



# COP 2017 Approval Meeting Out-brief Cote d'Ivoire

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PEPFAR Cote d'Ivoire

April 2017

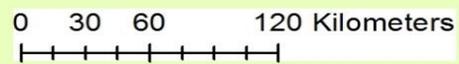
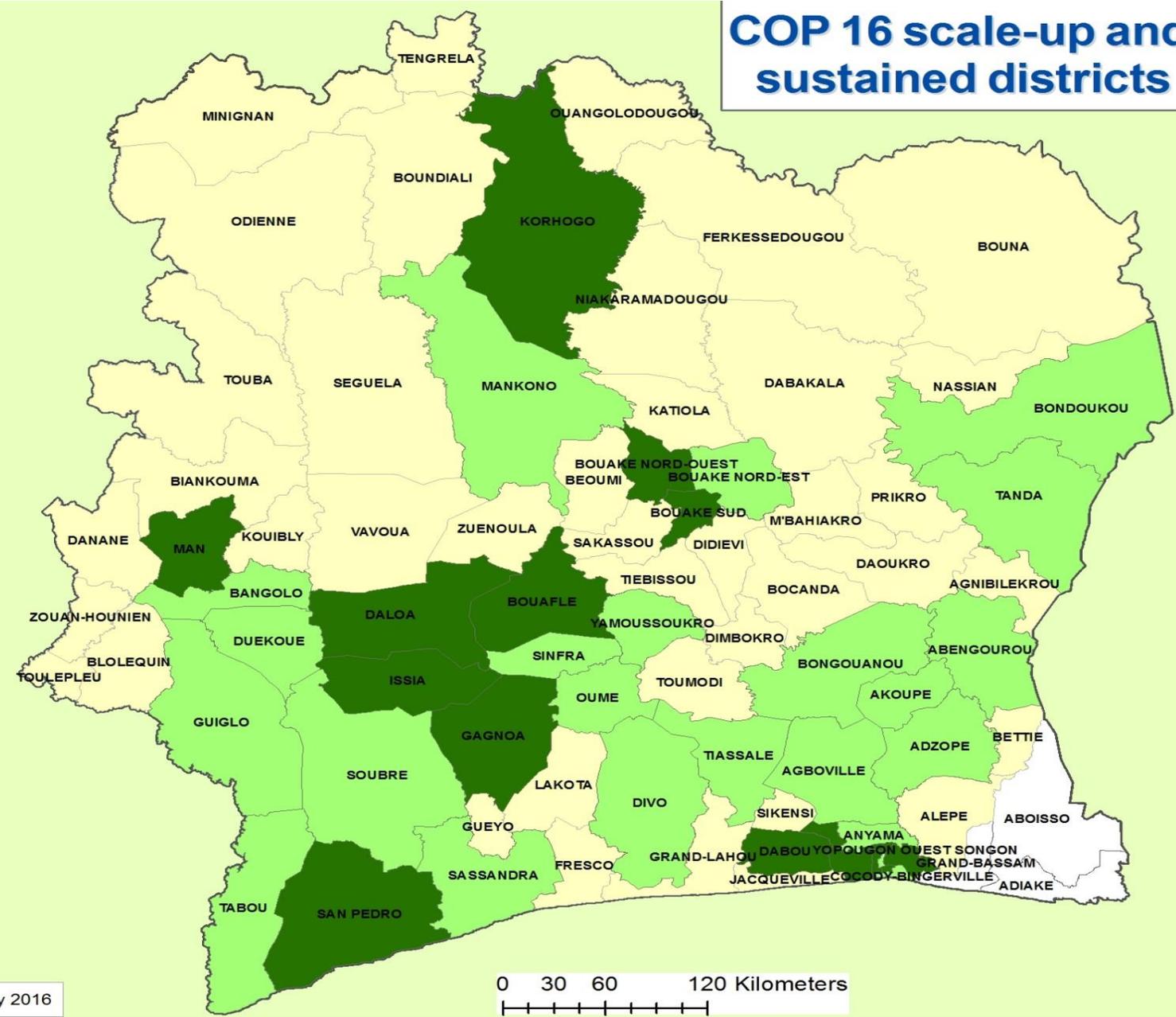
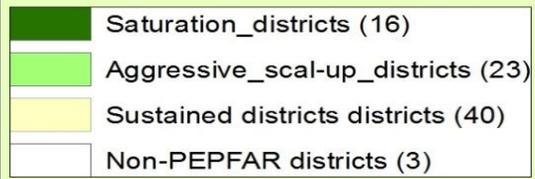


# COP 2016 Implementation: SAPR 2017



# COP 16 scale-up and sustained districts

- **16 scale-up to saturation** districts have **34%** of the total disease burden
- **23 Aggressive scale-up** districts have **40%** of the total disease burden
- Together **39 Scale-up** districts represent **74%** of the disease burden
- **40 Sustained** districts represent **23%** of PLHIV



Map created by Strategic Information Branch, PEPFAR CI - May 2016

# Highlights of SAPR 2017 results

## HTS

- **64%** achievement: **839,193** out of **1,314,744** target

## Tested positive

- **42%** achievement: **25,112** out of **59,858** target

## Newly enrolled on ART

- **30%** achievement: **23,534** out of **78,385** target

## Current on ART

- **95%** achievement: **196,408** out of **206,354** target
- Includes **9,368** children and **187,040** adults, with children representing **5%** children (same in APR16) and women and girls representing **68%** (**71%** in APR16)

## 12 month Retention

- **86%** against **85%** target (81% in APR 16)

## Viral Load Tested

- **42%** achievement: **62,770** out of **151,000** target

## VL Suppressed

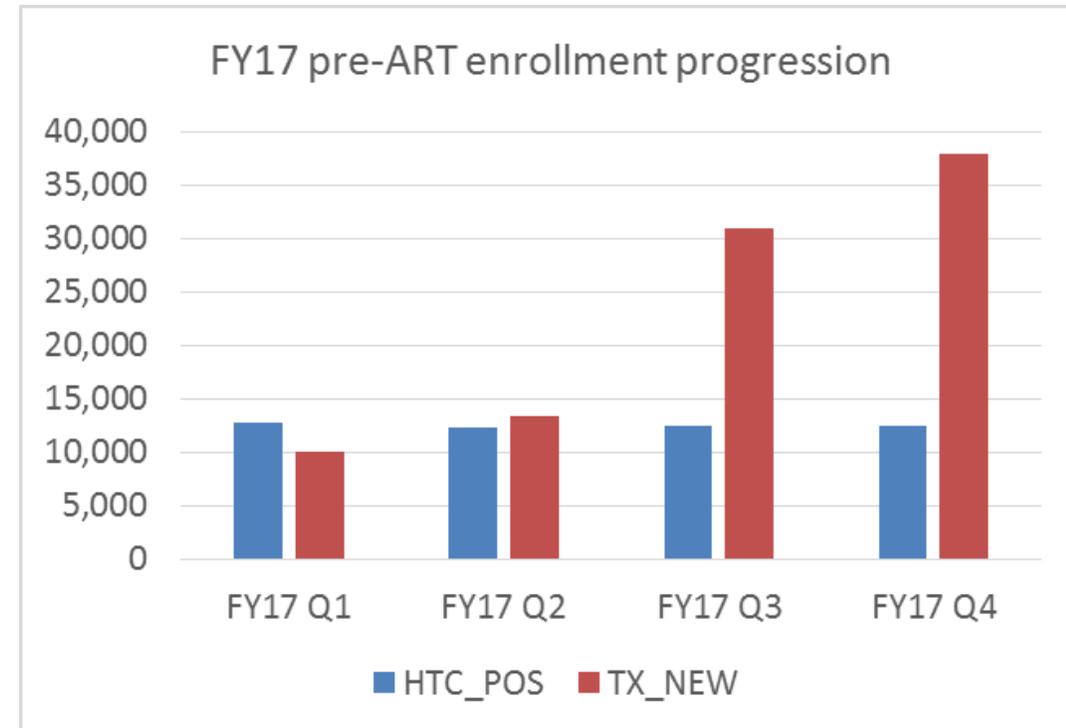
- **77%** rate: **44,824** out of **58,753** (excludes 4,017 with pending results)

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# Test and Start implementation in Q3 and Q4 will help achieve FY17 TX\_NEW Target by APR 17 (78,385)

SAPR FY17: <b>23,534</b>	projection for Q3+Q4: <b>~68,000</b>	projection for APR FY17: <b>~ 92,000</b>
<p style="text-align: center;">~<b>12,000</b>: half<sup>(1)</sup> of SAPR17 HTC_POS + ~<b>11,000</b>: FY16 pre-ART cohort</p>	<p style="text-align: center;">~<b>11,000</b>: new pre-ART cohort + ~<b>35,000</b>: remaining FY16 pre-ART cohort + ~ <b>21,000</b>: 90% of Q3+Q4 HTC_POS <sup>(2)</sup></p>	

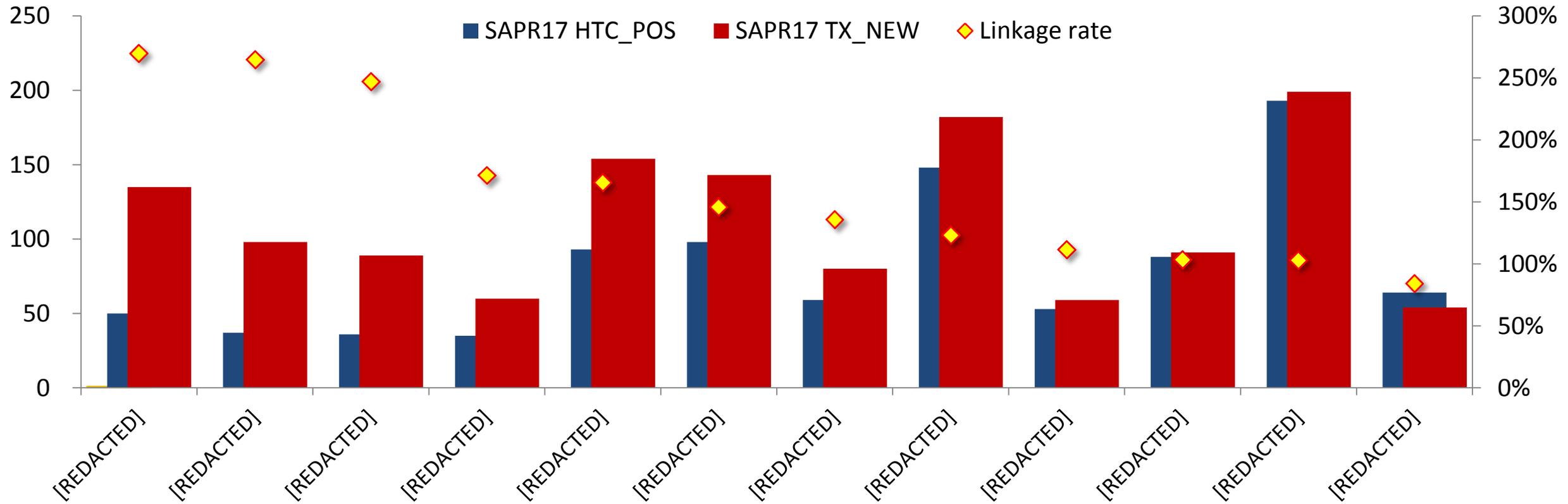


<sup>(1)</sup> Q1 and Q2 (SAPR 17): ART initiation at CD4 < 500

<sup>(2)</sup> Q3 and Q4: ART initiation for all due to Test and Start since mid Feb 2017

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# FY 17 Q2 Linkage to Treatment by Site: [REDACTED]

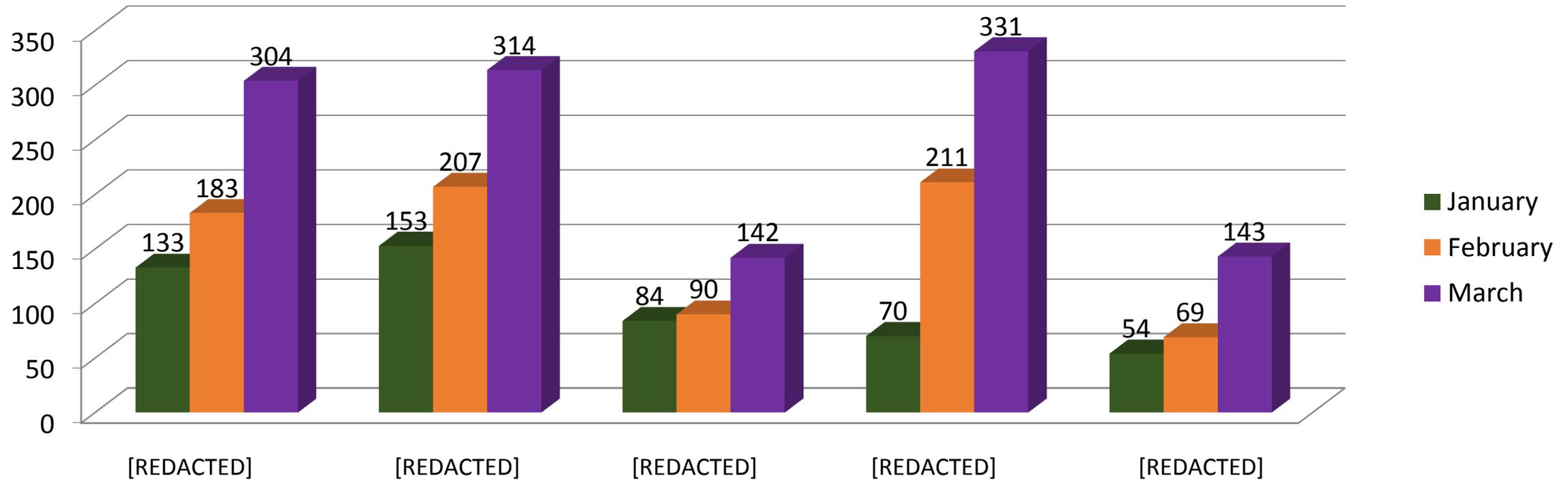


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# Fast Enrollment of Pre-ART Patients: [REDACTED]

TX\_NEW for FY17 Q2:

(\* [REDACTED] started Test and Start since end of February)



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## How [REDACTED] is tracking new tested positives (March 2017)

	Total EGPAF	Abj Sud	Yakro	Abj Nord	Dimbokro	Abengourou
HTC_POS	769	209	138	191	109	122
TX_NEW	620	173	101	158	106	82
% Linkage to ART	<b>81%</b>	<b>83%</b>	<b>73%</b>	<b>83%</b>	<b>97%</b>	<b>67%</b>
HIV+ refusing ART	4	2	1	0	0	1
% Refusing ART	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>
HIV+ transferred to another site	28	12	2	1	0	13
% transfer	<b>4%</b>	6%	1%	1%	0%	<b>11%</b>
HIV+ not put on ART for other reason	117	22	34	32	3	26
% not put on ART for other reason	15%	11%	25%	17%	3%	21%

