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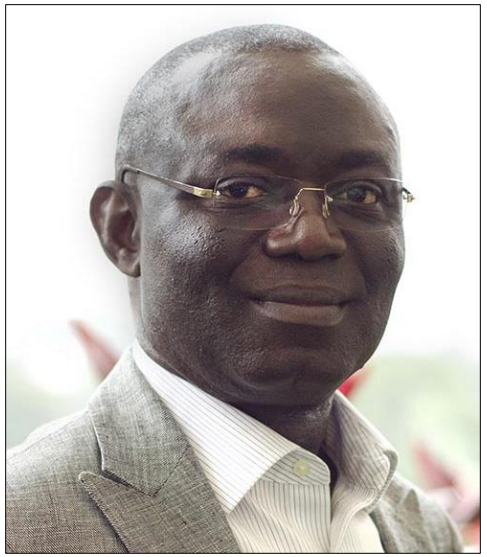
Sustainability, Resilience, and Emergency Response: How are African Countries Responding to Interruptions in HIV Funding?

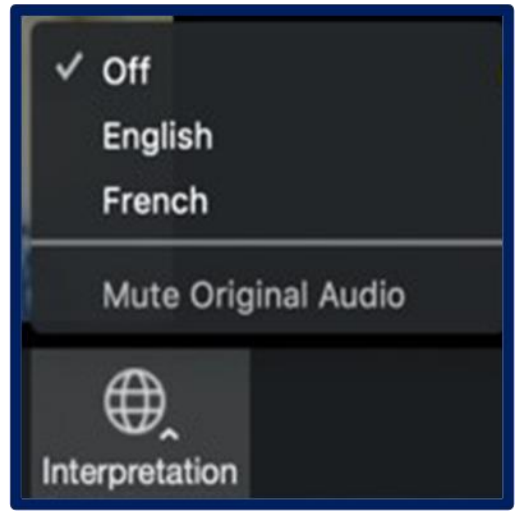
18th February 2025

Welcome/Bienvenue



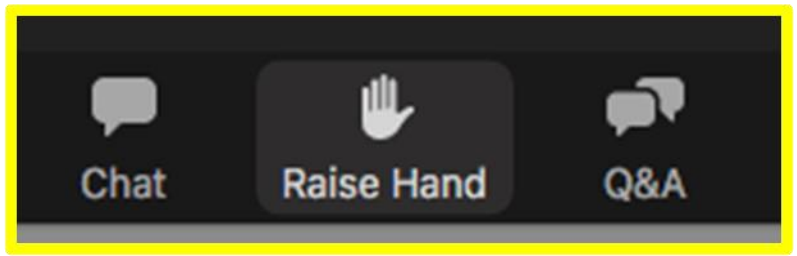
Peter Preko
CQUIN PI/Project Director
ICAP at Columbia University

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



Housekeeping

- 90-minute webinar with framing presentations followed by a panel discussion with Q&A
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the “raise hand” function on the toolbar and we will unmute you so that you have control of your microphone
- If you are a French or English speaker, please ask your question in your language of choice and the interpreters will translate as needed
- Slides and recordings will be available on the CQUIN website (www.cquin.icap.columbia.edu)



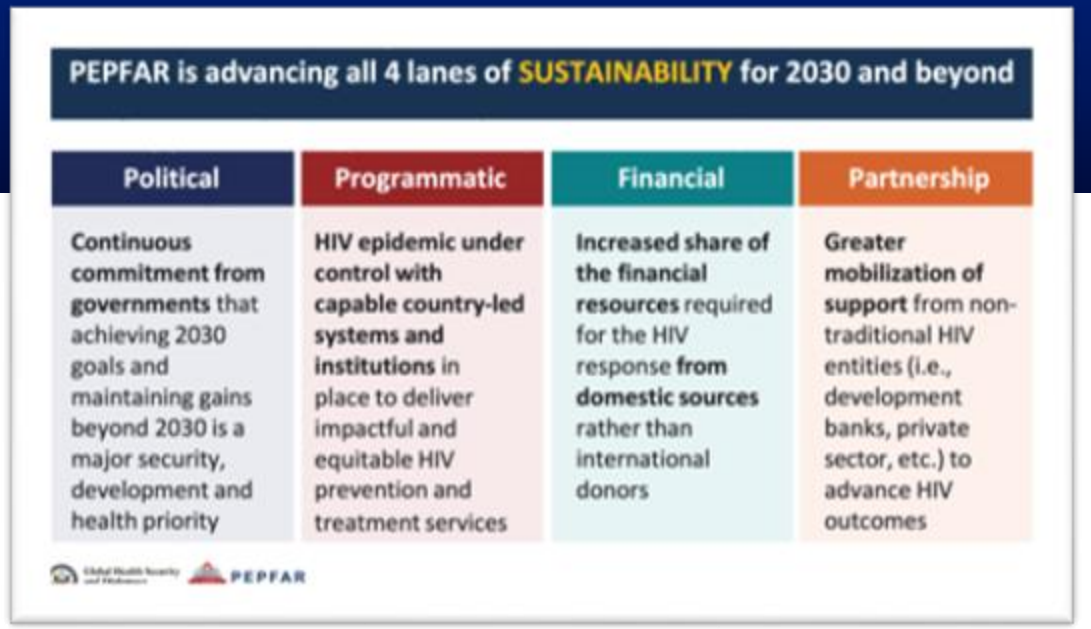
Sustainability, Resilience, and Emergency Response

