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# 2017 Country/Regional Operational Plan Approval Meeting

## Dominican Republic

OUTBRIEF  
March 16, 2017





# Outline

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## **BACKGROUND AND CONTEXT**

- **Epidemiologic data and programmatic results to date**
- **Investment profile**
- **Stakeholder Engagement in COP/ROP process**
- **Policy Status and Gap Analysis**
- **PEPFAR-Supported Results**

## **PEPFAR COP/ROP 2017**

- **Goal Statement**
- **Overview of Strategic Outcomes**
- **Overview of budget and targets**

## **DOMINICAN REPUBLIC STAKEHOLDERS**

- **Updates from Government of Dominican Republic**
- **Feedback from stakeholders**





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# BACKGROUND AND CONTEXT

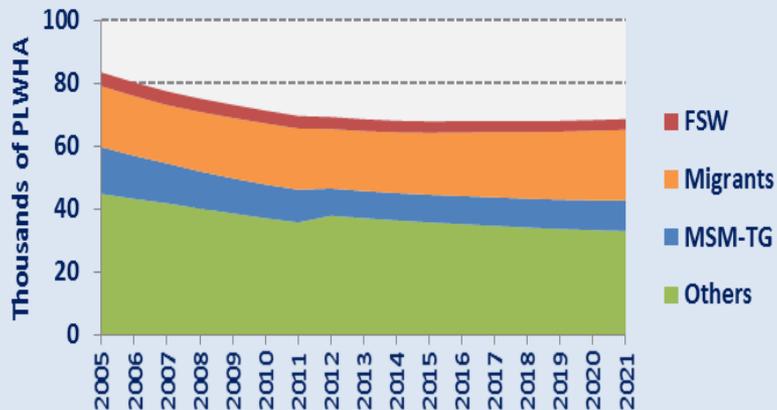




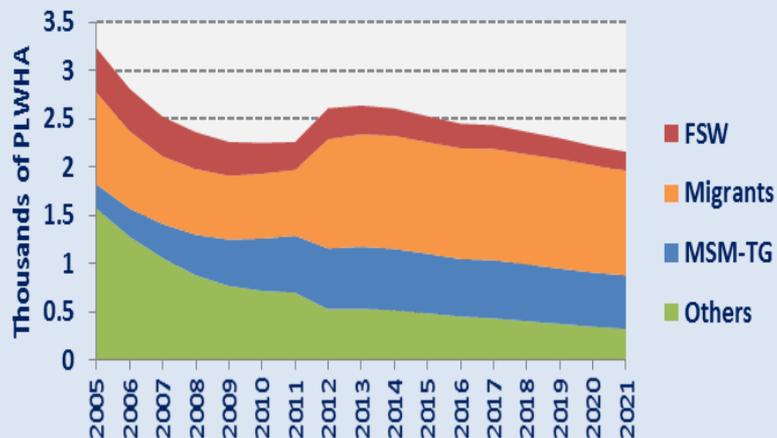
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# Trends in Prevalence and Incidence

PLWHA in Dominican Republic



New HIV infections in Dominican Republic



Population	Estimated Prev
FSW	1.7% - 6.3%
MSM	3.9% - 6.9%
Migrants	4.9% - 6.6%

Source: Spectrum 2016, IBBS 2012





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# KP/PP PLHIV Burden by Province

