



PEPFAR

2017 Country/Regional Operational Plan Approval Meeting

India

Outbrief
March 2, 2017





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Outline

BACKGROUND AND CONTEXT

- **Epidemiologic Data**
- **COP 17 Strategic Direction Guidance**
- **Stakeholder Engagement in COP Process**
- **Major Shifts in COP 17**

PROGRAMMATIC RESULTS TO DATE

- **Investment Profile**
- **Policy Status and Gap Analysis**
- **PEPFAR-Supported Results**

PEPFAR COP 2017

- **Overview of Strategic Outcomes**
- **Bridging Above Site and Site Level**
- **Investment Profile**
- **Overview of budget and targets**





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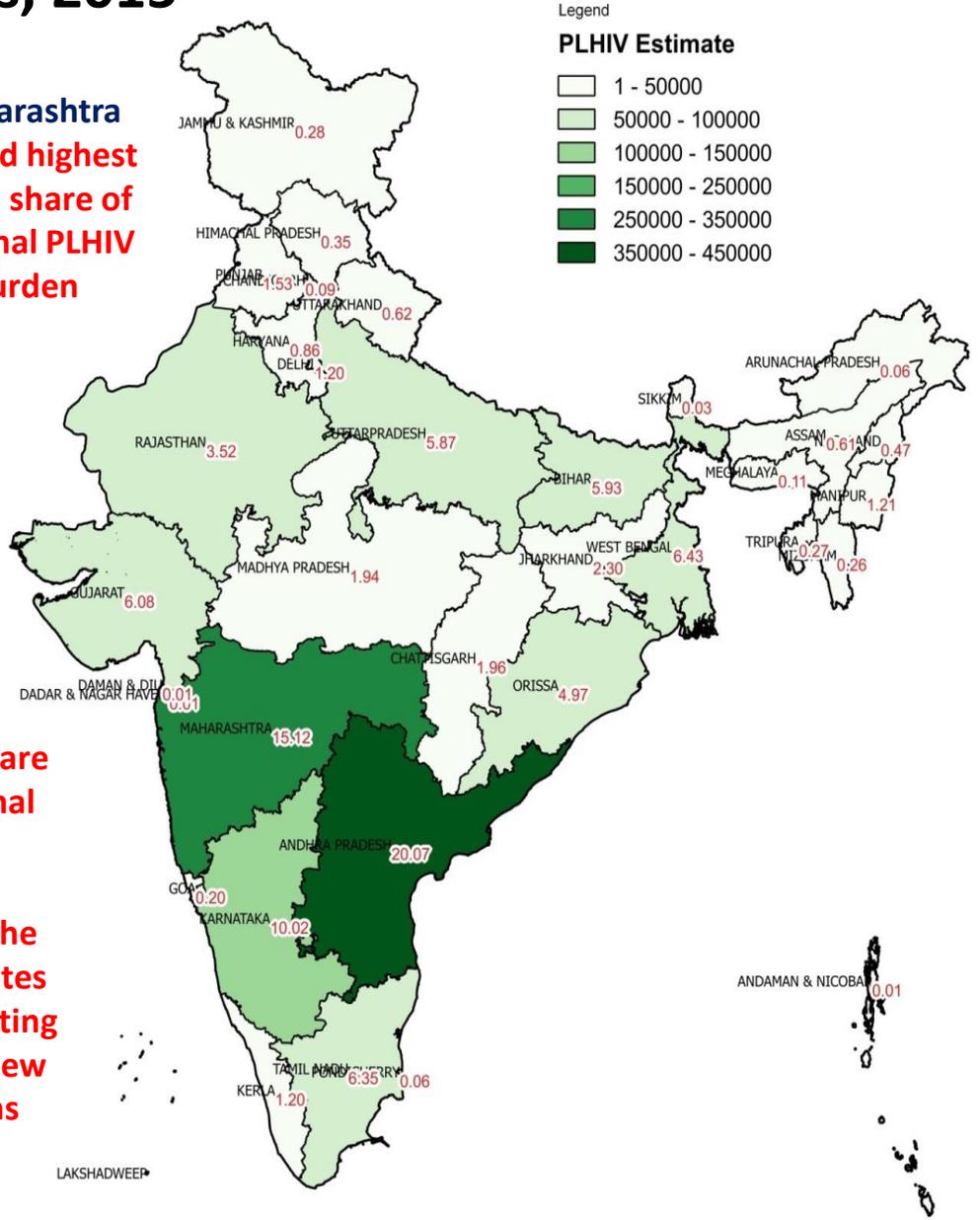
BACKGROUND AND CONTEXT



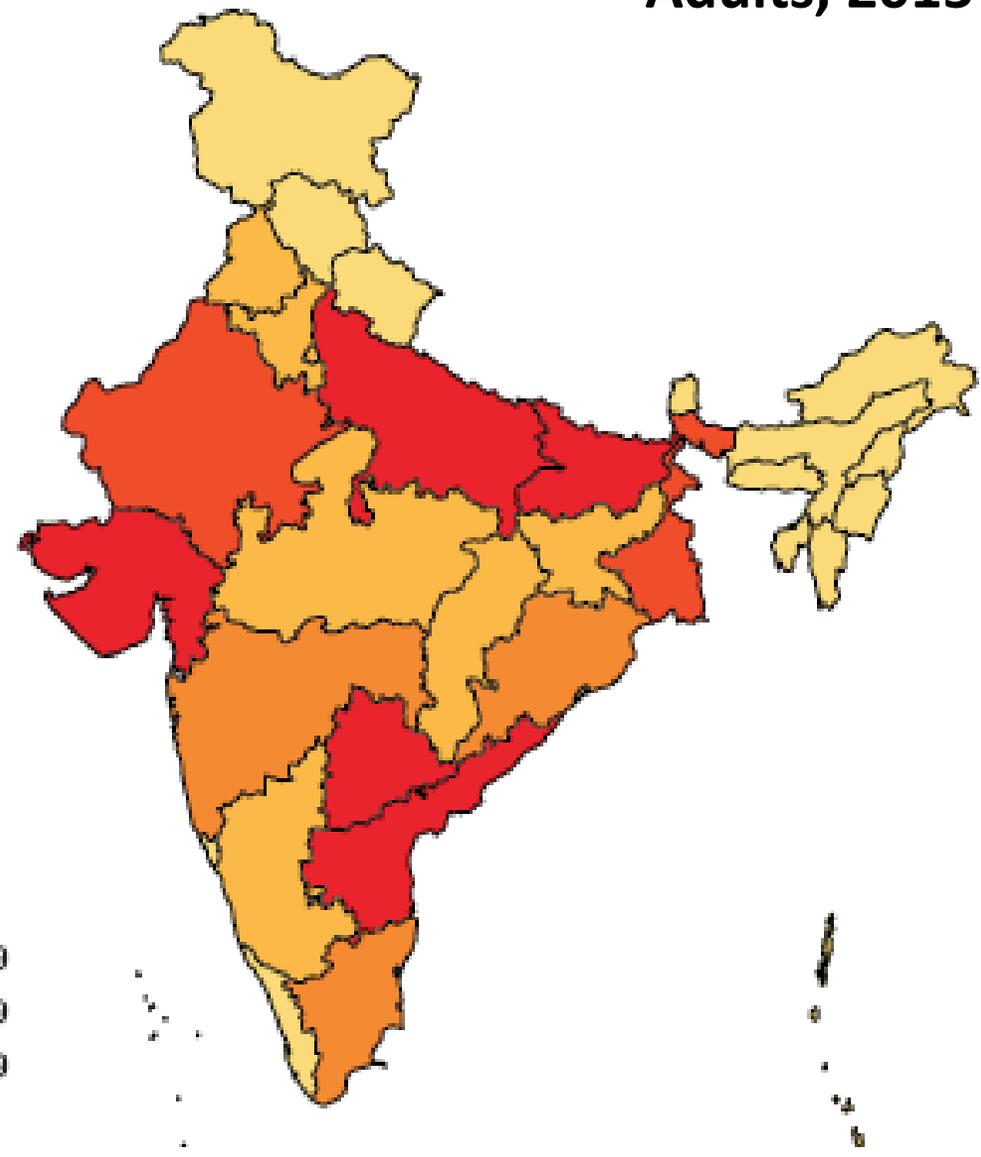
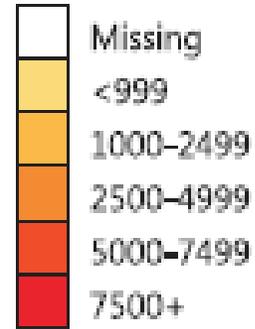
State-Wise Burden of HIV infections, Adults, 2015

