



## Agency Priority Goal | Action Plan | FY 23 – Q2

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# HIV/AIDS

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### Goal Leader(s):

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# Goal Overview

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## The U.S. Department of State and USAID aim to...

Achieve and sustain control of the HIV epidemic in PEPFAR-supported countries. By September 30, 2023, PEPFAR will 1) support eight<sup>1</sup> additional countries to achieve 73% community viral load suppression (CVLS) and 2) ensure that all nine<sup>2</sup> PEPFAR-supported countries that have achieved 73% CVLS sustain that progress.

<sup>1</sup>Countries that are targeting 73% population viral load suppression include Cameroon, Cote d'Ivoire, Uganda, Botswana, Haiti, Tanzania, Zambia, and Nigeria

<sup>2</sup>Countries at 73% population viral load suppression include Zimbabwe, Lesotho, Kenya, Ethiopia, Eswatini, Burundi, Malawi, Namibia, and Rwanda.

# Goal Overview

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## Problem to Be Solved

- 37.9 million People are Living with HIV (PLHIV) globally, the majority of whom are in sub-Saharan Africa, and only 27.5 million, 73%, of whom are on life-saving anti-retroviral treatment.
- There are 800,000 new HIV infections annually, the majority of which are in South Africa, Mozambique, Tanzania, and Zambia. PEPFAR aims to reduce these numbers by expanding prevention efforts.
- The impacts of the COVID-19 pandemic continue to stress health systems globally, including economic declines, inflation, supply chain delays, and gaps in healthcare workforce.
- In sub-Saharan Africa, despite gains, 52% of new HIV infections are among 15- to 49-year-old females, even though they are 24% of the total population.
- Globally, nearly two-thirds of children not on treatment are 5-14 years old, and only 40% of children who are living with HIV had suppressed viral loads in 2020, versus 67% of adults.
- Stigma and discrimination of PLHIV and of key populations (KP), which include men who have sex with men (MSM), transgender persons, commercial sex workers and prisoners, continues to prevent them from accessing high-quality services to prevent and treat HIV. Partner country governments often lack political will to address challenges for KP.

## What Success Looks Like

- Increase the number of PLHIV who know their HIV status, are on lifesaving treatment, and attain viral suppression, while expanding efforts to prevent HIV.
- Over time, these efforts will decrease the annual number of new HIV infections, continue to reduce HIV incidence, and ultimately, the size of the HIV epidemic.
- The countries that have achieved epidemiological benchmarks (e.g., 73% population viral load suppression) sustain those benchmarks.

↗ Tracking the goal

## Goal target(s)

Achievement Statement		Key Indicator(s)	Quantify Progress			Frequency
By...	We will...	Name of Indicator	Target Value	Starting Value**	Current Value	Update Cycle
9/30/23	Support eight additional countries to achieve 73% population viral load suppression (PopVLS)	Number of additional countries that achieve the 73% PopVLS	8	0	3	Annual
9/30/23	Sustain all nine PEPFAR-supported countries that have achieved 73% PopVLS	Number of countries that have already achieved 73% PopVLS	9	9	9	Annual

\*Progress is not evaluated until the fiscal year ends; because of the way PEPFAR collects and validates data, reporting lags one quarter. Current results reported are through Q4 FY 2022. Results for FY23 will be reported in the FY 2024 Q1 APG update.

# Goal Team

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- The State Department's (State's) Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) and USAID's Bureau for Global Health lead this Joint APG.
- S/GAC is the PEPFAR headquarters, and leads, coordinates, and funds the U.S. response to global HIV/AIDS. Within State, the Chiefs of Mission in U.S. Embassies in 55 countries lead and coordinate PEPFAR in the field.
- Agencies that implement PEPFAR include: USAID; the U.S. Department of Health and Human Services (HHS) and its Agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH); the Departments of Commerce, Defense, and Treasury; and the Peace Corps.
- We describe the roles of each of these agencies on the next slide.

# Goal Team



The Office of the U.S. Global AIDS Coordinator (OGAC) is the headquarters of the PEPFAR program and is housed within the U.S. State Department as an “S” special office (S/GAC). The U.S. Global AIDS Coordinator, an appointed position which holds the rank of Ambassador-at-Large, leads this office and has oversight for the entire PEPFAR program. S/GAC leads, funds, and coordinates PEPFAR in 55 countries.

Department of State



U.S. Agency for International Development

USAID began HIV/AIDS work in 1986 but significantly scaled up programs with the launch of PEPFAR and is now one of the primary implementers and supports clinical care for millions of PLHIV. USAID does this through a development approach, utilizing its broad global health competence to support country-led efforts to combat the complex challenges of HIV/AIDS.



Department of Health and Human Services

Within the U.S. Department of Health and Human Services (HHS), there are five agencies that implement PEPFAR programs including CDC, HRSA, NIH, FDA and SAMHSA. The U.S. Centers for Disease Control and Prevention (CDC) is the largest implementer and leverages scientific and technical expertise to help deliver high-impact, sustainable prevention, care, and treatment of HIV. The CDC works with ministries of health to strengthen countries' health infrastructure, workforce, and epidemiological capacity.



Department of Defense

The DoD HIV/AIDS Prevention Program (DHAPP) is based in San Diego, CA and administers funding, directly conducts training, and provides technical assistance for focus countries and other bilateral countries. DHAPP supports HIV/AIDS prevention, treatment, care, strategic information, human capacity development, and program and policy development in host militaries and civilian communities of 55 countries around the world.