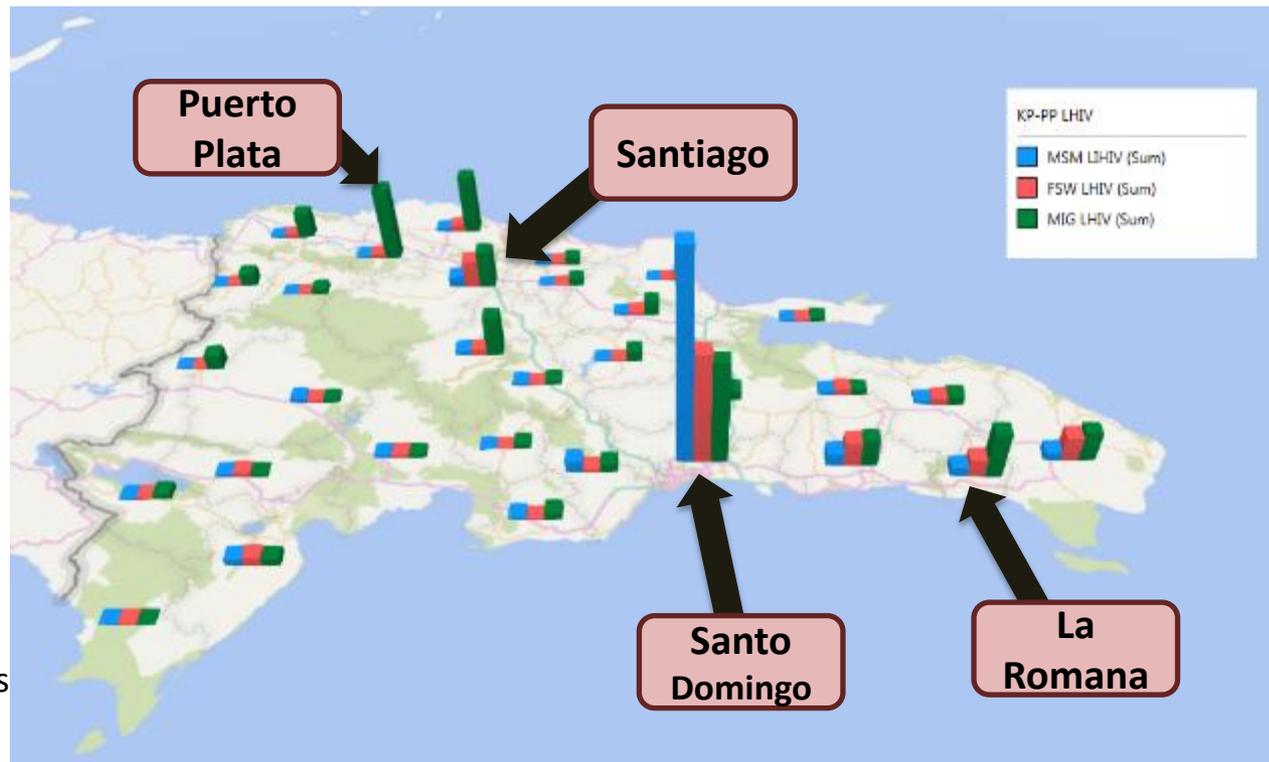
## FY14-18 Provincial Rationalization

FY14 - 27 provinces

FY15 - 16 provinces

FY16 - 6 provinces

FY17/18 - 4 provinces

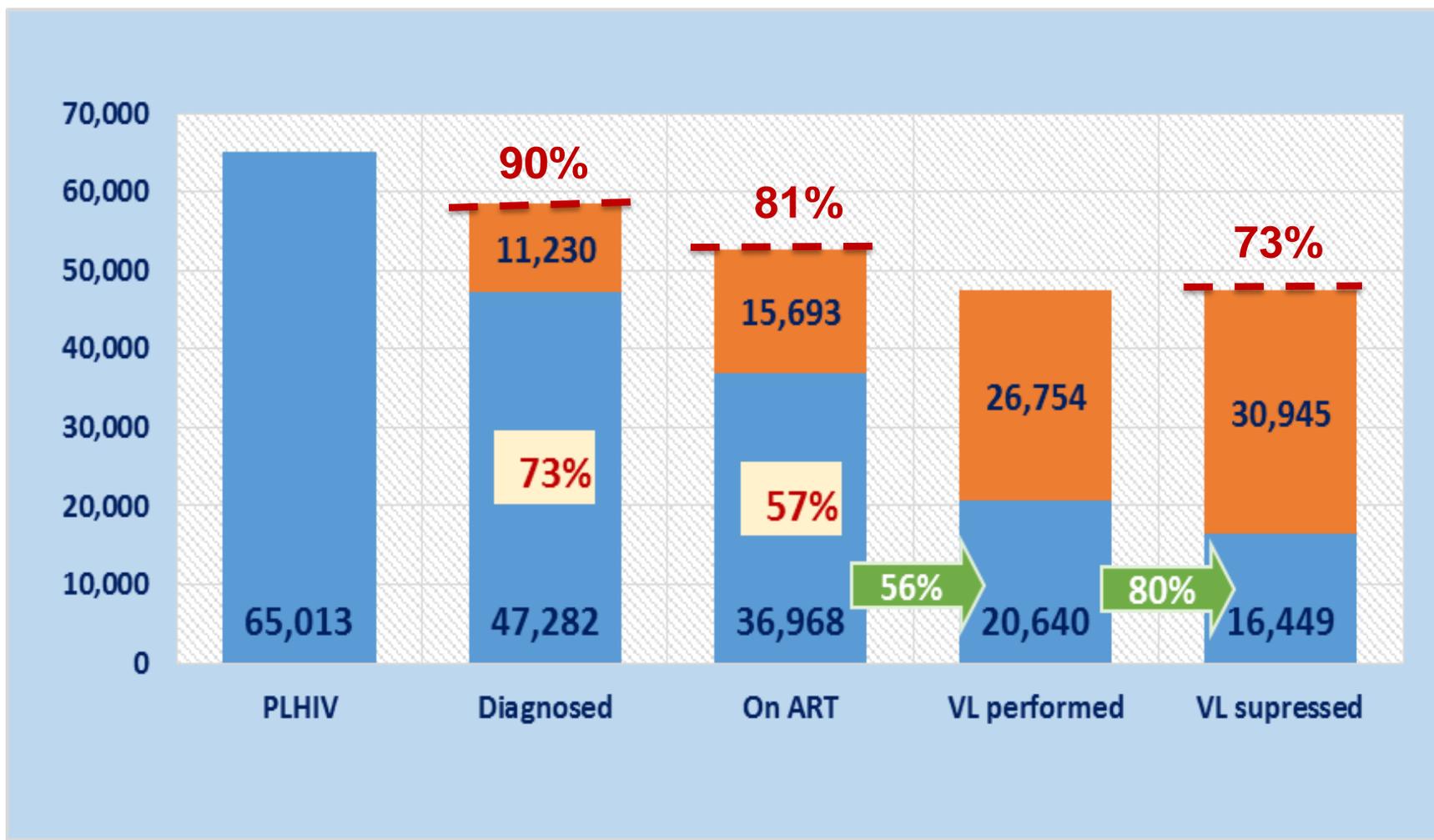


**SOURCE:** Migrants (ENI 2012, DHS 2013), & MSM / FSW (Place 2014 & CONAVIHSIDA 2015, IBBSS 2012)





# Dominican Republic National Clinical Cascade



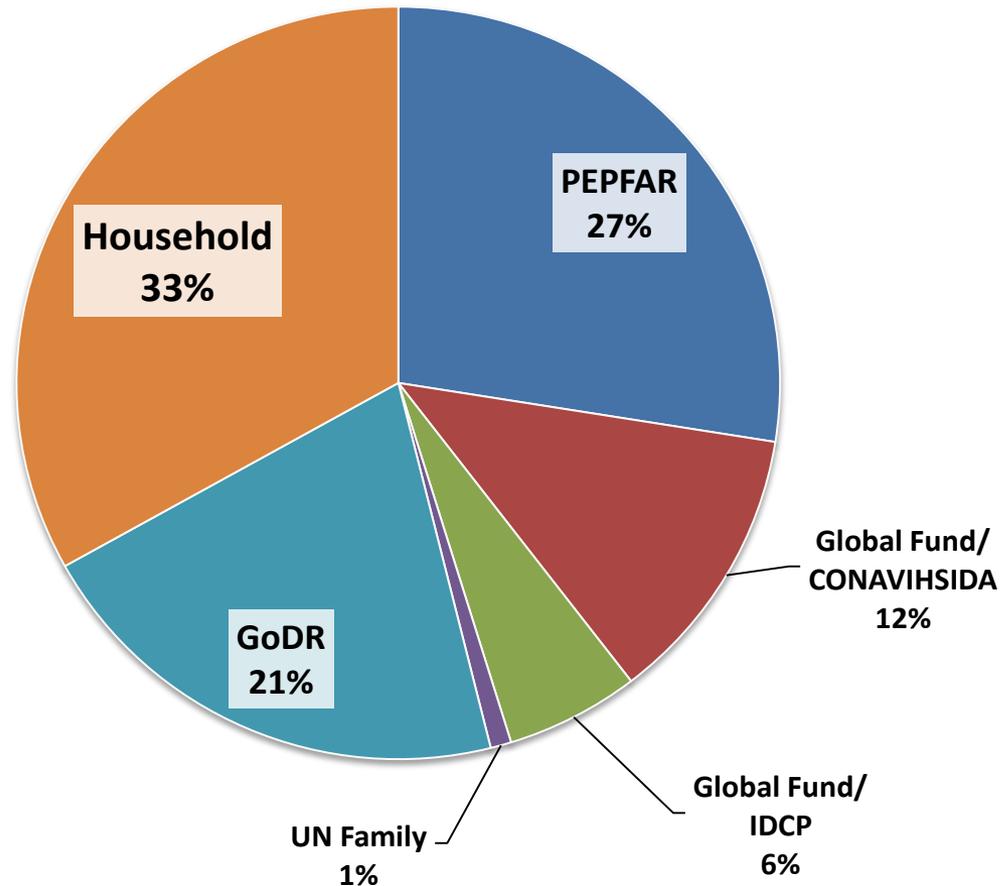
Source: PLHIV based in Spectrum for 2017, Diagnosed based in DHS 2013 and ART and VL based on HPMS 2016





