PEPFAR

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

2018 PROGRESS REPORT

PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020)

ON THE COVER: PEPFAR-SUPPORTED PARENTS AND BABY IN UGANDA (PHOTO: KATE CONSAVAGE/USAID)

PEPFAR-SUPPORTED ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA (PHOTO: TISH MCCARROLL/USAID)

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SEPTEMBER 2018

September 27, 2018

Thanks to the generosity of the American people and the leadership of the United States, working with our many partners around the globe, we are closer than ever to controlling the HIV/AIDS pandemic.

This year marks the 15th anniversary of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Since its inception, PEPFAR has been a strong bipartisan endeavor, a cause of compassion sustained and improved across three U.S. presidents and eight U.S. congresses.

Every American should be deeply proud that our historic commitment has saved the lives of more than 16 million men, women, and children living with HIV and prevented millions of new HIV infections. We are not only leading the transformation of the global HIV/AIDS response, but are also making the world a more secure place, better able to respond to the global health threats of today and tomorrow.

One year ago, the Trump Administration launched the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020). I am pleased to release the 2018 PEPFAR Strategy Progress Report, which shows the significant strides we have taken in the first year of the Strategy's implementation. With the U.S. government's support, and through our collaboration with many partners, up to 13 countries are on pace to control their HIV/AIDS epidemic by 2020. Many more of the 53 countries supported by PEPFAR are within reach of achieving epidemic control by 2020 if they accelerate their efforts and focus resources and policies to ensure access to HIV prevention and treatment services for those most in need.

PEPFAR's remarkable progress demonstrates what is possible through American leadership. But our work is not finished – indeed, every day, everyone involved in PEPFAR focuses on ways to do more and do it better. We know the critical gaps that must be addressed and what it will take to get the job done.

Together, we can, and we will, control this pandemic – one community, one country at a time.

Sincerely,

Michael R. Pompeo
Secretary of State

Overview

The American people's compassion and generosity have saved more than 16 million lives and brought us closer than ever to controlling the HIV/AIDS pandemic – community by community, country by country.

Fifteen years ago when the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched this remarkable progress was hard to imagine. At that time an HIV diagnosis was a death sentence in many countries, and entire families and communities were falling ill. Most of the prior gains in global health and development were being lost and the very fabric of societies were being ripped apart by the loss of teachers, doctors, and nurses. In the hardest-hit regions of sub-Saharan Africa, infant mortality doubled, child mortality tripled, and life expectancy dropped by 20 years. Only 50,000 people in Africa had access to any lifesaving antiretroviral treatment (ART).

Faced with this death and devastation, the United States has responded, resoundingly. The United States is the world's leader – and largest donor – in the response to the global HIV/AIDS crisis. Since PEPFAR's establishment in 2003, with strong bipartisan support across three U.S. presidents (George W. Bush, Barack Obama, and Donald J. Trump) and from eight U.S. congresses, the U.S. government, through PEPFAR, has invested more than $80 billion in the global HIV/AIDS response, the largest commitment made by any nation to address a single disease. By focusing resources where the HIV burden was the greatest and the most impact could be achieved, PEPFAR has delivered remarkable results in just 15 years.

PEPFAR is a remarkable example of what is possible when we focus and join hands with countries and communities and ensure all U.S. taxpayer dollars with which we are entrusted are held to account. It demonstrates the impact of U.S. foreign assistance when we focus on the mission with transparency and demand greater effectiveness and efficiency.

PEPFAR has defined the core elements of successful HIV prevention and treatment programming: the full engagement of partner governments at all levels; the rapid development and implementation of core policies that maximize the impact of our investments; the quarterly analysis of program implementation to ensure partner performance and accountability down to the level of where lifesaving services are delivered; and the close engagement of faith and community leaders to increase HIV awareness and provide supportive services.

PEPFAR is a leader in the use of granular data to drive results and increase impact year over year without increasing financial resources (Figure 1). PEPFAR has pioneered the use of large national household surveys – Population-Based HIV Impact Assessments (PHIAs) – to document the impact of HIV programming, surveys that have shown a nearly 50 percent decline in new HIV infections across many of the countries in eastern and southern Africa where the epidemic was raging before PEPFAR began.

The key ingredients for this success include:

- Rapid, data-driven expansion of HIV prevention and treatment services targeted by geography and population with greatest need, including the rapid scale up of lifesaving ART focused on achieving viral load suppression; innovative approaches to HIV testing services; VMMC to prevent infections in young men (and thus their subsequent partners); and progress under the PEPFAR-led DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) public-private partnership to prevent HIV infections among adolescent girls and young women.

- Supportive partner country HIV policy environments, such as through the rapid adoption and implementation of Test and Start of ART, same-day initiation of HIV treatment, differentiated service delivery models, multi-month fulfillment of prescriptions, and the use of better and cheaper treatment regimens.

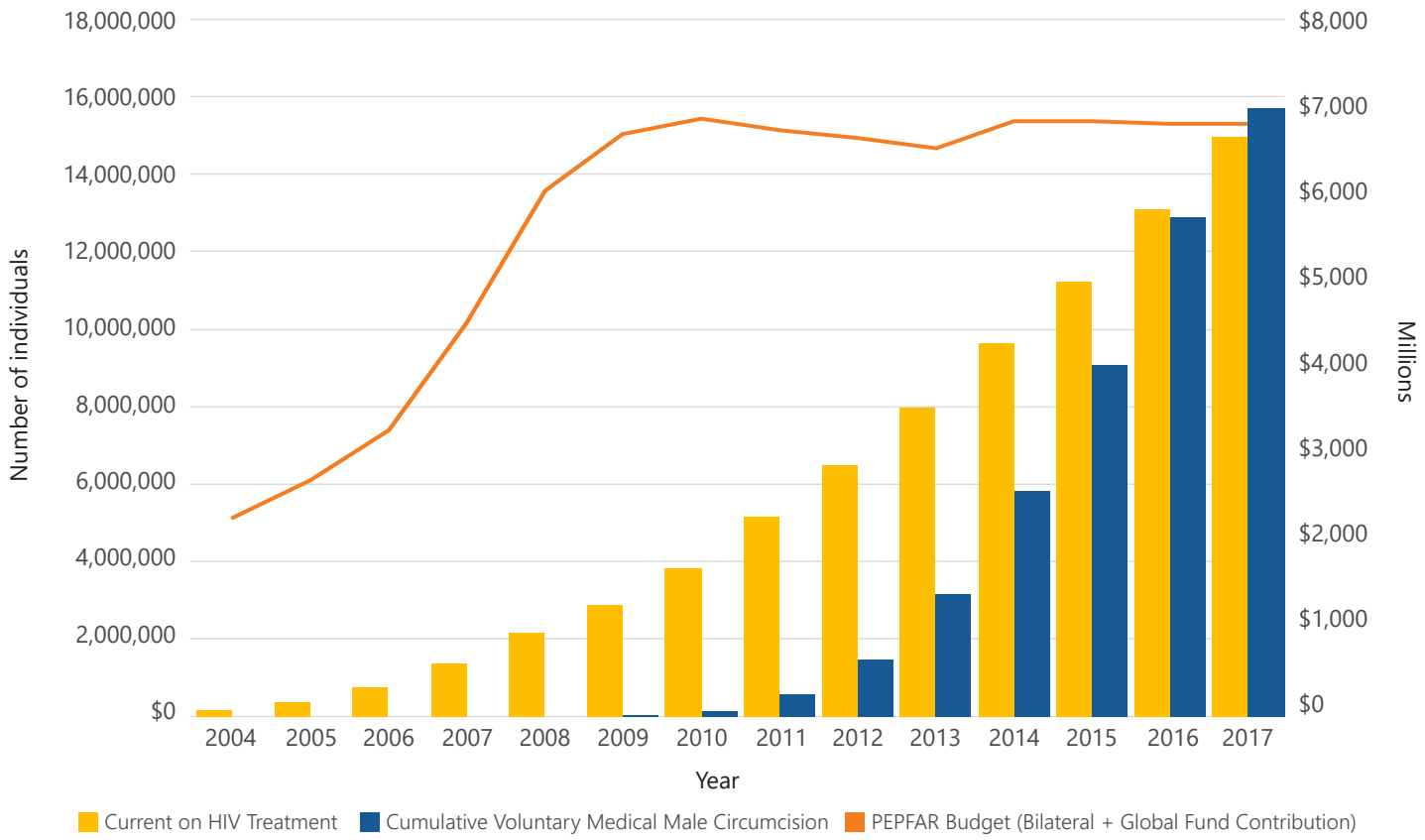
- Political leadership from partner countries and U.S. ambassadors.

