



Working Together to Achieve Sustainable Epidemic Control and End AIDS

37th UNAIDS PCB Meeting

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U.S. Global AIDS Coordinator

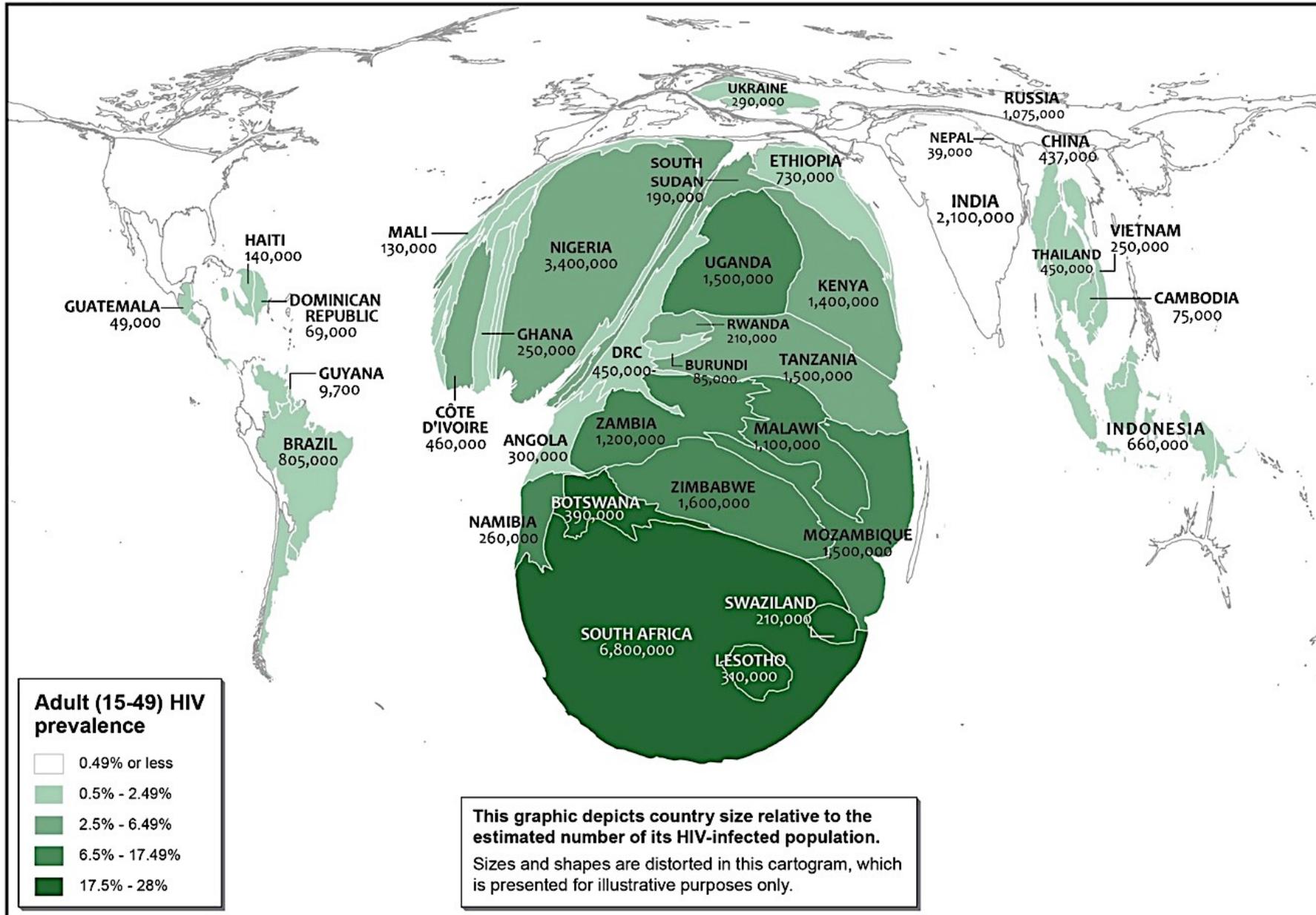
October, 2015

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DEFINING A SUSTAINABLE RESPONSE

And the steps needed to achieve epidemic control

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

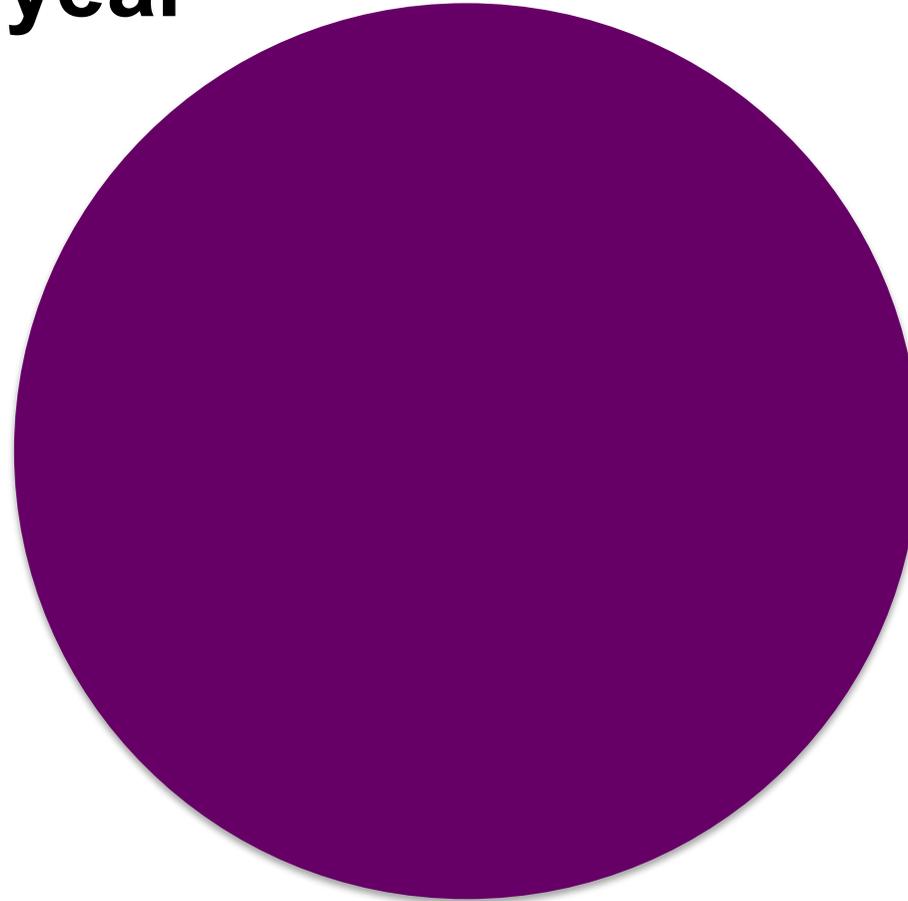


Adult (15-49) HIV prevalence

- 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.

Business as usual: escalating costs year after year



2.5 MILLION
NEW ADULT HIV INFECTIONS PER
YEAR

Source: UNAIDS, 2015



Fast Track Strategy: Program costs decline in out years

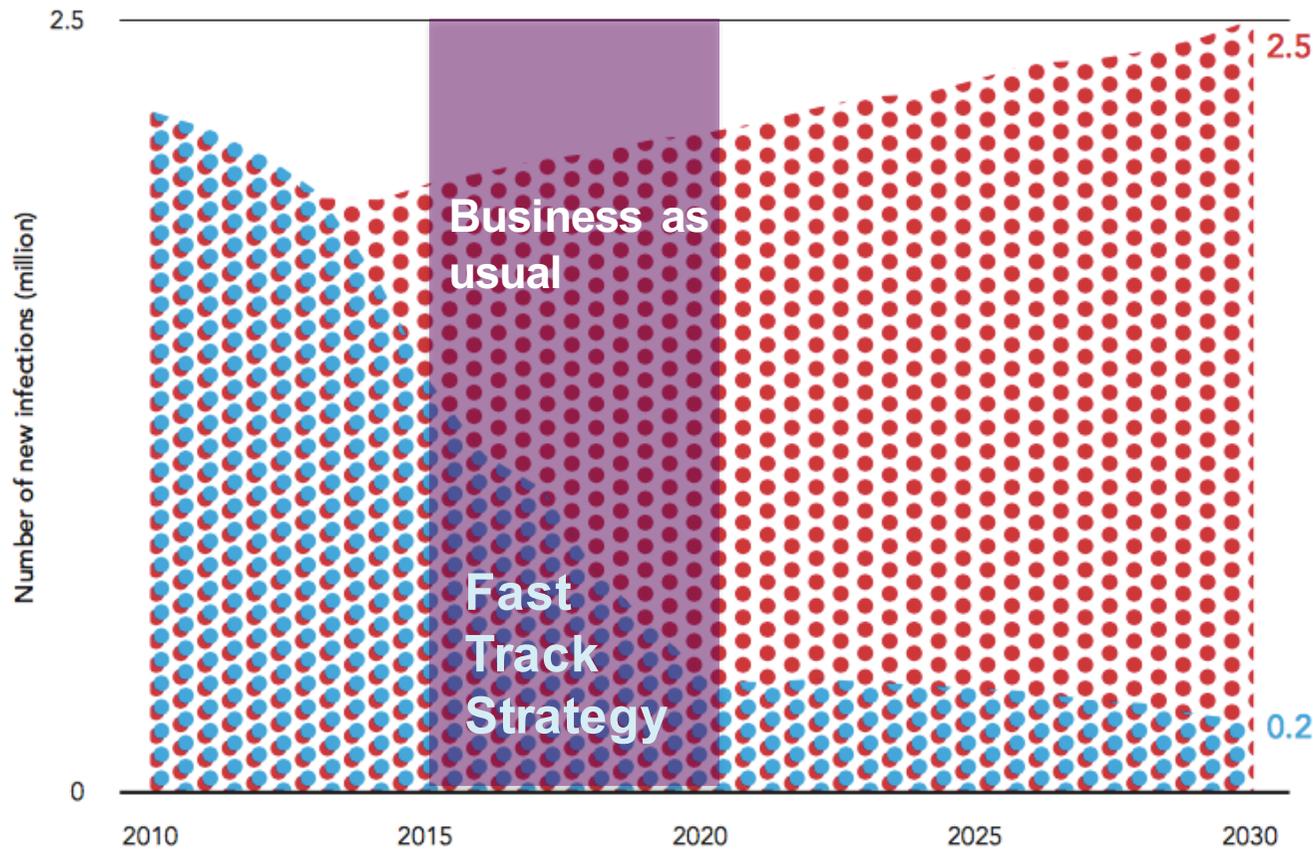


0.2 MILLION
NEW ADULT HIV INFECTIONS PER
YEAR

Source: UNAIDS 2015



We have a **5-YEAR** WINDOW



28
MILLION

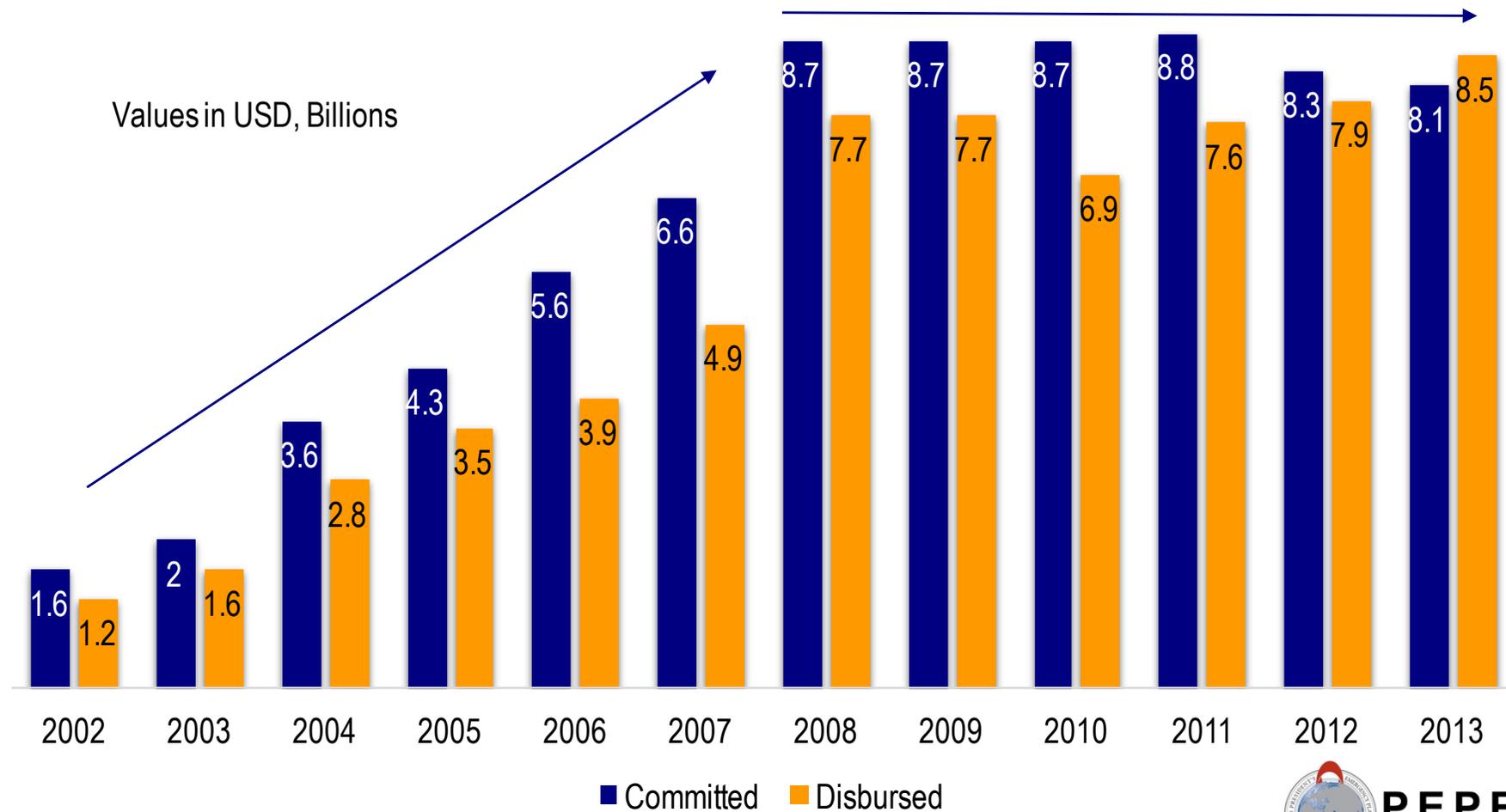
Total HIV infections
averted 2015–2030

- Ambitious targets
- Constant coverage

Source: UNAIDS 2015



Global HIV Funding Has Plateaued and is projected to remain flat



Source: Kaiser Family Foundation and UNAIDS, 2015



Defining “A Sustainable HIV Response”

Sustainability is *not* only about funding.

A sustainable response can only be achieved when the epidemic is under control and no longer expanding

How can we achieve epidemic control?

