



PEPFAR

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

The PEPFAR BLUEPRINT & the IOM Report :

What they mean for Children born into HIV-affect families

“We stand at a tipping point in the fight against HIV/AIDS, and working together, we can realize our historic opportunity to bring that fight to an end.”

President Barack Obama

Caroline A. Ryan MD, MPH
Deputy Coordinator for Technical Leadership, OGAC

The Coalition for Children affected by AIDS - May 31, 2013



Controlling the HIV Epidemic

How far have we come?



State of the Global HIV/AIDS Pandemic: Significant Change from 2001 - 2011

34M People Living with HIV/AIDS in 2011

- Sub-Saharan Africa = 23.5M in 2011 (69% of PLHIV worldwide)

1.7M AIDS-Related Deaths in 2011; 24% fewer than in 2005

- Sub-Saharan Africa = 1.2M deaths in 2011
- Number of AIDS-related deaths declined by nearly one-third in sub-Saharan Africa between 2005 and 2011

2.5M New Infections in 2011; down from 3.2M in 2001

- Sub-Saharan Africa = 1.8M in 2011 (70% of total new infection); down from 2.4M in 2001
- Incidence has declined in 39 countries, 23 in SSA



Global Call to Action

November
2011

*“Creating an **AIDS-Free Generation** has never been a policy priority for the United States Government until today...”*

– Sec. of State
Hillary Clinton

December
2011

World AIDS Day
Proclamation &
Aggressive Targets
– President Obama

December
2012

Release of
PEPFAR’s
**Blueprint: Creating
an AIDS-free
Generation**

February
2013

*“... the US will
**realize the
promise of an
AIDS-free
generation.**”*

- President Obama,
2013 **State of the
Union**

**An AIDS-
Free
Generation**





An AIDS-free generation

- Virtually no children born with HIV infection
- Adults living with HIV don't develop AIDS
- Accelerated declines in HIV incidence
- Strategy focused on combination prevention
 - Antiretroviral treatment as prevention
 - Prevention of mother-to-child transmission (PMTCT)
 - Voluntary medical male circumcision
 - Correct & consistent condom use
 - HIV counseling, testing and linkage to care



World AIDS Day Targets

Aggressive Targets towards an AIDS Free Generation

On World AIDS Day 2011, President Obama

made a commitment that by 2013,

PEPFAR will:



1. Support **6 million people** with lifesaving antiretroviral therapy (ART)
2. Provide ARVs to prevent mother-to-child transmission of HIV (PMTCT) for over **1.5 million pregnant women**
3. Provide voluntary medical male circumcision (VMMC) to **4.7 million men**



Reaching the Tipping Point

Converging factors that have led us to the moment when we can and have reached a programmatic tipping point:

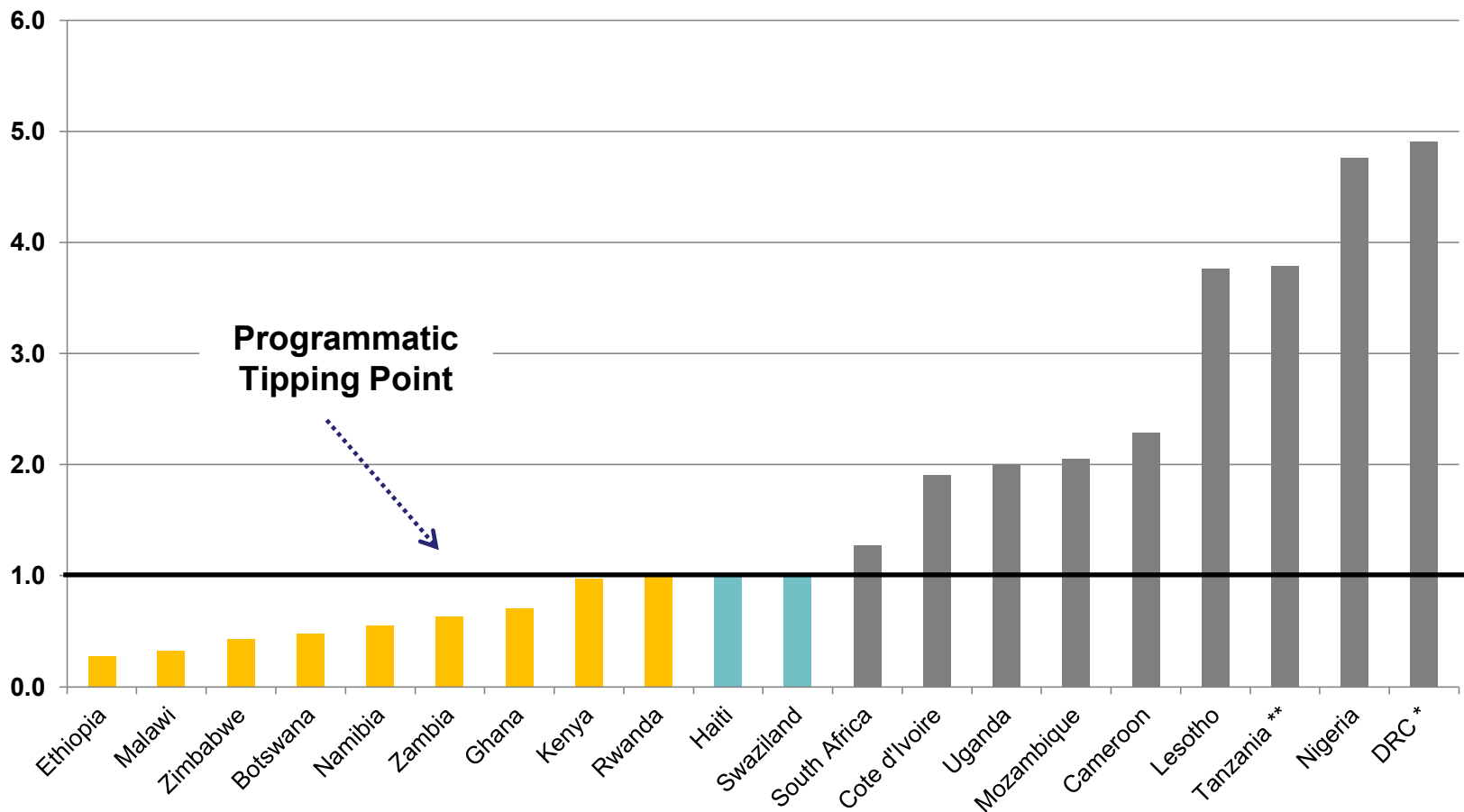
- Global programs that have successfully taken treatment pilot efforts to scale
- Scientific evidence to back up actions on treatment as prevention
- Resources are available – pharmaceuticals, point of care technologies
- Civil society is empowering populations to expect health services
- Economic growth in middle income countries has allowed them to invest in HIV/AIDS programs



Reaching the Tipping Point

PEPFAR 9 Countries Have more People on Treatment than Are Newly Infected

HIV/AIDS Programmatic Tipping Point (2011)
(New ADULT HIV Infections / Net Increase in ADULT Patients on Treatment)



