PEPFAR

Towards the End of AIDS

PEPFAR: The Right Things, in the Right Places, Right Now

Ambassador Deborah L. Birx
Office of the Global AIDS Coordinator and Health Diplomacy

Before PEPFAR…

1991 – 2001:

Peak

of the

Pandemic

- **2001**: Nearly 10,000 new HIV infections daily
- **2002**: 50,000 on treatment in sub-Saharan Africa
- Health systems overwhelmed by the epidemic
- Life expectancy declines of over 20 years in some countries
- Loss of working age population – reversing decades of development progress
- Stigma and discrimination were pervasive

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PEPFAR's Evolution

From Emergency Response to Sustainable Impact for an AIDS-free Generation

2003 – 2007: PEPFAR I

- Emergency response
- Delivering prevention, care, & treatment services
- Building & strengthening health systems to deliver HIV services

2008 – 2012: PEPFAR 2

- Shift from emergency to sustainable response
- Shared responsibility & country-driven programs
- Scaling up core interventions (ART, PMTCT & VMMC) for impact

2013-2018: PEPFAR 3

- Sustainability & shared responsibility
- Quality, oversight, transparency, & accountability for impact
- Accelerating core interventions for epidemic control

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Celebrating PEPFAR's Remarkable Success

Since its launch in 2003,

PEPFAR has saved millions of lives

- **6.7 M people** on **life-saving ART**
- More than **one million babies** born HIV-free
- **4.7 M men** received VMMC services
- **17 M people** received care and support, including **5 M orphans and vulnerable children**
- **21 M people** in priority and key populations reached with prevention interventions

- In 2013 alone:
  - 780K HIV+ pregnant women received ARVs for PMTCT
  - 57.7 M people received HTC services

The U.S. government has committed **more than $52 billion** to bilateral HIV/AIDS programs, the Global Fund, and bilateral TB programs since 2004.

Under the Obama Administration,

unprecedented progress

has been made, building on the strong foundation laid under the Bush Administration.

