COP17 Overview and Review of Q2 Results
Overview of Mozambique COP17

- **Aggressive scale-up of ART & VMMC** in response to IMASIDA data
- Special focus on **optimized case finding** and maximizing testing yield
- Strategies to **identify men** living with HIV and link them to ART
- **Zambezia Action Plan** – comprehensive intensified approach to controlling the epidemic
- **Viral load** scale-up
- Focus on improving **retention** for all sub-groups (infants, children, pregnant & BF women, men, young people)
- **Expansion of EPTS**, point of service electronic medical records, new HTS module, and improved data systems to facilitate more tailored response
## Preliminary Q2 Data ON TRACK to Achieve FY17 Targets

Data include Q1 & Q2 results against semi-annual targets unless otherwise noted.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>FY17 Target</th>
<th>% of Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTC_TST</td>
<td>3,320,223</td>
<td>4,840,529</td>
<td>69%</td>
</tr>
<tr>
<td>HTC_TST_POS</td>
<td>201,192</td>
<td>443,739</td>
<td>45%</td>
</tr>
<tr>
<td>HTC_TST Yield</td>
<td>6.1%</td>
<td>9.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>TX_NEW</td>
<td>154,913</td>
<td>339,649</td>
<td>46%</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>908,347</td>
<td>981,469</td>
<td>93%</td>
</tr>
<tr>
<td>PMTCT_STAT (96% Coverage)</td>
<td>667,929</td>
<td>1,153,686</td>
<td>58%</td>
</tr>
<tr>
<td>PMTCT_ART (95% Coverage)</td>
<td>50,797</td>
<td>98,208</td>
<td>52%</td>
</tr>
<tr>
<td>PMTCT_EID (&lt;9 mo.) (69% Coverage)</td>
<td>37,163</td>
<td>89,849</td>
<td>41%</td>
</tr>
</tbody>
</table>

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### Increases in HIV Test Positives, Treatment New, and Current on Treatment, FY14 to FY19

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>HTC_TST_POS</th>
<th>TX_NEW</th>
<th>TX_CURR</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14 Results</td>
<td>302011</td>
<td>200878</td>
<td>509331</td>
</tr>
<tr>
<td>FY15 Results</td>
<td>337816</td>
<td>206351</td>
<td>675775</td>
</tr>
<tr>
<td>FY16 Results</td>
<td>367149</td>
<td>249402</td>
<td>840360</td>
</tr>
<tr>
<td>FY17 Target</td>
<td>443739</td>
<td>340010</td>
<td>981469</td>
</tr>
<tr>
<td>FY18 Target</td>
<td>460688</td>
<td>375202</td>
<td>1262208</td>
</tr>
<tr>
<td>FY19 Target</td>
<td>557715</td>
<td>454224</td>
<td>1528045</td>
</tr>
</tbody>
</table>

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Aggressive Expansion of Treatment Planned for Scale-up Areas to Reach >80% Coverage by 2020

Projected Growth in Treatment, FY16 to FY19

Projected Growth in Coverage, FY16 to FY19

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
### Summary of COP 2017 Targets by SNU Prioritization

<table>
<thead>
<tr>
<th>COP17 Priority</th>
<th>HTC_Test</th>
<th>HTC_Pos</th>
<th>Tx_New</th>
<th>Tx_CURR</th>
<th>OVC_Serv</th>
<th>KP_Prev</th>
<th>PP_Prev</th>
<th>VMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>6,517,607</td>
<td>460,688</td>
<td>375,202</td>
<td>1,262,208</td>
<td>473,665</td>
<td>58,964</td>
<td>140,506</td>
<td>404,297</td>
</tr>
<tr>
<td>Attained</td>
<td>37,561</td>
<td>2,291</td>
<td>1,553</td>
<td>13,043</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11,520</td>
</tr>
<tr>
<td>Saturation</td>
<td>1,195,716</td>
<td>93,447</td>
<td>77,894</td>
<td>423,588</td>
<td>123,823</td>
<td>22,026</td>
<td>42,818</td>
<td>104,139</td>
</tr>
<tr>
<td>Aggressive</td>
<td>4,775,402</td>
<td>339,091</td>
<td>276,045</td>
<td>709,779</td>
<td>344,263</td>
<td>33,215</td>
<td>95,788</td>
<td>259,371</td>
</tr>
<tr>
<td>Sustained</td>
<td>423,941</td>
<td>19,847</td>
<td>15,009</td>
<td>101,882</td>
<td>5,579</td>
<td>3,723</td>
<td>1,900</td>
<td>1,740</td>
</tr>
<tr>
<td>DOD</td>
<td>84,987</td>
<td>6,012</td>
<td>4,701</td>
<td>13,916</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>27,527</td>
</tr>
</tbody>
</table>

