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# 2017 Country/Regional Operational Plan Approval Meeting

## Central Asia Region

OUTBRIEF  
2 March 2017





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# Regional Context

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*Continued regional economic downturn:*

- Declining commodity values; economic sanctions against Russia; slow-down of Chinese manufacturing; decreased remittances from Russia

GF investments declining

*Major programmatic and system gaps and barriers in achieving epidemic control:*

- Punitive and discriminatory laws and policies toward KP;
- Stigma and discrimination that marginalize PWID and limit access to and uptake of HIV-related services;
- High personnel turnover resulting in low institutional knowledge on HIV response
- Limited epidemiological data on the size and location of these populations to help strategically target services.



**Policy, Financing and Advocacy**

**Enabling Environment**

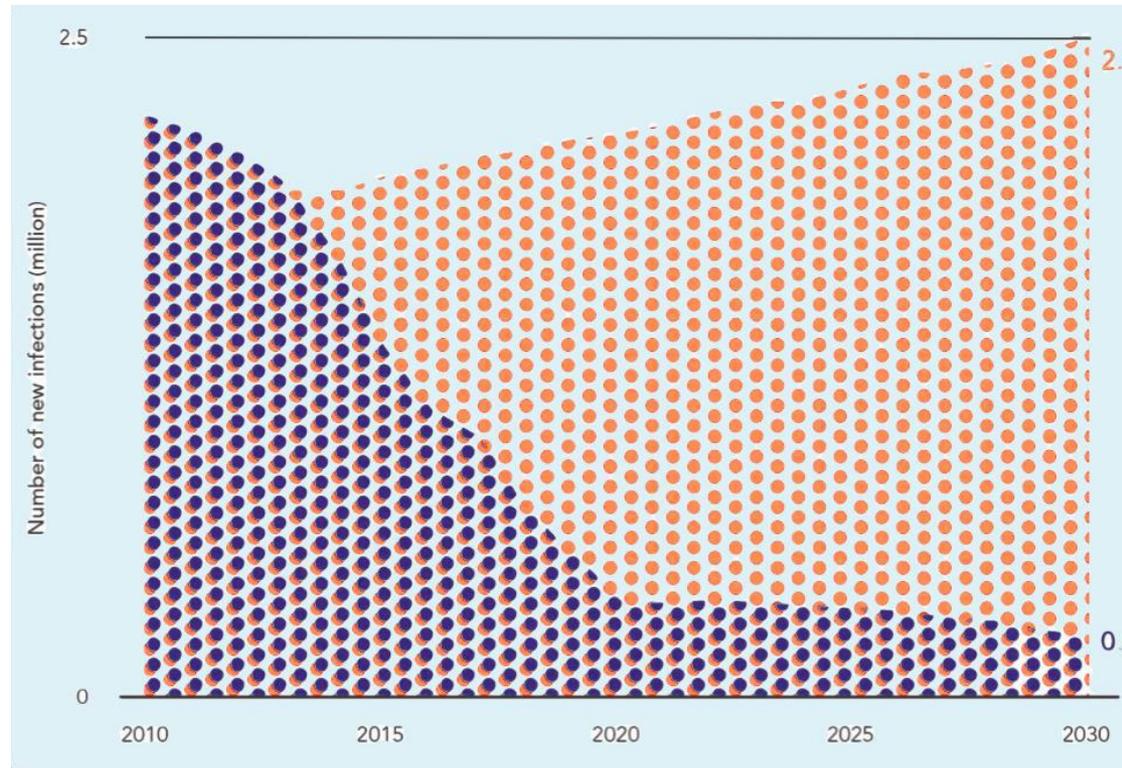
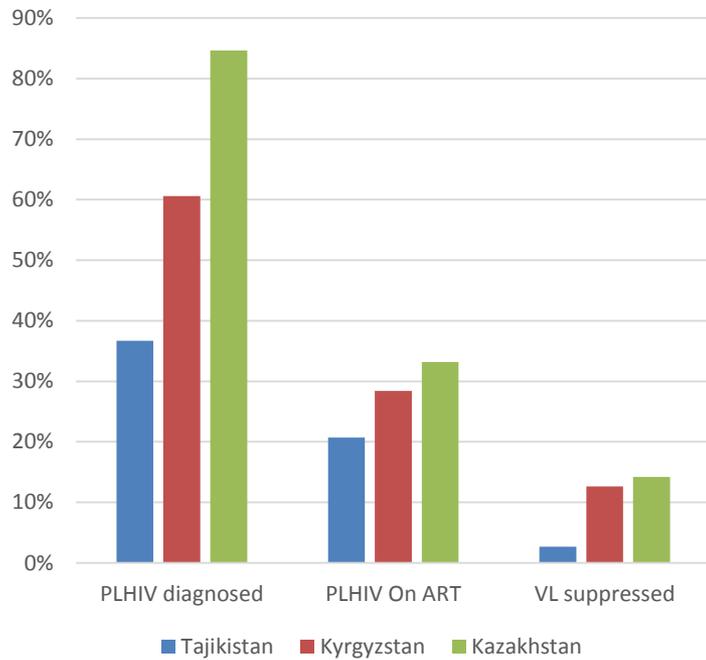
**Strategic Information**

