



**PEPFAR**

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

# *IAPAC 2020 90-90-90 Targets Update* Lost Time: Recovering from COVID-19's Impact on the Global HIV Response

Angeli Achrekar, DrPH, MPH  
Principal Deputy Coordinator, PDAS  
U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

# Progress In the Global HIV Response

## PEPFAR Program Results 2019

**15.7 million** women, men, and children on ART

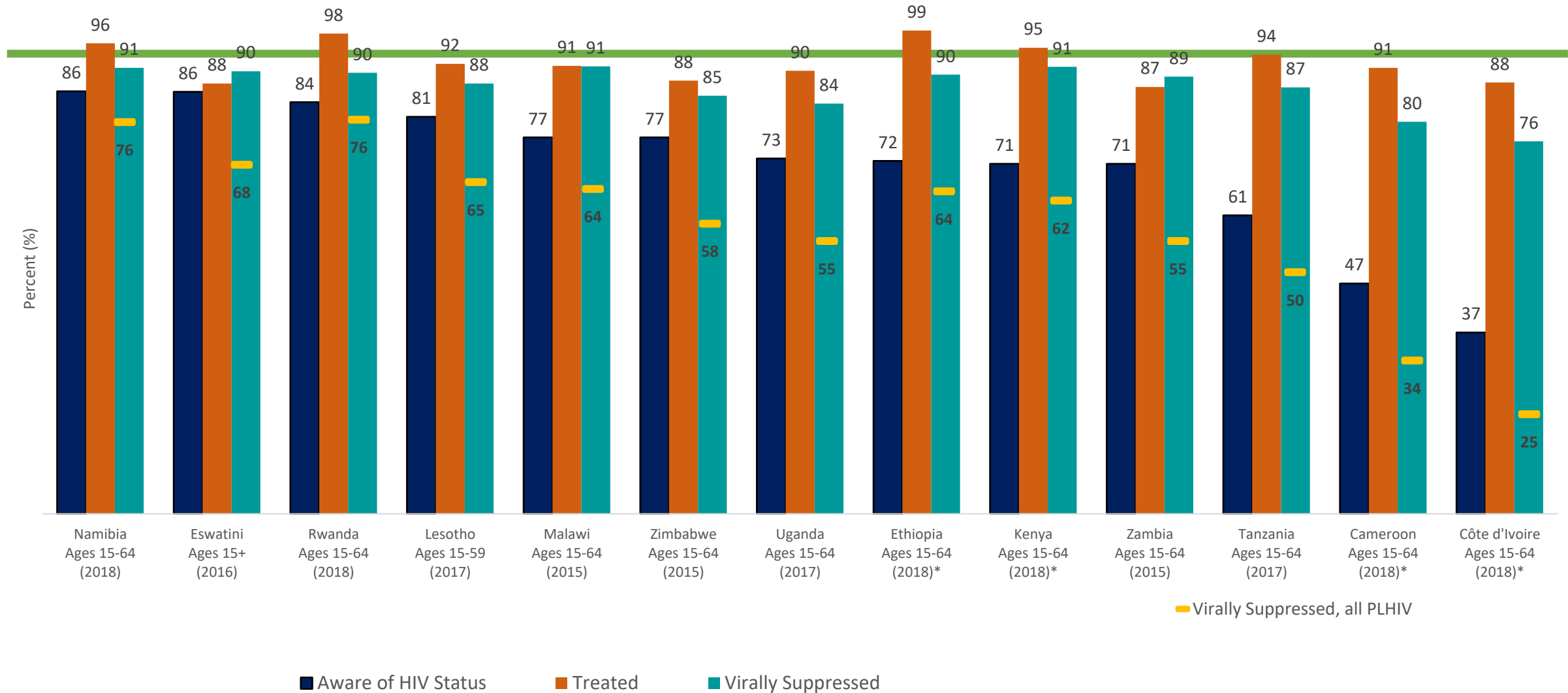
**2.6 million** babies born HIV-Free

**22.8 million** voluntary medical male circumcisions

**6.3 million** orphans, vulnerable children, and their caregivers  
provided with critical care and support

**100% of DREAMS districts  
with a decline** in the diagnosis of new HIV infections 86/88  
districts with a greater than 25% decline

# PEPFAR population surveys show achievements towards the global HIV SDG 90/90/90 goals – aware of HIV status, treated, virally suppressed



