90-90-90 and PEPFAR 3.0: Pivoting Toward HIV Control

Controlling the HIV Epidemic with Antiretrovirals - Having the Courage of Our Convictions

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Outline

- Rationale for Fast Tracking PEPFAR 3.0
- "PEPFAR Pivot"
 - early example
 - optimizing efficiencies
 - maximizing impact

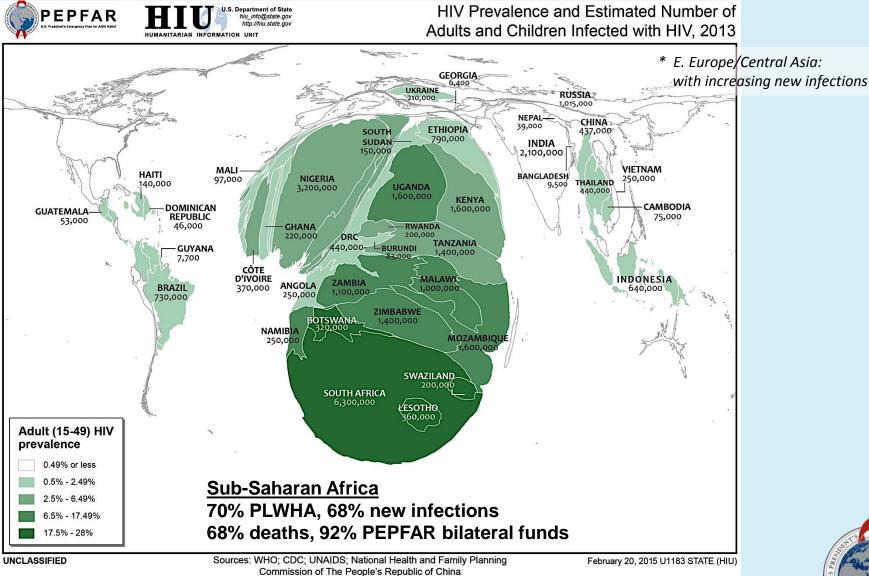


- Having the Courage of Our Convictions
- Partnership & Together: an AIDS Free Generation

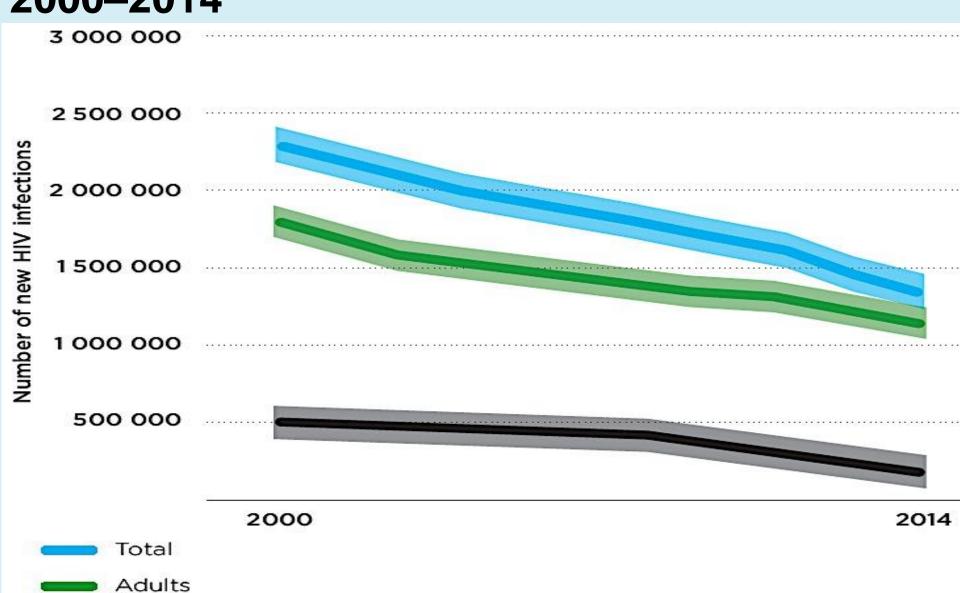




HIV Prevalence & Burden, 2013



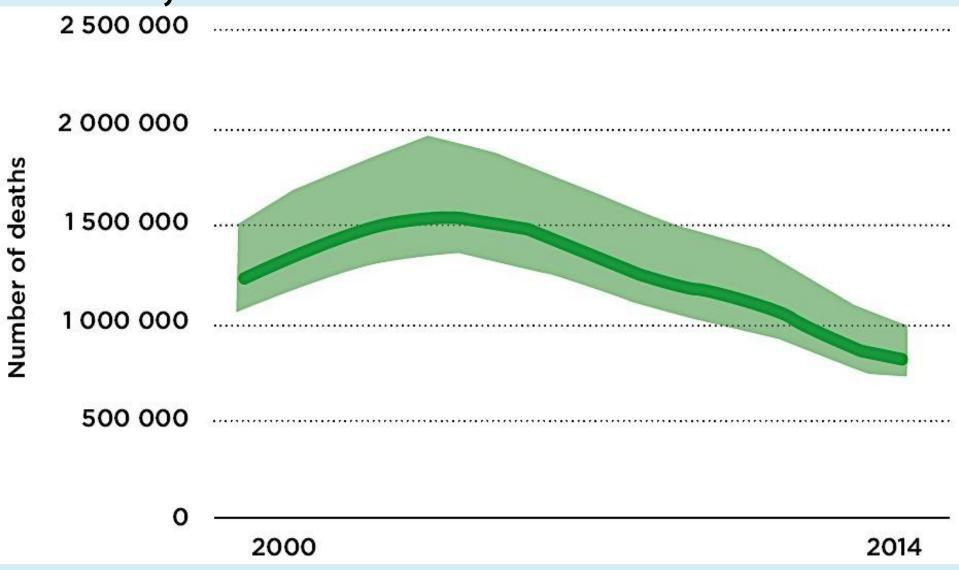
New HIV infections in sub-Saharan Africa, 2000–2014



Children

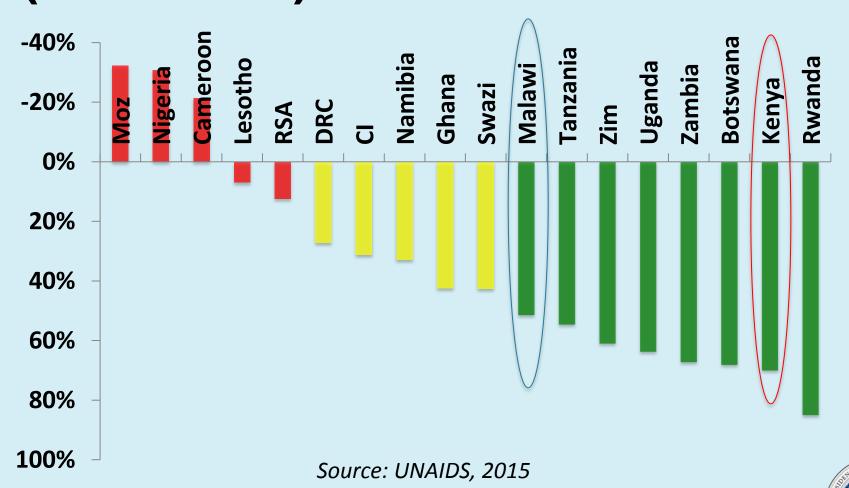
Source: UNAIDS 2014 estimates.

