Ghana
COP17 Outbrief
March 16, 2017
Presentation Outline

- Background & Context
- Overview of PEPFAR Ghana Program
- Strategic Outcome #1
- Strategic Outcome #2
- Partner Management & Quality Improvement
- COP17 Targets & Budgets
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Background & Context

Goal statement, epidemiologic data, & policy update
Goal Statement

The **overarching goal of PEPFAR Ghana** is to work collaboratively with key stakeholders such as the Government of Ghana (GoG), the Global Fund to fight AIDS, Tuberculosis, and Malaria (GF), JUTA, and civil society organizations (CSOs) to **achieve epidemic control in Ghana.**
Ghana: PLHIV AND HIV Prevalence (%)
Ghana: Epidemiologic Context

- Estimated population - 28,308,301
- GINI index of 42.3
- GNI of $1,480 (2015)

2015 Population Prevalence 1.6%

- FSW Prevalence 2011 – 11%
  - 2015 - 7%

- MSM Prevalence 2011 – 17.5%
  - 2017 - TBD

- 2015 Estimated PLHIV 274,562 (18,577 Children)
- 2015 Estimated New Infections 12,803 (2,197 Children)
- Annual AIDS Deaths 12,646 (1,423 Children)

In 2015, the Government of Ghana (GoG) spent 3.6% of GDP on health expenditures
Ghana: Treat All Targets and Trajectory

- 2015: 274,562 PLHIV
  - 20,491 newly initiated
- 2016: 272,092 PLHIV
  - 222,395 2nd 90 Benchmark
  - 100,665 Currently on Treatment Targets
- 2017: 269,619 PLHIV
  - 220,395 2nd 90 Benchmark
  - 112,464 Currently on Treatment Targets
- 2018: 268,262 PLHIV
  - 218,391 2nd 90 Benchmark
  - 130,665 Currently on Treatment Targets
- 2019: 266,651 PLHIV
  - 217,292 2nd 90 Benchmark
  - 155,447 Currently on Treatment Targets
- 2020: 264,660 PLHIV
  - 214,375 2nd 90 Benchmark
  - 212,660 Currently on Treatment Targets

- 2015: 81,988 Target for 2nd 90
- 2016: 100,665 Target for 2nd 90
- 2017: 130,665 Target for 2nd 90
- 2018: 155,447 Target for 2nd 90
- 2019: 181,947 Target for 2nd 90
- 2020: 212,660 Target for 2nd 90

- Target: 37% Coverage 2016
- Target: 80% Coverage 2020
Elections held, new party in leadership, with a new Minister of Health

GOG approved 2017 Budget allocates $81 million for health, $14.4 million for HIV exclusively

2017-2019 GF Allocation for submission on May 2017 is $66 million for HIV for three years
Treat All Milestones

- **Treat All implementation** started in 4 priority regions in October 2016 & will start in all regions June, 2017

- **Treat All Policy Launched as part of NSP 2016-2020**
  - September 2016

- **High Impact Models of care implemented nationally via stakeholder SOPs ART Treatment Guidelines**
  - Developed and Approved
  - September 2016

- **Treat All started in Four Priority Regions**
  - October 2016

- **Task Sharing Guideline Developed; and currently at approval stage**
  - December 2016

- **Signing of PEPFAR MoU to provide $23.7M supplemental funding support to GoG**
  - November 2016

- **• Initial order for $4.2 million in ARVs has been placed**

- **• Expected confirmed purchase of $3.2 million in ARVs by GoG by April 2017**

- **• Draft Viral Load Scale-Up Plan completed**
# Ghana Investment Profile (2015)

