Achieving an AIDS-Free Generation

Seizing an Historic Opportunity - A Response Based on Sound Science and Fundamental Human Rights

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U.S. Global AIDS Coordinator
U.S. Department of State

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History of the Epidemic & PEPFAR

Celebrating success and a call to action
Where we were before PEPFAR...

1991 – 2001: Peak of the Pandemic

- **2001**: Nearly 10,000 new HIV infections daily
- **2002**: 50,000 on treatment in sub-Saharan Africa
- Health systems overwhelmed by the epidemic
- Life expectancy declines of over 20 years in some countries
- Loss of working age population – reversing decades of development progress
The World Was Slow to Recognize the Global AIDS Crisis
“So the United States will join with our allies to eradicate such extreme poverty in the next two decades by connecting more people to the global economy; by empowering women; by giving our young and brightest minds new opportunities to serve, and helping communities to feed, and power, and educate themselves; by saving the world’s children from preventable deaths; and by realizing the promise of an AIDS-free generation, which is within our reach.”

President Obama, Feb. 12, 2013
Celebrating PEPFAR’s Remarkable Success

Since its launch in 2003,

**PEPFAR has saved millions of lives**

- **6.7 M people** on life-saving ART
- More than **one million babies** born HIV-free
- **4.7 M men** received VMMC services
- **17 M people** received care and support, including **5 M orphans and vulnerable children**
- **21 M people** in priority and key populations reached with prevention interventions

- In 2013 alone:
  - 780K HIV+ pregnant women received ARVs for PMTCT
  - 57.7 M people received HTC services

The U.S. government has committed **more than $52 billion** to bilateral HIV/AIDS programs, the Global Fund, and bilateral TB programs since 2004.

Under the Obama Administration, **unprecedented progress** has been made, building on the strong foundation laid under the Bush Administration.
Dramatic Impact of PEPFAR on Life Expectancy
In Countries Significantly Impacted by HIV/AIDS

Life Expectancy at Birth (in years), 1960-2013; Select Countries

HIV/AIDS Epidemic

PEPFAR

Source: World Bank, 2014
New Infections Halved since Peak of Epidemic
Maintaining momentum is key to achieving epidemic control

Trends in New HIV Infections, 1990-2013
- North America
- Western & Central Europe
- Sub-Saharan Africa
- Middle East & North Africa
- Latin America
- Eastern Europe & Central Asia
- Asia & the Pacific
- Caribbean

Infections: 0, 0.2, 0.4, 0.6, 0.8, 1, 1.2, 1.4
Unequal Decline in New HIV Infections

Percent Change in Number of New HIV Infections, Select Countries, 2005 - 2013

Source, UNAIDS 2014
Malawi
Estimated Annual New HIV Infections & AIDS Deaths
1990 - 2013

Mozambique
Estimated Annual New HIV Infections & AIDS Deaths
1990 - 2013

**Effective** scale-up of combination prevention – the right thing at speed

**Delayed** scale-up of combination prevention

Delayed scale-up of combination prevention

Kenya
Estimated Annual New HIV Infections and AIDS Deaths 1990-2013

- **Moderate** scale-up of combination prevention

Uganda
Estimated Annual New HIV Infections and AIDS Deaths 1990-2013

- **Early response w/ stalled** scale-up of combination prevention

Source: UNAIDS, 2014
Modeled Impact with No Global AIDS Response

AIDS Deaths

AIDS Deaths in Sub-Saharan Africa, 1975 - 2013

Dramatic impact of Care and Treatment Programs in averting deaths

Source: Stover modeling for the Office of the U.S. Global AIDS Coordinator, 2014
Modeled Impact with No Global AIDS Response
New HIV Infections

New Infections in Sub-Saharan Africa, 1975 - 2013

Scaling up VMMC, Treatment, PMTCT, and Condoms Programs has Drastically Reduced New HIV Infections

Source: Stover modeling for the Office of the U.S. Global AIDS Coordinator, 2014

Total number of people living with HIV/AIDS (PLWHA)

- 2010: 35M PLWHA
- 2012: 2.4M PLWHA
- 2014: 0.5M PLWHA
- 2016: 0.3M PLWHA
- 2020: 2.9M PLWHA
- 2022: 31B in additional Tx cost/year
- 2028: 48M PLWHA
- 2030: 79M PLWHA

8B in additional Tx cost/year

- 2010: $31B
- 2020: $48M

Total number of people living with HIV/AIDS (PLWHA)
Delivering an AIDS-Free Generation

Focusing Programs to Control the Epidemic
Achieving epidemic control will require delivering the Right Things in the Right Places at the Right Time.
Focusing on the Right Things
Core Activities to Maximize Epidemic Impact

- Combination Prevention (PMTCT, ART, Condoms, VMMC)
- Prevention (effective/targeted)
- OVC – comprehensive services for families
- Neglected & Hard to Reach Populations
  - Pediatrics
  - Young women
  - Key populations – MSM & transgender persons, sex workers, people who inject drugs
- Strengthening Health Systems as specifically required to support the core activities
  - Human resources for health, procurement & supply chain, laboratory, and strategic information
The Right Things
Defining Core, Near Core, & Non Core Activities