**In the context  
of COVID-19,  
PEPFAR is firmly  
focused on**



Ensuring continuity of care for  
people living with HIV

1



Leveraging PEPFAR-supported  
health systems and infrastructure

2



Reducing exposure of staff and HIV  
clients to health care settings that  
may be overburdened and/or sources  
for potential exposure to COVID-19

3



Providing flexibility for PEPFAR  
programs in how to optimally serve  
our HIV clients in areas affected by  
COVID-19

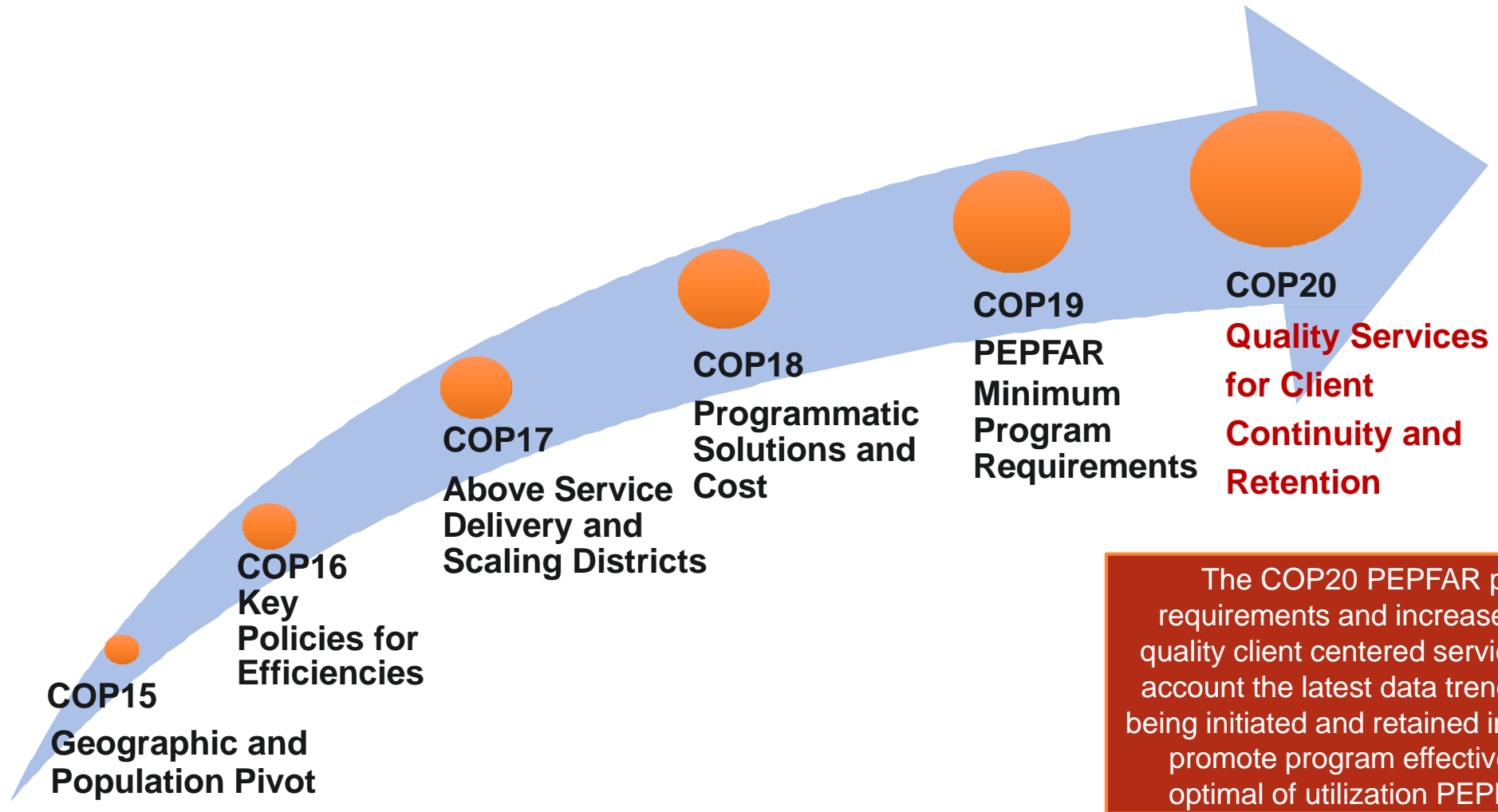
4

**PEPFAR**

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



# COP/ROP 20 Direction and Focus



# Key Interventions to Protect Gains: emphasis on convenient, client-centered care

- ✓ Maximize retention, before lockdowns:
  - Identify patients at risk for LTFU
  - Patient tracking
  - Establish contact methods
  - Virtual platforms established
- ✓ Multi-month dispensing to ensure continuity of care
- ✓ Decentralized drug delivery
  - Public transport difficult in setting of lockdown
  - Aim to bring meds to convenient decentralized location.
  - Reduce time spent at facilities.
- ✓ Use of virtual platforms to communicate with recipients of care
  - Telemedicine
    - Guidance for confidential, safe provision of care
    - Testing whether in-person prevention interventions can be delivered virtually



