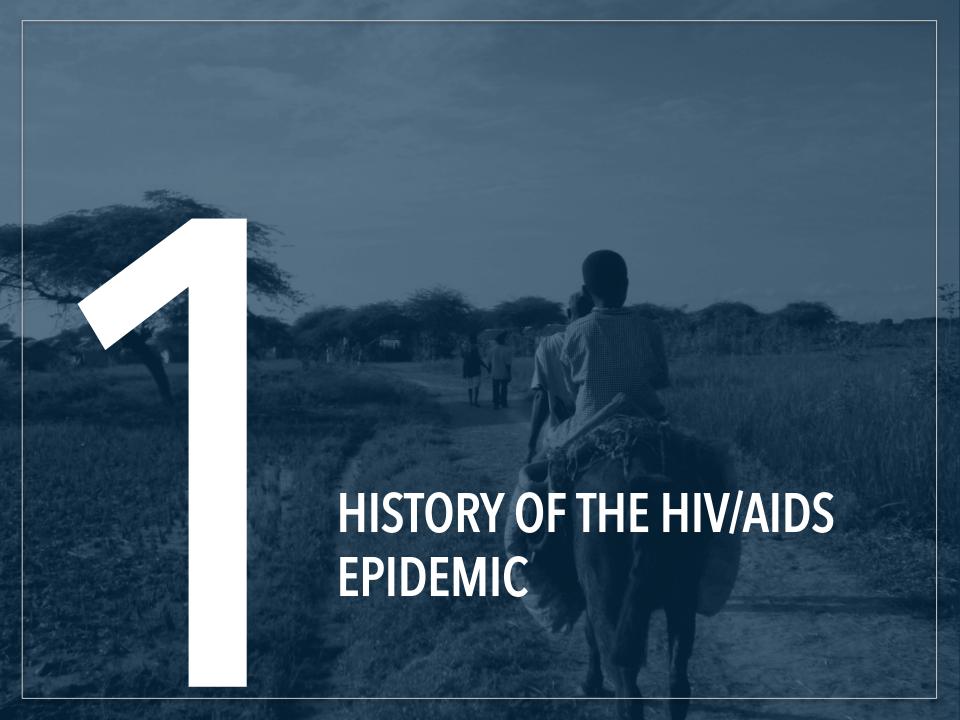
## PEPFAR & HRH

PEPFAR's investments in HRH and impacts on achieving an AIDS-free generation

Ambassador Deborah Birx, MD U.S. Department of State March 2015





1991 - 2001:

# Peak of the Pandemic



### Before PEPFAR & Global Response...

- 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



### Celebrating PEPFAR's Remarkable Success

Since its launch in 2003, PEPFAR has saved millions of lives

- 7.7 M people on life-saving ART
- More than one million babies born HIV-free
- 6.5 M men received VMMC services
- Care and support for more than 5 M OVC
- 21 M people in priority and key populations reached with prevention interventions

Under the Obama Administration,

## unprecedented progress

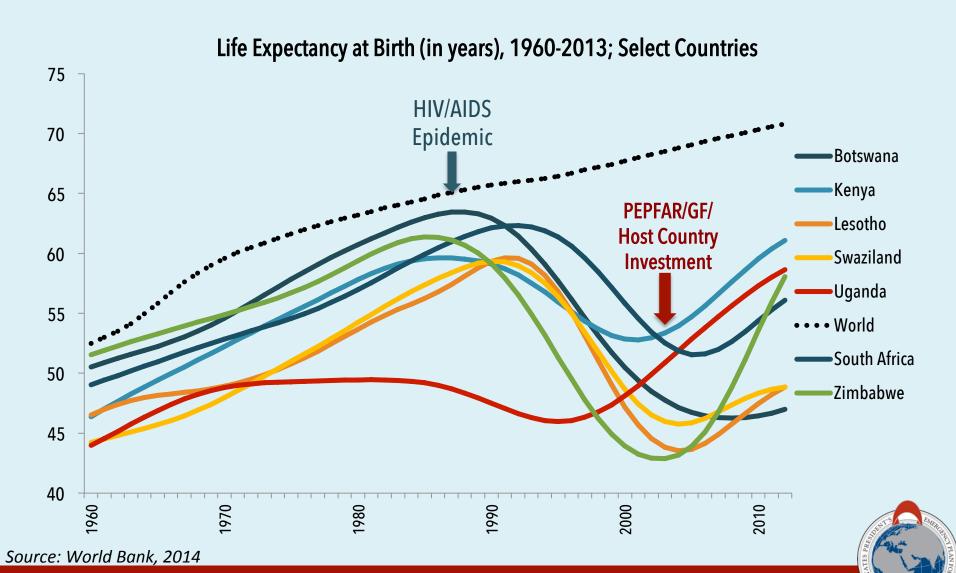
has been made, building on the strong foundation laid under the Bush Administration.

#### In 2014 alone:

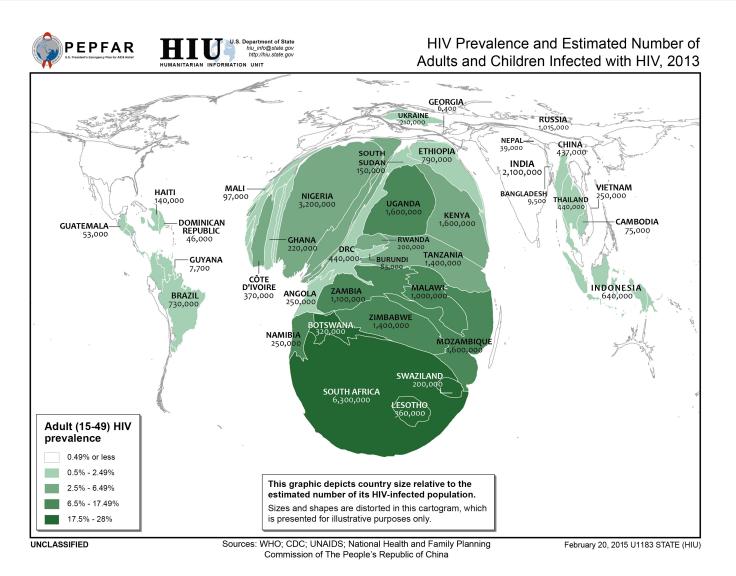
- 750 K HIV+ pregnant women received ARVs for PMTCT and 95% of their babies were born HIV-free
- 56.1 M people received HTC services
- PEPFAR supported training (including pre-service training) for more than 140,000 new health care workers in PEPFAR-supported countries to deliver HIV and other health 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.