- ✓ Right things
- ✓ Right places
- ✓ Right now

The Right Things to achieve epidemic control

- Expand access to ART: test and start for everyone
 - Find & treat men living with HIV
 - Pregnant & breastfeeding women
 - Children & adolescents
 - MSM & transgender people, sex workers, people who inject drugs
- Develop alternative service delivery models
- Supply chain management: improve tendering & costs
- Prevent new infections in young women (15-24): DREAMS
- Prevent new infections in men (30-45): VMMC & treatment

The Right Places for epidemic control

- Focusing limited resources on the highest burden areas
 - Strategic scale-up
 - “Catching up” on coverage of prevention and treatment services in high burden areas
 - High burden area access to services both between and within countries lags substantially behind low burden areas
 - Refine approach to targeting interventions
 - Collect & use facility-level data
 - Use programmatic data for continuous evaluation of investments

Right Now: Urgent need to control epidemic

- Achieving a sustainable response requires immediate action and focus
- We have a limited window to recalibrate response
 - Use of granular ‘real-time’ data to direct investments
 - Open sharing of data & transparency needed
 - Efficient policy changes and immediately implementation to accelerate evidence-based interventions

Do we have the collective will to focus, and to make difficult choices together to achieve epidemic control?

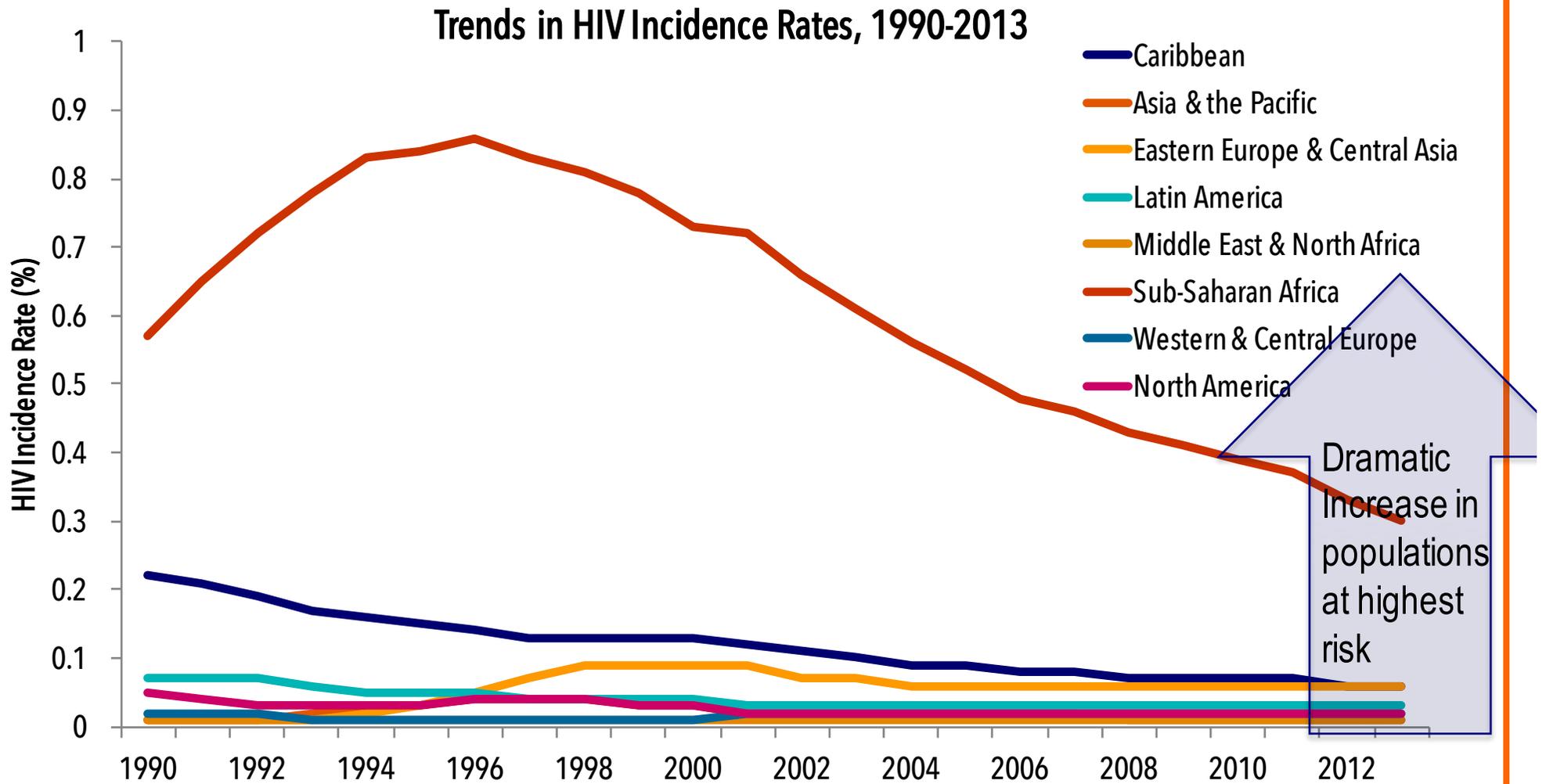
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FRAMING THE EPIDEMIC TODAY

Where we're at today, and where we need to be

Dramatic reductions in HIV Incidence Rates

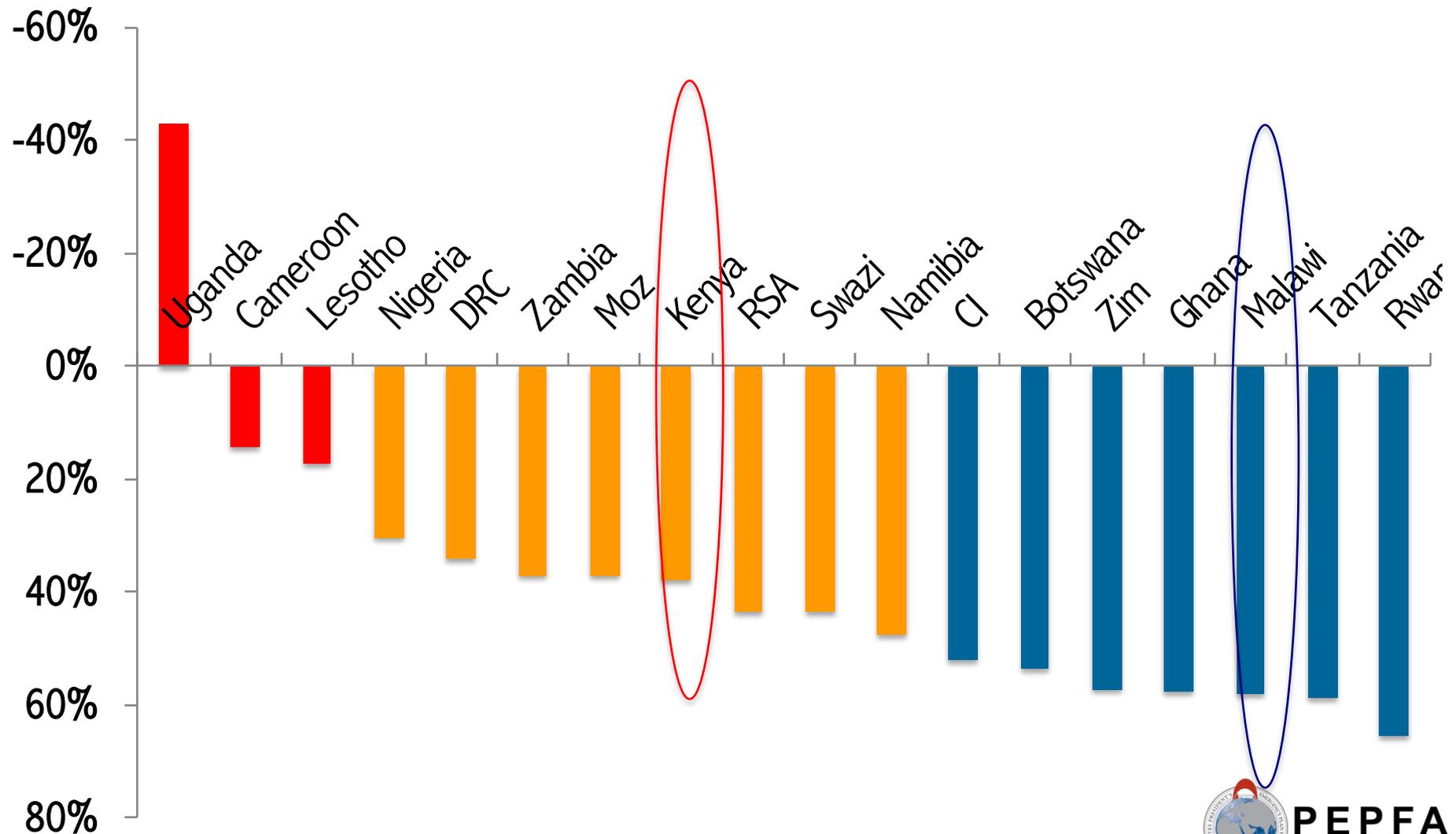
Maintaining momentum is key to achieving epidemic control



Source: UNAIDS, 2015



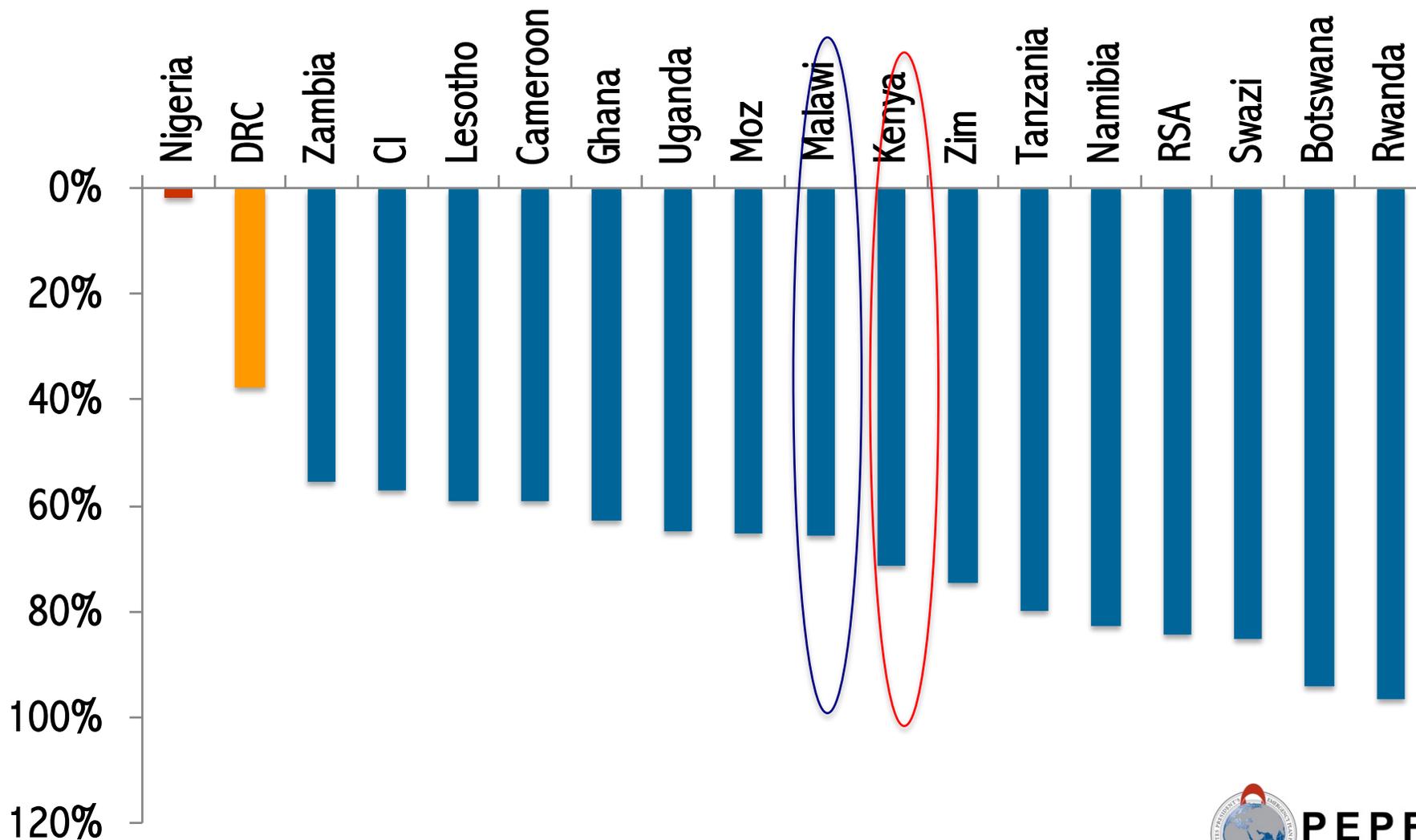
% Change in New HIV Infections (2004-2014)



Source: UNAIDS, 2015



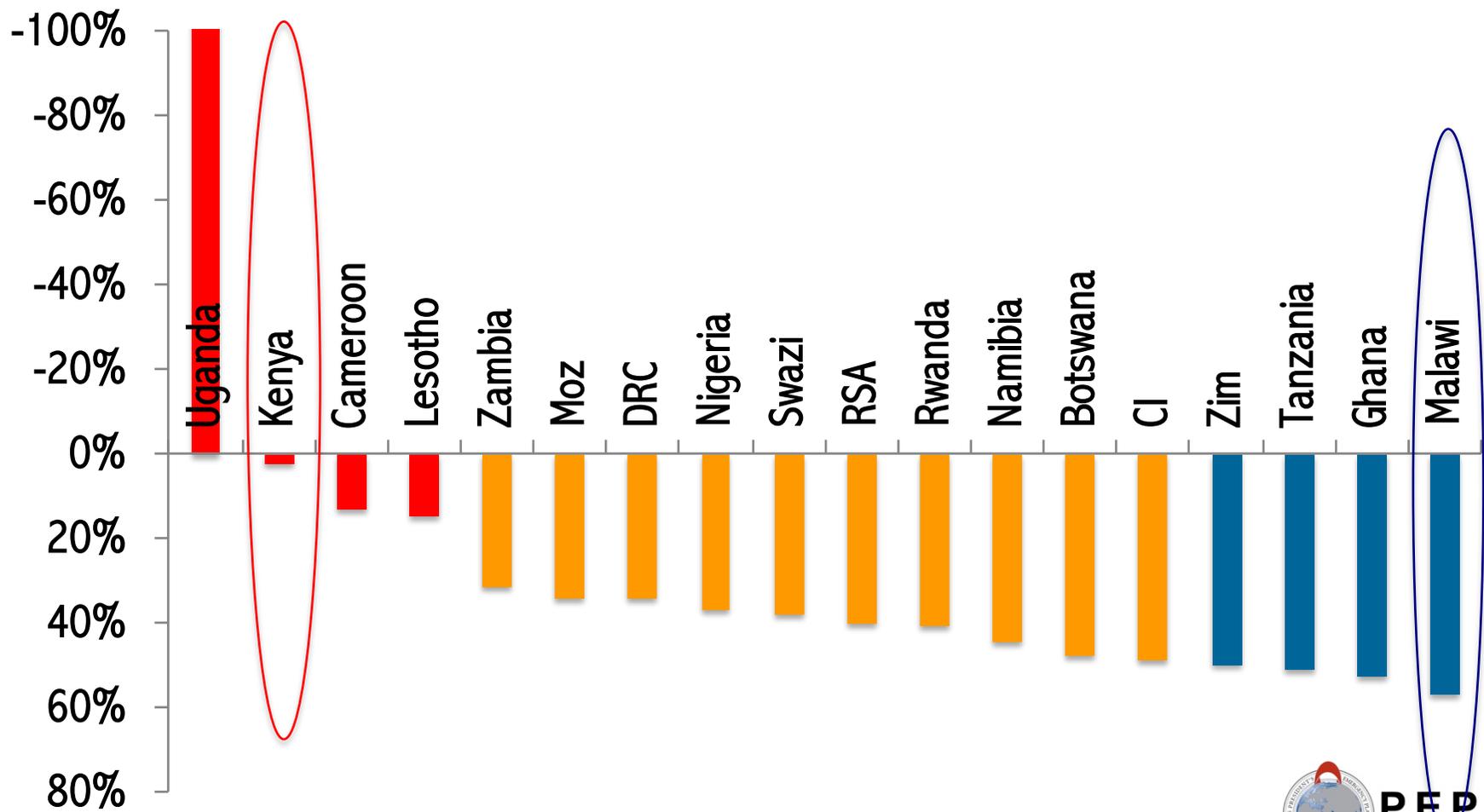
% Change in New Pediatric HIV Infections (2000-2014)



