PEPFAR

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

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FROM THE AMERICAN PEOPLE

PEPFAR's financial contributions to scale-up ART in the context of Treat All and 90-90-90

John Crowley, PhD
USAID Office of HIV/AIDS
March 8-9, 2016

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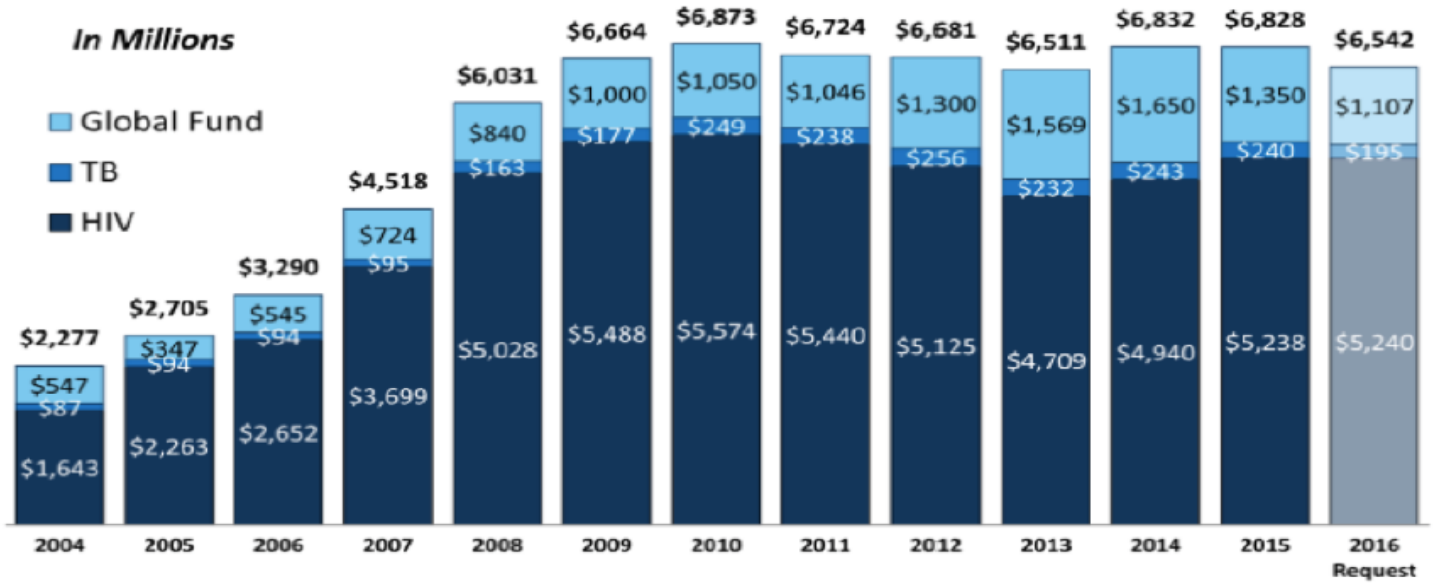
Global HIV Funding Has Plateaued and is projected to remain flat

U.S. Global Health Funding for the President's Emergency Plan for AIDS Relief (PEPFAR), FY 2004-FY 2016 Request



NOTES: PEPFAR was created in 2003 and funding began in FY04. PEPFAR includes funding for HIV, TB, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. HIV includes funding through State/OGAC, USAID, CDC, NIH, and DoD. TB includes funding provided through USAID. Global Fund includes contributions provided through the State Department, USAID, and NIH. FY13 includes the effects of sequestration. FY15 is based on funding provided in the "Consolidated and Further Appropriations Act, 2015" (P.L.113-235) and is a preliminary estimate.
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

