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

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

Ambassador Deborah Birx

IAS

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15 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

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Moving from generic to specific

Moving from words to action

Holding ourselves accountable

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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

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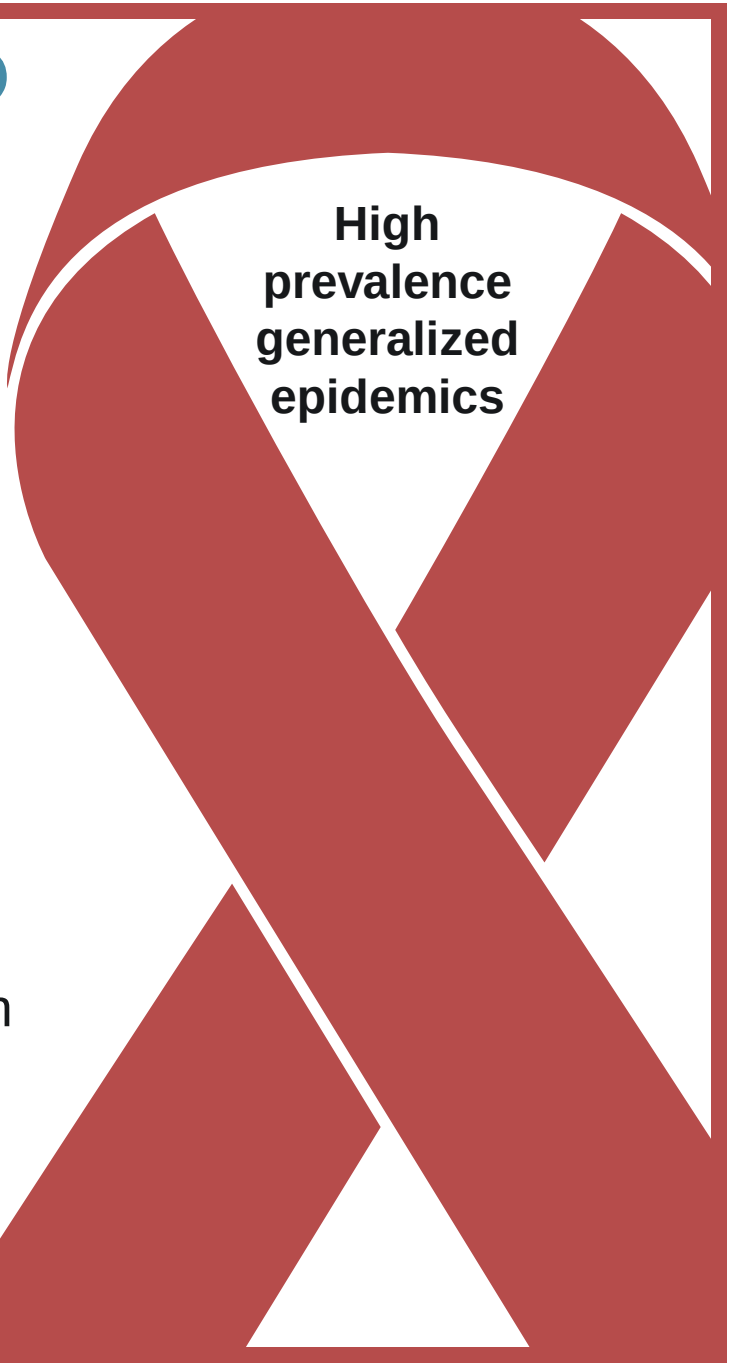