Source: UNAIDS, 2015



% Change In Adult New HIV/AIDS Infections (2000-2014)

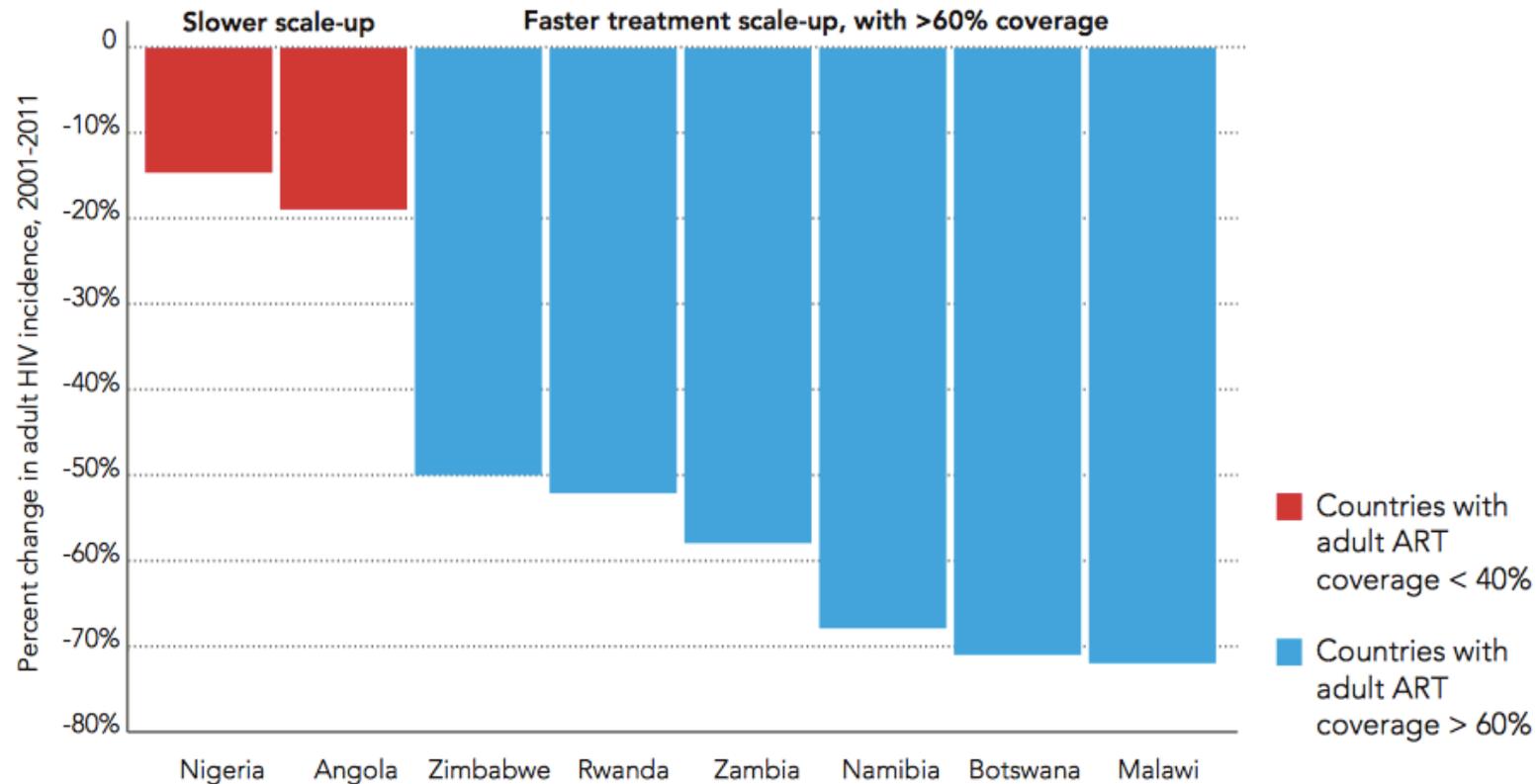


Source: UNAIDS, 2015



Treatment as Core Prevention Intervention

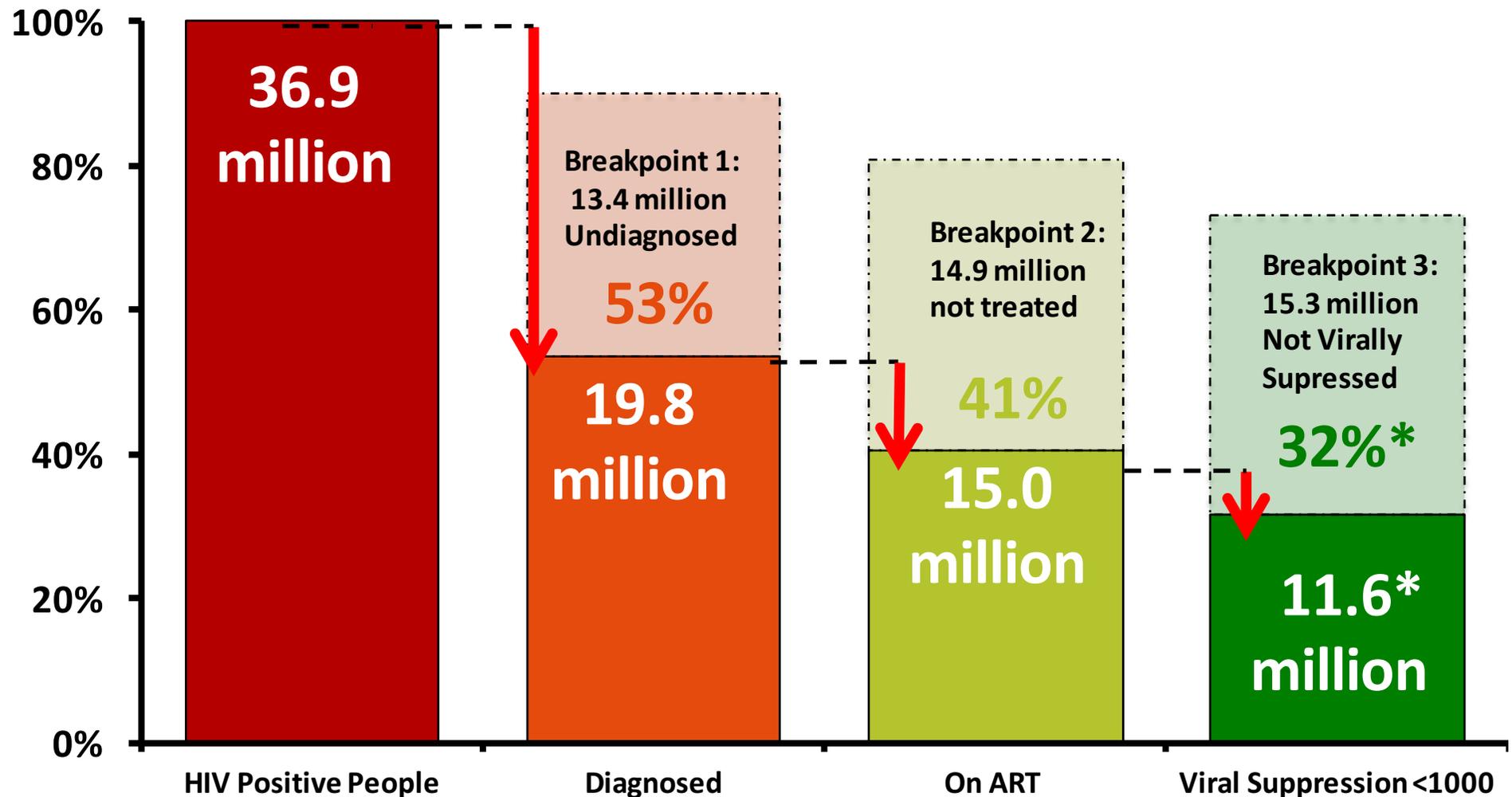
COUNTRIES THAT SCALED-UP TREATMENT FASTER, HAVE REDUCED INCIDENCE MORE SIGNIFICANTLY OVER THE PAST DECADE



Source: UNAIDS, Treatment 2015



Global Estimates (2014-15) vs the Gap to reach 90-90-90 Targets



Ref: On ART = March 2015. How Aids Changed Everything. Fact Sheet. UNAIDS 2015. MDG 6: 15 YEARS, 15 LESSONS OF HOPE FROM THE AIDS RESPONSE July 2015. * Average viral suppression% Intention to Treat LMIC rate from a Systematic Review by McMahon J. et al. Viral suppression after 12 months of antiretroviral therapy in low-and middle-income countries: a systematic review." *Bulletin of the World Health Organization* 91.5 (2013): 377-385.



New PEPFAR Targets for 2017

12.9 million

women, men, and children on ART

40% reduction in new HIV infections in young women in 10 countries

Total of 13 million voluntary medical male circummcisions

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TEST & START: EXPANDING TREATMENT

New WHO ART & PrEP Guidelines

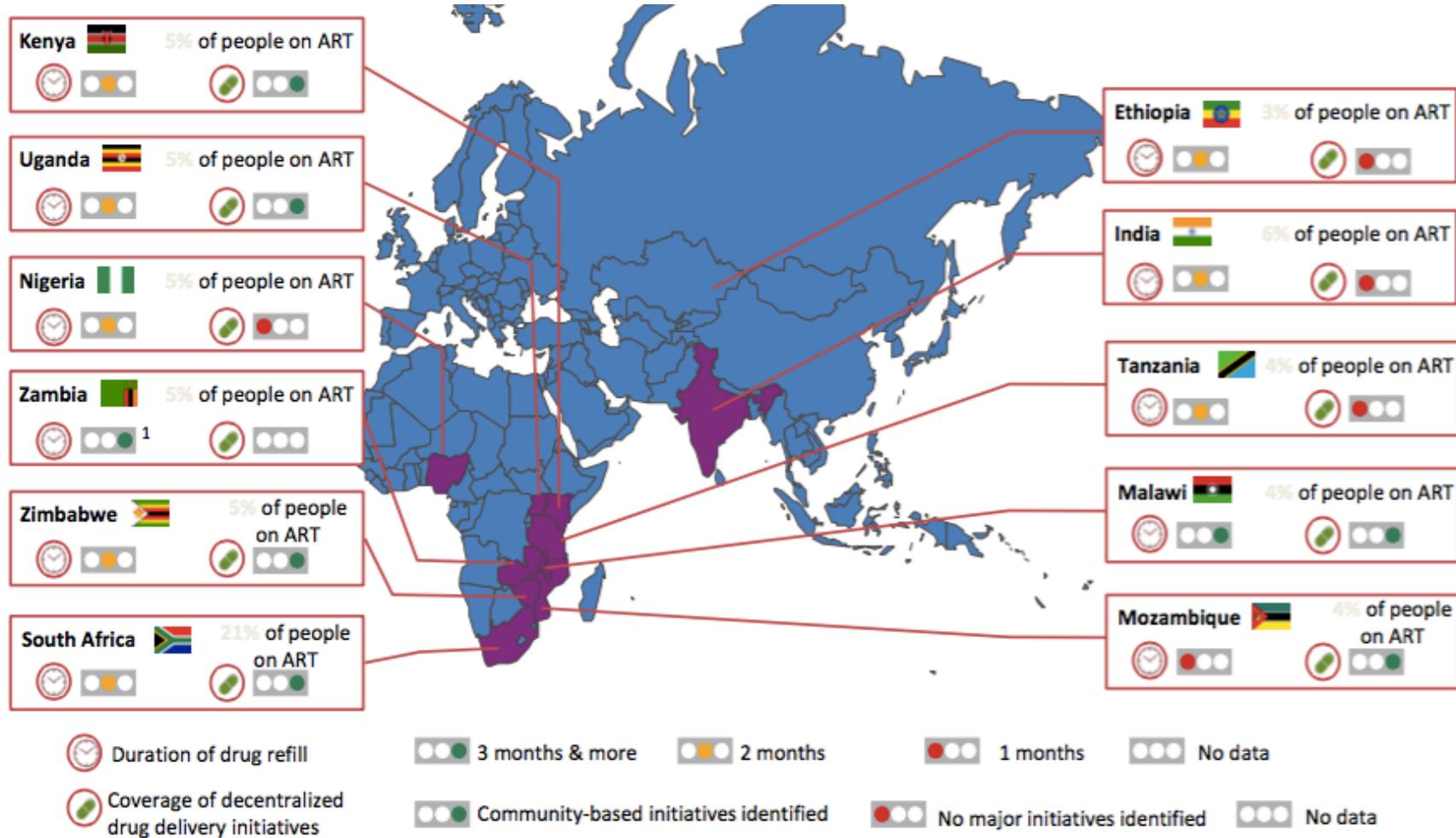
- Treat ALL (at any CD4) – all people living with HIV across all ages
- The sickest remain a priority (symptomatic disease and CD4<350)
- New age band for adolescents (ages 10-19)
- Option B not taken forward; Option B+ as new standard
- PrEP as an additional prevention choice for all people at substantial risk of HIV infection (>3% incidence)

Innovative Service Delivery Models for ART are Urgently Needed

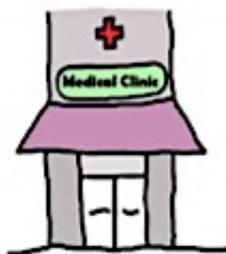


- Moving to 6 month follow-up will immediately decongest and allow for rapid addition of new patients with only the addition of the drug cost
- To decentralize services & decongest crowded clinics
- To engage communities & improve retention
- To improve access for key populations such as PWID, MSM, TG, and sex workers

Extending ART Refills & Decentralizing ART



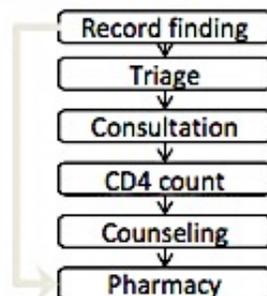
Examples of ART Decentralization Models TASO, Uganda



Facility drug delivery Points (FDDP)

Clients coming to the facility for drug refill can directly go to the pharmacy without going through all other steps

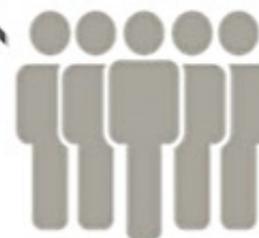
- Reduced waiting time for the clients
- Optimization of facility resources: focus scarce resources (e.g., doctors) on clients really needing it



Community drug delivery Point (CDDP)

Stable PLHIV on ART receive their drugs & CD4 test outside the facility in their community

