



PEPFAR 3.0

Controlling the epidemic & delivering on the promise of an AIDS-free generation through
Geographic Prioritization

Implications for OVC Programming

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Focusing Programs in the Right Places

WHY ?:

- Best **control the epidemic** by pivoting to a data-driven approach that strategically targets
 - Geographic areas
 - Populations: Different populations are affected differently. There is national, sub-national and local diversity of the AIDS epidemic.
- Achieve the **most impact for our investments**
 - Maximize resources

WHERE ?:

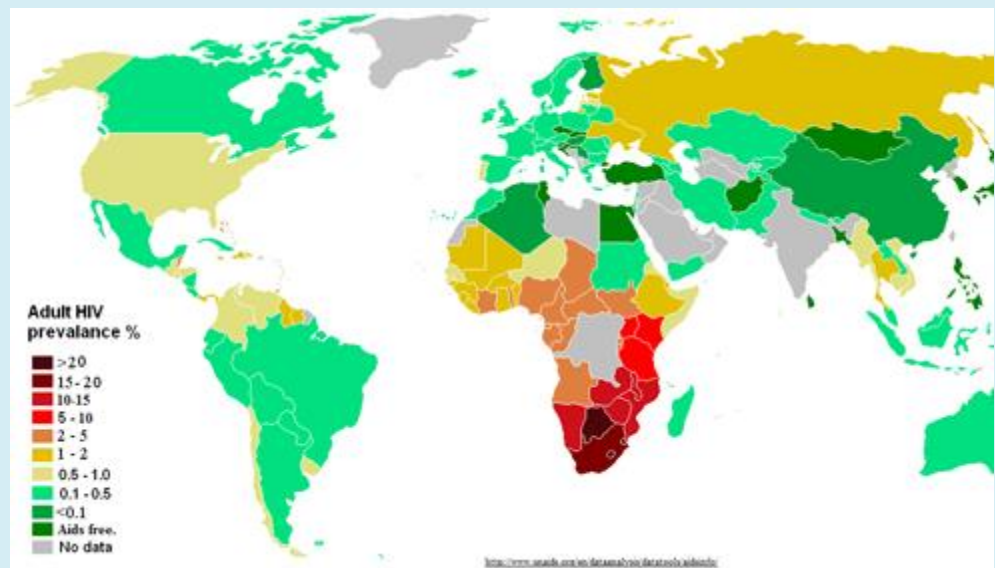
- Go where the virus is with evidence-based interventions
 - areas of greatest HIV incidence
 - targeting populations at greatest risk



Right Places: Targeting at all Levels

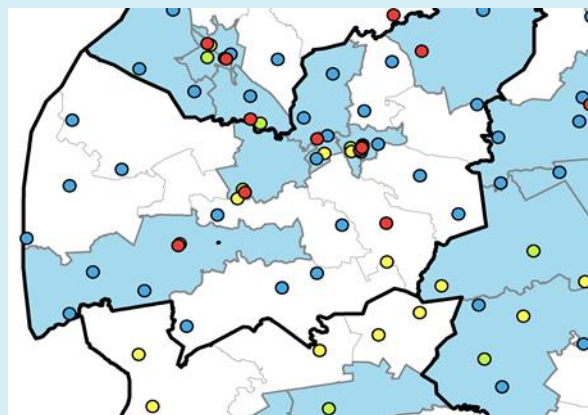
- **Country level**

- Highest **burden** countries
 - Prevalence & incidence
 - Number of PLHIV
- Greatest **unmet need** for services
 - Among general population
 - Among specific populations



- **Sub-national units (SNUs) (regions/districts)**

- Highest **burden**
- Highest **unmet need**



- **Site level**

- Highest **burden**
- Highest **unmet need**



Types of Sub-National Units (SNUs) [Districts & Sites]

3 types of geographic prioritization with accompanying goals and services/activities for each type

Scale Up

- Scale-Up to Saturation
- Aggressive Scale-Up

Sustained

- Formerly *Maintenance Districts*

Central Support

- Formerly *Transition Districts*



Types of Sub-National Units (SNUs)

Scale Up

- **Scale-Up to Saturation** - receive intensive PEPFAR support with a target of reaching 80% of people living with HIV (PLHIV) on ART by 2017.
- **Aggressive Scale-Up** - receive intensive PEPFAR support increasing 'new on ART' but not reaching 80% of PLHIV by 2017.

Goal: Accelerate progress toward at least 80% antiretroviral treatment (ART) coverage in a subset of high-burden locations and populations. Contributes to 90/90/90 by 2020.

Activities: PEPFAR-supported facility- and community-based activities, including demand generation; prevention and care community activities; facility-based testing, treatment, adherence and retention, as well as site, district, and national level quality monitoring.



Types of Sub-National Units (SNUs)

Sustained

- Formerly *Maintenance Districts*

Services/Activities:

- Different in each country
- Include passive enrollment via HIV testing and counseling on request or as indicated by clinical symptomology, care and treatment services for PLHIV, and essential laboratory services for PLHIV.
- As high burden Scale-Up Districts are saturated, Sustained Districts will be scaled to reach 90/90/90 goals by 2020.



Types of Sub-National Units (SNUs)

Central Support

- Formerly *Transition Districts*

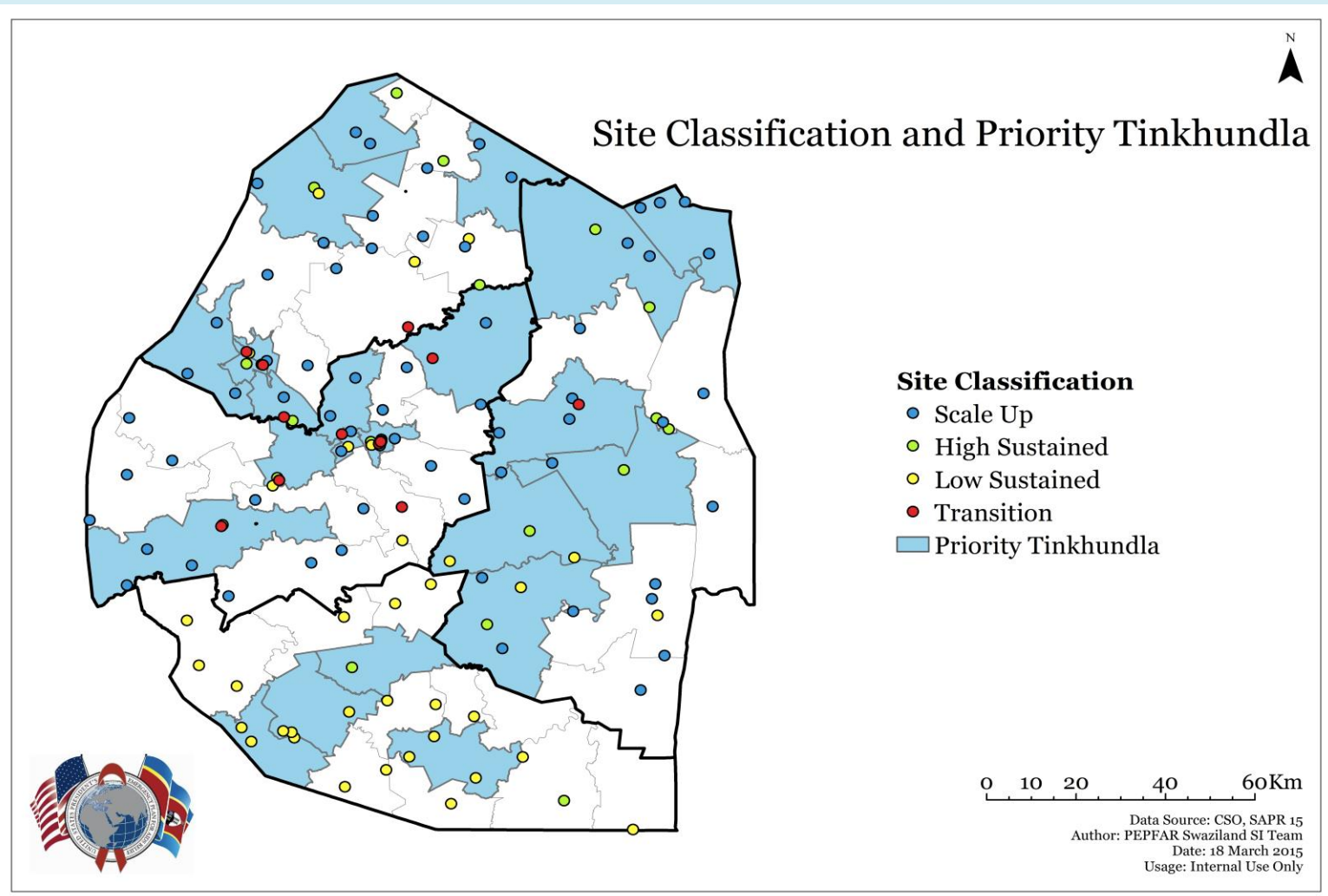
Services/Activities:

- Transition site-specific activities to government or other support by the end of Sept. 2015 - no later than March 2016.
- Continue to receive PEPFAR national support for overarching activities, such as quality assurance and quality improvement (QA/QI) to ensure that patients/clients continue to receive quality services.

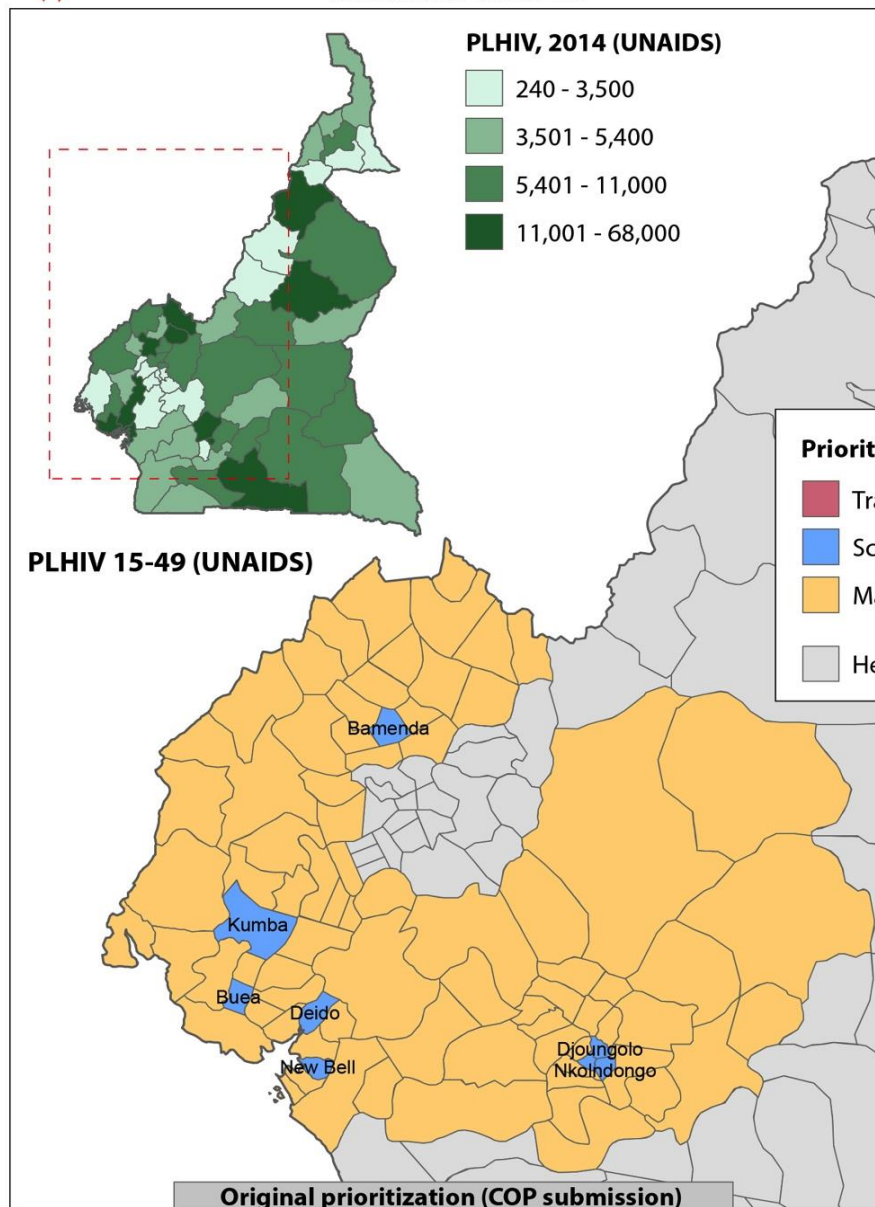


Right Places: Example - Swaziland

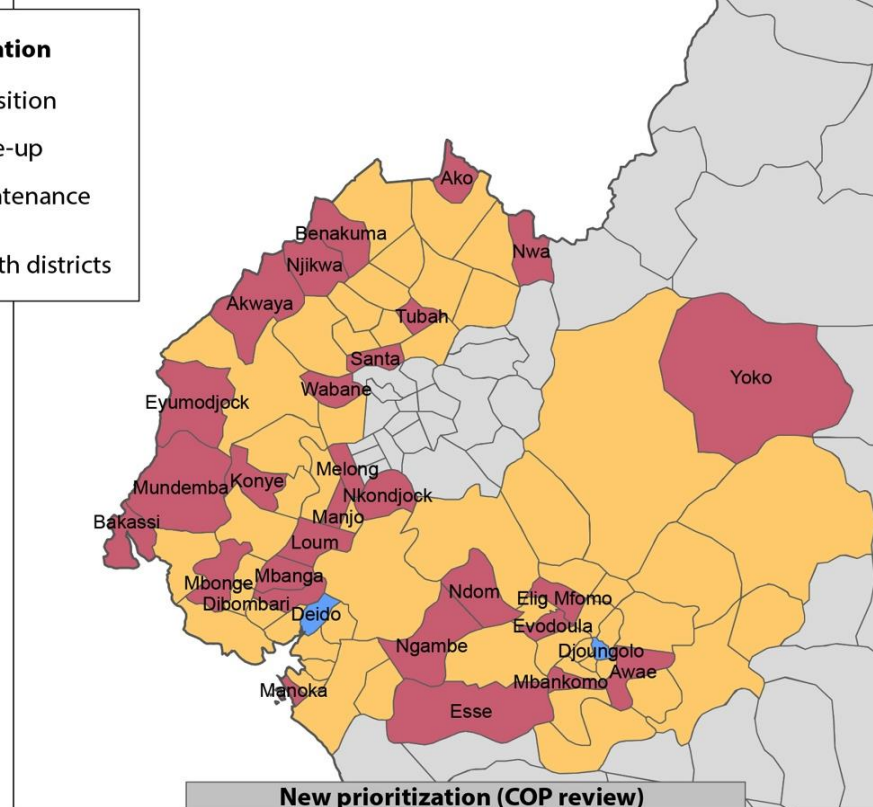
- ART scale up across all 4 regions, with site level prioritization
- Tinkhundla prioritization



Cameroon: Health District Prioritization, COP Submission, and COP Review, 2015



Region	New health districts (not in map)	# PLHIV (Source: Spectrum, 2014)	Original prioritization (COP submission)	New prioritization (COP review)
Littoral	Abo'o	1,320	Maintenance	Transition
Littoral	Boko	4,426	Maintenance	Transition
Littoral	Japoma	4,129	Maintenance	Transition
Littoral	Mbangue	2,942	Maintenance	Maintenance
Littoral	Njombe-Penja	1,345	Maintenance	Maintenance
Centre	Nkolbisson	4,695	Maintenance	Transition
North-West	Oku	3,746	Maintenance	Transition
Centre	Yoko	1,463	Maintenance	Transition



Technical Considerations

Provided by PEPFAR Technical Working Groups for 2015 COPS and ROPS

Technical Priorities: p. 187

- 1. Plan for geographic shifts to locate OVC services in close proximity to other PEPFAR supported HIV services and interventions within prioritized geographic areas most heavily burdened by HIV.*
2. Focus on core interventions for the most vulnerable children and adolescent girls.
3. Improve targeting to address the most vulnerable children and adolescents, building resilience in children and families, preventing HIV infection, and identifying HIV positive children.
4. Invest in referral networks to ensure HIV positive children are linked and retained in care and treatment programs.
5. Emphasize family-centered socio-economic care.
6. Measure outcomes for program impact.
7. Ensure adequate staffing.