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# FY 17 Q2 Linkage to Treatment by Site

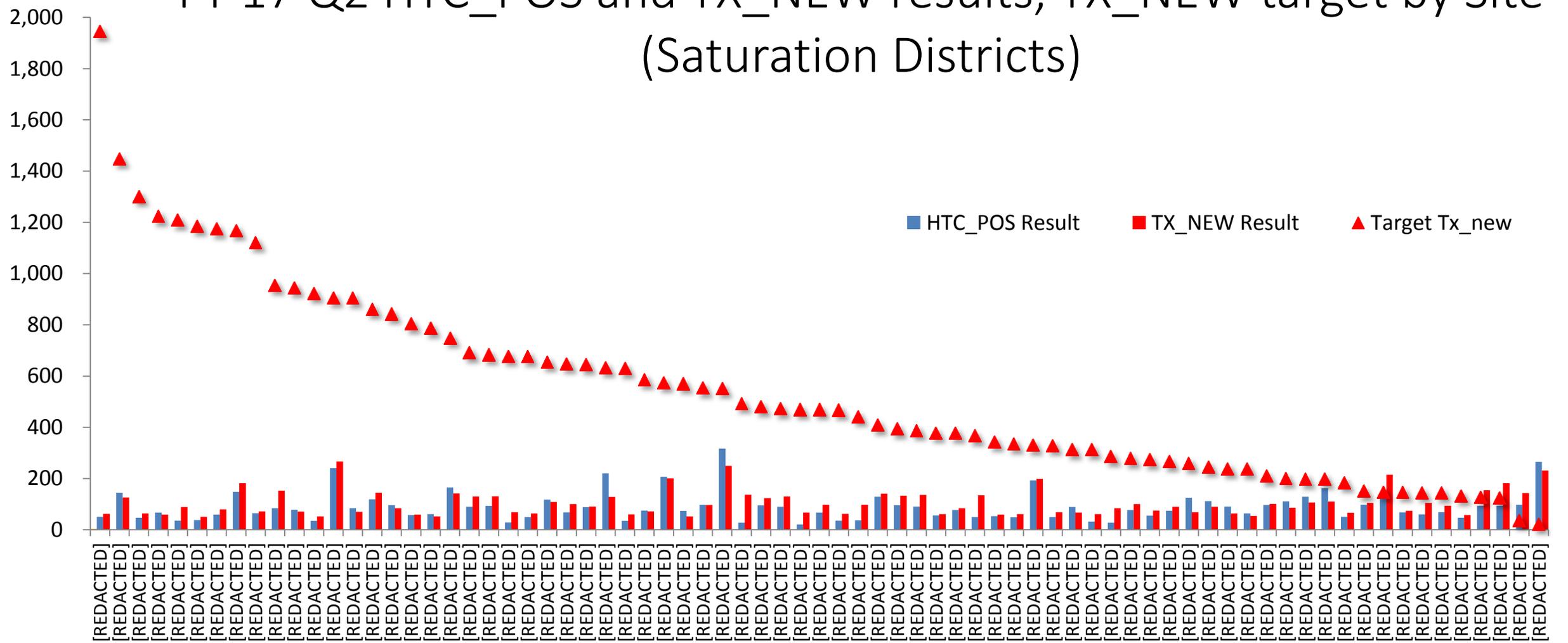


[REDACTED]

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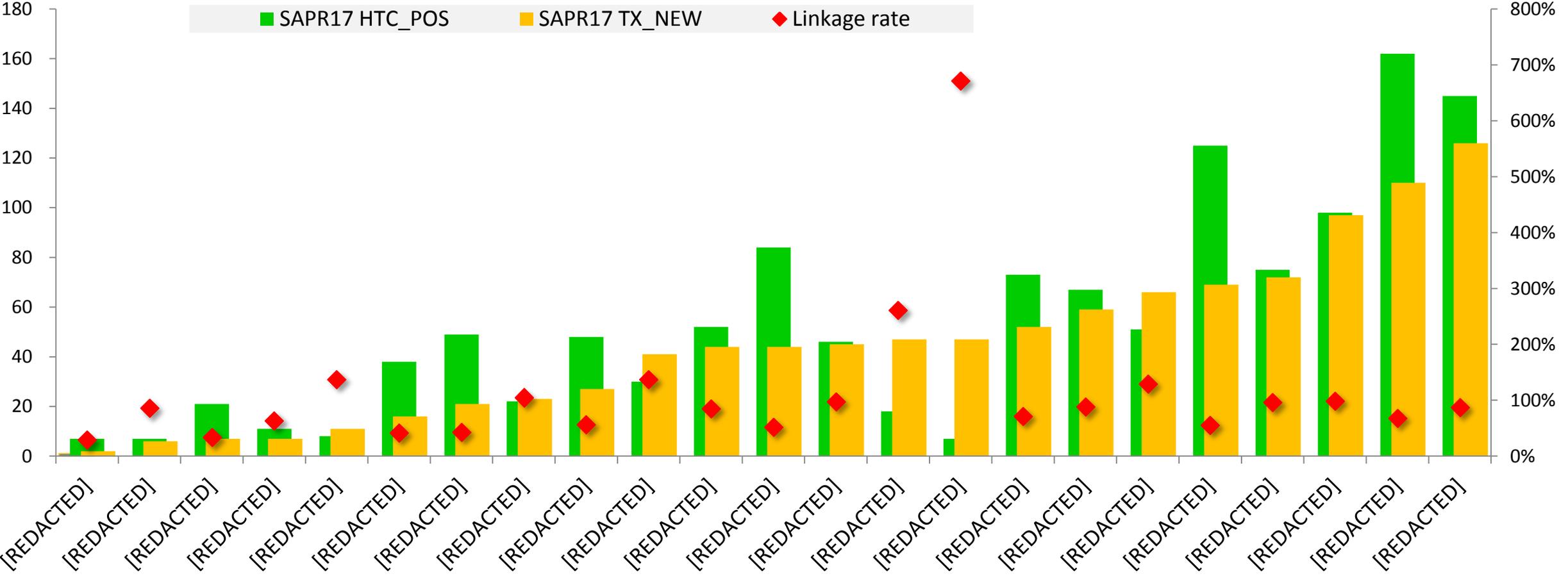
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# FY 17 Q2 HTC\_POS and TX\_NEW results, TX\_NEW target by Site (Saturation Districts)



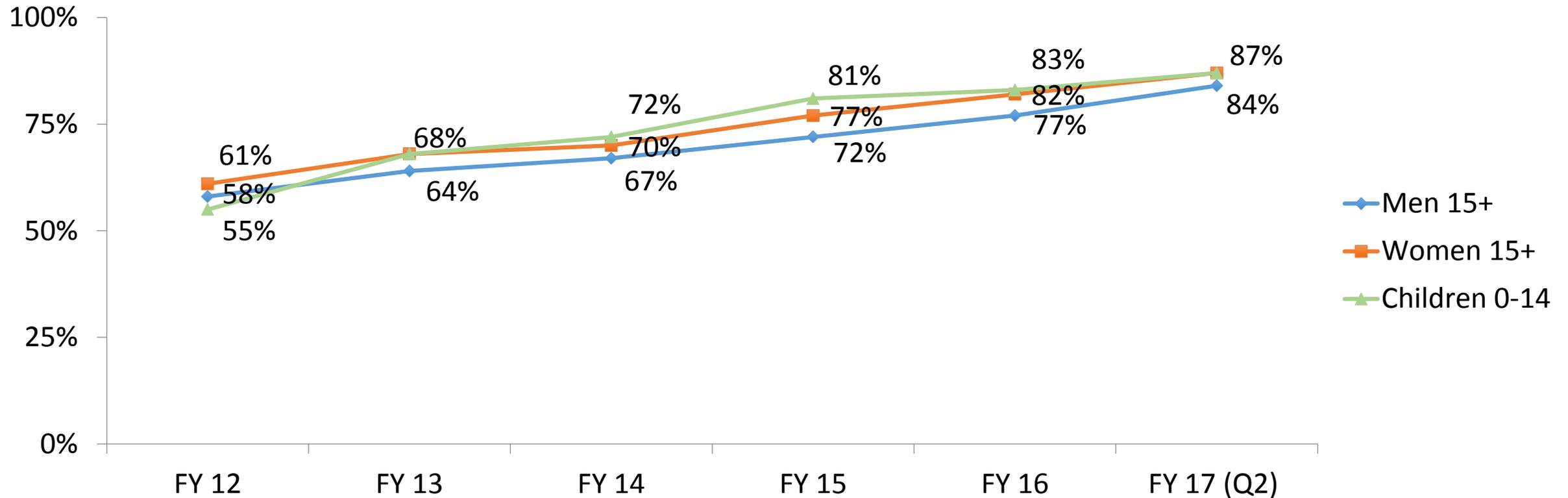
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# Site level analysis – (Linkage to Treatment Q2 FY17 data: [REDACTED])



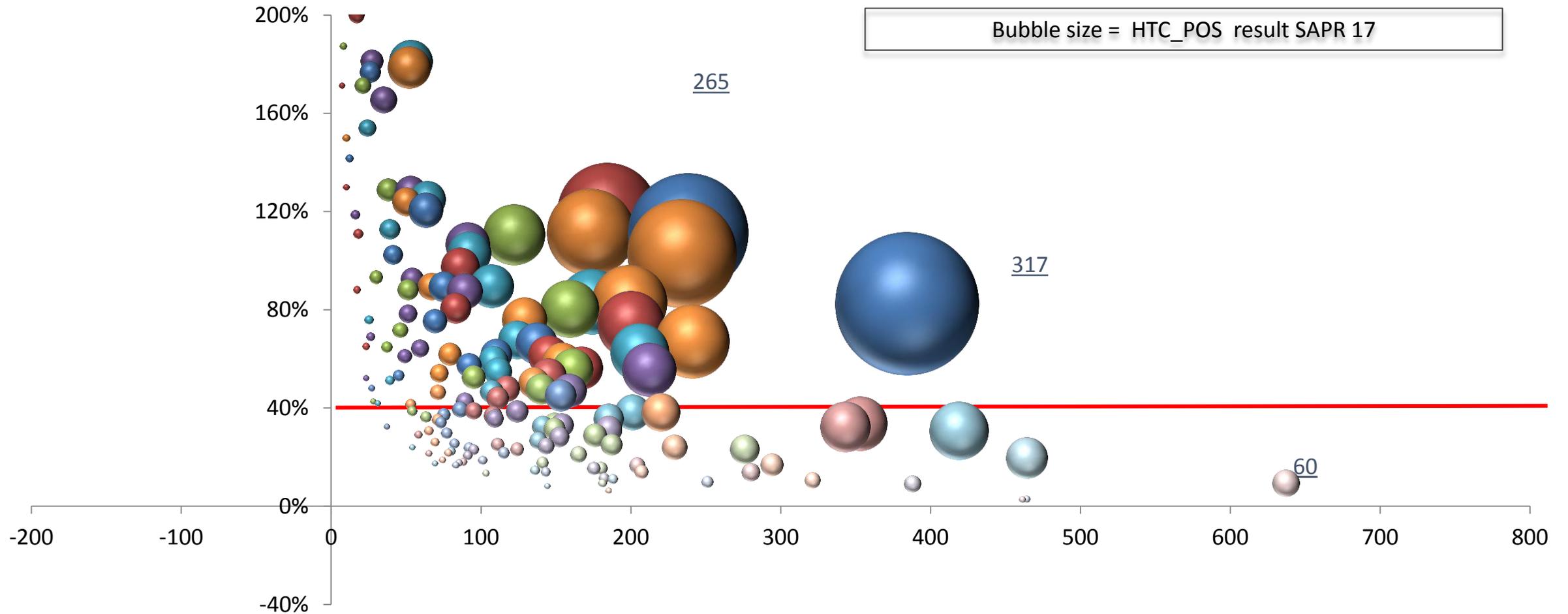
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## Trend of percentage of adults and children known to be alive and on treatment 12 months after initiation of ART, by age group



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# FY 17 Q2 HTC\_POS by Site (Saturation districts)

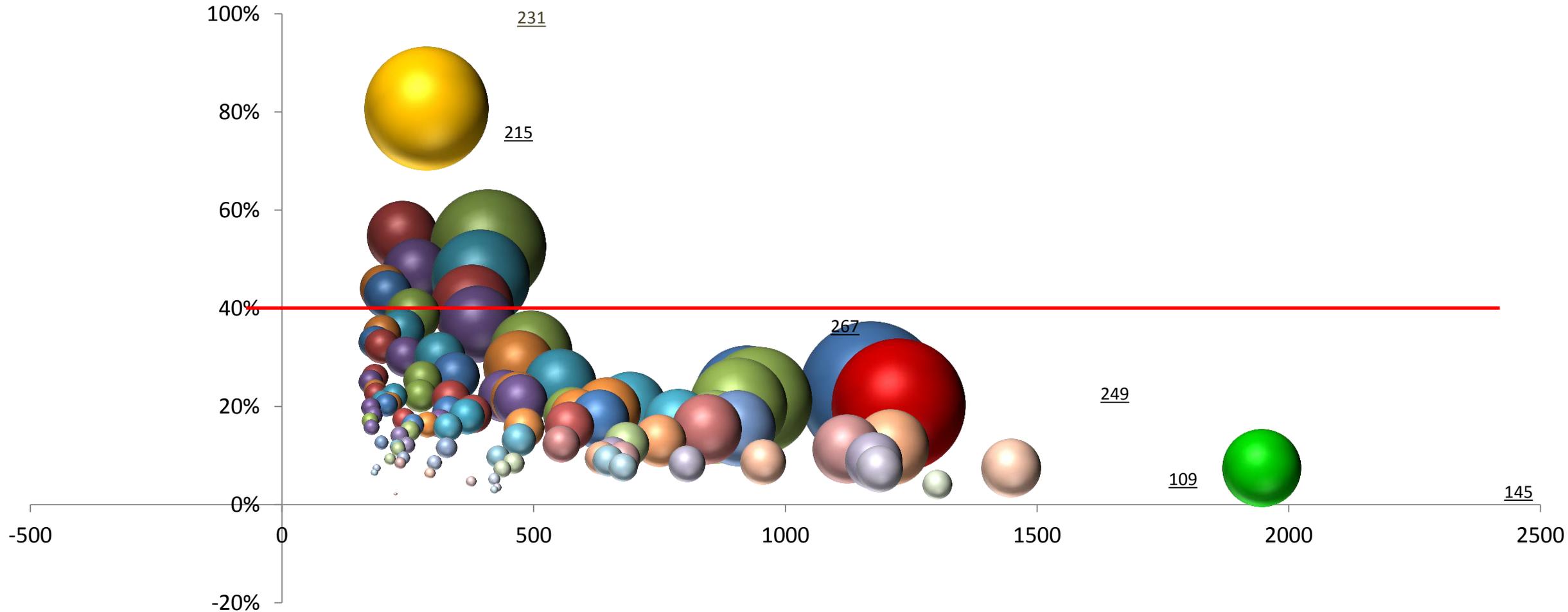


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# Site level performance analysis – (TX\_New in Saturation districts)

