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

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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

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS
PEPFAR population surveys show achievements towards the global HIV SDG 90/90/90 goals – aware of HIV status, treated, virally suppressed

<table>
<thead>
<tr>
<th>Country</th>
<th>Age Group</th>
<th>Years</th>
<th>Aware of HIV Status</th>
<th>Treated</th>
<th>Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>Ages 15-64</td>
<td>2018</td>
<td>86</td>
<td>96</td>
<td>76</td>
</tr>
<tr>
<td>Eswatini</td>
<td>Ages 15+</td>
<td>2016</td>
<td>86</td>
<td>91</td>
<td>68</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Ages 15-64</td>
<td>2018</td>
<td>84</td>
<td>98</td>
<td>84</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Ages 15-59</td>
<td>2017</td>
<td>81</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>Malawi</td>
<td>Ages 15-64</td>
<td>2015</td>
<td>77</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Ages 15-64</td>
<td>2017</td>
<td>77</td>
<td>88</td>
<td>85</td>
</tr>
<tr>
<td>Uganda</td>
<td>Ages 15-64</td>
<td>2017</td>
<td>73</td>
<td>90</td>
<td>84</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Ages 15-64*</td>
<td>2018*</td>
<td>72</td>
<td>99</td>
<td>90</td>
</tr>
<tr>
<td>Kenya</td>
<td>Ages 15-64*</td>
<td>2018*</td>
<td>71</td>
<td>95</td>
<td>91</td>
</tr>
<tr>
<td>Zambia</td>
<td>Ages 15-64</td>
<td>2015</td>
<td>71</td>
<td>87</td>
<td>89</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Ages 15-64</td>
<td>2017</td>
<td>71</td>
<td>94</td>
<td>91</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Ages 15-64</td>
<td>2018*</td>
<td>80</td>
<td>91</td>
<td>80</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Ages 15-64</td>
<td>2018*</td>
<td>76</td>
<td>88</td>
<td>76</td>
</tr>
</tbody>
</table>

* Virally Suppressed, all PLHIV

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

#AIDS2020Virtual
In the context of COVID-19, PEPFAR is firmly focused on:

1. Ensuring continuity of care for people living with HIV
2. Leveraging PEPFAR-supported health systems and infrastructure
3. Reducing exposure of staff and HIV clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19
4. Providing flexibility for PEPFAR programs in how to optimally serve our HIV clients in areas affected by COVID-19
The COP20 PEPFAR program requirements and increased focus on quality client centered services take into account the latest data trends on who is being initiated and retained in treatment to promote program effectiveness and optimal of utilization PEPFAR funds.
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:
- 37 (100.0%) PEPFAR countries that permit 3MMD

6MMD in PEPFAR Countries:
- 23 (62.2%) PEPFAR countries that permit 6MMD
- 14 (37.8%) PEPFAR countries that do not permit 6MMD

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS
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COVID-related Changes to MMD Policy by Country

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.

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

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

Number of PEPFAR Countries Supporting MMD
## Classification of COVID-related MMD Policy Changes

<table>
<thead>
<tr>
<th>OUs</th>
<th>Policy Change/Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti, Ghana, Malawi, Tanzania</td>
<td>No policy change, but directive to intensify scale-up of MMD or reinforce provision of MMD</td>
</tr>
<tr>
<td>DRC, Ethiopia, Kenya, Mozambique, Rwanda, Eswatini, Zambia</td>
<td>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)</td>
</tr>
<tr>
<td>El Salvador, Guatemala, Honduras, Panama, Mali, Namibia, Eswatini, Togo, Zimbabwe</td>
<td>Minimum dispensing for all on ART (e.g. 2 month minimum for all, 3 month minimum for all, etc.)</td>
</tr>
<tr>
<td>Liberia, South Africa, Zimbabwe</td>
<td>Newly permitting/expanding 3MMD or 6MMD</td>
</tr>
<tr>
<td>Botswana</td>
<td>Limited MMD policy due to stock issues (e.g. maximum 2MMD)</td>
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### Decentralized Drug Distribution

<table>
<thead>
<tr>
<th><strong>Home Delivery</strong></th>
<th><strong>Community Pharmacy</strong></th>
<th><strong>Automated Dispensing</strong></th>
<th><strong>Alternative Pick-up</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Via CHWs, pharmacy support staff, program staff, expert clients, postal service</td>
<td>• Private pharmacies that meet quality standards &amp; are conveniently located</td>
<td>• Drug lockers or ATMs installed in high volume districts</td>
<td>• Alternate points such as drop-in centers or other locations</td>
</tr>
<tr>
<td>• Obtain consent before &amp; use discrete packaging to reduce risk of stigma</td>
<td>• Fees waived, service agreements w/ program</td>
<td>• Automated reporting for logistics</td>
<td>• In light of COVID-19, consider what is not locked down</td>
</tr>
<tr>
<td></td>
<td>• Support and monitoring through electronic platforms</td>
<td>• Refilled by program staff</td>
<td></td>
</tr>
</tbody>
</table>

**BENEFITS**

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