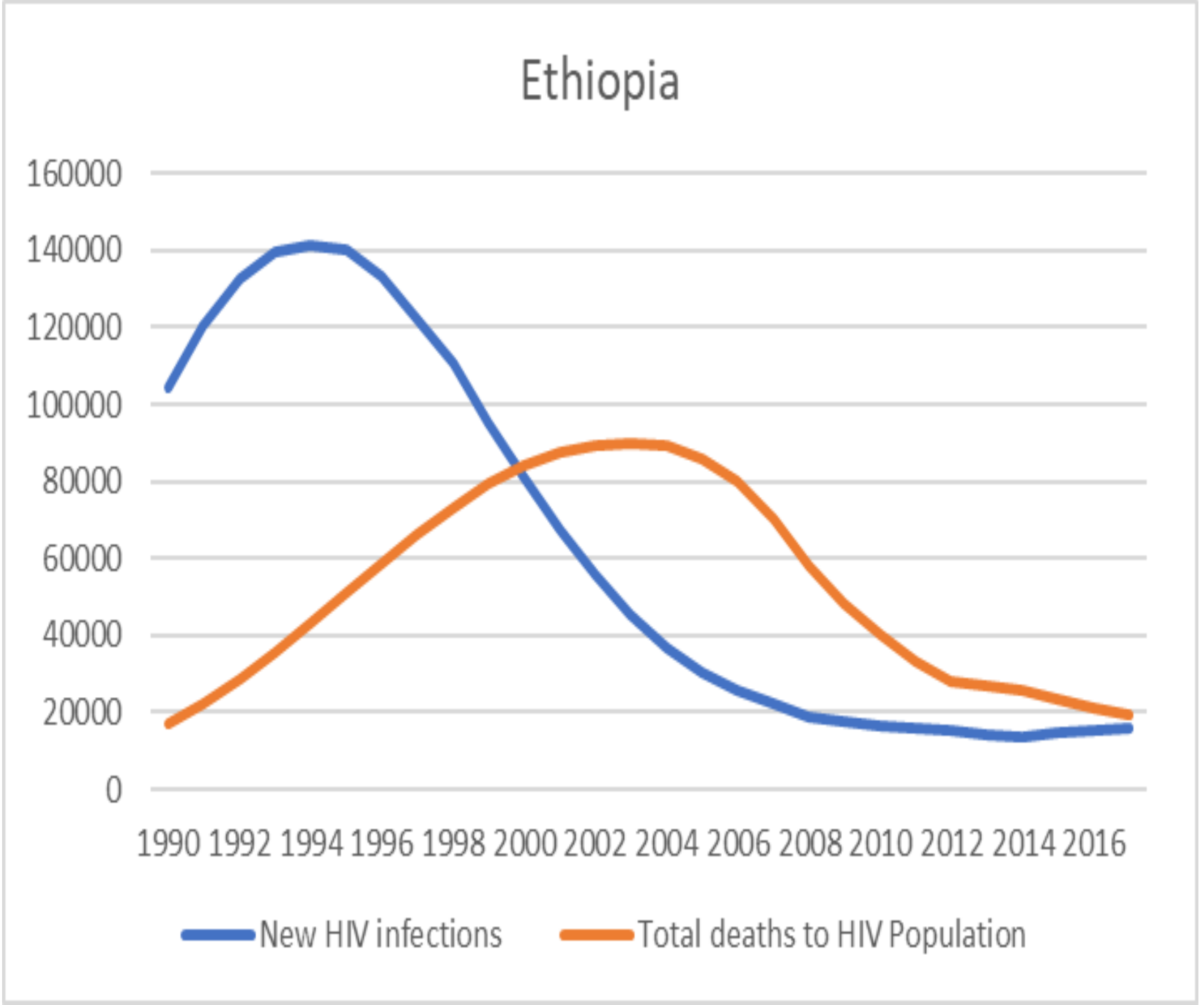
Ethiopia
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