



# PEPFAR

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

# PEPFAR 3.0

Locations and Populations

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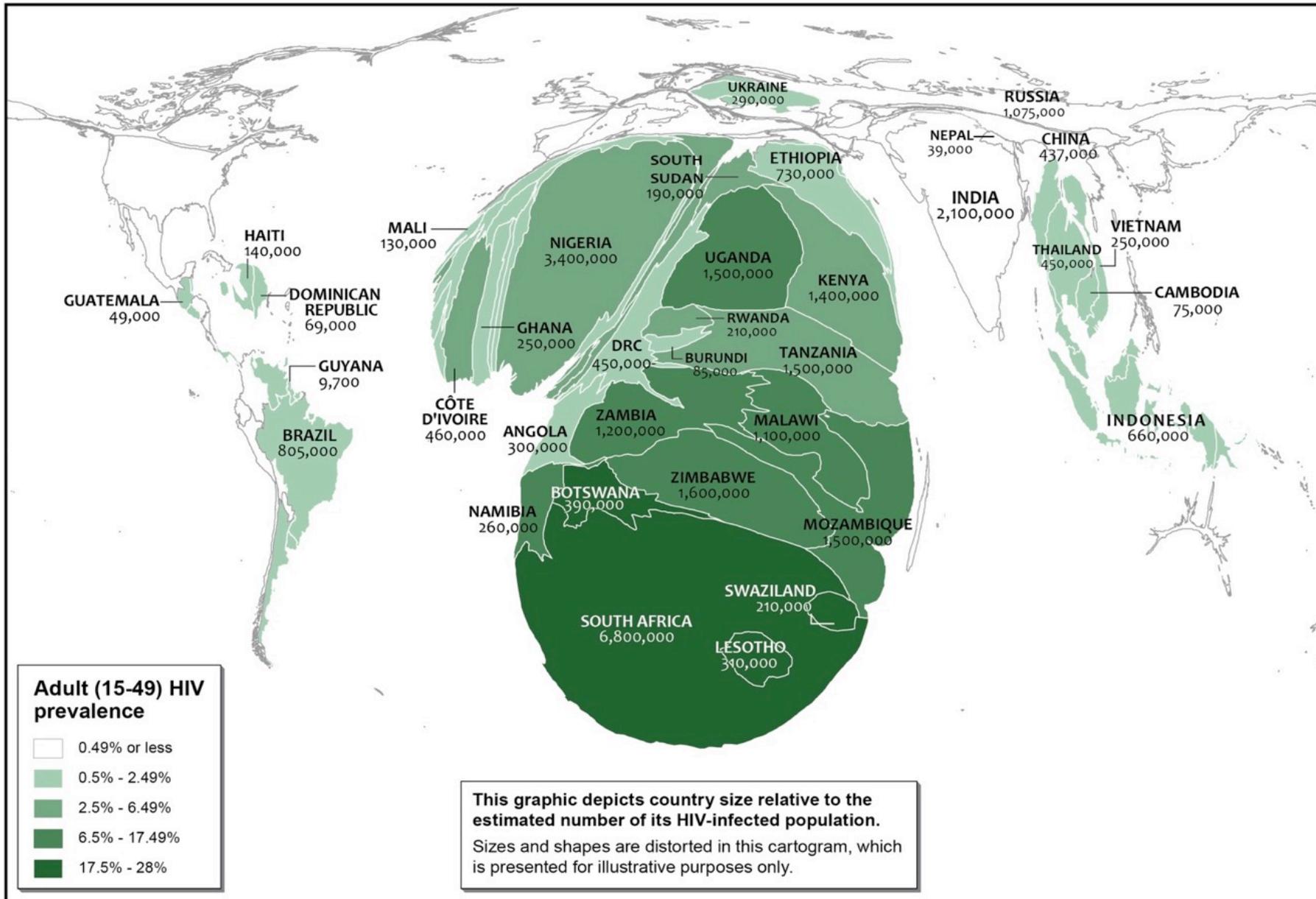
AMB Deborah L. Birx, MD | October 2016



1

# The Global HIV epidemic today

# HIV Prevalence and Estimated Number of Adults and Children Infected with HIV, 2014



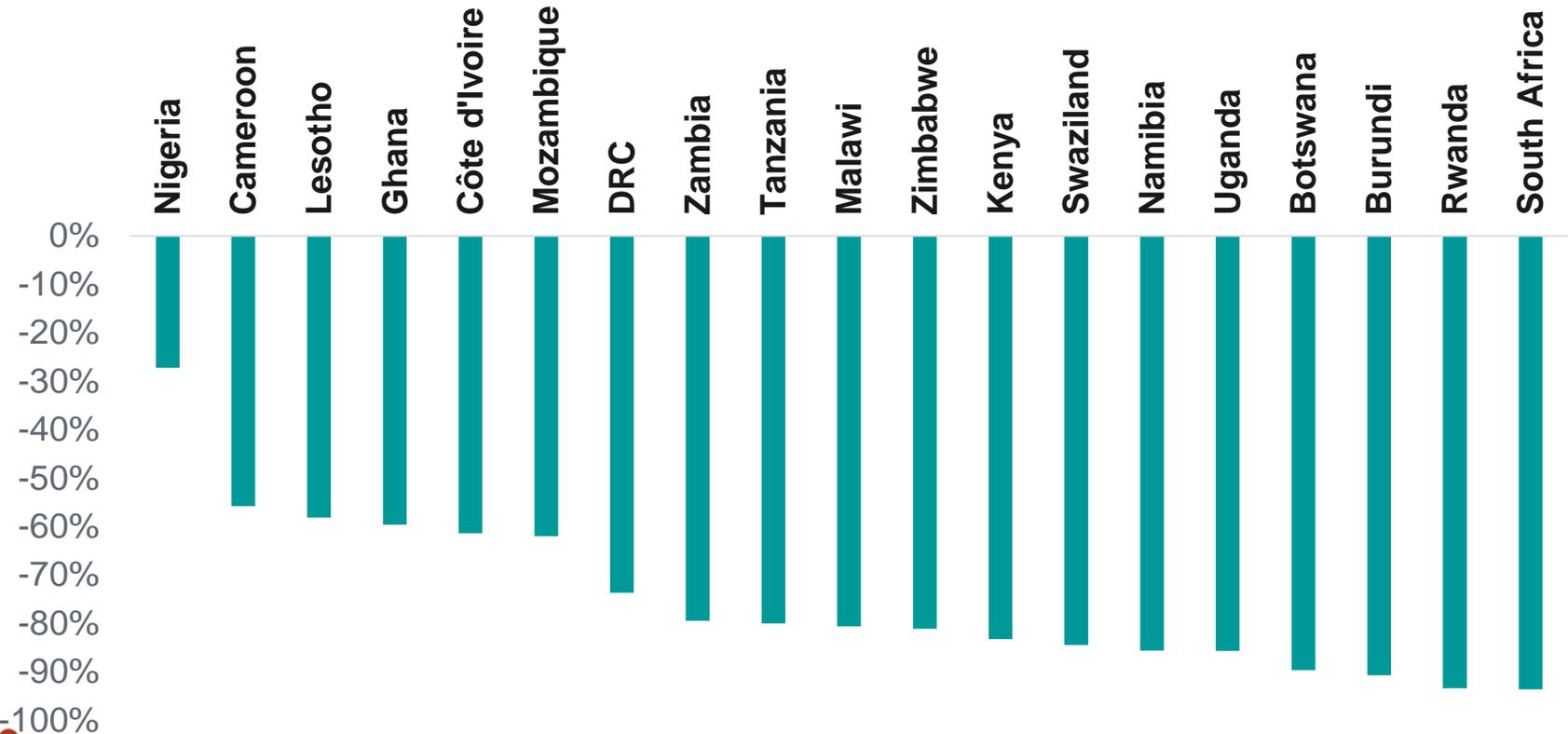
**Adult (15-49) HIV prevalence**

- 0.49% or less
- 0.5% - 2.49%
- 2.5% - 6.49%
- 6.5% - 17.49%
- 17.5% - 28%

This graphic depicts country size relative to the estimated number of its HIV-infected population. Sizes and shapes are distorted in this cartogram, which is presented for illustrative purposes only.

