



PEPFAR

# 2017 Regional Operational Plan Approval Meeting

## Asia Regional Program

OUTBRIEF  
March 2, 2017





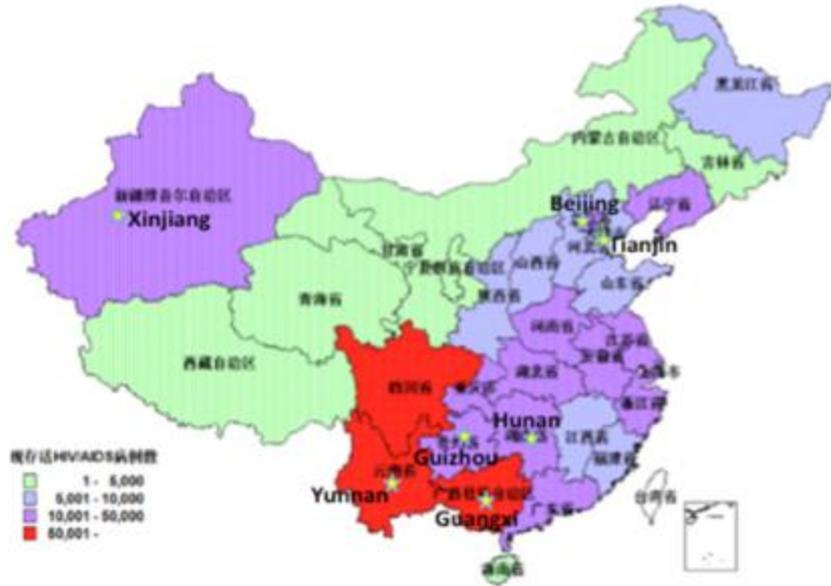
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# Epidemiologic Context

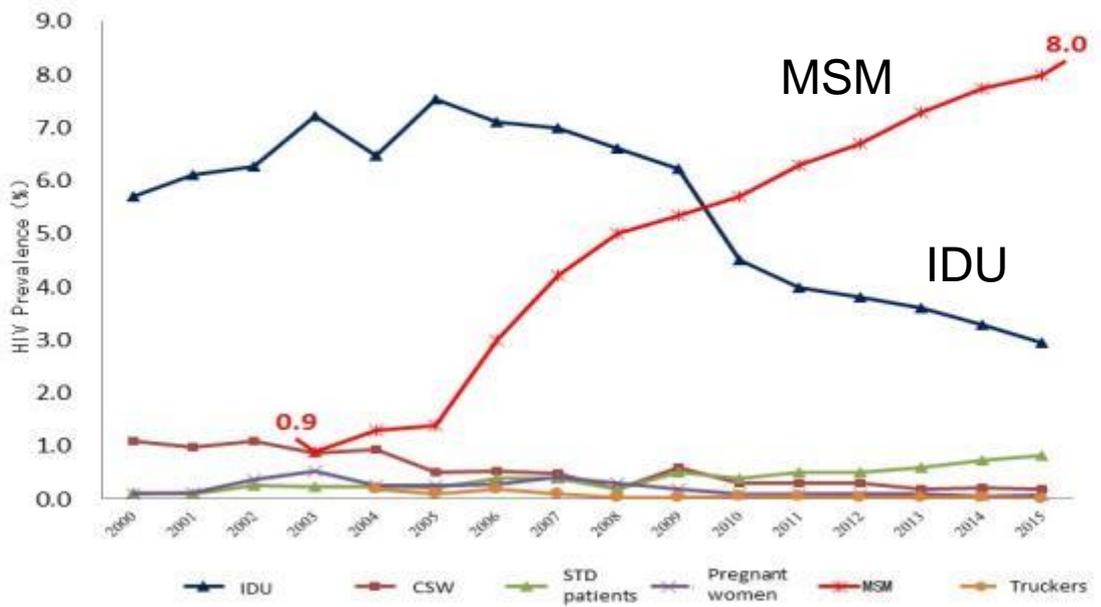




# China



Trend of HIV prevalence in different populatic  
Sentinel surveillence, 2000-2015

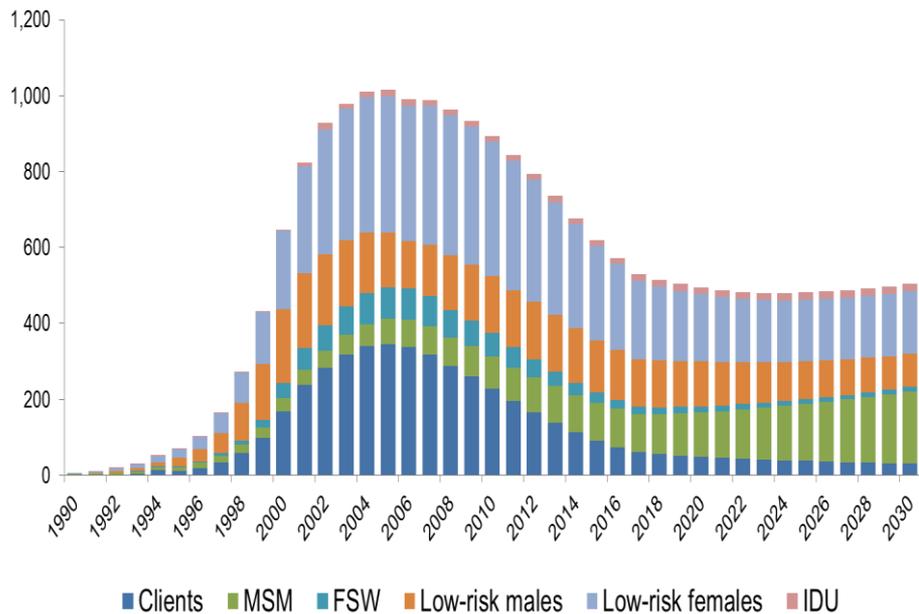




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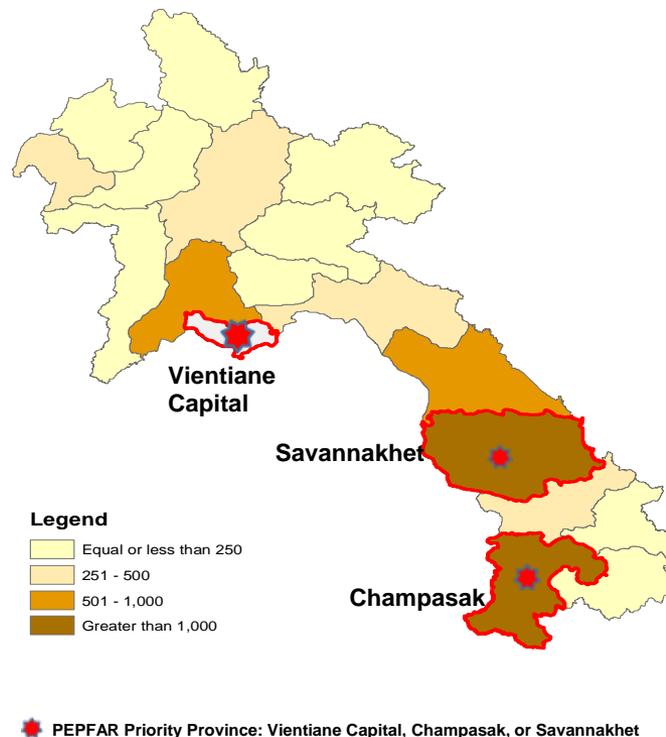
# Laos