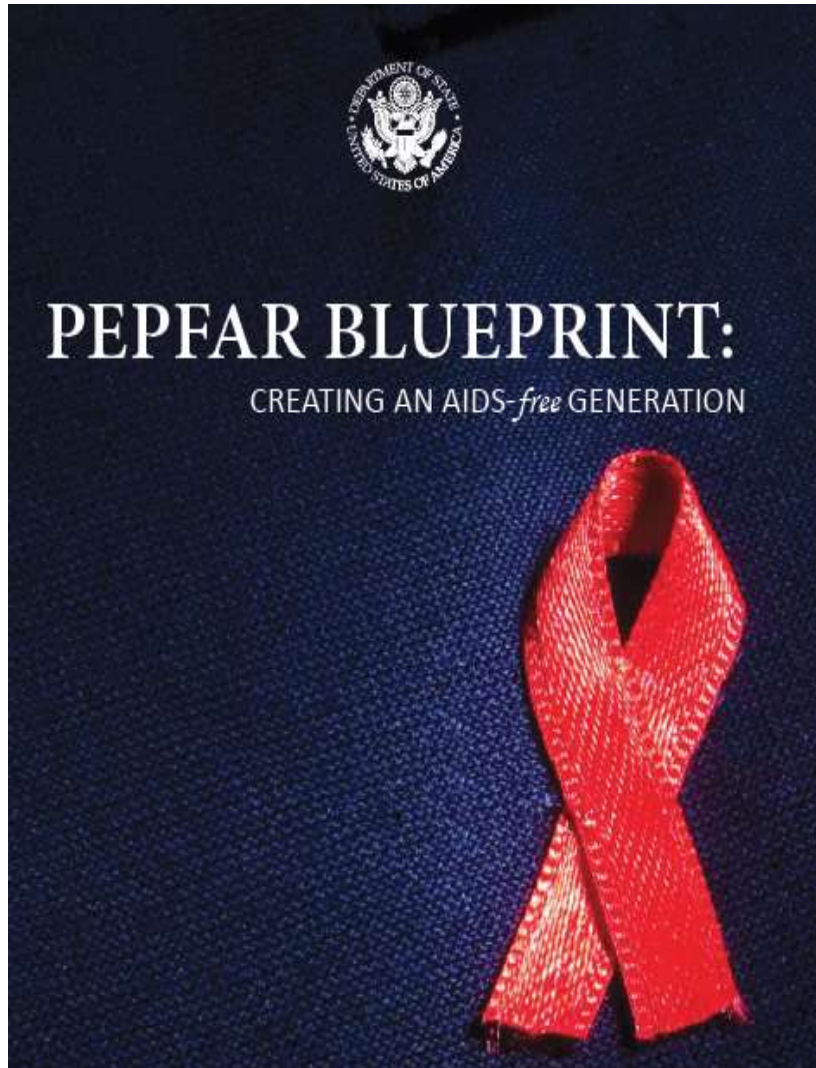


Controlling the HIV Epidemic

What must be continued ?



PEPFAR Blueprint: Main Principles



Making strategic, **scientifically sound** investments to rapidly scale-up core HIV prevention, treatment and care interventions and maximize impact

Work with our partners to effectively mobilize, coordinate and **efficiently use resources** to save more lives sooner

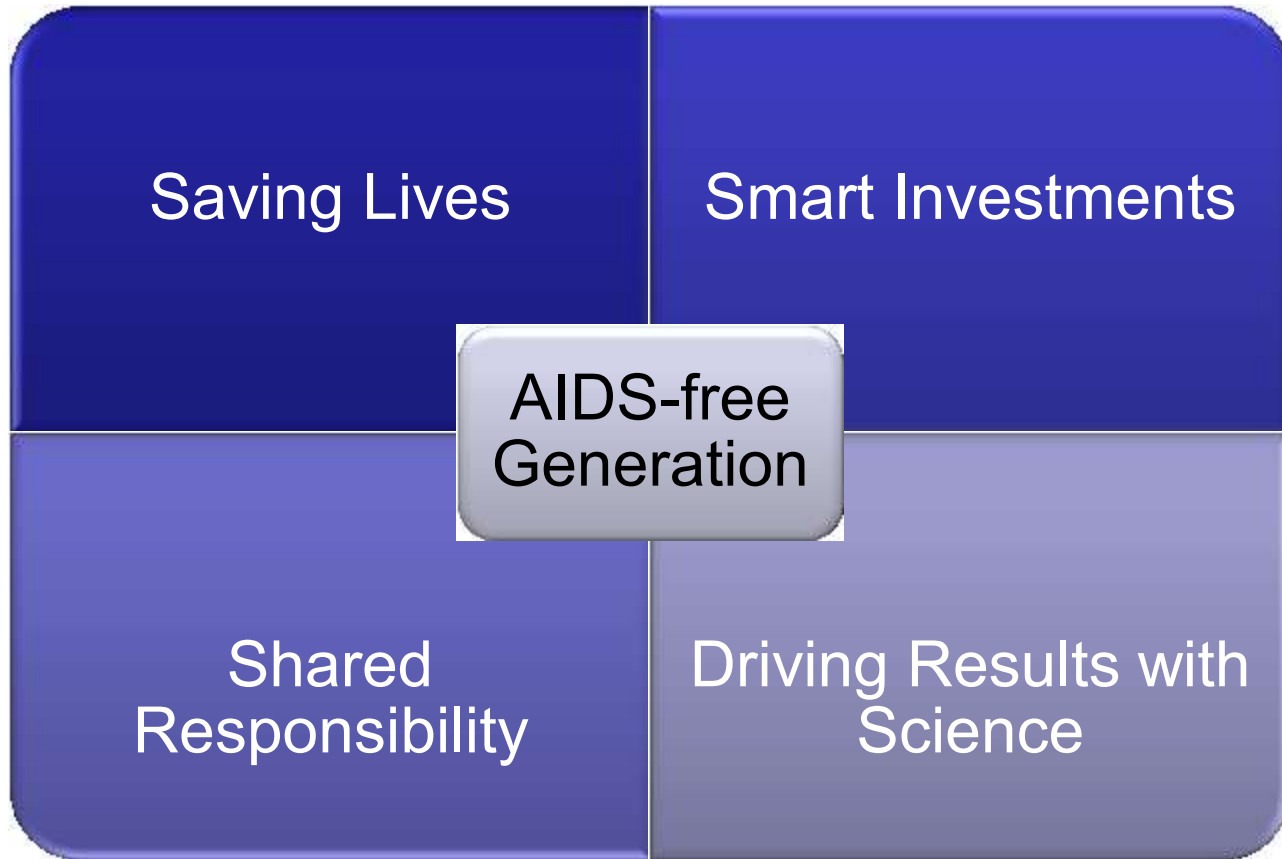
Focus on **women and girls** to increase gender equality

End stigma and discrimination against people living with HIV and key populations

Set benchmarks that are regularly assessed to assure goals are being met



PEPFAR Blueprint: Four Roadmaps





Road Map for Saving Lives

Goal:

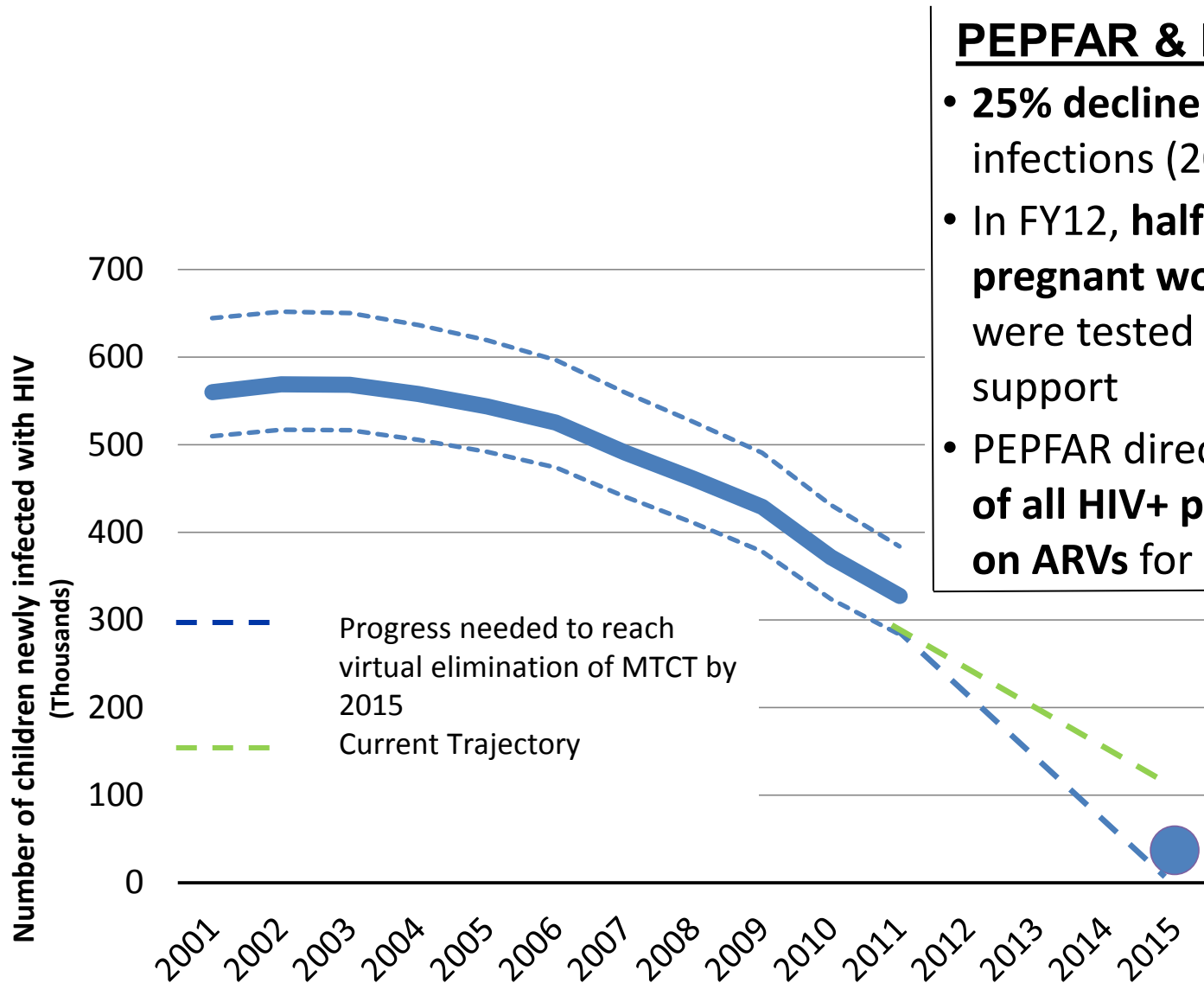
Scale-Up Combination Prevention and Treatment