- Meaningful engagement of civil society and communities.

- Strategic partnerships with the private sector, faith-based leaders and organizations, and others.

Application of this targeted, data-driven approach has resulted in greater impact despite a flat budget environment (Figure 1).

Figure 1. Remarkable expansion of PEPFAR's results in a flat budget environment



Today, the results speak for themselves, with PEPFAR supporting more than: 14 million men, women, and children on lifesaving ART, ensuring the health and welfare of the family; 2.2 million babies born HIV-free to HIV-positive mothers, many of whom have remained HIV-free into adolescence through the comprehensive DREAMS prevention programming; 6.4 million orphans, vulnerable children, and their caregivers thriving; and 15.2 million men and boys to receive voluntary medical male circumcision (VMMC) to ensure they remain HIV-negative. In community after community, death and despair have been replaced with hope and life.

PEPFAR's investments have also strengthened the systems that drive effective, efficient, and sustainable health care provision. We have helped train nearly 250,000 health care workers to deliver and improve HIV care and other health services, creating a lasting infrastructure that enables partner countries to confront current and future health challenges. In 2017 alone, PEPFAR invested nearly $600 million* on horizontal, above-site health systems strengthening, including nearly $100 million for laboratory systems ensuring the platform of health security.

PEPFAR's efforts have improved the ability of countries with sizable HIV/AIDS burdens to swiftly address other outbreaks, such as Ebola, avian flu, and cholera, ultimately enhancing global health security. The U.S. government is advancing global health by working with partners to help countries reach development goals that promote common interests and values, reinforce stability in key regions, boost U.S. economic opportunities, and establish conditions for a more secure and prosperous world.

PEPFAR's transformative, lifesaving impact is unassailable, but our work is not finished and must accelerate so, working together, we can accomplish our mission. In September 2017, the Trump Administration launched the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020). The PEPFAR Strategy is focused on ensuring that every dollar we invest is maximizing impact and hastening progress toward achieving HIV/AIDS epidemic control.

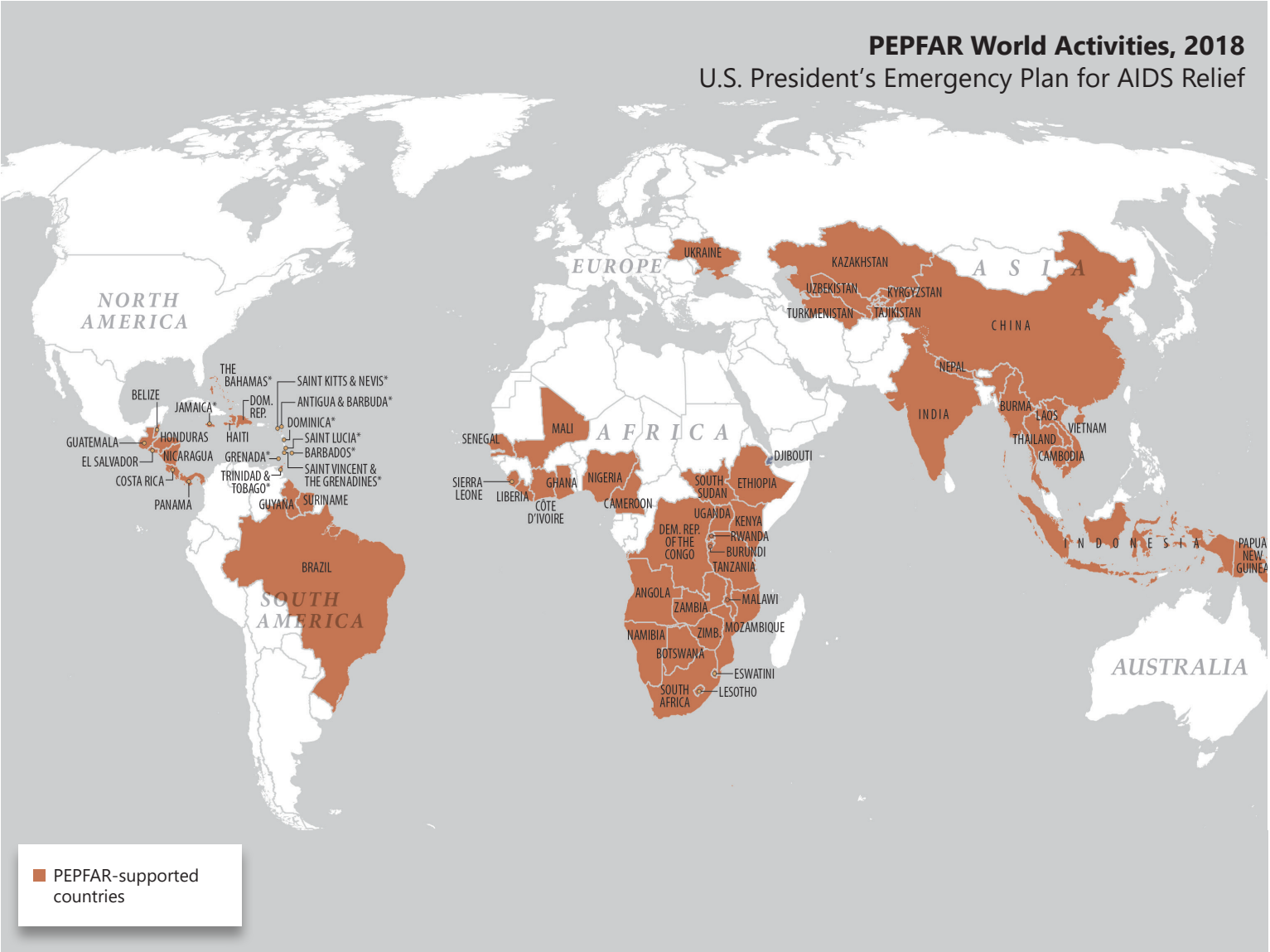
This 2018 PEPFAR Strategy Progress Report shows the significant strides we have taken in the first year of the Strategy's implementation. With the U.S. government's support, and through our collaboration with many partners, several African countries are on pace to control their HIV/AIDS epidemic by 2020. Many more PEPFAR-supported countries are within reach of achieving epidemic control by 2020 if they accelerate their efforts and focus resources and policies to ensure access to HIV prevention and treatment services for those most in need. Together, we have the historic opportunity to make what once seemed impossible possible.