### **Dramatic Impact of PEPFAR & Global HIV Response**



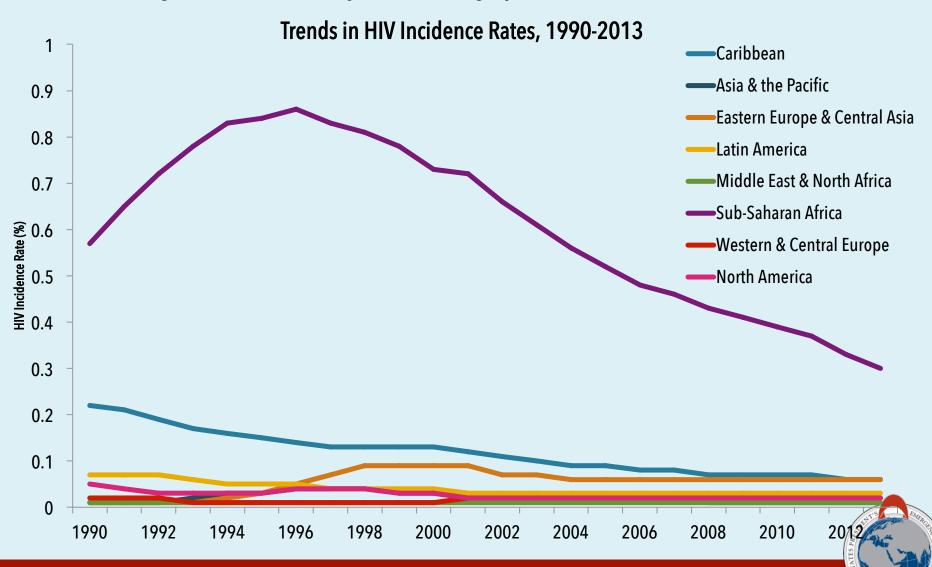
### HIV Prevalence & PLHIV, 2013





#### **Dramatic reductions in HIV Incidence Rates**

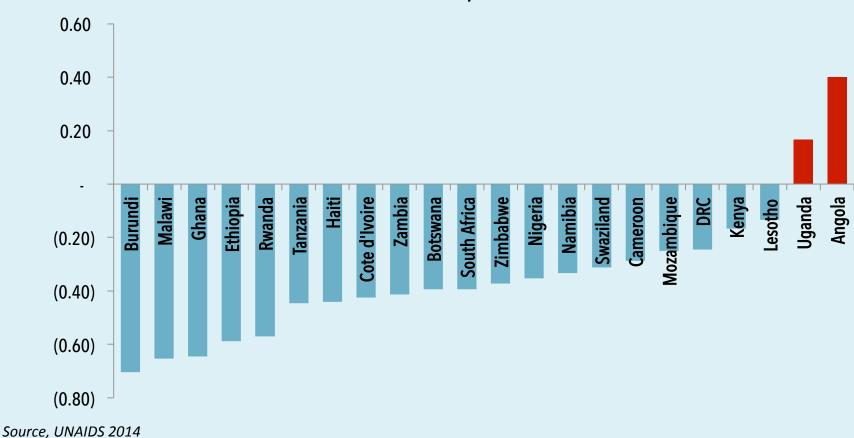
Maintaining momentum is key to achieving epidemic control



## **Progress is Unequal**

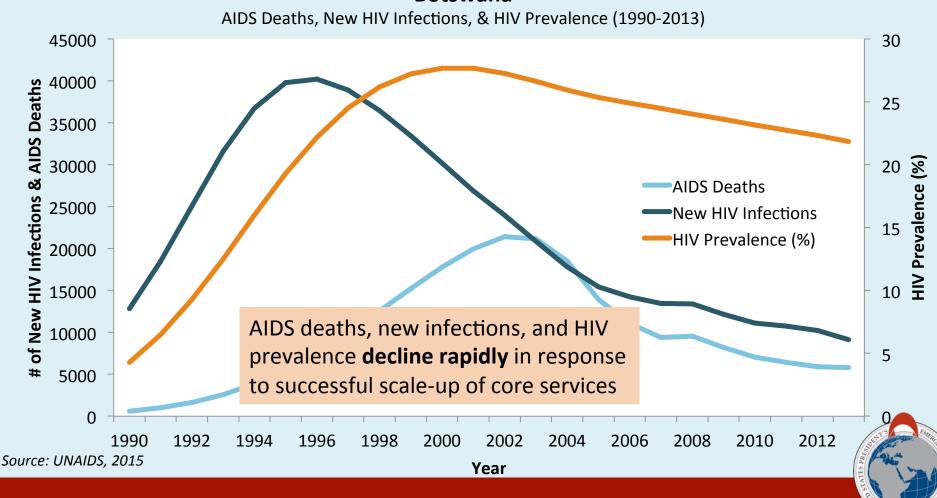
**Decline in New HIV Infections Varies By Country** 