Action Steps:

1. Work toward the elimination of new HIV infections among children by 2015 and keeping their mothers alive.
2. Increase coverage of HIV treatment both to reduce AIDS-related mortality and to enhance HIV prevention.
3. Increase the number of males who are circumcised for HIV prevention.
4. Increase access to, and uptake of, HIV testing and counseling, condoms and other evidence-based, appropriately-targeted prevention interventions



Treatment for Pregnant Women: Virtual Elimination of MTCT of HIV



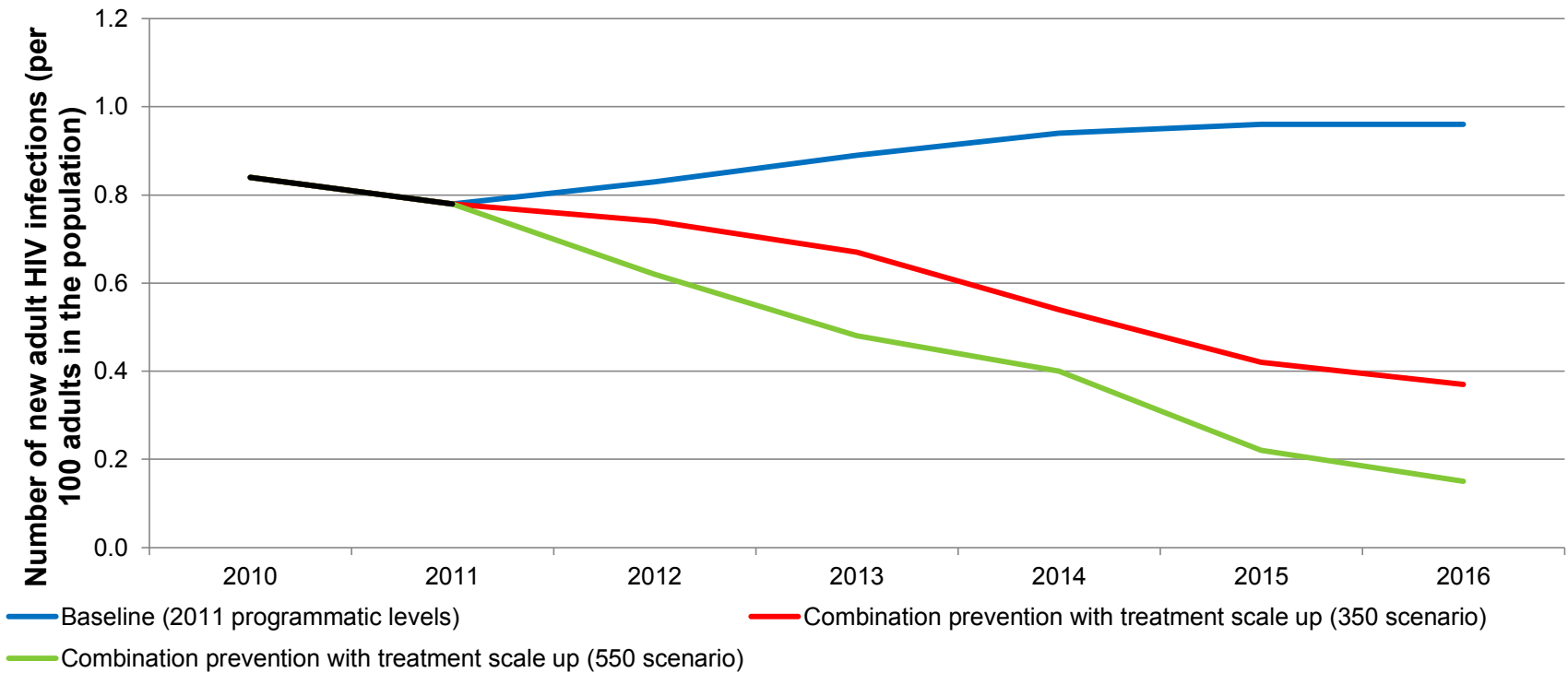
PEPFAR & PMTCT Progress

- **25% decline** in new pediatric infections (2009-2011) globally
- In FY12, **half of all HIV+ pregnant women** in the world were tested with PEPFAR support
- PEPFAR directly supported **80% of all HIV+ pregnant women on ARVs** for PMTCT



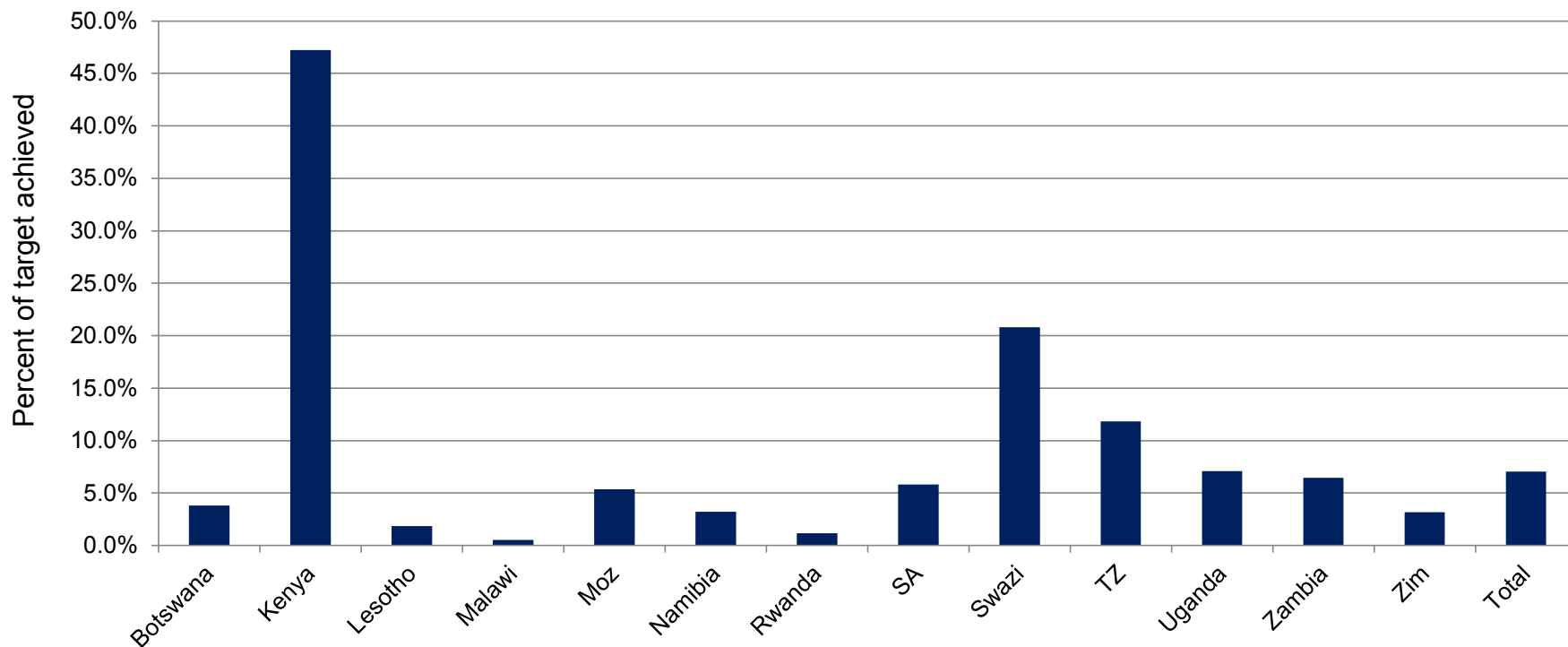
Modeling for an AIDS-Free Generation – Illustrative Scenario: Zambia

