



PEPFAR

Delivering an AIDS-free Generation

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U.S. Global AIDS Coordinator
Department of State

June 23, 2014
Kaiser Family Foundation Town Hall Forum



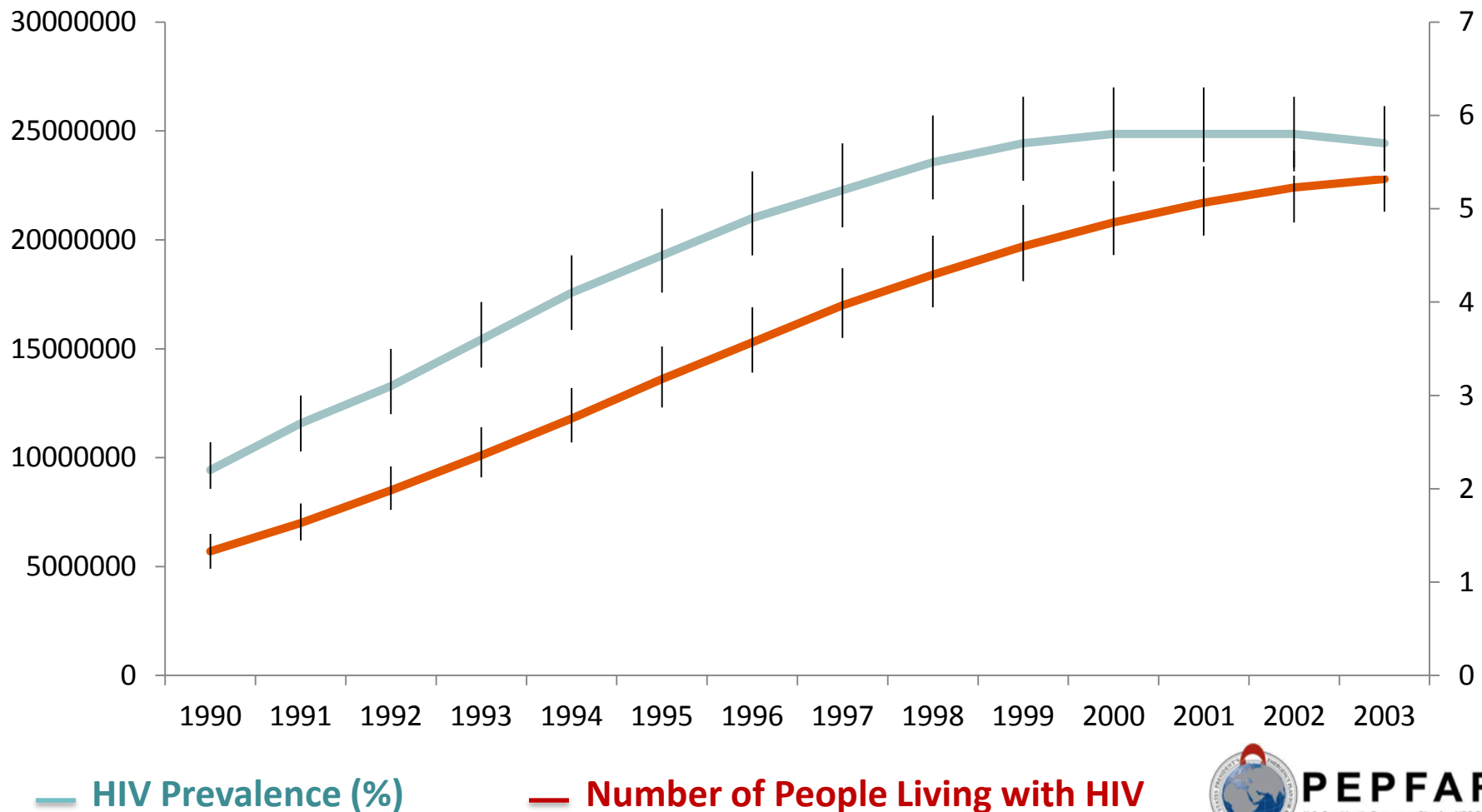
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History of the Epidemic

Remembering the beginning of the AIDS Crisis

HIV Epidemic in Sub-Saharan Africa, 1990-2003

**HIV Prevalence (%) and Number of People Living with HIV/AIDS
in Sub-Saharan Africa, 1990-2003**

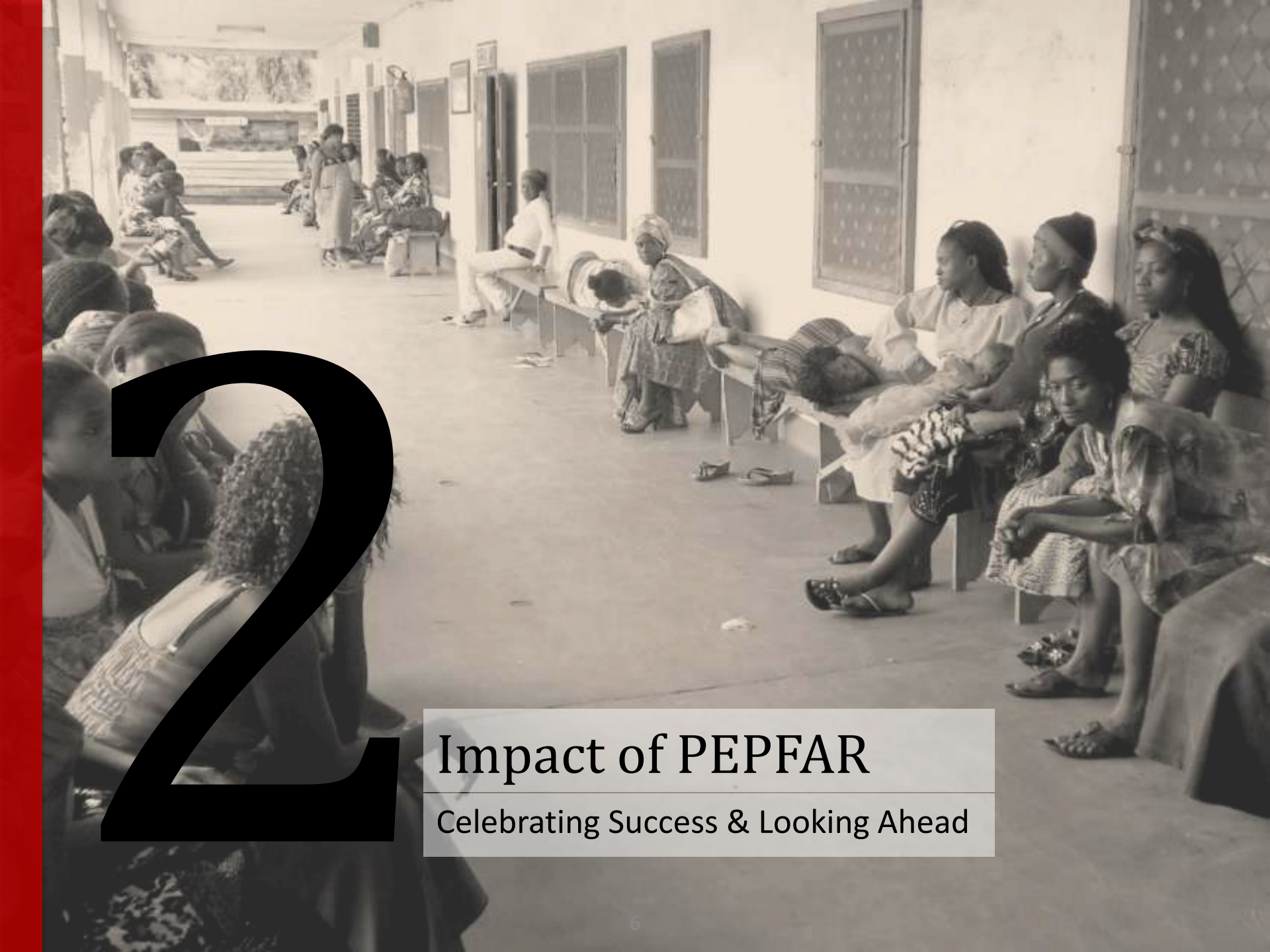


The World Was Slow to Recognize the AIDS Crisis



Where we were before PEPFAR

- **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



2

Impact of PEPFAR

Celebrating Success & Looking Ahead

PEPFAR's Evolution

From Emergency Response to Sustainable Impact for an AIDS-free Generation

2003 – 2007: PEPFAR I

- Emergency response
- Delivering prevention, care, & treatment services
- Building & strengthening health systems to deliver HIV services

2008 – 2012: PEPFAR 2

- Shift from emergency to sustainable response
- Shared responsibility & country-driven programs
- Scaling up core interventions (ART, PMTCT & VMMC) for impact

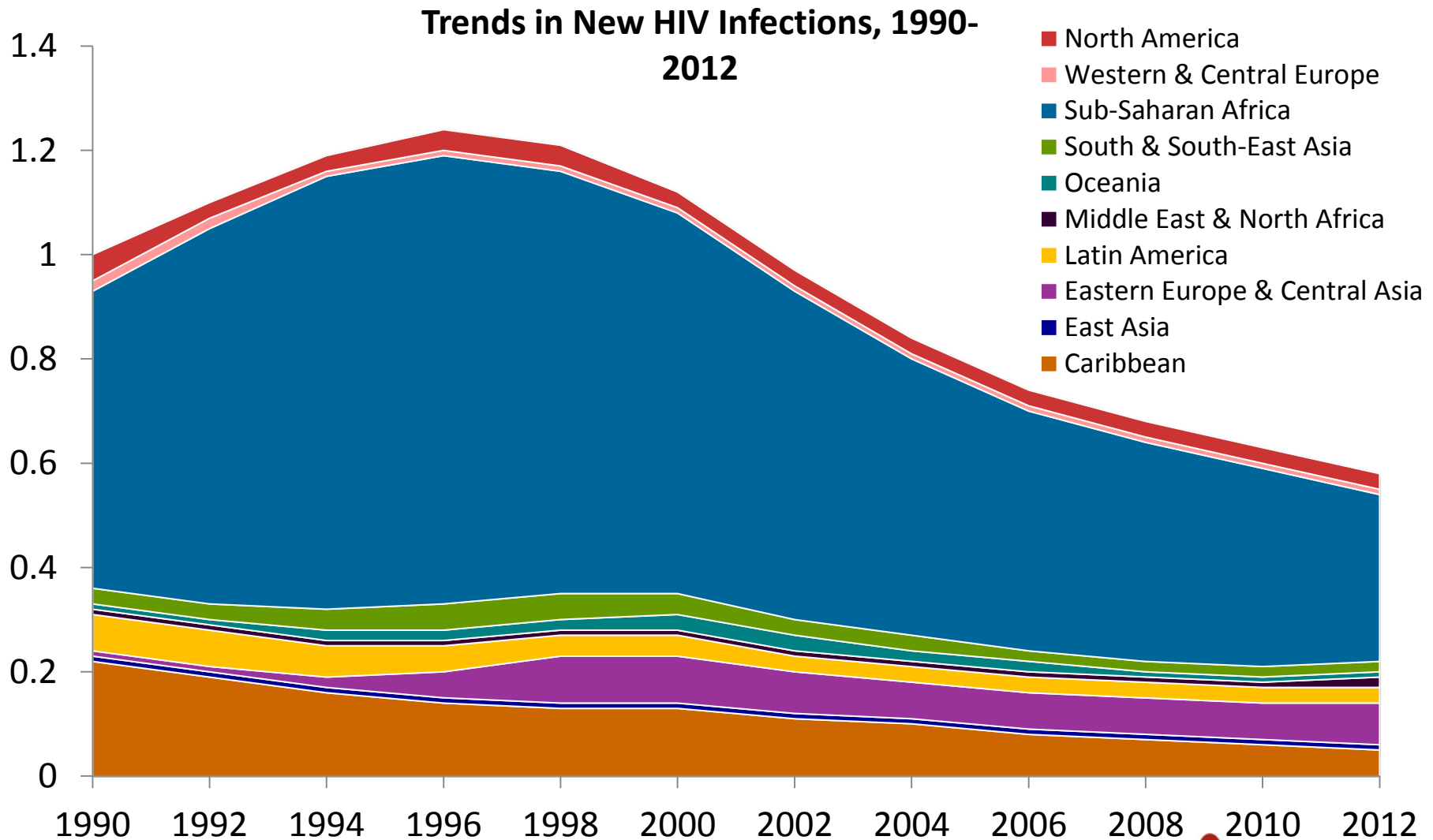
2013-2018: PEPFAR 3

- Sustainability & shared responsibility
- Quality, oversight, transparency, & accountability for impact
- Accelerating core interventions for epidemic control