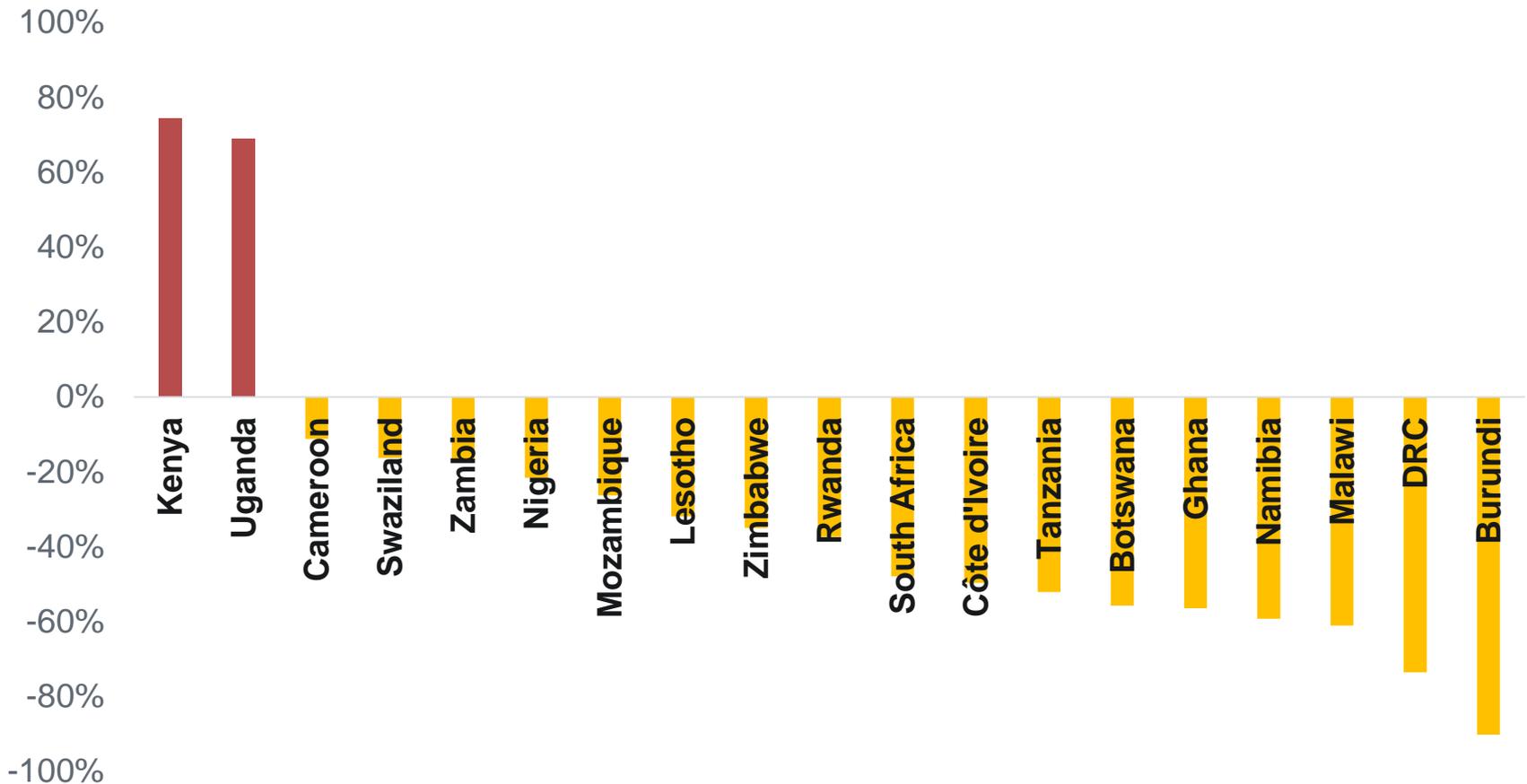
# Percent change in new **pediatric** HIV infections (2000 – 2015)

Percent change in number of new pediatric HIV infections  
(2000 - 2015)



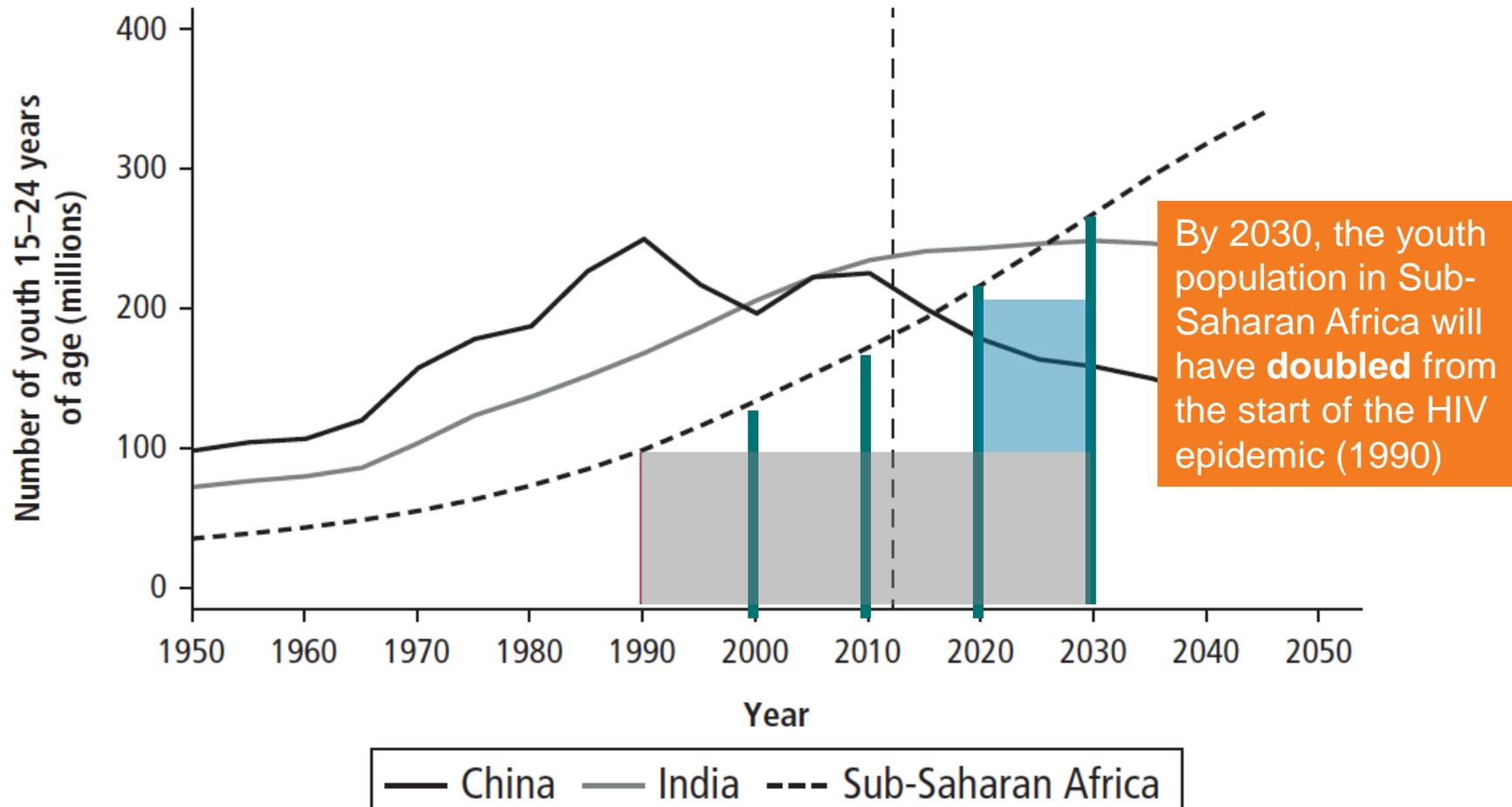
# Percent change in new adult HIV infections (2000 – 2015)

Percent Change in New Adult HIV Infections (2000 - 2015)



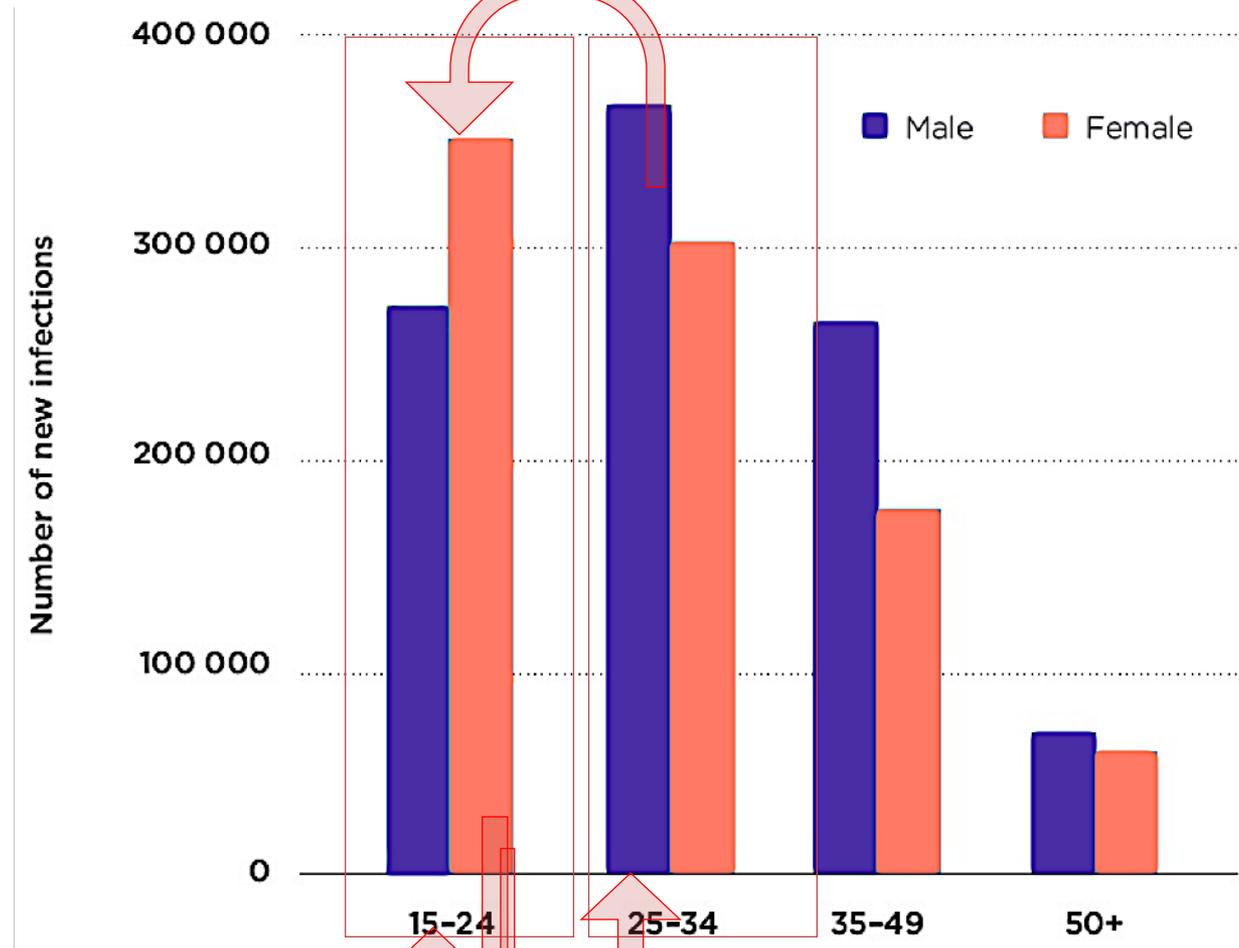
# Youth Bulge in Sub-Saharan Africa: Larger than in China and India, with double the number of 15-24 youth compared the start of the epidemic