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Stakeholder Review and Comments
COP17 Stakeholder Recommendations

• Increase investment in **treatment literacy to improve retention**

• Facilitate linkages and communication between civil society and implementing partners

• Continued engagement for national planning and sector-wide coordination

• More consistent use of Portuguese translations to make documents accessible to civil society members
Updates Made During COP Review Meeting based on input from civil society

• Inclusion of **comprehensive community testing** in selected high-prevalence settings modeled after Project SEARCH
  • Community census followed by multi-disease campaigns followed by mop-up testing

• Plan to develop package of **lay worker support for adherence and treatment literacy** added to SDS
  • Partnering with networks of PLWH and CBOs
Key Gaps & Solutions in COP17
Strengthening Case Identification

Addressing the first 90
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

HTC Program Strengthening in COP17

- Emphasis on sex partners
- Assisted partner notification
- Holistic workplace interventions
- OVC portfolio
- Congregate settings

PICT Optimization

- Hire dedicated testing staff
- Pilot extended HTC availability in select ERS

Facility-based HTC

- Official guidance for symptom-based HIV testing

Expand FSW, MSM, prisoner sites

- Community-based HTC
  - Mobile clinical screening of military recruits
  - Congregate settings

New modalities to expand HTC reach

Self-testing in Zambezia

Index case testing refinement

- Emphasis on sex partners
- Assisted partner notification

Strengthen linkage efforts:
- Peer educator escorts
- Defaulter tracing

Close partner management:
- On-site TA
- Convene IPs for info sharing
- Custom monitoring systems

Pilot extended HTC availability in select ERS
**PICT Optimization:**
Collected data in high yield facilities to understand where we were missing positives

---

Quick data collection & analysis for optimizing PICT

<table>
<thead>
<tr>
<th>Sector</th>
<th># Observations</th>
<th># Pts Per Day</th>
<th>% Tested</th>
<th>% Positive</th>
<th>Est. Missed Positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult urgent care</td>
<td>33</td>
<td>84.4</td>
<td>11.9%</td>
<td>21.5%</td>
<td>16.0</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>19</td>
<td>69.4</td>
<td>2.5%</td>
<td>18.5%</td>
<td>12.5</td>
</tr>
<tr>
<td>Outpatient chronic medicine</td>
<td>5</td>
<td>11.0</td>
<td>13.5%</td>
<td>27.0%</td>
<td>2.6</td>
</tr>
<tr>
<td>GI</td>
<td>8</td>
<td>21.7</td>
<td>2.0%</td>
<td>11.8%</td>
<td>2.5</td>
</tr>
<tr>
<td>Inpatient Medicine</td>
<td>2</td>
<td>6.6</td>
<td>11.7%</td>
<td>37.0%</td>
<td>2.1</td>
</tr>
<tr>
<td>Pediatric urgent care</td>
<td>35</td>
<td>48.4</td>
<td>16.2%</td>
<td>4.8%</td>
<td>2.0</td>
</tr>
<tr>
<td>Outpatient chronic pediatrics</td>
<td>3</td>
<td>60.9</td>
<td>16.5%</td>
<td>2.0%</td>
<td>1.0</td>
</tr>
<tr>
<td>ENT/Ophtho</td>
<td>3</td>
<td>17.1</td>
<td>7.4%</td>
<td>5.3%</td>
<td>0.8</td>
</tr>
<tr>
<td>Inpatient Pediatrics</td>
<td>1</td>
<td>6.8</td>
<td>35.3%</td>
<td>16.7%</td>
<td>0.7</td>
</tr>
<tr>
<td>Family Planning</td>
<td>14</td>
<td>14.2</td>
<td>26.7%</td>
<td>4.5%</td>
<td>0.5</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
<td>4.0</td>
<td>60.0%</td>
<td>29.2%</td>
<td>0.5</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>16</td>
<td>14.3</td>
<td>55.9%</td>
<td>6.6%</td>
<td>0.4</td>
</tr>
<tr>
<td>TB</td>
<td>32</td>
<td>2.0</td>
<td>64.1%</td>
<td>51.9%</td>
<td>0.4</td>
</tr>
<tr>
<td>Immunizations</td>
<td>12</td>
<td>8.3</td>
<td>45.2%</td>
<td>7.7%</td>
<td>0.3</td>
</tr>
<tr>
<td>Post-partum consultation</td>
<td>35</td>
<td>5.8</td>
<td>15.7%</td>
<td>5.0%</td>
<td>0.2</td>
</tr>
<tr>
<td>At-risk Pediatric Outpatient</td>
<td>37</td>
<td>3.6</td>
<td>16.8%</td>
<td>5.1%</td>
<td>0.2</td>
</tr>
<tr>
<td>Co-located VCT</td>
<td>37</td>
<td>11.0</td>
<td>96.7%</td>
<td>21.2%</td>
<td>0.1</td>
</tr>
<tr>
<td>Day surgery</td>
<td>2</td>
<td>15.4</td>
<td>0.6%</td>
<td>0.0%</td>
<td>0.0</td>
</tr>
</tbody>
</table>

