

VIRTUAL

FAST-TRACK CITIES 2020

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Implementing Mitigation Strategies to Protect Hard-Won Gains in HIV, TB, and HCV Responses

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PEPFAR's Evolution

PEPFAR I (2001-2009)

- **Emergency response to save lives**
- AIDS is a national security issue
- Rapid delivering prevention, care, and treatment services
- Focus on individuals with late stage AIDS defining illness



PEPFAR II (2009-2014)

- Shared responsibility & country-driven programs – PF
- **Ensuring an AIDS free generation**
- Building & strengthening health systems to deliver HIV services
- Scaling up prevention, care, and treatment services for people without AIDS defining illness



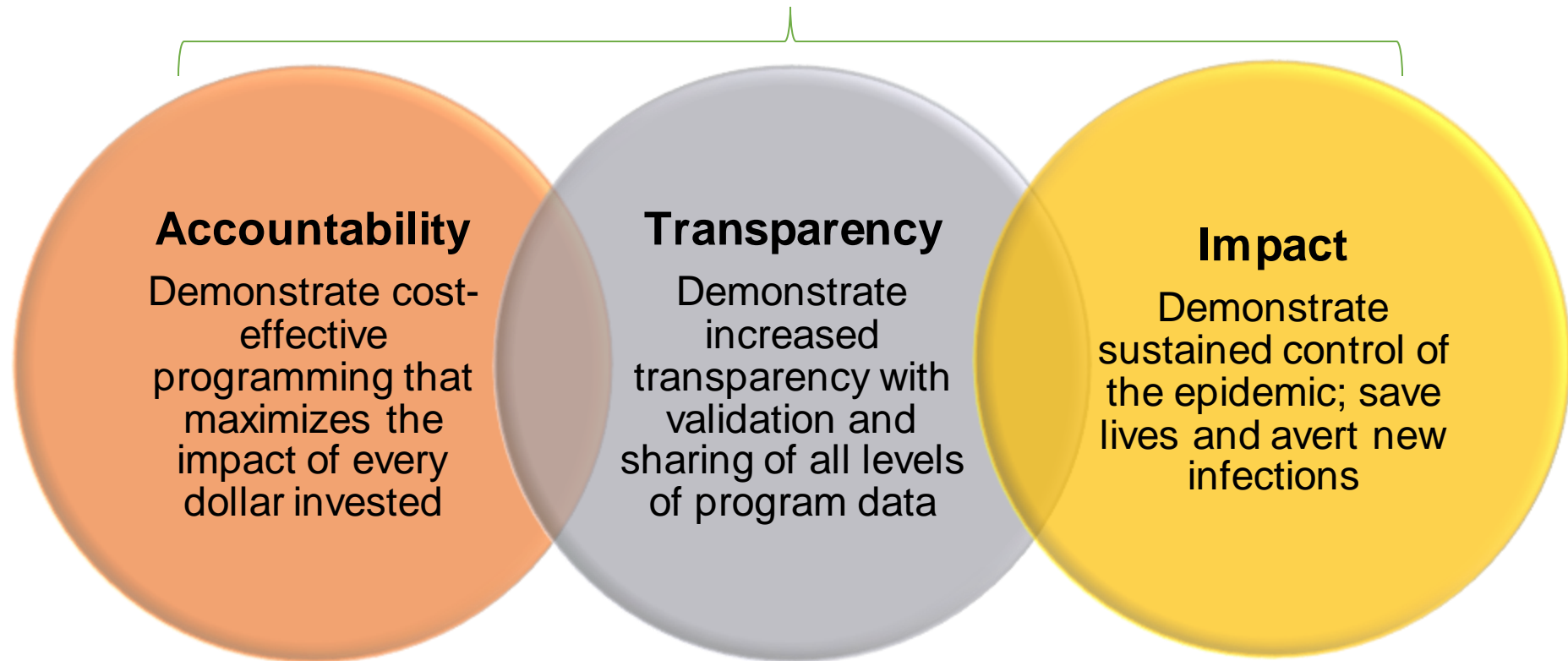
PEPFAR III (2014-present)

