



PEPFAR

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

PEPFAR Annual Report

10th Annual Report to Congress

What a difference a decade makes. In 2013, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) marked ten years of saving lives. Ten years ago, AIDS was truly a death sentence in Africa. It threatened the very foundation of societies – creating millions of orphans, stalling economic development, and leaving countries stuck in poverty.

Today, that picture has been transformed dramatically. Landmark scientific advances, many supported by the United States, coupled with success in implementing effective programs have put an AIDS-free generation within sight. The Blueprint for Creating an AIDS-Free Generation (PEPFAR Blueprint), launched on World AIDS Day 2012, demonstrates PEPFAR's strong and sustained commitment to fighting this deadly disease. As the Blueprint notes, though, no one country can do it alone: achieving an AIDS-free generation is a shared responsibility.

Last year Congress passed the bi-partisan, bi-cameral PEPFAR Stewardship and Oversight Act of 2013 (P.L. 113-56), which the President signed into law on December 2, 2013. This law extends critical authorities of the PEPFAR program through FY2018, and strengthens oversight and reporting over the PEPFAR program.

Saving Lives: 2013 Results

PEPFAR represents America's commitment to saving lives and the shared responsibility of all global partners toward achieving an AIDS-free generation. At the end of FY 2013, the United States directly supported over 6.7 million men, women, and children on antiretroviral treatment (ART) through bilateral programs – a four-fold increase (from 1.7 million in 2008) since the start of this Administration and far exceeding President Obama's 2011 World AIDS Day goal of 6 million on treatment.

In June 2013, Secretary John Kerry announced that the one-millionth baby had been born HIV-free as a result of PEPFAR's commitment to preventing mother-to-

child HIV transmission. In FY 2013, PEPFAR supported HIV testing and counseling (HTC) for more than 12.8 million pregnant women. For the 780,000 of these women who tested positive for HIV, PEPFAR provided antiretroviral medications to prevent mother-to-child transmission of the virus. Due to PEPFAR support, 95 percent of these babies were born HIV-free (including 240,000 that would otherwise have been infected). Over the past two years, over 1.5 million HIV-positive pregnant women received these interventions to prevent mother-to-child transmission and improve maternal health, meeting the President's 2011 World AIDS Day goal.

At the end of FY 2013, PEPFAR had supported more than 4.2 million voluntary medical male circumcision (VMMC) procedures in east and southern Africa; by the end of calendar year 2013, PEPFAR had reached the President's 2011 World AIDS Day VMMC goal of 4.7 million.

In FY 2013, PEPFAR also supported 17 million people with care and support, including more than 5 million orphans and vulnerable children. PEPFAR also supported HIV testing and counseling for more than 57.7 million people (inclusive of the 12.8 million pregnant women reached with HTC) in FY 2013, providing a critical entry point for prevention, treatment, and care.

Saving Lives Through Smart Investments

Efficiencies and Effectiveness. PEPFAR is supporting partner countries to promote efficiency and effectiveness in their national HIV programming. This includes supporting countries to make smart investments by identifying strategies that have the greatest impact on the HIV epidemic and save the most lives. It also includes supporting partner countries to use evidence to make critical policy and programmatic decisions that improve health outcomes.

In 2009, PEPFAR began to pilot the Expenditure Analysis Initiative, tracking expenditures for PEPFAR programs to provide rigorous financial monitoring. This analysis provides detailed annual data on expenditures by program area, cost category, and region. The Expenditure Analysis Initiative, currently being rolled out PEPFAR-wide, illustrates how the information collected will guide PEPFAR programs in stretching each dollar further through smart investments.

Systems Strengthening. Well-functioning health systems are a critical foundation for a strong country-owned and sustainable response. PEPFAR has strengthened national stakeholder capacity to expand coverage of HIV services.

The acute shortage of health workers in sub-Saharan Africa is one of the most significant constraints to the region's achievement of key health and development goals, including those related to HIV. PEPFAR continues to support partner countries in addressing key workforce constraints to HIV service delivery, ranging from skilled facility-based providers such as physicians, nurses and midwives, to allied health professionals, to community-based frontline health workers. In 2010, PEPFAR embarked on two bold initiatives – the Medical and the Nursing Education Partnership Initiatives. These programs are increasing the quantity and quality of healthcare workers through using new medical education models, addressing local health needs, and reducing the attrition of trained staff to other countries.

