



PEPFAR

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

The Nexus Between 90/90/90 and Epidemic Control

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IAS

July 2018

What is the Global Goal for HIV?

The HIV/AIDS SDG Goal:

Control the HIV Pandemic by 2030
90/90/90 by 2020 and 95/95/95 by 2030

The global strategy to achieve these objectives:
FAST TRACK STRATEGY

PEPFAR's role is to support the above in the most effective and efficient manner possible to ensure the above can be sustained

The 90/90/90 has provided a framework for us to monitor and evaluate our program implementation and triangulate to impact at the community level.

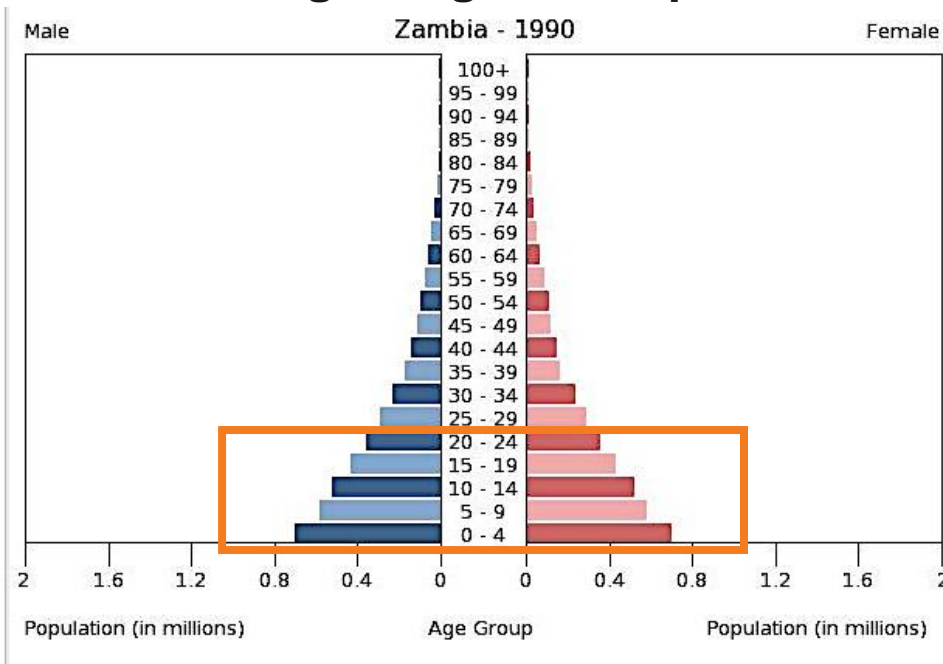
Using 90/90/90 we have defined the key gaps by age, gender and risk so we can address the gaps and improve the program

Epidemics evolve and our job is to understand that and adjust our programs appropriately.

Changing the course of the pandemic in the time of urbanization and twice as many 15-24 year olds in SSA entering the age of sexual debut

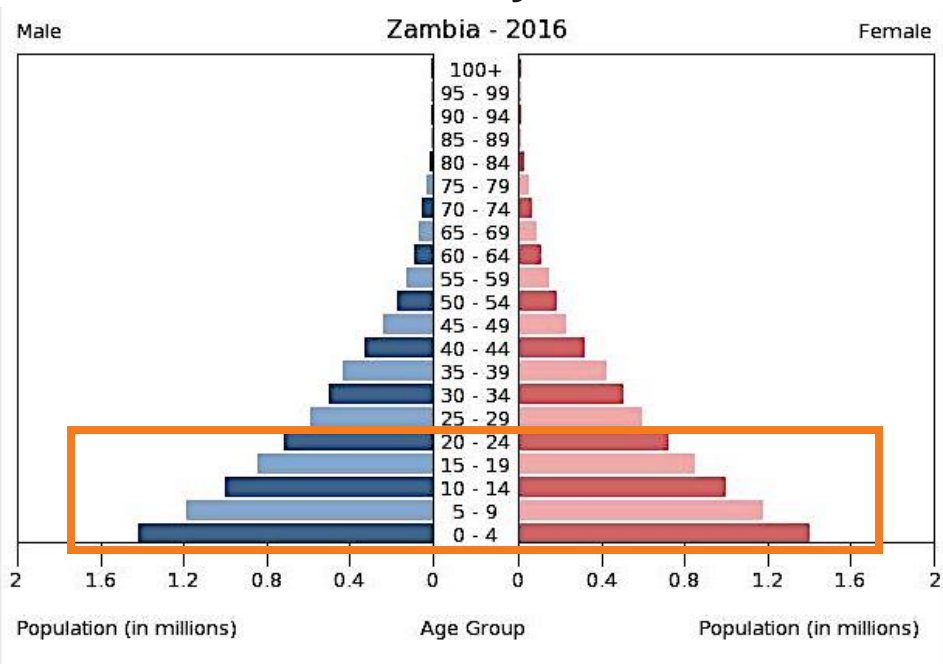
Youth Wave in Zambia

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



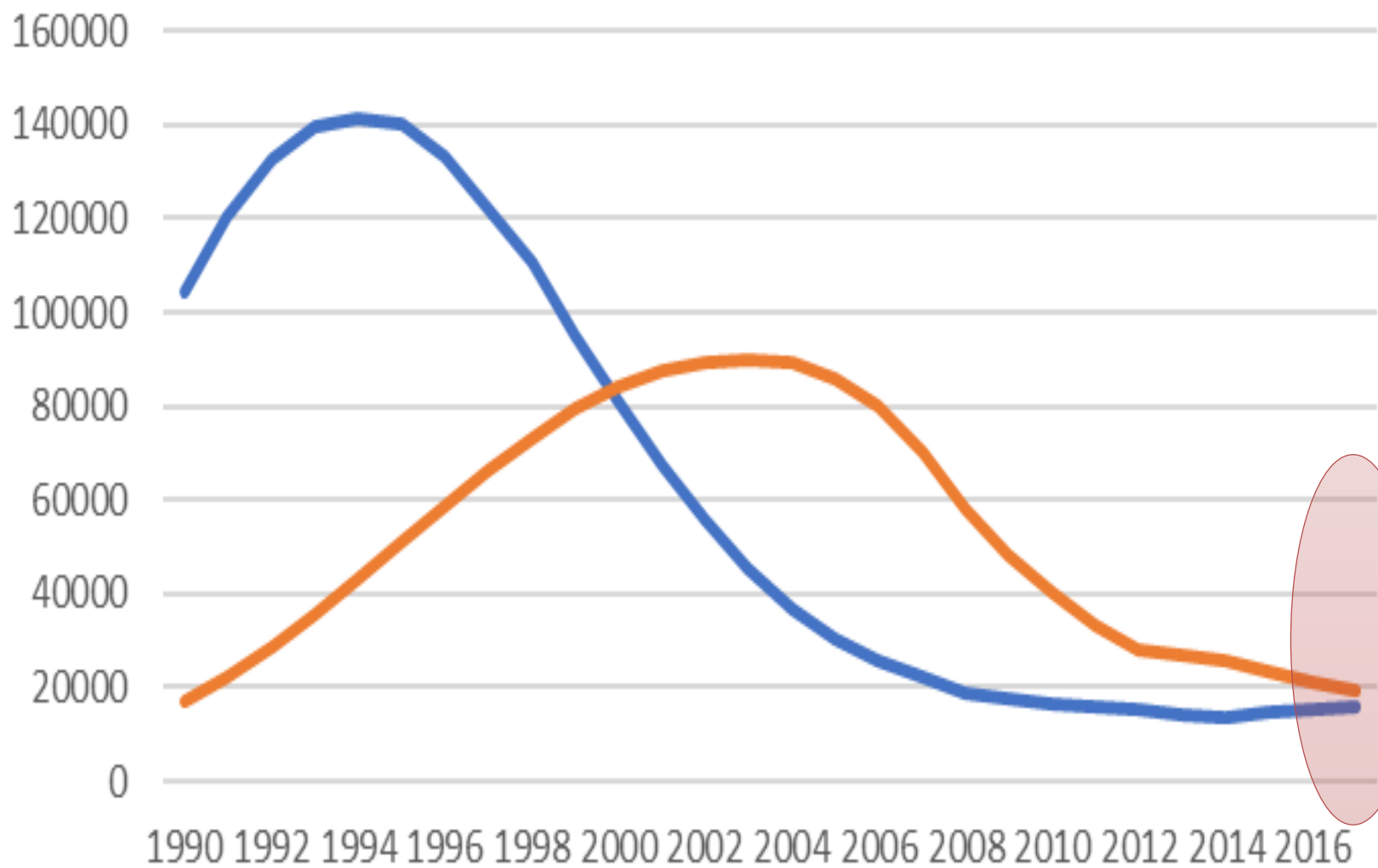
Young Men Population: 1.6 million
Young Men PLHIV: 48,000
Young Women Population: 1.6 million
Young Women PLHIV: 77,000

Where are we in
progress to epidemic
control: triangulating
program and PHIA data

What Is “Epidemic Control”? And How Do We Define Success?

- PEPFAR defines epidemic control in standard epidemiologic terms, i.e., the point at which the annual number of new infections falls below the total number of deaths of HIV positive patients*
- We support UNAIDS’ 90-90-90 targets (i.e., 90% of PLHIV to be diagnosed, 90% of those diagnosed to be covered on ART, and 90% of those on ART to be virally suppressed) $.9 \times .9 \times .9 = 73\%$ of all PLHIV virally suppressed is a sound alternative way to assess progress towards epidemic control

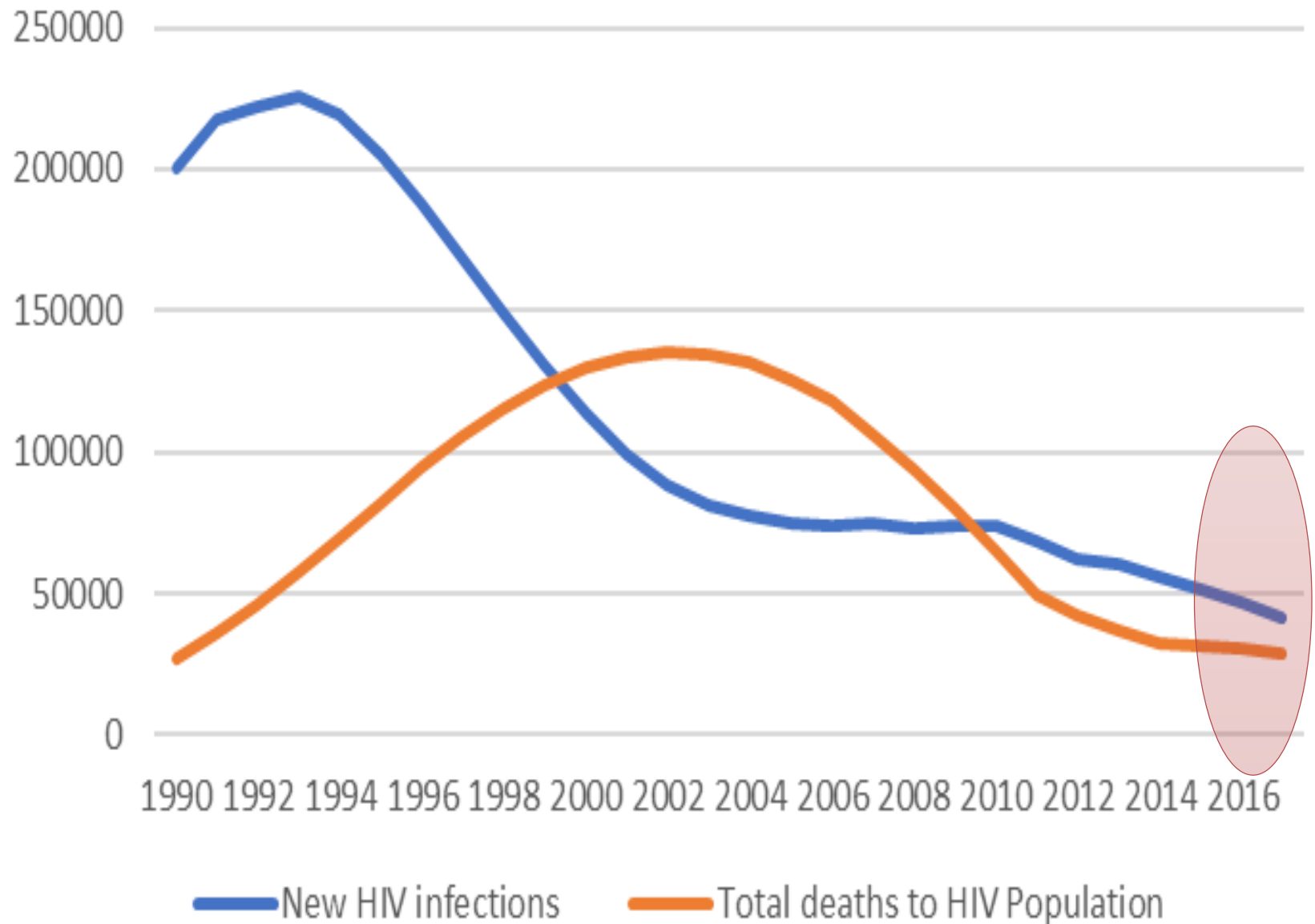
Ethiopia



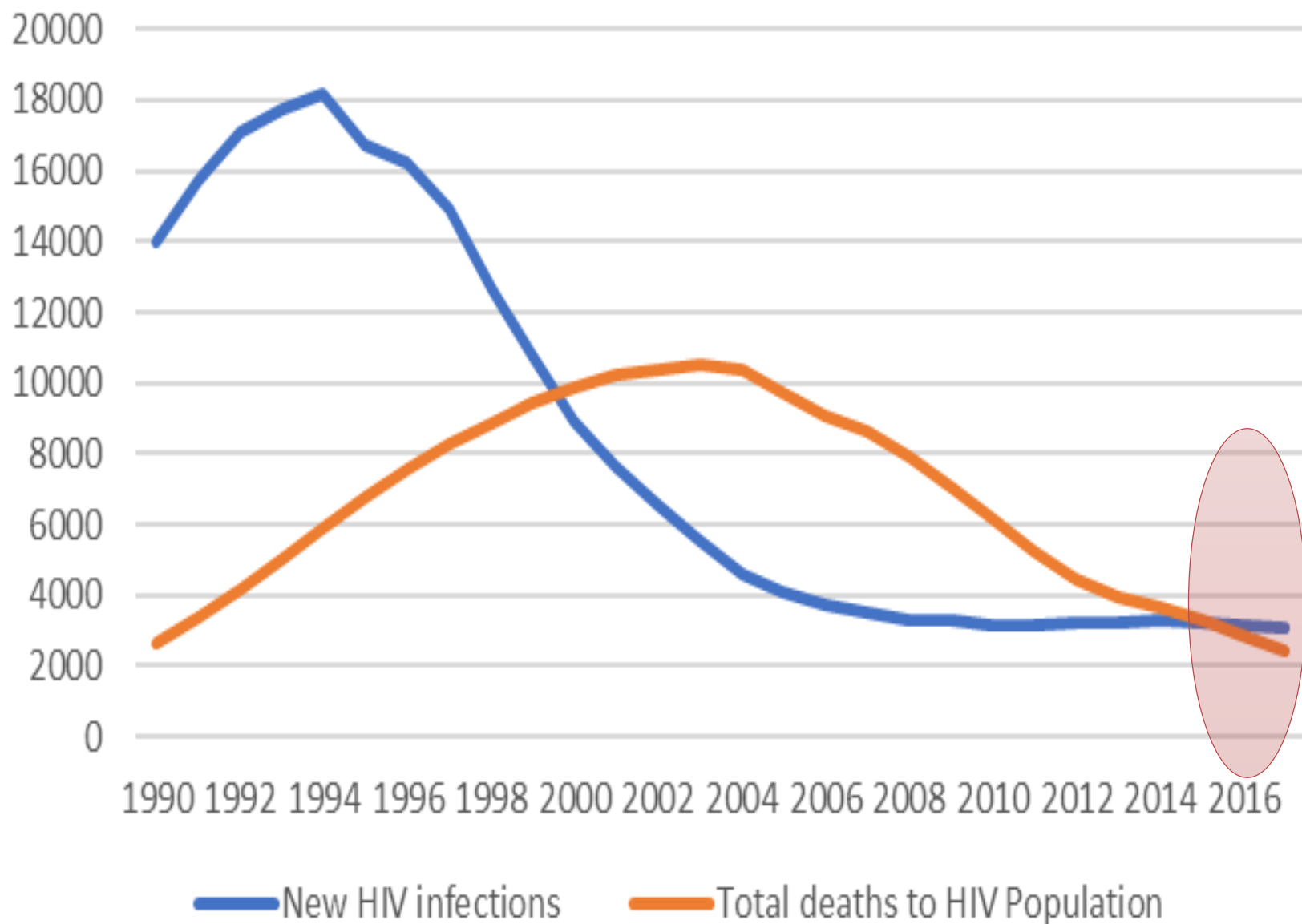
— New HIV infections

— Total deaths to HIV Population

Zimbabwe



Burundi



What have we
learned?

Dramatic impact is possible if:

The core policies are adopted
quickly and continuously evolving
based on program needs and
gaps

AND we are in constant
communication with community
and implementing partners to
make rapid improvements

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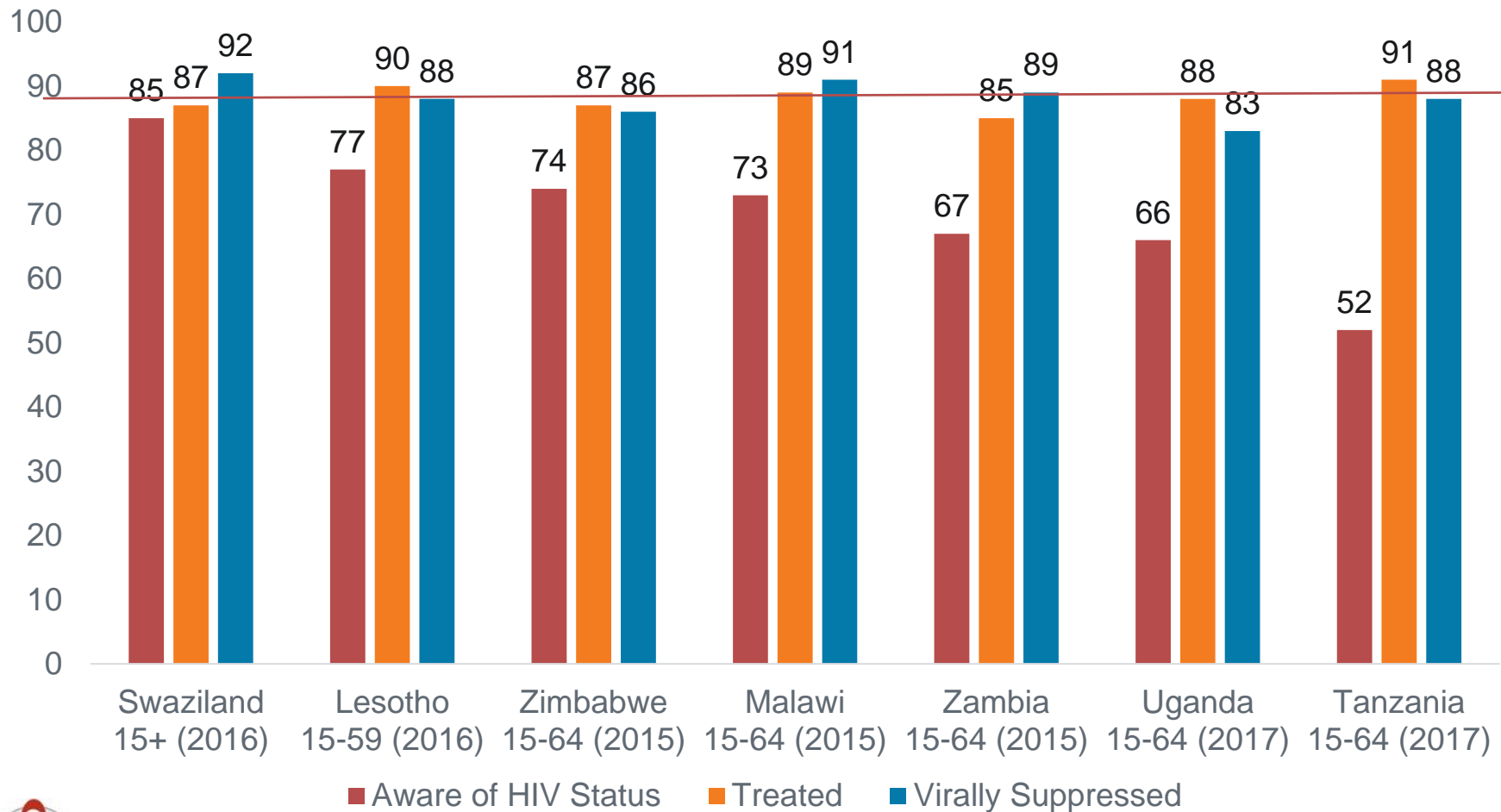
Rollout of PHIA Surveys



