COP 2016 Implementation: SAPR 2017
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

- **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

<table>
<thead>
<tr>
<th>Category</th>
<th>Achievement</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTS</td>
<td>64%</td>
<td>1,314,744</td>
</tr>
<tr>
<td>Tested positive</td>
<td>42%</td>
<td>59,858</td>
</tr>
<tr>
<td>Newly enrolled on ART</td>
<td>30%</td>
<td>78,385</td>
</tr>
<tr>
<td>Current on ART</td>
<td>95%</td>
<td>206,354</td>
</tr>
<tr>
<td></td>
<td>5% children</td>
<td>9,368</td>
</tr>
<tr>
<td></td>
<td>68% women</td>
<td>187,040</td>
</tr>
<tr>
<td>12 month Retention</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>Viral Load Tested</td>
<td>42%</td>
<td>151,000</td>
</tr>
<tr>
<td>VL Suppressed</td>
<td>77% rate</td>
<td>58,753</td>
</tr>
<tr>
<td></td>
<td>44,824</td>
<td></td>
</tr>
</tbody>
</table>

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).*
Test and Start implementation in Q3 and Q4 will help achieve FY17 TX_NEW Target by APR 17 (78,385)

<table>
<thead>
<tr>
<th>SAPR FY17: 23,534</th>
<th>projection for Q3+Q4: ~68,000</th>
<th>projection for APR FY17: ~92,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>~12,000:</td>
<td>~11,000: new pre-ART cohort +</td>
<td></td>
</tr>
<tr>
<td>half(1) of SAPR17 HTC_POS +</td>
<td>~35,000: remaining FY16 pre-ART cohort +</td>
<td>~21,000:</td>
</tr>
<tr>
<td>~11,000: FY16 pre-ART cohort</td>
<td>90% of Q3+Q4 HTC_POS (2)</td>
<td></td>
</tr>
</tbody>
</table>

(1) Q1 and Q2 (SAPR 17): ART initiation at CD4 < 500
(2) 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)

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

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).
FY 17 Q2 Linkage to Treatment by Site

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at http://data.pepfar.net.

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FY 17 Q2 HTC_POS and TX_NEW results, TX_NEW target by Site (Saturation Districts)

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).*
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Men 15+</th>
<th>Women 15+</th>
<th>Children 0-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 12</td>
<td>55%</td>
<td>58%</td>
<td>61%</td>
</tr>
<tr>
<td>FY 13</td>
<td>64%</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>FY 14</td>
<td>67%</td>
<td>70%</td>
<td>72%</td>
</tr>
<tr>
<td>FY 15</td>
<td>72%</td>
<td>77%</td>
<td>81%</td>
</tr>
<tr>
<td>FY 16</td>
<td>77%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>FY 17 (Q2)</td>
<td>84%</td>
<td>87%</td>
<td>87%</td>
</tr>
</tbody>
</table>

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).
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Site level performance analysis – (TX_New in Saturation districts)

*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).
Viral suppression is substantially lower in children and adolescents – COP17 will focus on addressing this disparity.

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NBC: 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

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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
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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

<table>
<thead>
<tr>
<th>Budget Code</th>
<th>Budget Code Description</th>
<th>COP 2016</th>
<th>COP 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBHC</td>
<td>Adult Care and Support</td>
<td>$8,526,290</td>
<td>$7,894,720</td>
<td>-$631,570</td>
</tr>
<tr>
<td>HKID</td>
<td>Orphans and Vulnerable Children</td>
<td>$11,672,119</td>
<td>$17,851,362</td>
<td>$6,179,243</td>
</tr>
<tr>
<td>HLAB</td>
<td>Lab</td>
<td>$8,050,000</td>
<td>$7,097,097</td>
<td>-$952,903</td>
</tr>
<tr>
<td>HTXS</td>
<td>Adult Treatment</td>
<td>$39,411,832</td>
<td>$45,780,491</td>
<td>$6,368,659</td>
</tr>
<tr>
<td>HTXD</td>
<td>ARV Drugs</td>
<td>$16,941,822</td>
<td>$9,357,656</td>
<td>-$7,584,166</td>
</tr>
<tr>
<td>HVCT</td>
<td>Counseling and Testing</td>
<td>$8,242,894</td>
<td>$27,785,196</td>
<td>$19,542,302</td>
</tr>
<tr>
<td>HVOP</td>
<td>Other Sexual Prevention</td>
<td>$5,378,475</td>
<td>$6,935,526</td>
<td>$1,557,051</td>
</tr>
<tr>
<td>HVS1</td>
<td>Strategic Information</td>
<td>$3,354,372</td>
<td>$3,042,670</td>
<td>-$311,702</td>
</tr>
<tr>
<td>HVTB</td>
<td>TB/HIV Care</td>
<td>$3,614,567</td>
<td>$4,473,391</td>
<td>$858,824</td>
</tr>
<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
<td>$4,079,674</td>
<td>$3,151,852</td>
<td>-$927,822</td>
</tr>
<tr>
<td>OHSS</td>
<td>Health Systems Strengthening</td>
<td>$7,966,128</td>
<td>$2,123,272</td>
<td>-$5,842,856</td>
</tr>
<tr>
<td>PDCS</td>
<td>Pediatric Care and Support</td>
<td>$3,336,836</td>
<td>$5,168,510</td>
<td>$1,831,674</td>
</tr>
<tr>
<td>PDTX</td>
<td>Pediatric Treatment</td>
<td>$3,396,047</td>
<td>$4,383,450</td>
<td>$987,403</td>
</tr>
<tr>
<td>HMBL</td>
<td>Blood Safety</td>
<td>$0</td>
<td>$19,496</td>
<td>$19,496</td>
</tr>
<tr>
<td>HVAB</td>
<td>Abstinence/Be Faithful</td>
<td>$295,665</td>
<td>$1,888,405</td>
<td>$1,592,740</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$140,180,308</td>
<td>$160,180,308</td>
<td>$20,000,000</td>
</tr>
</tbody>
</table>
### COP 2017 Agency Allocations and Pipeline

