



PEPFAR

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

Strategy for Accelerating HIV/AIDS
Epidemic Control (2017-2020)



ON THE COVER: PEPFAR-SUPPORTED ORPHANS AND VULNER-
ABLE CHILDREN WITH THEIR AUNT (CENTER) AND COUSINS IN
MOZAMBIQUE.
(PHOTO: © SARAH DAY SMITH)



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September 19, 2017

As a nation, the United States remains the world's leader in the global fight against HIV/AIDS.

Over the past fourteen years, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), we have not only saved millions of lives but changed the very course of the HIV/AIDS pandemic. Our leadership and commitment are a direct reflection of the goodwill, compassion, and generosity of the American people.

I am pleased to release the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020). This strategy includes investing in more than 50 countries with three concrete goals in mind. First, to maintain life-saving treatment for those we currently support, while making essential services like testing linked to treatment more accessible. Second, to provide even more services for orphans and vulnerable children – those who are immediately and permanently affected when a parent or caretaker is lost to this disease. Finally, to accelerate progress toward controlling the pandemic in a subset of 13 countries, which represent the most vulnerable communities to HIV/AIDS and have the potential to achieve control by 2020.

The Trump Administration remains deeply committed to the global HIV/AIDS response and to demonstrating clear outcomes and impact for every U.S. dollar spent. We want to look back together and recognize that it was here, at this point in time, that our accelerated focus led to a world free of HIV/AIDS. We are proud to partner with many others in this endeavor. Our support – and our commitment – are unwavering as we work together to control and ultimately end this pandemic, once and for all.

Sincerely,

A handwritten signature in black ink that reads "Rex W. Tillerson".

Rex W. Tillerson
Secretary of State

Setting a Bold Course for Epidemic Control

We are at a historic moment in the global HIV/AIDS response. For the first time in modern history, we have the opportunity to change the very course of the HIV pandemic, by actually controlling it without a vaccine or a cure. For the first time, the end of the epidemic as a public health threat is in sight.

The United States, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the largest bilateral donor to the global HIV/AIDS response. Together, with host countries, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other partners we are beginning to demonstrate the ability to control a pandemic for which there is neither a vaccine nor a cure. This is being done by supporting HIV treatment and prevention services using data and analytics to improve performance, find efficiencies, and increase impact, saving more lives and decreasing the number of new HIV infections. From driving scientific discovery and program innovation to demanding accountability, efficiency, and impact, the U.S. government has helped transform the way that development is done.

The Trump Administration's leadership and commitment to international efforts to control the HIV/AIDS epidemic are a direct reflection of the goodwill, compassion, and generosity of the American people. This investment not only improves people's lives but also supports communities all over the world. We also care about ensuring accountability for each U.S. dollar spent – through PEPFAR we can track every single dollar to the site where it is supporting prevention and treatment interventions among the people we serve. Building on our tremendous progress, we are now poised to accelerate progress toward reaching epidemic control, something that was unimaginable just a decade ago.

This *PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020)* ("Epidemic Control Strategy") sets a bold course for achieving control of the HIV/AIDS epidemic in 10 high-burdened countries by the end of 2020 through a particular focus on 13 priority high-burdened countries¹. This will be accomplished in partnership with and through attainment of the UNAIDS 90-90-90 framework – 90 percent

