

PEPFAR Scientific Advisory Board (SAB) Introductory Teleconference

April 30, 2015

Meeting Minutes

Opening Remarks

- Introduction and welcome by Dr. Julia MacKenzie, Senior Technical Advisor and Designated Federal Officer, Office of Research and Science. Opening remarks by Dr. Doug Shaffer, Chief Medical Officer. Introduction of Dr. Carlos Del Rio, SAB Chair.
- Opening remarks by Ambassador Deborah Birx:
 - Remarks on size and composition of current Board—intentionally smaller than previous Board; diverse in terms of expertise, gender, and domestic and international participation.

PEPFAR 3.0 Overview (please see PDF): Right Things in the Right Places, Right Now for Epidemic Control & an AIDS-Free Generation

Parts 1 & 2: The HIV/AIDS Epidemic; Dissecting and Disaggregating Data; the Evolution of the HIV/AIDS Response

- We have collectively made great accomplishments since the peak of the pandemic but much work remains.
- Progress has been unequal (by country, among adult populations, and among children). Reduction of vertical HIV transmission has been more successful than reduction of horizontal HIV transmission among adults. Furthermore, service access and coverage disparities (geographical and across sub-populations) remain.
- One focus of this phase of PEPFAR, PEPFAR 3.0, is increasing our use of programmatic data to assess performance and maximize the impact of every site. We also want to increase our reach to include neglected and/or hard-to-reach populations, such as men ages 30-50, adolescent girls and young women.
- Remarks on UNAIDS Fast Track Report in order to highlight the difference between a “business as usual” approach versus a “fast track” approach to decreasing the number of new HIV infections.

Part 3: Going Where the Need is Greatest

- Key populations vary by location. Understanding and responding to the “hot spots” of HIV transmission within a particular context is of paramount importance. In sub-Saharan Africa, young women are the biggest overall key population. Heterosexual transmission continues to be the main source of new infections in sub-Saharan Africa. In Latin America and North America, men who have sex with men (MSM) are the largest key population. In Eastern Europe and Central Asia, people who inject drugs (PWID) are the biggest key population.

- A shifting demographic in sub-Saharan Africa—the so-called “youth bulge”—is one major reason our programs need to increase efficiency and impact just to maintain the status quo.
- An estimated \$2.5 billion is needed each year to successfully meet the UNAIDS fast track goals. Funding to PEPFAR and the Global Fund has plateaued. To meet this financial challenge, host countries will need to invest more in the response and our programs need to focus: on high-burden areas and high-impact, high-quality services.
- In addition to our growing treatment and care programs, we need to increase our focus on innovative and impactful prevention interventions.

Part 3a: Delivering an AIDS-Free Generation: Doing the Right Things

- The work of so many, including the members of this Board, has informed what “the right things” are: core activities central to the HIV/AIDS response.
- Core activities include combination prevention (ART, PMTCT, VMMC, and condoms); effective and targeted prevention interventions; effective programs for orphans and vulnerable children that reduce the likelihood of onward transmission, especially among young girls; activities that reach neglected and hard-to-reach populations that vary by location but include HIV-infected infants and children, young women, MSM, PWID, transgender persons, and PWID.
- Refers to the PEPFAR program in Uganda as an example where an increased focus on treatment, PMTCT, and VMMC led to a more effective overall program, even in a budget-constrained environment.

Part 3b: Delivering an AIDS-Free Generation: Focusing in the Right Places

- Focusing on the right places—countries and sub-national regions within countries that have the highest HIV/AIDS burden and the most unmet need—has been a challenging conversation and it is ongoing.
- Our focus on the right places extends down to the site-level in order to prioritize support to facilities and communities with the greatest need.
- Illustrative example of the importance of focusing on the right places: Kenya. Overall gains in reduction of new HIV infections are disproportionately due to reduced new infection among children. Analysis of our PMTCT data revealed that 90% of our HIV-positive patients were at only 28% of sites.
- Key example of the importance of utilizing program data for programmatic and policy action.