- Expert clients called Community AIDS support agents (CASA) who are in charge of supporting adherence & remind clients of their appointments



Community client-led ART Delivery (CCLAD)

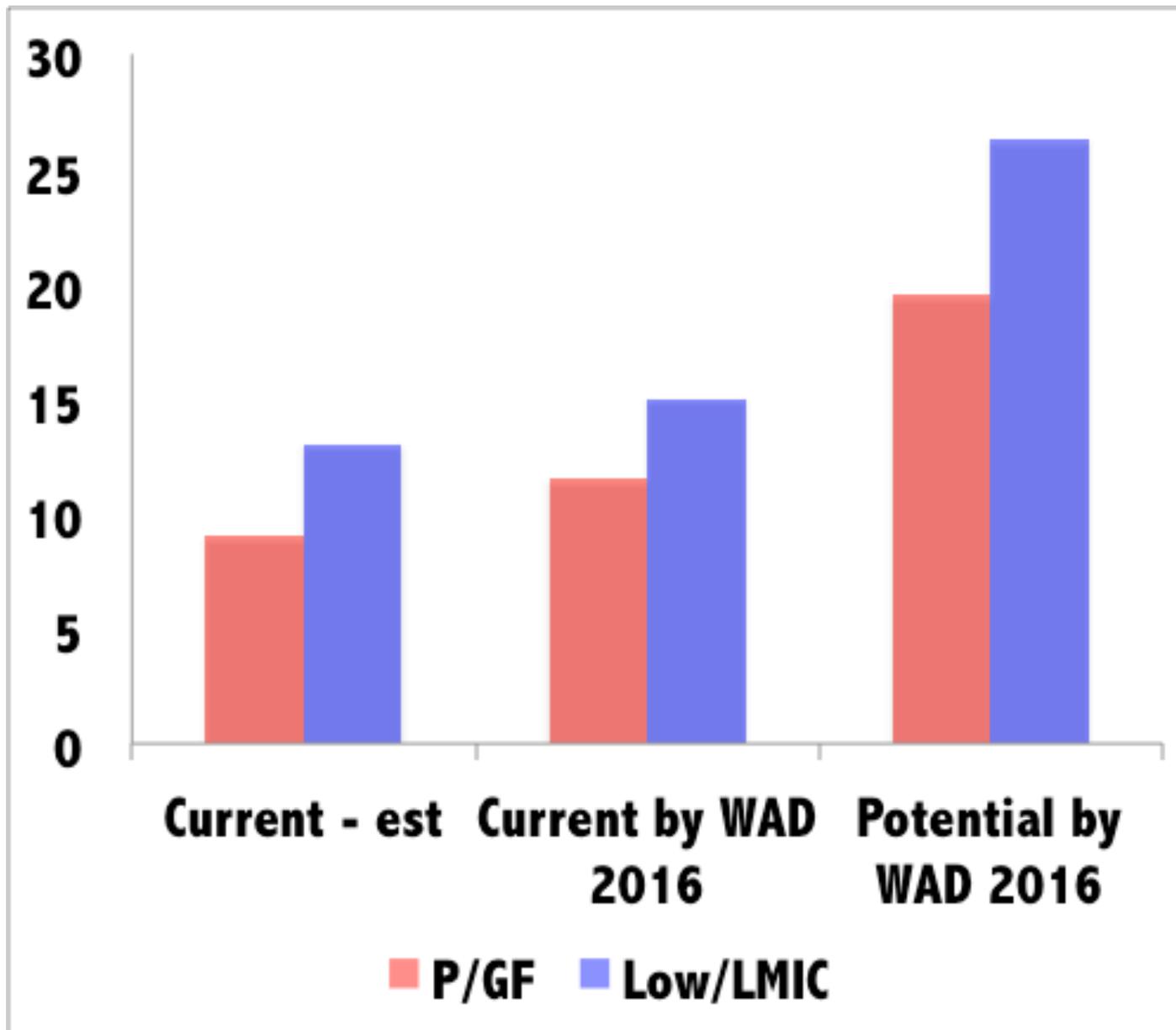
Drug delivery duty can be partly delegated to clients

- CDDP clients are divided in Peer Support Groups (PSG) and only PSG leaders go to CDDP to pick up ARVs for all members

Shared Responsibility

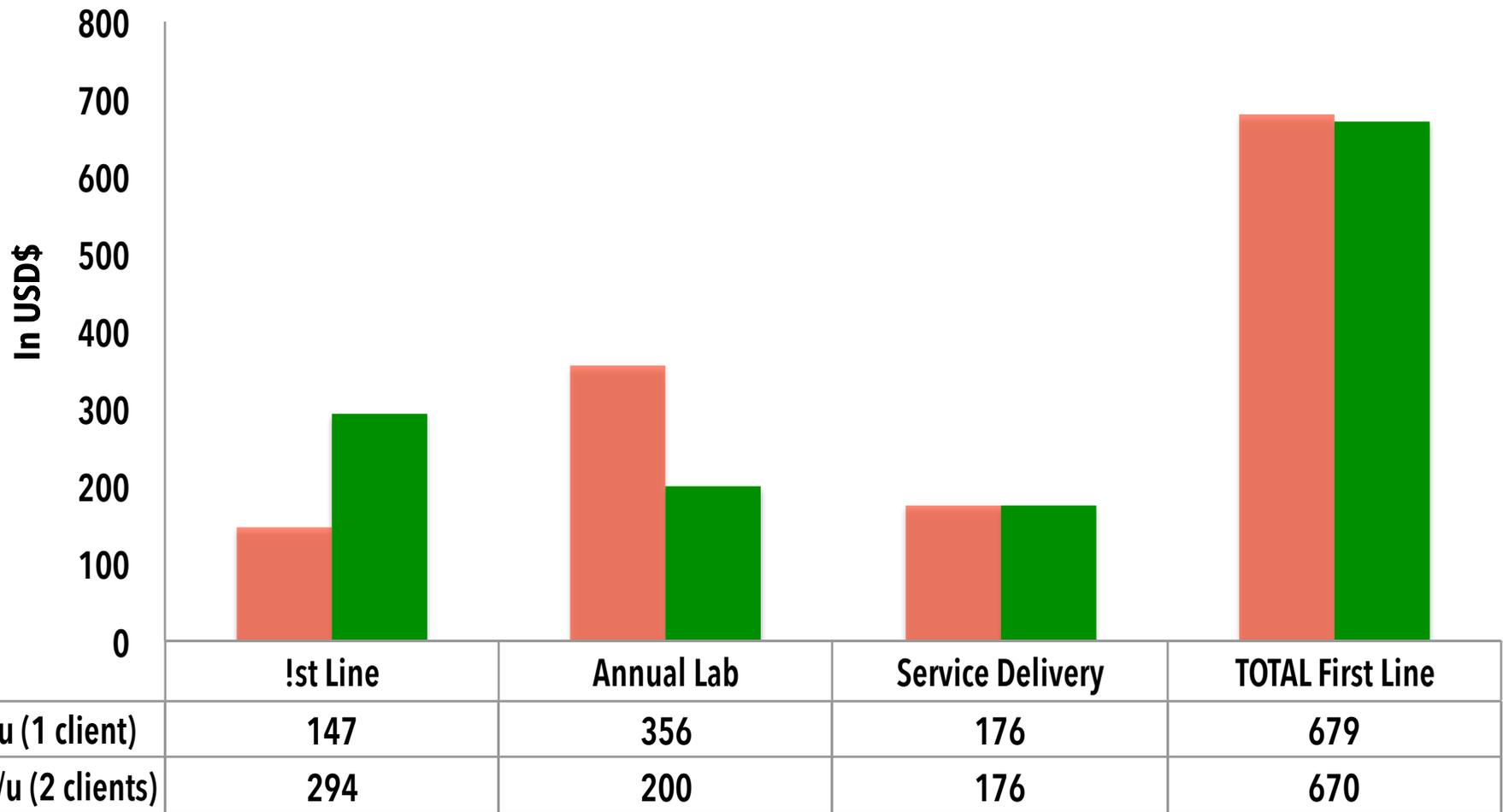
- Is not about money but about the **policy changes** that are essential to the elimination of HIV as a public health threat
- **Country leadership** on policies and adoption of WHO guidelines must be **within weeks and months** and not years
- Nearly 2/3rd of the **cost of treatment is service delivery**, not the cost of drugs
- Change in policy to every 6 month appointments and tendering to allow 6 month supply of drugs will allow each current treatment site to **add 40-50% more clients on treatment with the same facility personnel and cost**

What would this mean for the next 12 months if we changed frequency of follow-up – assuming 75% of clients are eligible



Cost for seeing 1 client every 3 months or 2 clients every 6 months

includes annual VL (\$44/client) and required chemistries

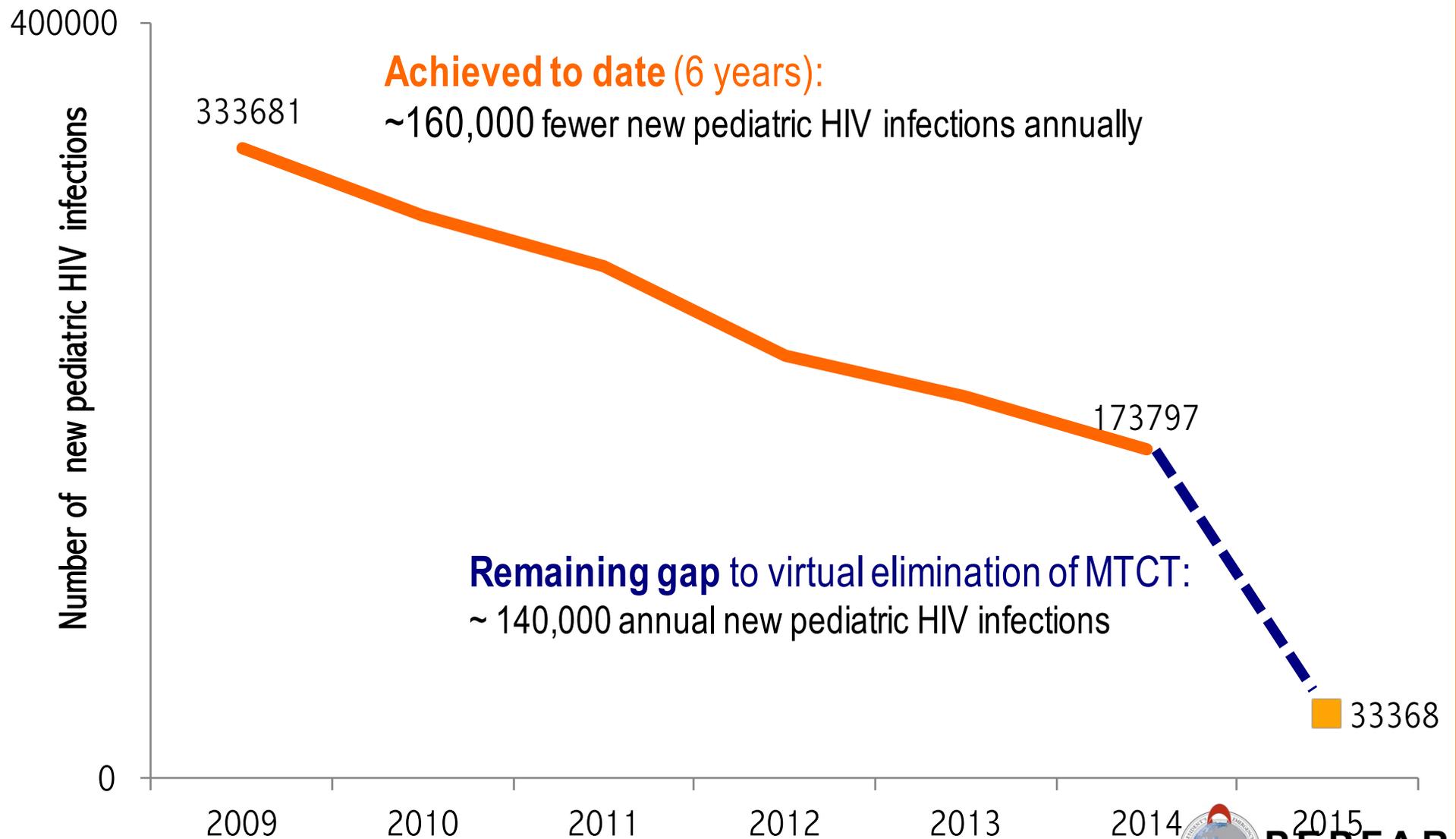


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ENDING MTCT AND TREATING CHILDREN

Virtual elimination of new pediatric infections & accelerating children's treatment (ACT)

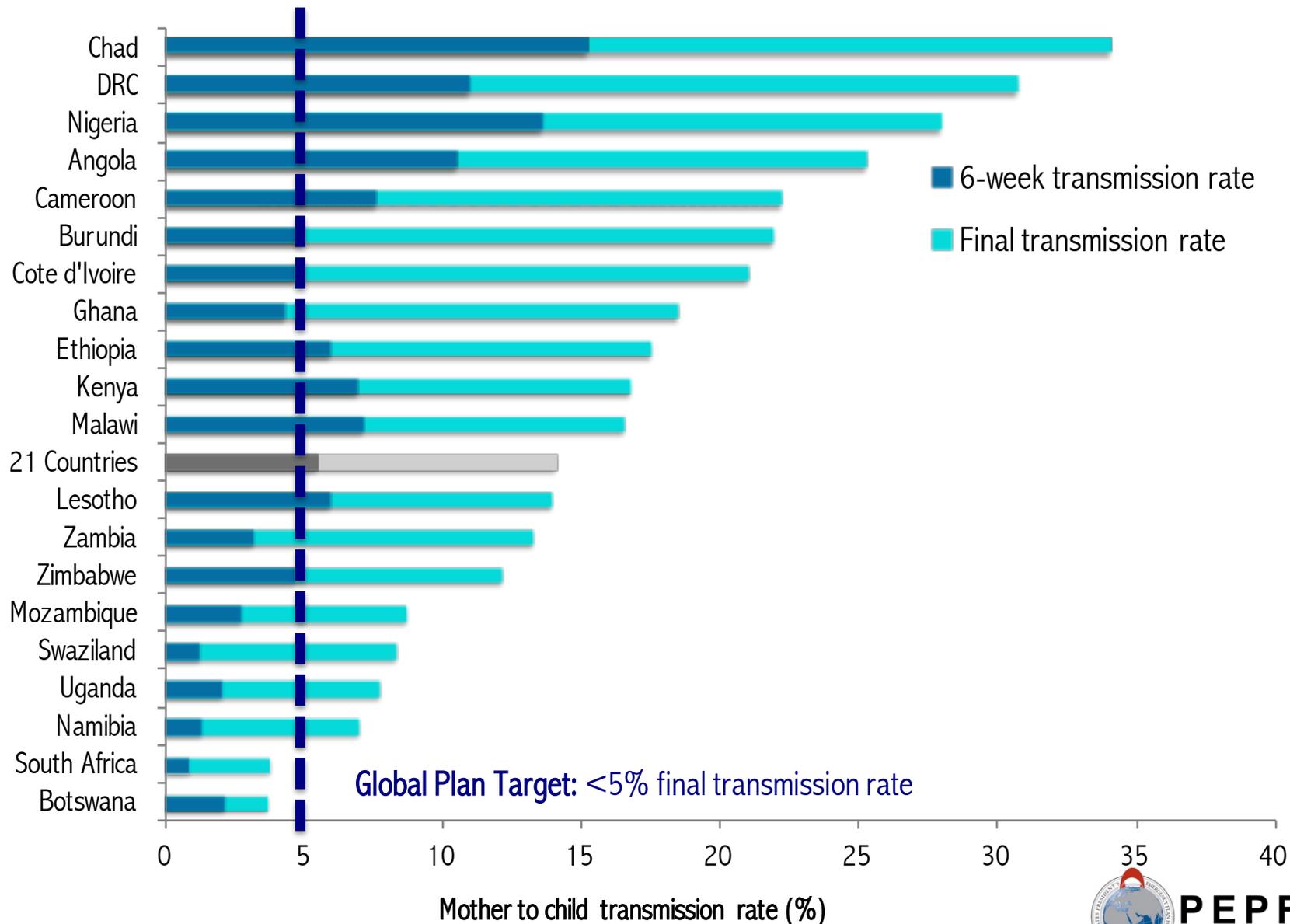
Number of new pediatric HIV infections, 2009-2014