Percent Change in Number of New HIV Infections, Select Countries, 2005 - 2013

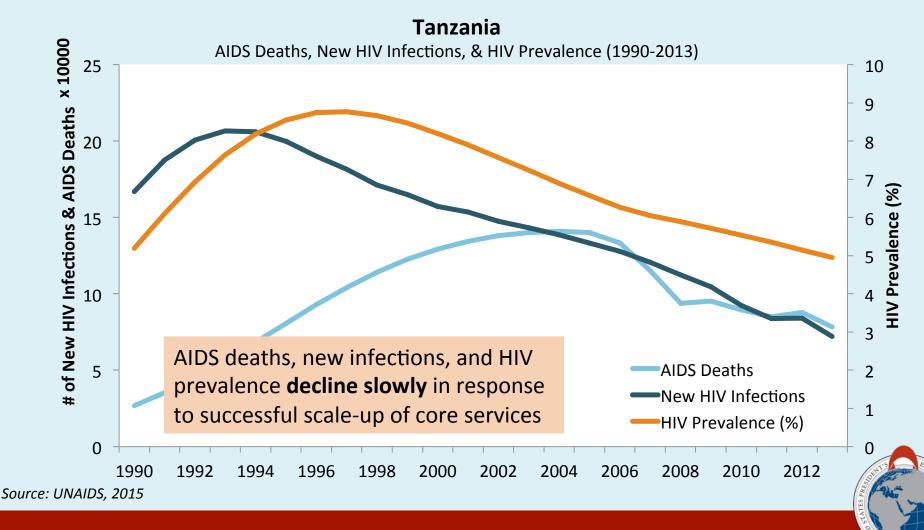


## Botswana: Successful Scale-Up of Combination Prevention Services



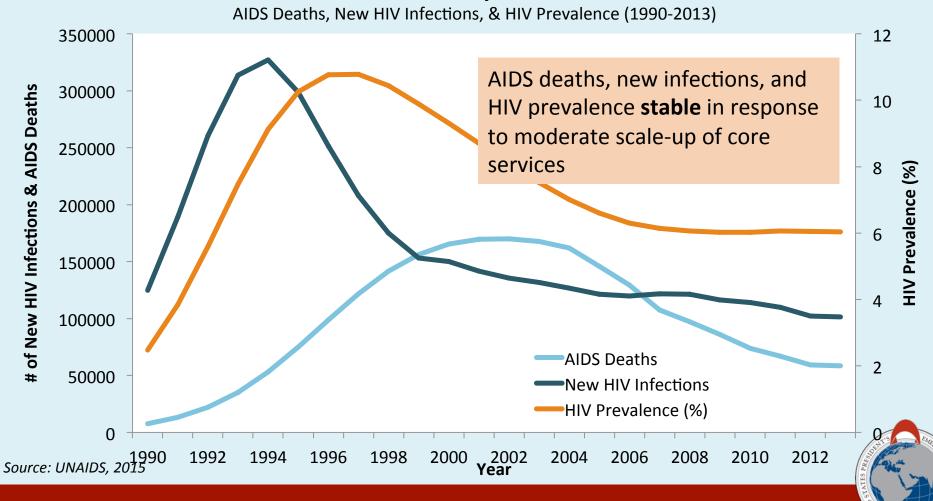


# Tanzania: Successful Scale-Up of Combination Prevention Services



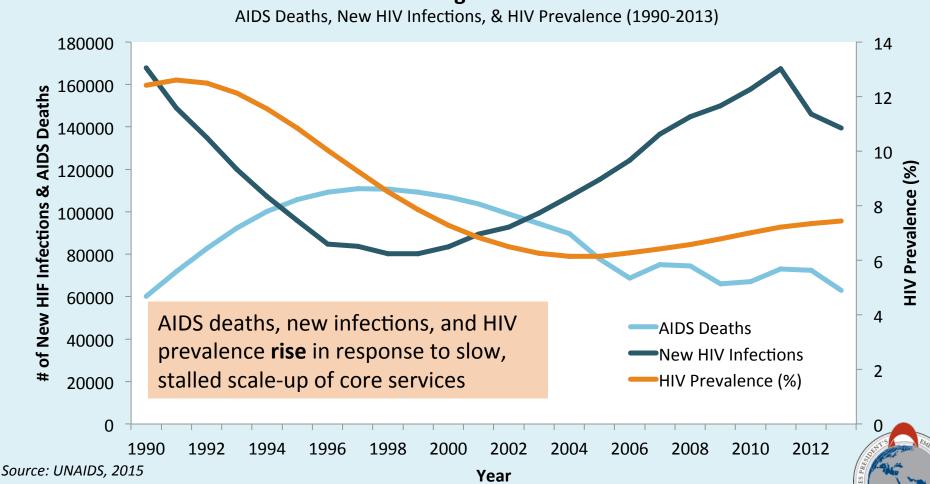
# Kenya: Moderate Scale-Up of Combination Prevention Services

Kenya



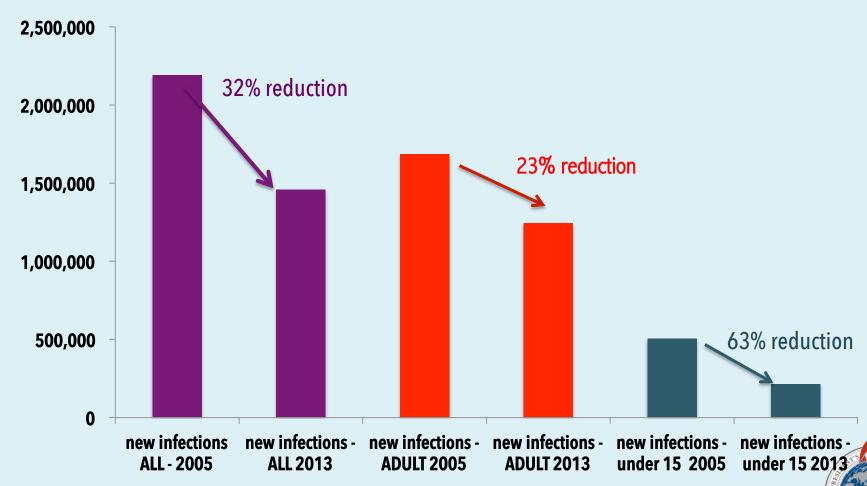
# Uganda: Effect of Stalled Scale-Up of Combination Prevention Services

Uganda



# Sub-Saharan Africa: Decline in New HIV Infections Disproportionally due to PMTCT

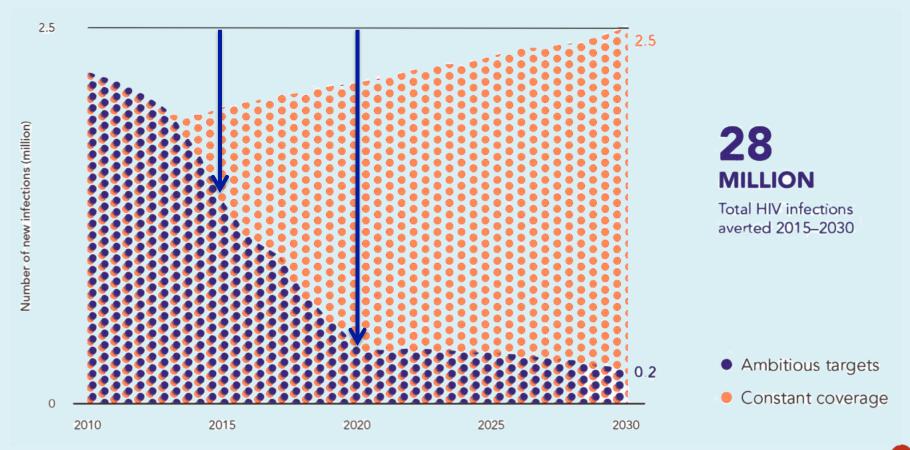
Total, Adult, & Children Under 15 years



Source: UNAIDS, 2014

#### New HIV infections in LMIC - UNAIDS Fast Track 2014

2010-2030, with achievement of ambitious Fast-Track Targets, compared to maintaining 2013 coverage – 7M new infections by 2017 and 12M by 2020