Zambia Adult HIV Incidence Rate





Progress in Scale-up of Adult VMMC as of Sept 30, 2012

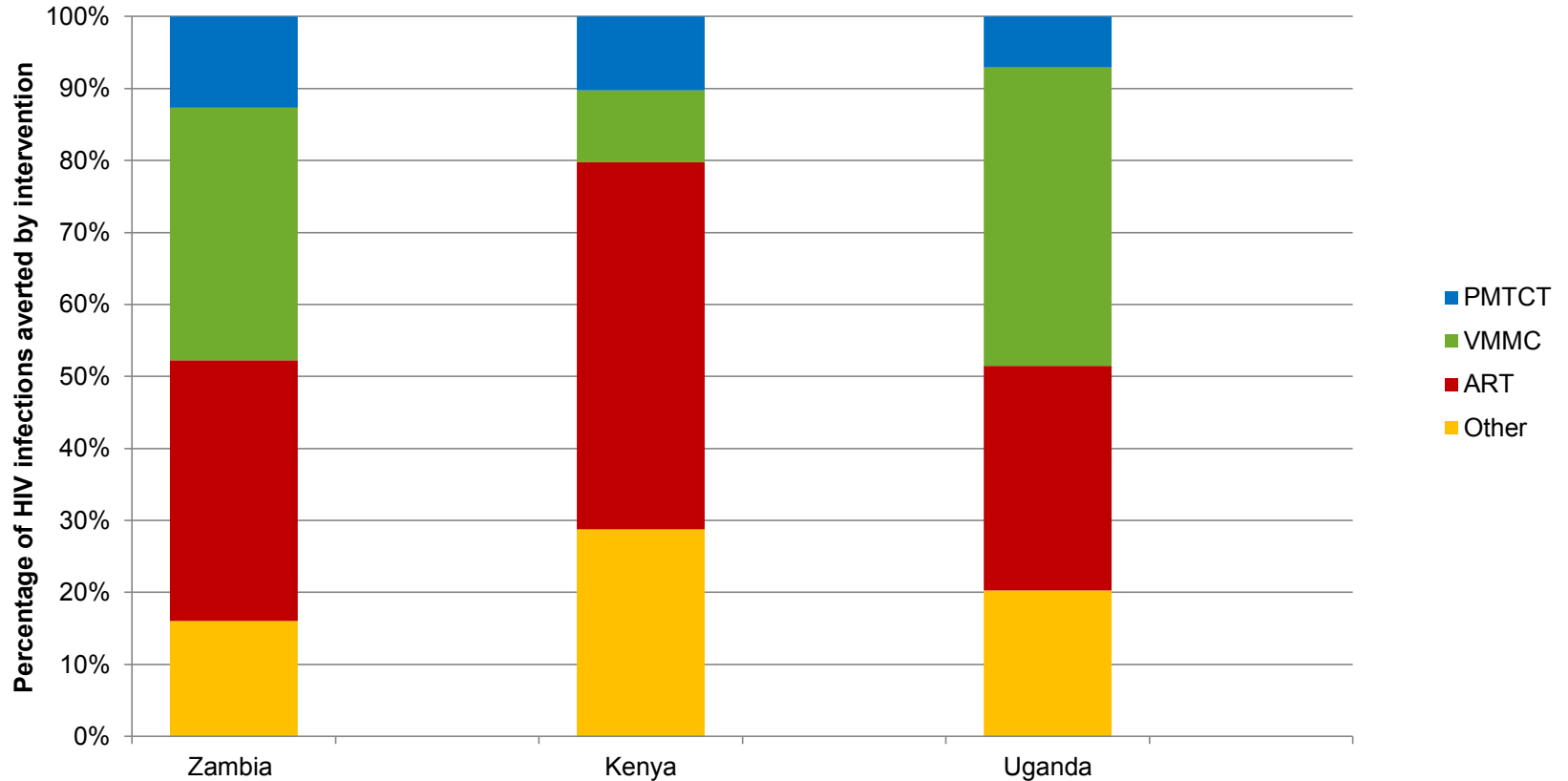


Percent Achieved	3.8%	47.2%	1.8%	0.5%	5.3%	3.2%	1.2%	5.8%	20.8%	11.8%	7.1%	6.5%	3.2%	7.0%
Provided (thousands)	13.2	406.1	6.9	10.7	56.6	10.7	20.3	251.5	38.0	162.5	300.7	126.6	60.6	1,464.4
Target (thousands)	345	860	377	2,102	1,059	330	1,746	4,333	183	1,373	4,245	1,949	1,913	20,815
	Bots	Kenya	Les	Malawi	Moz	Namibia	Rwanda	SA	Swazi	TZ	Uganda	Zambia	Zim	Total



Estimated Proportional Contributions of Core Combination Prevention Interventions to HIV Infections Averted

HIV Infections Averted by Intervention





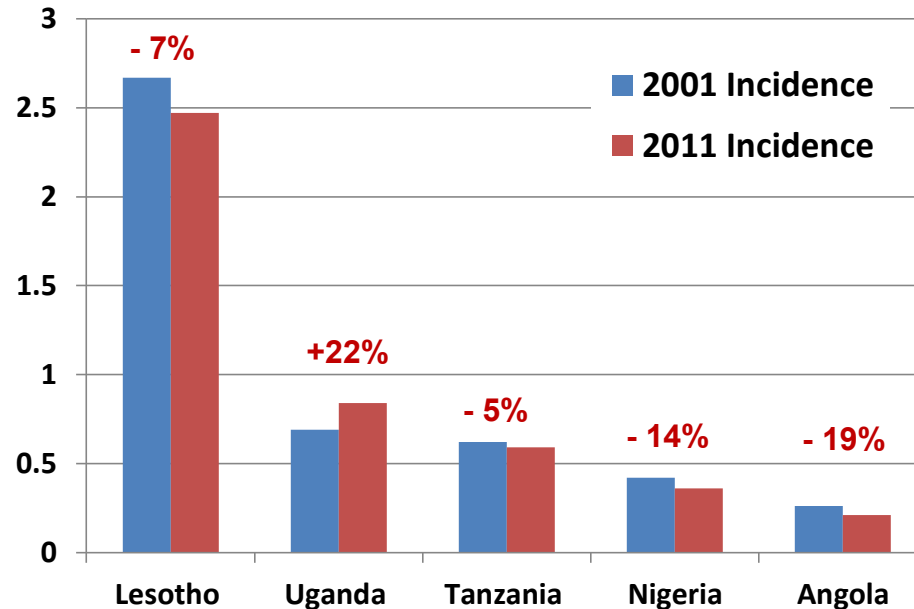
Impact of rate of scale-up (coverage) of key combination prevention services on new infections