AIDS-related deaths in sub-Saharan Africa, 2000–2014

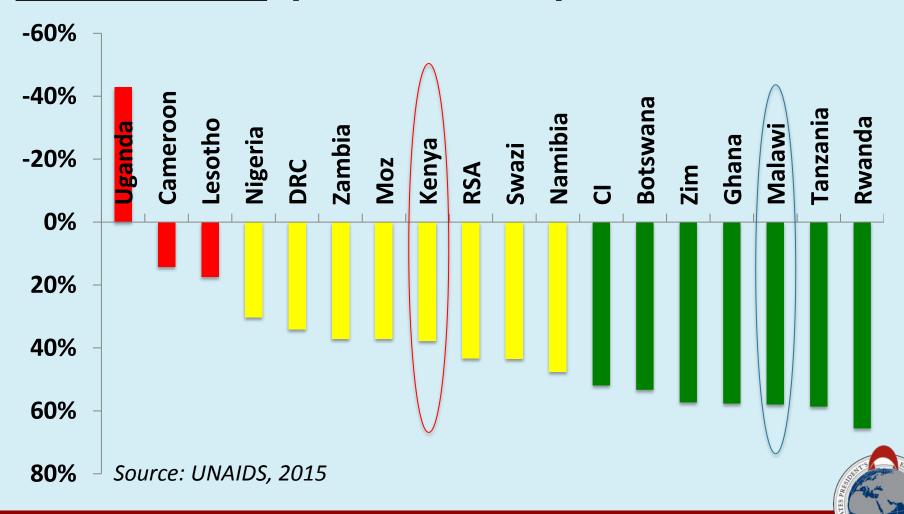


Source: UNAIDS 2014 estimates.

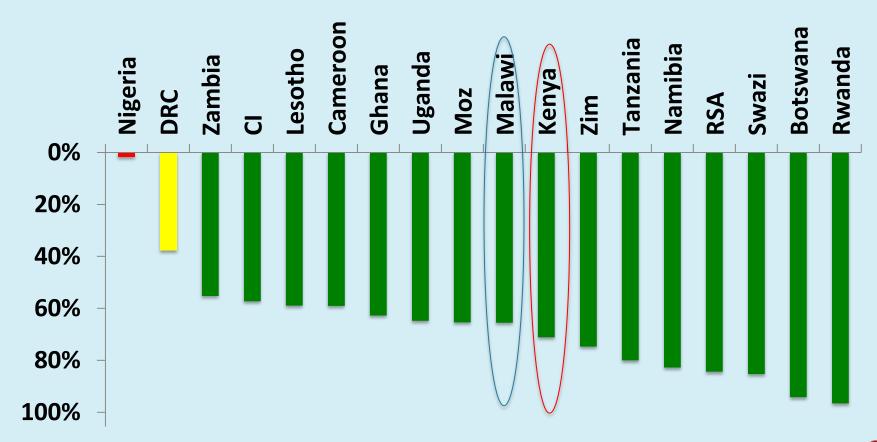
% Change in HIV/AIDS <u>Deaths</u> (2000-2014)



% Change in HIV/AIDS <u>New</u> <u>Infections</u> (2000-2014)



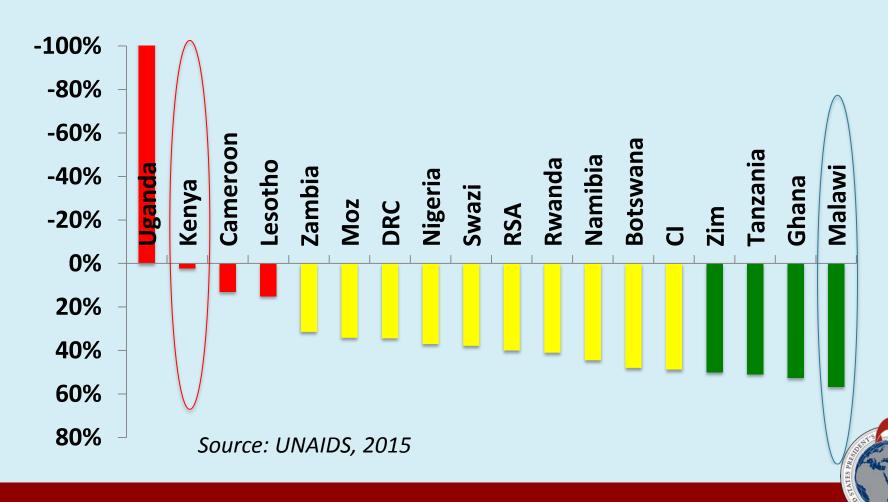
% Change in HIV/AIDS <u>Child New</u> <u>Infections</u> (2000-2014)

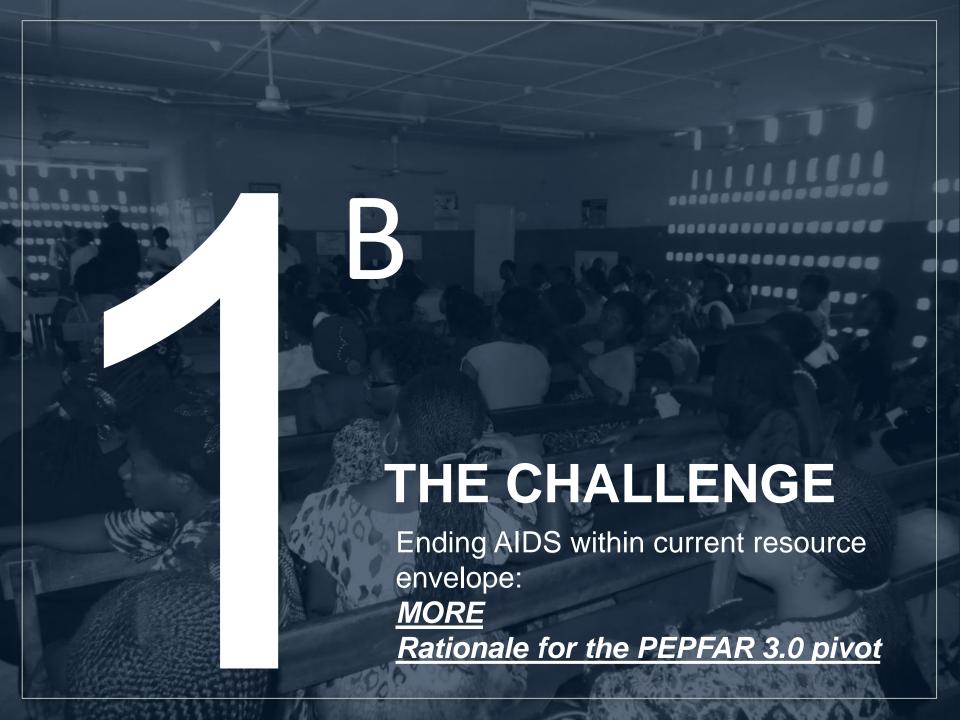


Source: UNAIDS, 2015

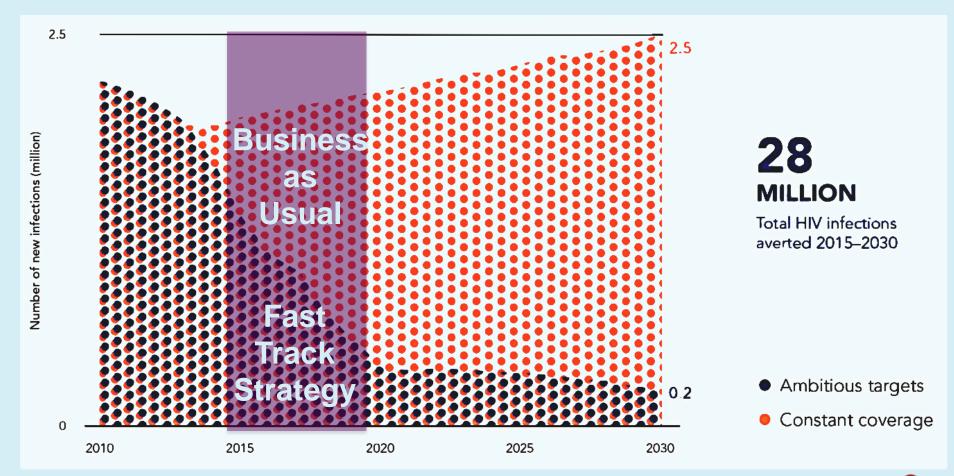


% Change In HIV/AIDS <u>Adult New</u> <u>Infections</u> (2000-2014)





