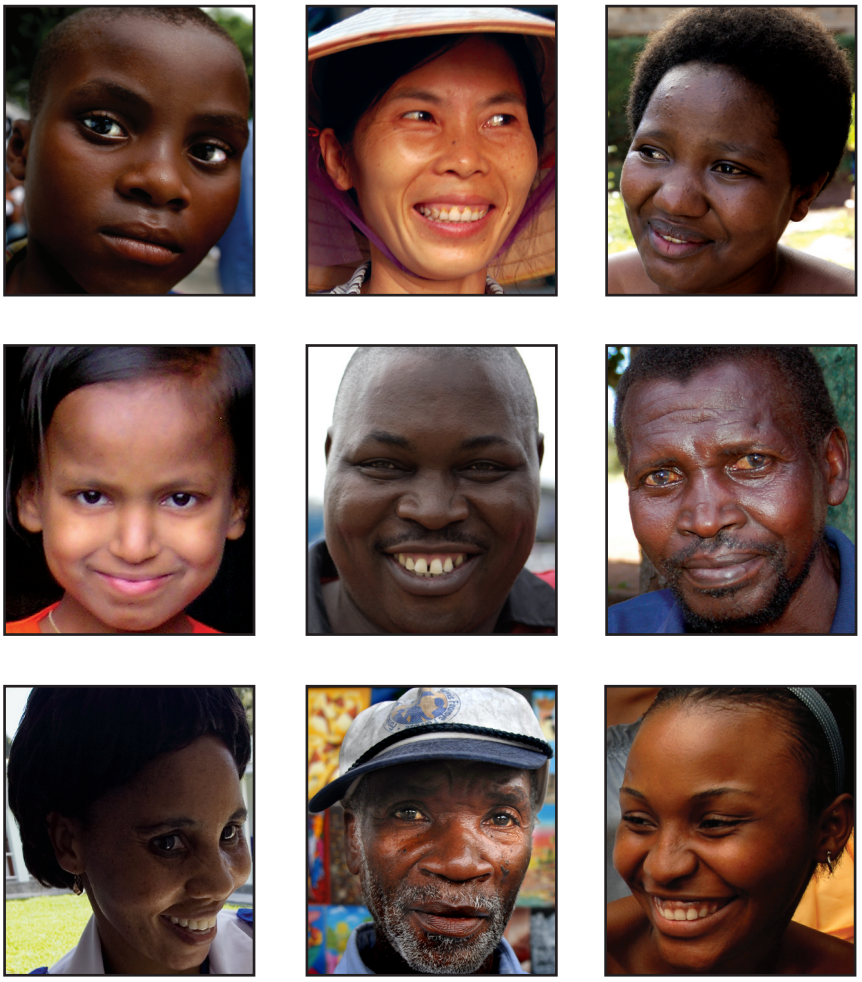
The U.S. President's Emergency Plan for AIDS Relief

Five-Year Strategy

Annex: PEPFAR and Prevention, Care, and Treatment



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ANNEX: PEPFAR AND PREVENTION, CARE, AND TREATMENT

Photo by Malawi PEPFAR Team

In Malawi, the PEPFAR-supported Lions Drama Group uses theatrical performances to educate audiences about HIV prevention and encourage behavior change. Thlupego Chisiza, founder of the Lions Group, knows his group's performances are creating impact. After performing in southern Malawi, a local businesswoman confided in him that seeing her life experience acted out in her community prompted her to take action and start actively encouraging young people to employ safe sexual practices.

Prevention

Key Points:

- A major short-term priority for PEPFAR's prevention programs is to support countries in mapping and documenting current and emerging prevention needs.
- PEPFAR's prevention programs will focus on scaling up high-impact, evidence-based, combination prevention approaches.
- Mutually reinforcing prevention interventions must be targeted to address needs of subpopulations in which new infections are concentrated.
- PEPFAR is supporting and evaluating promising and innovative practices to determine the effectiveness and impact of such interventions at both the country and global level.
- Linking treatment and care programs to prevention messaging allows PEPFAR to maximize its impact in all areas, particularly in reaching partners and families of people living with HIV/AIDS (PLWHA).
- Structural factors, such as existing economic, social, legal and cultural conditions contribute to increased risk for HIV infection. PEPFAR's prevention activities are addressing and evaluating the response to these factors.
- PEPFAR's prevention efforts will contribute to the global evidence base around prevention.
- PEPFAR is utilizing prevention of mother-to-child transmission (PMTCT) as a mechanism to both prevent transmission of HIV to children and support expanded access to care and related services for pregnant women.

Prevention remains the paramount challenge of the HIV epidemic, and preventing new infections represents the only long-term, sustainable way to turn the tide against HIV/AIDS. For any given population, the public health response must strike a balance between prevention opportunities and treatment needs. A successful prevention program requires a combination of mutually reinforcing interventions tailored to the needs of different target populations.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), there were approximately 2.7 million new HIV infections in 2008, and 33.4 million people living with HIV.[1] New infections still far outpace the world's ability to add people to treatment. For every two people put on antiretroviral drugs (ARVs), another five become newly infected.[2] In recent years, several low-prevalence countries have had some success in containing their epidemics, concentrated in most-at-risk populations (MARPs). However, only a few high-prevalence countries have significantly reduced HIV prevalence. Increased attention is critical for hyperendemic countries, while simultaneously continuing to respond to countries with both concentrated and generalized epidemics.

Challenges to Successful Prevention Programs

Challenges in carrying out successful prevention programs encompass multiple factors, such as:

Lack of country-level and locally-specific data
PEPFAR's prevention response is based upon HIV demographic and epidemiologic data. In many countries, there is a need for additional or updated data necessary to track the most recent new infections – primarily new infections over the past year. These data allow for outreach to the populations in which these infections are occurring. Without such ongoing surveillance, countries are unable to match timely investments to existing and evolving needs.

Existence of multiple epidemics and need for multiple targeted interventions
There is not a single HIV epidemic within any given country. Rather, multiple epidemics exist within diverse populations and social networks, including concentrated epidemics within larger generalized epidemics. Identifying and targeting interventions to match the needs of multiple populations is difficult, especially when such epidemics involve groups that are often marginalized and discriminated against. Stigmatized populations are frequently hidden and hard to reach with services. Effectively addressing a country's HIV epidemic must involve mutually-reinforcing interventions targeted to populations based upon epidemiological and demographic data. Specific populations, such as youth, women, transient populations, men who have sex with men (MSM), sex workers, and injecting drug users (IDUs), require programming tailored to their situation within the country context, rather than broad-based, national-level, generalized prevention messaging.

Need for expanded evaluation, operations research and metrics
There are a number of evidence-based interventions used by PEPFAR and other HIV prevention programs. Several programs targeting most-at-risk populations have been proven to be effective. Certain interventions utilized in generalized epidemics, such as prevention of mother-to-child transmission and male circumcision (MC) also have a strong evidence base. More operations research regarding prevention is needed, particularly around general population prevention programs in high-prevalence countries. Although many small pilot programs involving behavior change interventions have proven effective, there is a need to demonstrate continued efficacy following scale-up of these

pilots. At the global level, there is a need for additional research to better measure the impact of prevention programs and refine estimates of infections averted.