<u>Countries</u>	2001		2011		2001-2011 <u>% Change (Incidence)</u>
	<u>Prevalence / Incidence</u>		<u>Prevalence / Incidence</u>		
Swaziland	22.20	4.11	26.00	2.60	- 37%
Botswana	27.00	3.48	23.40	1.00	- 71%
Lesotho	23.40	2.67	23.30	2.47	-7%
South Africa	15.90	2.42	17.30	1.43	- 41%
Zimbabwe	25.00	2.11	14.90	1.05	- 50%
Zambia	14.40	1.89	12.50	0.80	- 58%
Namibia	15.50	2.39	13.40	0.77	- 68%
Mozambique	9.70	1.63	11.30	1.13	- 31%
Malawi	13.80	1.74	10.0	0.49	- 72%



HIV Incidence in Countries with **Slow or Stalled** Scale-Up of Combination Prevention Services

Slow or No Decline in HIV Incidence Rates (2001, 2011)



Countries	2001 Incidence	2009 Incidence	2011 Incidence
Lesotho	2.67	2.58	2.47
Uganda	0.69	0.74	0.84
Tanzania	0.62	0.45	0.59
Nigeria	0.42	0.38	0.36
Angola	0.26	0.21	0.21

Data source: UNAIDS Global Report 2012



Smart Investments

Goal:

Go where the virus is and use money wisely

TB: Target HIV-associated tuberculosis and reduce co-morbidity and mortality

Key Populations: Increase access to and uptake of HIV services by key populations; including OVC

Control costs: Use expenditure analysis and efficient program delivery models to increase impact



PEPFAR OVC Guidance:

1. Strengthen families as primary caregivers of children;
2. Support the capacity of communities to create protective and caring environments;
3. Build the capacity of social service systems to protect the most vulnerable; and
4. Allocate resources for children according to need in the context of HIV/AIDS by integration with the broader PEPFAR platform and response

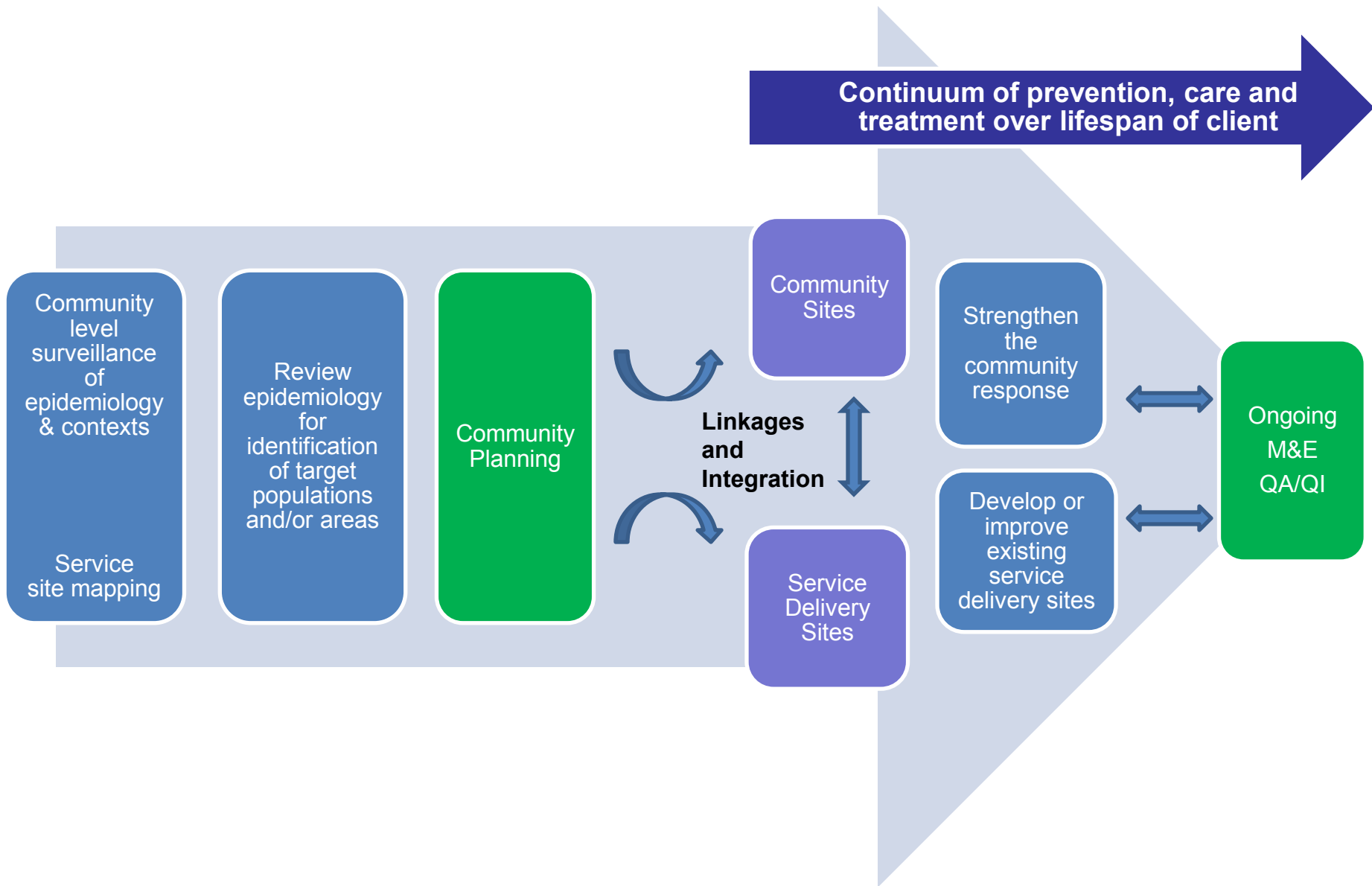


OVC Strategy in Blueprint

- Implement interventions that address children's socioeconomic needs as a result of the HIV epidemic
 - Education
 - HES
 - Psycho-social support
 - Health and nutrition
 - Social Protection
 - Child protection
 - Capacity building – social service workforce and systems
 - Legal protection
- Continue work in expanding access to all services along the continuum of care



Continuum of Response Process





OVC Strategy in Blueprint continued

- Ensure prioritized interventions to address children's needs as addressed in the National Plan for Children in Adversity
- Allocate funding to monitoring and evaluation and rigorous intervention research



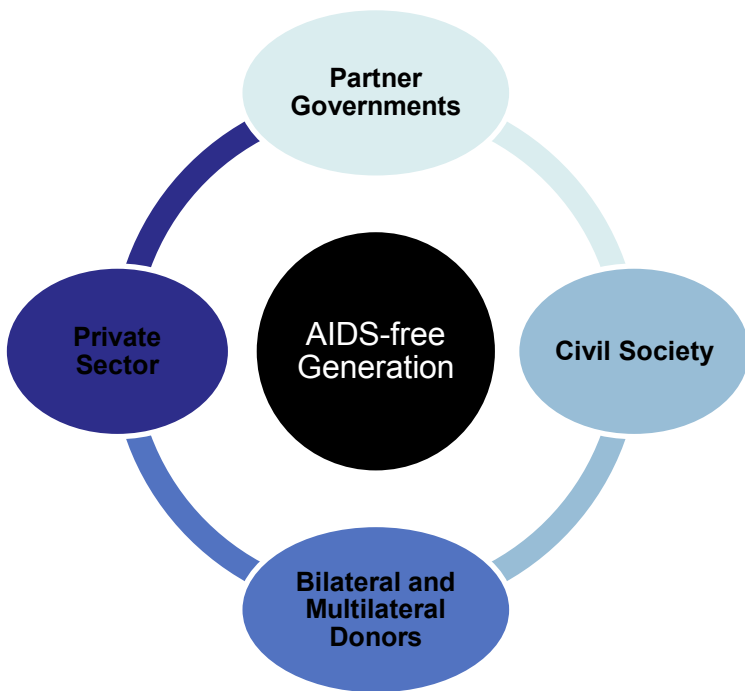
Road Map for Shared Responsibility

Goal:

**Creating an AIDS-Free Generation
Requires a Global Effort**

Action Steps:

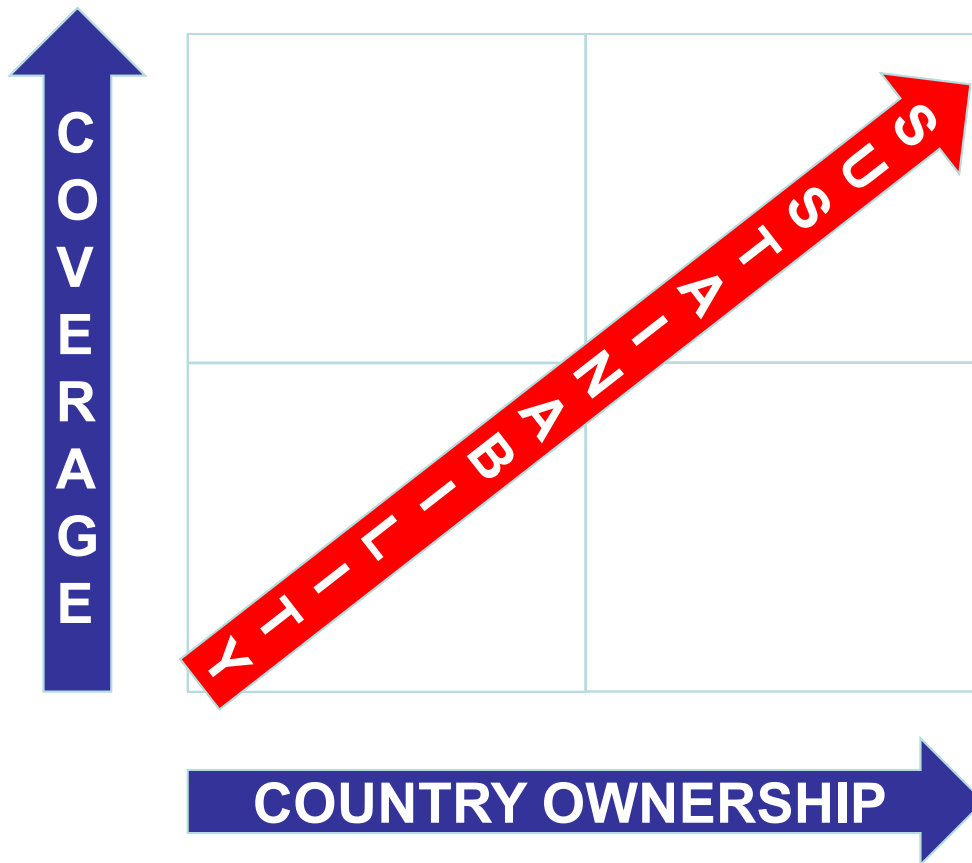
1. Partner with countries in a joint move to country-led, managed, and implemented responses.
2. Increase support for civil society as a partner in the global AIDS response.
3. Expand collaboration with multilateral and bilateral partners.
4. Increase private sector mobilization toward an AIDS-free generation.





Country Ownership and Sustainability

**GOAL:
AIDS-Free
Generation**





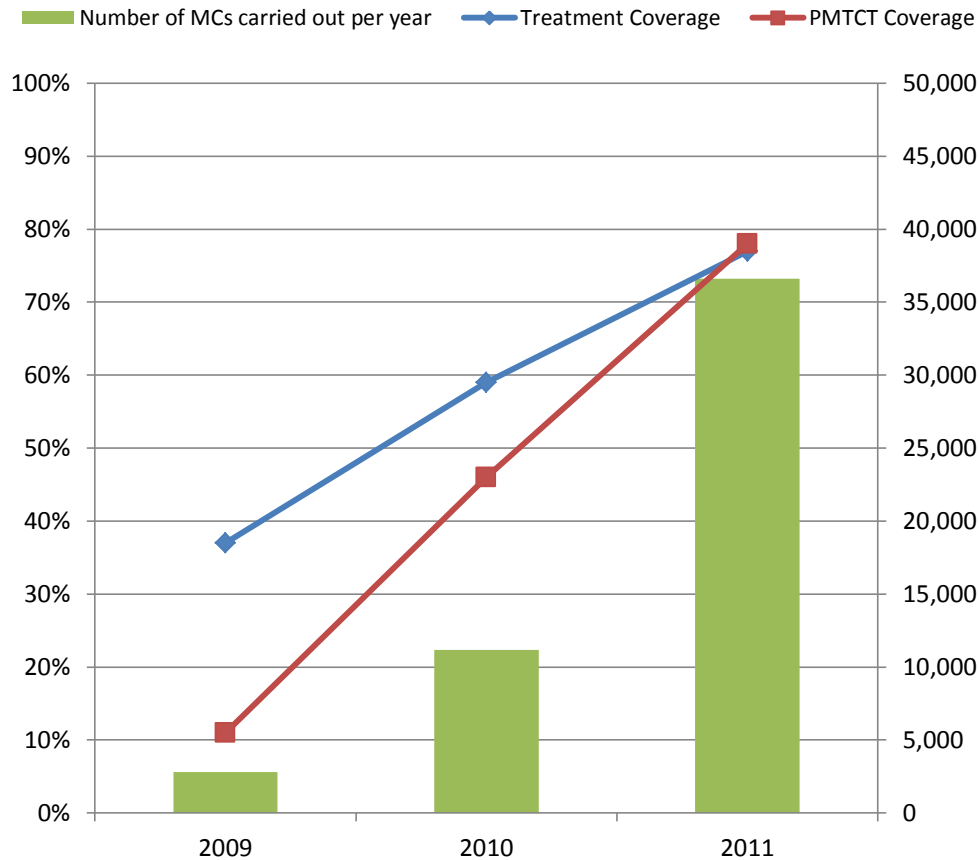
Principles and Approaches for a Sustainable Partnership

- A fundamental shift from *aid* to *co-investment* needed
- A purposeful shift from a PEPFAR-led and funded program, to an integrated program led by the host country required
- A smooth transfer of the program's management, implementation, and ownership to the intended host country recipient
- Goal is a mutually beneficial technical partnership between PEPFAR and the host country
- Greater reliance on host country systems and organizations, emphasizing mutual accountability and transparency, improving coordination with other donors, NGOs, and the private sector
- Predictable and sustainable PEPFAR investments

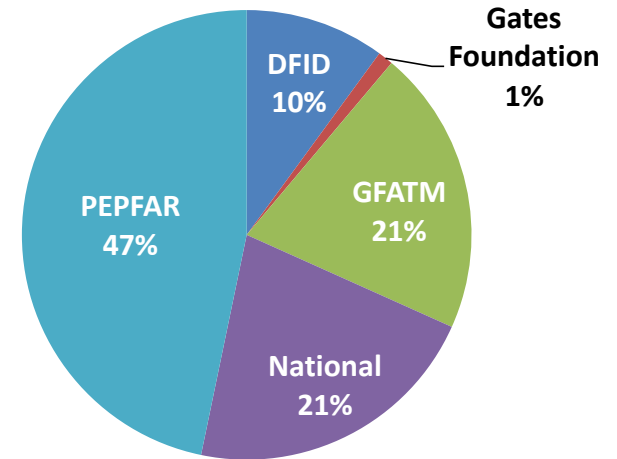


Sharing the Financial Responsibility

Treatment, PMTCT, and VMMC Coverage in Zimbabwe, 2009 - 2011



Funding Sources in Zimbabwe, 2011



Resource Envelope by Year

	2009	2010	2011
DFID	\$9,555,420	\$15,467,900	\$12,362,500
Gates	-	-	\$1,352,110
GFATM	\$46,713,340	\$46,553,089	\$25,296,742
National	\$5,143,108	\$20,500,000	\$26,500,000
PEPFAR	\$48,000,000	\$47,500,000	\$57,500,000
TOTAL	\$109,411,868	\$130,020,989	\$123,011,352