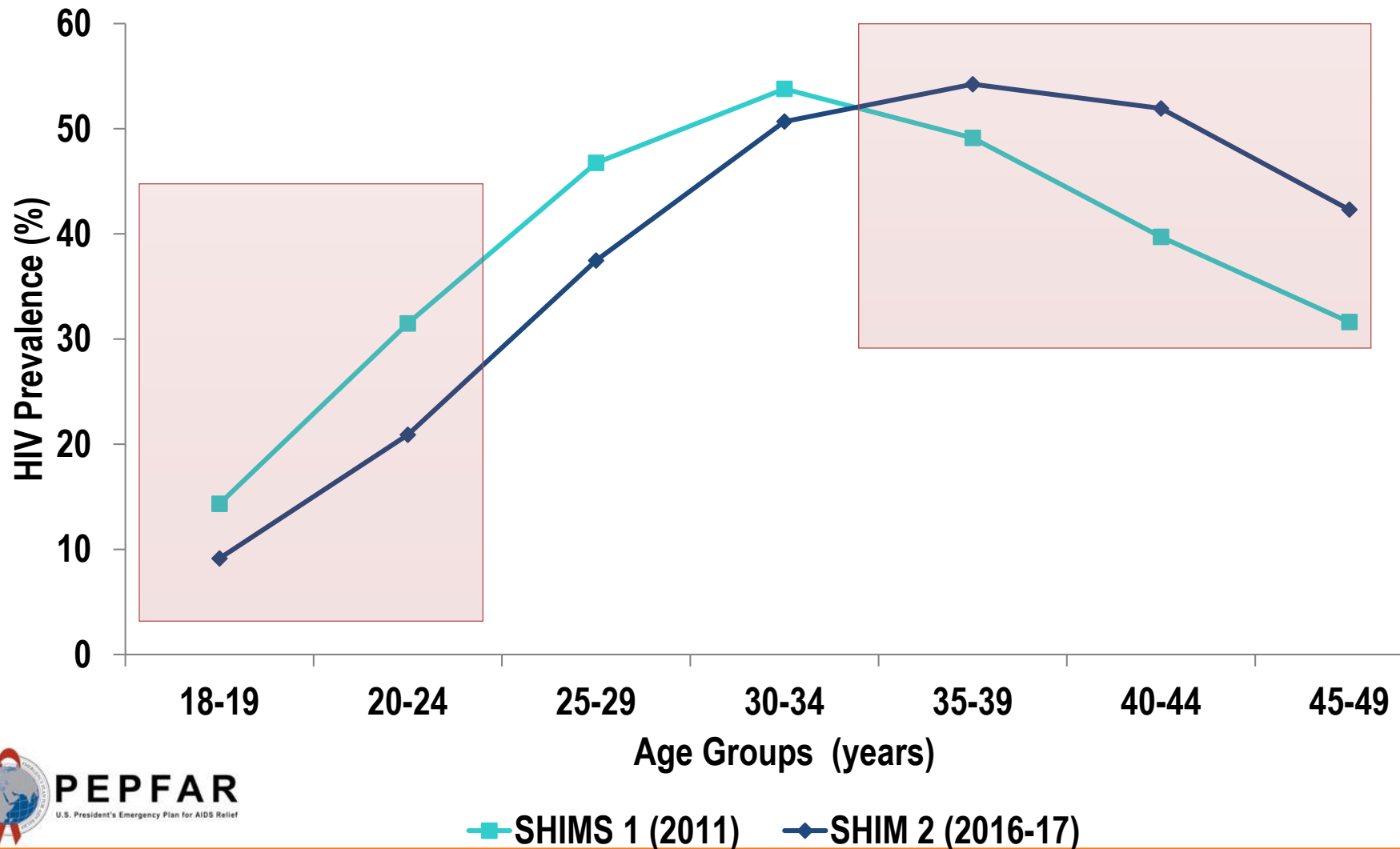
Achieving Epidemic Control

Progress toward 90/90/90 in Adults

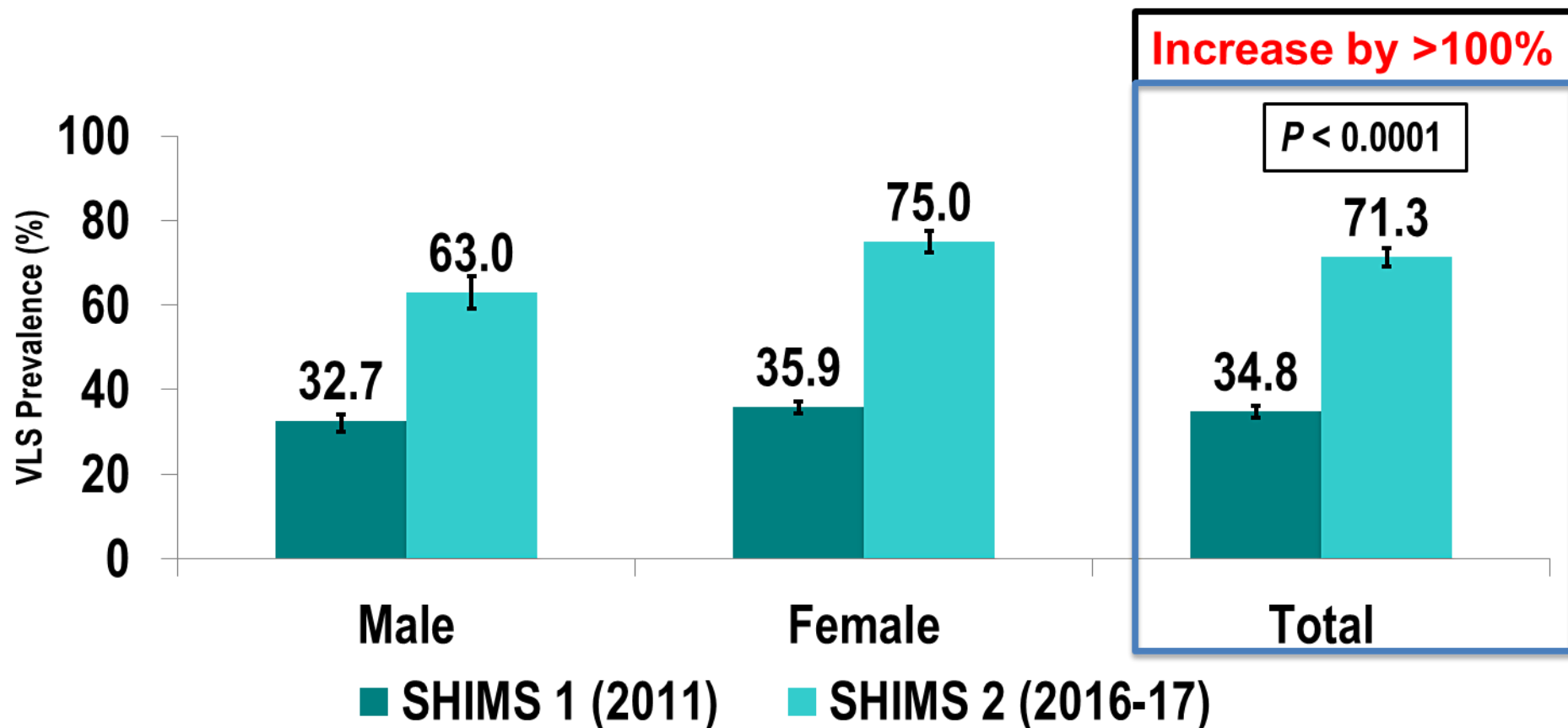
Progress to 90-90-90 in Adults (%)



Substantial declines in HIV infections in young people and parents surviving in just 5 years

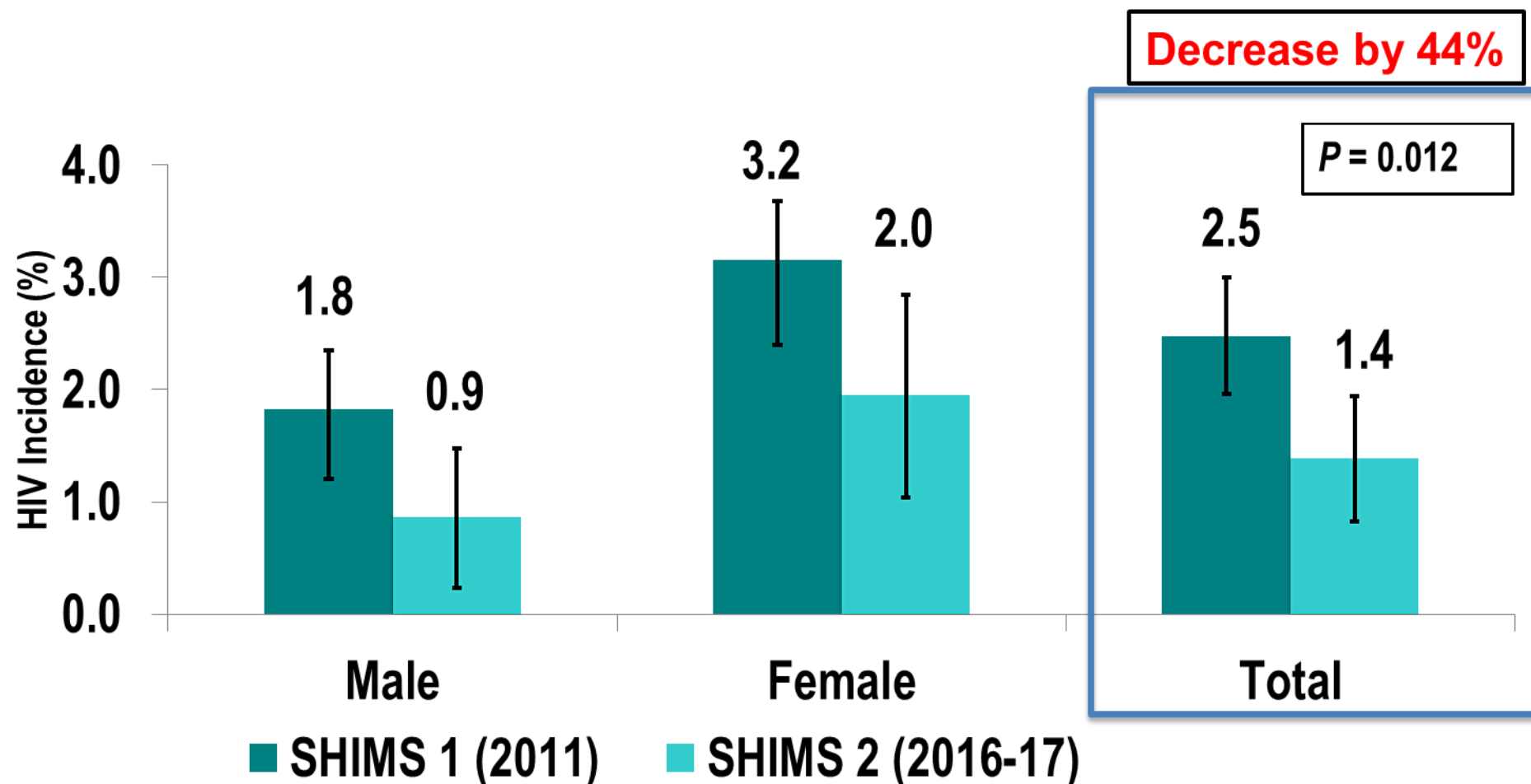


Population VLS more than Doubled Among Adults 18-49 years

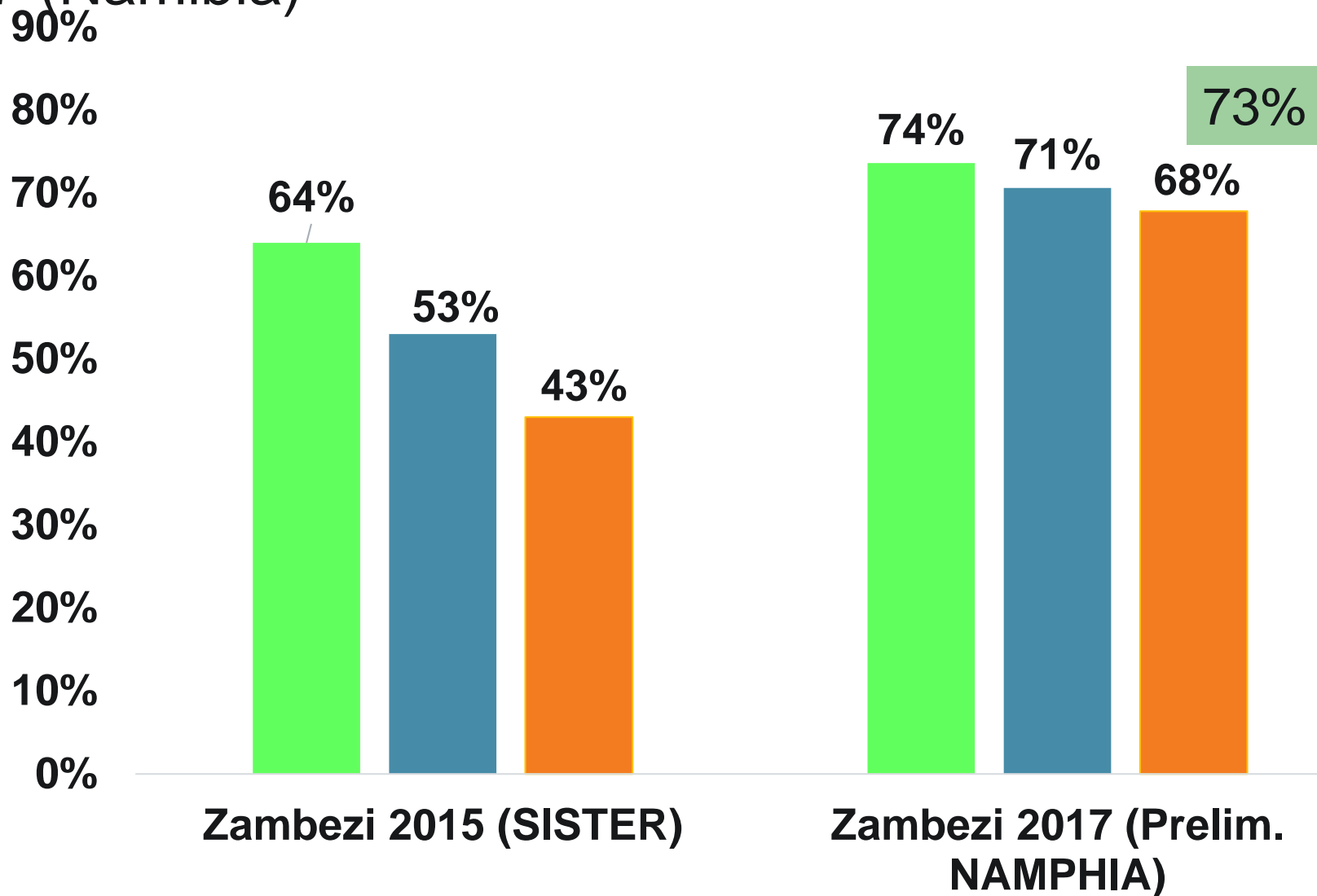


- Denominator is all PLHIV ages 18-49 y, irrespective of awareness of HIV status or ART status, with viral load results

HIV Incidence Decreased by 44% Among Adults 18-49 years



Dramatic increase in viral load suppression 2015 vs 2017 (Namibia)



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■ Aware of HIV+

■ ART of HIV+

■ VLS of HIV+ on ART

We have achieved substantial declines in the absolute number of new infections and incidence rates with only one gender virally suppressed and <50% of young men or women knowing their status

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KEY GAP : Prevention and treatment Services for Young Men *AND* Adolescent Girls & Young Women

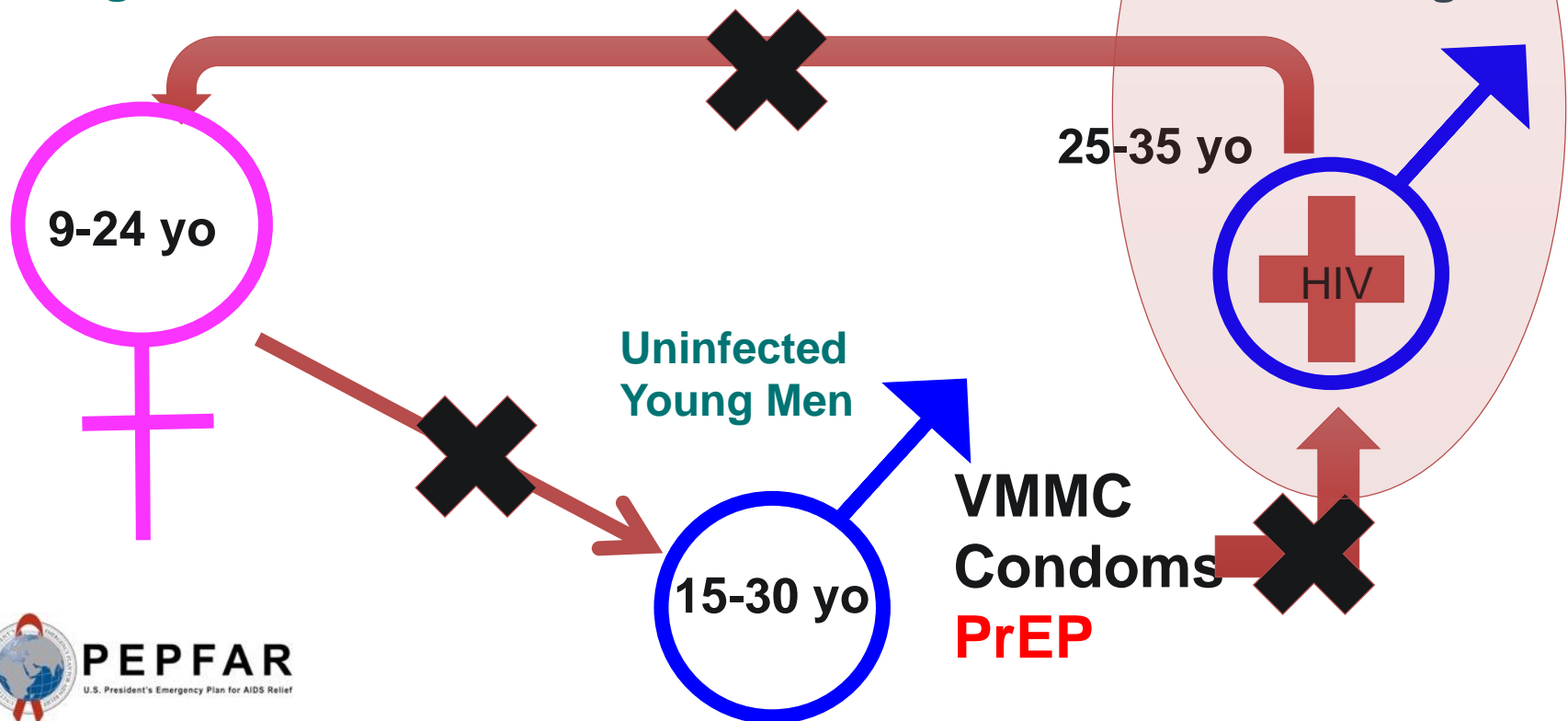
DREAMS

Risk avoidance and reduction

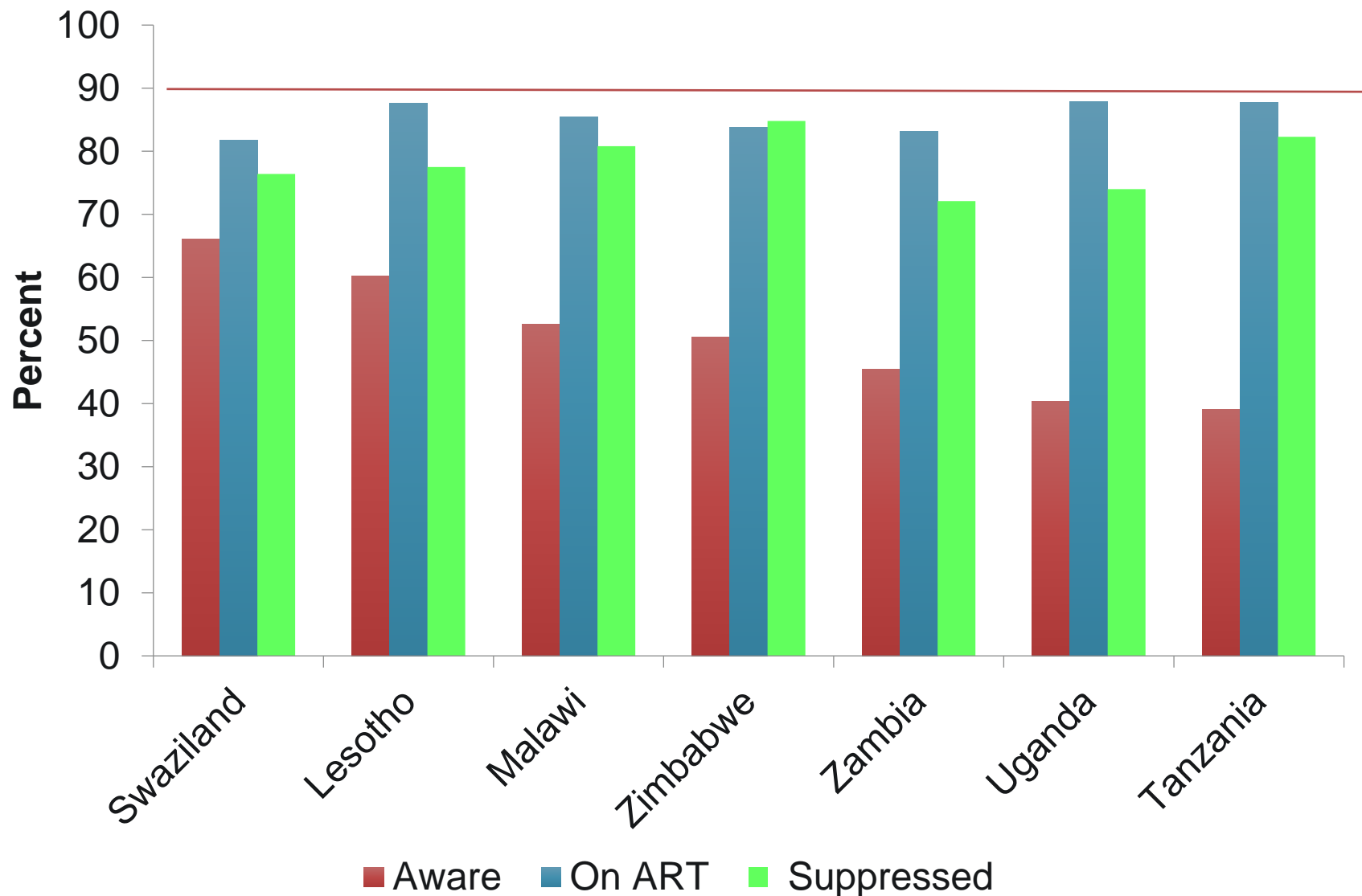
Sexual violence prevention, **PrEP**

Finding young men and ensuring diagnosis and treatment

Girls and Young Women



Progress to 90/90/90 in 15 to 24 year olds



Note: Results based on self-report of HIV awareness and ART status (plus ARV testing in Malawi and Zambia), and on viral load testing.

