2017 Regional Operational Plan Approval Meeting

Caribbean

March 16, 2017
Presentation Outline

* BACKGROUND AND CONTEXT

* Epidemiological data - Jamaica
  • Programmatic results
  • Stakeholder Engagement
  • Test and Start Policy Status
  • PEPFAR-Supported Results

* PEPFAR COP/ROP 2017
  • Goal Statement
  • Overview of Strategic Outcomes
  • Overview of budget and targets

* Annex: Innovative Models
BACKGROUND AND CONTEXT
Epidemic control in Jamaica and Sustainable HIV Response in the Caribbean

Bahamas
Gen: 3%
FSW: N/A
MSM: 22%

Jamaica
Gen: 1.6%
FSW: 2.8%
MSM: 3.8%

Barbados
Gen: 1.2%
FSW: N/A
MSM: 11%

Trinidad
Gen: 1.2%
FSW: 5%
MSM: 27%

Guyana
Gen: 1.5%
FSW: 6%
MSM: 5%

Suriname
Gen: 0.9%
FSW: 6%
MSM: 7%
# Treat All Update

<table>
<thead>
<tr>
<th>Country</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>Adopted nationally January 2017</td>
</tr>
<tr>
<td>Guyana</td>
<td>Implemented at 3 PEPFAR sites; Set to implement nationally by end of FY2017</td>
</tr>
<tr>
<td>Trinidad</td>
<td>“Treat all” guidelines completed; Set to implement nationally May FY2017</td>
</tr>
<tr>
<td>Suriname</td>
<td>“Test and Start Stakeholder Orientation and Implementation Planning Meeting” in April 2017</td>
</tr>
<tr>
<td>Bahamas</td>
<td>Adopted nationally April 2016</td>
</tr>
<tr>
<td>Barbados</td>
<td>Adopted nationally January 2016</td>
</tr>
</tbody>
</table>
Reaching 90-90-90 in Jamaica (2016)

- Infected: 29,000
- Diagnosed: 24,608 (85%)
- On ART: 12,810 (37%)
- Virally Suppressed: 9,962 (34%)
- Received a viral load test: 5,841 (20%)

2014: 81% Diagnosed, 29% On ART, 12% Virally Suppressed
2015: 85% Diagnosed, 32% On ART, 14% Virally Suppressed
2016: 85% Diagnosed, 37% On ART, 20% Virally Suppressed

**Draft; 2016 Spectrum estimates pending**
Males and MSM carry burden of epidemic, while females have higher engagement in care.

Data quality issue with Spectrum estimates for M/F split
### Jamaica National HIV Cascade (10-19 years), 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Females 10-19</th>
<th>Males 10-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALHIV</td>
<td>630</td>
<td>734</td>
</tr>
<tr>
<td>Diagnosed</td>
<td>413</td>
<td>371</td>
</tr>
<tr>
<td>Ever on ARV</td>
<td>175</td>
<td>150</td>
</tr>
<tr>
<td>Currently on ARV</td>
<td>145</td>
<td>129</td>
</tr>
<tr>
<td>Virally suppressed</td>
<td>91</td>
<td>76</td>
</tr>
</tbody>
</table>

- **Diagnosed**: Number of individuals diagnosed with HIV.
- **Ever on ARV**: Number of individuals who have been on antiretroviral treatment (ARV) at some point.
- **Currently on ARV**: Number of individuals currently on ARV.
- **Virally suppressed**: Number of individuals with suppressed viral load.
Jamaica National HIV Cascade (20-24 years), 2014

- ALHIV: 1,541
- Diagnosed: 615
- Ever on ARV: 311
- Currently on ARV: 219 (Females), 172 (Males)
- Virally suppressed: 180 (Females), 131 (Males)

Females 20-24: 1,541
Males 20-24: 1,091
Key Population Cascades of those who disclosed in public facilities, Jamaica 2016

Total number diagnosed not currently available. Activities to strengthen KP risk factor reporting currently in progress and planned to continue.