**Capacity Building**



Strategic Outcome	1 year benchmarks	2 year benchmarks
Activities	HIV rapid testing network defined, mapped, and enumerated for QA measure implementation; 40% of HIV RT providers receive capacity building intervention	100% of HIV RT providers receive capacity building interventions; proficiency testing implemented in all sites

Clinical Cascade





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# FY 16 & FY 17 Targets and Achievements

Indicator	FY16 target	FY16 result	FY17 Target	FY17 Q1
KP_PREV	7,328	9,884 (135%)	18,283	3,652
KP_MAT	1,184	859 (73%)	1,875	N/A
HTC_TST_DSD	348,879	407,391 (117%)	41,730	2,537 (6%)
HTC_TST_TA	N/A	N/A	591,508	123,878 (21%)
HTC_POS_DSD	1,364	1,993 (146%)	2,891	134 (5%)
HTC_POS_TA	N/A	N/A	1,551	382 (25%)
ADH_COMM	1,170	1,273 (109%)	4,800	1,016
TX_NEW	1,205	1,117 (93%)	5,476	482 (9%)
TX_CURR	3,411	3,730 (109%)	8,777	5,032 (57%)
TX_RET	N/A	84.7%	90%	N/A
TX_PVLS (TX_VIRAL)	2,808	2,011 (72%)	4,854	N/A







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## **Key Findings**

- 1. Importance of HIV+ seeds.**
- 2. PWID who purchase drugs have large networks of peers, and so make good seeds**
- 3. PLHIV PN more effective at moving clients along the cascade.**
- 4. Networks can end at a newly diagnosed HIV positive person.**
- 5. Give more coupons to people who refer someone who tests HIV positive.**





# Strategic Outcome #1

## *Intensified case-finding among key populations*

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### ABOVE-SITE

- Develop national guidelines, training curriculum, and certification for HIV rapid testing (HRT) quality assurance (QA)
- Advocate for expanded access to community-based HRT

### SITE LEVEL

- Community-based peer driven outreach (PDO) for PWID
- Collaboration between facilities and KP-led NGOs to identify KP patients lost to follow up and initiate treatment
- Provider initiated HIV testing for under-served, potentially high-prevalence patients (viral hepatitis, STI)
- Implement HIV rapid testing quality assurance at all testing outlets





# Strategic Outcome #1:

## *Intensified Harm Reduction*

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### ABOVE-SITE

- Advocacy for expanded access to needle and syringe exchange programs (NSP) and medicated assisted therapy (MAT) in prison and community settings in Kazakhstan and Tajikistan
- Support revision of MAT clinical protocols and policy revisions for high volume, low threshold services in partnership with the Republican Narcology Centers (RNC) in each country