Stigma and discrimination
The majority of HIV infections occur through sexual contact. In addition to sexual transmission, a significant number of infections occur due to sharing of needles, often in the context of injecting drug use. Stigma and discrimination create barriers to accessing key populations with critical prevention interventions. Denial about the epidemic can also contribute to perceptions of low risk and reduce demand for services. Finally, cultural and social norms may lead to policies that reinforce stigma and discrimination.

Structural conditions
Existing economic, social, legal and cultural conditions often increase the risk of HIV transmission for individuals. For example, if a community treats sexual violence as a cultural norm, rather than a criminal act, those impacted by this violence may be unable to protect themselves from HIV or receive necessary care following the assault. Prevention must take into account the factors existing outside the health sector that impact risk and vulnerability to HIV. There is also a need for increased research and evaluation into the impact of structurally-based prevention interventions.

Inability to capitalize on all opportunities for prevention
Multiple opportunities to advance prevention messaging are present in individual interactions with the healthcare system. There are also opportunities to reach existing audiences through social networks, schools, or mass media. With multiple demands on health, education, and social welfare systems, it is difficult to effectively utilize every opportunity to engage in prevention messaging.

Lack of unified messaging
In order for prevention messages to be effective, population-specific messages delivered by mass media, community mobilization activities, and interpersonal communication activities must be coordinated and mutually reinforcing. Otherwise, mixed messages and inconsistent information can dilute the impact of prevention programs.

Over the next phase, PEPFAR's prevention response will be guided by the following concepts:

- Supporting countries in reassessing their prevention response through mapping the epidemic, identifying the populations most impacted by new infections, and updating prevention strategies based upon these data;
- Assisting countries in implementing a combination of behavioral, biomedical, and structural interventions;
- Implementing, scaling up, and measuring the impact of proven and promising interventions, tools, and methodologies;
- Working with countries to target and reach most-at-risk populations, no matter how stigmatized or marginalized these populations may be;
- Expanding the evidence base around prevention, through monitoring, evaluation, and operations research of prevention programming; and
- Contributing to international efforts to develop harmonized indicators and new surveillance methodologies.

Identifying Greatest Need: Mapping the Epidemic

A major short-term priority for PEPFAR's prevention programs is to support countries in mapping and documenting current and emerging prevention needs. This

process includes surveillance, surveys and program mapping, and data analysis to craft and revise overall strategies to address the drivers of the epidemic. Through this mapping, PEPFAR can help governments develop and expand epidemiologically-driven responses, thus improving efforts to reduce overall HIV incidence.

For example, in Kenya, PEPFAR and the Ministry of Health conducted a revised Kenya AIDS Indicator Survey (KAIS). This survey was a tool designed to provide up-to-date information on HIV and other sexually transmitted infections (STIs). Following the data collection and analysis, PEPFAR and the Kenyan Government supported a series of HIV Prevention Summits. These Summits used findings from the KAIS that led to the development of a National HIV Prevention Strategy. With this National Prevention Strategy, PEPFAR has been able to ensure alignment with national priorities, improve coordination with other donors in accordance with a country plan, and increase efficiencies in the program. Over the next few years, PEPFAR will work to support the Kenyan government in implementing and assessing the impact of its prevention programming.

Priority Interventions

PEPFAR is working with countries to implement, monitor, and improve comprehensive HIV prevention programs targeted to specific populations in both concentrated and generalized epidemic settings. What follows below is additional detail regarding some of the interventions PEPFAR is at a national and local level. Given that prevention is not a static field, PEPFAR will evaluate implementation of additional activities as the science evolves.

Combination Prevention

By combining quality biomedical, behavioral and structural interventions – known as "combination prevention" – countries can work over time in given geographic areas to craft a comprehensive prevention response. Components of combination prevention include:

- *Biomedical interventions*, such as prevention of mother-to-child transmission, use medical approaches to block infection, decrease infectiousness, or reduce infection risk. The treatment or intervention often acts as the platform for a larger prevention message. For example, PEPFAR's male circumcision package not only provides the actual circumcision procedure, but includes a package of prevention interventions, including risk reduction counseling and outreach to the sexual partner of the man being circumcised.

- *Behavioral interventions* include a range of approaches that address key behavioral outcomes – including delay of sexual debut, partner reduction, mutual monogamy, and correct and consistent use of condoms. Approaches are geared to motivate positive behavioral change in individuals, couples, families, peer groups or networks, institutions, and communities. These science-based, culturally- and age-appropriate interventions promote sustained behavior change through different, mutually-reinforcing program components. For example, mass media, community mobilization and interpersonal communication efforts are used in concert to encourage individuals, families, and communities to adopt and maintain healthy behaviors and norms.

- *Structural interventions* acknowledge that an individual's behaviors are in part governed by social, cultural, political, and economic norms. These interventions aim to change the larger societal, political, and economic contexts which can contribute to vulnerability and risk. For example, gender-based violence (GBV) has been linked to increased risk for HIV. Structural interventions targeting this risk include legal and policy changes that criminalize gender-based violence and result in increased awareness, reporting, and enforcement of penalties for those who engage in gender-based violence.

Prevention of Mother-to-Child Transmission (PMTCT)

Mother-to-child transmission is a significant cause of new infections among pediatric populations. Many factors, including lack of access to routine and ongoing antenatal care, have limited progress around PMTCT. In keeping with the Global Health Initiative (GHI) focus on women-centered approaches, PEPFAR is utilizing PMTCT as a mechanism to both prevent transmission of HIV to children and support expanded access to care and related services for pregnant women. Through PMTCT services, women can learn their status, accessing essential care if positive, and receiving information on ways to protect themselves if negative.

PEPFAR is increasing investments in PMTCT to support countries in expanding access to screening and coverage. It is working to ensure that every partner country with a generalized epidemic has both 80% coverage of testing for pregnant women at the national level, and 85% coverage of antiretroviral drug prophylaxis and treatment, as indicated, of women found to be HIV-infected. PEPFAR is also working to expand access to PMTCT to at-risk populations in countries with concentrated epidemics. To help the children of these mothers, PEPFAR supports antiretroviral prophylaxis regimens and essential medical care for HIV-exposed infants. These expanded PMTCT efforts strengthen overall maternal and child health care.

Male Circumcision (MC)

UNAIDS and the World Health Organization (WHO) have issued normative guidance stating that male circumcision should be recognized as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men.[3] PEPFAR supports MC as a component of a comprehensive HIV prevention program in sub-Saharan Africa, and is working to scale up quality MC programs as feasible and appropriate to the country context. In its next phase, PEPFAR is transitioning to a two-pronged MC assistance approach. This approach would simultaneously support the immediate demand for MC and allow governments to develop policies and the necessary infrastructure for more sustained service delivery.

The comprehensive MC interventions supported by PEPFAR include not only the MC surgery, but risk reduction counseling, sexually transmitted infection treatment, and HIV testing and counseling.