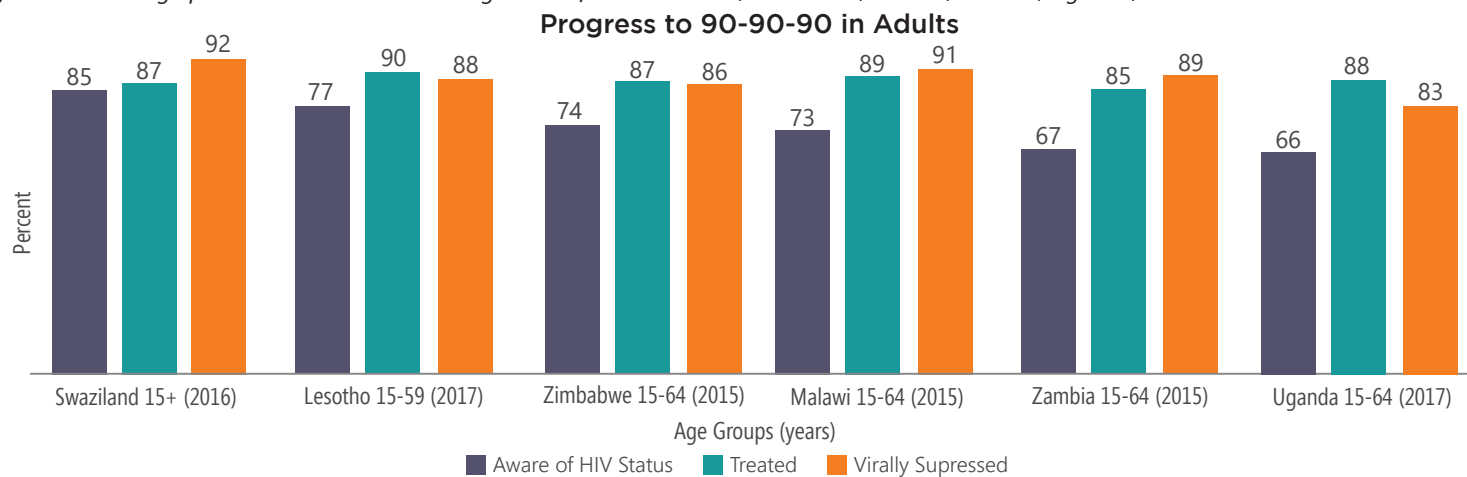
of people living with HIV know their status, 90 percent of people who know their status are accessing treatment, and 90 percent of people on treatment have suppressed viral loads – and an expansion of HIV prevention. This bold course toward epidemic control is only possible with continued aggressive focus, quarterly analysis, and partner alignment for maximum impact. Beyond saving an untold number of lives, this will reduce the future costs required to sustain the HIV/AIDS response. In less than two decades of commitment and funding since PEPFAR's launch by President George W. Bush in 2003, the pandemic will have progressed from tragedy to control.

According to recent data from PEPFAR's Population-based HIV Impact Assessments (PHIAs), five high-burdened African countries are approaching control of their HIV/AIDS epidemics, demonstrating the remarkable impact of the U.S. government's efforts together with partner countries (Figure 1). With support from the U.S. government, seven additional high-burdened countries will complete PHIAs on a rolling basis through 2017-2019, providing the latest data to chart and validate their progress toward reaching epidemic control by 2020.

This Epidemic Control Strategy both seizes the unique opportunity presented in these 13 high-burdened countries leading the way to epidemic control and also reaffirms our ongoing commitment to HIV/AIDS investments and efforts in over 50 countries. Wherever PEPFAR works, we will maintain life-saving antiretroviral treatment (ART) for all of the people we support, provide even more services for orphans and vulnerable children, and ensure that the most vulnerable and key populations have access to essential services for preventing and treating HIV.

The U.S. government remains the world's leader in responding to HIV/AIDS. This Epidemic Control Strategy once again demonstrates both the courage of our convictions and the boldness of our ambitions. But we cannot do this alone. All partners – from governments, the private sector, philanthropy, multilateral institutions, civil society, the faith community, and others – must step up their efforts if we, as a global community, are to control, and ultimately end, this pandemic.

Figure 1. Achieving Epidemic Control - Astounding Results from Swaziland, Zimbabwe, Malawi, Zambia, Uganda, and Lesotho Source: PHIA 2015-17



¹ Botswana, Côte d'Ivoire, Haiti, Kenya, Lesotho, Malawi, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.