Strong laboratories, laboratory systems, and well-trained laboratory staff are critical to well-functioning health systems, enabling clinicians and health workers to diagnose and treat a range of conditions. PEPFAR has assisted 21 partner countries in their development of National Strategic Laboratory Plans and has provided training on HIV and tuberculosis (TB) diagnosis and patient management in 43 PEPFAR countries. PEPFAR will continue to rely on strong lab systems as new, appropriate technologies are considered for potential deployment – including point of care technologies – to test for viral load, CD4, HIV and TB, and early infant diagnosis of HIV, among others. In addition, as PEPFAR continues its evolution to a more sustainable and country-owned response, it will look to African-led professional organizations, such as the African Society for Laboratory Medicine (ASLM), to continue leading efforts to promote the sustainability of lab systems and services.

HIV/Tuberculosis (TB) Co-Infection. TB is the leading cause of death among people living with HIV in sub-Saharan Africa – accounting for more than 1,000 lives lost each day. Given this enormous human toll, PEPFAR continues to address the deadly links between TB and HIV as a top policy and programmatic priority. PEPFAR aims to dramatically reduce the impact of HIV-associated TB through a combination of early identification and treatment of TB, preventive therapy, and infection control activities, and is also working to accelerate access to early ART for co-infected patients. In all of these efforts, PEPFAR closely coordinates with national TB and AIDS programs, multilateral institutions, and other partners to strengthen systems that address TB and HIV.

PEPFAR continues its efforts to support scale up of the Cepheid GeneXpert® MTB/RIF test, an innovative new fully automated molecular diagnostic test for TB. This test enables programs to diagnose TB more quickly, which can help reduce TB transmission and decrease mortality. PEPFAR and USAID are

partnering closely with UNITAID and the Bill & Melinda Gates Foundation in an innovative public-private partnership to reduce the cost of Xpert MTB/RIF cartridges by 40 percent. As of December 2013, a total of 2,021 GeneXpert instruments and 5,219,960 Xpert MTB/TIF cartridges had been procured in the public sector in 98 countries.

Prevention of Mother-to-Child Transmission (PMTCT). As outlined in the PEPFAR Blueprint, PEPFAR remains fully committed to working toward the elimination of new HIV infections among children by 2015 and keeping their mothers alive. Through PEPFAR's PMTCT Acceleration Initiative, launched in FY 2009, PEPFAR has increased investments in the 13 highest burden countries. PEPFAR has also worked with partner countries to develop strategies to expand access to quality services to prevent transmission of HIV from mothers to their children, to ensure that mothers eligible for lifelong treatment receive it, and that every infant infected with HIV is immediately initiated on lifelong ART. These efforts are paying off dramatically; between 2009 and 2012, there was a 35 percent decline in the number of new pediatric HIV infections globally.

The Option B+ regimen offers all pregnant or breastfeeding women living with HIV lifelong antiretroviral therapy, rather than relying on laboratory testing to determine eligibility for treatment. It reduces mother-to-child transmission to less than 5 percent and maintains the mother's health, provides lifelong reduction of HIV transmission to uninfected sexual partners, and supports PMTCT in future pregnancies. After one year of implementation of Option B+ in Malawi, the number of pregnant or breastfeeding women living with HIV on antiretroviral therapy in the country has increased by an extraordinary 700 percent, and the estimated number of infant infections averted nearly quadrupled.

Voluntary Medical Male Circumcision (VMMC). VMMC is a one-time, low cost intervention shown to reduce men's risk of HIV infection by approximately 60 percent. This medical intervention has the potential to save millions of lives and billions of dollars in future HIV/AIDS treatment costs. The procedure is also drawing millions of men into health services – some for the first time in their lives. The World Health Organization recommends VMMC as part of a comprehensive package of HIV prevention services, and PEPFAR supports the implementation of VMMC in 14 East and Southern African countries, which have the highest unmet need for this intervention and where programs will have the greatest return on investment.

In May 2013, PrePex became the first medical device for adult male circumcision to receive World Health Organization (WHO) prequalification as an alternative to the conventional surgical circumcision methods already recognized by the WHO. Medical devices like PrePex may change the landscape of VMMC scale-up by simplifying the procedure and increasing access.

Focus on Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS.