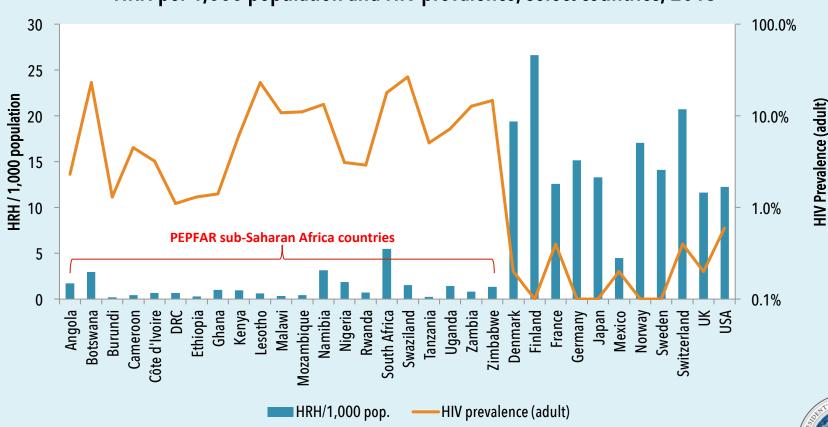


Source: UNAIDS, 2015



## Access to trained HRH remains a major barrier to scaling-up services in high burden countries

HRH per 1,000 population and HIV prevalence, select countries, 2013





### **PEPFAR & Human Resources for Health**

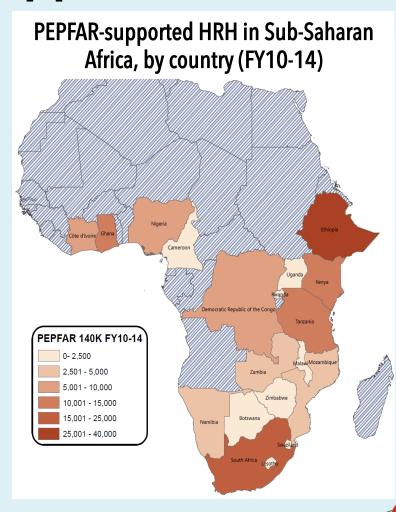
#### PEPFAR's multimillion dollar HRH strategy links the following:

- Medical Education Partnership Initiative (MEPI)
- Nursing Education Partnership Initiative (NEPI)
- Field Epidemiology & Laboratory Training Program (FELTP)
- Partnership with African Society for Laboratory Medicine (ASLM)
- Global Health Service partnership with Peace Corps and Seed Global Health

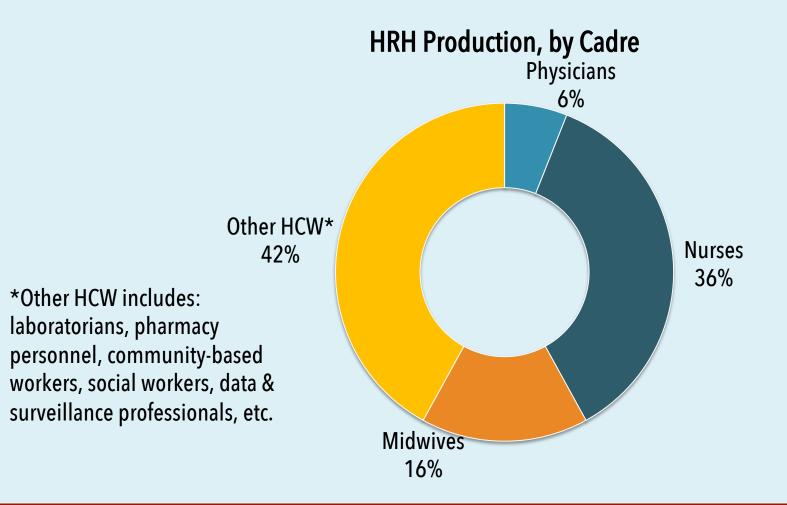


## >140,000 PEPFAR-supported HRH

- Over 4 years ago, Congress recognized importance of HRH
- Hyde-Lantos act called upon PEPFAR to train and retain at least 140,000 doctors, nurses, midwives, & other HRH
- FY 2010-2014, PEPFAR trained 141,677 new HRH
  - 95% in Sub-Saharan Africa

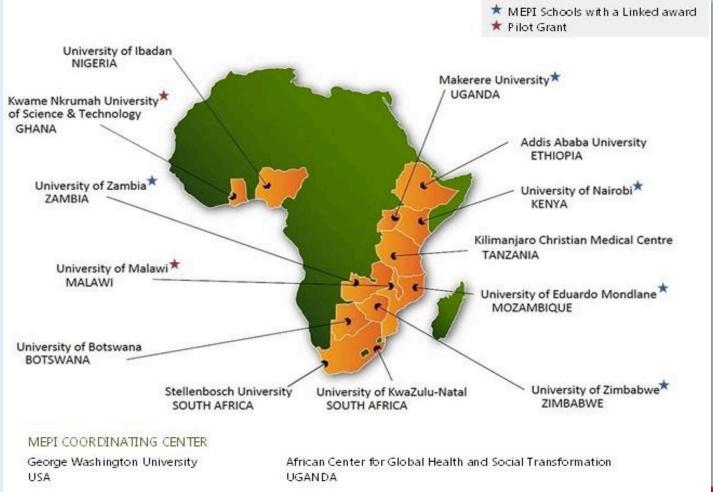


# Supporting training for the most needed cadres of human resources for health



**Medical Education Partnership Initiative** 

(MEPI)













### HRH are central to successful HIV response

None of PEPFAR's achievements would have been possible without trained, dedicated human resources for health

PEPFAR's investments in HRH have been transformative:

- Quality of pre-service and in-service training vastly improved
- Future graduates will also benefit
- HIV services and total healthcare system improve concurrently





Example: FELTP graduates were crucial to Ebola response



### 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
- Recognizing budget realities







Achieving epidemic control with the current global budget will require delivering the