* This includes support for laboratory systems, surveillance systems, human resources for health, and other health infrastructure investments.

PEPFAR's Progress toward Achieving Epidemic Control

PEPFAR is committed to supporting progress toward achieving epidemic control in more than 50 countries where we work (Figure 2), including through the strategic investment of U.S. resources in countries with the highest HIV-burden and demonstrated potential to achieve epidemic control in the next several years. This includes 23[1] countries with the largest PEPFAR investments.

Figure 2. PEPFAR-supported countries worldwide



PEPFAR uses the PHIAs to track progress toward countries reaching epidemic control in high-burden countries. Through the PHIAs we have validated PEPFAR's impact and demonstrated important progress being made in HIV prevention.

Through the PHIAs and other data sources, we know what works and the PEPFAR Strategy is leveraging these learnings for maximum impact. Compared with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2012 estimates, Namibia has reduced its adult HIV incidence rate by 50 percent in the past five years, in large part due to a dramatic increase in viral load suppression (Figure 3). Eswatini nearly halved its HIV incidence rate between 2011 and 2016 (Figure 4). Lesotho, Malawi, Zambia, and Zimbabwe also have all reduced their HIV incidence rates by more than half compared with the UNAIDS 2003 estimates, the year that PEPFAR began. In Uganda, over the past five years, we have not only stabilized a rapidly expanding epidemic but also through aggressive program realignment reduced new HIV infections dramatically in the country (Figure 5).

[1] Botswana, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Ukraine, Vietnam, Zambia, and Zimbabwe.

Figure 3. Increase in viral load suppression in northern Namibia (2015 vs. 2017)

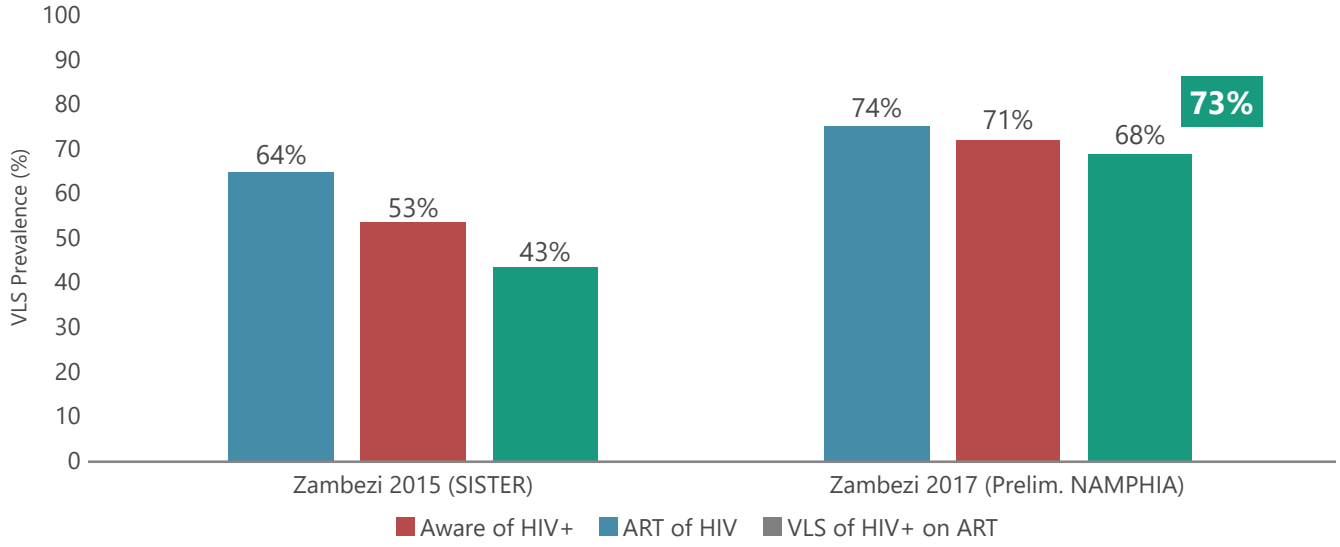


Figure 4. Eswatini newly halved its HIV incidence rate and nearly doubled viral load suppression (VLS) in only five years

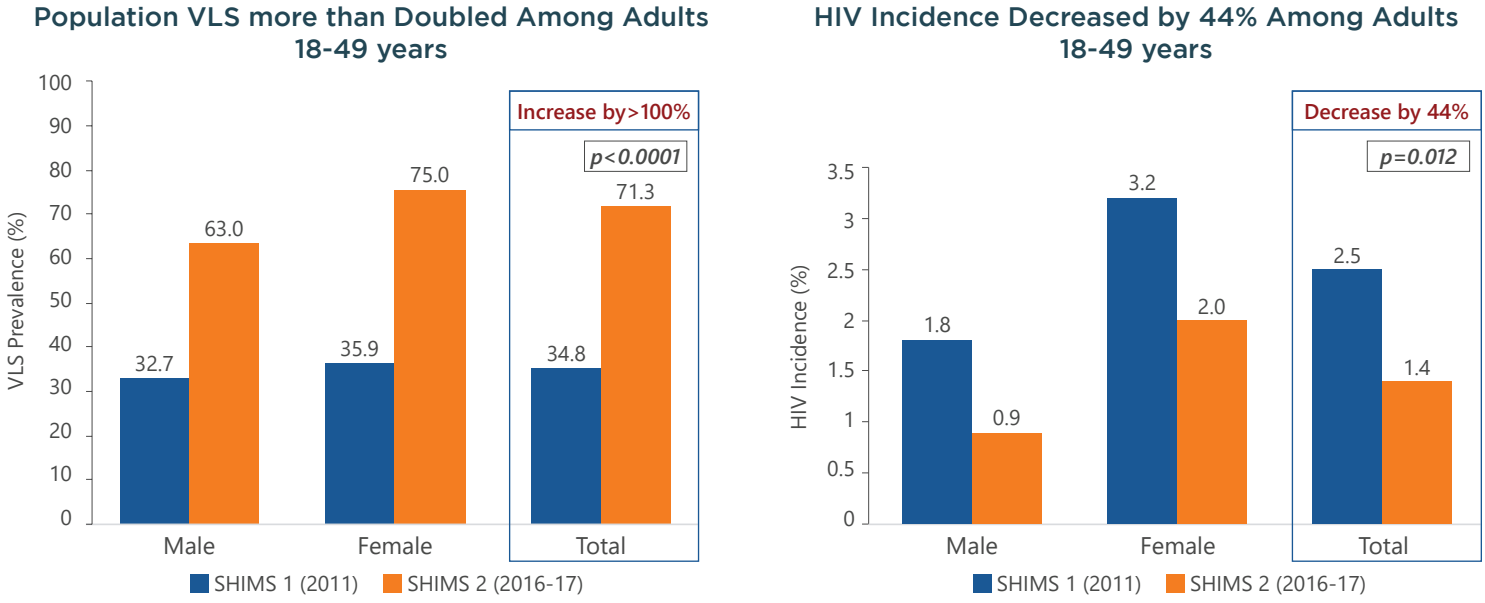
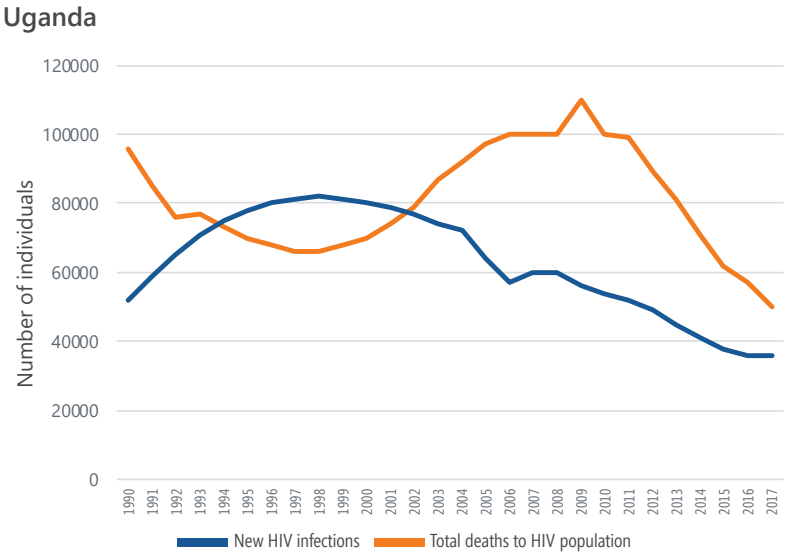


