Schedule by Stakeholder/Constituency

- Monday, August 9, 2021 – Multilaterals, Private Sector and Private Foundations
- Tuesday, August 10, 2021 – Civil Society and Communities
- Wednesday, August 11, 2021 – Partner Governments
- Thursday, August 12, 2021 – Implementing Partners
- Friday, August 13, 2021 – Scientific Advisory Board
- Monday, August 16, 2021 – U.S. Government

Format for Each Session

- Brief epidemiologic and PEPFAR overview
- Facilitated reflections from panel
- Open input from all attending stakeholders/constituencies
- Rapporteur summarizes key themes
Globally, significant declines in new infections and deaths since 2003. Thanks to a concerted effort and dedicated resources through PEPFAR, working with countries and communities, to deliver HIV treatment and prevention programs in sub-Saharan Africa and across the world.

Among people living with HIV, the percent who know their HIV-positive status, are receiving treatment and are virally suppressed | 2020

Source: UNAIDS 2021 epidemiological estimates.
Eastern and Southern Africa – Region with Most Epidemiologic Impact

With rapid scale of UNAIDS goals to reach 90/90/90 and controlled epidemics in many high burden countries, dramatic decrease in new infections and mortality. New infections among general population, particularly among younger age groups and AGYW. Only region where resource needs are not growing.

**Number of new HIV infections 2000–2020**

- Percentage change in new HIV infections since 2010: -43%

**Number of AIDS-related deaths 2000–2020**

- Percentage change in AIDS-related deaths since 2010: -50%

**Resource availability, 2019, and resource needs, 2022–2025**

- Remaining population: 72%
- Clients of sex workers and sex partners of all key populations: 12%
- People who inject drugs: 6%
- Gay men and other men who have sex with men: 5%
- Sex workers: 5%

**HIV testing and treatment cascade, 2020**

- Gap to reaching the first 90: 270 000
- Gap to reaching the first and second 90s: 770 000
- Gap to reaching the three 90s: 560 000

**Distribution of new HIV infections by population, 2019**

- People living with HIV who know their status: 89% [72–98%]
- People living with HIV who are on treatment: 77% [60–92%]
- People living with HIV who are virally suppressed: 70% [57–83%]
Continuing declines in new infections and mortality, but highest disease burden country in region not at epidemic control. New infections are predominantly among key populations and clients of sex workers and partners of key populations. Resource needs are growing.
Continuing declines in new infections and mortality. New infections concentrated among key populations. Resource needs are growing.
Continuing declines in new infections and mortality. New infections distributed, predominantly among key populations. Resource needs are growing.

**Number of new HIV infections 2000–2020**

- Percentage change in new HIV infections since 2010: -28%

**Number of AIDS-related deaths 2000–2020**

- Percentage change in AIDS-related deaths since 2010: -51%

**Distribution of new HIV infections by population, 2019**

- Clients of sex workers: 20%
- Sex workers: 6%
- People who inject drugs: 3%
- Gay men and other men who have sex with men: 26%
- Transgender people: 5%
- Remaining population: 40%

**Resource availability, 2019, and resource needs, 2022–2025**


- Note: The resource estimates are presented in constant 2019 US dollars.

**HIV testing and treatment cascade, 2020**

- Gap to reaching the first 90: 28 000 (82% [70–96%])
- Gap to reaching the first and second 90s: 47 000 (67% [55–79%])
- Gap to reaching the three 90s: 46 000 (59% [51–69%])
Slight increase in new infections and mortality declines. New infections distributed, predominantly among key populations.

**Number of new HIV infections 2000–2020**
- New HIV infections since 2010: +2%
- Source: Preliminary UNAIDS special analysis, 2021.

**Number of AIDS-related deaths 2000–2020**
- AIDS-related deaths since 2010: -19%
- Source: Preliminary UNAIDS special analysis, 2021.

**Distribution of new HIV infections by population, 2019**
- Sex workers: 3%
- Clients of sex workers: 23%
- Sex partners of sex workers and sex partners of all key populations: 22%
- Transgender people: 6%
- Gay men and other men who have sex with men: 44%
- Remaining population: 2%
- People who inject drugs: 8%

**Resource availability, 2019, and resource needs, 2022–2025**

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<th>Year</th>
<th>Resource (US$ millions)</th>
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**HIV testing and treatment cascade, 2020**

- People living with HIV who know their status: 80% [55–98%]
- People living with HIV who are on treatment: 65% [43–86%]
- People living with HIV who are virally suppressed: 60% [41–78%]

Source: Preliminary UNAIDS special analysis, 2021.

