



**PEPFAR**

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

# *HIV and COVID-19: Perspectives and Lessons Learned from PEPFAR*

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# PEPFAR's Evolution

## PEPFAR I (2003-2009)

- Emergency response to save lives
- AIDS- a security issue
- Rapid delivering prevention, care, and treatment services
- Focus on individuals with late stage AIDS defining illness



## PEPFAR II (2009-2014)

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



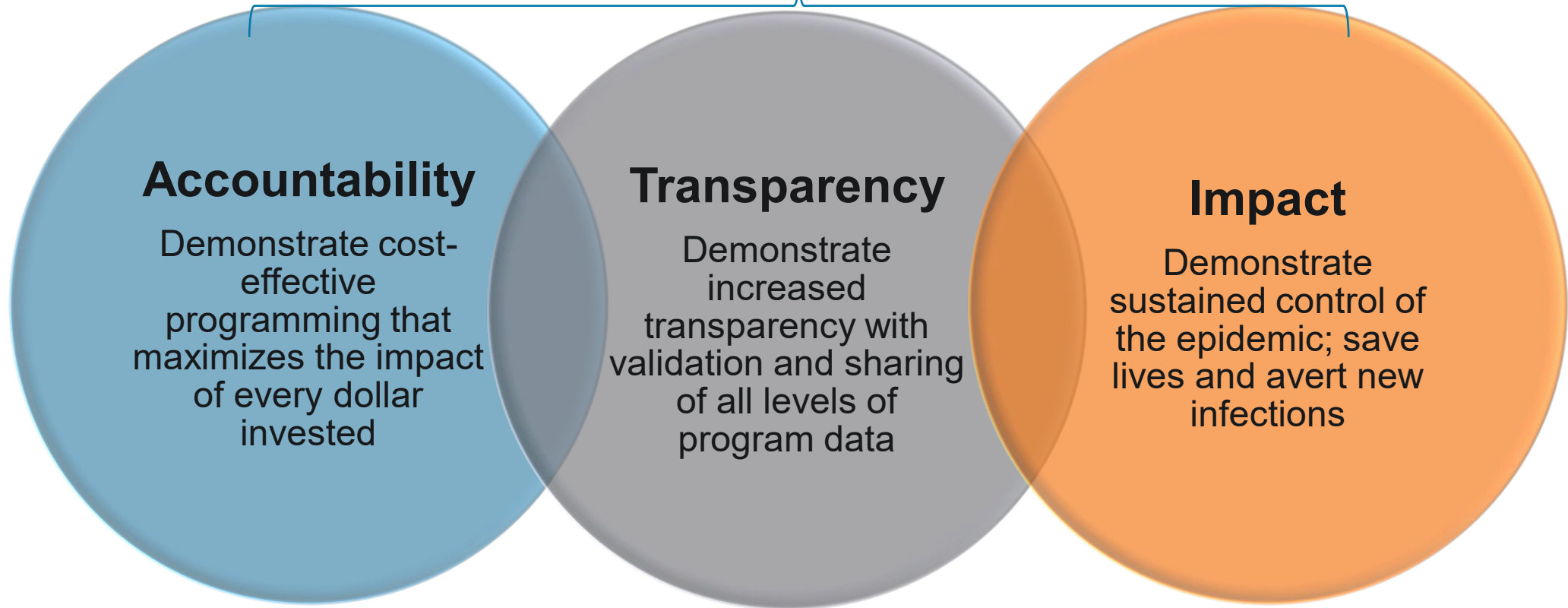
## PEPFAR III (2014-present)

- Granular data, quality, oversight, transparency & accountability for impact and increasing efficiency
- Accelerating core interventions for epidemic control
- Ensure treatment of all HIV positive individuals for their own health and stop transmissions
- Sustainability agenda based on data, actual costs and indigenous partners