Cascades represent a small subset of KPs
WRHA
PLHIV = 10,453
TX gap = 5,777

SRHA
PLHIV = 3,896
TX gap = 2,358

NERHA
PLHIV = 3,872
TX gap = 3,224

SERHA
PLHIV = 12,092
TX gap = 6,928

PLHIV Burden in Jamaica (2016) by Parish and Regional Health Authority

166 - 1212
1212 - 1544
1544 - 3219
3219 - 8410
<table>
<thead>
<tr>
<th>Parish</th>
<th>PLHIV</th>
<th>TX Coverage</th>
<th>TX Coverage</th>
<th>TX gap to 80%</th>
<th>FY17 TX_NEW Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarendon</td>
<td>1,497</td>
<td>478</td>
<td>32%</td>
<td>720</td>
<td>161</td>
</tr>
<tr>
<td>Hanover</td>
<td>1,117</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>36</td>
</tr>
<tr>
<td>Manchester</td>
<td>1,544</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>107</td>
</tr>
<tr>
<td>Portland</td>
<td>831</td>
<td>171</td>
<td>21%</td>
<td>494</td>
<td></td>
</tr>
<tr>
<td>Kingston St. Andrew</td>
<td>8,410</td>
<td>3,131</td>
<td>37%</td>
<td>3,597</td>
<td>1,257</td>
</tr>
<tr>
<td>St. Ann</td>
<td>1,497</td>
<td>1,886</td>
<td>126%</td>
<td>(688)</td>
<td>234</td>
</tr>
<tr>
<td>St. Catherine</td>
<td>3,516</td>
<td>1,732</td>
<td>49%</td>
<td>1,081</td>
<td>318</td>
</tr>
<tr>
<td>St. Elizabeth</td>
<td>855</td>
<td>860</td>
<td>101%</td>
<td>(176)</td>
<td></td>
</tr>
<tr>
<td>St. James</td>
<td>5,131</td>
<td>2,201</td>
<td>43%</td>
<td>1,904</td>
<td>392</td>
</tr>
<tr>
<td>St. Mary</td>
<td>1,544</td>
<td>507</td>
<td>33%</td>
<td>728</td>
<td>92</td>
</tr>
<tr>
<td>St. Thomas</td>
<td>166</td>
<td>281</td>
<td>169%</td>
<td>(148)</td>
<td></td>
</tr>
<tr>
<td>Trelawny</td>
<td>1,877</td>
<td>N/A</td>
<td>N/A</td>
<td>58</td>
<td></td>
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<tr>
<td>Westmoreland</td>
<td>2,328</td>
<td>646</td>
<td>28%</td>
<td>1,216</td>
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</table>
REDACTED
REDACTED
# PEPFAR Jamaica Results

<table>
<thead>
<tr>
<th></th>
<th>KP_PREV</th>
<th>HTC_TST</th>
<th>HTC_TST_PO</th>
<th>TX_CURR</th>
<th>TX_NEW_TA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16 Target</td>
<td>7742</td>
<td>3367</td>
<td>132</td>
<td>7665</td>
<td>1715</td>
</tr>
<tr>
<td>FY16 Result</td>
<td>5969</td>
<td>2237</td>
<td>186</td>
<td>7628</td>
<td>1334</td>
</tr>
<tr>
<td>FY17 Target</td>
<td>2203</td>
<td>1953</td>
<td>120</td>
<td>12728</td>
<td>769</td>
</tr>
<tr>
<td>FY17 Result (Q1)</td>
<td>429</td>
<td>24</td>
<td></td>
<td>7749</td>
<td>248</td>
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</table>
PEPFAR Results in Jamaica: TX_NEW Q1 FY17 Results and Targets
## FY18 Targets

<table>
<thead>
<tr>
<th>Country</th>
<th>KP_PREV</th>
<th>HTC_TST</th>
<th>HTC_TST_POSS</th>
<th>HTC_TST_YIELD</th>
<th>TX_NEW</th>
<th>TX_CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahamas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbados</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Guyana</td>
<td>3,268</td>
<td>5,376</td>
<td>179</td>
<td>3%</td>
<td>818</td>
<td>3,636</td>
</tr>
<tr>
<td>Jamaica</td>
<td>5,142</td>
<td>6,269</td>
<td>753</td>
<td>12%</td>
<td>2,500</td>
<td>14,650</td>
</tr>
<tr>
<td>Suriname</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>112</td>
<td></td>
</tr>
</tbody>
</table>
Stakeholder Engagement

- Consultations with Stakeholders was extensive during the planning of ROP 17.

- Stakeholder meetings, phone calls, and joint visits contributed to the selection of activities and identification of joint priorities.