THE HENRY J. KAISER FAMILY FOUNDATION

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Source: KFF, 2016

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PEPFAR Targets

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New PEPFAR Targets for 2017

12.9 million
women, men, and children on ART

40% reduction in new HIV infections in young women in 10 countries

Total of **13 million** voluntary medical male circumcisions

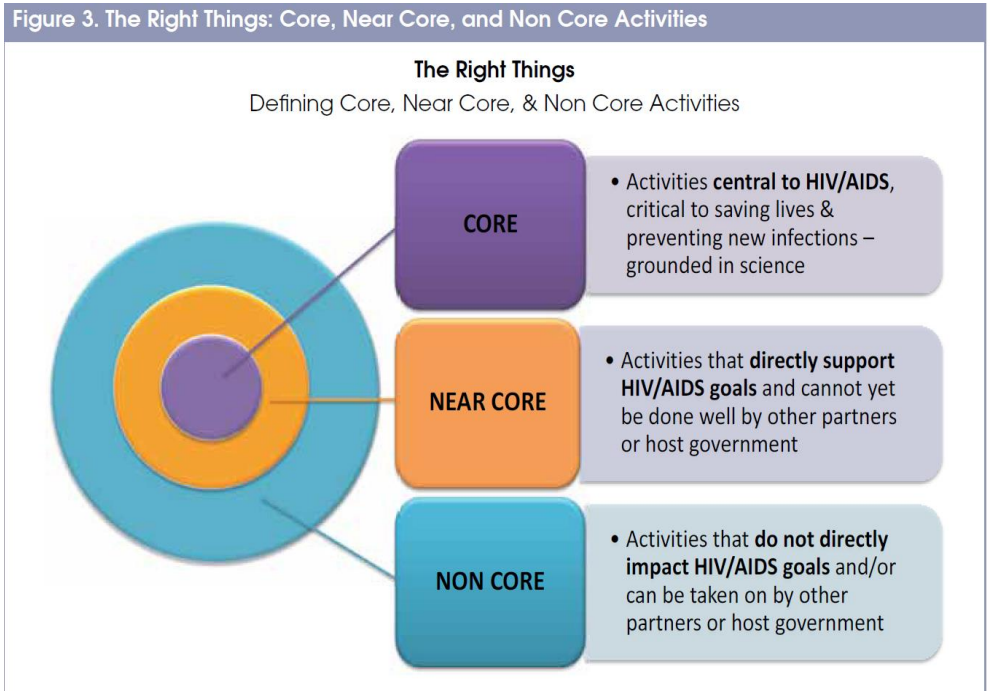
Source: pepfar.gov

RIGHT THINGS

RIGHT PLACES

RIGHT TIME

Right now



- Investments with explicit geographic targeting based on data; site-level yield. Also key populations and priority populations

- Resources are not infinite and must be realigned to focus on interventions that work. There is an urgent need to stem the est. 36,000 new adult infections each week

PEPFAR's Approach

The Right Thing, in the Right Place, at the Right Time.

- The **right thing** means focusing on the highest impact interventions. When we focus on these interventions and bring them to scale, we see tremendous results. When we fail to focus and/or to reach scale, progress is slow or stalls.

- The **right place** means focusing our resources in key geographic areas, including at the sub-national level, and reaching the most vulnerable populations.

- The **right time** means getting ahead of and ultimately controlling the epidemic. Continually fighting an expanding epidemic is not programmatically or financially sustainable.

How to Get There

- "Slam Dunks"
- Utilize & optimize community platforms
- **Innovations** to rapidly and substantially improve:
  - Testing & Patient identification
  - Adherence and Retention
  - Virologic supression
- Measurement of site level and community based patient **outcomes**
  - If you can't measure it, you can't manage it
- "Test and Start" readiness and expansion
  - Question isn't "Can we move to test & start?" → "How do we best move to test & start?"