Figure 5. New HIV infections in Uganda are declining dramatically

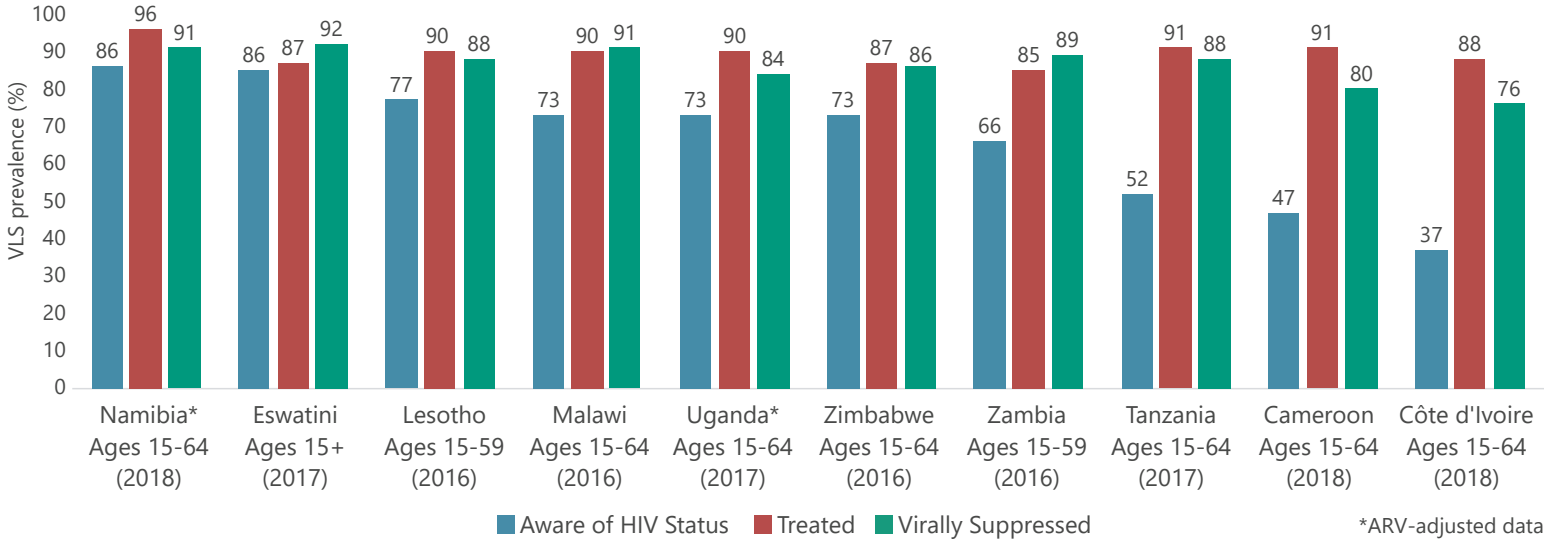


A NUN AND YOUNG CHILD IN ZAMBIA
(PHOTO: VASCO POSSLEY, FOR THE OC REGISTER)

The substantial gaps revealed by the recent PHIA results from Cameroon and Cote d'Ivoire remind us that progress toward achieving HIV/AIDS epidemic control not only requires financial investment but also effective collaboration and mutual accountability between partner governments and communities. With this collaboration and accountability lacking, these countries are not making significant strides to ensure people are aware of their HIV status. Without a supportive partner country policy environment (e.g., the presence of formal and informal regressive fees for health services), U.S. government HIV investments cannot be as effective or efficient, thereby slowing or stalling progress.

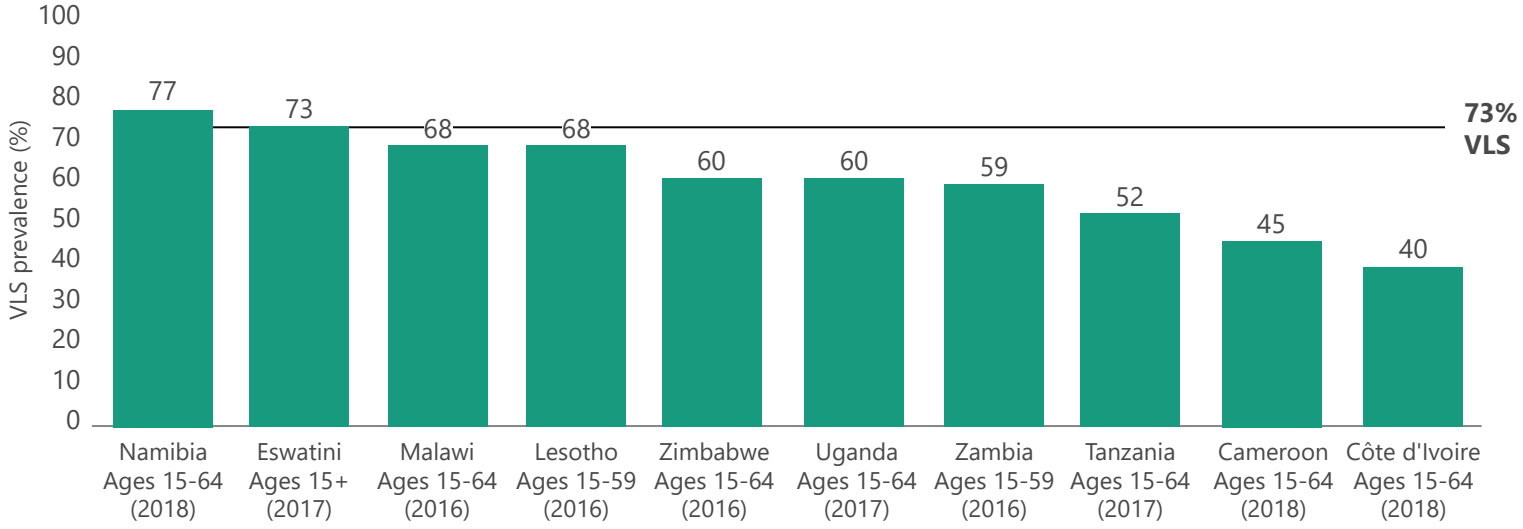
The PHIAs show critical regional disparities toward reaching the UNAIDS 90-90-90 targets across southern, eastern, and western Africa (Figure 6). Endorsed by United Nations member states, the 90-90-90 targets aim to have 90 percent of all people living with HIV (PLHIV) to know their HIV status, 90 percent of all people with diagnosed HIV infection to receive sustained ART, and 90 percent of all people receiving ART to have viral load suppression by 2020.

