COP 2017 Approval Meeting
Outbrief
Haiti
Policy Overview

- Test and Start: complete national policy roll-out as of July 2016
- Same day initiation is being piloted and reviewed for potential expansion
- Collaborating with PNLS to develop protocol for community-based supervised oral testing (by lay health workers)
- MoH/MSPP developed a 5 year national HIV strategic plan
- Working with PNLS guidelines for initial implementation of PrEP with MSM and sero-discordant couples
- Collaborating with MSPP to clarify guidance on repeat testing of negatives
Global Fund — Funding Envelope

- Submitted Continuation Application for 2018, 2019, 2020

- $105.7 million/3 year for HIV, TB and Malaria
  - 66.2M for HIV (22M per year)
  - 17.9M for TB
  - 21.6M for Malaria

- Additional domestic financing required to access last 15% ($15.75 M) of allocation
## Annual Investment Profile PEPFAR & Global Fund

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Total Expenditure (1)</th>
<th>PEPFAR FY17 (COP16) Budget allocation</th>
<th>% PEPFAR</th>
<th>GF CY17 Budget allocation</th>
<th>% GF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment and support Community-based care, treatment, and</td>
<td>$65,463,062</td>
<td>$51,872,796</td>
<td>79%</td>
<td>$13,590,266</td>
<td>21%</td>
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<tr>
<td>PMTCT</td>
<td>$4,690,510</td>
<td>$4,584,723</td>
<td>98%</td>
<td>$105,787</td>
<td>2%</td>
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<tr>
<td>HTS</td>
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<td>$7,001,374</td>
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<td>0%</td>
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<tr>
<td>VMMC</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>$5,214,779</td>
<td>$3,514,944</td>
<td>67%</td>
<td>$1,699,835</td>
<td>33%</td>
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<tr>
<td>OVC</td>
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<td>$9,421,604</td>
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<td>0%</td>
<td></td>
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<tr>
<td>Blood Safety</td>
<td>$1,899,361</td>
<td>$0</td>
<td>0%</td>
<td>$1,899,361</td>
<td>100%</td>
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<tr>
<td>Laboratory</td>
<td>$3,924,074</td>
<td>$3,924,074</td>
<td>100%</td>
<td>0%</td>
<td></td>
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<tr>
<td>SI, Surveys and Surveillance</td>
<td>$5,082,116</td>
<td>$4,168,282</td>
<td>82%</td>
<td>$913,834</td>
<td>18%</td>
</tr>
<tr>
<td>HSS</td>
<td>$4,092,895</td>
<td>$2,792,987</td>
<td>68%</td>
<td>$1,299,908</td>
<td>32%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$107,288,509</strong></td>
<td><strong>$87,280,784</strong></td>
<td><strong>81%</strong></td>
<td><strong>$20,007,725</strong></td>
<td><strong>19%</strong></td>
</tr>
</tbody>
</table>

1. This represents the current budget for 2017 for these program areas
2. This amount includes HTS and lab
3. Lab is included in Care & Treatment for GF
Summary of COP17 Proposed Strategic Shifts

- New Saturation: Miragoane, Trou du Nord, Acul du Nord
- New Aggressive: La Gonave, Mole St Nicolas

<table>
<thead>
<tr>
<th></th>
<th>COP 15</th>
<th>COP 16</th>
<th>COP 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale-Up: Saturation</td>
<td>10</td>
<td>10</td>
<td>12*</td>
</tr>
<tr>
<td>Scale-Up: Aggressive</td>
<td>10</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Sustained</td>
<td>16</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Centrally Supported</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

*Consolidation of SNU: Port au Prince, Croix des Bouquets, and Leogane
**FY17 Q2—Preliminary Results**

<table>
<thead>
<tr>
<th>Indicator Code</th>
<th>FY17 Annual Targets</th>
<th>FY17 Q1 Results</th>
<th>FY17 Q2 Results</th>
<th>FY17 SAPR Results</th>
<th>FY17 SAPR Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTC_TST</td>
<td>985,347</td>
<td>275,096</td>
<td>286,401</td>
<td>561,497</td>
<td>57.1%</td>
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<tr>
<td>HTC_TST_POS</td>
<td>27,152</td>
<td>5,802</td>
<td>5,611</td>
<td>11,413</td>
<td>42.6%</td>
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<tr>
<td>TX_NEW</td>
<td>26,335</td>
<td>5,276</td>
<td>5,280</td>
<td>10,556</td>
<td>40.2%</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>93,581</td>
<td>82,413</td>
<td>85,410</td>
<td>85,410</td>
<td>91.3%</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).*
National and PEPFAR Trend for Individuals Currently on ART

