

PEPFAR's Contributions to the Global Scale-up of Treatment



Joint WHO & UNAIDS Annual Consultation on
Global Forecasts of Antiretroviral Demand
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The US Response to AIDS

2003

- **PEPFAR Announced**

2008

- **PEPFAR Reauthorized** by the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act until 2013

2010

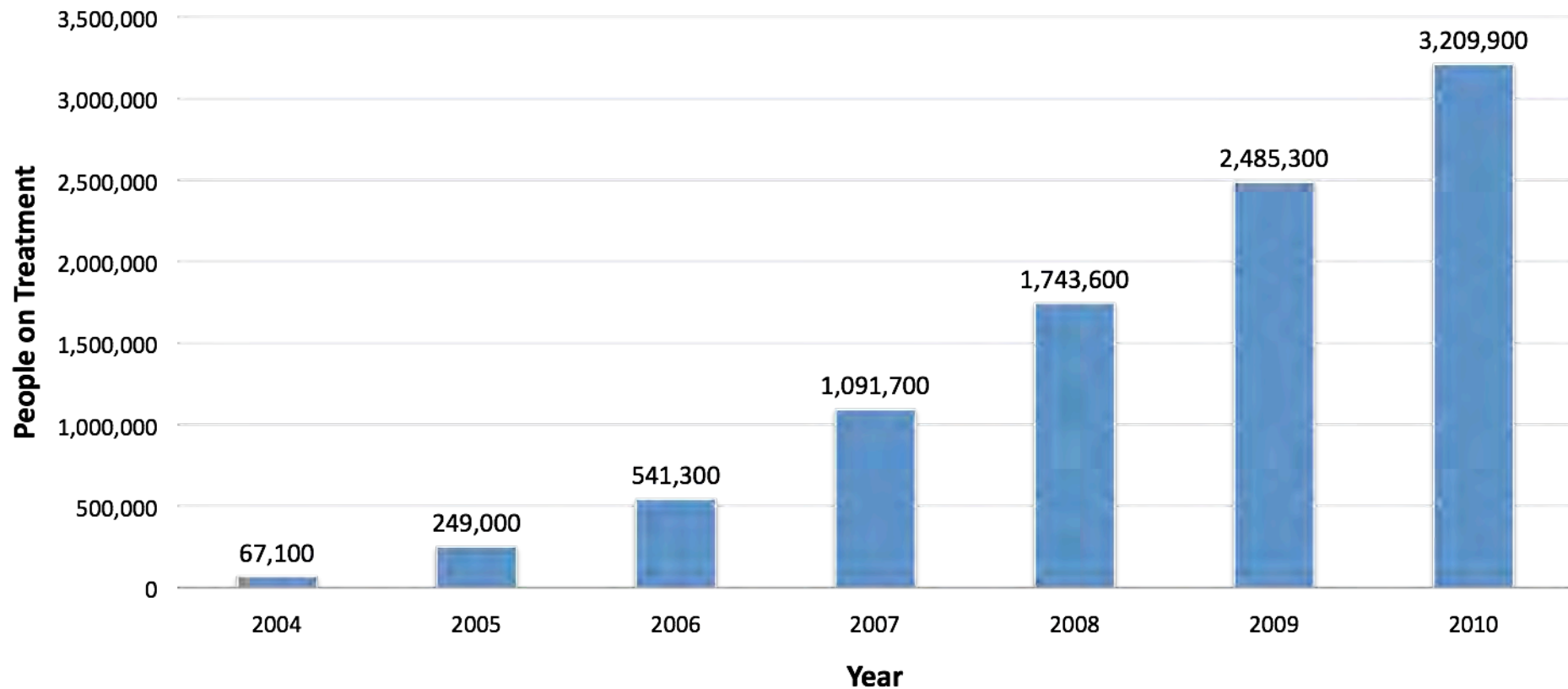
- Counseling and testing for **33 million** people
- Support and care for **11 million** people, including **3.8 million** orphans and vulnerable children
- **600,000** HIV+ pregnant women supported on antiretroviral prophylaxis,
- **114,475** infant HIV infections averted





PEPFAR Saving Lives

Number of People Directly Supported on Treatment by PEPFAR (2004-2010)