- Stakeholders include the MOH in each country, National AIDS Program Managers, Civil Society Organizations, the Global Fund, and regional partners (UNAIDS, PAHO, CARPHA and PANCAP)

- Feedback on ROP17 from Stakeholders:
  - Include youth as a priority population
  - Men’s health approach to reach MSM

- Communication Plan for new ROP17 strategy to stakeholders is critical element of the way forward

- Engagement with Global Fund across the region with specific focus on Suriname, Jamaica, and Guyana
CARIBBEAN REGIONAL
ROP 2017
STRATEGY and ROADMAP
**Goal:** Epidemic control in Jamaica and Sustainable HIV Response in the Caribbean

**SO1:** 75% KPLHIV ON TREATMENT

1.1 Multiple Testing Modalities
1.2 Bridge KP Link-Treat-Retain
1.3 VL Suppression
1.4 Reduce Stigma & Discrimination

**SO2:** DATA ACCESS AND QUALITY

2.1 KP Data
2.2 Patient Tracking & Treat All Monitoring
2.3 Data Use

**SO3:** SUSTAINABILITY

3.1 Sustainability Roadmap
3.2 Efficiency & Financing
3.3 Political Engagement for Policy
3.4 CSOs as Service Delivery Partners
3.5 Supply Chain

$15,281,360 84% Site Level
$3,207,000 45% Site Level
$4,158,184 21% Site Level

Address S&D
Strategic Objective #1: Increase Tx Coverage so that 75% of KP are on Treatment by the end of FY 19

Innovative testing modalities
1. High-risk sub-populations (young MSM)
2. Web-based & tech. outreach
3. Sexual network & index tracing
4. Mobile units
5. Pilot self-testing

Bridge KP Link-Treat-Retain
1. Differentiated models of care (multi-month scripting, satellite sites to decongest)
2. Clinical & CSO case management
3. Psychosocial care
4. Same-day Tx initiation
5. Partner public & private SD sites
6. Fast track LTFU & retention
7. Improve access & uptake of KP services

VL Suppression for KP
1. Adherence counseling & patient literacy
2. Aggressive VL scale-up strategy
3. Drug-resistance testing
4. Limited accreditation of labs

Reduce Stigma & Discrimination
1. S&D sensitization at community and facility
2. Measuring Stigma
3. Stigma Index
Core package of community engagement activities

Enhanced Outreach and Peer Mobilization

Key components
- Standardized approach for communication
- Strategic use of referral chain networks
- Tracking of individual clients by unique identifier code (UIC) across the HIV cascade
- Performance-based incentives

Peer navigation

- Identify, reach and mobilize clients for HIV testing
- Refer clients to facility- and community-based testing, and/or provide-community based testing services
- Provide tailored post-test counselling and support to clients
- Refer clients to clinical, psychosocial, GBV, legal aid and other support services
- Liaise with health and other social service providers as needed (joint case management)
- Support clients to adhere to their treatment regimen
- Provide counseling and emotional support

Targeted and non-KP branded social media strategies

- Facebook, Snapchat, Instagram and other locally popular communications platforms for promotion:
  - “Know your status”
  - Test and Start awareness
  - PrEP
  - S&D free non-government alternatives to traditional clinical services
- Instant messaging for hotline support, referrals
- Digital and web-based directory of HIV, SRH, GBV, psychosocial support and legal aid services
- Social-based web portal with links to SRH and HIV information local services
Reaching Third 90% (VL suppression) through Viral Load Active Scale up Strategy (VLASS)

Access to quality Viral load testing is available for all countries. VLASS aims to increase coverage rates by correcting gaps resulting in increased viral suppression rates. All countries to achieve at least 90% coverage (all PLHIV receive at least 1 viral load test annually)

<table>
<thead>
<tr>
<th>Gap</th>
<th>Proposed strategy to address gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long turnaround time, inefficient sample transportation systems, poor communication between lab and treatment sites</td>
<td>Support viral load activity coordinator (VLAC) at National Public Health lab to strengthen viral load sample referral networks in all countries – this person will coordinate with an SI and treatment coordinator at MOH and treatment sites, respectively. They will form a technical advisory committee to meet bi-weekly to ensure comprehensive patient management.</td>
</tr>
<tr>
<td>Weak laboratory surveillance systems leading to delays in capturing and reporting of data at treatment sites</td>
<td>Improve data management systems by strengthening electronic and paper based systems (logbooks) and linking lab information systems with treatment site electronic platforms.</td>
</tr>
<tr>
<td>Testing equipment downtime/ lack of service contracts</td>
<td>Optimize equipment function through back up systems, service contracts and/or transitioning to equipment rental agreements.</td>
</tr>
<tr>
<td>Ineffective procurement systems for VL commodities, reagents and supplies</td>
<td>Optimizing procurement and inventory control. Assist countries to negotiate for discounted viral load reagents cost through UNAIDS/Roche diagnostic access initiative.</td>
</tr>
</tbody>
</table>
Promising Interagency Scale-up Approach

**Guyana “PUSH Sites” Model** - An integrated service delivery model with community based partnerships

- Private hospitals and clinics (supported through CDC) are working closely in partnership with community organizations (supported by USAID)
- KP peers in the community support KP access to services and facilitate retention and support groups
- Using this model making significant progress at largest treatment site in Trinidad (Medical Research Foundation)
Strategic Objective #2: Improve data access and quality, particularly for key populations

