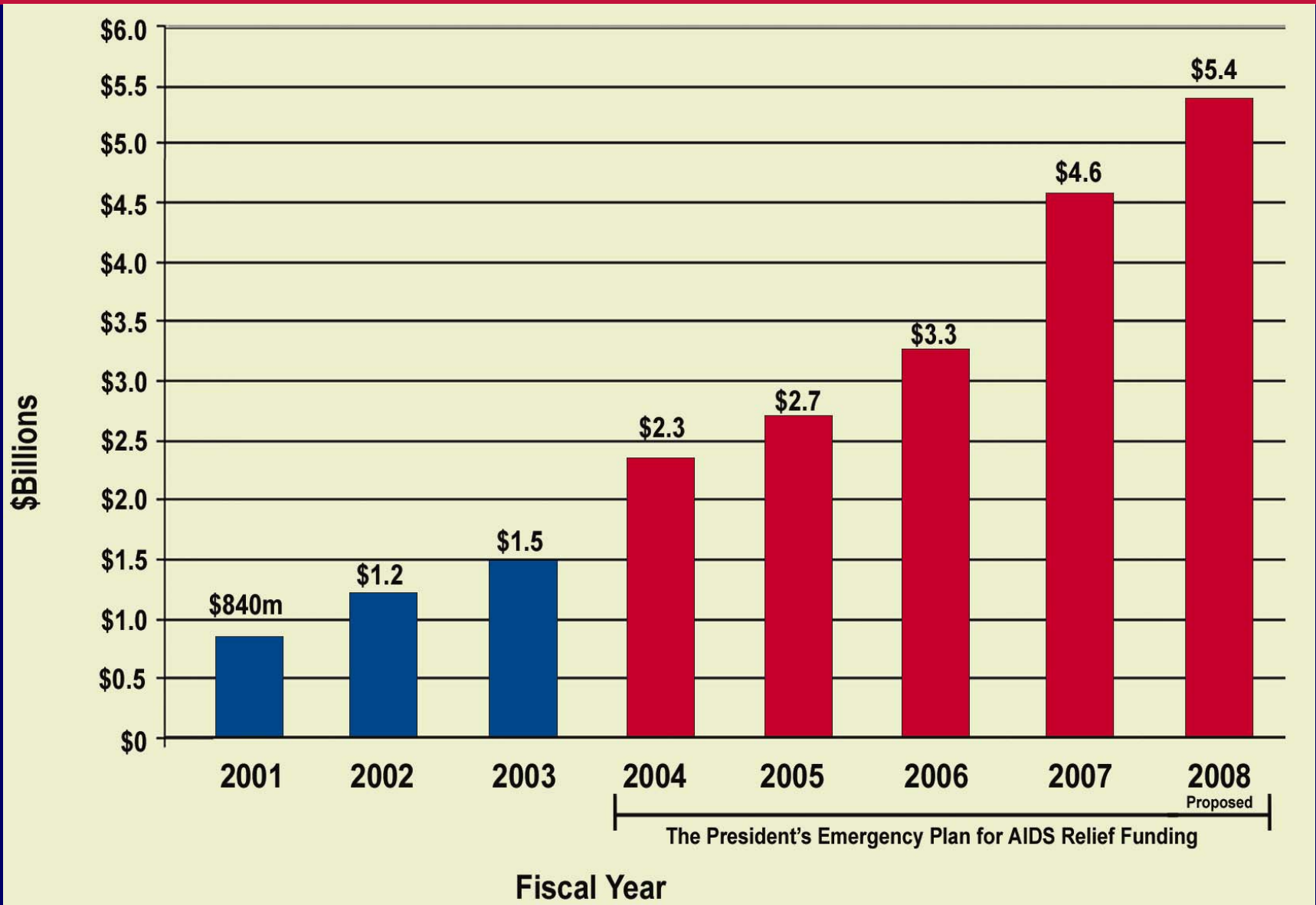
The U.S. President's Emergency Plan for AIDS Relief