<table>
<thead>
<tr>
<th>NSP Intervention Area</th>
<th>Total</th>
<th>% PEPFAR</th>
<th>% GF</th>
<th>% GOG + Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>$8,898,079</td>
<td>26%</td>
<td>26%</td>
<td>48%</td>
</tr>
<tr>
<td>Care and treatment</td>
<td>$19,437,374</td>
<td>4%</td>
<td>29%</td>
<td>67%</td>
</tr>
<tr>
<td>Orphans and vulnerable children (OVC)</td>
<td>$104,087</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Programme management and administration</td>
<td>$5,826,458</td>
<td>16%</td>
<td>12%</td>
<td>72%</td>
</tr>
<tr>
<td>Human resources</td>
<td>$1,388,562</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Social protection and social services (excluding OVC)</td>
<td>$394,467</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Enabling environment (HHS)</td>
<td>$5,798,850</td>
<td>51%</td>
<td>45%</td>
<td>4%</td>
</tr>
<tr>
<td>HIV/AIDS related Research (SI)</td>
<td>627,914</td>
<td>82%</td>
<td>-</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$42,475,791</strong></td>
<td><strong>$7,573,972</strong></td>
<td><strong>$11,181,717</strong></td>
<td><strong>$23,720,102</strong></td>
</tr>
</tbody>
</table>

Based upon GF/PEPFAR expenditures; *Assumptions based upon NASA 2014 data
Stakeholder Engagement

Process:
• Held 6 sessions with key stakeholders including GoG, CSO, IPs, Global Fund, WHO and UNAIDS

Outcomes for COP17/18:
• Provide training to CSOs to improve their advocacy skills on key HIV issues
• Engage with a broader network of CSOs participating in the UNAIDS CSO HIV forum & CCM
• GF and USG alignment
Overview of PEPFAR Ghana Program
PEPFAR Ghana Program at a Glance

**Site-Level Support**

- $XXM funding

**TA for 10 Model ART Sites**
- Support high quality ART, VL
- Ensure optimal standard of care and serve as model ART sites
- Develop SOPs & best practices for export to all 245 ART sites in Ghana

**Key Populations Programming**
- Develop KP-friendly models of care
- Drop-in centers
- HIV Prevention
- HIV testing & linkage to ART

**Above-Site Support**

- $XXM funding

**Systems Strengthening**
- MOU with GOG
- Strategic information & data systems
- Supply chain systems strengthening
- Laboratory systems strengthening including HIV rapid test proficiency testing, VL scale-up and QA/QI

**Policy & Guidance**
- Support for national guidelines
- Develop policies, tools, SOPs, and training materials based on lessons learned from the 10 model ART sites & KP programming
Above-Site and Site-Level Collaboration

**Above-Site**
- NACP, GAC, USG: Cascade monitoring via eTracker, GKPUIS
- GHSC/PSM: Manage private sector storage, warehouse, & distribution system; monitor stock & consumption data

**Site**
- NACP: Monitoring site level PT data
- NACP: National guidelines, tools, SOPs for DMOC & patient LTFU tracking system
- NACP: Baseline assessment of DMOC elements; targeted TA for DMOC
- EQUIP (10 sites): Implementation of DMOC & patient LTFU tracking system
- EQUIP (10 sites): Maximize VL results for patient management; monitoring VL coverage and suppression through facility-based dashboards
- GHSC/PSM: Stock distribution to sites based on pull system; monitor stock & consumption data
- NACP, GAC, USG: Monthly & quarterly reviews of cascade data

**Key Milestones**
- **2016 ART coverage=37%**
- **2018 ART coverage=58%**
- **2019 ART coverage=68%**

**Actions**
- Dissemination of best practices & expansion of high-quality ART services nationwide
- Timely & efficient delivery of commodities
- Accurate & timely quantification & forecasting
- Consistent monitoring of progress toward 90-90-90
- High-quality data use for targeted real-time site-level impact

**Primary Objectives**
- A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Moved Forward, Going Further

**PEPFAR’s Vision:** Support GoG to achieve epidemic control by 2020 alongside key stakeholders

### COP 16

**Focused On**
- Achieving the 1st & 2nd 90
- Supported key systems strengthening activities needed to support 3rd 90

**Addressed Critical Gaps**
- **ARV Shortage** by securing approval for one-time supplemental funding for $23.7M in ARVs and essential commodities
- **Signed MoU** between USG & GoG – mutual commitment to HIV care and treatment

### COP 17 & 18

**Continue to Work Across Treatment Cascade**
- To address gaps
- Support model sites and strengthen existing programs to maximize impacts, efficiency and inform national level programming

**#SO 1: Support of ART Coverage & High Quality Service Delivery**
- Support for site-level TA at 10 model health facilities; export best practices to other ART sites nationally
- Strategic Information
- Laboratory & VL suppression
- Gender integration
- Supply chain management

