



**Report to Congress on Annual Treatment Report from the
President's Emergency Plan for AIDS Relief (PEPFAR)
Section 7611 (g) of Title 22 of the U.S. Code.**

Background/Summary

Since the creation of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, the coordinated global effort to combat the HIV/AIDS pandemic has continued to expand on its successes in diagnosing and treating people living with HIV (PLHIV). At the annual International AIDS Society meetings in July 2020, UNAIDS announced its latest estimate that approximately 25.4 million PLHIV were receiving treatment with antiretroviral therapy (ART) by the end of 2019. This represents a greater than three-fold increase since 2010, and a more than 20-fold increase since 2003, largely driven by the leadership of the American people through PEPFAR, especially in countries with the highest burden of disease. This rapid expansion in access to life-saving treatment stands as one of PEPFAR's greatest achievements for many reasons: not only has ART saved the lives of millions of PLHIV and increased their life expectancy to near-normal levels, but it yields a reduction in the levels of HIV virus that enables it to act as a prevention tool that dramatically lowers the likelihood of HIV transmission.

The successes of PEPFAR-supported treatment programs have made epidemic control of HIV more possible than ever in many of its partner countries. Through the end of Fiscal Year 2019, PEPFAR supported life-saving ART for approximately 15.7 million people, more than twice the number of people that were supported five years ago.¹ This has in large part driven the successes seen in another estimate recently released by UNAIDS with regard to their global 90-90-90 targets: that as of the end of 2019, 81% of PLHIV knew their status, 82% were accessing treatment among those who knew their status, and 88% had suppressed viral loads among those accessing treatment. These 90-90-90 global targets that partner countries have committed to serve as critical proxy measures of epidemic control. When these targets are reached and sustained, the transmission rate will become so low that the new infections will be fewer than the number of PLHIV who die due to any cause.

Of course, 2020 is much different than any other year due to the spread of the novel coronavirus. The impact on PEPFAR partner governments and PEPFAR-supported programs has been profound. Not only have governments been forced to address the public health threats of dual epidemics in all of PEPFAR's partner countries, but the ensuing shutdowns meant to reduce the rate of COVID-19 transmission have forced PEPFAR and its implementing partners to develop rapid adaptations in order to continue to provide life-saving services. Although these last several months have been challenging for all those affected, PEPFAR staff and partners have done a remarkable job of sustaining and preserving the gains in HIV treatment services for PLHIV and maintaining their core services. In part out of necessity, they have also accelerated progress along key goals, such as increasing the adoption and implementation of multi-month dispensing (MMD) of antiretroviral drugs (ARVs). In the long-

¹ <http://data.pepfar.gov>

term, these adaptations and innovations will make health systems and HIV programs stronger and more resilient and our many years of hard fought gains more sustainable, as the functional and financial responsibilities for providing services gradually transition from PEPFAR to our government partners.

The key to long-term success continues to be to ensure that every PLHIV client remains on treatment and maintains viral suppression. Among PEPFAR's partner countries, there is still a wide range of ART coverage levels. Many countries have just entered or are on the cusp of epidemic control status. Others once much further behind have made significant gains towards the UNAIDS targets. Namibia became the first of PEPFAR's Sub-Saharan African partners to enter epidemic control status, with an announcement during PEPFAR's Country Operational Plan (COP) meetings in March 2019 that best estimates placed it at 94-96-95 on UNAIDS' 90-90-90 measures. UNAIDS' latest estimates for the end of 2019 suggest that several countries including Botswana, Eswatini, Malawi, Rwanda, Uganda, and Zambia, have also already met the equivalent of the 90-90-90 goals and a couple could very well have already even reached their ambitious 95-95-95 targets. All of this is further validated by PEPFAR-supported Population-based HIV Impact Assessments (PHIAs). Such an achievement was unimaginable at the turn of the century when the pandemic was spreading unmitigated throughout much of the world, with many of these Sub-Saharan African countries hit especially hard.

While early PEPFAR programs were initially focused on the emergency HIV/AIDS response, a second phase, which commenced in 2008, emphasized enhanced country engagement. The third and current phase of PEPFAR concentrates on the sustainable control of the epidemic, including through a targeted strategy that focuses U.S. resources on high HIV-burden countries.² With more urgency than ever, especially in the face of population dynamics such as the looming youth bulges that threaten the progress made in many of its partner countries, PEPFAR is strategically investing resources through data-driven programming to maximize their impact. This has enabled PEPFAR to continue to support programs in over 50 countries through the provision of life-saving ART for all who need it, including groups such as orphans and vulnerable children and members of key populations who often suffer from stigma and discrimination. In its most recent major programmatic pivot within phase three, PEPFAR launched a bold course by accelerating efforts to achieve control of the HIV/AIDS epidemic by the end of 2020 through a particular focus on up to 13 of its highest HIV-burden countries.³ This laser focus and new found efficiencies have not only enabled PEPFAR to continuously expand quality treatment, but to dramatically increase its investment in primary prevention programming.