# PEPFAR's 3 Guiding Pillars

Controlling the HIV  
Pandemic



Active Program and Partner Management

# Progress In the Global HIV Response - Protect the Gains

## PEPFAR Program Results 2019

**15.7 million** women, men, and children on ART

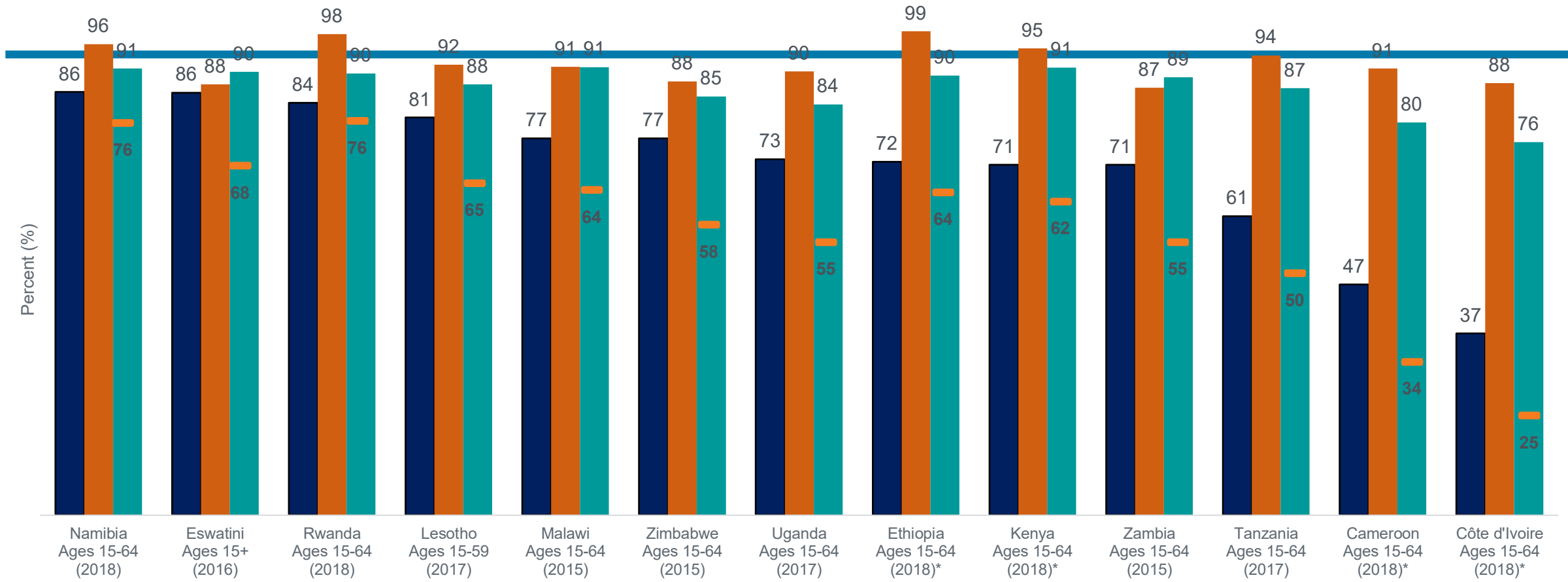
**2.6 million** babies born HIV-Free

**22.8 million** voluntary medical male circumcisions

**6.3 million** orphans, vulnerable children, and their caregivers provided with critical care and support

**100% of DREAMS districts with a decline** in the diagnosis of new HIV infections 86/88 districts with a greater than 25% decline

# PEPFAR population surveys show achievements towards the global HIV SDG 90/90/90 goals – aware of HIV status, treated, virally suppressed