**Figure 4.9** Projected Growth of Youth Population 15–24 Years of Age in Sub-Saharan Africa, China, and India, 1950–2050



# Age-Gender Disparity in New HIV Infections Globally, 2014: Example from South Africa

780,000  
new infections  
primarily  
driven  
by infection of  
young women

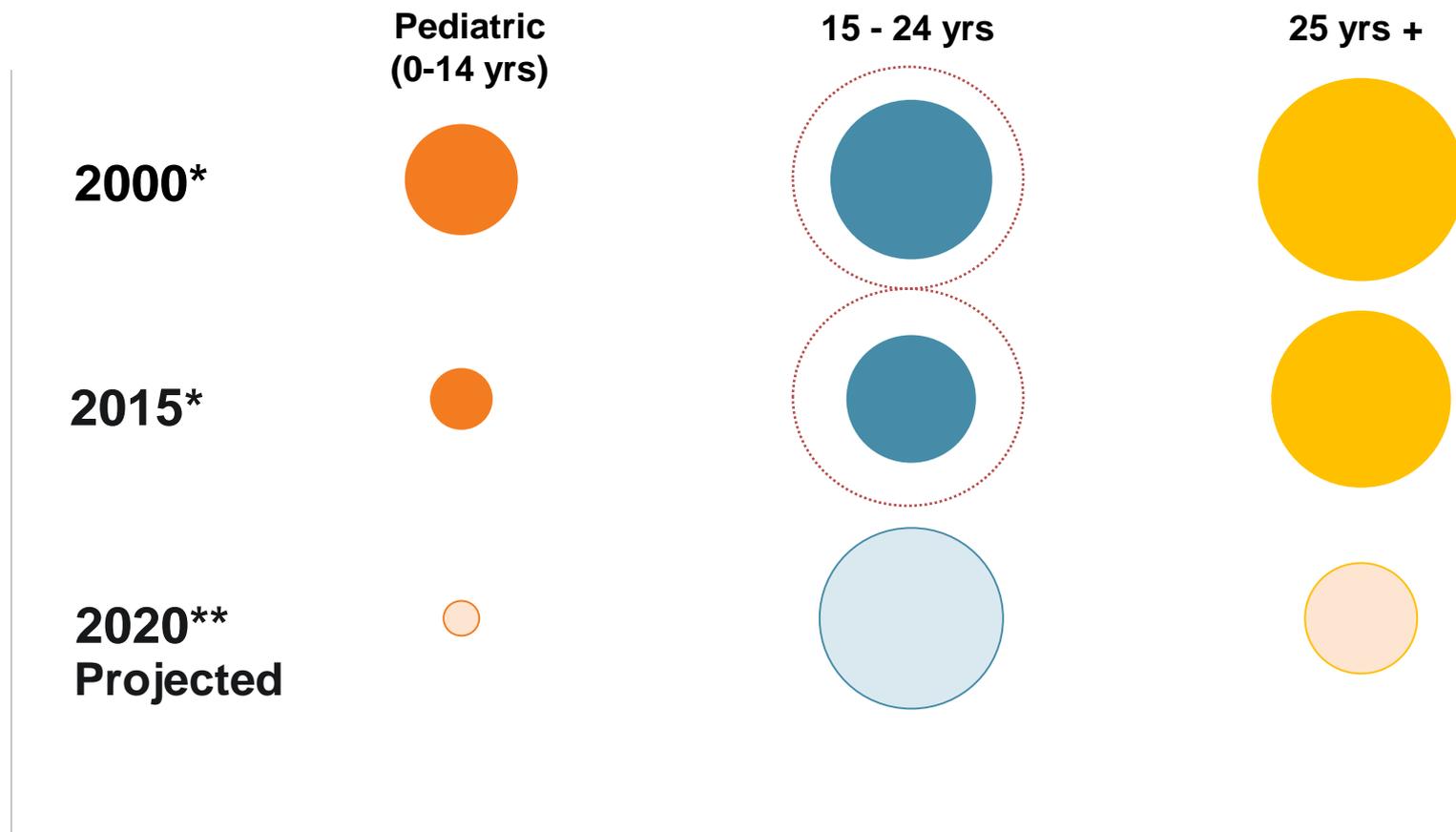


Source: UNAIDS 2014 estimates.

# Disproportionate Success by Age Group

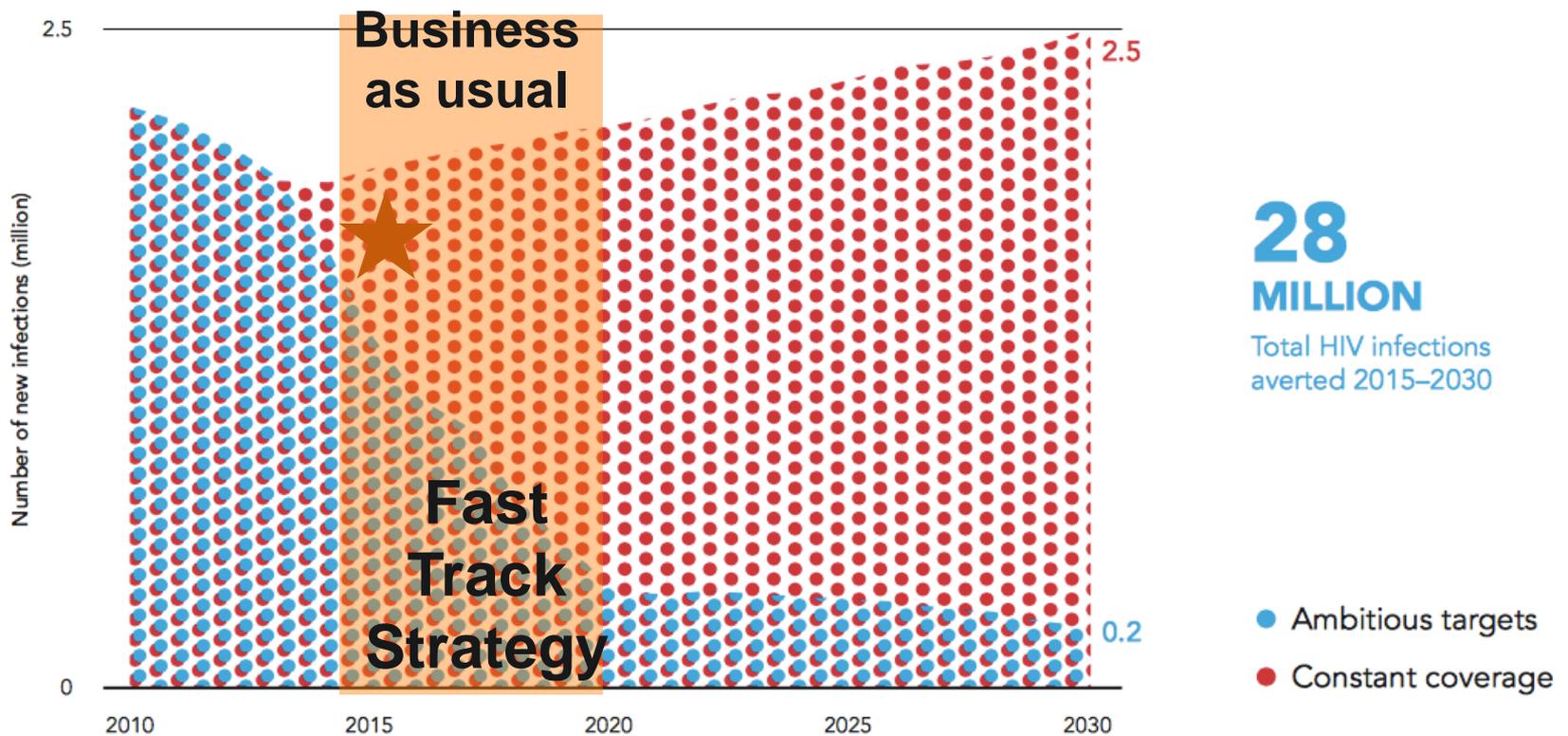
In Reducing New HIV Infections Over the Course of the Response

## New HIV Infections by Population and Year



Sources: \* UNAIDS AIDS info Online Database, 2016; \*\* 15-24 yrs age group projected based on Africa Development Forum / World Bank 2015, "Africa's Demographic Transition: Dividend or Disaster?"