% Achievement

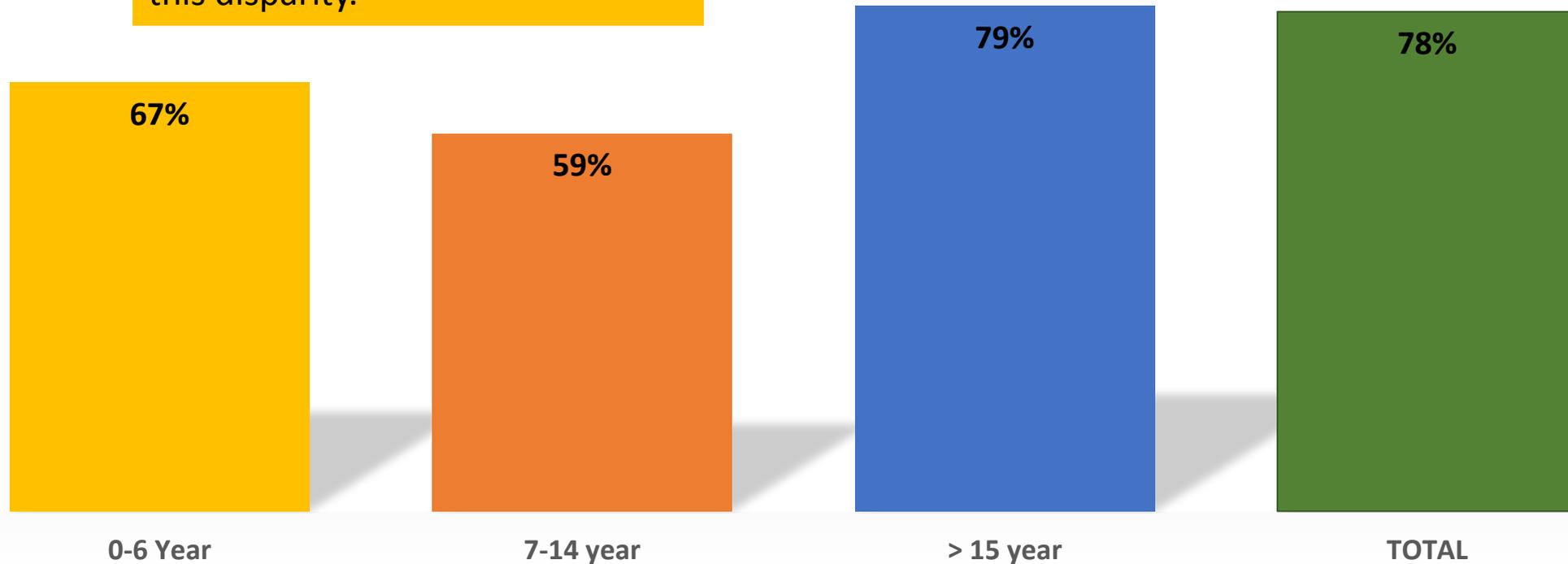
Bubble size = TX\_New result SAPR 17



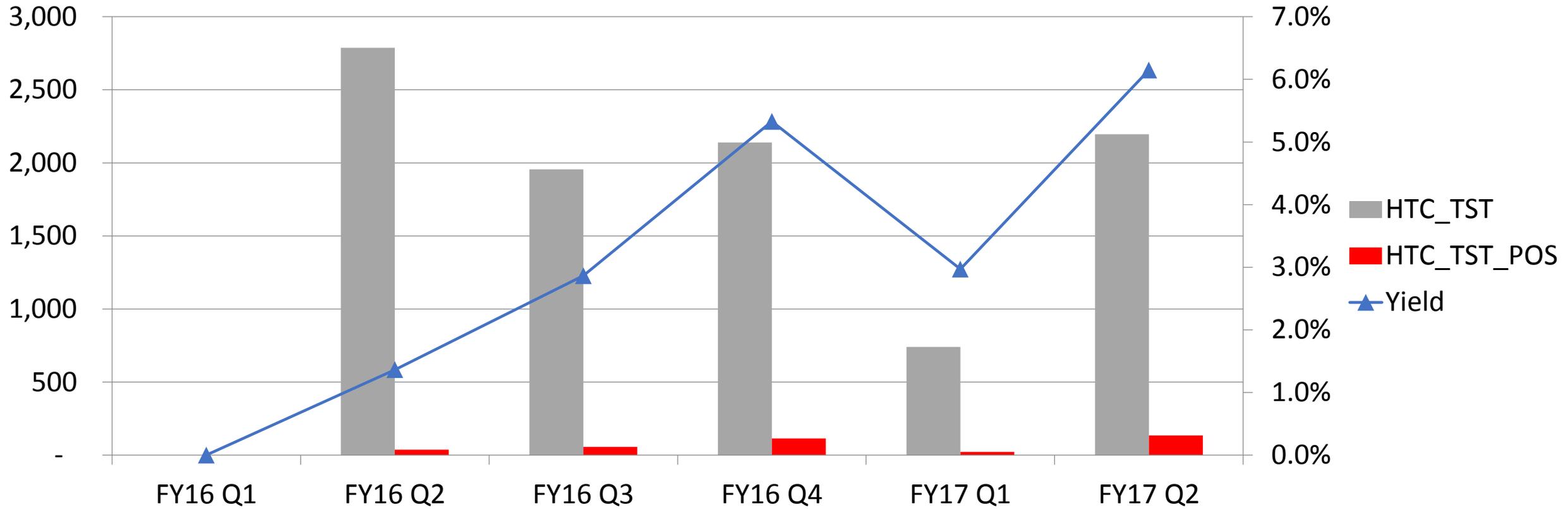
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# FY17 Q1 % VL Suppression by Age

Viral suppression is substantially lower in children and adolescents – COP17 will focus on addressing this disparity.



# [REDACTED] Quarterly Trends: Case Finding



*NB: HTC\_TST includes all modalities reported within HTC\_TST. Yield may be affected depending on modalities that are included (VMMC) and/or excluded (PMTCT, TB).*

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# COP 2017 Strategy

# Policy Overview

- **Test and Start**
  - Government **officially adopted policy nationwide** on February 7, 2017
  - Policy change includes **same day initiation & multi-month scripting**
  - USG staff began advance preparation with IPs in November 2016
  - IPs are actively enrolling pre-ART patients in treatment
- **Self testing**
  - Advocacy is ongoing
  - COP 2017 will include small scale project, directed toward **men and KPs**
- **Differentiated models of care**
  - Government officially adopted approach on February 7, 2017
  - Policy includes **differentiation for stable/unstable** adult and for pediatric patients
  - IPs are supporting sites to implement the policy
- **National Viral Load Scale up Plan** developed
- **Community ART distribution**
  - Advocacy is ongoing
  - COP 2017 will include small scale project in select districts

# Civil Society Inputs/Requests

## Requests from Civil Society:

1. Increase mass Prevention and Information Campaigns
  - CSO reps observe a decrease in HIV knowledge among the general population, especially youth, girls
2. Consider funding interventions addressing people who use drugs (especially non-injecting drugs)
3. Increase access to viral load testing
4. Increase access to funding opportunities for local NGOs
5. Provide adequate incentives for community health workers

## Response from PEPFAR:

1. PEPFAR approach relies on interpersonal vs mass communication
  - DREAMS-like program for prevention among girls and young women
2. PEPFAR identifies target populations based on robust evidence of need/risk
  - Situation analysis for PWID
3. PEPFAR has prioritized expanded access to VL testing since COP 2016 and will continue into COP 2017
4. PEPFAR Coordination Office is launching the Small Grants Program oriented to local NGOs.
5. Engage in advocacy for standardized, adequate compensation for community health workers

# PEPFAR coordination with GF planning

## Community support

- Mapping of activities at below SNU level between GF and PEPFAR
- Harmonization of packages

## Clinical services

- Coordination of TB investments and strategies
- Synchronization of support for lab network

## Commodities support

- Agreement on level of contributions for ARVs, RTKs, reagents

# Budget Code Totals: COP 2016 vs. COP 2017

Budget Code	Budget Code Description	COP 2016	COP 2017	Difference
HBHC	Adult Care and Support	\$8,526,290	\$7,894,720	-\$631,570
HKID	Orphans and Vulnerable Children	\$11,672,119	\$17,851,362	\$6,179,243
HLAB	Lab	\$8,050,000	\$7,097,097	-\$952,903
HTXS	Adult Treatment	\$39,411,832	\$45,780,491	\$6,368,659
HTXD	ARV Drugs	\$16,941,822	\$9,357,656	-\$7,584,166
HVCT	Counseling and Testing	\$8,242,894	\$27,785,196	\$19,542,302
HVMS	Management & Operations	\$15,913,587	\$13,227,215	-\$2,686,372
HVOP	Other Sexual Prevention	\$5,378,475	\$6,935,526	\$1,557,051
HVSI	Strategic Information	\$3,354,372	\$3,042,670	-\$311,702
HVTB	TB/HIV Care	\$3,614,567	\$4,473,391	\$858,824
MTCT	Mother to Child Transmission	\$4,079,674	\$3,151,852	-\$927,822
OHSS	Health Systems Strengthening	\$7,966,128	\$2,123,272	-\$5,842,856
PDCS	Pediatric Care and Support	\$3,336,836	\$5,168,510	\$1,831,674
PDTX	Pediatric Treatment	\$3,396,047	\$4,383,450	\$987,403
HMBL	Blood Safety	\$0	\$19,496	\$19,496
HVAB	Abstinence/Be Faithful	\$295,665	\$1,888,405	\$1,592,740
TOTAL		\$140,180,308	\$160,180,308	\$20,000,000

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# COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
HHS/CDC	86,350,059	25,662,863	112,012,922
USAID	26,960,928	18,992,775	45,953,703
DoD	1,282,322	414,579	1,696,901
State	193,547	123,235	316,782
HHS/HRSA	0	200,000	0
<b>Total</b>	<b>\$114,786,856</b>	<b>\$45,393,451</b>	<b>\$160,180,308</b>

- COP17 Minimum Pipeline Requirement: \$45,393,451.

# Earmark Allocations

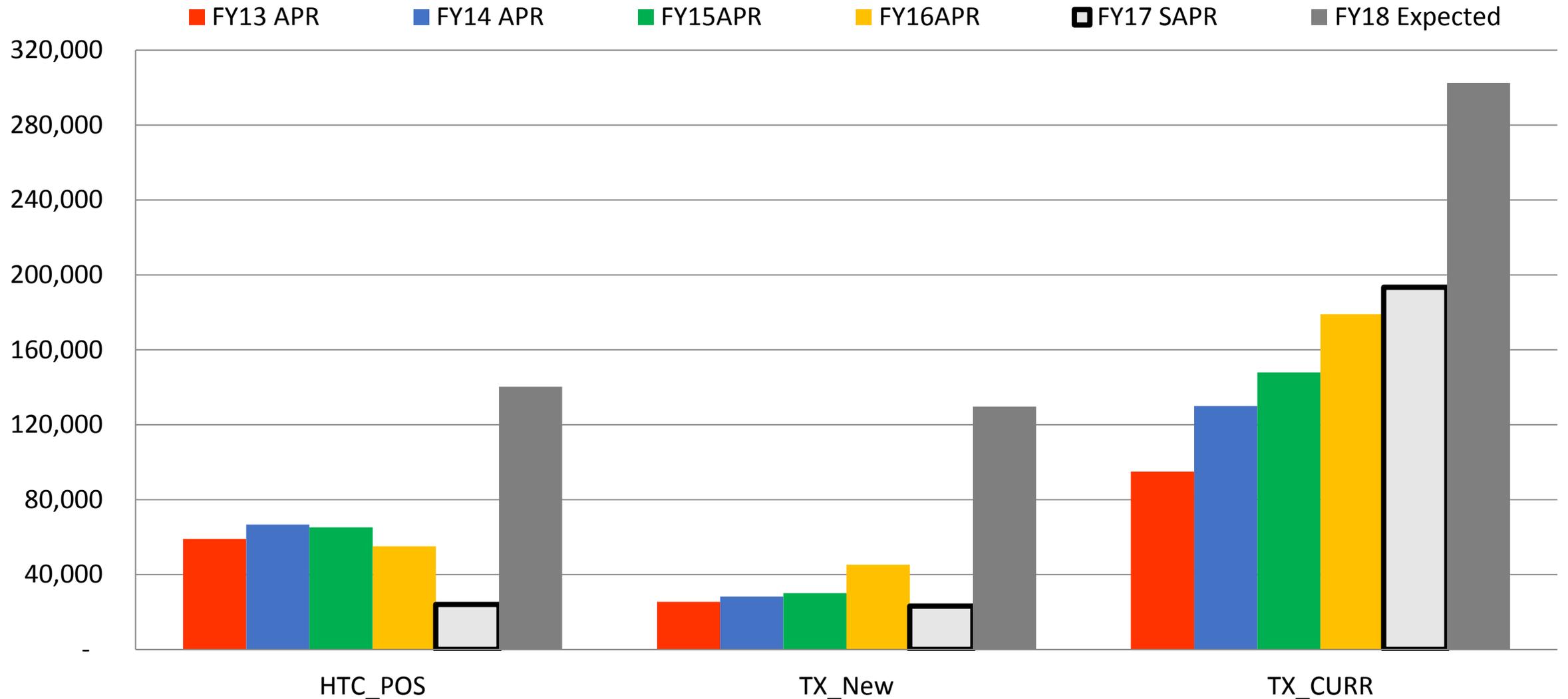
- New FY 2017 funds allocated to care and treatment: \$64,453,004
  - COP 2017 requirement: \$64,028,508
- New FY 2017 funds allocated to OVC: \$16,552,039
  - COP 2017 requirement: \$11,591,045
- New FY 2017 funds allocated to water: \$225,000
  - COP 2017 requirement: \$225,000
- New FY 2017 funds allocated to GBV: \$1,305,075
  - COP 2017 requirement: \$374,000