## Laos Annual New HIV Infections by Risk Population, 1990-2030



AEM Estimated New Infections, January 2017

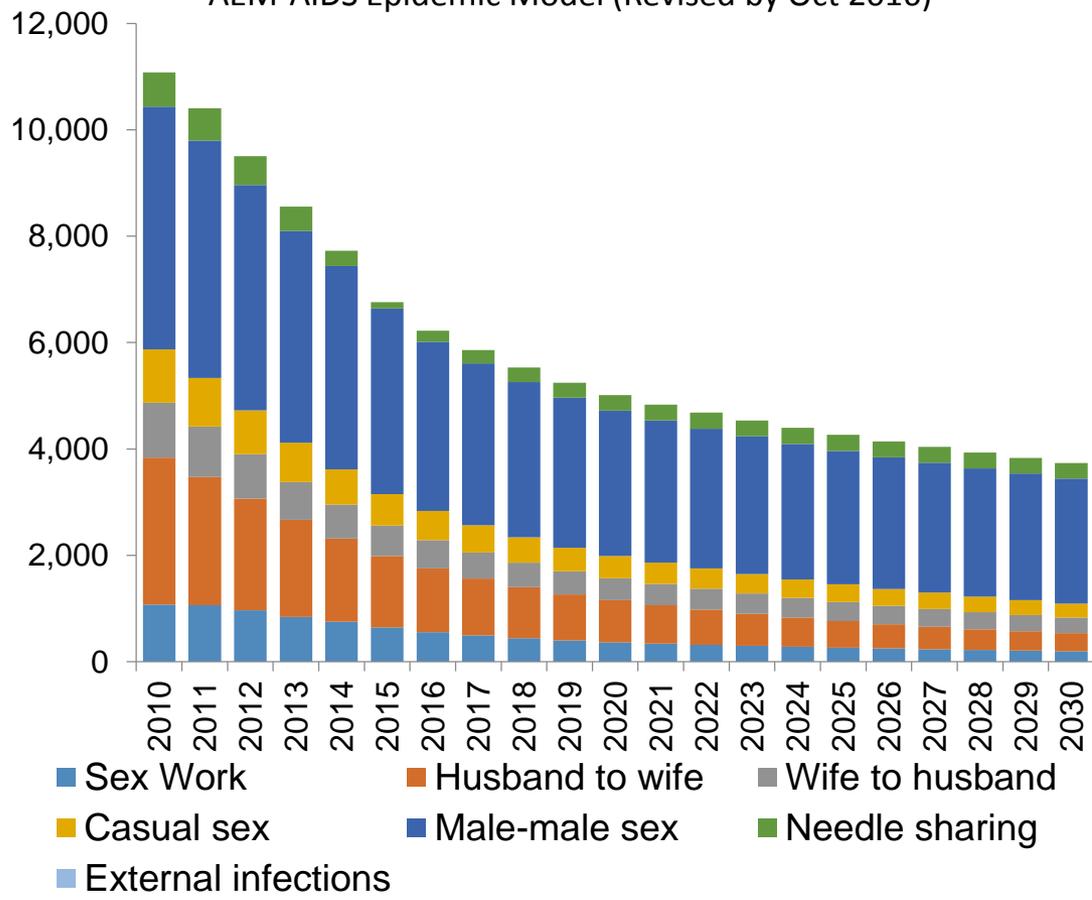
## Estimated Number of PLHIV in Laos in the PEPFAR Priority Provinces, 2016



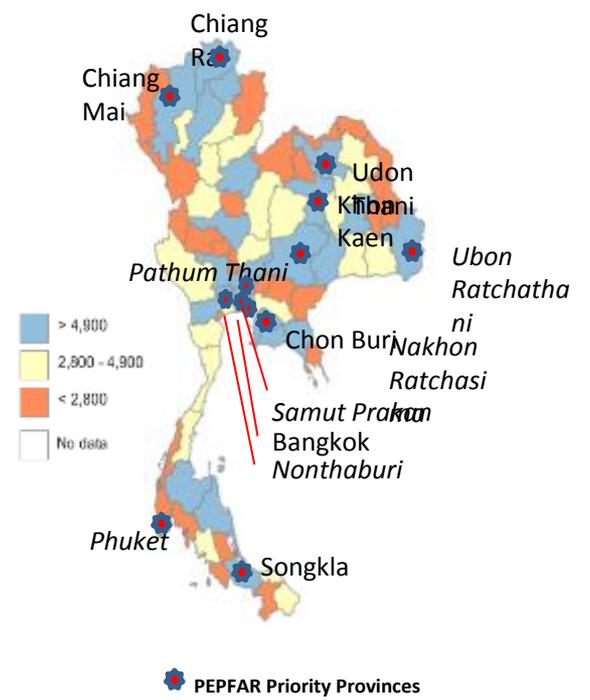
# Thailand

## New HIV by Route of Transmission

AEM-AIDS Epidemic Model (Revised by Oct 2016)

