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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**





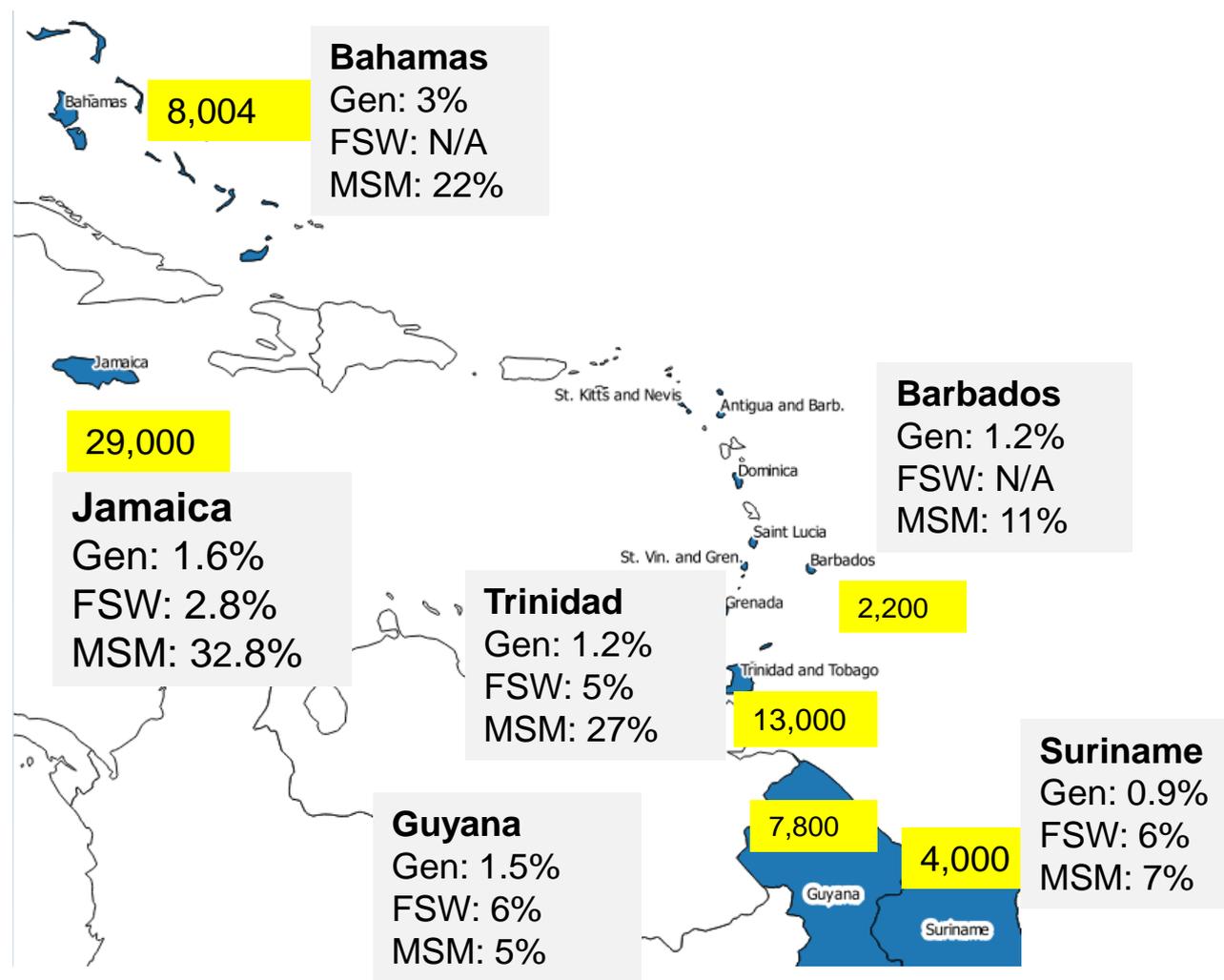
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BACKGROUND AND CONTEXT