# Ensuring continuity of care for people with HIV

- Ensure that the over 15.7 million PLHIV who we serve continue to receive the lifesaving ART to stay healthy and maintain virologic suppression.
- Provision of 3- and 6-MMD of ART for our clients
  - Decompresses facility
  - Reduces potential exposure to COVID-19

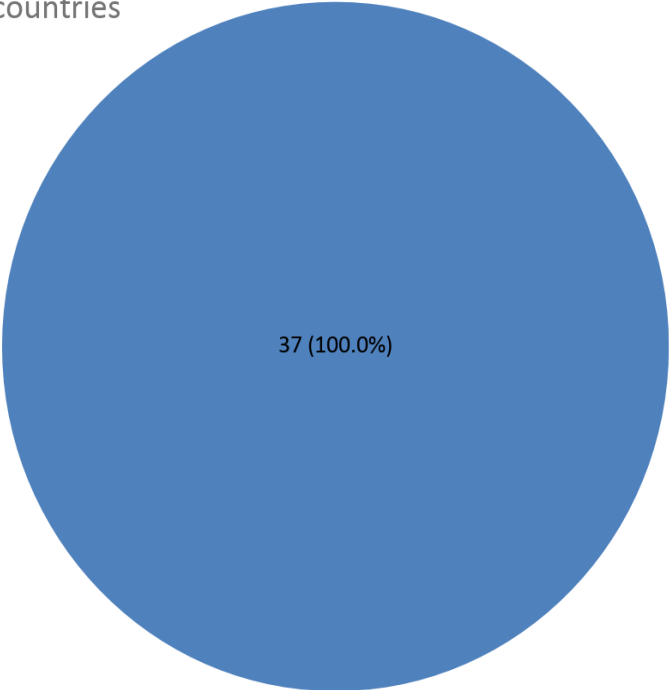
# Challenges for PLHIV Globally are Often Exacerbated during COVID-19

- Stigma and discrimination - Fear of COVID-19 may be keeping clients away (multiple anecdotal reports). Overwhelmed health-care services may turn people away as resources run short
- Self protection and social distancing more difficult in high density areas, informal settlements, overcrowded cities, public transportation, multi-generational households
- Lack of clean water and sanitation, food insecurity, economic considerations
- Therefore, response needs to prioritize a human rights approach, centering on evidence, empowerment and community engagement.



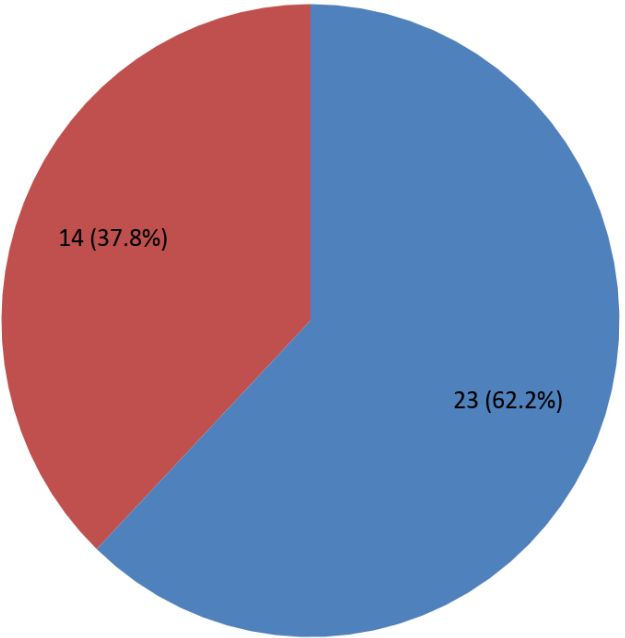
# Share of Countries with National Policy Permitting 6MMD

3 MMD in PEPFAR countries



● PEPFAR countries that permit 3MMD

6MMD in PEPFAR Countries



● PEPFAR countries that permit 6MMD ● PEPFAR countries that do not permit 6MMD

# COVID-related Changes to MMD Policy by Country

Number of PEPFAR Countries Supporting MMD

## Examples:

- No requirement for viral load prior to MMD (e.g. DRC, Kenya)
- Reduction in number of months required to initiate MMD (Rwanda)
- Expansion of 6 MMD (Malawi, Uganda)
- PrEP consideration for MMD at first visit



22 countries, (61% of countries considered), have changed their MMD policies or encouraged intensified scale-up/reinforced provision of MMD in the last three months due to COVID-19.