*18.4% of patients tested overall

---

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Immediate Impact of PICT Optimization

- 201,192 positives reported at SAPR (45% of target)
- Overall increase of 16,414 positives (18%) between Q1 and Q2

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Effect of PICT Optimization in Zambezia

Lay Counselors placed in urgent care/ER and inpatient settings in 7 sites in Quelimane in January, 2017

Tests

- Standard PICT: 26,868 tests, +1% increase
- Optimized PICT: 28,689 tests, +84% increase
- Standard PICT: 27,239 tests
- Optimized PICT: 30,595 tests, +7% increase

Positives

- Standard PICT: 1446 positives, +55% increase
- Optimized PICT: 1846 positives, +12% increase
- Standard PICT: 1451 positives
- Optimized PICT: 2069 positives

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Improving ART Coverage

Second 90: Aggressive Implementation of Test & Start
Rapid Scale-up of Current on Treatment by Province

TX_CURR Annual Trend: FY13 – FY17

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Growth in New on Treatment Driven by Implementation of Test and Start

Growth in Treatment New in Test and Start vs. Non-Test and Start Districts

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Update on Test & Start Implementation

<table>
<thead>
<tr>
<th>Activities to Support T&amp;S Roll-out</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH announcement of commitment to T&amp;S</td>
<td>March 2016</td>
</tr>
<tr>
<td>Readiness tool Development and baseline assessment conducted on phase 1 T&amp;S sites</td>
<td>July 2016</td>
</tr>
<tr>
<td>National workshop on multimonth scripting of ARVs</td>
<td>July 2016</td>
</tr>
<tr>
<td>National ToT and provincial trainings on T&amp;S</td>
<td>Aug-Sept 2016</td>
</tr>
<tr>
<td>Official MOH announcement launching T&amp;S implementation (Phase 1)</td>
<td>September 2016</td>
</tr>
<tr>
<td>Reassessment of Phase 1 T&amp;S Sites and Assessment of Phase 2 T&amp;S Sites</td>
<td>Jan-Feb 2017</td>
</tr>
<tr>
<td>Official MOH announcement expanding multimonth scripting of ARVs to 50 new facilities</td>
<td>March 2017</td>
</tr>
<tr>
<td>Official MOH announcement expanding Test and Start to 8 more districts (Phase 2)</td>
<td>April 2017</td>
</tr>
<tr>
<td>Reevaluation to determine plans for more rapid expansion</td>
<td>April 2017</td>
</tr>
</tbody>
</table>
Policy Updates & New Service Delivery Models

**Test & Start**
- 3 phases then national implementation

**Same Day Clinical Consultation**
- Goal of ART Initiation within 15 days

**Viral Load**
- National: Routine for PBF women, 2-5yrs, TF
- Test and Start: Universal (6mo, annual)

**Test Quality**
- Confirmatory testing guidance being developed
- Rapid test quality improvement initiative

**Expanded ART Pick-up Sites**
- Non-ART clinics

**3 Month Scripting**
- 72 large facilities

**6 Month Appts**
- Universal policy for all stable patients

**Other**
TB/HIV Targets and Assumptions

HIV testing and ART Initiation
- 99% of TB cases will know HIV status
- 45% of TB cases will test HIV positive
- 100% of TB/HIV patients will start ART