Technical Considerations

Provided by PEPFAR Technical Working Groups for 2015 COPS and ROPS

Plan for Geographic Shifts:

- Locate (and where practical co-locate) OVC interventions
 - in close proximity to other PEPFAR supported HIV and AIDS services and interventions
 - within PEPFAR defined geographically prioritized/*Scale-up* areas.

While geographic shifts are expected to occur over time, it is paramount that OVC programs plan to end interventions within a realistic timeframe and with careful planning and phasing to minimize impact on children.

Regular meetings between community and clinically based program managers/points of contact should be held during the COP planning process to ensure that synergies are maximized.



Discuss at your table:

- We are now writing our Technical Considerations for COP 16 and want to know what issue to address regarding geographic transitioning in that document.
- Make sure you have a USG person at your table, if possible.
- Have someone take notes and be able to report back major issues, questions, observations, recommendations.
- Discuss each type of SNU and the particular implications and issues for OVC programs in that SNU type.



How is it going for OVC programs?

Scale Up

- How to aggressively scale-Up?
- Targeting issues?
- How to best link with HIV clinic services?

Sustained

- What services to maintain?

Central Support

- How to effectively transition to national or other support?
- How to maintain quality control?



Group Discussion

- What issues need to be address in our Tech Cons re: each type of SNU?
 - Scale up
 - Sustained
 - Central Support
- Other issues & recommendations?