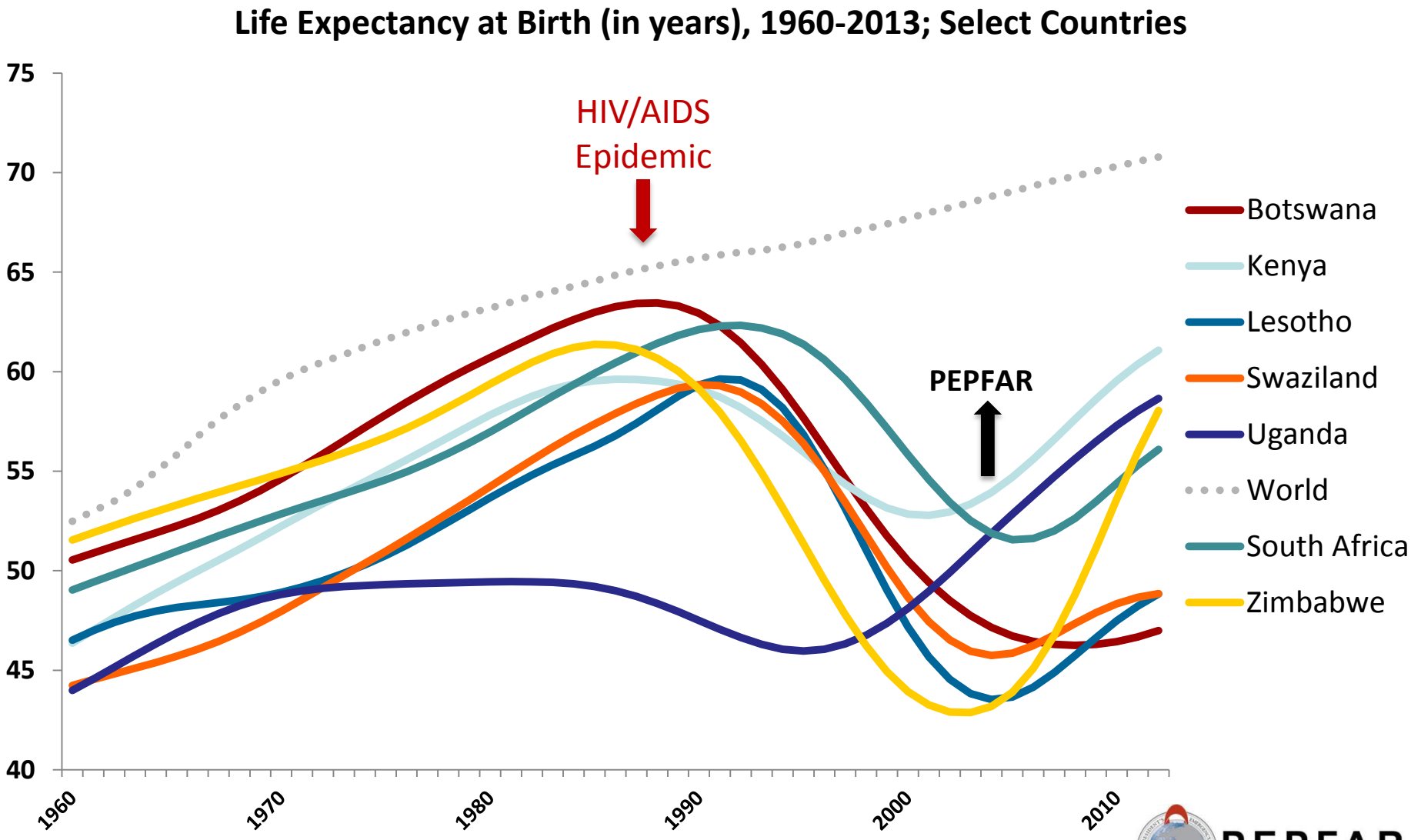
How much more can we achieve

together?

Is it possible to control the pandemic while ensuring no one is left behind?

Dramatic Impact of PEPFAR on Life Expectancy

In Countries Significantly Impacted by HIV/AIDS



Source: World Bank, 2014

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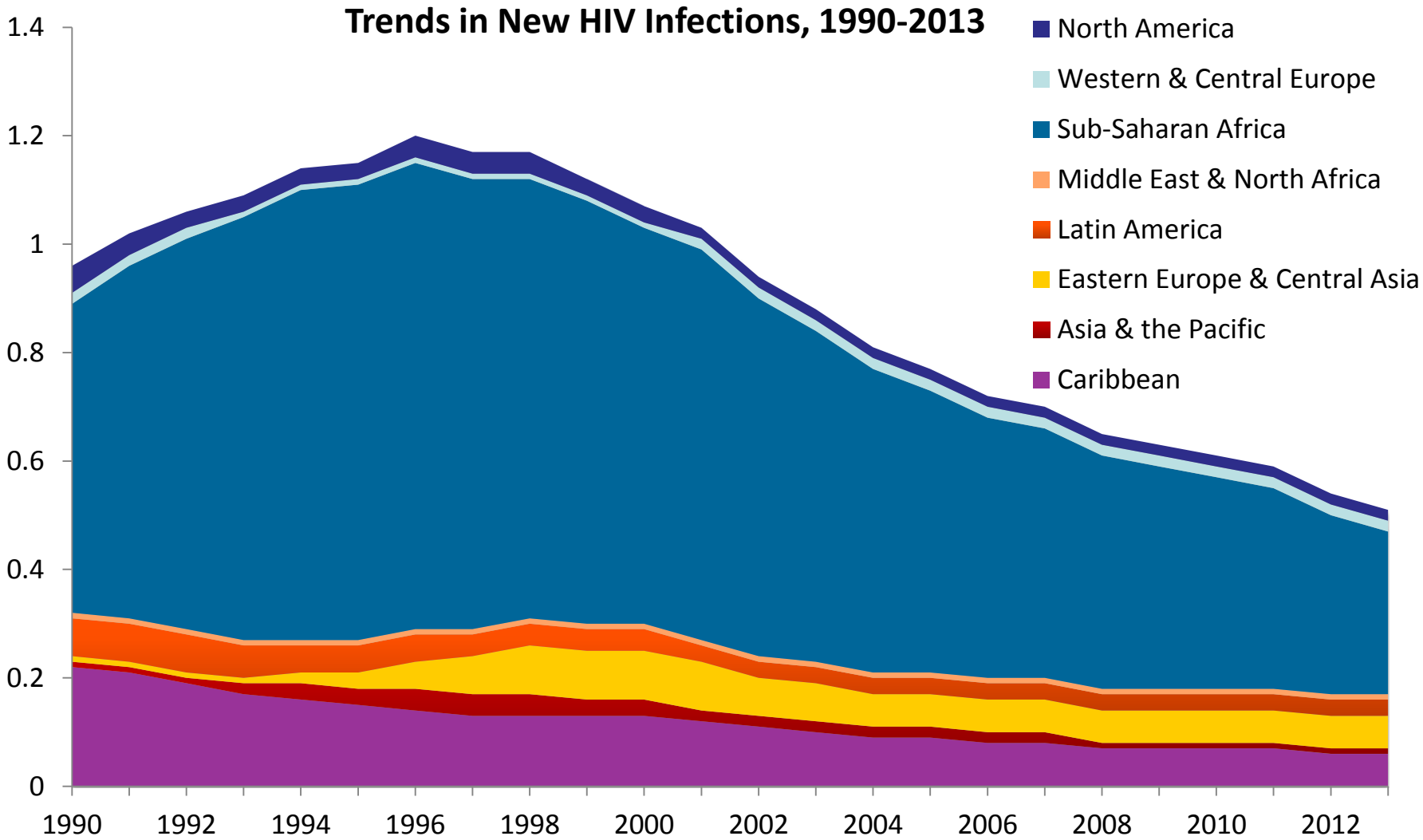
New Infections Halved since Peak of Epidemic

