Status Overview: COP 2016 implementation and country context
Strong National Policy Framework

- Multi-month prescription ✓
- Test and Start ✓
- Same-day ART initiation – clinic ✓
- Same-day ART initiation – community ✓
- Self Testing await WHO prequalification
- Key Populations ✓
- Service Differentiation ✓
- PrEP MOH endorsed and commitment to provide the ARVs

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
HTC Progress: FY16 Q1 – FY17 Q2

Test and Treat

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.

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

HTC Positives: FY16 Q1 – FY17 Q2

Test and Treat

Cumulative Q2  Positives Target  Positives

FY16 Q1  FY16 Q2  FY16 Q3  FY16 Q4  FY17 Q1  FY17 Q2  FY17 Target

8,094  8,766  9,321  11,793  9,677  9,979  96,120

19,656  20%

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.
FY17 Q2 Testing Yield: By Clinical Sites

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

FY17 Q2 Testing Yield: By Community Sites

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.
Positives and Yield by Modality

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.
Index Testing by Age and Sex FY 17 Q1 and Q2

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.
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.
Inpatient Testing Coverage (January – March) all Districts

<table>
<thead>
<tr>
<th>IM</th>
<th>Age</th>
<th>Admissions</th>
<th>% Knew status</th>
<th>New Positives</th>
<th>HTS Positivity</th>
<th>Overall HIV Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAR-L</td>
<td>0-19 yrs</td>
<td>523</td>
<td>96%</td>
<td>10</td>
<td>4.4%</td>
<td>9.3%</td>
</tr>
<tr>
<td></td>
<td>20+ yrs</td>
<td>1014</td>
<td>98%</td>
<td>39</td>
<td>13.3%</td>
<td>37.1%</td>
</tr>
<tr>
<td>PUSH</td>
<td>0-19 yrs</td>
<td>563</td>
<td>99%</td>
<td>7</td>
<td>4.8%</td>
<td>12.4%</td>
</tr>
<tr>
<td></td>
<td>20+ yrs</td>
<td>224</td>
<td>99.6%</td>
<td>2</td>
<td>3.3%</td>
<td>38.1%</td>
</tr>
</tbody>
</table>

Above 95% of admitted patients know their HIV status at discharge.

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).
Outpatient Testing Coverage

- Total # OPD Clients seen: 4,274
- Known Status: 52%
- Eligible for Testing: 2,048
- Tested for HIV: 1,394
- Total with status documented: 85%

* Data from three facilities in Berea for March 2017

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.
Treatment Enrolment Trends vs. Positives Identified

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.
Workplace Test and Treat Campaigns

• Apparel factory worker predominantly (85%) young females; HIV prevalence 41%

• Integrated outreaches for HTS & ART
  ➢ Total tested to date = 943
  ➢ Yield = 6.5% (61)
  ➢ 50 (82%) linked to treatment

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.
Community Same-Day ART Initiation (FY17 Q2)

87% same-day initiation

*53 Patients with <14-days on ART

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).
Cross-Border Migrant Worker Services

TEBA (The Employment Bureau of Africa) offices as an opportunity to reach migrant population especially men with HTS, TB & ART

• 3 sites accredited to provide ART FY2016
• Jan-Mar. ‘17: 626 miners seen, 493 HTS, 77 HIV+ (16%), 77 same-day ART initiation
• Expansion to 2 additional sites by APR2017

• Global Fund/ GOL will support two mobile clinics in Maputsoe and Maseru border
  • Launching Maputsoe April 27th, 2017

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.
ART Enrolments June 2015 – March 2017

52% increase in new ART in FY17 Q2 enrollments compared to FY16Q2

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.
New on Treatment Trends: Males by Age FY16Q1 – FY17 Q2

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.
New on Treatment Trends: Females by Age FY16Q1 – FY17 Q2

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.
TB/HIV Trends

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.
Treatment Coverage By FY17 Q2: Scale-Up Districts Only

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.

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
TX_CURR trends: Scale-up Districts

<table>
<thead>
<tr>
<th>Quarter</th>
<th>TX_CURR Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15Q2</td>
<td>92,108</td>
</tr>
<tr>
<td>FY15Q4</td>
<td>94,456</td>
</tr>
<tr>
<td>FY16Q2</td>
<td>110,602</td>
</tr>
<tr>
<td>FY16Q4</td>
<td>127,706</td>
</tr>
<tr>
<td>FY17 Q2</td>
<td>140,723</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.
## Current on Treatment Coverage by District: FY17 Q2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Berea</td>
<td>44,577</td>
<td>24,831</td>
<td>32%</td>
<td>56%</td>
</tr>
<tr>
<td>Leribe</td>
<td>56,853</td>
<td>28,315</td>
<td>36%</td>
<td>50%</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>28,303</td>
<td>18,446</td>
<td>31%</td>
<td>65%</td>
</tr>
<tr>
<td>Maseru</td>
<td>106,549</td>
<td>56,462</td>
<td>45%</td>
<td>53%</td>
</tr>
<tr>
<td>Mohale's Hoek</td>
<td>20,108</td>
<td>11,338</td>
<td>24%</td>
<td>56%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>256,390</strong></td>
<td><strong>139,392</strong></td>
<td><strong>36%</strong></td>
<td><strong>54%</strong></td>
</tr>
</tbody>
</table>

**2014 Population viral suppression 58% (DHS) suggests higher ART coverage.**

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).
ART Retention: ART LTFU Tracking

Overall retention of 75%. Enhanced partner management through monthly cohort results and programmatic interventions used to improve retention.