# Summary of COP17 Targets by Prioritization

Priority COP17	PP_PREV Priority Pop Prevention	KP_PREV KP Prevention	OVC_SERV OVC	HTC_TST Diagnosed	HTC_POS Positive Diagnosed	TX_NEW New on ART	TX_CURR Current on ART	VL Testing # on ART Receiving test	VL Testing Coverage
<b>TOTAL</b>	<b>312,000</b>	<b>79,021</b>	<b>307,405</b>	<b>3,335,409</b>	<b>142,242</b>	<b>129,690</b>	<b>306,241</b>	<b>228,109</b>	<b>74.4%</b>
<b>Saturation</b>	177,138	38,815	131,916	1,221,121	51,738	47,040	170,025	136,020	80%
<b>Aggressive</b>	118,545	25,589	118,379	1,749,192	63,762	57,882	93,419	70,064	75%
<b>Sustained</b>	-	14,618	55,957	348,508	26,244	24,311	41,543	20,772	50%
<b>[REDACTED]</b>	[REDACTED]	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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# Positivity & Treatment Trend & Target: FY 13- 18



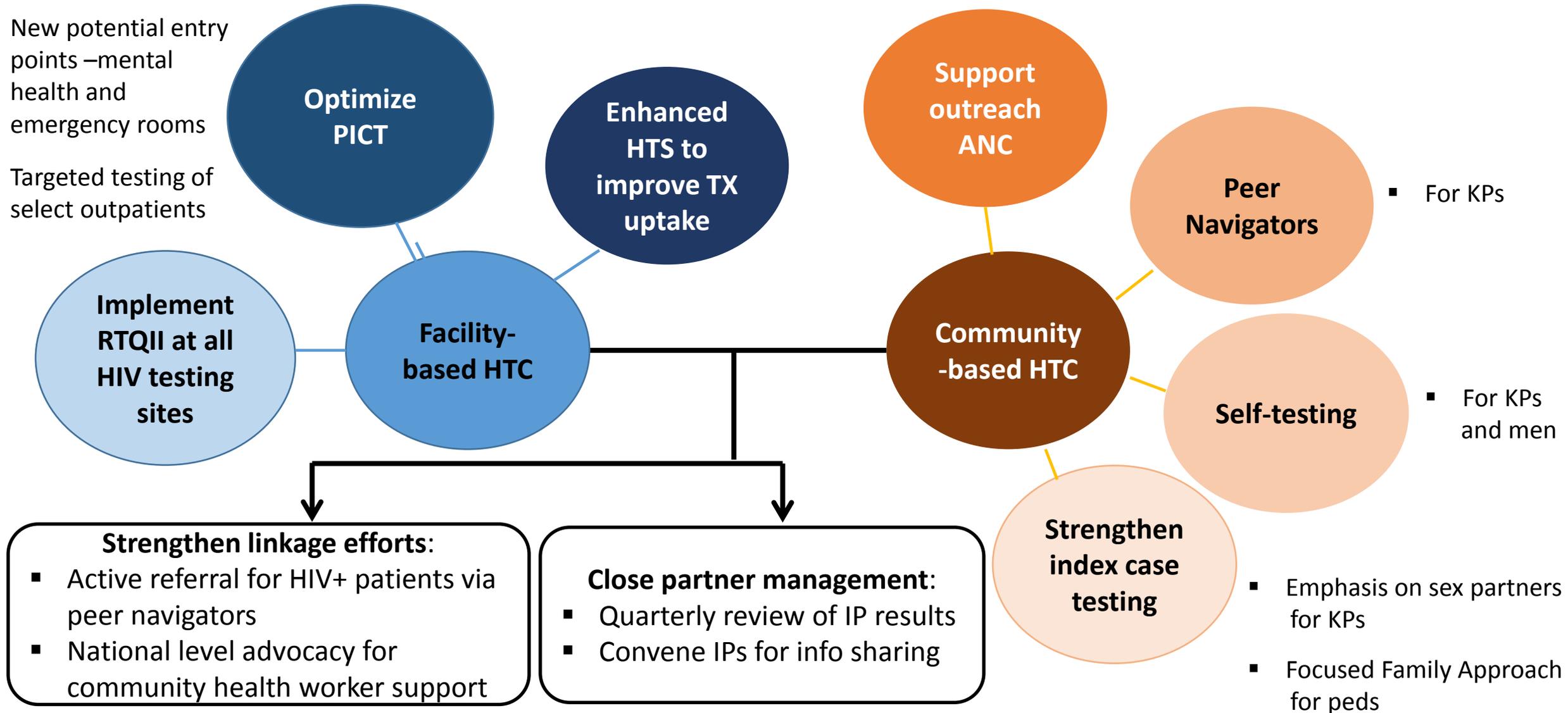
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# Improving case identification

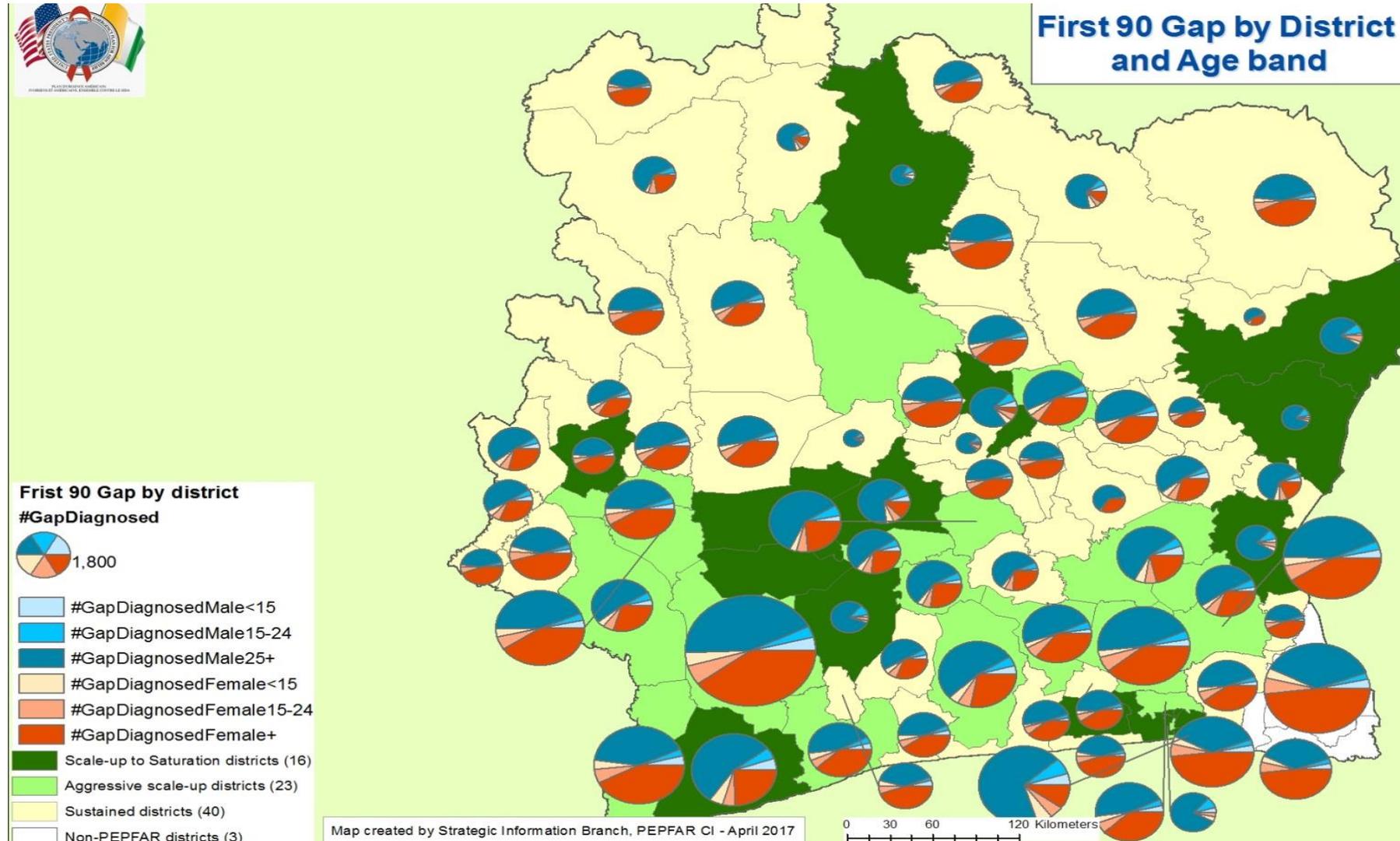
# HTC Program Strengthening in COP17

- New potential entry points –mental health and emergency rooms
- Targeted testing of select outpatients



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# First 90 gap by district as of Q2FY17



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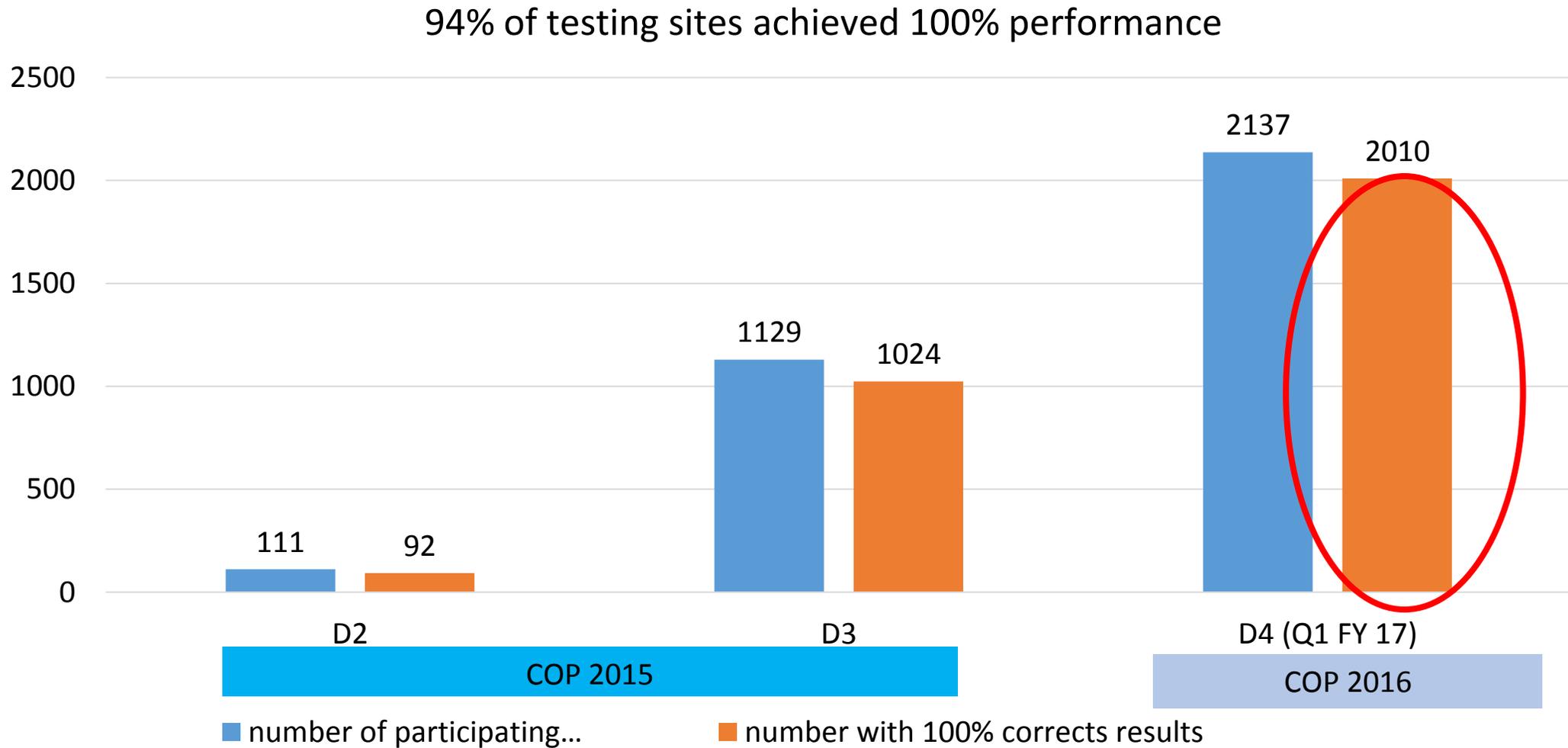
# Case Finding Strategies by Population

Adults	Men	KP	Pediatrics/AGYW
<ul style="list-style-type: none"><li>• Targeted facility-based HTS at high yield entry points</li><li>• Strengthened HTS in PMTCT</li><li>• Targeted prevention and HTS among military at high prevalence sites</li><li>• Index testing of sexual partners</li></ul>	<ul style="list-style-type: none"><li>• Index testing and small scale self-testing</li><li>• Mobile outreach targeted testing</li><li>• Testing in PMTCT service delivery points</li><li>• Accessible service hours</li></ul>	<ul style="list-style-type: none"><li>• Index testing and small scale self-testing</li><li>• Peer network</li><li>• KP competent services</li><li>• Accessible service hours</li></ul>	<ul style="list-style-type: none"><li>• Strengthened EID by increasing uptake - 85% cov</li><li>• Targeted facility-based HTS at high yield entry points</li><li>• <b>Strengthened PITC among AGYW</b></li><li>• Reinforced pediatric HTS in OVC, PMTCT, and KP programs</li><li>• Focused family index testing</li></ul>

