Meeting between the Global Fund, PEPFAR and the manufacturers of laboratory-based viral load monitoring

The Global Fund, Geneva
15-16 January 2014
<table>
<thead>
<tr>
<th>Topic</th>
<th>Lead</th>
<th>Time</th>
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<tbody>
<tr>
<td>CPO welcome and perspective</td>
<td>CG</td>
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<tr>
<td>Introductions</td>
<td>MA</td>
<td>10</td>
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<td>Agenda, objectives and outcome</td>
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<tr>
<td>Global Fund and P4i –strategy and action</td>
<td>CG</td>
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<td>USG procurement strategies/approach</td>
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<td>Strategic collaboration and context</td>
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<td>Development of programmatic, financing and procurement strategies</td>
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<td>- Consultation and engagement</td>
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<td>- Guiding Principles</td>
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<td>- Agreed actions plan</td>
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<td>- Initial forecasts</td>
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<tr>
<td>Initial comments / questions prior to 121 meetings</td>
<td>MA</td>
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<td>Time</td>
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<tr>
<td>08:30 - 09:00</td>
<td>Coffee, social introductions</td>
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<td>09:00 - 10:30</td>
<td>Plenary Session</td>
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<td>10:30 - 11:00</td>
<td>Break</td>
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<td>11:00 - 12:00</td>
<td>Abbott</td>
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<td>12:00 - 13:00</td>
<td>Perkin-Elmer</td>
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<td>13:00 - 13:30</td>
<td>Working lunch / review</td>
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<td>13:30 - 14:30</td>
<td>Cavidi</td>
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<td>14:30 - 14:45</td>
<td>Break</td>
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<td>14:45 - 15:45</td>
<td>Roche</td>
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<tr>
<td>15:45 - 16:45</td>
<td>Qiagen</td>
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### Agenda – Thursday 16th

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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>08:30 - 09:00</td>
<td>Coffee</td>
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<td>09:00 - 10:00</td>
<td>Hologic</td>
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<td>10:00 - 11:00</td>
<td>Biocentric</td>
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<td>11:00 - 11:15</td>
<td>Break</td>
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<td>11:15 - 12:15</td>
<td>Biomerieux</td>
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<td>12:15 - 13:15</td>
<td>Siemens</td>
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<td>13:15 - 14:00</td>
<td>Working lunch / review</td>
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<tr>
<td>14:00 - 15:30</td>
<td>Open systems – OPP-ERA / MSF</td>
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<td>15:30 - 15:45</td>
<td>Break</td>
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<td>15:45 - 16:30</td>
<td>De-brief and next steps</td>
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Objective:

- Brief and receive inputs from manufacturers on the development of common Global Fund-PEPFAR strategies to support for the rational scale-up of laboratory monitoring of HIV (programmatic; financing; procurement)
- Understand specific supplier capability, motivation and high level strategic direction
- Understand current viral load technology capacity, country placement, constraints, challenges
- Begin dialogue to achieve more affordable viral load testing including comprehensive training, support and maintenance
- Discuss potential solutions to the challenges and next steps to support the development and implementation of the strategies

Outcome:

Agreed next steps on what needs to be done by the funders and manufacturers to collaborate to support rational scale-up of viral load testing.
Global Fund and PEPFAR presentations

The Global Fund: our new approach to collaboration with partners and supplier management
- Christopher Gane

PEPFAR’s Strategies and Procurement Approach
- William Coggin
  Office of the Global AIDS Coordinator
  U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)
The challenge

- The WHO Consolidated ARV Guidelines recommend increased viral load monitoring, and less CD4 monitoring in HIV programmes…
- … whilst programmes have invested and continue to scale-up CD4 monitoring.
- The expansion of laboratory monitoring for virologic monitoring, is complex and requires:
  - significant investments (planning, products, logistics and QA)
  - a well-functioning laboratory network, cross-cutting aspects such as human resources, information systems and infrastructure
  - harmonized efforts by the public health community - including HIV programmes, national governments, donors, industry, implementing partners, research institutions, healthcare workers and patients.
The Global Fund & PEPFAR: Strategic collaboration & context

Series of collaborative initiatives to maximise the efficiency of investments

- Better coordination of program planning and allocation of funds
- Leveraging scale in commodity procurement.

