History of the Global HIV/AIDS Epidemic and the drivers of the global response
Driving the HIV/AIDS Response

- Advocates & Civil Society
- Leaders in Scientific Research
- Policy Makers & Gov’t Leaders
Advocates Driving the US HIV/AIDS Response

From Day 1, advocacy groups mobilized, organized, and demanded change

- 1988: ACT UP (AIDS Coalition to Unleash Power) demands FDA accelerate AIDS drug approval process
- 1990: ACT UP protests at NIH demanding more HIV treatments and the expansion of clinical trials to include more women and people of color
- 1991: Black Coalition on AIDS begins providing services targeted to people of color in San Francisco
Scientific Progress in the Fight Against AIDS

Critical AZT study in 1989
Combination HAART 1996
Vaccine research: Thai Trial
Treatment as prevention (HPTN 052, 2011)
PrEP
2011: Malawi develops Option B+
Voluntary medical male circumcision
2015: WHO guidelines recommend treatment for all
Political leaders working across the aisle in the fight against HIV/AIDS

Major HIV/AIDS U.S. domestic legislation passed, including:

- Ryan White Care Act
- ADAP
- Travel ban lifted
- HOPE Act in 2013 (PLHIV eligible for organ donations)
The World Was Slow to Recognize Global AIDS Crisis
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
Political leaders working across the aisle in the global fight against HIV/AIDS

- Durban 2000 – Nelson Mandela
- Congressional Black Caucus
- Frist/Kerry
- Global Fund
- PEPFAR (I, II, III)
PEPFAR is Born, 2003 State of the Union Address

- President George W. Bush announced PEPFAR to combat global HIV/AIDS
- First 5-year, $15 billion legislation approved with strong bipartisan support
- PEPFAR is the largest international health initiative in history to fight a single disease
The HIV epidemic today

Great Progress in Location and need more attention on Populations

Source: UNAIDS, 2016; Nigeria data under revision

Source: UNAIDS, 2016; Nigeria data under revision
Estimated Number of New HIV Infections and AIDS Deaths by Year

Kenya

2000
39,000 New Pediatric
41,000 New Adult (.33)

2015
6000 New Pediatric
71,000 New Adult (.35)

Number of New Adult (15+) HIV Infections in Kenya by Province (1990-2015)

Source: UNAIDS, 2016
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

By 2030, the youth population in Sub-Saharan Africa will have doubled from the start of the HIV epidemic (1990)

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 in Epidemic Control by Age Group

New HIV Infections by Population and Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Pediatric (0-14 yrs)</th>
<th>15 - 24 yrs</th>
<th>25 yrs +</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Projected

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?”
HIV Lifecycle in SSA: Matching Core Intervention with Population for Maximal Impact

DREAMS
Structural and PrEP

ARV Tx

15-20 yo

20-30 yo

25-35 yo

VMMC
Condoms
PrEP
Comparing lessons learned from the Global & Domestic Epidemics: Social Determinates of health
PEPFAR & the Sustainable Development Goals

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals

THE GLOBAL GOALS
For Sustainable Development
Los Angeles
HIV prevalence vs median income, Los Angeles, 2012

HIV prevalence vs high school education
Los Angeles County, 2012
Wealth & health disparities: Antenatal care

Nigeria: Antenatal Care
Percent of women giving birth who received antenatal care
By wealth quintile, 2013

Wealth & health disparities: Place of delivery

Nigeria: Percent of births occurring at a health facility
By wealth quintile, 2013

Wealth & health disparities: Infant mortality

Nigeria: Infant Mortality Rate (per 1,000) By wealth quintile, 2013

Wealth & health disparities: Measles vaccination

Nigeria: Percent of children with measles vaccination
By wealth quintile, 2013

4

Preventing New Infections in Girls and Young Women: DREAMS and VMMC
Young women and girls account for 75% of new HIV infections among adolescents in sub-Saharan Africa. This must change.
DREAMS Programming

STRENGTHEN THE FAMILY
- Parenting/Caregiver Programs
- Cash Transfers
- Education Subsidy
- Socioeconomic Approaches

