

Reaching HIV/AIDS Epidemic Control

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Joint State and USAID Goal

Theme: Health

Overview

State and USAID Joint Goal Statement

- Achieve control of the HIV epidemic. By September 30, 2019, new infections are fewer than deaths from all causes in HIV-positive patients in up to 13 high-HIV burden countries through leadership by State and implementation by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Labor, and Treasury; and the Peace Corps.

Challenges

- Political will of host-country governments;
- Ability to track down the “last mile” – the remaining unidentified people who are living with HIV (PLHIV);
- Uncertainty of the Fiscal Year (FY) 2018 final budget (and years beyond FY 2018, including reauthorization); and
- Staffing shortages, both at Headquarters and overseas, at the Department of State Office of the U.S. Global AIDS Coordinator, USAID and other U.S. Government Departments and Agencies that implement the President’s Emergency Fund for AIDS Relief (PEPFAR), including vacant PEPFAR Coordinator positions in multiple countries

Overview

Opportunity

- With American leadership, we are at an unprecedented moment in the global HIV/AIDS response. For the first time in modern history, we have the opportunity to control a pandemic without a vaccine or a cure. We have the tools to do this, but the key will be comprehensive implementation brought to scale to reach those already infected and prevent new infections. Controlling the HIV/AIDS pandemic will lay the groundwork for eventually eliminating or eradicating HIV, which will be possible through continued and future scientific breakthroughs in vaccine-development and research into a cure.
- In the context of controlling the HIV/AIDS pandemic, reaching epidemic control means the total number of new HIV infections have fallen below the total number of deaths from all causes among HIV-infected individuals
- The latest PEPFAR data show that five African countries are approaching control of their HIV/AIDS epidemics (Swaziland, Lesotho, Zimbabwe, Malawi, and Zambia)
- PEPFAR partners in more than 50 countries implementing programming in support of attaining the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 framework in the next three years – 90 percent of people who are living with HIV know their status, 90 **percent** of people who know their status are accessing treatment, and 90 **percent** of people on treatment have suppressed viral loads, across all ages, genders, and at-risk groups. Epidemic control will only be possible by meeting these targets for adults (men and women) and children.

Leadership (optional but recommended)

The State Department's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) and USAID's Bureau for Global Health will lead the Joint Agency Priority Goal. S/GAC is the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through Chiefs of Mission in U.S. Embassies in over 50 countries. PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Treasury, and Labor; and the Peace Corps.



Department of State



U.S. Agency for International
Development



Department of Health and
Human Services



Department of Defense



Peace Corps



Department of Commerce



Department of Labor



Department of the Treasury

Goal Structure and Strategies

Working in over 50 countries, PEPFAR has changed the very course of the global HIV/AIDS epidemic. PEPFAR is widely regarded as one of the most effective and efficient development programs in history. As of September 30, 2017, PEPFAR supports more than 13.3 million people with life-saving anti-retroviral treatment. We have enabled more than 15.2 million men and boys to receive substantial protection from HIV infection through the provision of voluntary medical male circumcision. In the 63 Districts in 10 African countries that are implementing PEPFAR's DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) public-private partnership, the majority (65 percent) of the highest-HIV-burden communities or Districts achieved a 25-40 percent or greater decline in new HIV diagnoses among young women, and new diagnoses declined in nearly all DREAMS intervention Districts. With PEPFAR support, more than 2.2 million babies have been born HIV-free to pregnant women who are living with HIV, and their mothers are healthy and alive to protect and nurture them. PEPFAR also provides assistance to more than 6.4 million orphans, vulnerable children, and their caregivers. We continue to expand our impact through accountability, transparency, and partnerships.