Most recent focus on laboratory monitoring of HIV treatment

Multi-party consultation on November 18-19, 2013 in Washington

Key action: “Engage directly with suppliers, with an initial focus on all manufacturers of lab-based viral load diagnostic equipment with a scene-setting call in December 2013 and a subsequent supplier meeting in January 2014.”

Scene-setting call held December 19th, 2013
Consultation Nov 18th -19th: Objectives and participants

Objective

To outline programmatic, financing and procurement strategies for operationalizing the rational scale-up of laboratory monitoring of HIV treatment and infant diagnosis recommended in the 2013 WHO Consolidated HIV Guidelines in the context of Global Fund and PEPFAR programmes.

Global Fund
(Grant Management Division, Strategy Investment & Impact Division, Sourcing and Supply Management Department)

PEPFAR
(Office of the U.S. Global AIDS Coordinator, United States Agency for International Development, Centers for Disease Control and Prevention)

Stakeholder groups:
African Society for Laboratory Medicine (ASLM), Clinton Health Access Initiative (CHAI), Bill and Melinda Gates Foundation, Médecins Sans Frontières (MSF), South African National Health Laboratory Service (SANHLS), NIH, UNICEF, UNITAID, and WHO.
Consultation meeting

Presentation: of different stakeholder perspectives

Review: of lessons learned eg from, eg CD4 scale-up, EID and TB diagnostics

Identification: of existing initiatives on which to build, eg. the ASLM

Agreement: of guiding principles

Identification: of concrete next steps

Discussion: In-depth on specific topic areas
Both the Global Fund and PEPFAR support the WHO recommendations citing viral load testing as the preferred method of monitoring patients on ART.

To optimize investments in HIV programs and recognizing diagnostic point of care pipeline, the process should move forward cognizant of the following principles:

1. Do no harm to existing programs.
2. Analyse the impact of scale-up on existing budgets.
3. Optimize existing equipment and investments.
4. Understand the current diagnostic marketplace.
5. Develop a quality assurance program that supports scale-up, and
6. Consider the context of the host country partner program as introduction and scale-up takes place.
Agreed priority actions for H1 2014: Programmatic and financing

1. Collect and review existing country data on the current status of planning for introduction of viral load
2. Liaise with Global HIV Diagnostics Working Group and ASLM to leverage their previous work and to their involvement on key aspects of implementation at country-level.
3. Country-level: Develop and disseminate recommendations, scenarios, and templates for developing rational country-specific viral load deployment plans to support Q1 2014 scale up.
4. Headquarters: Disseminate all recommendations and tools among technical, procurement and other staff directly overseeing grants in both the Global Fund and PEPFAR (within Q1 of 2014).
5. Develop decision criteria to facilitate the development and evaluation of requests for financing; integration of these into the Global Fund and PEPFAR’s respective funding guidance.
6. Develop a monitoring and evaluation framework.
Agreed priority actions for H1 2014:

Procurement options

1. Engage directly with suppliers, with an initial focus on all manufacturers of lab-based viral load diagnostic equipment with a scene-setting call in December 2013 and a subsequent supplier meeting in January 2014.

2. Define procurement modalities that will include procurement/rental options (including buy/lease guidance), training and maintenance support, reagents, equipment utilisation and sample applicability.

3. Identify and engage approximately five priority countries for concerted engagement and as potential participants in a regional market shaping activity.
   - Through consolidating planned country demand, this activity will leverage the respective volumes of the Global Fund and PEPFAR, increasing testing capacity/throughput and value for money.

4. Evaluate and document outcomes of joint Global Fund-PEPFAR engagement with suppliers and consider applicability in other diagnostic and commodities’ areas.
Forecast 2014 GF spend HIV Diagnostics

2014 HIV Diagnostics ($80m)

- CD4 analyzer / Reagents / consumables (46%)
- Viral load analyzer / reagent / consumables (13%)
- EID / PCR / CAP / CTM / Reagents / consumables (6%)
- Diagnostic Test - HIV (13%)
- Rapid Diagnostic Test - HIV (35%)

Source: Forecasted from consolidation of current country PSM Plans end 2013

The updated WHO guidelines, New Funding Model, and the Global Fund VL procurement strategy is expected to have a significant impact on future country demand level and type.
GF NFM application peak forecast to occur in 2014 to mid-2015

Number of HIV/AIDS applications in each stage, by month for ALL REGIONS

Initial view for discussion
### Countries coming to access GF funding in early and late 2014