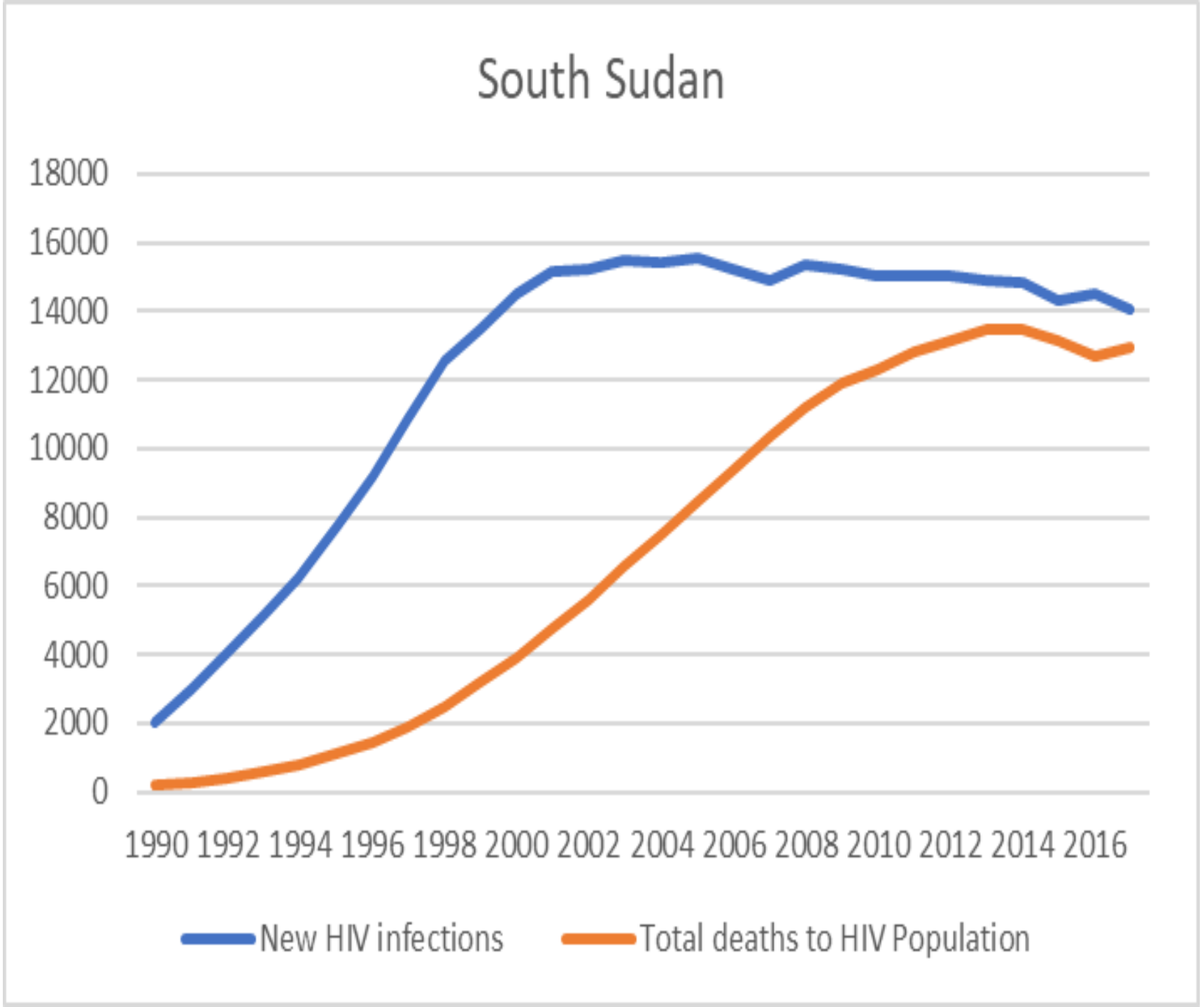
New HIV infections
Total deaths to HIV Population