Note: The resource estimates are presented in constant 2019 US dollars.
Eastern Europe and Central Asia – Increasing Trends

Increases in new infections and mortality. New infections concentrated among key populations. Resource needs are growing. Need effective implementation of evidence-based policies and practices to impact HIV in the region.
Unwavering Bipartisan Congressional and Presidential Leadership of PEPFAR (2003-present)

- Emergency response to save lives from AIDS
- Rapid delivery of prevention, care, and treatment services
- Focus on individuals with late-stage AIDS defining illness

- Shared responsibility & country-driven programs
  - Ensuring an AIDS-free generation
  - Building & strengthening health systems to deliver HIV services
  - Scaling up of prevention, care, and treatment services for people without AIDS defining illness

- Granular data, transparency & accountability for impact and efficiency
  - Accelerating core interventions for epidemic control with equitable access for all vulnerable populations
  - Treatment of all HIV positive individuals and stop transmissions
  - Sustainability based on data, actual costs and local partner delivery
  - Robust community engagement
  - Resilient systems and sustainable capacity in the context of COVID-19

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS
PEPFAR-support in 55 Countries, Investment Aligned to HIV Burden
Summary of PEPFAR Latest Program Global Results

18.2 million women, men, and children on life-saving treatment – an additional one million in the past six months alone (as of FY21 Q2)

2.8 million babies born HIV-free

26.8 million voluntary medical male circumcisions (as of FY21 Q2)

6.7 million orphans, vulnerable children, and their caregivers provided with critical care and support - 5.6 million OVC and caregivers, including over 4.4 million children <18 (as of FY 21 Q2)

100% of DREAMS districts with a decline in new HIV diagnoses. Since 2015, new HIV diagnoses among adolescent girls and young women have declined in all geographic areas implementing DREAMS. 96% have had a decline of >25% and 62% have shown a decline of >40%.

“PEPFAR has helped save 20 million lives, prevent millions of HIV infections, and significantly strengthened local health systems across 55 countries. This is lifesaving leadership Americans can be proud of.” – Secretary Blinken, April 1, 2021
PEPFAR Continues to Increase Impact, in Flat Budget (FY2004-2021*)

*FY 2021 VMMC and Current on HIV Treatment data includes Q1 and Q2 results and will be updated for the full year when available.
PEPFAR Maintains HIV Treatment Continuity and Growth, Despite Peaks in COVID-19 Transmission

People on life saving ART

FY20 Q1  FY20 Q2  FY20 Q3  FY20 Q4  FY21 Q1  FY21 Q2

Thailand
South Africa
Ethiopia
Zambia
Zimbabwe

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS
Progress Toward UNAIDS 95/95/95 Goals Across Select Countries in Southern, East, and West Africa

*Lesotho results are viral load-adjusted; other countries are ARV-adjusted
Announced on World AIDS Day 2014, now over $1 billion

Partnership between PEPFAR, Bill & Melinda Gates Foundation, Gilead Sciences, Girl Effect, Johnson & Johnson, ViiV Healthcare

Comprehensive HIV prevention for adolescent girls and young women aged 10-24, highly vulnerable to HIV acquisition

2020/Q2: New HIV diagnoses among women declined in all geographic areas implementing DREAMS. Of these areas, 96% have had a decline of >25% and the majority (62%, 55/89) have shown a decline of >40%.
Gay men and other men who have sex with men (MSM)

Global Observations:
- MSM programming is on track to achieve COP20 targets for prevention (KP_PREV), testing and newly initiated clients on ART.
- As of FY21 Q2, MSM programming has already met and exceeded targets for clients currently on ART.
- Currently in COP20 among MSM, proxy VLC is 69%.

Female Sex Workers (FSW)

Global Observations:
- FSW programming is on track to achieve COP20 targets for prevention (KP_PREV), testing and newly initiated clients on ART and PrEP.
- As of Q2, FSW programming has already met and exceeded targets for clients currently on treatment.
- Currently in COP20 among FSW, proxy VLC is 69%.

Transgender People (TG)

Global Observations:
- TG programming is on track to achieve prevention (KP_PREV), testing and newly initiated clients on ART.
- As of FY21 Q2, TG programming has already met and exceeded targets for clients currently on ART.
- Currently in COP20 among TG, proxy VLC is 73% as of FY21 Q2.