IPT and TB Treatment
- 100% of newly enrolled ART patients will be screened for TB
- 10% of these will start TB treatment
- 90% will start IPT (80% of these will complete)

TB/HIV Projections, FY15-FY18

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

Males Lagging in Testing & Treatment

Proportion Reporting HIV Test in Past 12 Months by Sex and Province

Source: IMASIDA & PEPFAR, 2017

Ratio of Males to Females in New on Treatment, 2014-2017

Source: IMASIDA & PEPFAR, 2017
Male Engagement in Mozambique

Prevention
- 5 New VMMC districts
- Multi-session prevention intervention guided by male characterization
- E-outreach, drop-in centers for MSM

1st 90
- SEARCH multi-disease testing
- Congregate & workplace testing
- New MSM & prison test sites
- Extended hours in select ERs
- Self-testing pilot

2nd 90
- Male peer educators
- Male patient advocate program
- KP-friendly clinics
- Male providers in SAAJ

3rd 90
- Whole family approach
- Male outreach/support workers
- Male-friendly service delivery
- GAACs oriented for male patients

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Where People Are Being Diagnosed with HIV by Age-Sex Category*

* Data from subset of sites reporting finer age-sex disaggregations

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PMTCT & Pediatrics
COP16 Results: PMTCT_STAT and PMTCT_ART on track

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High PCR Yield in Exposed Infants

Maternal Infant Cascade

- HIV+ PW 53,592
- PCR Tests (<2 mo.) 25,790
- PCR Tests (<9 mo.) 37,163
- PCR Results (<9 mo.) 23,775
- PCR+ (<9 mo.) 2,395
- Initiated Tx (<1) 2,183

PCR yield
- <2 mo. 6.4 %
- 2-9 17.5 %

PCR coverage (<9 mo.) 69 %

Results 44 %

Extremely high rates of new infant infections

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EID PCR yield (<9 mo) is highest in Nampula (19%), followed by Zambezia and Cabo Delgado (12% each).

~23% of HIV-infected infants are in Zambezia

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Emergency Response to Elevated MTCT Rate

High MTCT rate indicates:
• Low EID testing rate – may have biased sample of ill infants
• Low viral suppression due to poor retention and initial/long-term adherence among mothers in PMTCT

Emergency response will include:
• Immediate inter-agency TDY to diagnose issues & design comprehensive response
• Enhanced PMTCT partner management, monthly data reviews with IPs
• Viral load for pregnant women already on ART
• PrEP for mothers in discordant partnerships
• Roll-out of mentor mothers & other evidence-based retention interventions
Focusing on Retention, Adherence and VL Suppression

Third 90
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STRATEGIC APPROACH TO IMPROVE RETENTION

DIFFERENTIATED SERVICE DELIVERY

From diagnosis to ART initiation

0-6 months on ART

After 6 months on ART

HEALTH FACILITY INTERVENTIONS

• Improve Linkages
• Reduce HF barriers to ART initiation

COMMUNITY BASED INTERVENTIONS

• APSS/PP
• Intensive community case management (lay counselors)

• APSS/PP
• Defaulter/ LTFU tracing
• Intensive community case management (peer support, M2M)

• APSS/PP
• Defaulter/ LTFU tracing
• GAAC / Support groups
• M2M
• Village S&Ls

Interventions are tailored to subpopulation
(PMTCT, adolescents, children, men)

• Community sensitization / mobilization / treatment literacy
• Stigma reduction / PHDP / disclosure support / legal rights