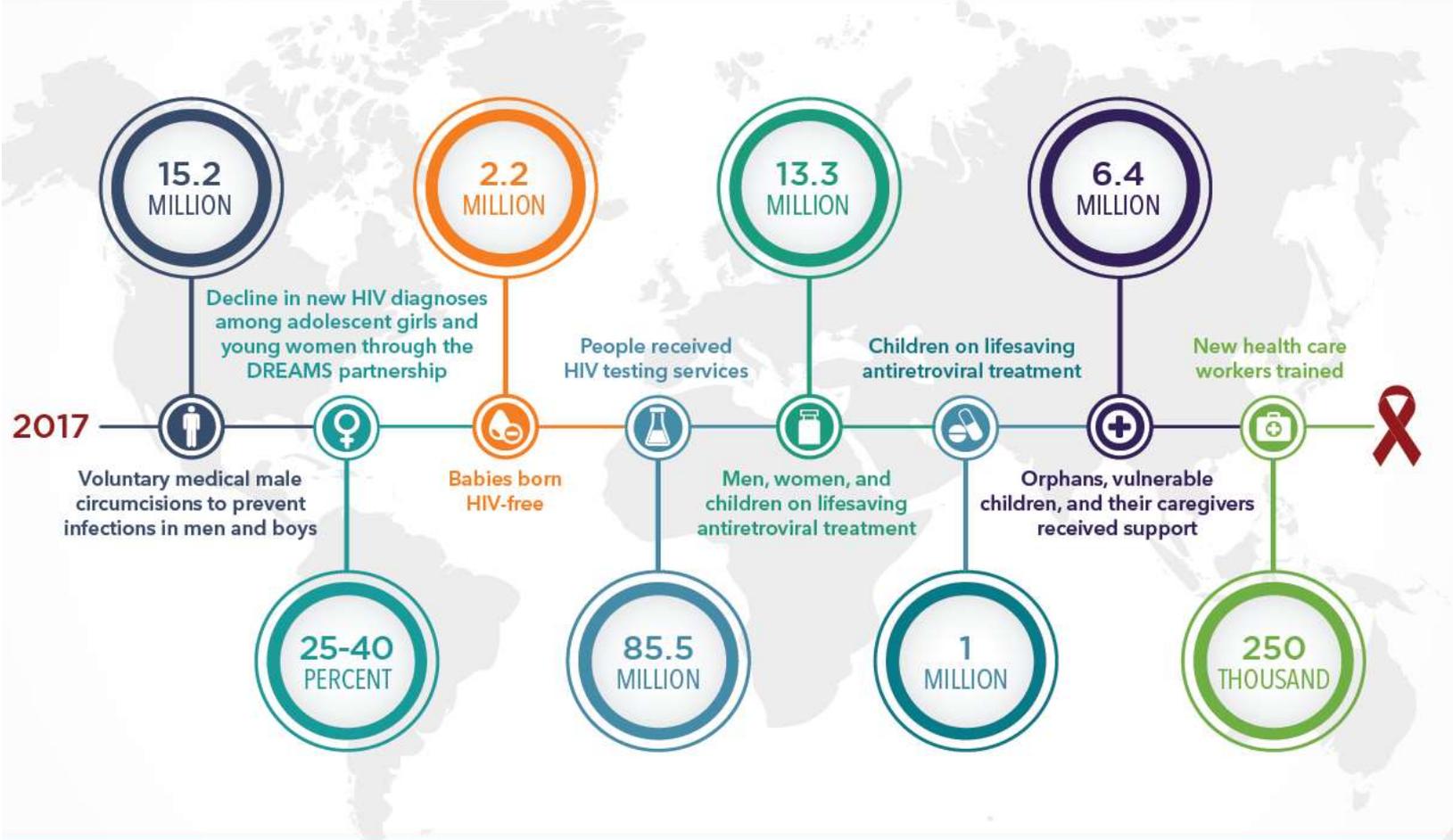
Goal Structure and Strategies

Strategies:

- PEPFAR will be expanding anti-retroviral (ART) services through the implementation of “Test and Start” across most countries, including same-day initiation of ART; differentiated care models; six-month clinical visits for stable patients; and routine, national viral-load testing to monitor ART adherence and any potential drug-resistance.
- Scale up and regularly monitor new and targeted approaches to HIV-testing services, including index-testing and piloting of HIV self-testing to inform potential expansion into additional countries.
- Focus combination prevention interventions with layered core packages of services for adolescent girls and young women between 15 and 29 years of age; young men between 20 and 39 years of age; and orphans and vulnerable children, especially girls between 9 and 14 years of age, for HIV risk-avoidance and to prevent sexual violence.
- Scale up voluntary medical male circumcision services for young men.
- Ensuring priority populations and key populations have access to, and increase their use of, comprehensive packages of health and social services, including HIV-testing, partner-testing, education on risk reduction, and HIV treatment for those found to be living with HIV.