HIV/AIDS and the U.S. Government's Response:
The Power of Partnerships

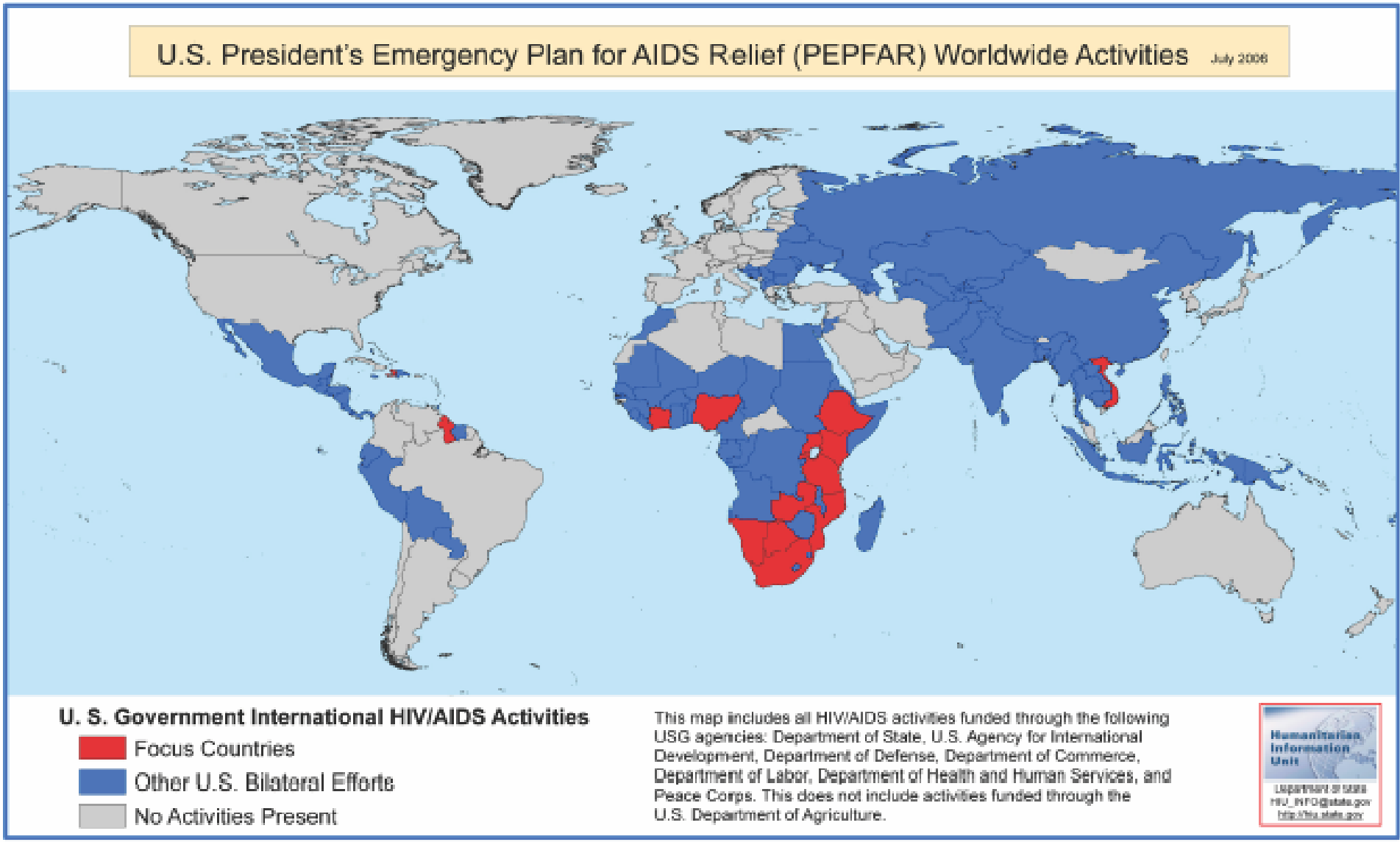
U.S. Government Commitment on Global HIV/AIDS

- PEPFAR is a $15 billion, five-year, comprehensive approach to combating HIV/AIDS around the world.
- The Emergency Plan is on track to exceed its original commitment of $15 billion over five years.
- By the end of fiscal year 2008, the American people will have invested $18.3 billion in the global fight against HIV/AIDS.