# We have a **5**-YEAR WINDOW



# 2

## Preventing New Infections: DREAMS and VMMC

Young women and girls  
account for

75%

of new HIV infections  
among adolescents in sub-Saharan  
Africa

**This must change.**



# The DREAMS Partnership

- Launched on World AIDS Day 2014 for 10 countries
- Initial \$385 million partnership
  - 2014 Launch Partners: PEPFAR, Bill & Melinda Gates Foundation, and Girl Effect
  - In 2015 we added Johnson & Johnson, ViiV Healthcare, and Gilead Sciences
- DREAMS countries received additional funding requests to scale up VMMC and treatment for men in DREAMS districts
- Innovation Challenge Fund winners announced in July 2016
  - 800 ideas, 56 winners (60% small CBOs)
  - Additional information at: <http://www.dreamspartnerhip.org/winners>

DREAMS is a \$385 million partnership to help girls develop into women that are:

**Determined**  
**Resilient**  
**Empowered**  
**AIDS-Free**  
**Mentored**  
**Safe**

## Core Package of Interventions

1

### Empower Girls and Young Women

Interventions for this population aim to empower girls and to reduce their risk for HIV and violence.

2

### Reduce Risk of Sex Partners

This activity aims to characterize “typical” sexual partners of adolescent girls and young women in order to target highly effective HIV interventions.

3

### Strengthen Families

Interventions for this population aim to strengthen the family economically, as well as in their ability to parent positively.

4

### Mobilize Communities for Change

These interventions aim to educate girls, young women, and young men, as well as mobilize communities.

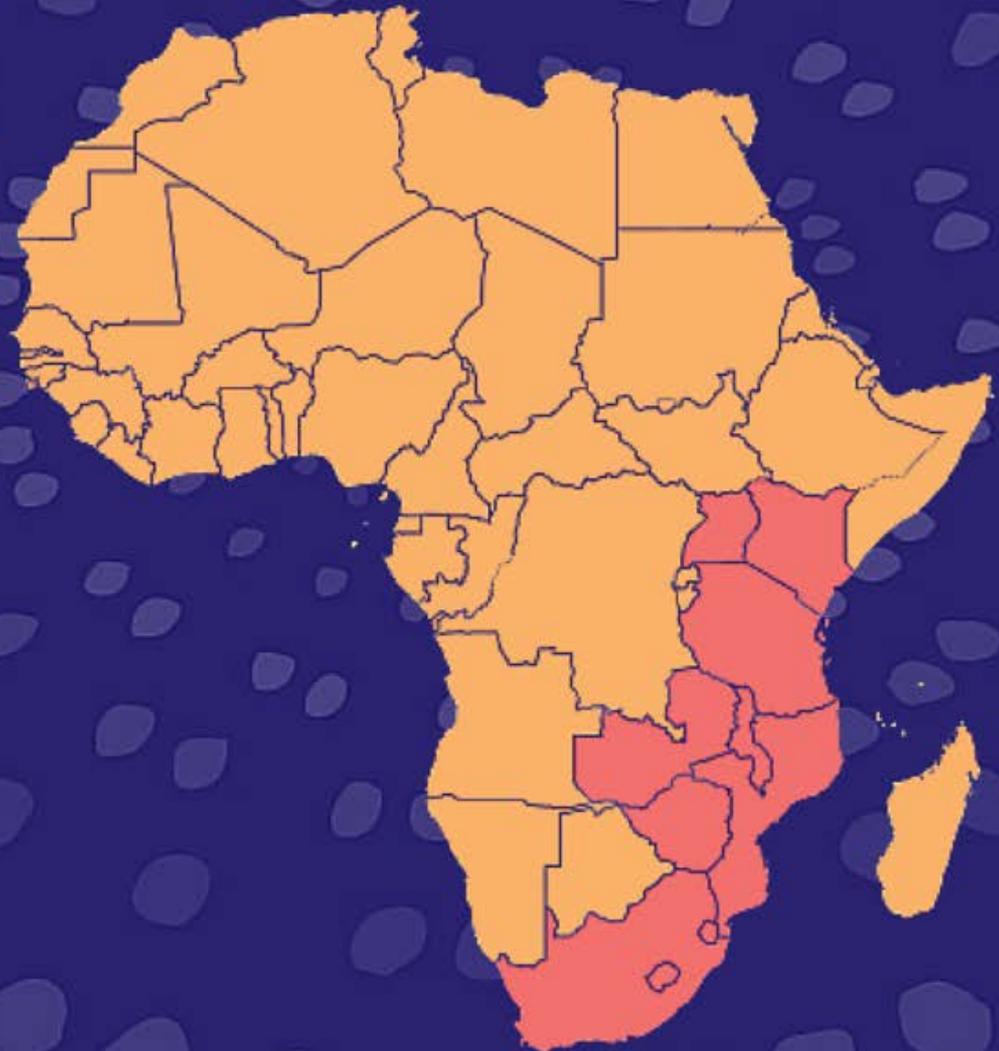


# DREAMS

# COUNTRIES

Solutions must be ready for rapid implementation in one or more of the 10 DREAMS countries

-  Kenya
-  Lesotho
-  Malawi
-  Mozambique
-  South Africa
-  Swaziland
-  Tanzania
-  Uganda
-  Zambia
-  Zimbabwe