Health, Dignity and Prevention Programs for PLWHA

A strong body of literature supports the effectiveness of prevention interventions for PLWHA in a variety of settings. PEPFAR's prevention strategy for PLWHA and their partners includes both behavioral and biomedical interventions in clinic and community-based settings. Examples of these behavioral interventions include correct and consistent use of condoms, disclosure of status to partners, partner and family testing, reduction in number of sexual partners, reduction of alcohol use, and adherence to HIV medications which decrease viral load. Examples of these biomedical interventions include management of STIs in PLWHA and their sex partners and services to reduce maternal-to-child-transmission of HIV. PEPFAR is working with partner governments to integrate these interventions as part of the standard package of care at care and treatment sites. Civil society organizations and community-based groups providing these services will be linked to this larger clinical network.

Behavior Change Communication (BCC)

Throughout sub-Saharan Africa, key drivers of the epidemic include: multiple and concurrent sexual partnerships (MCP); intergenerational and transactional sex; low rates of male circumcision and of correct and consistent condom use; high rates of STIs; and high levels of alcohol use. PEPFAR supports a diverse range of culturally- and age-appropriate and comprehensive behavior change programming targeted to the country context.

Behavior change programming should include:

- Mutually reinforcing activities, including a mix of mass media, community mobilization, small-group and individual interventions that reflect best practice in BCC; and

- Prevention messages that address key epidemic drivers, are based on formative research, and are coordinated and delivered across both community and clinical settings.

PEPFAR will support efforts to expand the evidence base around behavior change communication, enabling more effective programming for generalized epidemics. In addition, PEPFAR will work with countries to focus BCC not only on behavior change at the individual level, but culture-wide change that addresses the gender and social norms contributing to HIV infection.

Testing and Counseling

Each testing and counseling encounter is an important opportunity to reinforce and share prevention messaging. Expanding testing and counseling diminishes the stigma associated with knowing one's status. Individuals who test HIV-positive and who are exposed to strong behavior change interventions can reduce their risk of onward transmission. Individuals who test negative can receive counseling and information to help protect themselves and remain HIV-free. PEPFAR is working to link testing and counseling with clinical and community interventions, and improve referrals to care, treatment, prevention, and necessary supportive services. It is also working with governments to implement public health interventions that allow past contacts of PLWHAs to get tested and receive necessary prevention and treatment services. For those that are HIV-negative but are participating in high-risk behaviors, PEPFAR will work to implement modified case management with sustained prevention interventions. Finally, PEPFAR is working with countries to expand the use of rapid test kits, in order to enable more widespread use of testing outside of health facilities.

Safe Blood and Injection Safety

Medical injections and blood draws are among the most common health care procedures worldwide. In developing countries, the risk of contracting HIV from a blood transfusion is magnified by weak health care infrastructures and inadequate supplies of safe blood. Women and children are at greatest risk, due to the frequent use of blood transfusions to treat complications during pregnancy, childhood anemia associated with malaria, and various trauma incidents. To date, PEPFAR has engaged in significant support for blood safety programs. It is supporting infrastructure and lab development, technical assistance and training, and universal testing of blood units for HIV and other transfusion-transmissible infections.

Safe medical injection practices protect not only patients, but also local community members and health care workers who are routinely exposed to needles and other medical sharps. PEPFAR is supporting countries to develop safe injection policies, purchase safe injection equipment and supplies, and expand safe disposal among health care workers and community members. In addition to promotion of universal precautions, PEPFAR will work to reduce demand for unnecessary injections and promote appropriate use of transfusions.

Innovation in Prevention

Over the next five years, research may demonstrate the efficacy of additional prevention interventions such as microbicides, pre-exposure prophylaxis, and vaccines. PEPFAR will remain involved in and supportive of partner country and international efforts to identify and implement successful prevention interventions.

Microbicides, an invisible, women-controlled prevention method, will be a great asset to prevention interventions when available. PEPFAR supports efforts to find a safe, effective microbicide that can be easily used in low-resource settings. It will continue to assist partner countries in preparations for eventual microbicide introduction, regulation, manufacturing, and distribution.

There is currently a great deal of research under way involving the preventive impacts of treatment, including studies regarding the protective effect of pre-exposure prophylaxis with antiretrovirals. If efficacy is shown, demonstration projects will be essential to determining the feasibility of this approach, resource requirements, and the potential for scale-up.

Research on vaccines continues to propel hopes that an HIV vaccine can be an important part of HIV prevention strategies in the future. Even a partially efficacious vaccine could have tremendous impact in HIV prevention when coupled with other interventions. It is important for PEPFAR to continue to have links to vaccine research, as well as efforts to determine where effective vaccines can have the greatest public health impact.

Strategic Populations

PEPFAR's prevention strategies must be responsive to the drivers of the epidemic and address the needs of most-at risk populations in both generalized and concentrated epidemics. Prevention messaging needs to educate populations about the way the virus is transmitted. Successful

prevention interventions help individuals to acknowledge and identify risk factors in their lives and actions they can take to protect themselves. The following describes ways in which PEPFAR will support countries in implementing prevention programs for specific populations:

Vulnerable women and girls

Nearly 60% of HIV infections in sub-Saharan Africa occur among women.[4] PEPFAR is working through its gender strategy to address the needs of women and girls, many of whom are vulnerable due to structural conditions that limit their ability to access or utilize prevention programming. It is especially important for PEPFAR and countries to address the needs of girls and young women in relationships with older men, as these types of relationship are often common in hyperendemic areas. More detailed information about PEPFAR's work with women, girls, and gender activities can be found in additional annex documents available at *www.pepfar.gov/strategy/*.

Photo by Guyana PEPFAR Team

Evan – a former sex worker – is now educating peers about safer sexual practices and raising HIV/AIDS awareness through the PEPFAR-supported "Keep the Light On" project. The project is aimed increasing peer education of sex workers in Guyana to provide HIV/ AIDS education to their peers and to teach them safer sexual practices.

Men who have sex with men (MSM)

Reaching MSM in both generalized and concentrated epidemic settings poses significant challenges. In several of the countries in which PEPFAR works, homosexual activity is defined as a criminal act, and may result in detention or arrest for those suspected of engaging in MSM activity. Governments are often reluctant to engage in outreach to these communities. Cultural mores and stigma may make MSM reluctant to disclose possible risks in a clinical setting. In addition, transgender populations face significant stigma and barriers to receiving appropriate health services. In order to address the health needs of these populations, PEPFAR is working with countries to engage in the following:

Identifying the need in the MSM community

Rates of HIV infection among MSM are often much higher than the general population. A major prevention priority for PEPFAR is helping governments to engage in the research necessary to map their epidemic and identify increased risk existing among subpopulations including MSM. This data-driven base makes it easier for public health programs to target prevention efforts.

Removing Stigma and Discrimination

PEPFAR will work to ensure that its prevention, care, and treatment programs are free from stigma and discrimination directed toward clients.

Supporting MSM access to prevention, care, and treatment

PEPFAR supports country government policies that ensure that MSM have equal access to health care, HIV/AIDS information and supportive services, and do not face arrest or detention for seeking these services.