To meet the global need for treatment and sustain the positive impacts of providing access to ART with finite resources, PEPFAR continues to maximize the efficiency and effectiveness of its investments. To this end, PEPFAR prioritizes the use of data and analysis more than ever to understand age- and sex-disaggregated gaps, treatment costs and their drivers, and how maximally cost-efficient practices can extend the impact of programs. Throughout its existence, PEPFAR principals have driven the collection and use of these programmatic and epidemiologic data, and have gradually collected more precise financial and expenditure data—not just for their own efforts, but to support multilateral efforts that can maximize the efficiency and effectiveness of all our complementary programs.⁴

² PEPFAR 3.0 Controlling the Epidemic: Delivering the Promise of an AIDS-free Generation (2014)
<http://www.pepfar.gov/documents/organization/234744.pdf>

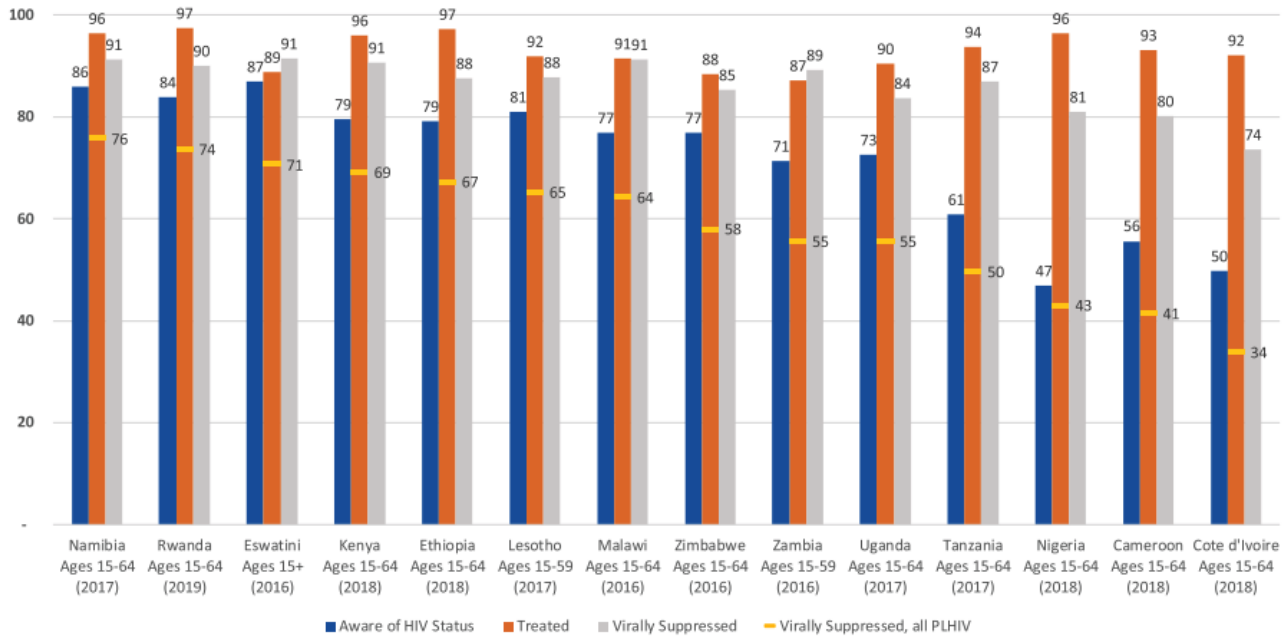
³ PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control 2017-2020 (2017)
<http://www.pepfar.gov/documents/organization/274400.pdf>

⁴ Holmes CB, Atun R, Avila C, and Blandford J (2011). Expanding the generation and use of economic and financial data to improve HIV program planning and efficiency: a global perspective. *Journal of Acquired Immune Deficiency Syndromes*. Aug; 57 Suppl 2: S104-8