Maharashtra
Second highest
(14%) share of
national PLHIV
burden

Andhra Pradesh
Highest
(19%) share of
national PLHIV
burden
Among the top 5 states
contributing
47% of new infections

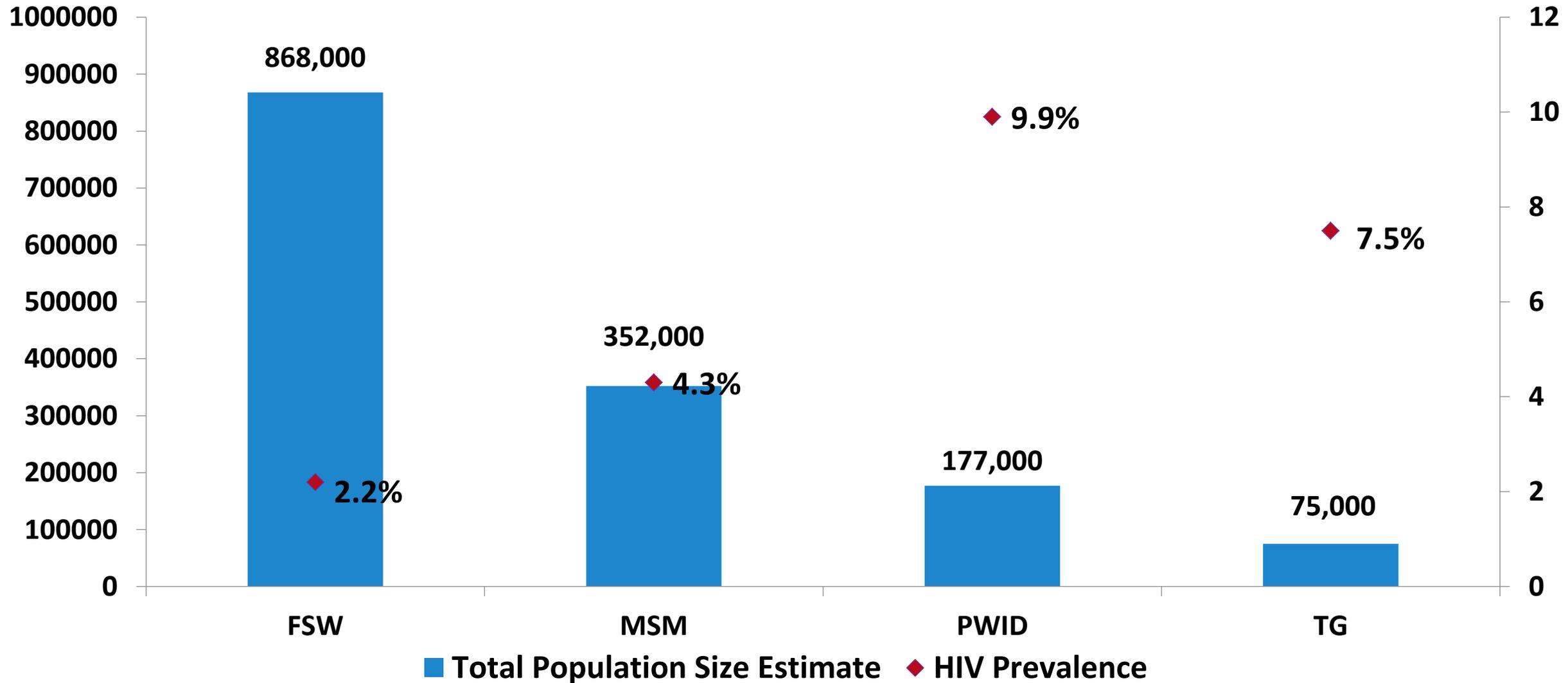


State-Wise estimated new HIV infections, Adults, 2015





Estimated KP Size and Prevalence, India (2015)



Source: KP Estimation 2010 (NACO), KP Prevalence 2015 (IBBS, NACO)



REDACTED



Results of Country Retreat and Gap Analysis

Participants: NACO, State and District AIDS Control Societies, WHO, UNAIDS, PLHIV networks, civil societies, & community members

SO # 1

- Strategies to identify unreached KPs and their partners
- Strategies to strengthen KP linkage from testing to ART initiation and retention
- Improve community involvement in ART delivery innovations

SO # 2

- Scale up VL testing across the country
- Increase patient awareness on VL testing
- Explore one-stop-shop for all diagnostic services for PLHIV

SO # 3

- Invest efforts in making national and district level data systems operational and inter-operable
- Prepare standardized methodology for district level PLHIV estimates
- Strengthen capacities of grass-root people and district level bodies on data analysis and utilization



Major Shifts in COP 17

COP 15

- Focused from 10-20 states to six districts in two high burden states, with support to GOI through increased:
 - Advocacy for implementation of ART at CD4 500
 - Accelerated impact among PWID and their partners (NE strategy)

COP 16

- Innovative approaches to increase testing among Key populations
- Bridge populations
- Scaling up HIV testing for TB presumptive cases
- Pregnant and breastfeeding women
- Blood Safety

COP 17

- Strategies to identify, link and retain unreached key populations



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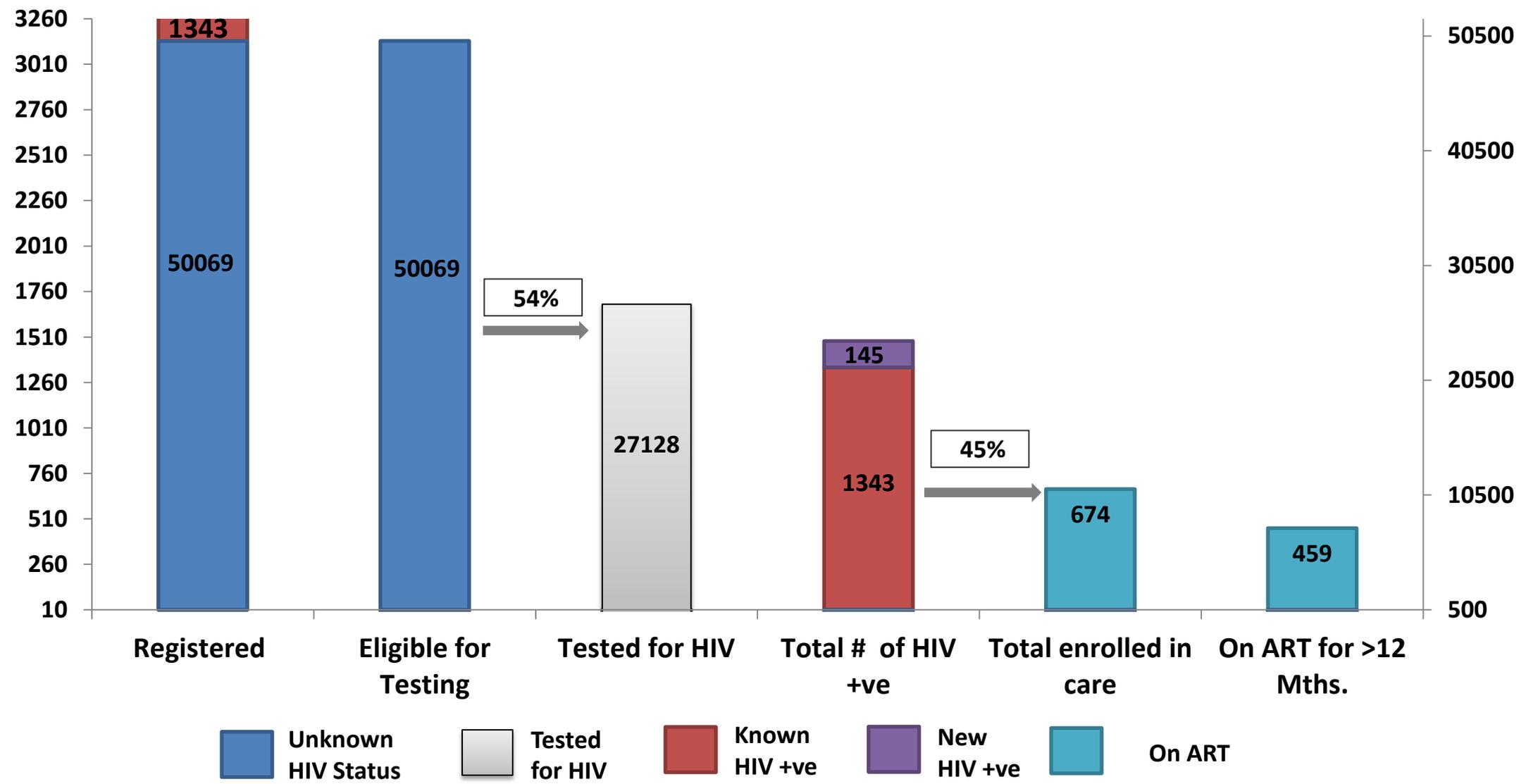
INDIA KEY ACCOMPLISHMENTS





