2017 Regional Operational Plan Approval Meeting

Asia Regional Program

OUTBRIEF
March 2, 2017
Epidemiologic Context
China

Trend of HIV prevalence in different populations
Sentinel surveillance, 2000-2015

MSM

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

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

Legend
- Equal or less than 250
- 251 - 500
- 501 - 1,000
- Greater than 1,000

PEPFAR Priority Province: Vientiane Capital, Champasak, or Savannakhet
Thailand

New HIV by Route of Transmission
AEM-AIDS Epidemic Model (Revised by Oct 2016)

Estimated Number of PLHIV by Province, 2016

- Sex Work
- Husband to wife
- Wife to husband
- Casual sex
- Male-male sex
- Needle sharing
- External infections
MSM HIV Treatment Cascade
China 2015

Estimated PLHIV
PLHIV diagnosed
On ART
Viral suppression

330,000
115,000
80,000
49,000

(35%)
(24%)
(15%)

2015 China MSM population size estimate = 4.1 million
Laos 2016

PLHIV Cascade

- Estimated PLHIV: 11,546
- PLHIV diagnosed: 6,722
- On ART: 4,727
- Viral suppression: 3,479

MSM Cascade

- Estimated PLHIV: 945
- PLHIV diagnosed: 334
- On ART: 296
- Viral suppression: 172

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: 452,184
- PLHIV diagnosed: 409,310 (91%)
- On ART: 283,970 (69%)
- Viral suppression: 229,357 (81%)

Estimated PLHIV MSM on ART

- Bangkok: 38%
- Khon Kaen: 64%
- Phuket: 68%
- Udon: 73%

Source: Estimation and Projection Report Jan 2017 (NAMC, MOPH) and NAP-Plus (NHSO) Nov 2016
<table>
<thead>
<tr>
<th>Program Area</th>
<th>Total Expenditure $USD(mil)</th>
<th>% PEPFAR</th>
<th>% GF</th>
<th>% Gov China</th>
<th>% Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment, and support</td>
<td>322</td>
<td>&lt;1</td>
<td>0</td>
<td>&gt;99</td>
<td>UNK</td>
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<tr>
<td>Community-based care</td>
<td>UNK</td>
<td>UNK</td>
<td>0</td>
<td>UNK</td>
<td>UNK</td>
</tr>
<tr>
<td>PMTCT</td>
<td>216</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>UNK</td>
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<tr>
<td>HTC</td>
<td>86.3</td>
<td>&lt;1</td>
<td>0</td>
<td>&gt;99</td>
<td>UNK</td>
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<tr>
<td>VMMC</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Priority population prevention</td>
<td>UNK</td>
<td>0</td>
<td>0</td>
<td>UNK</td>
<td>UNK</td>
</tr>
<tr>
<td>Key population prevention</td>
<td>35.5</td>
<td>1.6</td>
<td>0</td>
<td>98.4</td>
<td>UNK</td>
</tr>
<tr>
<td>OVC</td>
<td>UNK</td>
<td>0</td>
<td>0</td>
<td>UNK</td>
<td>UNK</td>
</tr>
<tr>
<td>Laboratory</td>
<td>6.0</td>
<td>2.9</td>
<td>0</td>
<td>97.1</td>
<td>UNK</td>
</tr>
<tr>
<td>SI, Surveys and Surveillance</td>
<td>3.3</td>
<td>3.0</td>
<td>0</td>
<td>97.0</td>
<td>UNK</td>
</tr>
<tr>
<td>HSS</td>
<td>UNK</td>
<td>UNK</td>
<td>0</td>
<td>UNK</td>
<td>UNK</td>
</tr>
<tr>
<td>Total</td>
<td>$964,761,906*</td>
<td>&lt;1</td>
<td>0</td>
<td>&gt;99%</td>
<td>UNK</td>
</tr>
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</table>

*Total does not include provincial government funding contribution.
# Laos Investment Profile by Program Area, FY2015