Peace Corps

Peace Corps Volunteers (PCVs) work in partnership with host countries and local governments to enhance the capacity of organizations from the community to the national level, ultimately promoting an understanding of the epidemic and encouraging the adoption of healthier behaviors. PCVs provide long-term capacity development support to non-governmental, community-based, and faith-based organizations, with particular emphasis on ensuring that community-initiated projects and programs provide holistic support to people living with and affected by HIV/AIDS. PCVs play a unique role in targeting hard-to-reach populations and instituting change through sustainable community efforts.



Department of the Treasury

The Department of Treasury works with Finance Ministries in select countries to broaden awareness of the substantial economic costs of the epidemic, and the need to ensure resilient and financially secure health systems. Treasury helps these ministries prepare public budgets to assume a greater share of the costs for HIV/AIDS programs, and to provide technical assistance to build state capacity in public financial management.



Department of Commerce

The Department of Commerce provides support by furthering private sector engagement and fostering public-private partnerships. The Department of Commerce creates and disseminates sector-specific strategies for various industries, detailing concrete examples of how the private sector can be engaged in HIV/AIDS. The Census Bureau, within Commerce, also assists countries with collecting census data and provides support with data analysis and surveys.

# Goal Strategies

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## Achieve and Sustain Epidemiological Benchmarks for the HIV Epidemic in PEPFAR-Supported Countries

By September 30, 2023, accelerate progress of all PEPFAR countries toward the UNAIDS goal to achieve 95-95-95

95% of People Living with HIV (PLHIV) Know Their Status

95% of People Who Know Their HIV-Positive Status are on Antiretroviral Therapy

95% of People on Antiretroviral Therapy are Virally Suppressed

# Goal Strategies

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To achieve PEPFAR's ambitious goals, we will build on activities and programs that have demonstrated impact and focus on new strategies to continue to drive progress to achieve and sustain the UNAIDS 95-95-95 goals. PEPFAR will:

- Ensure person-centered antiretroviral treatment (ART) services are available throughout the PEPFAR program to improve life-long patient retention and community viral load suppression. Person-centered services include: differentiated care models; six-month clinical visits for stable patients; multi-month drug dispensing; and routine, national viral load testing to monitor ART adherence and any potential drug resistance.
- Continue to scale targeted approaches to HIV testing services, including index testing, self-testing, and recency testing, to advance progress toward the goal of 95% of PLHIV knowing their status.
- Focus combination prevention interventions with layered core packages of services for adolescent girls and young women between 15 and 29 years of age; young men between 20 and 39 years of age; and orphans and vulnerable children, especially girls between nine and 14 years of age, for HIV risk-avoidance and to prevent sexual violence.
- Scale up voluntary medical male circumcision (VMMC) for young men.
- Ensure priority populations and key populations have access to and increase their use of comprehensive packages of health and social services, including HIV-testing, partner-testing, education on risk-reduction, pre-exposure prophylaxis (PrEP), and HIV treatment for those found to be living with HIV.
- Continue strengthening global health security and pandemic preparedness in PEPFAR-supported countries.



# Key Indicators

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New HIV infections and HIV-related mortality are the two critical components that define epidemic control. UNAIDS leads an annual modeling process to estimate these components. PEPFAR monitors program performance routinely by measuring progress against the UNAIDS 95-95-95 goal framework – 95% of PLHIV know their status, 95% of PLHIV who know their status are accessing treatment, and 95% of PLHIV on treatment have suppressed viral loads, across all ages, genders, and risk groups – and delivering HIV prevention services. To monitor progress toward epidemic control, PEPFAR will monitor and report on a subset of key quarterly indicators, including the:

1. Number of adults and children newly diagnosed with HIV;
2. Number of adults and children currently receiving ART;
3. Percent of adults and children who are virally suppressed;
4. Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period; and
5. Number of individuals who were newly enrolled (in the reporting period) on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection.

Performance data for these and other PEPFAR performance indicators are available at <https://data.pepfar.gov/>.