- Increase impact and efficiency with granular data, quality, oversight, transparency, and accountability
- **Accelerate core interventions for epidemic control**
- Ensure all HIV positive individuals are on treatment and stop transmissions
- Promote sustainability using data, actual costs and indigenous partners

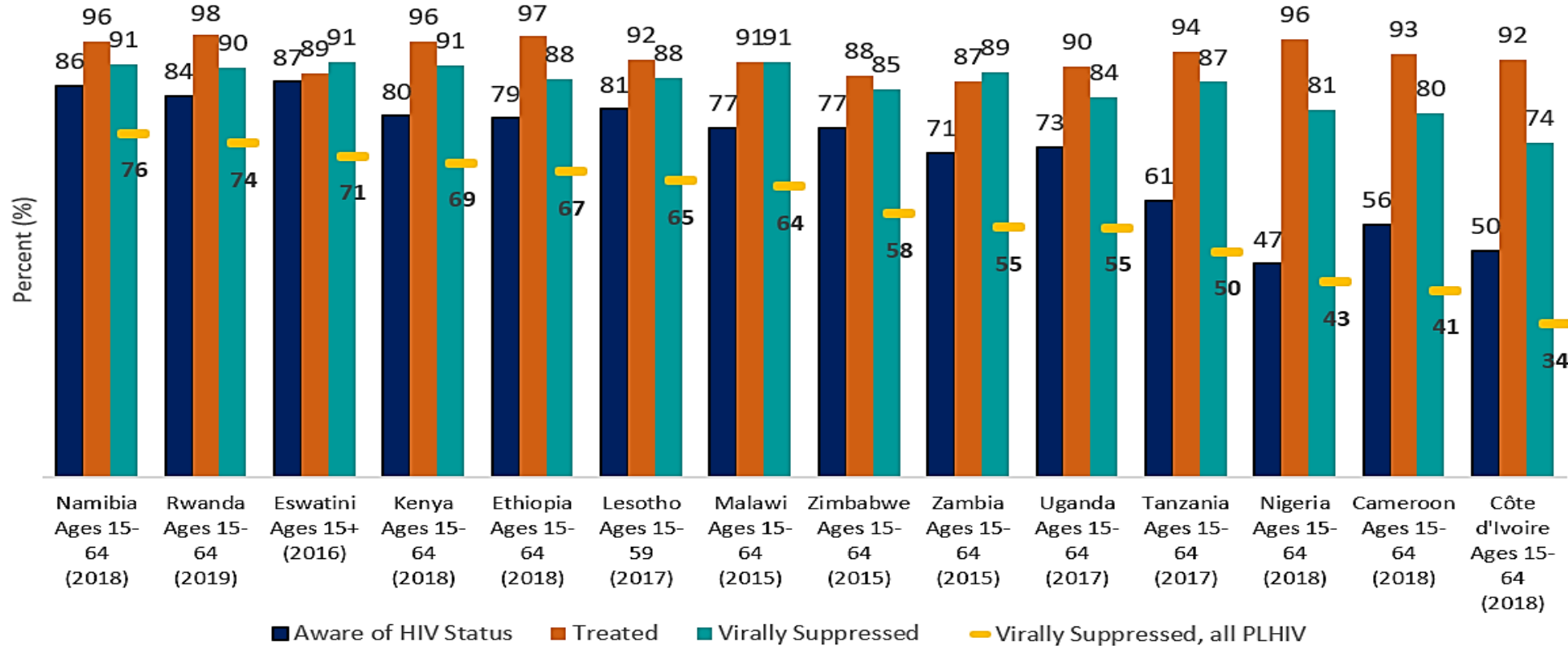


PEPFAR's 3 Guiding Pillars

Controlling the HIV Pandemic



PEPFAR's Achievement Towards the Global HIV SDG 90/90/90 Goals:



*Data based on self-reported status, ARV metabolites still being analyzed.