<table>
<thead>
<tr>
<th>Program Area</th>
<th>PEPFAR</th>
<th>ADB</th>
<th>Global Fund</th>
<th>Host Government %</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment and support</td>
<td>$164,167</td>
<td>N/A</td>
<td>$1,449,509</td>
<td>N/A</td>
<td>$1,549,584</td>
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<tr>
<td>Community-based care, treatment, and support</td>
<td>$7,578</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$71,389</td>
</tr>
<tr>
<td>HTS¹</td>
<td>$59,409</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$63,590</td>
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<tr>
<td>Priority population prevention</td>
<td>$0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td>Key population prevention</td>
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<td>N/A</td>
<td>N/A</td>
<td>$388,070</td>
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<td>PMTCT</td>
<td>$46,744</td>
<td>N/A</td>
<td>N/A</td>
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<td>$0</td>
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<tr>
<td>OVC</td>
<td>$0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$0</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td>SI, Surveys and Surveillance</td>
<td>$127,366</td>
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<td>$201,505</td>
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<td>N/A</td>
<td>$1,922,504</td>
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<tr>
<td>Blood safety</td>
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<td>N/A</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td>HIV/AIDS research</td>
<td>$155,670</td>
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<td>N/A</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td>Other</td>
<td>$0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td><strong>Total</strong></td>
<td>$1,849,802</td>
<td>$1,275,289</td>
<td>$3,268,381</td>
<td>$2,511,495</td>
<td>$4,196,642</td>
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<tr>
<td><strong>Total All Investments</strong></td>
<td><strong>$5,471,931</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

¹NA is not applicable or not reported.
# Thailand Investment Profile by Program Area, FY2015

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

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

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

• 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

<table>
<thead>
<tr>
<th>Year</th>
<th>HTC_TST Result</th>
<th>HTC_TST Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td>642</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>698</td>
<td>849</td>
</tr>
<tr>
<td>FY17</td>
<td>962.0</td>
<td></td>
</tr>
</tbody>
</table>

60% increase in reach, 32% increase in yield since FY15
PEPFAR-supported results: CHINA

Blued as a tool to control HIV/AIDS

Map of Danlan Testing Centers in Beijing
Map of Danlan Testing Centers in China
PEPFAR-supported results: Laos

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
PEPFAR-supported results: Thailand

Sub-partners have placed a great emphasis on converting reach to HIV testing. This has paid off: While overall reach has declined, a far higher percent of individuals reached now seek HIV testing.

Thailand: LINKAGES Cascade Performance, FY15Q2-FY17Q1

Registration in eCascade, LOP to January 2017

Community-based supporter engages a client, records data in mobile application.
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

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

*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.
"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

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

*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

- **ROP15 (FY16) Targets:** 21184
- **FY16 Achievements:** 69484
- **ROP16 (FY17) Targets:** 37002
- **ROP17 (FY18) Targets:** 37372
- **KP_PREV:** 82985
- **HTC_TEST:** 60049
- **TX_NEW:** 87256

Represents 78 percent Tx coverage of all estimated HIV+ MSM and TG in 13 priority provinces.

- KP_PREV: 21184
- HTC_TEST: 37372
- TX_NEW: 7340

11 percent
## Proposed FY18 and FY19 Targets - Thailand

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

*Program level targets to measure retention model effectiveness (Y_MSM pos, BMA_Cascade)
#CDC PIF fund delays in arrival
$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

<table>
<thead>
<tr>
<th></th>
<th>New FY 2017 Funding (all accounts)</th>
<th>Applied Pipeline</th>
<th>Total Planning Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS/CDC</td>
<td>$10,160,500</td>
<td>$0</td>
<td>$10,160,500</td>
</tr>
<tr>
<td>HHS/HRSA</td>
<td>$100,000</td>
<td>$0</td>
<td>$100,000</td>
</tr>
<tr>
<td>USAID</td>
<td>$4,769,500</td>
<td>$0</td>
<td>$4,769,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$15,030,000</strong></td>
<td><strong>$0</strong></td>
<td><strong>$15,030,000</strong></td>
</tr>
</tbody>
</table>

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
GAMECHANGER OVERVIEW
ROP16 “game-changer” update

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
ROP17 “game-changer”

Thai data systems:

- RTCM
- RIHES
- NAP

- data entered to:
- then up to:
- clinic system

Outreach
HIV Testing
Care & Support

eCascade app

(Thai data systems:
 eCascade app)

coupons – job aide – full cascade

fhi360

LINKAGES Self-Reported Risk Factors

Partners Service Delivery Cascade

Chiang Mai (Maejum Carem)

PEPFAR