Over **3.2 million** people directly supported on treatment by PEPFAR in FY2010

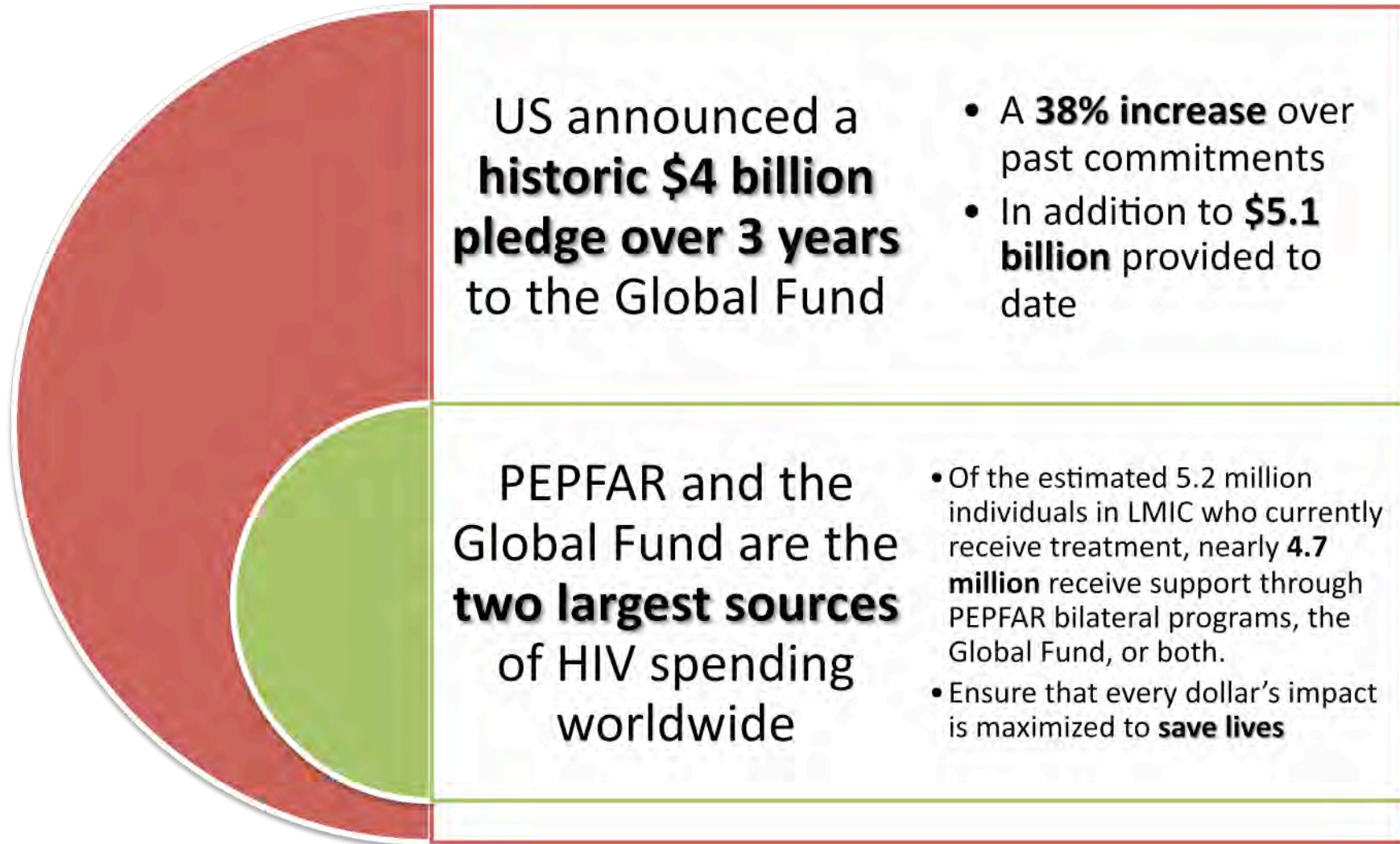


Expanded Access to Pediatric Treatment

- PEPFAR has also continued to sustainably expand access to treatment for children
- PEPFAR supported **201,500** children (0-14) on treatment in 2009, compared with only 4,800 in 2004.
- The share of those receiving PEPFAR-supported treatment who are children rose from 3 percent in 2004 to 8 percent in 2009.



