



PEPFAR

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

Turning Science into Smart Investments: Saving Lives Through PEPFAR





We Are at a Tipping Point

Recent scientific studies, supported by USG, have provided new hope of creating an AIDS-free generation

- **Advances include:**
 - 2010 CAPRISA study: Provided the first evidence that ARV-based microbicides can reduce the risk of HIV in women
 - May 2011 HPTN 052 study: Showed the promise of “treatment as prevention” with potential to reduce sexual transmission of HIV by 96%, on par with a vaccine, and a 40% reduction in TB among patients starting ART early
 - July 2011: 2 studies showed that oral ARVs given to HIV negative persons as pre-exposure prophylaxis (PrEP) could reduce acquisition by 62%



Unprecedented Progress in Saving Lives

**Under the
Obama
Administration,
unprecedented
progress has
been made in
the fight
against AIDS**

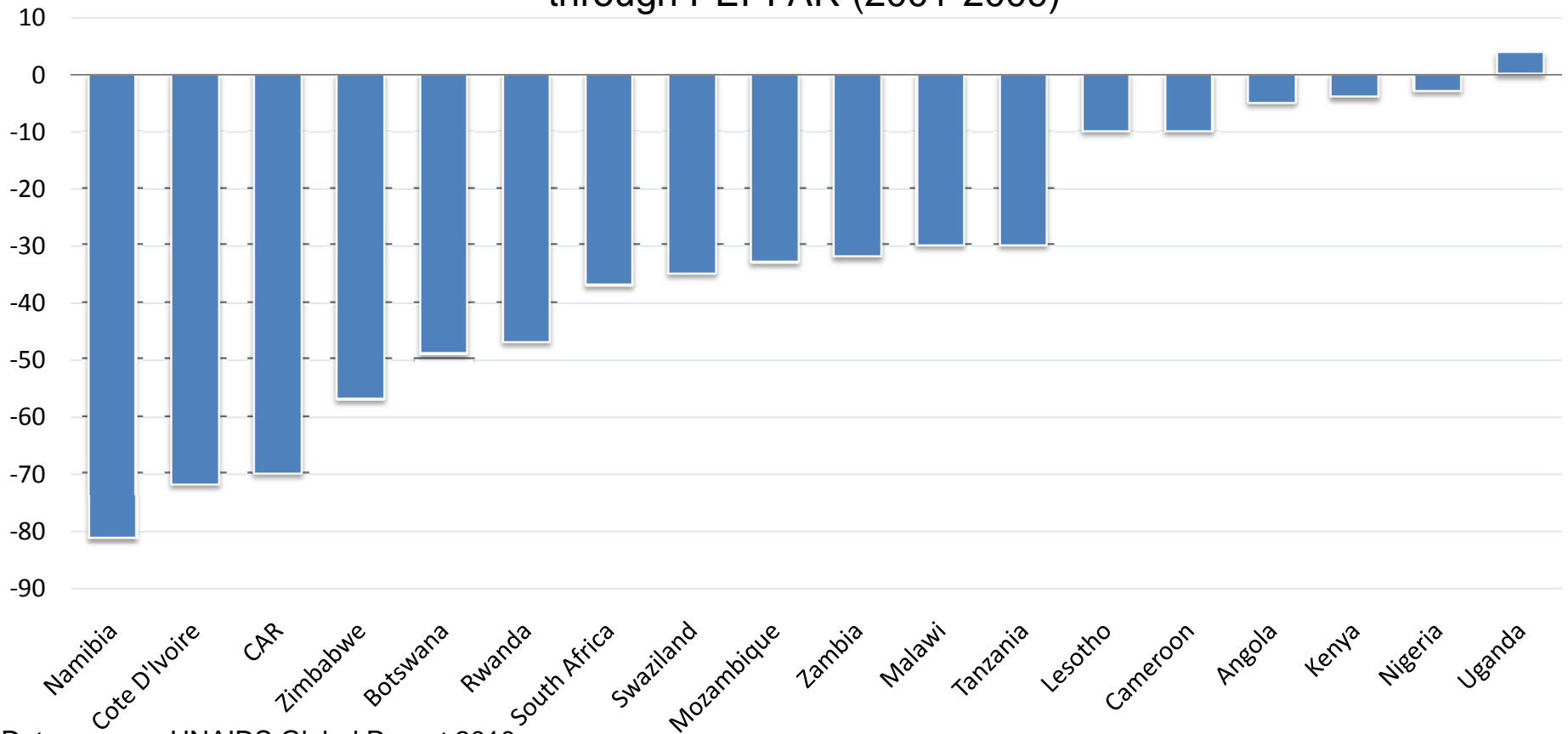
- 84% increase in individuals on ARV treatment (3.2 million on treatment in 2010)
- 57% increase in mother-to-child infections averted (114,475 infections prevented in 2010 and 8.3 million pregnant women tested)
- 52% increase in number of individuals receiving counseling and testing (32.8 million in 2010)
- 36% increase in care and support, including orphans and vulnerable children (provided 11 million people with care and support, including nearly 3.8 million orphans and vulnerable children)