Viral load suppression at the community level

Aged 15- 64 (59)

- Swaziland **68%**
- Lesotho **61%**
- Zimbabwe **55%**
- Malawi **59%**
- Zambia **51%**
- Uganda **48%**
- Tanzania **42%**

Aged 15-24

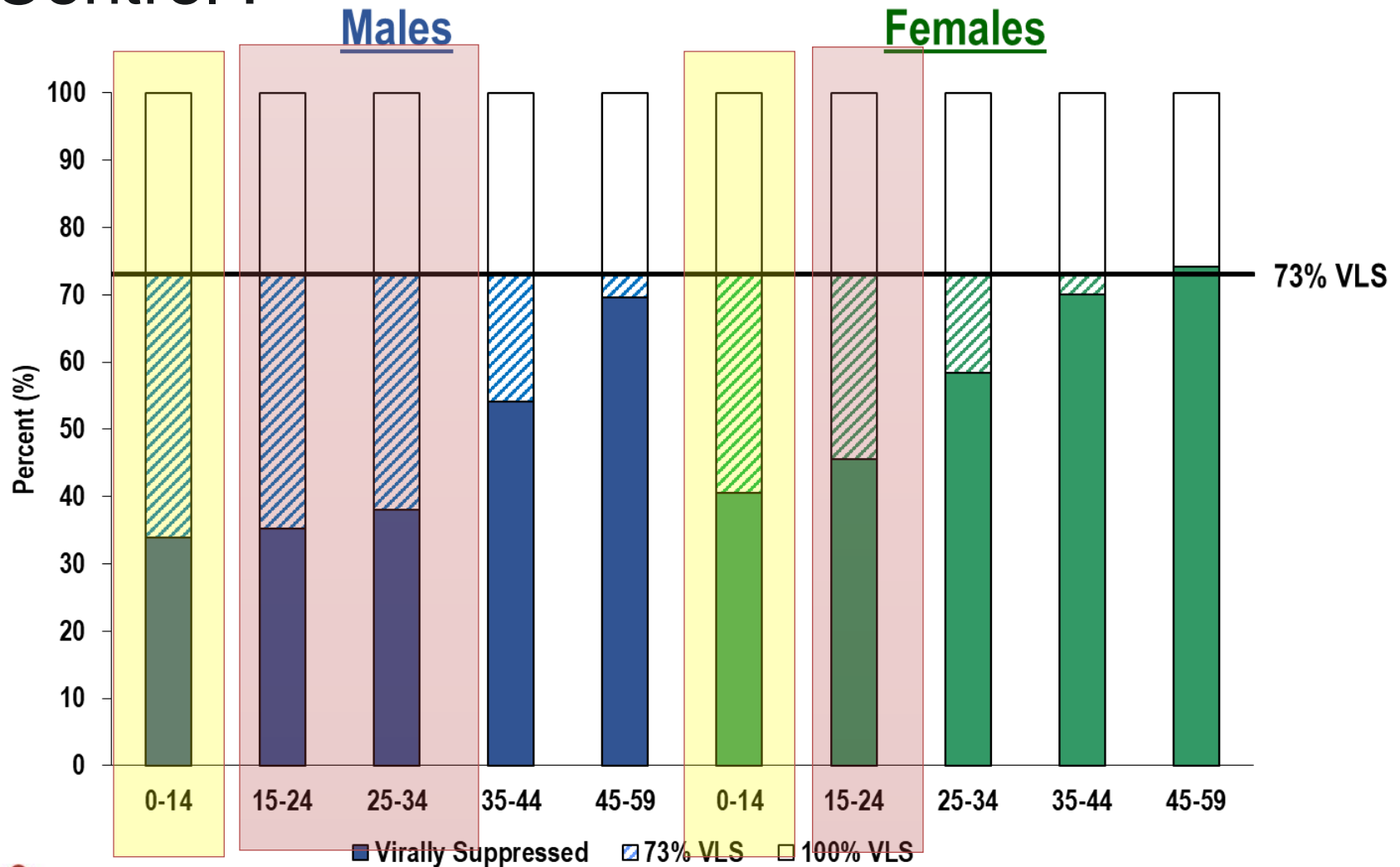
- Swaziland **42%**
- Lesotho **42%**
- Zimbabwe **34%**
- Malawi **34%**
- Zambia **26%**
- Uganda **26%**
- Tanzania **28%**

Using granular data – PHIA and programmatic data : we have identified the key gaps in the diagnosis of well children and young adults, and reaching key populations and together we are tailoring our response to address the gaps

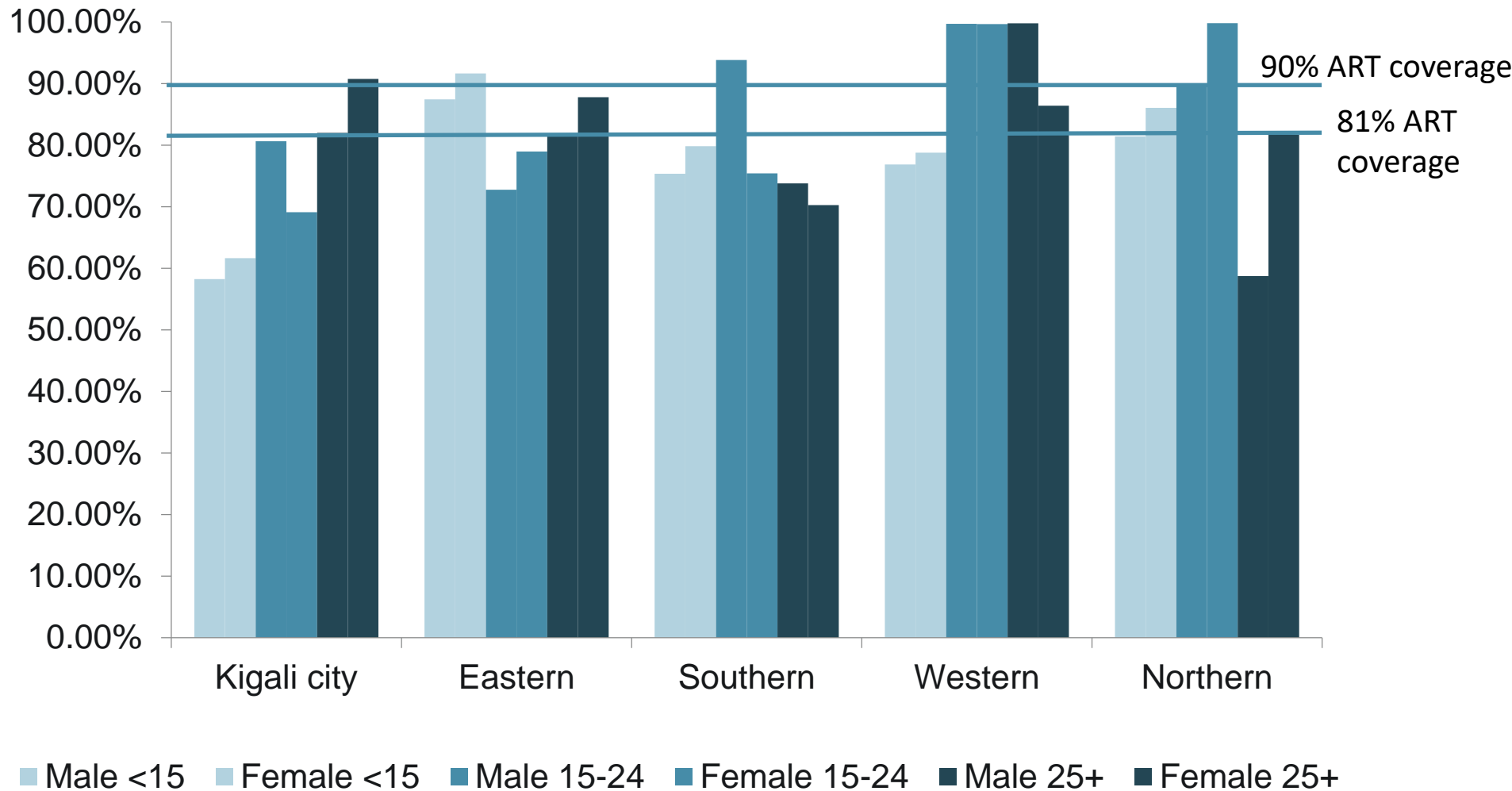
Across every age and gender the gap is the first 90 and it is the gateway to effective prevention and treatment services

Among key populations the gap is variable in some cases by risk where linking to services maybe the largest gap

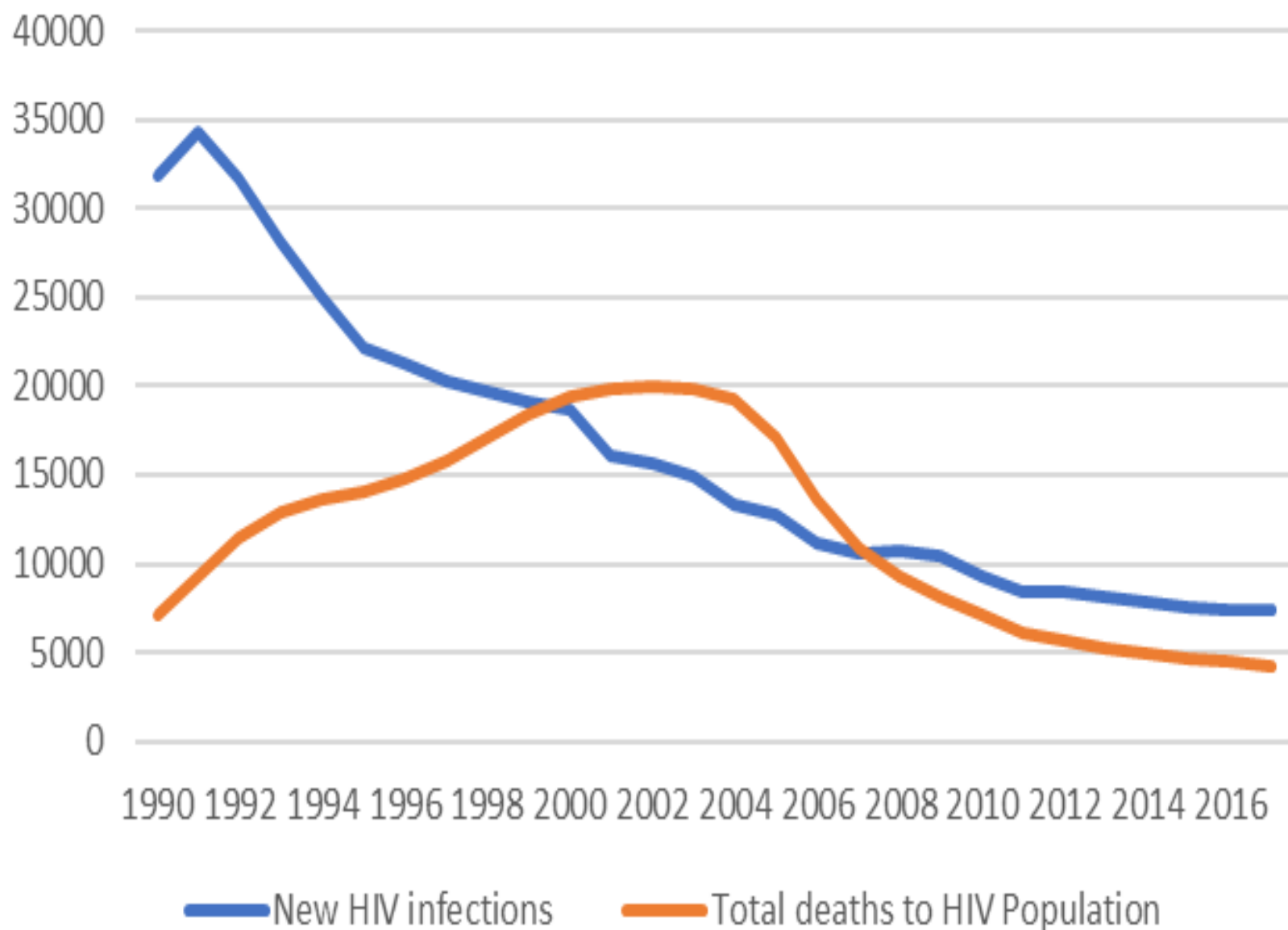
Progress and KEY GAPS Towards Epidemic Control :