Three different but related / overlapping topics:

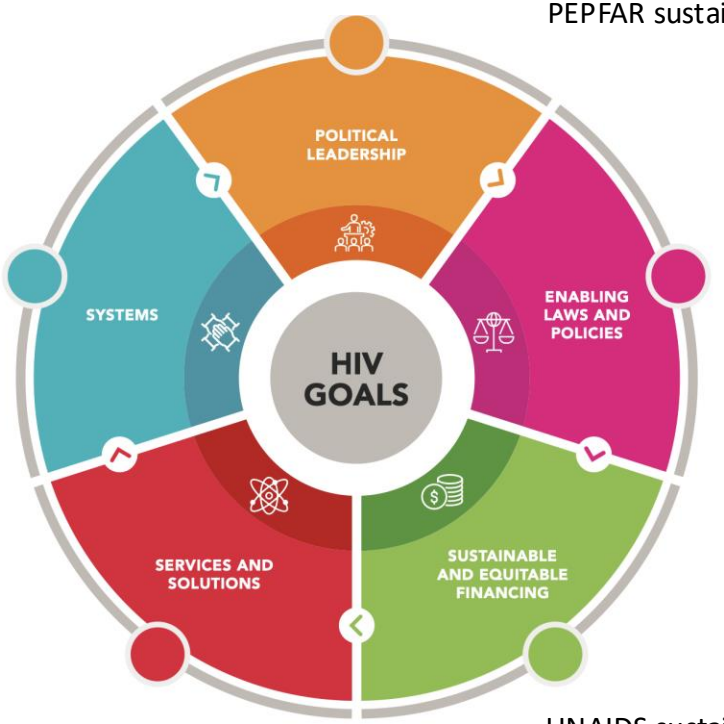
- **Sustainability:** Characteristics of national health systems that enable ongoing performance in the context of decreased external support over time
- **Resilience:** National health system preparedness for, and capacity to adapt in response to, public health emergencies and other shocks
- **Emergency Response:** Short-term responses to health system shocks

Sustainability of HIV Programs

- As defined by PEPFAR: “a country having and using its enabling environment, capable institutions, functional systems, domestic resources, and diverse capacities …to sustain achievement of 95-95-95 goals; to ensure equity in its HIV response; and to protect against other public health threats.” *– 2023 COP/ROP guidance*
- UNAIDS: “The goal of sustainability is not to perpetuate the HIV response in its current form. Rather, it is to ensure the durability of the impact of the HIV response.” *- UNAIDS HIV Response Sustainability Primer*