**#SO 2: Develop and Scale-up of Successful Models for Key and Priority Population Service Delivery**
- Case managers
- Social network testing
- Peer navigators
- Drop-in centers

**Cross-cutting Activities**
- Reduction of Stigma and Discrimination, Gender Integration, and Supply Chain Management
## COP Revisions Made Since Monday (1)

<table>
<thead>
<tr>
<th>Revision</th>
<th>Result</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removed HIV DR survey</td>
<td>Additional support to E-Tracker</td>
<td>• Strong national data systems allow capture of 90-90-90</td>
</tr>
<tr>
<td>Refine site level TA approach</td>
<td>Reduced total # of sites supported in order to develop core package of support in 10 sites. GF agreed to fund remaining 10 sites</td>
<td>• Accountability documented for MOU funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality improved and measured through standard benchmarks</td>
</tr>
<tr>
<td>Removed NGO capacity building</td>
<td>Additional support to site level TA (EQUIP)</td>
<td>• Accountability documented for MOU funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality improved and measured through standard benchmarks</td>
</tr>
<tr>
<td>Additional savings from existing</td>
<td>Focus program on strategic outcomes and impact (added sites)</td>
<td>• Accountability documented for MOU funding</td>
</tr>
<tr>
<td>mechanisms</td>
<td></td>
<td>• Quality improved and measured through standard benchmarks</td>
</tr>
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## COP Revisions Made Since Monday (2)

<table>
<thead>
<tr>
<th>Revision</th>
<th>Result</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| Reduced overall FSW targets and aligned geographic scope with Global Fund. Harmonized comprehensive package of KP services | USG support to 10 districts for FSW, GF support to 5 districts, 1 with joint support (Greater Accra) | • Unified package of services with national ownership  
• Greater efficiency of donor investments |
| Reduce and revise DOD program based on SABERS study | Focus on core prevention and stigma and discrimination | • Maintain low prevalence in GAF  
• Ensure PLHIV in GAF have access to high quality care  
• Accra Military Hospital included in site level support |
| Coordinate stigma and discrimination activities | Align DOD and USAID approaches, focus on implementation rather than research | • Stigma and discrimination mitigated through site level interventions |
| Revise Year 2 Costing Activity | Focus on domestic resource mobilization rather than Test and START costing | • Promote greater government ownership and financing of the HIV response |
Strategic Outcome #1

Support scale-up of quality ART services in Ghana
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

EQUIP: TA Support to 10 Model ART Sites

**Standards of Care at Model Sites**

- **HTS and Linkage to Care**
  - * 90% HIV+ initiated ART
  - * Same day initiation
  - * Max 10 days lapse

- **Retention and Adherence**
  - * 85% new HIV+ & 95% current HIV+ retained ART
  - * Weekly reviews/active tracking to reduce LTFU
    - Multi-month scripts
    - 3-6 mo visit (stable HIV+)

- **Clinical Management & VL Suppression**
  - * 90% HIV+ VL suppressed
  - * 6 mo VL test (new HIV+)
  - * 1 VL test per year
  - * VL >1000 – 3 mo adherence counseling
Monitoring MOU

MOU deliverables include:

• Ensure treatment services are aligned with WHO policy
  ✓ National adoption of Treat All policy; roll-out and implementation started in 4 regions

• Procure commodities
  ✓ GOG has procured 1.5M RTKs to date

• Revise policy, guidelines, and developing SOPs
  ✓ ART guidelines updated to test & start; draft national viral load scale-up plan completed
Monitoring MOU

MOU deliverables include:

• Develop and provide training for service providers
• Support data systems, transparency, and use; quarterly monitoring of results
  ✓ Data sharing agreement in place
• GOG to provide financial support for MoU Cohort on ART (est. 57,531 by 2019)

Please see supplemental slides for more comprehensive list of completed and outstanding deliverables for MOU
Supply Chain Systems: Site & Above-Site

Above-Site processes to get commodities to patients

**Procurement and Data-based Planning**
- Leading commodity forecast using site level data and subsequent supply planning.
- Strengthening the capacity of MOH to procure HIV commodities

**International Delivery of Forecasted Supplies**
- Procure ARVs as per forecasted need.
- Strengthened governance to deliver medicines in a transparent, accountable, efficient and cost-effective manner.