**Determined**

**Resilient**

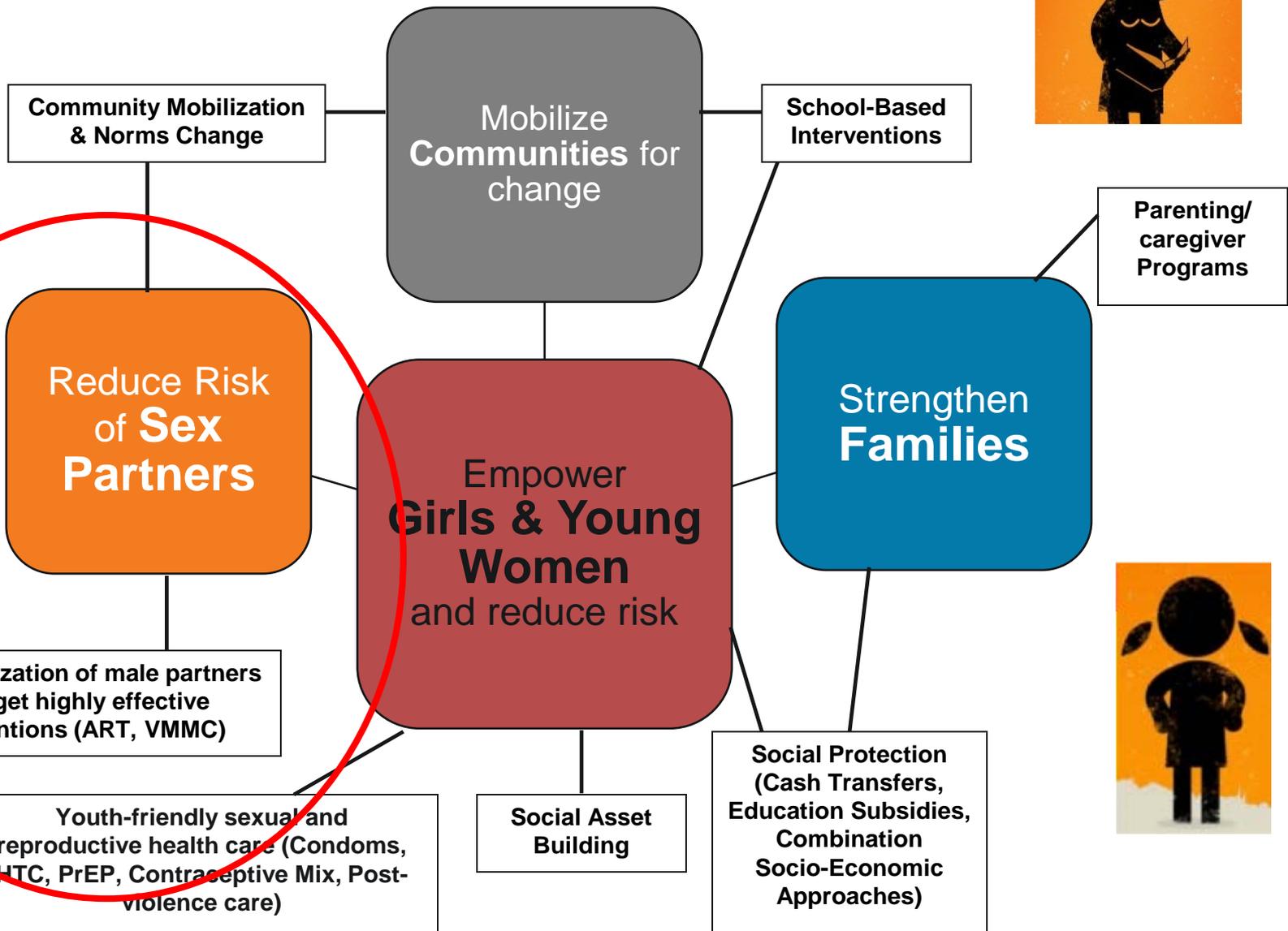
**Empowered**

**AIDS-Free**

**Mentored**

**Safe**

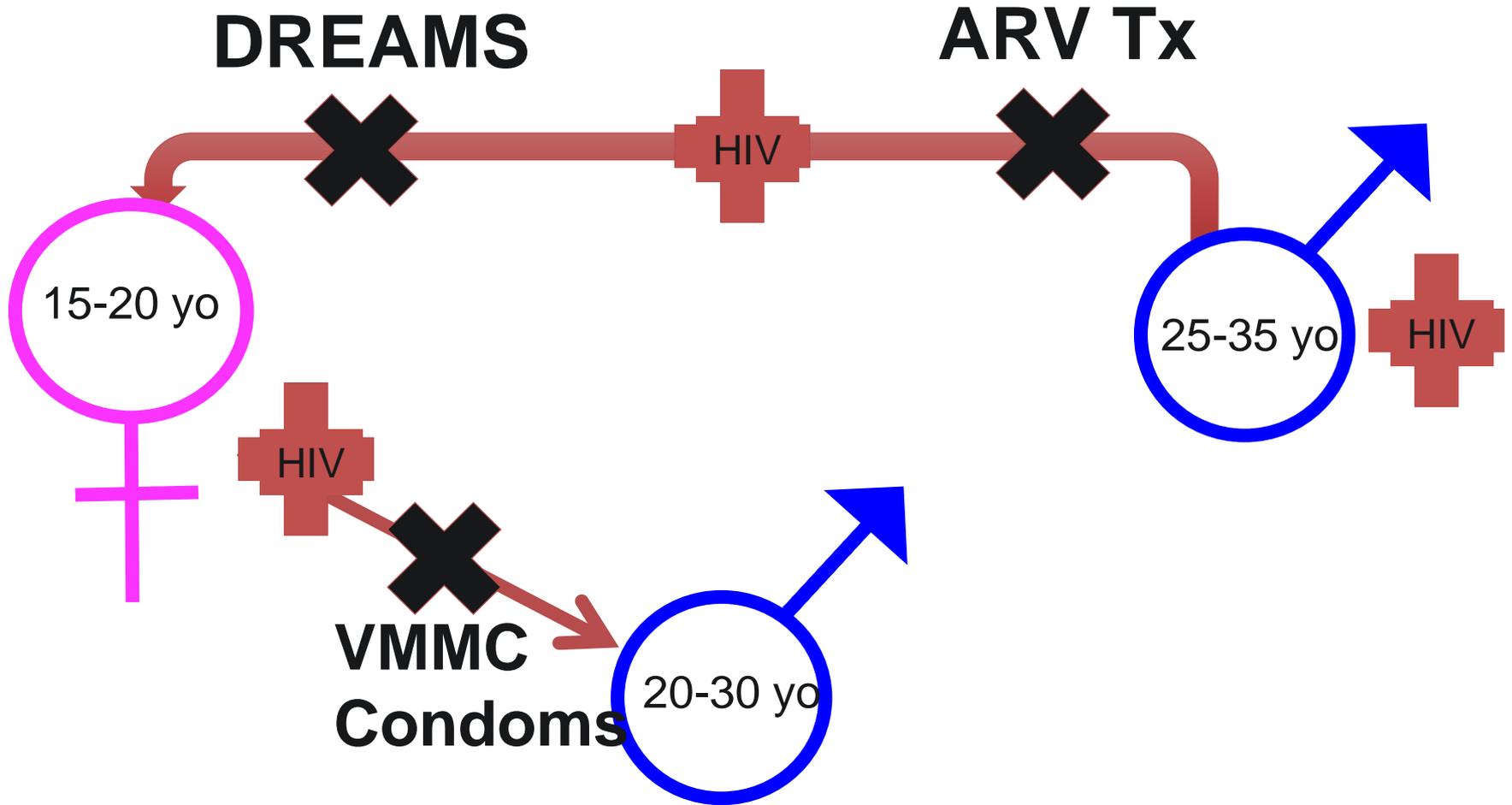
# The DREAMS Core Package



Parenting/  
caregiver  
Programs



# Addressing the HIV Lifecycle in Sub-Saharan Africa





# Education reduces risk of HIV acquisition



Study in Botswana compared young women and men completing 9 versus 10 years of education

**One additional year of education for adolescents can reduce HIV acquisition before age 32 by one third**

The protective effect of education is **even stronger among young women** – risk of HIV acquisition was cut nearly in half