A Key Partner: The Global Fund

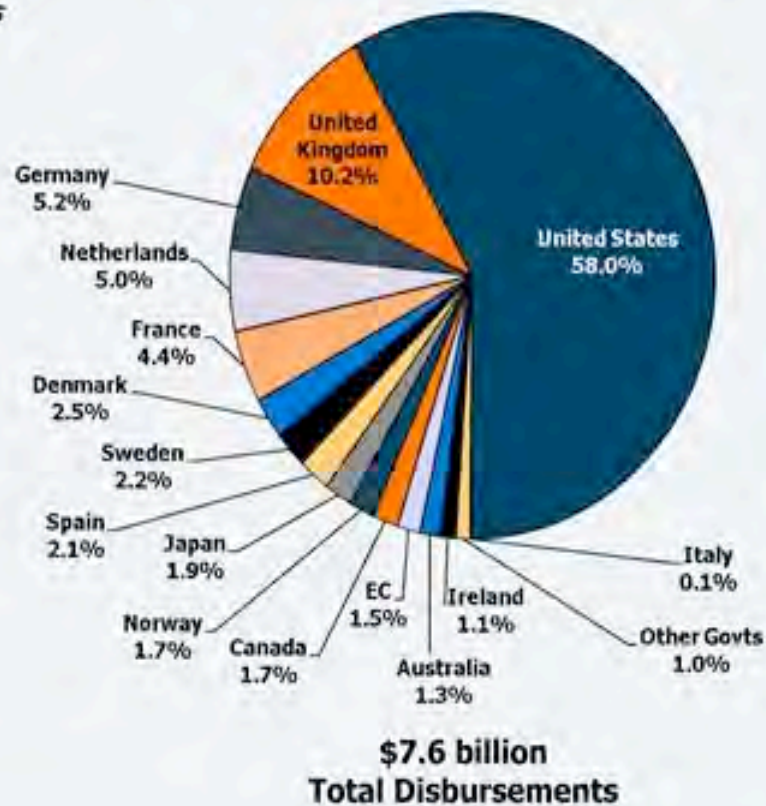




A Shared Global Responsibility

International AIDS Assistance: G8/EC & Other Donor Governments, as Share of Total Disbursements, 2009