**Warehousing and Transport of ARVs**
- Warehousing the ARVs and transporting ARVs
- Build Warehousing capacity in GOG counterparts, preparing them to take over the supply chain planning

**Data Availability and Data Quality**
- Early warning system though text messaging from site level.
- End-Use Verification – ensure stocks are present and well-managed
- Establish & support the integrated LMIS

**Capacity Building**
- Workforce development for supply chain
- Foster CQI by integrating data-based strategic planning and M&E into the nascent public health supply chain

Site-level work to ensure commodity availability

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Data & Information Management Architecture

**HEALTH INFORMATION EXCHANGE**
**MINISTRY OF HEALTH**

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**DHIMS 2**
Unique IDs generated for Client (based on est. Algorithm)

**FACILITY LEVEL**

**TB E-TRACKER MODULE**
Other Program based modules

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**HIV/AIDS E-TRACKER MODULE**
Case-based monitoring & tracking
Placeholder for GKPUIS

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**STRATEGIC INFORMATION FOR DECISION MAKING**
Reach, Test & Linkage to Care/Tx, Lost to Follow-Up Data Available; and Extracted from DHIMS E-Tracker for Programming and Decision Making

**BASIC LABORATORY INFO. SYSTEM (BLIS)**
Individual Viral Load Testing Data

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**GHANA AIDS COMMISSION (GKPUIS)**
Web based, Accessible by IPs

**COMMUNITY LEVEL**

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**OTHER DATA SOURCES**
Key Surveys, 2nd Analysis, & Cohort Data Analysis

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A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Supporting data use: eTracker

1. Client/Patient Level Information
   - Name of client
   - DOB
   - Gender
   - Contact information for patient
   - Residential address
   - Other demographics

2. Facility Level Information
   - Key facility level information
     - Name of facility
     - ID of facility
     - Location of facility (Region, district, community etc)

Enrollment into HIV services
   - Unique ID assigned (based on established algorithm)
   - Date of enrolment
   - Clinical assessment
   - Laboratory request and results
   - GKPUIS Included with KP referral card from GF or PEPFAR

Initiation date
Start date of regimen
Drug information
Next refill date

Adherence & Retention Monitoring
   - Scheduled appointments
   - Alert on missed appointments
   - Follow-up on clients to prevent lost to follow up
   - Adherence support person contact

Key Take Home
- Age & Gender disaggregated data
- On a routine basis analyze our cohort
- Monitor MOU Requirements
- Link treatment to viral load testing to analyze the cascade

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
3rd 90 Activities

Sample Referral System
- Mapping of 245 ART sites
- Creation of Spokes and Hubs network
- Develop transport methods (for both samples and results)

Testing
- Expand Equipment Testing Capacity
- Improve Supply Chain
- Staff Training
- VL Accreditation

Continuous Monitoring of Targets and Indicators e.g. TX-PVLS TAT

Clinical use of VL Data
- VL results interpretation
- Training
- Develop SOPs
- Assess HIV DR

VL Ordering
- Demand Creation
- Clinician training
- SOPs development
- Logistics

Reporting
- E-tracker
- Use sample transport system to deliver results
Coordinated supply chain partnership:
Policy Advocacy, shared warehouse, joint forecast, joint distribution, LMIS Advisor - programmatic merger.

Coordinated VL activities in Ghana:
GIS Mapping of ART sites to support Hub and Spoke; GF to procure VL reagents; PEPFAR to support VL accreditation; VL Machines leased by GF, and Specimen transport

Coordinated KP programs:
Harmonized KP package of services from January 2018 forward.
Geographic distribution of responsibility (15 districts total: USAID 10 & GF 5)

Coordinated ART Support via EQUIP:
Joint technical assistance for Treat All at the 20 highest case load ART sites.
Strategic Outcome #2

Support high quality services for key populations
PEPFAR Ghana MSM Cascade: FY 14 - FY16

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PEPFAR Ghana FSW Cascade: FY 14 - FY16