Reaching 90-90-90 in Botswana

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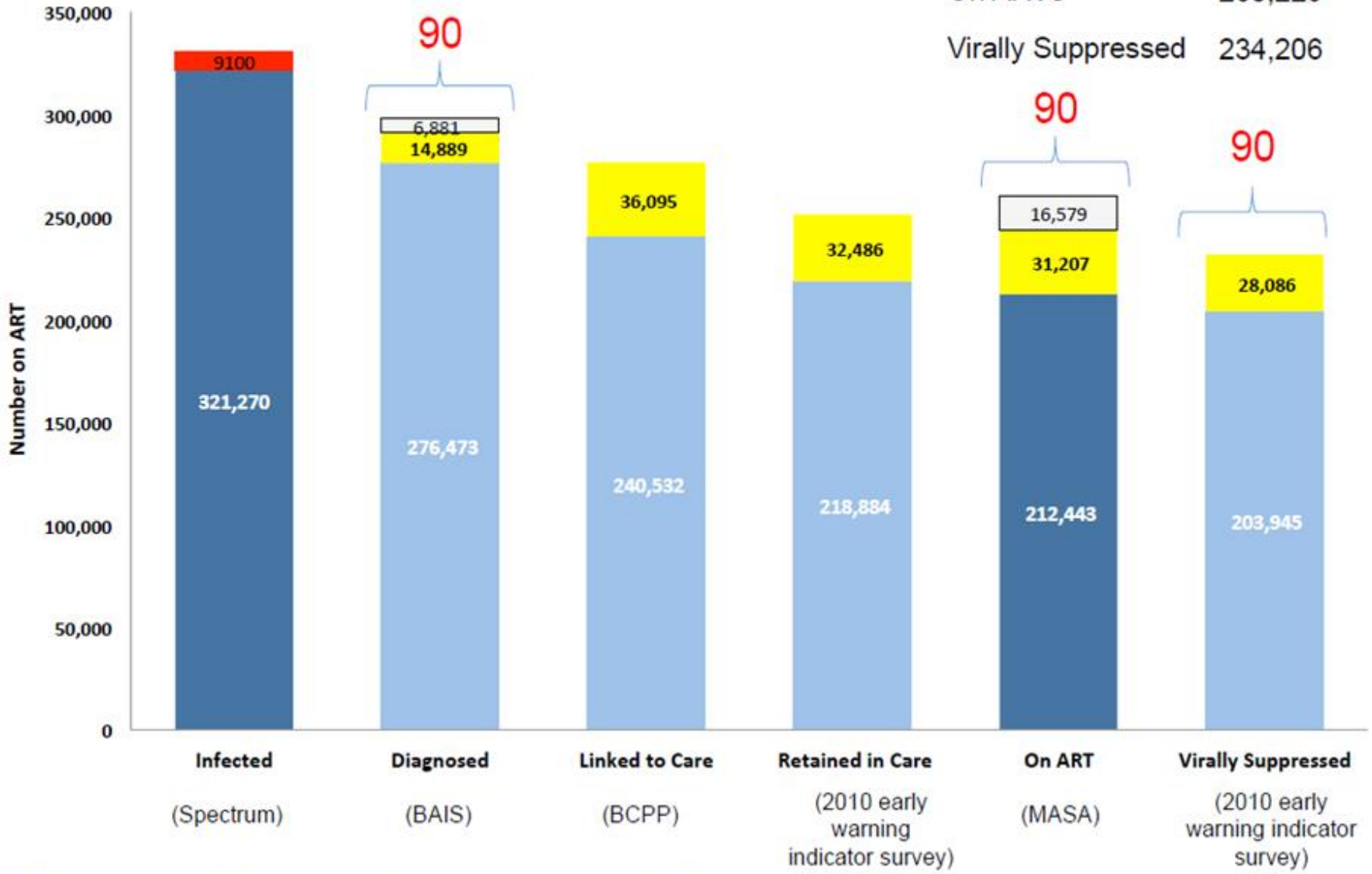
90-90-90 TARGETS	
Diagnosed	289,143
On ARVs	260,229
Virally Suppressed	234,206

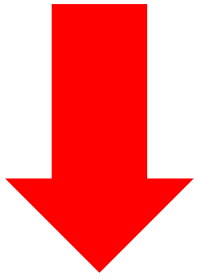


Country Considerations: Policy Changes

Policy changes will be critical but they are not the only hurdle for successful implementation.