— Virally Suppressed, all PLHIV

■ Aware of HIV Status   ■ Treated   ■ Virally Suppressed



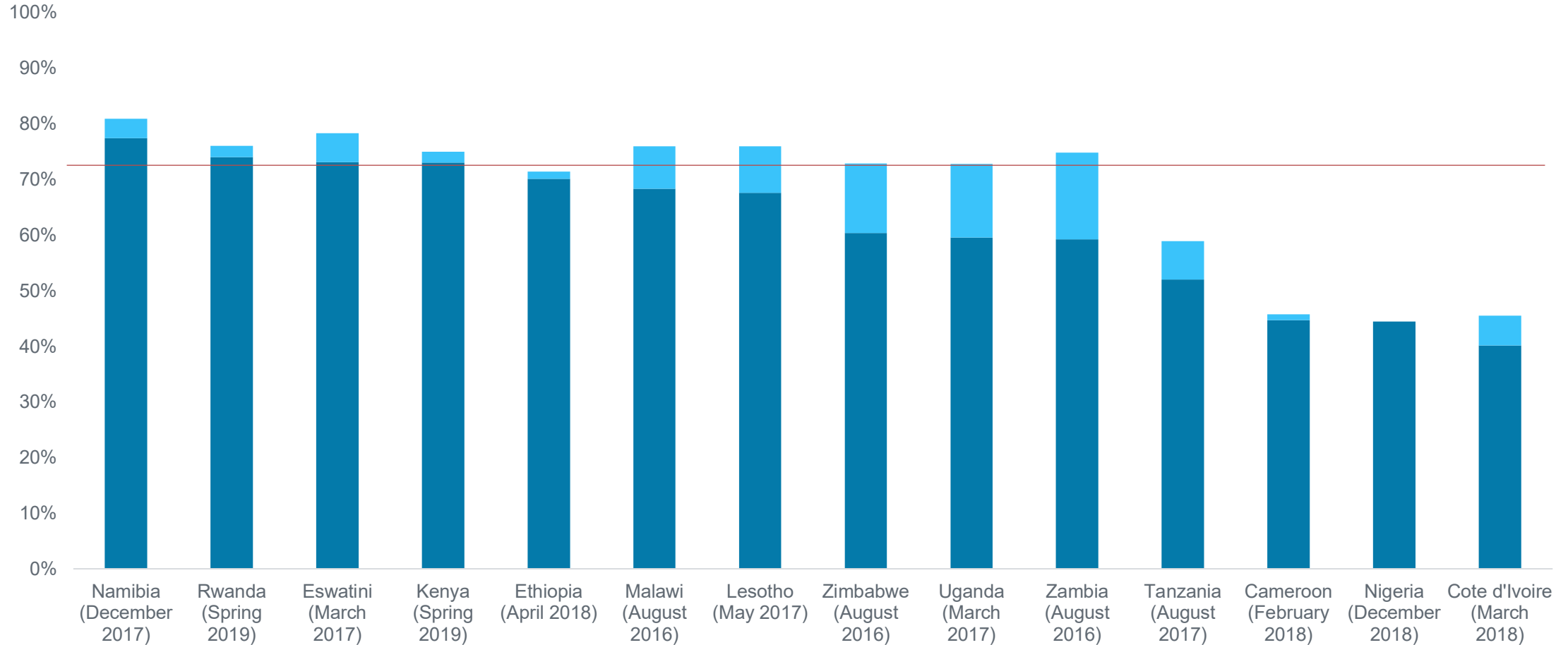
**16 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