Epidemic control in Jamaica and Sustainable HIV Response in the Caribbean





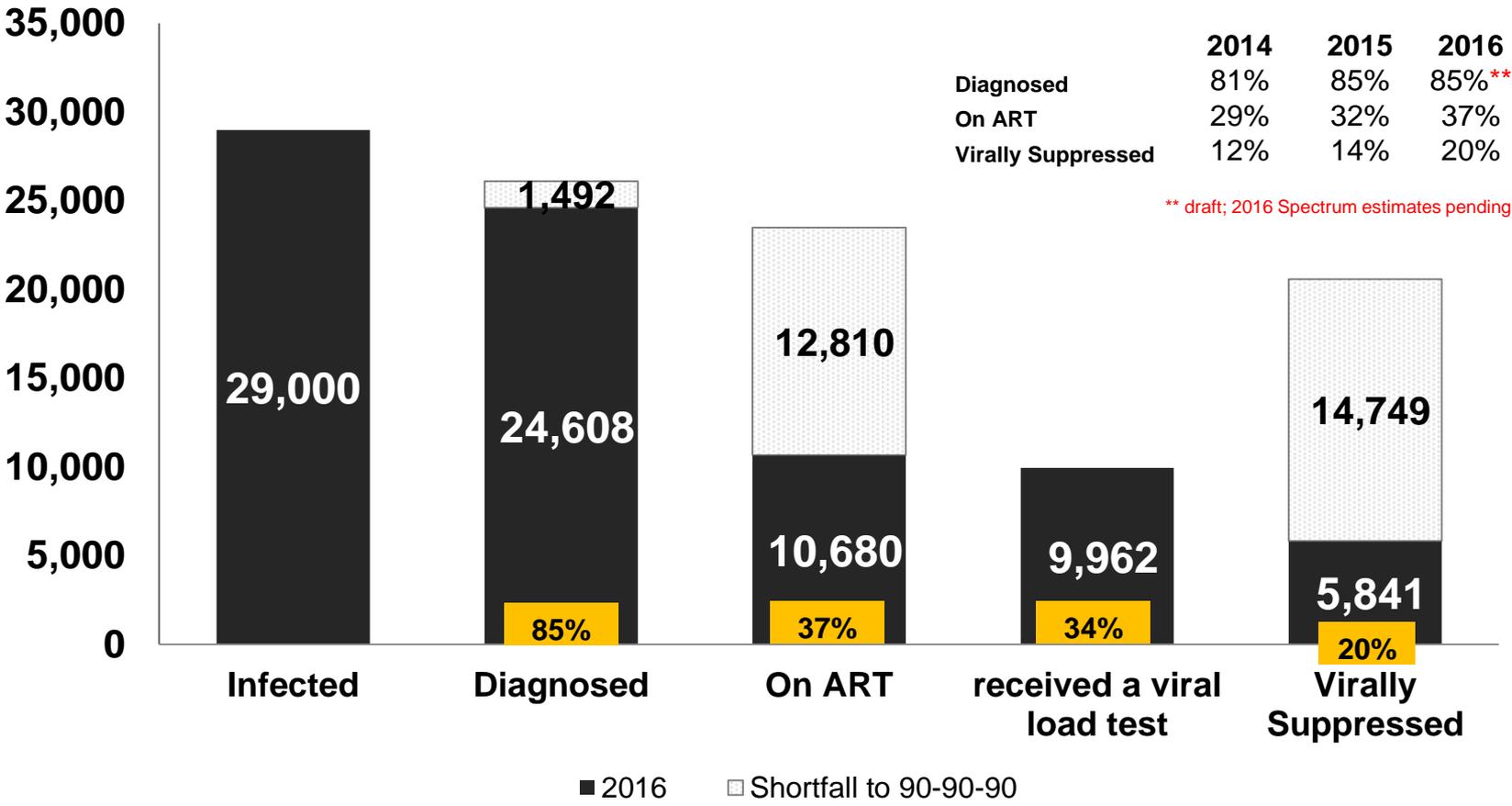
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Treat All Update

Jamaica	Adopted nationally January 2017
Guyana	Implemented at 3 PEPFAR sites; Set to implement nationally by end of FY2017