Source: UNAIDS Estimate, 21 Countries, 2015



Mother-to-Child Transmission Rates at 6 weeks and final status



Source: UNAIDS Estimate, 21 Countries, 2015

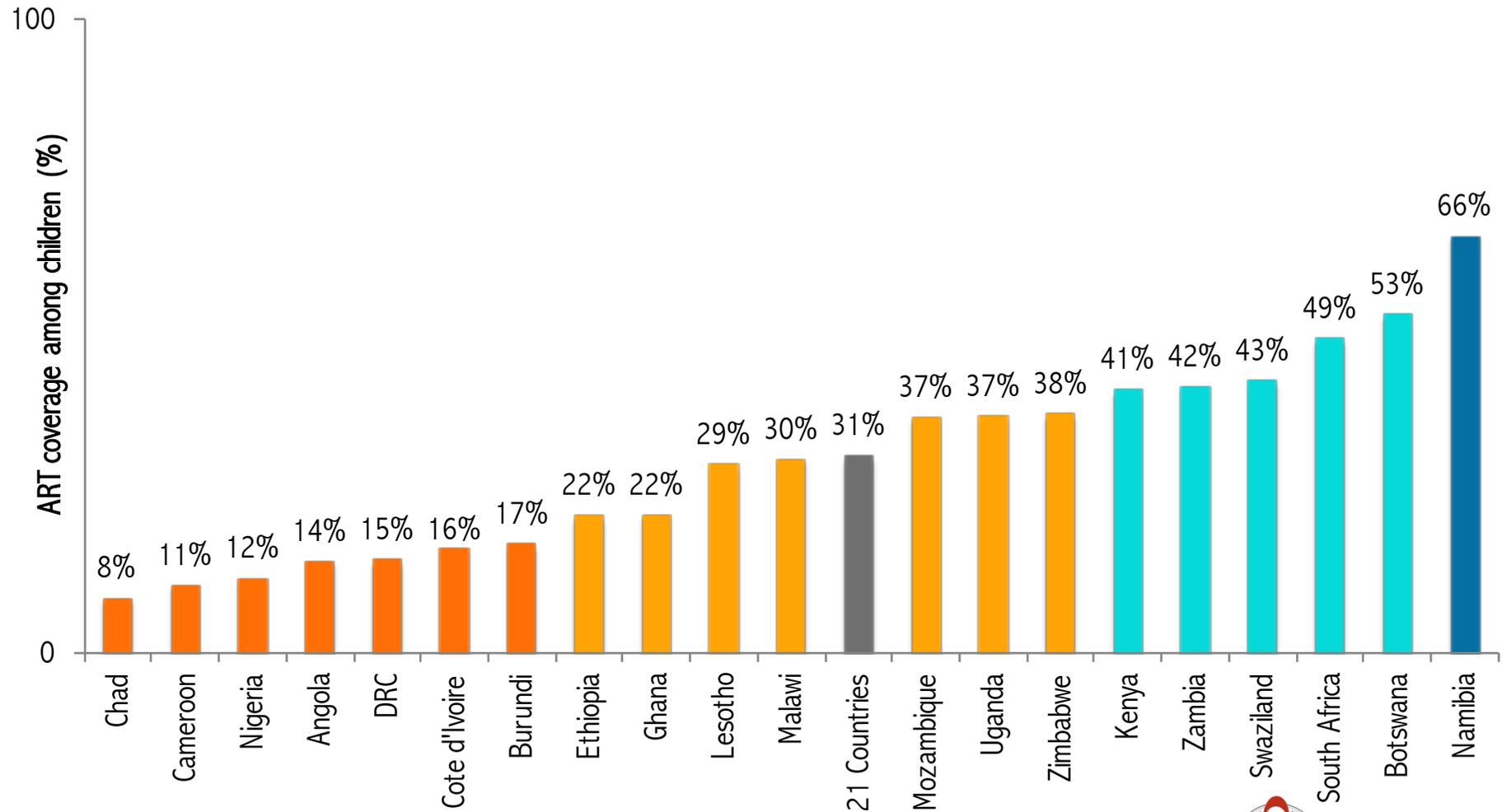




Without lifesaving antiretroviral therapy for HIV-infected children, 50% will die before their 2nd birthday.

80% will die before age 5.

Pediatric Treatment: Percent of children <15 years living with HIV on lifelong ART by country, 2014



Source: UNAIDS Estimate, 21 Countries, 2015



Partnering to save children

PEPFAR & Children's Investment Fund Foundation (CIFF)

Accelerating Children's HIV/AIDS Treatment (ACT)

- \$200M partnership
- Doubling the number of children receiving life saving ART
- FY 2017 Target: 600,000 on treatment
- Interim FY 2016 Target: 500,000 on treatment
- **Countries** : Cameroon, DRC, Kenya, Lesotho, Malawi, Mozambique, Tanzania, Zambia, Zimbabwe



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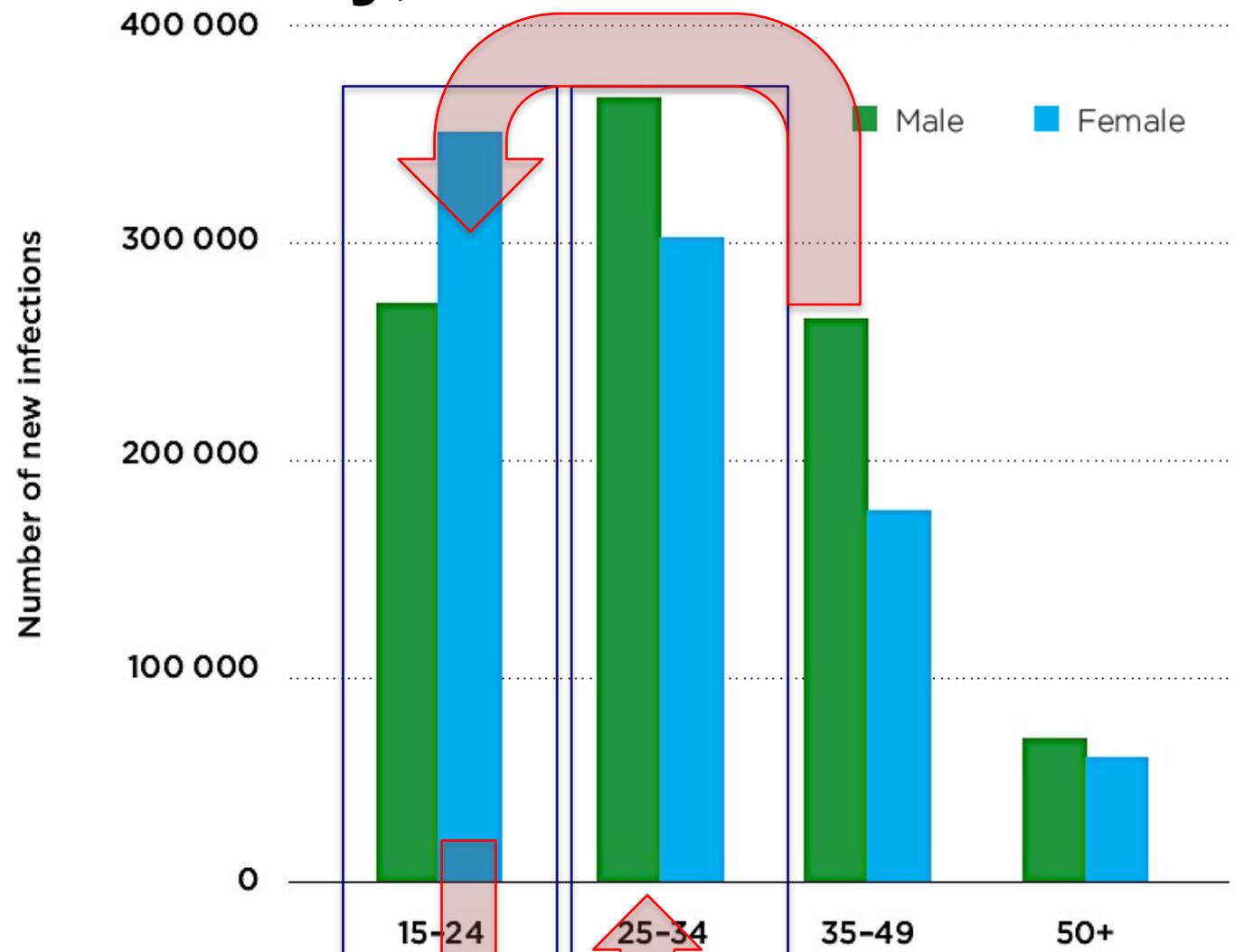
DREAMS FOR YOUNG WOMEN & GIRLS

Ensuring young women are Determined, Resilient, Empowered, AIDS-free, Mentored and Safe



Age-Gender Disparity in New HIV Infections Globally, 2014

720,000
new
infections
primarily
driven
by infection of
young
women

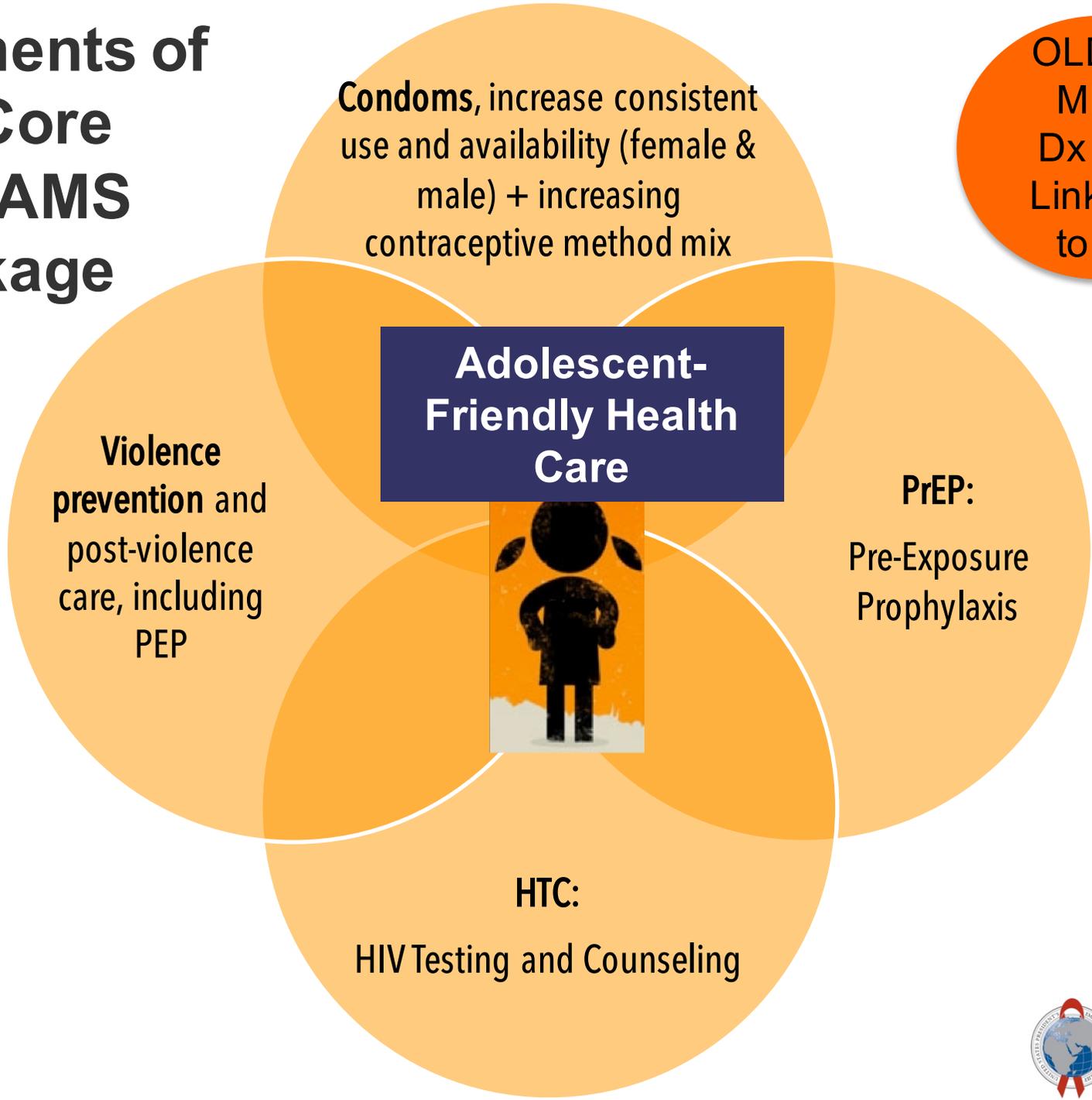


The DREAMS Partnership

- Launched on WAD 2014
- \$280 million partnership
 - PEPFAR,
 - Bill & Melinda Gates Foundation, and
 - Nike Foundation
- Goal: to reduce new HIV infections in adolescent girls & young women
- Ensure that girls have an opportunity to live **Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives.**



Elements of the Core DREAMS Package



OLDER MEN
Dx and Linkage to Tx



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

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RIGHT PLACES: COUNTRY EXAMPLES