A PEPFAR-SUPPORTED MOTHER WITH HER CHILD IN KENYA.
(PHOTO: USAID)

PEPFAR's Approach to Epidemic Control

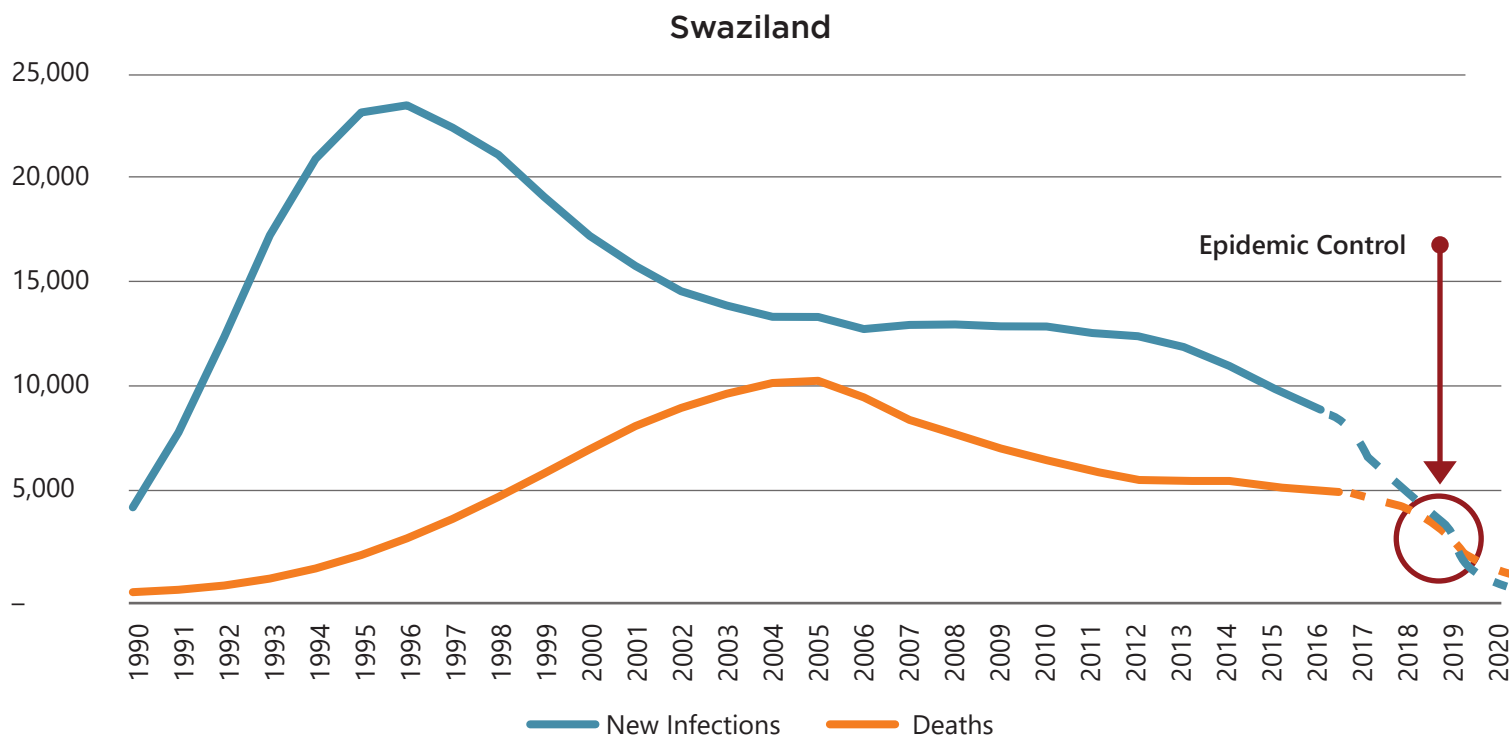
This Epidemic Control Strategy focuses and aligns U.S. government resources and activities toward achieving epidemic control and ultimately ending the HIV/AIDS pandemic by emphasizing the following action steps.

