

PEPFAR 3.0

Controlling the epidemic & delivering on the promise of an AIDS-free generation and Implications for OVC Programming

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PEPFAR 3.0 - Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation

Released on World AIDS Day 2014, *PEPFAR 3.0* outlines **PEPFAR's five action agendas** that advance the five core principles of the *PEPFAR Blueprint* and provide a pathway toward sustainable control of the epidemic:

- **Impact Action Agenda** – Do the right things, in the right places, at the right time.
- **Efficiency Action Agenda** – Increase transparency, oversight, and accountability across PEPFAR and its interagency partners.
- **Sustainability Action Agenda** – As services are expanded to reach epidemic control, ensure that the factors required to maintain control are in place.
- **Partnership Action Agenda** – Share responsibility with our partners to achieve an AIDS-free generation.
- **Human Rights Action Agenda** – Protect human rights and address the human rights challenges faced by those living with and affected by HIV/AIDS.

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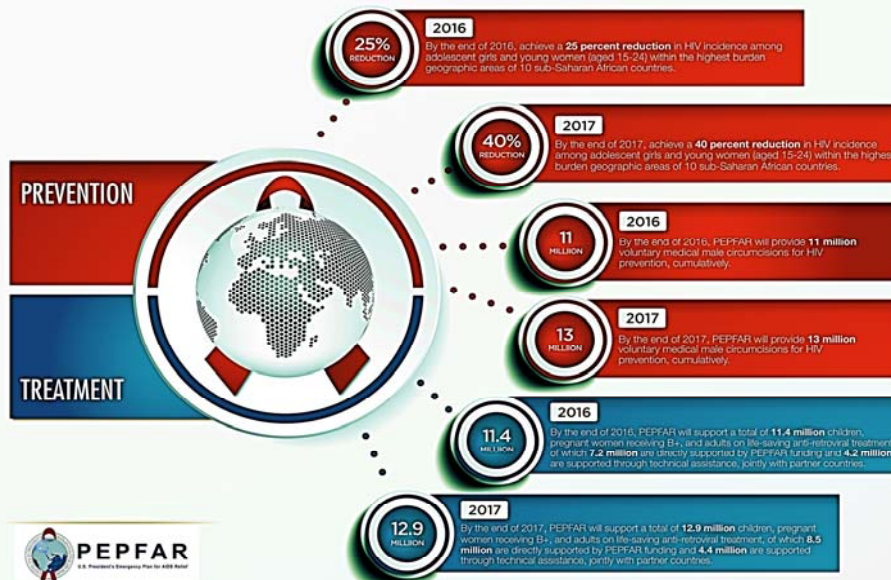
President Barack Obama

Remarks at Sustainable Development Goals Summit, September 27, 2015

“As more countries take ownership of their HIV/AIDS programs, **the United States is setting two new bold goals**. Over the next two years, we’ll increase the number of people that our funding reaches -- so that **nearly 13 million people with HIV/AIDS get lifesaving treatment** -- and we’ll invest **\$300 million to help achieve a 40 percent reduction in new HIV infections among young women and girls** in the hardest-hit areas of sub-Saharan Africa. And I believe we can do that -- the **first AIDS-free generation**.”