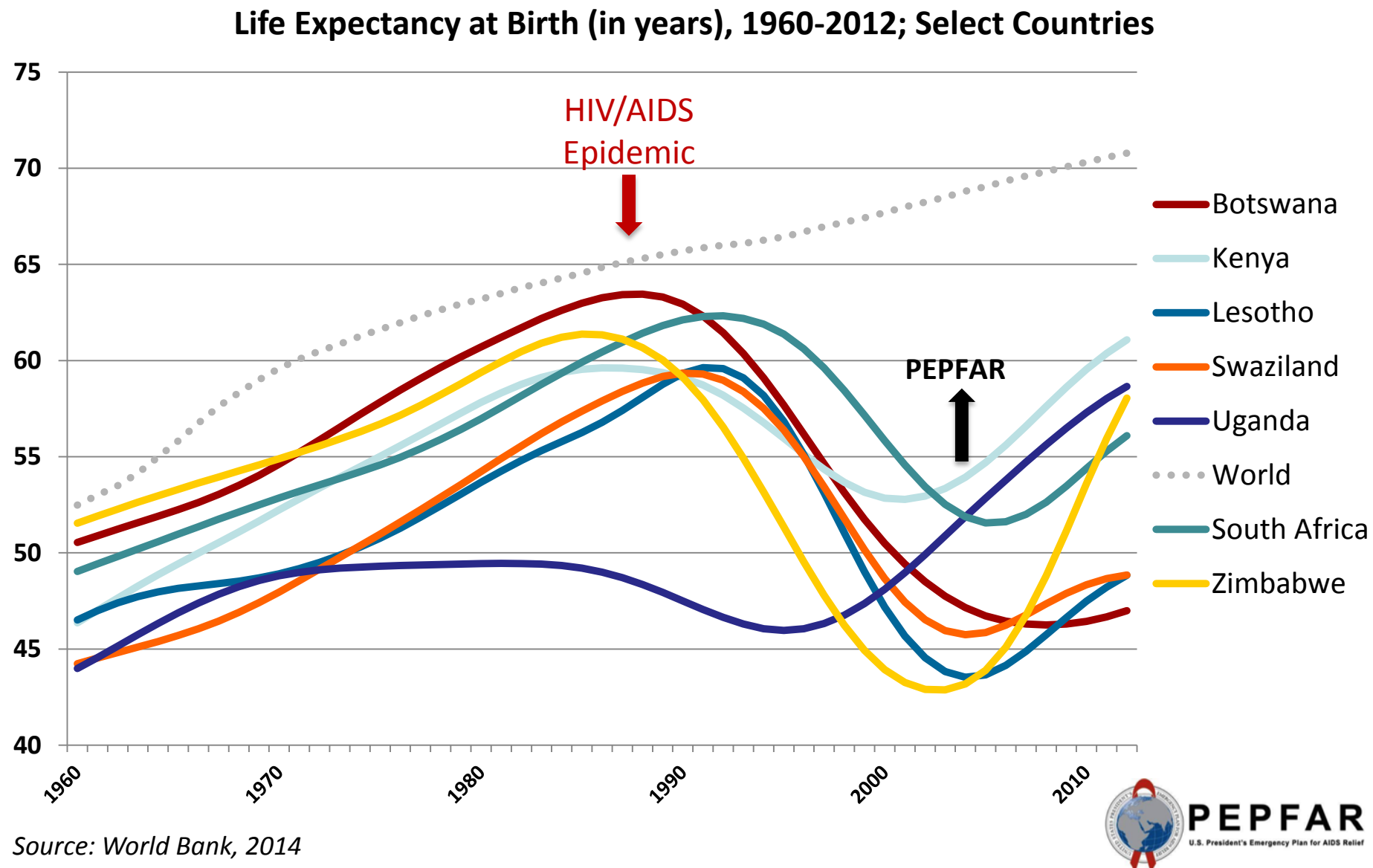
Impact of the Global Response

Number of New HIV Infections Halved since Peak of Epidemic



Dramatic Impact of PEPFAR on Life Expectancy

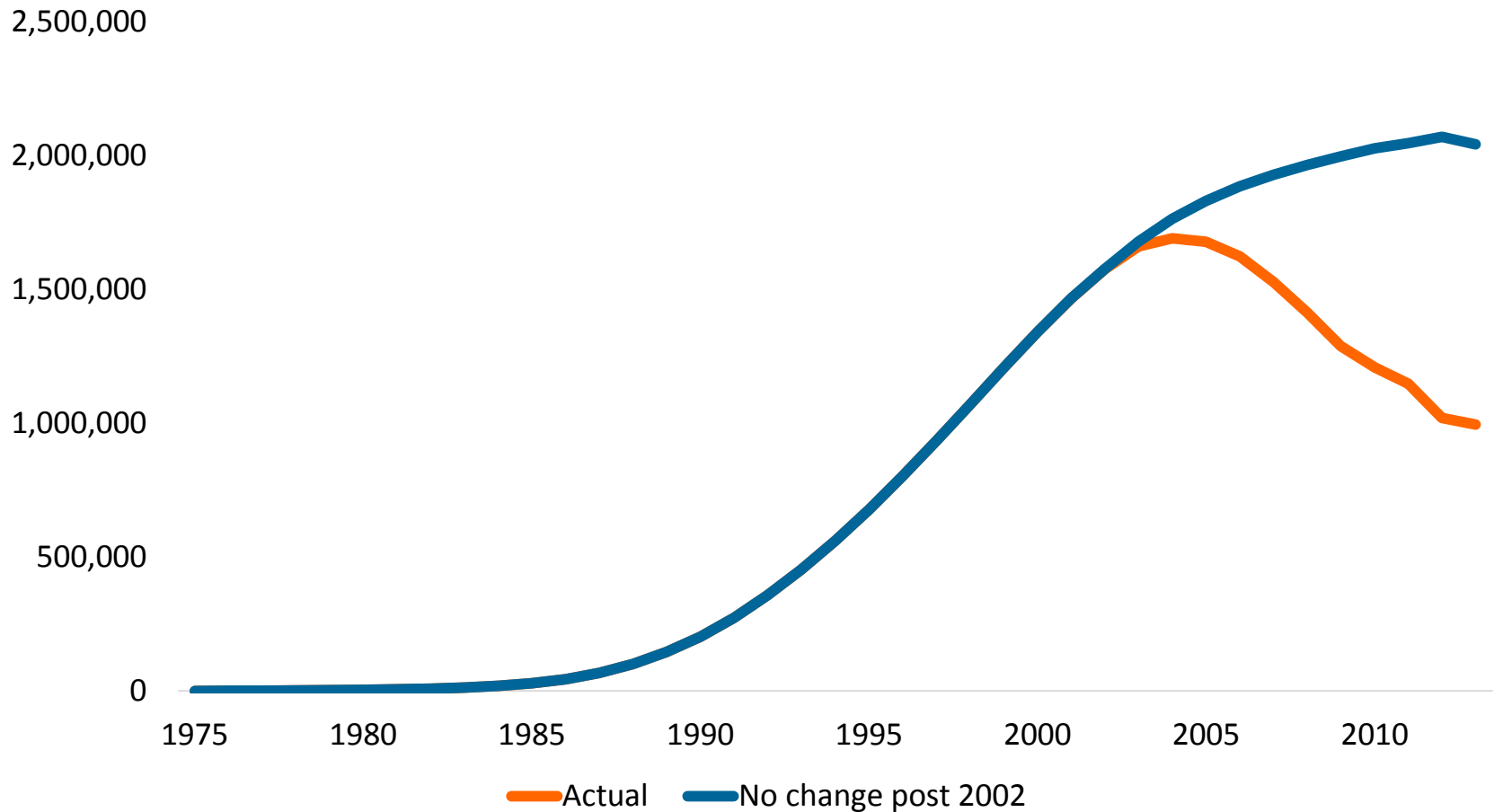
Rebound in Countries Significantly Impacted by HIV/AIDS



6M AIDS Deaths Averted Due to Global Response

Modeled Impact with No Global AIDS Response

AIDS Deaths in Sub-Saharan Africa, 1975 - 2013

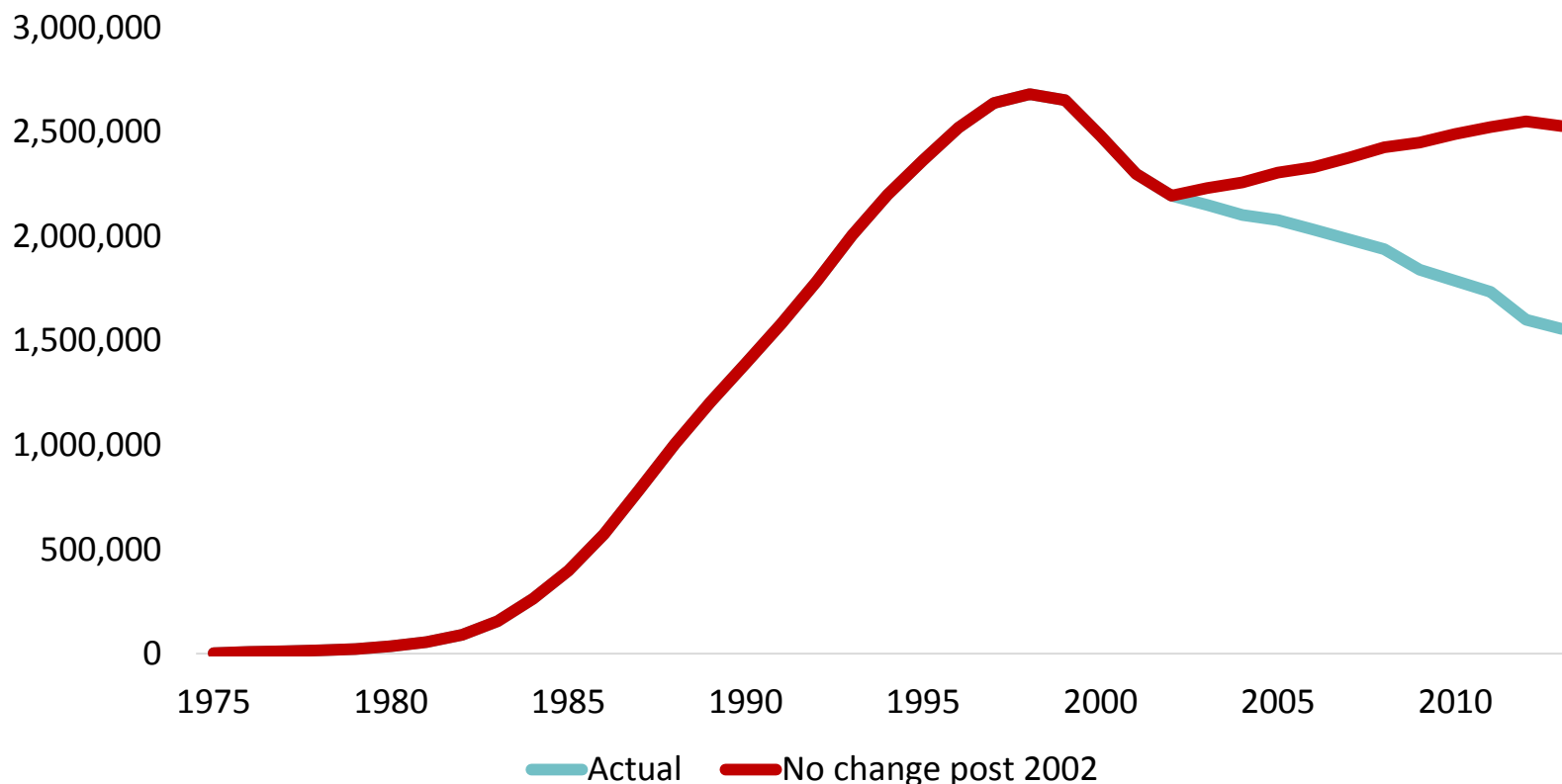


Source: Stover modeling for the Office of the U.S. Global AIDS Coordinator, 2014

6 Million Infections Averted due to Global Response

Modeled Impact on Incidence in Sub-Saharan Africa with No Global AIDS Response

New Infections in Sub-Saharan Africa, 1975 - 2013

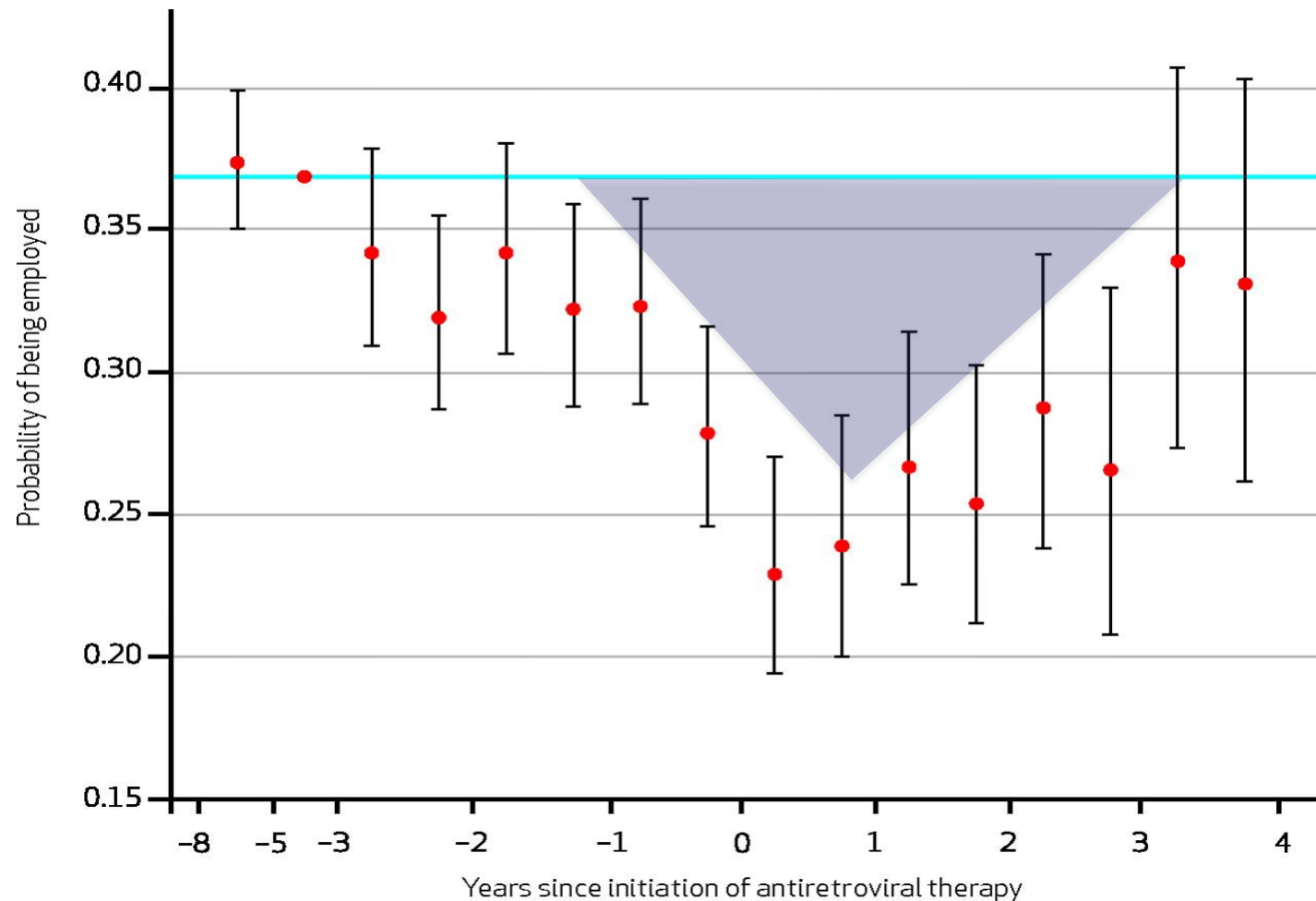


**The Global AIDS Response has averted
6 million new HIV infections in Africa, 10 million worldwide**

Employment Trend Among ART Patients

Demonstrates significant economic losses in South Africa due to delayed treatment

Regression-Adjusted Employment Trend Among HIV Patients Receiving ART



Celebrating PEPFAR's Contributions

- 6.7 million women, men and children on life-saving antiretroviral treatment
- More than one million babies born HIV-free
- 4.7 million men received VMMC services
- 17 million people received care and support, including 5 million orphans and vulnerable children
- 21 million people in priority and key populations reached with risk behavior prevention interventions
- In 2013 alone:
 - 780K HIV+ pregnant women received ARVs to prevent mother-to-child transmission = 240K infant infection averted
 - 57.7 million people received HIV testing and counseling services

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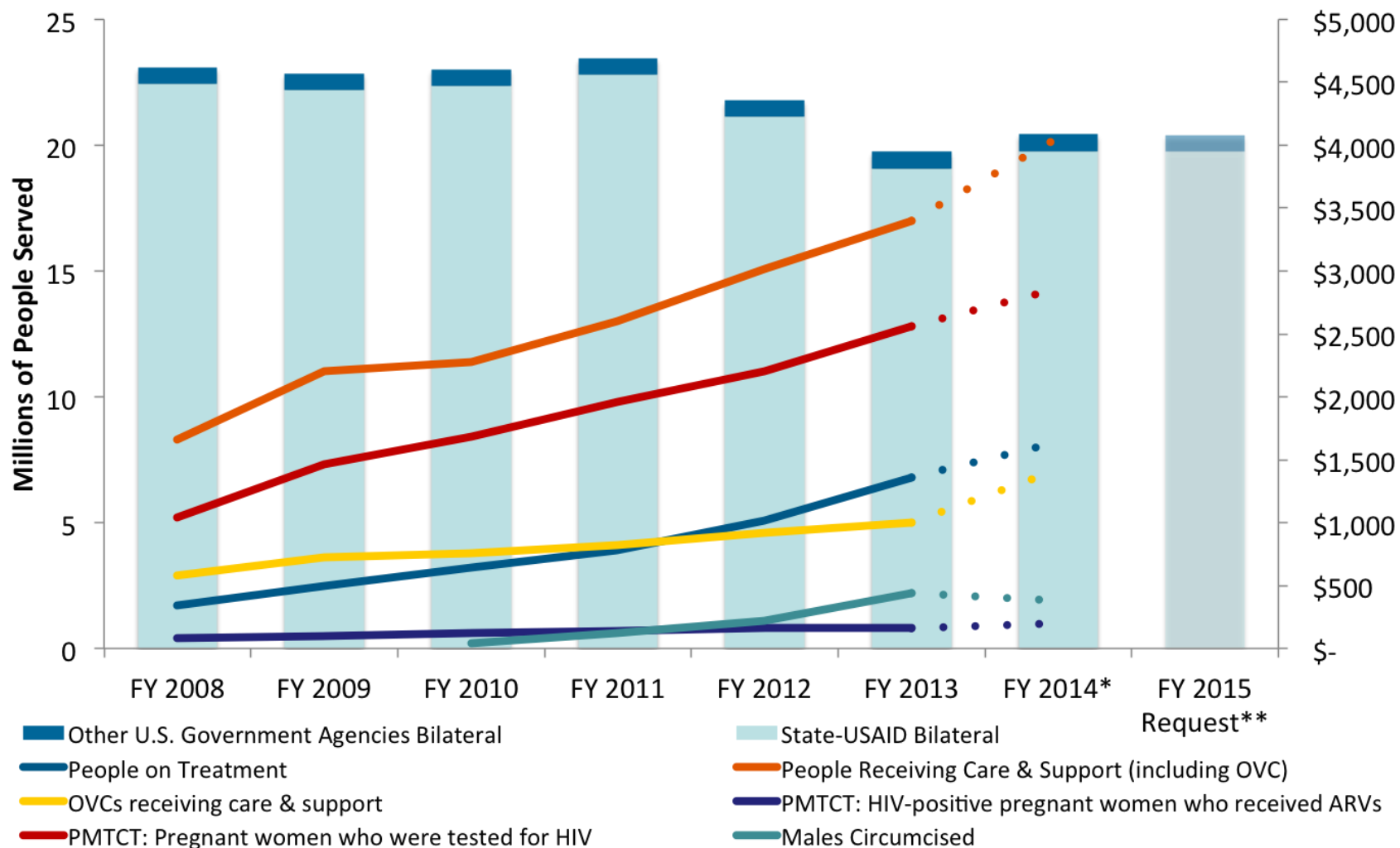
Delivering an AIDS-Free Generation

Focusing Programs to Control the Epidemic

THE RIGHT THING IN THE RIGHT PLACE AT THE RIGHT TIME

PEPFAR Bilateral Budget vs. Results

(FY 2008 - FY 2015 Request)



*FY 2014 includes targets submitted with COP13, to be updated upon completion of COP14 submissions.