#### Middle East and Africa Anglophone Countries

<table>
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<tr>
<th>Scheduled for Early 2014</th>
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<td>• Botswana</td>
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<td>• Ethiopia</td>
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<td>• Gambia</td>
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<td>• Ghana</td>
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<td>• Swaziland</td>
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<td>• Tanzania</td>
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<td>• West Bank and Gaza Strip</td>
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<tr>
<td>• Yemen</td>
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<td>• Zambia</td>
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<td>• South Africa</td>
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<td>• Kenya</td>
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<td>• Lesotho</td>
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<td>• Liberia</td>
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<td>• Multicountry Mid.East - N.Africa (MENAHRA)</td>
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<td>• Nigeria</td>
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<td>• Rwanda</td>
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<td>• Syria</td>
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<td>• Uganda</td>
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<td>• Mauritius</td>
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#### African Francophone Countries

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<td>• Burkina Faso</td>
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<td>• Djibouti</td>
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<td>• Tunisia</td>
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<td>• Congo (Democratic Republic)</td>
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<td>• Benin</td>
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<td>• Guinea-Bissau</td>
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<td>• Niger</td>
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<td>• Senegal</td>
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<td>• Gabon</td>
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Initial comments / questions prior to 121 meetings
Back-up slides
Guiding Principles

Details
“Do No Harm”

• “Do No Harm”: The transition should not jeopardize scale-up of ART services to those currently eligible under WHO normative guidance. This will need to take into account levels of ART coverage and existing guidelines. It is expected that not all countries will move towards adoption at the same rate. Additionally, the introduction of virologic monitoring should not detract from roll-out of EID testing.
“Minimize Impacts on Budgets”

• “Minimize Impacts on Budgets”: We aim for the transition to have as little impact on laboratory and treatment budgets as possible. This will involve careful consideration of a variety of trade-offs involving clinical monitoring protocols, machine placement and choice of technology. Consideration of budgetary impacts for virologic testing should span several years, as initial costs may be higher, with benefits accruing in subsequent years.
“Optimize Existing Investments”

• “Optimize Existing Investments”: Increasing the capacity for virologic monitoring will require optimal use of current diagnostics and maximizing return on previous investments. Innovative approaches to support laboratories, transfer specimens and communicate results should be encouraged to fit the needs of current and future investments.
“Optimize Markets”

- "Optimize Markets": The introduction of new laboratory technologies to improve laboratory systems, should take place in a rational manner, optimizing the efficiencies gained through pooled procurement while allowing for some competition. An optimal market may favor no more than 2-4 specific technologies in a given country, though differences in lab systems between countries make selection of specific technologies inappropriate at the global level.
“With Quality Assurance”

• “Quality Assurance”: The platforms, testing algorithms and lab systems set up for virologic testing should be embedded within an appropriate system for quality assurance.
“Within Local Context”

• “Within Local Context”: The transition process should take into consideration local HIV treatment guidelines and epidemiology. Virologic testing could be phased-in through prioritization of special populations or geographic areas; the role and amount of donor supported CD4 testing needs to be considered, both in the short and long terms.
The Global Fund: our new approach to collaboration with partners and supplier management

Christopher Game
What is The Global Fund?

- 600 Employees
- 6.1 Million People currently receiving ARV therapy
- 11.2 Million New smear-positive TB cases detected and treated
- 360 Million Insecticide-treated nets distributed

Since its inception in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has become the main multilateral funder in global health. It channels 82 percent of the international financing for TB, 50 percent for malaria, and 21 percent of the international financing against AIDS. It also funds health systems strengthening, as inadequate health systems are one of the main obstacles to scaling up interventions to secure better health outcomes for HIV, TB and malaria.
The Global Fund Strategy

Based on 5 core principals

**Invest more strategically** in areas with high potential for impact and strong value for money, and fund based on countries’ national strategies;

**Evolve the funding model** to provide funding in a more proactive, flexible, predictable and effective way;

**Actively support grant implementation success** through more active grant management and better engagement with partners;

**Promote and protect human rights** in the context of the three diseases; and

**Sustains the gains, mobilize resources** – by increasing the sustainability of supported programs and attracting additional funding from current and new sources.
The fight goes on