Currently on ART

People on ART supported by PEPFAR

# of People on ART Nationally

FY17 Q2

93581

85,410
Haiti National HIV/AIDS Estimates and PEPFAR Haiti Clinical Cascade

- **National: Estimated PLHIV number**: 141,269
- **National: Diagnosed (estimated value - cumulative over time)**: 128,854
- **PLHIV diagnosed with DX or visit between July 2015 - Oct 2016**: 96,181
- **National/PEPFAR: Currently on ART**: 82,577
- **PEPFAR: Virally Suppressed**: 12,131

**FY17 results**
- HTC_TST_POS: 11,413
- TX_CURR: 85,410
- FY17 SAPR: 77% of 41,965 virally suppressed

*Source: SALVH data, includes ever diagnosed with estimated 5,000 deaths per year

**90-90-90 Targets**
Cascade for Patients <30 years old (Oct 15 – Dec 16)

Testes HIV+:
- <30 year old males: 2,787
- <30 year old females: 5,889

Enroles ART:
- <30 year old males: 1,216
- <30 year old females: 2,837

Actifs:
- <30 year old males: 889
- <30 year old females: 2,030

Source: SALVH
## Summary of COP 2017 Targets by Prioritization

<table>
<thead>
<tr>
<th>COP17 Priority</th>
<th>COP17 Target (APR18) HTC_TST</th>
<th>COP17 Target (APR18) HTC_TST_POS</th>
<th>COP17 Target (APR18) TX_New</th>
<th>COP17 Target (APR18) TX_CURR</th>
<th>COP17 Target (APR18) OVC_Serv</th>
<th>COP17 Target (APR18) KP_Prev</th>
<th>COP17 Target (APR18) PP_Prev</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>905,852</td>
<td>26,969</td>
<td>25,364</td>
<td>107,524</td>
<td>98,923</td>
<td>93,120</td>
<td>31,749</td>
</tr>
<tr>
<td>Attained</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Scale-Up: Saturation</td>
<td>727,527</td>
<td>22,623</td>
<td>21,560</td>
<td>83,526</td>
<td>77,742</td>
<td>86,705</td>
<td>28,379</td>
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<tr>
<td>Scale-Up: Aggressive</td>
<td>115,766</td>
<td>2,853</td>
<td>2,531</td>
<td>15,558</td>
<td>15,271</td>
<td>6,415</td>
<td>2,892</td>
</tr>
<tr>
<td>Sustained</td>
<td>62,599</td>
<td>1,493</td>
<td>1,273</td>
<td>8,440</td>
<td>5,471</td>
<td>0</td>
<td>455</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>439</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
### Impact over Time: TX_New and TX_CURR Details

<table>
<thead>
<tr>
<th>COP 17 Priority</th>
<th>COP 16 # of SNU</th>
<th>TX_New: COP 15 Results</th>
<th>TX_CURR: COP 15 Results</th>
<th>TX_New: COP 16 Target / Results to-date</th>
<th>TX_CURR: COP 16 Target / Results to-date</th>
<th>COP 17 # of SNU</th>
<th>TX_New: COP 17 Target (APR 2018)</th>
<th>TX_CURR: COP 17 Target (APR 2018)</th>
<th>Net New: COP 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>40</td>
<td>22,468</td>
<td>80,946</td>
<td>26,335 10,631</td>
<td>93,581 85,410</td>
<td>40*</td>
<td>25,364</td>
<td>107,524</td>
<td>13,943</td>
</tr>
<tr>
<td>Attained</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Scale-Up: Saturation</td>
<td>10</td>
<td>15,983</td>
<td>58,079</td>
<td>19,371 7,841</td>
<td>69,180 61,430</td>
<td>12*</td>
<td>21,560</td>
<td>83,526</td>
<td>14,346</td>
</tr>
<tr>
<td>Scale-Up: Aggressive</td>
<td>10</td>
<td>3,797</td>
<td>13,350</td>
<td>4,717 1,549</td>
<td>15,151 13,937</td>
<td>10</td>
<td>2,531</td>
<td>15,558</td>
<td>407</td>
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<tr>
<td>Sustained</td>
<td>16</td>
<td>2,595</td>
<td>9,426</td>
<td>2,247 1,220</td>
<td>9,250 9,933</td>
<td>14</td>
<td>1,273</td>
<td>8,440</td>
<td>-810</td>
</tr>
<tr>
<td>Centrally supported</td>
<td>4</td>
<td>93</td>
<td>91</td>
<td>0 21</td>
<td>0 110</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*includes Greater Port-au-Prince cluster (comprised of Port-au-Prince, Croix des Bouquets, Leogane)
COP17 Targets by Age/Sex