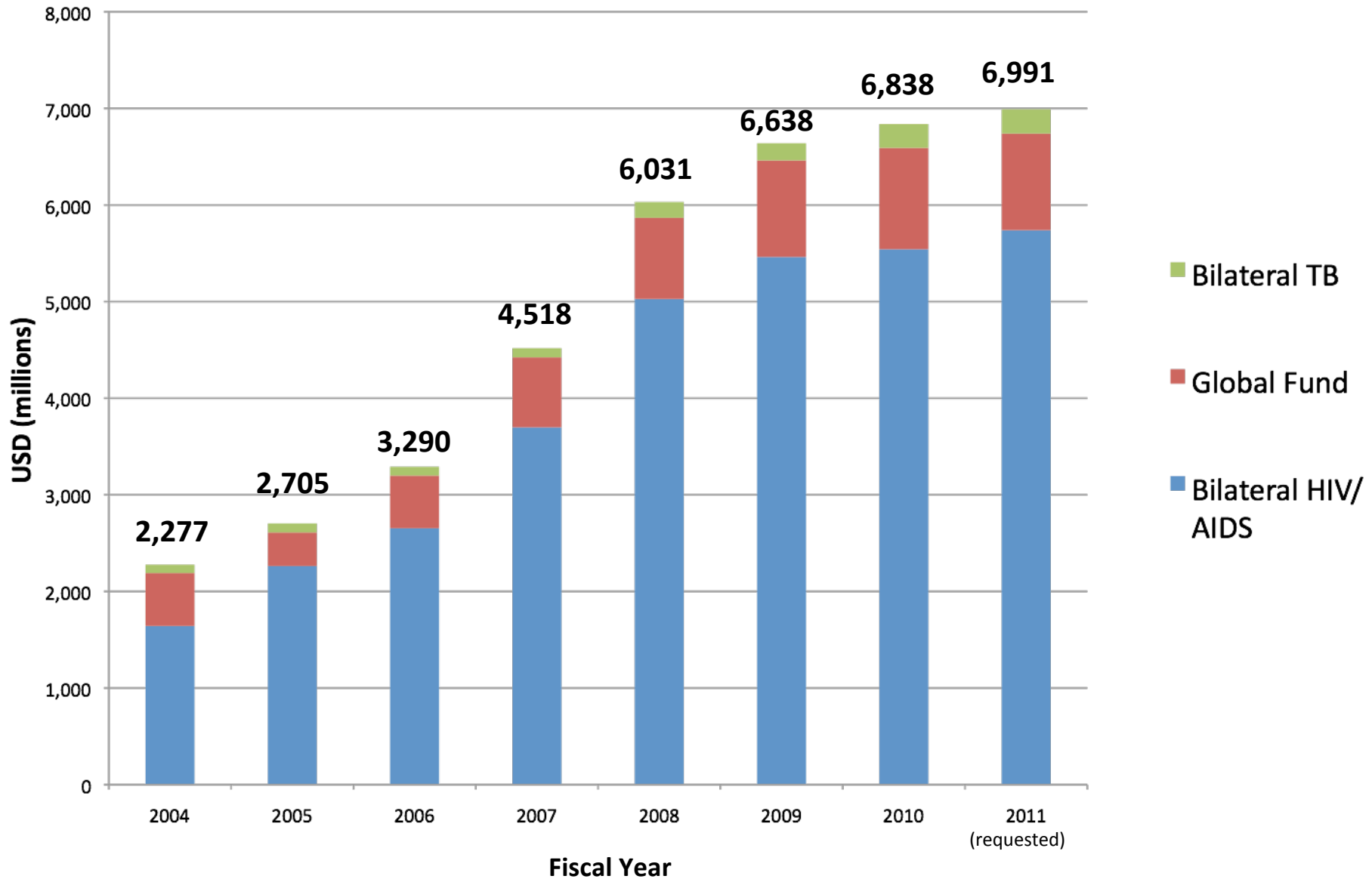
In Billions



In 2009, the US accounted for almost **60%** of commitments by donor governments



PEPFAR Funding, Fiscal Years 2004-2011





Advancing Treatment Coverage and Regimen Quality

In the second phase, PEPFAR will direct support for more than 4 million people on treatment, more than doubling the number of people directly supported on treatment during the first five years of PEPFAR

2011 PEPFAR Technical Considerations

“As part of PEPFAR’s support of high-quality ART programs, PEPFAR country teams should support national stakeholders in transitioning to the ART regimens recommended in the 2010 WHO Treatment Guidelines, as follows:

- Countries should take steps to progressively reduce the use of stavudine (d4T) in first-line regimens because of its well-recognized toxicities.
- First line regimens should consist of a non-nucleoside reverse transcriptase inhibitor (NNRTI) + 2 nucleoside/nucleotide (NRTI) reverse transcriptase inhibitors, one of which should be zidovudine (AZT) or tenofovir (TDF).
- Second-line ART should consist of a ritonavir-boosted protease inhibitor (PI) plus two NRTIs, one of which should be AZT or TDF, based on what was used in first-line therapy. Ritonavir-boosted atazanavir (ATV/r) or lopinavir/ritonavir (LPV/r) are the preferred PIs.”



2011 PEPFAR Technical Considerations, cont'd

- “Assist government in planning, development, and implementation of national ART guidelines for adults and adolescents consistent with the 2010 WHO guidelines.”
- “Coordinated technical assistance should be employed to help the government develop a strategic approach to changing national guidelines for first-line, second-line, and salvage regimens.”
- “Modeling and/or other methods should be used to calculate the impact of changes in national criteria for initiation of ART, such as, initiation of ART at higher CD4 count levels, and specific ARV regimen and monitoring recommendations.”