Right Things
in the

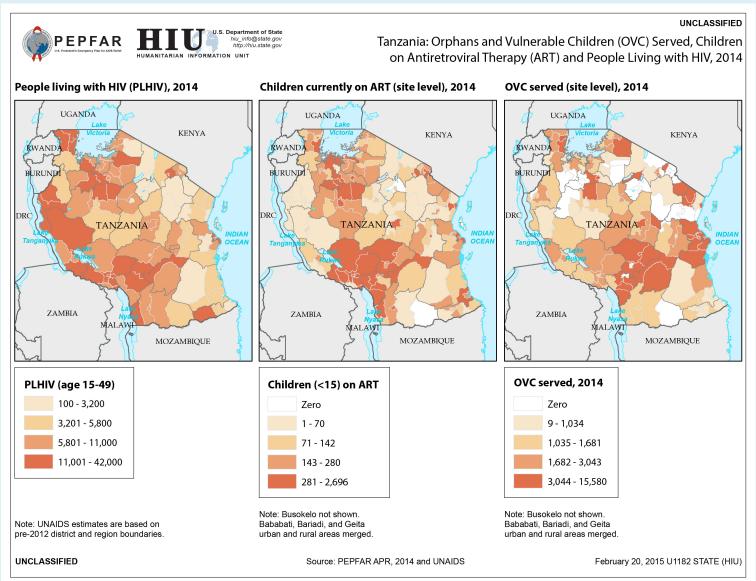
Right Places

Right Time

Do we have the collective will?



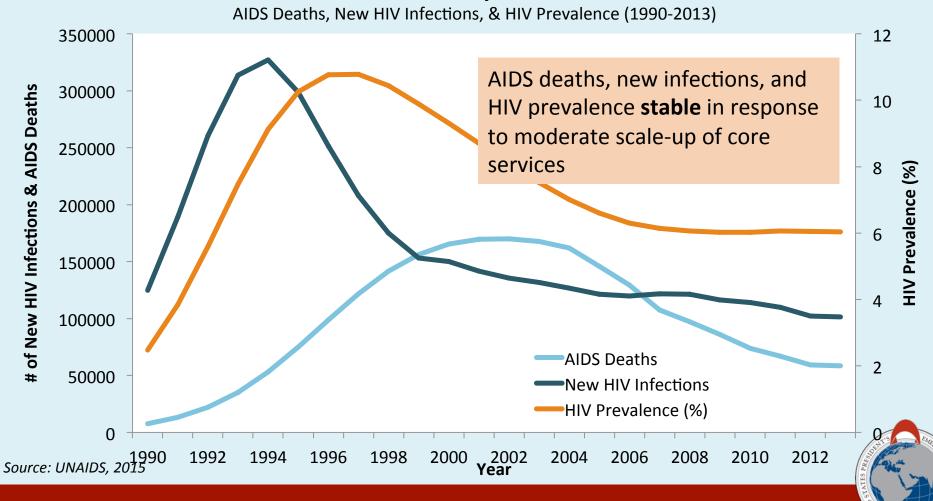
### PLHIV, Children on ART, & OVC Served: Focusing





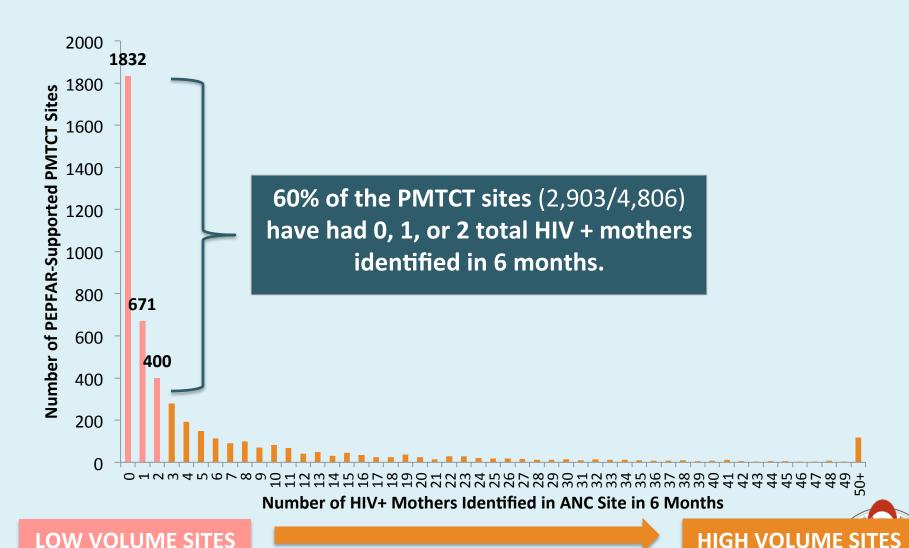
# Kenya: Moderate Scale-Up of Combination Prevention Services





### Geographic Refocusing Kenya: Prevention of Mother to Child

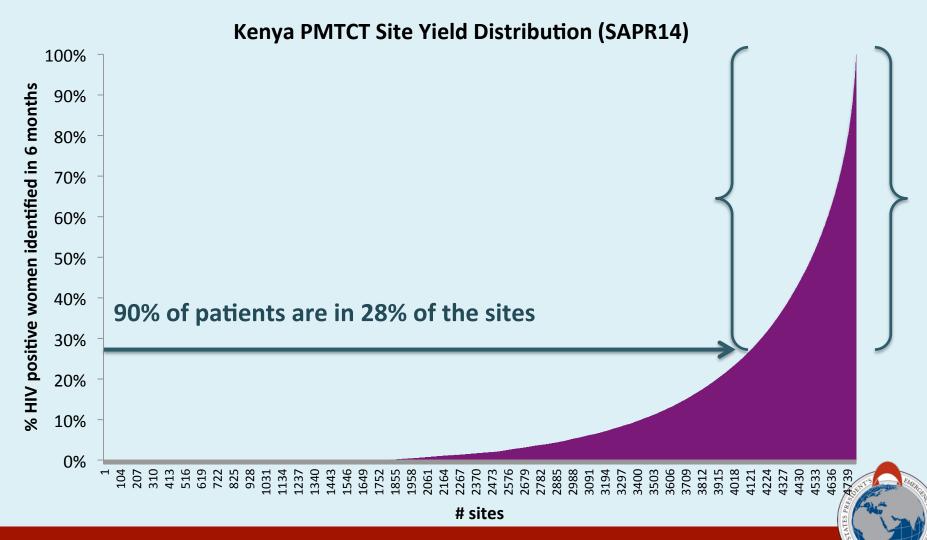
Inefficient Identification of HIV + mothers