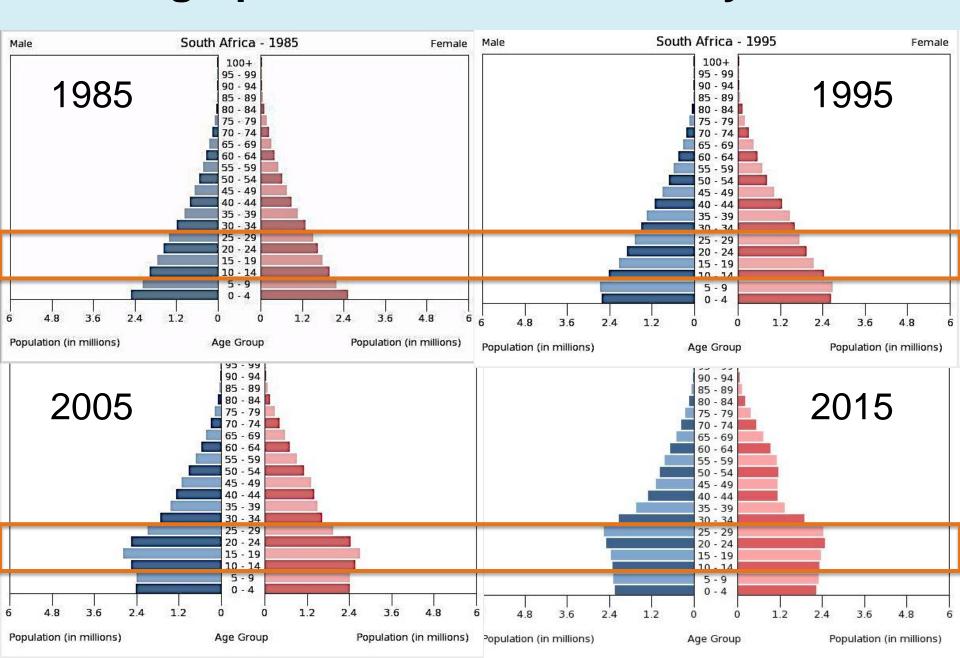
We have a 5-YEAR WINDOW



Source: UNAIDS, 2015

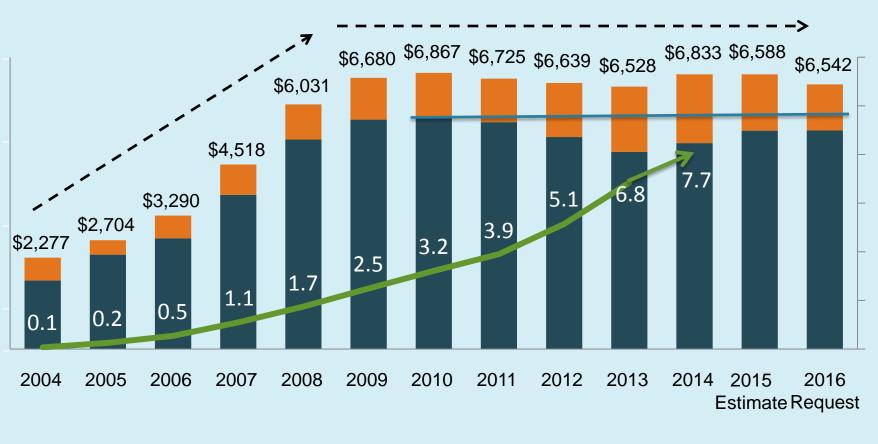


Demographic shift in RSA: 10-29 year olds



PEPFAR & GF Funding Has Plateaued

PEPFAR annual funding (\$USD Millions)



Global Fund —— Indivs on PEPFAR-supported treatment (millions)