Trinidad	“Treat all” guidelines completed Set to implement nationally May FY2017
Suriname	“Test and Start Stakeholder Orientation and Implementation Planning Meeting” in April 2017
Bahamas	Adopted nationally April 2016
Barbados	Adopted nationally January 2016

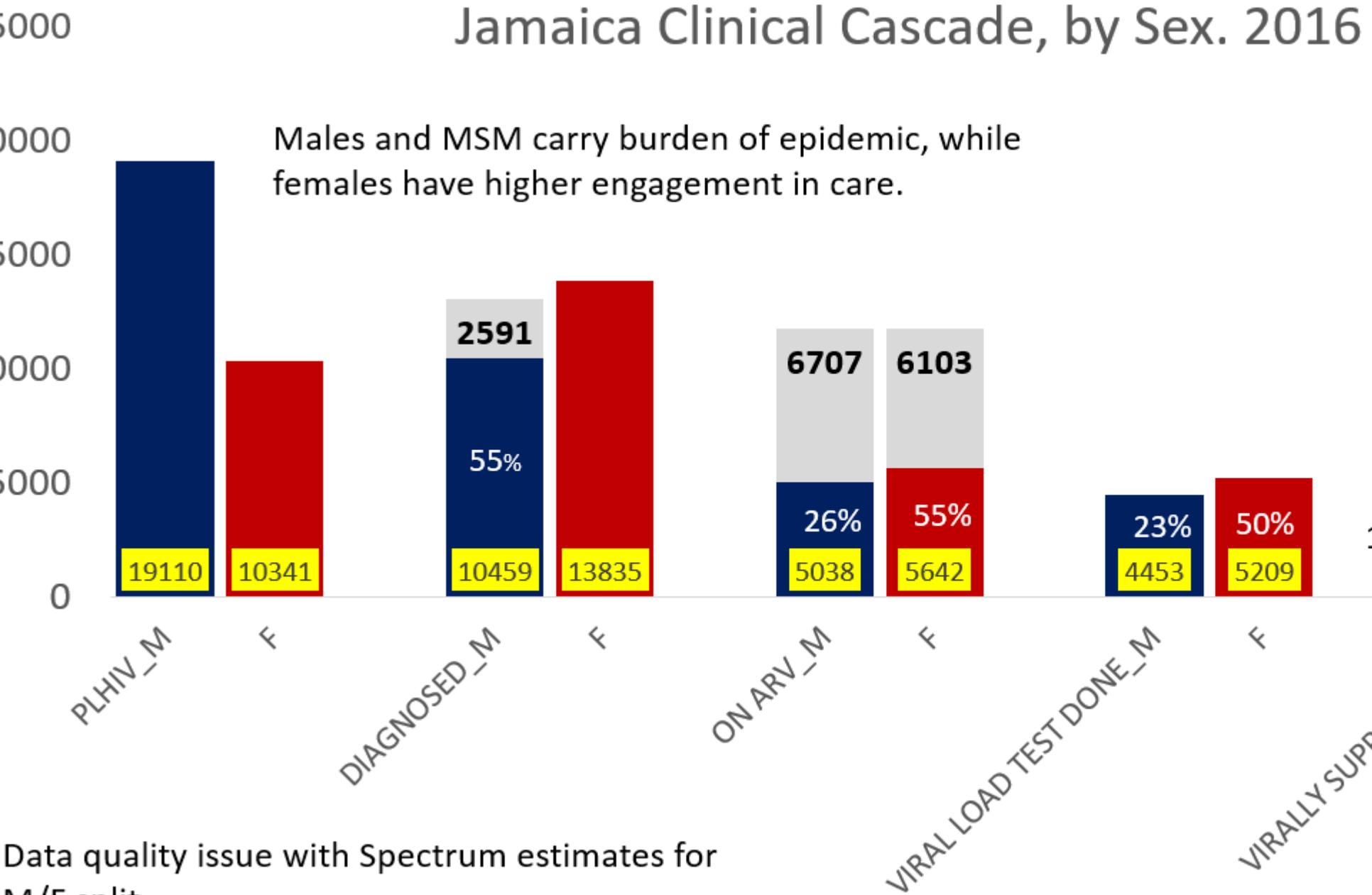


Reaching 90- 90-90 in Jamaica (2016)



