From 95-95-95 to zero new infections, zero deaths, reduced stigma

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IAS
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15 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS
#PEPFAR15
Moving from generic to specific
Moving from words to action
Holding ourselves accountable
Where are we?

Eastern and Southern Africa

Expansion of services through deliberative collaboration between PEPFAR, GF, governments, and community

Demonstrated outcomes lead to impact; rapid policy adoption, continuous monitoring of progress

GAPS: Prevention interventions to saturation
15-30 age group
Early Treatment - Men – all ages
Clinical and prevention cascade for key populations
Lesson learned from East and Southern Africa – the progress to date – nearly a 50% decline in incidence has occurred with missing more than 50% of the men – especially healthy young men – *if this is addressed the epidemic can be controlled*
Where are we?
West/West Central Africa

Slow expansion of critical prevention and treatment services despite resources
Unclear epidemiology with mixed epidemics
Slow policy adoption, user fees – formal and informal - prevent access to health services; unrelenting stigma and discrimination;

Key gaps
Clinical and prevention cascade for key populations
Inconsistent political will to address all key populations with necessary interventions
Ensuring access to services for young people and men of all ages
Strategies to address stigma and discrimination
Lesson learned from West and West Central Africa region:

POLICIES Matter

Progress in policy changes necessary for success otherwise progress will remain stalled
Where are we?

Key population epidemics – Eastern Europe, Central Asia, Asia, Caribbean and Latin/Central America

Poor performance of prevention and treatment cascades - with PWID>>SW>MSM
Different issues in the cascades by risk group
Pilots without scaling

Unrelenting stigma and discrimination
Investments have not achieved impact

Key gaps
Clinical and prevention cascade for key populations
Inconsistent political will to address all key populations with necessary prevention interventions
Impactful strategies to address stigma and discrimination

PEPFAR
U.S. President’s Emergency Plan for AIDS Relief
New Infections in Russia vs Ukraine 2000-2017

Number of new HIV infections

Russia

Ukraine
Lesson learned from Key Population epidemics

Progress is not possible without political will and peer provided prevention and treatment services
Reducing Incidence
How do we lower incidence?

• Treatment as prevention: aggressive scale-up of Test and Treat
  • Use better regimens: TLD
  • Ensure adherence and monitor VL for suppression

• VMMC

• Pre-Exposure Prophylaxis for those at highest risk

• Targeted prevention programming for most vulnerable - DREAMS

• Incidence monitoring using POC of recency assay to target prevention activities
Reducing Mortality
How do we lower mortality?

- Ensure early diagnosis and treatment
- Ensure treatment adherence and VL reduction
- Directly address the leading cause of death: TB
  - Early diagnosis and treatment of HIV and TB disease
  - TB Preventive Therapy
- Treat other causes of death for relevant populations: cervical cancer in women
- Monitor mortality and (re)direct resources as indicated
Better drugs, better adherence
Comprehensive approach to TB prevention and treatment

• TLD is better tolerated, with higher efficacy and lower incidence of adverse events
• Treatment literacy will be critical for drug introductions
Rapid ART introduction is the single most impactful intervention to reduce overall mortality and risk of TB disease among PLHIV.

New PEPFAR/PRRR strategy would reduce incidence of cervical cancer in HIV+ women by ~95%

HIV-positive cervical cancer incidence rate per 100,000 women, by age
New Indicators Driving PEPFAR Programming

• **TB_PREV** is a mandatory indicator, will capture *completion* of TB preventive therapy
  - Accommodates different regimens

• **ART_ML** will capture overall mortality and loss to follow up
  - Will allow us to identify which populations have higher mortality and require targeted interventions and understand why
Leveraging ‘U=U’ to address self stigma and community stigma
Thank You!

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