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

Significant Viral Load Scale-Up

Dramatic increase in viral load testing (1500 to 30,000+ per quarter)

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.
VMMC Progress: FY16 Vs. FY17

Doubled Q2 achievement

FY16
FY17

Q1 Q2 Q3 Q4 FY16 Target FY17 Target

Cumulative Target

82%

10,663 17,279
31,709 38,808
7,054 40,573

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

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.
# Annual Investment Profile by Program Area

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Total Expenditure</th>
<th>% PEPFAR</th>
<th>% GF</th>
<th>% Gov. of Lesotho</th>
<th>% Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment and support</td>
<td>$32,761,311</td>
<td>23%</td>
<td>28%</td>
<td>46%</td>
<td>2%</td>
</tr>
<tr>
<td>Community-based care, treatment and support</td>
<td>$1,980,920</td>
<td>67%</td>
<td>11%</td>
<td>0%</td>
<td>22%</td>
</tr>
<tr>
<td>PMTCT</td>
<td>$2,719,282</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>HTC</td>
<td>$6,487,775</td>
<td>72%</td>
<td>19%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>VMMC</td>
<td>$5,144,085</td>
<td>96%</td>
<td>3%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Priority population prevention</td>
<td>$4,174,870</td>
<td>37%</td>
<td>43%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Key population prevention</td>
<td>$213,386</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>OVC</td>
<td>$9,470,582</td>
<td>26%</td>
<td>4%</td>
<td>62%</td>
<td>8%</td>
</tr>
<tr>
<td>Other impact mitigation</td>
<td>$10,217,402</td>
<td>0%</td>
<td>1%</td>
<td>24%</td>
<td>75%</td>
</tr>
<tr>
<td>Lab</td>
<td>$5,395,181</td>
<td>56%</td>
<td>16%</td>
<td>25%</td>
<td>3%</td>
</tr>
<tr>
<td>SI, Surveys and Surveillance</td>
<td>$2,175,618</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>HSS</td>
<td>$8,910,571</td>
<td>52%</td>
<td>14%</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$89,650,981</strong></td>
<td><strong>39.5%</strong></td>
<td><strong>17.1%</strong></td>
<td><strong>29.1%</strong></td>
<td><strong>14.3%</strong></td>
</tr>
</tbody>
</table>
COP 2017 Strategy
Stakeholder Review and Comments (1/2)

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
<th>CSO Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 23-26 2017</td>
<td>COP17 Retreat with Stakeholders, Global Fund, and MOH</td>
<td>Support <strong>mobilization of PLHIV</strong> and promote existing structures: support groups, CAGs, etc.</td>
</tr>
<tr>
<td>March 6 2017</td>
<td>Present COP17 at Global Fund Stakeholders Meeting</td>
<td><strong>Support CSOs to conduct research</strong> on HIV related issues</td>
</tr>
<tr>
<td>March 8 2017</td>
<td>COP17 discussion with CSOs</td>
<td>Provides technical guidance on <strong>advocacy</strong> strategies and financially support advocacy efforts</td>
</tr>
<tr>
<td>March 10 2017</td>
<td>SDS shared with CSOs</td>
<td>Provide <strong>capacity building</strong> to CSO structures</td>
</tr>
<tr>
<td>March 14 2017</td>
<td>CSO provided written feedback on COP17*</td>
<td><strong>Support CSOs to monitor supply chain issues</strong> at health centers</td>
</tr>
<tr>
<td>March 15 2017</td>
<td>Final COP17 submission endorsed by MOH</td>
<td>Support initiatives that <strong>improve linkage and retention</strong></td>
</tr>
<tr>
<td>March 23 2017</td>
<td>PEPFAR provided written feedback on CSO comments*</td>
<td><strong>Support behavior change and demand creation programs</strong></td>
</tr>
</tbody>
</table>
Activities currently ongoing and/or planning in COP17.
- Collaboration with CSOs on service delivery and tracking treatment defaulters
- CSOs advocacy and capacity strengthening being done by AIDSFree

PEPFAR Lesotho proposed:
- Biannual meetings with CSOs, in addition to the quarterly POART.
- Invite CSOs to participate in community SIMS visits.
- MOH to share monthly stock status data for all commodities with CSOs.