Source: De Neve et al., *The Lancet*, 2015



Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

DREAMS

INNOVATION

CHALLENGE

Innovating for an  
AIDS-free future for  
girls and women



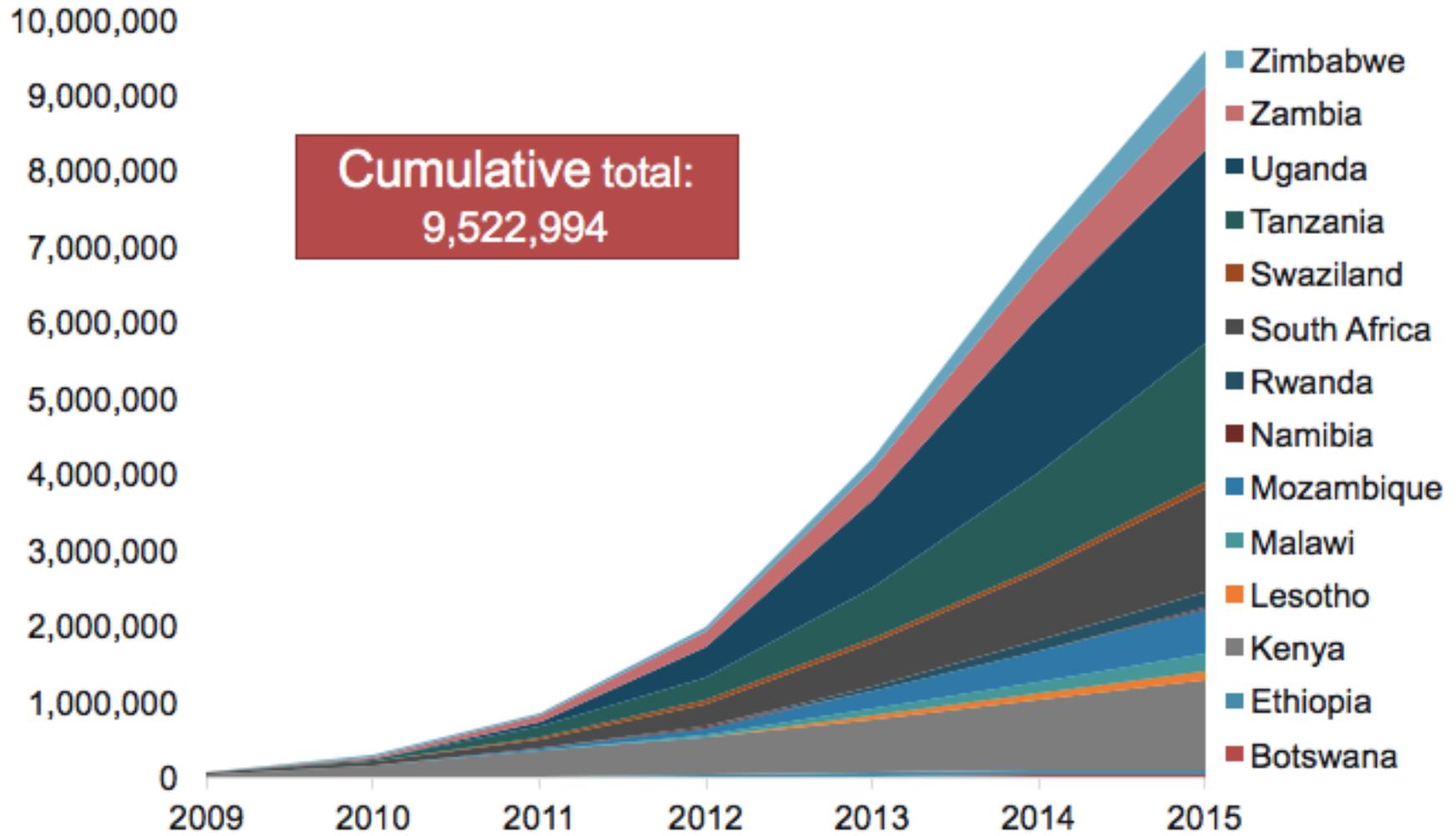
BILL & MELINDA  
GATES foundation

GirlEffect

Johnson & Johnson



# PEPFAR-Supported Voluntary Medical Male Circumcisions, 2009-2015



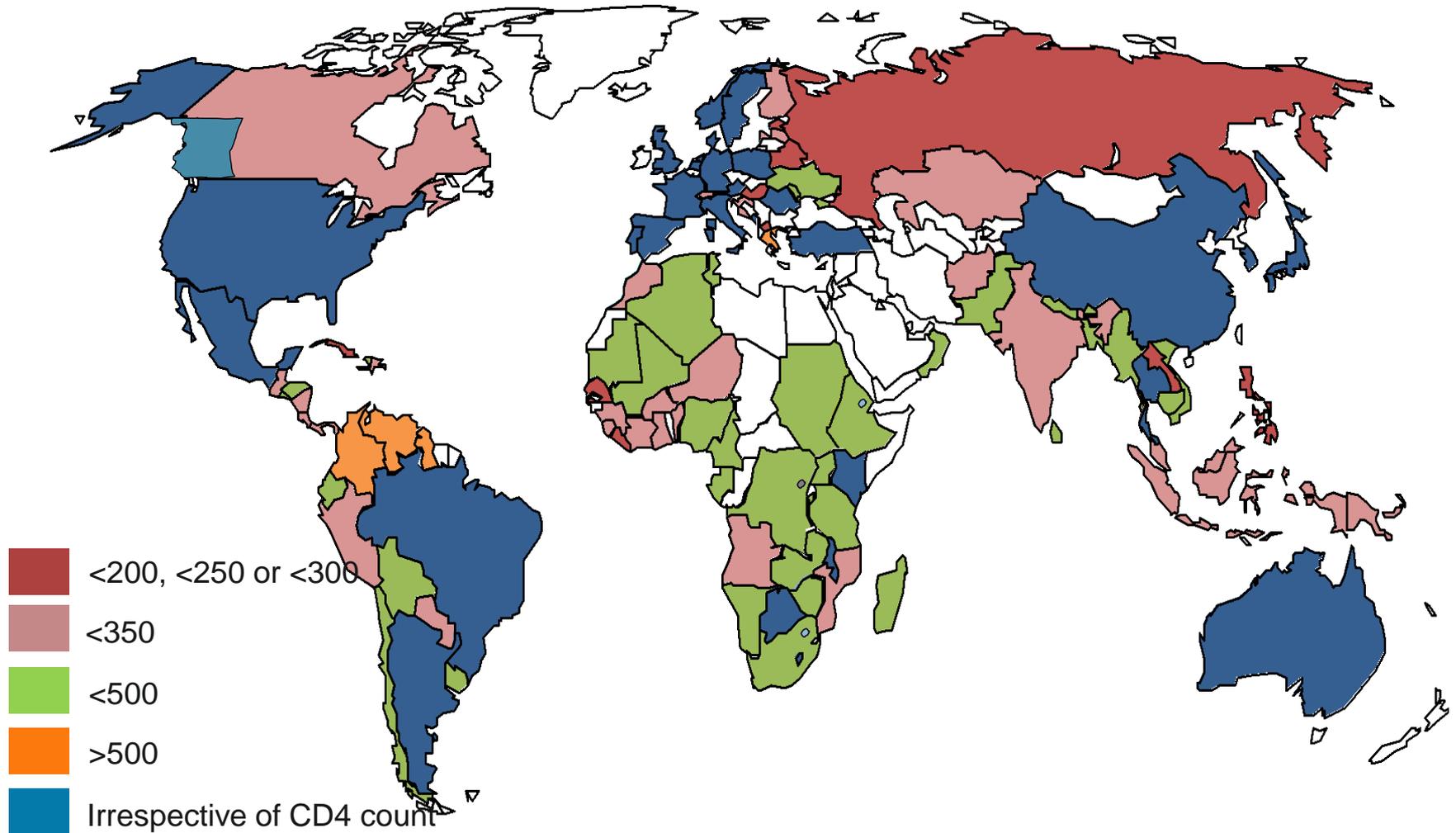
# 3

## Test & Start for ART

**Translating science into policy & practice**

# ART initiation policy: 2015

2015 WHO Recommendation: Irrespective of CD4 count



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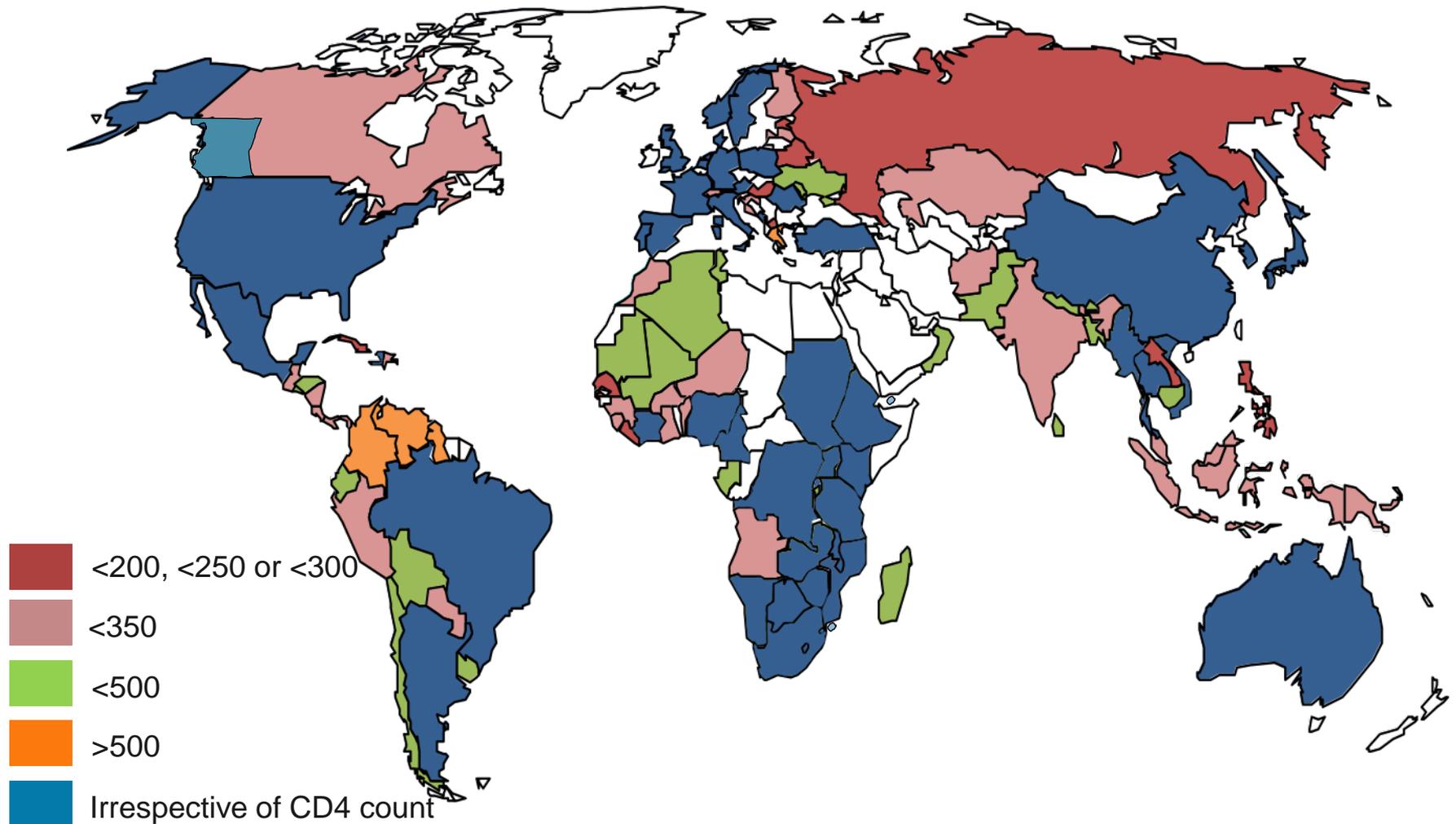
Source: IAPAC; published policy, 2015

**IAPAC**  
INTERNATIONAL ASSOCIATION  
OF PROVIDERS OF AIDS CARE

PEPFAR

# ART initiation policy: 2016

2015 WHO Recommendation: Irrespective of CD4 count



- <200, <250 or <300
- <350
- <500
- >500
- Irrespective of CD4 count

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Source: Published policy, September 2016

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Without lifesaving antiretroviral therapy for HIV-infected children, 50% will die before their 2<sup>nd</sup> birthday.

**80% will die before age 5.**

# ACT Results, 2015

PEPFAR is supporting

**489,000 children** with life-saving antiretroviral treatment in the ACT countries up from 300,000 just 12 months, 189,000 additional children on treatment and lives saved due to ACT

PEPFAR has **more than doubled** HIV testing for children during the first year of ACT to 4.3 million in 2015.