Recent USG Spending on Global HIV/AIDS



PEPFAR Worldwide Activities

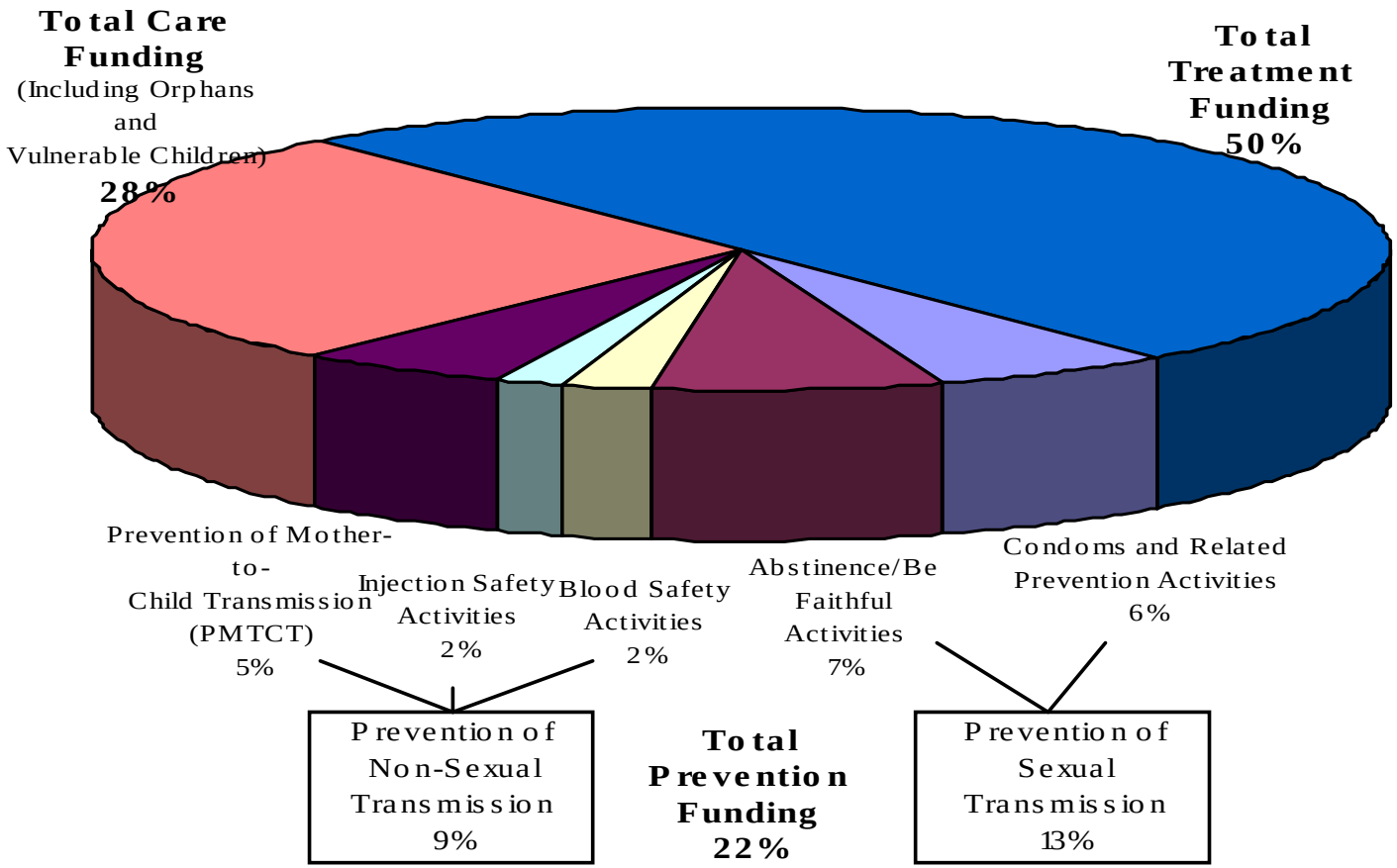


The Focus Countries

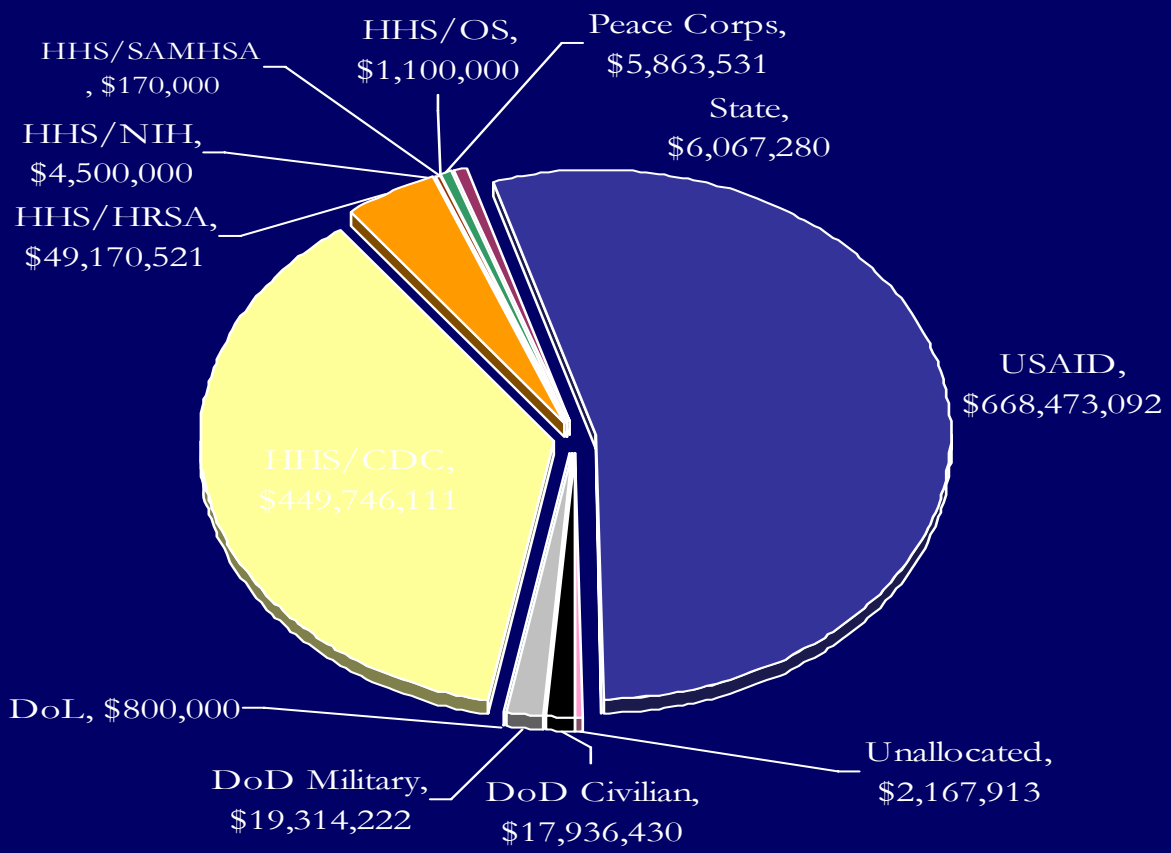
- **PEPFAR works predominately in 15 focus countries. These countries are home to approximately half of all the world's HIV infections.**
- These countries were picked because, with U.S. support, they should be able to achieve national scale-up of HIV/AIDS prevention, treatment and care by 2009.
- PEPFAR's 2-7-10 goals are to support:
  - Prevention of 7 million new HIV infections
  - Treatment of 2 million HIV-infected people
  - Care for 10 million infected with and affected by HIV/AIDS, including orphans/vulnerable children

Emergency Plan 15 Focus Countries

2006 Spending for Prevention, Treatment and Care in Focus Countries



Dollar Amount per Implementing Agency, FY2006



Total requested: $1,225,709,100

Does not include headquarters funding

Office of the US Global AIDS Coordinator OGAC

- Lead USG international HIV/AIDS efforts
- Ensure USG program and policy coordination
- Pursue coordination with other countries and international organizations
- Resolve policy, program and funding issues among USG agencies
- Directly approve all USG HIV/AIDS activities
- Promote accountability and monitor progress toward meeting Emergency Plan goals
- Divisions:
  - Program Services, Strategic Information, Congressional Affairs, Diplomatic and Multilateral Liaison, Public Private Partnerships, Public Affairs

Overall Coordination

Host Government

In-Country Partners

Donors
Implementing partners
Other stakeholders

USG Team

U.S. Ambassador
Embassy staff
USAID
Peace Corps
HHS
DoD
DoL
DoC

Headquarters

Global AIDS Coord.
Principals
Deputy Principals
Core teams
Technical Working Groups
Agency Support

Opportunities for linkages

- PMTCT programs
- Gender programs
- Treatment programs
- Care programs
- Counseling and testing programs

Prevention of Mother-to-Child Transmission

- PEPFAR has supported antiretroviral prophylaxis for HIV-positive women during 533,700 pregnancies.
- This has saved an estimated 101,500 infants from HIV infection.
- In total, since the program's inception, PEPFAR has supported PMTCT services for women during more than 6 million pregnancies.
- By promoting the routine, voluntary offer of HIV testing—so that women receive testing unless they elect not to receive it—host nations have increased the rate of uptake among pregnant women from low levels to around 90 percent at many sites.