PEPFAR sustainability pillars



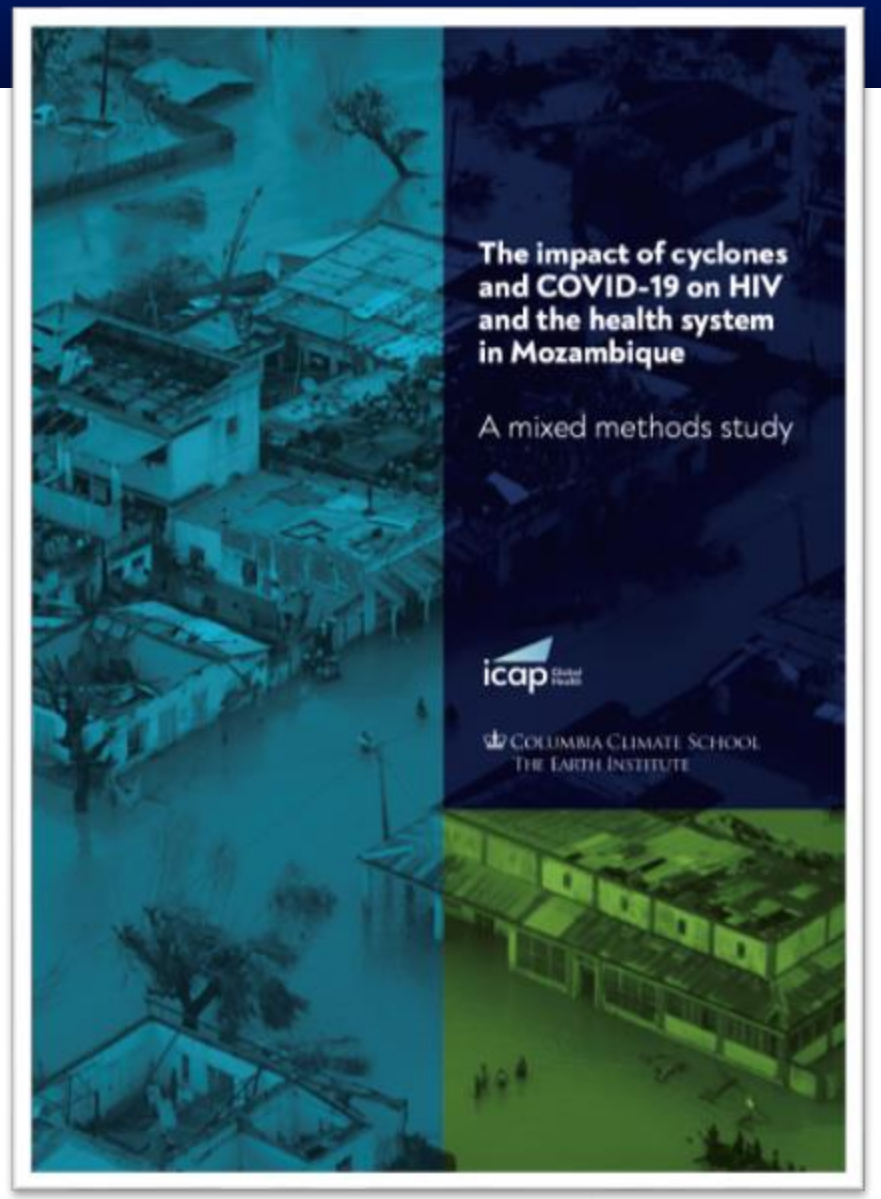
UNAIDS sustainability domains

Resilience of HIV Programs

Examples:

- In Mozambique, HIV programs were more resilient than NCD programs in the face of 2019 cyclones Kenneth and Idai, largely due to multi-month dispensing of ART
- The availability of community-based programs supported access to many (but not all) HIV services during COVID-19

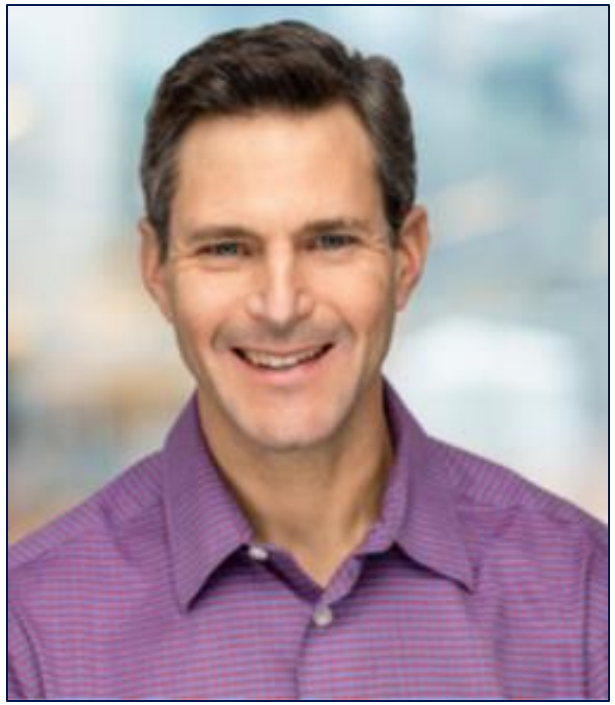
But in the current context, community-based services may be *more* vulnerable to funding cuts than facility-based services



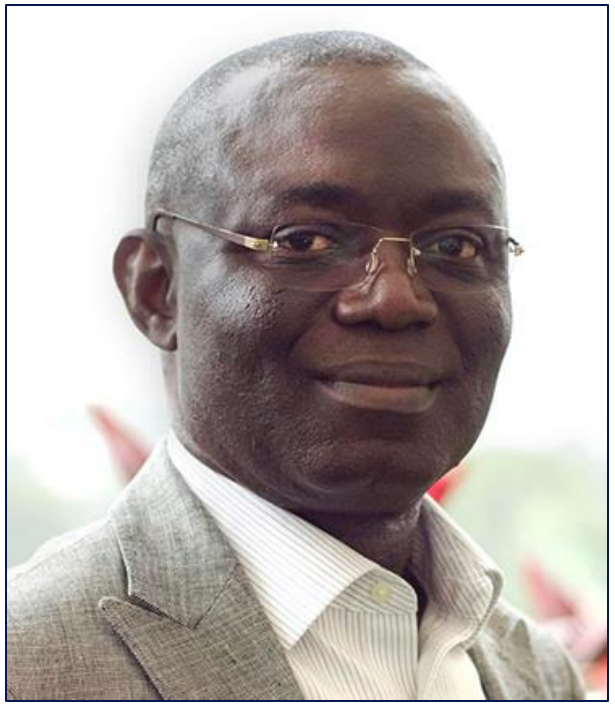
Agenda

1. **Framing Remarks**: Kerry Mangold, South to South Learning Network
2. **Country Case Studies**: Emergency response towards program resilience
    - **Malawi**: Linley Chewere, Ministry of Health, Malawi
    - **Kenya**: Andrew Mulwa, Ministry of Health, Kenya
    - **Ghana**: Stephen Ayisi Addo, Ministry of Health, Ghana
3. **Q&A Discussion**: Peter Ehrenkranz and Peter Preko (Moderators)
4. **Closing Remarks**

Opening Remarks/Moderators



Peter Ehrenkranz
Deputy Director
HIV Testing & Treatment
Gates Foundation



Peter Preko
CQUIN PI/Project Director
ICAP at Columbia University

Presenters/Panelists

Kerry Mangold
Program Director
SSLN

Linley Chewere
Director Care and Treatment
MOH, Malawi

Andrew Mulwa
Head of NASCOP
MOH, Kenya

Stephen Ayisi Addo
Program Manager, NASCOP
MOH, Ghana

Framing Remarks:
Rapid insights into the impact of the stop work orders on HIV programmes in Africa

Kerry Mangold | SSLN Programme Director
kerrym@genesis-analytics.com

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Decades of Progress at Risk: Stop Work Orders and HIV programmes in Africa

- Programmes Halted: What does this abrupt suspension mean for progress in preventing new HIV infections and access to treatment.