Added Support to the Government of South Africa

- In addition to an annual PEPFAR budget of over \$500 million, PEPFAR has provided \$120 million over two years for ARV procurement and to build Provincial capacity for planning and forecasting ARV needs.
- The PEPFAR South Africa program now directly supports ART for over 900,000 people in South Africa and is assisting the Government of South Africa in meeting their objectives of rapidly expanding treatment access in the country, moving to better regimens and of treating pregnant women and TB/HIV co-infected individuals below a CD4 cell count of 350/mm³



Expansion of PMTCT



PMTCT is highly cost-effective form of HIV prevention



PEPFAR Commitment:

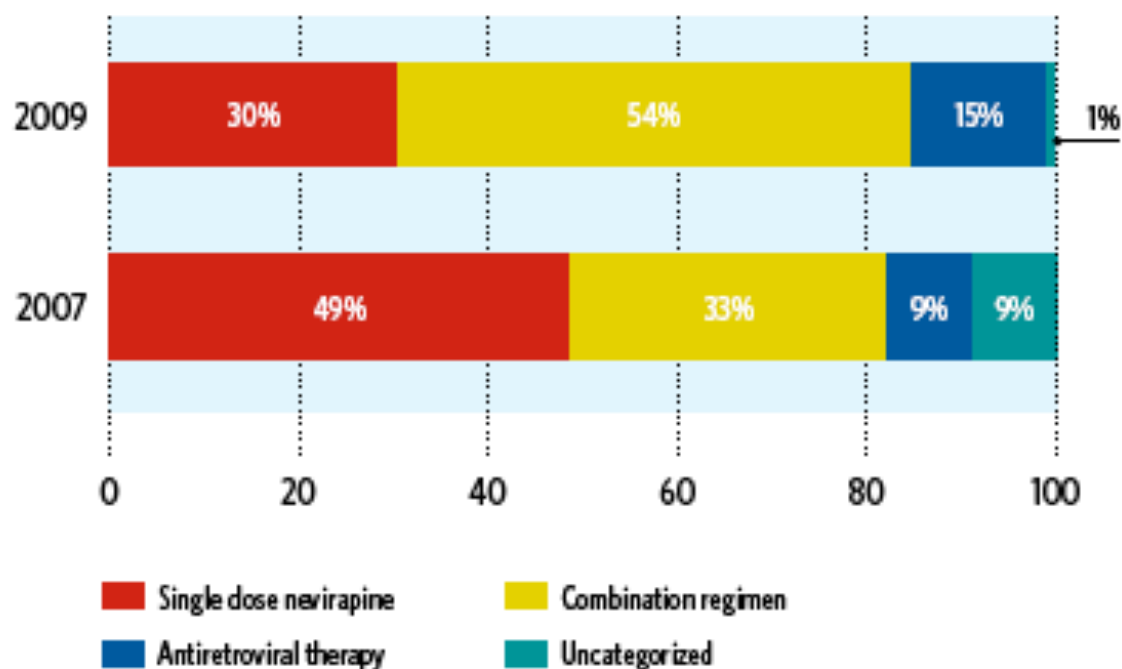
- **80% coverage** of testing at the national level, and **85% coverage** of prophylaxis/treatment for infected pregnant women, by 2014
- **additional \$100 million both** in 2010 & 2011 to support 6 countries in accelerating expansion of HIV testing and ARV prophylaxis
- Each of these 6 countries have developed a plan to breakthrough bottlenecks, achieve greater coverage and move to better PMTCT regimens.



Increased investments are linked with maternal and child health, family planning, and nutrition as a part of wider efforts to support **comprehensive services** under the Global Health Initiative

Moving to Better PMTCT Regimens

Fig. 5.5. Percentage distribution of various antiretroviral regimens provided to pregnant women in low- and middle-income countries in 2007 (59 countries) and 2009 (86 countries)