Baseline Cascade Developed: FSWs in Five PEPFAR Districts

Gap Identification (Oct. 2015 - March 2016)

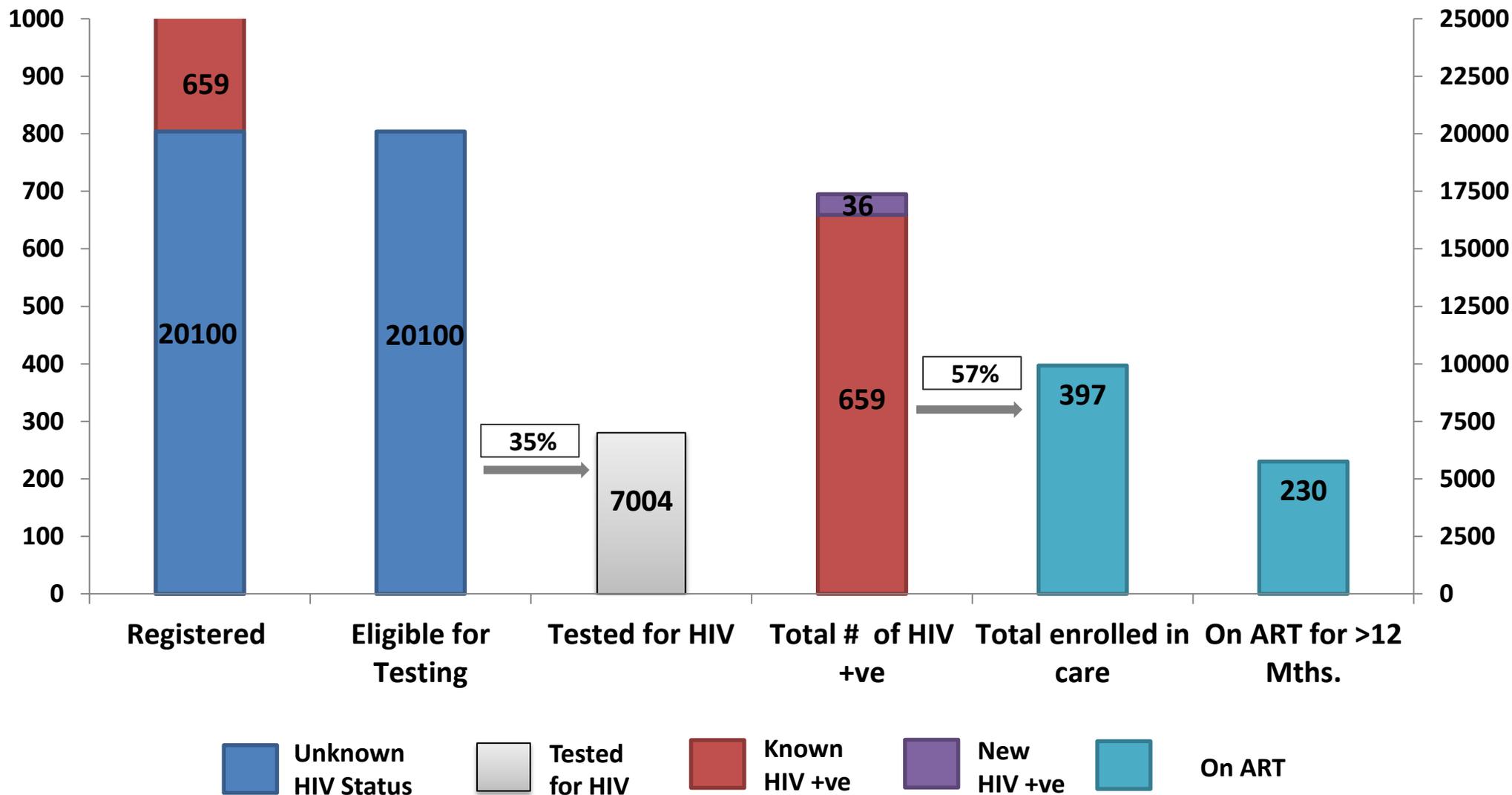




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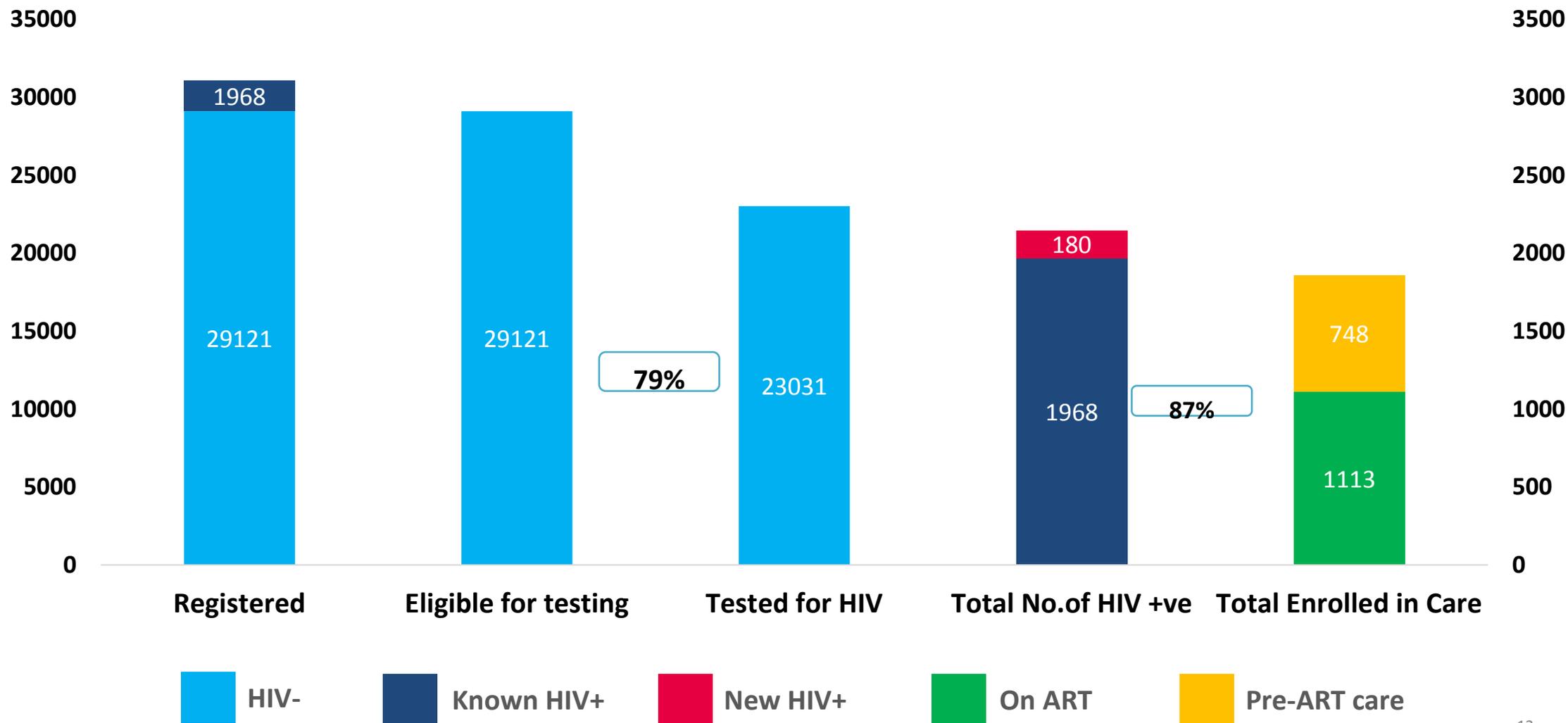
Baseline Cascade Constructed for MSM & TG in Five PEPFAR Districts