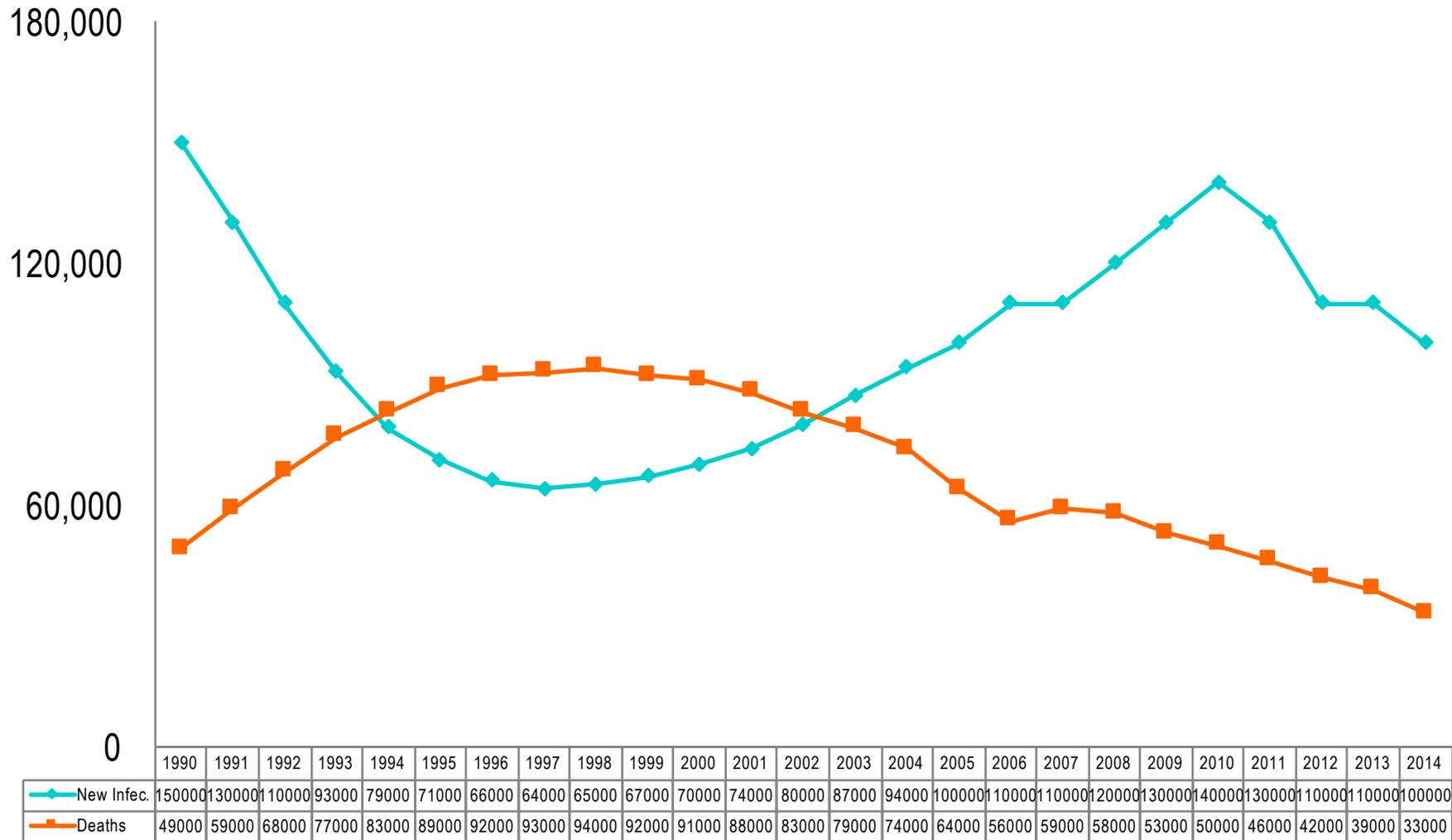
Using Data to Understand micro-epidemics and refine our response

Uganda

We can be agile as governments and pivots can be sustained



New HIV Infections & AIDS Deaths: Uganda

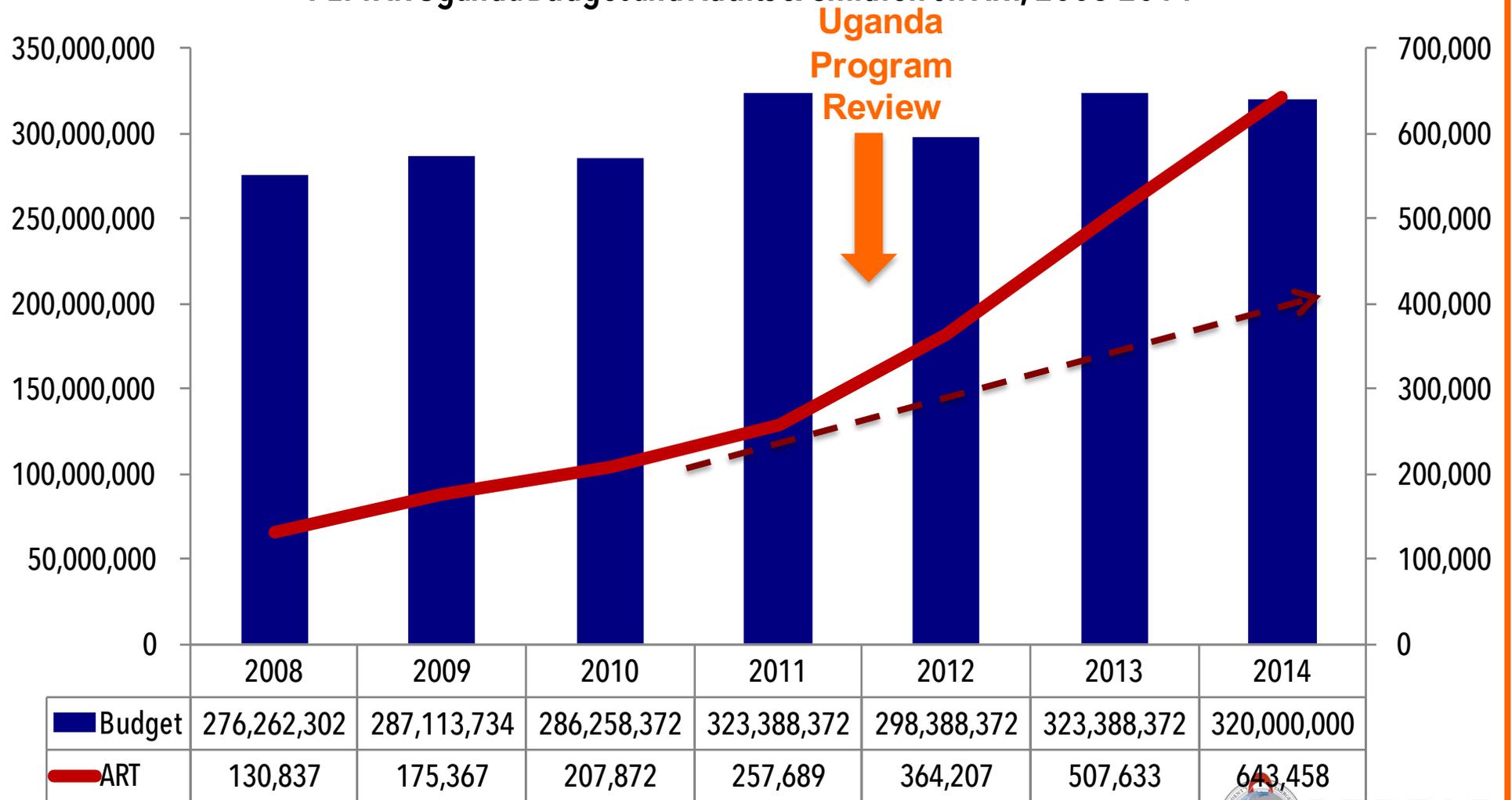


Source: UNAIDS, 2015



Uganda: Focus on Core (Treatment)

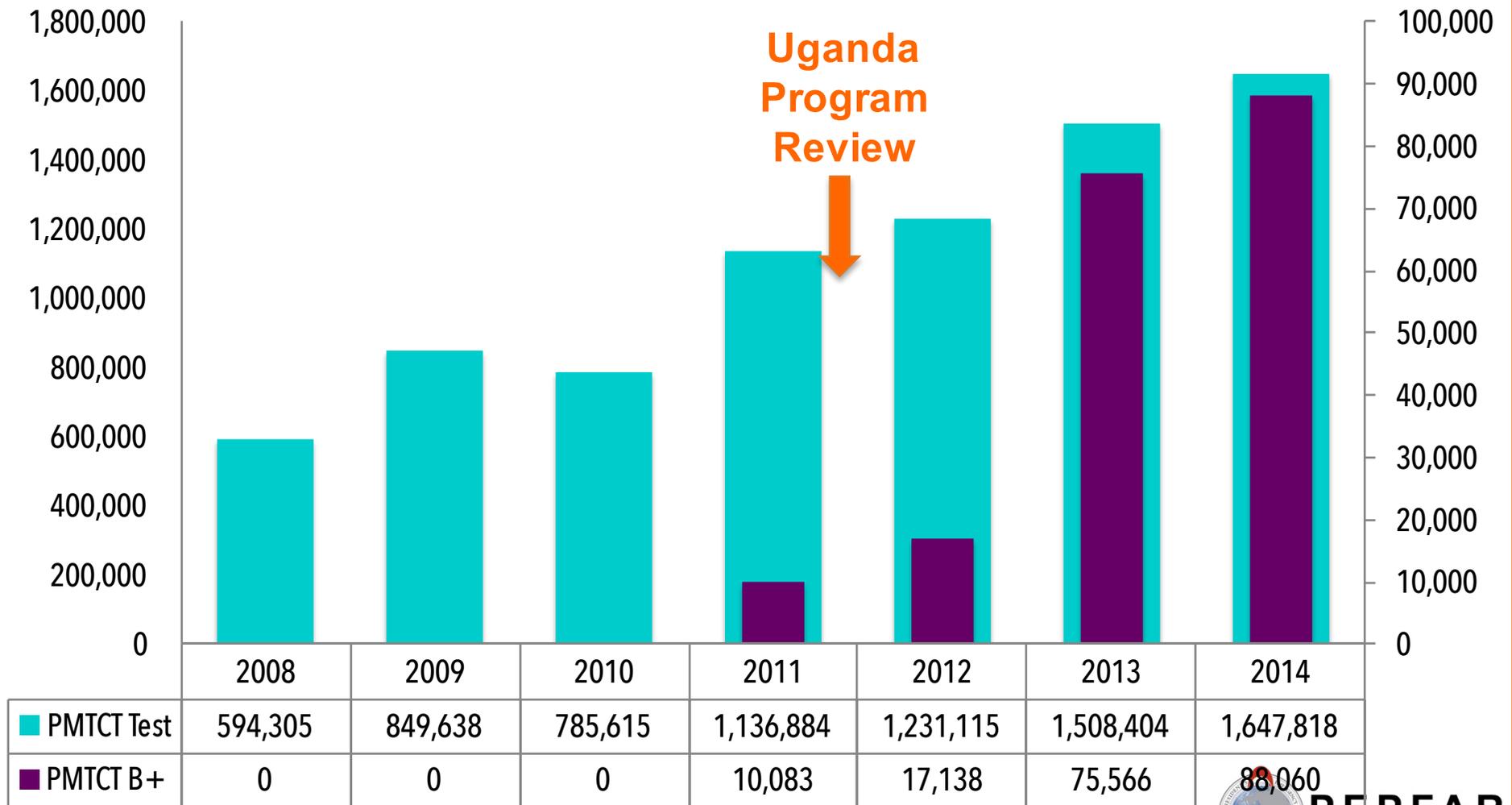
PEPFAR Uganda Budget and Adults & Children on ART, 2008-2014



Source: PEPFAR, 2015

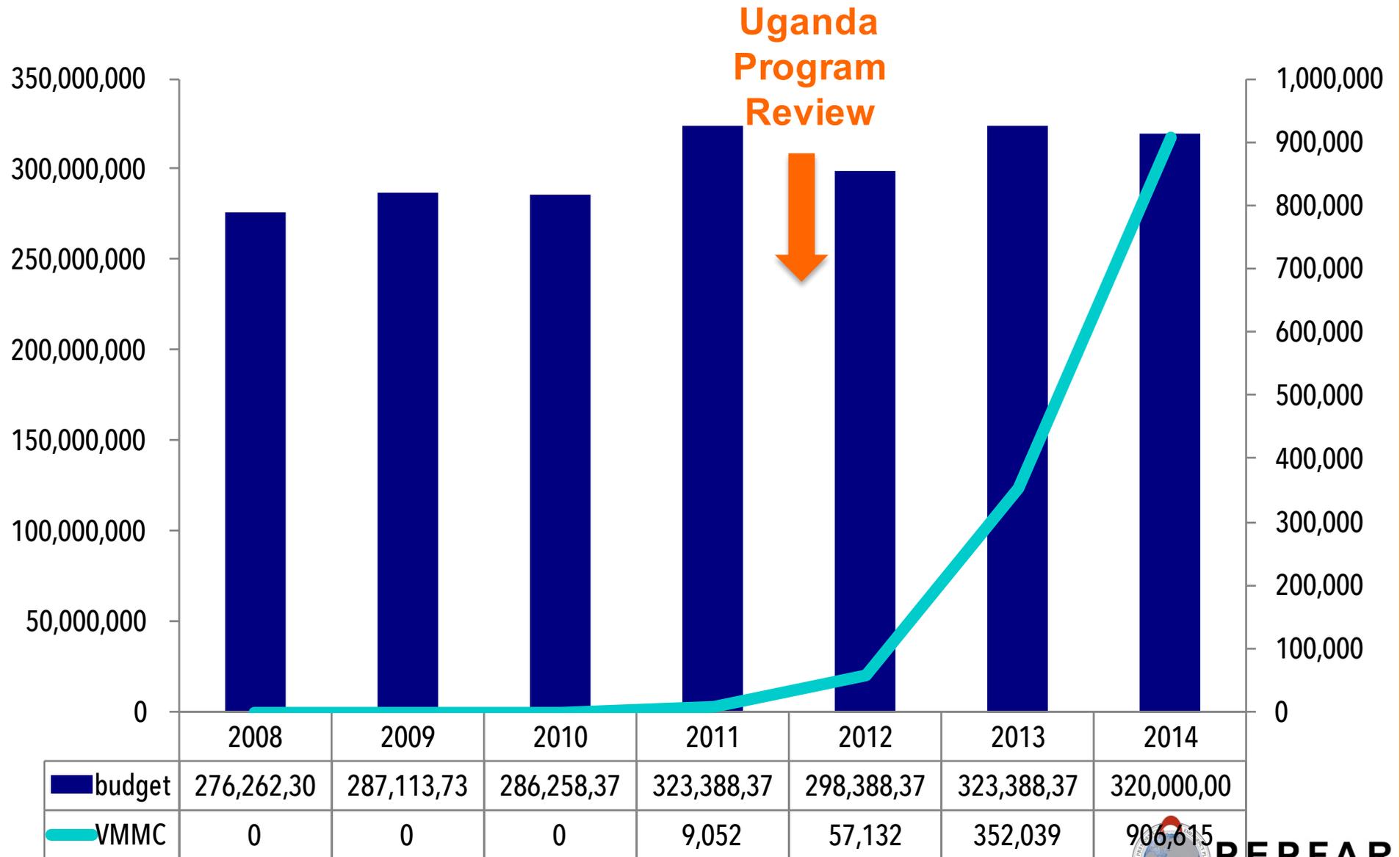
Uganda: Focus on Core (PMTCT) B+ Acceleration