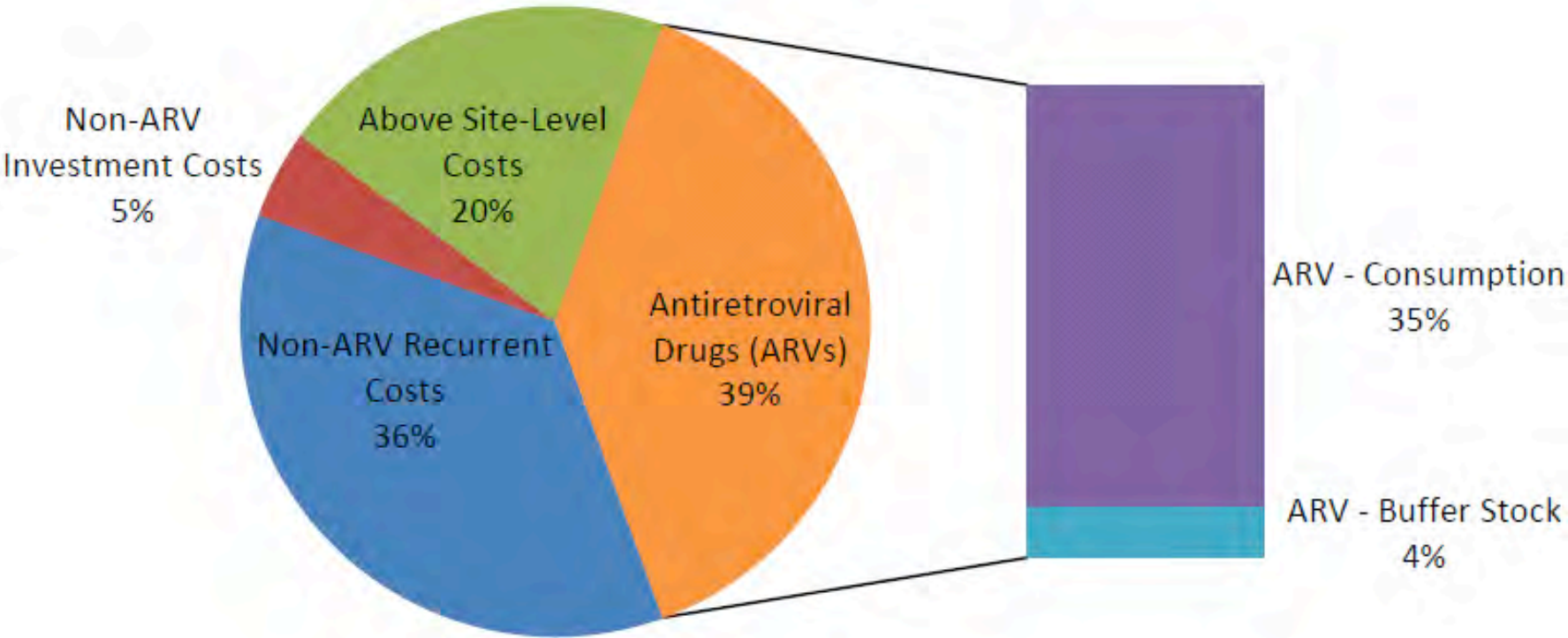
Source: 2010 UA report



Preventing Stock-outs

- Extensive country-level planning and forecasting with PEPFAR and national programs
- PEPFAR provides planned and ad-hoc stock-out prevention support to ensure continuity of care in our programs
- PEPFAR co-founded and funds the Coordinated Procurement Planning Group (CPP) with Global Fund, WHO and other multilateral organizations
 - Developed an early warning system in which countries are classified by their stock-out risk and high risk countries targeted for assistance.

PEPFAR is Working to Reduce Costs of Delivering ART and Other Services





Accelerating Efficiency Gains

- PEPFAR is gaining efficiencies that will enable greater impact of investments:
 - Accelerating new service delivery models including nurse initiated ART, streamlining laboratory services, strategic service integration, and transition to local partners and governments
 - Rapidly increased generation and use of economic and financial data to provide PEPFAR program managers with actionable data to create and document efficiency gains
 - 17 costing studies ongoing or completed in 15 countries
 - Rapid expansion of routinization of expenditure analyses
 - Continuing to work toward greater pooled procurement and innovative sea and land-based delivery channels that reduce costs
 - Complete alignment with national government's national strategic priorities and plans through 5-year partnership frameworks maximizes complementarity of PEPFAR's investments



Conclusions

- PEPFAR continues to have substantial resources (2011 request: \$6.99b) and is working closely with national governments and donor partners such as the Global Fund to ensure coordination and maximum impact our collective investments
- PEPFAR plans to more than double the number of people directly supported on treatment during the first five years of PEPFAR, and continue to work toward greater pediatric coverage.
- PEPFAR has asked in-country teams to facilitate rapid transitions in regimens in each country in which we support the national treatment program
- PEPFAR is committed to further accelerating PMTCT coverage and further driving the shift toward full coverage with more complex regimens and full ART for eligible women
- Continued attention to efficiency of our service delivery operations will enable even greater health impacts in the future.