Estimated Coverage of PMTCT with USG Support in FY2004 and FY2006*

Country	Pregnant women receiving PMTCT services		HIV+ pregnant women receiving ARV prophylaxis	
	Percent Coverage		Percent Coverage	
	FY2004	FY2006	FY2004	FY2006
Botswana	66%	95%	13%	91%
Ethiopia	0%	2%	0%	2%
Namibia	14%	57%	12%	55%
South Africa	45%	52%	22%	41%

*Source: PEPFAR Third Annual Report to Congress, 2007.

Addressing Gender Issues

- PEPFAR recognizes the critical need to address the inequalities between women and men that influence sexual behavior and put women at higher risk of infection.
- Many HIV prevention programs also address issues related to gender.
- Five priority gender strategies are monitored annually during the Country Operational Plan review process.
- In fiscal year 2006, a total of $442 million supported over 830 interventions that included one or more of these gender activities.

Table 2: Number of Activities per Gender Strategic Focus Area in FY2006

Gender Strategic Focus Area	Number of Activities That Include This Strategic Focus Area
Increasing Gender Equity	460
Addressing Male Norms and Behaviors	348
Reducing Violence and Coercion	243
Increasing Women's and Girls' Access to Income and Productive Resources	97
Increasing Women's Legal Protection	80

Note:
Each activity may include multiple focus areas.

Gender Initiatives

- ***Changing male norms*** – (Ethiopia, Namibia, Tanzania)
  - **Scale up coordinated, evidence-based interventions**
  - **Provide technical resources and support**
  - **Coordinate approach to changing male norms and behaviors**
  - **Evaluate by assessing changes in social/community norms and individual behavior.**

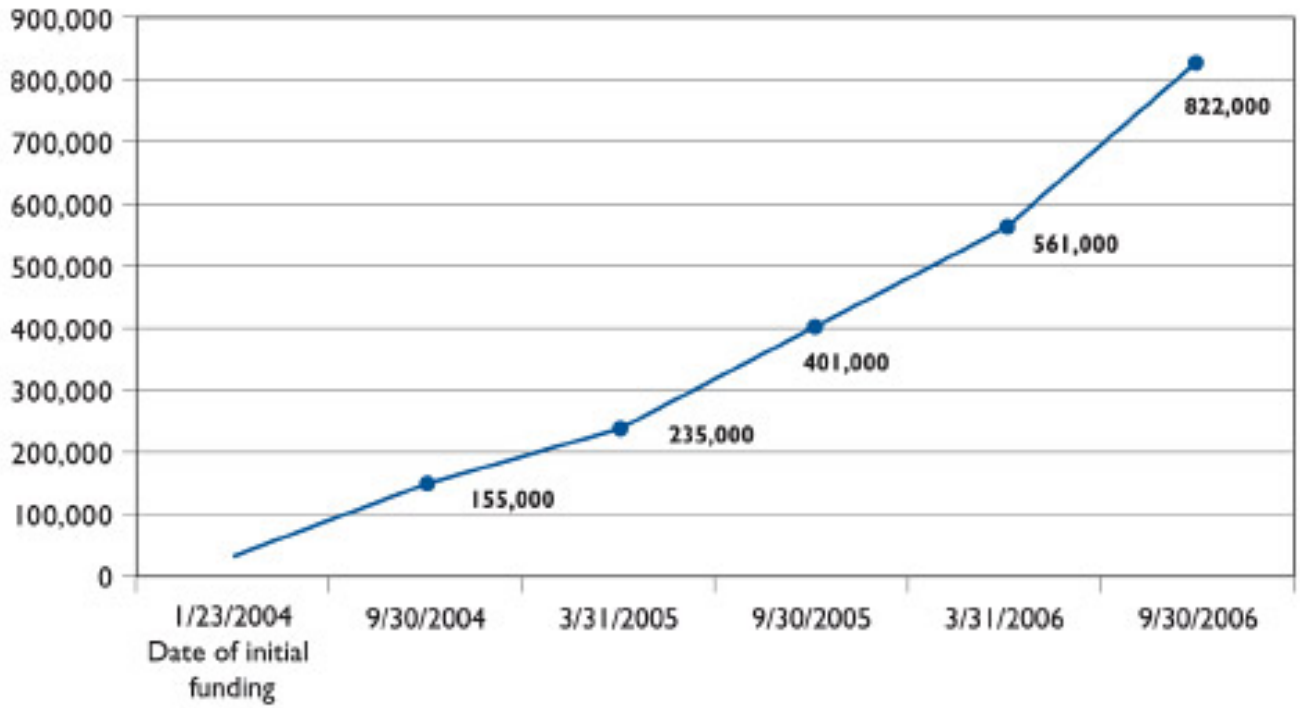
- ***Responding to gender-based violence* – (South Africa, Rwanda, Uganda)**
  - **Increase access for survivors of sexual violence to comprehensive treatment services, including HIV post-exposure prophylaxis (PEP)**
  - **Implement sexual violence service delivery models**
  - **Strengthen the capacity of local partners and institutions to deliver high-quality health care services, including PEP**
  - **Establish and improve linkages among the health, law enforcement, legal, and community service sectors for delivery of a coordinated response to sexual violence survivors**
  - **Foster South-South exchange of programmatic experience, protocols, and tool**
  - **Measuring the costs and outcomes of implementing these services.**