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

Aggressive Partner Management to Monitor and Improve Performance

SITE VISIT ➔ Short term response action plan

Follow Action Summary Tracker (FAST) TOOL

<table>
<thead>
<tr>
<th>HF</th>
<th>% patients newly enrolled in clinical care that had a clinical consultation on the same day of HIV diagnosis</th>
<th>initiating ART 2 months prior to month of results submission deadline that returned for 2nd clinical consultation or</th>
<th>initiating ART 4 months prior to month of results submission deadline that have made 3 subsequent drug pick-ups within</th>
<th>initiating ART 4 months prior to month of results submission deadline who have either a clinical consultation or an</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machava II CS</td>
<td>64%</td>
<td>95%</td>
<td>52%</td>
<td>88%</td>
</tr>
<tr>
<td>Ndlavela PSA</td>
<td>80%</td>
<td>93%</td>
<td>61%</td>
<td>90%</td>
</tr>
<tr>
<td>Boquisso PS</td>
<td>74%</td>
<td>96%</td>
<td>77%</td>
<td>92%</td>
</tr>
<tr>
<td>Komgolote PSA</td>
<td>82%</td>
<td>98%</td>
<td>51%</td>
<td>82%</td>
</tr>
<tr>
<td>Matola I CSURB</td>
<td>62%</td>
<td>91%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Reporting Period: Sept-Oct 2016
Province: Maputo
HF: Machava II CS, Ndlavela PSA, Boquisso PS, Komgolote PSA, Matola I CSURB
### VL Suppression January – March, 2017

<table>
<thead>
<tr>
<th>Age Group (yrs)</th>
<th># of Tests</th>
<th># of Tests Suppressed</th>
<th>% Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5yrs</td>
<td>1067</td>
<td>346</td>
<td>32%</td>
</tr>
<tr>
<td>5 - 14 yrs</td>
<td>1568</td>
<td>702</td>
<td>45%</td>
</tr>
<tr>
<td>&gt;14 years</td>
<td>26515</td>
<td>16617</td>
<td>63%</td>
</tr>
<tr>
<td>Not specified</td>
<td>1598</td>
<td>967</td>
<td>61%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30748</strong></td>
<td><strong>18632</strong></td>
<td><strong>61%</strong></td>
</tr>
</tbody>
</table>

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VL Implementation in Mozambique

- **FY 2015**: Targeted VL access - pregnant women, children (2-5 yrs) and suspected Tx failure

- **August 2016**: Phased introduction of routine VL aligned with implementation of T&S (29 districts with highest PLHIV)

- **FY 2018**: Routine VL monitoring for all patients on ART (at completion of roll-out of T&S)
Expansion of VL Testing Capacity

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VMMCs on Track for 80% of Target After Seasonal Adjustment

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COP 17 Targeting Strategy for VMMC

- Target of 80% coverage in 50 of 59 established districts in COP17
- Targeting saturation for 10-14 year olds in COP17 in 2 provinces approaching saturation
Comparison of Population and VMMC Service Distribution in Zambezia

FY17

FY18
DREAMS
DREAMS Districts: Increased Awareness of Status Among HIV+ Women at First ANC

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COP17 DREAMS Targets: OVC_SERV and PP_PREV by Age and District

COP 17 OVC_SERV Targets with AGYW in DREAMS Districts

COP 17 Risk Reduction and Violence Prevention through DREAMS

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Layering of DREAMS Services

- Layering database piloted in Beira to measure layering: strong collaboration between clinical and community partners.
  - Pilot completed.
  - Database being refined.
  - Will be scaled up in Beira, and then Quelimane in FY17.

- “Layered” to be defined as: % of beneficiaries who participate in/receive at least one of each type of activity

- The system will also track how many different services each beneficiary accessed

HIV Status Known:
- HIV test received through DREAMS, or
- HIV test <6 months prior to DREAMS enrollment

HIV & violence prevention education:
- School-based prevention
- GEND_NORM
- Community-based prevention activity

Social Asset Building:
- VLSA
- Girls Club
- Parenting/caregiver education training sessions
- Education subsidy

Youth-friendly health services:
- Condoms
- FP
- HTC
- PVC
Orphans & Vulnerable Children
OVCs: FY18 Targets in Relation to FY17 Trend

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Key Populations
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KPs: COP16 vs. COP17 Targets by Population

<table>
<thead>
<tr>
<th>Population</th>
<th>COP16</th>
<th>COP17</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSW</td>
<td>31%</td>
<td></td>
<td>31%</td>
</tr>
<tr>
<td>MSM</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<td>56%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>31%</td>
<td></td>
<td>31%</td>
</tr>
</tbody>
</table>

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A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
FY17 SIMS Implementation Strategy

Facility
• Prioritize Test and Start and high volume sites
• Visit each province each quarter

Community
• Prioritize sites that support retention activities

Update (FY17 Q1 and Q2)
• Facility: 67% of Phase I Test and Start sites visited
• Community: 85% of high volume community sites that support retention activities visited