MOBILIZE COMMUNITY FOR CHANGE
- School-Based HIV & Violence Prevention
- Community Mobilization & Norms Change

EMPOWER AGYW & REDUCE RISK
- Condom Promotion & Provision
- HIV Testing & Counseling
- PrEP
- Post-Violence Care
- Increased Contraceptive Method Mix
- Social Asset Building

Pie chart showing:
- Mobilize the Community for Change 26%
- Strengthen the Family 18%
- Empower AGYW & Reduce Their Risk 55%
- 11% of total funding
- 15% of total funding
- 6% of total funding
1 in 3 girls in the developing world are married before age 18

Data for Zimbabwe only available for 18-24 year old female respondents.

Percentage of 13-24 Year Old Female Respondents Who Reported First Sex as Forced/Coerced - RAPE

Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage experienced force sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>15.8%</td>
</tr>
<tr>
<td>Haiti</td>
<td>23.3%</td>
</tr>
<tr>
<td>Kenya</td>
<td>22.0%</td>
</tr>
<tr>
<td>Malawi</td>
<td>38.4%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>24.3%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>54.4%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>32.8%</td>
</tr>
<tr>
<td>Zambia</td>
<td>27.2%</td>
</tr>
<tr>
<td>Zimbabwe*</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

*Data for Zimbabwe only available for 18-24 year old female respondents.

Source: VACS, 2016
Community Mobilization & Norms Change and Post Violence Care in DREAMS districts

The DREAMS core package required countries to use evidence based programs to increase community mobilization and post violence care. Both interventions are key to adolescent girls and young women remaining HIV free.

In the 10 DREAMS countries PEPFAR is supporting over $11 million in community mobilization and norms change activities targeting over 728,000 adolescent girls and young women.

DREAMS is supporting $10.5 million in post violence care and expecting to serve over 132,000 AGYW.
A global campaign to raise awareness about the importance of comprehensive post-rape care

PEPFAR is joining with EHM to ensure that adolescent girls and young women are safe, and that they have access to quality post-rape care when they do experience sexual violence.
Key Populations: A focus on Human Rights, Violence and Marginalization
Key Populations: high HIV prevalence and highly stigmatized

Key populations supported by PEPFAR include:

- Sex workers (SW),
- People who inject drugs (and other people who use drugs) (PWID),
- Men who have sex with men (MSM),
- Transgender persons, and
- People in prisons and other closed settings
Key Populations Vary by Location

MSM
PWID
Young
Sex
Transgen
Migrant
Prisoner

People living with HIV (children and adults) are included as members of all of the featured populations. They are implicitly included in this map as they must have universal access to services.
HIV prevalence among gay men and other men who have sex with men
Sub-Saharan Africa, 2011–2014

Source: UNAIDS, 2014
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

Source: WHO, 2014
Stigma among health facility and social services staff towards key populations in Jamaica

- FHI360/USAID/PEPFAR study done in 2012
- HIV Stigma Scale
- Data collected in 3 locations
  - Kingston, Ocho Rios and Montego Bay

Source: PEPFAR and FHI360, 2012
Enacted Stigma in Jamaica – Reported by Health Care Staff

- Refused health care services
- Status (HIV, MSM, SW) gossipied about by health care...
- HIV tested without consent
- Assigned by senior provider to junior provider
- Received less care than other patients

Source: FHI360 & PEPFAR, 2012
Male & Female Sex Worker Experiences with Health Services and Programs (Last Six Months)

- Examination was hurried
- Given poorer quality health services
- Denied health services
- Gossiped about when participating in health program/activity
- Gossiped about when seeking health care services

Source: PEPFAR & FHI360, 2012
Criminalization, Protection, & Recognition of Sexual Orientation

Source: ILGA, 2016

73 countries criminalize homosexuality
## 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
Tanzania threatens to ban groups supporting gay rights

By Kizito Makoye

DAR ES SALAAM (Thomson Reuters Foundation) - Tanzania on Thursday threatened to ban groups that “promote” the rights of lesbian, gay, bisexual and intersex (LGBTI) people in the first public statement against the minority group.

Gay sex is illegal in Tanzania and punishable by up to 30 years in prison.

The East African country has a reputation for being more tolerant than its neighbor Uganda but recent comments attacking LGBTI rights and condemnation from activists.

In a statement late on Wednesday, the deputy minister for social development and gender, Hamisi Kigwangala, said the government would "take actions to protect the interests of the people of Tanzania by acting against the promotion of immoral practices which are contrary to our traditional values seriously and would "always protect the interests of the majority of people of Tanzania.""

PEPFAR’S Investment & Task Force on Stigma & Discrimination
PEPFAR Task Force on Stigma & Discrimination

Task Force Objective: Develop a PEPFAR strategy/framework for addressing Stigma and Discrimination

Task Force Members:
- PEPFAR: Cornelius Baker, Matt Ferner
- USAID: Noah Metheny
- CDC: Evelyn Rodriguez
- NIH: Gregory Greenwood
- HRSA: Harold Phillips
- DOD: Vienna Nightingale
- Peace Corps: Hannah Gardi
- 6 Ex-Officio members from OGAC

Survey conducted by task force members, Apr – June 2016
- 19 distinct S&D activities funded
- 8 Peace Corps not funded
- Activities carried out in over 20 countries
Key Populations Investment Fund: Addressing Specific Barriers

In order to ensure nobody is left behind, we must address the lack of:

• Acceptance of human rights of all persons, without distinction;

• Systematic and rigorous measurement and monitoring of stigma and discrimination and clear actions to mitigate;

• Access to quality services for key populations;

• Availability of disaggregated data by key populations; and

• Focus on improving the capacity of key populations-led community based organizations not only to advocate for changes in policies but also directly implement services.
Strengthening Civil Society, including FBOs to address stigma and discrimination

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.

Two-year $4M initiative PEPFAR/UNAIDS faith initiative

PEPFAR with the Elton John AIDS Funds has committed $10 million to support key population advocacy.

DREAMS innovation Challenge Fund $85M
Stigma & Discrimination Activities

Total Activities

- Training/TA: 32
- Measurement tool: 4
- Review/Environmental Scan: 2
- Best practices: 1
- Organizational capacity building: 4
Stigma & Discrimination Funding - HOP

• Qualifiers
  • Rough estimation of funding - Often S&D is a component of larger activities
  • Includes funding FY10-FY16, but primarily based on funding 2015-2016

Total Funding by Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID</td>
<td>9104000</td>
</tr>
<tr>
<td>CDC</td>
<td>2443965</td>
</tr>
<tr>
<td>HRSA</td>
<td>1446880</td>
</tr>
</tbody>
</table>

Total = $12,994,846
Gender and Sexual Diversity Training (GSD) - Training for PEPFAR staff and implementing partners on sexual orientation, gender identity, and diversity
  – Developed by USG interagency and TWGs

Healthcare worker sensitization training program, focusing on non-stigmatizing and non-discriminatory communication with commercial sex worker clients
  • Timeline and location: COP15; Zambia
PLHIV Stigma Index

Tool used to detect experienced discrimination by PLHIV

- Partnership with UNAIDS, ICW, GNP+
- USG resources currently cannot be used to fund implementation of index
  - Project SOAR leading revision of Index
  - Timeline: 2015 – 2017
Illustrative Activities – Review/Environmental Scan

Review of HRH, programmatic, legal, and policy interventions to reduce S&D in health facilities

- Environmental scan of PEPFAR country IP interventions for eliminating S&D
- Best practice guide for PEPFAR S&D programming
- Timeline: 2016-2017

Study of the structural interventions to address stigma and increase resilience among men who have sex with men and sex workers

- Literature review and CBO capacity building activities
- Timeline and location: 2015 – 2016, Senegal
Ukraine – Peace Corps HIV Volunteer Committee is conducting organization capacity building to KP friendly organizations with a focus on S&D.
Summary
Addressing the complex factors driving stigma & discrimination

Identify  Measure  Change
Our work is far from done. This week:

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

Over 2,000 children died from HIV

Over 19,200 adults died from HIV
Thank You!