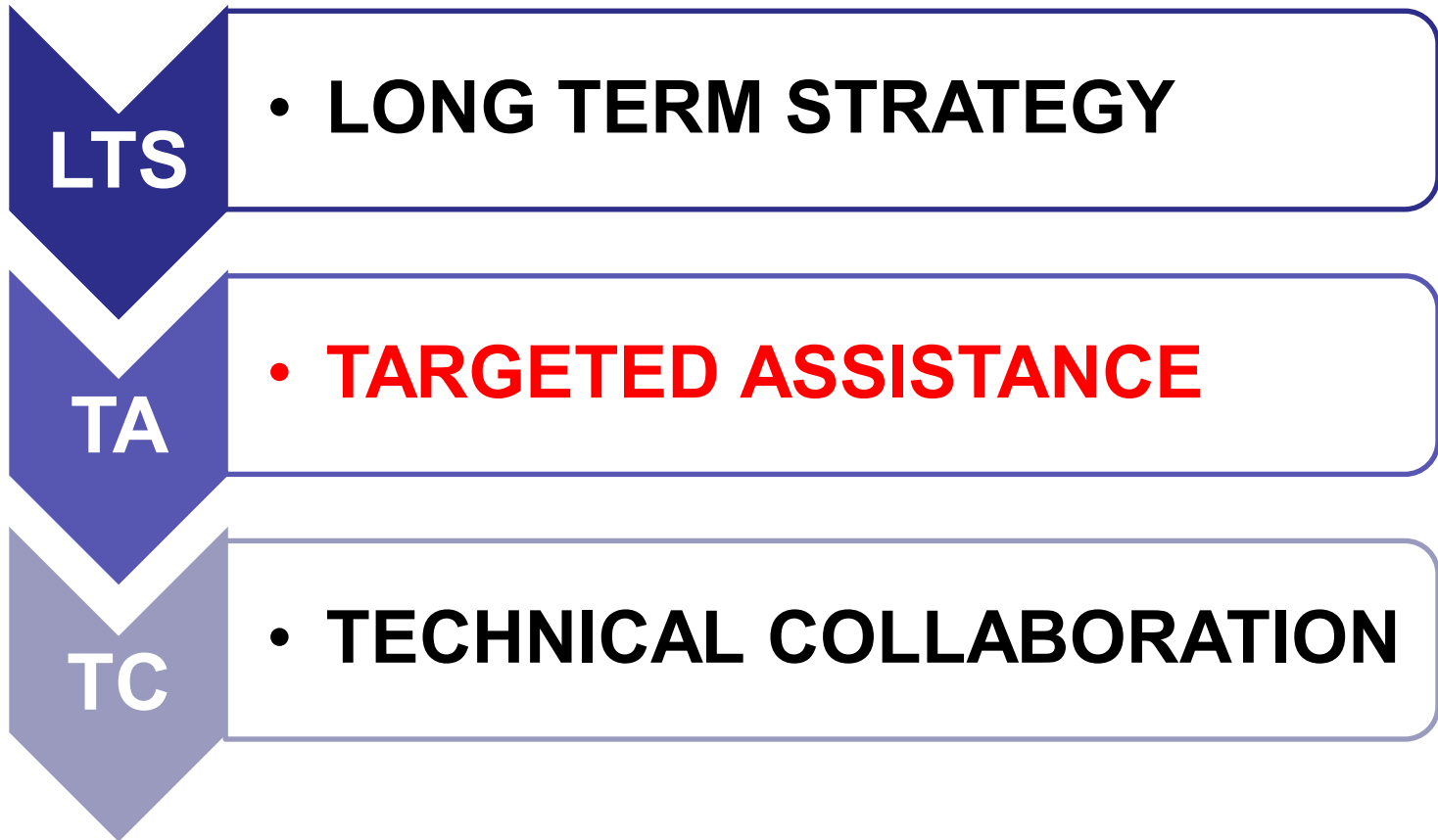
Sources: Report on the Global AIDS Epidemic (UNAIDS, 2011 and 2012 reports), Together we will end AIDS (UNAIDS 2012), Progress in scaling up voluntary medical male circumcision for HIV prevention in East and Southern Africa (WHO 2012), DFID Zimbabwe Operational Plan, 2011-2015 (DFID 2012)

PEPFAR Investment –by country

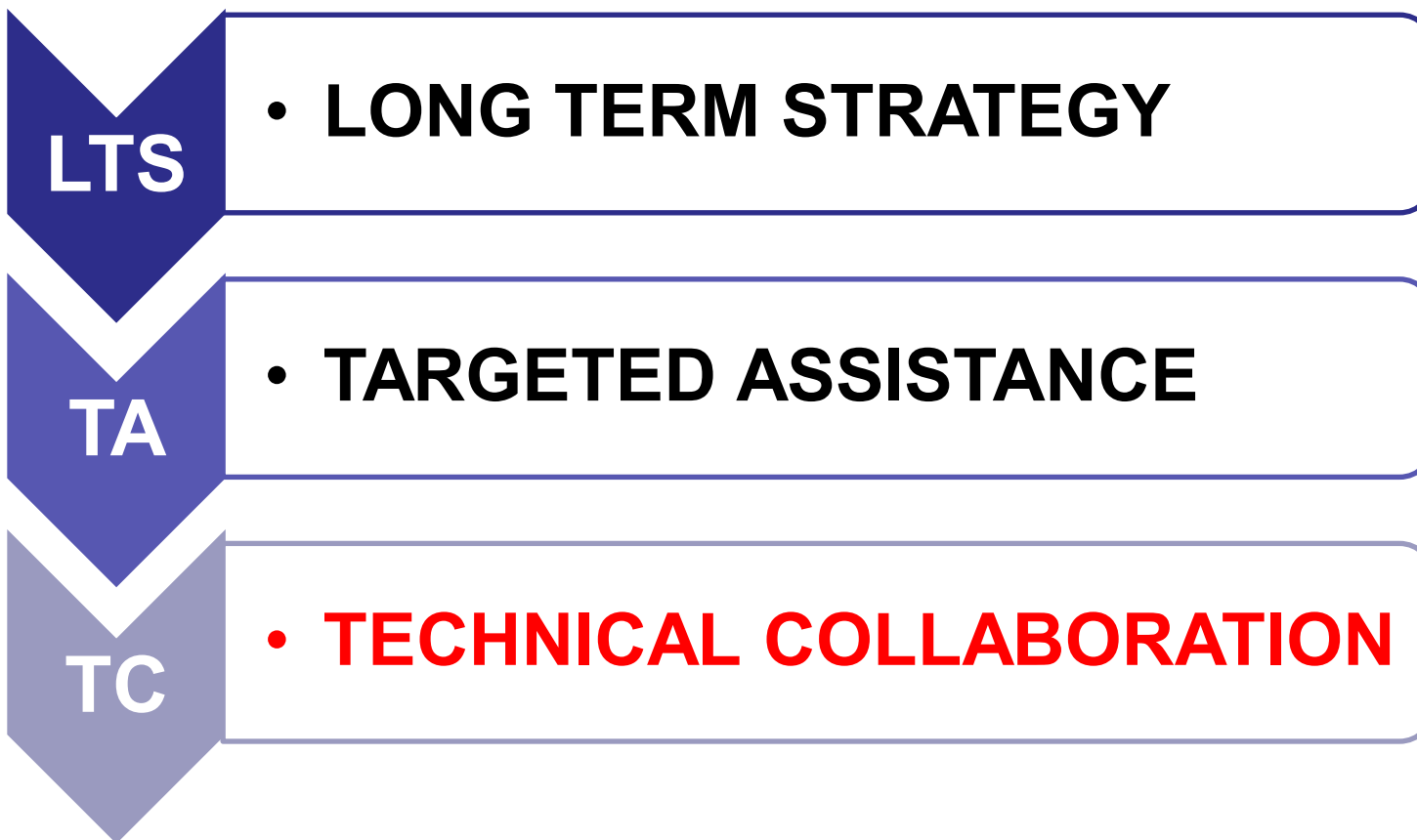
Countries grouped into 3 categories



PEPFAR Investment –by country



PEPFAR Investment –by country





Road Map for Driving Results with Science

Goal:

Science Must Continue to Guide Our Efforts

Action Steps:

1. Leverage greatest impact by continuing to invest in implementation science.
2. Support implementation research.
3. Evaluate the impact of optimized combination prevention.
4. Support innovative research to develop new technologies for prevention (e.g., microbicides, vaccines) and care (e.g., new treatments or treatment regimens).
5. Develop evidence-based approaches to reaching people early enough in their disease progression to help maintain a strong immune system, stave off opportunistic infections, particularly TB, and reduce new HIV infections.
6. Support the deployment of suitable technology for measurement of viral load, both through tiered laboratory networks and 'point-of-care' tests as they become available.
7. Assist countries in adopting breakthrough new technologies with proven impact, such as new molecular-based TB tests that have dramatically reduced time to diagnosis and treatment for people living with TB and HIV.