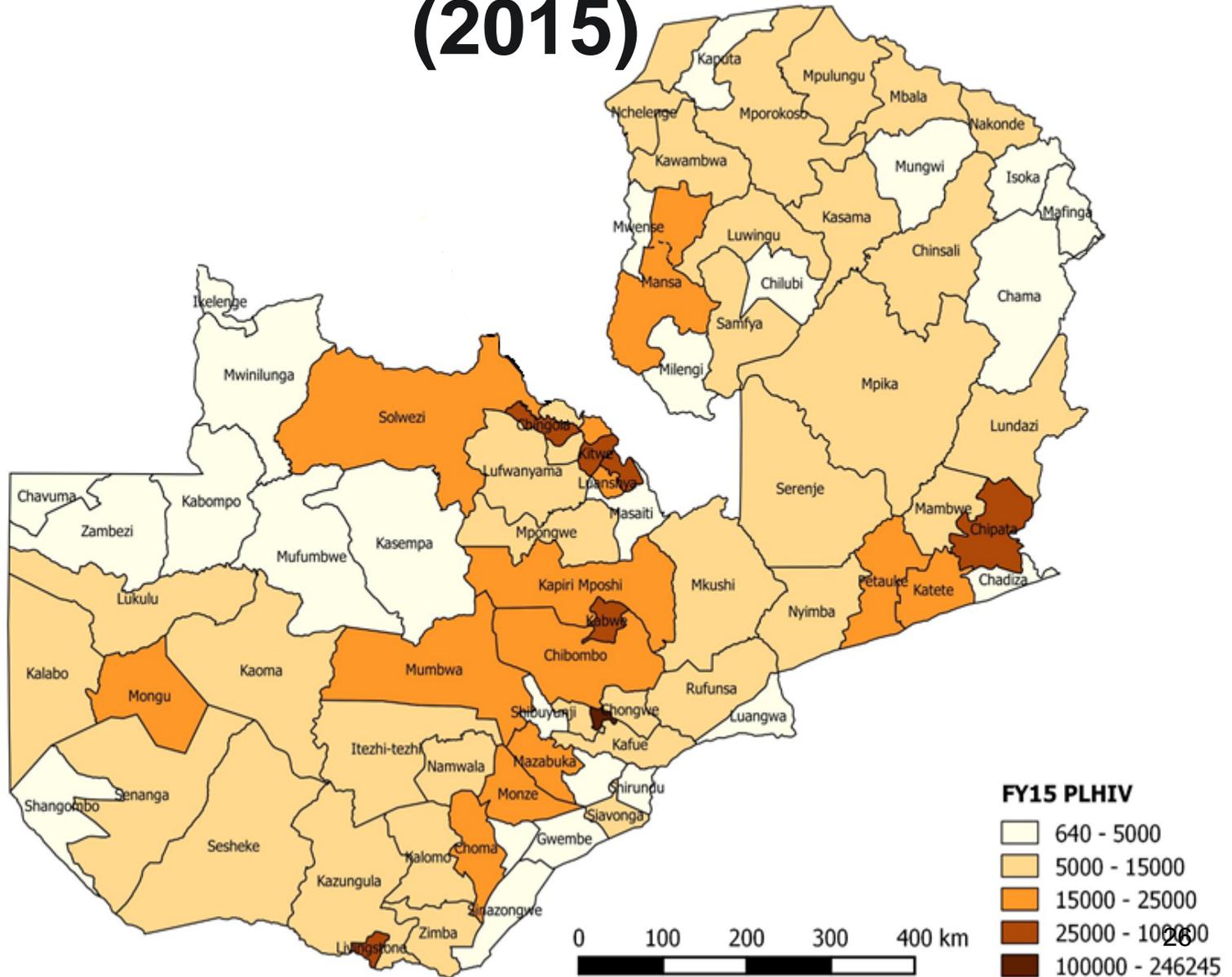


Source: PEPFAR, 2015



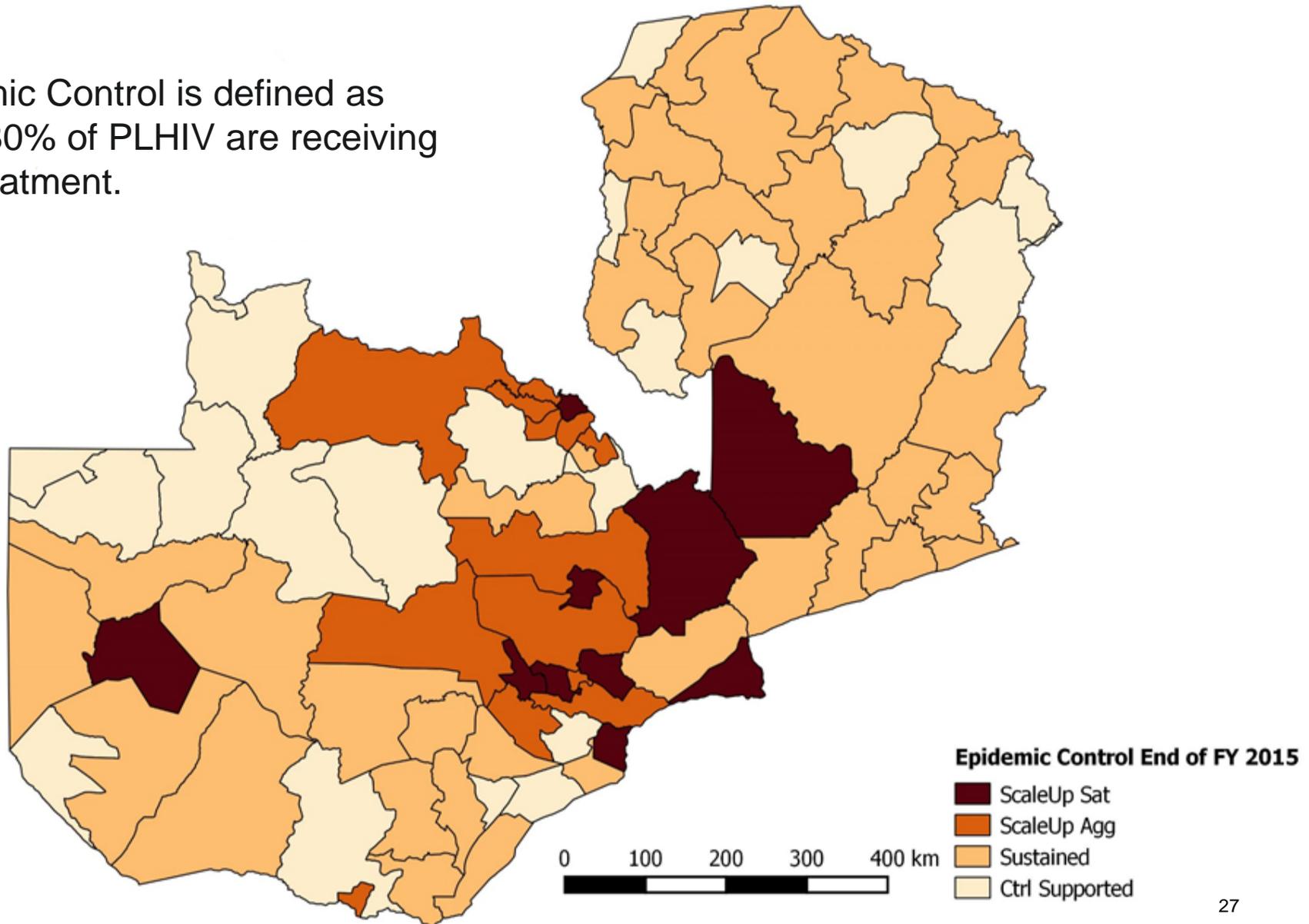
# Epidemic control: Zambia

# PLHIV Burden In Zambia (2015)



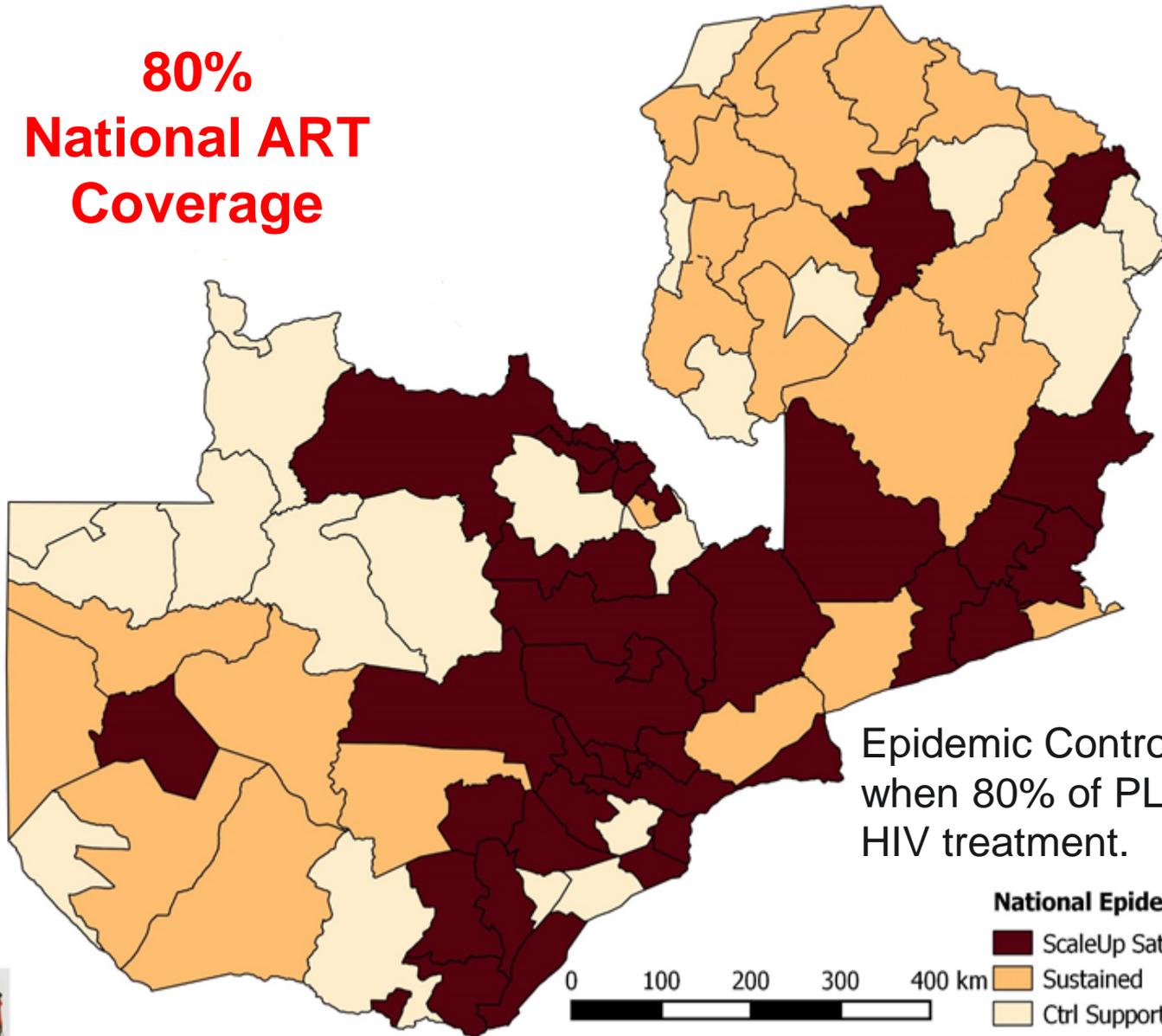
# Epidemic Control End of FY 2015

Epidemic Control is defined as when 80% of PLHIV are receiving HIV treatment.