Bilateral HIV/AIDS programs

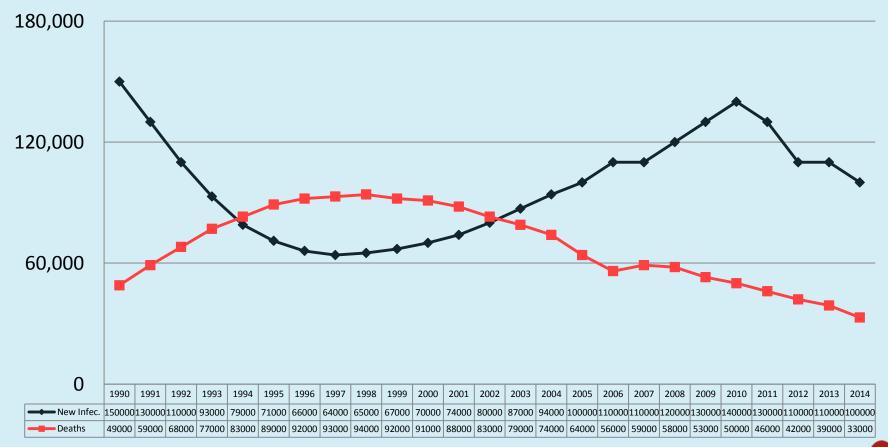


UGANDA

An early pivot:
We can be agile as governments
and pivots can be sustained

Estimated Number of New HIV Infections and AIDS Deaths by Year

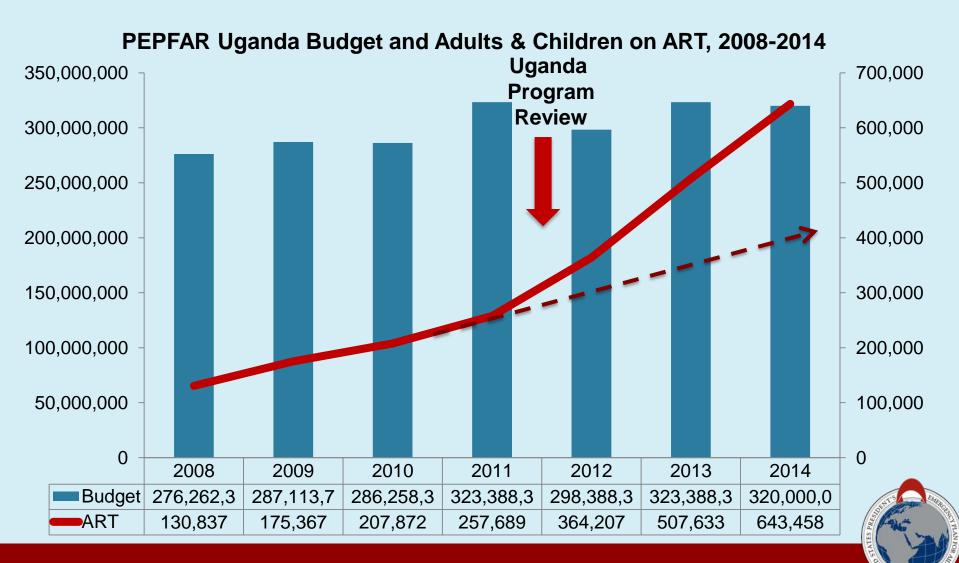
Uganda



Source: UNAIDS How AIDS changed everything - http://aidsinfo.unaids.org/

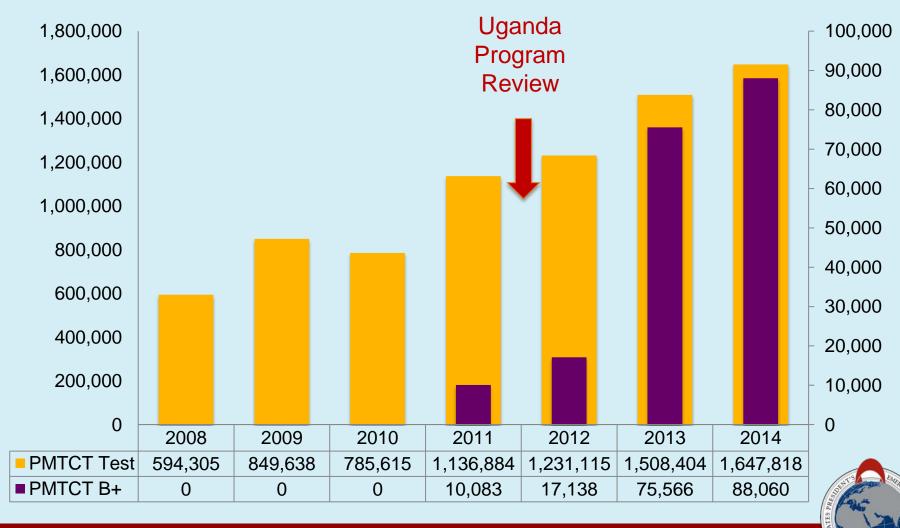


Uganda: Focus on Core (Treatment)

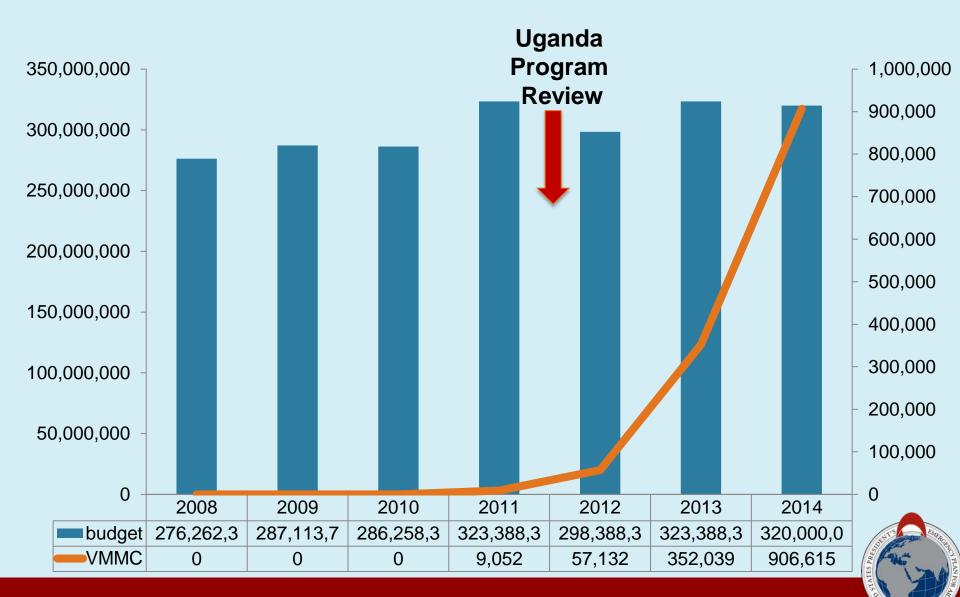


Uganda: Focus on Core (PMTCT) B+ Acceleration

PEPFAR Uganda PMTCT: Testing of Pregnant Women & Lifelong ART for Mothers



Uganda: Focus on Core (VMMC)





PEPFAR 3.0

Achieving 90/90/90 targets & epidemic control with the current global budget will require delivering the

Right Things
in the
Right Places

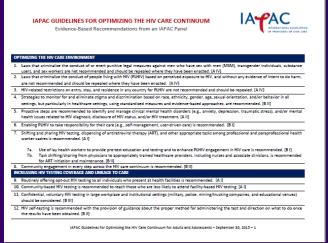
Right Now In the Right Way

Right Things

- HIV Testing & LTC
- ART
- VMMC
- PMTCT/Option B+
- Condoms









Right Things in the Right Way Analyzing Investments in Health Systems

Difference in Country Operation Plan 2013 (COP13)

Health Systems Strengthening (HSS) Budget vs. Expenditures

COP 13 Budget \$296 M

EA 2014 Expenditure \$750 M

Difference \$454 M



Tanzania COP15 HSS Review

- Analysis of investments in health systems
- Systematic, algorithm-driven review

 (district priority, crucial to epidemic control, funding areas, linkages to lab, sustainability)
- Pre-Review funding: 94.7M USD
- Post-Review funding: 55.9M USD





Health System Strengthening (HSS) COP15 Review & Upcoming COP16

COP15 Findings

- HSS activities programmed from non-HSS budget codes not well coordinated or understood
- Many HSS activities were redundant—costs carried by other program budget codes/targets, unnecessarily squeezed budget envelope