- HTC_TST
- HTC_TST_POS
- TX_NEW
- TX_CURR
- TX_PVLS

- < 15 Female
- < 15 Male
- > 15 Female
- > 15 Male
PEPFAR Haiti COP17: Urgency to End the Epidemic

**COP 16**
- Multi-month Scripting
- Community Drug Distribution
- Biometric Code
- Peer-led community outreach
- Using data for microplanning
- Peer-navigation for linkages to HTC and care
- Engaging KP-led community/local organizations

**COP 17**
- Same-Day ART Initiation (SDART)
- HTC
  - Social Network for KP
  - Index Case Contact Tracing
  - Supervised oral fluid based testing to expand community access
  - Reduce repeated facility-based testing
  - Increase partner monitoring
- DREAMS-like
- Nutritional Supplements
  - Newly enrolled 6-9 months
  - Including pregnant women
Note that delays in data replication from sites to National Servers, at times, cause under counting at the national level.
PLR: Tracking Cascade (June 2015-March 2017)

- PLR has been effective in addressing LTFU
- The intervention will be focused on patients at high risk of LFTU (i.e. <30 yrs, new enrollees, active pre-ART, patients due for VL etc.)

* Figures do not include the tracking of Pre-ART patients and patients missing appointments

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Multi-Month Scripting: Implementation Status (Oct16–Mar17)

<table>
<thead>
<tr>
<th>Prescription Intervals (days)</th>
<th>% of ART Patients ON various prescription intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-35 jours</td>
<td>22%</td>
</tr>
<tr>
<td>36-70 jours</td>
<td>42%</td>
</tr>
<tr>
<td>71-100 jours</td>
<td>33%</td>
</tr>
<tr>
<td>101-120 jours</td>
<td>0%</td>
</tr>
<tr>
<td>&gt; 120 jours</td>
<td>2%</td>
</tr>
</tbody>
</table>
Civil Society Engagement for COP17 Strategies

- PEPFAR Civil Society workshop January 2017

- Four key themes identified for COP 17:
  - Targeted testing/counseling
  - Reaching men with HIV services
  - Retention of patients in HIV treatment/care
  - Legal/policy issues

- Continued engagement with CSOs through CCM and external stakeholders meetings
<table>
<thead>
<tr>
<th>Indicator</th>
<th>COP 15 Result</th>
<th>COP 16 Target</th>
<th>COP 17 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTC TOTAL</td>
<td>1,228,340</td>
<td>985,347</td>
<td>905,852</td>
</tr>
<tr>
<td>HTC_POS</td>
<td>26,856</td>
<td>27,152</td>
<td>26,969</td>
</tr>
<tr>
<td>TX_NEW</td>
<td>22,468</td>
<td>26,335</td>
<td>25,364</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>80,772</td>
<td>93,591</td>
<td>107,524</td>
</tr>
<tr>
<td>TX_PVLS</td>
<td>12,131</td>
<td>70,191</td>
<td>80,572</td>
</tr>
</tbody>
</table>
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TX Trend from FY16Q1 – FY17Q2

**TX_NEW**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>4,282</td>
<td>4,334</td>
</tr>
<tr>
<td>Q2</td>
<td>4,803</td>
<td>5,276</td>
</tr>
<tr>
<td>Q3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td></td>
<td>5,379</td>
</tr>
</tbody>
</table>

**TX_CURR**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>67,788</td>
<td>80,772</td>
</tr>
<tr>
<td>Q2</td>
<td>70,140</td>
<td>82,413</td>
</tr>
<tr>
<td>Q3</td>
<td>69,904</td>
<td>-85,410</td>
</tr>
<tr>
<td>Q4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Sources: iSante, MESI and DATIM
Retention Results

Net overall retention on treatment end of FY16:
Net retention is calculated as: TX_CURR APR16/ (TX_NEW APR16 + TX_CURR APR15)

APR 16 TX-RET (12 months)
(% Alive and on ART after 12 months, among those who started ART in FY15)

