



## Agency Priority Goal Action Plan

# HIV/AIDS

### Goal Leaders:

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# Overview

## State and USAID Joint Goal Statement:

- Achieve control of the Human Immunodeficiency Virus (HIV) epidemic. By September 30, 2019, new infections are fewer than deaths from all causes in HIV-positive patients in up to 13 high-HIV burden countries<sup>1</sup> through leadership by State and implementation by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Labor, and Treasury; and the Peace Corps.

## Challenges

- Political will of host-country governments, particularly to address barriers for the most impoverished to access HIV services;
- Ability to find HIV-positive men, adolescents and young women;
- Uncertainty of Fiscal Year 2020 final budget (and years beyond FY 2020); and
- Staffing shortages, both at Headquarters and overseas, at the Department of State Office of the U.S. Global AIDS Coordinator, USAID and other U.S. Government Departments and Agencies that implement the President's Emergency Fund for AIDS Relief (PEPFAR), including vacant PEPFAR Coordinator positions in multiple countries

<sup>1</sup> The 13 epidemic-control countries are Botswana, Côte d'Ivoire, Eswatini, Haiti, Kenya, Lesotho, Malawi, Namibia, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe.

# Overview

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## Opportunity

- With American leadership, we are at an unprecedented moment in the global HIV/AIDS response. For the first time in modern history, we have the opportunity to control a pandemic without a vaccine or a cure. We have the tools to do this, but the key will be comprehensive implementation brought to scale to reach those already infected and prevent new infections. Controlling the HIV/AIDS pandemic will lay the groundwork for eventually eliminating or eradicating HIV, which will be possible through continued and future scientific breakthroughs in vaccine-development and research into a cure.
- In the context of controlling the HIV/AIDS pandemic, reaching epidemic control means the total number of new HIV infections have fallen below the total number of deaths from all causes among HIV-infected individuals.
- The latest PEPFAR data show that eight African countries are approaching control of their HIV/AIDS epidemics (Ethiopia, Rwanda, Kenya, Zimbabwe, Namibia, eSwatini, Malawi and Lesotho)
- PEPFAR partners in more than 50 countries are implementing programming in support of attaining the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 framework in the next three years – 90 percent of people who are living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads, across all ages, genders, and at-risk groups. Epidemic control will only be possible by meeting these targets for adults (men and women) and children.

# Leadership

The State Department's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) and USAID's Bureau for Global Health will lead the Joint Agency Priority Goal. S/GAC is the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through Chiefs of Mission in U.S. Embassies in over 50 countries. PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Treasury, and Labor; and the Peace Corps.



Department of State



U.S. Agency for International  
Development



Department of Health and  
Human Services



Department of Defense



Peace Corps



Department of Commerce



Department of Labor



Department of the Treasury

# Goal Structure and Strategies

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Working in over 50 countries, PEPFAR has changed the very course of the global HIV/AIDS epidemic, and is widely regarded as one of the most effective and efficient development programs in history. As of September 30, 2018, PEPFAR supports more than 14.6 million people with life-saving anti-retroviral treatment. We have enabled more than 18.9 million men and boys to receive substantial protection from HIV infection through the provision of voluntary medical male circumcision (VMMC). In the past year, HIV diagnoses among adolescent girls and young women continued to decline in 85 percent of the highest HIV-burden communities/Districts that are implementing the program's Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) public-private partnership. In addition, eight of the DREAMS-supported Districts that had less than a 25-percent decline of new HIV diagnoses among adolescent girls and young women in 2017 had a greater than 25-percent decline in 2018 – which shows marked success. With PEPFAR support, more than 2.4 million babies have been born HIV-free to pregnant women who are living with HIV, and the mothers are healthy and alive to protect and nurture their infants. PEPFAR also provides assistance to more than 6.8 million orphans, vulnerable children, and their caregivers. We continue to expand our impact through accountability, transparency, and partnerships.

# Goal Structure and Strategies

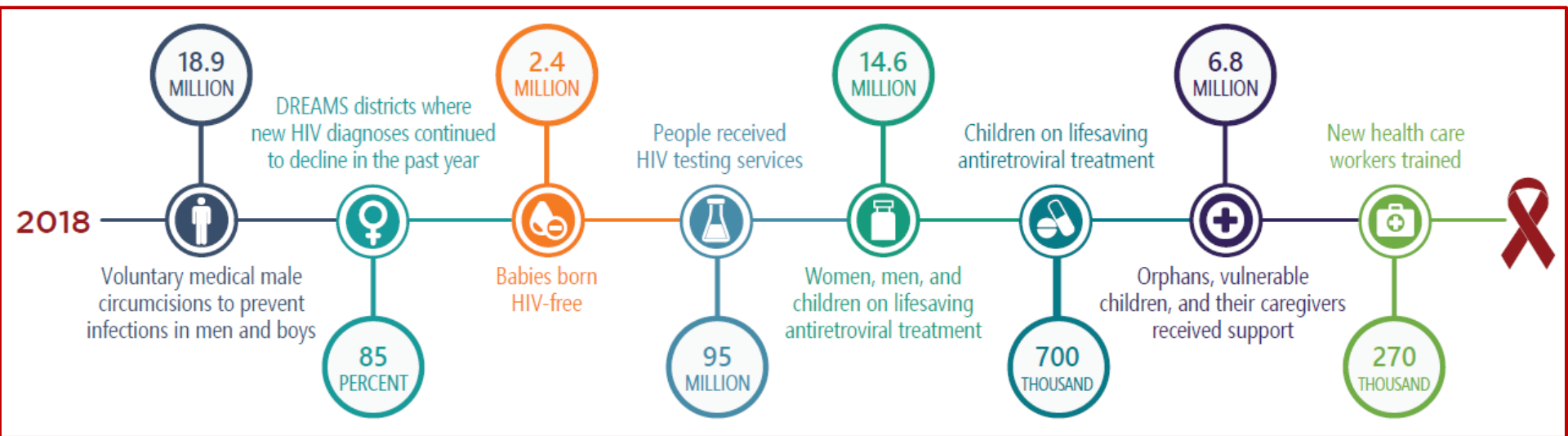
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## Strategies:

- PEPFAR will be expanding anti-retroviral (ART) services through the implementation of “Test and Start” across most countries, including same-day initiation of ART; differentiated care models; six-month clinical visits for stable patients; and routine, national viral-load testing to monitor ART adherence and any potential drug-resistance.
- Scale up and regularly monitor new and targeted approaches to HIV-testing services, including index-testing and HIV self-testing to inform their potential expansion into additional countries.
- Focus combination prevention interventions with layered core packages of services for adolescent girls and young women between 15 and 29 years of age; young men between 20 and 39 years of age; and orphans and vulnerable children, especially girls between nine and 14 years of age, for HIV risk-avoidance and to prevent sexual violence.
- Scale up voluntary medical male circumcision (VMMC) for young men.
- Ensuring priority populations and key populations have access to, and increase their use of, comprehensive packages of health and social services, including HIV-testing, partner-testing, education on risk-reduction, pre-exposure prophylaxis (PrEP), and HIV treatment for those found to be living with HIV.