Decline in New Infections

New HIV infections have dropped globally over the past decade, particularly in Africa -- coinciding with increased investments from the U.S. through PEPFAR and the Global Fund

Percentage Change in HIV Incidence in African Countries Supported through PEPFAR (2001-2009)





HPTN 052 – Treatment as Prevention

HPTN 052 presents a major opportunity for PEPFAR to save millions of lives

For first time, plausible suggestion of path toward total elimination of HIV

- Treatment with ART lowers the viral load of HIV in a person infected with the virus, and greatly reduces the risk of sexual transmission of HIV to an uninfected partner
- HPTN 052 is a major opportunity for PEPFAR to act quickly in response to this scientific breakthrough, in light of large numbers touched by our programs who could benefit most from this intervention
- OGAC has convened our Scientific Advisory Board to provide recommendations on how best to achieve the greatest possible benefits to individuals, and reductions in new infections based on this data
- At IAS meeting in Rome, there was a global scientific consensus around importance of findings and need to engage on implications for programming



High-Impact Prevention - PMTCT



Prevention of mother-to-child transmission (PMTCT) eliminates new pediatric infections and save women's lives

- 1 in 6 new infections are due to mother-to-child transmission, with 370,000 in 2010
- In 2010 PEPFAR provided –
 - HIV counseling and testing to 8.3 million pregnant women
 - ARV prophylaxis to 600,000 HIV positive pregnant women, preventing 114,000 new infant infections
- **PEPFAR and UNAIDS are leading global plan to virtually eliminate pediatric AIDS by 2015**
- The U.S. has already virtually eliminated MTCT. This is achievable in the developing world and we are seeing amazing progress in countries such as Botswana and Zambia



Additional High-Impact Prevention

Voluntary Medical Male Circumcision (VMMC)

- Reduces the risk of sexual transmission to men, providing up to 70% protection
- Fewer infected men translates into reduced risk for women
- Cost effective – one time investment (average cost/VMMC is \$20)
- PEPFAR supported over 500,000 VMMCs since 2007 – largest donor
- Demand is increasing. In Tanzania alone, PEPFAR has supported over 40,000 VMMCs since June 2011

Most At-Risk Populations

- Target prevention based on good information on risk factors, “know your epidemic”
- Comprehensive package of outreach, prevention, testing and entry into treatment and care effective for injection drug users, commercial sex workers, MSM
- Prevention interventions linked with reducing stigma, promoting human rights



Empowering Women and Girls



PEPFAR is a major platform for comprehensive maternal and child health services

- Nearly 60% of those living with HIV/AIDS in sub-Saharan Africa are women
- HIV/AIDS is leading cause of death for women in low and middle-income countries (age 15-44)
- 64% of people in PEPFAR's treatment programs are women
- PEPFAR mainstreams gender in all programs and has invested an additional \$60 million in special initiatives, including:
 - Gender Challenge Fund: 15 countries with Round 2 scheduled for the Fall
 - GBV Response Scale-Up: 3-year program in Tanzania, Mozambique and DRC – PEPFAR now one of largest GBV investors worldwide.
- Extensive private sector work around women's issues



PEPFAR Taking Leadership in 2011/2012

Priorities include:

- **Targeting prevention programs to respond to the epidemic given new science**
 - Focus on high-impact interventions (including treatment, PMTCT, VMMC) gives us better outcomes for our investments
 - Most at-risk populations (MARPs) key focus for both domestic and international epidemics
 - Women and girls high priority for prevention programming
- **Focusing U.S. government efforts in hardest-hit countries**
 - PEPFAR investments are concentrating in low-income countries with high burden of disease
 - PEPFAR works in partnership with country governments to create sustainability and shared responsibility