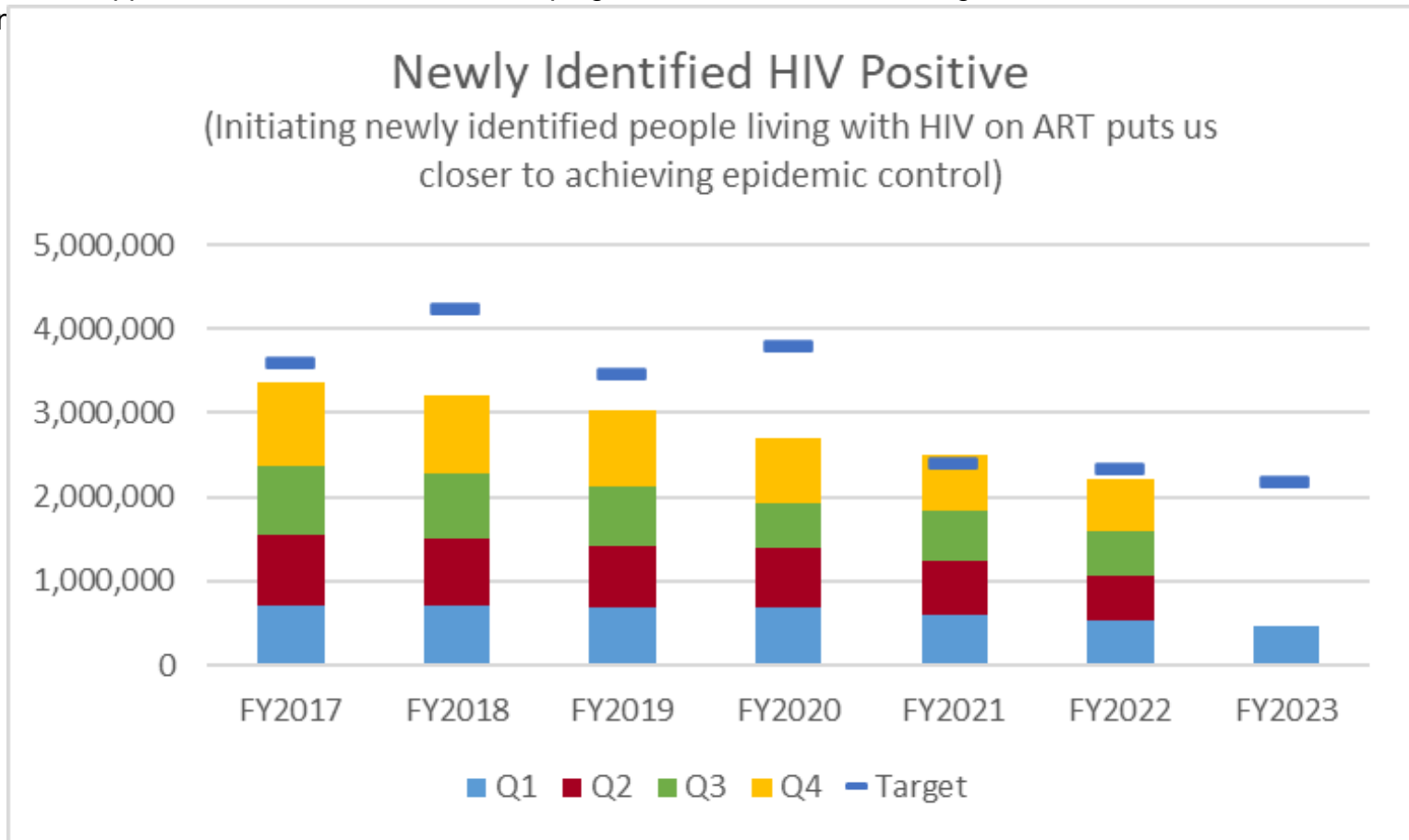
# Key Indicators

Indicator Title	FY23 Q1*	FY 2022 Target	FY 2023 Target
<b>Strategy #1: 95% of People Living with HIV Know Their Status</b>			
Number of adults and children newly diagnosed with HIV	<b>472,584</b>	<b>2,330,425</b>	<b>2,171,323</b>
<b>Strategy #2: 95% of People Who Know Their HIV-Positive Status are on Antiretroviral Therapy</b>			
Number of adults and children currently receiving ART	<b>20,282,636</b>	<b>20,358,681</b>	<b>20,953,198</b>
<b>Strategy #3: 95% of People on Antiretroviral Therapy are Virally Suppressed</b>			
Percent of adults and children who are virally suppressed	<b>95.4%</b>	<b>95.0%</b>	<b>95.6%</b>
<b>Prevention Strategies to Reduce New Infections:</b>			
Number of males circumcised as part of the VMMC for HIV prevention program within the reporting period	<b>596,103</b>	<b>2,252,753</b>	<b>2,331,361</b>
Number of individuals who were newly enrolled (in the reporting period) on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection	<b>391,967</b>	<b>1,050,766</b>	<b>1,382,419</b>

\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. Current results reported are through Q1 FY 2023. Results for FY23 Q2 will be reported in the FY 2023 Q3 APG update. Progress is reported for each quarter against the annual target (PEPFAR sets annual targets each fiscal year).

# Key Indicator 1: Number of Adults and Children Who were Newly Diagnosed with HIV\*

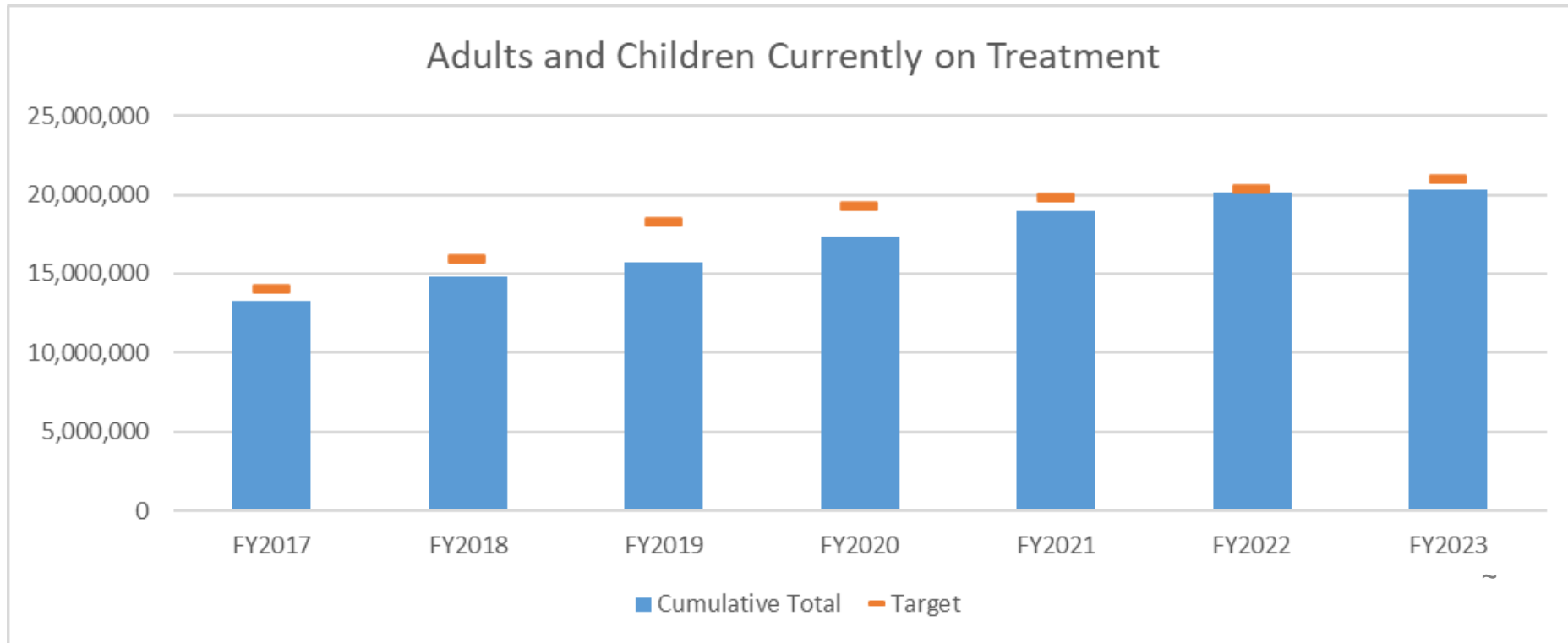
- Measuring the number of adults and children newly diagnosed with HIV allows PEPFAR to monitor progress on achieving the first “95” of the UNAIDS 95-95-95 goals, i.e., the percentage of people living with HIV (PLHIV) who are aware of their status. During FY 2023 Q1, PEPFAR supported identifying more than 472,500 PLHIV, 21.8% of our annual target. Targets for FY 2021-2023 have been reduced compared with previous years, as many PEPFAR-supported countries are nearing achievement of the first 95 goal. As we approach 95% of people being aware of their HIV status in many PEPFAR-supported countries, PEPFAR is helping countries focus their testing activities to find those who still need to be four



\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. Results for FY23 Q2 will be reported in the FY 2023 Q3 APG update. Progress is reported for each quarter against the annual target.

## Key Indicator 2: Number of Adults and Children Who are Currently Receiving Anti-Retroviral Therapy (ART)\*

- Measuring the number of adults and children currently receiving ART allows PEPFAR to monitor progress on achieving the second “95” of the UNAIDS 95-95-95 goals, i.e., the percentage of people living with HIV who are on ART. At the end of FY 2023 Q1, PEPFAR was supporting more than 20 million men, women, and children on life-saving ART, 96.8% of the annual target. To continue to scale up, PEPFAR is supporting policies and practices that will enable more people to receive treatment in the most cost-effective manner possible.

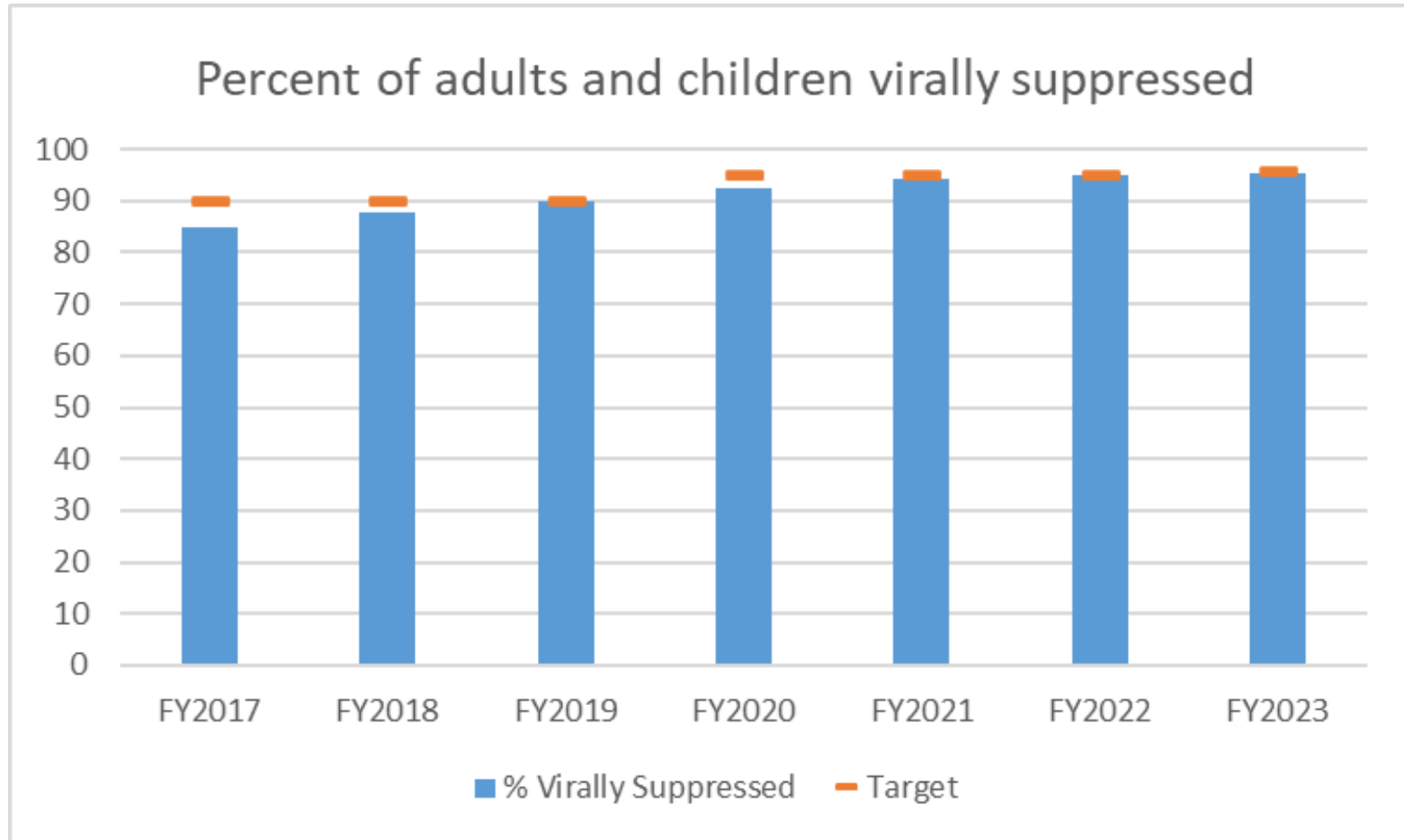


\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. Current results reported are through Q1 FY 2023. Results for FY23 Q2 will be reported in the FY 2023 Q3 APG update. Progress is reported for each quarter against the annual target.

~Data includes centrally-supported clients in South Africa that are reported annually in Q4.

# Key Indicator 3: Percent of Adults and Children Who are Virally Suppressed\*

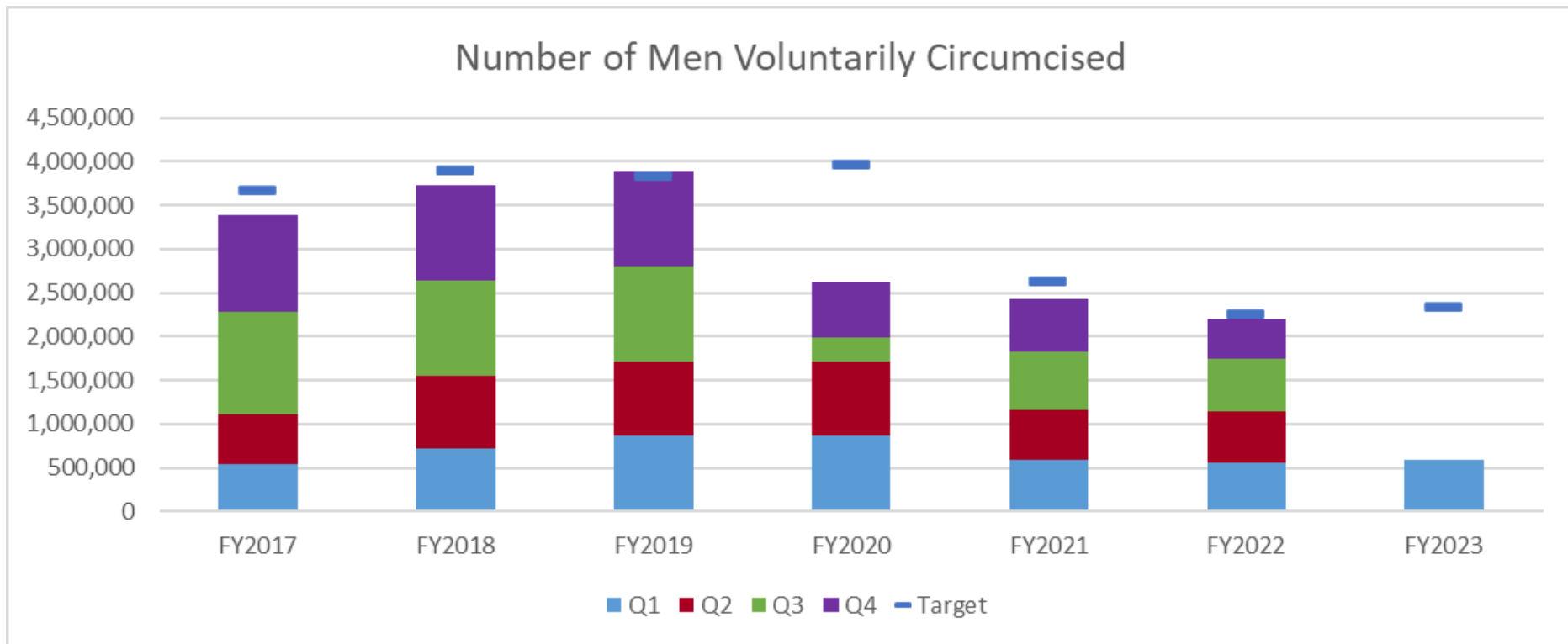
- Measuring the percentage of adults and children who are currently virally suppressed enables PEPFAR to monitor progress on achieving the third “95” of the UNAIDS 95-95-95 goals, i.e., the percentage of people living with HIV (PLHIV) who are virally suppressed. PEPFAR is supporting policies and practices that will enable more people to receive treatment in the most cost-effective way possible. At the end of FY 2023 Q1, 95.4% of PEPFAR's eligible PLHIV were virally suppressed, indicating PEPFAR is on track toward the FY23 target of 95.6%.



\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. Current results reported are through Q1 FY 2023. Results for FY23 Q2 will be reported in the FY 2023 Q3 APG update. Progress is reported for each quarter against the annual target.

# Key Indicator 4: Number of Males Circumcised as Part of Voluntary Medical Male Circumcision (VMMC) Programs\*

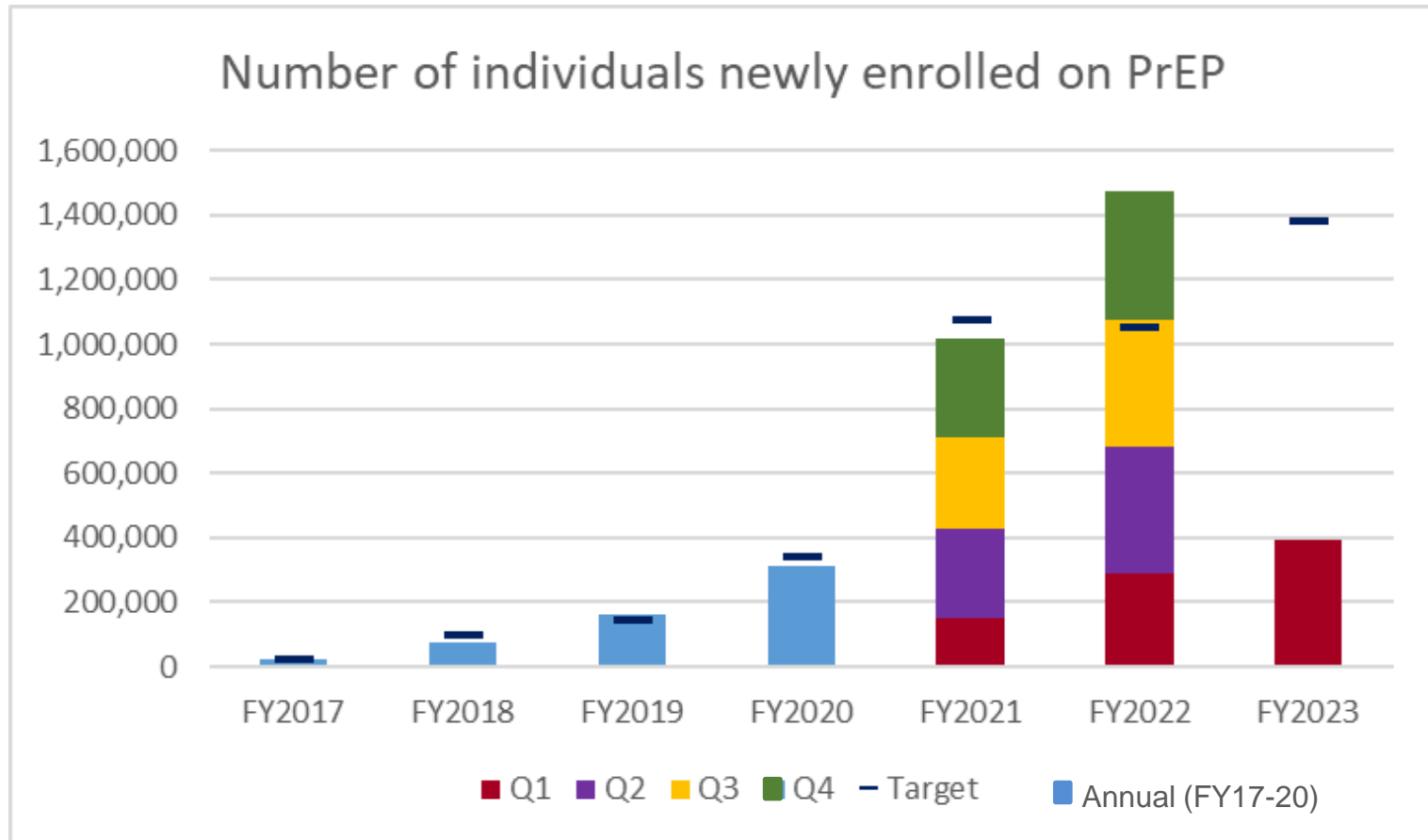
- Preventing new infections is a key pillar to stopping the HIV pandemic. PEPFAR supports a broad spectrum of interventions, including VMMC, which reduces HIV transmission in men by 60% during a man's life. In FY 2023 Q1, PEPFAR supported VMMC for nearly 600,000 men and boys to prevent HIV infection, 25.6% of the annual target. Throughout FY 2023, PEPFAR will continue to move toward more than 80% saturation in the 15-29-year-old priority age band.



\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. Results for FY23 Q2 will be reported in the FY 2023 Q3 APG update. Progress is reported for each quarter against the annual target.

# Key Indicator 5: Number of Individuals Who were Newly Enrolled on Oral Pre-exposure Prophylaxis (PrEP) to Prevent HIV Infection\*

- Measuring the number of individuals who were newly enrolled on oral antiretroviral PrEP during the reporting period provides an indicator of prevention programming. PrEP has been shown to reduce incident infections among several populations, including serodiscordant heterosexual couples, men who have sex with men (MSM), female sex workers (FSW), and transgender persons. During FY 2023 Q1, PEPFAR newly enrolled nearly 400,000 individuals on PrEP, 28.4% of the annual target.



\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. Results for FY23 Q2 will be reported in the FY 2023 Q3 APG update. Progress is reported for each quarter against the annual target. A serodiscordant relationship is where one partner is infected by HIV and the other is not.

# Key Milestones

- In FYs 2023-24, PEPFAR seeks to: sustain HIV impact in countries that have achieved epidemiologic benchmarks (e.g., the UNAIDS 95-95-95 goals); accelerate progress toward these benchmarks in the countries that have not yet achieved it; and address rising new infections or slow progress in key population HIV epidemics globally.
- S/GAC is committed to constantly improving the business processes to help achieve these goals and to ensure PEPFAR Headquarters and field staff can focus on implementing programming, achieving targets, and increasing partner management and oversight.
- With the ongoing recovery from the COVID-19 pandemic, PEPFAR continues to adapt the program and its business processes to work effectively globally.

Milestone Summary			
Key Milestone	Milestone Due Date	Milestone Status	Comments
<b>FY23 Q1:</b> Collect and clean internal U.S. Government (USG) data to publicly release FY 2022 global and country-specific results, including results for the APG indicators	Release data by December 1, 2022	Complete	PEPFAR released FY 2022 annual results on December 1, 2022, in alignment with World AIDS Day activities.
<b>FY23 Q1:</b> PEPFAR operating units and implementing agencies' headquarters staff provide virtual briefings on FY 2022 country program and financial performance to S/GAC senior leaders	Mid-December 2022	Complete	In early December, PEPFAR country teams and implementing agency headquarters staff presented end-of-year assessments of program and financial performance for each PEPFAR country and regional program as part of the quarterly reporting cycle.
<b>FY23 Q1:</b> S/GAC holds in-depth data-driven review meetings with APG co-lead to review all PEPFAR country and regional programs, including programmatic and financial performance	Mid-December 2022	Complete	S/GAC leaders provided slides to the APG Goal co-lead to update on current program and financial performance and deliberate strategic direction (across the PEPFAR program and for each country and region) for the next planning cycle (Country Operational Planning [COP] 2023).
<b>FY23 Q2:</b> Review and revise COP 2023 planning process and timelines to ensure all PEPFAR implementing countries receive funds by the beginning of FY 2024	Mid-February 2023	Complete	COP/Regional Operational Plan (ROP) 2023 guidance, tools, and instructions were developed and released on time (by February 15, 2023).

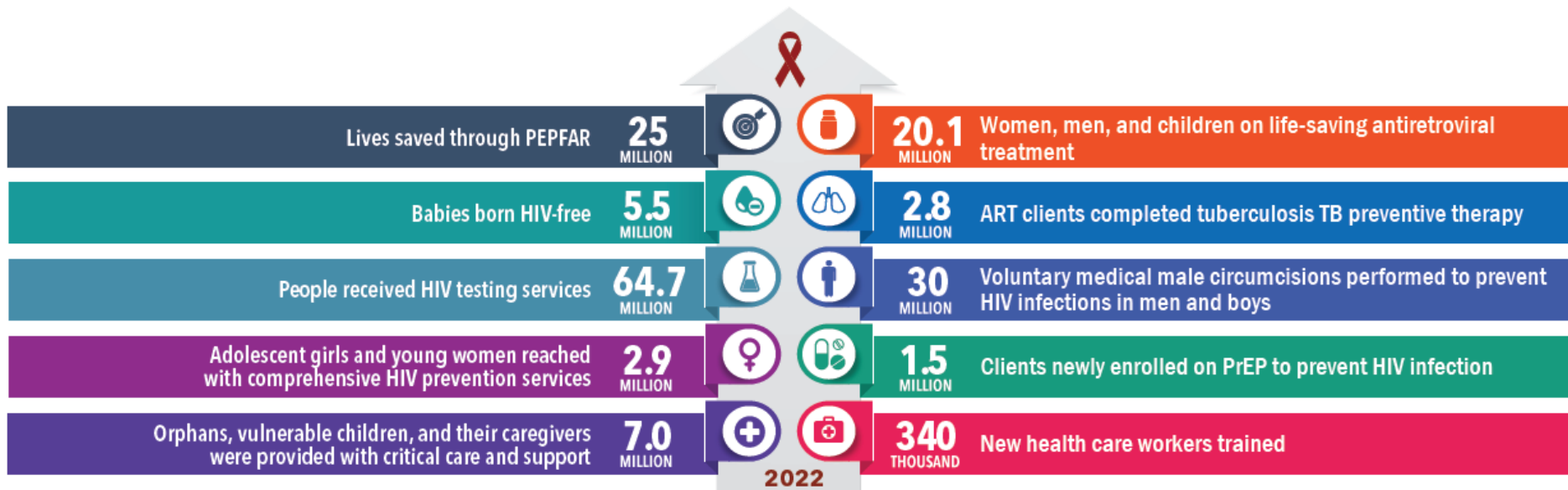


# Key Milestones

Milestone Summary			
Key Milestone	Milestone Due Date	Milestone Status	Comments
<b>FY23 Q2:</b> Collect and clean internal USG data to publicly release FY 2023 Q1 global and country-specific results, including results against the APG indicators. S/GAC convenes review with interagency field and headquarters teams to discuss progress toward targets.	End of March 2023	Completed	PEPFAR released FY 2023 Q1 global and country-specific results in February 2023. PEPFAR reviewed progress toward targets during COP23 planning meetings.
<b>FY23 Q2:</b> Convene multi-stakeholder workshops to review draft COPs/ROPs and ensure a shared understanding of the final submission. Meetings will include: the entire interagency that works on PEPFAR in each country; embassy leaders, including Chiefs of Mission (COMs) and Deputy Chiefs of Mission (DCMs); partner governments up to and including Ministers of Health; civil society leaders; and APG goal leads or their designates.	Meetings for all PEPFAR countries to be completed by March 31, 2023	Completed	PEPFAR held COP23 planning meetings and multi-stakeholder workshops in late February-March 2023.
<b>FY23 Q3:</b> Collect and clean internal USG data to publicly release FY 2023 Q2 global and country-specific results, including results against the APG indicators. S/GAC convenes review with interagency field and headquarters teams to discuss progress toward targets.	Data available and review to be completed by June 30, 2023	On Track	PEPFAR to release FY 2023 Q2 global and country-specific results in May 2023. Country teams to present mid-year program performance assessments for each PEPFAR country and regional program in June 2023.
<b>FY23 Q4:</b> Collect and clean internal USG data to publicly release FY 2023 Q3 global and country-specific results, including results against the APG indicators. S/GAC convenes review with interagency field and headquarters teams to discuss progress toward targets.	Data available and review to be completed by September 30, 2023	On Track	PEPFAR to release FY 2023 Q3 global and country-specific results in August 2023. Country teams to present Q3 program performance assessments for each PEPFAR country and regional program in September 2023.

## Narrative – FY 2023 Q2

# PEPFAR GLOBAL RESULTS for FY 2022



PEPFAR is the largest commitment by any country to address a single disease in history. Through the compassion and generosity of the American people, PEPFAR has saved more than 25 million lives, prevented millions of infections, and helped transform the global AIDS response.

## Narrative – FY 2023 Q2

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- Benchmarks – PEPFAR achieved all benchmarks for FY 2022 and is making progress toward FY 2023 benchmarks, including:
  - Completing the 2023 co-planning meetings to begin programming all bilateral and regional PEPFAR investments to execute in FY 2024.
  - Collected, reviewed, and publicly released FY 2023 Q1 data.
  
- Key Indicators – Results PEPFAR reported for key indicators represent progress through FY 2023 Q1\*. Progress toward key indicators in FY 2023:
  - PEPFAR newly identified more than 472,500 PLHIV during FY 2023 Q1, 22% of the FY 2023 target of 2.17 million.
  - PEPFAR continues to grow the cohort of patients on lifesaving antiretroviral treatment, reaching a total of nearly 20.3 million\*\* in FY 2023 Q1, 96.8% of the annual target.
  - Viral load suppression, which indicates that the level of the HIV virus in the patient's bloodstream is below detectable limits and prevents transmission, was 95.4% in patients eligible for a viral load test in FY 2023 Q1, close to the 95.6% FY 2023 final target.
  - Voluntary medical male circumcision (VMMC) programs, along with many other prevention interventions, have rebounded since being impacted by the COVID-19 pandemic. In total, PEPFAR provided nearly 600,000 men with VMMC services in FY 2023 Q1, 25.6% of the annual target. PEPFAR also newly enrolled nearly 400,000 individuals on pre-exposure prophylaxis (PrEP), 28.4% of the annual target.

\*Because of the way PEPFAR collects and validates data, reporting lags one quarter. PEPFAR's targets are set on an annual basis, and the subsequent results reported quarterly toward that annual target. Results for FY23 Q2 will be reported in the FY23 Q3 APG update.

\*\* Includes centrally-supported clients in South Africa that are reported annually in Q4.

# Data Accuracy & Reliability

Data Review Step	Accuracy	Reliability	Notes
<b>Data Entry</b>			
<ul style="list-style-type: none"> <li>Validation Rules for Data-Management</li> </ul>	High	High	<p>To ensure partners' data are accurate, Data for Accountability Transparency Impact Monitoring (DATIM), our system for entering and managing data, features automatic data-quality checks by using more than 100 validation rules. The validation rules flag instances when entries are illogical within and across indicators PEPFAR reports.</p>
<b>After Data Submission</b>			
<ul style="list-style-type: none"> <li>Quarterly PEPFAR Oversight and Accountability Response Team (POART) Review</li> </ul>	High	High	<p>The POART reviews the initial quarterly submission for each PEPFAR country. During these reviews, data completeness and quality issues are part of discussion during a three-hour call with the USG country team in the field. After this call, each team is responsible for returning to DATIM and to make the necessary corrections during the data-entry period.</p>
<ul style="list-style-type: none"> <li>Agency Data-Quality Assessment (DQA)</li> </ul>	High	High	<p>In addition to participating in POART reviews, each PEPFAR Implementing Agency also has its own protocol for assessing the quality of data and evaluating progress of its partners.</p>
<ul style="list-style-type: none"> <li>PEPFAR Data-Quality and Results Snapshot (DQRS)</li> </ul>	High	High	<p>S/GAC recently rolled out a new data-quality assessment (DQRS) that reviews a limited number of PEPFAR indicators that in-country partners submit. The DQRS, which O/GAC leads, assesses site-level results by reviewing patient records and registers, as well as electronic patient and pharmacy records. Irregularities flag the need for a remediation plan and subsequent follow-up to ensure partners make timely corrections.</p>

# Additional Information

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## **Contributing Programs**

The Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC) is the PEPFAR headquarters and leads, coordinates, and funds the U.S. response to global HIV/AIDS. From within State, the Chiefs of Mission in U.S. Embassies in more than 50 countries lead and coordinate PEPFAR in the field. Agencies that implement PEPFAR include: USAID; the U.S. Department of Health and Human Services (HHS) and its Agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH); the Departments of Commerce, Defense, and Treasury; and the Peace Corps.

## **Stakeholder / Congressional Consultations**

PEPFAR works across multiple sectors to sustain control of the epidemic. PEPFAR collaborates with partner governments and multilateral partners, such as UNAIDS and the Global Fund, to optimize its investments, strengthen country leadership and sustainability, and enhance service-delivery. PEPFAR also dedicates funds to strengthen the leadership and capacity of civil society, including with faith-based organizations (FBOs), while recognizing that sustainable HIV/AIDS interventions must be tailored to, and informed by, the communities we serve. PEPFAR forges strategic public-private partnerships that support and complement our work to prevent, care for, and treat HIV. S/GAC consults closely with civil society, advocacy organizations, academia, and Congress on its strategy.