Feedback was not included and why:
- PEPFAR request that the CSOs provide additional clarity on how a stronger Health Advocacy Forum would increase CSO capacity and ensure better coordination and involvement of CSOs in the PEPFAR COP process
Global Fund Coordination

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 23-26 2017</td>
<td>COP17 Retreat with Stakeholders, Global Fund, and MOH</td>
</tr>
<tr>
<td>March 10 2017</td>
<td>SDS shared with the Global Fund &amp; other multi-lateral stakeholders</td>
</tr>
</tbody>
</table>

• **Expansion to high-volume sites in sustain districts**: negotiation and understanding how programs will synergize to be finalized within one month

• **ARV**: Government of Lesotho reviewing and revising ARV quantification in light of aggressive targets to inform GF investment under the Program Continuation modality
COP 2016 vs COP 2017 Budget Code Totals (excluding central funding)

- Abstinence/Be Faithful: $100,000
- Mother to Child Transmission: $498,768
- Male Circumcision: $581,559
- Pediatric Care and Support: $753,904
- Lab: $800,522
- Health Systems Strengthening: $945,325
- Pediatric Treatment: $1,453,957
- Strategic Information: $1,671,671
- Management & Operations: $2,993,181
- Adult Care and Support: $3,014,278
- Orphans and Vulnerable Children: $5,028,859
- TB/HIV Care: $2,893,266
- Other Sexual Prevention: $830,396
- Counseling and Testing: $2,821,849
- Adult Treatment: $17,954,829
- Central Funding:
  - CIRC: $3M
  - HIS: $3M
  - VACs: $3M
  - DREAMS T&S: $3M

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
## 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>USAID</td>
<td>$33,746,396</td>
<td>$3,280,568</td>
<td>$37,026,964</td>
</tr>
<tr>
<td>HHS/CDC</td>
<td>$27,296,842</td>
<td>$1,753,355</td>
<td>$29,050,197</td>
</tr>
<tr>
<td>State</td>
<td>$306,717</td>
<td>-</td>
<td>$306,717</td>
</tr>
<tr>
<td>DOD</td>
<td>$320,527</td>
<td>$300,000</td>
<td>$620,527</td>
</tr>
<tr>
<td>PC</td>
<td>$400,000</td>
<td>$317,000</td>
<td>$717,000</td>
</tr>
<tr>
<td>State/AF</td>
<td>$150,000</td>
<td>-</td>
<td>$150,000</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$62,220,482</strong></td>
<td><strong>$5,650,923</strong></td>
<td><strong>$67,871,405</strong></td>
</tr>
</tbody>
</table>
Earmark Allocations

• New FY 2017 funds allocated to care and treatment: $36,264,095
  • COP 2017 requirement: $35,734,756

• New FY 2017 funds allocated to OVC: $5,028,859
  • COP 2017 requirement: $2,988,728

• New FY 2017 funds allocated to water: $550,000
  • COP 2017 requirement: $75,000

• New FY 2017 funds allocated to GBV: $230,250
  • COP 2017 requirement: $100,000
<table>
<thead>
<tr>
<th>District</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>Trend line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maseru Scale-up sat.</td>
<td>53%</td>
<td>68%</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Leribe Scale-up sat.</td>
<td>46%</td>
<td>60%</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Berea Scale-up sat.</td>
<td>47%</td>
<td>63%</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Mafeteng Scale-up sat.</td>
<td>57%</td>
<td>74%</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Mohale's Hoek Scale-up sat.</td>
<td>46%</td>
<td>85%</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Quthing Sustained</td>
<td>33%</td>
<td>36%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Thaba Tseka Sustained</td>
<td>39%</td>
<td>43%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Mokhotlong Sustained</td>
<td>54%</td>
<td>59%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Butha Buthe Sustained</td>
<td>50%</td>
<td>55%</td>
<td>66%</td>
<td></td>
</tr>
<tr>
<td>Qacha's Nek Sustained</td>
<td>34%</td>
<td>37%</td>
<td>52%</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).
## COP17 Target Coverage by Age/Sex

<table>
<thead>
<tr>
<th>SNU</th>
<th>SNU Priority</th>
<th>Male</th>
<th></th>
<th></th>
<th>Female</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt;15</td>
<td>15-24</td>
<td>25+</td>
<td>&lt;15</td>
<td>15-24</td>
<td>25+</td>
</tr>
<tr>
<td>Berea</td>
<td>Scale-Up Sat</td>
<td>80%</td>
<td>84%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Leribe</td>
<td>Scale-Up Sat</td>
<td>80%</td>
<td>84%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>Scale-Up Sat</td>
<td>84%</td>
<td>96%</td>
<td>95%</td>
<td>85%</td>
<td>93%</td>
<td>96%</td>
</tr>
<tr>
<td>Maseru</td>
<td>Scale-Up Sat</td>
<td>80%</td>
<td>84%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>94%</td>
</tr>
<tr>
<td>Mohale's Hoek</td>
<td>Scale-Up Sat</td>
<td>95%</td>
<td>91%</td>
<td>89%</td>
<td>97%</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