- **The South-to-South HIV Prevention Learning Network Mobilises:** Our findings from 14 countries who are members of the SSLN, paint a picture of service disruptions, funding gaps, and uncertainty at the country level.

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The Critical Gaps: Stop Work Orders Disrupt Essential HIV Services

These disruptions will reverse hard-won gains toward achieving HIV prevention and treatment targets.

Varying Vulnerability, Shared Threat: HIV Programmes in the Face of Funding Disruptions

- **Unequal Impact:** The Stop-Work Orders affect African nations differently, depending on their reliance on donor funding.
- **Universal Risk:** Regardless of funding models and contributions, all countries face threats to HIV programme sustainability due to the suspension of many USG-funded services.

Navigating Uncertainty: Long-Term Challenges and Emerging Responses

1. Surveillance Gaps

Monitoring gaps hinder tracking of treatment adherence, drug resistance, and new infections.

2. Governance, Capacity and Coordination

Coordination structures and sustainability planning are disrupted, and remaining staff are overstretched.

3. New Product Introduction Stalled

Rollout of new prevention and treatment methods, like long-acting PrEP, is stalled.

4. Resurgence Risk

Slowed prevention and treatment services could lead to increased infections and mortality, reversing progress.

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From Disruption to Resilience: Charting a Course for Sustainable HIV Progress

Building Resilience: Multi-sector collaboration, domestic resource mobilisation, and public-private partnerships are crucial for sustainable HIV responses.

Collaboration is Key: Peer learning, joint problem-solving, and cross-country collaboration are essential for sharing best practices and strengthening responses.

Networks for Solutioning: The SSLN and the CQUIN Network facilitate knowledge exchange and drive sustainable solutions.

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Collective Action Needed: Governments, the private sector, global partners, and civil society must collaborate on innovative financing and efficient programme planning to ensure continued progress.

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We collectively have a responsibility to advocate for evidence-based HIV programmes, to defend efficient and prioritized programmes, and to lobby for supportive and equitable policies. We should not be passive or disengage.

Crisis can be an opportunity, so let us use it.

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Thank you

Kerry Mangold | Programme Director [South-South HIV Prevention Learning Network]
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Country Case Studies: Emergency response towards program resilience- Malawi

Linley Chewere
Director, HIV, STIs and Viral Hepatitis
Ministry of Health, Malawi

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Guide to Malawi Response

18th February 2025

Background

FACILITIES AND RECIPIENTS OF CARE AFFECTED

- A total of **861 health facilities** provide ART in the country
  - IP-supported sites constitute 50% of these health facilities
- Malawi currently has over **900,000 RoC on ART**
  - 90% of these RoC access ART in IP-supported health facilities
  - 10% are in non-partner supported health facilities

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Malawi's Response

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1. HIV Supply chain
2. Human resource
3. Diagnostics (Lab Information Management System)
4. HIV prevention and Treatment and care
5. HIV Information Management system