**FY 2015 targets to be submitted with COP14



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

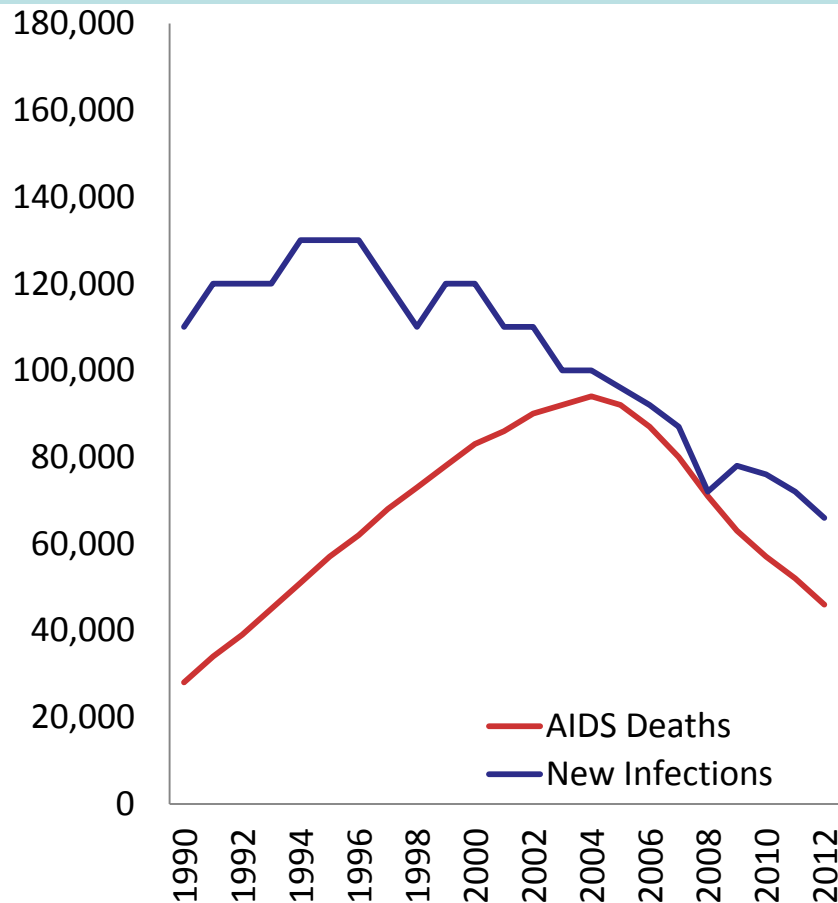
Focus on Core Activities – The Right Thing

Highest Impact Interventions for an AIDS-Free Generation

- Combination Prevention (PMTCT, ART, Condoms, VMMC)
- Prevention (effective/targeted)
- OVC – holistic services for families
- Neglected & Hard to Reach Populations
 - Pediatrics
 - Adolescent girls
 - Key populations – MSM & Transgender, FSW, PWID
- Strengthening Health Systems as specifically required to support the above activities
 - Human resources for health, procurement & supply chain, lab, and strategic information

Malawi

Estimated Annual New HIV Infections & AIDS Deaths

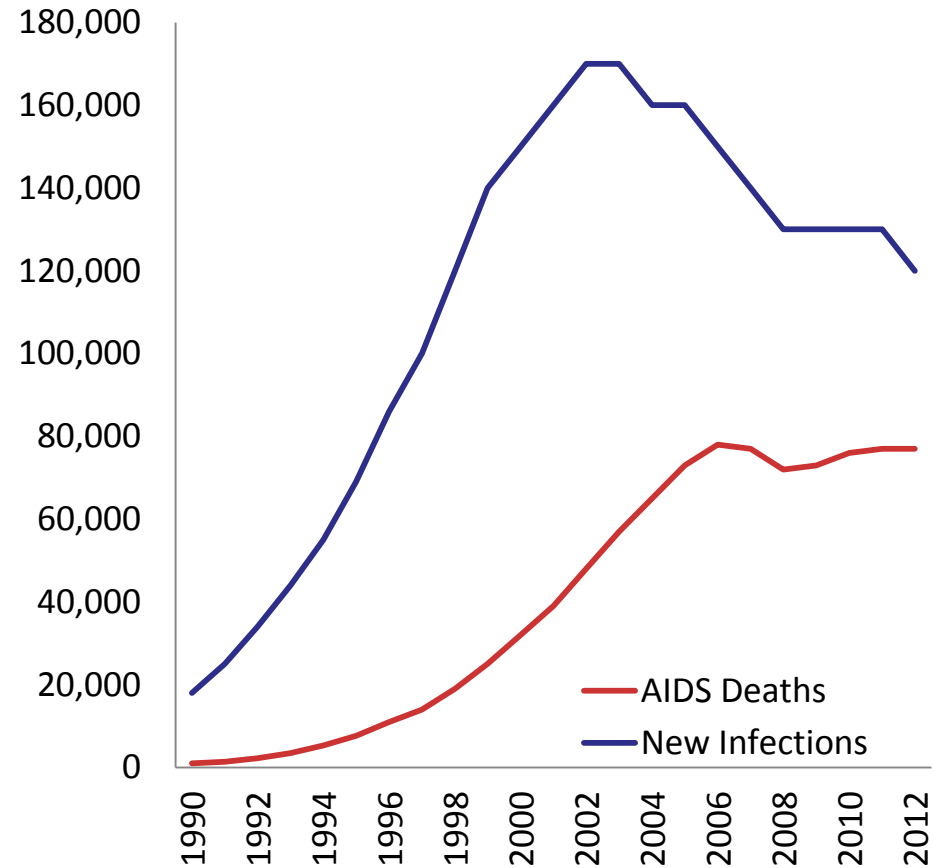


Effective scale-up of combination prevention – the right thing at speed

Source: UNAIDS Report on the Global AIDS Epidemic – 2013. Accessible at: <http://www.unaids.org/en/dataanalysis/epidemiology/>.

Mozambique

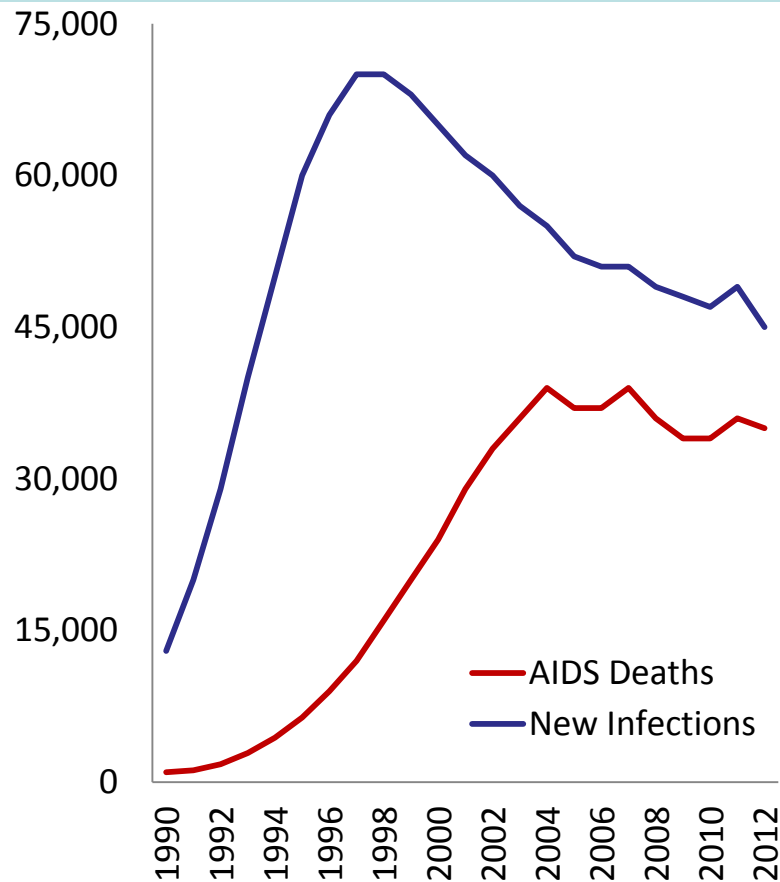
Estimated Annual New HIV Infections & AIDS Deaths



Delayed scale-up of combination prevention

Cameroon

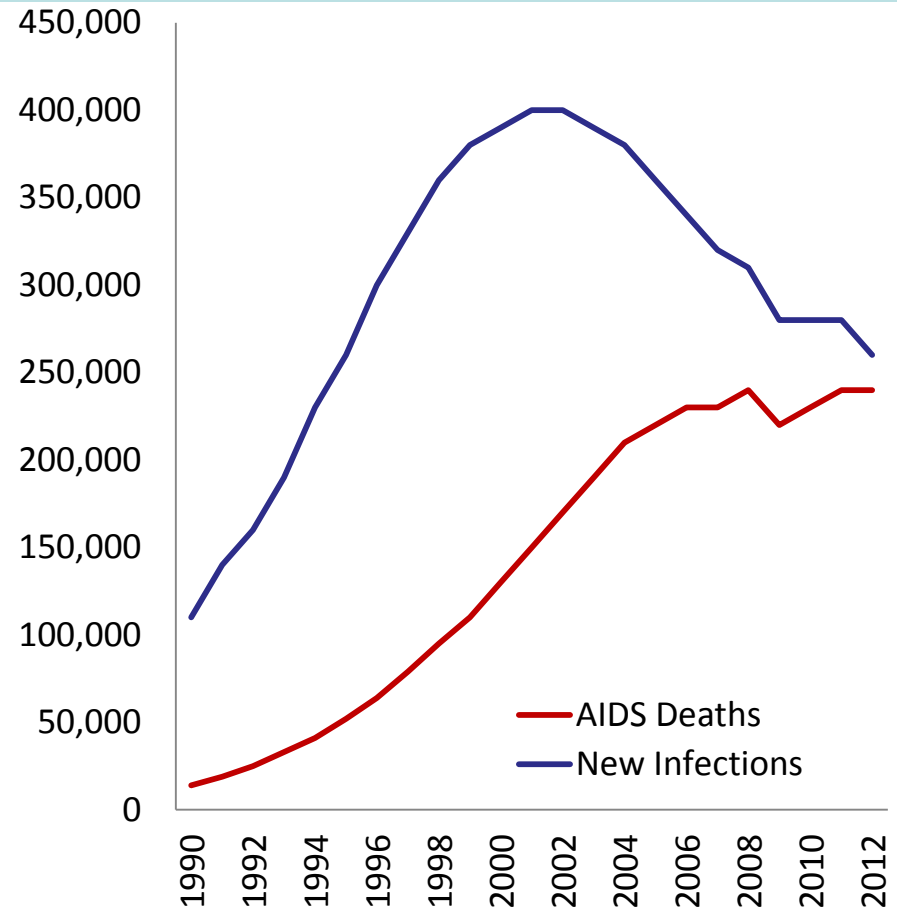
Estimated Annual New HIV Infections & AIDS Deaths



Delayed scale-up of combination prevention

Nigeria

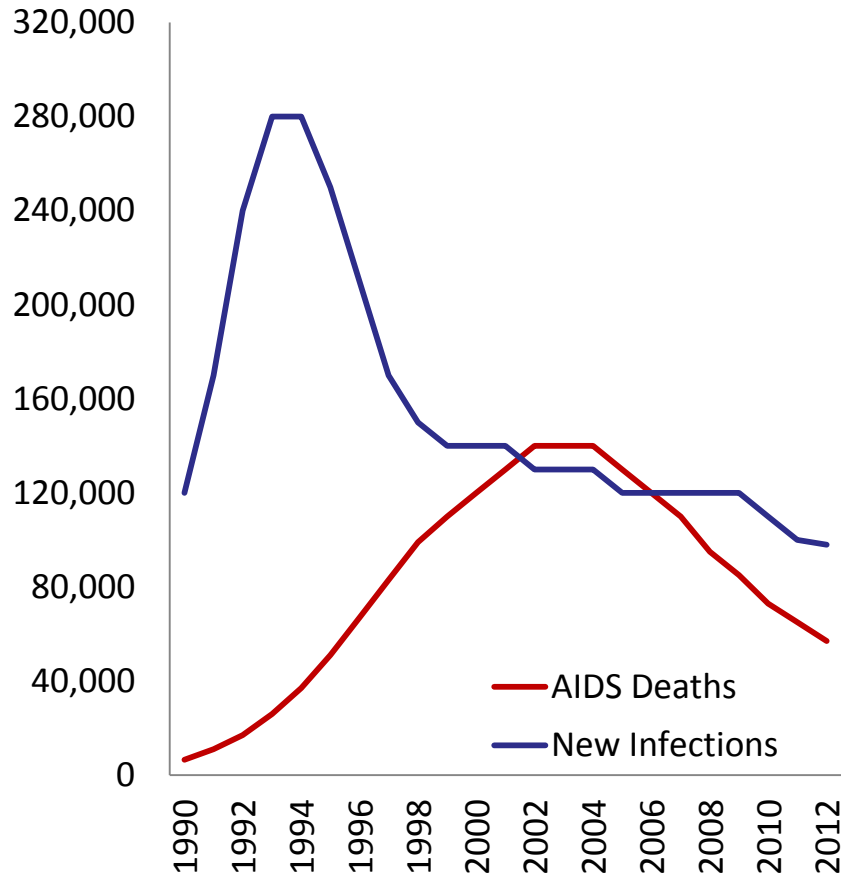
Estimated Annual New HIV Infections & AIDS Deaths



Delayed scale-up of combination prevention and poor coverage

Kenya

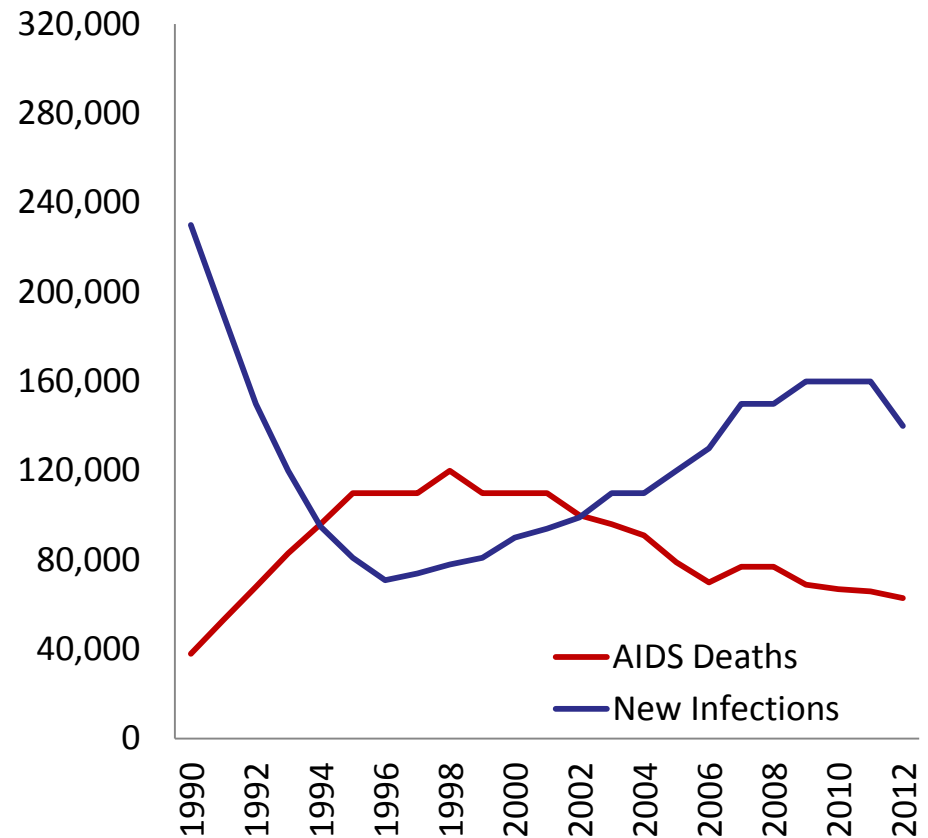
Estimated Annual New HIV Infections & AIDS Deaths