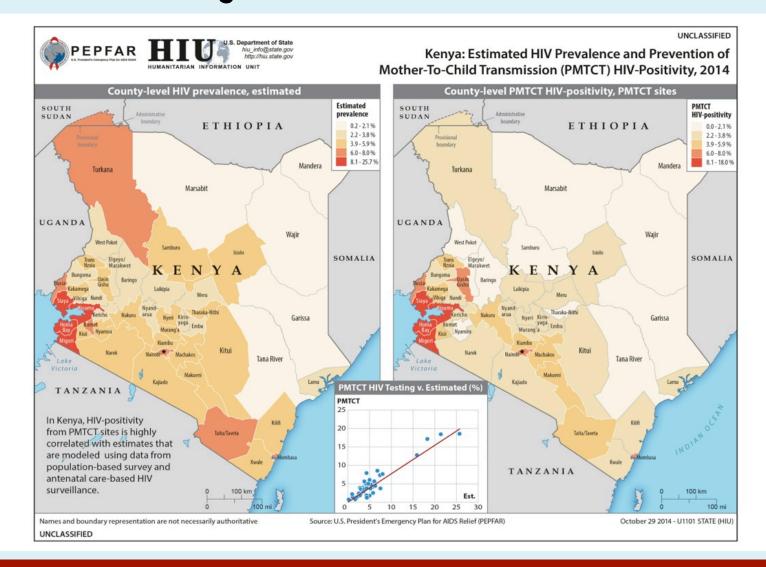
A New Era of Accountability, Transparency and Solidarity to Accelerate IMPACT

### Geographic Refocusing in Kenya

% HIV Positive Women Identified in PMTCT Sites



## Kenya: HIV Prevalence, Model Output & PMTCT Site Prevalence – Using Data to Refine Disease Burden 2014



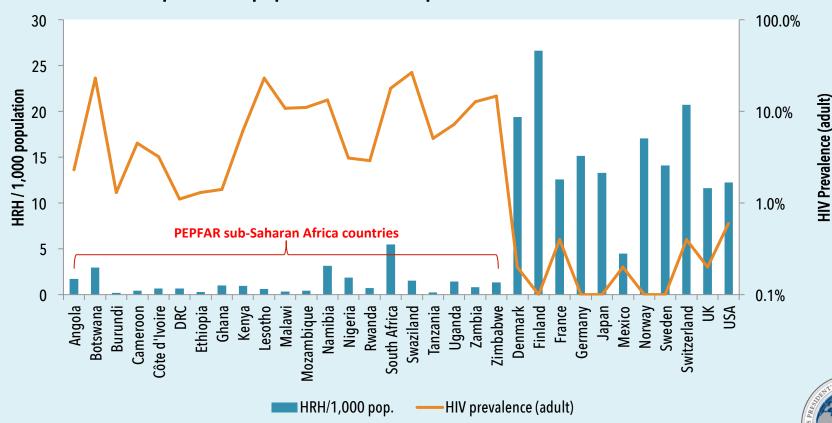




## Now we are moving from this...

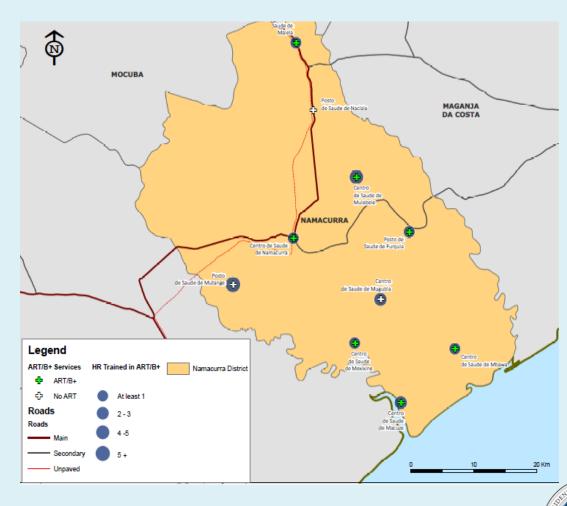
Focus on getting as many high-quality trained HRH to high burden countries as possible





## ...to truly targeted HRH investments

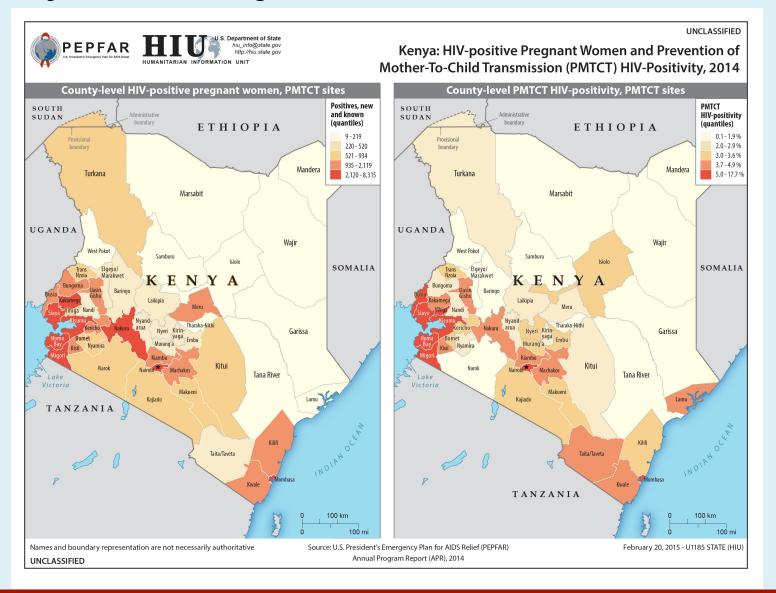
Using site-level data to target HRH resources where they are needed most