- ***Addressing adolescent vulnerability* – (TBD)**
  - **Developing innovative program interventions to successfully modify contextual factors (such as economic and social vulnerabilities) associated with increased sexual risk behavior and rates of HIV infection among these adolescents**
  - **Assess the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings**.

Number of Individuals Receiving Antiretroviral Treatment in the 15 Focus Countries

Figure 3: Treatment: Number of Individuals Receiving Antiretroviral Treatment in the 15 Focus Countries

(Total of both upstream and downstream USG-supported interventions)



Progress in PEPFAR Support for Treatment Coverage in Select Focus Countries, FY2004-FY2006

2004

2005

2006

Percent of Goal

- 0% - 10%
- 11% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- 51% - 100%

National Treatment Coverage Supported by All Sources

Table 5: National Treatment Coverage Supported by All Sources

Country	% Coverage 2003[1]	% Coverage 2006[2]	% Change in Coverage
Botswana	15.2%	80.4%	430%
Côte d'Ivoire	4.1%	24.9%	506%
Ethiopia	1.0%	14.4%	1369%
Guyana	12.6%	64.0%	410%
Haiti	2.9%	23.5%	707%
Kenya	1.5%	35.8%	2214%
Mozambique	1.0%	15.8%	1561%
Namibia	1.3%	64.1%	4871%
Nigeria	2.3%	10.6%	366%
Rwanda	4.4%	61.2%	1278%
South Africa	0.2%	21.4%	10773%
Tanzania	0.1%	14.1%	10905%
Uganda	6.5%	60.3%	834%
Vietnam	14.0%	26.4%	89%
Zambia	0.6%	39.1%	6139%
Total	**1.9%**	**24.3%**	**1212%**

Note:
National treatment coverage includes individuals on treatment as reported by WHO and other multi-lateral agencies and includes all sources of support.

Footnotes:

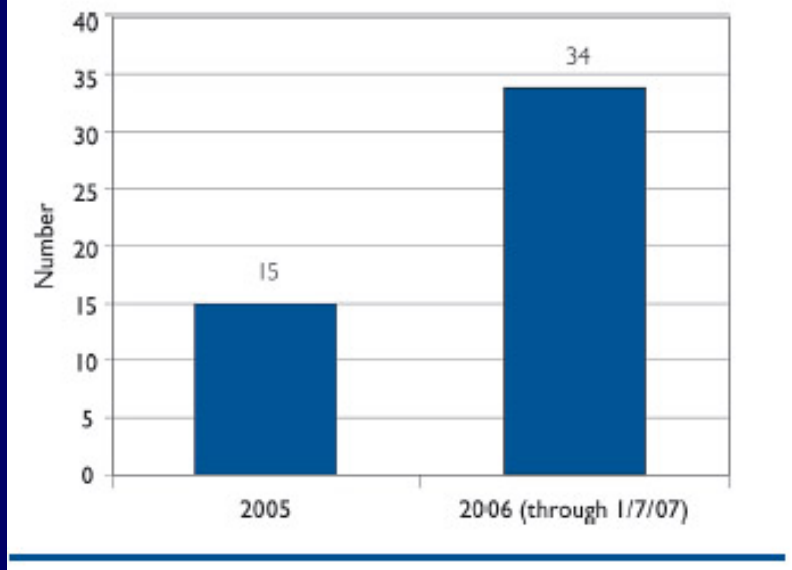
[1] "Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003," USAID, UNAIDS, WHO, CDC and the POLICY Project, June 2004.