PEPFAR Lesotho

Botha Bothe District
1. Botha Bothe Hospital
2. Seboche Hospital

Mokhotlong District
3. Libibing H/C
4. Malefiloane H/C
5. Mapholaneng H/C
6. Mokhotlong Hospital
7. Tihanyaku H/C

Quacha's Nek District
8. Machabeng Hospital
9. Tebellong Hospital

Quthing District
10. Maphaki H/C
11. Quthing Hospital
12. St. Mathews H/C
13. Villa Maria H/C

Thaba Tseka District
14. Bobete H/C
15. Katse H/C
16. Methalaneng H/C
17. Paray Hospital
18. St. James Hospital

High-volume sites

District Prioritization
1 - Scale-Up: Saturation
4 - Sustained

ART Coverage
- TX_Current (FY2016 - result)
- TX_NET_NEW (FY2017 - target)
- TX_NET_NEW (FY2018 - target)
- ART Un-met need
## Summary of COP 2017 Targets by Prioritization

<table>
<thead>
<tr>
<th>COP17 Priority</th>
<th>COP17 Target (APR18) HTC_Test</th>
<th>COP17 Target (APR18) HTC_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>
<th>COP17 Target (APR18) VMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>1,138,472</td>
<td>97,246</td>
<td>90,646</td>
<td>256,694</td>
<td>89,970</td>
<td>6,599</td>
<td>87,827</td>
<td>50,183</td>
</tr>
<tr>
<td>Attained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturation</td>
<td>1,012,765</td>
<td>87,855</td>
<td>81,729</td>
<td>229,462</td>
<td>89,970</td>
<td>6,599</td>
<td>87,827</td>
<td>49,226</td>
</tr>
<tr>
<td>Aggressive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustained</td>
<td>121,787</td>
<td>8,954</td>
<td>8,575</td>
<td>24,966</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>342</td>
<td>2,266</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>957</td>
</tr>
</tbody>
</table>
## Impact over time: Tx_New and Tx_CURR Details

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>30,830</td>
<td>127,706</td>
<td>89,811 / 18,018 (20%)</td>
<td>192,499 / 140,723 (73%)</td>
<td>10</td>
<td>90,646</td>
<td>256,694</td>
<td>64,189</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>Saturation</td>
<td>5</td>
<td>30,770</td>
<td>126,137</td>
<td>89,445 / 17,939 (22%)</td>
<td>190,587 / 139,105 (73%)</td>
<td>5</td>
<td>81,729</td>
<td>229,462</td>
<td>38,869</td>
</tr>
<tr>
<td>Aggressive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>8,575</td>
<td>24,966</td>
<td>16,391</td>
</tr>
<tr>
<td>Military</td>
<td>60</td>
<td>1,569</td>
<td>366 / 79 (20%)</td>
<td>1,912 / 1,618 (85%)</td>
<td></td>
<td>342</td>
<td>2,266</td>
<td>352</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).
Proposed COP17 Clinical Cascades by Gender

Male Cascade

Net New to FY18
- PLHIV Diagnosed
- PLHIV On ART FY16
- Suppressed

Achieved FY16
- PLHIV
- Diagnosed PLHIV
- On ART FY16
- Suppressed

Females Cascade

Net New to FY18
- PLHIV Diagnosed
- PLHIV On ART FY16
- Suppressed

Achieved FY16
- PLHIV
- Diagnosed PLHIV
- On ART FY16
- Suppressed
Proposed COP17 Clinical Cascades by Age Bands

Adult

- PLHIV: 315,000
- Diagnosed PLHIV: 156,325
- On ART FY16: 148,508
- Suppressed: 129,202

Pediatric <15

- PLHIV: 36,492
- Diagnosed PLHIV: 32,843
- On ART FY16: 28,573
- Suppressed: 36,492