### Progress

<table>
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<tr>
<th>Metric</th>
<th>2000</th>
<th>Latest</th>
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<tbody>
<tr>
<td>Sub-Saharan ARV therapy</td>
<td>50,000</td>
<td>&gt; 11 million</td>
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<tr>
<td>6.1 million treatments</td>
<td></td>
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<tr>
<td>TB Case Detection</td>
<td>43%</td>
<td>67%</td>
</tr>
<tr>
<td>TB Treatment Success</td>
<td>67%</td>
<td>87%</td>
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<tr>
<td>11.2 million treatments</td>
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<tr>
<td>LLIN Ownership</td>
<td>5%</td>
<td>53%</td>
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<td>360m nets provided</td>
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### However

- **2012**
  - HIV/AIDS TB Deaths
  - 2,700,000
  - Malaria Deaths (2010)
  - 600,000

### Future Funding

- **HIV/AIDS** $58bn
- **TB** $15bn
- **Malaria** $14bn
- **Other** $61bn

- $87m
- $76m

**Maximising the value from procurement will contribute to the number of lives saved**
Procurement 4 Impact: Our Objectives

Are directly aligned to the Global Fund’s strategy

The Global Fund will become the benchmark organisation in the sector for Sourcing and Procurement

Using simple, clear leading edge processes and tools designed by and for the organisation

Minimising waste and eliminating non value adding activities

With measurable performance in value and lives saved

Ensuring effective governance and watertight compliance

Building collaborative relationships with partner agencies, suppliers and donors
The Principles of Our Approach

Fundamentally changing the way we work across the supply chain to increase access to products

Earlier involvement and closer collaboration with partners & manufacturers

Improving our purchasing capability and changing our contracting models

Optimising the international supply chain to reduce cost

Better planning and scheduling to support continuity of supply

Delivering more products at the right time and place to more people
Why transform?

Old State Health Products:

- Grant
- PSA
- Vendors
- Country

What needed to improve:

- Poor Penetration (Punitive / Voluntary)
- Lack of Control
- High Agency Costs
- Wrong Agency Incentive model
- Agency ‘local versus Global’ expertise
- Poor visibility of innovation
- Lack of ownership / supplier relationships
- Poor funds flow
- Time / difficult to plan
- Mediocre internal customer service
- Little competition in pricing
- Role of Global Fund largely executional
- No volume leverage/Many spot purchases

‘It felt as though the roles were reversed and we had the agencies performing the sourcing, and the Global Fund was executing’
The Impact on the Ground

Multi agency demand is combined to develop long term forecasts supported by the new funding model.

GF will negotiate direct with manufacturers offering longer term contracts in return for open book best pricing.

GF wants open collaborative supplier relationships to drive innovation and reduce cost.

The process will be supported by improved knowledge management, benchmarking and technology to provide improved purchasing support for PRs.

Operational procurement will be shared between direct relationships with logistics providers and PR will have access to best pricing and able to order core and non-core items to fulfil their requirements.

Internal processes will be improved to support capability development and maintain continuity.

Improved Access to Products.

The Global Fund
## Improving our forecasting accuracy

To support our new planning process we will change the way we interact with countries. This approach will also be facilitated by the new funding proposals.

<table>
<thead>
<tr>
<th>Today</th>
<th>The Future</th>
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<tbody>
<tr>
<td>Demands are triggered by PSM plans which are presented in an inconsistent format.</td>
<td>Overall demand will be calculated from available funding.</td>
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<tr>
<td>Overall demand is calculated reactively by hand.</td>
<td>This demand will be placed on manufacturers as an underwritten volume.</td>
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<tr>
<td>Orders are placed on PSA for onward transmission to manufacturers.</td>
<td>Detailed PR requirements will be presented in a consistent format.</td>
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We will use a planning tool to convert our forecast into specific orders by type.
The Partner Landscape

Upstream
Stop TB Partnership
Gates Foundation
WHO
Roll Back Malaria
Clinton Health Access Initiative

Leverage
UNICEF
DFID
PEPFAR
PMI
Individual Countries
World Bank

Downstream
IDA Foundation
PFSCM
Individual Manufacturers
Logistics Providers
Laying the foundations for collaboration 2013

**Organisation**
- Organization created by merging Amfm, Corporate & Voluntary Pooled Procurement
- New capabilities created, Business Planning and analysis, Active Pharmaceutical Ingredients and Formulation

**Process**
- Sourcing in-sourced form the Procurement Agents
- Procurement Agents re-purposed as Logistics Agents and placed in-house. New contracts to KPI Logistics agents further downstream and increase accountability