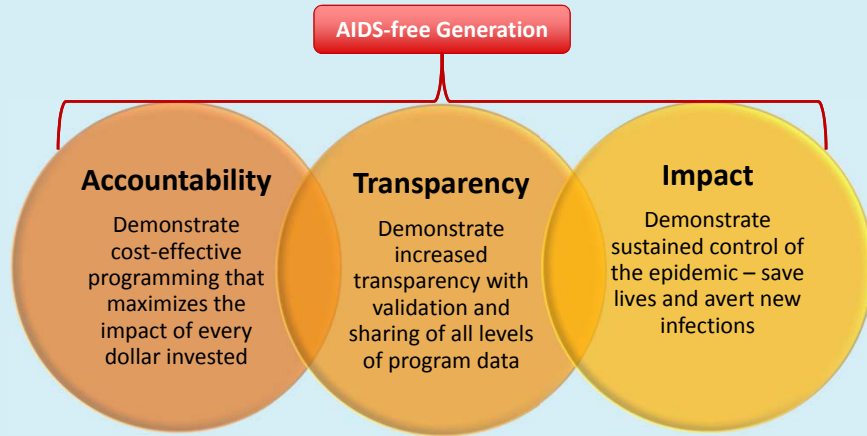


PEPFAR HIV PREVENTION AND TREATMENT TARGETS



PEPFAR's 3 Guiding Pillars

Delivering an AIDS-Free Generation with Sustainable Results

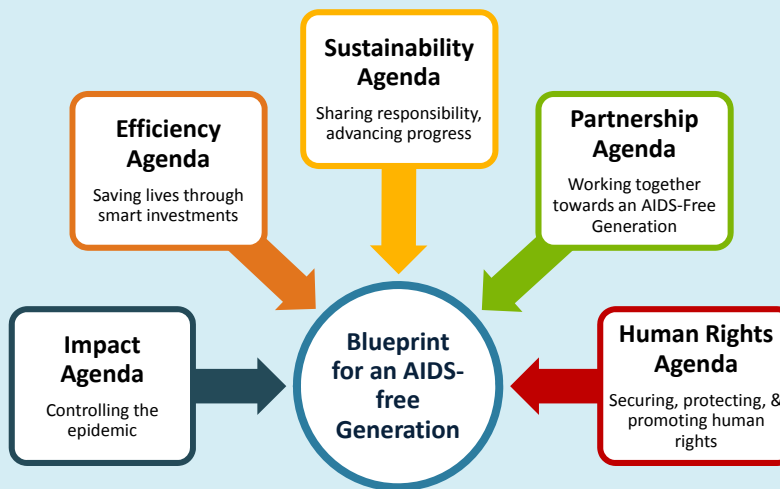


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PEPFAR's Five Key Agendas

Translating the 3 Guiding Pillars to Results



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PEPFAR's Approach: the Right Thing, in the Right Place, at the Right Time.

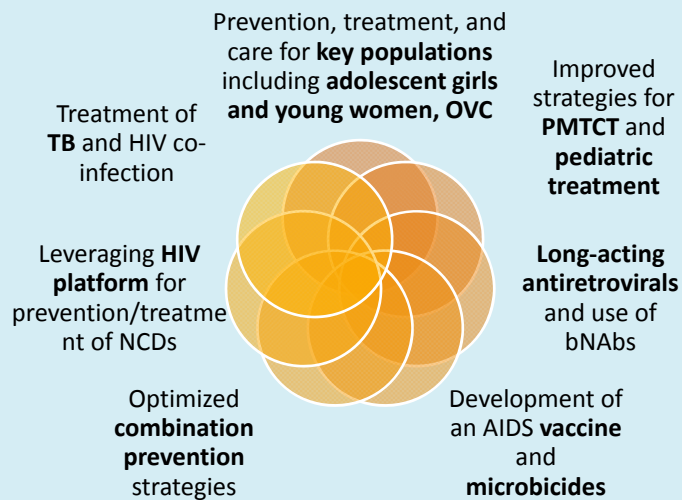
- The **right thing** means focusing on the highest impact interventions. When we focus on these interventions and bring them to scale, we see tremendous results. When we fail to focus and/or to reach scale, progress is slow or stalls.
- The **right place** means focusing our resources in key geographic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

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Focus Areas

To achieve an AIDS Free Generation



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Focusing on the Right Things