## Systems investments:

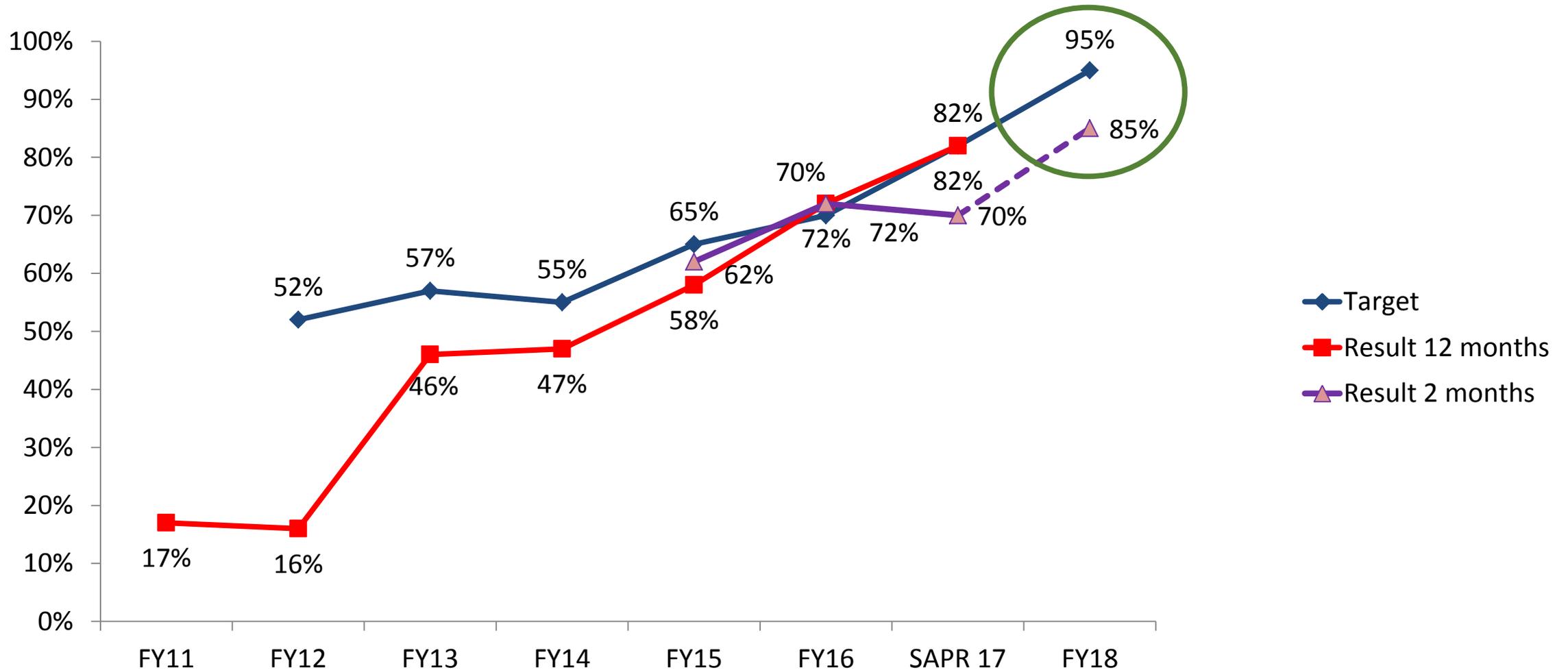
- Implement Rapid Test Quality Improvement program at all HIV testing sites
- Routine data analysis for yield and linkage
- Strengthened supply chain

# Rapid expansion of RTQII in Cote d'Ivoire: HTS sites PT panel results



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# Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth



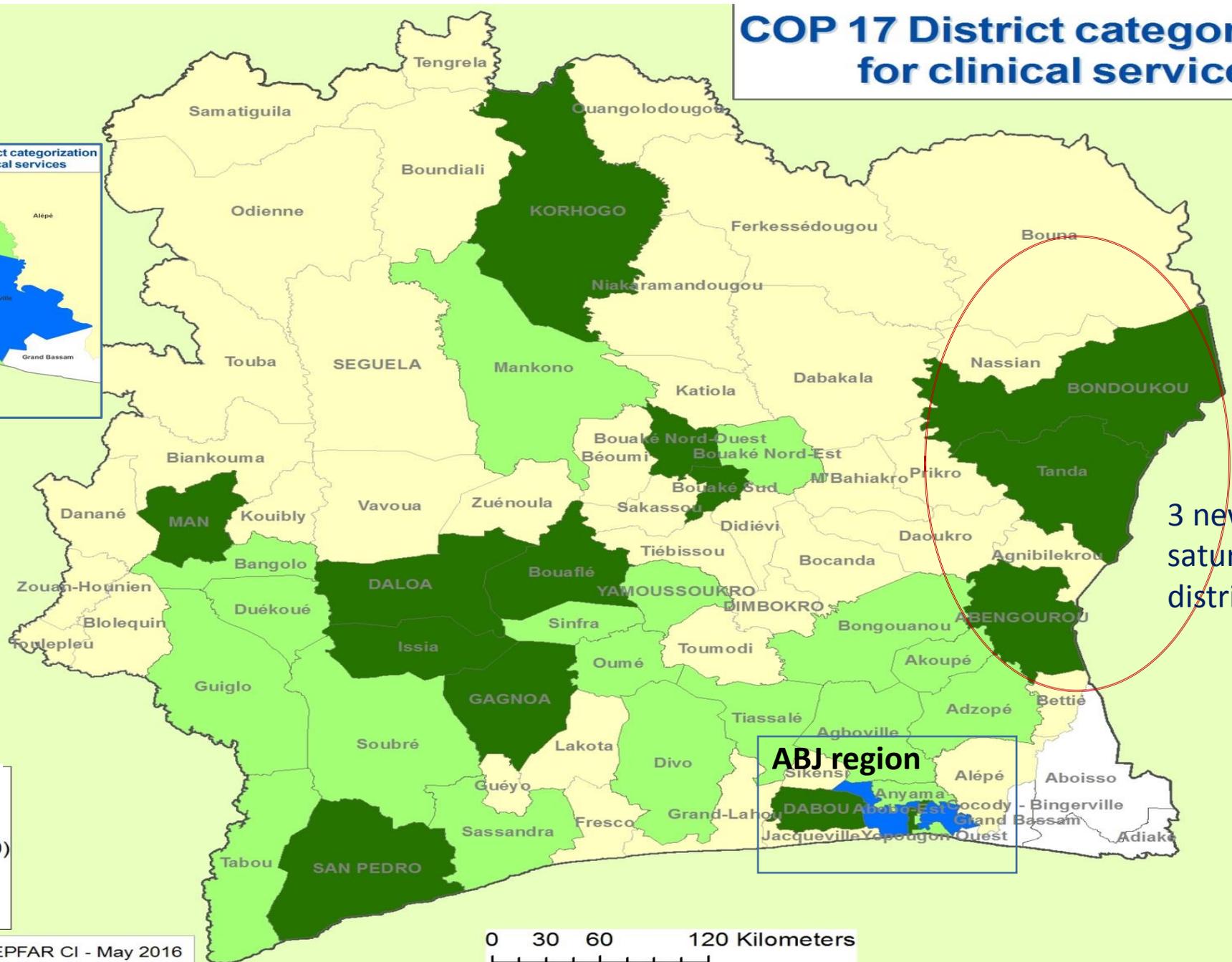
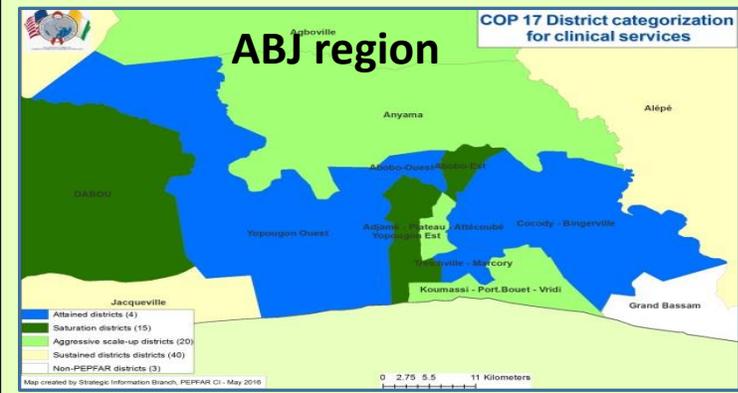


# Accelerating treatment

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# COP 17 District categorization for clinical services



- Targeted to be attained (4)
- Saturation districts (15)
- Aggressive scale-up districts (20)
- Sustained districts districts (40)
- Non-PEPFAR districts (3)

Map created by Strategic Information Branch, PEPFAR CI - May 2016

0 30 60 120 Kilometers

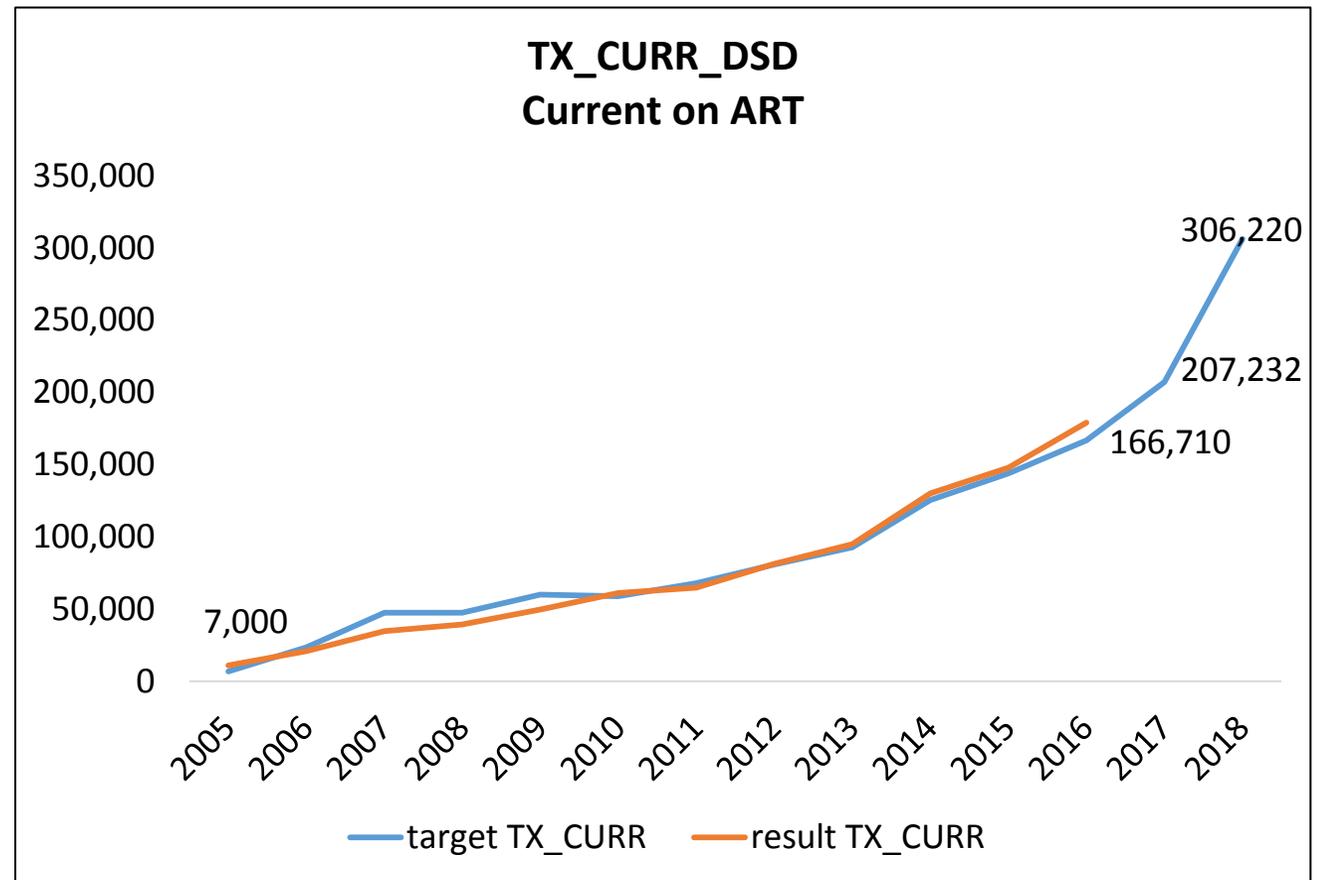
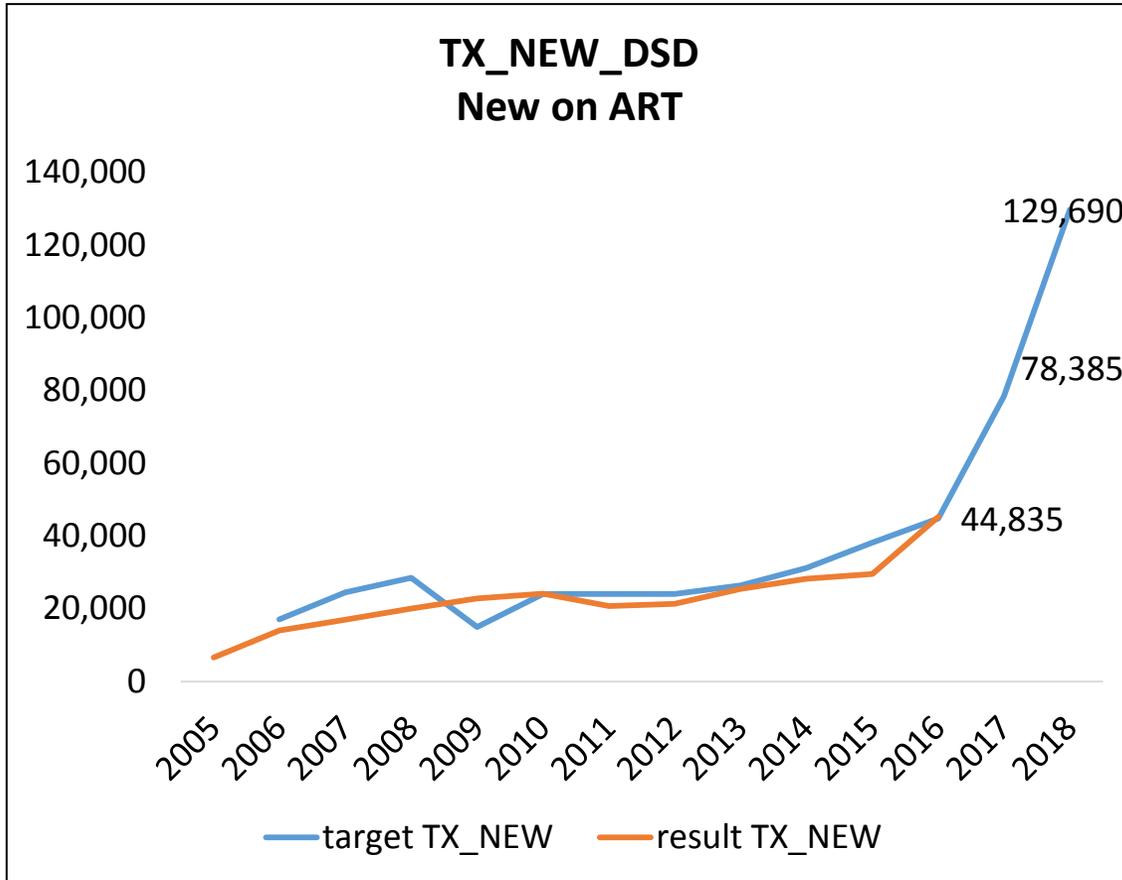
# National Treatment Targets & Trajectory through 2020

Years	Target ART (All)	Target ART Coverage (All)	Male Target	Coverage Male	Female Target	Coverage Female
2016	211,600	46%	70,533	36%	141,067	53%
2017	262,200	57%	87,400	45%	174,800	66%
2018	312,800	68%	125,120	64%	187,680	71%
2019	363,400	79%	145,360	74%	218,040	82%
2020	414,000	90%	165,600	85%	248,400	94%

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# Treatment Trends in Cote d'Ivoire