Gap Identification (Oct. 2015 - March 2016)





Baseline Cascade Developed: PWID in 12 Priority Districts in 3 States (Manipur, Mizoram and Nagaland, Apr - Sep 2016)



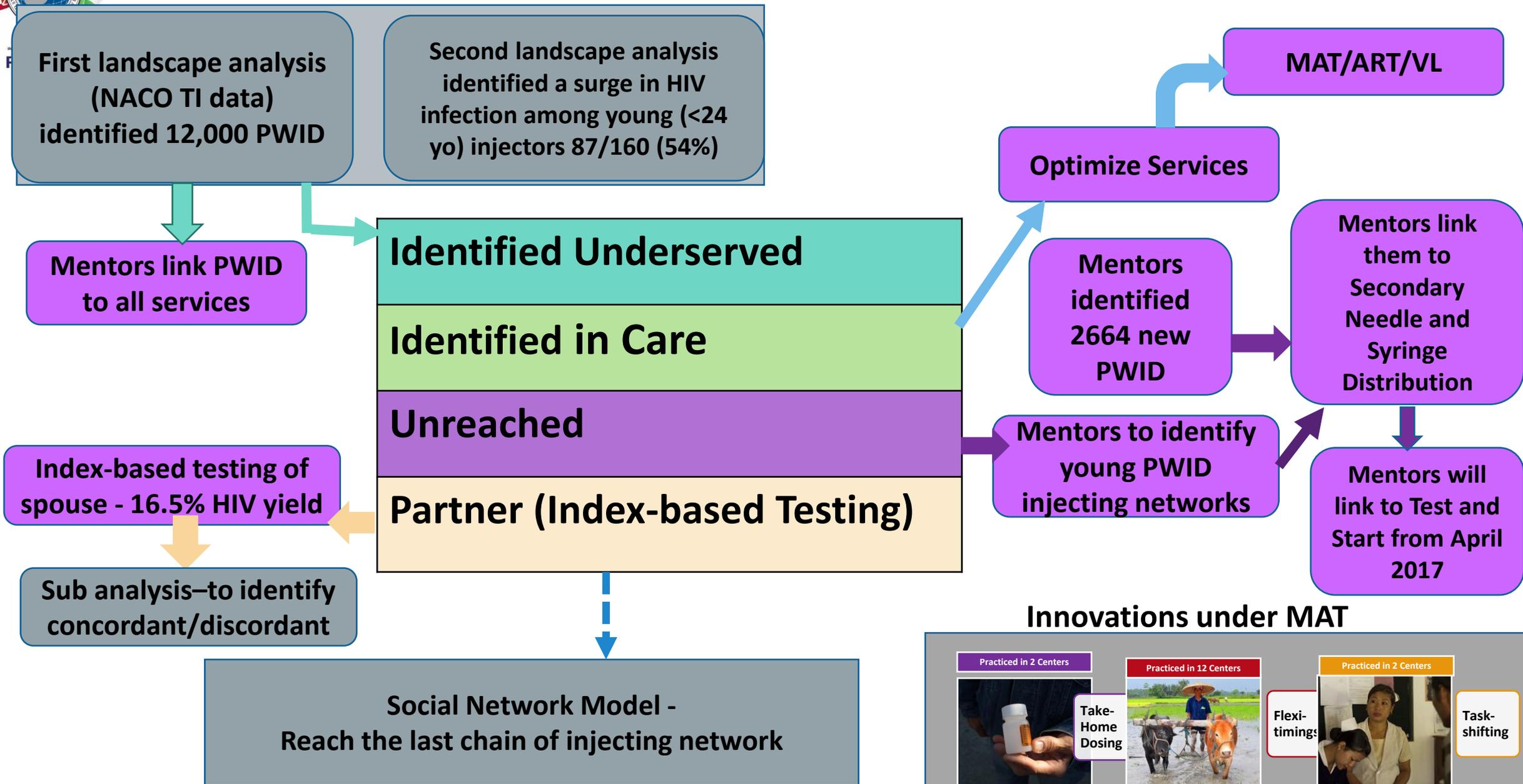


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Project Sunrise PWID Multi-Model Approach





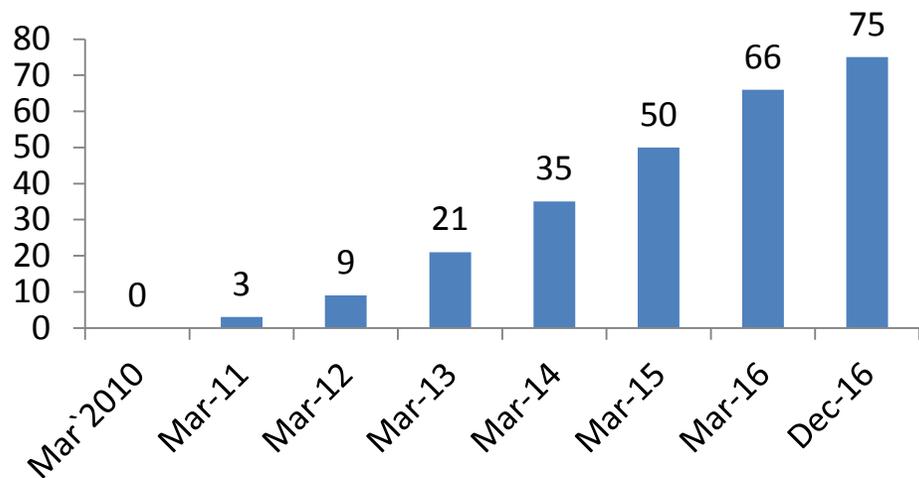
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India's HIV Lab Accreditation Program (LAP)

Replicating LAP model in COP 17

Viral Load Scale-up

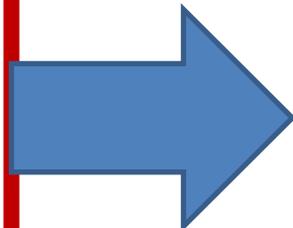
ISO Accreditation – HIV Referral Labs



Results

- Accreditation of HIV referral labs catalyzed accreditation of labs in public sector health facilities using ISO standards
- 60% (75/113) labs accredited
- Transition to the government for maintenance since 2016

- Fast track accreditation of 10 VL labs
- Upgrade to COEs to mentor 80 new VL facilities
- Strengthen lab clinical Interface



HTC sites

- Accelerate CQI in priority SNU
- Facilitate national scale-up to >5000 sites by NACO

Community

Community awareness and demand generation

Accelerate access to quality lab services for PLHIV

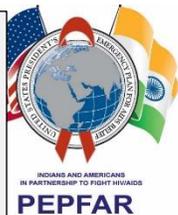


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INDIA COP 2017



PEPFAR India Strategic Framework



Cross-cutting above-site level TA: (1) Support, develop and roll-out guidelines and policies (2) Strengthen information systems, data management and use (3) Address stigma and discrimination to reduce barriers in prevention, care and treatment (4) Review the results of demonstrations with NACO and SACS for potential scale-up