### SITE LEVEL

- RNC-led MAT demonstration sites within PEPFAR regions to demonstrate the potential of high volume, low threshold services
- Case management for new MAT patients to improve retention
- Technical assistance for MAT program quality improvement
- Comprehensive harm reduction package for PWID in PEPFAR regions in Tajikistan





# Strategic Outcome #2

## *Increased HIV treatment uptake*

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### ABOVE-SITE

- Test and Start implementation advocacy
- Implementation of new clinical protocols, including differentiated models of service delivery, and adherence support
- Advocacy for procurement and forecasting of low-cost, WHO pre-qualified ARVs
- Continuation & expansion of virtual mentoring (Project ECHO)

### SITE LEVEL

- Mentorship and training to build clinical capacity for HIV case management for timely ARV initiation and retention
- Capacity building to utilize electronic HIV case management system (EHCMS) data to improve clinical practice
- Pilot integration of HIV treatment into ID cabinets of primary health centers in Dushanbe



# KAZAKHSTAN – ARV procurement through UNICEF



**THE MINISTRY OF HEALTHCARE AND SOCIAL DEVELOPMENT OF THE REPUBLIC OF KAZAKHSTAN**  
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Home » For the first time in Kazakhstan the purchase of drugs for people with HIV/AIDS will be made through UNICEF

## For the first time in Kazakhstan the purchase of drugs for people with HIV/AIDS will be made through UNICEF

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Today in Astana, the acting Chairman of the Board of LLP "SK-pharmacy" Serikbol Musinov and the head of UNICEF in Kazakhstan Yuri oksamittal signed a Memorandum of understanding for purchase of medicines for people with HIV/AIDS in 2017, under which a Single distributor will acquire the medicines for the sum over 1 billion tenge. "A single purchase of antiretroviral drugs through the supply division UNICEF will allow to solve several problems in the first place, will expand the availability of medicines, and second, is the quality of drugs and reduce the cost of their purchase value," - said Serikbol Musinov.

Thus will be achieved significant budget savings. Patients medicines will be provided free of charge.

Updates:  
Generic ARVs  
arrived Dec/  
Jan

Labeling will be  
done in Kazakh  
& Russian

Brand ARVs  
coming

# Key Policy Adoption

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## Test and START status:

- Tajikistan:** TWG formed; new treatment protocol being drafted; expect finalization and MOH approval by April 2017
- Kyrgyz Republic:** TWG formation expected April 2017
- Kazakhstan:** new clinical protocol drafted; all PLHIV eligible for ART regardless of CD4 or clinical stage. New protocol submitted to the MOH for approval in February 2017





## Strategic Outcome #2

### ***Improved linkages to HIV treatment & retention***

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#### ABOVE-SITE

- Provide TA for improved policies around MAT

#### SITE LEVEL

- Link HIV+ KPs to care and treatment
- Link HIV+ prisoners to treatment post-release
- Link HIV+ PWID to MAT, where available
- Community-based adherence support
- Facility-based Home Visiting Nurse support
- Pilot test community-based MAT adherence support





# Strategic Outcome #2

## *Adherence and Viral Load Suppression*

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### ABOVE-SITE

- Develop national policies for QMS, including EQA/PT
- Build quality management system for VL testing according to ISO standards
- Develop and implement viral load scale up plan, including viral resistance testing

### SITE LEVEL

- Strengthen laboratory staff capacity on viral load testing





## Strategic Outcome #3

# ***Strengthened government capacity to manage and finance HIV response***

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### ABOVE-SITE

- Support KP-led NGOs to monitor service delivery quality and accessibility
- Build civil society capacity to successfully access to social contracting funds to partner in the HIV programming
- Advocate for increased domestic financing in the national HIV response

### SITE LEVEL

- Train health care workers and prison staff in stigma and discrimination
- Conduct follow-up stigma survey to monitor progress and tailor interventions to reduce stigma and discrimination





## Strategic Outcome #3:

# ***Strengthened Government Capacity to Monitor the National Response***

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### ABOVE-SITE

- Provide technical assistance for the implementation of national surveillance data systems and protocol development
- Institute and strengthen data management and analysis units at the Republican level to utilize data on HIV case management and MAT patients to improve program implementation