Jamaica Clinical Cascade, by Sex. 2016

Males and MSM carry burden of epidemic, while females have higher engagement in care.

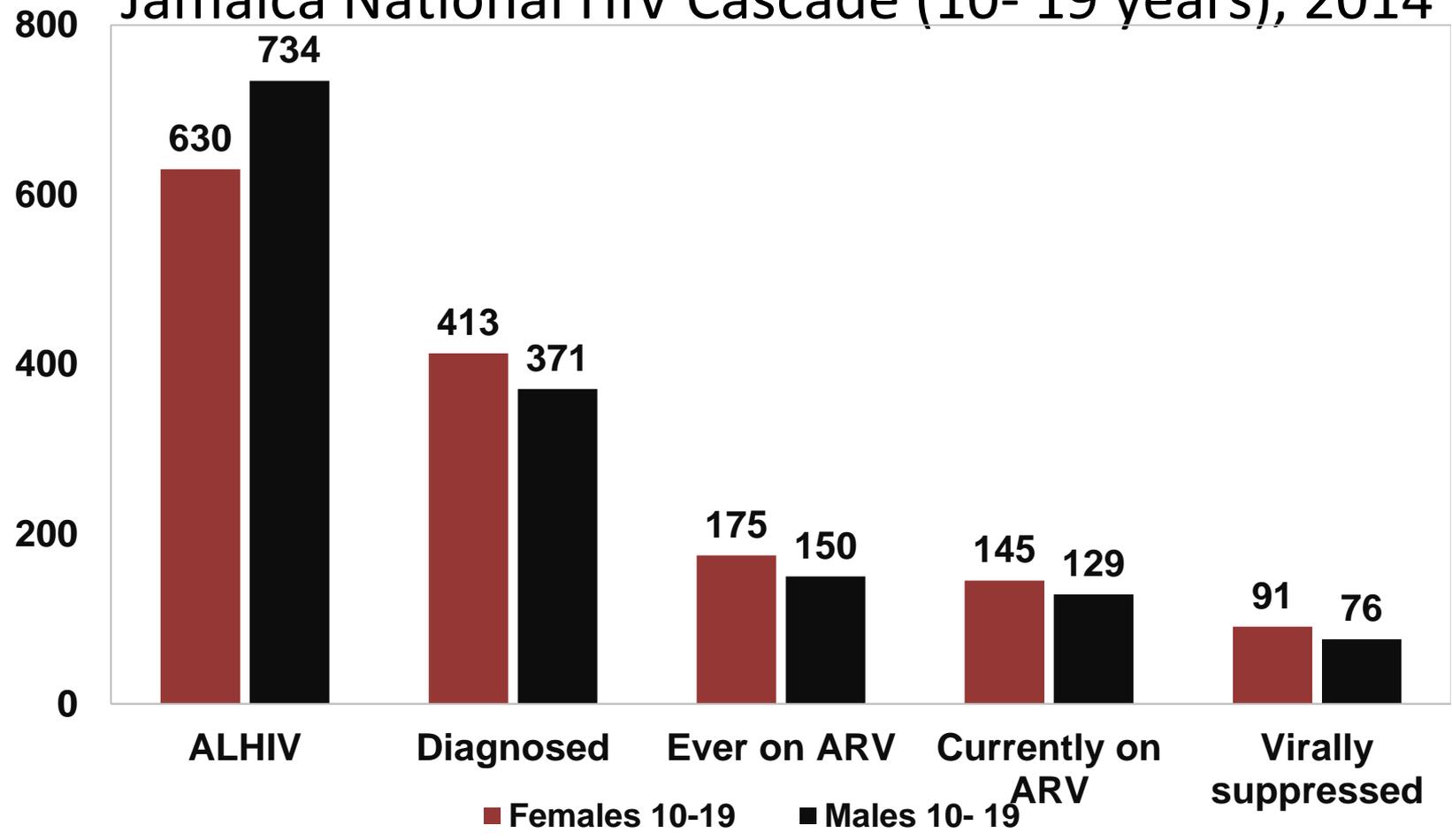


Data quality issue with Spectrum estimates for M/F split



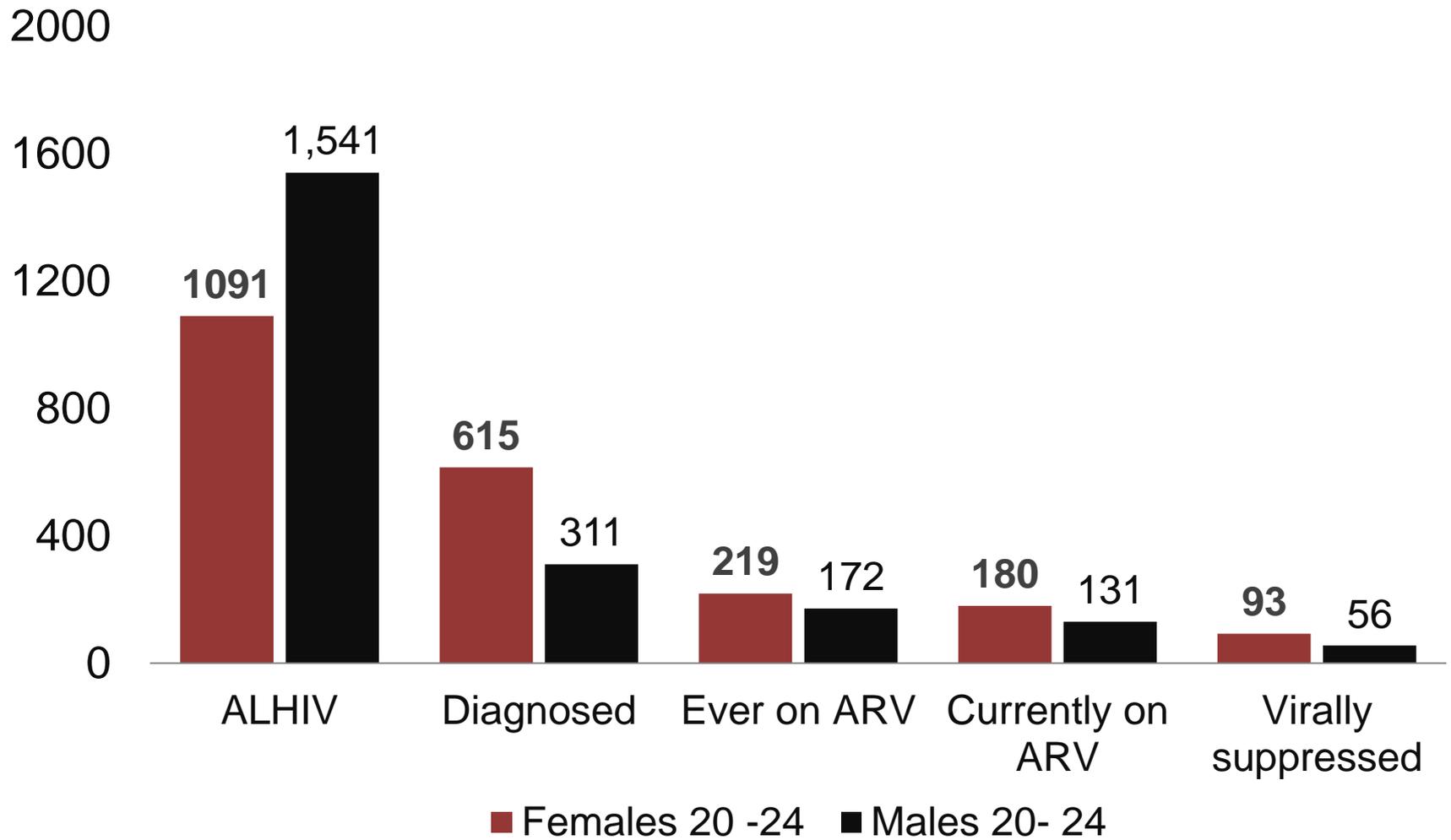
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Jamaica National HIV Cascade (10- 19 years), 2014