Part 4: A New Paradigm: Using Enhanced Data to Target Interventions

- At the heart of PEPFAR 3.0 is a greater emphasis on using granular, site-level data to better inform programs.
 - Includes a focus on site-level quality-improvement supported through our Site Improvement Monitoring System (SIMS)

- Includes geospatial analysis of disease burden and PEPFAR-supported services. We need our sites to align with disease burden, provide high-quality services to large numbers of individuals.
- Illustrative examples: Tanzania and Kenya
- The importance of such analyses applies to concentrated epidemics. Illustrative example: Jamaica. Jamaica's overall burden is low, but service and ART coverage also remain low and progress has been slow. MSM remain the key population of focus.
- Stigma and discrimination against key populations, including MSM, remain, and must be addressed in order to accelerate progress.
- Although health care should be a safe space for *everyone*, there are many measured manifestations of stigma and discrimination in health care settings.
- There are also nearly 80 countries with current laws that persecute same-sex sexual relations.

Part 5: Partnering to End AIDS

- We are partnering to accelerate progress among children and young women:
 - **Accelerating Children's HIV/AIDS Treatment (ACT)**. A \$200 million public-private partnership between PEPFAR and the Children's Investment Fund Foundation (CIFF) to address infections among children.
 - **DREAMS: Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Lives** for adolescent girls and young women (AGYW). A \$210 million partnership between PEPFAR, the Bill & Melinda Gates Foundation, and the Nike Foundation to reduce new infections in AGYW by 40% over two years through multi-disciplinary package of services and accelerated scale-up in up to 10 countries in Eastern and Southern Africa.

Part 6: Moving in the Right Direction

- PEPFAR's 3 guiding pillars are: Accountability, Transparency, and Impact.
- Invitation to the Board to critique our approach. We are open to input on how to improve and achieve greater impact.
- Focus: building a sustainability agenda
 - Development of Sustainability Index and Dashboard
 - Working closely with ministries of finance to implement and improve domestic contribution and response
- Within PEPFAR and the U.S. government: approaching partner agencies to improve impact by drawing on the strengths of each PEPFAR implementing agency
 - Peace Corps: use of supply chain volunteers—takes advantage of widespread volunteer network in countries
 - HHS/CDC: HIV Impact Assessments
 - HRSA/NIH: Implementation Science
 - USAID/Treasury: sustainable health financing—making the economic case for investment in HIV/AIDS
 - DoD: impact of HIV in military populations and surrounding civilian communities

- Mirror success of lowering HIV infection rate in military populations and translating this success into success among larger population
- DoD is currently working on a series of articles to document impact of HIV prevention among these populations

Part 7: Data for Decision Making

- Deliverable: online dashboards to facilitate transparent data sharing
 - Increase in granular level data
 - Greater amount of data will be available over the next several years
- Increase in data use to inform programs and measure impact
- This Board is a partnership and our response to global HIV/AIDS is a collective effort.

Below: Discussion

Discussion: Ambassador Deborah Birx and Board Members

- Moderated by Dr. Carlos Del Rio, Chairman of the PEPFAR Scientific Advisory Board
- Remark: extraordinary work has been done, and continues to be done
 - It is clear that now is a time for prioritization and that data will be our guide
 - Opens for questions and comments from the Board
- Question from Ken Mayer, Board member:
 - What types of working groups do you foresee?
 - What do you foresee as the role for oral PrEP going forward?
- Ambassador Birx: We will send out list of expert working groups to SAB members
 - We have worked to keep the size of the SAB small and the Expert Working Groups [EWGs] will be an important way that we expand the group of external experts who can advise the PEPFAR via the SAB. We will consult with the SAB as we form these EWGs.
 - There are two key ways that we will be supporting the appropriate use of PrEP for HIV prevention:
 - Countries engaged in the DREAMS initiative are still formulating their plans, but it is likely that a subset of countries will implement demonstration projects of oral PrEP in young women at high-risk for HIV infection.
 - Providing technical assistance regarding oral PrEP in concentrated epidemic settings
- Question from Mitchell Warren, Board member:
 - Remark: Appreciation for the importance of prevention efforts being highlighted today.