UNCLASSIFIED



# 90/90/90 - Surrogate for Community Viral Load Suppression

## % of all HIV + adults that can't transmit the virus to others

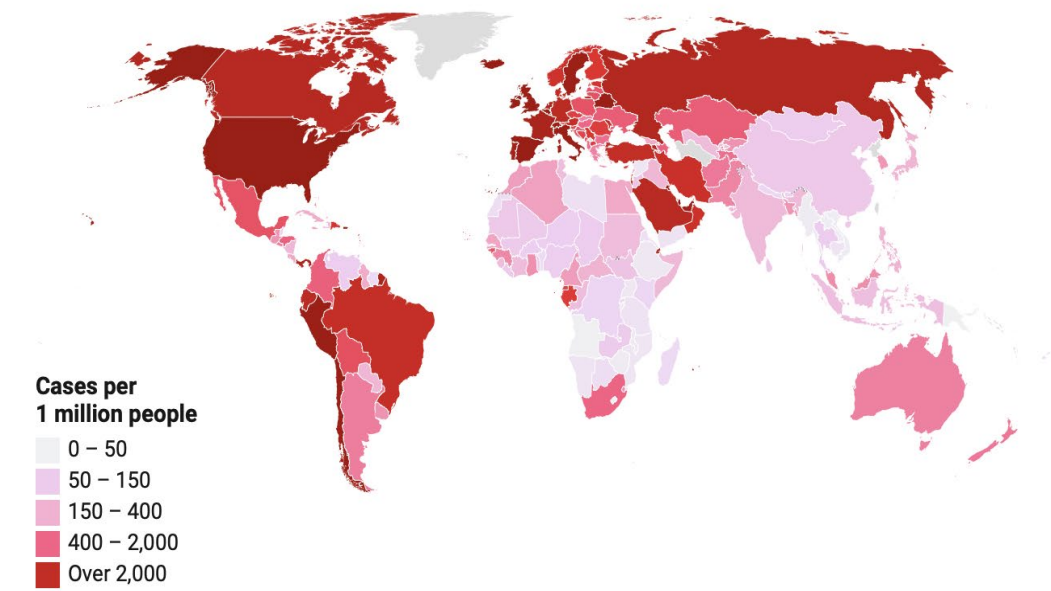
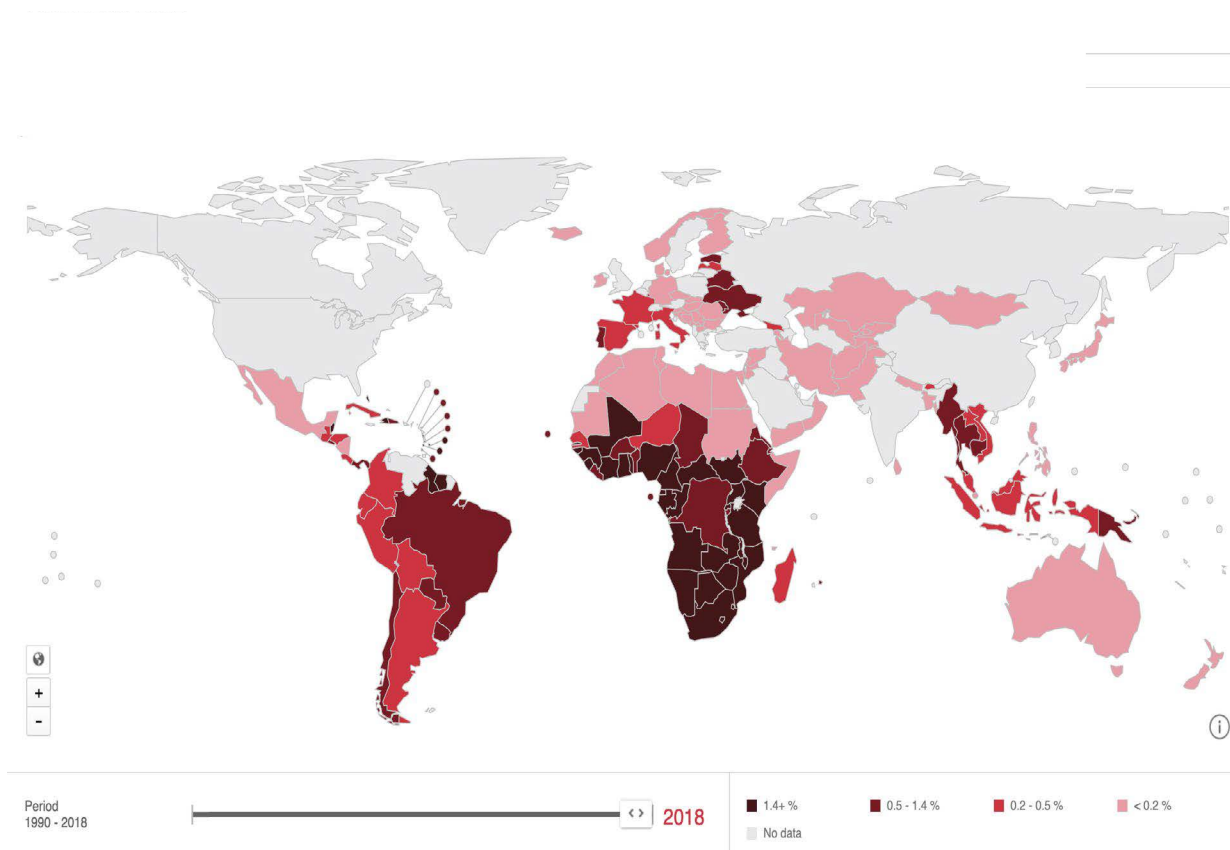


*Dates are when survey data collection ended.*

■ VLS in PHIA    ■ VLS since PHIA

# Global HIV Prevalence

# Global COVID Prevalence



Map: Emily Barone for TIME • Source: JHU CSSE • [Get the data](#) • Created with [Datawrapper](#)