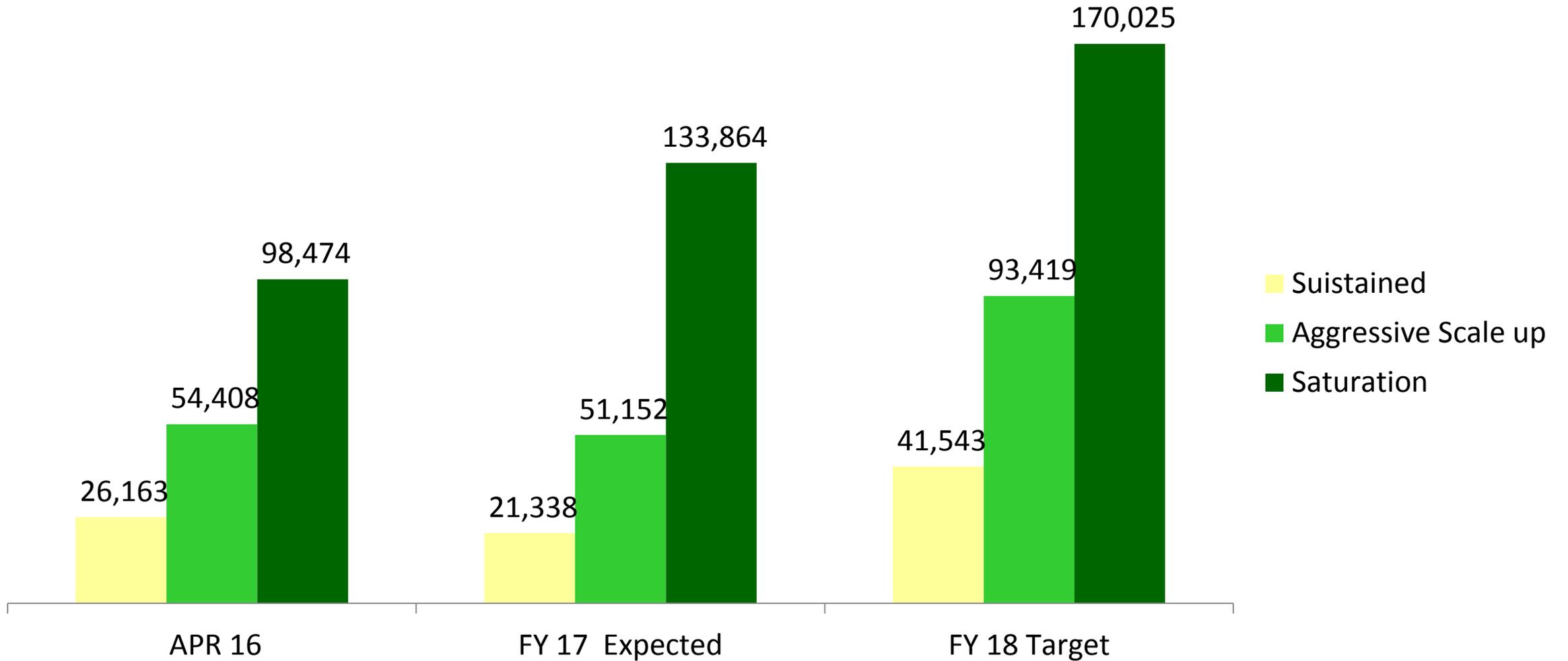
Ambitious Plan for Program Expansion in FY16-18



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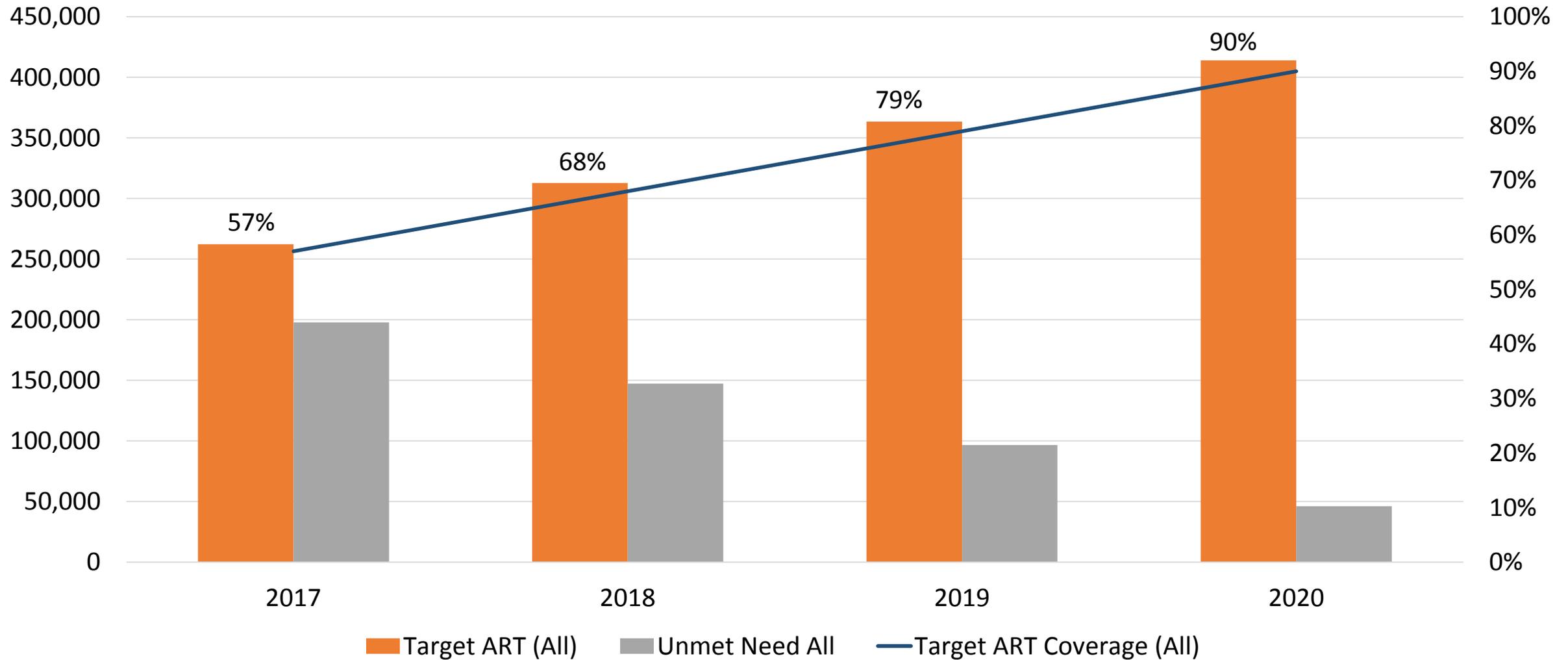
# Aggressive Expansion of Treatment Planned for Scale-up Districts

## Projected Growth in Treatment



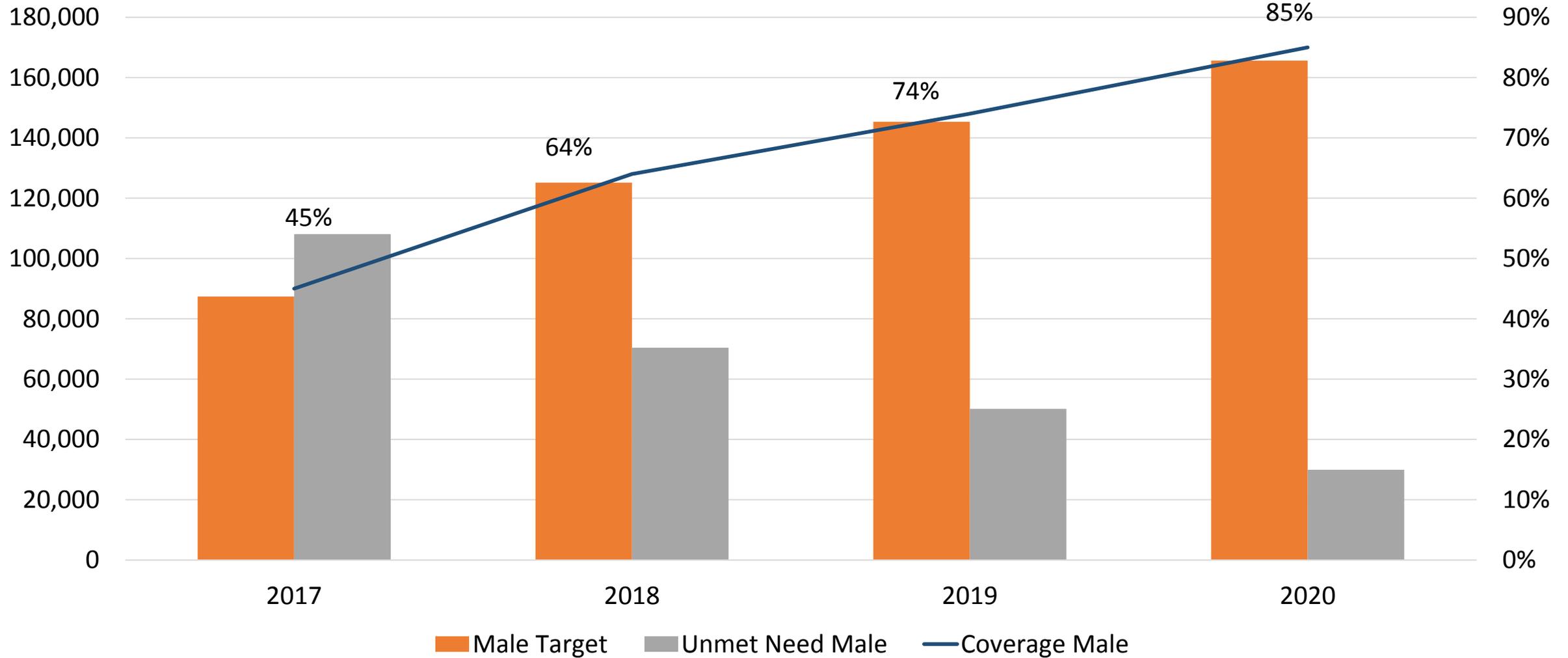
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# Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020 (All)



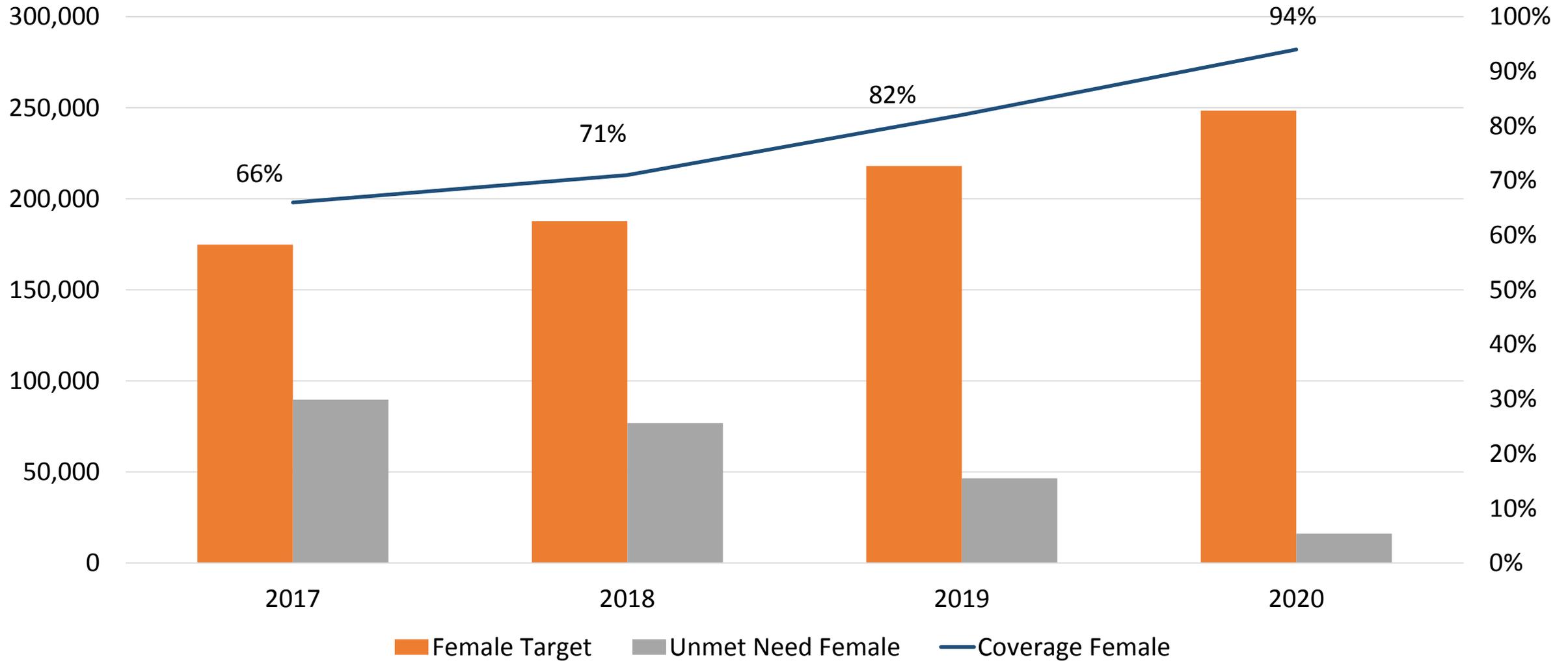
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# Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020 (Male)



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# Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020 (Female)