The impact of HIV/AIDS on children is devastating. To date, an estimated 17 million children have lost one or both parents due to AIDS, 90 percent of whom live in sub-Saharan Africa. An estimated 3.4 million children under the age of 15 are living with HIV, and millions more children are made vulnerable due to chronically ill parents or the social and economic effects of living in communities with high HIV prevalence.

PEPFAR sets aside 10 percent of its program funding to address the diverse, complex, and often critical needs of OVC. Thus far, over 5 million children worldwide have benefited from PEPFAR's efforts. PEPFAR's efforts have led to dramatic changes in the lives of children, including averting almost 2 million orphans since the beginning of PEPFAR through the treatment of parents and caregivers living with HIV. In addition, these investments have enhanced early childhood development, enabled children to stay in school, strengthened households, and allowed families to reclaim their roles as primary caregivers. Over the past decade, PEPFAR has worked hand-in-hand with partner countries to provide the physical, emotional, and social support that strengthens families and communities and mitigates negative outcomes for children. PEPFAR has also made significant advances in measuring these outcomes through new tools to track the impact of these programs on child well-being over time.

Shared Responsibility for an AIDS-Free Generation

Creating an AIDS-free generation will require shared responsibility, including that of partner governments, multilateral organizations, the private sector, civil society, and faith-based organizations, among others. In 2013, there were numerous exciting new developments in promoting shared responsibility, including the launch of PEPFAR Country Health Partnerships and the U.S.-hosted Fourth Voluntary Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Advancing Country Ownership and PEPFAR Country Health Partnerships (CHPs). The U.S. has shifted its relationship with host countries to one of a true

and enduring partnership – engendering a fundamental shift from aid to co-investing, and positioning countries to assume greater responsibility for caring for their own people. South Africa, Botswana, Namibia, and Zambia – have invested far more of their own financial resources in support of their national AIDS responses, and these countries as well as others have assumed greater managerial and technical oversight of their national AIDS programs.

In September 2013, Secretary Kerry announced the launch of PEPFAR Country Health Partnerships (PEPFAR CHPs), which are being initially rolled out in South Africa, Rwanda, and Namibia. Building on the success of PEPFAR’s Partnership Frameworks, PEPFAR CHPs will advance the principle of country ownership by securing a partnership based on greater transparency, co-investment, and joint decision-making.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) Fourth Voluntary Replenishment. The Global Fund represents a critical vehicle for donors to contribute to shared global responsibility and support country leadership in addressing these three diseases. The United States is working with partner countries to ensure that each dollar invested achieves the greatest possible health impact. With U.S. support, the Global Fund is reforming the way it works to increase the impact of its investments. The U.S. government and the Global Fund are also strengthening their collaboration under the leadership of partner countries in support of country-owned strategies.

On December 2-3, 2013, the Obama Administration hosted world leaders gathered in Washington, D.C, for the Fourth Voluntary Replenishment to demonstrate global unity in a launch of funding commitments for the fight against AIDS, TB, and malaria over the next 3 years. Over \$12 billion was pledged by 25 countries, the European Commission, private foundations, corporations, and faith-based organizations. This amount represents the largest combined amount ever committed to combatting these three deadly diseases – a 30 percent increase from the Third Replenishment in 2010.

By law, the United States cannot provide more than 33 percent of total Global Fund contributions. The United States continues to challenge other donors by committing to seek from Congress \$1 for every \$2 contributed by other donors to the Global Fund over the replenishment (2014-2016), up to a possible \$5 billion total from the United States.

Private Sector Engagement. The private sector is an important partner in the fight against AIDS. Through public-private partnerships (PPPs), the U.S. government is able to maximize efforts through jointly defined objectives, program design and implementation, and through the sharing of resources, risks, and results.

To date, PEPFAR has leveraged nearly \$400 million in private resources with over \$335 million in matched U.S. government funding. This accounts for more than 300 distinct public-private partnerships across 21 countries that span PEPFAR's prevention, care, and treatment portfolios. In 2013, PEPFAR announced \$10 million in funding to incentivize new PPPs at the country level.

Conclusion

Through shared responsibility and smart investments, PEPFAR can continue its work to help create an AIDS-free generation and build upon the success of the past ten years. PEPFAR's lifesaving work is made possible through the support of the U.S. Congress, partner governments, multilateral organizations, the private sector, civil society organizations, faith-based organizations, and others. Together, we can reach this ambitious but achievable goal, and create a truly lasting impact for the millions of individuals, families, and communities that we serve.