<table>
<thead>
<tr>
<th>Year</th>
<th>FSW Reach</th>
<th>FSW Tested</th>
<th>FSW Pos</th>
<th>Initiated to ART</th>
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</thead>
<tbody>
<tr>
<td>FY 14</td>
<td>31%</td>
<td>1.2%</td>
<td></td>
<td></td>
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<tr>
<td>FY 15</td>
<td>65%</td>
<td>4.6%</td>
<td></td>
<td></td>
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<tr>
<td>FY 16</td>
<td>81%</td>
<td>5.5%</td>
<td>35%</td>
<td></td>
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</tbody>
</table>

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PEPFAR Ghana KP Q1 Cascade

**FSW Q1 Achieved**
- Reach: 7,000
- Tested: 5,000
- Positive: 5%
- Initiated on ART: 59%

**MSM Q1 Achieved**
- Reach: 2,500
- Tested: 2,000
- Positive: 4%
- Initiated on ART: 60%

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FY18 KP Targets

<table>
<thead>
<tr>
<th></th>
<th>FSW</th>
<th>MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>18K</td>
<td>8K</td>
</tr>
<tr>
<td>Test</td>
<td>16K</td>
<td>6K</td>
</tr>
<tr>
<td>Positive</td>
<td>2K</td>
<td>2K</td>
</tr>
<tr>
<td>Treat - yield</td>
<td>11.5%</td>
<td>15%</td>
</tr>
</tbody>
</table>

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Partner Management & Quality Improvement
FY 17 Q1 HIV Yield By Testing Modalities

- **Total Yield**: 3.9% VCT, 3.3% Facility, 5.4% Mobile
- **FSW Yield**: 4.2% VCT, 2.8% Facility, 5.7% Mobile
- **MSM Yield**: 4.6% VCT, 4.4% Facility, 2.1% Mobile

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Cost per Positive

Ghana Cost per Positive by Testing Modality (FY16)

- PITC: $119
- VCT: $763
- CBTC: $879

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Ghana FY16 Partner Performance

Ghana FY16 HTC Partner Performance

- **WAPCAS**: $56/+/ve, 5.0% yield
- **Linkages**: $368/+/ve, 8.9% yield
- **Care Continuum**: $916/+/ve, 5.1% yield

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A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

**Models**

- Case managers
- Incentivized Social network testing & social media
- Peer Escort/navigation
- Helpline counseling
- ‘Modified’ directly assisted self testing for MSM
- Drop-in Centers
- ‘Moonlight’ Testing

**Hot Spot Mapping**

![Hot Spot Map]

**Funder at Hotspots (USAID vs GF)**

- **Legend**
  - USAID
  - Global Fund
  - ART Site
  - Non-ART Site

- **Operational Districts**
  - Accra

- **Sources**
  - Source: USAID Strengthening the Care Continuum Project, Ghana, 2017

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**REDACT/REMOVE:** Strategies for improved KP Yield and Initiation to Treatment
Data-driven Decisions to Focus FSW Districts

Yield
- Low Yield below 5%
- Less than 5 Positives

Test
- Low test to reach ratio

Prevalence
- Prevalence below National 1.6%

PLHIV
- Less than 1,500 PLHIV

Context
- Length of operation, Mining, Capital, Border, Global Fund Districts
## Using Data to Focus FSW Districts