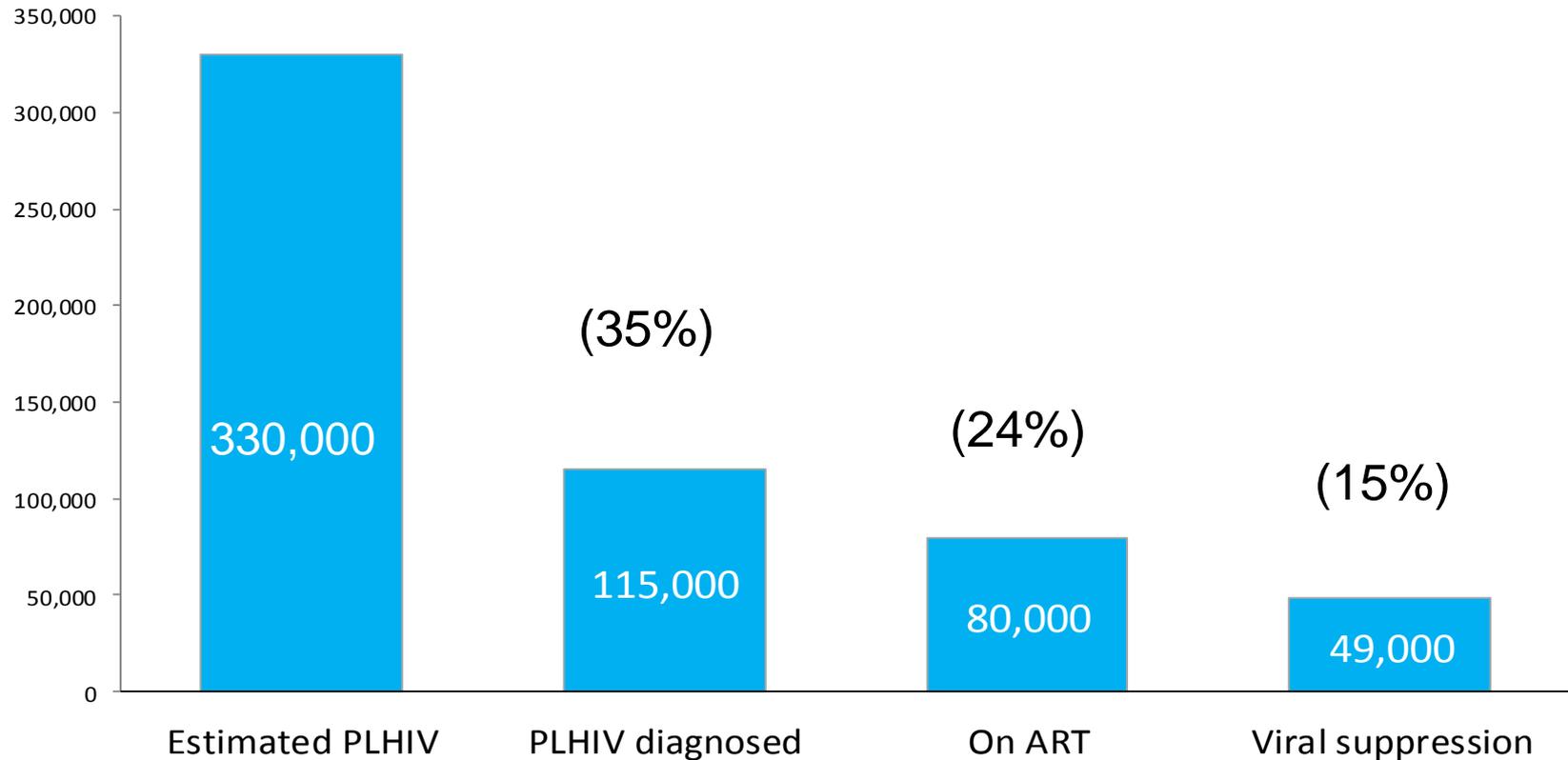


## Estimated Number of PLHIV by Province, 2016





# MSM HIV Treatment Cascade China 2015



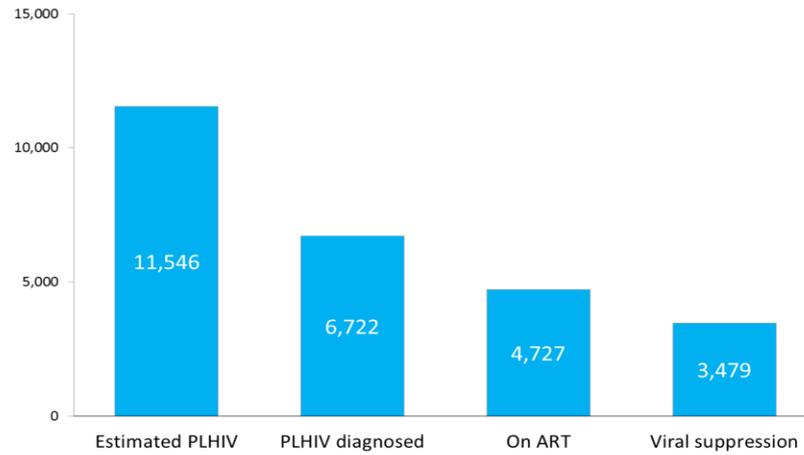
2015 China MSM population size estimate = 4.1 million



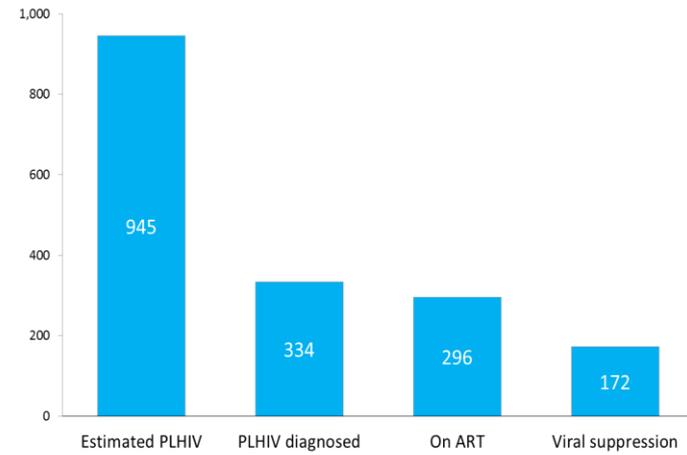


# Laos 2016

## PLHIV Cascade



## MSM Cascade



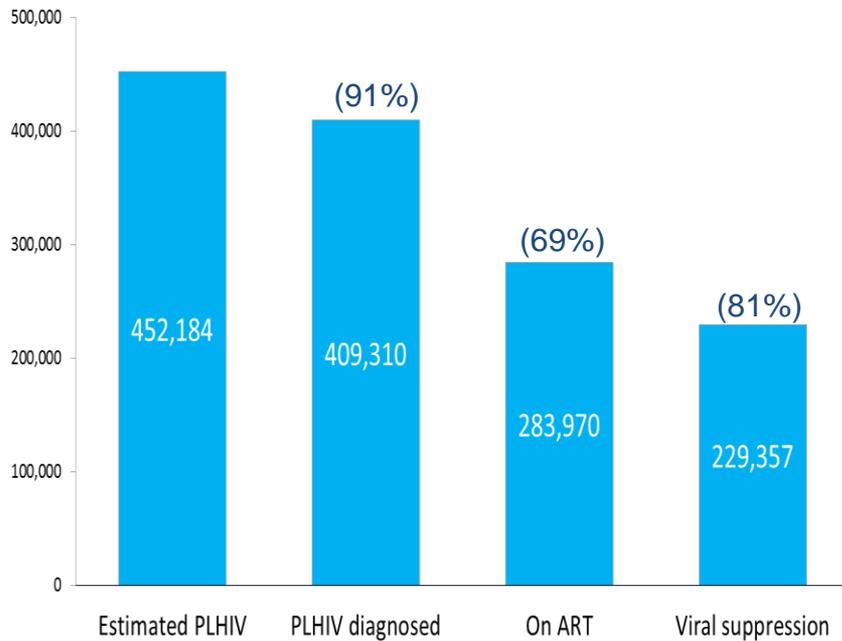
Source: AEM 2016 for estimated PLHIV, CHAS and HIVCAM for PLHIV diagnosed on ART and VL suppressed