South Sudan
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1990 1992 1994 1996 1998 2000 2002 2004 2006 2008 2010 2012 2014 2016
New HIV infections
Total deaths to HIV Population

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;

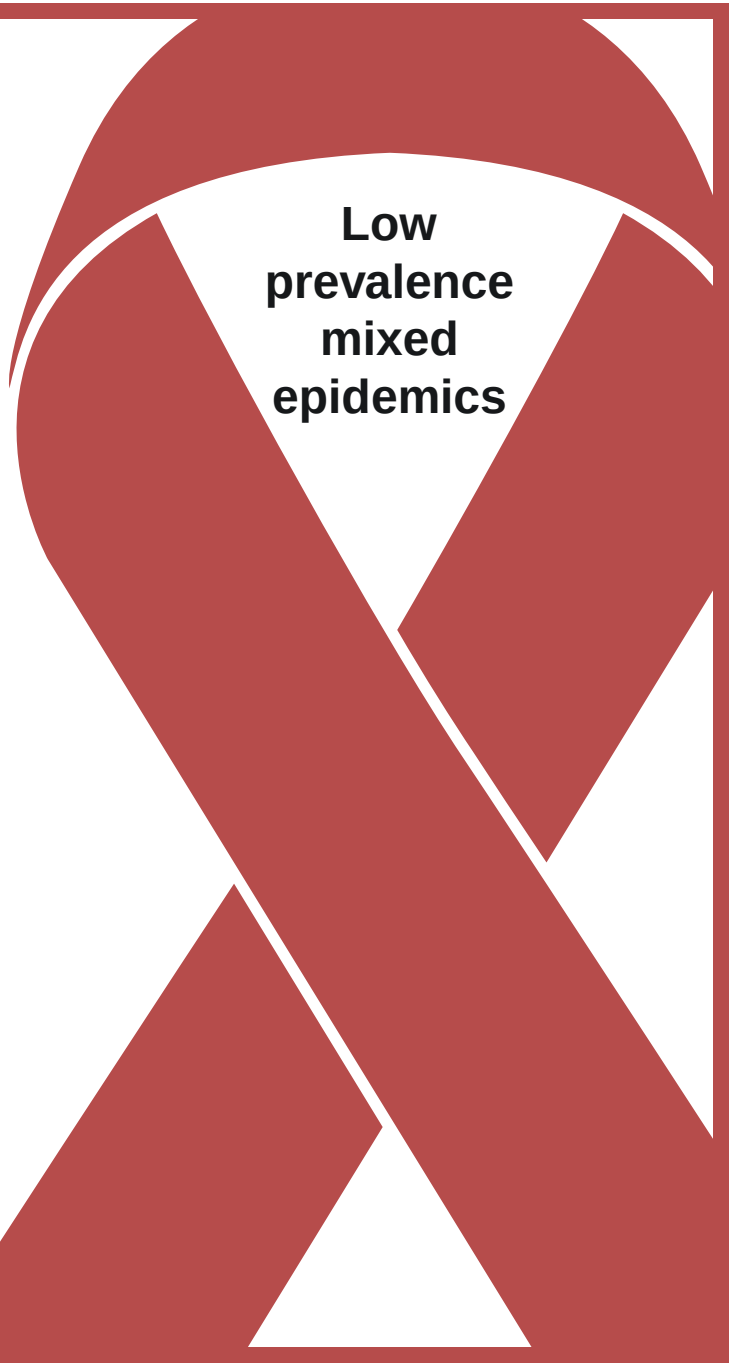
Key gaps

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