Figure 6. Progress toward UNAIDS 90-90-90 targets in adults in PHIA countries



Among the ten countries[2] that have released their PHIAs results, Namibia has achieved the highest level of viral load suppression among all HIV-positive adults, a widely used measure of effective HIV treatment in a population, surpassing the Joint United Nations Programme on HIV/AIDS (UNAIDS) target of 73 percent three years early. In addition, Eswatini, Malawi, and Lesotho have either reached or are closely approaching this target. As shown in Figure 7, other countries surveyed show varying levels of progress and highlight the additional focus and progress that is required.

Figure 7. Progress toward UNAIDS 90-90-90 viral load suppression (VLS) target in PHIA countries



[2] Cameroon, Cote d'Ivoire, Eswatini, Lesotho, Malawi, Namibia, Tanzania, Uganda, Zambia, and Zimbabwe.

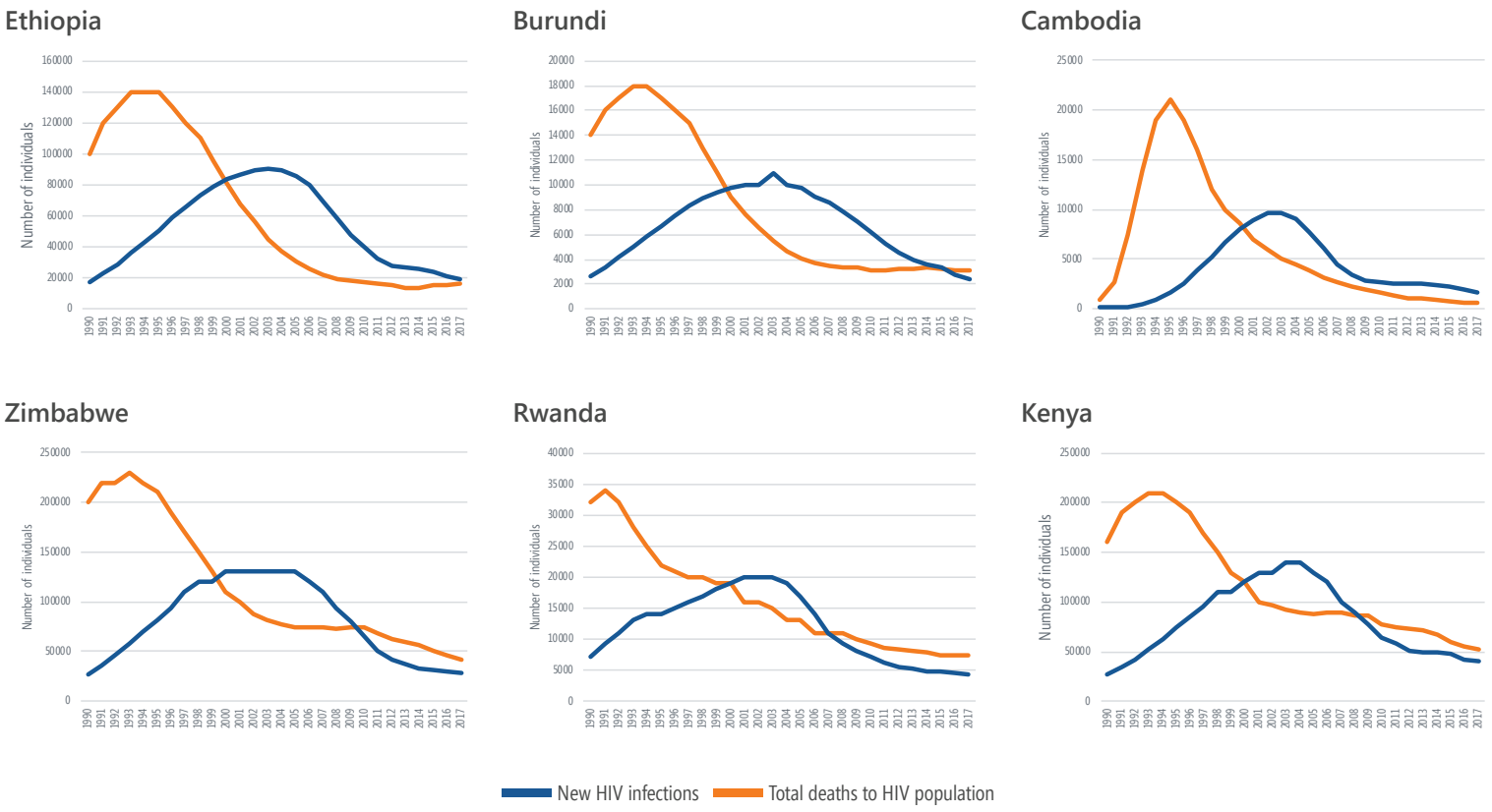
With PEPFAR support, four additional countries – Ethiopia, Haiti, Kenya, and Rwanda – will release PHIA data on a rolling basis through 2019, providing an ability to chart and validate further progress toward reaching HIV/AIDS epidemic control by 2020.

The graphics in composite below (Figure 8; Panels A-D) show countries with varying level of reductions in both mortality (as measured by total deaths among HIV-positive individuals) and new HIV infections.

- Panel A shows countries that have achieved dramatic declines in both total deaths among HIV-positive individuals and new infections as they rapidly approach control of their epidemics, at which point the out-year costs of their HIV/AIDS responses will decrease.
- Panel B shows countries where programmatic changes made over the last four years have resulted in an accelerated speed of the declines in both total deaths among HIV-positive individuals and new HIV infections (as indicated by a steepen of the slopes), which puts these countries on the path toward controlling their epidemics in the next 24 months.
- Panel C shows countries with large epidemics (e.g., South Africa), where progress must accelerate; countries in conflict (e.g., South Sudan), where the epidemic continues unchecked due to the difficulty of taking programs to scale; and other countries, where PEPFAR is beginning to have the type of impact needed to change the course of their epidemics.
- Finally, Panel D shows the unacceptably slow progress toward decreasing total deaths among HIV-positive individuals as a result of low access to HIV treatment and policies that prohibit the poor from accessing prevention and treatment services needed, which are inhibiting efforts toward achieving epidemic control. Both formal and informal regressive fees for health services disproportionately impact the poor and the vulnerable; progress in the epidemic will be depended on these countries addressing this very specific disparity.