# Sustainability - Investment Profile

HIV Expenditures by Funding Source,  
PORTIA/UNAIDS 2014 (unpublished)



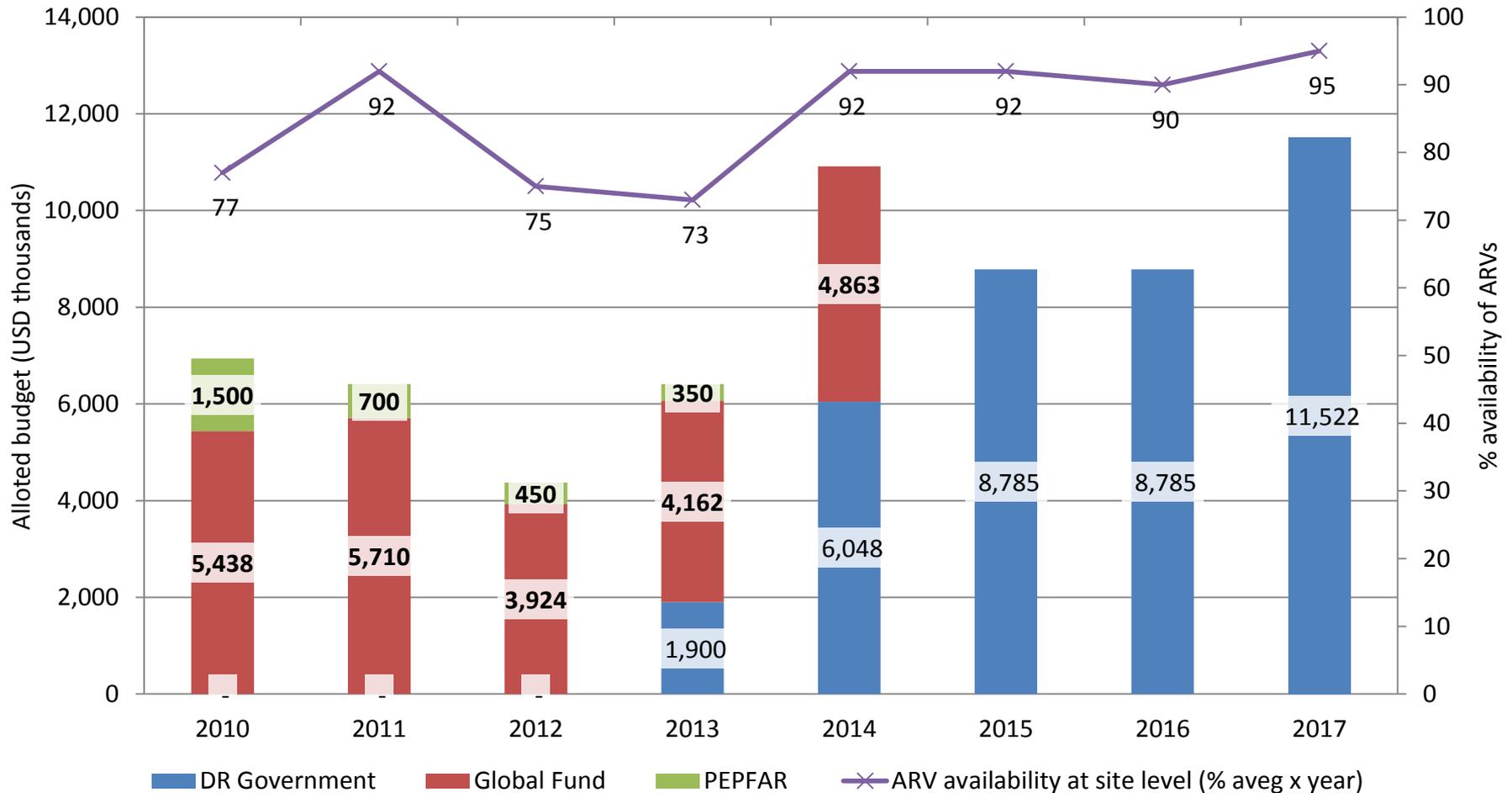
MEGAS 2012: 50.0% international cooperating agencies; 25.9% households; 24.1% government





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# Sustainability – HIV Commodity Procurement



Source: SIAPS Project, 2017





# Advancing PEPFAR-Global Fund Collaboration

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## Key Areas

1. Commit to project coordination and planning
2. Share and align data reporting
3. Map geographic activities
4. Provide GF sub-recipients with HTS and linkage technical assistance
5. Document and share KP best practices

## MOU for Collaboration (Jan 2017)





# Stakeholder Engagement Core Themes

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## Policy

- Current Policy Guidelines / Test and START
- Domestic resource mobilization
- PrEP
- Facilitate enhanced civil society engagement

## Services

- Need for new testing modalities
- Differentiated models of care
- HRH and addressing stigma & discrimination

## Systems

- Supply chain
  - Comprehensive information system, including KP/PP tracking
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# PEPFAR/DR FY 2017 Q1 Results