Immediate Next Steps

5 Countries for HSS reviews Oct-Dec

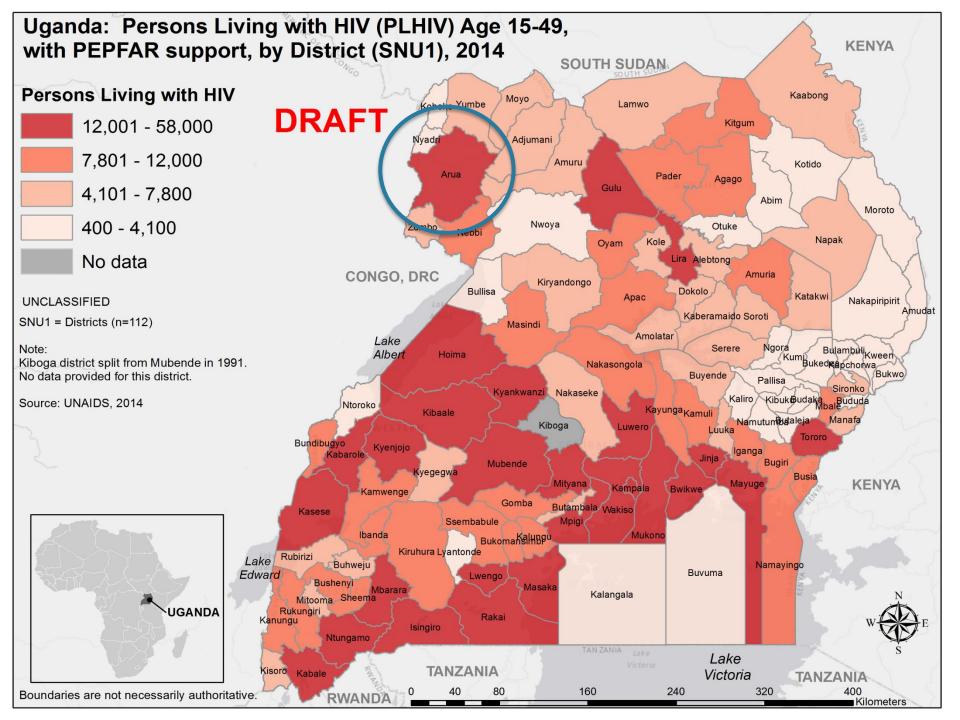
Criteria for HSS Investments in COP16

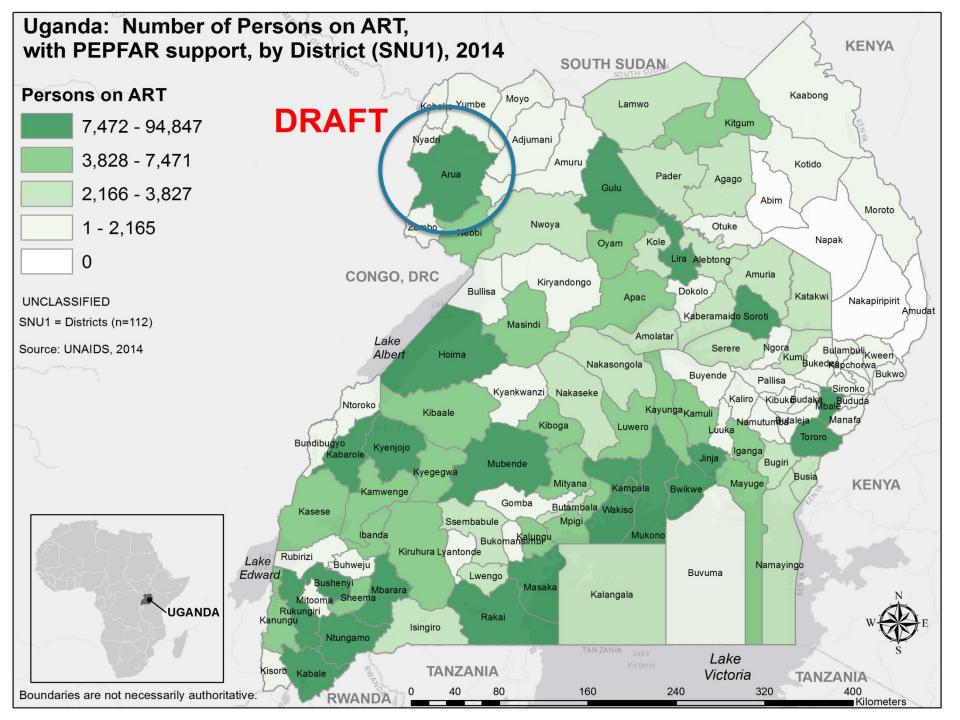
- HSS expenditures evaluated at activity level
 - > Redundant?
 - Align with new geographic footprint?
 - Align with new intervention mix?
 - Accelerate achievement of epidemic control?

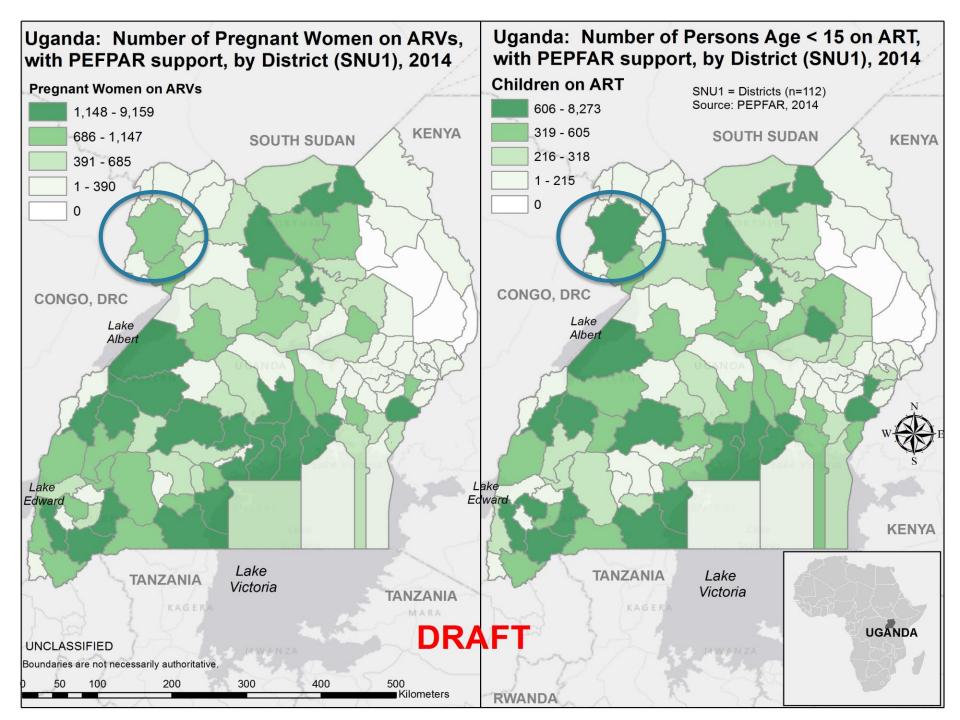


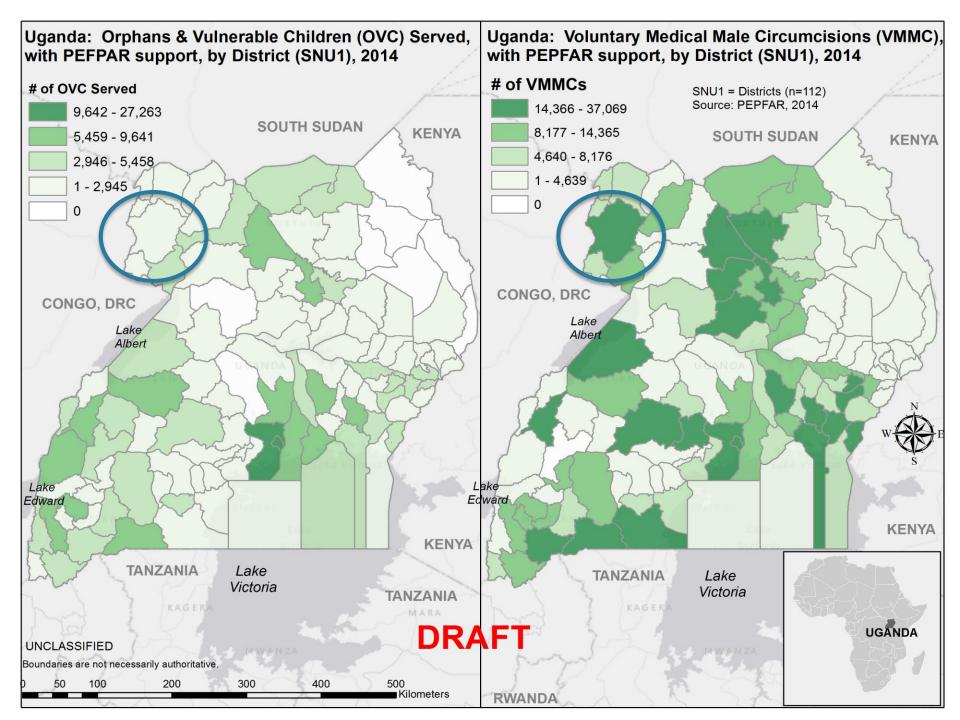
Right Places - Focusing Programs

- 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 our programming geographically & among neglected populations (e.g. OVC programming should align with the epidemic)
- Highest volume facilities
 - Analyzing site-level data to prioritize support to facilities and communities with greatest need