### Focusing Programs & HRH in the Right Places

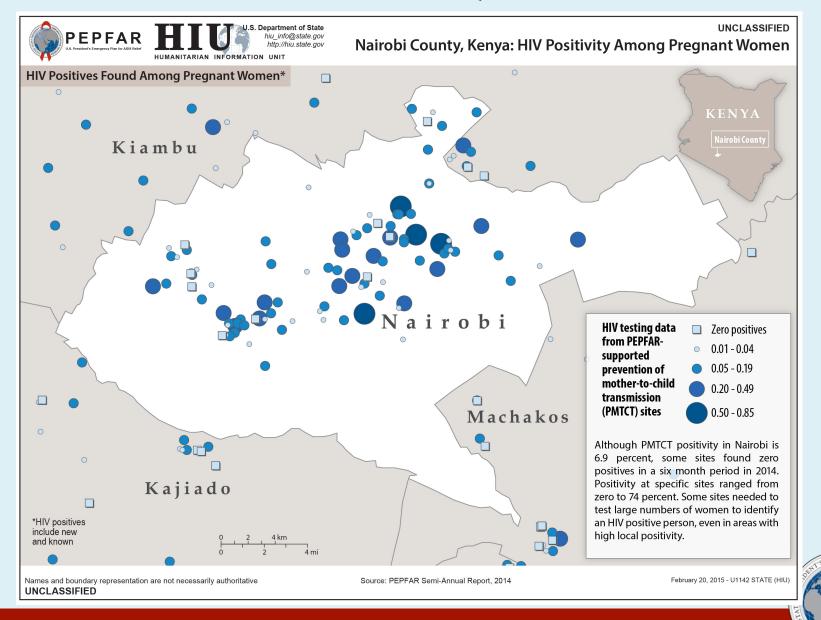
- Highest burden countries
  - Prevalence & number of PLHIV
- Countries with greatest unmet need for services
  - Among general population
  - Among specific neglected populations
- Sub-national regions/districts with highest burden
  - Analyzing data to target programming geographically & among neglected populations
- Highest volume facilities
  - Analyzing site-level data to prioritize support to facilities and communities with greatest need

### Kenya: HIV+ Pregnant Women & PMTCT Services

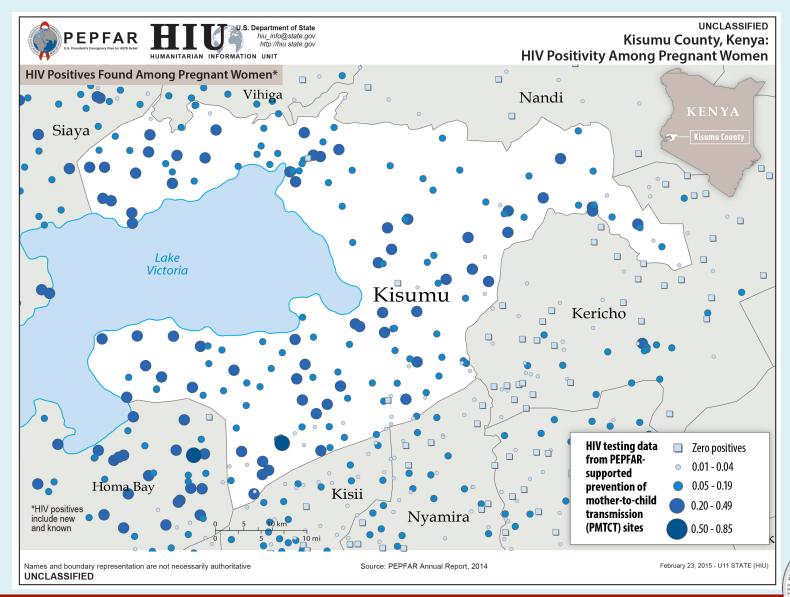




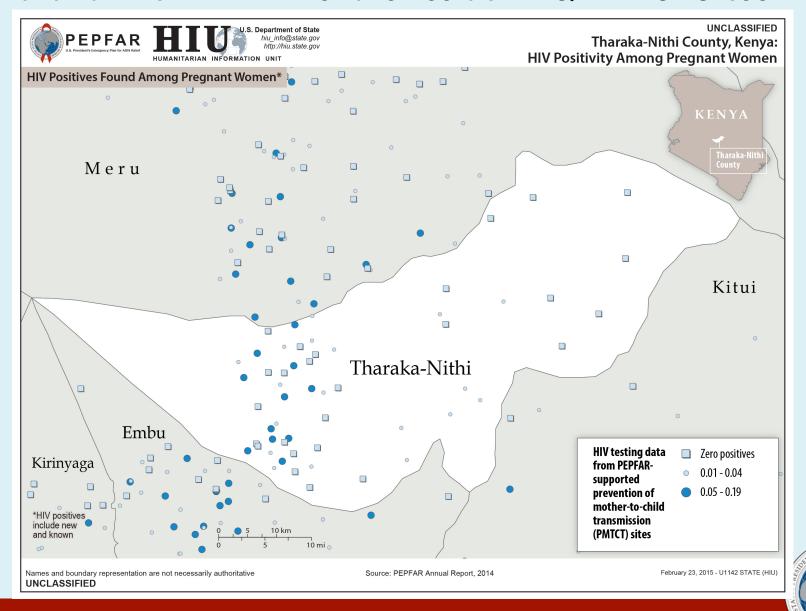
#### **Nairobi: HIV Prevalence at ANC/PMTCT Sites**



### Kisumu: HIV Prevalence at ANC/PMTCT Sites



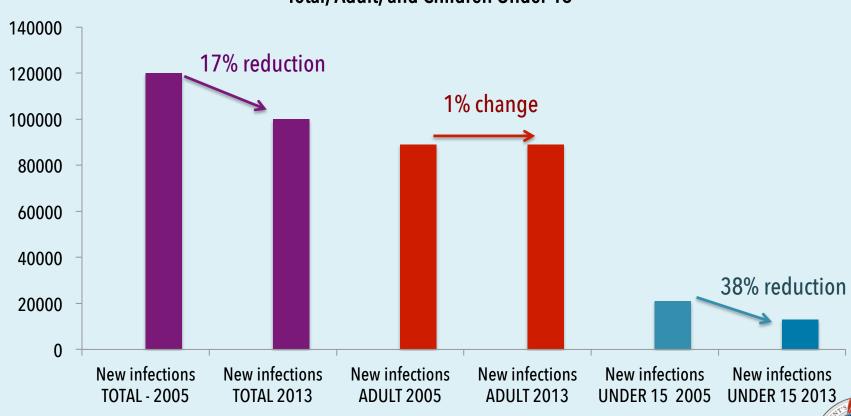
#### Tharaka-Nithi: HIV Prevalence at ANC/PMTCT Sites