Maintaining momentum is key to achieving epidemic control



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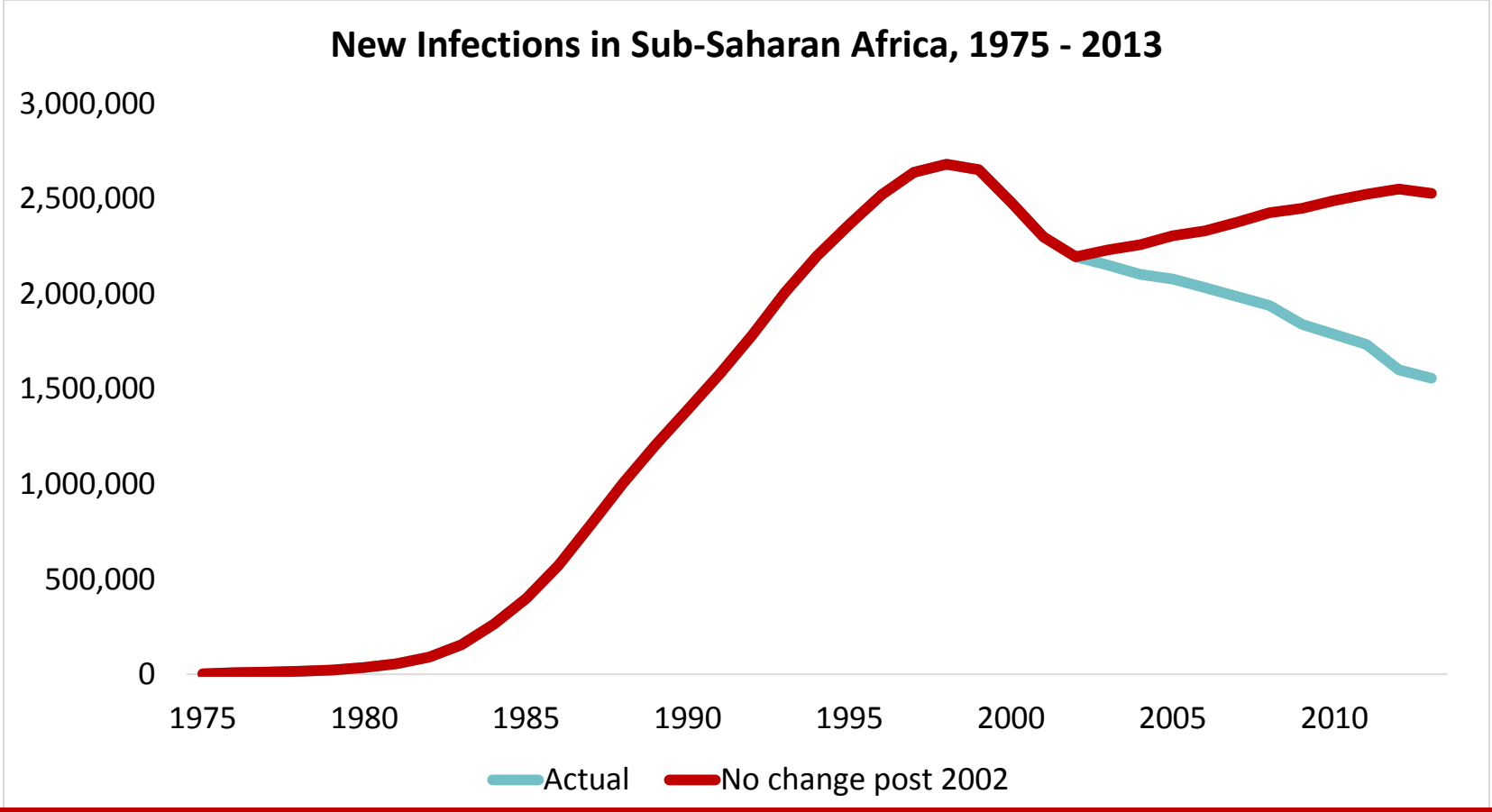
Modeled Impact with No Global AIDS Response