PEPFAR Program Results at mid-2020

16.5 million women, men, and children on ART

>3.5 million PLHIV have completed TB preventive treatment (TPT)

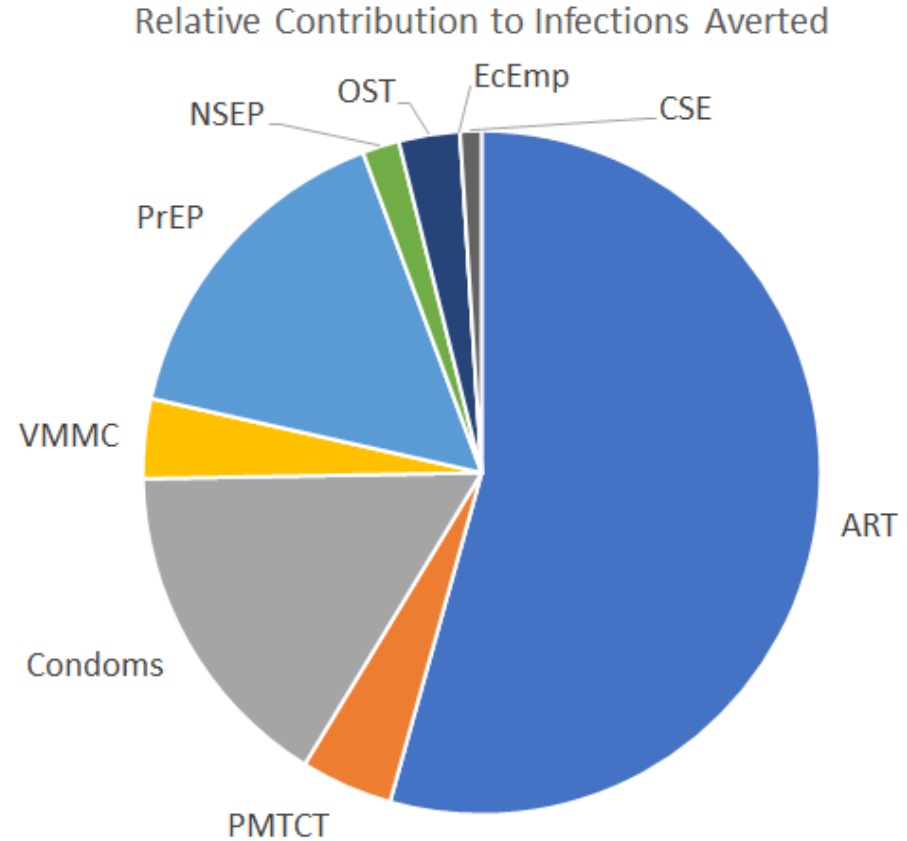
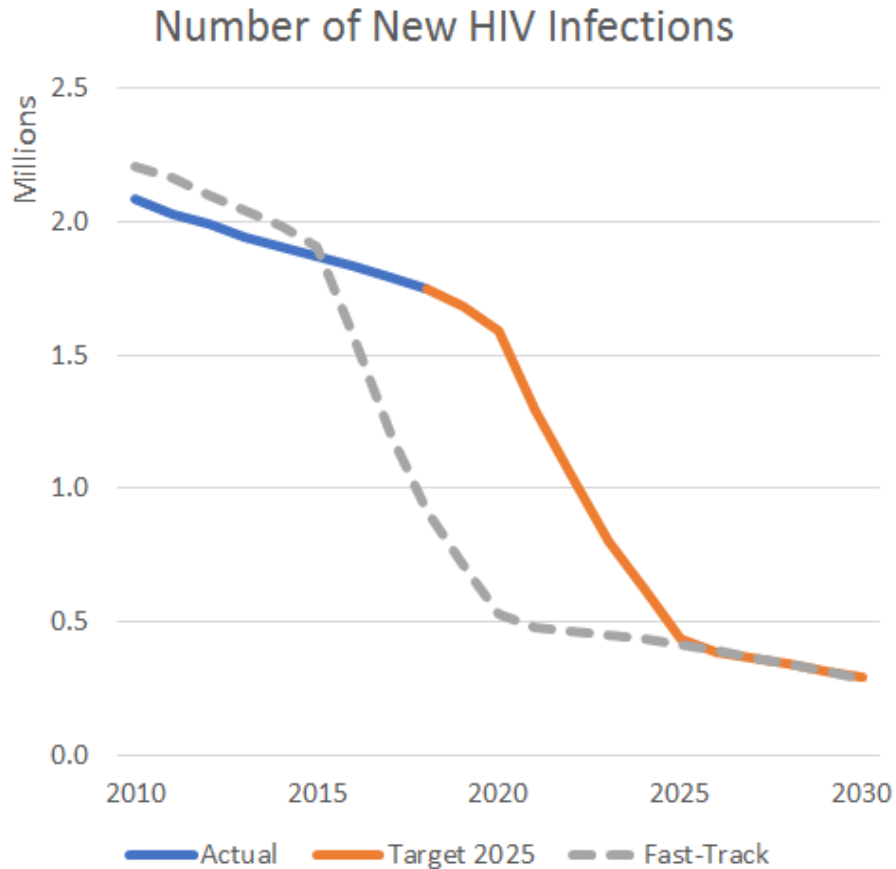
24.5 million voluntary medical male circumcisions