Summary of Progress – FY 2017 PEPFAR Global Results

2017 PEPFAR GLOBAL RESULTS



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

PEPFAR is the largest commitment by any nation to address a single disease in history. Through the compassion and generosity of the American people, PEPFAR has saved and improved millions of lives, accelerating progress toward controlling and ultimately ending the AIDS epidemic as a public health threat.

Key Milestones (Potentially One Slide for Each Strategy)

Milestone Summary					
Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Owner	Comments
PEPFAR <u>Annual Report</u> Submitted to Congress	Feb, 2018	Complete			Annual report was submitted to Congress on time.
Long-Term Strategy Countries submit 2018 Country Operational Plans	Q2, 2018				
All 2018 PEPFAR Country Operations Plans approved and notified to Congress	Q3, 2018				
PEPFAR Reauthorization approved by Congress and signed into law	Q3, 2018				
Completion and Release of three new Public Health Impact Assessments	Q4, 2018				
Release of FY 2018 Annual Progress	Dec 1, 2018				
PEPFAR <u>Annual Report</u> Submitted to Congress	February, 2019				
Long-Term Strategy Countries submit 2019 Country Operational Plans	Q2, 2019				
All 2019 PEPFAR Country Operation Plans approved and notified to Congress	Q3, 2019				
Release of FY 2019 Annual Progress, including status on epidemic control in 13 high-priority countries	Dec 1, 2019				

Key Indicators:

PEPFAR will continue to accelerate progress toward controlling the HIV pandemic, with a focus in a subset of 13 countries that represent among the most-vulnerable communities to HIV/AIDS and have the potential to achieve control by 2020. This will be accomplished in partnership with, and through attainment of, the UNAIDS 90-90-90 framework – 90 percent of people who are living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads, across all ages, genders, and risk groups – and an expansion of HIV prevention. To monitor progress towards epidemic control, PEPFAR will monitor and report on a number of key indicators, including the following:

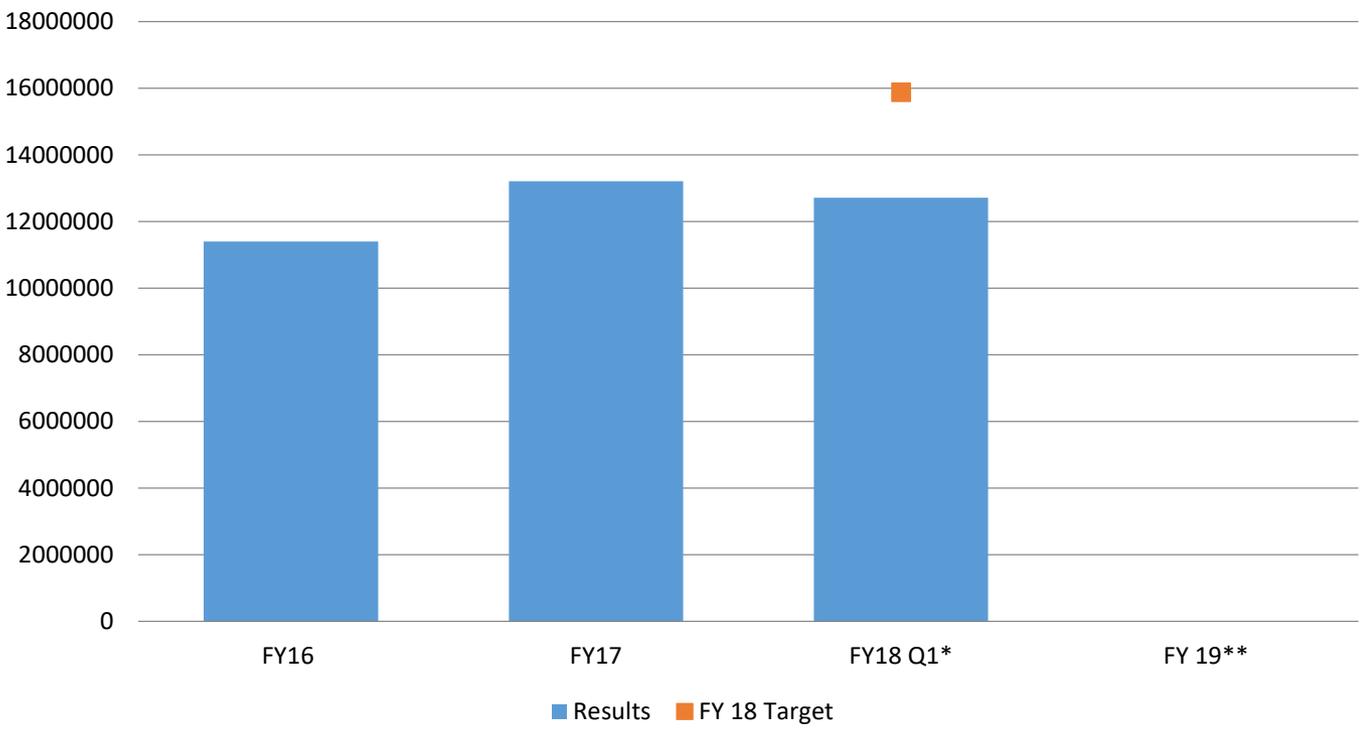
1. Number of adults and children currently receiving antiretroviral therapy (ART);
2. Number of adults and children newly enrolled on antiretroviral therapy (ART); and
3. Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period.