Achieved FY16

- Net New to FY17 Target
- Net New to FY18
## Expansion of Priority Testing Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Target Population</th>
<th>Current FY17 Implementation status</th>
<th>COP17 Strategic Pivot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale up Targeted mobile testing</td>
<td>Data-driven “sweeps” of community councils with higher prevalence</td>
<td>Men, Key &amp; Priority populations</td>
<td>13 mobile teams (3 integrated with ART)</td>
<td>10-12 mobile teams per district, with escort vehicles, and linkages agents</td>
</tr>
<tr>
<td></td>
<td>Mapping of hot spots &amp; collaboration with KP organizations</td>
<td>Men, Key &amp; Priority populations</td>
<td>Colocation with 2 KP organizations to provide HTS</td>
<td>Expand access to 5 more male dominated industries (mines, gov. ministries, taxi associations)</td>
</tr>
<tr>
<td></td>
<td>Conduct integrated outreaches in the high transit areas (borders)</td>
<td>Men, Key &amp; Priority populations</td>
<td>Pilot month-end border post test &amp; treat mobile outreach in 2 border posts by Q3</td>
<td>Routinize monthly and holiday HTS/ART outreached around 4 busiest border posts</td>
</tr>
<tr>
<td></td>
<td>Scale up workplace multi-disease campaigns integrated with ART</td>
<td>Working class (young men &amp; women) &amp; other underserved populations</td>
<td>Carry out 2 multi-disease campaigns by Q4 among two govt ministries</td>
<td>Reach 80% of government ministries, &amp; at least 5 private Companies</td>
</tr>
<tr>
<td>Integrate ART &amp; KP friendly services within Community VCT sites</td>
<td>Accreditation for same-day ART Initiation</td>
<td>Men, key population, and young people</td>
<td>4 VCT sites &amp; 2 new sites by Q3</td>
<td>Distribution point for self HIVSTKs in the 6 VCT sites Integrated KP Friendly services</td>
</tr>
</tbody>
</table>
# Expansion of Priority Testing Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Target Population</th>
<th>Current FY17 Implementation status</th>
<th>COP17 Strategic Pivot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimize PICT in all facilities</td>
<td>Integrate Self testing in all PICT self delivery points (ART, ANC, OPD)</td>
<td>ALL, Sexual partners and peers of young people</td>
<td>Self-testing pilot among the military population</td>
<td>Integrated in all testing modalities in the 10 districts, facility &amp; community</td>
</tr>
<tr>
<td></td>
<td>Saturate all PICT outlets &amp; Scale up screening for HTS eligibility</td>
<td>ANC, TB, Inpatients clients</td>
<td>Over 95% coverage in IPD, and 68% testing at OPD (overall knowledge of status 85%)</td>
<td>Maintain high coverage and increasing testing at OPD to 95%</td>
</tr>
<tr>
<td>Strengthen Index Testing (facility &amp; community)</td>
<td>Introduce routine partner notification &amp; HTS for all newly diagnosed clients</td>
<td>Sexual partners of PLHIV</td>
<td>PN SOPs and HCW training to be complete by Q4</td>
<td>Full implementation of PNS in CBHTS &amp; PICT</td>
</tr>
<tr>
<td></td>
<td>Prioritize newly identified PLHIV for indexing</td>
<td>Sexual partners &amp; children of PLHIV</td>
<td>Less than 50% coverage for partners and around 40% for children of PLJHIV</td>
<td>70% of newly diagnosed clients indexed 95% of ART patients with documented HIV status for sexual partners &amp; children</td>
</tr>
</tbody>
</table>
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Gender and Age Distribution by Modality

Facility Index  | Inpatient Services  | Tuberculosis  | VMMC  | Other PITC
---|---|---|---|---
Community Index  | Mobile  | Other Community  | VCT standalone

Facility Index
- Male
- Female

Inpatient Services
- Male
- Female

Tuberculosis
- Male
- Female

VMMC
- Male
- Female

Other PITC
- Male
- Female
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

1st 90 Strategies towards COP17: PICT SHIFTS

Baseline at Q2 | Q3 projection | Q4 Projection | COP17
---|---|---|---
Other PICT | INDEX/FAMILY TREE | TB | IN PATIENT | VMMC
93% | 80% | 77% | 74%

Weekly reporting on positives identified

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).
1st 90 Strategies Towards COP17: CBHTS SHIFTS

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).
## COP 2017 Strategic Priorities

| Expand Treatment Coverage | - 91% coverage in five scale-up districts  
|                          | - ART service expansion in 18 high volume sites in the sustained districts |
| Improve Clinical Cascade Service uptake | - Attain 90% HTS-Treatment Linkages in all sex and age groups  
|                                         | - Attain 90% retention rates for all sub-populations  
|                                         | - Attain 90% suppression rates |
| Strengthen systems for the 2\textsuperscript{nd} and 3\textsuperscript{rd} 90s | - Enhanced M&E: Electronic Registers and mhealth technology  
|                                                                           | - Optimize HRH to improve direct service delivery  
|                                                                           | - Alignment site pharmacy systems to the ART models of care  
|                                                                           | - CSO engagement for mobilization for treatment and retention |
Implementation Approach: Direct Service Delivery

**Linkage to Treatment**
- **Focal Persons:** Pre-ART Tracking, inter-facility tracking
- **Lay Counselors:** Inter-facility linkage, Pre-ART initiation counseling
- **PITC Officer:** QA/QC, PITC coverage, mentorship

**Treatment Initiation and clinical care**
- **Nurse Clinicians:** ART initiation, refills, prevention/screening/mgt of Ois, TB, STIs
- **Doctors:** Clinical care, mgt of treatment failure, and mentorships
- **PPIOs:** Quality improvement, mentorship

**Retention on Treatment and Viral Suppression**
- **Professional Counselors:** Adherence and retention support
- **Focal Persons:** CAGS, tracking defaulters, peer support
- **Youth Ambassadors:** Peer support, support groups

---

**Records Assistants:** Improved M&E and reporting systems
**Pharmacists/Pharmacy Technicians:** ARV ordering, pre-packaging for CAGS, multi-month dispensing, ART adherence counseling, fast-track refills
**Community Focal Persons:** Community Mobilization and Test and Treat demand creation