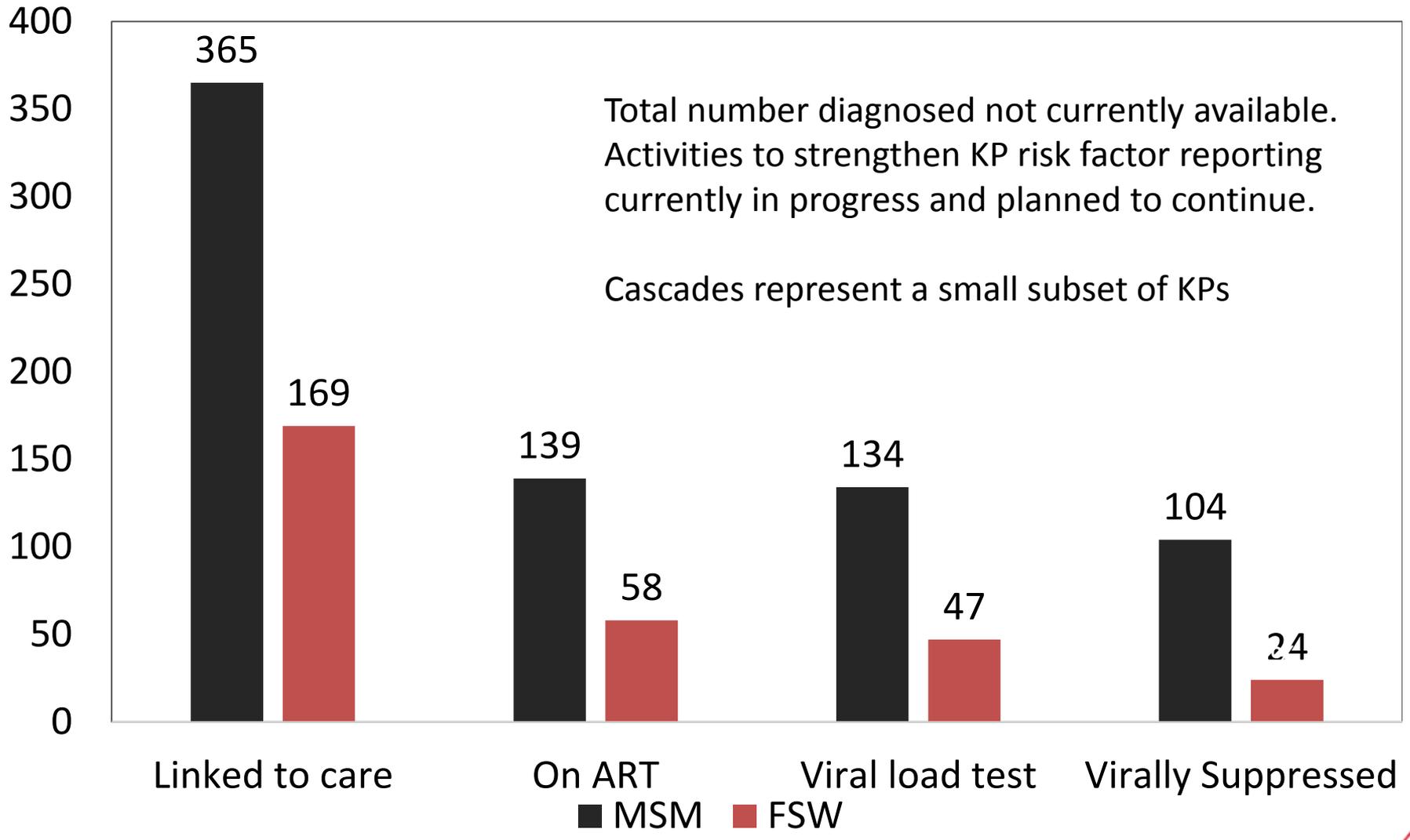


Jamaica National HIV Cascade (20- 24 years), 2014





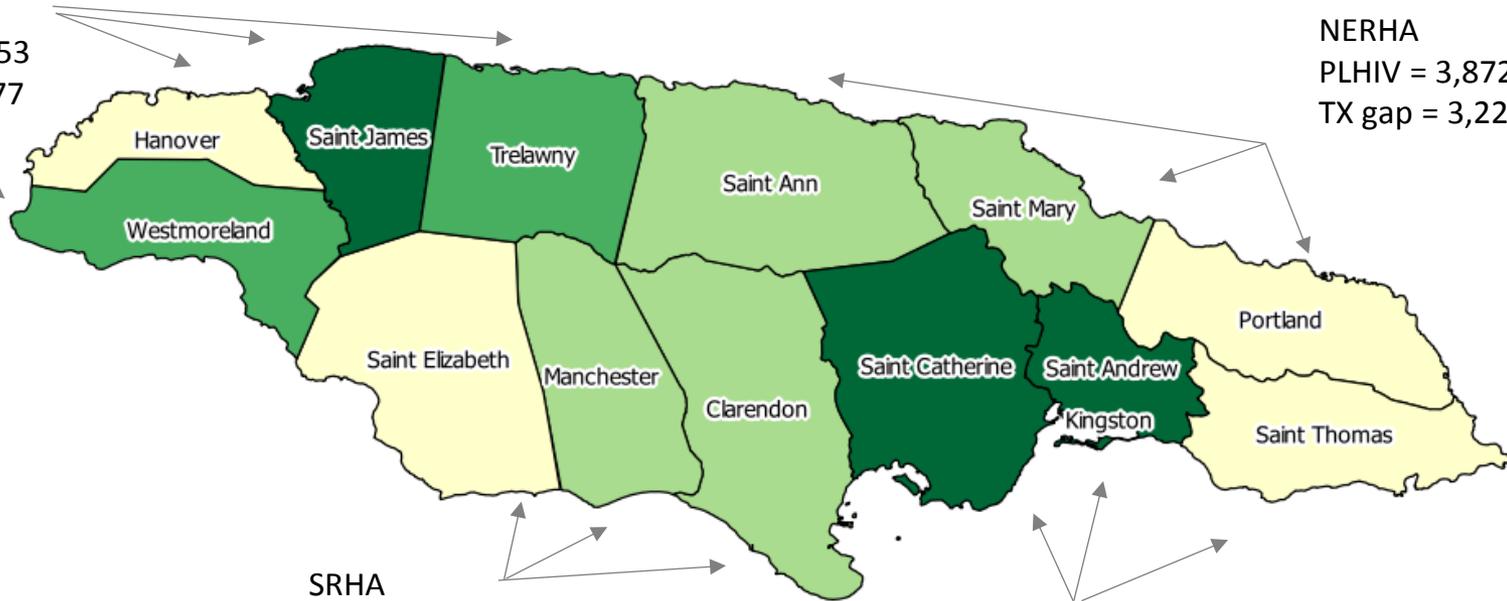
Key Population Cascades of those who disclosed in public facilities, Jamaica 2016



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

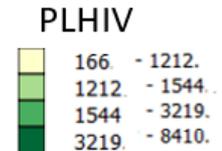
WRHA
 PLHIV = 10,453
 TX gap = 5,777

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



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

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



Jamaica Treatment Coverage Gap (2016)