Updates on Treatment-Related Programmatic Performance by Country

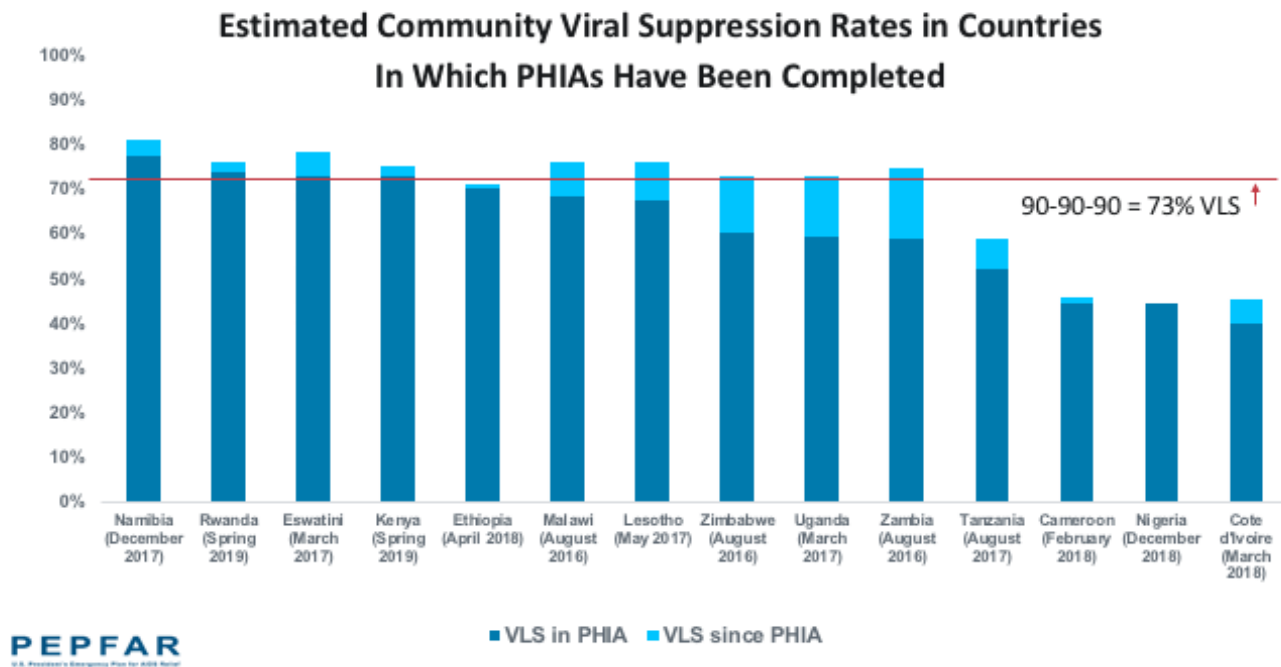
At this critical juncture, the global community, in partnership with PEPFAR, has a unique opportunity to reach epidemic control through the UNAIDS 90-90-90 framework. We also have a chance to lay the foundation needed to make these achievements sustainable when responsibilities for the programs gradually transition to host country governments over time. To chart progress as accurately as possible PEPFAR has funded population-based HIV Impact Assessment (PHIA) surveys. PHIA is a national survey that provides gold-standard measurements of progress toward global targets. To date, observations have been completed and data has been publicly released for 13 countries. Several more are currently underway or planned for the near future. Completed PHIA surveys have confirmed that U.S. investments through PEPFAR and the Global Fund have enabled PEPFAR partner countries to make significant strides towards reaching and even exceeding the UNAIDS 90-90-90 targets (see Figure 1).⁵ In light of these results, continual focus remains on delivering HIV treatment services that are client-centered so that services are provided in a manner that ensures that patients stay on ART and maintain their viral suppression status.

Figure 1- Progress on 90-90-90 Targets Measured by PHIA Studies
Progress Towards Epidemic Control:
90-90-90 Status As of When PHIA Were Completed



The treatment coverage in these countries has led to rates of viral suppression among PLHIV that keeps many patients healthy and significantly reduces disease transmission in the community. Because of the unrelenting work of PEPFAR and its partners, viral suppression rates have only continued to increase after the completion of the PHIA. Figure 2 shows estimates of community viral load suppression (i.e., overall viral load suppression rates among all PLHIV) for the countries in which PHIA have been completed as of the annual COP meetings in March 2020.

⁵ PHIA project: a drop that counts, <https://phia.icap.columbia.edu/>

Figure 2- Progress Towards Epidemic Control Measured by Viral Load Suppression Rates

ART remains the single most effective mode of reducing the amount of new infections. In combination with complementary prevention efforts, ART has reduced the rates of annual new infections substantially: by an average of more than 50% in most PEPFAR countries since its inception in 2003, and from between 22% and 58% in PEPFAR’s highest incidence countries since 2010.^{6,7} Such tremendous impact demonstrates that with sustained commitment, PEPFAR’s treatment and prevention programs should soon lead to epidemic control status in virtually all of the prioritized high burden partner countries.

Despite this remarkable progress, much work remains to be done. Overall, the world is still off track for meeting UNAIDS’ “Fast-Track” goals for reduction in new infections (see Figure 3). This underscores what PEPFAR already recognizes: that there remain pockets of lower coverage that have presented challenges to the goal of completely flattening incidence curves. As demonstrated by PHIA and PEPFAR program data disaggregated by age and sex, we know that gaps among adult men and adolescent girls and boys and young women and men have proven intractable in some places. And retention remains a critical focus. PEPFAR has therefore focused increasingly on these critical gaps for the past three years. Dedicated efforts have included launching a public-private partnership focused on overcoming the core barriers to finding men for diagnosis and treatment. Complementary prevention-oriented initiatives, such as the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programs targeted at adolescent girls and young women, should also further drive down incidence rates in the near future.

⁶ Ibid.

⁷ UNAIDS: Aidsinfoonline, <http://aidsinfo.unaids.org/>

Figure 3- Global Reduction in New Infections and Contribution by Modality