Rwanda National gaps still remain, especially in Kigali and Southern province

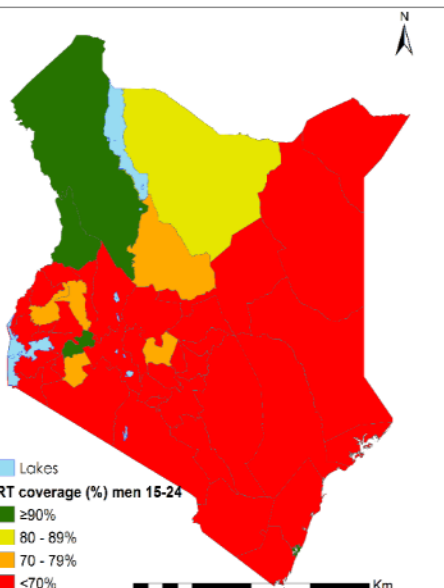


Rwanda

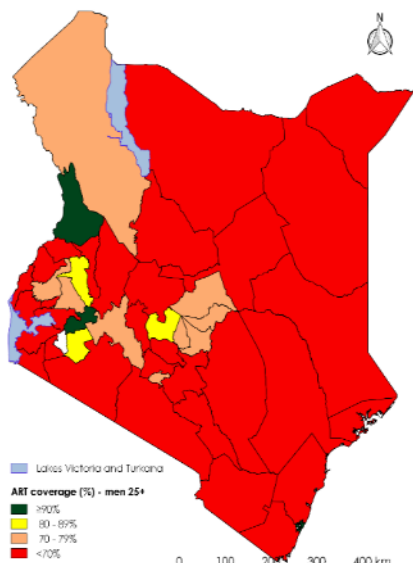


Uneven Progress in Treatment Coverage, Spectrum 2016 Projection

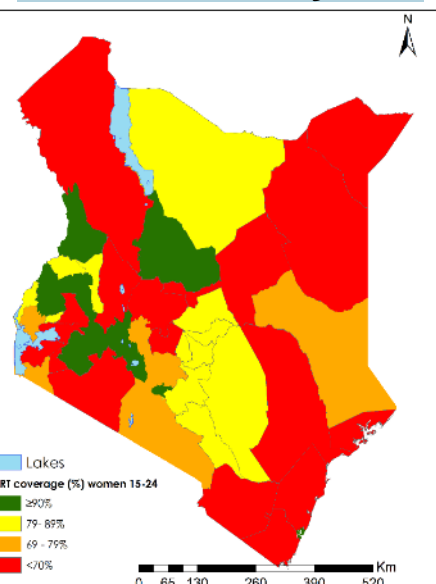
**ART Coverage,
Men**



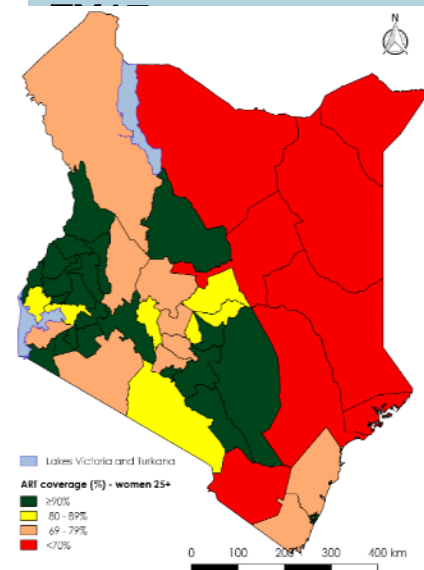
**ART Coverage,
Men 25y+, FY17**



**ART Coverage,
Women 15-24y,**



**ART Coverage,
Women 25y+,**



**ART
Coverage**

38%

47%

59%

82%

**Unmet
Need**

55,949

94,245

186,737

126,087

GREEN

≥90%

YELLOW

81-89%

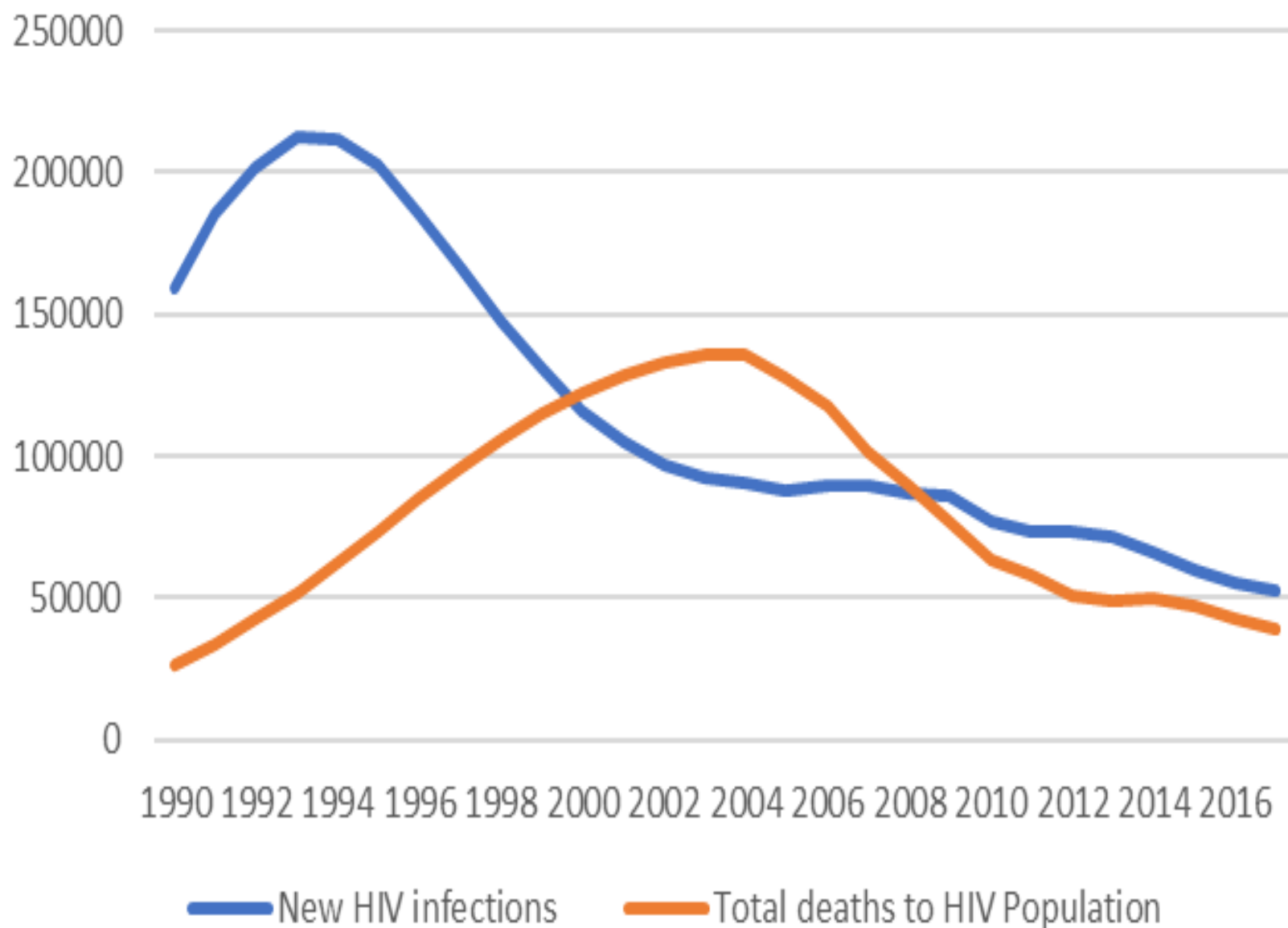
ORANGE

71-79%

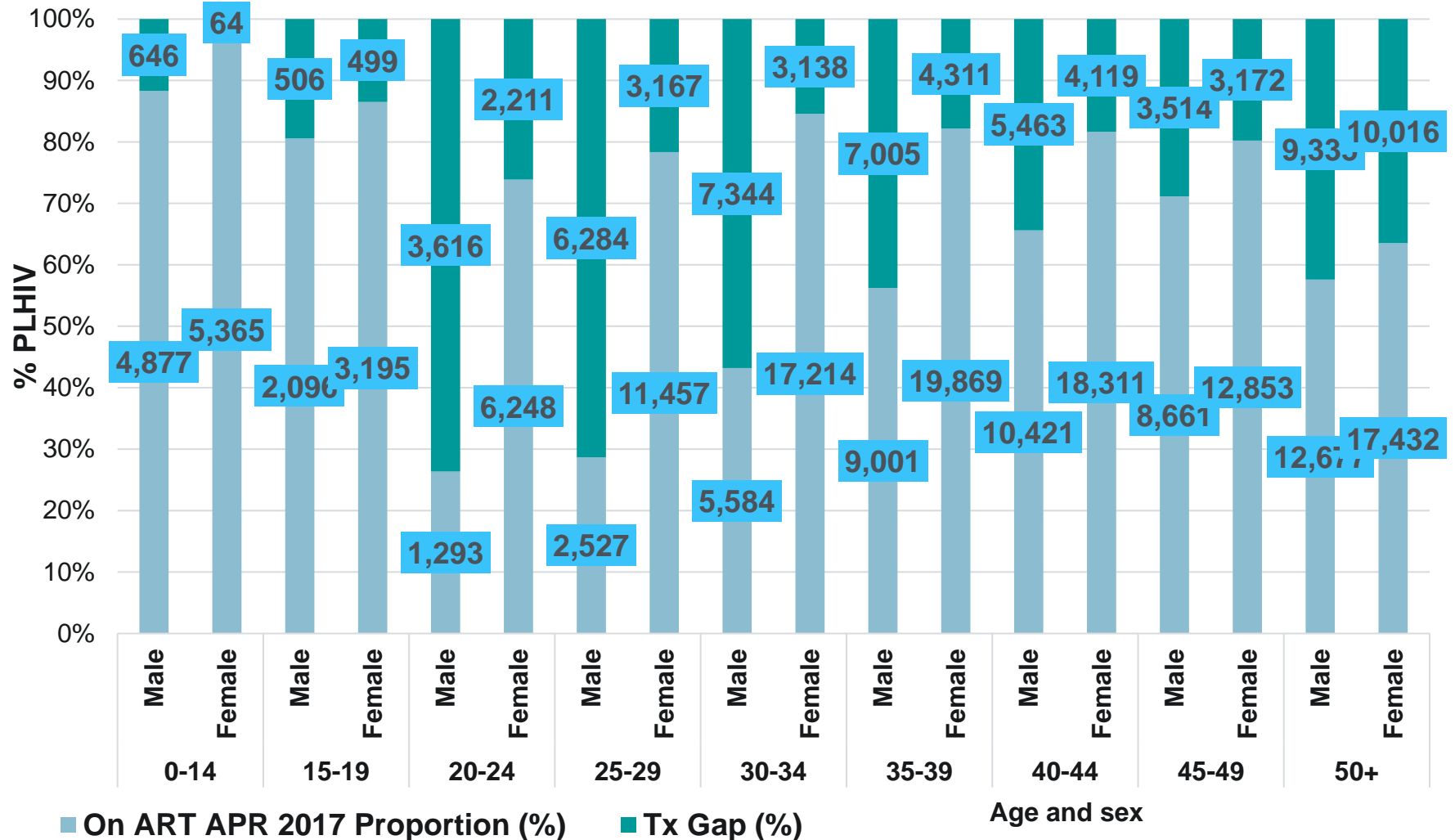
RED

<70%

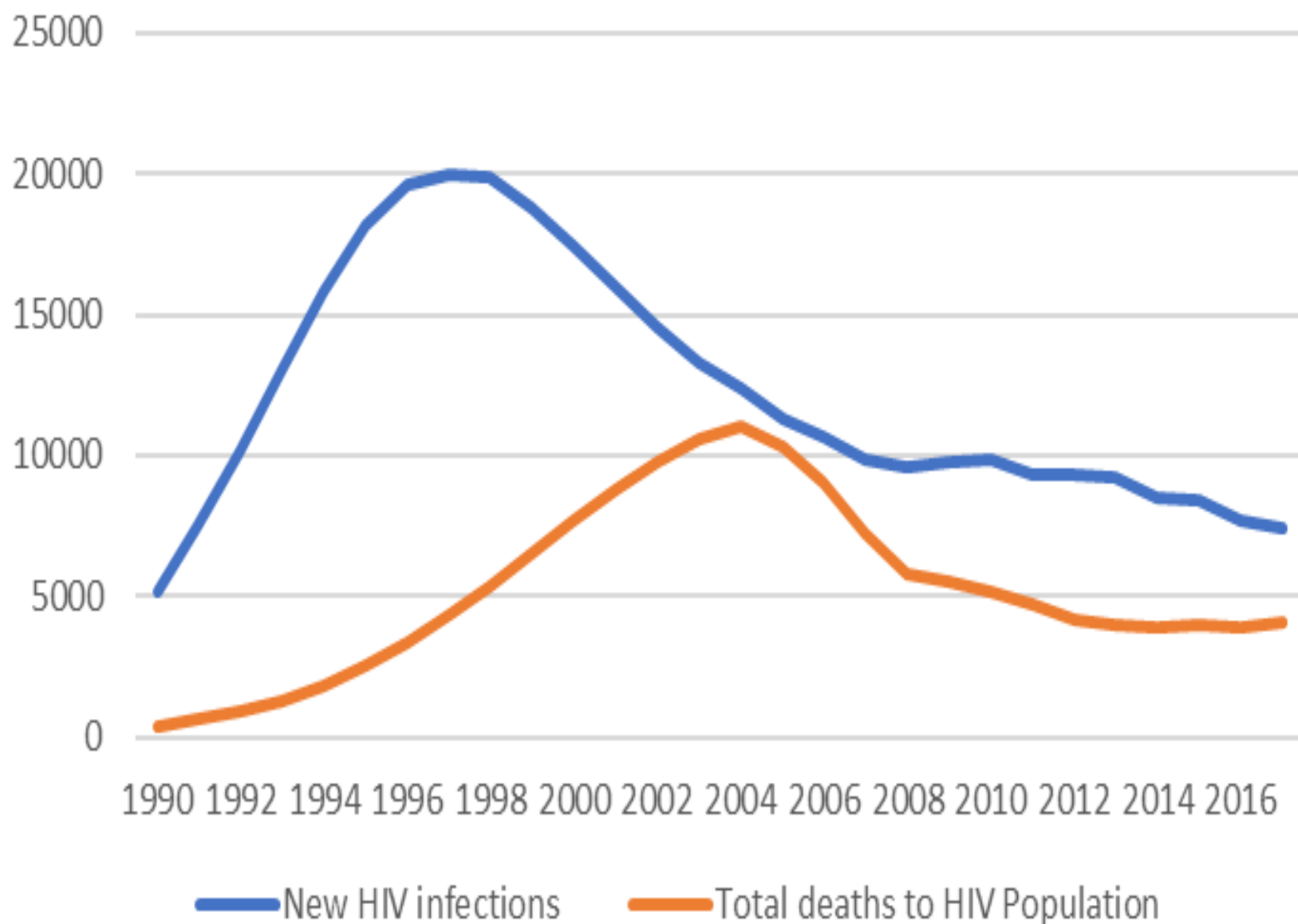
Kenya



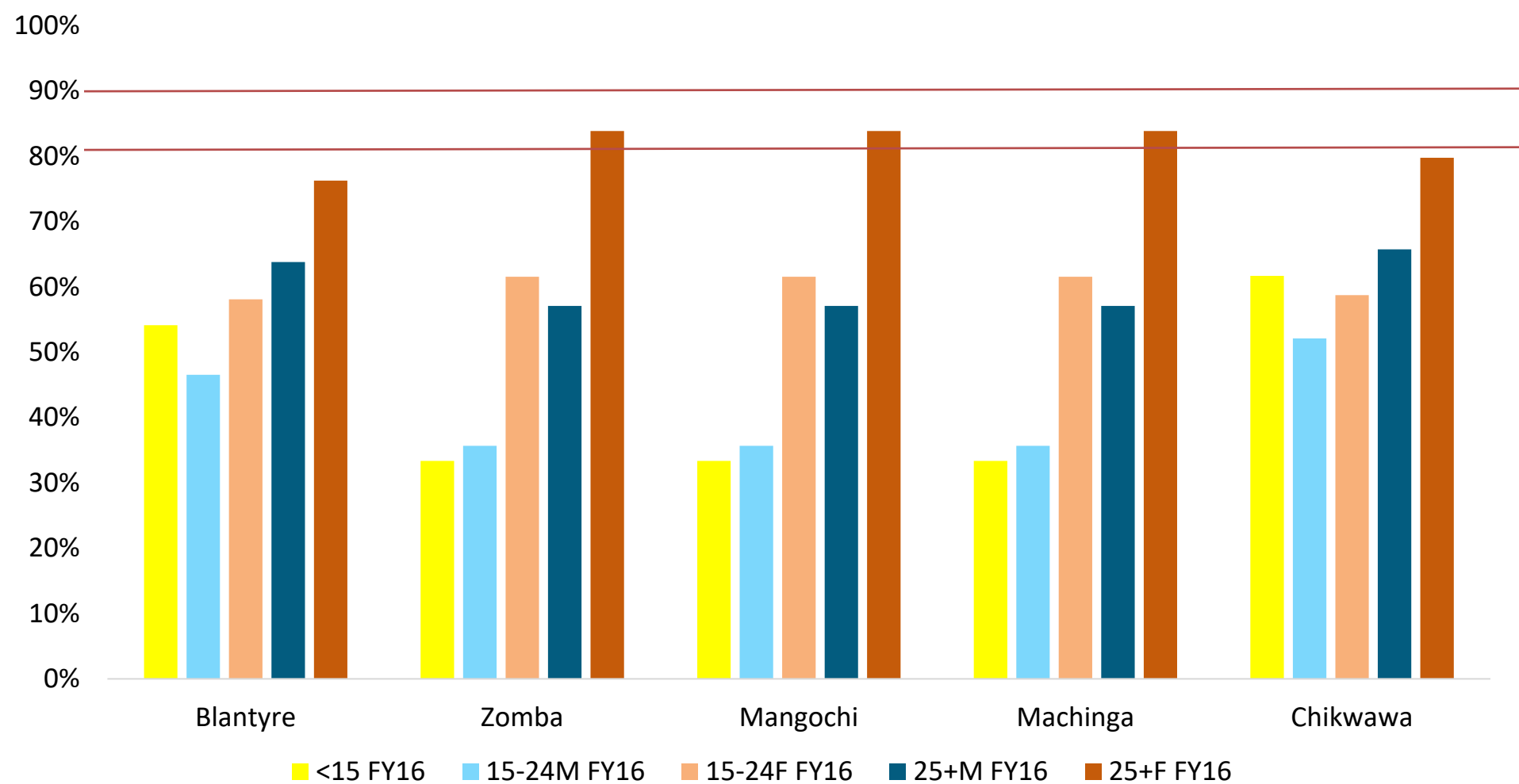
ART Gap – Program Data and 2018 PLHIV PHIA Estimates



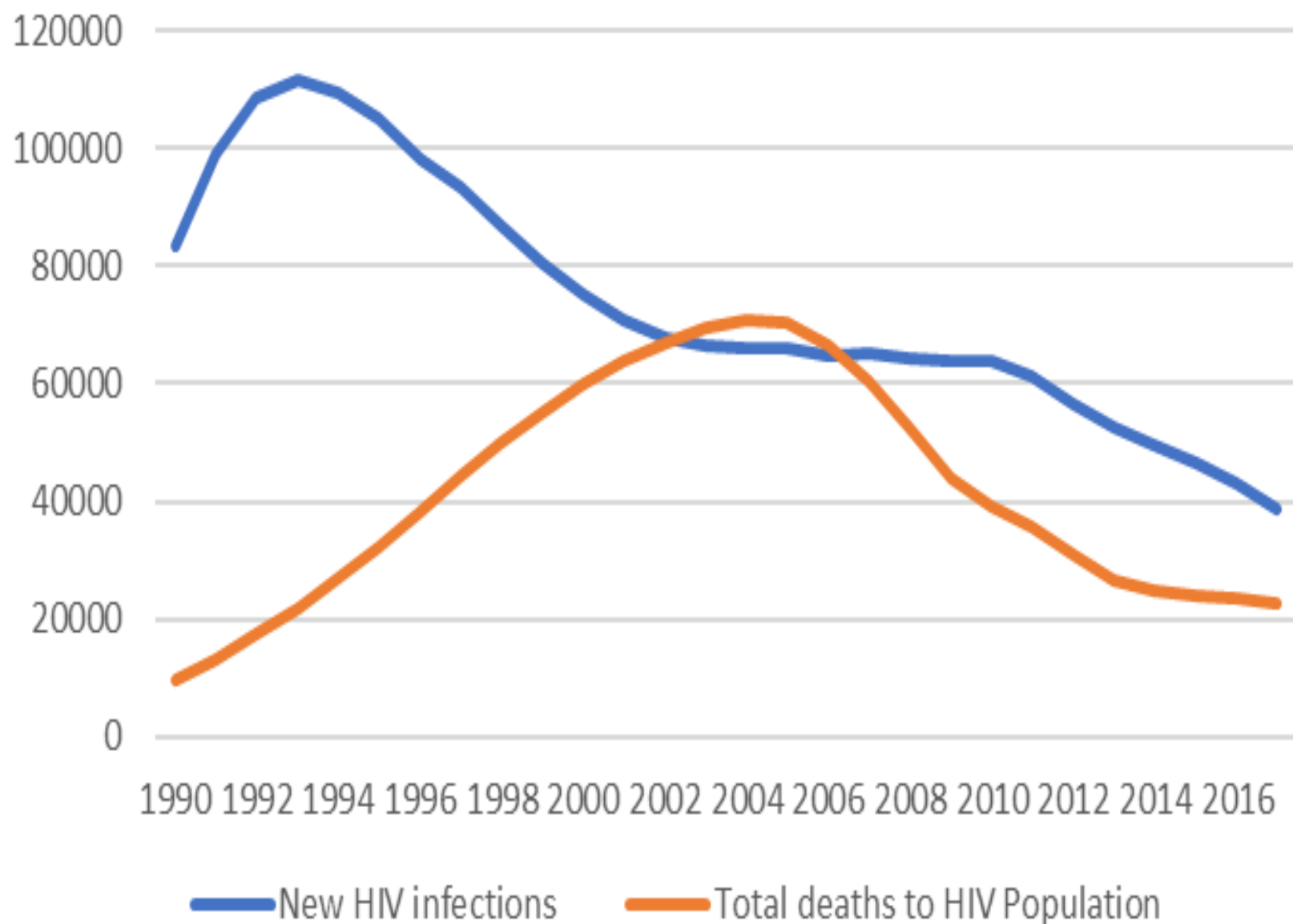
Namibia



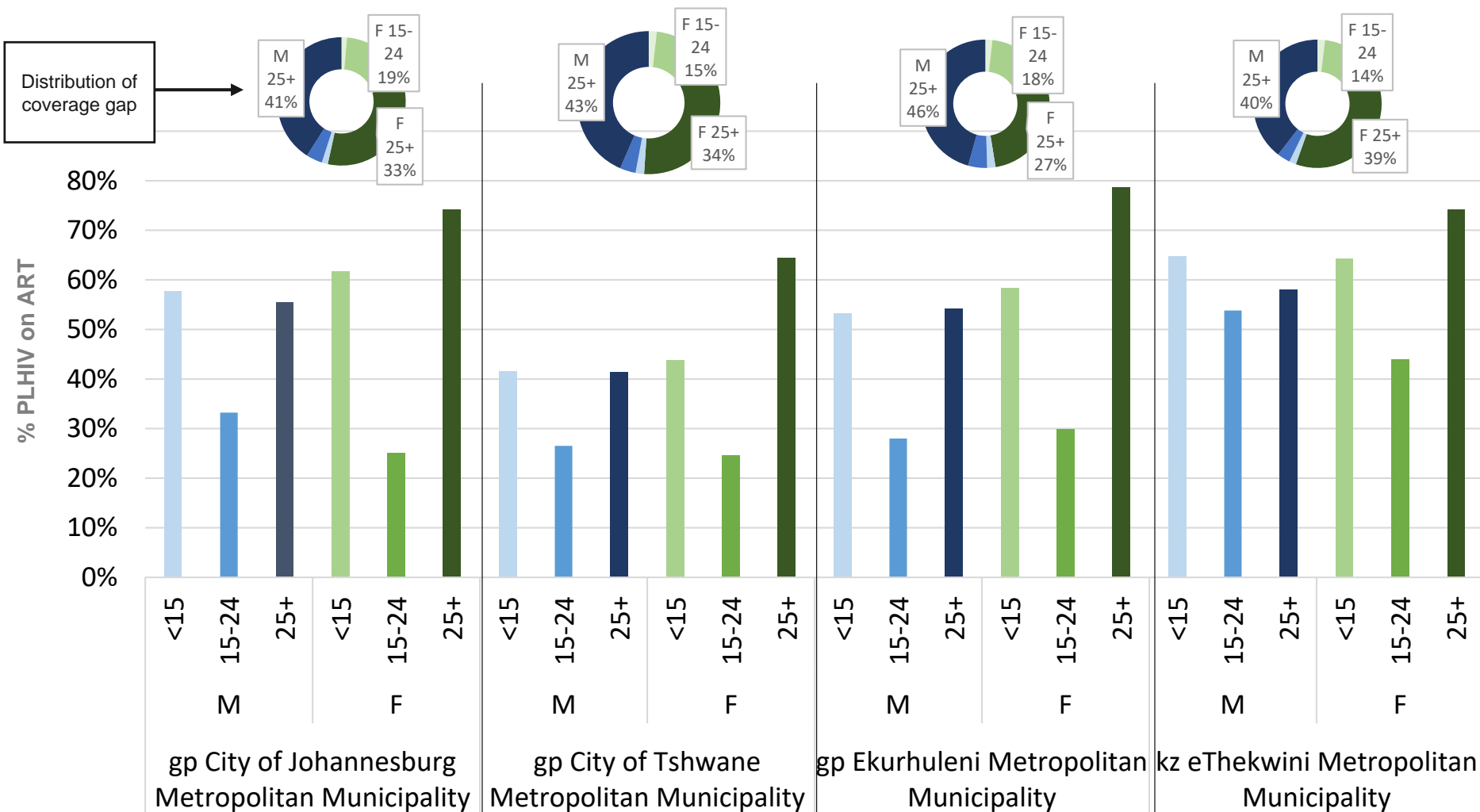
Gap to 90-9—90 and 95-95-95 by Age and Sex: Focus Must be on **Men and Youth**