- Policy changes may be required to:
  - Allow nurses to prescribe
  - Permit lay counselors or others to dispense ARVs
  - Dispense multi-month refills

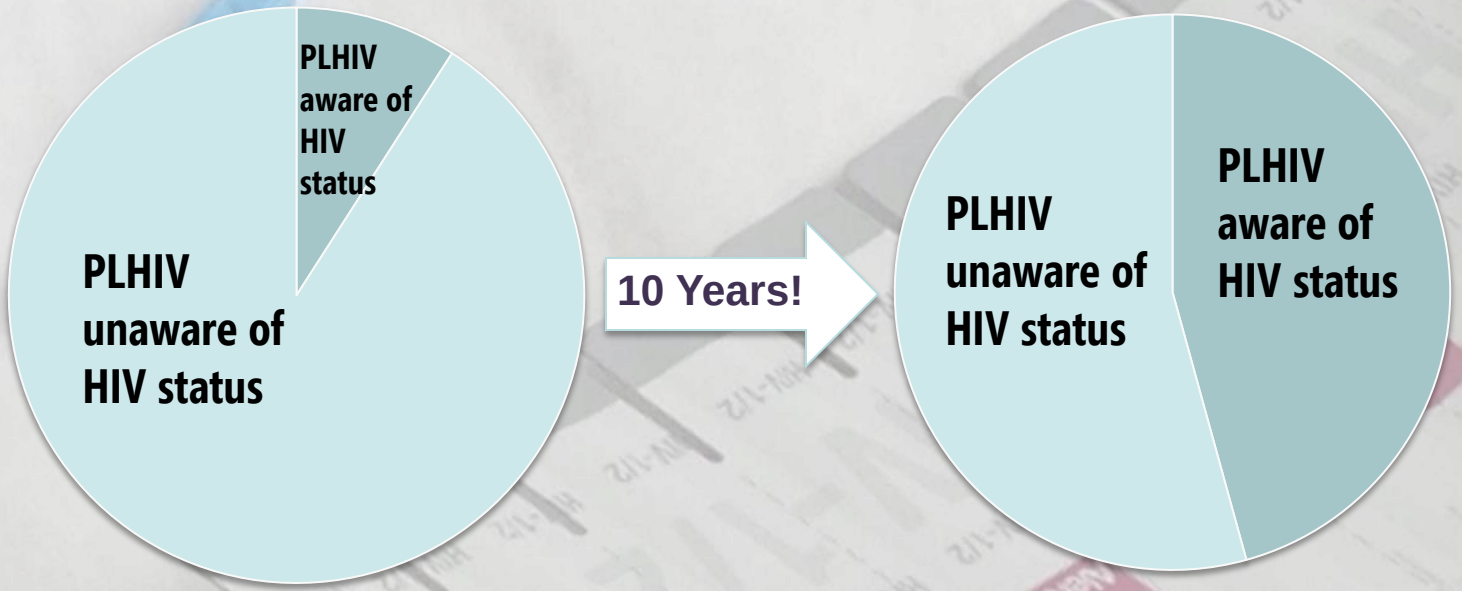
- Supply chain operations governed by standard operating procedures (SOPs).
  - Large sustained increase in demand
  - Spike in dispensing
  - New non-traditional service points



Avoid ad hoc interventions

Enable agility

HIV Testing – much accomplished, but far to go:
Reaching 1st 90% will be challenging



2004
1.9M tests (APR)