Core Activities to Maximize Epidemic Impact

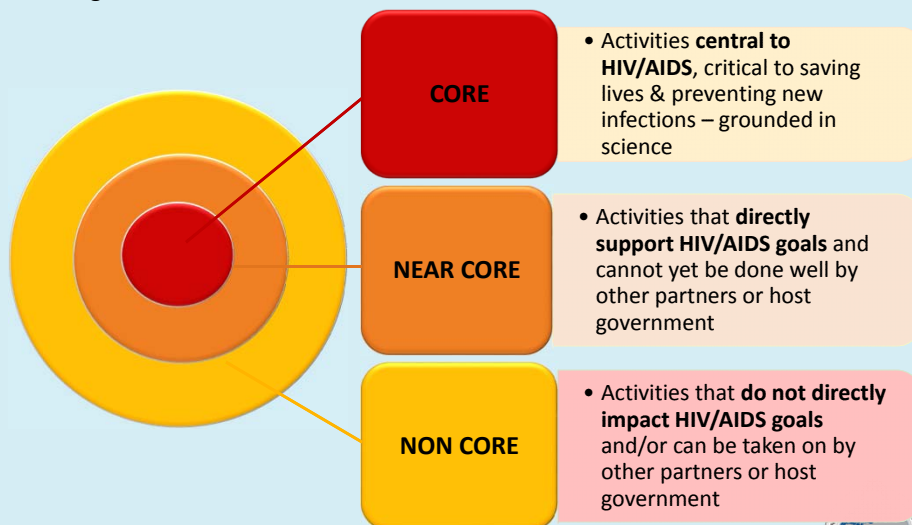
- Combination Prevention (PMTCT, ART, Condoms, VMMC)
- Prevention (effective/targeted)
- **OVC – comprehensive services for families**
- Neglected & Hard to Reach Populations
 - Pediatrics
 - Young women
 - Key populations – MSM & transgender persons, sex workers, people who inject drugs
- Strengthening Health Systems as specifically required to support the core activities
 - Human resources for health, procurement & supply chain, laboratory, and strategic information



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The Right Things

Defining Core, Near Core, & Non Core Activities



Focusing Programs 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



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Delivering Core Services at the Right Time

- Earlier treatment initiation for adults & children
- Immediate treatment initiation for key populations, TB/HIV, discordant couples
- Earlier testing for HIV exposed infants and children with immediate linkage to care & treatment services
- Accelerating scale-up of all core interventions to achieve sustainable epidemic control as quickly as possible
- Preventing new infections in young women and ensuring all adolescents impacted by HIV/AIDS are served well in our OVC and ART programs



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Turning COP Vision and Strategic Pivots into Results

PEPFAR

- **Dedicated** HQ and field staff to **analyze and review program, financial and epi data** on a quarterly cycle to ensure PEPFAR and agency specific COP / ROP approved **deliverables and targets are achieved** in the most efficient manner possible.

Oversight

Accountability

- Analysis results will form the basis of a **corrective action plan (CAP)** and/or the sharing of best practices across the PEPFAR community, including external stakeholders (CSOs, MOH, GF, UNAIDS).

Response

- CAP summary will be shared with the **COM and the Global AIDS Coordinator** and, over the course of a year, will form the basis of annual COP guidance for each individual country.

Team

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Key Guiding Strategic Questions for POART

Questions for Impact and Efficiency Agendas

What does it take to get to epidemic control?

How will PEPFAR invest more strategically to maximize impact of the program?

How will decisions be monitored throughout the year with data and deliverables?

Questions for Human Rights, Sustainability and Partnerships Agendas

How are the key challenges for a sustainable national response being addressed, especially through health diplomacy and other interventions?

How are civil society and other key stakeholders, including the partner government and the Global Fund, engaged in quarterly review?

How are significant human rights issues for key and priority populations being addressed by the PEPFAR team?

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Program Results for Quarterly Review

- **Quarterly indicators**
 - Track progress towards **reaching** 1st 90
 - HTC_TST, PMTCT_STAT, PMTCT_EID, TB_STAT, VMMC_CIRC
 - Track progress towards reaching 2nd 90
 - Care_NEW (if MOH guidelines do not indicate Test and treat)
 - TX_NEW (includes pregnant and breastfeeding women)
- **Semi-annual indicators**
 - Quarterly indicators plus track progress towards 2nd 90 and congressional required indicators
 - PMTCT_ARV, TX_CURR, TB_ART, PP_PREV, KP_PREV, **OVC_SERV**, **OVC_ACC**
- **Annual review**
 - Track progress towards 3rd 90
 - TX_RET, TX_Viral, TX_Undetect and remaining indicators (See MER guidance)

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PEPFAR Quality Improvement Site Improvement through Monitoring System (SIMS)

Goal: To standardize site monitoring of quality of care to increase the impact of PEPFAR programs on the epidemic