Persons in Prostitution

Individuals who engage in or procure transactional sex, even on an occasional basis, are at higher risk for HIV. The intersection of trafficking in persons and prostitution further complicates efforts to provide needed HIV services. Prostitution is associated with psychological and physical risks, and PEPFAR is working with countries to help persons in prostitution get the prevention, care, and treatment services that they need. PEPFAR supports countries in the following activities:

Engaging in targeted prevention, care, and treatment outreach

PEPFAR is supporting efforts to provide basic HIV prevention, care, and treatment services to persons in prostitution. In many countries, cultural norms contribute to stigmatization of sex workers, limiting their ability to seek or obtain care. PEPFAR is working with governments to ensure that access to health care and social services is not denied because an individual is a sex worker.

Helping governments to support alternatives to prostitution

From a public health perspective, it is important not only to reduce the overall risk to individuals who are engaged in transactional sex, but to prevent people from turning to transactional sex in an economic crisis. PEPFAR is working with governments to support programs that increase educational and economic opportunity for sex workers, and that keep at-risk youth in schools or vocational training. It is also important to ensure that prevention programs and personnel recognize the risks associated with occasional transactional sex.

Working to reduce demand

Through its gender programming, PEPFAR is working with countries to change behavioral expectations that promote transactional sex as "masculine" behavior. It also works to ensure that men who procure sex take measures to protect themselves and all their sexual partners.

Photo by Namibia PEPFAR Team

A Walvis Bay Corridor Group member hands a Namibian truck driver a copy of the *NamibiAlive II* CD. The CDs, which were produced by two Peace Corps Volunteers to raise awareness about HIV/AIDS, are given to truck drivers in an effort to educate and prevent the spread of HIV/AIDS among industry employees.

Injecting drug users

Comprehensive prevention packages for IDUs not only reduce immediate risks of transmission, but enable this population to receive care to treat and end their addiction. In multilateral fora, the Obama administration has supported a package of prevention to injecting drug users that mirrors the prevention package supported by the UNAIDS/United Nations Office on Drugs and Crime (UNODC)/WHO Technical Guide on harm reduction programs in relation to HIV.[5] The Technical Guide recommends that programs directed toward IDUs should include a comprehensive package of nine activities. PEPFAR is currently working with agencies across the U.S. Government (USG) to determine the best way forward in supporting this comprehensive package.

Youth

The categorization of "youth" is often misleading, as youth not only encompass multiple age ranges, but also face various types of risk. PEPFAR's programming for youth is medically accurate, age-appropriate, and targeted to needs based upon behavior. Behavioral interventions include delaying age of sexual debut, discouraging MCP or intergenerational sex, and providing information about consistent and correct use of condoms. PEPFAR will work with countries to strengthen school-based programs. HIV prevention messages that address the needs of both girls and boys will be integrated into life skills curricula. PEPFAR will also encourage governments to involve youth as part of the civil society response to the epidemic, so that policies targeting adolescents and young adults are realistic and responsive.

While much of the focus on youth involves BCC, it is important to recognize the diversity of situations faced by the youth PEPFAR serves. Youth exist among most-at-risk populations. Given the rates of child marriage in some PEPFAR countries, there are a significant number of girls and young women in marriages who need information about how to protect themselves from HIV infection. Confounding these prevention interventions are the gender inequities that may limit the power of young women in these relationships. Youth who are out of school present particular risks, as do orphans and vulnerable children (OVC). These populations may need prevention messaging that is packaged along with vocational or other social support programming to address their economic needs. PEPFAR is working with countries to ensure that youth programming – including OVC programming – is responsive to the needs of out-of school youth.

Mobile populations

Truck drivers, migrant workers, and the military all pose significant challenges for HIV prevention efforts. The transient natures of these populations often limit exposure to prevention messaging, and also may increase opportunities to engage in high-risk behavior. Involuntarily mobile populations, such as internally displaced persons or other refugees, can be at high risk for HIV, particularly due to

increased risk of sexual assault. Given the fact that these populations are moving across borders, governments may be less aware of their needs. There is difficulty cataloging and documenting need among these rapidly changing communities. The cross-border nature of these populations and their related epidemics exemplifies the need for cross-border and regional programming for these vulnerable populations. PEPFAR is working with governments, regional institutions, and multilateral organizations to provide outreach to these populations and ensure that comprehensive services are accessible to them.

Incarcerated populations

Prevention work with incarcerated individuals affords an opportunity to diminish risk of transmission within and outside the correctional facility. Governments often do not place an emphasis on the ways in which a revolving door of prison populations can amplify risk in the general population. PEPFAR is supporting governments to minimize transmission within correctional facilities, educate and involve law enforcement in prevention activities, and ensure that adequate HIV prevention, care, and treatment services are available within prison settings.

Health Care Workers

To date, PEPFAR has supported post-exposure prophylaxis (PEP) treatment for health workers who suffer needle-stick injuries. PEPFAR is continuing to work with countries in developing a health care infrastructure that follows internationally-accepted infection control protocols. PEPFAR supports implementation of universal precautions, and increased availability of basic medical supplies to limit the risks faced by these workers.

Moving Forward with Prevention

Years 1-2 –

- Support countries in efforts to collect data and map drivers of the multiple epidemics in a country.
- Assist countries to develop and implement short- and long-term combination prevention strategies linked to epidemiologic and demographic data.
- Scale up existing high-impact interventions, maximizing linkages to care, treatment and broader health services.
- Identify evidence-based best practices, engaging in piloting of promising interventions, and increase operations research for prevention programming.
- Begin impact evaluation of prevention programs and establish baselines for evaluations of new activities.
- Work with countries to target and reach most-at-risk populations, no matter how stigmatized or marginalized these populations may be.

Years 3-5 –

- Scale up innovative programs based on operations research, basic program evaluations and other prevention research from years 1-2.
- Engage in targeted remapping as necessary to ensure that prevention investments meet need.

Stigma and Discrimination

Using public health principles as a foundation, PEPFAR supports HIV prevention, care, and treatment activities as a mechanism to advance the rights of people who are marginalized, stigmatized, discriminated against, and denied access to essential care. Advances in expanding access to quality services in low-resources settings have highlighted the discrimination that still exists.

Photo by Vietnam PEPFAR Team

Kindergartener Binh Luom relaxes at home after school with his older brother and his mother. Thanks to the PEPFAR-supported Hanoi Legal Clinic, Binh and other HIV-positive children in Vietnam are able to attend school.

It is difficult to quantify the impact of stigma and discrimination. There are no statistics to document the number of people denied access to care because of their HIV status, gender, or sexual orientation, or the number of people who choose not to go to a clinic because they face judgmental workers. However, anecdotal evidence exists. Stigma results in individuals not adhering to treatment because doing so will mean explaining to others exactly why they are taking medication. Fear of disclosure means that children stop receiving HIV services because their mothers can no longer pass off frequent clinic visits as routine pediatric monitoring. Such stories demonstrate why it is imperative for PEPFAR and its partner countries to provide impartial, science-based information, education, care and support services.

In order for PEPFAR to support countries in reducing stigma and discrimination, it will focus on the following activities over its next phase:

Emphasizing support for marginalized populations as an essential part of country engagement
As PEPFAR moves towards increased country ownership, discussions with government are addressing the need for health and social service structures that are responsive to all people living with and at-risk for HIV. Doing so will require policies that address the drivers of the epidemic in country and provide equitable access to quality services for marginalized populations. By demonstrating the public health benefits that result when prevention, care, and treatment are provided to otherwise stigmatized communities, PEPFAR is emphasizing the importance of a comprehensive, inclusive response.