Key Indicator 1: Number of Adults and Children Currently Receiving ART

Q1 Update

At the end of FY 2017, PEPFAR was supporting more than 13 million men, women, and children on life-saving ART. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible.

Current on Treatment



*TX_CURR Q1 results do not include results for sites within the PEPFAR centrally supported districts in South Africa. Last year this included ~ 860K people living with HIV. In Q4 of FY2018, we will report a national TX_CURR result, which will also include sites in centrally supported districts.

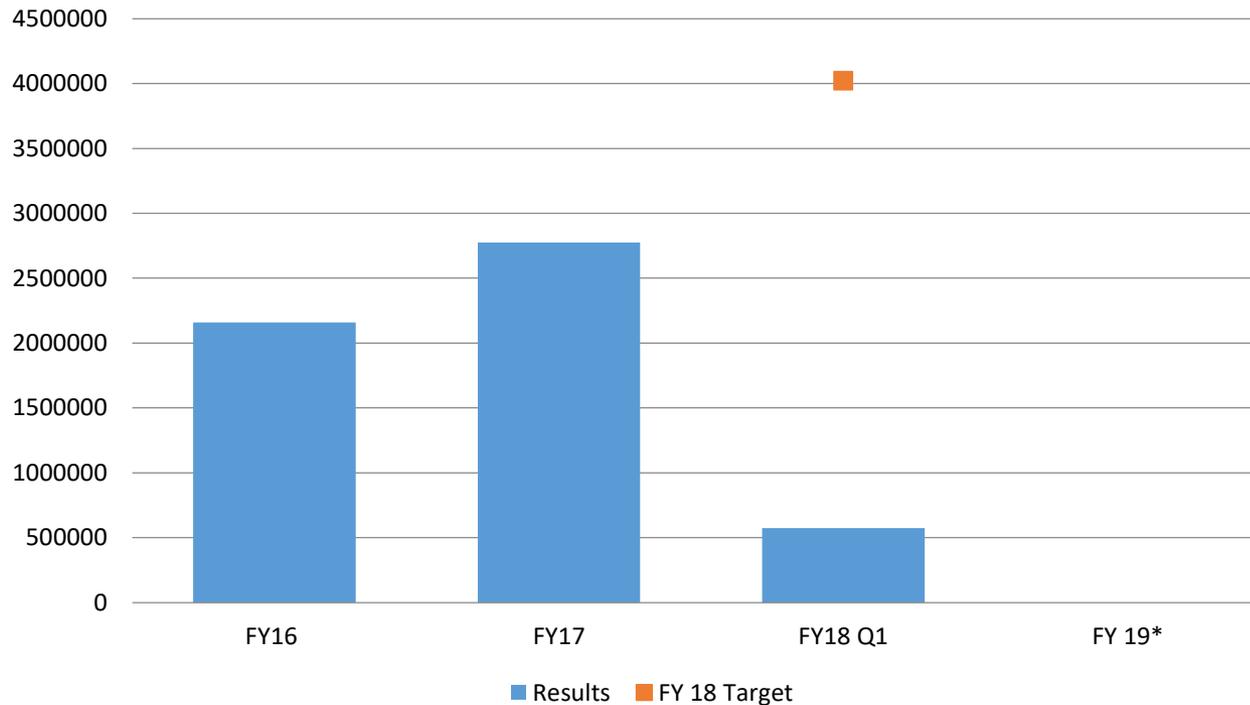
**PEPFAR will develop Fiscal Year 2019 targets as part of the annual Country Operational Planning process for FY 2018. Final targets will be available in April 2018.