Key Populations Data

1. Pilot self reporting of KP status using mobile technology
2. Sentinel surveillance in STI clinics and KP friendly sites

Patient Tracking & Treat All Monitoring

1. Conduct study to support S&D reduction efforts at priority sites
2. Quarterly analysis and dissemination of data to review progress on Treat All

Data Use

1. Implement DHIS2/ HMIS
2. Pilot use of technology to monitor adherence & retention
3. Clinic-level monitoring & support for data analysis and use
4. Link electronic data management systems
Improving Key Population Cascade Data

- Pilot self-reporting of KP status using mobile technology
- Link with KP outreach databases

Available now for planning

Short term data entry contracts

- PLHIV
- Diagnosed with HIV
- Prescribed ART
- Received a VL test
- VL suppression

- Will not disclose in clinic setting
- Disclosed and data in EMR
- Disclosed and in paper forms

Improving Key Population Cascade Data

- PLHIV
- Diagnosed with HIV
- Prescribed ART
- Received a VL test
- VL suppression

- Will not disclose in clinic setting
- Disclosed and data in EMR
- Disclosed and in paper forms
Strategic Objective #2: Improve data access and quality, particularly for key populations

<table>
<thead>
<tr>
<th>Gap</th>
<th>Proposed Activity</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Poor completeness of key population data</td>
<td>Pilot self reporting of KP status using mobile technology</td>
<td>MSM and FSW clinic level cascades</td>
</tr>
<tr>
<td></td>
<td>Sentinel surveillance in STI clinics and KP friendly sites</td>
<td>HIV/STI prevalence and behavioral indicators for MSM, TG and FSW</td>
</tr>
<tr>
<td>2) Incomplete data for clinical management</td>
<td>Link electronic data management platforms (lab, treatment, pharmacy)</td>
<td>Master Patient index and site level clinic data for patient management</td>
</tr>
<tr>
<td></td>
<td>Pilot use of technology to monitor treatment adherence and patient retention</td>
<td>Timely patient level ARV adherence data</td>
</tr>
<tr>
<td>3) Limited data analysis and use</td>
<td>Support routine, quarterly review of key indicator data to track progress with 90-90-90</td>
<td>Quarterly program review and revision meetings</td>
</tr>
</tbody>
</table>
**Sustainability Roadmap**
- Transition readiness assessment and development of roadmap

**Political Engagement for Policy**

**Efficiency & Financing**
- 1. Coordinate regional and national HIV policy response
- 2. South-to-south on Test & Start through PANCAP & CSOs

**Supply Chain**
- 1. Target high burden Parishes
- 2. Align CRP funding with HIV burden & new infections
- 3. Establish health accounts
- 4. Increase domestic resources for KP Test and Start

**CSOs as Svc. Delivery**
- 1. CBO institutional strengthening
- 2. Gov’t social contracting for CSO service delivery

Strategic Objective #3: Align PEPFAR resources to burden, need and impact in a sustainable way.
Addressing Procurement Bottlenecks

HFG + PAHO + PSM

Access, Commodity Costs
(i.e., Identify cost saving opportunities in procurement through PAHO strategic fund in T&T, & GF Pooled procurement for Suriname and Guyana)

Forecasting and stock outs
(i.e. forecasting training)

Data Utilization
(i.e., Rapid assessment & gaps analysis with advocacy and training for test and start and same day ART sustainably).
Stigma & Discrimination Efforts to reach 90-90-90 among KPLHIV

- Tool Development for internal and intra-community S&D
- Stigma Index to assess community attitudes and behaviors towards PLHIV
- Sensitization trainings for HCWs
- Facility intervention with pre-/post-assessment of S&D KAPs
- Code of Practice Development
- Legal Reform
- S&D Reporting and Redress
Guyana Continue through Year 2 (FY19)

- Innovative models to improve access to and uptake of KP services
- Delivery of HIV Care and Treatment services
- Scale up viral load access and literacy
- Strengthening laboratory systems and services
- HMIS Implementation
- HIV Case Based Surveillance

Trinidad Continue through Year 2 (FY19)

- Implement Treat All initiative; Fast track returning LTFU patients; VL Scale up; Referral network for drug resistance testing; Strengthening lab systems and services
- Collection of risk factor for KPs
- Training, routine data analysis and dissemination
- Establish MRF as a model of treatment excellence in Trinidad; Transition planning, high-level policy engagement, CSO and supply chain strengthening, and sustainable financing