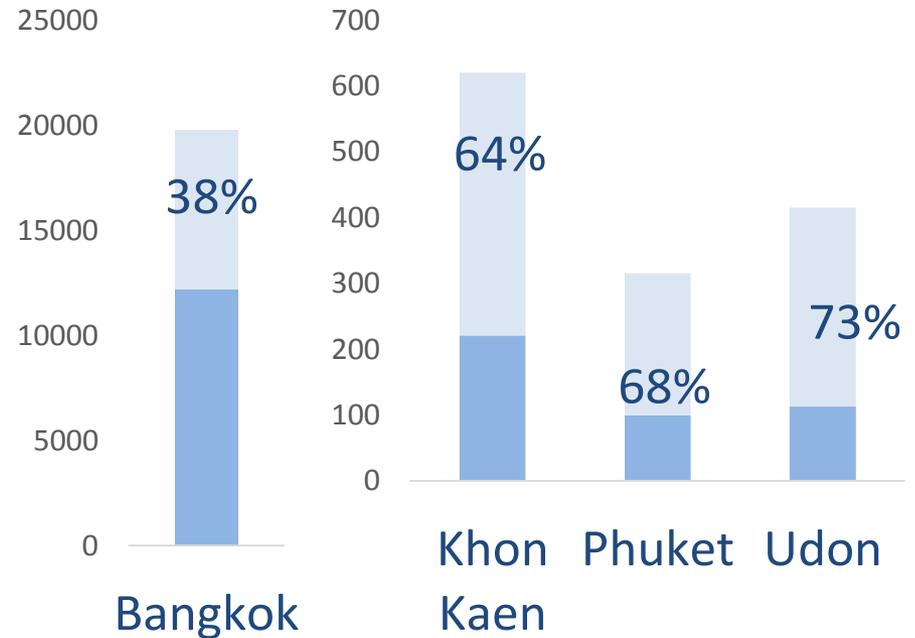


# Thailand 2016

### Treatment Cascade, all PLHIV



### Estimated PLHIV MSM on ART



Source: Estimation and Projection Report Jan 2017 (NAMC, MOPH) and NAP-Plus (NHSO) Nov 2016





# China Investment Profile – ROP 2017

Program Area	Total Expenditure \$USD(mil)	% PEPFAR	% GF	% Gov China	% Other
Clinical care, treatment, and support	322	<1	0	>99	UNK
Community-based care	UNK	UNK	0	UNK	UNK
PMTCT	216	0	0	100	UNK
HTC	86.3	<1	0	>99	UNK
VMMC	N/A	N/A	N/A	N/A	N/A
Priority population prevention	UNK	0	0	UNK	UNK
Key population prevention	35.5	1.6	0	98.4	UNK
OVC	UNK	0	0	UNK	UNK
Laboratory	6.0	2.9	0	97.1	UNK
SI, Surveys and Surveillance	3.3	3.0	0	97.0	UNK
HSS	UNK	UNK	0	UNK	UNK
<b>Total</b>	<b>\$964,761,906*</b>	<b>&lt;1</b>	<b>0</b>	<b>&gt;99%</b>	<b>UNK</b>

\*Total does not include provincial government funding contribution.



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# Laos Investment Profile by Program Area, FY2015

Program Area	PEPFAR	ADB	Global Fund	Host Government %	Other
Clinical care, treatment and support	\$164,167	N/A	\$1,449,509	N/A	\$1,549,584
Community-based care, treatment, and support	\$7,578	N/A	N/A	N/A	\$71,389
HTS <sup>1</sup>	\$59,409	N/A	N/A	N/A	\$63,590
Priority population prevention	\$0	N/A	N/A	N/A	\$0
Key population prevention	\$196,340	N/A	N/A	N/A	\$388,070
PMTCT	\$46,744	N/A	N/A	N/A	\$0
OVC	\$0	N/A	N/A	N/A	\$0
Laboratory	\$0	N/A	N/A	N/A	\$0
SI, Surveys and Surveillance	\$127,366	N/A	\$156,805	N/A	\$201,505
HSS	\$1,092,528	N/A	\$1,662.07	N/A	\$1,922,504
Blood safety	\$0	N/A	N/A	N/A	\$0
HIV/AIDS research	\$155,670	N/A	N/A	N/A	\$0
Other	\$0	N/A	N/A	N/A	\$0
<b>Total</b>	<b>\$1,849,802</b>	<b>\$1,275,289</b>	<b>\$3,268,381</b>	<b>\$2,511,495</b>	<b>\$4,196,642</b>
<b>Total All Investments</b>	<b>\$5,471,931***</b>				

\*PEPFAR expenditures from PEPFAR Expenditure Analysis, 2015 NASA reporting. FY2015 PEPFAR expenditures reported for NASA include the Cost of Doing Business.

\*\*Other sources include GFATM, AFD/Esther, UNADIS, WHO, FHI360 and PSI.

\*\*\*Total expenditures reported in Lao PDR GARP2016 includes partial PEPFAR and other source funding including Host Government (not reported by Program Areas for 2015 funding in 2016 GARP). As a result, the total expenditures are under reported.

<sup>1</sup>NA is not applicable or not reported.





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# Thailand Investment Profile by Program Area, FY2015

Program Area	Total Expenditure	PEPFAR %	GF %	Host country %	Other %
Clinical care, treatment and support	\$158,357,383	0.2%	1.8%	97.9%	0.0%
Community-based care, treatment, a	\$4,459,543	0.0%	0.0%	100.0%	0.0%
HTS	\$7,876,572	18.9%	5.1%	75.9%	0.1%
Priority population prevention	\$2,144,418	0.0%	3.4%	95.8%	0.7%
Key population prevention	\$2,811,948	34.3%	22.7%	40.0%	2.9%
PMTCT	\$1,029,209	3.7%	0.0%	96.3%	0.0%
OVC	\$0	0.0%	0.0%	0.0%	0.0%
Laboratory	\$0	0.0%	0.0%	0.0%	0.0%
SI, Surveys and Surveillance	\$7,232,731	63.8%	19.3%	16.3%	0.6%
HSS	\$39,150,864	0.5%	2.0%	97.3%	0.2%
Blood safety	\$0	0.0%	0.0%	0.0%	0.0%
HIV/AIDS Research	\$3,202,464	8.1%	0.0%	80.0%	11.9%
Other	\$14,566,471	33.2%	40.1%	26.0%	0.6%
<b>Total</b>	<b>\$240,831,603</b>	<b>5.3%</b>	<b>5.0%</b>	<b>89.4%</b>	<b>0.3%</b>

<sup>1</sup>\*PEPFAR expenditures from PEPFAR Expenditure Analysis, 2015 NASA reporting. FY2015 PEPFAR expenditures reported for NASA include the Cost of Doing Business.

<sup>2</sup>Other Investment Profile data reported from Thailand Global AIDS Response Progress (GARP) report, 2014-2015.