Elimination of "double stigma"
PEPFAR trainings, guidance, programming, and engagement with countries will be geared to help with the identification and targeting of "double stigma." This term refers to the stigma faced by people who are both HIV-positive and part of a marginalized population – for example, HIV-positive MSM, or HIV-positive IDUs. Quality care and treatment programs must be fully accessible to all subpopulations within the HIV-positive population. PEPFAR will work with the health care workers it supports to address the issues around adherence and retention in care that arise when people who are HIV-positive are unable to disclose their status in unsupportive communities.

Continued support for greater involvement of PLWHA
Since the early years of the epidemic, a major component of the HIV movement has been meaningful involvement of persons living with HIV. As PEPFAR increases engagement with countries, it will emphasize this principle as one that should be incorporated in planning, prioritization and implementation of national HIV programs. Greater involvement of intended recipients of services enables programs to be culturally appropriate and configured for optimal effectiveness. PEPFAR and its country teams will also improve their efforts to involve PLWHA and their input in all aspects of its work.

Continued support for greater involvement of persons from most-at-risk populations
PEPFAR will work to increase engagement with persons from most-at-risk or targeted populations in the planning and implementation of national HIV programs. Representatives from key populations should be included in all aspects of their programming.

Photo by Tanzania PEPFAR Team

After learning that he is HIV-positive, Deodatus joined a post-test club where he was able to find support, discuss his feelings, access information on HIV prevention and treatment, and share experiences with other people living with HIV/AIDS in Tanzania. Deodatus then received training and obtained a job sharing his positive living experiences with other Tanzanians who are accessing HIV counseling and testing services.

Care and Support

Key Points:

- PEPFAR is working with countries to develop strategies to reduce HIV-related morbidity and mortality.
- Care programs should increase early identification of PLWHA and expand referrals into comprehensive Health, Dignity and Prevention programs.
- PEPFAR is working with countries to expand coverage of a quality basic package of care and support services for PLWHA and their families.
- There needs to be clear linkages between care and support services in homes, communities, and clinical care facilities.
- PEPFAR is supporting countries in efforts to increase appropriate pain management and palliative care.
- Populations that are often marginalized and face discrimination must have equal access to quality care and support services.
- PEPFAR will expand monitoring and evaluation of diverse care and support services by working to increase impact evaluations and link quality of life gains to care services.
- Despite the reduction in HIV-related death rates in PEPFAR countries, there is a need for pain and symptom management and palliative care to assist PLWHA.
- PEPFAR is working to increase the numbers of home-based care and community health workers and support more strategic deployment of these workers by partner governments.

The medical needs of an HIV-positive individual begin long before initiation of ART. It is critical to identify HIV-infected persons early, refer them to services, and retain them in care. Many of the care and support services offered to HIV-infected persons can improve health and quality of life, and reduce HIV-related complications and mortality. These services are part of a continuum of care offered from the time of initial HIV diagnosis, prior to and during ART, and continuing through end-of-life care.

Care and support services provided by PEPFAR comprise a broad range of activities, exclusive of ARV treatment, that are available to HIV-infected and affected individuals. These activities, including clinical, psychological, social, spiritual and preventive services, seek to increase retention in care, maximize functional ability, and minimize morbidity. From 2004 to 2008, the number of sites providing care and support in the 15 original focus countries increased from 3,126 to over 13,000. Over this same time period, care was provided to more than 10.1 million people.

PEPFAR has developed a package of interventions with proven efficacy in both reducing HIV-associated morbidity and mortality and reducing HIV transmission. Implementing this package provides multiple opportunities to integrate and coordinate with other health and development activities. This basic preventive care package may differ depending on the setting and the prevalence of other HIV-associated infections, but often includes many of the following interventions:

- Prophylaxis for opportunistic infections – most importantly, cotrimoxazole, which has been shown to significantly reduce mortality in HIV-infected individuals;
- Screening, prophylaxis and treatment for tuberculosis;
- Improved screening and treatment of opportunistic infections;
- Increased access to safe drinking water and promotion of basic hygiene and sanitation;
- Provision of insecticide-treated bednets;
- Improved nutrition, including nutritional and micronutrient supplementation, which may reduce mortality independent of ART, and improve outcomes for patients on ART;
- Health, Dignity and Prevention Programming for PLWHA and their families; and
- Provision of HIV testing and counseling for family members and other contacts.

In addition, a number of other services may be offered under the "care and support" umbrella, such as:

- Prevention, diagnosis, and treatment for opportunistic infections and other HIV-associated complications;
- Palliative care, including management of pain and other symptoms;
- Screening and treatment for cervical cancer – an opportunistic infection – currently provided through pilot programs in a number of countries; and
- Economic strengthening and support activities, so that PLWHAs can continue to support themselves and their families.

In its next phase, PEPFAR will build upon its successes and emphasize following activities:

- Optimizing early identification, referral, and retention of HIV-infected individuals, so they have access to the interventions described above;
- Reducing HIV-related morbidity and mortality, utilizing the interventions described above;
- Working at the country level to expand coverage and access to a quality basic care package for PLWHAs, particularly through integration of care with other health and development programming; and
- Improving the quality of life for PLWHAs and their families, and measuring this improvement through periodic special surveys or other evaluation tools.

Pain management and palliative care

Despite the reduction in HIV-related death rates in PEPFAR countries, there is a need for pain and symptom management and palliative care to assist PLWHA. Even with expanded coverage and access to care, AIDS is still a leading cause of death in many of the countries where PEPFAR works. In many countries, access to strong pain medications (e.g. opioids) is extremely limited, especially outside of hospital settings. The definition of palliative care varies based upon the country context; the term means "end of life" care to some, while others define it to mean all care provided subsequent to a diagnosis of HIV infection. Patient-centered palliative care can be implemented either in the home, or in a community-based or facility setting, like a hospice, but there is a strong need to ensure continuity of quality care.

Many countries have restrictive policy environments that reduce access to pain management. Pain assessment and management should be included as part of the basic package of care services for PLWHAs. PEPFAR will continue to support policy changes that ensure that pain management is included both in guidelines and actual clinical services for PLWHAs. In addition, PEPFAR has supported civil society groups in work with their governments to strengthen commodity systems, train providers, and expand access to opioids for pain management.

PEPFAR's palliative care programs help to alleviate the burden of caregiving for families, particularly for children and adolescents who may otherwise be forced to drop out of school to care for ill parents. These programs also help families deal with the impact of HIV upon their loved ones. PEPFAR is working with countries to improve linkages between home or hospice-based palliative care and comprehensive clinical services, particularly given the challenges in accessing trained palliative care providers.

Home-based care and community health workers

A significant proportion of PEPFAR's basic care package, developed to support country-led strategies, involves interventions that can be provided outside of a clinical setting and be linked to larger development efforts. In rural areas and places where clinics are overcrowded, home-based care and community health workers provide essential services and strengthen the reach of a health system.