- There is a strong push from UNAIDS on 90-90-90 approach. How do we simultaneously work with UNAIDS to elevate prevention targets?
- Ambassador Birx:
 - Historically, prevention efforts have been monitored by tracking indicators such as the number of individuals reached by a particular intervention, which is insufficient. The DREAMS initiative will help expand prevention indicators beyond a “numbers reached” approach, and linking prevention efforts with other key outcomes. The HIV Impact Assessments will also help us better understand the impact of our programs, including our prevention programs.
 - Importantly, we will look to the Board to help us define the essential, aggressive targets in prevention and other areas. Aggressive targets—such as the 40% reduction in HIV incidence among adolescent girls and young women in zones of DREAMS implementation over 2 years—are an important part of what it will take to move programs forward rapidly. The global response to HIV/AIDS has taught us that what may seem aspirational can become actual. We want to be able to match, dollar for dollar, the treatment investment with impactful prevention investments.
 - Remark: I will discuss this at UNAIDS PCB meeting in June
- Question from Celia Maxwell, Board member:
 - DREAMS countries are concentrated in East and Southern Africa. Will adolescent girls and young women also be a focus population outside of DREAMS countries?
- Ambassador Birx:
 - Yes. The DREAMS initiative will help establish a framework for other countries to follow. It will teach us a lot and we will disseminate learnings rapidly. Another example of our increased focus on AGYW throughout PEPFAR is that we are asking our OVC programs to focus their prevention resources on 10-14 year old girls. Further details can be found in our COP guidance but this is an important shift for this earmarked program.
- Question from Edwin Sanders, Board member:
 - Remarks on FHI360 study on stigma among health care workers in Jamaica
 - Will equivalent work be done in Sub-Saharan Africa?
 - What is your take on the current state of research on microbicides and the role of microbicides in the HIV response?
 - Where is the investment from the private sector, and in particular, from corporations that do business in Africa?
- Ambassador Birx:
 - It is extremely important to be aware of and address stigma and discrimination. It is encouraging that country teams around the world are asking for the survey used in the study you mention and adapting both the survey and the related training materials to their context. One way we are addressing this issue within PEPFAR

programs is by requiring of ALL country teams their participation in training about stigma and discrimination that includes gender and sexual identity training. This is a new requirement for PEPFAR.

- Regarding microbicides, this is an important field of work. Microbicides certainly have the potential to be a game-changer. We need focus groups with the end users—women—to understand what they want and can safely use.
- Regarding partnerships: partnerships need to speak to core investments. The corporate world primarily views Africa through an “Africa rising” lens: as a growing population of consumers, especially young men between 20 and 40 years. We need to have greater discussion and collaboration with partners—both indigenous companies and foreign ones. And we all need to bear in mind that a workforce affected by HIV suffers low productivity.
- Question from Nyambura Njoroge, Board member:
 - Remark: The importance of mobilizing communities in HIV/AIDS efforts and the important role of faith-based organizations [FBOs] in this community mobilization. One challenge of many FBOs is that they are not fully empowered to document what they are doing for HIV/AIDS.
 - How can we better empower communities to provide data and information about their particular challenges and contexts?
- Ambassador Birx:
 - Agreement about the remarkable importance of communities and FBOs in the response. Churches play an extraordinary role in their communities. One important role that comes to mind is the role that churches and FBOs can play in explaining the risk of HIV/AIDS to AGYW. They can also lead on the issues of stigma and discrimination, which can have no place in our response to a public health threat like HIV/AIDS.
 - Remark: Looking forward to the Board’s input on how to move forward on these issues. Churches and FBOs can advise and remind people about pervasiveness of epidemic and its impact. The epidemic continues, perhaps more quietly than in the early days, but it rages on, and we need the Board’s help to ensure that communities and FBOs, churches, are fully empowered to respond and continue this important work.