2014
60M tests (APR)
3.6M positive results

Sources: UNAIDS, WHO (2015) (based on survey data) and PEPFAR Data

HTC Team: vwong@usaid.gov and chabrown@usaid.gov

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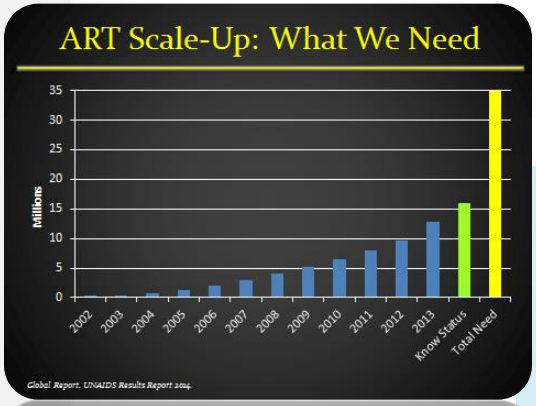
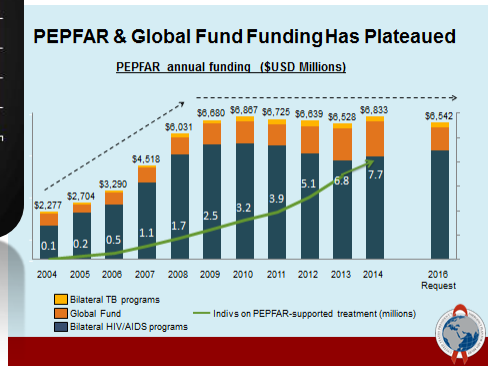
Achieving epidemic control with the current global budget requires doing the

Right Things
in the
Right Places
Right Now
in the
Right Way





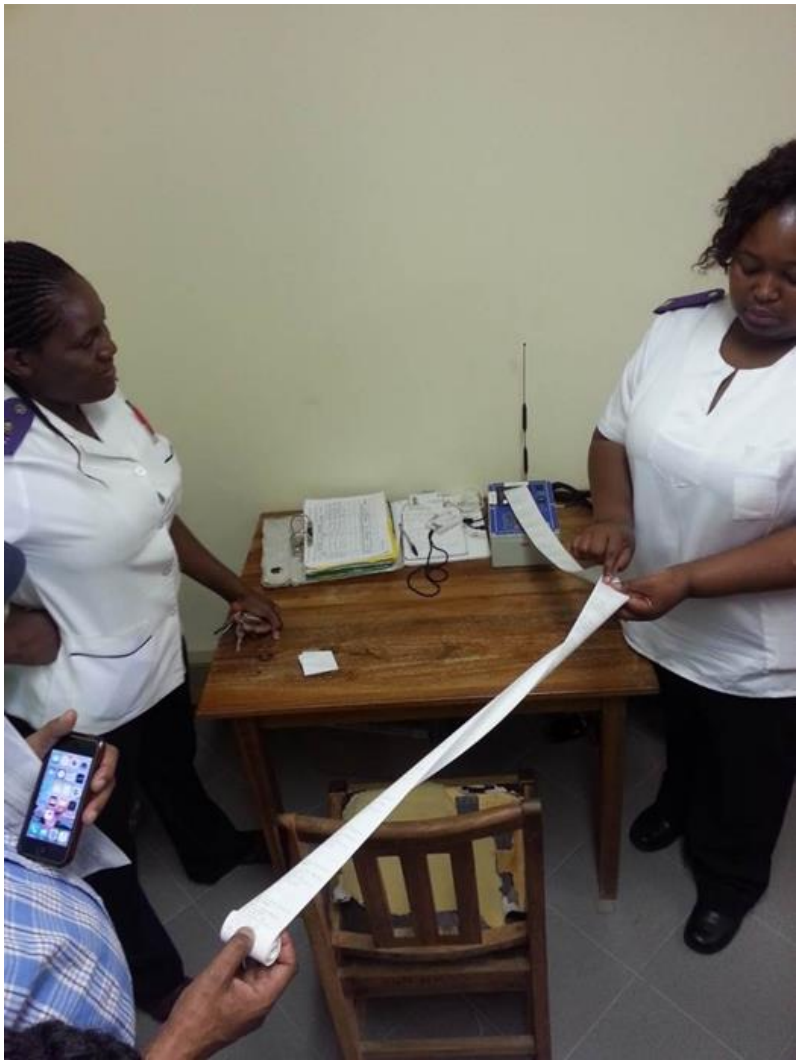
- To achieve a vision of universal access within existing funding levels, we need innovation in service delivery models & ARVs
  - *Scaling our existing programs will only get us part way*