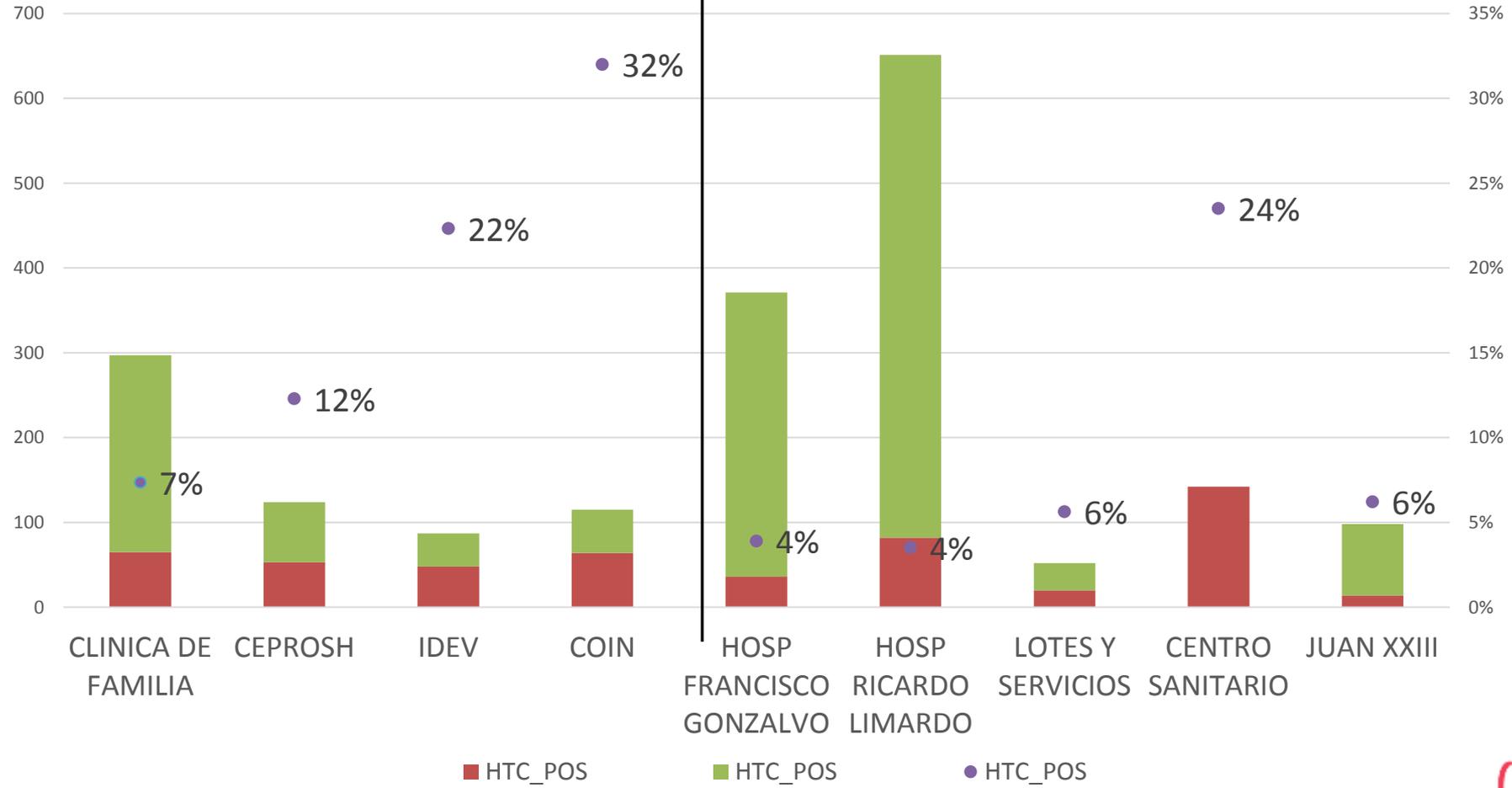


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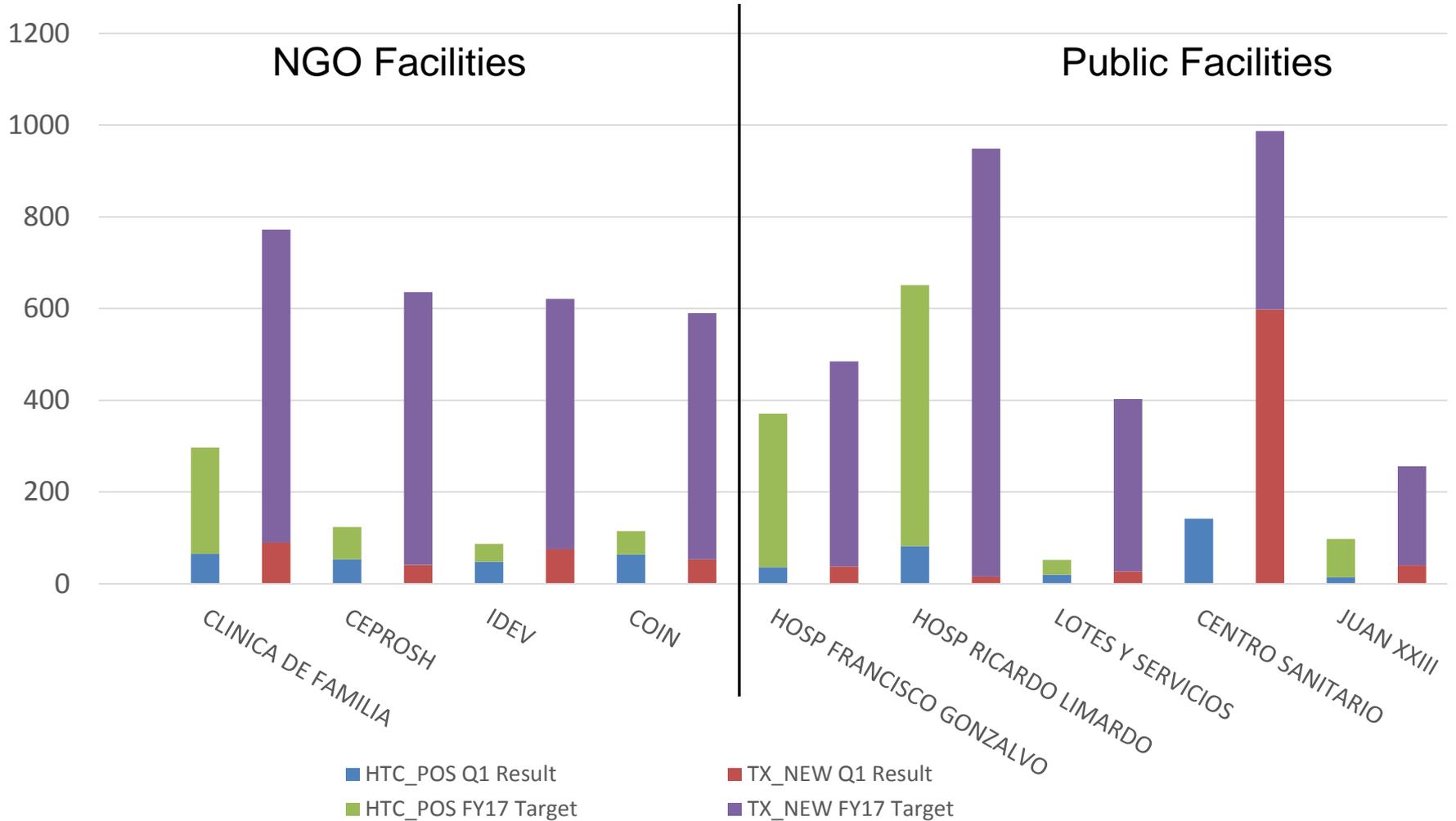
# FY17 HTC\_POS Targets, Q1 Results and Yield