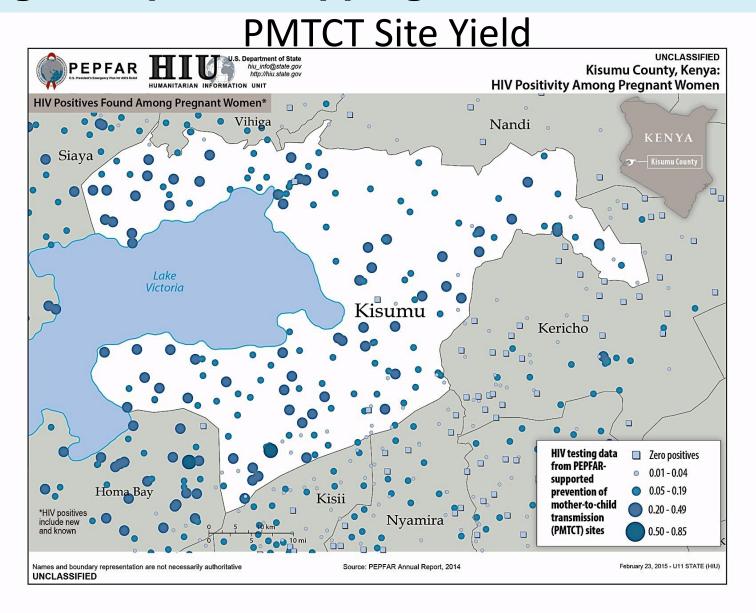






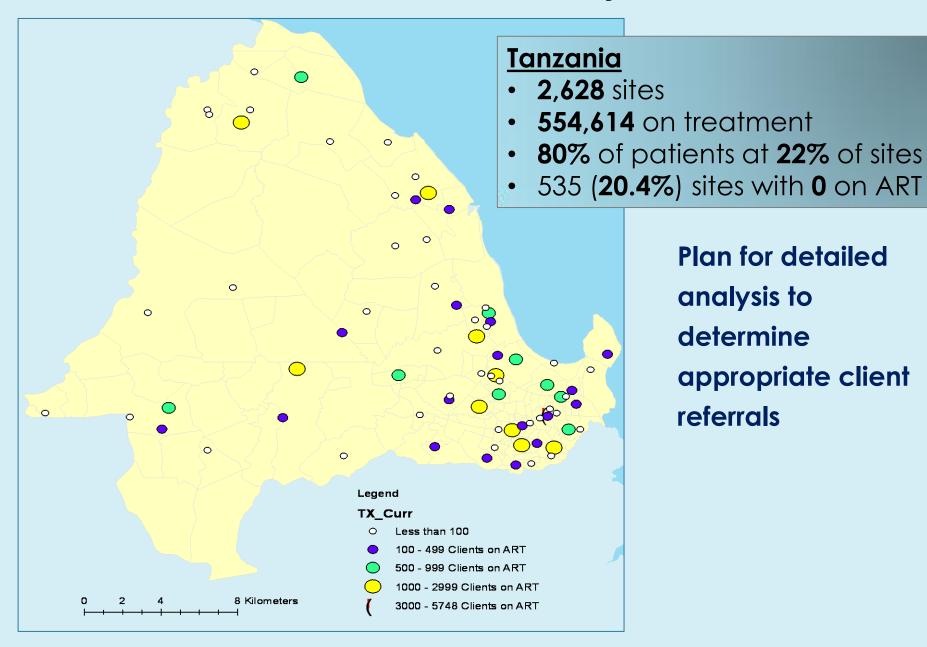


Using Geospatial Mapping to Define Site Density

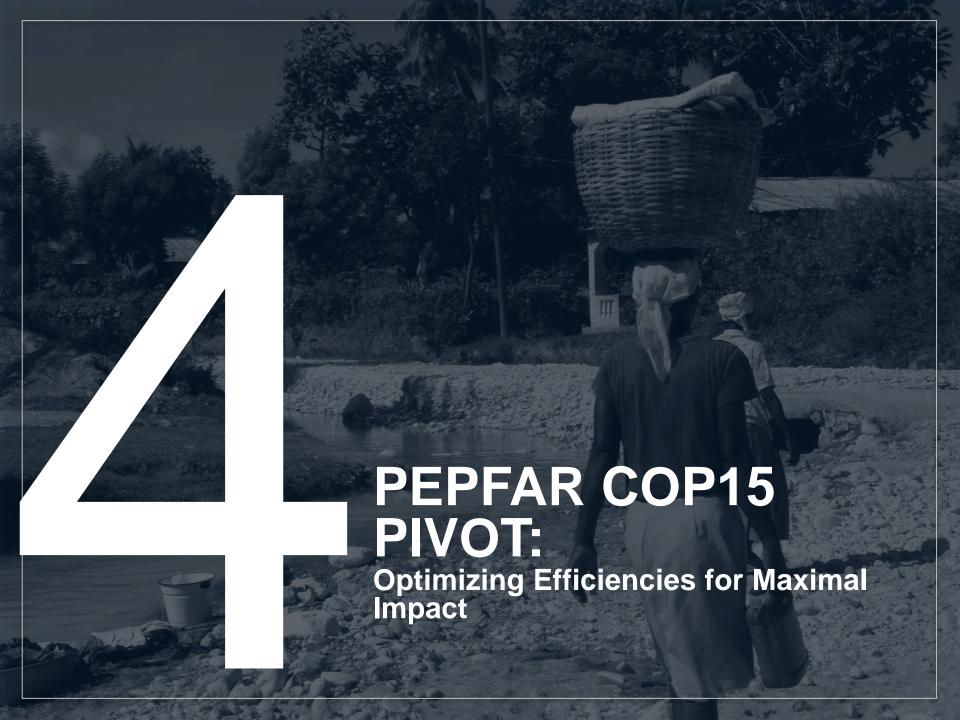




Site Prioritization: Priority Districts



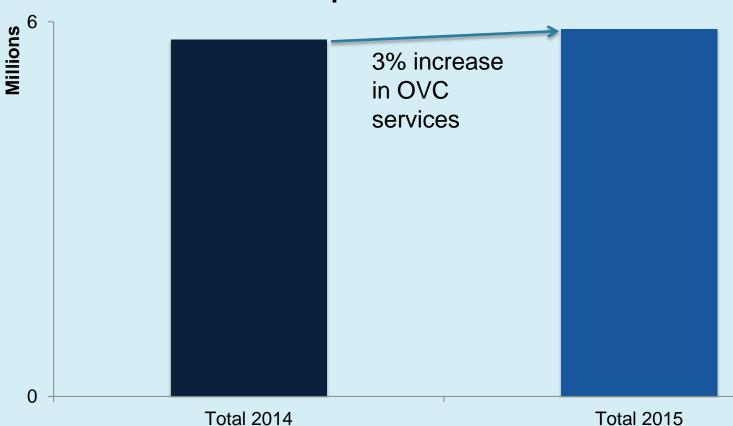
Plan for detailed analysis to determine appropriate client referrals