Key Indicator 2: Number of Adults and Children Newly Enrolled on ART

Q1 Update

In FY 2017, PEPFAR initiated more than 2.7 million men, women, and children on life-saving ART. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible. For example, PEPFAR is supporting Test-and-Start policies whereby all people living with HIV are eligible for treatment immediately, regardless of how far disease has progressed.

New on Treatment

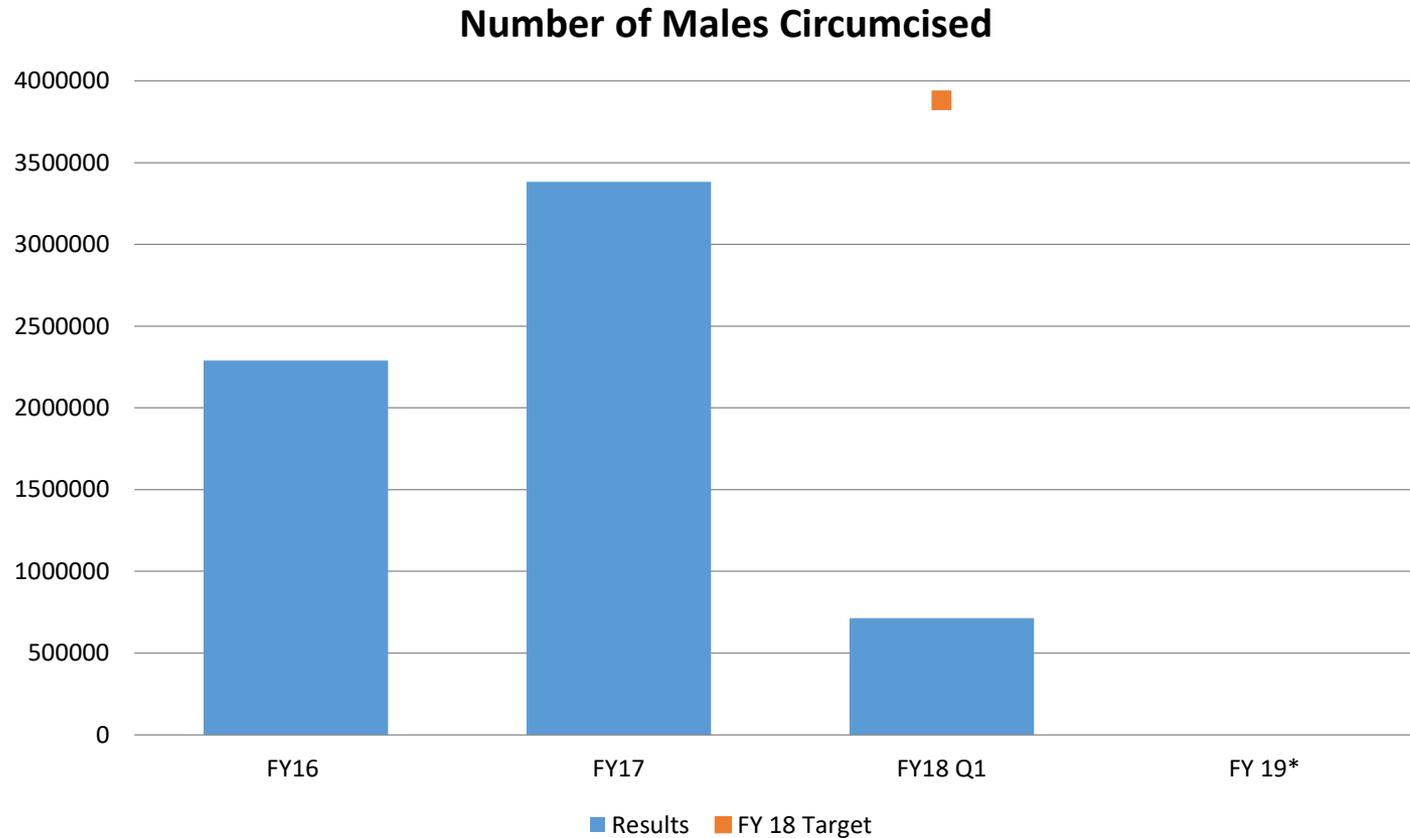


*PEPFAR will develop Fiscal Year 2019 targets as part of the annual Country Operational Planning process for FY 2018. Final targets will be available in April 2018.

Key Indicator 3: Number of Males Circumcised as Part of VMMC Programs

Q1 Update

In FY 2017, PEPFAR supported VMMC for more than 3.38 million men and boys to prevent HIV infection. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more men to receive VMMCs in the most cost-effective manner possible.



*PEPFAR will develop Fiscal Year 2019 targets as part of the annual Country Operational Planning process for FY 2018. Final targets will be available in April 2018.

Data Accuracy and Reliability

PEPFAR prides itself on the collection and use of country program data to guide planning and allocate resources in the most cost-efficient manner. Assuring the quality of these data is of the utmost importance. As such, PEPFAR encourages data-quality checks as early as the data-entry process through to the final submission of the data.

Data-Entry

- **Validation Rules for Data-Management**

To ensure partner data are accurate, DATIM, our system for entering and managing data, is designed with automatic data-quality checks through the use of more than 100 validation rules. The established rules flag instances when entries are illogical within, and across, indicators reported by PEPFAR.

- **Quarterly PEPFAR Oversight and Accountability Response Team (POART) Review**