# Stakeholder Engagement and Key Recommendations



## China

- Support PrEP information access
- Support CBOs to improve quality of services, move beyond “fee-for-testing-service” model

## Laos

- Provide enhanced support to build human resources, health services, and health system financing capacity needed for transitioning to a sustainable model of epidemic control
- Collaborate with stakeholders to increase opportunities for regional engagement to facilitate sharing of lessons learned on innovative program models



## Thailand

- The need to involve more CBOs in national response
- Improve data utilization at provincial and health facility level





# Partners' Inputs

## 1 Catalyze broader, sustained epidemic control

- Alignment of National Strategy
- Filling the gap
- Ensure scalability and sustainability of models
- Promote cost-effective service delivery models
- Achieve 90 90 90 target and End of AIDS epidemic
- Strengthen local capacity
- Address stigma and discrimination
- Community led services

## 2 Support the establishment of domestic financing mechanisms and systematizing the role of NGOs

- Transition plan
- Mapping results of all human, financial, and organizational resources available

## 3 Provide key technical assistance (TA) and facilitate knowledge sharing, among countries in ARP and beyond

- Need to well tailor the TA plan
- Make ROP- Regional Program





# Stakeholder Recommendations

1. Priority support for transition plan from external funding to domestic funding.
2. Visibly and substantively engage of national and regional key population network.
3. Support integration of community and health systems into people centered system for health.
4. Facilitate cross-region learning.
5. Zoom in the efforts to reach the highest risked and hidden populations for both prevention and treatment, care and support.





# Key Policy Adoption

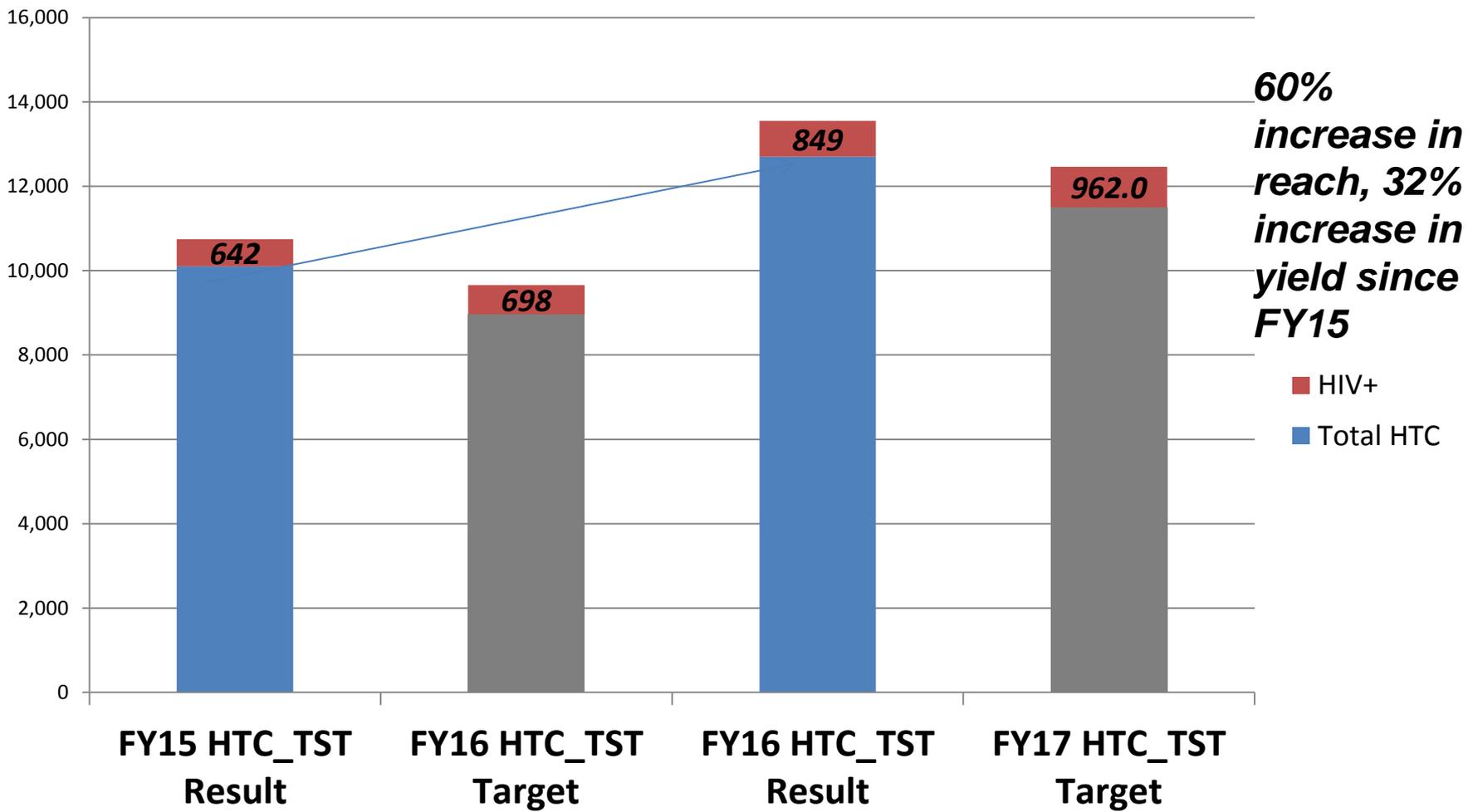
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- Test and START
  - China announced policy June 2016
  - Laos implemented 2016
  - Thailand implemented Oct 2014
- Differentiated care and immediate initiation
  - China: under discussion
  - Laos: patient status may be used to determine frequency of CD4 testing
  - Thailand Oct 2014: 3-6 month follow-up, VL at 6, 12, and every 12 months
- Pre-exposure prophylaxis (PrEP)
  - China: evaluating, pilots underway
  - Laos: Pilot PrEP project proposed under KPIF application
  - Thailand: recommended Oct16, not funded
- HIV self-testing
  - China: policy dialogue underway
  - Laos: no policy, supportive of HIV Self-testing pilot peer-initiated testing and self-testing underway
  - Thailand: no policy, evaluating





# China - HTS results vs targets FY15 to FY17



# PEPFAR-supported results: CHINA



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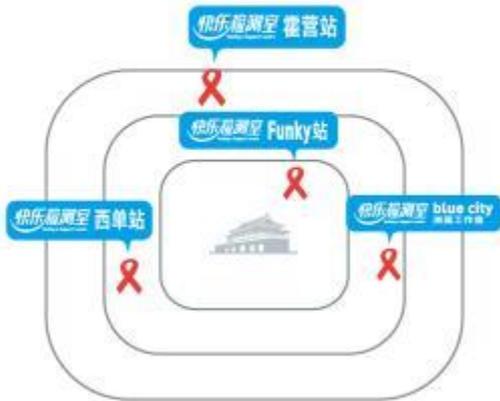
## Blued as a tool to control HIV/AIDS