Above site-level TA

Above-site level TA: SO 1

- Strengthen technical capacity of SACS, DAPCUs, TSUs to monitor KP reach and coverage
- Support NACO to accelerate test & start
- Supportive supervision mechanisms for monitoring service quality

Above-site level TA: SO 2

- Catalyze viral load (VL) testing and scale-up
- National adoption of CQI model at HTC sites

Above-site level TA: SO 3

- Facilitate national data systems integration
- Strengthen National Dashboards to encourage data use and availability
- KP PSE estimations methodology, improve HIV surveillance methodologies

Site-level: SO 1

Key Approaches

- Find undiagnosed KPs (Hotspot analysis, Peer Navigation, Snowballing, Contact tracing, Social Networking)
- Technology to reach mobile KPs & networks

- Implement and scale-up pilots to link and retain (Real time monitoring, CBT, Test & Start, Task Shifting)
- KP friendly services at ICTC and ARTC through:

- Early ART initiation
- Differentiated service delivery models for ART (e.g. Model decentralized treatment units for KPs)
- Multi month dosing
- Clinical mentoring for quality improvement
- Increase capacity of health staff to provide quality services to KP

Challenges:
Sub-optimal KP reach & testing

Challenges:
Weak Linkages
Low ART coverage among KPs and poor quality of care

Challenges:
Lack of VL testing capacity and coverage
Sub-optimal quality of HIV testing

Weak lab-clinical interface

Site-level: SO 2

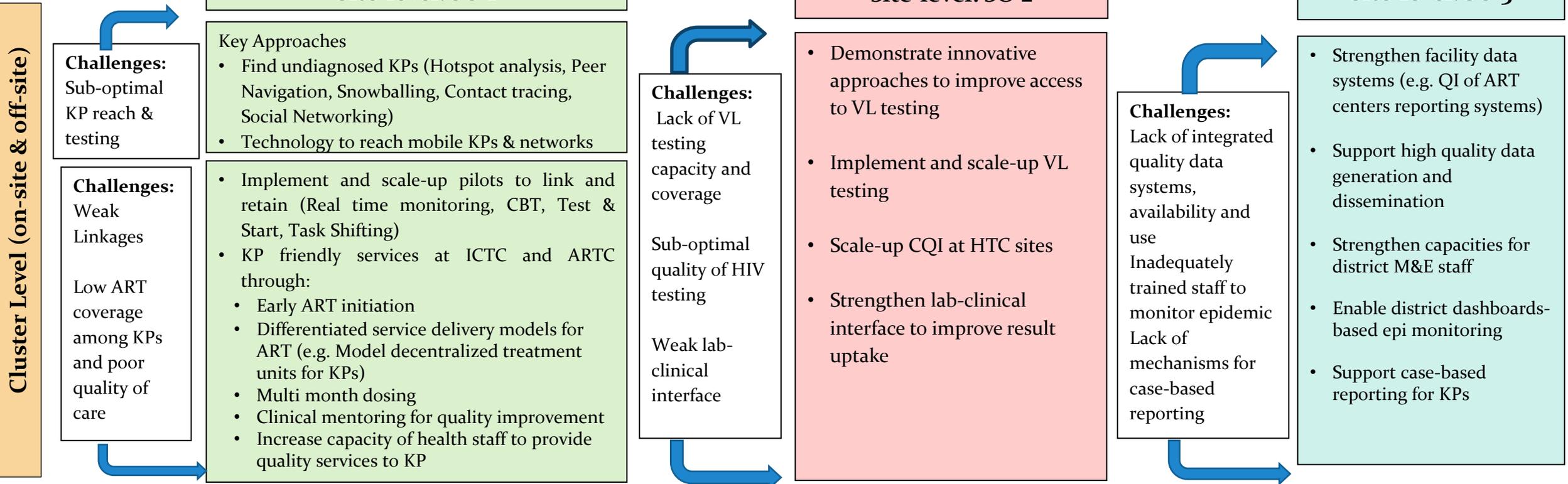
- Demonstrate innovative approaches to improve access to VL testing
- Implement and scale-up VL testing
- Scale-up CQI at HTC sites
- Strengthen lab-clinical interface to improve result uptake

Challenges:
Lack of integrated quality data systems, availability and use
Inadequately trained staff to monitor epidemic
Lack of mechanisms for case-based reporting

Site-level: SO 3

- Strengthen facility data systems (e.g. QI of ART centers reporting systems)
- Support high quality data generation and dissemination
- Strengthen capacities for district M&E staff
- Enable district dashboards-based epi monitoring
- Support case-based reporting for KPs

Cluster Level (on-site & off-site)



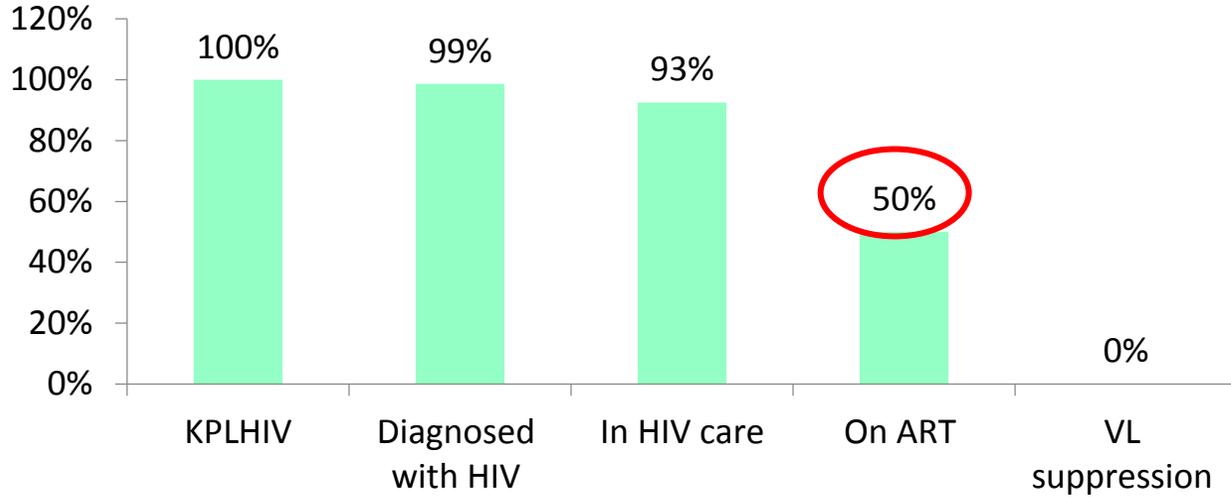
SO # 1: GOVERNMENT PROGRAM AND INTERVENTION

Expansive physical hotspot-based prevention and testing programs among KP since 1997. Individual tracking of KPs accessing hotspots for regular package of preventive services and routine testing

600+ ART centers with over 1 million PLHIV on ART.

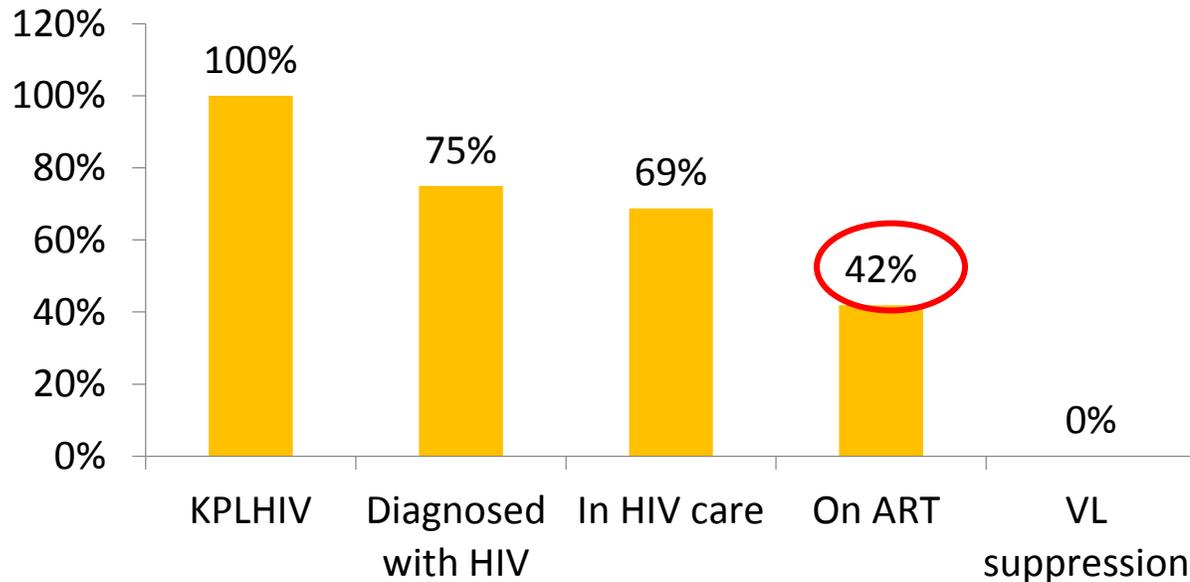
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Cross-sectional cascade for FSW , India, 2015