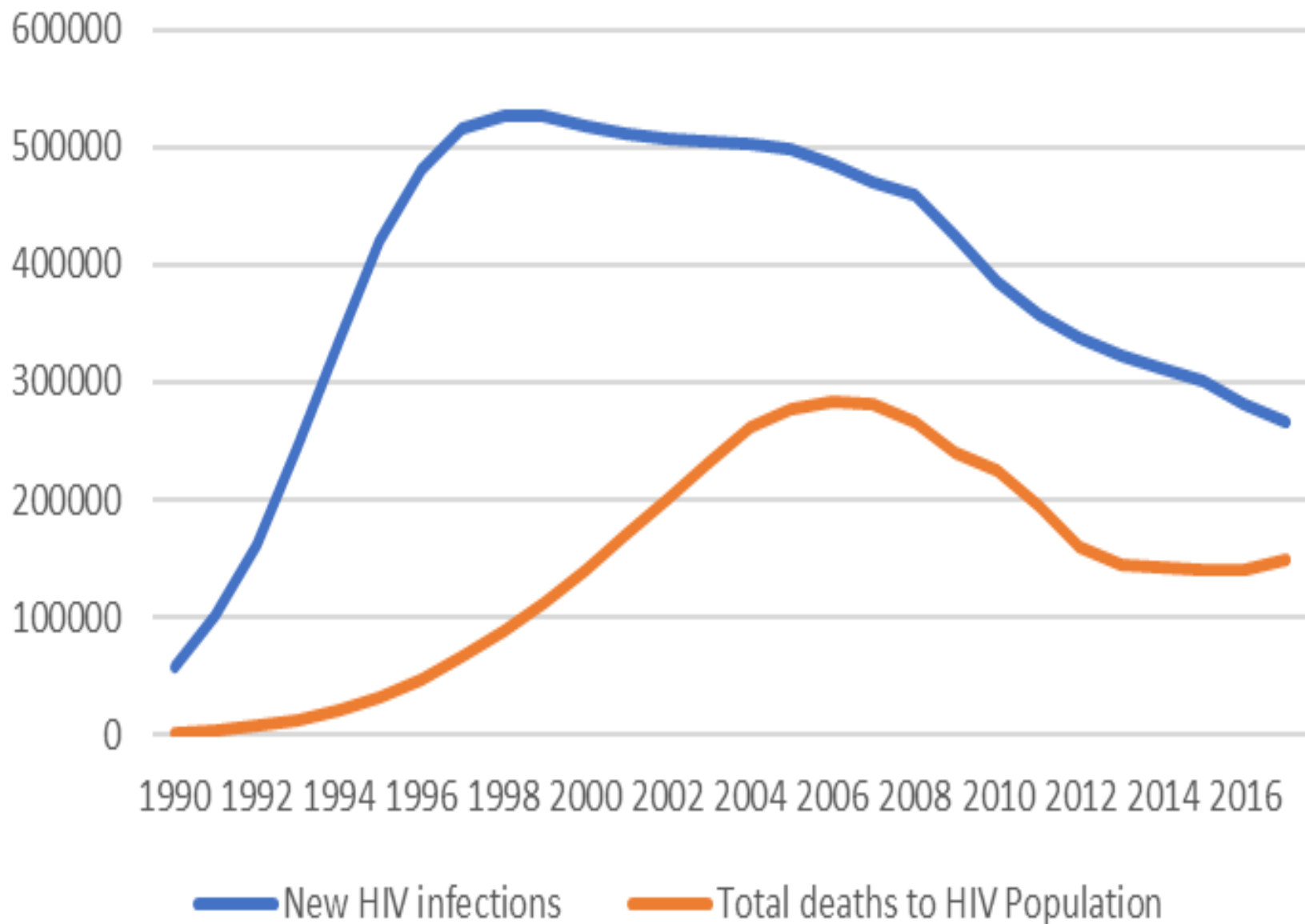
Malawi



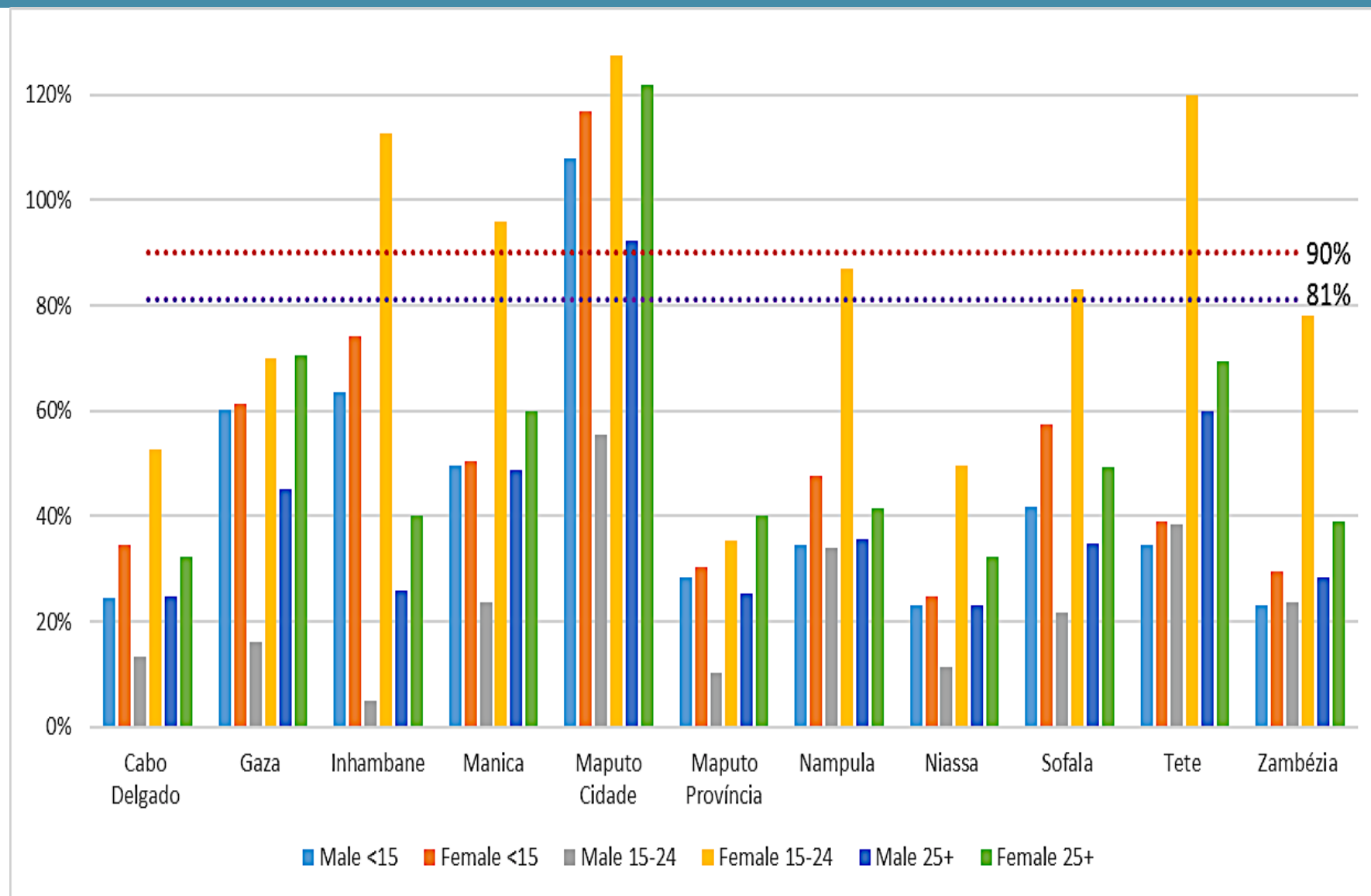
Highest-Burden Districts



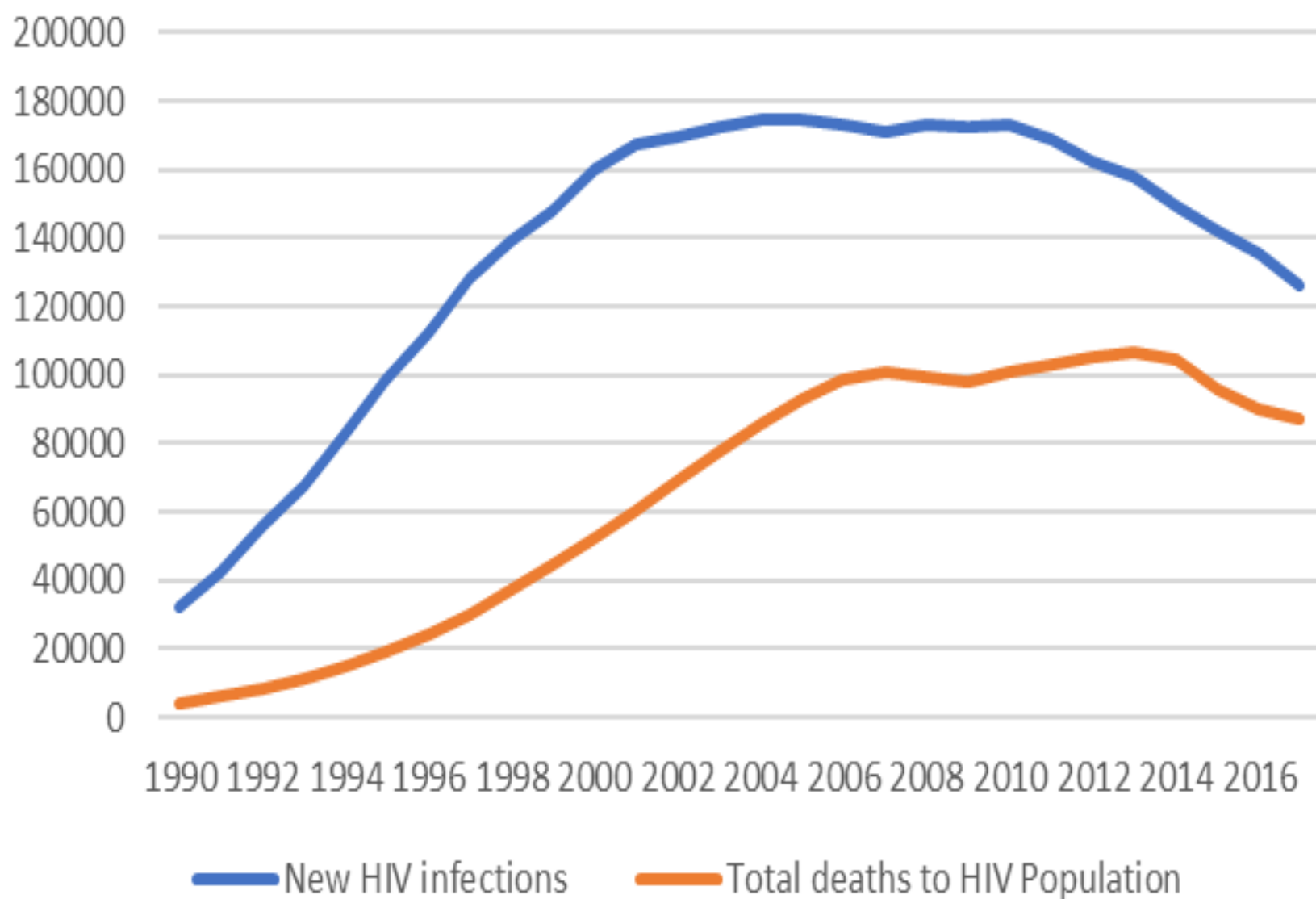
South Africa



Mozambique : Gap to ART Coverage Targets: 90-90-90 and 95-95-95

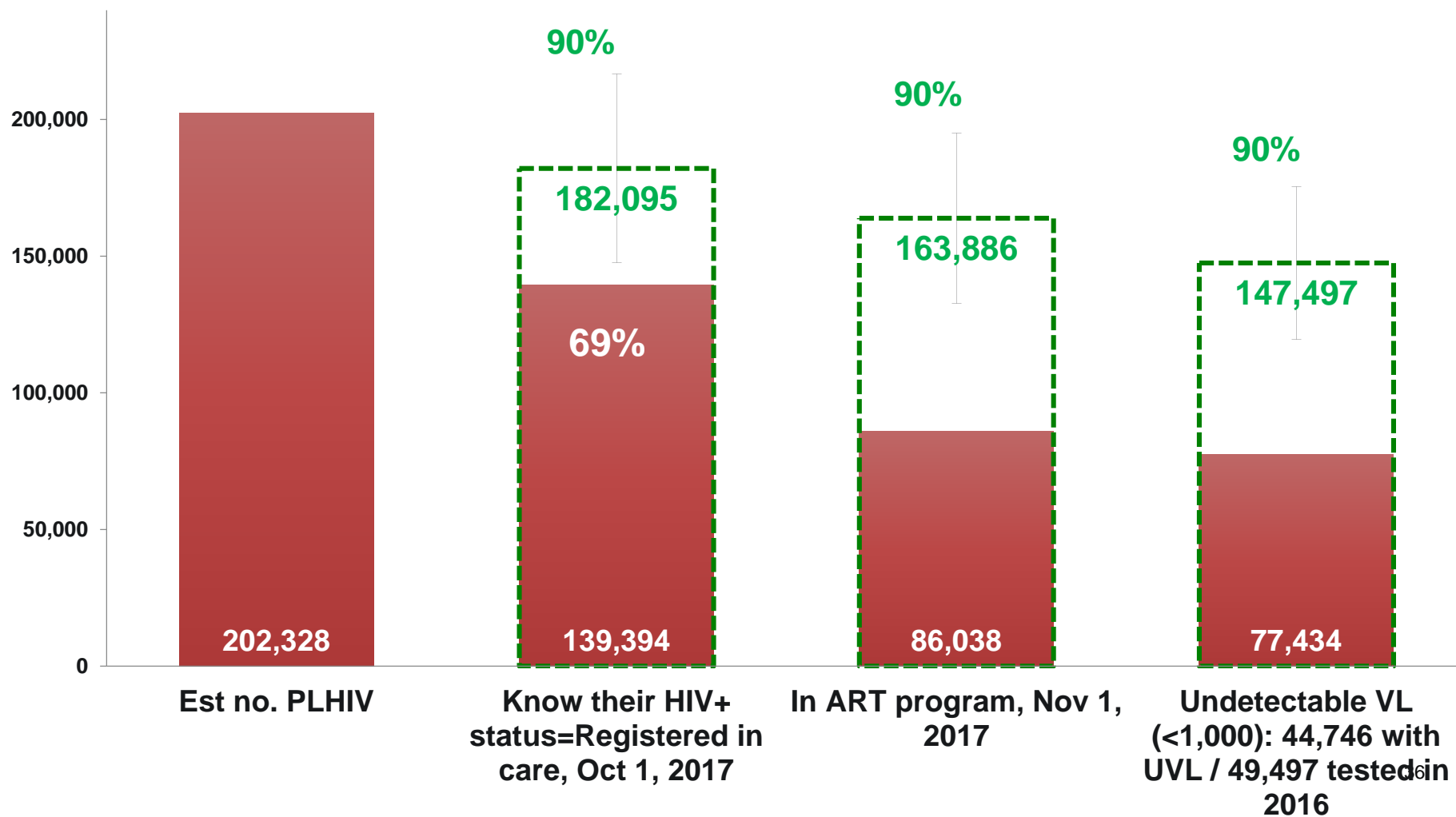


Mozambique



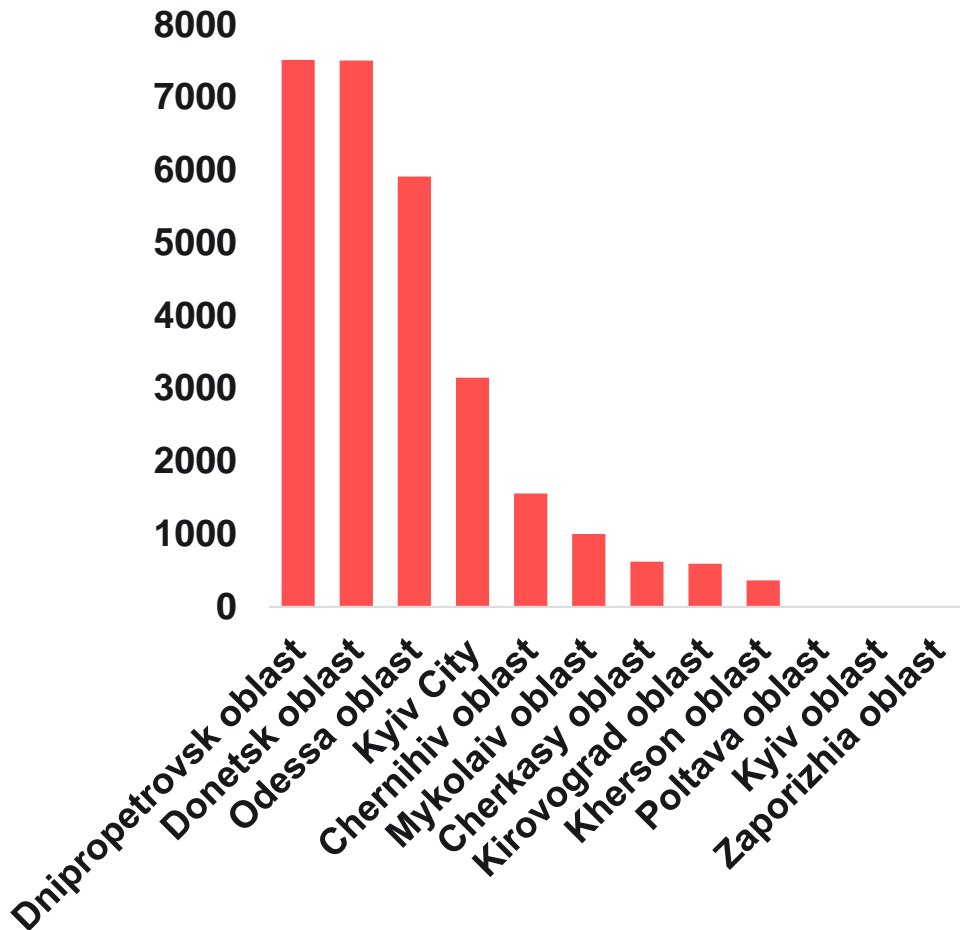
Ukraine National Cascade

excluding non-government controlled areas in est. PLHIV



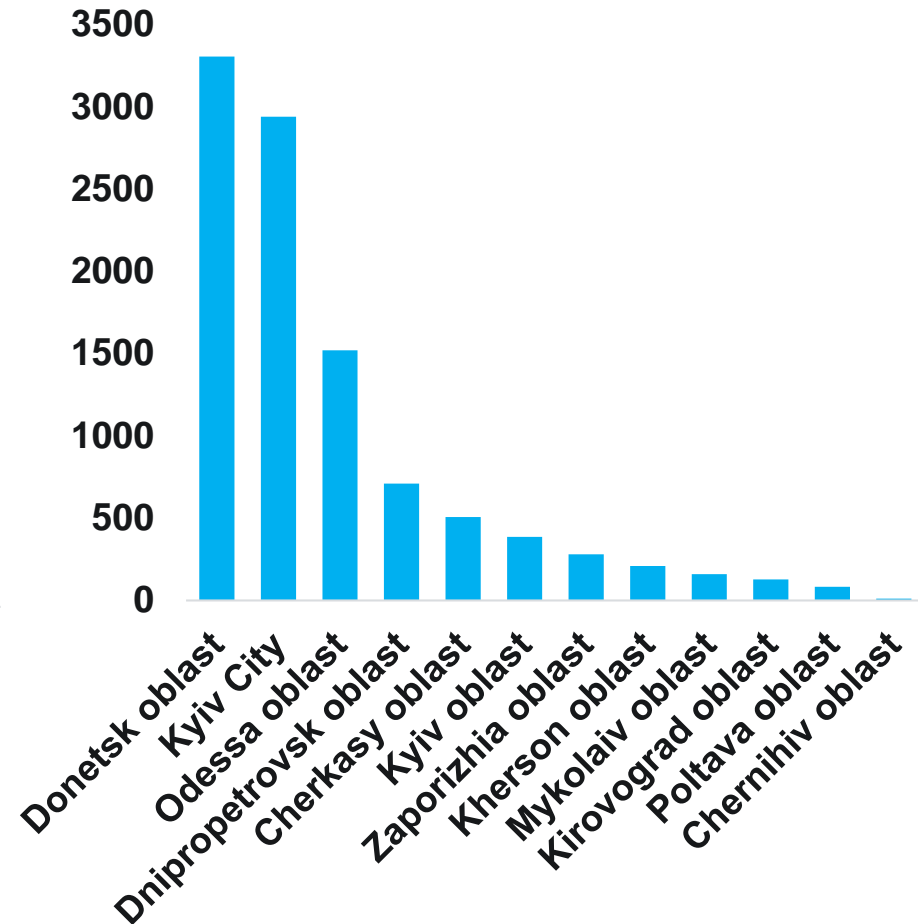
Ukraine : Estimated undiagnosed PLHIV PWID and MSM