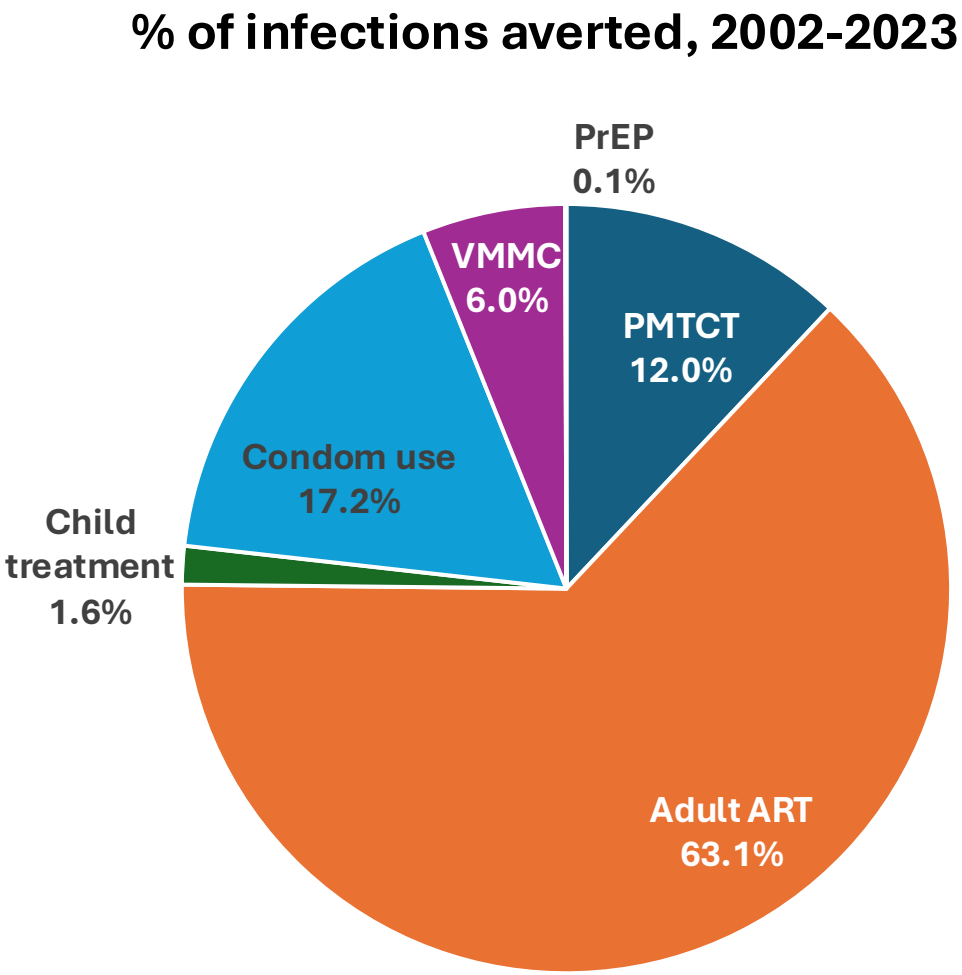
Process

Quick situation analysis was conducted to assess impact on the health system and service delivery

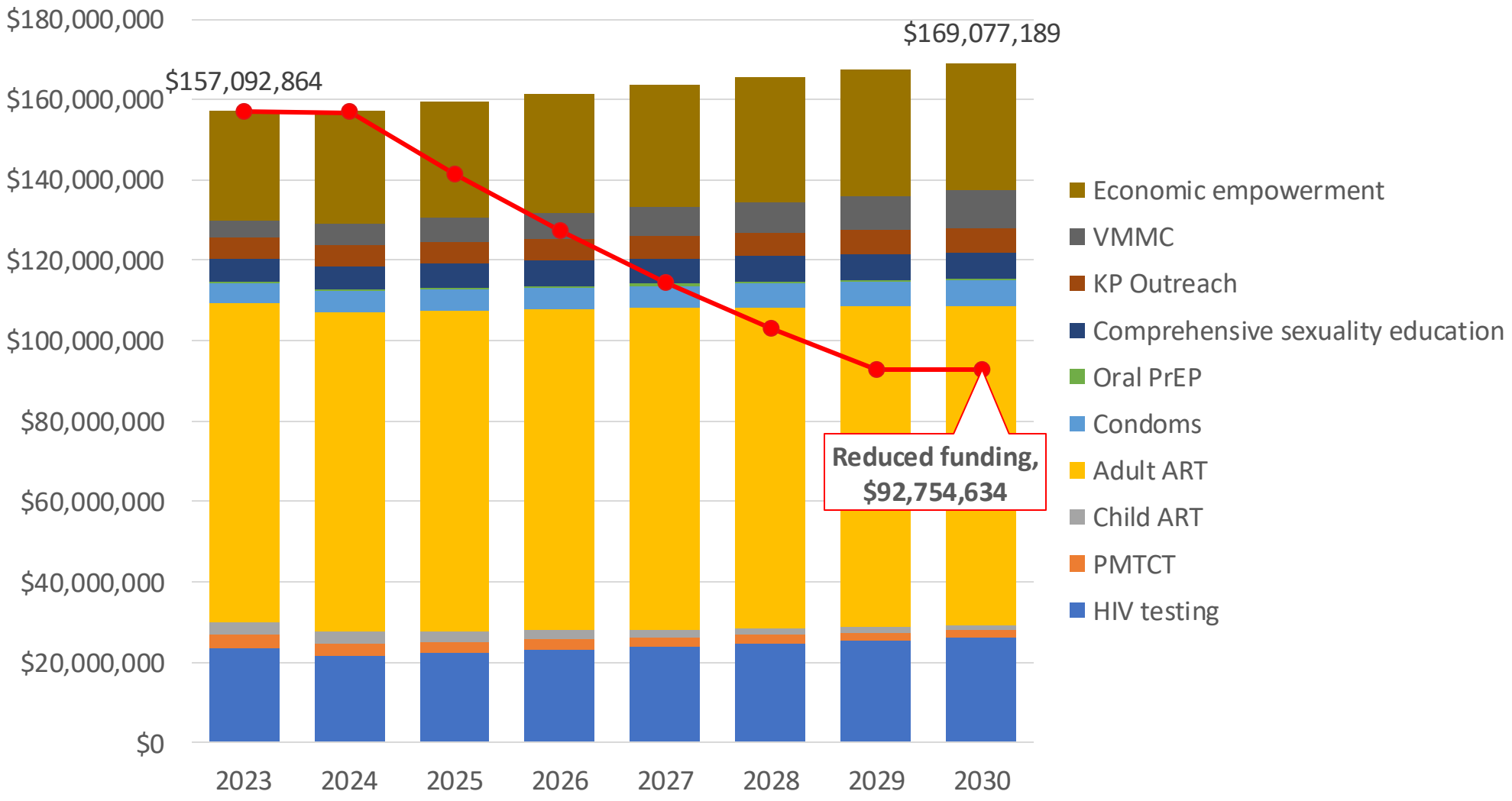
- **Headed by the Chief of Health Services – Technical, and included:**
- **Inter-departmental team at MOH**
- **CSO**
- **National AIDS Commission**