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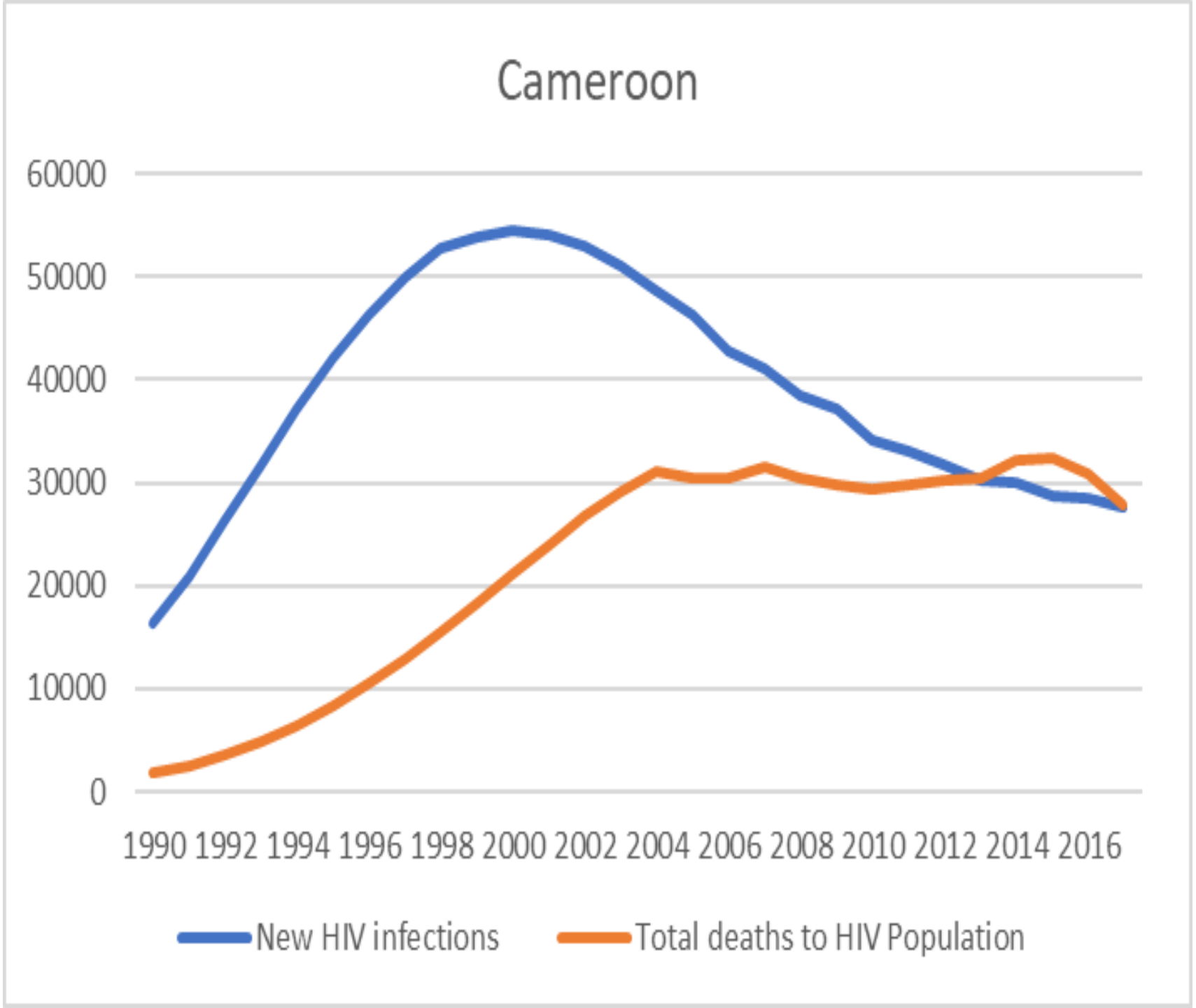
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1990 1992 1994 1996 1998 2000 2002 2004 2006 2008 2010 2012 2014 2016
New HIV infections
Total deaths to HIV Population

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?

