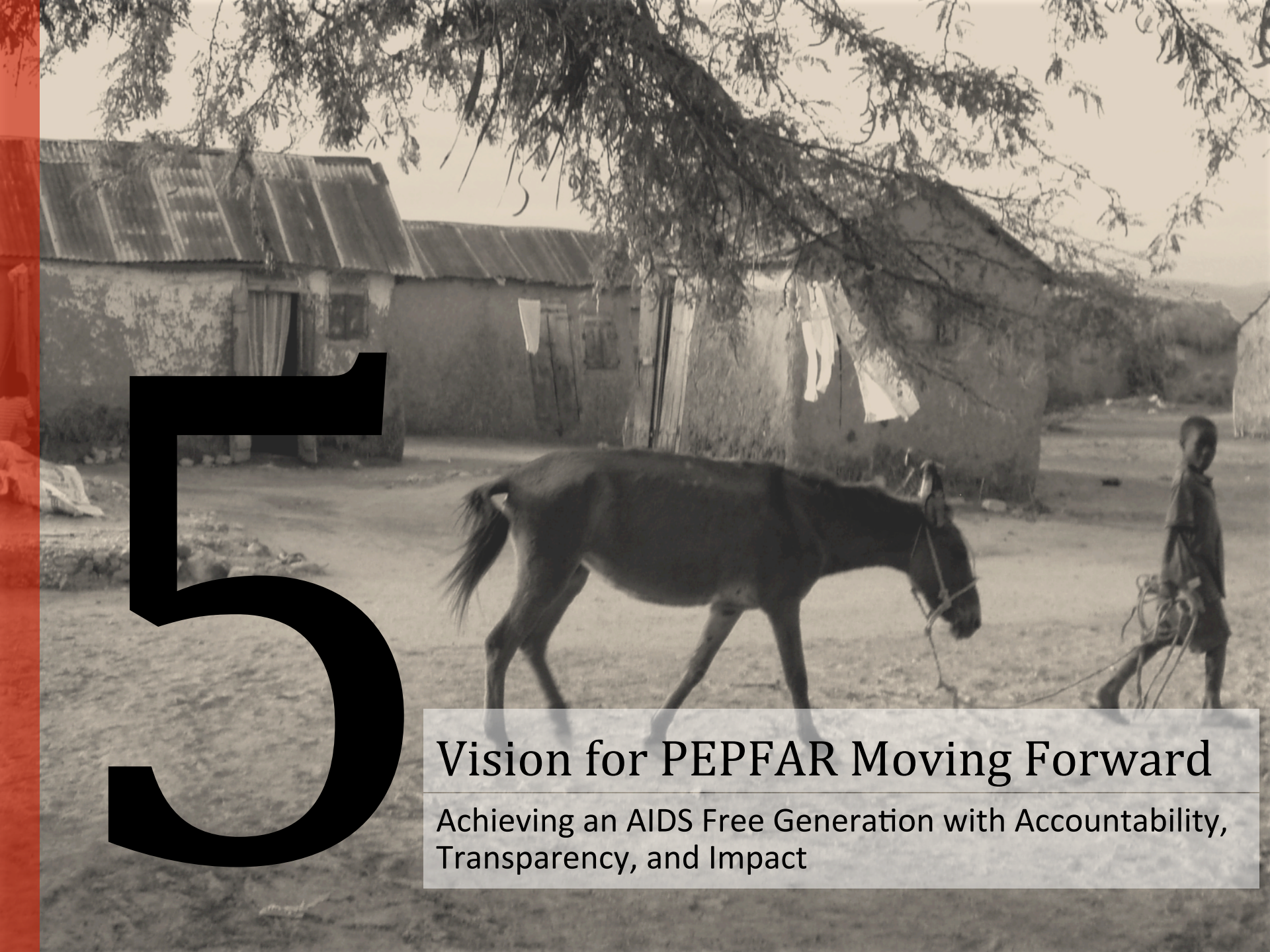
- People who Inject Drugs
- Others



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

Summary of the Right Thing, Right Place, Right Time

- Ensuring the **right thing**
 - The core interventions
- Ensuring the **right place**
 - Geographically focused
 - Reaching the most vulnerable
- The **right time** – an expanding HIV epidemic is not financially sustainable
 - Preventing new infections in the most vulnerable and high prevalence areas
 - Ensuring implementation of the WHO guidelines
 - Mapping impact at the community level including core service coverage, HIV prevalence and incidence