# National Epidemic Control End of FY 2017

**80%  
National ART  
Coverage**



# Success is possible

Countries with saturation of VMMC and 90/90 by WAD 2017

## Circumcision

South Africa

Kenya

Uganda

## 90/90 for Treatment

Swaziland

Uganda

Zambia

Rwanda

Botswana

Namibia

Malawi

# 4

## Civil Society, Human Rights & Key Populations

# The World Was Slow to Recognize the AIDS Crisis



# Advocates Driving the US HIV/AIDS Response

## Advocates Demanded Change in US Domestic Response

- 1982: **Gay Men's Health Crisis** (GHMC) founded as first organized response to AIDS.
- 1988: **ACT UP (AIDS Coalition to Unleash Power)** demand FDA accelerate AIDS drug approval
- 1990: **ACT UP** protests at NIH demanding more HIV treatments and the expansion of clinical trials to include more women and people of color
- 1999: **Black AIDS Institute** founded to address the epidemic in communities of color
- 2006: **MSM Global Forum** – Expertise, Empathy, Evidence



# Advocates Driving the Global HIV/AIDS Response

- 1983: **Brazilian civil society** successfully pushed government to adopt first national AIDS program
- 1987: **AIDS Support Organization in Uganda** developed model for community-based care & launched concept of “living positively”
- 1992: first global networks of people living with HIV are established for global action: **GNP+ and ICW**
- 2003: PMTCT & treatment roll-out in **South Africa** would have been delayed or non-existent if not for the **Treatment Action Campaign & AIDS Law Project**



# Civil Society Plays Critical Role in HIV Response

- We would not have a global HIV response if not for civil society groups that demanded it
- People living with HIV should play a meaningful role in shaping HIV programs & have powerful voices within their countries
- Support from donors has been inadequate
- We can all do more to support efforts of networks of PLHIV and civil society groups

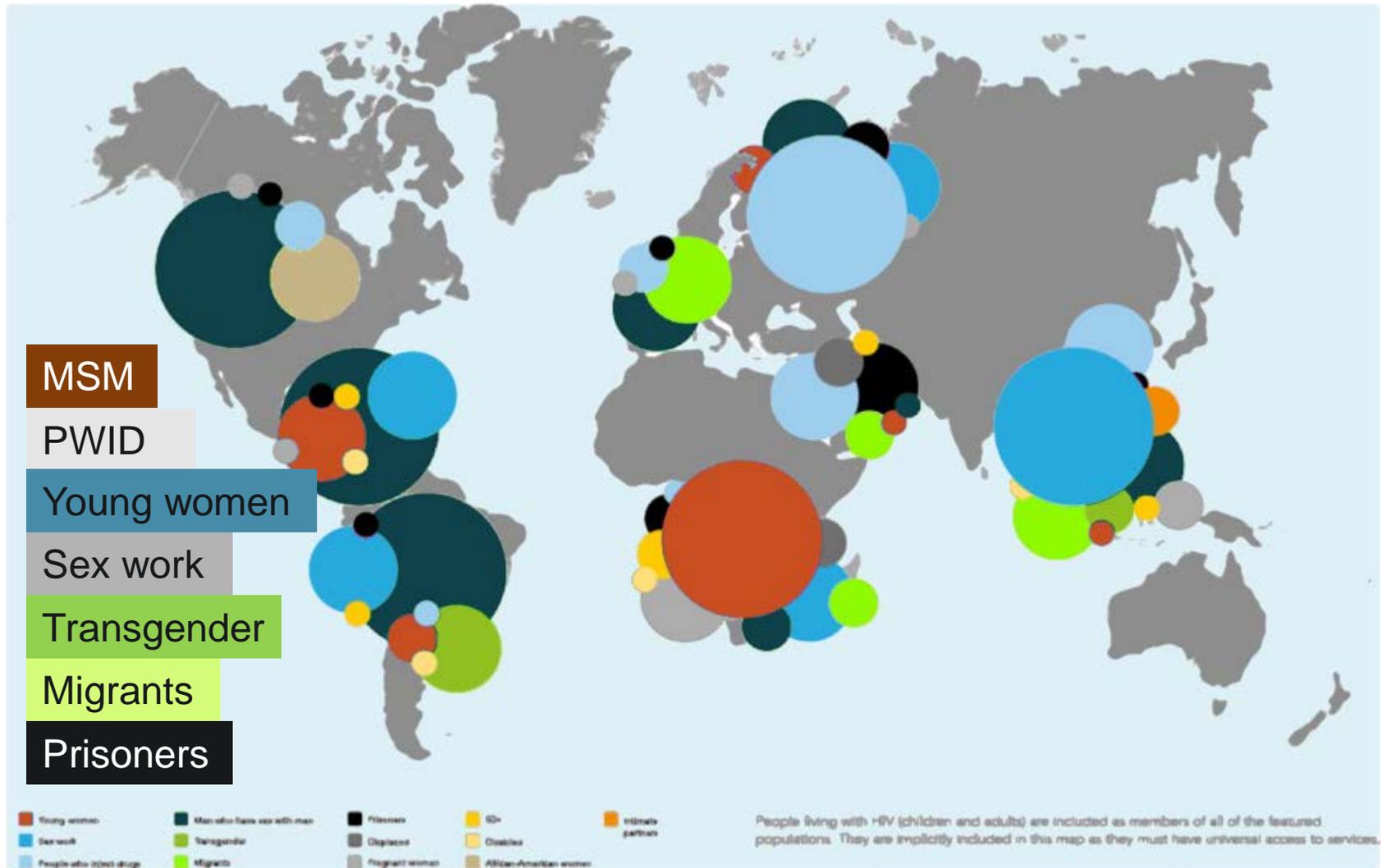
# Engaging Civil Society in PEPFAR

- Civil Society is actively engaged in **quarterly PEPFAR Oversight and Accountability Response Team (POART) meetings**; country teams are charged with soliciting input and providing feedback to CSOs on quarterly data and POART meetings
- PEPFAR HQ conducted **regional webinars**, in conjunction with UNAIDS, to outline **COP 16 guidance**, solicit input on the draft guidance, and highlight best practices in CSO engagement
- Most PEPFAR country teams debriefed community and CSOs on outcomes of DC Management Meeting and proposed changes from COP15 Strategic Development Summary (SDS), including goals, budgets, targets, and current performance

# Engaging Civil Society in PEPFAR

- Most country teams shared draft SDS ahead of regional in-person COP review meetings, solicited written feedback from Civil Society and provided responses in a timely manner
- Country and international **CSO representatives participated in in-person COP review meetings** and provided critical input into COP designs that resulted in changes to planning
- PEPFAR **HQ conducts quarterly meetings with US-based CSOs** to review engagement processes, solicit feedback, and provide updates

# Key Populations Vary by Location



# Announcing: Key Populations Investment Fund

## PEPFAR launched \$100M Key Populations Investment Fund at the UN High Level Meeting in June, 2016

- Supports multi-year and comprehensive approaches with **direct funding to key population-led community based organizations** to develop and improve their capacity for sustainable HIV responses at the local level **driven by data** and accountability.
- Supports innovative, tailored, **community-led approaches** to address critical issues and gaps that exist for key populations in the HIV/AIDS response
- PEPFAR is committed to **engaging civil society in planning and implementation** of the Investment Fund

# Strengthening Civil Society, including FBOs

- PEPFAR has committed **\$10 million to the Robert Carr Civil Society Networks Fund** over the next three years to build the capacity of civil society
- \$4 million two-year initiative PEPFAR/UNAIDS faith initiative
- PEPFAR & Elton John AIDS Foundation have committed \$10 million to support key population advocacy
- \$85 million DREAMS Innovation Challenge





# 5

# SUMMARY

# Need for Continuous Assessment of The Epidemic in Real Time

- Use of HIV rapid recency test in antenatal clinic settings for real-time identification and public health response of new HIV infections
- Rapid interim utilization of PHIA survey data as it maybe regionally applicable and extend beyond the specific country to provide critical insights
  - Treatment coverage and viral suppression in the <30yrs is most likely less than 25% with status awareness less than 50%
- Improved partner performance using quarterly data and cost analysis

# Going forward

- It is not enough to know there are areas of higher transmission but need to understand the primary transmission zone by age group
- More aggressive prevention for young women 15-19 utilizing any successful elements out of the DREAMS districts and expansion of PrEP in the highest transmission zones
- Continued expansion of VMMC
  - Expanding to under age 14 in high performing countries
  - Consider PrEP for men found to be negative in the 20-30 age range in high transmission zones and ensure all men under 30 have been tested

# Human rights remain central to a successful HIV response

- History has shown that both in the US and globally, we cannot fight the HIV/AIDS epidemic without prioritizing protection of basic human rights for all.
- Key populations including sex workers, men who have sex with men, people who inject drugs, and prisoners tend to be particularly vulnerable to human rights abuses and **we must work together to protect and promote rights for all people.**

# Our work is far from done.



Over 2,000 children died this week from HIV

Over 19,200 adults died this week from HIV

Over 2,800 babies were infected with HIV

Over 37,000 adults were infected with HIV, of which more than 7,500 were young women



# Thank You!

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PEPFAR Dashboards  
Using Data for Decision Making



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