Estimated number of undiagnosed HIV-positive PWID-PLHIV



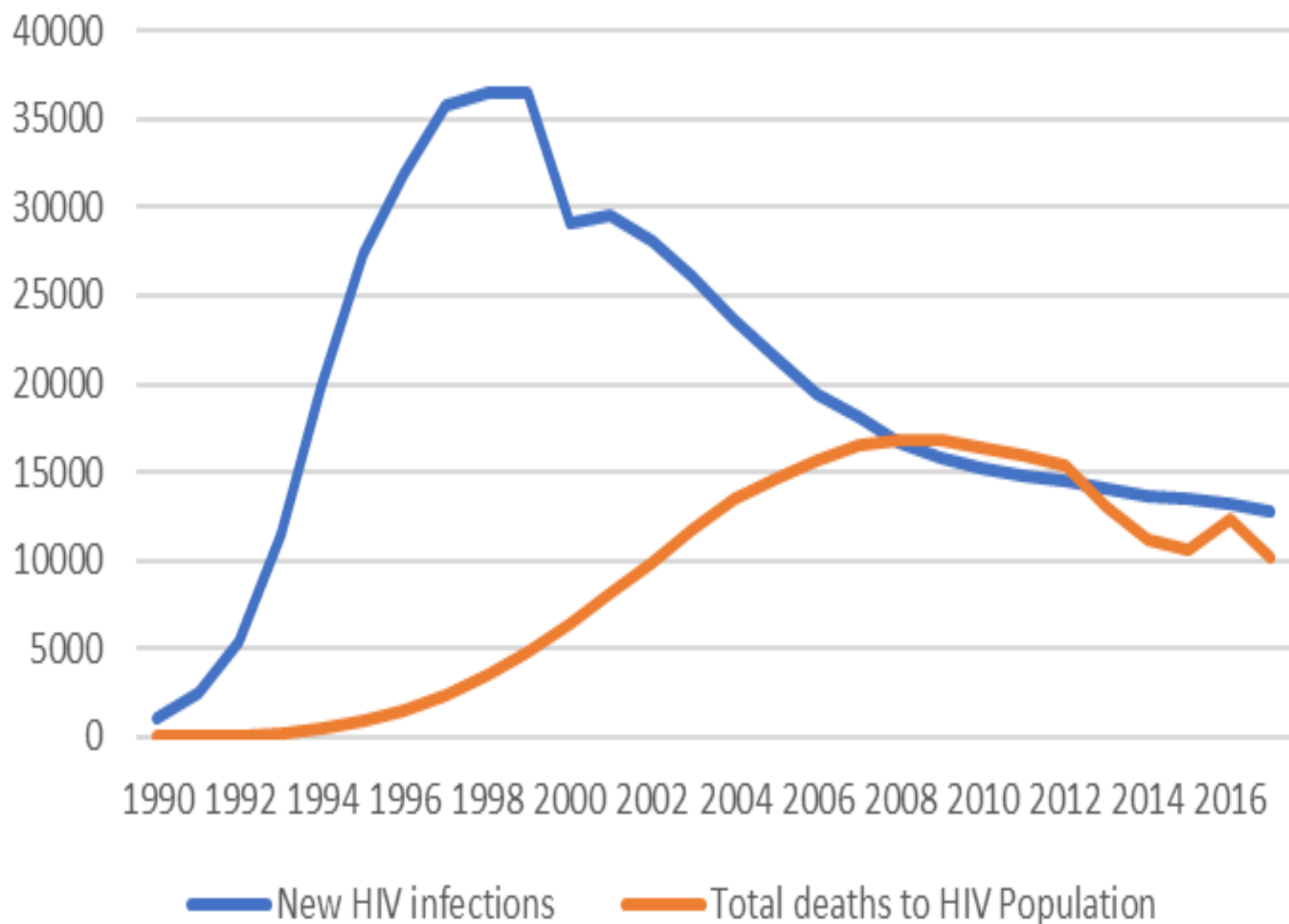
■ Estimated number of undiagnosed HIV-positive PWID-PLHIV

Estimated number of undiagnosed HIV-positive MSM-PLHIV



■ Estimated number of undiagnosed HIV-positive MSM-PLHIV

Ukraine



Evolving our
programs rapidly
using the best
science and new
tools and evaluating
why something is not
working

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KEY GAP : Prevention and treatment Services for Young Men *AND* Adolescent Girls & Young Women

DREAMS

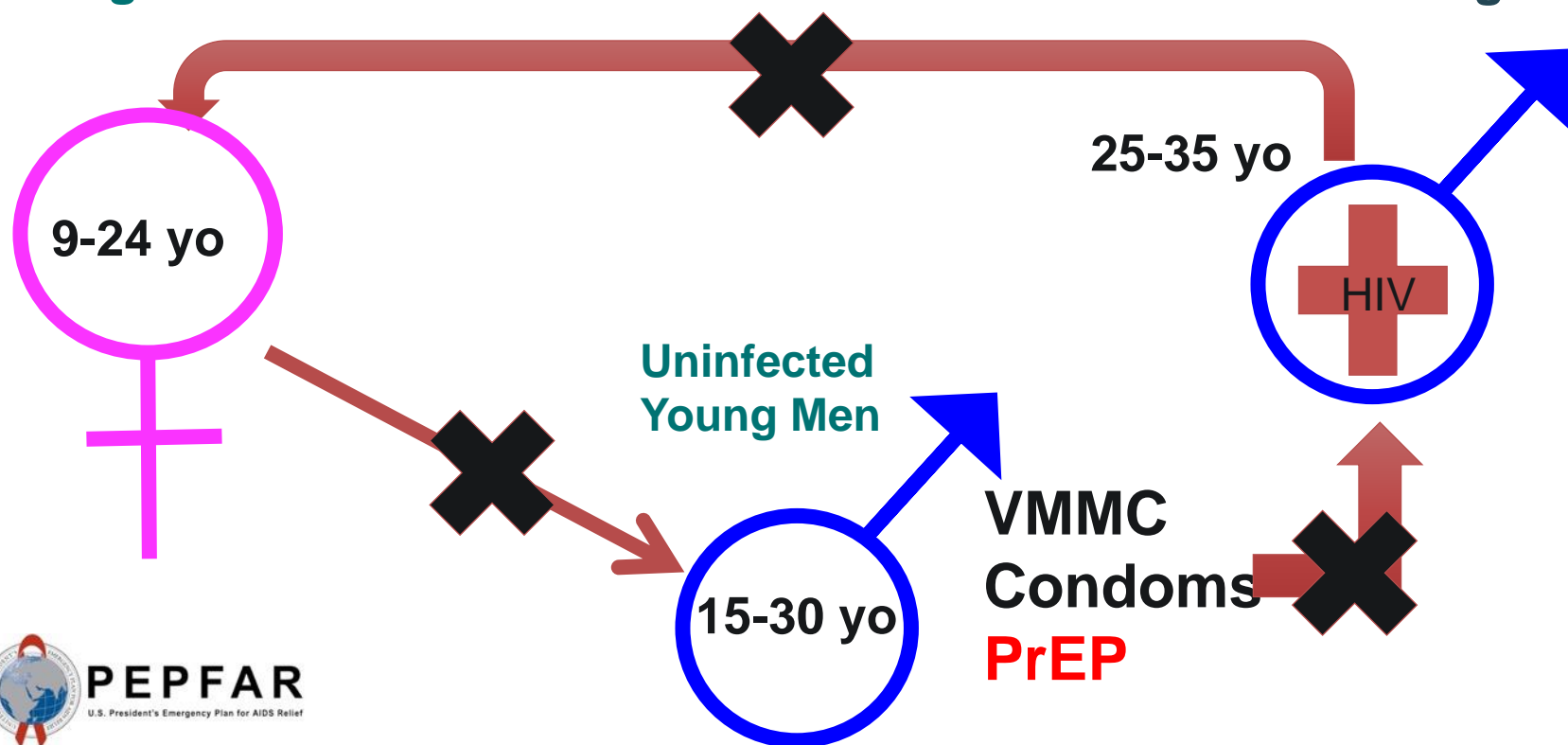
Risk avoidance and reduction

Sexual violence prevention, **PrEP**

Finding young men and ensuring diagnosis and treatment

Girls and Young Women

Well HIV + Young Men



FIRST 90

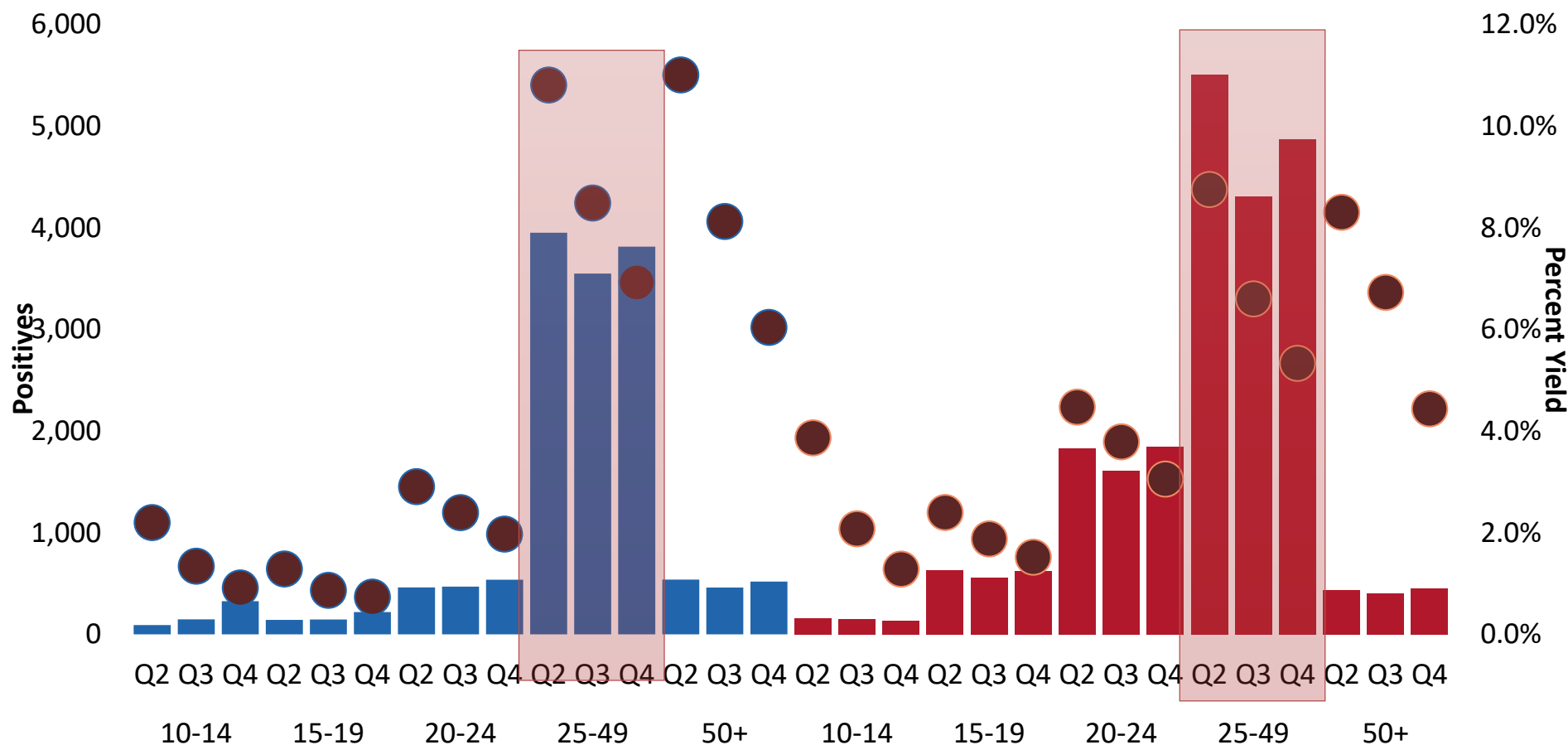
Missing: men under 35, women under 25, well children, infants, and MSM

In the last 4 years we have tested nearly 300M people,

Evolving and optimizing testing strategies

In the Five Acceleration Districts, FY17 Q2-Q4 Yield Dropped Across All Age and Sex Groups

Decreases in yield are highest among the populations we need to reach most



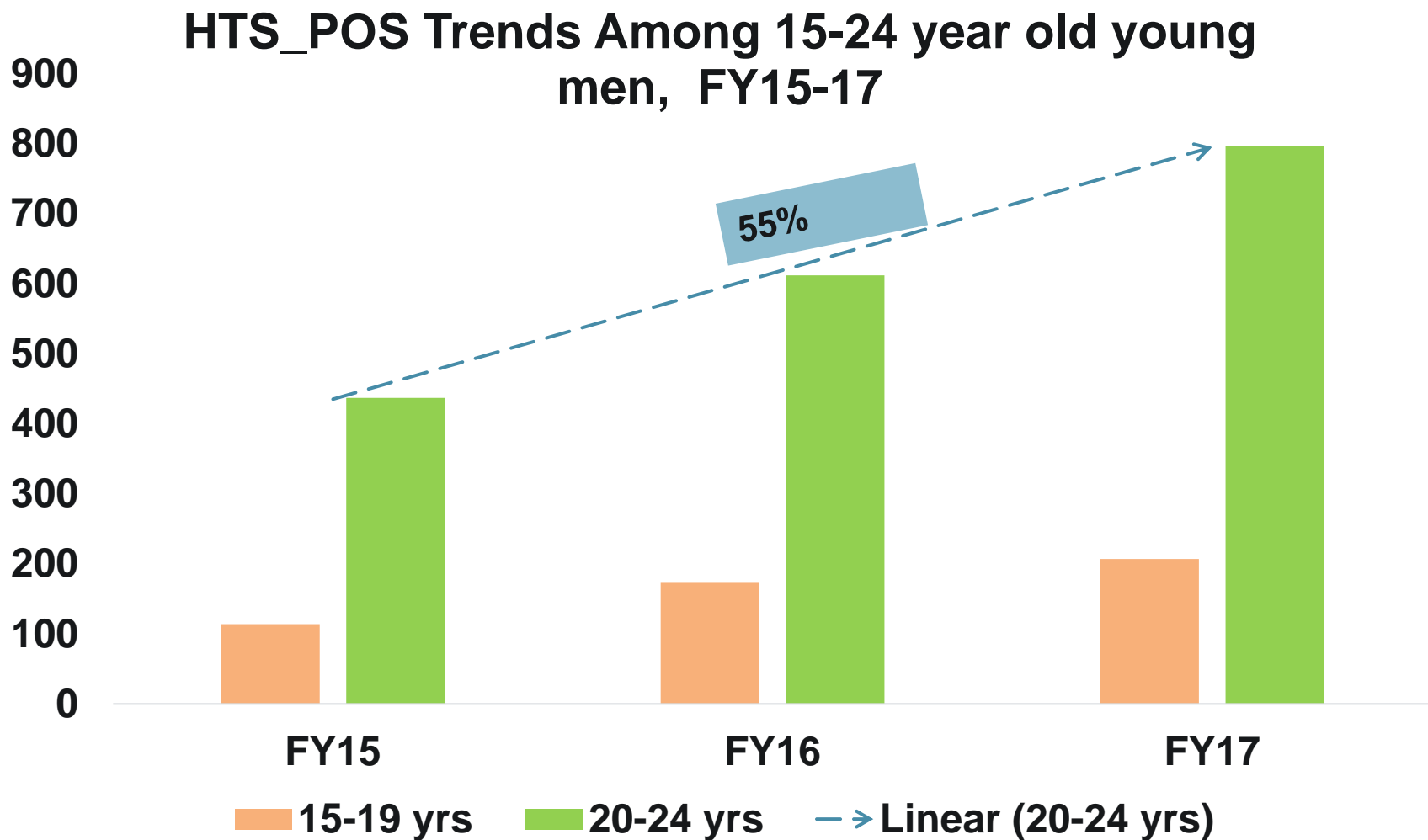
Tanzania MAINTAINING YIELD: SYMPTOM AND RISK-BASED SCREENING

In Tanzania, ICAP collected data on symptoms and HIV risk on ALL people tested in community setting (December/January)

	Tested	Positive	% yield
HIV Risk* only	13775	466	3.4%
Symptoms only	229	35	15.3%
Symptoms AND risk	182	30	16.5%
NO symptoms OR risk	12745	32	0.25%
TOTAL	26,931	563	2.1%



Namibia: Index Testing Led to Increased HIV Case Finding Among Young Men (15-24 yrs)

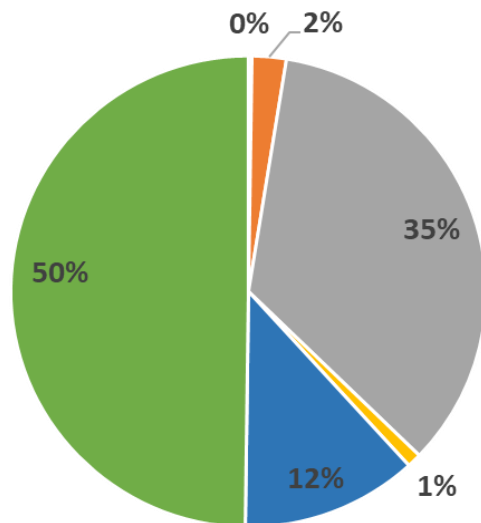


Botswana: I-TECH - Case ID during Standard, After-hours and weekend HTS (32 facilities FY18 Q1-Q2)

Males 25+ comprised 59% of cases identified during weekends, compared to 35% and 39% during standard- and after-hours, respectively.

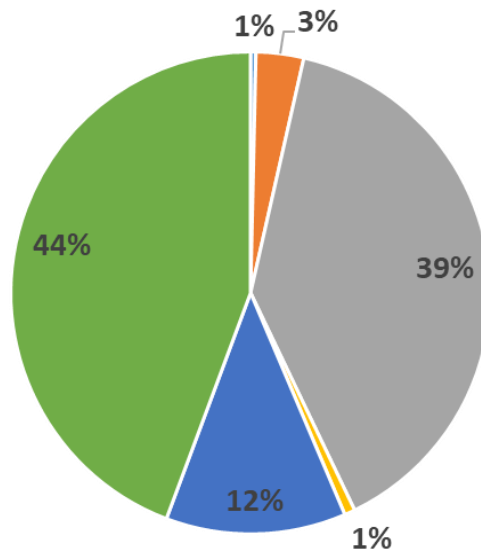
Yield was highest for weekend testing (9.1%), followed by afterhours testing (8.5%) and standard hours testing (4.9%)

Standard Hours Testing (N= 4,387)



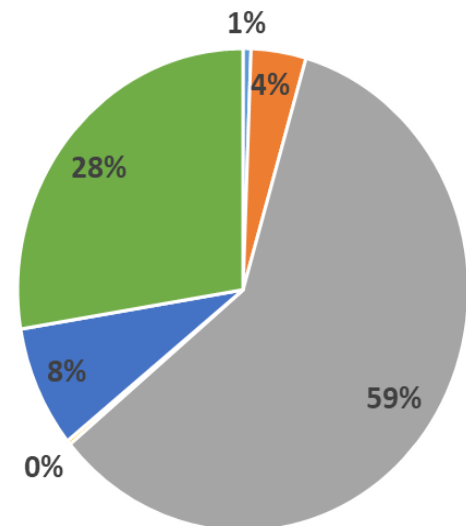
Yield
4.9%

Afterhours Testing Weekday (N=306)



Yield
8.5%

Weekend Testing (N=408)



Yield
9.1%

Utilizing new testing options – SELF-Testing (HIVST)

- Routinely offer HIVST for partners declining testing
- Integration of HIVST in all testing modalities
- Prioritize men, youth, and workplace distribution for HIVST distribution
- HIVST for key and priority populations