Maintaining & Focusing OVC Services

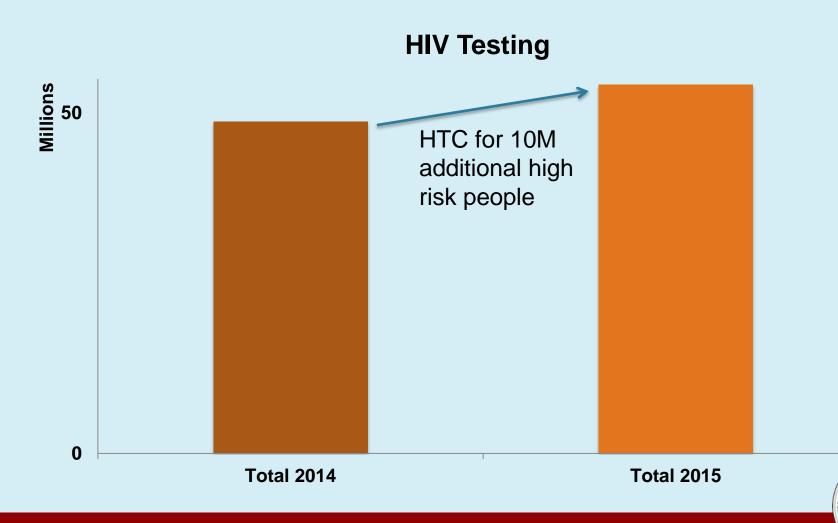
To ensure the most vulnerable receive services tailored to their needs

Services for Orphans & Vulnerable Children



11% increase in HIV Testing Targets

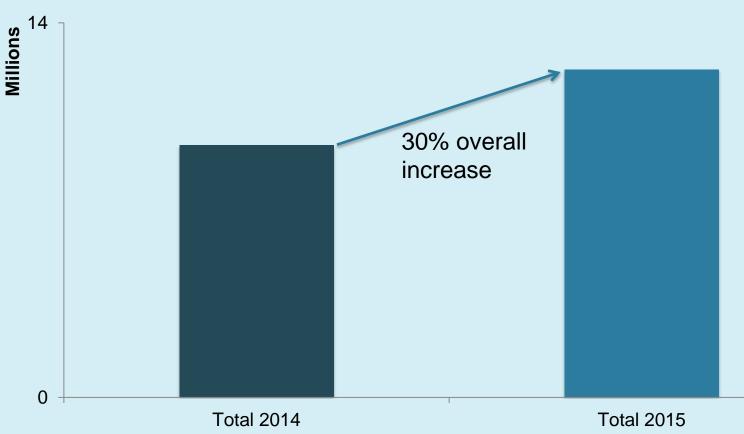
with targeting of highest burden populations to maximize positive yield



30% Increase in Current Patients on Treatment

Massive increase in the number of people receiving lifesaving ART

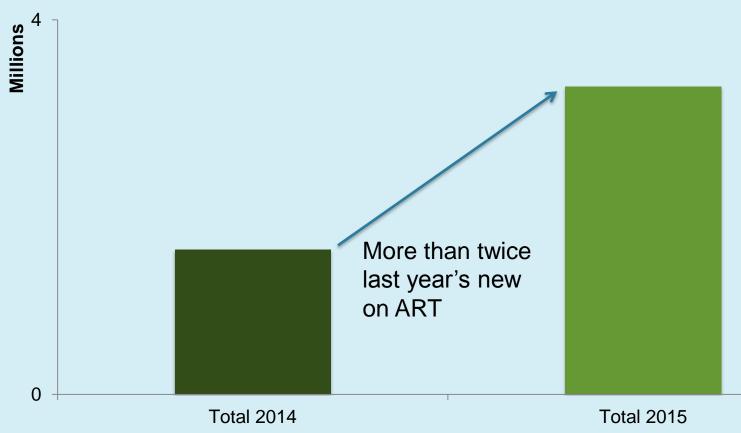




113% Increase in New Patients on ART

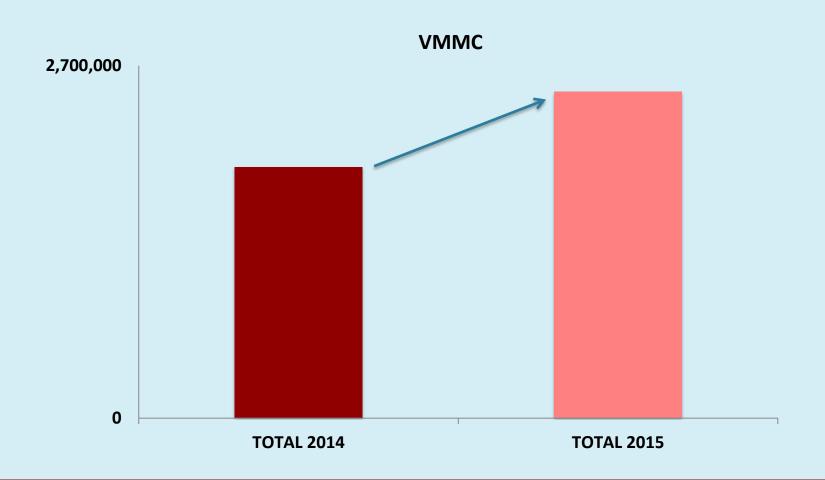
Unprecedented acceleration & scale-up of treatment services for adults and children





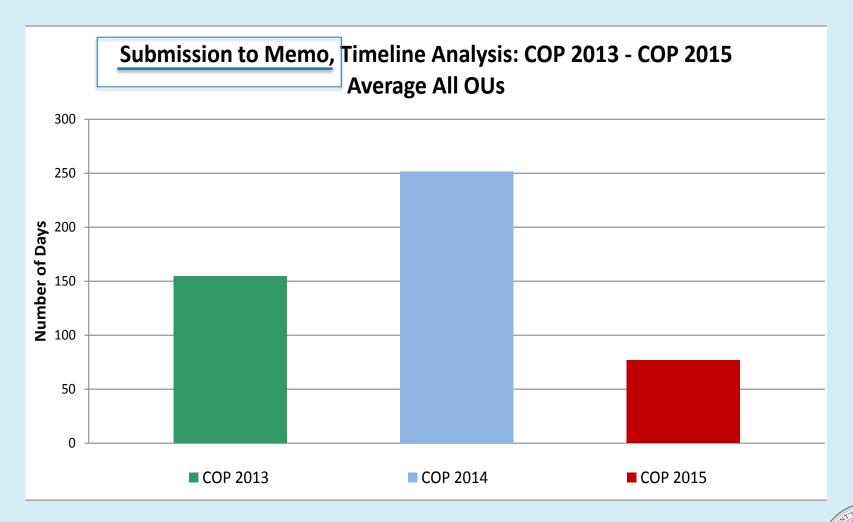
25% Increase in VMMC

Focusing on highest prevalence areas & populations

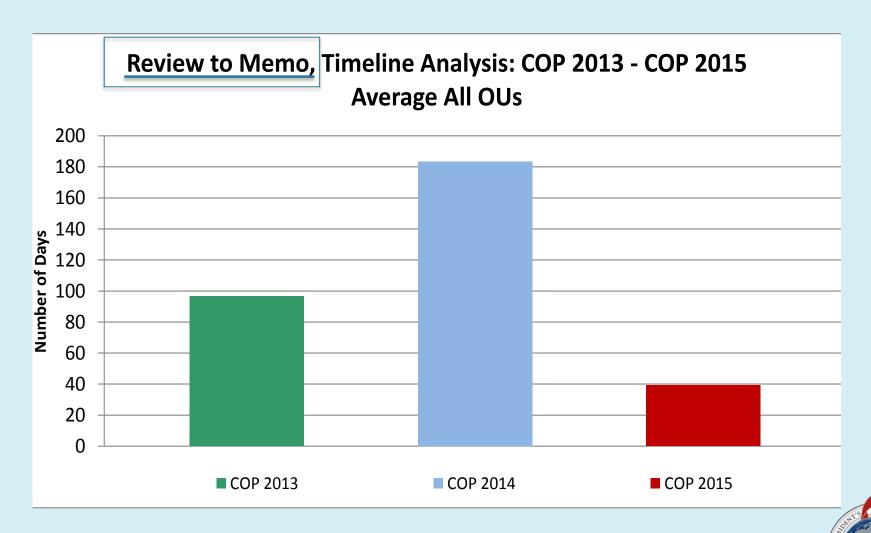




Significant Increase in Efficiency of COP Review Process (2013/2014 – 2015)