## NGO Facilities

## Public Facilities

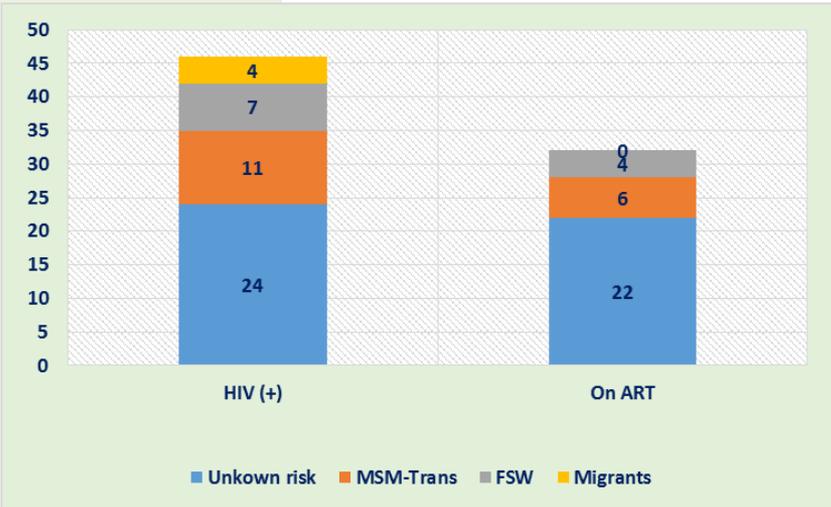
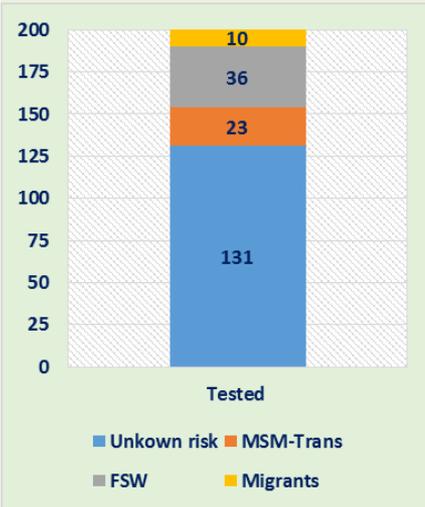


# HTC\_POS, TX\_NEW FY17 Targets and Q1 Results





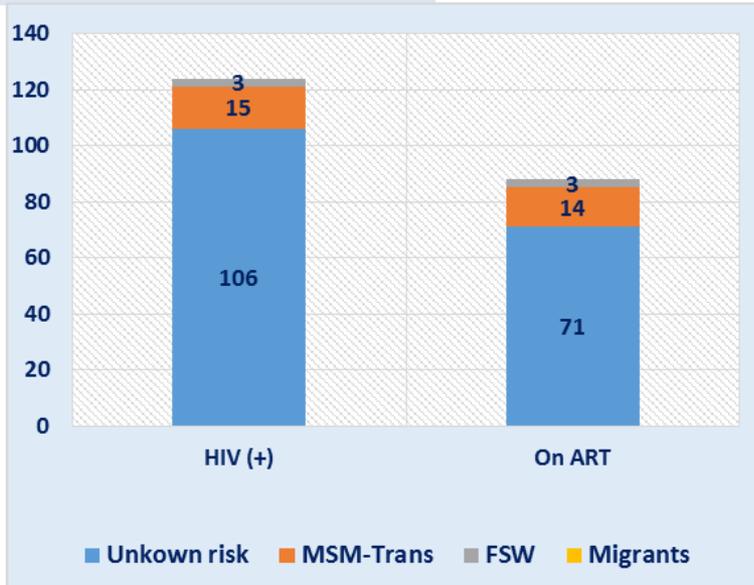
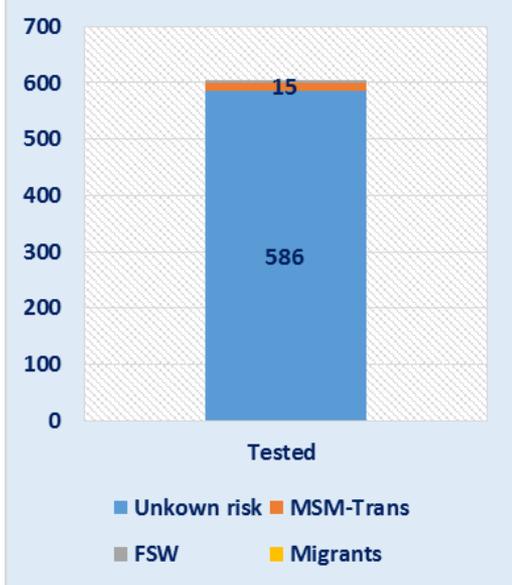
## COIN: Q1 HIV Clinical Cascade



NGO

Linkage  
~70%

## Centro Sanitario: Q1 HIV Clinical Cascade



Public





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# PEPFAR/DR COP 2017





# DR COP 2017 Strategy

**Goal:** Strengthen GODR's efforts to achieve epidemic control

**SO1:** Implement KP/PP service delivery models (NGO twinning and mobile clinics)

**SO2:** Provide TA to GODR to: 1) strengthen laboratory capacity to increase access to VL testing to 90%; 2) support commodities forecasting and supply chain management; and 3) build capacity and support training in human resources for health

Document efficient service delivery models for KP/PPs  
Improve HTS yield through different testing modalities  
Improve linkage to treatment  
Implement differentiated models of service delivery

Accelerate implementation of universal Test and Start  
Reduction in stigma & discrimination and GBV  
Build workforce capacity to provide quality services to KP/PPs  
Establish comprehensive HIV information system to track KP/PP cascades  
Supply chain strengthening  
Cost service delivery models

Ensure commodity availability and sustained 100% domestic financing of HIV commodities  
Scale-up of viral load testing

# Structured Plan for Twinning Model

## NGO (4)



### Mentorship Package

- Clinical training
- KP/PP specific packages
- Sensitization and KP competency training
- QI plans
- Coordinating CSO relationships
- Structural interventions to make facility more KP-friendly

## Public Facility (5)



### Key Clinical Services

- Test & START
- Different models of care
- TB/STI screening
- Condom distribution
- Population-specific services
- Stigma-free services
- QI
- GBV screening, treatment, and referral
- KP/PP peer navigators
- Special/extended hours