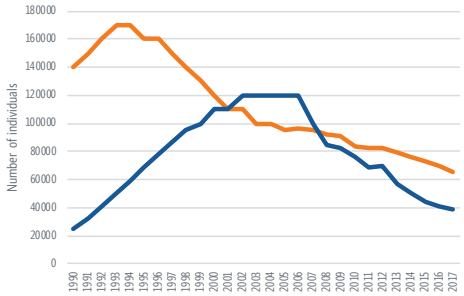
Figure 8; Panels A-D. Changes in mortality and new HIV infections in select PEPFAR-supported countries

Panel A

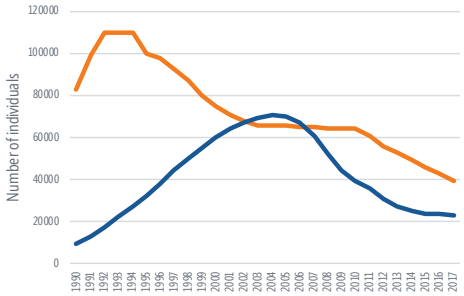


Panel B

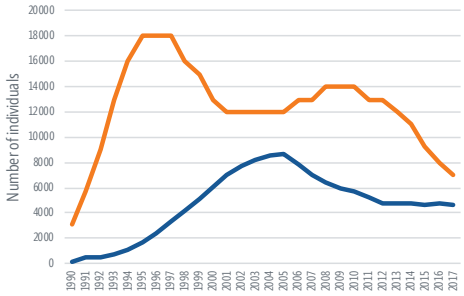
Tanzania



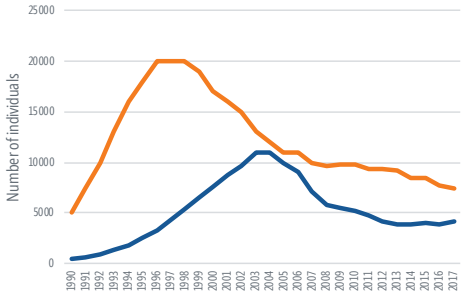
Malawi



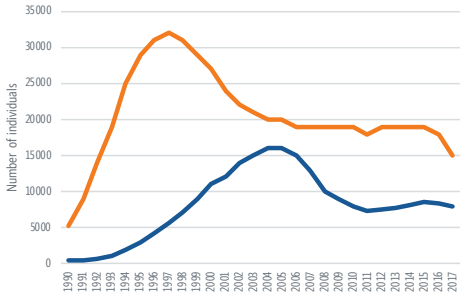
Eswatini



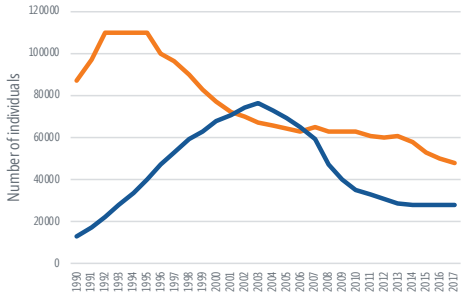
Namibia



Lesotho



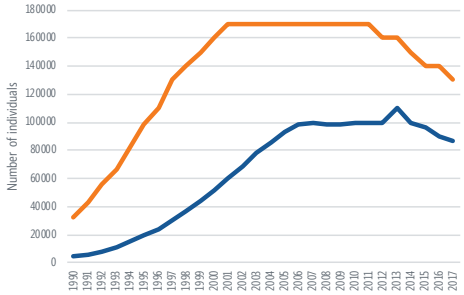
Zambia



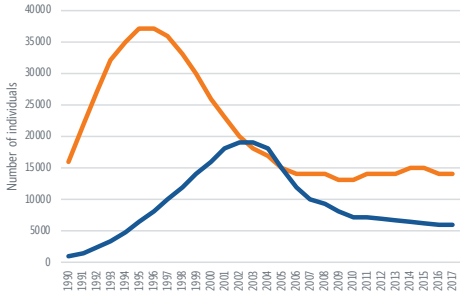
New HIV infections — Total deaths to HIV population