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

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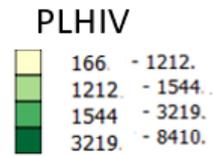
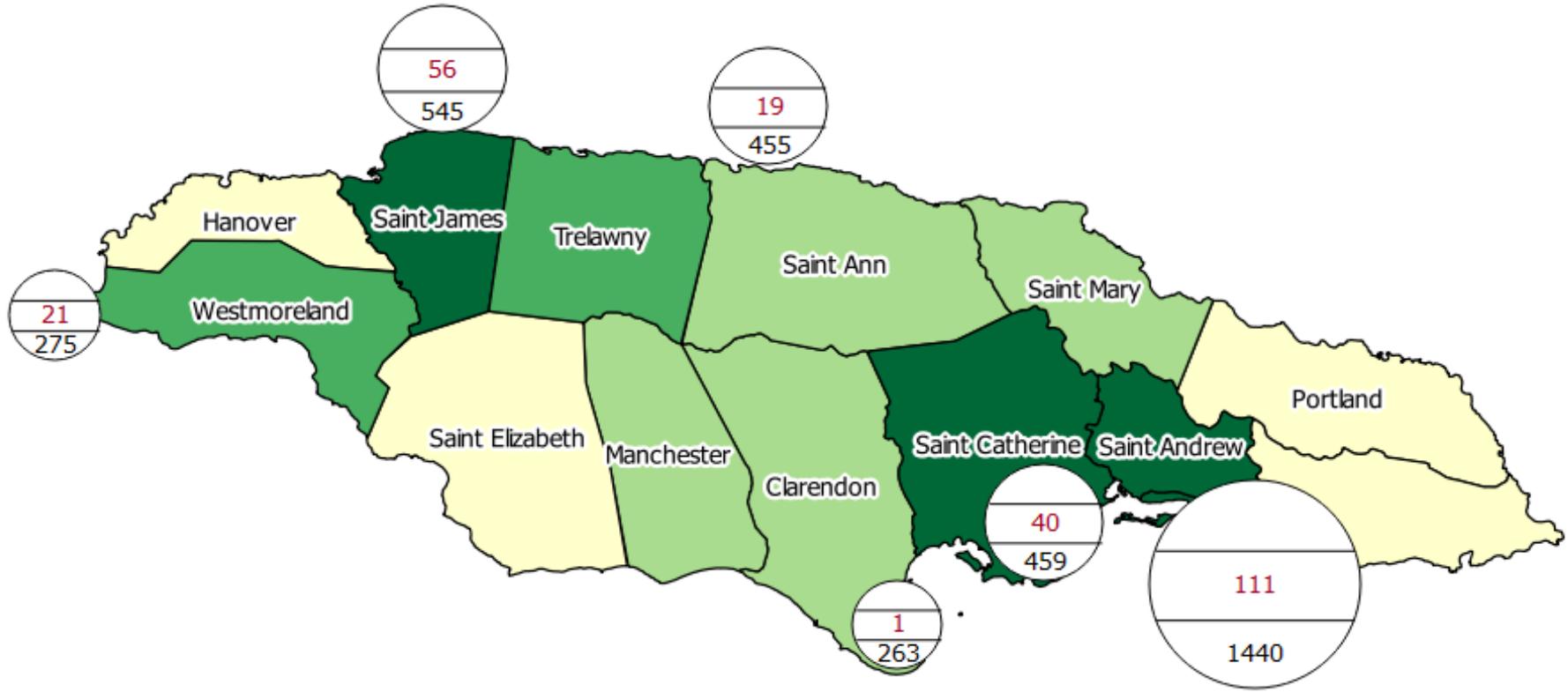
PEPFAR Jamaica Results

	KP_PREV	HTC_TST	HTC_TST_PO S	TX_CURR	TX_NEW_TA
FY16 Target	7742	3367	132	7665	1715
FY16 Result	5969	2237	186	7628	1334
FY17 Target	2203	1953	120	12728	769
FY17 Result (Q1)		429	24	7749	248



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PEPFAR Results in Jamaica: TX_NEW Q1 FY17 Results and Targets





FY18 Targets

Country	KP_PREV	HTC_TST	HTC_TST_PO S	HTC_TST_YI ELD	TX_NEW	TX_CURR
Bahamas						
Barbados					65	
Guyana	3,268	5,376	179	3%	818	3,636
Jamaica	5,142	6,269	753	12%	2,500	14,650
Suriname						
Trinidad and Tobago					112	