<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>86,350,059</td>
<td>25,662,863</td>
<td>112,012,922</td>
</tr>
<tr>
<td>USAID</td>
<td>26,960,928</td>
<td>18,992,775</td>
<td>45,953,703</td>
</tr>
<tr>
<td>DoD</td>
<td>1,282,322</td>
<td>414,579</td>
<td>1,696,901</td>
</tr>
<tr>
<td>State</td>
<td>193,547</td>
<td>123,235</td>
<td>316,782</td>
</tr>
<tr>
<td>HHS/HRSA</td>
<td>0</td>
<td>200,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$114,786,856</strong></td>
<td><strong>$45,393,451</strong></td>
<td><strong>$160,180,308</strong></td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Priority COP17</th>
<th>PP_PREV</th>
<th>KP_PREV</th>
<th>OVC_SERV</th>
<th>HTC_TST</th>
<th>HTC_POS</th>
<th>TX_NEW</th>
<th>TX_CURR</th>
<th>VL Testing # on ART Receiving test</th>
<th>VL Testing Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>312,000</td>
<td>79,021</td>
<td>307,405</td>
<td>3,335,409</td>
<td>142,242</td>
<td>129,690</td>
<td>306,241</td>
<td>228,109</td>
<td>74.4%</td>
</tr>
<tr>
<td>Saturation</td>
<td>177,138</td>
<td>38,815</td>
<td>131,916</td>
<td>1,221,121</td>
<td>51,738</td>
<td>47,040</td>
<td>170,025</td>
<td>136,020</td>
<td>80%</td>
</tr>
<tr>
<td>Aggressive</td>
<td>118,545</td>
<td>25,589</td>
<td>118,379</td>
<td>1,749,192</td>
<td>63,762</td>
<td>57,882</td>
<td>93,419</td>
<td>70,064</td>
<td>75%</td>
</tr>
<tr>
<td>Sustained</td>
<td>-</td>
<td>14,618</td>
<td>55,957</td>
<td>348,508</td>
<td>26,244</td>
<td>24,311</td>
<td>41,543</td>
<td>20,772</td>
<td>50%</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>-</td>
<td>-</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
</tr>
</tbody>
</table>
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Improving case identification
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

HTC Program Strengthening in COP17

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

**Optimize PICT**

- Implement RTQII at all HIV testing sites

**Facility-based HTC**

- Enhanced HTS to improve TX uptake
- Support outreach ANC

**Community-based HTC**

- Peer Navigators
- Self-testing

**Strengthen linkage efforts:**

- Active referral for HIV+ patients via peer navigators
- National level advocacy for community health worker support