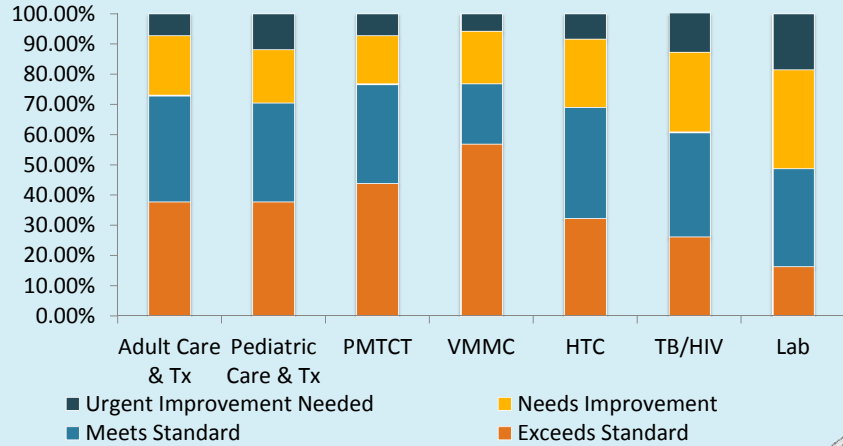
- Monitor **community, facility & above-site level** activities
- Data-driven sub-national, national, and global **decision- making**
- Demonstrate **accountability for impact**
- **All PEPFAR staff** have a role in accountability, monitoring, and improvement
- **Build local capacity** with real-time feedback on site performance

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Site Improvement through Monitoring

2012 –2014, n= 21 countries, 3,444 sites



Source: CDC/PEPFAR Program Data; VMMC data collected in only 9 countries

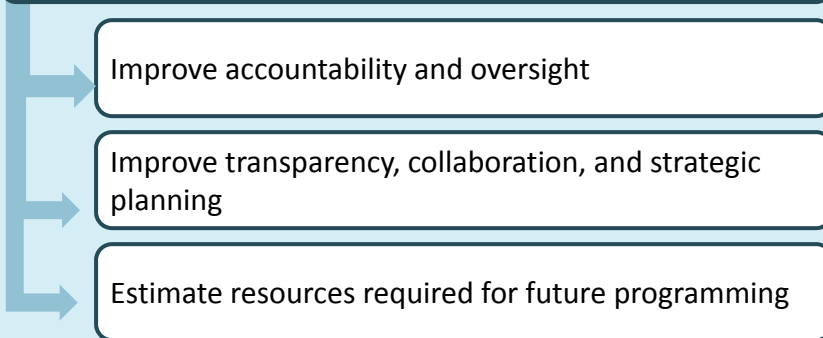
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The role of expenditure analysis in PEPFAR

EFFICIENCY

Understand USG expenses for a range of HIV services



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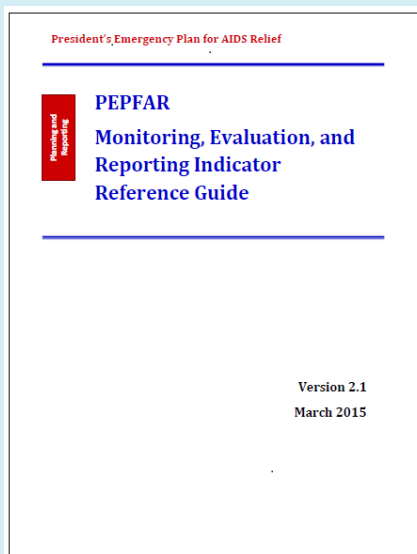
MER: Assessing Performance and Impact

- Data that responds to a strategic and comprehensive approach
 - to **understand** the HIV **epidemic** and the associated **response**
- Using data to inform
 - Program performance
 - Program effectiveness
 - Program efficiencies
 - Program impact
- Principles
 - Continuum of monitoring
 - Quality and outcomes
 - Country ownership, capacity building
 - Accountability
 - Data for decision-making



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MER: The Indicator Reference Guide



- **Level 1:** Essential/Reported to HQ
- **Level 1.5:** Essential Survey
 - unique to tracking OVC outcomes
 - Reported biennially
- **Level 2:** Essential/Held in Country
- **Level 3:** Recommended