Home-based care is an important part of relieving the caregiving burden and providing extra support to families. However, home-based care is not a substitute for comprehensive clinical care, which is generally facility-based. There must be close oversight and clear linkages between clinical, home- and community-based care to ensure that HIV-infected individuals have access to a full range of clinical care services. Expansion of health center-level support and supervision must occur in concert with expansion of home-based care, in order to ensure adequate quality in both home and facility settings.

Prior to the need for end-of-life palliative care, the home is also an important staging area for messaging and care from community health workers. Through routine home visits, workers provide anticipatory guidance to PLWHA and their families and reinforce clinic-delivered messages. Community-based workers deliver components of the basic care package, like safe water kits and cotrimoxazole. It is essential for community health workers to be well-trained and linked to a clinic-based facility. PEPFAR is working to increase the numbers of home-based care and community health workers and support more strategic deployment of these workers by partner governments.

PEPFAR is also working to support countries in health systems strengthening efforts that encompass care and support. Such activities may include:

- Ensuring trained health care workers receive appropriate supervision, training and support in facility, community, and home-based care settings;
- Improving linkages and referrals between facility, community, and home-based care programs to reinforce quality provision of care; and
- Assuring reliable supplies of critical commodities.

Given the high level of decentralization that occurs in care programming, PEPFAR is working with countries to ensure that services are available to all PLWHAs and affected populations without discrimination. Efforts to improve quality should also result in standard protections for patients, so that no PLWHA will be deterred from seeking and receiving care. In addition, PLWHA communities need to be engaged in efforts to plan and implement care and support services.

Moving Forward with Care and Support

Years 1-2 –

- Support countries in defining and monitoring delivery of a basic package of care for PLWHA and their families, based upon country-level epidemiology and demographic data.
- Help countries determine, map and develop plans to meet the need for care and support services, especially in rural and underserved areas.
- Work with countries to establish pain management policies.
- Support additional training and supportive supervision for community health workers to provide home- and community-based care.
- Scale up existing high-impact care interventions and conduct robust program monitoring.
- Identify promising and best practices.
- Work with PLWHA communities to develop an active dialogue with policy and planning bodies, in order to allow for constructive feedback on effectiveness and continuous improvement of services.

Years 3-5 –

- Engage in special surveys or other evaluation tools to determine impact of care activities on quality of life of PLWHA and their families.
- Continue to support additional training for community health workers to provide home-based and community-based care.
- Work to ensure that increases in access to care are accompanied by increases in quality of care.
- Expand promising practices and successful care pilot programs, such as those addressing cervical cancer needs for HIV-positive women.

Photo by Uganda PEPFAR Team

In Uganda, Ambassador Eric Goosby, U.S. Global AIDS Coordinator, participates in a press conference with Noelina Namukisa, Executive Director of Meeting Point, and Mike Strong, Uganda PEPFAR Coordinator. Meeting Point International, a Ugandan non-governmental organization, provides assistance to persons and families affected and infected with HIV/AIDS, with particular attention to orphans. The organization operates in four slums near Kampala, including one slum inhabited largely by those displaced by the civil war in the north.

Orphans and Vulnerable Children

Key Points:

- PEPFAR's 10% earmark reflects the importance of the program's role in mitigating the impact of HIV/AIDS for millions of children and adolescents living in affected communities.
- In order to ensure a true continuum of care, PEPFAR will assist countries to bridge the gaps between medical, social service, and civil society stakeholders, and coordinate support services with prevention, treatment and care programs.
- PEPFAR is working with partner governments to strengthen the capacity of families and communities to provide quality family-based care and support for OVC.
- PEPFAR-supported programming is age-appropriate, situation-specific, and cognizant of the multitude of needs among child and adolescent OVC in family or other situations.
- PEPFAR is working closely to integrate OVC programming with other USG efforts and multilateral efforts around education, food and nutrition, and livelihood assistance as part of a robust, comprehensive response to the needs of OVC.
- PEPFAR will increase efforts in youth livelihood development initiatives, focusing on higher levels of skill development.

According to the United Nations Children's Fund (UNICEF), approximately 15 million children worldwide have lost one or both parents to AIDS. Nearly 12 million of these children live in sub-Saharan Africa.[6] Many more children have been made vulnerable because of family illness and the widespread impact of HIV/AIDS on their communities. OVC populations will continue to grow as HIV incidence rates increase.

Although the vast majority of OVC can be found in family situations, some OVC live in institutions, in youth-headed households, or on the streets. The epidemic has decimated populations of teachers, healthcare workers, police, and other service providers that help to create strong networks of support for children and adolescents. As a result, OVC are more vulnerable to abuse and exploitation, and are also more likely to engage in unsafe behaviors, increasing the risk of HIV infection.

As part of the reauthorization of PEPFAR, Congress maintained the requirement to direct 10% of PEPFAR program funds be directed to OVC activities. This 10% earmark reflects the importance of PEPFAR's role in mitigating the impact of HIV/AIDS for the millions of children and adolescents living in affected communities.

PEPFAR is supporting child-centered, family-focused, community-based, and government-supported OVC programming. This evidence-based programming targets the full range of OVC needs at different developmental stages. It is linked with broader development efforts around education, food and nutrition, and livelihood assistance. PEPFAR works with countries to address the long-term impact of HIV/AIDS on child development. The quality services provided to OVC today can benefit the future well-being of a partner country. In its next phase, PEPFAR is supporting countries in pursuing the following objectives in OVC programming:

Building national systems of care

In an effort to promote a harmonized national response to the impact of HIV/AIDS on child development, PEPFAR is supporting and building capacity for multisectoral approaches. These efforts encourage governments to coordinate among various ministries, including those overseeing education, food and nutrition, social welfare, and health. PEPFAR is contributing to this coordination by ensuring that its OVC programs are integrated with other USG programs targeting children and vulnerable populations. In order to ensure a true continuum of care, PEPFAR will assist countries to bridge the gaps between medical, social service, and civil society stakeholders, and coordinate support services with prevention, treatment and care programs.

At the national level, PEPFAR is facilitating the adoption of child-friendly policies to address the needs of children infected and affected by HIV/AIDS, and to encourage alignment with broader health systems strengthening efforts. In keeping with PEPFAR's focus on creating government capacity for management and operation of HIV services, programs will also support the training of professional and paraprofessional staff. Finally, PEPFAR is supportive of country efforts to develop national standards for quality services provided by both the public and the private sector.

Strengthening the capacity of families and communities to care for vulnerable children

In Africa, an estimated 95% of orphaned children are cared for by other family members or neighbors.[7] Much of the current research on OVC care and support identifies family environments as better able to meet the needs of OVC than more institutional models. Many families caring for OVC are already impoverished and overextended. Children within these households often face great risk of malnutrition, disease, and limited access to education and health care. PEPFAR is working with governments to prioritize family-focused and community-based programs that strengthen the capacity of caregivers and communities to function as social safety nets. OVC programs should assess, monitor, and address, as needed, the well-being of OVC within six key areas: food and nutrition, shelter and care, protection, health, psychosocial, and education. Progress in these areas is measured across countries using the standardized Child Status Index (CSI) tool, developed to monitor PEPFAR's OVC programming.