Moderate scale-up of combination prevention

Uganda

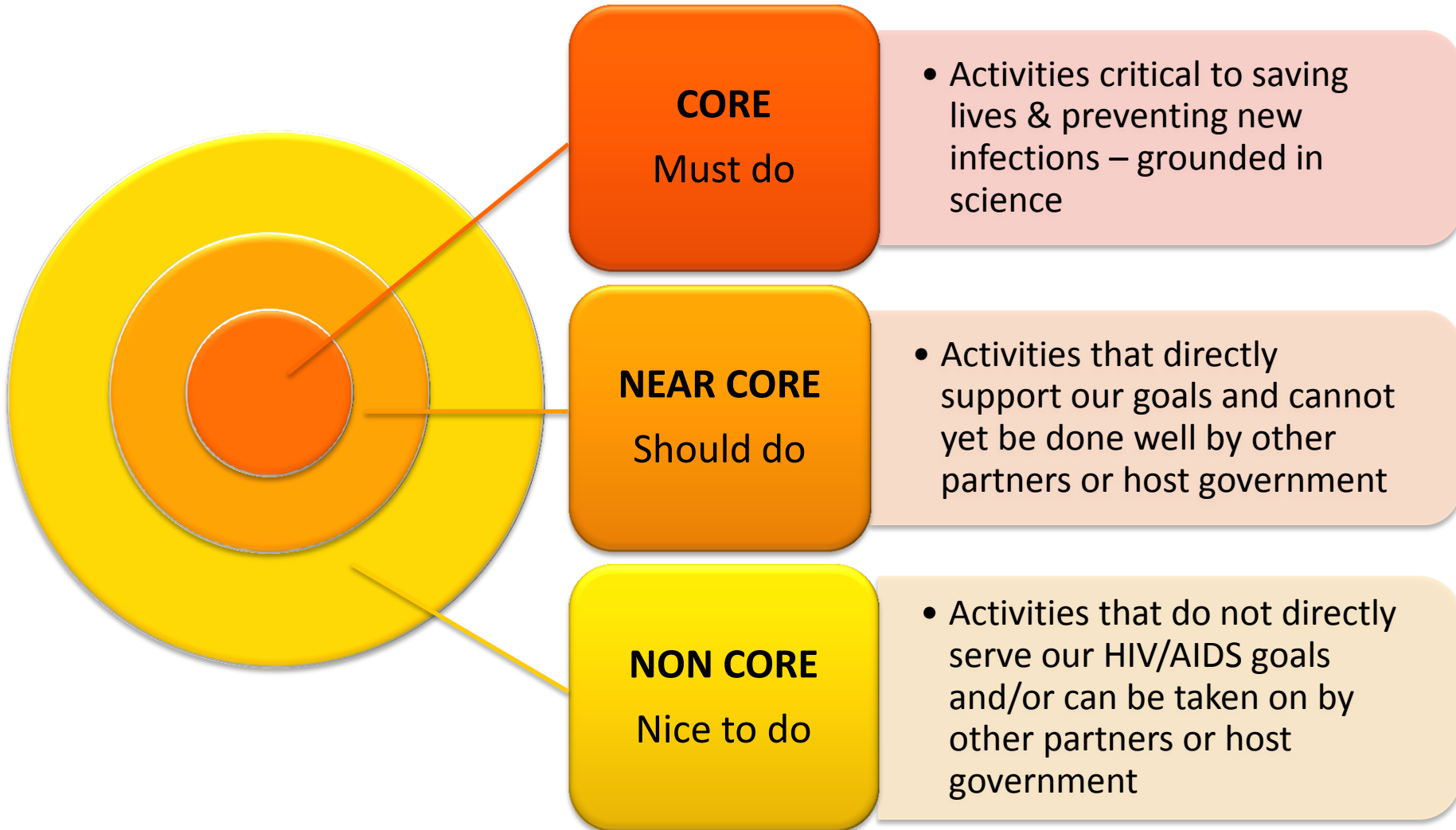
Estimated Annual New HIV Infections & AIDS Deaths



Early response w/ stalled scale-up of combination prevention

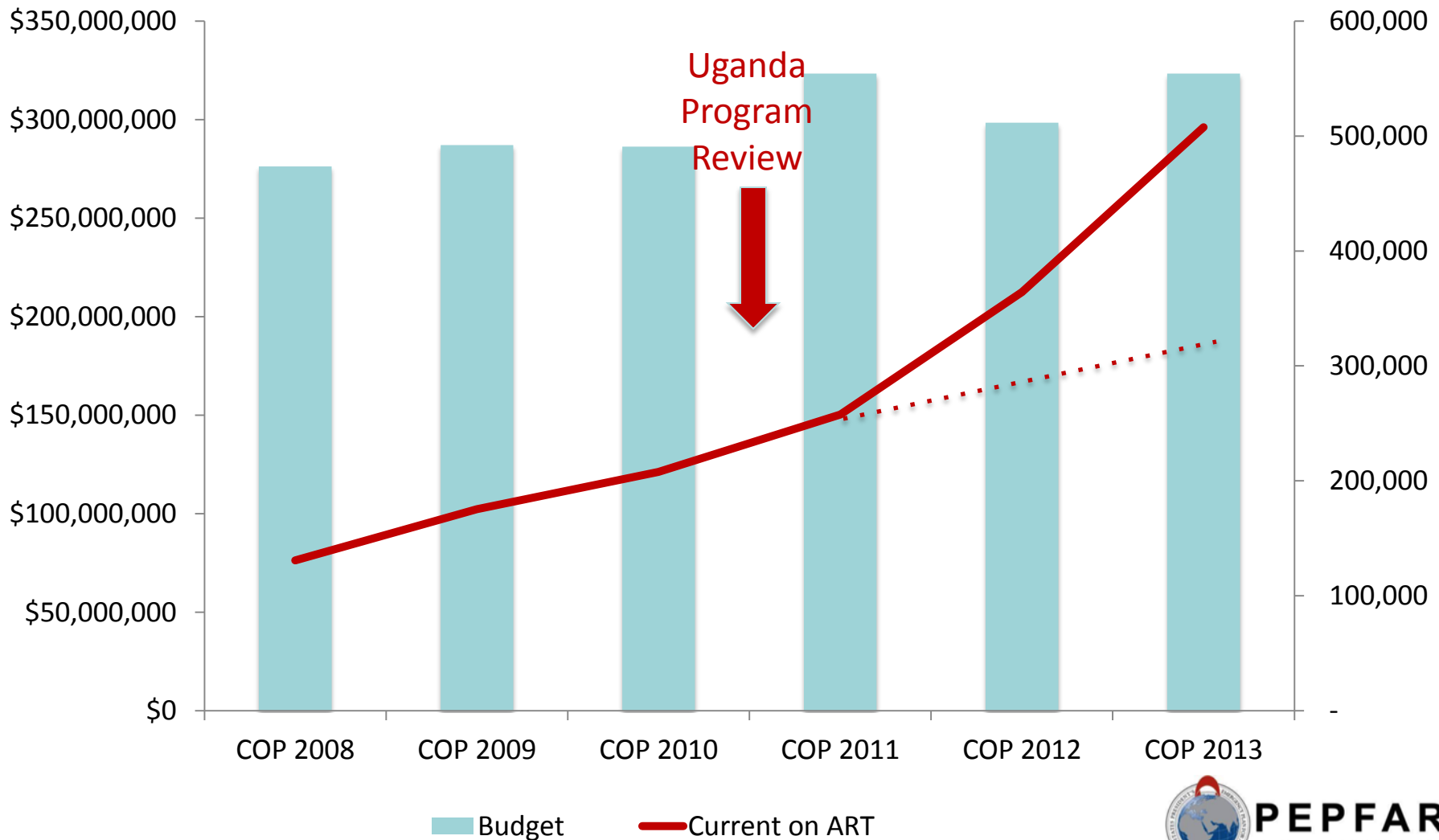
Program Focus – Delivering the right thing at the right place at the right time

Prioritizing Activities: Core, Near Core, Non Core



Uganda: Focus on Core (Treatment)

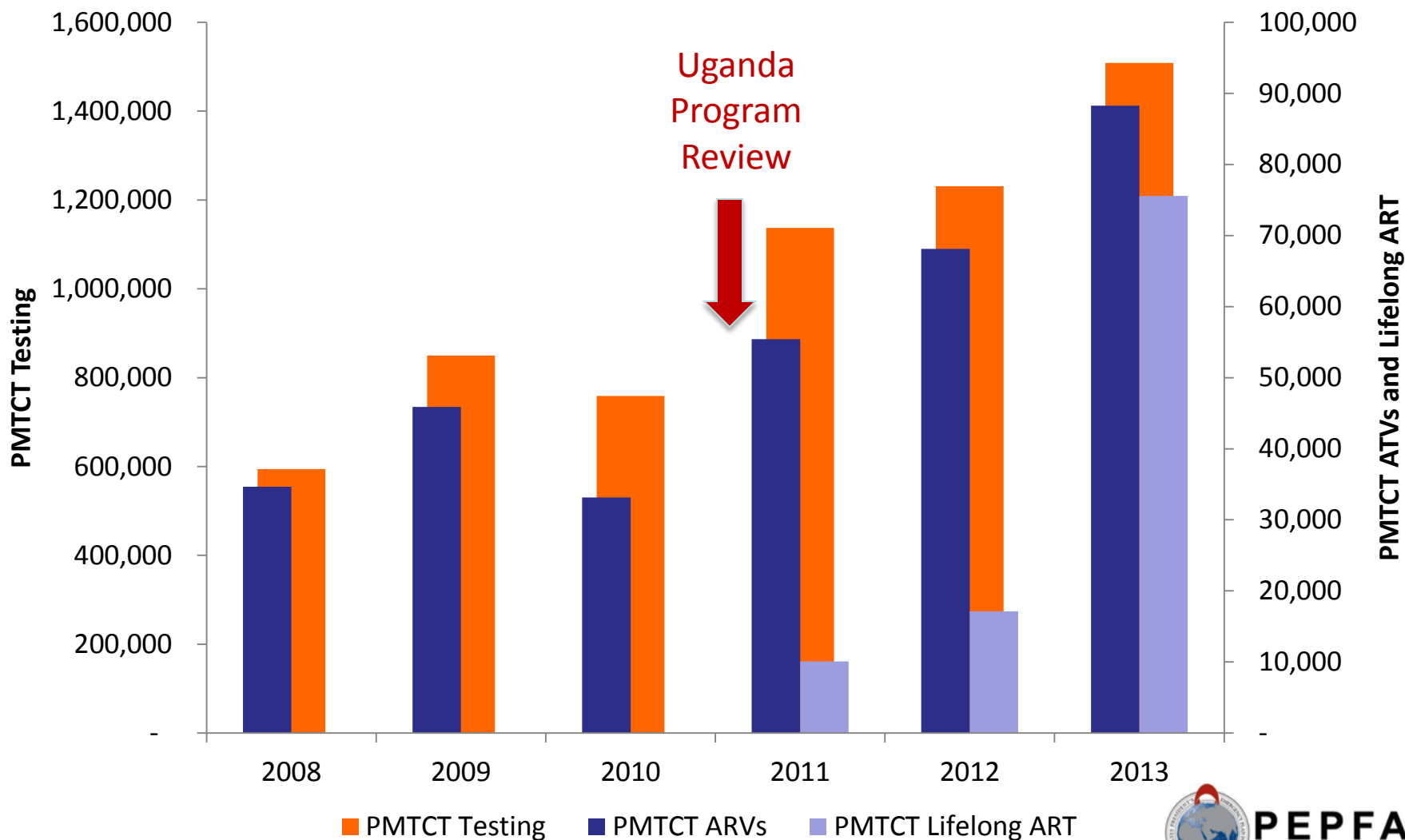
PEPFAR Uganda COP Budget & Current on Treatment
2008 - 2013



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

Uganda: Focus on Core (PMTCT)

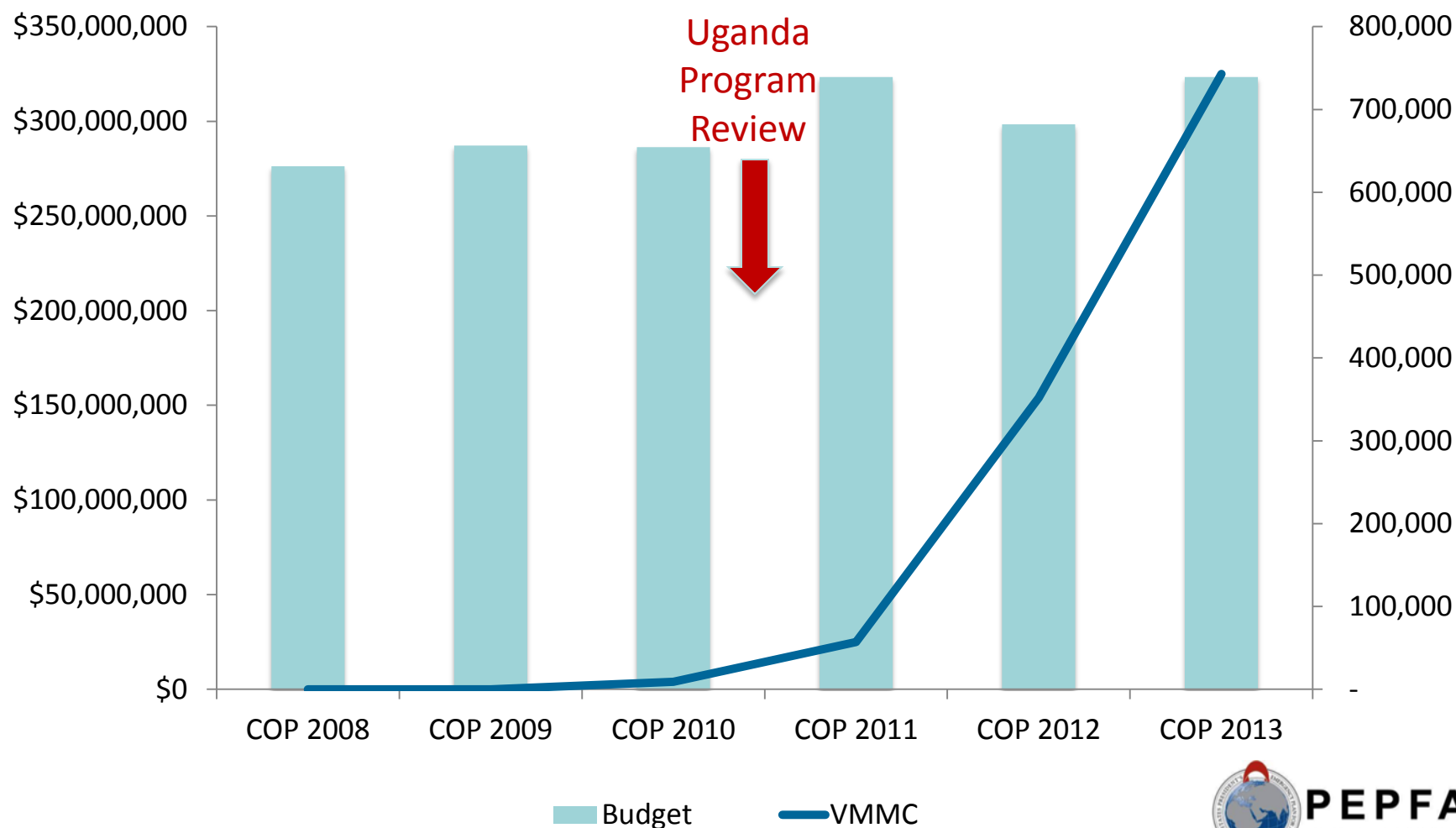
PEPFAR Uganda PMTCT Testing & ARV Results, 2008 - 2013