Reaching the 2nd 90%

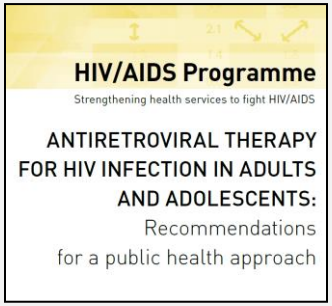
- **Differentiated Models of Treatment to improve efficiency**
  - Several recent international meetings to outline innovative service delivery models
  - Emphasized in the PEPFAR technical considerations.

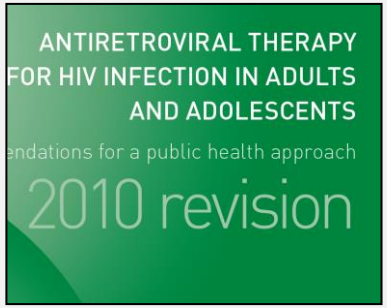
- **Potential Innovations**
  - Multi-month scripting (know your ARV pipeline) for stable patients
  - Bi-directional collaboration between community and facility
  - Community-based drug distribution

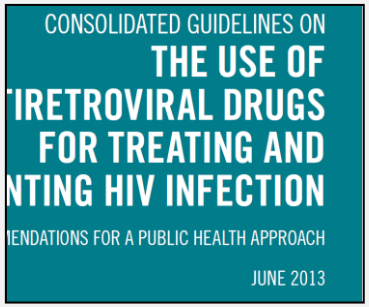
- **Emphasis on adoption of 2015** WHO Guidelines "Test and Start"