critical care and support for **5.8 million** orphans, vulnerable children, and their caregivers

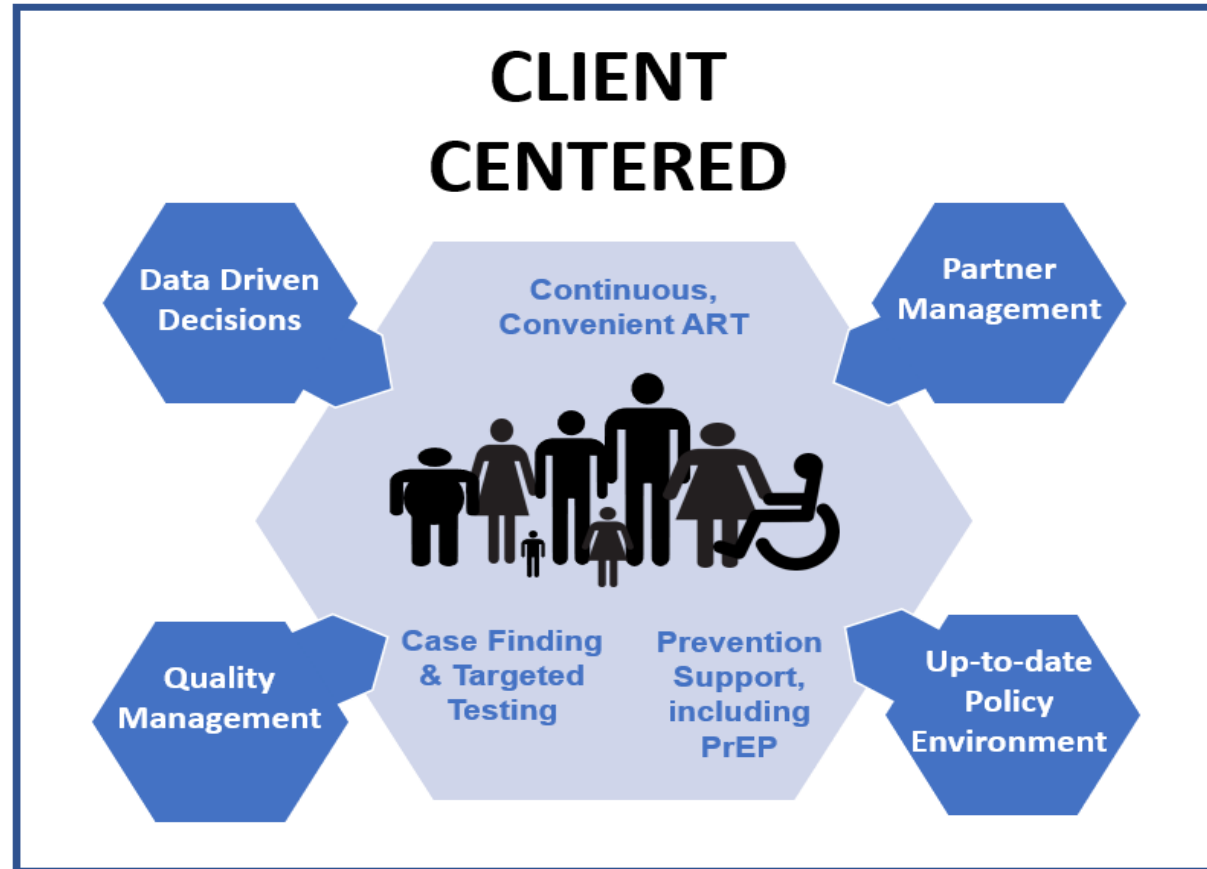
100% of DREAMS districts report a decline in new HIV infection diagnoses, and 86/88 districts with a greater than 25% decline