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Uganda: Focus on Core (VMMC)

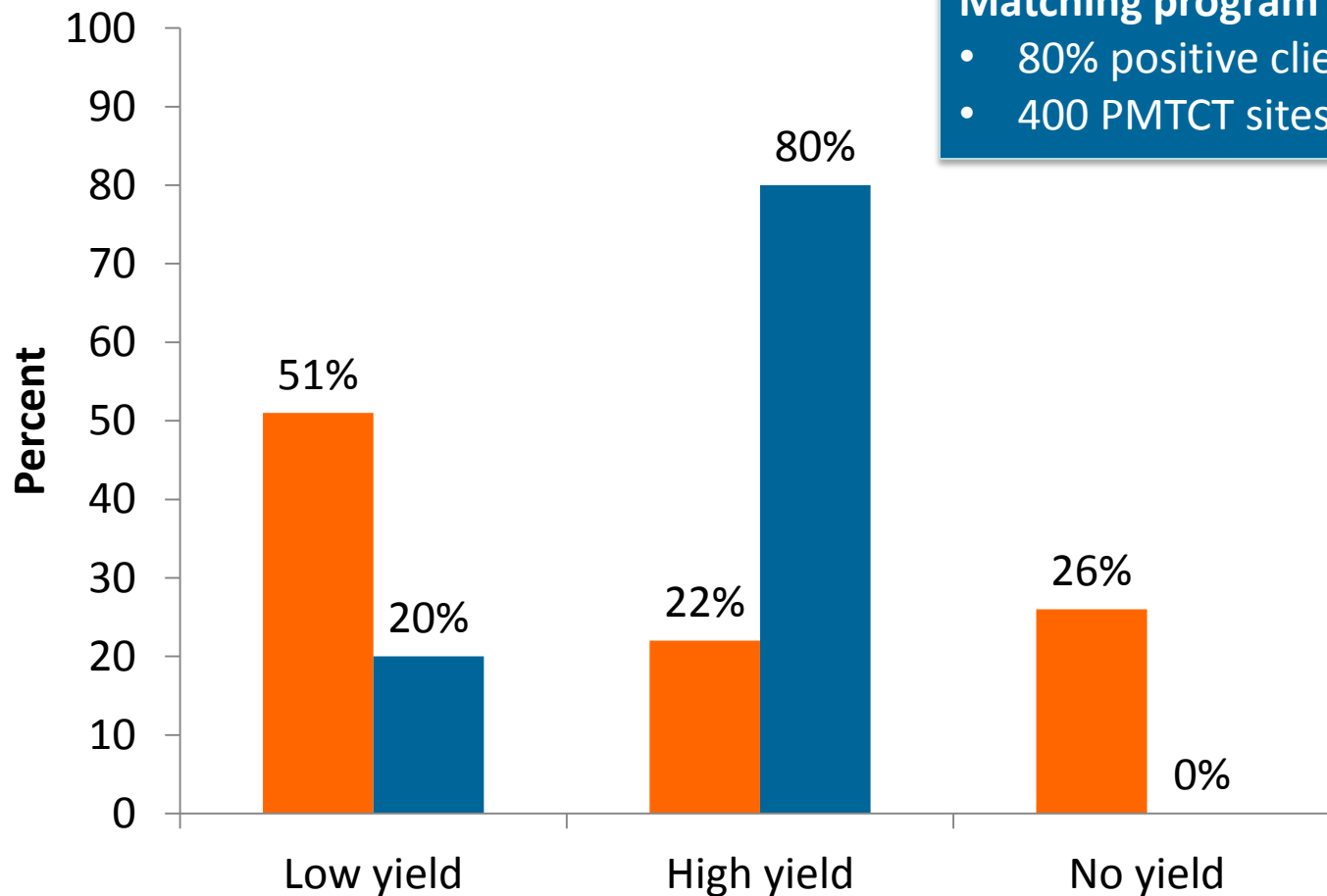
PEPFAR Uganda COP Budget & Voluntary Medical Male Circumcision (VMMC) Results, 2008 - 2013



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

Geographic Focus: Ethiopia – the right place

Unequal Burden Requires Review and Re-focusing of Response (Hot Spots)



Matching program & disease burden

- 80% positive clients in 22% of facilities
- 400 PMTCT sites with no HIV+ women

■ sites
■ HIV pos

Geographic Focus: Mozambique – the right place

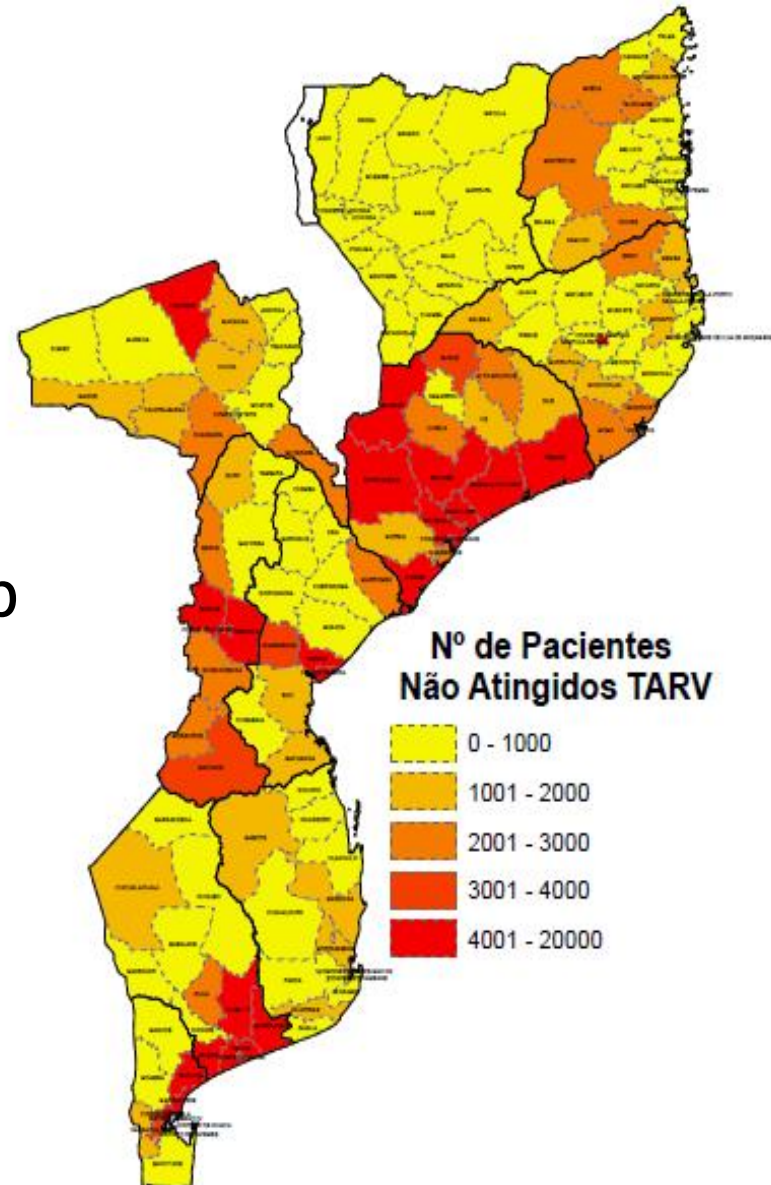
Number of Patients in Need of ART

PEPFAR Geographic Prioritization

Red Areas: Priority for immediate saturation with core services

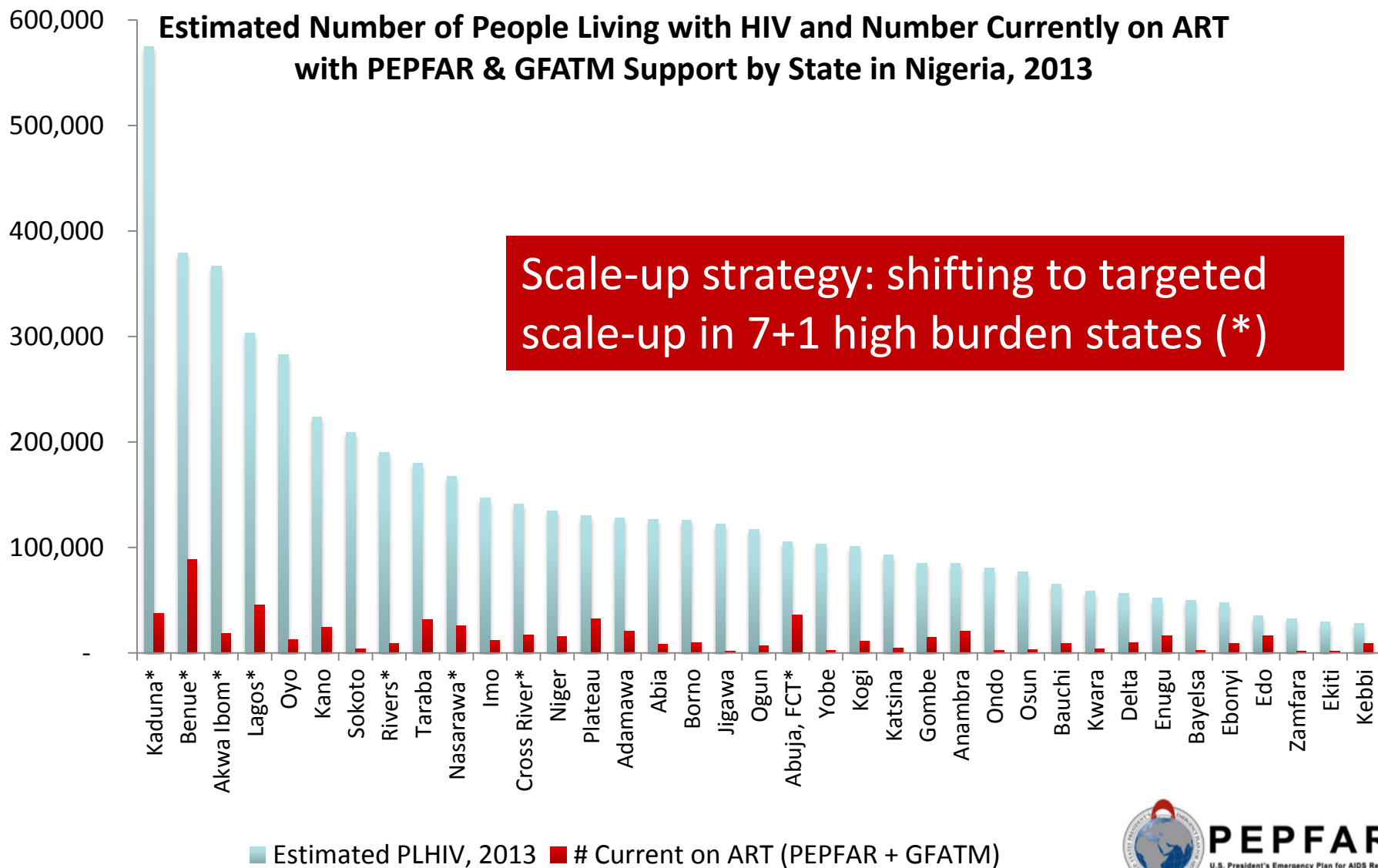
Orange Areas: Priority for scale-up in coming years