# COVID-19 in Select Regions

## South-East Asia

218,523  
confirmed cases

## Africa

85,815  
confirmed cases

Feb 1

Mar 1

Apr 1

May 1

Feb 1

Mar 1

Apr 1

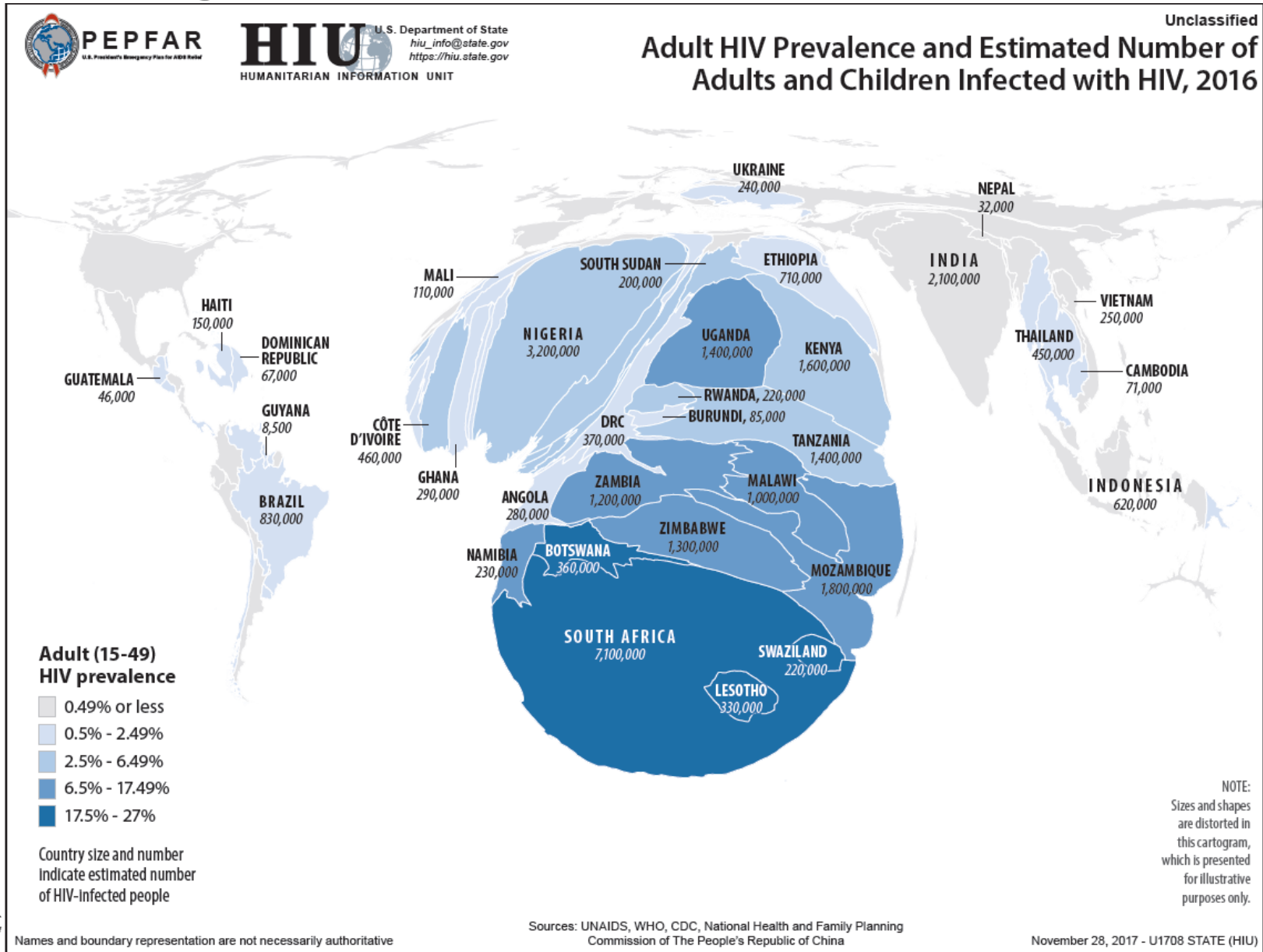
May 1

Source: WHO updated 5/27/2020





# PEPFAR Alignment of Investment to HIV Burden



**In the context  
of COVID-19,  
PEPFAR is firmly  
focused on**



Ensuring continuity of care for people living with HIV

1



Leveraging PEPFAR-supported health systems and infrastructure

2



Reducing exposure of staff and HIV clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19

3



Providing flexibility for PEPFAR programs in how to optimally serve our HIV clients in areas affected by COVID-19

4



# PEPFAR's HIV response in the context of COVID-19 (1)

- **Ensuring continuity of care for people living with HIV**
  - Ensuring that the over 15.7 million PLHIV who we serve continue to receive the lifesaving ART to stay healthy and maintain virologic suppression.
  - Provision of 3- and 6-MMD of ART for our clients and to reduce their potential exposure to COVID-19 by creating dedicated and separate HIV clinic spaces at health facilities.
- **Leveraging PEPFAR-supported health systems and infrastructure**
  - PEPFAR invests more than \$900 million annually to support health systems infrastructure and capacity in our partner countries, including expertise in surveillance, lab, and public health response.
  - Leveraging this robust lab capacity and surveillance systems to support diagnostics for COVID-19 at the appropriate time and to ensure these systems continue to function for people living with, and communities affected by, HIV.