<table>
<thead>
<tr>
<th>PEPFAR Districts</th>
<th>General Population</th>
<th>HIV Population: PLHIV</th>
<th>Total Reach</th>
<th>Total Test</th>
<th>Total Reach to Test</th>
<th>Total Positive</th>
<th>Total Yield</th>
<th>Total Positive to ART Initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accra Metro</td>
<td>25,900</td>
<td>1.92%</td>
<td>5510</td>
<td>4020</td>
<td>73.0%</td>
<td>445</td>
<td>11.1%</td>
<td>87</td>
</tr>
<tr>
<td>Ashiaman Municipal</td>
<td>3,719</td>
<td>2.49%</td>
<td>912</td>
<td>991</td>
<td>108.7%</td>
<td>50</td>
<td>5.0%</td>
<td>0</td>
</tr>
<tr>
<td>Bekwai Municipal</td>
<td>1,298</td>
<td>1.60%</td>
<td>555</td>
<td>208</td>
<td>37.5%</td>
<td>20</td>
<td>9.6%</td>
<td>16</td>
</tr>
<tr>
<td>Berekum Municipal</td>
<td>2,752</td>
<td>2.99%</td>
<td>1491</td>
<td>894</td>
<td>60.0%</td>
<td>41</td>
<td>4.6%</td>
<td>22</td>
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<tr>
<td>Ejura Sekyedumase Municipal</td>
<td>245</td>
<td>0.42%</td>
<td>408</td>
<td>86</td>
<td>21.1%</td>
<td>4</td>
<td>4.7%</td>
<td>0</td>
</tr>
<tr>
<td>Ga West</td>
<td>2,203</td>
<td>1.30%</td>
<td>998</td>
<td>721</td>
<td>72.2%</td>
<td>87</td>
<td>12.1%</td>
<td>36</td>
</tr>
<tr>
<td>Jaman North</td>
<td>1,619</td>
<td>2.82%</td>
<td>1795</td>
<td>1157</td>
<td>64.5%</td>
<td>78</td>
<td>6.7%</td>
<td>29</td>
</tr>
<tr>
<td>Jomoro</td>
<td>1,921</td>
<td>1.85%</td>
<td>805</td>
<td>586</td>
<td>72.8%</td>
<td>23</td>
<td>3.9%</td>
<td>12</td>
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<tr>
<td>Kumasi Metro</td>
<td>23,382</td>
<td>1.78%</td>
<td>1727</td>
<td>1811</td>
<td>104.9%</td>
<td>94</td>
<td>5.2%</td>
<td>15</td>
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<tr>
<td>La Dadekotopon</td>
<td>2,945</td>
<td>1.99%</td>
<td>117</td>
<td>133</td>
<td>113.7%</td>
<td>52</td>
<td>39.1%</td>
<td>14</td>
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<tr>
<td>La Nkwantanan</td>
<td>2,682</td>
<td>2.95%</td>
<td>910</td>
<td>677</td>
<td>74.4%</td>
<td>17</td>
<td>2.5%</td>
<td>12</td>
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<tr>
<td>Lower Manya Krobo</td>
<td>5,004</td>
<td>7.56%</td>
<td>332</td>
<td>520</td>
<td>156.6%</td>
<td>16</td>
<td>3.1%</td>
<td>5</td>
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<tr>
<td>New Juabeng Municipal</td>
<td>4,190</td>
<td>2.92%</td>
<td>3302</td>
<td>2068</td>
<td>62.6%</td>
<td>88</td>
<td>4.3%</td>
<td>46</td>
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<tr>
<td>Obuasi Municipal</td>
<td>3,660</td>
<td>2.97%</td>
<td>1317</td>
<td>1051</td>
<td>79.8%</td>
<td>86</td>
<td>8.2%</td>
<td>63</td>
</tr>
<tr>
<td>Prestea-Huni Valley</td>
<td>1,441</td>
<td>1.32%</td>
<td>662</td>
<td>372</td>
<td>56.2%</td>
<td>21</td>
<td>5.6%</td>
<td>5</td>
</tr>
<tr>
<td>Sekondi Takoradi Metro</td>
<td>11,827</td>
<td>2.77%</td>
<td>3968</td>
<td>2743</td>
<td>69.1%</td>
<td>191</td>
<td>7.0%</td>
<td>75</td>
</tr>
<tr>
<td>Shama</td>
<td>1,030</td>
<td>1.85%</td>
<td>861</td>
<td>690</td>
<td>80.1%</td>
<td>88</td>
<td>12.8%</td>
<td>49</td>
</tr>
<tr>
<td>Sunyani</td>
<td>3,411</td>
<td>3.60%</td>
<td>30</td>
<td>29</td>
<td>96.7%</td>
<td>4</td>
<td>13.8%</td>
<td>2</td>
</tr>
<tr>
<td>Tarkwa-Nsueam Municipal</td>
<td>1,186</td>
<td>1.84%</td>
<td>1852</td>
<td>1740</td>
<td>94.0%</td>
<td>44</td>
<td>2.5%</td>
<td>9</td>
</tr>
<tr>
<td>Techiman</td>
<td>2,684</td>
<td>2.60%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Tema Metro</td>
<td>3,770</td>
<td>1.60%</td>
<td>1569</td>
<td>2058</td>
<td>131.2%</td>
<td>149</td>
<td>7.2%</td>
<td>0</td>
</tr>
</tbody>
</table>

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Continuous Quality Improvement of the KP Program