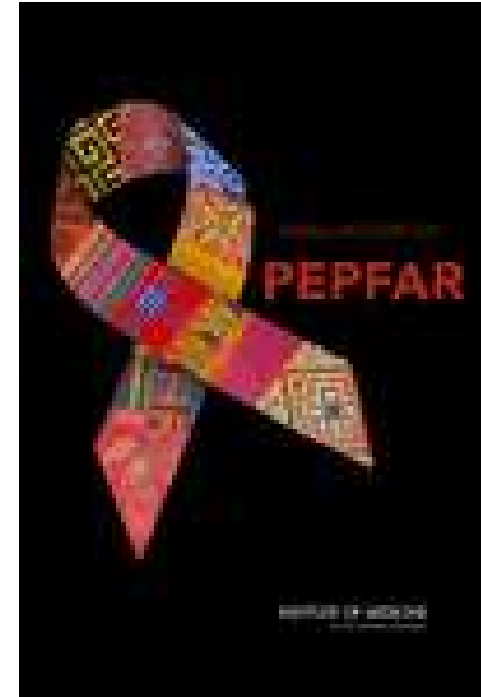
“We now have an unprecedented opportunity, based on solid scientific data, to control and ultimately end the AIDS pandemic”

Dr. Anthony Fauci,
NIAID Director



Affirmation of PEPFAR from the Institute of Medicine

- Four-year evaluation of PEPFAR (as mandated by Congress), released on February 20, 2013
- Found that: “PEPFAR has played a transformative role with its contributions to the global response to HIV”
- “PEPFAR was described as a lifeline, and [that] people credit PEPFAR for restoring hope.”
- Strong affirmation of PEPFAR’s success to date and direction moving forward



Positive Review from IOM

“With its explicit focus on orphans and vulnerable children, PEPFAR has elevated attention to and investment in meeting the needs of this population through programs and services that are informed by evidence.”

“PEPFAR has also been instrumental in facilitating partner country ... adoption of policies, laws, and guidelines on behalf of children and adolescents, ... and efforts to strengthen legislation and enforcement for child protection.” (IOM evaluation)



Comments and Question from IOM regarding OVC

IOM Comment

- **To improve the implementation and assessment of nonclinical care and support programs for adults and children, including programs for orphans and vulnerable children, the Office of the U.S. Global AIDS Coordinator should shift its guidance from specifying allowable activities to instead specifying a limited number of key outcomes. The guidance should permit country programs to select prioritized outcomes to inform the selection, design, and implementation of their activities. The guidance should also specify how to measure and monitor the key outcomes.**

PEPFAR Response

PEPFAR's *new evaluation strategy* which includes:

- intervention-linked research;
- program evaluation toolkit, currently being rolled out, programs to develop and to capture age-specific core outcomes for children affected by HIV/AIDS;
- working with MEASURE Evaluation to develop an M&E framework for *social service systems strengthening*

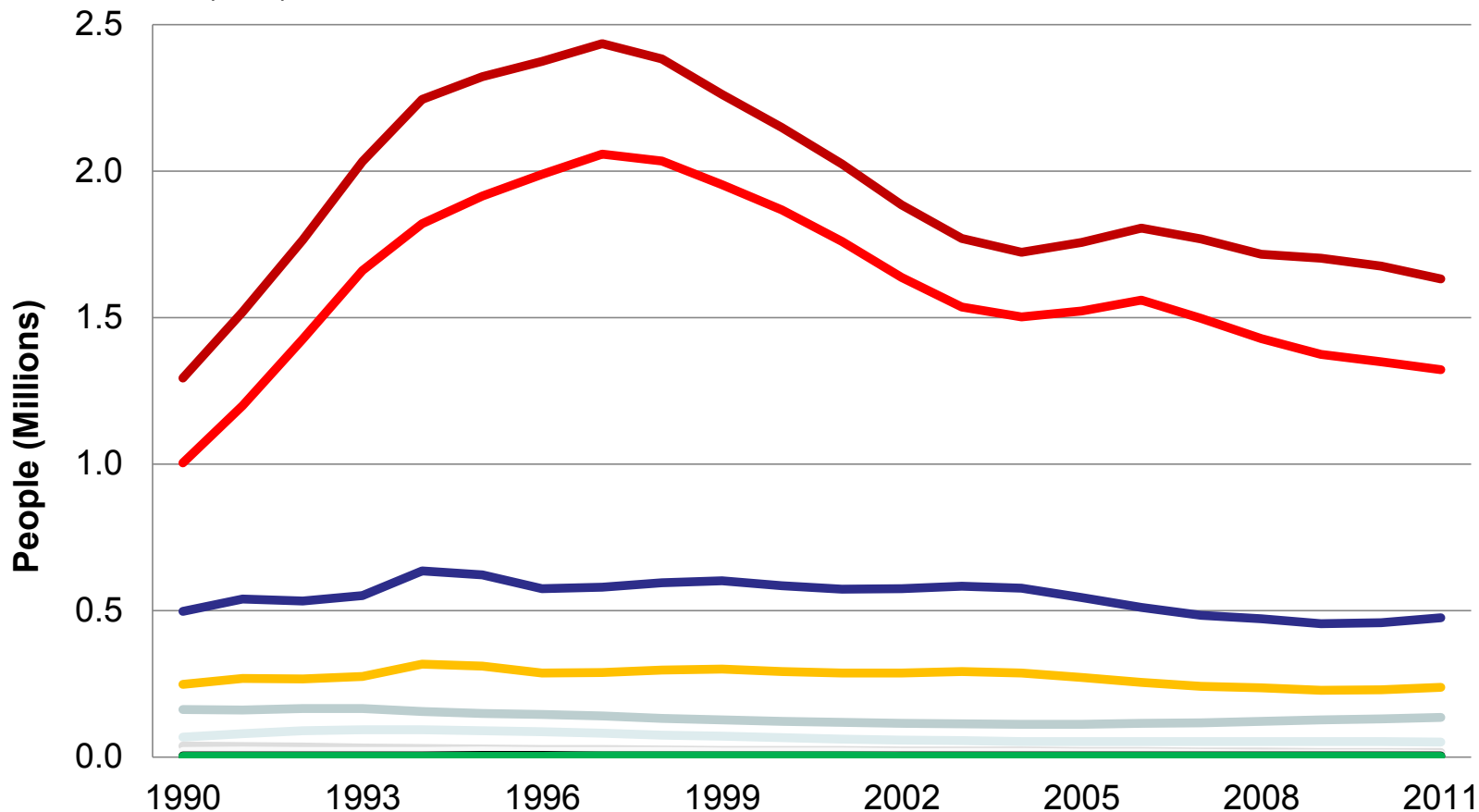


An AIDS-Free Generation is in Sight

Maintaining focus and momentum is critical

Trends in New HIV Infections

- Sub-Saharan Africa (High)
- Sub-Saharan Africa (Low)
- Asia (High)
- Asia (Low)
- Latin America (High)
- Latin America (Low)
- Caribbean (High)
- Caribbean (Low)
- Oceania (High)
- Oceania (Low)



Thank You!



For further information, please visit:

www.PEPFAR.gov

www.facebook.com/PEPFAR

<http://twitter.com/USPEPFAR>