# Summary of Progress – FY 2018 PEPFAR Global Results

## 2018 PEPFAR GLOBAL RESULTS



PEPFAR is the largest commitment by any nation to address a single disease in history. Through the compassion and generosity of the American people, PEPFAR has saved over 18.9 million lives, prevented millions of infections, and helped transform the global AIDS response.

# Summary of Progress

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- PEPFAR continued to advance progress towards HIV/AIDS epidemic control, the point where new HIV infections is less than all causes of mortality for People Living with HIV/AIDS (PLHIV), in all PEPFAR-supported countries over the past two years. During this time, critical PEPFAR-priority countries are achieving decreases in new HIV infections and maintaining, or decreasing, the number of deaths among PLHIV.
- While outcomes for 2019 will not be modeled by Joint United Nations Programme on HIV/AIDS (UNAIDS) until mid FY 2020, Rwanda, one of the thirteen priority countries, had already achieved epidemic control at the end of 2018.
- Consistent with reductions in new infections, PEPFAR has initiated treatment for over 4.6 million PLHIV from Q1 FY 2018 to Q3 FY 2019. This has resulted in an overall increase in the number of people receiving ART, though not at the rate targeted by PEPFAR. Analysis of quarterly data has elucidated challenges in retaining young men and women on life-long ART and PEPFAR's focus in the coming year will be to address barriers to patient retention.
- PEPFAR also supported 3.7 million voluntary male medical circumcisions in FY 2018, the highest number supported in a single year in the history of PEPFAR, and is on track to achieve similar results for FY 2019.
- In addition, PEPFAR completed field collection for six population-based HIV impact assessments in FYs 2018-19, providing greater clarity on progress and challenges to achieve epidemic control in Cote d'Ivoire, Cameroon, Namibia, Rwanda, Nigeria and Kenya.
- Finally, PEPFAR continues to streamline business processes to reduce burden on the field and ensure all funds are moved in time for implementation for the upcoming year.
- With these combined efforts, PEPFAR is on track for the majority of the 13 priority countries to reach the UNAIDS 90-90-90 goals by the end of 2020. **All milestones, but for two due to reporting timelines, have been met.**



# Summary of Progress

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## Challenge:

- While PEPFAR rapidly scaled data-driven interventions to find and link PLHIV to treatment, the program uncovered challenges to maintaining clients in quality, life-long care. This has resulted in a significant number of clients lost to the health care system and PEPFAR not achieving its Number of Adults and Children Currently Enrolled on ART targets in FY 2018 and 2019.
- PEPFAR's real-time use of data elucidated this problem and has focused efforts for 2019 and 2020 to improve patient experience to maintain viral suppression.
- PEPFAR is already seeing the impact from this focus, with client retention rates improving in the majority of the thirteen priority countries over the past two quarters.

# Key Milestones

Milestone Summary			
Key Milestone	Milestone Due Date	Milestone Status	Comments
PEPFAR Annual Report Submitted to Congress.	FY 2018, Quarter 2 (Q2)	Complete	Annual Report submitted to Congress on time.
Long-Term Strategy Countries submit 2018 Country Operational Plans.	FY 2018, Q2	Complete	22 of 23 Country Operational Plans were submitted in Q2, and the final Country Operational Plan in Q3.
All 2018 PEPFAR Country Operational Plans approved and notified to Congress.	FY 2018, Q3	Complete	All PEPFAR Operating Units Country Operational Plans have been approved.
PEPFAR Reauthorization approved by Congress and signed into law.	FY 2018, Q3	Complete	The U.S. House of Representatives approved house Resolution 6651 on 13 November 2018 and the U.S. Senate approved it on 28 November 2018. The President signed the bill into law on 11 December 2018 (Public Law 115-305).
Completion and Release of three new Public-Health Impact Assessments (PHIAs).	FY 2018, Q4	Complete	Namibia, Cameroon and Côte d'Ivoire all completed PHIAs in FY 2018.
Release of FY 2018 Annual Progress.	FY 2019, Q1	Complete	PEPFAR's annual results were publically released on World AIDS Day (December 1, 2018).
PEPFAR Annual Report Submitted to Congress.	FY 2019, Q2	Complete	PEPFAR Annual Report to Congress is complete and was submitted on 19 June 2019.
PEPFAR programs submit FY 2019 Country and Regional Operational Plans.	FY 2019, Q2	Complete	All 2019 PEPFAR Country and Regional Operational Plans have been submitted to S/GAC.
All 2019 PEPFAR Country Operation Plans approved and notified to Congress.	FY 2019, Q3	In Process	All 2019 PEPFAR Country and Regional Operational Plans have been approved by S/GAC. The first and second Congressional Notifications, which includes \$2,661,078,916 in bilateral funding were approved by Congress on 5 July and 12 September 2019, respectively. The third CN, which includes \$256,738,624, is currently with the Hill for final approval. The fourth CN, which obligates remaining COP19 funds totaling \$1,257,959,470, is undergoing final clearances within the Department and will be shared with Congress once that process is complete.
Completion and Release of three additional Population-Based HIV-Impact Assessments or similar surveys.	FY 2019, Q4	Complete	Population-based surveys were completed for Nigeria, Kenya and Rwanda during FY 2019. A survey was also launched in Haiti and will be completed in FY 2020.
Release of FY 2019 Annual Progress, including the status of epidemic control in 13 high-priority countries.	December 1, 2019	N/A	Will be reported in Q2, 2020 APG progress update.