---

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Service Differentiation by Patient Type

**Models for stable patients**
- Scale-up Community ART delivery through Pack homes
- Expanded integrated outreaches
- Community Adherence groups
- Lay counselor ART delivery

**Special programs to reach underserved populations**
- Workplace PPP initiatives
- Border Points of Care for TB and HIV (PPP)
- KP friendly clinics
- Men’s clinics 15-49

**Newly diagnosed**
- Same-day ART initiation
- HTS to TX linkage 90%
- Enhanced Tracking of HIV+ from community
- Treatment services Demand Creation
- Enhanced Adherence counseling

**Direct Service Delivery**
- Extended clinic hours
- Defaulter tracking

**Unstable patients**
- Service package for late presenters/advanced HIV disease
- Fast-tracking for unsuppressed patients

---

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
## COP 2017: Expansion plan of non-facility ART services

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target Population</th>
<th>Current Status</th>
<th>Expected FY17</th>
<th>Goal COP17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community ART Initiation</td>
<td>Men, Youth</td>
<td>3 mobile Teams</td>
<td>5 static 8 mobile teams, flexible hours</td>
<td>16 additional mobile teams, flexible hours</td>
</tr>
<tr>
<td>Workplace</td>
<td>AGYW and Men</td>
<td>1 mobile team, 3 private clinics</td>
<td>Factories: 10 private clinics, and 4 Maseru &amp; 2 Leribe mobile teams</td>
<td>Other workplaces: Public servants, Cooperate organization e.g LRA, Banks</td>
</tr>
<tr>
<td>Integrated Outreaches</td>
<td>Family members, Children, ALHIV</td>
<td>72 sites</td>
<td>100 sites, 10 additional mobile teams</td>
<td>14 additional mobile teams</td>
</tr>
<tr>
<td>TEBA PROMISE</td>
<td>Miners/Ex-miners</td>
<td>3 static sites</td>
<td>3 static sites and 2 new sites (World Bank)</td>
<td>5 static sites</td>
</tr>
<tr>
<td>Prisons</td>
<td>Prisoners</td>
<td>1 static site</td>
<td>4 static sites</td>
<td>4 static sites</td>
</tr>
<tr>
<td>Men’s Clinics</td>
<td>KP, Men, and Youth</td>
<td>3 men’s corners</td>
<td>8-Men’s ART Corners, 1 stand-one</td>
<td>Male-friendly services in all high volume sites</td>
</tr>
<tr>
<td>Cross-border services</td>
<td>Men and women working in RSA</td>
<td>None</td>
<td>2 mobile teams- Leribe and Maseru (GOL/GFCU)</td>
<td>2 mobile teams (GOL/GFCU)***</td>
</tr>
</tbody>
</table>
COP 2017 Programming Priorities for TB/HIV Scale-up

Universal Treatment for all TB/HIV Co-infected patients

- Attain 100% testing rates among TB patients and Presumptive TB patients
- Integrated Cross-border clinics and PPPs
- Improve TB/HIV Clinical cascade at facility level to attain >90% ART uptake

Ensure timely TB diagnosis and Treatment Completion

- Scale-up of GeneXpert MTF/RIF
- Intensified TB Detection through establishment of 13 mini-lab in in collaboration with GFCU

Scale-up TB Preventive Therapy and TB Infection Control

- Update and roll-out the 3Is guidelines
- Increase INH uptake and completion rates among PLHIV without active TB
- Support implementation of site TB Infection Control measures

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
COP17 PMTCT Strategic Priorities: Virtual Elimination of MTCT

Reach 95% ART Coverage for PBWLHIV
- Enhance demand creation and community tracking for first ANC uptake
- Consolidate gains of the facility PMTCT cascade: HTS/ART Uptake & Yield

Attain 80% EID coverage at 2 months of age
- Active tracking of mother-infant pairs and linkage to care
- EID- POC implementation
- PMTCT-EID outcomes and survival analysis

Attain 90% retention of PBWLHIV on ART
- Multi-month refills that is aligned to routine ANC schedules
- Community-based drug delivery/refills
- Flexible working hours/Weekends
Improving Retention Data

2016
- 2016 WHO ART guidelines roll-out
- New ART patient tools
- Age and sex disaggs
- CAGs roll-out

2017
- Staff responsible for Completeness and data quality in the ART registers for cohort analysis (12, 24, 36 months)
- Enhanced Adherence counselling
- Data collection in different service models
- VL log, EAC register

2018
- Establishment of electronic registers with patient level data
- Link mHealth to electronic registers
- Complete ART cohort data with viral load suppression data
- Continue FY17 investments

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Activities to Improve Retention: CAGs Scale-Up