71%

91%
## GHESKIO STUDY: Same Day ART Initiation

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>Standard Group (n=285)</th>
<th>Same-Day ART Group (n=279)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiated ART</td>
<td>262 (92%)</td>
<td>279 (100%)</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td>Died</td>
<td>19 (7%)</td>
<td>8 (3%)</td>
<td>p=0.035</td>
</tr>
<tr>
<td>Alive and in care</td>
<td>201 (71%)</td>
<td>224 (80%)</td>
<td>p=0.007</td>
</tr>
<tr>
<td>In care with VL &lt;50 copies/ml</td>
<td>120 (42%)</td>
<td>151 (54%)</td>
<td>p=0.004</td>
</tr>
<tr>
<td>In care with VL &lt;1000 copies/ml</td>
<td>143 (50%)</td>
<td>171 (61%)</td>
<td>p=0.008</td>
</tr>
</tbody>
</table>

*Standard group: 15% LTFU and 8% late returners; same-day ART group 12% LTFU and 5% late returners*
# COP 17 Targets—1st 90

<table>
<thead>
<tr>
<th>Indicator</th>
<th>COP 15 Result</th>
<th>COP 16 Target</th>
<th>COP 17 Target</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<tr>
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<td>80,572</td>
</tr>
</tbody>
</table>

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

HTC Trend from FY16Q1 thru FY17Q2

Sources: MESI and DATIM

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COP17: HTC_TST and HTC Yield by Modalities

COP 2017 HTC_TST vs HTC Yield by Modality

- HTC_TST
- HTC_YIELD

PITC Index Testing: 45,144
PITC Inpatient Services: 272
PITC TB: 6,446
PITC Other PITC: 504
CBTC Home-based: 152,419
CBTC Mobile: 4,603
CBTC Other Community: 951
VCT co-located: 167,922
VCT standalone: 147,687
Peds VCT co-located: 132,876

9% HTCTST, 5% HTC_YIELD
13% HTCTST, 3% HTC_YIELD
3% HTCTST, 3% HTC_YIELD
3% HTCTST, 3% HTC_YIELD
4% HTCTST, 3% HTC_YIELD
4% HTCTST, 3% HTC_YIELD
3% HTCTST, 1% HTC_YIELD
2% HTCTST, 4% HTC_YIELD
4% HTCTST, 6% HTC_YIELD
8% HTCTST, 10% HTC_YIELD
12% HTCTST, 14% HTC_YIELD
Reaching the First 90 – COP17 Strategies

New Case Findings/Targeted Testing:
- Social Network for KP
- Index Case Contact Tracing
- Supervised oral fluid based testing to expand community access
- Reduce repeated facility-based testing
- Increase partner monitoring

Policy Matters:
- Current age limit of 16 y for testing consent without parent/caretaker
- Update National HTC Guidelines
HIV Rate = 12.9%
Syphilis Rate = 12%
Estimated MSM population size in covered zones: 30,853

HIV Rate = 8.7%
Syphilis Rate = 11.9%
Estimated FSW population size in covered zones is 70,302 (not including Northern Department)
Use of PLACE Data for Targeted Interventions at Identified Hotspots

Proportion of Hotspots in Port-au-Prince with HIV Testing in Past 6 Months

- 81% HIV Testing on Site
- 19% No HIV Testing on Site
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

COP 16 Q2— KP Testing Yield

FSW

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FSW HTC_TST</th>
<th>FSW Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 ans</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>20-24 ans</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>25-49 ans</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>50 ans &amp;+</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

MSM

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MSM HTC_TST</th>
<th>MSM Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 ans</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>20-24 ans</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>25-49 ans</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>50 ans &amp;+</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

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Focus Districts for DREAMS-Like Implementation

- Four SNUs with high number of female youths testing HIV-positive and high HTC yield, FY16 APR Results
- Will target Scale Up Saturation SNUs, including:
  - Port-au-Prince, Cap-Haïtien, Dessalines, and Saint-Marc

<table>
<thead>
<tr>
<th>SNU</th>
<th>SNU Prioritization</th>
<th>Females ages 10-14</th>
<th>Females ages 15-19</th>
<th>Females ages 20-24</th>
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<td>HTC_TST_POS</td>
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<tr>
<td>Port-au-Prince</td>
<td>Scale Up Saturation</td>
<td>55</td>
<td>1.0%</td>
<td>477</td>
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<tr>
<td>Saint-Marc</td>
<td>Scale Up Saturation</td>
<td>7</td>
<td>0.7%</td>
<td>112</td>
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Priority Districts for DREAMS-Like Interventions