**Adjust the intensity
of support & testing
modalities to reach
95-95-95
by district & by sub-
population**

46,224 PLHIV Gap
Harare



High ART Gap

3,000-10,000 PLHIV Gap
17 Districts



High ART Gap

1,500—3,000 PLHIV Gap
8 Districts



Medium ART Gap

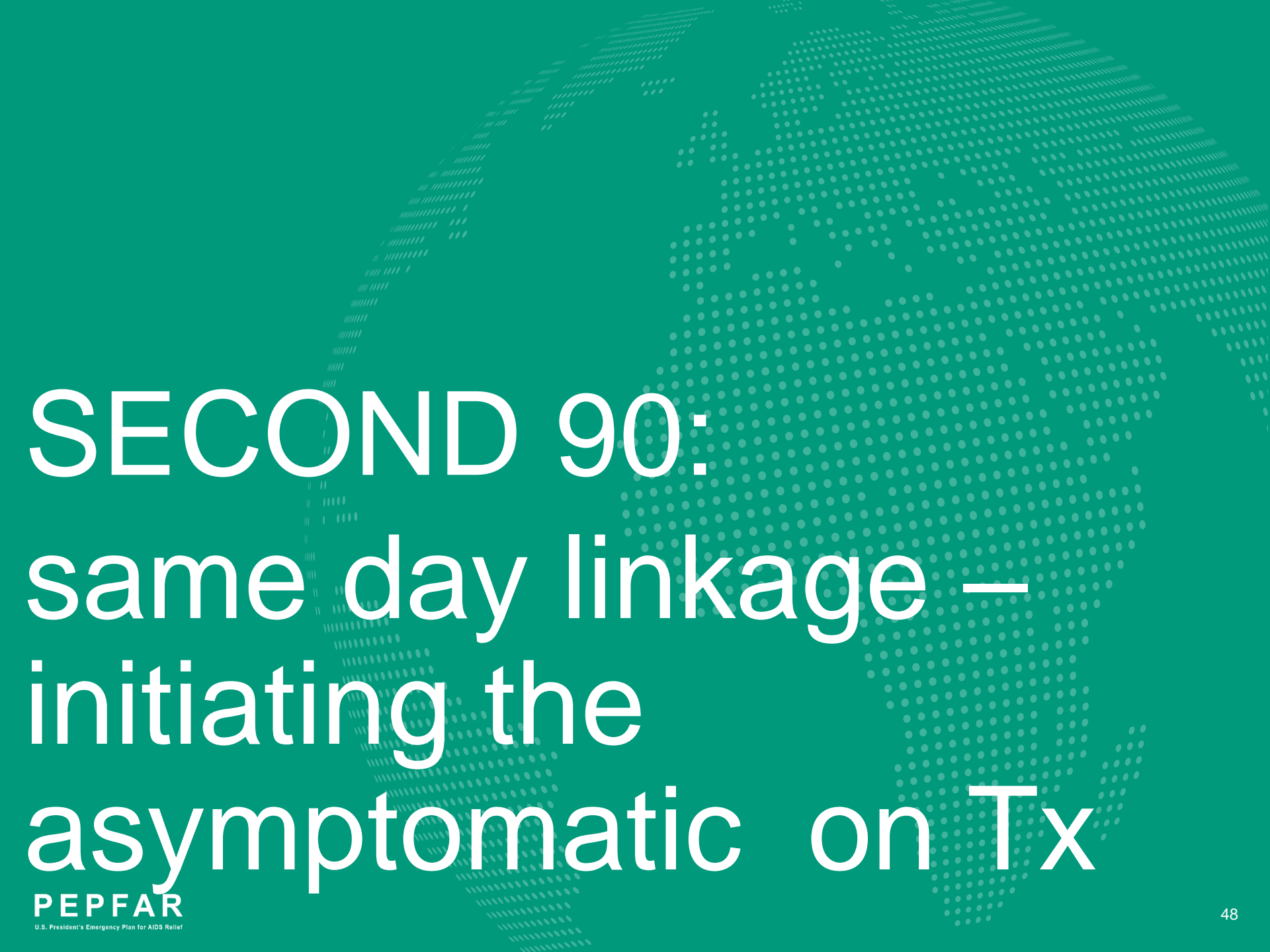
<1,500 PLHIV Gap
7 Districts



Low ART Gap

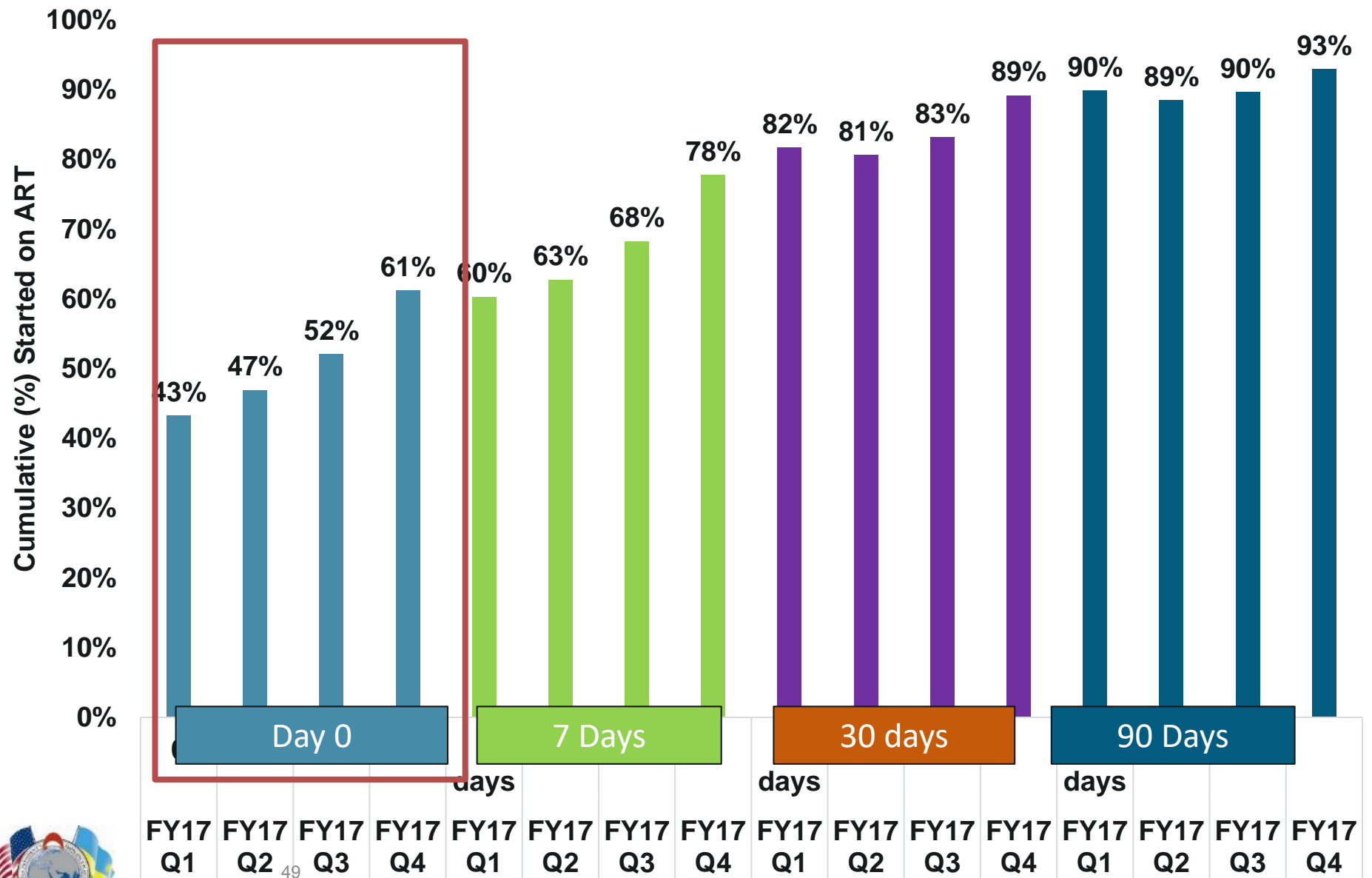
0 PLHIV Gap
7 Districts

Maintenance

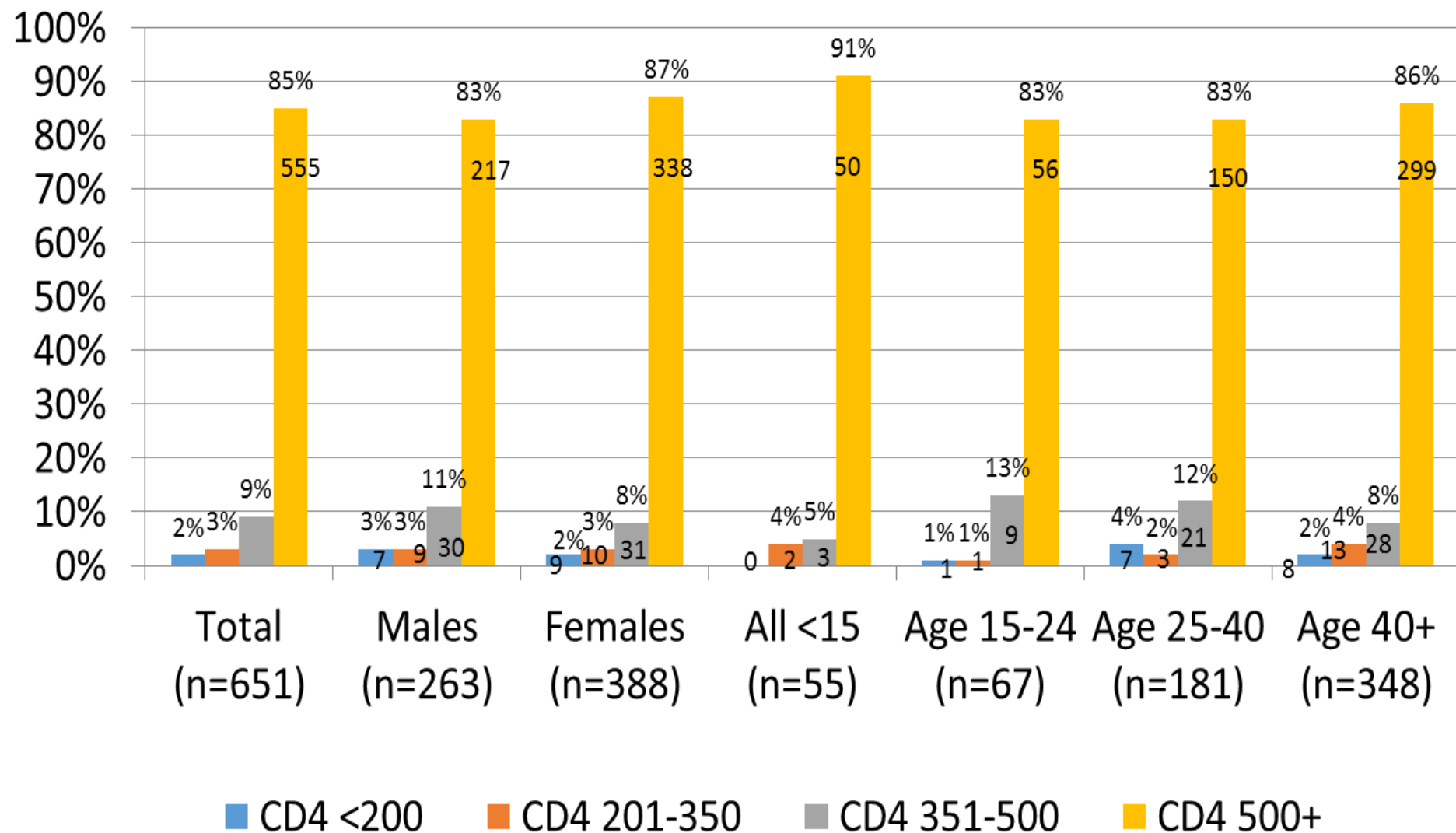


SECOND 90:
same day linkage –
initiating the
asymptomatic on Tx

Namibia: FY17 Tx_New; Time from HIV Diagnosis to ART Initiation, FY17 Q1 –Q4



Rwanda



Why are Special Services Needed for Men?

- Men access ART at later stages of immune suppression
- Men experience higher mortality rates once initiated on ART
 - Men accounted for 41% of PLHIV in SSA and 53% of AIDS-related deaths in 2016
- Lower viral suppression among men compared to women is consistent across all age groups (PHIA 2011-2016)*
- However, if men can get on ART and stabilize, they stay in care and on ART at similar rates as women



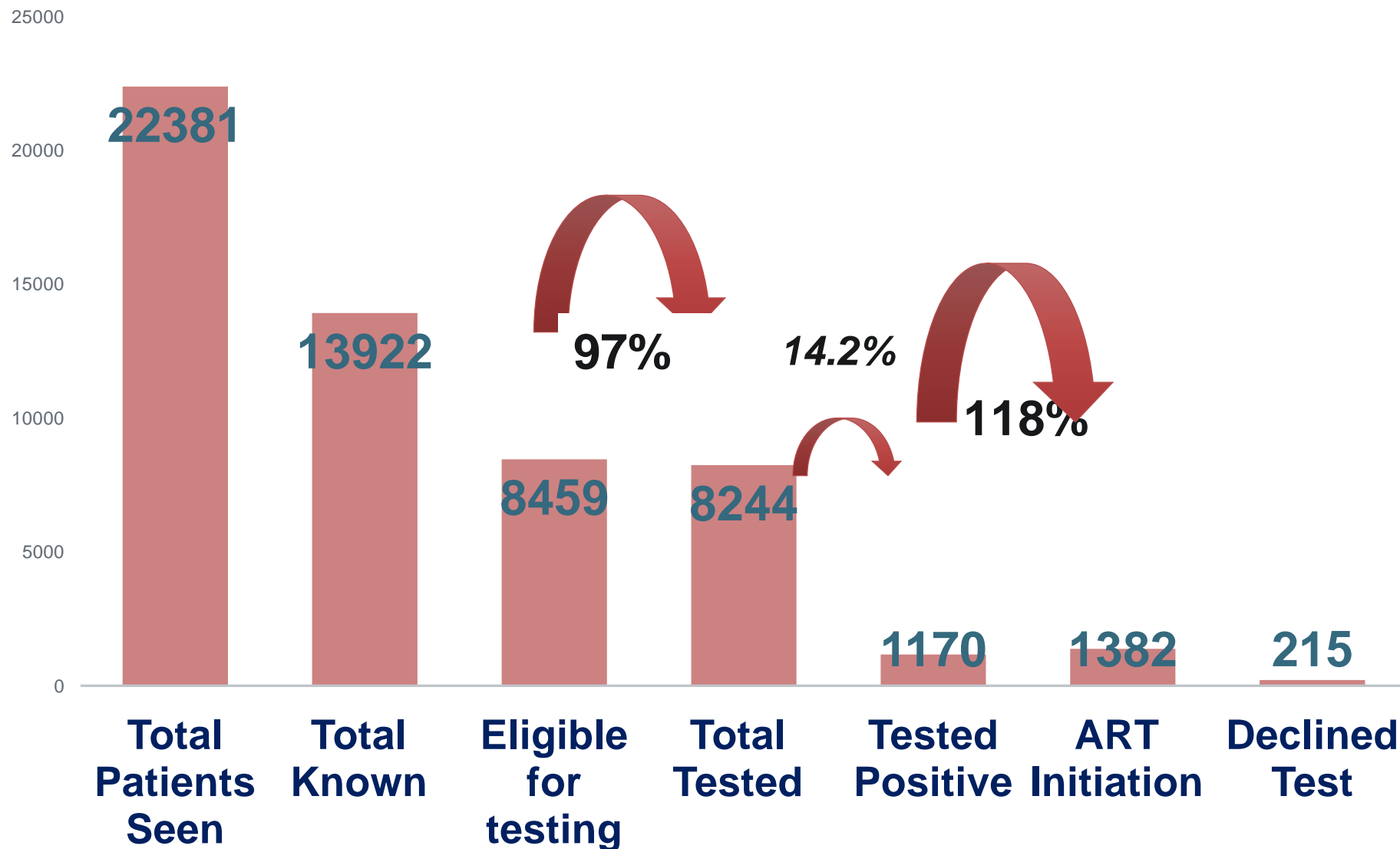
- PHIA analysis were based on Malawi, Swaziland, Zambia and Zimbabwe; MER data from PEPFAR ; Data from UNAIDS 207 Report: Blind Spot: Reaching out to boys and men.
- http://www.unaids.org/en/resources/campaigns/blind_spot

Creation of Male Friendly Corners

- Lesotho has the 2nd highest prevalence of HIV worldwide
- 25.6% of adult population (15-49) is living with HIV
- HIV-related disease #1 cause of death
- Adult incidence high
 - 52 new infections occur daily
- Men believed to drive HIV epidemic among AGYW
- Men have poor health seeking behaviour
- Those who seek care do so very late



Closing the Gaps: 8 Pilot Men Friendly corners (June-Dec 2017)

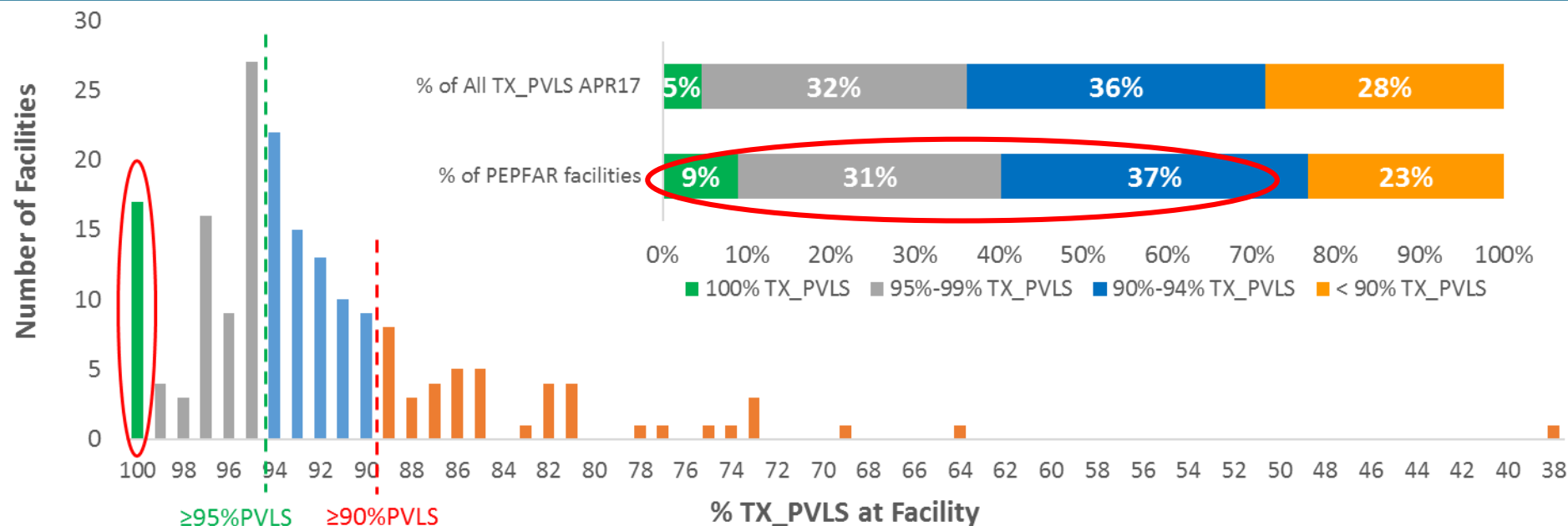


Women and TLD –
who is empowered and
who are we
empowering for
decision making?

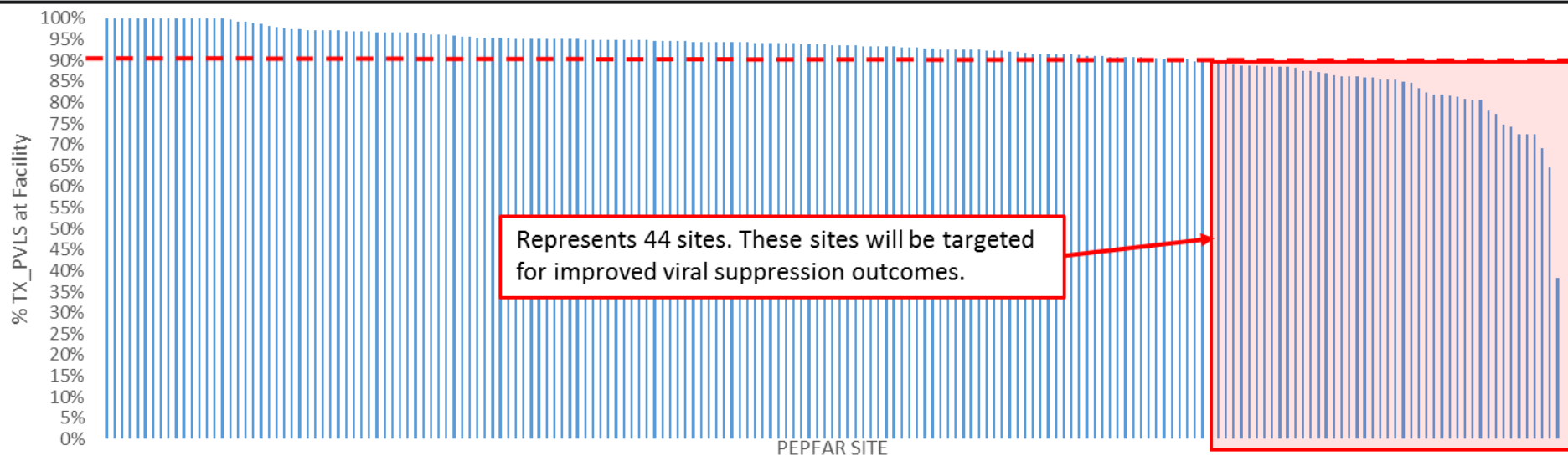
THIRD 90



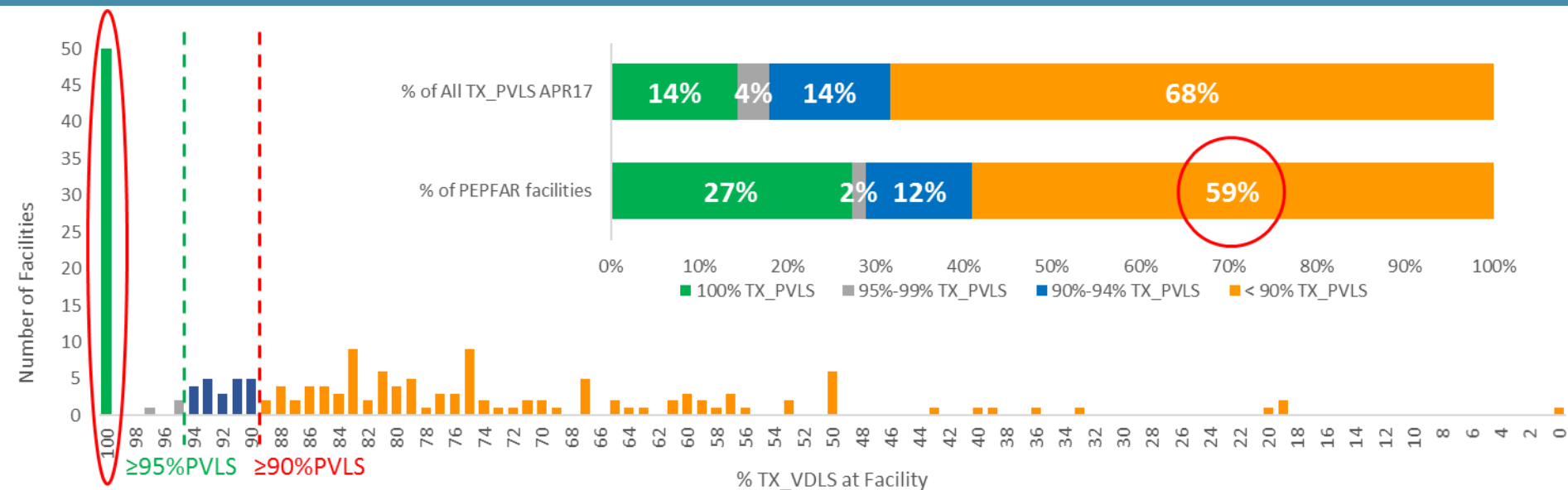
Sites targeted for intervention to improve viral suppression