Concentrated epidemics

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

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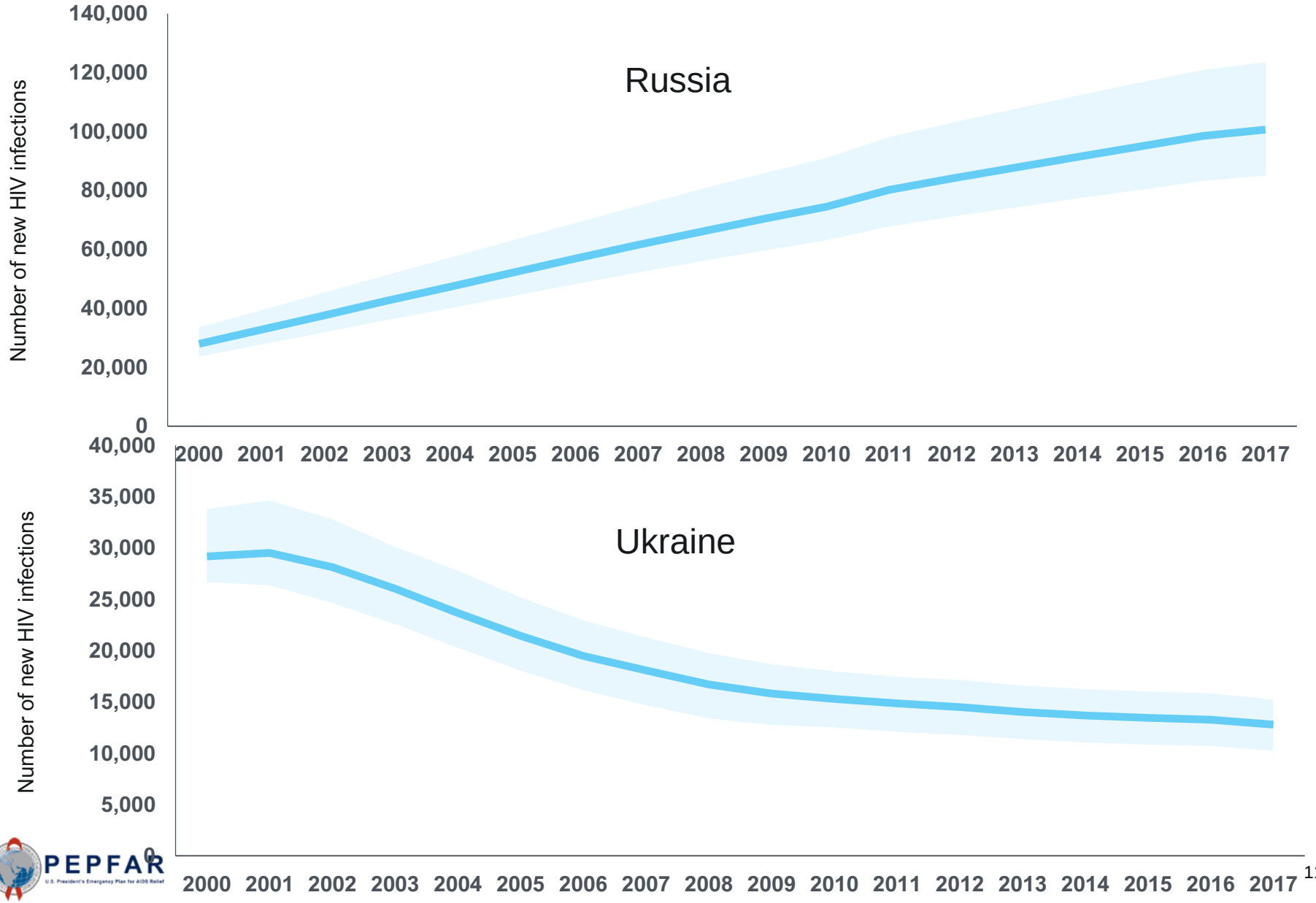
New Infections in Russia vs Ukraine 2000-2017



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Lesson learned from Key Population epidemics

Progress is not possible without political will and peer provided prevention and treatment services

Reducing Incidence

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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

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Reducing Mortality

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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

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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