New HIV Infections



Scaling up VMMC, Treatment, PMTCT, and Condoms Programs has Drastically Reduced New HIV Infections

Source: Stover modeling for the Office of the U.S. Global AIDS Coordinator, 2014

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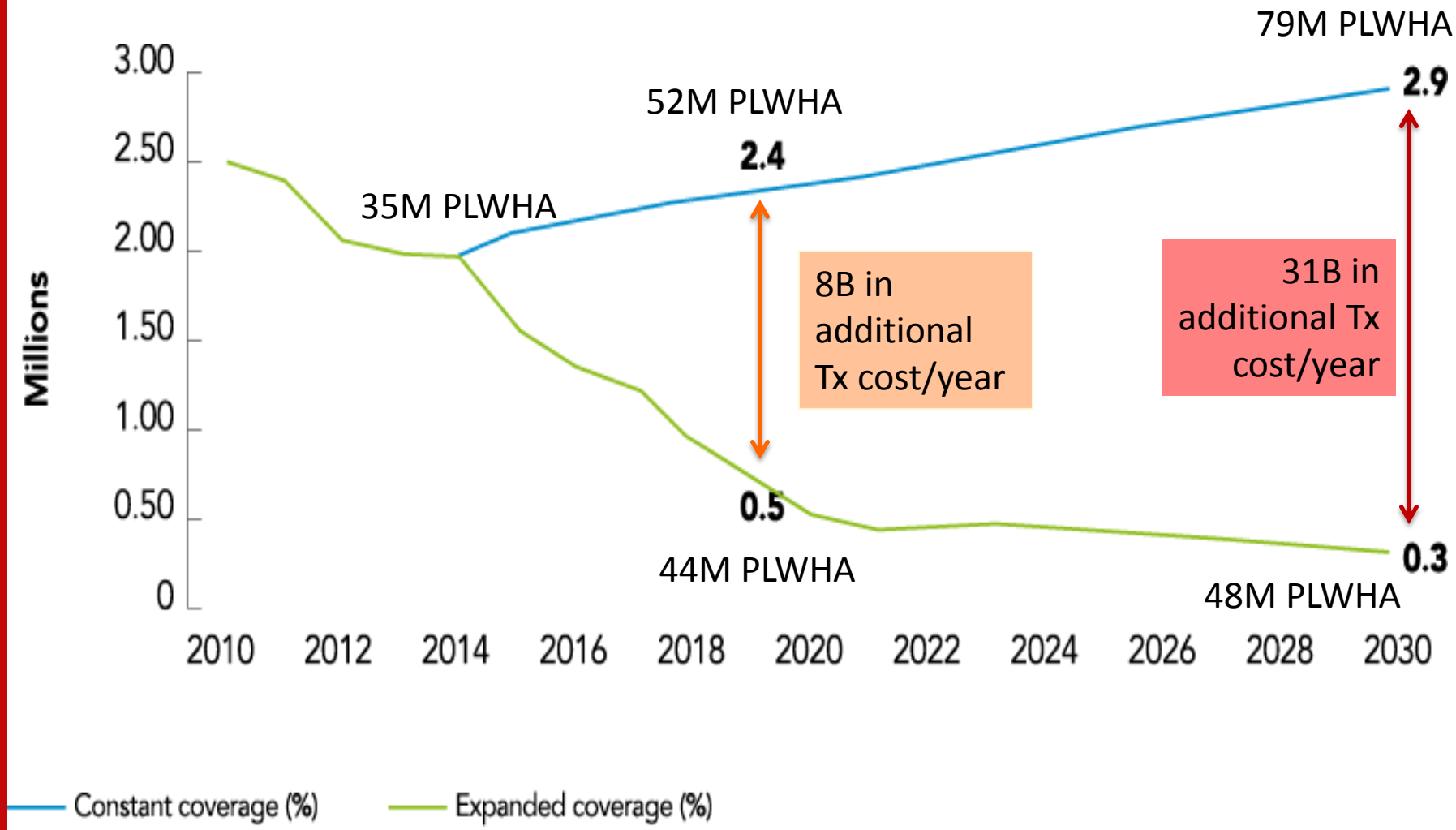
Ending AIDS Scenario: New HIV Infections (2010 – 2030)