**Priority Districts**
- **Cap Haitien** (North: 8.5% Prevalence GBV)
- **Dessalines** (Artibonite: 11.3% Prevalence GBV)
- **Saint Marc** (Artibonite: 11.3% Prevalence GBV)
- **Port-au-Prince** (West: 13.5% Prevalence GBV)

Sources de données: COP17 PEPFAR Haiti Program
Données spatiales: IHSI, CNIGS
Gréé: 9 Février 2017
### COP17 Direction for DREAMS-like Activities

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Interventions for AGYW 10–14 years old</th>
<th>Interventions for AGYW 15–19 years old</th>
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</thead>
</table>
| Violence prevention and response/mobilizing communities for change | • Positive Parenting for caregivers  
• Access/linkage to PRC/PEP  
• GBV prevention - community level  
• Social services for violence survivors | • Positive Parenting for caregivers  
• Access/linkage to PRC/PEP  
• GBV prevention - community level  
• Social services for violence survivors |
| Youth-friendly sexual and RH care                       | • Mentor-led girls’ clubs (decision-making, communication skills)                                       | • Mentor-led girls’ clubs (skills-building in leadership, decision-making, etc.)                        |
| Risk avoidance                                          | • Risk avoidance of Gender-Based Violence  
• Education and prevention services (as appropriate)                                                  | • Comprehensive ASRH education/counseling  
• Linkage to comprehensive ASRH services                                                                   |
| Social protection                                       | • Educational subsidies (school fees/materials) - focus on primary completion and transition to secondary | • Educational subsidies (school fees/materials) - focus on secondary enrollment, retention, progression |
| Strengthen families                                     | • Household Economic Strengthening - savings groups and financial skills building                     | • Household Economic Strengthening - savings groups and financial skills building                     |
Building on the OVC Platform [Existing + Expanded]

**Expanded Portfolio**
- Case Management to ensure layering of services

**Existing Portfolio**
- Size Estimates
- Partner Characterization
- Mentor-Led Risk Avoidance
- Community-Based GBV Prevention
- HES for OVCs
- GBV Mapping (PaP)
- GBV Study Among KPs
- INL Support for GBV Units within Police

**Expanded Portfolio**
- GBV Mapping*
- Expansion of HES to AGYW
- Standardized Tools for GBV
- QA/QI to Ensure Quality of Services

**Existing Portfolio**
- PEP for GBV Victims
- Legal Aid for GBV Victims (PaP)
- Education Subsidies for OVCs
- Community-Based GBV Screening and Referrals

*Remaining three districts
## COP 17 Targets—3rd 90

<table>
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<tr>
<th>Indicator</th>
<th>COP 15 Result</th>
<th>COP 16 Target</th>
<th>COP 17 Target</th>
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<td>HTC TOTAL</td>
<td>1,228,340</td>
<td>985,347</td>
<td>905,852</td>
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<td>HTC_POS</td>
<td>26,856</td>
<td>27,152</td>
<td>26,969</td>
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<tr>
<td>TX_NEW</td>
<td>22,468</td>
<td>26,335</td>
<td>25,364</td>
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<td>TX_CURR</td>
<td>80,772</td>
<td>93,591</td>
<td>107,524</td>
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<td>TX_PVLS</td>
<td>12,131</td>
<td>70,191</td>
<td>80,572</td>
</tr>
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</table>
Viral Load Suppression by Age: Overall FY16 and FY17 Q1–Q2

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Viral Load Suppression: Disaggregated by Age and Sex

**Female**
- 1-9 years old: 59% suppressed
- 10-14 years old: 63% suppressed
- 15-19 years old: 64% suppressed
- 20-24 years old: 67% suppressed
- 25-49 years old: 85% suppressed
- 50+ years old: 77% suppressed
- All age groups: 80% suppressed

**Male**
- 1-9 years old: 54% suppressed
- 10-14 years old: 62% suppressed
- 15-19 years old: 58% suppressed
- 20-24 years old: 68% suppressed
- 25-49 years old: 75% suppressed
- 50+ years old: 82% suppressed
- All age groups: 76% suppressed

No of Patients with Viral Load Test

- N patients with VL
- N male patients with VL < 1000
- % suppressed
Summary of Table 6