## Kenya: New HIV Infections

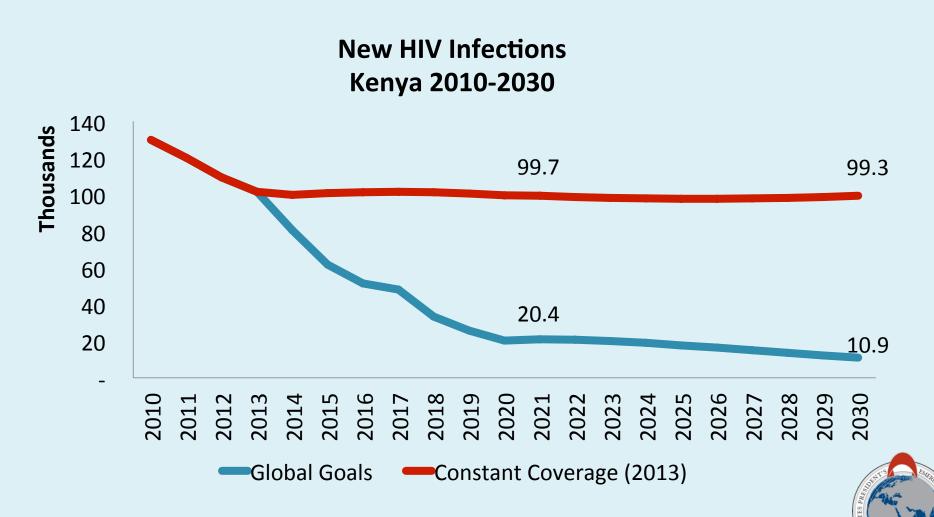
Total, Adult, & Children Under 15 years

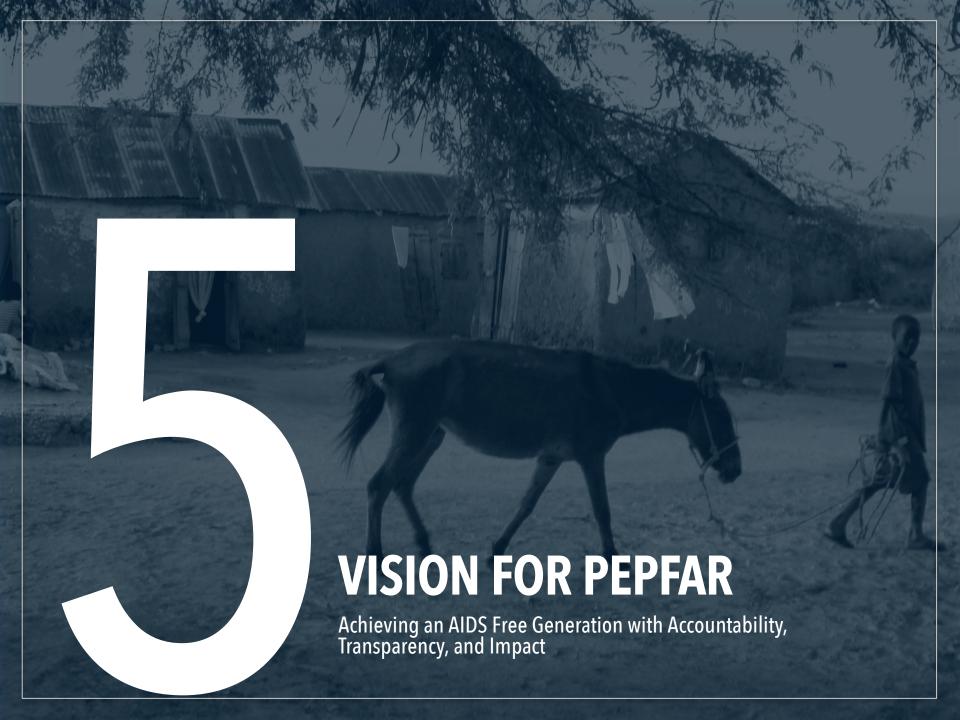
New HIV Infections in Kenya, 2005 & 2013 Total, Adult, and Children Under 15



## Kenya: Targets to End AIDS by 2030

**Targets for prevention and treatment services** 





## 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



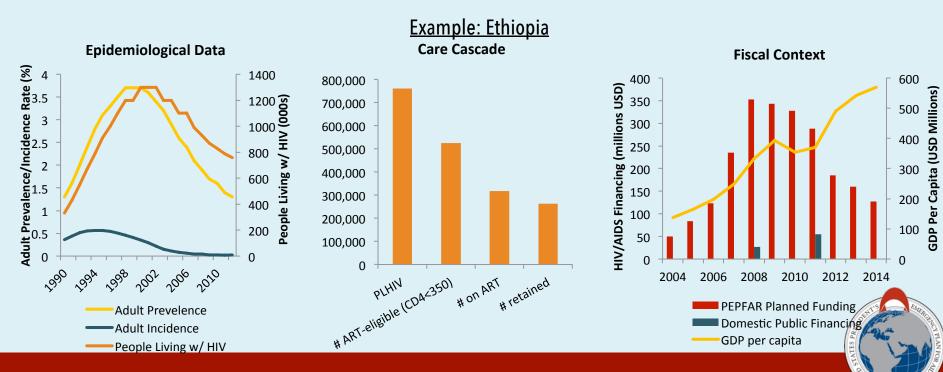
## Striving to become a better partner

- More direct partnership with host countries and local organizations to build capacity gradually
- Fostering critical partnership with Global Fund
- Coordinating global target-setting with UNAIDS
- Engaging key private sector partners for innovative new initiatives
- Reinvigorating relationships with civil society to work together in true partnership

## Goal isn't just epidemic control – it is <u>sustained</u> epidemic control

**Development of SID (Sustainability Index and Dashboard)** 

- Significant progress in reducing HIV/AIDS morbidity and mortality
- PEPFAR has contributed to momentous increases in ART coverage
- Countries are positioned to increase domestic HIV investments





### **Together**

#### True partnership for an AIDS-free generation

- We have the opportunity to control the HIV/AIDS epidemic in countries by doing the right things in the right places at the right time in partnership with host country and GF
- Do we have the collective will to make the hard choices to reach more in need by focusing resources and efforts?
- Can we increase impact with innovations to increase the effectiveness of our programming to decrease HIV transmission?
- USG accountability will continue to be enhanced to ensure achievement of the targets and ensuring HIV/AIDS epidemic control; PEPFAR data will be available to everyone for analyses



# Because our work is not done. This week alone...



Over 4,600 babies were infected with HIV

Over 36,500 adults were infected of which more than 7000 were young women

Over 3600 children died this week from HIV

Over 25,000 adults died this week from HIV



# THANK YOU!