**Close partner management:**

- Quarterly review of IP results
- Convene IPs for info sharing

**Strengthen index case testing**

- Emphasis on sex partners for KPs
- Focused Family Approach for peds

**For KPs**

**For KPs and men**
First 90 gap by district as of Q2FY17
## Case Finding Strategies by Population

<table>
<thead>
<tr>
<th>Adults</th>
<th>Men</th>
<th>KP</th>
<th>Pediatrics/AGYW</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Targeted facility-based HTS at high yield entry points</td>
<td>• Index testing and small scale self-testing</td>
<td>• Index testing and small scale self-testing</td>
<td>• Strengthened EID by increasing uptake - 85% cov</td>
</tr>
<tr>
<td>• Strengthened HTS in PMTCT</td>
<td>• Mobile outreach targeted testing</td>
<td>• Peer network</td>
<td>• Targeted facility-based HTS at high yield entry points</td>
</tr>
<tr>
<td>• Targeted prevention and HTS among military at high prevalence sites</td>
<td>• Testing in PMTCT service delivery points</td>
<td>• KP competent services</td>
<td>• <strong>Strengthened PITC among AGYW</strong></td>
</tr>
<tr>
<td>• Index testing of sexual partners</td>
<td>• Accessible service hours</td>
<td>• Accessible service hours</td>
<td>• Reinforced pediatric HTS in OVC, PMTCT, and KP programs</td>
</tr>
</tbody>
</table>

### 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

94% of testing sites achieved 100% performance

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

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Accelerating treatment
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COP 17 District categorization for clinical services

3 new saturation districts

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
## National Treatment Targets & Trajectory through 2020

<table>
<thead>
<tr>
<th>Years</th>
<th>Target ART (All)</th>
<th>Target ART Coverage (All)</th>
<th>Male Target</th>
<th>Coverage Male</th>
<th>Female Target</th>
<th>Coverage Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>211,600</td>
<td>46%</td>
<td>70,533</td>
<td>36%</td>
<td>141,067</td>
<td>53%</td>
</tr>
<tr>
<td>2017</td>
<td>262,200</td>
<td>57%</td>
<td>87,400</td>
<td>45%</td>
<td>174,800</td>
<td>66%</td>
</tr>
<tr>
<td>2018</td>
<td>312,800</td>
<td>68%</td>
<td>125,120</td>
<td>64%</td>
<td>187,680</td>
<td>71%</td>
</tr>
<tr>
<td>2019</td>
<td>363,400</td>
<td>79%</td>
<td>145,360</td>
<td>74%</td>
<td>218,040</td>
<td>82%</td>
</tr>
<tr>
<td>2020</td>
<td>414,000</td>
<td>90%</td>
<td>165,600</td>
<td>85%</td>
<td>248,400</td>
<td>94%</td>
</tr>
</tbody>
</table>
Treatment Trends in Cote d’Ivoire
Ambitious Plan for Program Expansion in FY16-18

TX_NEW_DSD
New on ART

TX_CURR_DSD
Current on ART

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Aggressive Expansion of Treatment Planned for Scale-up Districts

Projected Growth in Treatment

- APR 16: 26,163
- FY 17 Expected: 51,152
- FY 18 Target: 93,419

Sustained
Aggressive Scale up
Saturation

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

Target ART (All)  Unmet Need All  Target ART Coverage (All)

- 2017: 57%
- 2018: 68%
- 2019: 79%
- 2020: 90%

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Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020 (Male)
Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020 (Female)
Reaching viral suppression
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Viral Load Access Cascade

FY15: 21,000
FY16: 49,341
FY17: 135,900
FY18: 21,000

Percent of Access:
- FY15: 34%
- FY16: 60%
- FY17: 73%
- FY18: 75%

Achievement:
- FY15: 0%
- FY16: 10%
- FY17: 20%
- FY18: 30%

Expon. (Percent of Access):
- FY15: 0%
- FY16: 10%
- FY17: 20%
- FY18: 30%

Current on Treatment

Viral load Target

Achievement

Percent of Access

Expon. (Percent of Access)
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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**
- **Robust community platform** to respond to multiple needs of children and families infected and affected by HIV.
- **Links transversally** to PMTCT, HTS, prevention, care and treatment programs

**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

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

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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
### Key populations: Proposed FY18 targets

<table>
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<tr>
<th>SNU Priority</th>
<th>MSM</th>
<th>FSW</th>
<th>Total</th>
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<tr>
<td>ScaleUp Sat</td>
<td>6,886</td>
<td>31,929</td>
<td>38,815</td>
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<tr>
<td>ScaleUp Agg</td>
<td>6,292</td>
<td>19,297</td>
<td>25,589</td>
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<td>Sustained</td>
<td>2,060</td>
<td>12,558</td>
<td>14,618</td>
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<td><strong>Total FY18 targets</strong></td>
<td><strong>15,238</strong></td>
<td><strong>63,784</strong></td>
<td><strong>79,022</strong></td>
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</tbody>
</table>
Key Population Strategies

- Training for KP Friendly/Competent Services
- 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