People who inject drugs (PWID)

Global Observations:
- PWID programming is on track to achieve COP20 targets for prevention (KP_PREV), testing and newly initiated clients on PrEP.
- As of FY21 Q2, PWID programming has already met and exceeded targets for clients newly initiated and currently on ART.
- Currently in COP20 among PWID, proxy VLC is 68% as of FY21 Q2.
Countries At Epidemic Control of HIV/AIDS
At Epidemic Control of HIV/AIDS

Source: UNAIDS, Epidemiological Update, 2021
At Epidemic Control of HIV/AIDS

Ethiopia

Rwanda

Eswatini

Source: UNAIDS, Epidemiological Update, 2021
At Epidemic Control of HIV/AIDS

Source: UNAIDS, Epidemiological Update, 2021

Source: UNAIDS, Epidemiological Update, 2021
At Epidemic Control of HIV/AIDS

Burundi

Cote d'Ivoire

Cameroon

DRC

Source: UNAIDS, Epidemiological Update, 2021
At Epidemic Control of HIV/AIDS

Bkurina Faso

- New HIV infections Male+Female
- Total deaths to HIV Population Male+Female

Togo

- New HIV infections Male+Female
- Total deaths to HIV Population Male+Female

Liberia

- New HIV infections Male+Female
- Total deaths to HIV Population Male+Female

Senegal

- New HIV infections Male+Female
- Total deaths to HIV Population Male+Female

Mali

- New HIV infections Male+Female
- Total deaths to HIV Population Male+Female

Trinidad & Tobago

- New HIV infections Male+Female
- Total deaths to HIV Population Male+Female

Source: UNAIDS, Epidemiological Update, 2021

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS
Countries Near Epidemic Control of HIV/AIDS
Near Epidemic Control of HIV/AIDS

Source: UNAIDS, Epidemiological Update, 2021
Near Epidemic Control of HIV/AIDS

Source: UNAIDS, Epidemiological Update, 2021
Countries with Declining New infections, but Not at Control
Not at Epidemic Control of HIV

Source: UNAIDS, Epidemiological Update, 2021
Not at Epidemic Control of HIV

South Sudan

Ukraine

Tanzania

Zambia

Source: UNAIDS, Epidemiological Update, 2021
Not at Epidemic Control of HIV

Source: UNAIDS, Epidemiological Update, 2021
Gaps, Opportunities, and End State
Programming to Prevent New Infections

In sub-Saharan Africa, despite gains, 52% of the new infections are among 15–49-year-old females, even though they are 24% of the total population - continuing to decrease new infections in this population is critical, particularly with the youth bulge.

Variability of coverage and accessibility of critical HIV prevention services for key populations across countries and regions persists – continuing to focus on these populations and address barriers is key.

Source: UNAIDS, Confronting Inequalities, Epidemiological Update, 2021
40% of children living with HIV had suppressed viral loads in 2020, verses 67% of adults

Nearly two thirds of children not on treatment are 5-14 years-old

COVID-19 continues to affect PEPFAR programs

PEPFAR has been adapting its program and leveraging its platform to protect HIV gains and respond to COVID-19
Sustaining HIV Gains & Responding to COVID-19 – PEPFAR Platform

- PEPFAR offers a care delivery platform

- PEPFAR investments have strengthened the systems that drive responsive, resilient, and enduring health care, through:
  - 3,000+ laboratories
  - 70,000 health care facilities
  - 290,000+ health care workers
  - Expansive health care commodities supply chain

"[PEPFAR] investments protect against more than HIV/AIDS. They've helped keep deadly diseases -- including Ebola, H1N1, and cholera -- from raging out of control. And they've been vital in the ongoing fight against COVID-19." – Secretary Blinken, April 1, 2021
HIV Investments by Funder in PEPFAR-Supported Countries

Source: HIV Resource Alignment; Domestic Gov’t and Other Funder data is included where available.
Projected GDP Growth vs. HIV Prevalence Rate - economic problems from COVID across the board, but worse in countries with high HIV prevalence - Countries sorted by Income Status

Source: GDP Growth – World Bank/IMF; HIV Prevalence - AIDSInfo
In FY21, 55% of new funding went to local partners. Majority of care and treatment was through local partners, while prevention was <40%.

Sustaining Delivery of HIV Services through Local and Community Partners
What does a sustained response look like?

• Whole-of-domestic approach – government and community to successfully sustain epidemic control of HIV/AIDS

• Sufficient functional (technical and managerial) capacity for maintaining scale of key programs, services, systems, and resources stewarded by local institutions and communities

• Financially sustaining essential services, and prepared to meet emerging needs

• HIV service delivery integrated into broader public and private care delivery systems

• Robust public health response to monitor and track existing and emerging threats

• Quality assurance to effectively manage and monitor quality of services to ensure positive health outcomes
PEPFAR 5-Year Strategy Development
Next PEPFAR Strategy: Development Process

- Fall 2020: Solicited broad U.S. government input on proposed next PEPFAR Strategy outline and from civil society organizations during quarterly meetings