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

COP17 VL Targets by Laboratory

<table>
<thead>
<tr>
<th>VL lab</th>
<th># Roche c4800</th>
<th># VL tests/year</th>
<th>% VL tests covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Ref Lab</td>
<td>2 + 1*</td>
<td>122,000</td>
<td>36%</td>
</tr>
<tr>
<td>Motebang Lab</td>
<td>2</td>
<td>96,000</td>
<td>28%</td>
</tr>
<tr>
<td>Mafeteng Lab</td>
<td>1</td>
<td>48,000</td>
<td>14%</td>
</tr>
<tr>
<td>Butha Buthe Lab</td>
<td>1</td>
<td>48,000</td>
<td>14%</td>
</tr>
<tr>
<td>MDR Hospital Lab</td>
<td>1</td>
<td>28,800</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td>7 + 1</td>
<td>342,800</td>
<td>100%</td>
</tr>
</tbody>
</table>

- COP 17 target achievement through a net increase of 3 viral load machines and double shifts at the NRL
- NRL will also support DBS VL testing using CAPCTM96 Machine

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
COP 2017 DREAMS Strategies

Continue: Implementation in Berea and Maseru

Expand: Within the 2 districts to reach saturation with enhanced layering.

Add: PrEP to our DREAMS package

Reinforce: Layering, KP and post GBV care services

Provide: Services to sexual partners of AGYW.

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
AGYW interventions: Target vs. Results; July 2016 to Mar 2017

- Parenting and caregiver programs: 22377
- Combination socio economic approaches: 12548
- Social asset building: 12079
- Contraceptive Mix method: 13764
- HTS: 85759
- GEND_GBV: 33548
- GEND_NORM: 7534
- School-based HIV & Violence: 80878

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.
Dreams layered services

Focus on improved layering and monitoring the use of DREAMS Passports

Monthly of partner layering progress with unique identifier database

A New Era of Accountability, Transparency, and Solidarity to Accelerate
OVC Program-addressing GBV and risk avoidance

Aligned with PEPFAR Lesotho priority districts

Co-located with PEPFAR clinical programs

Contributes to 90-90-90

GBV prevention for girls 9-14yrs

GBV
Comm. Mobilization
Gender Norm
Risk avoidance
School Base Violence Prevention

AGYW
Education Subsidies, YSRH, Psychological counseling, TX

Aggressive prevention for AGYW 15-19

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

FY18 OVC Targets:
OVC_SERV: 89,966
UNDER 18: 58,624

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.
Enablers For PrEP Implementation

- Clearly identified beneficiaries
  - Sero-discordant couples
  - AGYW (15 – 24 years)
  - FSW & MSM
- **Initial implementation for sero-discordant couples**
- Existing supportive services (HCT, Laboratory etc.)
- TDF/3TC- Registered
- Government committed to procure TDF/3TC
- PEPFAR Technical and Financial support
- Potential opportunity for expansion to other districts – Global Fund
- Implement lessons learned from other countries

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
## FY18 PrEP Budget and Targets

<table>
<thead>
<tr>
<th>Program</th>
<th>Budget ($)</th>
<th>Beneficiaries</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DREAMS</strong></td>
<td>$2,821,770</td>
<td>AGYW</td>
<td>13,945</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FSW (&lt;25 yrs)</td>
<td>470</td>
</tr>
<tr>
<td><strong>COP BASE</strong></td>
<td>$1,454,830</td>
<td>Sero-discordant</td>
<td>8,526</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Funding Source MSM</td>
<td>950</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FSW (25+ yrs)</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,276,600</td>
<td></td>
<td>23,991</td>
</tr>
</tbody>
</table>
## Key populations Size estimation and Target

### Epidemiology

<table>
<thead>
<tr>
<th>POP.</th>
<th>HIV Prevalence</th>
<th>Size Estimation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>33.3%</td>
<td>11,294</td>
</tr>
<tr>
<td>FWS</td>
<td>71.9%</td>
<td>6,748</td>
</tr>
</tbody>
</table>

### Targets

<table>
<thead>
<tr>
<th></th>
<th>Maseru</th>
<th>Leribe</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>2,601</td>
<td>1,530</td>
<td>4,131</td>
<td>80%</td>
</tr>
<tr>
<td>FSW</td>
<td>1,554</td>
<td>914</td>
<td>2,468</td>
<td>80%</td>
</tr>
</tbody>
</table>

- All targets are DSD
- GF is implementing KP activities in the other 3 Scale up districts
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
### Table 6