PEPFAR Uganda PMTCT: Testing of Pregnant Women & Lifelong ART for Mothers



Source: PEPFAR, 2015

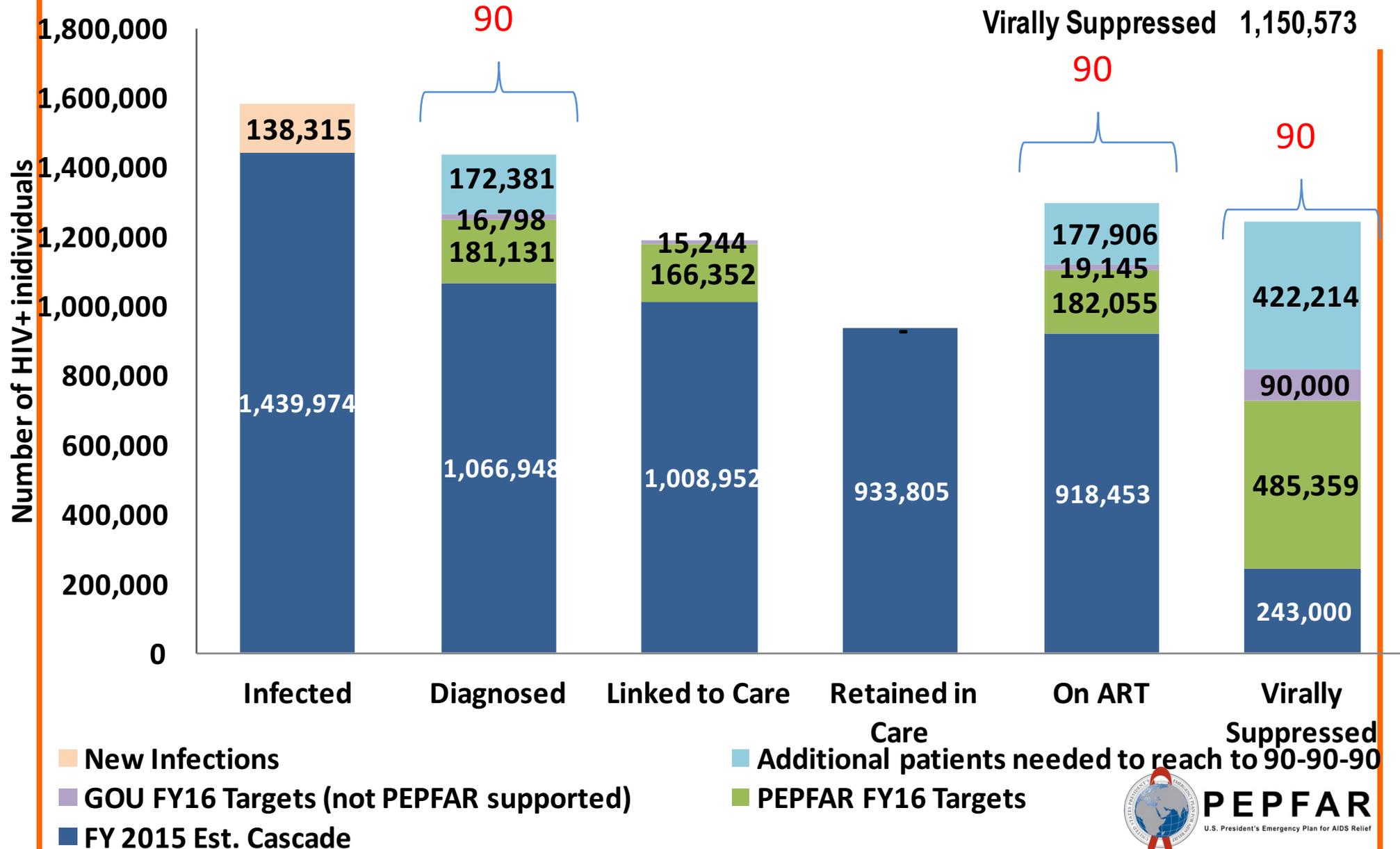
Uganda: Focus on Core (VMMC)



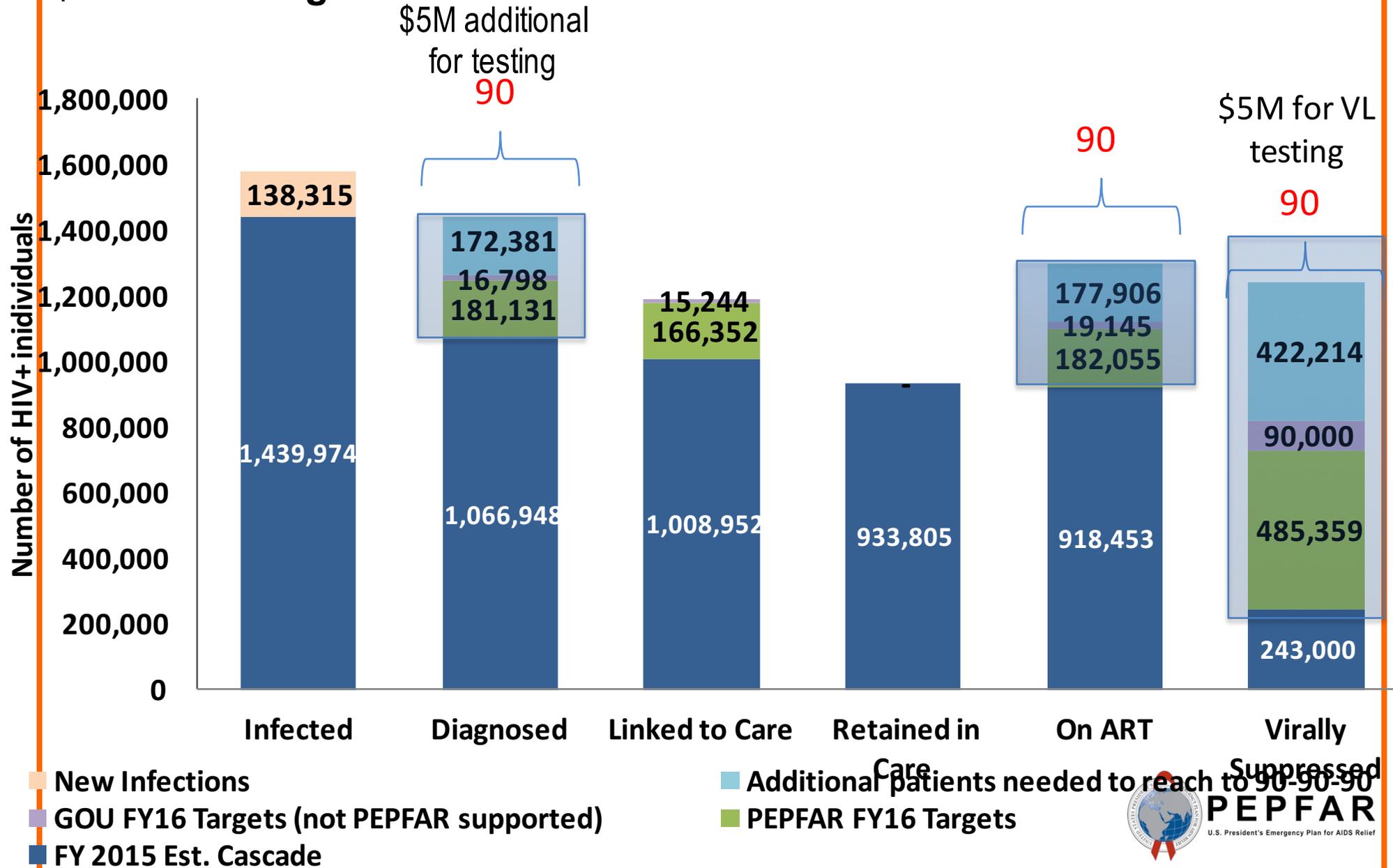
90-90-90 TARGETS

| | |
|--------------------|-----------|
| Infected | 1,578,289 |
| Diagnosed | 1,420,260 |
| On ARVs | 1,278,414 |
| Virally Suppressed | 1,150,573 |

90:90:90 is within Uganda's reach



90:90:90 is within Uganda's reach and achievable in the next 12 month with an alteration to 6 months F/U, \$5M to increase testing and \$5M VL testing for all



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BUILDING HEALTH SYSTEMS

A sustainable response requires a strong health system

PEPFAR & Human Resources for Health

PEPFAR's multimillion dollar HRH strategy links the following:

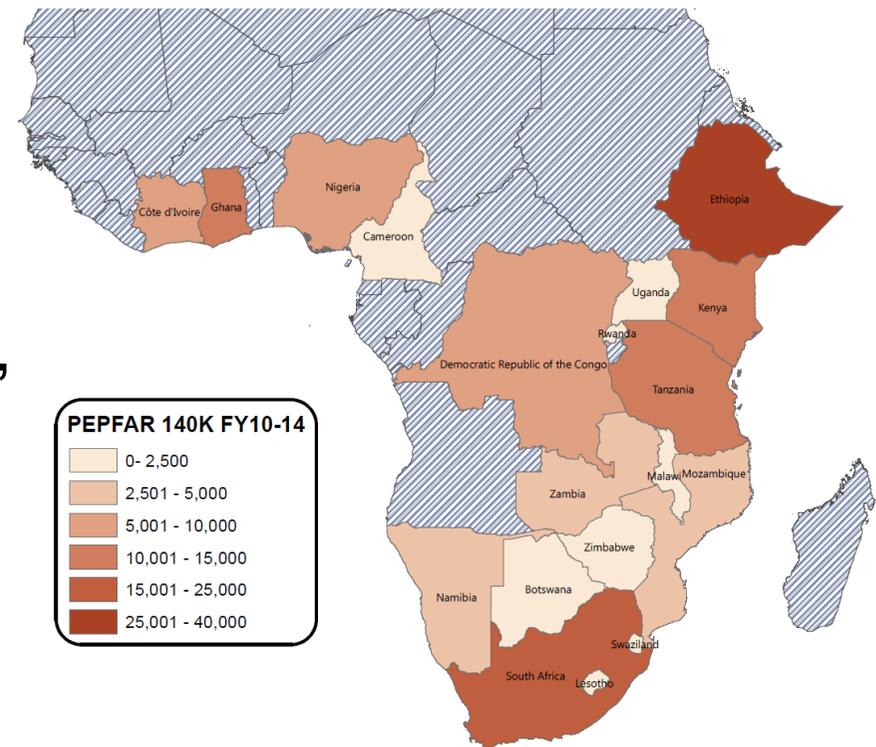
- Medical Education Partnership Initiative (MEPI)
- Nursing Education Partnership Initiative (NEPI)
- Field Epidemiology & Laboratory Training Program (FELTP)
- Partnership with African Society for Laboratory Medicine (ASLM)
- Global Health Service partnership with Peace Corps and Seed Global Health



>140,000 PEPFAR-supported HRH

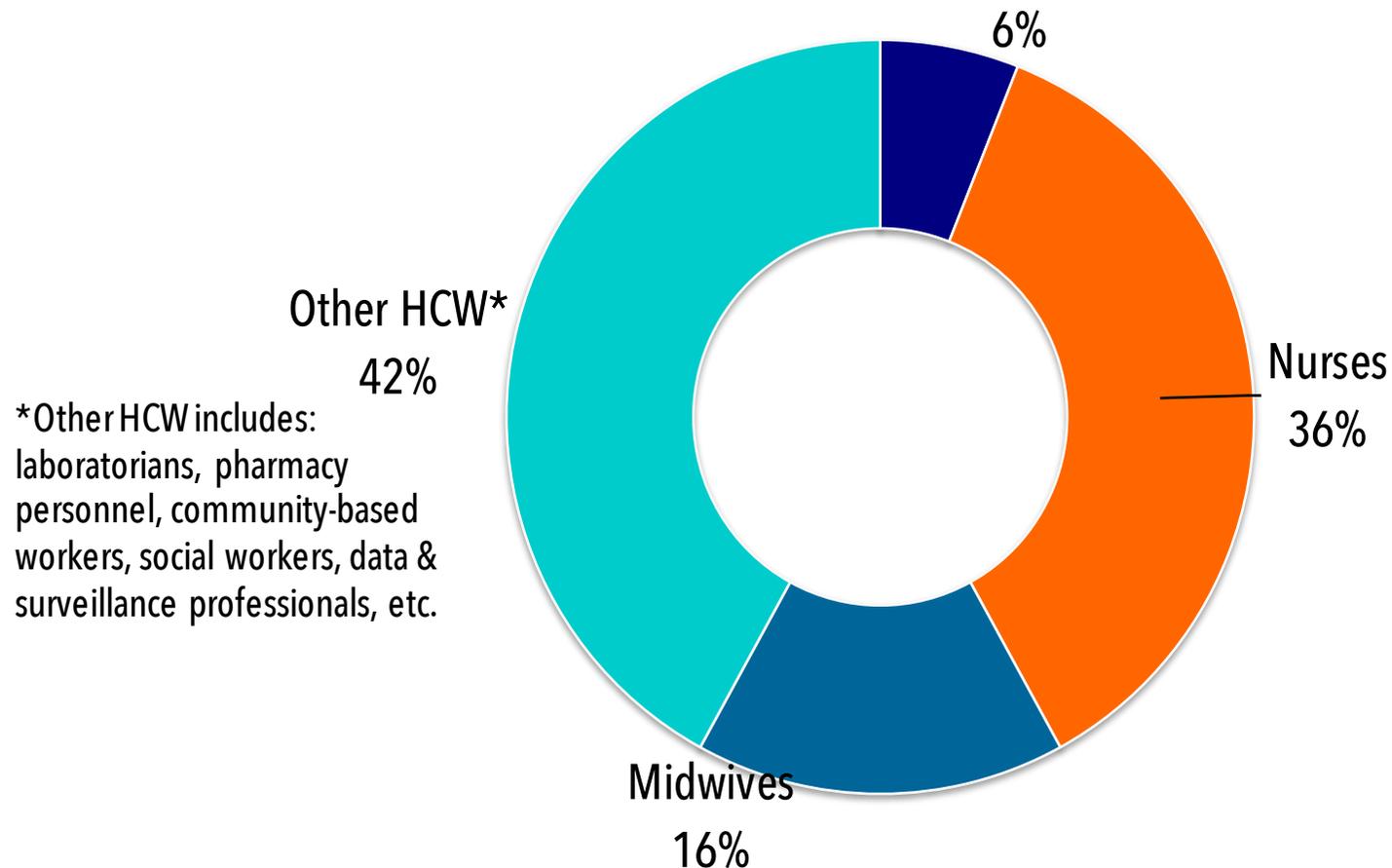
- Over 4 years ago, Congress recognized importance of HRH
- Hyde-Lantos act called upon PEPFAR to train and retain at least 140,000 doctors, nurses, midwives, & other HRH
- FY 2010-2014, PEPFAR trained 141,677 new HRH
 - 95% in Sub-Saharan Africa

PEPFAR-supported HRH in Sub-Saharan Africa, by country (FY10-14)



Supporting training for the most needed cadres of human resources for health

HRH Production, by Cadre



Source: PEPFAR, 2015



HRH are central to successful HIV response

None of PEPFAR's achievements would have been possible without trained, dedicated human resources for health

PEPFAR's investments in HRH have been transformative:

- Quality of pre-service and in-service training vastly improved
- Future graduates will also benefit
- HIV services and total healthcare system improve concurrently