### SITE LEVEL

- Institutionalize the electronic HIV case-management system (EHCMS) and electronic methadone register (EMR) systems at each service delivery point in the region
- Build site-level capacity on data use for program implementation, monitoring, and reporting





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# Proposed FY18 Targets

Indicator	FY17 Target	Proposed FY18 targets
KP_PREV	18,283	11,442
KP_MAT	1,875	1,970
HTC_TST_DSD	6,006	76,632
HTC_TST_TA	591,508	N/A
HTC_POS_DSD	2,891	3,089
HTC_POS_TA	1551	N/A
ADH_COMM	4,800	9,716
TX_NEW	5,476	5,715
TX_NET_NEW	4,578	4,582
TX_CURR	8,777	11,323
TX_RET	90%	90%
TX_PVLS (TX_VIRAL)	4,854	7,897

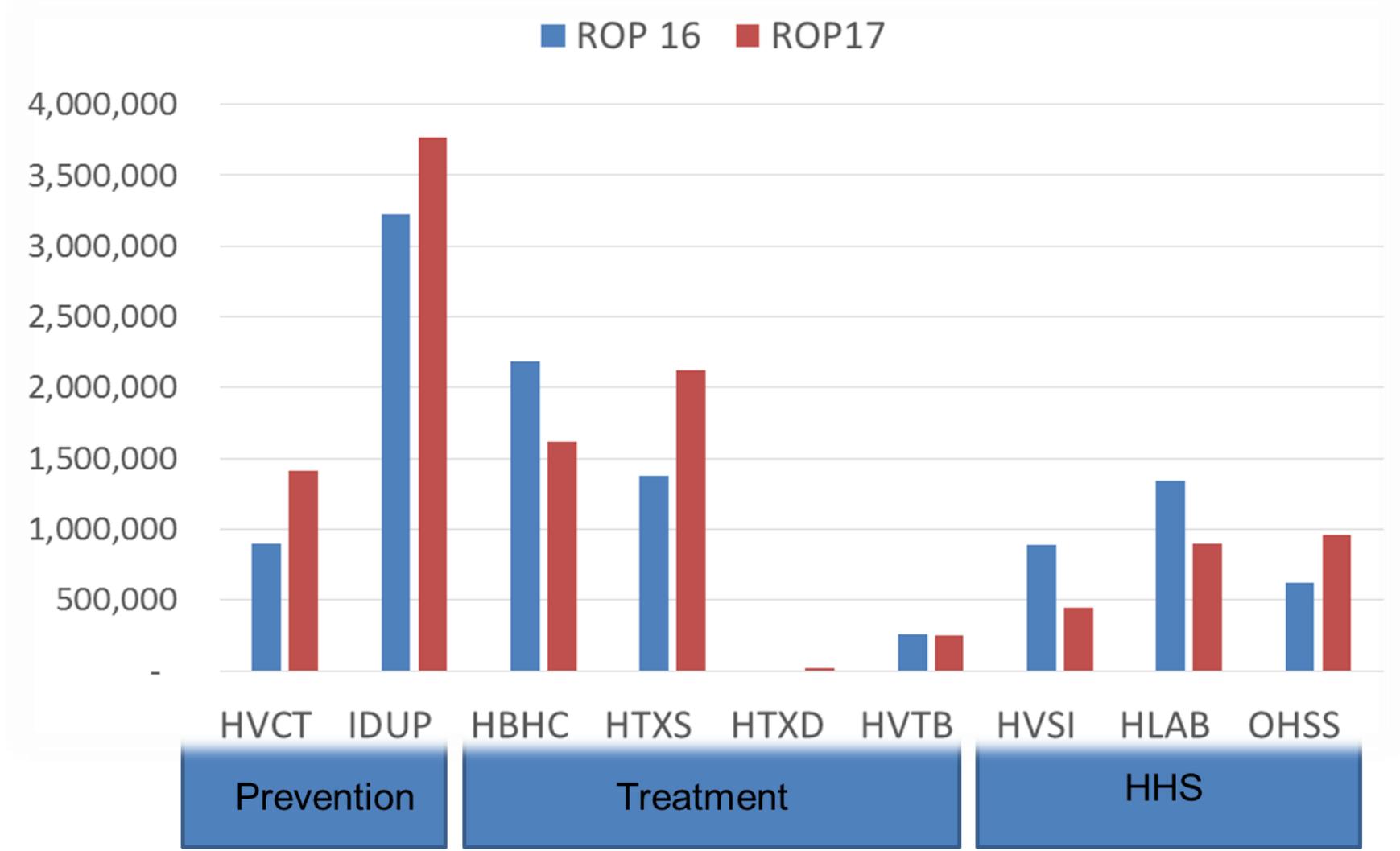




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# ROP 16 to ROP 17

## Financial Resource Investments and Trends

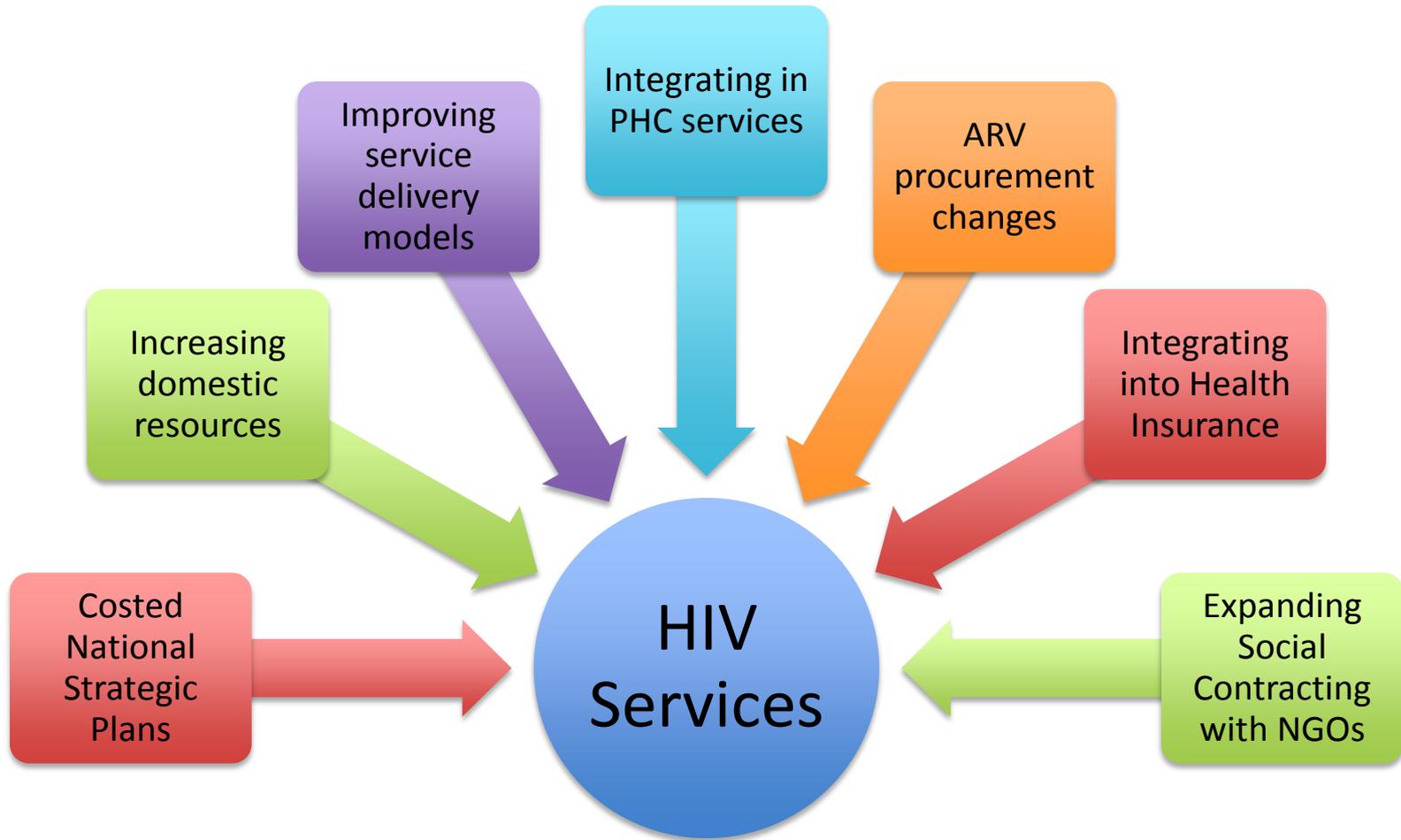




## Projected Global Fund Allocations, 2018 - 2020

Country	Total allocation	HIV allocation	Change from previous allocation	Domestic co-financing	funding approach
Tajikistan	\$ 22,692,201	\$ 12,939,544	-43%	20%	Tailored approach
Kyrgyz Republic	\$ 23,470,014	\$ 11,266,362	-34%	15%	Program Continuation + Catalytic Funding
Kazakhstan	\$ 12,544,663	\$ 4,500,000	-58%	25%	Tailored approach