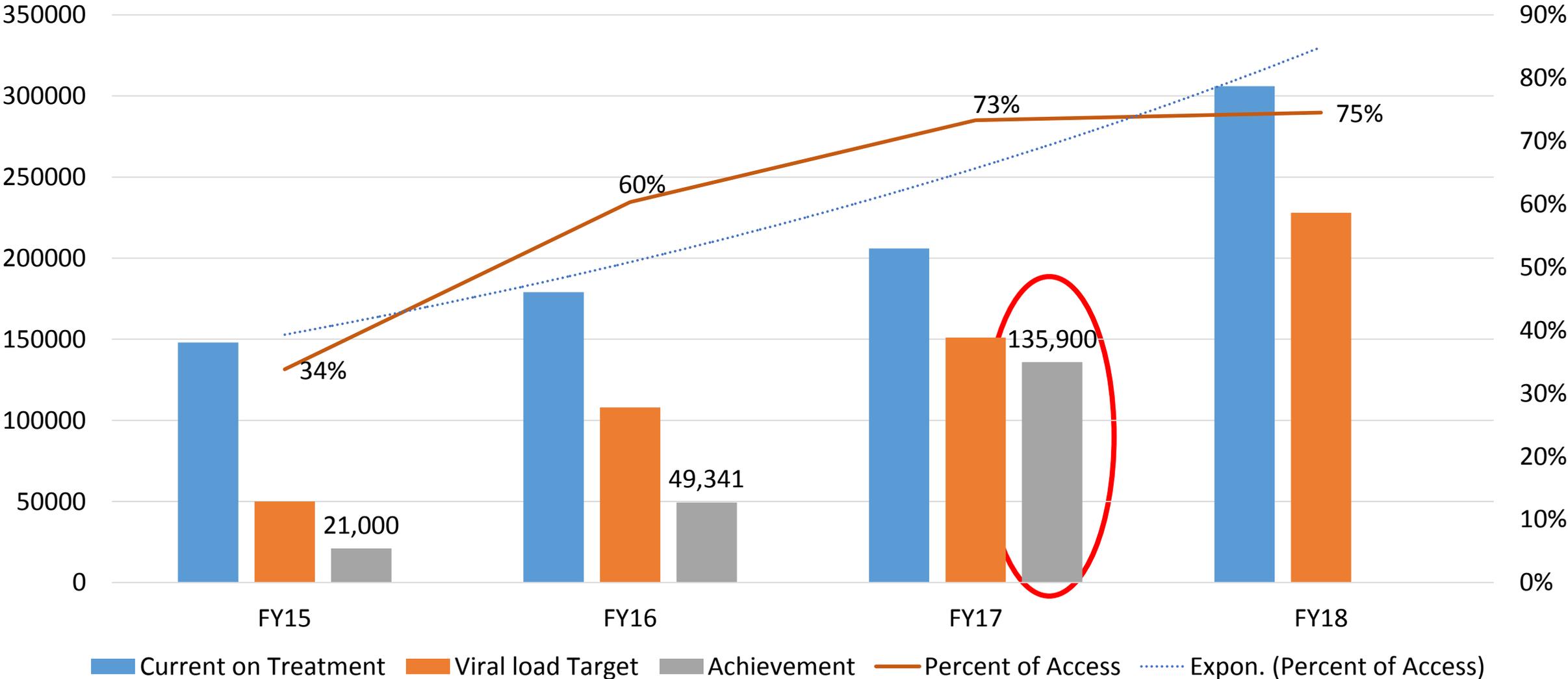
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# Reaching viral suppression

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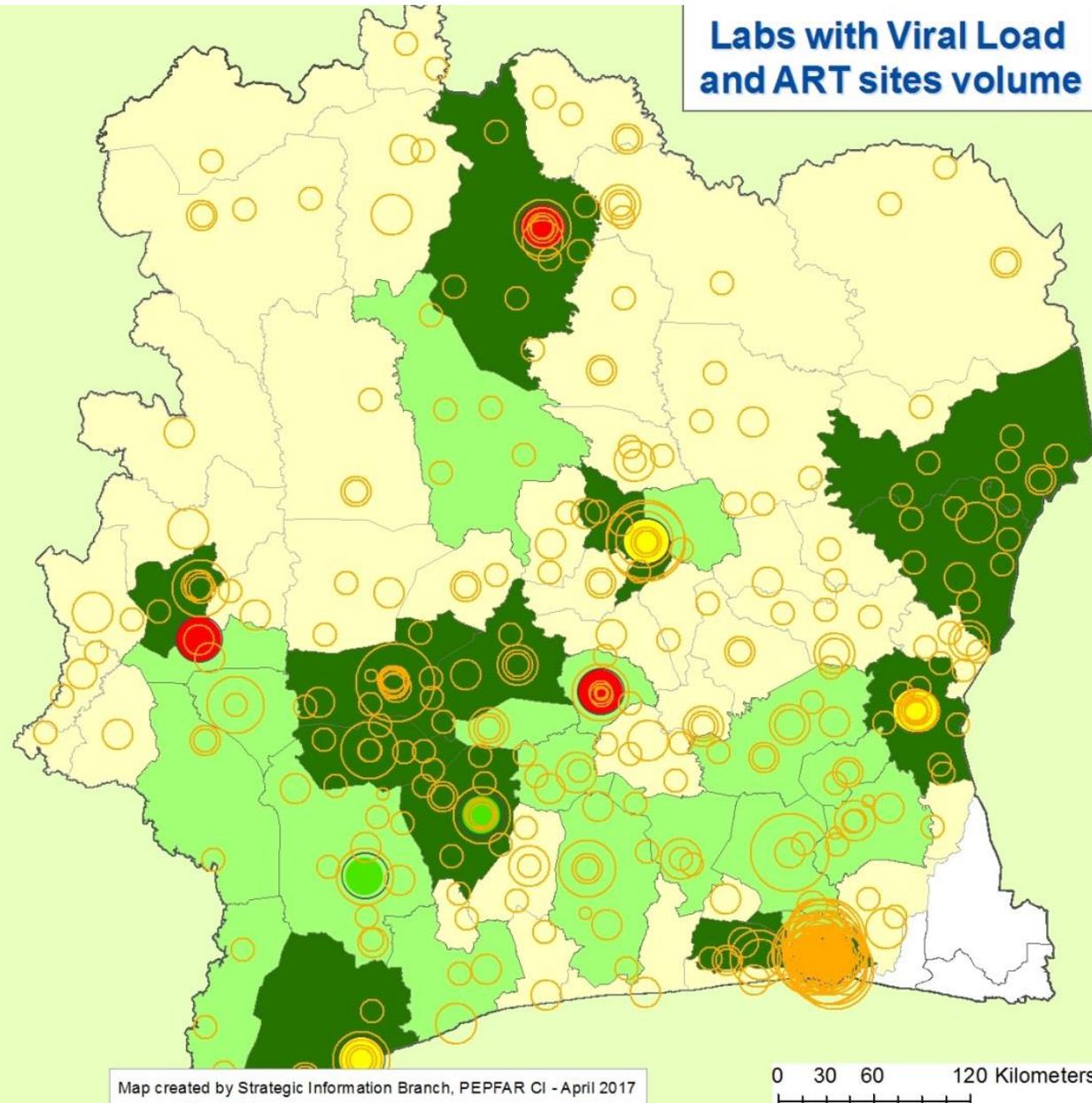
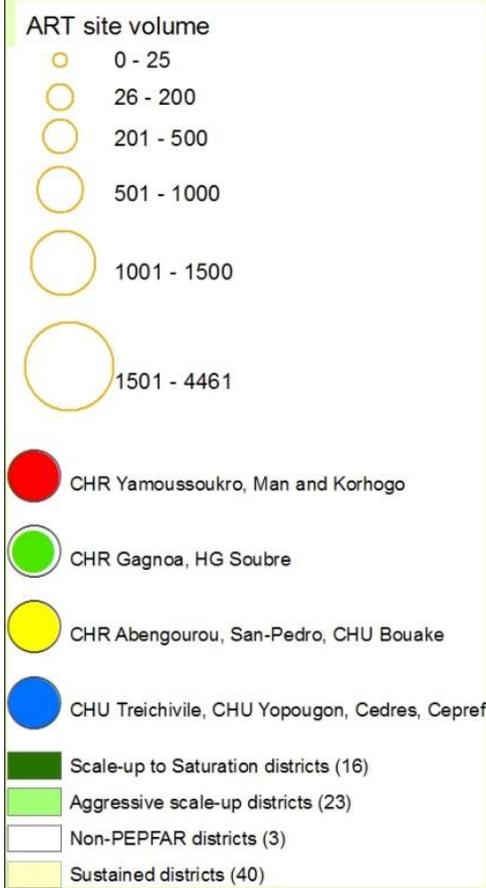
# Viral Load Access Cascade



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## Labs with Viral Load and ART sites volume



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# COP17 Direction for Viral Load Testing

**ELECTRONIC DASHBOARD  
SCORECARD**

**INNOVATIVE APPROACH  
FOR SAMPLE  
TRANSPORTATION**

**REDUCE TAT  
SMS RESULTS  
FAST TRACT RESULTS FOR  
PATIENTS FAILING ART**

**50 LAB HUBS AROUND THE  
8 REGIONAL LABS**

**ECHO –DISTANCE LEARNING  
COMMUNITY  
LAB-CLINICAL INTERFACE**

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OVC

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# Approach

Aligns with **high burden priority districts**

**Links transversally** to PMTCT, HTS, prevention, care and treatment programs

Robust **community platform** to respond to multiple needs of children and families infected and affected by HIV.

# Interventions

- Educational support
- **Economic skills building**
- Psycho-social programs
- **GBV prevention**
- Referrals to services (including HTS, post-GBV care, pediatric care and treatment)
- Nutritional support\*
- Home visits\*
- Facilitated support groups\*
- Retention and adherence support\*

\* For HIV-infected OVCs and their families

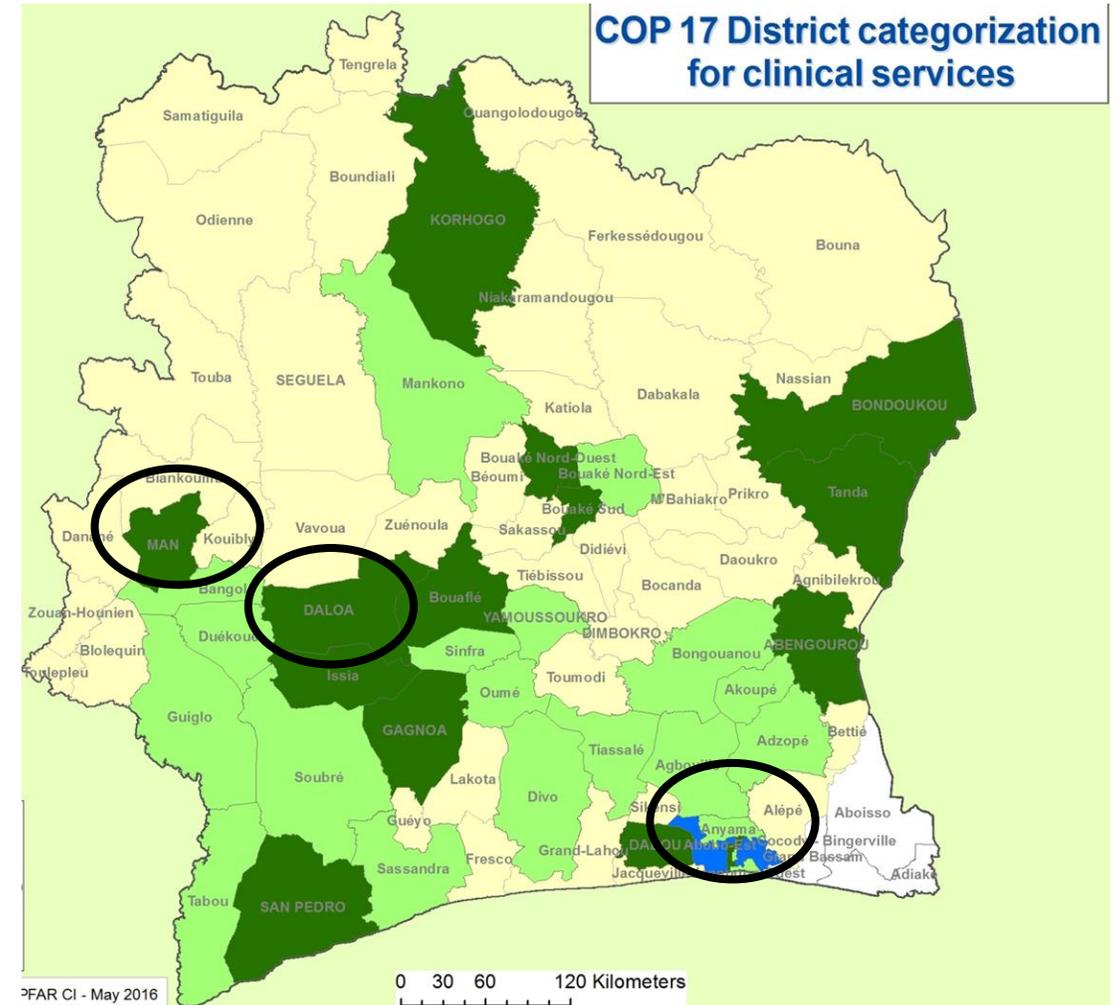
# DREAMS-like Districts

## Four Proposed Districts (20,749 beneficiaries)

Cocody-Bingerville, Abobo-Est, Man, Daloa

### Criteria for selection:

- High population
- Highest GBV prevalence (4.4% - 8.3%)
- Highest HIV prevalence among AGYW (2.2% - 5.1%)
- Highest Pregnancy Rate among adolescents (22.65% - 29.1%)
- Lowest School attendance rate for girls 10-18 (7.4% - 41.3%)
- Lowest Family Planning Use among AGYW (14.5% - 29.2%)



# DREAMS-like Targets

SNU	SNU Type	Total Target	10-14 Target	15-19 Target
Cocody-Bingerville	Scale-up to Saturation (Targeted to be Attained)	4,150	2,490	1,660
Abobo-Est		7,781	3,501	4,280
Daloa	Scale-up to Saturation	5,576	3,346	2,230
Man		3,242	1,945	1,297
<b>TOTAL:</b>		<b>20,749</b>	<b>11,282</b>	<b>9,467</b>

# DREAMS Package: Age-Appropriate layering of interventions

## Strengthened GBV prevention

Training and sensitization for AGYW and for community members and HCWs

## Strengthened post-GBV care

Comprehensive clinical and psychosocial package

## Parenting

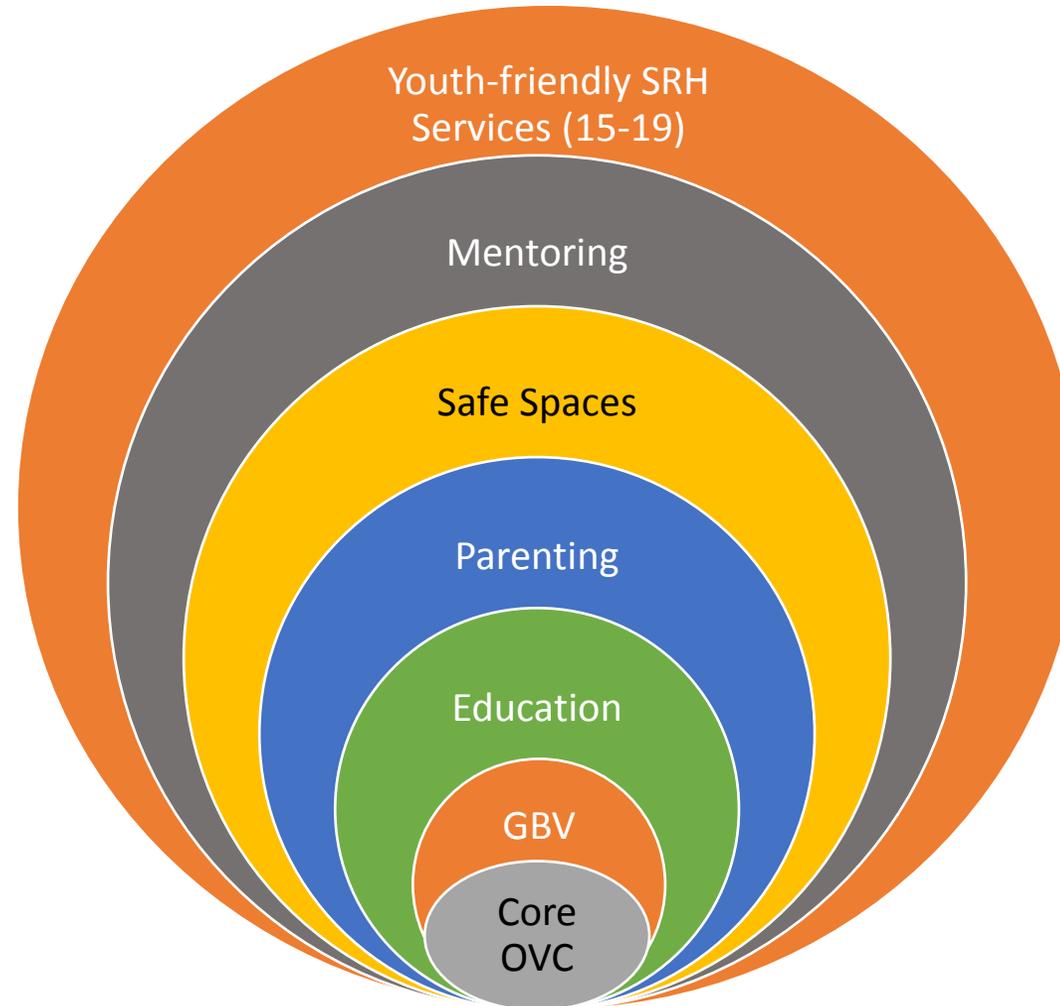
Programs with demonstrated effects on adolescent HIV risk behavior