Developing and targeting need-based OVC responses that are sensitive to the diversity of sub-populations within the larger OVC population

The needs of OVC vary according to age, gender, socioeconomic status, and geography. Various studies and research tools have recently contributed to the develop-

ment of more effective and targeted strategies for specific sub-sets of the OVC population. PEPFAR is working with partner countries to ensure that the diverse needs of OVC are included in efforts to identify, map, and plan to address overall HIV/AIDS needs in a given country.

In its next phase, PEPFAR is also coordinating with other USG and donor efforts to expand country-led initiatives intended to identify and address the needs of several previously neglected sub-sets. For example:

- To better address the needs of newborns, infants, and toddlers, PEPFAR is strengthening linkages with food and nutrition programming, PMTCT and adult and pediatric treatment sites. It will also improve training for community health workers and home visitors to monitor child growth and development.

- To better address the needs of young school-age children, PEPFAR is linking programs to basic education initiatives, enabling OVC to stay in school.

- To better address the needs of adolescents, who comprise the largest number of OVC, PEPFAR will increase efforts in youth livelihood development initiatives, focusing on higher levels of skill development. PEPFAR will also work to support adolescents and young adults as they transition from OVC programs into society and careers.

PEPFAR is also working with countries to prioritize programming for most vulnerable children, including children living outside of family-based care; abused, exploited and neglected children; and children and adolescents who meet the criteria for other most-at-risk categories. Although these children account for only a small percentage of the total OVC population, they are often at higher risk for HIV infection, and less able to access traditional social service channels.

Moving Forward with Programming for Orphans and Vulnerable Children

Years 1-2 –

- Support countries to define, map, and plan a prioritized, multisectoral response to the needs of OVC populations and sub-populations within a country.

- Work with partner countries to identify gaps in capacity, including gaps in coordination among ministries overseeing education, food and nutrition, social welfare, and health.

- Establish training, mentoring, and technical assistance programs in partnership with governments in order to increase the number of professional staff in all agencies who can address cross-cutting OVC needs.

- Work with countries to increase support for family-based care by establishing and strengthening linkages between clinical and home- and community-based care.

- Scale up and ensure robust monitoring of existing high-impact OVC programs and support countries in developing, implementing, and evaluating innovative OVC pilot programming.

- Help countries ensure that policies for MARPs have adequate coverage and referrals for youth sub-populations.

- Support countries in developing a case management capability to assist the transition of young adults. from OVC services into society and careers.

Years 3-5 –

- Work with countries to engage in periodic and targeted surveys and other evaluations to determine impact of OVC programming.
- Ensure that countries have programs through which OVC can access livelihood development opportunities, including vocational training and microenterprise development training, to support themselves and their families.

Photo by Guyana PEPFAR Team

A risk for people needing medical care in many countries is the possibility of receiving sub-standard or counterfeit medicine. In March 2008, a PEPFAR-supported mini testing lab was established in Guyana to ensure drug quality. The laboratory is located in a warehouse setting and is managed by the resident pharmacist. Following training from the PEPFAR-supported Supply Chain Management System, staff now have the skills to test incoming pharmaceuticals to the Materials Management Unit, where all pharmaceuticals for the public sector are received and stored before being dispatched and distributed to health facilities. This unique arrangement of a quality testing post within a warehouse setting helps to assure the quality of all the pharmaceutical products distributed in the public health system.

Treatment

Key Points:

- In partnership with country governments, PEPFAR is continuing scale-up of treatment, to directly support more than 4 million people in its next phase.
- PEPFAR is working with countries to reach a threshold of 85% ARV prophylaxis or treatment of those pregnant women found to be HIV-infected, in order to optimize maternal health and maximize HIV-free infant survival.
- In generalized epidemics, PEPFAR is working to reach a target of 65% early infection diagnosis, and support treatment for pediatric populations at a level commensurate with their representation in a larger country epidemic.
- Through country- and global-level efforts, PEPFAR is creating increased sustainability and capacity in treatment efforts and supporting countries in mobilizing and coordinating resources from multiple donors.
- PEPFAR is working with countries and international partners to expand identification and implementation of efficiencies in treatment, while ensuring continued expansion of measures to maintain adherence, quality, and retention in care.
- As part of the GHI, PEPFAR is integrating its treatment programs with prevention and care portfolios, other health programs, and larger development efforts.

Treatment has been the major success of PEPFAR. Prior to its creation in 2003, only about 50,000 individuals were on treatment in all sub-Saharan Africa. Six years later, PEPFAR is supporting more than 2.4 million people on treatment worldwide. By combining the delivery of life-saving drugs with strong adherence support, PEPFAR's drug compliance and efficacy rates are equivalent to those in the United States. A May 2009 study published in the *Annals of Internal Medicine* found that HIV-related mortality rates had dropped by 10.5% in the PEPFAR countries analyzed by researchers – implying that about 1.2 million deaths were averted due to PEPFAR.[8] Despite overwhelming odds, PEPFAR's first five years amply demonstrated that complicated treatment regimens can be delivered in a range of low-resource settings. The challenge of the next phase is to build the conditions through which to create eventual sustainability in PEPFAR's treatment programs.

Further increasing the global challenges in meeting treatment needs are data suggesting greater clinical benefits for individuals starting therapy earlier in the course of their infection. The WHO recently released a recommendation to initiate treatment at a CD4 cell count of 350/mm^3, rather than 200/mm^3. PEPFAR will continue to scale up its treatment programming in a manner that emphasizes health systems strengthening and creation of country-level capacity.

The benefits of treatment remain abundantly clear; people on treatment have improved immune function, resulting in fewer opportunistic diseases such as TB. People on treatment also have lower viral loads, which dramatically reduces transmissibility of the virus. There has been a significant decrease in hospital admissions due to wider availability of ARVs. Treatment extends lives, keeps families together, allows workers to continue and return to jobs, and reduces the number of OVCs. Research is also under way to determine the prevention impacts of treatment upon communities and populations. Finally, PEPFAR's programs have significant diplomatic benefits, increasing goodwill among the communities who have seen the impact of treatment.

Over its next phase, PEPFAR is configuring its treatment programs to achieve the following goals:

Targeting treatment

PEPFAR will continue to achieve major health impacts by expanding access to treatment, with a particular emphasis on the following:

Reaching the sickest first

Millions of people with CD4 cell counts under 200/mm^3 are not currently reached by treatment. Within the context of national priorities, PEPFAR is making it a priority to reach the sickest individuals first, in order to prevent as many immediate deaths as possible. In countries with high coverage rates that are expanding eligibility, PEPFAR is helping to provide technical assistance and support for the overall treatment infrastructure. Given that many individuals are only tested once they become symptomatic, PEPFAR is also expanding country efforts to better link testing and counseling with treatment and care.

Pregnant women

In its next phase, PEPFAR will continue to intensify its focus on PMTCT as part of its prevention portfolio. In conjunction with that effort, PEPFAR supports countries in plans to expand treatment to pregnant women. Such a move not only prevents perinatal transmission, but also better sustains the health of the mother, resulting in additional positive impacts on her family's health and well-being.

PEPFAR is working to link and integrate broader antenatal care services with counseling, testing and treatment for pregnant women. Over its next phase, PEPFAR will work with countries to achieve 85% ARV prophylaxis or treatment of eligible pregnant women found to be HIV-infected. By targeting pregnant women, PEPFAR can also increase identification of and service provision to children HIV-positive mothers.