[2] WHO, 2006.

Access to Generic Antiretroviral Drugs

- The Food and Drug Administration (FDA) within U.S. Department of Health and Human Services (HHS) introduced an expedited "tentative approval" process whereby ARVs from anywhere in the world, produced by any manufacturer, could be rapidly reviewed to assess quality standards and subsequently cleared for purchase under PEPFAR.

Figure 5: Cumulative HHS/FDA Approvals/Tentative Approvals of Generic ARVs, Calendar Years 2005 and 2006

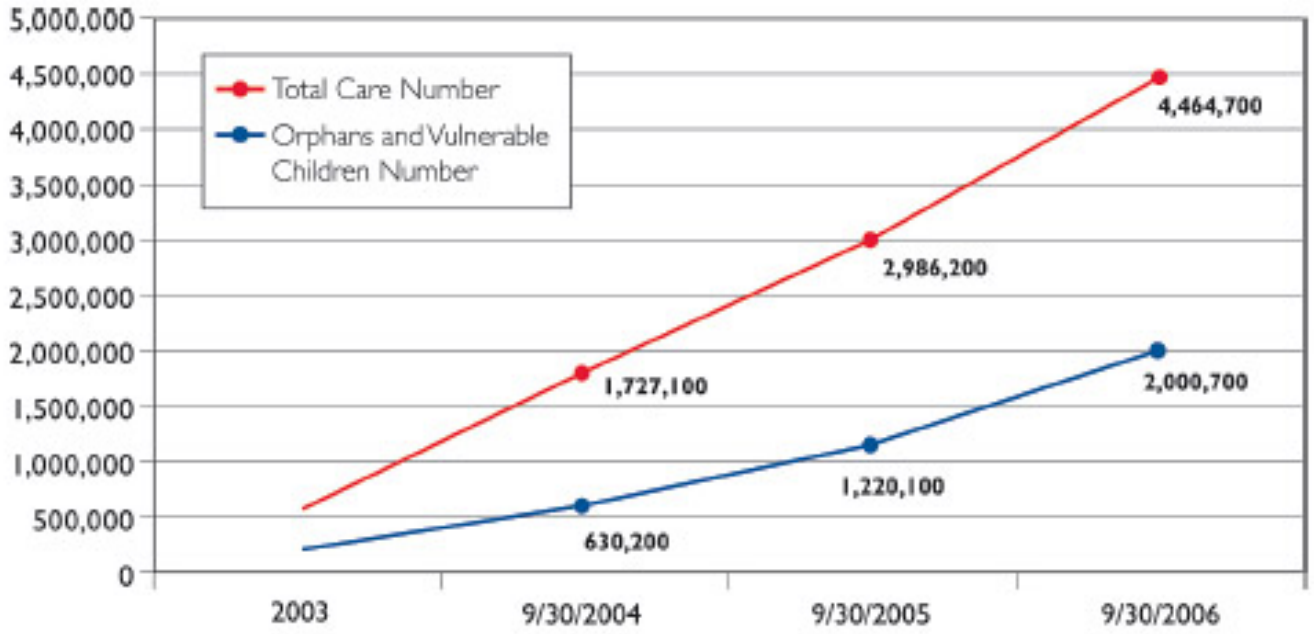


- As of March 2007, 37 generic ARV formulations have been approved or tentatively approved by the HHS/FDA, including:
  - Nine fixed-dose combination formulations (two of which are triple-drug combinations)
  - Eight pediatric formulations

Note: Chart reflects generic ARV approvals as of January 4, 2007

Number of Individuals Receiving Care in the 15 Focus Countries

Figure 9: Care: Number of Individuals Receiving Care in the 15 Focus Countries
(Orphans and Vulnerable Children and Care for People Living with HIV/AIDS)



Note: 2003 OVC estimate includes all OVCs in focus countries whether or not affected by AIDS.