# Key Indicators

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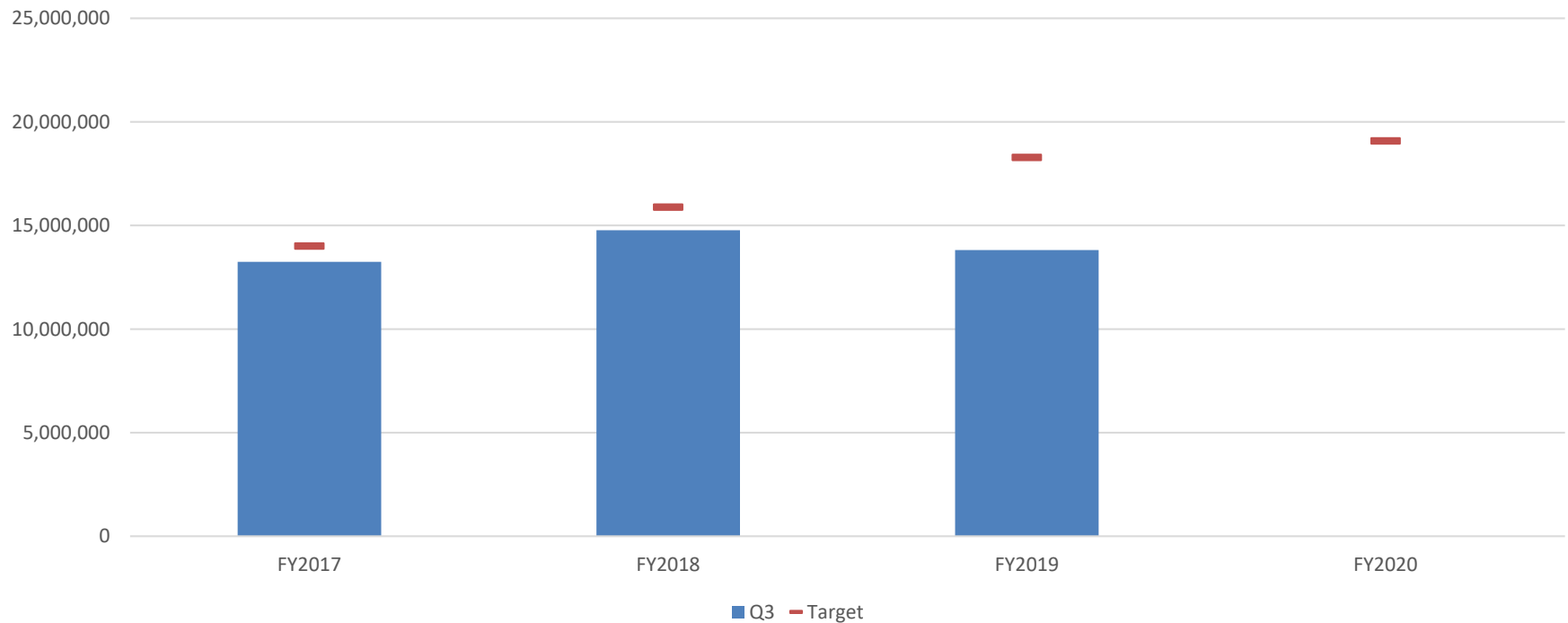
PEPFAR will continue to accelerate progress toward controlling the HIV pandemic, with a focus on 13 high-HIV burden countries with the potential to achieve epidemic control by 2020. The program will accomplish this in partnership with, and through attainment of, the UNAIDS 90-90-90 framework – 90 percent of people who are living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads, across all ages, genders, and risk groups – and by expanding HIV prevention. To monitor progress towards epidemic control, PEPFAR will monitor and report on a number of key indicators, including:

1. Number of adults and children currently receiving ART;
2. Number of adults and children newly enrolled on ART; and
3. Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period.

# Key Indicator 1: Number of Adults and Children Currently Receiving ART FY 2019 Q4 Update

At the end of FY 2018, PEPFAR was supporting more than 14.6 million men, women, and children on life-saving ART. To continue to scale up in FY 2019, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible and has set an ambitious target of 18 million. Progress toward achieving FY 2019 current on treatment target is shown in the graph below.

Number of Adults and Children Currently Receiving ART



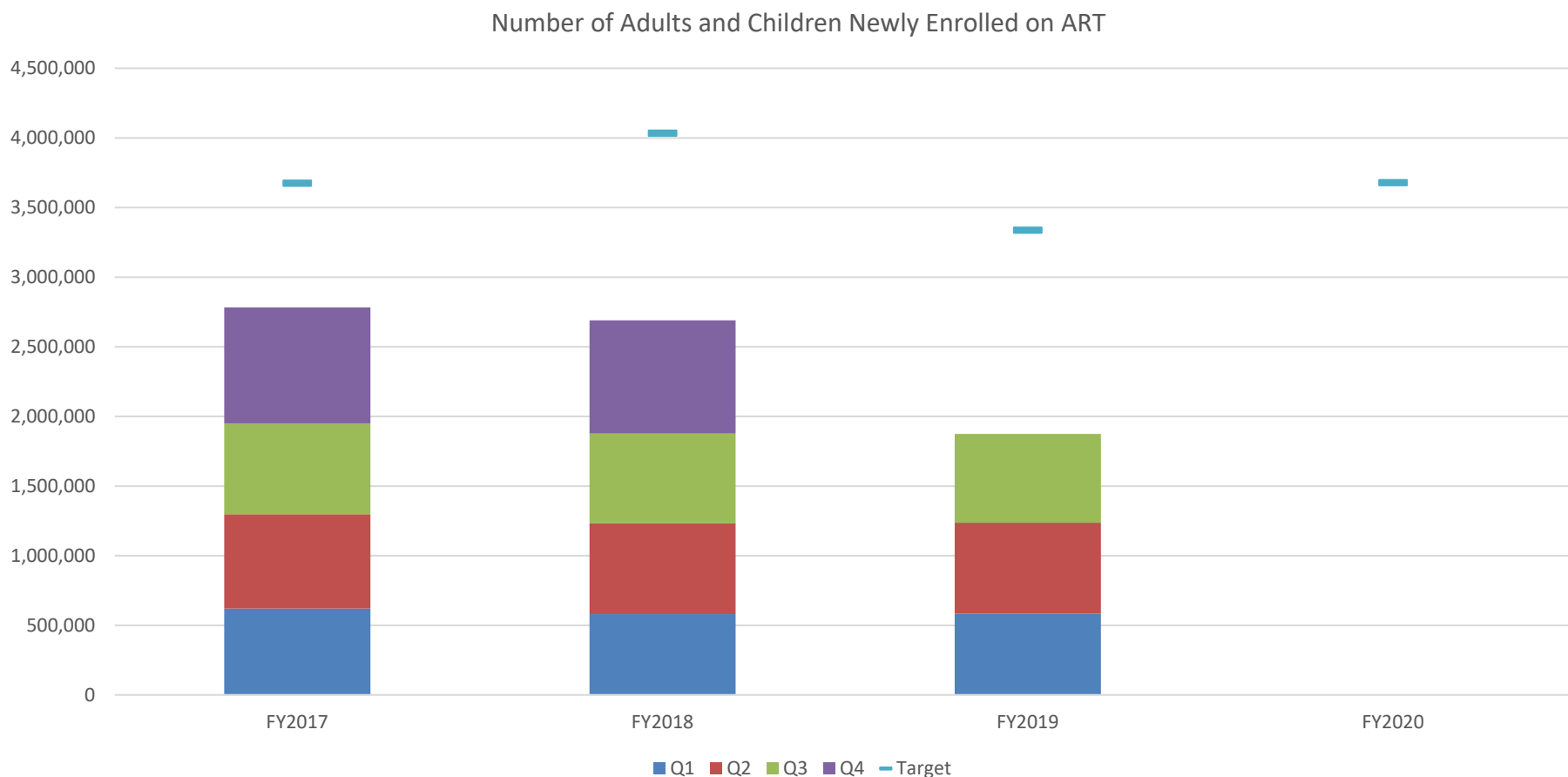
<sup>1</sup>Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. The Office of the Global AIDS Coordinator include Q4 data in the FY 2020 Q1 APG report.