Yellow Areas: Not prioritized for scale-up



Geographic Focus: Nigeria

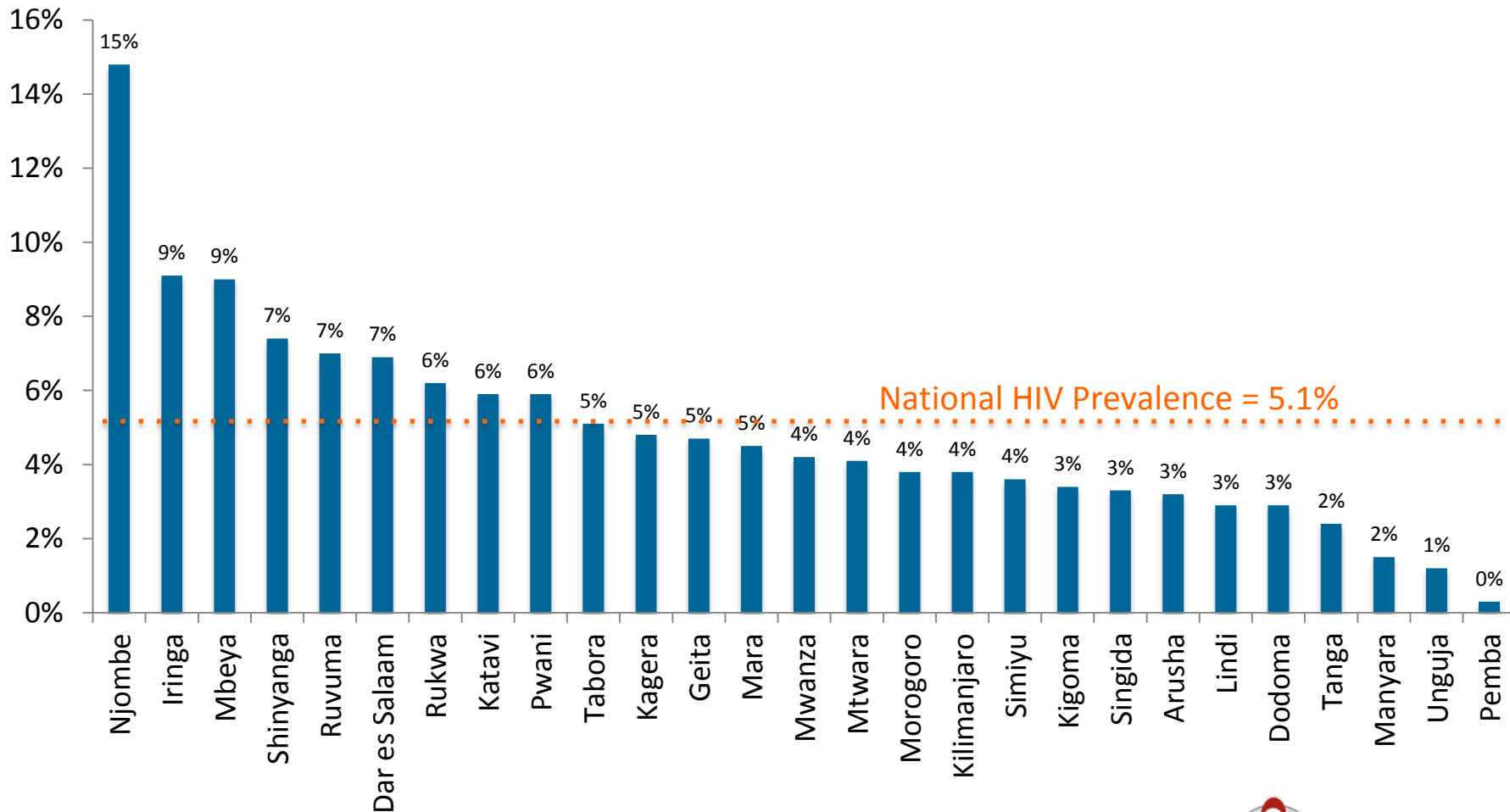
Mapping PLHIV & People Currently on ART



Geographically Focus: Tanzania

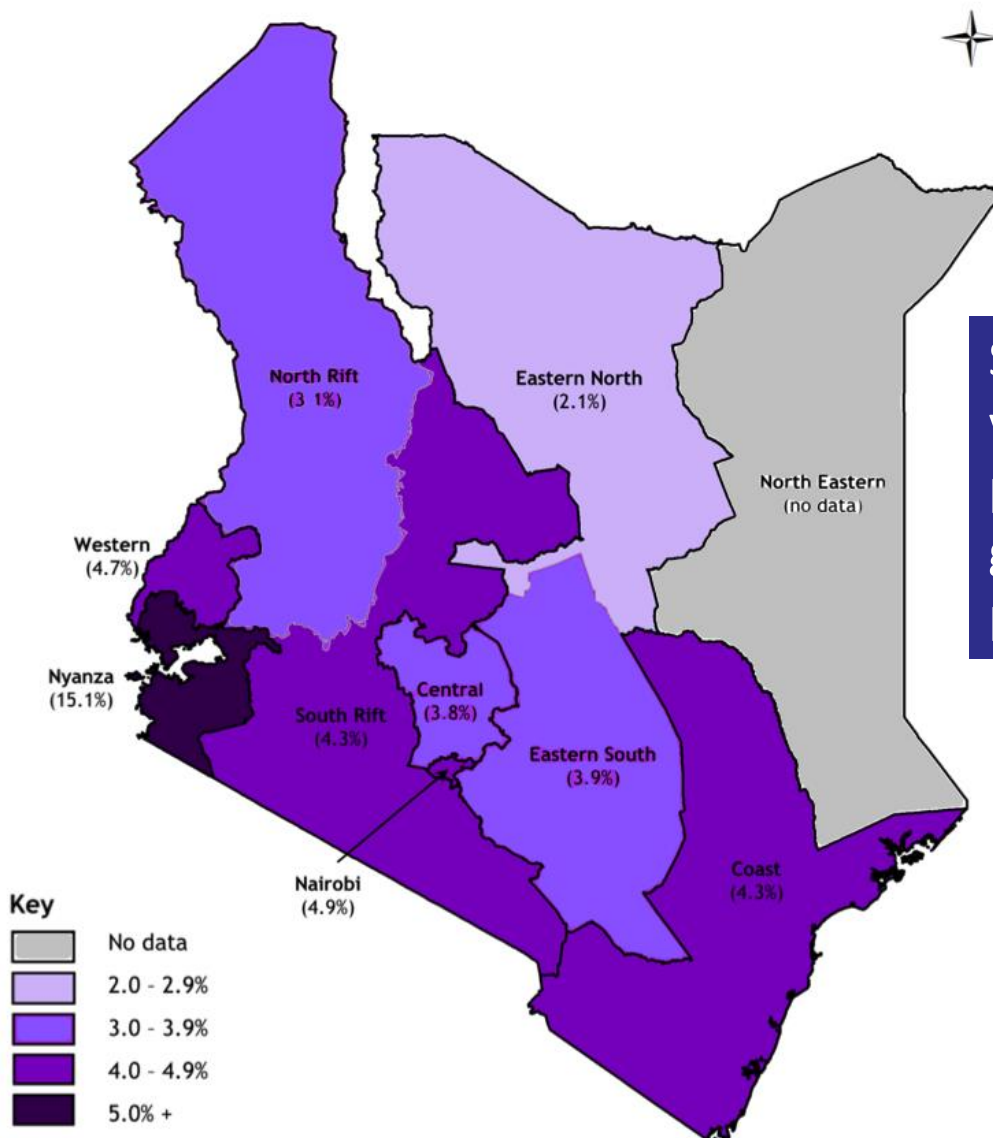
Using Sub-National HIV Prevalence Data to Focus Programs

Adult HIV Prevalence by Region in Tanzania



Geographic Focus: Kenya

HIV prevalence among persons aged 15-64 years by NASCOP region, KAIS 2012



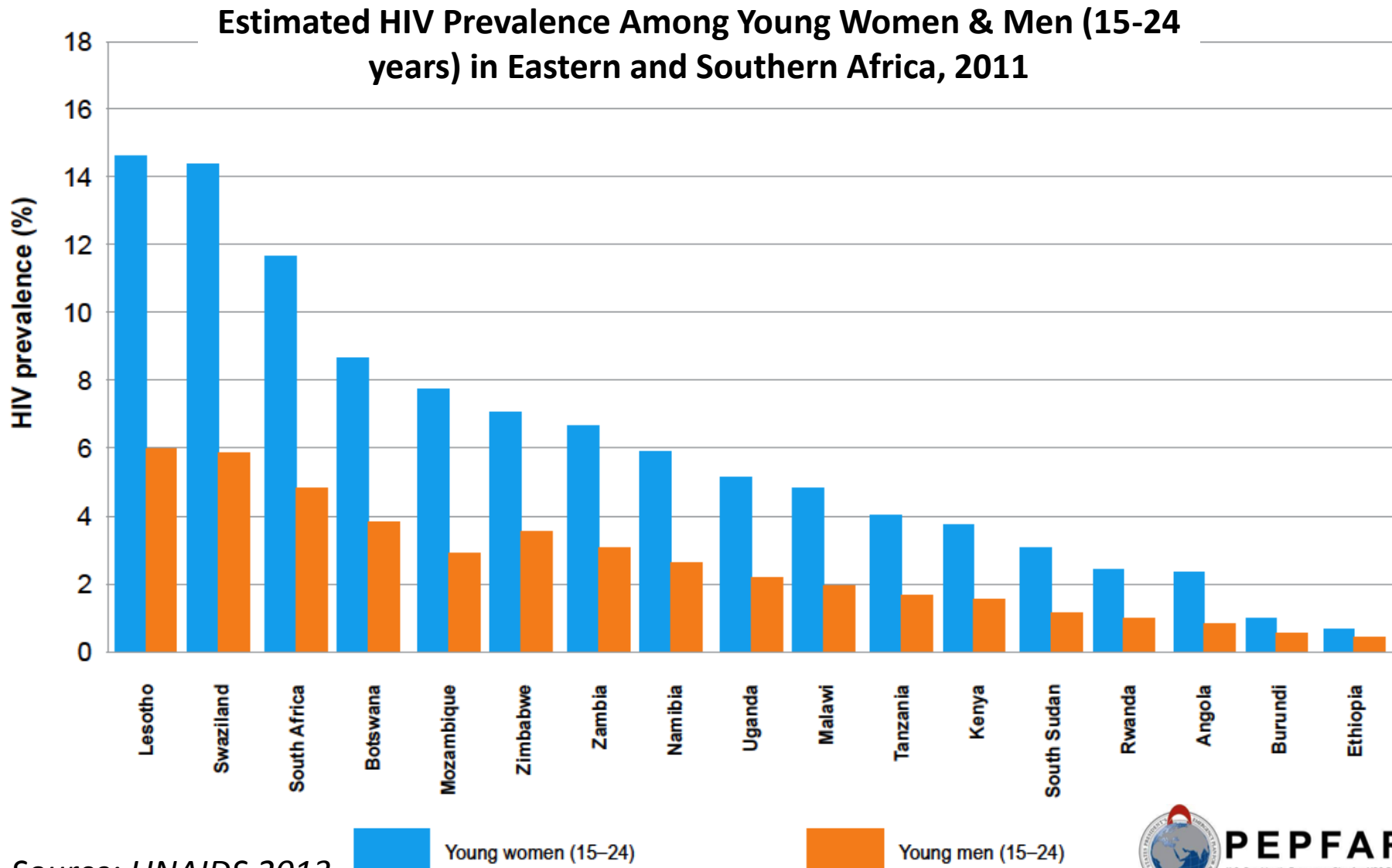
Significant geographic variance in HIV prevalence requires geographically focused programming

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Key Remaining Disparities

Leaving No One Behind

Disparately High HIV Prevalence among Young Women Compared to Young Men



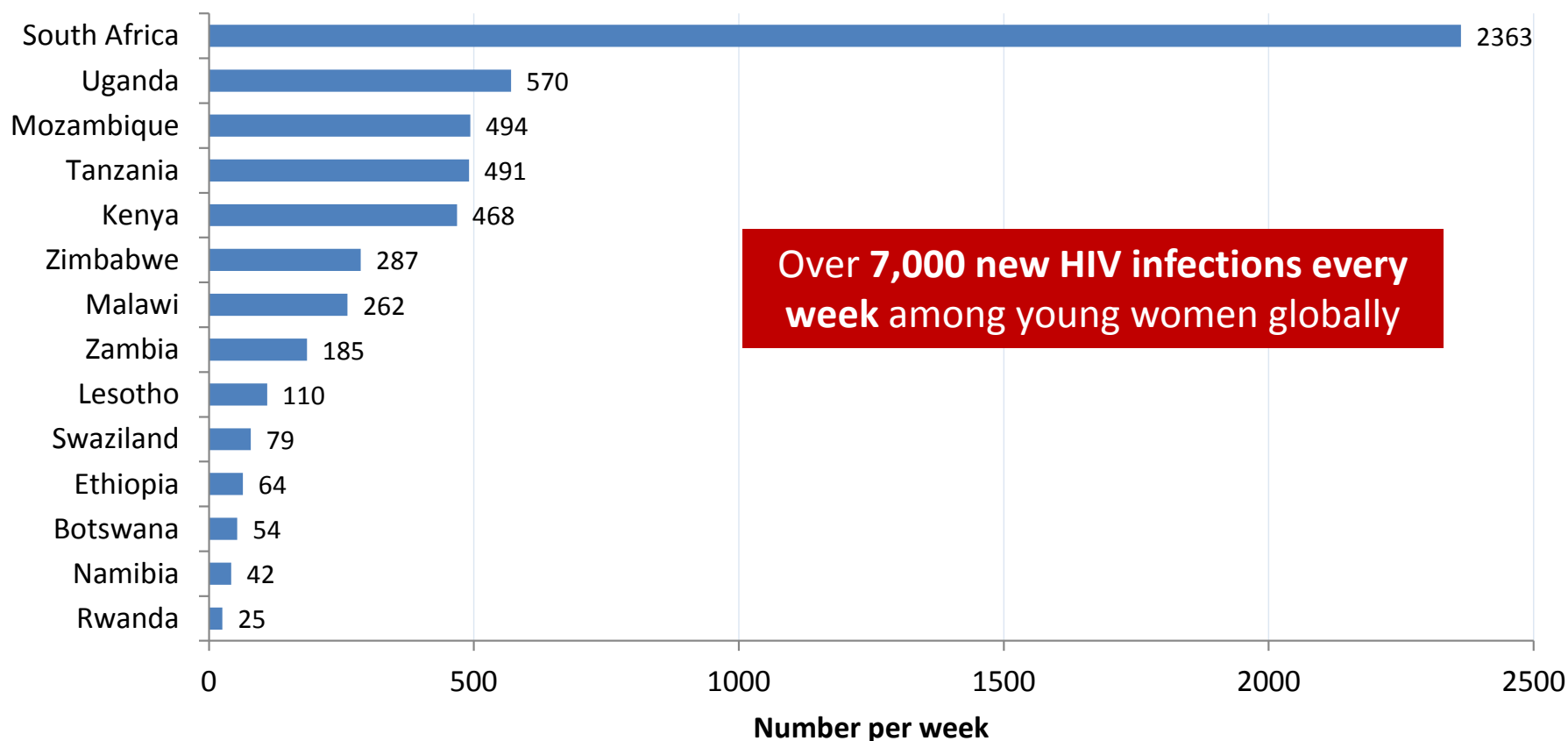
Source: UNAIDS 2013

HIV Incidence among Young Women

More than 1/3 New HIV Infections Globally Occur among Young Women in Africa

Estimated number of new HIV infections *per week* among young women aged 15-24 years in East and Southern Africa, 2012

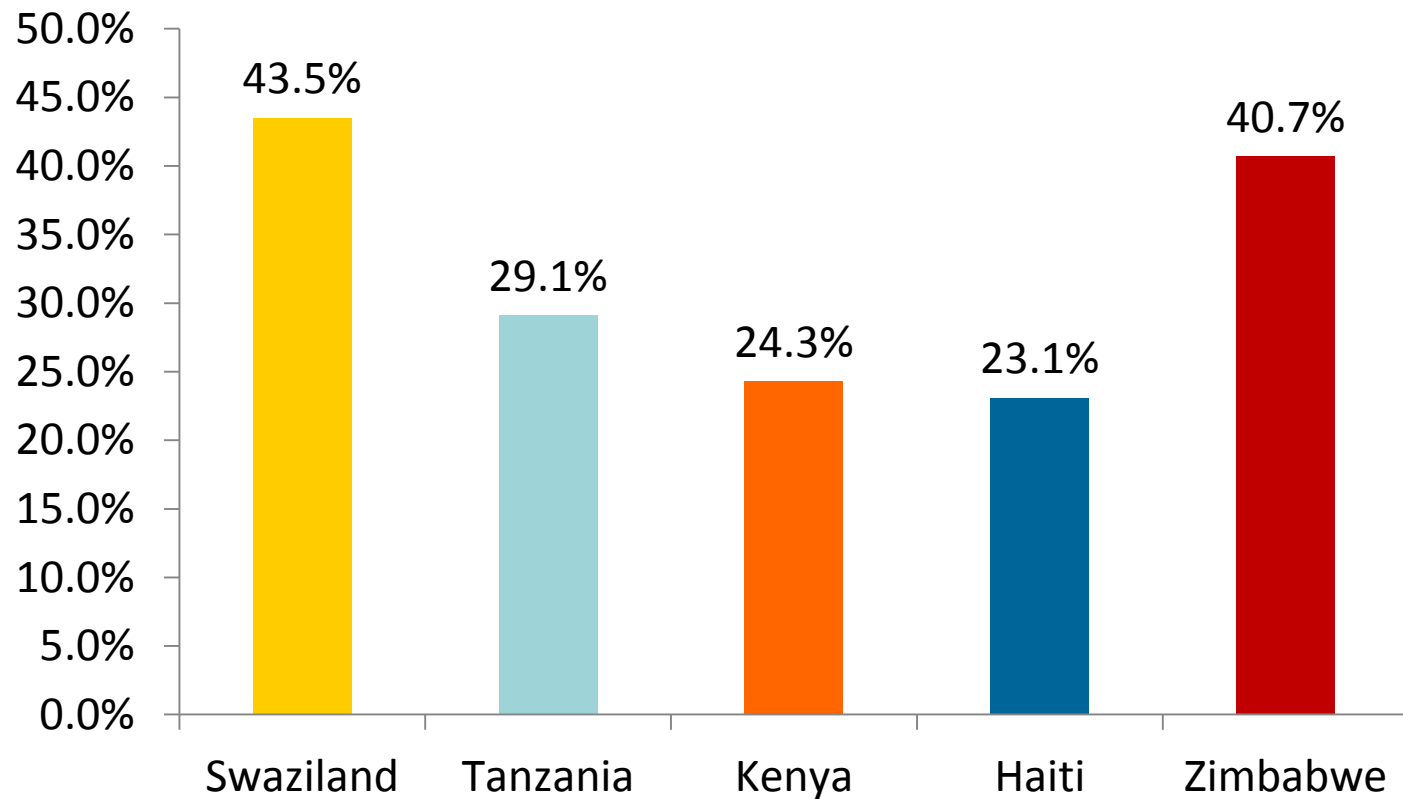
Data source: UNAIDS 2013



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 *



*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

UNICEF Tanzania, CDC, and Muhimbili University of Health and Allied Sciences. Violence against Children in Tanzania: Findings from a National Survey 2009. Dar es Salaam, Tanzania. 2011

UNICEF Kenya, CDC, and Kenya National Bureau of Statistics. Violence against Children in Kenya: Findings from a 2010 National Survey. Nairobi, Kenya. 2012

Zimbabwe National Statistics Agency. National Baseline Survey on Life Experiences of Adolescents in Zimbabwe 2011. Preliminary Report. 2012

CDC, Interuniversity Institute for Research and Development, Comité de Coordination. Violence against Children in Haiti: Findings from a National Survey, 2012.