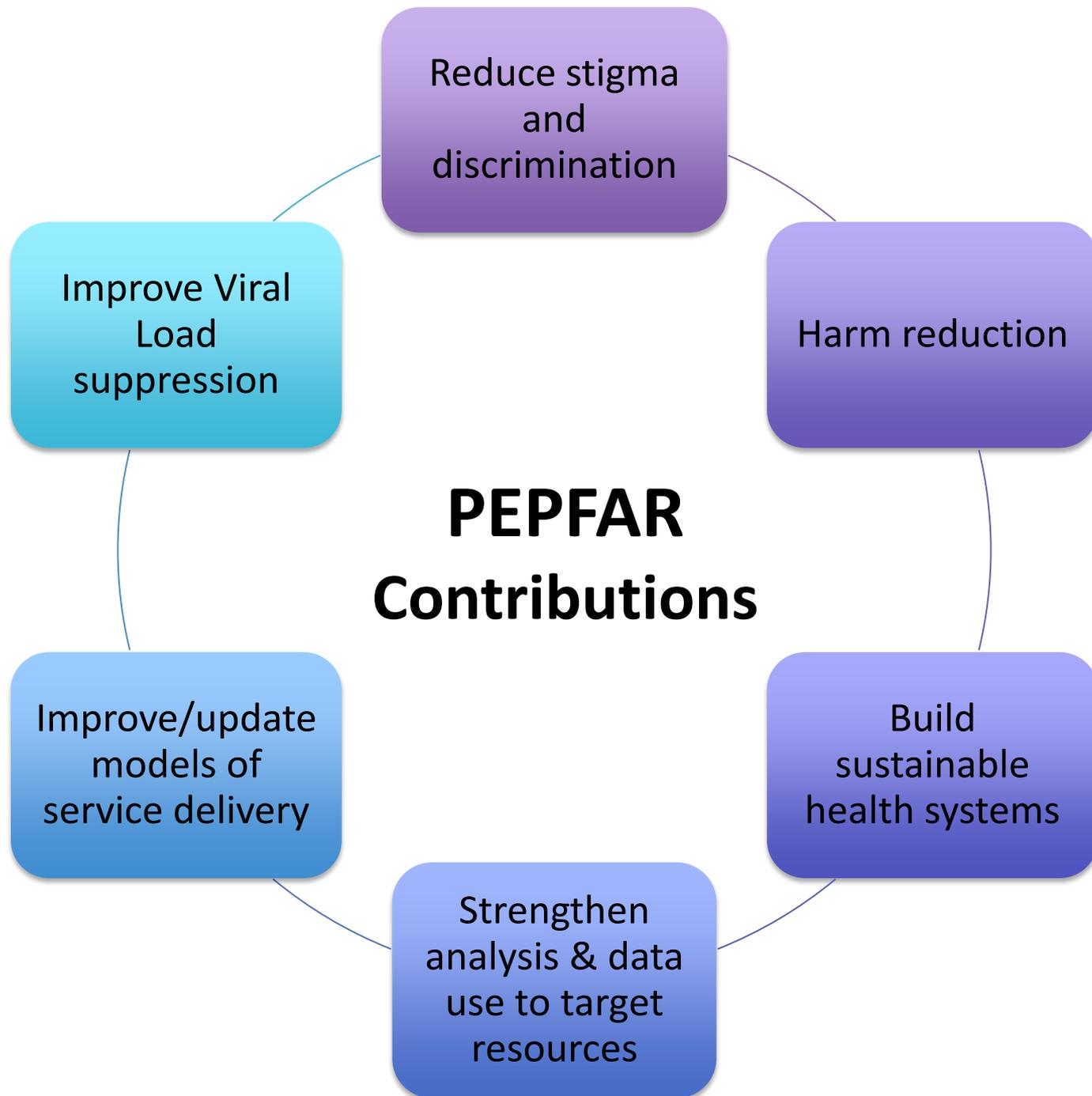
# Increasing Efficiency



# Building Sustainability

**“NGOs are not an objective but are tools to help countries achieve national health program strategic goals and the SDGs.”**

**– Global Fund representative**





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## SUPPLEMENTAL FUNDING REQUESTS

### **Strategic Outcome #1: Intensified harm reduction and targeted case finding among key populations in priority geographic areas**

- Identify best practices for increasing HIV-positive yield and use additional resources to demonstrate cost effectiveness of scaling.

In addition, consideration will be given during the ROP review to supplement the ROP 2017 budget with additional funding for pilot activities to improve case identification and treatment uptake among men who have sex with men and female sex worker populations within one or two current priority subnational units in Tajikistan with an associated increase in HTC and TX targets. If this pilot activity shows promise over the next year, further expansion can be explored in 2018.





# Cost Effectiveness Analysis

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## Goals:

1. To estimate the current costs of two models of case-finding and assess the potential health impact and efficiency benefits of providing and scaling up the PDO model among PWID in Kyrgyz Republic
2. To project the costs of scaling-up the PDO model of case-finding throughout Kyrgyz Republic and Tajikistan

The analysis will assess the following patient-level costs for each outcome:

- (i) the cost per client by intervention arm,