# PEPFAR's HIV response in the context of COVID-19 (2)

- **Reducing exposure of staff and clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19**
  - Minimizing client visits to health care settings for non-essential services to reduce their risk of potential exposure to COVID-19, protect frontline health care workers, and avoid unnecessarily taxing overburdened health care settings.
  - Adapting HIV service delivery models to ensure social distancing, reduce contact of well persons with health care settings, and limit or pause any service provision that cannot be conducted within appropriate guidelines.
- **Providing flexibility for our programs in how to optimally serve our HIV clients in areas affected by COVID-19**
  - In close consultation with partner governments, PEPFAR is providing technical guidance to determine how to optimally serve our HIV clients with prevention and treatment services in areas affected by COVID-19 based on the specifics of their local context.

# PEPFAR's Platform

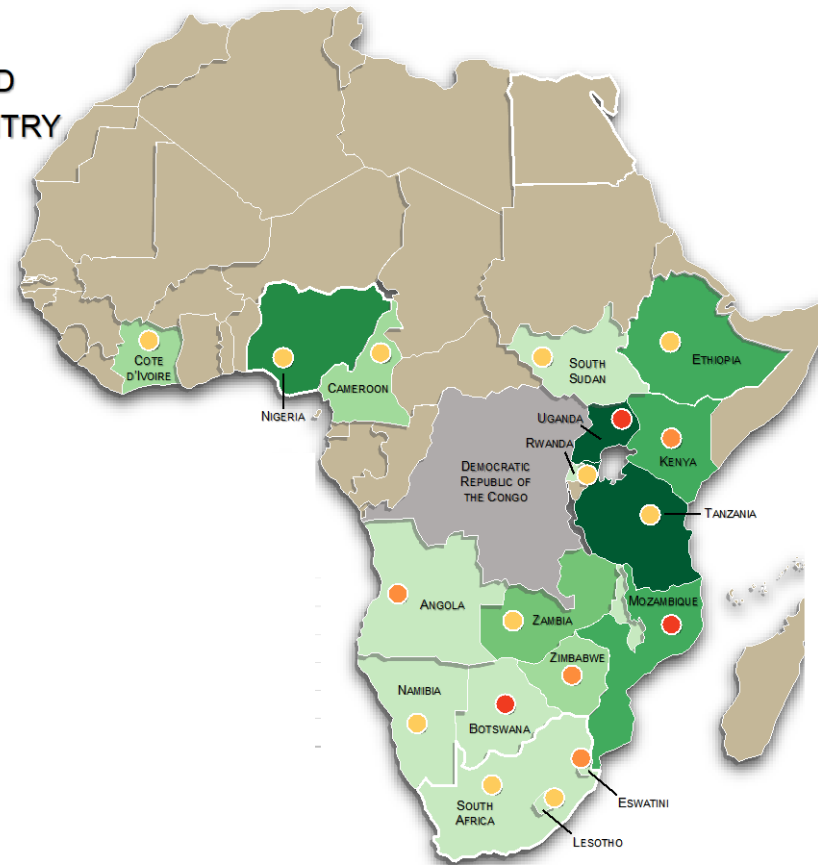
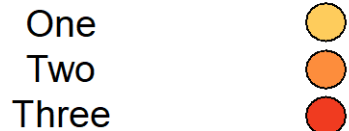
- Engaged and contributing extensively to USG-wide action plan for global COVID-19 response
- Strong interagency teams on the ground in 54 countries
- Data driven, metrics guides all programming
- Nearly 300,000 health care workers
- 70,000 health facilities
- Over 3,000 labs and 28 national reference labs

# PEPFAR-supported Laboratory Platform in Africa

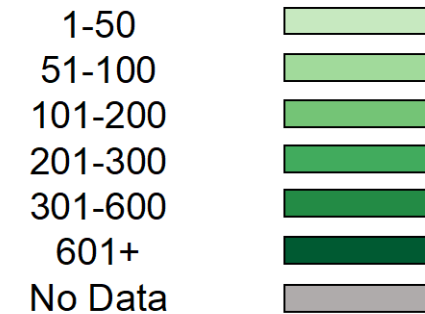
## U.S. PUBLIC HEALTH ASSISTANCE TO AFRICA

The United States, through the President's Emergency Plan for AIDS Relief (PEPFAR) and other assistance, has built a significant proportion of the national reference and biosafety laboratory infrastructure on the African continent. This covers nearly 3,000 labs, including 165 accredited labs primarily built by the United States – 28 of which are national reference labs.