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FY 16 / 17 SIMS Results in Test and Start Sites

Highest Scoring Sets

- 08_TB Treatment Sites
- 04B_PMTCT Labor and Delivery
- 01B_Commodities Management
- 04A_PMTCT-ANC

Lowest Scoring Sets

- 07_HTC
- 06_Gender Based Violence
- 01A_Facility Management
- 10A_Laboratory
- 11_Point of Care Testing

Legend:
- = all sites FY16Q2-FY16Q1
- = Phase I Test & Start sites
- = all sites FY16Q2-FY16Q1
- = Phase I Test & Start sites
Health Information Systems Improvements to Refine the Response
Mozambique HIS – Current State

- 32 PEPFAR supported HIS
  - (6 HRIS, 8 LIMS, 5 M&E, 6 Clinical, 5 logistics)

- 5 separate Electronic Patient Tracking Systems (ePTS) – Retrospective
  - 71% coverage of Tx_CURR, (83% in Zambezia
  - Care &Treatment, MCH, pharmacy, laboratory modules

- Point of Care OpenMRS (POC MRS) – Prospective
  - Completing development

- DHIS 2.0
Mozambique HIS – Future State

- 56 POC systems in Zambezia and Maputo priority facilities
- Deployment of EPTS through all partners
- Expansion of EPTS service modules and clinical / lab inter-operabilities
- Development of HTC registration system and linkage to M-health platform for community-facility tracing and linkage
- Data management by MOH and improved data use by National Health Observatory for public health programs, research, and learning

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Implementing the Zambezia Action Plan
ZAP: Progress since DCMM

- Joint PEPFAR and MISAU Zambézia Desk Review
- 21 Zambézia site visits (USAID, CDC, DOD)
- $15M proposal for supplemental funds for pre-fabs based on data review
ZAP Components

**Four Pillars:**
1. Case Identification
2. Community Outreach and Prevention
3. Improving Availability and Quality of Services
4. Health Systems Support

**Integrated Coordination and Leverage:**
- Intensive IP management by MISAU / DPS / USG team
- Intensive monitoring plan with monthly and quarterly milestones
- Leverage USG non-PEPFAR and non-health funding

Please see detailed slides outlining programmatic components of each pillar, and milestones in Supplemental Slides.
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Zambézia Partner Distribution

- FGH (Vanderbilt) – 10 districts
- ICAP (Columbia) – 5 districts
- CHASS (FHI 360) – 5 districts NEW
- DOD clinics – 3 clinics
- PC – 31 volunteers in health facilities (7) and schools (24)

Proportion of PLHIV

- **Vanderbilt:** 240,709 (57%)
- **Columbia:** 133,839 (31%)
- **FHI 360:** 51,745 (12%)

Bringing in experienced, high performing IP from across the border to support intensified scale-up
Health Systems Support: Analytic Approach

- # ART and COP 17 Target
- Clinical Guidelines
- MOH and IP Reports

# Patient Visits

Needed Resources

- HRH Staffing Models
- Physical Space Models
- # Patient Visits

Needed Resources

- Existing HRH and Space Resources
- Current MOH and IP resources and plans

Required Investments

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Current and proposed ART sites in Zambézia

- **MOH New Facility**
- **New ART at Existing Facility**
- **PEPFAR Proposed Expansion, COP 17**
- **IP Planned Expansion, COP 16**

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Allocation of ART Providers, 2017

- 60 high volume sites
- Largest sites have largest deficit

Legend
- > 7 Surplus
- 4 - 7 Surplus
- 1 - 3 Surplus
- Appropriately Staffed
- 1 - 3 Deficit
- 4 - 7 Deficit
- > 7 Deficit

Waterways
- Rivers
- Protected Areas
Budgeting the HIV Response
Global Fund Engagement

• PEPFAR provided support for the HIV/TB programmatic gap analyses, costing exercises, and the development of M&E frameworks for the grant applications
  • Interagency PEPFAR team (18 technical staff members) completed HIV/TB desk review in collaboration with MISAU
  • Interagency team of TB and C&T focal points helped develop TB targets through 2020
  • Met with the Fund Portfolio Manager, High Impact Africa II Director, and other Geneva based Global Fund staff several times during the proposal development
### Table 2.2.1: HIV Expenditure by Programmatic Area in Mozambique