HIV/TB coinfected populations

TB is the leading cause of death for HIV-infected individuals, but identifying, treating, and preventing TB can dramatically reduce morbidity and mortality among those with HIV. PEPFAR is aggressively expanding its TB screening and HIV testing efforts to identify and treat coinfected individuals. PEPFAR is also working with countries to implement interventions to reduce the

development of active TB and transmission of TB disease among those most at risk.

Supporting country-level coordination

In order to achieve the long-term goal of country-level sustainability, PEPFAR is increasing support to build country-level capacity to carry out national testing strategies. UNAIDS has been working with country partners to help define country-level need and develop estimates. It is now important to enable country-driven efforts to identify and to marshal multiple sources of funding to meet these treatment needs. PEPFAR is supporting technical assistance to countries as they work toward strategic adoption of new treatment guidelines, based on available programmatic capacity and country priorities. Over its next phase, PEPFAR will support country-level efforts to coordinate and integrate multiple sources of bilateral and multilateral treatment support. Doing so breaks down duplication and determines ways to jointly address the global need.

Increasing impact of pretreatment care and ensuring quality antiretroviral therapy programs

As part of efforts to work with countries to identify and implement effective and efficient practices, PEPFAR is assisting countries to aggressively prevent, identify, and treat opportunistic infections prior to the start of ARV treatment. With this activity, PLWHAs remain healthier longer, thus delaying the need for treatment. Once PEPFAR initiates treatment, programs work to maximize drug adherence and retention in care. Effective measures for doing so include use of pharmacy records and targeted monitoring, with a focus on gaining the greatest utility from first-line medications.

PEPFAR is working to detect acquired drug resistance and develop strategies to respond to this resistance. These efforts of PEPFAR will be closely linked to the efforts of other partners such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), UNAIDS, and the Gates Foundation to improve programmatic quality and better achieve "value for money." In its next phase, PEPFAR will also increase engagement of multilateral organizations, regional actors, private foundations and companies, and partner governments, among others, to address legal and regulatory barriers to the availability of high quality, inexpensive HIV-related commodities from local or international sources.

Expanding integration of treatment with both PEPFAR and other health programs

Treatment programs are not just clinical interventions, but opportunities to incorporate a holistic range of the health services needed to improve outcomes and quality of life for PLWHA. PEPFAR supports countries in efforts to coordinate and leverage treatment with prevention, care, and other health programs, as appropriate. In the next phase, PEPFAR treatment programs can serve as a platform to link to health services, including:

Integration with PEPFAR prevention and care services

PEPFAR treatment programs are often already integrated with pre-antiretroviral treatment (ART) services for PLWHA. Many PEPFAR treatment programs are used as a point to engage in Health, Dignity, and Prevention Programs for PLWHA, their partners, and their families. PEPFAR is working with countries to integrate treatment with standard packages of pre-ART, essential support services, and necessary prevention services for PLWHAs and their families.

Integration with other health and development programs

In many of the countries where PEPFAR works, clients and their families also suffer from malnutrition, TB, malaria, and other chronic progressive conditions requiring medical attention. HIV-positive women need routine reproductive health services. Their children need preventive care, like immunizations, and diagnosis and treatment of illnesses, like diarrhea and pneumonia. PEPFAR treatment programs will be used as a platform from which to build linkages to multiple primary and specialty health services. Doing so increases community-level access to quality care and reduces the stigma associated with HIV. Care and treatment will serve as one component of a clinic's broader service capacity, and clinics can be used as the base for referrals to community-based supportive services for PLWHA and their families.

Addressing the needs of vulnerable populations

There are specific populations that require additional considerations when transitioning them into treatment, including the following:

Pediatric populations

It is estimated that by two years of age, over 50% of children infected with HIV will have died in the absence of

treatment.[9] New pediatric HIV infections have become exceedingly rare in the U.S. due to the rapid expansion of effective ARV prophylaxis and treatment to HIV-infected pregnant women. PEPFAR supports making such infections equally rare in the developing world. However, the millions of children already living with HIV or newly infected with HIV need a range of services to stay alive and thrive.

PEPFAR is working to support treatment for pediatric populations at a level commensurate with their representation in a larger country epidemic. For example, based on prevalence surveys, if children represent 10% of the PLWHA population in a given country, PEPFAR should also strive to ensure that they represent 10% of those on ARV treatment in that country.

In order to provide treatment to infants, PEPFAR and other funders must continue to scale up early infant diagnosis and laboratory referral networks that produce rapid results for use by clinicians. PEPFAR is focusing on reaching a target of 65% early infant diagnosis, enabling newly diagnosed infants to receive care and treatment. PEPFAR is also working with countries to ensure that 80% of older children of HIV-positive mothers are tested and referred to care and treatment as necessary.

Marginalized populations

The stigma, discrimination, and marginalization faced by most-at-risk populations often extends into the health care system. In its next phase, PEPFAR will renew efforts to ensure its supported treatment programs are responsive to the needs of marginalized populations. PEPFAR is working with countries to expand linkages between prevention, treatment and care programs that address the needs of these populations. Examples include opioid substitution therapy as necessary for HIV-positive IDUs, or post-exposure prophylaxis for those who have experienced sexual assault. PEPFAR will also supporting efforts to ensure that health care workers are trained to protect patient confidentiality and provide nonjudgmental services. Finally, given that these groups are often ones that do not receive attention at a national level, PEPFAR is working with governments to incorporate their needs into national treatment plans.

Moving Forward with Treatment

Years 1-2 –

- Work with countries to determine need and identify plans for addressing country-level treatment burden among multiple donors, and support their efforts to engage in oversight and management of treatment programs.
- Scale-up treatment with an emphasis on reaching key populations.
- Support efforts to increase aggressive treatment of opportunistic infections, and maximize the impact of first-line ART through effective adherence and retention measures.
- Support country efforts to identify and expand access to lower-cost drugs.
- Expand effective referral systems and linkages between HIV prevention, care, and treatment services, as well as broader health and development services.

Years 3 -5 –

- Assist countries with high levels of coverage to transition to increased ownership of programming.
- Continue support for country, regional, and multilateral efforts to identify and expand access to lower-cost drugs.
- Implement efficiencies resulting from increased integration.

ENDNOTES

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[7] http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/ReachingOuttoAfricasOrphans.pdf, p 36

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Acronyms and Abbreviations

ART	Antiretroviral Treatment
ARV	Antiretroviral Drug
BCC	Behavior Change Communication
CSI	Child Status Index
FP	Family Planning
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
IDU	Injecting Drug User
IEC	Information, Education and Communication
KAIS	Kenya AIDS Indicator Survey
MAT	Medication-Assisted Therapy
MC	Male Circumcision
MCP	Multiple and Concurrent Sexual Partnerships
MDR-TB	Multi-Drug-Resistant Tuberculosis
MARPs	Most-at-Risk Populations
MSM	Men Who Have Sex with Men
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child HIV transmission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USG	United States Government
WFP	World Food Program
WHO	World Health Organization
XDR-TB	Extensively Drug-Resistant Tuberculosis


UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF