PEPFAR Priority Areas

Data for Impact:
Accelerating Toward Achieving 90-90-90 and Epidemic Control

December 2016
PEPFAR Activities and Impact

Data for Impact
Programming for impact requires monitoring for impact.

PEPFAR 3.0 has site-level quarterly monitoring of the full spectrum of indicators, from process to outcome to impact.

- Our programs and our partners are held to the highest standards
- We can identify and correct issues in underperforming programs in real time
Triangulation of Data for Impact

Analysis of program results, epidemiologic data and efficiencies

National investment profile and critical gaps to reach sustained epidemic control

Prevalence and # PLHIV

PEPFAR $$/PLHIV and Prevalence

Outlier Analysis

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

PEPFAR uses a variety of data inputs in its program planning:

- POART (Program Oversight and Accountability Response Team)
- MER (Monitoring, Evaluation and Reporting)
- SIMS (Site Improvement Through Monitoring System)
- Expenditure Analysis
- SID (Sustainability Index Dashboard)

This gives us the most clear picture of the epidemic, as well as allows PEPFAR teams to respond in close to real time to issues in country.
Smart Data-driven Program Decisions

Use of site level data for operational efficiency and program impact
Program Monitoring in Real Time

Real-time program monitoring by population and geography for real-time course correction.
SIMS: Site Improvement through Monitoring System

**Goal:** To increase the impact of PEPFAR programs by introducing a standardized approach to monitoring program quality and performance at PEPFAR-supported sites. Provide accountability of U.S. Government (USG) investments in HIV globally.

**Primary Objectives:**

1) Monitor our capacity to provide high-quality HIV/AIDS services in all PEPFAR supported program areas

2) Provide data for regional, national, and global programmatic decision making

3) Facilitate use of these data to improve services

**FY 2015 (36 Countries)**

Source: PEPFAR Program Data

- **Exceeds PEPFAR Standards**
- **Meets PEPFAR Standards**
- **Requires Remediation**
- **Requires Urgent Remediation**
PEPFAR takes its responsibility to be a good steward of American taxpayer dollars seriously, and it is with that in mind that we plan our global programming. In 2015, the World Health Organization released treatment guidelines that, once adopted, will have the greatest impact in achieving our 2020 and 2030 goals. We can make our limited resources twice as effective with respect to lives saved and infections averted if these changes are appropriately implemented. By altering service delivery patterns and expanding treatment eligibility, we will be able to reduce the number of infections and reduce treatment costs. This will also allow us to reduce the out-year costs of controlling the HIV/AIDS pandemic.

Expenditure Analysis

EA data allows for routine financial monitoring of PEPFAR portfolio, and expenditure data can be linked to routinely collected PEPFAR program data to calculate a unit expenditure. This is key to effectiveness and impact.

We can support 2 ART clients for the price of 1

Source: John Stover, 2016

Cost savings with 6 month ART refill policy

Cost: 1 visit/3 months | Cost: 1 visit/6 months | Cost savings

1st line ARVs: $40
Labs: $52
Service delivery: $72
Total 1st line ART: $173

EA data allows for routine financial monitoring of PEPFAR portfolio, and expenditure data can be linked to routinely collected PEPFAR program data to calculate a unit expenditure. This is key to effectiveness and impact.
Data on HIV incidence, viral suppression, prevalence, and other key elements are essential to evaluating progress toward the achievement of epidemic control.

In settings representing the highest burden of HIV, these data are often unavailable, not collected in sufficient detail or collected too infrequently to inform short-term program decisions.

Together with host country governments, PEPFAR and other stakeholders are working to improve the frequency and quality of key epidemiologic markers; however, implementing these studies and building surveillance systems requires time and substantial resources.

PEPFAR supports the implementation of country-led, population-based HIV Impact Assessments to measure HIV-relevant services uptake and health outcomes and to monitor and inform policy and programming.
ICPI is a unique collaboration that brings together program staff and analysts to identify key areas in the program through data analysis and visualization for immediate response and impact.

ICPI aims to improve the quality of PEPFAR-supported services, direct support and resources more effectively, assess outcomes, and ultimately increase the impact of every PEPFAR dollar spent.
Sharing and utilizing data effectively is essential for improving programs and holding one another accountable for impact.

The PEPFAR Dashboards enable all stakeholders, including U.S. citizens, civil society organizations, U.S. government agencies, donors, and host-country governments, to view and utilize PEPFAR data in an accessible and easy-to-use format.
PEPFAR recently launched Panorama Spotlight, which is the first time we have publicly released quarterly data. We believe that the routine collection and review of data promotes timely use of the data to ensure impact. Making it accessible on a quarterly basis allows the data to be used as a timely change agent in country programming.
Quarterly Data Monitoring for Program Impact

- Routine collection and ongoing, focused review of data helps to inform programmatic course corrections or to identify and address implementation issues early on for the greatest impact.

- Reporting data on a quarterly basis allows the data to be used as a timely change agent in the programming process.

### Percentage of Positives Linked to Treatment, by Age and Sex

- Cumulative FY16

### HTC Yield by OU and SNU Prioritization

- Cumulative FY16

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Source: DATIM HTC_POS by Age/Sex
Panorama TX_HIV by Age/Sex

Source: Panorama

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Where do we go from here?

Data for Impact
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
Priority Data Needs to Get to Epidemic Control

- District level epidemiologic data for disease burden
- Granular targets and results (site-level and age/sex)
- Geospatial/pinpoint analysis to determine volume, yield, quality and performance
- Emerging data streams addressing accountability, transparency, impact, and quality
- Tighter feedback loops for course correction, continuous analyses
- Asking the right questions to gather the right data
What’s Next?

Together we can use data to strengthen the quality of care provided to patients living with HIV/AIDS and to better inform health providers and programs to reach those most vulnerable to acquiring HIV-infection with life-saving services.

There are four key areas that PEPFAR believes will bring the greatest impact:

• Shifting prevention to a greater focus on adolescents and young adults (under age 25) in sub-Saharan Africa
• Implementing a strategic mix of HIV testing modes to improve coverage, yield, and efficiency of testing services
• Retaining clients on treatment and care to achieve viral suppression
• Ensuring access to quality and sustainable HIV delivery systems
Thank You!