Panel C

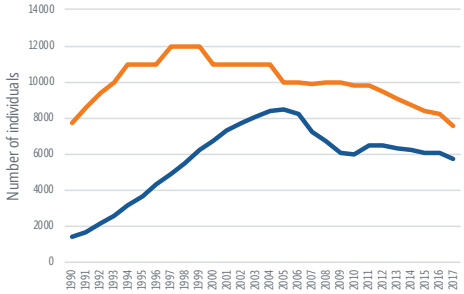
Mozambique



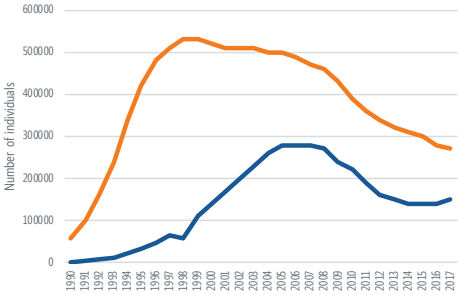
Botswana



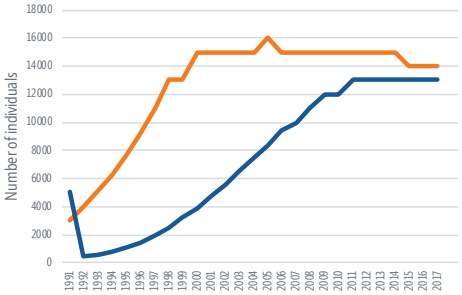
Haiti



South Africa

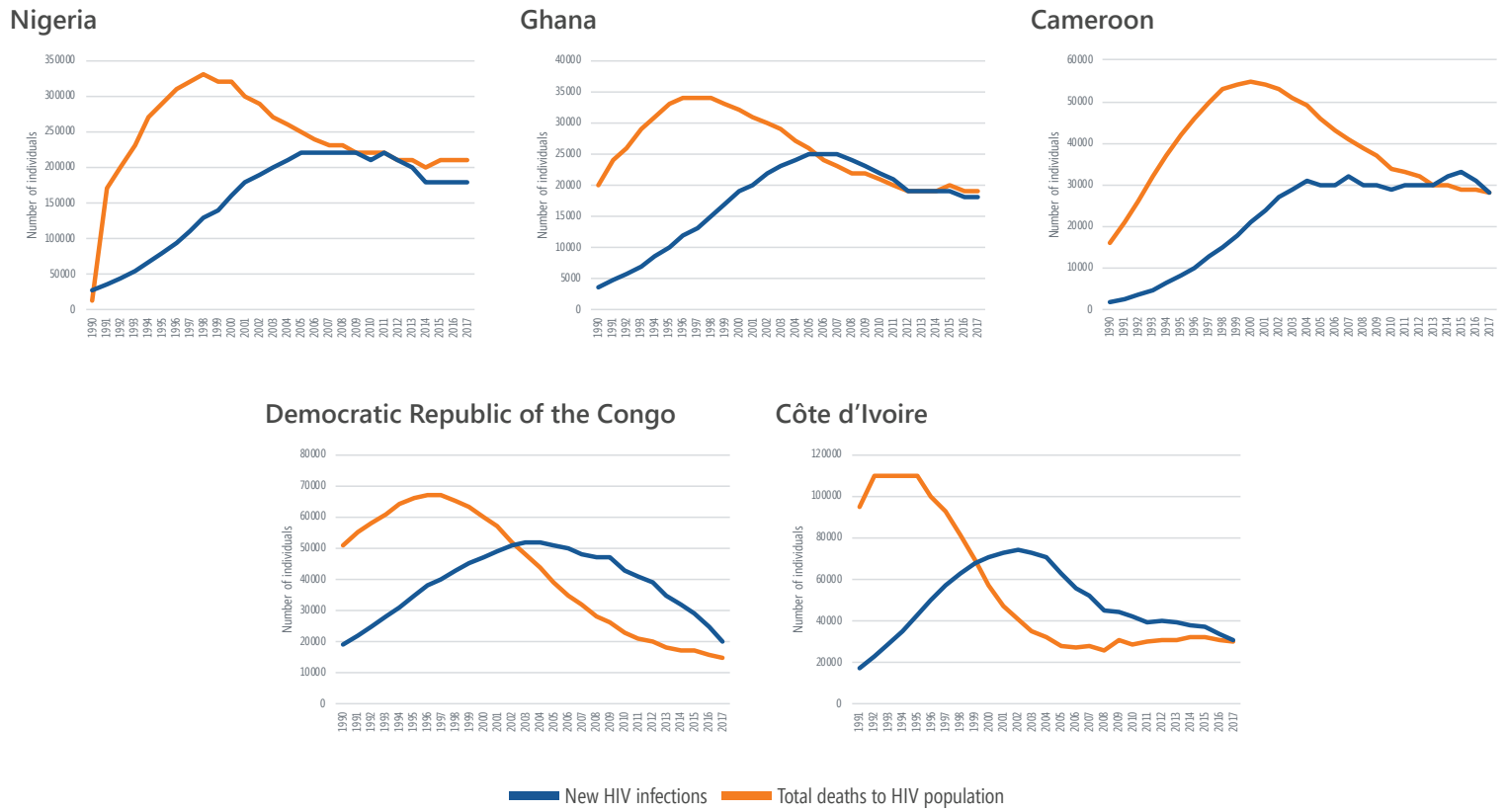


South Sudan



New HIV infections — Total deaths to HIV population

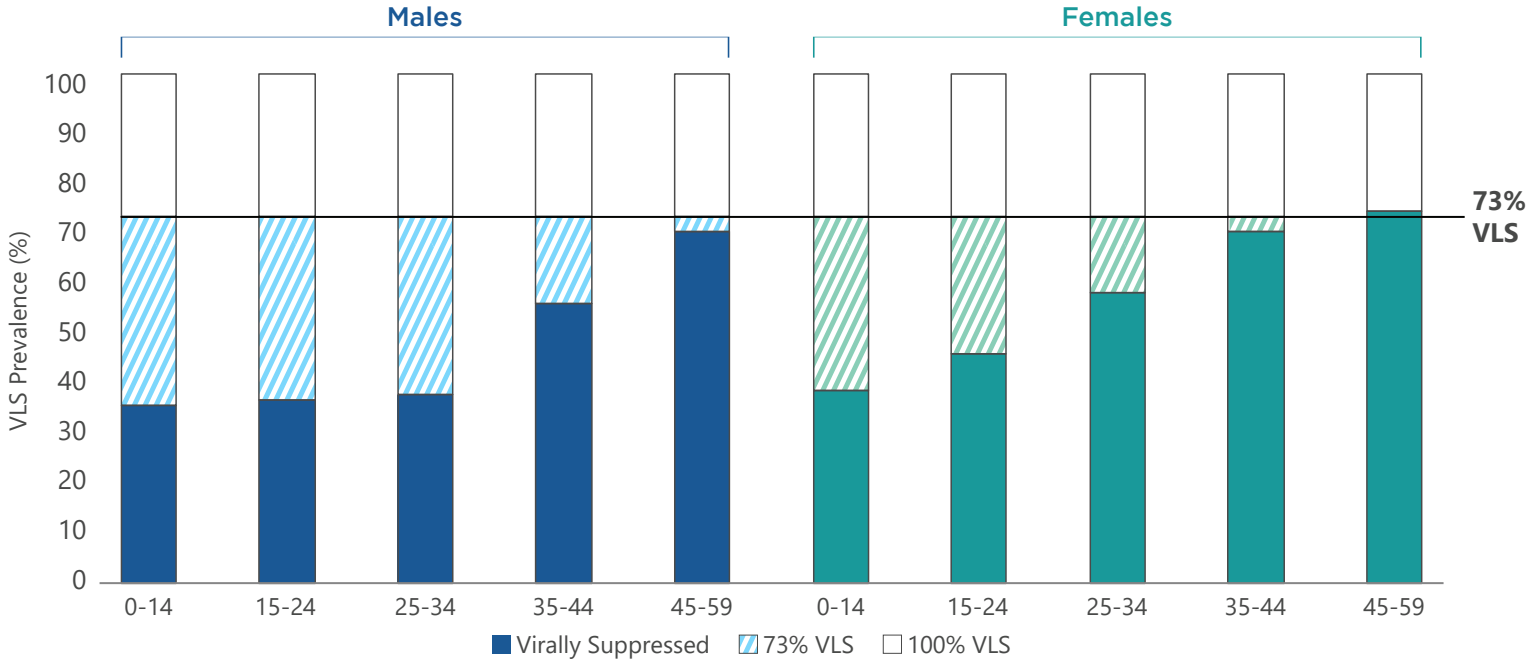
Panel D



Addressing key gaps and reaching the remaining populations

To reach epidemic control, a country must achieve at least the 90-90-90 targets among all ages, genders, and at-risk groups, ensuing that everyone at risk is accessing prevention and treatment and that progress is evident. The PHIAs reveal key gaps in HIV prevention and treatment programming for women ages 15-24 and men ages 25-34 that require urgent action. In all countries that have released PHIAs to date, lower percentages of young women and younger men reported knowing their HIV status, current use of ART, and had viral load suppression than among older adults (Figure 9). Data show us that children and key populations are also often left behind.

Figure 9. Composite data from select PHIA countries[3] reveal key gaps in viral load suppression (VLS) among younger women and men



Adolescent Girls and Young Women

The U.S. government, through PEPFAR, continues to invest nearly one billion dollars a year in HIV prevention, including through the DREAMS public-private partnership, which is helping to address critical gaps among young women. On World AIDS Day 2017, PEPFAR announced that DREAMS has reached more than 2.5 million adolescent girls and young women with critical comprehensive HIV prevention interventions. Moreover, in the 10 African countries implementing DREAMS, the majority (over 60 percent) of the highest-HIV-burden communities or districts achieved a greater than 25 percent decline in new HIV diagnoses among young women (Figure 10). Importantly, new diagnoses declined in nearly all DREAMS intervention districts.