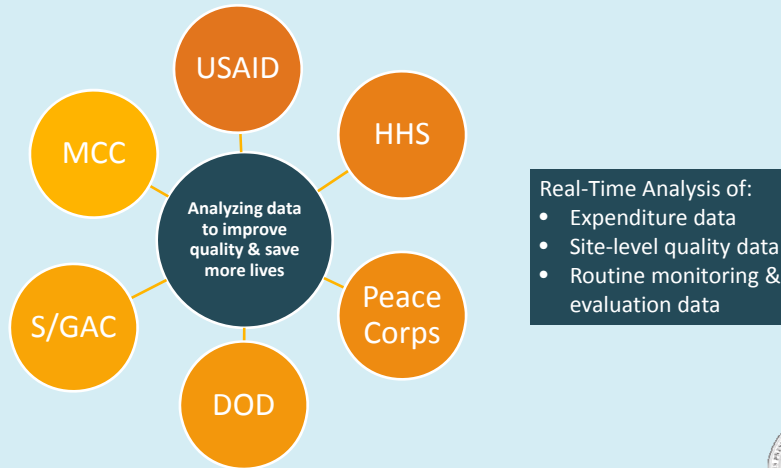


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Bringing Together an Interagency Collaborative

Vision: All USG Agencies in the same space with a common mission and common tools

PEPFAR Interagency Collaborative



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OVC Portfolio: Essential to PEPFAR's Success

**Right thing,
the right way**

- Core Package
- SIMS
- OVC Guidance

**Right people,
right place**

- MER 1
- Mapping

Right results

- MER essential survey indicators
- Implementation science

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PEPFAR MER Level 1 OVC Indicators

Care and Support	OVC_SERV	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Care and Support	New OVC_ACC	Number of active beneficiaries accompanied or otherwise supported for transport to HIV testing, care and/or treatment services at least once every three months (beginning in FY2015)

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OVC Essential Survey Indicators **New**

OVC_HIVST	Percent of children whose primary caregiver knows the child's HIV Status
OVC_NUT	Percent of children < 5 years of age who are undernourished
OVC_SICK	Percent of children too sick to participate in daily activities
OVC_BCERT	Percent of children who have a birth certificate
OVC_SCHATT	Percent of children regularly attending school
OVC_PRGS	Percent of children who progressed in school during the last year
OVC_STIM	Percent of children < 5 years of age who recently engage in stimulating activities with any household member over 15 years of age
OVC_CP	Percent of caregivers of active beneficiaries who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school
OVC_MONEY	Percent of households able to access money to pay for unexpected household expenses

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SIMS 2.0 and OVC

Community Tool now organized by population instead of technical area

Case Management Services [OVC]
Child Protection Services [OVC]
HIV Referral Systems [OVC]
Preventing HIV in Girls [OVC]
Education Services [OVC]
New Girls Secondary Education Transition [OVC]
Economic Strengthening and Social Protection Services [OVC]
Early Childhood Development Services [OVC]
→ Community Pediatric Nutrition Screening & Referral to Clinical Services [OVC]
Family Planning/HIV Integration Service Delivery in Community Settings [OVC]
Data Reporting Consistency – OVC_SERV [OVC]

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OVC Program Results and Priorities

In FY 14 more than 5 million children reached with socio-economic services.

- [PEPFAR OVC coverage rate represents 28% global OVC burden](#), and the main countries where PEPFAR is working have similar coverage rates. This is in spite of cost-effective interventions that average < \$100 per year/ per child.

OVC Technical Priorities:

- To address developmental and socio-economic impacts of HIV/AIDS on children and families which, in turn, promote HIV prevention, HIV testing and treatment uptake, adherence and retention.
- Expand use of evidenced informed graduation models in all districts and monitor transitioning of children and families in central support districts to avoid harm to children
- Target the most vulnerable in *scale up districts*
- Develop transition models for children and families in *central support districts*
- Improve integration of clinic and community-based services for children & families

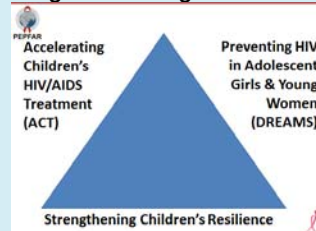
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OVC Contributions to PEPFAR Central Initiatives

DREAMS will maximize the PEPFAR OVC program to mitigate the social effects of AIDS and therefore reduce HIV risk behaviors and risk exposure among adolescent girls through evidence-based interventions including:

- Education subsidies
- Social asset building
- Parenting/caregiver programs
- Cash transfers
- Combination socio-economic approaches



ACT will maximize the PEPFAR OVC program's capacity to "strengthen children's resilience" by:

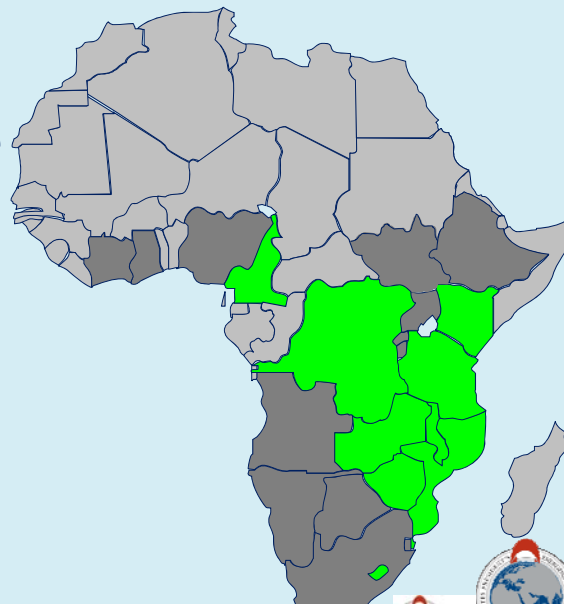
- Addressing socio-economic barriers in vulnerable families and therefore support increased treatment entry and retention in children and adults
- Scaling up evidence-based interventions
- Linking community and clinical services
- Enhancing family-centered care
- Strengthening the measurement of quality improvement, cost analysis, and outcomes.

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Accelerating Children's HIV/AIDS Treatment Initiative

Cameroon
DRC
Kenya
Lesotho
Malawi
Mozambique
Tanzania
Zambia
Zimbabwe



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The DREAMS Partnership



- Launched on WAD 2014, \$210 million partnership between PEPFAR, the Bill & Melinda Gates Foundation, and the Nike Foundation to reduce new HIV infections in adolescent girls and young women in up to 10 countries.
- DREAMS aims to ensure that girls have an opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives.
- Provide a country determined core package of evidence-based interventions that have successfully addressed HIV risk behaviors, HIV transmission, and gender-based violence

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**Determined
Resilient
Empowered
AIDS-free
Mentored
Safe**