Total number of people living with HIV/AIDS (PLWHA)



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Focusing on the Right Things

Core Activities to Maximize Epidemic Impact

- Combination Prevention (PMTCT, ART, Condoms, VMMC)
- Prevention (effective/targeted)
- OVC – comprehensive services for families
- Neglected & Key Populations
  - Pediatrics
  - Young women
  - Key populations – MSM & transgender persons, sex workers, people who inject drugs
- Strengthening Health Systems as specifically required to support the core activities
  - Human resources for health, procurement & supply chain, laboratory, and strategic information

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Focusing Programs 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

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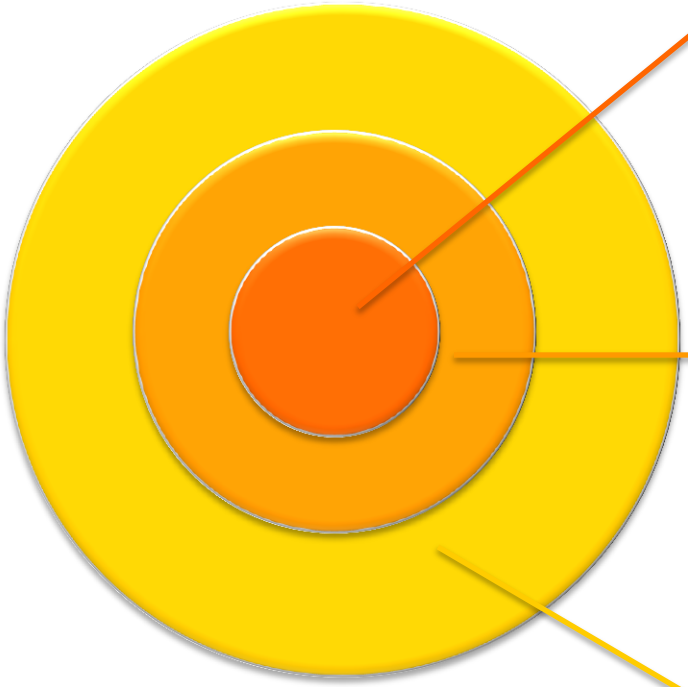
The Right Things

Defining Core, Near Core, & Non Core Activities



CORE

- Activities **central to HIV/AIDS**, critical to saving lives & preventing new infections – grounded in science

NEAR CORE

- Activities that **directly support HIV/AIDS goals** and cannot yet be done well by other partners or host government

NON CORE

- Activities that **do not directly impact HIV/AIDS goals** and/or can be taken on by other partners or host government

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PEPFAR's 3 Guiding Pillars

Delivering an AIDS-Free Generation with Sustainable Results

AIDS-free Generation

Accountability

Demonstrate cost-effective programming that maximizes the impact of every dollar invested

Transparency

Demonstrate increased transparency with validation and sharing of all levels of program data

Impact

Demonstrate sustained control of the epidemic – save lives and avert new infections

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Developing a PEPFAR Framework for Sustainability

Sustainability Domains

- **Political Will and Commitment**
- **Domestic Health Financing and Strategic Investments**
- **Government Accountability and Transparency**
- **Data Availability**
- **Domestic Program and Service Delivery**

Health Diplomacy Items

- Data and Politics
  1. How to pivot from low yield sites that have strong political support?
  2. How to focus on serving Key Pops when some are illegal in certain countries?
  3. How to pivot when the numbers and configuration of provinces and districts are changing?
  4. How to negotiate with host governments and international partners that wish to support specific sites and specific services?
  5. How to negotiate the pivot when host governments seek universal coverage?

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