- Acceleration of optimized HIV testing and treatment strategies particularly to reach men under age 35. This is important as we know that more than half of men under age 35 do not know their status and are not on treatment, which is fueling the epidemic in young women 15-24 years of age and young men 25-35 years of age.
- Expansion of HIV prevention, particularly for young women under age 25 and men under age 30 through the scale-up of innovative and successful DREAMS efforts (supporting girls to become Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women) and the expansion of voluntary medical male circumcision (VMMC) for boys and young men in targeted age bands.
- Continuous use of granular epidemiologic and cost data to improve partner performance and increase program impact and effectiveness.
- Renewed engagement with faith-based organizations and the private sector to accelerate and improve efforts toward epidemic control.
- Strengthened policy and financial contributions by partner governments in the HIV/AIDS response.

Defining Epidemic Control

Epidemiologists use the reproduction number of R_0 as the critical measure of epidemic control. In the context of controlling the HIV/AIDS pandemic, epidemic control is reached when the total number of new HIV infections fall below the total number of deaths from all causes among HIV-infected individuals (Figure 2).

Figure 2. Swaziland – Pathway to reaching epidemic control

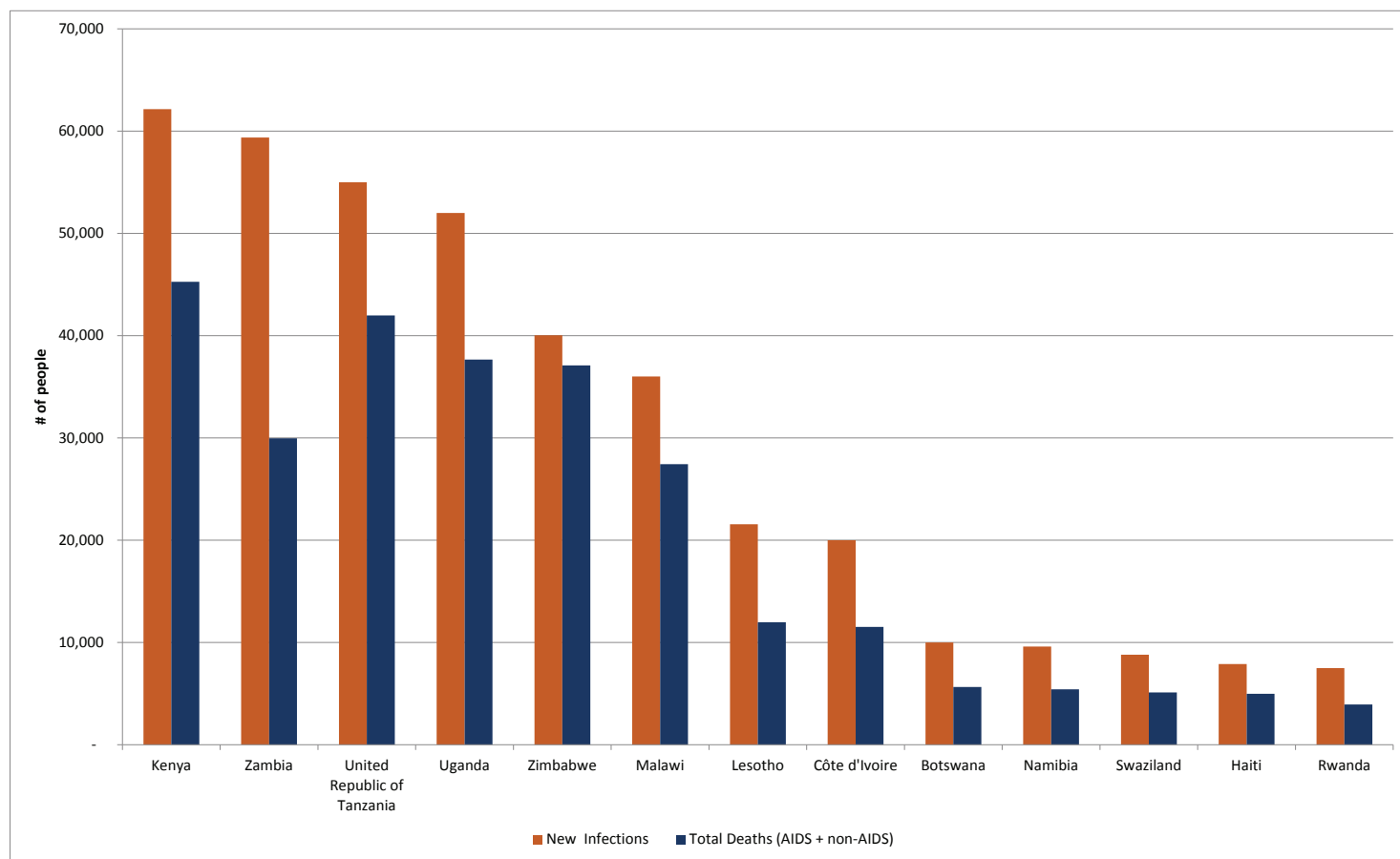


To accelerate progress toward achieving epidemic control in the 13 high-burdened countries, PEPFAR will support programs that significantly decrease the number of HIV-positive transmitting individuals through the suppression of their viral load by providing life-saving ART, expansion of HIV prevention and risk avoidance strategies for those who are HIV-negative, and expansion of VMMC for HIV-negative young men. Pursued in combination, these strategies will reduce the amount of HIV that is circulating in the populations and, in turn, the transmission of new infections so that these 13 countries are each reaching greater than 70 percent ART coverage by Fiscal Year 2018.

Figure 3 indicates the respective gains that will be needed in these 13 high-burdened countries over the next three and a half years to reach epidemic control by 2020.

Figure 3. Progress needed to achieve epidemic control in 13 high-burdened countries

Comparing annual new HIV infections and annual total deaths among HIV-positive individuals in 13 high-burden countries