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



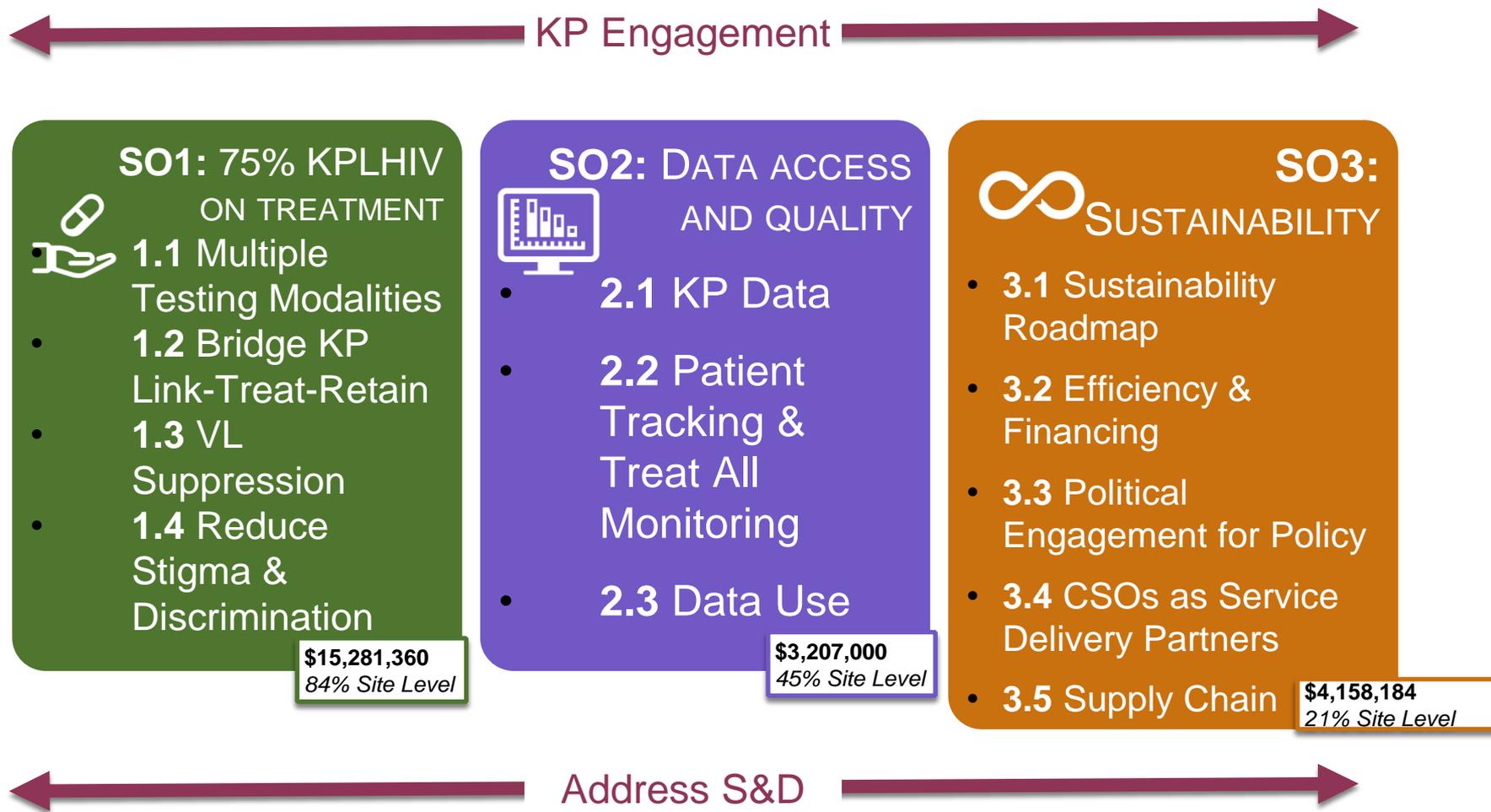


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CARIBBEAN REGIONAL ROP 2017 STRATEGY and ROADMAP



Goal: Epidemic control in Jamaica and Sustainable HIV Response in the Caribbean



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



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

Innovative testing modalities

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

Reduce Stigma & Discrimination

1. S&D sensitization at community and facility
2. Measuring Stigma
3. Stigma Index

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



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Core package of community engagement activities

Enhanced Outreach and Peer Mobilization

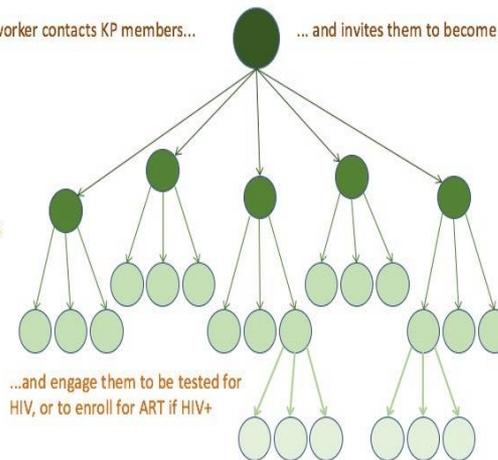
Key components

- 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 outreach worker contacts KP members... .. and invites them to become peer mobilizers

Peer mobilizers contact KP members in their networks...



...and engage them to be tested for HIV, or to enroll for ART if HIV+

Peers can also contact other peers in their own networks for testing or treatment

Trained program worker

Contact may be known, or new to program

Unknown, new contact to program

Unknown, new contact to program

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)

Gap	Proposed strategy to address gap
Long turnaround time, inefficient sample transportation systems, poor communication between lab and treatment sites	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
Weak laboratory surveillance systems leading to delays in capturing and reporting of data at treatment sites	Improve data management systems by strengthening electronic and paper based systems (logbooks) and linking lab information systems with treatment site electronic platforms
Testing equipment downtime/ lack of service contracts	Optimize equipment function through back up systems, service contracts and/or transitioning to equipment rental agreements.
Ineffective procurement systems for VL commodities, reagents and supplies	Optimizing procurement and inventory control. Assist countries to negotiate for discounted viral load reagents cost through UNAIDS/Roche diagnostic access initiative



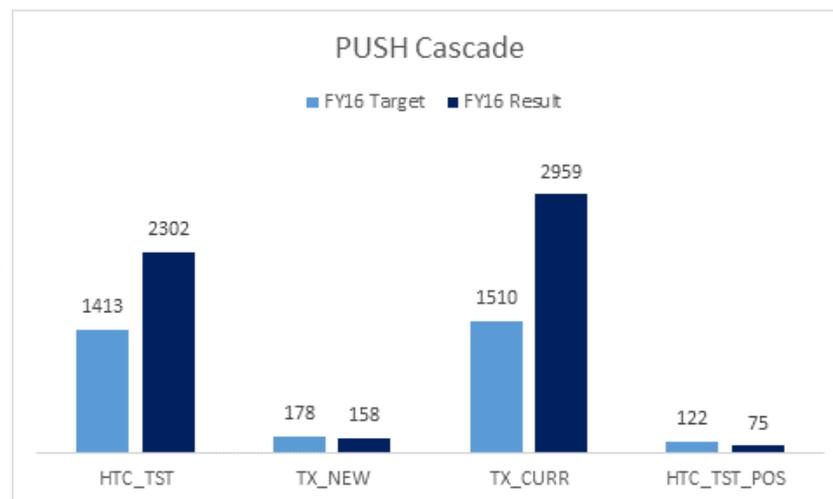


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Promising Interagency Scale-up Approach

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)