Sites implement high impact KP Models

Results are shared with national stakeholders

High Impact KP Models implemented nationally

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
COP17 Targets & Budget Allocations
## FY18 and FY19 Targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY16 Result</th>
<th>FY16 Target</th>
<th>FY17 Result (Q1)</th>
<th>FY17 Target</th>
<th>FY18 Target</th>
<th>FY19 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP_PREV (12 KP districts)</td>
<td>35,705</td>
<td>52,546 (68%)</td>
<td>-</td>
<td>44,500</td>
<td>26,279</td>
<td>27,593</td>
</tr>
<tr>
<td>HTC_TST (12 KP districts)</td>
<td>26,995</td>
<td>21,657 (125%)</td>
<td>9,800</td>
<td>35,602</td>
<td>24,023</td>
<td>25,224</td>
</tr>
<tr>
<td>HTC_POS (12 KP districts)</td>
<td>1,769</td>
<td>2,351 (75%)</td>
<td>307</td>
<td>4,473</td>
<td>2,799</td>
<td>2,939</td>
</tr>
<tr>
<td>TX_NEW (10 Facilities)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7,304</td>
<td>7,669</td>
</tr>
<tr>
<td>TX_CURR (10 Facilities)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24,839</td>
<td>26,081</td>
</tr>
<tr>
<td>TX_PVLS Numerator (10 Facilities)</td>
<td>11,176</td>
<td></td>
<td></td>
<td></td>
<td>16,766</td>
<td></td>
</tr>
</tbody>
</table>
### COP 17 Agency Allocations and Pipeline

<table>
<thead>
<tr>
<th></th>
<th>New FY 2018 Funding (all accounts)</th>
<th>Applied Pipeline</th>
<th>Total Planning Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoD</td>
<td>175,000</td>
<td>200,000</td>
<td>375,000</td>
</tr>
<tr>
<td>HHS/CDC</td>
<td>2,488,663</td>
<td>571,000</td>
<td>3,059,663</td>
</tr>
<tr>
<td>State</td>
<td>145,000</td>
<td>0</td>
<td>145,000</td>
</tr>
<tr>
<td>USAID</td>
<td>5,073,619</td>
<td>3,795,625</td>
<td>8,869,244</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,882,282</td>
<td>4,566,625</td>
<td>12,448,907</td>
</tr>
</tbody>
</table>

- COP17 Minimum Pipeline Requirement: $3,932,628
### COP 16 and 17 Budget Codes

<table>
<thead>
<tr>
<th>CODES</th>
<th>COP16</th>
<th>COP17</th>
<th>Difference</th>
<th>COP17%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTXS</td>
<td>$750,000</td>
<td>$3,466,104</td>
<td>362%</td>
<td>28%</td>
</tr>
<tr>
<td>HVOP</td>
<td>$3,435,106</td>
<td>$809,955</td>
<td>-76%</td>
<td>7%</td>
</tr>
<tr>
<td>HVCT</td>
<td>$330,587</td>
<td>$1,260,191</td>
<td>281%</td>
<td>10%</td>
</tr>
<tr>
<td>HBHC</td>
<td>$1,364,920</td>
<td>$888,234</td>
<td>-35%</td>
<td>7%</td>
</tr>
<tr>
<td>HLAB</td>
<td>$608,623</td>
<td>$877,952</td>
<td>44%</td>
<td>7%</td>
</tr>
<tr>
<td>HVSI</td>
<td>$1,034,483</td>
<td>$929,991</td>
<td>-10%</td>
<td>7%</td>
</tr>
<tr>
<td>OHSS</td>
<td>$2,657,015</td>
<td>$1,645,228</td>
<td>-38%</td>
<td>13%</td>
</tr>
<tr>
<td>HVMS</td>
<td>$2,268,173</td>
<td>$2,382,504</td>
<td>5%</td>
<td>19%</td>
</tr>
<tr>
<td>PDTX</td>
<td>$</td>
<td>-</td>
<td>100%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Earmark Allocations  COP 17

• New FY 2017 funds allocated to care and treatment: $3,347,782
  ✔ COP17 requirement: $1,618,093

• New FY 2017 funds allocated to GBV: $343,400
  ✔ COP 17 requirement: $330,000
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
THANK YOU!