\*FY 2019 Q1-Q3 results do not include patients for sites within the PEPFAR centrally supported Districts in South Africa and Uganda. Last year this included ~887,000 people who are living with HIV. PEPFAR will report the complete treatment number, included those patients in sites in centrally supported Districts, in Q1 FY 2020.

<sup>^</sup>See Slide 20 for an update on the definition for “Number of adults and children currently receiving ART”

# Key Indicator 2: Number of Adults and Children Newly Enrolled on ART FY 2019 Q4 Update

In FY 2018, PEPFAR initiated more than 2.68 million men, women, and children on life-saving ART. To continue to scale up, PEPFAR is supporting policies and practices that will allow for more people to receive treatment in the most cost-effective manner possible to meet an ambitious target of 3.3 million newly enrolled in FY 2019. For example, PEPFAR is supporting Test-and-Start policies whereby all people living with HIV are eligible for treatment immediately, regardless of how far disease has progressed. In FY 2019 PEPFAR also greatly expanded availability of index-partner testing, a data driven approach to finding partners of those people living with HIV.

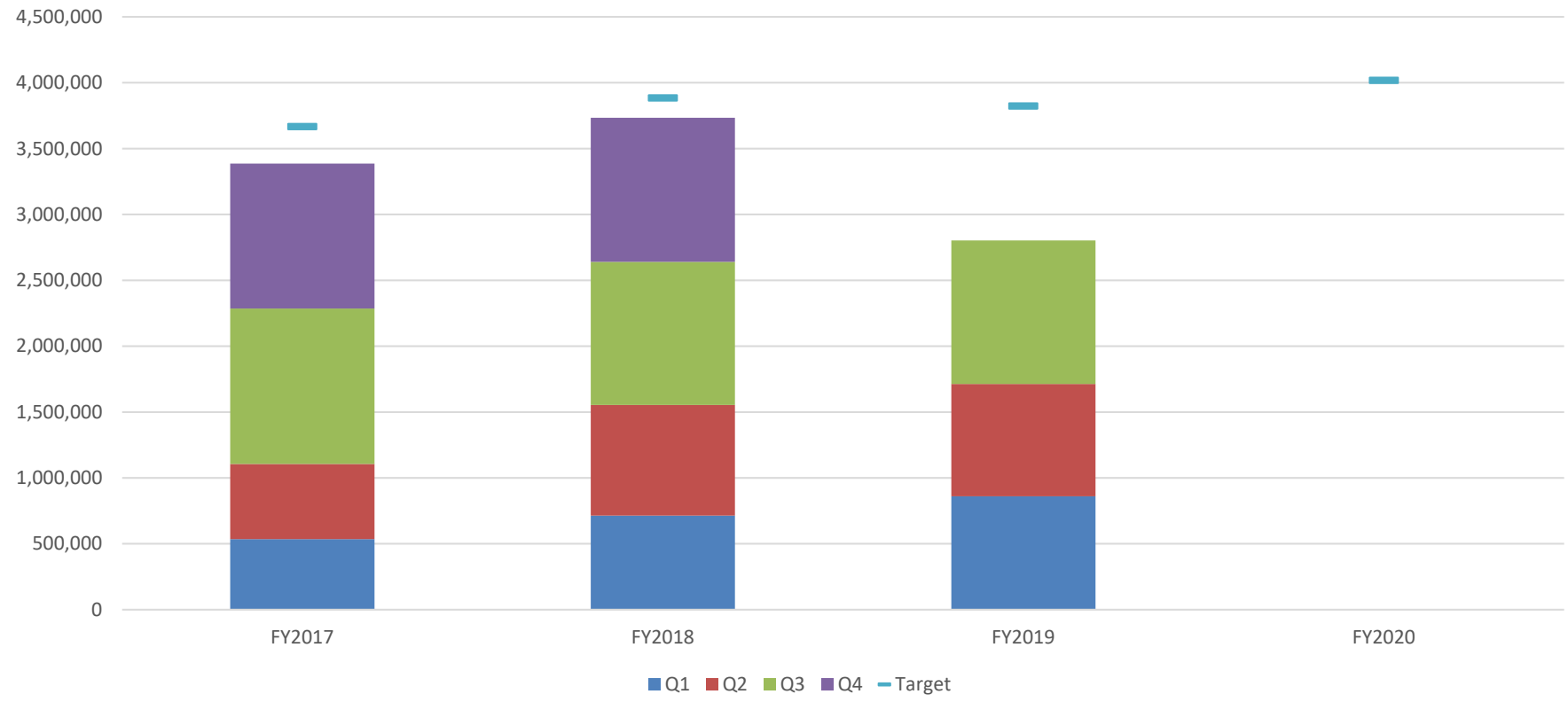


Because of the way PEPFAR collects and validates data, reporting will be one quarter behind. The Office of the Global AIDS Coordinator include Q4 data in the FY 2020 Q1 APG report.