## Community Prevention and CBHTS



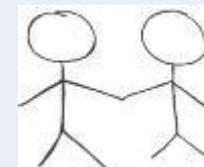
## CBOs/Promoters



Peer support group



Tracking lost-to-follow-up



Accompanied referrals to psycho-social services

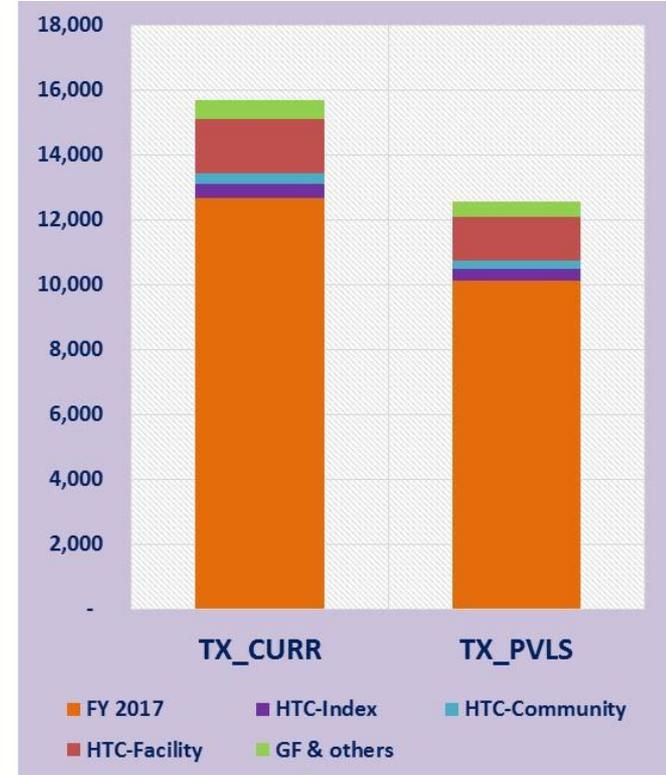
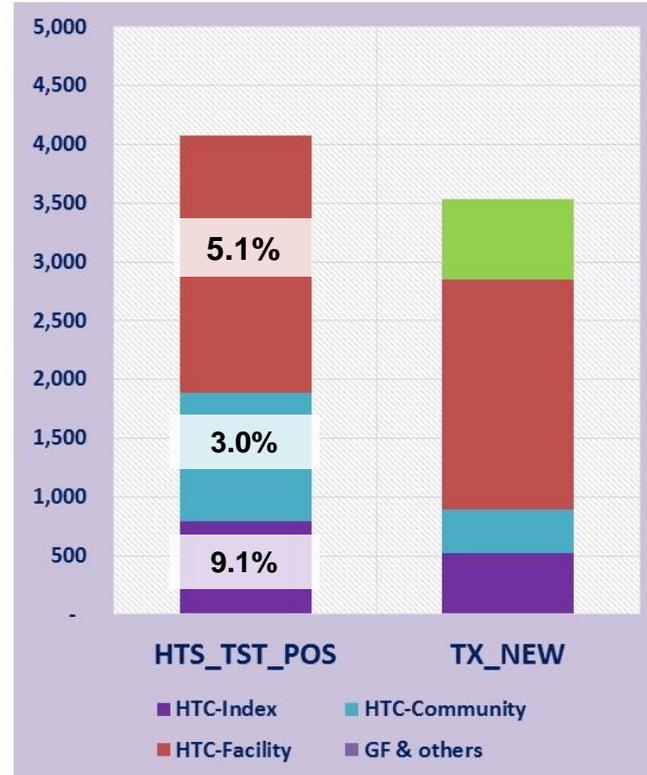
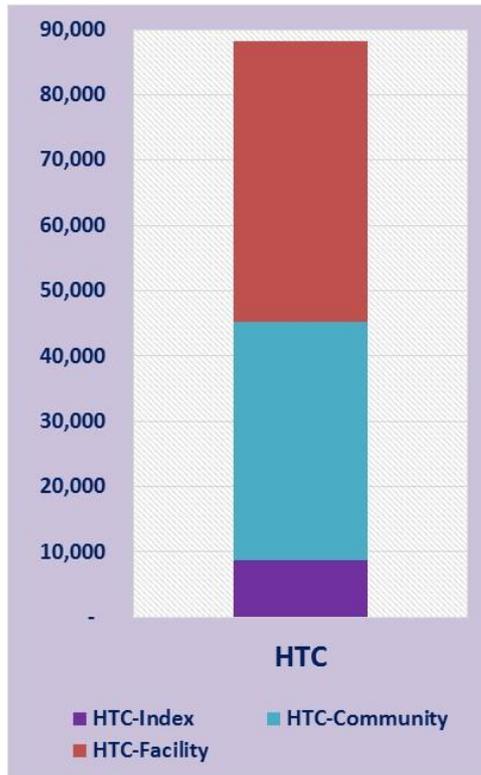


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# FY 2018 Clinical Cascade Targets by Source