CASE STUDY: SWAZILAND

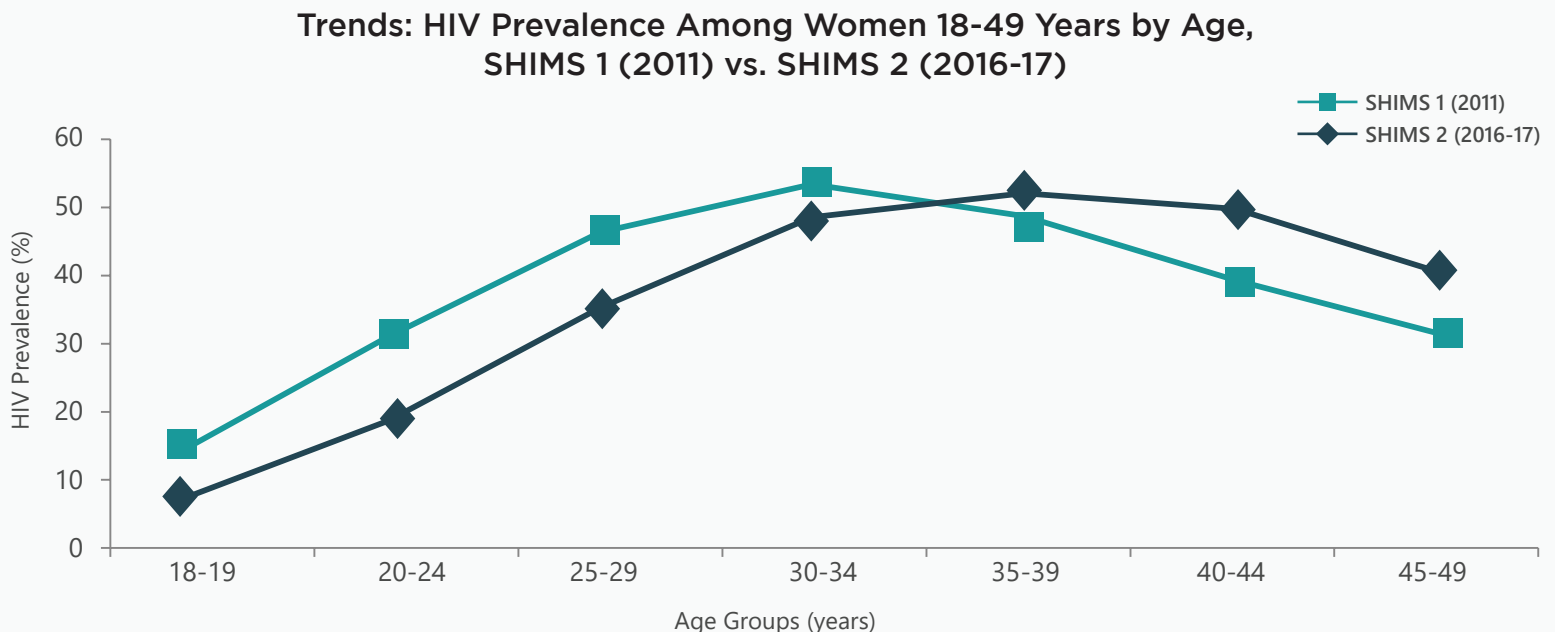


Swaziland is one of the 13 high-burdened countries poised to achieve epidemic control by 2020. The country is already well on its way. According to the latest PEPFAR-supported Swaziland HIV Incidence Measurement Survey (SHIMS 2) released in July 2017, new HIV infections have been nearly halved among adults, and HIV viral load suppression – a key marker of the body successfully controlling the virus – has doubled in Swaziland since 2011. These data suggest that Swaziland has met the global target for community viral load suppression among HIV-positive adults four years ahead of schedule.

The Swaziland data is particularly important because PEPFAR funded a comprehensive survey in 2011-2012, which provides the critical baseline comparator of current results and progress. Over the same time period, life-saving ART nearly doubled in Swaziland, reaching over 80 percent ART coverage among adults. VMMC coverage also rose from 13 to 29 percent in the country. In addition, the critical PEPFAR-supported public-private DREAMS Partnership, which focuses on reducing HIV infections among girls and young women 10-24 years of age, was launched in 2015.

Figure 4 compares findings from the two PEPFAR-supported SHIMS conducted in 2011 and 2016-17, respectively. It shows a dramatic decline in HIV prevalence for those 18-29 years of age, which is a surrogate for declining HIV incidence in that age group. Figure 4 also depicts an increase in HIV prevalence among those over age 30 – consistent with individuals who are thriving on treatment.