**CORE**
- Activities central to HIV/AIDS, critical to saving lives & preventing new infections – grounded in science

**NEAR CORE**
- Activities that directly support HIV/AIDS goals and cannot yet be done well by other partners or host government

**NON CORE**
- Activities that do not directly impact HIV/AIDS goals and/or can be taken on by other partners or host government
Uganda: Focus on Core (Treatment)

PEPFAR Uganda COP Budget & Current on Treatment 2008 - 2013

Current on ART

- COP 2008
- COP 2009
- COP 2010
- COP 2011
- COP 2012
- COP 2013

Uganda Program Review

Budget

Current on ART
Uganda: Focus on Core (PMTCT)

PEPFAR Uganda PMTCT Testing & ARV Results, 2008 - 2013

Uganda Program Review
Uganda: Focus on Core (VMMC)

PEPFAR Uganda COP Budget & Voluntary Medical Male Circumcision (VMMC) Results, 2008 - 2013

VMMCs Completed

Budget

VMMC


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$50,000,000 $100,000,000 $150,000,000 $200,000,000 $250,000,000 $300,000,000 $350,000,000 $400,000,000

$100,000,000 $150,000,000 $200,000,000 $250,000,000 $300,000,000 $350,000,000 $400,000,000 $450,000,000

$150,000,000 $200,000,000 $250,000,000 $300,000,000 $350,000,000 $400,000,000 $450,000,000 $500,000,000

$200,000,000 $250,000,000 $300,000,000 $350,000,000 $400,000,000 $450,000,000 $500,000,000 $550,000,000

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800,000


Uganda Program Review
Focusing Programs in the Right Places

• Highest burden countries
  – Prevalence & number of PLHIV

• Countries with greatest unmet need for services
  – Among general population
  – Among specific neglected populations

• Sub-national regions/districts with highest burden
  – Analyzing data to target programming geographically & among neglected populations

• Highest volume facilities
  – Analyzing site-level data to prioritize support to facilities and communities with greatest need
Tanzania: HIV Prevalence by Region
2011-2012 Tanzania HIV/AIDS and Malaria Survey

[Map showing HIV prevalence by region in Tanzania]
Geographic Focus: Tanzania – the right places: PMTCT (SAPR 14)

- **No-yield**: 32% of total sites (N=5,309), 0% of total positives (N=35,070)
- **Low-yield**: 55% of total sites (N=5,309), 32% of total positives (N=35,070)
- **High-yield**: 68% of total sites (N=5,309), 13% of total positives (N=35,070)
Positive Women Identified in PMTCT Sites
Measured over 12 months

Tanzania PMTCT Site Distribution (SAPR14)
Delivering Core Services at the Right Time

- Earlier treatment initiation for adults & children
- Immediate treatment initiation for key populations, TB/HIV, discordant couples
- Earlier testing for HIV exposed infants and children with immediate linkage to care & treatment services
- Accelerating scale-up of all core interventions to achieve sustainable epidemic control as quickly as possible
- Preventing new infections in young women and ensuring all adolescents impacted by HIV/AIDS are served well in our OVC and ART programs
Quality is Critical to Success

Scaling programs without quality does not save lives and will not yield epidemic control.
Poor Adherence Sharply Reduces Prevention Impact of Scaled-up ART

Kenya New HIV Infections

Poor Adherence Also Sharply Reduces Mortality Impact

Kenya HIV-Attributable Deaths

New HIV Infections with Scale Up of PMTCT, VMMC, Condom Use and ART: Kenya 2013-2020

Bringing Together an Interagency Collaborative

Vision: All USG Agencies in the same space with a common mission and common tools

PEPFAR Interagency Collaborative

Analyzing data to improve quality & save more lives

Real-Time Analysis of:
- Expenditure data
- Site-level quality data
- Routine monitoring & evaluation data
**Goal:** To standardize site monitoring of quality of care to increase the impact of PEPFAR programs on the epidemic

- Monitor *community, facility & above-site level* activities
- Data-driven sub-national, national, and global *decision-making*
- Demonstrate *accountability for impact*
- **All PEPFAR staff** have a role in accountability, monitoring, and improvement
- **Build local capacity** with real-time feedback on site performance
## Site Improvement through Monitoring