5

Vision for PEPFAR Moving Forward

Achieving an AIDS Free Generation with Accountability, Transparency, and Impact

PEPFAR's 3 Guiding Pillars

Delivering an AIDS-Free Generation with Sustainable Results

AIDS-free Generation

Accountability

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

Transparency

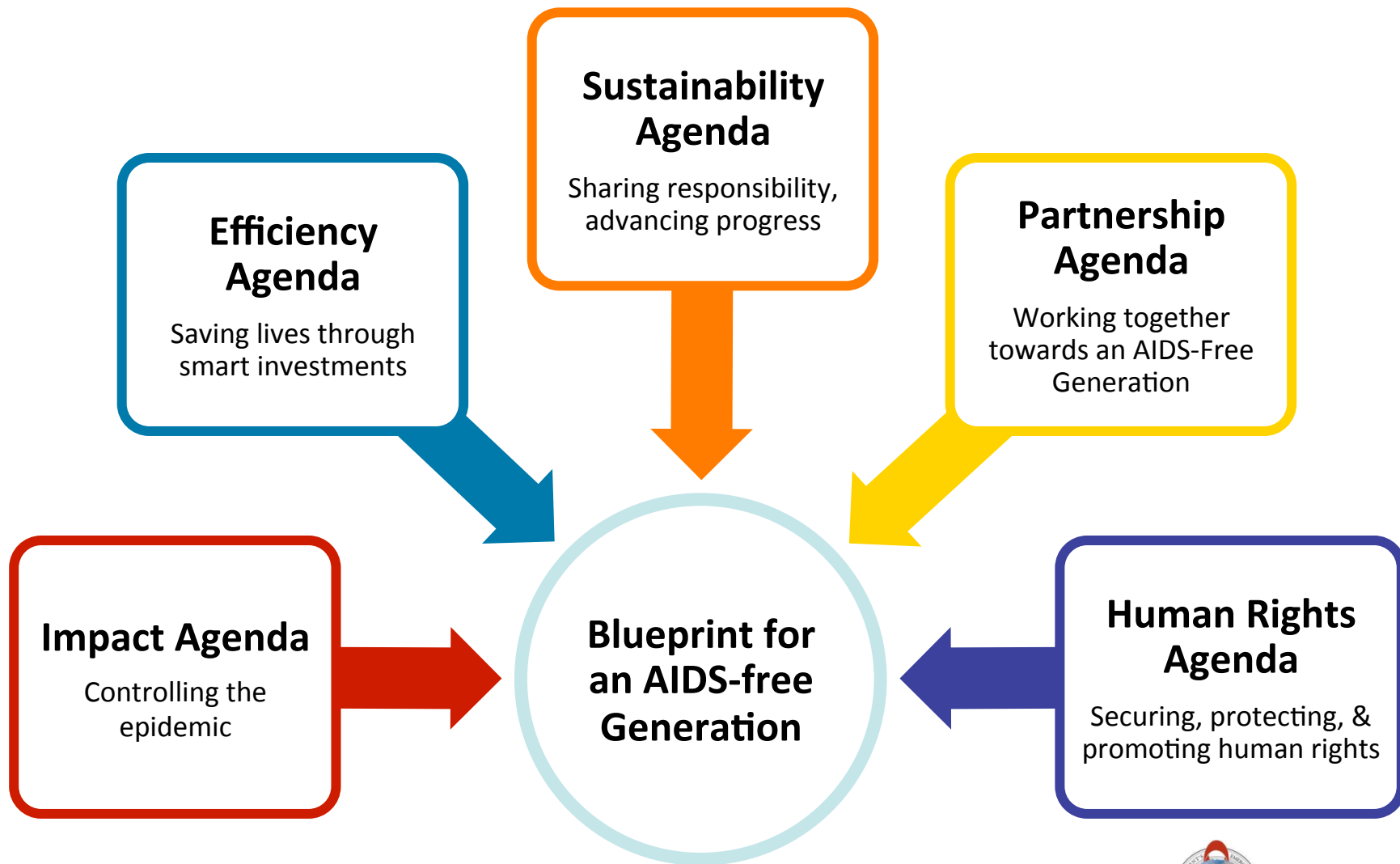
Demonstrate increased transparency with validation and sharing of all levels of program data

Impact

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

PEPFAR's Five Key Agendas

Translating the 3 Guiding Pillars to Results



Our work is not done. This week alone...



Over 3600 children died this week from HIV

Over 25,000 adults died this week from HIV

Over 4,600 babies were infected with HIV

Over 36,500 adults were infected of which more than 7000 were young women





PEPFAR

THANK YOU