Figure 4. Dramatic declines in HIV prevalence and success of ART



In Swaziland, through aggressive HIV prevention and treatment efforts, HIV incidence declined by nearly 50 percent from 2011 to 2016. The rate of decline in annual new infections has accelerated, dropping from more than 12,000 new infections in 2012 to 8,000 in 2016 – falling at a rate of over 1,000 new infections per year. In 2016, total deaths from all causes of an HIV-positive individual in Swaziland totaled approximately 5,000. This means that, in 2016, the ratio of new infections per all cause deaths among HIV-positive individuals in Swaziland was 1.6 (as compared with this Strategy’s epidemic control target of < 1.0).

With PEPFAR’s continued focus on preventing new infections and ensuring all sexually active HIV-positive individuals are diagnosed and placed on life-saving treatment, we can further accelerate the decline in new infections to 1,500 per year from 2017-2020. The accelerated decline will be supported by PEPFAR’s enhanced prevention strategy, which is disaggregated by gender and age to maximize impact, and an optimized HIV testing strategy. These efforts would enable Swaziland to achieve a ratio of new infections per all cause deaths among HIV-positive individuals of below 1.0 by the end of 2019 (Figure 2).

CASE STUDY: SWAZILAND

In Fiscal Year 2018, through the Country Operational Plan, PEPFAR will further align our resources to support the following strategic priorities to accelerate Swaziland's progress toward achieving epidemic control by 2020.