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Total Expenditure</th>
<th>% PEPFAR</th>
<th>% GF</th>
<th>% GRM</th>
<th>% Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment and support</td>
<td>90.6</td>
<td>68%</td>
<td>20%</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td>Community-based care, treatment, and support</td>
<td>7.9</td>
<td>92%</td>
<td>N/A</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>PMTCT</td>
<td>22.1</td>
<td>75%</td>
<td>10%</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>HTC</td>
<td>14.2</td>
<td>81%</td>
<td>12%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>VMMMC</td>
<td>17.6</td>
<td>99%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Priority population prevention</td>
<td>5.0</td>
<td>44%</td>
<td>7%</td>
<td>7%</td>
<td>43%</td>
</tr>
<tr>
<td>Key population prevention</td>
<td>3.5</td>
<td>49%</td>
<td>N/A</td>
<td>7%</td>
<td>45%</td>
</tr>
<tr>
<td>OVC</td>
<td>6.2</td>
<td>84%</td>
<td>N/A</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>16.1</td>
<td>75%</td>
<td>2%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>SI, Surveys and Surveillance</td>
<td>24.2</td>
<td>90%</td>
<td>N/A</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>HSS</td>
<td>43.6</td>
<td>89%</td>
<td>N/A</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td><strong>250.9</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plus:</strong></td>
<td><strong>81.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other prevention expenditure</strong></td>
<td>28.3</td>
<td>43%</td>
<td>17%</td>
<td>4%</td>
<td>35%</td>
</tr>
<tr>
<td><strong>National coordination and program management</strong></td>
<td>44.0</td>
<td>81%</td>
<td>2%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Enabling environment &amp; other social services</strong></td>
<td>9.4</td>
<td>35%</td>
<td>16%</td>
<td>22%</td>
<td>27%</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>332.5</strong></td>
<td>74%</td>
<td>9%</td>
<td>5%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Pipeline & Earmark Allocations

COP17 applied pipeline: $32,201,438
✓ COP17 requirement: $30,054,306

New FY 2017 funds allocated to care and treatment: $204,469,308
✓ COP17 requirement: $193,407,585

New FY 2017 funds allocated to OVC: $18,349,741
✓ COP17 requirement: $7,310,521

New FY 2017 funds allocated to water: $600,000
✓ COP17 requirement: $500,000

New FY 2017 funds allocated to GBV: $3,287,967
✓ COP17 requirement: $1,729,000

All COP17 earmarks exceeded
## COP 17 Agency Allocations and Pipeline

<table>
<thead>
<tr>
<th>Agency</th>
<th>Total Resources</th>
<th>Applied Pipeline</th>
<th>Central HMIS</th>
<th>Central VMMC</th>
<th>Central Infrastructure</th>
<th>New COP17 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS/CDC</td>
<td>$211,724,263</td>
<td>$18,367,722</td>
<td>$8,450,000</td>
<td>$8,102,508</td>
<td>$6,040,000</td>
<td>$170,764,033</td>
</tr>
<tr>
<td>USAID</td>
<td>$168,131,365</td>
<td>$8,012,183</td>
<td>$800,000</td>
<td>$2,450,000</td>
<td>$8,450,000</td>
<td>$148,419,181</td>
</tr>
<tr>
<td>DOD</td>
<td>$8,392,160</td>
<td>$3,500,000</td>
<td>$0</td>
<td>$800,000</td>
<td>$500,000</td>
<td>$3,592,160</td>
</tr>
<tr>
<td>State/ AF</td>
<td>$3,723,884</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$3,723,884</td>
</tr>
<tr>
<td>PC</td>
<td>$3,120,842</td>
<td>$2,121,533</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$999,309</td>
</tr>
<tr>
<td>HHS/HRSA</td>
<td>$3,856,728</td>
<td>$200,000</td>
<td>$750,000</td>
<td>$0</td>
<td>$0</td>
<td>$2,906,728</td>
</tr>
<tr>
<td>ALL</td>
<td>$398,949,242</td>
<td>$32,201,438</td>
<td>$10,000,000</td>
<td>$11,352,508</td>
<td>$14,990,000</td>
<td>$330,405,296</td>
</tr>
</tbody>
</table>
## COP17 Commodities