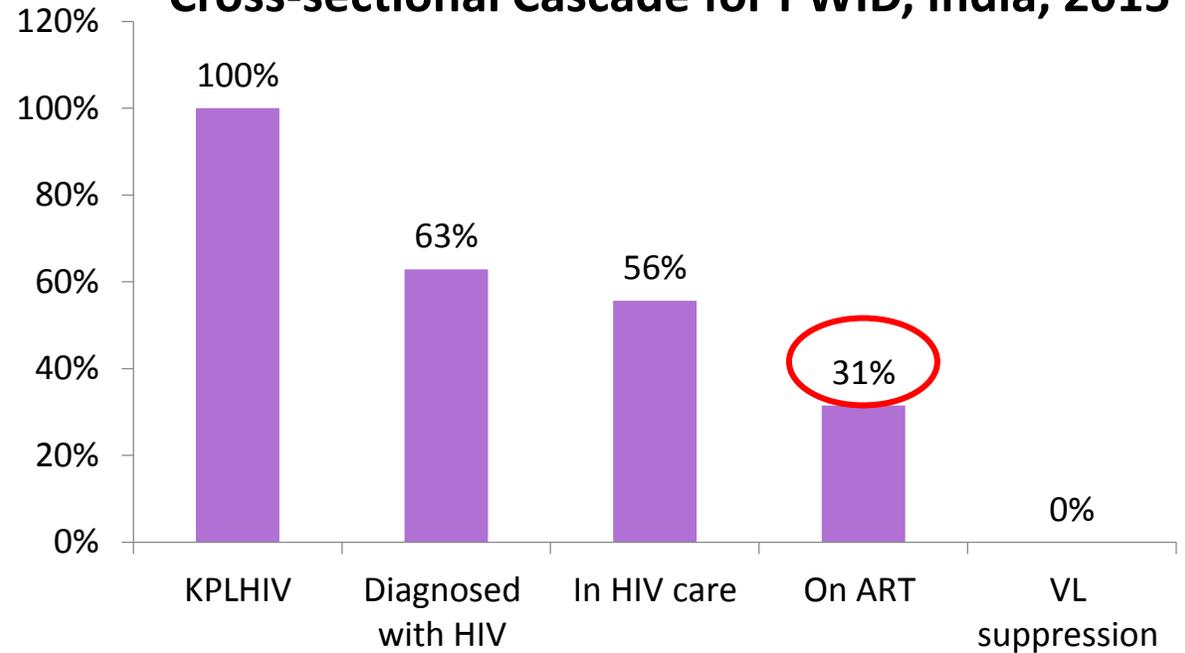


Of those estimated to be positive, a large proportion are not on ART

Cross-sectional cascade for MSM, India, 2015



Cross-sectional Cascade for PWID, India, 2015



PEPFAR India Strategic Framework: Strategic Objective #1

Above site-level TA



Above-site level TA: SO 1

- Strengthen technical capacity of SACS, DAPCUs, TSUs to monitor KP reach and coverage
- Support NACO to accelerate implementation of test and start
- Supportive supervision mechanisms for monitoring service quality



Site-level: SO 1

Cluster Level (on-site & off-site)

Challenges: Sub-optimal KP reach & testing

Challenges: Weak Linkages

Low ART coverage among KPs and poor quality of care

Key Approaches:

- Find undiagnosed KPs through hotspot analysis, peer navigation, snowballing, contact tracing, social networking etc
- Utilize technology to reach mobile KPs & networks

- Implement and scale-up models to link and retain KPS through real time monitoring, CBT, Test & Start, Task Shifting etc.
- KP friendly services at ICTC and ARTC through:
 - Early ART initiation
 - Differentiated service delivery models for ART (e.g. Model decentralized treatment units for KPs)
 - Multi month dosing
 - Clinical mentoring for quality improvement
 - Increased capacity of health staff to provide quality services to KP

Key Outcomes:

- Increased identification of HIV+ KPs previously unreachable by TIs
- 90% of HIV+ KPs are linked to HIV treatment

Key Outcomes:

- Test and start for at least 90% of KPs referred to ART Centre
- At least 20% increase in retention for HIV+ KPs on treatment from baseline

SO # 2: GOVERNMENT PROGRAM AND INTERVENTION

GOI is working to scale up Viral load testing to meet the target of ~ 1 million tests through 80 new public sector labs. Access to HIV testing has been scaled up to 29 million tests per annum through more than 5000 HTC sites.

PEPFAR India Strategic Framework: Strategic Objective #2

Above site-level TA



Above-site level TA: SO 2

- Catalyze viral load (VL) testing and scale-up
- National adoption of CQI model at HTC sites

Site-level: SO 2

Cluster Level (on-site & off-site)

Challenges:

Lack of VL testing capacity and coverage

Sub-optimal quality of HIV testing

Weak lab-clinical interface

Key Approaches:

- Demonstrate innovative approaches to improve access to VL testing
- Implement and scale-up VL testing
- Scale-up CQI at HTC sites
- Strengthen lab-clinical interface to improve result uptake

Key Outcomes:

- 90% of all eligible KP PLHIV receive VL test by end of 2018 in cluster districts
- VL suppression among 80% of PLHIV who undergo testing by end of 2018

SO # 3: GOVERNMENT PROGRAM AND INTERVENTION

GOI supports the National Strategic Information System and 16 other data systems to track the program response.

Tracks bio-behavioral markers among KPs and other populations through surveillance

Conducts robust HIV estimation every other year.

Supports 189 District AIDS Prevention and Control Units (DAPCUs) that support decentralized coordination for effective program response.

PEPFAR India Strategic Framework: Strategic Objective #3

Above site-level TA

Above-site level TA: SO 3

- Facilitate national data systems integration
- Strengthen National Dashboards to encourage data use and availability
- KP PSE estimations methodology, improve HIV surveillance methodologies

Site-level: SO 3

Cluster Level (on-site & off-site)

Challenges:

Lack of integrated quality data systems, availability and use

Lack of mechanisms for case-based reporting

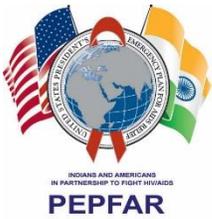
Lack of district HIV and KP size estimates
Inadequately trained staff to monitor epidemic

Key Approaches:

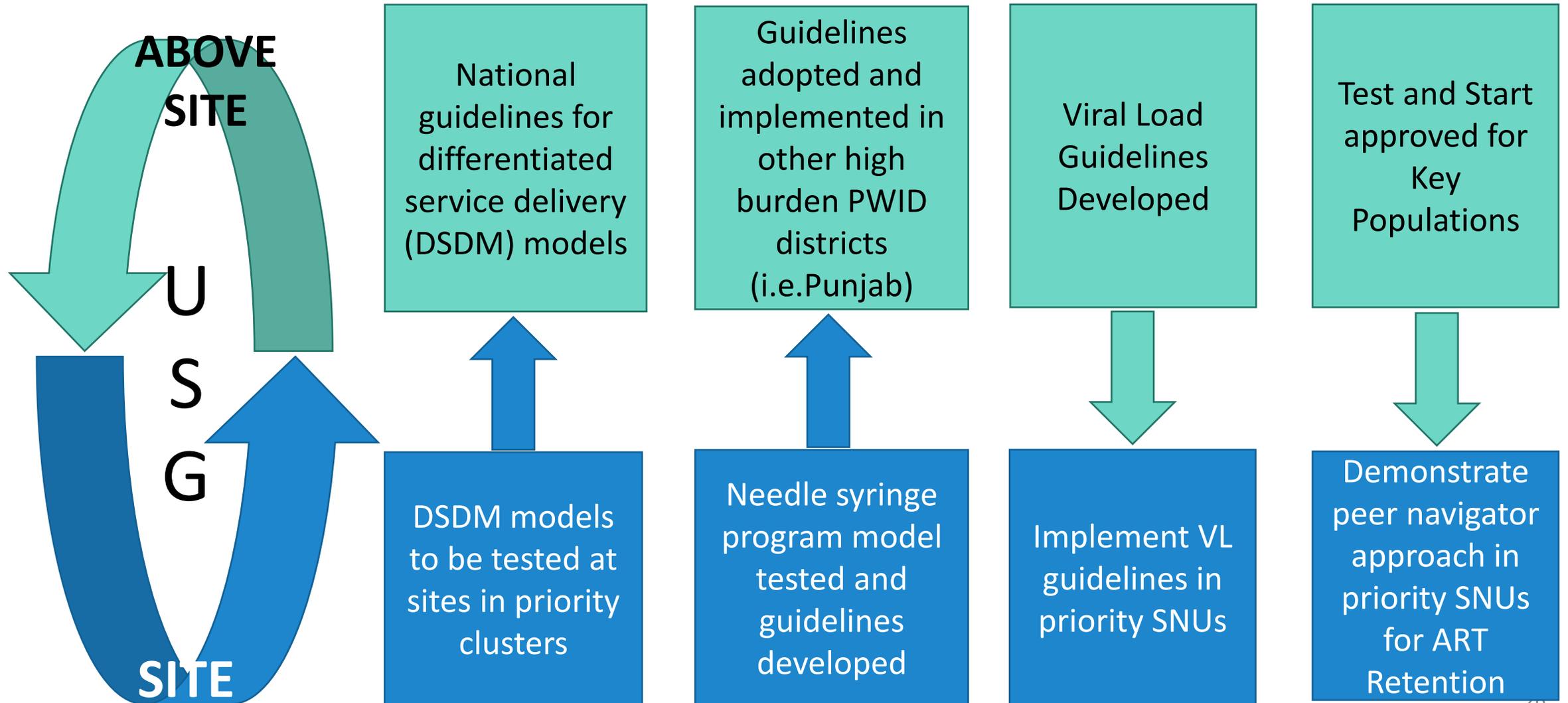
- Enable district dashboards-based epi monitoring
- Support case-based reporting for KPs
- Support high quality data generation and dissemination
- Strengthen facility data systems (e.g. QI of ART centers reporting systems)
- Strengthen capacities for district M&E staff

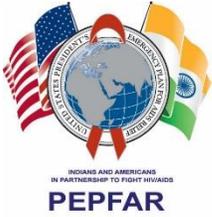
Key Outcomes:

- District-level dashboards provide real-time data for program improvement
- Case-based reporting implemented in cluster districts to monitor treatment outcomes among KPs
- Standardized methodology for developing district-level estimates finalized for NACO to produce district estimates for high-burden districts
- Standardized approach for rolling population size estimates for KP developed and implemented in 6 districts



Bridging Above-Site and Site Levels to Magnify Impact





Investment Profile: 2017 – 2018 Budget

Total 2017-2018 Budget	\$414,000,000
Government of India (includes WB)	72.2% (\$299,000,000)
PEPFAR	5.6% (\$23,000,000)
Global Fund	22.2% (\$92,000,000)

- Represents 18% increase on the GOI budget of \$254m in 2016-17
- Numbers are estimates
- REDACTED



Global Fund Grant to India

Period: 2015-2017
Funding: USD \$238 m

Components being funded :

- ARV drugs*
- Viral load testing
- Care and Support
- Procurement & Supply Chain Systems
- HIV-TB
- PMTCT
- Information Systems & M&E

Period: 2018-2020
Projected Funding: USD \$155 m

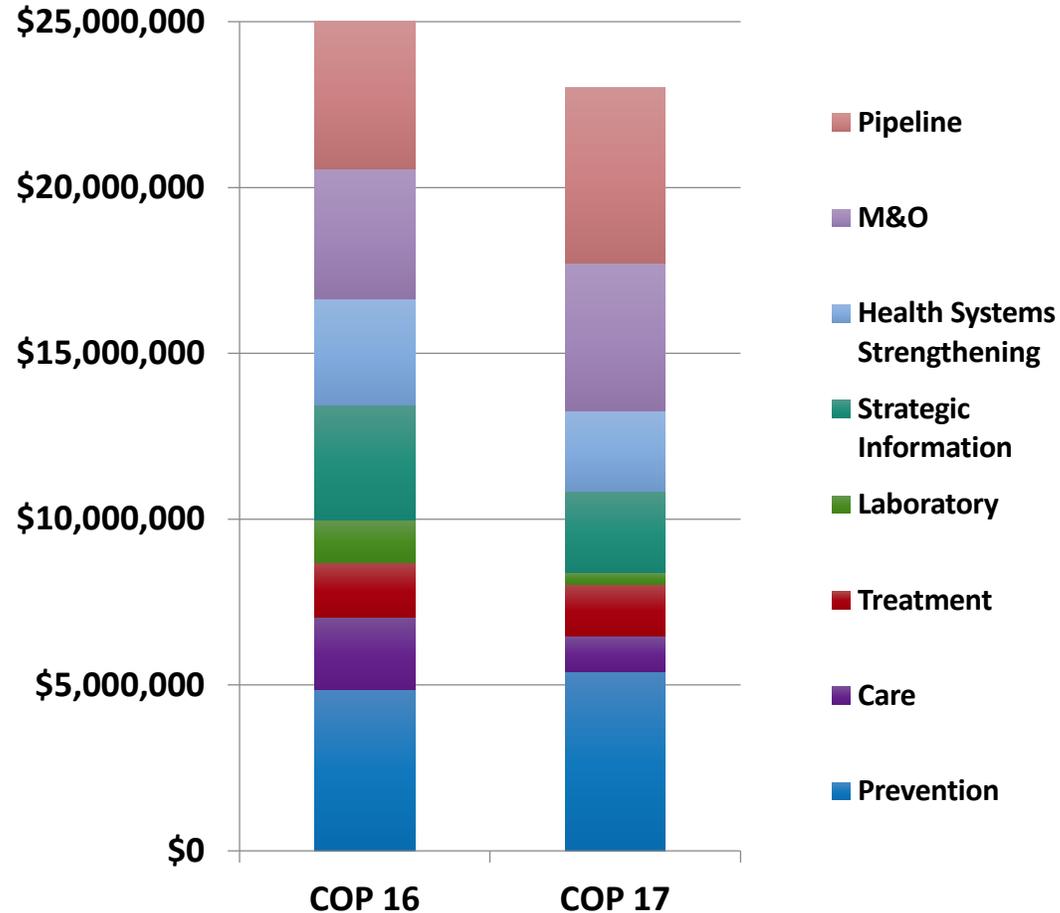
Gap areas identified by Global Fund to support:**

- 'Test and treat' strategy
- Scale up viral load testing services
- Partnering with civil society

* GoI has expanded domestic budgetary support for ARV drugs, contributing 20%, 50% and 70% of total requirement during the 3 years of implementation period.

** GoI has initiated discussions on developing a costed National Strategic Plan for 7 years and to identify the programmatic gaps for Global Fund allocation period 2018-2020.