<table>
<thead>
<tr>
<th>Table 6.1.1:</th>
<th>Challenges to reach treatment coverage and retain PLHIV on ART nationally and in some specific arrondissements (districts)</th>
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<tbody>
<tr>
<td>Table 6.1.2</td>
<td>Unknown (very limited) number/proportion of people enrolled and active on ART who have achieved viral suppression</td>
</tr>
<tr>
<td>Table 6.1.3</td>
<td>Limited capacity in the areas of governance, management, and regulation hinders implementation and oversight of policy; and inadequate capacity for health information integration, security, and exchange</td>
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<tr>
<td>Table 6.2.1</td>
<td>Test and Start</td>
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<tr>
<td>Table 6.2.2</td>
<td>New and efficient service delivery models</td>
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</table>
### 6.1.2: Limited Number of ART Patients Virally Suppressed

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Activities</th>
<th>Outcomes</th>
</tr>
</thead>
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<tr>
<td>Limited Lab Information Systems for Specimen Tracking and Reporting</td>
<td>Install LIS at LNSP ($200,000)</td>
<td>Decreased Turnaround Time</td>
</tr>
<tr>
<td></td>
<td>Link EMR to LIS ($100,000)</td>
<td></td>
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<tr>
<td></td>
<td>Integrate VL and EID into LIS ($100,000)</td>
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</tr>
<tr>
<td></td>
<td>Train lab technicians on integrated system ($50,000)</td>
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<tr>
<td></td>
<td>Monitor VL data quality ($150,000)</td>
<td>Improved Data Quality and Specimen Tracking</td>
</tr>
<tr>
<td></td>
<td>Monitor EID data quality ($100,000)</td>
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</table>

**Outcome:**

- **3rd 90:** 90% on ART Have Viral Suppression

**Activities:**

- Install LIS at LNSP ($200,000)
- Link EMR to LIS ($100,000)
- Integrate VL and EID into LIS ($100,000)
- Train lab technicians on integrated system ($50,000)
- Monitor VL data quality ($150,000)
- Monitor EID data quality ($100,000)

**Outcomes:**

- Decreased Turnaround Time
- Improved Data Quality and Specimen Tracking

**Barrier:**

- Limited Lab Information Systems for Specimen Tracking and Reporting

**Activities:**

- Decrease Lab Data Entry Errors by 100%

---

**A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT**
SIMS Data Used to Improve Programming

- Inter-agency TWG discussions to review results across partners
- Integration SIMS/Healthqual
  - QI committee
  - QI annual plan (dynamic)
  - Use of HealthQual platform
- Monthly Partner Meetings
  - Discuss partner results by sites
  - Site remediation plans
<table>
<thead>
<tr>
<th>Budget Code</th>
<th>Budget Code Description</th>
<th>COP 16</th>
<th>COP 17</th>
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<tbody>
<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
<td>$4,584,723</td>
<td>$4,550,000</td>
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<tr>
<td>HVAB</td>
<td>Abstinence/Be Faithful</td>
<td>$</td>
<td>$605,000</td>
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<tr>
<td>HVOP</td>
<td>Other Sexual Prevention</td>
<td>$3,514,944</td>
<td>$2,054,791</td>
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<tr>
<td>HVCT</td>
<td>Counseling &amp; Testing</td>
<td>$7,219,216</td>
<td>$8,792,079</td>
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<td>HBHC</td>
<td>Adult Care &amp; Support</td>
<td>$7,277,717</td>
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<tr>
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<td>HTXS</td>
<td>Adult Treatment</td>
<td>$23,226,687</td>
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<td>HTXD</td>
<td>ARV Drugs</td>
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<td>Lab</td>
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<td>HVMS</td>
<td>M &amp; O</td>
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<td>TOTAL</td>
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<td><strong>$94,500,000</strong></td>
<td><strong>$101,500,000</strong></td>
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</table>
### Earmark Allocations

| New FY 2017 funds allocated to Care and Treatment: | $49,047,512 |
| COP 2017 Requirement: | $44,973,000 (57%) |
| New FY 2017 funds allocated to OVC: | $10,836,439 |
| COP 2017 Requirement: | 10,836,439 |
| New FY 2017 funds allocated to Water: | $813,806 |
| COP 2017 Requirement: | $813,000 |
| New FY 2017 funds allocated to GBV: | $1,446,452 |
| COP 2017 Requirement: | $1,120,000 |
# PBAC Summary

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<th>PEPFAR Budget Code</th>
<th>Budget Code Description</th>
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<th>M&amp;O</th>
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<th>M&amp;O Applied Pipeline</th>
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**TOTAL**

$35,900,529 | $20,221,881 | $12,125,705 | $3,210,017 | $18,230,635 | $11,811,232 | $101,500,000 | $15,600,000 | $85,900,000

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THANK YOU