Example: FELTP graduates were crucial to Ebola response



Strengthening Lab Systems, Saving Lives

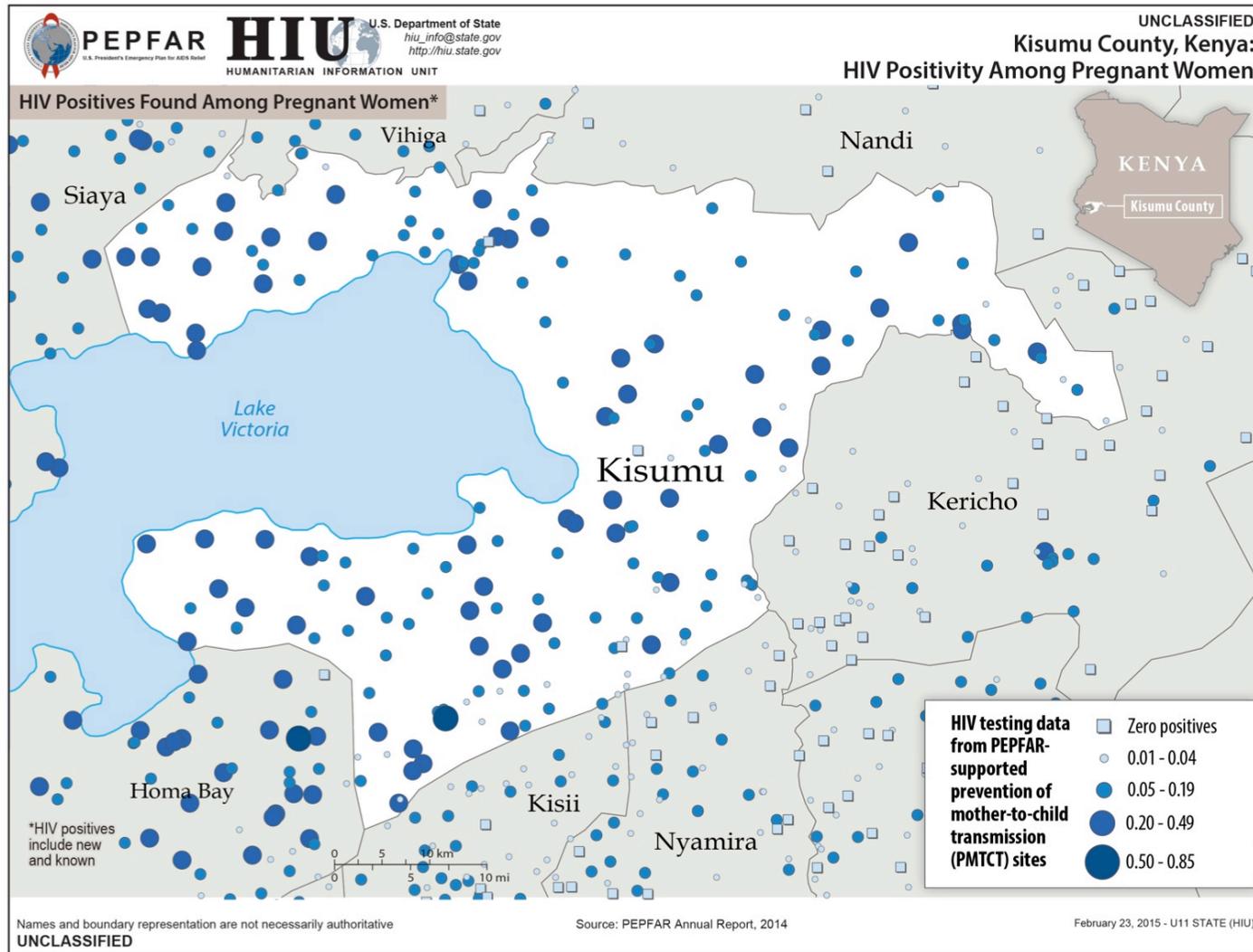


- Built, renovated, or supported thousands of labs
 - HIV & other lab services
 - Sample transport networks
 - Training lab staff
 - Outbreak investigation
- Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) in 29 African countries
- Support for African Society for Laboratory Medicine (ASLM)

Focusing Programs & HRH in the Right Places

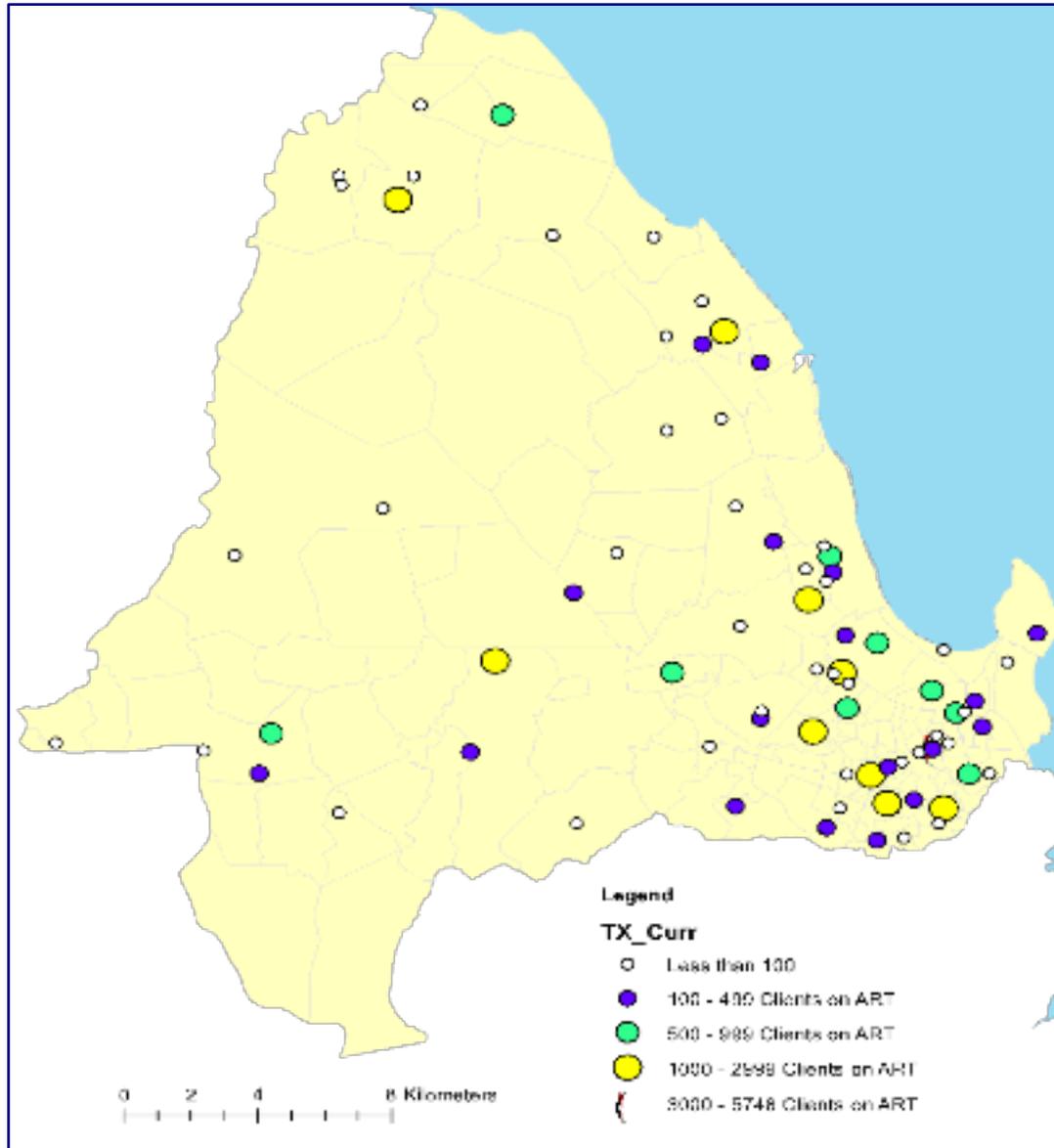
- Highest burden countries
 - Prevalence & number of PLHIV
- Countries with greatest unmet need for services
 - Among general population
 - Among specific neglected populations
- Sub-national regions/districts with highest burden
 - Analyzing data to target programming geographically & among neglected populations
- Highest volume facilities
 - Analyzing site-level data to prioritize support to facilities and communities with greatest need

Kisumu: HIV Prevalence at ANC/PMTCT Sites



Source: PEPFAR, 2015

Site Prioritization: Priority Districts



Plan for detailed analysis to determine appropriate client referrals

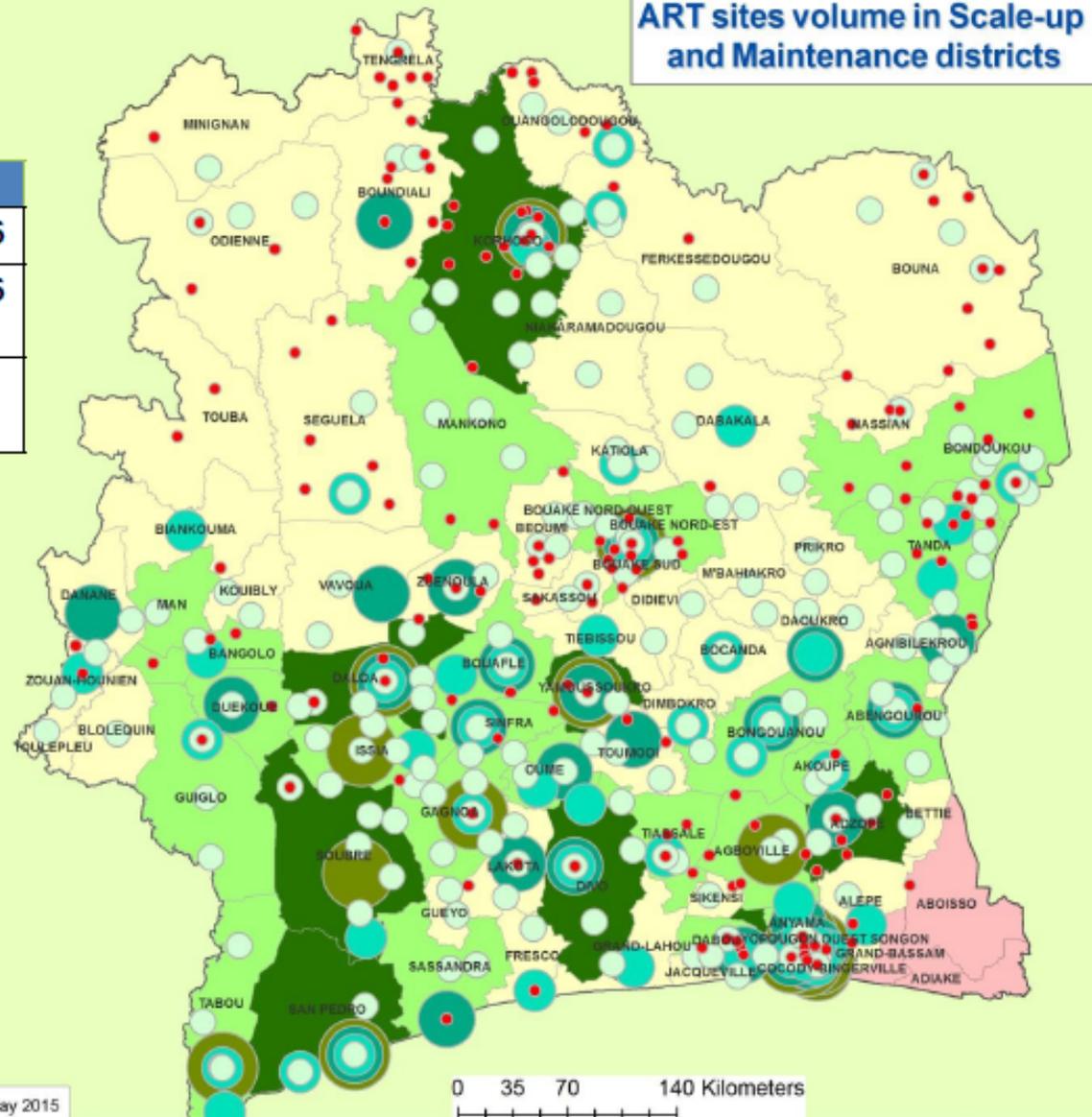
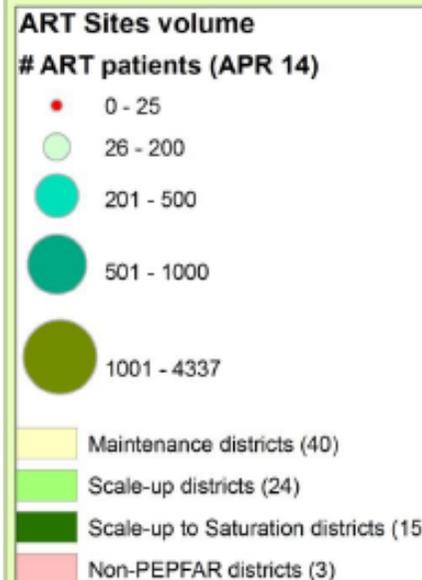


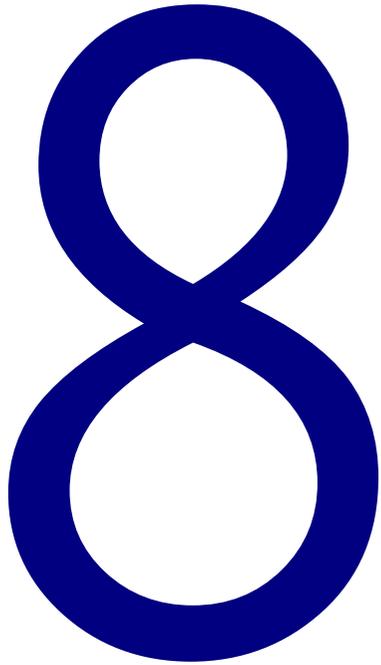
ART sites volume / Scale-up and Maintenance districts



ART sites volume in Scale-up and Maintenance districts

| Low – High volume ART sites | |
|--|------------|
| Total number of ART sites | 636 |
| Low volume ART sites (<= 25 patients) | 196 |
| High volume ART sites (> 1,000 patients) | 28 |





CRITICAL ANALYSIS OF PEPFAR'S HSS PORTFOLIO

To ensure every dollar is invested as strategically as possible



Analyzing Investments in Health Systems

Difference in COP13 HSS Budget vs. Expenditures

COP 13 OHSS Budget \$296 M

EA 2014 HSS Expenditure \$750 M

Difference \$454 M

Analyzing Investments in Health Systems

Criteria for Investments in Health System Strengthening (HSS) in COP 15

1. Resource projections must show **affordability** and **efficient** allocation of resources
2. Teams must determine how much of the budget is carried by **target achievement** and how much by **above-site support/strengthening** activities
3. HSS programmed from non-OHSS budget codes not well coordinated or understood
4. Many HSS activities were **redundant**—costs carried by other program budget codes/targets, unnecessarily squeezed budget envelope

9

EMPOWERING CIVIL SOCIETY & PLHIV

Supporting civil society groups is key

The World Was Slow to Recognize the Global AIDS Crisis



Advocates Driving the U.S. 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 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



Advocates Driving the Global HIV/AIDS Response

- 1983: **Brazilian civil society** successfully pushed government to adopt first government 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 must do more to support efforts of networks of PLHIV and civil society groups

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
- Challenge new partners to contribute new resources and ideas to spark innovation



10

SUMMARY

Key take-aways & top priorities

Do we have the collective will to *focus*?

- We have the opportunity to control the HIV/AIDS epidemic in countries by doing the **right things in the right places, right now** in partnership with host countries, UNAIDS, and GF
- Do we have the collective will to **make the hard choices and policy changes for maximizing our impact** to reach more in need by focusing resources and efforts?
- Can we increase impact with **innovative service delivery models and alteration of follow-up intervals** to expand ART & prevent new HIV infections?
- **USG accountability** will continue to be enhanced to ensure achievement of the targets and ensuring HIV/AIDS epidemic control; **PEPFAR data will be available** to everyone for analyses

Our work is far from done. This week alone...



Over 4,230 babies were infected with HIV

Over 34,615 adults were infected of which more than 7000 were young women

Over 2880 children died this week from HIV

Over 20,000 adults died this week from HIV





THANK YOU