Blued 通过互联网开展防艾工作介绍



Map of Danlan Testing Centers in Beijing

淡蓝快乐检测点北京分布图



Map of Danlan Testing Centers in China

全国淡蓝快乐检测室分布图





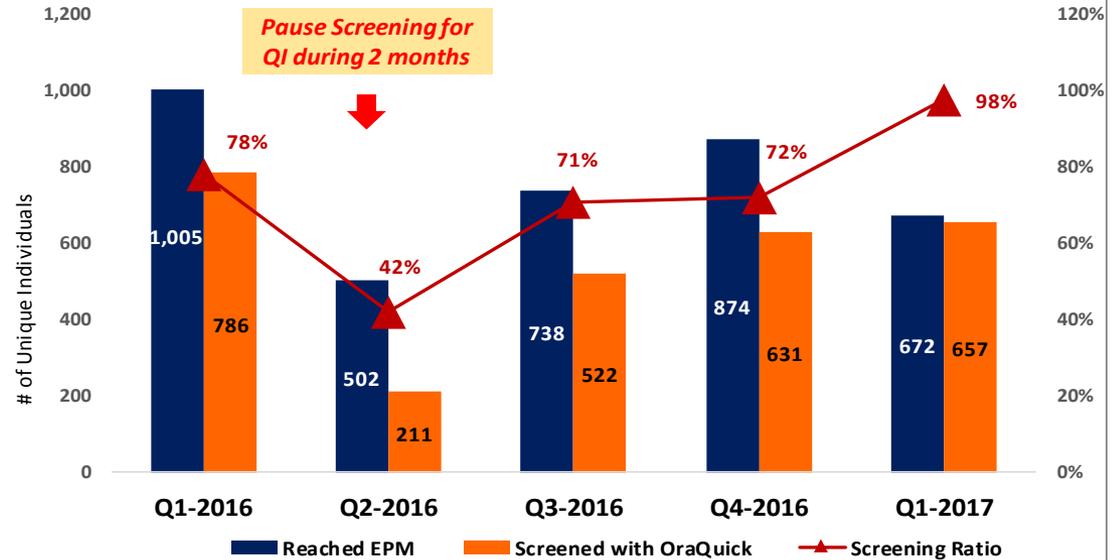
# PEPFAR-supported results: Laos

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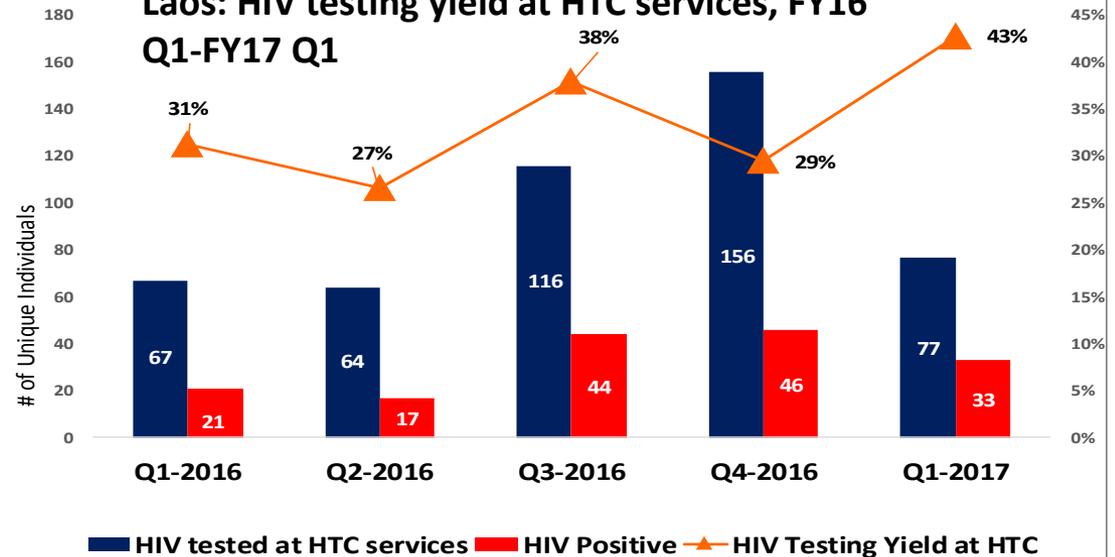
The U.S. Ambassador to the Lao PDR, Rena Bitter, receives oral-fluid HIV screening from trained LaoPHA peers in Champasak



### Laos: Individuals reached and screened with Ora Quick



### Laos: HIV testing yield at HTC services, FY16 Q1-FY17 Q1







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# PEPFAR ROP 2017





# Key updates made to original ROP17 submission

- Strategic Objective 3 (Regional TA Role) activities strengthen based on feedback from stakeholders and reviewers. Joint key approaches, increased budget, and realistic benchmarks
- Increased targets for China and Thailand
- Updated SDS
  - Epidemic tables
  - Investment profile tables
  - Narrative regional role
  - Appendix A (country budgets)
- Updated FOIT table
  - Benchmarks
  - Activity Budget





# PEPFAR ROP 2017

## Proposed ARP ROP FOIT

**Overarching Goal:** To catalyze broad, sustained epidemic control by demonstrating effective approaches to reach, test, treat, and retain men who have sex with men (MSM), transgender (TG) women and other key populations in settings with the greatest burden of HIV in China, Laos, and Thailand

### Strategic Objective 1:

To catalyze broader, sustained epidemic control by demonstrating more effective approaches to reach, test, treat and retain MSM and TG women in settings with the greatest burden of HIV in China, Laos, and Thailand

### Strategic Objective 2:

To support the establishment of domestic financing mechanisms and systematizing the role of NGOs, strengthening the links between NGOs and the health system in PEPFAR-supported areas in China, Laos and Thailand

### Strategic Objective 3:

To provide key technical assistance (TA) and facilitate knowledge sharing, among countries in ARP and beyond.

**Outcome 1.1:** Increased access to and uptake of high-quality HIV testing, and linkages to care and early ART for MSM and TG women in community-based and facility settings in PEPFAR priority provinces in Thailand

**Outcome 1.2:** Expanded access to and increased uptake of HIV pre-exposure prophylaxis by MSM and TG women in Thailand

**Outcome 1.3:** Strengthened local capacity and health systems (e.g. laboratory quality improvement systems and information sharing networks, information systems that provide real-time cascade information to health care providers and public health officials.)