High ART Coverage is Key to Achieving Impact



Path to Epidemic Control – Quality & Client-Centric Services



PEPFAR's #1 Treatment Priority: Supporting Clients by Facilitating Continuous ART



This Requires Routine Monitoring...

Understanding **barriers and enablers to accessing services** at the client level and from the **client perspective** in facilities and communities

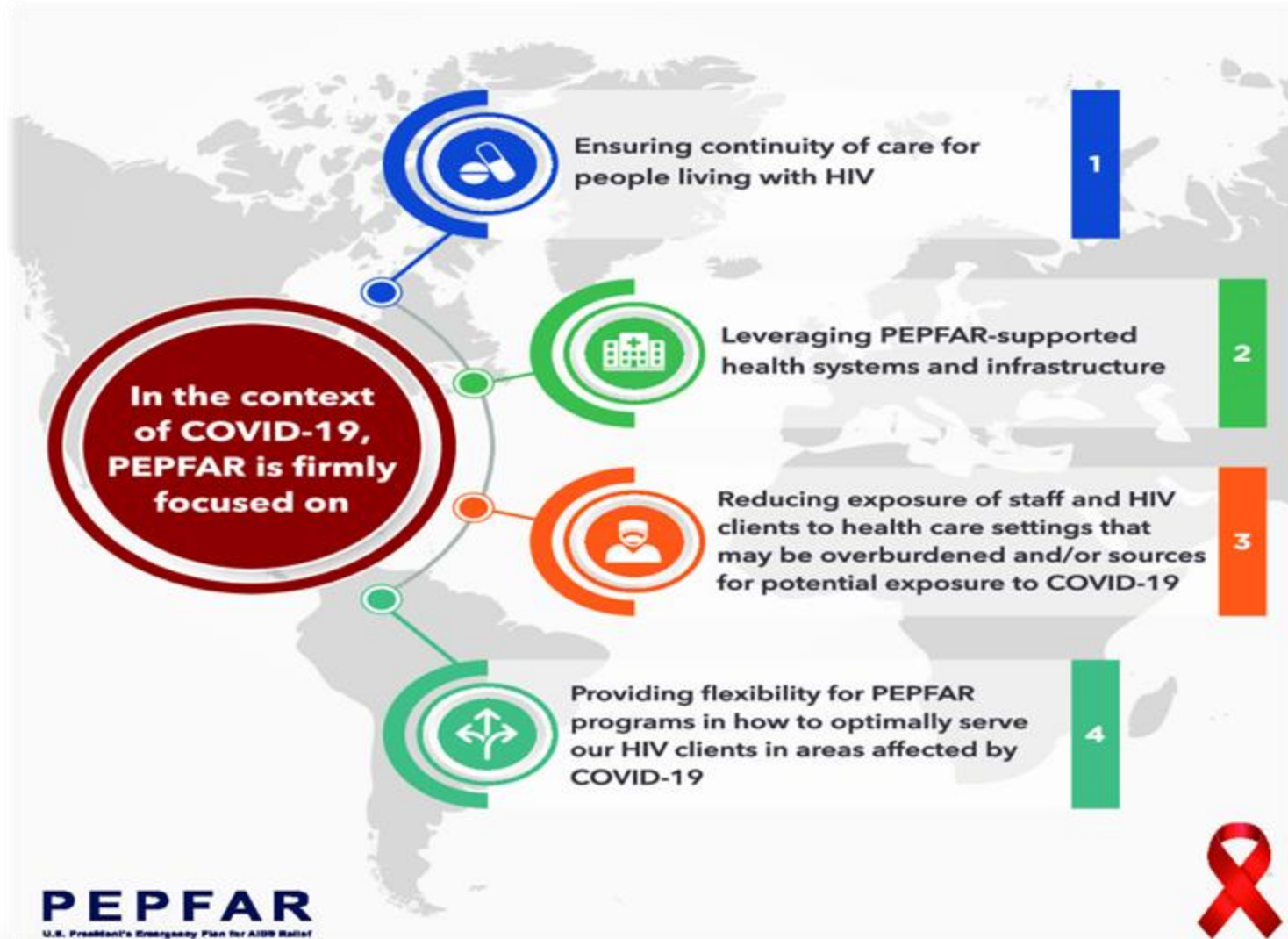
Communities and CSOs are critical.