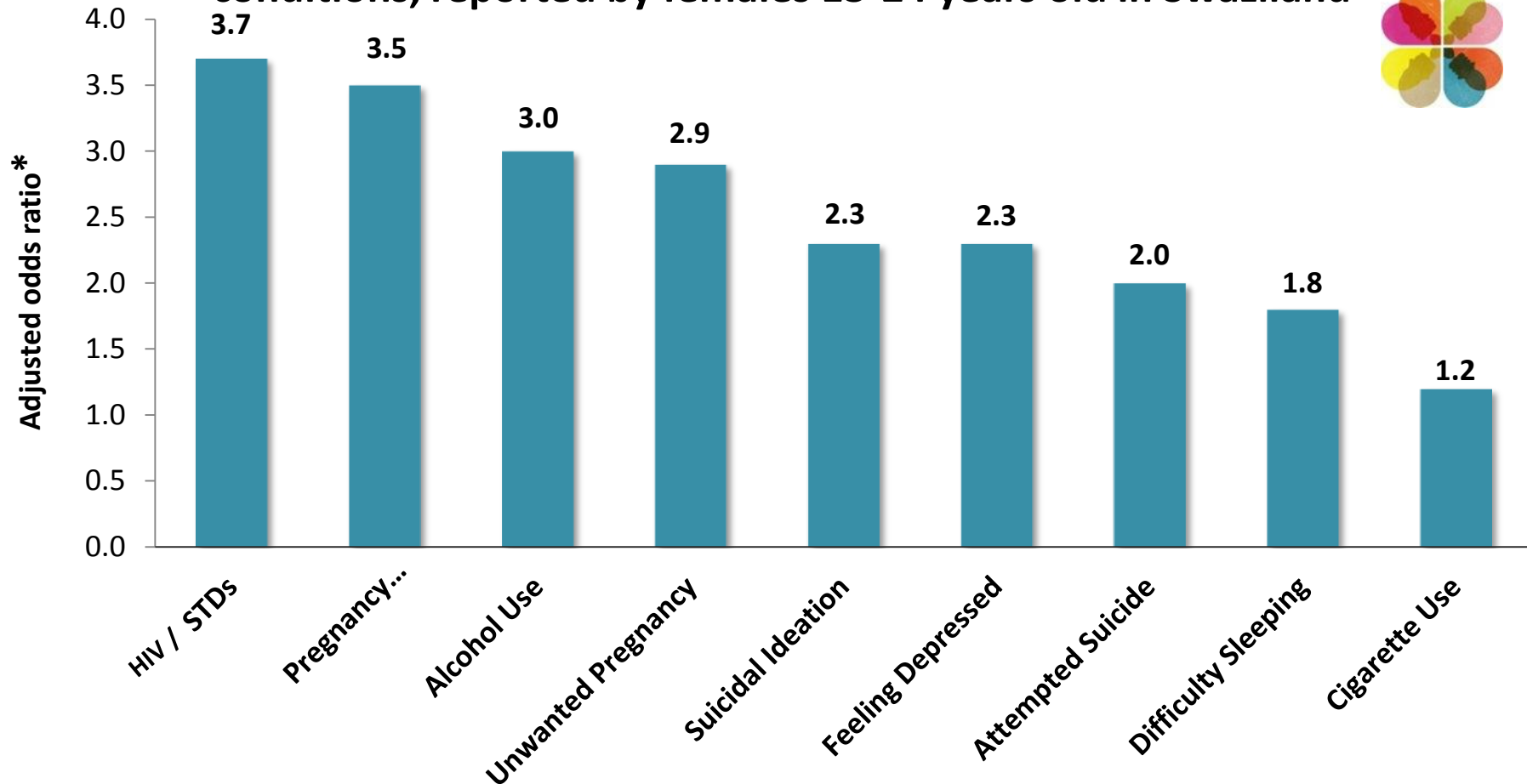
Port-au-Prince, Haiti: Centers for Disease Control and Prevention, 2013



Childhood Sexual Violence & HIV

Survivors of Childhood Sexual Violence 4 Times More Likely to be HIV Positive

Association between childhood sexual violence and selected health conditions, reported by females 13-24 years old in Swaziland



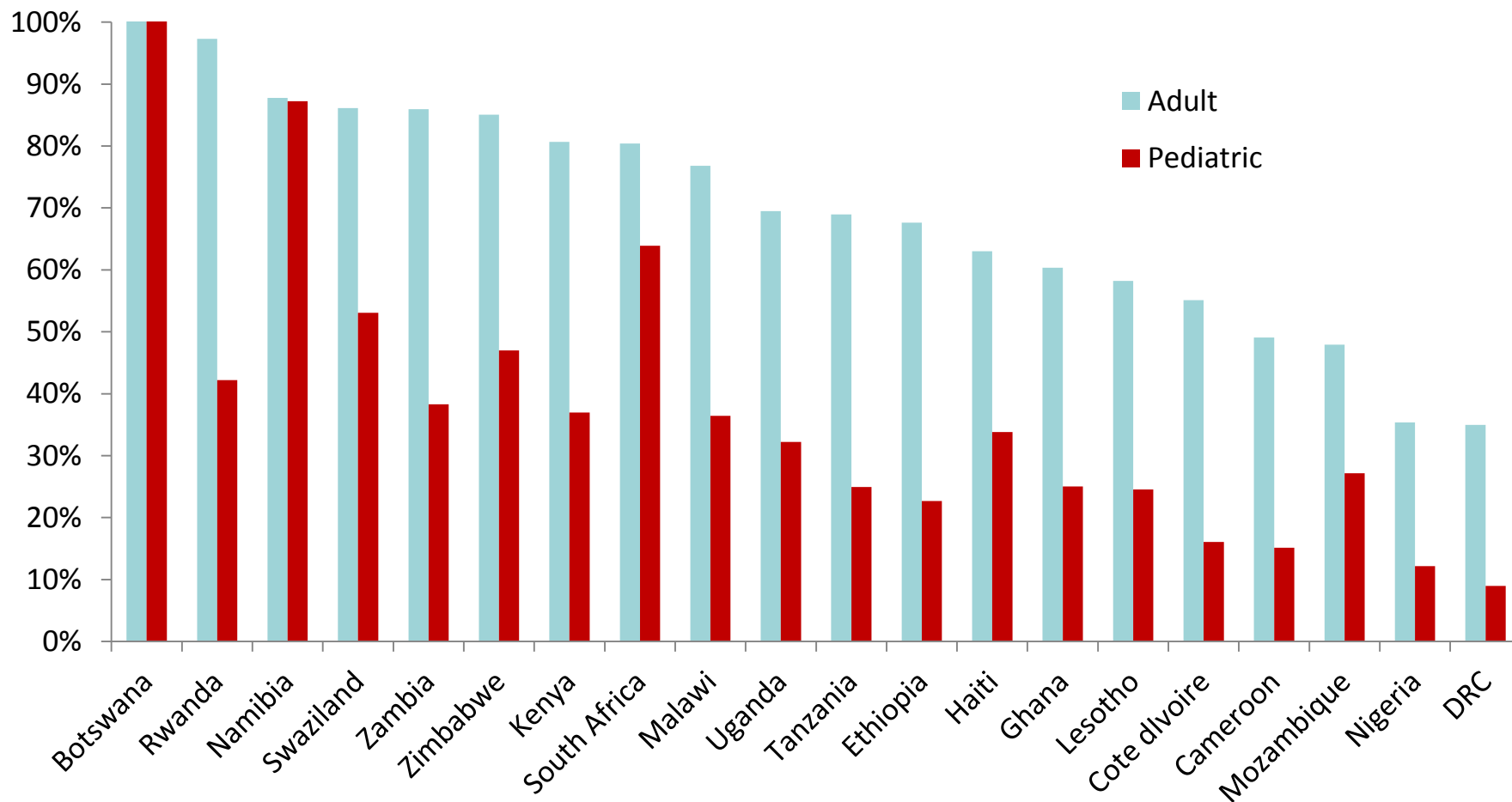
*Adjusted for age, community setting, SES, and orphan status

Source:
UNICEF Swaziland and CDC. Findings from a National Survey on Violence Against Children in Swaziland. CDC, Atlanta. 2007

Persistent Disparity in ART Coverage Rates

Treatment Coverage for Children Lags Far Behind Adult Coverage

Adult and Pediatric ART Coverage by country, 2012

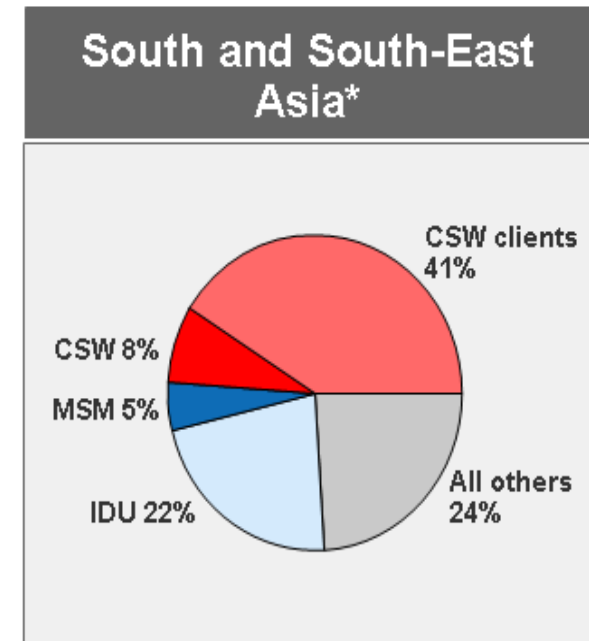
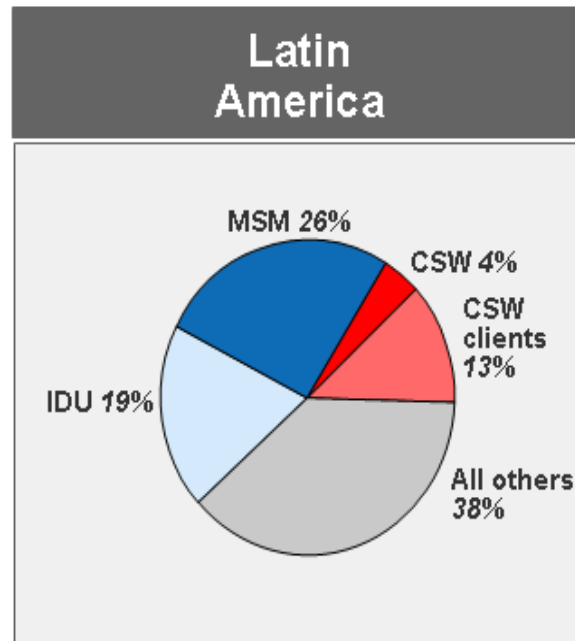
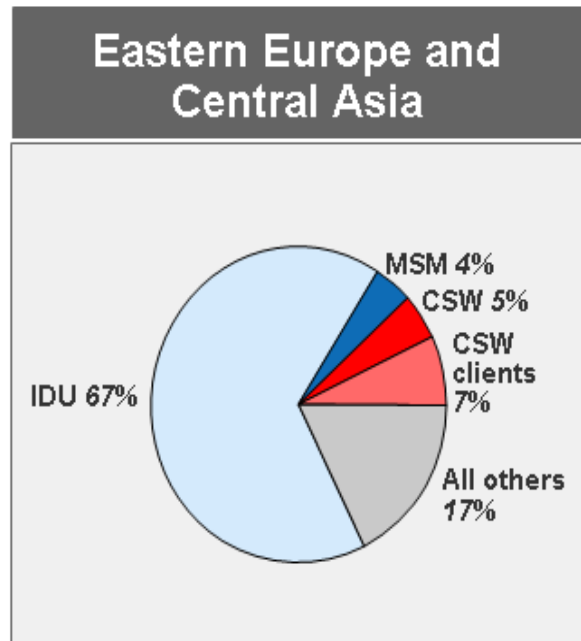


Pediatric Treatment Coverage is 34%; Adult Treatment Coverage is 64%

Source: UNAIDS, 2013

Elevated Incidence Among Key Populations in Concentrated Epidemics

New HIV Infections by Population in Regions with Majority Concentrated Epidemics

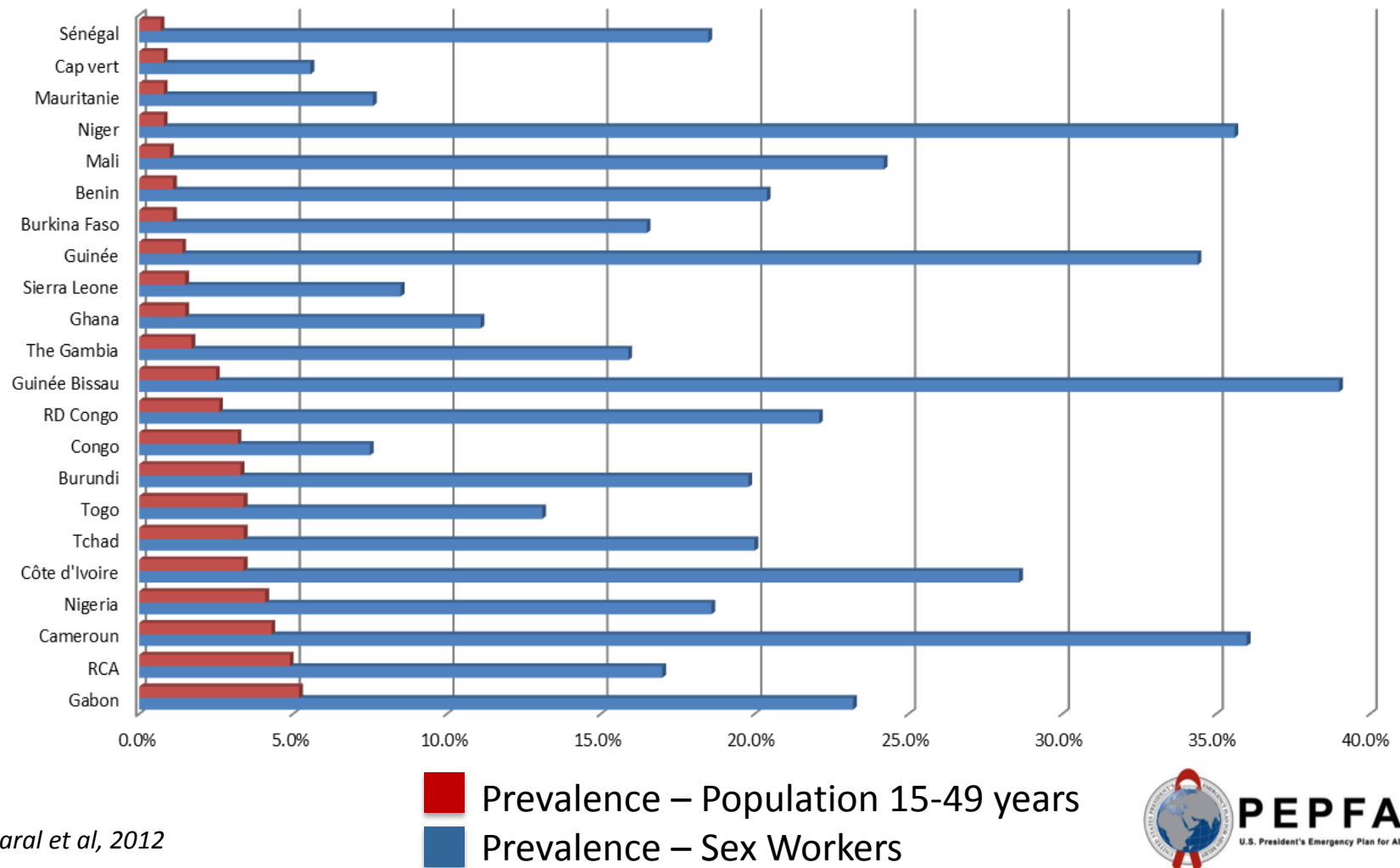


IDU: Injecting Drug Users
MSM: Men having sex with men
CSW: Commercial Sex Workers

* India was omitted from this analysis because the scale of its HIV epidemic (which is largely heterosexual) masks the extent to which other at-risk populations feature in the region's epidemics.