Table 6

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget Code(s)</th>
<th>Activity Budget Amount</th>
<th>Associated Implementing Mechanism ID</th>
<th>Relevant SID Element and Score (if applicable)</th>
<th>Other Stakeholders/ Donor Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources for Health</td>
<td>1,2,3,4</td>
<td>OHSS $109,873</td>
<td>17549 - TSEPO</td>
<td>7. Human Resources for Health (Score 5.75)</td>
<td>Mostly supported PEPFAR and some resources from ARC and LNC</td>
</tr>
<tr>
<td>Laboratory</td>
<td>1,2,3,4</td>
<td>HLAB/OHSS $860,000</td>
<td>17431 - URC Lab</td>
<td>10. Laboratory (Score 5.28)</td>
<td>Global Fund commodity Support</td>
</tr>
<tr>
<td>Laboratory</td>
<td>1,2,3,4</td>
<td>HLAB $280,000</td>
<td>17432 - MOH COAG</td>
<td>10. Laboratory (Score 5.28)</td>
<td>MOH Staff time</td>
</tr>
<tr>
<td>Strategic Information</td>
<td>1,2,3,4</td>
<td>HVSI $830,000</td>
<td>17123 - ICAP DHIS2</td>
<td>13. Epidemiological and Health Data (Score 6.13)</td>
<td>MOH Staff time</td>
</tr>
<tr>
<td>Central Funding SI</td>
<td>1,2,3,4</td>
<td>HVSI $5,450,000</td>
<td>TBD</td>
<td>13. Epidemiological and Health Data (Score 6.13)</td>
<td>Fully funded by PEPFAR</td>
</tr>
<tr>
<td>Quality Management</td>
<td>1,2,3,4</td>
<td>OHSS, HTXS, PDTX, HBHC and PDCS $450,000</td>
<td>16766 - URC ASSIST</td>
<td>Quality Management (Score 5.5)</td>
<td>Partners in Health (PIH) - DHMT reforms/ reorganizations</td>
</tr>
<tr>
<td>Commodity Security and Supply Chain</td>
<td>1,2,3,4</td>
<td>OHSS, HTXS, PDTX, HBHC and PDCS $2,150,000</td>
<td>18048 - Chemonics</td>
<td>8. Commodity Security and supply chain (Score 6.32)</td>
<td>Global Fund and MOH procurement of ARVs, RTKs, Condoms and Laboratory Supplies and reagents. Global Fund PSM support at NDSO and DHMTs.</td>
</tr>
</tbody>
</table>

**Represents 12% of overall budget**

$10,129,873
## Electronic Register

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement electronic register (system development, equipment, initial training)</td>
<td>Improve site-level and patient-level HIV-related data</td>
<td>1,400,000 USD</td>
</tr>
<tr>
<td>Electronic register technical support (HR, training, oversight, data management, M&amp;E)</td>
<td>Support effective implementation and build local capacity</td>
<td>250,000 USD</td>
</tr>
</tbody>
</table>

Agency: CDC  
Proposed IM: ICAP-Central CoAg  
Cascade Impact: All 90’s  
Total $: 1,650,000

## DHIS2

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHIS2 site-level technical support (Training, mentoring, site supervision, equipment)</td>
<td>Improve timeliness, completeness, and accuracy of reporting</td>
<td>500,000 USD</td>
</tr>
<tr>
<td>Establish interoperability with LIS and DHIS2</td>
<td>Enhance monitoring of core laboratory indicators</td>
<td>100,000 USD</td>
</tr>
<tr>
<td>Integrate community-based HIV testing services into DHIS2</td>
<td>Initiate/improve tracking of CBHTS, linkage to care, and ART initiation</td>
<td>200,000 USD</td>
</tr>
</tbody>
</table>

Agency: CDC  
IM: ICAP-Central CoAg  
Cascade Impact: All 90’s  
Total $: 800,000

## LMIS

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMIS technical support (HR, training, site supervision)</td>
<td>Improve efficient use of LMIS, increase robustness of system, improve stock/supply forecasting</td>
<td>150,000 USD</td>
</tr>
</tbody>
</table>

Agency: USAID  
IM: Chemonics  
Cascade Impact: 1st/2nd 90  
Total $: 150,000
## Commodities

<table>
<thead>
<tr>
<th>Category</th>
<th>Item description</th>
<th>ItemsList</th>
<th>COP 2016</th>
<th>COP 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTKs</td>
<td>Buffer Stock</td>
<td></td>
<td>$0</td>
<td>$55,658</td>
</tr>
<tr>
<td>VMMC</td>
<td>VMMC Kits</td>
<td></td>
<td>$0</td>
<td>$602,180</td>
</tr>
<tr>
<td>TB/HIV</td>
<td>GeneXpert cartridge</td>
<td></td>
<td>$586,338</td>
<td>$401,208</td>
</tr>
<tr>
<td>TB/HIV</td>
<td>TB-MGIT media</td>
<td></td>
<td>$0</td>
<td>$98,640</td>
</tr>
<tr>
<td>Lab - Other</td>
<td>Supportive media (EID, PCR, etc.)</td>
<td></td>
<td>$626,697</td>
<td>$663,975</td>
</tr>
<tr>
<td>Viral Load</td>
<td>VL test reagents</td>
<td></td>
<td>$3,002,977</td>
<td>$4,977,374</td>
</tr>
<tr>
<td>Viral Load</td>
<td>Supporting media</td>
<td></td>
<td>$0</td>
<td>$428,474</td>
</tr>
<tr>
<td>Lab - VL/IVT</td>
<td>DBS and Avidity</td>
<td></td>
<td>$0</td>
<td>$199,528</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$4,216,012</strong></td>
<td><strong>$7,427,037</strong></td>
</tr>
</tbody>
</table>
REA LEOHA!