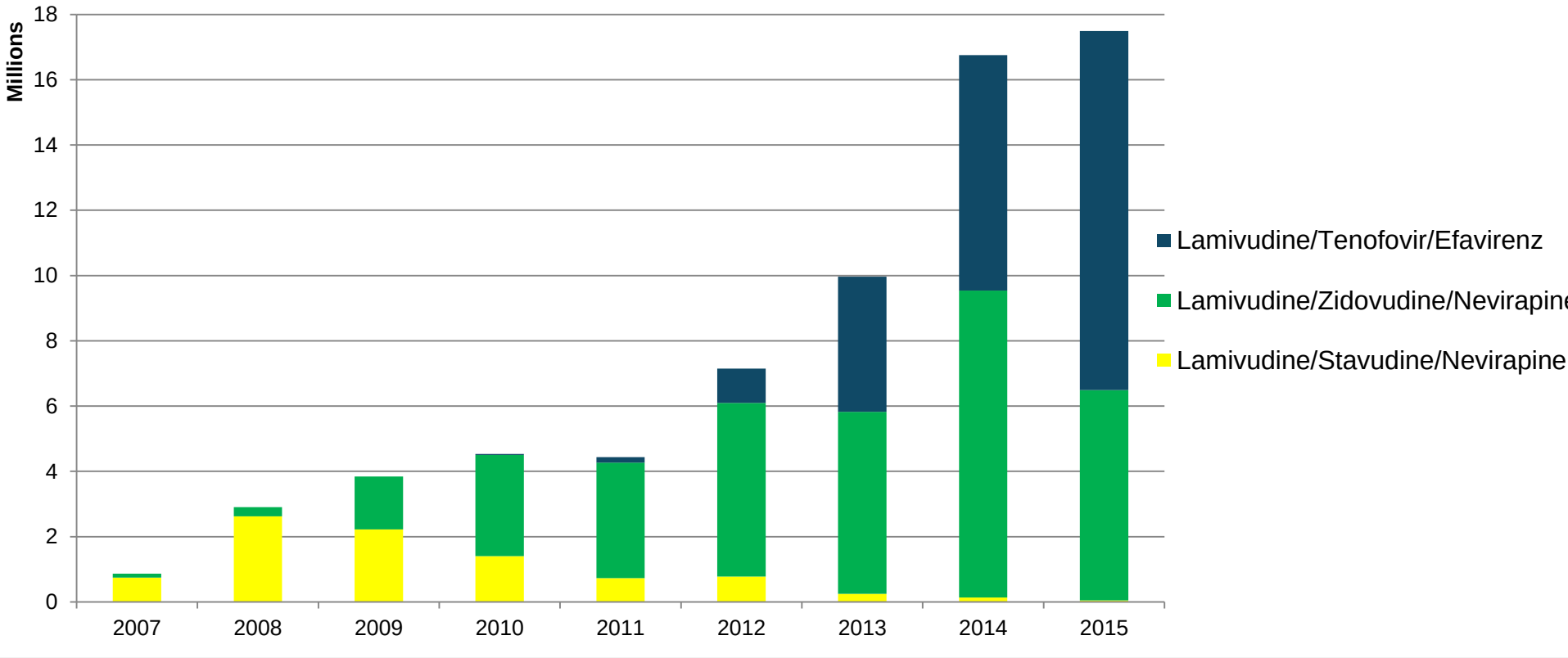


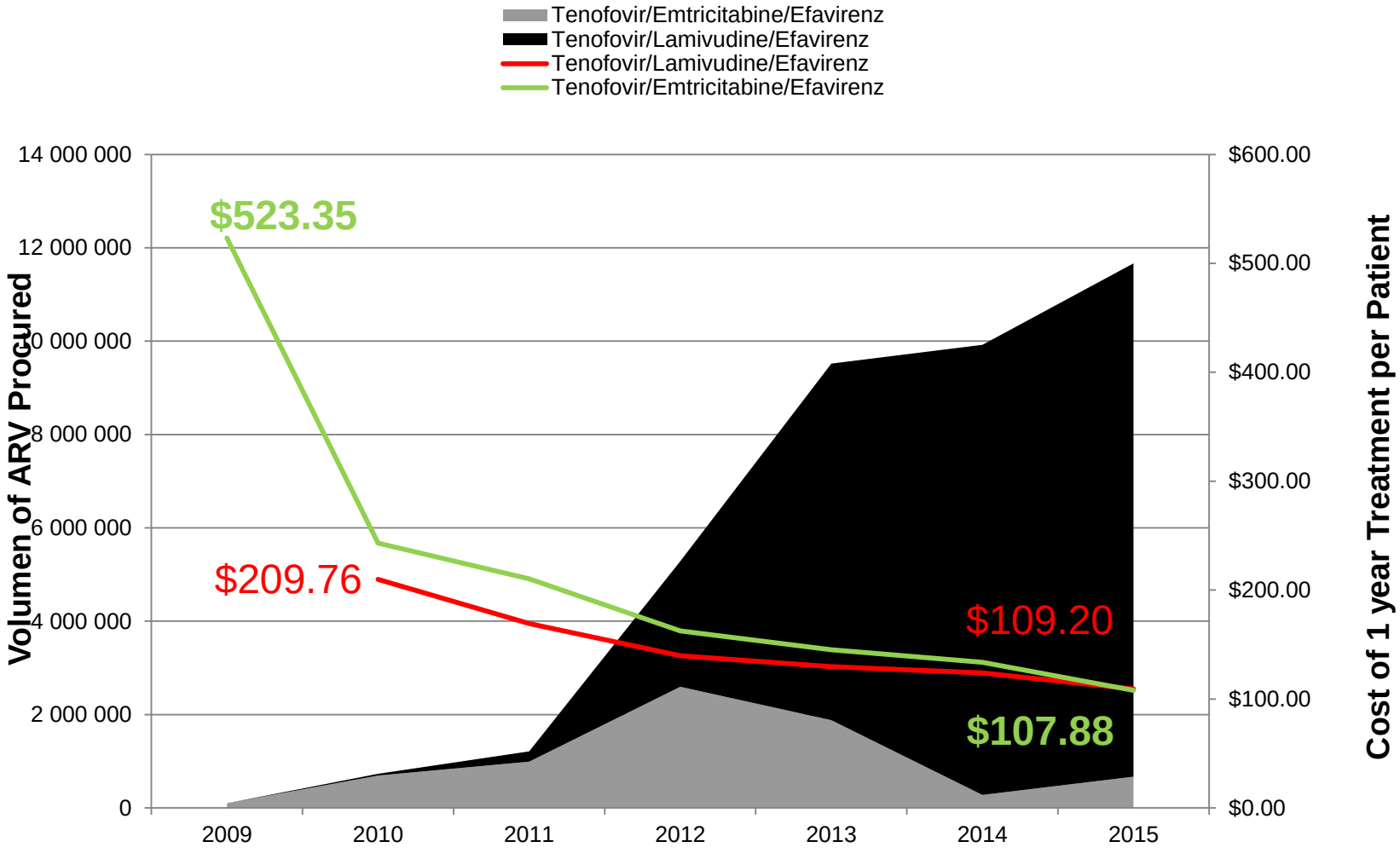
WHO Guidelines Updates










Tenofovir/Emtricitabine/Efavirenz
Tenofovir/Lamivudine/Efavirenz
Tenofovir/Lamivudine/Efavirenz
Tenofovir/Emtricitabine/Efavirenz
14 000 000
12 000 000
10 000 000
8 000 000
6 000 000
4 000 000
2 000 000
0
Volumen of ARV Procured
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
Cost of 1 year Treatment per Patient
$523.35
$209.76
$109.20
$107.88
2009
2010
2011
2012
2013
2014
2015

Project OPTIMIZE

- **Led by Wits RHI**
  - ICAP at Columbia University
  - Mylan Laboratories
  - University of Liverpool
  - Medicines Patent Pool.

- With support from UNITAID and the South African Medical Research Council (SAMRC)

- **Activities**
  - Simplify treatment;
  - increase HIV testing and access to treatment;
  - link people living with HIV to care;
  - reduce the cost
  - increase the effectiveness of ART through research and innovation

New GHSC Architecture

GHSC-Procurement and Supply Management (GHSC-PSM) Single-award IDIQ

Procurement & shipping of health commodities; supply chain technical assistance

Central TOs: Family Planning
HIV/AIDS
Malaria

Chemonics

11/28/20 (current TO PoP)
11/23/20 (last order date)
11/22/23 (last TO performance date)

GHSC-Rapid Test Kits (GHSC-RTK) Single-award IDIQ

Procurement & shipping of HIV RTKs

Remote Medical International

2/26/18

GHSC-Technical Assistance (GHSC-TA) Multiple-award IDIQ

Supply chain technical assistance

Chemonics
Axios
LMI
PricewaterhouseCoopers

3/1/20 (last order date)
3/1/23 (last TO performance date)

Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Cooperative Agreement

Supply chain and pharmaceutical services technical assistance

MSH

9/22/17

Promoting the Quality of Medicines (PQM) Cooperative Agreement

Technical assistance for medicines quality assurance mechanisms

USP

9/17/19

GHSC-Quality Assurance (GHSC-QA) Contract

Quality assurance of procured commodities; technical assistance

FHI360 12/31/19

The Coca-Cola Last Mile Project
Global Development Alliance (GDA)

Applying Coke best practices to public health supply chains

06/2019

GHSC-Business Intelligence and Analytics (GHSC-BIA) GSA Contract

Collect and integrate data across programs to support GHSC management and coordination

Intellicog 4/24/19

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