- (ii) the cost per client tested for HIV,
- (iii) the cost per newly-diagnosed HIV case,
- (iv) the cost per HIV-infected person lost to follow up and brought back to care, and
- (v) a comparison of the disease stage of those diagnosed through each method

The incremental cost-effectiveness ratio (ICER) for each outcome will also be calculated for the Kyrgyz Republic.

Total Estimated Activity Cost: \$110,000





# Peer-driven case finding among MSM in Dushanbe & Bishkek

## Goals:

1. Pilot peer-driven case finding among men who have sex (MSM) in the capital cities of Dushanbe and Bishkek to assess the potential impact and acceptability of this method among a new group in this context
2. Utilize program data to validate MSM population-size estimates and HIV prevalence among a highly stigmatized and underground population

## Estimated potential results for year 1 utilizing the best available data:

Country	SNU	Est. PSE (MSM)	HIV Prevalence (IBBS)	Yield Estimate, MSM-focused testing	Estimated MSM PLHIV	Estimated number MSM PLHIV Dx	Estimated UnDx MSM PLHIV	Target coverage rate	HTC_TST_DSD	HTC_TST_POS	Linkage to treatment	TX_NEW
Kyrgyzstan	Bishkek	4,056	13%	4%	527	77	450	50%	5,631*	225	95%	214
Tajikistan	Dushanbe	3,400	4%	4%	136	39	97	50%	1,210	48	95%	46

Total estimated cost of pilot in both cities across two years of implementation:

Y1- \$450,000 Y2- \$350,000 (contingent upon Y1 achievement)

\*HTC\_TST\_DSD target exceeds MSM PSE in Bishkek, however, its likely sexual networks cross into Chui Oblast





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# Thank you all

## QUESTIONS?