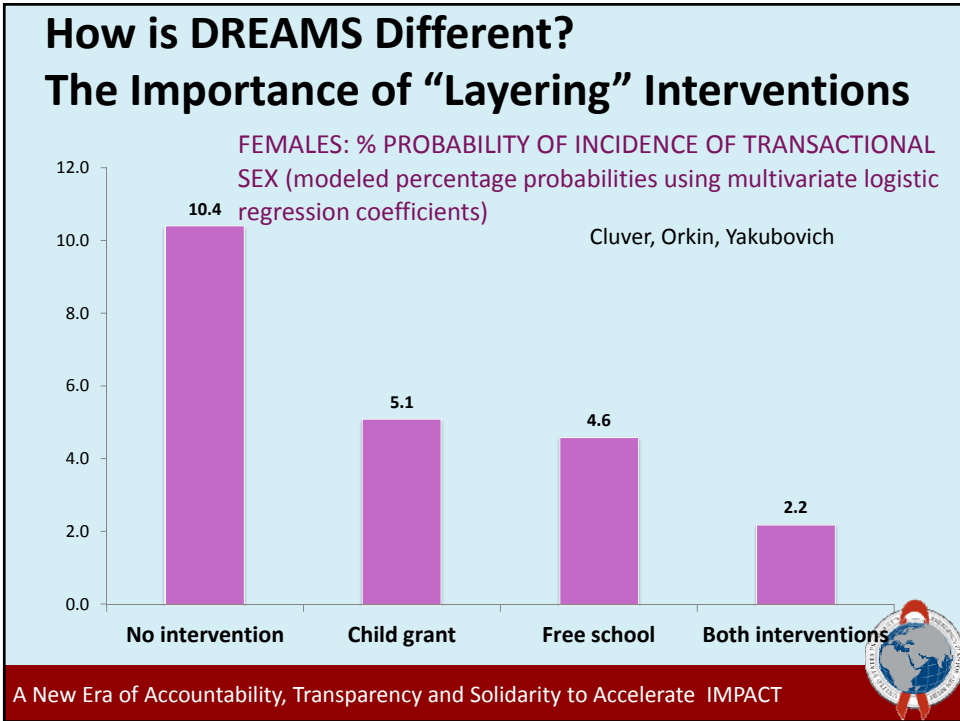
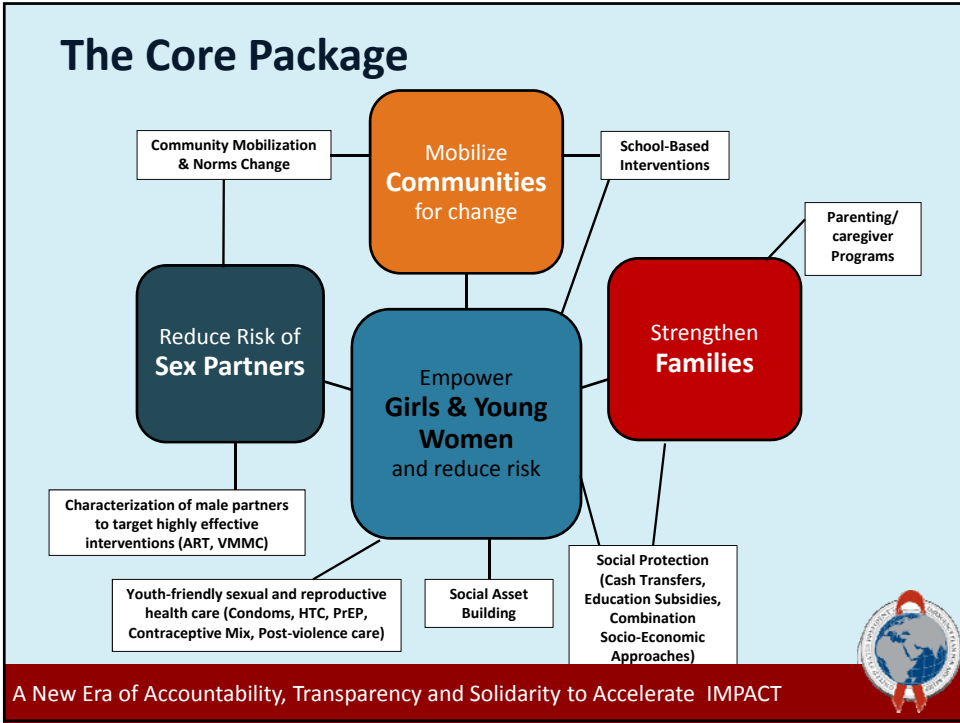
DREAMS Countries:

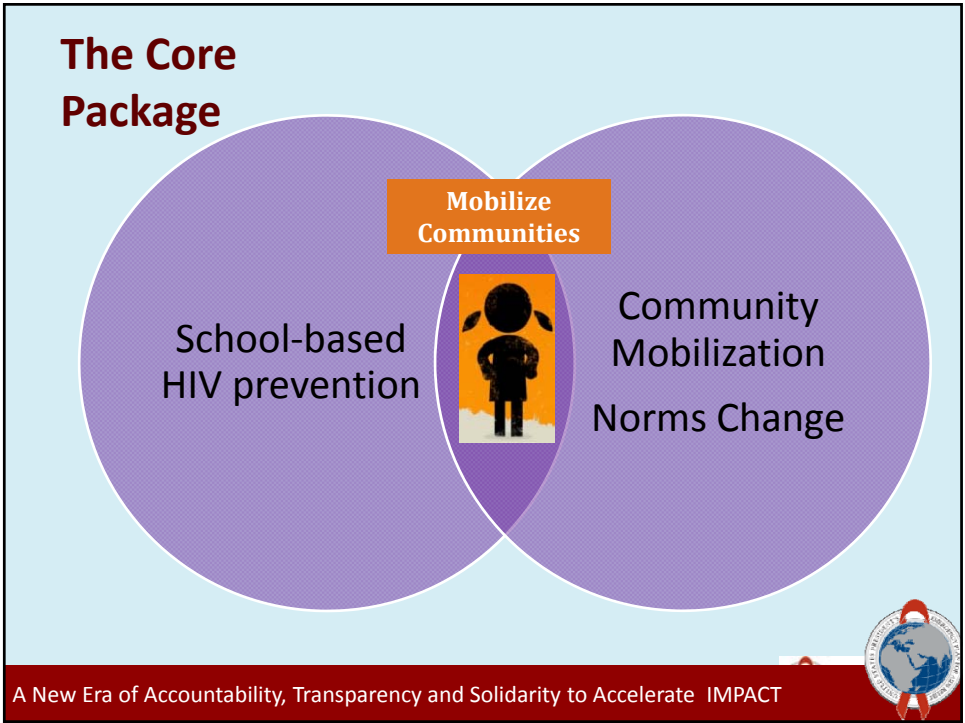
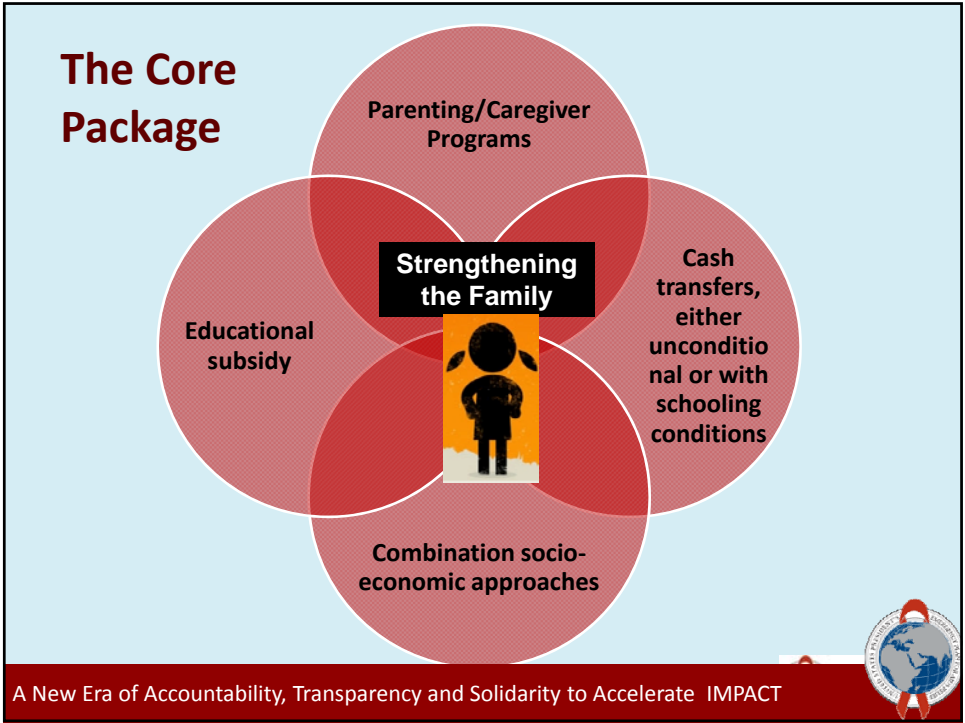
Kenya
Lesotho
Malawi
Mozambique
South Africa
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe



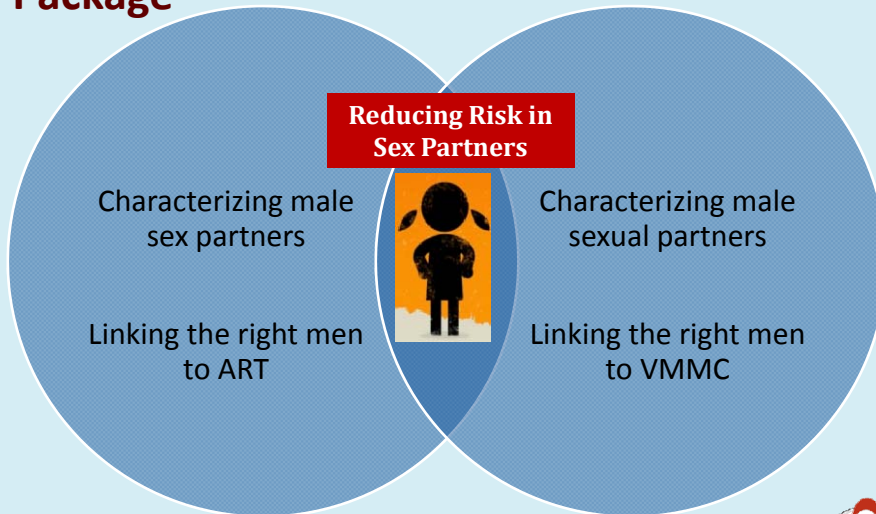
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The Core Package



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Questions?

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