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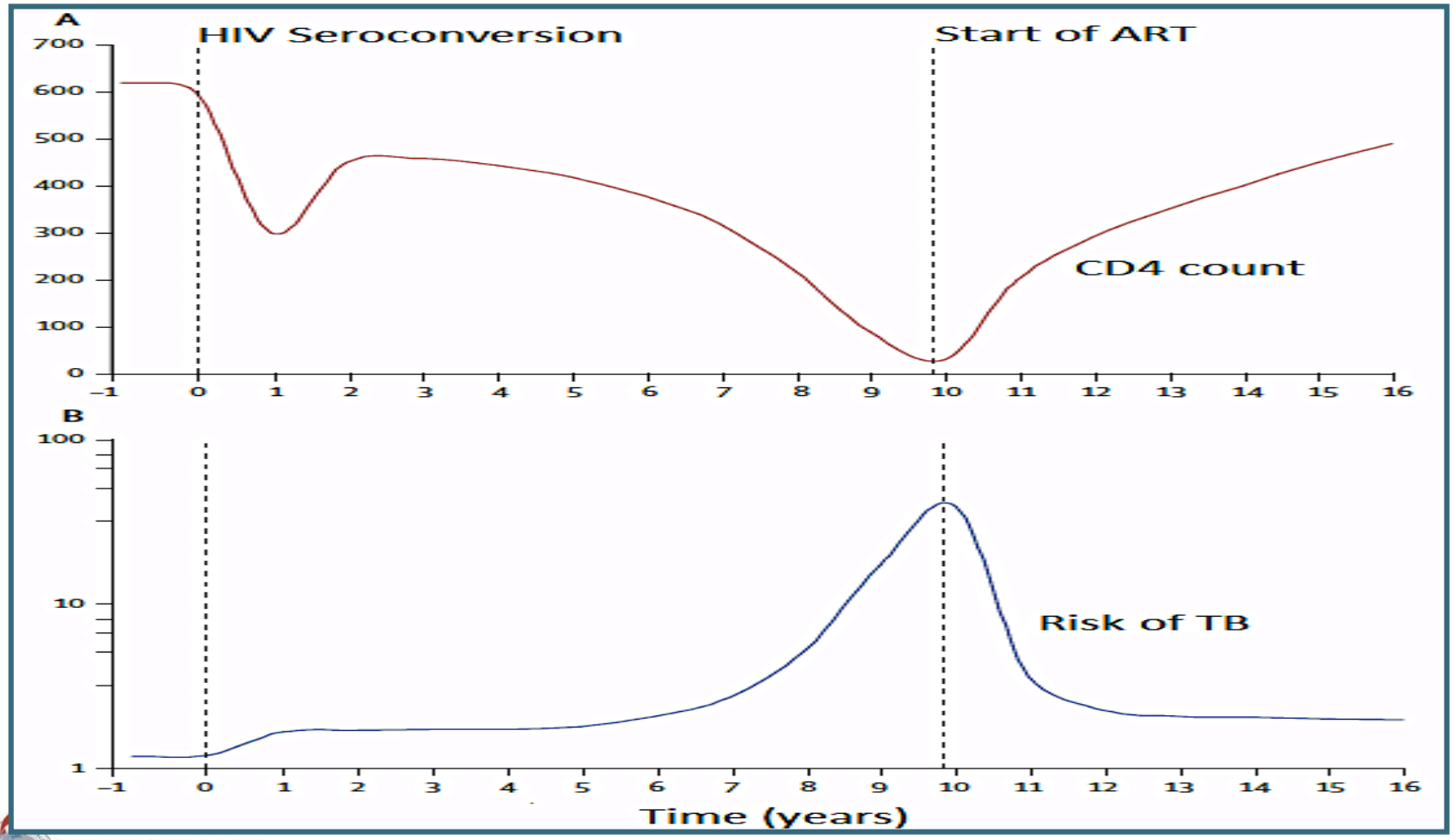
Rapid ART introduction is the single most impactful intervention to reduce overall mortality and risk of TB disease among PLHIV