- PEPFAR countries that have changed MMD policies and/or addressed implementation of MMD since March 2020 due to COVID-19
- PEPFAR countries that have not changed MMD policies and/or addressed implementation of MMD due to COVID-19 as of 6/19/2020

# Classification of COVID-related MMD Policy Changes

OUs	Policy Change/Directive
Haiti, Ghana, Malawi, Tanzania	No policy change, but directive to intensify scale-up of MMD or reinforce provision of MMD
DRC, Ethiopia, Kenya, Mozambique, Rwanda, Eswatini, Zambia	Amended MMD eligibility requirements to be more inclusive (e.g. no viral load suppression required, no minimum/reduced # of months on ART required, certain populations no longer excluded)
El Salvador, Guatemala, Honduras, Panama, Mali, Namibia, Eswatini, Togo, Zimbabwe	Minimum dispensing for all on ART (e.g. 2 month minimum for all, 3 month minimum for all, etc.)
Liberia, South Africa, Zimbabwe	Newly permitting/expanding 3MMD or 6MMD
Botswana	Limited MMD policy due to stock issues (e.g. maximum 2MMD)

# Decentralized Drug Distribution

## • Home Delivery

- Via CHWs, pharmacy support staff, program staff, expert clients, postal service
- Obtain consent before & use discrete packaging to reduce risk of stigma

## • Community Pharmacy

- Private pharmacies that meet quality standards & are conveniently located
- Fees waived, service agreements w/ program
- Support and monitoring through electronic platforms

## • Automated Dispensing

- Drug lockers or ATMs installed in high volume districts
- Automated reporting for logistics
- Refilled by program staff

## • Alternative Pick-up

- Alternate points such as drop-in centers or other locations
- In light of COVID-19, consider what is not locked down

## • BENEFITS

- Public transport difficult in setting of lockdown
- Aim to bring meds to convenient decentralized location.
- Reduce time spent at facilities.

# Continued Commitment to Key Populations during COVID-19

## **Adapt HIV programs to be more responsive to key populations in COVID-19**

- Ensure that key populations enrolled in HIV treatment – more than 180,000 (including 63,457 MSM, and 2,431 transgender) – are retained in treatment and adherent
- Adapt programs to respond to communities' needs, including key population communities
- Encourage community distribution and multi-month distribution to reduce travel to and burden at health clinics
- Utilize more key population-friendly community-focused and virtual strategies
- Strengthen programs to prevent, detect, and provide responsive care, including mental health services, for key populations affected by gender-based violence or intimate partner violence

## **Ensure safety of key populations:**

- Programs should track reports of barriers to service delivery
- Programs should work with IPs and engage KP community-based organizations to provide basic communications materials including infection prevention
- Programs should ensure violence prevention mechanisms and referrals are functioning to track and link clients to needed services

## **Maintain community inclusion in COVID-19 Response**

- Listen to key populations communities
- Be intentional about including marginalized individuals concerns in the response

# PEPFAR-Supported Platforms

- Engaged and contributing extensively to USG-wide action plan for global COVID-19 response
- Strong interagency teams on the ground in 54 countries
- Data driven, metrics
- Over 3,000 labs and 28 national reference labs
- Nearly 300,000 health care workers
- 70,000 health facilities



# Leveraging PEPFAR-supported health systems and infrastructure

- PEPFAR invests more than \$900 million annually to support health systems infrastructure and capacity in our partner countries, including expertise in surveillance, lab, and public health response.
- Leveraging this robust lab capacity and surveillance systems to support diagnostics for COVID-19 at the appropriate time and to ensure these systems continue to function for people living with, and communities affected by, HIV.

# PEPFAR Technical Guidance in Context of COVID 19

- Developed by short term interagency task team comprised of senior thought leaders in implementing agencies
- Adaptive guidance developed based on rapidly changing landscape
- Nimble response to real-time data, program challenges and issues from the field
- Forum for community and civil society response
- Guidance produced twice weekly and posted publicly:  
<https://www.state.gov/pepfar/coronavirus>;  
<https://www.surveymonkey.com/r/V7RJW59> (Public input mechanism)