# Key Indicator 3: Number of Males Circumcised as Part of VMMC Programs FY 2019 Q4 Update

In FY 2018, PEPFAR supported VMMC for more than 3.73 million men and boys to prevent HIV infection, an increase of 350,000 from FY 2017. PEPFAR continues to deliver VMMC services with the goal of reaching 3.8 million men in FY 2019. PEPFAR will do this by supporting policies and practices that allow for more men to receive VMMCs in the most cost-effective manner possible. By the end of FY 2019 Q3, PEPFAR had supported 2.8 million VMMCs, or 74% of its annual target and is on track to reach the annual target, summarized in the figure below.

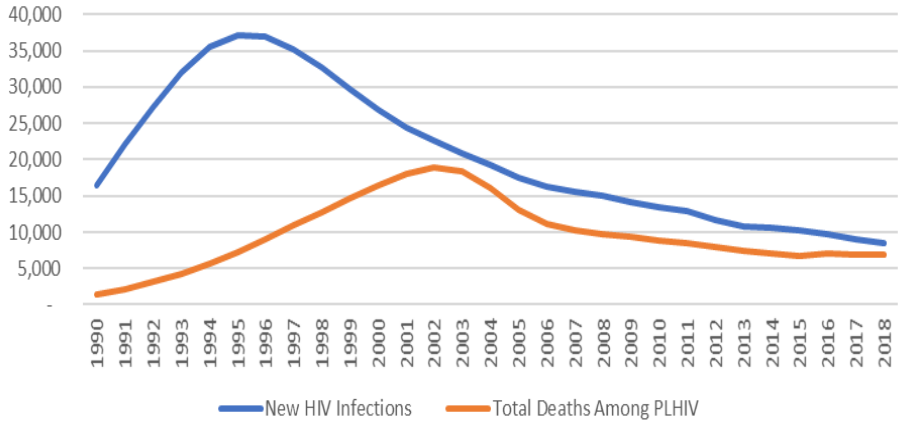
Number of Males Circumcised as Part of VMMC Programs



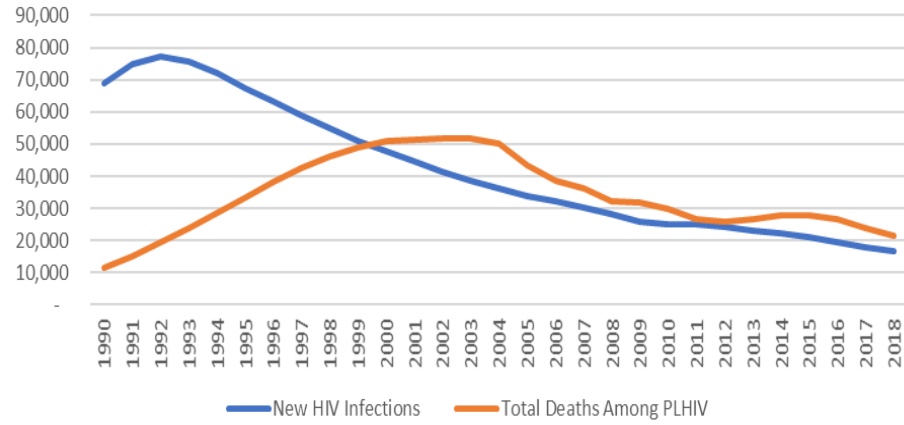
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# Progress Towards Epidemic Control in 13 Priority Countries

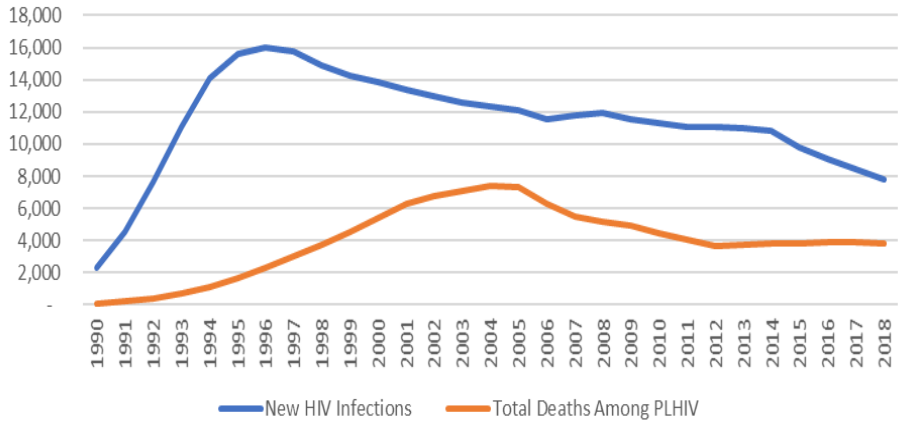
New Infections vs Total Deaths Among PLHIV, Botswana (1990 - 2018)



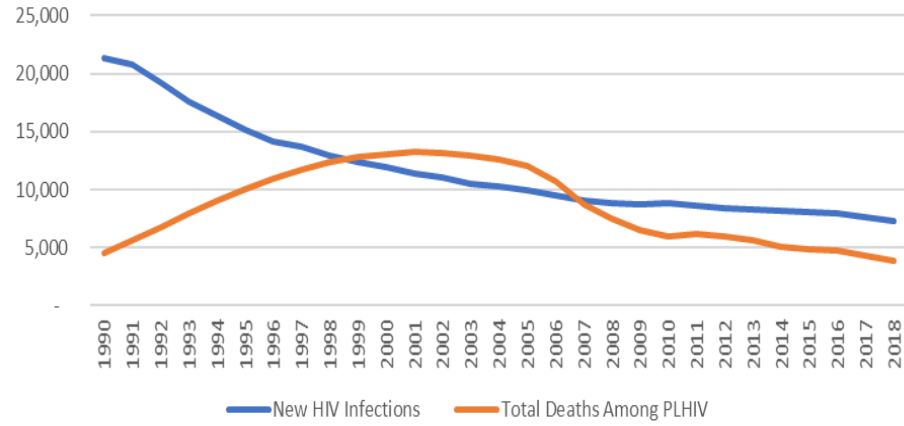
New Infections vs Total Deaths Among PLHIV, Cote d'Ivoire (1990 - 2018)