Challenges for PLHIV Globally are Often Exacerbated during COVID-19

- Stigma and discrimination
 - Fear of COVID-19 may be keeping clients away
 - 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.**



COVID-19's Affect on PEPFAR-supported Programs



Sustaining Collective Gains the COVID Response

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

Key Interventions to Protect HIV 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**

- Provision of 3- and 6-MMD of ART for our clients
- Decompresses facility
- Reduces potential exposure to COVID-19

✓ **Decentralized drug delivery**

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

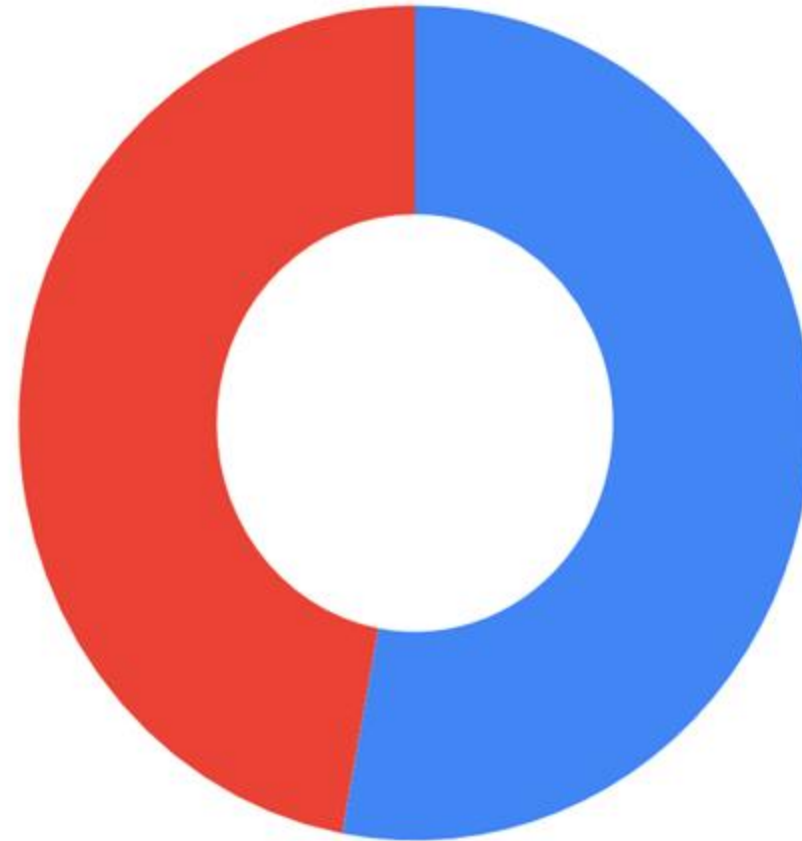
✓ **Use of virtual platforms to communicate with recipients of care**

- Telemedicine
- Guidance for confidential, safe provision of care
- Testing whether in-person prevention interventions can be delivered virtually

✓ **Empower communities**

- Community-led monitoring for quality services and policy requirements
- Community health workers

COVID-related Changes to MMD Policy in PEPFAR-supported Countries



27 of 51 PEPFAR-supported countries with C&T programs have amended MMD policy or implementation to increase MMD coverage during the COVID-19 response.



- PEPFAR countries that changed MMD policies and/or implementation of MMD since 03/2020 due to COVID-19
- PEPFAR countries that we do not have record of changing MMD policy due to COVID as of 6/30/2020



Thank You!