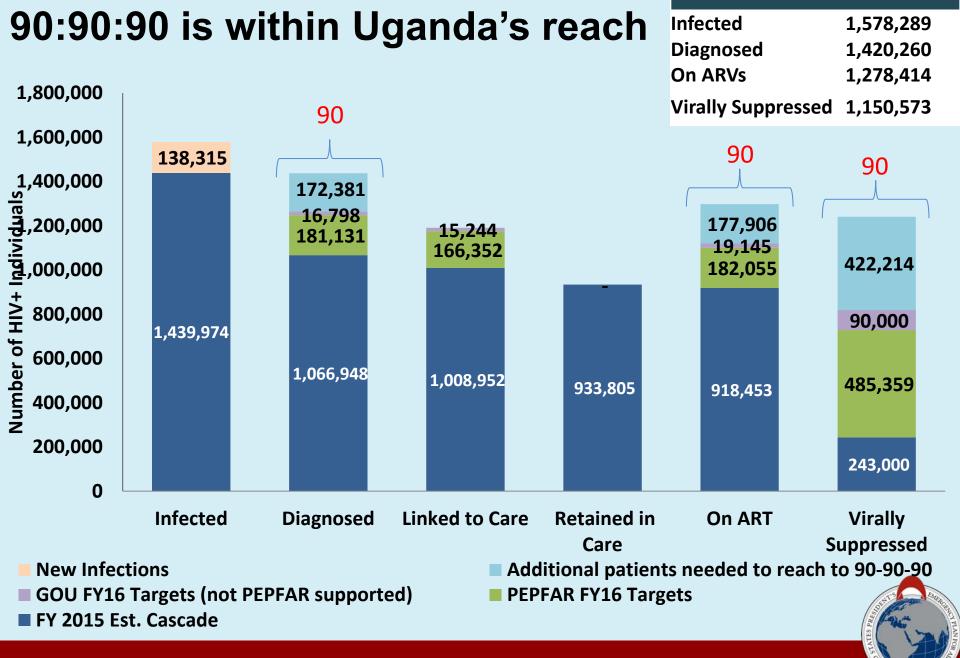
Significant Increase in Efficiency of COP Review Process (2013/2014 – 2015)



Outcome of COP15 Planning Doing more with FY2015 Funds

- Using comprehensive data to drive program efficiencies by focusing resources and ensure control of the epidemic
- Decreasing acceptable pipeline to 3-6 months from 12-18 months, allowing additional resources for VMMC and DREAMS
 - ~ \$300M total 150M for VMMC and DREAMS and \$150M for Tx of men within DREAMS geography
- Decreasing COP cycle of submission and approval
 - allowing predictable same FY funding and one-time partner work plans
- Collectively resulting in increase in all targets above planned FY2016 and FY2017 targets





90-90-90 TARGETS



Prevention Targets

- First time ever, PEPFAR targets for preventing new HIV infections among adolescent girls and young women.
- Working jointly with partner countries, the Global Fund, and the private sector, PEPFAR will:
 - By end of 2016, achieve a <u>25 percent reduction</u> in HIV incidence among adolescent girls and young women (aged 15-24) within the highest burden geographic areas of 10 sub-Saharan African countries.
 - By end of 2017, achieve a <u>40 percent reduction</u>
 - By end of 2016, PEPFAR will provide <u>11 million</u> voluntary medical male circumcisions for HIV prevention, cumulatively.
 - By end of 2017, PEPFAR will provide <u>13 million</u>

Treatment Targets

- By end of 2016, PEPFAR will support <u>11.4 M</u> children, pregnant women receiving B+, and adults on ART
 - 7.2 M directly supported by PEPFAR funding
 - 4.2 M through TA with partner countries.
- By the end of 2017, <u>12.9 M</u> children, pregnant women receiving B+, and adults on <u>ART</u> (8.5 M direct, 4.4 TA)
- With GFATM & partner country resources, PEPFAR
 will jointly support <u>18.5</u> M men, women, and children
 on <u>ART</u> by the end of 2017.







Partnering to save children

PEPFAR & Children's Investment Fund Foundation (CIFF)

Accelerating Children's HIV/AIDS Treatment (ACT)

\$200M partnership

- Doubling the number of children receiving life saving ART
- FY 2017 Target: 500,000 on treatment
- Interim FY 2016 Target: 400,000 on treatment
- Countries: Cameroon, Cote d'Ivoire, DRC, Kenya, Lesotho, Malawi, Mozambique, Tanzania, Zambia, Zimbabwe







The <u>goal</u>: help girls develop into **D**etermined, **R**esilient, **E**mpowered, **A**IDS-free, **M**entored, and **S**afe (DREAMS) women.

✓ use of a <u>core package of evidence-based interventions</u> that have successfully addressed HIV risk behaviors, HIV transmission, and gender-based violence.

PEPFAR investing nearly \$½ B, including strategically aligning \$300 M in additional prevention investments

PrEP

- a prevention tool in select, highly motivated and adherent young women
 Test and START
- key in men who are hard to identify and link to HIV care and ART
- critical to DREAMS success and delivering an AIDS Free Generation in order to decrease transgenerational HIV transmission (older men infecting adolescent girls and young women)





PEPFAR: Enhancing human rights, sustainability, and accountability

Progress to date:

- Educating staff & providers: Gender and Sexual Diversity Trainings 27 countries, Over 2000 PEPFAR staff
- Strengthening the community response: Local Capacity Initiative: 30 organizations/coalitions in 11 country/regional programs
- Expanding access: Key Populations Challenge Fund 12 countries/regions enhance prevention & treatment services to MSM, PWID, FSW, and Transgender women
- Improving prevention and treatment: Key Population Implementation Science 8 protocols: status of HIV services for key populations at each stage of the cascade.
- Partnering with Civil Society: The COP/ROP 15 guidance mandated engagement with local civil society organizations in PEPFAR planning. PEPFAR Teams must hold consultations on a quarterly basis



Celebrating PEPFAR's Remarkable Success With Partners

PEPFAR has saved millions of lives since 2003

- 7.7 M people on life-saving ART
- More than 1M babies born HIV-free
- 6.5 M men received VMMC services
- Care and support for >5 M OVC
- 21 M people in priority and key

Under the Obama Administration, unprecedented progress

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

populations reached with prevention interventions

The U.S. government has committed more than \$60 billion through PEPFAR, the Global Fund, and bilateral TB programs since 2004.

Together

True partnership for an AIDS-free generation

- We have the opportunity to control the HIV/AIDS epidemic in countries by doing the right things in the right places at the right now in partnership with UNAIDS, WHO, GF and host countries.
- Do we have the courage of our conviction to make the hard choices to reach more in need by focusing resources and efforts?
- Can we increase impact with innovations to increase the effectiveness of our programming to decrease HIV transmission?
- USG accountability will continue to be enhanced to ensure achievement of the targets and ensuring HIV/AIDS epidemic control; PEPFAR data will be available to everyone for analyses.

Because our work is not done.

This week alone...



Over 4,000 babies were infected with HIV

Over 34,000 adults were infected of which more than 7000 were young women

Almost 3000 children died this week from HIV

Over 20,000 adults died this week from HIV





THANK





YOU!

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"We have no excuses. It is time for us to seize this moment."

"There is no time to lose."

Ambassador Deborah L. Birx, Sep 30 & Oct 1, 2015