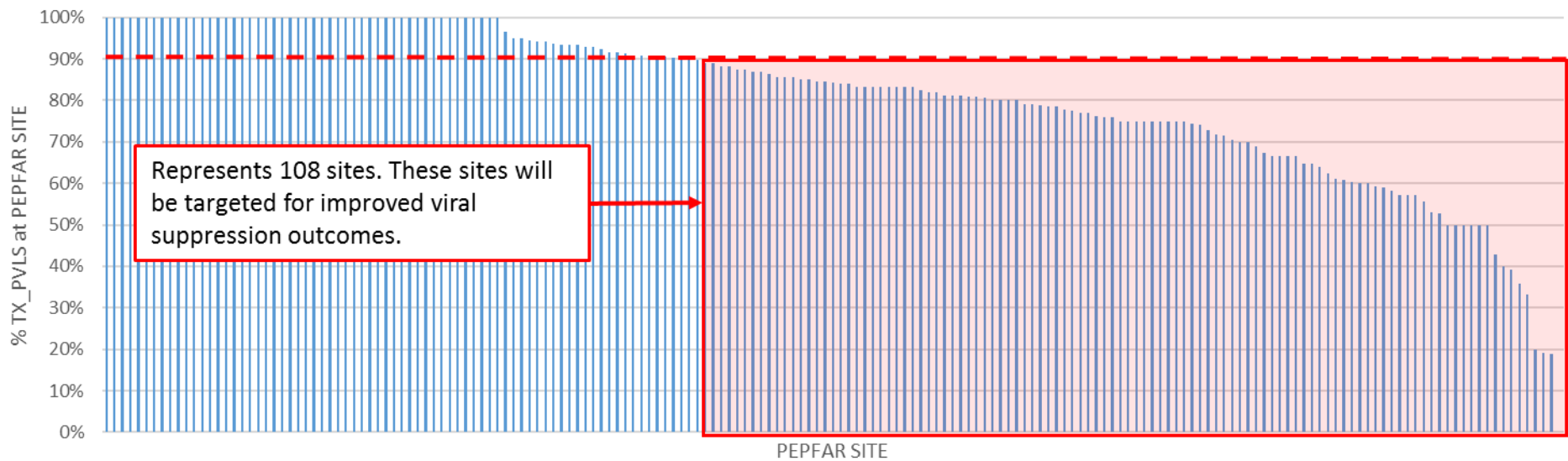
9% of PEPFAR sites reported 100% TX_PVLS and 77% of PEPFAR sites reported TX_PVLS at $\geq 90\%$



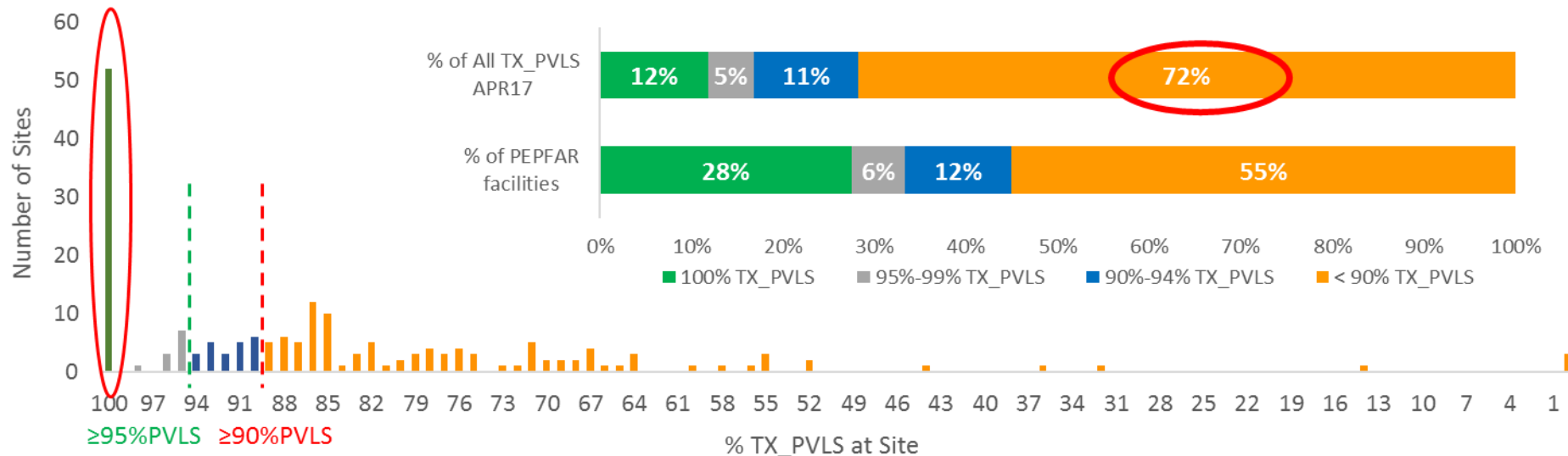
Challenges in viral suppression among children <15



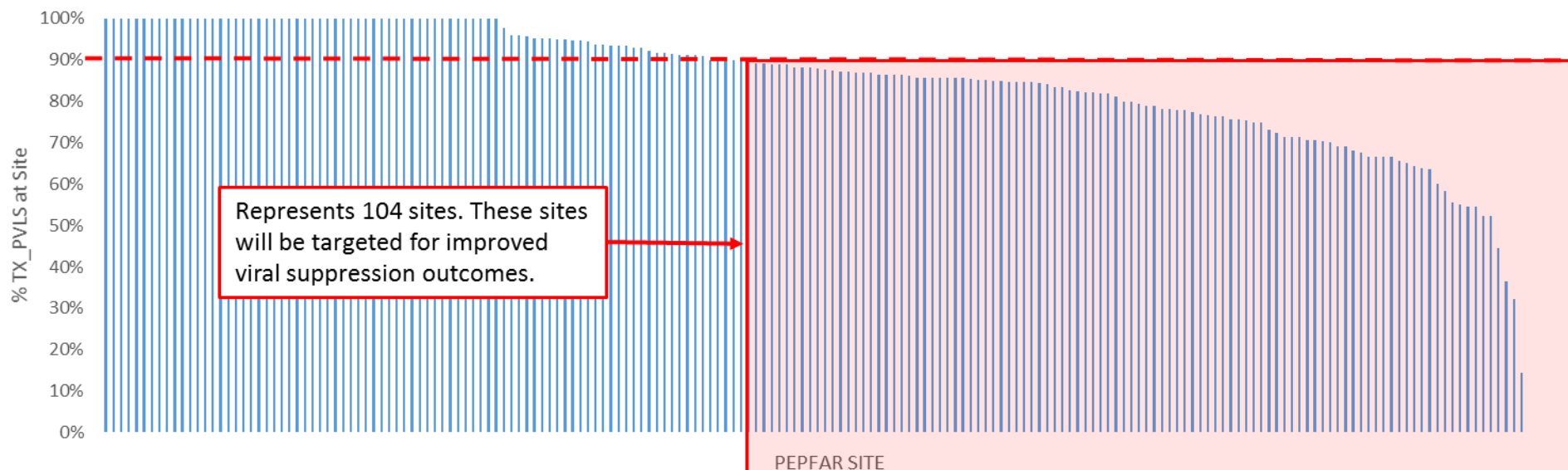
27% of PEPFAR sites reported 100% TX_PVLS among peds but 59% reported TX_PVLS at < 90%



Challenges in viral suppression among young people 15-24 yrs



28% of PEPFAR sites reported 100% TX_PVLS among 15-24 year olds
but 72% 15-24 were receiving care at sites with reported TX_PVLS at < 90%



More than 25% of our
program dollars are in
prevention and we
remain the largest
investment in HIV
prevention

The first 90 is also key for
prevention



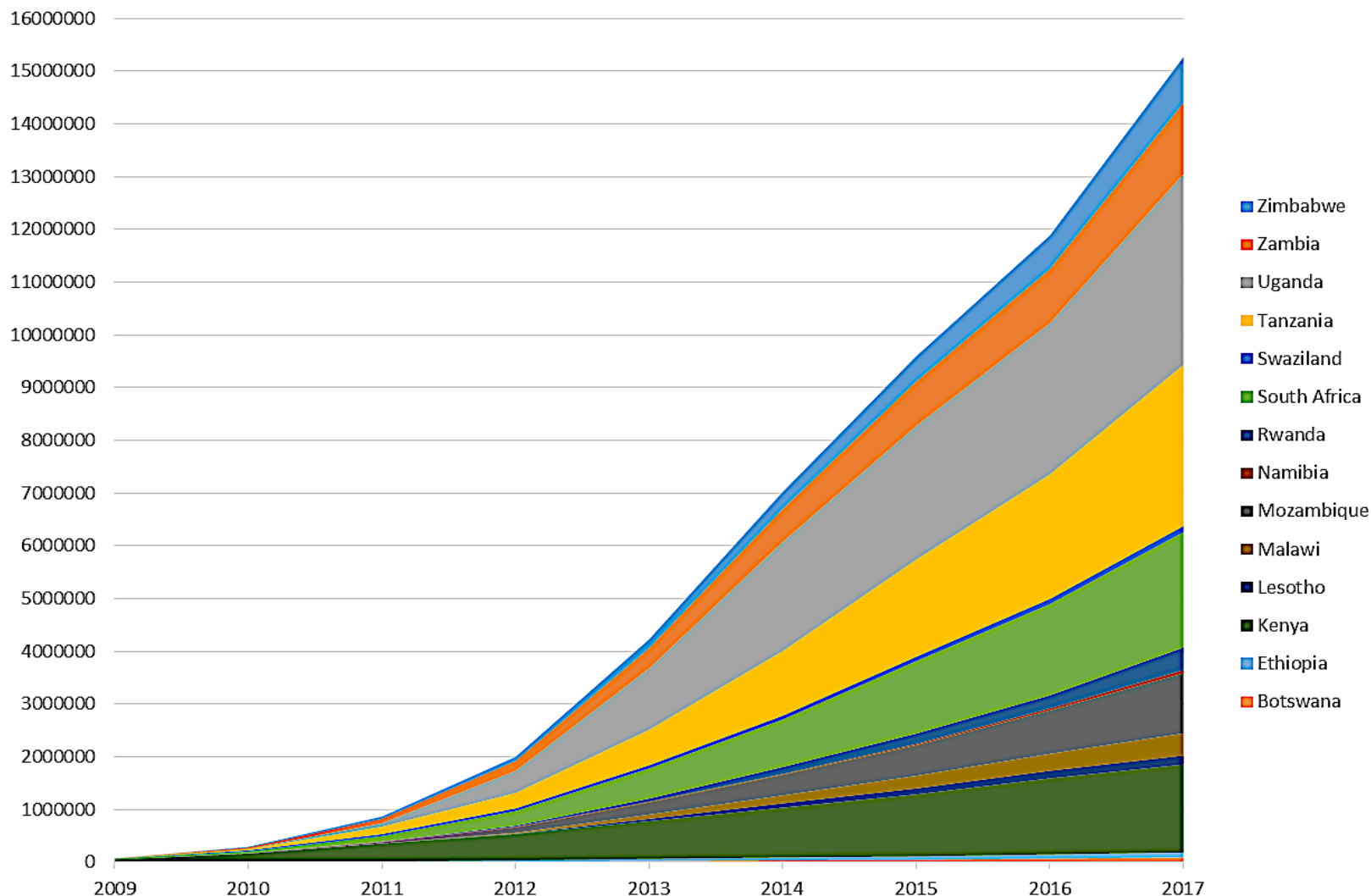
Preventing infections in young men

**15.2M voluntary medical male
circumcisions**

**Largest single-year increase (3.5M) in
PEPFAR's history**

15.2 Million PEPFAR-Supported VMMC

Cumulative Number of PEPFAR-Supported Voluntary Medical Male Circumcisions by Country, 2009-2017



PEPFAR MER FY17Q4 data



Preventing new infections in young women



The **DREAMS** Partnership
has reached more than

2.5 million

**ADOLESCENT GIRLS
AND YOUNG WOMEN**

with critical comprehensive HIV
prevention interventions



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Greater than 25-40% reduction in new HIV diagnoses among young women in nearly two-thirds (65%) of DREAMS-supported districts since 2015. 14 districts that had a decline of greater than 40%. Importantly, new diagnoses declined in nearly all DREAMS intervention districts.

Determined

Resilient

Empowered

AIDS-Free

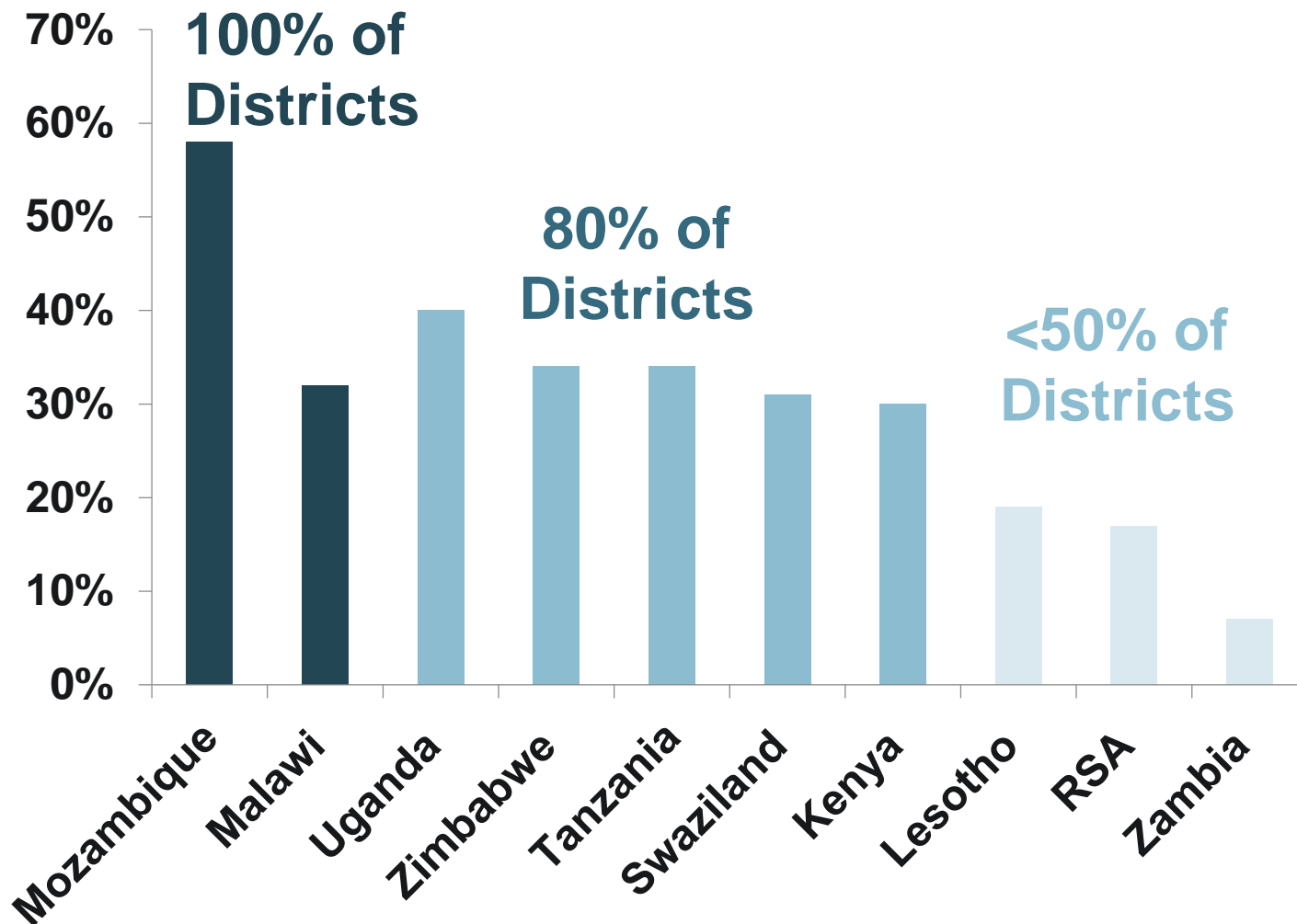
Mentored

Safe



DREAMS Programming Impact

Group by percent of districts in each country with a greater than 25% decline



Determined

Resilient

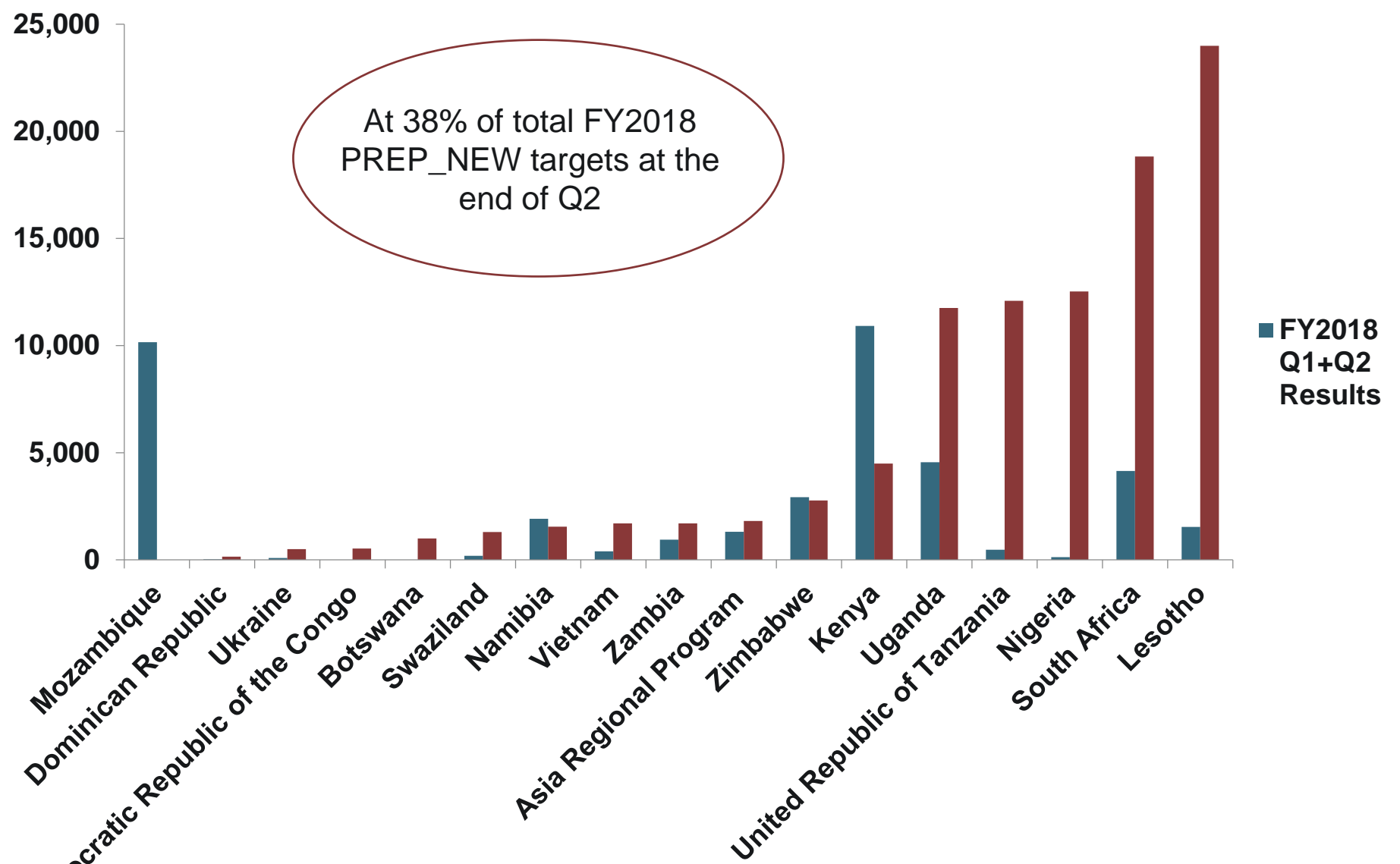
Empowered

AIDS-Free

Mentored

Safe

PREP_NEW FY2018 Q1+Q2 Results & Total FY2018 Targets by Country



*Targets for Cote d'Ivoire and Mozambique removed because of data error, countries did not set targets for FY2018.

Thank You!

We are poised to
make the impossible -
possible



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PEPFAR Dashboards
Using Data for Decision Making