Discussion: Ambassador Deborah Birx, Board Members, and Members of the Public

- Question from Connie Celum, Board member:
 - Compliments the multidisciplinary prevention approach planned for the DREAMS initiative. What metrics will be used and will country teams be able to do course correction throughout the implementation period to respond to challenges?
 - Can the cost per person on ART decrease and if so, how?

- Ambassador Birx:
 - The SAB will need to review our DREAMS metrics and advise. The Board will be an important stakeholder as we track this daunting initiative.
 - Regarding the cost per person on treatment, this brings up an important point about better evaluation of various models of care. The Bill and Melinda Gates Foundation is interested in evaluating new models of care, with a focus on cost and quality of services. Within PEPFAR, we are analyzing data down to the site level in order to find the sites with the highest quality and most cost effective models. Further analysis and working together with the BMGF will allow us to transmit success broadly.

- Question from Christine Nabiryo, Board member:
 - Questions whether there is a role for SAB members within in-country policy dialogues (e.g. for Dr. Nabiryo with the PEPFAR Uganda team).
 - Suggestion: align SAB in-person meeting with IAS meeting in Vancouver to optimize participation among members

- Ambassador Birx:
 - Invites Board member participation at every level
 - Agrees on the logic of an SAB in-person meeting in alignment with IAS 2015.

- Question from David Peters, Board member:
 - What is the interest and plan to measure the unintended consequences of core/near-core/non-core decisions? What is the process for core/near-core/non-core determination?

- Ambassador Birx:
 - Services need to be maintained by PEPFAR and our current pivot is not about abandoning sites. We are shifting our focus to high burden areas in order to maximize impact. All stakeholders at a country level input into the core/near-core/non-core determination. Ministries of health, ministries of finance, community members, civil society, advocates, and other stakeholders all have a role in defining the PEPFAR pivot. That said, the process is not perfect and it is evolving. Community outreach is a critical component.
 - Invites Board members to please share what they are hearing from various stakeholders, and share their thoughts and questions.

- Question from Albert Siemens, Board member:
 - Regarding how to engage with corporations, notes that corporate foundations exist throughout the world. An efficient and impactful approach to better engaging corporate foundations may be via the Council on Foundations.
 - Regarding the issue of stigma and discrimination, how do we engage with communities and faith-based organizations to change the cultural outlook?

- Ambassador Birx:
 - Excellent idea regarding more active engagement with the Council on Foundations. Also an excellent point regarding the importance of communities and faith-based organizations in shifting cultural norms and outlook. We have found that changing legal frameworks is often insufficient if the changed legal setting (e.g. legal repercussions for violence against children) does not translate into cultural change. This is an important role for communities, churches, and faith-based organizations.
- Question from Elisa Ballard, USAID/Washington:
 - What are your thoughts on how to incorporate evaluation findings into our programs?
- Ambassador Birx:
 - There needs to be a systematic review of evaluations done by U.S. Government partners. We also need objective measures of quality and the ability to link high quality programs with impact, and SIMS (Site Improvement Monitoring System) will help. Lastly, developing data hubs at the country level will both increase the capacity for evaluations and promote the broad dissemination of data, which will help to translate evaluation findings into programs in real-time. We need a complete, robust data continuum and do not yet have one.

End of discussion

- Dr. Julia MacKenzie: additional comments and questions can be sent to e-mail address (MacKenzieJJ@state.gov)
- Dr. Carlos Del Rio: Thanks everyone for joining the conference, and thanks Ambassador Birx for presentation

Meeting Adjourned

Next Steps:

- Establish 12-month objectives and deliverables for the Board
- Finalize SAB-affiliated Expert Working Groups in consultation with the Board
- Establish Terms of Reference for the EWGs and 12-month objectives and deliverables