NUMBER OF PEPFAR-SUPPORTED NATIONAL RESEARCH LABS BY COUNTRY



NUMBER OF PEPFAR-SUPPORTED LABS BY COUNTRY





# Key Interventions: emphasis on convenient, client-centered care

- ✓ Maximize retention, before lockdowns:
  - Identify patients at risk for LTFU
  - Patient tracking
  - Establish contact methods
  - Virtual platforms established
- ✓ Multi-month dispensing to ensure continuity of care
- ✓ Decentralized drug delivery
  - Public transport difficult in setting of lockdown
  - Aim to bring meds to convenient decentralized location.
  - Reduce time spent at facilities.
- ✓ Use of virtual platforms to communicate with recipients of care
  - Telemedicine
    - Guidance for confidential, safe provision of care
    - Testing whether in-person prevention interventions can be delivered virtually

# Changes in Official MMD Policy due to COVID-19

## Number of PEPFAR Countries Supporting MMD

### Examples:

- No requirement for viral load prior to MMD (e.g. DRC, Kenya)
- Reduction in number of months required to initiate MMD (Rwanda)
- Expansion of 6 MMD (Malawi, Uganda)
- PrEP consideration for MMD at first visit



20 countries, or 54% of countries considered, have changed their MMD policies to be more inclusive in the last two months due to COVID-19.

● Countries who have officially changed policies since March 2020 due to COVID-19

● Countries who have not officially changed their policies due to COVID-19 as of 5/27/2020

# Decentralized Drug Distribution

## • Home Delivery

- Via CHWs, pharmacy support staff, program staff, expert clients, postal service
- Obtain consent before & use discrete packaging to reduce risk of stigma

## • Community Pharmacy

- Private pharmacies that meet quality standards & are conveniently located
- Fees waived, service agreements w/ program
- Support and monitoring through electronic platforms

## • Automated Dispensing

- Drug lockers or ATMs installed in high volume districts
- Automated reporting for logistics
- Refilled by program staff

## • Alternative Pick-up

- Alternate points such as drop-in centers or other locations
- In light of COVID-19, consider what is not locked down

## • BENEFITS

- Public transport difficult in setting of lockdown
- Aim to bring meds to convenient decentralized location.
- Reduce time spent at facilities.

# Continued Commitment to Key Populations during COVID-19

## **Adapt HIV programs to be more responsive to key populations in COVID-19**

- Ensure that key populations enrolled in HIV treatment – more than 180,000 (including 63,457 MSM, and 2,431 transgender) – are retained in treatment and adherent
- Adapt programs to respond to communities' needs, including key population communities
- Encourage community distribution and multi-month distribution to reduce travel to and burden at health clinics
- Utilize more key population-friendly community-focused and virtual strategies
- Strengthen programs to prevent, detect, and provide responsive care, including mental health services, for key populations affected by gender-based violence or intimate partner violence

## **Ensure safety of key populations:**

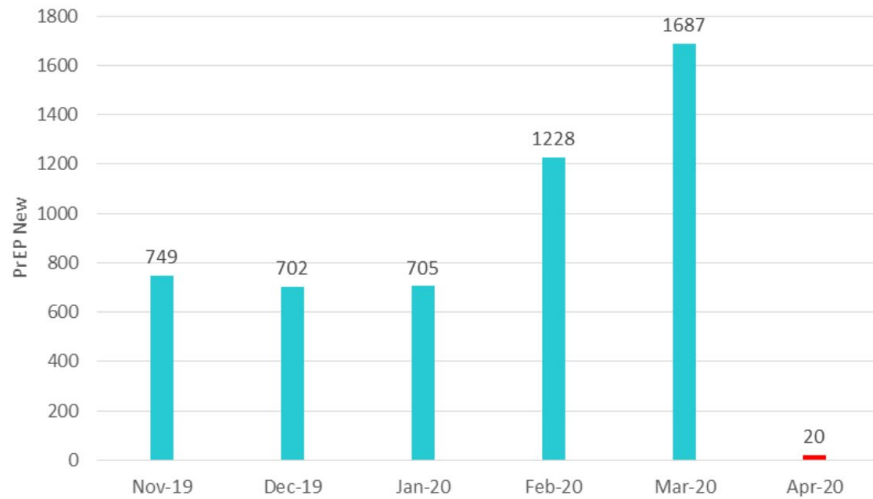
- Programs should track reports of barriers to service delivery
- Programs should work with IPs and engage KP community-based organizations to provide basic communications materials including infection prevention
- Programs should ensure violence prevention mechanisms and referrals are functioning to track and link clients to needed services