Guyana Closeout After Year 1 (FY18)

- Fast track returning LTFU patients
- Scale up viral load access and literacy
- Capacity for viral load testing

Bahamas Closeout before Year 1 (FY17)

- SI investments to strengthening routine data systems

Barbados Closeout After Year 1 (FY18)

- SI investments shifted from special studies to strengthening routine data systems

Suriname Continue through Year 2 (FY19)

- Innovative models to improve access to and uptake of KP services
- SI investments shifted from special studies to strengthening routine data systems

Bahamas Closeout before Year 1 (FY17)

- Transition planning, high-level policy engagement, CSO and supply chain strengthening, and sustainable financing
REDACTED
REDACTED
REDACTED
### ROP 17 Budget Allocation by Country and Number of PLHIV

<table>
<thead>
<tr>
<th>Country</th>
<th>ROP 16 Total Country Amounts</th>
<th>ROP 17 Year 1</th>
<th>% of Program Budget</th>
<th>ROP 17 Year 2</th>
<th>% of Program Budget</th>
<th>Number of PLHIV</th>
<th>% of PLHIV Burden for Regional program</th>
<th>New Infections</th>
<th>ART Coverage</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>$7,695,000</td>
<td>$12,200,704</td>
<td>65%</td>
<td>$14,694,336</td>
<td>77%</td>
<td>29,000</td>
<td>47%</td>
<td>1,700 (2016)</td>
<td>32% (9,370)</td>
<td>1,200 (2016)</td>
</tr>
<tr>
<td>Guyana</td>
<td>$5,158,407</td>
<td>$2,502,456</td>
<td>13%</td>
<td>2,301,660</td>
<td>10%</td>
<td>7,800</td>
<td>13%</td>
<td>&lt;500 (2016)</td>
<td>58% (4,551)</td>
<td>&lt;200 (2016)</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>$3,150,223</td>
<td>$1,578,773</td>
<td>8%</td>
<td>1,065,018</td>
<td>6%</td>
<td>10,812 (11,000)</td>
<td>18%</td>
<td>703 (2015)</td>
<td>61% (6,720)</td>
<td>&lt;500 (2016)</td>
</tr>
<tr>
<td>Suriname</td>
<td>$2,396,125</td>
<td>$955,164</td>
<td>5%</td>
<td>745,064</td>
<td>4%</td>
<td>4,000</td>
<td>7%</td>
<td>500 (2013)</td>
<td>29% (1,148)</td>
<td>101 (2013)</td>
</tr>
<tr>
<td>Barbados</td>
<td>$1,137,370</td>
<td>$691,767</td>
<td>4%</td>
<td>0</td>
<td>0</td>
<td>2,147 (2,500)</td>
<td>4%</td>
<td>63 (2014)</td>
<td>49% (1,236)</td>
<td>45 (2014)</td>
</tr>
<tr>
<td>Bahamas</td>
<td>$1,204,770</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8,004</td>
<td>13%</td>
<td>29% (2,307)</td>
<td>&lt;1,000 (2015)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$20,741,895</td>
<td>$18,763,680</td>
<td>100%</td>
<td>$18,806,078</td>
<td>100%</td>
<td>61,763</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Goal:** Epidemic control in Jamaica and Sustainable HIV Response in the Caribbean

**Strategic Objective 1:**
75% of PLHIV are on treatment with focus in Jamaica

**Outcome 1.1:**
Multiple testing modalities to improve testing yields

**Outcome 1.2:**
Bridge gap from linked to treated for KP PLHIV Using Differentiated Care

**Outcome 1.3:**
Retention and VL Suppression for KP PLHIV

**Outcome 1.4:**
Reduce Stigma and Discrimination

$15,281,360
84% Site Level

**Strategic Objective 2:**
Improved data access and quality for KP with focus in Jamaica

**Outcome 2.1:**
Key Population Data

**Outcome 2.2:**
Patient Tracking & Treat All Monitoring

**Outcome 2.3:**
Data Use

$3,207,000
55% Above Site Level

**Strategic Objective 3:**
Align resources to burden, need, and impact and ensure sustainability

**Outcome 3.1:**
Sustainability Roadmap

**Outcome 3.2:**
Allocative efficiencies and Sustainable Financing

**Outcome 3.3:**
Political Engagement for Policy

**Outcome 3.4:**
CSO engagement as service delivery providers

**Outcomes 3.5:**
Supply Chain

$4,158,184
79% Above Site Level

**Funding:**
- $15,281,360 (84% Site Level)
- $3,207,000 (55% Above Site Level)
- $4,158,184 (79% Above Site Level)
Thank You!!!