Analysis of Interventions Needed to Reduce HIV Transmission

1. Used goals-model to prioritise Malawi's interventions
2. Human Resource availability played a key role in the prioritization process
3. Program's data



Interventions Prioritization Based on Availability of Resources



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Malawi MOH Emergency Response

- Re-deployment of trained Ministry of Health (MOH) staff for HIV testing, ART dispensing, and targeted viral load monitoring to fill gaps left by PEPFAR-funded personnel.
- Optimize 6-month ART dispensation to reduce clinic visits and ease the burden on health facilities.
- Stock redistribution to avert stock-outs and expiry of slow-moving items.
- Facility-level task shifting, leveraging Health Surveillance Assistants (HSAs) and hospital attendants to assume responsibilities previously managed by PEPFAR-supported staff.
- Leverage private sector and CHAM/IHAM facilities to absorb ART patients (from high-volume ART clinics) if necessary.
- Expand the role of Community Health Workers for patient follow-up, defaulter tracing etc.
- Nationwide site-level quarterly data validation and supervision of HIV to bi-annual by district teams with technical and logistical support from the central government.

Malawi MOH Emergency Response – Service delivery

1. **Testing**
    - Antenatal women
    - In-patients
    - Sexually Transmitted Infection (STI) clients
2. **Elimination of mother to child transmission of HIV (eMTCT)**
    - Provision of prophylaxis
    - Testing of HIV-exposed infants at 12- and 24-months milestones using the Rapid Test
3. **STI**
    - Integrate STI service provision into general OPD clinic operations
    - Messaging on Prevention and Condom use through routine health talks in the facilities.

Modified services

- Discontinue dispensing of ARV emergency refills.
- Discontinue Oral and Injectable PrEP
- Discontinue routine HIV viral load testing
    - Only targeted HIV Viral Load Testing (for patients suspected of treatment failure) must continue in sites with capacity for point-of-care testing

Progress in Implementation of the Emergency Response

- Ongoing mentorship of staff done by District teams
    - Re-deployed / re-located staff
- Resumption of program thematic areas that were heavily affected which included:
    - Testing, sample collection and sample transportation, HIV information systems.
- Restoration of EMR system that was down in some facilities
    - No passcode
    - Staff not conversant with the system-using registers
- Registering T/N ROC from DICs to Government facilities done
- Training needs assessment done for HR in all public facilities
- Staffing needs submitted for possible recruitment
- Re prioritization on going depending on resources
- Some Laboratories using manual data entry.
- Cooperation framework developed and shared with IPs to ensure government ownership of HIV response.

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Country Case Studies: Emergency response towards program resilience- Kenya

Andrew Mulwa
Head, National AIDS & STI Control Programme
Ministry of Health, Kenya

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HIV Burden in Kenya - 2023

1,378,457

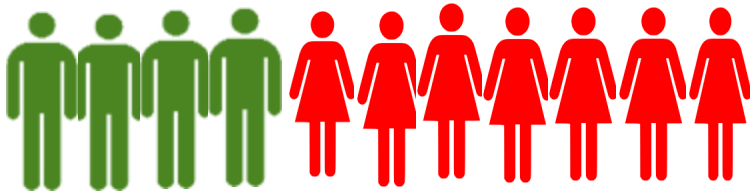
Kenyans living with HIV in 2023

71,433

Children (0-14 years) living with HIV in 2023

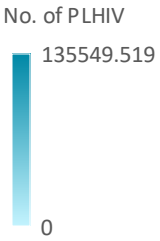
National HIV prevalence is 3.3%

2.2% | **4.5%**



20,480

AIDS-related deaths 2023



County	No. of PLHIV
Kisumu	135,550
Homa Bay	109,786
Migori	106,003
Siaya	93,368
Nairobi	82,820
Nakuru	65,149
Mombasa	54,361
Kiambu	53,718
Kakamega	51,067
Kisii	48,202