- Expanding ART services through implementation of “Test and Start” across the country, including same-day ART initiation, differentiated care models, six month clinical visits for stable patients, and routine national viral load testing to monitor ART adherence and any potential drug resistance.
- Scaling up and regularly monitoring new and targeted approaches to HIV testing services, including index testing and piloting of HIV self-testing to inform potential policy expansion.
- Focusing combination prevention interventions on adolescent girls and young women 15-29 years of age with the layered DREAMS core package of services, young men 20-39 years of age, and orphans and vulnerable children, especially girls 10-14 years of age for HIV risk avoidance and sexual violence prevention.
- Increasing the demand for and the provision of condoms and VMMC, focusing on young men 15-29 years of age.
- Implementing chieftdom-led coordination and scale up of community action plans for male engagement programs to rapidly increase HIV service uptake among men, decrease stigma, and reduce sexual and gender-based violence.
- Expanding the use of unique personal identifiers to include clients reached at facilities through mobile services and at the community level from time of diagnosis to sustained treatment and viral suppression.
- Ensuring priority populations and key populations have access to and increase their use of comprehensive packages of health and social services, including HIV testing, partner testing, risk reduction education, and HIV treatment for those found to be living with HIV.



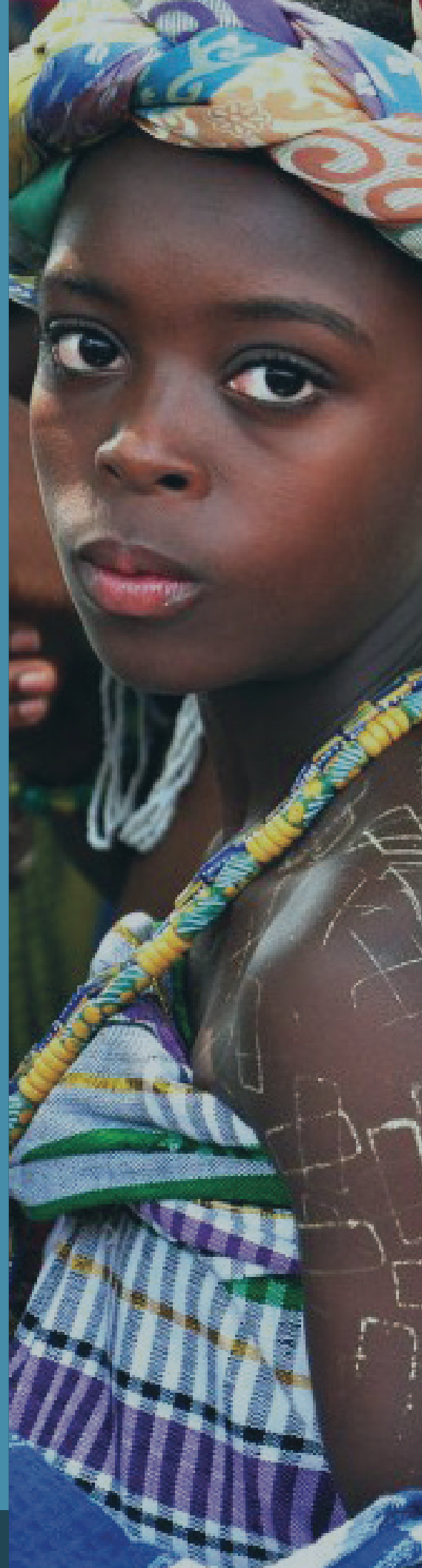
ATTENDEES OF PEPFAR-SUPPORTED GIRLS LEADING OUR WORLD (GLOW) CAMP IN SWAZILAND
(PHOTO: PEACE CORPS)

Making the Impossible Possible

The U.S. government's leadership and commitment have dramatically transformed the global HIV/AIDS landscape. We have helped replace despair and death with hope, life, and stability.

This Epidemic Control Strategy charts a bold course for controlling the epidemic in up to 13 high-burdened countries by 2020, creating the road map for all PEPFAR-supported countries. This will help secure the United States and the world from infectious disease threats, enhancing global health security and protecting America's borders. It also reflects America's longstanding values of goodwill and compassion.

What once seemed impossible is now possible: controlling and ultimately ending the AIDS pandemic as a public health threat. With this Epidemic Control Strategy, the U.S. government is taking another significant step toward helping the world reach that transformational goal.





GIRLS AT A PEPFAR-SUPPORTED HEALTH AWARENESS EVENT IN GHANA
(PHOTO: USAID/KASIA MCCORMICK)



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U.S. Department of State
Office of the U.S. Global AIDS Coordinator and Health Diplomacy

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