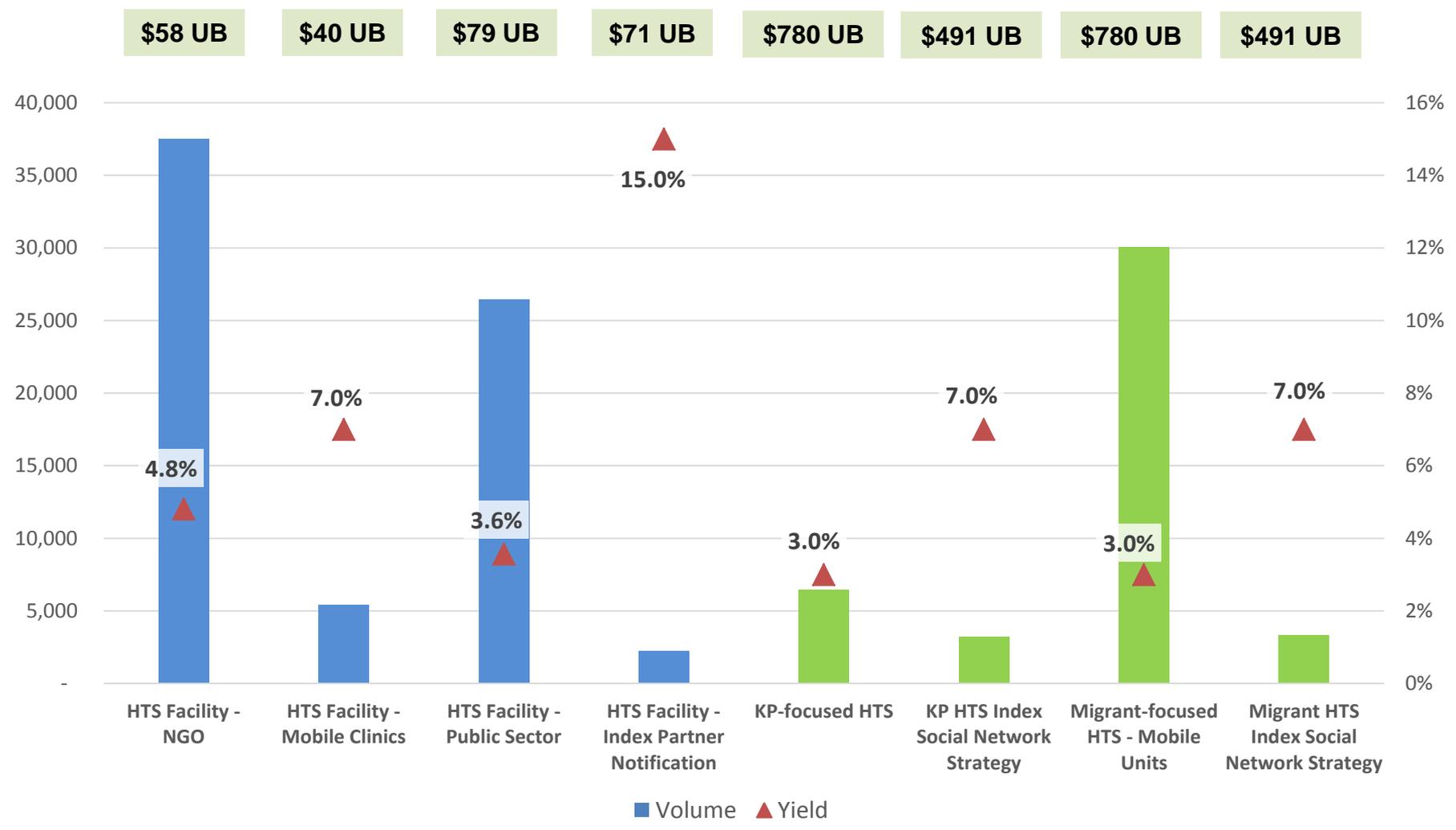
Linkage: Facility 90% Facility; Community 80%; GF 50%; Index 100%

82-90% Retention      80% of eligible tested; 85% suppressed





# FY 2018 HTC Volume, Yield and Unit Budget per Positive by Modality





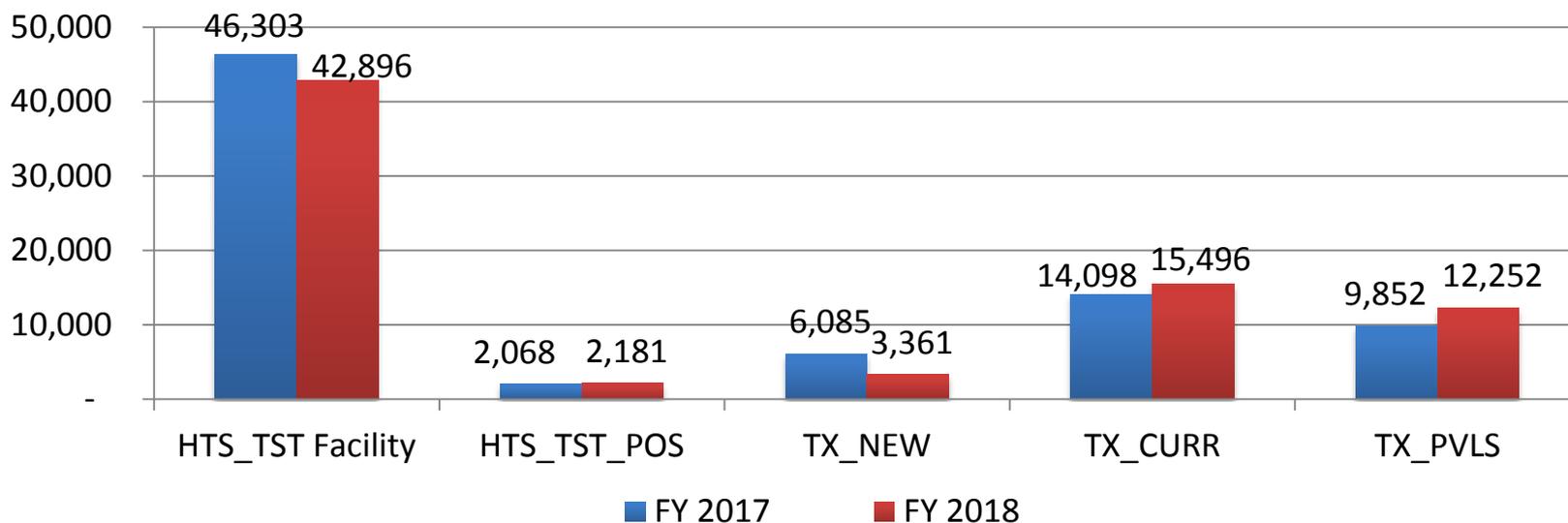
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# COP16-17 Target Comparison

COP	HTC Facility	HTC_POS Facility	HTC Comm	HTC_POS Comm	HTC Index	HTC_POS Index
COP16 Targets	38,013	1,907	48,959	2,448	2,652	252
COP17 Targets	42,896	2,181	51,660	1,550	1,828	275