The POART reviews each country's initial quarterly submission. During these reviews, issues of the completeness and quality of data are part of discussion during a three-hour call with the U.S. Government country team in the field. Following this call, each team is responsible to return to DATIM and make the necessary corrections during the data-entry period.

After Data Submission

- **Agency Data-Quality Assessment (DQA)**

In addition to participating in POART reviews, each PEPFAR Implementing Agency also has its own protocol for assessing data-quality and evaluating progress of its partners.

- **PEPFAR Data-Quality and Results Snapshot (DQRS)**

S/GAC recently rolled out a new data-quality assessment (DQRS) that reviews a limited number of PEPFAR indicators submitted by partners in country. The DQRS, lead by O/GAC, assesses site-level results through the review of patient records and registers, as well as electronic patient and pharmacy records.

Irregularities flags the need for a remediation plan and subsequent follow-up, to ensure partners make corrections in a timely manner.

Additional Information (for publication in March)

Contributing Programs

S/GAC is the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through the Chiefs of Mission in U.S. Embassies in over 50 countries. PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Treasury, and Labor; and the Peace Corps.

Stakeholder / Congressional Consultations

PEPFAR works across multiple sectors to ensure sustained control of the epidemic. Collaborating with partner governments and multilateral partners, such as UNAIDS and the Global Fund, PEPFAR optimizes its investments, strengthens country leadership and sustainability, and enhances service-delivery. PEPFAR also dedicates funds to strengthen the leadership and capacity of civil society, including with faith-based organizations (FBOs), while recognizing that sustainable HIV/AIDS interventions must be tailored to, and informed by, the communities we serve. PEPFAR forges strategic public-private partnerships that support and complement our prevention, care, and treatment work. S/GAC consults closely with civil society, advocacy organizations, academia, and Congress on its strategy.