**Outcome 2.1:** Increased national and subnational funding, formal processes, and NGO capacity for participation in HIV planning and service delivery by the end of FY2019

**Outcome 3.1:** Improved sharing of lessons learned among stakeholders in Thailand and the region by the end of FY2019

### 64 Activities:

48 ROP (\$6,437,517), 16 Central Funding (\$6,820,036)

### 12 Activities:

2 ROP(\$0), 10 Central Funding (\$4,088,250)

### 16 Activities:

13 ROP (\$605,576), 3 Central Funding (\$216,714)





# Proposed FY18 and FY19 Targets - China

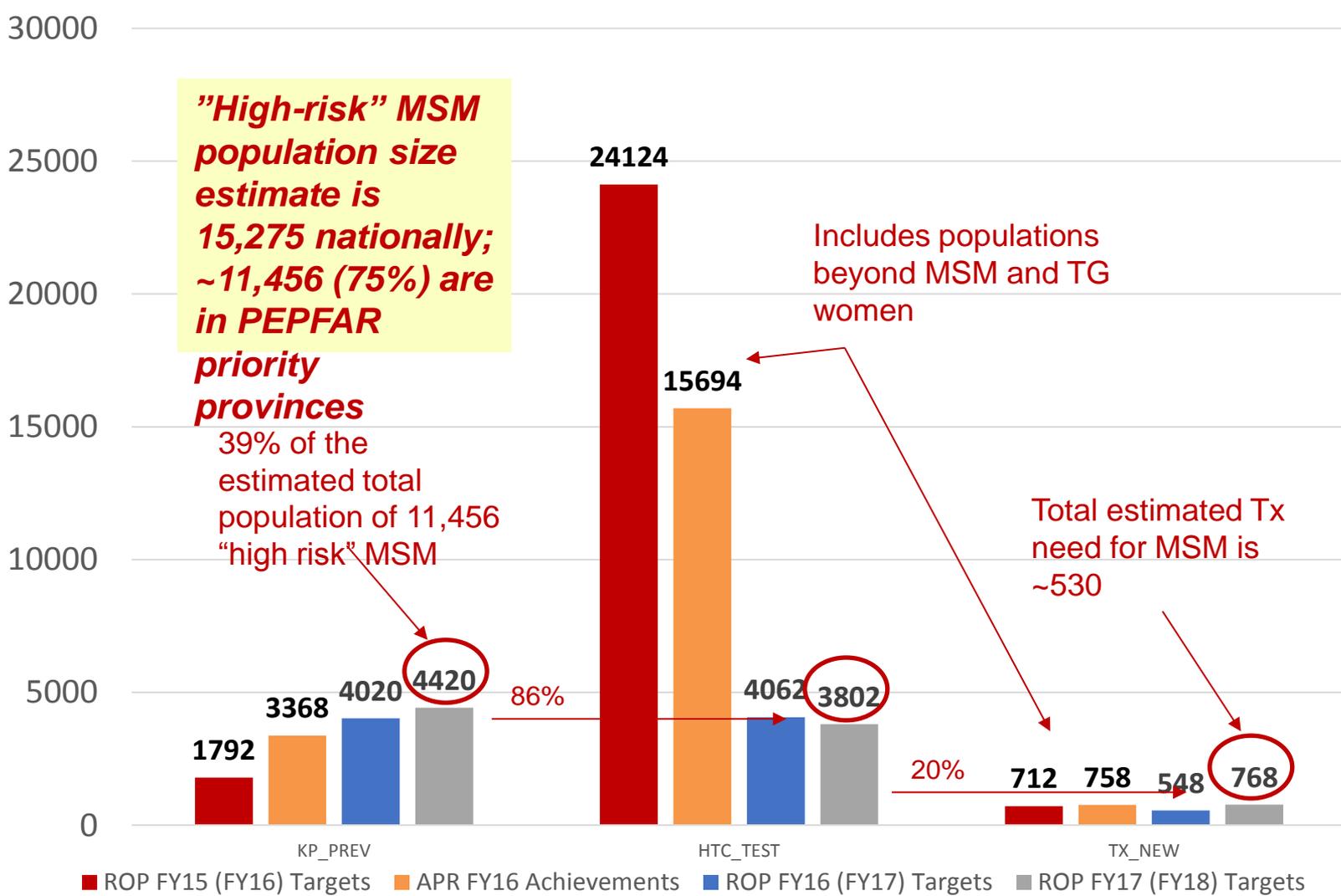
Indicator	FY16 Result	% of FY16 Target	FY17 Target	FY17 Q1 Result	Proposed FY18/19 Target*
KP_PREV^	42,287	286%	20,371	NA	17,850
HTS_TST	12,726	131%	11,900	3,068	17,850
HTS_POS (% Yield)	844 (7%)	87%	962 (8%)	185 (6%)	1,805 (10%)

\*Not including TBD/CBO implementing mechanism to be awarded for FY18-19 implementation;  
 ^KP\_PREV includes PrEP\_NEW information access and care/counseling for those considering or on treatment





# Proposed ROP17 Targets – Laos



**"High-risk" MSM population size estimate is 15,275 nationally; ~11,456 (75%) are in PEPFAR priority provinces**  
 39% of the estimated total population of 11,456 "high risk" MSM

Includes populations beyond MSM and TG women

Total estimated Tx need for MSM is ~530





# Proposed FY18 and FY19 Targets – Laos

Indicator	FY16 target	FY16 achievements (% of set target)	FY17 Target	FY17 - Q1 achievement	Proposed FY18 target	Proposed FY19 target
KP_PREV	1,792	188%	4,020	N/A	4,420	4,420
HTC_TST	24,124	65%	4,062	729* (18%)	3,802	3,802
HTC_POS	108	554%	103	304** (295%)	204	204
TX_NEW	712	94%	548	162 (30%)	768	768
TX_CURR	3,157	56%	2,293	3,974 (173%)	3,900	3,900
TX_RET*	661	84%	194	n/a	518	518
TX_PVLS*	2,400	95%	873	n/a	2,397	2,397

\*729 MSM, TG, self identified to HCWs. 33 Male HIV-positive, 9,227 clients received HTS in PEPFAR TA supported ART clinics