New Infections vs Total Deaths Among PLHIV, Eswatini (1990 - 2018)

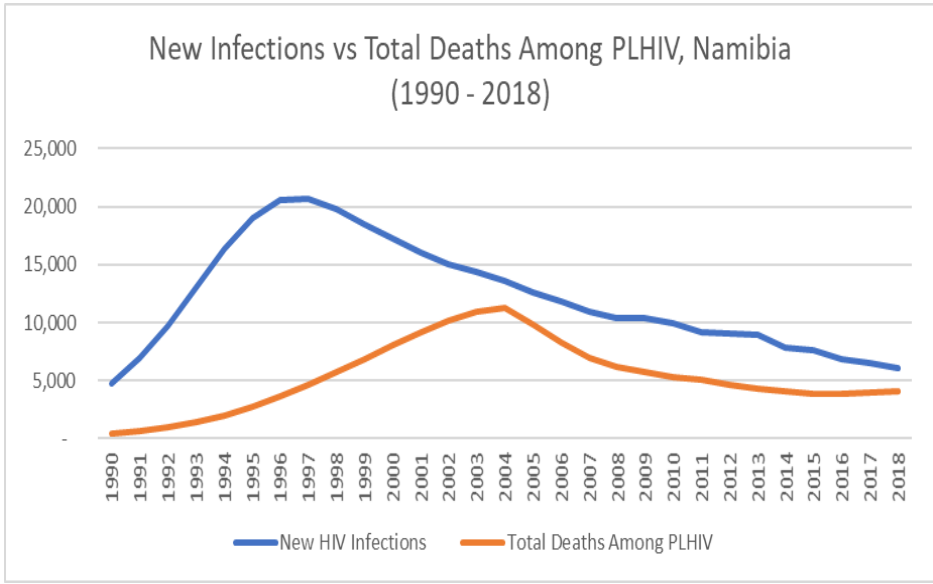
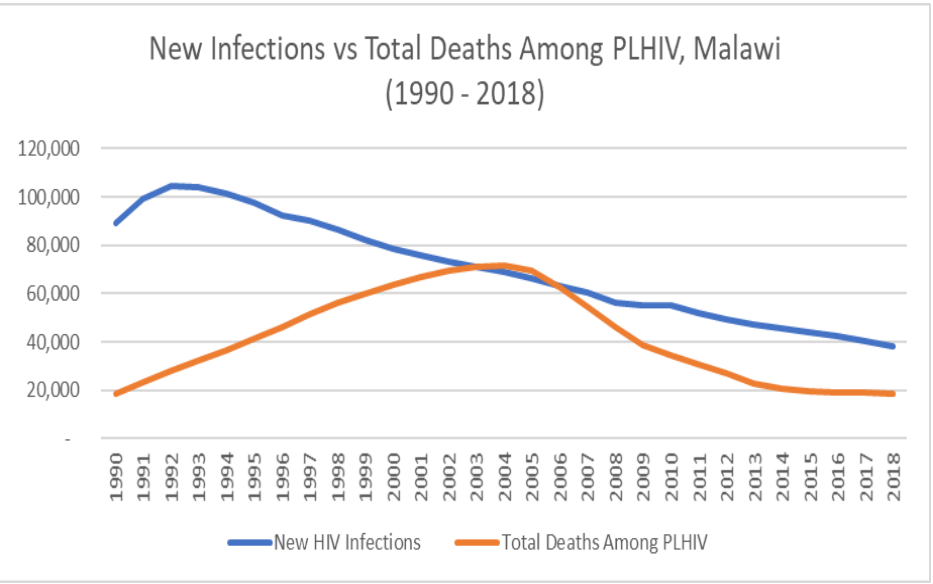
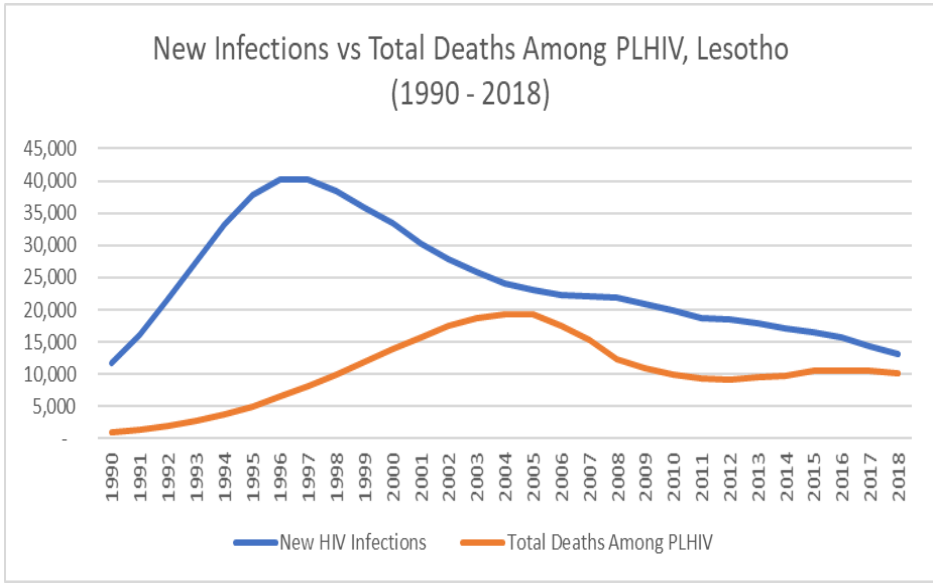
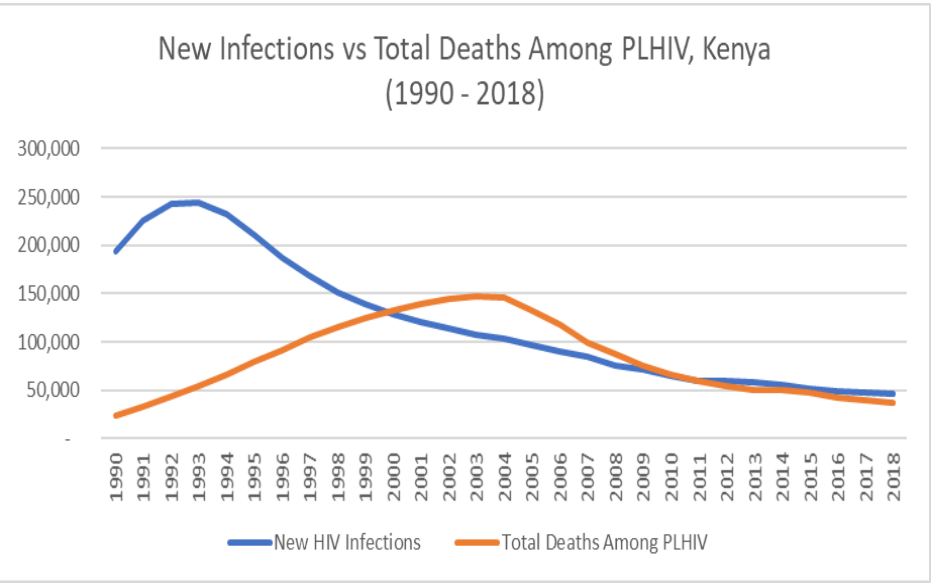