• Hot Spots
• Micro-mapping
• Size Estimation
• PHIA

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Men’s Strategy
**FY17 Q2 – First and Second 90 Coverage by Age Band and by District**

<table>
<thead>
<tr>
<th>District</th>
<th>FY17_Q2 Diagnosed</th>
<th>FY17_Q2 Diagnosed Male &lt;15</th>
<th>FY17_Q2 Diagnosed Male 15-24</th>
<th>FY17_Q2 Diagnosed Female &lt;15</th>
<th>FY17_Q2 Diagnosed Female 15-24</th>
<th>FY17_Q2 On ART Male &lt;15</th>
<th>FY17_Q2 On ART Male 15-24</th>
<th>FY17_Q2 On ART Female &lt;15</th>
<th>FY17_Q2 On ART Female 15-24</th>
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<tr>
<td>Abengourou</td>
<td>86%</td>
<td>73%</td>
<td>24%</td>
<td>59%</td>
<td>74%</td>
<td>88%</td>
<td>111%</td>
<td>48%</td>
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<tr>
<td>Abobo-Est</td>
<td>177%</td>
<td>135%</td>
<td>50%</td>
<td>123%</td>
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<td>172%</td>
<td>230%</td>
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<td>Abobo-Ouest</td>
<td>115%</td>
<td>90%</td>
<td>39%</td>
<td>79%</td>
<td>94%</td>
<td>118%</td>
<td>148%</td>
<td>70%</td>
<td>59%</td>
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<tr>
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<td>81%</td>
<td>79%</td>
<td>23%</td>
<td>56%</td>
<td>74%</td>
<td>82%</td>
<td>104%</td>
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<tr>
<td>Bouafle</td>
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<td>92%</td>
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<td>73%</td>
<td>80%</td>
<td>104%</td>
<td>133%</td>
<td>65%</td>
<td>82%</td>
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<tr>
<td>Bouake-Sud</td>
<td>75%</td>
<td>56%</td>
<td>21%</td>
<td>52%</td>
<td>63%</td>
<td>75%</td>
<td>97%</td>
<td>53%</td>
<td>26%</td>
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<tr>
<td>Cocody-Bingerville</td>
<td>141%</td>
<td>107%</td>
<td>42%</td>
<td>98%</td>
<td>105%</td>
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<td>184%</td>
<td>79%</td>
<td>103%</td>
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<tr>
<td>Dabou</td>
<td>105%</td>
<td>88%</td>
<td>46%</td>
<td>74%</td>
<td>90%</td>
<td>100%</td>
<td>135%</td>
<td>47%</td>
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<td>88%</td>
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<td>144%</td>
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<td>Issia</td>
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<td>75%</td>
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<td>71%</td>
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<td>70%</td>
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<td>67%</td>
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<td>107%</td>
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<td>60%</td>
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<tr>
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<td>79%</td>
<td>77%</td>
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<td>45%</td>
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<tr>
<td>Treichville-Marcory</td>
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<td>157%</td>
<td>72%</td>
<td>148%</td>
<td>161%</td>
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<td>268%</td>
<td>194%</td>
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<tr>
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<td>76%</td>
<td>32%</td>
<td>63%</td>
<td>75%</td>
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<td>Yopougon-Ouest-Songon</td>
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<td>105%</td>
<td>130%</td>
<td>149%</td>
<td>197%</td>
<td>88%</td>
<td>81%</td>
</tr>
</tbody>
</table>

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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

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Commodities
## Key Decisions: Commodities

<table>
<thead>
<tr>
<th>Commodities Category</th>
<th>COP 16 Investment</th>
<th>COP 17 Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds (1st line ARVs, CTX)</td>
<td>$16,123,185</td>
<td>$9,147,826</td>
</tr>
<tr>
<td>RTKs and Lab reagents</td>
<td>$10,938,994</td>
<td>$5,950,806</td>
</tr>
<tr>
<td><strong>Total Budget</strong></td>
<td><strong>$27,062,179</strong></td>
<td><strong>$15,098,632</strong></td>
</tr>
</tbody>
</table>
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HIV Commodities Investments

- Actual 2016 Procurement
- 2017 Supply Plan
- 2018 Supply Plan

- PEPFAR
- Global Fund
- GoCI
- % PEPFAR
- % GOCI

$0 - $60,000,000
0% - 70%

2016 Procurement:
- PEPFAR: 24%
- Global Fund: 14%
- GoCI: 57%

2017 Supply Plan:
- PEPFAR: 47%
- Global Fund: 54%
- GoCI: 57%

2018 Supply Plan:
- PEPFAR: 26%
- Global Fund: 26%
- GoCI: 57%
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!