\*\*29/304 MSM, TG newly on ART

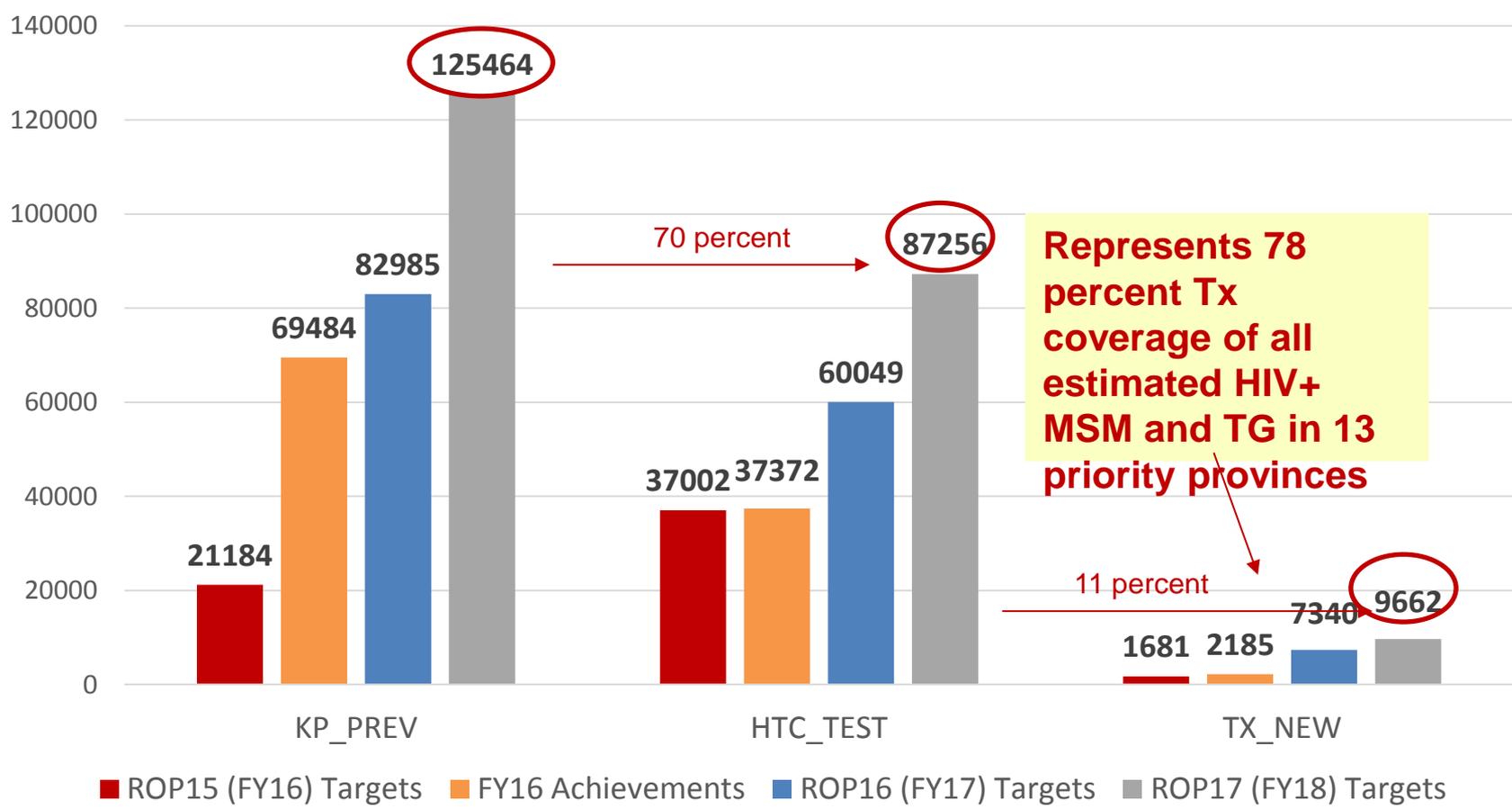
N/A – not required for Q1 report

Revised ROP17 target during ROP review 1 Mar 17





# Proposed ROP17 Targets – Thailand





# Proposed FY18 and FY19 Targets - Thailand

Indicator	FY16 target	FY16 achievements (% of set target)	FY17 Target <sup>§</sup>	FY17 - Q1 achievement	Proposed FY18 target <sup>§</sup>	Proposed FY19 target
KP_PREV	21,184	328%	82,985 <sup>§</sup>	N/A	125,464 <sup>§</sup> (69%)	125,464
HTC_TST	37,002	101%	60,049 <sup>§</sup>	10,561 (18%)	87,256 <sup>§</sup> (65%)	87,256
HTC_POS	3,029	59%	7,954 <sup>§</sup>	567 (7%)	9,662 <sup>§</sup> (11%)	9,662
TX_NEW	1,681	130%	7,340 <sup>§</sup>	591 (8%) <sup>#</sup>	7,333 <sup>§</sup>	9,662
TX_CURR	9,948	114%	10,627	8,488 (80%)	15,602	17,757
TX_RET	87%	92%	N/A	N/A	644*	644*
TX_PVLS	90%	97%	N/A	N/A	5,073*	5,073*
PrEP_NEW	N/A	N/A	1,232 <sup>§</sup>	93 (8%)	1,815	1,815

\*Program level targets to measure retention model effectiveness (Y\_MSM pos, BMA\_Cascade)

<sup>#</sup>CDC PIF fund delays in arrival

<sup>§</sup>Target includes ROP and PIF

182,291 was the estimated number of high risk MSM, TG, FSW, MSW in 13

provinces  
Revised ROP17 target during ROP review 1 Mar 17





# ROP 17 ARP Agency Allocations and Earmarks

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
HHS/CDC	\$10,160,500	\$0	\$10,160,500
HHS/HRSA	\$100,000	\$0	\$100,000
USAID	\$4,769,500	\$0	\$4,769,500
<b>Total</b>	<b>\$15,030,000</b>	<b>\$0</b>	<b>\$15,030,000</b>

New FY 2017 funds allocated to Care and Treatment

COP/ROP17 requirement:

\$3,156,300

ARP's total allocation to C & T:

\$3,247,548

-Exceeds the earmark by \$91,248

M & O as % of total country funding

-China- 22%

-Thailand- 29%

-Laos- 7%



# Sharing within and beyond ARP

## Areas of potential expertise sharing

- Lab EQA
- Quality improvement
- EMTCT
- PrEP
- Self-testing
- Test and Triage
- Expenditure analysis
- Stigma and discrimination
- Sustainability/Transition planning
- Financing HIV response





# Overview of strategic outcome 3: ARP regional role

## Strategic Objective 3:

To provide key technical assistance (TA) and facilitate knowledge sharing, among countries in ARP and beyond.

### Key approaches:

1. ARP and representatives of regional countries will meet annually to identify regional priorities and plan joint activities
2. Partner with existing regional networks (e.g., MSM/TG networks, laboratory networks, health care provider networks, etc.) to convene virtual and in-person consultations to share lessons learned
3. Leverage bilateral workshops, meetings, and conferences to advance practice and policy
4. Convene an annual technically-focused regional meeting to advance priority topics: a) community- and key-population-led health services; b) domestic financing for civil society; c) transition planning from external donor financing; d) advancements in laboratory services; and, e) HIV pre-exposure prophylaxis
5. Knowledge sharing: protocols, guidelines, research findings, tools, policy documents, etc.
6. Organize study tours for regional representatives
7. Include the Substance Abuse and Mental Health Services Administration regional representative in activity planning for PWID

### Key Benchmarks:

- Accelerate “diffusion of innovations” to improve impact, efficiency across the region
- Forge sustainable regional and global partnerships to advance policies and address priorities that transcend borders
- Support adoption of evidence-based models for transition to domestic financing and sustainability





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# GAMECHANGER OVERVIEW





# ROP16 “game-changer” update

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Thailand PEPFAR Incentive Fund (PIF) Kick-Off (13 Provinces), 22 Feb, 2017



## Key national, multi-sectoral working groups and results areas

**Innovation,  
optimization, and  
scale**

**HMIS**

**Domestic  
financing**

**CBO capacity-  
building and  
accreditation**

### Illustrative anticipated results

>70% Tx coverage  
of HIV+ MSM + TG  
women by Y2 end

Optimized, proven  
outreach, testing,  
diff. care models

Provincial and site  
information systems  
to improve results  
and provide  
confidential support  
from reach through  
viral suppression

Social contracting  
and pay for  
performance  
policies and systems  
to support civil  
society leadership  
and services

Policy change to  
expand HIV testing  
and other service  
access  
  
Increased quality  
and availability of  
services through  
CBOs, KPs



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# ROP17 "game-changer"