2012 –2014, n= 21 countries, 3,444 sites

<table>
<thead>
<tr>
<th>Domain</th>
<th>Surpasses Expectations</th>
<th>Meets basic Expectations</th>
<th>Needs Improvement</th>
<th>Needs Urgent Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Care &amp; Treatment</td>
<td>37.7%</td>
<td>35.2%</td>
<td>19.7%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Pediatric Care &amp; Treatment</td>
<td>37.8%</td>
<td>32.7%</td>
<td>17.6%</td>
<td>11.9%</td>
</tr>
<tr>
<td>PMTCT</td>
<td>43.8%</td>
<td>32.9%</td>
<td>15.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>VMMC (9 countries)</td>
<td>56.9%</td>
<td>20.0%</td>
<td>17.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>HIV Testing &amp; Counseling</td>
<td>32.4%</td>
<td>36.6%</td>
<td>22.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>TB/HIV</td>
<td>26.2%</td>
<td>34.6%</td>
<td>26.4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Lab</td>
<td>16.4%</td>
<td>32.3%</td>
<td>32.8%</td>
<td>18.4%</td>
</tr>
</tbody>
</table>
Leaving No One Behind

Focusing on Key Remaining Disparities
Key Populations Vary by Location

Source: UNAIDS, 2014
Disparately High HIV Prevalence among Young Women Compared to Young Men

Source: UNAIDS 2014
HIV Prevalence among Young Adults (15-24)
Violence Against Children Surveys (VACS)
Reducing Gender Based Violence is a Critical Priority

Percentage of females 18-24 who reported unwilling first sexual intercourse prior to age 18 *

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaziland</td>
<td>43.5%**</td>
</tr>
<tr>
<td>Tanzania</td>
<td>29.1%**</td>
</tr>
<tr>
<td>Kenya</td>
<td>24.3%</td>
</tr>
<tr>
<td>Haiti</td>
<td>23.1%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

*Among females reporting sexual debut before age 18

**Data for Tanzania and Swaziland reported by 13-24 year olds

Sources:
UNICEF Swaziland and CDC. Findings from a National Survey on Violence Against Children in Swaziland. CDC, Atlanta. 2007
Disparate Burden of HIV among Female Sex Workers versus General Population of Women

Pooled HIV Prevalence among Female Sex Workers by Region, 2007-2011

Source: WHO, 2014
Disparity in HIV Prevalence among Transgender Women versus General Population of Adults

Figure 7.3. Aggregate HIV prevalence among transgender women in selected countries, 2000–2011

Source: WHO, 2014
Disproportionate Burden of HIV among MSM

Pooled HIV Prevalence among Men who have Sex with Men by Region, 2000-2010

Source: WHO, 2014
Nearly 80 countries have laws that persecute same-sex sexual relations.
## Discriminatory Environments Impede Effective HIV Service Delivery

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Malawi</th>
<th>Namibia</th>
<th>Botswana</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM afraid to seek health services</td>
<td>18%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>MSM afraid to walk in community</td>
<td>16%</td>
<td>17%</td>
<td>29%</td>
</tr>
<tr>
<td>MSM blackmailed because of sexuality</td>
<td>18%</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>MSM beat up by govt/police official</td>
<td>8%</td>
<td>22%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Cultural and political environments contributing to **stigma and discrimination** impede access to life-saving services for many populations.

**Source:** Beyrer et al, 2010
Disparity in Burden of HIV and Access to Lifesaving ART among People who Inject Drugs

2006

Burden of HIV in Europe
- People who Inject Drugs: 77%
- Others: 26%

People on ART in Europe
- People who Inject Drugs: 56%
- Others: 38%

2012-2013

Burden of HIV in Europe
- People who Inject Drugs: 56%
- Others: 38%

People on ART in Europe
- People who Inject Drugs: 38%
- Others: 56%
Summary of the Right Thing, Right Place, Right Time

• Ensuring the **right thing**
  – The core interventions

• Ensuring the **right place**
  – Geographically focused
  – Reaching the most vulnerable

• The **right time** – an expanding HIV epidemic is not financially sustainable
  – Preventing new infections in the most vulnerable and high prevalence areas
  – Ensuring implementation of the WHO guidelines
  – Mapping impact at the community level including core service coverage, HIV prevalence and incidence
5

Vision for PEPFAR Moving Forward

Achieving an AIDS Free Generation with Accountability, Transparency, and Impact
PEPFAR’s 3 Guiding Pillars
Delivering an AIDS-Free Generation with Sustainable Results

- **Accountability**: Demonstrate cost-effective programming that maximizes the impact of every dollar invested
- **Transparency**: Demonstrate increased transparency with validation and sharing of all levels of program data
- **Impact**: Demonstrate sustained control of the epidemic – save lives and avert new infections
PEPFAR’s Five Key Agendas
Translating the 3 Guiding Pillars to Results

Efficiency Agenda
Saving lives through smart investments

Sustainability Agenda
Sharing responsibility, advancing progress

Partnership Agenda
Working together towards an AIDS-Free Generation

Impact Agenda
Controlling the epidemic

Blueprint for an AIDS-free Generation

Human Rights Agenda
Securing, protecting, & promoting human rights
Our work is not done. This week alone...

Over 4,600 babies were infected with HIV

Over 36,500 adults were infected of which more than 7000 were young women

Over 3600 children died this week from HIV

Over 25,000 adults died this week from HIV
THANK YOU