- Fall 2020: Administered online survey to 400+ external stakeholders across various sectors, soliciting their inputs to inform development of the next PEPFAR Strategy

- World AIDS Day 2020: Publicly released *Guiding Principles for the Next Phase of PEPFAR*, which provided scaffolding for the next PEPFAR Strategy

- August 2021: Holding virtual Listening Sessions with diversity of external stakeholders to gather further ideas and insights on the next PEPFAR Strategy

- Feed into COP/ROP 2022 guidance development and longer-term planning
Next PEPFAR Strategy: Vision 2025 – Context Setting

• Significant progress made under previous PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020)

• PEPFAR Strategy: Vision 2025 in development, focused on achieving sustainable, equitable, and resilient control of the HIV/AIDS epidemic

• Support global efforts to put countries on track to reach the Sustainable Development Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030, through the attainment of key milestones by 2025

• Closely coordinate with the Global AIDS Strategy 2021-2026, recently released by UNAIDS and adopted by countries, and the post-2022 Global Fund Strategy to optimize complementarity, value for money, and impact
Goal 1: Accomplish the Mission – 95/95/95 - Sustained, Equitable, Client-Centered HIV Prevention and Treatment Services

Objective 1.1  Meet clients where they are with what they need through **differentiated HIV service delivery** to maintain/improve access, ART continuity, and outcomes

Objective 1.2  Achieve durable **viral suppression for clients on ART, including children and the young and/or asymptomatic**, to improve their health and prevent onward transmission

Objective 1.3  **Drive down HIV infections, including for key affected populations**, through robust, targeted prevention and care programs embedded within the community

Objective 1.4  Sharpen approaches for **case-finding, recency testing, public health surveillance, and outbreak response** to quickly identify and contain new HIV cases

Objective 1.5  Pinpoint and **address key barriers to HIV service access, uptake, and continuity**, including through **community-led monitoring** and other means of direct client engagement

Objective 1.6  Embrace innovation, including rapidly onboarding **new scientific breakthroughs and technologies**
Next PEPFAR Strategy: Goals & Objectives

Goal 2: Build Enduring Capabilities - Resilient and Capacitated Country Health Systems, Communities, and Local Partners

Objective 2.1  Bolster the resilience of partner country laboratory systems to avoid HIV resurgence, tackle other health challenges, expand overall access to health care, and adapt to adversity

Objective 2.2  Institutionalize robust and transparent partner country surveillance and data capacity to drive and monitor HIV response, disease detection, and outbreak control

Objective 2.3  Capacitate an enduring cadre of partner country public health leadership

Objective 2.4  Institutionalize a next generation, client-centered health care supply chain that is more responsive, efficient, and sustainable, including through local private sector partnerships

Objective 2.5  Embed greater health service delivery in the community through local partners, enabling their comparative advantage in targeted service delivery and resilience in the context of adversity
Next PEPFAR Strategy: Goals & Objectives

Goal 3: Broaden the Base of Support - Partner for Greater Impact, Burden Sharing, and Sustainability

Objective 3.1  Achieve strategic alignment and complementarity across all available HIV and broader health resources to maximize impact and value of PEPFAR, Global Fund, partner country and other donor investments

Objective 3.2  Link HIV service delivery plans to relevant health issues and coordinate with key multilateral institutions in support of Sustainable Development Goal 3

Objective 3.3  Capitalize on private sector core capacities, investments, and innovations for greater program efficiency and effectiveness

Objective 3.4  Support and utilize the unique assets and capacities of communities, including faith-based organizations, civil society organizations, and people living with HIV, to drive meaningful and sustained impact

Objective 3.5  Leverage the very best of American capacity and ingenuity, including the U.S. scientific community, academic institutions (including HBCUs), and faith- and community-based organizations
Next PEPFAR Strategy: Questions for Reflection

1. The *PEPFAR Strategy: Vision 2025* is aligned to the Sustainable Development Goals and Global AIDS Strategy. Are the draft PEPFAR Strategy Goals and Objectives the priority areas for the program to address? Are any missing or in need of refinement?

2. What does the PEPFAR program look like at sustained epidemic control of HIV? What are the main threats to maintaining epidemic control of HIV?

3. PEPFAR continues to achieve progress, but COVID-19 has short- and long-term effects. How should PEPFAR plan over the next five years to mitigate the effects of COVID-19 and accelerate toward reaching sustainable, equitable, and resilient epidemic control? How should PEPFAR continue to leverage its platform for broader health outcomes?

4. We have the technical tools to end AIDS as a pandemic, but inequities, stigma, discrimination, and ineffective policies make our collective job more difficult. What specific strategies should PEPFAR pursue to better confront this challenge?