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

Key Populations Data

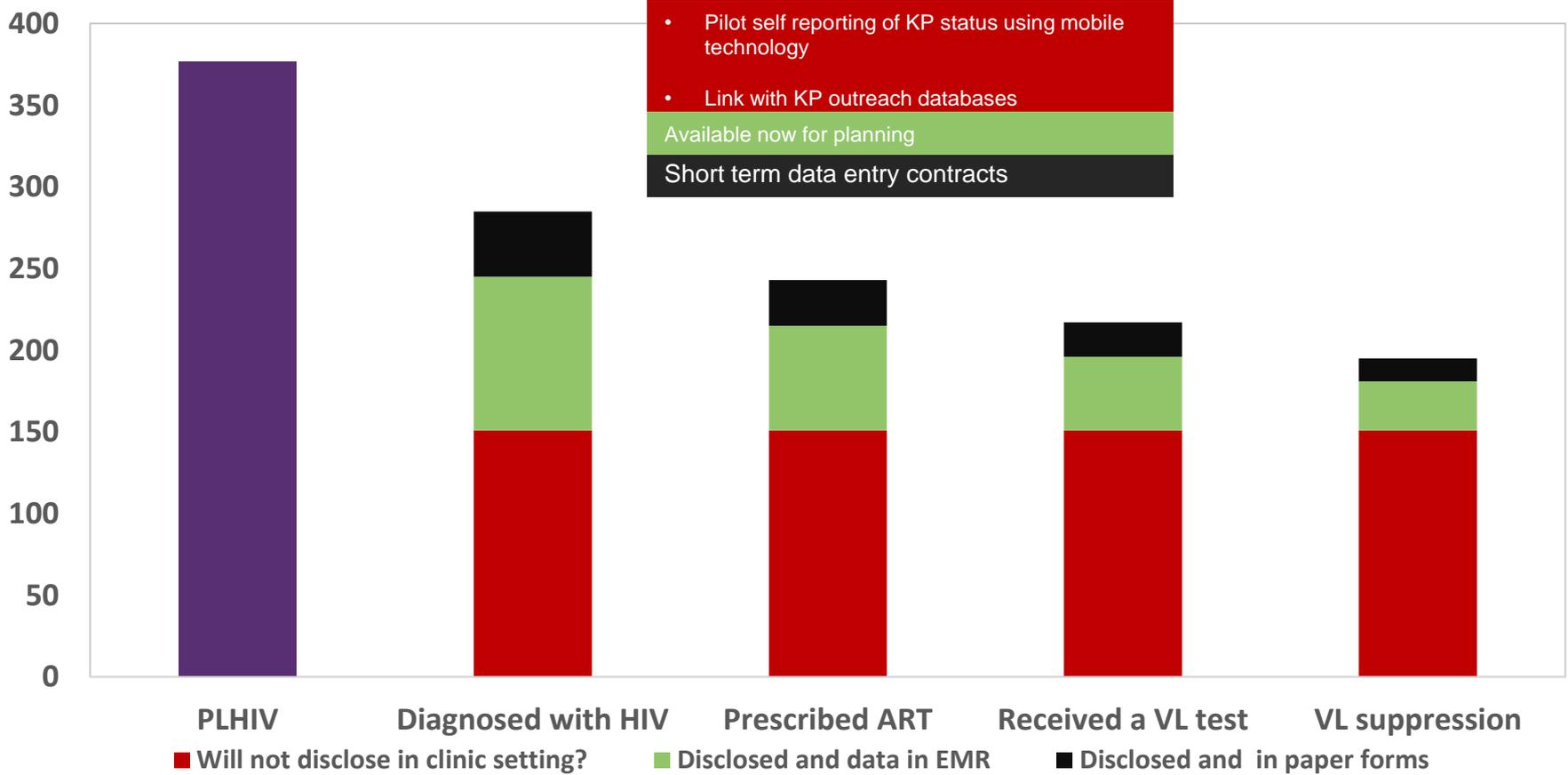
Patient Tracking & Treat All Monitoring

Data Use

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

1. Implement DHIS2/ HMIS²⁷
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





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Strategic Objective #2: Improve data access and quality, particularly for key populations

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



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

CSOs as Svc. Delivery

- 1. Target high burden Paris
- 2. Align CRP funding with burden & new infections
- 3. Establish health account
- 4. increase domestic res for KP Test and Start

- 1. CBO institutional strengthening
- 2. Gov't social contracting for CSO service delivery

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

Facility intervention with pre-/post-assessment of S&D KAPs

Sensitization trainings for HCWs

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



Transition planning, high-level policy engagement, CSO and supply chain strengthening, and sustainable financing

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

Bahamas Closeout before Year 1 (FY17)

Barbados Closeout After Year 1 (FY18)



Fast track returning LTFU patients
Innovative models to improve access to and uptake of KP services
Scale up viral load access and literacy
Capacity for viral load testing



SI investments to strengthening routine data systems



Transition planning, high-level policy engagement, CSO and supply chain strengthening, and sustainable financing

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



Transition planning, high-level policy engagement, CSO and supply chain strengthening, and sustainable financing

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ROP 17 Budget Allocation by Country and Number of PLHIV

ROP 17 Budget										
	ROP 16 Total Country Amounts	ROP 17 Year 1	% of program Budget	ROP 17 Year 2	% of Program Budget	Number of PLHIV	% of PLHIV Burden for Regional program	New Infections	ART Coverage	Mortality
Jamaica	\$7,695,000	\$12,200,704	65%	\$14,694,336	77%	29,000	47%	1,700 (2016)	32% (9,370)	1,200 (2016)
Guyana	\$5,158,407	\$2,502,456	13%	2,301,660	10%	7,800	13%	<500 (2016)	58% (4,551)	<200 (2016)
Trinidad and Tobago	\$3,150,223	\$1,578,773	8%	1,065,018	6%	10,812 (11,000)	18.0%	703 (2015)	61% (6,720)	<500 (2016)
Suriname	\$2,396,125	\$955,164	5%	745,064	4%	4,000	7%	500 (2013)	29% (1,148)	101 (2013)
Barbados	\$1,137,370	\$691,767	4%	0	0	2,147 (2,500)	4%	63 (2014)	49% (1,236)	45 (2014)
Bahamas	\$1,204,770	0	0	0	0	8,004	13%		29% (2,307)	<1,000 (2015)
Total	\$20,741,895	\$18,763,680	100%	\$18,806,078		61,763	100%			



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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





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Thank You!!!