## Safe Spaces

In and out of school

## Mentoring

From older AGYW



## AGYW 10-14:

- HIV Risk Avoidance
- Subsidies and block grants for transition to secondary school

## AGYW 15-19:

- HIV Risk Reduction
- Subsidies and block grants for secondary school
- Youth-Friendly SRH services



# Key Populations

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# Key populations: Proposed FY18 targets

SNU Priority	MSM	FSW	Total
ScaleUp Sat	6,886	31,929	38,815
ScaleUp Agg	6,292	19,297	25,589
Sustained	2,060	12,558	14,618
<b>Total FY18 targets</b>	<b>15,238</b>	<b>63,784</b>	<b>79,022</b>

# Key Population Strategies

Training for KP Friendly/Competent Services

- Hot Spots  
Micro-mapping
- Size Estimation
- PHIA

Drop In Centers, KP dedicated Clinics and Integrated Services

Testing Modalities: Targeted outreach, Index Case, Children of FSW, Self Testing

Active and Counter Referral with Peer Educator

Adherence and Retention with Peer Navigator

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# Men's Strategy

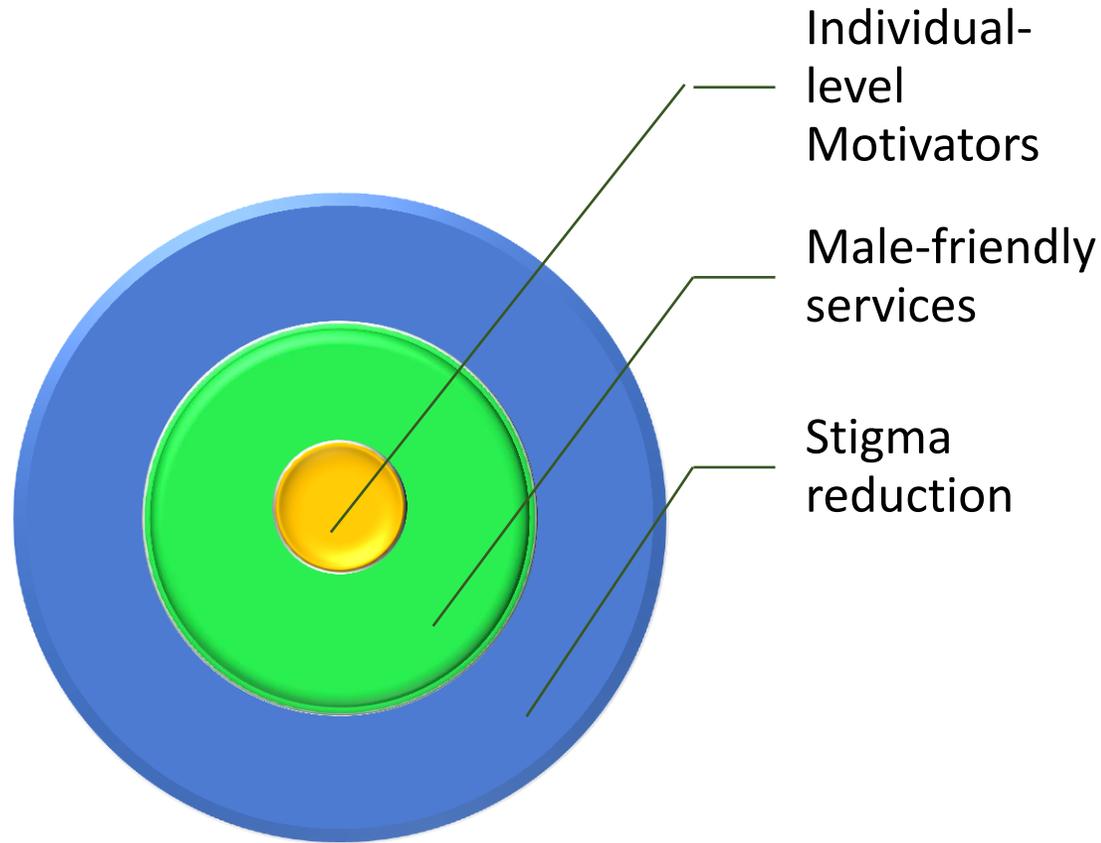
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# FY17 Q2 – First and Second 90 Coverage by Age Band and by District

District	FY17_Q2 Diagnosed	FY17_Q2 Diagnosed Male <15	FY17_Q2 Diagnosed Male 15-24	FY17_Q2 Diagnosed Male 25+	FY17_Q2 Diagnosed Female <15	FY17_Q2 Diagnosed Female 15-24	FY17_Q2 Diagnosed Female 25+	FY17_Q2 On ART	FY17_Q2 On ART Male <15	FY17_Q2 On ART Male 15-24	FY17_Q2 On ART Male 25+	FY17_Q2 On ART Female <15	FY17_Q2 On ART Female 15-24	FY17_Q2 On ART Female 25+
Abengourou	86%	73%	24%	59%	74%	88%	111%	48%	38%	24%	31%	42%	26%	66%
Abobo-Est	177%	135%	50%	123%	138%	172%	230%	64%	55%	16%	32%	46%	39%	95%
Abobo-Ouest	115%	90%	39%	79%	94%	118%	148%	70%	59%	27%	38%	46%	46%	102%
Bondoukou	81%	79%	23%	56%	74%	82%	104%	46%	44%	12%	26%	34%	38%	65%
Bouafle	72%	59%	21%	50%	58%	75%	92%	40%	36%	17%	26%	37%	38%	54%
Bouake-Nord-Ouest	103%	82%	30%	73%	80%	104%	133%	65%	82%	47%	41%	69%	32%	87%
Bouake-Sud	75%	56%	21%	52%	63%	75%	97%	53%	26%	18%	31%	38%	39%	77%
Cocody-Bingerville	141%	107%	42%	98%	105%	134%	184%	79%	103%	77%	45%	101%	107%	98%
Dabou	105%	88%	46%	74%	90%	100%	135%	47%	30%	8%	30%	50%	10%	68%
Daloa	125%	96%	37%	88%	96%	144%	159%	65%	40%	26%	43%	51%	87%	83%
Gagnoa	90%	82%	24%	63%	83%	91%	115%	51%	40%	11%	36%	46%	49%	65%
Issia	102%	75%	32%	71%	76%	108%	132%	46%	32%	16%	31%	28%	61%	60%
Korhogo	96%	70%	29%	67%	69%	107%	125%	60%	44%	23%	38%	46%	74%	80%
Man	112%	77%	33%	79%	77%	120%	146%	41%	19%	16%	28%	21%	31%	57%
San-Pedro	63%	46%	24%	45%	45%	71%	81%	50%	29%	15%	37%	35%	41%	66%
Tanda	91%	78%	26%	63%	80%	93%	116%	44%	34%	14%	27%	40%	24%	62%
Treichville-Marcory	208%	157%	72%	148%	161%	205%	268%	194%	122%	142%	162%	119%	81%	244%
Yopougon-Est	90%	76%	32%	63%	75%	89.4%	116%	44%	22%	21%	27%	22%	27%	62%
Yopougon-Ouest-Songon	152%	129%	50%	105%	130%	149%	197%	88%	81%	80%	48%	79%	55%	125%

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# Three levels



## Individual-level Motivators

- Age/Profile specific messaging
- Benefits (Test & Start)
- IT Innovations

## Male-friendly services:

- Outreach “Wellness” services
- Private sector
- Targeted Testing, Index-Testing, PMTCT partner testing, Self-Testing
- Accessible hours

## Stigma Reduction:

- Positive role modeling
- Testimonials
- Engaging community leaders
- Integrated preventive and chronic men’s health care services



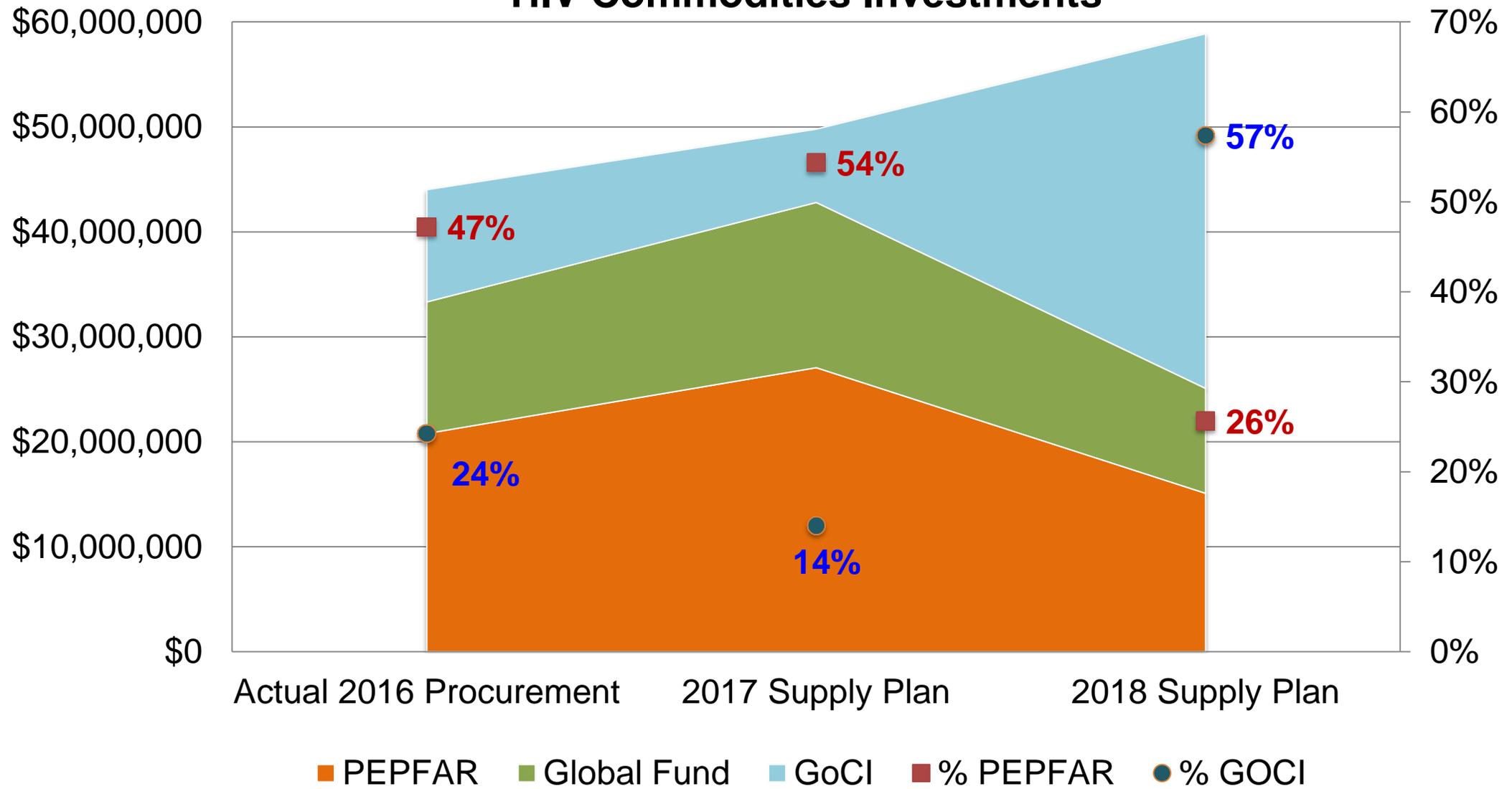
# Commodities

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# Key Decisions: Commodities

Commodities Category	COP 16 Investment	COP17 Investment
Meds (1st line ARVs, CTX)	\$16,123,185	\$9,147,826
RTKs and Lab reagents	\$10,938,994	\$5,950,806
Total Budget	<b>\$27,062,179</b>	<b>\$15,098,632</b>

# HIV Commodities Investments



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# Table 6 investments

# Summary of Table 6

- **Table 6.1: Key Programmatic Gap #1: low Pediatric coverage**
  - Total Funding: \$521,000
  - Summary of Year 1 and 2 benchmarks: Development, dissemination ,and use of tools and materials (health booklets, job aids/guidances, referral/counter- referral tool, maps, training plan)
- **Table 6.1: Key Programmatic Gap #2: low KP/PP coverage**
  - Total Funding: \$1,700,000
  - Summary of Year 1 and 2 benchmarks: Drop in centers; training on tools and revised package of services, changes in service delivery toward men
- **Table 6.1: Key Programmatic Gap #3: limited VL testing coverage**
  - Total Funding: \$2,950,000
  - Summary of Year 1 and 2 benchmarks: lab staff training, establishment of dashboard

# Summary of Table 6

- **Table 6.2.1: Test and Start**
  - Total Funding: \$4,881,500
  - Summary of Year 1 and 2 benchmarks: training, SOPs, supply chain prep
- **Table 6.2.2: New and Efficient Service Delivery Models**
  - Total Funding: \$155,000
  - Summary of Year 1 and 2 benchmarks: revised guidelines
- **Table 6.3 Other Proposed Systems Investments**
  - Total Funding: \$7,239,177
  - Summary of Year 1 and 2 benchmarks: increased supply chain and laboratory staff and infrastructure strengthening; KP size estimations; improved data systems and quality; increased data use for decision-making

Merci!