Disparity in HIV Prevalence among Sex Workers versus Other Adults

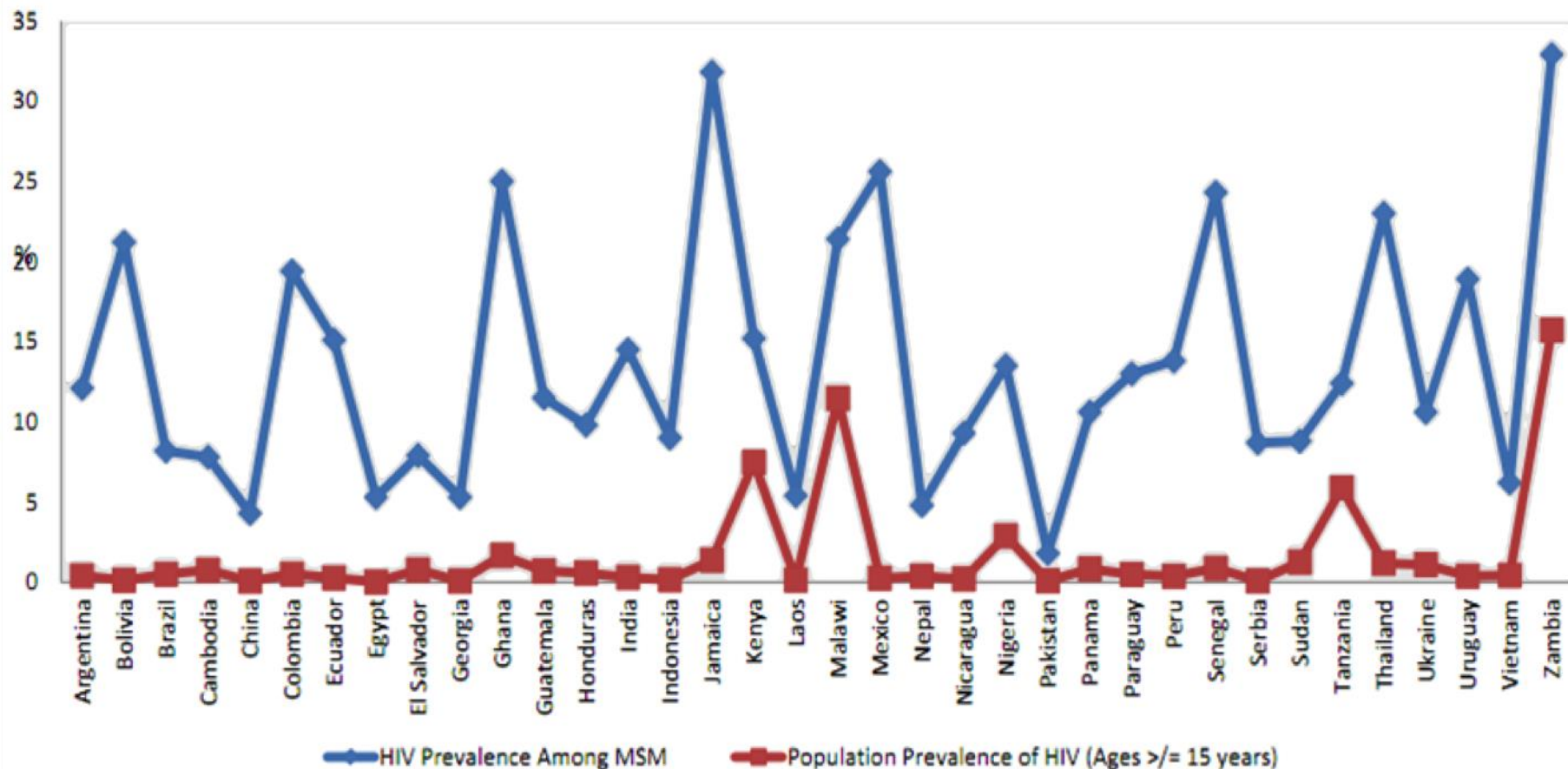
Comparison in HIV prevalence between Sex Workers and the general adult population in West and Central Africa



Source: Baral et al, 2012

Disproportionate Burden of HIV among MSM

HIV Prevalence Among Men who have Sex with Men (MSM)
and the General Adult Population



Discriminatory Cultural & Legal Environments

Nearly 80 countries have laws that persecute same-sex sexual relations



Discriminatory Environments Impede Effective HIV Service Delivery

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



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

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 effectively
- 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 in the right place
 - Mapping impact at the community level including core service coverage, HIV prevalence and incidence

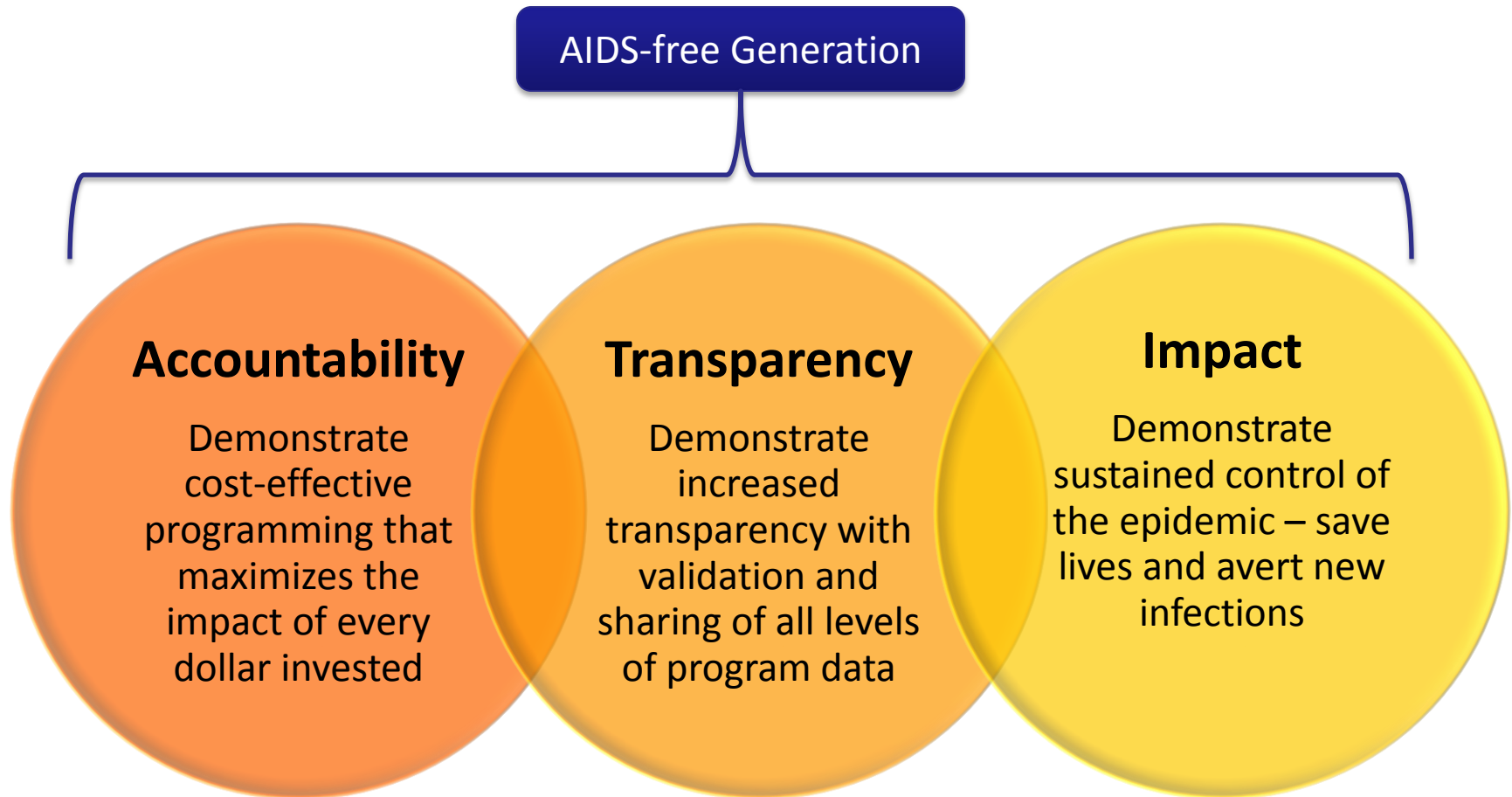
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Vision for PEPFAR Moving Forward

Delivering an AIDS-Free Generation with Accountability, Transparency and Impact

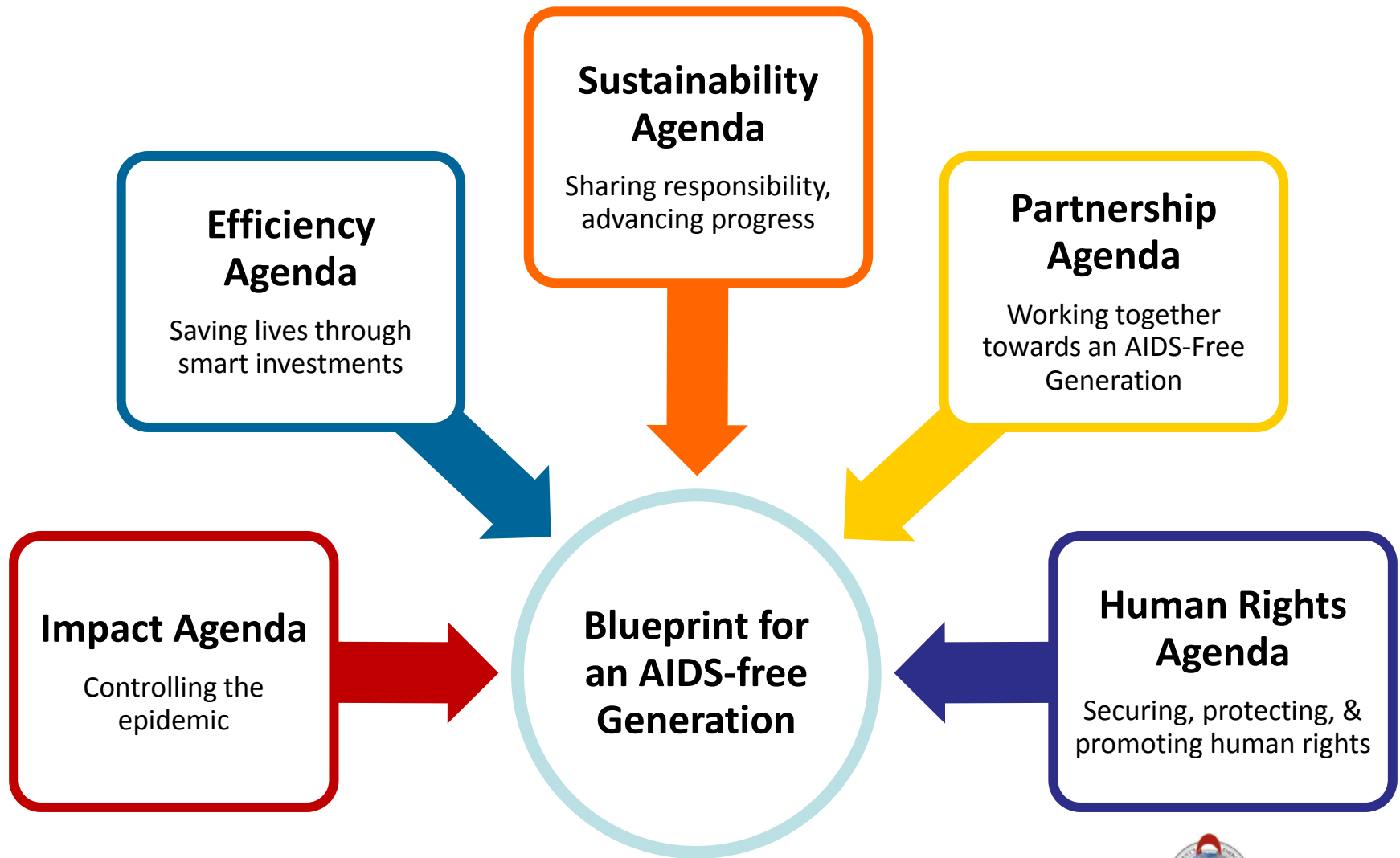
PEPFAR's 3 Guiding Pillars

Delivering an AIDS-Free Generation with Sustainable Results



PEPFAR's Five Key Agendas

Translating the 3 Guiding Pillars to Results



Impact Agenda

Controlling the Epidemic

Defining Success

- Efficient and effective control of the HIV epidemic in 5-10 countries – impact on health and economic growth

Key elements of this agenda

- Scale-up of core combo px interventions (PMTCT, ART, Condoms, VMMC)
- Site Improvement & Monitoring System
- Program quality

Efficiency Agenda

Saving Lives through Smart Investments

Defining Success

- Increased transparency, oversight and accountability across PEPFAR

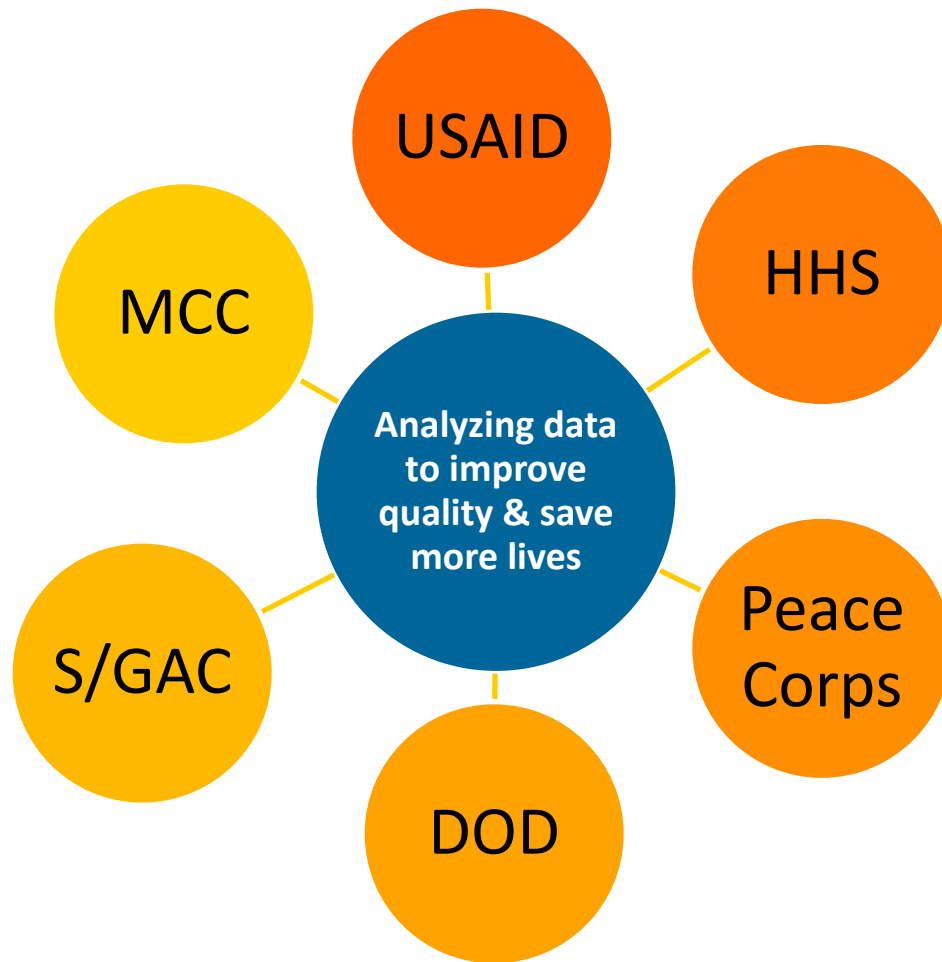
Key elements of this agenda

- Expenditure Analysis
- Inter-Agency Collaborative for Program Improvement

Bringing Together an Interagency Collaborative

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

PEPFAR Interagency Collaborative



Real-Time Analysis of:

- Expenditure data
- Site-level quality data
- Routine monitoring & evaluation data

Sustainability Agenda

Sharing Responsibility, Advancing Progress

Defining Success

- Sustainable governance models and increased country fiscal contribution and local partner implementation across PEPFAR

Key elements of this agenda

- Country Health Partnerships
- Millennium Challenge Corporation – Governance
- Human Resources for Health
- Country financing
- Transition to local partners

Partnership Agenda

Working Together towards an AIDS-Free Generation

Defining Success

- Renewed National and Global Commitment to an AIDS-free Generation

Key elements of this agenda

- PLHIV & Civil Society Organizations
- Key Bi-laterals
- Multi-laterals including GFATM and UN family
- Faith-Based Organizations
- Private Sector

Human Rights Agenda

Securing, Protecting, & Promoting Human Rights

Defining Success

- Promotion and protection of human rights for all, including LBGT, women and girls, and other vulnerable populations; decrease in Gender-based violence (GBV)

Key elements of this agenda

- Human rights for women and girls, LBGT, and other vulnerable populations
- Gender and GBV

Our work is not done. This week alone...



Over 4,000 babies were infected

Over 7,000 young women were infected

Over 24,000 people living with HIV died in Africa



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



It always seems impossible until it's done
- Nelson Mandela



THANK YOU