## **Maintain community inclusion in COVID-19 Response**

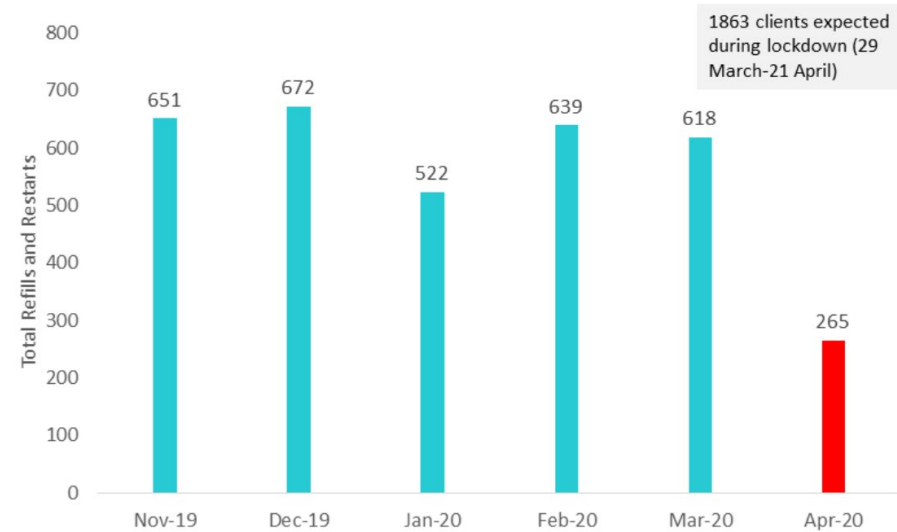
- Listen to key populations communities
- Be intentional about including marginalized individuals concerns in the response

# Example Implementation Challenge: Lesotho PrEP Initiations and Refills Decline

## PrEP Initiations have dropped drastically under Lockdown



## Only 14% of clients expected to attend refills during Lockdown served



# Example of Global Innovations and Adaptations

- Pivot to virtual/phone-based support: phone/WhatsApp to track refills and HIV testing; virtual support groups (e.g., virtual engagement of AGYW); virtual demand creation that directs clients to static clinics; online assessment for HIV risk / PrEP eligibility. Pivot to virtual platforms appears to have support for continuation, though new initiations are decreasing.
- Reduced contact PrEP service delivery: determined essential staff; reduce number of clients in facility at same time; strengthen infection control measures; appointments for PrEP initiation and refills
- Enhanced decentralization: home-based delivery of PrEP; PrEP pick-up at predetermined community pick-up points; HIVST being discussed in some places
- MMD to extent allowable by national policy with provision for monthly scripting for clients who may not adhere (to converse commodities)





# Supply Chain Challenges

- India lockdown affects 40% of current drug procurement
  - Pharmaceutical manufacturing exempt from lockdown but suppliers face labor shortages as staff fearful of returning to work and public transport is closed
  - Delay of required elements: labels and packaging materials
- Growing restrictions in Africa have limited logistics capability (e.g. Nigeria, Uganda, Tanzania, DRC.)
- PEPFAR interagency and the Global Fund to Fight AIDS, TB, Malaria are working collaboratively to ensure deliveries of commodities are maintained to prevent disruption of treatment

# Challenges for PLHIV Globally are Often Exacerbated during COVID-19

- Stigma and discrimination - Fear of COVID-19 may be keeping clients away (multiple anecdotal reports). Overwhelmed health-care services may turn people away as resources run short.
- Self protection and social distancing more difficult in high density areas, informal settlements, overcrowded cities, public transportation, multi-generational households
- Lack of clean water and sanitation, food insecurity, economic considerations
- Therefore, response needs to prioritize a human rights approach, centering on evidence, empowerment and community engagement.

# PEPFAR Technical Guidance in Context of COVID 19

- Developed by short term interagency task team comprised of senior thought leaders in implementing agencies
- Adaptive guidance developed based on rapidly changing landscape
- Nimble response to real-time data, program challenges and issues from the field
- Forum for community and civil society response
- Guidance produced twice weekly and posted publicly:  
<https://www.state.gov/pepfar/coronavirus>;  
<https://www.surveymonkey.com/r/V7RJW59> (Public input mechanism)

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## Thank You!

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