**Market Dynamics**
- All outstanding Market Dynamics performance issues resolved (WHO ARV guidelines & Paed. ARV’s)
- Coalitions / consortiums formed with other donors and funders to leverage spend, specification and demand
- Indirect spend control initiated with grant teams (vehicles, civil works, IT & Lab supplies)

**Performance**
- 131 Million value / savings delivered in year to-date
- Lead-times reduced from 9 to 6 months
- LLIN global strategy successfully rolled out with tender savings of $ 70Mil/annum
- Training produced and delivered to FPM’s and PSM’s

**Supply Chain**
- Supply Chain capabilities:
  - Ability to forecast
  - Track and trace system up and running
  - Ability to measure delivery performance (OTIF)
  - In country supply mapping for hi-impact countries under-way
  - Rapid Supply Mechanism defined for all three diseases and in process
Collaboration Opportunities 2014

Organisation
- Integrate Purchasing and Supply Managers (PSM’s) into Sourcing organization
- Re-structure to segregate operations from strategy
- Strengthen Indirect spend area

Process
- Launch E-Procurement toolset (reverse auctions etc.) ………Amazon.com for aid
- Launch country catalogue / application tool and implement in High-Impact countries (with APP functionality)
- Launch pooled disbursement

Market Dynamics
- Complete market strategy for Tenofovir combination drugs
- Leverage Indirect spend into partner organizations
- Introduce new Chinese and Indian vendors to the Aid sector

Performance
- Deliver 8% value / savings
- Achieve 60% OTIF
- Lead-times reduced from 6 to 5 months
- Roll out Global strategies on ACT’s, Diagnostics & ARV’s
- Implement Rapid Supply Mechanism

Supply Chain
- Complete Supply Chain mapping for High-Impact Countries
- Establish common platforms for traceability at beneficiary level (Counterfeit /theft /diversion)
- Create base level training for in-country partners
What changes with the Commercial Relationship

To ensure we maintain a competitive price in a longer term contractual framework we will need to change our commercial model.
What does this mean for our Suppliers?

1. We want a new style of relationship that brings links the public and private sector financing

2. We are prepared to enter into longer term contracts with forecast volumes that will allow you to run your businesses more effectively.

In return we will require a more open and collaborative style which means working with us in a straightforward, honest fashion.

3. We will adjust our level of business with you dependent on your performance with us and our buying partners.

4. Zero tolerance of non compliance with Global Fund policies
Back-up slides
What does this mean...........

Insourcing of Sourcing
Pooled disbursement
Scale & Leverage
Organization and Tools

Become a customer Of choice
Insourcing of Sourcing

• Voluntary Pooled Procurement has evolved into a Sourcing Team with greater capability
• Spend under control is increasing
• We have created product, market and supply experts
• Relationships upstream and downstream are “owned”
• Reduced agency costs
• Changing the locus of control from manufacturer to buyer
Pooled disbursement

• The award of framework agreements based upon multiple requirements from multiple countries

• Direct payment to vendors = improved funds flow

• The ability to leverage fragmented spends

• The ability to incentivize desirable behaviors or performance
Scale & Leverage

- Partnering at various levels with donors and partner organizations
- Harmonized specification
- Harmonized demand
- Control – GF and partners dictate parameters
- Protecting Innovation
- Reduced Lead times 9mths-6mths-4mths
Organization and Tools

- Comprehensive market intelligence
  - Upstream Active Pharmaceutical Ingredient and Formulation
  - Cost of goods sold transparency
  - Downstream supply chain
- Track and trace
- i-Fund
- Reference App.
- Tender and E-Procurement capability
- Rapid response mechanism
PEPFAR's Strategies and Procurement Approach

Meeting between the Global Fund, PEPFAR and the manufacturers of laboratory-based viral load tests

William Coggin
Office of the Global AIDS Coordinator
U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)
PEPFAR Results

As of September 30, 2013:

- Life-saving antiretroviral treatment for 6.7 million people
- HIV testing and counseling for more than 57.7 million people, providing a critical entry point to prevention, treatment, and care.
- HIV testing and counseling for more than 12.8 million pregnant women.
- For 780,000 of these women who tested positive for HIV, PEPFAR provided ARVs to prevent mother-to-child transmission (PMTCT) of the virus
- Supported more than 4.2 million voluntary medical male circumcision (VMMC) procedures
- Supported 17 million people with care and support, including more than 5 million orphans and vulnerable children
Scientific advances and their successful implementation have brought the world to a tipping point in the fight against AIDS. The United States believes that by making smart investments based on sound science, and a shared global responsibility, we can save millions of lives and achieve an AIDS-free generation.
Each road map contains **specific goals and comprehensive action** and implementation steps on how PEPFAR will support partner countries’ efforts to meet the goal of an AIDS-free generation.
Goal:
Scale-Up Combination Prevention and Treatment