In 2023

58%

of people living with HIV were in

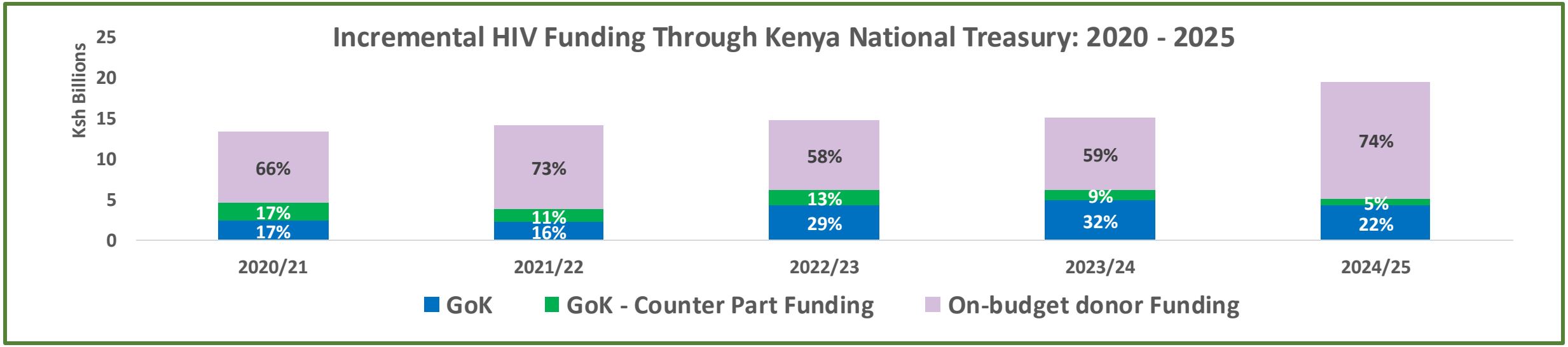
10 Counties

HIV PREVALENCE AMONG KEY POPULATIONS

Source: NSDCC, Kenya HIV Estimates, 2024/ NASCOP, Integrated Biobehavioral Survey 2011

Kenya HIV Funding Landscape

- A total of **1,350,130 PLHIV on ART** (1,302,599 - Adults, 47,531 - Children
- Up to **80%** of HIV Commodities in Kenya supported by external funding
- 3 PEPFAR agencies in Kenya (USAID, CDC, DOD provide direct support to **40/47 Counties** in Kenya
- In the year 2024/25 PEPFAR allocated **USD 59.3M** for HIV health products
- A total of **35,448 HRH** (clinical, ancillary, IP PM, other) supported by PEPFAR



Mitigation Measures Undertaken by Kenya Following the stop work order by the US for PEPFAR Funding

- **HRH**
- **HIV Health Products**
- **Service Delivery**

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Kenya MOH Coordination Measures Following Pause on Funding Executive Order

- HIV partners/stakeholders meeting
- Joint meeting between MOH - NASCOP and National Syndemic Disease Control Council (NSDCC) - to conduct a rapid appraisal of the situation, and institute measures to ensure service delivery continuity
- Engagement meetings with County Leadership/CHMTs to take stock of service delivery interruption and measures taken
- Briefs with senior MOH members and coordination meetings

Impact on Prevention Services - HTS & PrEP

Impact

- Withdrawal of HTS service providers - majority employed by PEPFAR - caused disruption of HTS services as well as PrEP services
- Disruption of shift to the 3-test algorithm (majority of those trained were HTS providers)

Mitigation Measures

- Engagement meetings with Counties
- County and Sub-County Teams supported to start mentorship on HTS to other Cadres – national program provided TOT materials and additional guidance, conducted both virtually and in-person
- Modular sensitization webinars started for other cadres of HCWS to enable them conduct HTS
- Some Counties have given instructions for all HCWs to be sensitized on HTS

Impact on Prevention Services - Key Population

Impact

- Most affected
- Many staff from implementing partners sent on unpaid leave
- Stand-alone DICEs closed during initial period
- Access to MAT clinic services affected

Mitigation Measures

- Memo drafted for full integration of the 110 DICEs with the health facilities
- Meeting to quantify funding gap for full integration of services
- During waiver period, DICES with ART services were able to continue operating

Impact on HIV Treatment Services

Impact

- Most of the HRH (22,000 clinical, 12,480 ancillary) manning the HIV/ART clinics were PEPFAR supported (including clinical and peer educators) - sent on leave
- Most affected are faith-based facilities
- Distribution of ART/OI meds under PEPFAR, sample networking, VL and testing for AHD halted – during initial pause