<table>
<thead>
<tr>
<th>Product</th>
<th>COP16 Investment (million USD)</th>
<th>COP17 Investment (million USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARVs</td>
<td>$31.5</td>
<td>$23.6</td>
</tr>
<tr>
<td>RTKs</td>
<td>$6.2</td>
<td>$4.5</td>
</tr>
<tr>
<td>Viral Load</td>
<td>$9.2</td>
<td>$15.4</td>
</tr>
<tr>
<td>EID</td>
<td>$3.2</td>
<td>$4.5</td>
</tr>
<tr>
<td>VMMC</td>
<td>N/A</td>
<td>$3.6</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$2</td>
<td>$5</td>
</tr>
<tr>
<td>Cotrimoxazole</td>
<td>$3</td>
<td>$2.4</td>
</tr>
<tr>
<td>Study commodities</td>
<td>$0.2</td>
<td>$0.2</td>
</tr>
<tr>
<td>Creatinine/urine dipsticks</td>
<td>$1.9</td>
<td>$0</td>
</tr>
<tr>
<td>TB</td>
<td>$1.6</td>
<td>$0</td>
</tr>
<tr>
<td>HB/Hematology</td>
<td>$0.3</td>
<td>$0</td>
</tr>
<tr>
<td>Crag and Micro</td>
<td>$0.3</td>
<td>$0</td>
</tr>
<tr>
<td>CD4</td>
<td>$4.5</td>
<td>$0</td>
</tr>
<tr>
<td>Syphilis rapid tests</td>
<td>$1</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$64.8</strong></td>
<td><strong>$59.2</strong></td>
</tr>
</tbody>
</table>
## Budget Code Totals: COP16 vs COP17

<table>
<thead>
<tr>
<th>Budget Code</th>
<th>COP16</th>
<th>COP17</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRC</td>
<td>$43,708,609</td>
<td>$42,394,891</td>
<td>($1,313,718)</td>
</tr>
<tr>
<td>HBHC</td>
<td>$28,841,585</td>
<td>$30,630,464</td>
<td>$1,788,879</td>
</tr>
<tr>
<td>HKID</td>
<td>$22,462,883</td>
<td>$21,322,416</td>
<td>($1,140,467)</td>
</tr>
<tr>
<td>HLAB</td>
<td>$6,829,279</td>
<td>$4,586,288</td>
<td>($2,242,991)</td>
</tr>
<tr>
<td>HMBL</td>
<td>$698,470</td>
<td>$448,755</td>
<td>($249,715)</td>
</tr>
<tr>
<td>HMIN</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>HTXD</td>
<td>$31,847,762</td>
<td>$24,178,100</td>
<td>($7,669,662)</td>
</tr>
<tr>
<td>HTXS</td>
<td>$124,379,676</td>
<td>$130,771,663</td>
<td>$6,391,987</td>
</tr>
<tr>
<td>HVAB</td>
<td>$24,638</td>
<td>$191,520</td>
<td>$166,882</td>
</tr>
<tr>
<td>HVCT</td>
<td>$21,528,485</td>
<td>$25,661,567</td>
<td>$4,133,081</td>
</tr>
<tr>
<td>HVMS</td>
<td>$22,000,547</td>
<td>$21,797,062</td>
<td>($203,485)</td>
</tr>
<tr>
<td>HVOP</td>
<td>$5,096,091</td>
<td>$13,664,958</td>
<td>$8,568,868</td>
</tr>
<tr>
<td>HVS1</td>
<td>$7,247,616</td>
<td>$18,337,847</td>
<td>$11,090,231</td>
</tr>
<tr>
<td>HVTB</td>
<td>$8,776,185</td>
<td>$7,833,598</td>
<td>($942,587)</td>
</tr>
<tr>
<td>IDUP</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>MTCT</td>
<td>$15,966,370</td>
<td>$16,537,428</td>
<td>$571,057</td>
</tr>
<tr>
<td>OHSS</td>
<td>$14,645,307</td>
<td>$18,013,171</td>
<td>$3,367,864</td>
</tr>
<tr>
<td>PDCS</td>
<td>$4,237,073</td>
<td>$8,311,929</td>
<td>$4,074,856</td>
</tr>
<tr>
<td>PDTX</td>
<td>$15,475,476</td>
<td>$14,267,584</td>
<td>($1,207,892)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 373,766,052</strong></td>
<td><strong>$ 398,949,242</strong></td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU!

Obrigado!