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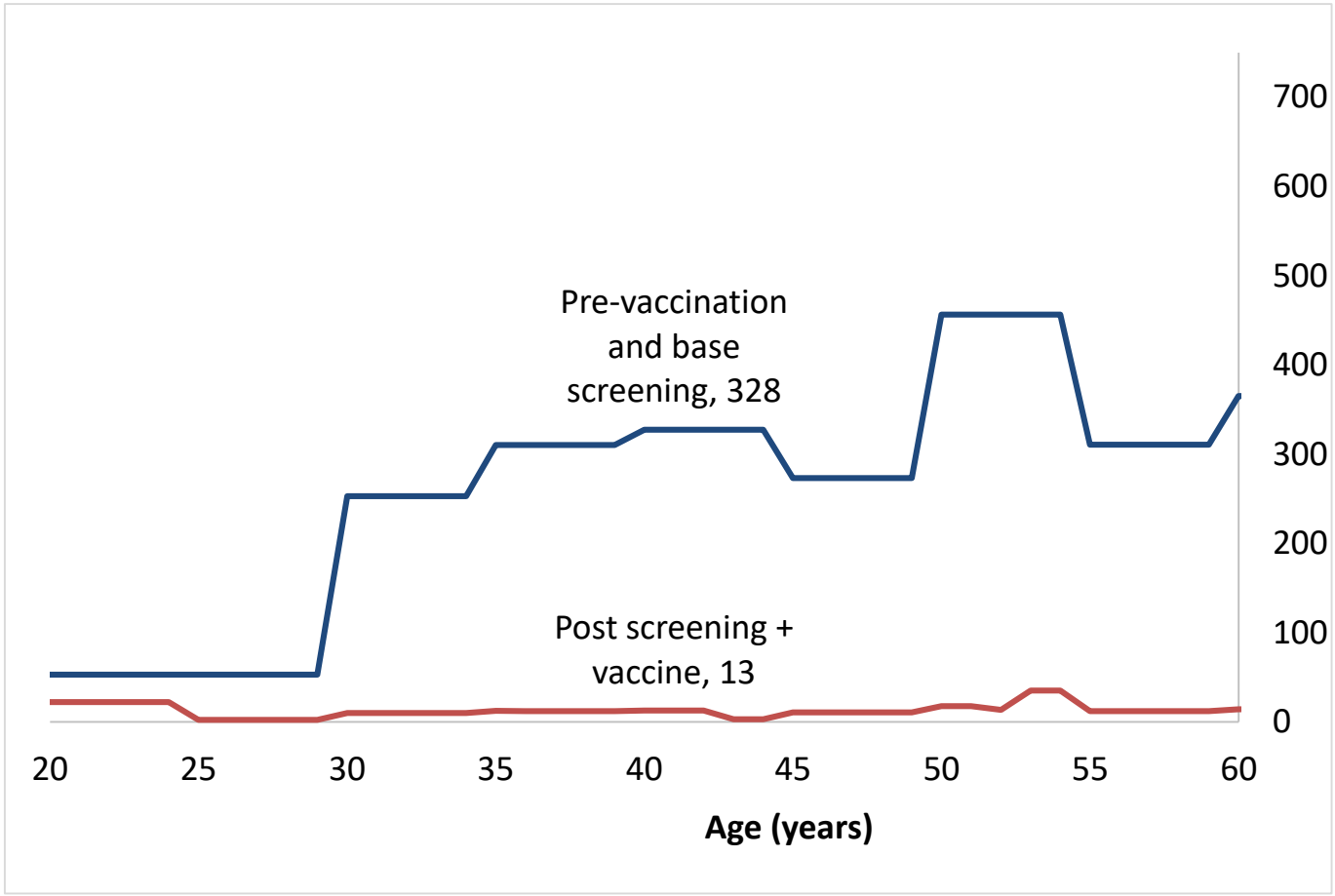
Graph source: Lawn, SD, et al. ART and IPT in the Prevention of HIV-Associated TB in Settings with Limited Healthcare Resources. Lancet Infect Dis. 2010; 10: 489-98.

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



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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

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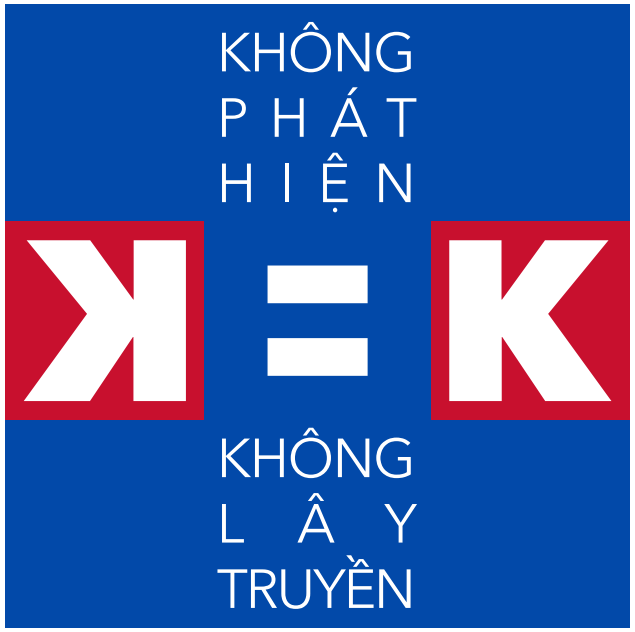
Leveraging ‘U=U’ to address self stigma and community stigma



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Thank You!

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