COP 17 Budget Summary



New Funding: \$17,707,649

Pipeline: \$5,292,351

Earmarks Met

- Care & Treatment
\$3,410,431
- HKID
\$290,391

Cross-Cutting Program Areas

- GBV: \$50,000

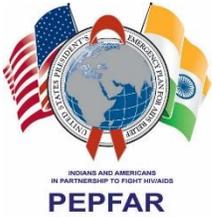
COP 16 & COP 17 by Budget Code

Budget Code	Budget Code Description	COP 16 Budget	COP 17 Budget	Difference
HVOP	Other Sexual Prevention	\$ 1,855,254	\$ 2,038,132	10%
HVCT	HIV Testing and Counseling	\$ 981,274	\$ 1,587,328	62%
HBHC	Adult Care and Support	\$ 490,916	\$ 735,406	50%
HVTB	TB/HIV	\$ 1,418,112	\$ 297,908	-79%
HKID	Orphans and Vulnerable Children	\$ 247,753	\$ 290,391	17%
HTXS	Adult Treatment	\$ 1,699,644	\$ 1,864,059	10%
PDTX	Pediatric Treatment	\$ 148,224	\$ 36,860	-75%
PDCS	Pediatric Care and Support	\$ 272,033	\$ -	-100%
MTCT	Mother-to-Child Transmission	\$ 343,334	\$ -	-100%
HMBL	Blood Safety	\$ 259,412	\$ -	-100%
IDUP	Injection Drug Use Prevention	\$ 1,820,017	\$ 2,111,076	16%
HLAB	Laboratory Infrastructure	\$ 1,397,950	\$ 494,065	-65%
HVSI	Strategic Information	\$ 3,769,870	\$ 3,058,213	-19%
OHSS	Health Systems Stregthening	\$ 3,388,983	\$ 2,503,350	-26%
HVMS	Management and Operations	\$ 2,470,680	\$ 2,690,861	9%
	Pipeline	\$ 4,436,544	\$5,292,351	19%
	Total	\$ 25,000,000	\$ 23,000,000	



PEPFAR India Target & Results Trends

Indicator	FY16 target	FY16 result (% achieved)	FY17 Target	FY17 Q1 Results (% achieved)	Proposed FY18 target
HTC_TST	432,421	91,769 (21%)	323,838	71,479 (22%)	102, 897
HTC_POS	36,774	516 (2%)	9,898	928 (9%)	4,151
TX_NEW	17,659	10,051 (57%)	22,965	1,592 (7%)	26,343
TX_CURR	137,261	97,063 (71%)	153,859	43,042 (28%)	172,610
TX_RET (N)	15,809	7,645 (48%)	15,528	n/a	24,272
TX_RET (D)	17,659	11,529 (65%)	20,292	n/a	30,178
TX_PVLS (N)					58,741
TX_PVLS (D)					73,426



PEPFAR India Target & Results Trends

Indicator	FY16 target	FY16 result	FY17 Target	FY17 Q1 Results	Proposed FY18 target
PP_PREV	220,290	239,227 (108%)			
KP_PREV	100,849	60,460 (60%)	87,309	19,614 (22%)	101,319
KP_MAT	5,996	2,431 (41%)	6,248	n/a	5,509
PMTCT_STAT			193,833	31,222 (16%)	
PMTCT_ARV	1,686	70 (4%)	460	182 (40%)	
OVC_SERV	23,314	33,706 (144%)	23,291	n/a	35,358
TB_STAT	118,089	2,901 (3%)			
TB_ART	5,279	1,350 (26%)	5,185	n/a	8,444
TX_TB					9,056



PARTNER PERFORMANCE ASSESSMENT

DATIM TARGETS VS RESULTS

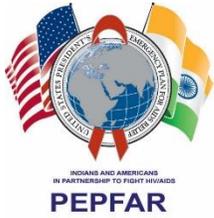
Wkly/Mthly Meetings & Reporting by Partners

Quarterly Partner review meeting

Quarterly Financial review

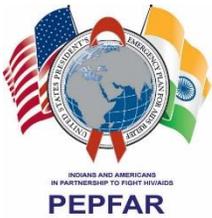
Joint review meetings with SACS/NACO/Communities

SIMS VISITS

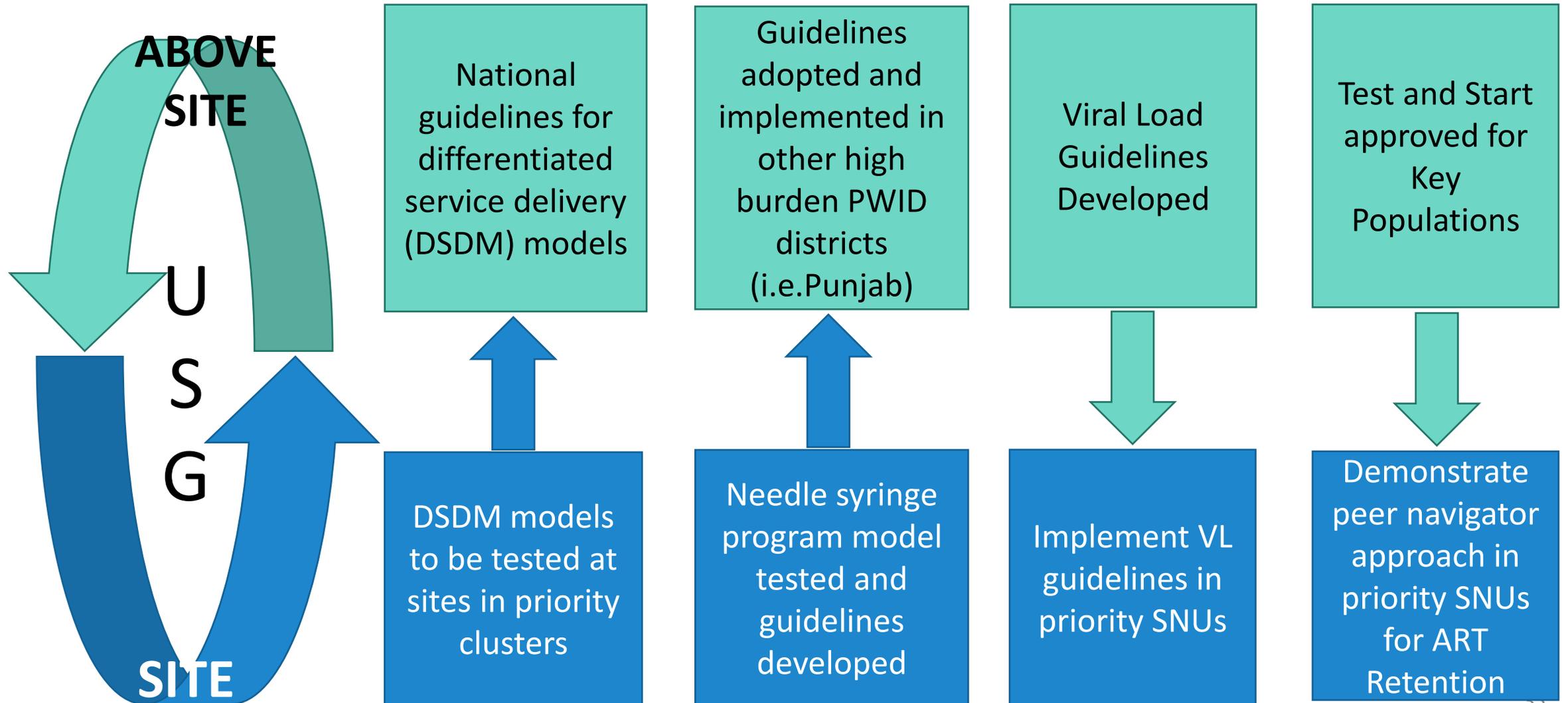


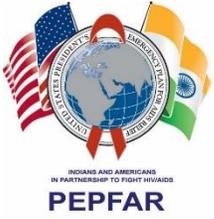
PEPFAR's Support for Greater Sustainability

- A transition plan is developed for all interventions
- NACO is key to the process of sustainability: NACO participates in the planning, roll-out and evaluation of all interventions
- Capacity building and guidelines for the SACS facilitate future management
- Active community engagement at all stages of the project supports long-term sustainability
- PEPFAR India maintains close interaction with stakeholders, including the GOI, multilateral donors, the US Embassy, and civil society, to provide feedback to projects



Bridging Above-Site and Site Levels to Magnify Impact





Shukriya, Dhanyavaad, Thank You!