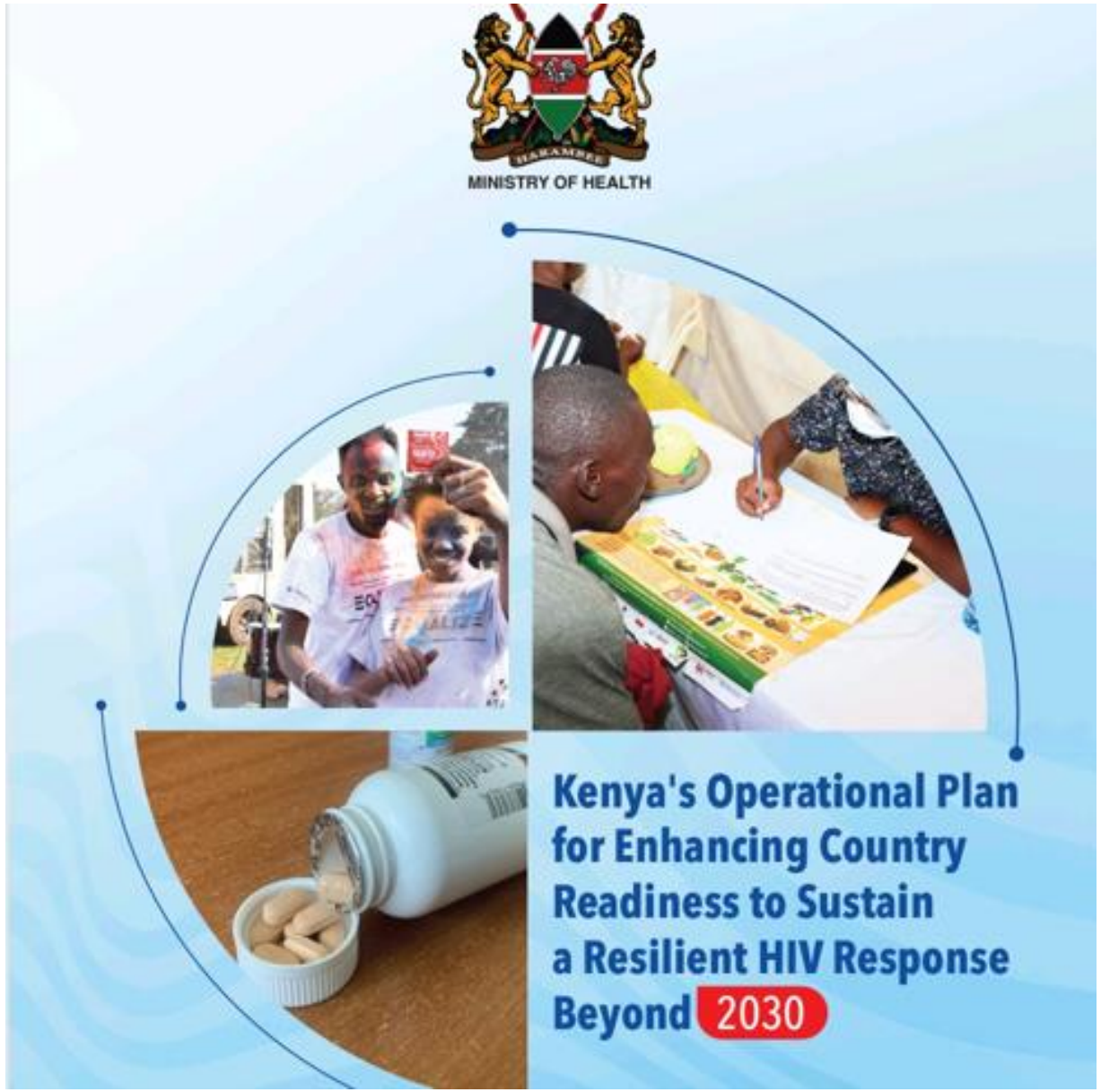
Mitigation Measures

- County leadership engagement meeting
- Re-organizing of HRH by Counties:
  - PEPFAR supported staff requested to volunteer in some Counties
  - Engagement on short locum basis
  - Rotation of HRH from other departments
- Mentorship and modular sensitization on HIV management for other HCWs – sensitization both in-person and virtually by CHMT/MOH County HIV mentors
- Some Counties have given instructions for integration of HIV management with other services

Overarching Mitigation Measures by the Government of Kenya

Cabinet Memo Request

- Request to National Treasury **to allocate additional funding** to:
    - Avert shortages and stock outs of key HIV health products
    - Absorb 22,000 frontline healthcare workers that are PEPFAR supported
    - Support HIV high risk and vulnerable populations
    - Support the KeHMIS project.
- Cabinet Secretary for Health to **give guidelines on integrating services into mainstream service delivery** as follows:
    - Services for populations at high risk of HIV acquisition to be integrated into the MOH facilities
    - PEPFAR supported prevention, care and treatment sites (i.e., 2,923 CCCs) to integrate services into **Outpatient Department** for low volume sites and into **Chronic Diseases Clinics** for high volume sites
    - Key program areas (AYP, Data digitization, populations at high risk) be integrated into mainstream and run by GOK.



Kenya's Plan for Sustainability of HIV Services

- Leveraging on the Kenya's Universal Health Care (UHC) plan
- Funding of HIV services and health products through the Kenya Social Health Authority (SHA)
- Full integration of services – Kenya has currently started drafting an Integration blueprint following the integration summit in 2024

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Country Case Studies: Emergency response towards program resilience-Ghana

Stephen Ayisi Addo

National AIDS/STI Control Programme Manager

Ministry of Health, Ghana

Outline

- Immediate impact of the stop order
- Contingency plan
- Way forward

Immediate Impact of The Stop Order

1. HIV Testing, treatment and viral load monitoring
2. Monitoring and supervision to service delivery sites
3. Capacity building for healthcare workers
4. Community interventions
5. Data quality review and reporting
6. Human rights
7. Key Population interventions
8. Human resource recruitment and remuneration
9. Commodity distribution to the last mile in Northern, Eastern and Ashanti regions
10. Meetings

The immediate impact was mainly on quarter two activities in the three PEPFAR regions of Ghana

(Western, Eastern North and Ahafo)

Contingency Planning

1. Met with the Global Fund to discuss ways to fill the identified gaps
2. Established a Committee to collate needs
3. Presidential directive to the Finance Minister to fill the gap
4. Leveraging of routine resources and activities
5. Regular update on new developments

Way Forward

1. Wake-up call for Africa
2. Expedite action on Ghana's sustainability road map
3. Advocacy for seed money for AIDS Fund by new political leadership
4. Increased budgetary allocation and domestic funding
5. Ring fencing of funds for commodities
6. Redefine and explore new partnerships and funding opportunities

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Q&A Discussion

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