New Infections vs Total Deaths Among PLHIV, Haiti (1990 - 2018)



Source: UNAIDS estimates the number of new HIV infections and HIV-associated deaths annually based upon best available epidemiologic data. State will update these charts with the release of the UNAIDS annual report (late FY 2019).

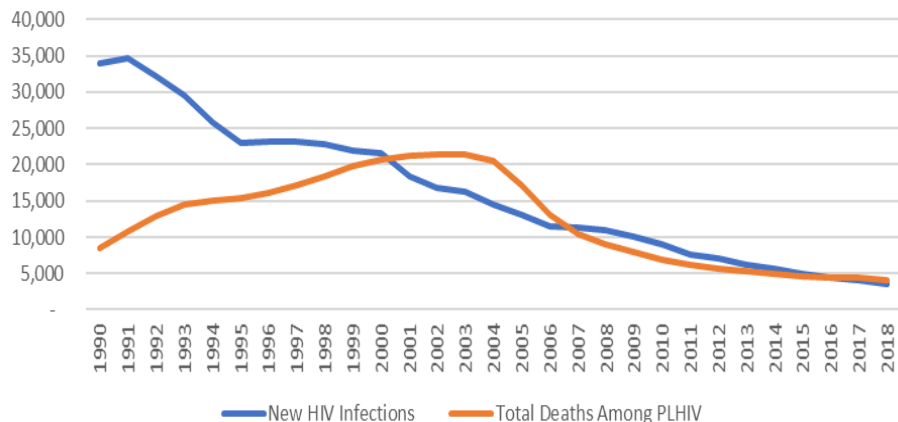
# Progress Towards Epidemic Control in 13 Priority Countries



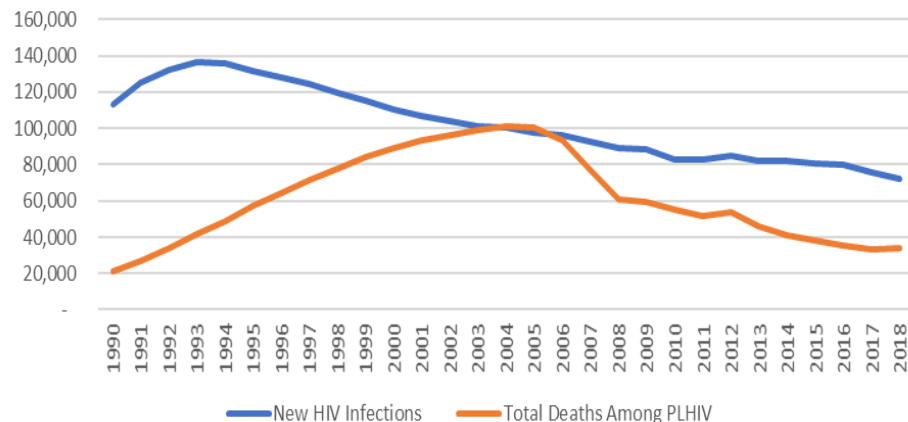


# Progress Towards Epidemic Control in 13 Priority Countries

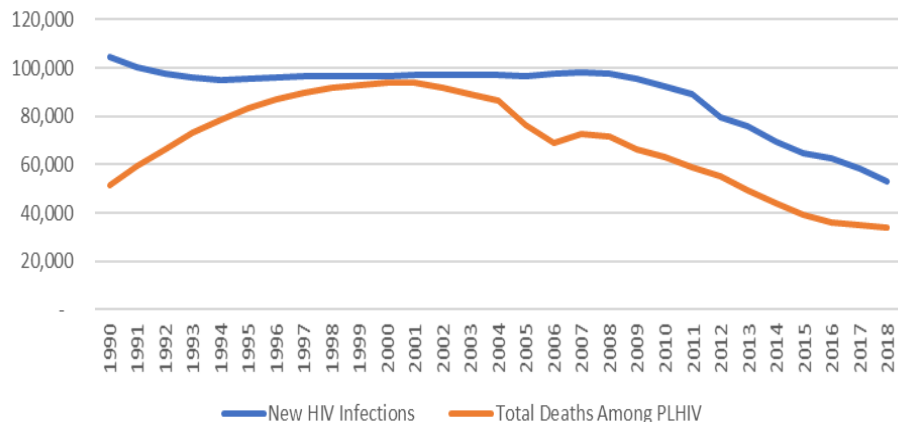
## New Infections vs Total Deaths Among PLHIV, Rwanda (1990 - 2018)



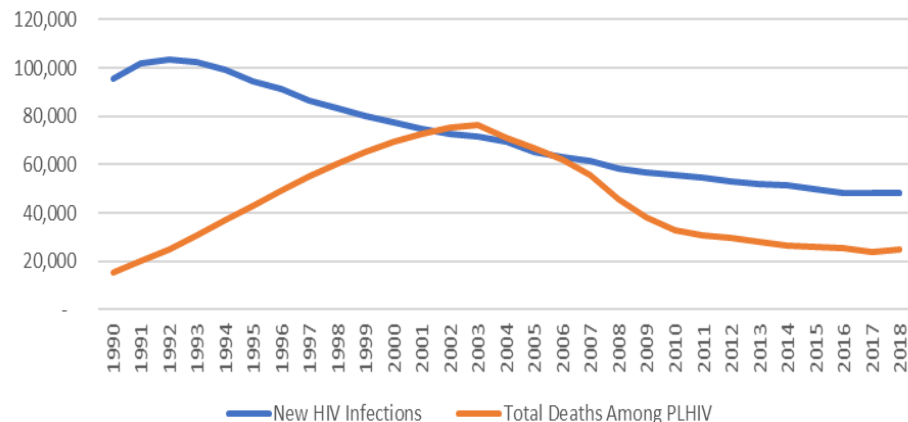
## New Infections vs Total Deaths Among PLHIV, Tanzania (1990 - 2018)