Prevention with Positives

- Initiative is comprised of multiple intervention components, all of which are important activities for a comprehensive prevention program focusing on HV infected persons.

The different components are:

- Health care provider and counselor delivered prevention messages that encourage partner testing, disclosure, and adoption of risk reduction
- Family planning counseling to reduce unintended pregnancy among HIV infected women
- STI diagnosis and treatment, with a focus on genital ulcer disease
- Screening for alcohol abuse and delivery of a brief intervention to reduce related risk
- Community counselors for reinforcing/supportive activities
- Kenya, Namibia and Tanzania

Cumulative Counseling and Testing Results, FY2004-FY2006

Table 6: Care: Cumulative Counseling and Testing (C&T) Results, FY2004-FY2006				
	FY2004[1]	FY2005	FY2006	Cumulative C&T to date
Number of women receiving C&T through PMTCT	1,017,000	1,957,900	2,814,700	5,789,600
Number of individuals receiving C&T in other settings	1,791,900	4,653,200	6,426,500	12,871,600
Total	**2,809,900**	**6,611,100**	**9,241,200**	**18,661,200**
Women as a percentage of all individuals receiving C&T in PMTCT and other settings through downstream support				
	66%	**69%**	**71%**	**70%**

Notes:

Numbers may be adjusted as attribution criteria and reporting systems are refined.

Upstream and downstream numbers above 100 are rounded to the nearest 100 and then added to get totals.

Values include the number of individuals reached through upstream contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development and those receiving downstream services at U.S. Government-funded service delivery sites.

The same individual may receive counseling and testing on multiple occasions.

Footnote:

[1]In FY2004 only, it was assumed that 80% of women receiving PMTCT services were counseled and tested.

The Power of Partnerships: Building Capacity

- At least **one-quarter** of PEPFAR resources in fiscal year 2006 were devoted to capacity-building in the public and private health sectors – physical infrastructure, training, and support for workforce. And **83 percent** of partners were local organizations, which support more than **15,000 project sites** for prevention, treatment and care.

- The U.S. Government and other international partners can play a vital role, but outside resources for HIV/AIDS and other development efforts must be focused on transformational initiatives that are owned by host nations.

The Power of Partnerships: Creating a Culture of Accountability

- PEPFAR's support for capacity-building has important spillover effects that support nations' broader efforts for sustainable development.
  - **Expanded health system capacity improves responses for diseases other than HIV/AIDS.**
  - **Supply chain management capacity-building improves procurement for general health commodities.**
  - **Improving the capacity to report on results fosters quality/systems improvement, and the resulting accountability helps to develop good governance and democracy.**
  - **A growing number of nations are investing in fighting HIV/AIDS on a scale commensurate with their financial capacity.**

Interagency TWGs

- Care and Treatment
  - PMTCT/Pediatric AIDS
  - TB/HIV
  - Palliative care
  - Adult treatment
- Prevention
  - General pop (incl youth)
  - Populations at high risk
    - (subcom IDU & ETOH)
  - Medical transmission
  - Counseling and Testing

<u>Task Forces</u>
Prevention with Positives
Medical Circumcision

- Orphans & Vulnerable Children
- Human Capacity Development
- Gender
- Public Private Partnerships
- Community/Faith Based Organizations
- Food & Nutrition
- Laboratory

Strategic Information
- Indicator & Reporting
- Monitoring & Evaluation
- Surveillance & Survey
- Medical Info Systems

PEPFAR's Response to MC

- The Emergency Plan will only support medical male circumcision when a normative agency, such as UNAIDS, WHO issues guidance
- In the FY2007 Country Operational Plans (COPs), many focus countries, including Kenya, South Africa, Botswana, Namibia, Ethiopia, Uganda, Zambia and Mozambique, built in formative work on male circumcision, including assessments of clinical settings, comprehensive prevention messages targeted to men who receive circumcision and policies regarding safety.
- It is essential that the USG follow host country governments' lead
- PEPFAR has established a Male Circumcision Task Force Comprised of individuals from DOD, NIH, USAID and CDC. The Task Force interfaces with the UN/WHO MC Steering Committee and takes the lead on coordinating and supporting the field in MC related activities.
- The Emergency Plan will work to support the development of these approaches with each country and any planned activities must be vetted through the USG Male Circumcision Task Force.