Action Steps (relating to treatment):

1. **PMTCT & MCH:** Work toward the elimination of new HIV infections among children by 2015 and keeping their mothers alive

2. **Treatment:** Increase coverage of HIV treatment both to reduce AIDS-related mortality and to enhance HIV prevention, especially to MSM, IDUs, Transgender, and Commercial Sex Workers

3. **Circumcision:** Increase the number of males who are circumcised for HIV prevention

4. **Prevention:** Increase access to HIV testing and counseling and condoms and other evidence based-targeted prevention interventions.
Hasten progress to the “tipping point,” where the annual increase in adults on treatment is greater than the number of annual new adult HIV infections

- **Ambassador Eric Goosby, M.D.:**
  - “The new consolidated guidelines will continue to propel us even closer to achieving an AIDS-free generation.
  - The guidelines are visionary as they close gaps between north and south, and promote quality and equity. We endorse the bold direction of the new guidelines and want to underscore the importance they hold for helping us address some of the most significant challenges we face in treatment and prevention.
  - Fourth, it is critical that we strengthen durable viral suppression. Rational expansion of viral load monitoring will improve the quality of treatment for people living with HIV, prevent the development of HIV drug resistance and maximize efforts to prevent HIV transmission.”
PEPFAR resource allocations & procurement (in brief…)

Overall:
• Annual country planning levels for entire portfolio
• Country-level consultation with agencies, MOH & partners
• Allocation across prevention, care & treatment in op plan
• HQ review and approval

Specific to laboratories:
• CDC evaluation of new assays requisite for inclusion on USAID waiver list
• WHO prequalification
• Integration into countries national strategic laboratory plans
• VL based on 8 guiding principles
Procurement flexibilities & country footprint

• Pooled procurement of major drugs & diagnostics encouraged
  – use of procurement agent (SCMS) to leverage volume purchases and best value, increase flexibility, and facilitate hedging strategies

• Technical footprint in countries
  – Technical expertise in country: labs, treatment, supply chain among others
Multiple streams of engagement in Viral Load

- Policy, financing and demand issues
- Programmatic issues
- Regulatory and quality assurance requirements
- Procurement & best value
Bilateral Disbursements

In 2012, the US accounted for 64% of all bilateral commitments by donor governments ($5B).

Source: Adapted from Kaiser Family Foundation/UNAIDS: Financing the Response to HIV in Low- and Middle-Income Countries, Sept 2013

$7.9 billion Bilateral Disbursements

United States 63.9%

United Kingdom 10.2%

France 4.8%

Germany 3.7%

Japan 2.7%

Netherlands 2.5%

Sweden 2.2%

Canada 2.0%

Australia 1.6%

Norway 1.5%

Other Governments 0.8%

Ireland 0.8%

Italy 0.2%

European Commission 1.3%
# The Global Fund

## Replenishment

$12 billion for 2014-2016

<table>
<thead>
<tr>
<th>Key Points</th>
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<tbody>
<tr>
<td>US contributing $1.65 billion in 2013</td>
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## Global Fund new funding model

<table>
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<tr>
<th>Key Points</th>
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<td>Country dialogue, key-affected populations, science-based interventions, flexible application timeline</td>
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<tr>
<td>Expanded WHO treatment guidelines and robust replenishment will stimulate ARV demand</td>
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Conclusion

- PEPFAR continues to deploy substantial resources and is working closely with national governments and the Global Fund to ensure coordination and maximum impact for our collective investments.
- Increased focus on evidence-based interventions including treatment, PMTCT, VMMC and condoms.
- PEPFAR plans to accelerate treatment to close coverage gaps & achieve “tipping points” in high-burden/low-resourced partner countries, and to maintain the scale-up in others in coordination with other donor partners.
- Continued attention to efficiency of our service delivery operations will enable even greater health impacts in the future.
- Access to new diagnostics and monitoring tools essential.
Thank You!

For further information, please visit:
www.PEPFAR.gov
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http://twitter.com/USPEPFAR

Thank You!