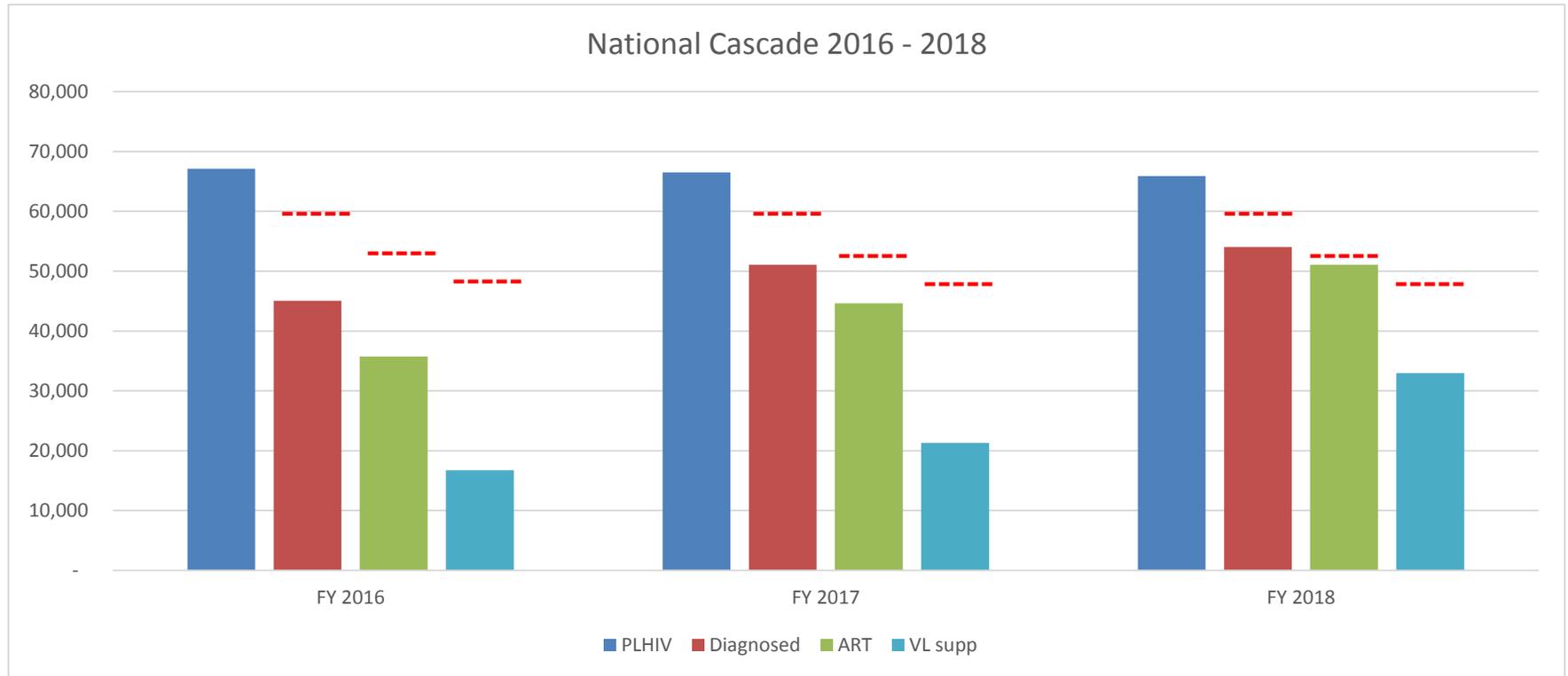
COP	TX NEW	Net New	TX CURR	TX RET	TX PVLS
COP16 Targets	6,087	3,639	14,861	7,458	9,418
COP17 Targets	3,321	1,398	15,463	15,275	12,209

## COP16/FY17 - COP17/FY18 Facility Cascade Comparison





# National cascades: projections with PEPFAR support for Test and START

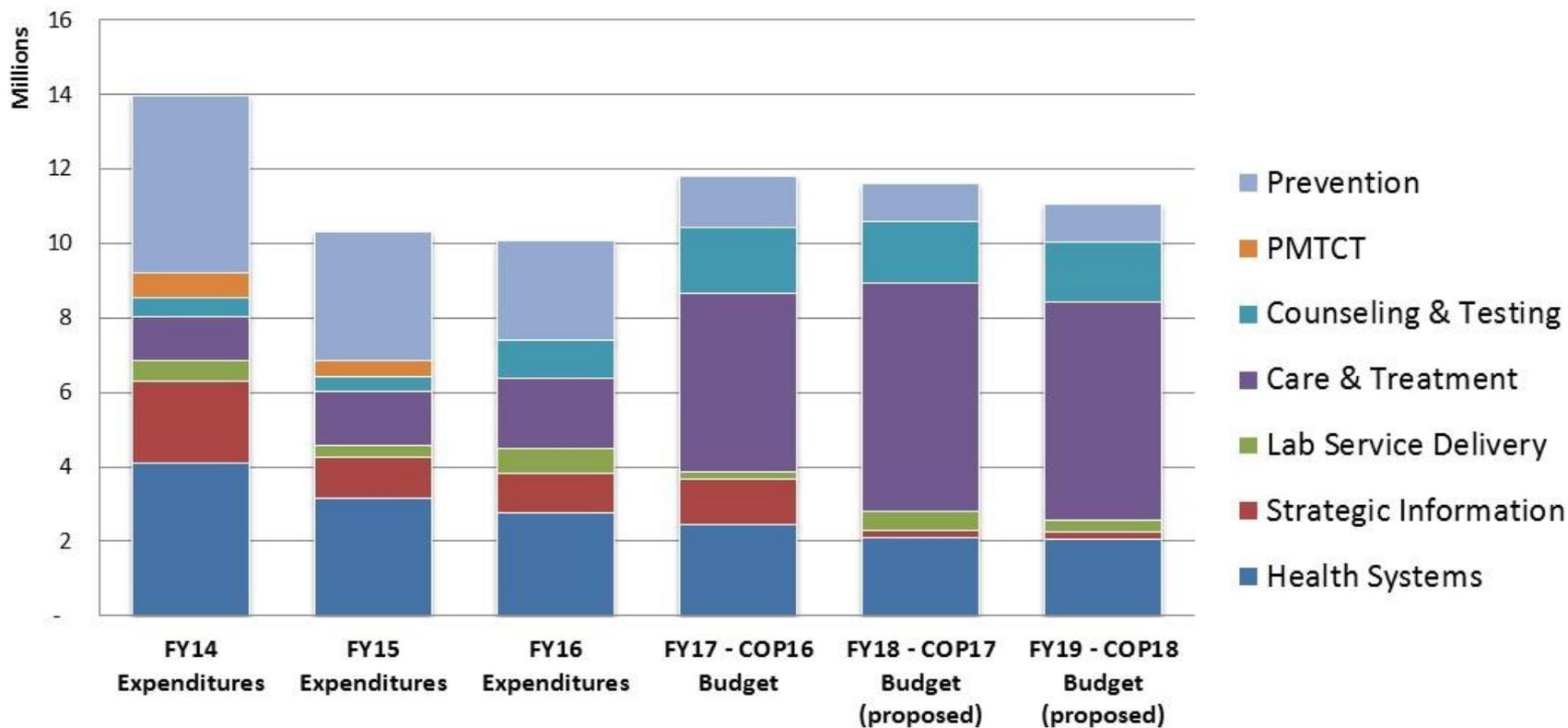




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# Expenditure and Budget Trend, FY14-19

## FY14-16 Expenditures and FY17-19 Budgets by Program Area





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# Dominican Republic Stakeholders





# Updates from the Dominican Republic

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Country progress and political commitment towards accelerating achievement of 90-90-90



GoDR took over ARV procurement and increased domestic commodity funding by \$3 million in 2017



Gratitude for PEPFAR's collaboration and contribution to the initiation of Test & START at 11 sites (on October 1, 2016)



GoDR commitment to scaling Test & START



The results from PEPFAR's models serve to inform the national HIV response and scale-up





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iGracias!