## New Infections vs Total Deaths Among PLHIV, Uganda (1990 - 2018)

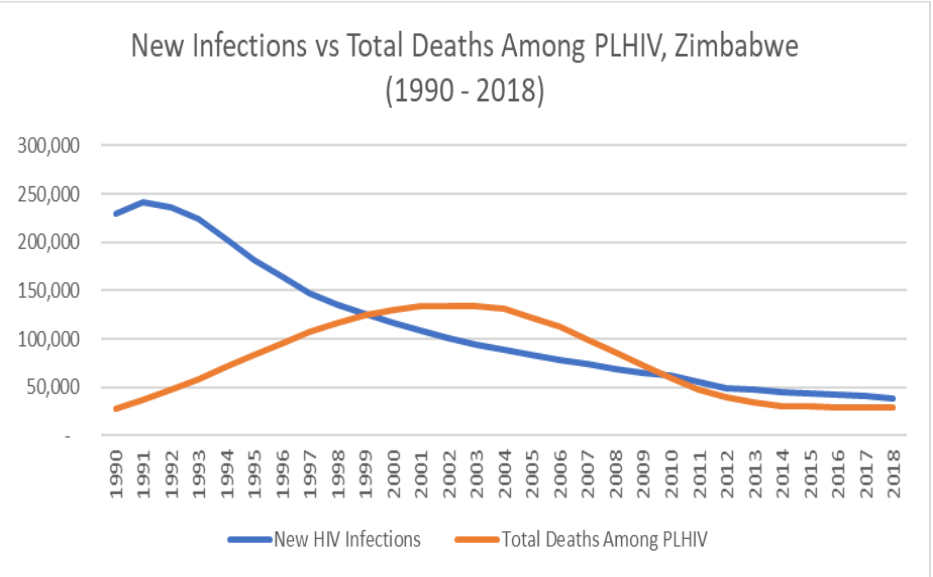


## New Infections vs Total Deaths Among PLHIV, Zambia (1990 - 2018)



Source: UNAIDS estimates the number of new HIV infections and HIV-associated deaths annually based upon best available epidemiologic data. State will update these charts with the release of the UNAIDS annual report (late FY 2019).

# Progress Towards Epidemic Control in 13 Priority Countries



Source: UNAIDS estimates the number of new HIV infections and HIV-associated deaths annually based upon best available epidemiologic data. State will update this chart with the release of the UNAIDS annual report (late FY 2019).

# Data Accuracy and Reliability

PEPFAR prides itself on the collection and use of country program data to guide planning and allocate resources in the most cost-efficient manner. Assuring the quality of these data is of the utmost importance. As such, PEPFAR encourages data-quality checks as early as the data-entry process through to the final submission of the data.

## Data-Entry

- **Validation Rules for Data-Management**

To ensure partners' data are accurate, Data for Accountability Transparency Impact Monitoring (DATIM), our system for entering and managing data, features automatic data-quality checks through the use of more than 100 validation rules. The established rules flag instances when entries are illogical within, and across, indicators reported by PEPFAR.

- **Quarterly PEPFAR Oversight and Accountability Response Team (POART) Review**

The POART reviews the initial quarterly submission for each PEPFAR country. During these reviews, issues of the completeness and quality of data are part of discussion during a three-hour call with the U.S. Government country team in the field. Following this call, each team is responsible to return to DATIM and make the necessary corrections during the data-entry period.

## After Data Submission

- **Agency Data-Quality Assessment (DQA)**

In addition to participating in POART reviews, each PEPFAR Implementing Agency also has its own protocol for assessing the quality of data and evaluating progress of its partners.

- **PEPFAR Data-Quality and Results Snapshot (DQRS)**

S/GAC recently rolled out a new data-quality assessment (DQRS) that reviews a limited number of PEPFAR indicators submitted by partners in country. The DQRS, led by O/GAC, assesses site-level results through the review of patient records and registers, as well as electronic patient and pharmacy records. Irregularities flags the need for a remediation plan and subsequent follow-up, to ensure partners make corrections in a timely manner.

## Definition update

- Starting in Q1 of FY 2019, PEPFAR has been reporting against an updated definition of TX\_CURR [Number of adults and children currently receiving ART]. In previous years a person was classified as “current on ART” if he or she had presented to a clinic for clinical services or ART drug pick-up within three months of their last scheduled clinical service. The new definition introduces more-strict criteria for those considered “current on treatment,” and only includes persons who presented to a clinic within four weeks of their last scheduled clinical appointment. This definition change was driven by research that shows that discontinuing ART for only a month can allow the virus to rebound and cause continued ongoing transmission. With the more-stringent requirements, the definitional change results in an across-the-board reduction of the TX\_CURR results in Q1 of FY 2019 as PEPFAR teams prioritize return-to-care initiatives to ensure all patients who miss an appointment are immediately tracked and reengaged onto treatment to ensure adherence.

# Additional Information

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## Contributing Programs

S/GAC is the headquarters of PEPFAR, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the key leadership and coordination of PEPFAR in the field occurs through the Chiefs of Mission in U.S. Embassies in over 50 countries. PEPFAR is implemented by USAID; the U.S. Department of Health and Human Services and its Agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health; the Departments of Defense, Treasury, and Labor; and the Peace Corps.

## Stakeholder / Congressional Consultations

PEPFAR works across multiple sectors to ensure sustained control of the epidemic. Collaborating with partner governments and multilateral partners, such as UNAIDS and the Global Fund, PEPFAR optimizes its investments, strengthens country leadership and sustainability, and enhances service-delivery. PEPFAR also dedicates funds to strengthen the leadership and capacity of civil society, including with faith-based organizations (FBOs), while recognizing that sustainable HIV/AIDS interventions must be tailored to, and informed by, the communities we serve. PEPFAR forges strategic public-private partnerships that support and complement our prevention, care, and treatment work. S/GAC consults closely with civil society, advocacy organizations, academia, and Congress on its strategy.