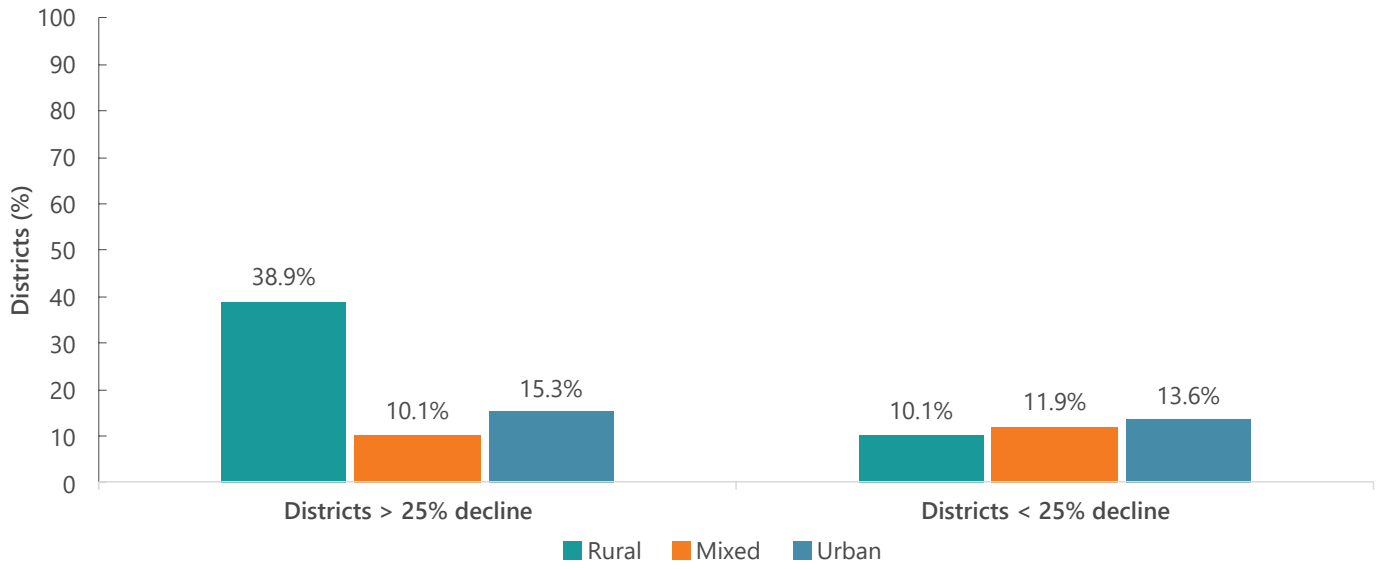
PHOTO: USAID UGANDA

Figure 10. DREAMS intervention districts with a greater than 25 percent decline in new HIV diagnoses among adolescent girls and young women since 2015

Figure 11. DREAMS intervention districts with a less than 25 percent decline in new HIV diagnoses among adolescent girls and young women since 2015

[3]Lesotho, Malawi, Namibia, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

Figure 12. Differential declines in new HIV diagnoses among adolescent girls and young women (AGYW) through DREAMS by district type



Men

To expand the diagnosis and treatment of HIV infections in men, in July 2018, PEPFAR joined the Elton John AIDS Foundation; Unitaid; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Children's Investment Fund Foundation; Johnson & Johnson; and Gilead Sciences to launch the $1.2 billion MenStar Coalition. The U.S. government will dedicate $800 million toward MenStar's goals through PEPFAR's 2018 Country Operational Plans (COPs), with a goal of reaching an additional 1 million men with ART and supporting over 90 percent of men ages 24-35 to be virally suppressed to effectively interrupt HIV transmission.

PHOTO: US EMBASSY MAPUTO

Children

Only 52 percent of children ages 0-14 with HIV have access to lifesaving treatment, compared with 59 percent of adults with HIV. And 180,000 children were newly infected with HIV in 2017.

PEPFAR supports nearly 1 million children on lifesaving ART, double the number the program did in 2014. We continue to invest nearly half a billion dollars annually to ensure children are prioritized, including by dedicating at least 10 percent of PEPFAR program funds to ensure that orphans, vulnerable children, and their caregivers can thrive.

PHOTO: SARAH DAY SMITH/PEPFAR

Key Populations

According to the latest UNAIDS data, 47 percent of new HIV infections globally occur among key populations and their sexual partners, including 95 percent of new HIV infections in Eastern Europe and Central Asia and the Middle East and North Africa.

PEPFAR remains deeply committed to expanding key populations' non-discriminatory access to quality, lifesaving HIV prevention and treatment services. In July 2018, PEPFAR announced that the program will invest $360 million dollars in the next 12 months to expand key populations' non-discriminatory access to quality, lifesaving HIV services. This includes $260 million through our 2018 COPs and $100 million from our Key Populations Investment Fund, which will primarily support indigenous organizations reaching key populations with HIV services in communities.

PHOTO: PSI

PEPFAR is continually evolving its program by using data to drive equity to add these critical gaps and ensure that all at-risk populations being left behind know their HIV status, receive lifesaving HIV prevention and treatment services, and are virally suppressed if they are HIV-positive.

PEPFAR's Commitment Remains Strong

PEPFAR continues to focus and align U.S. government resources and activities toward achieving HIV/AIDS epidemic control by emphasizing the following action steps.

- Acceleration of optimized HIV testing and treatment strategies particularly to reach men under age 35, including through the new PEPFAR-supported Menstar Coalition. More than half of men under age 35 do not know their HIV status and are not on ART, which is fueling the epidemic among young women ages 15-24 and young men ages 25-35.
- Expansion of HIV prevention, particularly for young women under age 25 and men under age 30 through the scale-up of innovative and successful PEPFAR-led DREAMS programs and the expansion of VMMC for boys and young men in targeted age bands.
- Renewed engagement with faith-based leaders and organizations as well as the private sector to accelerate and improve efforts toward epidemic control.
- Strengthened partner country policy environments for HIV/AIDS service delivery and increased partner government financial contributions to their own HIV/AIDS responses.
- Rapidly increasing the percentage of PEPFAR-supported implementing partners that are indigenous organizations, with the goal of each PEPFAR implementing agency having 40 percent indigenous partners by the end of 2019 and70 percent indigenous partners by the end of 2020.
- Continuous use of the latest and most granular epidemiologic and cost data to improve partner performance, find additional efficiencies, and increase the impact of each dollar invested.

Over the past 15 years, PEPFAR has helped bring the HIV/AIDS pandemic from crisis toward control. As a global community, we have the historic opportunity, for the first time in modern history, to control a pandemic without a vaccine or a cure. This will lay the groundwork for eventually eliminating HIV once a vaccine or a cure is discovered.

Based on our progress to date, up to 13 PEPFAR-supported countries could achieve HIV/AIDS epidemic control by 2020. Given where we were 15 years ago when PEPFAR began, this would be a remarkable accomplishment. Achieving epidemic control will save untold lives, significantly lower the burden of HIV/AIDS in countries and communities, and begin to reduce the future costs required to sustain the response.

With this strategy, the U.S. government will continue to drive toward HIV/AIDS epidemic control – these goals are within our grasp and we are committed, working alongside our many partners, to filling the critical gaps that remain in order to reach them. We will continue to both demand and demonstrate accountability and transparency at every level of our efforts, for the people who we are privileged to serve deserve nothing less.

As U.S. Secretary of State Michael Pompeo so eloquently stated in introducing this 2018 Progress Report: "Together, we can, and we will, control this pandemic – one community and one country at a time."

AN HIV-POSITIVE MOTHER WITH HER HIV-NEGATIVE BABY
(PHOTO: USAID KENYA)

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

U.S. Department of State
Office of the U.S. Global AIDS Coordinator and Health Diplomacy
SEPTEMBER 2018